Kaweah Delta Health Care District
Board of Directors Meeting

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

Kaweah Health
MORE THAN MEDICINE. LIFE.

DATE POSTED: May 22, 2026

NOTICE

Date: Wednesday, May 27, 2026
Location: City of Visalia – City Council Chambers
Address: 707 W. Acequia Avenue, Visalia, California

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

SCHEDULE:

- **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)
- **4:15 PM** – Open Session

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

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

PUBLIC RECORDS:
Disclosable public records related to this agenda are available for public inspection at:
Kaweah Health Medical Center – Acequia Wing, Executive Offices (1st Floor)
400 West Mineral King Avenue, Visalia, CA 93291
You may also request records by contacting the Board Clerk at (559) 624-2330 or **kedavis@kaweahhealth.org**, or by visiting the District's website at **www.kaweahhealth.org**.

KAWEAH DELTA HEALTH CARE DISTRICT
Dean Levitan, M.D, Secretary/Treasurer

Prepared by:

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

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

Kaweah Delta Health Care District
Board of Directors Meeting

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

Kaweah Health
MORE THAN MEDICINE. LIFE.

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 May 27, 2026 {Regular Meeting}

Please join my meeting from your computer, tablet or smartphone.
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Access Code: 460-561-181
United States: +1 (646) 749-3122

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

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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

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1. **CALL TO ORDER**

2. **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
D. LARUMBLE-TORRES V KDHCD	L. MORENO V KDHCD
E. SMITHSON V KDHCD	M. RICHARDSON V KDHCD
F. VELASEQUEZ V KDHCD	N. TINOCO V KDHCD
G. MEDINA V KDHCD	O. MACKEY V KDHCD
H. JOHNSON V KDHCD	P. ISQUIERDO V KDHCD

3. **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

4. **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.

5. **APPROVAL OF THE CLOSED MEETING MINUTES** – April 2026.

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

6. **ADJOURN CLOSED SESSION**

OPEN SESSION – 4:15 PM (OR IMMEDIATELY FOLLOWING CLOSED SESSION)

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1. **CALL TO ORDER**
2. **ROLL CALL**

3. FLAG SALUTE

4. PUBLIC PARTICIPATION

Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five (5) minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.

5. CLOSED SESSION ACTION TAKEN

Report on action(s) taken in closed session.

6. RECOGNITIONS

6.1. Presentation of Resolution 2288 to Ryan Rivera in recognition as the Kaweah Health World Class Employee of the month – May 2026.

6.2. Team of the Month – April GME Administration

6.3. Team of the Month – May SSR Team

7. INTRODUCTIONS – None

8. CONSENT CALENDAR

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

Public Participation

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

Action Requested – Approval of all items on the May 27, 2026, Consent Calendar.

[Consent Calendar Items 8.1 – 8.5 as presented]

Section	Item	Description	Type
8.1. REPORTS	A	Physician Recruitment	Receive and File
	B	Overall Strategic Plan	Receive and File
	C	Laboratory Services	Receive and File
	D	Surgical Services Board Report	Receive and File
8.2. MINUTES	A	Finance Property Services Acquisition Committee- April 15, 2026	Approve Minutes
	B	Quality Council Committee – April 16, 2026	Approve Minutes
	C	Human Resource Committee Meeting- March 10, 2026	Approve Minutes

Section	Item	Description	Type
	D	Regular Open Board Meeting – April 22, 2026	Approve Minutes
	E	Special Board Meeting – April 28, 2026	Approve Minutes
8.3. POLICIES		**Administrative Policies**	
	A	AP08 Patient Compliant & Grievance Management	Approve Revisions
	B	AP10 Occurrence Reporting Process	Approve Revisions
	C	AP87 Sentinel Event and Adverse Event Response and Reporting	Approve Revisions
	D	AP77 On-Call Physician Per Diem Process	Approve Revisions
	E	AP102 Animal / Pet Visits	Approve Revisions
	F	AP169 Non-Staff Physician / Advance Professional Referrals	Approve Revisions
	G	AP122 Interpreter Services	Approve Revisions
		Human Resource Policies	
	H	HR04 Special Pay Practices	Approve Revisions
	I	HR70 Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation	Approve Revisions
	J	HR74 Telecommuting	Approve Revisions
	K	HR94 Human Resources Policies	Approve Revisions
	L	HR149 Bereavement Leave	Approve Revisions
	M	HR173 Employee Engagement & Assistance Fund	Approve Revisions
	N	HR184 Attendance & Punctuality	Approve Revisions
	O	HR216 Progressive Discipline	Approve Revisions
	P	HR234 Paid Time Off (PTO), Extended Illness Bank (EIB), and Healthy Workplace, Healthy Families Act of 2014	Approve Revisions
	Q	HR243 Leaves of Absence	Approve Revisions
		Compliance Policies	
	R	CP02 Review of Billing Practices	Approve Revisions
	S	CP03 Professional Services Agreements	Approve Revisions
	T	CP05 Compliance and Privacy Issue Investigation and Resolution	Approve Revisions
	U	CP06 Compliance Program Education	Approve Revisions
	V	CP07 Excluded Individuals Entities	Approve Revisions
	W	CP10 Compliance Reviews and Assessments	Approve Revisions
	X	CP15 Fair Market Value	New Policy
8.4. MEC	A	MS48 Credentialing and Privileging of Medical Staff & Advance Practice Providers	Approve Revisions

Section	Item	Description	Type
	B	Privilege Form Revisions- APP-CNM	Approve Revisions
	C	Privilege Form Revisions- Cardiothoracic Surgery	Approve Revisions
	D	Privilege Form Revisions- OB/GYN	Approve Revisions
	E	Privilege Form Revisions- Cardiothoracic Surgery (2)	Approve Revisions
8.5. DISTRICT	A	Resolution 2289 Years of Service and Retirement – Coleen Moriarity-Suggs	Approve and File
	B	Resolution 2290 Ordering Board of Directors Election	Approve and File
	C	Resolution 2291 Authorizing Establishment of an Armed Security Program and Delegating Implementation Authority	Approve and File

9. NEW INTERVENTIONAL CARDIOLOGY PROCEDURES

Presentation and explanation of the newly implemented interventional procedures, including its intent, operational components, workflow changes, and alignment with regulatory, quality, and compliance requirements. The Board will receive the information for oversight purposes and may engage in discussion and clarification.

10. LABOR RELATIONS & UNION ENVIRONMENT UPDATE

To provide 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.

11. BOARD QUALITY & PATIENT SAFETY OVERSIGHT - SEPSIS

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.

12. STRATEGIC OVERSIGHT (MONTHLY REPORT) – STRATEGIC GROWTH AND INNOVATION & IDEAL ENVIRNMENT

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. FY27 STRATEGIC OVERSIGHT PLAN

Presentation, review, and consideration of 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.

Action Requested – Approval fiscal year 27 strategic plan.

14. 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.

15. 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 May's Financials.

16. FUTURE GOVERNANCE TOPICS

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

17. REPORTS

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

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

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

18. ADJOURNMENT

CLOSED SESSION – IMMEDIATELY FOLLOWING OPEN SESSION

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1. CALL TO ORDER

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

3. **ADJOURN**

ADA Notice
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Agenda Posting and Public Records
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Agenda item intentionally omitted

Resolution 2288

RESOLUTION 2288

Board Resolution Honoring
Ryan Rivera as World Class Employee of the Month of May

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

WHEREAS, Ryan Rivera, of the 2North 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 May 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, Ryan'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 Ryan as **World Class Employee of the Month** for May 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 Ryan Rivera as a token of recognition and gratitude.

PASSED AND ADOPTED this 27nd of May 2026, by the Board of Directors of Kaweah Health.

David Francis
President
Kaweah Health Board of Directors

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

Physician Recruitment

Physician Recruitment Board Report

May 2026

54	12	7	3	15
ACTIVE CANDIDATES	OFFERS ACCEPTED Fiscal Year to Date	OFFERS EXTENDED	SITE VISITS	IN SCREENING

PHYSICIAN GROUP TARGETS

Key Medical Associates

- Pediatrics x1
- Pulmonology x1
- Rheumatology x1

Orthopaedics Associates

- Orthopedic Surgery (General) x1

Oak Creek Anesthesia

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

Valley Children's

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

Other Recruitment / Group TBD

- CT Surgery x1
- Family Medicine x5
- Gastroenterology x2
- General Cardiology x1
- Neurology IP/OP x1
- OB/GYN x4
- Pediatrics x1
- Adult Psychiatry x1
- Pulmonology OP x1
- Radiation Oncology x1
- Urology x2

BOARD NARRATIVE | MAY 2026

During the month of May, the Physician Recruitment Team continued to advance active recruitment efforts across multiple priority specialties while expanding the candidate pipeline through targeted national conference engagement.

The team participated in recruitment activities at the American Urological Association (AUA) Annual Meeting and the American College of Obstetricians and Gynecologists (ACOG) Annual Clinical and Scientific Meeting, two of the most significant national forums for reaching fellowship-trained candidates in Urology and OB/GYN, both of which remain top recruitment priorities for Kaweah Health. These appearances represent a continued investment in building long-term candidate relationships and positioning Kaweah Health as an employer of choice in the Central Valley.

Signed letters of intent were received from a Physical Medicine & Rehabilitation physician, an Otolaryngologist joining Valley ENT, and a Family Medicine physician, each with confirmed anticipated start dates. These additions further strengthen access across primary and specialty care.

Offers remain extended across several key specialties, including OB/GYN, Urology, Family Medicine, and General Surgery, with discussions ongoing.

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

May 2026

Kaweah Health

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

#	Specialty	Group	Phase	Start Date
1	Family Medicine	TBD	Site Visit	
2	Ped Hospitalist	Valley Children's	Site Visit	
3	Interventional Radiology	Mineral King Radiology	Site Visit	
4	Anesthesia (Cardiac)		Screening	
5	Pediatrics	TBD	Screening	
6	Orth Surgeon (Hand)	TBD	Screening	
7	Family Medicine	TBD	Screening	
8	OB/GYN	TBD	Screening	
9	Orth Surgeon (General)	Orthopedic Assoc	Screening	
10	Orth Surgeon (Hand)	Orthopedic Assoc	Screening	
11	Pulmonology	TBD	Screening	
12	Rheumatology	TBD	Screening	
13	Rheumatology	TBD	Screening	
14	Vascular Surgery	TBD	Screening	
15	Vascular Surgery	TBD	Screening	
16	Cardiac Anesthesia	Oak Creek	Screening	
17	Infectious Disease	TBD	Screening	
18	Pediatrics	1099 - KH Direct	Screening	
19	Family Medicine	TBD	Offer Extended	
20	Family Medicine	TBD	Offer Extended	
21	General Surgery	TBD	Offer Extended	
22	OB/GYN	TBD	Offer Extended	
23	OB/GYN	1099 - KH Direct	Offer Extended	TBD
24	Urology	1099 - KH Direct	Offer Extended	
25	Psychiatry	Oak Stone Psychiatry	Offer Extended	07/01/27
26	PM&R;	TBD	Offer Accepted	05/01/27
27	ENT	Valley ENT	Offer Accepted	09/01/27
28	Family Medicine	TBD	Offer Accepted	09/01/26
29	General Surgery	SAMGI	Offer Accepted	02/27/26
30	Internal Medicine	TBD	Offer Accepted	09/01/26
31	Urology	1099 - KH Direct	Offer Accepted	
32	Endocrinology	1099 - KH Direct	Offer Accepted	TBD
33	EP Cardiology	TBD	Offer Accepted	
34	Neurology	Venice Hills Medical Associates	Offer Accepted	
35	Neurology	1099 - KH Direct	Offer Accepted	TBD
36	Ortho - Spine	1099 - KH Direct	Offer Accepted	
37	Adult Hospitalist	VHMG	Offer Accepted	09/01/26

#	Specialty	Group	Phase	Start Date
38	Anesthesia (Cardiac)		Leadership Call	
39	Anesthesia (Cardiac)		Leadership Call	
40	Anesthesia (Cardiac)		Leadership Call	
41	Family Medicine	TBD	Leadership Call	
42	General Surgery	TBD	Leadership Call	
43	Orth Surgeon (Hand)	Orthopedic Assoc	Leadership Call	
44	Urology	TBD	Leadership Call	
45	Neurology	TBD	Leadership Call	
46	Family Medicine	TBD	Applied	
47	Gastroenterology	TBD	Applied	
48	Orth Surgeon (Hand)	Orthopedic Assoc	Applied	
49	Gastroenterology	TBD	Applied	
50	Neurology	TBD	Applied	
51	Family Medicine	TBD	Applied	
52	OB/GYN	TBD	Applied	
53	Urology	TBD	Applied	
54	Family Medicine	TBD	Applied	

Separator Page

Overall Strategic Plan

FY 2026 Strategic Plan

Monthly Performance
May 27, 2026

Kaweah Health Strategic Plan: Fiscal Year 2026

Our Mission

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

Our Vision

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

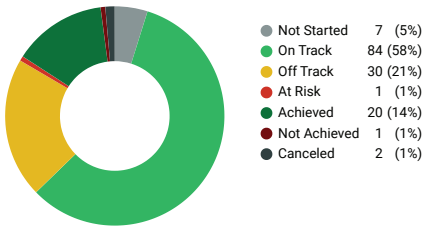
Our Pillars

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

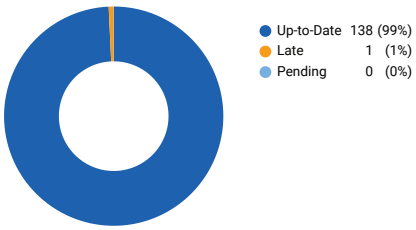
Our Five Strategic Plan Initiatives

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

Kaweah Health Strategic Plan FY2026 Overview: Status



Kaweah Health Strategic Plan FY2026 Overview: Updates



Ideal Environment

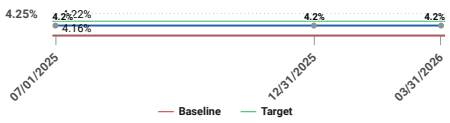
Champions: Dianne Cox and Hannah Mitchell

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

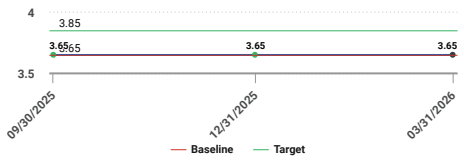
FY2026 Strategic Plan - Ideal Environment Strategies

#	Name	Description	Status	Assigned To	Last Comment
1.1	Integrate Kaweah Care Culture	Integrate Kaweah Care culture into the various aspects of the organization.	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	Further information will be provided in the next update, as there has been a transition in Medical Staff Office Leadership. However, it appears that work efforts continue and KPIs have been approved.
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	COS, Carrington, Porterville City, and Lemoore College have all increased their available seats. Working with COS on the year-round option.

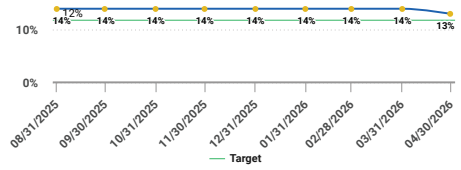
Employee Engagement Survey Score Greater Than 4.22%



Physician and APP Engagement Survey Score Greater Than 3.85%



Decrease Overall Turnover Rate



Strategic Growth and Innovation

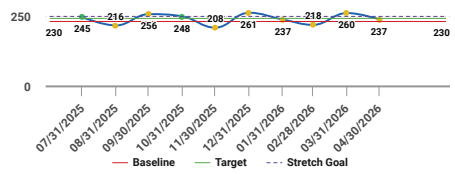
Champions: Max Heckhausen and Kevin Bartel

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****.*

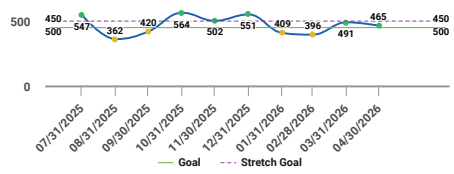
FY2026 Strategic Plan - Strategic Growth and Innovation Strategies

#	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 though Clinic Network Development	Strategically expand and enhance the existing ambulatory network to increase access at convenient locations for the community.	On Track	Ivan Jara	Outpatient clinic access continues to grow through the development of new locations, new specialties, and the expansion of current services. Current efforts include physician recruitment (Primary and Specialty Care), advanced practice provider recruitment, new clinic locations (Specialty, Rural, and Commercial), and federal/state programs and grants.
2.4	Innovation	Implement and optimize new tools and applications to improve the patient experience, communication, and outcomes.	On Track	Kevin Bartel	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.

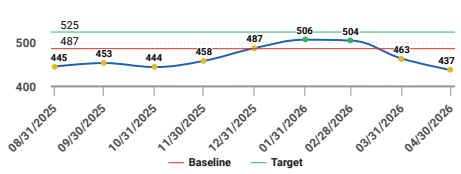
Perform 241 Orthopedic Surgery Cases Per Month



Perform 450 Endoscopy Cases Per Month



Increase Enrollment to 640 Lives in Enhanced Care Management



Outstanding Health Outcomes

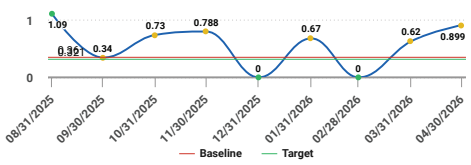
Champions: Dr. Paul Stefanacci

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

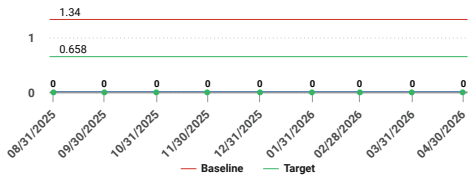
FY2026 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To	Last Comment
3.1	Safety Program Enhancement	Improve the Patient Safety Program through enhanced proactive evidence based strategies.	On Track	Cindy Vander Schuur	4 of the 5 tactics within this strategy are currently complete. The one tactic that is in progress was given a completion date of CY26 per RM but is currently on track with all current ongoing expectations. Will discuss with Chief as to how to determine the final status of this Strategy due to the different completion date expectations.
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	We are achieving our goal for prevention of MRSA bloodstream infections. This is a milestone for our organization, as this particular measure has been one of our worst for years. Device related healthcare associated infections, specially CLABSI and CAUTI, need attention. We are aware of what needs to occur to reduce these events and are actively working through the CAUTI/CLABSI committee on several tactics, that when deployed, will significantly reduce their occurrence.
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.	Off Track	Chris Patty	Date range represented January 1, 2026 - March 31, 2026; score is 1.99. Goal is Midas national 50th percentile of 1.33; lower scores are better.

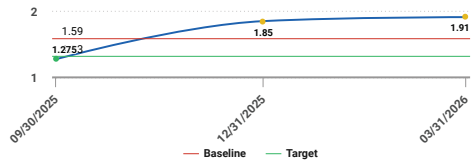
Decrease Standardized Infection Ratio (SIR) CAUTI to less than or equal to .321



SIR MRSA FYTD </=.0658



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



Patient Experience and Community Engagement

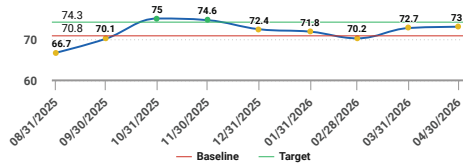
Champions: Max Heckhausen and Deborah Volosin

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

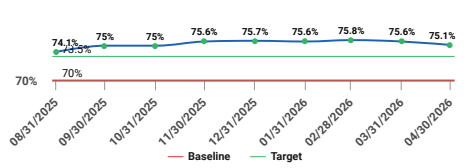
FY2026 Strategic Plan - Patient Experience and Community Engagement Strategies

#	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. Presented WMTY at 4T, 3N, 5T staff meetings.
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.
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 May.
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. Since August, of 2025, Director has presented at all patient care units to roll out What Matters to You.

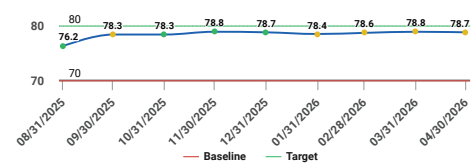
Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve an Organizational-wide score of 73.5 in Human Understanding



Achieve a score of 80 in "Cleanliness of Clinic"



Physician Alignment

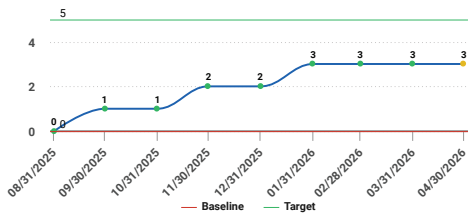
Champions: Tom Boggs and JC Palermo

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

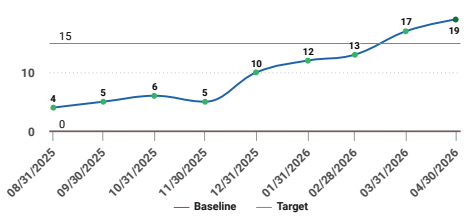
FY2026 Strategic Plan -Physician Alignment - Strategies

#	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	Kaweah is working closely with SHP leaders on strategies to improve risk coding and stars scores for the Kaweah clinics. In addition, the entities are collaborating on chronic disease management programs and annual wellness visits.

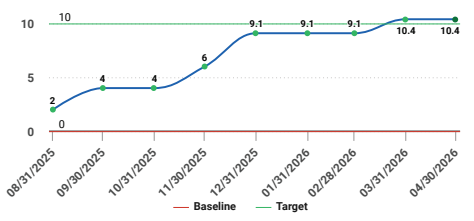
Recruit 5 Primary Care Physicians



Recruit 15 Specialty Providers



Recruit 10 Advanced Practice Providers



Laboratory Services

Clinical Laboratory – FY26

Outpatient Services – S.W.O.T. Analysis

Strengths:

- ❖ Financially robust outpatient services trending to historical highs. FY26 will finish with net revenue exceeding $14M (up 19% year-over-year) and a net contribution margin over $8M (up 31% year-over-year)
- ❖ Outpatient visits (up 5%) and testing volumes (up 10%) continue to grow and are supported by the preeminent clinical lab and professional workforce in the region

Weaknesses:

- ➢ EMR connectivity with clients is ideal to allow for seamless ordering and result transfer and we need to continue to work towards this goal
- ➢ Access to expansion funding is often limited (e.g. patient service center additions and other business development may be cumbersome or subject to delays)

Opportunities:

- ✓ Strategic partnerships with organizations in need of outpatient lab services
- ✓ Development of additional patient service centers in under-served areas
- ✓ Efficiencies gained from connectivity that will positively impact other areas of the organization and improve the continuity of care in the community

Threats:

- There are competitors (e.g. Quest, LabCorp, etc.) with outreach-focused business analytics and significant marketing and staffing infrastructure; however, given the proper resources, we have the potential to overcome their size and scale

REPORT TO THE BOARD OF DIRECTORS

Clinical Laboratory (7500) – Outpatient Services

Randall J. Kokka (624-5053)
Director of Clinical Laboratory Services

May 10, 2026

Summary Update

Based on a broad variety of metrics and data, the Lab had a highly successful year as evidenced by the following:

- Key financial takeaways for FY26 include: (1) for the "Lab services only" segment of Lab outpatient testing, the past year resulted in an extension of a 4-year upward trend to over $14 million in net revenue (a 19% increase year-over-year), and an increased contribution margin of over $8 million (a 31% increase year-over-year); (2) outpatient visits continued to rise by 5% to nearly 105,000; (3) Blue Cross and Blue Shield volumes contributed 16.4% of the total volume and Medi-Cal managed payments provided approximately 56% of the contribution margin.

- Strategic planning, project updates and goals: (1) in the last quarter of FY26 construction began on a new Lab patient service center (PSC) located in the 202 W. Willow medical building, which when completed in the first quarter of FY27, is expected to serve over one-hundred patients per day; (2) the Lab remodel project is awaiting the start of phase 4 (of 5) construction; (3) there are ongoing evaluations of new tests and technologies to maintain market-leading diagnostics; (4) further development of online services, such as visit scheduling and registration, and in particular, the design and rollout of a lab-dedicated website for patients and providers; (5) deployment and implementation of interface applications to connect with client electronic medical records to improve and provide for better continuity of care in the community.

- In the last two quarters alone, the Lab has acquired two new clients/outreach facilities and opened a highly successful lab patient service center in Exeter.

Quality/Performance Improvement Data

The Lab Director and leadership team maintains a robust metrics program to continuously monitor, improve and validate performance. The oversight committee ("CQI) consisting of Lab leaders in every technical and operations area, meets monthly and ad hoc with the Lab administrative and medical Directors to review data and evaluate proposals. Some of the key performance indicators include:

- Test turnaround time (TAT). One of the most fundamental measures of testing efficiency, particularly as it pertains to STAT (emergent) testing, is the measurement of TAT. As has been noted for the previous three years, the Lab continued to perform in a consistent and highly-efficient manner. One of the main drivers of service excellence was the design and installation of a state-of-the-art "total lab automation" line (the first of its kind in Central California) three years ago. Even with rapidly-growing workloads, the

Lab has been able to expertly leverage automation to achieve and consistently maintain markedly faster TAT.

- Per regulatory requirement, all clinical labs are required to undergo extensive "proficiency testing", which includes testing five unknown samples on hundreds of assays throughout the year and sending results to an outside regulatory agency for scoring (e.g. CAP, API, AAB). The Lab's proficiency testing success rate over the past year was 99.71%, which easily out-performed the benchmark goal of 98%.

- Specimen rejection and blood culture contamination rates and BioVigil (handwashing compliance) metrics all track specimen collection proficiency of lab phlebotomy staff. This data is used in semi-monthly meetings to closely monitor service quality and drive improvement. In the past year, the Lab has consistently met or exceeded overall benchmark goals in every aspect.

- Specific to the outpatient experience, the Lab recently began measuring PSC wait times. With the advent and further development of online scheduling and registration, the Lab has seen expected improvement in our Lab patient experience, and this is expected to continue to improve over time.

- One of the most important operational metrics, "morning run throughput", is reviewed and analyzed daily by the Lab Director as a gauge of staffing adequacy and testing proficiency. In the past year, the Lab has consistently met or exceeded the overall benchmark goals.

- As in every year, the Clinical Laboratory continued to be fully accredited by the College of American Pathologists (CAP) and maintained full licensure in good standing by the State of California (CDPH) and federally (CLIA). To wit: in March of 2026, the Lab underwent a CAP biennial accreditation survey and passed with flying colors.

Policy, Strategic or Tactical Issues

- In order to facilitate growth/marketability and enhance client satisfaction, the Lab must further develop our ability to connect and interface our lab information system (LIS) with that of providers and outpatient facilities. For the past three years, in conjunction with Kaweah ISS leadership, this goal has been vetted with the need for resource allocation to bring it to fruition. Specifically, adequate ISS resources to allow for the acquisition, deployment and development of hardware and software to enable enhanced lab utilization and growth.

- In order to maintain strategic advantages and accommodate a burgeoning workload, the Lab must continue to prudently evaluate and acquire state-of-the-art technology and equipment. In particular, the coming year will be a challenging nexus point as multiple systems are due for replacement or augmentation (e.g. viscoelastic testing, blood gas analysis systems, microbiology identification system replacement, etc.).

- Most importantly, the Lab must continue to effectively address the ongoing shortage of licensed Clinical Lab Scientists (CLS), which has worsened in the past year. In a typically and historically stable workforce, there has been some recent attrition due to unforeseen circumstances, and this will continue to be a focal point going forward.

Recommended Next Steps and Conclusions

The following opportunities and recommendations for outpatient service improvement are:

- Approve the ISS resources to contract with the interface application vendors of choice to begin implementation of LIS to EMR client connectivity and imbed this into our marketing.

- Complete the 202 W. Willow lab PSC buildout with full operational activity by the end of the first quarter of FY27, including the patient parking management plan.

- Expedite the completion of the final two Lab remodel phases by the end of FY27. In order to meet the expected growth in testing workload, this must be the highest technical priority.

- From an outreach business development standpoint, we need to build additional management infrastructure, including the hiring of an outreach/business development manager and subsequent coordinators to oversee daily operations as we evaluate and move into new areas.

- Working collaboratively with the ISS and Marketing teams, complete the buildout of the Lab-dedicated website to enhance both patient and provider awareness.

- In order to address the CLS staffing shortage, augment the in-house CLS Trainee program to increase enrollment by 50% by the end of the first quarter of FY27. Likewise, step up hiring activity in our phlebotomy staff sufficient to expected growth levels.

The Lab experienced an overall workload increase of approximately 9% year-over-year, to previously unforeseen highs, while maintaining and/or testing accuracy and quality. All in all, it was a very successful year, and we anticipate and expect this to continue for the foreseeable future.

Surgical Services Board Report

Financial Accomplishments

- **Record Contribution Margin**: Surgical Services achieved an annualized FY 2026 contribution margin of **$28.5 million**, representing a powerful **10% increase** over the prior year.
- **Core Service Line Expansion**: Overall contribution margin gains were anchored by improved financial results across our highest-volume specialties, including General Surgery, Orthopedic Surgery, da Vinci Robotic Surgery, Vascular Surgery, and Urology.

Inpatient Surgery & Operational Efficiency

- **General Surgery**
  - Contribution margin jumped by $1.7 million due to strong net revenue performance. Operational throughput was highly optimized, reducing the Average Length of Stay (ALOS) by nearly a full day while direct costs per case decreased by 4%.
- **Orthopedic Surgery**
  - Driven by volume growth and lower direct costs per case, total contribution margin rose to a four-year peak of $9.4 million.
- **Vascular Surgery**:
  - Successfully expanded operations, resulting in a 12% increase in case volume and a 22% ($595,000) surge in contribution margin, as stronger reimbursement rates successfully outpaced localized direct cost changes.
- **Robotic Platform Excellence**:
  - The inpatient da Vinci robotic surgery program experienced an outstanding 75% explosion in contribution margin, ending the year at $1.8 million. We have add two general surgeries: Dr. Cowan, Dr. Kalani and Dr Tran cardiothoracic surgeon. To the robotics program.

Physician recruitment

- **Dr Virk gastroenterologist**
  - To mitigate the recent drop in procedure volume, a newly recruited physician has been successfully covering inpatient cases. Beginning in June, Dr. Virk and Dr. Eskandari will work in tandem to actively drive and recapture outpatient volume.
  - We are still actively recruiting more GI providers
- **Dr Varshney Spine/Ortho Surgeon**
  - Dr Varshney will be added to the new Ackers clinic and will start bring his spine volume to us.
- **SAMGII Trauma and Acute Emergency Surgery**
  - Successful transition of new group. They have increased are inpatient volume and have requested to add outpatient volume in the near future.

Volumes

- OR Cases: Jan: 751 Feb:695 March: 852 Apr: 849
- Robotic Jan: 37 Feb:35 March: 40 Apr: 43
- ENDO Jan: 409; Feb:396; March: 491; Apr: 465

REPORT TO THE BOARD OF DIRECTORS

SURGICAL SERVICES BOARD REPORT

Jeff Cater MBA, RN, NEA-BC, CNOR, CSSM (624-2409)
Director of Surgical Services

May 12, 2026

Summary Issue/Service Considered

Analysis of financial/statistical data (with focus on current FY2026 data through 8 months, annualized out for the year):

Surgical Services Financial Summary – FY 2026 (Annualized)

As of the annualized nine months ending March 31, 2026, Surgical Services has an annualized contribution margin of $28.5 million, representing a 10% increase from the prior year. While patient case volumes are down overall, this is primarily driven by a 20% drop in outpatient Endoscopy volumes. Government supplemental funding is projected to decline by approximately $700,000, reaching a total of $14.2 million for the current fiscal year.

Inpatient Surgery

Inpatient surgical cases and discharges have increased by **3%** compared to the prior year. The contribution margin for this segment grew by **2%** ($680,000) to just under **$29 million**. Overall inpatient performance is bolstered by improved financial results across General, Vascular, and Orthopedic surgery.

- **General Surgery**: While volumes are down 2%, the contribution margin increased by $1.7 million due to higher net revenue and an average length of stay (ALOS) that improved by nearly a full day.
- **Orthopedic Surgery:** The contribution margin reached a four-year high of $9.4 million, supported by a 28% increase in additional supplemental reimbursement.
- **Vascular Surgery:** Case volumes rose 12%, driving a 22% ($595,000) increase in contribution margin as revenue growth outpaced rising direct costs for room and board.
- **Thoracic & Multiple Significant Trauma:** These service lines saw significant declines in contribution margin—Thoracic fell 51% to $1.4 million—primarily due to a sharp decrease in high-acuity, catastrophic case volumes.

Outpatient Surgery

Outpatient surgery continues to operate at a loss, but performance has improved substantially. The projected loss for FY 2026 is -$2.1 million, a 51% improvement (approximately $2.2 million) over the prior year and the lowest loss recorded in four years.

- **Volume & Revenue:** Overall volume increased by **2%**, with net patient revenue per case trending upward to $6,764 (a 5% increase).
- **Payer Performance:** * **Medicare:** Generated a $2.4 million contribution margin.
    - **Medicare Managed Care:** Generated a $1.5 million contribution margin.
    - **Medi-Cal Managed Care:** Remains the most significant challenge, with an annualized contribution loss of -$7 million, though this is an improvement from the $7.3 million loss in FY 2025.

Endoscopy

The Endoscopy service line is projected to finish FY 2026 with a contribution margin of **$1.5 million**, reflecting a significant decline.

- **Contribution Trends:** The contribution margin has dropped by 43% over the last four years.
- **Volume:** Case volumes have declined by 20% in the current year, continuing a four-year downward trend of 32%.
- **Contributing factors**: Dr. Hsueh left the area, Dr Pua retired, decrease volume from Adventist Health providers
- **New updates:** Dr Virk, a new GI physician started in April increasing GI volumes

Neurosurgery

- **Inpatient Financials:** Volumes have decreased by 8% to a four-year low, with 41 cases anticipated in FY 2026.
- **New Updates**: Working on strategies to increase neuro volumes and evaluating the entire program.

Robotic Surgery (da Vinci)

- **Inpatient:** Substantial improvement; the inpatient contribution margin is expected to end FY 2026 up 75% at $1.8 million.
- **Outpatient:** Outpatient cases are anticipated to increase from 233 in FY 2025 to 279 in FY 2026, leading to a significant year-over-year increase in CM. Managed care business grew to represent 44% of the outpatient payer mix.

Quality/Performance Improvement Data

The Surgical Services team continues to focus on enhancing patient outcomes, safety, and operational efficiency through several quality and performance improvement initiatives:

I. Surgical Quality Improvement Program (SQIP)

- **Antibiotic Optimization:** Led by Anesthesiology, the team is standardizing pre-operative antibiotic dosing protocols to reduce the risk of surgical site infections.
- **Post-Operative Blood Clot Prevention:** Collaborating closely with floor nursing teams, the program promotes consistent use of Sequential Compression Devices (SCDs) and early ambulation strategies to prevent post-op deep vein thrombosis (DVT) and pulmonary embolism (PE).
- **Universal Protocol Compliance:** A strong emphasis has been placed on reinforcing the Universal Protocol—including time-outs and surgical site verification—to enhance overall surgical safety and reduce preventable errors.

II. Surgical Site Infection (SSI) Committee

This multi-disciplinary committee focuses on reducing infection risks through rigorous environmental and clinical controls:

- **Sterile Processing Department (SPD):** Integration of SPD leadership to ensure the highest standards of instrument sterilization and readiness.
- **Infection Prevention (IP):** Direct partnership with IP specialists to monitor clinical outcomes and implement evidence-based infection control practices.
- **High-Level Disinfection (HLD):** Oversight of high-level disinfection protocols to ensure the safety and integrity of reusable surgical equipment and scopes.

III. Surgical Optimization Committee

Efforts are ongoing through this committee to improve throughput and minimize delays in the surgical process to support service line growth:

We are evaluating and potentially implementing **LeanTaaS iQueue** for Operating Rooms, an AI-powered platform designed to optimize OR scheduling, improve block utilization, and increase surgical throughput through predictive analytics and workflow automation.

- **Turnover Time:** Monitoring and optimizing the time between surgical cases to maximize room availability and procedural efficiency.
- **On-Time Starts:** Tracking first-case on-time starts to reduce downstream delays and improve schedule predictability for surgical teams.
- **Block Utilization:** Evaluating the effectiveness of surgeon block usage to ensure high-capacity scheduling and support increased case volumes.
- **Length of Stay (LOS):** Focused on reducing patient LOS
- **General Surgery Milestone:** Successfully achieved a reduction in the Average Length of Stay (ALOS) by nearly one full day.

IV. Value Analysis Committee (VAC)

Strategic oversight of surgical inventory and technology ensures that resource allocation aligns with clinical excellence:

- **Value Analysis Process:** All new products and equipment undergo a formal review through the VAC to ensure every procurement decision is financially sustainable and directly contributes to increased patient safety.

Policy, Strategic or Tactical Issues

Quality & Compliance

Outpatient and Ambulatory Surgery Consumer Assessment of Health Providers and Systems Patient Satisfaction Survey (OAS CAPHP)

- **Status:** Launched this fiscal year.
- **Action:** Currently analyzing performance data.
- **Goal:** Establish formal improvement targets in the coming year.

Operations & Management

- **New Surgery Leadership**
  - **Director of surgical services**
  - **Sterile processing manager**
    - implementing best practices and work flow changes.
  - **ASC/PACU Manager**
    - Changing workflows and accountability in the department.
- **Continued evaluation of Capital Equipment**
  - Replacing outdated and damaged instruments
  - Adding new technologies to procedures
- **SAMGI - New Acute & Trauma Surgery colleague**
  - Building trust and workflows with new group
- **Started the Intuitive Ion robot and EBUS program**

Facility Updates

- **Updating surgery suites lights and booms**
- **Updating Doctors Lounge**
- **Remodeling and expanding the woman's locker room**
- **Old OB Space on 2nd floor to be remodeled into additional endo volume**

Recommendations/Next Steps/Approvals/Conclusions

The Surgical Services team remains focused on enhancing patient outcomes, safety, and operational efficiency and a place for surgeons to practice in ideal environment.

1. Surgical & Performance Alignment

Surgical agreements continue to align physician and hospital interests by reducing supply and implant costs while improving clinical quality. This framework enables leadership to implement necessary changes—specifically the standardization of vendors and implants—to strengthen fiscal health. By streamlining these selections, the organization ensures that all resource allocations directly support patient safety metrics and procedural excellence.

2. Market Analytics & Operational Access

Continuous review of internal patient data and market share via Cerner and Workday allows for optimized outreach and resource allocation aligned with actual hospital capacity. Growth initiatives include recruiting two GI providers, developing ASC strategies for outpatient migration, and constructing two new ENDO/pulmonology suites in the former second-floor OB suites.

3. Multi-Specialty Clinic Optimization & Recruitment

The new Akers multi-specialty clinic will optimize practice patterns and provide a strategic landing site for new Spine and Total Joint specialists. In addition to expanding high-contribution sub-specialties, the facility will eventually centralize pre-admit testing for all surgical procedures to streamline the patient experience.

4. Surgical Optimization Committee & OR Efficiency

The Surgical Optimization Committee focuses on improving throughput by targeting first-case on-time starts and reducing room turnover times. Evaluating and potentially implementing LeanTaaS iQueue. As procedures migrate to outpatient settings, the committee ensures that specialized

staff maintain high safety standards and efficient discharge planning. Evaluation of the PODS and apply the Policy that was created. New monthly meeting set up between medical leadership Dr Kirpatrick/Dr. Smith and Surgical team to better optimize the Surgical Cases.

5. Trauma Retention & Internal Coordination

Regular specialty and trauma coverage allows high-acuity cases to remain in-house, significantly reducing outbound transfers. To maximize local retention, the Emergency Department, Trauma Surgery, and Hospitalist teams must coordinate workflows to ensure timely surgical intervention and optimized care delivery.

6. Throughput & Length of Stay (LOS) Management

A primary operational focus is reducing the overall length of stay through daily interdisciplinary team rounds on surgical units to proactively address discharge barriers. Direct collaboration with surgeons in real-time supports discharge planning decisions, ensuring patients transition to appropriate post-acute care settings more efficiently.

7. Clinical Surveillance & Infection Control (SSI Committee)

The SSI Committee, alongside SPD, IP, and HLD representatives, maintains a multi-disciplinary focus on safety through standardized pre-operative antibiotic dosing protocols. A top priority is improving clinical surveillance and response speed to postoperative complications to significantly lower the "Failure to Rescue" rate.

8. Value Analysis Committee (VAC) & Regulatory Compliance

The Value Analysis Committee (VAC) provides strategic oversight of surgical inventory, ensuring all new products and equipment meet strict financial sustainability and safety validation standards. To maintain high-level quality designations like Blue Distinction, the service line is meeting CMS regulations via PROM surveys and planning 2026 enrollment in national spine and joint registries.

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Summary

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
11,111	$150,827,977	$122,364,581	$28,463,396	($3,856,127)
▼ -3%	▼ 2%	▶ 0%	▲ 10%	▲ 53%

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

METRICS BY SERVICE LINE - FY 2026 ANNUALIZED THROUGH MARCH

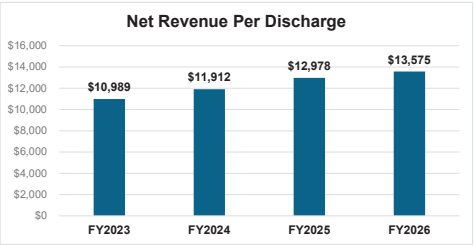
SERVICE LINE	PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Inpatient Orthopedics	1,053	$35,117,290	$25,683,732	$9,433,559	$3,428,583
Inpatient General Surgery	852	$27,314,976	$18,413,953	$8,901,024	$3,473,900
Inpatient Vascular Surgery	363	$12,003,063	$8,667,009	$3,336,054	$930,784
Inpatient Robotic Surgery	113	$3,808,896	$1,992,921	$1,815,976	$1,169,549
Outpatient Endoscopy	2,121	$4,999,350	$3,453,941	$1,545,409	$698,221
Inpatient Trauma MSDRGs	71	$4,005,694	$2,593,724	$1,411,971	$696,338
Inpatient Thoracic Surgery	40	$7,822,840	$6,455,457	$1,367,383	($376,660)
Inpatient Urology	163	$3,690,165	$2,915,409	$774,755	($98,904)
Inpatient Surgery in Other SLs	236	$7,633,102	$7,000,748	$632,354	($1,155,626)
Inpatient Neurosurgery	41	$2,513,823	$1,916,693	$597,130	$107,199
Inpatient Gynecology	76	$1,222,208	$753,796	$468,412	$230,884
Outpatient Robotic Surgery	279	$2,125,314	$1,836,633	$288,681	($326,295)
Outpatient Surgery	5,703	$38,571,257	$40,680,567	($2,109,310)	($12,634,100)
Surgical Services Totals	11,111	$150,827,977	$122,364,581	$28,463,396	($3,856,127)

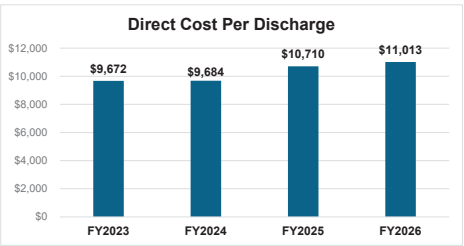
METRICS SUMMARY - 4 YEAR TREND

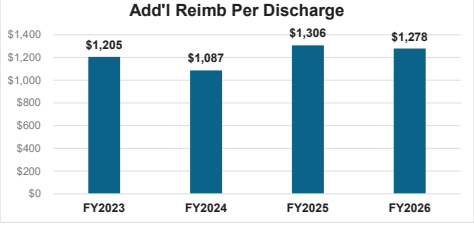
*Annualized

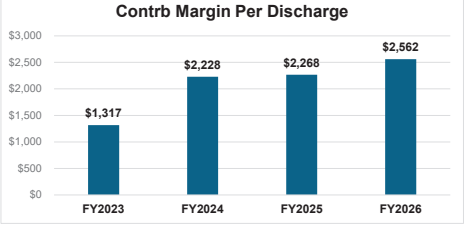
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	12,762	12,494	11,415	11,111	▼ -3%	
Net Revenue	$140,239,771	$148,831,184	$148,147,797	$150,827,977	▲ 2%	
Additional Reimb	$15,382,644	$13,577,405	$14,907,980	$14,203,615	▼ -5%	
Direct Cost	$123,436,600	$120,990,018	$122,256,331	$122,364,581	▶ 0%	
Contribution Margin	$16,803,171	$27,841,166	$25,891,466	$28,463,396	▲ 10%	
Indirect Cost	$34,512,186	$31,910,378	$34,117,779	$32,319,523	▼ -5%	
Net Income	($17,709,015)	($4,069,212)	($8,226,313)	($3,856,127)	▲ 53%	
Net Revenue Per Discharge	$10,989	$11,912	$12,978	$13,575	▲ 5%	
Add Reimb Per Discharge	$1,205	$1,087	$1,306	$1,278	▼ -2%	
Direct Cost Per Discharge	$9,672	$9,684	$10,710	$11,013	▲ 3%	
Contrb Margin Per Discharge	$1,317	$2,228	$2,268	$2,562	▲ 13%	
CM w/o Add Reim Per Discharge	$111	$1,142	$962	$1,283	▲ 33%	

GRAPHS









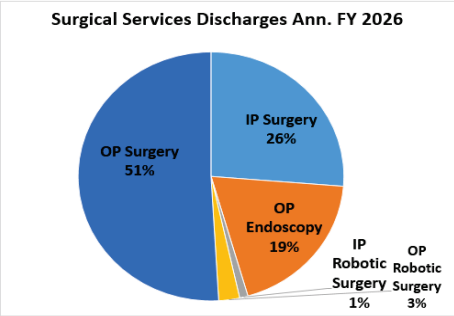
KAWEAH HEALTH ANNUAL BOARD REPORT

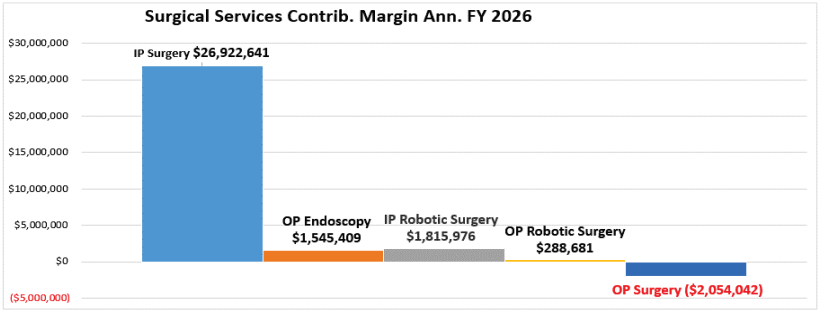
Surgical Services - Summary

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

ADDITIONAL GRAPHS





Notes:
Source: Inpatient and Outpatient Service Line Reports
Criteria: Inpatient Surgeries, Outpatient Surgeries and Endoscopy
Criteria: specific selection for each Service Line (noted on the individual Service Line Tabs)

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Surgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
3,008	$105,132,057	$76,393,440	$28,738,617	$8,406,047
▲ 3%	▶ 0%	▶ 0%	▲ 2%	▲ 29%

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

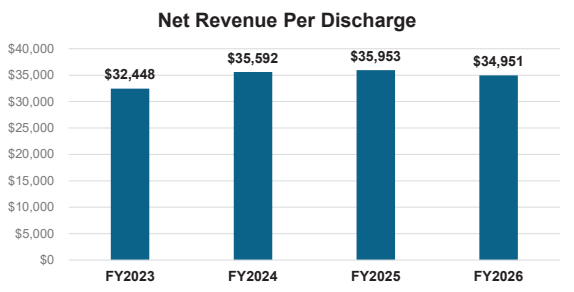
METRICS BY SERVICE LINE - FY 2026 ANNUALIZED THROUGH MARCH

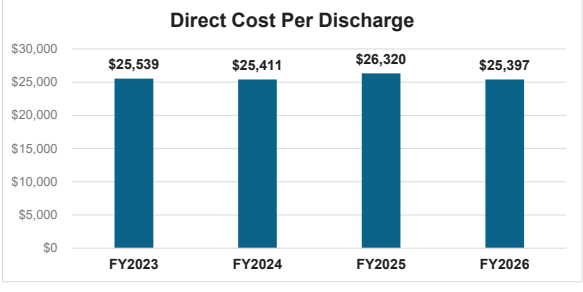
SERVICE LINE	PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Inpatient Orthopedics	1,053	$35,117,290	$25,683,732	$9,433,559	$3,428,583
Inpatient General Surgery	852	$27,314,976	$18,413,953	$8,901,024	$3,473,900
Inpatient Vascular Surgery	363	$12,003,063	$8,667,009	$3,336,054	$930,784
Inpatient Robotic Surgery	113	$3,808,896	$1,992,921	$1,815,976	$1,169,549
Inpatient Trauma MSDRGs	71	$4,005,694	$2,593,724	$1,411,971	$696,338
Inpatient Thoracic Surgery	40	$7,822,840	$6,455,457	$1,367,383	($376,660)
Inpatient Urology	163	$3,690,165	$2,915,409	$774,755	($98,904)
Inpatient Surgery in Other SLs	236	$7,633,102	$7,000,748	$632,354	($1,155,626)
Inpatient Neurosurgery	41	$2,513,823	$1,916,693	$597,130	$107,199
Inpatient Gynecology	76	$1,222,208	$753,796	$468,412	$230,884
Inpatient Surgery Summary	3,008	$105,132,057	$76,393,440	$28,738,617	$8,406,047

*Annualized

METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	3,063	2,919	2,913	3,008	▲ 3%	
Patient Days	21,840	20,912	19,457	18,925	▼ -3%	
ALOS	7.13	7.16	6.68	6.29	▼ -6%	
GM LOS	6.13	6.00	6.05	5.88	▼ -3%	
Net Revenue	$99,387,179	$103,893,992	$104,730,742	########## ##	▶ 0%	
Additional Reimb	$15,228,503	$13,368,181	$14,564,989	########## ###	▼ -6%	
Direct Cost	$78,226,605	$74,175,190	$76,671,059	########## ###	▶ 0%	
Contribution Margin	$21,160,574	$29,718,802	$28,059,682	########## ###	▲ 2%	
Indirect Cost	$22,038,406	$20,168,944	$21,568,007	########## ###	▼ -6%	
Net Income	($877,832)	$9,549,858	$6,491,676	######### ####	▲ 29%	
Net Revenue Per Discharge	$32,448	$35,592	$35,953	$34,951	▼ -3%	
Add Reimb Per Discharge	$4,972	$4,580	$5,000	$4,551	▼ -9%	
Direct Cost Per Discharge	$25,539	$25,411	$26,320	$25,397	▼ -4%	
Contrb Margin Per Discharge	$6,908	$10,181	$9,633	$9,554	▼ -1%	
CM w/o Add Reim Per Discharg	$1,937	$5,601	$4,633	$5,003	▲ 8%	

GRAPHS



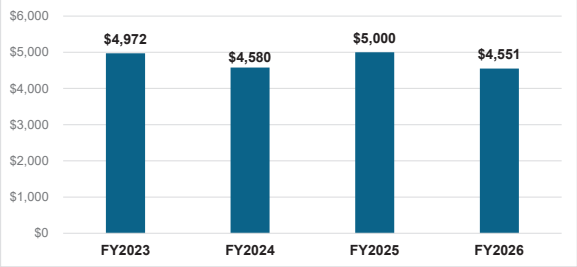


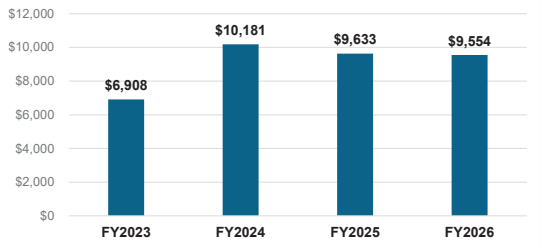
KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Surgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

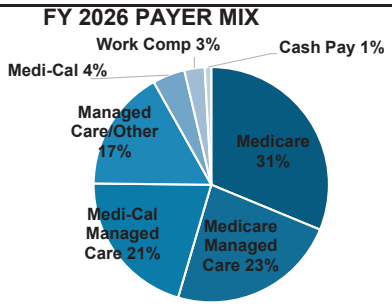


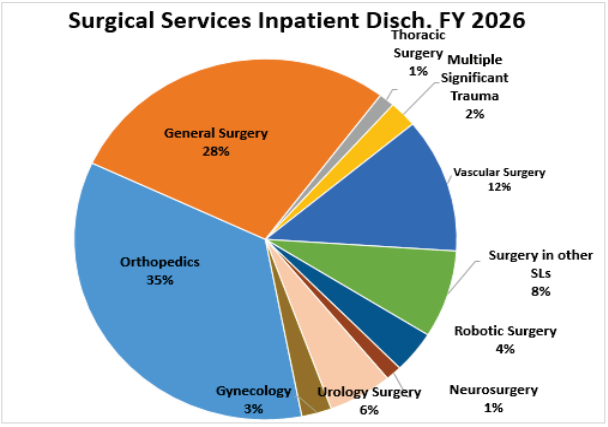


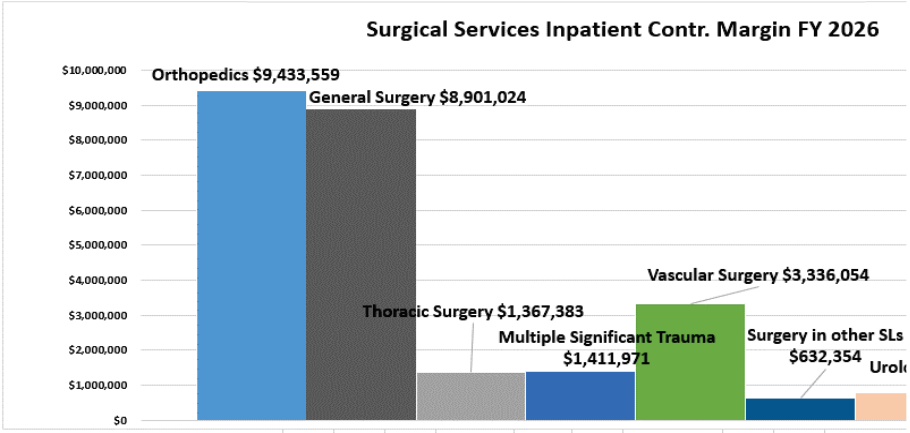
PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

*Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Medicare	31%	31%	31%	31%
Medicare Managed Care	19%	20%	22%	23%
Medi-Cal Managed Care	25%	22%	23%	21%
Managed Care/Other	17%	18%	15%	17%
Medi-Cal	5%	6%	5%	4%
Work Comp	2%	2%	3%	3%
Cash Pay	0%	1%	1%	1%







KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Outpatient Surgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

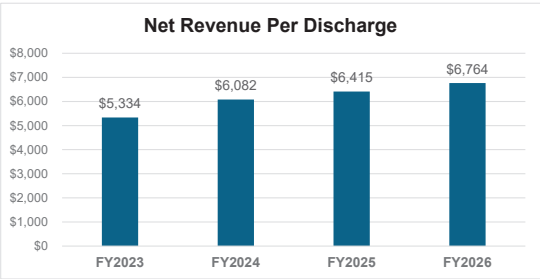
PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
5,703	$38,571,257	$40,680,567	($2,109,310)	($12,634,100)
▲ 2%	▲ 7%	▲ 1%	▲ 51%	▲ 17%

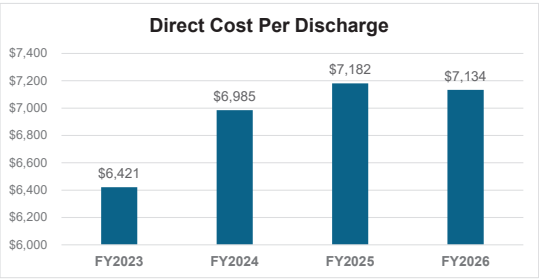
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

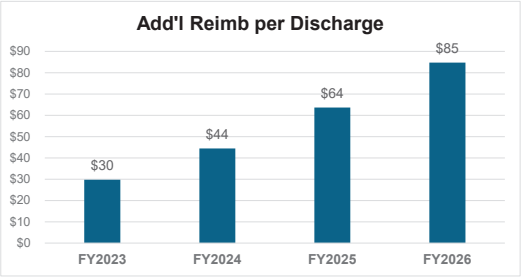
METRICS SUMMARY - 4 YEAR TREND

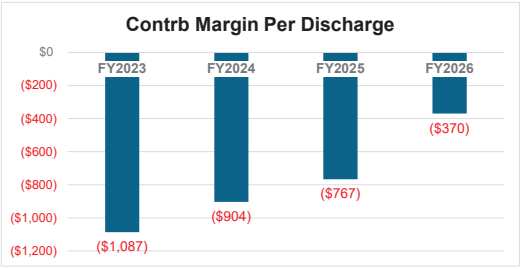
METRIC	FY2023	FY2024	FY2025	Annualized FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	6,300	5,901	5,614	5,703	▲ 2%	
Net Revenue	$33,603,072	$35,889,332	$36,012,930	$38,571,257	▲ 7%	
Additional Reimb	$151,046	$204,493	$327,164	$483,294	▲ 48%	
Direct Cost	$40,452,418	$41,221,330	$40,317,185	$40,680,567	▲ 1%	
Contribution Margin	($6,849,346)	($5,331,998)	($4,304,256)	($2,109,310)	▲ 51%	
Indirect Cost	$10,776,979	$10,186,653	$10,954,847	$10,524,790	▼ -4%	
Net Income	($17,626,325)	($15,518,651)	($15,259,103)	($12,634,100)	▲ 17%	
Net Revenue Per Discharge	$5,334	$6,082	$6,415	$6,764	▲ 5%	
Add Reimb Per Discharge	$30	$44	$64	$85	▲ 33%	
Direct Cost Per Discharge	$6,421	$6,985	$7,182	$7,134	▼ -1%	
Contrb Margin Per Discharge	($1,087)	($904)	($767)	($370)	▲ 52%	
CM w/o Add Reim Per Discharg	($1,117)	($948)	($830)	($455)	▲ 45%	

PER CASE TRENDED GRAPHS









KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Outpatient Surgery

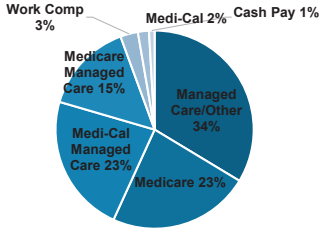
FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

PAYER MIX - 4 YEAR TREND (Patient Volumes) *Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Managed Care/Other	35%	34%	35%	34%
Medicare	23%	22%	22%	23%
Medi-Cal Managed Care	23%	23%	24%	23%
Medicare Managed Care	14%	16%	14%	15%
Work Comp	2%	2%	3%	3%
Medi-Cal	2%	2%	2%	2%
Cash Pay	1%	1%	1%	1%

FY 2026 PAYER MIX



	2024					2025					2026			
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer % Mix	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer % Mix	Volume	Net Rev Per Case	Direct Cost Per Case	Cor Mar Ca
Kaweah Health Outpatient Services														
O/P Surgery														
Mgd. Care/Other	1,986	$7,121	$6,396	$725	33.66%	1,951	$7,553	$7,044	$509	34.75%	1,439	$7,719	$6,900	
MEDICARE	1,322	$8,117	$7,506	$611	22.40%	1,249	$8,657	$7,346	$1,311	22.25%	991	$9,336	$7,486	
Medi-Cal Managed Care	1,357	$1,285	$6,541	($5,256)	23.00%	1,345	$1,554	$6,968	($5,415)	23.96%	971	$1,641	$7,029	(
Medicare Managed Care	926	$8,444	$8,070	$374	15.69%	790	$8,575	$7,334	$1,241	14.07%	637	$8,945	$7,202	
Work Comp	146	$8,117	$6,684	$1,433	2.47%	153	$8,842	$7,625	$1,217	2.73%	123	$8,882	$6,721	
MEDI-CAL	129	$1,842	$7,752	($5,910)	2.19%	88	$2,150	$8,271	($6,121)	1.57%	77	$1,980	$7,849	(
Cash Pay	35	$857	$7,707	($6,851)	0.59%	38	$1,558	$8,904	($7,346)	0.68%	39	$862	$8,191	(
Grand Total	**5,901**	**$6,082**	**$6,985**	**($904)**	**100.00%**	**5,614**	**$6,415**	**$7,182**	**($767)**	**100.00%**	**4,277**	**$6,764**	**$7,134**	

Criteria: Outpatient Service Line is O/P Surgery.

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Outpatient Endoscopy

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
2,121	$4,999,350	$3,453,941	$1,545,409	$698,221
▼ -20%	▼ -10%	▼ -3%	▼ -23%	▼ -31%

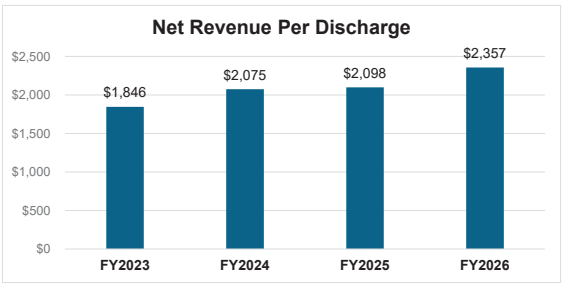
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

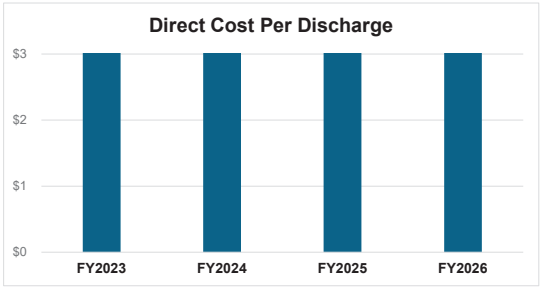
METRICS SUMMARY - 4 YEAR TREND

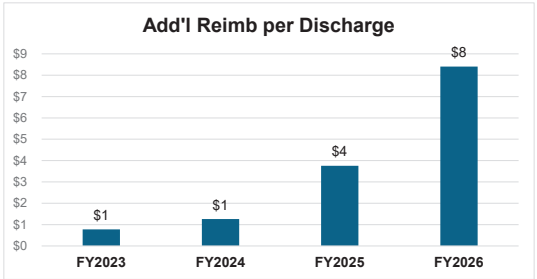
*Annualized

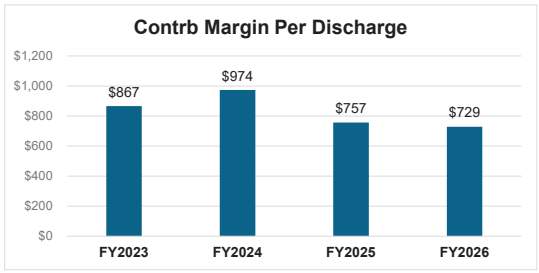
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	3,125	3,393	2,655	2,121	▼ -20%	
Net Revenue	$5,768,261	$7,041,574	$5,570,131	$4,999,350	▼ -10%	
Additional Reimb	$1,939	$2,631	$9,539	$18,539	▲ 94%	
Direct Cost	$3,060,403	$3,737,195	$3,561,022	$3,453,941	▼ -3%	
Contribution Margin	$2,707,858	$3,304,379	$2,009,109	$1,545,409	▼ -23%	
Indirect Cost	$1,014,583	$966,892	$1,003,677	$847,187	▼ -16%	
Net Income	$1,693,275	$2,337,487	$1,005,432	$698,221	▼ -31%	
Net Revenue Per Discharge	$1,846	$2,075	$2,098	$2,357	▲ 12%	
Add Reimb Per Discharge	$1	$1	$4	$8	▲ 123%	
Direct Cost Per Discharge	$979	$1,101	$1,341	$1,628	▲ 21%	
Contrb Margin Per Discharge	$867	$974	$757	$729	▼ -4%	
CM w/o Add Reim Per Discharge	$866	$973	$753	$720	▼ -4%	

PER CASE TRENDED GRAPHS





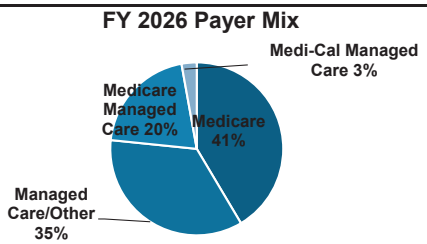




PAYER MIX - 4 YEAR TREND (Patient Volumes)

*Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Medicare	31%	28%	37%	41%
Managed Care/Other	50%	50%	41%	35%
Medicare Managed Care	17%	20%	20%	20%
Medi-Cal Managed Care	2%	1%	2%	3%



	2024				2025				2026			
	Net Rev	Direct Cost	Contrib Marg	Payer	Net Rev	Direct Cost	Contrib Marg	Payer	Net Rev	Direct Cost	Contrib Marg	Payer

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Surgical Services - Outpatient Endoscopy

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

		Case	Case	Case			Case	Case	Case			Case	Case	Case	
Kaweah Health Outpatient Services															
Endoscopy															
MEDICARE	967	$1,589	$1,202	$387	28.50%	989	$1,815	$1,421	$395	37.25%	658	$2,173	$1,710	$462	41.36%
Mgd. Care/Other	1,707	$2,559	$986	$1,572	50.31%	1,089	$2,551	$1,199	$1,352	41.02%	558	$2,799	$1,459	$1,341	35.07%
Medicare Managed Care	666	$1,654	$1,242	$412	19.63%	520	$1,864	$1,472	$392	19.59%	326	$2,198	$1,669	$529	20.49%
Medi-Cal Managed Care	45	$349	$1,070	($721)	1.33%	53	$458	$1,481	($1,023)	2.00%	45	$827	$2,218	($1,390)	2.83%
MEDI-CAL	1	$68	$695	($627)	0.03%	3	$246	$1,714	($1,468)	0.11%	2	$817	$2,766	($1,948)	0.13%
Cash Pay	6	$3,107	$2,341	$767	0.18%	1	$2,971	$1,739	$1,232	0.04%	2	$1,200	$791	$409	0.13%
Work Comp	1	$1,508	$754	$754	0.03%					0.00%					0.00%
Grand Total	**3,393**	**$2,075**	**$1,101**	**$974**	**100.00%**	**2,655**	**$2,098**	**$1,341**	**$757**	**100.00%**	**1,591**	**$2,357**	**$1,628**	**$729**	**100.00%**

Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line is Endoscopy

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - General Surgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

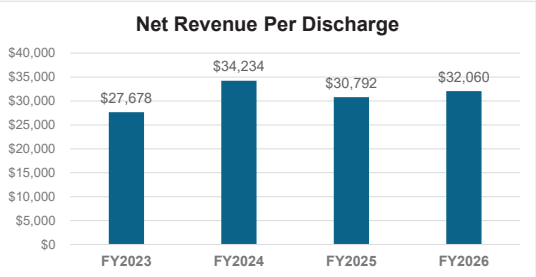
PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
852	$27,314,976	$18,413,953	$8,901,024	$3,473,900
▼ -2%	▲ 2%	▶ 0%	▲ 23%	▲ 230%

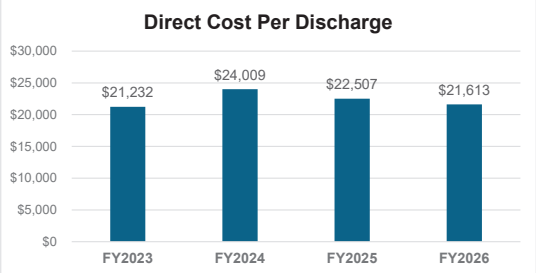
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

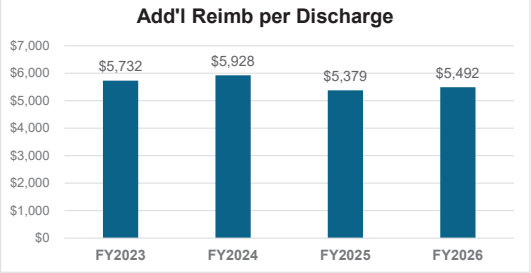
METRICS SUMMARY - 4 YEAR TREND

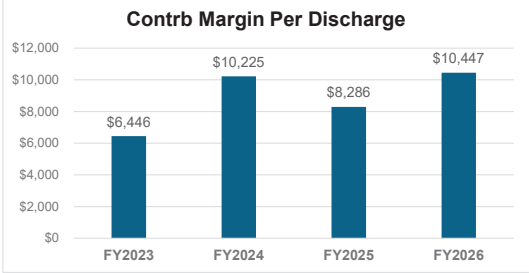
METRIC	FY2023	FY2024	FY2025 Annualized	FY2026 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	991	891	873	852	▼ -2%	
Patient Days	7,261	7,217	6,138	5,385	▼ -12%	
ALOS	7.3	8.1	7.0	6.3	▼ -10%	
GM LOS	5.3	5.3	5.4	5.4	▶ 0%	
Net Revenue	$27,428,753	$30,502,207	$26,881,820	$27,314,976	▲ 2%	
Additional Reimb	$5,680,162	$5,281,618	$4,695,497	$4,679,168	▶ 0%	
Direct Cost	$21,040,488	$21,392,105	$19,648,520	$18,413,953	▼ -6%	
Contribution Margin	$6,388,265	$9,110,102	$7,233,300	$8,901,024	▲ 23%	
Indirect Cost	$6,692,637	$6,473,858	$6,180,039	$5,427,123	▼ -12%	
Net Income	($304,372)	$2,636,243	$1,053,261	$3,473,900	▲ 230%	
Net Revenue Per Discharge	$27,678	$34,234	$30,792	$32,060	▲ 4%	
Add Reimb Per Discharge	$5,732	$5,928	$5,379	$5,492	▲ 2%	
Direct Cost Per Discharge	$21,232	$24,009	$22,507	$21,613	▼ -4%	
Contrb Margin Per Discharge	$6,446	$10,225	$8,286	$10,447	▲ 26%	
CM w/o Add Reim Per Discharg	$715	$4,297	$2,907	$4,955	▲ 70%	

PER CASE TRENDED GRAPHS







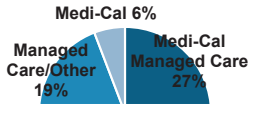


PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

*Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Medi-Cal Managed Care	29%	27%	29%	27%
Medicare	24%	25%	28%	24%
Medicare Managed Care	14%	18%	18%	23%

FY 2026 PAYER MIX



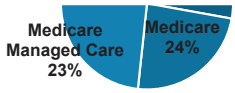
KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - General Surgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

Managed Care/Other	**23%**	**20%**	**18%**	**19%**
Medi-Cal	**9%**	**9%**	**5%**	**6%**



	2024					2025					2026				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix
Kaweah Health Medical Center															
GENERAL SURGERY															
Medi-Cal Managed Care	258	$36,378	$22,360	$14,018	27.41%	264	$40,887	$21,972	$18,916	28.79%	191	$40,214	$20,201	$20,013	27.36%
MEDICARE	210	$29,163	$24,567	$4,597	25.00%	212	$28,371	$26,255	$2,116	28.18%	150	$29,688	$22,160	$7,528	23.66%
Medicare Managed Care	140	$30,457	$26,109	$4,348	17.04%	151	$26,198	$22,912	$3,286	17.95%	132	$28,308	$24,263	$4,045	23.09%
Mgd. Care/Other	214	$30,979	$18,898	$12,081	19.87%	181	$27,939	$19,075	$8,864	17.88%	133	$28,586	$19,104	$9,482	18.91%
MEDI-CAL	55	$68,855	$45,223	$23,633	9.54%	41	$24,034	$22,959	$1,075	5.09%	22	$34,394	$32,701	$1,693	5.75%
Cash Pay	8	$850	$12,354	($11,504)	0.48%	23	$1,532	$16,752	($15,220)	1.95%	9	$1,189	$15,061	($13,872)	1.03%
Work Comp	6	$50,833	$29,770	$21,063	0.66%	1	$39,261	$43,026	($3,764)	0.17%	2	$23,064	$14,758	$8,306	0.20%
Grand Total	**891**	**$34,234**	**$24,009**	**$10,225**	**100.00%**	**873**	**$30,792**	**$22,507**	**$8,286**	**100.00%**	**639**	**$32,060**	**$21,613**	**$10,447**	**100.00%**

Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Service Line is General Surgery, Surgery Flag= 1 and DaVinci Flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Orthopedic Surgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
1,053	$35,117,290	$25,683,732	$9,433,559	$3,428,583
▲ 3%	▶ 0%	▶ 0%	▲ 1%	▲ 8%

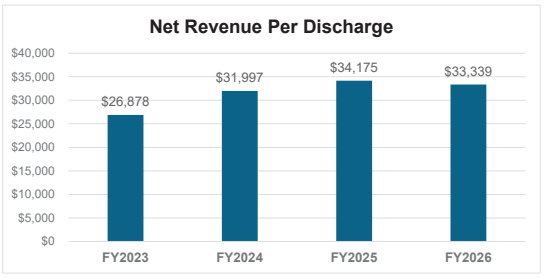
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

