

Kaweah Delta Health Care District Board of Directors Meeting

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



DATE POSTED: June 19, 2026

NOTICE

Date: Wednesday, June 24, 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](tel:+16467493122)

SCHEDULE:

- **4:00 PM** – Open Session (to approve the Closed Session agenda)
- **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)
- **5:00 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).

Mike Olmos • Zone 1
Board Member

Jonna Schengel • Zone 2
Board Member

Dean Levitan, MD • Zone 3
Secretary/Treasurer

David Francis • Zone 4
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Armando Murrieta • Zone 5
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Kaweah Delta Health Care District

Board of Directors Meeting

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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:

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

Kelsie K. Davis

Board Clerk / Executive Assistant to the CEO

DISTRIBUTION:

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

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

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

Wednesday June 24, 2026 {Regular Meeting}

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OPEN SESSION (LIMITED PURPOSE – CONVENING ONLY) – 4:00 PM

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

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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 54956.9(d)(1))

A. BURNS-NUNEZ V KDHCD	I. GOODES V. KDHCD
B. M. VASQUEZ V. KDHCD	J. MARTINEZ-LUNA V. KDHCD
C. RHODES V. KDHCD	K. ALVARADO V KDHCD
<u>D. LARUMBLE-TORRES V KDHCD</u>	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	P. ISQUIERDO V KDHCD

4. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION / QUALITY OF CARE RISK EXPOSURE –

Conference with legal counsel regarding potential exposure to litigation involving adverse patient outcomes, risk management review, and related quality assurance matters. Pursuant to Government Code 54956.9(d)(2); Two potential cases.

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 – May 27, 2026.**

Wednesday June 24, 2026

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

8. ADJOURN CLOSED SESSION

OPEN SESSION – 5:00 PM (OR IMMEDIATELY FOLLOWING CLOSED SESSION)

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

7. RECOGNITIONS

7.1. Presentation of [Resolution 2292](#) to Alex Bello in recognition as the Kaweah Health World Class Employee of the month – June 2026.

7.2. Team of the Month – June Clinical Engineering

7.3. Presentation of [Resolution 2294](#) to Malinda Tupper in recognition of her years of service and retirement from Kaweah Health

8. INTRODUCTIONS

8.1. Interim CFO – Stephen Forney

8.2. Director of Physician Contracts- Douglas Penner

8.3. Director of Mental Health- Melissa Quinonez

8.4. Interim Director of Med Surge – Doss Bewley

9. CONSENT CALENDAR

Wednesday June 24, 2026

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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 June 24, 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	Rehab Services	Receive and File
	D	Wound Care	Receive and File
	E	Sequoia Integrated Health and Sequoia Health Plan	Receive and File
	F	Quarterly Environment of Care Report	Receive and File
9.2. MINUTES	A	Finance Property Services Acquisition Committee- May 20, 2026	Approve Minutes
	B	Quality Council Committee – May 21, 2026	Approve Minutes
	C	Audit & Compliance Committee- May 22, 2026	Approve Minutes
	D	Regular Open Board Meeting – May 27, 2026	Approve Minutes
9.3. POLICIES		Administrative Policies	
	A	AP04 Access and Release of Protected Health Information (PHI)	Approve Revisions
	B	AP67 District Fleet Vehicles and Management	Approve Revisions
	C	AP175 Patient Safety Plan	Approve Revisions
	D	AP41 Quality Improvement Plan	Approve Revisions
	E	AP105 Professional and Service Club District Reimbursed Memberships	Approve Revisions
9.4. MEC	A	MS40 Impaired Practitioner Policy	Approve Revisions
	B	MS45 Initial Focused Professional Practice Evaluation (FPPE) (Proctoring)	Approve Revisions
	C	NP-PA Privilege Form	Approve Revisions
	D	MS44 Ongoing Professional Practice Evaluation	Approve Revisions
	E	MS49 Practitioner Health Policy	Approve Revisions

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Section	Item	Description	Type
9.5. DISTRICT	A	Resolution 2294 Laif Resolution	Approve and File

10. **ROBOTIC THORACIC SURGERY PROGRAM UPDATE** - The Board of Directors will receive a presentation from Dr. Tran regarding the successful completion of Kaweah Health's first robotic lung cancer surgery and an update on the development of robotic thoracic surgery services. The presentation may include information regarding clinical capabilities, patient care benefits, program development, and future opportunities. Discussion may occur.
11. **MEDICAL SUPPLY UPDATE** - The Board of Directors will receive an update regarding medical supply procurement, inventory management, supply chain challenges, and operational impacts. The Board may discuss current and anticipated supply needs and provide direction to staff regarding medical supply management and procurement strategies.
12. **STRATEGIC OVERSIGHT (MONTHLY REPORT) – [OUTSTANDING HEALTH OUTCOMES](#)**
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.
13. **[PATIENT EXPERIENCE AND SATISFACTION UPDATE](#)**
Staff presentation and discussion regarding aggregated and de-identified patient experience data, including trends, themes, and opportunities for improvement. No individual patient information will be disclosed.
14. **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 June’s Financials.](#)
Action Requested – [Approval of FY 2027 Annual Budget](#)
15. **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

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to support effective governance and Board oversight responsibilities. The Board may provide direction to staff regarding future governance planning and educational priorities.

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

ADA Notice

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Agenda Posting and Public Records

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Agenda item intentionally omitted

Resolution 2292



RESOLUTION 2292

Board Resolution Honoring Alex Bello as Employee of the Month of June

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

WHEREAS, Alex Bello, of the Maintenance Department, has consistently demonstrated exceptional commitment to their responsibilities, a strong work ethic, and a positive attitude that uplifts their team;

WHEREAS, He has made significant contributions during the month of June 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, Alex'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 Alex Bello as **Employee of the Month** for June 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 Alex as a token of recognition and gratitude.

PASSED AND ADOPTED this 24th of June 2026, by the Board of Directors of Kaweah Health.

David Francis
President
Kaweah Health Board of Directors

Dean Levitan, M.D.
Secretary/Treasurer
Kaweah Health Board of Directors

Resolution 2294



RESOLUTION 2294

RESOLUTION HONORING MALINDA TUPPER ON THE OCCASION OF THEIR YEARS OF SERVICE AND RETIREMENT

WHEREAS, Malinda Tupper has faithfully and diligently served Kaweah Health for nine years; and

WHEREAS, throughout her tenure, Malinda Tuppert has demonstrated exceptional dedication, professionalism, and leadership in this capacity as Chief Financial Officer;

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

WHEREAS, Malinda Tupper has earned the respect, admiration, and gratitude of colleagues, staff, and the community through his commitment to excellence and his positive influence on workplace culture; and

WHEREAS, the Board of Directors of Kaweah Health recognizes the lasting legacy and enduring impact Malinda Tupper leaves behind;

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

PASSED AND ADOPTED this 24th of June 2026, by the Board of Directors of Kaweah Health.

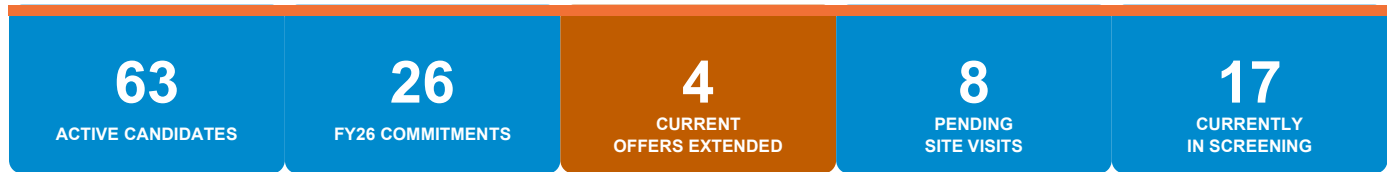
David Francis
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Kaweah Health Board of Directors

Dean Levitan, M.D.
Secretary/Treasurer
Kaweah Health Board of Directors

Physician Recruitment

Physician Recruitment Board Report

June 2026



PHYSICIAN GROUP TARGETS

Key Medical Associates <ul style="list-style-type: none">• Pediatrics x1• Pulmonology x1• Psychiatry x1	Oak Creek Anesthesia <ul style="list-style-type: none">• Anesthesia - Cardiac x1• Anesthesia - General x1• Anesthesia - Regional x1• Anesthesia - GME Program Dir x1	Valley Children's <ul style="list-style-type: none">• Maternal Fetal Medicine x2• Neonatology x1• Pediatric Cardiology x1• Pediatric Hospitalist x1
Orthopaedics Associates <ul style="list-style-type: none">• Ortho Hand x1• Ortho Joint x1• Ortho Trauma / General x1• Ortho Surgery (General) x1	Other Recruitment / Group TBD <ul style="list-style-type: none">• 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• Pediatrics x1• Pulmonology OP x1• Radiation Oncology x1• Rheumatology x1• Urology x2• Vascular Surgery x1	

FY26 YEAR-END SUMMARY



BOARD NARRATIVE | JUNE 2026

Fiscal Year 2026 closed with 26 physician commitments, including physicians who have started, signed letters of intent, or have confirmed start dates. Of those, 21 are specialists and 5 are primary care physicians. From 130 candidates pursued across the year, the team achieved a 20% commitment rate.

Signed letters of intent were received in June for two Family Medicine physicians, one joining the Akers Clinic and one joining the Ben Maddox Clinic, as well as two Electrophysiology Cardiologists. These additions reflect continued progress across both primary and specialty care as FY27 begins.

Conference participation at the American Urological Association and American College of Obstetricians and Gynecologists annual meetings continued to build pipeline in two top-priority specialties. Active screening volume in Radiation Oncology represents a near-term pipeline highlight entering the new fiscal year.

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

Active Physician Pipeline

June 2026



Phase Key:

Site Visit	Screening	Offer Extended	Offer Accepted	Leadership Call	Applied
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#	Specialty	Group	Phase	Start Date
1	Pediatrics	TBD	Site Visit	
2	Family Medicine	TBD	Site Visit	
3	Heart Failure	TBD	Site Visit	
4	Interventional Radiology	Mineral King Radiology	Site Visit	
5	Orth Surgeon (Hand)	Orthopedic Assoc	Site Visit	
6	Ped Hospitalist	Valley Children's	Site Visit	
7	Nephrology	Dr. Javed's Group	Site Visit	
8	Nephrology	Dr. Javed's Group	Site Visit	
9	Anesthesia (Regional)	TBD	Screening	
10	OB/GYN	TBD	Screening	
11	Orth Surgeon (Hand)	TBD	Screening	
12	Family Medicine	TBD	Screening	
13	OB/GYN	TBD	Screening	
14	Pulmonology	TBD	Screening	
15	Rheumatology	TBD	Screening	
16	Rheumatology	TBD	Screening	
17	Vascular Surgery	TBD	Screening	
18	Cardiology (Interventional)	TBD	Screening	
19	Pediatrics	1099 - KH Direct	Screening	
20	Orth Surgeon (General)	Orthopedic Assoc	Screening	
21	Orth Surgeon (Hand)	Orthopedic Assoc	Screening	
22	Radiation Oncology	Sequoia Regional Cancer Center	Screening	
23	Radiation Oncology	Sequoia Regional Cancer Center	Screening	
24	Radiation Oncology	Sequoia Regional Cancer Center	Screening	
25	Family Medicine	Woodlake	Screening	
26	General Surgery	TBD	Offer Extended	
27	Family Medicine	1099 - KH Direct	Offer Extended	
28	Urology	1099 - KH Direct	Offer Extended	
29	Psychiatry	Oak Stone Psychiatry	Offer Extended	07/01/27
30	Family Medicine	TBD	Offer Accepted	08/01/26
31	PM&R;	TBD	Offer Accepted	05/01/27
32	Family Medicine	TBD	Offer Accepted	09/01/26
33	Internal Medicine	TBD	Offer Accepted	09/01/26
34	EP Cardiology	TBD	Offer Accepted	
35	Cardiology (EP)	1099 - KH Direct	Offer Accepted	
36	Cardiology (EP)	1099 - KH Direct	Offer Accepted	08/01/26
37	Family Medicine	1099 - KH Direct	Offer Accepted	11/01/26

#	Specialty	Group	Phase	Start Date
38	Urology	1099 - KH Direct	Offer Accepted	
39	Endocrinology	1099 - KH Direct	Offer Accepted	TBD
40	Neurology	1099 - KH Direct	Offer Accepted	TBD
41	Ortho - Spine	1099 - KH Direct	Offer Accepted	
42	ENT	Valley ENT	Offer Accepted	09/01/27
43	General Surgery	SAMGI	Offer Accepted	02/27/26
44	Adult Hospitalist	VHMG	Offer Accepted	09/01/26
45	Pediatrics	TBD	Leadership Call	
46	Vascular Surgery	TBD	Leadership Call	
47	Infectious Disease	TBD	Leadership Call	
48	Family Medicine	TBD	Leadership Call	
49	General Surgery	TBD	Leadership Call	
50	Urology	TBD	Leadership Call	
51	Neurology	TBD	Leadership Call	
52	OB/GYN	TBD	Leadership Call	
53	Family Medicine	TBD	Leadership Call	
54	Urology	TBD	Applied	
55	Gastroenterology	TBD	Applied	
56	Ped Hospitalist	TBD	Applied	
57	Hospitalist	TBD	Applied	
58	Internal Medicine/Outpatient	TBD	Applied	
59	Pediatrics	TBD	Applied	
60	Pediatrics	TBD	Applied	
61	Uro/Gyn	TBD	Applied	
62	Radiation Oncology	Sequoia Regional Cancer Center	Applied	
63	Radiation Oncology	Sequoia Regional Cancer Center	Applied	

Overall Strategic Plan

FY2026 Strategic Plan

Monthly Performance

June 2026



kaweahhealth.org



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.

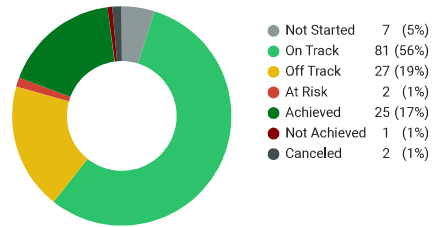
Our Pillars

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

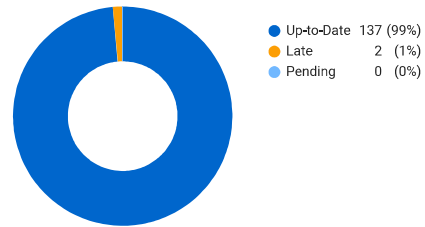
Our Five Strategic Plan Initiatives

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

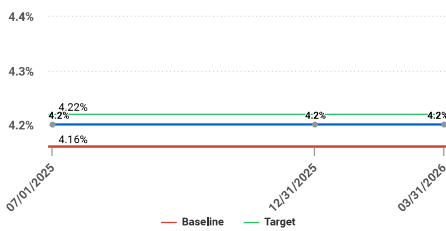
Champions: Dianne Cox and Hannah Mitchell

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

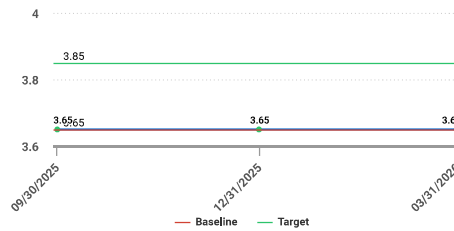
FY2026 Strategic Plan - Ideal Environment Strategies

#	Name	Description	Status	Assigned To	Last Comment
1.1	Integrate Kaweah Care Culture	Integrate Kaweah Care culture into the various aspects of the organization.	On Track	Hannah Mitchell	The Executive Team and Directors of Organizational Development, Patient and Community Experience, Marketing, Medical Staff and GME meet on a monthly basis to further projects and initiatives surrounding the culture. Details are presented at the Board sub-committees for Patient Experience and Human Resources. The outcome will be measured by the performance of our employee engagement survey in June 2026 and the physician portion of the safety survey in spring 2027.
1.2	Ideal Practice Environment	Ensure a practice environment that is friendly and engaging for providers, free of practice barriers.	On Track	Teresa Boyce	MSS Director is currently reviewing Medical Staff Bylaws and Policies to identify areas that create delays in credentialing and work the Medical Staff to address identified issues.
1.3	Growth in Nursing School Partnerships	Increase the pool of local RN candidates with the local schools to increase RN cohort seats and increase growth and development opportunities for Kaweah Health Employees	On Track	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.

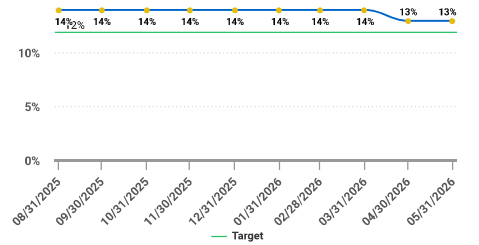
Employee Engagement Survey Score Greater Than 4.22%



Physician and APP Engagement Survey Score Greater Than 3.85%



Decrease Overall Turnover Rate



Strategic Growth and Innovation

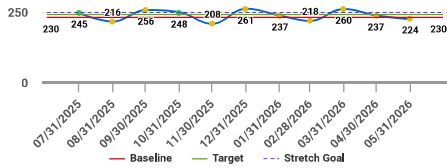
Champions: Max Heckhausen and Kevin Bartel

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.

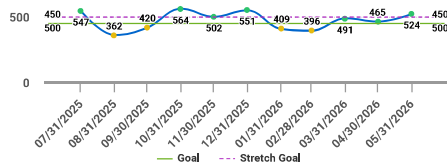
FY2026 Strategic Plan - Strategic Growth and Innovation Strategies

#	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.	Off Track	Kevin Bartel	Impella and Endoscopy goals are being met currently for FY26. While orthopedic volume is increased overall in FY26 compared with prior year, volume has not met the FY26 target.
2.2	Enhance Medical Center Capacity and Efficiency	Enhance existing spaces to grow capacity for additional and expanded services and focus on operational efficiency within the surgery areas.	On Track	Kevin Morrison	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 through 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.	On Track	Kevin Bartel	AI governance committee continues to consider opportunities that may impact both clinical and non-clinical areas. Ambulatory rollout of Oracle's clinical AI application is now successfully supporting 30 providers, with consideration now being assessed for this tool to support in the ED as well. Full utilization of call center platform is in place to support a broader scope of service lines/departments. WellApp (platform supporting enhancement for patient scheduling, registration and billing) is fully implemented throughout the clinics, with additional AI scheduling platforms being explored to improve the overall patient experience.
2.5	Enhance Health Plan Programs	Improve relationships with health plans and community partners and participate in local/state/federal programs and funding opportunities to improve overall outcomes for the community.	On Track	Sonia Duran-Aguilar	Monthly meetings 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.

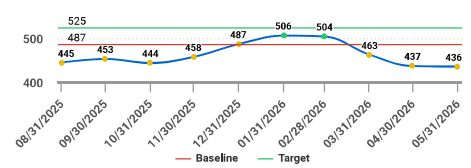
Perform 241 Orthopedic Surgery Cases Per Month



Perform 450 Endoscopy Cases Per Month



Increase Enrollment to 640 Lives in Enhanced Care Management



Outstanding Health Outcomes

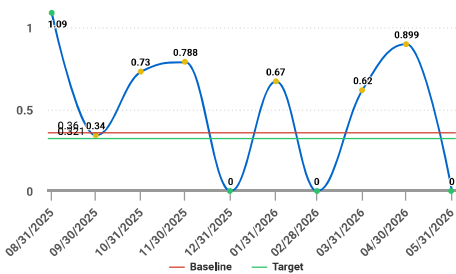
Champions: Dr. Paul Stefanacci

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

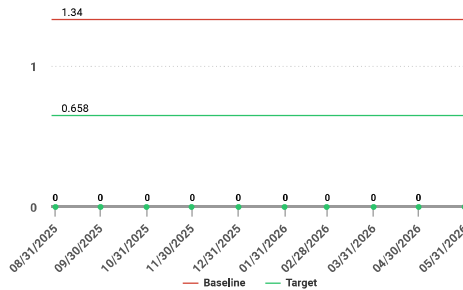
FY2026 Strategic Plan - Outstanding Health Outcomes Strategies

#	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.	Off Track	Shawn Elkin	During the month of May, there were no reports of CAUTI and MRSA BSI events. However, there were 2 CLABSI events reported, resulting in an SIR of 2.65 or 216% higher CLABSI rate than our goal. Overall, FYTD2026 data indicates that we are not achieving goal for CLABSI, CAUTI, and indwelling urinary catheter utilization. We are achieving goal for MRSA BSI events and central line utilization.
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.	At Risk	Chris Patty	Date range represented February 1, 2026 - April 30, 2026; score is 2.22. Goal is Midas national 50th percentile of 1.33; lower scores are better.

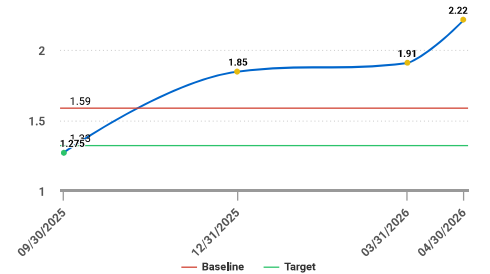
Decrease Standardized Infection Ratio (SIR) CAUTI to less than or equal to .321



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

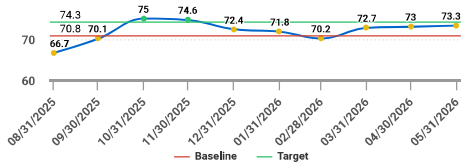
Champions: Max Heckhausen and Deborah Volosin

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

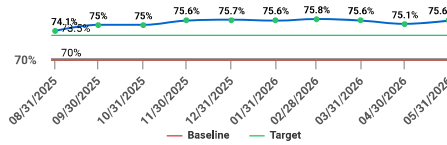
FY2026 Strategic Plan - Patient Experience and Community Engagement Strategies

#	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.	On Track	Deborah Volosin	PCX Director met with clinical directors, managers, and assistant managers Jan-March to review PX data. Next 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.	On Track	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 they can do at staff meetings to assist teams that are struggling with empathy and compassion.
4.3	Transforming the Patient Environment for a Better Experience	A well-designed and patient-friendly physical environment plays a critical role in patient experience and overall well-being. This strategy focuses on improving the hospital's physical spaces to promote comfort, accessibility, and a sense of healing	On Track	Deborah Volosin	Facilities Rounding will resume 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.	On Track	Deborah Volosin	CACs meet monthly. PCX Director reports out on KH events and updates to multiple community groups. (VEDC, Industrial Roundtable, Rotary, Speakers Bureau events.)
4.5	Adopting a Patient-Centered Approach to the Entire Healthcare Experience		On Track	Deborah Volosin	PCX Director presents at all New Employee Orientations to set the standards and expectations for patient-centric care at KH. Outside of critical care, all unites have received the WMTY presentation.

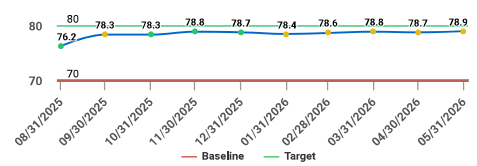
Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve an Organizational-wide score of 73.5 in Human Understanding



Achieve a score of 80 in "Cleanliness of Clinic"



Physician Alignment

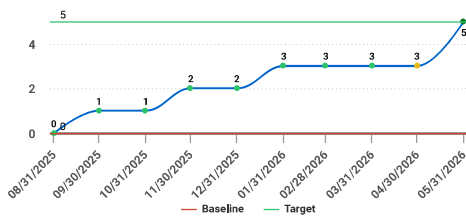
Champions: Tom Boggs and JC Palermo

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

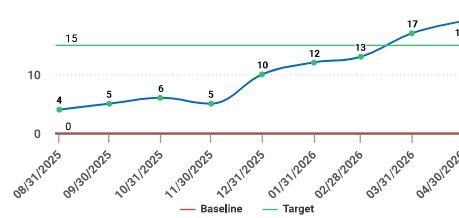
FY2026 Strategic Plan -Physician Alignment - Strategies

#	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.	On Track	Marc Mertz	We have initiated a series of strategic planning meetings with SIH. These started on June 4th and will continue for a couple months.

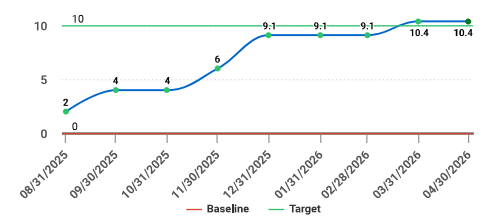
Recruit 5 Primary Care Physicians



Recruit 15 Specialty Providers



Recruit 10 Advanced Practice Providers



Rehab Services

Kaweah Health

The pursuit of
healthiness



Rehabilitation Division

Contribution margin

FY25	\$6,175,000
FY26	\$8,145,000
% increase	32%

Volume

	Pt Days	Pt Cases	ADC
FY25	7379	618	20
FY26	8352	745	24
% increase	13%	21%	20%

Strategic Initiatives

- CMS Review Choice Demonstration
- Service line growth
- Evaluate and invest in technology solutions
- Optimize internal and external post acute referral process
- Staff recruitment

6 Outpatient Therapy Clinics

Contribution margin

FY25	\$2,485,000
FY26	\$4,214,000
% increase	70%

Volume

FY25	278,225
FY26	260,034
% change	-7%

Strategic Initiatives

- Recruitment – openings impact volume
 - Exeter
 - Dinuba
 - Neuro
 - Hand
- Cancel/No show policy
- EMR and Schedule optimization
- Revenue enhancement
- KPI dashboard
- Opening of 7th Therapy Clinic in Tulare

REPORT TO THE BOARD OF DIRECTORS

Rehabilitation Services

Molly Niederreiter, Director of Rehabilitation Services, 624-2541
June 7, 2026

Scope: Inpatient Acute Rehabilitation Hospital and Program, 6 Outpatient Therapy clinics, Cardiac Rehabilitation and the Acute Therapy department at the Medical Center.

Summary Issue/Service Considered

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

Analysis of financial/statistic data annualized through April 30 FY 2026

Acute Inpatient Rehabilitation Program:

The inpatient Rehabilitation program is projected to end FY 2026 with a contribution margin of \$8.1 million, a 32% increase from the previous year demonstrating a strong upward trend and the highest of the past 4 years. Government Supplemental funds from the Medi-Cal Managed Care Directed Payments Program have increased 37% over prior year projected to reach \$1.4 million for FY26.

The average daily census FYTD is 24 patient/day, above budget of 21.5 patient/day and the highest of the last decade. The annual patient cases are up 21% from FY 2025 at 745, the highest in over 4 years. Patient days are up 13% over FY 2025 and the highest in the last 20 years. The average length of stay is down by 6% from 11.95 to 11.21 and the lowest in 4 years.

Contribution margin per case has seen steady growth from \$6,826 in FY 2023 to \$10,931 in FY 2026, a 38% increase over 4 years. Net patient revenue per case is stable at \$25,833, the same as FY 2025 but higher than FY 2023. There is a 6% decrease in direct cost per case as there are 21% more cases over which to spread the cost. Due to the rapid increase in patient cases and the challenges of recruiting Physical and Occupational Therapists, we have utilized registry therapy staff. Fortunately, we have not utilized registry nurses to staff this program. Human resources have focused efforts on hiring therapists to meet the program demands.

Cost Accounting Direct Allocations to 6440 Acute Rehabilitation continue a downward trend, however, in the 6441 Admin KDRH line expense increased, specifically in Techs & Specialists and RNs.

Inpatient Rehabilitation is predominantly a Medicare business with a combined 63% of the payer mix, a significant increase from 52% in FY 2025.

- Medicare remains the number one payer at 46% of the patient cases with reimbursement per case increasing slightly to \$25,917 and a contribution margin per case of \$11,089, over \$1500 higher than FY 2025.
- Medicare Managed Care and Medi-Cal Managed Care are tied for second in the payer mix at 16% of the business in FY 2026, where Managed Care/other dropped to fourth in FY 2026 with a decrease in payer mix from 21% to 14%.
- Medicare Managed Care volume increased 6% in FY 2026, largely in response to improved collaboration with the Humana capitated plan, which represents 66% of the total Medicare Managed Care cases.
- Medi-Cal Managed Care cases decreased by 4%. have an increased net revenue/case and lower direct cost/case, resulting in an increased contribution margin/case by over \$3,000.
- Managed Care/Other cases have a 10% decrease in net revenue/case, but the contribution margin/case is up slightly to \$13,150. Blue Cross continues to be the major payer with the most days and is responsible for an annualized \$854,000 in contribution margin in FY 2026.

Analysis of financial/statistic data annualized through April 30 FY 2026

Outpatient Therapy Clinics:

The Outpatient Therapy Rehabilitation Services, including 6 clinics, is projected to end FY 2026 with a contribution margin of \$4.2 million, which is up significantly up from prior year and continues to positive trend of the last four years. Government Supplemental Funds are increasing each year; Directed Payments are expected to end FY 2026 at \$2.5 million.

Units of service decreased by 7% compared to the prior year at 260,034.

For FY 2026:

- Net revenue/unit of service increased 14% to \$46, the highest in 4 years.
- Direct cost/unit of service decreased 6% to \$30.
- The contribution margin/unit of service increased substantially to \$16, an 81% increase and the highest in 4 years.

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

- Managed care/other remains the number one payer at 34% of the patient cases and is the highest of all payers with a reimbursement per case increasing in FY 2026 to \$801 and contribution margin per case increased from \$373 to \$458.
- Medicare is now the second payer mix stable at 27% demonstrating an increase in reimbursement/case of \$26 and increase in contribution margin/case to a positive \$7
- Medi-Cal Managed Care is now the third in terms of payer mix at 24% and saw increases in reimbursement/case from \$363 to \$482 and improvements in the contribution margin/case from \$10 to \$153. Medi-Cal exceeds Medicare and

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

- Medicare Managed Care in fourth at 9% of the patient cases, showed a slight improvement in reimbursement/case of \$9 and less of a loss in contribution margin/case now (\$14) improved from (\$43).

Therapy Specialists at Rehabilitation Hospital, Therapy Specialists at Lovers Lane and Cardiac Rehab all saw an increase in volume/units of service.

In FY 2026, all outpatient services had a positive contribution margin the top 4 departments are:

- Therapy Specialists - Akers at \$1.9 million
- Therapy Specialists - Lovers Lane at \$646,000
- Therapy Specialists - Rehabilitation Hospital at \$613,000
- Therapy Specialists - Exeter at \$270,000

Cardiac Rehabilitation:

Patient volume increased 2% in FY 2026 compared to the previous year. The direct allocation of 11% of 6441-Rehab Administration to the Cardiac Rehab program has now been correctly allocated to the programs 6441 supports which has a significant positive impact on financials as seen below.

- Net revenue per unit of service is up 15% at \$154.
- Direct cost per unit of service decreased by 61% to \$61
- Contribution margin per unit of service increased by 698% at \$93.

Quality/Performance Improvement Data

Acute Rehabilitation:

The program nearly meets the national benchmark for community discharges, with 82% of patients discharged home compared to 83% nationally. The average length of stay for FY 2026 is 11.2 days, lower than the national average of 12.0 days and lower than FY 2025 at 11.9. Patient satisfaction, as measured via text/email/phone call survey from NRC, FYTD 2026 is 85.5 for the net promoter question of “would you recommend this facility”, above the NRC benchmark of 74.0. This ranks Kaweah Health in the 90th percentile. We are closely monitoring discharges to acute as we are higher than nation, 10% versus 7%. Trends for the 1st and 2nd quarters of FY 2026 regarding patient falls, urinary tract infection, central line infections and hospital acquired skin breakdown continue to demonstrate facility performance exceeding national benchmarks on all indicators.

Outpatient Therapy Clinics:

Patient Experience – For FY2026, we have continued the use of WebPT Reach, an internal electronic survey to measure patient satisfaction associated with our electronic documentation service. This system has allowed our outpatient management team to be notified if a patient scores a 7/10 or below, allowing timely service recovery and potential correction to improve patient satisfaction. Fiscal year to date, our cumulative Net Promoter Score based on the question “how likely are you to recommend this

facility”, is a 90, with 94% promoters. Two of six clinics are at a NPS of 83, and 86 respectively, with the remaining 4 at NPS above 90.

Therapy Outcomes - Functional outcome measures are standardized surveys used to objectively assess a patient's current abilities, track progress with therapy, and evaluate the overall effectiveness of treatment. These tools are utilized throughout a patient's care to ensure treatment is tailored to meet the real-life needs of the patients, and to objectively quantify whether a patient is improving, stagnating, or declining. Therapy outcomes for different body treatment areas are reported on a quarterly basis, using initial evaluation scores and scores at time of discharge, to measure functional improvements over time and to determine therapy effectiveness. The results and comments are shared with the clinicians to bring focus to specific areas that could benefit from education and update of evidence-based treatment approaches, or to better address the needs and pivot strategies for specific patient populations.

Acute Therapy Services:

In the Medical Center, we measure the response time from MD order/admission to nursing unit to the time the therapy evaluation is completed/attempted for Physical Therapy, Occupational Therapy and Speech Therapy. The goal is to complete therapy evaluations within 24 hours of the MD order. The Acute Therapy department prioritizes Neurologic, Orthopedic, Cardiothoracic Surgery, Trauma, Emergency Department, and Key Medical Group patients. Data for FYTD March 2026 is:

- Physical Therapy 54% (vs 54% FYTD March 2025)
- Occupational Therapy 41% (vs 38% FYTD March 2025)
- Speech Therapy 67% (vs 67% FYTD March 2025)

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

Cardiac and Pulmonary Rehabilitation:

For the calendar year of 2025 the top 3 diagnoses seen in our clinic were CABG at 43%, STEMI, NSTEMI, and PTCA/Stent combined at 34% and valve replacement both surgical and TAVR combined for 12%.

Outcome measures: For the calendar year 2025 we are below the goal of 90% for blood pressure with our average for the year at 81%. For overall functional capacity we are above our goal of >5.5 METs with an average of 6.1 METs. This year we again met our goal for psychosocial outcome score <4.0 with an average of 3.0 at discharge; 85% of patients who completed cardiac rehab had an improvement in symptoms of depression.

Policy, Strategic or Tactical Issues

Policy Issues

1. Continue to monitor and respond to CMS Review Choice Demonstration requirements to ensure regulatory compliance, protect Medicare reimbursement, and minimize financial and operational risk. Ongoing education, auditing, and performance monitoring remain key priorities.

2. The department remains committed to advancing quality and patient safety through robust performance monitoring, incident review processes, regulatory compliance efforts, and continuous improvement activities. Ongoing governance oversight is essential to ensuring accountability, mitigating risk, and maintaining high standards of patient care.

Strategic Issues

1. Evaluating, prioritizing and investing in technology solutions that support scheduling optimization, patient engagement, clinical documentation, and performance analytics will be critical to enhancing access, improving outcomes, and supporting future service growth.
2. The Rehabilitation division continues to identify and evaluate opportunities for service line growth through program development, referral relationship expansion, operational enhancements, and improved access to care. Strategic growth initiatives will be prioritized based on community needs, organizational alignment, workforce capacity, and financial viability.

Tactical Issues

1. Advance patient mobility and safe patient handling initiatives by collaborating with nursing leadership to implement Johns Hopkins Activity and Mobility Program on all med/surg units impacting length of stay, throughput, patient experience and prevent negative outcomes i.e. hospital acquired pressure injuries.
2. Updated OP Therapy Clinic division policies related to patient attendance and documentation.
3. Optimized OP Therapy Clinic scheduling to better comply with California wage and hour laws as well as support productivity and volume.

Recommendations/Next Steps

Policy

1. Continue monitoring CMS Review Choice Demonstration performance metrics, including affirmation and denial rates.
2. Continue routine monitoring and reporting of quality and patient safety indicators, support interdisciplinary improvement initiatives, and evaluate opportunities to strengthen organizational performance and patient outcomes.
3. Continue to respond to Medicare initiatives related to acute rehabilitation services at the state and national level. Actively monitor processes that support appropriate admissions and documentation that demonstrates medical necessity.

Strategic

1. Continue assessing growth opportunities, developing business cases for priority initiatives, and implementing strategies that expand access while maintaining high-quality patient care and operational performance.
2. Continue assessing technology opportunities and developing a phased implementation plan aligned with organizational priorities, operational needs, and available resources.

3. Maintain productive and efficient processes in support of improved or sustained positive financial performance for all programs. Ensure ongoing marketing of all inpatient and outpatient programs. Monitor all publicly reported quality measures with goal of continuing to achieve and sustain performance that exceeds national benchmarks.
4. Continue to work closely with patient billing department to ensure we address all revenue issues promptly.
5. Advance collaboration with Kaweah Health Medical Center leaders to optimize patient transitions to post-acute care service lines by analyzing referral processes, improving care coordination, and reducing barriers to timely discharge and program admission.

Tactical

1. Participate in outreach programs and opportunities such as runs/walks, community forums, and health fairs to market to consumers, physicians, and the overall community. Focus on strategies using social media and consumer reviews.
2. Working with HR with retaining and recruiting clinical staff by evaluating clinical ladder, sign-on bonuses, pay ranges and partnerships with college and university degree therapy programs.
3. Utilize reporting on Medical Center therapy referrals to target workflow improvements based on units, service line, and provider trends.

Approvals/Conclusions

Approval Requested

1. Approval of the capital expenditures related to equipment replacement and technology enhancements.

Rehabilitation services will focus in the coming year on:

1. Census development/patient volumes, management of productivity, maintaining compliance with all regulatory and payer expectations, customer satisfaction, clinical excellence and financial performance.
2. Implementation of strategic goals related to Kaweah Health pillars for all rehabilitation services to enhance program development, satisfaction of all stakeholders, program marketing, ideal work environment for staff, and clinical quality of services.

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026



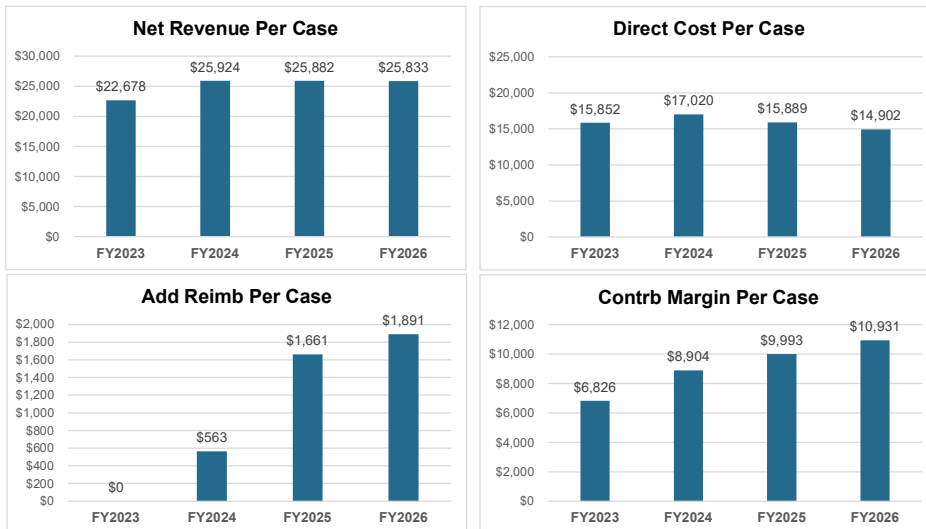
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

*Annualized

METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	549	521	618	745	▲ 21%	
Patient Days	6,632	6,630	7,379	8,352	▲ 13%	
ALOS	12.08	12.73	11.94	11.21	▼ -6%	
Net Revenue	\$12,450,196	\$13,506,579	\$15,994,972	\$19,250,948	▲ 20%	
Additional Reimb	\$0	\$293,365	\$1,026,522	\$1,409,437	▲ 37%	
Direct Cost	\$8,702,549	\$8,867,512	\$9,819,383	\$11,104,990	▲ 13%	
Contribution Margin	\$3,747,648	\$4,639,067	\$6,175,589	\$8,145,959	▲ 32%	
Indirect Cost	\$4,782,561	\$5,544,631	\$5,693,001	\$6,041,525	▲ 6%	
Net Income	(\$1,034,913)	(\$905,564)	\$482,589	\$2,104,434	▲ 336%	
Net Revenue Per Case	\$22,678	\$25,924	\$25,882	\$25,833	▶ 0%	
Add Reimb Per Case	\$0	\$563	\$1,661	\$1,891	▲ 14%	
Direct Cost Per Case	\$15,852	\$17,020	\$15,889	\$14,902	▼ -6%	
Contrb Margin Per Case	\$6,826	\$8,904	\$9,993	\$10,931	▲ 9%	
CM w/o Add Reim Per Case	\$6,826	\$8,341	\$8,332	\$9,040	▲ 8%	

PER CASE TRENDED GRAPHS

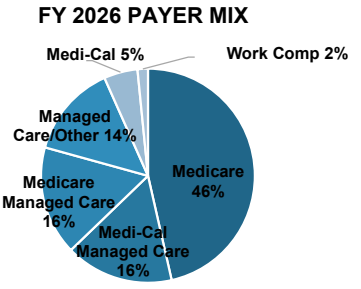


Inpatient Services - Acute Rehabilitation

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

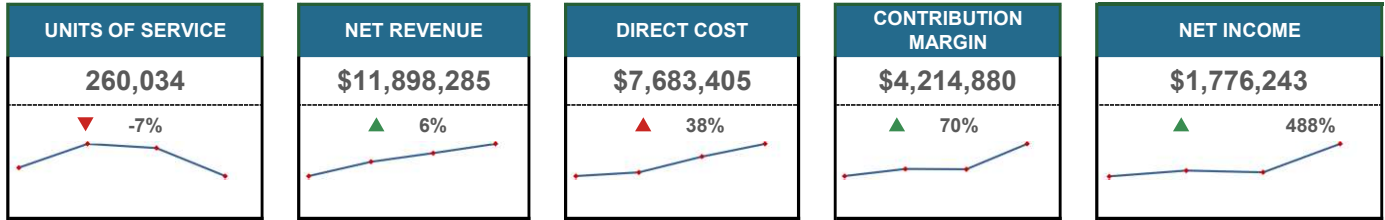
PAYER	*Annualized			
	FY2023	FY2024	FY2025	FY2026
Medicare	47%	41%	42%	46%
Medi-Cal Managed Care	20%	15%	20%	16%
Medicare Managed Care	9%	15%	10%	16%
Managed Care/Other	16%	22%	21%	14%
Medi-Cal	6%	5%	5%	5%
Work Comp	2%	1%	2%	2%



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

Rehabilitation Services - *Outpatient Summary*

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026



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

METRICS BY SERVICE LINE - FY 2026

SERVICE LINE	UNITS OF SERVICE	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Therapies - Akers	101,748	\$4,739,617	\$2,842,021	\$1,897,596	\$1,167,345
Therapy Lover's Lane	27,461	\$1,230,208	\$584,591	\$645,617	\$512,780
Therapies - KDRH	66,558	\$2,837,142	\$2,223,692	\$613,450	(\$271,358)
Cardiac Rehabilitation	4,606	\$709,968	\$279,890	\$430,078	\$176,332
Therapies - Exeter	19,876	\$787,325	\$517,665	\$269,660	\$114,492
Therapies - Dinuba	22,452	\$821,244	\$626,411	\$194,833	\$62,090
Hand Therapy	17,334	\$772,781	\$609,134	\$163,646	\$14,563
OP Rehabilitation Services Totals	260,034	\$11,898,285	\$7,683,405	\$4,214,880	\$1,776,243

METRICS SUMMARY - 4 YEAR TREND

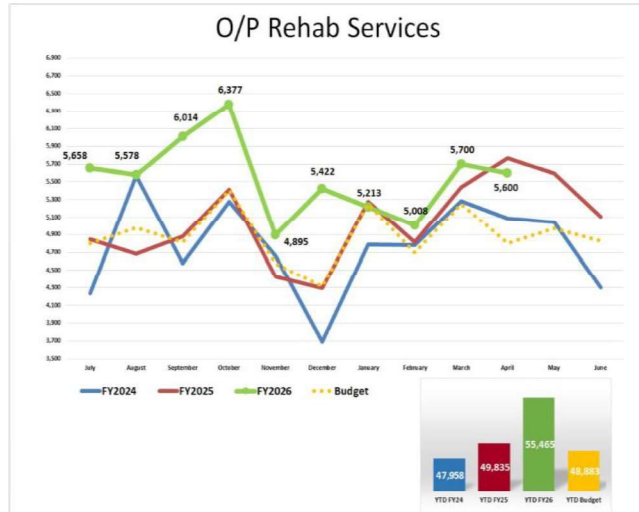
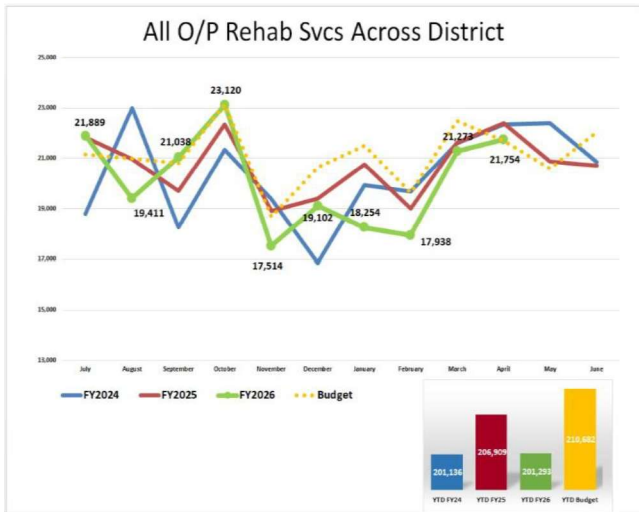
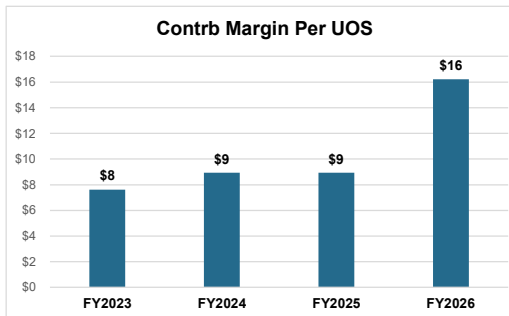
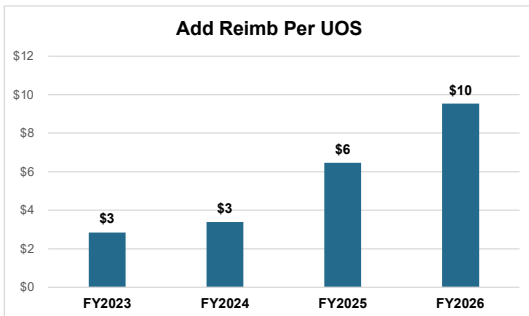
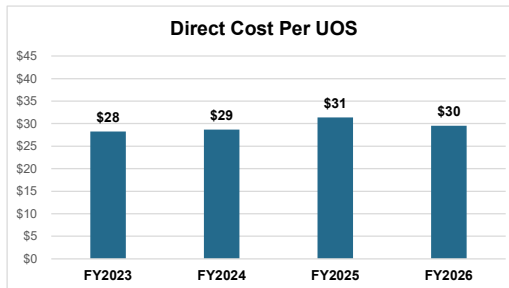
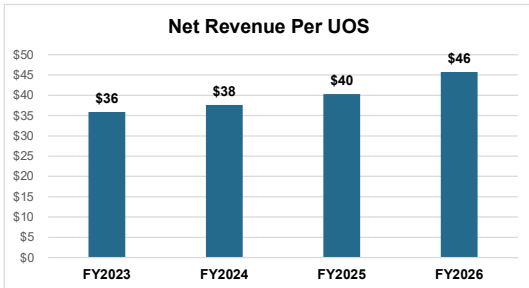
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	265,498	280,990	278,225	260,034	▼ -7%	
Net Revenue	\$9,524,232	\$10,575,295	\$11,210,637	\$11,898,285	▲ 6%	
Additional Reimb	\$753,433	\$952,962	\$1,797,093	\$2,478,558	▲ 38%	
Direct Cost	\$7,502,180	\$8,066,337	\$8,725,123	\$7,683,405	▼ -12%	
Contribution Margin	\$2,022,053	\$2,508,958	\$2,485,514	\$4,214,880	▲ 70%	
Indirect Cost	\$2,808,246	\$2,835,596	\$2,943,874	\$2,438,636	▼ -17%	
Net Income	(\$786,193)	(\$326,638)	(\$458,360)	\$1,776,243	▲ 488%	
Net Revenue Per UOS	\$36	\$38	\$40	\$46	▲ 14%	
Add Reimb Per UOS	\$3	\$3	\$6	\$10	▲ 48%	
Direct Cost Per UOS	\$28	\$29	\$31	\$30	▼ -6%	
Contrb Margin Per UOS	\$8	\$9	\$9	\$16	▲ 81%	
CM w/o Add Reim Per UOS	\$5	\$6	\$2	\$7	▲ 170%	

*Annualized

Rehabilitation Services - *Outpatient Summary*

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026

GRAPHS



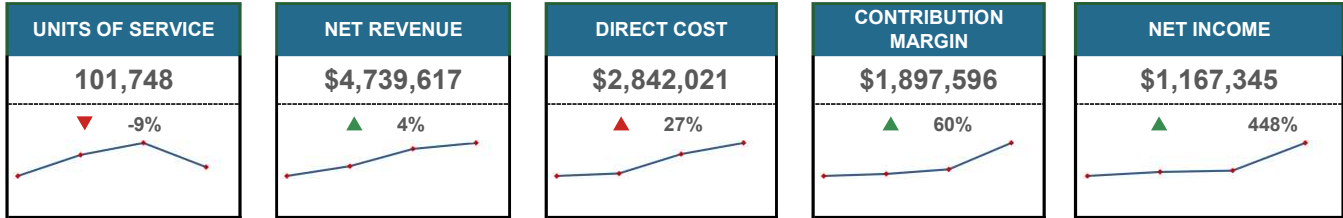
Notes:
 Source: Outpatient Service Line Reports
 Criteria: Outpatient Service Lines and Secondary Service Line selections
 Criteria: specific selection for each Service Line (noted on the individual Service Line Tabs)

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Services - Therapies - Akers

FY2026

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026



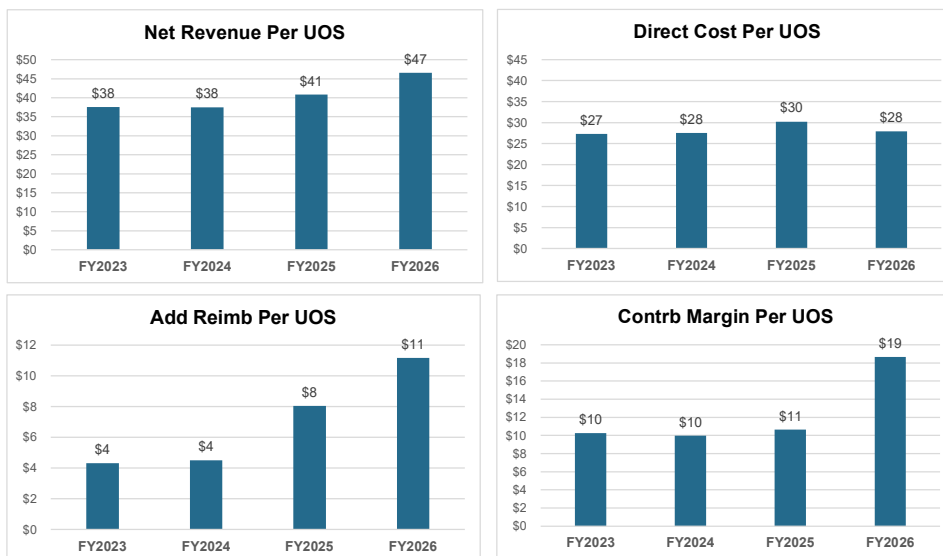
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

Metric	FY2023	FY2024	FY2025	FY2026	% Change from Prior Yr	4 Yr Trend
Units of Service	98,222	106,573	111,334	101,748	-9%	
Net Revenue	\$3,687,615	\$3,998,127	\$4,547,703	\$4,739,617	4%	
Additional Reimb	\$423,743	\$478,674	\$894,438	\$1,134,841	27%	
Direct Cost	\$2,680,773	\$2,934,923	\$3,362,529	\$2,842,021	-15%	
Contribution Margin	\$1,006,843	\$1,063,204	\$1,185,173	\$1,897,596	60%	
Indirect Cost	\$980,834	\$897,020	\$972,263	\$730,251	-25%	
Net Income	\$26,008	\$166,184	\$212,910	\$1,167,345	448%	
Net Revenue Per UOS	\$38	\$38	\$41	\$47	14%	
Add Reimb Per UOS	\$4	\$4	\$8	\$11	39%	
Direct Cost Per UOS	\$27	\$28	\$30	\$28	-8%	
Contrb Margin Per UOS	\$10	\$10	\$11	\$19	75%	
CM w/o Add Reim Per UOS	\$6	\$5	\$3	\$7	187%	

*Annualized

PER CASE TRENDED GRAPHS



KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

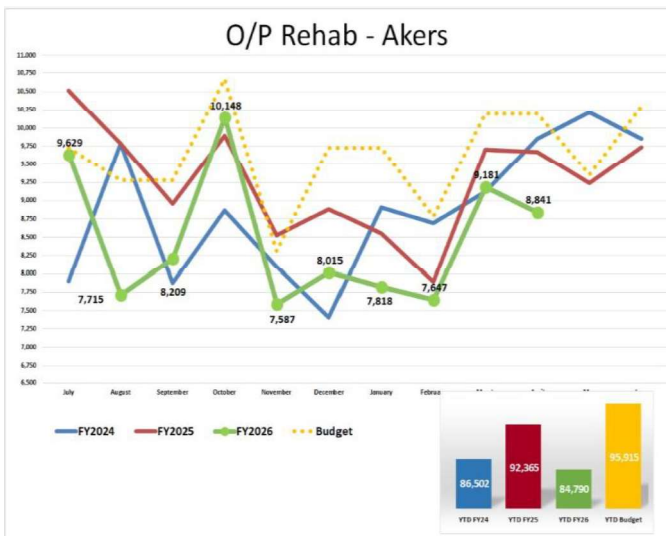
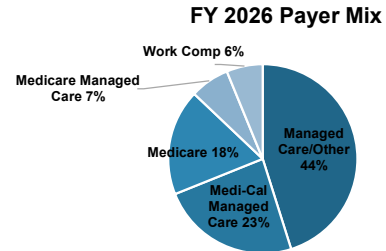
Outpatient Services - Therapies - Akers

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2023	FY2024	FY2025	FY2026
Managed Care/Other	54%	48%	45%	44%
Medi-Cal Managed Care	13%	20%	25%	23%
Medicare	17%	15%	15%	18%
Medicare Managed Care	7%	8%	7%	7%
Work Comp	7%	6%	6%	6%

*Annualized



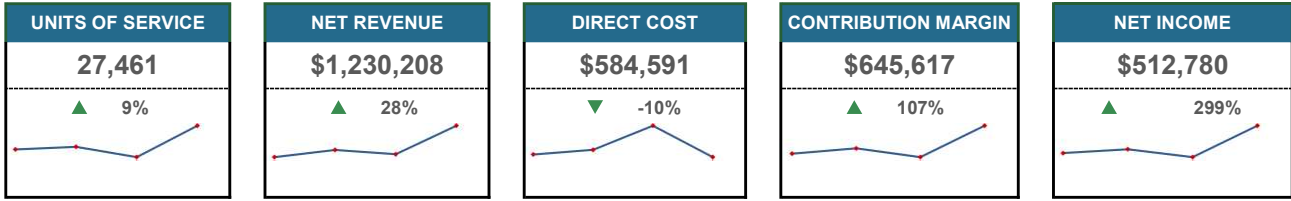
Notes:

Source: Outpatient Service Line Reports

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

Outpatient Services - Therapy Lover's Lane

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026



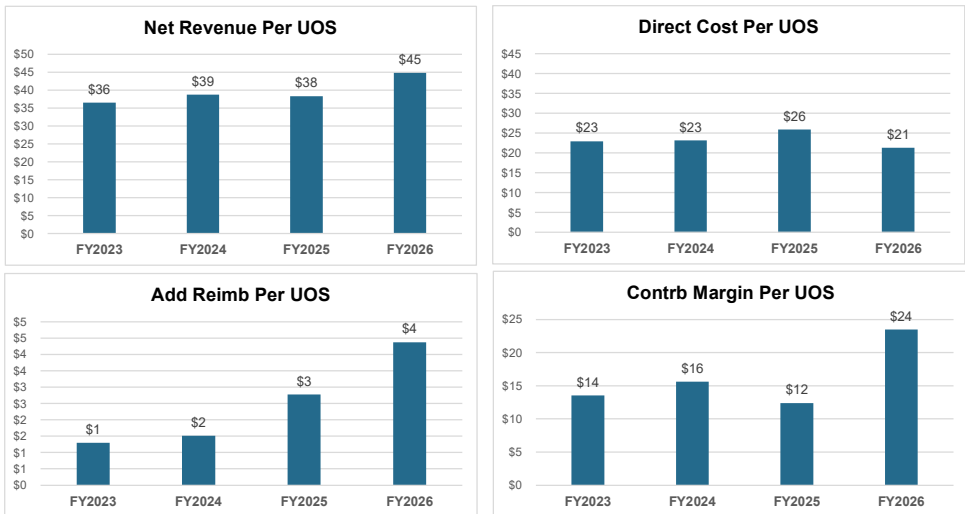
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

*Annualized

METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	25,712	25,906	25,150	27,461	▲ 9%	
Net Revenue	\$938,371	\$1,004,601	\$964,526	\$1,230,208	▲ 28%	
Direct Cost	\$590,199	\$600,331	\$652,801	\$584,591	▼ -10%	
Additional Reimb	\$33,339	\$39,117	\$69,725	\$120,161	▲ 72%	
Contribution Margin	\$348,172	\$404,270	\$311,725	\$645,617	▲ 107%	
Indirect Cost	\$170,794	\$180,194	\$183,279	\$132,836	▼ -28%	
Net Income	\$177,378	\$224,077	\$128,446	\$512,780	▲ 299%	
Net Revenue Per UOS	\$36	\$39	\$38	\$45	▲ 17%	
Direct Cost Per UOS	\$23	\$23	\$26	\$21	▼ -18%	
Add Reimb Per UOS	\$1	\$2	\$3	\$4	▲ 58%	
Contrb Margin Per UOS	\$14	\$16	\$12	\$24	▲ 90%	
CM w/o Add Reim Per UOS	\$12	\$14	\$10	\$19	▲ 99%	

PER CASE TRENDED GRAPHS



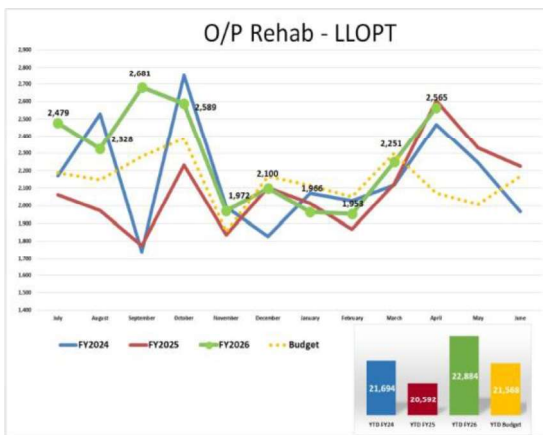
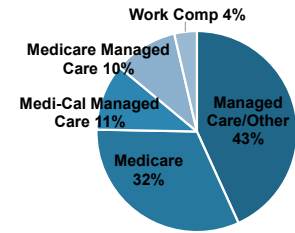
Outpatient Services - *Therapy Lover's Lane*

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2023	FY2024	*Annualized	
			FY2025	FY2026
Managed Care/Other	44%	46%	39%	43%
Medicare	31%	32%	34%	32%
Medi-Cal Managed Care	9%	6%	10%	11%
Medicare Managed Care	12%	12%	13%	10%
Work Comp	3%	4%	3%	4%

FY 2026 Payer Mix



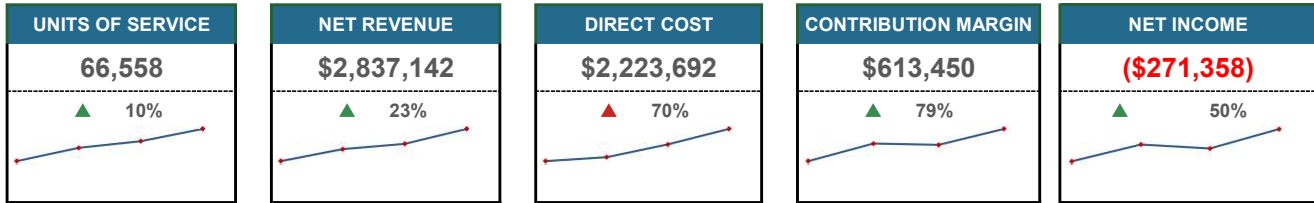
Notes:
 Source: Outpatient Service Line Reports
 Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Lover's Lane Therapy

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Outpatient Services - Therapies - KHRH

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026



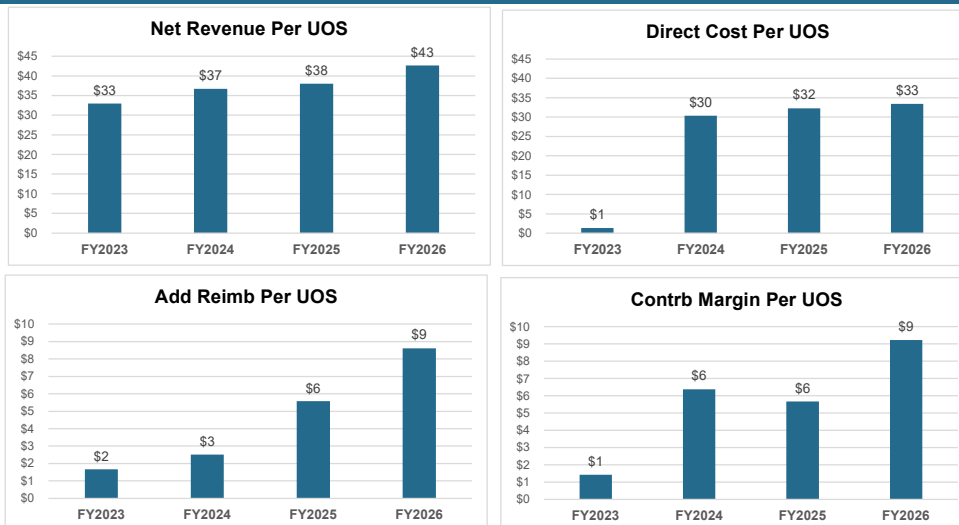
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

*Annualized

METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	50,900	57,304	60,536	66,558	▲ 10%	
Net Revenue	\$1,677,901	\$2,104,001	\$2,298,613	\$2,837,142	▲ 23%	
Additional Reimb	\$84,413	\$144,098	\$337,211	\$573,132	▲ 70%	
Direct Cost	\$1,606,078	\$1,739,065	\$1,955,306	\$2,223,692	▲ 14%	
Contribution Margin	\$71,822	\$364,936	\$343,307	\$613,450	▲ 79%	
Indirect Cost	\$796,704	\$852,605	\$887,158	\$884,808	▶ 0%	
Net Income	(\$724,881)	(\$487,669)	(\$543,851)	(\$271,358)	▲ 50%	
Net Revenue Per UOS	\$33	\$37	\$38	\$43	▲ 12%	
Add Reimb Per UOS	\$2	\$3	\$6	\$9	▲ 55%	
Direct Cost Per UOS	\$1	\$30	\$32	\$33	▲ 3%	
Contrb Margin Per UOS	\$1	\$6	\$6	\$9	▲ 63%	
CM w/o Add Reim Per UOS	(\$0)	\$4	\$0	\$1	▲ 501%	

PER CASE TRENDED GRAPHS



KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

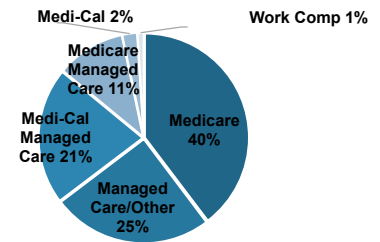
Outpatient Services - Therapies - KHRH

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	*Annualized			
	FY2023	FY2024	FY2025	FY2026
Medicare	37%	38%	39%	40%
Managed Care/Other	27%	30%	27%	25%
Medi-Cal Managed Care	18%	16%	21%	21%
Medicare Managed Care	13%	11%	10%	11%
Medi-Cal	3%	3%	2%	2%
Work Comp	1%	1%	2%	1%

FY 2026 Payer Mix



Notes:

Source: Outpatient Service Line Reports

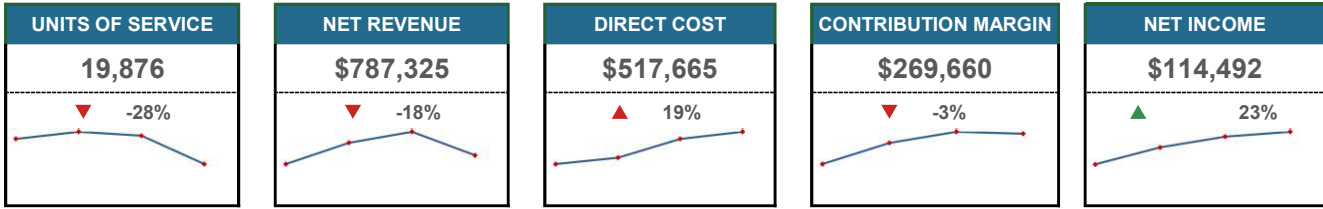
Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Neuro Clinic

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Services - Therapies - Exeter

FY2026

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026



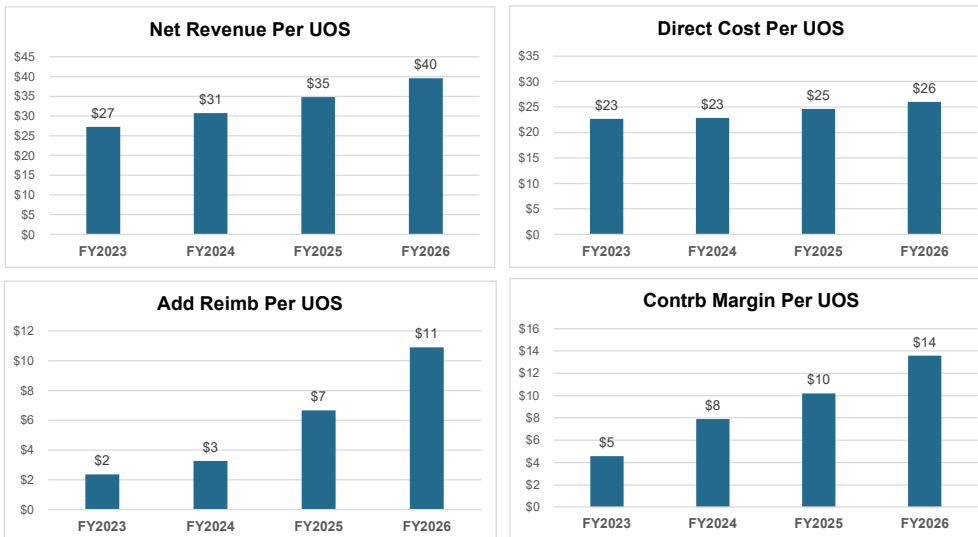
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

Metric	FY2023	FY2024	FY2025	FY2026	% Change from Prior Yr	4 Yr Trend
Units of Service	26,585	28,497	27,420	19,876	▼ -28%	
Net Revenue	\$724,772	\$876,453	\$954,748	\$787,325	▼ -18%	
Additional Reimb	\$62,963	\$93,362	\$182,770	\$216,700	▲ 19%	
Direct Cost	\$603,023	\$651,694	\$675,456	\$517,665	▼ -23%	
Contribution Margin	\$121,749	\$224,760	\$279,292	\$269,660	▼ -3%	
Indirect Cost	\$150,349	\$178,801	\$186,339	\$155,169	▼ -17%	
Net Income	(\$28,600)	\$45,958	\$92,954	\$114,492	▲ 23%	
Net Revenue Per UOS	\$27	\$31	\$35	\$40	▲ 14%	
Add Reimb Per UOS	\$2	\$3	\$7	\$11	▲ 64%	
Direct Cost Per UOS	\$23	\$23	\$25	\$26	▲ 6%	
Contrb Margin Per UOS	\$5	\$8	\$10	\$14	▲ 33%	
CM w/o Add Reim Per UOS	\$2	\$5	\$4	\$3	▼ -24%	

*Annualized

PER CASE TRENDED GRAPHS



KAWEAH HEALTH ANNUAL BOARD REPORT

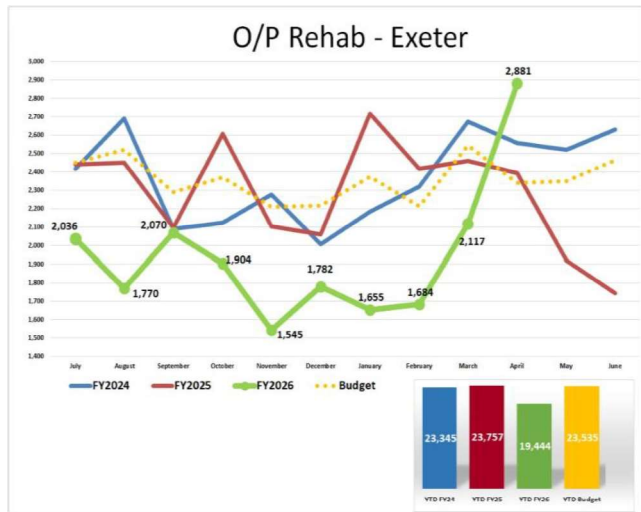
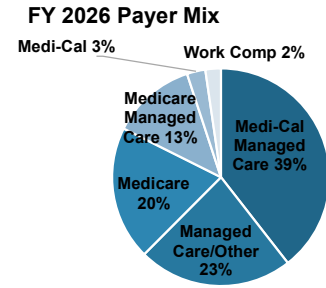
Outpatient Services - Therapies - Exeter

FY2026

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2023	FY2024	FY2025	FY2026
Medi-Cal Managed Care	34%	37%	34%	39%
Managed Care/Other	27%	30%	29%	23%
Medicare	22%	17%	18%	20%
Medicare Managed Care	14%	14%	15%	13%
Medi-Cal	1%	1%	3%	3%
Work Comp	2%	1%	2%	2%



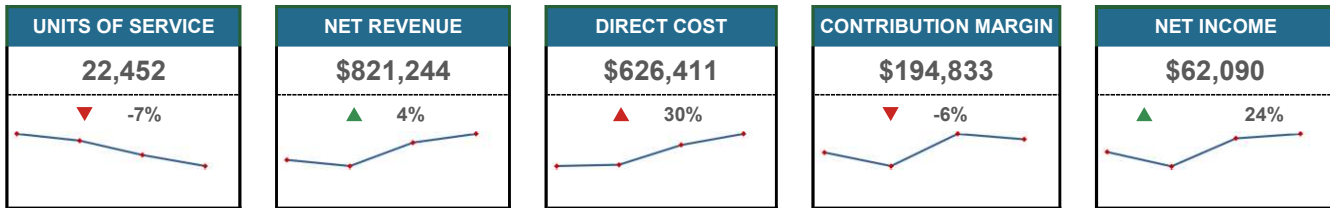
Notes:
 Source: Outpatient Service Line Reports
 Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Exeter Clinic

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Outpatient Services - Therapies - Dinuba

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026

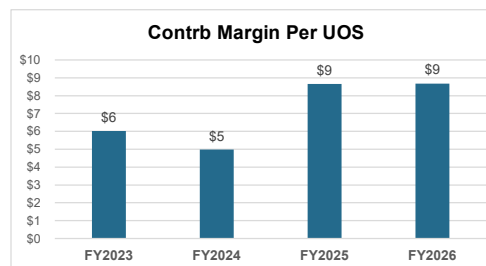
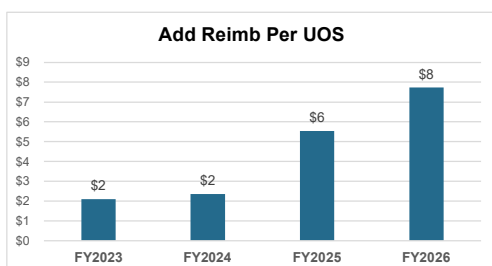
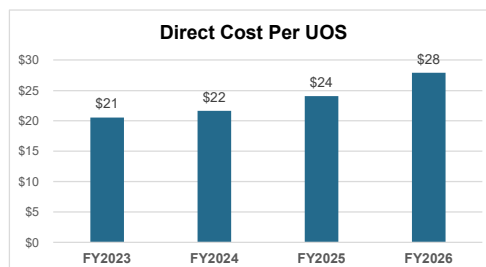
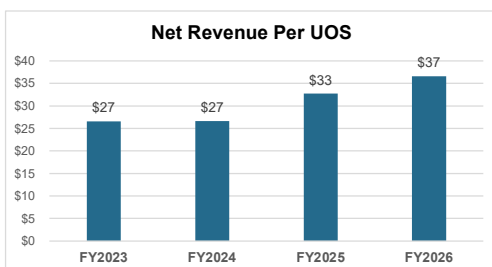


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

Metric	FY2023	FY2024	FY2025	FY2026	% Change from Prior Yr	4 Yr Trend
Units of Service	27,079	26,095	24,048	22,452	-7%	
Net Revenue	\$719,527	\$695,312	\$786,734	\$821,244	4%	
Additional Reimb	\$56,911	\$61,664	\$133,139	\$173,658	30%	
Direct Cost	\$556,705	\$565,385	\$578,559	\$626,411	8%	
Contribution Margin	\$162,822	\$129,927	\$208,175	\$194,833	-6%	
Indirect Cost	\$148,279	\$153,378	\$157,995	\$132,743	-16%	
Net Income	\$14,542	(\$23,450)	\$50,181	\$62,090	24%	
Net Revenue Per UOS	\$27	\$27	\$33	\$37	12%	
Add Reimb Per UOS	\$2	\$2	\$6	\$8	40%	
Direct Cost Per UOS	\$21	\$22	\$24	\$28	16%	
Contrb Margin Per UOS	\$6	\$5	\$9	\$9	0%	
CM w/o Add Reim Per UOS	\$4	\$3	\$3	\$1	-70%	

PER CASE TRENDED GRAPHS



KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Outpatient Services - Therapies - Dinuba

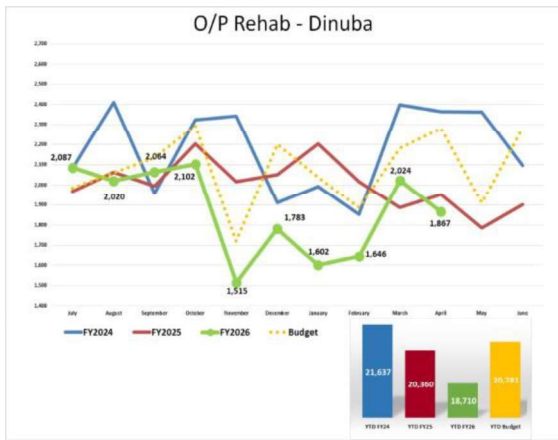
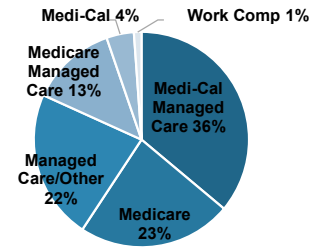
KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

*Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Medi-Cal Managed Care	40%	43%	42%	36%
Medicare	18%	17%	18%	23%
Managed Care/Other	20%	22%	23%	22%
Medicare Managed Care	13%	12%	12%	13%
Medi-Cal	7%	4%	4%	4%
Work Comp	1%	2%	1%	1%

FY 2026 Payer Mix



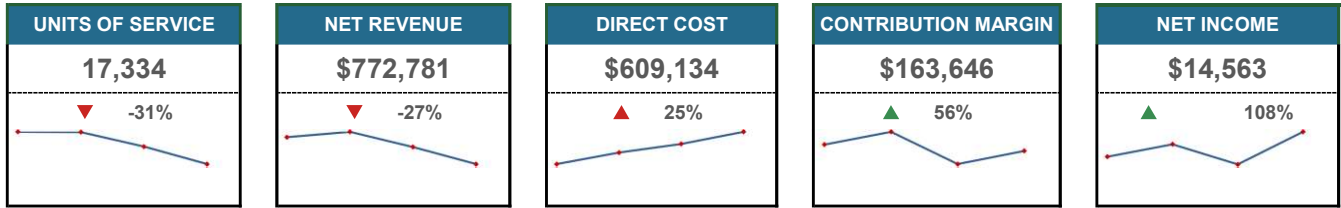
Notes:
 Source: Outpatient Service Line Reports
 Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Dinuba Clinic

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Services - Hand Therapy

FY2026

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026

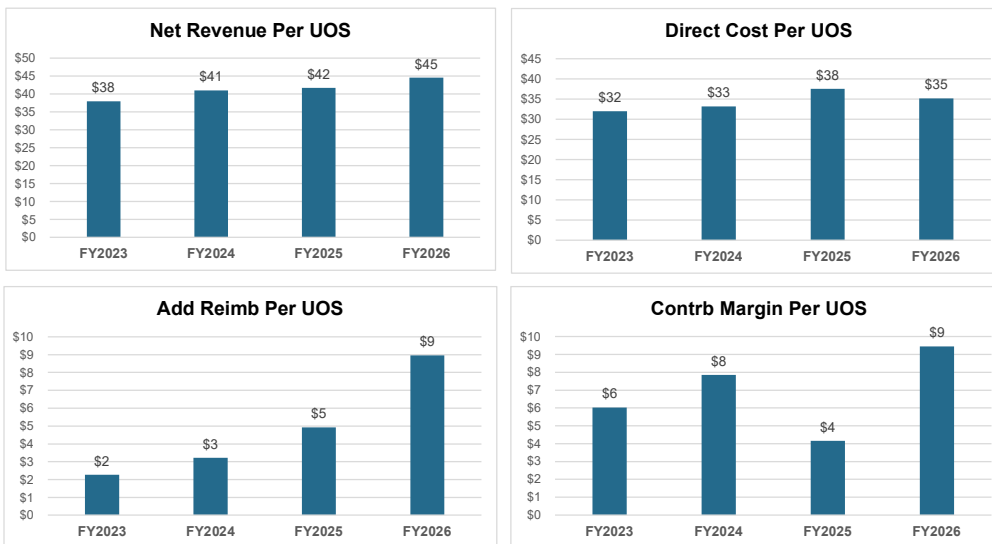


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	31,882	31,708	25,203	17,334	▼ -31%	
Net Revenue	\$1,212,255	\$1,300,710	\$1,051,659	\$772,781	▼ -27%	
Additional Reimb	\$72,297	\$101,720	\$123,873	\$155,089	▲ 25%	
Direct Cost	\$1,020,166	\$1,051,475	\$946,887	\$609,134	▼ -36%	
Contribution Margin	\$192,089	\$249,234	\$104,772	\$163,646	▲ 56%	
Indirect Cost	\$335,588	\$313,848	\$296,958	\$149,083	▼ -50%	
Net Income	(\$143,499)	(\$64,614)	(\$192,186)	\$14,563	▲ 108%	
Net Revenue Per UOS	\$38	\$41	\$42	\$45	▲ 7%	
Add Reimb Per UOS	\$2	\$3	\$5	\$9	▲ 82%	
Direct Cost Per UOS	\$32	\$33	\$38	\$35	▼ -6%	
Contrb Margin Per UOS	\$6	\$8	\$4	\$9	▲ 127%	
CM w/o Add Reim Per UOS	\$4	\$5	(\$1)	\$0	▲ 165%	

PER CASE TRENDED GRAPHS



KAWEAH HEALTH ANNUAL BOARD REPORT

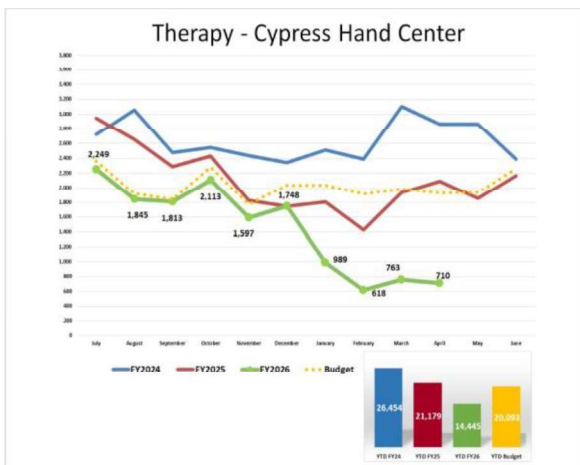
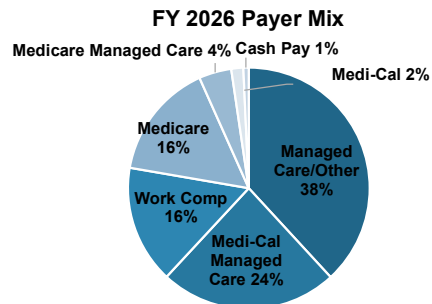
FY2026

Outpatient Services - Hand Therapy

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2023	FY2024	FY2025	FY2026
Managed Care/Other	42%	41%	37%	38%
Medi-Cal Managed Care	24%	29%	25%	24%
Work Comp	8%	6%	14%	16%
Medicare	15%	12%	15%	16%
Medicare Managed Care	8%	8%	6%	4%
Medi-Cal	3%	3%	2%	2%
Cash Pay	0%	0%	0%	1%



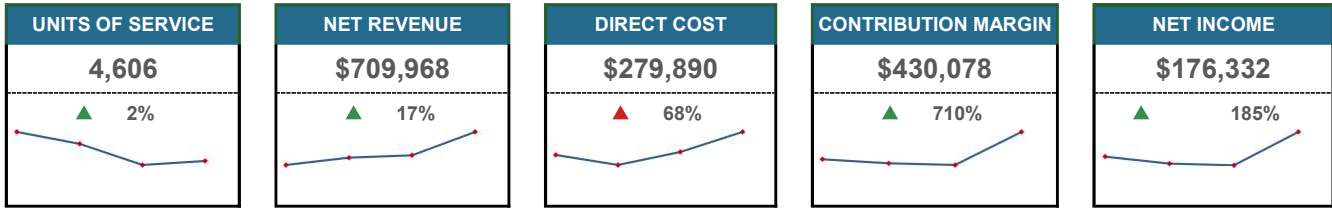
Notes:
 Source: Outpatient Service Line Reports
 Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Hand Center
 *Visit = monthly billing

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Services - Cardiac Rehabilitation

FY2026

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026



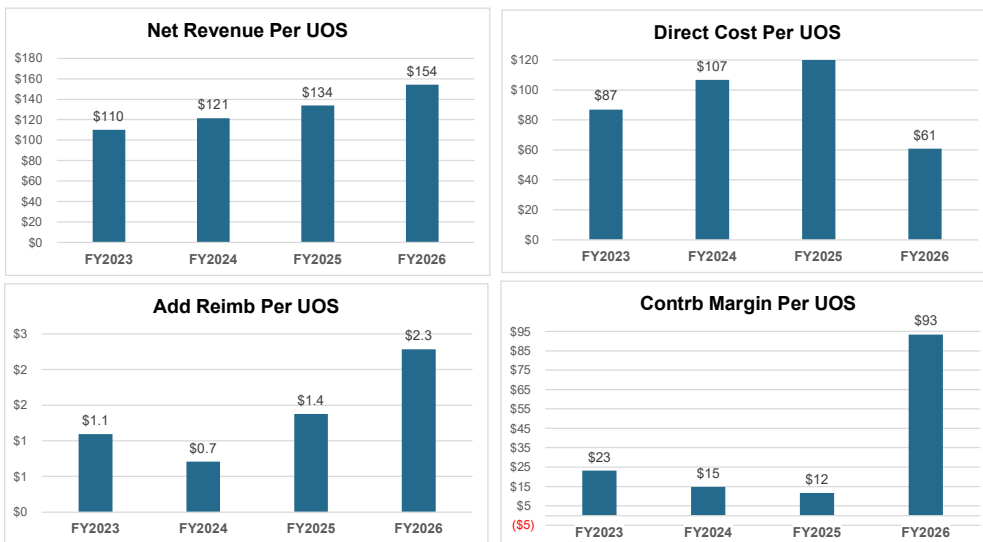
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	5,118	4,907	4,534	4,606	▲ 2%	
Net Revenue	\$563,791	\$596,091	\$606,654	\$709,968	▲ 17%	
Additional Reimb	\$5,604	\$3,467	\$6,250	\$10,523	▲ 68%	
Direct Cost	\$445,236	\$523,465	\$553,585	\$279,890	▼ -49%	
Contribution Margin	\$118,556	\$72,626	\$53,069	\$430,078	▲ 710%	
Indirect Cost	\$225,696	\$259,750	\$259,882	\$253,746	▼ -2%	
Net Income	(\$107,141)	(\$187,124)	(\$206,813)	\$176,332	▲ 185%	
Net Revenue Per UOS	\$110	\$121	\$134	\$154	▲ 15%	
Add Reimb Per UOS	\$1	\$1	\$1	\$2	▲ 66%	
Direct Cost Per UOS	\$87	\$107	\$122	\$61	▼ -50%	
Contrb Margin Per UOS	\$23	\$15	\$12	\$93	▲ 698%	
CM w/o Add Reim Per UOS	\$22	\$14	\$10	\$91	▲ 782%	

*Annualized

PER CASE TRENDED GRAPHS



KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Services - *Cardiac Rehabilitation*

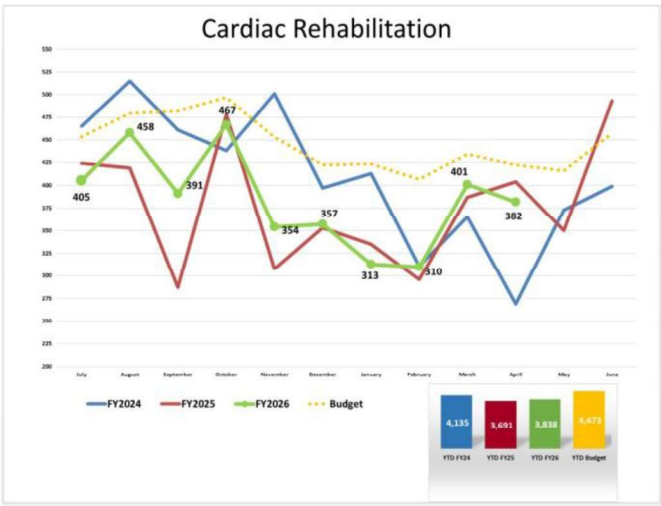
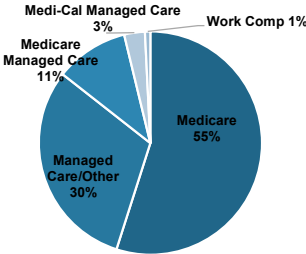
FY2026

KEY METRICS - FY 2026 TEN MONTHS ENDED APRIL 30, 2026

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	*Annualized			
	FY2023	FY2024	FY2025	FY2026
Medicare	50%	46%	41%	55%
Managed Care/Other	33%	33%	40%	30%
Medicare Managed Care	9%	16%	13%	11%
Medi-Cal Managed Care	4%	4%	4%	3%
Work Comp	3%	1%	2%	1%

FY 2026 PAYER MIX



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

Wound Care

Wound Care Center

Annual Report

Prepared June 2026



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Wound Care Center (WCC)

Organizational Overview, Leadership & Executive Summary

Organizational Overview

- Kaweah Health has been contractual partner with [Healogics](#) to serve as WCC Operating Partner since March 2024.
- Healogics augments Kaweah’s capabilities by providing focused expertise that includes proprietary clinical protocol software, quality processes, program marketing, billing and coding education and certain staff.
- WCC expands access to specialized wound care through advanced healing techniques and improved limb preservation.

Wound Care Center Leadership Team



Molly Niederreiter
Director, Rehab



Brian Hitt, Healogics
Program Director



Chadi Kahwaji, MD
Medical Director

Executive Summary – FY 26 Performance

- **Growth:** 3,929 Patient Visits in FY 26* (58% ↑ YoY)
- **Financial:** ≈\$1 million in contribution margin, doubling FY 25
- **Efficiency:** Direct Cost per Visit at \$403 (6% ↓ YoY)
- **Quality:** Wound Mix Adjusted Comprehensive Heal Rate (WMACHR) of 87% beating FY 25 (83%) & Benchmark (81%)
- **Patient Experience** Overall at 99% (Press Ganey)

*Annualized Figures
YoY: Year over Year



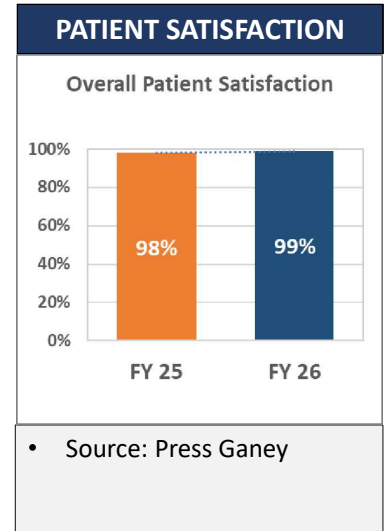
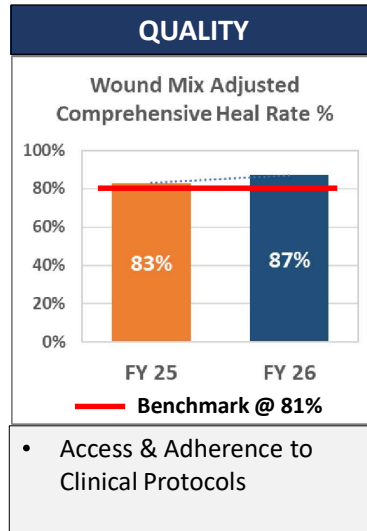
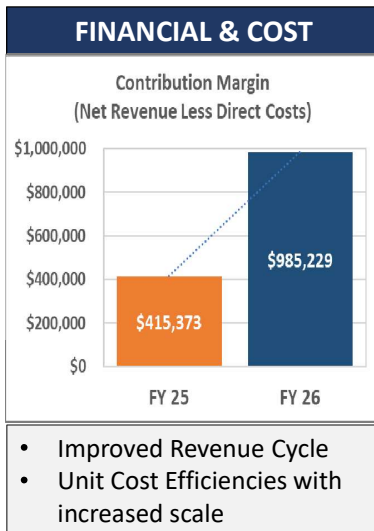
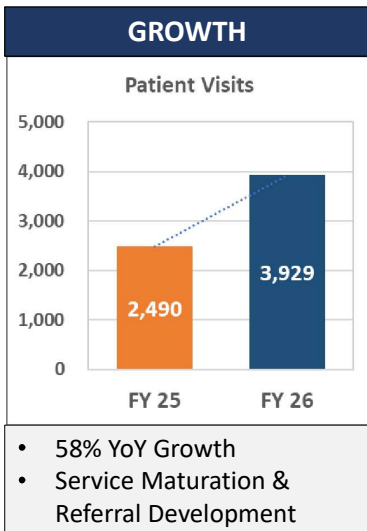
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Wound Care Center

FY 2026 Balanced Scorecard

All Key Indicators Performing Favorable Compared to Benchmarks and Prior Year!



Wound Care Center

Opportunities, Risks & Mitigations

Opportunities & Risks	Mitigation Tactics
1) Sustaining Growth in Visit Volume	<ul style="list-style-type: none"> Market program's scope of services, clinical outcomes and high patient experience to drive referrals.
2) Referral Network Utilization	<ul style="list-style-type: none"> Earlier patient identification, improved care coordination and increased access to specialized wound care services.
3) Differentiation through Clinical Innovation: Advanced Modality Utilization	<ul style="list-style-type: none"> Continue clinical protocol adherence to drive healing rates Expand Advanced Therapy Utilization w/additional modalities
4) Revenue Cycle Complexity & Regulatory: Concentrated Medicare Payor Mix at 60%	<ul style="list-style-type: none"> Proactively monitor KPIs and regulatory changes Diversify revenue streams (e.g. cash-based HBO Therapy)
5) Highly specialized workforce, especially Clinical	<ul style="list-style-type: none"> Develop bench-strength for APPs and RNs (onboarding, retention, cross-training, market comp, etc.)

Questions?

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Sequoia Integrated Health and Sequoia Health Plan

Sequoia Integrated Health (SIH) & Sequoia Health Plan (SHP)

Annual Report

June 2026



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Content Outline

- 1) The Why: History & Strategic Intent
- 2) Governance & Funds Flow
- 3) Current Membership
- 4) Historical & Current Financial Performance & Balance Sheet/Reserves
- 5) Key Performance Levers
- 6) Risks & Opportunities for Improvement
- 7) Recap & Questions

The “Whys”: History & Strategic Intent

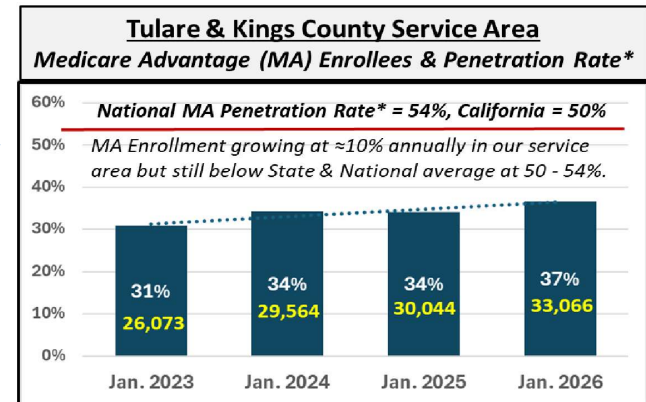
Kaweah Health has been part of the Sequoia Health Plan (SHP) Partnership since 2017

Strategic Intent:

- **Strengthen Physician Alignment**, Clinical / Financial Integration & Partnerships
- **Revenue Diversification + De-risking** as CMS Payment Updates to MA Plans increase faster than Hospital Rates.
- **Growth Opportunity** as Medicare Age-ins increasingly select enrollment in MA Plan
- **Access to Claims Data** for insights to referral patterns, market opportunities & care quality.
- **Payment Reform Drives Care Delivery Reform = Better Patient Outcomes**

Medicare Advantage (MA) Penetration Rate: MA Enrollees / Total CMS Eligible Beneficiaries

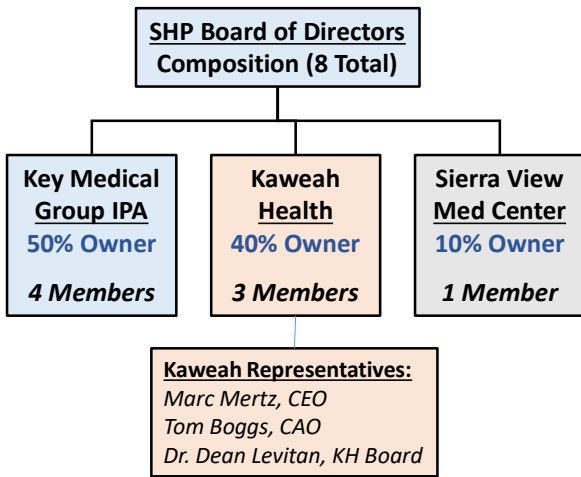
CMS Annual Payment Update Increases: MA Plans 5.06% ↑ vs. Hospital Inpatient 2.2% ↑		
Feature	Medicare Advantage (MA) Plans	Hospital Inpatient (IPPS)
Annual Update Metric	Effective growth rate & benchmarks	Hospital market basket
Typical 2025-2026 Adjustments	-5.06% payment increase	-2.4% to 2.6% increase



Sequoia Health Plan (SHP): Governance & Funds Flow

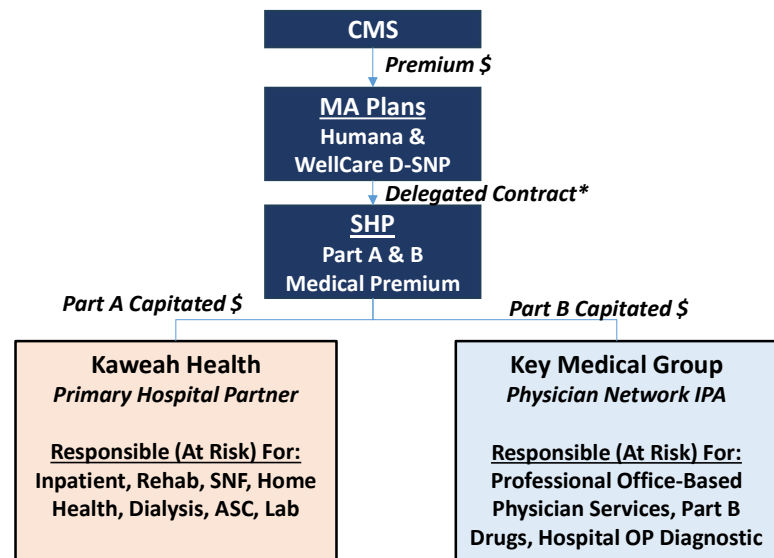
50/50 Partnership between Physicians and Hospitals, with Kaweah as 40% Owner Responsible for Inpatient Facility Capitation

Governance



Sequoia Integrated Health (SIH) is the MSO that provides Administrative Services on behalf of SHP and its Members in exchange for a fair market Management Fee.

Funds Flow



D-SNP: Dual Special Needs Program
MA: Medicare Advantage
*Excludes Part D (Pharmacy)

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Sequoia Health Plan (SHP): Member Enrollment by Plan

SHP serves 13,000+ MA Lives (40% of total MA Lives) in Tulare & Kings Counties through contracts with Humana & HealthNet (Dual Special Needs or D-SNP).

Sequoia Health Plan Members (Tulare & Kings County)				
MA Enrollment	Oct. 2025	Mar. 2026	Member Change	% Change
Humana MA	10,380	10,750	370	3.6%
HealthNet (D-SNP)	2,219	2,299	80	3.6%
Total SHP MA Members	12,599	13,049	450	3.6%

↓
Kaweah Pod
 ≈2,200+ Lives

- SHP MA Growth of 3.6% behind Market MA Growth of 10%
- SHP Share of total MA Lives in Tulare & Kings County below 50%
- **Strategic Plan Refresh** in Summer 2026 to develop strategies around product & contract growth & partner alignment.

D-SNP: Dual Special Needs Program
 MA: Medicare Advantage

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Financial Performance: Calendar Year (CY) 2025 & April 2026 YTD

Kaweah Health Capitation Summary

	2025						April YTD 2026					
	Humana Gold		WellCare DSNP		Total		Humana Gold		WellCare DSNP		Total	
	GOLD	PMPM	DSNP	PMPM	Total	PMPM	GOLD	PMPM	DSNP	PMPM	Total	PMPM
Member Months	123,278		25,641		148,919		43,015		9,251		52,266	
Revenue												
Annual Funding ¹	\$63,115,693	\$512	\$21,426,980	\$836	\$84,542,674	\$568	\$21,613,511	\$502	\$6,813,568	\$737	\$28,427,080	\$544
Annual Settlement Accrual	\$859,195	\$7	\$0	\$0	\$0	\$0	\$48,722	\$1	\$0	\$0	\$0	\$0
Mid Year Settlement Accrual	\$0	\$0	\$0	\$0	\$0	\$0	\$491,532	\$11	\$0	\$0	\$0	\$0
Additional Funding Accrual	\$0	\$0	\$0	\$0	\$0	\$0	\$319,109	\$7	\$0	\$0	\$0	\$0
Reinsurance Payments												
KDHCD Employee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lab Capitation	\$99,338	\$1	\$20,662	\$1	\$120,000	\$1	\$32,920	\$1	\$7,080	\$1	\$40,000	\$1
Indirect Medical Education Payments ³	\$823,176	\$7	\$258,885	\$10	\$1,082,060	\$7	\$171,498	\$4	\$51,952	\$6	\$223,449	\$4
Total Revenue	\$64,897,402	\$526	\$21,706,527	\$847	\$86,603,929	\$582	\$22,677,292	\$527	\$6,872,600	\$743	\$29,549,892	\$565
Expenses												
Operational/Patient Related Expenses												
Kaweah Health - Direct Cost ⁶	\$29,962,563	\$243	\$10,029,299	\$391	\$39,991,862	\$269	\$11,671,570	\$271	\$3,381,135	\$365	\$15,052,705	\$288
Third Party Facilities Net Paid Claims ⁴	\$33,054,095	\$268	\$8,620,933	\$336	\$41,675,028	\$280	\$5,431,503	\$126	\$1,240,892	\$134	\$6,672,395	\$128
IBNR - Third Party Claims ⁵	\$554,663	\$4	\$154,668	\$6	\$709,331	\$5	\$4,515,918	\$105	\$1,929,331	\$209	\$6,445,249	\$123
Estimated Kaweah Health Home Health Direct Cost ⁸	\$2,501,105	\$20	\$894,232	\$35	\$3,395,337	\$23	\$95,975	\$2	\$33,347	\$4	\$129,322	\$2
Total Patient related expenses	\$66,072,426	\$536	\$19,699,133	\$768	\$85,771,559	\$576	\$21,714,967	\$505	\$6,584,705	\$712	\$28,299,672	\$541
Total Admin Fee - Foundation	\$1,447,782	\$12	\$478,303	\$19	\$1,926,085	\$13	\$540,768	\$13	\$129,458	\$14	\$670,226	\$13
Total Direct Expenses	\$67,520,208	\$548	\$20,177,435	\$787	\$87,697,644	\$589	\$22,255,735	\$517	\$6,714,163	\$726	\$28,969,897	\$554
Contribution Margin	(\$2,622,806)	(\$21)	\$1,529,091	\$60	(\$1,093,715)	(\$7)	\$421,557	\$10	\$158,437	\$17	\$679,995	\$11.10
Kaweah Delta - Indirect Cost ⁷	\$8,825,999	\$72	\$3,051,596	\$119	\$11,877,594	\$80	\$3,656,785	\$85	\$1,009,644	\$109	\$4,666,429	\$89
Total Expenses	\$76,346,207	\$619	\$23,229,031	\$906	\$99,575,238	\$669	\$25,912,520	\$602	\$7,723,807	\$835	\$33,636,327	\$644
Profit / Loss	(\$11,448,804)	(\$93)	(\$1,522,504)	(\$59)	(\$12,971,309)	(\$87)	(\$3,235,228)	(\$75)	(\$851,207)	(\$92)	(\$4,086,435)	(\$78)

Key Takeaways:

- Updated 2026 Revenue Projections not reflected will improve CYTD P&L by \$1.1M (\$3.3M annualized)
- Additional mid-year revenue settlements pending final calculations
- Payments made to Kaweah Health for services (Expense to SHP) are higher than traditional MA Yields of 86% to 92%
- Substantial Year over Year (YoY) Improvement in Contribution Margin
- FY 27 Strategic Plan focused on Tactics to Improve Revenue and Decrease Cost!

¹ Annual Funding reported from Capitation Summary Reports from Foundation for Medical Care

³ IME is calculated based on 4% of claims paid data (Inpatient Acute Medical Center only)

⁴ Paid Claims Data provided by Foundation for Medical Care

⁵ IBNR provided by Kaweah Delta Finance Team

⁶ Direct Cost taken from Kaweah Delta data

⁸ Cost of Clinic (Facilities) services are not included. KDH Home health cost is estimated.

Sequoia Health Plan (SHP): Balance Sheet / Reserves Strength

SHP is in solid financial position to fund existing operations as of Feb. 2026, with Tangible Net Equity (TNE) of 167.9%, which is above Department of Managed Health Care (DMHC) requirement of 150% (\$566K excess).

Balance Sheet / Reserves Strength → Tangible Net Equity (TNE) Calculation Overview:

- DMHC requires most Risk-Bearing Organizations to maintain excess TNE at minimum of 150%.
- TNE is a measure of plan liquidity & financial solvency and is calculated as follows:

$$\text{TNE} = \text{Total Assets} - \text{Total Liabilities} - \text{Intangible Assets}$$

1 SHP's most recent calculation of 167.9% TNE places it above DMHC requirement of 150% by \$566K excess. 2

Sequoia Health Plan Tangible Net Equity (TNE) Calculation:

SHP Financial Metrics	2/28/2026	12/31/2025
Net Equity	\$5,308,219	\$5,302,385
Required TNE	\$3,161,045	\$3,130,086
Excess TNE	\$2,147,174	\$2,172,299
1 % Excess TNE	167.9%	169.4%
2 Expected standard equity	\$4,741,568	\$4,695,129
2 Excess above standard	\$566,652	\$607,256

*Source: Sequoia Health Plan as of Feb. 28, 2026

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Risks & Opportunities: Foundational Levers & Focus Areas

Revenue Drivers

- Annual Wellness Visits (AWVs)
- Accurate, Compliant Documentation & Coding (RAF)
- Quality Star Score Performance at 4 Stars

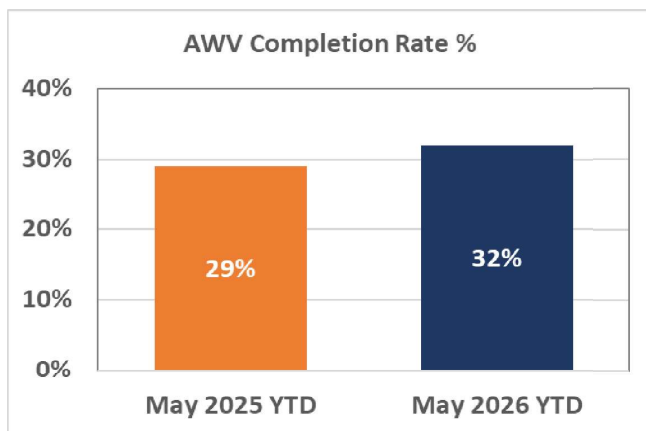
Expense Drivers

- Network Integrity / Care Retention
- Reducing Avoidable Utilization (Inpatient, ER, Post-Acute)

Sequoia Health Plan (SHP): Annual Wellness Visit (AWVs)

AWVs are foundational to success in value-based care (VBC) with annual full year target of 77%.