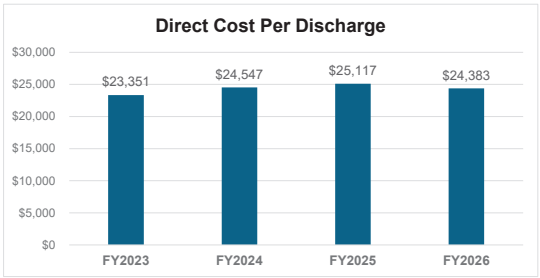
METRICS SUMMARY - 4 YEAR TREND

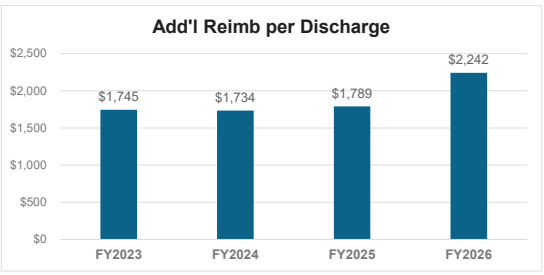
*Annualized

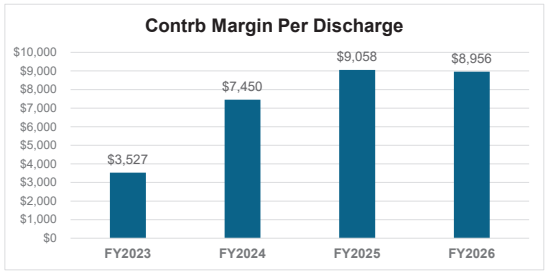
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	1,058	916	1,027	1,053	▲ 3%	
Patient Days	5,327	4,645	4,988	5,180	▲ 4%	
ALOS	5.0	5.1	4.9	4.9	▲ 1%	
GM LOS	3.5	3.8	3.8	3.9	▲ 2%	
Net Revenue	$28,437,107	$29,309,344	$35,097,365	$35,117,290	▶ 0%	
Additional Reimb	$1,845,794	$1,588,066	$1,837,766	$2,361,357	▲ 28%	
Direct Cost	$24,705,245	$22,484,829	$25,794,847	$25,683,732	▶ 0%	
Contribution Margin	$3,731,863	$6,824,515	$9,302,518	$9,433,559	▲ 1%	
Indirect Cost	$5,737,761	$4,859,477	$6,120,442	$6,004,976	▼ -2%	
Net Income	($2,005,899)	$1,965,039	$3,182,075	$3,428,583	▲ 8%	
Net Revenue Per Discharge	$26,878	$31,997	$34,175	$33,339	▼ -2%	
Add Reimb Per Discharge	$1,745	$1,734	$1,789	$2,242	▲ 25%	
Direct Cost Per Discharge	$23,351	$24,547	$25,117	$24,383	▼ -3%	
Contrb Margin Per Discharge	$3,527	$7,450	$9,058	$8,956	▼ -1%	
CM w/o Add Reim Per Discharge	$1,783	$5,717	$7,269	$6,714	▼ -8%	

PER CASE TRENDED GRAPHS





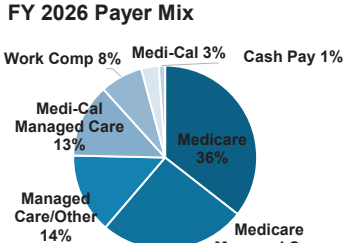




PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

*Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Medicare	35%	38%	35%	36%
Medicare Managed Care	25%	23%	29%	26%
Managed Care/Other	16%	18%	15%	14%
Medi-Cal Managed Care	16%	13%	11%	13%
Work Comp	4%	4%	6%	8%
Medi-Cal	3%	3%	3%	3%



KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

Cash Pay	**1%**	**1%**	**1%**	**1%**	**26%**

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Orthopedic Surgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

	2024					2025					2026				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix
Kaweah Health Medical Center															
ORTHOPEDICS															
MEDICARE	361	$29,958	$23,559	$6,400	38.23%	376	$32,460	$24,178	$8,282	35.41%	295	$30,078	$23,829	$6,249	35.55%
Medicare Managed Care	201	$26,801	$25,199	$1,602	22.56%	284	$29,459	$26,776	$2,682	29.03%	195	$29,071	$25,692	$3,379	25.71%
Mgd. Care/Other	155	$37,989	$27,439	$10,550	18.22%	139	$43,537	$26,892	$16,645	14.59%	109	$38,505	$23,876	$14,628	14.09%
Medi-Cal Managed Care	131	$34,504	$21,921	$12,582	12.96%	129	$39,728	$22,094	$17,634	11.17%	104	$43,805	$24,016	$19,789	12.96%
Work Comp	35	$48,088	$30,130	$17,958	4.39%	49	$49,686	$30,673	$19,013	5.95%	50	$49,181	$27,084	$22,097	7.51%
MEDI-CAL	26	$38,186	$22,482	$15,705	2.86%	43	$21,058	$20,004	$1,053	3.29%	27	$20,586	$21,188	($602)	3.07%
Cash Pay	7	$3,322	$21,634	($18,312)	0.78%	7	$1,374	$21,151	($19,777)	0.56%	10	$2,846	$19,691	($16,845)	1.11%
Grand Total	**916**	**$31,997**	**$24,547**	**$7,450**	**100.00%**	**1,027**	**$34,175**	**$25,117**	**$9,058**	**100.00%**	**790**	**$33,339**	**$24,383**	**$8,956**	**100.00%**

Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Service Line is Orthopedics, Surgery Flag= 1 and DaVinci Flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Vascular Surgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
363	$12,003,063	$8,667,009	$3,336,054	$930,784
▲ 12%	▲ 23%	▲ 23%	▲ 22%	▲ 55%

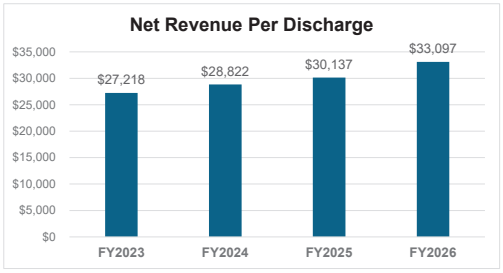
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

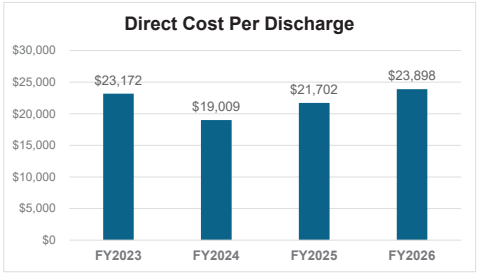
METRICS SUMMARY - 4 YEAR TREND

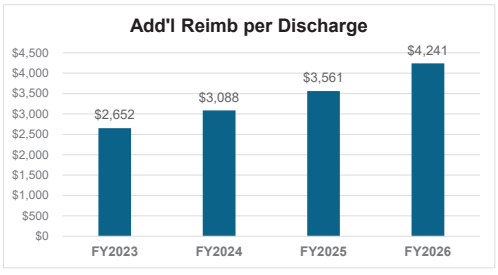
*Annualized

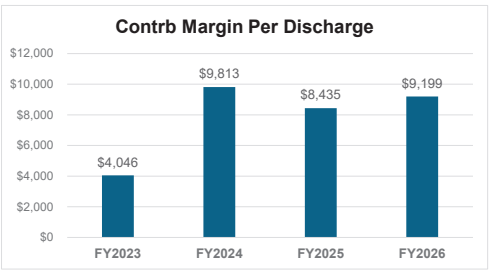
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	324	340	325	363	▲ 12%	
Patient Days	2,750	2,335	2,276	2,572	▲ 13%	
ALOS	8.49	6.87	7.00	7.09	▲ 1%	
GM LOS	5.35	4.86	5.10	5.17	▲ 1%	
Net Revenue	$8,818,696	$9,799,382	$9,794,612	##########	▲ 23%	
Additional Reimb	$859,395	$1,049,782	$1,157,370	$1,537,929	▲ 33%	
Direct Cost	$7,507,726	$6,462,981	$7,053,075	$8,667,009	▲ 23%	
Contribution Margin	$1,310,970	$3,336,401	$2,741,536	$3,336,054	▲ 22%	
Indirect Cost	$2,242,241	$1,841,855	$2,139,663	$2,405,270	▲ 12%	
Net Income	($931,271)	$1,494,546	$601,873	$930,784	▲ 55%	
Net Revenue Per Discharge	$27,218	$28,822	$30,137	$33,097	▲ 10%	
Add Reimb Per Discharge	$2,652	$3,088	$3,561	$4,241	▲ 19%	
Direct Cost Per Discharge	$23,172	$19,009	$21,702	$23,898	▲ 10%	
Contrb Margin Per Discharge	$4,046	$9,813	$8,435	$9,199	▲ 9%	
CM w/o Add Reim Per Discharge	$1,394	$6,725	$4,874	$4,958	▲ 2%	

PER CASE TRENDED GRAPHS





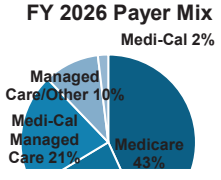




PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

*Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Medicare	45%	36%	39%	43%
Medicare Managed Care	22%	28%	30%	23%
Medi-Cal Managed Care	19%	23%	20%	21%
Managed Care/Other	11%	10%	9%	10%



KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Surgical Services - Inpatient Vascular Surgery

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

Medi-Cal	**3%**	**3%**	**2%**	**2%**

	2024					2025					2026				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mi
Kaweah Health Medical Center															
VASCULAR SURGERY															
MEDICARE	126	$25,447	$18,018	$7,429	36.06%	126	$27,323	$21,338	$5,985	38.76%	112	$28,931	$24,806	$4,125	43.15%
Medicare Managed Care	95	$24,174	$19,001	$5,173	28.27%	96	$23,777	$21,693	$2,084	30.02%	68	$25,808	$21,991	$3,817	23.17%
Medi-Cal Managed Care	75	$38,010	$20,550	$17,461	22.91%	59	$47,671	$24,424	$23,247	19.57%	54	$50,210	$25,910	$24,300	21.43%
Mgd. Care/Other	35	$30,162	$18,617	$11,545	9.97%	35	$29,500	$18,055	$11,446	9.04%	31	$37,876	$22,314	$15,562	10.24%
MEDI-CAL	9	$43,339	$21,645	$21,694	2.79%	7	$26,346	$24,902	$1,444	2.22%	6	$20,145	$21,405	($1,259)	1.91%
Cash Pay					0.00%					0.00%	1	$683	$7,299	($6,617)	0.09%
Work Comp					0.00%	2	$19,925	$17,332	$2,593	0.39%					0.00%
Grand Total	**340**	**$28,822**	**$19,009**	**$9,813**	**100.00%**	**325**	**$30,137**	**$21,702**	**$8,435**	**100.00%**	**272**	**$33,097**	**$23,898**	**$9,199**	**100.00%**

Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Service Line is Vascular Surgery, Surgery Flag= 1 and DaVinci Flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Multiple Significant Trauma Service Line*

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
71	$4,005,694	$2,593,724	$1,411,971	$696,338
▼ -21%	▼ -47%	▼ -49%	▼ -43%	▼ -34%

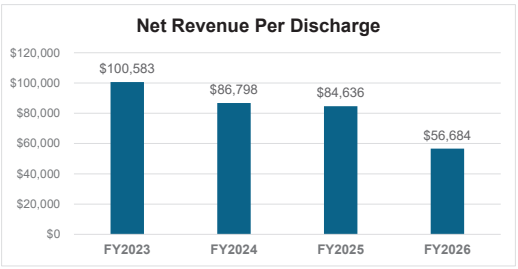
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

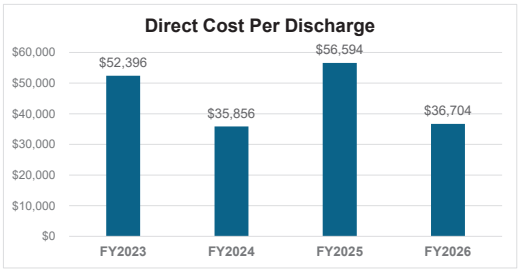
METRICS SUMMARY - 4 YEAR TREND

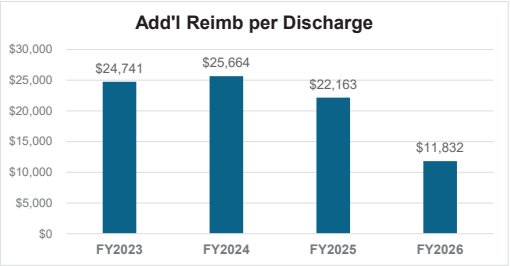
*Annualized

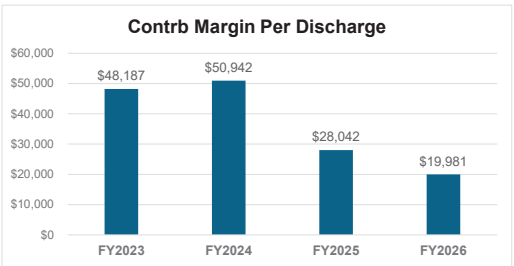
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	72	66	89	71	▼ -21%	
Patient Days	772	621	1,346	583	▼ -57%	
ALOS	10.72	9.41	15.12	8.25	▼ -45%	
GM LOS	7.60	7.40	7.50	7.23	▼ -4%	
Net Revenue	$7,241,972	$5,728,672	$7,532,597	$4,005,694	▼ -47%	
Additional Reimb	$1,781,327	$1,693,820	$1,972,502	$836,146	▼ -58%	
Direct Cost	$3,772,492	$2,366,494	$5,036,893	$2,593,724	▼ -49%	
Contribution Margin	$3,469,480	$3,362,178	$2,495,704	$1,411,971	▼ -43%	
Indirect Cost	$1,066,781	$696,812	$1,438,304	$715,632	▼ -50%	
Net Income	$2,402,699	$2,665,365	$1,057,400	$696,338	▼ -34%	
Net Revenue Per Discharge	$100,583	$86,798	$84,636	$56,684	▼ -33%	
Add Reimb Per Discharge	$24,741	$25,664	$22,163	$11,832	▼ -47%	
Direct Cost Per Discharge	$52,396	$35,856	$56,594	$36,704	▼ -35%	
Contrb Margin Per Discharge	$48,187	$50,942	$28,042	$19,981	▼ -29%	
CM w/o Add Reim Per Discharg	$23,447	$25,278	$5,879	$8,148	▲ 39%	

PER CASE TRENDED GRAPHS





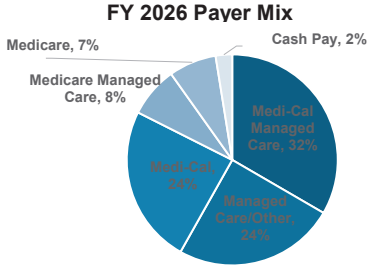




PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

*Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Medi-Cal Managed Care	45%	45%	48%	32%
Managed Care/Other	27%	21%	22%	24%
Medi-Cal	13%	17%	19%	24%
Medicare Managed Care	2%	3%	4%	8%
Medicare	8%	8%	6%	7%
Cash Pay	3%	1%	0%	2%



KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Surgical Services - Multiple Significant Trauma Service Line*

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

	2024					2025					2026				
TRAUMA	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mi
Kaweah Health Medical Center															
Medi-Cal Managed Care	25	$84,569	$41,935	$42,634	44.55%	35	$116,877	$67,006	$49,871	48.42%	15	$76,294	$40,774	$35,520	32.40%
Mgd. Care/Other	13	$94,115	$39,091	$55,024	21.49%	26	$76,121	$41,492	$34,629	22.45%	12	$62,057	$37,622	$24,436	24.06%
MEDI-CAL	11	$142,047	$36,191	$105,856	16.63%	14	$63,781	$81,320	($17,539)	19.13%	11	$48,156	$46,535	$1,621	23.55%
Medicare Managed Care	4	$33,064	$16,567	$16,497	3.05%	5	$43,539	$33,502	$10,038	3.69%	5	$38,223	$26,222	$12,001	7.51%
MEDICARE	9	$40,828	$23,061	$17,767	7.83%	8	$43,721	$35,897	$7,824	5.91%	7	$40,512	$21,649	$18,864	7.09%
Work Comp	3	$108,241	$35,790	$72,451	5.17%					0.00%	1	$105,970	$47,123	$58,848	2.93%
Cash Pay	1	$4,002	$30,636	($26,634)	1.26%	1	$2,363	$19,728	($17,366)	0.41%	2	$2,393	$20,281	($17,888)	2.46%
Grand Total	**66**	**$86,798**	**$35,856**	**$50,942**	**100.00%**	**89**	**$84,636**	**$56,594**	**$28,042**	**100.00%**	**53**	**$56,684**	**$36,704**	**$19,981**	**100.00%**

Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Service Line is Trauma, Surgery Flag= 1 and DaVinci Flag =0
*The Trauma Service Line is not the same thing as Trauma Activations. The Trauma Service Line is based upon MSDRGs.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Surgical Services - Inpatient Thoracic Surgery

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
40	$7,822,840	$6,455,457	$1,367,383	($376,660)
▼ -25%	▼ -20%	▼ -8%	▼ -51%	▼ -162%

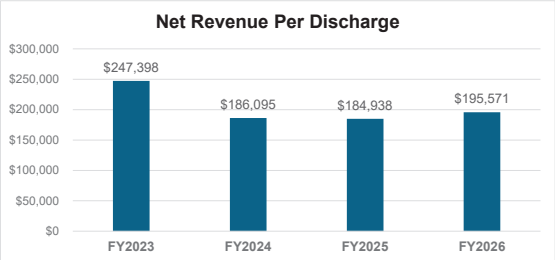
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

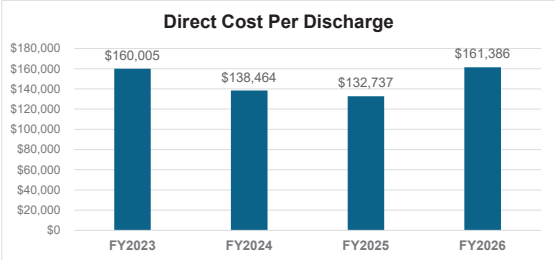
METRICS SUMMARY - 4 YEAR TREND

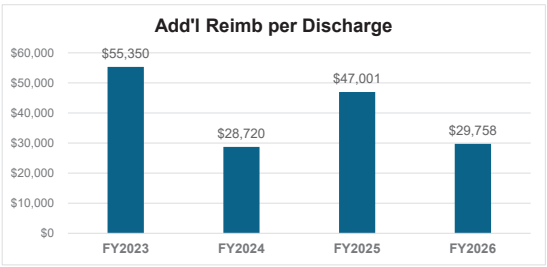
*Annualized

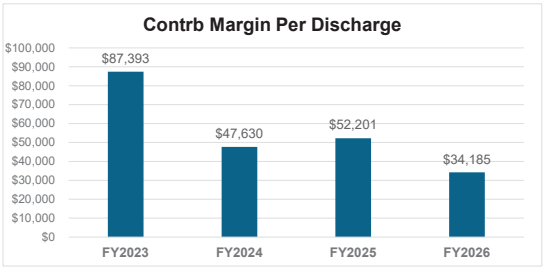
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	47	51	53	40	▼ -25%	
Patient Days	1,880	2,058	1,715	1,537	▼ -10%	
ALOS	40.0	40.4	32.4	38.4	▲ 19%	
GM LOS	20.5	20.0	19.7	18.3	▼ -7%	
Net Revenue	$11,627,711	$9,490,831	$9,801,702	$7,822,840	▼ -20%	
Additional Reimb	$2,601,431	$1,464,697	$2,491,046	$1,190,319	▼ -52%	
Direct Cost	$7,520,254	$7,061,677	$7,035,065	$6,455,457	▼ -8%	
Contribution Margin	$4,107,457	$2,429,154	$2,766,637	$1,367,383	▼ -51%	
Indirect Cost	$2,289,942	$2,216,591	$2,160,955	$1,744,042	▼ -19%	
Net Income	$1,817,515	$212,563	$605,682	($376,660)	▼ -162%	
Net Revenue Per Discharge	$247,398	$186,095	$184,938	$195,571	▲ 6%	
Add Reimb Per Discharge	$55,350	$28,720	$47,001	$29,758	▼ -37%	
Direct Cost Per Discharge	$160,005	$138,464	$132,737	$161,386	▲ 22%	
Contrb Margin Per Discharge	$87,393	$47,630	$52,201	$34,185	▼ -35%	
CM w/o Add Reim Per Discharge	$32,043	$18,911	$5,200	$4,427	▼ -15%	

PER CASE TRENDED GRAPHS





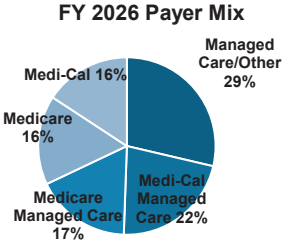




PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

*Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Managed Care/Other	12%	20%	9%	29%
Medi-Cal Managed Care	45%	27%	46%	22%
Medicare Managed Care	19%	7%	1%	17%
Medicare	21%	35%	20%	16%
Medi-Cal	2%	6%	18%	16%



KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Surgical Services - Inpatient Thoracic Surgery

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

	2024					2025					2026				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix
Kaweah Health Medical Center															
THORACIC SURGERY															
Mgd. Care/Other	12	$192,775	$118,359	$74,416	20.23%	5	$155,995	$139,647	$16,348	9.08%	9	$207,121	$143,624	$63,497	28.66%
Medi-Cal Managed Care	15	$223,011	$127,565	$95,445	26.95%	20	$260,013	$157,870	$102,143	45.58%	7	$238,462	$155,097	$83,365	21.90%
Medicare Managed Care	6	$69,806	$89,069	($19,263)	7.34%	3	$32,456	$28,733	$3,722	1.29%	5	$162,048	$161,029	$1,019	17.39%
MEDICARE	14	$160,500	$174,600	($14,100)	35.04%	16	$121,958	$86,294	$35,664	19.84%	6	$151,414	$127,054	$24,360	16.28%
MEDI-CAL	2	$347,447	$198,119	$149,328	5.61%	7	$163,071	$191,670	($28,599)	18.40%	3	$205,025	$298,610	($93,584)	15.77%
Work Comp	1	$271,319	$129,348	$141,971	1.64%	2	$315,639	$185,415	$130,224	5.80%					0.00%
Cash Pay	1	$200,312	$223,482	($23,170)	3.19%					0.00%					0.00%
Grand Total	**51**	**$186,095**	**$138,464**	**$47,630**	**100.00%**	**53**	**$184,938**	**$132,737**	**$52,201**	**100.00%**	**30**	**$195,571**	**$161,386**	**$34,185**	**100.00%**

Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Service Line is Thoracic Surgery, Surgery Flag= 1 and DaVinci Flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Neurosurgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
41	$2,513,823	$1,916,693	$597,130	$107,199
▼ -8%	▼ -2%	▼ -3%	▶ 0%	▲ 44%

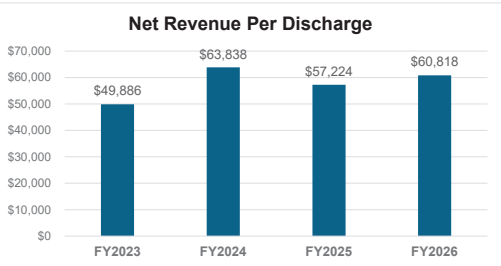
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

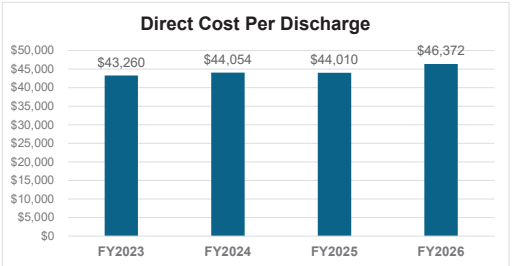
METRICS SUMMARY - 4 YEAR TREND

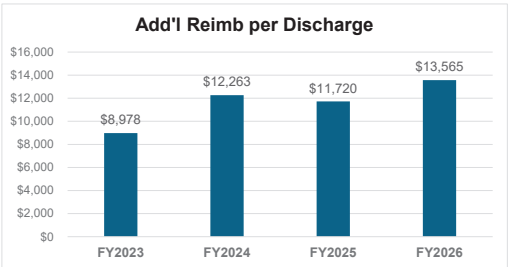
*Annualized

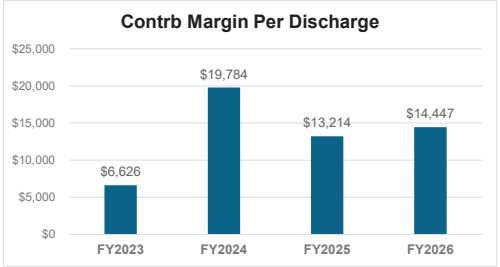
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	76	81	45	41	▼ -8%	
Patient Days	731	1,015	445	472	▲ 6%	
ALOS	9.62	12.53	9.89	11.42	▲ 15%	
GM LOS	5.96	5.67	6.37	4.95	▼ -22%	
Net Revenue	$3,791,370	$5,170,852	$2,575,093	$2,513,823	▼ -2%	
Additional Reimb	$682,364	$993,276	$527,387	$560,693	▲ 6%	
Direct Cost	$3,287,771	$3,568,372	$1,980,453	$1,916,693	▼ -3%	
Contribution Margin	$503,599	$1,602,479	$594,639	$597,130	▶ 0%	
Indirect Cost	$858,171	$943,863	$520,201	$489,931	▼ -6%	
Net Income	($354,571)	$658,616	$74,439	$107,199	▲ 44%	
Net Revenue Per Discharge	$49,886	$63,838	$57,224	$60,818	▲ 6%	
Add Reimb Per Discharge	$8,978	$12,263	$11,720	$13,565	▲ 16%	
Direct Cost Per Discharge	$43,260	$44,054	$44,010	$46,372	▲ 5%	
Contrb Margin Per Discharge	$6,626	$19,784	$13,214	$14,447	▲ 9%	
CM w/o Add Reim Per Discharg	($2,352)	$7,521	$1,494	$882	▼ -41%	

PER CASE TRENDED GRAPHS







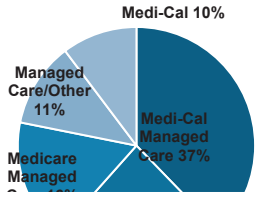


PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

*Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Medi-Cal Managed Care	23%	30%	40%	37%
Medicare	31%	21%	24%	23%
Medicare Managed Care	19%	16%	16%	16%
Managed Care/Other	17%	19%	10%	11%
Medi-Cal	9%	11%	10%	10%

FY 2026 Payer Mix



KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

Work Comp	**0%**	**0%**	**0%**	**2%**

	2024					2025					2026				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mi
Kaweah Health Medical Center															
NEUROSURGERY															
Medi-Cal Managed Care	25	$65,975	$43,105	$22,870	30.31%	16	$73,411	$50,297	$23,114	40.00%	11	$79,862	$45,494	$34,369	37.02%
MEDICARE	16	$47,179	$44,981	$2,198	21.37%	12	$42,904	$40,822	$2,082	24.11%	8	$43,581	$42,144	$1,437	23.33%
Medicare Managed Care	17	$36,657	$31,385	$5,272	16.21%	8	$47,064	$40,053	$7,011	16.09%	6	$43,965	$49,597	($5,633)	16.24%
Mgd. Care/Other	16	$86,538	$41,419	$45,119	18.96%	4	$86,454	$44,173	$42,281	9.53%	3	$58,465	$46,193	$12,273	11.36%
MEDI-CAL	5	$148,137	$102,416	$45,721	11.36%	5	$32,668	$37,745	($5,077)	10.27%	2	$87,390	$62,104	$25,286	10.07%
Work Comp	1	$18,072	$14,403	$3,669	0.33%					0.00%	1	$44,272	$39,567	$4,705	1.98%
Cash Pay	1	$87	$48,325	($48,239)	1.46%					0.00%					0.00%
Grand Total	**81**	**$63,838**	**$44,054**	**$19,784**	**100.00%**	**45**	**$57,224**	**$44,010**	**$13,214**	**100.00%**	**31**	**$60,818**	**$46,372**	**$14,447**	**100.00%**

Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Service Line is Neurosurgery, Surgery Flag= 1 and DaVinci Flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Robotic Surgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

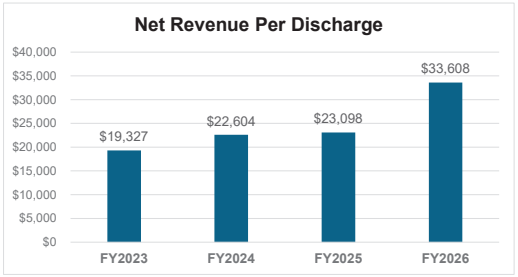
PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
113	$3,808,896	$1,992,921	$1,815,976	$1,169,549
▼ -7%	▲ 35%	▲ 12%	▲ 75%	▲ 185%

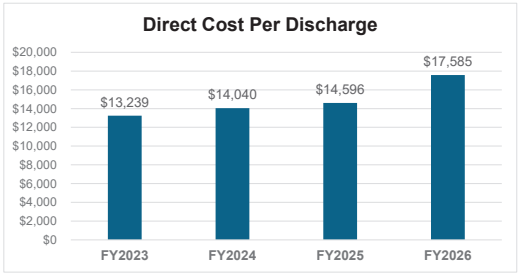
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

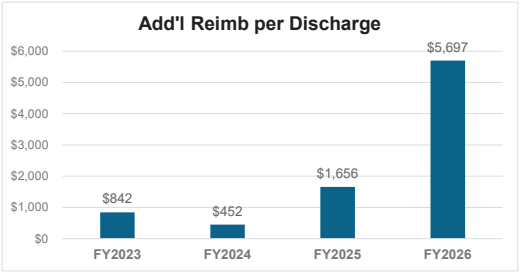
METRICS SUMMARY - 4 YEAR TREND

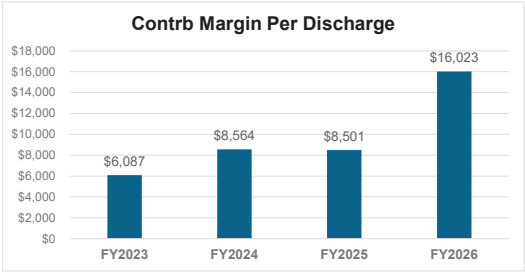
METRIC	FY2023	FY2024	FY2025	FY2026 *Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	110	158	122	113	▼ -7%	
Patient Days	359	571	477	576	▲ 21%	
ALOS	3.26	3.61	3.91	5.08	▲ 30%	
GM LOS	3.53	3.81	4.01	4.80	▲ 20%	
Net Revenue	$2,125,958	$3,571,472	$2,817,897	########## #	▲ 35%	
Additional Reimb	$92,675	$71,490	$201,993	$645,693	▲ 220%	
Direct Cost	$1,456,340	$2,218,333	$1,780,764	########## #	▲ 12%	
Contribution Margin	$669,619	$1,353,139	$1,037,132	########## #	▲ 75%	
Indirect Cost	$558,286	$726,997	$627,090	$646,426	▲ 3%	
Net Income	$111,332	$626,142	$410,042	########## #	▲ 185%	
Net Revenue Per Discharge	$19,327	$22,604	$23,098	$33,608	▲ 46%	
Add Reimb Per Discharge	$842	$452	$1,656	$5,697	▲ 244%	
Direct Cost Per Discharge	$13,239	$14,040	$14,596	$17,585	▲ 20%	
Contrb Margin Per Discharge	$6,087	$8,564	$8,501	$16,023	▲ 88%	
CM w/o Add Reim Per Discharg	$5,245	$8,112	$6,845	$10,326	▲ 51%	

PER CASE TRENDED GRAPHS



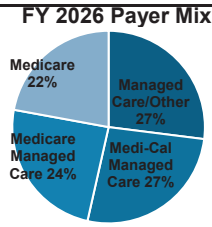






PAYER MIX - 4 YEAR TREND (Patient Volumes)

PAYER	FY2023	FY2024	FY2025	FY2026 *Annualized
Managed Care/Other	34%	32%	35%	27%
Medi-Cal Managed Care	5%	7%	15%	27%
Medicare Managed Care	13%	33%	18%	24%
Medicare	46%	28%	33%	22%



KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Surgical Services - Inpatient Robotic Surgery

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

	2024					2025					2026				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix
Kaweah Health Medical Center															
Mgd. Care/Other	52	$20,086	$13,094	$6,992	31.80%	45	$19,635	$13,132	$6,503	34.74%	28	$20,522	$12,713	$7,808	26.99%
Medi-Cal Managed Care	11	$33,092	$12,871	$20,221	6.81%	15	$37,467	$19,281	$18,185	14.86%	19	$59,207	$23,209	$35,997	26.54%
Medicare Managed Care	45	$26,343	$16,977	$9,366	33.12%	22	$22,584	$14,020	$8,564	17.59%	16	$34,154	$24,662	$9,492	24.35%
MEDICARE	50	$19,551	$12,637	$6,914	28.27%	40	$21,887	$14,804	$7,083	32.81%	22	$27,758	$13,779	$13,978	22.12%
Grand Total	**158**	**$22,604**	**$14,040**	**$8,564**	**100.00%**	**122**	**$23,098**	**$14,596**	**$8,501**	**100.00%**	**85**	**$33,608**	**$17,585**	**$16,023**	**100.00%**

Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Medical Center with Da Vinci Flag =1

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Surgery in other SLs

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
236	$7,633,102	$7,000,748	$632,354	($1,155,626)
▲ 28%	▲ 12%	▲ 19%	▼ -32%	▼ -78%

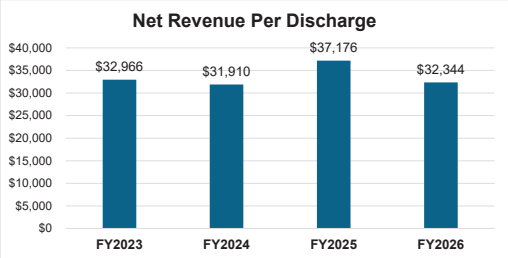
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

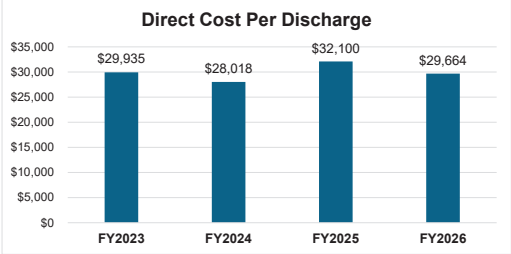
METRICS SUMMARY - 4 YEAR TREND

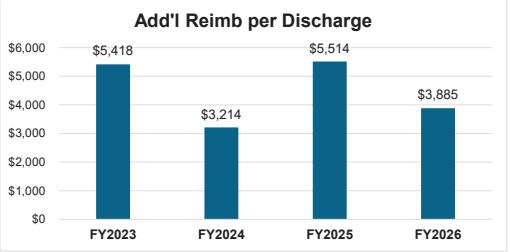
*Annualized

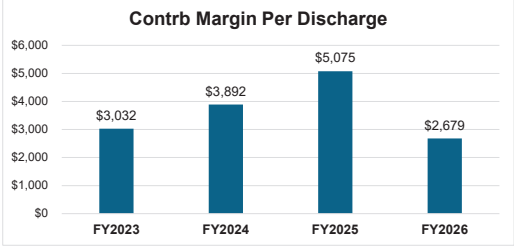
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	210	213	184	236	▲ 28%	
Patient Days	1,866	1,597	1,405	1,567	▲ 12%	
ALOS	8.89	7.50	7.64	6.64	▶ -13%	
GM LOS	3.84	3.66	3.57	3.52	▼ -1%	
Net Revenue	$6,922,929	$6,796,731	$6,840,344	$7,633,102	▲ 12%	
Additional Reimb	$1,137,870	$684,593	$1,014,542	$916,752	▼ -10%	
Direct Cost	$6,286,278	$5,967,728	$5,906,456	$7,000,748	▲ 19%	
Contribution Margin	$636,651	$829,003	$933,887	$632,354	▼ -32%	
Indirect Cost	$1,711,904	$1,574,716	$1,582,199	$1,787,980	▲ 13%	
Net Income	($1,075,253)	($745,713)	($648,311)	($1,155,626)	▼ -78%	
Net Revenue Per Discharge	$32,966	$31,910	$37,176	$32,344	▼ -13%	
Add Reimb Per Discharge	$5,418	$3,214	$5,514	$3,885	▼ -30%	
Direct Cost Per Discharge	$29,935	$28,018	$32,100	$29,664	▼ -8%	
Contrb Margin Per Discharge	$3,032	$3,892	$5,075	$2,679	▼ -47%	
CM w/o Add Reim Per Discharg	($2,387)	$678	($438)	($1,205)	▼ -175%	

PER CASE TRENDED GRAPHS





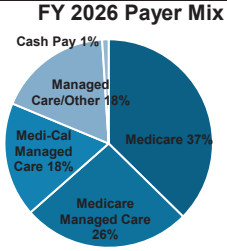




PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

*Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Medicare	37%	30%	26%	37%
Medicare Managed Care	16%	29%	26%	26%
Medi-Cal Managed Care	24%	20%	24%	18%
Managed Care/Other	18%	17%	21%	18%
Cash Pay	0%	0%	0%	1%



KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Surgical Services - Inpatient Surgery in other SLs

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mi
Kaweah Health Medical Center															
MEDICARE	53	$31,830	$30,915	$915	29.75%	39	$30,042	$36,591	($6,550)	25.76%	50	$27,110	$38,016	($10,906)	37.22%
Medicare Managed Care	41	$48,507	$44,718	$3,790	29.26%	36	$47,417	$43,690	$3,727	26.34%	28	$53,591	$47,637	$5,954	26.07%
Medi-Cal Managed Care	68	$24,441	$18,392	$6,049	20.25%	56	$41,566	$27,210	$14,355	24.41%	49	$31,962	$19,727	$12,235	17.70%
Mgd. Care/Other	40	$28,314	$24,768	$3,546	16.84%	45	$32,460	$27,248	$5,213	20.78%	42	$30,109	$23,084	$7,025	17.67%
Cash Pay	1	$0	$8,591	($8,591)	0.13%					0.00%	6	$3,610	$9,470	($5,861)	1.00%
MEDI-CAL	10	$32,638	$24,583	$8,054	3.76%	7	$15,178	$17,550	($2,372)	2.03%	2	$8,214	$11,485	($3,271)	0.35%
Work Comp					0.00%	1	$67,062	$33,758	$33,304	0.68%					0.00%
Grand Total	**213**	**$31,910**	**$28,018**	**$3,892**	**100.00%**	**184**	**$37,176**	**$32,100**	**$5,075**	**100.00%**	**177**	**$32,344**	**$29,664**	**$2,679**	**100.00%**

Notes:

Source: Inpatient Service Line Report

Selection Criteria: Inpatient Service Lines excluding General Surgery, Gynecology, Neurosurgery, Orthopedics, Thoracic Surgery, Trauma, Urology and Vascular Surgery.
Additional criteria: with Surgery Flag =1 and Da Vinci flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Urology Surgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

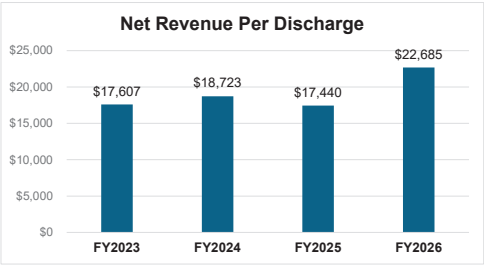
PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
163	$3,690,165	$2,915,409	$774,755	($98,904)
▲ 20%	▲ 56%	▲ 55%	▲ 56%	▲ 10%

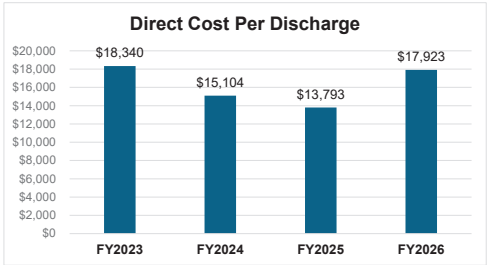
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

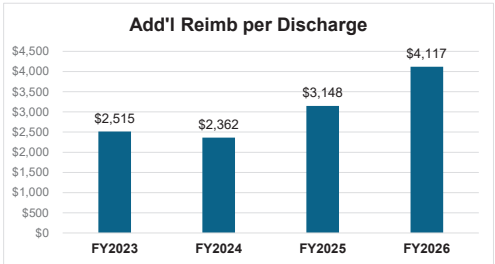
METRICS SUMMARY - 4 YEAR TREND

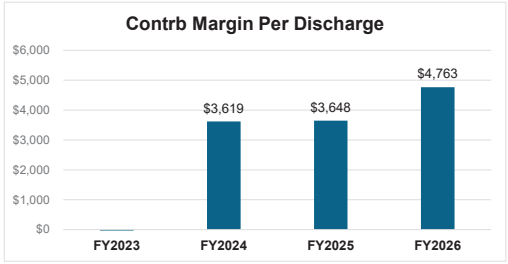
METRIC	FY2023	FY2024	FY2025	FY2026 *Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	101	134	136	163	▲ 20%	
Patient Days	687	719	543	872	▲ 61%	
ALOS	6.80	5.37	3.99	5.36	▲ 34%	
GM LOS	3.51	3.38	3.21	3.48	▲ 8%	
Net Revenue	$1,778,329	$2,508,842	$2,371,906	$3,690,165	▲ 56%	
Additional Reimb	$254,014	$316,470	$428,062	$669,780	▲ 56%	
Direct Cost	$1,852,307	$2,023,928	$1,875,821	$2,915,409	▲ 55%	
Contribution Margin	($73,978)	$484,914	$496,085	$774,755	▲ 56%	
Indirect Cost	$603,241	$625,338	$605,750	$873,659	▲ 44%	
Net Income	($677,219)	($140,424)	($109,665)	($98,904)	▲ 10%	
Net Revenue Per Discharge	$17,607	$18,723	$17,440	$22,685	▲ 30%	
Add Reimb Per Discharge	$2,515	$2,362	$3,148	$4,117	▲ 31%	
Direct Cost Per Discharge	$18,340	$15,104	$13,793	$17,923	▲ 30%	
Contrb Margin Per Discharge	($732)	$3,619	$3,648	$4,763	▲ 31%	
CM w/o Add Reim Per Discharg	($3,247)	$1,257	$500	$645	▲ 29%	

PER CASE TRENDED GRAPHS



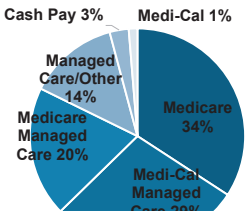






PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2023	FY2024	FY2025	FY2026 *Annualized
Medicare	41%	26%	31%	34%
Medi-Cal Managed Care	18%	32%	32%	29%
Medicare Managed Care	14%	11%	14%	20%
Managed Care/Other	18%	25%	18%	14%
Cash Pay	1%	1%	1%	3%



KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

Medi-Cal	**8%**	**5%**	**4%**	**1%**

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Surgical Services - Inpatient Urology Surgery

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

	2024					2025					2026				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mi
Kaweah Health Medical Center															
UROLOGY															
MEDICARE	34	$18,030	$16,911	$1,118	27.68%	35	$15,846	$16,798	($952)	31.26%	37	$20,453	$20,474	($21)	35.23%
Medi-Cal Managed Care	46	$16,997	$14,812	$2,185	33.27%	46	$21,592	$13,168	$8,424	32.82%	35	$31,970	$17,827	$14,143	29.38%
Medicare Managed Care	16	$17,359	$14,696	$2,663	11.77%	22	$13,168	$10,921	$2,247	12.92%	22	$22,570	$20,492	$2,078	20.17%
Mgd. Care/Other	30	$23,504	$13,845	$9,659	20.99%	26	$18,567	$14,067	$4,500	18.72%	21	$17,260	$11,711	$5,550	10.92%
Cash Pay	3	$666	$9,778	($9,112)	1.46%	1	$1,220	$8,677	($7,457)	0.59%	4	$2,278	$19,877	($17,599)	2.95%
MEDI-CAL	5	$25,821	$17,555	$8,266	4.83%	6	$8,398	$11,242	($2,844)	3.68%	3	$7,927	$9,604	($1,678)	1.34%
Grand Total	**134**	**$18,723**	**$15,104**	**$3,619**	**100.00%**	**136**	**$17,440**	**$13,793**	**$3,648**	**100.00%**	**122**	**$22,685**	**$17,923**	**$4,763**	**100.00%**

Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Service Line is Urology, Surgery Flag= 1 and DaVinci Flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Gynecology

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
76	$1,222,208	$753,796	$468,412	$230,884
▲ 29%	▲ 20%	▲ 35%	▲ 2%	▼ -13%

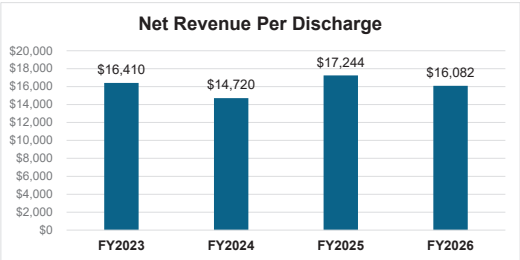
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

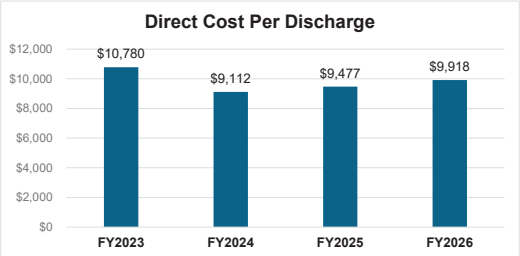
METRICS SUMMARY - 4 YEAR TREND

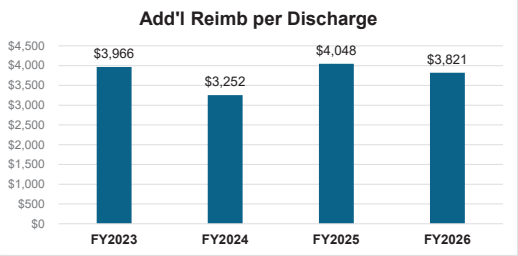
*Annualized

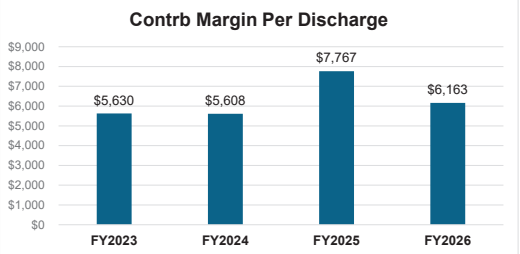
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	74	69	59	76	▲ 29%	
Patient Days	207	134	124	181	▲ 46%	
ALOS	2.80	1.94	2.10	2.39	▲ 14%	
GM LOS	2.25	2.14	1.95	2.12	▲ 9%	
Net Revenue	$1,214,353	$1,015,660	$1,017,407	$1,222,208	▲ 20%	
Additional Reimb	$293,471	$224,371	$238,822	$290,429	▲ 22%	
Direct Cost	$797,705	$628,742	$559,164	$753,796	▲ 35%	
Contribution Margin	$416,648	$386,918	$458,243	$468,412	▲ 2%	
Indirect Cost	$277,441	$209,437	$193,364	$237,528	▲ 23%	
Net Income	$139,207	$177,481	$264,879	$230,884	▼ -13%	
Net Revenue Per Discharge	$16,410	$14,720	$17,244	$16,082	▼ -7%	
Add Reimb Per Discharge	$3,966	$3,252	$4,048	$3,821	▼ -6%	
Direct Cost Per Discharge	$10,780	$9,112	$9,477	$9,918	▲ 5%	
Contrb Margin Per Discharge	$5,630	$5,608	$7,767	$6,163	▼ -21%	
CM w/o Add Reim Per Discharge	$1,665	$2,356	$3,719	$2,342	▼ -37%	

PER CASE TRENDED GRAPHS





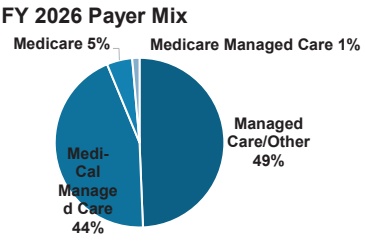




PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

*Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Managed Care/Other	24%	40%	47%	49%
Medi-Cal Managed Care	45%	52%	48%	44%
Medicare	8%	1%	0%	5%
Medicare Managed Care	13%	4%	1%	1%



KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Gynecology

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

	2024					2025					2026				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mi
Kaweah Health Medical Center															
GYNECOLOGY															
Mgd. Care/Other	27	$12,111	$9,233	$2,878	39.78%	31	$13,580	$8,574	$5,006	46.68%	29	$13,115	$9,557	$3,559	49.36%
Medi-Cal Managed Care	36	$17,307	$9,112	$8,195	52.05%	25	$22,195	$10,438	$11,757	47.73%	25	$19,675	$10,030	$9,645	44.39%
MEDICARE	1	$16,519	$9,559	$6,961	1.28%					0.00%	2	$17,059	$13,901	$3,158	4.86%
Medicare Managed Care	2	$15,491	$10,559	$4,932	4.06%	1	$12,510	$9,046	$3,464	1.38%	1	$10,314	$9,641	$674	1.39%
MEDI-CAL	1	$18,123	$7,502	$10,621	0.79%	2	$14,523	$11,689	$2,834	4.20%					0.00%
Cash Pay	2	$0	$6,617	($6,617)	2.03%					0.00%					0.00%
Grand Total	**69**	**$14,720**	**$9,112**	**$5,608**	**100.00%**	**59**	**$17,244**	**$9,477**	**$7,767**	**100.00%**	**57**	**$16,082**	**$9,918**	**$6,163**	**100.00%**

Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Service Line is Gynecology, Surgery Flag= 1 and DaVinci Flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Outpatient Robotic Surgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
279	$2,125,314	$1,836,633	$288,681	($326,295)
▲ 20%	▲ 16%	▲ 8%	▲ 127%	▲ 30%

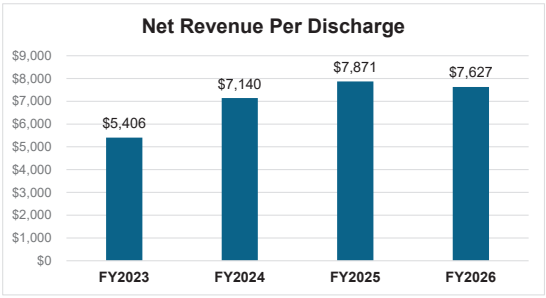
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

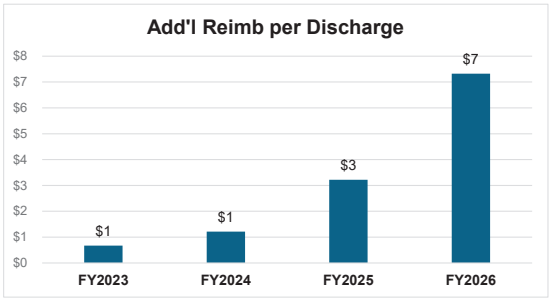
METRICS SUMMARY - 4 YEAR TREND

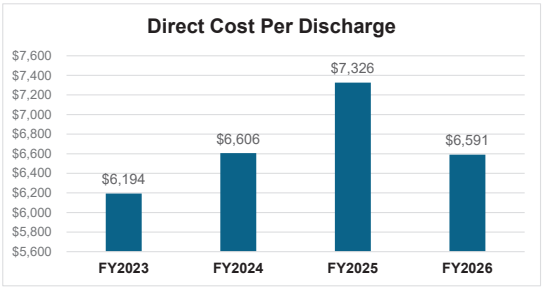
*Annualized

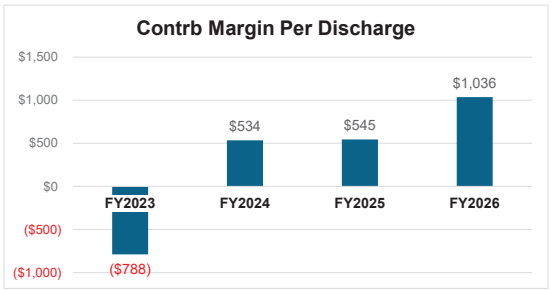
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	274	281	233	279	▲ 20%	
Net Revenue	$1,481,258	$2,006,285	$1,833,994	$2,125,314	▲ 16%	
Additional Reimb	$1,155	$2,100	$6,288	$13,516	▲ 115%	
Direct Cost	$1,697,174	$1,856,303	$1,707,064	$1,836,633	▲ 8%	
Contribution Margin	($215,916)	$149,982	$126,930	$288,681	▲ 127%	
Indirect Cost	$682,218	$587,889	$591,248	$614,976	▲ 4%	
Net Income	($898,133)	($437,907)	($464,318)	($326,295)	▲ 30%	
Net Revenue Per Discharge	$5,406	$7,140	$7,871	$7,627	▼ -3%	
Add Reimb Per Discharge	$1	$1	$3	$7	▲ 127%	
Direct Cost Per Discharge	$6,194	$6,606	$7,326	$6,591	▼ -10%	
Contrb Margin Per Discharge	($788)	$534	$545	$1,036	▲ 90%	
CM w/o Add Reim Per Discharg	($789)	$533	$542	$1,029	▲ 90%	

PER CASE TRENDED GRAPHS





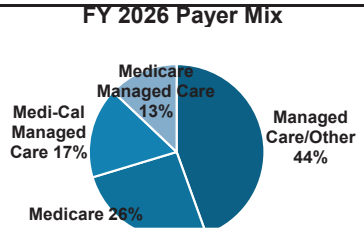




PAYER MIX - 4 YEAR TREND (Patient Volumes)

*Annualized

PAYER	FY2023	FY2024	FY2025	FY2026
Managed Care/Other	49%	51%	36%	44%
Medicare	22%	21%	28%	26%
Medi-Cal Managed Care	21%	13%	15%	17%
Medicare Managed Care	8%	15%	20%	13%



KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Outpatient Robotic Surgery

FY2026

KEY METRICS - FY 2026 ANNUALIZED NINE MONTHS ENDED MARCH 31, 2026

	2024					2025					2026				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %
Kaweah Health Outpatient Services															
da Vinci															
Mgd. Care/Other	146	$6,988	$6,315	$673	51.05%	85	$6,983	$7,033	($51)	36.02%	95	$7,029	$6,430	$599	44.60%
MEDICARE	59	$9,412	$7,090	$2,322	20.63%	65	$11,177	$7,775	$3,401	27.54%	56	$10,808	$6,836	$3,972	26.29%
Medi-Cal Managed Care	39	$1,048	$6,375	($5,327)	13.64%	37	$1,204	$6,884	($5,680)	15.68%	35	$1,648	$6,238	($4,589)	16.43%
Medicare Managed Care	42	$9,608	$7,112	$2,496	14.69%	47	$10,084	$7,312	$2,771	19.92%	27	$10,768	$6,932	$3,835	12.68%
Cash Pay					0.00%	1	$30	$6,366	($6,336)	0.42%					0.00%
MEDI-CAL					0.00%	1	$1,286	$5,987	($4,701)	0.42%					0.00%
Grand Total	**286**	**$7,063**	**$6,600**	**$463**	**100.00%**	**236**	**$7,796**	**$7,263**	**$533**	**100.00%**	**213**	**$7,612**	**$6,569**	**$1,043**	**100.00%**

Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line is DaVinci Flag

April 15, 2026

Kaweah Delta Health Care District
Board of Directors Committee Meeting

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

Kaweah Health
MORE THAN MEDICINE. LIFE.

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 April 15, 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; Kelsie Davis, Board Clerk Recording

OPEN MEETING – Called to order at 10:01PM

PUBLIC PARTICIPATION –None

MINUTES- Reviewed and forward to the Board for approval.

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 – 11:21pm *David Francis, President*

April 16, 2026

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

Attending: Board Members: Dr. Dean Levitan, Chair; Jonna Schengel, Board Member; Dr. Paul Stefanacci, Chief Medical Officer; Scott Baker, Interim Chief Nursing Officer; Kevin Morrison, Vice President of Support Services; Melissa Quinonez, Risk Management; Tom Boggs, Chief Ambulatory Officer; Marianne Barrinuevo, Director of Mental Health Services; Cheryl Smit, Stroke Program Manager; Shawn Elkin, Infection Prevention Manager; Megan Stuart, RN Clinical Care QA (Recording); Martha Cardenas, RN Clinical Care QA

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 March 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. **Written Quality Reports –** a review of key quality metrics and actions associated with the following improvement initiatives:
    - **Mental Health CMS Core Measures**

    Report reviewed, accepted, and attached in minutes. No action taken.

6. **Stroke Quality Focus Team:** Overview of program, performance, and key quality outcomes related to the Stroke Program. *Cheryl Smit, BSN, RN Stroke Program Manager*
    Report reviewed and attached in minutes. Committee requested to bring back report to revisit when the next scheduled reporting calendar occurs.

7. **Clinical Quality Goals Update**- A review of current performance and actions focused on the clinical quality goals for Healthcare Acquired Infections. *Shawn Elkin, Infection Prevention Manager;* Patient Safety Indicator (PSI) 90 Composite deferred to next meeting due to time.
    Reports reviewed and attached to minutes.

Adjourn Open Meeting – *Dr. Dean Levitan*
Dean Levitan adjourned the meeting at 9:40 AM.

March 10, 2026

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HUMAN RESOURCES COMMITTEE MINUTES

Tuesday March 10, 2026
Kaweah Health Medical Center
305 Acequia Avenue, Executive Office Conference Room

PRESENT: Directors: Armando Murrieta (chair) and Jonna Schengel; Marc Mertz, CEO; Dianne Cox, Chief Human Resource Officer; Raleen Larez, Director of Employee Relations; Hannah Mitchell, Director of Organizational Development; JC Palermo, Director of Physician Recruitment; Paul Stefanacci, M.D., Chief Medical & Quality Officer; Kelsie Davis, recording

CALLED TO ORDER – at 4:00pm by Armando Murrieta

PUBLIC PARTICIPATION –None.

MINUTES- Reviewed from March 10, 2026.

MEDICAL STAFF RECRUITMENT – JC gave an updated overview and discussion of the monthly physician recruitment report. The report is attached hereto the minutes.

IDEAL ENVIRONEMNT STRATEGIC INITIATIVE- Dianne gave a high-level overview of the attached strategic imitative.

KAWEAH CARE STEERING COMMITTEE- Hannah, Jaime and team reviewed the attached slides on initiatives.

HUMAN RESOURCES POLICIES – Brittany and Raleen reviewed the Human Resources policies as revised and recommended to be presented to the Board for approval. Attached hereto the minutes.

ADJOURN – *at 5:03pm by Armando Murrieta*

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

April 22, 2026

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

PRESENT: Directors Olmos, Francis, Levitan, Schengel & Murrieta; M. Mertz, CEO; 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 4:00 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 APRIL 22, 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 4:34 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 April 2026. And the board approved the closed meeting minutes from March 2026.

RECOGNITIONS- Resolution 2284 and 2285.

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

- Dr. Randolph noted quarterly Town Hall was last night an Doctors Day will not be on Spring Break next year.

CONSENT CALENDAR – Director Francis entertained a motion to approve the April 22, 2026, consent calendar without 9.3.A.

PUBLIC PARTICIPATION – None.

MMSC (Murrieta/Schengel) to approve the April 22, 2026, consent calendar without 9.3.A. This was supported unanimously by those present. Vote: Yes – Olmos, Levitan, Murrieta, Schengel, and Francis.

The board discussed the Artificial Use of AI.

CONSENT CALENDAR – Director Francis entertained a motion to approve the consent calendar item 9.3.A.

PUBLIC PARTICIPATION – None.

MMSC (Olmos/Levitan) to approve the consent calendar item 9.3.A. This was supported unanimously by those present. Vote: Yes – Olmos, Levitan, Murrieta, Schengel, and Francis.

QUALITY STROKE REPORT–Presentation of high-level overview of program objectives, performance metrics, and current status updates related to the Stroke Program. Dr. Oldroyd presented the slide deck attached.

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.

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

REPORTS
Chief Executive Officer Report –Heritage Club Dinner, New GI physicians starting. – *Marc Mertz, CEO*
Board President- None. – *David Francis, Board President*

ADJOURN - Meeting was adjourned at 6:15PM

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

April 28, 2026

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD TUESDAY APRIL 28, 2026, AT 12:00PM IN SCOTTSDALE ARIZONA, FAIRMONT SCOTTSDALE PRINCESS, IRONWOOD MEETING ROOM – 7575 W PRINCESS DRIVE, SCOTTSDALE, 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 12:07 PM by Director Francis.

PUBLIC PARTICIPATION –None.

BOARD GOVERNANCE- SELF-ASSESSMENT- The Board of Directors reviewed and discuss the annual board self-assessment process as part of its governance best practices.

ADJOURN - Meeting was adjourned at 12:02PM

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

AP08 Patient Compliant & Grievance Management

Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP08	**Date Created: No Date Set**
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Patient Complaint & Grievance Management

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

POLICY: Kaweah Delta Health Care District (KDHCD), herein referred to as Kaweah Health, is committed to the timely resolution of any complaint and/or grievance raised by the patient or their representative. The patient or their representative have the right to file a written complaint with the California Department of Public Health (CDPH), The Joint Commission (TJC), or other appropriate agencies regardless of whether they choose to use Kaweah Health's complaint or grievance process. The District Board of Directors approves this policy, and delegates oversight responsibility of the complaint and grievance process to the Director of Risk Management and to the Grievance Committee.

Kaweah Health is committed to actively seeking, listening, and responding to the needs, preferences, concerns, complaints, and grievances of our patients and their families. It is the policy of this organization to encourage the patient or their representative to express their complaints in order to identify opportunities to improve the quality of patient care services. At no time shall a complaint or grievance be used as a reason to retaliate against or deny a patient current or future access to Kaweah Health services. All staff members are responsible for identifying and responding to complaints from patients, their representatives or family.

Data collected regarding patient grievances, as well as other complaints not defined as grievances, will be incorporated into Kaweah Health's Quality Assessment and Performance Improvement Plan (QAPI).

DEFINITIONS:

Complaint- verbal communication to the hospital by a patient, or the patient's representative, regarding the patient's care or non-care issue that can be resolved by the staff present.

Grievance- a written or verbal complaint by a patient, or the patient's representative regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the Centers for Medicare and Medicaid Services (CMS) Hospital

Conditions of Participation (COP), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489.

- A verbal complaint is a grievance if it cannot be resolved at the time of the complaint by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or requires further actions for resolution, then the complaint is a grievance for the purposes of these requirements.

Staff Present- any hospital staff present at the time of the complaint, or who can quickly be at the patient's location (staff, patient experience advocate, supervisor, manager, house supervisor, administration, etc.) to resolve the patient's complaint.

Grievance Committee –The internal committee given authority and oversight for the resolution of grievances within Kaweah Health. The Director of Risk Management is the chair and membership includes, but is not limited to:

- The Chief Operating Officer (COO),
- The Chief Nursing Officer (CNO),
- The Chief Medical Officer (CMO)..

PROCEDURE

I. Problems, questions or complaints should be handled by the staff present and in the simplest and most direct way that is appropriate to the situation. Depending on the nature of the complaint expressed by the patient or by their representative, the Manager or Director of that department will be notified and will be accountable for the initial response to the complainant and for attempting to provide an acceptable resolution.

   a. Complaints unable to be resolved by the staff present and to the satisfaction of the complainant will become a grievance and documented by completing an occurrence report in accordance with policy AP 10. The Department of Risk Management will forward the complaint as indicated in Attachment A. Telephone and written grievances (including emails or faxes) will be processed by the Risk Management Department.

   b. Complaints pertaining to Social media will be facilitated by the Media Relations department and referred to the appropriate department leaders for issue resolution.

   c. Complaints or grievances pertaining to legal, abuse, violence, injury, or death will be forwarded to the Risk Management Department.

   d. Complaints pertaining to breaches of patient privacy or misuse of Protected Health Information will be forwarded to the Compliance Department.

   e. Grievances pertaining to patient discrimination on the basis of economic status, educational background, race, color, religion,

ancestry, national origin, sex, gender, sexual orientation, gender identity/expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care will be forwarded to the Risk Management Department who has been designated as the Section 1557 Civil Rights Coordinator as outline in policy AP88.

III. MEDICAL STAFF GRIEVANCES:

a. Grievances concerning members of the medical staff will be forwarded to the Medical Staff organization for investigation and for resolution through the occurrence reporting system.

b. If the complaint is in writing, the complainant will be informed of the following and given the address and toll-free number of the applicable state board:

   i. The Medical Board of California is responsible for processing consumer complaints about physicians and surgeons;

   ii. The Board of Podiatry Medicine is responsible for consumer complaints about podiatrists.

c. There is no requirement that the preceding steps be taken in response to a verbal complaint.

RESOLUTION*:*

I. The complaint or grievance is considered closed when the patient is satisfied with the actions taken on their behalf *unless* reasonable and appropriate actions have been taken on the patient's behalf in order to resolve the patient's grievance and the patient or their representative remains unsatisfied with the hospital's actions. Documentation of efforts and compliance with CMS requirements must be maintained.

II. All grievances will be responded to in writing within 7 days acknowledging receipt of grievance if resolution is unable to be achieved during this timeframe.
a. Written notice/response of the hospital's determination regarding the grievance must be communicated to the patient or to their representative in a language and manner the patient or their representative understands within 30 days of receipt of the grievance unless an extension letter is provided with the additional time specified.
b. The written response will be provided by the Risk Management department.

III. The written notice/response MUST contain:
a. The name of the hospital contact person; (the Director of Risk Management or designee)
b. The steps taken on behalf of the patient to investigate the grievance
c. The results of the grievance process
d. The date of completion

I) IV. Complaints and Grievances may be responded to in person or via telephone when appropriate or when more information is required to fully investigate. This does not replace a written notice/response.

V. Every attempt will be made to resolve the grievance within 30 days. KDHCD will inform the patient or patient's representative if there will be a delay and, the timeframe within which they may expect our written response.

VI. If a Medicare beneficiary submits a grievance regarding quality of care or early discharge issues, the complainant will be provided information regarding their rights to contact the designated Quality Improvement Organization (QIO) for Medicare.VII. The Hospital Governing Board is responsible for the effective operation of the grievance process. The Board may delegate the responsibility for review and resolution of grievances to a Grievance Committee.

GRIEVANCE EXCEPTIONS

I. Billing issues are not usually considered a grievance except Medicare beneficiary billing complaints related to rights and limitations provided in 42 CFR 489. Examples provided below:
   a. Example: a complaint that the bill is incorrectly calculated **is <u>not</u>** a grievance
   b. A complaint that the patient was billed more because they were of a particular ethnic or racial group **<u>is</u>** a grievance.

PATIENT NOTIFICATION OF COMPLAINT PROCESS

A. Patients and their representatives will be notified of their rights to file a complaint or grievance with Kaweah Health, CDPH, and/or The Joint Commission via:
   a. Signage posted in the Kaweah Health main visitor lobbies, emergency room lobby, Health Information Management department, and the patient registration office.
   b. The Kaweah Health patient information guide (The Guide),
   c. The Kaweah Health website.

II. If, due to a patient's illness, injury, mental state, or due to an emergency situation, the patient's rights and/or grievance process cannot be communicated to the patient, those rights and the grievance process may be communicated to the patient's representative in a language and manner easily understood by the recipient.

<u>CONFIDENTIALITY</u>

All information obtained through the Complaint and Grievance process will be maintained with the strictest confidentiality and security at all times. The accessibility

of this information will be limited to those individuals authorized by the requirements of Peer Review Privilege and HIPAA.

References:
AP10 – Occurrence Reporting Process
AP53 – Patients' Rights and Responsibilities, and Non-Discrimination
AP88 – Grievance Procedure – Section 504 of the Rehabilitation Act of 1973

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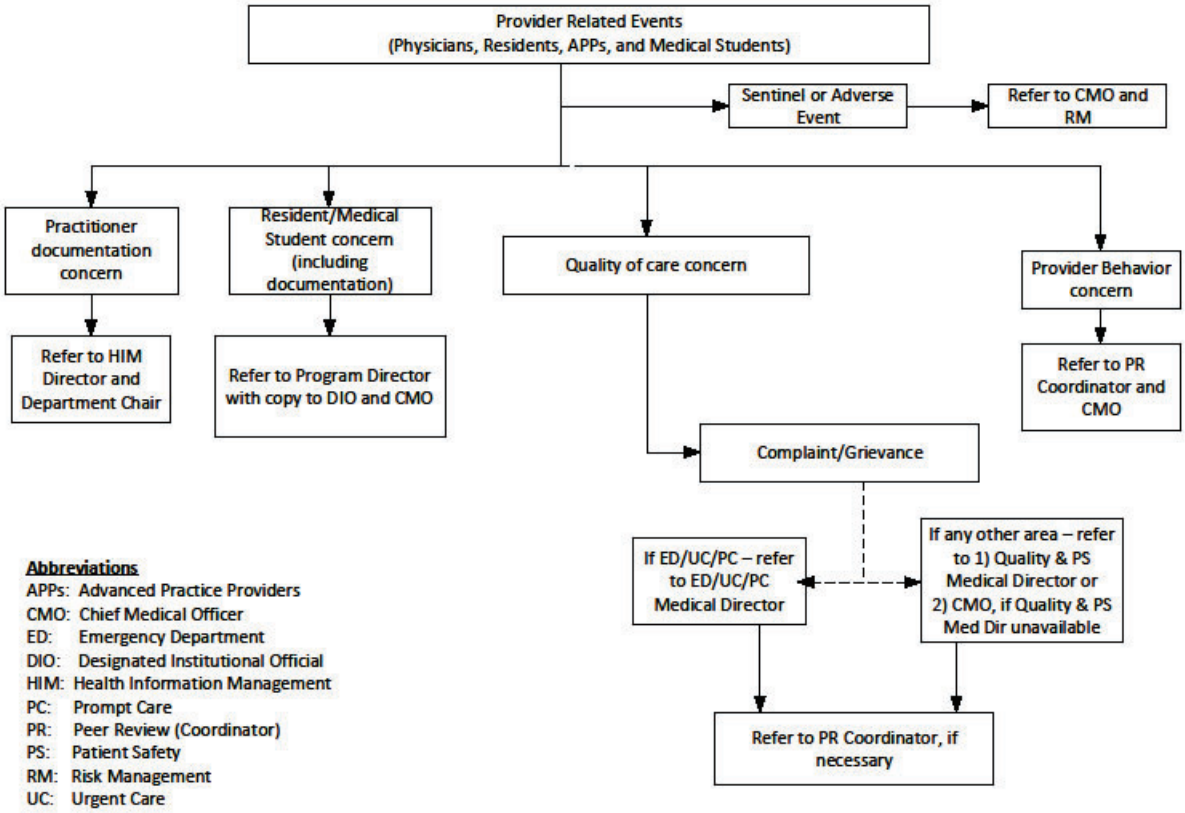
ATTACHMENT A



Abbreviations
APPs: Advanced Practice Providers
CMO: Chief Medical Officer
ED: Emergency Department
DIO: Designated Institutional Official
HIM: Health Information Management
PC: Prompt Care
PR: Peer Review (Coordinator)
PS: Patient Safety
RM: Risk Management
UC: Urgent Care

AP10 Occurrence Reporting Process

Policy Number: AP10	Date Created: 09/30/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Set
Approvers: Board of Directors (Administration)	
Occurrence Reporting Process	

Kaweah Delta Health Care District

Hospital Admin

Kaweah Health

Policy Number: AP10	Date Created: 09/30/2007
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Approvers: Board of Directors (Administration)	
Occurrence Reporting Process	

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

PURPOSE: To describe the ~~Occurrence~~EventF~~–~~Reporting process that supports Kaweah Delta Health Care District ("Kaweah Health") Quality & Patient Safety, Risk Management and Compliance activities by collecting data on unusual events or process variances.

DEFINITIONS:

~~*Occurrence*~~*Event* - *An unusual or unexpected event, whether or not causing harm or potential harm to patients, visitors or staff that places Kaweah Health at risk.*

Statement of Concern – *An event related to an unresolved interpersonal (behavioral) issue including potential racism or discrimination.*

Adverse Drug Event - ~~-~~*A variance related to the use of omission of a drug as well as "close calls" or "safe catches." Adverse drug events (ADEs) are comprised of medication errors and medication incompatibilities. Adverse Drug Reaction - (ADR) An unusual or unintended noxious reaction that occurs at doses normally used for prophylaxis, diagnosis, therapy of disease and/or for the modification of physiological function.*

Significant ADE- *Any ADE that caused, or had the potential to cause, harm. Harm is defined as the impairment of the*

	physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.
Medication Error –	*A preventable medication-related event that adversely affects a patient and that is related to professional practice, health care products, procedures, systems, including but not limited to prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.*
Medication Incompatibility	*A state in which two or more medications undesirably interact in a way that would interfere with their administration, safety or efficacy.*
Serious Safety Event	*An incident where a deviation from generally accepted performance standards reaches the patient and result in moderate to severe harm (temporary or permanent) or death.*
Sentinel Event	*A term used by The Joint Commission (TJC) to describe a patient safety event that reaches the patient and results in any of the following: death, permanent harm, or severe temporary harm and intervention is required to sustain life.*

POLICY:
~~Occurrence~~Events which may result in actual or potential harm to patients, staff members, Kaweah Health visitors, or otherwise expose Kaweah Health or any of its employees or agents to liability are reported in an accurate and timely manner. In addition to its use as a Risk Management tool, the ~~Occurrence~~Event Reporting process facilitates
P~~P~~erformance Improvement, Quality & Patient Safety, Risk Management and Compliance activities.