Annual Wellness Visit (AWV) Completion %: Kaweah Providers May YTD YoY Comparison



2025 Full Year AWV Rate = 70%
2026 Full Year AWV Goal = 77%

Annual Wellness Visit (AWV) Overview

- Free to CMS Patients (no Co-Pay/Out of Pocket)
- Establish/Strengthen Patient-PCP Relationship
- Drive Assignment & Attribution Methodologies
- Vital to Closing Gaps in Care & Risk Scores

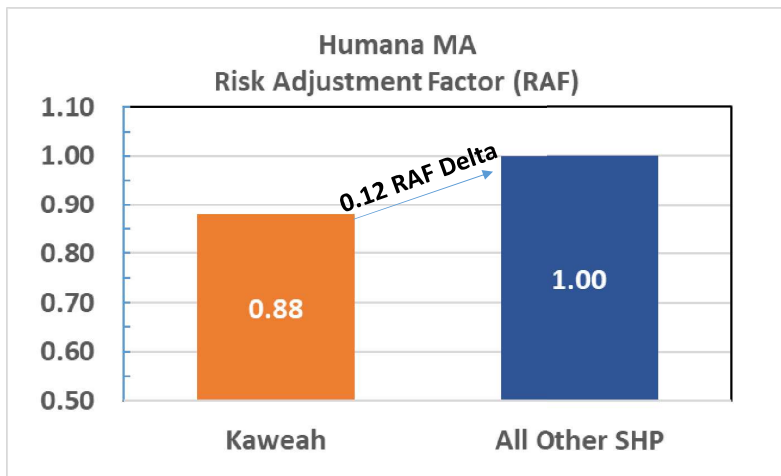
FY 27 Strategic Plan Tactics & Goals

- Multi-disciplinary team (**AWV Team**) recently commissioned to focus on all MA & CMS VBC
- Operational improvements ("Visit Flip to AWV")
- Augment w/Vendor for "hard to reach" patients

Sequoia Health Plan (SHP): Accurate & Compliant Documentation & Coding (RAF)

As measured by Risk Adjustment Factor (RAF), Kaweah Pod has either a less complex patient population OR are missing key documentation & coding opportunities.

Risk Adjustment Factor (RAF) Comparison: Kaweah Providers vs. All Other SHP



Risk Adjustment Factor (RAF) Overview

- CMS uses RAF to measure patient severity of illness and is a key component to payment calculation.
- Mix of Demographic (Age/Gender) component & in-year Diagnoses w/standard default of 1.00
- Diagnosis capture restarts every calendar year, making opportunity additive & cumulative.

FY 2027 Strategic Plan Tactics & Goals

- **Improve Provider workflow** → a key to ensuring accurate & complete documentation.
- Evaluate & implement tools to support physicians
- Continue RAF coding education.

Note that revenue recognition from RAF Improvement typically lags 12 – 18 months.

Sequoia Health Plan (SHP): Quality (Star Scores)

Kaweah Providers 2026 Year Over Year Performance (YoY) improving, with 4-star goal enabled by process rigor.

Measure Name	Measure Abbr.	2025%	2025 Rating
ECDS Measures Breast Cancer Screening E	BCS-E	77.62%	4 stars
Cardiovascular Conditions BP Control	CBP	76.50%	3 stars
Prevention and Screening Medication Review	COA2	96.95%	4 stars
Prevention and Screening Functional Status Assessment	COA3	60.33%	3 stars
ECDS Measures Colorectal Cancer Screening E	COL-E	63.60%	3 stars
Depression Screening and Follow Up for Adults	DSFE*	0	New 2026
Diabetes Eye Exam	EED	65.57%	2 stars
Care Coordination Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions	FMCOVR	65.31%	3 stars
Diabetes Glycemic Status Assessment for Patients With Diabetes (Glycemic Status <8.0%)	GSD1	80.12%	3 stars
Diabetes Glycemic Status Assessment for Patients With Diabetes (Glycemic Status <=9.0%)	GSD2	84.63%	3 stars
Diabetes Kidney Health Evaluation for Patients With Diabetes (Overall)	KED	54.91%	3 stars
Musculoskeletal Conditions Osteoporosis Management in Women Who Had a Fracture	OMW	43.10%	1 star
Risk Adjusted Utilization Plan All-Cause Readmissions	PCR	87.70%	1 star
Cardiovascular Conditions Received Statin Therapy(SPC)	SPCA	81.54%	2 stars
Diabetes Received Statin Therapy(SPD)	SPDA	80.13%	3 stars
Diabetes Statin Use in Persons with Diabetes	SUPD	90.14%	4 stars
Care Coordination Transitions of Care (Patient Engagement)	TRCE	84.59%	5 stars
Care Coordination Transitions of Care (Medication Reconciliation)	TRCM	75.56%	4 stars

4-Star Rating unlocks 5% Payment bonus (\$50 PMPM) from CMS to Plan:

- SHP Premium Impact ≈ \$6.7M
- **Kaweah Cap Pool Impact ≈ \$3.5M**

2026 PY is trending better YoY

- Collaboration with KMG on Action Plans at Measure Level where 3 Star

Targeted Opportunities & Action:

- Data Aggregation
- Pharmacy Collaboration
- Physician Performance Inform

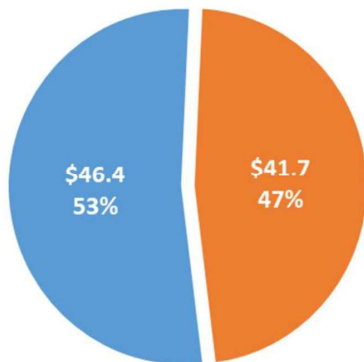
FY 2027 Strategic Plan Goals:

- Dev. & Execute Annual Quality Plan
- **4 Star Performance** for our Pod
- Create & Push Physician Scorecard

Sequoia Health Plan (SHP): Care Continuity / Network Integrity

Kaweah Domestic Spend (amount paid from our Capitation to Kaweah entities) is at 53% and **below national average of 55%**, presenting revenue growth opportunity through increased use of Kaweah Health Entities.

Kaweah Capitation Spend
\$88.1M in 2025 CY*
(Below In Millions)



■ Paid to Kaweah Entities ■ Paid to Others

*Source: Sequoia Integrated Health; paid through Apr 28, 2026

Current State:

- 53% of Kaweah's \$90M Capitation \$ is spent at Kaweah
- **Below National Average of 55%**** for Physician Networks 65% to 70% for best in-class (tightly managed).
- **Each 1% improvement = \$900K Net Revenue to KH**

FY 2027 Strategic Plan Goals

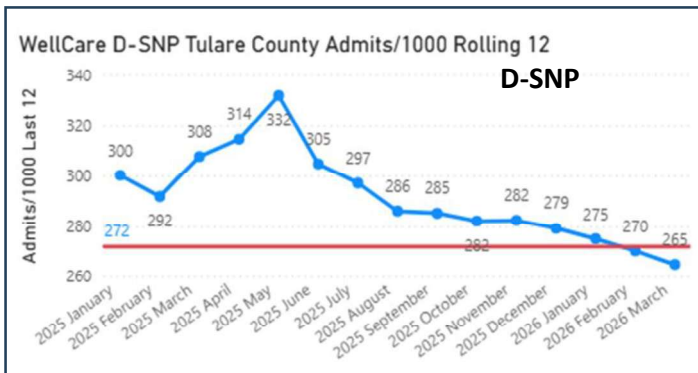
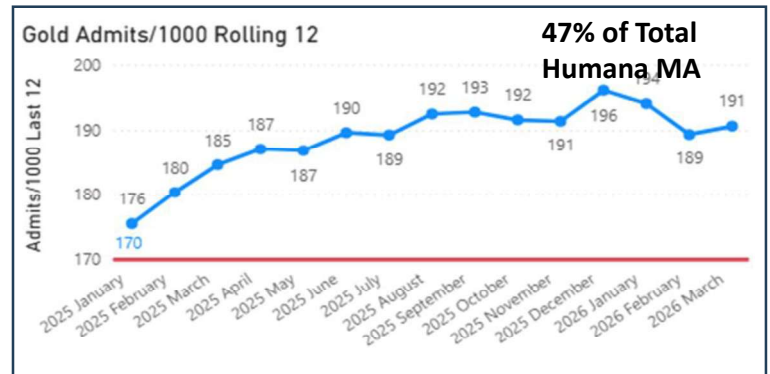
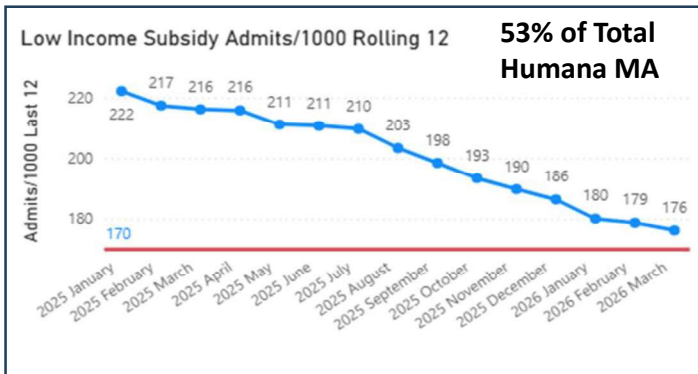
- Identify Service Line/Market Opportunities for Care Retention
- Develop Specific Tactics & Action Plans
- Move from 53% to 55% \approx \$1.8M Net New Revenue

**Source: Healthcare Advisory Board

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Sequoia Health Plan (SHP): MA & D-SNP Inpatient Cost & Utilization



Key Takeaways:

- Solid progress on MA (Low Income Subsidy Product) & D-SNP
- Drivers include aligned Care Management & Hospitalist teams
- Avoidable ER and Inpatient Use Remains an Opportunity

FY 2027 Strategic Tactics & Goals

- Primary Care / Hospital at Home
- Care Transitions / Discharge Throughput (PAC Use)
- Patient Cohort / Chronic Disease Management Programs

Questions?

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Quarterly Environment of Care Report

Compliance Program Activity Report – Open Session

January 2026 through March 2026

Ben Cripps, Chief Compliance & Risk Officer



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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 – Preventive Compliance Process
- Compliance Matters – Code of Conduct
- Code of Conduct and Remote Non-Employee Medical Record System Access – Medical Executive Committee
- Compliance Policy Updates – Email Distribution
- Implementation of Privacy Manual and Relocation of Privacy Policies – Email Distribution

Web Based Training

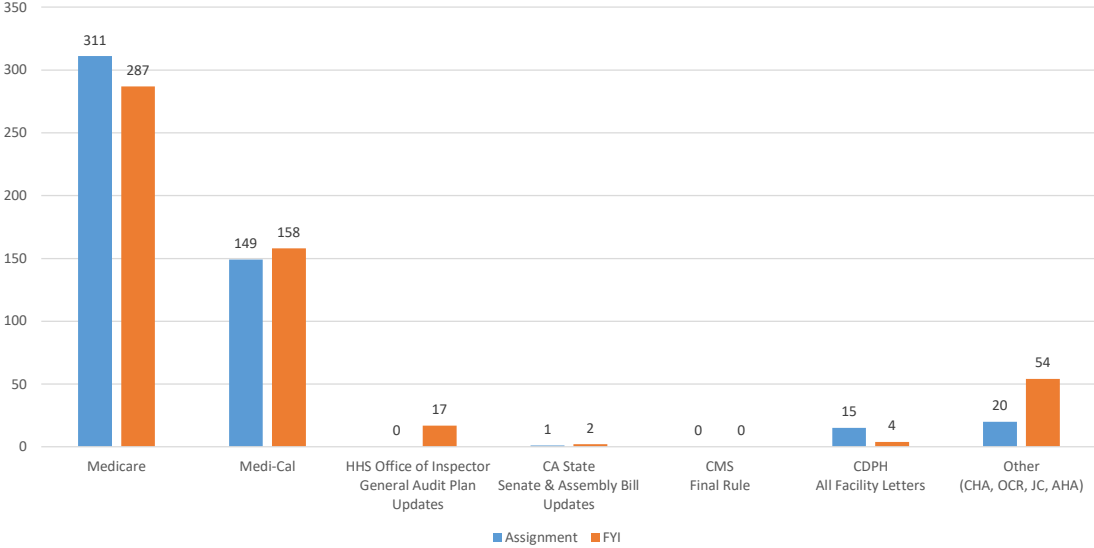
- Mandatory Annual Compliance and Privacy Training – All Staff
- 2026 Mandatory Privacy Training – Remote Non-Employee Medical Record System Users

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

Communications Issued
(January 2026 - March 2026)



Total Issued: 1018
Assignments: 496
FYIs: 522

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-nine (149) daily alerts were received between January 1, 2026 – March 31, 2026.
 - Types of Alerts Received:
 - Same Last Name: 73.6%
 - Co-Worker: 23.4%
 - VIP: 2.8%
 - Self-Access: 0.1%
 - Same Household: 0.1%

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 January 2026 – March 2026:
 - New RAC Requests:
 - Fifteen (15) new RAC record requests were received.
 - Open/Ongoing RAC Requests:
 - Eight (8) were reviewed and closed by the RAC with no recovery after submission of documentation.
 - Twenty-one (21) were denied by the RAC and are pending appeal from Care Management.
 - Six (6) were denied by the RAC and are pending a decision from Care Management on whether to appeal.
 - Two (2) were denied by the RAC and closed; and will not be appealed.
 - Seven (7) are still pending documentation review and decision by the RAC.

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.
 - Suppliers – Review of reports and certification by Finance Department of screening completion and no Excluded Individuals or Entities were identified.
 - Medicare Opt-Out List:
 - Eight (8) non-credentialed providers were identified on the Medicare Opt-Out list between January 1, 2026 – March 31, 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:
 - Two (2) referring providers were identified as excluded from participation from Medicare. These exclusions had no effect on the services rendered at Kaweah, as the providers were excluded after the referral dates. The identified providers were removed from the master file.
 - One (1) referring provider was identified as excluded from participation in Medicare. This exclusion had no effect on the services rendered at Kaweah, as Worker’s Compensation was the payor of the services.

Compliance Policies and Procedures:

- New Policies:
 - CP.03 Physician Contracting and Professional Services Agreements
 - CP.15 Fair Market Value
- Review and Minor Revisions to Current Policies:
 - CP.02 Review of Billing Practices
 - CP.05 Compliance and Privacy Investigation and Resolution
 - CP.06 Compliance Program Education
 - CP.07 Excluded Individuals/Entities
 - CP.10 Compliance Reviews and Assessments

Compliance Program Processes:

- **Operational Compliance Committee:**
 - Inaugural committee meeting held in February 2026 with participation from Compliance, Patient Accounting, Revenue Integrity, ISS, Finance, Care Management, Pharmacy, and Physician Leadership.
 - The Committee's Charter was discussed, including membership, goals, expectations, and responsibilities were discussed.
 - Quarterly meetings are being scheduled.
- **Policy and Procedure Committee:**
 - Committee meetings discussions are ongoing.
 - Policy Review Ongoing:
 - AP.38 Policy Manual
 - BOD8 Promulgation of Kaweah Delta Health Care District Procedures
 - Leadership survey has been performed and results are being evaluated.
 - Committee is scheduled to meet with PolicyTech for a system evaluation in May 2026.

Licensing and Facility Enrollment

- **Licensing Applications** -- Forms preparation and submission of licensing applications to the California Department of Public Health (CDPH):
 - Four (4) applications related to facility licensure were submitted.
 - Two (2) applications for Program Flex Waivers were submitted.
- **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



May 20, 2026

Kaweah Delta Health Care District Board of Directors Committee Meeting

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

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

Wednesday May 20, 2025

Present: Directors: David Francis (Chair) & Dean Levitan; Marc Mertz, Chief Executive Officer. Malinda Tupper, Chief Financial Officer; Jennifer Stockton, Director of Finance, Jag Batth, Chief Operating Officer; Kevin Morrison, VP Support Services; Max Heckhausen, VP Strategy; Tom Boggs, Chief Ambulatory Officer; Kelsie Davis, Board Clerk Recording

OPEN MEETING – Called to order at 10:02 AM

PUBLIC PARTICIPATION –None

MINUTES- Reviewed and forward to the Board for approval.

SEQUOIA SURGERY CENTER REPORT- This report was pulled from the agenda and will be on next month's agenda.

SURGICAL SERVICES REPORT- Jeffery, Director of Surgical Services presented his board report.

LABORATORY SERVICES REPORT- Randy, Director of Laboratory Services presented his board report.

FINANCIALS- Review of the most current fiscal year financial results and budget. Dialysis, RHC and Radiology was highlighted and the respective directors attended the meeting for questions if needed.

ADJOURN – 11:27am *David Francis, President*

Mike Olmos • Zone 1
Board Member

Jonna Schengel • Zone 2
Board Member

Dean Levitan, MD • Zone 3
Secretary/Treasurer

David Francis • Zone 4
President

Armando Murrieta • Zone 5
Vice President

May 21, 2026

OPEN Quality Council Committee

Thursday, May 21, 2026

The Executive Office Conference Room

Attending: Board Members: Dr. Dean Levitan, Chair; Jonna Schengel, Board Member; Dr. Paul Stefanacci, Chief Medical Officer; Kevin Morrison, Vice President of Support Services; Tom Boggs, Chief Ambulatory Officer; Marc Mertz, CEO; Jared Cauthen, Sepsis Coordinator; Cameron Beatty, Interim Director of Emergency and Trauma Services; Chris Patty, Clinical Practice Guidelines Program Manager; Jag Batth, COO; Evelyn McEntire, Director of Risk Manager; Megan Stuart, RN Clinical Care QA (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 April Quality Council Open Session Minutes** – Dr. Dean Levitan, Chair Board Member
 - Reviewed and acknowledged the March Quality Council Open Session Minutes by Dr. Dean Levitan. No further actions.

- 5. Sepsis Quality Report:** Overview of performance and key quality outcomes related to the Sepsis Program. *Jared Cauthen, RN-Sepsis Coordinator.* No action taken.

- 6. Emergency Department Quality Report:** Overview of performance and key quality outcomes related to the emergency department quality metrics. *Cameron Beatty, Interim Director of Emergency and Trauma Services.* No action taken.

- 7. Clinical Quality Goals Update-** A review of current performance and actions focused on the clinical quality goals for Healthcare Acquired Infection and Patient Safety Indicator (PSI) 90 Composite. *Shawn Elkin, Infection Prevention Manager; Chris Patty, Clinical Practice Guidelines Program Manager.* No action taken.

Adjourn Open Meeting – *Dr. Dean Levitan*

Dean Levitan adjourned the meeting at 9:41 AM.

May 22, 2026

Kaweah Delta Health Care District Board of Directors Committee Meeting

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AUDIT AND COMPLIANCE COMMITTEE

Meeting Held: Tuesday, February 17, 2026 • Support Services Building, Copper Conference Room

Attending: Board Members: Michael Olmos – Committee Chair, Dean Levitan, M.D.; Marc Martz, Chief Executive Officer; Malinda Tupper, Chief Financial Officer; Rachele Berglund, Legal Counsel; Ben Cripps, Chief Compliance & Risk Officer; Jill Berry, Director of Corporate Compliance; Kelsie Davis, Executive Assistant; and Michelle Adams, Executive Assistant – Recording.

Guests: Jennifer Stockton, Director of Finance; Jeffrey Eckel, Finance Payroll Manager; Brian Conner, Baker Tilly; Anthony Alfaro, Baker Tilly

Michael Olmos called to order at 8:00am.

Public Participation: None

Pension Plan Financial Statement Audit– Brian Conner and Anthony Alfaro of Baker Tilly provided the Committee with a high level overview noting:

- Baker Tilly performed the annual defined benefits financial statement audit for the year ending June 30, 2025. The audit was based on general accepted auditing standards, no government standards were used. It was a full scope audit. All the elements of the plan financial statement were audited. Kaweah is required to submit to the state by December 31st of each year, this year it was submitted before the holidays. The 2025 opinion was unmodified just as the 2024 opinion was, receiving the highest level of assurance.
- Compared to the previous year, ending assets increased slightly, net investment income trended down, and there was a decrease in net liability. Kaweah is close to 93-94% funded, great number. The Committee discussed why we are seeing an increase in net assets if we are in a wind down period, including reducing liability due to what we are actuarially having to pay out, once people are retiring and drawing from their pensions. Variable factors include participants who have not retired yet, as well as an appreciation in the stock market being greater than what Kaweah is paying out.
- There are no concerns with internal controls. There were no significant or unusual transactions identified and no significant difficulties encountered. There were no disagreements throughout the audit and no circumstances that affected the audit.
- The Committee asked whether employees were allowed to borrow from their accounts. Mr. Conner indicated because it is a defined benefits plan, participants are not able to borrow from

Mike Olmos • Zone 1
Board Member

VACANT • Zone 2
Board Member

Dean Levitan, MD • Zone 3
Secretary/Treasurer

David Francis • Zone 4
President

Armando Murrieta • Zone 5
Vice President

Kaweah Delta Health Care District

Board of Directors Committee Meeting

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their accounts. The Committee also discussed the various types of payments a participant may receive whether it be payments for the duration of their life or benefits through their spouse.

- The Committee asked how a determination is made to make a contribution and how the amount is determined? Jennifer Stockton indicated the organization was overfunding for a number of years although Kaweah is not required to make a contribution, but if it is something the District can afford to make and is fiscally responsible, the contribution is made. The Committee discussed the contribution and contribution amount is discretionary and is decided on by the District. Malinda Tupper indicated Covid caused us to slow down, but creative planning and actuary planning has helped.

Recommendation for approval: Dr. Dean Levitan made a motion to recommend approval of the Pension Plan Financial Statement Audit to the Board of Directors as presented. Michael Olmos seconded the motion. Motion carried, 2-0.

Minutes – Review of the November 18, 2025 open meeting minutes.

Recommendation for approval: Dr. Dean Levitan made a motion to recommend approval of the November 18, 2025 Open Meeting minutes to the Board of Directors as presented. Michael Olmos seconded the motion. Motion carried, 2-0.

Compliance Privacy Manual – Jill Berry provided the Committee with a high-level overview noting:

- The Compliance Department would like to better align Kaweah’s privacy policies with how we manage Kaweah’s compliance policies by removing the privacy policies from the Administrative Policies Manual in the organization’s policy and procedure system and moving to a newly created Privacy Manual. The general industry standard is that both privacy and compliance policies are more closely overseen by the Audit and Compliance Committee, just as the compliance policies are currently handled. The Compliance Department would oversee the review and maintenance of the new Privacy Manual. This transition will better align our systems and make policies easier to identify and locate for end users.
- The Committee discussed this manual would be available to anyone who may have questions about a privacy issue. Mr. Cripps indicated when CDPH comes on site and asks for privacy policies they are currently sprinkled throughout PolicyTech, it will be easier to locate them if they are in one section.

Recommendation for approval: Dr. Dean Levitan made a motion to recommend to the Board of Directors that the Privacy Manual be created and managed as proposed. Michael Olmos seconded the motion. Motion carried, 2-0.

Kaweah Delta Health Care District

Board of Directors Committee Meeting

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Code of Conduct - Jill Berry provided the Committee with an overview of the changes made to the Code of Conduct noting:

- The letter was changed to reflect Marc's name and signature and updated with his picture.
- Kaweah Delta was changed to Kaweah Health throughout the document.
- Marketing is working to update a few typographical errors and formatting issues.
- Mr. Cripps indicated the Code of Conduct is included in the mandatory employee training.

Recommendation for approval: Dr. Dean Levitan made a motion to recommend to the Board of Directors approval of the Code of Conduct. Michael Olmos seconded the motion. Motion carried, 2-0.

Compliance Program Activity Report – Jill Berry provided the Committee with a high-level overview noting:

- **Prevention and Detection:** There was an increase in communications sent out compared to the previous couple of quarters, which reflects the CMS the Final Rules as well as the California legislative activities. There were 413 assignments and 457 FYIs sent out in November and December.
- Mr. Cripps notified the Committee this quarter's packet only reflects November through December. The timeline for the reporting cycle was becoming increasingly challenging to provide a three-month look due to the timing of the meetings. The May Committee Meeting will cover January through March Data.
- **Enrollment Applications and Medicare/Medi-Cal:** A lot of work has occurred behind the scenes with Kaweah's Medicare Enrollment for the new Mineral King Radiology arrangement. The process for out-of-state radiology enrollment is quite complex, and there are 12 states requiring enrollment because the radiologists are reading from those states. The Committee discussed the historical billing process for Mineral King Radiology and the reason for transitioning to the new process despite the heavy burden it has put on Kaweah. Mr. Cripps indicated Kaweah is trying to be supportive of the medical group. The Committee also discussed the financial impact the billing transition has on both the medical group and Kaweah. Mr. Cripps explained to the Committee it is common practice for the District to fund 6% for billing in its physician agreements. Mr. Cripps further provided examples of other groups/providers in which Kaweah bills and collects for. Mr. Mertz indicated with Kaweah having a vested interest, we should see a greater return; and in turn, the providers care about their productivity because that is the basis for their payments.
- **RAC Activity** has been consistent with previous quarters with 63 new RAC record requests.

Kaweah Delta Health Care District

Board of Directors Committee Meeting

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-
- Two non-credentialed providers were identified on the OIG Exclusion Report, there were no findings.

Michael Olmos adjourned the open meeting at 8:48am.

Mike Olmos • Zone 1
Board Member

VACANT • Zone 2
Board Member

Dean Levitan, MD • Zone 3
Secretary/Treasurer

David Francis • Zone 4
President

Armando Murrieta • Zone 5
Vice President

May 27, 2026

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MAY 27, 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; J. Randolph, Chief of Staff; M. Tupper, CFO; D. Cox, Chief Human Resource Officer; D. Leeper, CIO; P. Stefanacci, CMO; B. Cripps, CCO; J. Bath, COO; K. Morrison, VP Support Services; S. Baker, CNO; R. Berglund, 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 MAY 27, 2026, AT 4:30PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan, Schengel & Murrieta; M. Mertz, CEO; J. Randolph, Chief of Staff; M. Tupper, CFO; D. Cox, Chief Human Resource Officer; D. Leeper, CIO; P. Stefanacci, CMO; B. Cripps, CCO; J. Batth, COO; K. Morrison, VP Support Services; S. Baker, CNO; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 4:35 PM by Director Francis.

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

FLAG SALUTE- Director Francis 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 May 2026. And the board approved the closed meeting minutes from April 22, 2026. And the Board also approved a settlement agreement in the matter of Rhodes v. Kaweah Health Care District. The mediation has concluded and the settlement was approved by a unanimous vote by the Board.

RECOGNITIONS- Resolution 2288.

CONSENT CALENDAR – Director Francis entertained a motion to approve the May 27, 2026, consent calendar without 8.1.C and 8.1.D for further discussion.

PUBLIC PARTICIPATION – None.

MMSC (Levitan/Murrieta) to approve the May 27, 2026, consent calendar without 8.1.C and 8.1.D. This was supported unanimously by those present. Vote: Yes – Olmos, Levitan, Murrieta, Schengel, and Francis.

Discussion ensued on the pulled reports.

CONSENT CALENDAR – Director Francis entertained a motion to approve the consent calendar items 8.1.C and 8.1.D.

PUBLIC PARTICIPATION – None.

MMSC (Murrieta/Olmos) to approve the consent calendar items 8.1.C and 8.1.D. This was supported unanimously by those present. Vote: Yes – Olmos, Levitan, Murrieta, Schengel, and Francis.

NEW INTERVENTIONAL CARDIOLOGY PROCEDURES – Dr. Chahil presented an explanation of the newly implemented interventional procedures, including its intent, operational components, workflow changes, and alignment with regulatory, quality, and compliance requirements.

LABOR RELATIONS & UNION ENVIRONMENT UPDATE- Dianne Cox provided the Board of Directors with a high-level operational and governance update regarding labor relations, union activity, workforce engagement, and organizational preparedness as a public healthcare district.

BOARD QUALITY & PATIENT SAFETY OVERSIGHT - SEPSIS – Jared Cauthen provided the Board Quality and Patient Safety Oversight Report regarding Sepsis performance, including quality metrics, patient outcomes, regulatory compliance, performance improvement initiatives, risk

reduction strategies, and organizational oversight responsibilities. The Board may provide direction to staff and discuss ongoing monitoring and governance expectations related to patient safety and quality of care.

STRATEGIC OVERSIGHT (MONTHLY REPORT) – STRATEGIC GROWTH AND INNOVATION & IDEAL ENVIRONMENT

– Both Kevin Bartel and Hannah Mitchell provided their 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.

FY27 STRATEGIC OVERSIGHT PLAN- Max Heckhausen presented the Fiscal Year 2027 Strategic Plan, including organizational priorities, strategic objectives, key initiatives, performance measures, and implementation framework. The Board may discuss, amend, and consider approval of the FY27 Strategic Plan. Max asked for *approval fiscal year 27 strategic plan*.

MMSC (Levitan/Schengel) to approve the fiscal 2027 Strategic Plan. This was supported unanimously by those present. Vote: Yes – Olmos, Levitan, Murrieta, Schengel, and Francis.

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 Malinda Tupper.

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

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

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 – Report relative to current Medical Staff events and issues – *Julianne Randolph, DO, Chief of Staff*.

ADJOURN - Meeting was adjourned at 8:07PM

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

AP04 Access and Release of Protected Health Information (PHI)



Policy Number: AP04	Date Created: 04/14/2003
Document Owner: Jill Berry (Director of Corporate Compliance)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee	
Access and Release of Protected Health Information (PHI)	

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

Policy:

- I. It is the legal and ethical responsibility of all Kaweah Delta ~~Delta Health~~ Health Care District (Kaweah ~~Delta Health~~) staff, volunteers, residents, physicians, and affiliates to protect the privacy and confidentiality of patients' Protected Health Information (PHI). Only those individuals with a need to access and use an individual patient's PHI in order to perform their work are permitted to do so, or with appropriate written consent of the patient or legal guardian.

- II. Accessing, disclosing, or communicating PHI (written, electronic, or in any other medium) not associated with your job responsibility is considered a violation of this policy and will result in corrective action which may include termination of employment and personal legal consequences including reporting to appropriate licensing agencies. See [HR.216 Progressive Discipline](#). PHI will be maintained with appropriate physical and electronic security to prevent unauthorized access.

The medical record or any document containing PHI must be maintained on the premises or the electronic medical record (EMR) servers at all times. Neither the original medical record nor any confidential PHI pertaining to any patient, or any photocopy or electronic copy of the medical record or patient information, or portion or page of it, may be removed from the premises at any time, regardless of format without permission from Health Information Management (HIM), Compliance and/or the Risk Management Department(s). This includes responses to a search warrant, court order, administrative demand by a regulatory agency, valid subpoena or other legal process or for continuity of care within your job responsibility.

Procedure:

- A. The following staff shall have access to PHI and/or the EMR based on business necessity and staff's job duties:

1. Treating physicians and their clinical staff and administrative staff as needed to carry out a patient encounter.
 2. Persons authorized under state and federal statute.
 3. Kaweah ~~Delta Health~~ staff as needed to execute daily healthcare operations (such as billing coding, charge capture, risk management, quality and safety oversight, compliance, risk management, and utilization review).
 4. ~~NHouse staff,~~ nursing staff, ancillary staff, residents and others designated by the Institutional Review Board (IRB) will be eligible to utilize medical records for research studies. Use of Protected Health Information for research must have the written approval of the IRB.
 5. Kaweah ~~Delta's Health's~~ Business Associates and care partners needed to facilitate billing and collection activities and execute daily healthcare operations.
- B. Access to PHI shall be limited to the following provisions:
1. Patient Care Purposes
 - a. Access only to the minimum amount of information needed to treat the patient.
 - b. ~~All staff will be permitted to access~~ patient information according to their role and responsibility, but only to the extent needed ~~to complete the ose job responsibilities~~ for treatment, payment, orand health care operations activities.
 - c. Access to psychiatric records is further limited to those involved in the care of psychiatric patients ~~in the psychiatric units and clinics.~~
 2. Non-~~PP~~atient Care Purposes is limited to the minimum amount of information necessary to perform the non-patient care purpose.
 3. Research
 - a. Access only to the minimum amount of information needed to satisfy the project and as authorized by the IRB.
 - b. At no time will patient identifiable information be released, in any format, in the results of the reported/published research project.
- C. Possible Consequences of Unauthorized Disclosures:
1. Along with corrective action, which may include termination of employment, unauthorized access to and use -and/or disclosures of PHI could subject the individual to fines and penalties under ~~HIPAA~~ Federal and state laws for willful disclosure of PHI personal gain. Unauthorized access to and/or release of confidential information may also result in civil action under provisions of the California Code of Regulations. Unauthorized access to and use /or disclosure of PHI or

confidential information may be the subject of criminal penalties criminally punishable as a misdemeanor.

2. The HIPAA Privacy Rule 45 C.F.R. 164.506, ~~and~~ the Confidentiality of Medical Information Act (Civil Code Section 56 et seq.), and California Health and Safety Code Section 1280.15 governs the release of patient identifiable information by hospital, clinics and other providers. The Lanterman-Petris-Short (LPS) Act protects the information of patients admitted the Kaweah HealthDelta Mental Health Hospital and psychiatric outpatient practices. These laws establish protections to preserve the confidentiality of medical information and specified that a healthcare provider may not disclose medical information or records unless the disclosures are authorized by state and federal laws or by the patient.
3. The medical record is confidential and ~~privileged-protected~~ and can only be released in accordance with the Confidentiality of Medical Information Act and HIPAA Privacy Rule. It is therefore the responsibility of ~~Kaweah-Delta-Health~~ every employee and mMedical sStaff to safeguard the information in the medical record against loss, defacement, tampering or use by unauthorized persons.
 - a. Records shall be treated as confidential material and protected for the sake of the patient and the ~~d~~District.
 - b. No one is permitted to access or use them beyond the extent that their job requires; and never for personal use.
 - c. PHI is not to be discussed among co-workers or shared with individuals or other third parties who are not permitted or authorized under law to receive the information.
 - d. Confidentiality ~~of information~~ also applies to information that is retained or from any computerized system.
 - e. Users are strictly prohibited from accessing their own medical records through the EMR.

~~D. Procedure for Staff, Physician, or Resident requests for Medical Record Review:~~

- ~~1. Charts requested for review or non-patient care purposes will be requested at the Health Information Management Department.~~
- ~~2. The chart will be signed out to the person making the request and will be required to be returned to the Health Information management department.~~
- ~~3. The records will be available to review for two days unless specific arrangements are made to extend the review period.~~
- ~~4. Space will be provided in the Health Information Management Department building (SSB 3rd floor) for chart reviews.~~

~~5. An encrypted disk can be made without printing features for review of EMR records when the EMR record must be reviewed off site. The disk will be required to be returned upon completion of review.~~

E.D. Requests for Patient Information:

1. Requests for patient information will be directed to the Health Information Management Department. Disposition of such requests will be in processed in accordance with ~~HIPAA Federal and state and California Code of R~~regulations. Refer to policy [HIM. 6291 - Release of Information Processing Request](#) and [AP107 - Access and Release of Protected Health Information \(PHI\)](#)
2. If the patient is an employee, volunteer, resident, physician, or affiliate of Kaweah [DeltaHealth](#), and wants copies or access to their own or a family/relative's medical record, a written authorization must be completed and directed to the Health Information Management Department, or access may be provided through the patient portal. Under no circumstances should the employee, volunteer, resident, physician, or affiliate of Kaweah [DeltaHealth](#) access their own medical record using the EMR.

"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."

AP67 District Fleet Vehicles and Management

Policy Number: AP67	Date Created: 03/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
District Fleet Vehicles and Management	

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

POLICY: Kaweah Delta Health Care District dba Kaweah Health owns, leases, operates, and provides vehicles which may be used for authorized staff only when engaged in the performance of Kaweah Health business.

PROCEDURES:

I. Driver's License and Fines

Staff members whose job description require the operation of a Kaweah Health owned or leased vehicle while engaged in Kaweah Health business are required to possess a valid California Driver's License. This will be verified as part of the hiring process. In addition, a DMV check will be completed on all new employees hired into a position that requires driving.

Any and all fines incurred as a result of driving and/or parking violations are the exclusive responsibility of the driver.

II. Motor Vehicle Records will be examined periodically via the DMV's Employer Pull notice program to determine if employees have unsafe or poor driving records. District drivers may be removed from a driving position if the driver has evidence of the violations below:

- a. Conviction for an alcohol and/or drug related driving offense
- b. Serious moving violation, such as reckless driving
- c. Any combination of (3) or more moving violations such as "At fault accidents the last 3 years"
- d. Suspension, Revocation of driver's license
- e. Leaving the scene of an accident as defined by state laws
- f. At fault in a fatal accident
- g. Felony committed involving a vehicle

III. Hours Worked

Time spent by a staff member driving a Kaweah Health vehicle while on Kaweah Health business during normal working hours will be considered hours worked for pay purposes.

IV. Gasoline

Each Kaweah Health Vehicle will have a WEX Fuel Card included in the glove box for use. To use the WEX card, an assigned driver must be issued a PIN

from the Risk Management Department. . Those assigned a WEX Pin number must do the following:

- A. Complete the WEX PIN Authorization Form (Attachment 2)
- B. Use the WEX card exclusively when fueling District vehicles
- C. Enter the exact current mileage at the time of the purchase at the pump
- D. Use self service pumps and fuel of the type and grade specified by the manufacturer
- E. If a problem is encountered at the time of fueling, contact WEX immediately using the 800 number on the back of the card.
- F. Report a lost, damaged or stolen card to the Fleet Card Coordinator immediately upon discovery.

V. Vehicle Maintenance and/or Maintenance Issues

Each vehicle will have an Enterprise Maintenance Card included in the glove box, along with authorized locations where maintenance can be performed. It is the responsibility of the Department using the vehicle to ensure that appropriate maintenance is completed on the fleet vehicle, including oil changes, tire rotations and other routine maintenance items. Questions regarding non routine maintenance or services must be director to the Director of Facilities.

VI. Traffic Accidents

In the event that a staff member is involved in a traffic accident while in a Kaweah Health vehicle, regardless of the extent of damage or the lack of injuries, the staff member will report the accident immediately to their Supervisor, Risk Management and the Director of Facilities.

In the event of a traffic accident, staff members are expected to cooperate fully with the authorities and reply to questions of investigating officers. However, staff members should make no voluntary statements or make any admissions of liability.

VII. Monthly Safety Inspection and Annual Training

A monthly safety inspection will be completed each month for each vehicle that is part of the Kaweah Health Fleet. The monthly safety inspection will be completed to ensure that basic safety features of each vehicle are working effectively. It is the responsibility of the Director to which the vehicle is assigned that all vehicle safety issues are remediated in a timely manner using an approved vendor, as outlined in Section IV of this policy.

In addition, a driving safety training course will be required annually for all employees in a driving job code. Driving safety training may also be assigned to employees specific to post accident investigations as needed. .

Drivers of vehicles that transport children will be trained in child seat safety.

VIII. Monthly Reporting

Each month an email will be sent from the Facilities and Maintenance Department to each Director who is assigned a Kaweah Health vehicle or vehicles. This email will include reports regarding vehicle usage, maintenance costs, oil changes that are due to be completed, and fueling

reports. It is the responsibility of each director to review this information for appropriateness and to ensure that indicated maintenance is completed.

IX. Vehicles

All owned or leased vehicles are property of Kaweah Health. All vehicle keys must remain on Kaweah Health property at all times when the vehicles are not in use. Employees are not to keep any vehicle keys in their personal possession when not utilizing the vehicle for District use.

Approval

ATTACHMENT 1

KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH DRIVER ATTESTATION FORM

1. I am 21 years old or older.
2. My date of birth is _____.
3. My California Driver’s license is current – expiration date: _____.
4. My California Driver’s license number is _____.
5. My California Driver’s license is not suspended.
6. I have had 2 years experience as a licensed driver in the United States.
7. I have not had more than TWO major violations in the past three years.
8. I have not had more than TWO chargeable accidents in the past three years
9. I have never had a driving under the influence, narcotic, drug or felony conviction.
10. I hereby authorize Kaweah Health to procure Motor Vehicle Records and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes

Date

Employee’s Signature

PRINT Employee’s Name

Manager’s/Director’s Signature

PRINT Manager/Director Name

ATTACHMENT 2

**WEX Personal Identification Number (PIN) Authorization Form
Kaweah Delta Healthcare District dba Kaweah Health**

Last Name _____ First Name _____

Job Title _____ Employee ID _____

Dept Name _____ Dept # _____

Business Phone _____

Manager/Director Approval Signature _____

Date _____

Employees authorized to fuel company vehicles are issued a (4) digit **Driver ID** to be used with a Kaweah Health (KDH) WEX Fuel Card. This document is to verify that you understand your responsibilities and the company's policies regarding the use of your Personal Identification Number (PIN).

Employee Acceptance Statements

1. I have been issued a Driver ID, which authorizes me to fuel company vehicles only, using the WEX Fuel Card.
2. I understand that my PIN identifies me by name on a fuel report and that I am accountable for all transactions made using my PIN. Therefore, I will not share my PIN with anyone. If I believe someone else knows my PIN, I will immediately notify the Fleet Card Coordinator.
3. I understand that each time I use a WEX Fuel Card I am required to completely fill the vehicle's fuel tank and enter an accurate odometer reading. This will allow the monitoring of fuel usage and track required maintenance intervals. My failure to do this may result in disciplinary action.
4. I understand that each WEX Fuel Card is assigned to an individual Kaweah Health vehicle or specific fueling purpose (example; off road equipment fuel card). I understand that it is against District policy to swap or share cards between vehicles or to use any card for other than the intended purpose, including personal vehicles or non-business purposes. Using the WEX Fuel Card for any purpose other than official business use will be considered theft of Kaweah Health property

Evidenced by my signature below, I understand and agree to the above statements. I acknowledge I have read and been given an opportunity to discuss the Kaweah Health

Fleet

Vehicles Policy I understand that violations of this policy can result in administrative, disciplinary and/or criminal action by Kaweah Health up to and including termination.

Employee Name _____

Employee Signature _____ Date _____

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Approval

AP175 Patient Safety Plan

Policy Number: AP175	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), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
Patient Safety Plan	

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

I. Purpose

- Encourage organizational learning about medical/health care risk events and near misses.
- Encourage recognition and reporting of medical/health events and risks to patient safety using just culture concepts.
- Collect and analyze data, evaluate care processes for opportunities to reduce risk, and initiate actions.
- Report internally what has been found and the actions taken with a focus on processes and systems to reduce risk.
- Support sharing of knowledge to effect behavioral changes in itself and within Kaweah Delta Healthcare District dba Kaweah Health (Kaweah Health).

II. Scope

All Kaweah Health facilities, departments, patient care delivery units and/or service areas fall within the scope of the quality improvement and patient safety plan requirements.

III. Structure and Accountability

A. Board of Directors

The Board of Directors retains overall responsibility for the quality of patient care and patient safety. The Board approves annually the Patient Safety Plan and assures that appropriate allocation of resources is available to carry out that plan.

The Board receives reports from the Patient Safety Committee through the Professional Staff Quality Committee. The Board shall act as appropriate on the recommendations of these bodies and assure that efforts undertaken are effective and appropriately prioritized.

B. Quality Council

The Quality Council is responsible for establishing and maintaining the organization's Patient Safety Plan and is chaired by a Board member. The Quality Council shall consist of the Chief Executive Officer, representatives of the Medical Staff and other key hospital leaders. It shall hold primary responsibility for the functioning of the Quality Assessment and Performance Improvement program. Because District performance improvement activities may involve both the Medical Staff and other representatives of the District, membership is multidisciplinary. The Quality Council requires the Medical Staff and the organization's staff to implement and report on the activities for identifying and evaluating opportunities to improve patient care and services throughout the organization. The effectiveness of the quality improvement and patient safety activities will be evaluated and reported to the Quality Council.

C. Patient Safety Committee

The Patient Safety Team is a standing interdisciplinary group that manages the organization's Patient Safety Program through a systematic, coordinated, continuous approach. The Team will meet monthly to assure the maintenance and improvement of

Patient Safety in establishment of plans, processes and mechanisms involved in the provision of the patient care.

The scope of the Patient Safety Team includes medical/healthcare risk events involving the patient population of all ages, visitors, hospital/medical staff, students and volunteers. Aggregate data* from internal (IS data collection, incident reports, questionnaires,) and external resources (Sentinel Event Alerts, evidence based medicine, etc.) will be used for review and analysis in prioritization of improvement efforts, implementation of action steps and follow-up monitoring for effectiveness. The Patient Safety Committee has oversight of Kaweah Health activities related to the National Quality Forum's (NQF) Safe Practices (SP) Medication Safety, Section #4 Maternity Care, #5 ICU physician staffing, #6 A-D Culture of Safety Leadership Structures & System Documentation, Culture Measurement, Feedback & Intervention Documentation, Nursing workforce and Hand Hygiene, #7 Managing Serious Errors, and #8 Bard Code Medication Administration.

1. The Patient Safety Officer is the Chief Quality Officer.
2. The Patient Safety Committee is chaired by the Patient Safety Officer or designee.
3. The responsibilities of the Patient Safety Officer include institutional compliance with patient safety standards and initiatives, reinforcement of the expectations of the Patient Safety Plan, and acceptance of accountability for measurably improving safety and reducing errors. These duties may include listening to employee and patient concerns, interviews with staff to determine what is being done to safeguard against occurrences, and immediate response to reports concerning workplace conditions.
- 3.4. The Risk Management department is responsible for the identification, analysis, and stratification of reported patient safety events by specified sociodemographic factors to identify disparities as defined by 2025 CA Assembly Bill 3161. The Patient Safety Committee has oversight of this work to ensure interventions are developed to remedy known disparities.
- 4.5. Team membership includes services involved in providing patient care, such as: Pharmacy, Surgical Services, Risk Management, Infection Prevention, and Nursing. The medical staff representative on the team will be the Medical Director of Quality & Patient Safety.

D. Medication Safety Quality Focus Team

The Medication Safety Quality Focus Team (MSQFT) is an interdisciplinary group that manages the organizations Medication Safety Program including the District Medication Error Reduction Plan (MERP).

The purpose of the MSQFT is to direct system actions regarding reductions in errors attributable to medications promoting effective and safe use of medication throughout the organization. Decisions are made utilizing data review, approval of activities, resource allocation, and monitoring activities. Activities include processes that are high risk, high volume, or problem prone, some of which may be formally approved by the MSQFT as a District MERP goal (see Policy AP154 Medication Error Reduction Plan).

The MSQFT provides a monthly report to the Pharmacy and Therapeutics Committee and quarterly reports to the Professional Staff Quality Committee and directly to Quality Council. The MSQFT Chair is a member of the Patient Safety Committee. A quarterly report is presented at Patient Safety Committee in addition to active participation in patient safety activities related to medication use.

IV. Organization and Function

- A. The mechanism to insure all components of the organization are integrated into the program is through a collaborative effort of multiple disciplines. This is accomplished by:
 1. Reporting of potential or actual occurrences through the Occurrence Reporting Process Policy (AP10) by any employee or member of the medical staff. Examples of potential or actual occurrences include pressure ulcers, falls, adverse drug events, and misconnecting of: intravenous lines, enteral feeding tubes and epidural lines.

2. Reporting of potential or actual concerns in a daily leadership safety huddle which involves issues which occurred within the last 24 hours, a review the steps taken to resolve those matters when applicable, and anticipate challenges or safety issues in the next 24 hours. The daily safety huddle occurs Monday to Friday with the exception of holidays and includes directors and vice presidents that represent areas throughout the organization. The purpose of the daily safety huddle is immediate organizational awareness and action when warranted. Examples of issues brought forth in the Daily Safety Huddle include, patients at risk for elopement, violence, or suicide, and also can include potential diversion events, patient fall events, and medication related events.
 3. Communication between the Patient Safety Officer and the Chief Operating Officer to assure a comprehensive knowledge of not only clinical, but also environmental factors involved in providing an overall safe environment.
 4. Reporting of patient safety and operational safety measurements/activity to the performance improvement oversight committee, Quality Committee "Qcomm". QComm is a multidisciplinary medical staff committee composed of various key organizational leaders including: Medical Staff Officers, Chief Executive Officer, Chief Operating Officer, Chief Medical Officer/Chief Quality Officer, Chief Nursing Officer, and Directors of Nursing, Quality Improvement & Patient Safety, Risk Management, Safety Officer and Pharmacy.
 5. Graduate Medical Education
 - i. Graduate Medical Education (Designated Institutional Official (DIO), faculty and residents, are involved in achieving quality and patient safety goals and improving patient care through several venues including but not limited to:
 1. Collaboration between Quality and Patient Safety Department, Risk Management, and GME Quality Subcommittee
 2. GME participation in Quality Improvement Committee and Patient Safety Committee
 3. GME participation in Kaweah Health quality committees and root cause analysis (including organizational dissemination of lessons learned)
- B. The mechanism for identification and reporting a Sentinel Event/other medical error will be as indicated in Organizational Policies AP87. Any root cause analysis of hospital processes conducted on either Sentinel Events or near misses will be submitted for review/recommendations to the Patient Safety Committee, Quality Committee and Quality Council.
- C. As this organization supports the concept that events most often occur due to a breakdown in systems and processes, staff involved in an event with an adverse outcome will be supported by:
1. A non-punitive approach without fear of reprisal (Just eCulture concepts), including anonymous reporting options.
 2. Voluntary participation into the root cause analysis for educational purposes and prevention of further occurrences.
 3. Resources such as Pastoral Care, Social Services, or EAP should the need exist to counsel the staff
 4. Safety culture staff survey administered at least every 2 years to targeted staff and providers.
- D. As a member of an integrated healthcare system and in cooperation with system initiatives, the focus of Patient Safety activities include processes that are high risk, high volume or problem prone, and may include:
1. Adverse Drug Events
 2. Nosocomial Infections
 3. Decubitus Ulcers

4. Blood Reactions
 5. Slips and Falls
 6. Restraint Use
 7. Serious Event Reports
 8. DVT/PE
- E. A proactive component of the program includes the selection at least every 18 months of a high risk or error prone process for proactive risk assessment such as a Failure Modes Effects Analysis (FMEA), ongoing measurement and periodic analysis. The selected process and approach to be taken will be approved by the Patient Safety Committee, QComm and Quality Council.
- The selection may be based on information published by The Joint Commission (TJC) Sentinel Event Alerts, and/or other sources of information including risk management, performance improvement, quality assurance, infection prevention, research, patient/family suggestions/expectations or process outcomes.
- F. Methods to assure ongoing inservices, education and training programs for maintenance and improvement of staff competence and support to an interdisciplinary approach to patient care is accomplished by:
1. Providing information and reporting mechanisms to new staff in the orientation training.
 2. Providing ongoing education in organizational communications such as newsletters and educational bundles.
 3. Obtaining a confidential assessment of staff's willingness to report medical errors at least once every two years.
- G. Internal reporting – To provide a comprehensive view of both the clinical and operational safety activity of the organization:
1. The minutes/reports of the Patient Safety Committee, as well as minutes/reports from the Environment of Care Committee will be submitted through the Director of Quality Improvement and Patient Safety to the Quality Committee.
 2. These monthly reports will include ongoing activities including data collection, analysis, and actions taken and monitoring for the effectiveness of actions.
 3. Following review by Quality Committee, the reports will be forwarded to Quality Council.
- H. The Patient Safety Officer or designee will submit an Annual Report to the Kaweah Health Board of Directors and will include:
1. Definition of the scope of occurrences including sentinel events, near misses and serious occurrences
 2. Detail of activities that demonstrate the patient safety program has a proactive component by identifying the high-risk process selected
 3. Results of the high-risk or error-prone processes selected for proactive risk assessment.
 4. The results of the program that assesses and improves staff willingness to report medical/health care risk events
 5. A description of the examples of ongoing in-service, and other education and training programs that are maintaining and improving staff competence and supporting an interdisciplinary approach to patient care.
- V. Evaluation and Approval

The Patient Safety Plan will be evaluated at least annually or as significant changes occur, and revised as necessary at the direction of the Patient Safety Committee, Quality Committee, and/or Quality Council. Annual evaluation of the plan's effectiveness will be documented in a report to the Quality Council and the Kaweah Health Board of Directors.

VI. Confidentiality

All quality assurance and performance improvement activities and data are protected under the Health Care Quality Improvement Act of 1986, as stated in the Bylaws, Rules and Regulations of the Medical Staff, and protected from discovery pursuant to California Evidence Code §1157.

Attachments - Attachment 1: -Quality Improvement/Patient Safety Committee Structure

References:

[AP10 Occurrence Reporting Process](#)

[AP87 Sentinel Event and Adverse Event Response and Reporting](#)

[CA Assembly Bill 3161, Approved September 27, 2024](#)

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REVIEW

AP41 Quality Improvement Plan

Policy Number: AP41	Date Created: Not Set
Document Owner: Kelsie Davis (Board Clerk/Exec Assist-CEO)	Date Approved: 02/26/2025
Approvers: Board of Directors (Administration)	
Quality Improvement Plan	

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

I. Purpose

The purpose of Kaweah Health’s Quality Improvement Plan is to have an effective, data-driven Quality Assessment Performance Improvement program that delivers high-quality, excellent clinical services and enhances patient safety.

II. Scope

All Kaweah Health facilities, departments, patient care delivery units and/or service areas fall within the scope of the quality improvement plan requirements.

III. Structure and Accountability

Board of Directors

The Board of Directors retain overall responsibility for the quality of patient care. The Board approves the annual Quality Improvement Plan and assures that appropriate allocation of resources is available to carry out that plan.

The Board receives reports from the Medical Staff and Quality Council. The Board shall act as appropriate on the recommendations of these bodies and assure that efforts undertaken are effective and appropriately prioritized.

Quality Council

The Quality Council is responsible for establishing and maintaining the organization’s Quality Improvement Plan and is chaired by a Board member. The Quality Council shall consist of the Chief Executive Officer, representatives of the Medical Staff and other key hospital leaders. It shall hold primary responsibility for the functioning of the Quality Assessment and Performance Improvement program. Because District quality improvement activities may involve both the Medical Staff and other representatives of the District, membership is multidisciplinary. The Quality Council requires the Medical Staff and the organization’s staff to implement and report on the

activities for identifying and evaluating opportunities to improve patient care and services throughout the organization. The effectiveness of the quality improvement and patient safety activities will be evaluated and reported to the Quality Council.

Quality Committee (“QComm”)

In accordance with currently approved medical staff bylaws, shall be accountable for the quality of patient care. The Board delegates’ authority and responsibility for the monitoring, evaluation and improvement of medical care to the Quality Committee “QComm”, chaired by the Vice Chief of Staff and co-chaired by the CMO/CQO (or designee). The Chief of Staff delegates accountability for monitoring individual performance to the Clinical Department Chiefs. QComm shall receive reports from and assure the appropriate functioning of the Medical Staff committees. QComm provides oversight for medical staff quality functions including peer review.

QComm has responsibility for oversight of organizational performance improvement. Membership includes key medical staff and organizational leaders including the Chief of Staff, Medical Director of Quality and Patient Safety, Secretary-Treasurer, Immediate Past Chief of Staff, Chief Executive Officer, Chief Operating Officer, Chief Nursing Officer, Chief Informatics Officer, Chief Human Resources Officer, Chief Financial Officer, Chief Compliance and Risk Management Officer, Chief Strategy Officer, Directors of Quality and Patient Safety, Nursing Practice, Pharmacy, Accreditation, and Risk Management; Manager of Quality and Patient Safety, Manager of Infection Prevention and Environmental Safety Officer. This committee reports to Medical Executive Committee and the Quality Council.

The QComm shall have primary responsibility for the following functions:

1. **Health Outcomes:** The QComm shall assure that there is measureable improvement in indicators with a demonstrated link to improved healthoutcomes. Such indicators include but are not limited to measures reported to the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), and other quality indicators, as appropriate.
2. **Quality Indicators:**
 - a. The QComm shall oversee measurement, and shall analyze and track quality indicators and other aspects of performance. These indicators shall measure the effectiveness and safety of services and quality of care.
 - b. The QComm shall approve the specific indicators used for these purposes along with the frequency and detail of data collection.
 - c. The Board shall ratify the indicators and the frequency and detail of data collection used by the program.
3. **Prioritization:** The QComm shall prioritize quality improvement activities to assure that they are focused on high- risk, high-volume, or problem- prone areas. It shall focus on issues of known frequency, prevalence or severity and shall give

precedence to issues that affect health

review

outcomes, quality of care and patient safety. The QComm is responsible to establish organizational Quality Focus Teams who:

- a. Are focused on enterprise-wide high priority, high risk, problem prone QI issues
 - b. May require elevation, escalation and focus from senior leadership
 - c. Have an executive team sponsor
 - d. Are chaired by a Director or Vice President
 - e. May have higher frequency of meetings as necessary to focus work and create sense of urgency.
 - f. Report quarterly into the QAPI program
4. **Improvement:** The QComm shall use the analysis of the data to identify opportunities for improvement and changes that will lead to improvement. The QComm will also oversee implementation of actions aimed at improving performance.
5. **Follow- Up:** The QComm shall assure that steps are taken to improve performance and enhance safety are appropriately implemented, measured and tracked to determine that the steps have achieved and sustained the intended effect.
6. **Performance Improvement Projects:** The QComm shall oversee quality improvement projects, the number and scope of which shall be proportional to the scope and complexity of the hospital's services and operations. The QComm must also ensure there is documentation of what quality improvement projects are being conducted, the reasons for conducting those projects, and the measurable progress achieved on the projects.

Medical Executive Committee

The Medical Executive Committee (MEC) receives, analyzes and acts on performance improvement and patient safety findings from committees and is accountable to the Board of Directors for the overall quality of care

IV. Graduate Medical Education

Graduate Medical Education (Designated Institutional Official (DIO), faculty and residents, are involved in achieving quality and patient safety goals and improving patient care through several venues including but not limited to:

- a. Collaboration between Quality and Patient Safety Department, Risk Management, and GME Quality Subcommittee
- b. GME participation in Quality Improvement Committee and Patient Safety Committee
- c. GME participation in KDHCDC quality committees and root cause analysis (including organizational dissemination of lessons learned)

V. Methodologies:

Quality improvement (QI) models present a systematic, formal framework for establishing QI processes within an organization. QI models used include the following:

- [Model for Improvement \(FOCUS Plan-Do-Study-Act \[PDSA\] cycles\)](#)
 - [Six Sigma](#): Six Sigma is a method of improvement that strives to decrease variation and defects with the use of the DMAIC roadmap.
 - [Lean](#): is an approach that drives out waste and improves efficiency in work processes so that all work adds value with the use of the DMAIC roadmap.
1. The **FOCUS-Plan, Do, Check, Act (PDCA)** methodology is utilized to plan, design, measure, assess and improve functions and processes related to patient care and safety throughout the organization.
- **F—Find** a process to improve
 - **O—Organize** effort to work on improvement
 - **C—Clarify** knowledge of current process
 - **U—Understand** process variation
 - **S—Select** improvement
- **Plan:**
 - Objective and statistically valid performance measures are identified for monitoring and assessing processes and outcomes of care including those affecting a large percentage of patients, and/or place patients at serious risk if not performed well, or performed when not indicated, or not performed when indicated; and/or have been or likely to be problem prone.
 - Performance measures are based on current knowledge and clinical experience and are structured to represent cross-departmental, interdisciplinary processes, as appropriate.
- **Do:**
 - Data is collected to determine:
 - ◆ Whether design specifications for new processes were met
 - ◆ The level of performance and stability of existing processes
 - ◆ Priorities for possible improvement of existing processes
- **Check:**
 - Assess care when benchmarks or thresholds are reached in order to identify opportunities to improve performance or resolve problem areas

- **Act:**
 - Take actions to correct identified problem areas or improve performance
 - Evaluate the effectiveness of the actions taken and document the improvement in care
 - Communicate the results of the monitoring, assessment and evaluation process to relevant individuals, departments or services

- 3. **DMAIC (Lean Six Sigma):** DMAIC is an acronym that stands for Define, Measure, Analyze, Improve, and Control. It represents the five phases that make up the road map for Lean Six Sigma QI initiatives.
 - **Define** the problem, improvement activity, opportunity for improvement, the project goals, and customer (internal and external) requirements. QI tools that may be used in this step include:
 - Project charter to define the focus, scope, direction, and motivation for the improvement team
 - Process mapping to provide an overview of an entire process, starting and finishing at the customer, and analyzing what is required to meet customer needs
 - **Measure** process performance.
 - Run/trend charts, histograms, control charts
 - Pareto chart to analyze the frequency of problems or causes
 - **Analyze** the process to determine root causes of variation and poor performance (defects).
 - Root cause analysis (RCA) to uncover causes
 - Failure mode and effects analysis (FMEA) for identifying possible product, service, and process failures
 - **Improve** process performance by addressing and eliminating the root causes.
 - Pilot improvements and small tests of change to solve problems from complex processes or systems where there are many factors influencing the outcome
 - Kaizen event to introduce rapid change by focusing on a narrow project and using the ideas and motivation of the people who do the work
 - **Control** the improved process and future process performance.
 - Quality control plan to document what is needed to keep an improved process at its current level. Statistical process control (SPC) for monitoring process behavior
 - Mistake proofing (poka-yoke) to make errors impossible or immediately detectable

VI. Confidentiality

All quality assurance and performance improvement activities and data are protected under the Health Care Quality Improvement Act of 1986, as stated in the Bylaws, Rules and Regulations of the Medical Staff, and protected from discovery pursuant to California Evidence Code

§1157.

VII. Annual Evaluation

Organization and Medical Staff leaders shall review the effectiveness of the Quality Improvement Plan at least annually to insure that the collective effort is comprehensive and improving patient care and patient safety. An annual evaluation is completed to identify components of the plan that require development, revision or deletion. Organization and Medical Staff leaders also evaluate annually their contributions to the Quality Improvement Program and to the efforts in improving patient safety.

VIII. Attachments (Click on “links & attachments” at the top right to open/view the documents.)

Components of the Quality Improvement and Patient Safety Plan:

Attachment 1: Quality Improvement Committee Structure
Attachment 2: Kaweah Health Reporting Documents
Attachment 3: Quality and Patient Safety Priorities, Outstanding Health Outcomes Strategic Plan

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MS40 Impaired Practitioner Policy

Policy Number: MS 40	Date Created: 09/19/2025
Document Owner: Ody DaSilva (Medical Staff Manager)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration); Medical Executive Committee; DaSilva, Ody; Davis, Kelsie; Vinson, Shannon	
Impaired Practitioner Policy	

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

- I. **Purpose:** Substance abuse can adversely impact patient care and workplace safety. Use and abuse of alcohol or controlled substances may impair the ability of a medical staff member and advanced practice provider (collectively, Practitioner) to provide services and may endanger the individual, his or her co-workers, patients and the public. This policy is developed to provide for patient safety and to help eliminate the problem of workplace substance abuse.
- II. **Policy:** It is the Medical Staff's policy to continuously strive toward preventing Practitioners from providing patient care services while impaired and toward maintaining a work environment free from illegal drug use and abuse of other substances. It is also the Medical Staff's policy that the integrity, well-being, confidentiality, and professional activity and personal privacy of the Practitioner under review be protected to the extent permitted by law.
- III. **Applicability of Policy:** This policy applies to all Practitioners holding membership or privileges at Kaweah Health.
- IV. **Definitions:**
 - A. Controlled substance – Any and all chemical substances or drugs listed in any controlled substances acts or regulations applicable under any federal, state or local laws.
 - B. Illegal drug – Any controlled substance the possession of which is illegal under any federal, state or local laws. Where these laws are conflicting (e.g.: medical marijuana) legal counsel will determine the legality of such substances.
 - C. Substance Use Disorder (SUD) – A disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug medication. Substances such as alcohol, marijuana, and nicotine also are considered drugs.
 - D. Opioid Use Disorder (OUD) – A chronic lifelong disorder, with serious potential consequences including disability, relapses or death. OUD, also known as opioid addiction, is defined as a problematic pattern of opioid use leading to clinically significant impairment or distress.
 - E. Alcohol Use Disorder (AUD) – A drinking problem that becomes severe. AUD is a chronic relapsing brain disorder characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.
 - F. Drug or alcohol test – Any test administered to determine the presence or absence of a chemical or drug in a person's urine or blood. Testing should be done by a reputable laboratory with a definitive testing modality and NOT a screening test, which may be unreliable. When warranted by the circumstances, a Practitioner may be required to submit hair or nail samples for drug or alcohol testing.

- G. Under the influence – A condition that impairs or may impair a Practitioner’s ability to provide medical services in a safe and productive manner and/or may adversely affect his or her safety or that of patients or other Practitioners. This must be shown to be reasonably present at the time of occurrence.
- H. At High Risk of Impairment – As used in this policy, a Practitioner is at high risk of impairment in the performance of patient care duties when the Practitioner has or is suspected to have a Substance Abuse Disorder, Opioid Use Disorder, and/or Alcohol Use Disorder.
- I. Screening Physical Exam – An immediate thorough exam that includes, as appropriate, bedside point-of-care (POC) testing [blood glucose, ethanol breathalyzer, EKG, etc] mini-mental status exam, neurological exam, GCS, and/or toxidrome evaluations. This exam will be documented.
- J. Chief of Staff Designee– Any Officer of the Medical Staff: Vice Chief of Staff, Past Chief of Staff or Secretary/Treasurer; The Chief Medical Officer may be asked on a case by case basis to act as a Chief of Staff Designee in the absence of all Officers of the Medical Staff.

V. Prohibited Actions:

The following are prohibited while engaging in activities related to patient care at any Kaweah Health facility:

1. Possessing, consuming, or being under the influence of alcohol or illegal drugs.
2. Exhibiting physical or mental impairment likely to adversely affect patient care or workplace safety.
3. Distribution, sale, or purchase of controlled substances or illegal drugs while on Kaweah Health property, even if the illegal drug itself is not actually possessed on Kaweah Health premises.
4. Use or being under the influence of any substances that cause an altered psycho physiological state, where there is any possibility such use may impair the Practitioner’s ability to safely provide medical services to patients or may adversely affect their safety or patient safety and care or the safety of other individuals.
5. Diversion or stealing any medications, including controlled substances, from Kaweah Health.

VI. Circumstances Requiring Recusal From Follow Up Actions

A member of the Medical Staff must recuse himself or herself from the follow-up actions described in Sections VII, VIII, and IX of this policy whenever an absolute conflict of interest, as described, below arises.

Members of the Medical Staff may recuse himself or herself from the follow –up actions described in Sections VII, VIII, IX of this policy should a potential conflict of interest, as described below, arise. If the member with a potential conflict of interest does not voluntarily recuse himself or herself, he or she must promptly notify a Medical Staff Officer of the potential conflict. The Medical Staff Officer(s) must then decide whether the member’s continuing involvement in the matter is appropriate.

An Officer or other member of the Medical Staff without an absolute or potential conflict of interest should serve in lieu of the recused member.

1. Absolute conflicts arise when the member of the Medical Staff is:

- a. the Practitioner under review,
 - b. a first degree relative by consanguinity or affinity¹, or
 - c. a current or former spouse or intimate partner by marriage, civil union, or domestic partnership.
2. Potential conflicts of interest arise if the member of the Medical Staff is or was:
 - a. directly involved in the patient's care but not related to the issues under review,
 - b. a direct competitor, partner or key referral source of the Practitioner under review,
 - c. involved in a perceived personal conflict with the practitioner under review or
 - d. a relative other than those defined as having an absolute conflict.

VII. REPORTING OF SUSPECTED IMPAIRMENT

Evidence of possible impairment or policy violation includes altered mental state, slurred speech, impaired balance, smell of alcohol, unsteady gait, lack of focus, shaking hands, vision impairment, problems communicating, observed possession use, or diversion of alcohol, controlled substances or illegal drugs, or failure to comply with protocols for documenting use of controlled substances or other drugs.

Whenever a hospital staff member observes evidence of possible impairment by a Practitioner while on hospital premises, the staff member must immediately inform his or her supervisor who shall inform the Kaweah Health Chief Executive Officer ("CEO") or Designee. The CEO or Designee must immediately inform the Chief of Staff /Designee. The completion of an incident report in Kaweah Health's incident-reporting system (e.g., MIDAS) fulfills this obligation.

Whenever a Practitioner observes evidence of possible impairment of another Practitioner, he or she must immediately inform the Chief of Staff or Designee, who will, in turn, immediately inform Kaweah Health's CEO. The CEO will ensure that the issue is entered into the Kaweah Health's incident-reporting system.

VIII. FOLLOW UP ON REPORT OF SUSPECTED IMPAIRMENT OR POLICY VIOLATION

Kaweah Health's event screening process (e.g. the MIDAS Events Triage and Ranking Committee and Quality Oversight Committee) shall ensure that the Pharmacy Department investigates any possible diversion of controlled substances. The results of such investigation shall be reported to the CEO and Chief of Staff. If the results of such investigation confirm that the Practitioner was diverting controlled substances or other medications (e.g., propofol) from the Hospital, the Chief of Staff or Designee and/or the CEO will immediately inform the Medical Executive Committee. The CEO will promptly inform the Hospital's Governing Board of the diversion and the actions being taken. The Director of Pharmacy, in coordination with the Director of Risk Management, shall notify the local police department, the State Board of Pharmacy, the Drug Enforcement Administration and the California Department of Public Health of the diversion facts and circumstances.

Whenever the Chief of Staff or Designee receives a report of possible impairment or policy violation, he or she must promptly conduct or supervise the administration of a Screening Physical Exam of the Practitioner. The purpose of the preliminary evaluation is to determine whether there is a reasonable suspicion that the Practitioner is under the influence such that drug or alcohol testing is warranted. When possible, the Screening Physical Exam should be witnessed by an addiction specialist physician, a member of the Medical Staff Services Department or a representative of Employee Health, if the Practitioner is a hospital employee.

If any follow up inquiry or investigation by the Chief of Staff/Designee or Hospital administration identifies facts suggesting or establishing that a Practitioner has violated this policy, that information must be reported to the Medical Executive Committee for consideration of initiating a formal investigation and/or imposing disciplinary action, if warranted. If it is determined that the violation of this policy involves diversion of a controlled substance, the MEC will immediately initiate an investigation under the Medical Staff Bylaws; the investigating committee appointed by the MEC to conduct the investigation must coordinate with the Hospital's Director of Pharmacy, Director of Risk

¹ A blood relative who is a parent, sibling or child, a non-blood relative who is a stepparent, step sibling, or step child, or a spouse's parent, sibling or child.

Management, and other members of Hospital leadership, as appropriate, to conduct a thorough investigation.

The Medical Executive Committee, in consultation with legal counsel, will determine whether any mandatory reports to applicable licensing boards (e.g. Medical Board of California) under Business and Professions Code sections 805 and 805.01 are triggered by any events and follow-up inquiries conducted under this policy and will comply with such reporting requirements. The Chief of Staff and/or CEO will file an 805 report when a Practitioner's membership and/or clinical privileges are summarily suspended for more than 14 days or when required by Business and Professions Code section 805(b) or (c). The Chief of Staff and/or CEO will file an 805.01 report if the Medical Executive Committee takes or recommends disciplinary action as to a Practitioner, following an investigation that determines a Practitioner may have: (1) used, prescribed or administered to himself or herself, any controlled substance, any dangerous drug, or alcoholic beverages, to the extent or in such a manner as to be dangerous or injurious to himself or herself, any other person, or the public, or to the extent that such use impairs his or her ability to practice safely; or (2) engaged in repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith effort prior examination of the patient and medical reason therefor.

If mandatory reports are not required, the Chief of Staff and/or Medical Executive Committee may consider whether to submit a voluntary report to the applicable licensing board about the possible or confirmed impairment of a Practitioner. However, in the situation where diversion of controlled substances by a Practitioner is confirmed and a mandatory 805 and/or 805.01 report is not triggered, the Chief of Staff, Medical Executive Committee, and/or CEO shall submit a voluntary report to the applicable licensing board about the diversion.

IX. SUBSTANCE ABUSE TESTING FOR REASONABLE CAUSE

- A. Situations When Drug or Alcohol Testing is Required. A Practitioner is required to submit to drug or alcohol testing under any of the following circumstances:
1. When there is a reasonable suspicion that the Practitioner is under the influence of alcohol, a controlled substance or illegal drugs while engaging in activities related to patient care at a Kaweah Health facility. "Reasonable suspicion" includes but is not limited to incidents in which the Practitioner:
 - a. Is observed using alcohol, controlled substances, or illegal drugs while engaging in activities related to patient care at a Kaweah Health facilities;
 - b. Is in an apparent state of physical impairment as determined by an immediate Screening Physical Exam.
 - c. Is in an impaired mental state, as determined by the immediate Screening Physical Exam.
 - d. Exhibits marked changes in behavior that are not otherwise explainable, as determined by an immediate Screening Physical Exam.
 - e. Is involved in one or more incidents raising serious concerns about his or her work performance or delivery of patient care that is not explained by the immediate Screening Physical Exam.
 - f. Any suspected or actual violation of this policy. Examples include MIDAS event reports; concerns from colleagues or staff regarding usage or diversion; medication and/or narcotic documentation discrepancy trends.
 2. When a Practitioner is suspected to be in possession of alcohol, a controlled substance or an illegal drug in violation of this policy, or when alcoholic beverages, controlled substances or illegal drugs are found on Kaweah Health premises under the control of the Practitioner (e.g., locker or desk);

3. When a Practitioner has suspicious patterns or discrepancies in any medication and/or narcotic documentation; and
 4. As required by Well-Being Committee contract with the Practitioner.
- B. If testing for reasonable cause is indicated:
1. Both the person reporting the event and Chief of Staff/Designee will complete an Occurrence Report.
 2. If deemed warranted by the Screening Physical Exam, the Chief of Staff or Designee will escort the Practitioner to the Medical Staff conference room to submit to a POC test. In this situation, the Practitioner must submit to the POC test within two (2) hours.
 3. The Chief of Staff or Designee will obtain from the Practitioner the Consent for Drug and/or Alcohol Testing (Attachment A), including an authorization for release of medical information. Refusal to submit to drug or alcohol testing or to execute the Consent form will be cause for summary suspension of clinical privileges.
 4. The Chief of Staff or Designee shall ask the Practitioner if he or she is taking any medication prescribed or recommended by a health care professional and will note on the Consent form any prescribed medication so specified. If the test reveals the presence of a medication prescribed for the Practitioner, he or she will not be subject to discipline unless the levels of the medication show abuse. Even if the Practitioner is not abusing a prescribed medication, the medication may make the individual unfit to attend to patients as determined by the Screening Physical Exam. If so, the Practitioner will not be disciplined, but may be required to refrain from attending to patients while under the influence of the medication.
 5. The Chief of Staff or Designee will contact the Director of Medical Staff Services or the Kaweah Health house supervisor to obtain the phone number for Adventist Health Toxicology mobile services, after which he or she will contact the service to come to a location designated by the Chief of Staff or Designee, where a urine or blood sample will be obtained to test for the suspected substance following the chain of custody for specimens. The Chief of Staff or Designee will directly observe the collection of all samples.
 6. A confidential number, as assigned by the Medical Staff Services Director/designee, will be used for all samples and for reporting the results.
 7. The Practitioner submitting the specimen will validate the chain of custody process through signature on the chain of custody form (Attachment B) and initials on the sealed specimen.
 8. The same specimen will then be transported by Adventist Health phlebotomist to the Adventist Health Toxicology Lab in Tulare, CA for testing, with the chain of custody being followed.
 9. The Medical Staff Services Director shall maintain the confidential documentation of the incident for the Chief of Staff or Designee and CEO or Designee to review.
 10. The original test results will be forwarded to the Medical Staff Services Director for review by the Chief of Staff or Designee, the CEO or Designee, and the Well-Being Committee.
- E. If the POC testing for substance use and/or the Screening Physical Exam indicate impairment at the time of providing care to patients, the Practitioner's privileges will be summarily suspended pursuant to the Medical Staff Bylaws, pending the test results from Adventist Health Toxicology. The responsibility for care of the Practitioner's hospitalized

patients will be assigned to another Practitioner with appropriate clinical privileges. The wishes of the patient will be considered in the selection of a covering Practitioner.

- F. Arrangements for safe transportation home will be made for the Practitioner.
- G. If the test results are negative, the Practitioner will be advised through the Well-Being Committee of the need for further evaluation of other medical or mental health issues.
- H. A positive alcohol and/or drug test result, including a result indicating abuse of a prescribed medication may result in the continuation of a summary suspension. The Medical Executive Committee will meet to consider continuing the summary suspension within the timelines specified in the Medical Staff bylaws. The Practitioner will be referred to the Well-Being Committee.

approval

ATTACHMENT A

**CONSENT TO DRUG AND/OR ALCOHOL TESTING AND
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I voluntarily agree to submit to a comprehensive drug and alcohol testing and analysis to be administered by an outside, independent laboratory.

I understand that the testing is voluntary on my part, that I may refuse to submit to testing , and that such refusal may be grounds for disciplinary action, including summary suspension of my clinical privileges.

I hereby authorize the testing facility to disclose the results of the evaluation and tests, including any related analyses and/or reports of testing to the Kaweah Health Chief of Staff via the Medical Staff Services Director for use in connection with the consideration of whether I am fit to practice and my continued qualification for Medical Staff membership and clinical privileges by the Chief of Staff and Medical Executive Committee. I authorize the Chief of Staff to release this information to Kaweah Health's Chief Executive Officer, the Medical Executive Committee and any Ad Hoc Committee that may be formed in connection with this purpose. I also authorize the Chief of Staff to release this information to the Chair of the Kaweah Health Medical Staff Well-Being Committee.

I understand that the information obtained will be maintained confidentially and will not be released to anyone else or used for any other purpose unless required by law, governmental agencies, or subpoena.

My consent and authorization shall expire one year from the date of this consent and authorization.

I have signed this consent and authorization voluntarily, and I understand that I have a right to receive a copy upon my request.

Signature

Date

Printed Name

ATTACHMENT B

**LABORATORY
LEGAL CHAIN OF CUSTODY FORM**

Identification Band Verified: YES NO
Specimen Type: Urine Blood Both
Test Requested: Urine Drug Screen Blood Alcohol Other: Specify

Received By: _____ Time: _____ Date: _____
Signature

Taken To: _____ Time: _____ Date: _____
Location

Received By: _____ Time: _____ Date: _____
Signature

Taken To: _____ Time: _____ Date: _____
Location

Received By: _____ Time: _____ Date: _____
Signature

Taken To: _____ Time: _____ Date: _____
Location

Received By: _____ Time: _____ Date: _____
Signature

Taken To: _____ Time: _____ Date: _____
Location

Received By: _____ Time: _____ Date: _____
Signature

Taken To: _____ Time: _____ Date: _____
Location

Place a tamper proof evidence seal over the lid and down the sides of the specimen container.

Date and sign. Do all of the above in front of the practitioner.

Name: _____ Date Collected: _____

Time Collected: _____

Collection Witnessed By: _____

MS45 Initial Focused Professional Practice Evaluation (FPPE) (Proctoring)

Policy Number: MS 45	Date Created: 05/18/2023
Document Owner: Ody DaSilva (Medical Staff Manager)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Credentials Committee, Medical Executive Committee, Debbie Roeben (Medical Staff Coordinator), Kelsie Davis (Board Clerk/Executive Assistant to CEO), Ody DaSilva (Medical Staff Manager), Teresa Boyce (Director of Medical Staff Services)	
Focused Professional Practice Evaluation Guidelines for Initial Proctoring	

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

Scope:

1. Newly appointed Physicians and Advanced Practice Providers
2. Practitioners who request additional clinical privileges

Policy: The Medical Staff is responsible for overseeing the quality of care provided by Physicians and Advanced Practice Providers (hitherto referred to as practitioners). In order to ensure competency, all new practitioners will be required to participate in Focused Professional Practice Evaluation (FPPE) which may include proctoring, as specified by their Departments. Proctoring is an objective evaluation of a physician's clinical competence by a proctor who represents, and is responsible to the medical staff. Prospective, retrospective and concurrent proctoring and/or chart review may be used to confirm clinical competence according to each department's guidelines.

PROCEDURE:

I. New Staff Member – Initial Appointment Responsibilities

A practitioner's FPPE begins when privileges are granted by the Board, either for new applicants or current members requesting new/additional privileges.

1. A primary proctors will be assigned by the Department Chair. Any medical staff practitioner with like, unrestricted privileges may proctor.
2. The new practitioner will review privileges granted and proctoring requirements as delineated on their delineation of privileges (DOP) form.
3. The new practitioner will accept the responsibility to schedule his/her cases at a time when an eligible proctor has agreed to be available.
4. The new practitioner must be proctored for the minimum number of procedures indicated on the DOP or until the practitioner demonstrates competency to the satisfaction of the proctor.
5. For all invasive procedures, FPPE shall include direct observation by the proctor and concurrent chart review.
6. The practitioner must request an extension if he/she is unable to complete proctoring within the timeframe allowed.

II. Temporary Physicians & Advanced Practice Providers

1. Physicians who are on site for a specific patient or to proctor another physician are not subject to the proctoring requirements of this policy.
2. Locum Tenens covering for a specific practitioner are not subject to proctoring requirements as established in this policy.
3. Long term temporary practitioners (more than 30 days) will be subject to complete proctoring requirements as established in this policy. The proctoring will be based on activity from their first patient contact and procedures performed.

III. Requirements and Responsibilities of the Proctor

1. The proctor must be a member in good standing of the ~~Active~~-Medical Staff of Kaweah Health and must have similar, unrestricted privileges, which are to be proctored.
2. It is the responsibility of all members of the ~~Active~~-Medical Staff within a specific Department to participate as proctor when assigned to do so.
3. The proctor shall have no pecuniary interest in the procedure and/or patient. The proctor shall not be remunerated for proctoring.
4. A proctor will timely complete and sign a confidential proctoring form for each case proctored and return this form to the MSO.
5. The proctor's role is to observe and record the performance of the practitioner being proctored. The proctor is not mandated to intervene when he/she observes what could be construed as deficient performance on the part of the practitioner being proctored.
6. It is the proctor's responsibility to report any poor or significantly substandard performances of the proctoree immediately to the clinical department chair.
7. In an emergency situation, the proctor may intervene; even though he/she has no legal obligation to do so, and in such a circumstance, the proctor is acting in good faith and should be qualified as a Good Samaritan within the "Good Samaritan" laws of the State of California.
8. The activities of the proctor constitute an integral part of the peer review system of the Medical Staff, and as such, any and all information and records regarding the proctorship shall be subject to all confidentiality requirements within the bylaws and proctors are subject to all immunities accorded Medical Staff peer review activities and any applicable regulations, statutes or legal decisions.

IV. Department Responsibilities

1. The Department Chair will assign ~~ed-a~~ a proctor(s)
2. Members of the Department will participate in proctoring when assigned by the Department Chair.
3. The Department Chair may consider an extension or automatic expiration of privileges for practitioners who have failed to complete proctoring within the assigned time-frame. This recommendation will be forwarded to the Credentials Committee to approve the extension or allow the privileges to automatically expire, per the Medical Staff Bylaws.
4. The Department Chair will evaluate proctoring results and make a recommendation to the Credentials Committee.

V. Options

1. Kaweah Health may accept up to 80% of proctoring from other institutions to supplement actual observation on the premises if the following conditions are present:
 - a. Preapproval of the Department Chair and Credentials Chair.
 - b. The range and level of privileges requested are similar at both institutions.
 - c. Proctor reports, or a summary of proctored cases (volume/procedures), have been signed and dated within the last 15 months.

VI. Medical Staff Office (MSO) Responsibilities

1. The MSO will provide each new staff member at initial appointment with blank proctoring forms, a copy of clinical privileges granted, and proctoring requirements. This information will be sent to the practitioner by email and with the Governing Board letter.
2. The MSO will send two courtesy reminders on behalf of the Chief of Staff via email and/or text. A final notification on behalf of the Chief of Staff will be sent via ~~certified mail email and/or text at the 6-month deadline 30 days prior to the deadline in~~ forming practitioners of expiration date a 30-day extension to complete proctoring unless an extension has been requested or already granted.
3. MSO will notify Department Chair when a practitioner fails to complete proctoring within 6 months or at the end of a granted extension period. Department Chair will recommend to Credentials Committee – extension of time frame or automatic relinquishment.
4. At the recommendation of the Credentials Committee the practitioner's privileges will be automatically relinquished, or an extension will be granted. If privileges are automatically relinquished, per Medical Staff Bylaws 4.B.3., the practitioner may not reapply for one (1) year. MSO will resign practitioner from data-bases and send out notification.
5. The MSO will submit a proctoring summary to the Credentials Committee. The summary will identify the successful completion of the proctoring requirements and any outstanding privileges that require an extension of time for completion of proctoring.

VII. Completion of proctoring

1. Successful Completion – Proctoring shall be deemed successfully completed when the practitioner satisfactorily completes the required number of proctored cases within the time frame established and the practitioners performance in the cases meet the standard of care of the Medical Center.
2. Failure to Complete Necessary Volume – Refer to Medical Staff Bylaws 4.B.3.
3. Failure to Complete Proctoring Satisfactorily – Refer to Medical Staff Bylaws 4.B.3.

VIII. Confidentiality

1. **Strict adherence to the code of confidentiality is required.**

2. The original FPPE form shall be filed in the individual's confidential credential file in the Medical Staff Services office.

Resources

- Medical Staff Bylaws
- MS 44 Ongoing Professional Practice Evaluation (OPPE) / Focused Professional Practice Evaluation (FPPE)

"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."

Approval

NP-PA Privilege Form

Provider Name: _____ Date: _____

Please Print

NURSE PRACTITIONER / PHYSICIAN ASSISTANT

Initial Criteria

Physician Assistant: Completion of an ARC-PA approved program; Current certification by the NCCPA (*Obtain certification within one year of completion of PA program or granting of privileges*); Current licensure to practice as a PA by the California Physician Assistant Board; **OR**

Nurse Practitioner: Completion of an advanced nursing program accredited by the Commission of Collegiate of Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) with emphasis on the NP's specialty area; current certification by the ANCC or AANP (*Obtain certification within one year of completion of Masters/Doctorate program*); **AND**

Certifications: BLS or ACLS and full schedule California DEA; Emergency Medicine: ACLS & PALS (Must obtain within 12 months of hire)

Current Clinical Experience: Documentation of patient care for 100 patients in the past two years OR completion of NP/PA training program within the last 12 months. **AND** for Emergency Medicine and/or OB: 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 patient care for 100 patients in the past 24 months **AND** maintenance of current certification by NCCPA, ANCC, or AANP (For PA's granted privileges prior to March 2016 that are not certified by the NCCPA: Must provide 100 CMEs within the last 2 year period, 50 of which must be category I, as defined by the NCCPA for Certification); **AND** full schedule DEA license; **AND** Urgent Care: BLS OR ACLS; Emergency Medicine: ACLS & PALS **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 **AND** Completion of Environment of Care/Workplace Violence Education Module within the last 24 months.

FPPE: A minimum of 5 cases by Direct Observation and Retrospective Chart Review at the supervising physician's discretion.

Request	GENERAL CORE PRIVILEGES	Approve
	Includes procedures on the following list and such other procedures that are extensions of the same techniques and skills (may include telehealth):	
<input type="checkbox"/>	<ul style="list-style-type: none"> • Application of traction; simple and/or superficial foreign body removal • Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures • Apply/remove cast; diagnosis/treatment and strapping of sprains; splinting and reduction of fractures and dislocations; • Assess, work up and perform differential diagnosis by means of H&P, medical decision making, laboratory and/or other studies, ECG's and diagnostic imaging • Counsel and instruct patients, families, and caregivers as appropriate • Direct care as specified by medical staff-approved protocols; Make daily rounds on hospitalized patients, as appropriate; Initiate appropriate referrals; 	
	<ul style="list-style-type: none"> • Implement palliative care and end-of-life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions • Implement therapeutic intervention for specific conditions when appropriate • Insert and remove nasogastric tube; provide tracheostomy care • Order and initial interpretation of diagnostic testing and therapeutic modalities; • Pelvic examinations, including pap smears, and IUD removal • Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses; insertion of packing • Perform History & Physical/ MSE; • Perform other emergency treatment 	
	<ul style="list-style-type: none"> • Prescribe & Administer medications per formulary of designated certifying board • Record progress notes; • Removal of drains, sutures, staples, & packing • Remove arterial catheters, central venous catheters, chest tubes; • Short-term and indwelling urinary bladder catheterization; venous punctures for blood sampling, cultures, and IV catheterization; superficial surgical procedures • Laceration repair (not requiring plastics intervention); nasal packing; excision of simple skin lesion; removal of impacted cerumen; nail trephination & removal; excision of thrombosed hemorrhoids; • Tonometry / Wood's & Slit Lamp exam of the eye • Write Discharge Summaries and Instructions, as appropriate 	<input type="checkbox"/>
POPULATION:		
<input type="checkbox"/>	Adult: Patients >18 years of age	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric: Well newborn up to 18 years of age	<input type="checkbox"/>
SETTING:		
<input type="checkbox"/>	Acute Care Services for Inpatients at a Kaweah Health facility	<input type="checkbox"/>
<input type="checkbox"/>	Emergency Medicine Additional Core Privileges: <ul style="list-style-type: none"> • Direct care per Emergency Medicine protocol (i.e. Tintinalli's edition) • Point of Care Ultrasound • Replacement of PEG tubes • Insert and remove orogastric tube • Intraosseous Line insertion with EZ-10 • Perform other emergency treatment per protocol (i.e. Tintinalli's edition) 	<input type="checkbox"/>
<input type="checkbox"/>	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 ___ KHMC – Willow Specialty 305 ___ Dialysis Clinic ___ Hospice ___ Specialty Clinic ___ Wound Care Center ___ Cardiology Center ___ Cardiothoracic Surgery Clinic ___ Neuroscience Center ___ KHMC - Ben Maddox ___ KHMC – Plaza ___ Urgent Care – Court Street ___ Urgent Care – Demaree ___ SRCC Visalia ___ SRCC Hanford ___ Tulare Cardiology Clinic ___ Youth Crisis Stabilization Unit	<input type="checkbox"/>

Provider Name: _____ Date: _____

Please Print

ADVANCED PRIVILEGES					
Initial FPPE is deemed to have been satisfied based on successful completion of a preceptorship at Kaweah Health within 6 months prior to the grant of clinical privileges					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Arthrocentesis & Joint Aspiration	2 in the last 2 years.	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	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	<input type="checkbox"/>
<input type="checkbox"/>	Bone Marrow Aspiration & Biopsy	Documentation of training of a minimum of 2 procedures AND direct observation of 1 procedure performed in the last 2 years	2 procedures in the last 2 years.	A minimum of 2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Bronchoscopy	20 procedures in the last 2 years	10 procedures in the last 2 years	Minimum of 5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	<u>Cardiothoracic Advanced Privileges includes sternal closure under supervision, performing minimally invasive radial artery harvesting and/or open technique and performing minimally invasive vein harvesting and/or open technique</u>	<u>Documentation of a Vein Harvesting Certification Course within the last 2 years OR documentation of 20 procedures in the last 2 years</u>	<u>10 procedures in the last 2 years</u>	<u>Minimum of 10 concurrent cases</u>	<input type="checkbox"/>
<input type="checkbox"/>	Cerebral Spinal Fluid (CSF Shunt Tap)	2 in the last 2 years	1 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Colposcopy	Documentation of training and 10 procedures in the last 2 years.	10 procedures in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Complex Wound Care (Wound debridement, application of skin substitutes, complicated management and wound biopsy) (Wound Care Center Only)	20 procedures in the last 2 years	20 procedures in the last 2 years	First 2 concurrent cases	<input type="checkbox"/>
<input type="checkbox"/>	Endometrial Biopsy	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal Intubation	10 in the last 2 years	8 in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Hospice: Rounding on home-bound patients enrolled in KDHCD Hospice Services	Initial Criteria for Core Privileges	20 patient contacts in the last 2 years.	2 concurrent or retrospective chart reviews.	<input type="checkbox"/>
<input type="checkbox"/>	Hyperbaric Oxygen Therapy Pre-requisite: Hyperbaric Course approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) (Wound Care Center Only)	Completion of 40 hour Hyperbaric Course and documentation of 20 cases in the last 2 years.	20 procedures AND documentation of 10 CME in wound care/hyperbaric medicine in the last 2 years	2 direct observation & 2 retrospective chart reviews	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of Arterial Lines	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of central venous access or dialysis catheters	5 in the last 2 years	5 in the last 2 years	Minimum of 2 -any site concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of Chest Tubes	5 in the last 2 years	5 in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Joint Injection	Documentation of training and 5 procedures in the last 2 years (Use of Sim Lab acceptable for up to 2)	2 procedures in the last 2 years (Sim Lab procedures not accepted)	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Laceration Repair – Complex and Layered	3 in the last 2 years	3 in the last 2 years	3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar Puncture	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Myelogram	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>

Provider Name: _____ Date: _____

Please Print

<input type="checkbox"/>	Nephrology: Changing dry weight, checking declots (Dialysis Centers Only)	Initial Criteria for Core Privileges	20 nephrology patient contacts in the last 2 years	2 concurrent or retrospective chart reviews.	<input type="checkbox"/>
<input type="checkbox"/>	Nexplanon insertion and removal	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
ADVANCED PRIVILEGES - CONTINUED					
FPPE requirement waived if provider has successfully completed training (preceptorship) at Kaweah Health within the last 6 months					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	OB Care: Prenatal and post-partum care	Documentation of training and 20 prenatal/ post-partum cases in the last 2 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	20 prenatal/ post-partum cases in the last 2 years. AND Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months AND Completion of an Implicit Bias Training within the last 24 months	2 concurrent or retrospective chart reviews.	<input type="checkbox"/>
<input type="checkbox"/>	OB ultrasonography: Evaluation of fetal presentation, number, confirmation of cardiac activity, position and placental placement	Completion of Basic Obstetric Ultrasound course in limited U/S and 10 in the last 2 years.	10 in the last 2 years.	3 concurrent and/or retrospective chart reviews	<input type="checkbox"/>
<input type="checkbox"/>	Orthopedic Advanced Privileges to include Open fracture superficial closure – loose approximation of open fracture closure under direct supervision (prior to definitive surgical closure by the surgeon in the OR) and the following procedures: ___ Joint Injection & Arthrocentesis	5 Joint Injections or Arthrocentesis in the last 2 years	15 procedures in the last 2 years	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Paracentesis (may or may not include the use of ultrasound guidance)	5 in the last 2 years	5 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Paragard and Mirena IUD insertion	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Perform pharmacological and non-pharmacological stress tests	10 in the last 2 years	10 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Placement of External Ventricular Drainage Device	3 in the last 2 years	3 the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Placement of Intracranial Monitoring Devices	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Radiation Oncology: Assist with simulations; high dose rate brachytherapy, intravenous radioactive therapy, oral radioactive administration and astatium beta-irradiation application	A minimum of 3-month training period with a radiation oncologist OR previous experience.	10 in the last 2 years	A minimum of 10 (including Core) concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Radiologic procedures to include CT, Fluoroscopy, and Ultrasound of deep & superficial organs and organ systems (including aspirations, biopsies, drainages, or injections)	25 in the last 2 years	25 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Removal of Intra-Aortic Balloon Pump	5 in the last 2 years	2 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Removal of Intra-cardiac lines or temporary Epicardial Pacer Wires	2 in the last 2 years	1 in the last 2 years	2 concurrent	<input type="checkbox"/>

Provider Name: _____ Date: _____

Please Print

ADVANCED PRIVILEGES - CONTINUED					
FPPE requirement waived if provider has successfully completed training (preceptorship) at Kaweah Health within the last 6 months					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Replacement of tracheostomy tubes >1 month since time of tracheostomy	5 in the last 2 years	5 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Surgical Assistant (<i>may not perform opening and/or closing surgical procedures at or below the fascia on a patient under anesthesia without the personal presence of a supervising physician and surgeon.</i>)	10 in the last 2 years	10 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	5 in the last 2 years	5 in the last 2 years	Minimum of 2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Tilt Table	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Uncomplicated Ventilator Management	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Urology Advanced Privileges to include: ___ Urodynamics ___ PTNS (percutaneous tibial nerve stimulation) ___ Cystoscopy ___ Cystoscopy with stent removal	10 Urodynamics cases in the last 2 years AND 10 PTNS cases in the last 2 years AND 5 Cystoscopy cases in the last 2 years AND 6 Cystoscopy cases with stent removal in the last 2 years	10 in the last 2 years	A minimum of 1 concurrent	<input type="checkbox"/>

ADDITIONAL PRIVILEGES					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the 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	<input type="checkbox"/>
<input type="checkbox"/>	Image-guided techniques as an adjunct to privileged procedures	Documentation of training and 10 procedures in the last 2 years.	10 procedures in the last 2 years.	None	<input type="checkbox"/>
<input type="checkbox"/>	Administration of Moderate Sedation	Successful completion of Kaweah Health sedation exam	Successful completion of Kaweah Health sedation exam	None	<input type="checkbox"/>

Provider Name: _____ Date: _____

Please Print
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*

 _____ *Supervising/Collaborating Physician Signature* _____ *Date*
DEPARTMENT CHAIR SIGNATURE(S) :

 _____ *Department of Cardiovascular Services* _____ *Date*

 _____ *Department of Critical Care, Pulmonary & Adult Hospitalist* _____ *Date*

 _____ *Department of Emergency Medicine* _____ *Date*

 _____ *Department of Family Medicine* _____ *Date*

 _____ *Department of Internal Medicine* _____ *Date*

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

 _____ *Department of Pediatrics* _____ *Date*

 _____ *Department of Psychiatry & Neurosciences* _____ *Date*

 _____ *Department of Radiology* _____ *Date*

 _____ *Department of Surgery* _____ *Date*

MS44 Ongoing Professional Practice Evaluation

Policy Number: MS 44	Date Created: 05/13/2026
Document Owner: Ody DaSilva (Medical Staff Manager)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Credentials Committee, Interdisciplinary Practice Committee, Medical Executive Committee, Debbie Roeben (Medical Staff Coordinator), Kelsie Davis (Board Clerk/Executive Assistant to CEO), Ody DaSilva (Medical Staff Manager)	
Ongoing Professional Practice Evaluation (OPPE) / Focused Professional Practice Evaluation (FPPE)	

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

Purpose:

The purpose of Ongoing Professional Practice Evaluation (OPPE) is to define, determine, maintain and evaluate the current competency and professionalism of members of the Medical Staff and Allied Health Practitioners at Kaweah Health. Competency includes the ability to provide care, treatment and service in accordance with credentialing and privileging processes and requirements of the Medical Staff.

OPPE is based on the Accreditation Council for Graduate Medical Education's (ACGME) and the American Board of Medical Specialties' (ABMS) six core competencies:

- i. **Patient Care:** Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease and care at the end of life
- ii. **Medical/Clinical Knowledge:** Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and apply of their knowledge to patient care and the education of others
- iii. **Practice Based Learning and Improvement:** Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices
- iv. **Interpersonal and Communication Skills:** Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams
- v. **Professionalism:** Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients,

their profession, and society

- vi. **Systems Based Practice:** Practitioners are expected to demonstrate both an understanding of the contexts and systems in which healthcare is provided, and the ability to apply this knowledge to improve and optimize healthcare

Goals:

- I. To create an ongoing, systemic, data-based process for the Medical Staff to evaluate practitioner performance and maintain accountabilities for addressing opportunities for improvement.
- II. To identify areas of performance improvement needed, and assist the practitioner in achieving a successful resolution of those needs.
- III. To create a positive peer review culture by recognizing practitioner excellence as well as identifying improvement opportunities through a process that is clearly defined, fair, non-punitive and educational.

Policy:

- I. The Medical Staff of Kaweah Health provides effective mechanisms to measure, assess, evaluate and approve the appropriateness and quality of health care including evaluation of Practitioner's professional practice. Evaluation of professional practice of medical staff members is delegated by the Medical Executive Committee (MEC) and is an ongoing process conducted at least annually at intervals not to exceed 12 months.

II.

- III. II. During the OPPE processes the practitioner is NOT considered to be "under investigation" for the purposes of reporting requirements under the Healthcare Quality Improvement Act. The data and information gathered during the review and evaluation process are deemed confidential and not subject to discovery pursuant to California Evidence Code section 1157, and subject to the immunities afforded by state and federal law.

Procedure:

- I. Medical Staff Department Chairs are responsible for reviewing and selecting department specific clinical indicators to identify potential care/service variances. OPPE department indicators will be submitted to and approved by the MEC. Indicators are reviewed no less than every two years.
- II. OPPE is performed annually at intervals not to exceed 12 months and at reappointment for each practitioner who holds clinical privileges. This ongoing review allows the Kaweah Health Medical Staff to identify professional practice trends that may impact the

quality of patient care and patient safety.

- III. The Department Chair or their designee reviews the OPPE data.
- IV. Information produced through OPPE is communicated to the practitioner providing feedback and recommendations for improvement if indicators are below benchmark or lower than peer scores.
- V. If no issues are identified, the review is complete and will be signed by the Medical Director and placed in the practitioner's credentialing file.
- VI. Results of the OPPE are considered in decisions for continuing, limiting or revoking any existing privileges at reappointment.
- VII. For additional evaluation of practitioners' current competence and professionalism guidance is provided in the FPPE and Peer Review Policies.

References:

Medical Staff Bylaws

MS 48 Code of Conduct for Medical Staff & Advanced Practice Providers

"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 Office
Attachment A

FI

MS49 Practitioner Health Policy

Policy Number: MS 49	Date Created: 09/19/2025
Document Owner: Ody DaSilva (Medical Staff Manager)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Medical Executive Committee, Kelsie Davis (Board Clerk/Executive Assistant to CEO), Ody DaSilva (Medical Staff Manager), Teresa Boyce (Director of Medical Staff Services)	
Practitioner Health Policy	

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

Policy:

In order to provide safe, ~~high-quality~~high-quality care at Kaweah Health facilities, all Medical Staff and Advanced Practice ~~Providers~~Professionals~~Providers~~ (“Practitioners”) granted privileges and/or membership by the Kaweah Health Board of Directors are required to adhere to the health requirements listed below.

Procedure:

I. Tuberculosis Screening

A. Medical Staff and Advanced Practice Providers must submit evidence of a tuberculosis screening test during the initial application process and annually thereafter to the Medical Staff Services Department. Acceptable documentation:

1. PPD Skin Test that includes date administered, date read, lot # expiration date, and results of test. PPD Skin Tests can be administered by Employee Health, free of charge. The practitioner is responsible for providing the Medical Staff Services Department with the results after the test is read.
2. Quantiferon Gold-TB Blood Test
3. Positive reactors will complete the TB Affidavit form and attach a copy of their most recent chest x-ray report. A new chest x-ray is only required upon the development of TB symptoms.

B. Any Medical Staff or Advanced Practice Provider exposed to a patient with TB will be contacted by the Employee Health Department for a baseline TB Test ten (10) weeks after the exposure.

II. Influenza Prevention and Immunization

A. ~~Medical Staff and Advanced Practice Providers~~Practitioners must comply with annual influenza vaccinations. Employee Health will offer the seasonal influenza vaccination at no cost. free of charge to Medical Staff Members and Advanced Practice Providers. Practitioners applying for

initial privileges during influenza season will be required to submit proof of vaccination with their application. Employee Health will not provide influenza vaccinations for initial applicants.

- B. All Vaccinated Health Care Professionals will be provided and wear a designation on their badge, indicating they have received a current influenza vaccination.
- C. The scheduled annual influenza timeframe ~~begins November 1 and ends March 31st unless otherwise is~~ determined by the Infection Prevention Team and/or Public Health Officer.
- D. In Limited Circumstances, a seasonal vaccination exemption will be permitted for either medical contraindication or religious/philosophical beliefs.
 - 1. Documentation of influenza vaccination declination must be submitted to the Medical Staff Services Department Annually.
 - 2. If Medical Staff or Advanced Practice Provider declines the influenza vaccination they will be required to wear a mask during the defined influenza timeframe.

III. Well Being Committee

- A. The Medical Staff has established a Well Being Committee to provide support for providers dealing with behavioral, health, aging, and/or substance abuse issues. (See [Medical Staff Well-Being Committee](#) for details).
- B. Financial Assistance
The Medical Staff Organization will provide up to \$5,000 life-time financial assistance for fit-for-duty evaluations for a medical staff member, as required/requested by MEC or the ~~medical~~Medical ~~S~~staff wWell-bBeing committee.

References:

Medical Staff Bylaws

"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."

Resolution 2294 Laif Resolution

RESOLUTION NUMBER 2293

RESOLUTION OF KAWEAH DELTA HEALTH CARE DISTRICT

400 W. MINERAL KING, VISALIA CA, 93291 - (559) 624-2000

**AUTHORIZING INVESTMENT OF MONIES
IN THE LOCAL AGENCY INVESTMENT FUND**

WHEREAS, The Local Agency Investment Fund is established in the State Treasury under Government Code section 16429.1 et. seq. for the deposit of money of a local agency for purposes of investment by the State Treasurer; and

WHEREAS, the Board of Directors hereby finds that the deposit and withdrawal of money in the Local Agency Investment Fund in accordance with Government Code section 16429.1 et. seq. for the purpose of investment as provided therein is in the best interests of the District.

NOW THEREFORE, BE IT RESOLVED, that the Board of Directors hereby authorizes the deposit and withdrawal of Kaweah Delta Health Care District monies in the Local Agency Investment Fund in the State Treasury in accordance with Government Code section 16429.1 et.seq. for the purpose of investment as provided therein.

BE IT FURTHER RESOLVED, as follows:

Section 1. The following District officers holding the title(s) specified herein below **or their successors in office** are each hereby authorized to order the deposit or withdrawal of monies in the Local Agency Investment Fund and may execute and deliver any and all documents necessary or advisable in order to effectuate the purposes of this resolution and the transactions contemplated hereby:

Marc Mertz
Chief Executive Officer

Stephen Forney
Chief Financial Officer

Jennifer Stockton
Director of Finance

Signature

Signature

Signature

Section 2. This resolution shall remain in full force and effect until rescinded by the Board of Directors by resolution and a copy of the resolution rescinding this resolution is filed with the State Treasurer's Office.

PASSED AND ADOPTED, by the Board of Directors of Kaweah Delta Health Care District State of California on [REDACTED] Vote: [REDACTED]

OUTSTANDING HEALTH OUTCOMES

Outstanding Health Outcomes

FY26 Strategic Plan Update
June 2026

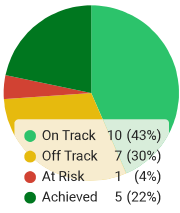


kaweahhealth.org



Outstanding Health Outcomes - Dr. Paul Stefanacci

All Items



Spotlight Items

Name	Aligns To	Status	Spotlight Comment
Training and standardization for safety huddles	Safety Program Enhancement	Achieved	Work to standardized processes to standardize and educate teams related to processes and approach to handling safety events has been completed.
Increase MRSA Decolonization	Reduce Hospital Acquired Infections (HAI)	On Track	Our compliance rate on MRSA is 100% through February 2026 with zero MRSA infections for this fiscal year.