The ~~Occurrence~~ Event Reporting process also encompasses reporting of suspected child, elder and/or dependent adult abuse ~~reporting~~, unresolved behavioral "Statements of Concern" ~~reporting~~, complaints and grievances ~~reporting~~, ADEs, ~~reporting~~, discrimination or racism concerns, and ~~reporting to~~ other confidential matters. The paper and/or electronic forms are the data collection tools of the ~~Occurrence~~ Event Reporting process which offers anonymous reporting methods~~.~~

The forms and/or their electronic equivalents are maintained within the Risk Management Department as confidential documents, and as such are protected from discovery pursuant to California Evidence Code section 1157(b). The forms are NOT a part of the medical record. ~~Occurrence~~ Event Reporting policy and procedure is observed as follows:

I. Unusual events, SSEs, SEs, significant ADEs, patient/family grievances, racism and discrimination concerns or Statements of ~~c~~Concern are reported by

completing an ~~Occurrence~~ Event Reporting form and submitting it to the Risk Management Department as soon as possible.

II. Staff should immediately contact the Risk Management Department via telephone of any unusual event, which results in serious patient injury or death, or an abuse allegation. If Risk Management is unavailable, the House Supervisor is notified. Staff shall complete an ~~Occurrence~~ Event Reporting form immediately and submit to the Risk Management Department within **24 hours**. (See Sentinel Event Policy AP.87).

III. Staff should contact the Clinical Engineering Department and the Risk Management Department via telephone for any unusual event~~,~~ which results in patient injury and is directly related to equipment malfunction within **24 hours** of the event or discovery of the event. Staff shall complete an ~~Occurrence~~ Event Reporting form and send it to the Risk Management Department within **24 hours**. The equipment in question shall be removed intact from the patient care area, a red tag ~~applied, and~~applied and placed in the area designated by Clinical Engineering for retrieval.

IV. A multidisciplinary team including members from the organization and Medical Staff (Incident Management~~METER~~ Committee) review ~~occurrence~~ event reports submitted within the previous 24 hours each weekday to rank and triage events so immediate notification of high-risk or unusual events can be made to hospital and Medical Staff leadership. ~~Occurrence~~ Event reports received on weekends/holidays will be reviewed the following business day. High-risk or unusual events which occur during weekends/holidays will be immediately escalated to the House Supervisor and/or the Risk Manager on-call as described in Section II above.

~~V.~~ Significant ADEs shall be reported immediately to the patient's attending or covering physician. Physician notification is documented in the patient's medical record. The Pharmacy Director or designee will be notified of ADEs and events which do not constitute an ADE, but pertain to medications (i.e.: medication loss, medication storage, potential drug diversion).

V.

VI. Any unusual event which is directly or potentially related to equipment malfunction, which DID NOT result in patient injury, shall be reported by completing an ~~Occurrence~~ Event Report and sent to the Risk Management Department within **5 days**. The equipment and/or parts (i.e., stapler parts, drill bits, etc.) in question shall be immediately removed intact from the patient care area, a red tag ~~applied, and~~applied and placed in the area designated by Clinical Engineering for retrieval. See Procedure section below, Item III.

VII. Lost or damaged patient items may be reported on the Kaweah Health website or an ~~Occurrence~~ Event Report may be completed. Lost belongings shall be investigated by the Department Manager or designee in collaboration with the Patient Experience Department, as needed.

~~VII. A case review of Coroner Referrals will be completed by the Medical Director of Quality &and Patient Safety to evaluate and identify unusual occurrences or Adverse Events.~~

VIII. The Risk Management Department will provide Department Directors or designee with monthly ~~Occurrence~~ Event Reporting aggregate data upon request. Data is trended and used to improve Kaweah He~~l~~alth processes. Data obtained from the ~~Occurrence~~ Event Reporting process is also used in Medical Staff peer review for re-credentialing purposes, and by the Risk Management and Compliance Departments to report and trend data related to the Complaint and Grievance processes.

IX. All patient events are documented in the medical record. Documentation does **NOT** indicate that an ~~Occurrence~~ Event Report was generated.

PROCEDURE:

I. When an incident or unusual event occurs, the individual most familiar with the situation, or to whom a grievance was reported, shall complete the ~~Occurrence~~ Event Reporting form. The form is submitted to the Risk Management Department as soon as practically possible, but no later than **5 days** of the event, or at the time in which the event is discovered.

II. Staff shall notify the Risk Management Department via telephone of any unusual event, which results in serious patient injury or death **immediately**.~~.~~

A. If the Risk Manager is unavailable, the House Supervisor is notified.
B. Staff complete an ~~Occurrence~~ Event Reporting form immediately and ~~deliver~~ submit to Risk Management Department within 24 hours. (See Sentinel Event Policy AP.87).

~~II.~~III. When the unusual event results in patient injury AND is directly related to equipment malfunction, the individual discovering the event is responsible to:

A. Notify the Director, House Supervisor, and Nurse Manager;
B. Notify the physician;
C. Telephone the Clinical Engineering Department and Risk Management within **24 hours** of event;
D. Complete and submit an ~~Occurrence~~ Event Reporting form to the Risk Management Department within **24 hours**;
E. Remove the intact defective equipment from the patient care area, including all attached peripheral devices (tubing, hoses, power cords, catheters, etc.);
~~E.~~ Attach a completed red tag, “Defective Equipment Tag”, to device (refer to Environment of Care policy 1106 – Electronic/Electromechanical Devices);
F.
~~F.~~G. Store equipment in designated area for pick-up by Clinical Engineering.

~~III.~~IV. If the unusual event is directly related to equipment malfunction, but did not cause patient injury, the individual that discovered the event incident is responsible to:

A. Complete and submit an ~~Occurrence~~ Event Reporting form to the Risk Management Department within 5 days.
B. Remove the intact defective equipment from the patient care area;
C. Complete and attach a red tag, “Defective Equipment Tag”, to device (refer to Environment of Care policy 1106 – Electronic/Electromechanical Devices);
D. Notify Clinical Engineering for pick-up of defective equipment;
E. Store equipment in designated area for pick-up by Clinical Engineering.

~~IV.~~V. Events related to ADE’s, patient falls, pressure injuries/skin breakdown, and equipment/medical device issues are reported electronically through the ~~Occurrence~~ Event Report process. Paper reports may be submitted during times of workstation or network outage.

~~V.~~VI. If any questions arise, staff may contact their Manager, the House Supervisor, or the Risk Management Department.

~~VI.~~VII. The individual completing the ~~Occurrence~~ Event Reporting form notifies and submits the completed report to their Nurse Manager or Department Director. All incomplete forms submitted to the Risk Management Department are returned to the Department Director or designee for completion.

~~VII.~~VIII. The ~~Occurrence~~ Event Reporting Form documentation includes:

A. Event description using only pertinent facts surrounding the event.
B. Description of any/all action(s) taken to eliminate the possibility of the event reoccurring;
C. List of individuals familiar with the circumstances of the event.
D. Physician notification of the event. Note: The patient’s attending physician, covering physician, or clinical psychologist will be immediately notified of significant ADEs as defined in this policy.
E. Notification of Risk Management Department

~~VIII.~~IX. The Department Director, Nurse Manager or designee conduct~~s~~ the initial investigation and documents findings on the ~~Occurrence~~ Event Reporting form.

The Risk Management Department reviews each ~~Occurrence~~ Event Reporting form submitted and notifies~~. Graphical representation of data findings are reported at Patient Safety Committee meeting monthly.~~ the Executive Team and Board of Directors of SSEs. The Risk Management Department is responsible for the identification, analysis, and stratification of event reports by socioeconomic factors, including racism and discrimination, as defined by CA Assembly Bill 3161.

References:

–California Code of Regulations, Title CCR, Division 17, §1711-
California Assembly Bill 3161, approved September 27, 2024
AP88 Discrimination Grievance Procedure – Section 1557 of the Affordable Care Act
HR.12 Equal Employment Opportunity
AP87 Sentinel Event and Adverse Event Response and Reporting

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AP87 Sentinel Event and Adverse Event Response and Reporting

Policy Number: AP87	**Date Created: Not Set**
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	**Date Approved: Not Set**
Approvers: Board of Directors (Administration)	
Sentinel Event and Adverse Event Response and Reporting	

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

PURPOSE:

This Policy describes the multidisciplinary framework in which Kaweah Delta (herein referred to as Kaweah Health) and its organized Medical Staff identifies and responds to all Sentinel Events/Adverse Events (SE/AE) occurring within the organization. Kaweah Health's response encompasses the identification, investigation, and action plan to reduce risks, implement process improvements, monitor the effectiveness of those improvements, and the appropriate reporting of Events consistent with The Joint Commission (TJC) and all applicable regulatory mandates.

Kaweah Delta recognizes that the commitment to Quality and Patient Safety is everyone's responsibility, and that this accountability begins at the unit level where individual unit staff and leadership play a critical role in the delivery of quality care and patient safety. Staff and leadership in every department should call the Risk Management Department to notify of a potential Sentinel or Adverse Event as soon as possible after an event is identified.

The Risk Management (RM) Director shall coordinate all investigations of sentinel events and adverse events, and oversee the Root Cause Analysis (RCAs) process, Plans of CorrectionPlans of Correction, Action Plans and monitoring activities. The RM Director will coordinate with the Chief Executive Officer (CEO), Chief Quality Officer/Chief Medical Officer (CQO/CMO), Chief Compliance & Risk Officer (CCRO), and any other appropriate Chief Officer to ensure the timely and complete compliance with all required notification(s) to California Department of Public Health (CDPH) or Center for Medicare and Medicaid Services (CMS). The RM Director will coordinate with the CEO, CQO/CMO, or the appropriate Chief Officer to ensure the written Plan of Correction report is completed and received by CDPH. The Quality and Patient Safety Director will coordinate with the CEO, CMO, or the appropriate Chief Officer to ensure the written Plan of Correction report is completed and received by CDPH.

DEFINITIONS:

For purposes of this policy, Sentinel Events and Adverse Events shall be considered as one: Sentinel Event/Adverse Event (SE/AE).

- **Sentinel Event (SE)** – is a term used by The Joint Commission to describe "a Patient Safety Event" that reaches a patient and results in any of the following:

a) Death
b) Permanent harm
c) Severe temporary harm and intervention required to sustain life

Reporting of Sentinel Events to The Joint Commission is strongly encouraged~~,~~ but not required. (Attachment C)

~~**Serious Safety Event (SSE)** – An incident where a deviation from generally accepted performance standards reaches the patient and results in moderate to severe harm (temporary or permanent) or death.~~

- **Adverse Events (AE)** – The list of CDPH reportable adverse events is defined by California Health and Safety Code Section 1279.1. These Adverse Events encompass "Sentinel Events" as well as other delineated (and reportable) situations as well as National Quality Forum's "never events." (See Attachment B).

- **Near-Miss** – Any process variation that did not affect an outcome, but for which a recurrence carries a significant chance of serious adverse outcome. Such a "near-miss" falls within the scope of the definition of a SE, but outside of the scope of those Events that are subject to review by TJC under its SE Policy.

- ~~**Quality Concern –** Events, errors, or situations that are either corrected before a patient is harmed, or that represent an opportunity to identify and correct flaws that jeopardize patient safety. They do not rise to the level of SE/AE or near-miss events, and are managed by the RM department utilizing the Focused Review process.~~

- ~~**METER (Midas Event Triage & Ranking)**~~**Incident Management (IM) Committee –** A multidisciplinary team including members from the organization and Medical Staff which reviews occurrence reports daily to rank and triage events so immediate notification of high-risk or unusual events can be made to hospital and Medical Staff leadership.

- ~~**Focused Review –** A process to evaluate Quality Concerns that hold less potential for severity and harm than would be appropriate for an RCA. In the absence of extenuating circumstances, Focused Reviews are conducted by Unit or Service Line leadership utilizing the Keaweah Health standardized process and documentation. RM staff shall serve as a resource to this process on an as needed basis. Focused Reviews are an integral part of Kaweah Health's Patient Safety and Quality Improvement program.~~

- **Center for Medicare and Medicaid Services (CMS)** – Federal agency responsible for enforcement of Medicare and Medicaid regulations.
- (Attachment D).

- ~~**Case Review Committee (CRC) –** A multidisciplinary team composed of:~~

- ~~Chief Executive Officer (CEO)~~
- ~~Chief Quality Officer (CQO) or Chief Medical Officer (CMO)~~
- ~~Chief Compliance & Risk Officer (CCRO)~~
- ~~Chief of Staff or designee (Chair), if Applicable,~~
~~Medical Staff Clinical Department Chair, if Applicable~~
- ~~, Chief Nursing Officer (CNO), in events involving nursing~~
- ~~Chief Officer of area in which event occurred, as available~~
- ~~Medical Director of Quality/Patient Safety, as available~~
- ~~Director of Risk Management (RM)~~
- ~~Director of Quality &Patient Safety~~
- ~~Director of area where SE/AE occurred~~

~~Others may be asked to participate as appropriate~~

- **Action Plan Oversight Committee (APOC) –** A multidisciplinary team who reviews, revises, and/or approves action items and monitoring plans developed as a result of systematic analyses also known as Root Cause Analyses (RCAs). The Committee is composed of:

  - Director of Risk Management
  - Director of Quality & Patient Safety
  - Director of Clinical Education
  - Director of ISS Clinical Informatics
  - Stakeholders (Department Director & Chief)
  - Chief Compliance & Risk Officer
  - Chief Operating Officer
  - Chief Nursing Officer
  - Chief Medical Officer
  - Others may be asked to participate as appropriate

- ~~**Root Cause**~~**Systematic Analysis** ~~**and Actions (RCA2)** – Root-Cause Analysis (RCA) – Root cause analysis is a~~ A comprehensive systematic analysis for identifying the factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A ~~root cause~~ systematic analysis focuses primarily, but not exclusively, on systems and processes, rather than individual performance. The analysis identifies changes that could be made in systems and processes through redesign or development of new systems or processes that will improve the level of performance and reduce the risk of particular serious adverse event occurring in the future. ~~Root Cause~~Systematic Analysis is an integral part of ~~–~~Kaweah Health's Patient Safety and Quality Improvement program and includes the identification, analysis, and stratification of possible socioeconomic factors or disparities may have occurred.

  PROCESS for Sentinel/Adverse events and near-misses (Attachment A):

  A. The ~~METER~~ Incident Management Committee reviews occurrence reports submitted within the previous 24 hours each weekday to rank and triage

events so immediate notification of high-risk or unusual events can be made to hospital and Medical Staff leadership. Occurrence reports received on weekends/holidays will be reviewed the following business day. High-risk or unusual events which occur during weekends/holidays will be immediately escalated to the House Supervisor and/or the Risk Management ~~team member~~ on ~~-~~call.

B. When an event that is potentially a Sentinel/Adverse ~~or near-miss~~ occurs or is discovered~~,~~ staff will immediately notify the Risk Management Department ~~(624-2340)~~ or RM ~~staff member~~ on call through the House Supervisor.

C. Upon notification of the event, the Risk Management Department will immediately perform an initial assessment to determine the following:

1. The immediate safety of any patients, staff or other persons who are or may be at risk.

~~**2.** The RM Director or designee shall proceed directly to initiate a CRC meeting as described in Section C below.~~

~~**3.**~~**2.** RM will then initiate an ~~complete their~~ investigation in collaboration with unit leaders with an oversight of the area where the event occurred.

~~**D.** The Risk Management Director or designee will convene a CRC within 72 hours.~~

~~**E.**~~**D.** The ~~CRC~~Director of RM (or designee in their absence) will review the event in question and determine:

1. If the event is a Sentinel/Adverse or near-miss;

2. If the event requires reporting to either CDPH and/or TJC;

3. If the event requires a systematic analysis~~RCA~~, or if an alternate action is appropriate; and

4. If any immediate actions prior to the systematic analysis~~RCA~~ are required.

E. If the event is deemed reportable, the RM Director or designee will ensure that such reporting is done in compliance with~~-~~ Kaweah Health policy and all applicable regulatory and statutory requirements as well as notify the ~~CEO, CCO, and CNO~~Executive Team.

F. Upon determination that a Sentinel/Adverse event has occurred, the RM Director shall ensure the CEO and Executive Team are notified within 24 hours of score assignment. The CEO will then notify the BOD within 72 hours. The RM Director shall determine if~~conduct~~ a systematic analysis~~RCA~~ using methodology consistent with current TJC standards unless ~~the CRC determines that~~ an alternate action is appropriate. Directors shall also ensure to the best of their ability that their involved staff~~s~~ are available to attend the systematic analysis~~RCA~~, if their participation is needed. Leadership will be responsible for ensuring that support services for any involved individual are available. Patients and/or families may also be interviewed to gather information for the systematic analysis~~RCA~~, as appropriate.

G. The ~~RM Director (~~unit leader or designee with an oversight of the unit where the event occurred,~~)~~ in collaboration with the patient's physician~~,~~ or Chief of Staff (or designee) will ensure that an apology is offered and notice of the SE/AE is given to the patient involved, or the party

responsible for the patient, of the nature of the Event by the time the initial report is made to CDPH. A notation that this notice has occurred shall be placed in the patient's medical record. If process changes were implemented because of a preventable SE/AE, the patient/family ~~will~~may be informed of those changes. An apology or notice are not required for near-miss events or quality concerns.

H. While the focus of SE/AE is about improving patient care, -Kaweah Health may also waive costs to the patient or a third party pay~~e~~or for costs directly related to the SE/AE. This will be reviewed on a case-by-case basis, and will be done in compliance with all applicable regulatory standards.

I. The patient or the party responsible for the patient shall not be provided with a copy of the CDPH report. The CDPH report will not be placed in the patient's medical record, and no reference that a report to CDPH has been made should be included in the medical record.

I. The systematic analysis~~RCA~~ shall be conducted and produce a ~~n~~final Action Plan within 45~~1720~~ business days of the initial report of the event to Risk Management~~meeting~~ that includes a detailed review of what transpired prior to, during, and immediately following the event.

The systematic analysis~~RCA~~ will:

A. Focus on systems and processes related to the event using a Just Culture approach (see policy HR.03 Just Culture Commitment)~~t~~;

B. Identify changes that could be made in the systems and processes which would reduce to prevent future occurrences:

C. Develop a detailed written Action Plan for each of the opportunities identified, and will:

1. Identify the key accountable staff position (usually a Director) for ensuring changes are implemented,
2. A date for action implementation or completion,
3. How the department will monitor the effectiveness of such changes, including the accountable staff person and target dates for reporting;
4. When necessary, include references from relevant literature for "best practices" used in the systematic analysis~~RCA~~ and the development of the Action Plan.

D. All documentation related to ~~RCAs, Focused Reviews~~systematic analyses, Action Plans, ~~CDPH Plans of Correction, and~~ monitoring activities involving clinical practice or conduct by members of the Medical or Advanced Practice Provider staff will be maintained exclusively as confidential Medical Staff documents so as to be protected by California Evidence Code, Section 1157.

E. The RM Director~~, and~~ C~~Q~~MO~~, and the Medical Director of Quality/Patient Safety a~~ are responsible for reporting finalized ~~RCA~~systematic analyses and Action Plans to the ~~following co~~APOC~~mmittees as appropriate~~ for approval and will be reported to the following committees:

- The Patient Safety Committee;

- ~~Professional Staff Quality Committee (Prostaff)~~Quality Committee (QComm)
- Medical Staff issues will be referred to the appropriate medical staff committee/department for follow-up prior to being referred on to the Medical Executive Committee.
- Quality Council

F. Board of Directors Organizational Learning: Every attempt will be made to use “teaching moments” and disseminate the “lesson learned” from these events to all appropriate areas of our organization. Department and unit meetings, in-service discussions, Grand Rounds, conferences, newsletters and other venues will be used in this effort to be sure that we collectively learn from, improve, and prevent similar occurrences in the future.

“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."

REFERENCES:

The Joint Commission Perspectives, October 2022, Volume 42, Issue 10. "*Definition of Sexual Abuse/Assault Revised in Sentinel Event Policy*"

The Joint Commission Perspectives, December 2020, Volume 40, Issue 12

The Joint Commission Perspectives, June 2020, Volume 40, Issue 6

CHA Consent Manual, 2020, Chapter 19

National Quality Forum, 2011, h
~~h~~https://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx

HR.03 Just Culture Commitment

AP10 Occurrence Reporting Process

California Assembly Bill 3161, approved September 27, 2024

Attachment A

~~Process~~

~~Suspected Sentinel/Adverse Event → CRC --- If SE/AE confirmed → RCA* (except HAPI)~~

~~Suspected Near-miss → CRC--- If near-miss confirmed: → RCA*~~

~~Quality Concern → Focused Review~~

~~*unless CRC determines that an alternate action is appropriate~~

Event Analysis Prioritization Matrix				
Minimal analysis required when event is not a known complication and/or not related to the natural course of the patient's illness or underlying condition.				
Level of Harm and Probability of Reoccurrence	**LEVEL 1**: Event causing moderate or severe permanent harm, serious injury, death, or sentinel or reportable event.	**LEVEL 2**: Event causing moderate temporary harm, or permanent minimal harm.	**LEVEL 3**: Event that reaches patient, does not cause harm, but is an opportunity for improvement.	**LEVEL 4**: Event that does not reach the patient, but is an opportunity for improvement (Near Miss)
Common	RCA/ACA	RCA/ACA	Learning from Defect	Learning from Defect
Uncommon		ACA	Debrief	Local follow up
Rare		ACA	Debrief	Local follow up

Analysis Types	
Comprehensive Systemic Analysis (CSA)	A methodology for identifying the causal and contributory factors of a sentinel event including ACA's, RCA's, learning from defects, debrief and other analysis tools.
Apparent Cause Analysis (ACA)	Analysis that focuses on the immediate causes of an event.
Root Cause Analysis (RCA)	Root Cause Analysis (RCA) – a process for identifying the causal factors that underlie variation in performance, including the occurrence or possible occurrence of a Maryland Level I adverse / sentinel event. The RCA focuses primarily on systems and processes, not individual performance. (Policy Reference) **Entities may combine RCA for multiple events of the same analysis type (ie: Falls, HAPI)
Learning from defect	CUSP Tool: Learning from Defects
Debrief	Event Debriefing Tool – A discussion that captures the team's understanding of a Safety Event and encourages shared learning to improve teamwork and communication. Understanding and replicating successful teamwork is a valuable benefit of the Debriefing process.
Levels of Harm Definitions	
Sentinel Event	Patient safety event (not related to natural course of patient's illness or underlying condition) that reaches the patient and results in death, severe harm (regardless of duration) or permanent harm (regardless of severity) (Policy Reference)
Permanent Harm	Any level of harm that permanently alters and/or affects an individual's baseline. (Policy Reference)
Serious Injury	Harm that causes a physical or mental impairment that substantially limits one or more major life activities.
Severe Harm	Harm that substantially limits one or more life activities interfering with or results in loss of functional ability or quality of life, that requires continuous physiological monitoring or surgery, invasive procedure, or treatment to resolve the condition. (Policy Reference)
Moderate Harm	Harm that requires an invasive procedure, significant additional medical visits, and/or significantly increased level of care or results in disfigurement, impaired function that does not interfere with activities of daily living.
Minimal Harm	Harm lasting for a limited time only and/or requires little to no intervention.
Near Miss	A patient safety event involving a deviation in care that did not reach the patient.
Probability of Reoccurrence	
Common	Likely to reoccur; Multiple reports over a short period of time
Uncommon	Possible it will reoccur
Rare	Unlikely to reoccur

Attachment A

Event Analysis Prioritization Matrix				
Minimal analysis required when event is not a known complication and/or not related to the natural course of the patient's illness or underlying condition				
Level of Harm and Probability of Reoccurence	**LEVEL 1:** Event causing moderate or severe permanent harm, serious injury, death, or sentinel or reportable event.	**LEVEL 2:** Event causing moderate temporary harm, or permanent minimal harm.	**LEVEL 3:** Event that reaches patient, does not cause harm, but is an opportunity for improvement.	**LEVEL 4:** Event that does not reach the patient, but is an opportunity for improvement (Near Miss)
Common		RCA/ACA	Learning from Defect	Learning from Defect
Uncommon		ACA	Debrief	Local follow up
Rare		ACA	Debrief	Local follow up

Analysis Types	
Comprehensive Systematic Analysis (CSA)	A methodology for identifying the causal and contributory factors of a sentinel event including ACA's, RCA's, learning from defects, debrief and other analysis tools.
Apparent Cause Analysis (ACA)	Analysis that focuses on the immediate causes of an event.
Root Cause Analysis (RCA)	Root Cause Analysis (RCA) – a process for identifying the causal factors that underlie variation in performance, including the occurrence or possible occurrence of a Maryland Level I adverse/ sentinel event. The RCA focuses primarily on systems and processes, not individual performance. (Policy Reference) **Entities may combine RCA for multiple events of the same analysis type (ie: Falls, HAPI)
Learning from Defect	CUSP Tool: Learning from Defects
Debrief	Event Debriefing Tool - A discussion that captures the team's understanding of a Safety Event and encourages shared learning to improve teamwork and communication. Understanding and replicating successful teamwork is a valuable benefit of the Debriefing process.

Levels of Harm Definitions	
Sentinel Event	Patient safety event (not related to natural course of patient's illness or underlying condition) that reaches the patient and results in death, severe harm (regardless of duration) or permanent harm (regardless of severity) (Policy Reference)
Permanent Harm	Any level of harm that permanently alters and/or affects an individual's baseline. (Policy Reference)
Serious Injury	Harm that causes a physical or mental impairment that substantially limits one or more major life activities.
Severe Harm	Harm that substantially limits one or more life activities interfering with or results in loss of functional ability or quality of life, that requires continuous physiological monitoring or surgery, invasive procedure, or treatment to resolve the condition. (Policy Reference)
Moderate Harm	Harm that requires an invasive procedure, significant additional medical visits, and/or significantly increased level of care or results in disfigurement, impaired function that does not interfere with activities of daily living.
Minimal Harm	Harm lasting for a limited time only and/or requires little to no intervention.
Near Miss	A patient safety event involving a deviation in care that did not reach the patient.

Probability of Reoccurence	
Common	Likely to reoccur; Multiple reports over a short period of time
Uncommon	Possible it will reoccur
Rare	Unlikely to reoccur

Attachment B

SPECIFIC DEFINITION OF SENTINEL/ADVERSE EVENT IN LAW

I. *California Health and Safety Code 1279.1*

1279.1. (b) For purposes of this section, "adverse event" includes any of the following:

(1) **Surgical events**, including the following:

(A) **Surgery performed on a wrong body part** that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery or a situation that is so urgent as to preclude obtaining informed consent.

(B) **Surgery performed on the wrong patient.**

(C) **The wrong surgical procedure performed on a patient**, which is a surgical procedure performed on a patient that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery, or a situation that is so urgent as to preclude the obtaining of informed consent.

(D) **Retention of a foreign object in a patient after surgery or other procedure**, excluding objects intentionally implanted as part of a planned intervention and objects present prior to surgery that are intentionally retained.

(E) **Death during or up to 24 hours after induction of anesthesia after surgery** of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic processes for which the operation is to be performed are localized and do not entail a systemic disturbance.

(2) **Product or device events**, including the following:

(A) **Patient death or serious disability associated with the use of a contaminated drug, device, or biologic** provided by the health facility when the contamination is the result of generally detectable contaminants in the drug, device, or biologic, regardless of the source of the contamination or the product.

(B) **Patient death or serious disability associated with the use or function of a device** in patient care in which the device is used or functions other than as intended. For purposes of this subparagraph, "device" includes, but is not limited to, a catheter, drain, or other specialized tube, infusion pump, or ventilator.

(C) **Patient death or serious disability associated with intravascular air embolism** that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.

(3) **Patient protection events**, including the following:

(A) An infant discharged to the wrong person. Attachment I

(B) Patient death or serious disability associated with patient disappearance for more than four hours, excluding events involving adults who have competency or decision making capacity.
(C) **A patient suicide or attempted suicide resulting in serious disability while being cared for in a health facility** due to patient actions after admission to the health facility, excluding deaths resulting from self-inflicted injuries that were the reason for admission to the health facility.

(4) **Care management events**, including the following:
(A) **A patient death or serious disability associated with a medication error**, including, but not limited to, an error involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose.
(B) A patient death or serious disability associated with hemolytic reaction due to the administration of ABO-incompatible blood or blood products.
(C) **Maternal death or serious disability associated with labor or delivery** in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days post-delivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy.
(D) **Patient death or serious disability directly related to hypoglycemia**, the onset of which occurs while the patient is being cared for in a health facility.
(E) Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. For purposes of this subparagraph, "hyperbilirubinemia" means bilirubin levels greater than 30 milligrams per deciliter.
(F) **A Stage 3 or 4 ulcer**, acquired after admission to a health facility, excluding progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission.
(G) **A patient death or serious disability due to spinal manipulative therapy** performed at the health facility.

(5) **Environmental events**, including the following:
(A) **A patient death or serious disability associated with an electric shock** while being cared for in a health facility, excluding events involving planned treatments, such as electric counter shock.
(B) **Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance.**

(C) **A patient death or serious disability associated with a burn** incurred from any source while being cared for in a health facility.
(D) **A patient death associated with a fall** while being cared for in a health facility.
(E) **A patient death or serious disability associated with the use of restraints or bedrails** while being cared for in a health facility. See Attachment D.

(6) **Criminal events**, including the following:
(A) Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
(B) The abduction of a patient of any age.
(C) **The sexual assault on a patient** within or on the grounds of a health facility.
(D) **The death or significant injury of a patient or staff member resulting from a physical assault** that occurs within or on the grounds of a facility.

(7) An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor.
(c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.
(d) “Serious disability” means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part.

Attachment C

Definition of Sentinel Event – The Joint Commission

A sentinel event is a patient safety event (not primarily related to the natural course of the patient’s illness or underlying condition) that reaches a patient and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm*

An event is also considered sentinel if it is one of the following:

- Suicide of any patient receiving care, treatment, and services in a staffed around-the clock care setting or within 72 hours of discharge, including from the hospital’s emergency department (ED)
- Unanticipated death of a full-term infant
- Discharge of an infant to the wrong family
- Abduction of any patient receiving care, treatment, and services
- Any elopement (that is, unauthorized departure) of a patient from a staffed around the-clock care setting (including the ED), leading to death, permanent harm, or severe temporary harm to the patient
- Administration of blood or blood products having unintended ABO and non-ABO (Rh, Duffy, Kell, Lewis, and other clinically important blood groups) incompatibilities, hemolytic transfusion reactions, or transfusions resulting in severe temporary harm, permanent harm, or death
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any patient receiving care, treatment, and services while on site at the hospital
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the hospital

- Surgery or other invasive procedure performed at the wrong site, on the wrong patient, or that is the wrong (unintended) procedure for a patient||
- Unintended retention of a foreign object in a patient after an invasive procedure, including surgery
- Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
- Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the hospital. To be considered a sentinel event, equipment must be in use at the time of the event; staff do not need to be present.
- Any intrapartum (related to the birth process) maternal death
- Severe maternal morbidity (not primarily related to the natural course of the patient's illness or underlying condition) when it reaches a patient and results in permanent harm or severe temporary harm
- Fall resulting in any of the following: any fracture; surgery, casting, or traction; required consult/management or comfort care for a neurological (e.g., skull fracture, subdural or intracranial hemorrhage) or internal (e.g., rib fracture, small liver laceration) injury; a patient with coagulopathy who receives blood products as a result of the fall; or death or permanent harm as a result of injuries sustained from the fall (not from physiologic events causing the fall)

Definitions for Abuse or Assault:

- Sexual abuse/assault of any [patient/client] while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization*
- Sexual abuse/assault of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to [patients/clients]*
- Physical assault of any [patient/client] (leading to death, permanent harm, or severe temporary harm) while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization.
- Physical assault (leading to death, permanent harm, or severe temporary harm) of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to [patients/clients]
- Homicide of any [patient/client] while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization
- Homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to [patients/clients]

* *Sexual abuse/assault is defined (beginning January 1, 2023) by The Joint Commission as "Nonconsensual sexual contact of any type with an individual. Sexual abuse includes, but is not limited to, the following: Unwanted intimate touching of any kind, especially of the breasts, buttocks or perineal area; All types of sexual assault or battery such as rape, sodomy, and coerced nudity (partial or complete); Forced observation of masturbation and/or sexually explicit images, including pornography, texts or social media; Taking sexually explicit photographs and/or audio/video recordings of an individual and maintaining and/or distributing them."*

~~*Sexual abuse/assault (including rape) as a sentinel event is defined as nonconsensual sexual contact, including oral, vaginal, or anal penetration or fondling of the individual's sex organ(s) by another individual.*~~

~~*One or more of the following must be present to determine that it is a sentinel event:*~~
~~**Any staff witnessed sexual contact as described above*~~
~~**Admission by the perpetrator that sexual contact, as described above, occurred on the premises*~~
~~**Sufficient clinical evidence obtained by the health care organization to support allegations of unconsented sexual contact*~~*Generally, sexual contact is nonconsensual in the following situations:*

- *When the individual lacks the cognitive of legal ability to consent even though appearing to want the contact to occur*
- *When the individual does not want the contact to occur.*
-

Attachment D

REPORTING REQUIREMENTS RELATED TO RESTRAINT OR SECLUSION

CMS Death Reporting and Recording Requirements

REPORTING REQUIREMENTS

Hospitals must report the following deaths associated with the use of seclusion or restraint to the Centers for Medicare & Medicaid Services (CMS) Regional Office no later than the close of business on the next business day following knowledge of the patient's death. The following events must be reported:

1. Each death that occurs while a patient is in restraint or seclusion, except for deaths subject to the "Documentation Requirement".
2. Each death that occurs within 24 hours after the patient was removed from restraint or seclusion (whether or not the hospital believes that the use of restraint or seclusion contributed to the patient's death), except for deaths subject to the "Documentation Requirement".
3. Each death known to the hospital that occurs within one week after restraint or seclusion where it is reasonable to assume that use of restraint or seclusion contributed directly or indirectly to a patient's death. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing or asphyxiation.

This requirement applies to deaths that occur in any unit of the hospital, including an ICU or critical care unit.

DOCUMENTATION REQUIREMENT

When no seclusion has been used and when the only restraints used on the patient are those applied exclusively to the patient's wrist(s), and which are composed solely of soft, non-rigid, cloth-like materials, the hospital staff does not need to notify CMS of a patient death by the next business day.

The date and time of the report to CMS must be documented in the patient's medical record.

Hospitals must report to the CMS Regional Office electronically using Form CMS-10455, “Report of a Hospital Death Associated with the Use of Restraint or Seclusion.”

FDA Restraint Reporting

FDA regulates restraint devices as it regulates other medical devices. Thus, hospitals and other device user facilities must report incidents involving restraints that have or may have caused or contributed to the serious injury or death of a patient.

For purposes of this reporting law, it should be noted that the FDA uses a different definition of restraint than does the Centers for Medicare & Medicaid Services Conditions of Participation or California law. The FDA defines a “protective restraint” as:

> a device, including but not limited to a wristlet, anklet, vest, mitt, straight jacket, body/limb holder, or other type of strap, that is intended for medical purposes and that limits the patient’s movements to the extent necessary for treatment, examination, or protection of the patient or others [21 C.F.R. Section 880.6760].

Whereas the CMS definition of restraint could include a geri-chair, a tray table, a side rail, a sheet, or even a staff member holding a patient, the FDA definition does not. Therefore, this reporting requirement is somewhat more narrow than the CMS reporting requirement for deaths associated with seclusion or restraints discussed under XII. “Reporting Requirements Related to Restraint or Seclusion”

Attachment E

List of National Quality Forum Serious Reportable Events (aka SRE or "Never Events")

1. SURGICAL OR INVASIVE PROCEDURE EVENTS

1A. Surgery or other invasive procedure performed on the wrong site (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1B. Surgery or other invasive procedure performed on the wrong patient (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1C. Wrong surgical or other invasive procedure performed on a patient (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1D. Unintended retention of a foreign object in a patient after surgery or other invasive procedure (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1E. Intraoperative or immediately postoperative/post-procedure death in an ASA Class 1 patient (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

2. PRODUCT OR DEVICE EVENTS

2A. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2B. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2C. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

3. PATIENT PROTECTION EVENTS

3A. Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3B. Patient death or serious injury associated with patient elopement (disappearance) (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3C. Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4. CARE MANAGEMENT EVENTS

4A. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration) (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4B. Patient death or serious injury associated with unsafe administration of blood products (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4C. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers

4D. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy (new)
Applicable in: hospitals, outpatient/office-based surgery centers

4E. Patient death or serious injury associated with a fall while being cared for in a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4F. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

4G. Artificial insemination with the wrong donor sperm or wrong egg (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

4H. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen (new)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4I. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results (new)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5. ENVIRONMENTAL EVENTS

5A. Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5B. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5C. Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5D. Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

6. RADIOLOGIC EVENTS

6A. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area (new)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

7. POTENTIAL CRIMINAL EVENTS

7A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7B. Abduction of a patient/resident of any age (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7C. Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7D. Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

Attachment F: -REPORTING REQUIREMENTS UNDER STATE LAW

California Health and Safety Code – Pertaining to General Acute Care Hospitals

1279.**1**. (a) A health facility licensed pursuant to subdivision (a), (b), or (f) of Section 1250 shall report an adverse event to the department no later than five days after the adverse event has been detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than 24 hours after the adverse event has been detected. Disclosure of individually identifiable patient information shall be consistent with applicable law.

(c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.

(d) "Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part.

AP77 On-Call Physician Per Diem Process

Policy Number: AP77	Date Created: Not Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Set
Approvers: Board of Directors (Administration)	
On-Call Physician Per Diem Process	

Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP77	Date Created: Not Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Set
Approvers: Board of Directors (Administration)	
On-Call Physician Per Diem Process	

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

POLICY: Certain specialty and subspecialty physicians providing Emergent and/or restricted Call Coverage for the Kaweah Delta Health Care District ("Kaweah Health") are paid a per diem stipend for their availability to, and for the burden of, providing Call Coverage. The rates shall be consistent with Fair Market Value, and will be developed consistent with the process outlined in CP.03 – Physician Exclusive and Non-Exclusive Provider Agreements.

PROCEDURE:

I. Kaweah Health Medical Staff taking Call Coverage responsibilities shall be compensated with a per diem stipend associated with their call coverage category. The Call Coverage per diem stipend shall be applicable for each day of the year call coverage is provided by an eligible specialty or subspecialty physician on call.

II. The Emergency Call Coverage Schedule shall be published on AMION. The call schedule shall be established by the respective specialties/Departments on the Call Schedule. The Medical Staff Office shall provide support concerning the AMION call schedule as needed.

III. The start and end time for each Call Coverage period shall be defined by each specialty or subspecialty in collaboration with Kaweah Delta Leadership.

Once the call schedule is published, physicians making any changes in call coverage assignments are responsible for contacting the representative of their call group 48 hours in advance who shall immediately revise the AMION

schedule or notify the Medical Staff Office of said changes~~, in writing.~~, who will immediately revise the AMION schedule.

IV. At the end of each month, the Medical Staff Office shall assure the accuracy of the published AMION calendar for per diem Call Coverage services rendered by physicians in each category. Utilizing the AMION published calendar, the Kaweah Delta Health Finance Department shall process payment to the physicians pursuant to the terms contemplated within the Call Coverage Agreement.

V. Physicians providing Call Coverage services shall not be compensated unless they have executed a Call Coverage Service Agreement.

Kaweah Health Observed Holidays		
New Year's Day	-	January 1st
President's Day	-	Third Monday in February
Memorial Day	-	Last Monday in May
Independence Day	-	July 4th
Labor Day	-	First Monday in September
Thanksgiving Day	-	Fourth Thursday in November
Friday following Thanksgiving Day	-	Friday following Thanksgiving Day
Christmas Day	-	December 25th

"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."

AP102 Animal / Pet Visits

Policy Number: AP102	Date Created: Not Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Set
Approvers: Board of Directors (Administration)	

Animal / Pet Visits

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

PURPOSE: To provide patients the opportunity to visit with their personal pets (limited to dogs and cats) in a safe and enjoyable manner.

POLICY:

1. In general, animals are not allowed as visitors at Kaweah Delta Health Care District (KDHCD) unless the pet visit would be therapeutic in nature. All pet visits must be evaluated and approved by one of the following: Recreation Therapist/Activities Coordinator, House supervisor, or Nurse Manager (or designee).
2. Guide dogs, service animals and/or assistance animals will be allowed in compliance with ADA regulations.
3. All pet visitors must be housebroken, tame, docile, clean, and current on all vaccinations and not suffering from active disease.
4. All pet visitors must be at least six months old.
5. All pet visitors must have a current city/county license tag, which will be presented upon request.
6. All pet visitors must have proof of current vaccinations, which will be presented upon request.
7. All pet visits will be limited to the patient to whom they belong.
8. Dogs must remain on a leash (six feet maximum) at all times; cats must be in a carrier.
9. All pets must be under the supervision and control of its handler at all times.
10. There will be no more than one pet visitor per patient at one time.

PROCEDURE: Procedure for arranging animal / pet visits:

1. The patient, family member, or other interested person must notify the Recreation Therapist/Activities Coordinator, House Supervisor, or Nurse Manager (or designee) of their desire for a visit and have the pet evaluated according to the above listed criteria.
2. Before the pet is allowed to visit, the Recreation Therapist/Activities Coordinator, House Supervisor, or Nurse Manager (or designee) will either approve or deny the application.
3. The Recreation Therapist/Activities Coordinator, House Supervisor, or Nurse Manager (or designee) will provide the patient or animal's handler with the list of infection control and safety guidelines. (Attached as Exhibit A)

4. The patient or animal's handler must provide the Recreation Therapist/Activities Coordinator, House Supervisor, or Nurse Manager (or designee) with documentation of current city/county licensure and a veterinarian certificate certifying current vaccinations at least 24 hours prior to the visit.
5. The Recreation Therapist/Activities Coordinator, House Supervisor, or Nurse Manager (or designee) designee will assess the pet's demeanor and required documentation.
6. The Recreation Therapist/Activities Coordinator, House Supervisor, or Nurse Manager (or designee) will determine the location and length of the visit.

EXHIBIT A

Infection Control and Safety Guidelines

1. The animal must be bathed with allergen-reducing or mild shampoo within 24 hours before the visit.
2. The animal must have clean ears.
3. The animal must have nails that are short with no rough edges. The animal must be trained not to scratch the patient, or the animal should wear protective foot coverings.
4. The animal must be healthy and current with all immunizations required for its breed and age.
5. The animal should be free of communicable diseases and parasites and be on a flea-control program. (Communicable diseases to consider include toxoplasma, echinococcus, Giardia, leptospirosis, salmonella, pasteurella, feline deficiency virus, Bordetella bronchiseptica (kennel cough), chlamydia, and ringworm infection.)
6. The animal's handler must be healthy and free of communicable diseases.
7. The animal is not to lick or be in contact with the patient's open wound.
8. A barrier such as a sheet or towel should be placed between the animal's coat and the patient's linen if the animal is allowed on the patient's bed. The barrier should be removed when the animal leaves.
9. When the visit or interaction is finished, the patient must wash his/her hands or use a hand sanitizer.

"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."

AP169 Non-Staff Physician / Advance Professional Referrals

Policy Number: AP169	Date Created: Not Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Set
Approvers: Board of Directors (Administration)	

Non-Staff Physician / Advance Professional Referrals

PURPOSE: To provide a process to comply with California Law and CMS regulations when physicians and advanced practice professionals who are not members of (or credentialed by) the organized medical staff order outpatient diagnostic, therapy and/or treatment procedures for their patients.

POLICY: Kaweah Delta Health Care District will accept referrals (orders/prescriptions) for outpatient diagnostic, therapy and/or treatment procedures from physicians or advanced practice professionals who are not members of (or credentialed by) the organized medical staff provided the physician or advanced practice professional is responsible for the care of the patient, has a license to practice medicine in the State of California or a license recognized in the jurisdiction where the provider sees patients and the license has been verified as outlined in Policy # MSO.06. Interventional procedures and infusion therapy services requested by these providers must be performed by (or overseen by) a member of the medical staff. Arrangements for such oversight must be made by the requesting provider before the procedure may be scheduled. The Administrator on Call may make exceptions to this policy under unusual circumstances taking into account the best interest of the patient's medical needs.

DEFINITIONS: Applicable physicians and advanced practice professionals are those healthcare professionals who are not credentialed through KDHCD's medical staff organization and who are not on KDHCD's medical/allied health staff.

Physicians: Medical doctor (MD), Doctor of Osteopathy (DO), Podiatrist (DPM) and/or Oral Surgeons (DMD)

Advanced Practice Professionals: Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Midwives (CNM), Nurse Practitioners (NP) and/or Physician Assistants (PA)

"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."

AP122 Interpreter Services

Kaweah Health
MORE THAN MEDICINE. LIFE.

Administrative Manual

Policy Number: AP122	**Date Created: Not Set**
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	**Date Approved: 08/28/2025**
Approvers: Board of Directors (Administration)	
Interpreter Services	

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

PURPOSE:

A. To define the communication system that is used for patients who are Limited English Proficient (LEP) or who are deaf or hard of hearing (hearing impaired). Such a system will include appropriate "auxiliary aids" and/or language interpretation services to ensure effective communication between patients and staff during critical health services or treatment situations.

B. To provide guidelines for coordinating timely response to meeting the assessed special language needs of individual patients, their designated representative, guardian or next of kin.

C. To comply with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act of 1964 and Health and Safety Code of California

Health and Safety Code of California requires licensed general acute care hospitals to provide language assistance services to patients with language or communication barriers.

Title VI of the Civil Rights Act of 1964 requires federal fund recipients to ensure the eligible Limited English Proficiency (LEP) persons have "meaningful access" to health services.

ADA Title II requires that public accommodations provide "auxiliary" aids when necessary to enable a person with disabilities to benefit from their services.

POLICY:

It is the policy of Kaweah Delta Health Care District (KDHCD), herein referred to as Kaweah Health, to provide, to the extent possible, the use of qualified interpreters or assistive devices whenever a language or communication barrier exists. For patients that are minors or incapacitated, the preferred language of the patient's parent(s) guardian, or surrogate decision-maker will also be determined. The Bill of Rights for People with Limited English Skills will be provided orally or in a written format. The patient will be informed of the availability of free interpreter services. If the patient still chooses to use a family member or friend who volunteers to interpret this will be documented in the electronic medical record.

A. Kaweah Health recognizes that individuals and Health Care Providers must be able

to communicate effectively. When language barriers exist between providers and patients, the quality of information is diminished and the outcome of the patient encounter may be unsatisfactory. This may lead to decreased patient compliance and increased potential for medical errors and misdiagnosis.

In emergency situations, treatment will be provided in accordance with standard medical practice. Interpreters will be sought promptly; but treatment will not be delayed pending the arrival of an interpreter.

B. It is the policy of Kaweah Health to provide equal access to and equal participation in healthcare activities for persons who are visually impaired, deaf or hard-of-hearing as well as for persons with Limited English Proficiency (LEP). Kaweah Health provides communication aids and services at no cost to the patient during their course of care. It is the policy of Kaweah Health to use qualified interpreters (qualified, certified, or certificated) during critical health services or treatment situations. Qualified Sign Language interpreters are also available.

C. Effective communication is important in every area of hospital communication, but Kaweah Health prioritizes the most careful attention to effective communication in the provision of medical, nursing and ancillary services, where patient safety, medical error, and ability to understand treatment options are affected. The following types of encounters and procedures which are performed by providers who do not speak the primary language spoken by the patient/surrogate decision-maker, and which require the use of healthcare interpreter services, including, but not limited to:

   a. Providing clinic and emergency medical services;
   b. Obtaining medical histories;
   c. Explaining any diagnosis and plan for medical treatment;
   d. Discussing any mental health issues or concerns;
   e. Explaining any change in regimen or condition;
   f. Explaining any medical procedures, tests or surgical interventions;
   g. Explaining patient rights and responsibilities;
   h. Explaining the use of seclusion or restraints;
   i. Obtaining informed consent;
   j. Providing medication instructions and explanation of potential side effects;
   k. Explaining discharge plans;
   l. Discussing issues at patient and family care conferences and/or health education sessions;
   m. Discussing Advanced Directives;
   n. Discussing end of life decisions; and,
   o. Obtaining financial and insurance information.

D. Interpreter Services are available 24 hours a day, 7 days a week and are free of charge to the patient. Interpreter Services can be made available in a variety of ways, depending on the specific needs of the patient. (See “Procedure” for additional information.)

E. Employees shall be instructed regarding interpretation services during their orientation program and on an ongoing basis as appropriate.

F. The patient’s preferred language is to be noted in the patient’s medical record. This will be determined by asking, “In what language do you prefer to discuss your health care?”

This is regardless of whether the patient speaks English fluently or uses another language to communicate.

G. The policy of Kaweah Health shall be to provide all patients and surrogate decision-makers requiring language assistance with medical care information in their preferred language. LEP patients/surrogate decision-makers shall be advised of their right to have interpreter services provided within a reasonable time, at no charge to them.

H. A patient is not required or expected to use friends or family members as interpreters because the use of such individuals may result in breach of confidentiality and reluctance from the patient to reveal personal information critical to the services to be provided. Should an LEP patient/patient representative insist upon the use of a friend or family member to be her/his interpreter, Kaweah Health needs to first ensure that the patient understands that interpreter services are legally guaranteed and free of charge. The California Health and Safety Code Section 1259 (c)(2) states that the hospital may proceed provided that the use of such a person does not compromise the effectiveness or confidentiality of the patient, and provided that the offer and the patient's wishes are documented in the patient's file.

I. Patient/families are to be made aware of the bilingual resources available in the following ways:

   a. Signage/postings
      i. Multilingual notices are to be placed in conspicuous locations informing patients of available bilingual services and how to access them. These notices contain the telephone number where patients can file complaints about interpretation services. Each notice shall also include a TTY number for the hearing impaired. (See attached notices in English/Spanish.)
      ii. Notices shall be posted in conspicuous areas around the facility including, but not limited to, the emergency room and major entrances, admitting areas and lobbies.
      iii. Educational and vital documents and materials shall also be translated to Spanish and be made available to Spanish only speaking patients, as this population comprises at least 5% of Kaweah Health patient population.

J. It will be the policy of Kaweah Health to translate and make available all Vital Documents in Threshold Languages. The translation of other hospital written materials in Frequently Encountered or other languages shall be at the discretion of the issuing staff. Vital Documents that are not produced in a written translation shall be verbally translated to the patient or surrogate decision-maker. The provision of oral translation of all Vital Documents to patients shall be documented and documentation shall become a part of the medical record.
   a. Prior to the assignment of work to a translator, the Interpreter Services Department will provide a Materials Review process for all materials that are to be translated into Spanish to ensure:
      i. Appropriate reading level for the target population;
      ii. Plain language will be used. The language is simple and clear;
      iii. Messages and illustrations are culturally appropriate;
      iv. Document prints clearly in black and white if it will be posted on the internet for public download
   b. The Kaweah Health Interpreter Services Department will translate all Spanish

translations, unless they are unable to meet indicated timelines. All requests for translations in any language will be routed through the Interpreter Services Department. Approved agencies may be used by the Interpreter Services Department to provide translation of patient information or education.

c. The Interpreter Services Department will review all translations returned by approved translation agencies before translations are returned to the department for duplication and/or distribution.
d. The Interpreter Services Department will assist the Marketing Department with the Spanish translation of forms, signs, pamphlets, etc. for display or distribution by Kaweah Health. (See Policy #: AP.18, Foreign Language Forms, signs, Etc.)

PROCEDURE

I. Notification of Interpreter Services
   a. Notices in the form of Language ID Posters are posted in the main hallway of each facility, Emergency Dept. and outpatient areas advising patients and their families about the availability of free interpretation services, a list of available languages, and how to access an interpreter.

II. Patient Identification
   a. The first access point in which a patient acquires services (emergency room registration, admissions, etc.) shall incorporate the determination of language needs into intake procedure.
      i. Do you speak a language other than English at home?
      ii. In what language do you prefer to receive your medical services?
   b. If the patient does not understand, use the Language Determination Cards/Posters to help patients identify their language.
   c. If the patient is unable to use the Language Determination Card, and hospital staff cannot determine the appropriate language, dial 8989 for assistance with the identification of their language.
   d. Note the patient's preferred language in the Patient's medical record, on their face sheet and the Assessment Data Base Record.

III. Inform Patients of their Right to Have Interpreter Services
   a. If the patient speaks a language other than English at home, the statement informing patients of their rights to interpreter services will also be provided to patients in written form in their primary language.
   b. This statement will be translated into all Threshold Languages.

IV. Patient Wristbands
   a. The wristband is light blue with the message: DIAL EXT. 8989 FOR INTERPRETER.
   b. In order to ensure that the preferred communication preferences follow the patient from department/facility to department/facility, a light blue wristband will be placed on the patient's wrist (dominant arm) and secured in order to identify and visually communicate to all staff that the patient has requested interpreter service be provided during his/her stay.
   c. If the patient's condition prohibits the application of the wristband to the wrist, then the ankle may be used.
   d. This procedure is applicable to all staff that initially register/admit the patient, as well as staff who provide patient care.

V. The Health Care Interpreter Network (HCIN)
   a. Dial 8989.
   b. Available 24 hours a day to assist with video and phone Interpretation via any Kaweah Health telephone, mobile phone or videophone.

VI. Requesting an Interpreter
   a. Staff must utilize the appropriate interpreter for explanations of tests/procedures, surgery, to obtain informed consent, and to give critical instructions.
   b. If the staff person determines that an “in person” interpreter is required, he/she may contact the Interpreter Services Department at Ext. 2501 or 5902);
   c. A Language Resource Assistant (LRA) may also be called and is listed under Kaweah Compass/People/Interpreter Directory.
   d. Necessary emergency care will not be withheld pending the arrival of interpreter services.
   e. All necessary contact numbers for contracted interpreter services shall be available to Emergency Room staff and in Kaweah Compass/People/Interpreter Directory.

VII. Hearing Impaired Patients
   a. American Sign Language Services are available by using the HCIN videophones located throughout the hospital and outlying facilities.
   b. Call the Interpreter Services Department at Ext. 2501 or 2501 for assistance.
   c. TTY Machines are available through PBX or the Information Desk as well as facilities throughout the District. Please follow the operating instructions.
      i. Plug the AC adapter into the nearest electrical outlet, connect to phone line and turn the power on.
      ii. Pick up the headset of the telephone and dial 1-800-735-2929 or 9-711.
      iii. Place the headset onto the TTY machine
      iv. Patient may begin using the keyboard.

VIII. Documentation:
   a. Documentation will be maintained in the Interpreter Services Department for:
      i. All interpretation encounters performed by Kaweah Health Interpreter Services Staff.
      ii. All services provided by contracted language interpretation services, including telephonic and videophone services.

IX. Qualified Providers of Healthcare Interpreting
   a. Certified Medical Interpreters:
      i. These English/Spanish speaking interpreters are obtained from the Kaweah Health Interpreter Services Department. These interpreters have achieved either a CHI credential from the Certification Commission for Healthcare Interpreters or a CMI credential from the National Board of Certification for Medical Interpreters.
   b. Certificated Medical Interpreters:
      i. These English/Spanish speaking interpreters are obtained from the Kaweah Health Interpreter Services Department and have been trained as interpreters.
   c. Language Resource Assistants:
      i. A list of staff is available on the Kaweah Compass intranet site under Kaweah Compass/People/Interpreter Directory.
      ii. These bilingual staff members have indicated a willingness to interpret and have been tested and qualified for their ability to do so at the general or

clinical/advanced level. (See Policy # HR.17, Language Resource Assistant Program).

d. Contracted Interpreter Services

X. VIDATAK EZ Board

a. Available through the Interpreter Services Department as well as Patient Family Services and House Supervisor.
b. Initially designed for mechanically ventilated patients, they also work well for patients who display communication barriers but read in their own language and need to communicate basic needs and pain levels to their care providers from their bedside.
c. They are available in English and pictures as well as:

Spanish	Chinese	Vietnamese	Korean	Indonesian
Russian	Tagalog	Hindi	Japanese	Arabic
Polish	French	German	Portuguese	Italian
Farsi				

Definition of Terms

Non-English or Limited English Proficiency (LEP)
Those individuals whose native language is other than English and who cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with healthcare providers.

Communication Barrier
Applies to a person who is deaf/hearing impaired, intubated or has neurological deficits or speaks another language hindering communication.

Deaf
This term is generally used to describe individuals with a severe to profound hearing loss, with little or no residual hearing. Some deaf people use sign language, such as America Sign Language (ASL) or Langue des Signes Quebecoise (LSQ) to communicate using their residual hearing and hearing aids, technical devices or cochlear implants, and/or speech reading.

Hard of Hearing “person with hearing loss”, Hearing Impaired
This term is generally used to describe individuals who use spoken language (their residual hearing and speech) to communicate. Most hard of hearing people can understand some speech sounds with or without hearing aids and often supplement their residual hearing with speech reading, hearing aids and technical devices.

Qualified Sign Language (ASL – American Sign Language) Interpreter:
A person who is fluent in sign language and is trained and proficient in the skill and ethics of interpreting and who is knowledgeable about the specialized terms and concepts that need to be interpreted for purposes of ensuring effective communication.

Healthcare Interpreter
One who has been trained in healthcare interpreting, adheres to the professional code of ethics and protocols of healthcare interpreters, is knowledgeable about medical terminology, and can accurately and completely render communication from one language to another.

Bilingual staff may provide patient instructions only if they had their competency tested and qualified to do so.

Translator
One who converts written text into a written text in a second language corresponding to and equivalent in meaning to the text in the first language.

Language Resource Assistant (LRA)
Kaweah Delta Health Care District staff member who is bilingual and who is willing to provide language interpretation. This person’s language competency has been tested and is classified as general or clinical/advanced. They are identified by either an Orange LRA pin for General or a Dark Blue LRA pin for Clinical/Advanced that must be worn on their badge. Based on the designated level of language competency, the LRA will receive additional compensation to their current salary:

General - $ 2.00 (two dollars) for each 15 minute increment
Clinical/Advanced - $4.00 (four dollars) for each 15 minute increment
(Lahu LRAs)

General - $8.00 (eight dollars) for each 15 minute increment
Clinical/Advanced - $16.00 (sixteen dollars) for each 15 minute increment

Compensation will be provided only for actual time of interpretation if such staff member is pulled outside of their line of work or work area. If being bilingual was an initial requirement of the job or staff member interprets within the course of their own work, additional compensation will not be awarded. A log of encounters will be submitted to the Interpreter Services Department on a bi-weekly basis. LRA compensation does not apply to the Kaweah Health Residency program.

Auxiliary Aids
Dual handset telephone for foreign language interpretation; qualified interpreters; telephones with volume control, Vidatak boards, patient needs communication cards; exchange of written notes.

Contracted Services
A designated service that provides 24-hour foreign language interpretation services either in-person or via telephone through which Kaweah Health has contractual agreements that define expectations and response time.

Attachments:
Availability of Interpreter/Para Obtener un Intérprete Available Languages from contracted services

See Administrative Policy AP. 18, Foreign Language Forms.

AVAILABILITY OF INTERPRETERS

Patients/surrogate decision-makers of Kaweah Delta Health Care District, who are Limited English Proficient (LEP), shall have services provided to them in their primary language or have interpreter services provided to them during the delivery of all significant healthcare services. Interpreter services shall be available within a reasonable time, at no cost to patients.

This establishment subscribes to 24 hour interpretation services provided by:
The Health Care Interpreter Network

To obtain an interpreter for further assistance, please notify:
Interpreter Services Department
624-5902 or 624-5981

TTY phones for Deaf & Hearing Impaired patients will be provided when needed or requested. Please contact the Operator. A qualified American Sign Language (ASL) Interpreter may be called by contacting the Interpreter Services Department. Service provided by:
The Health Care Interpreter Network

To file a complaint with the District regarding interpreter services provided, contact the District's Interpreter Services Manager at (559) 624-5902 or the:
Office of Civil Rights
US Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
(415) 437-8310: (415) 437-8311 TDD
Fax (415) 437-8329

You will not be penalized for filing a complaint.

DISPONIBILIDAD DEL SERVICIO DE INTÉRPRETES

Los pacientes o personas que toman decisiones al estar bajo la atención del Kaweah Delta Health Care District, quienes cuentan con un Dominio Limitado del Inglés (LEP, por sus siglas en Inglés), recibirán servicios en su propio idioma o tendrán los servicios provistos por un intérprete al estar recibiendo atención de salud clínicamente relevante. Los servicios del Departamento de Intérpretes se proporcionarán dentro de un espacio de tiempo razonable, sin costo alguno para el paciente.

Éste centro está suscrito al servicio de interpretación las 24 horas del día, y será provisto por:

The Health Care Interpreter Network

Para más ayuda y conseguir un intérprete, por favor llame a: Interpreter Services Department
624-5981 ó 624-5902

Los Teléfonos TTY para los pacientes Sordos e Impedidos de la Audición serán provistos cuando se necesiten o se soliciten. Por favor, comuníquese con la Operadora. Un intérprete capacitado en Lenguaje en Señas Americano (ASL, por sus siglas en Inglés) podrá ser llamado al comunicarse con el Interpreter Services Department. Dicho servicio será provistos por:

The Health Care Interpreter Network

Para presentar una queja frente al Distrito respecto a los servicios de interpretación provistos, comuníquese con la Gerencia del Interpreter Services Department al (559) 624-5902 ó a:

Office of Civil Rights (Oficina de Derechos Civiles)
US Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
(415) 437 – 8310, (415) 437- 8311 TDD
Fax (415) 437-8329

No se le penalizará por presentar una queja.

Supported Languages and Dialects by Language

Acholi – *Uganda, Sudan*
Afrikaans – *South Africa, Namibia*
Akan – *Ghana, Ivory Coast*
Akateko – *Guatemala*
Albanian – *Albania*
Algerian Arabic – *Algeria*
Amharic – *Ethiopia*
Arabic – *Widely Distributed*
Armenian – *Armenia*
Ashanti (Asante Twi) – *Ghana*
Assyrian – *Iraq*
Azerbaijani – *Azerbaijan*
Azorean Portuguese – *Azores Islands*
Bahnar – *Vietnam*
Bahasa Indonesia (Indonesian) – *Indonesia*
Bambara – *Mali*
Belarusan – *Belarus*
Bengali – *Bangladesh, India*
Bosnian – *Bosnia & Herzegovina*
Brazilian Portuguese – *Brazil*
Bulgarian – *Bulgaria*
Burmese – *Myanmar (former Burma)*
Cambodian (Khmer) – *Cambodia*
Cantonese – *China*
Cape Verdean (Portuguese Creole) – *Cape Verde*
Catalan – *Andorra, Spain*
Cebuano – *Philippines*
Chaldean – *Iraq*
Chamorro – *Guam*
Chaozhou (Teochew) – *China*
Chin – *Myanmar (former Burma)*
Chinese (var. languages/dialects) – *China*
Chuukese (Trukese) – *Micronesia*
Croatian – *Croatia*
Czech – *Czech Republic*
Danish – *Denmark*
Dari (Afgan Farsi) – *Afghanistan*
Dene – *Canada*
Dewoin – *Liberia*
Dinka – *Sudan*
Duala – *Cameroon*
Dutch – *Netherlands*
Egyptian Arabic – *Egypt*
Estonian – *Estonia*
Ewe – *Ghana*
Fante – *Ghana*
Farsi (Persian) – *Afghanistan, Iran, Iraq, Pakistan*
Fijian – *Fiji*
Filipino (Tagalog) – *Philippines*
Finnish – *Finland*
Flemish – *Belgium*
French – *Africa, Canada, France, Tunisia, et al.*
French Creole – *Caribbean*
Fukienese – *China*
Fulani (Fulfulde, Fula) – *Cameroon, Niger, Nigeria, Senegal*
Fuzhou – *China*
Ga – *Ghana*
Gen (Mina) – *Togo, Benin*
German – *Germany*
Gokana (Khana) – *Nigeria*
Greek – *Greece*
Gujarati – *India*
Haitian Creole – *Haiti*
Haka Burmese – *Myanmar (former Burma)*
Hakka – *China*
Hausa – *Niger, Nigeria*
Hebrew – *Israel*
Hindi – *India*
Hmong – *China, Vietnam, Laos*
Hungarian – *Hungary*
Ibo (Igbo) – *Nigeria*
Ilocano – *Philippines*
Indonesian (Bahasa Indonesia) – *Indonesia*
Iraqi Arabic – *Iraq*
Italian – *Italy*
Japanese – *Japan*
Jarai – *Vietnam*
Javanese – *Indonesia*
Jordanian Arabic – *Jordan*
Juba Arabic – *Sudan*
Kanjobal (Q'anjob'al) – *Guatemala*
Kannada – *India*
Kapampangan – *Philippines*
Karen (Pa'o, S'gaw) – *Myanmar (former Burma)*
Kayah – *Myanmar (former Burma)*
Khmer (Cambodian) – *Cambodia*
Kinyarwanda – *Rwanda*
Kirundi – *Burundi*
Koho – *Vietnam*
Korean – *Korea*
Kpele – *Guinea, Liberia*
Krahn – *Liberia, Ivory Coast*
Krio – *Sierra Leone*
Kunama – *Eritrea*
Kurdish [Kurmanji, Sorani] – *Iraq, Turkey, Iran*
Kurmanji (Northern Kurdish) – *Turkey*
Kuawaiti Arabic – *Kuwait*
Lao – *Laos*
Latvian – *Latvia*
Lebanese Arabic – *Lebanon*
Lingala – *Congo, Republic of the*
Lithuanian – *Lithuania*
Luganda – *Uganda*
Luo – *Kenya*
Maay (Af Maay, Rahanween, Bantu) – *Somalia*
Macedonian – *Macedonia*
Malay – *Malaysia*
Malayalam – *India*
Malinke – *Senegal*
Mam – *Guatemala*
Mandarin – *China*
Mandinka (Mandingo) – *Senegal*
Marathi – *India*
Marshallese – *Marshall Islands*
Mayan [Akateko, Kanjobal] – *Guatemala, Mexico*
Mien – *China, Laos, Thailand*
Mina (Gen) – *Togo, Benin*
Minangkabau – *Indonesia*
Mixteco Alto – *Mexico*
Mixteco Bajo – *Mexico*
Mnong – *Vietnam*
Mongolian – *Mongolia*
Moroccan Arabic – *Morocco*
Nahuatl – *Mexico*
Navajo – *U.S.A.(Southwest)*
Nepalese – *Nepal, India*
Nuer – *Sudan*
Oromo – *Ethiopia*
Palestinian Arabic – *Israel, Jordan*
Pangasinan – *Philippines*
Papiamento – *Netherlands Antilles*
Pashto (Pushto) – *Pakistan, Afghanistan*
Persian (Farsi) – *Afghanistan, Iran, Iraq, Pakistan*
Polish – *Poland*
Portuguese – *Portugal, Brazil, et al.*
Portuguese Creole (Cape Verdean) – *Cape Verde*
Pulaar – *Senegal*
Punjabi (Panjabi) – *Pakistan, India*
Quechua – *Argentina, Bolivia, Colombia, Ecuador, Peru*
Quiche (K'iche) – *Guatemala*
Rade – *Vietnam*
Romanian – *Romania*
Russian – *Russia*
Samoan – *Samoa*
San Miguel – *Mexico*
Santa Eulalia – *Guatemala*
Saraiki – *Pakistan, India*
Serbian – *Serbia, Montenegro*
Serbo-Croatian – *Balkans*
Shanghainese – *China*
Sichuan (Szechuan) – *China*
Sinhalese – *Sri Lanka*
Slovak – *Slovakia*
Somali – *Somalia*
Soninke (Serahule) – *Mali*
Sorani (Central Kurdish) – *Iraq*
Spanish – *Spain, Latin America, et al.*
Sudanese Arabic – *Sudan*
Susu – *Guinea*
Swahili – *Kenya, Somalia, Tanzania, et al.*
Swedish – *Sweden*
Syrian Arabic – *Syria*
Tagalog (Filippino) – *Philippines*
Tai Dam – *Vietnam*
Taiwanese – *Taiwan*
Tamil – *India*
Telugu – *India*
Teochew (Chaozhou) – *China*
Thai – *Thailand*
Tibetan – *China*
Tigrigna (Tigrinya) – *Ethiopia, Eritrea*
Toishanese – *China*
Tongan – *Tonga*
Trukese (Chuukese) – *Micronesia*
Tunisian Arabic – *Tunisia*
Turkish – *Turkey*
Twi – *Ghana*
Tzotzil – *Mexico*
Ukrainian – *Ukraine*
Urdu – *Pakistan, India*
Vietnamese – *Vietnam*
Wolof – *Senegal*
Xhosa – *South Africa*
Yemeni Arabic – *Yemen*
Yiddish – *Israel*
Yoruba – *Nigeria*
Yup'ik – *U.S.A (Alaska)*
Zulu – *South Africa*
Zarma – *Niger*

Afghani	Croatian	Hmong	Maltese	Shona
Afrikaans	Czech	Hokkien	Mandarin	Sicilian
Akan	Danish	Huizhou	Mandingo	Sindhi
Albanian	Dari	Hungarian	Marathi	Sinhala
Amharic	Dene	Icelandic	Mien	Slovakian
Arabic	Dinka	Igbo/Ibo	Micif	Slovenian
Aramaic	Dogrib	Ilocano	Min Nan	Somali
Armenian	Dutch	Indonesian	Moldavian	South Slavey
Assyrian	Eritrean	Inuinaktun	Mongolian	Spanish
Azarbajiani	Estonian	Inuktitut	Ndebele	Susu
Azari/Azeri	Fante	Italian	Nepali	Swahili
Belorussian	Farsi	Japanese	North Slavey	Swedish
Bengali	Fijian	Kakwa	Norwegian	Tagalog
Berber	Finnish	Karen	Nuer	Taiwanese
Bosnian	Flemish	Khmer/Cambodian	Nyanja	Tamil
Bulgarian	Formosan	Kinyarwanda	Nzema	Telegu
Burmese	French	Kirundi	Ojibway	Thai
Cantonese	French-Canadian	Kiswahili	Ojicree	Tibetan
Cebuano	Frisian	Korean	Oromo	Tigrinya
Chaldean	Fuchownese	Kurdish	Polish	Toisan
Chao Chow	Fur	Kutchi	Portuguese	Tongan
Chilcotin	Ga	Lao	Punjabi	Turkish
Chipewyan	German	Latin	Pushto	Turkmen
Cree	Greek	Lingala	Romanian	Twi/Asante
Cree-James Bay	Gujarati	Lithuanian	Russian	Ukrainian
Cree-Plains	Gwichin	Low German	Salish	Urdu
Cree-Swampy Cree	Hakka	Lugbara	Sanskrit	Uyghur
Cree-Swampy	Hausa	Ma Di	Saulteaux	Veneto
Cree-Woodlands	Harari	Macedonian	Serbian	Vietnamese
Creole	Hebrew	Malay	Serbo-Croatian	Yiddish
Creole-Haitian	Hindi	Malayalam	Shanghainese	Zulu

"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."

HR04

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

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

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

Pay Practices:

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

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

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

Donning and Doffing Sterile Scrubs

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

Sleep Pay

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

Advanced Practice Provider Incentives

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

Cell Phone Allowance

Staff who are required to use their personal cell phone for work purposes will receive a monthly mobile phone allowance. The amount of the allowance is dependent upon the usage. Staff who use their personal cell phone for multi-factor authentication (MFA) to log in to their systems while at work will receive a $5/monthly allowance. All supervisors and above, and staff who are

required to use their personal cell phone for anything work beyond multi-factor authentication (MFA), will receive a $23/monthly allowance.

Private Home Care Holiday

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

Private Home Care On-Call

Eligible Job Codes:

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

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HR70

Kaweah Health
MORE THAN MEDICINE. LIFE.

Human Resources

Policy Number: HR.70	**Date Created: 06/01/2007**
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	**Date Approved: 12/17/2025**
Approvers: Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	

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

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

PURPOSE:

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

MEAL PERIOD POLICY AND PROCEDURE:

For non-exempt employees working more than five hours per day, including 8-, 9-, or 10-hour shift employees, Kaweah Health will provide, and employees are expected to take a 30-minute duty-free meal period. ~~The meal period will be scheduled to start within the first five hours of each shift, i.e. the meal period must start before the end of the fifth hour in the shift.~~The meal period will be scheduled to start before the end of the fifth hour in the shift, i.e. the meal period must start no later than four hours and 59 minutes into the shift. An employee who works ~~routinely~~ six hours or less per day may voluntarily choose to waive the meal period in writing.

For non-exempt employees working more than ten hours per day, including 12-hour shift employees, Kaweah Health will ~~provide~~schedule, and employees are expected to take a second 30- minute duty-free meal period~~;~~. ~~t~~This meal period must start before the end of the tenth hour of the shift, i.e. nine hours and 59 minutes into the shift. Employees working more than ten hours~~, but less than twelve hours~~ may choose to waive, in writing, one of the two scheduled meal periods ~~provided~~. If one of the two meal periods is waived, the single meal period will be scheduled approximately in the middle of the workday as practicable, but it should not be scheduled more than nine hours and 59 minutes into the shift. ~~An employee working more than 12 hours is authorized and expected to take a third 30-minute meal period.~~

30-minute uninterrupted m~~M~~eal periods ~~will are to~~ be ~~made available and provided~~scheduled by Kaweah Health Leaders; it is each employee's responsibility to ensure that they are taking appropriate meal periods as scheduled and as set forth in the policy. ~~30-minute uninterrupted meal periods are to be scheduled. On rare occasions, an employee may request to delay their meal period. If an employee voluntarily delays a meal~~

~~period that is permitted.~~ Kaweah Health retains the right to set work schedules, including meal periods and rest break schedules.

Meal periods will be unpaid only if the employee is relieved of all duty for at least ~~30~~ 30- minutes and the employee is not interrupted during the meal period with work-related requests. Non- exempt employees may leave the organization premises during meal ~~periods, but~~periods but are to notify their supervisor if they do leave, and inform them when they return.