Safety Program Enhancement Champion: Cindy Vander Schuur

Description: Count rate of serious safety events per the new taxonomy (harm score E or F-I) per 10,000 patient days and OP visits.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.1	Develop standardized roles and responsibility for process improvement team	07/01/2025	06/30/2026	Cindy Vander Schuur	On Track	The Quality and Patient Safety Department has identified and defined roles and responsibilities for their process improvement team members including but not limited to: *Edward Sousa, Industrial Engineer and process improvement specialist. *Megan Stuart, RN Clinical Care Quality Assurance *Martha Cardenas, RN Clinical Care Quality Assurance *Chris Patty, RN Clinical Practice Guideline Manager *Cheryl Smit, RN Stroke Manager *Cindy Vander Schuur, RN Patient Safety Manager Along with the above-named team members, all staff within the Quality and Patient Safety Department strive toward improving Kaweah Health initiatives in their daily work.
3.1.2	Provide safety training for all leaders	07/01/2025	06/30/2026	Cindy Vander Schuur	On Track	Initial training completed; enduring training for new leaders in process, expected to implement 1Q 2026
3.1.3	Complete Apparent Cause Analysis: 2 ACAs per Leader	07/01/2025	06/30/2026	Cindy Vander Schuur	On Track	ACAs are tracked; process for counting and reporting in progress
3.1.4	Training and standardization for safety huddles	07/01/2025	06/30/2026	Cindy Vander Schuur	Achieved	
3.1.5	Optimize event reporting and data analytics	07/01/2025	06/30/2026	Cindy Vander Schuur	On Track	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.6	Implement Leadership education on proactive evidenced based strategies that enhance the Patient Safety Program (High Reliability Leadership Training)	07/01/2025	06/30/2026	Cindy Vander Schuur	Achieved	Beginning 1Q2026 ongoing Apparent Cause Analysis (ACA) training classes are available bimonthly in Workday. This safety training is available to all leaders
3.1.7	Establish baseline metrics for enhanced patient safety program	07/01/2025	06/30/2026	Cindy Vander Schuur	Achieved	Risk Management now has 12 mos of serious safety event data and is able to determine a reliable and accurate baseline to support the Patient Safety Program. This baseline will be reported by Risk Management at the May 2026 Patient Safety Committee meeting.

Hospital Acquired Infections (HAI) Champion: Shawn Elkin

Description: Reduce the Hospital Acquired Infections (HAIs) to the selected national percentile in FY26 as reported by the Centers for Medicare and Medicaid Services.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.1	Utilize the subject matter expertise of the Infection Prevention Team	07/01/2025	06/30/2026	Shawn Elkin	On Track	Infection Prevention leads the newly established CAUTI/CLABSI committee, which has strong executive support from the Interim CNO. The committee is co-chaired in partnership with Nursing Leadership and includes a multidisciplinary team with both a physician and a resident actively participating. Strategies to reduce CLABSI and CAUTI are developed collaboratively by the team and implemented by both nursing and medical staff.
3.2.2	Increase MRSA Decolonization	07/01/2025	06/30/2026	Shawn Elkin	On Track	To date, there have been a total of 189 patients who have undergone MRSA nares nasal decolonization using Mupirocin. This represents 100% of the target patient population. We are achieving goal for this metric.
3.2.3	Reduce line utilization through best practices and multidisciplinary rounding	07/01/2025	06/30/2026	Shawn Elkin	Off Track	Although we are meeting our goal for reducing central line utilization, we are not meeting our target for reducing indwelling urinary catheter use.
3.2.4	Adhere to best practices related to care and maintenance of lines	07/01/2025	06/30/2026	Shawn Elkin	Off Track	Unfortunately, a notable increase in femoral central venous catheter use was seen in February and March. Review and investigation have not identified a clear reason for the shift toward femoral access, particularly for extended durations.
3.2.5	Expand the use of Bio-Vigil	07/01/2025	06/30/2026	Shawn Elkin	On Track	Biovigil usage is rebounding. In August 2025, we reached a peak of 2,131 active users—the highest since implementation. The lowest point this fiscal year occurred in December 2025, with 1,936 active users. As of March 2025, active users have increased to 2,075. The five highest- and five lowest-performing units and departments are identified each month. Those in the lowest-performing group are required to develop an action plan and present it to Kaweah Health Leadership during the monthly Biovigil hand hygiene compliance review.
3.2.6	Improve cleanliness of the environment through ATP Testing	07/01/2025	06/30/2026	Shawn Elkin	Off Track	Of 529 total ATP tests performed 468 (88.5%) passed with the first room cleaning. This is very close to our goal of 90%.

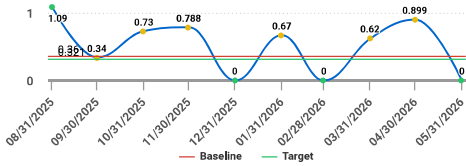
Hospital Acquired Infections (HAI) Champion: Shawn Elkin

Description: Reduce the Hospital Acquired Infections (HAIs) to the selected national percentile in FY26 as reported by the Centers for Medicare and Medicaid Services.

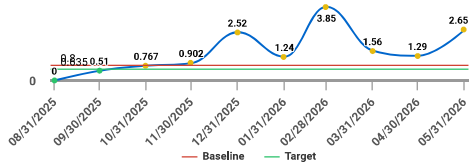
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.7	Decrease Standardized Infection Ratio (SIR) CAUTI to less than or equal to 0.321 (NHSN 30th Percentile)	07/01/2025	06/30/2026	Shawn Elkin	On Track	There were no CAUTI events reported for the month of May 2026.
3.2.8	Decrease Standardized Infection Ratio (SIR) CLABSI to less than or equal to 0.635 (NHSN 50th Percentile)	07/01/2025	06/30/2026	Shawn Elkin	Off Track	There were 2 CLABSI events reported during the month of May 2026. Both events occurred in the ICU. One event was associated with a patient having recent surgery. Blood cultures were collected and tested positive, but there was no matching cultures collected from the surgical wound site. The second event was associated with several factors: (1) 110 non-compliant hand hygiene opportunities with care of this patient, (2) blood cultures collected 26 hours prior to transition to Comfort Care status, (3) Code blue following central line placement, with blood cultures collected immediately after the Code Blue event - risk for contamination.
3.2.9	Decrease Standardized Infection Ratio (SIR) MRSA to less than or equal to 0.658 (NHSN 50th Percentile)	07/01/2025	06/30/2026	Shawn Elkin	On Track	There were no MRSA BSI events reported during the month of May 2026.

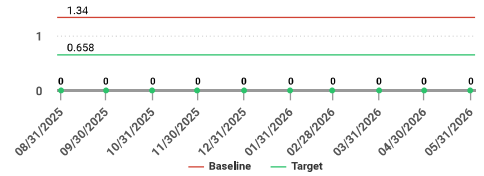
SIR CAUTI FYTD (<= 0.321)



SIR CLABSI FYTD (<= 0.635)



SIR MRSA FYTD (<= 0.658)



Reduce Surgical Complications Champion: Chris Patty

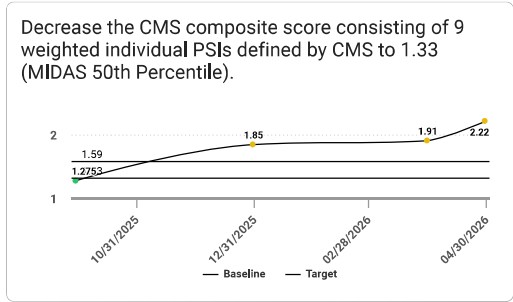
Description: Reduce the Patient Safety Indicator (PSI) 90 composite rate to the selected national percentile in FY26 as reported by the Centers for Medicare and Medicaid Services.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.1	Utilize the subject matter expertise of the Surgical Quality Team	07/01/2025	06/30/2026	Chris Patty	Off Track	The Surgical Quality Team will be relaunched by the new Director of Surgical Services. We are also working to identify a physician champion to support these efforts.
3.3.2	Validate targeted opportunities through updated data analysis	07/01/2025	06/30/2026	Chris Patty	Achieved	Drill down into PSO-90 metrics indicate PSI 11 (respiratory failure) is a targeted area.
3.3.3	Implement best practices to address preventable complications in surgical patients (Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) Prevention & Respiratory Failure)	07/01/2025	06/30/2026	Chris Patty	On Track	Case reviews in process to identify specific elements of evidence-based practices to target

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.4	Decrease the CMS composite score consisting of 9 weighted individual PSIs defined by CMS to 1.33 (MIDAS 50th Percentile).	07/01/2025	06/30/2026	Chris Patty	Off Track	Date range represented February 1, 2026 - April 30, 2026; score is 2.22. Goal is Midas national 50th percentile of 1.33; lower scores are better.



PATIENT EXPERIENCE AND SATISFACTION UPDATE

Patient & Community Experience

Board of Directors
June 2026



kaweahhealth.org





Patient Experience Matters



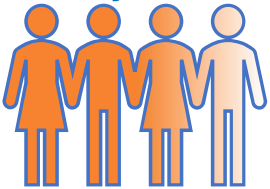
Opportunities and insights to increase patient satisfaction.

Kaweah Health May 2026

Fiscal Year Data

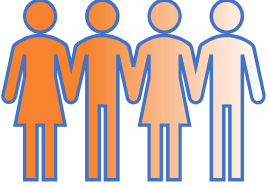
July 2025 – April 2026

Survey Scores



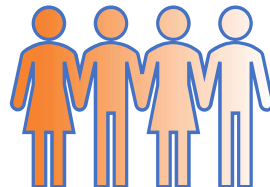
HCAHPS: 71.1

51st Percentile



Inpatient NPS: 61.2

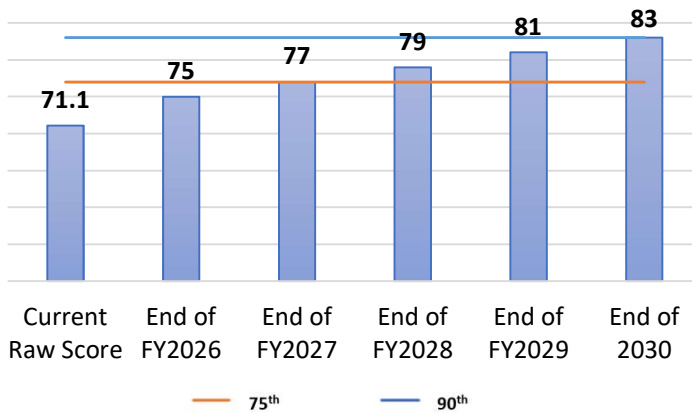
31st Percentile



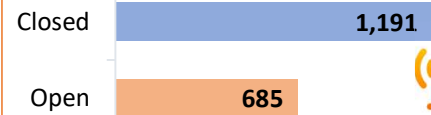
Medical Practice NPS: 78.8

11th Percentile

5 Year HCAHPS Goal



Service Alerts



Human Understanding – 75.7
11th Percentile

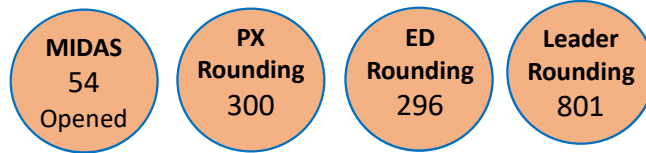
PRIORITY

- **Trusting providers with care:**
 - Follow through on updates and commitments.
- **Spending enough time with patient:**
 - Avoid appearing rushed.
 - Make eye contact.
- **Providers explaining things understandably:**
 - Explain tests, treatments, and results in plain language.



273/486

May 2026



HCAHPS Trend July 2025 – April 2026



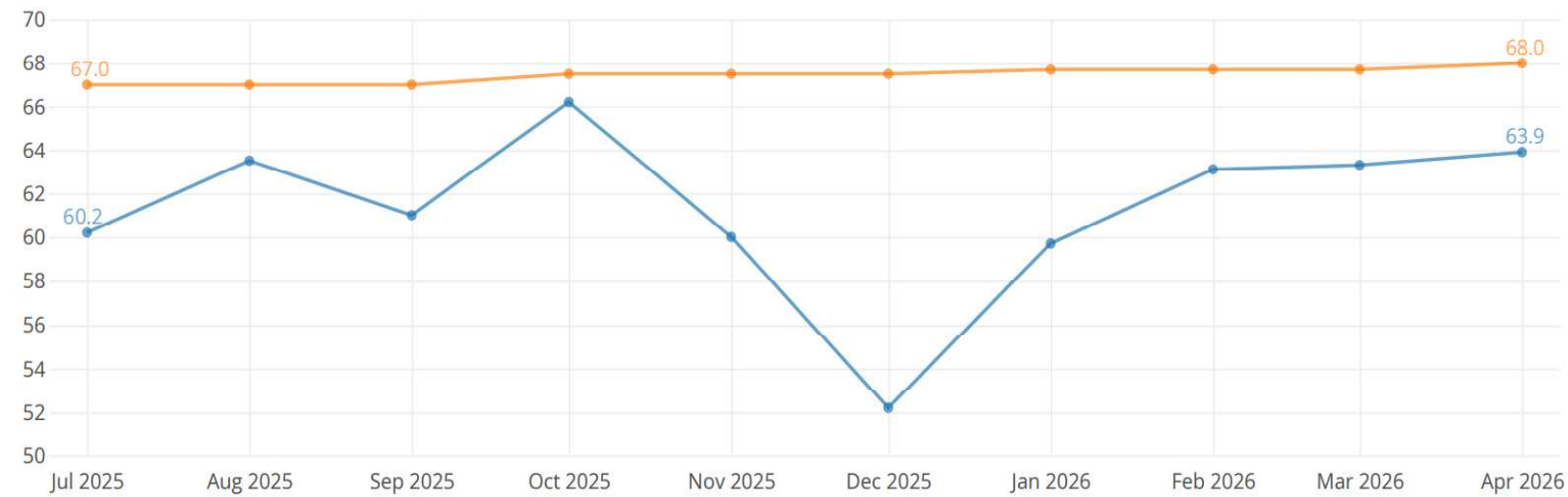
Question	Benchmark	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26
Rate hospital	71.7	66.7 n = 33	67.6 n = 34	93.9 n = 33	71.4 n = 28	58.6 n = 29	64.0 n = 25	64.0 n = 25	90.3 n = 31	96.7 n = 30	50.0 n = 24
Would recommend hospital to family	73.2	73.5 n = 34	67.6 n = 34	78.1 n = 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

274/486

Inpatient

■ NPS: Facility would recommend ■ Benchmark

NPS: Facility would recommend

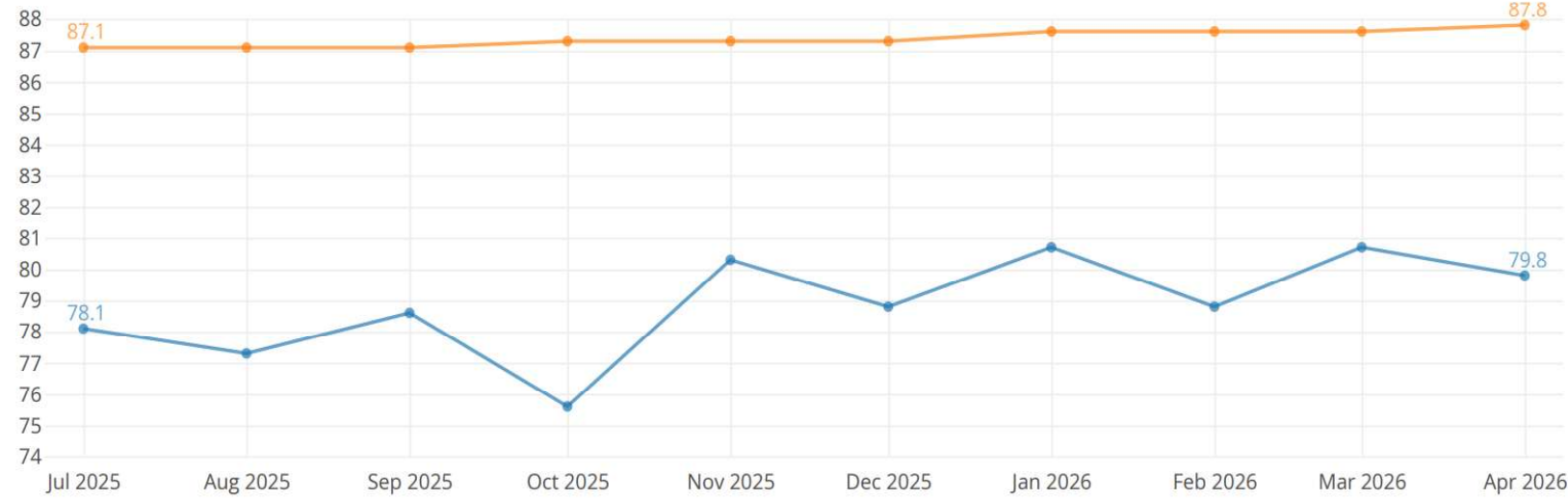


	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026
Score	60.2	63.5	61.0	66.2	60.0	52.2	59.7	63.1	63.3	63.9
n	n = 259	n = 211	n = 187	n = 198	n = 220	n = 230	n = 233	n = 198	n = 221	n = 219

Medical Practice

■ Provider would recommend ■ Benchmark

Provider would recommend

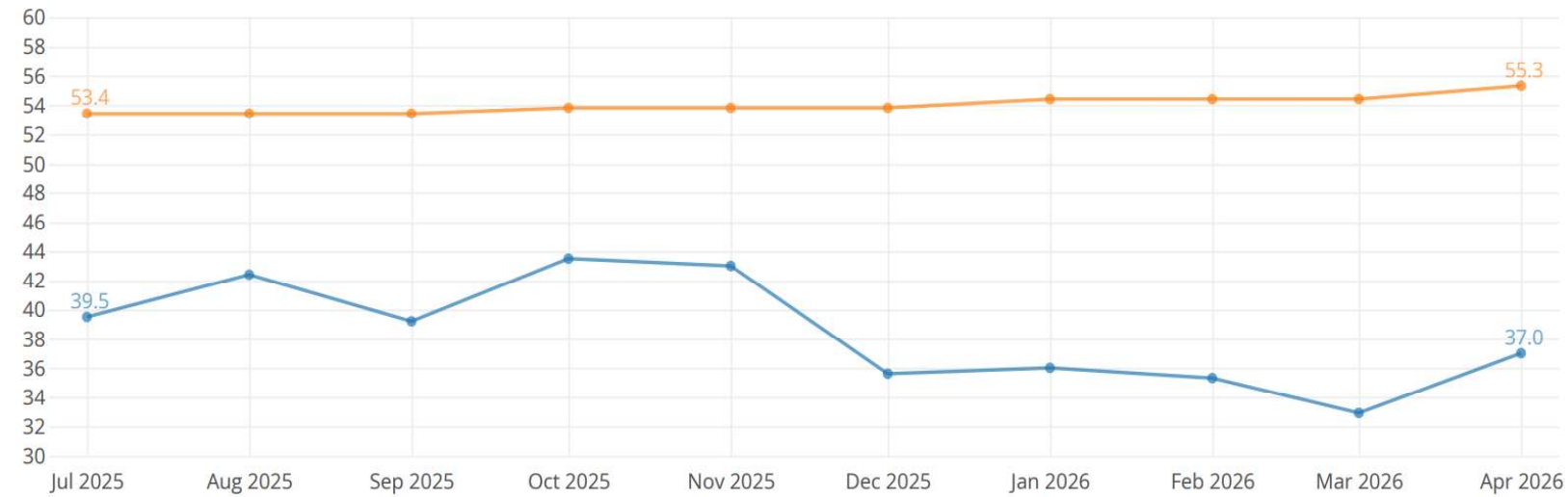


Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026
78.1	77.3	78.6	75.6	80.3	78.8	80.7	78.8	80.7	79.8
n = 770	n = 688	n = 695	n = 620	n = 529	n = 556	n = 673	n = 609	n = 596	n = 664

Emergency Department

■ NPS: Facility would recommend ■ Benchmark

NPS: Facility would recommend

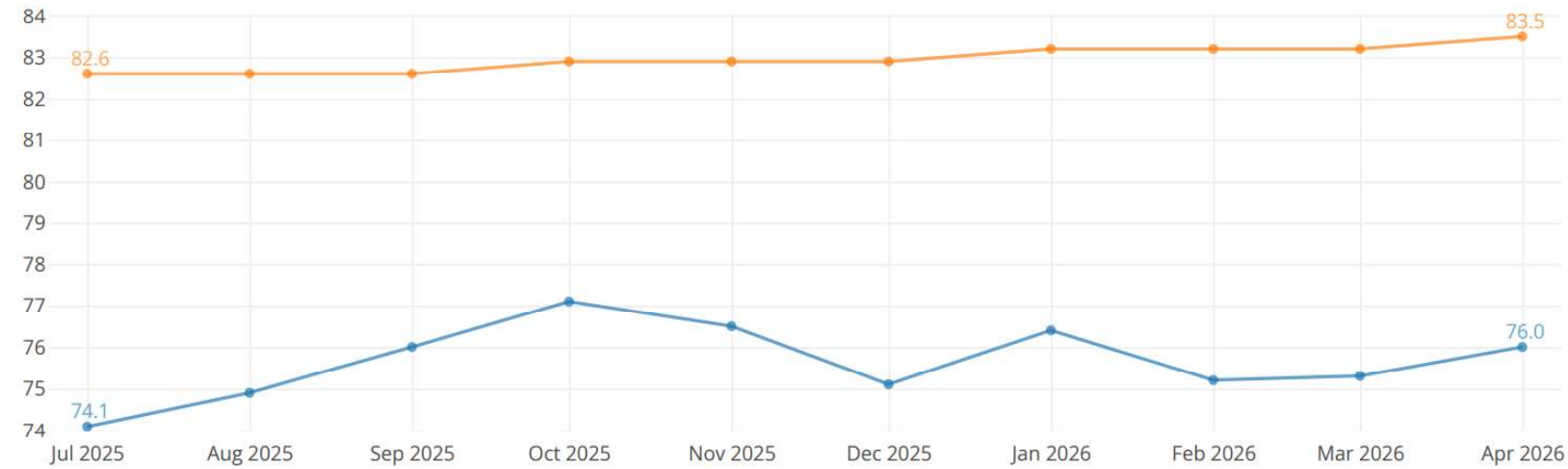


Month	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026
NPS	39.5	42.4	39.2	43.5	43.0	35.6	36.0	35.3	32.9	37.0
n	n = 845	n = 821	n = 793	n = 710	n = 698	n = 758	n = 801	n = 750	n = 832	n = 789

Human Understanding: Organization

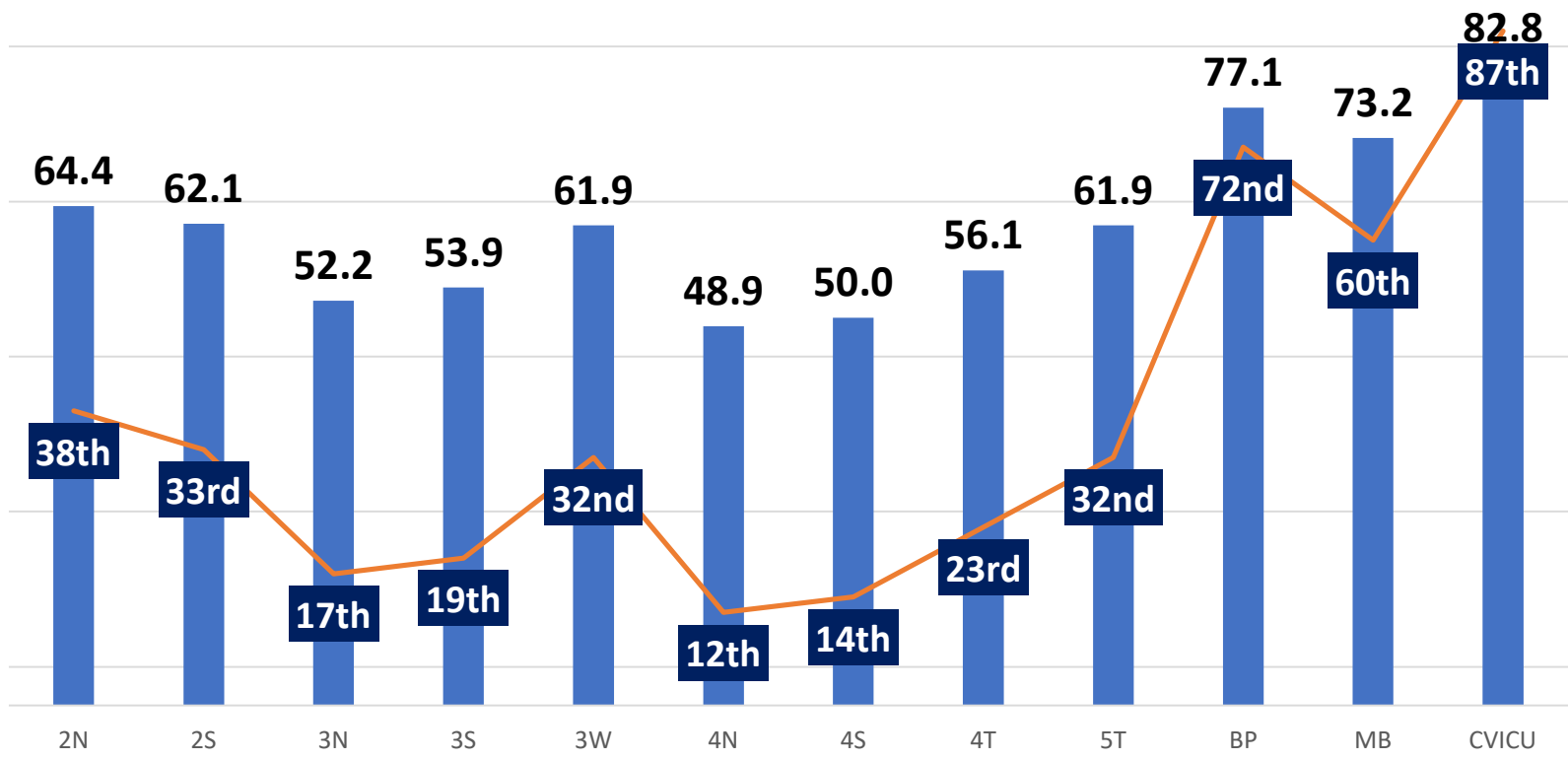
■ Human Understanding ■ Benchmark

Human Understanding

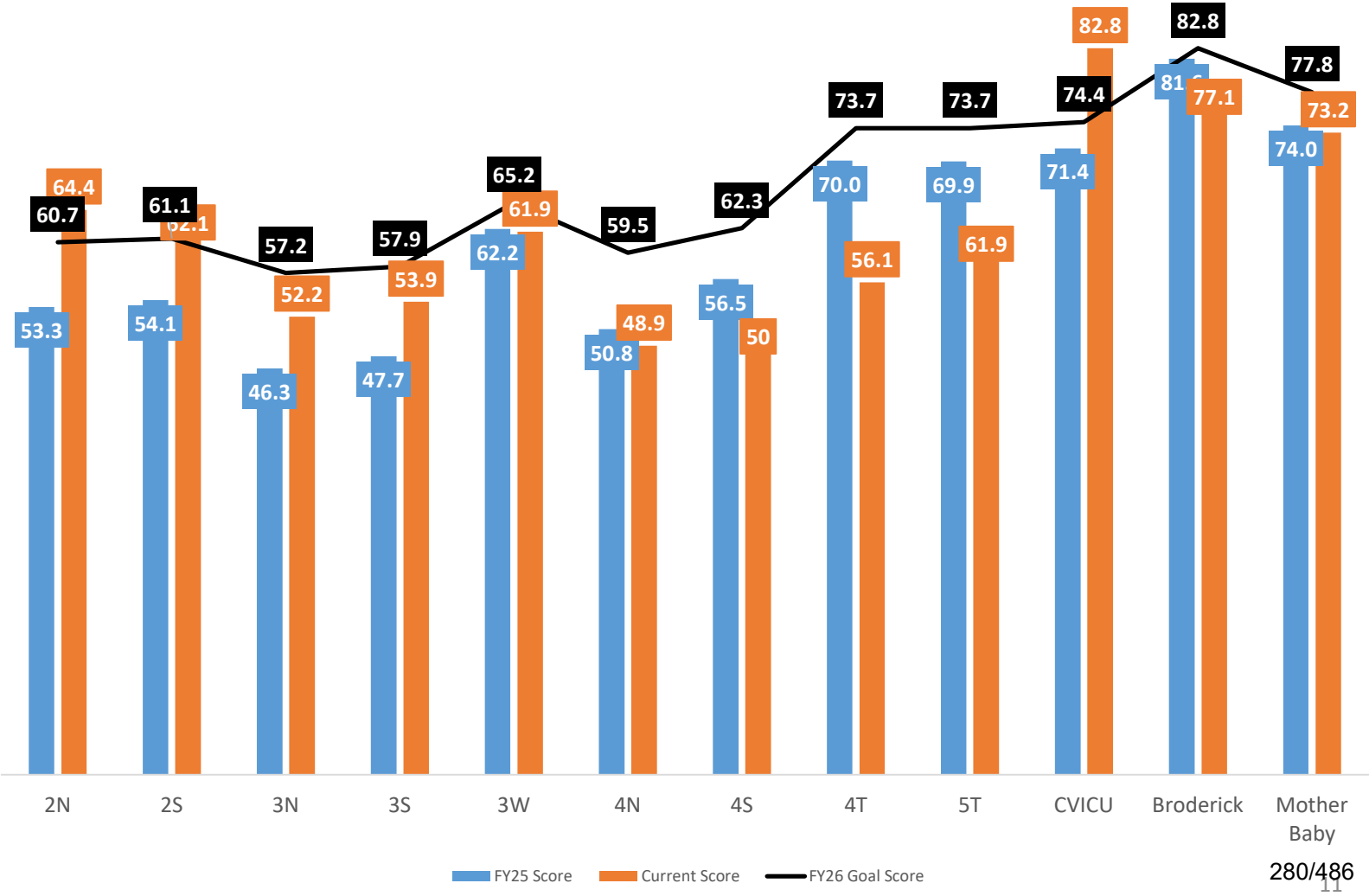


Month	Human Understanding	Benchmark
Jul 2025	74.1 n = 3,593	82.6
Aug 2025	74.9 n = 3,510	82.6
Sep 2025	76.0 n = 3,836	82.6
Oct 2025	77.1 n = 3,949	82.9
Nov 2025	76.5 n = 3,380	82.9
Dec 2025	75.1 n = 3,813	82.9
Jan 2026	76.4 n = 4,188	83.2
Feb 2026	75.2 n = 3,854	83.2
Mar 2026	75.3 n = 4,208	83.2
Apr 2026	76.0 n = 4,077	83.5

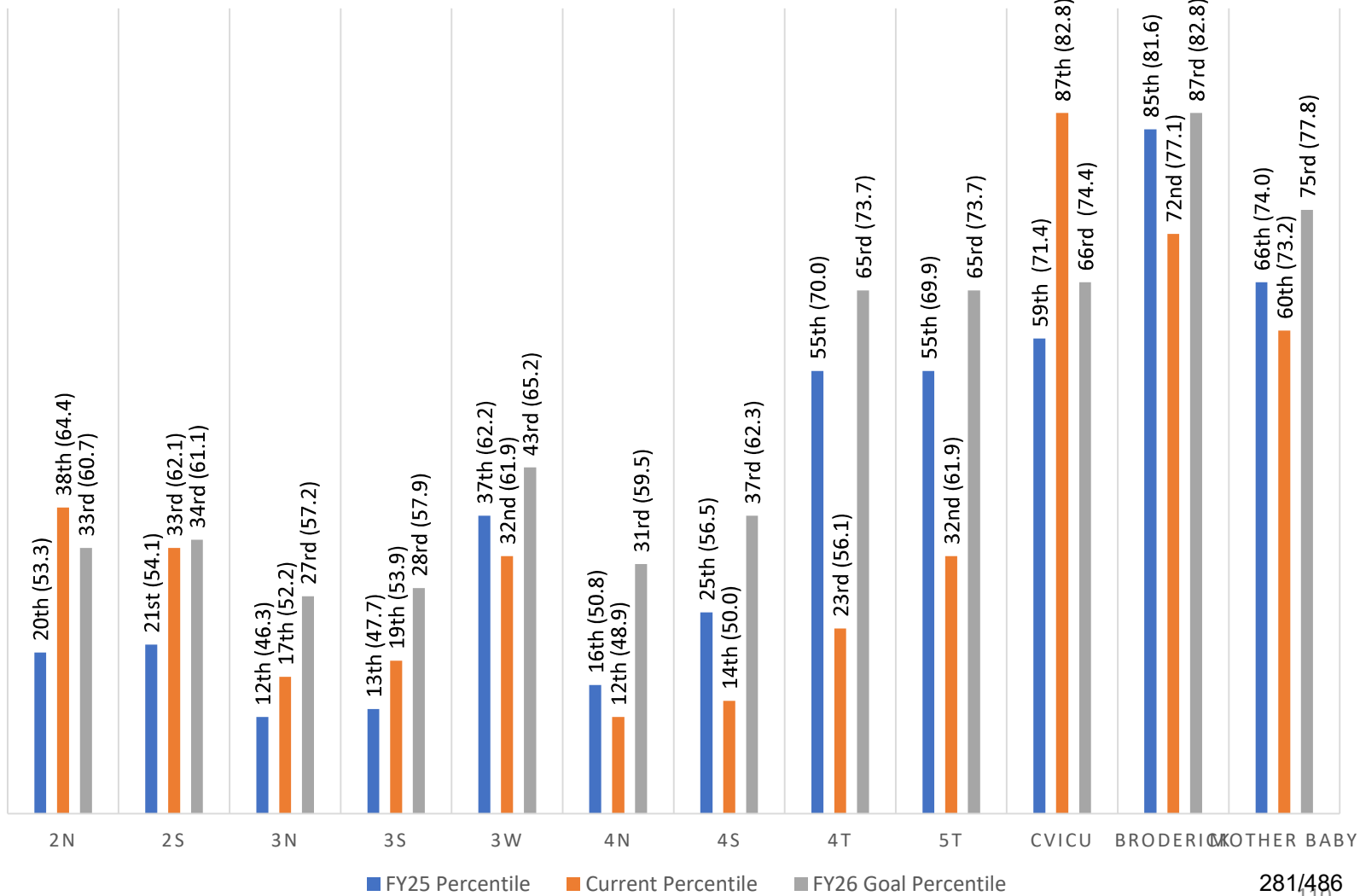
Inpatient Unit's NPS Score: July 2025 – April 2026



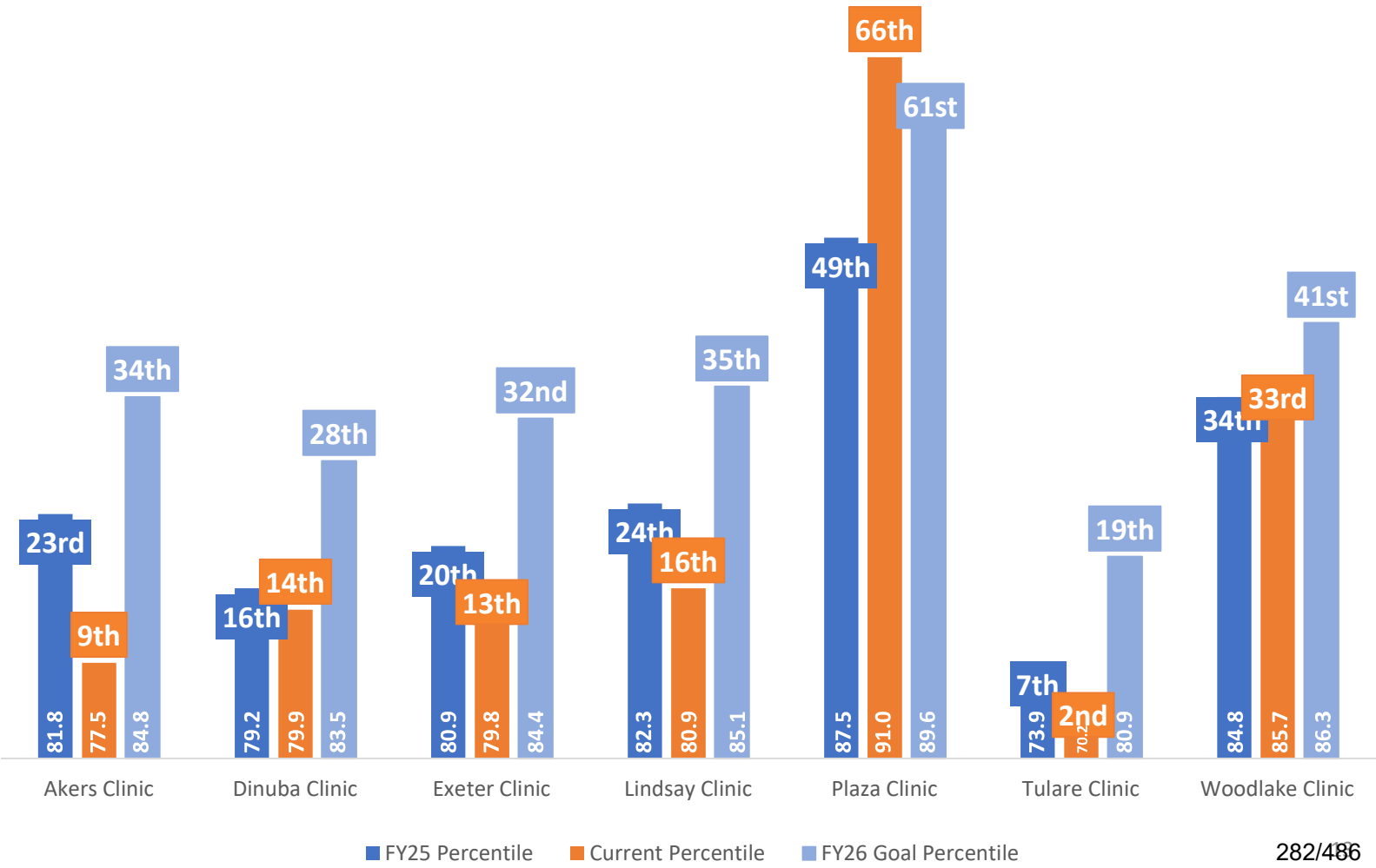
Inpatient Unit's Goal vs Current Score: July 2025 – April 2026



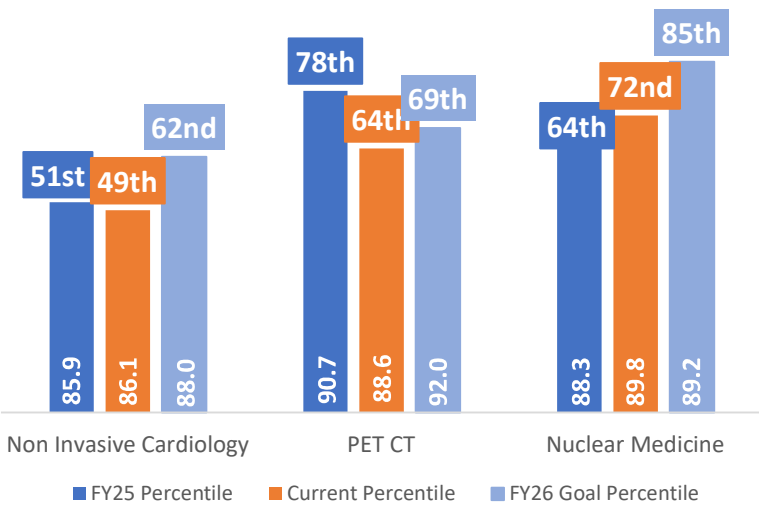
Inpatient Unit's Goal vs Current Score: July 2025 – April 2026



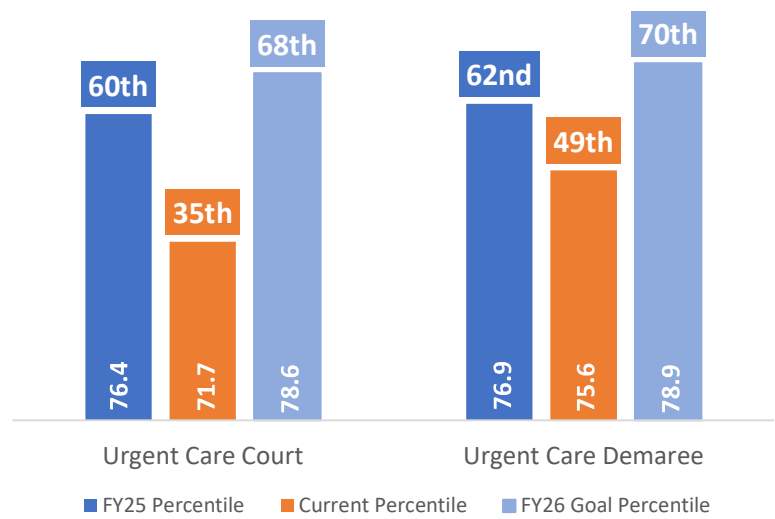
Medical Practice Goal vs Current Score: July 2025 – April 2026



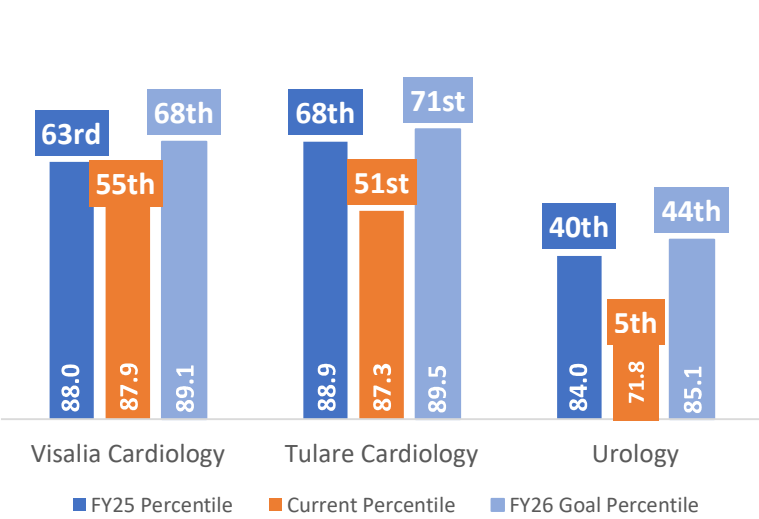
Diagnostic Center



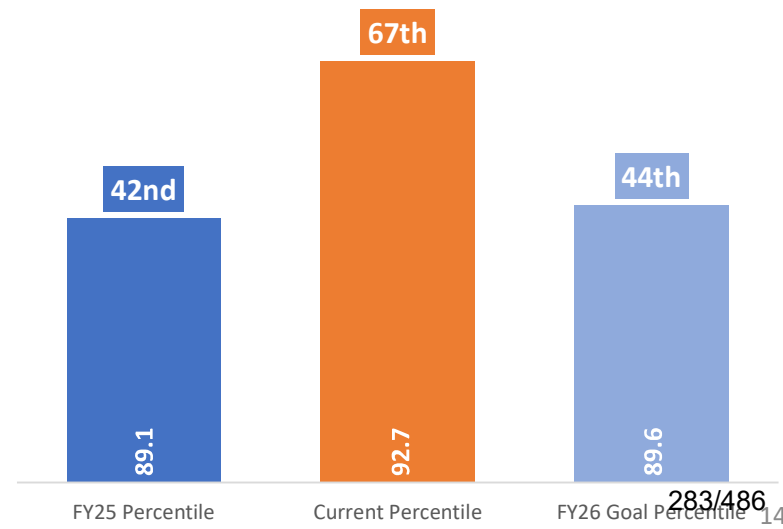
Urgent Care



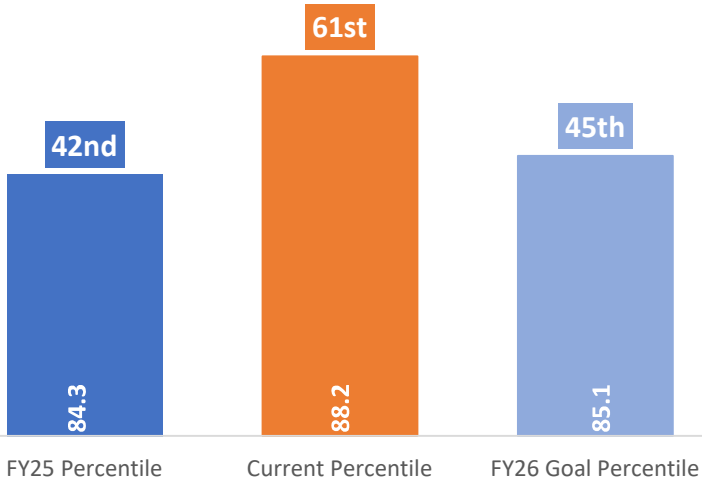
Specialty Clinics



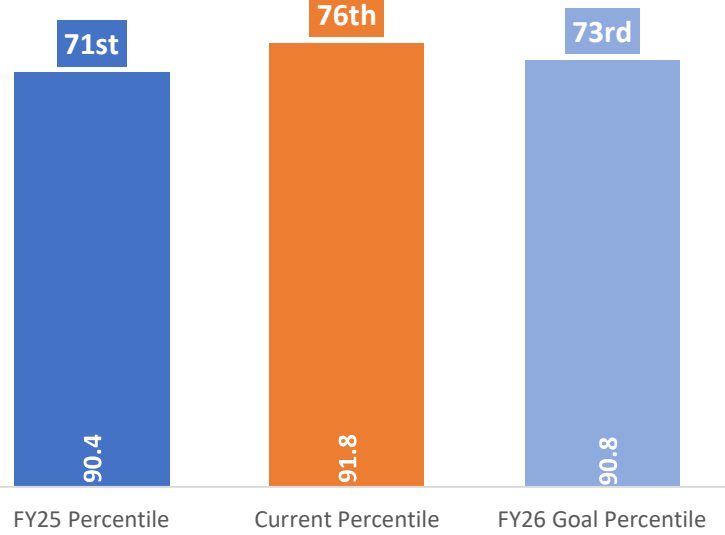
Radiation Oncology



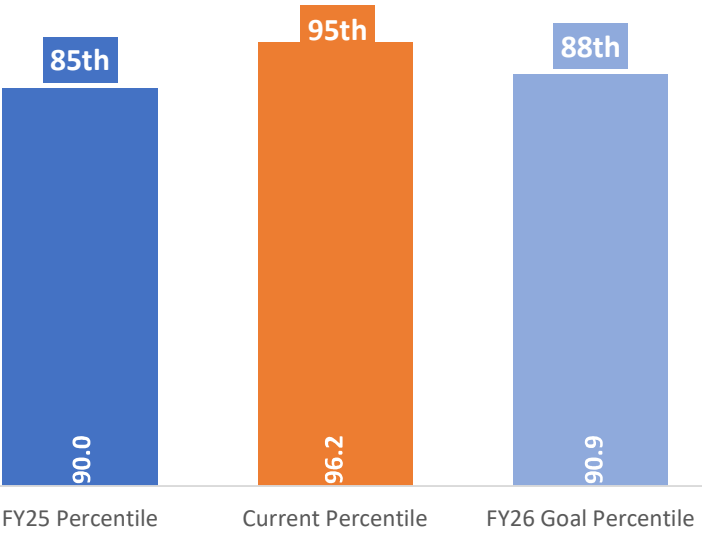
Imaging Center



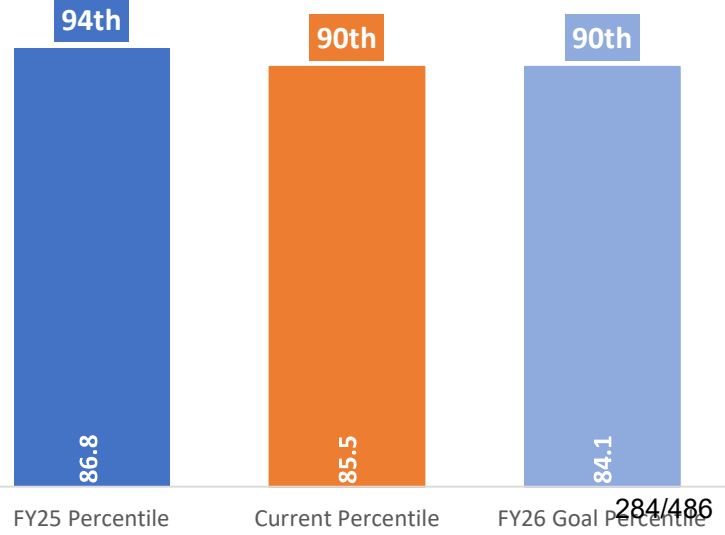
Outpatient Infusion



Center for Mental Wellness

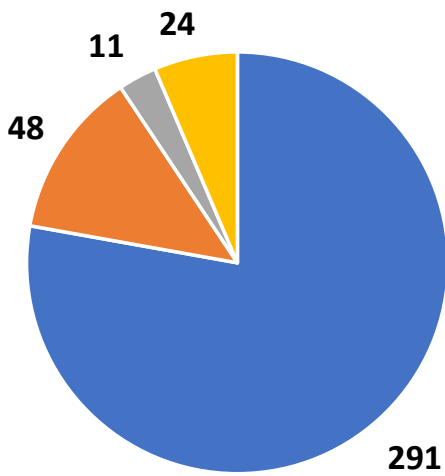


Inpatient Rehab



PX Rounding: May

300 Rounds

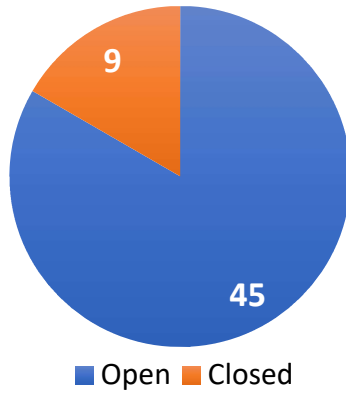


- Positive
- Complaints
- Midas
- Real Time Service Recovery

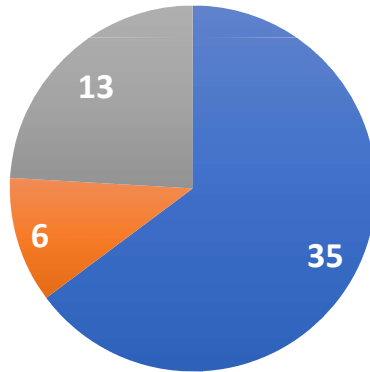


MIDAS: May

54 Opened



- Open
- Closed

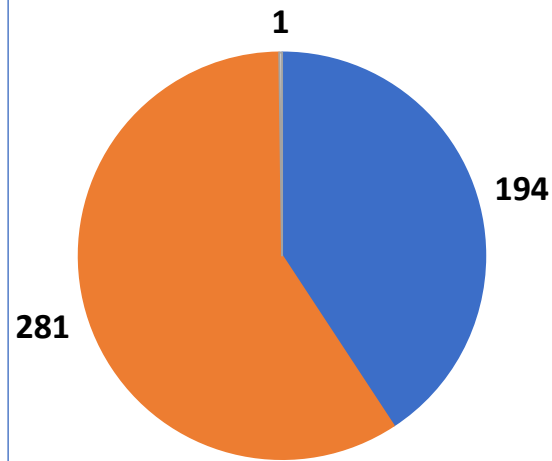


- Complaint
- Grievance
- Lost



ED Rounding: May

296 Rounds



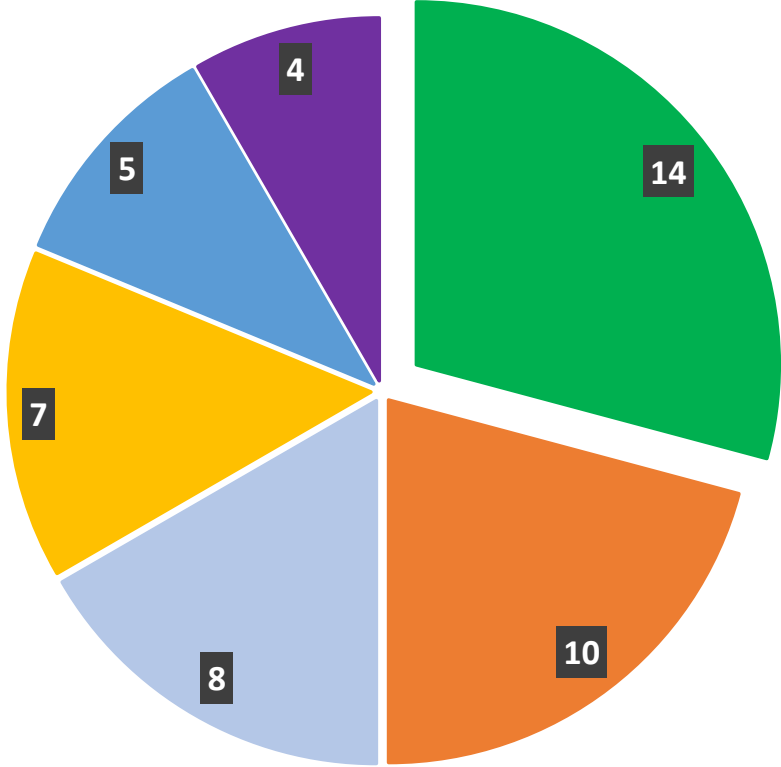
- Positive
- Complaints
- Midas



14
285/486

PX Patient Rounding Complaints Breakdown: May

48 complaints

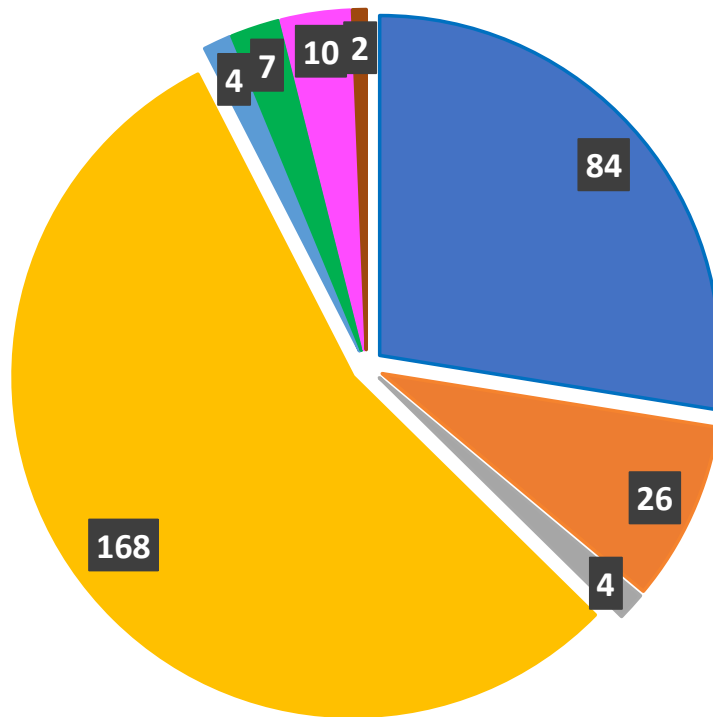


■ Communication ■ Quality of Care ■ Staff Behavior ■ Delay of Care ■ Provider Issues ■ Food & Cleanliness

ED Patient Rounding Complaints Breakdown:

May

281 Complaints



■ Admit to Hospital (Wait)

■ Communication/Care

■ Staff/Provider Behavior

■ Wait Times (Imaging/Results)

■ Call Light

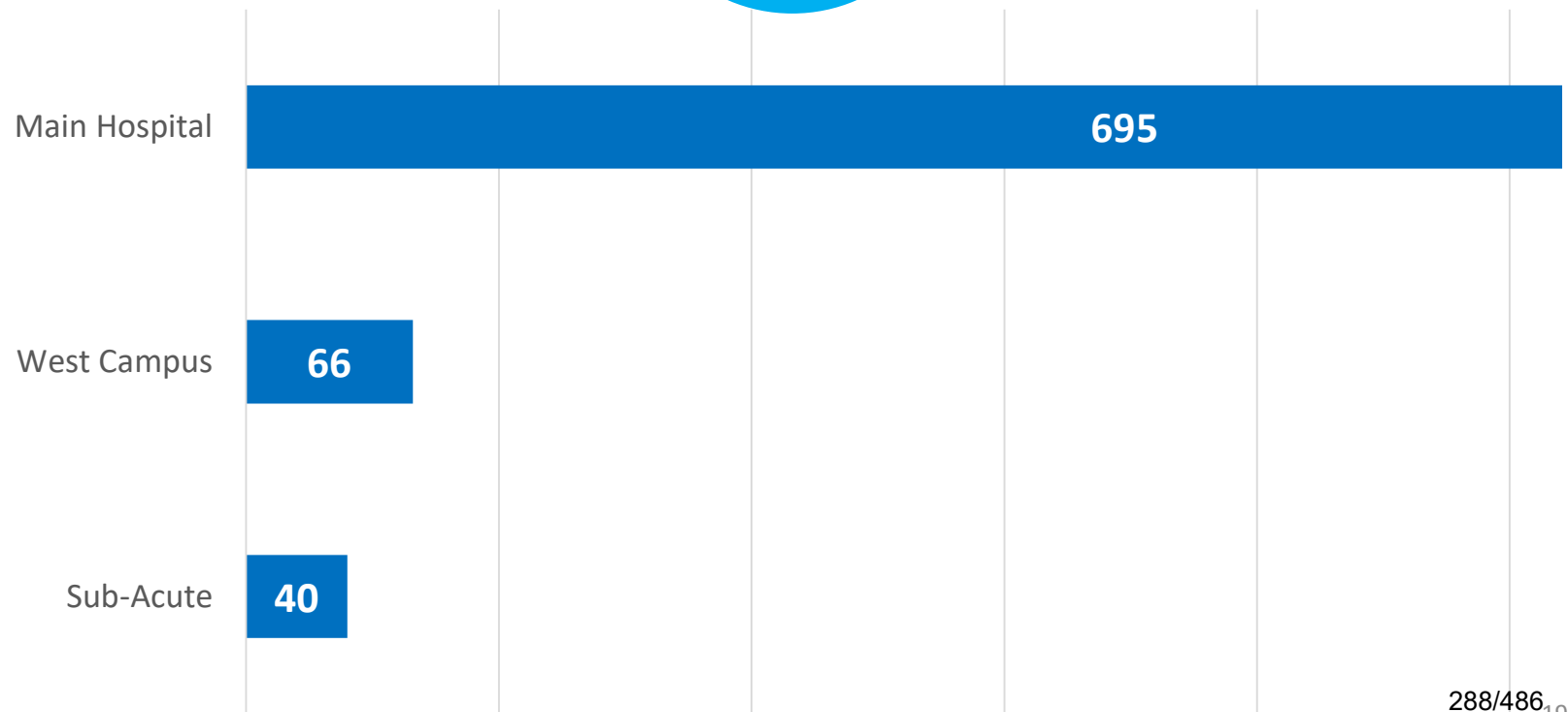
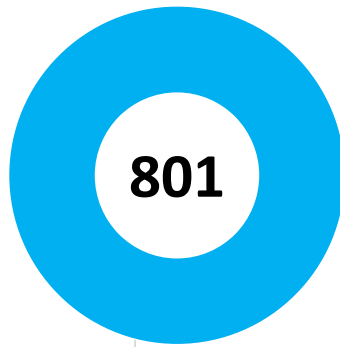
■ Food

■ Discharge Wait (Papers)

■ Other (Lost Belongings Bags)

287/486

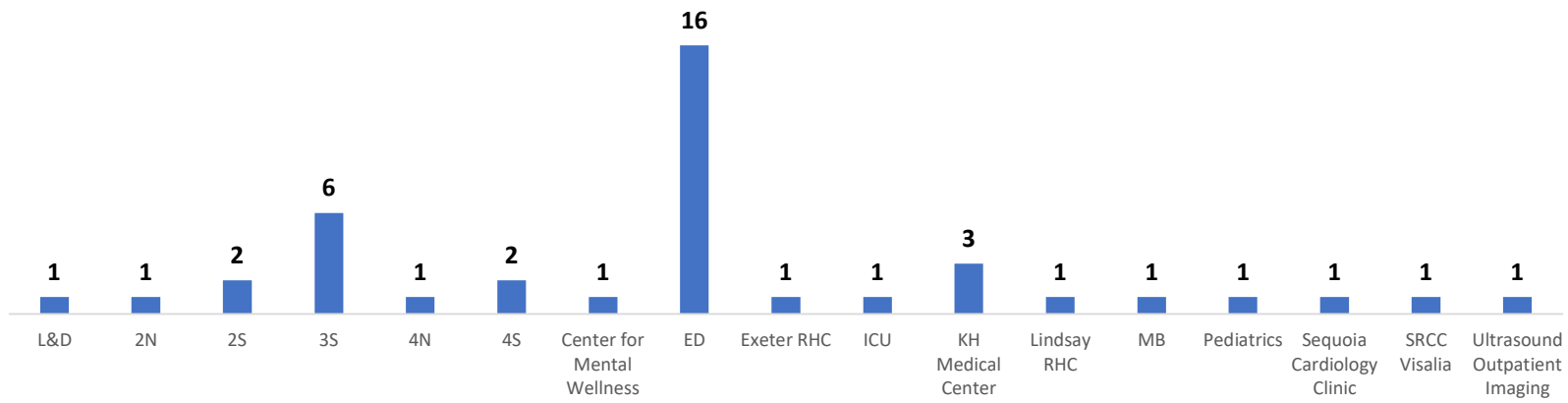
Leader Rounds: May



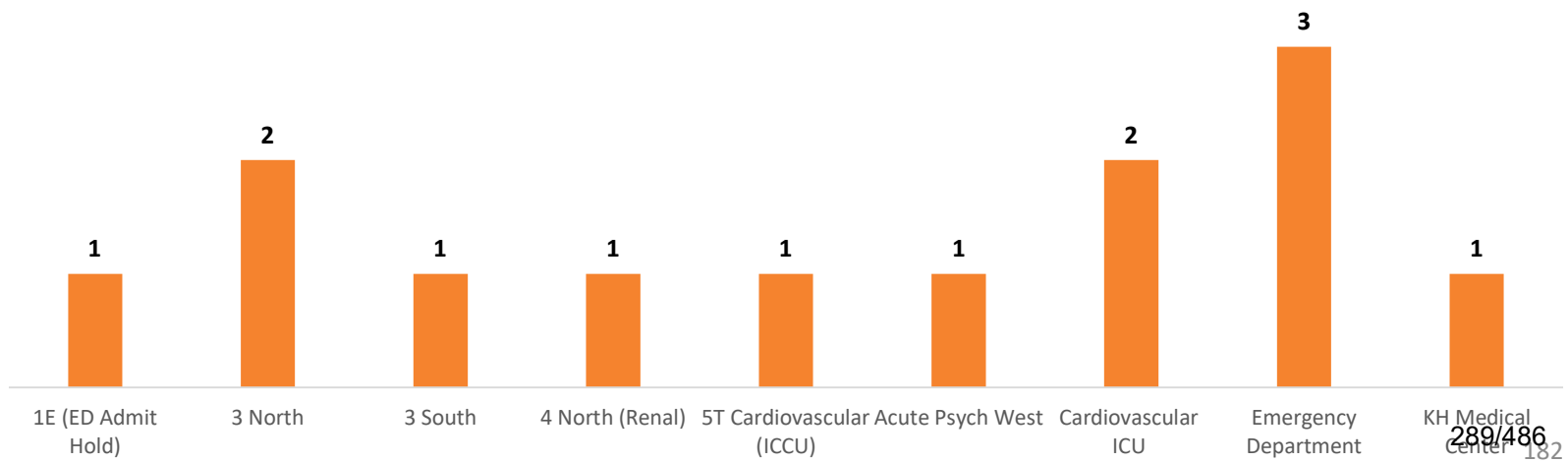
MIDAS: May

54 Opened

Complaints & Grievances

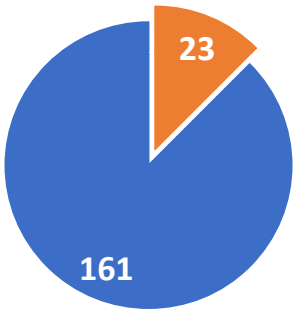


Lost Belongings

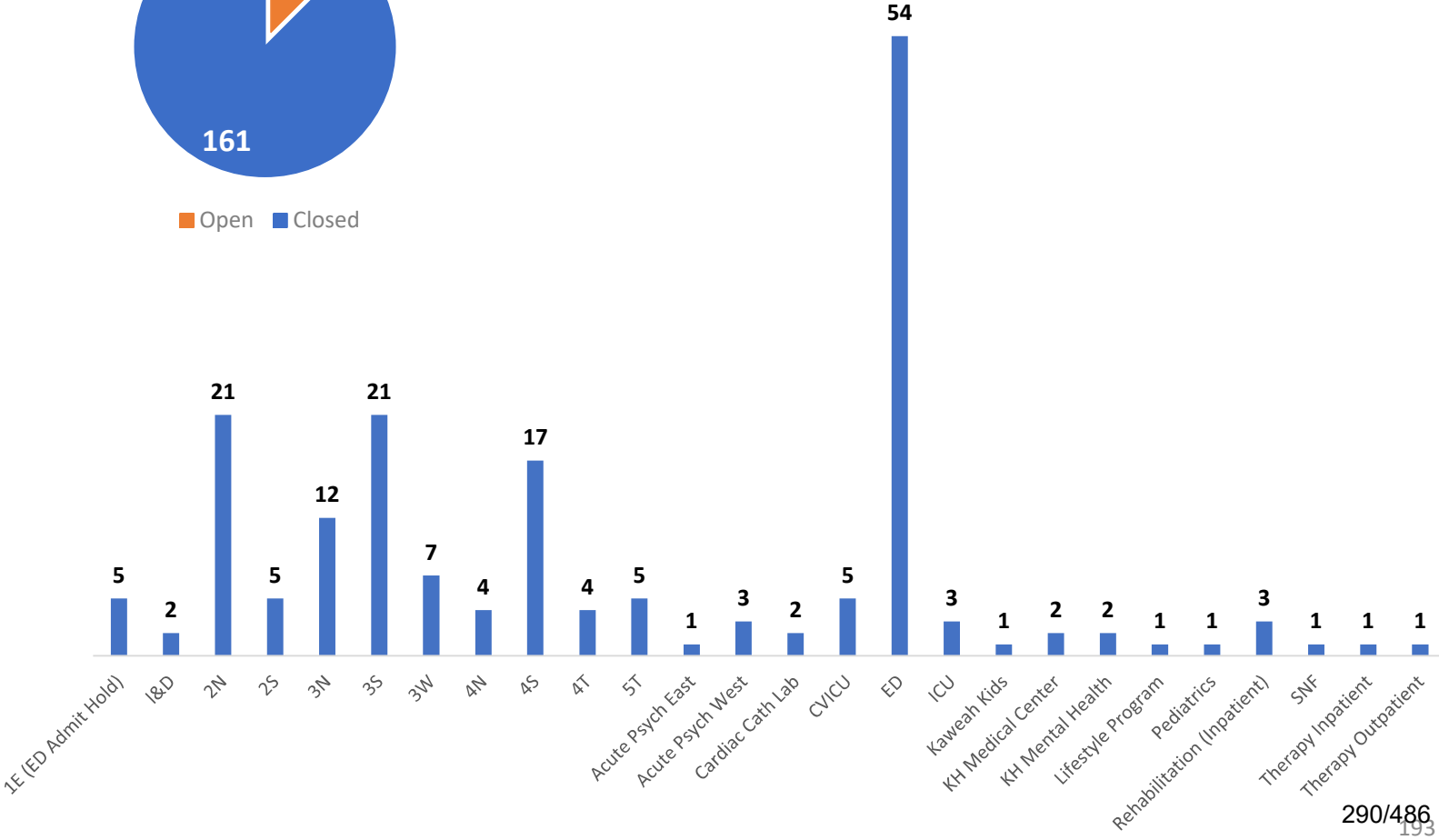


Lost Belongings

FY to Date: 184



Open Closed



Executive Rounding - May

Executive Team Rounds = 11 executive rounds, 1 BOD round

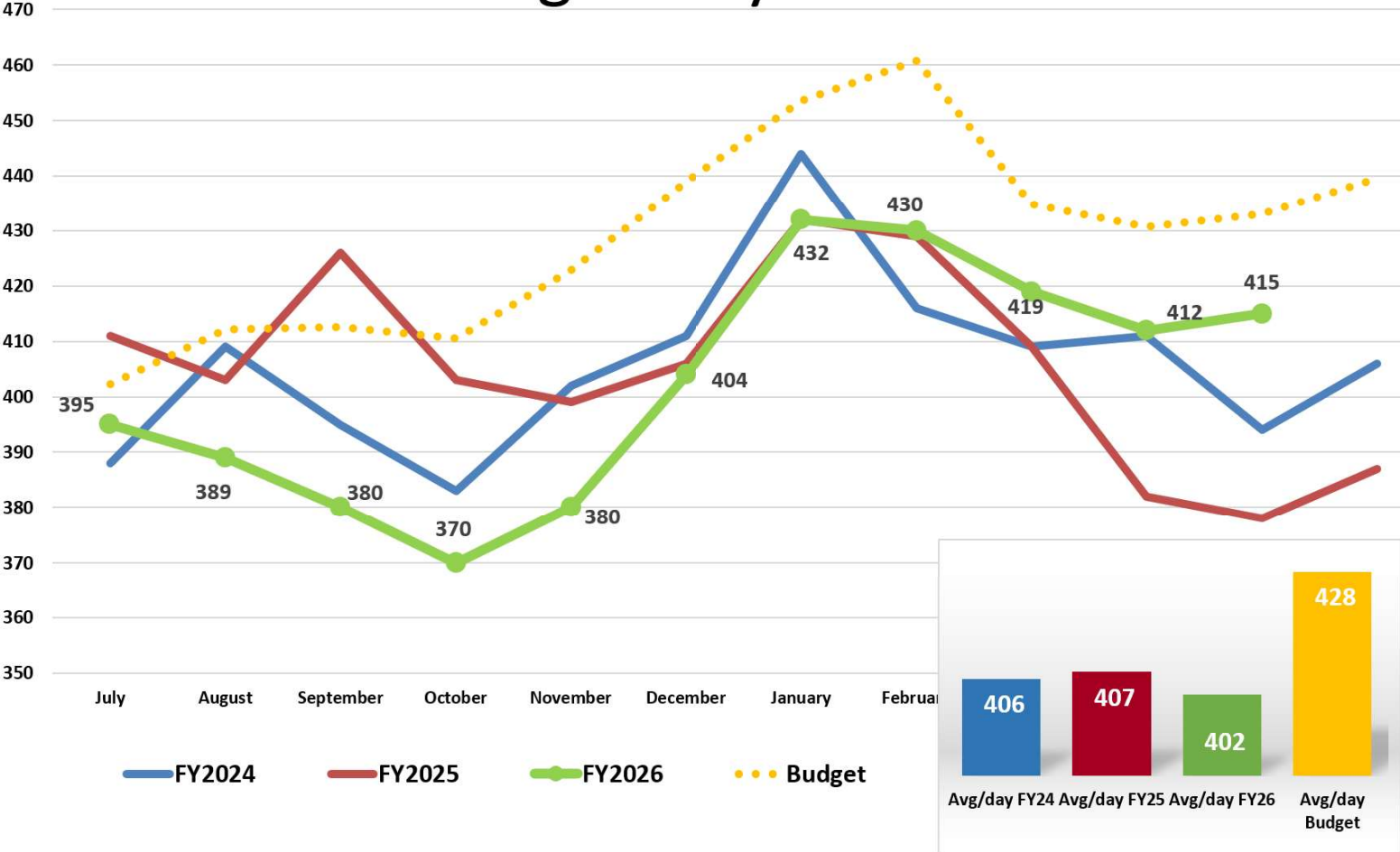
Executive	November	December	January	February	March	April	May	June
CEO/Marc Mertz.	11/4, 11/20	12/3, 12/23	1/12	Cancelled JC	3/25	4/23	5/11	
Jag B.	11/12	12/10	1/13	Cancelled JC	3/19	4/8	5/7	
Malinda T.	11/17	12/22	1/6	Cancelled JC	3/31	4/20	5/18	
Dianne C.	11/11	12/15	1/8	2/4	3/5	4/22	5/28	
Scott B.	11/24		1/27	2/12	3/24	4/14	5/12	
Ben C.	11/24	12/18	1/22	Cancelled JC	Cancelled by PX	4/22	5/21	
Paul S.		12/2	1/28	2/18	3/3	4/15	5/19	
Kevin M.						4/30	5/29	
Board of Directors				2/9 (MO)	3/2 (AM)	4/16 (DF)	5/11 (MO)	
Luke S.							5/4	
Max H.							5/5	
Tom B.							5/20	

Approval June's Financials.

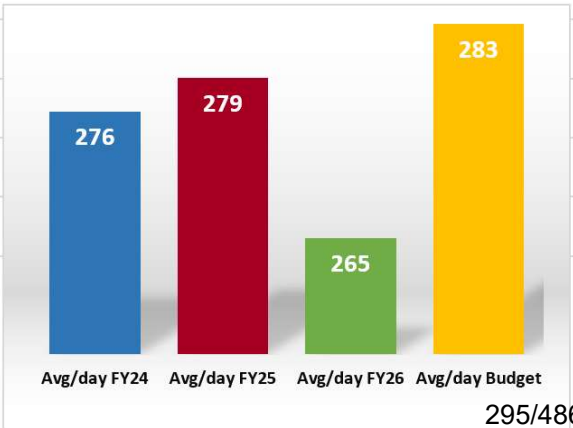
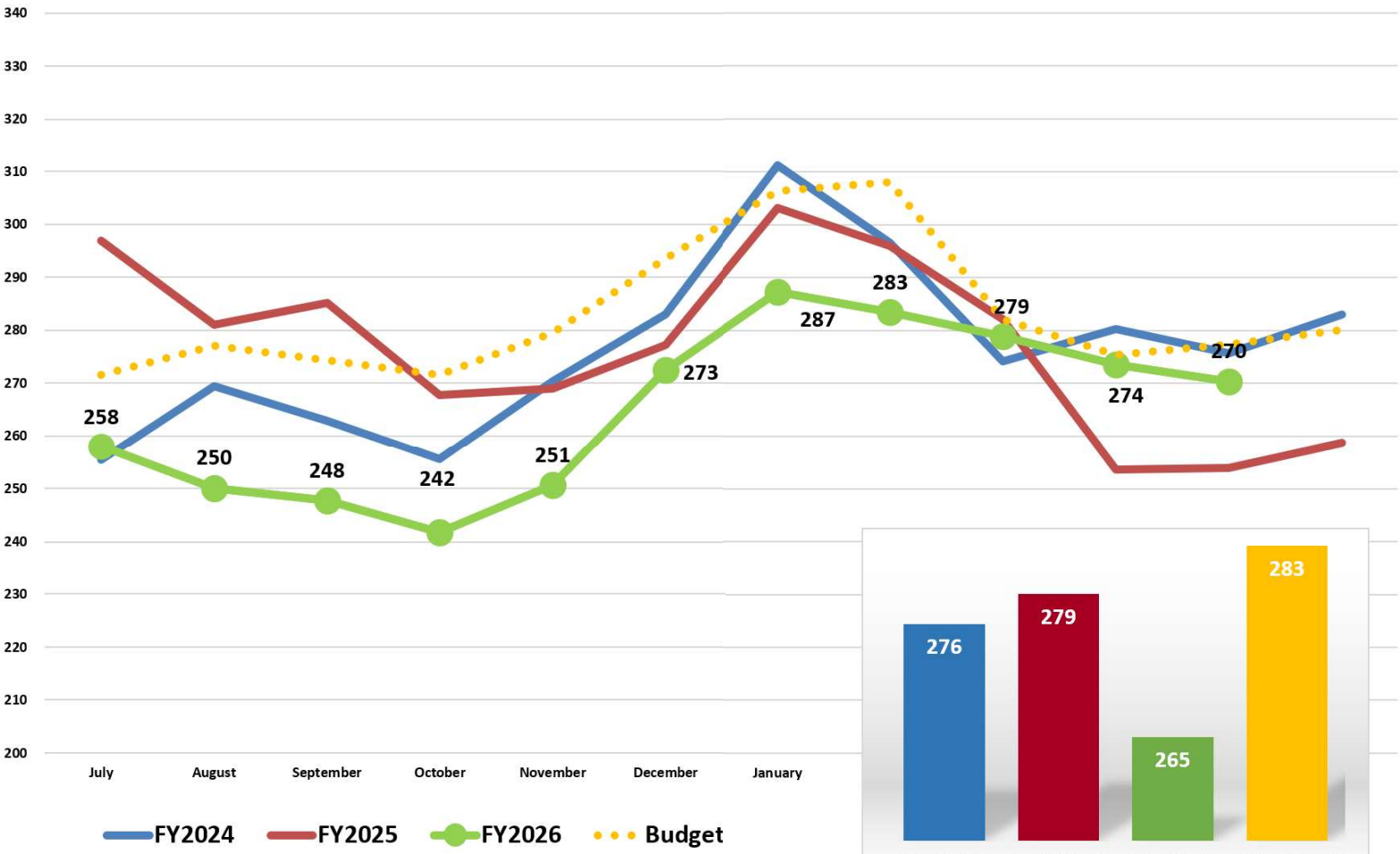
CFO Financial Report

Month Ending May 2026

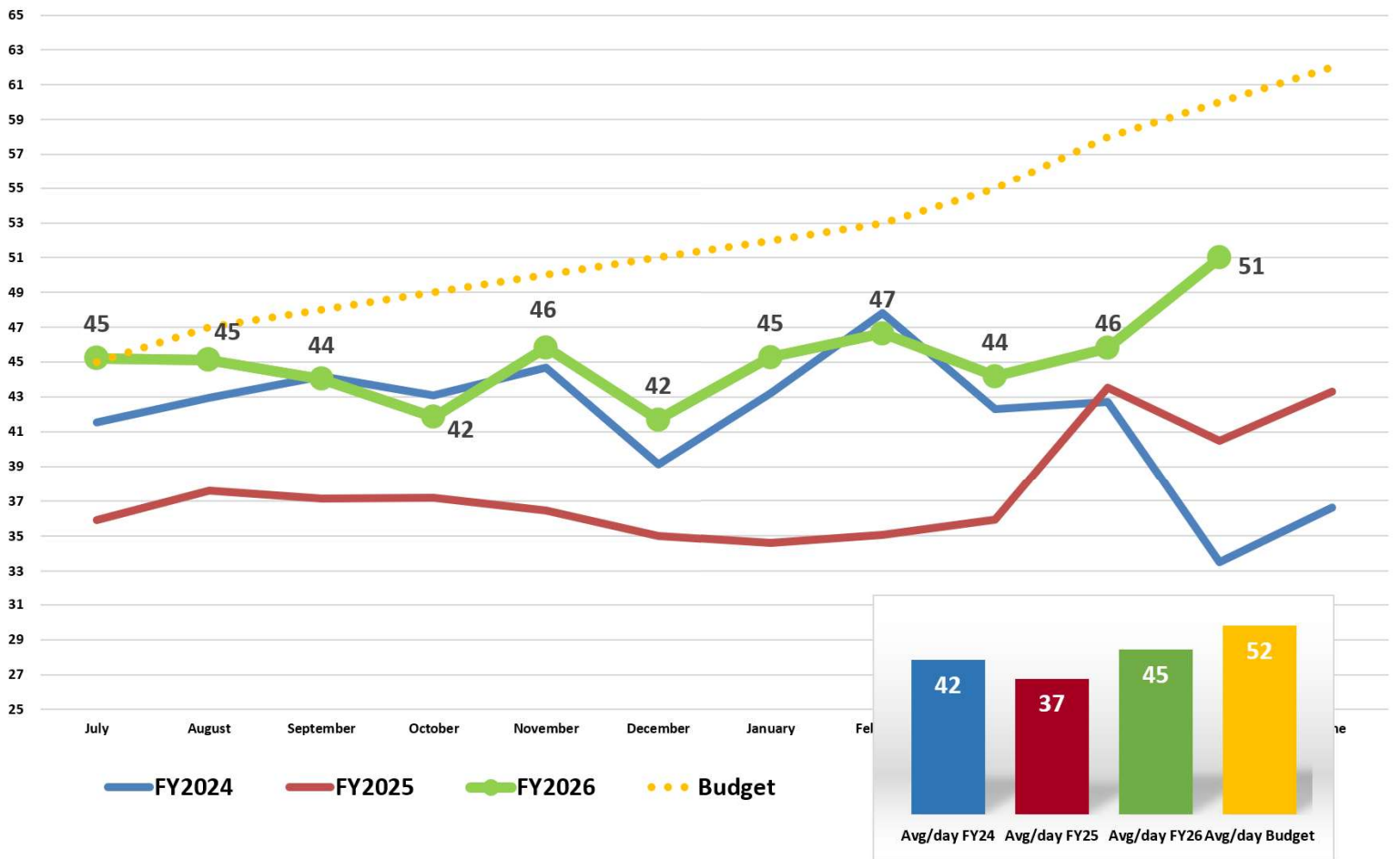
Average Daily Census



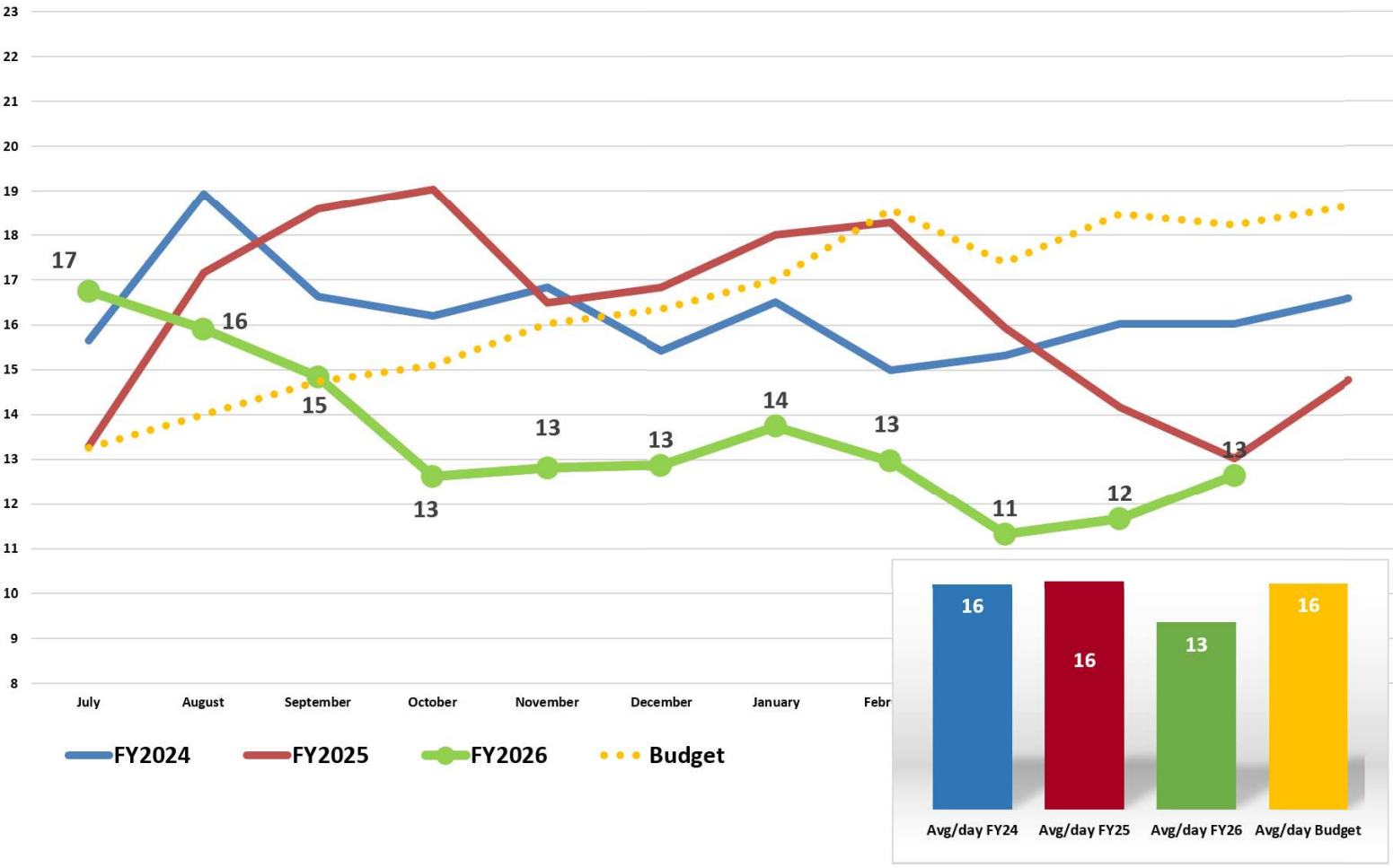
Medical Center (Avg Patients Per Day)



Acute I/P Psych (Avg Patients Per Day)



Nursery - Avg Patients Per Day



Statistical Results – Fiscal Year Comparison (May)

Actual Results			Budget	Budget Variance	
May 2025	May 2026	% Change	May 2026	Change	% Change

Average Daily Census	378	415	9.9%	433	(18)	(4.1%)
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KDHCD Patient Days:

Medical Center	7,877	8,382	6.4%	8,600	(218)	(2.5%)
Acute I/P Psych	1,255	1,581	26.0%	1,860	(279)	(15.0%)
Sub-Acute	852	952	11.7%	923	29	3.1%
Rehab	653	794	21.6%	674	120	17.8%
TCS-Ortho (Short Stay Rehab)	336	400	19.0%	366	34	9.3%
NICU	334	372	11.4%	437	(65)	(14.9%)
Nursery	404	392	(3.0%)	565	(173)	(30.6%)

Total KDHCD Patient Days	11,711	12,873	9.9%	13,425	(552)	(4.1%)
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Total Outpatient Volume	64,108	62,000	(3.3%)	70,744	(8,744)	(12.4%)
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Statistical Results – Fiscal Year Comparison (Jul-May)

Actual Results			Budget	Budget Variance	
FYTD 2025	FYTD 2026	% Change	FYTD 2026	Change	% Change

Average Daily Census	407	402	(1.2%)	428	(26)	(6.1%)
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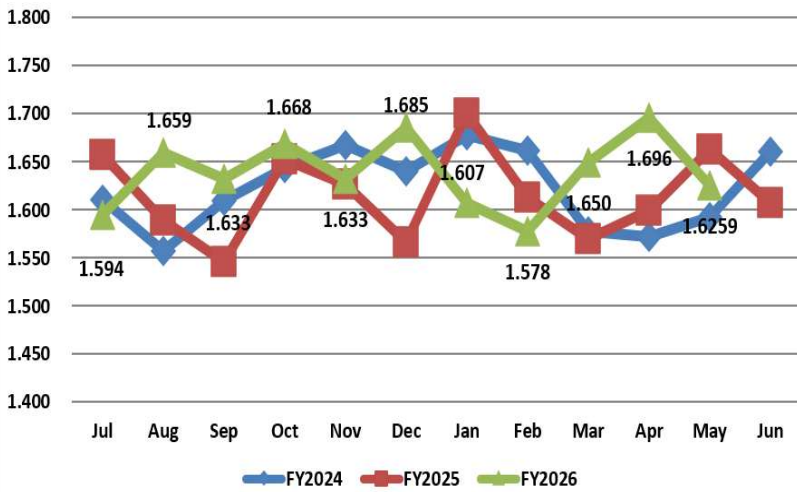
KDHCD Patient Days:

Medical Center	93,364	88,727	(5.0%)	94,878	(6,151)	(6.5%)
Acute I/P Psych	12,455	15,121	21.4%	17,293	(2,172)	(12.6%)
Sub-Acute	9,883	9,930	0.5%	10,056	(126)	(1.3%)
Rehab	6,841	7,883	15.2%	7,169	714	10.0%
TCS-Ortho (Short Stay Rehab)	3,940	4,500	14.2%	4,232	268	6.3%
NICU	4,320	4,075	(5.7%)	4,359	(284)	(6.5%)
Nursery	5,502	4,513	(18.0%)	5,448	(935)	(17.2%)

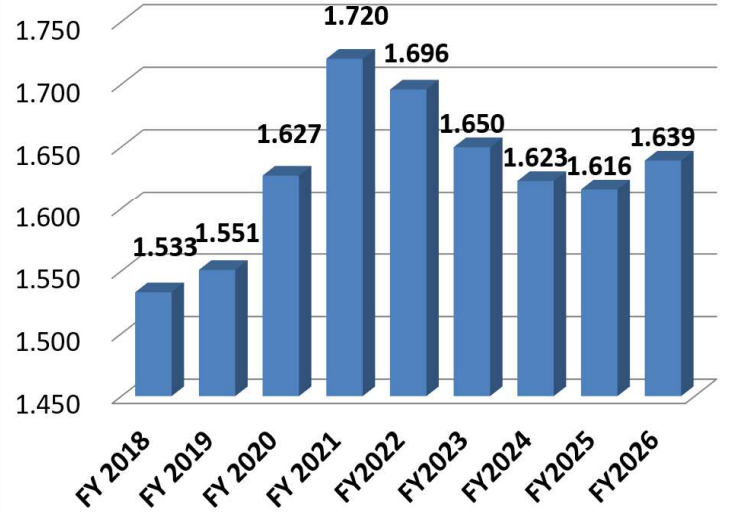
Total KDHCD Patient Days	136,305	134,749	(1.1%)	143,435	(8,686)	(6.1%)
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Total Outpatient Volume	672,352	695,057	3.4%	764,492	(69,435)	(9.1%)
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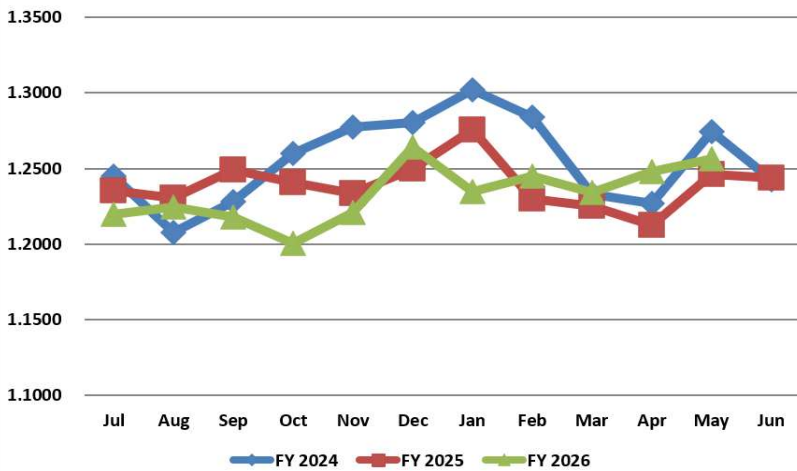
Case Mix Index w/o Normal Newborns



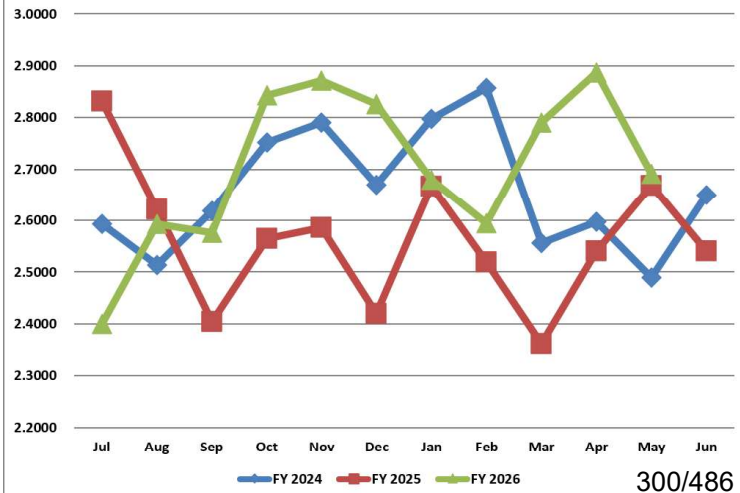
Case Mix Index w/o Normal Newborns - All



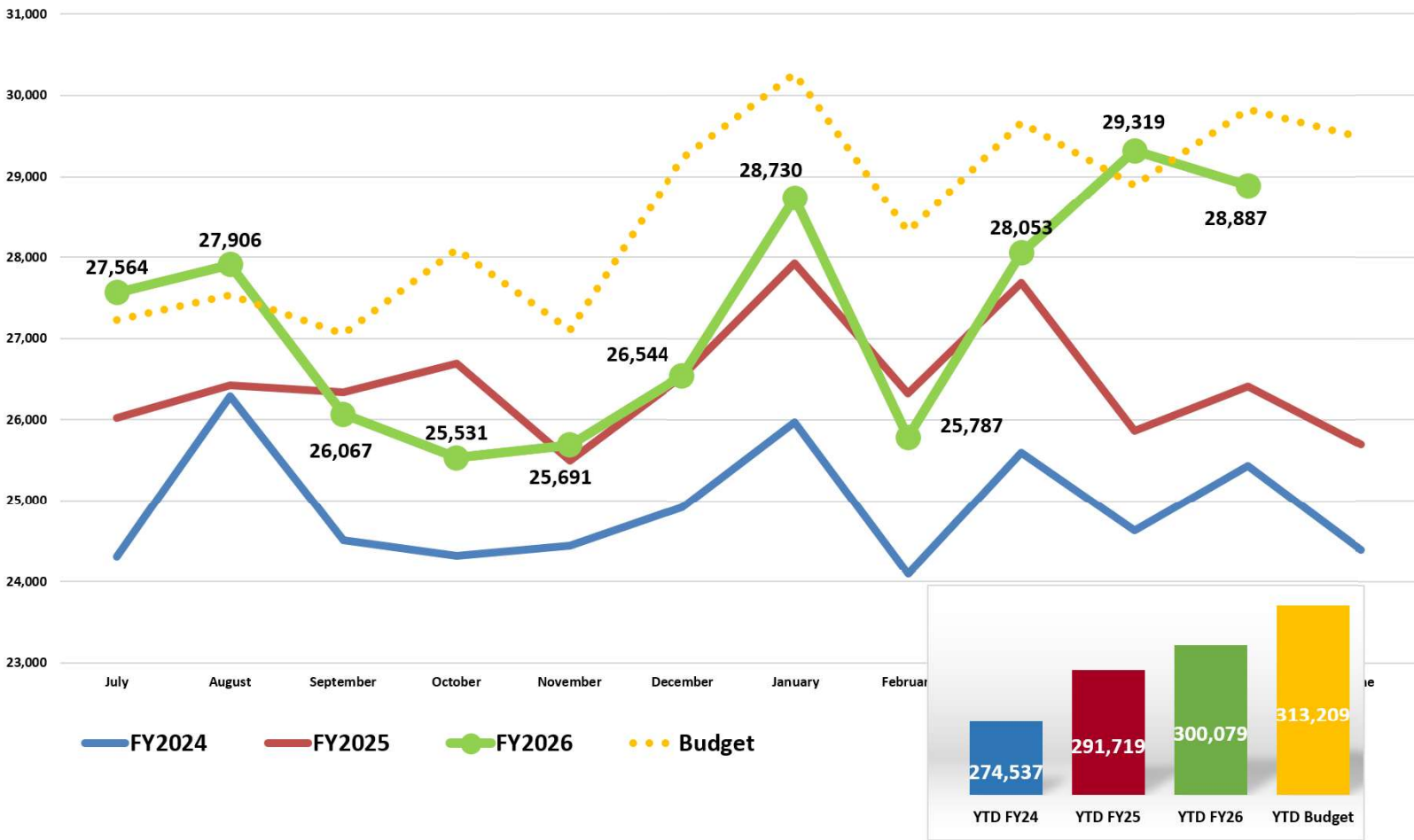
Case Mix **Medical w/o Normal Newborns**



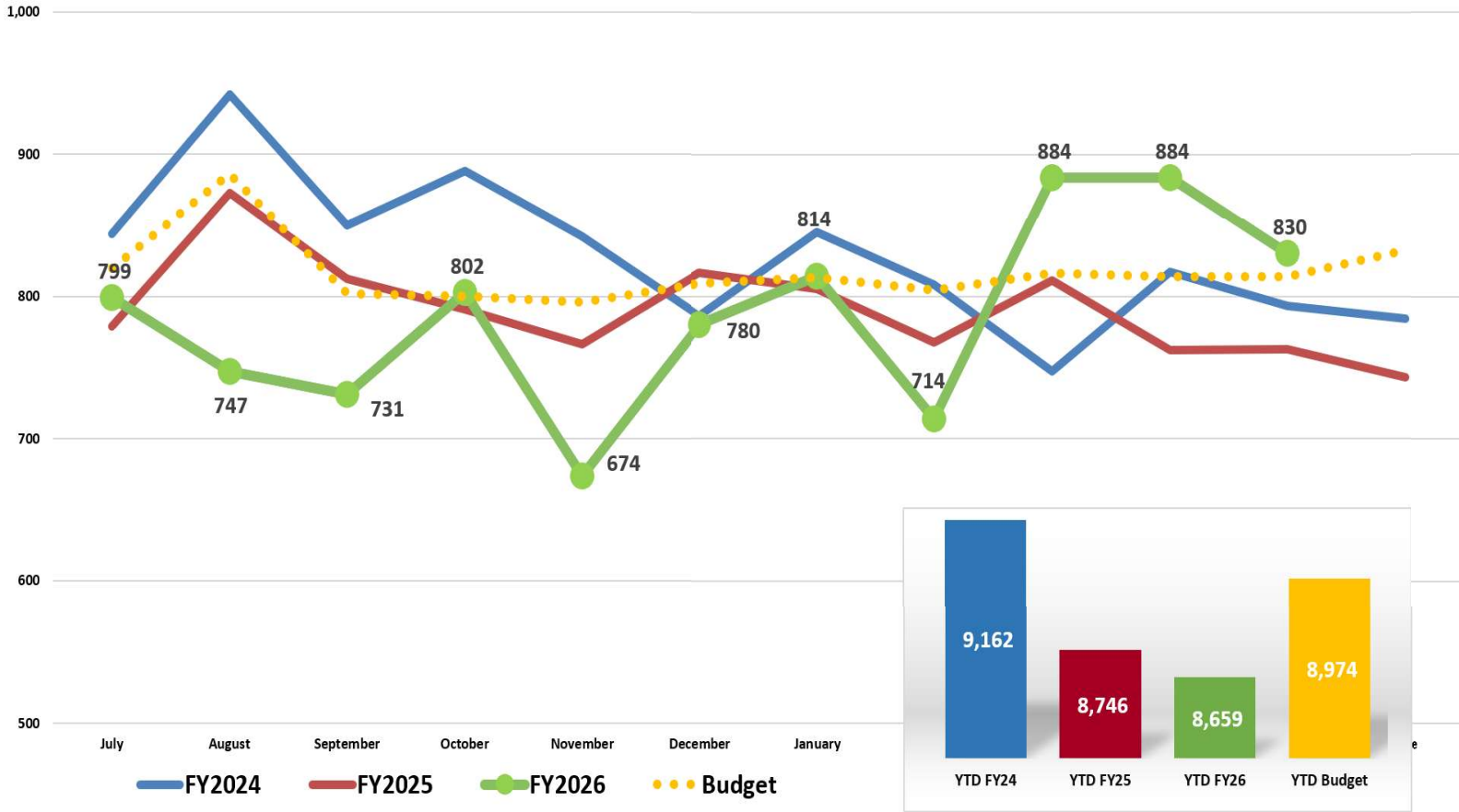
Case Mix Index **Surgical w/o Normal Newborns**



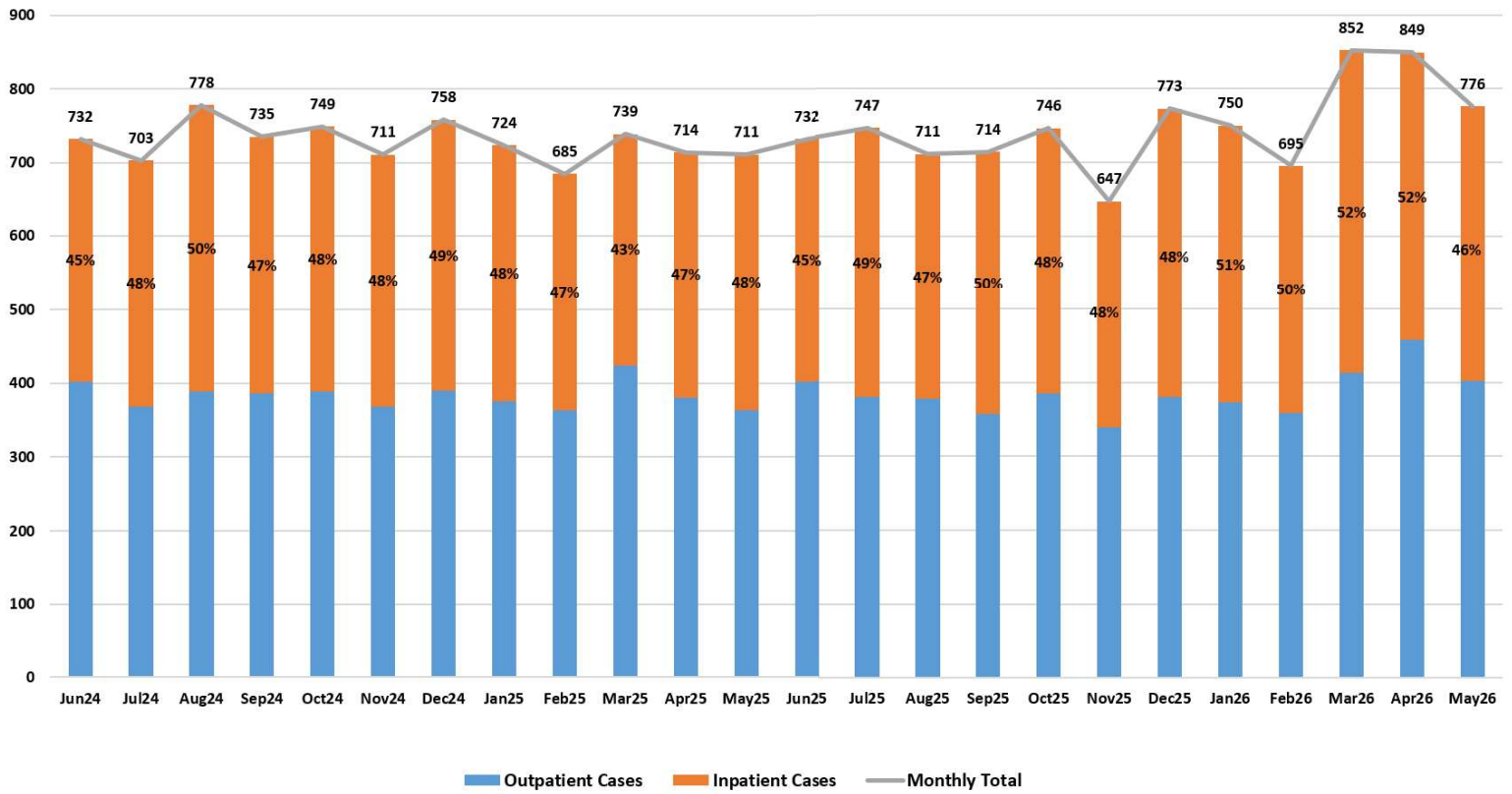
Adjusted Patient Days



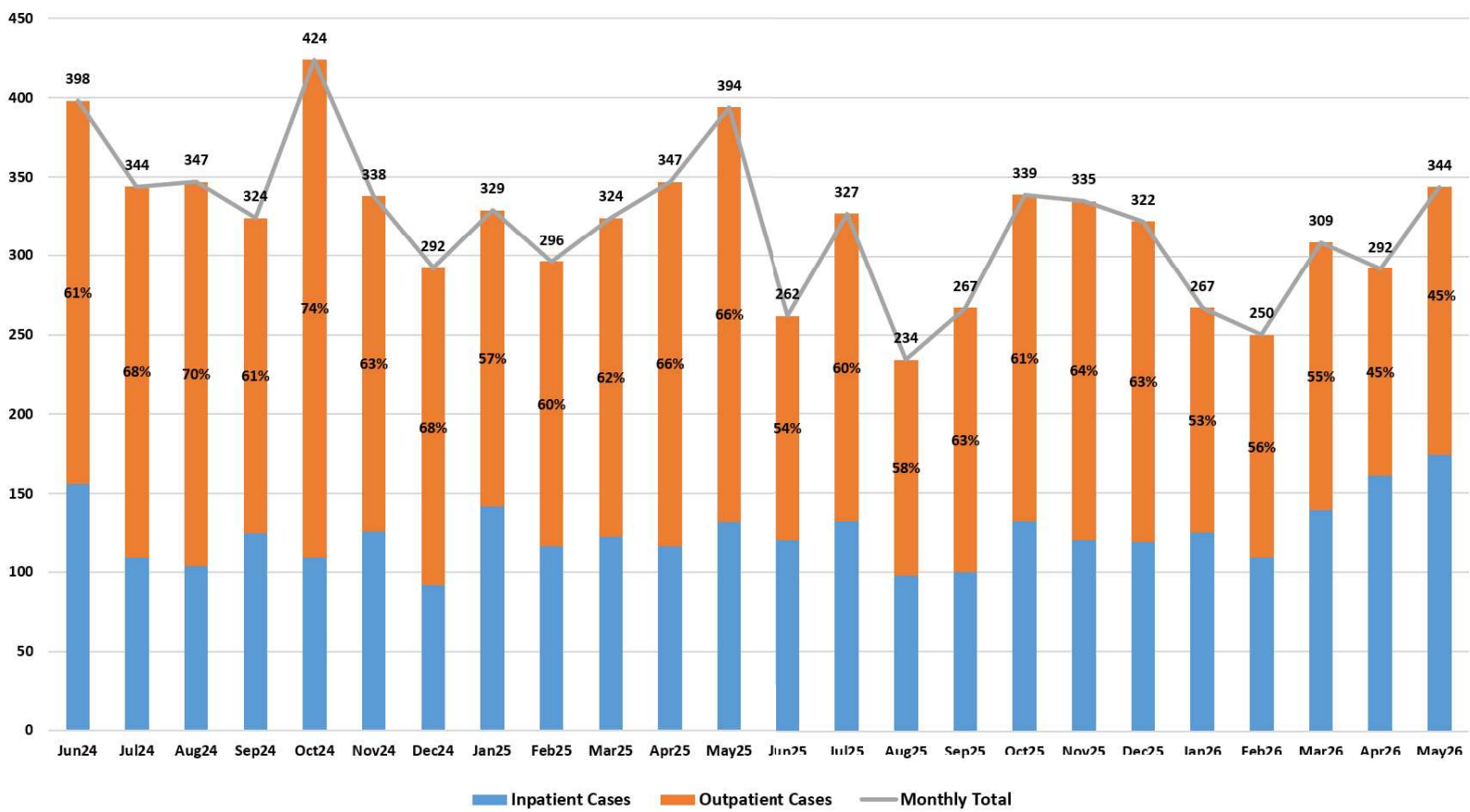
Surgery (IP & OP) – 100 Min Units



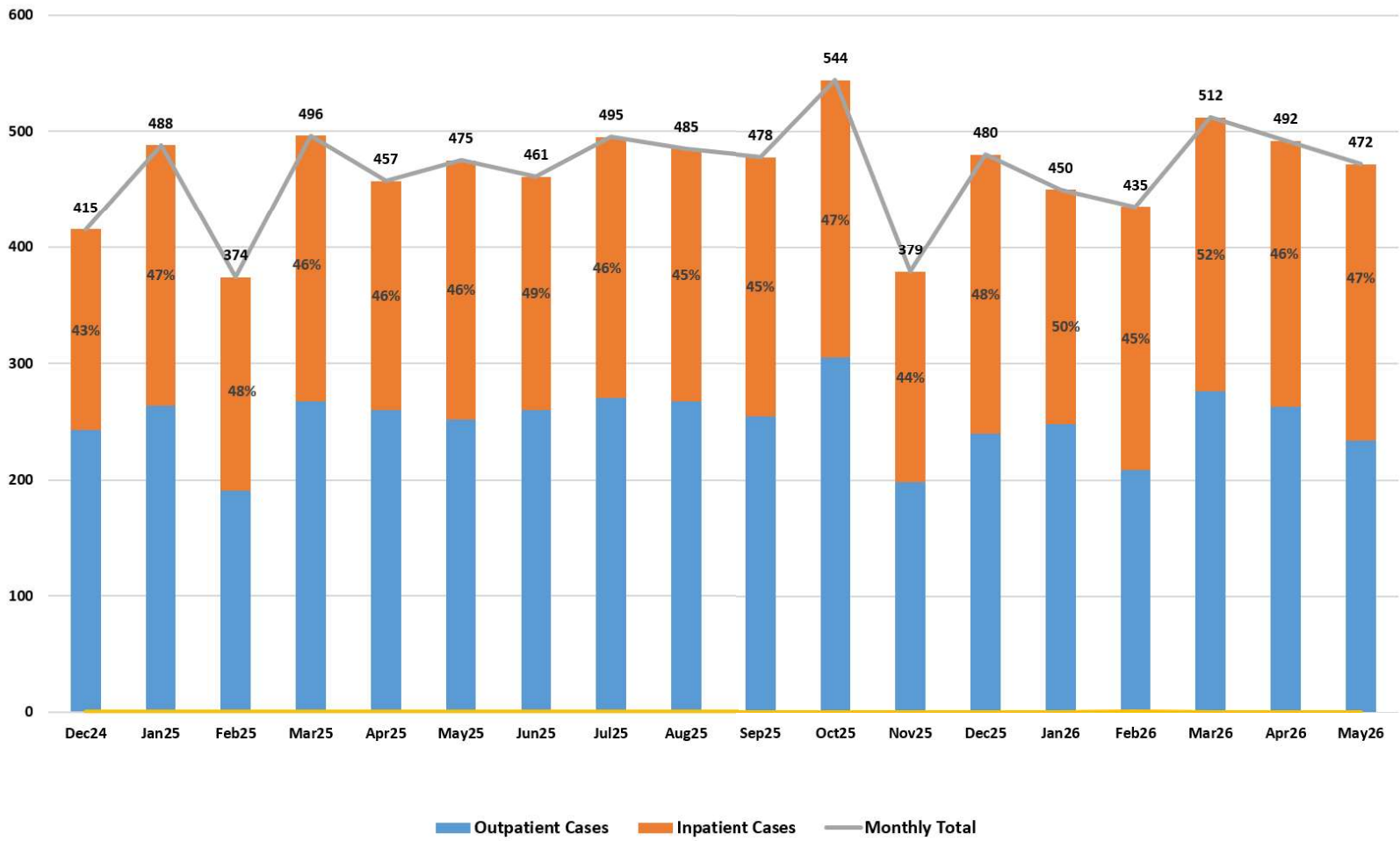
Surgery Cases (IP & OP)



Endo Cases (Suites A & B and OR)



Cath Lab Patients (IP & OP)



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

	Actual Results				Budget	Budget Variance	
	May25	May26	Change	% Change	May26	Change	% Change
All O/P Rehab Svcs Across District	20,868	21,754	886	4.2%	20,596	1,158	5.6%
Physical & Other Therapy Units (I/P & O/P)	18,543	19,290	747	4.0%	20,235	(945)	(4.7%)
Radiology - CT - All Areas	5,084	5,570	486	9.6%	4,861	709	14.6%
Radiology - MRI - All Areas	947	1,006	59	6.2%	919	87	9.5%
Radiology - Ultrasound - All Areas	3,250	3,204	(46)	(1.4%)	3,221	(17)	(0.5%)
Radiology - Diagnostic Radiology	9,712	9,677	(35)	(0.4%)	9,587	90	0.9%
Radiology – Main Campus	15,998	16,109	111	0.7%	15,578	531	3.4%
Radiology - Ultrasound - Main Campus	2,526	2,291	(235)	(9.3%)	2,350	(59)	(2.5%)
West Campus - Diagnostic Radiology	1,307	1,428	121	9.3%	1,195	233	19.5%
West Campus - CT Scan	518	523	5	1.0%	515	8	1.6%
West Campus - MRI	446	484	38	8.5%	430	54	12.7%
West Campus - Ultrasound	724	913	189	26.1%	871	42	4.8%
West Campus - Breast Center	1,298	2,092	794	61.2%	1,599	493	30.9%
Med Onc Visalia Treatments	1,095	1,728	633	57.8%	1,260	468	37.1%
Rad Onc Visalia Treatments	1,502	1,991	489	32.6%	1,616	375	23.2%
Rad Onc Hanford Treatments	238	180	(58)	(24.4%)	220	(40)	(18.2%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD May 26	YTD May 26	Change	% Change	YTD May 26	Change	% Change
All O/P Rehab Svcs Across District	227,777	223,047	(4,730)	(2.1%)	231,278	(8,231)	(3.6%)
Physical & Other Therapy Units (I/P & O/P)	202,906	211,531	8,625	4.3%	218,335	(6,804)	(3.1%)
Radiology - CT - All Areas	51,977	57,836	5,859	11.3%	50,509	7,327	14.5%
Radiology - MRI - All Areas	9,638	10,188	550	5.7%	9,641	547	5.7%
Radiology - Ultrasound - All Areas	33,554	33,828	274	0.8%	33,361	467	1.4%
Radiology - Diagnostic Radiology	106,547	106,615	68	0.1%	107,459	(844)	(0.8%)
Radiology – Main Campus	170,823	172,983	2,160	1.3%	168,636	4,347	2.6%
Radiology - Ultrasound - Main Campus	26,219	24,203	(2,016)	(7.7%)	23,860	343	1.4%
West Campus - Diagnostic Radiology	13,406	14,787	1,381	10.3%	12,787	2,000	15.6%
West Campus - CT Scan	5,538	6,385	847	15.3%	5,392	993	18.4%
West Campus - MRI	4,614	4,687	73	1.6%	4,654	33	0.7%
West Campus - Ultrasound	7,335	9,625	2,290	31.2%	9,501	124	1.3%
West Campus - Breast Center	17,623	19,957	2,334	13.2%	18,106	1,851	10.2%
Med Onc Visalia Treatments	11,872	17,398	5,526	46.5%	12,594	4,804	38.1%
Rad Onc Visalia Treatments	15,268	19,971	4,703	30.8%	16,060	3,911	24.3%
Rad Onc Hanford Treatments	2,534	2,549	15	0.6%	2,627	(78)	(3.0%)

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

	Actual Results				Budget	Budget Variance	
	May25	May26	Change	% Change	May26	Change	% Change
Rural Health Clinics Registrations	14,657	11,645	(3,012)	(20.5%)	13,328	(1,683)	(12.6%)
RHC Exeter - Registrations	7,141	5,560	(1,581)	(22.1%)	6,471	(911)	(14.1%)
RHC Lindsay - Registrations	1,936	1,609	(327)	(16.9%)	2,070	(461)	(22.3%)
RHC Woodlake - Registrations	1,293	552	(741)	(57.3%)	637	(85)	(13.3%)
RHC Woodlake Valencia - Registrations	0	621	621	0.0%	1,300	(679)	(52.2%)
RHC Dinuba - Registrations	1,612	1,205	(407)	(25.2%)	1,675	(470)	(28.1%)
RHC Tulare - Registrations	2,675	2,098	(577)	(21.6%)	2,475	(377)	(15.2%)
Urgent Care – Court Total Visits	2,694	2,505	(189)	(7.0%)	3,000	(495)	(16.5%)
Urgent Care – Demaree Total Visits	1,666	2,166	500	30.0%	1,950	216	11.1%
KH Medical Clinic - Ben Maddox Visits	918	0	(918)	(100.0%)	-	0	0.0%
KH Medical Clinic - Plaza Visits	249	310	61	24.5%	355	(45)	(12.7%)
KH Willow Specialty Clinic	174	305	131	75.3%	509	(204)	(40.0%)
KH Cardiology Center Visalia Registrations	1,447	2,075	628	43.4%	1,655	420	25.4%
KH Mental Wellness Clinic Visits	380	308	(72)	(18.9%)	370	(62)	(16.8%)
Urology Clinic Visits	256	279	23	9.0%	886	(607)	(68.5%)
Therapy-Wound Care Svcs Encounters	293	317	24	8.2%	359	(42)	(11.7%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD May 26	YTD May 26	Change	% Change	YTD May 26	Change	% Change
Rural Health Clinics Registrations	150,749	134,842	(15,907)	(10.6%)	151,391	(16,549)	(10.9%)
RHC Exeter - Registrations	71,812	64,128	(7,684)	(10.7%)	73,679	(9,551)	(13.0%)
RHC Lindsay - Registrations	20,602	18,741	(1,861)	(9.0%)	23,080	(4,339)	(18.8%)
RHC Woodlake - Registrations	14,678	6,444	(8,234)	(56.1%)	7,379	(935)	(12.7%)
RHC Woodlake Valencia - Registrations	0	6,867	6,867	0.0%	10,598	(3,731)	(35.2%)
RHC Dinuba - Registrations	16,985	15,532	(1,453)	(8.6%)	18,925	(3,393)	(17.9%)
RHC Tulare - Registrations	26,672	23,130	(3,542)	(13.3%)	28,328	(5,198)	(18.3%)
Urgent Care – Court Total Visits	28,014	27,937	(77)	(0.3%)	32,600	(4,663)	(14.3%)
Urgent Care – Demaree Total Visits	17,229	22,151	4,922	28.6%	22,200	(49)	(0.2%)
KH Medical Clinic - Ben Maddox Visits	9,148	9,235	87	1.0%	5,500	3,735	67.9%
KH Medical Clinic - Plaza Visits	2,897	2,729	(168)	(5.8%)	3,267	(538)	(16.5%)
KH Willow Specialty Clinic	174	3,878	3,704	2128.7%	5,211	(1,333)	(25.6%)
KH Cardiology Center Visalia Registrations	16,889	17,740	851	5.0%	17,887	(147)	(0.8%)
KH Mental Wellness Clinic Visits	3,328	3,378	50	1.5%	4,170	(792)	(19.0%)
Urology Clinic Visits	3,308	2,444	(864)	(26.1%)	5,913	(3,469)	(58.7%)
Therapy-Wound Care Svcs Encounters	2,327	3,614	1,287	55.3%	3,878	(264)	(6.8%)

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

	Actual Results				Budget	Budget Variance	
	May25	May26	Change	% Change	May26	Change	% Change
ED - Avg Treated Per Day	283	284	2	0.7%	273	12	4.4%
Surgery (IP & OP) – 100 Min Units	762	830	68	8.9%	814	16	2.0%
Endoscopy Procedures	636	531	(105)	(16.5%)	505	26	5.1%
Cath Lab (IP & OP) - 100 Min Units	379	335	(44)	(11.6%)	357	(22)	(6.2%)
Cardiac Surgery Cases	32	31	(1)	(3.1%)	26	5	18.5%
Deliveries	307	307	0	0.0%	445	(138)	(31.0%)
Clinical Lab	252,804	259,454	6,650	2.6%	273,440	(13,986)	(5.1%)
Reference Lab	6,888	7,972	1,084	15.7%	6,971	1,001	14.4%
Dialysis Center - Visalia Visits	1,470	1,340	(130)	(8.8%)	1,550	(210)	(13.5%)
Infusion Center - Units of Service	492	533	41	8.3%	754	(221)	(29.3%)
Hospice Days	3,942	3,565	(377)	(9.6%)	4,169	(604)	(14.5%)
Home Health Visits	2,881	2,554	(327)	(11.4%)	3,202	(648)	(20.2%)
Home Infusion Days	23,988	23,669	(319)	(1.3%)	21,630	2,039	9.4%

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

	YTD Actual Results				Budget	Budget Variance	
	YTD May 26	YTD May 26	Change	% Change	YTD May 26	Change	% Change
ED - Avg Treated Per Day	264	276	12	4.7%	278	(1)	(0.4%)
Surgery (IP & OP) – 100 Min Units	8,746	8,659	(87)	(1.0%)	8,974	(315)	(3.5%)
Endoscopy Procedures	6,832	5,389	(1,443)	(21.1%)	5,719	(330)	(5.8%)
Cath Lab (IP & OP) - 100 Min Units	3,923	3,814	(109)	(2.8%)	3,968	(154)	(3.9%)
Cardiac Surgery Cases	314	317	3	1.0%	346	(29)	(8.3%)
Deliveries	4,346	3,459	(887)	(20.4%)	4,299	(840)	(19.5%)
Clinical Lab	2,763,840	2,881,817	117,976	4.3%	3,007,835	(126,019)	(4.2%)
Reference Lab	77,302	79,495	2,193	2.8%	75,766	3,729	4.9%
Dialysis Center - Visalia Visits	16,427	15,232	(1,195)	(7.3%)	16,686	(1,454)	(8.7%)
Infusion Center - Units of Service	4,706	6,427	1,721	36.6%	7,427	(1,000)	(13.5%)
Hospice Days	39,307	43,869	4,562	11.6%	44,829	(960)	(2.1%)
Home Health Visits	31,744	30,871	(873)	(2.8%)	33,648	(2,777)	(8.3%)
Home Infusion Days	244,436	259,327	14,891	6.1%	242,053	17,274	7.1%

May Financial Summary (000's) Budget Comparison

	Comparison to Budget - Month of May			
	Budget May-2026	Actual May-2026	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$58,036	\$64,663	\$6,627	10.2%
Other Operating Revenue	\$22,072	\$24,591	\$2,519	10.2%
Total Operating Revenue	\$80,109	\$89,254	\$9,146	10.2%
Operating Expenses				
Employment Expenses	\$43,583	\$45,789	\$2,207	4.8%
Other Expenses	\$37,864	\$40,046	\$2,182	5.4%
Total Operating Expenses	\$81,447	\$85,836	\$4,389	5.1%
Operating Margin	(\$1,339)	\$3,419	\$4,757	
Nonoperating Revenue (Loss)	\$860	\$1,299	\$439	
Excess Margin	(\$479)	\$4,717	\$5,196	

May Financial Summary (000's) Prior Year Comparison

	Comparison to Prior Year - Month of May			
	Actual May-2025	Actual May-2026	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$56,648	\$64,663	\$8,015	12.4%
Other Operating Revenue	\$20,167	\$24,591	\$4,424	18.0%
Total Operating Revenue	\$76,815	\$89,254	\$12,439	13.9%
Operating Expenses				
Employment Expenses	\$46,037	\$45,789	(\$248)	-0.5%
Other Expenses	\$38,656	\$40,046	\$1,391	3.5%
Total Operating Expenses	\$84,693	\$85,836	\$1,143	1.3%
Operating Margin	(\$7,878)	\$3,419	\$11,297	
Nonoperating Revenue (Loss)	\$955	\$1,299	\$344	
Excess Margin	(\$6,923)	\$4,717	\$11,640	

Year to Date Financial Summary (000's)

	Comparison to Budget - YTD May			
	Budget YTD May-2026	Actual YTD May-2026	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$631,579	\$644,040	\$12,461	1.9%
Other Operating Revenue	\$240,944	\$248,863	\$7,919	3.2%
Total Operating Revenue	\$872,524	\$892,903	\$20,380	2.3%
Operating Expenses				
Employment Expenses	\$470,229	\$479,350	\$9,121	1.9%
Other Expenses	\$410,550	\$419,541	\$8,991	2.1%
Total Operating Expenses	\$880,779	\$898,891	\$18,112	2.0%
Operating Margin	(\$8,256)	(\$5,988)	\$2,268	
Nonoperating Revenue (Loss)	\$9,609	\$12,442	\$2,833	
Excess Margin	\$1,353	\$6,454	\$5,101	

May Financial Comparison (000's)

	Comparison to Budget - Month of May				Comparison to Prior Year - Month of May			
	Budget May-2026	Actual May-2026	\$ Change	% Change	Actual May-2025	Actual May-2026	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$58,036	\$64,663	\$6,627	10.2%	\$56,648	\$64,663	\$8,015	12.4%
Supplemental Gov't Programs	\$9,727	\$8,538	(\$1,189)	-13.9%	\$7,003	\$8,538	\$1,535	18.0%
Prime Program	\$631	\$3,512	\$2,881	82.0%	\$792	\$3,512	\$2,720	77.5%
Premium Revenue	\$7,415	\$8,050	\$634	7.9%	\$7,829	\$8,050	\$221	2.7%
Other Revenue	\$4,300	\$4,492	\$192	4.3%	\$4,543	\$4,492	(\$52)	-1.2%
Other Operating Revenue	\$22,072	\$24,591	\$2,519	10.2%	\$20,167	\$24,591	\$4,424	18.0%
Total Operating Revenue	\$80,109	\$89,254	\$9,146	10.2%	\$76,815	\$89,254	\$12,439	13.9%
Operating Expenses								
Salaries & Wages	\$35,028	\$35,733	\$706	2.0%	\$33,875	\$35,733	\$1,858	5.2%
Contract Labor	\$1,102	\$1,999	\$898	44.9%	\$3,039	\$1,999	(\$1,040)	-52.0%
Employee Benefits	\$7,454	\$8,057	\$603	7.5%	\$9,123	\$8,057	(\$1,066)	-13.2%
Total Employment Expenses	\$43,583	\$45,789	\$2,207	4.8%	\$46,037	\$45,789	(\$248)	-0.5%
Medical & Other Supplies	\$14,503	\$15,145	\$642	4.2%	\$14,594	\$15,145	\$550	3.6%
Physician Fees	\$7,584	\$8,297	\$713	8.6%	\$7,567	\$8,297	\$730	8.8%
Purchased Services	\$1,971	\$2,267	\$296	13.0%	\$2,051	\$2,267	\$216	9.5%
Repairs & Maintenance	\$2,544	\$2,144	(\$400)	-18.7%	\$2,095	\$2,144	\$48	2.2%
Utilities	\$953	\$766	(\$187)	-24.4%	\$944	\$766	(\$178)	-23.2%
Rents & Leases	\$133	\$178	\$45	25.4%	\$205	\$178	(\$26)	-14.8%
Depreciation & Amortization	\$3,505	\$3,646	\$141	3.9%	\$3,751	\$3,646	(\$105)	-2.9%
Interest Expense	\$572	\$582	\$9	1.6%	\$593	\$582	(\$12)	-2.0%
Other Expense	\$2,327	\$2,544	\$217	8.5%	\$2,001	\$2,544	\$544	21.4%
Humana Cap Plan Expenses	\$3,771	\$4,477	\$706	15.8%	\$4,854	\$4,477	(\$376)	-8.4%
Total Other Expenses	\$37,864	\$40,046	\$2,182	5.4%	\$38,656	\$40,046	\$1,391	3.5%
Total Operating Expenses	\$81,447	\$85,836	\$4,389	5.1%	\$84,693	\$85,836	\$1,143	1.3%
Operating Margin	(\$1,339)	\$3,419	\$4,757		(\$7,878)	\$3,419	\$11,297	
Stimulus/FEMA	\$0	\$0	\$0		\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	(\$1,339)	\$3,419	\$4,757		(\$7,878)	\$3,419	\$11,297	
Nonoperating Revenue (Loss)	\$860	\$1,299	\$439		\$955	\$1,299	\$344	
Excess Margin	(\$479)	\$4,717	\$5,196		(\$6,923)	\$4,717	\$11,640	

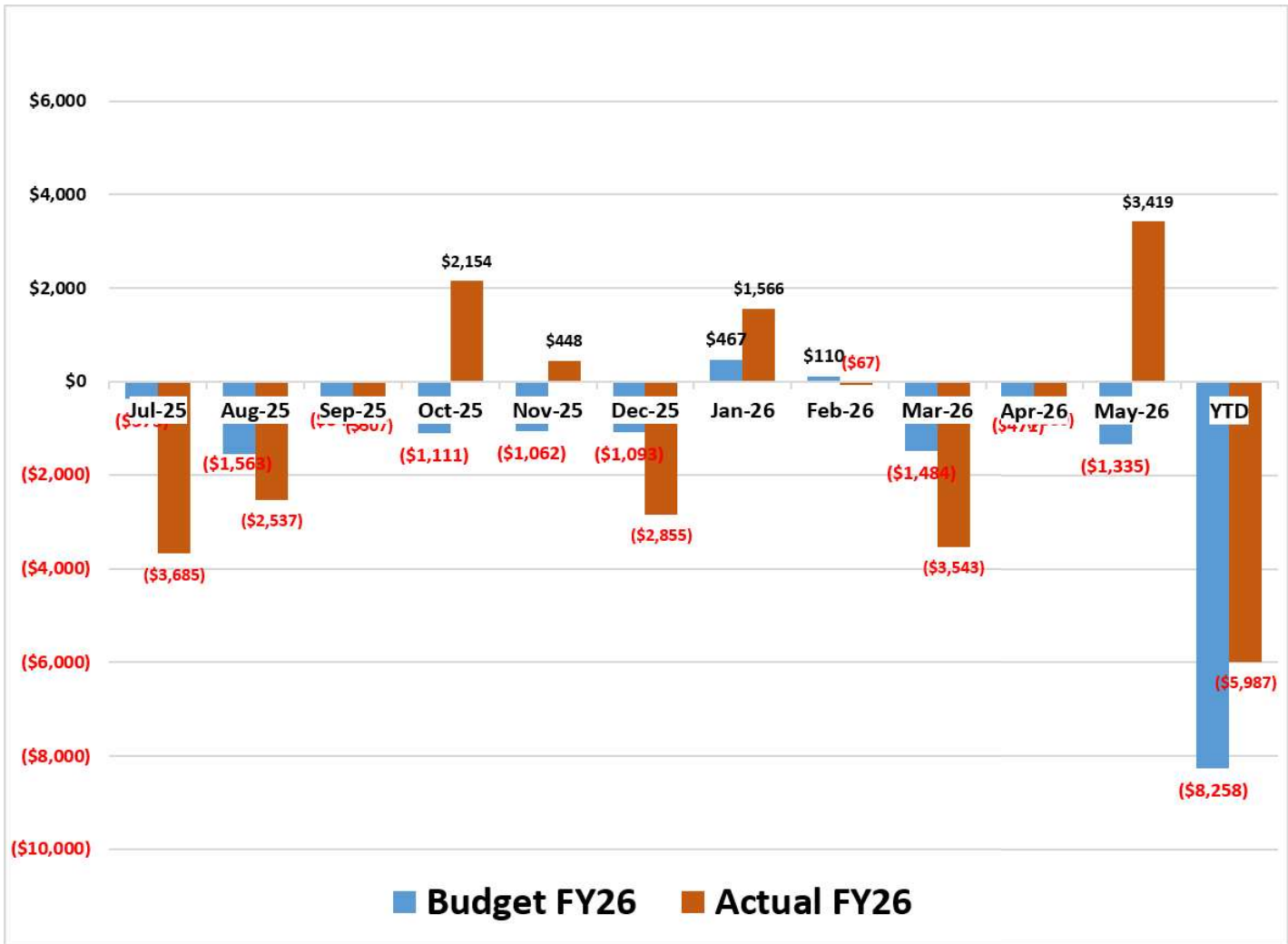
Year to Date: July through May Financial Comparison (000's)

	Comparison to Budget - YTD May				Comparison to Prior Year - YTD May			
	Budget YTD May-2026	Actual YTD May-2026	\$ Change	% Change	Actual YTD May-2025	Actual YTD May-2026	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$631,579	\$644,040	\$12,461	1.9%	\$604,430	\$644,040	\$39,610	6.2%
Supplemental Gov't Programs	\$106,992	\$103,288	(\$3,704)	-3.6%	\$78,332	\$103,288	\$24,956	24.2%
Prime Program	\$6,937	\$9,819	\$2,881	29.3%	\$13,470	\$9,819	(\$3,651)	-37.2%
Premium Revenue	\$79,447	\$81,783	\$2,335	2.9%	\$78,740	\$81,783	\$3,042	3.7%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$0	\$0	\$0	0.0%
Other Revenue	\$47,568	\$53,974	\$6,406	11.9%	\$46,650	\$53,974	\$7,324	13.6%
Other Operating Revenue	\$240,944	\$248,863	\$7,919	3.2%	\$217,193	\$248,863	\$31,670	12.7%
Total Operating Revenue	\$872,524	\$892,903	\$20,380	2.3%	\$821,623	\$892,903	\$71,281	8.0%
Operating Expenses								
Salaries & Wages	\$370,815	\$373,838	\$3,023	0.8%	\$354,525	\$373,838	\$19,313	5.2%
Contract Labor	\$19,648	\$21,610	\$1,962	9.1%	\$21,851	\$21,610	(\$240)	-1.1%
Employee Benefits	\$79,766	\$83,902	\$4,136	4.9%	\$74,933	\$83,902	\$8,969	10.7%
Total Employment Expenses	\$470,229	\$479,350	\$9,121	1.9%	\$451,308	\$479,350	\$28,042	5.9%
Medical & Other Supplies	\$156,094	\$163,576	\$7,482	4.6%	\$152,660	\$163,576	\$10,916	6.7%
Physician Fees	\$83,034	\$88,278	\$5,244	5.9%	\$80,937	\$88,278	\$7,341	8.3%
Purchased Services	\$21,045	\$22,191	\$1,147	5.2%	\$18,867	\$22,191	\$3,325	15.0%
Repairs & Maintenance	\$27,486	\$24,427	(\$3,059)	-12.5%	\$23,725	\$24,427	\$702	2.9%
Utilities	\$10,668	\$9,622	(\$1,046)	-10.9%	\$10,289	\$9,622	(\$666)	-6.9%
Rents & Leases	\$1,523	\$1,771	\$248	14.0%	\$1,586	\$1,771	\$185	10.5%
Depreciation & Amortization	\$38,539	\$36,830	(\$1,709)	-4.6%	\$36,075	\$36,830	\$756	2.1%
Interest Expense	\$6,185	\$6,404	\$219	3.4%	\$6,535	\$6,404	(\$131)	-2.0%
Other Expense	\$25,221	\$25,093	(\$128)	-0.5%	\$23,751	\$25,093	\$1,342	5.3%
Humana Cap Plan Expenses	\$40,753	\$41,348	\$595	1.4%	\$42,901	\$41,348	(\$1,553)	-3.8%
Total Other Expenses	\$410,550	\$419,541	\$8,991	2.1%	\$397,325	\$419,541	\$22,216	5.3%
Total Operating Expenses	\$880,779	\$898,891	\$18,112	2.0%	\$848,633	\$898,891	\$50,258	5.6%
Operating Margin	(\$8,256)	(\$5,988)	\$2,268		(\$27,010)	(\$5,988)	\$21,022	
Stimulus/FEMA	\$0	(\$0)	(\$0)		\$48,412	(\$0)	(\$48,412)	
Operating Margin after Stimulus/FEMA	(\$8,256)	(\$5,988)	\$2,268		\$21,402	(\$5,988)	(\$27,390)	
Nonoperating Revenue (Loss)	\$9,609	\$12,442	\$2,833		\$14,374	\$12,442	(\$1,932)	
Excess Margin	\$1,353	\$6,454	\$5,101		\$35,776	\$6,454	(\$29,322)	

Month of May - Budget Variances

- **Net Patient Service Revenue:** The favorable budget variance of \$6.6M is primarily due stronger inpatient volume and \$920K from two different out of period adjustments (Cost report and Medical Oncology).
- **Supplemental Gov't Programs:** The unfavorable budget variance of \$1.1M is primarily due to unanticipated HQAF State legislation – a decrease of 40% which we will experience through the end of the fiscal year.
- **Prime Program:** The prime program performed better than anticipated with actual CY24 payments exceeding budget and CY25 and CY26 estimates anticipating higher than expected results. In May we recognized a \$2.9M adjustment with another \$2.9M to be recognized in June.
- **Contract Labor:** The unfavorable variance of \$898K in May is primarily due to staffing needs in the Emergency Department.

Budget and Actual Fiscal Year 2026: Trended Operating Margin (000's)



Budget and Actual Fiscal Year 2026: Trended Operating Margin (000's)

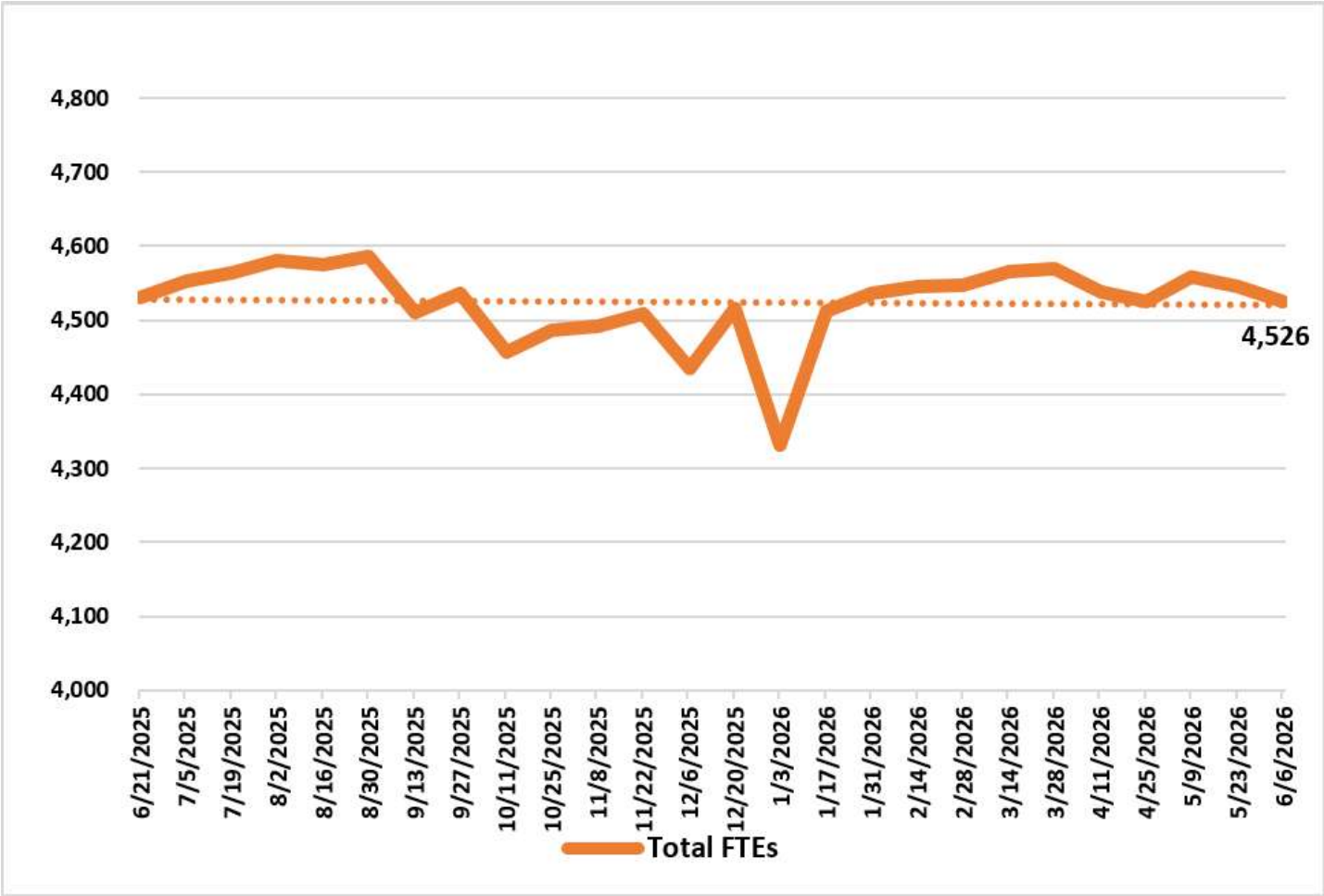
	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	FY 2026
Patient Service Revenue	\$61,063	\$56,876	\$55,676	\$60,513	\$54,599	\$57,753	\$66,284	\$64,663	\$644,040
Other Revenue	\$24,620	\$21,974	\$22,751	\$21,414	\$21,119	\$22,212	\$21,531	\$24,591	\$248,863
Total Operating Revenue	\$85,682	\$78,850	\$78,427	\$81,928	\$75,718	\$79,966	\$87,815	\$89,254	\$892,903
Employee Expense	\$44,735	\$43,893	\$44,400	\$43,089	\$40,711	\$45,084	\$43,166	\$45,789	\$479,350
Other Operating Expense	\$38,793	\$34,509	\$36,883	\$37,272	\$35,074	\$38,424	\$45,030	\$40,046	\$419,541
Total Operating Expenses	\$83,528	\$78,402	\$81,282	\$80,361	\$75,785	\$83,509	\$88,196	\$85,836	\$898,891
Net Operating Margin	\$2,154	\$448	(\$2,855)	\$1,566	(\$67)	(\$3,543)	(\$380)	\$3,419	(\$5,988)
NonOperating Income	\$850	\$1,368	\$1,608	\$1,168	\$1,178	(\$468)	\$1,170	\$1,299	\$12,442
Excess Margin	\$3,004	\$1,816	(\$1,248)	\$2,734	\$1,111	(\$4,011)	\$790	\$4,717	\$6,454

Profitability									
Operating Margin %	2.5%	0.6%	(3.6%)	1.9%	(0.1%)	(4.4%)	(0.4%)	3.8%	(0.7%)
Operating Margin %excl. Int	3.2%	1.3%	(2.9%)	2.6%	0.7%	(3.7%)	0.2%	4.5%	0.0%
Operating EBIDA	\$5,818	\$4,421	\$1,304	\$5,475	\$3,894	\$445	\$3,405	\$7,646	\$37,246
Operating EBIDA Margin	6.8%	5.6%	1.7%	6.7%	5.1%	0.6%	3.9%	8.6%	4.2%

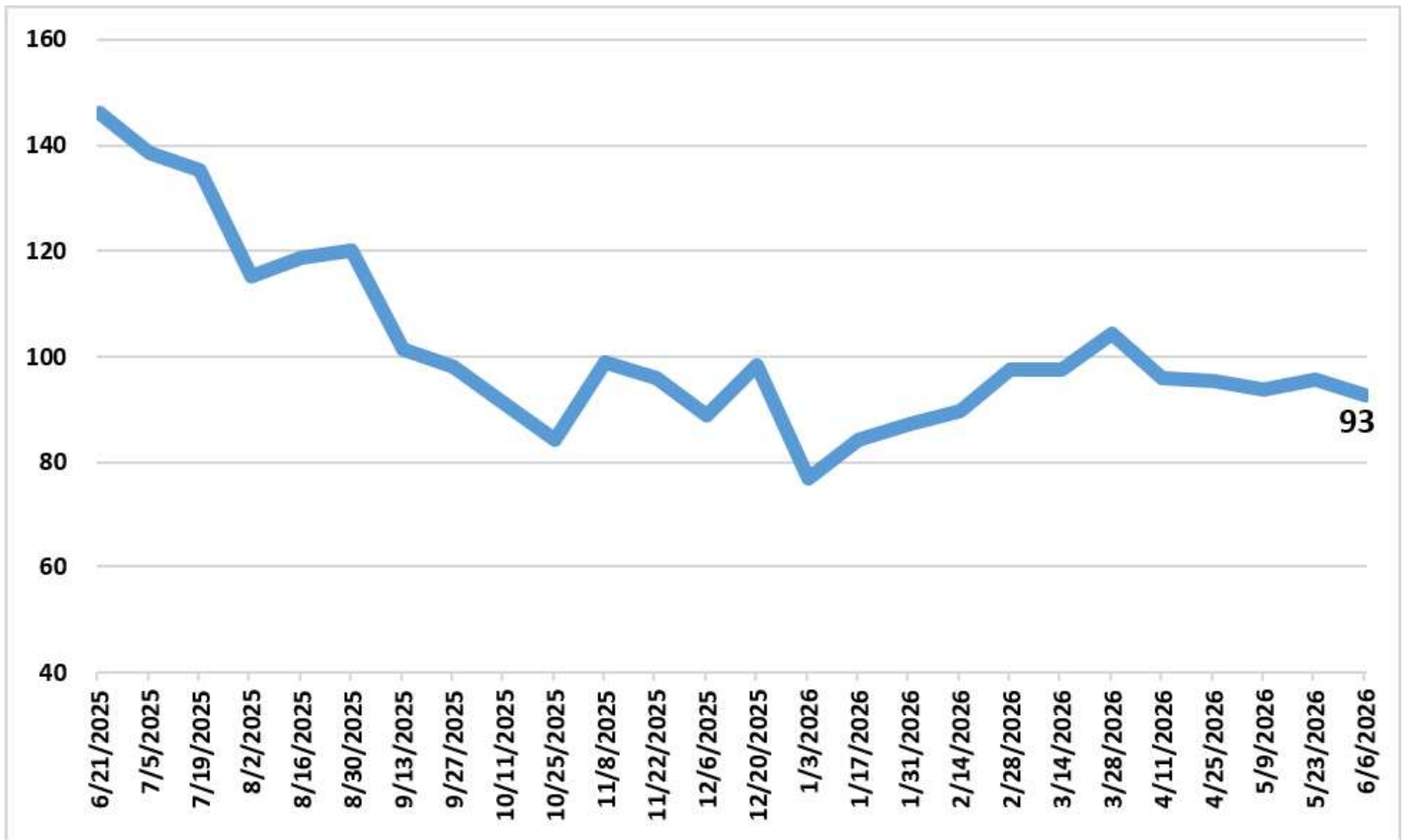
Liquidity Indicators									
Day's Cash on Hand	98.0	93.7	97.1	105.6	113.3	115.1	117.3	112.1	112.1
Day's in Accounts Rec.	67.8	68.2	68.3	73.6	72.5	68.3	68.0	70.7	70.7

Debt & Other Indicators									
Debt Service Coverage (MADS)	1.68	1.88	1.72	1.91	1.97	1.70	1.70	2.00	1.50
Discharges (Monthly)	2,216	2,124	2,377	2,376	2,192	2,185	2,325	2,270	2,253
Adj Discharges (Case mix adj)	8,462	7,409	8,489	8,195	7,410	7,440	9,345	8,282	8,184
Adjusted patient Days (Mo.)	25,531	25,691	26,544	28,730	25,787	28,053	28,053	28,053	27,089
Cost/Adj Discharge	\$9.9	\$10.6	\$9.6	\$9.8	\$10.2	\$11.2	\$9.4	\$10.4	\$ 10.0
Compensation Ratio	73%	77%	80%	71%	75%	78%	65%	71%	74%

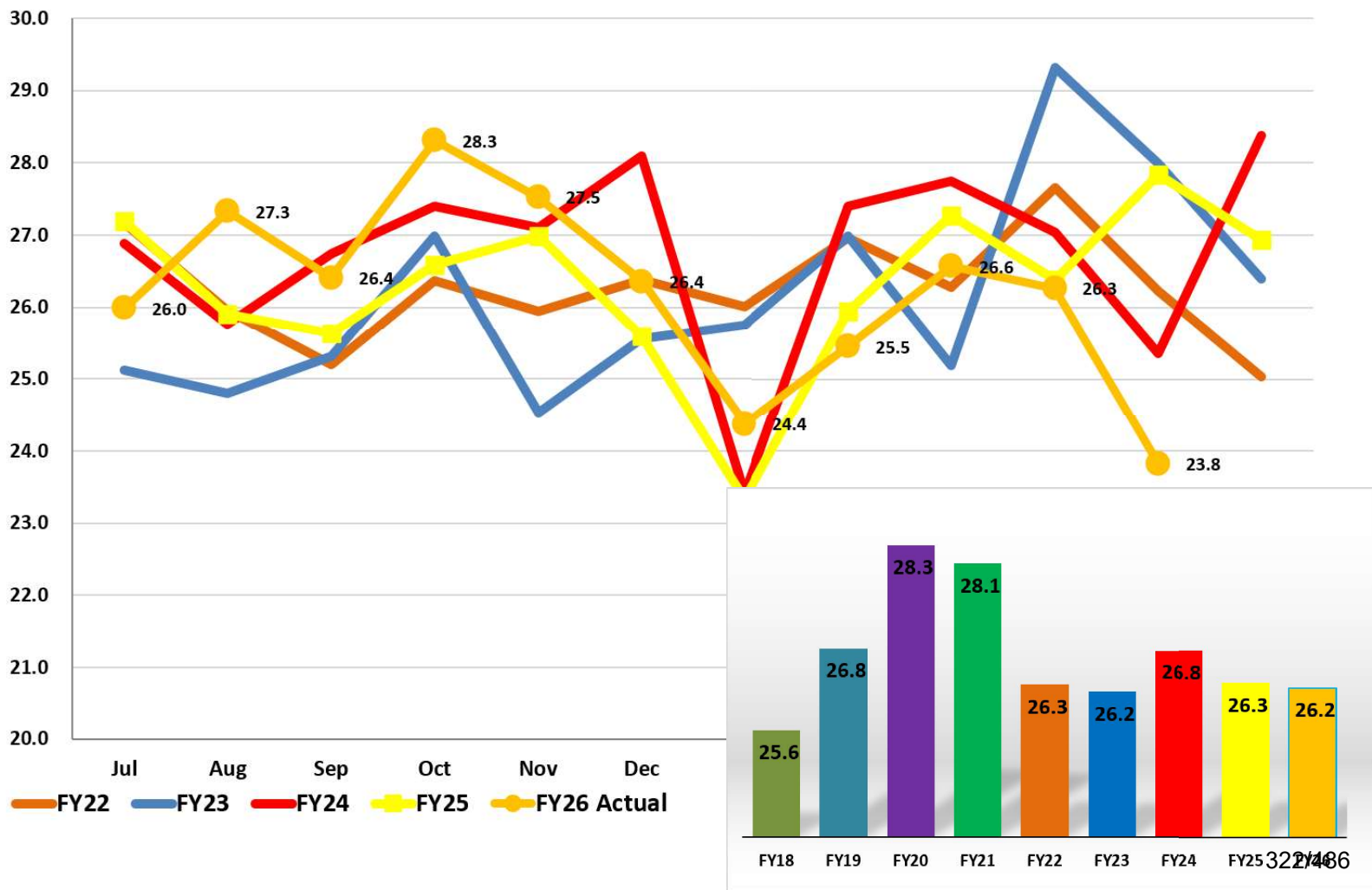
Total FTEs (includes Contract Labor)



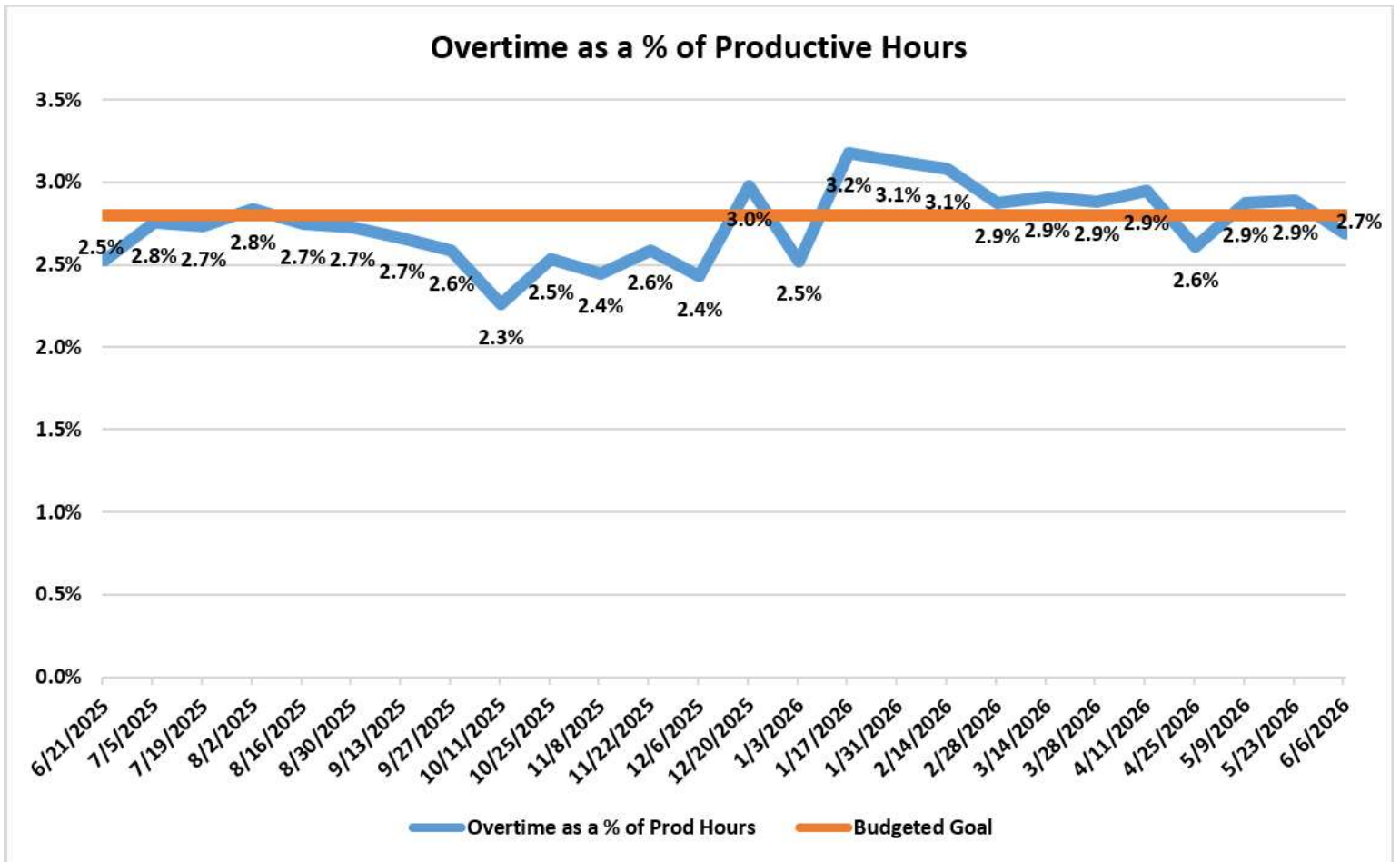
Contract Labor Full Time Equivalents (FTEs)



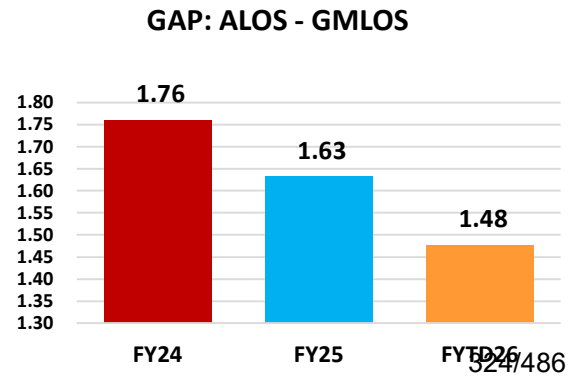
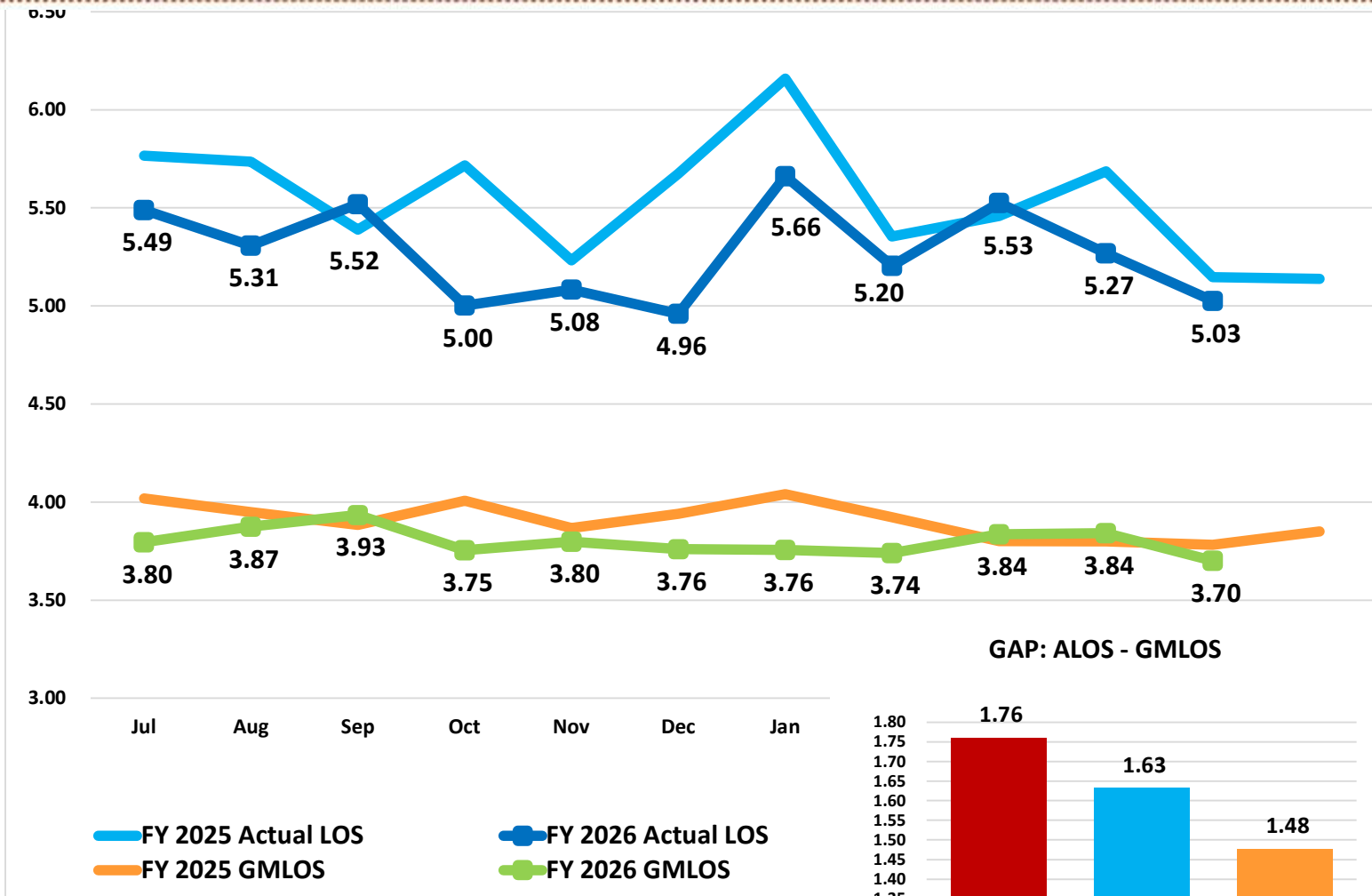
Productivity Measure : Worked Hours/ Adj. Patient Days



Overtime as a % of Productive Hours



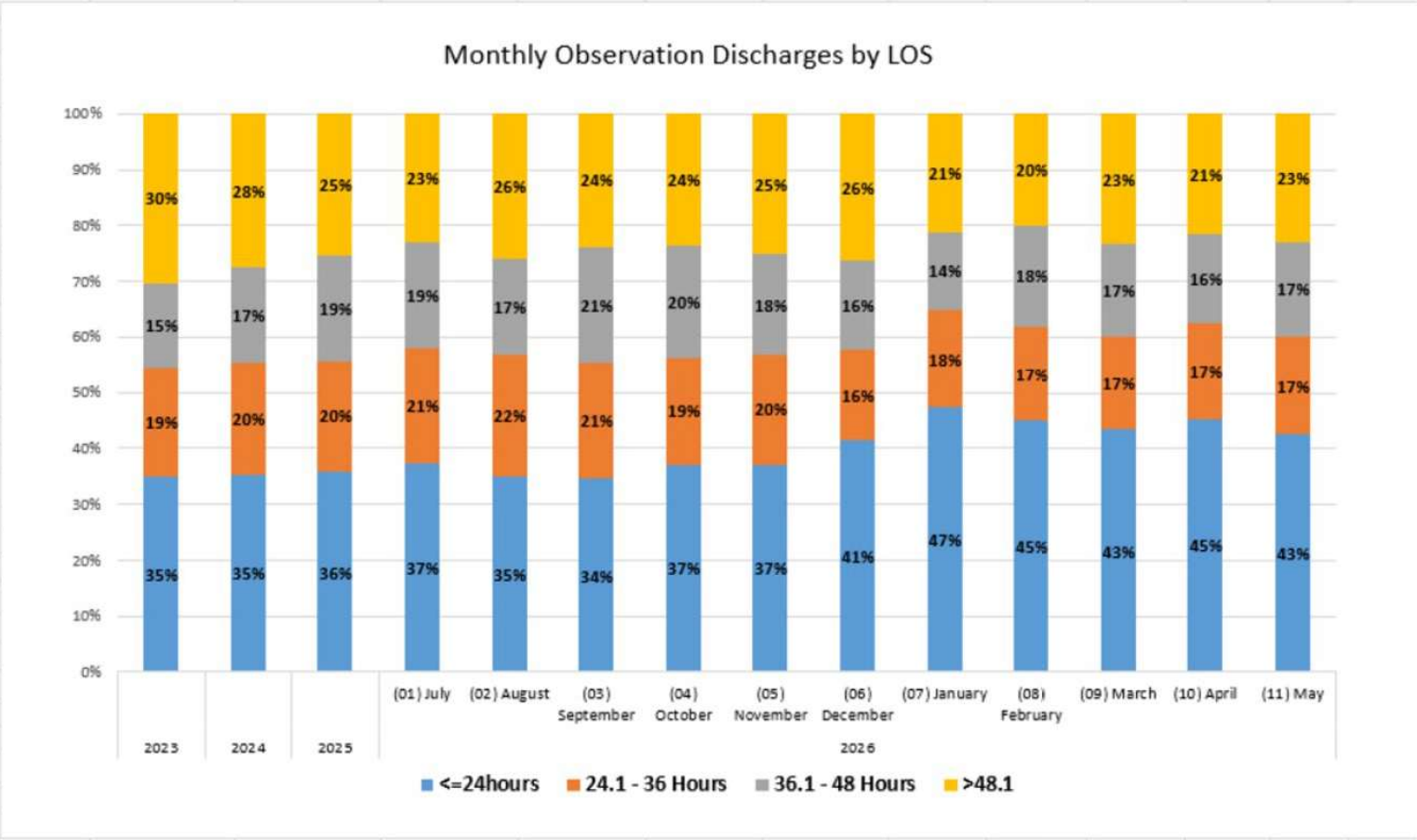
Average Length of Stay versus National Average (GMLOS)



Average Length of Stay versus National Average (GMLOS)

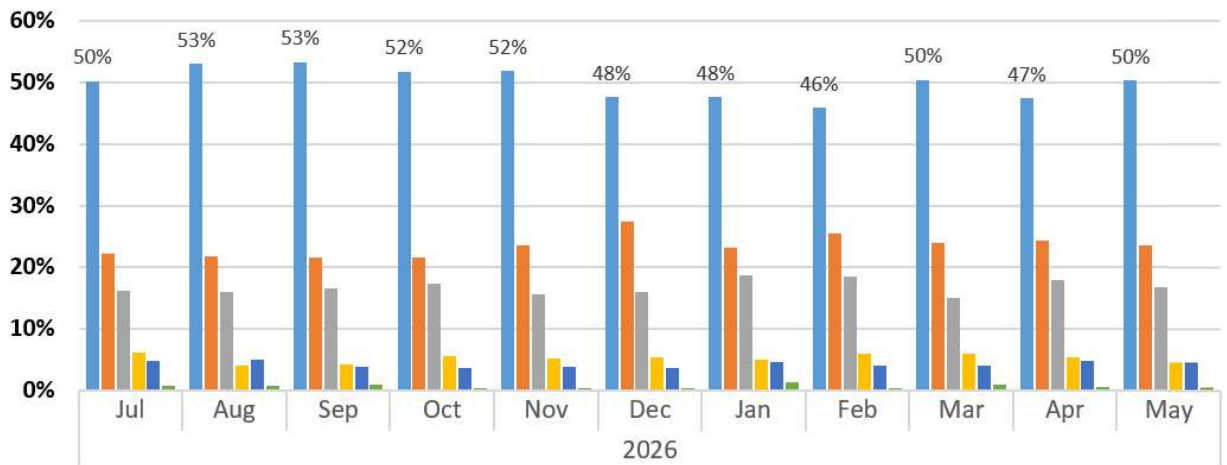
	ALOS	GMLOS	GAP
Jul-24	5.77	4.02	1.75
Aug-24	5.74	3.95	1.79
Sep-24	5.39	3.88	1.51
Oct-24	5.72	4.01	1.71
Nov-24	5.23	3.87	1.36
Dec-24	5.68	3.94	1.74
Jan-25	6.16	4.04	2.12
Feb-25	5.36	3.92	1.43
Mar-25	5.46	3.80	1.66
Apr-25	5.69	3.80	1.89
May-25	5.15	3.78	1.37
Jun-25	5.14	3.85	1.29
Jul-25	5.49	3.80	1.69
Aug-25	5.31	3.87	1.43
Sep-25	5.52	3.93	1.58
Oct-25	5.00	3.75	1.25
Nov-25	5.08	3.80	1.29
Dec-25	4.96	3.76	1.20
Jan-26	5.66	3.76	1.91
Feb-26	5.20	3.74	1.46
Mar-26	5.53	3.84	1.69
Apr-26	5.27	3.84	1.43
May-26	5.03	3.70	1.32

Trended % of Observation by Length of Stay

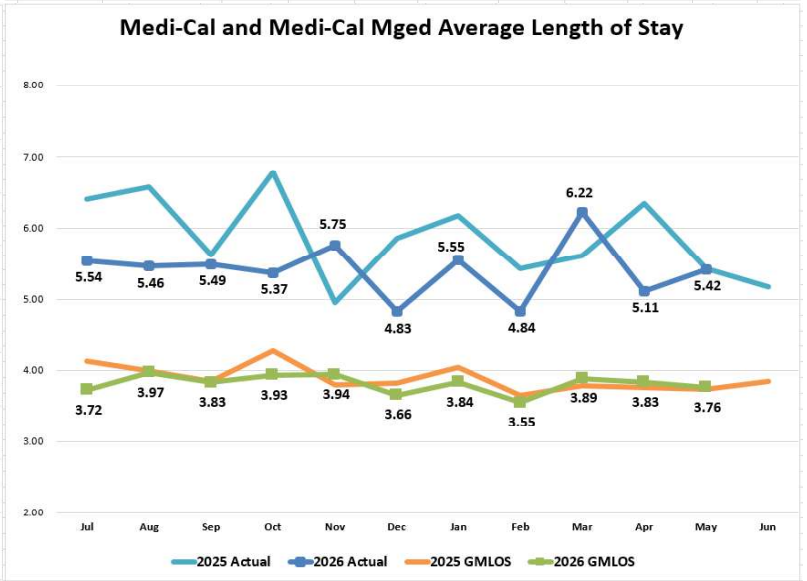
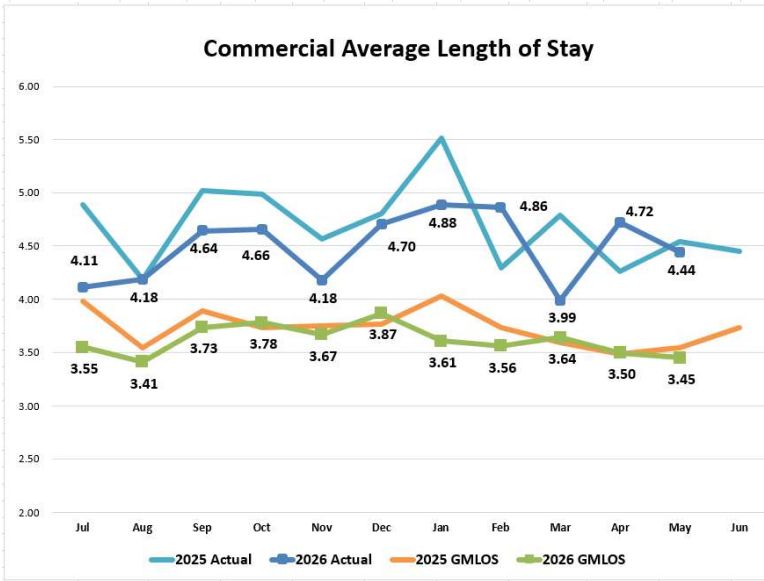
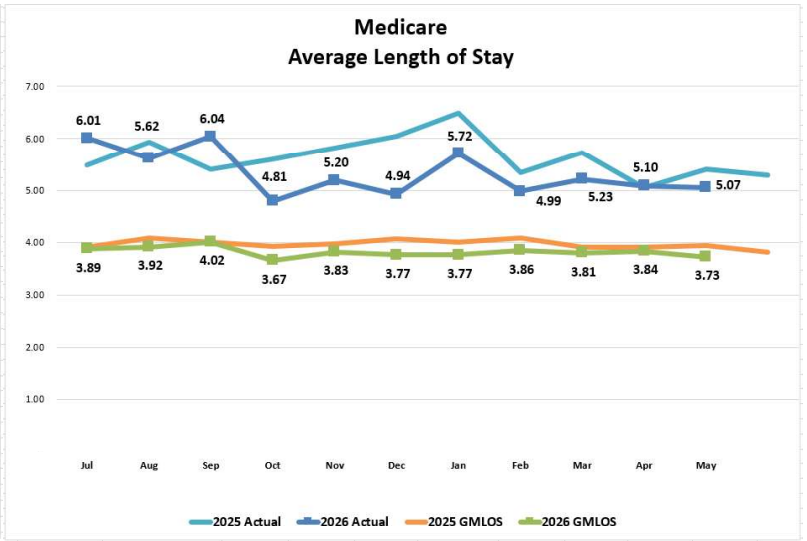
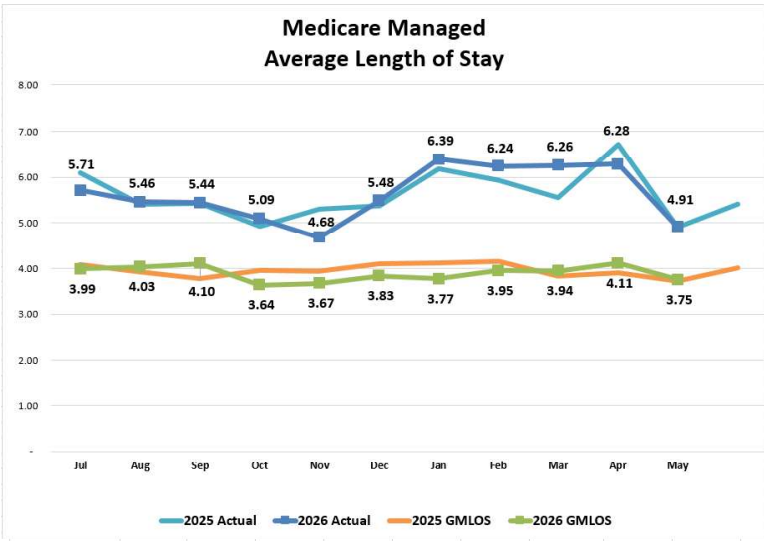


Average Length of Stay Distribution

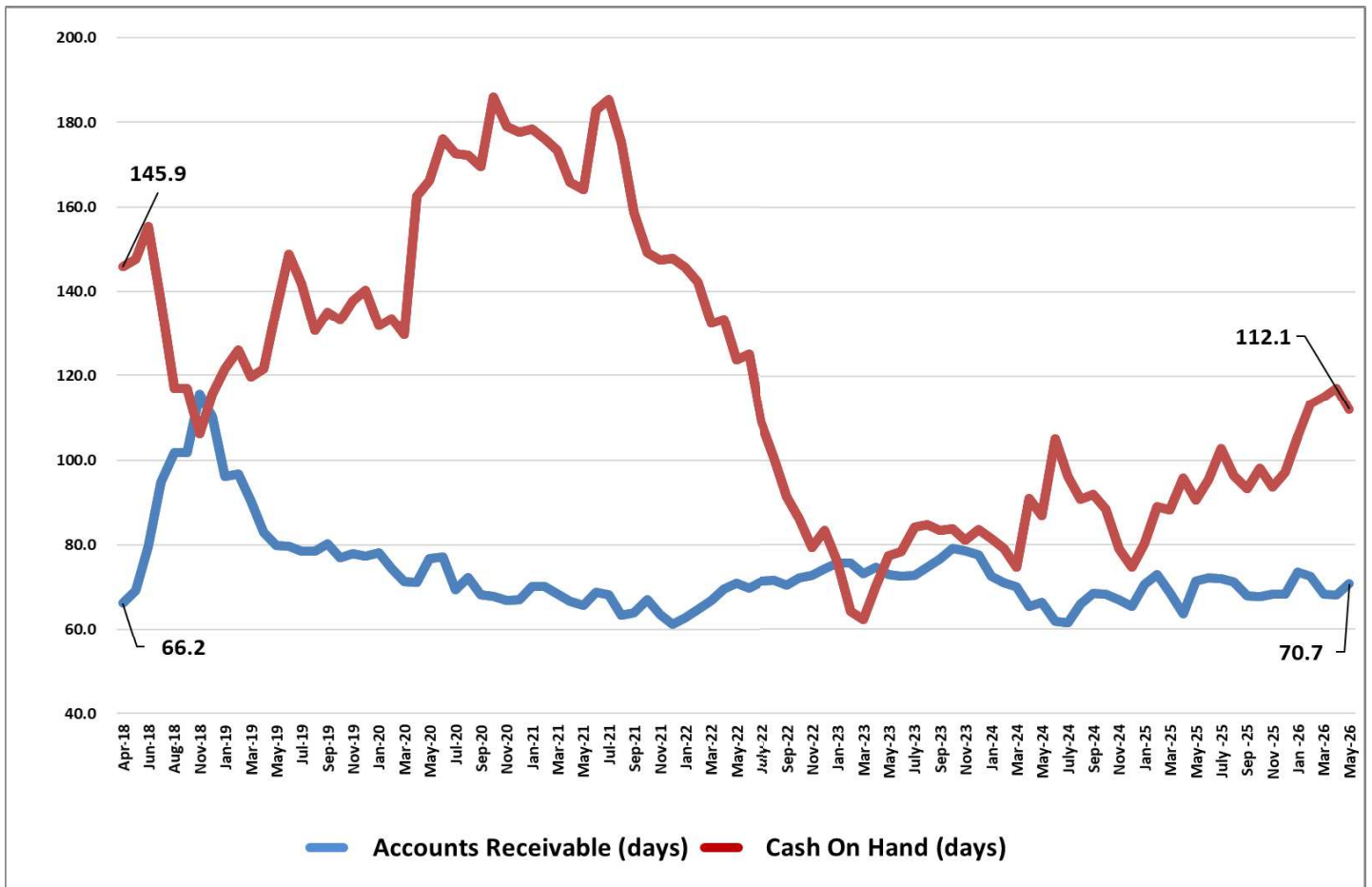
FY26 Overall LOS Distribution



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
at GMLOS or Better	50%	53%	53%	52%	52%	48%	48%	46%	50%	47%	50%
1-2 days over GMLOS	22%	22%	21%	21%	24%	27%	23%	26%	24%	24%	24%
2-6 days over GMLOS	16%	16%	17%	17%	15%	16%	19%	18%	15%	18%	17%
6-10 days over GMLOS	6%	4%	4%	6%	5%	5%	5%	6%	6%	5%	5%
10-30 days over GMLOS	5%	5%	4%	4%	4%	4%	5%	4%	4%	5%	5%
30+ days over GMLOS	0.6%	0.6%	0.9%	0.4%	0.3%	0.3%	1.3%	0.3%	0.9%	0.5%	0.5%



Trended Liquidity Ratios



Ratio Analysis Report

MAY 31, 2026

	Current Month Value	Prior Month Value	June 30, 2025 Audited Value	2024 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.4	2.3	2.5	1.6	1.9	1.7
Accounts Receivable (days)	70.7	68.0	72.1	48.7	46.7	48.6
Cash On Hand (days)	112.1	117.3	95.3	282	194.6	122.9
Cushion Ratio (x)	13.1	13.7	10.9	46.1	26.8	15.5
Average Payment Period (days)	50.8	53.0	55.1	75.8	61.9	62.3
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	139.7%	145.7%	114.9%	297.1%	188.1%	111.0%
Debt-To-Capitalization	30.9%	31.0%	31.3%	20.8%	28.7%	35.5%
Debt-to-Cash Flow (x)	4.0	4.4	2.8	2.2	3.1	5.0
Debt Service Coverage	2.5	2.2	3.8	7.9	5.3	3.3
Maximum Annual Debt Service Coverage (x)	2.0	1.7	3.0	7.2	4.8	2.7
Age Of Plant (years)	14.0	14.1	13.6	11.1	13.3	14.8
PROFITABILITY RATIOS						
Operating Margin	(.7%)	(1.2%)	(4.2%)	2.9%	1.6%	(.5%)
Excess Margin	0.7%	0.2%	2.9%	6.7%	4.3%	1.3%
Operating Cash Flow Margin	4.2%	3.7%	1.0%	7.9%	6.6%	4.2%
Return on Assets	0.8%	0.2%	3.1%	4.5%	3.8%	1.7%

Consolidated Statements of Net Position (000's)

	May-26	Jun-25
		(Audited)
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 3,605	\$ 6,595
Current Portion of Board designated and trusted assets	27,435	17,533
Accounts receivable:		-
Net patient accounts	164,769	154,634
Other receivables	25,092	70,335
	189,861	224,969
Inventories	14,385	13,871
Medicare and Medi-Cal settlements	69,675	62,463
Prepaid expenses	10,233	8,234
Total current assets	315,192	333,666
NON-CURRENT CASH AND INVESTMENTS -		
less current portion		
Board designated cash and assets	276,138	218,025
Revenue bond assets held in trust	-	22,950
Assets in self-insurance trust fund	282	626
Total non-current cash and investments	276,420	241,602
INTANGIBLE RIGHT TO USE LEASE,	18,119	15,613
net of accumulated amortization		
INTANGIBLE RIGHT TO USE SBITA,	10,195	8,062
net of accumulated amortization		
CAPITAL ASSETS		
Land	20,544	17,542
Buildings and improvements	447,035	437,184
Equipment	348,905	340,593
Construction in progress	16,352	18,729
	832,836	814,048
Less accumulated depreciation	562,094	541,607
	270,742	272,441
OTHER ASSETS		
Property not used in operations	2,116	5,155
Health-related investments	1,545	2,147
Other	22,262	20,922
Total other assets	25,923	28,224
Total assets	916,592	899,608
DEFERRED OUTFLOWS	11,919	13,133
Total assets and deferred outflows	\$ 928,511	\$ 912,741

Consolidated Statements of Net Position (000's)

	May-26	Jun-25
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 30,787	\$ 43,963
Accrued payroll and related liabilities	75,864	71,620
SBITA liability, current portion	3,442	3,031
Lease liability, current portion	3,507	3,204
Bonds payable, current portion	13,184	13,014
Notes payable, current portion	3,458	-
Financing Lease Liability, current portion	554	-
Total current liabilities	130,796	134,831
LEASE LIABILITY, net of current portion	15,291	12,850
SBITA LIABILITY, net of current portion	5,206	3,941
LONG-TERM DEBT, less current portion		
Bonds payable	198,995	201,619
Financing Lease payable	3,067	-
Notes payable	17,292	20,750
Total long-term debt	219,354	222,369
NET PENSION LIABILITY	19,720	16,169
OTHER LONG-TERM LIABILITIES	57,143	50,472
Total liabilities	447,511	440,632
NET ASSETS		
Invested in capital assets, net of related debt	59,987	60,147
Restricted	48,570	58,980
Unrestricted	372,443	352,983
Total net position	481,000	472,110
Total liabilities and net position	\$ 928,511	\$ 912,741

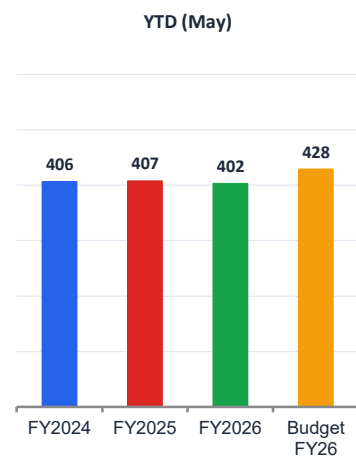
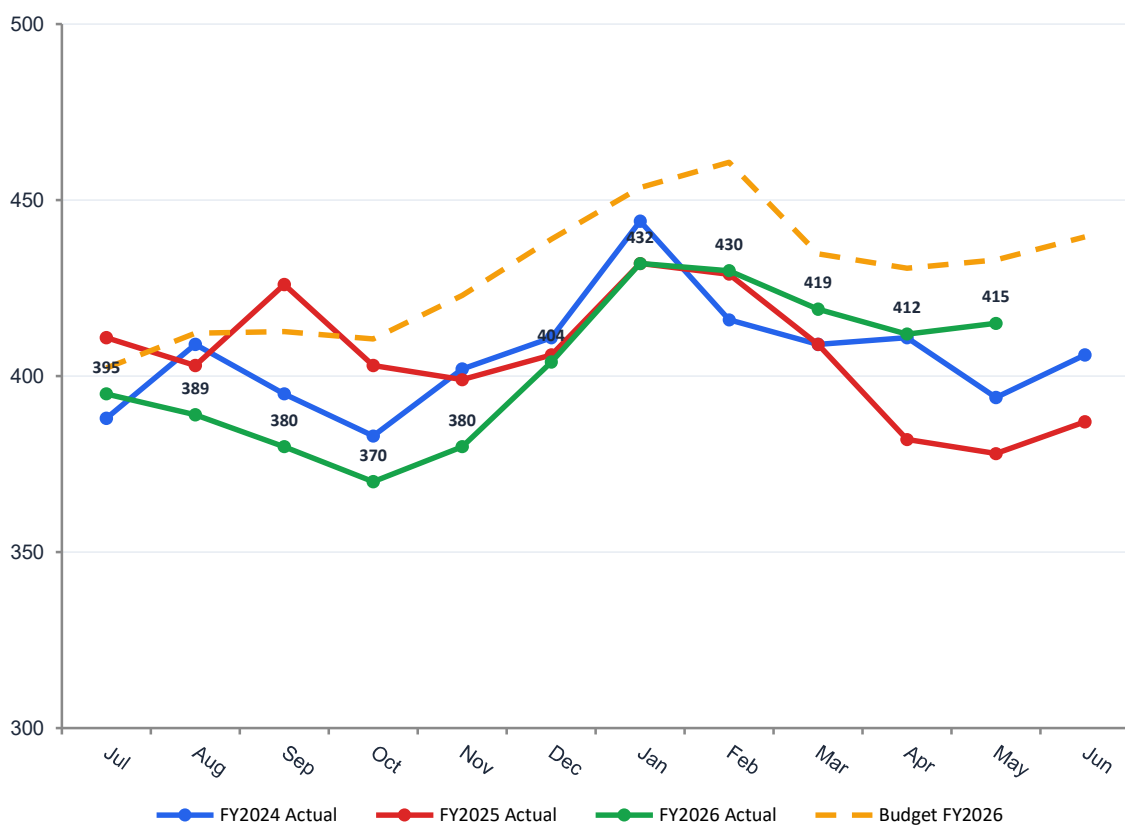
Monthly Statistics Report

FY2024 – May FY2026 Actuals | Budget FY2026

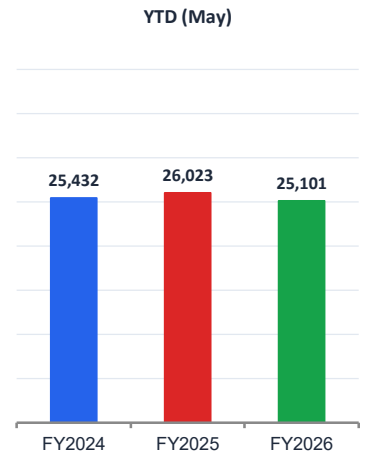
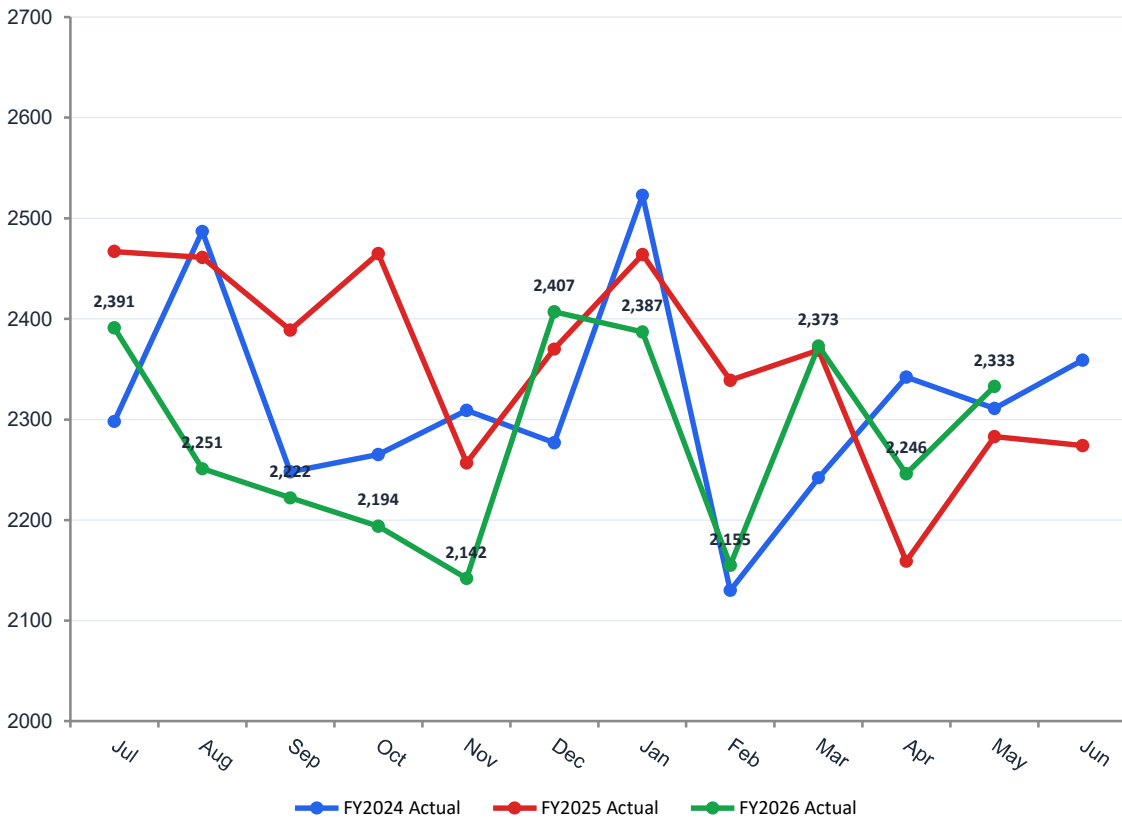
Kaweah Health

May 2026

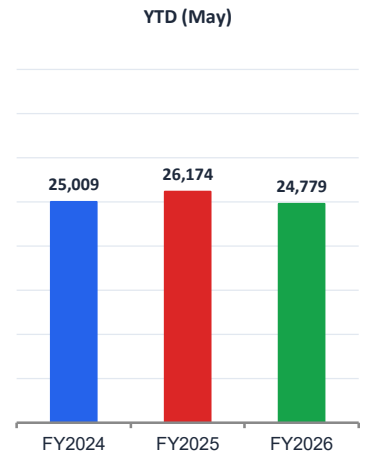
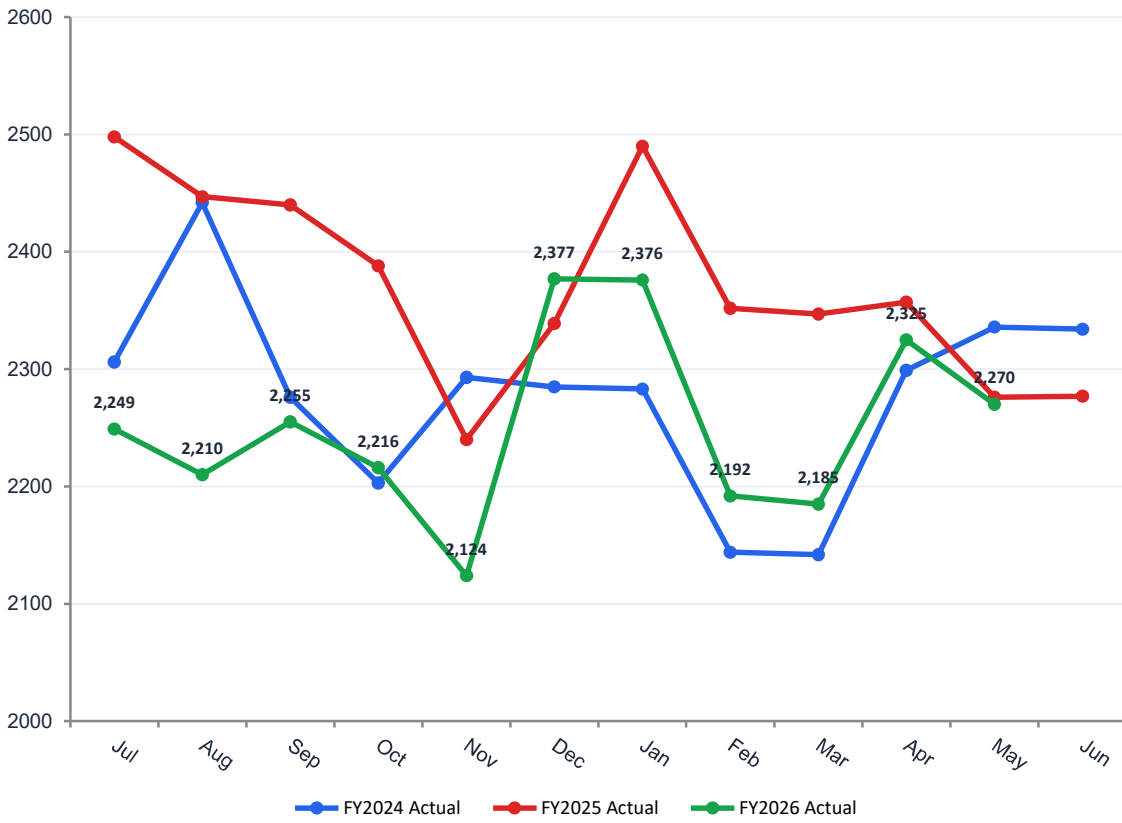
Average Daily Census



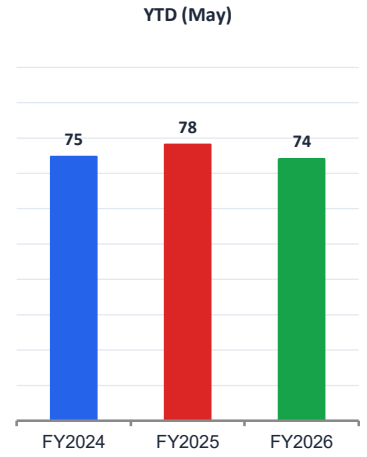
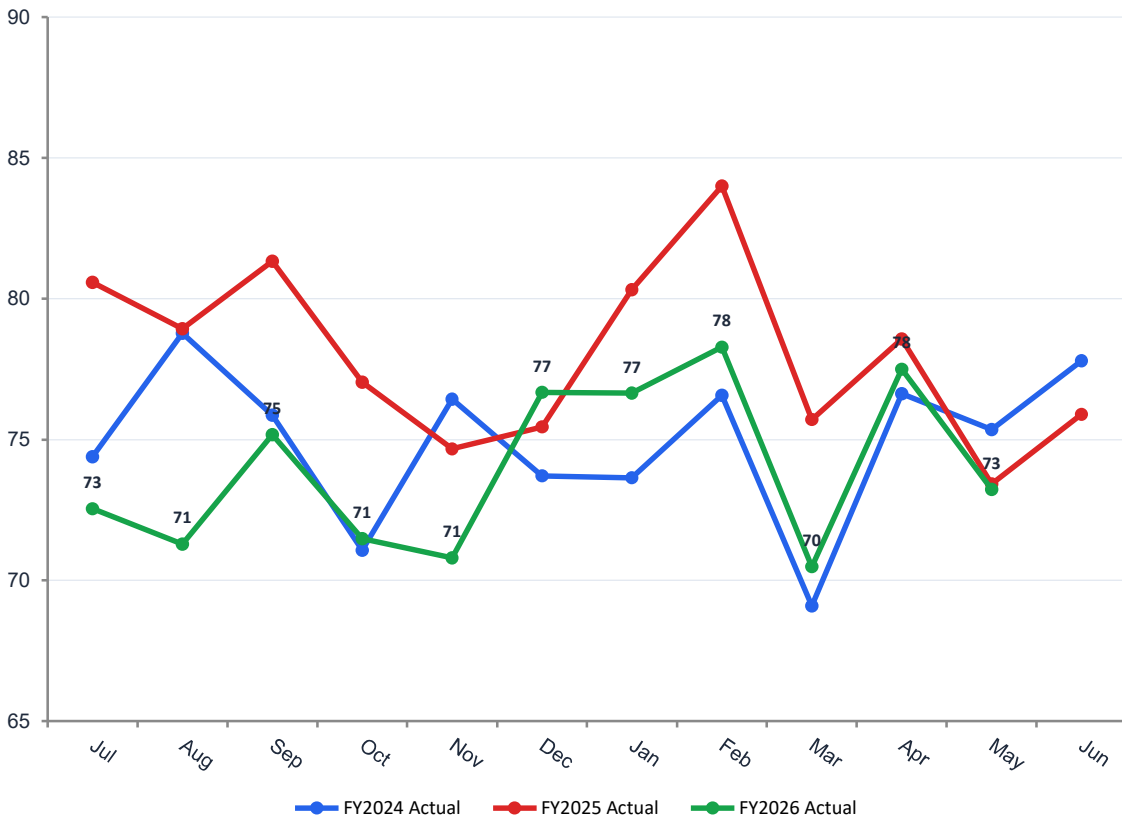
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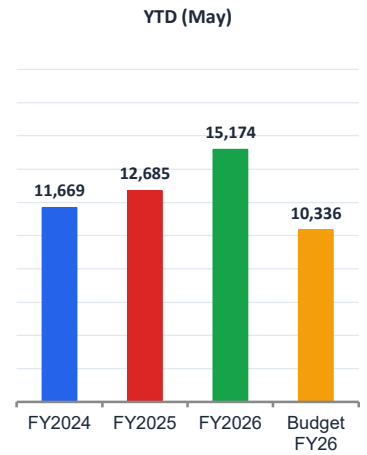
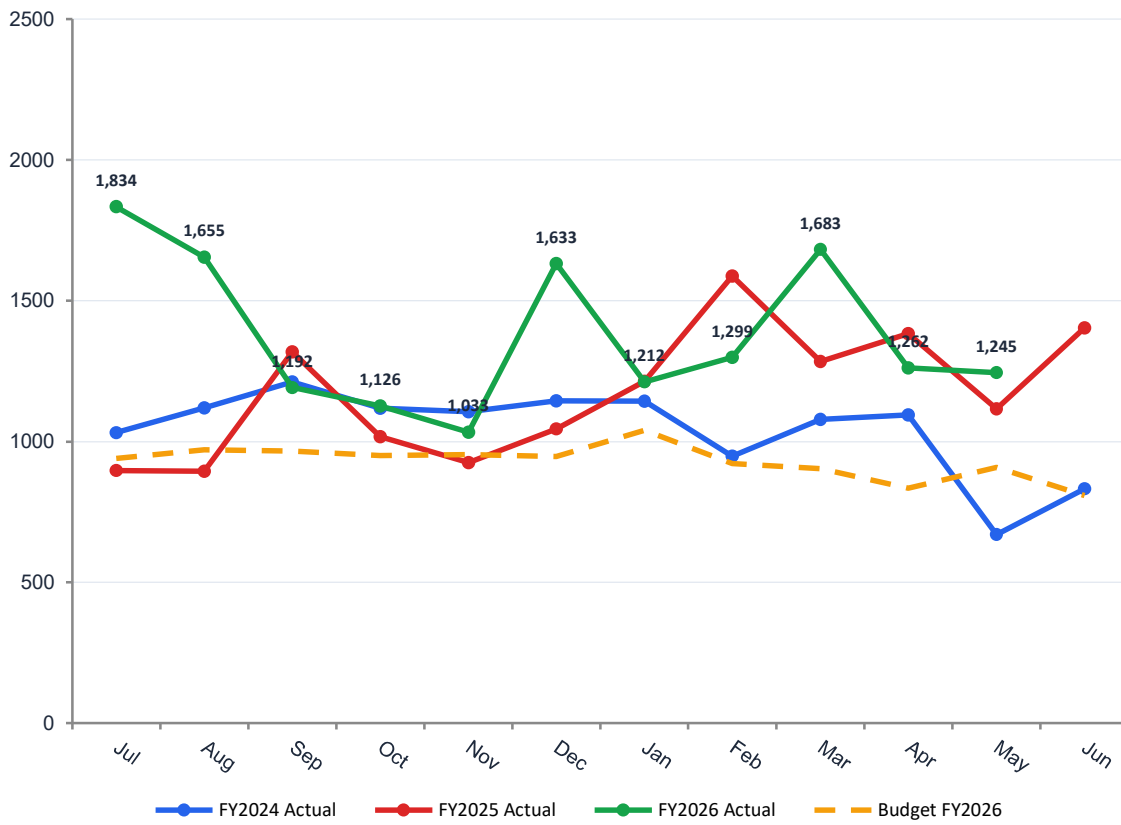
Discharges



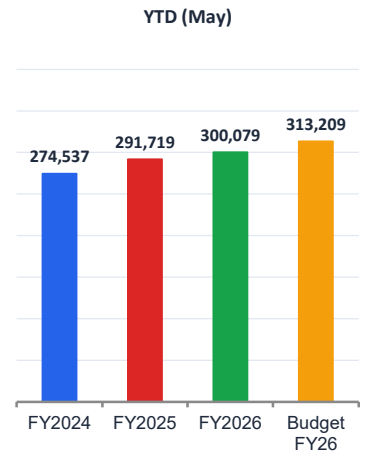
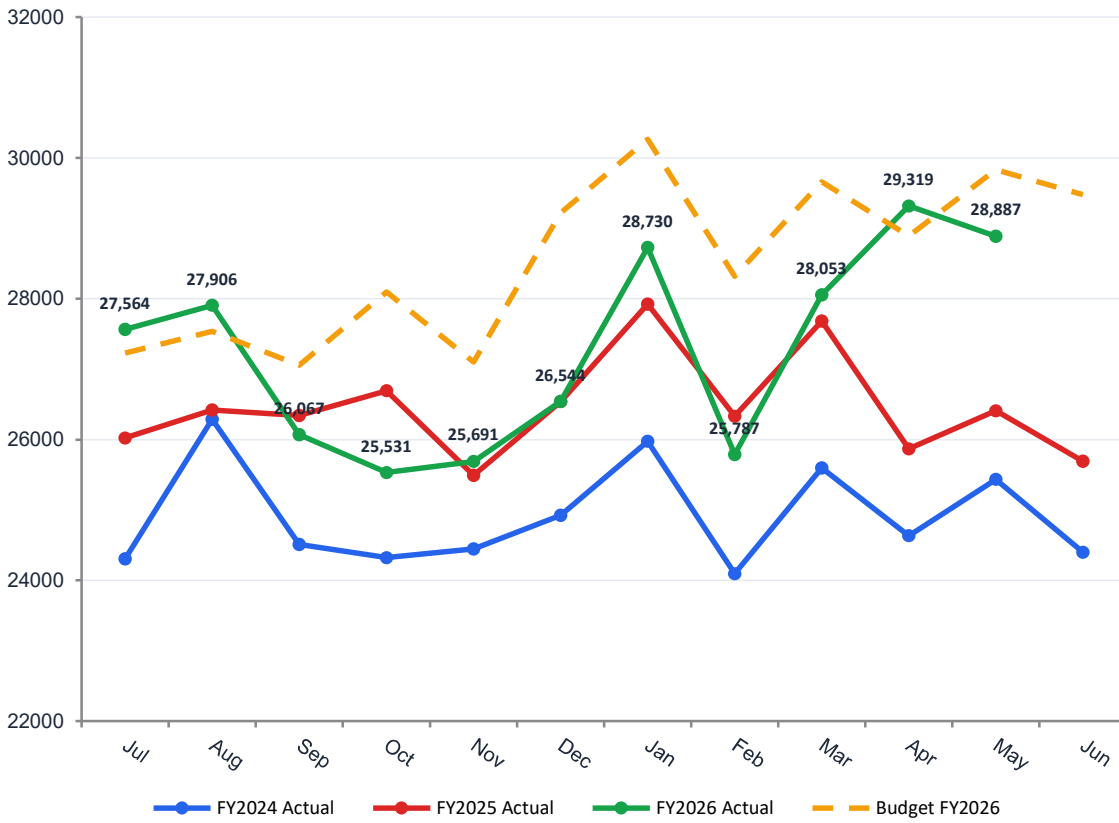
Avg Discharges Per Day



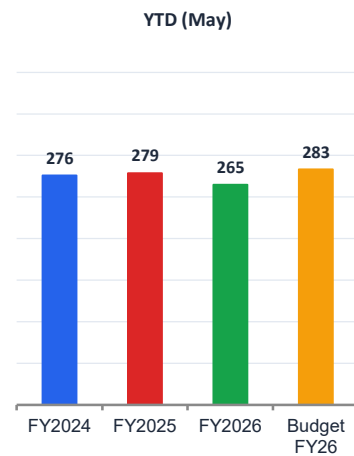
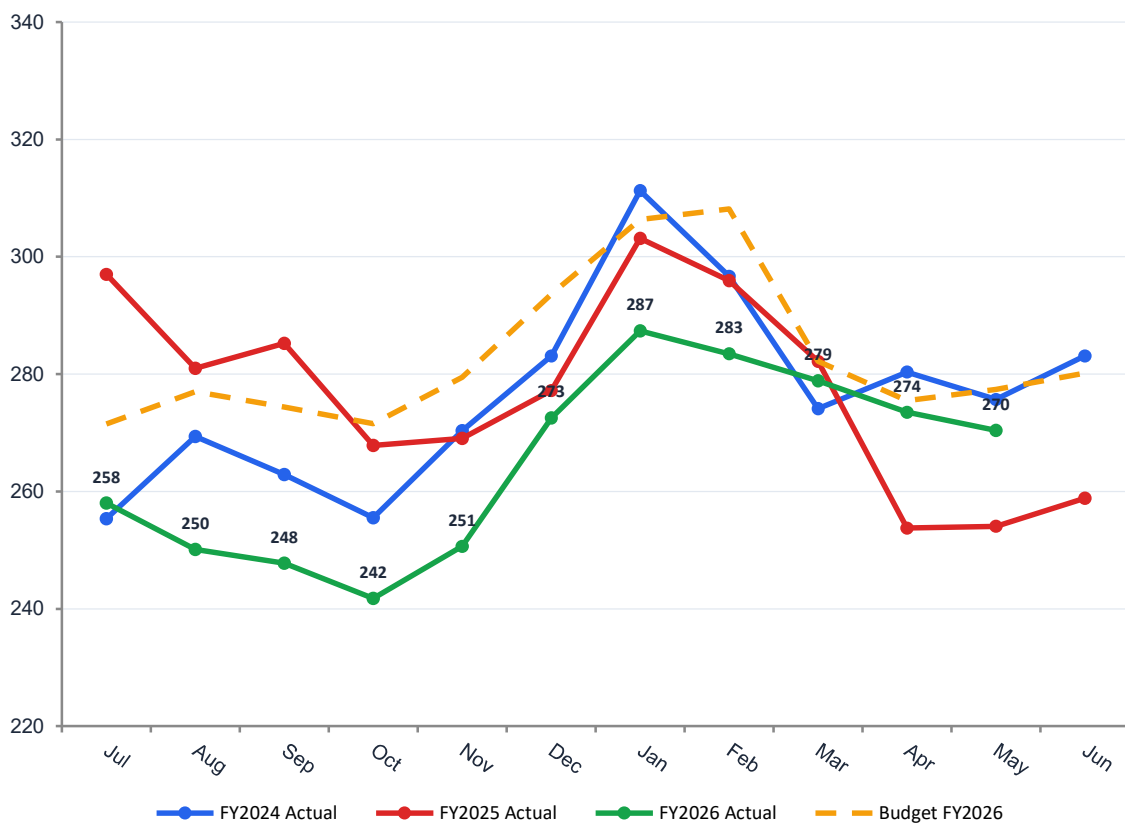
Observation Days



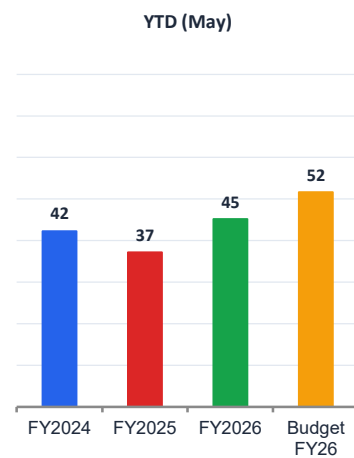
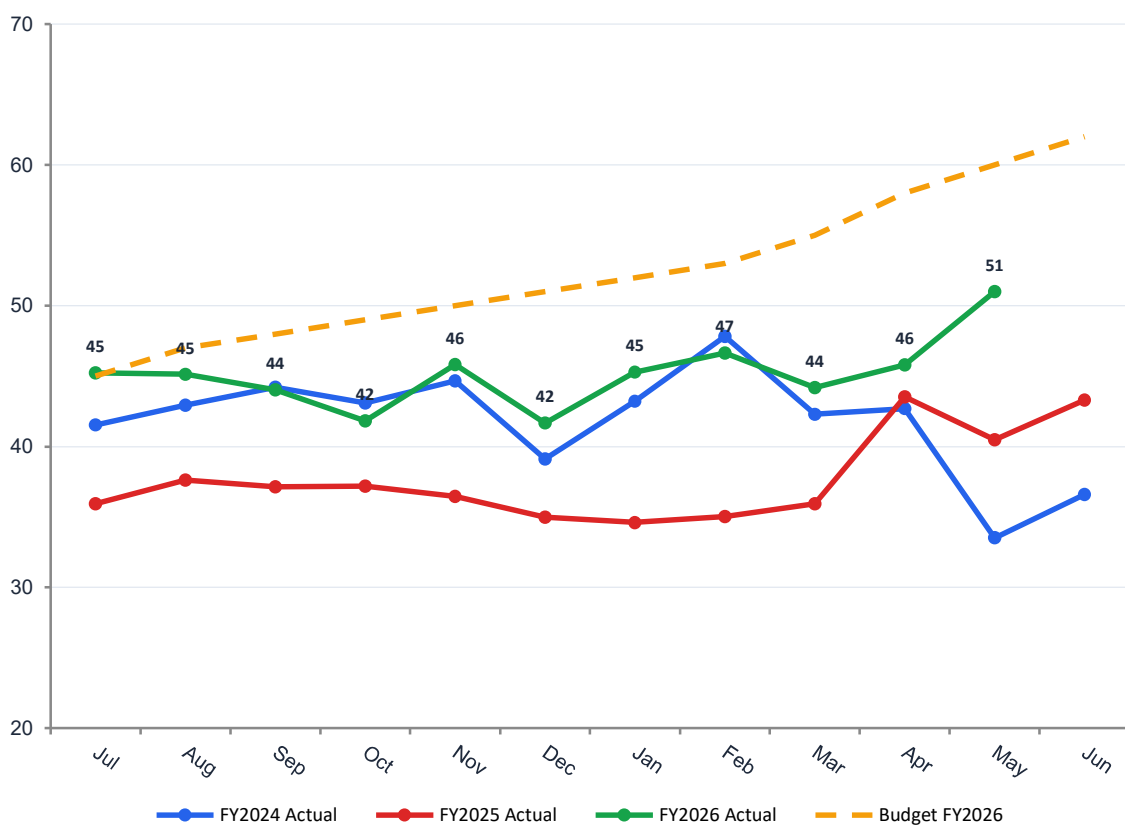
Adjusted Patient Days



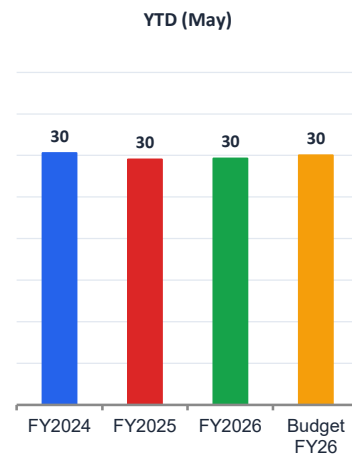
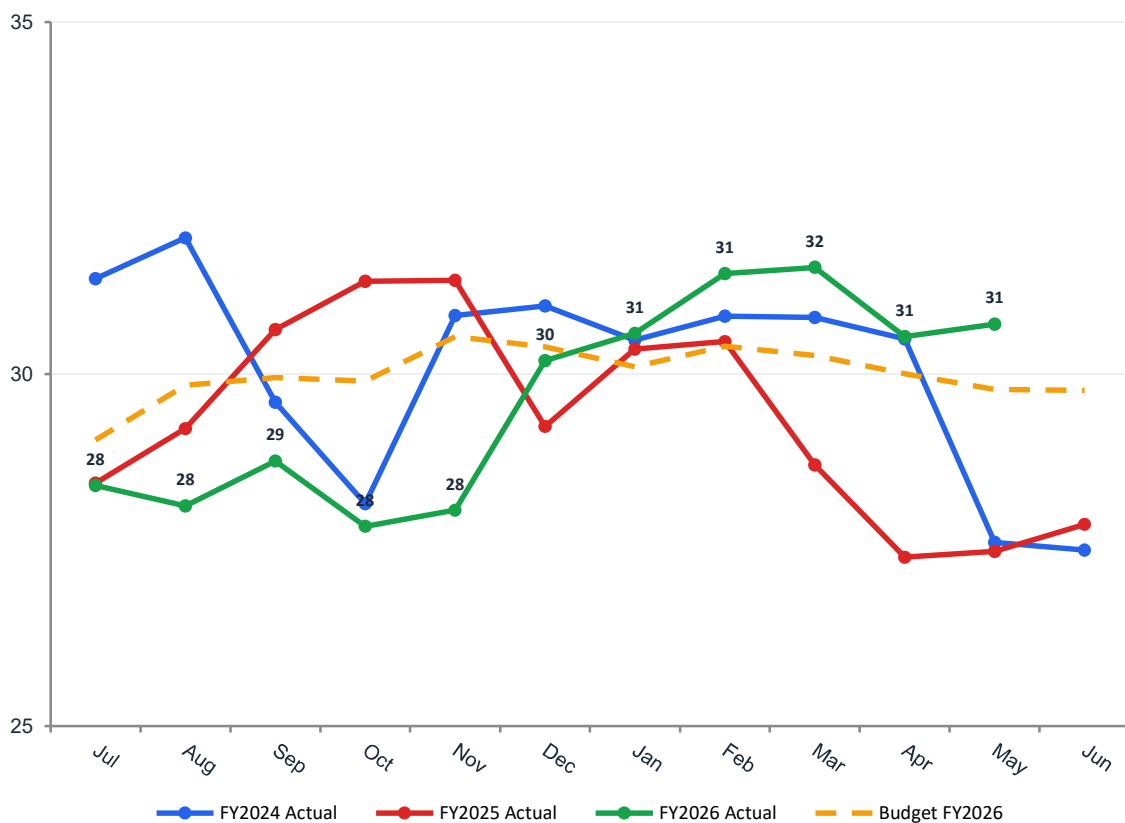
Medical Center (Avg Patients Per Day)