Employees who are not provided a 30- minute uninterrupted meal period ~~of uninterrupted time~~ in a timely manner as described are entitled to one hour of pay at their regular rate of pay (pay code MPRB1hour). An employee who is not provided with a meal period according to policy ~~must,~~must complete a time adjustment sheet by the end of the current pay period and notify their leader. The leader will authorize payment of premium pay in the timekeeping system. Note~~: that if~~ If ~~the~~ an employee ~~voluntarily~~ fails to take their ~~delays their~~ meal period as scheduled, and work did not prevent them from taking their scheduled meal period, no ~~additional~~ penalty pay ~~of one hour~~ will be paid. Continued failure to comply with this policy may result in disciplinary action, up to and including termination as appropriate.

Commented [BT1]: Remove? They should not be voluntarily delaying… Update to this or something similar?

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

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

MEAL PERIOD WAIVER
Employee or Kaweah Health may revoke a signed “Meal Period Waiver” at any time providing at least one day’s advance notice in writing to Human Resources and their manager. ~~Otherwise~~Otherwise, the waiver will remain in effect until revoked.

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

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

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

ADDITIONAL INFORMATION:
An employee may be entitled to no more than two hours of premium pay per day (one for a meal period that was not provided or interrupted and one for one or more rest

breaks that were not authorized or permitted). Employees are required to submit time adjustment sheets by the end of the current pay period for the missed or interrupted meal break or unauthorized rest break listing the reason or reasons for a missed or shortened meal period or a missed rest break.
Employees may not shorten the normal workday by not taking or combining breaks, nor may employees combine rest breaks and meal periods for an extended break or meal period

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

- Less Than 3.5 Hours: An employee who works less than three-and-a-half is not entitled to a rest break.

- 3.5 Hours or More: An employee who works three-and-a-half hours or more is entitled to one ten-minute rest period.

- More than 6 Hours: An employee who works more than six hours is entitled to two ten- minute rest periods, for a total of 20 minutes of resting time during their shift.

- More than 10 Hours: An employee who works more than ten hours is entitled to three ten-minute rest periods, for a total of 30 minutes of resting time during their shift.
- An employee is entitled to another ten-minute rest period every time they pass another four-hour, or major fraction thereof, milestone.

How Many Meal Breaks Must be Taken:

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

BREASTFEEDING AND/OR LACTATION ACCOMMODATION

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

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

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

a) Mineral King Wing, 1st Floor MK lobby by Lab Station
b) Mineral King Wing, 2nd Floor on the left heading to ICU
c) Mineral King Wing, 3rd Floor on the left just past the stairwell

d) Acequia Wing, Mother/Baby Department
e) Support Services Building, 3rd Floor, (Computer available)
f) South Campus, next to Urgent Care Lobby
g) Imaging Center, in the X-Ray Dressing room (135)

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

a) *"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand al*puter available)
b) Mental Health Hospital, Breakroom Suite
c) Visalia Dialysis, Conference Room, (Computer available)
d) Exeter Health Clinic, Family Practice Department, (Computer available)
e) Woodlake Health Clinic, (Computer available)
f) Dinuba Health Clinic, (Computer available)
g) Lindsay Health Clinic, (Computer available)
h) Rehabilitation Hospital, next to Outpatient Speech Therapy Office

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HR74

Policy Number: HR.74	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 12.17.2025
Approvers: Board of Directors (Administration)	

Telecommuting

POLICY

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

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

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

PROCEDURE:

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

General

1. Employees entering into a telecommuting agreement may be required to forfeit use of a designated onsite workstation in favor of a shared arrangement to maximize office space needs.

2. Telecommuters who request a change in telecommuting status to return to work onsite must provide a written notice to their manager

before returning to work onsite in order to provide management time to arrange for a workstation. Kaweah Health will consider the request and if agreed, will ensure a transition within a reasonable timeframe. Kaweah Health reserves the right to deny the request.

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

Eligibility

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

1. The telecommuter must be proficient in all aspects of their assigned job functions. Department quality and productivity standards may be a condition of approval for telecommuting.

2. The telecommuter must have the ability to work independently with minimal assistance and/or supervision.

3. The telecommuter must demonstrate familiarity with computer operations and software and must be able to troubleshoot computer and technical issues and communicate effectively with the management team, ISS Helpdesk and other technical support personnel.

4. Remote opportunities may not be extended/offered to employees who are currently in disciplinary action or have low scores on a performance evaluation.

5. Department management will establish the manner and frequency of communication.

Telecommuter Scheduled Workweek:

1. The telecommuter agrees that he or she will be accessible during their regularly scheduled hours while working from his or her home office or any other remote office. A non-exempt telecommuter must

also take his or her required meal periods and rest breaks and must obtain pre-approval to work any overtime in accordance with Kaweah Health policy. Changes to the telecommuter's work schedule must be approved by department management.

2. Telecommuters may be scheduled a portion of their time to routinely work onsite at the discretion of management.

~~2.~~3. Out of State telecommuters may not work onsite for any reason. All work must be performed in their state of residence.

~~3.~~4. Telecommuters will continue to utilize Workday to clock in and out or other timekeeping protocol as per existing policies. Worked hours may be verified by examining the production reports as well as computer log-in and log-out times. Falsification of any records will be grounds for progressive discipline up to and including termination of employment.

~~4.~~5. Telecommuters will request management approval for time off by submitting an absence request in Workday and completing any other department specific time off request processes.

Telecommuter Workplace:

1. The telecommuter is responsible for designating and maintaining a workplace that is free from recognized hazards and that complies with all occupational safety and health standards, rules and regulations.

2. To ensure that safe work conditions exist, the telecommuter will allow representatives of Kaweah Health to have prompt access to and to inspect the telecommuter's designated workplace at any reasonable time on any regularly scheduled workday. The telecommuter is responsible for setting up and maintaining an ergonomically correct workstation. Employees requiring assistance in this regard should contact Human Resources.

3. The telecommuter agrees that he or she is responsible for any tax implications related to his or her home workspace.

4. The telecommuter agrees that they will notify their manager and Human Resources in advance of relocating to a state outside of California.

5. Current out of state telecommuters must to notify their manager and Human Resources in advance of relocating to another state.

~~3.~~

Telecommuter Equipment:

1. Kaweah Health may provide the telecommuter with equipment to be used in his or her home office. The telecommuter agrees to use all equipment for its intended purpose, in accordance with the manufacturer's instructions and in a safe manner, and in accordance with the Kaweah Health Equipment Use Security Agreement, and Acceptable Use Policy (ISS.001).

2. Kaweah Health may install one or more telephone lines in the telecommuter's designated workspace to be used by telecommuter for making and receiving business phone calls and for use with the computer and facsimile machine that may be provided by Kaweah Health. All phone lines installed in the telecommuter's home office by Kaweah Health shall be in the name of Kaweah Health, unless another arrangement has been made. The telecommuter shall have no right in, or title to, Kaweah Health phone lines.

3. Kaweah Health shall be responsible for the installation, repair and maintenance of all organization-owned telecommuting equipment, office equipment, and furniture. The telecommuter agrees to promptly notify Kaweah Health if any of the office equipment described above malfunctions or performs improperly or unsafely.

4. All office equipment, telecommuting equipment, furniture and any other items used in the performance of Kaweah Health business shall be located within the workspace designated by the telecommuter and may be used only by authorized employees. Kaweah Health shall not be liable for any loss, damage, or wear of any equipment, furniture, or supplies owned by the telecommuter. The telecommuter is responsible for insuring their equipment under his or her homeowner's or renter's insurance policy.

Telecommuter Internet/Intranet Access:

1. Internet or Kaweah Health intranet access may be provided by Kaweah Health to the telecommuter for the benefit of Kaweah Health and its customers, vendors and suppliers. This access enables the telecommuter to connect to information and other resources within and outside Kaweah Health.
2. When accessing Kaweah Health's own intranet, the telecommuter agrees to do so only for business purposes. Accordingly, all such

communications should be for professional, business reasons and should not be for personal use. Electronic mail may be used for non-confidential business contracts. Kaweah Health's intranet should not be used for personal gain or advancement of individual views. Solicitation of non-Kaweah Health business is strictly prohibited.

3. The Telecommuter will be given an Active Directory username and password when granted access to Kaweah Health's intranet. The Human Resources and the Information Systems department will further be able to access all Kaweah Health computer equipment and electronic mail. All passwords issued will be kept confidential and are not to be used by any other person. Any employee found to knowingly allow their password to be used by anyone else, or who is found to be using another's password will be subject to disciplinary action up to and including termination of employment.

Equipment Ownership and Usage:

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

2. Kaweah Health will provide access to all necessary programs, systems, and software necessary to perform job functions.

Telecommuter Confidentiality:

1. The telecommuter agrees that all trade secrets, confidential information, and business records that come into his or her possession, or that he or she prepares, are the property of Kaweah Health. During his/her employment with Kaweah Health the telecommuter agrees not to disclose, directly or indirectly,

any of the trade secrets, confidential data, or business records of Kaweah Health to any other individual or entity, including the telecommuter's family, except as required in the course of his/her employment. In addition, the telecommuter agrees not to use, directly or indirectly, any of the trade secrets, confidential data, or business records of Kaweah Health for the benefit of any other individual or entity, including the telecommuter's family, except as required in the course of his or her employment. In furtherance of these principles, telecommuter agrees to file all business records in a locked filing cabinet or otherwise take all other steps necessary to protect the confidentiality of information.

2. The telecommuter is responsible for protecting any and all Patient Health Information from disclosure to anyone that does not have a business or clinical reason to have such information.

3. Only email via Kaweah Health email system shall be utilized for purposes of communicating patient information to and from the facility.

Telecommuter Liability for Injuries:

1. Kaweah Health and the telecommuter agree that any injury that occurs while the telecommuter is performing work on behalf of Kaweah Health from his/her home office shall be covered by Kaweah Health's Workers' Compensation insurance. The telecommuter agrees to promptly report any work-related injuries to his or her manager or Employee Health.

2. If applicable, t~~T~~he telecommuter agrees that he or she will conduct all in-person business meetings at Kaweah Health's offices. The telecommuter further agrees not to invite third parties to visit his or her home office for the purpose of conducting Kaweah Health business. Out of state telecommuters may not work onsite.

3. The telecommuter shall hold harmless and otherwise indemnify Kaweah Health for any injuries that occur to third parties, including members of telecommuter's family, on the telecommuter's premises.

Telecommuter Harassment and Discrimination:

1. The telecommuter understands that any form of discrimination or harassment is strictly prohibited. The telecommuter further agrees to take all reasonable steps to prevent discrimination and harassment from occurring while conducting Kaweah Health business or while acting on behalf of Kaweah Health. The telecommuter also agrees

that he or she will immediately report all instances of discrimination or harassment occurring at the telecommuter's workplace to Kaweah Health.

Workplace Violence:

The telecommuter agrees that he or she will immediately report all instances of violence, harassment, sexual or otherwise, occurring at the telecommuter's workplace to Kaweah Health.

Scheduled/Unscheduled System Downtime:

1. Equipment malfunction must be reported immediately to management, and if applicable, the ISS Help Desk. The technician on duty will inform the telecommuter when systems are back and running.
2. Telecommuters may not be paid for equipment/system downtime. The telecommuter must be available to work onsite during an equipment failure expected to exceed two hours, unless other arrangements are approved by management. Other options may include a flex schedule to make up this time or used Paid Time Off at the discretion of management.

Leave of Absence or Termination of Employment:

1. Upon extended leave of absence or termination of employment, the telecommuter agrees to return or have returned Kaweah Health-owned office equipment, furniture, business records, files and supplies.

2. The Information Systems Department will be notified immediately of the leave of absence or termination by Human Resources. The employee's access will be deactivated upon an extended leave of absence or date of termination.

Terms and Conditions of Participation Agreement

1. The department Chief and the Chief Human Resources Officer (CHRO) must review/approve before telecommuting begins.

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

HR94

Policy Number: HR 94	Date Created:06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: ~~10/25/2023~~
Approvers: ~~Cindy Moccio~~ (Board Clerk/Exec Assist-CEO)	
~~Employee Handbook/~~Human Resources Policies	

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

PURPOSE:

The purpose of this policy is to ~~familiarize~~ inform employees of the Human Resources ~~with~~ the policies, procedures, rules, and other key aspects of Kaweah Health related to employment.

POLICY:

Kaweah Health does not maintain a standalone employee handbook; its Human Resources policies and related procedures collectively serve in place of the employee handbook and are the official source of information regarding the terms and conditions of employment. Upon hire all employees will receive ~~the~~ a listing of all Human Resources Policies along with access to their stored locationed ~~in~~ on Kaweah Health's PolicyTech System ~~upon hire~~. Employees will receive written periodic updates via email as pertinent policies and procedures are modified.

PROCEDURE:

1. Kaweah Health employees are expected to read and familiarize themselves with the information included in the policies. Employees with questions regarding items in the policies are encouraged to discuss their questions with management or a Human Resources Department representative.

2. Kaweah Health reserves the right to modify, rescind, delete, or add to the provisions of ~~the~~ its policies and procedures ~~Policies from~~ at any time, with or without prior notice, subject to applicable law. ~~to time in its sole and absolute discretion.~~ Kaweah Health will make reasonable efforts to communicate policy ~~Every attempt will be made to provide all employees with notification of such~~ changes to employees in a timely manner. ~~when they occur.~~ Revisions will generally be distributed through Kaweah Health's email system and updated in the Policy Tech system for ~~to~~ all employees to access.

Also Reference: Kaweah Health Code of Conduct, HR. 236

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HR149

Policy Number: HR.149	**Date Created: 06/01/2007**
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	**Date Approved: ~~3/26/2025~~**
Approvers: Board of Directors (Administration)	
Bereavement Leave	

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

PURPOSE:
To allow employees who have experienced a death in the immediate family member to take the time to make necessary arrangements and observe a period of grieving.

POLICY:
As of January 1, 2023, any employee is eligible for bereavement leave once they have been employed by Kaweah Health for at least 30 days ~~prior to~~ before the start ~~commencement~~ of the bereavement leave

~~.~~ Eligible employees may take up to five shifts of bereavement leave upon the death of a qualifying or immediate family member, as listed below. The five shifts of bereavement leave do not need to be taken on consecutive~~ly~~ days, but the leave must taken within three months of ~~the family member's~~ date of death. ~~; they can be intermittent.~~

All Full-Time and Part-Time Benefitted employees ~~shall be granted~~ are eligible for 24 hours of employer-paid bereavement time in the event of a death in their immediate family member, as listed below.~~,~~ (the remaining shifts would be unpaid or paid through accrued PTO).
~~of which will be paid under prior Kaweah Health Policy for employees who receive benefits~~
Non-benefitted employees may still take bereavement leave, but such leave will be unpaid unless they elect to use other accrued and available paid time in accordance with applicable policy (HR. 234).

~~The employer~~ Kaweah Health may require ~~that~~ the employee provide documentation of the death of the family member including a death certificate, published obituary, funeral home, burial society, crematorium, religious institution, or governmental agency. The documentation, if requested, must be provided within 30 days of the first day of bereavement leave.

PROCEDURE:

1. ~~A qualifying family~~ For purposes of this policy "immediate family member" includes:

   Spouse or Domestic Partner
   Child
   Parent/ Legal Guardian
   Sibling
   Grandparent
   Grandchild
   Parent-in-law

   All Full-Time and Part-Time Benefitted employees shall be granted paid bereavement time of up to 24 hours, in the event of a death in their immediate family.

2. For purposes of this policy a qualifying ~~immediate~~ family member can be defined with the list below; however, ~~the California Family Rights Act (CFRA) defines there may be instances~~ where a loss of a significant other, designated person, and/or close relative ~~would~~ may ~~be~~ considered for the leave. This classification may be considered as one event for bereavement leave every 12 months from date of death and will be left up to the discretion of each Director or Executive. In the event a Director or Executive is not available a manager may approve the designated person leave.

~~**Immediate**~~ Qualifying Family Members include:

- Daughter-in-law
- Son-in-law
- Step- Parent
- Step- Child
- Step-Sister/Brother
- Miscarriage

Bereavement leave for qualifying family members are not eligible for 24 hours employer-paid bereavement time in the event of a death.

3. Notice and Scheduling:

   a. Employees should provide notice of the need for bereavement leave as soon as practicably possible and follow normal call-off procedures.

   b. Full-time and part-time benefitted employees will be granted up to three scheduled workdays off (up to 24 hours) with pay with the approval of management. Bereavement time may be delayed for a future date with a reasonable explanation for the delay and with the approval of management. Additional leave utilizing Paid Time Off (PTO) or unpaid time off may be arranged upon request and with approval of management.

   c. Bereavement time is to be recorded in Workday.

4. Where a pattern of use is established, documentation of death may be required. The documentation, if requested, must be provided within 30 days of the first day of bereavement leave. Failure to provide such documentation upon return to work may result in the leave being considered as an unauthorized absence without pay.

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HR173

Policy Number: HR.173	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: ~~6/25/2025~~
Approvers: Board of Directors (Administration)	
Employee Engagement & Assistance Fund~~Emergency Relief~~	

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

POLICY:

~~This policy was developed to assist employees with personal financial emergencies.~~ The funding of this program is through unused Section 125 funds and donations by employees of Kaweah Health. The unused Section 125 funds will be donated to the Kaweah Health Hospital Foundation and restricted to use for the Kaweah Health Employee ~~Emergency Relief~~Engagement & Assistance Fund.

PROCEDURE:

To seek employee assistance from the ~~emergency~~ fund, an application (found on Kaweah Compass) ~~attached Exhibit)~~ must be fully completed and signed. The application must be submitted to the Human Resources Department. Applications for assistance shall be reviewed and approved by the Chief Human Resources Officer or designee.

I. Eligibility

A. All full-time and part-time employees are eligible to apply after successfully completing the introductory period of employment. Employees may not be in the Disciplinary Action Process with a Level II counseling or higher.

B. One application per household.

C. Requests must be submitted to Human Resources in writing by the employee needing assistance. A Manager/Director acknowledgment of submission for Human Resources review is required.

~~D.~~ Application must be submitted to Human Resources within sixty (60) days of the emergency event or condition resulting in a need for assistance. Additional documentation may be requested. Applications are considered on a case-by-case basis, but should show direct financial impact that creates a hardship for the household (catastrophic event, adoption, educational pursuits, etc.).

D.

~~E.~~ Any misrepresentation on this application may be sufficient cause for rejection of the application and disciplinary action up to and including

termination of employment.

E.

~~F. Employees requesting assistance must meet at least one of the required criteria.~~

~~II. Criteria~~

~~The requesting employee must provide documentation with their application for any of the criteria listed below (i.e. direct financial impact that creates a hardship for the household):~~

~~Expenses associated with:~~

1. ~~Death of an immediate family member~~
2. ~~A catastrophic event affecting the employee (Example: home fire or natural disaster)~~
3. ~~Financial hardship related to educational pursuits~~
4. ~~Adoption~~
5. ~~Medical emergency outside of what would be covered by insurance and/or PTO/EIB (Example: hotel stay)~~

~~III. Definition of Immediate Family~~

~~For the purpose of this policy, immediate family is defined as mother, father, sister, brother, spouse, registered domestic partner, child, grandchild, grandparent, legal guardian, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, sister-in-law, stepchild, step parent, step-brother, and step sister.~~

~~IV.~~II. Disbursement

- A~~ssistancewards~~ will be disbursed as approved by the Chief Human Resources Officer or designee provided funds are available.
- Awards are applied only to bill(s) related to the emergency and do not cover the applicant's recurring expenses.
- Awards are not granted directly to the employee, but paid to the party to whom the funds are owed.
- Awards are not to exceed a maximum of $1,000.
- Employees are eligible to reapply for assistance every five (5) years. Exceptions to the policy can be approved by the Chief Human Resources Officer or designee after review and approval.

~~V.~~III. Donations

Should this ~~e Employee Emergency Relief~~ program be discontinued, the Kaweah Health Hospital Foundation and Human Resources will determine the use of the funds. No additional donations to the Employee Emergency Relief Fund will be accepted

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Kaweah Health

Employee Emergency Relief Application (Submit to the Human Resources Department)

Employee Name:_____Date: _____Department:_____

Title: _____Employee #_____Phone #_____

Amount of Request $_____(Maximum $1,000)

Emergency Criteria (Please check one)

( ) Death of an immediate family member

( ) A catastrophic event affecting the employee. (Example: Fire or Natural Disaster) ( ) Financial hardship related to educational pursuits

( ) Adoption

( ) Medical emergency outside of what would be covered by insurance and/or PTO/EIB (Example: hotel stay)

Funds may take up to one month to be distributed.

(Brief explanation of your situation): _____ Date of Incident: _____

Our goal is to pay some of your expenses to help assist you with this unforeseen emergency. Please list the expenses that you need assistance with as well as the amount of assistance needed. Please attach unpaid invoices. (Unfortunately, we can only make payments to third parties. We cannot write a check directly to you. Funds cannot be used to pay **Medical Insurance Premiums**.)

I certify that all statements above are true and correct. Any misrepresentation on this application may be sufficient cause for rejection of the application. I also certify that I have read the Employee Emergency Relief Policy HR 173.

_____ _____

Requestor's Signature Date Department Director/Manager Verification Date

****

Human Resources use only

Date Received: _____ Approval Date: _____

Has the employee applied and been awarded in the past three (5) years? Date: _____Amount: _____

Approved: (Amount)_____ Denied (Reason):_____Given to the Foundation (Date):_____ Check to be ready on (Date): _____

HR184

Policy Number: HR.184	**Date Created: 03/14/2014**
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	**Date Approved: ~~3/26/2025~~**
Approvers: Board of Directors (Administration)	

Attendance & Punctuality

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

POLICY:

Attendance and punctuality is important to Kaweah Health's mission to deliver high quality service to our patients and the community. It is each employee's responsibility to maintain a good attendance record. Regular attendance and promptness are considered part of an employee's essential job functions. Employees with excessive absenteeism may be subject to Progressive Discipline.

Employees with disabilities may be granted reasonable accommodation to assist them in meeting essential functions under any provision in this policy. In cases of disability, appropriate documentation from a healthcare provider is required. A Leave of Absence may be considered as a reasonable accommodation. Please refer to Leave of Absence and the Reasonable Accommodation Policy for more information.

All absences will be recorded on an attendance record (utilizing specific comments in the timekeeping system), which will be used to identify acceptable or unacceptable attendance patterns. The focus of this policy is on the frequency of absences and is to ensure reliability of employees to their work schedule and/or work requirements.

Employees are also expected to report to work punctually at the beginning of the scheduled shift and when returning from meals and breaks.

An employee who misrepresents any reason for taking time off may be subject to disciplinary action up to and including termination of employment. See HR.216 Progressive Discipline.

PROCEDURE:

Absenteeism is not being at work or failing to attend a Kaweah Health paid workshop when scheduled unless the absence is protected by law.

The following number of occurrences, including full shift absences, tardies and leaving early, will be considered excessive and will be grounds for counseling and disciplinary action up to and including termination. During the new hire introductory period (see HR.37 Introductory Period), unacceptable attendance may result in the employee being placed in an advanced step of disciplinary action up to and including termination of employment.

Occurrence (full days, consecutive days, tardies, and leaving work early):

- An occurrence is defined as time off that was not pre-approved. This could include a full day or three (3) consecutive calendar days of unapproved, unprotected time off. Beyond the 3rd day, employee may file for a Leave of Absence. If makeup time is authorized on the same day or within the week of the occurrence, the absence is still counted as an occurrence. Any sick days not covered by PSL will be considered an occurrence. (For information regarding Paid Sick Leave, please see policy HR.234 Paid Time Off PTO, Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014.

For the purpose of this policy, a "tardy" results when an employee fails to report to their work area ready for work at the start of their shift or fails to return from lunch or break at the appropriate time. Two tardies or leaving early that have not been pre-approved count as one occurrence. One tardy and one time leaving early can also count as one occurrence, as well as two unscheduled events of leaving early will count as one occurrence.

- An employee is expected to call in absences two hours prior to the start of their scheduled shift.

- Please note that attendance and punctuality is considered an important factor of overall performance and employees will be subject to Progressive Discipline. As such, if an employee has or is to receive disciplinary actions other than attendance, the Levels as noted below will escalate. The entire performance of an employee is considered when establishing Levels and Kaweah Health may apply any Level or immediate termination if warranted due to the circumstance as determined by Kaweah Health Leadership.

Number of Occurrences in a Rolling 12-Month Period

Counseling	**Occurrences**	**Introductory Period**
Verbal Warning	2	2
Level I Written Warning	3	NA
Level II Written Warning	4	
Level III Written Warning	5	
Termination	6	3

Pattern Absenteeism:

Employees will be considered to have a pattern of unscheduled absences if absences tend to occur immediately before or after scheduled days off, before or after holidays or weekends, occur at regular intervals or on consistent days, occur immediately following disciplinary action, or occur on days that the employee requested off but were denied such request. Patterned absences will be considered misconduct and will be grounds for Progressive Discipline.

Absences not to be considered under this policy are noted below. Reasonable notice of these absences is requested and in some cases required. Progressive Discipline may apply where reasonable notice or requested proof of time off documentation is not

provided.

a. Work-related accident/illness.

b. Pre-scheduled Paid Time Off (PTO).

c. Pre-scheduled personal time.

d. Time off to vote or for duty as an election official. This provision will be limited to federal and statewide elections exclusively and shall not be extended to include local, city or county elections. Employees requesting time off to vote will submit the request in writing. The request should state specifically why the employee is not able to vote during non-working hours. Unless otherwise agreed, this time must be taken at the beginning or ending of the employee's shift to minimize the time away from work.

e. Time off for adult literacy programs.

f. Time off for employees who are victims of a qualifying act of violence or whose family member is a victim of a qualifying act of such violence, may be entitled to protected leave as provided by law. A qualifying act of violence includes domestic, sexual assault, and other acts, conduct or threats involving injury, death, or the use of a firearm or another dangerous weapon.

g. Time off for employees to obtain medical care, counseling, victim-advocacy services, relocation or safety planning related to a qualifying act of violence. This includes time needed to attend or prepare for court or law-enforcement proceedings, obtain protective orders or participate in the criminal justice process related to the qualifying act of violence.

    f. • For purposes of this policy, a "victim" includes an employee who is a victim of a qualifying act of violence, or an employee whose family member is a victim of a qualifying act of violence as protected by AB 2499.

g. orders or participate in the criminal justice process. Time off if a victim of a crime, or if a family member is the victim of a crime, when they take time off following the crime. Protections are for an employee who is a victim of domestic violence, sexual assault, or stalking for taking time off from work for any specified purpose, including seeking medical attention, for injuries caused by the domestic violence, assault, or stalking and appearing in court pursuant to a subpoena. In addition, protections include taking time off from work to obtain or attempt to obtain any relief. Relief includes, but is not limited to, a temporary restraining order, restraining order, obtaining psychological counseling, engaging in safety planning, seeking other injunctive relief, and to help ensure the health, safety or welfare of the victim or their child. Furthermore, protections include if the employee provides certification that they were receiving services for injuries relating to the crime or abuse or if the employee was a victim advocate.

h. Time off to attend judicial proceedings as a victim of a crime, the family member, registered domestic partner or child of a registered domestic partner

~~who is a victim of a crime. Victim means any person who suffers direct or threatened physical, psychological, or financial harm as a result of the commission or attempted commission of specified crime or their spouse, parent, child, sibling, or guardian~~.

i. Employees who enter uniformed military service of the Armed Forces of the United States for active duty or training.

j. Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation.

k. Time off of up to fourteen (14) days per calendar year for volunteer firefighter, reserve peace officer, or emergency rescue personnel training or duties.

l. Time off to attend school or child care activities for their children, grandchildren or guardians (limited to 40 hours per year not exceeding eight hours in any calendar month). Applies to children in grades 1 through 12 or in a licensed child care facility. Additional protections apply for required appearances after suspension of a child from school. Effective January 1, 2016, employees may take time off from work to find a school or a licensed child care provider and to enroll or re-enroll a child, and time off to address child care provider or school emergencies.

m. Bereavement time related to Policy.

n. Jury Duty or Witness Duty.

o. Leaves pursuant to legislative requirements Family and Medical Leave Act of 1993 (FMLA); California Family Rights Act of 1991 (CFRA); Pregnancy Disability Leave (PDL); Organ and Bone Marrow Donation Leave; and Workers' Compensation (WC).

p. Kin Care: Kin Care authorizes eligible employees to use up to one-half (½) of the Extended Illness Bank (EIB) that they accrue annually, in a calendar year, to take time off to care for a sick family member. Employees who accrue EIB are eligible for Kin Care. Employees who are not eligible for EIB are not eligible for Kin Care. No more than one-half of an employee's EIB accrual in a calendar year period can be counted as Kin Care. For example, for full-time employees this would mean no more than 24 hours can be utilized as Kin Care in a calendar year period. An employee must have EIB available to use on the day of the absence for that absence to be covered under Kin Care. An employee who has exhausted his/her EIB and then is absent to care for a sick family member cannot claim that absence under Kin Care. Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, parents, parents-in-law, siblings, grandchildren and grandparents. A Leave of Absence form does not need to be submitted unless the employee will be absent and use sick leave for more than three continuous workdays. In addition, an employee taking Kin Care does not need to submit a doctor's note or medical certification. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note.

Absence for Religious Observation

Kaweah Health will attempt to accommodate employees requesting absence for religious observation, however, in certain circumstances accommodation may not be possible or reasonable.

Notification of Late Arrival

An employee is required to call in absences two hours prior to the start of their scheduled shift.

Workers' Rights in Emergencies

Kaweah Health is compliant with California SB1044 and prohibits taking adverse action against an employee for refusing to report to or leave work during an emergency condition. Prohibits preventing an employee from accessing a mobile device during that time. This is specified as:

- Conditions of disaster or extreme peril to the safety of persons or property at the workplace or worksite caused by natural forces or a criminal act.

- An order to evacuate a workplace, a worksite, a worker's home, or the school of a worker's child due to a natural disaster or a criminal act.

This paragraph does not apply to the following:

An employee or contractor of a health care facility who provides direct patient care, provides services supporting patient care operations during an emergency, or is required by law or policy to participate in emergency response or evacuation.

When feasible, an employee shall notify the employer of the emergency condition requiring the employee to leave or refuse to report to the workplace or worksite prior to leaving or refusing to report.

Schedules

a. Employees are scheduled to work during specified hours. Unless approved by management, those hours may not be adjusted to accommodate early or late arrival or departure.

b. Employees who arrive for work early may not leave before the end of their scheduled work period unless authorized to do so by their management. Employees may be subject to discipline for incurring unauthorized overtime by reporting to work before their scheduled start time. Employees who arrive for work late may not remain on duty beyond the regular scheduled work time to make up for the lost time unless authorized to do so by their management. Employees who are absent without approval but are allowed to make up time will continue to be subject to disciplinary action for lack of reliability.

c. Employees may not shorten the normal workday by not taking or by combining full meal periods and rest break periods and may not leave before the end of their scheduled shift without the authorization of a supervisor.

d. Any employee who leaves Kaweah Health premises during work hours must notify and obtain approval from management and/or their designee prior to departure. Employees must clock out and in for their absence.

e. Employees are to give advanced notice for cancellation of any class or program in which they are enrolled, whether voluntary or mandatory. Advanced notice for cancellation is defined as the following:
    1. If class is on Tuesday through Friday, cancel the day before by 8:00am. EXAMPLE: Class is Wednesday at noon- must cancel

before Tuesday 8:00 am.
2. If class is on Monday, cancel prior to 23:59 on Saturday
3. Classes need to be cancelled through our Learning Management System (LMS)
4. If the employee cannot cancel in our LMS or they are past the defined time for advanced notice, the employee must contact their manager via phone or email letting them know they cannot attend.
5. Employees must be on time.
6. Failure to give advance notice may count as an occurrence under the Attendance Policy HR.184. Refer to Progressive Discipline policy HR 216.

f. Employees who are absent from work for three days and have not contacted their department manager or supervisor will be assumed to have voluntarily terminated their employment. Employees who are absent from work without authorization and without providing proper notification to management may be considered to have abandoned their job and will be terminated from employment.

g. Weekend Makeup Policy – Employees who call in on weekends may be required to make up weekend shifts missed. Weekend shift starts Fridays at 1800 and end Mondays at 0600 Weekend shifts will be scheduled for makeup on a successive schedule at the discretion of the scheduling coordinator/supervisor per staffing needs.

h. Holiday Makeup Policy – Employees who call in on a holiday, which is from 1800 the day before the holiday and ends 0600 the morning after the holiday, will be required to work another holiday or an extra weekend shift at the discretion of the scheduling coordinator/supervisor per staffing needs.

Holidays

Kaweah Health observes 72 holiday hours each year. Eligible employees may be scheduled a day off and will be paid provided adequate accrual exists within their PTO bank account for each observed holiday. Time off for the observance of holidays will always be in accordance Kaweah Health needs.

1. New Year's Day (January 1st)
2. President's Day (Third Monday in February)
3. Memorial Day (Last Monday in May)
4. Independence Day (July 4th)
5. Labor Day (First Monday in September)
6. Thanksgiving Day (Fourth Thursday in November)
7. Day after Thanksgiving Day (Friday following Thanksgiving)
8. Christmas Day (December 25th)
9. Personal Day

Loitering

Kaweah Health employees may not arrive to work greater than thirty (30) minutes prior to the start of their shift and may not remain within Kaweah Health facilities greater than thirty

(30) minutes beyond the end of their shift without specific purpose and/or authorization to do so.

Clocking

Employees may not clock in, may not begin work before the start of their scheduled shift, and must discontinue work and clock out at the conclusion of their scheduled shift unless instructed otherwise by their management. Employees may not work off-the-clock, including the use of electronic communication.

Further information regarding this policy is available through your department manager or the Human Resources Department.

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HR216

Policy Number: HR.216	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved~~: 3/26/2025~~
Approvers: Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	

Progressive Discipline

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

POLICY:

Kaweah Health uses positive measures and a process of progressive discipline to address employee performance and/or behavioral problems. Kaweah Health recognizes that the circumstances of each situation must be evaluated individually to determine whether to discipline progressively or to impose more advanced discipline immediately. This policy applies to all Kaweah Health employees, except residents enrolled in Kaweah Health's Graduate Medical Education (GME) program. Disciplinary actions related to residents in the GME program are handled by the Office of the GME as described in the Resident Handbook.

The primary purpose of Disciplinary Action is to assure compliance with policies, procedures and/or Behavioral Standards of Performance of Kaweah Health. Orderly and efficient operation of Kaweah Health requires that employees maintain appropriate standards of conduct and service excellence. Maintaining proper standards of conduct is necessary to protect the health and safety of all patients, employees, and visitors, to maintain uninterrupted operations, and to protect Kaweah Health's goodwill and property. Because the purpose of disciplinary action is to address performance issues, it should be administered as soon after the incident(s) as possible. Therefore, depending on the seriousness of the offense and all pertinent facts and circumstances, disciplinary action will be administered promptly.

Certain violations are considered major and require more immediate and severe action such as suspension and/or termination. Lesser violations will generally be subject to Progressive Discipline.

Any employee who is in Progressive Discipline is eligible for transfer or promotion within Kaweah Health with review and approval by the hiring manager and Human Resources.

Progressive Discipline shall be the application of corrective measures by increasing degrees, designed to assist the employee to understand and comply with the required expectations of performance. ~~All performance of an employee will be considered when applying Progressive Discipline.~~ Corrective action or discipline including verbal warnings, verbal written warnings and levels will generally remain active for twenty- four (24) months from the date the discipline is issued.

If the employee does not receive additional corrective action during the 24-month active period, the discipline may no longer be treated as an active step in the progressive discipline process. However, prior discipline may remain part of the employee's personnel record and may be reviewed or considered by management and Human Resources when evaluating future concerns. Kaweah Health iIn its sole discretion, ~~Kaweah Health~~ reserves the right to consider prior discipline outside of the 24-month active period as well as deviate from Progressive Discipline or act without Progressive Discipline whenever it determines that the circumstances warrant.

PROCEDURE:

I. The process of Progressive Discipline may include the following, depending on the seriousness of the offense and all pertinent facts and circumstances:

A. Warnings

1. Verbal Warning:

A Verbal Warning explains why the employee's conduct/performance is unacceptable and what is necessary to correct the conduct/performance.

B. Written Warning:

A Written Warning provides the nature of the issue and outlines the expectations of performance/conduct or what is necessary to correct the situation. This Warning becomes part of the employee's personnel file, along with any pertinent backup documentation available, and will inform the employee that failure to meet the job standards/requirements of the Warning will necessitate further disciplinary action, up to and including termination.

The department management, in concert with Human Resources, determines the level of corrective disciplinary action that will take place based upon the seriousness of the offense, the existence of any prior disciplinary actions and the entirety of the employee's work record.

1. Level I

Any employee who receives a Level I is subject to further Written Warnings as stated in this policy.

2. Level II

Any employee who receives a Level II is subject to further Written Warnings as stated in this policy.

3. Level III

A Level III is considered Final Written Warning to the employee involved, and includes a written explanation of what is necessary to meet the expectation of performance. A Level III Warning may be accompanied by a suspension. A suspension may be without pay and is generally up to five days or forty hours.

C. Administrative Leave

In the discretion of Kaweah Health, an employee may be placed on Administrative Leave at any time to give Kaweah Health time to conduct an investigation or for other circumstances considered appropriate. Management may impose an Administrative Leave at any time for an employee(s) if they believe there is a risk to employee or patient safety. Management will notify Human Resources immediately if an Administrative Leave is enforced. When an employee is placed on Administrative Leave, Kaweah Health will make every effort to complete the investigation of the matter within five business days. If Kaweah Health is unable to complete an investigation of the matter within five days the Administrative Leave may be extended.

After the investigation has been completed, the employee may be returned to work and, in the discretion of Kaweah Health and depending on the circumstances, may be reimbursed for all or part of the period of the leave.If it is determined that the employee should be terminated, compensation may, in the discretion of Kaweah Health, be paid until the Post Determination Review process has been completed. (See policy HR.218).

D. Dismissal Without Prior Disciplinary History

As noted, Kaweah Health may determine, in its sole discretion, that the employee's conduct or performance may warrant dismissal without prior Progressive Discipline. Examples of conduct that may warrant immediate dismissal, suspension or demotion include acts that endanger others, job abandonment, and misappropriation of Kaweah Health resources. This is not an exclusive list and other types of misconduct/poor performance, may also result in immediate dismissal, suspension or demotion. See Employee Conduct below.

E. Employee Conduct

This list of prohibited conduct is illustrative only; other types of conduct injurious to security, personal safety, employee welfare or Kaweah Health's operations may also be prohibited. This includes behavior or behaviors that undermine a culture of safety. Employee conduct that will be subject to Progressive Discipline up to and including immediate involuntary termination of employment includes but is not limited to:.

1. Falsifying or altering of any record (e.g., employment application, medical history form, work records, time cards, business or patient records and/or charts).

2. Giving false or misleading information during a Human Resources investigation;

3. Theft of property or inappropriate removal from premises or unauthorized possession of property that belongs to Kaweah Health, employees, patients, or their families or visitors;

4. Damaging or defacing materials or property of the Kaweah Health, employees, patients, or their families or visitors;

5. Possession, distribution, sale, diversion, or use of alcohol or any unlawful drug while on duty or while on Kaweah Health premises, or reporting to work or operating a company vehicle under the influence of alcohol or any unlawful drug;

6. Fighting, initiating a fight, threats, abusive or vulgar language, intimidation or coercion or attempting bodily injury to another person on Kaweah Health property or while on duty. Reference policy AP161 Workplace Violence Prevention Program;

7. Workplace bullying which can adversely affect an employee's work or work environment, Reference policy HR.13 Anti-Harassment and Abusive Conduct.

8. Bringing or possessing firearms, weapons, or any other hazardous or dangerous devices on Kaweah Health property without proper authorization;

9. Endangering the life, safety, or health of others;

10. Intentional violation of patients' rights (e.g., as stated in Title XXII);
11. Insubordination and/or refusal to carry out a reasonable directive issued by an employee's manager (inappropriate communication as to content, tone, and/or language)

12. Communicating confidential Kaweah Health or Medical Staff information, except as required to fulfill job duties;
13. Sleeping or giving the appearance of sleeping while on duty;
14. An act of sexual harassment as defined in the policy entitled Anti-Harassment and Abusive Conduct HR.13;
15. Improper or unauthorized use of Kaweah Health property or facilities;

16. Improper access to or use of the computer system or breach of password security;

17. Improper access, communication, disclosure, or other use of patient information. Accessing medical records with no business need is a violation of state and federal law and as such is considered a terminable offense by Kaweah Health.

18. Unreliable attendance (See Attendance and Punctuality HR.184)

19. Violations of Kaweah Health Behavioral Standards of Performance.
20. Unintentional breaches and/or disclosures of patient information may be a violation of patient privacy laws. Unintentional breaches and/or disclosures include misdirecting patient information to the wrong intended party via fax transmission, mailing or by face-to-face interactions.

21. Access to personal or family PHI is prohibited.
22. Refusing to care for patients in the event mandated staffing ratios are exceeded due to a healthcare emergency.

23. Working off the clock at any time. However, employees are not permitted to work until their scheduled start time.

24. Use of personal cell phones while on duty if, unrelated to job duties anywhere in Kaweah Health. This includes wearing earbuds for the purpose of listening to music from your personal cell phone, unless authorized by department leadership.

25. Cell phones should not be used while driving unless hands-free capability is utilized, if the cell phone user does not have cell phone hands-free capability, staff need to pull safely to the side of the road to place a call. This applies to using the staff member's personal vehicle and/or using Kaweah Health vehicles while on Kaweah Health business.

26. Taking a video or recording of any kind of at any time for personal use in a Kaweah Health facility is prohibited. This applies to work time breaks, or meal periods. This restriction does not apply to employer sponsored events initiated by Leadership Marketing or Employee Connection Team. For further clarification refer to HR 236 Computer Communication Devices and Social Media Code of Conduct.

27. Excessive or inappropriate use of the telephone, cell phones, computer systems, email, internet or intranet.

28. Any criminal conduct off the job that reflects adversely on Kaweah Health.
29. Making entries on another employee's time record or allowing someone else to misuse Kaweah Health's timekeeping system.

30. Bringing children to work, or leaving children unattended on Kaweah Health premises during the work time of the employee.

31. Immoral or inappropriate conduct on Kaweah Health property.

32. Unprofessional, rude, intimidating, condescending, or abrupt verbal communication or body language.

33. Unsatisfactory job performance.
34. Horseplay or any other action that disrupts work,

35. Smoking within Kaweah Health and/or in violation of the policy.

36. Failure to report an accident involving a patient, visitor or employee.

37. Absence from work without proper notification or adequate explanation, leaving the assigned work area without permission from the supervisor, or absence of three or more days without notice or authorization.

38. Unauthorized gambling on Kaweah Health premises.

39. Failure to detect or report to Kaweah Health conduct by an employee that a reasonable person should know is improper or criminal.

40. Providing materially false information to Kaweah Health or a government agency, patient, insurer or the like.

41. Spreading gossip or rumors which cause a hostile work environment for the target of the rumor.

42. Impersonating a licensed provider.

43. Obtaining employment based on false or misleading information, falsifying information or making material omissions on documents or records.
44. Violation of Professional Appearance Guidelines
45. Being in areas not open to the general public during non-

working hours without the permission of the supervisor or interfering with the work of employees.

46. Failure to complete all job related mandatory requirements as noted on the job description and as issued throughout a year (i.e. Mandatory Annual Training, TB/Flu, etc.).
47. Failure to use BioVigil.
48. Failure to use two (2) patient identifiers in the course of patient care.
49. Parking in unauthorized locations, such as for physicians, patients, and visitors.
50. Consuming food, beverages, or applying cosmetics in patient care areas or where food can become contaminated with pathogenic organisms in the Hospital inpatient and outpatient areas. (Beverages, food and cosmetics are not permitted in/on housekeeping carts, maintenance carts, supply carts, medication carts, isolation carts, supply storage areas, Procedure rooms, Pharmacy, Clinical Laboratory, Diagnostic Imaging).

Further information regarding this policy is available through your department manager or the Human Resources Department.

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HR234

Kaweah Health
MORE THAN MEDICINE. LIFE.

Human Resources

Policy Number: HR.234	**Date Created: 06/01/2007**
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	**Date Approved: 12/15/25**
Approvers: Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	

Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014

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

POLICY:

This policy explains Paid Time Off (PTO), Extended Illness Bank (EIB) and ~~Healthy Workplace, Healthy Families Workplace Act of 2014~~ – Paid Sick Leave (PSL) under the Healthy Workplace, Healthy Families Workplace Act of 2014. PTO is available to full-time and part-time employees who are benefit eligible and may be used ~~for are offered to all employees as defined in this policy. PTO is offered to full-time and part-time benefit eligible employees~~ for leisure, celebration of holidays, short-term illness and other personal needs. EIB is offered to full-time and part-time benefit eligible employees for extended illness and Kin Care.

Private Home Care staff, temporary staff/interims and Per Diem staff do not qualify for ~~are not eligible for~~ PTO or EIB but are eligible for Paid Sick Leave (PSL) ~~as defined in~~ this policy.

Excessive occurrences of unapproved time off may result in disciplinary action. See Policy HR.184 Attendance and Punctuality.

This policy does not apply to Graduate Medical Education

PROCEDURE:

Eligibility and Accrual for PTO and EIB

Full-time and part-time ~~benefited~~ employees who are benefits eligible ~~to~~ begin earning ~~receive~~ PTO and EIB starting with the ~~as of the~~ first pay period ~~of~~ they become ~~eligibility~~ eligible such as ~~(~~ upon date of hire or transfer~~)~~. If an eligible employee is changed to a non-eligible status, the PTO and EIB time accrual will stop ~~cease~~. The employee will receive a lump-sum payment for ~~all~~ any unused ~~accrued~~ PTO they earned, paid at 100% of their hourly rate of pay ~~prior to~~ before the status change.

~~During the non-eligible status, the employee will accrue PSL.~~

If a non-eligible employee is changed to an eligible status, the employee begins accruing PTO and EIB as of the first pay period in which the status change became effective~~;~~ At this time the separate PSL accrual will stop ~~cease~~. ~~At no time will a~~ An employee ~~accrue~~accrues PTO (including PTO PSL) and EIB. ~~as well as PSL. An~~

~~employee accrues either PTO and EIB or PSL.~~

Effective 06/25/2025, EIB accrual will be reinstated for employees who leave Kaweah Health and are rehired as follows:

a. If left as non-benefited and rehired as a non-benefited, we will reinstate the ending available EIB balance into a reserve bucket. These hours are available for use.

b. If terminated as a benefited and rehired as benefited, we will reinstate the ending EIB balance.

c. If terminated as non-benefited and rehired as benefited, we will reinstate the ending available EIB balance from the reserved EIB balance (if any).

d. If terminated as a benefited and rehired as non-benefited, we will reinstate the ending available EIB balance up to the 80-hour maximum, placing the excess EIB balance into a reserve bucket. These hours are not available for use.

Employees accrue ~~The rate of~~ PTO and EIB ~~accrual received is~~ based on years of service. Accruals are earned ~~Employees receive accruals~~ on up to 80 eligible hours~~,~~ per pay period. The bi-weekly pay period ~~starts~~ begins at 12 AM on a Sunday and ends at 11:59 PM on the last Saturday of the pay period. Qualified service hours which count towards a year of service for the accrual rate include the following: regular hours worked (non-overtime), Flex Time Off, PTO FMLA, PTO unscheduled, PTO/PSL, PTO Sick/Pregnancy, PTO/Workers Compensation, Sitter Pay, Sleep Pay, PTO hours, bereavement hours, jury duty hours, training/workshop hours, orientation hours, and mandatory dock hours. Neither EIB nor PTO accruals will be earned while employees are being paid EIB hours.

All Other Employees					Directors					Chiefs				
Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours Accrued per pay period	PTO Days per year
0.0	4.9	0.084625	6.77	22	0.0	4.9	0.103875	8.3	27	0.0	1.0	0.103875	8.3	27
5.0	9.9	0.103875	8.31	27	5.0	9.9	0.123000	9.8	32	1.1	4.0	0.123000	9.8	32
10.0	14.9	0.123000	9.84	32	10.0	14.9	0.142250	11.4	37	4.1	9.0	0.142250	11.4	37
15	19.9	0.126875	10.15	33	15	19.9	0.146125	11.7	38	9.1	13.5	0.146125	11.7	38
20	24.9	0.130750	10.46	34	20	24.9	0.150000	12.0	39	13.6	18.0	0.150000	12.0	39
25	26.9	0.134625	10.77	35	25	26.9	0.153875	12.3	40	18.1	22.5	0.153875	12.3	40
27	28.9	0.138500	11.08	36	27	28.9	0.157750	12.6	41	22.6	27.0	0.157750	12.6	41
29+		0.142375	11.39	37	29+		0.161625	12.9	42	27.1		0.161625	12.9	42

PTO/PSL will accrue under PTO for benefited part-time and full-time employees, provided they meet these eligibility requirements:

- Must be employed for 30-days;
- May use beginning at 90-days of employment;
- Will be paid to the extent of an employee's accrued hours only
- Limited to use up to 40 hours or five (5) days whichever is greater of accrued time in each calendar year.

Eligibility and Accrual for PRN-PSL

PRN-PSL eligible employees include Per-Diem (PRN), Private Home Care, and Part-Time non- benefit eligible employees. PRN-PSL eligible employees will accrue at the rate of one hour per every 30 hours worked (.033333 per hour); accrual begins as of the first pay period.

To qualify for use of sick leave ~~(PSL [PRN or PTO]), a~~n employee must:

- Must be employed for 30-days;
- May use beginning at 90-days of employment;
- Will be paid to the extent of an employee's accrued hours only.
- Limited to use up to 40 hours or five (5) days, whichever is greater of accrued time in each calendar year.

PRN-PSL will carry over to the following calendar year not to exceed 69.16 hours of accrual in any calendar year.

Maximum Accruals

The maximum PTO accrual allowed for exempt and non-exempt staff is 445 hours.

The maximum PTO accrual allowed for Directors and Chiefs is 505 hours.

The accrual will cease once the maximum accrual is reached until PTO hours are used or cashed out.

The maximum EIB accrual is 2000 hours; the maximum PRN-PSL accrual is 120 hours in a calendar year.

No payment is made for accrued EIB or PRN-PSL time when employment with Kaweah Health ends for any reason.

Requesting, Scheduling, and Access to PTO, EIB and PSL

Employees are required to use accrued PTO for time off for illness or unexpected absence occurrences.

Routine unpaid time off is not allowed. Any requests for unpaid time should be considered only on a case-by-case basis taking into consideration the need for additional staffing to replace the employee and other departmental impacts. It is the responsibility of management to monitor compliance. Employees should be aware that unpaid time off could potentially affect their eligibility for benefits.

Any planned request for PTO time, whether for traditional holiday, for vacation time or otherwise must be approved in advance by management. Management will consider the employees' requests as well as the needs of the department. In unusual circumstances, management may need to change the PTO requests of employees based upon the business and operational needs of Kaweah Health. In such situations, Kaweah Health is not responsible for costs employees may incur as a result of a

change in their scheduled PTO time.

AB 1522 Healthy Workplace Healthy Families Act of 2014

An employee may utilize up to five (5) days or 40 hours 40 hours, whichever is greater, of PTO or PSL in a calendar year (January-December). For example:

- For employees who work 12-hour shifts, the employee will be entitled to use up to 60 hours of paid sick leave (5 days x 12 hours).
- An employee who works 10-hour shifts will be entitled to use up to 50 hours (5 days x 10 hours).
- An employee who works 8-hour shifts will be entitled to use up to 40 hours (5 days x 8 hours).
- Alternatively, if an employee works only 6 hours a day and takes five days of paid sick leave, for a total of 30 hours, the employee will still have 10 hours remaining.

Employees may use PTO, PSL or PRN PSL for the following purposes:

a) Diagnosis, care, or treatment of an existing health condition, or preventative care for an employee or an employee's designated person, family member, as defined as employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, and siblings.

b) "Family Member" means any of the following:
   i. A child, which for purposes of this policy means a biological, adopted or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis; this definition of child is applicable regardless of age or dependency status.
   ii. A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
   iii. Spouse
   iv. Registered domestic partner
   v. Grandparent
   vi. Grandchild
   vii. Sibling
   viii. "Designated Person": AB 1041 expanded the definition of family member to include a "designated person" who does not have to be a family member.

c) Designated Person means the following:
   i. Under the California Family Rights Act (CFRA) and California Healthy Workplaces Health Families Act (HWHFA) an employee will be able to identify a designated person for whom they want to use leave when they request unpaid CFRA or paid HWHFA.

d) A~~B~~S 2499 ~~(2025)~~ and AB 406 ~~(October 1, 2025)~~
   i. ~~For e~~Employees who are victims of a qualifying act of violence or whose family member is a victim of a qualifying act of such violence, may be entiled to protected leave as provided by law. A qualifying act of violence includes~~ing~~ domestic, sexual assault, ~~battery or~~and other acts, conduct or threats involving injury, death, or the use of a firearm or another dangerous weapon. ~~any other violent offenses.~~

i. Employees may use available PSL or PTO for medical care, counseling, victim-advocacy services, relocation or safety planning related to a qualifying act of violence. This includes time needed to attend or prepare for court or law-enforcement proceedings, obtain protective orders or participate in the criminal justice process related to the qualifying act of violence.

There is no cash out provision for the PSL accrual, including upon termination of employment or with a status change to a benefit eligible position. However, if an employee separates from Kaweah Health and is rehired within one year, previously accrued and unused PSL will be reinstated.

PTO and PSL time taken under this section is not subject to the Progressive Discipline Policy HR.216.

Time Off Due To Extended Illness

Employees who are absent due to illness for more than three (3) consecutive work days should notify their manager and contact the Human Resources Department to determine if they are eligible for a leave of absence. Accrued EIB can be utilized for an approved continuous leave of absence beyond three (3) days and if admitted to a hospital or have a medical procedure under anesthesia. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note. If applying for a continuous leave of absence, accrued PTO may be applied for the first twenty-four (24) hours at the employee's regular shift length, if leave is for your own medical condition.

Employees who are absent due to illness for more than seven (7) consecutive days should file a claim for California State Disability Insurance. Claim forms are available in Human Resources. State Disability payments will be supplemented with any accrued EIB time by the Payroll Department and PTO at the employee's request.

Employees who are absent due to a Worker's Compensation injury for less than 14 days, there is a three (3) day waiting period before TTD (Total Temporary Disability) will begin. The first three (3) days is paid using accrued EIB hours. If the employee is off work more than 14 days, TTD begins on day one (1).

Employees who are absent with an Intermittent Leave under FMLA/CFRA are required to use accrued PTO for their absences, at no less than one hour and no more than the regular length of the shift.

Time Off Due to EIB Kin Care

Kin Care allows eligible employees to use up to one-half (1/2) of the Extended Illness Bank (EIB) that they accrue annually in a calendar year to take time off to care for a sick family member.

Only employees who accrue EIB are eligible for EIB Kin Care. No more than one-half of an employee's EIB accrual in a calendar year period can be counted as Kin Care. An employee who has exhausted their EIB and then is absent to care for a sick family member cannot claim that absence under EIB Kin Care.

Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, "child" means a biological, foster, or adopted child, a stepchild, a legal ward, a child of a domestic partner, or a child or a person standing in loco parentis, parents, parents- in-law, siblings, grandchildren and grandparents EIB time taken under this section to care for an immediate family member is not subject to the Progressive Discipline Policy HR.216.

Holidays

Kaweah Health observes 72 holiday hours each year. Eligible employees may be scheduled a day off and will be paid provided adequate accrual exists within their PTO bank account for each observed holiday. Time off for the observance of holidays will always be in accordance Kaweah Health needs

1. New Year's Day (January 1st)
2. President's Day (Third Monday in February)
3. Memorial Day (Last Monday in May)
4. Independence Day (July 4th)
5. Labor Day (First Monday in September)
6. Thanksgiving Day (Fourth Thursday in November)
7. Day after Thanksgiving Day (Friday following Thanksgiving)
8. Christmas Day (December 25th)
9. Personal Day

Business departments and/or non-patient care areas will typically be closed in observance of the noted holidays. Where this is the case, employees assigned to and working in these departments will be scheduled for a day off on the day the department is closed. Employees affected by department closures for holidays should maintain an adequate number of hours within their PTO banks to ensure that time off is with pay.

In business departments and/or non-patient care areas, holidays, which fall on Saturday, will typically be observed on the Friday preceding the actual holiday and holidays, which fall on Sunday, will be observed on the Monday following the actual holiday.

Employees who work hours on some of these holidays may be eligible for

holiday differential. For more information ~~of~~on eligibility, see policy HR.75 Differential Pay- Shift, Holiday, and Weekend.

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HR243

Policy Number: HR.243	Date Created: 02/22/2016
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 6/25/2025
Approvers: Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	

Leaves of Absence

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

Purpose:

To allow time off to employees who have no other recourse than to be away from work. To establish a system to continue to receive compensation through accessible benefits, such as Extended Illness Bank (EIB), Paid Time Off (PTO), State Disability Insurance, and Workers' Compensation. To advise employees of their rights and responsibilities.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Kaweah Health will make reasonable accommodations for known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation he or she needs to perform the job. Kaweah Health will take steps to identify the barriers that make it difficult for the applicant or employee to perform his or her job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Health will meet the request.

Policy:

1. Leaves of absence may be granted to all employees on a non-discriminatory basis for health conditions, personal, or family medical needs. A leave of absence may be granted to or provided for an employee for periods of longer than three (3) consecutive calendar days. Leaves pursuant to legislative requirements (Family and Medical Leave Act of 1993 - FMLA; California Family Rights Act of 1991, amended 1993 - CFRA; Pregnancy Disability Leave - PDL; Workers' Compensation; Organ and Bone Marrow Donation Leave of 2011) will be granted in accordance with those Acts. In addition, Leave will be granted to "emergency rescue personnel" who are health care providers, including employees of a disaster medical response entity

sponsored or requested by the State. Employees must be designated as such and be activated for duty. All other requests for leave will be considered on the basis of the employee's length of service, performance, level of responsibility, reason for the request and Kaweah Health's ability to obtain a satisfactory replacement during the time the employee will be away from work.

2. Employees on leave of absence continue to be bound by all other Policies and Procedures of Kaweah Health during the length of the leave. However, Kaweah Health may hold in abeyance the requirement to complete job requirement documentation (e.g. Competency Forms, TB testing, performance reviews, counseling's, etc.) until the employee returns from leave. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related documentation (i.e. NetLearning modules including Mandatory Trainings (MAT) must be completed within 30 day of the employee's return. If the employee returns within the month that MAT's are due, the employee will have equal amount of days missed during that month to complete training. Requesting or receiving a leave of absence in no way relieves an employee of their obligation while on the job to perform job responsibilities and to observe all Kaweah Health policies, rules, and procedures.

3. At the start of leave, the employee's access will be suspended pending their return to work.

4. Employees on Leave for any reason will not be eligible to participate in employee recognition programs.

5. Employees on a leave of absence are not permitted to participate in onsite courses, trainings, or educational programs offered by Kaweah Health during the leave period, except for Crisis Prevention Intervention (CPI) classes. Other exceptions may be made when attendance is approved in advance by Human Resources.

6. Employees who are on a leave of absence for their own health conditions are restricted from participating onsite in non work-related activities as a contingent worker during the leave period, including student clinical rotations or volunteering, unless approved in advance by Human Resources. Participation in an onsite contingent worker role at Kaweah Health while on medical LOA may impact the employee's leave status, workers' compensation eligibility, disability benefits, or compliance with medical restrictions.

~~4.~~7.

~~5.~~8. The following leaves of absence may be granted to or provided for employees. Separate policies, including information on allowable lengths of leave, pay and benefits during a leave of absence, are available on each of the following:

a. Personal Leave of Absence
b. Family Medical Leave of Absence
c. Paid Family Leave (2004)
d. Personal Medical Leave of Absence

e. Pregnancy Disability Leave of Absence
f. Military Leave (Active and Reserve) of Absence
g. Workers' Compensation Disability Leave of Absence
h. Organ and Bone Marrow Donation Leave
~~h.~~i. Survivors of Violence and Members of Victims Leave (2025)

LEAVES OF ABSENCE

Leave Type (Eligibility)	Maximum Duration	Same or Comparable Job if Return By	The Leave May Run Concurrently With
Personal (30 days)	30 Days (in the case of pending	~~30 Days~~ No Job Protection Rights	All Leaves

	licensure leave may be extended up to 12 weeks.)		
Personal Medical Leave (Upon Hire)	Up to 12~~4~~ Months	No Job Protection Rights	All Leaves
Family Medical Leave of Absence (FMLA) (1,250 hours during the previous 12 months; 1 year of service)	12 weeks in a rolling 12-month period. Kaweah Health adds 4 weeks to equal 4 months.	12 weeks in a rolling 12-month period. Kaweah Health adds 4 weeks to equal 4 months.	CFRA Pregnancy Leave Workers' Compensation Leave ADA
Survivors of Violence and Members of Victims Leave (2025)	Employees who experience a qualifying act of violence are allowed to take up to 12 weeks. For a family member who survived a qualifying act of violence up to 10 days. Up to 5 days may be used to help a family members relocate, search for housing or enroll children in school or childcare.	12 weeks in a rolling 12-month period.	FMLA CFRA Workers' Compensation Leave ADA
California Family Rights Act Leave (CFRA) (1,250 hours during the previous 12 Months; 1 year of service)	12 weeks in a rolling 12-month period.	12 weeks in a rolling 12-month period. Kaweah Health adds 4 weeks to equal 4 months.	FMLA Workers' Compensation Leave ADA
Pregnancy Leave (Upon Hire)	17 1/3 weeks	17 1/3 weeks	FMLA ADA

Military Leave (Upon Hire)	Per Requirements of the Military Service Order	Depends on the length of the leave, please refer to policy.	ADA
Workers' Compensation Disability Leave (Upon Hire)	Until released by Physician.	~~Until released by Physician.~~ 12 weeks in a rolling 12-month period. Kaweah Health adds 4 weeks to equal 4 months.	FMLA CFRA ADA
Organ and Bone Marrow Donation Leave (Upon Hire)	30 days in a rolling 12-month period for each of Organ Donation and Bone Marrow Donation	30 days in a rolling 12-month period for each of Organ Donation and Bone Marrow Donation	FMLA CFRA ADA

~~6.~~9. REQUIRED FORMS:

The following forms are required and are available by contacting Human Resources.

a. “Leave of Absence Policy” is a copy of this policy and provides required notice to the employee, and is referred to as “Notice” throughout this policy.

b. “Request for Leave of Absence” provides notice of the need for leave to Kaweah Health, and is referred to as “Request” throughout this policy.

c. “Certification of Physician or Practitioner” provides proof of need for leave and suitability for return to work to Kaweah Health for a leave related to a medical condition for the employee or a family member, and is referred to as “Certification” throughout this policy.

d. “Request for Information” memo will be sent to the employee in the event the Human Resources department needs more information regarding the leave.

e. “Leave Designation” memo and the Employment Development Department (“EDD”) entitled “For Your Benefit: California’s Program For the Unemployed” will be provided to the requesting employee to communicate the approval status and other important information related to leaves.

PROCEDURE:

1. Employees must contact their department head and Human Resources as soon as they learn of the need for leave to obtain the Notice and related forms. Because of the complexity of the regulations, employees should consult with Human Resources to ensure they are knowledgeable about the process and how the leave may affect pay and benefits.

2. The employee requesting a leave of absence for more than three (3) days must submit to his/her department head or Human Resources, as soon as possible, the Request form and, if the leave is for a health condition, the Certification form or an Off-Work Notice.

3. If the Request is received by the department head, the department head will sign and date the Request, and submit it, along with the Certification form or Off-Work Notice, if applicable, to Human Resources.

4. Upon receipt of the Request and Certification form or Off-Work Notice, Human Resources can mail a copy of the Notice to the employee’s home address, if the employee indicates he/she does not already have a copy of the Notice.

5. Based on the documentation provided by the employee, Human Resources will determine leave coverage, and notify the employee and his/her department head using the Leave Designation memo. The beginning date of the leave may be delayed or leave may be denied if Certification or an Off-

Work Notice is not available or the employee does not provide Kaweah Health with sufficient notice of the need or leave. Additional information needed will be requested from the employee by phone or via the Request for Information memo.

6. A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a medical leave of absence.

7. The Kaweah Health will make reasonable accommodations for known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation he or she needs to perform the job. This includes providing reasonable medical documentation confirming that the employee has a physical/mental condition that limits a major life activity and a description of why the employee needs a reasonable accommodation. Kaweah Health will take steps to identify the barriers that make it difficult for the applicant or employee to perform his or her job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Health will meet the request.

8. Employees should review the Benefits Overview Policy for information on employee benefit eligibility and COBRA rights.

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CP02 Review of Billing Practices

Policy Number: CP.02	**Date Created: 01/27/2025**
Document Owner: Jill Berry (Director of Corporate Compliance)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	

Review of Billing Practices

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

Purpose:

The purpose of this policy is to mitigate the risks associated with improper claims and billing practices.

Policy:

Kaweah Health will establish coding and billing policies, procedures, and practices that comply with relevant legal and regulatory requirements. Kaweah Health will conduct periodic coding and billing reviews to monitor compliance.

Kaweah Health will establish mechanisms to review the coding and billing processes, policies, and procedures that affect the billing and coding for all areas that provide billing-related services.

Procedure:

A. All new or revised billing and coding policies should be submitted to the Compliance Department for review and approval.

B. Periodic coding and billing reviews will be coordinated by the Compliance Department and completed by outside consultants or internal staff, as determined by the Compliance Department, based on the specific needs.

C. Kaweah Health will regularly review billing risk areas and plan for reviews of identified risk areas in accordance with CP.16 Compliance Risk Assessment and Annual Compliance Workplan Development.

1. Random account selections and/or targeted reviews, as appropriate, will be utilized by the Compliance Department based on the identified focus for each review.
2. Audit results and reports will be shared with management in the respective Management for follow-up, education, and remediation, as appropriate.
3. In situations where non-compliance is identified during the course of a review, the Compliance Department will follow the investigation and

resolution processes outlined in CP.05 Compliance and Privacy Issues Investigation and Resolution to resolve the matter.

4. Audit results and reports, as appropriate, will be reported to the Audit and Compliance Committee.

D. If leaders outside of the Compliance Department initiate internal coding and/or billing reviews in the course of their routine monitoring activities, the results of those reviews must be submitted to the Compliance Department for review and evaluation.

E. All consultants evaluating billing or coding practices and compliance must be engaged through the Compliance Department. If appropriate, the Compliance Department will work with Legal Counsel to engage the consultants.

"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."

Policy Number: CP.02	**Date Created: 01/27/2025**
Document Owner: Jill Berry (Director of Corporate Compliance)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	

Review of Billing Practices

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

Purpose:

The purpose of this policy is ~~T~~to mitigate the risks associated with improper claims and billing practices.

Policy:

Kaweah Health will establish coding and billing policies, procedures, and practices that comply with relevant legal and regulatory requirements. Kaweah Health will conduct periodic coding and billing reviews to monitor compliance.

Kaweah Health will establish mechanisms to review the coding and billing processes, policies, and procedures that affect the billing and coding for all areas that provide billing-related services.

Procedure:

~~I. Kaweah Health shall establish mechanisms to review the coding and billing processes, policies, and procedures that affect the billing and coding for all areas that provide billing-related services. In addition, Kaweah Health shall follow the following processes:~~

A. All new or revised billing and coding policies ~~and procedures~~ should ~~will~~ be submitted to the Compliance Department for review and approval.

~~A.~~

B. Periodic coding and billing reviews will~~shall~~ be coordinated by the Compliance Department and completed by outside consultants or internal staff, as determined by the Compliance Department, ~~-~~based on the specific needs.

C. Kaweah Health will regularly review billing risk areas and plan for reviews of identified risk areas in accordance with CP.16 Compliance Risk Assessment and Annual Compliance Workplan Development.

~~B.~~

1. Random account selections and/or targeted reviews, as appropriate, ~~(when appropriate)~~ will be utilized by the Compliance Department based on the identified focus for each review.
2. Audit results and reports will be shared with management in the respective ~~appropriate area~~ Management for follow-up, education, and remediation, as appropriate. ~~(when appropriate).~~
3. In situations where non-compliance is identified during the course of a review, the Compliance Department will follow the investigation and resolution processes outlined in CP.05 Compliance and Privacy Issues Investigation and Resolution ~~-~~to resolve the matter.
4. Audit results and reports, as appropriate, ~~(when appropriate)~~ will be reported to the Audit and Compliance Committee.

~~C.~~D. If leaders outside of the Compliance Department initiate internal coding and/or billing ~~Management initiates internal~~ reviews in the course of their routine monitoring activit~~ies~~y, the results of those reviews must be submitted~~communicated~~ to the Compliance Department for review and evaluation.

~~D.~~E. All consultants evaluating billing or coding practices and compliance must be engaged through the Compliance Department. If appropriate, the Compliance Department will work with Legal Counsel to engage the consultants.

~~Kaweah He~~

~~II. shall assume the following practices to protect against improper billings to government programs.~~

~~A. Medically Necessary Services~~

~~Kaweah Health shall regularly conduct audits to demonstrate that services provided to beneficiaries and claimed for reimbursement are medically necessary, as defined by government program regulations or payer contracts.~~

~~B. Acquisition Costs~~

~~Kaweah Health shall regularly conduct audits to confirm that billing programs accurately calculate the appropriate acquisition costs as required by government programs.~~

~~C. Research Grants~~

~~Kaweah Health shall maintain procedures to verify that any funds provided by Kaweah Health to support health care research are provided in a manner that clearly separates such payments from any referrals received by Kaweah Health, from any entity or physician, who may be a recipient of such funds, or who is affiliated with the recipient of such funds.~~

~~Kaweah Health shall comply with the terms of grants with regards to billing third-party payers.~~

~~D. Education~~

~~The Compliance Department will provide annual education about the applicable laws and regulations pertaining to billing. It is the responsibility of the department leaders to identify employees who should be educated and trained.~~

E. Preventive Compliance

The Compliance Department will review and distribute California Department of Public Health (CDPH), All Facility Letters (AFL), Medicare and Medi-Cal Monthly Bulletins, Office of Inspector General (OIG) Monthly Audit Plan Updates, and California State Senate and Assembly Bill Updates to areas potentially affected by the regulatory change and identify potential current/future risk. The Compliance department will monitor and track process changes related to regulatory requirements.

Operational Compliance

F.

The Compliance Department shall identify high-risk departments and hold monthly regularly scheduled meetings to discuss regulations, policies, auditing and monitoring, and educational efforts, and any compliance related concerns within the departments.

Co-Payment Waiver and/or "balance billing"

Kaweah Health shall maintain procedures, including training programs for employees involved in marketing and reimbursement operations, to assure Kaweah Health's co-payment collection policies for government-funded health care programs comply with applicable regulations. What is "balance billing" (sometimes called "surprise billing"); When a patient receives emergency care and is treated by an out-of-network provider at an in-network hospital or ambulatory

~~surgical center, they are protected from balance billing. In these cases they should not be charged more than the plan's copayments, coinsurance and/or deductible.~~

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CP03 Professional Services Agreements

Policy Number: CP.03	Date Created:
Document Owner: Ben Cripps (Chief Compliance and Risk Officer	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	

Physician Contracting and Professional Services Agreements

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

Purpose: To provide direction as to execution of professional services agreements between affiliates of Kaweah Health and physicians and/or physician entities and their immediate family members.

Policy: All Professional Services Agreements must be in writing, signed by the parties, and provide for fair market value payments that are set in advance for the services actually rendered. All Professional Services Agreements shall be entered into for a commercially reasonable purpose not related to a physician's referrals. Payments shall not be determined in a manner that takes into account the volume or value of any referrals or other business generated between Kaweah Health and the physician. The contracts will contain a "no requirement to refer" provision, and there must be no written or oral understanding that patient referrals are a part of the arrangement.

A Professional Services Agreement must be signed by both the Contractor and the Kaweah Health CEO, or an approved delegate for the CEO, before any services are provided and before any payments are made. Services provided before both parties have signed the agreement will not be compensated, at the time of service or at any time in the future, unless approved by Legal Counsel.

The term of the agreement should be for at least one year. If the term is for less than one year or if the agreement is terminated with or without cause prior to the end of the first year of the agreement, then the parties must not enter into a similar contract until the one-year term has passed.

Time-based or unit-of-service-based payments are appropriate, even if the physician receiving the payment generated the payment through a referral to the facility, so long as the payment per unit is at fair market value at the inception of the agreement and does not subsequently change during the agreement term in any manner that takes into account referrals or other business generated between the parties.

The agreement shall specify with particularity the services to be rendered, which may be an addendum. Kaweah Health shall contract only for services actually needed by the facility. Kaweah Health shall not contract for services that are not required for the operation of the facility, or that regularly accompany the professional services being rendered by the physician or

other professional, or that are required pursuant to Kaweah Health's medical staff bylaws to be rendered by the physician without payment or that involve counseling or promoting activities that violate state or federal law. Kaweah Health must document and justify the need for the services being requested. In addition, the value to the facility of each professional services agreement should be periodically assessed.

Records and Invoices

The physician or physician group shall provide Kaweah Health with a written statement of the services which have been rendered prior to each payment. Such written statement (typically, a time sheet) should provide the level of detail of the services normally expected of an outside vendor of professional services (*e.g.*, a law firm). Such statement would typically include the date of the service, the start and stop time, a description of the services rendered and, if appropriate, to whom the services were rendered. There should be an articulated expectation that all time should be recorded when worked and not reconstructed at end of week, month-end, or other interval. If the written documentation is not received, the payments will not be made. (This is a requirement for internal control). In addition, physicians should be encouraged to record and report all time worked pursuant to a professional services agreement, including any time that exceeds any applicable monthly cap.

Time sheets are to be carefully reviewed by an appropriate member of management to verify that the standards for completion of time sheets set forth herein are met. A pattern of time sheet submissions that routinely aggregate to the permitted maximum should be closely scrutinized for accuracy of timekeeping.

Under no circumstances may a physician be paid for the same hour under different agreements. For example, a physician who is performing paid clinical activities may not also be paid for time spent providing Medical Director or Faculty duties.

FMV

All Professional Services Agreements (PSA) must be fair market value, and all Professional Services Agreements must be reviewed and approved by Legal Counsel and the Compliance Department. Certain Professional Services Agreements will require additional review by the Legal Department.

A written fair market value appraisal by an approved, independent, third party is required for physician group professional or administrative services agreements with physicians if the compensation amount exceeds the 65th percentile. In addition, Legal Counsel may require Kaweah Health to obtain a report by an approved appraiser as to the fair market value of the proposed compensation in any agreement, including but not limited to those categories listed above as outside the ordinary course of business. In all

cases, the approved compensation structure must comply with the Fair Market Value Policy and with the FMV Guidelines established by the Executive Fair Market Value Committee annually.

As stated above, the payment terms must reflect the fair market value of the services being rendered. Kaweah Health must document how the payment terms reflect fair market value. Such FMV documentation must be by an independent third party appraisal if the arrangement meets the criteria listed above. Otherwise, such FMV documentation may be in any number of forms, including an independent third party appraisal or by another method consistent with the requirements of the Fair Market Valuation Policy. The payment amounts will be stated in the agreement on an hourly basis subject to a monthly and annual aggregate limit. Kaweah Health must be able to document that the payment amounts are reasonable in terms of the special services being rendered and the community norms. In no case will payment amounts increase or decrease depending on referral volume.

All separate arrangements between Kaweah Health and the physician and/or the physician's immediate family members must incorporate each other by reference or cross-reference a master list of contracts that is maintained and updated centrally and available for review by the Secretary of Health and Human Services upon request.

Whenever Kaweah Health renews or wishes to add a paid medical director such that there will be a second medical director position for a particular department or sub-department, the request must be reviewed and approved by the CEO and a written justification prepared by the Executive Leader overseeing the service.

Gifts. Gifts and financial benefits to a physician or their office shall not exceed the annual physician non-monetary compensation threshold as established by the Federal Stark Law. Any gift or benefit provided to physician(s) or a physician's office must first be approved, documented, and tracked through the Medical Staff Office.

1. Any employee/department must contact the Medical Staff Office prior to giving any gifts/financial benefit.
2. The Medical Staff Office must confirm that total financial benefits to the physician(s) and their office do not exceed the annual physician non-monetary compensation threshold for the current calendar year.
3. The Medical Staff Office will log the gift/financial benefit.
4. The value of a gift given to a group of physicians shall be divided and attributed to each physician equally.

Conflict of Interest

Prior to the execution of any PSA, the Physician/Physician Group shall inform District of any other arrangements which may present a conflict of

interest or materially interfere in Contractor's performance of duties under this Agreement. In the event a Physician/Physician Group pursues conduct which does in fact constitute a conflict of interest or which materially interferes with (or is reasonably anticipated to interfere with) Physicians performance under this Agreement, District shall immediately terminate the Agreement. This paragraph does not preclude Physician from referring patients to any facility or from practicing in any location.

Any violators may be subject to disciplinary action for violating Kaweah Health policy.

Procedure: The Physician Contracting Department shall maintain a PSA contracting checklist for all Physician Contracts. The Checklist shall be followed (when possible) and will be reviewed regularly and approved by the Executive FMV Committee.

A. The Executive Leader entering into the agreement will be required to certify that:

a) except as disclosed in the certification and/or cross reference addendum, there are no other arrangements, oral or written, with the professional;

b) the payments pursuant to the agreement will represent the fair market value of the services to be rendered;

c) the required services are rendered prior to payment; and

d) the services to be provided do not exceed those that are reasonable and necessary for the arrangement's commercially reasonable business purposes.

B. The fully executed Agreement shall be sent to the CCRO (or designee) to be uploaded into the Contract Database. Information on all fully executed Agreements will be maintained in the contract management database (see AP.69 Requirement for Contracting with Outside Service Providers).

1. If Contractor is a new vendor at Kaweah Health, the following items shall be submitted along with the fully executed Agreement:

- Completed W-9
- Completed ACH Form
- Voided Check, or letter from the banking institution reflecting the account and routing number
- Contact Number and Email Address

C. **Monitoring.** The Compliance and/or Internal Audit Departments may complete periodic audits of Medical Director and Physician Provider Agreements.

Policy Number: CP.03	Date Created: 07/30/2020
Document Owner: Ben Cripps (Chief Compliance & Risk Management Officer)	Date Approved: 03/08/2021
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	

Physician Contracts and Relationships

Purpose:

The purpose of this Policy and Procedure is to establish guidelines for the orderly processing of negotiating, documenting, and administering contracts between Kaweah Delta Health Care District ("Kaweah Delta") and physician(s) or physician groups. This policy must be followed prior to entering into any arrangement (i) in which Kaweah Delta engages physicians to provide services or space/items to Kaweah Delta, or (ii) in which Kaweah Delta provides any services, space, staff, equipment or items to physicians.

Policy:

It is the policy of Kaweah Delta to comply with all state and federal laws. Kaweah Delta shall execute contracts with physicians and physician groups ("physician(s)") that comply with all applicable laws and regulations, including those designed to prevent the provision of improper payments, inappropriate referrals, and/or inappropriate inducements to refer. To that end, Kaweah Delta will negotiate, document, and administer Agreements that comply with the following standards:

I. The Agreement shall be set out in writing and signed by all parties. The terms of the Agreements must be commercially reasonable.

II. The arrangement must be commercially reasonable, and the compensation under the arrangement must be set in advance, established at fair market value through an arms-length transaction, and must not take into account the volume or value of referrals for an item or service reimbursable by a state or federal program or other business generated between the parties.

III. All items and services covered by an Agreement with physician(s) must address a legitimate need of Kaweah Delta, must actually be provided by the physician(s), and must be specifically described in sufficient detail in the Agreement.

IV. The Agreement shall specify the compensation terms in sufficient and measurable detail.

V. The term of the Agreement shall be for not less than twelve (12) months, or longer than thirty-six (36) months unless approved by the Chief Executive Officer (CEO) and Board in consultation with Legal Counsel and allowable under District Law. Contracts shall not automatically renew.

VI. The services performed under the Agreement shall not involve the counseling or promotion of a business arrangement or other activity that violates any state or federal law.

VII. All Agreements between Kaweah Delta and physician(s) for any purpose shall be prepared by, or in collaboration with, Kaweah Delta's Legal Counsel for signature by the parties.

VIII. Any payment to physician(s) shall be made only pursuant to an Agreement that has been formally executed between Kaweah Delta and the physician(s). Medical Director payments will be made only pursuant to approved time records submitted by the physicians. Likewise, payments to physician(s) will require documentation of availability and/or services rendered.

IX. Gifts and financial benefits to a physician or their office shall not exceed the annual physician non-monetary compensation threshold as established by the Federal Stark Law. Any gift or benefit provided to physician(s) or a physician's office must first be approved, documented, and tracked through the Medical Staff Office.

Procedure:

I. Fair Market Value (FMV) – State and federal law require a documented and objective determination that the payment between Kaweah Delta and physician(s) is consistent with FMV. Such determination may be evidenced by an approved vendor-written appraisal/valuation, an approved published third-party source, or as otherwise approved by Legal Counsel. The Chief Compliance Officer (CCO) (or designee) will oversee the management and administration of the FMV process.

The CCO (or designee) must be contacted before entering into negotiations of any physician Agreement to evaluate the FMV compensation needs. The negotiated rate must be reviewed and approved by the CCO (or designee) before Legal Counsel is engaged to draft or modify the Agreement. The FMV compensation process will be documented and administered in the following manner:

A. Medical Director Agreements – The Compliance Department will maintain an updated listing of all Medical Director positions by specialty and the corresponding FMV range. Vice President(s) (VP) (or designee) may negotiate rates up to the 50th percentile. Negotiations between the 51st and 65th percentiles require documented justification and CEO approval. Negotiations beyond the 65th percentile require Executive FMV Committee approval (CEO, Board Chair, and CCO).

B. Recruitment Agreements – The Compliance Department will maintain a listing of Board approved physician recruitment needs by specialty and the corresponding FMV range. The Chief Compliance Officer, VP Chief Strategy Officer, and Director of Physician Recruitment and Relations will make recommendations to the Physician Compensation Committee. The Physician Compensation Committee will approve the negotiated rates up to the 50th percentile. Negotiations between the 51st and 65th percentiles

require documented justification and CEO approval. Negotiations beyond the 65th percentile require Executive FMV Committee approval (CEO, Board Chair, and CCO).

C. Exclusive and Non-Exclusive Provider Agreements – The FMV rate must be established through an independent and external FMV assessment. The VP (or designee) will work with the CCO (or designee) to engage Legal Counsel and a third-party valuation firm. The CCO (or designee) will facilitate the Fair Market Valuation process to ensure the data and assumptions are documented and appropriate.

1. Changes to compensation terms and/or methodologies must be reviewed by the Executive Team and formally approved by the CCO and CEO. This provision and approval process applies to all Exclusive and Non-Exclusive Provider Agreements including new or potential agreements, contract renewals, and agreements that allow for compensation changes throughout the term of the agreement.

D. Space Lease Agreement - The VP (or designee) will work with the CCO (or designee) and Legal Counsel to establish the FMV rate. The Space Lease calculation must be reviewed by the CCO (or designee) and approved by Legal Counsel.

II. Medical Director Agreements

A. New and existing Medical Director Agreements shall be prepared and executed using the process outlined in Exhibit A.

B. The VP is responsible for ensuring the necessity of a Medical Director position and ensuring the physician satisfies any qualification or training requirements and provides required services.

C. Compliance will maintain a listing of Medical Director positions required by federal, state, or Joint Commission accreditation. Compliance must be contacted immediately of a statute, regulation, or other standard requiring a Medical Director position. If a new Medical Director position is not required, the VP must demonstrate the necessity and/or benefit to Kaweah Delta, and present the need to the Executive Team for review and approval.

D. Semi-Annually, Compliance will provide a listing of all Medical Director positions to the Executive Team for review and evaluation. Medical Director positions not required by federal, state, or Joint Commission accreditation will be reviewed by the Executive Team to evaluate and demonstrate the necessity and/or benefit to Kaweah Delta.

E. Monthly payments to Medical Directors must be supported by approved time records as follows:

1. Physician(s) must track time spent on activities/responsibilities outlined in the Agreement.

2. Physician(s) shall record activities by date in the electronic time record system. Physician(s) may use a method other than

electronic to document and submit time records when approved by the responsible VP and by Finance Department.

3. Physician(s) time records submitted in any format must include an attestation statement signed by the physician(s) (electronic signature process is used in the electronic time record system).
4. The responsible VP (or designee) must review and approve time records and approve the payment amount to authorize payment. Evidence of such approval must include an original or electronic signature by the VP.
5. Upon receipt of the approved time record and payment amount, Accounts Payable will process the payment for the amount approved by the VP.
6. The responsible VP (or designee) will promptly meet with the Medical Director if they fail to (i) submit time records in a timely manner or (ii) provide services in the manner set forth in the Agreement. Recurring performance issues shall be immediately reported to the CCO.

III. New and existing and Exclusive and Non-Exclusive Physician Provider Agreements shall be prepared and executed using the processes outlined in Exhibits B, C, and D.

IV. Physician Lease of Space Agreements shall be negotiated by the responsible VP (or designee).

The proposed lease rate shall be at FMV.

1. Market analysis must be documented.
2. Rate must be reviewed by the CCO (or designee) and approved by Legal Counsel.

V. Physician Recruitment Agreements shall be negotiated by the Director of Physician Recruitment and Relations or responsible VP (or designee) consistent with AP.126 – (AP126) Physician Recruitment Policy (v.2).

A. The terms of the Agreement shall follow current physician recruitment guidelines approved by the Board of Directors.

B. The proposed income guarantee shall be at FMV.

1. Market analysis must be documented.
2. Compensation arrangement must be approved by the CCO (or designee).

IV. Information on all signed Agreements will be maintained in the contract database (see AP.69 Requirement for Contracting with Outside Service Providers).

X. Modifications – In the event physician(s) requests any modifications to the Agreement language, the VP (or designee) shall forward the requests to Legal Counsel for consideration. If the changes are agreeable, a modified Agreement or Addendum will be provided to the VP (or designee). If changes are not agreeable, Legal Counsel will provide explanations to the VP (or designee).

XI. Board Approval – Board Approval is required as described below:

A. Medical Director Agreements – New or established Medical Director Agreements do not require review and approval by the Board if the expense has been accounted for within the current fiscal budget.

B. Non-Exclusive Providers Agreements – New or established Non-Exclusive Provider Agreements do not require review and approval by the Board if the expense has been accounted for in the current fiscal year budget.

C. Exclusive Provider Agreements – All new or unbudgeted Exclusive Provider Agreements must be submitted to the Board of Directors for review and approval.

VI. Monitoring –

A. The Compliance and/or Internal Audit Departments may complete periodic audits of Medical Directors and Physician Providers Agreements.

B. Prior to the expiration of the Agreement, the VP (or designee) is required to evaluate position duties, requirements, and hours, and to solicit input from key stakeholders including Kaweah Delta staff and/or Medical Staff as appropriate.

VII. Gifts and other financial benefits given to a physician(s) or their office staff shall be recorded by the Medical Office.

A. Any employee/department must contact the Medical Staff Office prior to giving any gifts/financial benefit.

B. The Medical Staff Office must confirm that total financial benefits to the physician(s) and their office do not exceed the annual physician non-monetary compensation threshold for the current calendar year.

C. The Medical Staff Office will log the gift/financial benefit.

D. The value of a gift given to a group of physicians shall be divided and attributed to each physician equally.

Any violators may be subject to disciplinary action for violating Kaweah Delta policy.

"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."

EXHIBIT A

MEDICAL DIRECTOR CONTRACT CHECKLIST

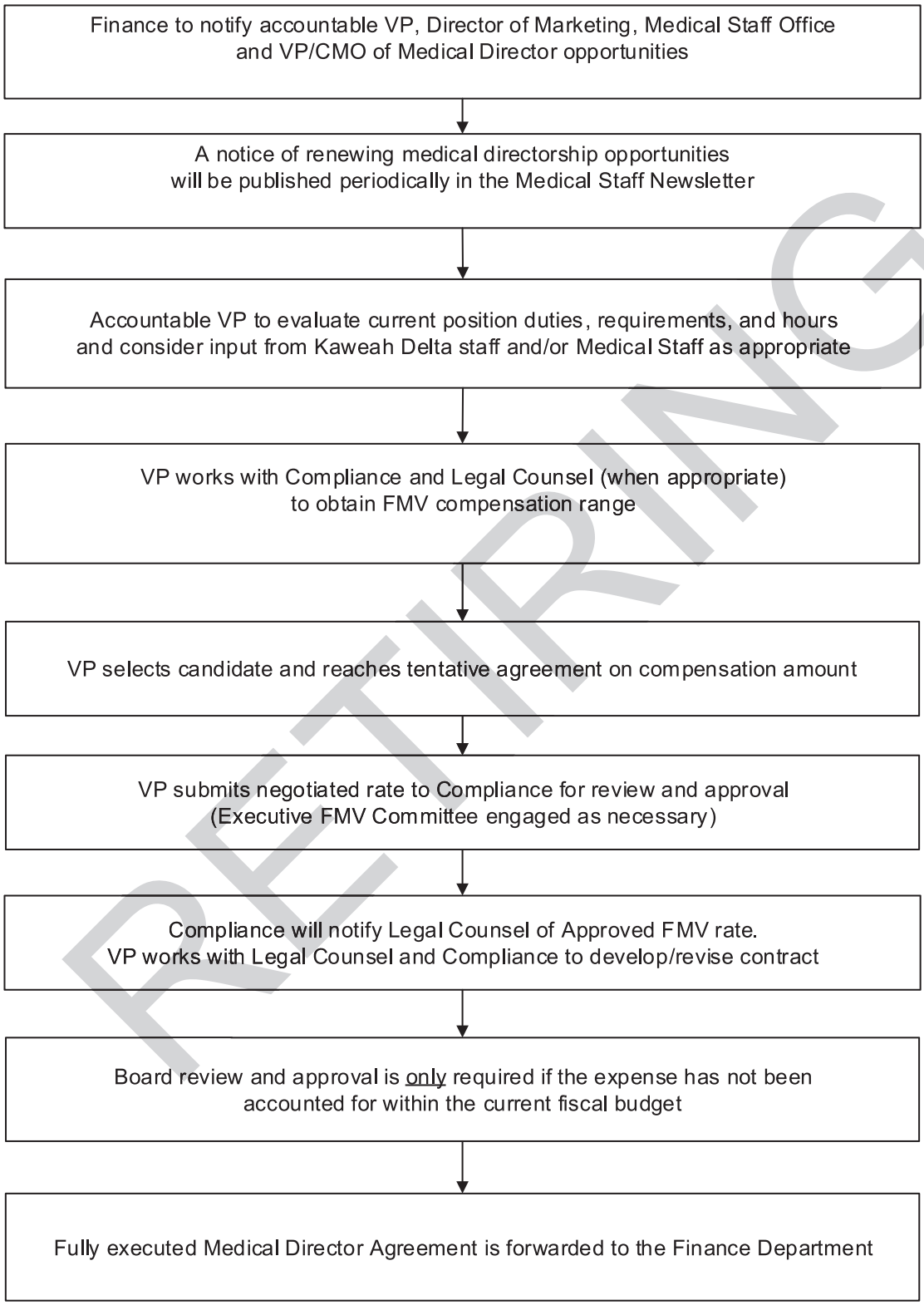


EXHIBIT B

PROVIDER CONTRACT RENEWALS

Exclusive and Non-Exclusive Provider Agreements

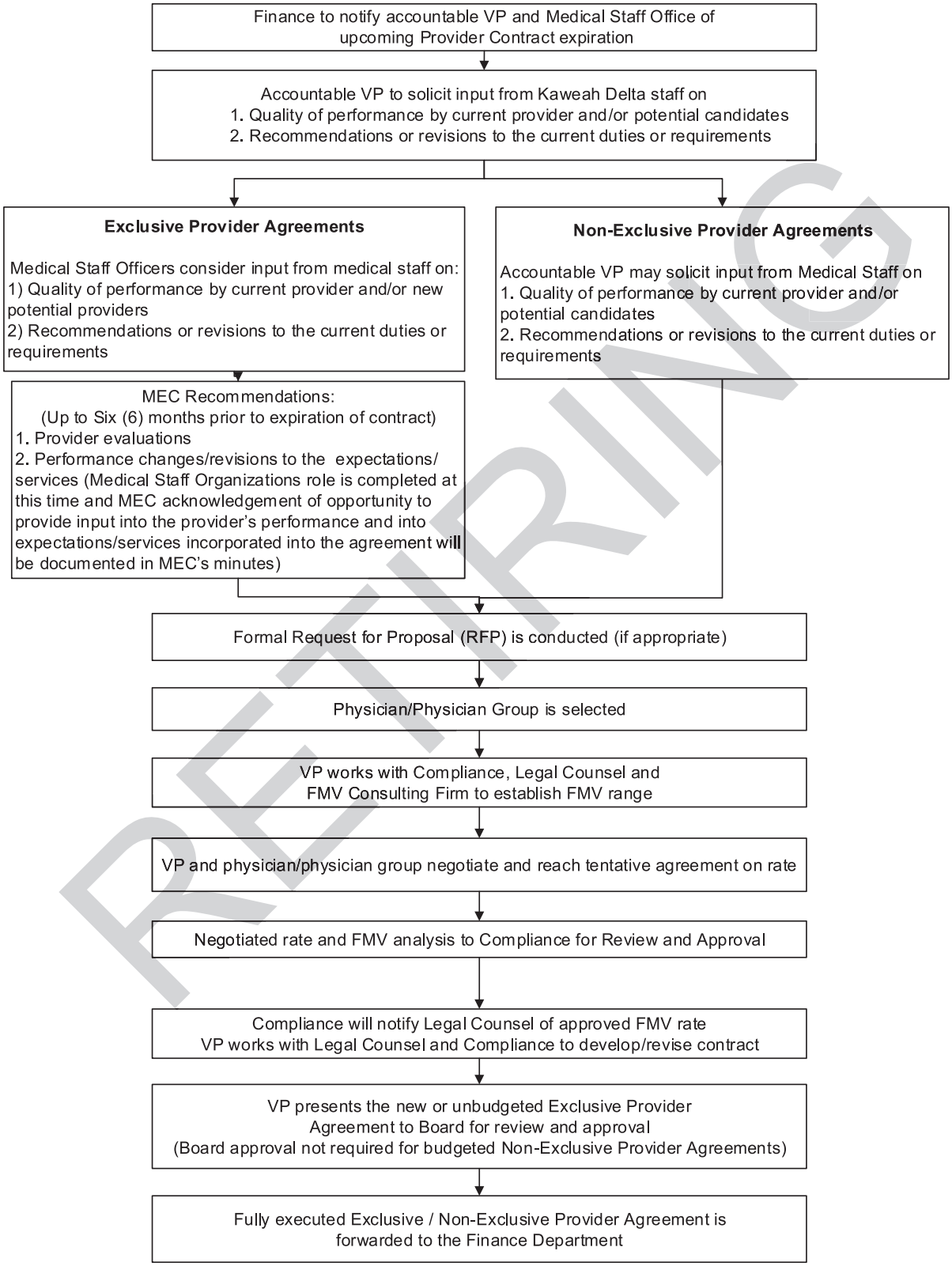


EXHIBIT C

NEW PROVIDER CONTRACT

Exclusive Provider Agreements

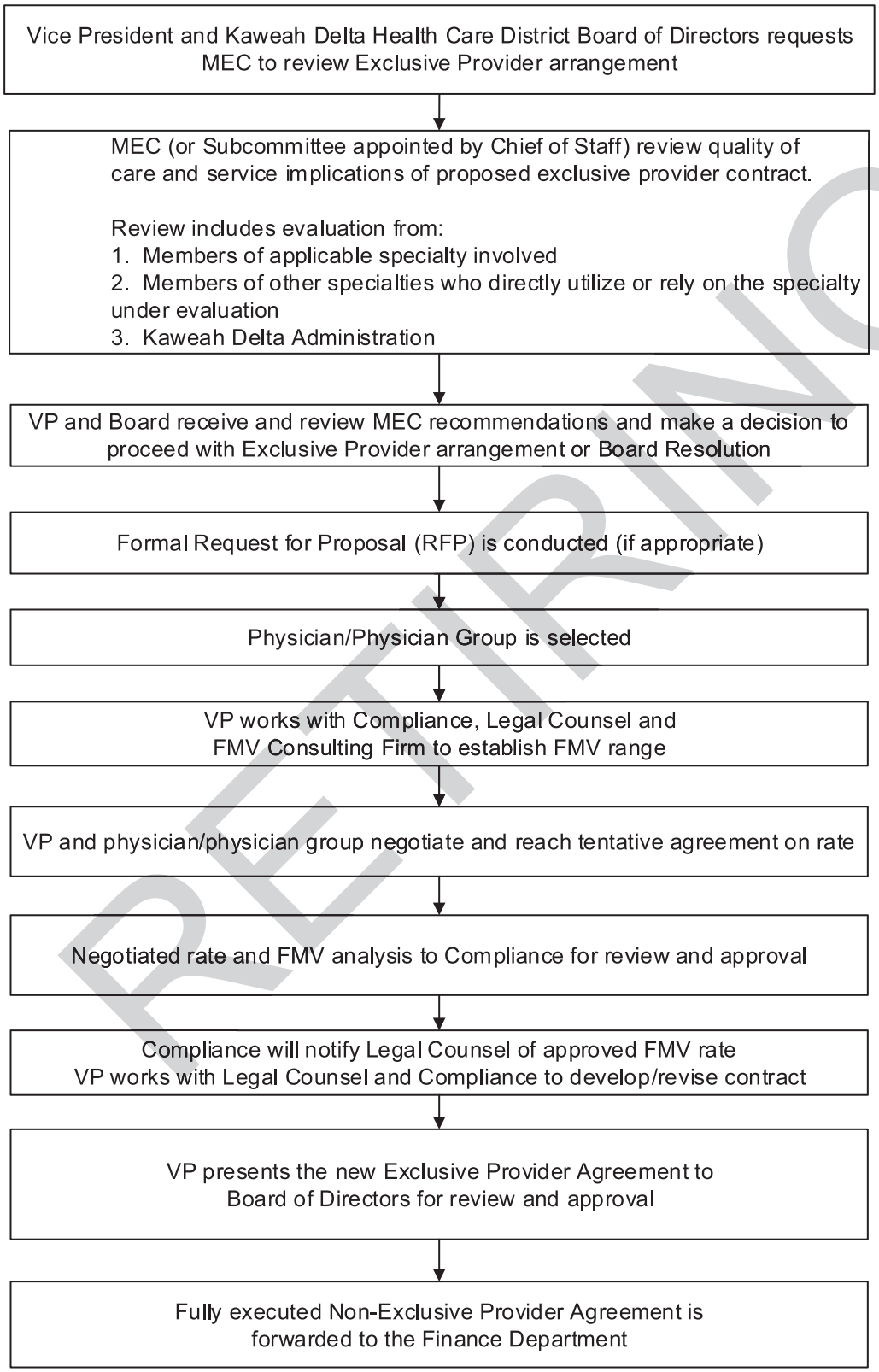
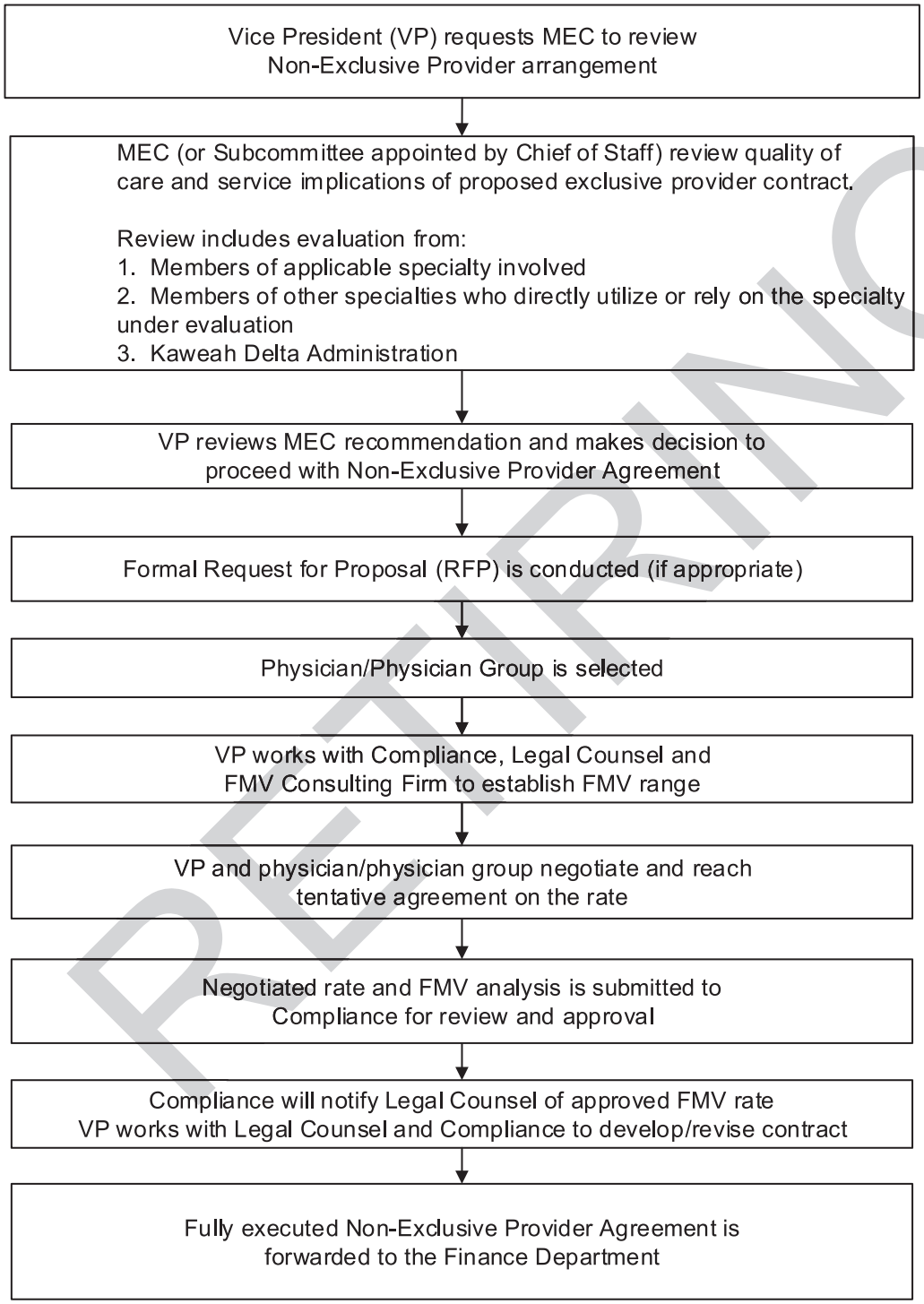


EXHIBIT D

NEW PROVIDER CONTRACT

Non-Exclusive Provider Agreements



CP05 Compliance and Privacy Issue Investigation and Resolution

Policy Number: CP.05	**Date Created: 04/20/2026**
Document Owner: Jill Berry (Director of Corporate Compliance)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	

Compliance and Privacy Issues Investigation and Resolution

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

Purpose:

The purpose of this policy is to promote the integrity of Kaweah Health's Compliance Program by ensuring all compliance and privacy matters will be consistently handled, receive appropriate attention, and be brought to resolution.

Policy:

A. It is the policy of Kaweah Health to conduct investigations of suspected illegal, unethical, or abusive conduct or wrongdoing; non-compliance with relevant health care laws or regulations; and/or Kaweah Health policies and procedures.

B. Investigations shall be conducted by the appropriate person as determined by the Chief Compliance and Risk Officer (CCRO), the Director of Corporate Compliance, and/or the Kaweah Health Compliance Advocate.

Process:

I. Issues shall be investigated when one or more of the following criteria are met:

   A. Non-routine subpoena or search warrant received from a governmental or regulatory agency.
   B. Outside regulatory site visit or audit resulting in deficiencies and/or citations, not including routine responses to the California Department of Health Care Services (CDPH).
   C. Correspondence received from a governmental entity or government contractor regarding actual or potential billing errors or quality of care issues.
   D. Allegation or indication from any source (including the Anonymous Information Line) that a law, regulation, or policy has been violated.
   E. Indication from any source that overpayments have been received by Kaweah Health.
   F. Indication from any source that current procedures or processes may result in a violation, or create a compliance risk due to ineffectiveness or lack of controls.
   G. Ineffective processes that create actual or potential billing errors or other compliance risks.

H. Concern raised regarding potential breaches of patient privacy, medical record security, or identity theft.
I. Request made by a member of the Leadership and/or Executive Team.
J. Request made by the Audit and Compliance Committee, Compliance Advocate, or a Board member.
K. Any other concern of suspected illegal, unethical, abusive conduct, wrongdoing, or non-compliance with laws, regulations, accreditation requirements and/or Kaweah Health policies and procedures not otherwise identified above.

II. The following steps shall be used in an internal investigation when a concern is identified or reported:

A. The CCRO (or designee) will investigate the concern to determine how the concern was identified and designate the person who will oversee the investigation. When necessary, the appropriate leadership team members shall be notified of the potential concern.

1. Issues that are strictly operational in nature shall be referred back to the appropriate leadership team members for review and investigation. Once their review and investigation is complete, the leadership team members shall provide a summary of the resolution to the CCRO (or designee).
2. Safety issues shall be referred to the Safety Officer with notification to the appropriate Executive Team member. Once their review and investigation is complete, the Safety Officer shall provide a summary of the resolution to the CCRO (or designee).
3. Personnel issues shall be referred to Human Resources with notification to the appropriate Executive Team member. Once their review and investigation is complete, the Human Resources representative shall provide a summary of the resolution to the CCRO (or designee).
4. Quality of care issues shall be referred to Patient Safety and Quality Department with notification to the appropriate Executive Team member. Once their investigation is complete, the Patient Safety and Quality representative shall provide a summary of the resolution to the CCRO (or designee).
5. Risk Management issues shall be referred to the Risk Management Department. Once their investigation is complete, the Risk Management representative shall provide a summary of the resolution to the CCRO (or designee).
6. Other issues shall be investigated by the CCRO (or designee) with notification to the appropriate Executive Team member.

B. The CCRO (or designee) will contact the Kaweah Health Compliance Advocate to invoke attorney-client privilege, as appropriate, in situations where a potential violation has been identified which could result in governmental intervention, self-reporting and/or re-payments to a third-party payer. In situations where the Kaweah Health Compliance Advocate invokes attorney-client privilege for investigation of an issue, all meetings, discussions and investigation activities related to that issue shall take place in the

presence of, or under the direction of, the Kaweah Health Compliance Advocate or CCRO.

C. When necessary, the CCRO (or designee) will place the issue on the Compliance Issue Log reviewed quarterly by the Audit and Compliance Committee and the Board. If the matter is a privacy concern or other compliance matter not requiring inclusion on the Compliance Issue Log, the CCRO (or designee) will document and log the concern for tracking and reporting purposes.

D. The CCRO (or designee) will determine the appropriate steps to investigate the issue and initiate these steps as soon as possible. The CCRO (or designee) will ensure Leadership places an immediate stop to any practice violating any federal or state law or regulation and/or accreditation standard; specifically those impacting billing or coding processes.

E. The CCRO (or designee) will discuss the issue with the appropriate Leadership and/or Executive Team members.

F. When appropriate, the CCRO (or designee) will retain outside opinions, other experts, or consultants to evaluate the information and provide guidance or recommendations.

G. The CCRO (or designee) will initiate specific steps to review the issue. These may include, but are not limited to:

1. Review relevant policies and procedures.
2. Identify and interview staff who may have knowledge of the problem. Analyze past history relevant to the problem.
3. Research applicable laws.
4. Review claims/medical records in question.
5. Review relevant documents and files.
6. Complete audits of patient records and system access.

H. The CCRO (or designee) will document all steps taken in the investigation and resolution of the issue, including interview/meeting notes, summaries of reviews, completed copies of policies, or other relevant documents and other pertinent information related to the issue.

I. The CCRO (or designee) will determine the appropriate course of action:

1. Refer concerns about performance actions of specific individuals to Leadership and Human Resources.
2. Work with appropriate Leadership and/or Executive Team members to implement new processes, policies and procedures, education, or other steps to ensure the problem does not persist or reoccur.
3. Confirm the re-billing or repayment of any specific claims where a billing/payment error has been identified. If it is determined that an overpayment has been received from Medicare, the overpayment must be reported and returned to the appropriate agency within 60 days

after the date on which the overpayment amount is identified, or the date any corresponding cost report is due, if applicable. Failure to submit a timely report and return the overpayment may lead to False Claims Act liability. See CP.13 *Federal and State False Claims Act and Employee Protection Provisions* for additional information.

4. Determine whether self-disclosure and restitution is necessary; and, if so, work with the Kaweah Health Compliance Advocate and appropriate Executive Team member to make prompt restitution to the appropriate health care program/third-party payer.
5. Schedule future monitoring and review activity to mitigate any future recurrence. The final resolution of the issue will be reported to the appropriate Executive Team member, the Audit and Compliance Committee, the Chief Executive Officer (CEO), and Board (when appropriate). The length of the investigation and final resolution will vary depending on the complexity and risk associated with the issue.

III. When an investigation is initiated based upon a report of a problem by an employee, the CCRO (or designee) will provide a summary of the final resolution to that employee. If the employee still has concerns, the following steps will be taken:

A. The CCRO will report the continuing concern to the Audit and Compliance Committee.
B. The CCRO or Compliance Advocate will contact the employee to request a written statement of their ongoing concerns.
C. The CCRO will prepare a written response to the employee's concerns.
D. The Audit and Compliance Committee will review the written statement and respond and instruct the CCRO whether to continue or to close the investigation.
E. A letter will be sent from the Compliance Advocate on behalf of the Audit and Compliance Committee to the employee stating the final decision of the Audit and Compliance Committee.

IV. When Kaweah Health is required by Federal and/or State law to make notifications to Federal and/or State agencies or involved patients, the Compliance Department will be responsible for making the necessary notifications to involved patients and Federal and/or State agencies in accordance with applicable legal and regulatory requirements.

"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."

Policy Number: CP.05	Date Created: 04/20/2026
Document Owner: Jill Berry (Director of Corporate Compliance)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	

Compliance and Privacy Issues Investigation and Resolution

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

Purpose:

The purpose of this policy is to promote the integrity of Kaweah Health's~~o establish a~~ Compliance Program by ensuring ~~in which~~ all compliance and privacy matters ~~issues~~ will be ~~are handled~~ consistently handled, ~~to ensure integrity of the Program and all matters~~ receive appropriate attention, and be brought to resolution.

Policy:

A. It is the policy of Kaweah Health to conduct ~~i~~investigations of suspected illegal, unethical, or abusive conduct or~~,~~ wrongdoing;~~, or~~ non-compliance with relevant health care laws or ~~,~~ regulations;~~, accreditation requirements~~ and/or Kaweah Health policies and procedures.

B. Investigations shall be conducted by the appropriate person as determined by the ~~Vice President &~~ Chief Compliance and Risk ~~and Privacy~~ Officer (~~VP~~CCRO), the Director of Corporate Compliance, ~~(CPO)~~ and/or the Kaweah Health Compliance Advocate.

Process:

I. Issues shall be investigated when one or more of the following criteria are met:

   A. Non-routine subpoena or search warrant received from a governmental or regulatory agency.
   B. Outside regulatory site visit or audit resulting in deficiencies and/or citations, not including routine responses to the California Department of Health Care Services (CDPH).
   C. Correspondence received from a governmental entity or government contractor regarding actual or potential billing errors or quality of care issues.
   D. Allegation or indication from any source (including the Anonymous Information Line) that a law, regulation, or policy has been violated.
   E. Indication from any source that overpayments have been received by Kaweah Health.

F. Indication from any source that current procedures or processes may result in a violation, or create a compliance risk due to ineffectiveness or lack of controls.
G. Ineffective processes that create actual or potential billing errors or other compliance risks.
H. Concern raised regarding potential breaches of patient privacy, medical record security, or identity theft.
I. Request made by a member of the Leadership and/or Executive Team.
J. Request made by the Audit and Compliance Committee, Compliance Advocate, or a Board member.
K. Any other concern of suspected illegal, unethical, abusive conduct, wrongdoing, or non-compliance with laws, regulations, accreditation requirements and/or Kaweah Health policies and procedures not otherwise identified above.

II. The following steps shall be used in an internal investigation when a concern is identified or reported:

A. The ~~VP~~CCRO~~PO~~ (or designee) will investigate the concern to determine how the ~~potential problem~~concern was identified and designate the person who will oversee the investigation. When necessary, the appropriate lL~~eadership~~ team members ~~and/or Executive Team members~~ shall be notified of the potential concern.

1. Issues that are strictly operational in nature shall be referred back to the appropriate lL~~eadership and Executive T~~team members for review and investigation. Once their review and investigation is complete, the leadership team members ~~Leadership and Executive Team member~~ shall provide a summary of the resolution to the ~~CPO~~ ~~VP~~CCRO (or designee).
2. Safety issues shall be referred to the Safety Officer with notification to the appropriate Executive Team member. Once their review and investigation is complete, the Safety Officer shall provide a summary of the resolution to the ~~CPO~~~~VP~~CCRO (or designee).
3. Personnel issues shall be referred to Human Resources with notification to the appropriate Executive Team member. Once their review and investigation is complete, the Human Resources representative shall provide a summary of the resolution to the ~~CPO~~ ~~VP~~CCRO (or designee).
4. Quality of care issues shall be referred to Patient Safety and Quality Department with notification to the appropriate Executive Team member. Once their investigation is complete, the Patient Safety and Quality representative shall provide a summary of the resolution to the ~~CPO~~~~VP~~CCRO (or designee).
5. Risk Management issues shall be referred to the Risk Management Department. Once their investigation is complete, the Risk Management representative shall provide a summary of the resolution to the CCRO (or designee).
6. Other issues shall be investigated by the ~~CPO~~~~VP~~CCRO (or designee) with notification to the appropriate Executive Team member.

B. The ~~CPO~~VP~~P~~CCRO (or designee) will contact the Kaweah Health Compliance Advocate to invoke attorney-client privilege, as appropriate, in situations where a potential violation has been identified which could result in governmental intervention, self-reporting and/or re-payments to a third-party payer. In situations where the Kaweah Health Compliance Advocate invokes attorney-client privilege for investigation of an issue, all meetings, discussions and investigation activities related to that issue shall take place in the presence of, or under the direction of, the Kaweah Health Compliance Advocate or ~~CPO~~VP~~P~~CCRO.

C. When necessary, the ~~CPO~~ VP~~P~~CCRO (or designee) will place the issue on the Compliance Issue Log reviewed quarterly by the Audit and Compliance Committee and the Board. If the matter is a privacy concern or other compliance matter not requiring inclusion on the Compliance Issue Log, the ~~CPO~~ VP~~P~~CCRO (or designee) will document and log the concern for tracking and reporting purposes.

D. The ~~CPO~~ VP~~P~~CCRO (or designee) will determine the appropriate steps to investigate the issue and initiate these steps as soon as possible. The ~~CPO~~ VP~~P~~CCRO (or designee) will ensure Leadership places an immediate stop to any practice violating any federal or state law or regulation and/or accreditation standard; specifically those impacting billing or coding processes.

E. The ~~CPO~~ VP~~P~~CCRO (or designee) will discuss the issue with the appropriate Leadership and/or Executive Team members.

F. When appropriate, the ~~CPO~~ VP~~P~~CCRO (or designee) will retain outside opinions, other experts, or consultants~~,~~ to evaluate the information and provide guidance or recommendations.

G. The ~~CPO~~ VP~~P~~CCRO (or designee) will initiate specific steps to review the issue. These may include, but are not limited to:

1. Review relevant policies and procedures.
2. Identify and interview staff who may have knowledge of the problem. Analyze past history relevant to the problem.
3. Research applicable laws.
4. Review claims/medical records in question.
5. Review relevant documents and files.
6. Complete audits of patient records and system access.

H. The ~~CPO~~ VP~~P~~CCRO (or designee) will document all steps taken in the investigation and resolution of the issue, including interview/meeting notes, summaries of reviews, completed copies of policies, or other relevant documents and other pertinent information related to the issue.

I. The ~~CPO~~ VP~~P~~CCRO (or designee) will determine the appropriate course of action:

1. Refer concerns about performance actions of specific individuals to Leadership and Human Resources.
2. Work with appropriate Leadership and/or Executive Team members to implement new processes, policies and procedures, education, or other steps to ensure the problem does not persist or reoccur.
3. Confirm the re-billing or repayment of any specific claims where a billing/payment error has been identified. If it is determined that an overpayment has been received from Medicare, the overpayment must be reported and returned to the appropriate agency within 60 days after the date on which the overpayment amount is identified, or the date any corresponding cost report is due, if applicable. Failure to submit a timely report and return the overpayment may lead to False Claims Act liability. See CP.13 *Federal and State False Claims Act and Employee Protection Provisions* for additional information.
4. Determine whether self-disclosure and restitution is necessary; and, if so, work with the Kaweah Health Compliance Advocate and appropriate Executive Team member to make prompt restitution to the appropriate health care program/third-party payer.
5. Schedule future monitoring and review activity to mitigate any future recurrence. The final resolution of the issue will be reported to the appropriate Executive Team member, the Audit and Compliance Committee, the Chief Executive Officer (CEO), and Board (when appropriate). The length of the investigation and final resolution will vary depending on the complexity and risk associated with the issue.

III. When an investigation is initiated based upon a report of a problem by an employee, the ~~C~~CPO ~~VP~~CCRO (or designee) will provide a summary of the final resolution to that employee. If the employee still has concerns, the following steps will be taken:

A. The ~~CPO VP~~CCRO will report the continuing concern to the Audit and Compliance Committee.
B. The ~~CPO VP~~CCRO or Compliance Advocate will contact the employee to request a written statement of their ongoing concerns.
C. The ~~CPO VP~~CCRO will prepare a written response to the employee's concerns.
D. The Audit and Compliance Committee will review the written statement and respond and instruct the ~~CPO VP~~CCRO whether to continue or to close the investigation.
E. A letter will be sent from the Compliance Advocate on behalf of the Audit and Compliance Committee to the employee stating the final decision of the Audit and Compliance Committee.

IV. When Kaweah Health is required by Federal and/or State law to make notifications to Federal and/or State agencies or involved patients, the Compliance Department will be responsible for making the necessary notifications to involved ~~the~~ patients and Federal and/or ~~/~~State agencies in accordance with applicable legal and regulatory requirements.

"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."

CP06 Compliance Program Education

Policy Number: CP.06	**Date Created: 10/05/2023**
Document Owner: Jill Berry (Director of Corporate Compliance)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	

Compliance Program Education

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

Purpose:

The purpose of this policy is to establish the framework for educating Kaweah Health ("Kaweah") staff, leaders, volunteers, Medical Staff members, and other identified individuals on Kaweah's Compliance Program and on topics including, but not limited to the Code of Conduct, False Claims Act (FCA), Anti-Kickback Statute (AKS), STARK, Criminal Health Care Fraud Statute, Federal Exclusion Statute, and Civil Monetary Penalties (CMP) Law, and patient privacy laws and regulations.

Policy:

A. All staff members, leaders, volunteers, and Medical Staff members will receive regular training on Kaweah's Compliance Program and relevant compliance and privacy topics. All employees shall receive mandatory Compliance and Privacy training upon hire, and annually thereafter. All employees and Medical Staff members will receive ongoing education on relevant compliance and patient privacy topics. Employees working in identified high compliance risk areas shall receive additional focused education related to their function and responsibility.

Process:

I. **New Employees** – All employees will receive mandatory Compliance Program training upon hire. New Employees Compliance Program training will be conducted through the New Employee General Orientation process. Training content shall include an overview of the Kaweah Health Compliance Program, Code of Conduct, patient privacy laws and regulations, FCA, AKS, STARK, Criminal Health Care Fraud Statute, Federal Exclusion Statute, CMP Law, and other topics as deemed necessary.

II. **Medical Staff Members –** New Medical Staff members will be oriented to the Kaweah Health Compliance Program through the Medical Staff Orientation Process. Training content shall include an overview of the Kaweah Health Compliance Program, Code of Conduct, patient privacy laws and regulations, FCA, AKS, STARK, Criminal Health Care Fraud Statute, Federal Exclusion Statute, CMP Law, and other topics as deemed necessary.

III. **New Managers –** New managers shall meet with a member of the Compliance Department to receive a more detailed understanding of the Kaweah Health Compliance Program. The training will also include a review of the manager's responsibility for compliance education and reporting.

IV. **New Board Members –** New Board Members will meet with the CCRO to receive a comprehensive overview of the Kaweah Health Compliance Program. The training will also include a review of the Board member's responsibility for compliance.

V. **Continuing Education** - All employees shall receive on-going education about relevant compliance topics including updates to the Compliance Program, Code of Conduct, new laws and regulations, and new Compliance Program and patient privacy-related policies and procedures. The ways in which information and education shall be provided include:

A. Compliance and Privacy Mandatory Annual Training (MAT) shall be completed by all employees annually. Failure to complete MAT will result in disciplinary action pursuant to Kaweah Health's Human Resources Policy HR.216 Progressive Discipline.

B. Relevant compliance topics included periodically via the Kaweah Health Communication Boards, all staff e-mail communications, the employee newsletter, and the Medical Staff newsletter.

C. Periodically, Compliance staff may attend department staff meetings to present relevant compliance and privacy topics as required by law, the CCRO, or at the request of Department Management.

D. Each department/area will identify a representative to serve as their Area Compliance Expert (ACE). These individuals will help support their management by providing compliance and privacy-related education on an on-going basis at their department/area staff meetings. Relevant topics will include identified high-risk areas for compliance or information on new laws or regulations.

VI. **Focused Education** - Employees working in Patient Access, Patient Accounting, Revenue Integrity, Health Information Management, and Case Management participate in the development and ongoing management of Operational Compliance Committee and are to provide regular training to their team members in their assigned areas on relevant compliance and privacy topics.

Policy Number: CP.06	Date Created: 10/05/2023
Document Owner: Jill Berry (Director of Corporate Compliance)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	

Compliance Program Education

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

Purpose:

The purpose of this policy is t~~T~~o establish the framework for educatinge~~~~ Kaweah Health ("Kaweah") staff, leaders, volunteers, ~~employees and physicians on the M~~medical ~~s~~Staff members, and other identified individuals on ~~about the~~ Kaweah's ~~Health~~ Compliance Program and ~~on~~ topics including, but not limited to~~,~~ the Code of Conduct, ~~Patient Privacy regulations,~~ False Claims Act (FCA), Anti-Kickback Statute (AKS),~~ ~~ STARK, Criminal Health Care Fraud Statute, Federal Exclusion Statute, and Civil Monetary Penalties (CMP) Law~~s~~, and patient privacy laws and regulations.

Policy:

A. All staff members, leaders, volunteers, and Medical Staff members will receive regular training on Kaweah's Compliance Program and relevant compliance and privacy topics. All employees shall receive mandatory Compliance and Privacy training upon hire, and annually thereafter. All employees and Medical Staff members ~~physicians~~ will receive ongoing education on relevant compliance and p~~P~~atient p~~P~~rivacy topics. Employees working in identified high compliance risk areas ~~within the Revenue Cycle~~ shall receive additional focused education related to their function and responsibility.

Process:

I. **New Employee~~s Orientation~~** – All employees will receive mandatory Compliance Program training upon hire. New Employees Compliance Program training will be conducted ~~will be oriented to the Kaweah Health Compliance Program~~ through the New Employee General Orientation process. Training content shall include an overview of the Kaweah Health Compliance Program, Code of Conduct, ~~P~~patient ~~P~~privacy laws and regulations, FCA, AKS, STARK, Criminal Health Care Fraud Statute, Federal Exclusion Statute, CMP~~MP~~ Law~~s~~, and other topics as deemed necessary.

II. **Medical Staff ~~Orientation~~Members –** New Medical Staff members ~~physicians~~ will be oriented to the Kaweah Health Compliance Program through the Medical Staff Orientation Process. Training content shall include

an overview of the Kaweah Health Compliance Program, Code of Conduct, ~~P~~patient p~~P~~rivacy laws and regulations, FCA, AKS, STARK, Criminal Health Care Fraud Statute, Federal Exclusion Statute, CMP Law~~s~~, and other topics as deemed necessary.

III. **New Manager~~s~~ ~~Orientation~~ –** New managers shall meet with a member of the Compliance Department ~~the CCRO (or designee)~~ to receive a more detailed understanding of the Kaweah Health Compliance Program. The training will also include a review of the manager's responsibility for compliance education and reporting.

IV. **New Board Member~~s~~ ~~Orientation~~ –** New Board Members will meet with the CCRO to receive a comprehensive overview of the Kaweah Health Compliance Program. The training will also include a review of the Board member's responsibility for compliance.

V. **Continuing Education** - All employees shall receive on-going education about relevant compliance topics including updates to the Compliance Program, Code of Conduct, new laws and regulations, and~~or~~ new Compliance Program and patient p~~P~~rivacy-related policies and procedures. The ways in which information and education shall be provided include:

A. Compliance and Privacy Mandatory Annual Training (MAT) shall be completed by all employees annually. Failure to complete MAT will result in disciplinary action pursuant to Kaweah Health's Human Resources Policy HR.216 Progressive Discipline.

B. Relevant compliance topics included periodically via the Kaweah Health Communication Boards, all staff e-mail communications, the employee newsletter, and the Medical Staff newsletter.

C. Periodically, Compliance staff may attend department staff meetings to present relevant compliance and privacy topics as required by law, the CCRO, or at the request of Department Management.

D. Each department/area will identify a representative to serve as their Area Compliance Expert (ACE). These individuals will help support their management by providing compliance and privacy-related education on an on-going basis at their department/area staff meetings. Relevant topics will include identified high-risk areas for compliance or information on new laws or regulations.

VI. **Focused Education** - Employees working in Patient Access, Patient Accounting, Revenue Integrity, ~~Radiology,~~ Health Information Management, ~~Clinical Documentation Improvement,~~ and Case Management participate in the development and ongoing management of Operational Compliance Committee and are to provide regular training to their team members in their assigned areas on relevant compliance and privacy topics.~~, focused on the discussion of regulations, policies, auditing and monitoring, and educational efforts within the departments; including the development and implementation~~

~~of dashboards designed to develop focused goals and measure effectiveness of each committee.~~

"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."

CP07 Excluded Individuals Entities

Policy Number: CP.07	Date Created: 02/09/1998
Document Owner: Jill Berry (Director of Corporate Compliance)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	
Excluded Individuals/Entities	

Purpose:

To establish procedures to prevent Kaweah Delta Health Care District (herein after referred to as Kaweah Health) from employing, contracting with and/or granting Medical Staff privileges to anyone excluded from participation in a Federal or State Health Care Program.

Policy:

All current and prospective employees, independent contractors, vendors, suppliers, consultants, and Medical Staff members shall be searched against the Department of Health and Human Services/Office of Inspector General's List of Excluded Individuals/Entities (OIG), the General Systems Administration (GSA) List of Excluded Individuals/Entities, and the California Medicaid Exclusion List (collectively referred to herein as the "Exclusion List(s)") based on the frequency outlined in this policy.

Definition of an Excluded Person or Entity:

An employee, independent contractor, vendor, supplier, consultant, Medical Staff members, or entity who has been identified by the Federal or State government as committing an act that excludes them from participating in a Federal or State health care program and/or Federal or State procurement. The exclusion applies regardless of who submits the claims and applies to all administrative and management services furnished by the excluded person.

Procedure:

I. Vendors/Suppliers/Contracted Services

A. Before entering into a contract or agreement, the person responsible for executing or renewing the contract shall ensure that the proposed vendor or supplier is not an Excluded Person/Entity. If the vendor or supplier is excluded from participation in a Federal or State Health Care Program, a contract shall not be executed.

All new or renewed contracts shall contain a clause, requiring the vendor to immediately notify Kaweah Health should they become ineligible /

excluded from participating in a Federal or State Health Care Program. The contract shall also specify Kaweah Health's authority to immediately terminate the agreement in the event the vendor becomes excluded. See AP69 Requirement for Contracting with Outside Service Providers. All executed agreements shall be retained in the Contract Management System.

B. The Director of Finance (or designee) shall perform Exclusion List screening quarterly to ensure that any Kaweah Health vendor/supplier is not an Excluded Person/Entity. Any vendor found to be excluded shall be immediately notified and their contract with Kaweah Health terminated.

C. Any providers not credentialed with Kaweah Health, but whose patients utilize Kaweah Health for the fulfillment of services (Laboratory, Imaging, etc.) will undergo Exclusion List screening to validate exclusion status. A third-party vendor may be utilized to perform monthly monitoring of non-credentialed providers. Orders for non-credentialed providers who are found to be excluded will not be accepted at Kaweah Health for the fulfillment of medical services.

D. Documentation of the review shall be forwarded to the Compliance Department and may be in the format in Exhibit A or other such format as agreed to by the Chief Compliance and Risk Officer (CCRO) or designee.

II. Medical Staff /Allied Health Staff

A. Before approving a physician for Medical Staff privileges or authorizing an allied health staff person to provide services, the Medical Staff Director (or designee) shall ensure that the individual is not an Excluded Person. If a physician or allied health professional is identified on the Exclusion Lists, Medical Staff privileges/authorization to provide services shall not be granted. Any physician or Allied Health Professional with a change in status, such as an exclusion from Federal or State Health Care participation, shall immediately report such change to the Kaweah Health CCRO and Medical Staff Office.

B. The Director of the Medical Staff Office (or designee) shall search the Exclusion Lists monthly to ensure that any Kaweah Health Medical Staff or Allied Health Professional is not an Excluded Person. In the event a physician or Allied Health Professional is on the Exclusion Lists, Medical Staff privileges/authorization to provide services shall be immediately revoked.

C. Documentation of the review shall be forwarded quarterly to the CCRO (or designee) and may be in the format in Exhibit A or other such format as agreed to by the CCRO.

III. Employment Applicants

A. Prior to making an offer of employment or contract, Human Resources staff shall search the Exclusion Lists to ensure that the applicant is not an Excluded Person. In the event the applicant is on the Exclusion Lists, no offer of employment or contract shall be made.

IV. Kaweah Health Employees

A. The Exclusion Lists shall be searched monthly to determine if a Kaweah Health employee has been identified as an Excluded Person. The review will also evaluate any published legal or license activity that might affect a person's status for professional licensure. Human Resources will be immediately notified of any potential situations that require further review and evaluation.

B. In the event an employee is identified as an Excluded Person, the Chief Human Resources Officer will review the finding and report the outcome of the review to the CCRO. Confirmation of the "excluded" status is cause for immediate termination of employment with Kaweah Health.

V. Investigations of Excluded Person(s)

A. In the event that an Excluded Person/party is identified, the Compliance Department will conduct an investigation following CP.05 Compliance and Privacy Issues Investigation and Resolution.

B. In the event that an Excluded Person/party is identified, Insurance Plan Sponsors and/or Payor will be notified (when appropriate).

EXHIBIT A

Verification of review of OIG and GSA List of Excluded Individuals/Entities

Review completed for: _____

Vendors, Medical and Allied Health Staff, Consultants, Staff)

Review completed on: _____

(Date)

I certify that this review has been completed and no Excluded Individuals/Entities were found.

Signature: _____

Print Name: _____

I certify that this review has been completed and the following Individuals/Entities were found:

_____ _____

_____ _____

Signature: _____

Print Name: _____

Please forward the completed form to the CCRO or designee

"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."

Policy Number: CP.07	Date Created: 02/09/1998
Document Owner: Jill Berry (Director of Corporate Compliance)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	
Excluded Individuals/Entities	

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

Purpose:

To establish procedures to prevent Kaweah Delta Health Care District (herein after referred to as Kaweah Health) from ~~hiring,~~ employing, contracting with and/or granting ~~the provision of~~ Medical Staff privileges to anyone excluded from participation in a Federal or State Health Care Program.

Policy:

All current and prospective ~~new~~ employees, independent contractors, vendors, suppliers, consultants, and Medical Staff members shall be searched against the Department of Health and Human Services/Office of Inspector General's List of Excluded Individuals/Entities (OIG), ~~and~~ the General Systems Administration (GSA) ~~l~~List of Excluded Individuals/Entities, and the California Medicaid Exclusion List (collectively referred to herein as the "Exclusion List(s)") based on the frequency outlined in this policy.

Definition of an Excluded Person or Entity:

~~An excluded person can be an~~An employee, independent contractor, vendor, supplier, consultant, Medical Staff members, or entity who has been identified by the Federal or State government as committing an act that excludes them ~~individual/entity~~ from participating in a Federal or State health care program~~,~~ and/or Federal or ~~/~~State procurement. The exclusion applies regardless of who submits the claims and applies to all administrative and management services furnished by the excluded person.

Procedure:

I. Vendors/Suppliers/Contracted Services

A. Before entering into a contract or agreement, the person responsible for executing or renewing the contract shall ensure that the proposed vendor or supplier is not an Excluded Person/Entity. If the vendor or supplier is excluded from participation in a Federal or State Health Care Program, a contract shall not be executed.

All new or renewed contracts shall contain a clause, requiring the vendor to immediately notify Kaweah Health should they become ineligible / excluded from participating in a Federal or State Health Care Program. The contract shall also specify Kaweah Health's authority to immediately terminate the agreement in the event the vendor becomes excluded. See AP69 Requirement for Contracting with Outside Service Providers. All executed agreements shall be retained in the Contract Management System.

B. The Director of Finance (or designee) shall perform ~~search the~~ Exclusion List screening ~~OIG/GSA List~~ quarterly to ensure that any Kaweah Health vendor/supplier is not an Excluded Person/Entity. Any vendor found to be excluded shall be immediately notified and their contract with Kaweah Health terminated.

C. Any providers not credentialed with Kaweah Health, but whose patients utilize Kaweah Health for the fulfillment of services (Laboratory, Imaging, etc.) will undergo Exclusion List screening ~~be searched for on the OIG list~~ to validate exclusion status. A third-party vendor may be utilized to perform ~~will maintain the~~ monthly monitoring of non-credentialed providers. Orders for non-credentialed providers who are found to be excluded will not be accepted at Kaweah Health for the fulfillment of medical services.

D. Documentation of the review shall be forwarded to the Compliance Department and may be in the format in Exhibit A or other such format as agreed to by the ~~Vice President &~~ Chief Compliance ~~and Risk~~ ~~and Privacy~~ Officer (~~VP~~CCRO) or designee.

II. Medical Staff /Allied Health Staff

A. Before approving a physician for Medical Staff privileges or authorizing an allied health staff person to provide services, the Medical Staff Director (or designee) shall ensure that the individual is not an Excluded Person. If a physician or allied health professional is identified on the ~~OIG/GSA~~ Exclusion List~~s~~s, Medical Staff privileges/authorization to provide services shall not be granted. Any physician or Allied Health Professional with a change in status, such as an exclusion from Federal or State Health Care participation, shall immediately report such change to the Kaweah ~~Delta~~ Health ~~(~~VPCCRO~~)Compliance Officer~~ and Medical Staff Office.

B. The Director of the Medical Staff Office (or designee) shall search the Exclusion ~~OIG/GSA I~~Lists monthly to ensure that any Kaweah Health Medical Staff or Allied Health Professional is not an Excluded Person. In the event a physician or Allied Health Professional is on the ~~OIG/GSA~~ Exclusion Lists, Medical Staff privileges/authorization to provide services shall be immediately revoked.

C. Documentation of the review shall be forwarded quarterly to the VPCCROChief Compliance and Privacy Officerr (or designee) and may be in the format in Exhibit A or other such format as agreed to by the VPCCROCompliance and Privacy Officer.

III. Employment Applicants

A. Prior to making an offer of employment or contract, Human Resources staff shall search the Exclusion OIG/GSA Lists to ensure that the applicant is not an Excluded Person. In the event the applicant is on the Exclusion OIG/ GSA Lists, no offer of employment or contract shall be made.

IV. Kaweah Health Employees

A. The OIG/GSA and State Exclusion Lists shall be searched monthly to determine if a Kaweah Health employee has been identified as an Excluded Person. The review will also evaluate any published legal or license activity that might affect a person's status for professional their California licensure. Human Resources will be immediately notified of any potential situations that require further review and evaluation.

B. In the event an employee is identified as an Excluded Person, the Vice President ofChief Human Resources Officer will review the finding and report the outcome of the review to the VPCCROCompliance and Privacy Officer. Confirmation of the "excluded" status is cause for immediate termination of employment with Kaweah Health.

V. Investigations of Excluded Person(s)

V.

A. In the event that an Excluded Person/party is identified, the Compliance Department will conduct an investigation following CP.05 Compliance and Privacy Issues Investigation and Resolution.

A.

B. In the event that an Excluded Person/party is identified, Insurance Plan Sponsors and/or Payor will be notified (when appropriate).

EXHIBIT A

Verification of review of OIG and GSA List of Excluded Individuals/Entities

Review completed for: _____

Vendors, Medical and Allied Health Staff, Consultants, Staff)

Review completed on: _____

(Date)

I certify that this review has been completed and no Excluded Individuals/Entities were found.

Signature: _____

Print Name: _____

I certify that this review has been completed and the following Individuals/Entities were found:

_____ _____

_____ _____

Signature: _____

Print Name: _____

Please forward the completed form to the ~~VP~~CCRO~~Compliance and Privacy Officer~~ or designee

"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."

P10 Compliance Reviews and Assessments

Policy Number: CP.10	**Date Created: 05/11/2026**
Document Owner: Jill Berry (Director of Corporate Compliance)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	

Compliance Reviews and Assessments

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

Purpose:

To outline and evaluate the process of performing audits and/or monitoring to measure compliance and assist in process improvement.

Policy:

Kaweah Delta Health Care District (herein after referred to as Kaweah Health) acknowledges its responsibility to detect and prevent illegal, unethical, and abusive conduct. The Kaweah Health Compliance Program shall complete auditing and monitoring activities on a regular basis to evaluate compliance with specific laws, regulations, accreditation requirements and/or Kaweah Health policies and procedures. The Compliance Program shall evaluate and assess compliance risks through ongoing risk assessment process. The Compliance Program shall also audit and/or monitor high-risk areas and changing government standards or industry practices on a regular basis.

Process:

I. **Closed Compliance Issues** – Risk areas identified for closed compliance issues will be evaluated and prioritized. Auditing and monitoring activities will be completed periodically based on the recommendation of the Chief Compliance and Risk Officer (CCRO) to the Audit and Compliance Committee. Follow-up audits or monitoring activity will be completed by Compliance staff or the applicable department leaders as determined by the Compliance Department. Reviews requiring independent detailed claim or record reviews will be completed by Compliance staff or contracted external audit firm.

II. **Risk Prevention and Identification** – The CCRO (or designee) will review risk areas identified by the Office of Inspector General (OIG), Centers for Medicare and Medicaid Services (CMS), Medi-Cal, California Department of Public Health (CDPH), and other government agencies and audit contractors in accordance with CP.16 Compliance Risk Assessment and Annual Compliance Workplan Development. Particular focus will be given to risk areas involving complex processes and to those areas new to Kaweah Health operations.

III. **Billing and Coding Reviews** – Billing, coding and medical record reviews will be completed periodically as outlined in CP.02 Review of Billing Practices . The

results of these reviews shall be monitored by the CCRO (or designee) and reported to the Audit and Compliance Committee.

IV. **Corrective Action Monitoring –** The Compliance Department will periodically audit and/or monitor processes in risk areas where compliance investigations have been completed and corrective actions implemented. Periodic monitoring of risk areas will be used to validate the effectiveness of corrective actions and continued compliance.

V. **Suspected Wrongdoing** – When an evaluation of a risk area identifies suspected wrongdoing, possible fraud and abuse, or non-compliance with laws, regulations, accreditation requirements and/or Kaweah Health policies and procedures, an investigation will be initiated pursuant to CP.05 Compliance and Privacy Issues Investigation and Resolution.

VI. **Recommended Audit and Monitoring Procedures**

A. Assignments of audit staff will be based on the particular expertise required to fully audit the specific area or standard being evaluated. All analysis and documentation related to each unscheduled audit shall be compiled at the direction of the CCRO (or designee) and/or legal counsel and shall be treated as attorney-client work product (when appropriate).

B. All audit reports shall be completed in a timely fashion, reported to the Audit and Compliance Committee, and at a minimum include the following information:

1. Audit objectives and scope;
2. Results obtained;
4. Conclusions concerning accomplishment of the audit objectives;
5. Details concerning any deficiencies noted; and
6. Recommendations for corrective action or improvement.

"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."

Policy Number: CP.10	**Date Created: 05/11/2026**
Document Owner: Jill Berry (Director of Corporate Compliance)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	
Compliance Reviews and Assessments	

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

Purpose:

To outline and evaluate the process of performing audits and/or monitoring to measure compliance and assist in process improvement.

Policy:

Kaweah Delta Health Care District (herein after referred to as Kaweah Health) acknowledges its responsibility to detect and prevent illegal, unethical, and abusive conduct. The Kaweah Health Compliance Program shall complete auditing and monitoring activities on a regular basis to evaluate compliance with specific laws, regulations, accreditation requirements and/or Kaweah Health policies and procedures. The Compliance Program shall evaluate and assess compliance risks through ongoing risk assessment process. The Compliance Program shall also audit and/or monitor high-risk areas and changing government standards or industry practices on a regular basis.

Process:

I. **Closed Compliance Issues** – Risk areas identified for closed compliance issues will be evaluated and prioritized. Auditing and monitoring activities will be completed periodically based on the recommendation of the ~~Vice President & ~~Chief Compliance and Risk ~~and Privacy~~ Officer (~~VP~~CCRO) to the Audit and Compliance Committee. Follow-up audits or monitoring activity will be completed by Compliance staff or the applicable department leaders as determined by the Compliance Department~~may be referred to Internal Audit~~. Reviews requiring independent detailed claim or record reviews will be completed by Compliance staff or contracted external audit firm.

II. **Risk Prevention and Identification** – The ~~Chief Compliance Officer~~~~VP~~CCRO (or designee) will review ~~-~~risk areas identified by the Office of Inspector General (OIG), Centers for Medicare and Medicaid Services (CMS), Medi-Cal, California Department of Public Health (CDPH), and other government agencies and

audit contractors in accordance with CP.16 Compliance Risk Assessment and Annual Compliance Workplan Development. Particular focus will be given to risk areas involving complex processes and to those areas new to Kaweah ~~Delta~~Health operations.

III. **Billing and Coding Reviews** – Billing, coding and medical record reviews will be completed periodically as outlined in CP.02 Review of Billing Practices . The results of these reviews shall be monitored by the ~~Chief Compliance and Privacy Officer~~~~VP~~CCRO (or designee) and reported to the Audit and Compliance Committee.

IV. **Corrective Action Monitoring –** The Compliance Department will periodically ~~and/or Internal Audit staff shall also~~ audit and/or ~~-~~monitor processes in risk areas where compliance investigations have been completed and corrective actions implemented. Periodic monitoring of ~~these~~ risk areas will be used to validate the effectiveness of corrective actions and continued compliance.

V. **Suspected Wrongdoing** – When an evaluation of a risk area~~n assessment~~ identifies suspected wrongdoing, possible fraud and abuse, or non-compliance with laws, regulations, accreditation requirements and/or Kaweah ~~Delta~~Health policies and procedures, an ~~more thorough~~ investigation will be initiated pursuant to CP.05~~ompliance Policy~~ Compliance and Privacy Issues Investigation and Resolution.

VI. **Recommended Audit and Monitoring Procedures**

~~VI.~~A. ~~-~~Assignments of audit staff will be based on the particular expertise required to fully audit the specific area or standard being evaluated. All analysis and documentation related to each unscheduled audit shall be compiled at the direction of the ~~Chief Compliance and Privacy Officer~~~~VP~~CCRO (or designee) and/or legal counsel and shall be treated as attorney-client work product (when appropriate).

B. All audit reports shall be completed in a timely fashion, reported to the Audit and Compliance Committee, and at a minimum include the following information:

1. ~~(1)~~ Audit objectives and scope;
2. ~~(2) Audit procedures employed;~~
~~(3)~~ Results obtained;
4. ~~(4)~~ Conclusions concerning accomplishment of the audit objectives;
5. ~~(5)~~ Details concerning any deficiencies noted; and
6. ~~(6)~~ Recommendations for corrective action or improvement.

"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."

CP15 Fair Market Value

Policy Number: CP.15	**Date Created:**
Document Owner: Error! No document variable supplied.~~**Ben Cripps (Chief Compliance and Risk Officer**~~	**Date Approved:** Error! No document variable supplied.~~**Not Approved Yet**~~
Approvers: Error! No document variable supplied.~~**Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)**~~	
Fair Market Value	

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

PURPOSE: To provide direction as to Kaweah Health's process of determining whether a transaction with a potential referral source is made at fair market value in order to comply with Stark Law and the Anti-~~k~~Kickback Statute.

POLICY: Any transaction with a potential referral source is to be at fair market value. Whenever Kaweah Health requires a fair market valuation in order to comply with Federal or state laws and regulations or with its own policies and procedures, no conflict of interest, such as the ability of one party to refer patients or other business to the other, may affect the terms of the transaction or the valuation. Appraisal reports must clearly indicate that the definition of fair market value used for such appraisals is the regulatory definition of fair market value provided by Stark.

PROCEDURE: Prior to executing any transaction with a potential referral source, Kaweah Health must determine that any compensation given or received in the transaction is fair market value. At a minimum, the following considerations must be included in any fair market value analysis.

1. **General**

   a. **Defined**. So long as the price or compensation does not take into account the volume or value of anticipated or actual referrals from or to a party, fair market value of a transaction is:

      i. the market price at which bona fide sales have been consummated for assets of like type, quality and quantity in a given market, or

      ii. the compensation that has been included in bona fide service agreements with comparable terms at the time of the agreement.