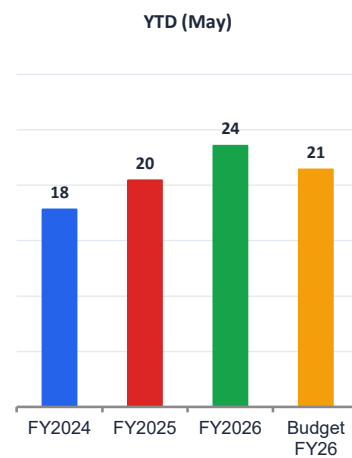
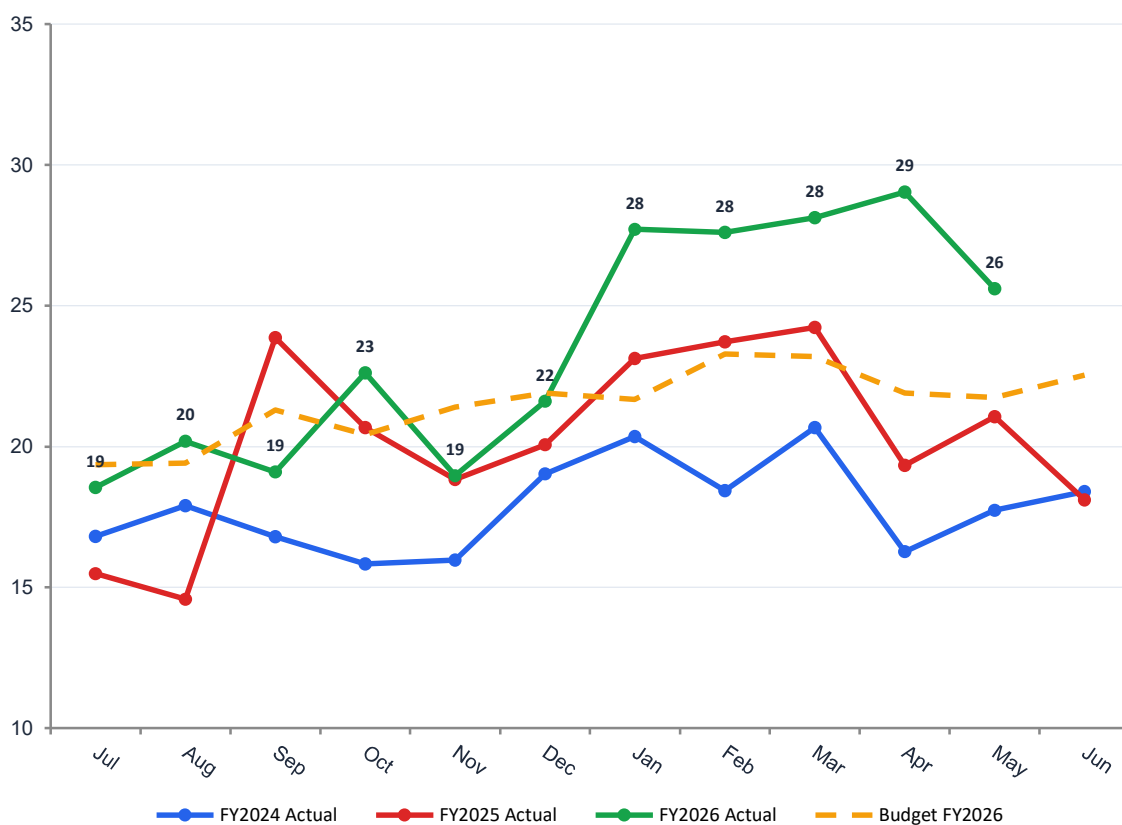
Acute I/P Psych (Avg Patients Per Day)



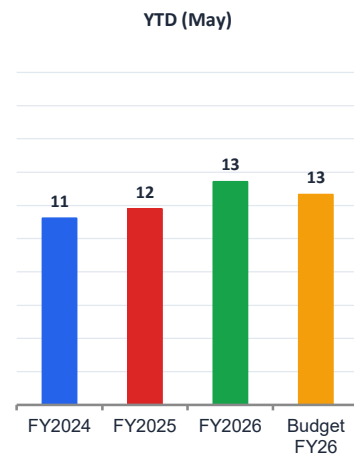
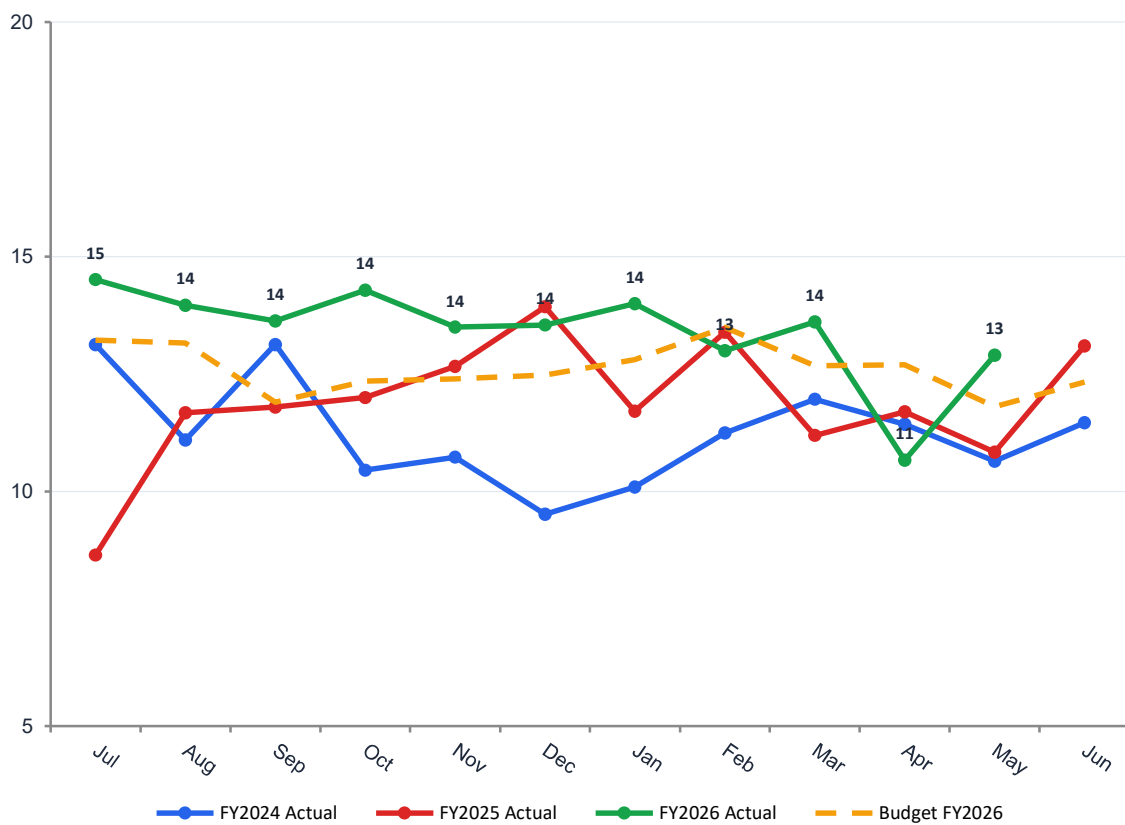
Sub-Acute - Avg Patients Per Day



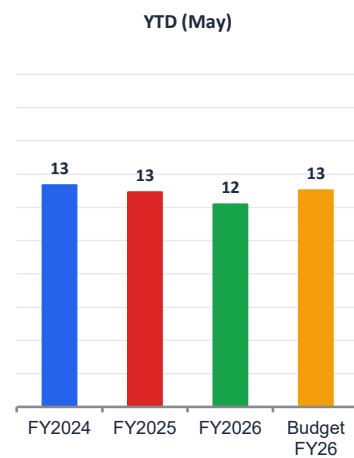
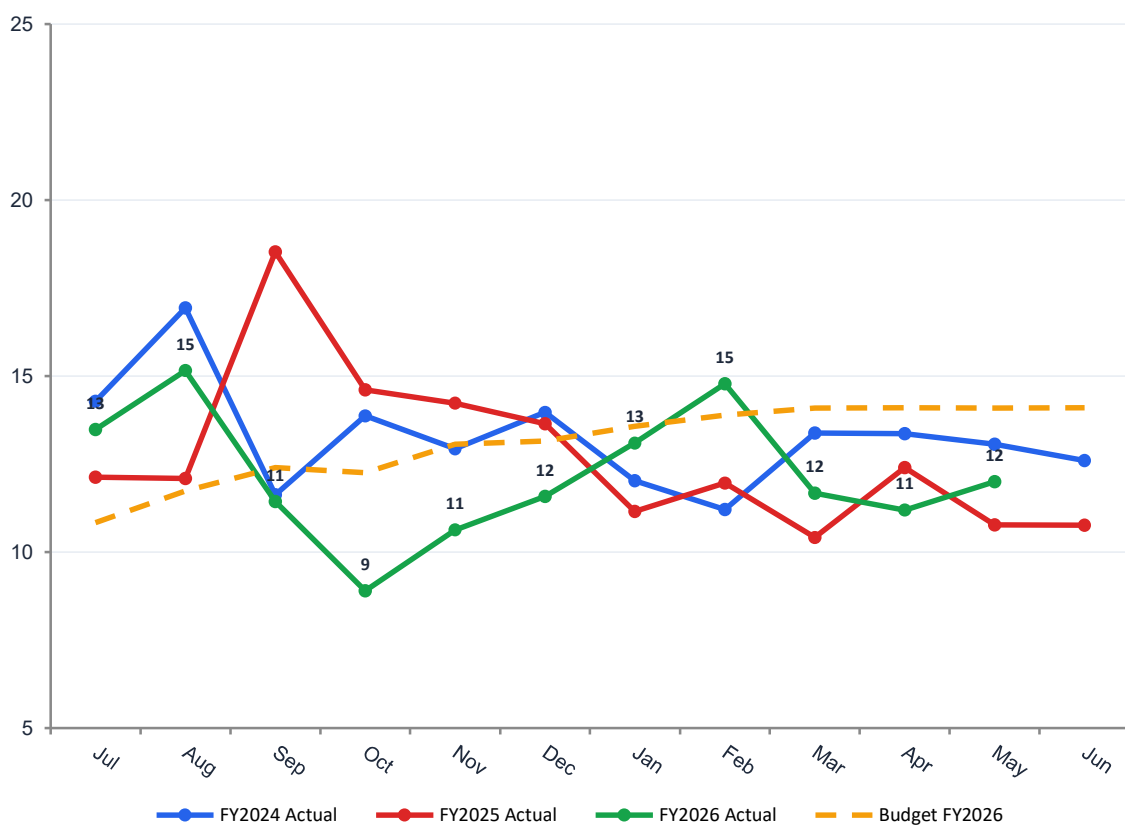
Rehabilitation Hospital - Avg Patients Per Day



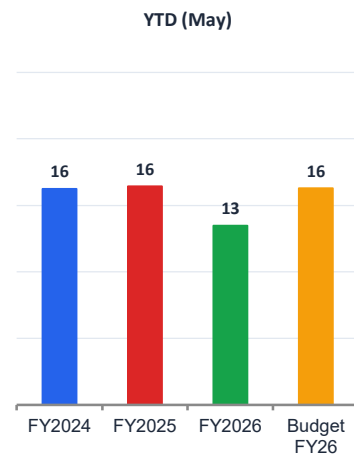
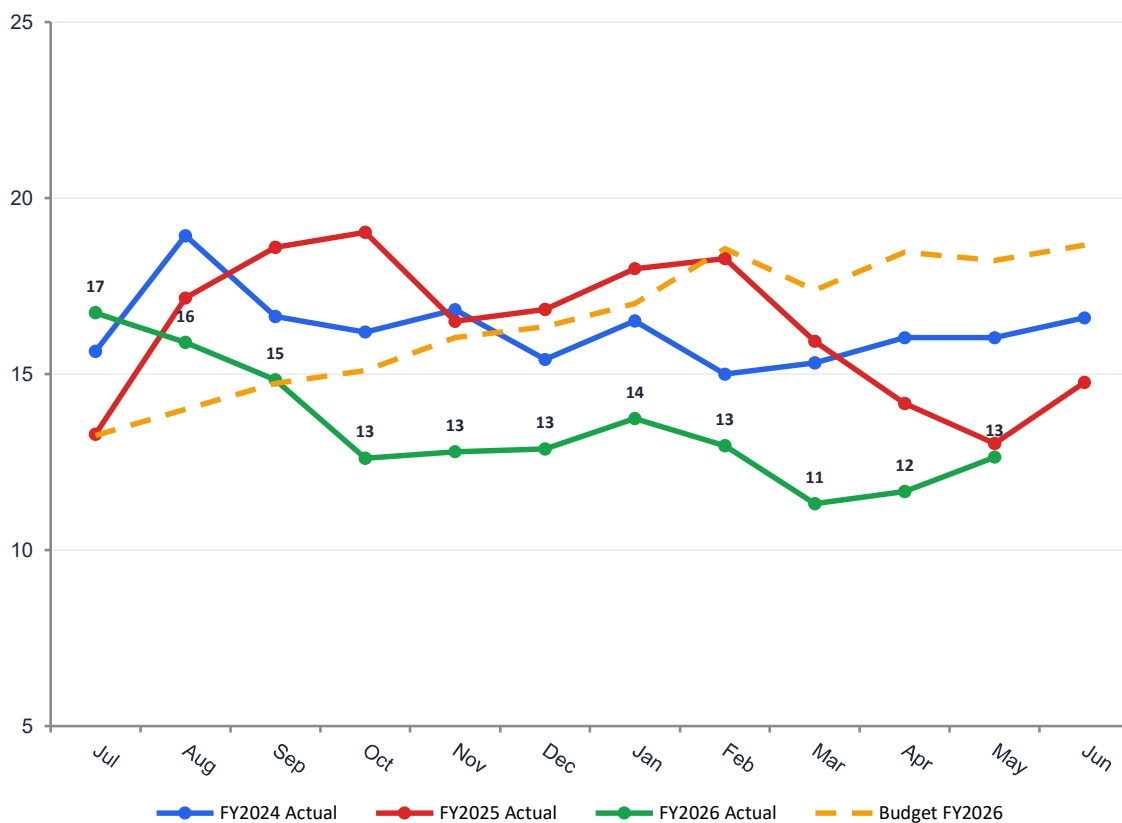
TCS Ortho - Avg Patients Per Day



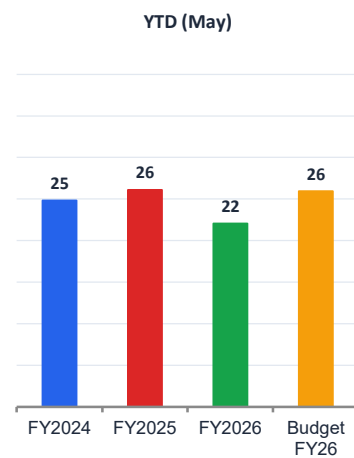
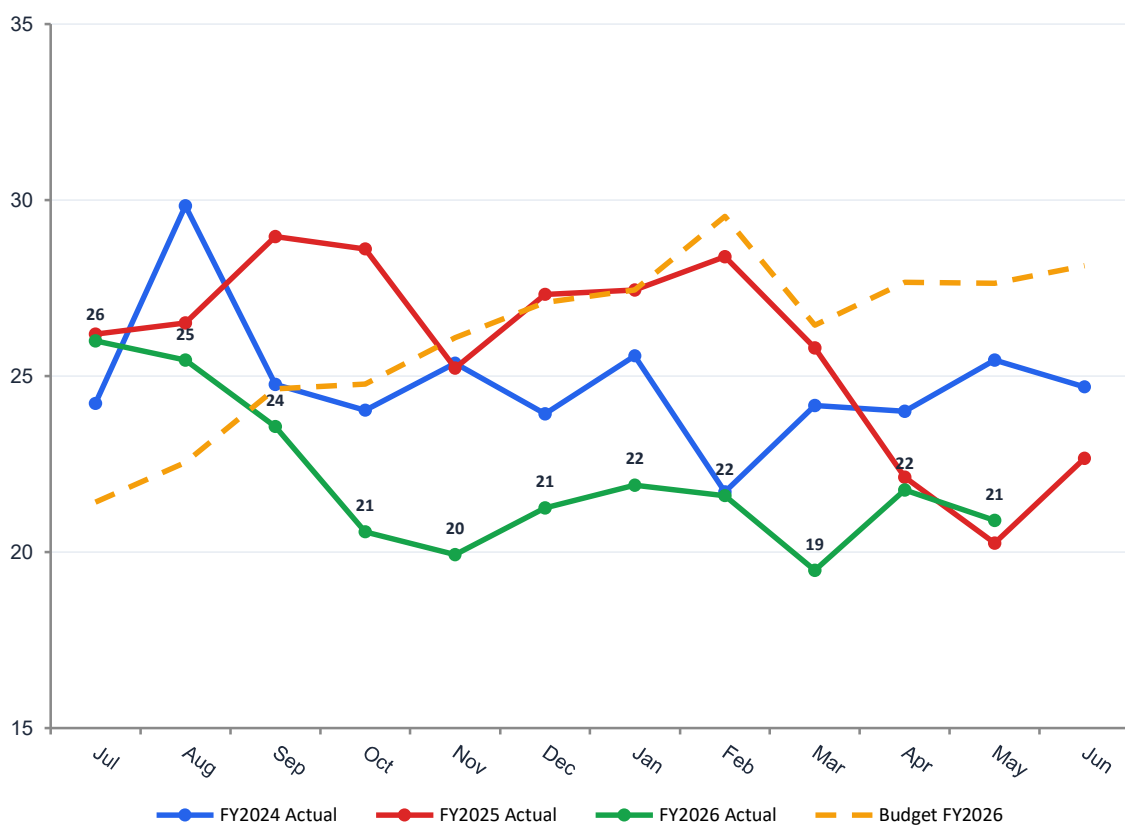
NICU - Avg Patients Per Day



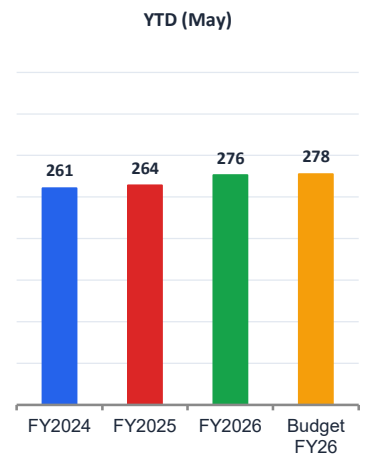
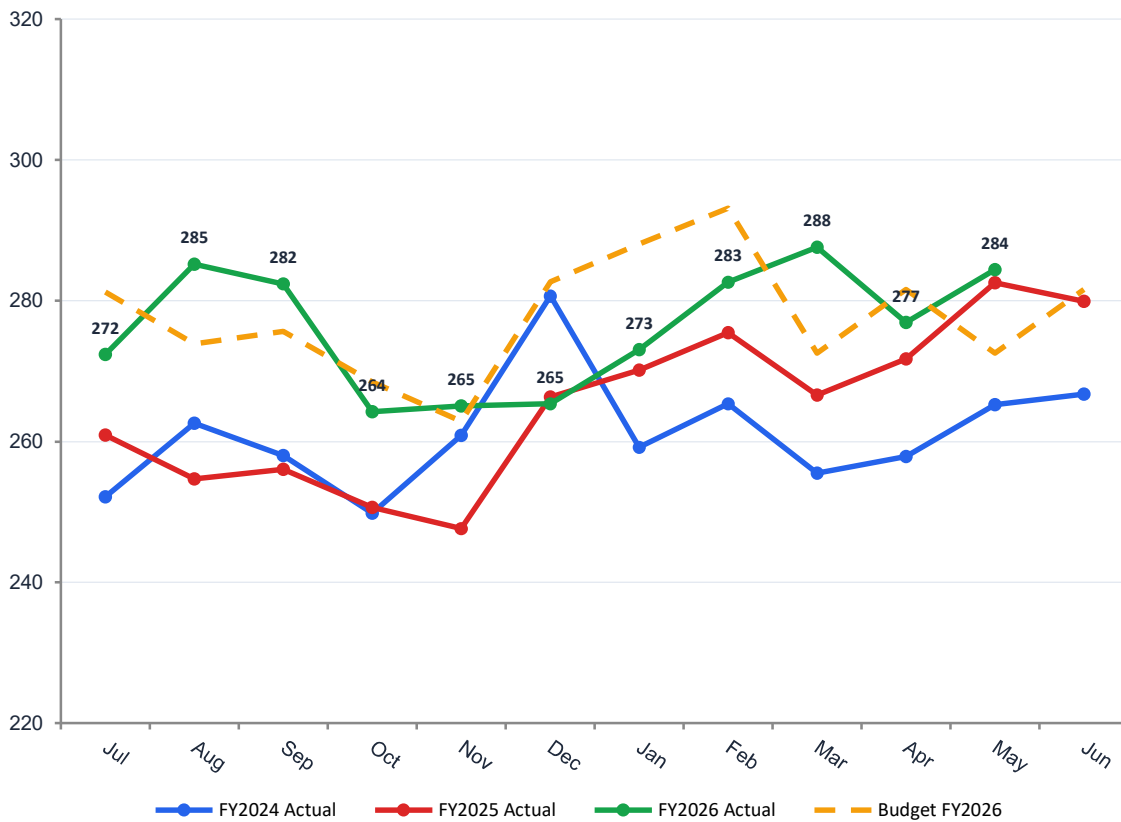
Nursery - Avg Patients Per Day



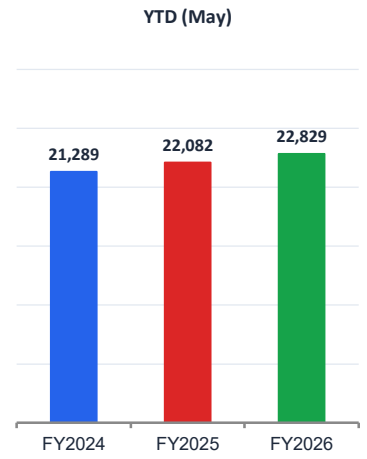
Obstetrics - Avg Patients Per Day



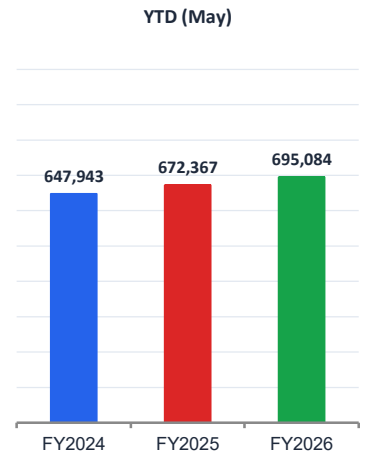
ED - Avg Treated Per Day



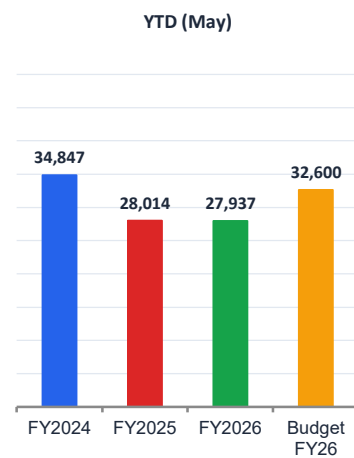
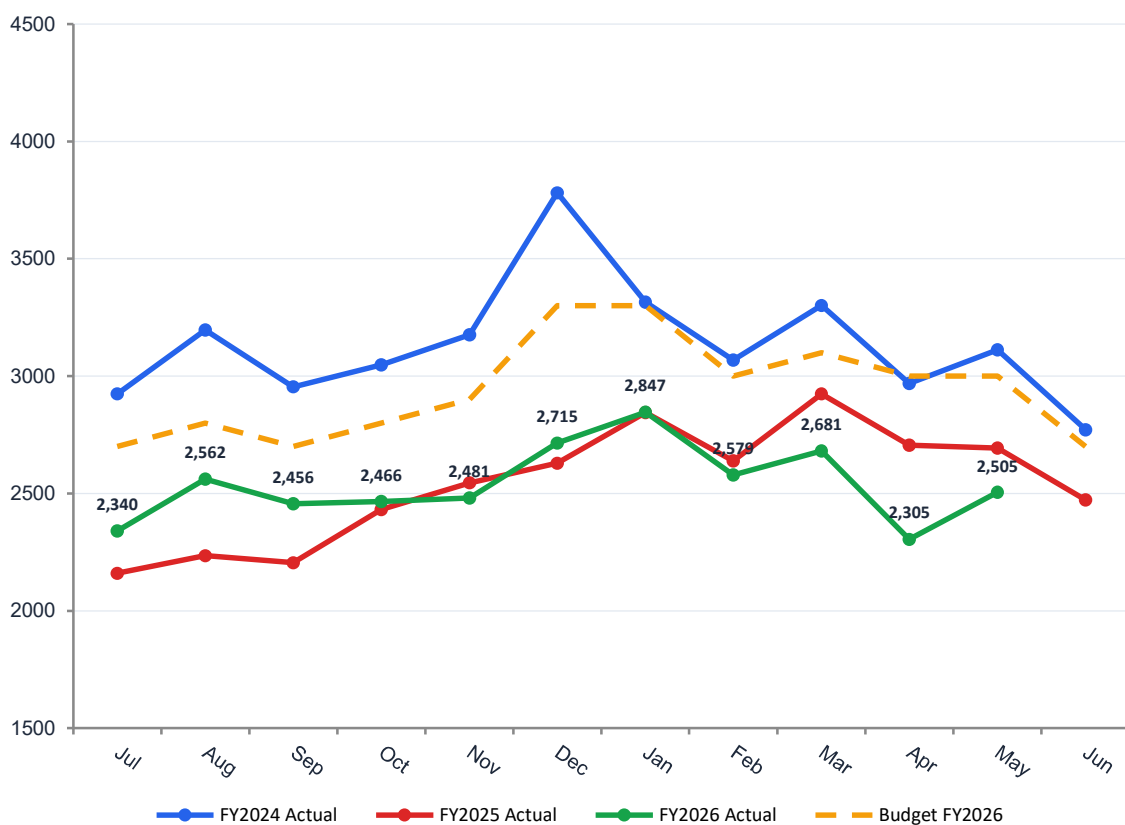
Outpatient Registrations Per Day



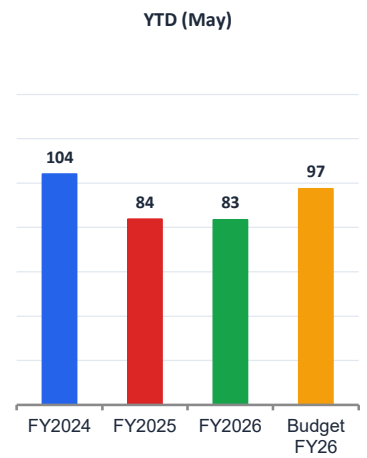
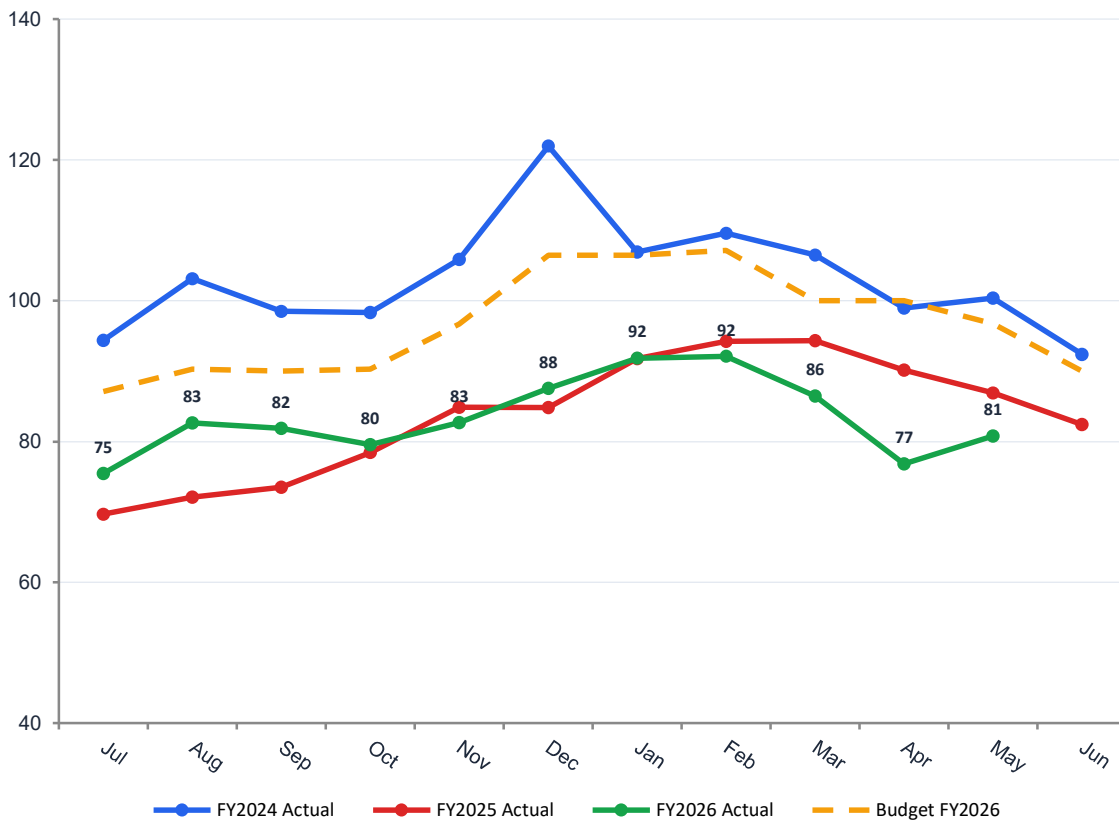
Outpatient Registrations



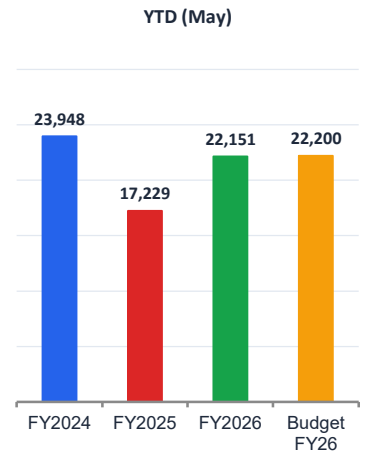
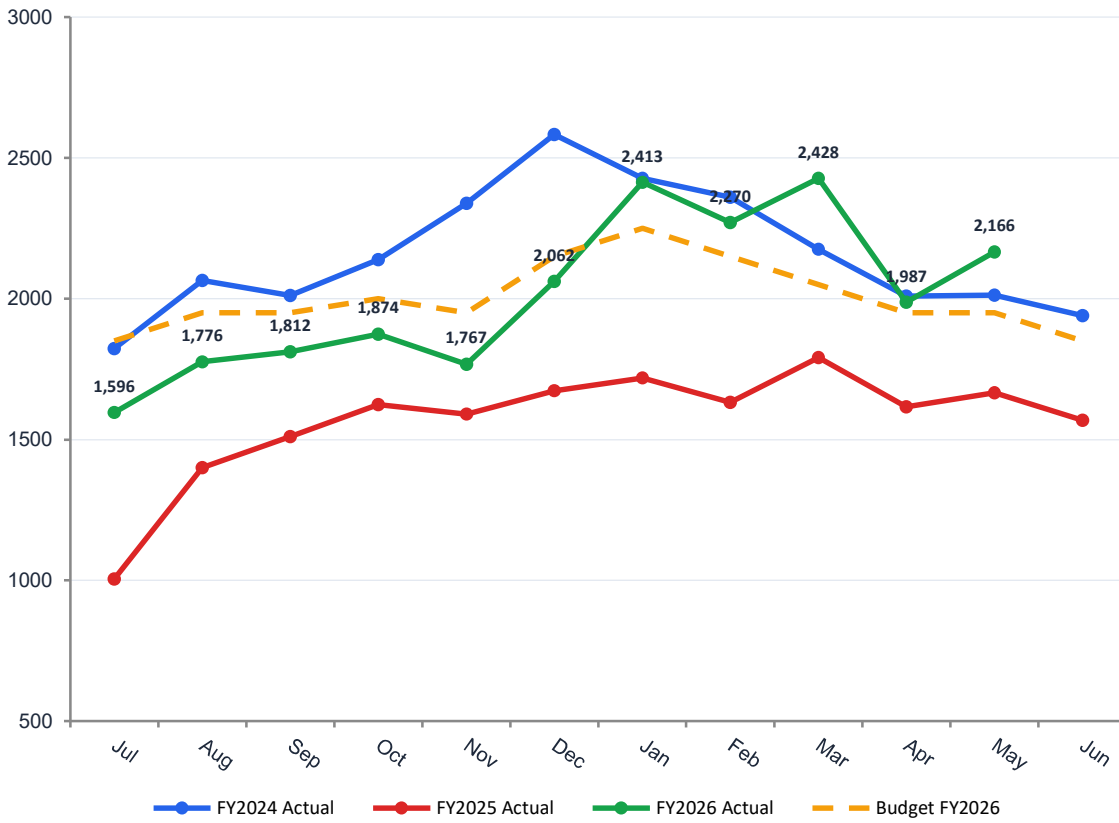
Urgent Care – Court Total Visits



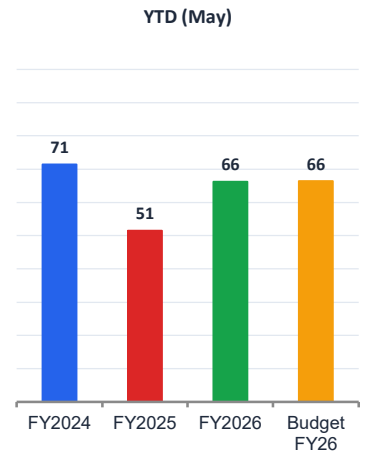
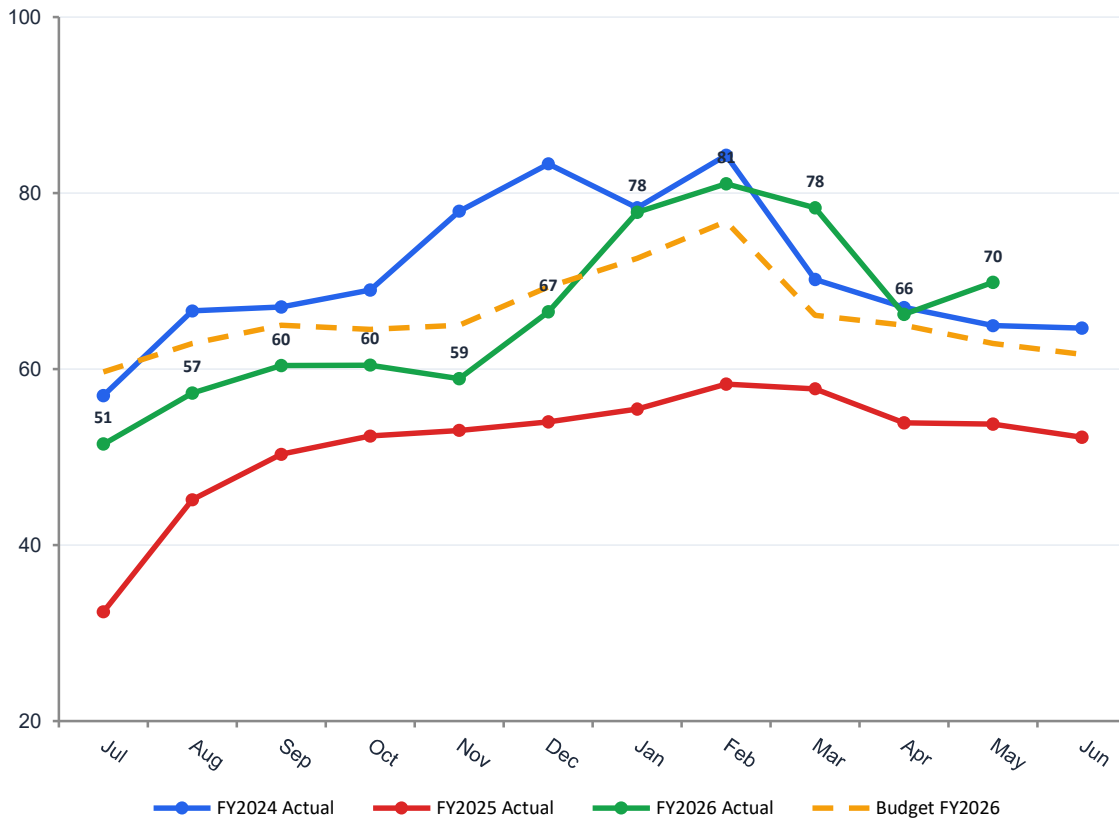
Urgent Care – Court Avg Visits Per Day



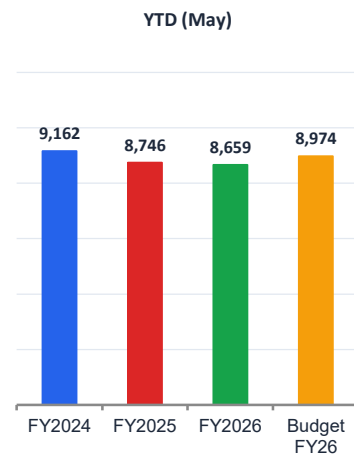
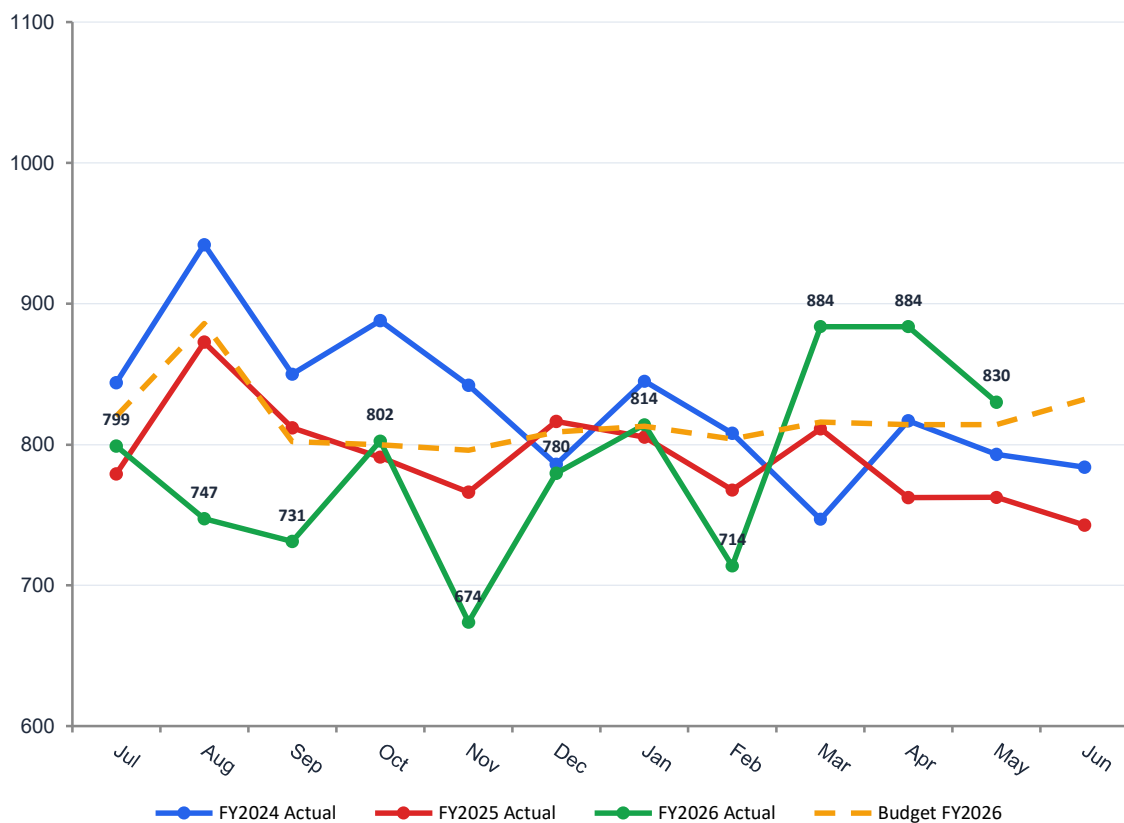
Urgent Care – Demaree Total Visits



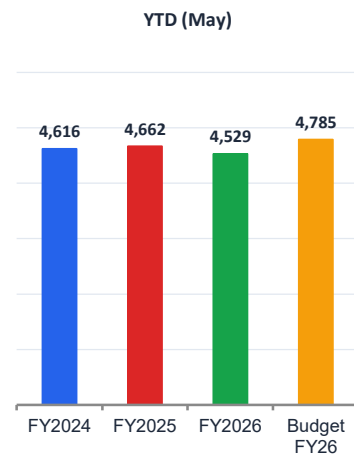
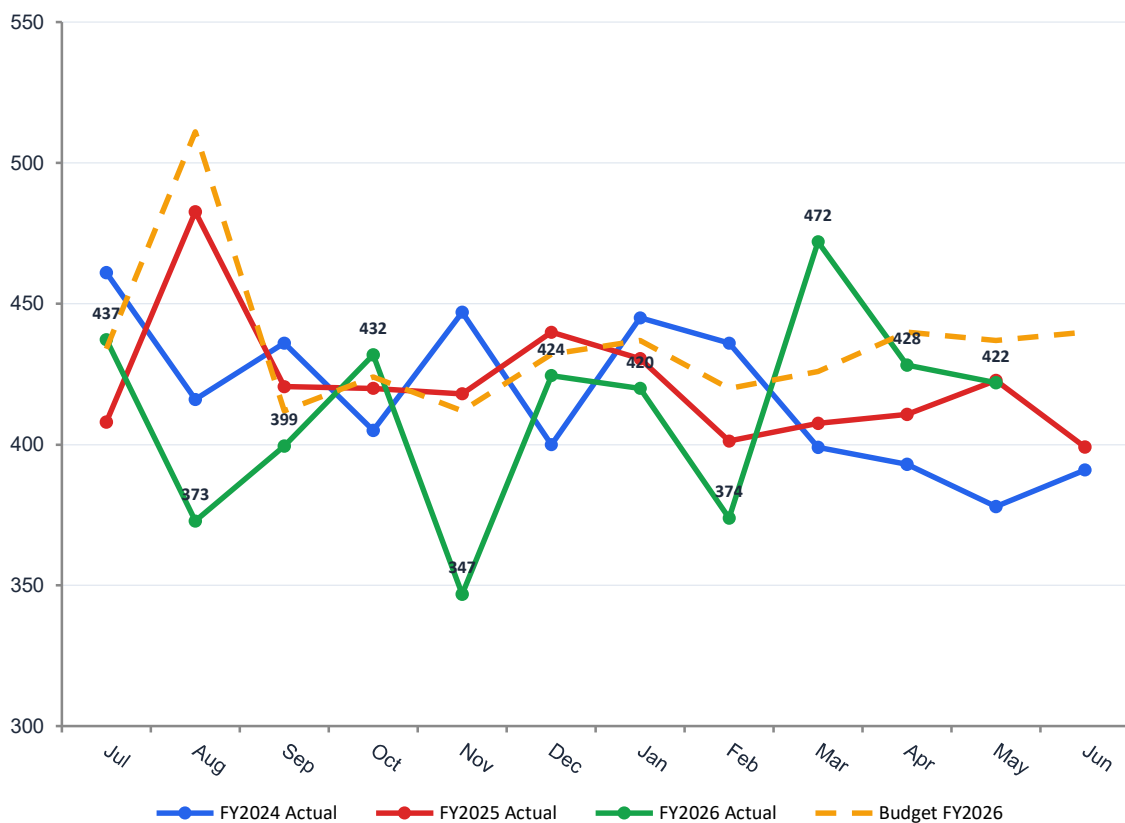
Urgent Care – Demaree Avg Visits Per Day



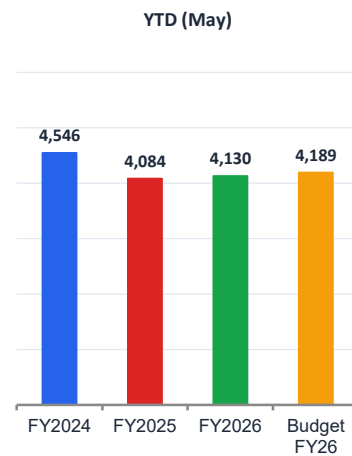
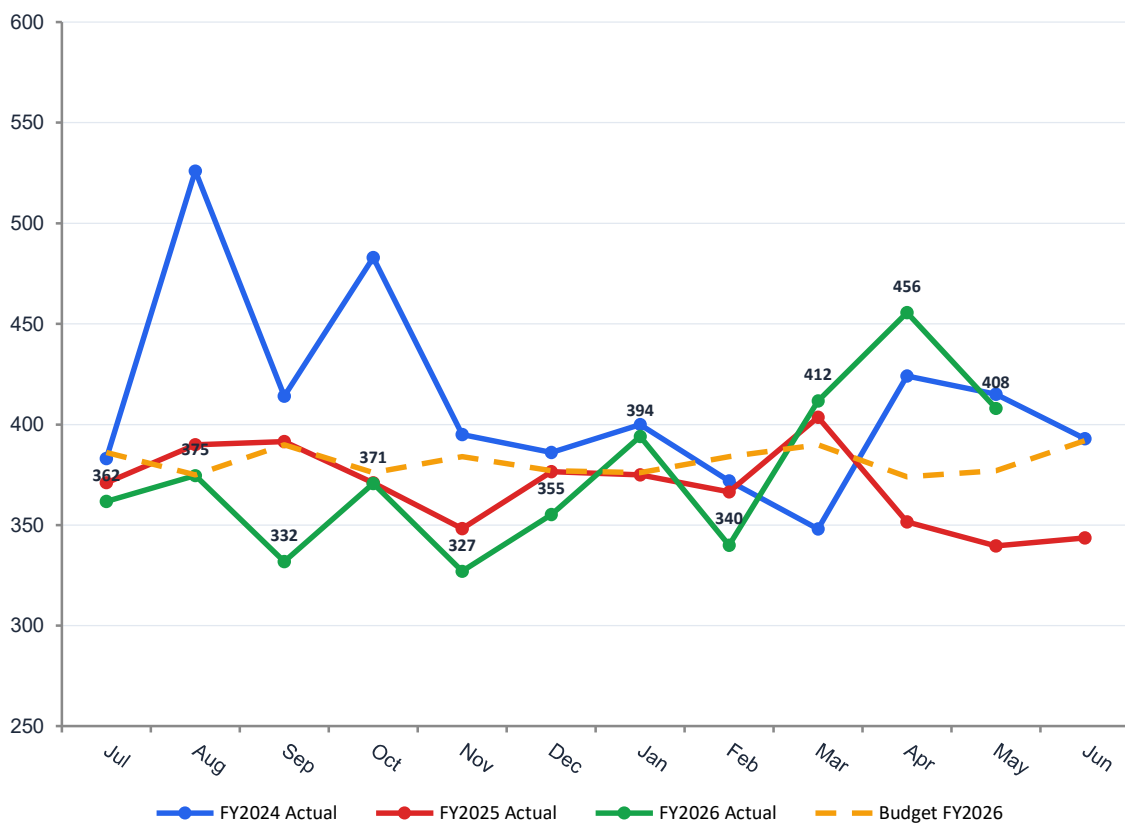
Surgery (IP & OP) – 100 Min Units



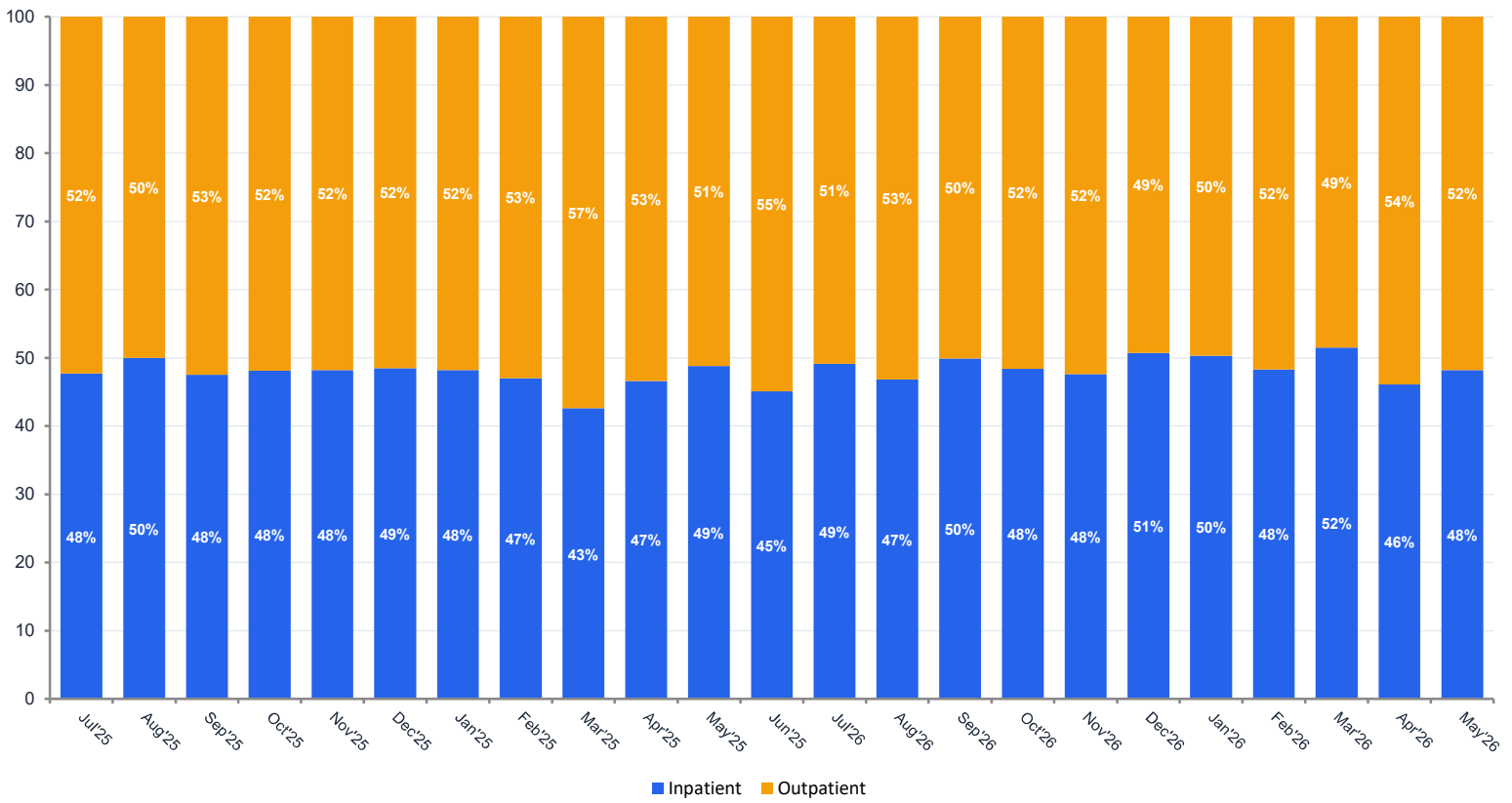
Surgery (IP Only) - 100 Min Unit



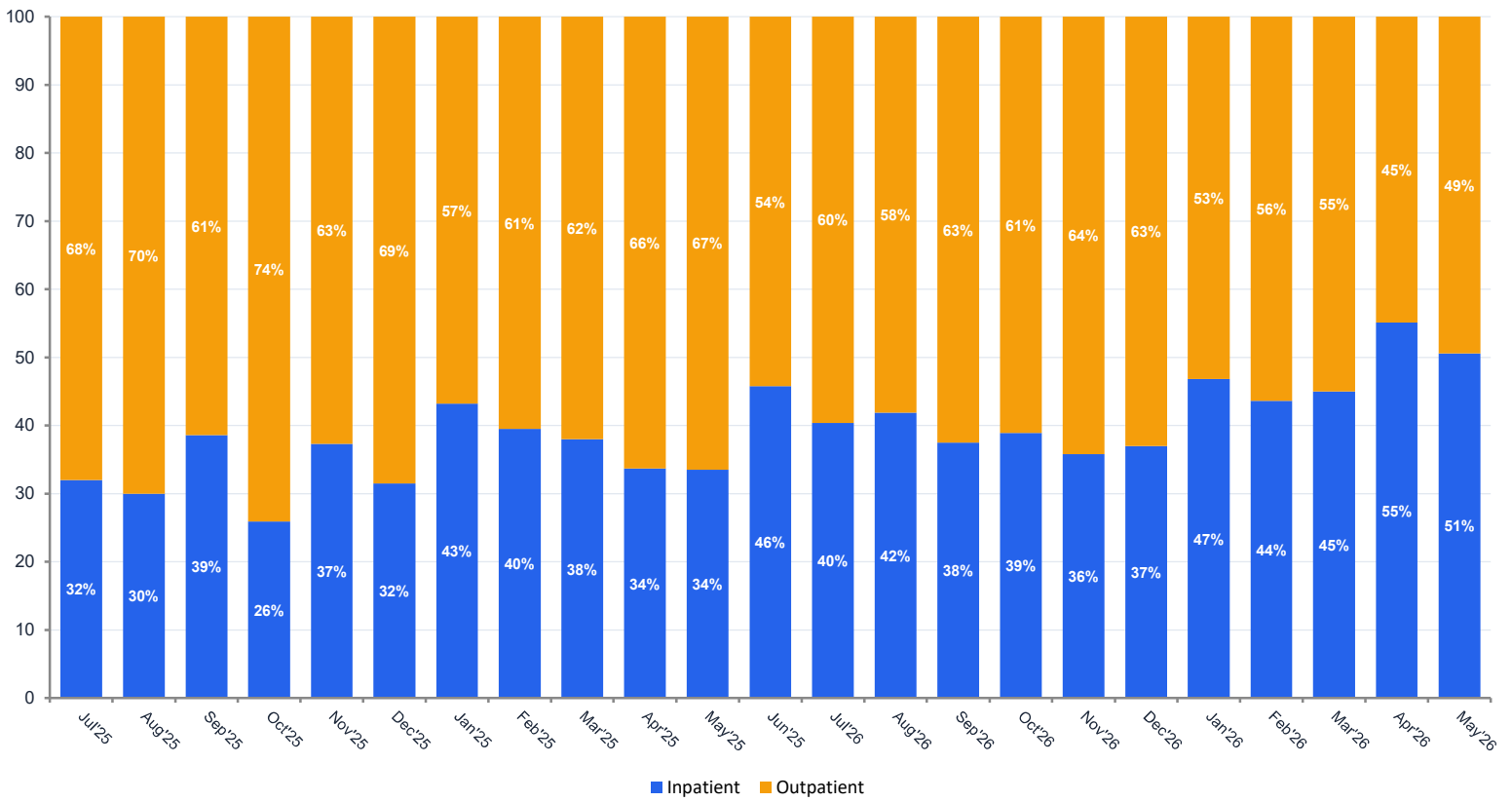
Surgery (OP Only) - 100 Min Units



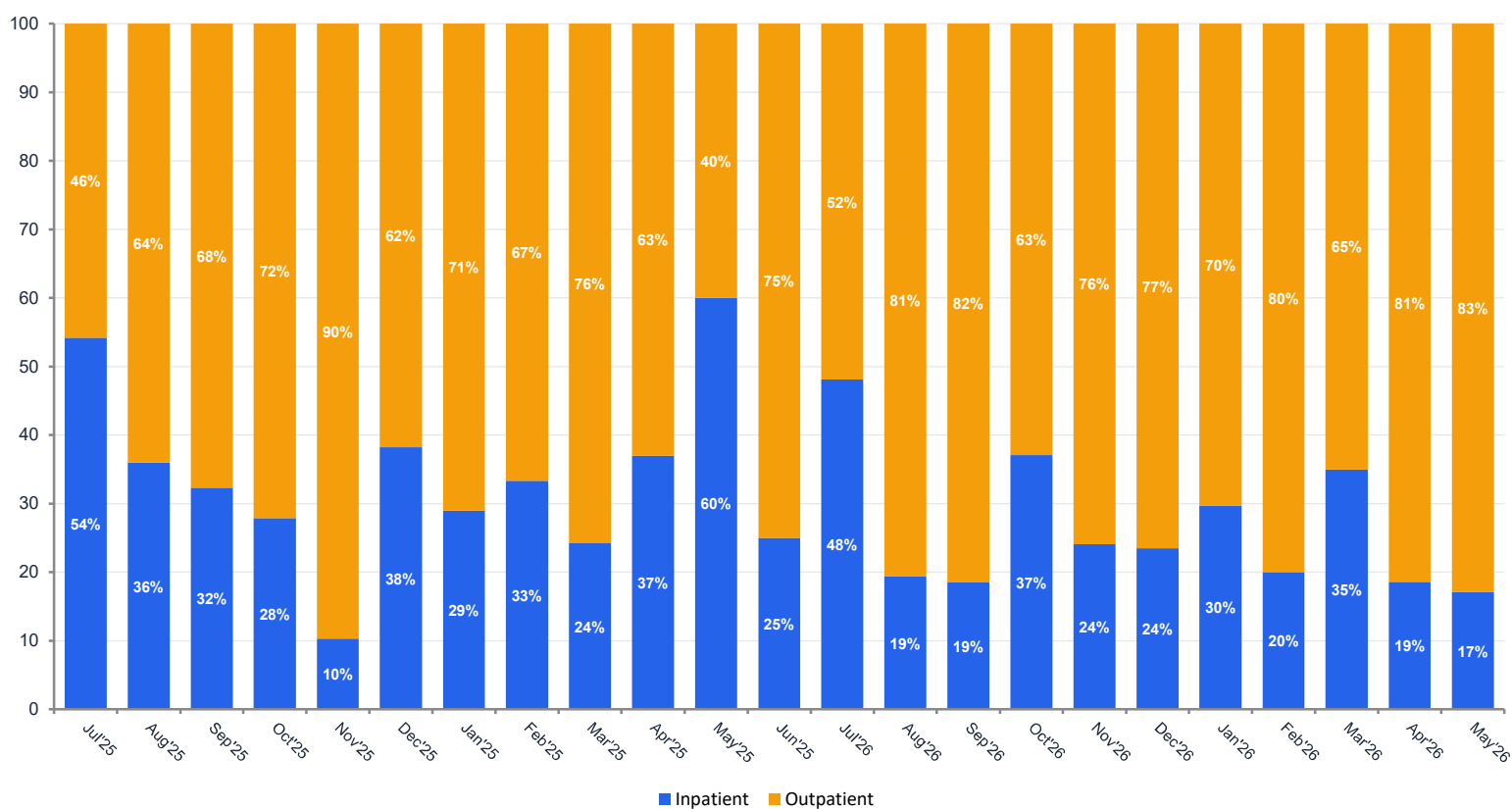
Surgery Cases (IP & OP)



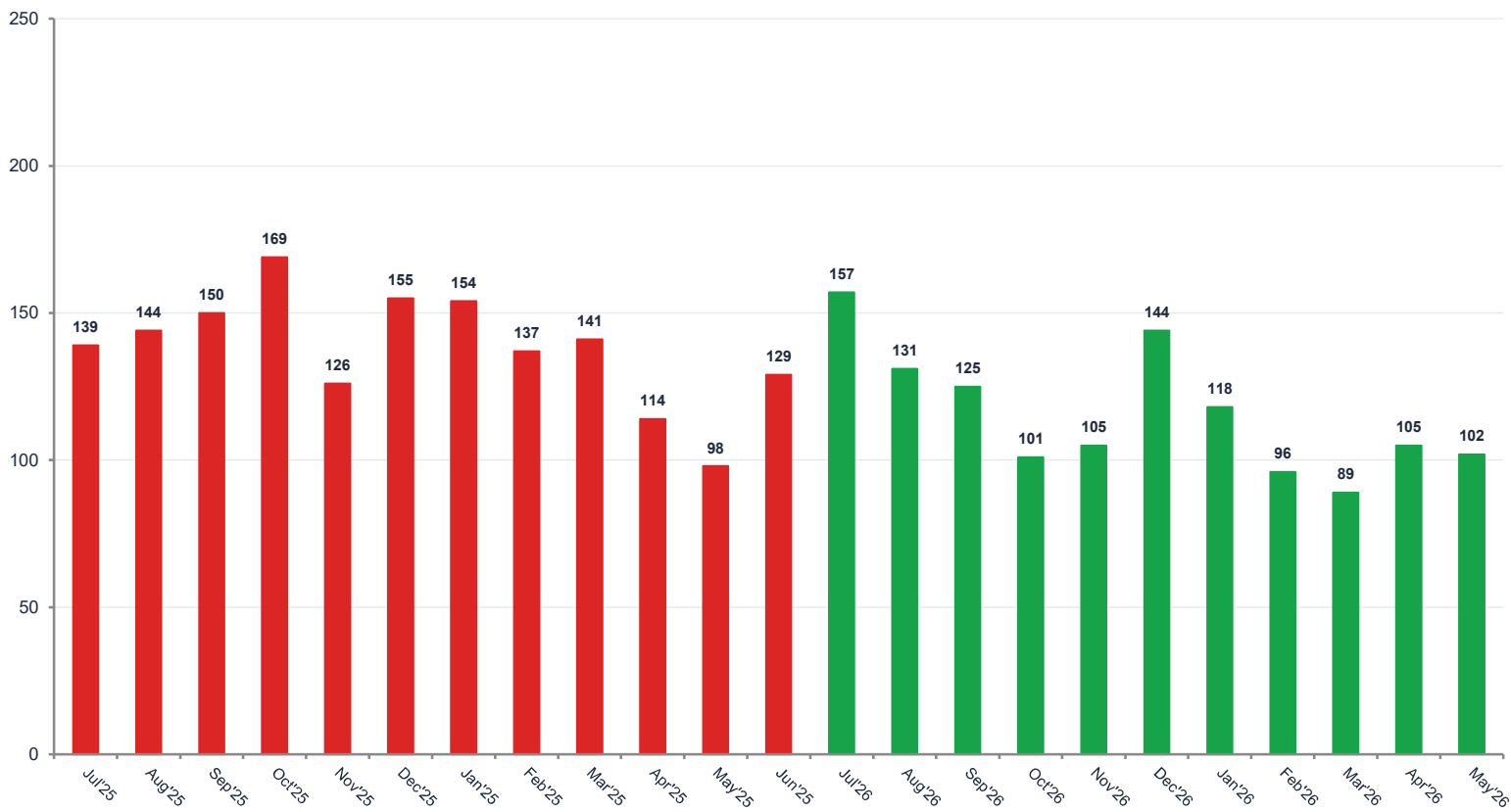
Endo Cases (Suites A & B And OR)



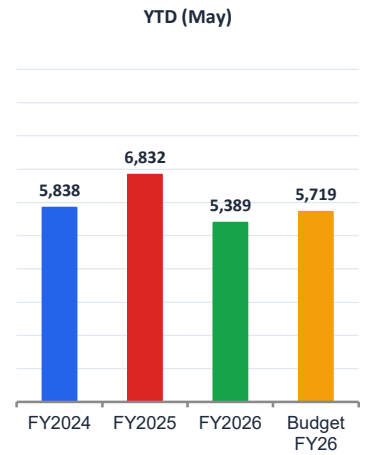
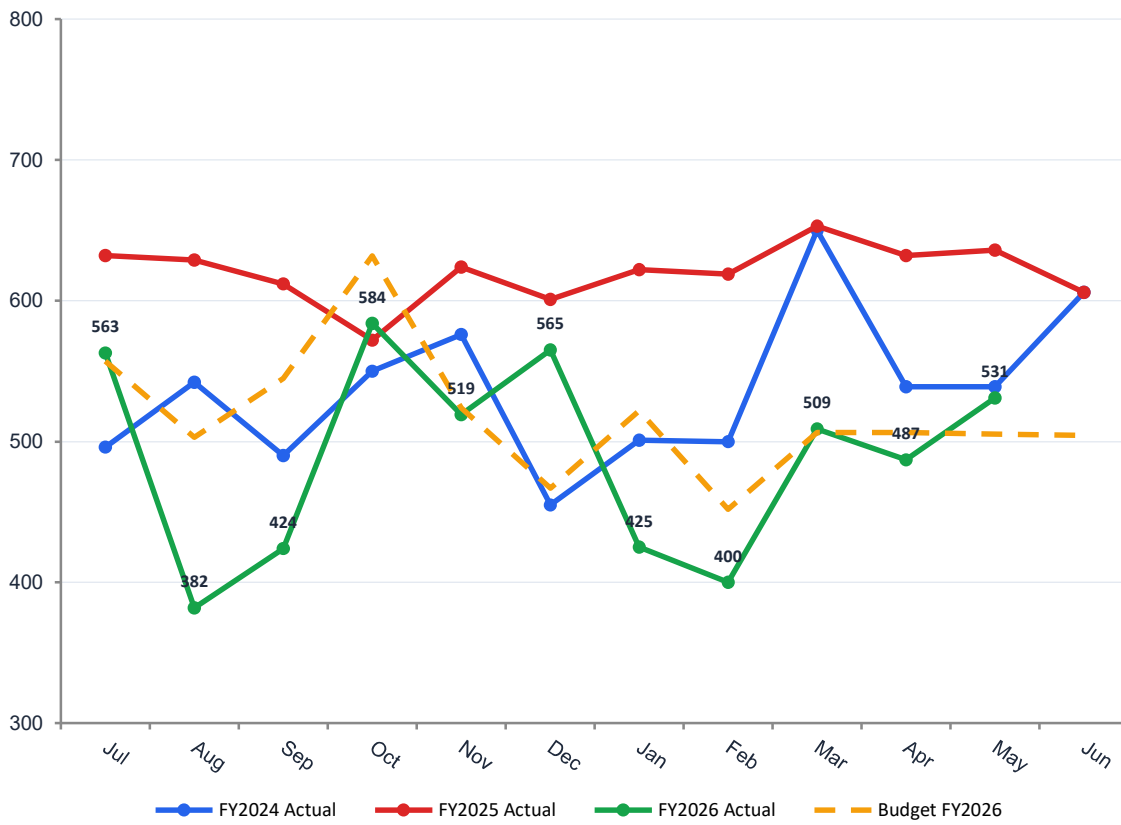
Robotic Cases (IP & OP)



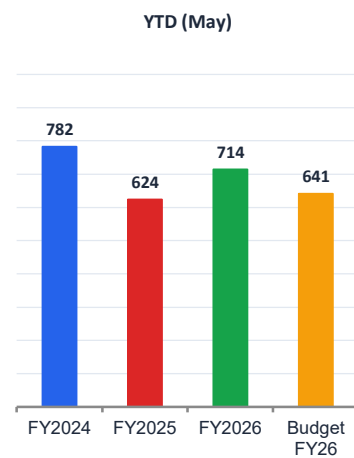
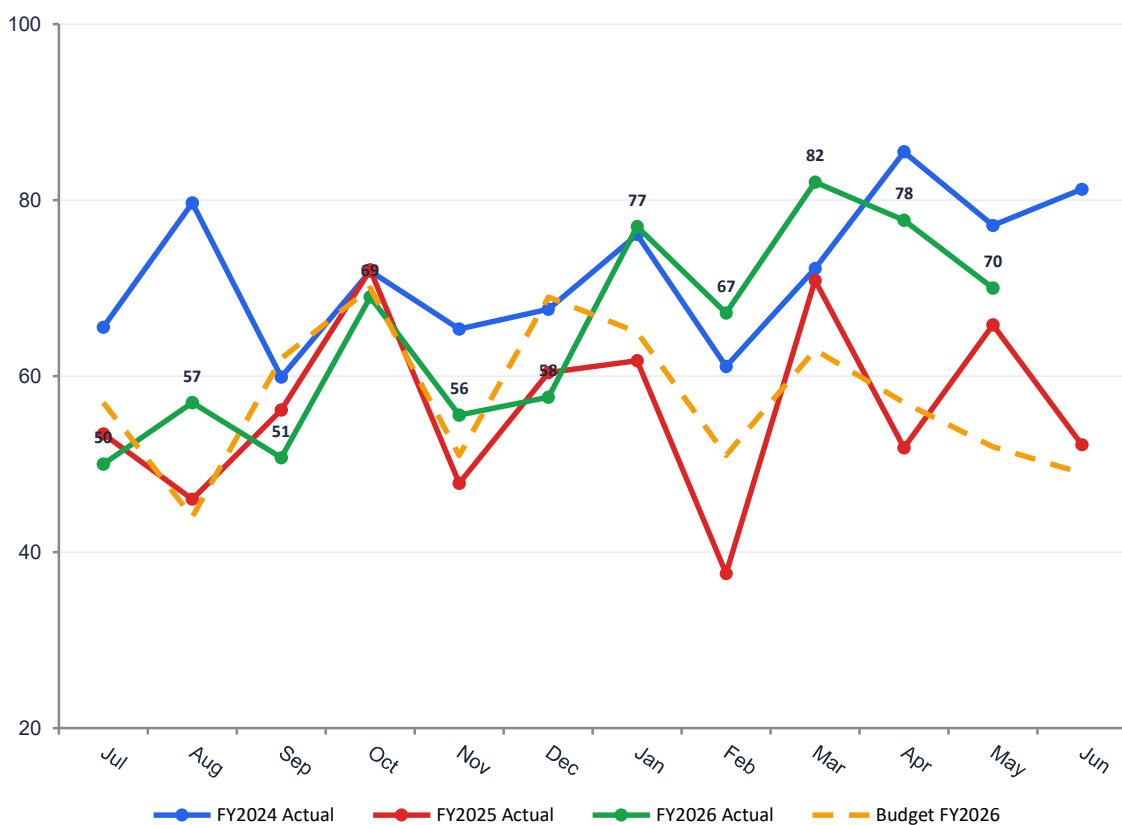
OB Cases



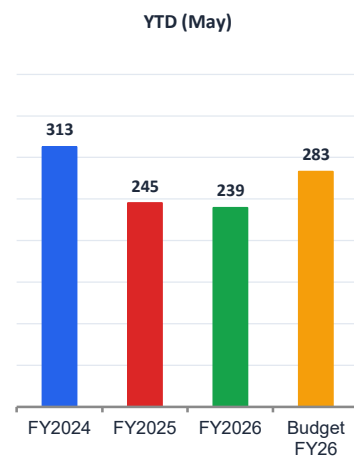
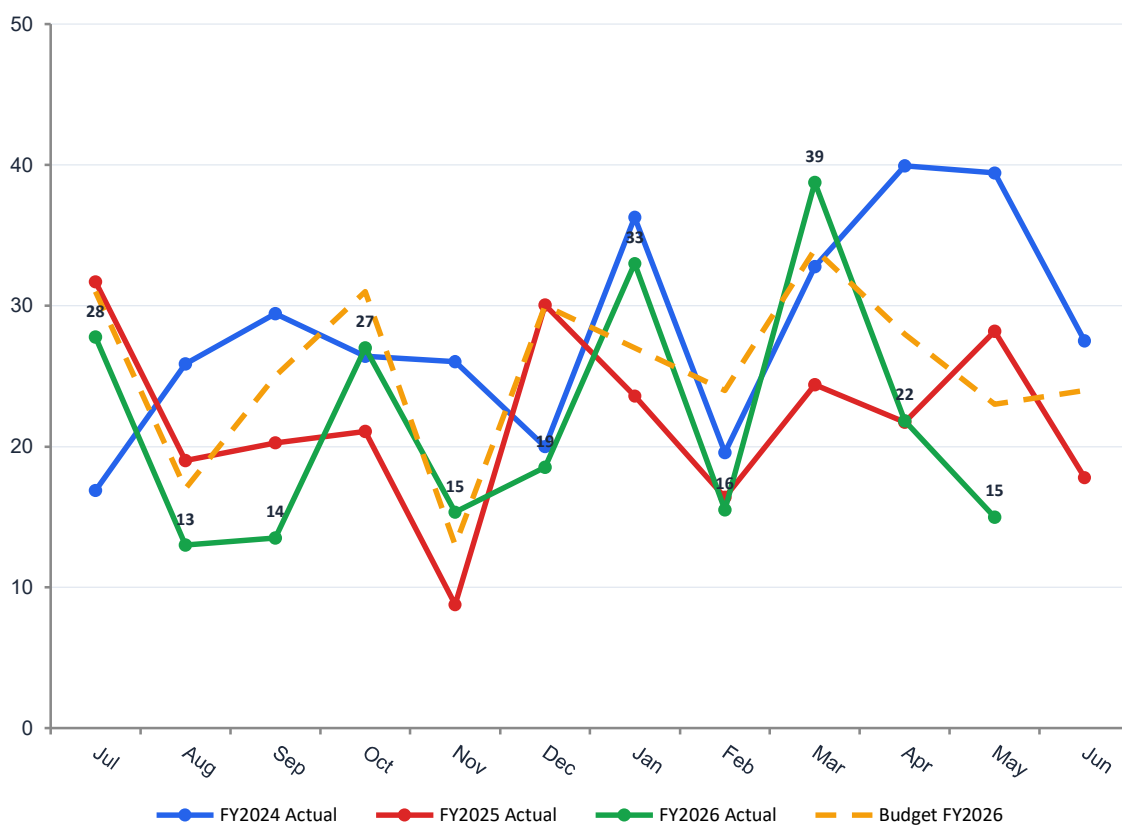
Endoscopy Procedures



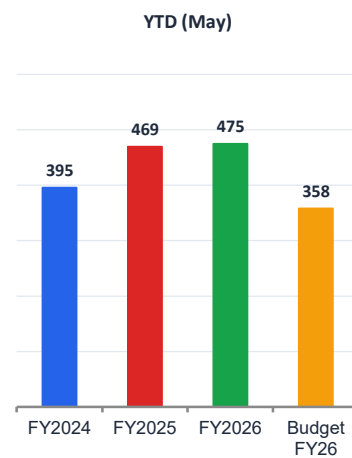
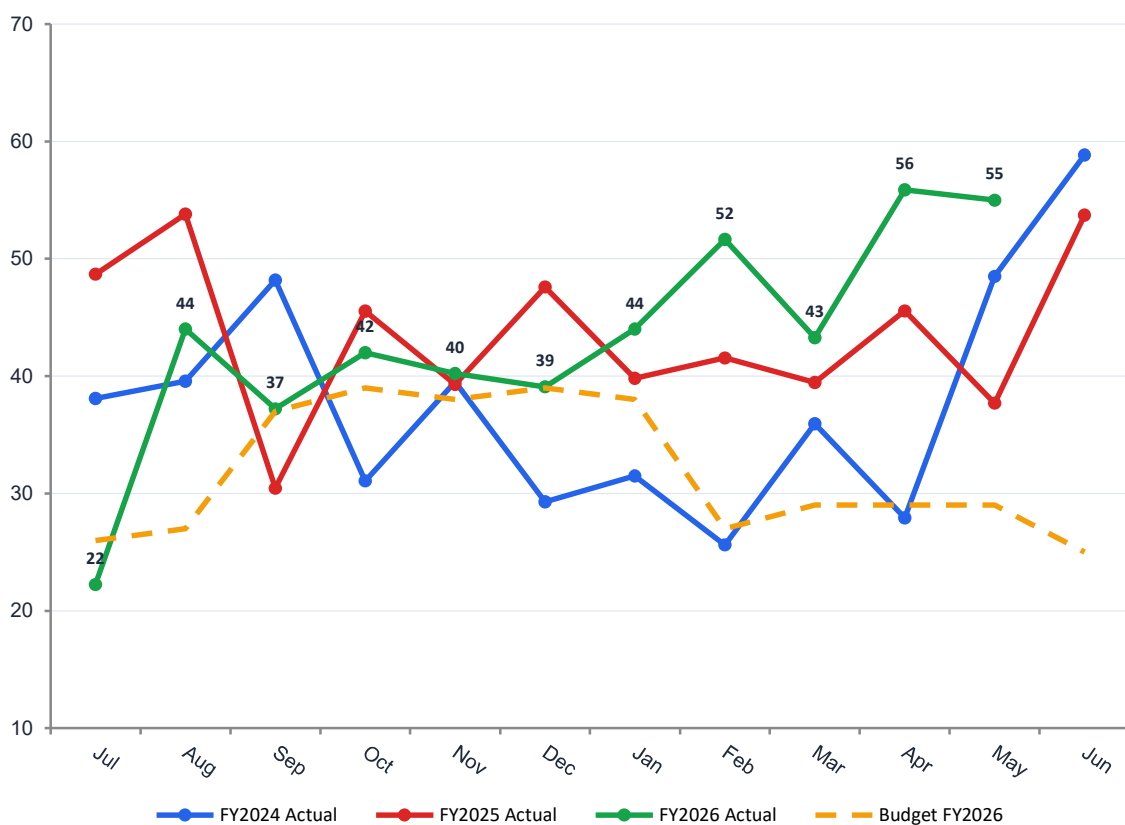
Robotic Surgery (IP & OP) - 100 Min Units



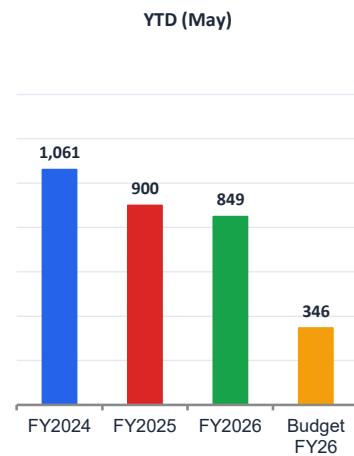
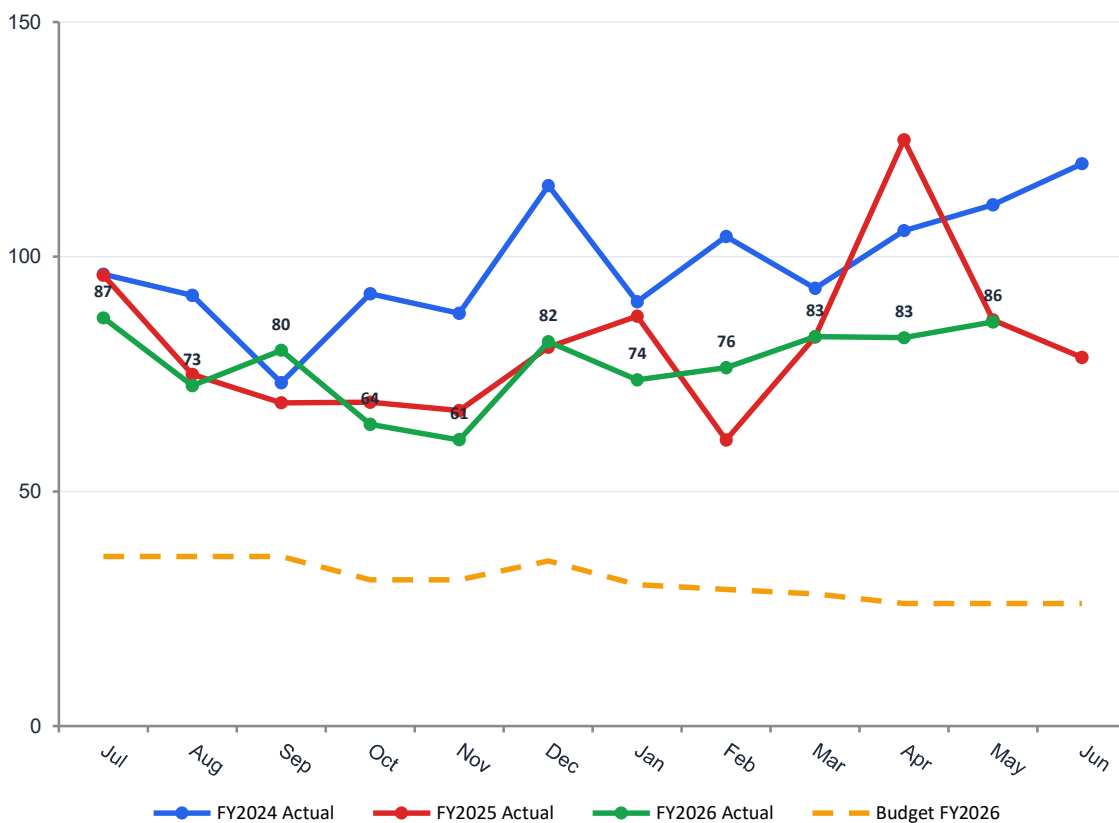
Robotic Surgery Minutes (IP Only)



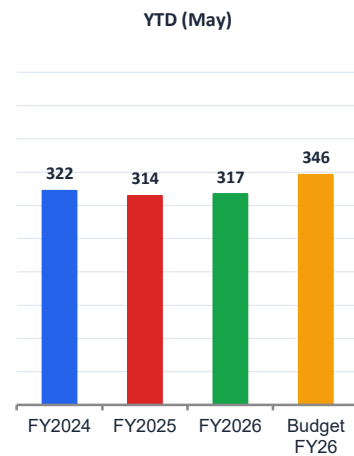
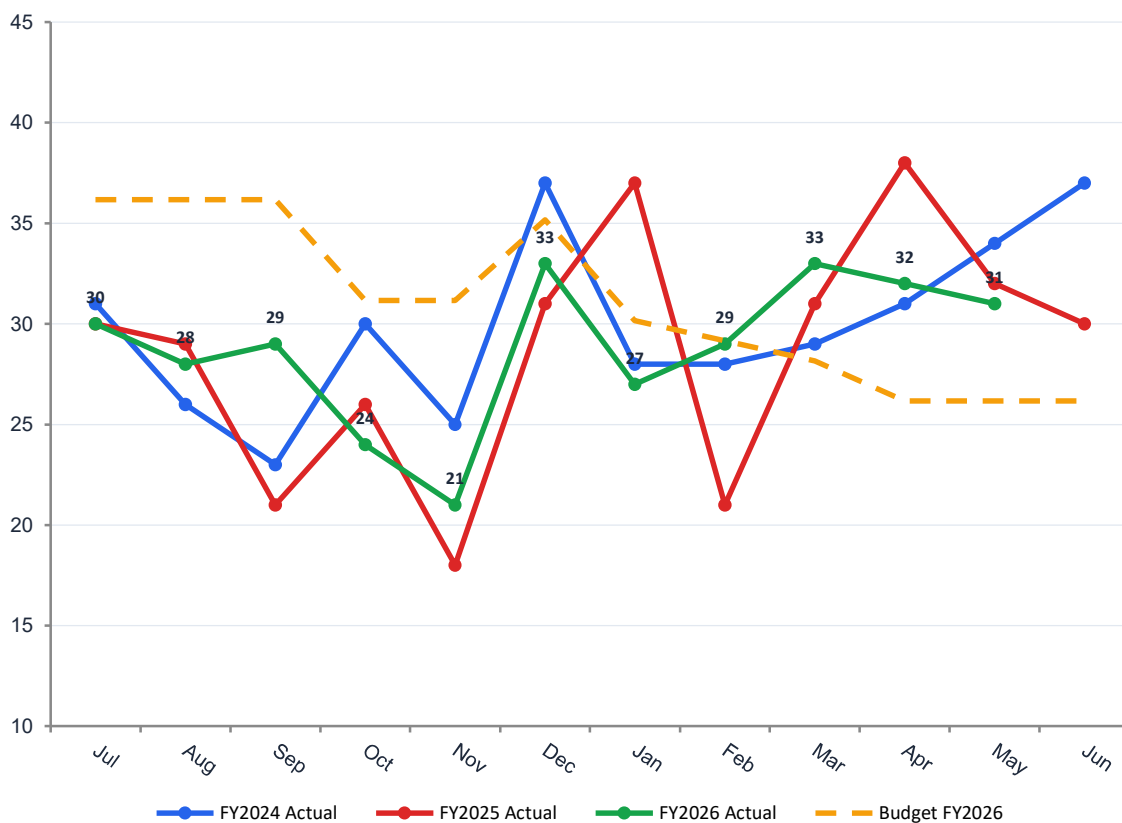
Robotic Surgery Minutes (OP Only)



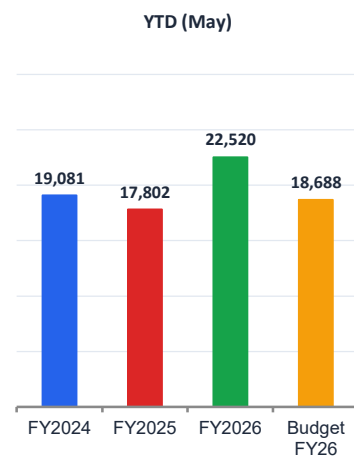
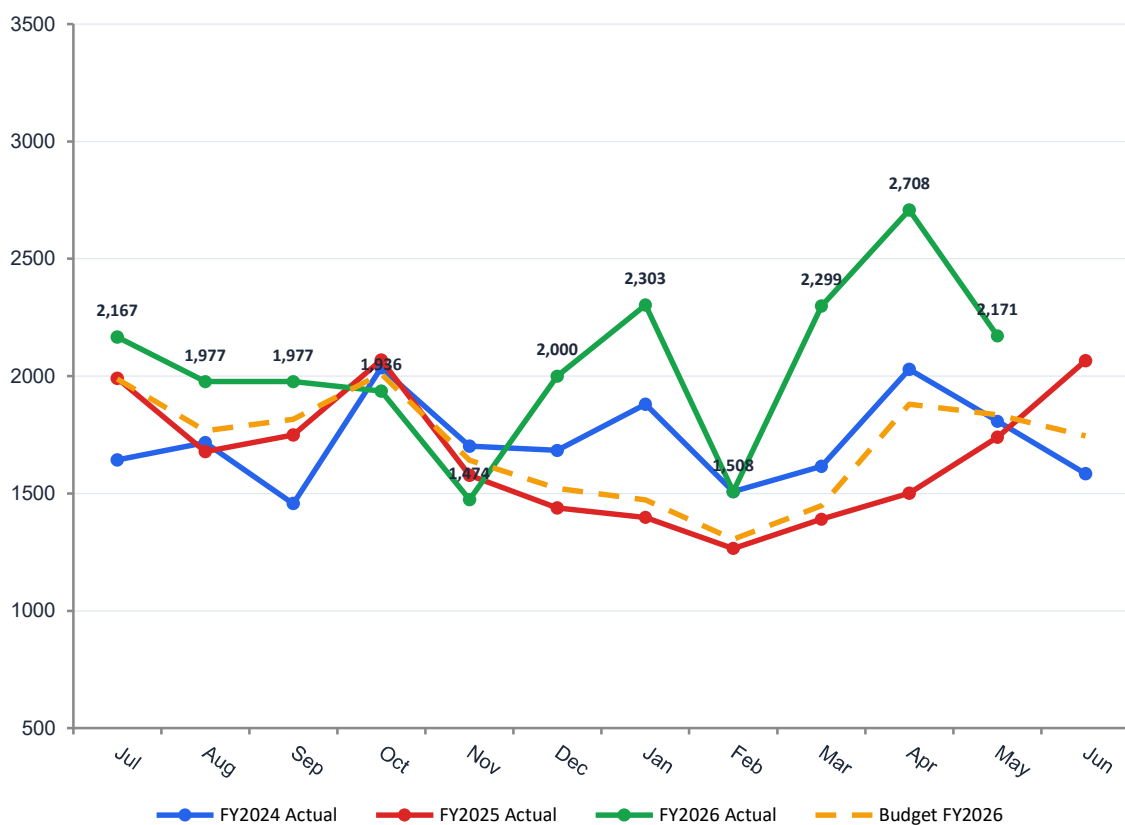
Cardiac Surgery - 100 Min Units



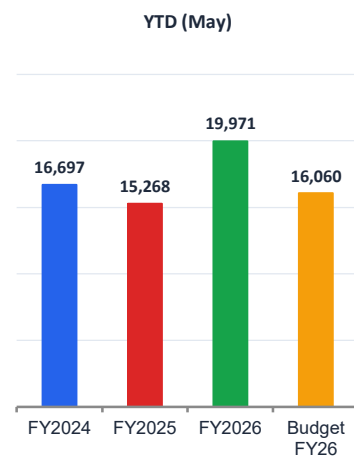
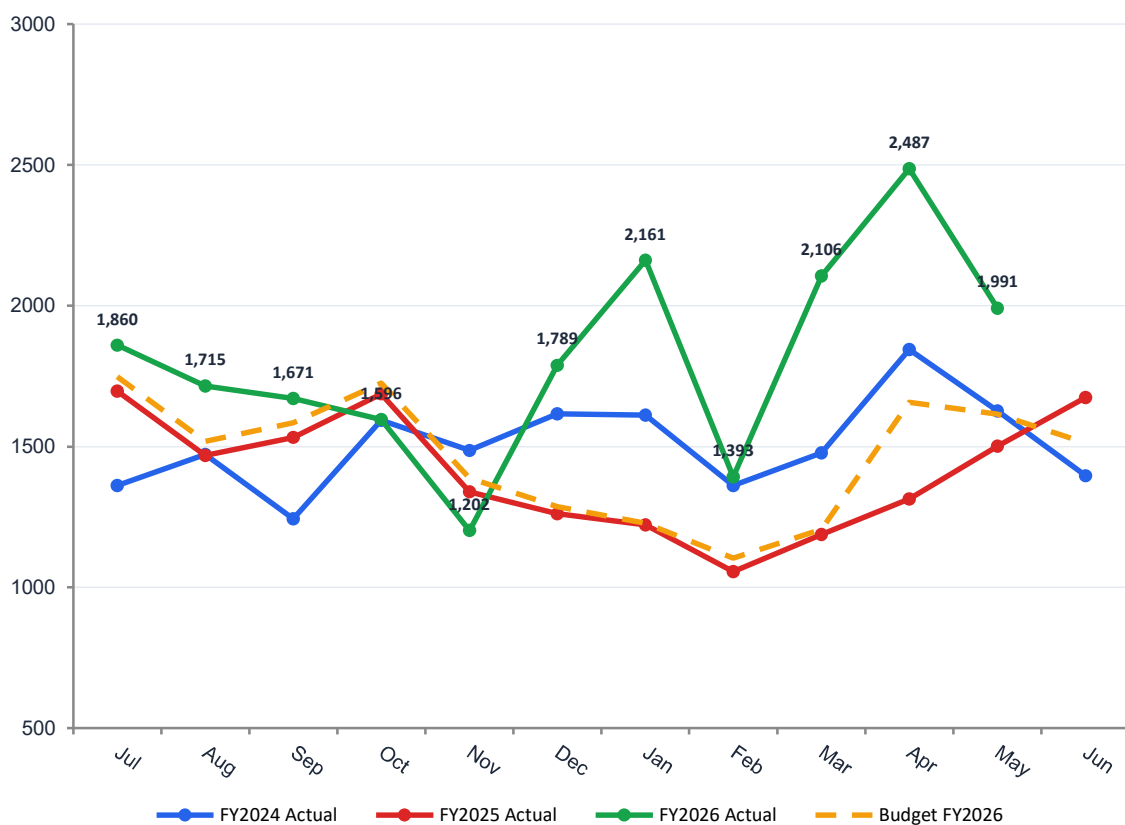
Cardiac Surgery Cases



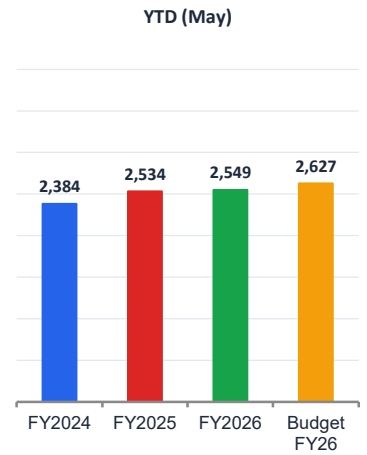
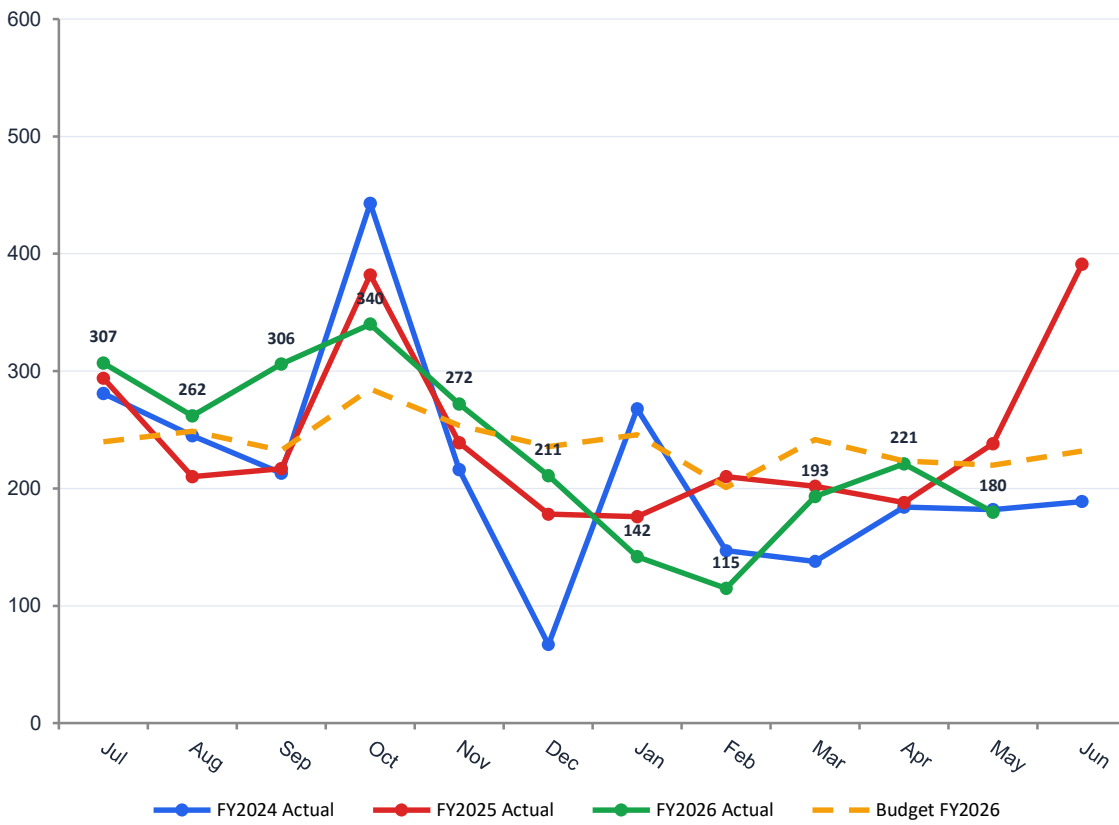
Rad Onc Treatments (Vis. & Hanf.)