   Determination of the market price or compensation above will begin with a range of benchmark payments, as described below. The appropriate value to select from within the range for a given transaction depends on individual factors. For example, a physician with a considerable experience in an area could receive compensation on the

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Fair Market Value	

high end of the range of medical directorship compensation in that location for the service. Similarly, where office space to be leased is in below standard condition for the market, the lease rate charged may be in the low end of the range.

b. **Term Covered**. A fair market valuation will have that useful life stated in it by the valuator. If a fair market valuation does not specify its useful life, the facility should request that the appraiser reissue the report specifying the period for which the valuation opinion is valid. In the event that no term is noted, it will be assumed that the valuation remains accurate for a term equal to the term of the subject agreement, as well as for the first 12 months of any subsequent agreement entered within six months of the termination of the underlying contract, so long as there has been no material change to the agreement terms or supporting facts and circumstances. If the term of a fair market valuation has passed on a current contract, a new valuation should be obtained.

c. **Comprehensive**. Any fair market valuation must specifically list what is included in the valuation. Items and services included in the valuation must match those provided for in the agreement and must also match those items and services actually provided to the referral source.

d. **Consideration of Facts and Circumstances**. All valuations should provide a thorough analysis of the facts and circumstances of the underlying transaction in comparison to industry benchmark data; merely comparing payments against objective benchmark measure or industry practices does not guarantee that a payment meets the standard of fair market value.

e. **Selection of Benchmark Data**. Benchmark data includes information on transactions comparable in character, nature and value to the one in issue for which fair market value is to be determined. Consistent with Sullivan Cotters FMV guidelines, National Benchmark data shall be

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Fair Market Value	

used. Benchmark data generally should not include transactions between health care facilities and their referral sources.

2. **Rental or Lease of Space or Equipment**

a. **Limitations**. For rental or lease agreements, the fair market value is the value of rental property for general commercial purposes, not taking into account the subject of the agreement's intended use. When Kaweah Health is the landlord, they should factor in the value to tenants of proximity or convenience to them when charging rent in leases with referral sources. In contrast, when Kaweah Health rents from referral sources, convenience or proximity shall not be a factor in the rental payment amount paid by the facility. Rental payments may reflect the value of any similar commercial property with improvements or amenities of a similar value, regardless of why the property was improved.

b. **Calculating FMV for a Lease of Space**. The fair market value in a lease for space will equal the product of the number of square feet in the space leased and the market value of such property for general commercial purposes, with additional rental amounts prorated for any common areas.

c. **Calculating FMV for a Lease of Equipment**. Generally, all of the above statements regarding a lease of space apply to a lease of equipment. However, in the case of equipment, due to the nature of medical equipment, sometimes all of the comparables or market values of a transaction type involve entities in a position to refer or generate business to each other. In such cases, one method of calculating fair market value would be to add to the cost a reasonable rate of return on investment of comparable medical equipment. Hospitals may not lease equipment alone on a per-click basis from any physician who makes referrals to the hospital for the service that uses that equipment.

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Approvers: Error! No document variable supplied.~~Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)~~	
Fair Market Value	

3. **Personal Service Agreements, Recruiting Agreements, and Employment Agreements**. The fair market value of these agreements is the compensation that would be determined in an arms' length transaction, consistent with the compensation that would be included in such an agreement as the result of bona fide bargaining between well-informed parties who are not otherwise in a position to generate business for the other party, at the time of the agreement

   a. **Hourly Rate**. Where the compensation is calculated by hourly payments and the services are provided personally by the physician, rather than by the physician's employees or other persons or entities, compensation must be what the facility perceives is fair market value, but in no case shall it exceed the Fair Market Value Guidelines established by the Executive Fair Market Value Committee.

   b. **Independent Third Party Valuation Required**. Where a PSA for a Physician Group exceeds the 65th percentile in overall compensation, an independent third-party appraiser should determine the fair market value of the agreement pursuant to the Professional Services Agreements Policy [INSERT NEW POLICY NAME]. To ensure consistency across contracted services and to avoid scrutiny of "opinion shopping" by the Office of Inspector General, Kaweah Health shall use Sullivan Cotter as the third-party valuation firm for all PSA's.

      In calculating fair market value, the nature of the services to be provided must be considered. Please note that the fair market value of administrative services may not be the same as the fair market value of clinical services.

      If an hourly rate is used to determine a physician's annual salary, the rate should be multiplied by a number of hours that accurately reflects the number of hours actually worked by the physician each year.

   c. **Professional and Technical Components**. Where a physician provides the equipment (a technical service) pursuant to a personal services agreement, the fair market valuation shall take the rental

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Fair Market Value	

value of the equipment into consideration in addition to the value of the physician's professional services. The values of both the professional and technical services should be separately stated in one agreement.

4. **Assets**. The fair market value is the value that would be assigned to the asset in an arms' length transaction, consistent with the price the asset would bring as the result of bona fide bargaining between well-informed buyers and sellers who are not otherwise in a position to generate business for the other party, on the date of acquisition of the asset. When acquiring or divesting a medical practice or medical practice assets of a physician, Medical Practice Asset Acquisitions require an independent third party valuator to determine the fair market value.

5. **Education and Training Hosted by Vendors**. Where a vendor or other third party hosts or produces a physician education or training event at the hospital, one method to determine fair market value is to set it equal to the price the vendor would ordinarily charge for each physician's attendance plus the value of any materials, including the rental value for the time period of the training for any equipment used in the training session.

6. **Education and Training Hosted by the Hospital**. Where the hospital hosts or produces a physician education or training event, one method of ensuring fair market value is to require the physician to pay the price charged by similar training programs conducted by instructors of similar skill level, regardless of any price charged by the hospital.

MS48 Credentialing and Privileging of Medical Staff & Advance Practice Providers

Policy Number: MS 48	Date Created: 07/14/2022
Document Owner: Ody DaSilva (Medical Staff Manager)	Date Approved: 08/16/2022
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)	

Credentialing and Privileging of Medical Staff & Advanced Practice Providers

Policy:
All applications for appointment, reappointment and requests for clinical privileges for physicians (MD, DO, DPM, DDS, and PhD) and advanced practice providers (CRNA, CNM, NP, PA, and PharmD), will be evaluated based on current licensure, education, training or experience, current competence and ability to perform the clinical privileges requested. For Temporary Privilege see MS 53 Temporary Privileges Policy.

Procedures (See Attachment A for flow chart of application process)

I. New Applicants

Individuals requesting to be credentialed and privileged will be provided a link to the Online Application on the MD Staff website.
The practitioner shall be required to submit/review:

1. Complete application including licensure information on any active or inactive licenses, DEA registration, Education History, Work History, Insurance,Peer References and Board Certification/Eligibility
2. Attestation Questionnaire
3. Consent and Release Form
4. Professional Liability Questionnaire, that includes claim status for each open or closed claim in the last five years.
5. Health Screening Requirements (PPD, Influenza Vaccination; COVID Vaccination(s)); (Tdap, fitness for duty as required)
6. Background Release Form
7. Continuing Education Attestation form
8. Confidentiality and Conflict of Interest Statement of compliance
9. Medicare Acknowledgement Statement
10. Code of Conduct and Professional Behavior
11. Signed Organized Health Care Arrangement Agreement
12. Privilege Form
13. Medical Staff Bylaws, Rules & Regulations
14. A Copy of a current, government issued photo ID
15. 2x2 color photo
16. Current Curriculum Vitae (CV) documented in months and years

17. Life Support Certification (BLS, ACLS, etc.) as defined on privilege form.
18. Non U.S. Citizens: Copy of current Employment Authorization Card or H1B Visa for employment to provide services at Kaweah Health.

II. Reappointments

Reappointment to the Medical Staff and Advanced Practice Provider Staff and requesting of clinical privileges shall occur no less often than biennially.

A link to the on line application shall be sent to providers five(5) months prior to their appointment expiration date and are expected to be completed and returned within 5 weeks.

The practitioner shall be required to submit/review:

1. Complete application including licensure information on any active or inactive licenses, DEA registration, Education History, Work History, Insurance, Peer References and Board Certification/Eligilbility
2. Attestation Questionnaire
3. Consent and Release Form
4. Professional Liability Questionnaire, that includes claim status for each open or closed claim in the last five years.
5. Health Screening Requirements (PPD, Influenza Vaccination); (Tdap, fitness for duty as required)
6. Continuing Education Attestation form
7. Confidentiality and Conflict of Interest Statement of compliance
8. Medicare Acknowledgement Statement
9. Code of Conduct and Professional Behavior
10. Privilege Form
11. Medical Staff Bylaws, Rules & Regulations
12. Life Support Certification (BLS, ACLS, etc.) as defined on privilege form.

If the provider fails to submit a completed online application they shall be deemed to have voluntarily resigned their Medical Staff membership. The procedural rights set forth in the Medical Staff Bylaws shall not apply to a voluntary resignation.

III. Timeliness of Information

Any of the following information found to be beyond 180 days at the time the file is presented to the Credentials Committee or Interdisciplinary Practice Committee (IPC) will be re-verified prior to review by that committee:

- All on line verifications
    - CA Medical or Professional License
    - CA Furnishing License
    - DEA
    - NPDB
    - OIG

- Answers to attestation questions
- Signature and date on consent form

IV. Approval

1. The application, privilege request form and supportive documentation are made available to the appropriate Department Chair for review and recommendation to the IPC and/or Credentials Committee. Any documents of concern with be printed and flagged. The Department Chair will complete the recommendation form and note the length of appointment and any concerns, which will be forwarded to the Credentials Committee.

V. Requests for Additional Privileges

Any provider may request additional privileges at any time. These requests are processed as follows.

1. The provider must complete the appropriate privilege form and supply supporting documentation regarding training or experience, as required.
2. The following must be verified by the Medical Staff Office:
    - CA Medical or Professional License
    - CA Furnishing license, if applicable
    - DEA, if applicable
    - OIG
    - NPDB
3. The evaluation and approval for additional privilege(s) is forwarded to the IPC and/or Credentials Committee upon recommendation of the Department Chair, with final review and recommendation by the MEC and Governing Board.

VI. Provider rights to amend application and to receive updates

Providers have the right to correct erroneous information obtained throughout the credentialing process. If any submitted items differ substantially from documentation disclosed through the verification process, the provider will be asked via written request (email or certified letter) to resolve this discrepancy and will be expected to do so within 10 business days of the request. Any and all corrections should be submitted in writing to the Medical Staff Office for adequate review of current documentation. Any instance of the provision of information containing misrepresentations or omissions is forwarded to the Credentials Committee for review and action. Providers are allowed access to their credential files, with the exception of Peer Evaluations or verifications.

Providers have the right to receive updates on their application for appointment or reappointment. All such requests will be responded to within a reasonable period of time, not to exceed four business days.

VII. Processing the application

When the application for appointment or reappointment is returned, a review for completeness is performed by the Medical Staff office. If additional information is required, or if questions are left blank, the application will be returned back to the applicant for completion. Failure to submit the requested information within 90 days shall be considered a voluntary withdrawal of the application.

Information gathered on the application will be verified by the primary source, as required by The Joint Commission. Primary source may include verbal verifications, which require a dated, signed note in the credentialing file, including the name of individual providing the information, date and time of verification. After three failed attempts to gather information from a primary source, a secondary source may be used, i.e., another hospital where the practitioner is currently credentialed.

In addition, queries will be made to the NPDB and the MBC if any verification received has adverse actions, the practitioner will be asked to provide a written explanation of the issue. Sources used for verification include:

1. California Professional License / Professional Licenses from other States

2. DEA Certification
   An online NTIS query is required for primary source verification. All providers must have a valid DEA certificate, including all schedules (2, 2N, 3, 3N, 4 and 5), with a California address. A practitioner with an out of state address on their DEA may be credentialed pending the change of address, if proof of request has been received by the Medical Staff Office.

   Radiologic Health Branch Certificate/Permit Required for all practitioners as specified by privileges (i.e,, Fluoroscopy, Radiography or Radiology).

3. Verification of Hospital Affiliations and Work History
   Written verification of five (5) years of clinical work history from hospitals or other health care organizations affiliations is required for initial appointments (2 years for reappointment). Affiliation verifications within the last five (5) years will be required for new appointments (2 years for reappointment). A minimum of five (5) affiliation verifications will be required if an applicant has more than five (5) affiliations. A request of the practitioners quality and performance profile/data may be accepted in lieu of a “good standing” letter.

   Any gaps in the past five (5) years of work history of three months or more will require written clarification from the practitioner.

   Failure to obtain verification of an affiliation after three attempts with the applicant’s assistance shall be documented in the practitioners file for the Department Chair. The file may then move through the evaluation process without this documentation.

4. Verification of Medical/Professional School and Completion of Post Graduate Programs
   Verification of education and completion of post graduate training may be obtained from the institution(s) where the training was completed, and/or an agency that is deemed primary source verification (AMA/AOA) or Background Check for Advance Practice Providers hired by HR. If unable to obtain

verification from any of the above resources after three attempts, information will be obtained from a reliable secondary source such as another hospital that has a documented primary source verification of the credential. A letter of completion of residency or fellowship program will be obtained for all new graduates.

Verification for International Medical Graduates must present certification by the Education Commission for Foreign Medical Graduates (ECFMG), or successful completion of a fifth pathway (excluding Canada).

5. Board Certification
   Board Certification or active pursuit of board certification is a requirement for membership and privileges for individuals appointed after March 2016. Medical Staff Members appointed prior to March 2016 are grandfathered and governed by any board certification requirements at the time of their appointment. Verification of certification is obtained through the ABMS online database or a letter directly from the certification board. Board certification is verified at the time of initial appointment and each reappointment. In exceptional circumstances, initial applicants who are not board certified and existing Medical Staff members seeking recertification may request additional time to obtain certification or recertification for one additional period, not to exceed two years. In order to be eligible to request an extension in these situations, an individual must satisfy criteria set forth in the Medical Staff Bylaws 2.A.1.

   All Advanced Practice Practitioners are required to have National Certification at the time of hire or obtain certification within one year of completion of professional training and maintain certification by any of the following bodies:
   - American Academy of Nurse Practitioner AANP
   - American Nurses Association Credentialing Center – ANCC
   - Pediatric Nursing Certification Board – PNCB
   - National Certification Corp. for the Obstetric, Gynecologic and Neonatal Nursing Specialties – NCC
   - American Association of Critical Care Nurses – AACN
   - National Commission on Certification of Physician Assistants – NCCPA
   - National Board of Certification & Recertification for Nurse Anesthetists - NBCRNA

6. Current, Adequate Professional Liability Insurance
   The Certificate of Insurance must meet the requirements determined by the Kaweah Health Board of Directors. See Attachment B.

7. Professional Liability Claims History
   Verification of claims history for the immediately preceding five (5) years for new appointments and two (2) years for reappointments will be obtained from the National Practitioner Data Bank (NPDB). Verification of current malpractice and claims history will be obtained directly from the Insurance Company.

Failure to obtain verification of a current claims history after three attempts with the applicant's assistance shall be documented verified by the NPDB.

8. Background Checks
   Background checks shall be performed at the time of initial appointment. Results will be stored electronically in the credentials file. Adverse information will be evaluated by the Department Chair and appropriate reviewing committees.

9. Privileging Criteria – Current Clinical Competency
   Each applicant must meet the criteria related to the privileges they are requesting on the privilege form. Clinical activity from all facilities at which the physician has been privileged to practice within the reappointment timeframe, will be included for specific privileges requested and volume requirements. At reappointment, if the practitioner does not have an adequate volume required by the department, a letter of reference may be required from a colleague who has observed the practitioner and can attest to their competency. Volumes from facilities other than Kaweah Health do not count towards membership category assignments.

10. National Practitioner Data Bank
    The NPDB must be queried for all new and reappointments and when additional privileges are requested. Continuous Query is utilized for all privileged members. Adverse information will be evaluated by the department chair.

11. Medicare/Medicaid Sanctions
    Medicare and Medicaid Sanction verifications will be processed by obtaining a Sanctions Exclusions Report published by the OIG for each credentialed provider. In addition, ongoing monitoring for sanctions will be done on a monthly basis for all credentialed practitioners.

12. Professional References
    Three professional references are requested for new applicants and two are required for application packets to be considered complete. Peer references are required at reappointment for providers who do not have adequate volume to evaluate competency. Advanced Practice Provider's supervising physician evaluation may be utilized in lieu of a peer reference letter. The references must be from individuals who have recently worked with the applicant, have directly observed their professional performance and can provide reliable information regarding clinical ability, health status, ethical character and the ability to work with others. If the applicant has completed a residency or fellowship in the past two years, a reference from the program director shall be requested. Adverse comments or reluctance to recommend will be flagged for review. Peer references will be asked to identify the picture of the applicant is the person they are providing a reference for which will be used by the hospital

to verify the practitioner requesting approval is the same practitioner identified in the credentialing documents.

Failure to obtain a peer reference after three attempts the applicant will be asked to provide contact information for additional peer reference(s).

13. Continuing Education
An attestation must be signed for appointment or reappointment indicating that the practitioner has met their applicable continuing professional education requirements for licensure.

14. Ongoing Professional Practice Evaluation (OPPE)
Quality Data for each practitioner is evaluated by the Department Chair every eight months. A two year composite of the data is provided to the chair for a comprehensive review at reappointment.

15. Training Modules
All applicants shall be informed of any assigned educational requirements at the time of appointment or reappointment.

16. Health Screening
All practitioners are required to comply with annual PPD and Influenza Vaccination requirements. Failure to do so will result in an administrative suspension until appropriate documentation is provided to the Medical Staff Services Department.

17. The credentialing data for all practitioners credentialed by Medical Staff Office are entered into the Medical Staff Office credentialing database (MD STAFF). Medical Staff Office utilizes this system to maintain current credentialing and privileging information, and to monitor proctoring, license, DEA, insurance renewals and reappointment activities. All information contained in the database is confidential and has restricted access. Medical Staff Office is responsible for ensuring that the information contained in the database is accurate and current. The Managed Care department has access to the information in the Medical Staff Office database that specifically pertains to information needed for credentialing with the health plans.

18. All practitioners are required to pay dues and application fees; Fees are determined by the MEC, and are non-refundable.

VIII. Category Assessment

During the processing of each reappointment, practitioner activity reports will be evaluated to confirm if they are assigned to the appropriate membership category. The following guidelines shall be used:

1. A physician currently on the Active Medical Staff, but has had less than 24 patient contacts in the last 2 years at a Kaweah Health facility the practitioner

will be reassigned to a category that appropriately reflects their activity, in accordance with the Medical Staff Bylaws.

2. A physician currently on the Active or Courtesy staff, who has had no patient contacts at a Kaweah Health Facility during the previous two years, shall be reassigned to the Community Affiliate Category (membership only, no clinical privileges).

3. A Physician currently on the Consulting staff who has activity from other hospitals and office practice shall not be reassigned unless requested by the practitioner.

If applicable criteria indicate a membership category reassignment may be appropriate, the credentialing staff will send a letter, email, text or fax to the practitioner outlining any changes being recommended for their feedback. The complete credential file is forwarded to the Department Chair along with any additional information submitted by the provider for review and final recommendation.

IX. Expirables

The following items will be monitored as Expirables. An expired certificate or license shall result in an administrative suspension of membership/privileges, or a suspension of the privilege tied to that certificate.

- CA State license
- Furnishing License
- DEA
- Professional Liability Insurance
- Radiologic Health Branch Certificate/Permit, as specified by privileges (i.e., Fluoroscopy)
- ACLS, ATLS, BLS, NRP, PALS (as specified by privileges)
- Delinquent Health Records

Failure to provide updated documents within 60 days will result in voluntary withdrawal of membership/privileges or a voluntary withdrawal of the privilege tied to that certificate.

Practitioners will be notified by email or text approximately 45 days, 30 days, and 15 days prior to license or certificate expiration.

X. Delegated Credentialing for Telehealth Providers

Delegated Credentialing is accepted for telehealth providers under the following conditions:

1. The Distant Site is accredited by the Joint Commission
2. A contract for related services has been executed between Kaweah Health and the Distant Site
3. Distant site provides proof of accreditation as a Medicare Provider
4. Procedure – Initial Application
    a. Distant Site Provides the following:

i. Medical Staff Fees
ii. Current list of privileges granted to practitioner by Distant Site.
iii. Current Certificate of Professional Liability
iv. Completed Delegated Credentialing Attestation by the Distant Site (provided by Kaweah Health)2" X 2" color photo
v. Current Government-Issued Photo ID
vi. Completed Kaweah Health Consent Form
vii. Signed Organized Health Care Arrangement Agreement
viii. Completed Kaweah Health Privilege Request Form
ix. Completed Kaweah Health Online TeleHealth Application
x. An updated list of providers (addendum to the contract) to Kaweah Health Medical Staff Office upon any change of providers (additions and/or resignations).

b. Originating Site performs the following verifications:
i. NPDB, OIG, Licensure (including LVS for MDs only), and NPI.
ii. Information forwarded for approval through the process defined in the Medical Staff Bylaws.

5. Procedure – Reappointment Application
a. Distant Site provides the following:
i. Medical Staff Fees
ii. Current list of privileges granted to practitioner by Distant Site.
iii. Completed Delegated Credentialing Attestation by the Distant Site (provided by Kaweah Health)
iv. Completed Kaweah Health Consent Form
v. Completed Kaweah Health Privilege Request Form
vi. Completed Kaweah Health Online TeleHealth Reappointment Application

b. Originating Site performs the following verifications:
i. NPDB, OIG, and Licensure (including LVS for MDs only)

Information forwarded for approval through the process defined in the Medical Staff Bylaws.

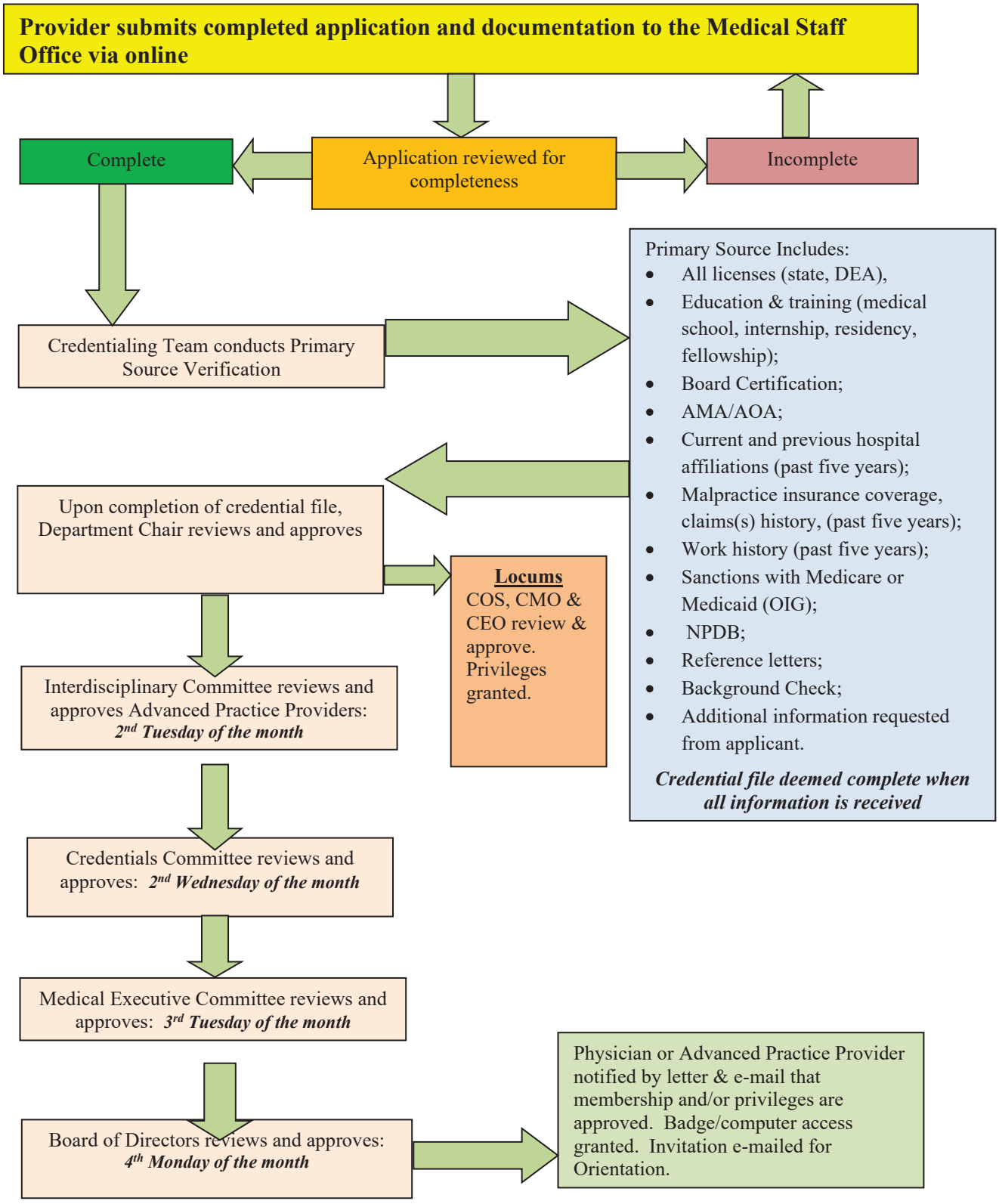
6. Procedure – Expirables
a. Medical Staff Office keeps track of the following Expirables
i. CA Licensure
ii. Professional Liability

Related Documents:
Kaweah Health Medical Staff Bylaws, Rules and Regulations

References:
- TJC Standards
- Title 22 Regulations

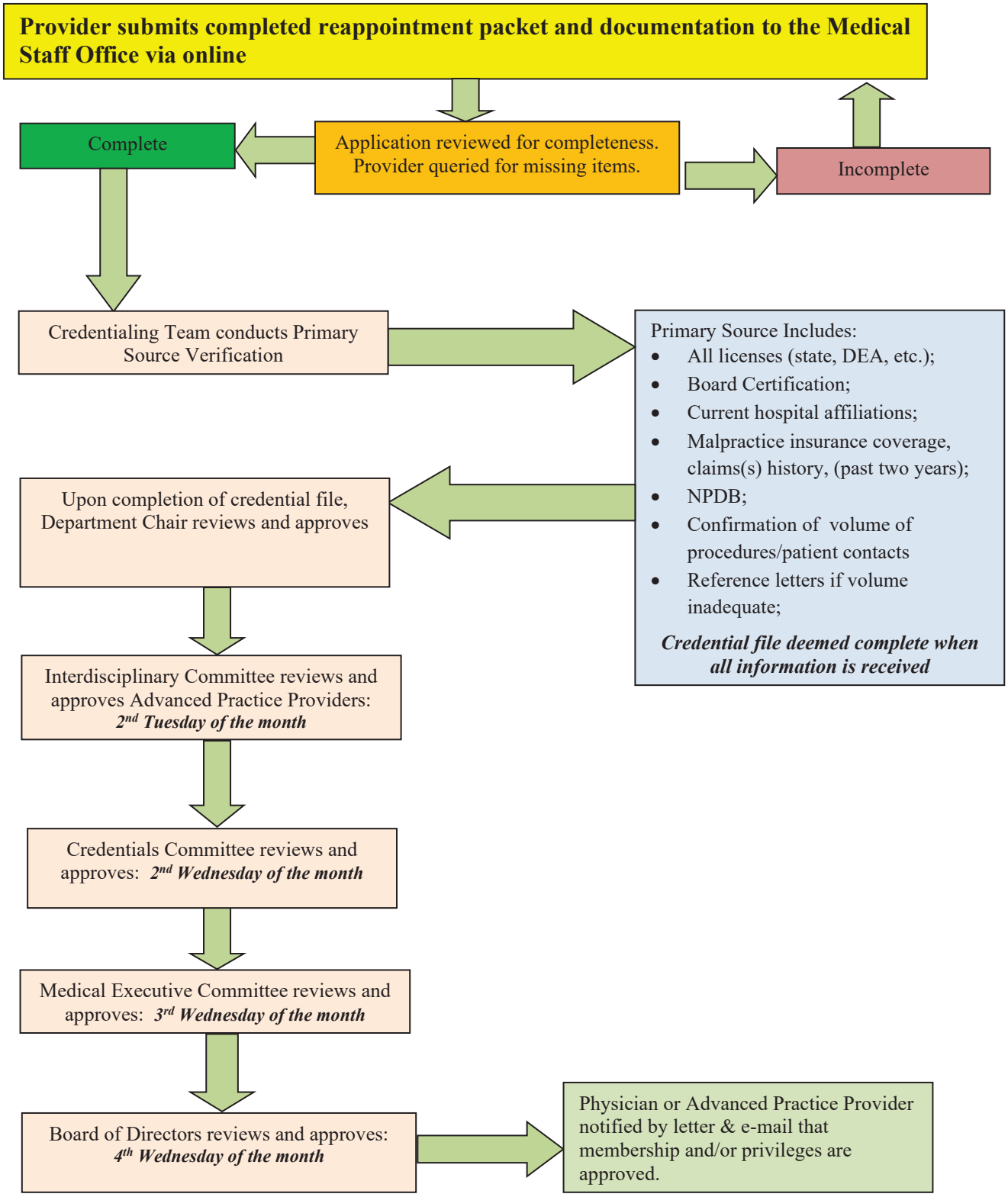
"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New 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."

ATTACHMENT A
INITIAL APPLICATION PROCESS



Additional information can be requested at any time during the process, sending it back to the previous step.
Medical Staff Bylaws 4.A.8 "Once an application is **deemed complete**,
it is expected to be processed within 120 days, unless it becomes incomplete."

REAPPOINTMENT PROCESS



ATTACHEMENT B

KAWEAH HEALTH
Medical Staff Service

Certificate of Insurance Guidelines

Per Kaweah Health Board of Directors January 2018 Resolution and the Medical Staff Bylaws, a Medical Staff Provider's Certificate of Insurance must meet the following requirements:

1. Professional liability insurance must have a minimum coverage of $1,000,000 per occurrence/ $3,000,000 in the aggregate.
2. Deductibles or self-insurance retention can be no more than $100,000.
3. The insurance company must either be licensed to do business in California or have been issued a Certificate of Authority by the California Insurance Commissioner. For confirmation of the insurance company's status search the California Department of Insurance website for the business name at https://interactive.web.insurance.ca.gov/companyprofile/companyprofile. ***The company name MUST be an exact match***. If there is not an exact match you must provide proof the company issuing the insurance is licensed to do business in California or has been issued a Certificate of Authority.
4. The professional liability insurance company **MUST** maintain an A.M. Best rating of at least ("A") and have a financial size of at least VII ($50 million to $100 million). For determine the A.M. Best rating and financial size category, check the A.M Best website at http://www.ambest.com/home/default.aspx.
5. SURPLUS LINES: http://www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm EXACT Match and A.M. Best Rating A++ (Superior) rating and a Financial Size Category of XV ($2 Billion or greater)
6. No shared limits of liability coverage are permitted except under the following circumstances: **one** (1) Advanced Practice Provider can share limits of liability with a medical group on a group policy.
7. KDHCD will accept Cooperative of American Physicians/Mutual Protection Trust ("CAP/MPT") coverage.
8. For verification of past or current coverage, Physicians and Advanced Practice Providers who are, or have been, employed by a governmental agency (i.e., a County or State health care facility, a Prison or HRSA Health Center Program) should provide a letter of employment from that agency that confirms their employment or independent contractor status and specifies their malpractice coverage is provided by the government entity.

APP-CNM

Provider Name: _____ Date: _____

Please Print

Advanced Practice Provider – Certified Nurse Midwife

CERTIFIED NURSE MIDWIFE
Initial Criteria

Education & Training: Completion of a nurse-midwife educational training program accredited by the ACNM; Current certification by the AMCB; Current licensure to practice as a CNM by the California board of Nursing; Evidence of adequate professional liability insurance; Employment by, or agreement with a physician currently appointed to Kaweah Health's medical staff to collaborate with or supervise CNM practice in the hospital.

Clinical Experience: Completion of Education & Training within the last 12 months **OR d**ocumentation of management of patient care for 30 deliveries in the past two years. **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted

Renewal Criteria: Documentation of management of patient care for 30 deliveries in the past 24 months **AND** Maintenance of current certification by ACNM **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months **AND** Completion of an Implicit Bias Training within the last 24 months

FPPE: 5 deliveries ~~cases~~ by Direct Observation (must include 2 perineal laceration repairs)

CERTIFIED NURSE MIDWIFE CORE PRIVILEGES

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

SPECIAL NON-CORE PRIVILEGES

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

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

Provider Name: _____ Date: _____

Please Print

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

Acknowledgment of Practitioner:

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

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

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

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

_____ _____

Advanced Practice Provider Signature *Date*

_____ _____

Collaborating/Supervising Physician Signature *Date*

_____ _____

Department of OB/GYN Chair Signature *Date*

Cardiothoracic Surgery

Privileges in Cardiothoracic Surgery

Name: _____

Please Print

CARDIOTHORACIC SURGERY

Education & Training: MD or DO; **AND** successful completion of a general surgery residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by the Royal College of Physicians & Surgeons of Canada if board certified by an ABMS board or actively pursuing board certification by an ABMS board; **AND** successful completion of a fellowship in general thoracic and cardiovascular surgery approved by the Accreditation Council for Graduate Medical Education (ACGME) or by the American Osteopathic Association (AOA); **AND** current board certification by the American Board of Surgery or the American Osteopathic Board of Surgery and board certification in thoracic surgery by the American Board of Thoracic Surgery, or active participation in the examination process leading to board certification in thoracic surgery by one of these boards, with certification obtained within five (5) years from the date of completion of training.

Current Clinical Competence: Documentation of the performance of at least 100 cardiothoracic procedures in the past 2 years or successful completion of a residency or clinical fellowship in the past 12 months

Renewal Criteria: Maintenance of Board Certification and documentation of 100 procedures reflective of the privileges requested.

FPPE: Core: Direct observation of a minimum of five (5) diverse procedures; TAVR: Direct observation of the first 3 cases as primary operator; EBUS: Direct observation of a minimum of 2 cases; Ion: Direct observation of the first 3 cases.

Request	CORE PRIVILEGES	Approve
☐	**CORE PRIVILEGES INCLUDE:** Medical H&P; evaluate, diagnose, provide consultation and treat patients (may include telehealth) over the age of one year presenting with illnesses, injuries and disorders of the thoracic cavity and related structures, including the chest wall. These privileges include operations on: abdominal and peripheral blood vessels; aortic dissection; cricothyroidotomy and tracheostomy; blood vessels of head, neck and base of brain; esophagus (intrathoracic); cardiac valve repair or replacement; heart, pericardium and great vessels; cardiopulmonary bypass; lung chest wall, pleura, diaphragm and mediastinum; repair of congenital/acquired anomalies; coronary artery bypass. The core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills:	☐

- Ablative surgery for Wolff-Parkinson-White syndrome
- All procedures upon the heart for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, the valves, and other internal structures of the heart and for acquired septal defects and ventricular aneurysms
- Bronchoscopy
- Central Venous Access Procedures
- Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava
- Endarterectomy of pulmonary artery
- Endomyocardial biopsy
- Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree
- Hemodialysis Access Procedures
- Management of congenital septal and valvular defects
- Maze
- Medianstinoscopy
- Operations for myocardial revascularization
- Minimally invasive direct coronary artery bypass (MIDCAB)
- Transmyocardial Laser Revascularization
- Pacemaker or AICD implantation and management, transvenous and transthoracic
- Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease
- Pericardiocentesis, pericardial drainage procedures, pericardiectomy
- Pulmonary embolectomy
- Surgery for mechanical devices to support the heart
- Surgery of patent ductus arteriosus and coarctation of the aorta
- Surgery of the aortic arch and branches; descending thoracic aorta for aneurysm/trauma
- Surgery of the thoracoabdominal aorta for aneurysm
- Surgery of tumors of the heart and pericardium
- Vascular access procedures for use of life support systems, such as extra corporeal oxygenation and cardiac support
- Vascular operations exclusive of thorax (e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, vascular graft, or prosthesis)
- VATS (video assisted thoracic surgery) If residency/fellowship trained prior to 1995, must demonstrate ~~successful~~successful completion of an approved and recognized course and provide documentation of competence in performing this procedure

☐	Admitting Privileges (must request Active staff status)	☐

ADVANCED PROCEDURES				
Request	**Procedure**	**Initial Criteria**	**Renewal Criteria**	**Approve**
☐	Transcutaneous Cardiac Valve Implantation and/or Repair (TAVR)	Board certified or board eligible for certification in Cardiothoracic Surgery AND Applicants who have recently (withing past 12 months) completed residency/fellowship training must: Submit a letter from the residency/fellowship program director attesting to their competency to perform TAVR procedures as co-operator AND Provide case logs documenting experience in 5 AVRs (Aortic Valve Replacement) in the last year prior to TAVR initiation OR 10 TAVR cases as co-operator OR Vendor training that has been completed within the last 12 months, provide documentation of attending product specific vendor training, with documentation of meeting all requirements of that program, and documentation of 5 AVRs in the last year prior to TAVR initiation OR documentation of 10 career AVRs with at least 5 in the last year OR Documentation of 25 career AVRs	10 procedures in the last two years as primary physician or first assistant.	☐
☐	Endobronchial Ultrasound (EBUS)	Documentation of completion of a dedicated training course **OR** Documentation from fellowship program director of proficiency in EBUS within the last 12 months; **OR** Current hospital EBUS privileges at another facility **AND** Performance of at least 10 cases in the last 2 years.	Minimum of 10 cases in the last 2 years	☐
☐	Use of Robotic Navigational Assisted System for Bronchoscopy (Ion)	Successful completion of an ACGME or AOA accredited residency/fellowship in Cardiothoracic Surgery within the past 12 months which included training in robotic navigational assisted bronchoscopy: a letter from training director to support competency in procedure by completing at least 5 cases in the past twelve (12) months. OR Successful completion of an ACGME or AOA accredited Cardiothoracic Surgery residency/fellowship with current privileges to perform Bronchoscopy at site requested **AND** Certificate of completion of the Manufacturers Training Course within the past 12 months (Documentation of the successful completion of an on-site training course provided by the manufacturer of the Ion system).	Minimum of 5 Ion procedures in the last 2 years	☐
☐	Procedural Sedation	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	☐
☐	Fluoroscopy: Use of equipment and/or Supervision of a technologist using 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	☐

☐	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 – 502 __Specialty Clinic __ Cardiothoracic Surgery Clinic __Tulare Cardiology Clinic**	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	☐

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 situation.

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

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

Name: _____
Print

Signature: _____ _____
Applicant *Date*

Signature: _____ _____
Department of Cardiovascular Services Chair *Date*

- OB/GYN

Privileges in Obstetrics & Gynecology

Name: _____

Please Print

OB/GYN Initial Criteria

Education: Successful completion of an ACGME or AOA-accredited residency /fellowship in obstetrics & gynecology **AND**

Certification: Current certification or active participation in the examination process leading to certification in obstetrics & gynecology by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology. Board certification must be obtained within 5 years of completion of residency.

Renewal Criteria: Maintenance of certification or active participation in the examination process leading to certification in obstetrics & gynecology by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology.

OBSTETRICS CORE PRIVILEGES

Current Experience: Documentation of the management of a minimum of 100 deliveries in the past 2 years **OR** Completion of an approved residency program within the past 12 months. **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted

Renewal Criteria: Minimum of 100 deliveries required in the past 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

FPPE: Minimum of 4 cases to include 2 Normal Deliveries; 2 Cesarean Sections

Request	Procedures	Approve
☐	**Obstetrics Core privileges include:** privileges including performance of a history and physical, evaluate, diagnose, treat, and provide consultation (may include telehealth) to adolescent and adult female patients presenting in any condition or stage of pregnancy, including injuries and disorders of the reproductive system, other than approved delineated special procedures. • Amniocentesis • Amnioinfusion • Amniotomy • Application of internal fetal and uterine monitors • Augmentation and induction of labor • Cerclage • Cervical biopsy or conization of cervix in pregnancy • Cesarean hysterectomy, cesarean section, and post-partum tubal ligation • External version of breech • Hypogastric artery ligation • Interpretation of fetal monitoring • Normal spontaneous vaginal delivery • Manual removal of placenta, uterine curettage • Management of high-risk pregnancy, inclusion of such conditions as preeclampsia, postdatism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor , and placental abnormalities • Management of patients with/without medical surgical or obstetrical complications for normal labor, including toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise • Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques • Operative vaginal delivery (including the use of the vacuum extractor) • Performance of breech and multifetal deliveries • Pudendal and paracervical blocks • Repair of fourth-degree perineal lacerations or of cervical or vaginal lacerations • Treatment of medical complications of pregnancy • Vaginal birth after cesarean section (VBAC)	☐
☐	Admitting Privileges (must request Active staff status)	☐

OBSTETRICS SPECIAL PRIVILEGES

(Must also meet OB/GYN Initial Criteria)

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
☐	Forceps Delivery	Completion of an ACGME/AOA approved residency training program that included training specific to forceps delivery within the past 2 years ***OR*** 5 cases in the last 2 years	2 cases in the last 2 years.	Minimum of 2 cases	☐

GYNECOLOGY CORE PRIVILEGES

Meets OB/GYN initial criteria &
Current Experience: Documentation of the management of a minimum of 50 gynecologic surgical procedures in the past 2 years **OR** completion of an approved residency program within the past 12 months **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted
Renewal Criteria: Minimum of 30 gynecological surgical procedures required in the past 2 years
FPPE: Minimum of 7 cases to include: 5 diverse gynecological surgical procedures (must include ~~2~~ 1 hysterectom~~ies~~); 2 laparoscopic procedures

Request	Procedures	Approve
☐	**Gynecology Core privileges include:** privileges including performance of a history and physical, evaluate, diagnose, consult (may include telehealth), and provide pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages in the inpatient and outpatient setting presenting with illnesses, injuries, and disorders of the gynecological or genitourinary system and nonsurgical treatment of illnesses and injuries of the mammary glands, other than approved delineated special procedures. • Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy • Aspiration of breast masses • Cervical biopsy including conization • Colpocleisis • Colpoplasty • Colposcopy • Cystoscopy as part of gynecological procedure • Diagnostic and therapeutic dilation and curettage • Diagnostic and operative laparoscopy (other than tubal sterilization) • Endometrial ablation • Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions • Gynecologic sonography • Hysterectomy, abdominal, vaginal, including laparoscopic • Hysterosalpingography • Hysteroscopy, diagnostic or ablative, including the use of the resection technique • Incidental appendectomy • Incision and drainage of pelvic abscess • Metroplasty • Myomectomy, abdominal • Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary or cervix • Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure • Operation for uterine bleeding (abnormal and dysfunctional) • Operations for sterilization (tubal ligation, transcervical sterilization, and laparoscopic) • Repair of rectocele, enterocele, cystocele, or pelvic prolapse • Tuboplasty and other infertility surgery (not microsurgical) • Uterosacral vaginal vault fixation, paravaginal repair • Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair • Vulvar biopsy • Vulvectomy, simple • Loop electrosurgical excision procedures (LEEP)	☐
☐	Admitting Privileges (must request Active staff status)	☐
☐	Surgical Assist Only	☐

GYNECOLOGY SPECIAL PRIVILEGES

(Must also meet OB/GYN Initial Criteria)

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
☐	Computer-enhanced (Robotic Assisted) minimally invasive surgery	Successful completion of formal training course in Robotic Surgical Skills **AND** 10 cases in the last 2 years.	Minimum of 10 cases performed in the last 2 years	Minimum of 3 cases to include 2 Hysterectomies **And** 1 of the following: • Adnexectomy • Ovarian cystectomy • Sacrocolpopexy • Myomectomy	☐

GYNECOLOGIC ONCOLOGY CORE PRIVILEGES

Meets OB/GYN initial criteria &
Certification: Successful completion of an ABOG-or AOA- approved fellowship in gynecologic oncology **AND/OR c**urrent subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in gynecologic oncology by the ABOG or completion of a certificate of special qualifications by the AOBOG **OR** must provide evidence of significant postgraduate continuing medical education in gynecologic oncology
Current Experience: a minimum of 24 gynecologic oncological surgery cases in the last 2 years.
Renewal Criteria: a minimum of 24 cases performed in the last 2 years
FPPE: Minimum of 1 case

Request	Procedure	Approve
☐	**Gynecology Oncology Core privileges include:** performance of a history and physical, evaluate, diagnose, treat, and provide consultation (may include telehealth) and surgical and therapeutic treatment to female patients with gynecologic cancer and resulting complications, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina, and the performance of procedures on the bowel, urethra, and bladder, other than approved delineated special procedures. • Chemotherapy • Microsurgery • Myocutaneous flaps, skin grafting • Para aortic and pelvic lymph node dissection • Pelvic exenteration • Perform history and physical exam • Radical hysterectomy, vulvectomy, and staging by lymphadenectomy • Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, liver, spleen, diaphragm, and abdominal and pelvic wall as indicated • Treatment of invasive carcinoma of the vagina by radical vaginectomy, and other related surgery • Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection • Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease • Uterine/vaginal isotope implants	☐
☐	Admitting Privileges (must request Active staff status)	☐

MATERNAL FETAL MEDICINE CORE PRIVILEGES

Meets OB/GYN initial criteria &
Certification: Successful completion of an ABOG-or AOA- approved fellowship program in Maternal Fetal Medicine **AND/OR c**urrent subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in Maternal Fetal Medicine by the ABOG.
Current Experience: a minimum of 50 provisions of care in the last 2 years or Completion of an approved residency, clinical fellowship, or research in a clinical setting within the past 12 months. **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted
Renewal Criteria: a minimum of 50 cases performed 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
FPPE: Minimum of 1 case

Request	Procedure	Approve
☐	**Maternal-Fetal Medicine privileges include:** evaluate, diagnose, treat, and provide consultation (may include telehealth) to adolescent and adult female patients with medical and surgical complications of pregnancy (e.g. maternal cardiac, pulmonary, metabolic, and connective tissue disorders, as well as fetal malformations, conditions, or disease). The MFM specialist may provide care to patients in the intensive care setting in conformance with unit policies. Core privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core procedures include but are not limited to: • Cerclage (transabdominal & transvaginal) • Cesarean Section • Chorionic villus sampling • Genetic amniocentesis • Interoperative support to obstetrician as requested, including operative first assist • Obstetrical ultrasound, including Doppler studies • Percutaneous umbilical blood sampling • Performance of history and physical exam • Vaginal Delivery	☐
☐	Admitting Privileges (must request Active staff status)	☐

ADDITIONAL PRIVILEGES

Request	Procedure	Additional Criteria	Renewal Criteria	Approve
☐	Procedural Sedation	Successful completion of Kaweah Health sedation exam	Successful completion of Kaweah Health sedation exam	☐
☐	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: **__Dinuba __Exeter __Lindsay __Tulare __Valencia __Woodlake __KHMC – Akers __KHMC – Willow Specialty 202__KHMC – Willow 502 __Specialty Clinic __Tulare Cardiology Clinic**	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	☐

Acknowledgment of Practitioner:

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

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

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

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

Name: _____
Print

Signature: _____ _____
Applicant *Date*

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

Cardiothoracic Surgery (2)

Privileges in Cardiothoracic Surgery

Name: _____

Please Print

CARDIOTHORACIC SURGERY

Education & Training: MD or DO; **AND** successful completion of a general surgery residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by the Royal College of Physicians & Surgeons of Canada if board certified by an ABMS board or actively pursuing board certification by an ABMS board; **AND** successful completion of a fellowship in general thoracic and cardiovascular surgery approved by the Accreditation Council for Graduate Medical Education (ACGME) or by the American Osteopathic Association (AOA); **AND** current board certification by the American Board of Surgery or the American Osteopathic Board of Surgery and board certification in thoracic surgery by the American Board of Thoracic Surgery, or active participation in the examination process leading to board certification in thoracic surgery by one of these boards, with certification obtained within five (5) years from the date of completion of training.

Current Clinical Competence: Documentation of the performance of at least 100 cardiothoracic procedures in the past 2 years or successful completion of a residency or clinical fellowship in the past 12 months

Renewal Criteria: Maintenance of Board Certification and documentation of 100 procedures reflective of the privileges requested.

FPPE: Core: Direct observation of a minimum of five (5) diverse procedures; **TAVR**: Direct observation of the first 3 cases as primary operator; **EBUS**: Direct observation of a minimum of 2 cases; **Ion**: Direct observation of the first 3 cases.

Request	CORE PRIVILEGES	Approve
☐	**CORE PRIVILEGES <u>INCLUDE:</u>** Medical H&P; evaluate, diagnose, provide consultation and treat patients (may include telehealth) over the age of one year presenting with illnesses, injuries and disorders of the thoracic cavity and related structures, including the chest wall. These privileges include operations on: abdominal and peripheral blood vessels; aortic dissection; cricothyroidotomy and tracheostomy; blood vessels of head, neck and base of brain; esophagus (intrathoracic); cardiac valve repair or replacement; heart, pericardium and great vessels; cardiopulmonary bypass; lung chest wall, pleura, diaphragm and mediastinum; repair of congenital/acquired anomalies; coronary artery bypass. The core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills:	☐
☐	Admitting Privileges (must request Active staff status)	☐

- Ablative surgery for Wolff-Parkinson-White syndrome
- All procedures upon the heart for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, the valves, and other internal structures of the heart and for acquired septal defects and ventricular aneurysms
- Bronchoscopy
- Central Venous Access Procedures
- Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava
- Endarterectomy of pulmonary artery
- Endomyocardial biopsy
- Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree
- Hemodialysis Access Procedures
- Management of congenital septal and valvular defects
- Maze
- Medianstinoscopy
- Operations for myocardial revascularization
- Minimally invasive direct coronary artery bypass (MIDCAB)
- Transmyocardial Laser Revascularization
- Pacemaker or AICD implantation and management, transvenous and transthoracic
- Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease
- Pericardiocentesis, pericardial drainage procedures, pericardiectomy
- Pulmonary embolectomy
- Surgery for mechanical devices to support the heart
- Surgery of patent ductus arteriosus and coarctation of the aorta
- Surgery of the aortic arch and branches; descending thoracic aorta for aneurysm/trauma
- Surgery of the thoracoabdominal aorta for aneurysm
- Surgery of tumors of the heart and pericardium
- Vascular access procedures for use of life support systems, such as extra corporeal oxygenation and cardiac support
- Vascular operations exclusive of thorax (e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, vascular graft, or prosthesis)
- VATS (video assisted thoracic surgery) If residency/fellowship trained prior to 1995, must demonstrate successful completion of an approved and recognized course and provide documentation of competence in performing this procedure

ADVANCED PROCEDURES				
Request	**Procedure**	**Initial Criteria**	**Renewal Criteria**	**Approve**
☐	Transcutaneous Cardiac Valve Implantation and/or Repair (TAVR)	Board certified or board eligible for certification in Cardiothoracic Surgery AND Applicants who have recently (withing past 12 months) completed residency/fellowship training must: Submit a letter from the residency/fellowship program director attesting to their competency to perform TAVR procedures as co-operator AND Provide case logs documenting experience in 5 AVRs (Aortic Valve Replacement) in the last year prior to TAVR initiation OR 10 TAVR cases as co-operator OR Vendor training that has been completed within the last 12 months, provide documentation of attending product specific vendor training, with documentation of meeting all requirements of that program, and documentation of 5 AVRs in the last year prior to TAVR initiation OR documentation of 10 career AVRs with at least 5 in the last year OR Documentation of 25 career AVRs	10 procedures in the last two years as primary physician or first assistant.	☐
☐	Endobronchial Ultrasound (EBUS)	Documentation of completion of a dedicated training course **OR** Documentation from fellowship program director of proficiency in EBUS within the last 12 months; **OR** Current hospital EBUS privileges at another facility **AND** Performance of at least 10 cases in the last 2 years.	Minimum of 10 cases in the last 2 years	☐
☐	Use of Robotic Navigational Assisted System for Bronchoscopy (Ion)	Successful completion of an ACGME or AOA accredited residency/fellowship in Cardiothoracic Surgery within the past 12 months which included training in robotic navigational assisted bronchoscopy: a letter from training director to support competency in procedure by completing at least 5 cases in the past twelve (12) months. OR Successful completion of an ACGME or AOA accredited Cardiothoracic Surgery residency/fellowship with current privileges to perform Bronchoscopy at site requested **AND** Certificate of completion of the Manufacturers Training Course within the past 12 months (Documentation of the successful completion of an on-site training course provided by the manufacturer of the Ion system).	Minimum of 5 Ion procedures in the last 2 years	☐
☐	Use of a robotic-assisted system for general thoracic and cardiac procedures	Completion of Residency in the last 12 months OR Documentation of successful completion of a Certification Course for Robotics OR Documentation of 12 procedures in the past 2 years	Minimum of 12 cases in the past 2 years	☐
☐	Procedural Sedation	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	☐
☐	Fluoroscopy: Use of equipment and/or Supervision of a technologist using 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	
☐	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 – 502 __Specialty Clinic __ Cardiothoracic Surgery Clinic __Tulare Cardiology Clinic**	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	☐

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(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 situation.

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

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

Name: _____
Print

Signature: _____ _____
Applicant *Date*

Signature: _____ _____
Department of Cardiovascular Services Chair *Date*

Resolution 2289

RESOLUTION 2289

RESOLUTION HONORING COLEEN MORIARITY-SUGGS ON THE OCCASION OF THEIR YEARS OF SERVICE AND RETIREMENT

WHEREAS, Coleen has faithfully and diligently served Kaweah Health for 30 years; and

WHEREAS, throughout their tenure, Coleen has demonstrated exceptional dedication, professionalism, and leadership in her role as Clinical Pharmacist; and

WHEREAS, She has made significant contributions to Pharmacy; and

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

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

PASSED AND ADOPTED this 27th of May 2026, by the Board of Directors of Kaweah Health.

David Francis
President
Kaweah Health Board of Directors

Dean Levitan
Secretary/Treasurer
Kaweah Health Board of Directors

Resolution 2290

Kaweah Delta Health Care District

Resolution Ordering Board of Directors	)	
Election; Consolidation of Elections;	)	**Resolution No.2290**
Specifications of the Election Order; and	)	
Specific Services Rendered to the District	)	

WHEREAS, California Elections Code requires a general district election be held in each district to choose a successor for each elective officer whose term will expire on the first Friday in December following the election to be held on the first Tuesday after the first Monday in November in each even-numbered year; and

WHEREAS, other elections may be held in whole or in part of the territory of the district, and it is to the advantage of the district to consolidate pursuant to Elections Code Section 10400; and

WHEREAS, Elections Code Section 10520 requires each district involved in a general election to reimburse the county for the actual costs incurred by the county elections official in conducting the election for that district; and

WHEREAS, Elections Code Section 13307(3c) requires that before the nominating period opens, the governing body must determine whether a charge shall be levied against each candidate submitting a candidate's statement to be sent to the voters;

WHEREAS, Elections Code Section 12112 requires the elections official of the principal county to publish a notice of the election once in a newspaper of general circulation in the district; and

WHEREAS, pursuant to the Elections Code, the governing body of any special district or city may, by Resolution, request the Board of Supervisors of the County to permit the county elections official to render specified services to the special district or city relating to the conduct of an election;

NOW, THEREFORE, BE IT RESOLVED that an election be held within the territory included in this district on the _3_ day of November 2026_, for the purpose of electing members to the Board of Directors of said district in accordance with the following specifications:

1. The Election shall be held on Tuesday, the _3rd day of November 2026_. The purpose of the election is to choose members of the board of directors for the **following seats** (list offices and terms):

   Zone 2- 12/2/2026-12/6/2030 _____

   Zone 4- 12/2/2026-12/6/2030 _____

2. This governing board hereby requests and consents to the consolidation of this election with other elections which may be held in whole or in part of the territory of the district, as provided in Elections Code 10400.

3. The district will reimburse the County for the actual cost incurred by the County Registrar of Voters office in conducting the general district election upon receipt of a bill stating the amount due as determined by the Elections Official.

4. The district has determined that the District/Candidate will pay for the Candidate's Statement. The Candidate's Statement will be limited to 200 words.

5. The district directs that the County Registrar of Voters of the principal county publish the notice of election in the **following newspaper,** which is a newspaper of general circulation that is regularly circulated in the territory: The Visalia Times Delta and the Fresno Bee.

6. The Board of Supervisors of Tulare County is hereby requested to permit the County Registrar of Voters to render services to the special district relating to the conduct of the November _3_, 2026_ General Election as follows:

   a. Distribute and file nomination papers and candidate statements for candidates for district offices.
   b. Make all required publications.
   c. Prepare, print and mail to the qualified electors of the district sample ballots and voter pamphlets.
   d. Provide Vote by Mail ballots for said Municipal Election for use by registered voters in the manner provided by law.
   e. Order consolidation of precincts, appoint precinct boards, designate polling places and instruct election officers concerning their duties.
   f. Conduct and canvass the returns of the election and certify the votes cast.
   g. Prepare, print and deliver to the polling places supplies, including the official ballots and a receipt for said supplies.
   h. Recount votes, if requested, in accordance with state law.
   i. Conduct the above election duties in accordance with the Voting Rights Act of 1975.
   j. Perform all other pertinent services required to be performed for said election other than the requirements of the Fair Political Practices Commission; said Fair Political Practices Commission requirements to be performed by the district clerk.

THE FOREGOING RESOLUTION WAS ADOPTED upon motion of Director _____ seconded by Director _____,at a regular meeting on this 27th day of May, 2026, by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

_____
District Secretary

Resolution 2291

RESOLUTION NO. 2291

A Resolution of the Board of Directors of Kaweah Delta Health Care District
Authorizing the Establishment of an
Armed Security Program and Delegating Implementation Authority

A. WHEREAS, the Board of Directors of the Kaweah Delta Health Care District ("Kaweah Health") finds that providing a safe and secure environment for patients, visitors, employees, medical staff, and contractors is essential to Kaweah Health's mission; and

B. WHEREAS, Kaweah Health has established a Security Services Department and defined its mission, authority, operational scope, training standards, and limitations; the Security Services Department is established as an in-house public agency security function under Kaweah Health authority; and Department personnel are Kaweah Health employees and not peace officers; and

C. WHEREAS, the Board authorizes issuance and use of electronic control devices (Tasers) to Security Services Officers subject to specified training, certification, supervisory review, and compliance with Kaweah Health policy and applicable law; and

D. WHEREAS, Kaweah Health has identified increasing security risks, including potential incidents of violence in health care settings, and the Board finds it necessary and appropriate to authorize a security program within Kaweah Health's Security Services Department to enhance protective capabilities, deter threats of serious violence, and provide timely, trained response to imminent threats to life and safety; and

E. WHEREAS, the Board desires to delegate to the Kaweah Health Chief Executive Officer ("CEO") or designee the authority to implement, manage, and oversee the implementation of the Security Services Department consistent with Kaweah Health policies, applicable law, and best practices, including but not limited to the development of policies and procedures governing selection, backgrounding, psychological screening, training and qualification, equipment standards, safe storage, use-of-force continuum, reporting, incident review, and quality assurance.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Kaweah Delta Health Care District as follows:

1. Establishment of Security Program. The Board hereby authorizes the establishment of a security program within the Security Services Department to provide security services at Kaweah Health-owned or Kaweah Health-operated facilities as determined necessary by the Kaweah Health CEO or designee.

2. Scope and Standards. The security program shall operate under written policies and procedures approved by the Kaweah Health CEO or designee that, at a minimum, address: (a) position classifications authorized to carry tasers; (b) eligibility prerequisites, including background investigations, and medical clearance; (c) initial and ongoing training and qualification standards meeting or exceeding industry standards and manufacturer guidance; (d) secure storage, issuance, accountability, inspection, and maintenance of tasers; (e) authorized and prohibited carry conditions; (f) use-of-force, de-escalation, and reporting requirements; (g) post-incident medical care, supervisory review, and critical-incident debriefing; and (h) data collection, auditing, and program evaluation.

3. Delegation to Chief Executive Officer. The Board delegates to the Kaweah Health CEO the authority to implement and manage the security program, including: (a) adopting, updating, and enforcing related policies and procedures; (b) determining deployment models and staffing; (c) approving training curricula and selecting qualified training providers; (d) procuring approved equipment; (e) ensuring incident reporting, supervisory review, and quality assurance processes; and (f) coordinating with law enforcement and regulatory agencies. The CEO or designee shall report to the Board at least annually on program implementation, incident metrics, training compliance, and any material policy changes.

4. Compliance with Law and Kaweah Health Policy. All security operations shall comply with applicable federal, state, and local law, and Kaweah Health policies, including use-of-force and workplace violence prevention policies. Nothing in this Resolution confers peace officer status.

5. Implementation Timeline. The Kaweah Health CEO is authorized to commence implementation immediately and to place the security program into operational service, upon certification that personnel have met all program prerequisites.

6. No Third-Party Contract Operations. The security program shall not be operated as, or offered to, third parties as a private patrol or contract security service, and shall be limited to Kaweah Health facilities and operations. The Security Services Department shall provide security services only for Kaweah Health-owned or Kaweah Health-operated facilities and shall not operate as a private patrol operator or offer/contract security services to outside entities.

7. Severability. If any provision of this Resolution is held invalid, the remaining provisions shall remain in full force and effect.

8. Effective Date. This Resolution shall take effect on May 27, 2026.

PASSED AND ADOPTED by the Board of Directors of the Kaweah Delta Health Care District on May 27, 2026 by the following vote:

Ayes:

Noes:

Absent:

Abstain:

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

ATTEST:

Dean Levitan, M.D., Secretary of the Kaweah Delta Health Care District Board of Directors

Separator Page

NEW INTERVENTIONAL CARDIOLOGY PROCEDURES

Innovative Cardiac Care Technologies

An overview of transformative devices and procedures reshaping structural heart and rhythm management.

Advanced Structural Heart Solutions

Focusing on non-invasive valvular repair and therapy.

MitralClip: Mitral Repair

MitralClipTM utilizes Transcatheter Edge-to-Edge Repair (TEER) to treat leaking mitral valves without open-heart surgery.

Clinical Utility: Indicated for both primary and secondary Mitral Regurgitation (MR).

- **Immediate Benefit:** Rapid symptom relief from shortness of breath and fatigue.
- **Safety:** Proven success rate of over 86% in high-risk surgical populations.

Leadless Pacemaker: Micra

Smallest Rhythm Intervention

The **MicraTM** leadless pacemaker is up to 90% smaller than traditional pacing systems.

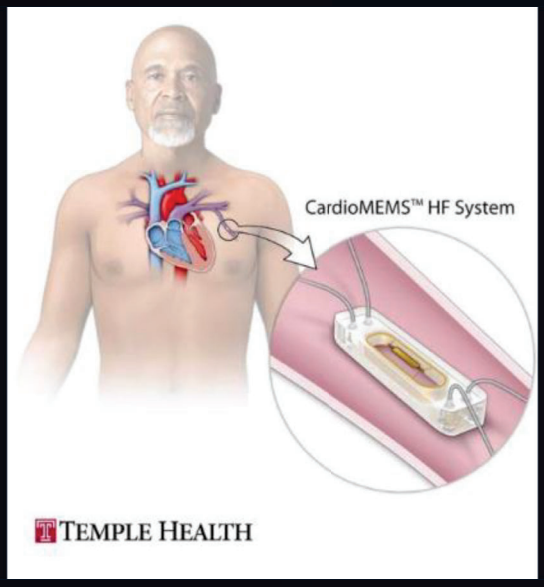
- **Use:** Ideal for patients with bradycardia or chronic AFib requiring single-chamber pacing.
- **Benefit:** Eliminates lead-related and surgical pocket complications (e.g., infections, migration).
- **Longevity:** Exceptional battery life spanning 8 to 13 years.

CardioMEMS: Remote Tracking

Early Decompensation Alerts

The **CardioMEMSTM** HF System provides remote hemodynamic monitoring to proactively manage heart failure.

- **Use:** Implanted in the pulmonary artery of NYHA II/III patients.
- **Benefit:** Reduces HF-related hospitalizations by approximately 37% through early medication adjustments.
- **Daily Care:** Simple, wireless transmission from the comfort of the patient's home.

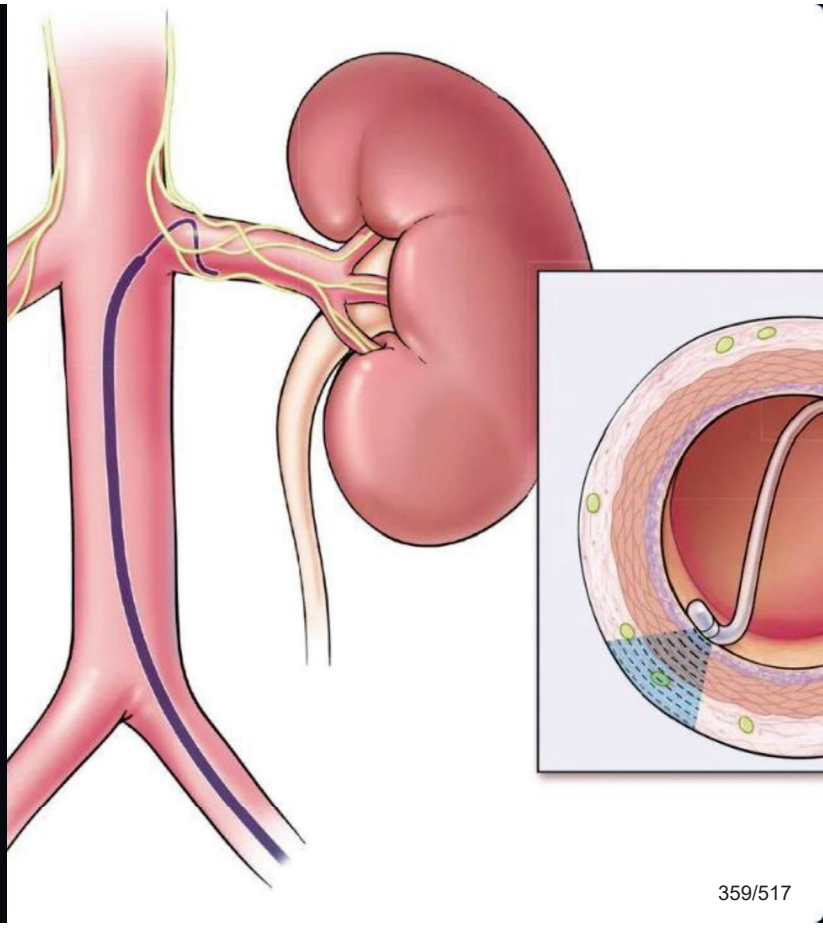


Renal Denervation: Hypertension

Renal Denervation (RDN) is a catheter-based procedure targeting overactive nerves to lower blood pressure.

Use Case: Patients with resistant hypertension not controlled by medical therapy.

- **Benefit:** Sustained reduction in blood pressure, lowering the risk of stroke and kidney disease.
- **Medication:** Often allows for reduction or cessation of hypertension medications.

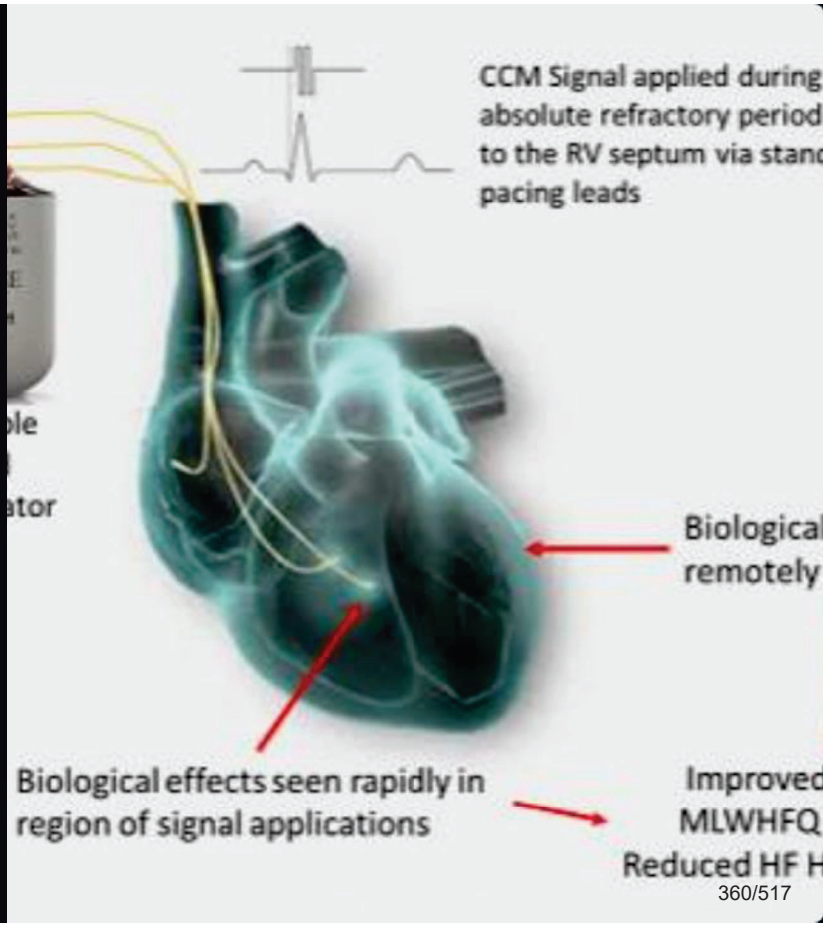


CCM: Enhancing Contractility

Cardiac Contractility Modulation (CCM) offers a unique approach for Heart Failure (HF) patients unresponsive to standard resynchronization.

Use Case: Patients with NYHA Class III symptoms and LVEF between 25% and 45%.

- **Benefit:** Strengthens heart contractions without increasing myocardial oxygen demand.
- **Patient Impact:** Dramatically improves functional capacity and quality of life.

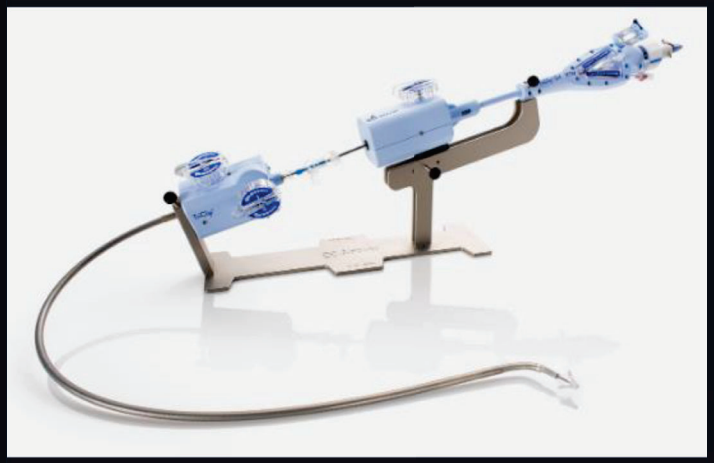


TriClip: Tricuspid Valve Repair

Revolutionizing TR Treatment

The **TriClipTM** system is the first minimally invasive therapy designed specifically for **Tricuspid Regurgitation (TR)**.

- **Use:** For patients with symptomatic severe TR at intermediate or high surgical risk.
- **Benefit:** Significant reduction in TR severity and risk of heart failure hospitalization.
- **Efficiency:** Fast recovery with most patients returning home within 24 hours.



Questions & Discussion

Exploring the strategic integration of innovative devices into standard clinical practice.