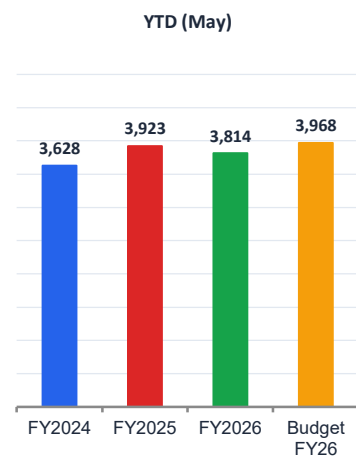
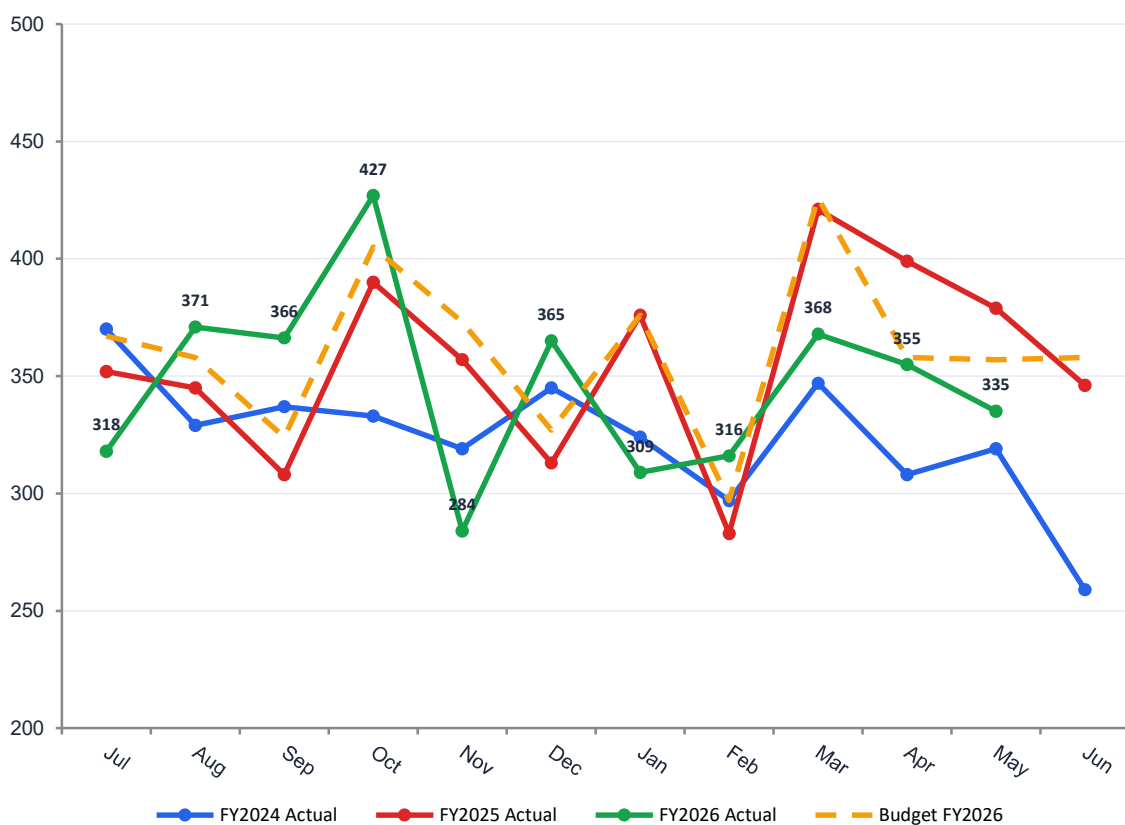
Rad Onc Visalia



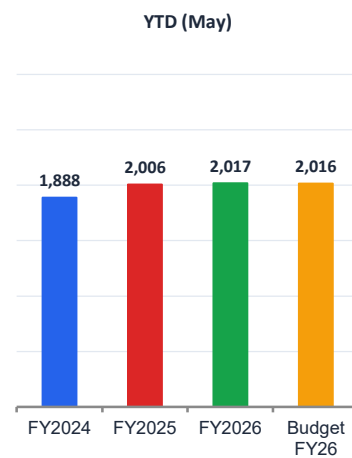
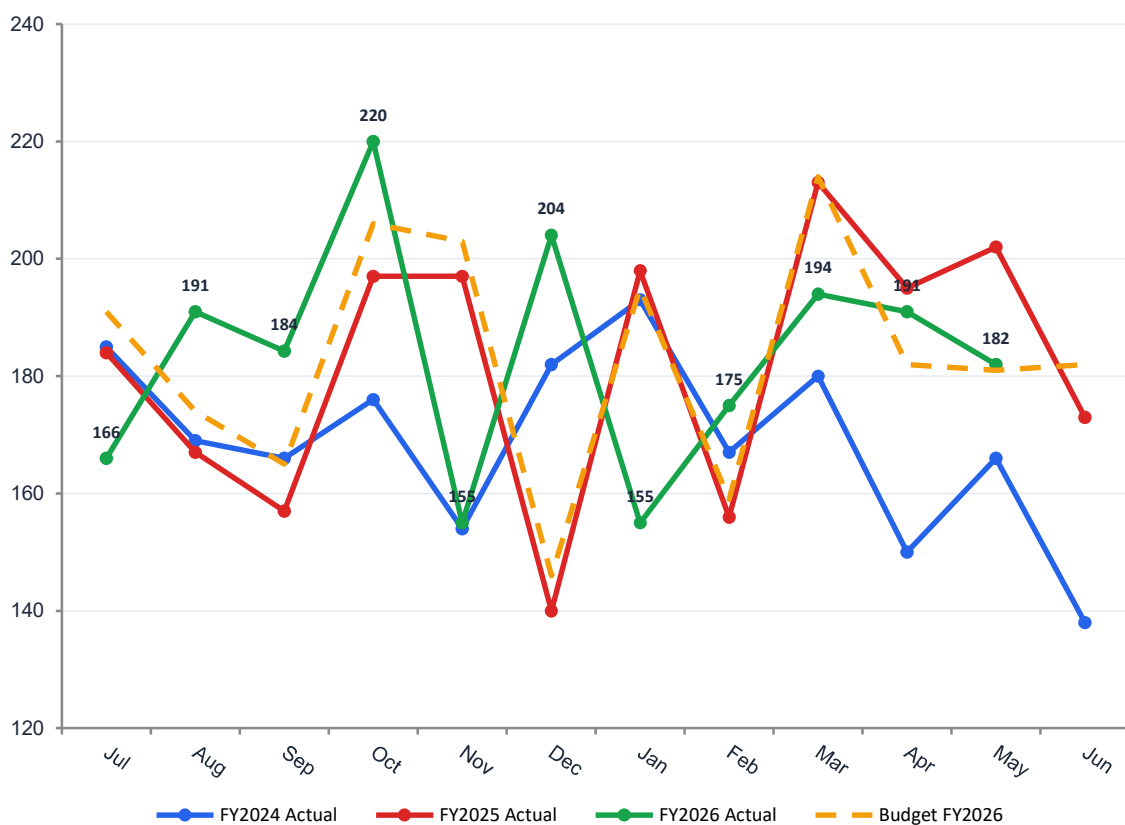
Rad Onc Hanford



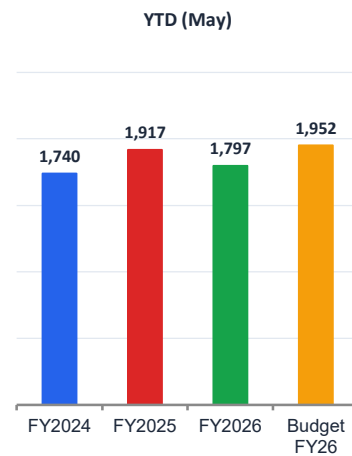
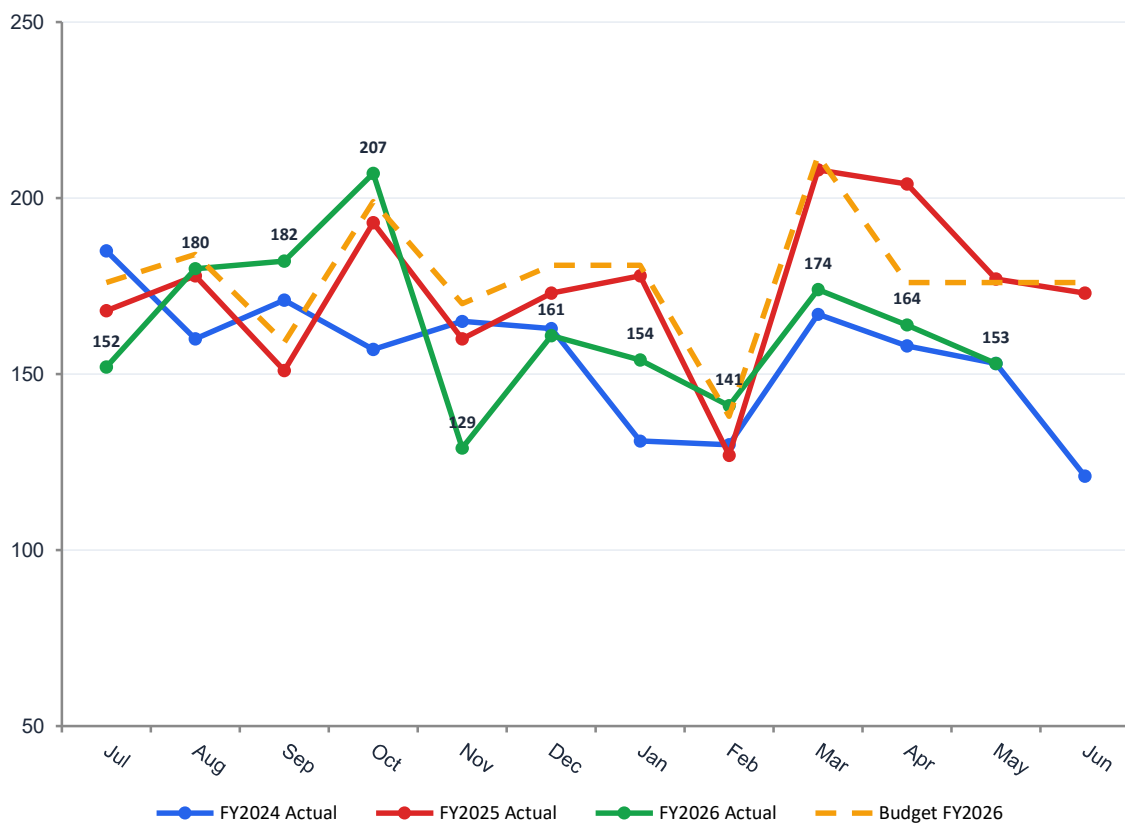
Cath Lab (IP & OP) - 100 Min Units



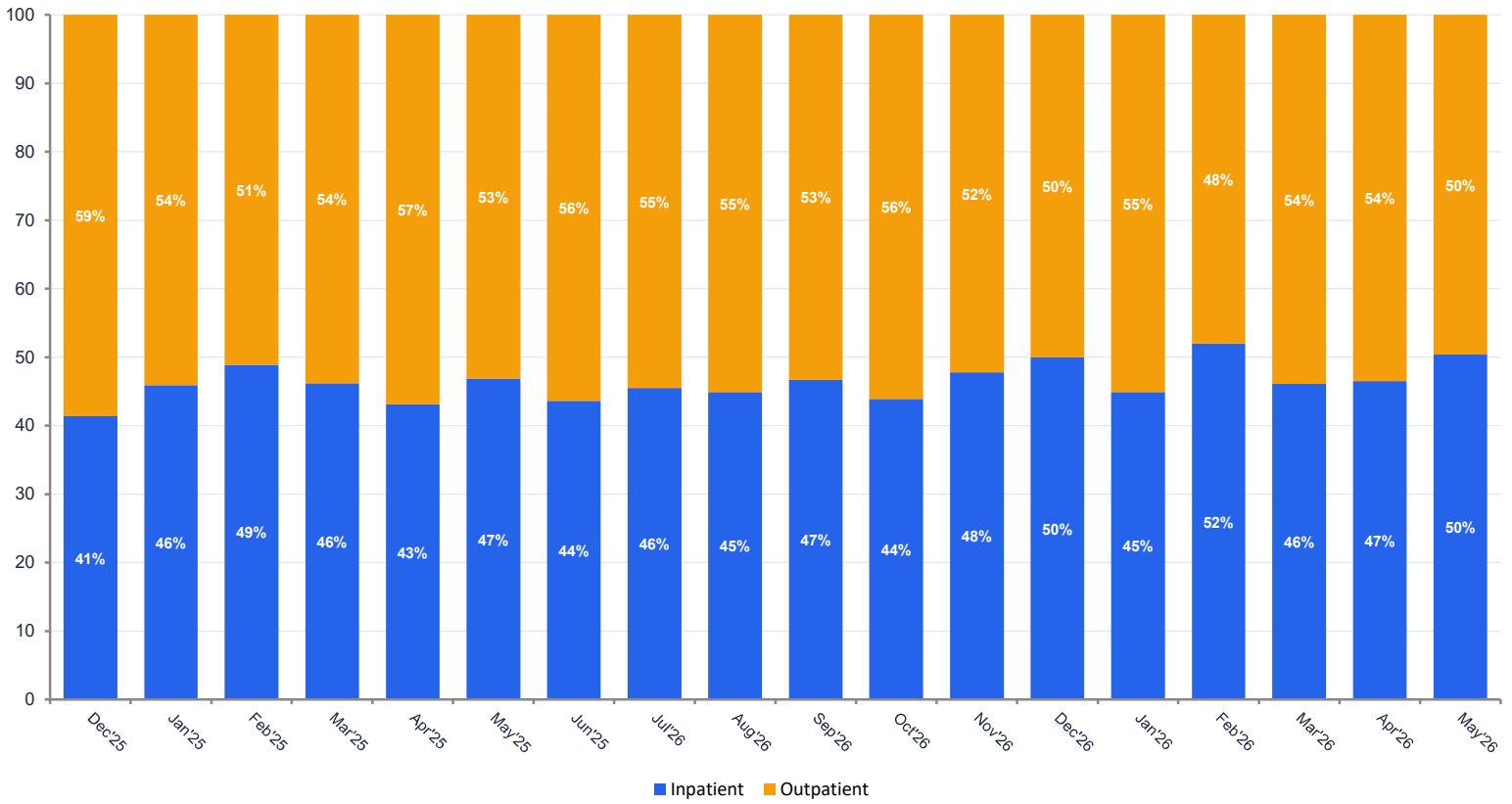
Cath Lab (IP Only) – 100 Min Units



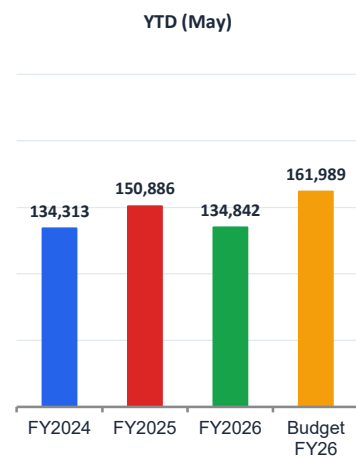
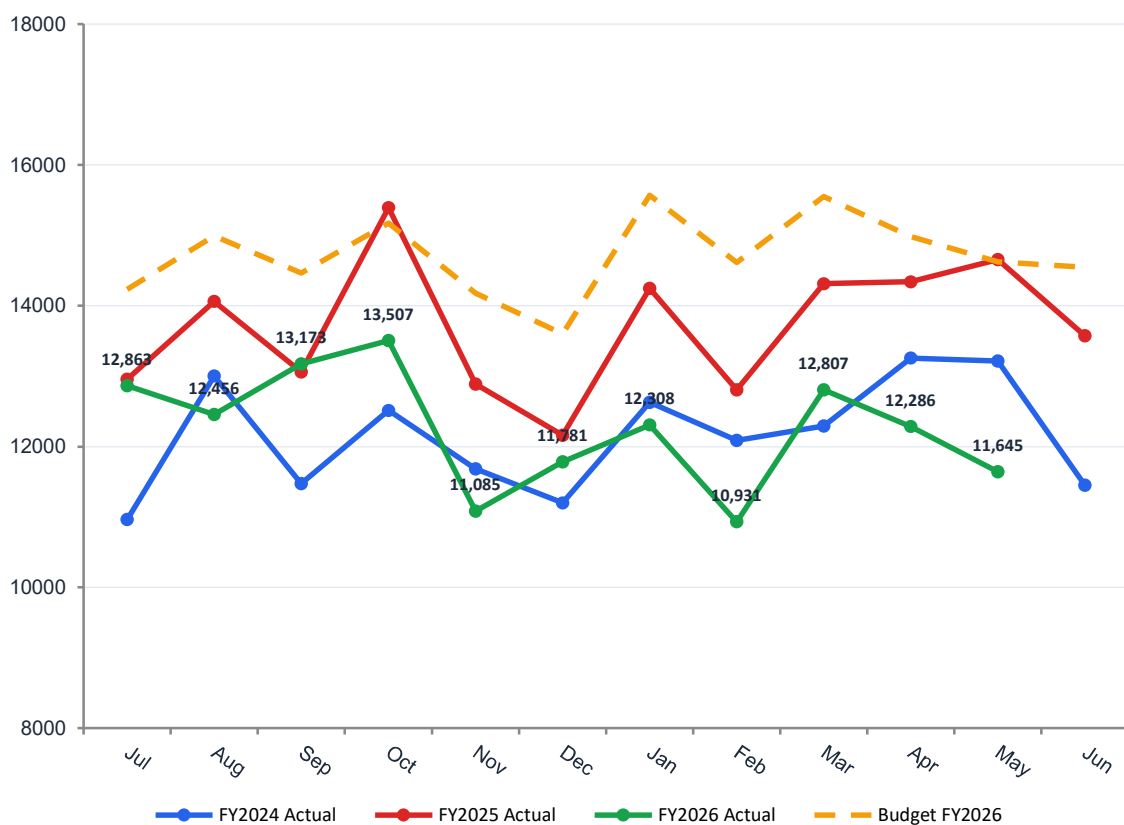
Cath Lab (OP Only) – 100 Min Units



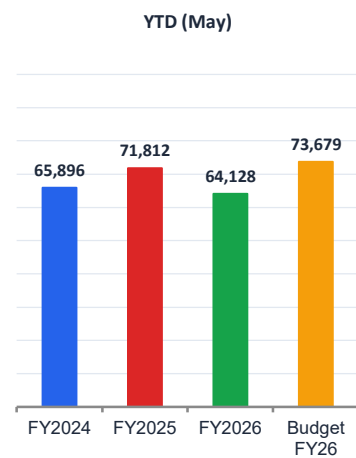
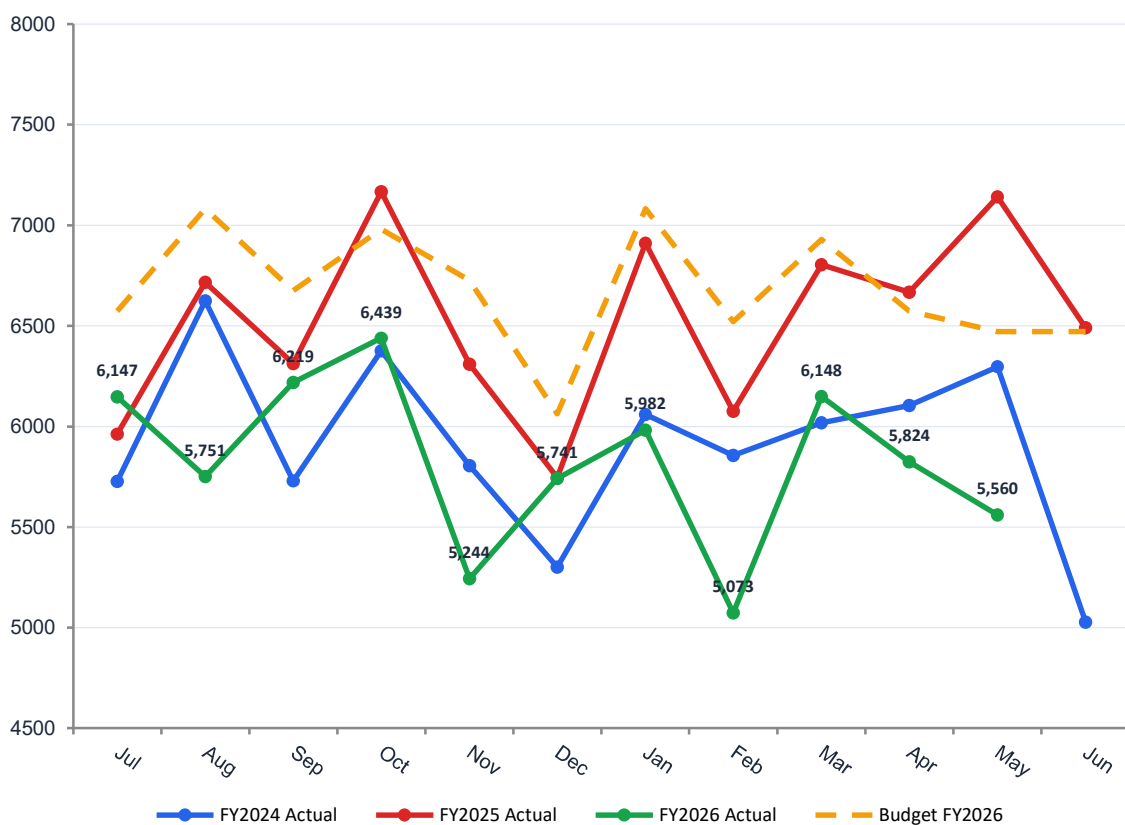
Cath Lab Patients (IP & OP)



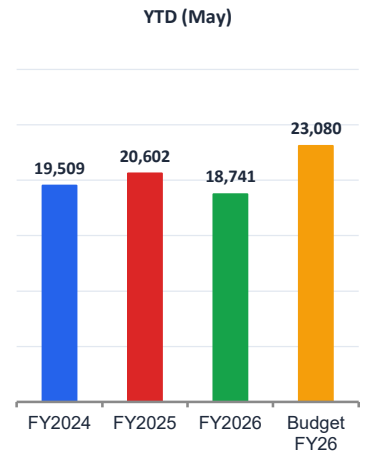
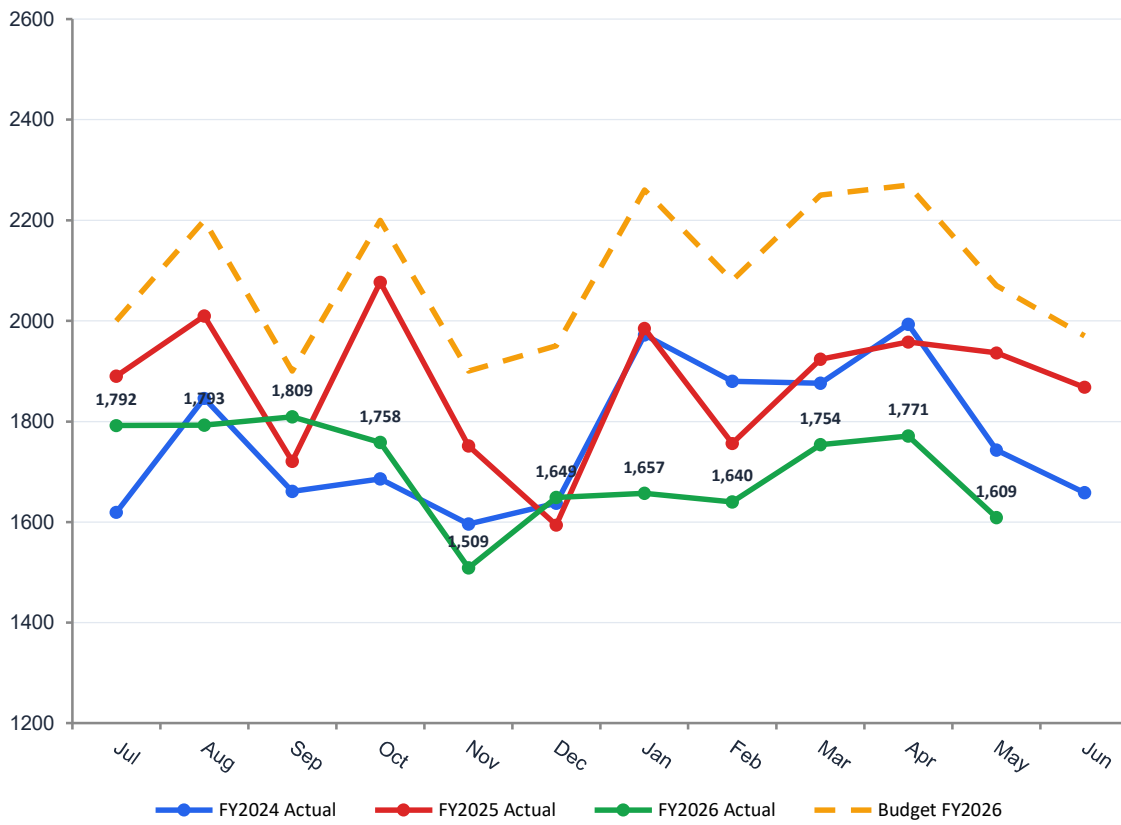
Rural Health Clinics Registrations



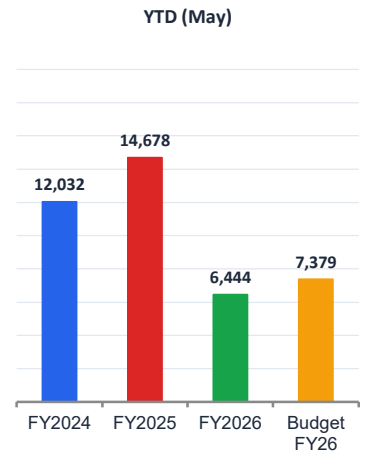
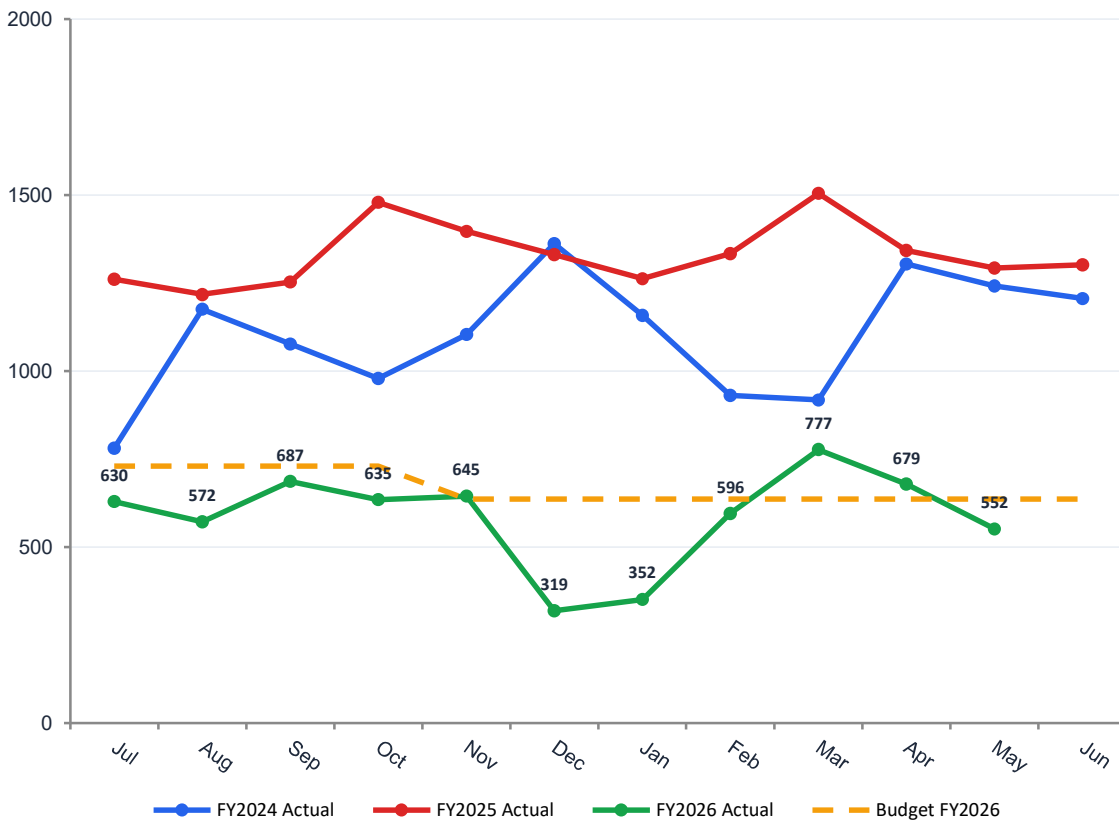
RHC Exeter - Registrations



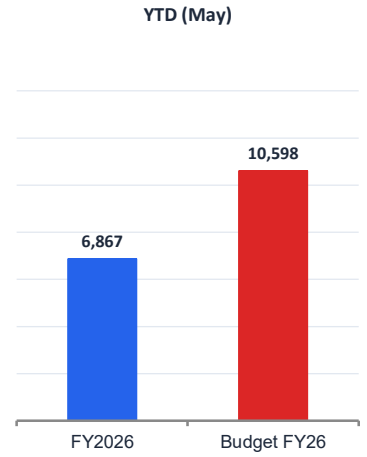
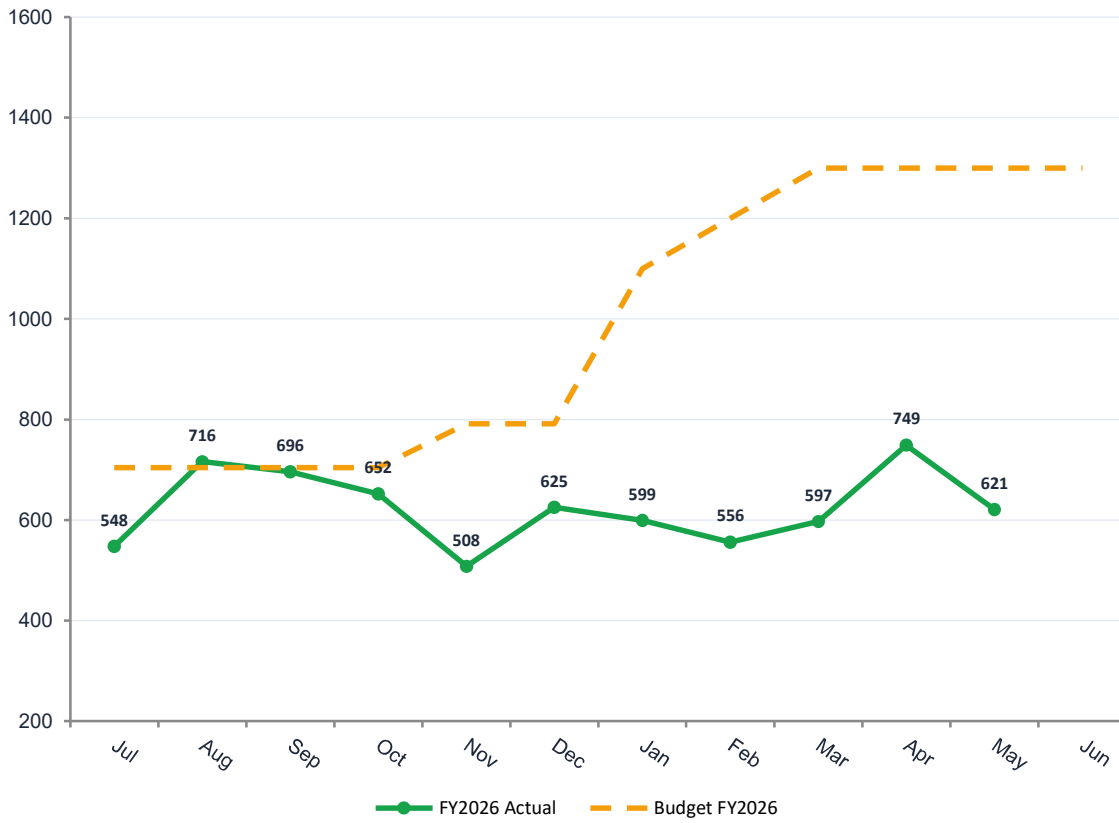
RHC Lindsay - Registrations



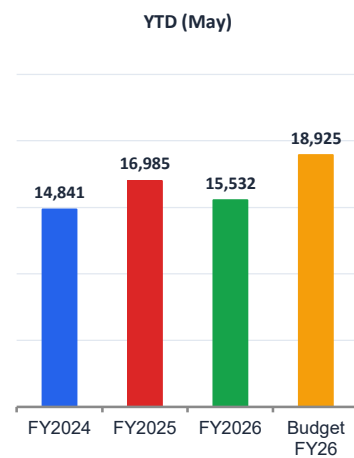
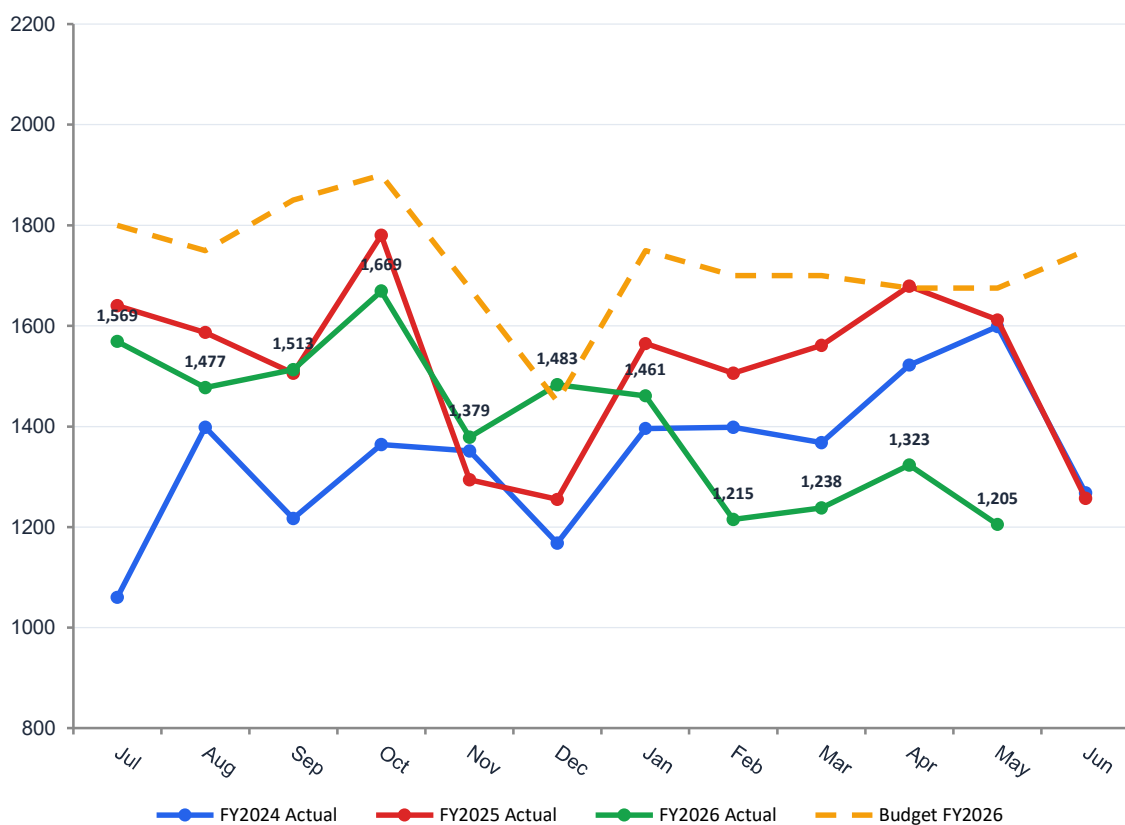
RHC Woodlake - Registrations



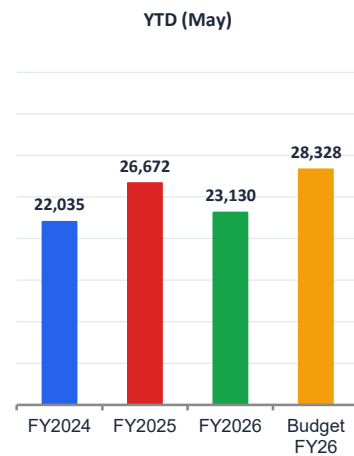
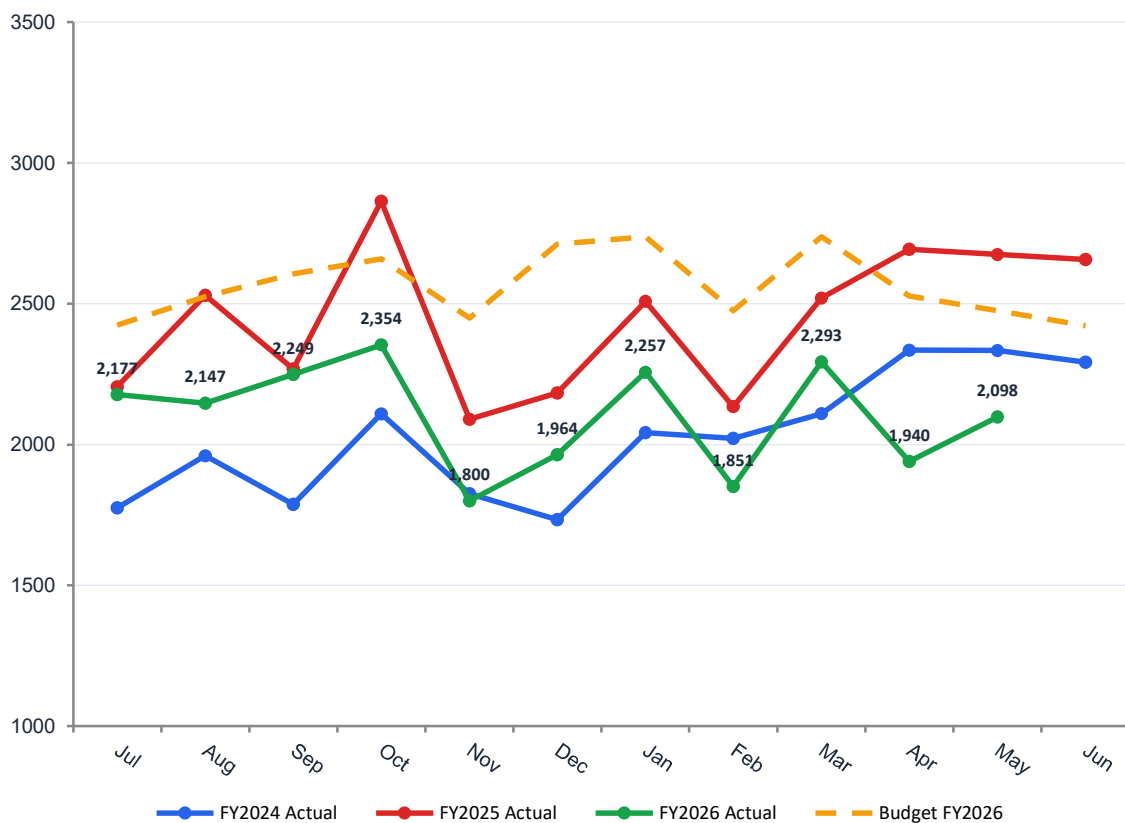
RHC Woodlake Valencia - Registrations



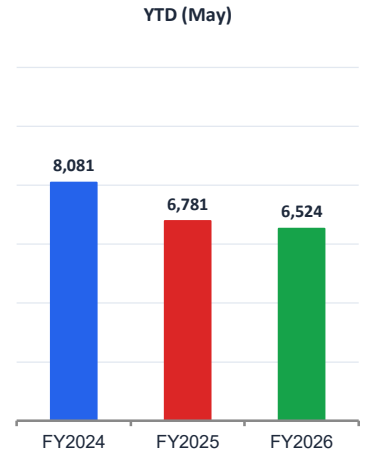
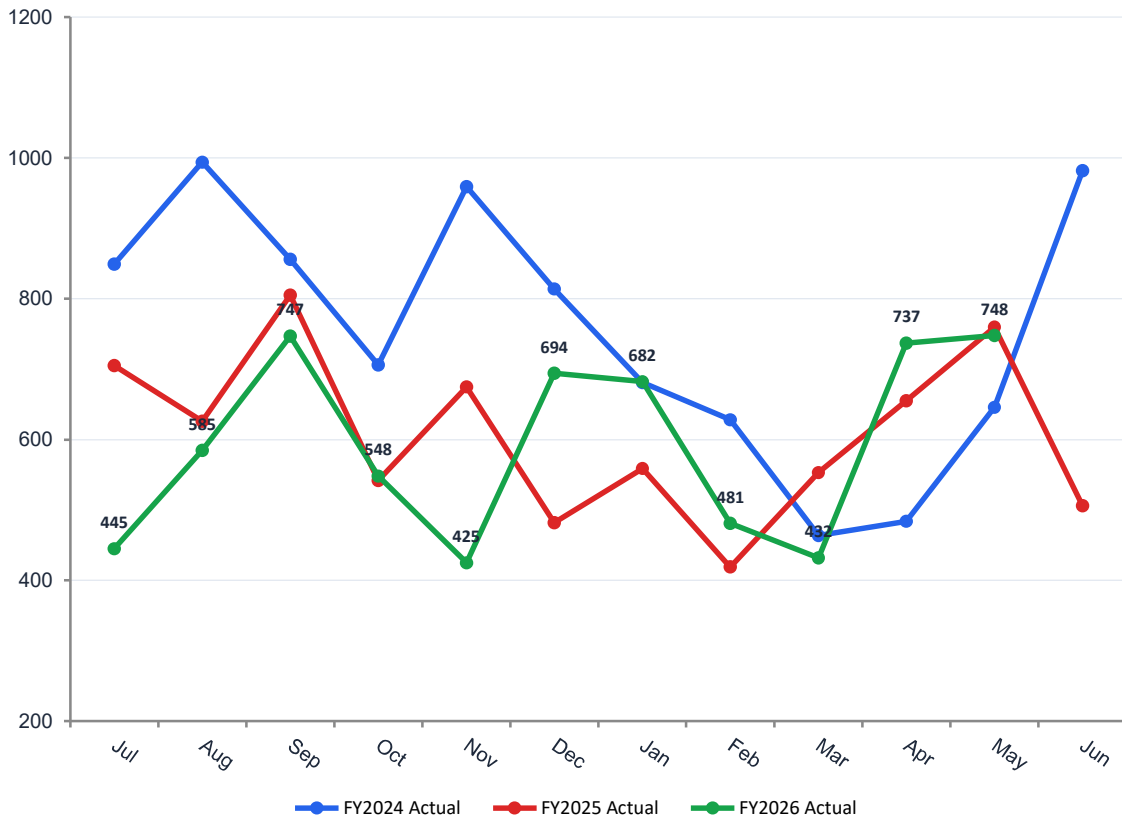
RHC Dinuba - Registrations



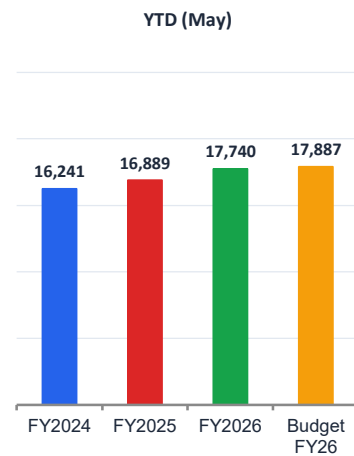
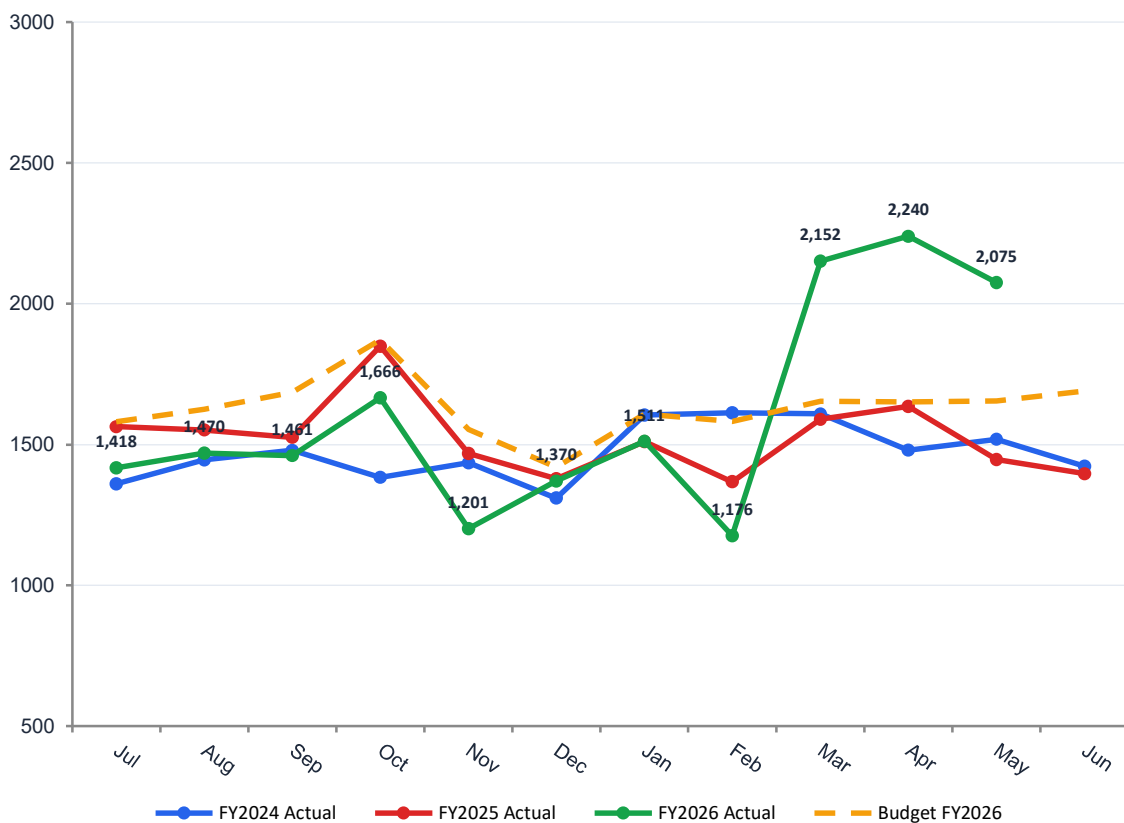
RHC Tulare - Registrations



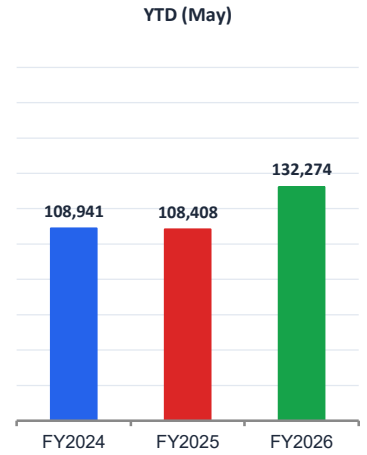
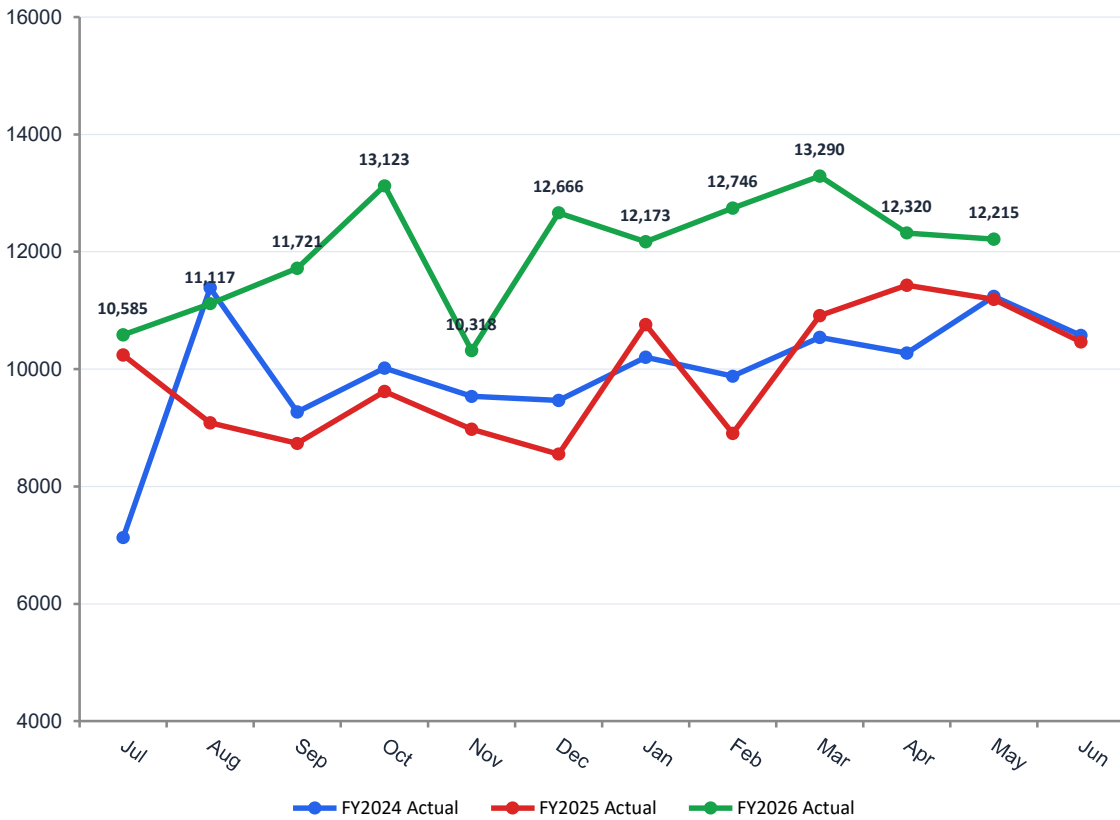
Neurosurgery Clinic - WRVU's



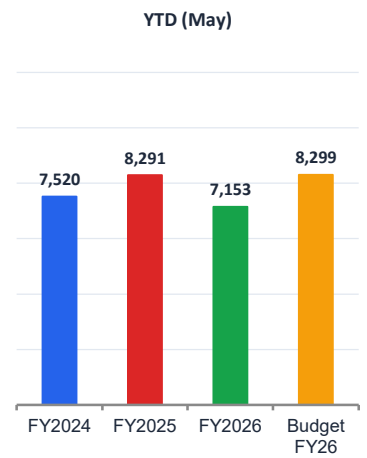
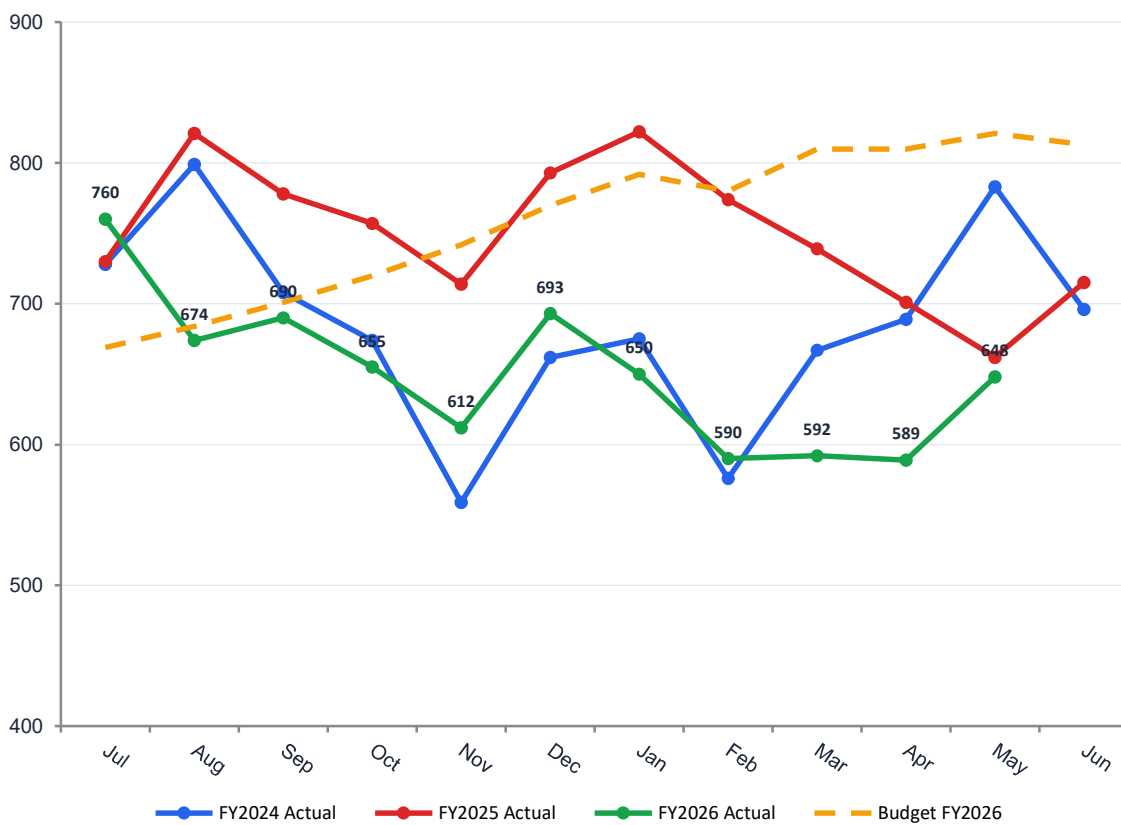
KH Cardiology Center Registrations



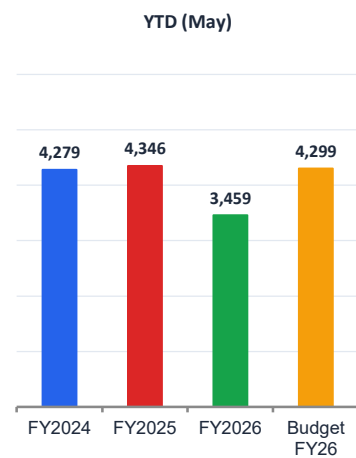
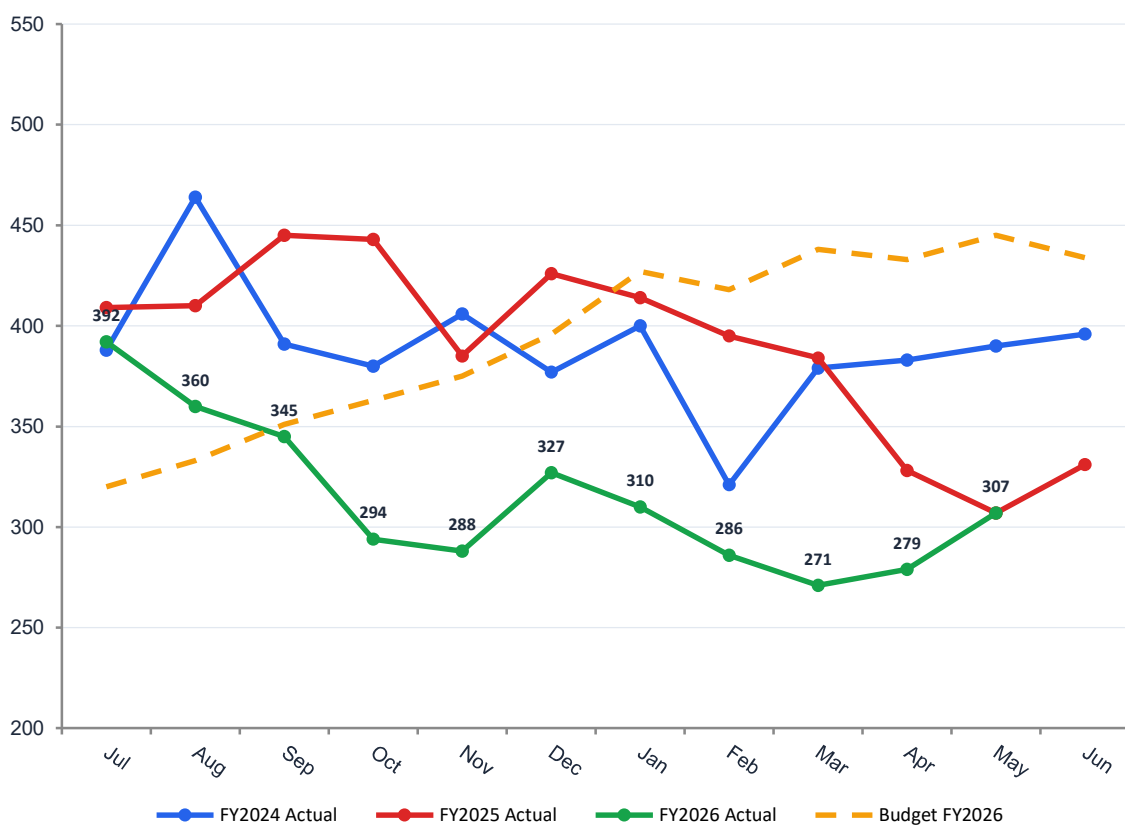
KH Cardiology Center - WRVU's



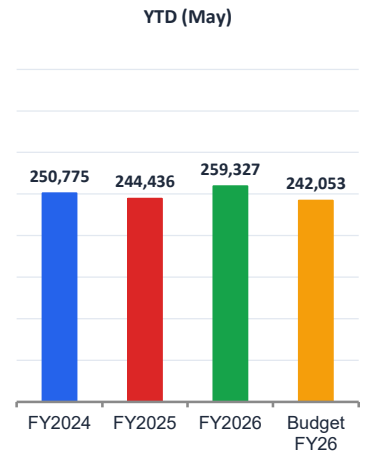
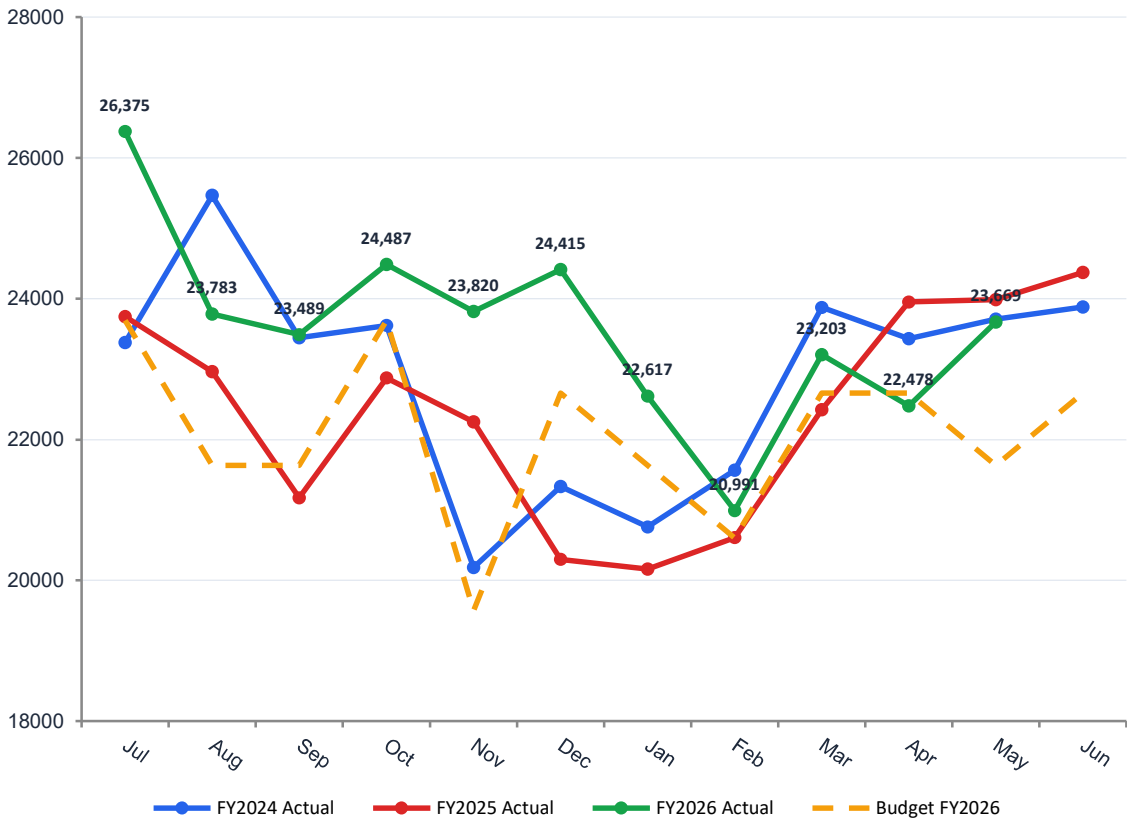
Labor Triage Registrations



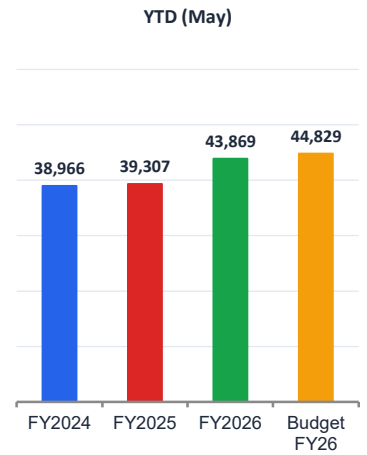
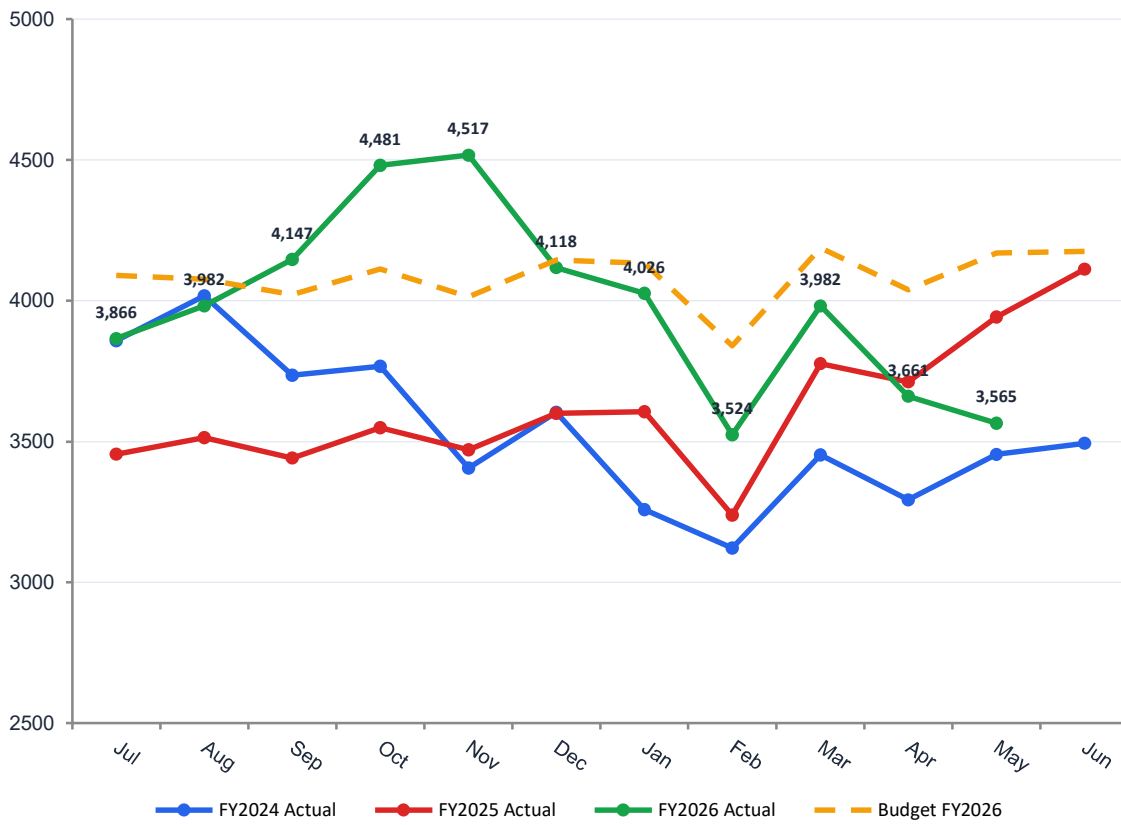
Deliveries



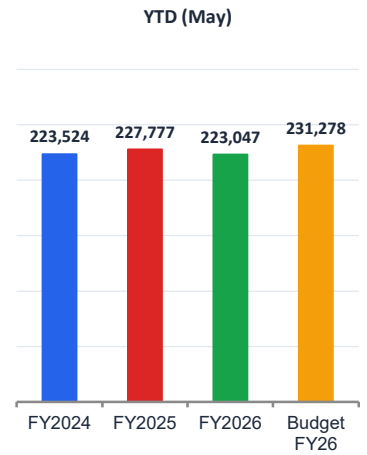
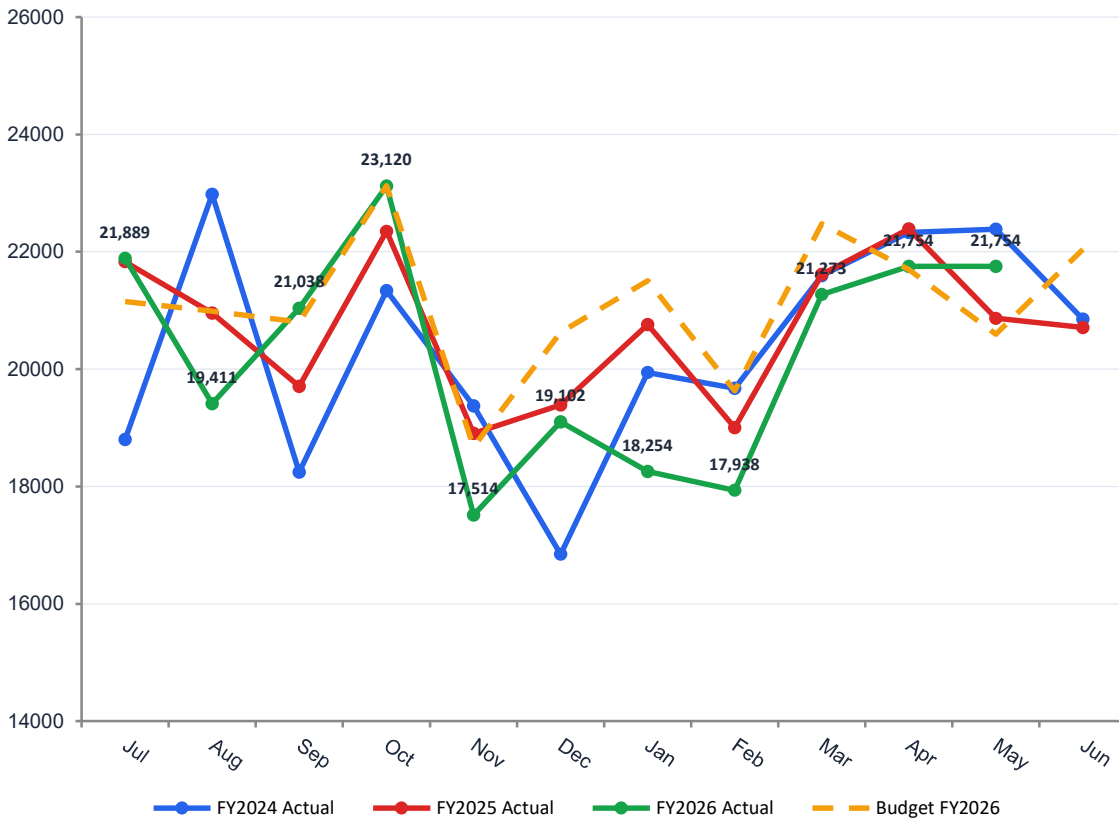
Home Infusion Days



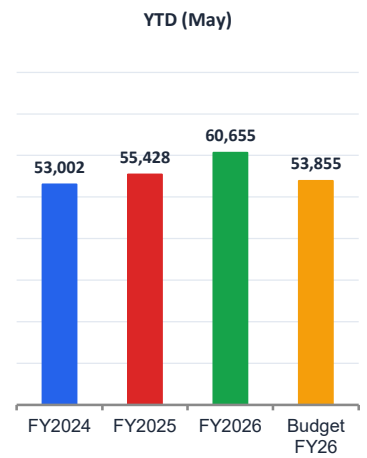
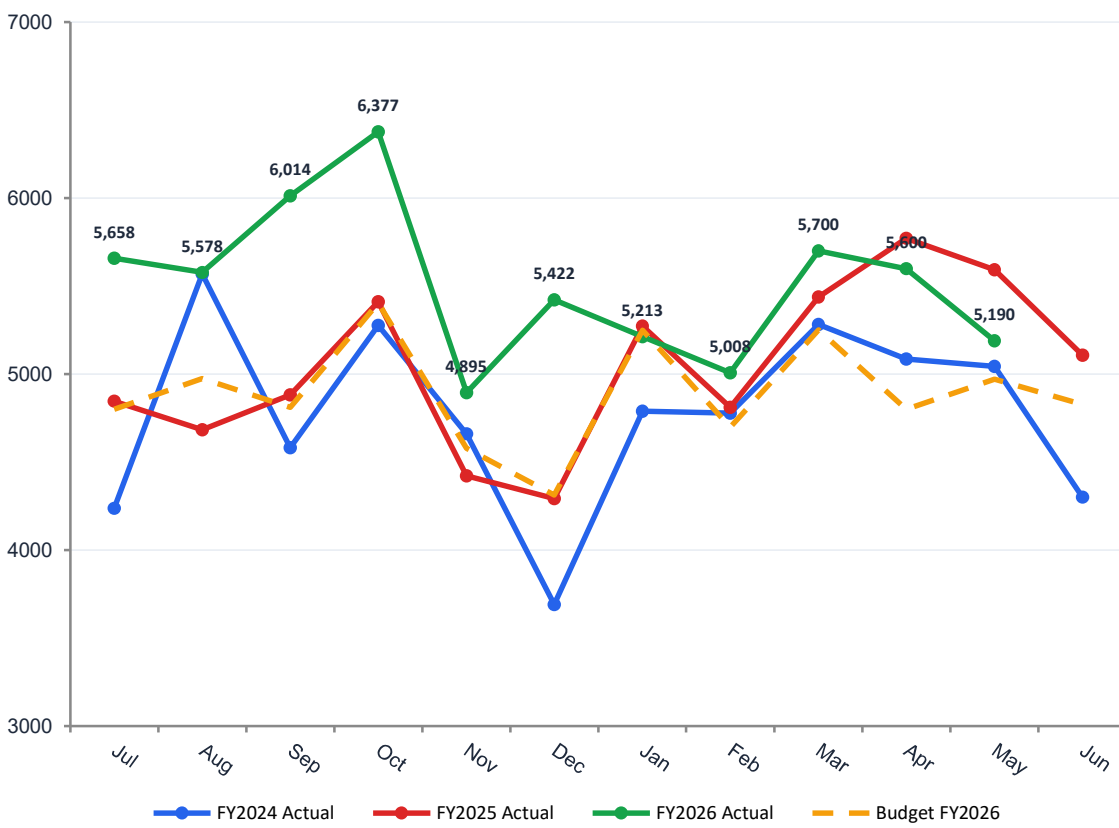
Hospice Days



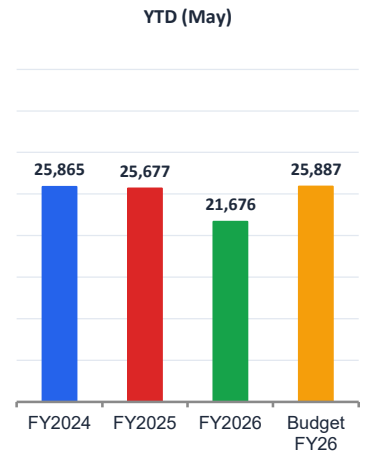
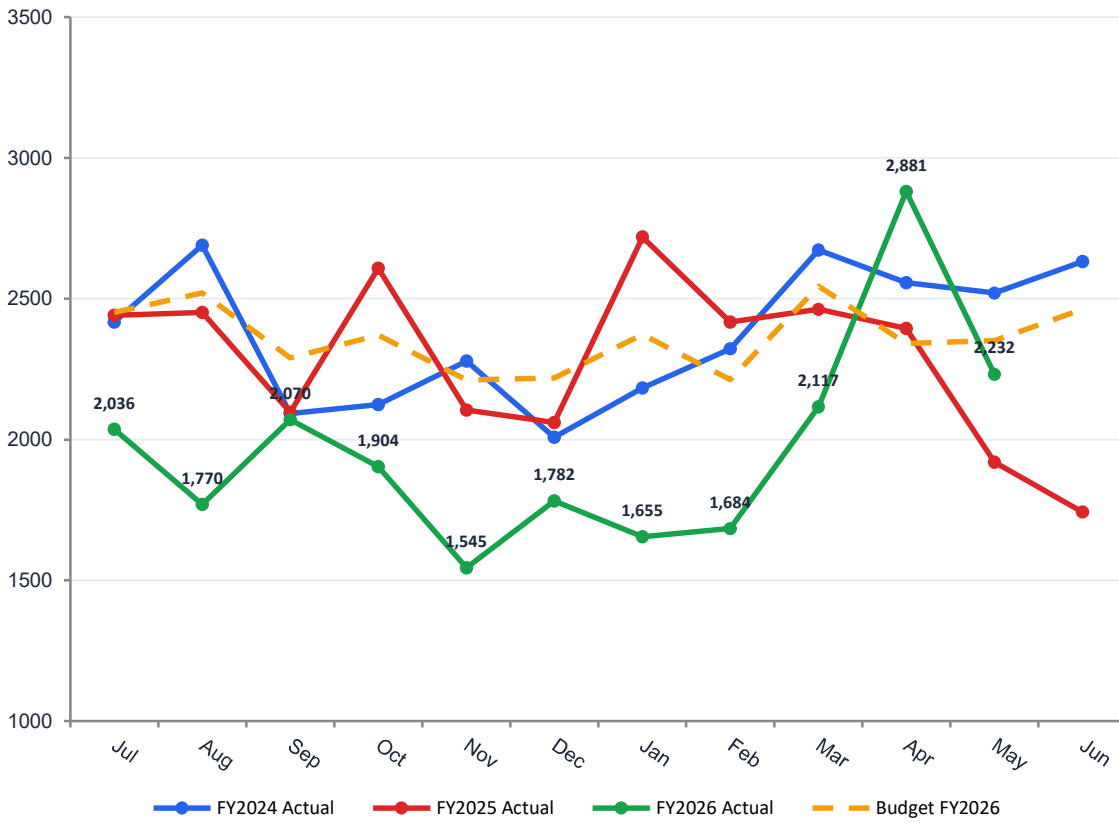
All O/P Rehab Svcs Across District



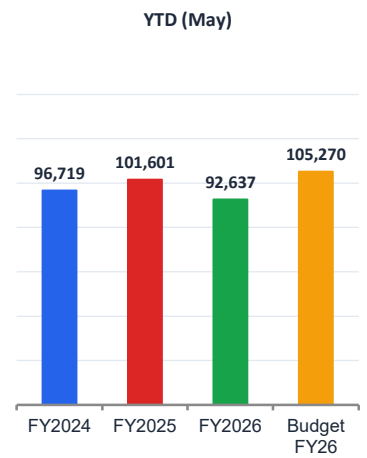
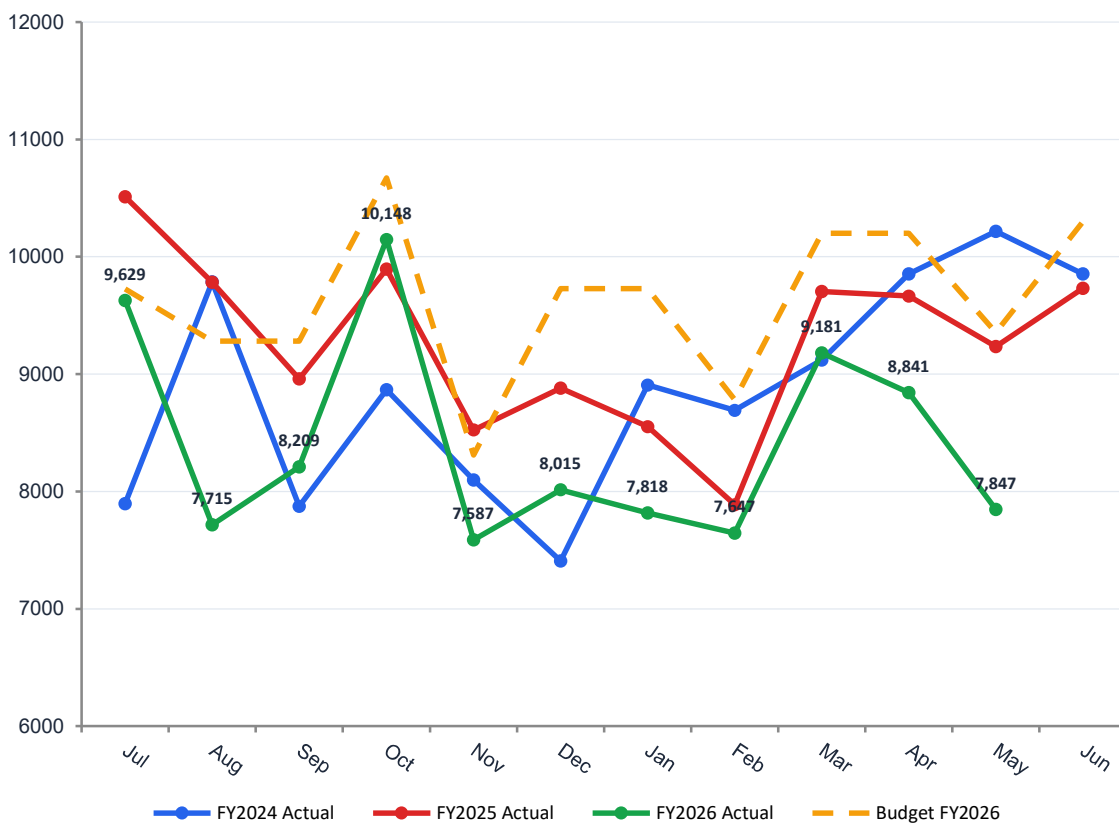
O/P Rehab Services



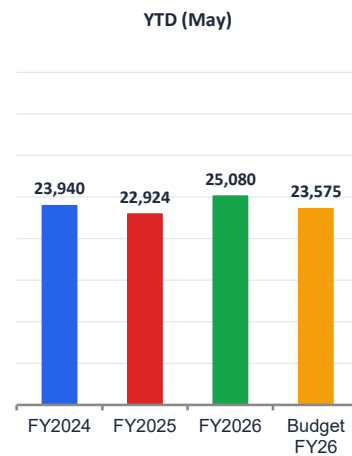
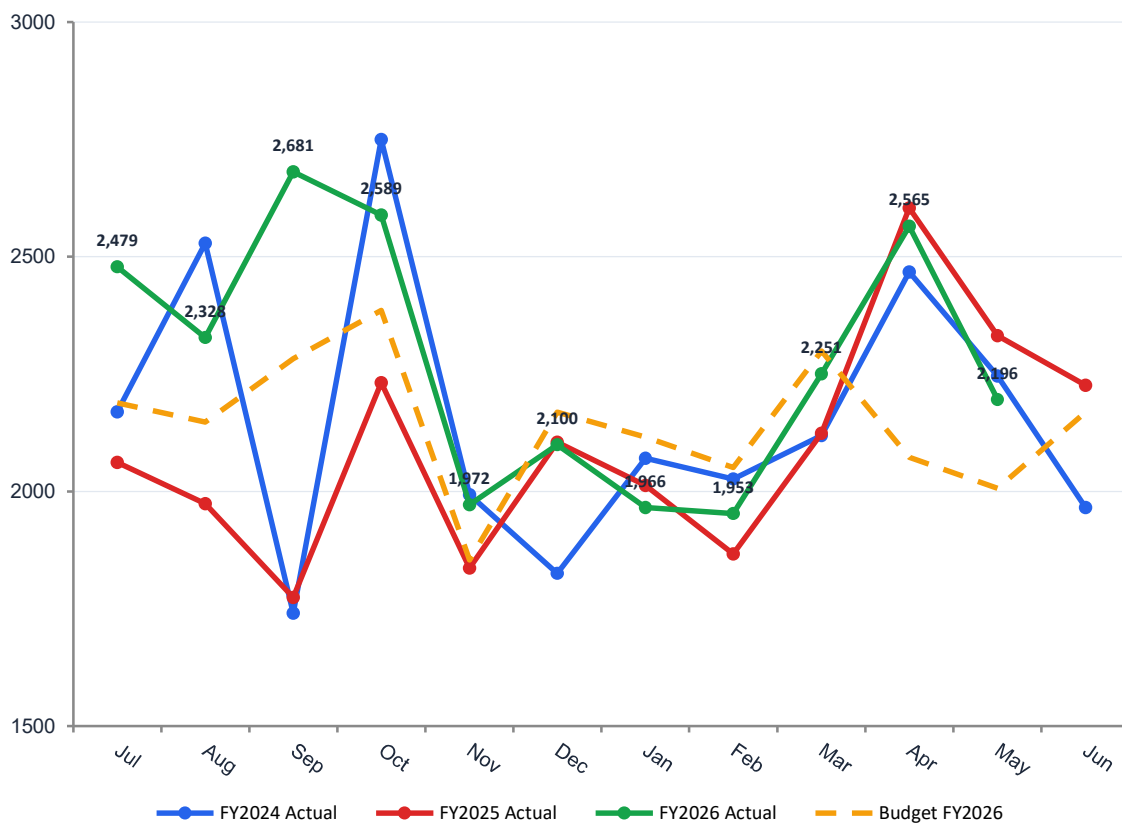
O/P Rehab - Exeter



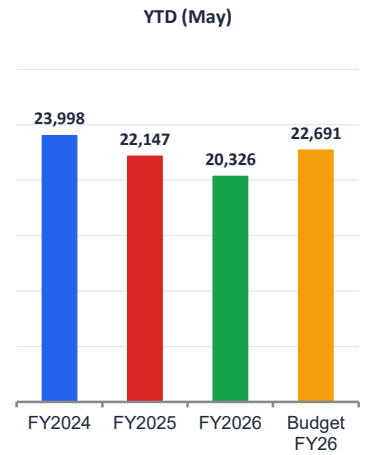
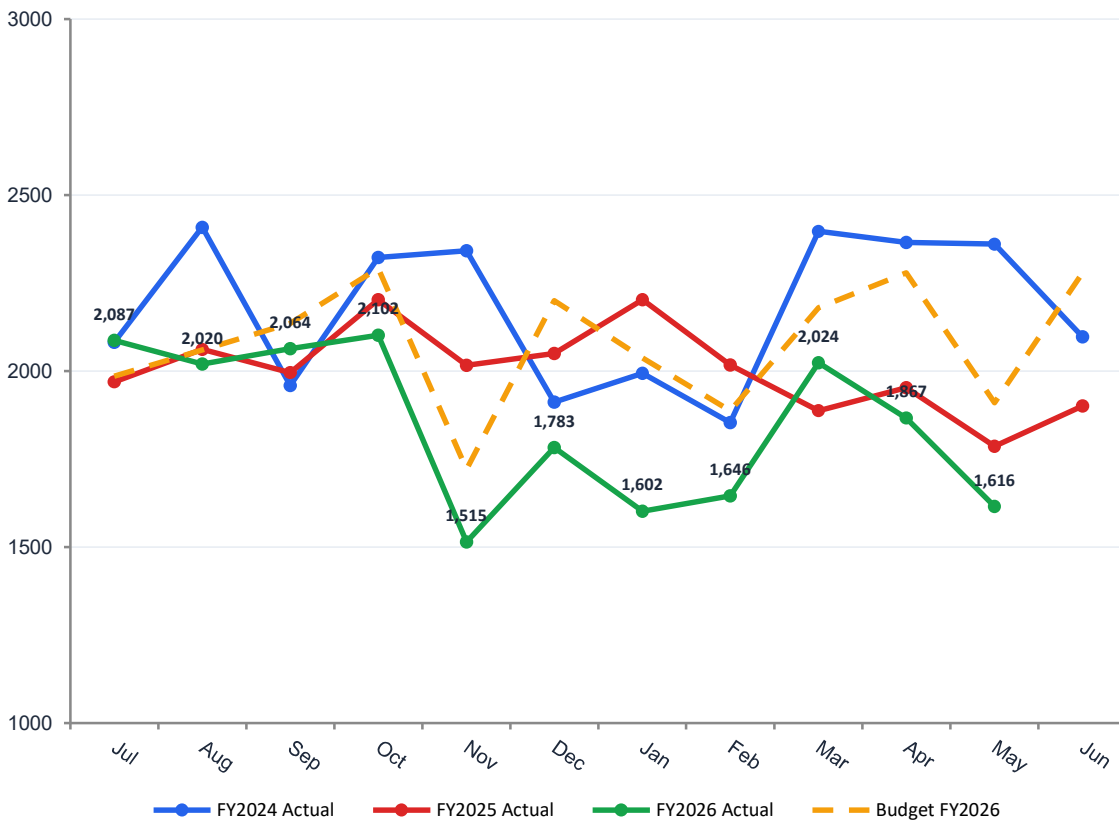
O/P Rehab - Akers



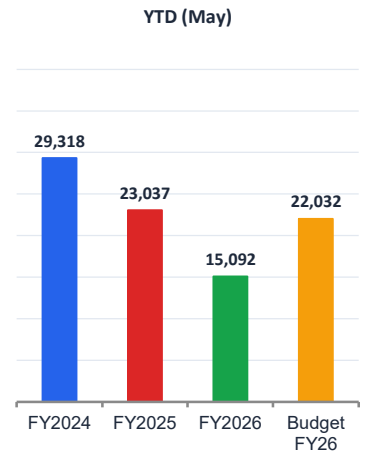
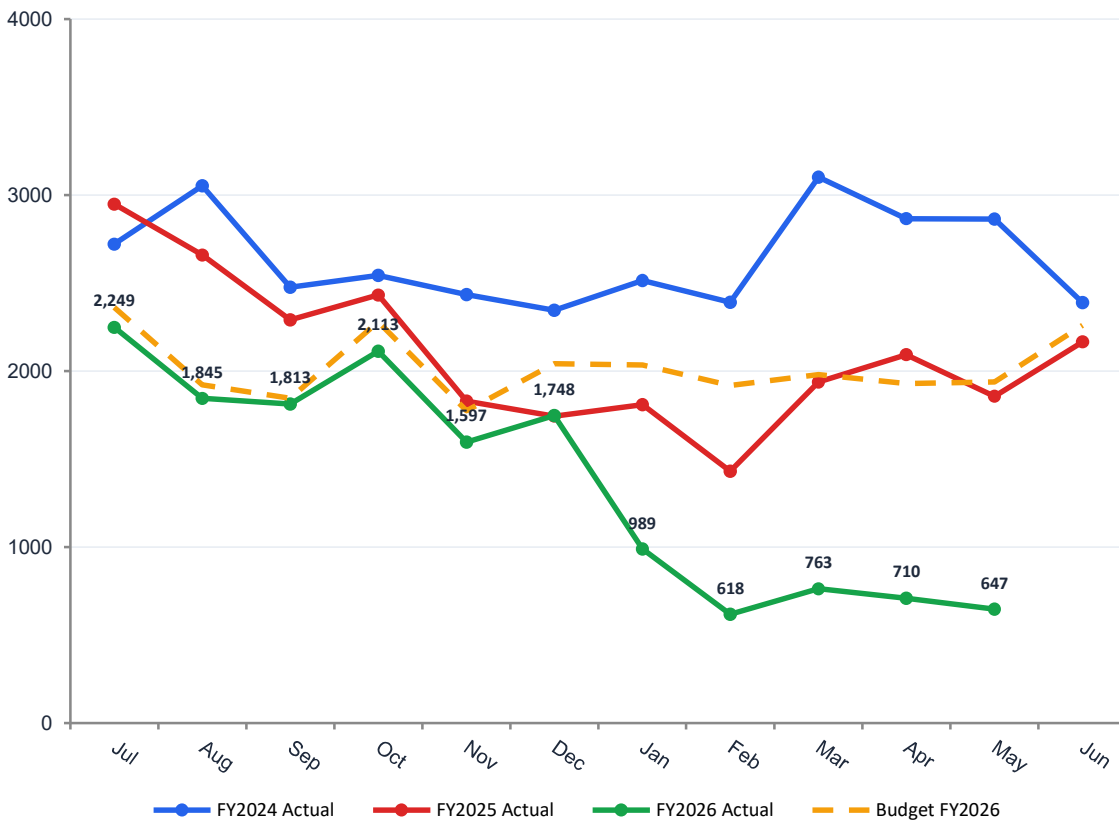
O/P Rehab - LLOPT



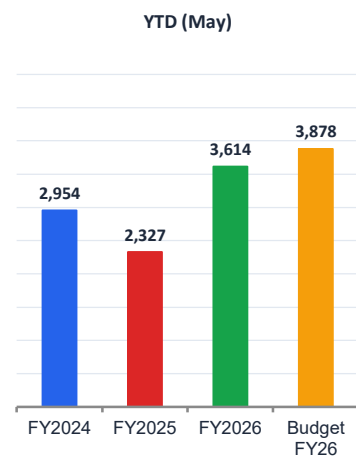
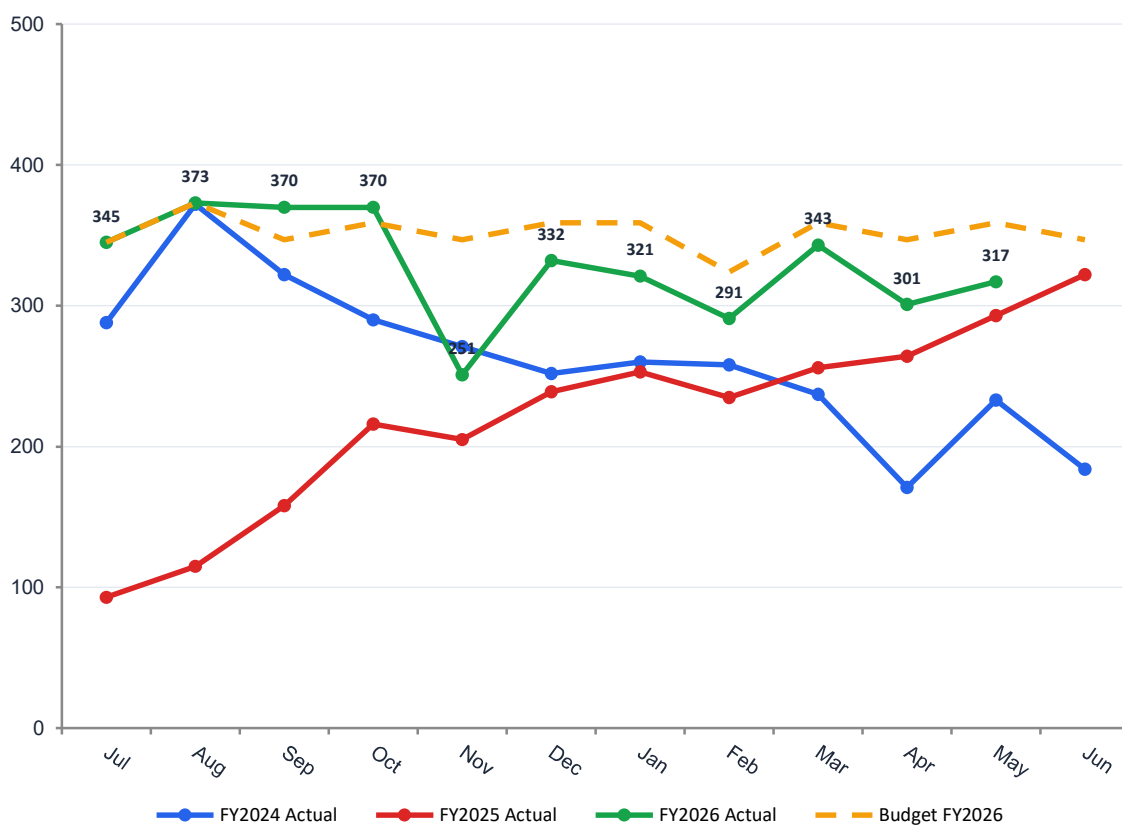
O/P Rehab - Dinuba



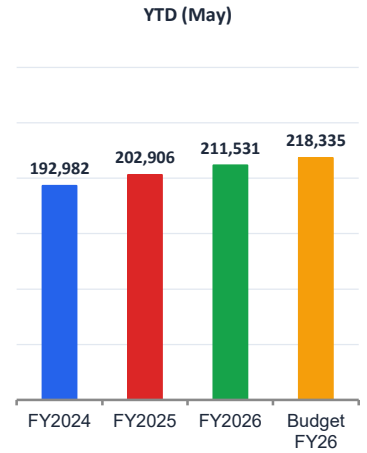
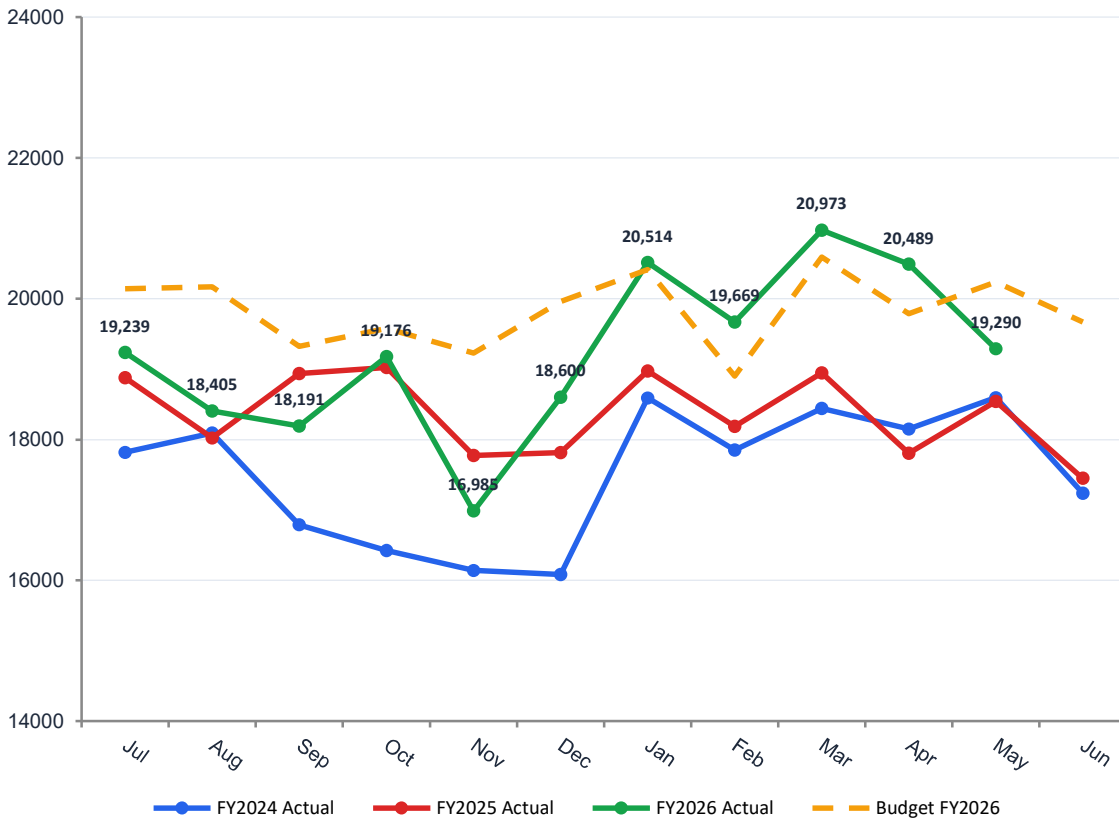
Therapy - Cypress Hand Center



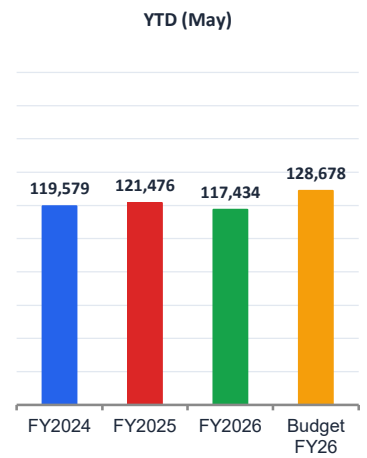
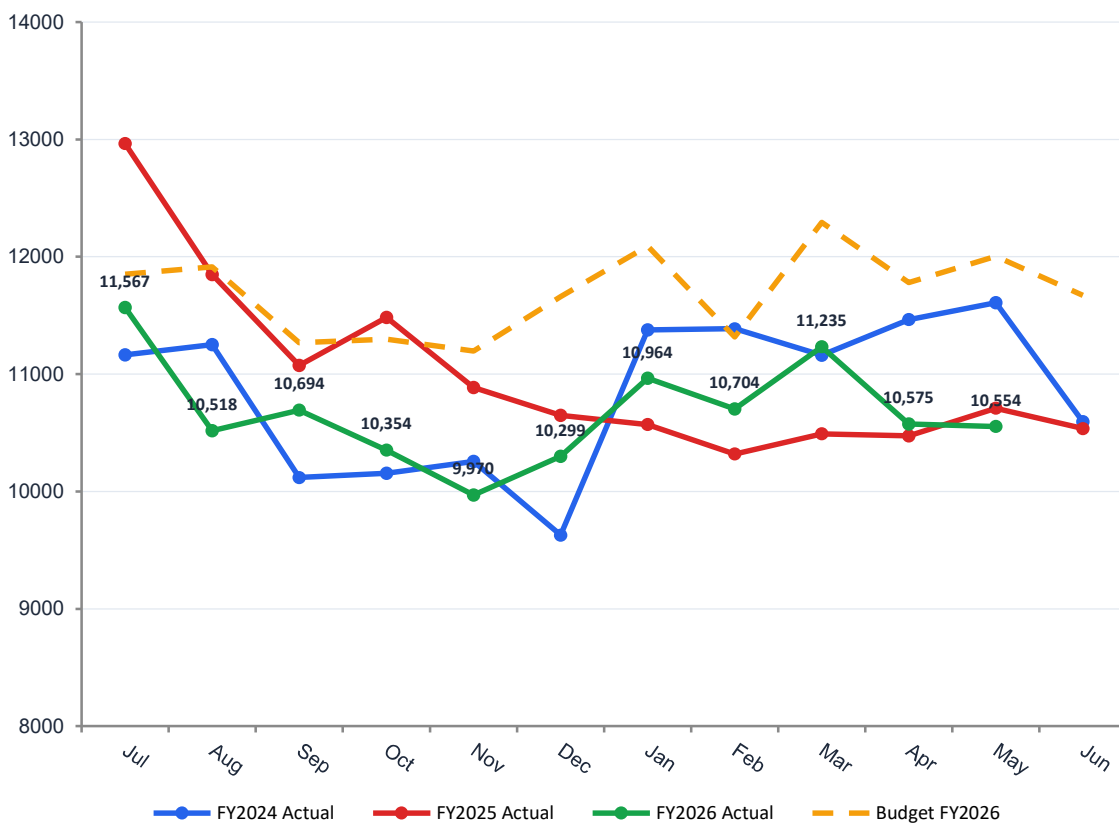
Therapy-Wound Care Svcs Encounters



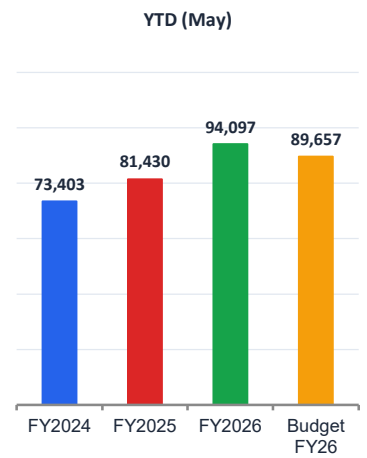
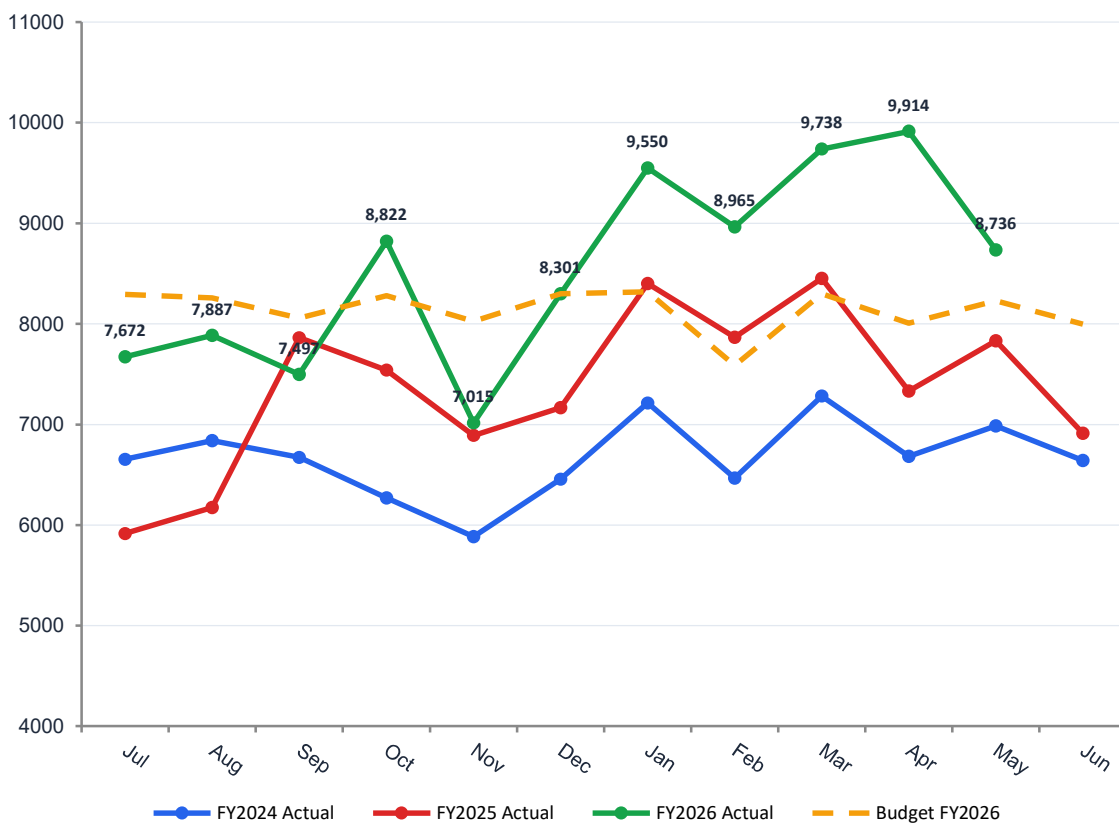
Physical & Other Therapy Units (I/P & O/P)



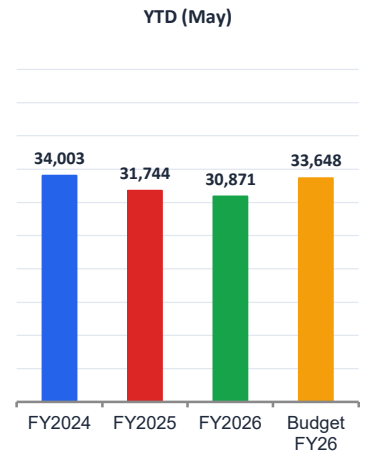
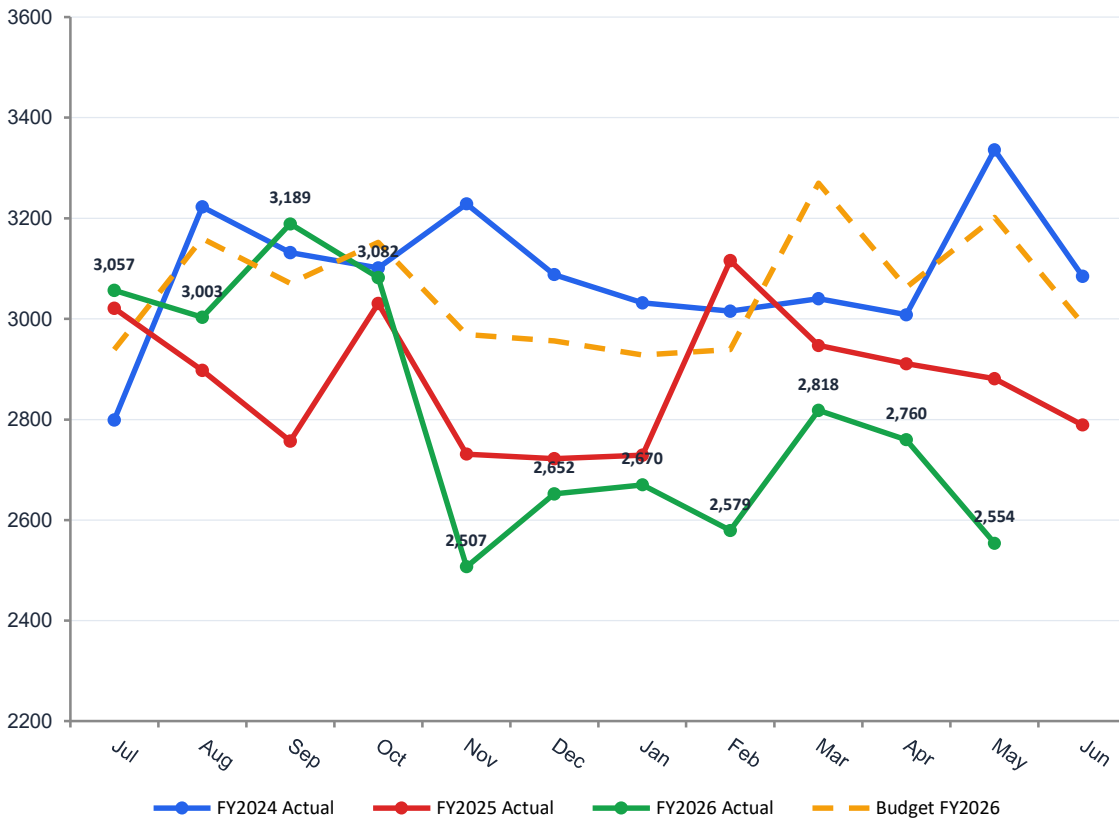
Physical & Other Therapy Units (I/P & O/P)-Main Campus



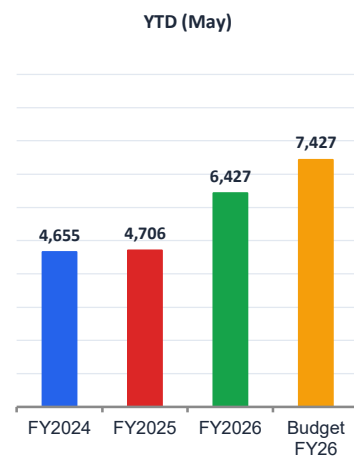
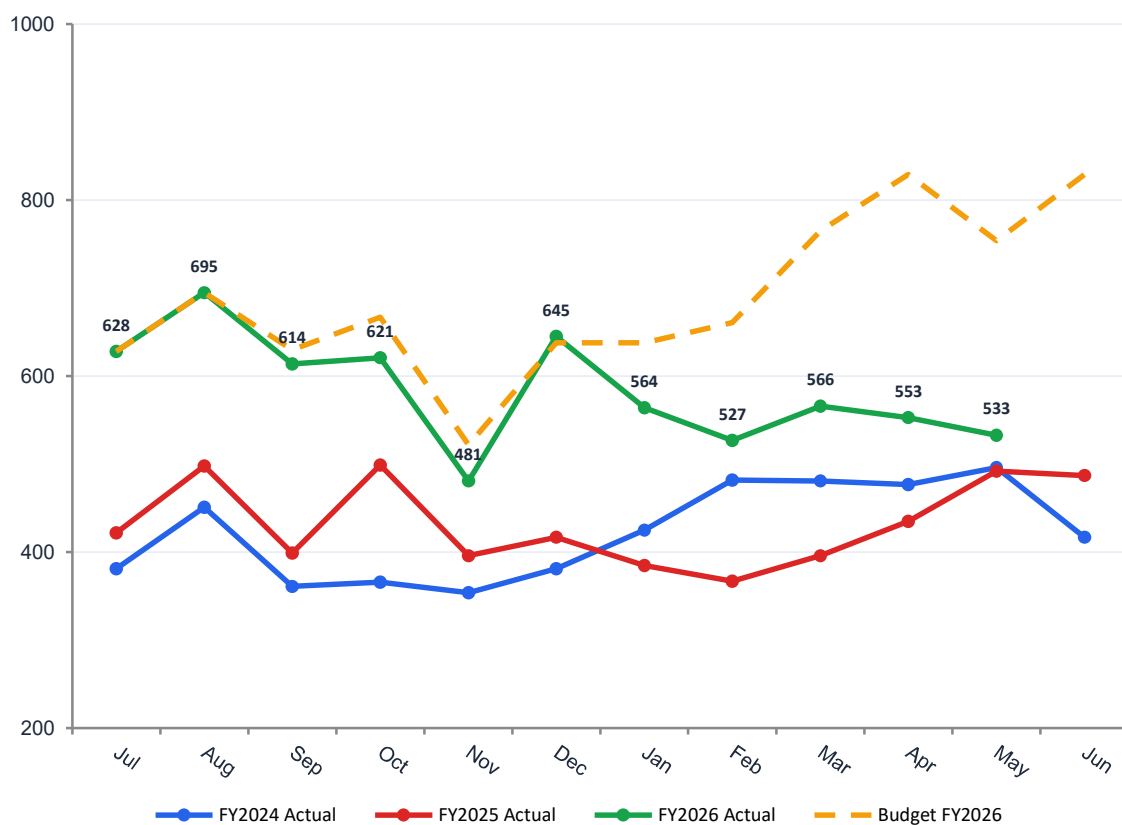
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



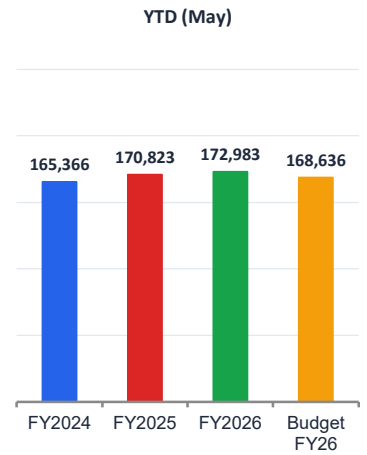
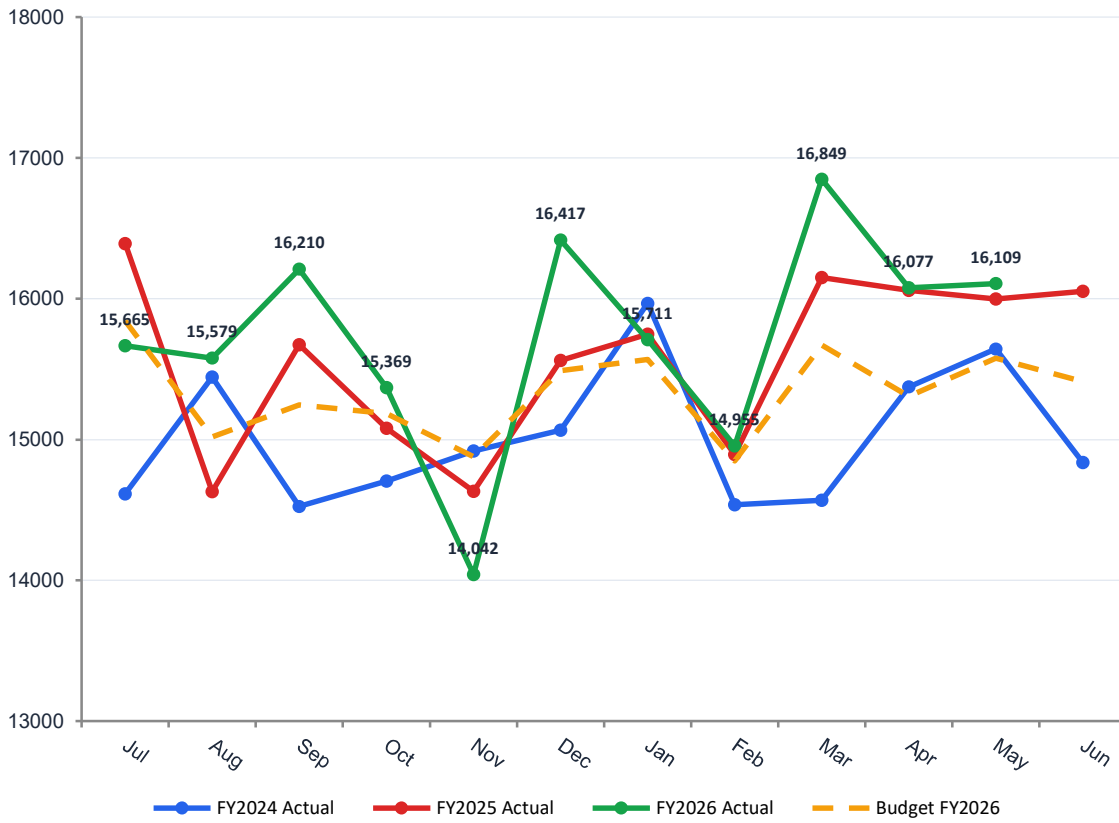
Home Health Visits



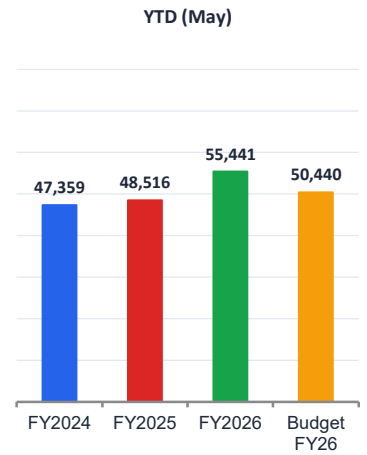
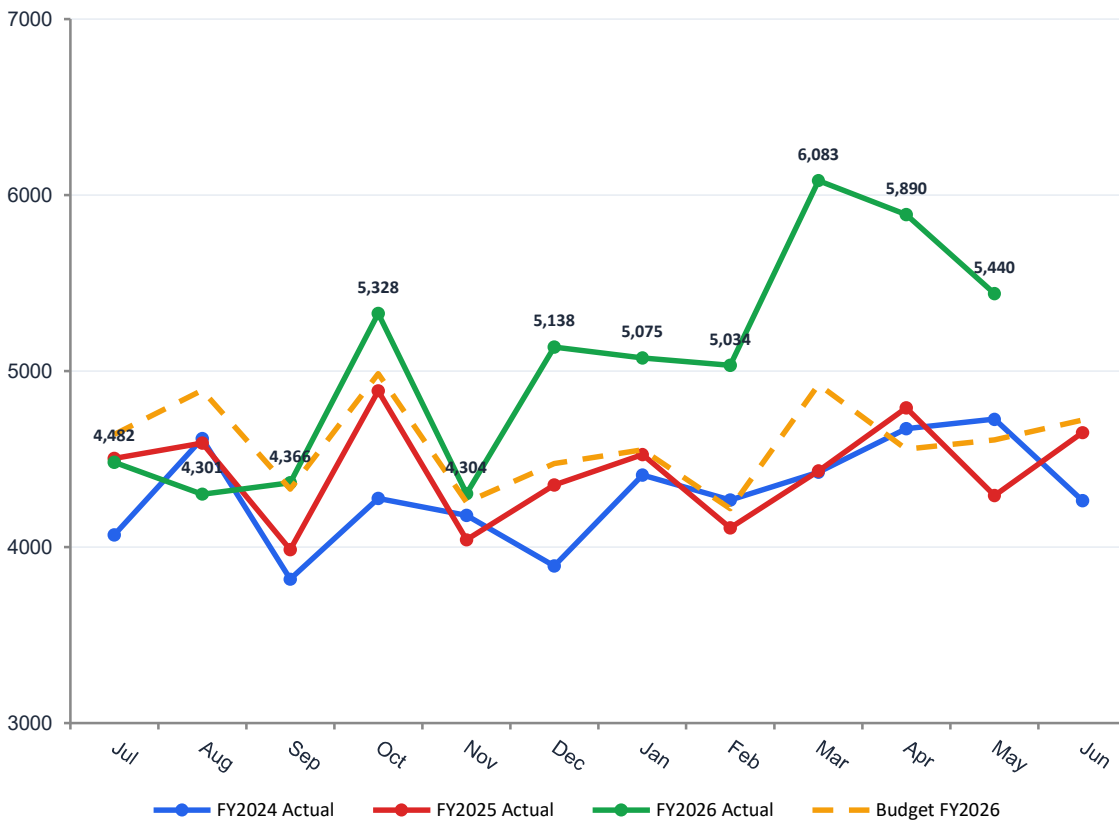
Infusion Center - Units Of Service



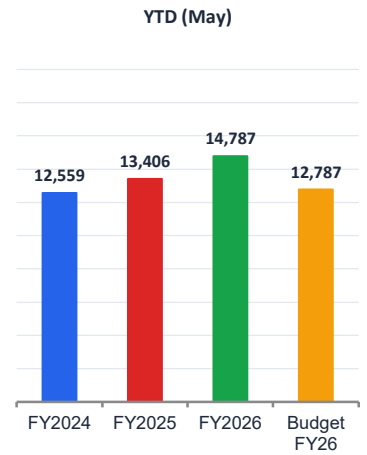
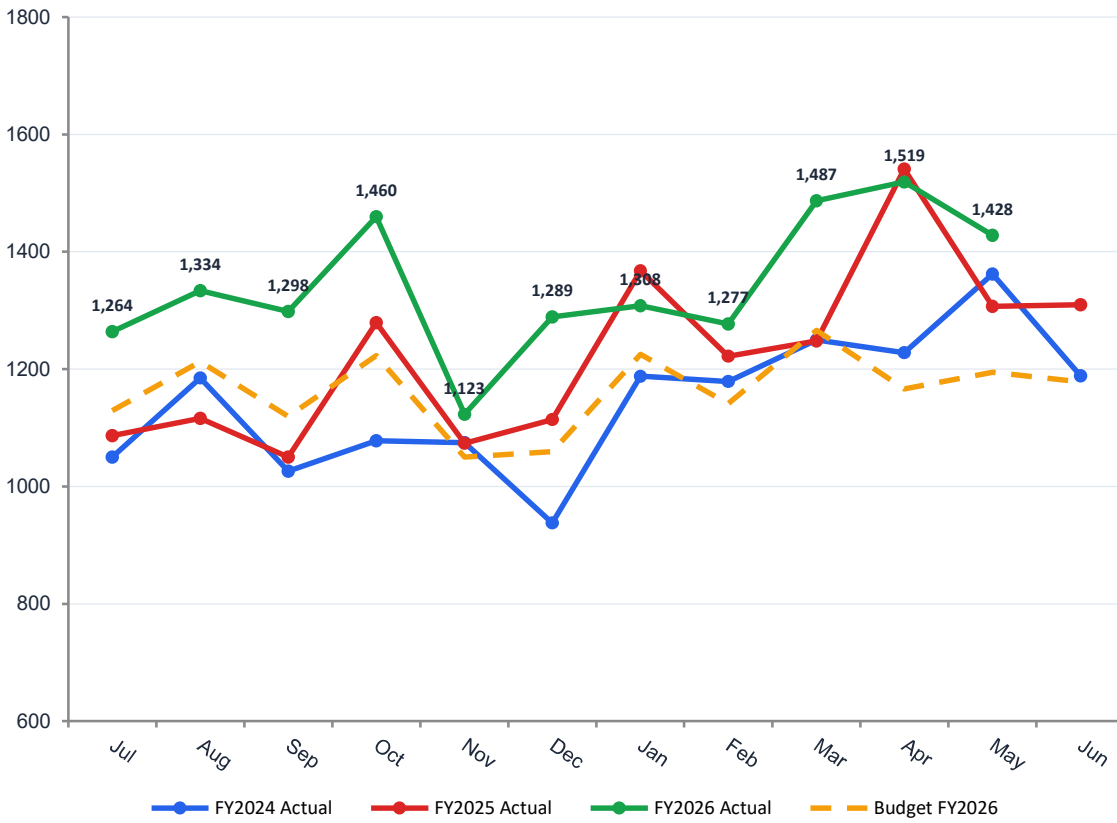
Radiology – Main Campus



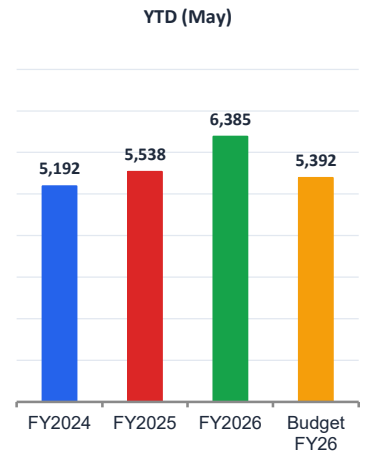
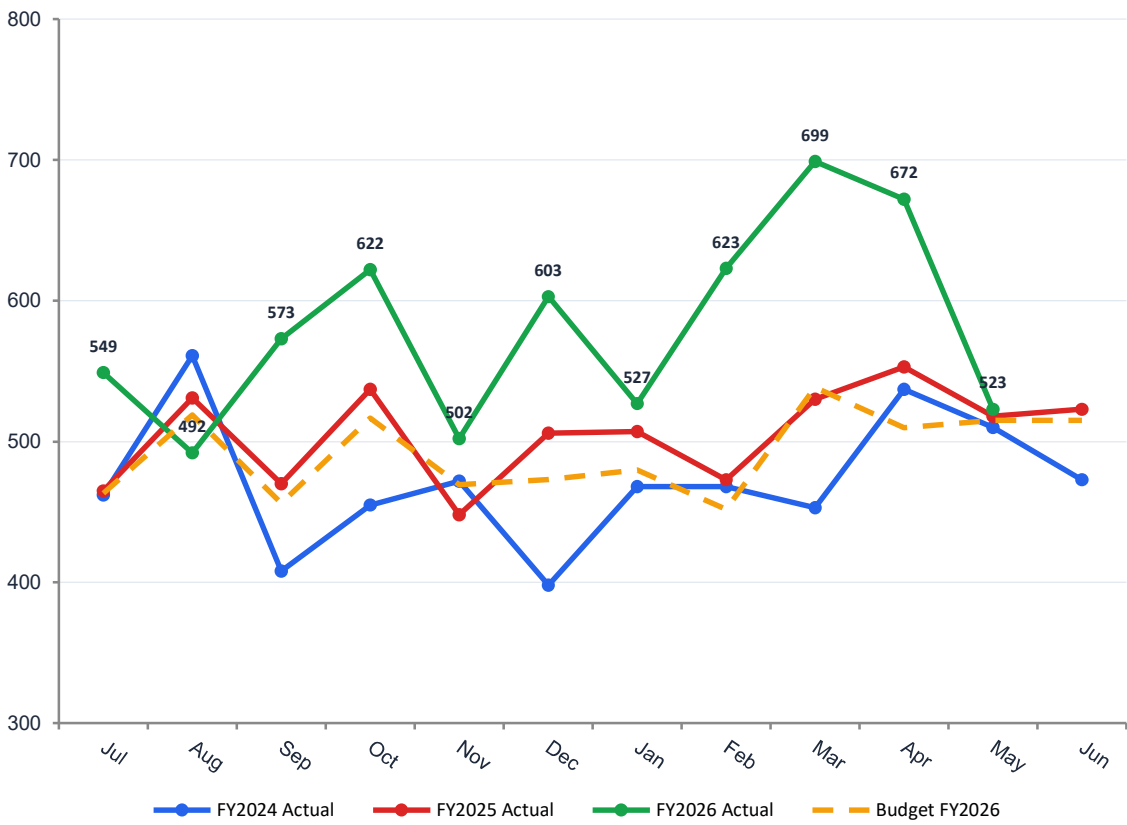
Radiology - West Campus Imaging



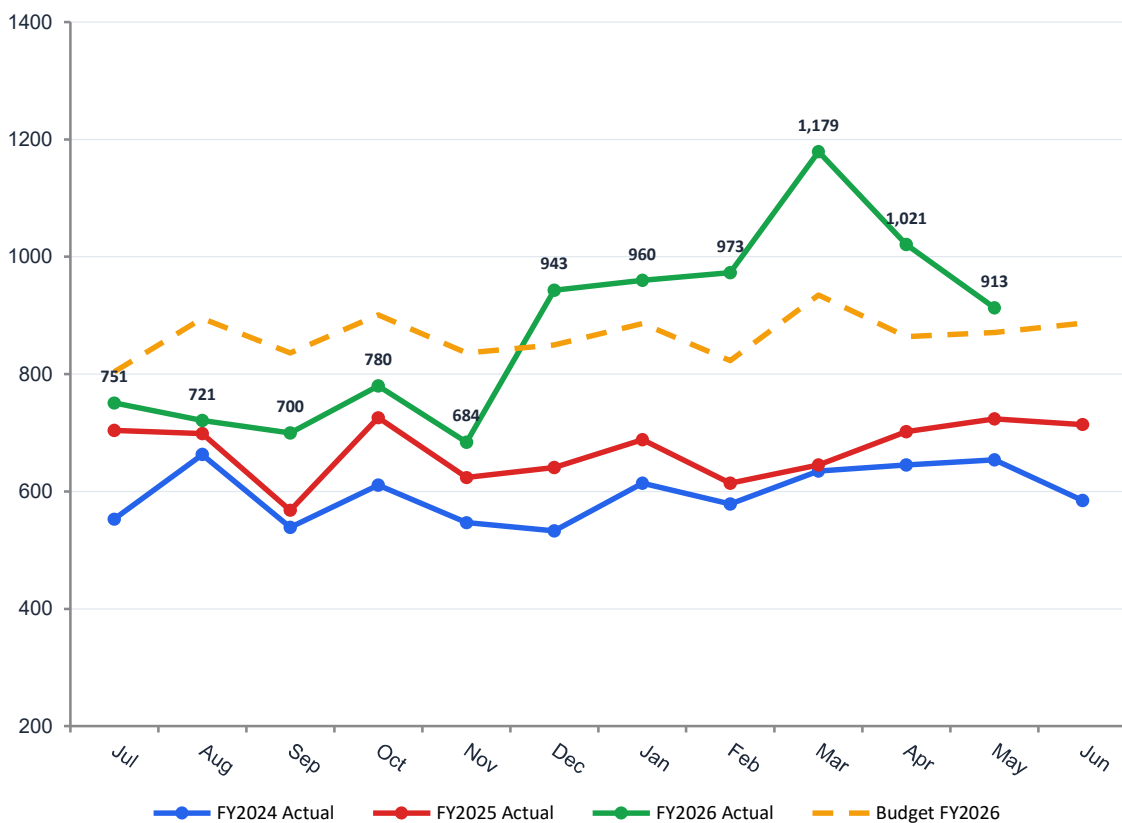
West Campus - Diagnostic Radiology



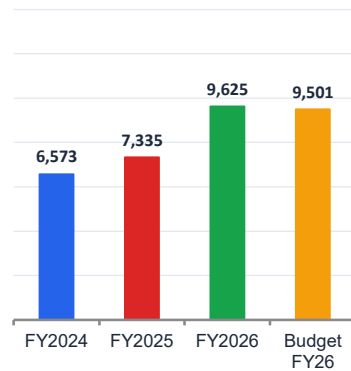
West Campus - CT Scan



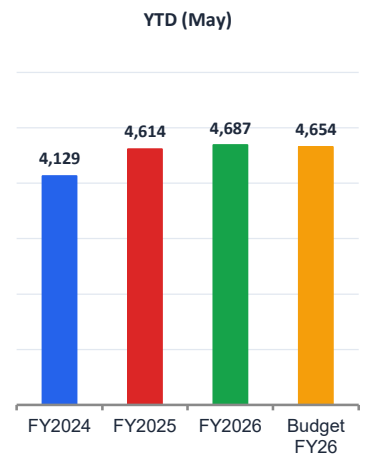
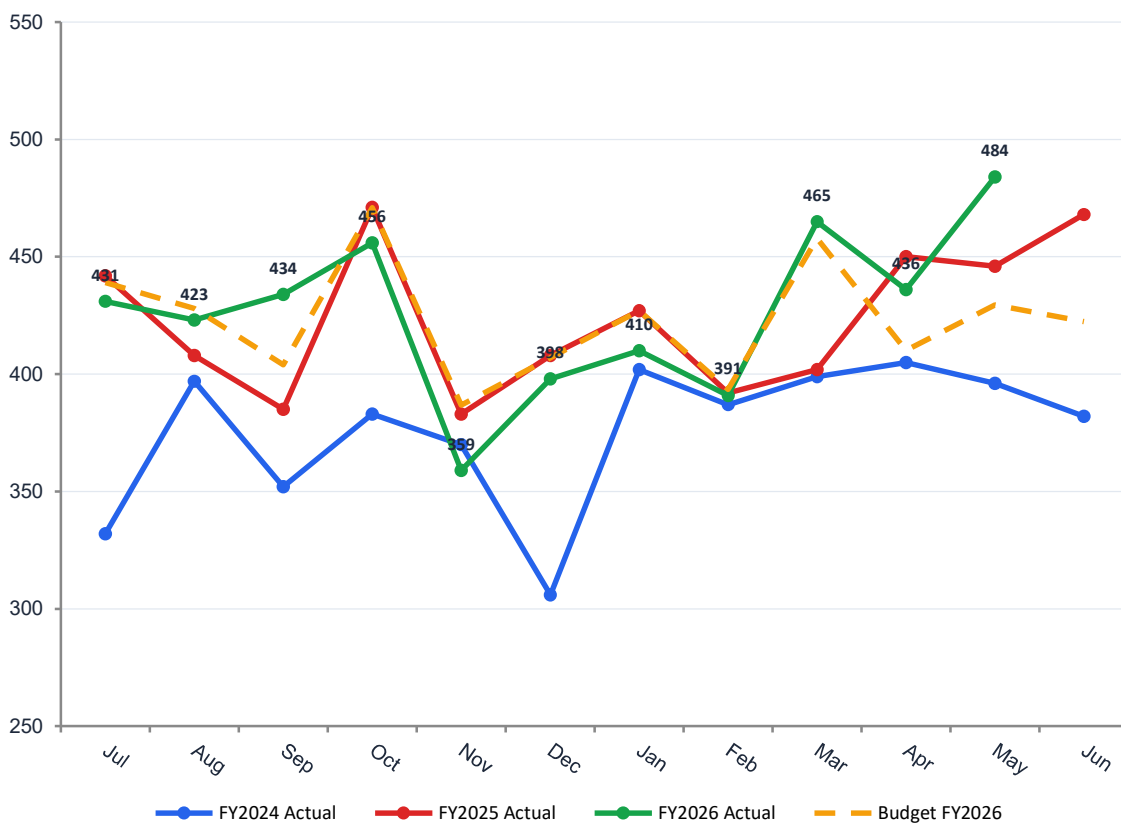
West Campus - Ultrasound



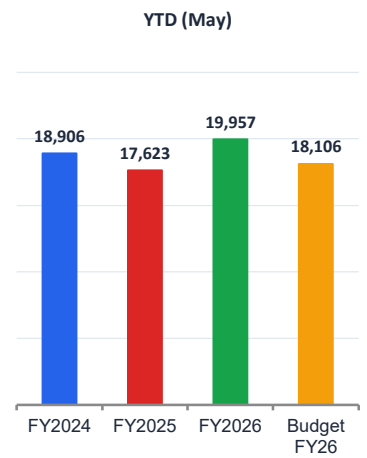
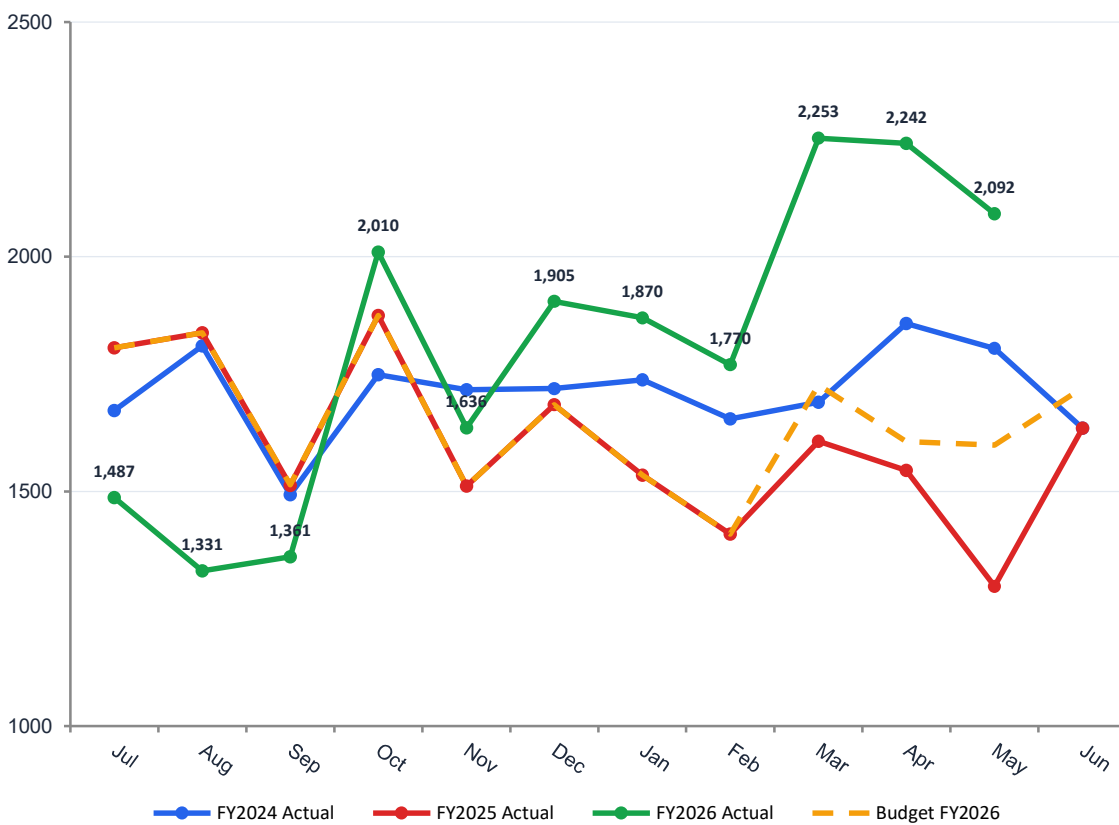
YTD (May)



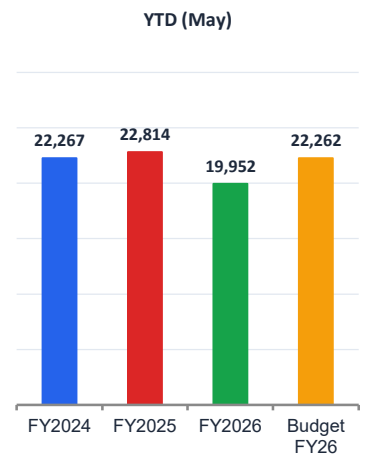
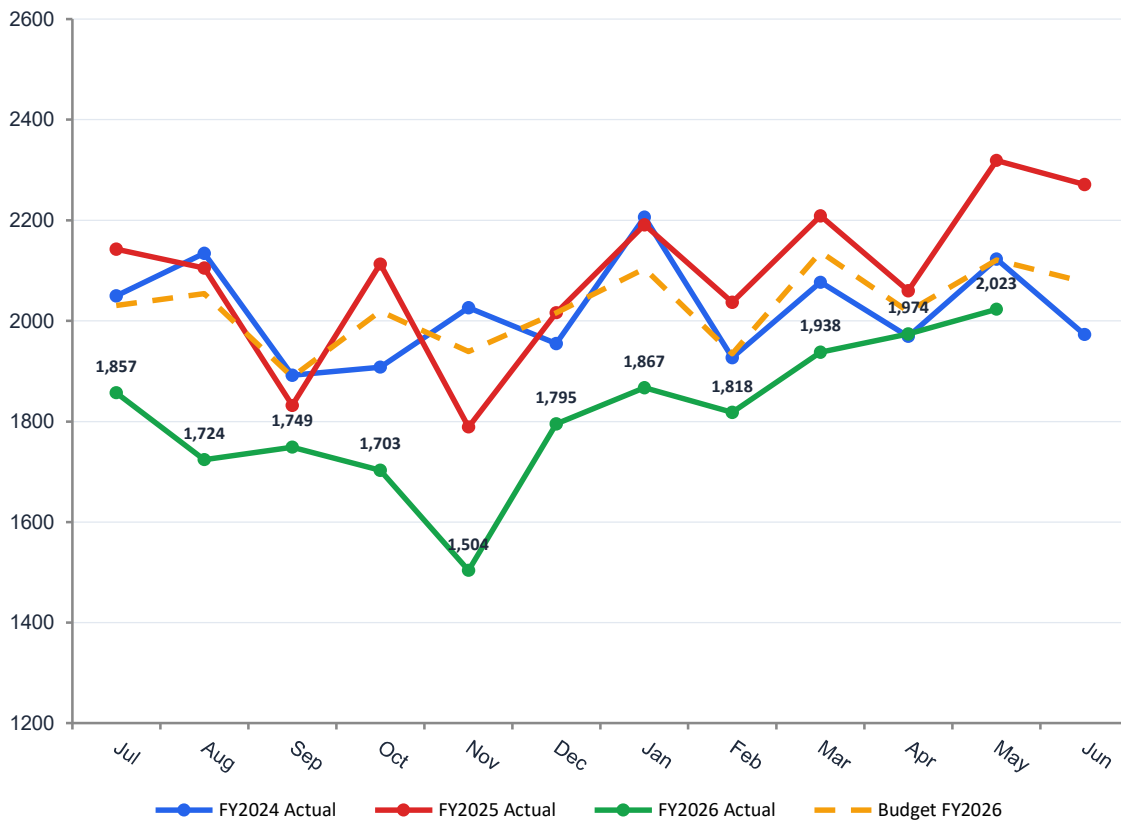
West Campus - MRI



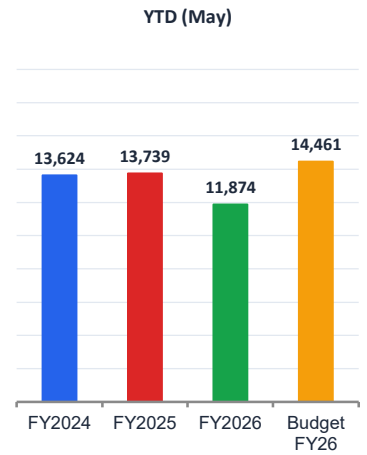
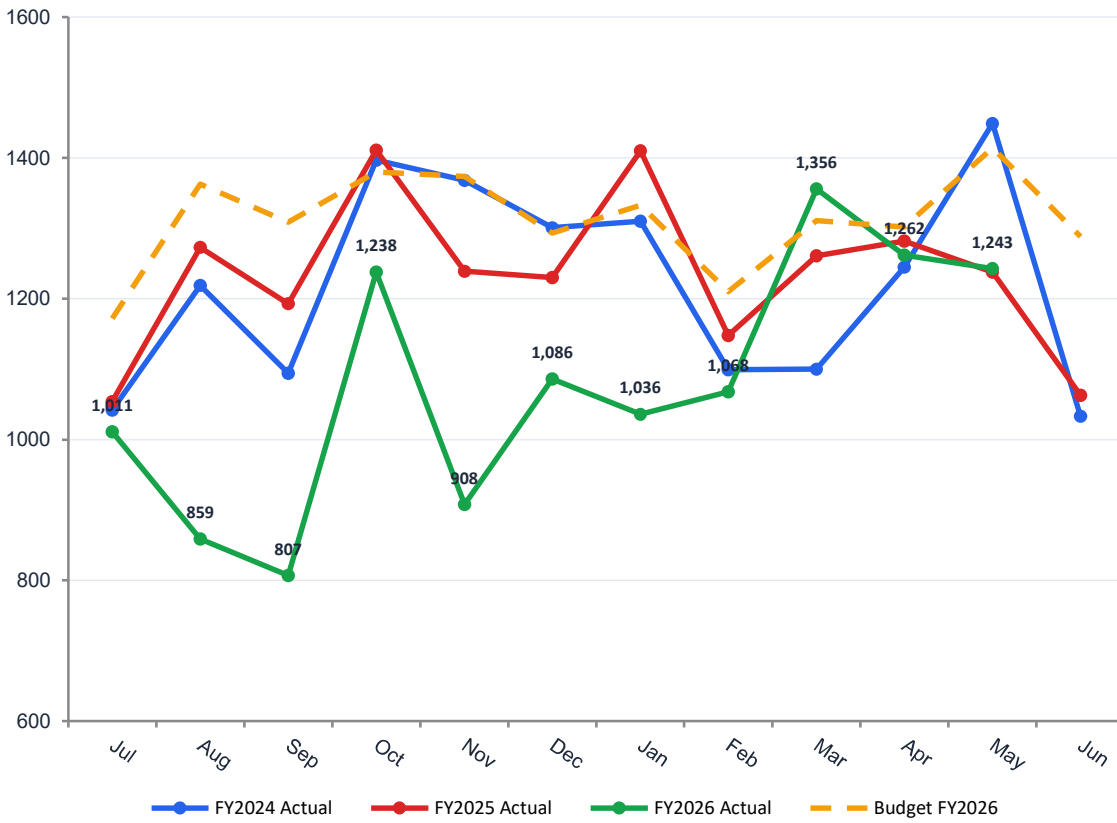
West Campus - Breast Center



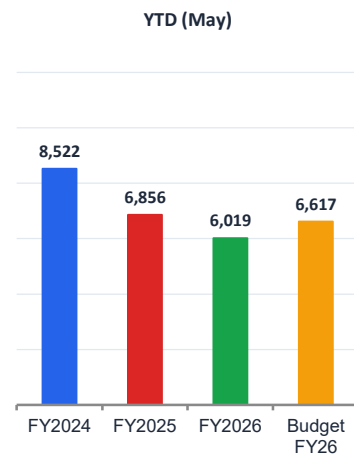
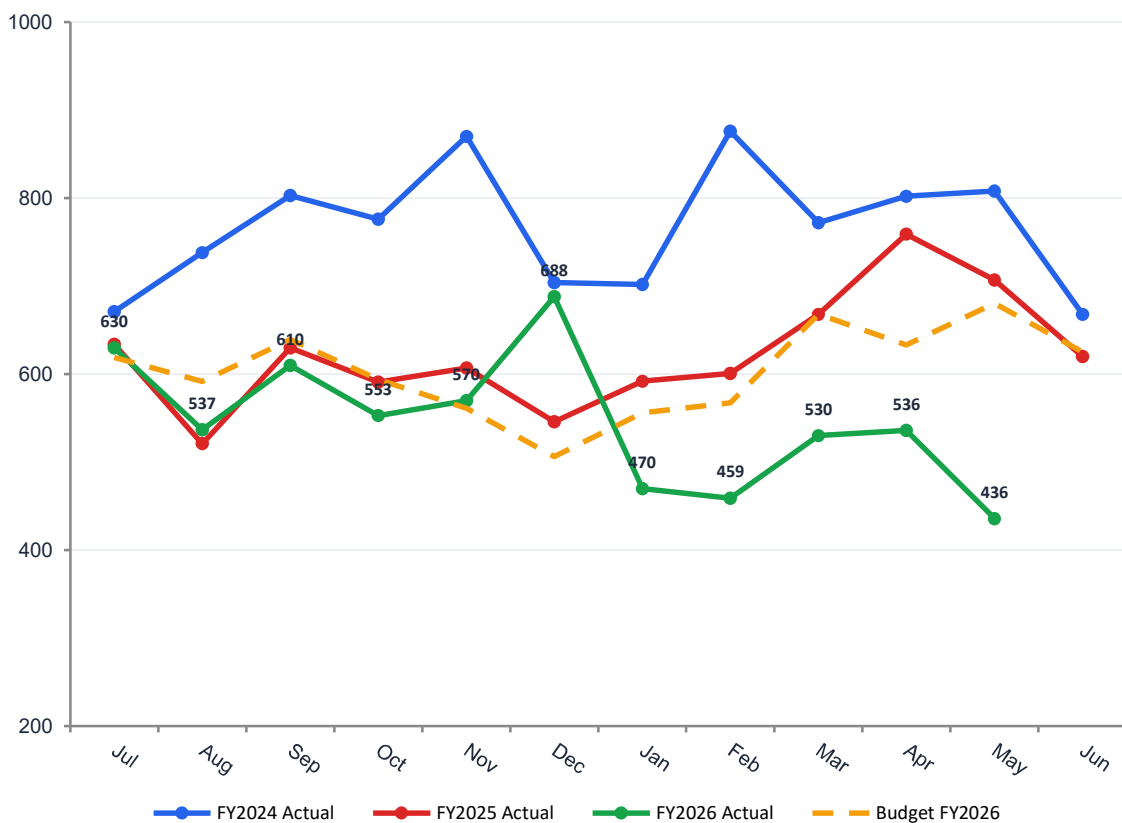
Noninvasive Cardiology-KHMC



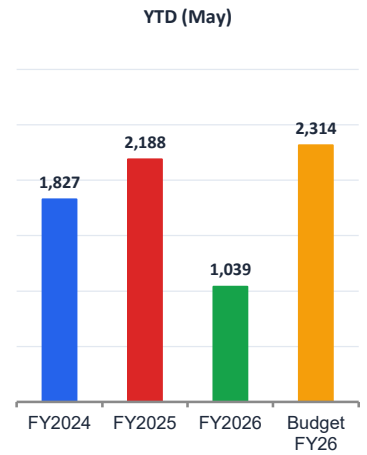
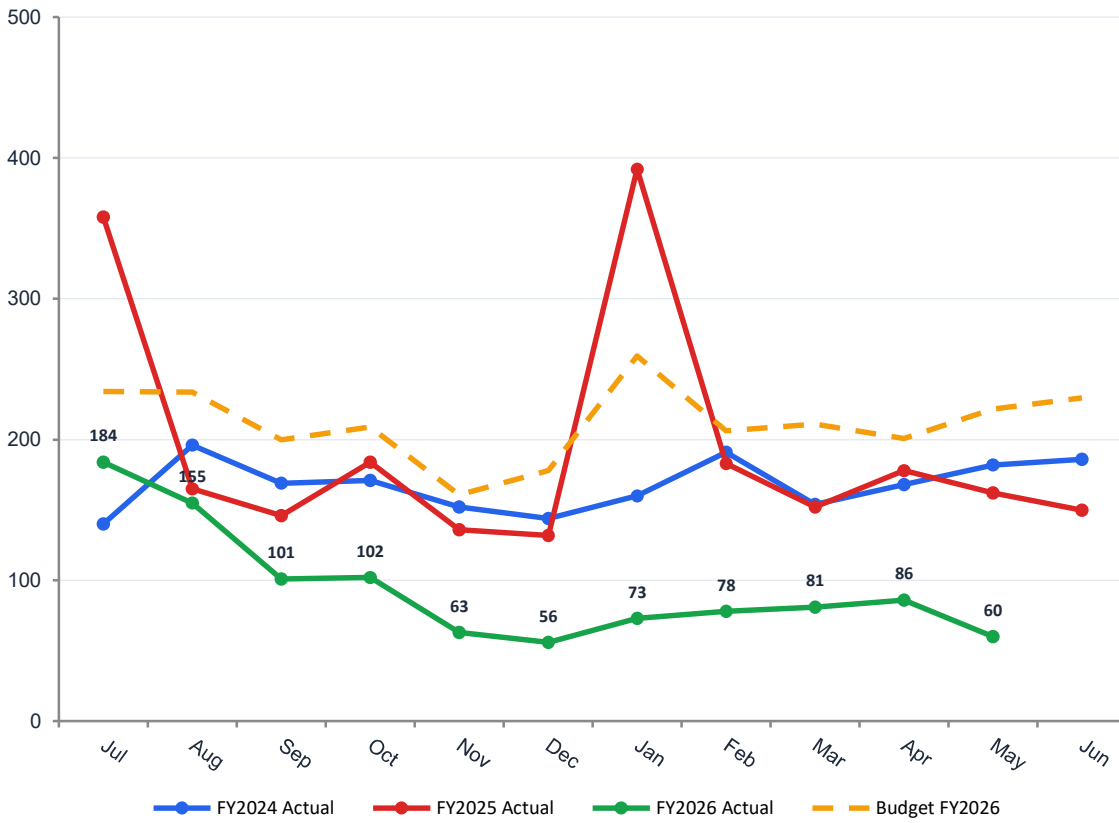
Noninvasive Cardiology-KHDC



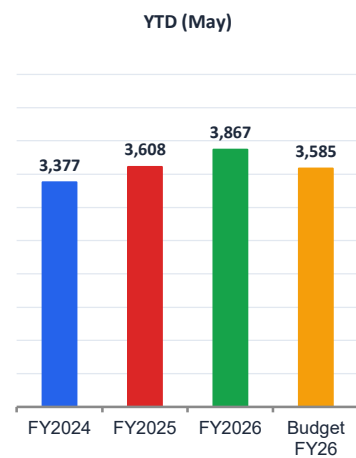
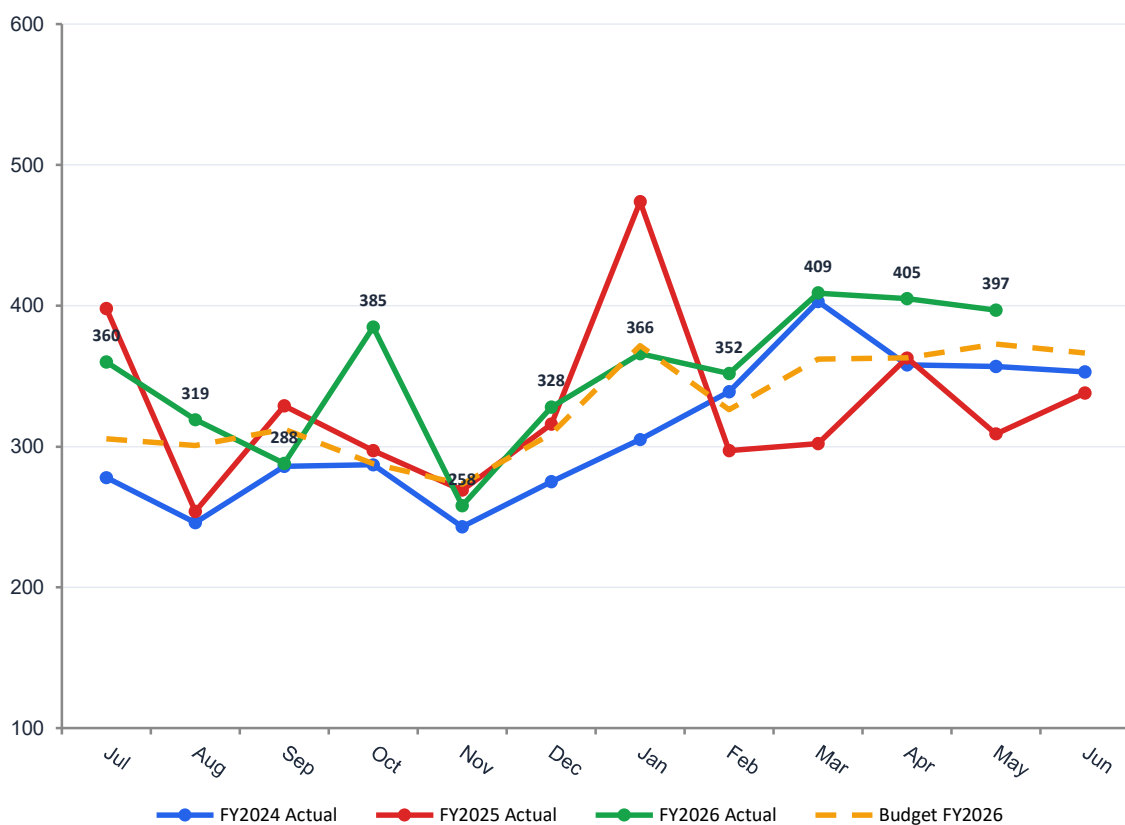
Nuclear Medicine-KHMC



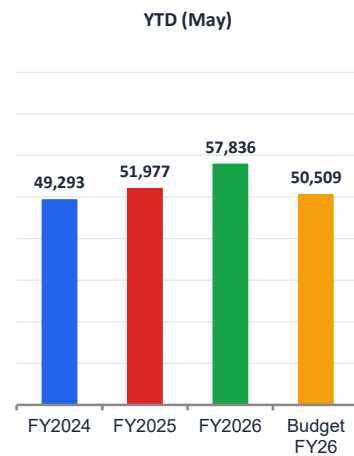
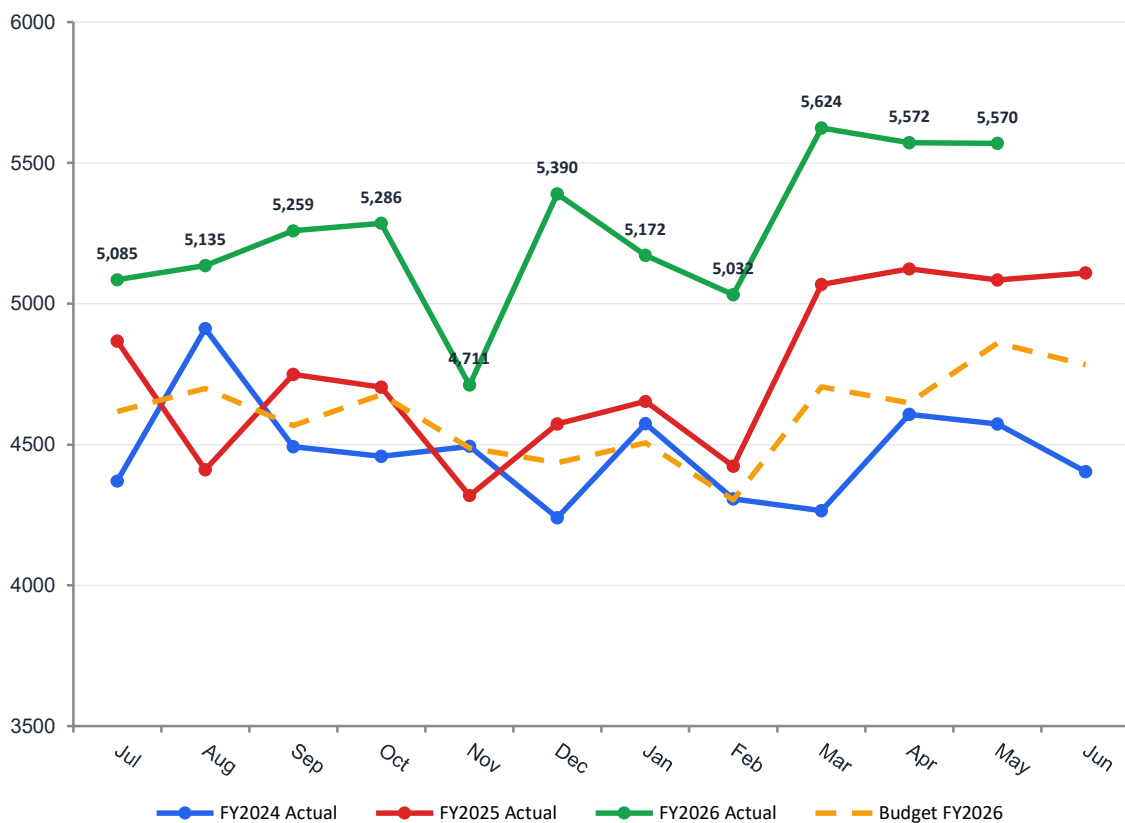
Nuclear Medicine-KHDC



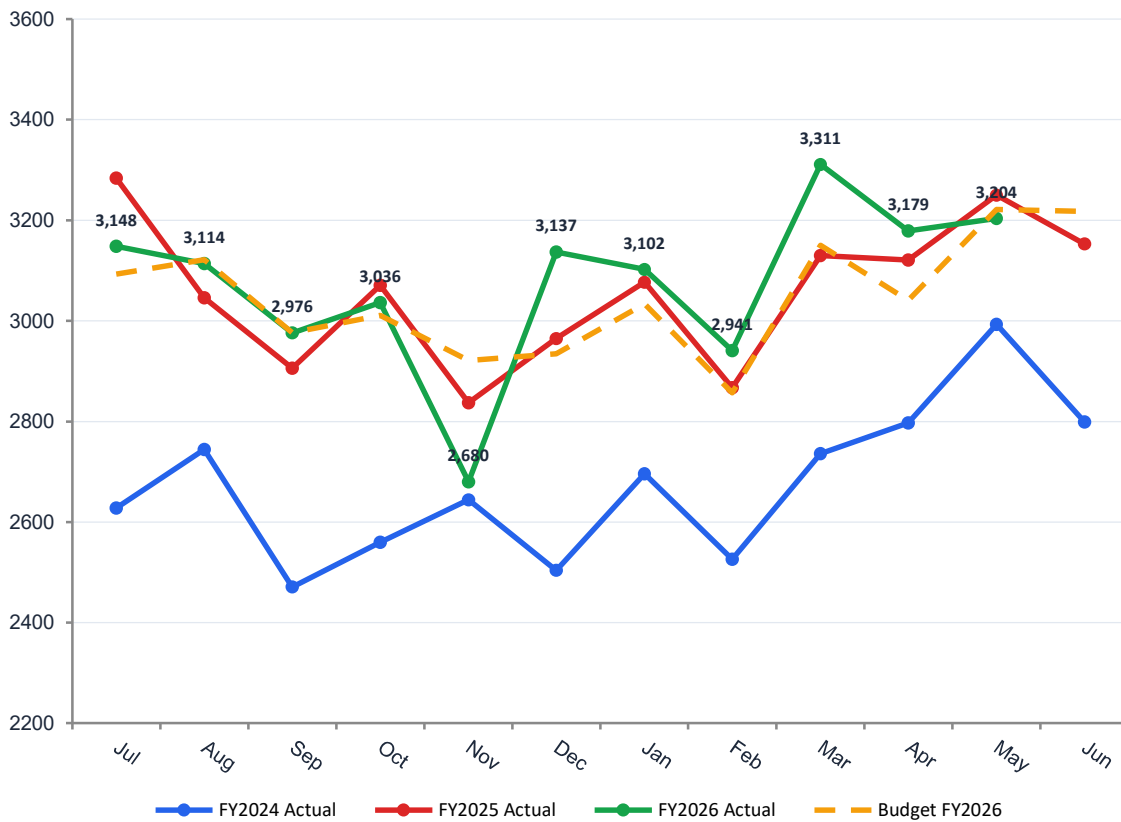
PET/CT-KHDC



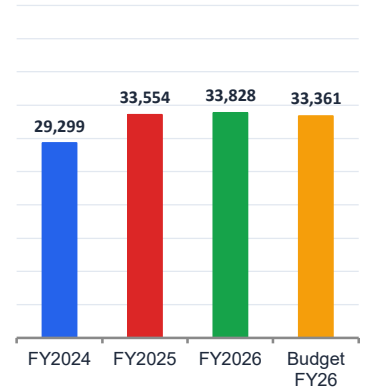
Radiology - CT - All Areas



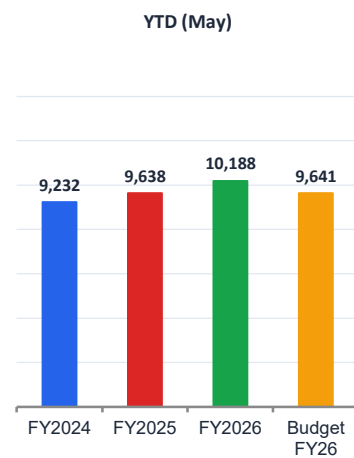
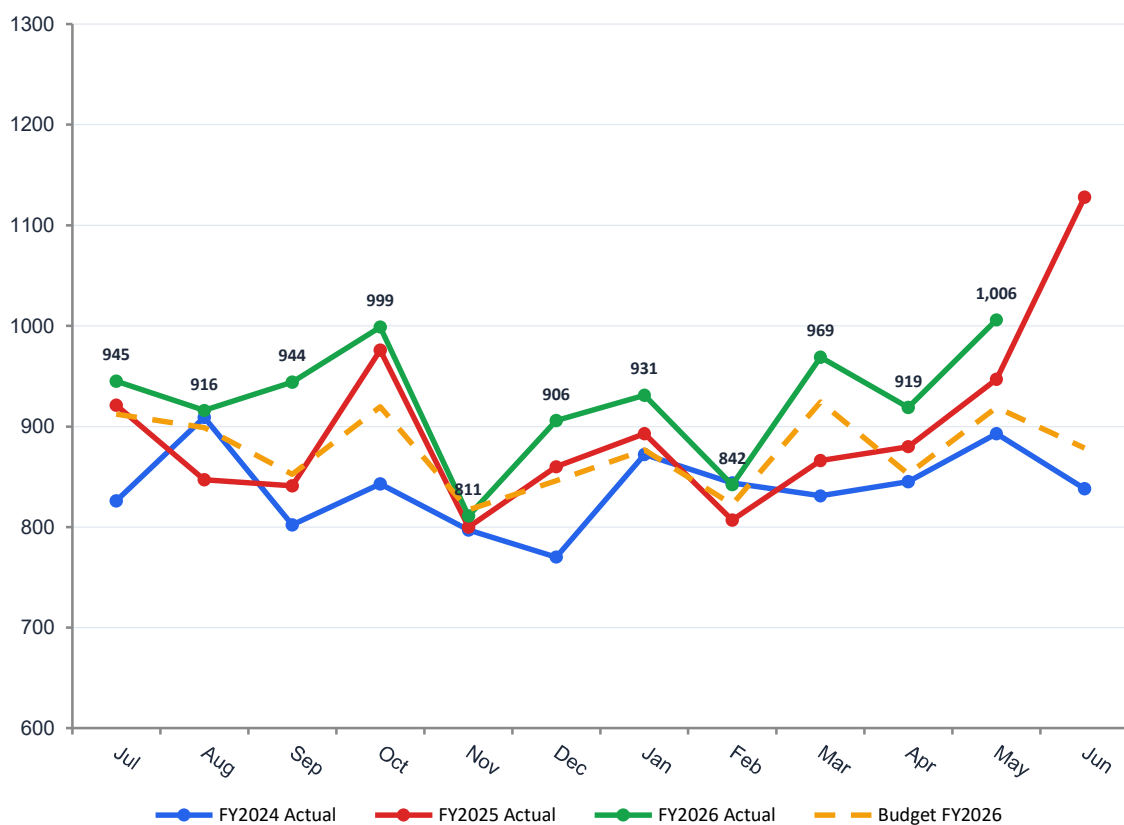
Radiology - Ultrasound - All Areas



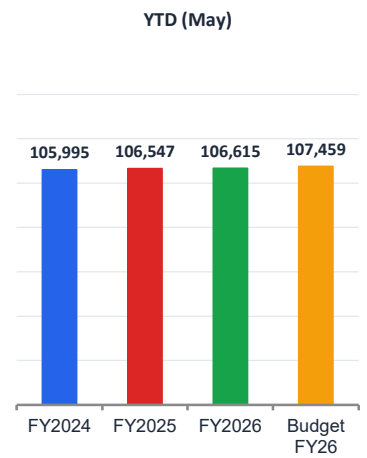
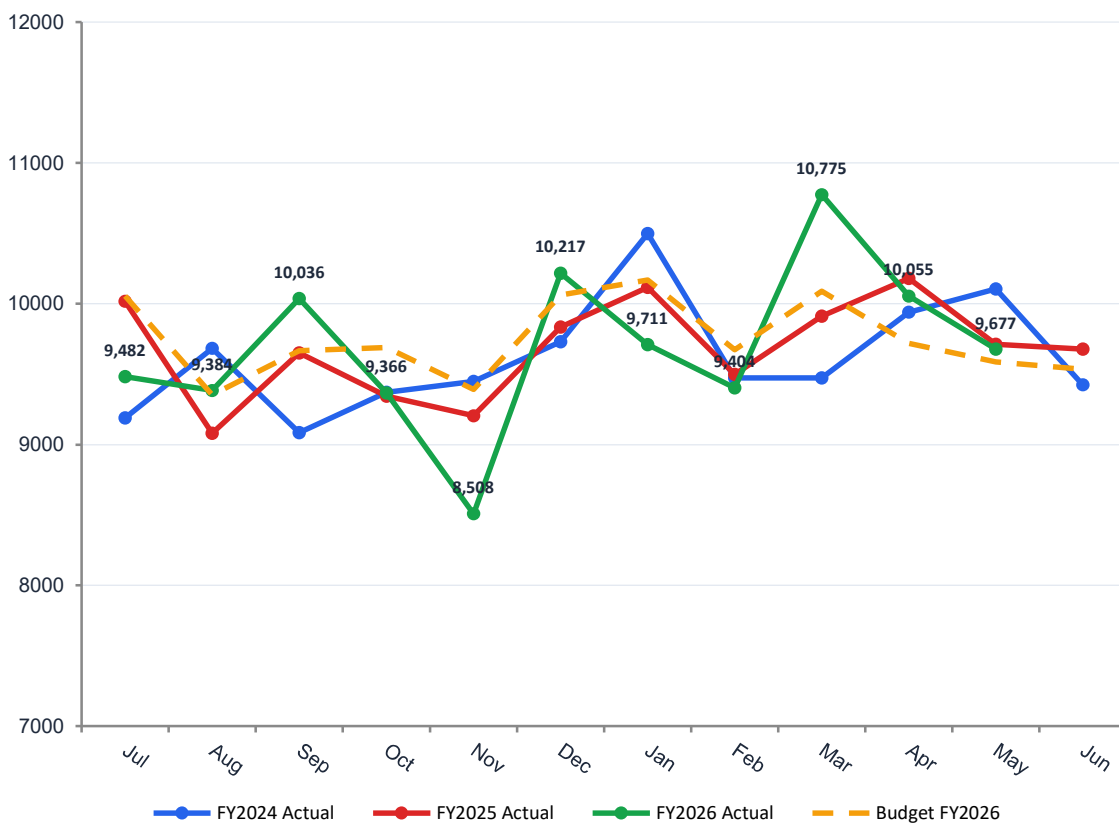
YTD (May)



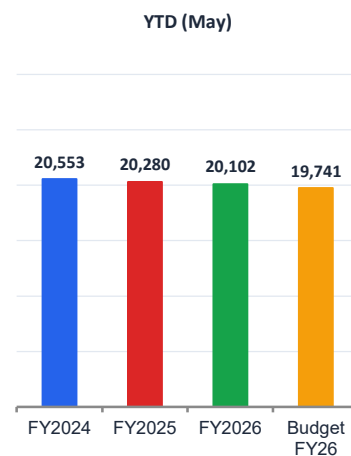
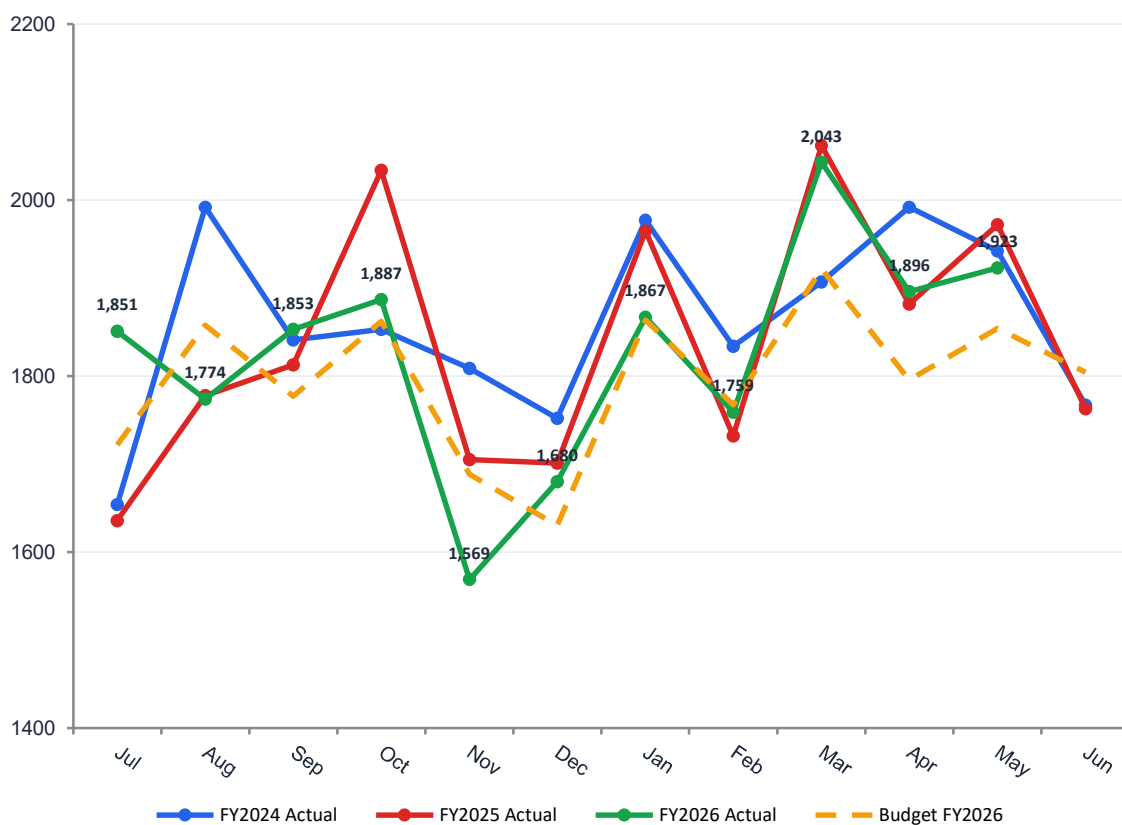
Radiology - MRI - All Areas



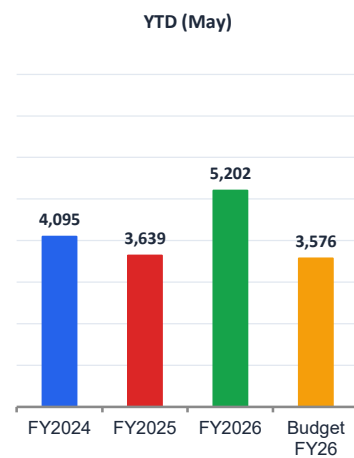
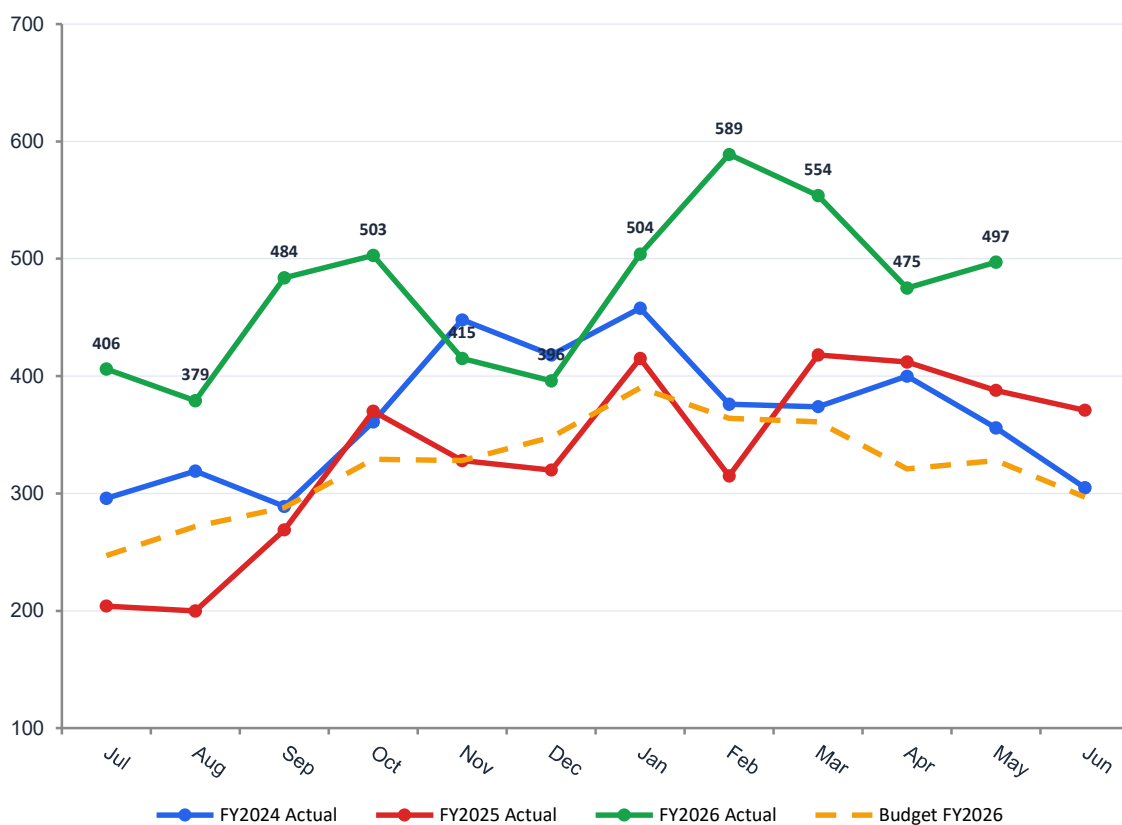
Radiology Modality - Diagnostic Radiology



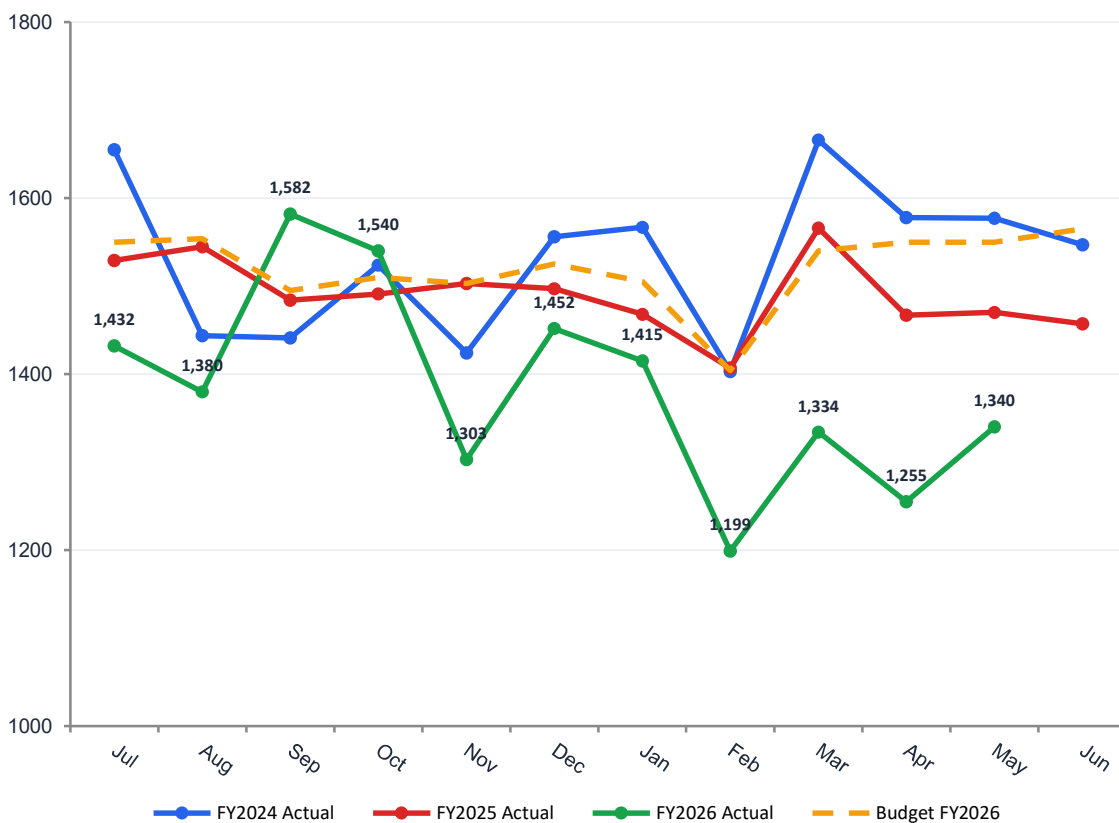
Radiology - UC Court/South Campus



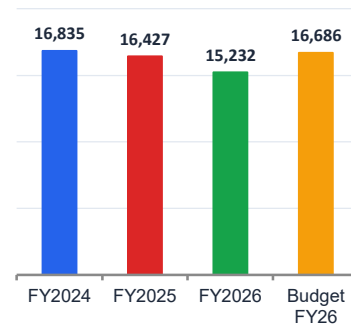
Radiology - UC Demaree/North Campus



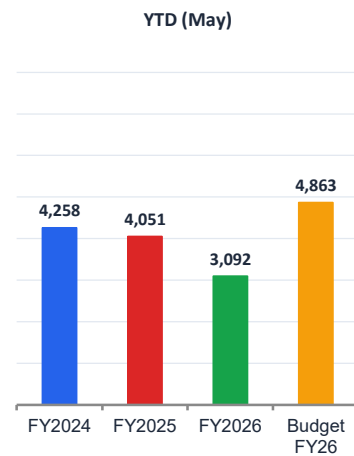
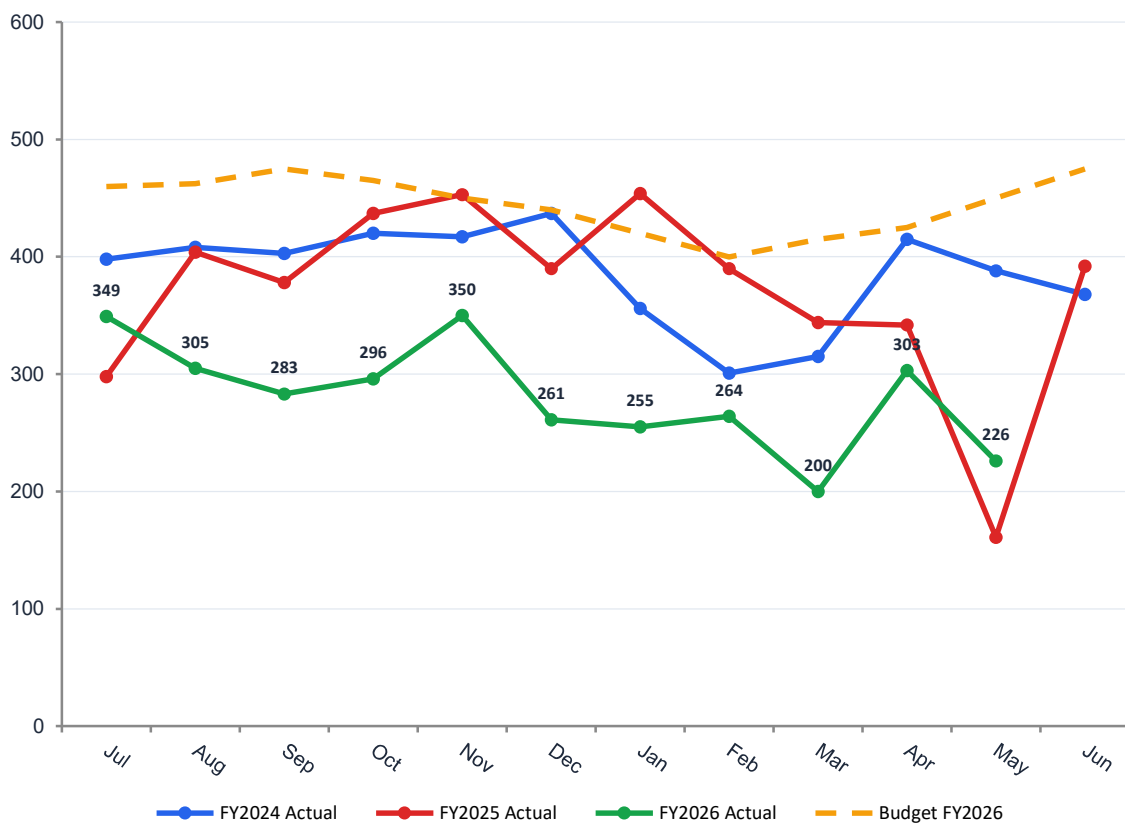
Chronic Dialysis - Visalia



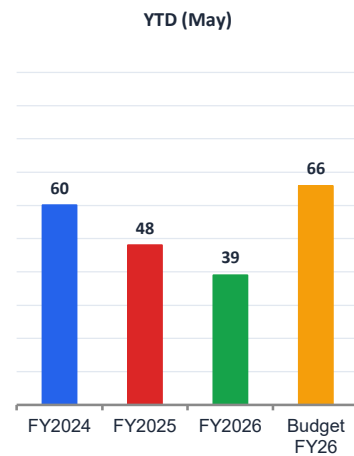
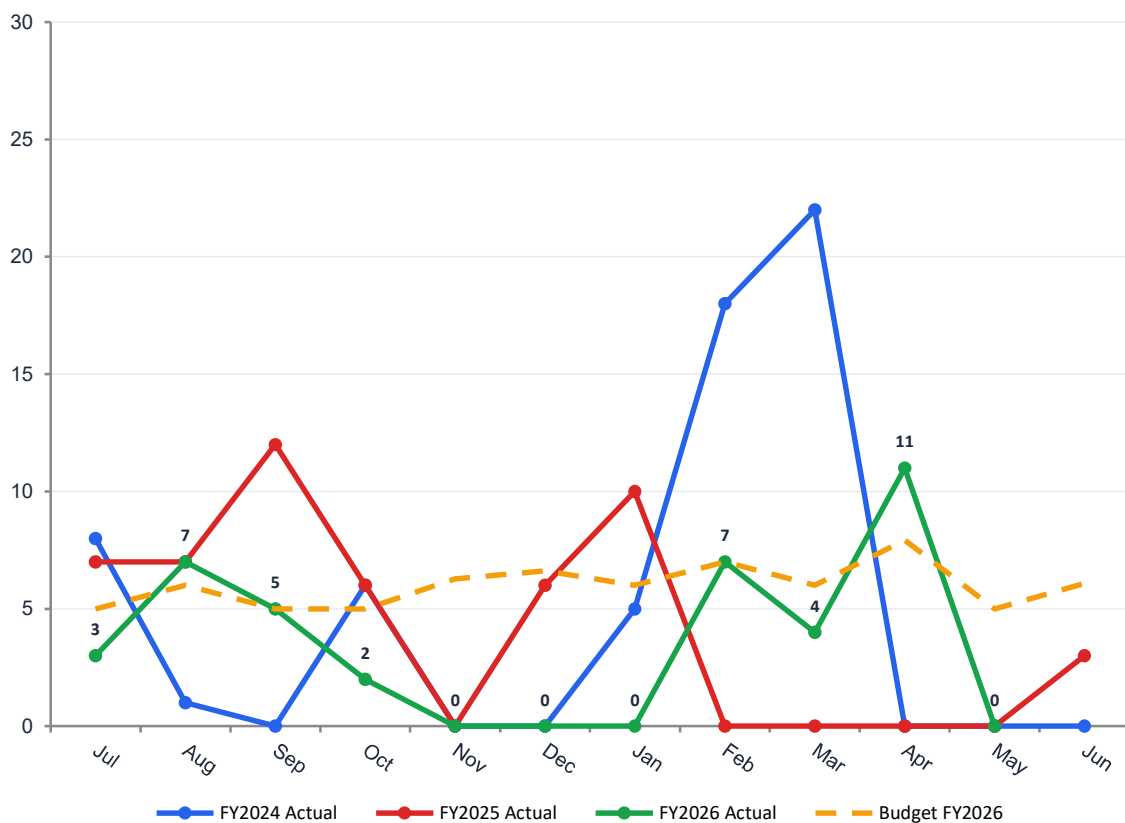
YTD (May)



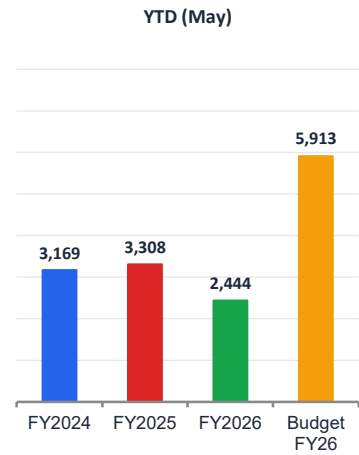
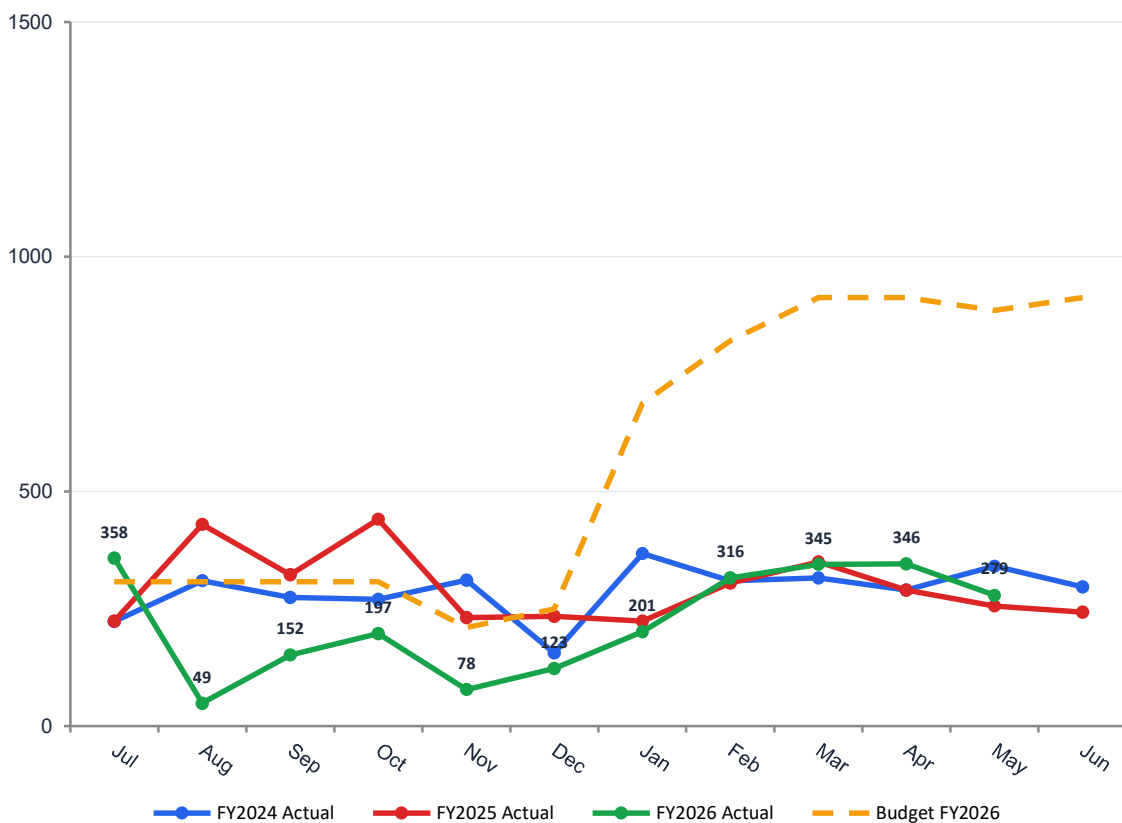
CAPD/CCPD - Maintenance Sessions



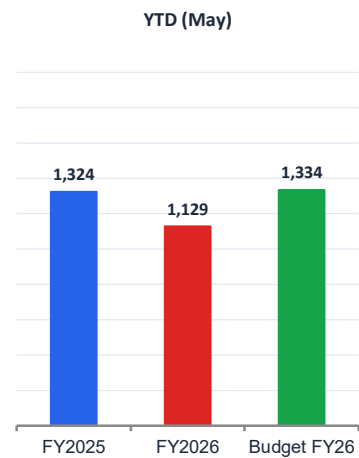
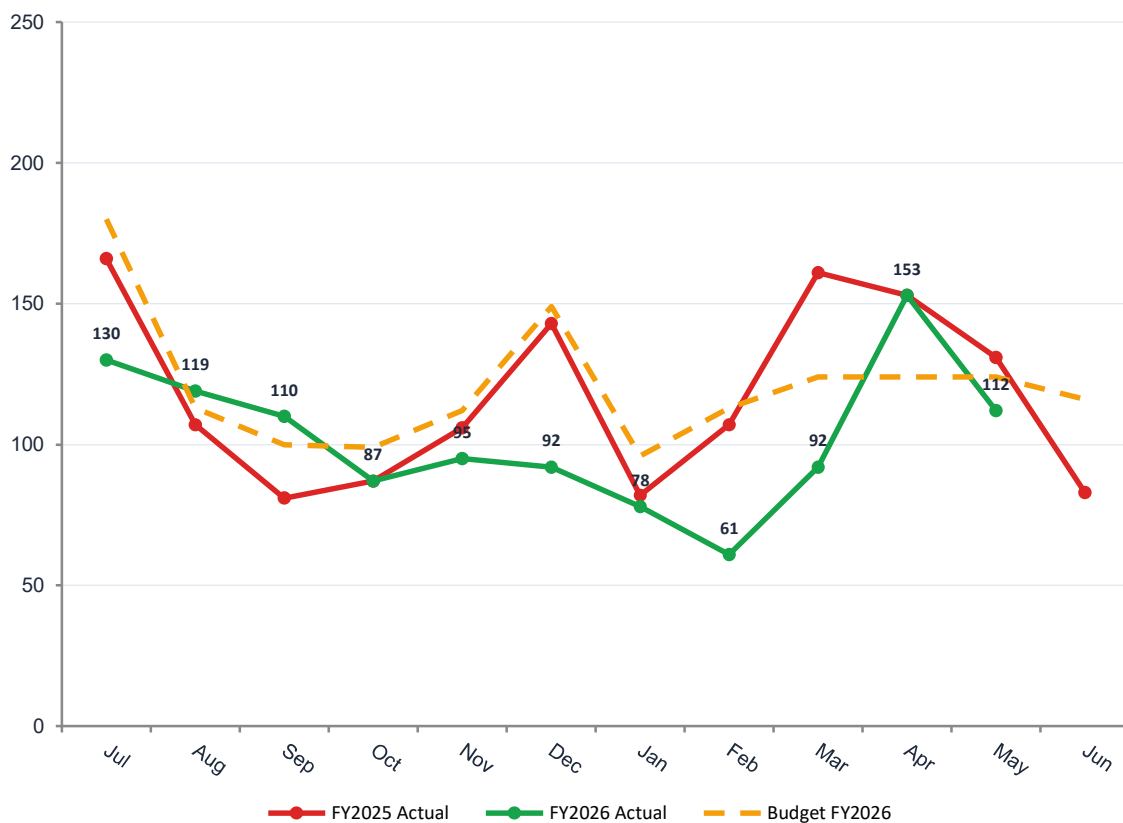
CAPD/CCPD - Training Sessions



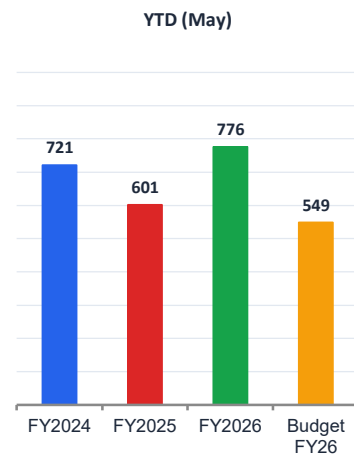
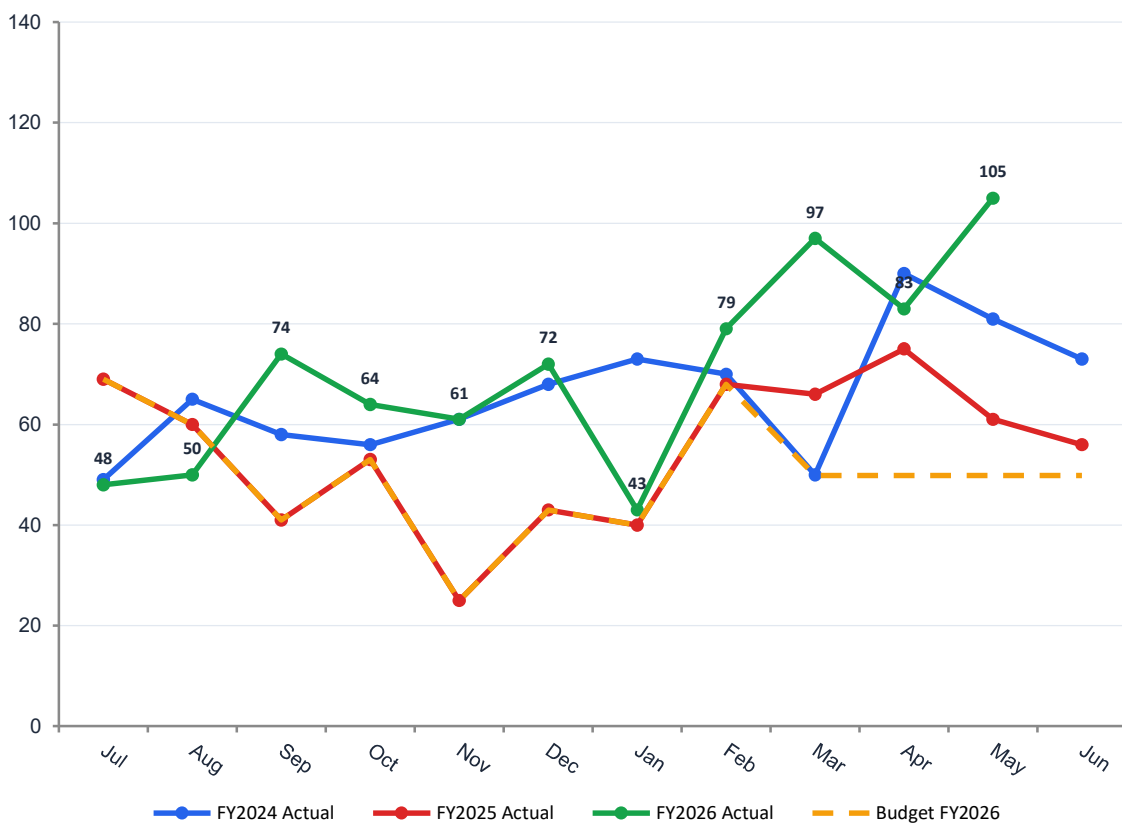
Urology Clinic Visits



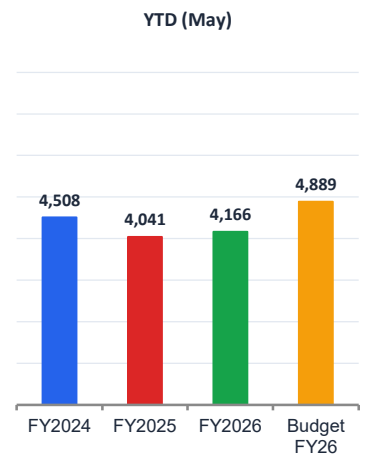
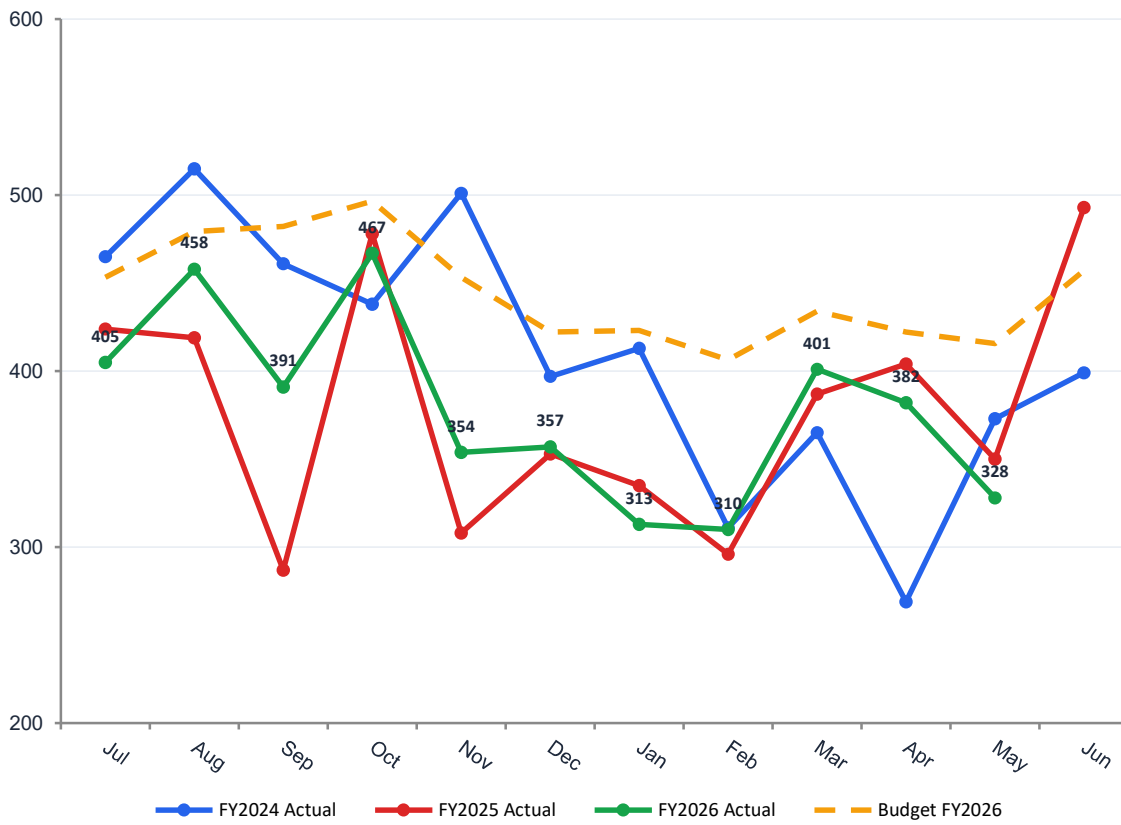
Open Arms House - Patient Days



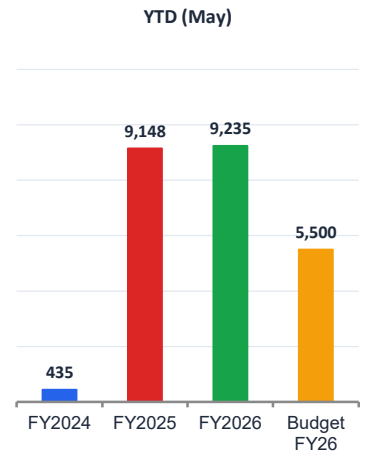
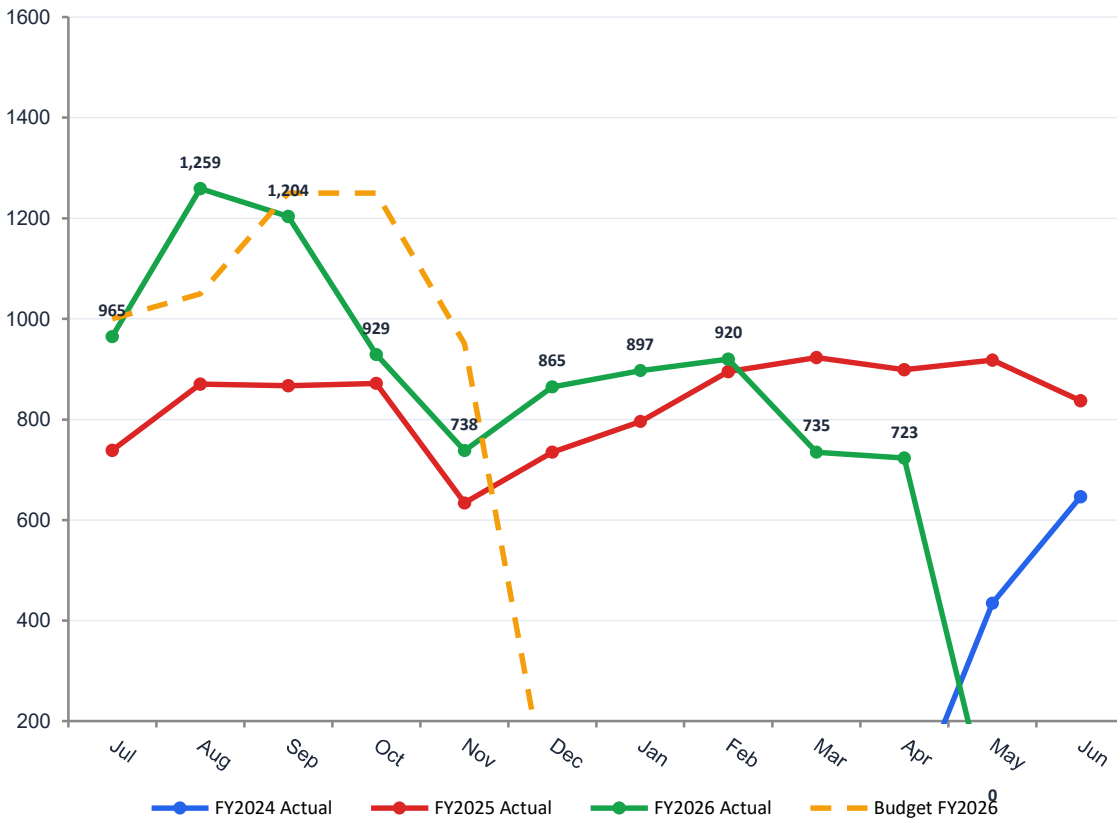
Cardiothoracic Surgery Clinic - Visits



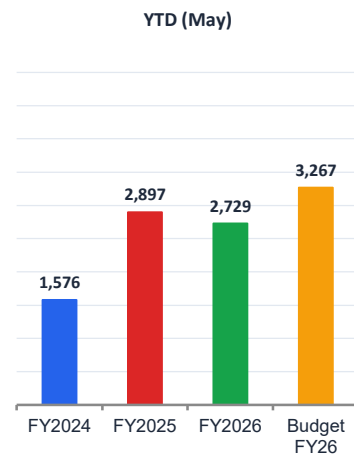
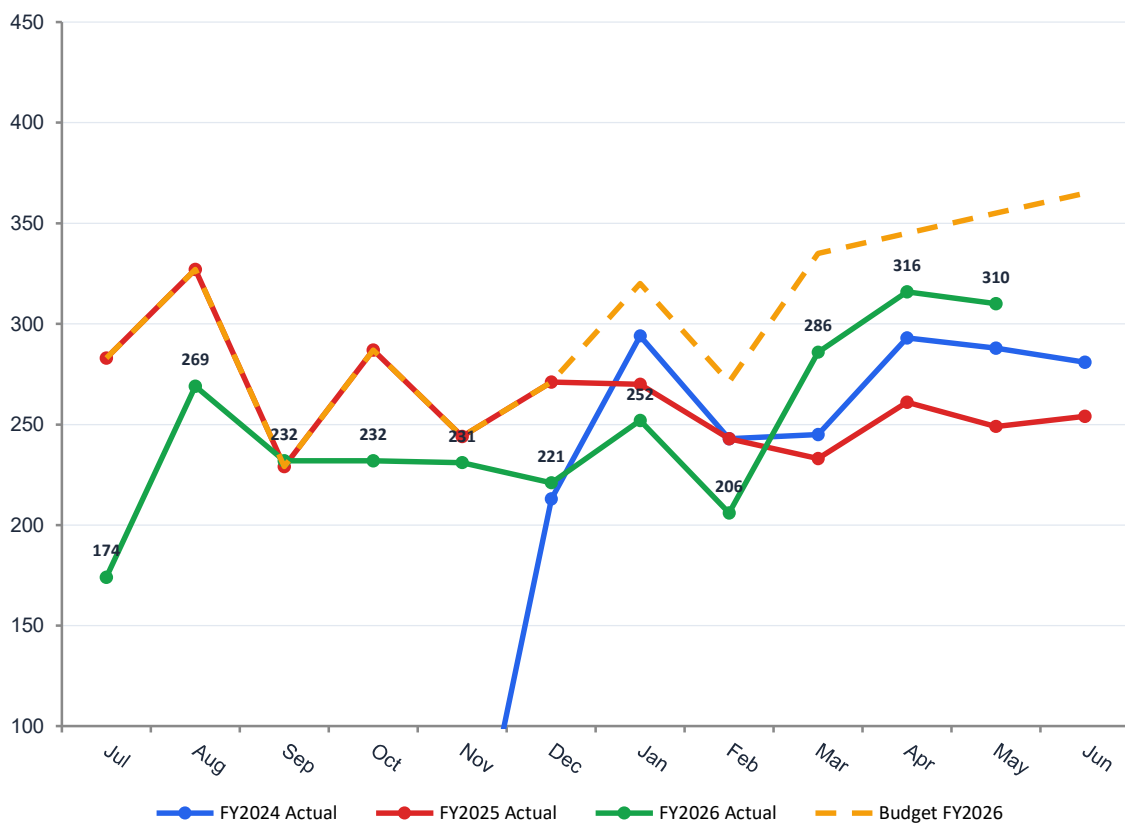
Cardiac Rehabilitation



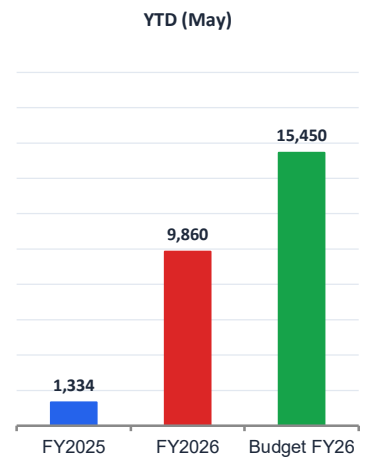
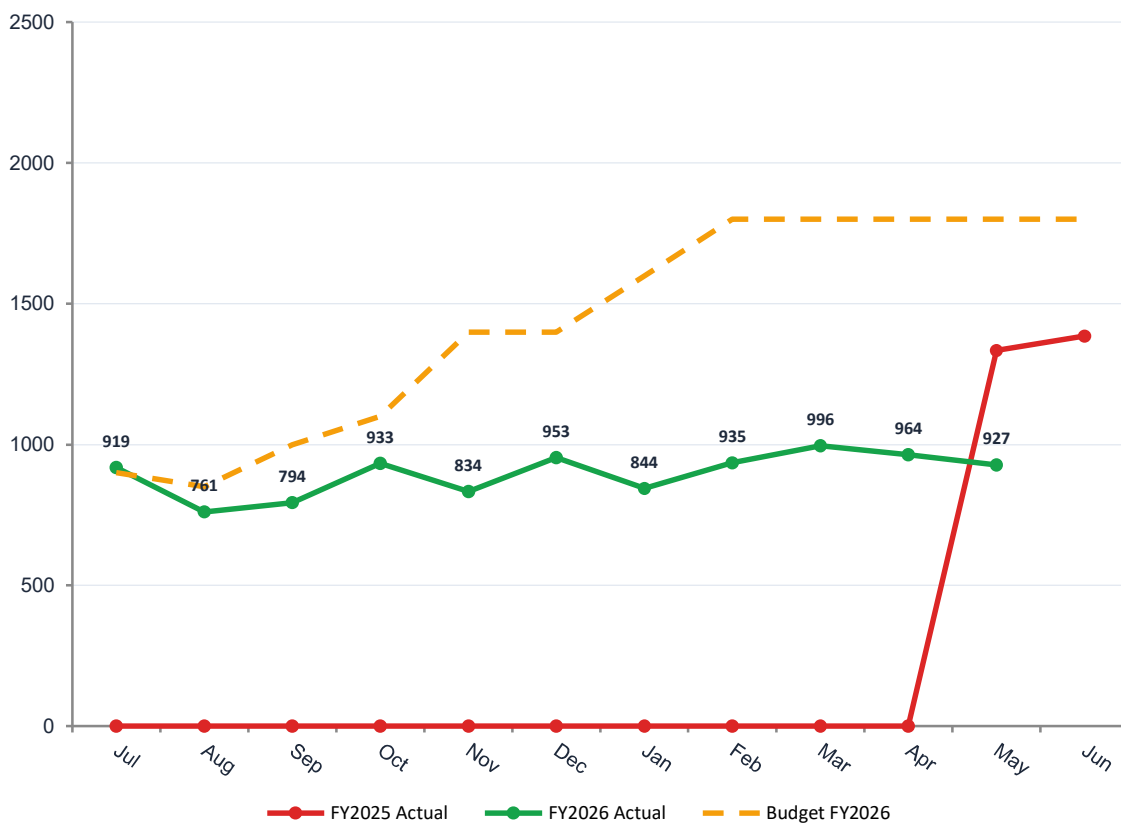
KH Medical Clinic - Ben Maddox



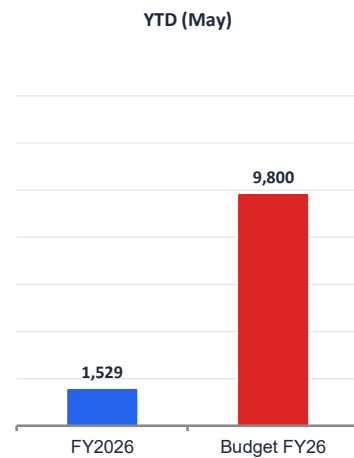
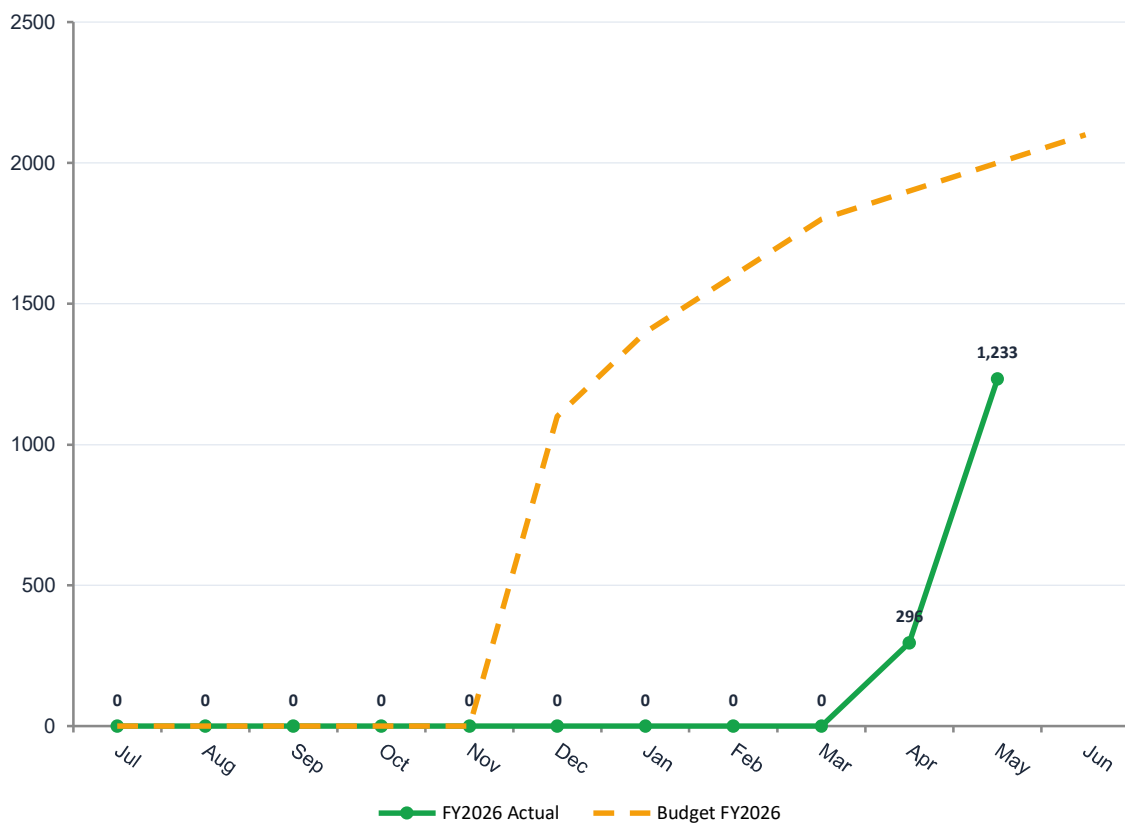
KH Medical Clinic - Plaza



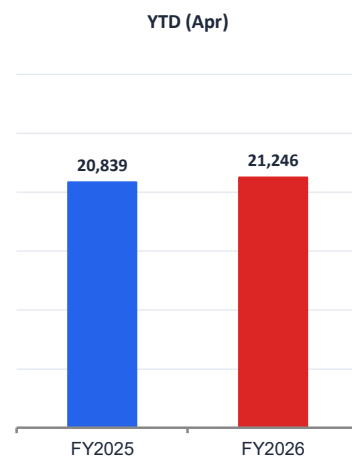
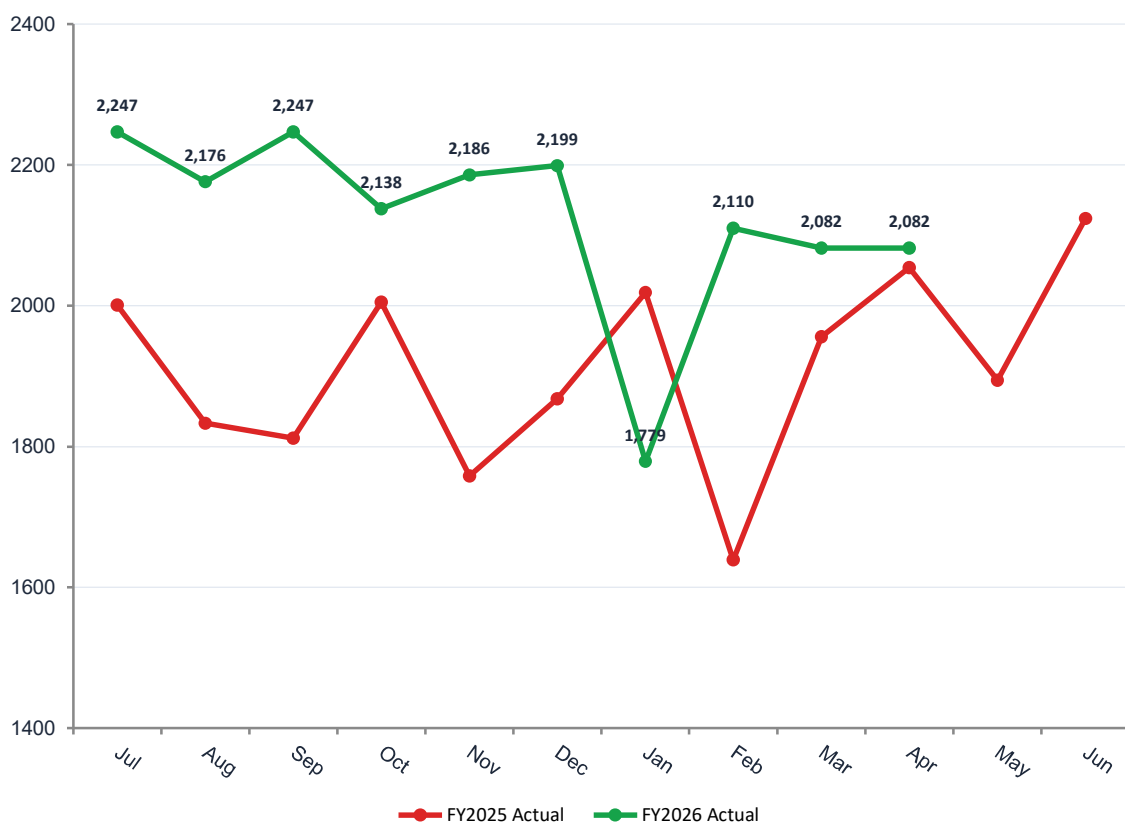
KH Willow Clinic-Women's Health



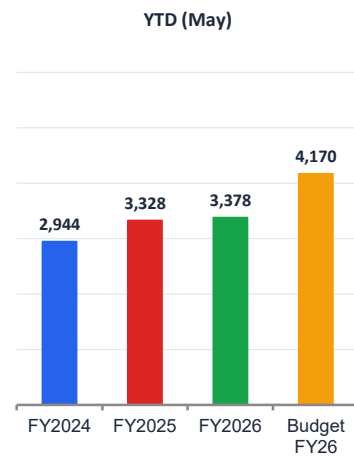
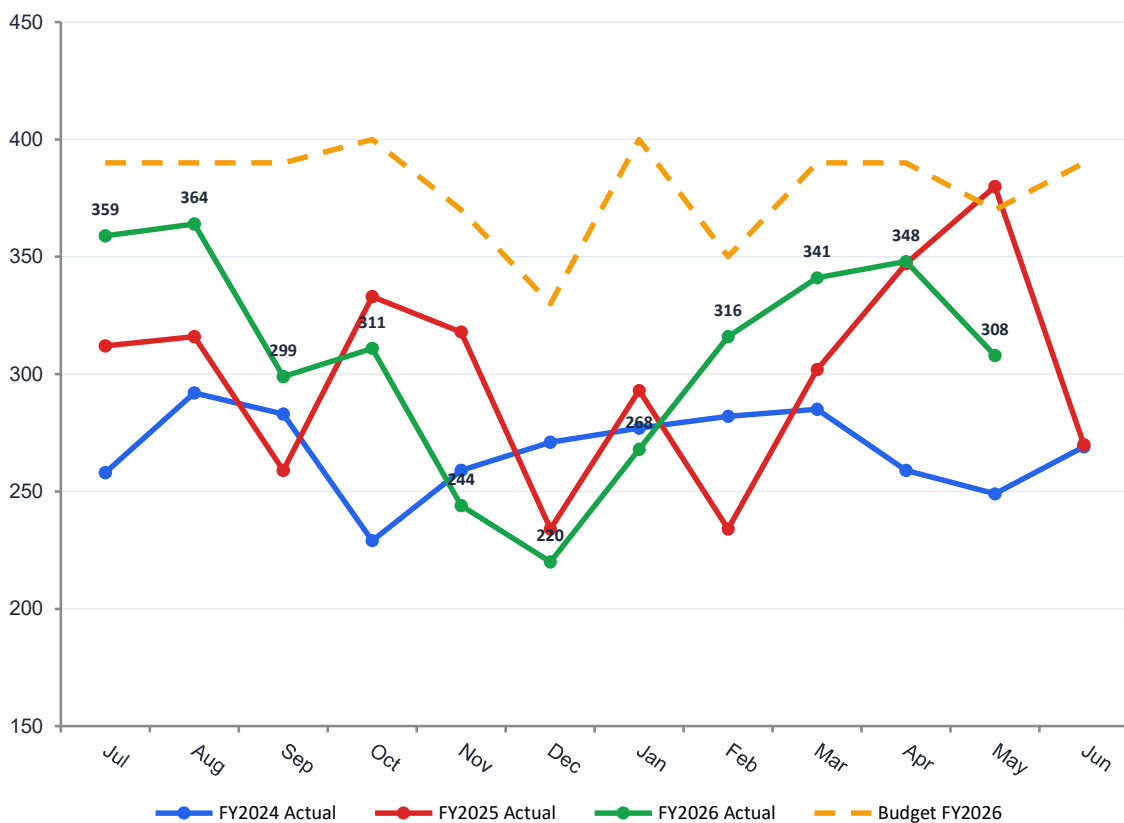
KH Medical Clinic - Akers



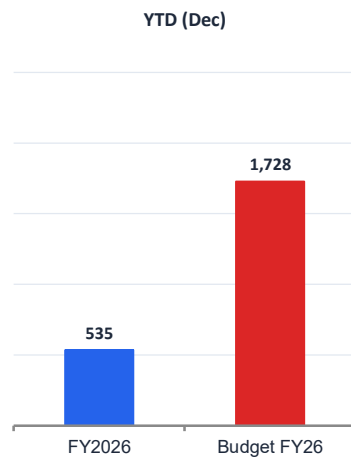
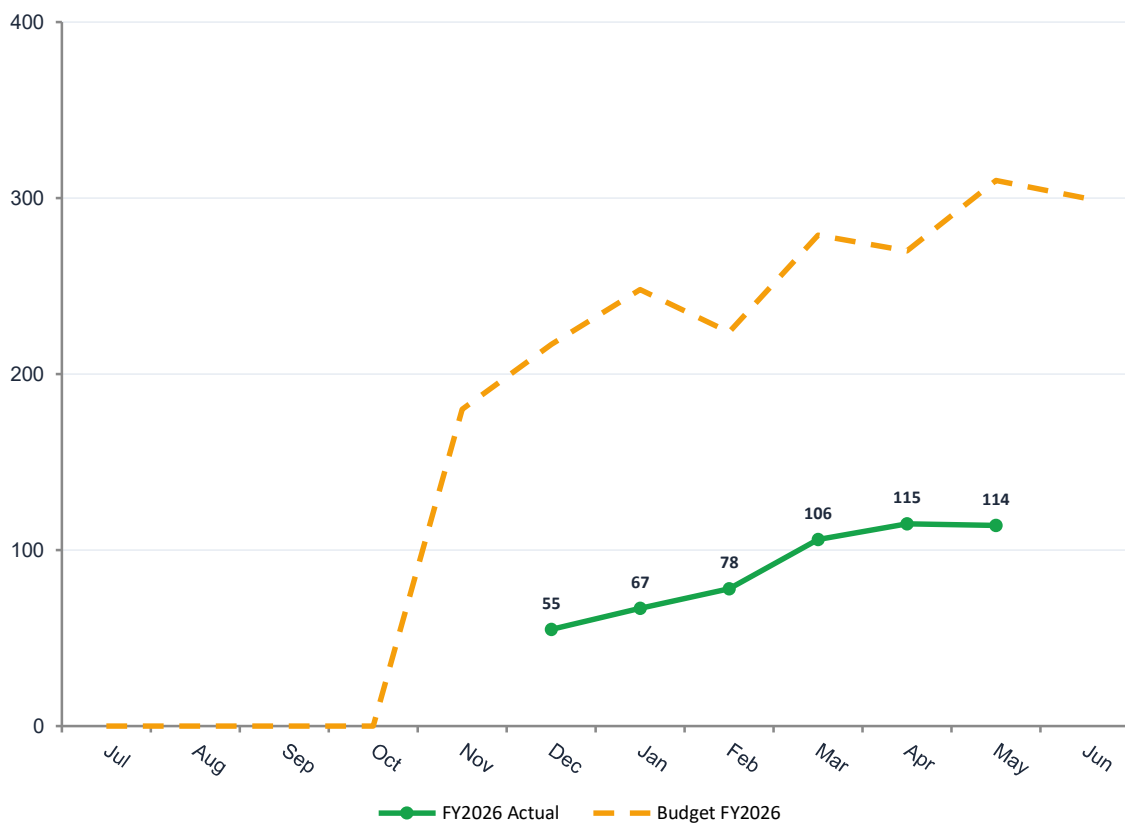
Med Onc Visits



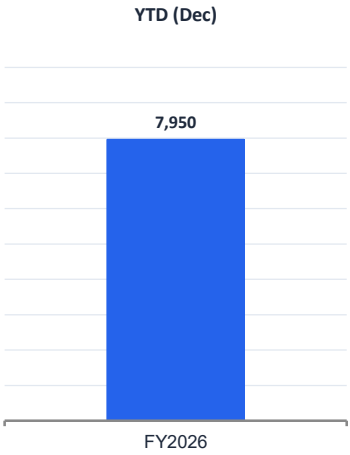
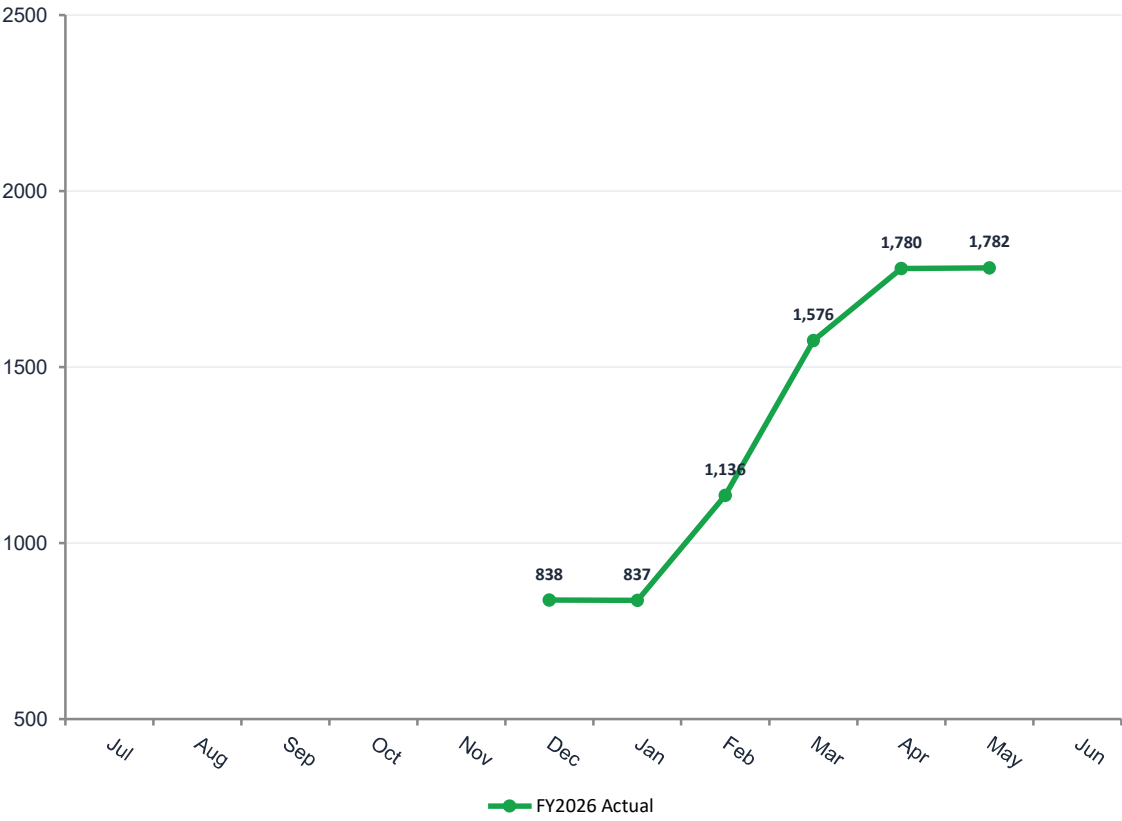
Mental Wellness Clinic - Visits