Clinical Strategy & Device Innovation | 2024 Cardiovascular Review

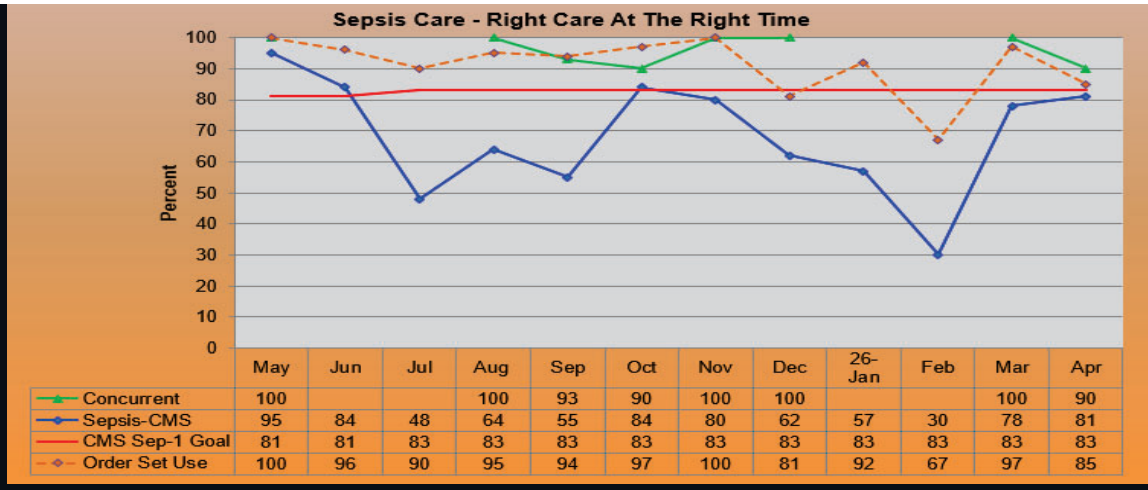
SEPSIS

Quality and Patient Safety

Board of Directors Meeting- Sepsis Report: May 27, 2026

Jared Cauthen- Sepsis Coordinator

Current Performance



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	26-Jan	Feb	Mar	Apr
Concurrent	100			100	93	90	100	100			100	90
Sepsis-CMS	95	84	48	64	55	84	80	62	57	30	78	81
CMS Sep-1 Goal	81	81	83	83	83	83	83	83	83	83	83	83
Order Set Use	100	96	90	95	94	97	100	81	92	67	97	85

Kaweah Health

Sepsis Quality Focus Dashboard

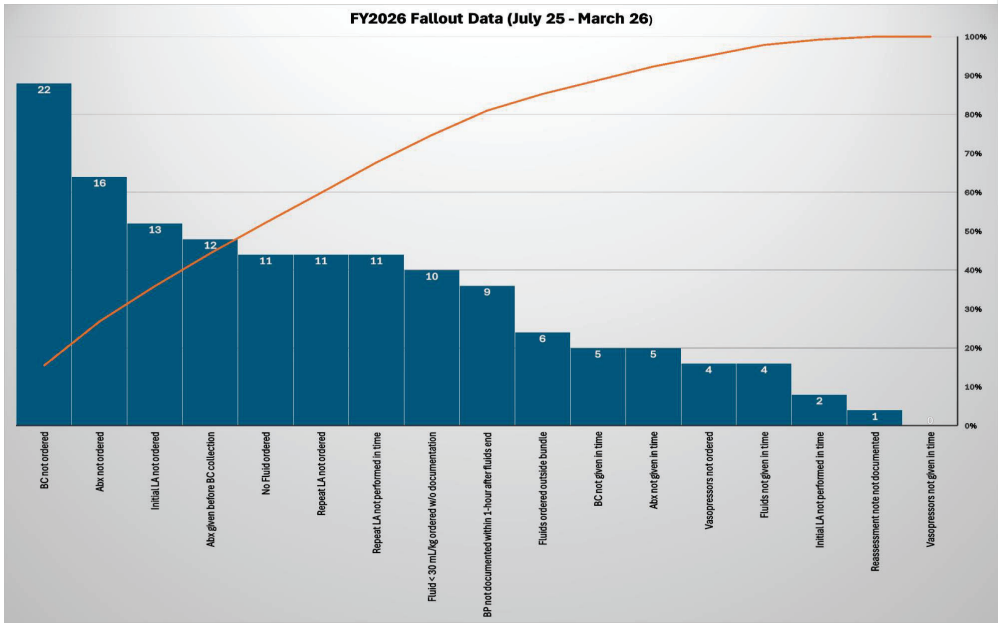
KEY: >10% away from goal | Within 10% of goal | Within 5% of goal | Outperforming/meeting goal

SEP-1 Bundle Elements	Goal	FY2023	FY2024	FY2025	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	YTD
3 hr SEP-1 Bundle % Compliance	95%	79%	79%	85%	52%	84%	68%	91%	80%	69%	59%	37%	81%	81%	70%
3hr SEP-1 BundleTotal Patients abstracted (d)	n/a	334	301	274	25	25	19	32	15	26	37	27	32	26	264
% Antibiotics adminstered	95%	94%	92%	93%	88%	96%	89%	97%	93%	92%	89%	74%	100%	92%	91%
% Blood Cultures drawn	95%	94%	93%	95%	77%	96%	82%	97%	86%	75%	88%	75%	94%	92%	86%
% Lactic Acid drawn	95%	98%	99%	99%	100%	91%	100%	100%	100%	100%	100%	93%	97%	100%	98%
% Fluid Resuscitation completed	95%	84%	91%	95%	69%	100%	90%	96%	100%	100%	64%	63%	67%	91%	84%
6 hr bundle % Compliance	95%	91%	91%	95%	85%	88%	80%	91%	100%	78%	95%	75%	93%	100%	88%
6hr SEP-1 BundleTotal Patients abstracted (d)	n/a	204	184	166	13	16	10	23	6	9	21	8	15	13	134
% Repeat LA drawn	95%	92%	95%	96%	92%	100%	80%	91%	100%	89%	95%	75%	93%	100%	92%
% Reassessment completed	95%	99%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% Vasopressors initated when indicated	95%	100%	97%	100%	83%	82%	100%	100%	100%	89%	75%	100%	100%	100%	93%

Opportunities for Improvement

- **<u>Top 80% of Fallouts (Greatest to Least)</u>**

1) BC Not Ordered
2) Abx Not Ordered
3) Initial LA Not Ordered
4) Abx Administered Before BC Collection
5) Fluid Not Ordered
6) Repeat LA Not Ordered
7) Repeat LA Not Drawn In Timeframe
8) Fluid <30mL/kg Ordered w/o Documentation
9) BP Not Documented Within 1-Hour From Fluid End Time



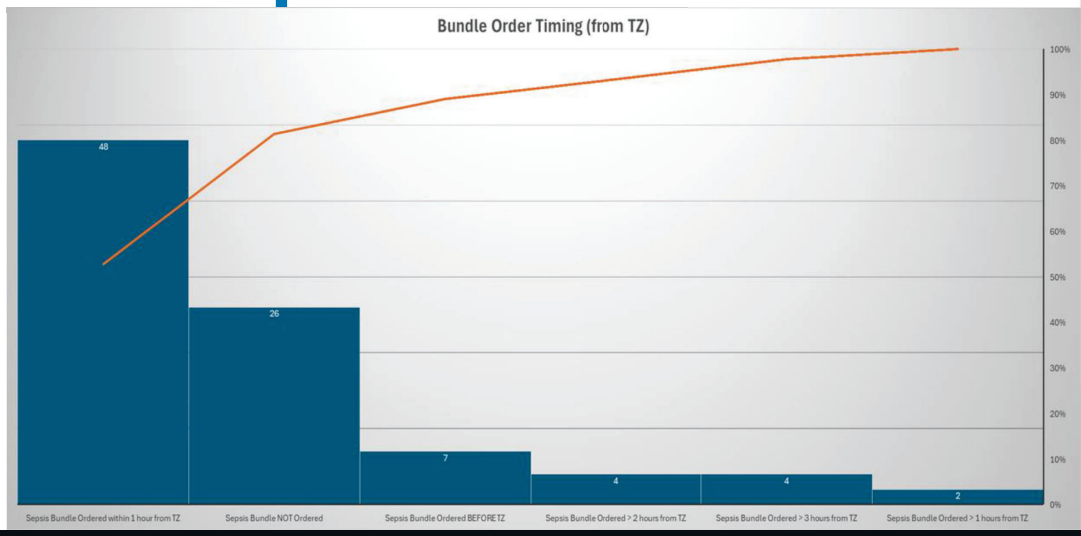
Opportunities for Improvement

Top 80% of Fallouts (Greatest to Least)

1) Sepsis Bundle Ordered Within 1-Hour From Time Zero (TZ)
2) Sepsis Bundle Not Ordered

Bottom 20% of Fallouts (Greatest to Least)

1) Sepsis Bundle Ordered Before TZ
2) Sepsis Bundle Ordered >2 Hours From TZ
3) Sepsis Bundle Ordered >3 Hours From TZ
4) Sepsis Bundle Ordered >1 Hour From TZ



Kaweah Health

Sepsis Quality Focus Dashboard

Order Set Usage	Goal	FY2023	FY2024	FY2025	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	YTD
Total number of ED cases abstracted (CMS cases)					21	22	17	29	15	22	36	27	30	22	241
Number of ED patients with sepsis order set use					19	21	16	29	15	19	33	18	29	22	221
% of ED patients with order set used	85%			90%	90%	95%	94%	100%	100%	86%	92%	67%	97%	100%	92%
Total number of Inpatient cases abstracted					2	3	3	2	0	4	1	0	2	4	21
Number of Inpatient cases with sepsis order set					1	1	1	1	0	2	1	0	2	0	9
% of inpatient with order set used					50%	33%	33%	50%	0%	50%	100%	0%	100%	0%	43%

KEY: >10% away from goal | Within 10% of goal | Within 5% of goal | Outperforming/meeting goal

Action Plan

Provider/Resident Focus

- GME Resident Education in March (and quarterly)
- March meeting with Chief Residents discussing Jan/Feb performance
- Handoff Plan for new Chief resident expectations scheduled week before graduation
- Improve Resident oversight (ED & Inpatient) with Vituity, FHCN, and Valley Hospitalists
- Improve inpatient Provider buy-in with Dr. Said

Order Set Focus

- Reduce deviation from order set
- ISS: Create flagged sections
- Fluid resuscitation: Change default order to 1L bolus
- ED Provider alert to declare or refute sepsis prior to inpatient transfer

ED Code Sepsis Project

- Dedicated room(s) to treat septic patients to ensure timely completion
- Overhead page to alert all providers/staff and room location
- Expand RRT Team to respond to ED sepsis alerts
- Nurse task list priority for septic patients
- Scan order for blood cultures and antibiotics

Accomplishments

FY2025 Year-End Accomplishments:

- Sepsis compliance at KH has successfully surpassed its improvement threshold compared to FY2023.
- All patients with a principal/secondary sepsis diagnosis received an antibiotic during their LOS.
- 27% of ED septic patients received full treatment within 1-hour of first suspicion (top 10%).
- 30% of ED septic patients received an antibiotic within 1-hour of first suspicion (top 20%).
- Met FY goal of 81% for CMS Sep-1 compliance (82%).
- 5 lives saved

FY2026 Accomplishments (July 25-Current):

- All patients with a principal/secondary sepsis diagnosis received an antibiotic during their LOS.
- 3x increase in GME education involvement
- 56% of ED septic patients received full treatment within 1-hour of first suspicion (top 1%).
- 65% of ED septic patients received an antibiotic within 1-hour of first suspicion (top 1%).
- 16 lives saved

Kaweah Health

Sepsis Quality Focus Team Dashboard

	FY26 Goal	FY2023	FY2024	FY2025	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	YTD
Sepsis Any Diagnosis - Observed/Expected (o/e) Ratio	≤0.61	1.12	0.97	0.96	0.77	0.67	0.80	0.92	0.90	1.23	0.71	0.96	0.84		0.84
Number of Observed Mortality (N)	n/a	140	137	126	8	7	9	11	9	7	11	10	15		87
Total number Expected Mortality (D)	n/a	125	140.63	131.17	10.44	10.37	11.26	11.98	10.01	5.69	15.52	10.40	17.7609		103.44
Sepsis Any Diagnosis - Volume	n/a	657	530	514	37	34	38	50	34	34	48	40	44		359

KEY: >30% away from goal | Within 20% of goal | Within 10% of goal | Outperforming/meeting goal

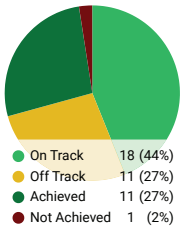
Questions?

Separator Page

STRATEGIC GROWTH AND INNOVATION

Strategic Growth and Innovation - Max Heckhausen and Kevin Bartel

All Items



Spotlight Items

Name	Aligns To	Status	Spotlight Comment
Implement a lung cancer screening program	Grow Targeted Service Line Volumes	Achieved	Created cross functional group to develop workflows and processes, in collaboration with stakeholder physicians to launch a comprehensive lung cancer screening program.
Evaluate year one of the orthopedic traumatology program to develop a future state roadmap and workflows	Grow Targeted Service Line Volumes	Achieved	Secured agreement for orthopedic trauma to have an ongoing presence at Kaweah Health for the foreseeable future.
Complete nine (five additional) Impella procedures in the FY2026	Execute the Cardiothoracic Strategic Plan	Achieved	The cardiothoracic surgery team has successfully achieved this volume goal, with this procedure designed to support the function of the heart to reduce the workload on it for some of our most critically ill patients.
Pilot ambient listening technology in select clinics	Innovation	Achieved	A pilot of the ambient listening and documentation technology was completed and due to the success and significant level of physician support, this technology will be rolled out across our entire clinic network.

Grow Targeted Service Line Volumes Champions: Kevin Bartel

***Description**: Grow volumes in key service lines and evaluate establishment of new services.*

Work Plan (Tactics)

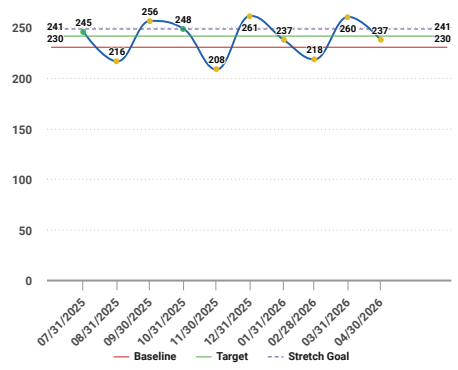
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.1	Implement a lung cancer screening program	07/01/2025	06/30/2026	Renee Lauck	Achieved	New program in place, seeing growth.
2.1.2	Evaluate year one of the orthopedic traumatology program to develop a future state roadmap and workflows	07/01/2025	09/30/2025	Kevin Bartel	Achieved	New 3 year agreement reached with Dr. Dean to continue providing orthopedic trauma support at KH, greatly improving our ability to care for trauma patients locally. Will continue to evaluate the need to and plan to best cover primary orthopedic call.
2.1.3	Execute the Cardiothoracic Strategic Plan	07/01/2025	06/30/2026	Ayham Zoreikat	Achieved	Dr. Tran will start on April.
2.1.4	Complete a pro forma for the mitral clip program and develop an implementation plan if financially viable	07/01/2025	06/30/2026	Ayham Zoreikat	Achieved	The program will start on April 21
2.1.5	Establish an EP Cardiology Program	07/01/2025	06/30/2026	Ayham Zoreikat	On Track	We continue to work to identify a physician to lead this program and bring interested physicians to interview.
2.1.6	Develop a strategy for Skilled Nursing Facility Growth	07/01/2025	06/30/2026	Kari Moreno	On Track	Subacute on track to open 8 additional beds on July 1, 2026.
2.1.7	Develop a plan for a comprehensive women's health center	07/01/2025	06/30/2026	Ivan Jara	Achieved	The Willow Women's Health clinic has been designed to support full scope OB/GYN services and support physicians while on restricted or unrestricted call. Recruitment of OB/GYN physicians and Certified Nurse Midwives is a high priority for this clinic.

Performance Measure (Outcomes)

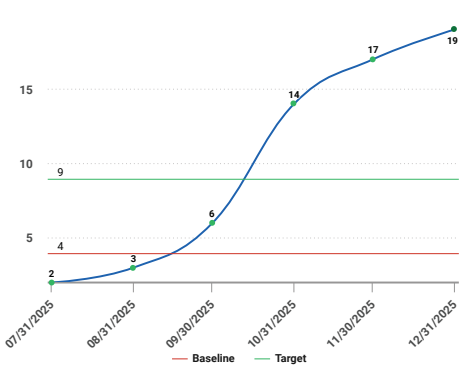
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.2.1	Perform 241 orthopedic surgery cases per month	07/01/2025	06/30/2026	Kevin Bartel	Off Track	FYTD through April, averaging 239 orthopedic cases per month, just shy of the target goal of 241 per month.
2.1.3.1	Complete nine (five additional) Impella procedures in the FY2026	07/01/2025	06/30/2026	Lori Mulliniks	Achieved	12 Impella CP in Cath Lab and 7 Impella 5.5 in Open Heart

Grow Targeted Service Line Volumes Champions: Kevin Bartel

Perform 241 orthopedic surgery cases per month



Complete nine (five additional) Impella procedures in the FY2026



Enhance Medical Center Capacity and Efficiency: Kevin Morrison

Description: *Enhance existing spaces to grow capacity for additional and expanded services and focus on operational efficiency within the surgery areas.*

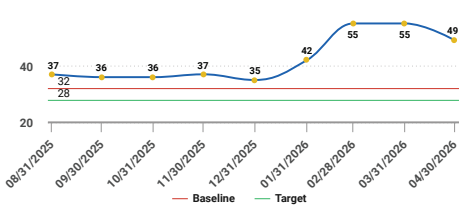
Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1	Focus efforts on improving Operating Room efficiency related to first case on time starts, block time utilization and turn around time	07/01/2025	06/30/2026	Lori Mulliniks	On Track	Letter went out to all surgeons to arrive 15 minutes b/f case start. Block calc being revised from Surg time to PIPO time. TO improved from Prior Month.
2.2.2	Complete renovation and licensing of two outpatient procedure rooms	07/01/2025	12/31/2025	Kevin Morrison	Not Achieved	While a plan has been developed to complete this work, the work to completely renovate and license the two procedures rooms will not be completed within this fiscal year.
2.2.3	Complete expansion of the Cardiovascular Post Acute Care Unit (PACU)	07/01/2025	06/30/2026	Kevin Morrison	On Track	Still on track per last update. Targeting completion by end of calendar year 2026.
2.2.4	Consistently operate a sixth Cath Lab	07/01/2025	06/30/2026	Kevin Morrison	Achieved	Based on current leadership and staffing we are operating all cath labs consistently.

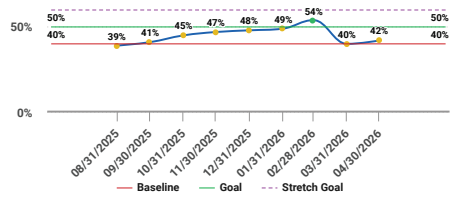
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1.1	Improve room turnover time in the main operating room (minutes)	07/01/2025	06/30/2026	Lori Mulliniks	Off Track	Original TO times (PIPO times). Improved from PM but exceeds target
2.2.1.2	50% or more of first cases of the day will start on time	07/01/2025	06/20/2026	Lori Mulliniks	Off Track	Sent letter requesting surgeons to arrive 15 minutes b/f case start. Director has begun one-on-one conversations with repeat offenders.
2.2.1.3	Launch a Block Time Utilization Committee	07/01/2025	09/30/2025	Lori Mulliniks	Off Track	Making final "clean up" changes to block and then will transfer decision making process to committee.
2.2.2.1	Perform 450 endoscopy procedures per month	07/01/2025	06/30/2026	Lori Mulliniks	On Track	IP 190 and OP 275. Added Dr. Virk in APR26

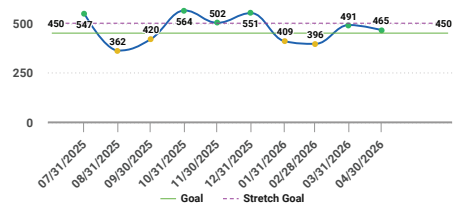
Improve room turnover time in the main operating room (minutes)



50% or more of first cases of the day will start on time



Perform 450 endoscopy procedures per month



Expand Access for Patients through Clinic Network Development Champions: Ivan Jara and Marc Mertz

Description: *Strategically expand and enhance the existing clinic network to increase access at convenient locations for the community.*

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.1	Open the Youth Crisis Stabilization Unit	07/01/2025	10/01/2025	Marc Mertz	Achieved	CSU opened on Dec. 3rd. Volumes have been lower than expected, but we are doing outreach to local partners and increasing our marketing via social media.
2.3.2	Continue to explore and develop clinic strategic growth opportunities.	07/01/2024	06/30/2026	Ivan Jara	On Track	Explore the expansion of rural health clinics, urgent care centers, and commercial practices. Develop and build specialty services and programs.
2.3.3	Open and evaluate further expansion of a multispecialty clinic on Akers	07/01/2025	11/30/2025	Diana Saechao	On Track	The additional Specialty Clinic is currently in the development phase with plans to start construction in FY27. This does not impact the recruitment of specialists, as they are being hired to practice at the Akers Clinic until the new Specialty Clinic space is completed. In parallel, additional services at the Akers location are undergoing ongoing review and evaluation.
2.3.4	Complete an assessment of the need for an expansion of Sequoia Regional Cancer Center-Medical Oncology services and space	07/01/2025	06/30/2026	Tom Boggs	Achieved	Assessment has been completed and RN shifts were extended to 10- hours, increasing infusion capacity. Needed services have outgrown current space and expansion solutions are being reviewed. This tactic will carry forward into FY2027 to operationalize expansions plans and capital needs.
2.3.5	Finalize the plan for the ambulatory surgery center project	07/01/2025	09/30/2025	Marc Mertz	Off Track	Work is behind schedule. But Kaweah has met with individual surgeons regarding the ASC and has plans to meet with more physicians. We are also going to hire a consultant to help us evaluate three options for development of the ASC. The consultant will also help engage with physician partners and help us reach consensus on the appropriate development plan.
2.3.6	Expand the rural health clinic network	07/01/2025	06/30/2026	Ivan Jara	On Track	In July 2025, a new and second rural health clinic location opened in Woodlake, CA. We are currently exploring other locations with great potential for rural health clinics.
2.3.7	Launch occupational medicine at the Plaza clinic	07/01/2025	12/31/2025	Diana Saechao	On Track	Occupational med EMR build was completed in February and ready to launch. We are currently waiting on the employers to sign the occ med contracts.

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.3.1	Phase I- Open the Akers multi-specialty clinic	07/01/2025	11/30/2025	Diana Saechao	On Track	The Akers clinic officially opened on 4/23/26.
2.3.3.2	Phase II-Explore the feasibility of opening Kaweah Admissions Testing, Lab and Imaging at the Akers multi-specialty clinic	07/01/2025	12/31/2025	Diana Saechao	Achieved	The process to review the feasibility of opening these services has been completed and it was determined that they will not be opened at this time. However, they will be a focus of future expansion efforts and can be added at the appropriate time.
2.3.3.3	Complete assessment and evaluation of expansion opportunities at the Akers multi-specialty clinic	07/01/2025	06/30/2026	Ivan Jara	On Track	Current services at KHMC - Akers include primary care, pediatrics, and specialty services. Successful recruitment of physicians and advanced practice providers has met the available capacity at the new Akers clinic. Opening date - April 23, 2026. Next steps included finalizing plans for new specialty and surgical suites to be built out. These new clinics will support the recruitment of specialists into the community.

Innovation Champion: Kevin Bartel

Description: *Implement and optimize new tools, applications and services to improve the patient experience, communication, and outcomes.*

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.1	Continue exploring opportunities to use technology and artificial intelligence across Kaweah Health	07/01/2025	06/30/2026	Luke Schneider	On Track	ISS has been actively exploring AI capabilities within both Workday and Oracle Health to identify opportunities to improve efficiency and reduce practitioner and employee workloads. The Executive Team has approved the rollout of ambient listening through Oracle Health's Clinical AI Agent (CAA). Currently, over 55 ambulatory providers are using CAA. The Emergency Department (ED) pilot has now started, and we are receiving positive feedback from the ED pilot. We are also evaluating pilot opportunities for CAA with hospitalists. In addition, ISS is testing AI agents within Workday to help streamline payroll processes and improve reporting efficiency. The AI Governance Committee continues to review AI capabilities and has developed a process to evaluate and approve AI-related software requests on a case-by-case basis. These efforts continue to support our strategic goal of responsibly leveraging technology and AI across Kaweah Health.
2.4.2	Pilot ambient listening technology in select clinics	07/01/2025	06/30/2026	Luke Schneider	Achieved	The pilot has been completed, and the Executive Team has approved moving forward with a full rollout. A rollout plan has been drafted, and we are continuing implementation as planned.
2.4.3	Optimize new call system to support integrated access for patients	07/01/2025	06/30/2026	Ivan Jara	On Track	A new contact center platform through Cisco Webex has recently been implemented. This contact center will have the ability to support various service lines and support departments throughout the hospital. In addition, we are exploring how to leverage technology, specifically AI, to provide timely connections to our services and reduce costs.
2.4.4	Identify new strategies and tools related to scheduling, registration and billing to enhance the patient experience	07/01/2025	06/30/2026	Ivan Jara	On Track	WellApp has been fully implemented throughout clinics, scheduling, and billing departments. This software enables bi-directional texting, sending appointment reminders, automatically canceling appointments, sending text campaigns, and communicating important updates to the entire clinic or provider-specific patients. Currently pursuing advanced scheduling platforms to connect patients to our broad range of services, pre-register, request medication refills, and coordinate care.
2.4.5	Complete feasibility study for enhanced care at home and determine next steps	07/01/2025	10/31/2025	Marc Mertz	Off Track	The feasibility study is completed, and Kaweah is interested in proceeding. The Key Medical Group board has concerns, however, so work has not started. We are planning to hold a strategic planning event with Key Medical Group leaders to advance this concept/opportunity as well as other key initiatives.

Enhance Health Plan Programs Champion: Sonia Duran-Aguilar

Description: *Enhance relationships with health plans and community partners and participate in programs and funding opportunities to improve overall outcomes for the community.*

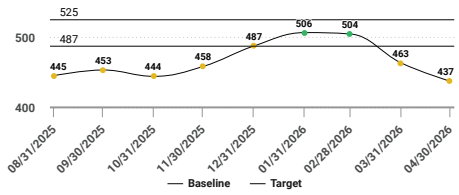
Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.1	Maintain Enhanced Care Management community care coordinator staff at 15 with an assigned case load of 40 patients	07/01/2025	06/30/2026	Sonia Duran-Aguilar	Off Track	LOAs have made it challenging to grow enrollment. Recently hired 1 CCC who is training and 1 CCC remains out on LOA. Currently staffed with 13CCC.
2.5.2	Maintain Community Supports community care coordinator staff at 5, with an assigned case load of 40 patients	07/01/2025	06/30/2026	Sonia Duran-Aguilar	Off Track	While the team has 5 Community Care Coordinators their panel is not at 40 patients each. There have been substantial delays in obtaining authorizations from specifically Anthem Blue Cross for working with patients. We have approximately 36 patients waiting for services. Once auths are processed members will be enrolled and served.

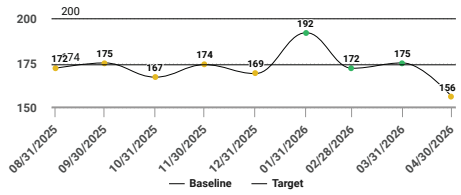
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.1.1	Increase enrollment to 525 lives in Enhanced Care Management by fiscal year end	07/01/2025	06/30/2026	Sonia Duran-Aguilar	Off Track	Staffing, LOAs and new hires have resulted in a slow down in enrollment. Delays in obtaining timely authorizations for upstream referrals specifically with Anthem Blue cross has slowed down enrollments. Work remains underway to expedite authorizations with the health plan and meetings are scheduled.
2.5.2.1	Increase enrollment to 200 lives in Community Supports by fiscal year end	07/01/2025	06/30/2026	Sonia Duran-Aguilar	Off Track	Delays in processing authorizations for CS services is impacting enrollment. Work remains underway with the health plan (Anthem BC) to optimize processing of authorizations (on their behalf, they have staffing delays resulting in months' backlog in processing). Current Fiscal YTD (7/25-4/26) our CS team has successfully housed 52 patients (families and furry friends included).

Increase enrollment to 525 lives in Enhanced Care Management by fiscal year end



Increase enrollment to 200 lives in Community Supports by fiscal year end



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FY27 STRATEGIC OVERSIGHT PLAN

Fiscal Year 2027 Annual Strategic Plan Dashboards

Kaweah Health Board of Directors
May 27, 2026

Fiscal Year 2027 Annual Strategic Plan

Kaweah Health Board of Directors
May 27, 2026

Strategic Planning Leaders

Initiative	Sponsor	Director
Ideal Environment	Dianne Cox	Hannah Mitchell
Strategic Growth and Innovation	Max Heckhausen	Kevin Bartel
Outstanding Health Outcomes	Dr. Paul Stefanacci	
Patient Experience and Community Engagement	Max Heckhausen	Deborah Volosin
Physician Alignment	Tom Boggs	JC Palermo

Ideal Environment

Ideal Environment

Employee Engagement and Retention

1.1.1 Develop tactics and implement action plans in response to the results of the June 2026 Employee Engagement Survey

1.1.3 Expand Kaweah Health University

School Partnerships and Volunteer Programs

1.2.1 Sustain the recent growth of local nursing program capacity with ongoing support and continued integration of new graduates into the workforce

1.2.2 Develop a program to support employee readiness to enter into Kaweah Health sponsored education programs

1.2.3 Monitor graduation and retention of Kaweah Health employees in sponsored programs

1.2.4 Develop a volunteer strategy that advances the mission of Kaweah Health and improves patient satisfaction

1.2.5 Develop a plan to further engage volunteers in clinic operations and business functions

Ideal Environment

Resident Engagement and Retention

1.3.1 Develop tactics to improve 2026 ACGME survey scores

1.3.2 Target specialties that align with community needs assessment and/or service line growth and determine resident retention benchmarks

1.3.3 Create alignment between Kaweah Health administration and GME program directors to enhance collaboration

1.3.4 Executive team members will attend resident education sessions once per month to solicit feedback for actionable changes

Physician and Provider Engagement

1.4.1 Implement changes to the onboarding process for physicians and providers

1.4.2 Create a physician leadership development program

1.4.3 Drive long-term physician succession planning efforts through comprehensive initiatives to reduce burnout and increase retention

Strategic Growth and Innovation

Strategic Growth and Innovation

Grow Targeted Service Line Volume

2.1.1 Grow the structural heart program
2.1.2 Recruit a full time EP Cardiologist
2.1.3 Develop and execute a long- term strategy for skilled nursing facility growth
2.1.4 Grow volumes in urology, orthopedics and general surgery

Enhance Medical Center Capacity and Efficiency

2.2.1 Focus on improving operating room efficiency (first case starts, block time, turnover times)
2.2.2 Complete renovation and licensing of two outpatient procedure rooms
2.2.3 Complete expansion of the cardiovascular post acute care unit (PACU)

Strategic Growth and Innovation

Expand Access for Patients through Clinic Network Development

2.3.1 Assess the need and obtain board approval to implement identified opportunities to expand Sequoia Regional Cancer Center services and space
2.3.2 Achieve accreditation from the Commission on Cancer (COC)
2.3.3 Assess the need and obtain board approval to implement identified opportunities to expand Akers multi specialty clinic specialties and services
2.3.4 Expand the rural health clinic network
2.3.5 Finalize strategy for ambulatory surgery center project
2.3.6 Evaluate feasibility for additional urgent care location
2.3.7 Create and implement a plan for services at the Ben Maddox clinic
2.3.8 Identify opportunities to augment existing primary care delivery models and ancillary service volumes
2.3.9 Develop and implement a strategy to reduce no shows/canceled appointments

Strategic Growth and Innovation

Innovation

2.4.1 Implement AI agents in Workday
2.4.2 Trial and implement AI ambient listening in the inpatient setting for nursing and hospitalists
2.4.3 Identify new strategies and tools related to scheduling, registration and billing
2.4.4 Determine a strategy related to implementing a healing at home program
2.4.5 Proactively prepare and respond to health care reform opportunities (e.g., Ambulatory Specialty Model, CJRx, Rural Health Transformation Program

Enhance Health Plan Programs

2.5.1 Identify, develop and implement two new high impact care management/social determinants of health programs
2.5.2 Formalize the street medicine program

Outstanding Health Outcomes

Outstanding Health Outcomes

Safety Program Enhancement

3.1.1 Implement structured hand off process
3.1.2 Establish real time escalation of patient condition process
3.1.3 Conduct daily executive safety rounds with frontline staff
3.1.4 Implement a physician-nurse collaboration council

Reduce Hospital Acquired Infections (HAI)

3.2.1 Standardize insertion and maintenance bundles aligned with best practice
3.2.2 Embed daily interdisciplinary line necessity assessment in workflows
3.2.3 Strict criteria limiting femoral access to defined emergent or last resort scenarios
3.2.4 Embed all infection prevention protocols into the EHR with real time alerts, order sets and decision pathways
3.2.5 Implement a structured culture protocol

Outstanding Health Outcomes

Safety in Nursing Practice

3.4.1 Launch the “No Pass Zone” initiative related to call light and alarm response
3.4.2 Enhance hourly rounding by nursing focusing on the pain, personal needs, positioning and possessions (the “4 Ps”)
3.4.3 Adhere to environmental and safety protocols (e.g., bed alarms, non slip footwear)
3.4.4 Assign appropriate clinical resources for patients at risk for falls
3.4.5 Implement post fall huddles (within 30 minutes of fall)
3.4.6 Require completion and documentation of a two person skin assessment at critical transition points
3.4.7 Implement the pressure injury prevention (PIP) bundle for all patients with a Braden Scale score of < 18
3.4.8 Ensure regular rotation and skin inspection for patients using medical devices
3.4.9 Early intervention for nutritional deficiencies and incontinence related dermatitis

Outstanding Health Outcomes

Reduce Surgical Complications

3.3.1 Standardize early detection and rapid escalation of postoperative deterioration
3.3.2 Strengthen rapid response system
3.3.3 Implement VTE prevention evidence-based bundles
3.3.4 Implement respiratory evidence-based bundles
3.3.5 Ensure coding and documentation accuracy

Patient Experience and Community Engagement

Patient Experience and Community Engagement

Promote a Patient Centric Culture

4.1.1 Through education, rounding and use of patient experience survey data, empower teams to ensure that every touchpoint in a patient's healthcare journey is designed with their needs, preferences and well being in mind

4.1.2 Embed storytelling into the organization's culture

4.1.3 Establish FY2027 organizational, departmental and individual leader goals for patient experience

Enhancement of Environment

4.2.1 Focus on improving the hospital's physical spaces to promote comfort, accessibility and a sense of healing

4.2.2 Provide patient feedback to teams to assist in improving their cleanliness score

Patient Experience and Community Engagement

Strengthen Community Engagement

4.3.1 Through the addition of new Community Advisory Council members and participation in speaking engagements and service clubs in the community, continue to build strong relationships that foster trust, improve health outcomes and increase access to care

4.3.2 Design and implement programs to connect with community members who experience barriers to accessing healthcare services

Physician Alignment

Physician Alignment

Mature Value- Based Care Capabilities/Kaweah as Must Have Network

5.2.1 Expand value-based care contracts
5.2.2 Perform gap analysis on infrastructure needs to enable success
5.2.3 Implement tools and support to drive accurate and complete documentation and coding to close the risk adjustment factor (RAF) gap compared to peers
5.2.4 Develop a process to ensure 77% of patients have an annual wellness visit
5.2.5 Develop and execute an annual QIP/Stars quality workplan
5.2.6 Develop and implement a scalable, actionable physician scorecard
5.2.7 Identify and implement improvement opportunities for network integrity and care continuity
5.2.8 Develop provider compensation models that incorporate and align value-based incentives

Physician Alignment

Journey to Top Decile Performance

5.3.1 Develop and implement an ambulatory physician governance model to build culture and identity
5.3.2 Implement and hardwire High Reliability Organization (HRO) concepts in clinics
5.3.3 Provide superior patient experience and access through use of technology and operations
5.3.4 Improve physician experience through rounding and governance
5.3.5 Identify and implement three changes to improve the practice environment
5.3.6 Benchmark clinic performance for operational efficiency
5.3.7 Develop and implement growth plans at the site level

Physician Alignment

Recruit New Physicians and Advanced Practice Providers to our Community

5.1.1 Increase our interactions with physician residents in the Central Valley

5.1.2 Work with Key Medical Group, other medical groups and local independent physicians to recruit and place providers

5.1.3 Refine and operationalize the recruitment and onboarding process for physicians and advanced practice providers

5.1.4 Develop an Ambulatory Strategic Plan, to include a master campus plan

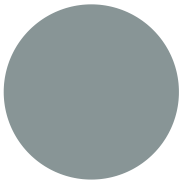
5.1.5 Explore educational partnerships and clinical rotation opportunities for advanced practice providers to strengthen Kaweah Health partnerships with educational programs and fortify recruitment pipelines

The pursuit of healthiness

Kaweah Health
MORE THAN MEDICINE. LIFE.

Ideal Environment - Dianne Cox and Hannah Mitchell

All Items



Not Started 29 (100%)

Spotlight Items

There are no items in the selected data set

Employee Engagement and Retention / Champions: Dianne Cox, Raleen Larez, Brittany Taylor, and Hannah Mitchell

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.1	Develop Tactics around the results of the June 2026 Employee Engagement Survey	07/01/2026	06/30/2027	Hannah Mitchell	Not Started	
1.1.2	Implement action plans related to results of the June 2026 Employee Engagement Survey	07/01/2026	06/30/2027	Hannah Mitchell	Not Started	
1.1.3	Expand Kaweah Health University	07/01/2026	06/30/2027	Hannah Mitchell	Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.2.1	Decrease Overall Turnover Rate to less than equal to 12%	07/01/2026	06/30/2027	Hannah Mitchell	Not Started	
1.1.2.2	Decrease New Hire Turnover Rate (leaving within 6 months) to less than or equal to 14%	07/01/2026	06/30/2027	Hannah Mitchell	Not Started	
1.1.2.3	Decrease Direct Patient Care RN Turnover Rate to less than or equal to 12%	07/01/2026	06/30/2027	Hannah Mitchell	Not Started	
1.1.2.4	Decrease RN New Hire Turnover Rate (leaving within 6 months) to less than or equal to 10%	07/01/2026	06/30/2027	Hannah Mitchell	Not Started	

School Partnerships and Volunteer Programs / Champion: Jaime Morales and Kelly Pierce

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.1	Sustain the recent growth of local nursing program capacity through ongoing support and the continued integration of new graduate nurses into the workforce	07/01/2026	06/30/2027	Kelly Pierce	Not Started	
1.2.2	Develop a program to support employees readiness to enter into Kaweah sponsored education programs	07/01/2026	06/30/2027	Kelly Pierce	Not Started	
1.2.3	Monitor the retention and graduation of KH employees in sponsored programs.	07/01/2026	06/30/2027	Kelly Pierce	Not Started	
1.2.4	Develop a Volunteer Strategy that advances the mission of Kaweah Health and improves patient satisfaction	07/01/2026	06/30/2027	Kelly Pierce	Not Started	
1.2.5	Develop a plan to further engage volunteers in clinic operations and business functions.	07/01/2026	06/30/2027	Kelly Pierce	Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.3.1	80% of Unitek and SJVC nursing students are employed at Kaweah Health one year after graduation	01/01/2027	06/30/2027	Kelly Pierce	Not Started	

Resident Engagement and Retention / Champions: Angel Smith and Amy Shaver

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.3.1	Develop Tactics to Improve 2026 ACGME Scores	07/01/2026	06/30/2027		Not Started	Will be assigned to Angel Smith
1.3.2	Target specialties that align with community needs assessments and/or service line growth and determine resident retention benchmarks	07/01/2026	06/30/2027		Not Started	Will be assigned to Angel Smith
1.3.3	Create alignment between Kaweah Health administration and GME Program Directors to enhance collaboration	07/01/2026	06/30/2027		Not Started	Will be assigned to Angel Smith
1.3.4	Executive Team members will attend resident education sessions once a month to solicit feedback for actionable changes	07/01/2026	06/30/2027		Not Started	Will be assigned to Angel Smith

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.3.1.1	Outcomes related to identified opportunities for ACGME scores	05/01/2027	06/30/2027		Not Started	Will be assigned to Angel Smith
1.3.2.1	Retain XX residents in the Central Valley upon graduation	07/01/2026	06/30/2027		Not Started	Will be assigned to Angel Smith

Physician and Provider Engagement / Champions: Dr. Stefanacci and Teresa Boyce

Tactics

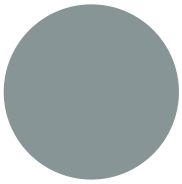
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.4.1	Implement changes to the Onboarding Process for Physicians and Providers	07/01/2026	06/30/2027	Teresa Boyce	Not Started	
1.4.2	Create a Physician Leadership Development Program	07/01/2026	06/30/2027	Teresa Boyce	Not Started	
1.4.3	Drive long-term physician succession planning efforts through comprehensive initiatives to reduce burnout and increase retention	07/01/2026	06/30/2027	Teresa Boyce	Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.4.1.1	Upward trend in results from the medical staff survey related to the onboarding process	07/01/2026	06/30/2027	Teresa Boyce	Not Started	
1.4.2.1	Identify and train one physician mentor from each contracted provider group	07/01/2026	06/30/2027	Teresa Boyce	Not Started	
1.4.2.2	Identify and train four future Medical Staff Leaders	07/01/2026	06/30/2027	Teresa Boyce	Not Started	

Outstanding Health Outcomes - Dr. Paul Stefanacci

All Items



Not Started 36 (100%)

Spotlight Items

There are no items in the selected data set

Safety Program Enhancement / Champion: Cindy Vander Schuur

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.1	Implement structured hand-off process	07/01/2026	06/30/2027	Cindy Vander Schuur	Not Started	
3.1.2	Establish a process for real-time escalation of change in patient condition	07/01/2026	06/30/2027	Cindy Vander Schuur	Not Started	
3.1.3	Conduct daily executive safety rounds with frontline staff	07/01/2026	06/30/2027	Cindy Vander Schuur	Not Started	
3.1.4	Implement a Physician-Nurse Collaboration Council for improved communication and collaboration	07/01/2026	06/30/2027		Not Started	This will be assigned to Scott Baker.

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.2.1	Reduce Safety Event Occurrences from FY2026 baseline by 10% by end of FY2027	07/01/2026	06/30/2027	Cindy Vander Schuur	Not Started	
3.1.4.1	X% increase in "There is effective teamwork between physicians and nurses at this hospital" on the Safety Culture Survey	07/01/2026	06/30/2027		Not Started	
3.1.4.2	X% increase in "Communication between physicians, nurses and other medical personnel is good in this organization" score on the Safety Culture Survey	07/01/2026	06/30/2027		Not Started	

Reduce Hospital Acquired Infections (HAI) / Champion: Shawn Elkin

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.1	Align insertion and maintenance bundles aligned with best practices	07/01/2026	06/30/2027	Shawn Elkin	Not Started	
3.2.2	Embed daily interdisciplinary line necessity assessment into workflow	07/01/2026	06/30/2027	Luke Schneider	Not Started	
3.2.3	Implement strict criteria limiting femoral access to emergent or last-resort scenarios, with automatic prompts for femoral line removal within 24 hours	07/01/2026	06/30/2027	Shawn Elkin	Not Started	
3.2.4	Embed all infection prevention protocols into the EHR with real-time alerts, order sets, and decision pathways	07/01/2026	06/30/2027	Luke Schneider	Not Started	
3.2.5	Implement a structured culture optimization protocol	07/01/2026	06/30/2027	Shawn Elkin	Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.1.1	Decrease Standardized Infection Ratio (SIR) CLABSI to less than or equal to .486	07/01/2026	06/30/2027	Shawn Elkin	Not Started	
3.2.4.1	Reduce the Standard Infection Ratio (SIR) of C Diff to less than or equal to .170	07/01/2026	06/30/2027	Shawn Elkin	Not Started	

Surgical Safety Program / Champion: Chris Patty

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.1	Standardize early detection and rapid escalation of postoperative deterioration	07/01/2026	06/30/2027	Chris Patty	Not Started	
3.3.2	Strengthen rapid response system	07/01/2026	06/30/2027	Chris Patty	Not Started	
3.3.3	Implement VTE prevention evidence-based bundles	07/01/2026	06/30/2027	Chris Patty	Not Started	
3.3.4	Implement respiratory management evidence-based bundles	07/01/2026	06/30/2027	Chris Patty	Not Started	
3.3.5	Ensure documentation and coding accuracy (POA, exclusions)	07/01/2026	06/30/2027	Chris Patty	Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.1.1	Decrease the CMS thirty-day death rate among surgical inpatients with complications (reduce by 32%)	07/01/2026	06/30/2027	Chris Patty	Not Started	
3.3.2.1	Decrease the PSI-90 CMS composite score (reduce by 16%)	07/01/2026	06/30/2027	Chris Patty	Not Started	

Safety in Nursing Practice / Champion: Scott Baker

Tactics

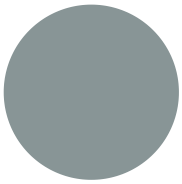
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.4.1	Launch the "No Pass Zone" initiative related to call light and alarm response	07/01/2026	06/30/2027		Not Started	This will be assigned to Doss Bewley
3.4.2	Enhance hourly rounding by nurses focusing on pain, personal needs, positioning and possessions (the 4 Ps)	07/01/2026	06/30/2027		Not Started	This will be assigned to Doss Bewley
3.4.3	Adhere to environmental and safety protocols (bed positioning, non - slip footwear, bed and chair alarms)	07/01/2026	06/30/2027		Not Started	This will be assigned to Doss Bewley
3.4.4	Assign appropriate clinical resources for patients at risk for falls (1:1 sitter or virtual tele sitter)	07/01/2026	06/30/2027		Not Started	This will be assigned to Doss Bewley
3.4.5	Implement post fall huddles within 30 minutes of any fall to identify root causes and provide in the moment learning	07/01/2026	06/30/2027		Not Started	This will be assigned to Doss Bewley
3.4.6	Require completion and documentation of a two person skin assessment at critical transition points	07/01/2026	06/30/2027		Not Started	This will be assigned to Rebekah Piche
3.4.7	Implement the pressure injury prevention (PIP) bundle for all patients with a Braden Scale score of < 18	07/01/2026	06/30/2027		Not Started	This will be assigned to Rebekah Piche
3.4.8	Ensure regular rotation and skin inspection for patients using medical devices	07/01/2026	06/30/2027		Not Started	This will be assigned to Rebekah Piche
3.4.9	Early intervention for nutritional deficiencies and incontinence associated dermatitis	07/01/2026	06/30/2027		Not Started	This will be assigned to Rebekah Piche

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.4.1.1	58% reduction from FY 2026 baseline of falls with injury per 1,000 patient days	07/01/2026	06/30/2027		Not Started	
3.4.6.1	40% reduction from FY2026 baseline incidence rate in Stage 2 and above hospital acquired pressure injuries per 1,000 discharges	07/01/2026	06/30/2027		Not Started	

Patient Experience and Community Engagement - Max Heckhausen and Deborah Volosin

All Items



Not Started 25 (100%)

Spotlight Items

There are no items in the selected data set

Promote a Patient-Centric Culture / Champions: Max Heckhausen and Deborah Volosin

Tactics

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1	Tactic	Through education, rounding, and use of patient experience survey data, empower teams to ensure that every touchpoint in a patient's healthcare journey, from scheduling and admission to discharge and follow up care, is designed with their needs, preferences and well-being in mind	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.1.2	Tactic	Embed storytelling in the organization's culture	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.1.3	Tactic	Establish FY2027 organizational, departmental and individual leader goals for patient experience based upon FY2026 final patient experience scores	07/01/2026	06/30/2027	Deborah Volosin	Not Started	

Outcomes

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1.1	Outcome	Patient Experience Team will round on a minimum of 750 patients/families per month (reflect % increase)	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.1.1.2	Outcome	Clinical teams will round on a minimum of 3,750 patients per month	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.1.1.3	Outcome	Achieve an organizational-wide score of XX in HCAHPS "Overall Rating of Hospital" (reflect % increase)	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.1.1.4	Outcome	Achieve an Organizational-wide Score of XX in "Human Understanding" (reflect % increase)	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.1.1.5	Outcome	Achieve an organizational-wide score of XX in HCAHPS "Would Recommend Hospital" (reflect % increase)	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.1.1.6	Outcome	Achieve an organizational-wide score of XX in Real Time Net Promoter Score (NPS) (reflect % increase)	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.1.1.7	Outcome	Achieve an Organizational-wide Score of XX in "Responsiveness of Staff" (reflect % increase)	07/01/2026	06/30/2027	Deborah Volosin	Not Started	

Enhancement of Environment / Champions: Deborah Volosin and Kevin Morrison

Tactics

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1	Tactic	Focus on improving the hospital's physical spaces to promote comfort, accessibility and a sense of healing	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.2.2	Tactic	Provide patient feedback to teams to assist them in improving their cleanliness scores	07/01/2026	06/30/2027	Deborah Volosin	Not Started	

Outcomes

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1.1	Outcome	Complete five facility upgrades and refurbishment projects in FY2027	07/01/2026	06/30/2027	Kevin Morrison	Not Started	
4.2.2.1	Outcome	Achieve a Score of XX on HCAHPS for "Cleanliness" Score (reflect % increase)	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.2.2.2	Outcome	Achieve a Score of XX in Real-Time "Clean Clinic" Score (reflect % increase)	07/01/2026	06/30/2027	Deborah Volosin	Not Started	

Strengthen Community Engagement / Champions: Deborah Volosin and Sonia Duran Aguilar

Tactics

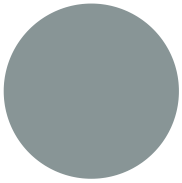
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.1	Tactic	Through the addition of new Community Advisory Council members and participation in speaking engagements and service clubs in the community, continue to build strong relationships to foster trust, improve health outcomes and increase access to care	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.3.2	Tactic	Design and implement programs to connect with community members who experience barriers to accessing healthcare services	07/01/2026	06/30/2027	Sonia Duran-Aguilar	Not Started	

Outcomes

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.1.1	Outcome	Add 10 New Community Advisory Committee Members In FY27	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.3.1.2	Outcome	Goal of 30 Leaders Participating in Service Clubs	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.3.1.3	Outcome	Goal of 20 New Speaking Engagements for Leaders In The Community	07/01/2026	06/30/2027	Deborah Volosin	Not Started	
4.3.2.1	Outcome	Community Outreach will participate in 50 events in the community in FY2027	07/01/2026	06/30/2027	Sonia Duran-Aguilar	Not Started	
4.3.2.2	Outcome	Community Outreach will participate in a minimum of two Cuadrilla events in FY2027	07/01/2026	06/30/2027	Sonia Duran-Aguilar	Not Started	

Physician Alignment - Tom Boggs and JC Palermo

All Items



Not Started 36 (100%)

Spotlight Items

There are no items in the selected data set

Recruit Physicians and Advanced Practice Providers / Champion: JC Palermo

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.1	Beginning early in their residencies, educate and build partnerships with Central Valley medical residents related to practice opportunities and recruitment packages	07/01/2026	06/30/2027	JC Palermo	Not Started	
5.1.2	Continue to work directly with Key Medical Group, local physicians and other medical groups to assist in recruitment and placement of new physicians and APPs and explore strategies for long-term practice sustainability and growth	07/01/2026	06/30/2027	JC Palermo	Not Started	
5.1.3	Refine and Operationalize the Recruitment and Onboarding Process for Physicians and Advanced Practice Providers	07/01/2026	12/31/2026	JC Palermo	Not Started	
5.1.4	Develop Ambulatory Strategic Plan, to include Master Campus Plan	07/01/2026	06/30/2027	Ivan Jara	Not Started	
5.1.5	Explore educational partnerships and clinical rotation opportunities for advanced practice providers to strengthen Kaweah Health partnerships with educational programs and fortify recruitment pipelines	07/01/2026	06/30/2027		Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.2.1	Recruit 15 Specialty Providers	07/01/2026	06/30/2027	JC Palermo	Not Started	
5.1.2.2	Recruit 5 Primary Care Physicians	07/01/2026	06/30/2027	JC Palermo	Not Started	
5.1.2.3	Recruit 10 Advanced Practice Providers	07/01/2026	06/30/2027	JC Palermo	Not Started	

Mature Value Based Care Capabilities to position Kaweah Health as the Must Have Network / Champion: Tom Boggs

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.2.1	Expand value based care contracts through SHP, Aledade and other partnerships	01/01/2027	01/31/2027	Tom Boggs	Not Started	
5.2.2	Perform gap analysis on infrastructure needs to enable value based care success	07/01/2026	10/31/2027	Tom Boggs	Not Started	
5.2.3	Implement tools and support to drive accurate and complete documentation and coding to close the risk adjustment factor (RAF) gap compared to peers	07/01/2026	06/30/2027	Sonia Duran-Aguilar	Not Started	
5.2.4	Develop a process to ensure completion of 77% of annual wellness visits	07/01/2026	06/30/2027	Sonia Duran-Aguilar	Not Started	
5.2.5	Develop and execute annual QIP/STARS quality workplan	07/01/2026	06/30/2027	Sonia Duran-Aguilar	Not Started	
5.2.6	Develop and implement a scalable, actionable physician scorecard that informs performance and drives change	07/01/2026	06/30/2027	Luke Schneider	Not Started	
5.2.7	Identify and implement improvement opportunities for network integrity and care continuity	07/01/2026	06/30/2027	Tom Boggs	Not Started	
5.2.8	Develop provider compensation models that incorporate and align value- based care incentives	07/01/2026	01/01/2027	Tom Boggs	Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.2.1.1	Increase attributed value based lives to 31,000 in FY2027 (15% increase)	01/01/2027	01/31/2027	Tom Boggs	Not Started	
5.2.4.1	Complete 4,000 annual wellness visits in FY2027	07/01/2026	06/30/2027	Tom Boggs	Not Started	
5.2.5.1	Achieve a STAR rating of four for Kaweah attributed lives	07/01/2026	06/30/2027	Sonia Duran-Aguilar	Not Started	
5.2.5.2	Perform on eight or more QIP measures for calendar year 2026	12/01/2026	06/30/2027	Sonia Duran-Aguilar	Not Started	
5.2.7.1	Increase domestic spend (Sequoia Health Plan Capitation) to 55% (2% increase)	07/01/2026	06/30/2027	Tom Boggs	Not Started	

Journey to Top Decile Ambulatory Clinic Performance (10-2030) / Champion: Tom Boggs

Tactics

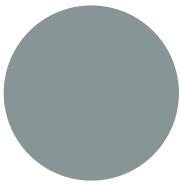
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.3.1	Develop an ambulatory physician governance model to build culture and identity	07/01/2026	09/01/2026	Tom Boggs	Not Started	
5.3.2	Implement the ambulatory physician governance model to build culture and identity	09/01/2026	11/01/2026	Tom Boggs	Not Started	
5.3.3	Implement and hardwire High Reliability Organization (HRO) concepts in clinics	07/01/2026	06/30/2027	Tom Boggs	Not Started	
5.3.4	Provide superior patient experience and access through use of technology and operations	07/01/2026	06/30/2027	Tom Boggs	Not Started	
5.3.5	Improve physician experience through rounding and governance by implementing three changes to improve the practice environment	07/01/2026	06/30/2027	Tom Boggs	Not Started	
5.3.6	Benchmark clinic performance for operational efficiency	07/01/2026	06/30/2027	Tom Boggs	Not Started	
5.3.7	Develop and Implement growth plans at the site level	07/01/2026	06/30/2027	Ivan Jara	Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.3.4.1	Perform at or above the median for NPS "Likelihood to Recommend"	07/01/2026	06/30/2027	Tom Boggs	Not Started	
5.3.6.1	Align staff FTEs per 10,000 WRVUs to MGMA standards	01/01/2027	06/30/2027	Tom Boggs	Not Started	
5.3.6.2	Align Physician WRVUs per cFTE to MGMA standards	01/01/2027	06/30/2027	Tom Boggs	Not Started	
5.3.7.1	Ambulatory clinic visits exceed FY2027 budget by 2%	06/01/2027	06/30/2027	Ivan Jara	Not Started	
5.3.7.2	Third next available PCP appointment within X business days	07/01/2026	06/30/2027	Ivan Jara	Not Started	

Strategic Growth and Innovation - Max Heckhausen and Kevin Bartel

All Items



Not Started 51 (100%)

Spotlight Items

There are no items in the selected data set

Grow Targeted Service Line Volumes / Champion: Kevin Bartel

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.1	Grow the Structural Heart Program	07/01/2026	06/30/2027	Ayham Zoreikat	Not Started	
2.1.2	Recruit a full time EP Cardiologist	07/01/2026	06/30/2027	Ayham Zoreikat	Not Started	
2.1.3	Develop and execute a long term strategy for Skilled Nursing Facility Growth	07/01/2026	06/30/2027	Tom Boggs	Not Started	
2.1.4	Grow volumes in Urology, Orthopedics and General Surgery	07/01/2026	06/30/2027	Kevin Bartel	Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.1.1	Complete 20 Mitra Clip Procedures in FY 2027	07/01/2026	06/30/2027	Ayham Zoreikat	Not Started	
2.1.1.2	Complete 10 tri cuspid clip procedures in FY2027	07/01/2026	06/30/2027	Ayham Zoreikat	Not Started	
2.1.1.3	Complete 80 TAVR cases in FY2027 (9.5% increase)	07/01/2026	06/30/2027	Ayham Zoreikat	Not Started	
2.1.2.1	Complete 100 new EP Cardiology cases in FY2027	07/01/2026	06/30/2027	Ayham Zoreikat	Not Started	
2.1.2.2	Complete 30 leadless pacemaker cases in FY2027	07/01/2026	06/30/2027	Ayham Zoreikat	Not Started	
2.1.3.1	Open 22 subacute beds at the South Campus	07/01/2026	06/30/2027	Kari Moreno	Not Started	
2.1.4.1	Complete 939 Urological surgical cases in FY2027 (12% increase)	07/01/2026	06/30/2027	Kevin Bartel	Not Started	
2.1.4.2	Complete 3,012 Orthopedic surgical cases in FY2027 (6% increase)	07/01/2026	06/30/2027	Kevin Bartel	Not Started	
2.1.4.3	Complete 3,437 General Surgery cases in FY2027 (19% increase)	07/01/2026	06/30/2027	Kevin Bartel	Not Started	

Enhance Medical Center Capacity and Efficiency / Champion: Kevin Bartel

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1	Focus efforts on improving Operating Room efficiency related to first case on time starts, block time utilization and turn around time	07/01/2026	06/30/2027	Lori Mulliniks	Not Started	
2.2.2	Complete renovation and licensing of two outpatient procedure rooms	07/01/2026	06/30/2027	Kevin Morrison	Not Started	
2.2.3	Complete expansion of the Cardiovascular Post Acute Care Unit (PACU)	07/01/2026	12/31/2026	Kevin Morrison	Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1.1	Through the work of the OR Optimization Committee, increase overall block usage to 60% in FY2027 (12% increase)	07/01/2026	06/30/2027	Lori Mulliniks	Not Started	
2.2.1.2	Achieve a fist case on time start rate of 60% or more (30% increase)	07/01/2026	06/30/2027	Lori Mulliniks	Not Started	
2.2.1.3	Improve room turnover time in the main operating room to 35 minutes (12% decrease)	07/01/2026	06/30/2027	Lori Mulliniks	Not Started	
2.2.2.1	Perform 6,196 endoscopy procedures in FY2027 (8.5% increase)	07/01/2026	06/30/2027	Lori Mulliniks	Not Started	

Expand access for patients though Clinic Network Development / Champions: Ivan Jara and Tom Boggs

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.1	Complete an assessment of the need for an expansion of Sequoia Regional Cancer Center-Medical Oncology services and space	07/01/2026	12/31/2026	Tom Boggs	Not Started	
2.3.1.1	Obtain board approval to proceed with identified opportunities to expand Sequoia Regional Cancer Center	01/01/2027	06/30/2027	Tom Boggs	Not Started	
2.3.2	Achieve accreditation from the Commission on Cancer (COC) by building a high quality, multidisciplinary cancer program that meets or exceeds all COC standards for patient centered care, data quality, and continuous improvement.	07/01/2026	06/30/2027		Not Started	This will be assigned to Amy Baker
2.3.3	Complete assessment and evaluation of expansion opportunities at the Akers multi specialty clinic related to additional specialties and services	07/01/2026	12/31/2026	Ivan Jara	Not Started	
2.3.3.1	Obtain board approval to proceed with identified expansion opportunities at the Akers multi specialty clinic	01/01/2027	06/30/2027	Ivan Jara	Not Started	
2.3.4	Expand the Rural Health Clinic network	07/01/2026	06/30/2027	Ivan Jara	Not Started	
2.3.5	Finalize the strategy for the ambulatory surgery center project	07/01/2026	12/31/2026		Not Started	This will be assigned to Max Heckhausen
2.3.6	Evaluate feasibility for an additional urgent care location	07/01/2026	06/30/2027	Ivan Jara	Not Started	
2.3.7	Create and implement a plan for services at the Ben Maddox Clinic	07/01/2026	12/31/2026	Ivan Jara	Not Started	
2.3.8	Identify opportunities to augment existing primary care delivery models and increase ancillary service volume	07/01/2026	06/30/2027	Ivan Jara	Not Started	
2.3.9	Develop and implement a strategy to reduce no shows/canceled appointments	07/01/2026	12/31/2026	Ivan Jara	Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.4.1	Add 25 new access points for patients in fiscal year 2027 (14% increase)	07/01/2026	06/30/2027	Ivan Jara	Not Started	
2.3.4.2	2,500 new patient PCP visits in the rural health clinics for FY 2027 (39% increase)	07/01/2026	06/30/2027	Ivan Jara	Not Started	
2.3.8.1	Complete 1.99 million units of service for lab services in FY2027 (10% increase)	07/01/2026	06/30/2027		Not Started	This will be assigned to Randy Kokka
2.3.9.1	Reduce no show/canceled appointment rate from 27% to 23% (15%)	07/01/2026	06/30/2027	Ivan Jara	Not Started	

Innovation / Champion: Kevin Bartel

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.1	Implement AI agents in Workday that streamline process to improve staff efficiency	07/01/2026	06/30/2027	Luke Schneider	Not Started	
2.4.2	Trial and implement AI ambient listening in the inpatient setting for nursing and hospitalists	07/01/2026	06/30/2027	Luke Schneider	Not Started	
2.4.3	Identify new strategies and tools related to scheduling, registration and billing to enhance the patient experience	07/01/2026	06/30/2027	Ivan Jara	Not Started	
2.4.4	Determine a strategy related to implementing a Healing at Home program	07/01/2026	06/30/2027		Not Started	This will be assigned to Max Heckhausen
2.4.5	Proactively Prepare and Respond to Reform Opportunities: Ambulatory Specialty Model, CJRx, Prenatal and Rural Health Transformation Program	07/01/2026	06/30/2027	Tom Boggs	Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.3.1	Launch new patient portal by 1/31/2027	07/01/2026	06/30/2027	Luke Schneider	Not Started	

Enhance Health Plan Programs / Champion: Sonia Duran-Aguilar

Tactics

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.1	Identify, develop and implement two new high-impact Care Management/Social Determinants of Health Programs	07/01/2026	06/30/2027	Sonia Duran-Aguilar	Not Started	
2.5.2	Formalize Street Medicine Program	07/01/2026	06/30/2027	Sonia Duran-Aguilar	Not Started	

Outcomes

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.1.1	Pilot a Community Health Worker Program in the Emergency Department	07/01/2026	06/30/2027	Sonia Duran-Aguilar	Not Started	
2.5.2.1	Identify reimbursement models for street medicine	07/01/2026	12/31/2026	Sonia Duran-Aguilar	Not Started	
2.5.2.2	Determine and implement street medicine infrastructure	07/01/2026	06/30/2027	Sonia Duran-Aguilar	Not Started	

Separator Page

IDEAL ENVIRNMENT

Ideal Environment

FY26 Strategic Plan Update

May 2026

kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.

Ideal Environment

Integrate Kaweah Care Culture

1.1.1 Continue development of the Kaweah Care Culture
1.1.2 Ensure competitive compensation and benefits
1.1.3 New leader selection and development

Growth in Nursing School Partnerships

1.3.1 Continue to build partnerships with local colleges and universities for nursing programs; expand into other educational programs beyond nursing for KH employees
1.3.2 Monitor the retention and graduation of KH employees in sponsored programs
1.3.3 Expand local high school volunteer opportunities at KH
1.3.4 Expand Kaweah Health University
1.3.5 Market Unitek program internally and externally to expand the pool of qualified candidates

Ideal Environment

Ideal Practice Environment

1.2.1 Improve physician and advanced practice provider retention and wellness
1.2.2 Develop leadership training curriculum for operational directors, division chiefs and medical staff service line directors
1.2.3 Develop a follow-up action plan from the physician survey results

Separator Page

PATIENT EXPERIENCE AND SATISFACTION UPDATE

Patient & Community Experience

Board of Directors
May 2026

kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.

Patient Experience Matters

Opportunities and insights to increase patient satisfaction.

Kaweah Health
April 2026

Survey Scores

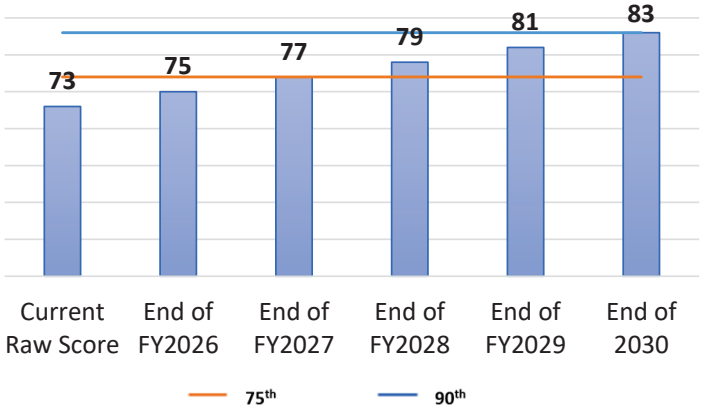
HCAHPS: 73.0
60th Percentile

Inpatient NPS: 60.9
31st Percentile

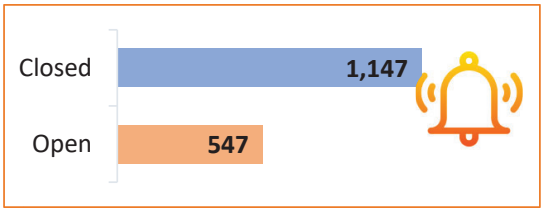
Rural Health Clinics NPS: 78.7
12th Percentile

Fiscal Year Data
July 2025 – March 2026

5 Year HCAHPS Goal



Service Alerts



Human Understanding – 75.6
12th Percentile

PRIORITY

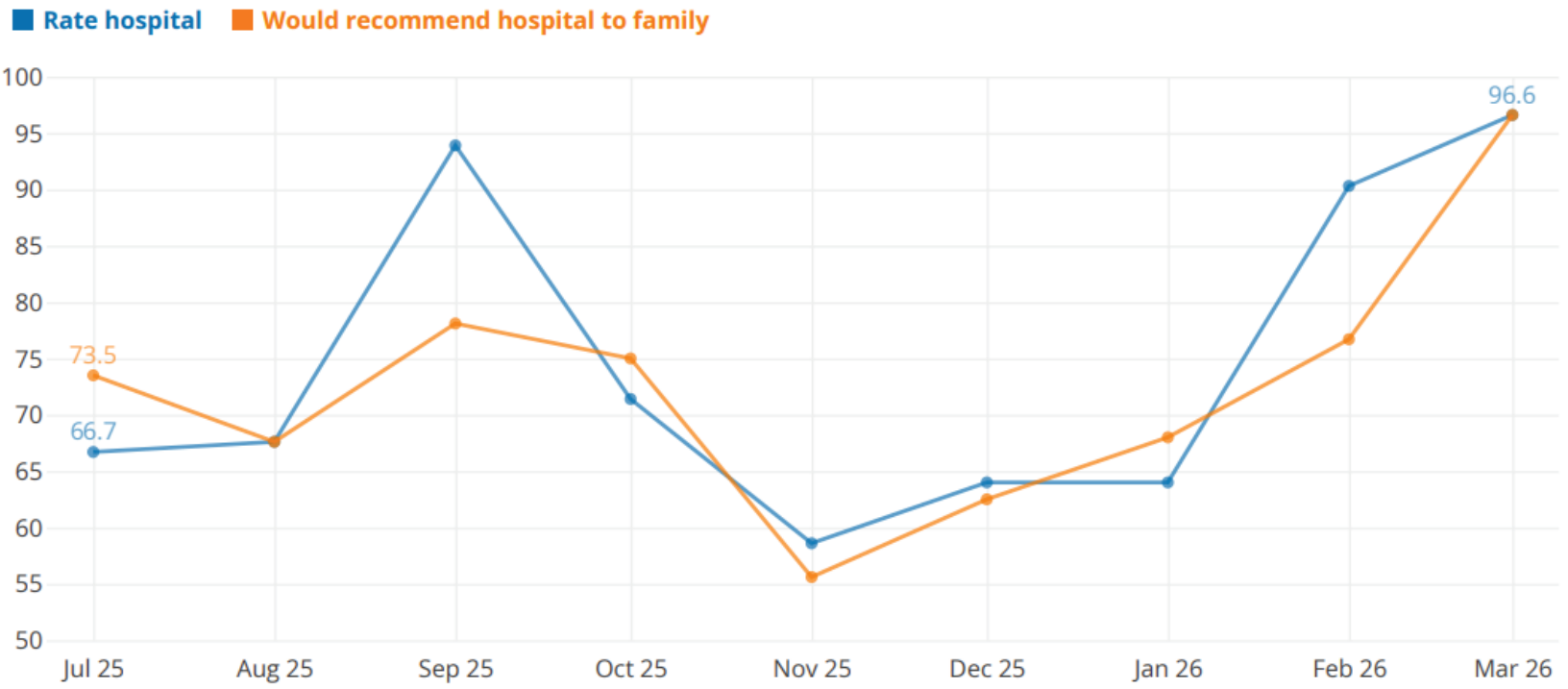
- **Trusting providers with care**
- **Spending enough time with patient**
- **Safety**
- **Providers explaining things understandably**
- **Providing consistent information**

April 2026

- **MIDAS** 54 Opened
- **PX Rounding** 305
- **ED Rounding** 244
- **Leader Rounding** 1,012

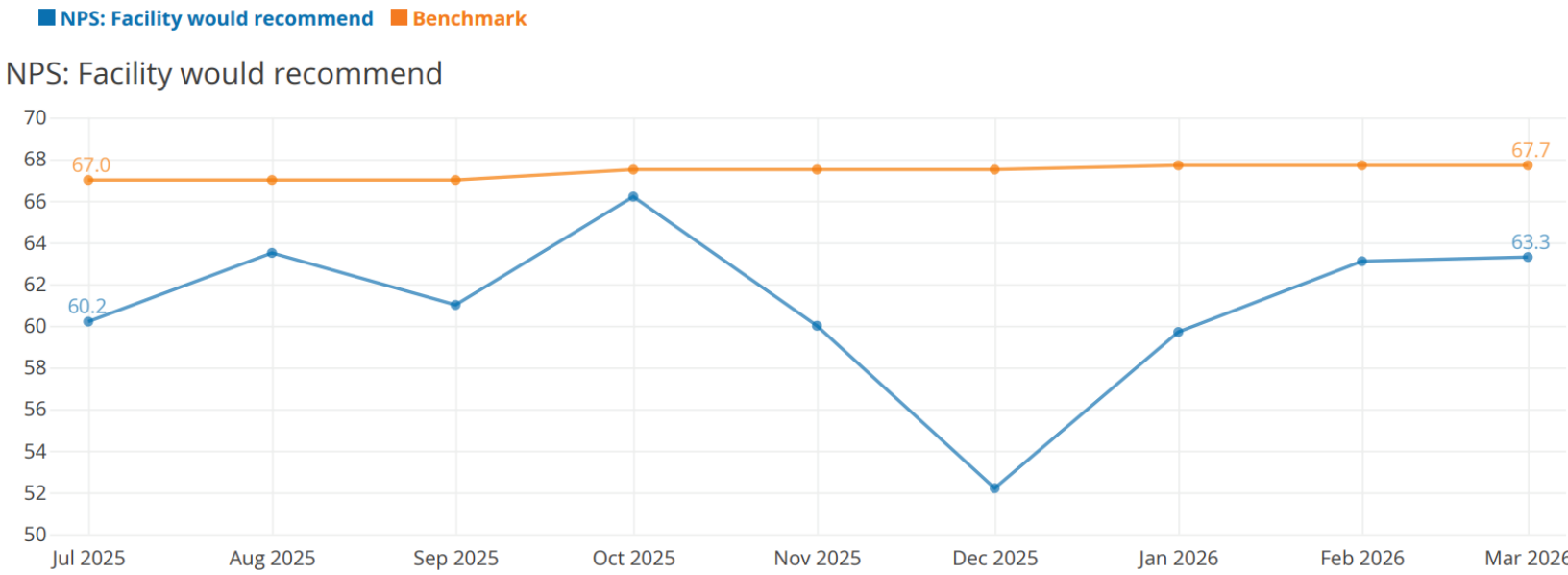
Kaweah Health
MORE THAN MEDICINE. LIFE.