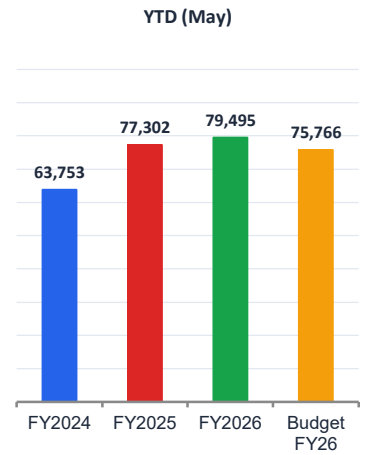
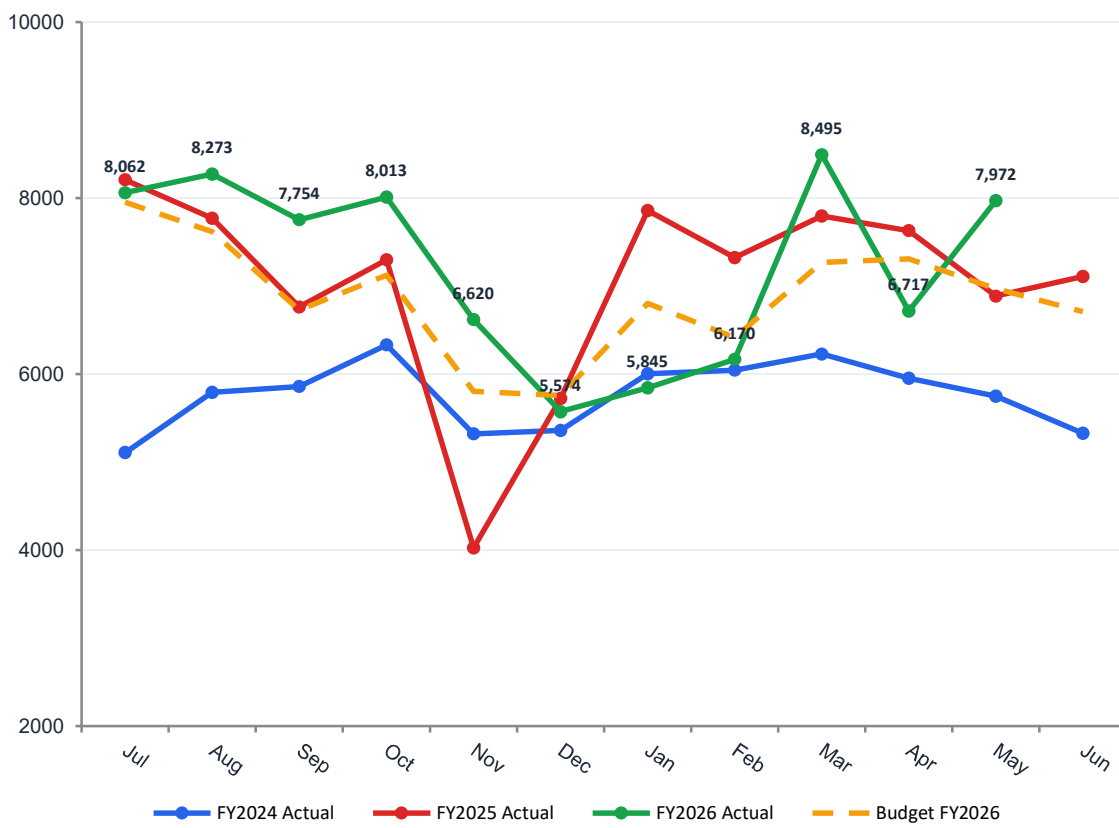
Crisis Stabilization Unit Visits



Crisis Stabilization Unit - Hours



Reference Lab



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

	Actual Results				Budget	Budget Variance	
	May25	May26	Change	% Change	May26	Change	% Change
All O/P Rehab Svcs Across District	20,868	21,754	886	4.2%	20,596	1,158	5.6%
Physical & Other Therapy Units (I/P & O/P)	18,543	19,290	747	4.0%	20,235	(945)	(4.7%)
Radiology - CT - All Areas	5,084	5,570	486	9.6%	4,861	709	14.6%
Radiology - MRI - All Areas	947	1,006	59	6.2%	919	87	9.5%
Radiology - Ultrasound - All Areas	3,250	3,204	(46)	(1.4%)	3,221	(17)	(0.5%)
Radiology - Diagnostic Radiology	9,712	9,677	(35)	(0.4%)	9,587	90	0.9%
Radiology – Main Campus	15,998	16,109	111	0.7%	15,578	531	3.4%
Radiology - Ultrasound - Main Campus	2,526	2,291	(235)	(9.3%)	2,350	(59)	(2.5%)
West Campus - Diagnostic Radiology	1,307	1,428	121	9.3%	1,195	233	19.5%
West Campus - CT Scan	518	523	5	1.0%	515	8	1.6%
West Campus - MRI	446	484	38	8.5%	430	54	12.7%
West Campus - Ultrasound	724	913	189	26.1%	871	42	4.8%
West Campus - Breast Center	1,298	2,092	794	61.2%	1,599	493	30.9%
Med Onc Visalia Treatments	1,095	1,728	633	57.8%	1,260	468	37.1%
Rad Onc Visalia Treatments	1,502	1,991	489	32.6%	1,616	375	23.2%
Rad Onc Hanford Treatments	238	180	(58)	(24.4%)	220	(40)	(18.2%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD May 26	YTD May 26	Change	% Change	YTD May 26	Change	% Change
All O/P Rehab Svcs Across District	227,777	223,047	(4,730)	(2.1%)	231,278	(8,231)	(3.6%)
Physical & Other Therapy Units (I/P & O/P)	202,906	211,531	8,625	4.3%	218,335	(6,804)	(3.1%)
Radiology - CT - All Areas	51,977	57,836	5,859	11.3%	50,509	7,327	14.5%
Radiology - MRI - All Areas	9,638	10,188	550	5.7%	9,641	547	5.7%
Radiology - Ultrasound - All Areas	33,554	33,828	274	0.8%	33,361	467	1.4%
Radiology - Diagnostic Radiology	106,547	106,615	68	0.1%	107,459	(844)	(0.8%)
Radiology – Main Campus	170,823	172,983	2,160	1.3%	168,636	4,347	2.6%
Radiology - Ultrasound - Main Campus	26,219	24,203	(2,016)	(7.7%)	23,860	343	1.4%
West Campus - Diagnostic Radiology	13,406	14,787	1,381	10.3%	12,787	2,000	15.6%
West Campus - CT Scan	5,538	6,385	847	15.3%	5,392	993	18.4%
West Campus - MRI	4,614	4,687	73	1.6%	4,654	33	0.7%
West Campus - Ultrasound	7,335	9,625	2,290	31.2%	9,501	124	1.3%
West Campus - Breast Center	17,623	19,957	2,334	13.2%	18,106	1,851	10.2%
Med Onc Visalia Treatments	11,872	17,398	5,526	46.5%	12,594	4,804	38.1%
Rad Onc Visalia Treatments	15,268	19,971	4,703	30.8%	16,060	3,911	24.3%
Rad Onc Hanford Treatments	2,534	2,549	15	0.6%	2,627	(78)	(3.0%)

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

	Actual Results				Budget	Budget Variance	
	May25	May26	Change	% Change	May26	Change	% Change
Rural Health Clinics Registrations	14,657	11,645	(3,012)	(20.5%)	13,328	(1,683)	(12.6%)
RHC Exeter - Registrations	7,141	5,560	(1,581)	(22.1%)	6,471	(911)	(14.1%)
RHC Lindsay - Registrations	1,936	1,609	(327)	(16.9%)	2,070	(461)	(22.3%)
RHC Woodlake - Registrations	1,293	552	(741)	(57.3%)	637	(85)	(13.3%)
RHC Woodlake Valencia - Registrations	0	621	621	0.0%	1,300	(679)	(52.2%)
RHC Dinuba - Registrations	1,612	1,205	(407)	(25.2%)	1,675	(470)	(28.1%)
RHC Tulare - Registrations	2,675	2,098	(577)	(21.6%)	2,475	(377)	(15.2%)
Urgent Care – Court Total Visits	2,694	2,505	(189)	(7.0%)	3,000	(495)	(16.5%)
Urgent Care – Demaree Total Visits	1,666	2,166	500	30.0%	1,950	216	11.1%
KH Medical Clinic - Ben Maddox Visits	918	0	(918)	(100.0%)	-	0	0.0%
KH Medical Clinic - Plaza Visits	249	310	61	24.5%	355	(45)	(12.7%)
KH Willow Specialty Clinic	174	305	131	75.3%	509	(204)	(40.0%)
KH Cardiology Center Visalia Registrations	1,447	2,075	628	43.4%	1,655	420	25.4%
KH Mental Wellness Clinic Visits	380	308	(72)	(18.9%)	370	(62)	(16.8%)
Urology Clinic Visits	256	279	23	9.0%	886	(607)	(68.5%)
Therapy-Wound Care Svcs Encounters	293	317	24	8.2%	359	(42)	(11.7%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD May 26	YTD May 26	Change	% Change	YTD May 26	Change	% Change
Rural Health Clinics Registrations	150,749	134,842	(15,907)	(10.6%)	151,391	(16,549)	(10.9%)
RHC Exeter - Registrations	71,812	64,128	(7,684)	(10.7%)	73,679	(9,551)	(13.0%)
RHC Lindsay - Registrations	20,602	18,741	(1,861)	(9.0%)	23,080	(4,339)	(18.8%)
RHC Woodlake - Registrations	14,678	6,444	(8,234)	(56.1%)	7,379	(935)	(12.7%)
RHC Woodlake Valencia - Registrations	0	6,867	6,867	0.0%	10,598	(3,731)	(35.2%)
RHC Dinuba - Registrations	16,985	15,532	(1,453)	(8.6%)	18,925	(3,393)	(17.9%)
RHC Tulare - Registrations	26,672	23,130	(3,542)	(13.3%)	28,328	(5,198)	(18.3%)
Urgent Care – Court Total Visits	28,014	27,937	(77)	(0.3%)	32,600	(4,663)	(14.3%)
Urgent Care – Demaree Total Visits	17,229	22,151	4,922	28.6%	22,200	(49)	(0.2%)
KH Medical Clinic - Ben Maddox Visits	9,148	9,235	87	1.0%	5,500	3,735	67.9%
KH Medical Clinic - Plaza Visits	2,897	2,729	(168)	(5.8%)	3,267	(538)	(16.5%)
KH Willow Specialty Clinic	174	3,878	3,704	2128.7%	5,211	(1,333)	(25.6%)
KH Cardiology Center Visalia Registrations	16,889	17,740	851	5.0%	17,887	(147)	(0.8%)
KH Mental Wellness Clinic Visits	3,328	3,378	50	1.5%	4,170	(792)	(19.0%)
Urology Clinic Visits	3,308	2,444	(864)	(26.1%)	5,913	(3,469)	(58.7%)
Therapy-Wound Care Svcs Encounters	2,327	3,614	1,287	55.3%	3,878	(264)	(6.8%)

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

	Actual Results				Budget	Budget Variance	
	May25	May26	Change	% Change	May26	Change	% Change
ED - Avg Treated Per Day	283	284	2	0.7%	273	12	4.4%
Surgery (IP & OP) – 100 Min Units	762	830	68	8.9%	814	16	2.0%
Endoscopy Procedures	636	531	(105)	(16.5%)	505	26	5.1%
Cath Lab (IP & OP) - 100 Min Units	379	335	(44)	(11.6%)	357	(22)	(6.2%)
Cardiac Surgery Cases	32	31	(1)	(3.1%)	26	5	18.5%
Deliveries	307	307	0	0.0%	445	(138)	(31.0%)
Clinical Lab	252,804	259,454	6,650	2.6%	273,440	(13,986)	(5.1%)
Reference Lab	6,888	7,972	1,084	15.7%	6,971	1,001	14.4%
Dialysis Center - Visalia Visits	1,470	1,340	(130)	(8.8%)	1,550	(210)	(13.5%)
Infusion Center - Units of Service	492	533	41	8.3%	754	(221)	(29.3%)
Hospice Days	3,942	3,565	(377)	(9.6%)	4,169	(604)	(14.5%)
Home Health Visits	2,881	2,554	(327)	(11.4%)	3,202	(648)	(20.2%)
Home Infusion Days	23,988	23,669	(319)	(1.3%)	21,630	2,039	9.4%

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

	YTD Actual Results				Budget	Budget Variance	
	YTD May 26	YTD May 26	Change	% Change	YTD May 26	Change	% Change
ED - Avg Treated Per Day	264	276	12	4.7%	278	(1)	(0.4%)
Surgery (IP & OP) – 100 Min Units	8,746	8,659	(87)	(1.0%)	8,974	(315)	(3.5%)
Endoscopy Procedures	6,832	5,389	(1,443)	(21.1%)	5,719	(330)	(5.8%)
Cath Lab (IP & OP) - 100 Min Units	3,923	3,814	(109)	(2.8%)	3,968	(154)	(3.9%)
Cardiac Surgery Cases	314	317	3	1.0%	346	(29)	(8.3%)
Deliveries	4,346	3,459	(887)	(20.4%)	4,299	(840)	(19.5%)
Clinical Lab	2,763,840	2,881,817	117,976	4.3%	3,007,835	(126,019)	(4.2%)
Reference Lab	77,302	79,495	2,193	2.8%	75,766	3,729	4.9%
Dialysis Center - Visalia Visits	16,427	15,232	(1,195)	(7.3%)	16,686	(1,454)	(8.7%)
Infusion Center - Units of Service	4,706	6,427	1,721	36.6%	7,427	(1,000)	(13.5%)
Hospice Days	39,307	43,869	4,562	11.6%	44,829	(960)	(2.1%)
Home Health Visits	31,744	30,871	(873)	(2.8%)	33,648	(2,777)	(8.3%)
Home Infusion Days	244,436	259,327	14,891	6.1%	242,053	17,274	7.1%

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

Board designated funds	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIF		3.82	Various		57,993,194	
CAMP		3.76	CAMP		50,779,863	
Allspring		3.26	Money market		49,551	
PFM		3.26	Money market		363,028	
Western Alliance		0.25	Money market		3,257,056	
Allspring	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000	
Allspring	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000	
Allspring	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000	
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000	
PFM	7-Jul-26	5.25	MTN-C	American Honda Mtn	145,000	
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	
PFM	15-Mar-27	5.90	ABS	Daimler Trucks	25,135	
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	
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St	1,000,000	
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000	
Allspring	1-Aug-27	3.23	Municipal	San Jose Ca Redev	400,000	
Allspring	6-Aug-27	4.45	MTN-C	Paccar Financial Mtn	900,000	
PFM	31-Aug-27	3.63	U.S. Govt Agency	US Treasury Bill	370,000	
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	1,500,000	
Allspring	15-Nov-27	4.60	MTN-C	Caterpillar Finl Mtn	1,000,000	
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	17,661	
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	101,823	
PFM	24-Feb-28	4.55	MTN-C	Hershey Co	80,000	
PFM	25-Feb-28	5.47	ABS	BMW Vehicle Owner	19,768	
PFM	28-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	32,992	
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	3.50	U.S. Govt Agency	US Treasury Bill	750,000	
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill	600,000	
PFM	15-May-28	4.25	MTN-C	Servenow Inc	60,000	
PFM	15-May-28	5.23	ABS	Ford CR Auto Owner	52,099	
PFM	15-May-28	5.46	ABS	Ally Auto Rec	63,252	
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	36,276	
PFM	25-Jun-28	4.82	U.S. Govt Agency	FHLMC	530,000	
PFM	25-Jun-28	4.78	U.S. Govt Agency	FHLMC	427,156	
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	494,834	
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	1,500,000	
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	775,000	
PFM	25-Nov-28	5.00	U.S. Govt Agency	FHLMC	257,913	
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC	325,000	
PFM	25-Dec-28	4.72	U.S. Govt Agency	FHLMC	315,000	
PFM	31-Dec-28	3.75	U.S. Govt Agency	US Treasury Bill	1,200,000	
PFM	31-Dec-28	1.38	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	12-Jan-29	5.02	MTN-C	Morgan Stanley	250,000	
PFM	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	Cisco Sys Inc	225,000	
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca	165,000	
PFM	28-Feb-29	4.25	U.S. Govt Agency	US Treasury Bill	750,000	
PFM	14-Mar-29	3.75	MTN-C	Disney Walt co	730,000	
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	50,000	
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	220,000	
Allspring	15-Mar-29	5.38	ABS	Hyundai Auto Rec	886,415	
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	

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

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	195,000
PFM	25-May-29	4.72	U.S. Govt Agency	FHLMC	460,000
Allspring	31-May-29	4.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	15-Jun-29	5.15	MTN-C	National Rural Mtn	850,000
Allspring	25-Jun-29	4.75	MTN-C	Home Depot Inc	500,000
PFM	25-Jun-29	4.75	MTN-C	Home Depot Inc	95,000
PFM	25-Jun-29	4.64	U.S. Govt Agency	FHLMC	200,000
PFM	30-Jun-29	3.25	U.S. Govt Agency	US Treasury Bill	2,030,000
PFM	15-Jul-29	4.76	ABS	Ford CR Auto Owner	360,000
Allspring	16-Jul-29	4.65	ABS	American Express	1,025,000
PFM	17-Jul-29	4.50	MTN-C	Pepsico inc	280,000
PFM	25-Jul-29	4.54	U.S. Govt Agency	FHLMC	515,000
PFM	25-Jul-29	4.62	U.S. Govt Agency	FHLMC	410,000
Allspring	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	500,000
PFM	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	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	153,429
PFM	18-Aug-29	4.64	ABS	Toyota Auto	260,000
PFM	20-Aug-29	4.92	ABS	Volkswagen Auto Ln	365,000
PFM	31-Aug-29	3.63	U.S. Govt Agency	US Treasury Bill	750,000
PFM	18-Sep-29	3.80	MTN-C	Novartis Capital	365,000
PFM	21-Sep-29	4.57	ABS	Honda Auto	205,000
PFM	25-Sep-29	4.85	ABS	BMW Vehicle Owner	140,000
PFM	25-Sep-29	4.79	U.S. Govt Agency	FHLMC	345,000
Allspring	30-Sep-29	3.50	U.S. Govt Agency	US Treasury Bill	950,000
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	4.15	ABS	Honda Auto	125,000
PFM	15-Oct-29	4.45	ABS	Ford Credit Auto	445,000
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	500,000
PFM	17-Dec-29	4.78	ABS	Mercedes Benz Auto	255,000
Allspring	31-Dec-29	4.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	31-Dec-29	4.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	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	1,000,000
PFM	28-Feb-30	4.00	U.S. Govt Agency	US Treasury Bill	160,000
PFM	20-Mar-30	3.92	ABS	Volkswagen Auto Least TR	215,000
PFM	20-Mar-30	4.51	ABS	Verizon Master Trust	440,000
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
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	900,000
Allspring	20-May-30	4.91	MTN-C	Citibank N A	500,000
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

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
May 31, 2026**

Kaweah Delta Hospital Foundation

Central Valley Community Checking	Investments	100100	613,596	
Various	S/T Investments	142200	7,225,108	
Various	L/T Investments	142300	15,152,488	
Various	Unrealized G/L	142400	2,504,063	
			\$ 25,495,255	

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$ 196,618,885	142100
Committed for capital	18,757,702	142100
	215,376,588	
GO Bond reserve - L/T	1,992,658	142100
401k Matching	15,655,374	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	6,475,000	112900
Workers compensation - L/T	15,809,529	113900
	22,284,529	
	\$ 258,861,444	

	Total Investments	%	Trust Accounts	Surplus Funds	%	
Investment summary by institution:						
Bancorp	\$ -		0.0%	-	0.0%	
Cal Trust	-		0.0%	-	0.0%	
CAMP	50,779,863		18.1%	50,779,863	19.4%	
Local Agency Investment Fund (LAIF)	57,993,194		20.6%	57,993,194	22.1%	
CAMP - GOB Tax Rev	3,874,083		1.4%	3,874,083	0.0%	
Allspring	73,285,966		26.1%	1,369,552	71,916,414	
PFM	73,545,365		26.2%	73,545,365	28.1%	
Western Alliance - CDARS	-			-	0.0%	
Western Alliance	3,257,056			3,257,056	1.2%	
Wells Fargo Bank	4,341,399		1.5%	4,341,399	1.7%	
Signature Bank	-		0.0%	-	0.0%	
US Bank	13,862,547		4.9%	13,862,547	0.0%	
Total investments	\$ 280,939,472		100.0%	\$ 19,106,181	261,833,291	100.0%

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
May 31, 2026**

Investment summary of surplus funds by type:

		<u>Investment</u> <u>Limitations</u>
Negotiable and other certificates of deposit	\$ -	78,550,000 (30%)
Checking accounts	2,971,848	
Local Agency Investment Fund (LAIF)	57,993,194	75,000,000
CAMP	50,779,863	
Medium-term notes (corporate) (MTN-C)	39,330,000	78,550,000 (30%)
U.S. government agency	85,499,903	
Municipal securities	5,875,000	
Money market accounts	3,669,635	52,367,000 (20%)
Commercial paper	-	65,458,000 (25%)
Asset Backed Securities	15,713,849	52,367,000 (20%)
Supra-National Agency	-	78,550,000 (30%)
	<u>\$ 261,833,291</u>	

Return on investment:

Current month	<u>3.86%</u>
Year-to-date	<u>3.75%</u>
Prospective	<u>3.72%</u>
LAIF (year-to-date)	<u>4.07%</u>
Budget	<u>4.22%</u>

Fair market value disclosure for the quarter ended Mar 31, 2026 (District only):

	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	83,803
Change in unrealized gain (loss) on investments (income statement effect)	\$ (978,796)	20,497

Investment summary of asset backed securities:

Ally Auto Rec	\$ 1,463,252
American Express	1,765,000
Bank of America	265,000
BMW Vehicle Owner	159,768
Capital One Prime	135,000
Capital one Mtn	360,000
Chase Issuance Trust	1,000,000
Citibank Credit	580,000
Daimler Trucks	25,135
Ford CR Auto Owner	942,099
Ford Credit Auto	445,000
GM Finl con Auto Rec	189,705
GM Finl Consumer	595,000
Honda Auto	431,823
Honda AR Owner Tr	185,000
Honda Auto Rec Own	480,000
Hyundai Auto	242,992
Hyundai Auto Rec	1,081,415
Mercedes Benz Ar	505,000
Mercedes Benz Auto	272,661
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
	<u>\$ 15,713,849</u>

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

Investment summary of medium-term notes (corporate):

Accenture Capital	\$	195,000
Adobe Inc		1,410,000
Abbott Laboratories		500,000
Alphabet Inc		140,000
Amazon Com Inc		410,000
American Express		245,000
American Express Co		845,000
American Honda Mtn		145,000
Analog Devices		435,000
Air products		295,000
Astrazeneca		510,000
Bank America Mtn		290,000
Bank of America		1,375,000
Bank New York Mellon Mtn		300,000
Bank New York Mtn		1,375,000
Blackrock Funding		270,000
Bp Cap Mkts Amer		310,000
Chevron USA Inc		840,000
Caterpillar Finl Mtn		1,450,000
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
John Deere Mtn		1,105,000
JP Morgan		2,110,000
Lockheed Martin		40,000
Mastercard		130,000
Merck Co Inc		1,240,000
Meta Platforms Inc		550,000
Morgan Stanley		2,335,000
National Rural Mtn		850,000
Northern TR Corp		120,000
Novartis Capital		905,000
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 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		1,925,000
US Bancorp		600,000
Walmart Inc		670,000
Wells Fargo Mtn		145,000
Wells Fargo co		945,000
	\$	39,330,000

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$	494,834
Federal Home Loan Mortgage Corp (FHLMC)		10,500,069
US Treasury Bill		74,505,000
	\$	85,499,903

Investment summary of municipal securities:

Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
California St Univ		125,000
Hawaii St		190,000
Los Angeles Ca		660,000
Massachusetts St		1,000,000
San Diego County		1,000,000
San Francisco Ca		1,000,000
San Jose Ca Redev		400,000
	\$	5,875,000

Investment summary of Supra-National Agency:

Approval of FY 2027 Annual Budget

FY27 Preliminary Budget Presentation June 17, 2026

FY27 Budget

FY2027 | Budget Update

April 20th - May 8th: 1st round budget meetings (450 Budgets)

May 20th: Finance (FPSA) Board of Directors - Preliminary Budget Concepts

May 27th: Board Presentation of Preliminary Budget Concepts and Assumptions

May 21st - June 10th : Analysis and breakout budget meetings

June 1st: Executive Team Review

June 2nd : Special Board Meeting – Presentation of Preliminary FY17 Budget

June 17th : Budget Discussions at Finance (FPSA) and /or Special Board Meeting

June 24th: Final Presentation to the Board of Directors

FY2027 Budget Review

- Vision, Challenges and Key Items
- FY27 Budget Financial Reports
- Financial Changes from Prior Meeting June 2nd.
- Financial Ratios and Cash Flow
- Capital Budget
- New Services/Closed Services
- Key Volume Projections
- Labor Projections

Note: The FY26 Projected amounts are based on 11 months of actual (July 2025-May 2026) plus the month of June 2026 using the average daily amount of Jan - May 2026

Key Challenges/Opportunities | FY 2027

- Proposed Federal and State Reductions on Supplemental Funds, Medi-Cal DSH repayments and payer rates
- Market Pay Rates Increases / Employee Costs
- Shortage of Providers: Needed to support growth of service locations
- Physicians Costs: Increase in costs >\$13M increase over prior year
- Inflation: Impact on Costs of Goods and Services >\$6M
- Maintenance Agreements: >5.6M over prior year
- Payer and Revenue Cycle Challenges and Opportunities

FY2027 | Vision and Strategic Overview

Navigating Growth & Regulatory Shifts for High Quality Sustainable Care

Our Vision: To deliver excellent, patient-centric healthcare while building operational resilience against unprecedented economic and legislative headwinds.

FY 2027 Strategic Imperatives:

1. **Growth:** Sustain our strong upward trajectory through targeted clinical and service expansion.
2. Strengthen **Provider Alignment:** Continue focus on a comprehensive provider recruitment, engagement and retention strategy to secure top talent and fuel clinical expansion.
3. Invest in **Workforce Stability** and **Throughput Optimization** with specialized consulting partners.
4. Aggressively optimize **Cash Flow** and **Revenue Cycle** performance.
5. **Targeted Payer Negotiations:** Continue with our aggressive payer contracting strategy to secure favorable rate structures

FY2027 | Continued Recovery & Growth

Driving a 5% Growth Rate Through Strategic Volume Expansion

Overall Momentum: Continued recovery with a strong 5% growth projection over current year and 6.2% over prior budget.

Key Growth Drivers:

- **Subacute Hospital:** Expanding bed capacity and patient census.
- **Mental Health Services:** Meeting critical regional behavioral health demands.
- **Surgical Areas:** Increasing surgical case volume and operating room utilization.
- **Ancillary & Outpatient:** Broadening access to diagnostics and ambulatory services.
- **Provider-Driven Expansion:** Cultivating deeper relationships with community and community-based physicians to secure predictable pipelines for procedural/surgical and outpatient areas.

FY2027 | Payer Contracting & Strategy

Securing \$13 Million in Projected Rate Adjustments

- **Targeted Rate Adjustments:** Renegotiating managed care and payer contracts to capture an additional **\$13M** in revenue.
- **Data-Driven Negotiations:** Utilizing precise cost-of-care metrics and clinical outcome data to demand inflation-adjusted reimbursement rates.
- **Risk-Based Strategy:** Improving and expanding value-based risk models that reward high-quality throughput and patient care, including areas with our Medicare Advantage lives.
- **Payer Accountability:** Implementing strict regular review cycles to ensure insurance companies strictly adhere to agreed contract terms, reducing systematic underpayments.

FY2027 | Expanding Provider Relationships

Reducing Provider Shortages Through Proactive Medical Staff Engagement

Collaborative Practice Models: Designing aligned, modern physician integration models to give options and attract high-quality providers to our support and maintain our growth plans.

Streamlined Onboarding & Retention: Reducing administrative friction and improving workflows to make Kaweah the preferred workplace

Joint Clinical Governance: Involving provider leadership early in our growth plans to improve satisfaction and retention

Communication: Establish regular feedback loops between executive leadership and medical staff to proactively address concerns and strategies.

FY27 Budget

FY2027 | Financial Recovery- Cash Flow & Rev Cycle

Hyper-Focus on Bottom-Line Optimization & Cash

Accelerate Cash Collections: Streamlining the billing and collections process to improve liquidity and support growth. Restructuring of offshore staffing focus and education to help reduce AR days and automate authorizations.

Denial Prevention: Ramping up an expanded zero-tolerance approach to avoidable claim denials through direct feedback with Clinic/Rev cycle teams with budgeted savings of \$2M.

Optimized Charge Capture: Ensuring meticulous billing and coding, with specific attention to expanding physician, ED and outpatient volumes.

Continued focus on Customer Service Initiatives: Year 2 of Customer Service Plan

Supply Chains -Neutralize Inflation & Cost Pressures: Tracking multiple savings opportunities with an additional \$1.5 in reduced cost.

Support and Streamline Medi-Cal Enrollment to minimize uncompensated care.

FY2027 | Throughput, Efficiencies & Staff Productivity

Empowering Teams for Success

Operational Throughput Initiatives:

- Secured specialized outside consultants to guide patient flow and throughput optimization, beginning **July 1, 2026**.

Workforce Productivity & Best Practices for Efficiencies:

- Partnering with consultants in **Q1 FY 2027** to support clinical teams.
- Implementing best practices and optimized staffing-to-productivity ratios.
- Providing the exact tools, education, structure, data, and support our clinical staff needs to thrive

Key Items | FY 2027

- Merit: 3% increase in employee rates \$9.6M
- Market rate increases: \$3.8M
- 401K: 100% Full match \$11.1M
- At Risk Compensation: \$800K
- Capital Budget: \$18M with an additional \$4M financing arrangements
- Supplemental Funds: \$473K improvement over FY26
- Contract Labor: Steady decrease – 44% reduction from FY26
- Inflation: Approx. 3%
- Education and Training: \$3.5M
- Pension Accounting – Decrease in expense of (\$16M) due to the amortization of investment gains no longer offset by losses

Savings Initiatives | FY 2027

- Revenue Cycle/Throughput Savings - \$2.0M
- Supplies Savings - \$2.5M
- Payroll Savings in Pay Practices - \$691K
- Reduction in R&M, Education, Travel Expenses - \$1M
- Improvement in Productivity/Efficiencies - \$3.75M
- Reduction in Employee Benefit Costs - \$1.8M
- Workers Compensation Legal Cost Reduction - \$1.5M

FY27 Preliminary Budget Financials (000's)– 6/17/2026

	FY2026 Projected	FY2027 Budget	Variance Bud to Act	% Chg
Operating Revenue				
Net Patient Service Revenue	\$702,996	\$735,049	\$32,053	5%
Other Operating Revenue	\$272,640	\$278,050	\$5,410	2%
Total Operating Revenue	\$975,636	\$1,013,099	\$37,463	4%
Operating Expenses				
Total Employment Expenses	\$523,468	\$512,250	(\$11,218)	(2%)
Total Other Expenses	\$458,560	\$494,203	\$35,643	8%
Total Operating Expenses	\$982,028	\$1,006,453	\$24,426	2%
Operating Margin	(\$6,392)	\$6,646	\$13,037	
Nonoperating Revenue (Loss)	\$13,606	\$14,221	\$616	
Excess Margin	\$7,214	\$20,867	\$13,653	

FY27 Budget Financials (000's) – 6/17/2026

	FY2026 Projected	FY2027 Budget	Variance Bud to Act	% Chg	FY2026 BDGT	Variance Bdgt to Bdgt	% Chg
Operating Revenue							
Net Patient Service Revenue	\$702,996	\$735,049	\$32,053	5%	\$689,140	\$45,909	6%
Supplemental Gov't Programs	\$111,825	\$112,432	\$607	1%	\$116,718	(\$4,286)	(4%)
Prime Program	\$13,330	\$12,773	(\$558)	(4%)	\$7,568	\$5,205	41%
Premium Revenue	\$89,198	\$91,570	\$2,372	3%	\$86,863	\$4,707	5%
Other Revenue	\$58,287	\$61,275	\$2,988	5%	\$51,881	\$9,394	15%
Other Operating Revenue	\$272,640	\$278,050	\$5,410	2%	\$263,030	\$15,020	5%
Total Operating Revenue	\$975,636	\$1,013,099	\$37,463	4%	\$952,170	\$60,929	6%
Operating Expenses							
Salaries & Wages	\$408,800	\$422,092	\$13,291	3%	\$404,657	\$17,435	4%
Contract Labor	\$23,540	\$13,099	(\$10,441)	(44%)	\$20,584	(\$7,485)	(57%)
Employee Benefits	\$91,127	\$77,059	(\$14,068)	(15%)	\$88,175	(\$11,116)	(14%)
Total Employment Expenses	\$523,468	\$512,250	(\$11,218)	(2%)	\$513,416	(\$1,166)	(0%)
Medical & Other Supplies	\$178,929	\$193,640	\$14,711	8%	\$171,448	\$22,192	11%
Physician Fees	\$96,362	\$109,340	\$12,977	13%	\$90,619	\$18,721	17%
Purchased Services	\$24,100	\$25,546	\$1,446	6%	\$22,942	\$2,604	10%
Repairs & Maintenance	\$26,889	\$32,527	\$5,638	21%	\$29,949	\$2,579	8%
Utilities	\$10,547	\$11,327	\$780	7%	\$11,593	(\$266)	(2%)
Rents & Leases	\$1,904	\$2,645	\$741	39%	\$1,656	\$988	37%
Depreciation & Amortization	\$40,333	\$38,086	(\$2,247)	(6%)	\$42,042	(\$3,956)	(10%)
Interest Expense	\$6,957	\$6,824	(\$133)	(2%)	\$6,739	\$85	1%
Other Expense	\$27,540	\$31,093	\$3,553	13%	\$27,492	\$3,601	12%
Humana Cap Plan Expenses	\$44,998	\$43,176	(\$1,822)	(4%)	\$44,403	(\$1,227)	(3%)
Total Other Expenses	\$458,560	\$494,203	\$35,643	8%	\$448,882	\$45,322	9%
Total Operating Expenses	\$982,028	\$1,006,453	\$24,426	2%	\$962,298	\$44,156	4%
Operating Margin	(\$6,392)	\$6,646	\$13,037		(\$10,128)	\$16,774	
Nonoperating Revenue (Loss)	\$13,606	\$14,221	\$616		\$10,472	\$3,749	
Excess Margin	\$7,214	\$20,867	\$13,653		\$345	\$20,523	

FY2027 | Summary

Our FY 2027 fiscal strategy pairs aggressive, demand-driven expansion with rigorous risk management. By neutralizing labor headwinds and optimizing the revenue cycle, we will protect margins and secure the capital needed for long-term growth.

Strategic Delivery Checklist

Capture 5%+ Top-Line Growth: Maximize patient capacity across subacute, mental health, and surgical units.

Insulate Operating Margin: Deploy supply chain controls and contract labor reductions to counter inflation.

Defend Institutional Liquidity: Optimize the revenue cycle to build cash reserves against regulatory funding cuts.

Sustain System Infrastructure: Fund high-yield outpatient service locations to secure market share.

FY27 Budget

Capital | FY 2027

Capital Budget Planning FY27 (000's)	Budget FY24	Budget FY25	Budget FY26	Budget FY27	FY28	FY29
Total Capital Requests	\$16,644	\$19,613	\$22,125	\$36,442	\$12,283	\$9,575
Total Rejected/Deferred	(\$2,644)	(\$5,613)	(\$2,043)	(\$14,370)		
Total	\$14,000	\$14,000	\$20,082	\$22,072	\$12,283	\$9,575
Breakdown of Items in Review						
<i>Infrastructure Maintenance</i>	\$3,311	\$6,146	\$8,875	\$9,740	\$12,283	\$9,575
<i>Clinical Engineering</i>				\$2,184		
<i>Information Services (ISS Applications)</i>				\$1,283		
<i>Information Services (ISS Technical)</i>	\$3,200	\$1,591	\$4,174	\$3,785		
<i>Director Requests</i>	\$7,489	\$6,263	\$7,033	\$5,080		
<i>In Review</i>	\$14,000	\$14,000	\$20,082	\$22,072	\$12,283	\$9,575
Funding Sources						
Capital	\$14,000	\$14,000	\$18,000	\$18,000		
Lease Proceeds	0		\$2,082	\$4,072		
Total Capital Budget	\$14,000	\$14,000	\$20,082	\$22,072	\$0	\$0

Key Statistical Indicators | New Services

FY26-FY27: New and Future Go Lives:

- Willow: Specialty Clinic: throughout FY25
- Willow: Women's Health: April 2025
- RHC Woodlake Clinic Valencia: July 2025
- Crisis Stabilization Unit: December 2025
- Plaza: Occupational Medicine January 2026
- Plaza: Radiology Services – July 2026
- Plaza: Primary Care PCP - TBD
- Lindsey Mobile Clinic: February 2026
- Akers Clinic: April 2026
- Akers Dermatology: May 2026
- Tulare Therapy Clinic: July 2026
- SNF/Subacute expansion: July 2026
- Lindsay Mobile Clinic: Sept/Oct 2026
- Akers Specialty: 2027

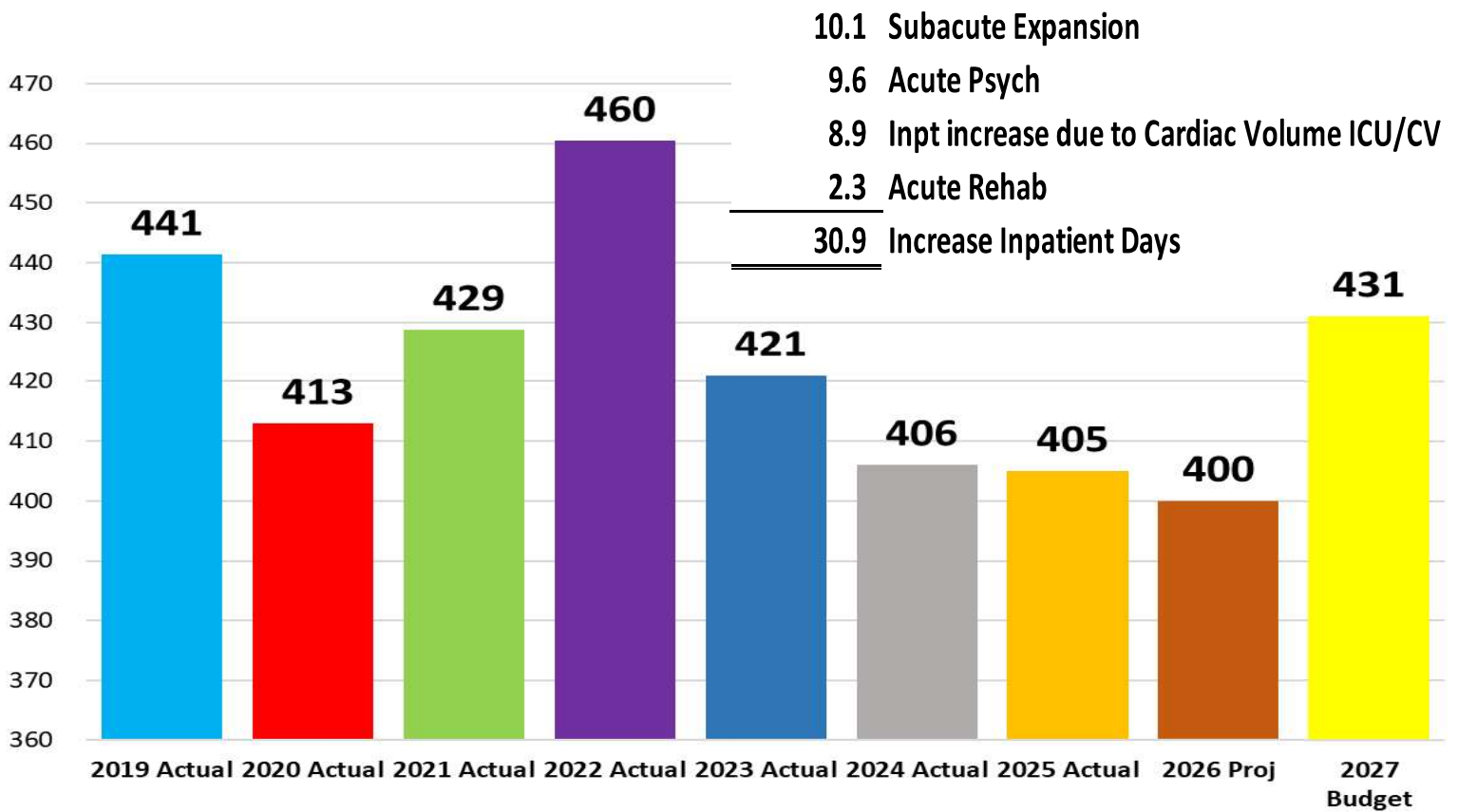
FY 27 Budget

Key Statistical Indicators | FTEs (excludes vacancy assumptions)

Accounts	FY26 actual FTEs	Bdgt FY26 FTEs	FY 27 Bdgt FTEs	New Position	Volume/ Other	Bdgt 27- Bdgt 26
800000:Management Hours	260	264	274			10
800100:HRS Tech	1,021	1,109	1,090			(19)
800200:HRS RN	995	919	1,055			136
800300:HRS LVN	171	222	165			(57)
800400:HRS Aides	746	719	764			45
800500:HRS Clerical	649	657	668			11
800600:HRS Environ	397	407	420			13
800800:HRS Med Prac Prod	41	43	47			4
800900:HRS Other	216	218	215			(4)
802100:HRS Other Medical	9	4	7			3
802500:HRS Registry Nursing	85	78	45			(33)
802600:HRS Other Contracted Staff	5	4	3			(1)
Grand Total	4,596	4,645	4,753	81	27	108

Volume Related increases >5 FTEs	FTEs	Description
Subacute	13.1	Expansion of Subacute beds at South Campus. Ramping up throughout year.
Cardiovascular ICU-CVICU	12.3	Increased volume
KH - Akers Clinic	11.5	New Clinic
Intensive Care-ICU-2W	7.9	Increased volume due to increase in inpatient surgeries/cardiac procedures
Acute Rehab	6.5	Anticipate growth with streamlining processes and focus on identifying qualified patients
Pharmacy-Retail	5.0	Increase in concierge delivery from Retail Pharmacy to the patients being discharged. Anticipate increased pharm volume.
New Position Requests > 1.5 FTEs	56.4	

Key Statistical Indicators | Average Daily Census



FY 27 Budget

Key Statistical Indicators | Inpatient days

Actual Results			Budget	Budget Variance	
FY2025	FY2026 Proj	% Change	FY 2027 Bdt	Change	% Change

Average Daily Census

Medical Center	279.2	264.3	-5.3%	272.7	8.4	3.2%
Acute I/P Psych	35.8	44.5	24.3%	54.0	9.5	21.2%
Sub-Acute	28.7	29.5	2.9%	39.5	10.0	33.7%
Rehab	19.4	23.3	20.5%	24.8	1.5	6.4%
TCS-Ortho (Short Stay Rehab)	11.9	13.5	13.8%	13.8	0.3	2.3%
NICU	13.1	12.2	-7.1%	12.3	0.1	1.0%
Nursery	16.8	13.6	-19.2%	14.1	0.5	4.0%

Average Daily Census	405	401	-1.0%	431	30	7.6%
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* Includes Nursery 32 beds

FY 27 Budget

Key Statistical Indicators | Volume

	YTD Actual Results				Budget		Budget Variance	
	FY26 Projected	FY27 Budget	Change	% Change	FY26 Budget	FY27 Budget	Change	% Change
ED - Avg Treated Per Day	278	276	(2)	(0.7%)	278	276	(2)	(0.7%)
Surgery (IP & OP) – 100 Min Units	9,334	10,100	766	8.2%	9,806	10,100	294	3.0%
Endoscopy Procedures	5,824	6,196	372	6.4%	6,224	6,196	(28)	(0.4%)
Cath Lab (IP & OP) - 100 Min Units	4,244	4,504	260	6.1%	4,326	4,504	178	4.1%
Cardiac Surgery Cases	341	370	29	8.5%	372	370	(2)	(0.5%)
Deliveries	3,803	3,903	100	2.6%	4,733	3,903	(830)	(17.5%)
Clinical Lab	3,145,667	3,461,650	315,983	10.0%	3,281,275	3,461,650	180,375	5.5%
Reference Lab	85,601	84,759	(842)	(1.0%)	82,478	84,759	2,281	2.8%
Dialysis Center - Visalia Visits	16,718	16,955	237	1.4%	18,251	16,955	(1,296)	(7.1%)
Infusion Center - Units of Service	7,088	7,270	182	2.6%	8,256	7,270	(986)	(11.9%)
Hospice Days	48,469	51,345	2,876	5.9%	49,005	51,345	2,340	4.8%
Home Health Visits	34,002	34,850	848	2.5%	36,638	34,850	(1,788)	(4.9%)
Home Infusion Days	283,152	286,083	2,931	1.0%	264,713	286,083	21,370	8.1%

FY 27 Budget

Key Statistical Indicators | Volume

	YTD Actual Results				Budget		Budget Variance	
	FY26 Projected	FY27 Budget	Change	% Change	FY26 Budget	FY27 Budget	Change	% Change
All O/P Rehab Svcs Across District	240,860	239,874	(986)	(0.4%)	253,319	239,874	(13,445)	(5.3%)
Physical & Other Therapy Units (IP & O/P)	229,936	247,751	17,815	7.7%	238,004	247,751	9,747	4.1%
Radiology - CT - All Areas	62,534	65,938	3,404	5.4%	55,292	65,938	10,646	19.3%
Radiology - MRI - All Areas	11,006	11,886	880	8.0%	10,520	11,886	1,366	13.0%
Radiology - Ultrasound - All Areas	36,658	44,746	8,088	22.1%	36,579	44,746	8,167	22.3%
Radiology - Diagnostic Radiology	115,965	114,445	(1,520)	(1.3%)	116,994	114,445	(2,549)	(2.2%)
Radiology - Main Campus	187,861	195,481	7,620	4.1%	184,048	195,481	11,433	6.2%
Radiology - Ultrasound - Main Campus	26,318	31,577	5,259	20.0%	26,191	31,577	5,386	20.6%
West Campus - Diagnostic Radiology	15,947	15,723	(224)	(1.4%)	13,965	15,723	1,758	12.6%
West Campus - CT Scan	6,985	7,005	20	0.3%	5,907	70,005	64,098	1085.1%
West Campus - MRI	5,029	5,637	608	12.1%	5,076	5,637	561	11.1%
West Campus - Ultrasound	10,340	13,169	2,829	27.4%	10,388	13,169	2,781	26.8%
West Campus - Breast Center	21,208	22,676	1,468	6.9%	19,827	22,676	2,849	14.4%
Med Onc Visalia Treatments	14,504	22,236	7,732	53.3%	13,792	22,236	8,444	61.2%
Rad Onc Hanford Treatments	2,858	2,933	75	2.6%	2,859	2,933	74	2.6%

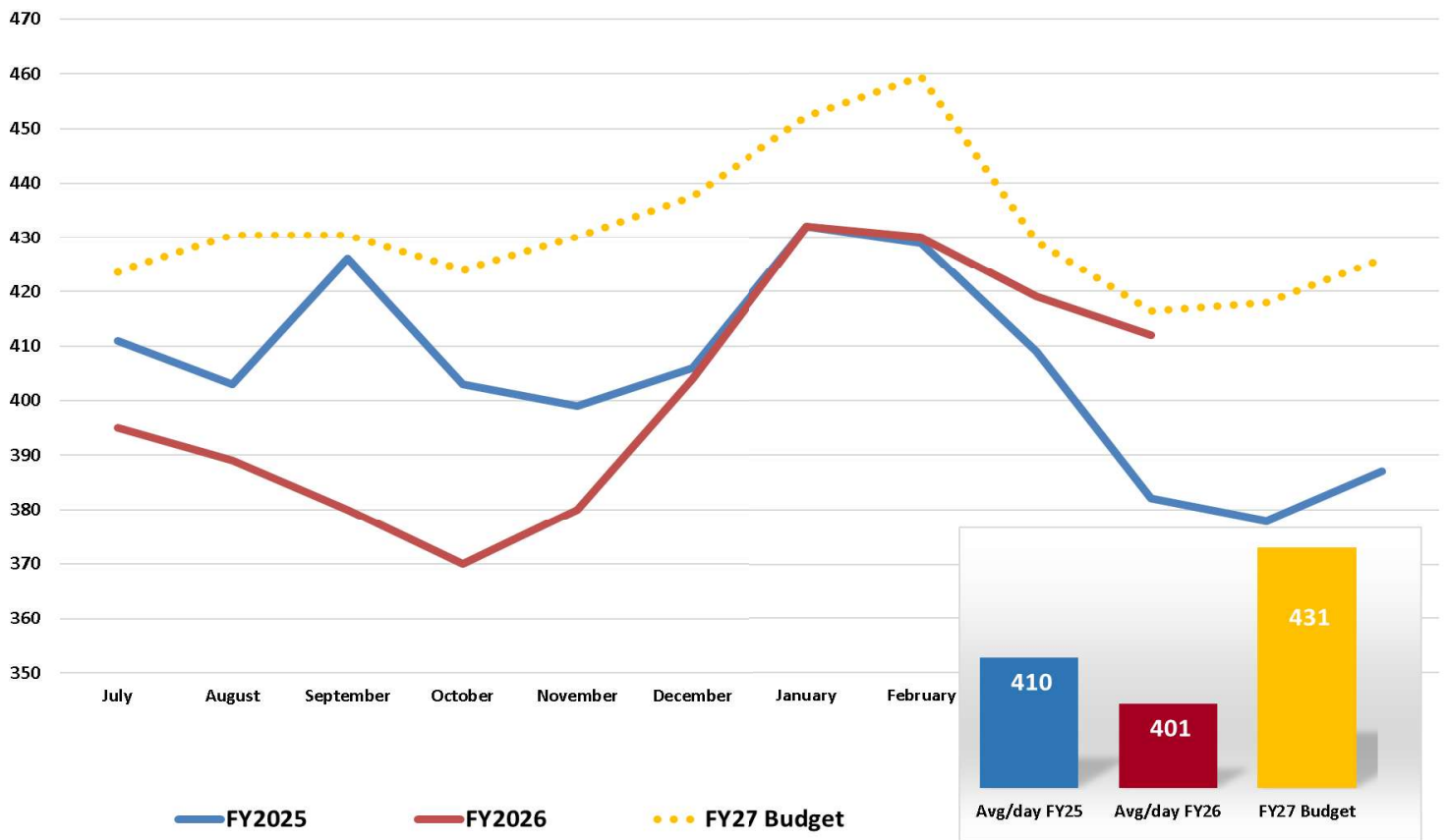
FY 27 Budget

Key Statistical Indicators | Volume

	YTD Actual Results				Budget		Budget Variance	
	FY26 Projected	FY27 Budget	Change	% Change	FY26 Budget	FY27 Budget	Change	% Change
Rural Health Clinics Registrations	140,253	150,417	10,164	7.2%	164,641	139,629	(25,012)	(15.2%)
RHC Exeter - Registrations	70,217	71,538	1,321	1.9%	80,150	71,538	(8,612)	(10.7%)
RHC Lindsay - Registrations	20,534	20,635	101	0.5%	25,050	20,635	(4,415)	(17.6%)
RHC Woodlake - Registrations	7,001	6,066	(935)	(13.4%)	8,016	6,066	(1,950)	(24.3%)
RHC Woodlake Valencia - Registrations	7,471	10,788	3,317	44.4%	11,898	10,788	(1,110)	(9.3%)
RHC Dinuba - Registrations	17,269	14,900	(2,369)	(13.7%)	20,675	14,900	(5,775)	(27.9%)
RHC Tulare - Registrations	25,232	26,490	1,258	5.0%	30,750	26,490	(4,260)	(13.9%)
Urgent Care – Court Total Visits	30,544	32,202	1,658	5.4%	35,300	32,202	(3,098)	(8.8%)
Urgent Care – Demaree Total Visits	23,878	25,223	1,345	5.6%	24,050	25,223	1,173	4.9%
KH Medical Clinic - Plaza Visits	2,873	4,120	1,247	43.4%	3,632	4,120	488	13.4%
KH Willow Specialty Clinic	4,284	4,263	(21)	(0.5%)	5,720	4,263	(1,457)	(25.5%)
KH Cardiology Center Visalia Registrations	30,994	35,518	4,524	14.6%	29,464	35,518	6,054	20.5%
KH Mental Wellness Clinic Visits	3,665	4,781	1,116	30.5%	4,560	4,781	221	4.8%
Urology Clinic Visits	2,534	4,028	1,494	59.0%	6,826	4,028	(2,798)	(41.0%)
Therapy-Wound Care Svcs Encounters	3,940	4,073	133	3.4%	4,227	4,073	(154)	(3.6%)

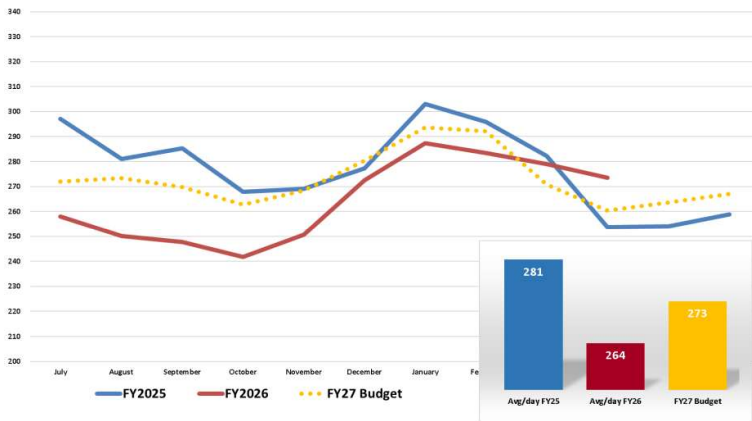
FY 27 Budget

Key Statistical Indicators | Trended Avg. Daily Census

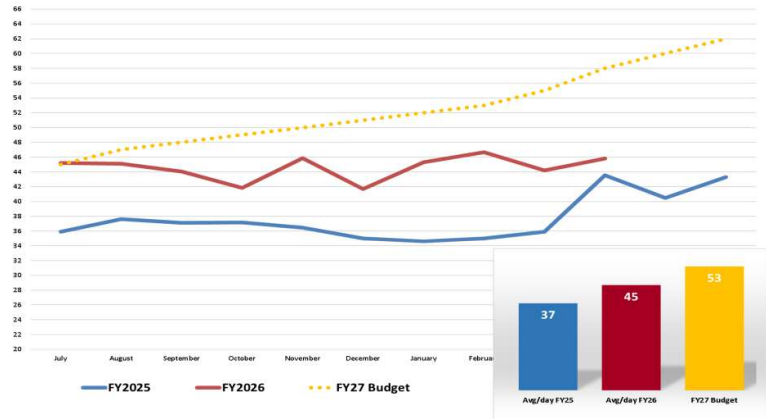


FY 27 Budget

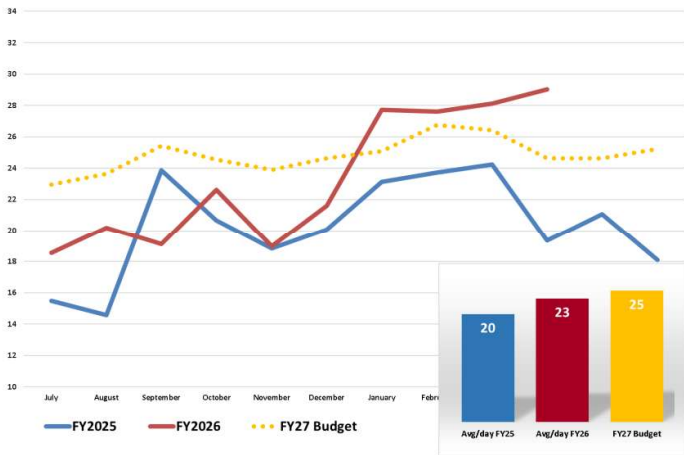
Medical Center (Avg Patients Per Day)



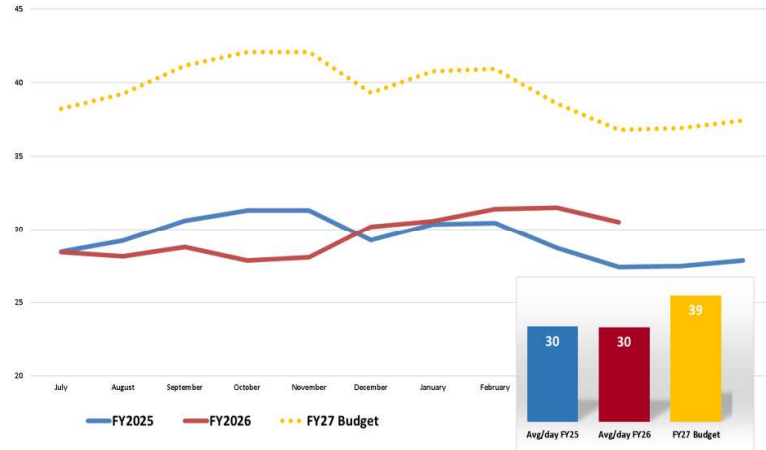
Acute I/P Psych (Avg Patients Per Day)



Rehabilitation Hospital - Avg Patients Per Day

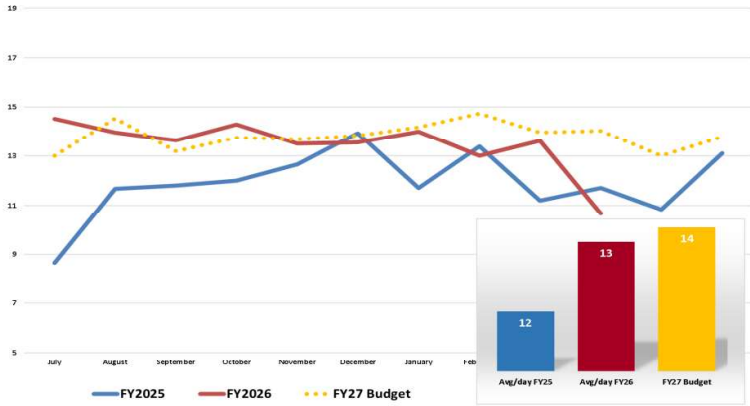


Sub-Acute - Avg Patients Per Day

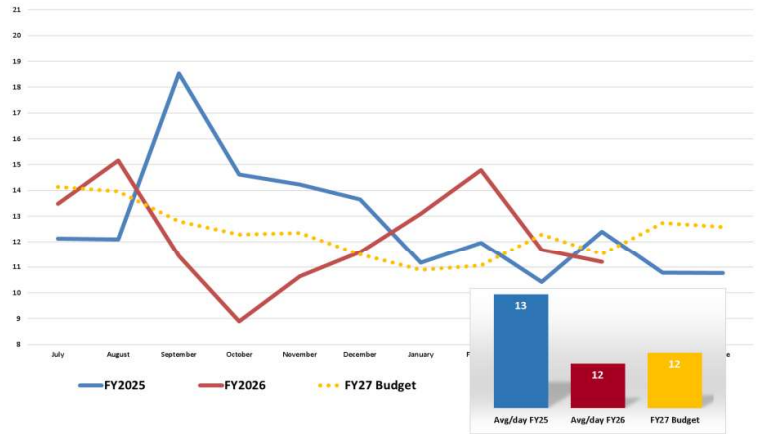


FY 27 Budget

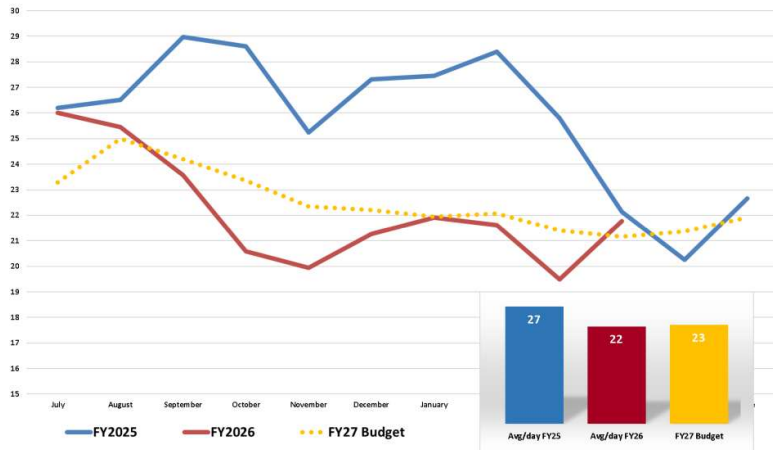
TCS Ortho - Avg Patients Per Day



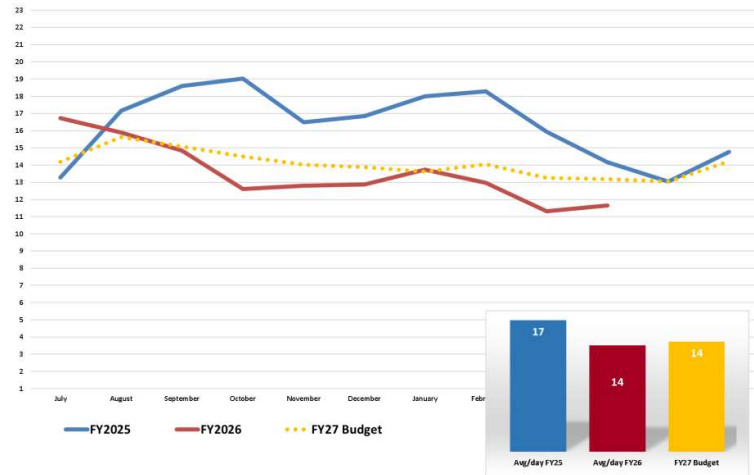
NICU - Avg Patients Per Day



Obstetrics - Avg Patients Per Day



Nursery - Avg Patients Per Day



FY 27 Budget

Key Statistical Indicators | Volume

	YTD Actual Results				Budget		Budget Variance	
	FY26 Projected	FY27 Budget	Change	% Change	FY26 Budget	FY27 Budget	Change	% Change
ED - Avg Treated Per Day	278	276	(2)	(0.7%)	278	276	(2)	(0.7%)
Surgery (IP & OP) – 100 Min Units	9,334	10,100	766	8.2%	9,806	10,100	294	3.0%
Endoscopy Procedures	5,824	6,884	1,060	18.2%	6,224	6,884	660	10.6%
Cath Lab (IP & OP) - 100 Min Units	4,244	4,525	281	6.6%	4,326	4,525	199	4.6%
Cardiac Surgery Cases	341	385	44	12.9%	372	385	13	3.5%
Deliveries	3,803	3,903	100	2.6%	4,733	3,903	(830)	(17.5%)
Clinical Lab	3,145,667	3,461,650	315,983	10.0%	3,281,275	3,461,650	180,375	5.5%
Reference Lab	85,601	84,759	(842)	(1.0%)	82,478	84,759	2,281	2.8%
Dialysis Center - Visalia Visits	16,718	17,463	745	4.5%	18,251	17,463	(788)	(4.3%)
Infusion Center - Units of Service	7,088	7,561	473	6.7%	8,256	7,561	(695)	(8.4%)
Hospice Days	48,469	51,345	2,876	5.9%	49,005	51,345	2,340	4.8%
Home Health Visits	34,002	34,850	848	2.5%	36,638	34,850	(1,788)	(4.9%)
Home Infusion Days	283,152	286,083	2,931	1.0%	264,713	286,083	21,370	8.1%

FY 27 Budget

Key Statistical Indicators | Volume

	YTD Actual Results				Budget		Budget Variance	
	FY26 Projected	FY27 Budget	Change	% Change	FY26 Budget	FY27 Budget	Change	% Change
All O/P Rehab Svcs Across District	240,860	239,874	(986)	(0.4%)	253,319	239,874	(13,445)	(5.3%)
Physical & Other Therapy Units (I/P & O/P)	229,936	247,751	17,815	7.7%	238,004	247,751	9,747	4.1%
Radiology - CT - All Areas	62,534	65,938	3,404	5.4%	55,292	65,938	10,646	19.3%
Radiology - MRI - All Areas	11,006	11,886	880	8.0%	10,520	11,886	1,366	13.0%
Radiology - Ultrasound - All Areas	36,658	44,746	8,088	22.1%	36,579	44,746	8,167	22.3%
Radiology - Diagnostic Radiology	115,965	114,445	(1,520)	(1.3%)	116,994	114,445	(2,549)	(2.2%)
Radiology - Main Campus	187,861	195,481	7,620	4.1%	184,048	195,481	11,433	6.2%
Radiology - Ultrasound - Main Campus	26,318	31,577	5,259	20.0%	26,191	31,577	5,386	20.6%
West Campus - Diagnostic Radiology	15,947	15,723	(224)	(1.4%)	13,965	15,723	1,758	12.6%
West Campus - CT Scan	6,985	7,005	20	0.3%	5,907	7,005	1,098	18.6%
West Campus - MRI	5,029	5,637	608	12.1%	5,076	5,637	561	11.1%
West Campus - Ultrasound	10,340	13,169	2,829	27.4%	10,388	13,169	2,781	26.8%
West Campus - Breast Center	21,208	22,676	1,468	6.9%	19,827	22,676	2,849	14.4%
Med Onc Visalia Treatments	14,504	14,624	120	0.8%	13,792	14,624	832	6.0%
Rad Onc Visalia Treatments	21,327	17,230	(4,097)	(19.2%)	17,573	17,230	(343)	(2.0%)
Rad Onc Hanford Treatments	2,858	2,933	75	2.6%	2,859	2,933	74	2.6%

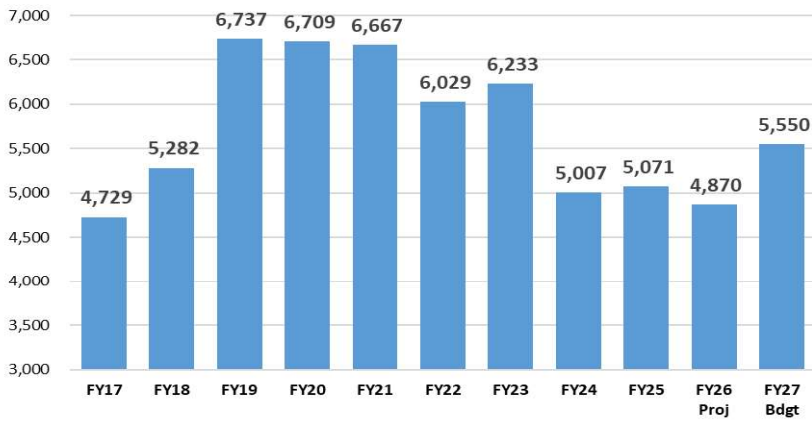
FY 27 Budget

Key Statistical Indicators | Volume

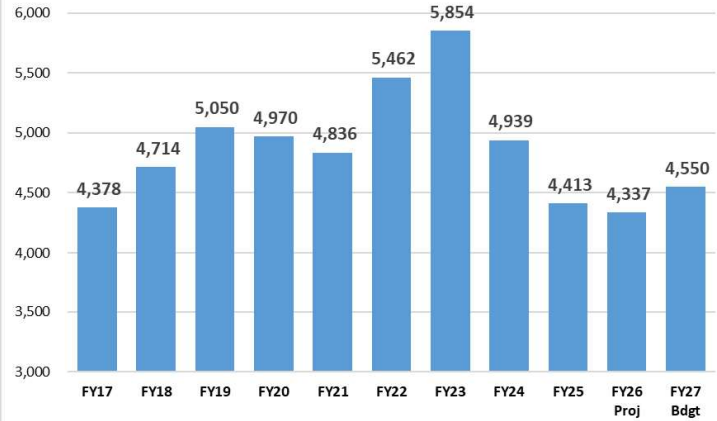
	YTD Actual Results				Budget		Budget Variance	
	FY26 Projected	FY27 Budget	Change	% Change	FY26 Budget	FY27 Budget	Change	% Change
Rural Health Clinics Registrations	140,253	157,087	16,834	12.0%	164,641	157,087	(7,554)	(4.6%)
RHC Exeter - Registrations	70,217	73,689	3,472	4.9%	80,150	73,689	(6,461)	(8.1%)
RHC Lindsay - Registrations	20,534	21,048	514	2.5%	25,050	21,048	(4,002)	(16.0%)
RHC Woodlake - Registrations	7,001	6,309	(692)	(9.9%)	8,016	6,309	(1,707)	(21.3%)
RHC Woodlake Valencia - Registrations	7,471	11,220	3,749	50.2%	11,898	11,220	(678)	(5.7%)
RHC Dinuba - Registrations	17,269	16,567	(702)	(4.1%)	20,675	16,567	(4,108)	(19.9%)
RHC Tulare - Registrations	25,232	28,254	3,022	12.0%	30,750	28,254	(2,496)	(8.1%)
Urgent Care – Court Total Visits	30,544	33,169	2,625	8.6%	35,300	33,169	(2,131)	(6.0%)
Urgent Care – Demaree Total Visits	23,878	25,980	2,102	8.8%	24,050	25,980	1,930	8.0%
KH Medical Clinic - Plaza Visits	2,873	4,202	1,329	46.3%	3,632	4,202	570	15.7%
KH Willow Specialty Clinic	4,284	4,263	(21)	(0.5%)	5,720	4,263	(1,457)	(25.5%)
KH Cardiology Center Visalia Registrations	30,994	36,584	5,590	18.0%	29,464	36,584	7,120	24.2%
KH Mental Wellness Clinic Visits	3,665	4,972	1,307	35.7%	4,560	4,972	412	9.0%
Urology Clinic Visits	2,534	4,109	1,575	62.2%	6,826	4,109	(2,717)	(39.8%)
Therapy-Wound Care Svcs Encounters	3,940	4,236	296	7.5%	4,227	4,236	9	0.2%

FY27 Trended Budget Volume Graphs

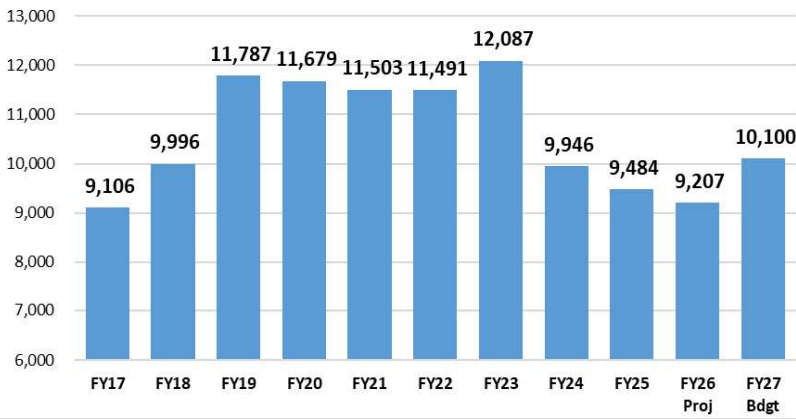
Inpatient Surgery Minutes per 100



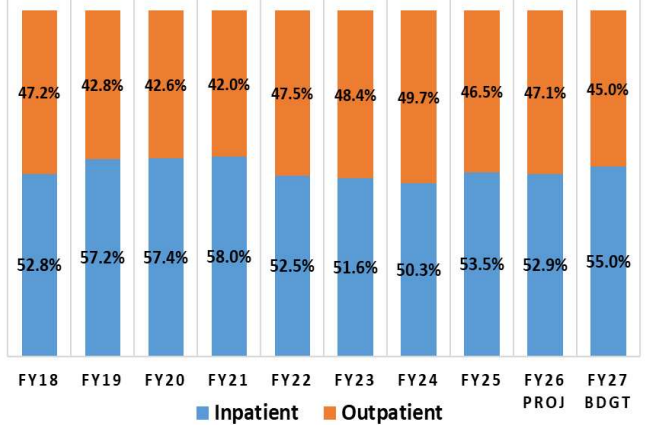
Outpatient Surgery Minutes per 100



Total Surgery Minutes per 100

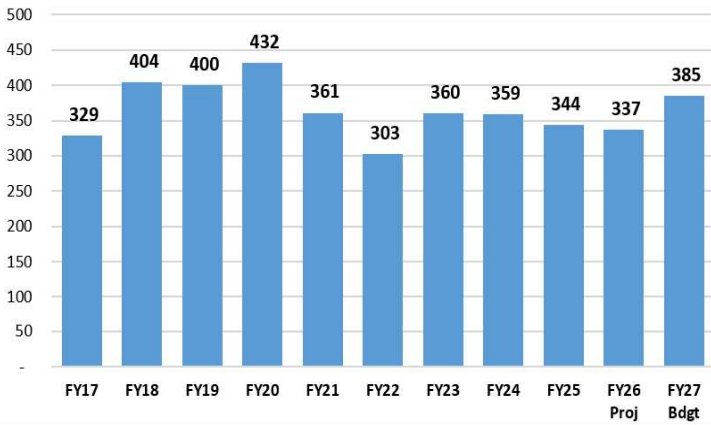


Surgeries by Patient Type %

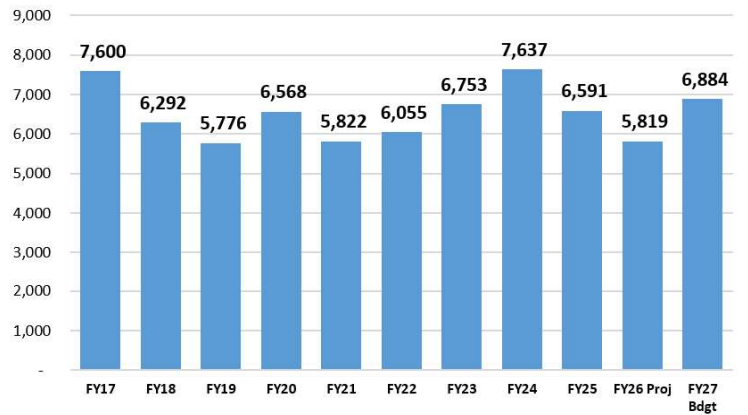


FY27 Trended Budget Volume Graphs

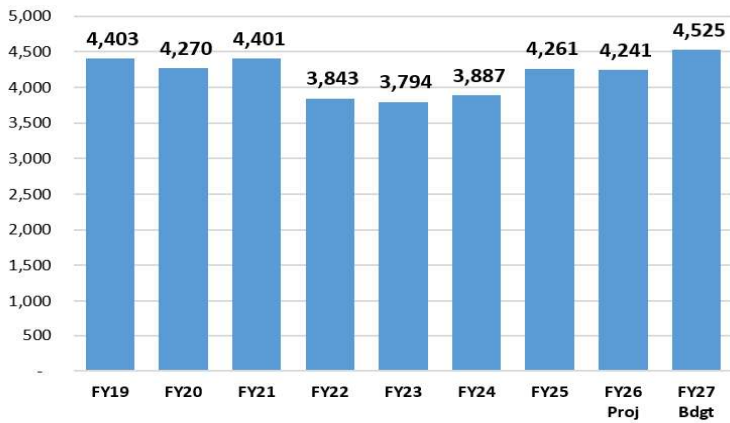
Cardiac Surgeries



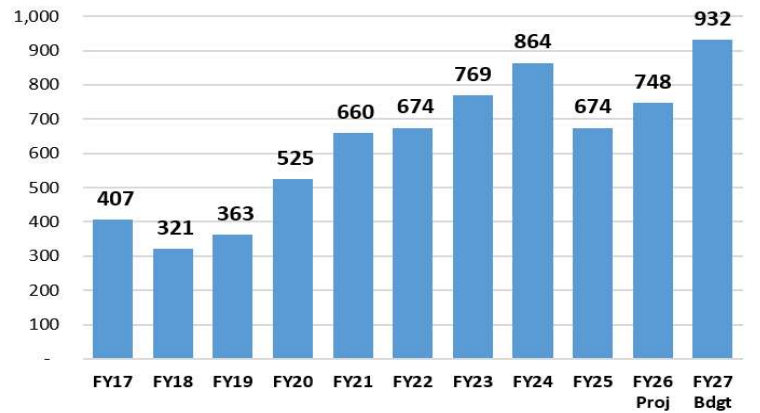
Endoscopy Procedure Hours



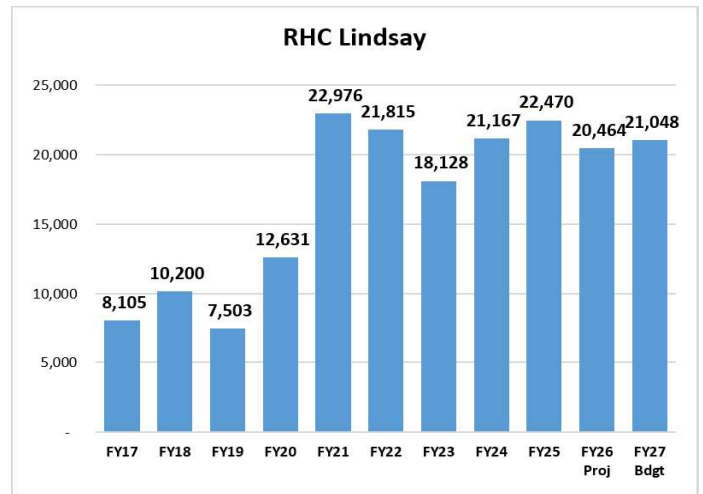
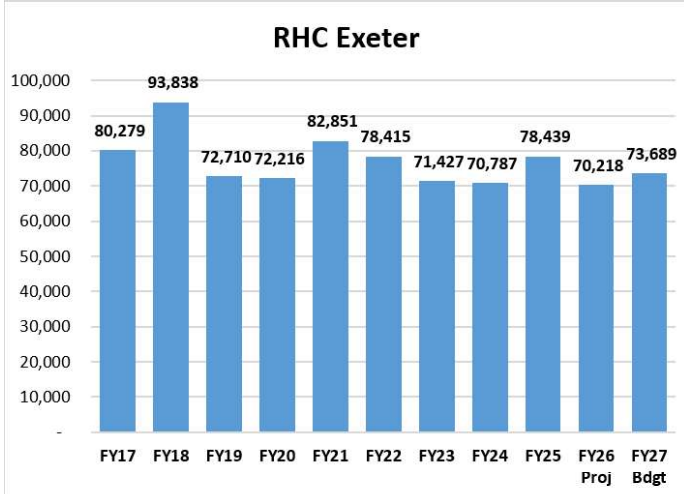
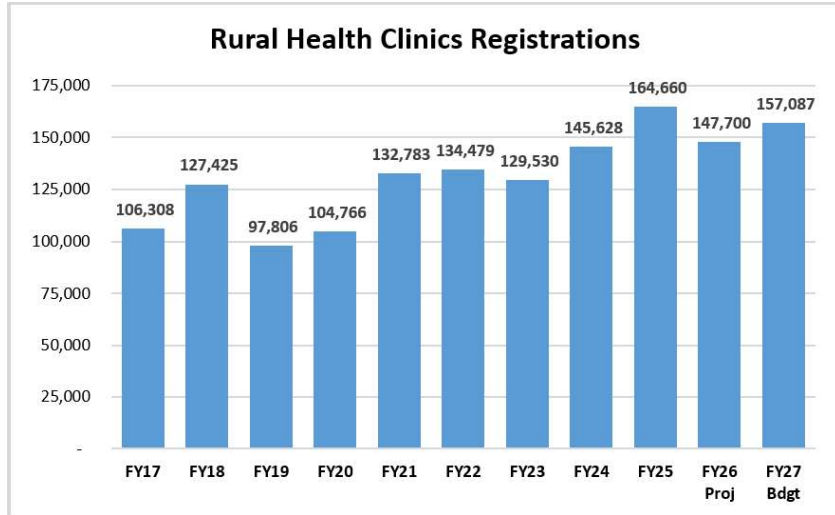
Cath Lab Minutes per 100



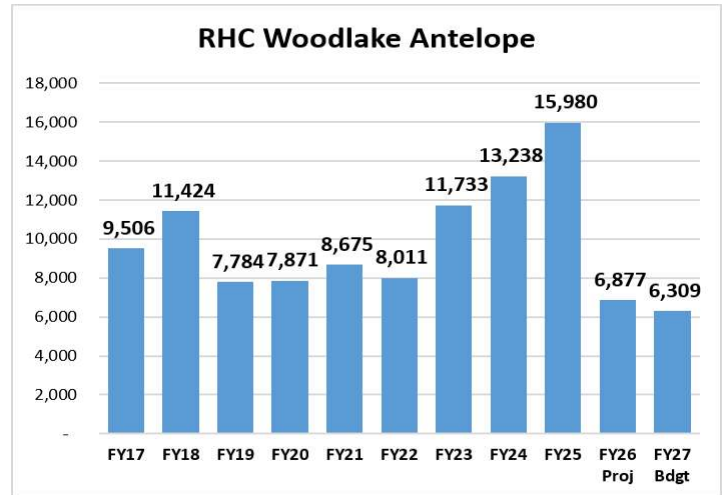
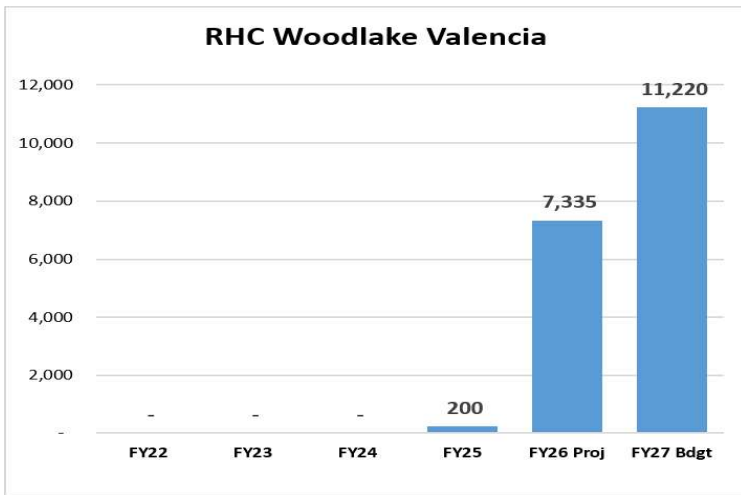
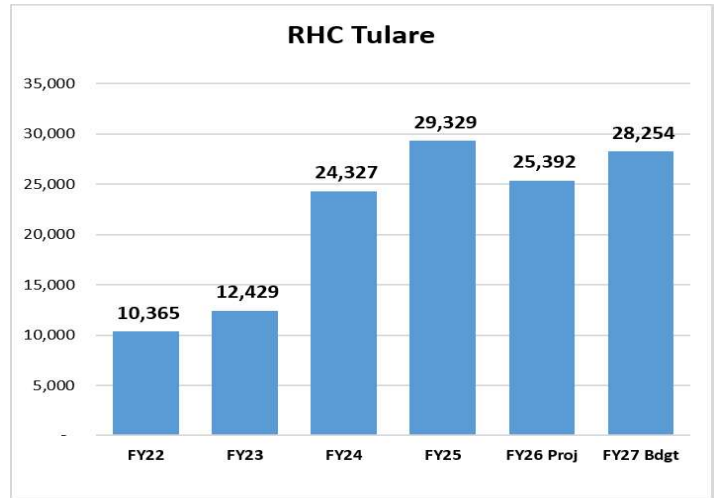
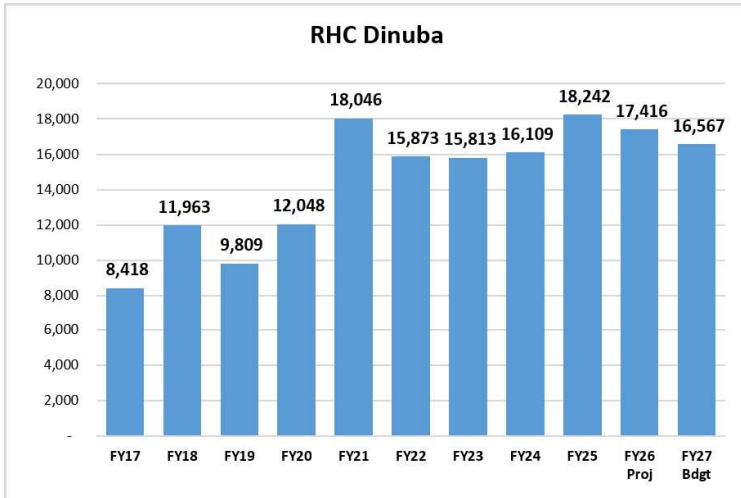
Robotic Surgery Minutes per 100



FY27 Trended Budget Volume Graphs

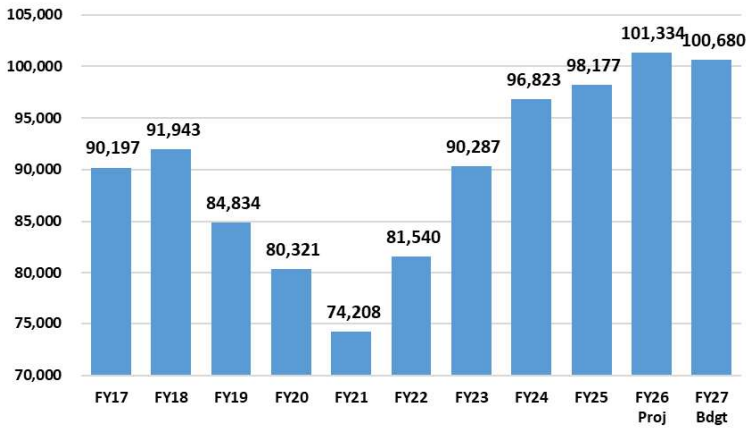


FY27 Trended Budget Volume Graphs

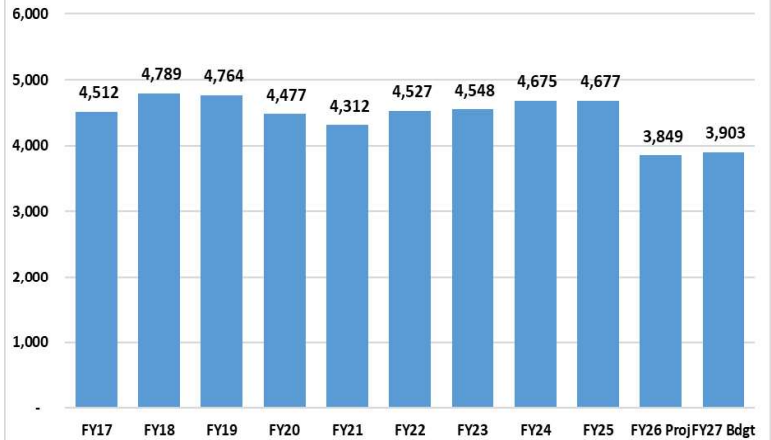


FY27 Trended Budget Volume Graphs

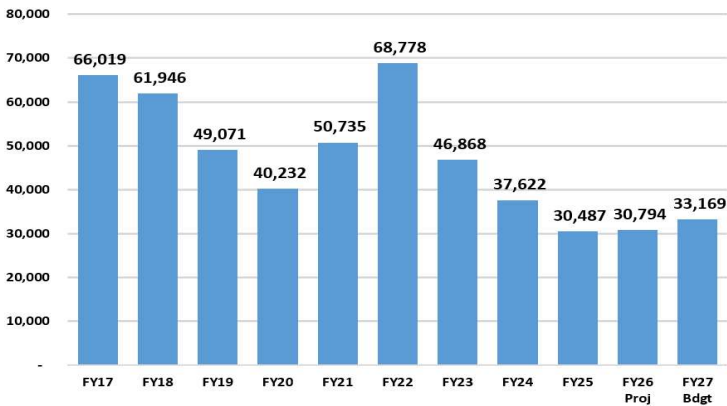
Emergency Visits



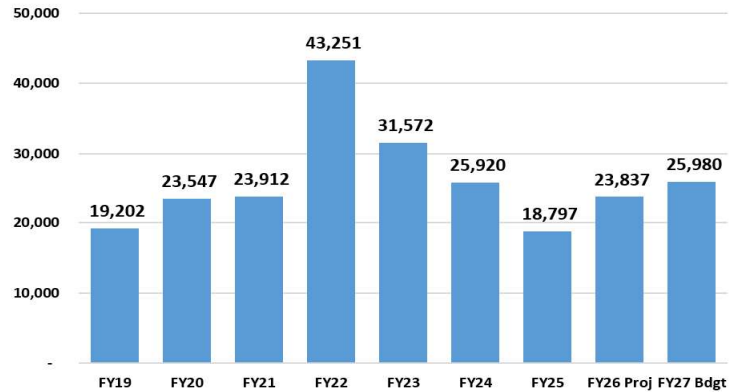
Deliveries



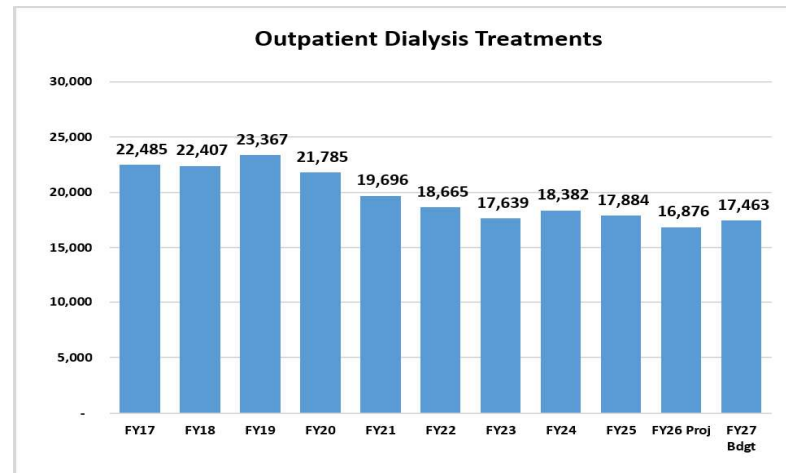
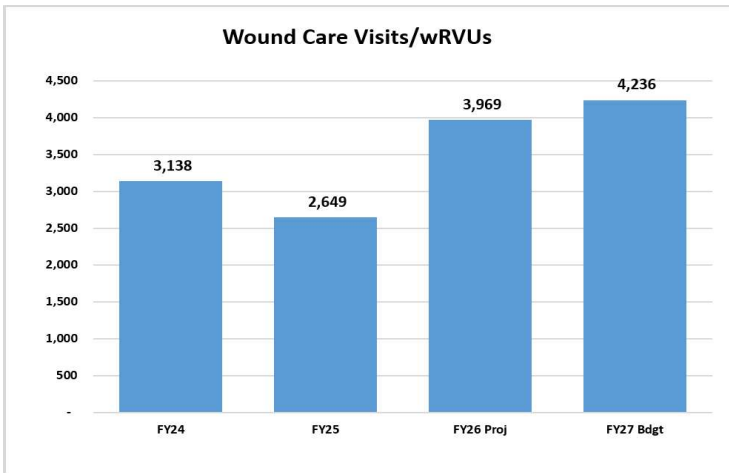
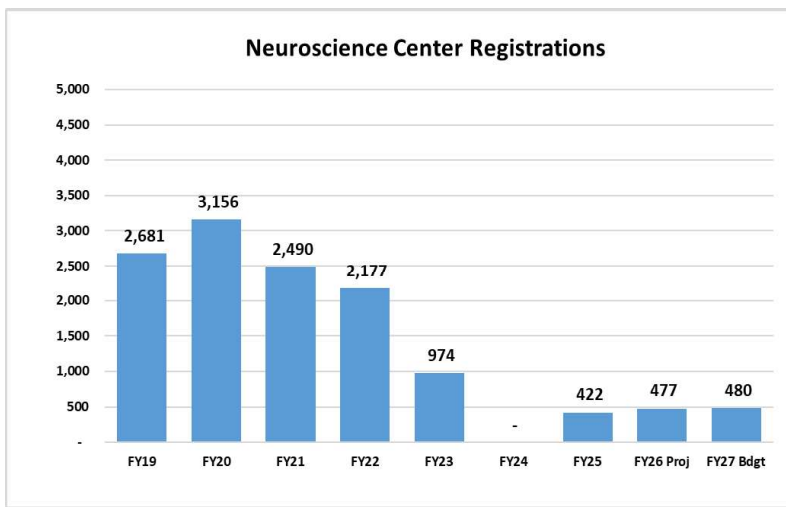
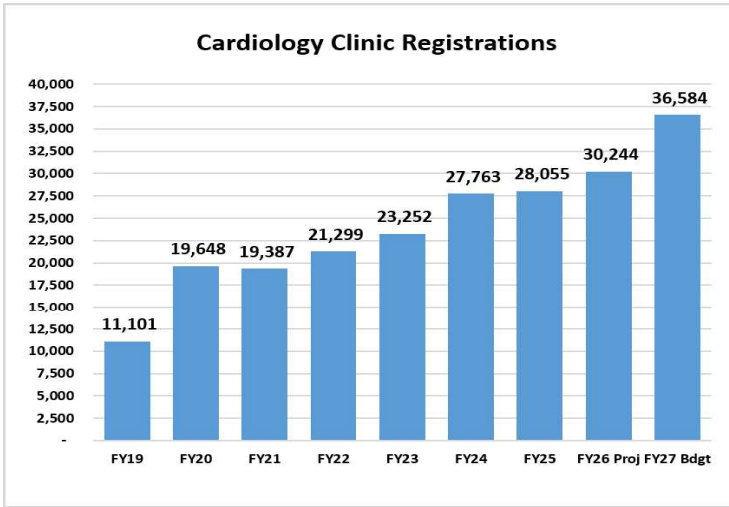
Urgent Care Registrations - Court Street



Urgent Care Registrations - Demaree

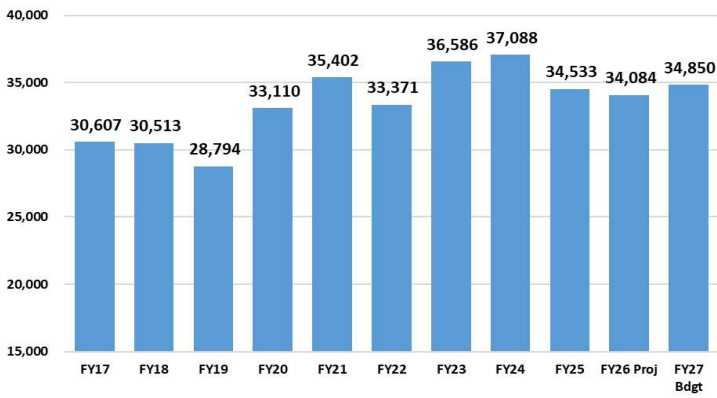


FY27 Trended Budget Volume Graphs

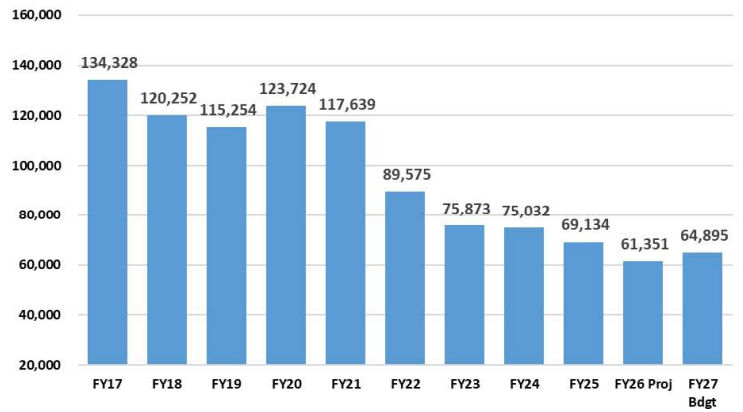


FY27 Trended Budget Volume Graphs

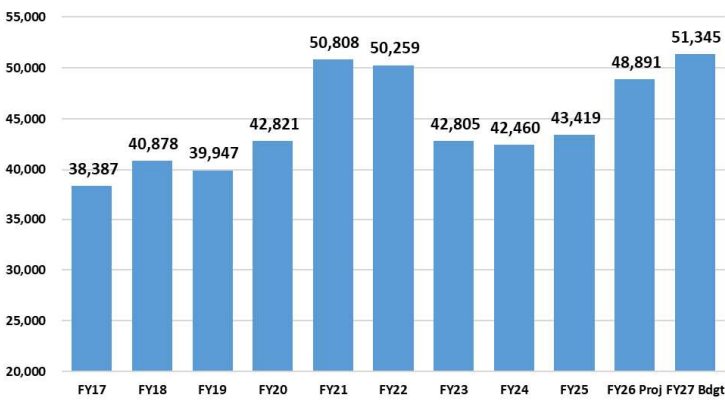
Home Health Outpatient Visits



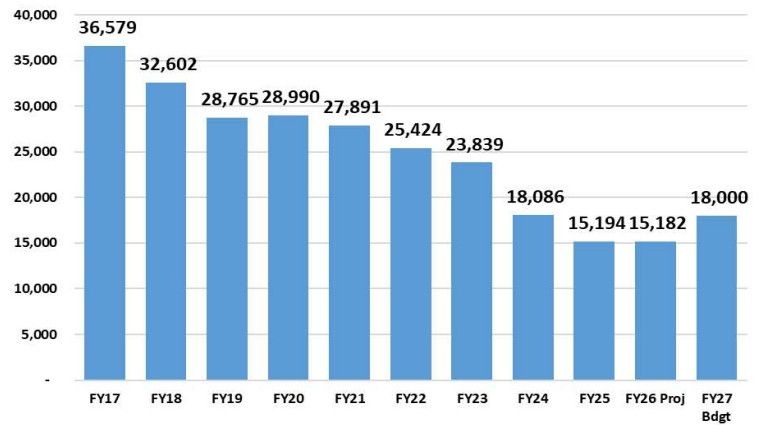
Private Homecare Outpatient Hours



Hospice Outpatient Days

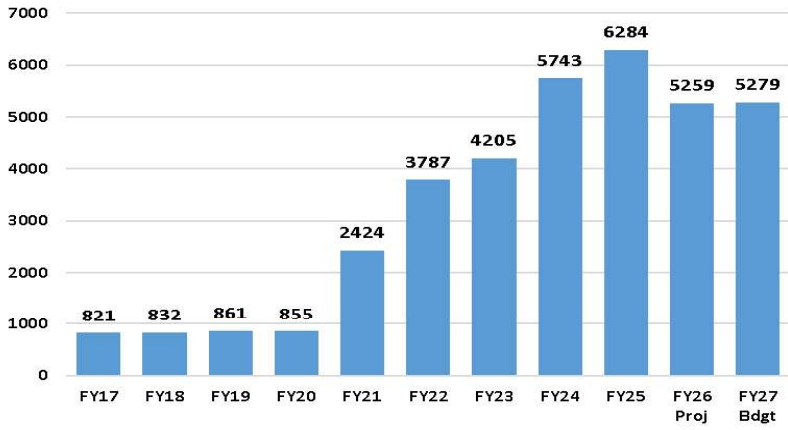


Specialty Home Care Hours

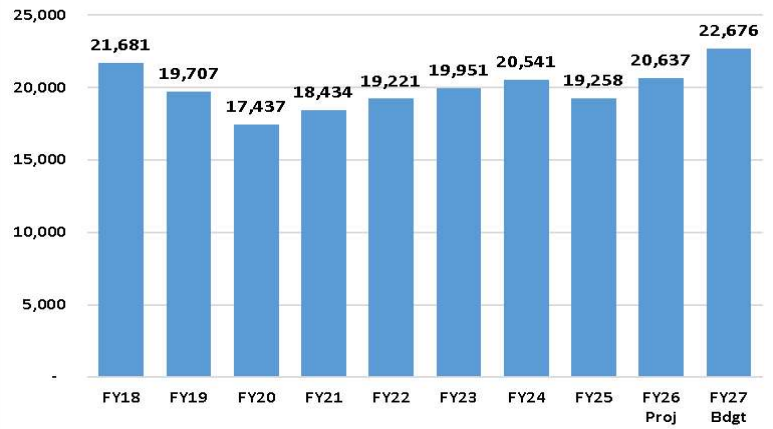


FY27 Trended Budget Volume Graphs

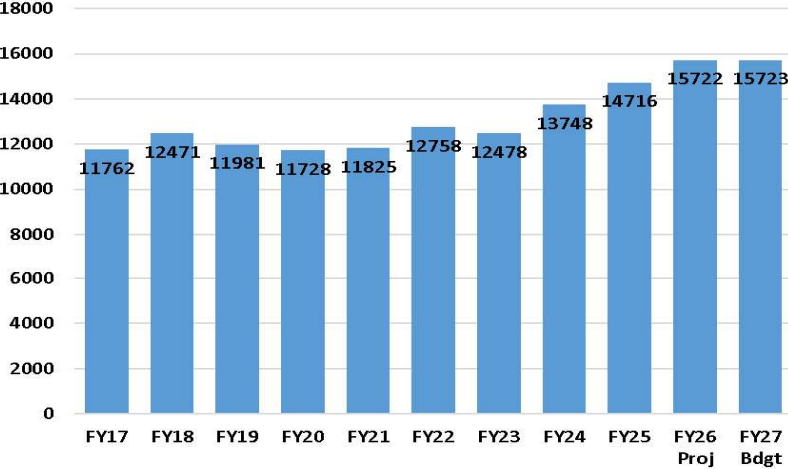
Radiology - Nuclear Medicine (Combined)



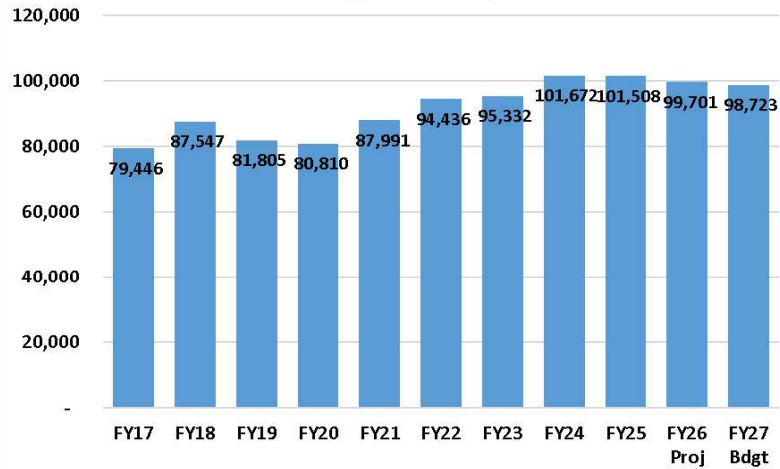
Radiology - Breast Center



Radiology - West Campus

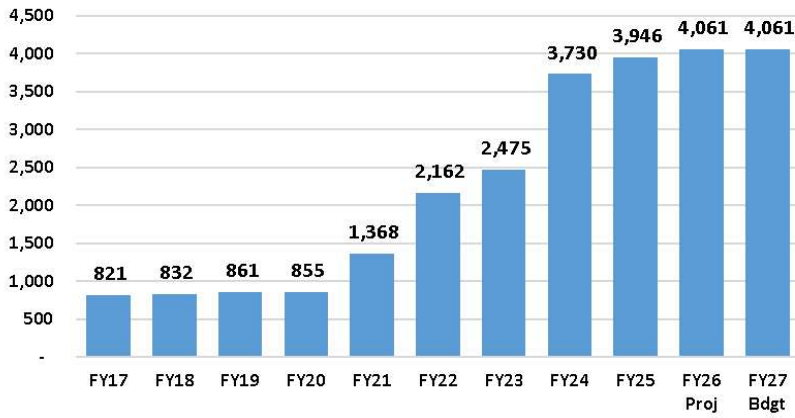


Radiology - Main Campus

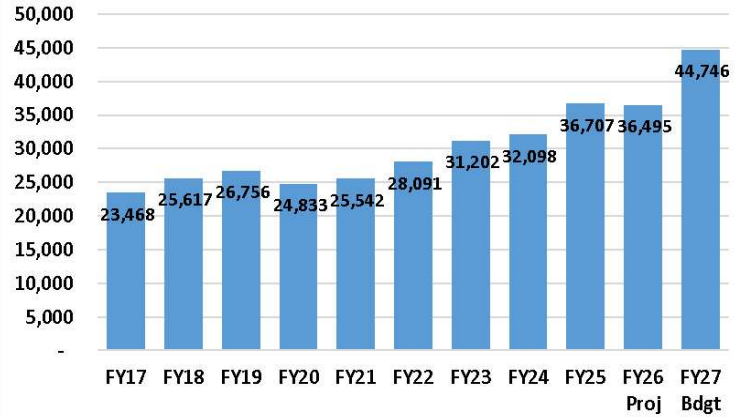


FY27 Trended Budget Volume Graphs

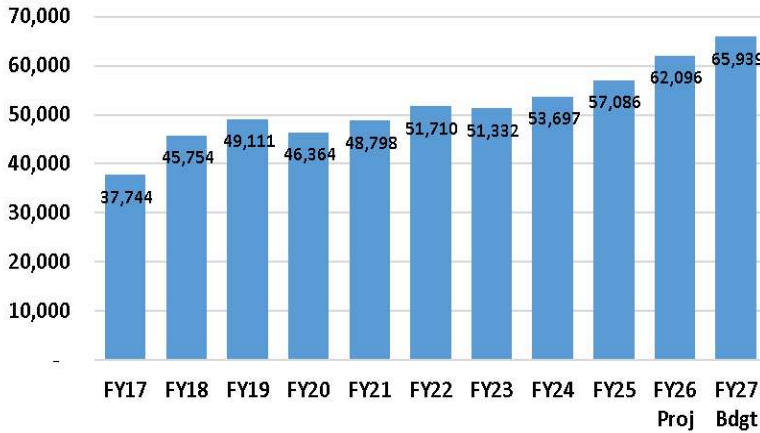
PET/CT Diagnostic Center



Radiology - Ultrasound Combined



Radiology - CT Combined



Radiology - MRI Combined