HCAHPS Trend July 2025 – March 2026



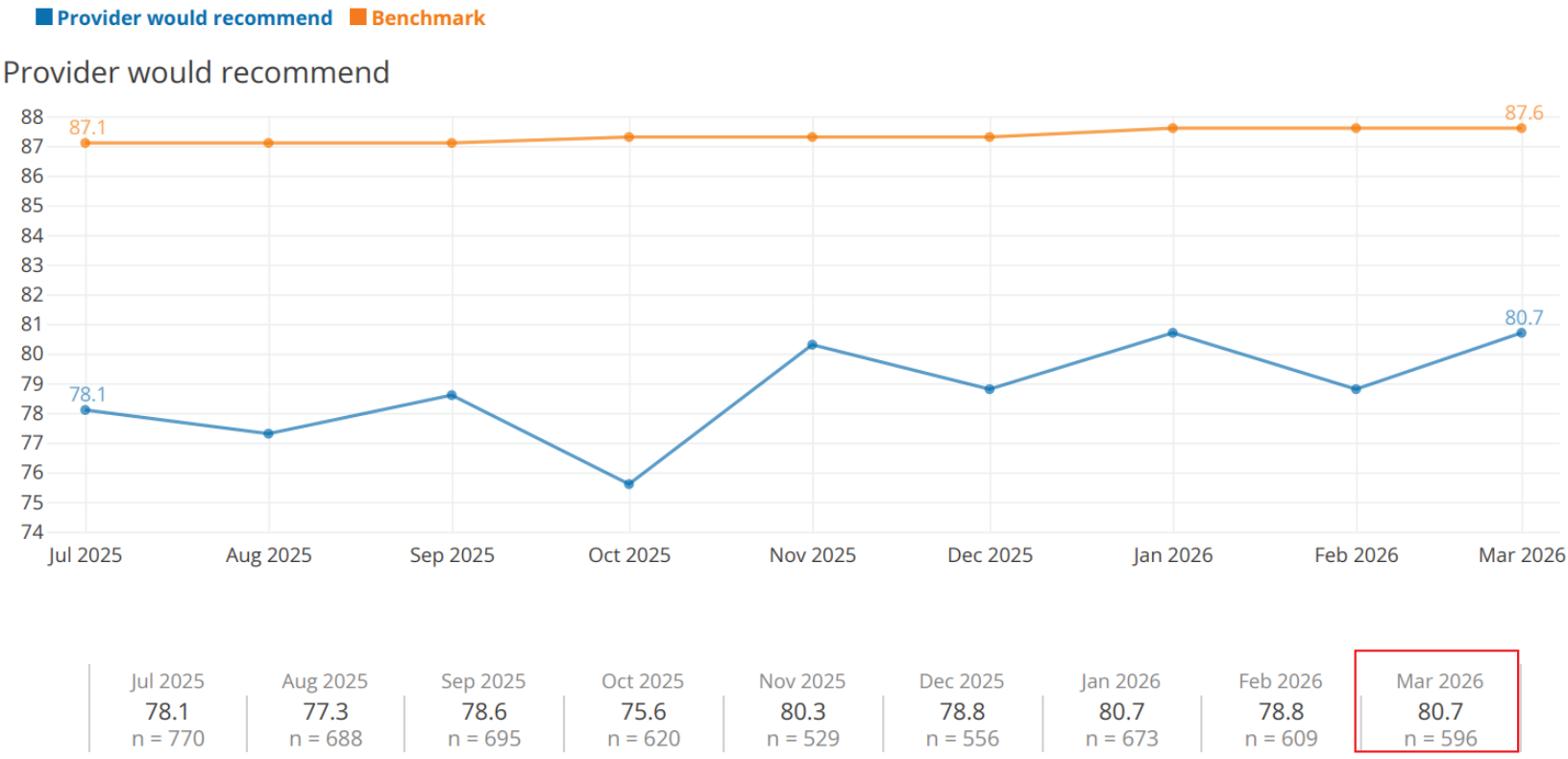
Question	Benchmark	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Rate hospital	71.7	66.7 n = 33	67.6 n = 34	93.9 n = 33	71.4 n = 28	58.6 n = 29	64.0 n = 25	64.0 n = 25	90.3 n = 31	96.6 n = 29
Would recommend hospital to family	73.2	73.5 n = 34	67.6 n = 34	78.1 n = 32	75.0 n = 28	55.6 n = 27	62.5 n = 24	68.0 n = 25	76.7 n = 30	96.6 n = 29

Inpatient



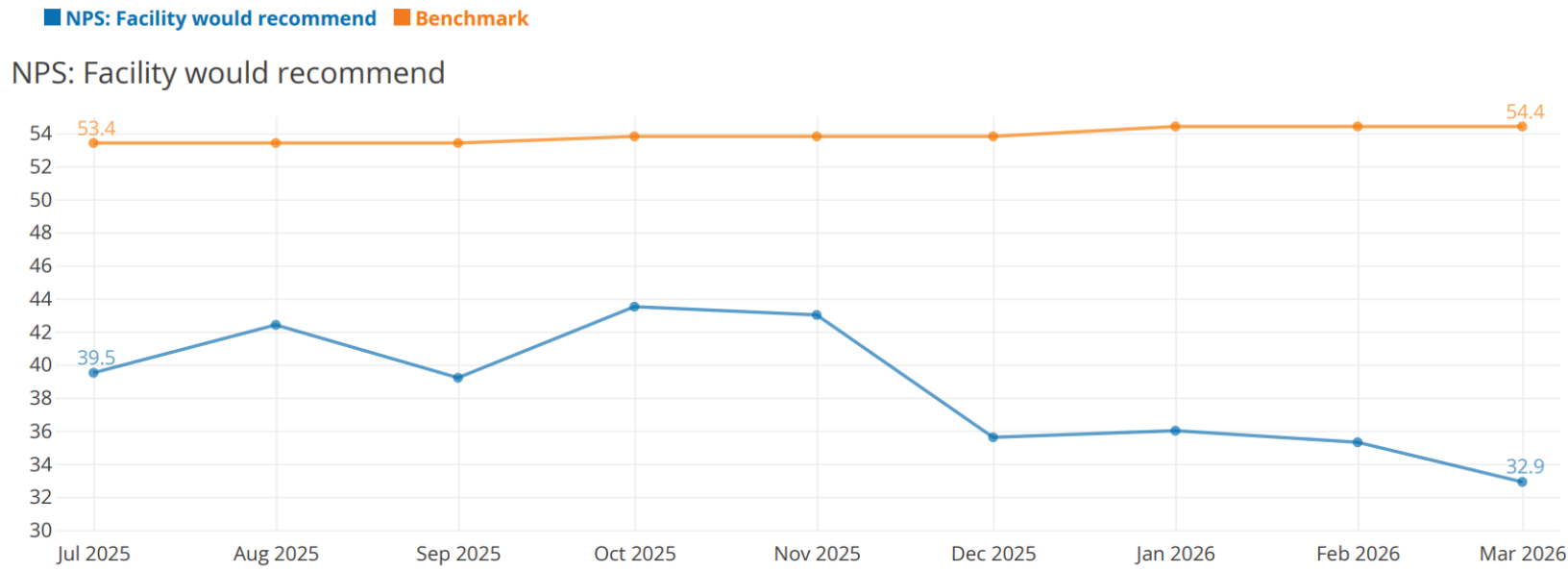
	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026
uld	60.2 n = 259	63.5 n = 211	61.0 n = 187	66.2 n = 198	60.0 n = 220	52.2 n = 230	59.7 n = 233	63.1 n = 198	63.3 n = 221

Rural Health Clinics



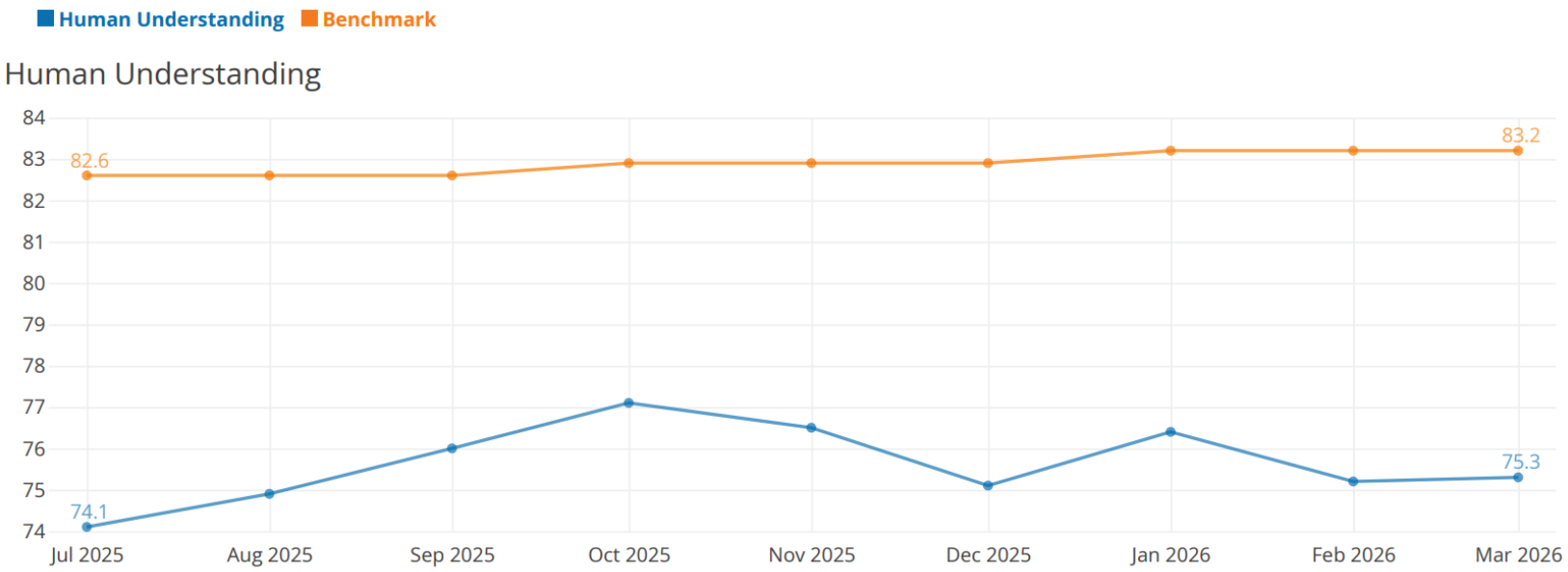
Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026
78.1	77.3	78.6	75.6	80.3	78.8	80.7	78.8	80.7
n = 770	n = 688	n = 695	n = 620	n = 529	n = 556	n = 673	n = 609	n = 596

Emergency Department



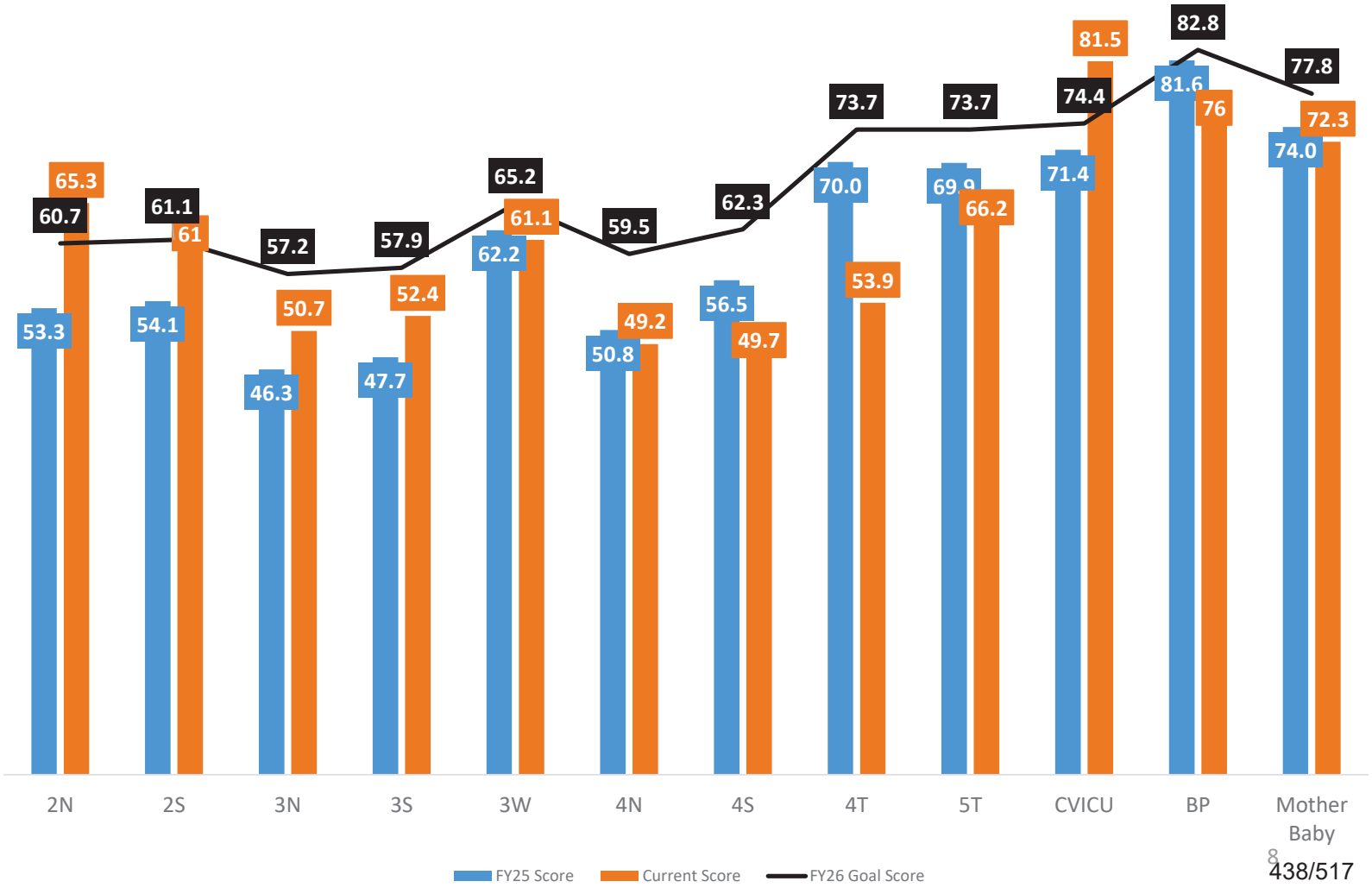
uld	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026
	39.5	42.4	39.2	43.5	43.0	35.6	36.0	35.3	32.9
	n = 845	n = 821	n = 793	n = 710	n = 698	n = 758	n = 801	n = 750	n = 832

Human Understanding: Organization

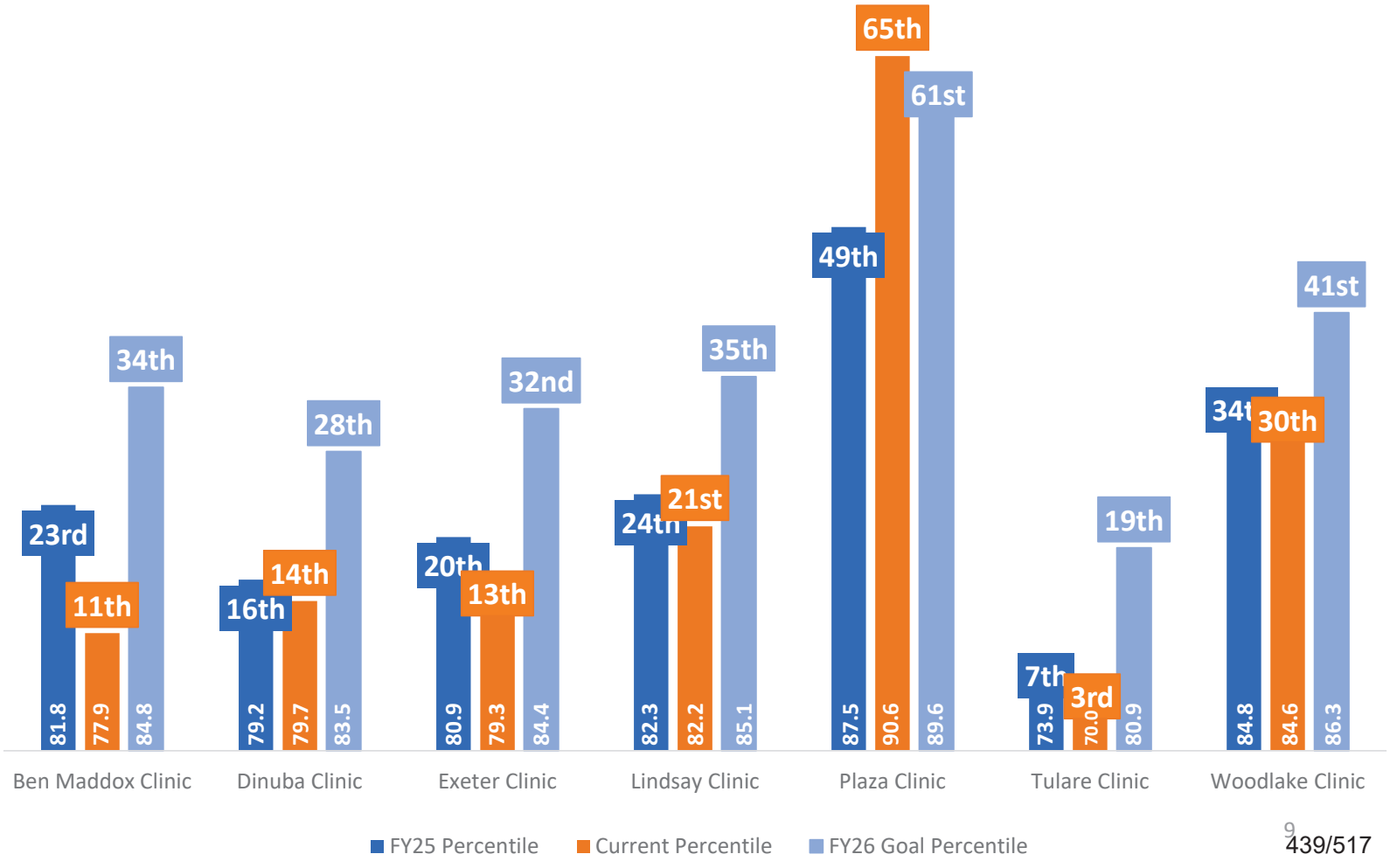


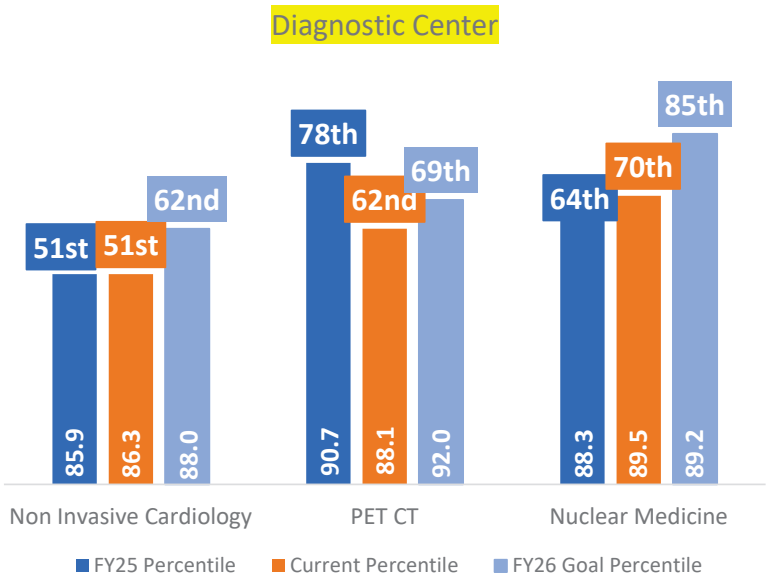
anding	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026
	74.1	74.9	76.0	77.1	76.5	75.1	76.4	75.2	75.3
	n = 3,593	n = 3,510	n = 3,836	n = 3,949	n = 3,380	n = 3,813	n = 4,188	n = 3,854	n = 4,205

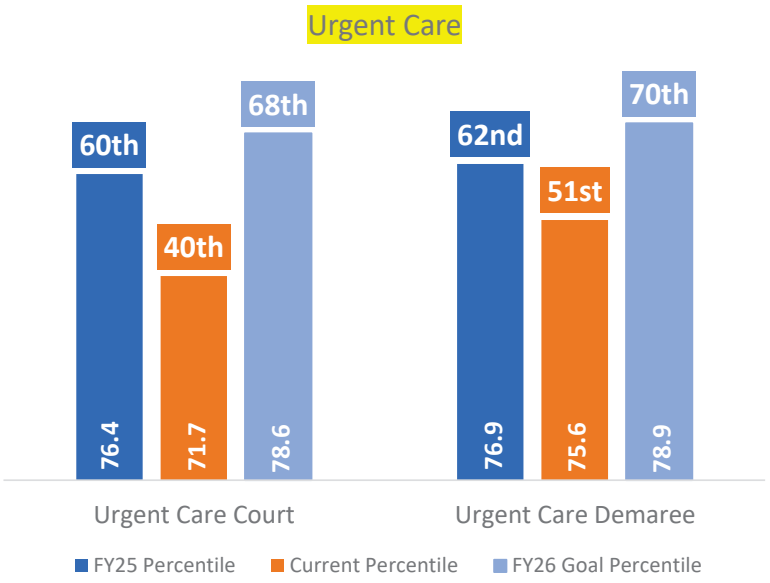
Inpatient Unit's Goal vs Current Score: July 2025 – March 2026

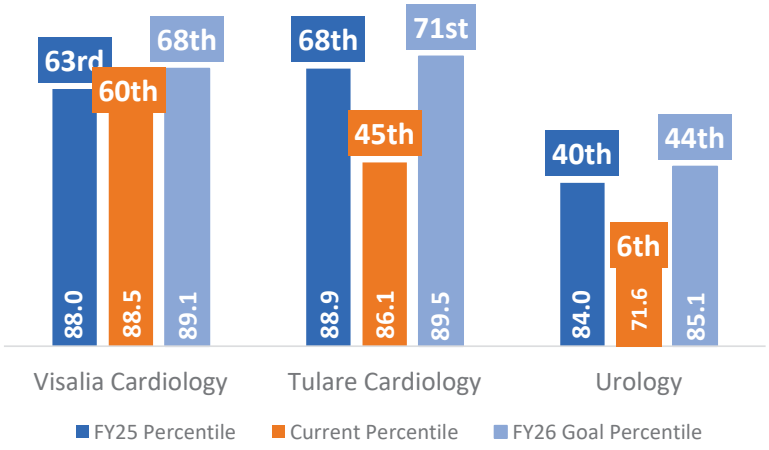


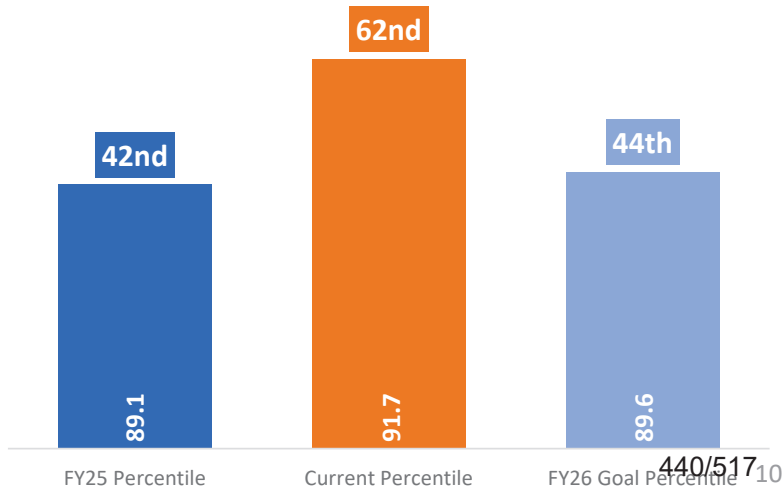
RHC Goal vs Current Score: July 2025 – March 2026

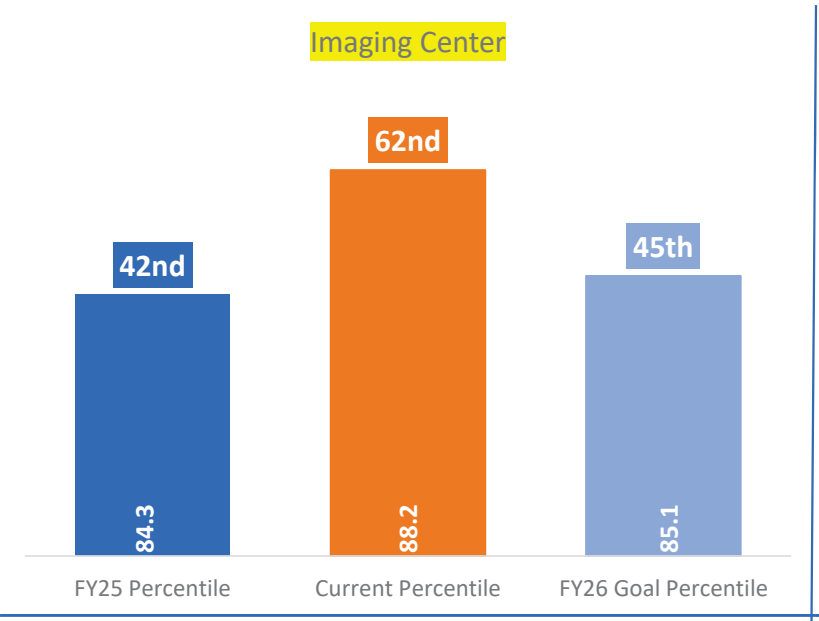


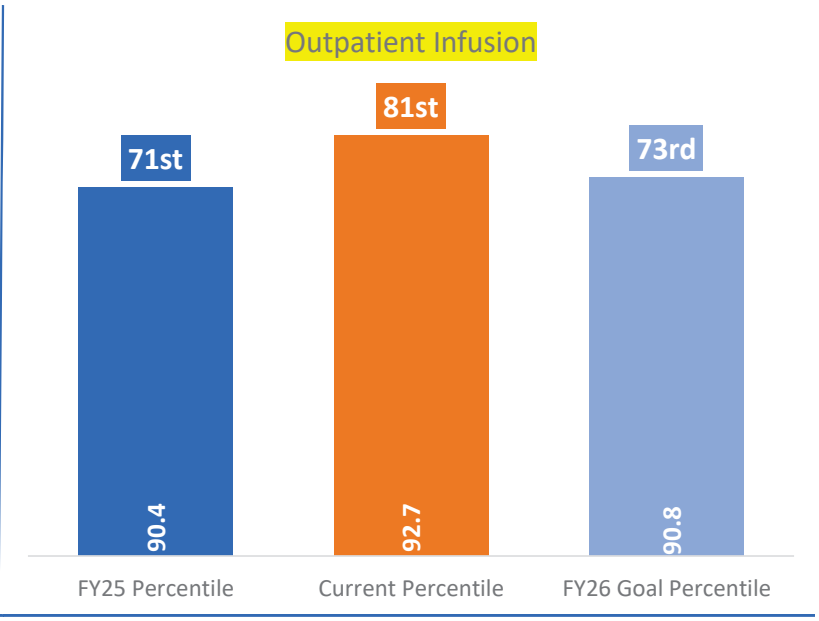

Diagnostic Center
51st
51st
62nd
78th
62nd
69th
64th
70th
85th
85.9
86.3
88.0
90.7
88.1
92.0
88.3
89.5
89.2
Non Invasive Cardiology
PET CT
Nuclear Medicine
FY25 Percentile
Current Percentile
FY26 Goal Percentile

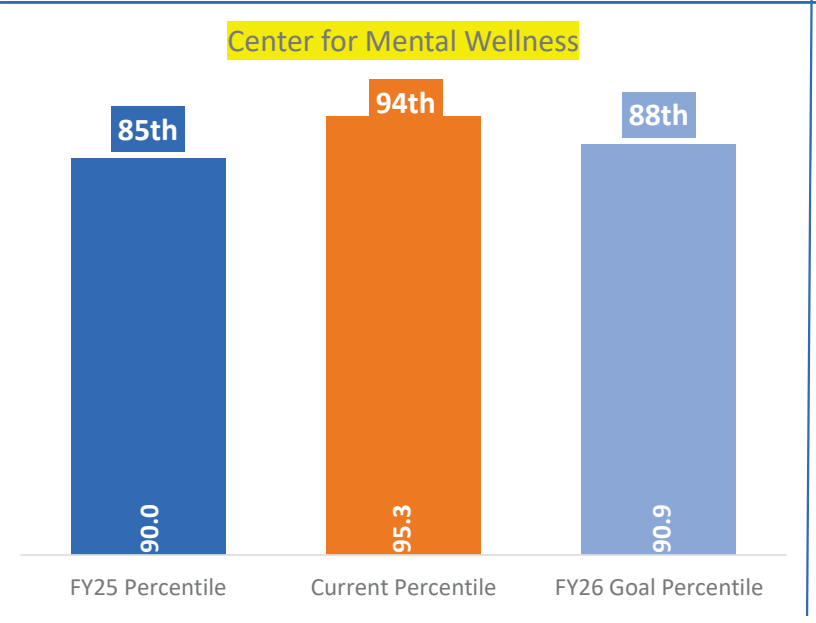

Urgent Care
60th
40th
68th
62nd
51st
70th
76.4
71.7
78.6
76.9
75.6
78.9
Urgent Care Court
Urgent Care Demaree
FY25 Percentile
Current Percentile
FY26 Goal Percentile

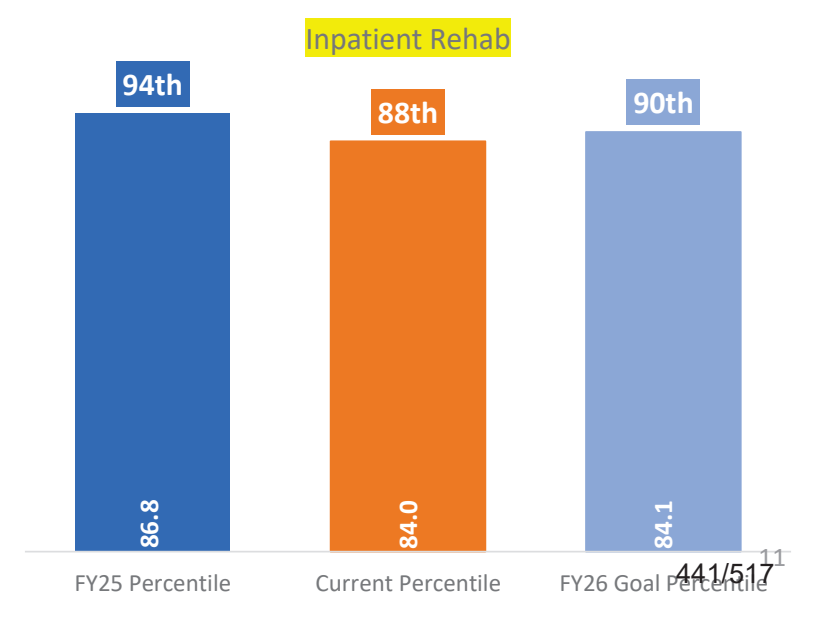

Specialty Clinics
63rd
60th
68th
68th
45th
71st
40th
6th
44th
88.0
88.5
89.1
88.9
86.1
89.5
84.0
71.6
85.1
Visalia Cardiology
Tulare Cardiology
Urology
FY25 Percentile
Current Percentile
FY26 Goal Percentile


Radiation Oncology
42nd
62nd
44th
89.1
91.7
89.6
FY25 Percentile
Current Percentile
FY26 Goal Percentile


Imaging Center
42nd
62nd
45th
84.3
88.2
85.1
FY25 Percentile
Current Percentile
FY26 Goal Percentile

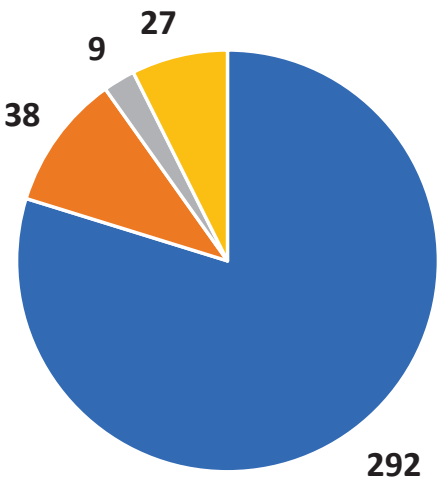

Outpatient Infusion
71st
81st
73rd
90.4
92.7
90.8
FY25 Percentile
Current Percentile
FY26 Goal Percentile


Center for Mental Wellness
85th
94th
88th
90.0
95.3
90.9
FY25 Percentile
Current Percentile
FY26 Goal Percentile


Inpatient Rehab
94th
88th
90th
86.8
84.0
84.1
FY25 Percentile
Current Percentile
FY26 Goal Percentile

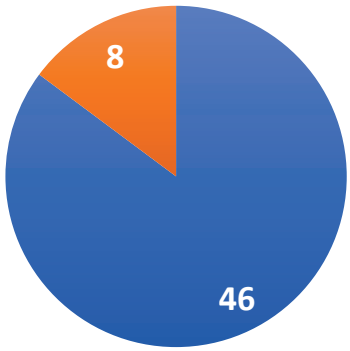
PX Rounding: April

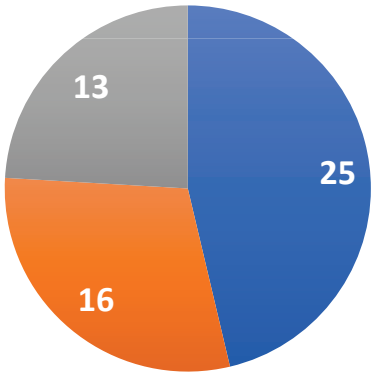
305 Rounds



MIDAS: April

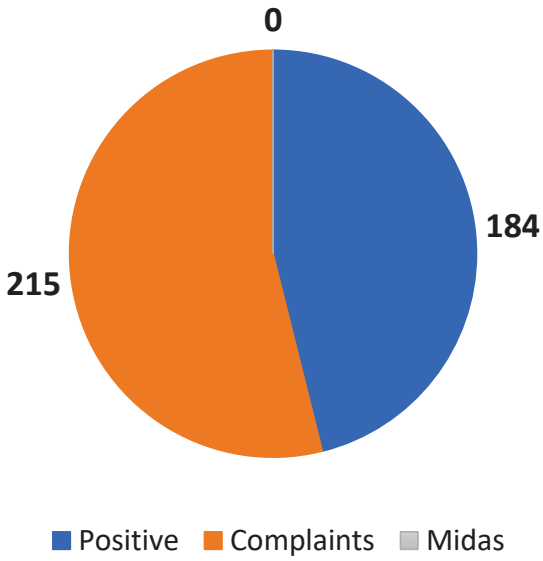
54 Opened



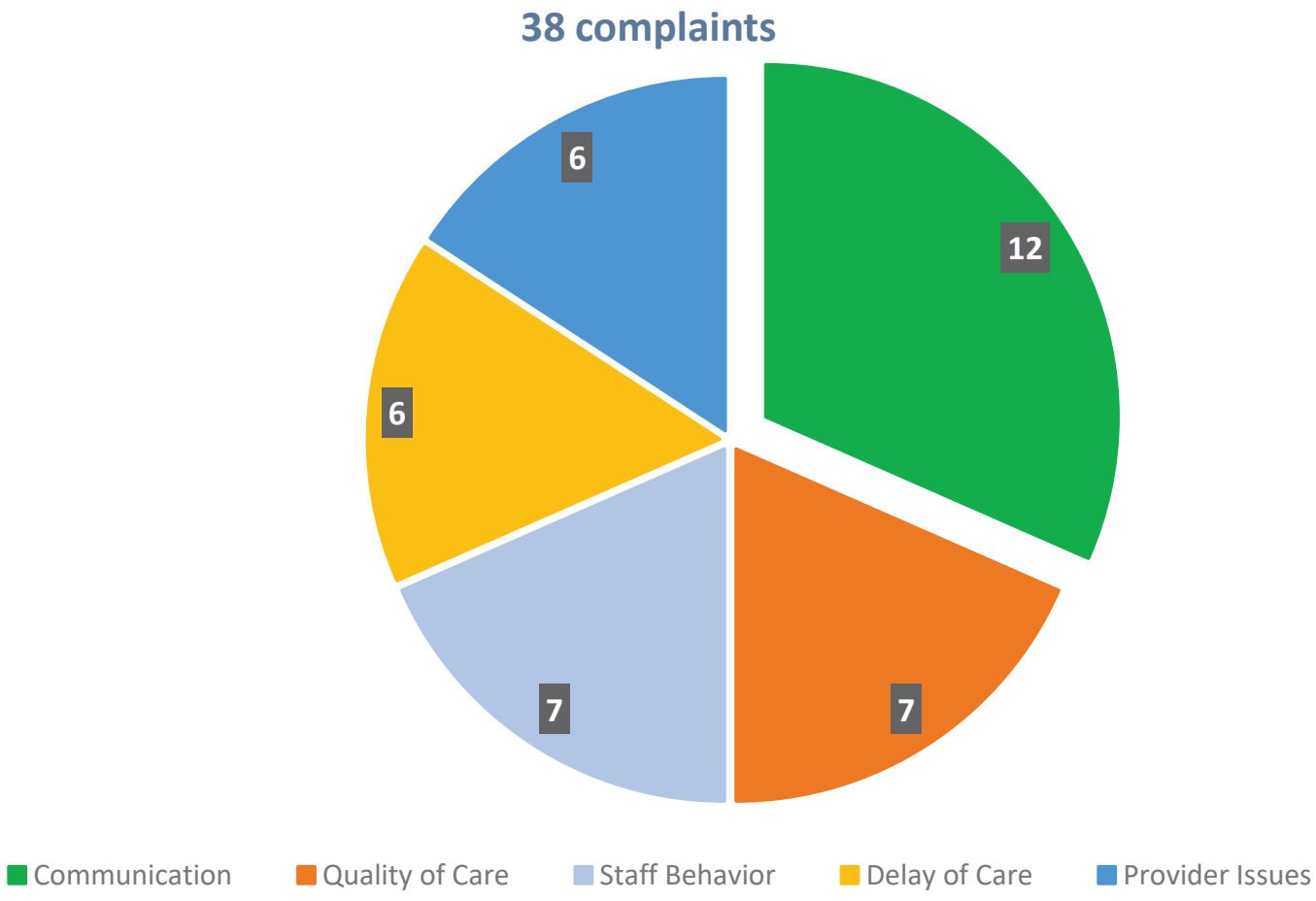


ED Rounding: April

244 Rounds

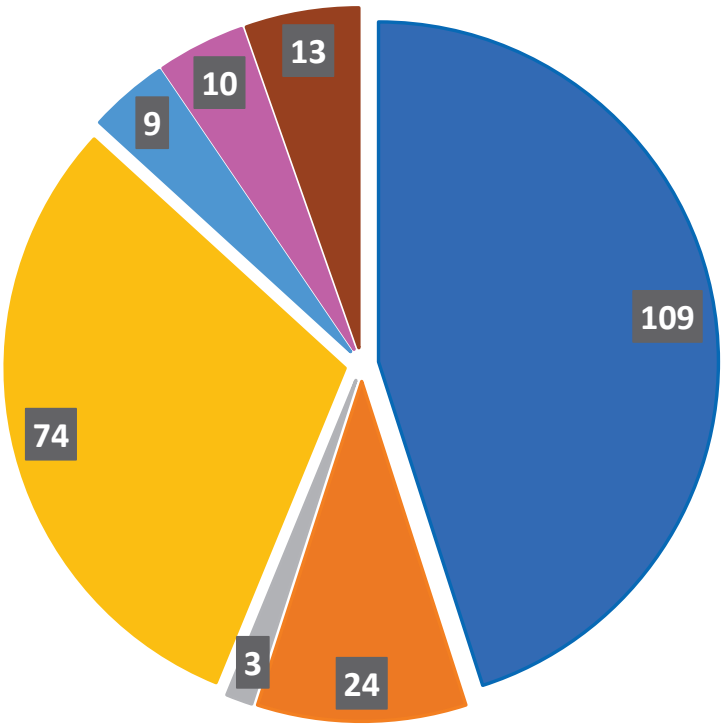


PX Patient Rounding Complaints Breakdown: April



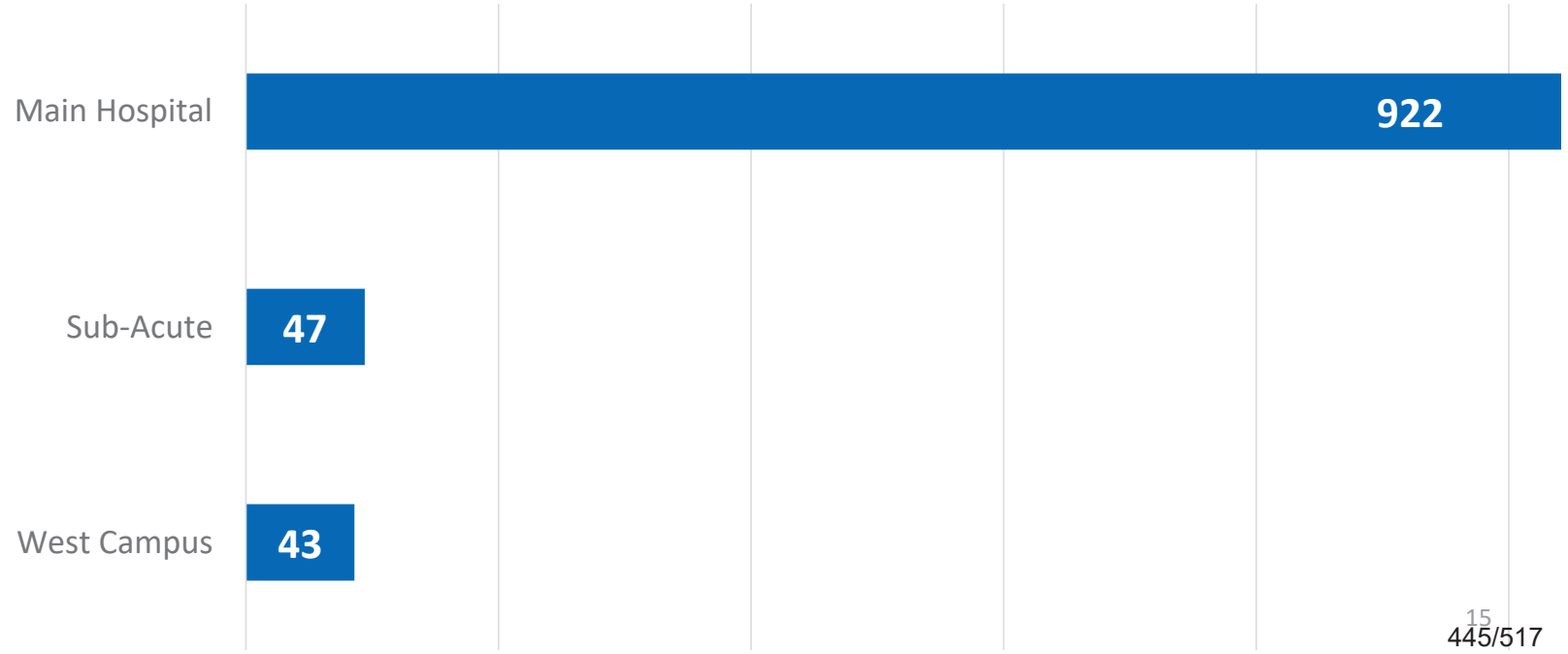
ED Patient Rounding Complaints Breakdown: April

215 Complaints



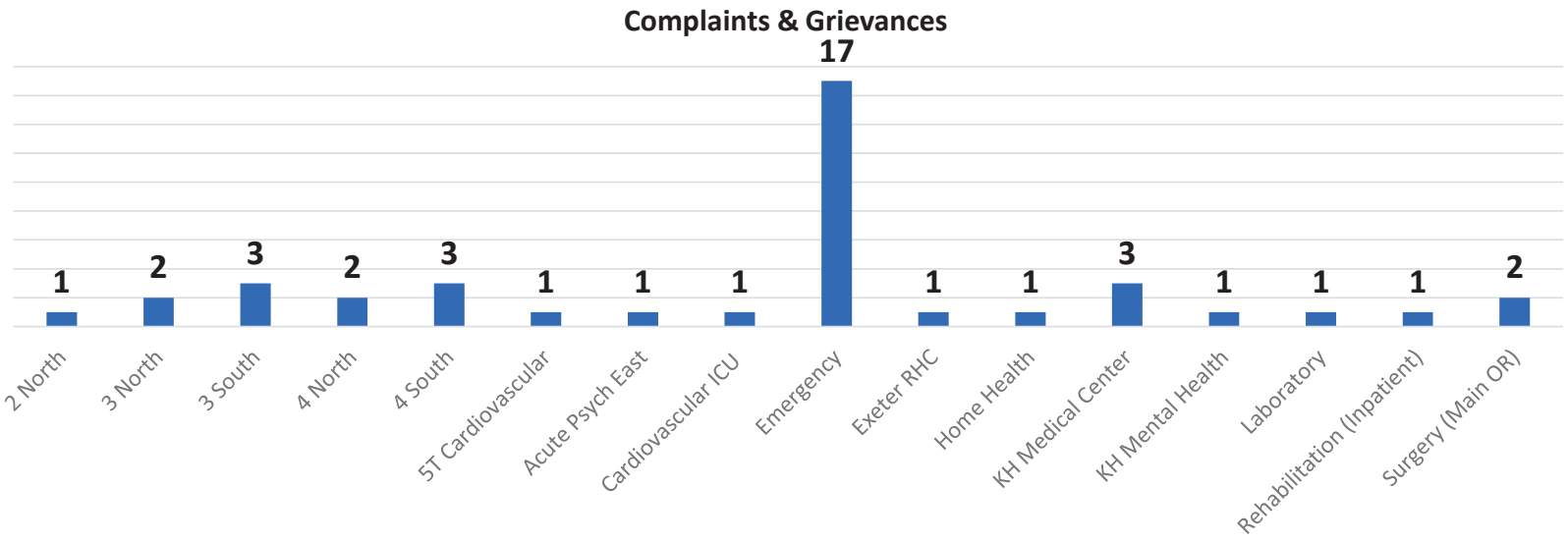
Admit to Hospital (Wait)
Communication/Care
Staff/Provider Behavior
Wait Times (Imaging/Results)
Call Light
Discharge Wait (Paperwork)
Lost Belongings Bag

Leader Rounds: April

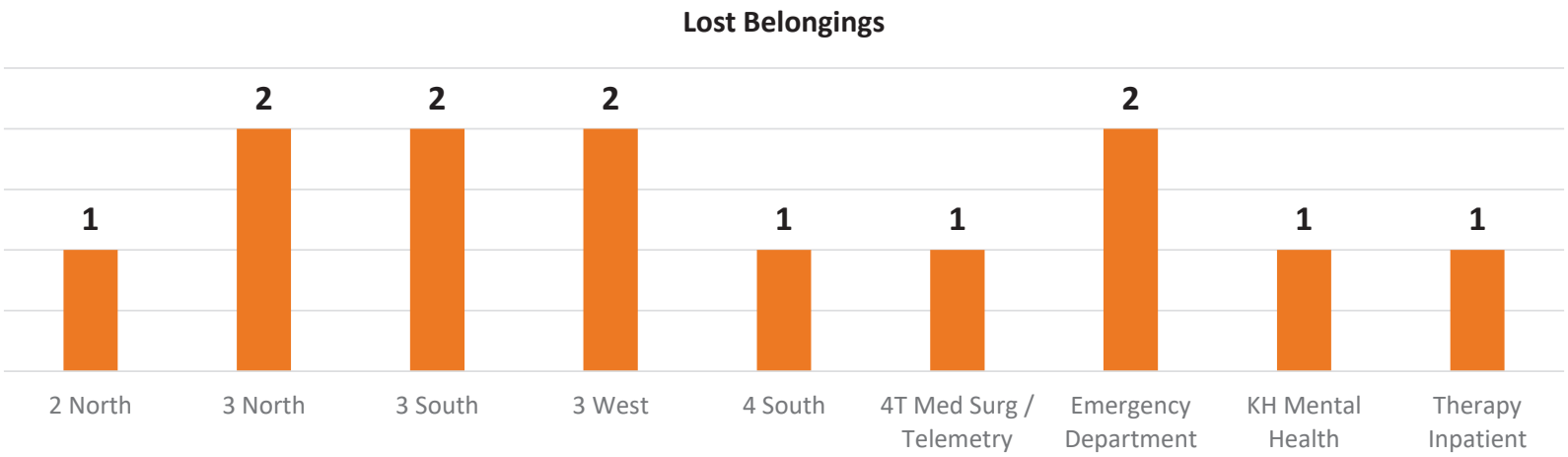


MIDAS: April

54 Opened

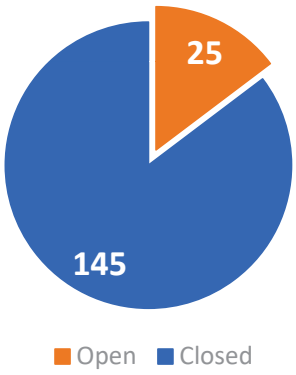


Lost Belongings: April



Lost Belongings

FY to Date: 170



448/517

Priorities

March Data

Question Friendly Text	Positive Score	Respondent n-size	Correlation Coefficient
Spent enough time with patient	36.6	962	0.69
Trust providers w/ care	54.6	1,900	0.69
Safety was priority	49.9	859	0.68
Care providers explain things	57.8	1,773	0.64
Received right treatment	57.5	844	0.64
Received consistent info	37.6	1,025	0.62
Informed of delays	30.1	848	0.58
Facility was clean	62.9	2,198	0.52
Care provider explain-if not better	64.4	1,027	0.51
Trust provider w/ care	67.6	825	0.49
Knew medical history	59.4	778	0.47
Nurses explained things understandably	57.2	299	0.44
Doctor seem to know medical	58.2	328	0.43

Executive Rounding - April

Executive Team Rounds = 9 executive rounds, 1 BOD round

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

Separator Page

FINANCIAL STEWARDSHIP

CFO Financial Report

Month Ending April 2026

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

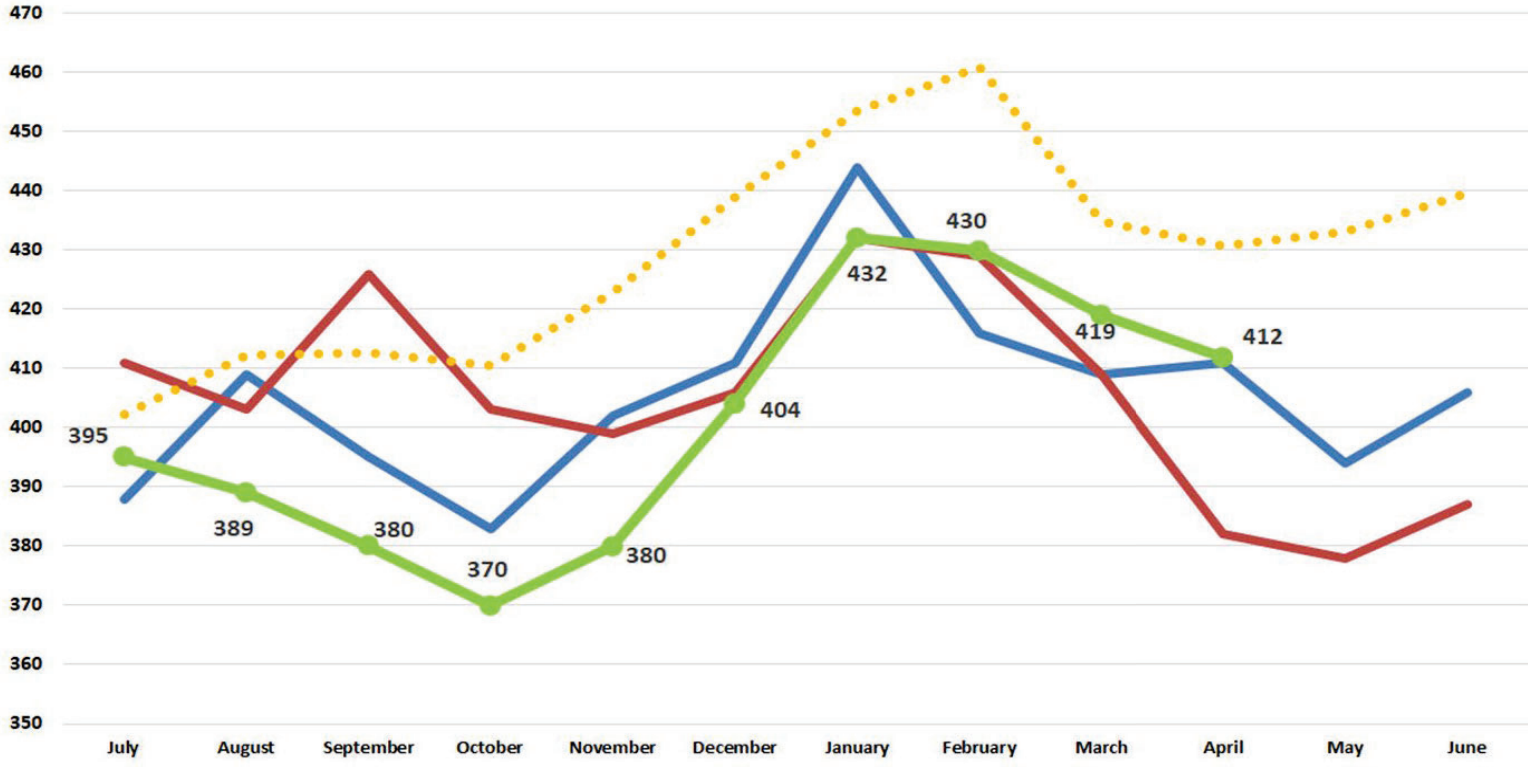
June 1st: Executive Team Review of budget with focus on FTEs, operating expenses capital and strategic options

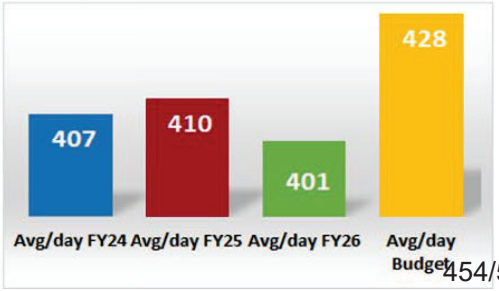
June 2nd : Special Board Meeting – presentation of preliminary budget

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

June 24th: Final Presentation to the Board of Directors

Average Daily Census



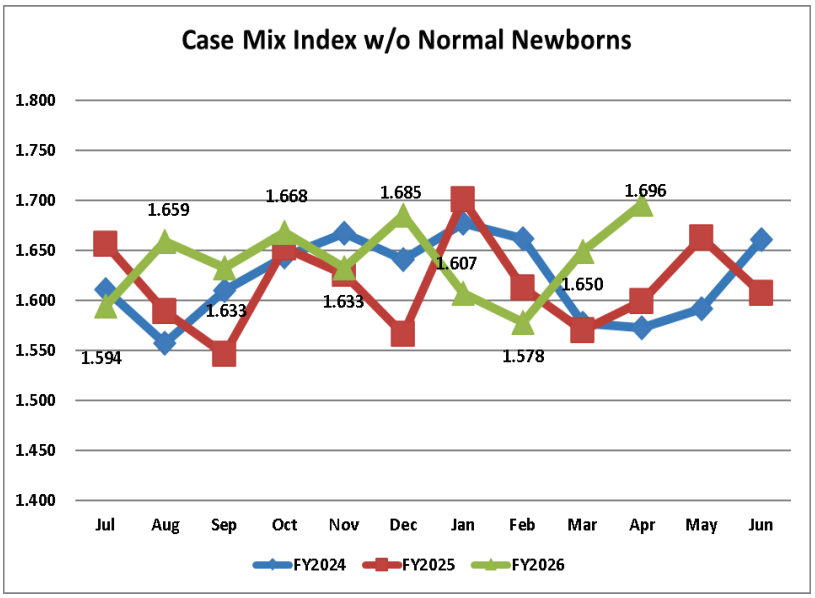


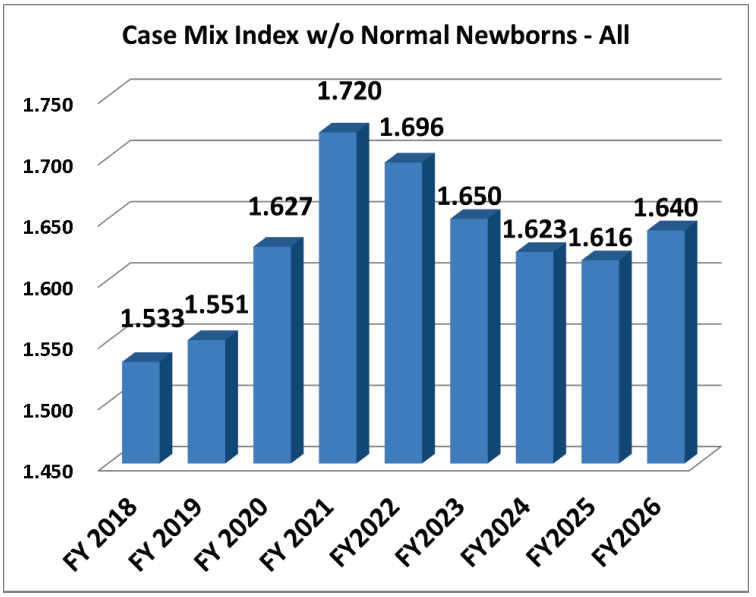
Statistical Results – Fiscal Year Comparison (Apr)

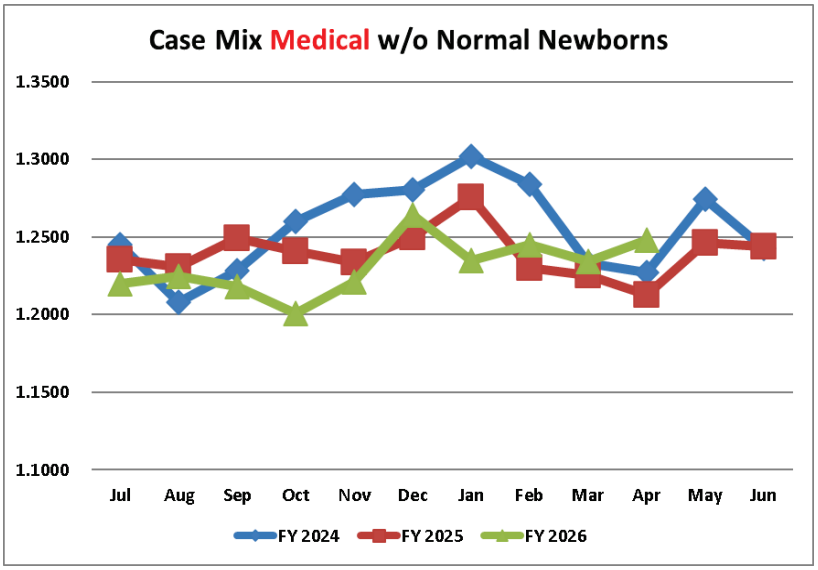
	Actual Results			Budget	Budget Variance	
	Apr 2025	Apr 2026	% Change	Apr 2026	Change	% Change
Average Daily Census	**382**	**412**	**8.0%**	**431**	**(18)**	**(4.2%)**
KDHCD Patient Days:						
Medical Center	7,613	8,205	7.8%	8,265	(60)	(0.7%)
Acute I/P Psych	1,306	1,374	5.2%	1,740	(366)	(21.0%)
Sub-Acute	822	916	11.4%	900	16	1.8%
Rehab	580	871	50.2%	657	214	32.6%
TCS-Ortho (Short Stay Rehab)	351	320	(8.8%)	381	(61)	(16.0%)
NICU	372	336	(9.7%)	423	(87)	(20.6%)
Nursery	425	350	(17.6%)	554	(204)	(36.8%)
Total KDHCD Patient Days	**11,469**	**12,372**	**7.9%**	**12,920**	**(548)**	**(4.2%)**
Total Outpatient Volume	**65,070**	**64,020**	**(1.6%)**	**68,462**	**(4,442)**	**(6.5%)**

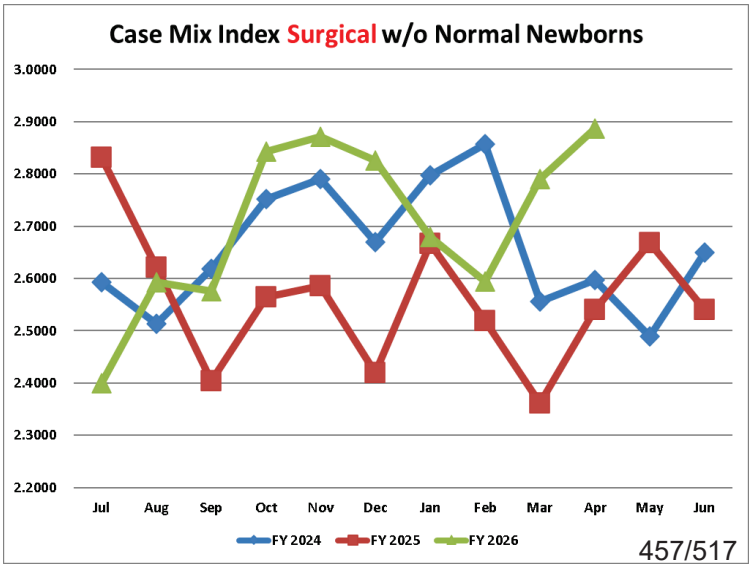
Statistical Results – Fiscal Year Comparison (Jul-Apr)

	Actual Results			Budget	Budget Variance	
	FYTD 2025	FYTD 2026	% Change	FYTD 2026	Change	% Change
Average Daily Census	**410**	**401**	**(2.2%)**	**428**	**(27)**	**(6.3%)**
KDHCD Patient Days:						
Medical Center	85,487	80,345	(6.0%)	86,280	(5,935)	(6.9%)
Acute I/P Psych	11,200	13,540	20.9%	15,433	(1,893)	(12.3%)
Sub-Acute	9,031	8,978	(0.6%)	9,132	(154)	(1.7%)
Rehab	6,188	7,089	14.6%	6,495	594	9.1%
TCS-Ortho (Short Stay Rehab)	3,604	4,100	13.8%	3,866	234	6.1%
NICU	3,986	3,703	(7.1%)	3,922	(219)	(5.6%)
Nursery	5,098	4,121	(19.2%)	4,883	(762)	(15.6%)
Total KDHCD Patient Days	**124,594**	**121,876**	**(2.2%)**	**130,011**	**(8,135)**	**(6.3%)**
Total Outpatient Volume	**608,244**	**627,589**	**3.2%**	**693,748**	**(66,159)**	**(9.5%)**

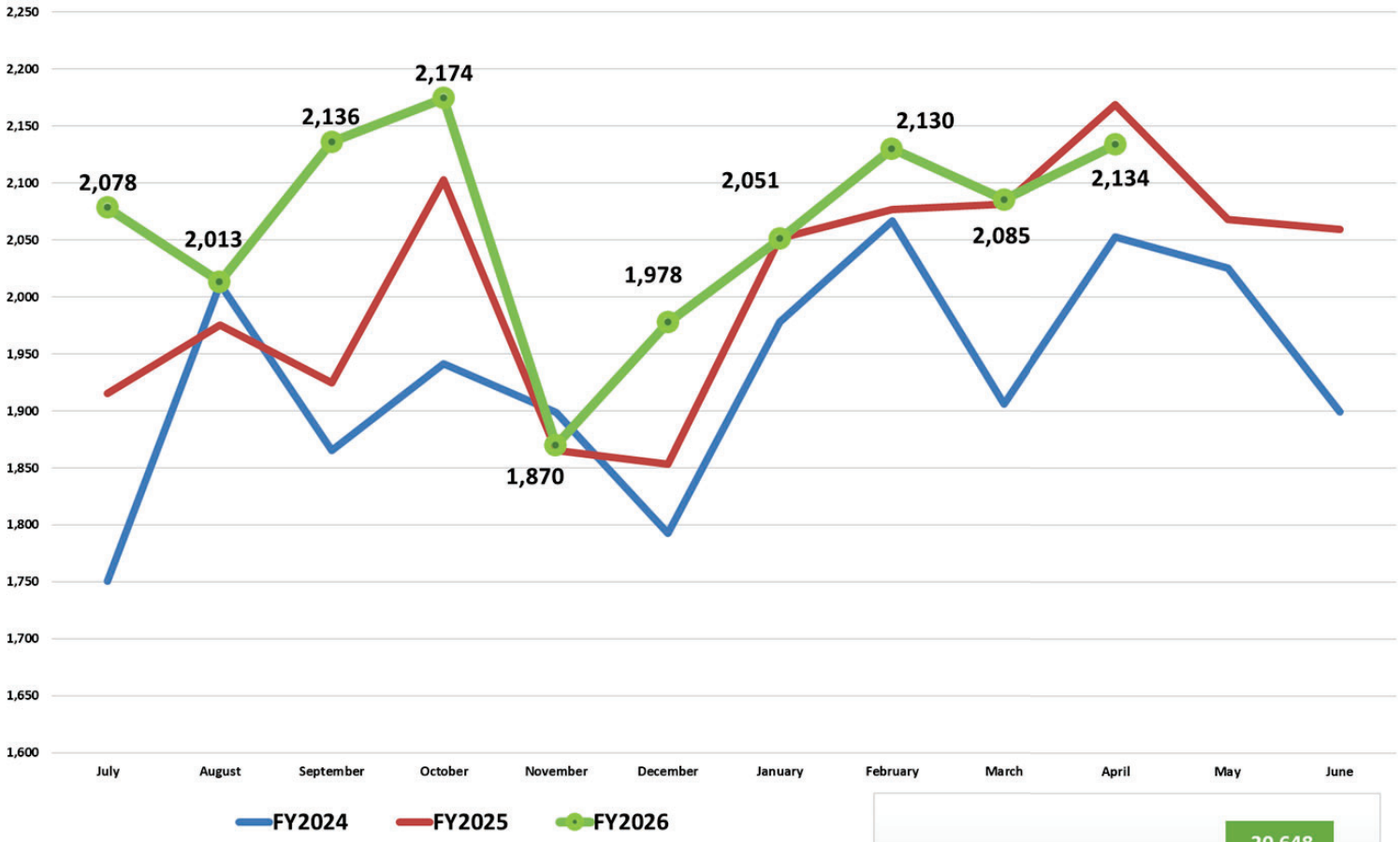

Case Mix Index w/o Normal Newborns
1.800
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.400
1.594
1.659
1.633
1.668
1.633
1.685
1.607
1.578
1.650
1.696
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY2024
FY2025
FY2026

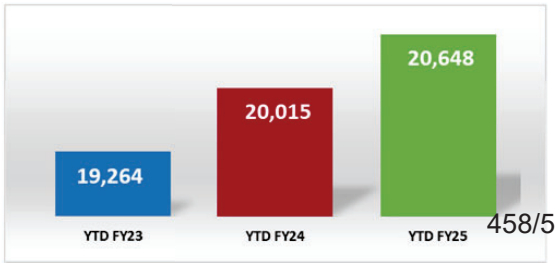

Case Mix Index w/o Normal Newborns - All
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.533
1.551
1.627
1.720
1.696
1.650
1.623
1.616
1.640
FY 2018
FY 2019
FY 2020
FY 2021
FY2022
FY2023
FY2024
FY2025
FY2026


Case Mix Medical w/o Normal Newborns
1.3500
1.3000
1.2500
1.2000
1.1500
1.1000
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2024
FY 2025
FY 2026

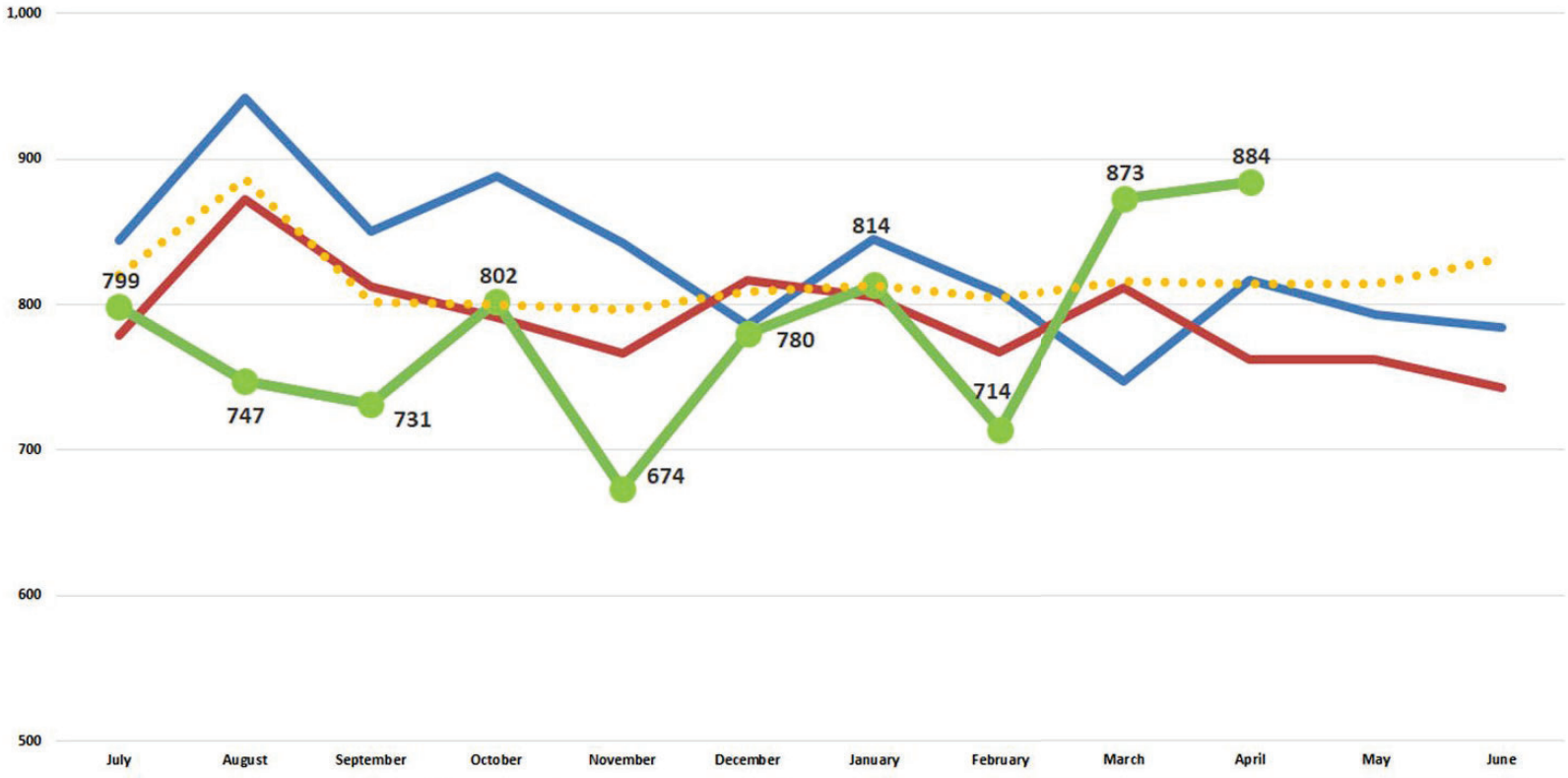

Case Mix Index Surgical w/o Normal Newborns
3.0000
2.9000
2.8000
2.7000
2.6000
2.5000
2.4000
2.3000
2.2000
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2024
FY 2025
FY 2026

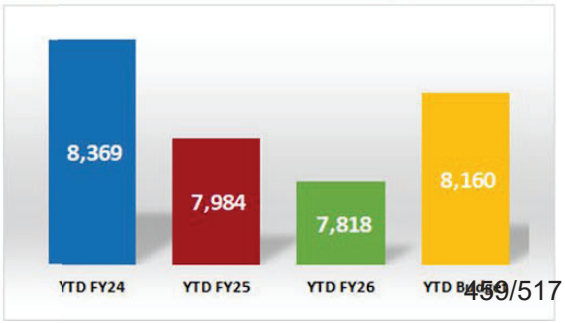
Outpatient Registrations Per Day



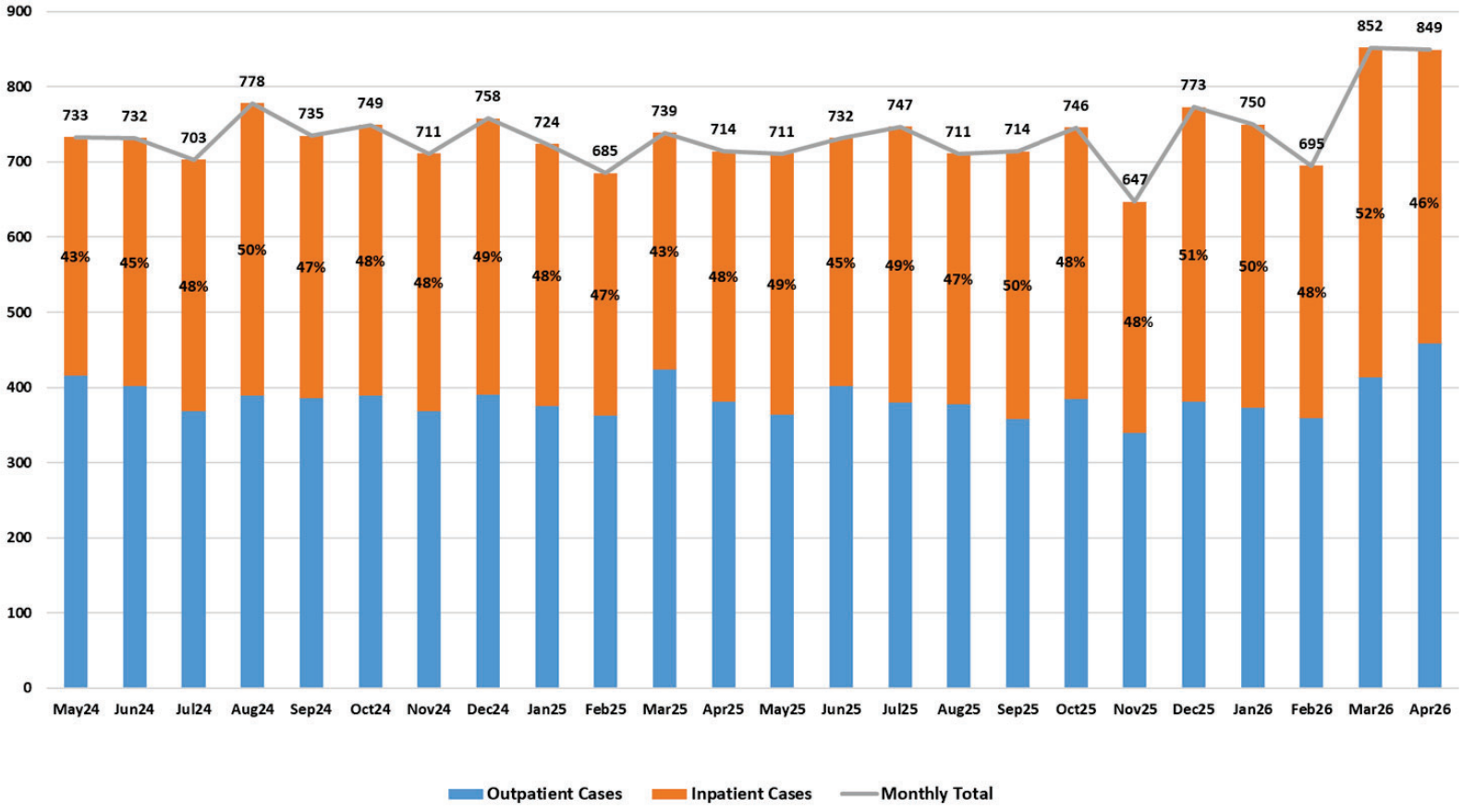


Surgery (IP & OP) – 100 Min Units

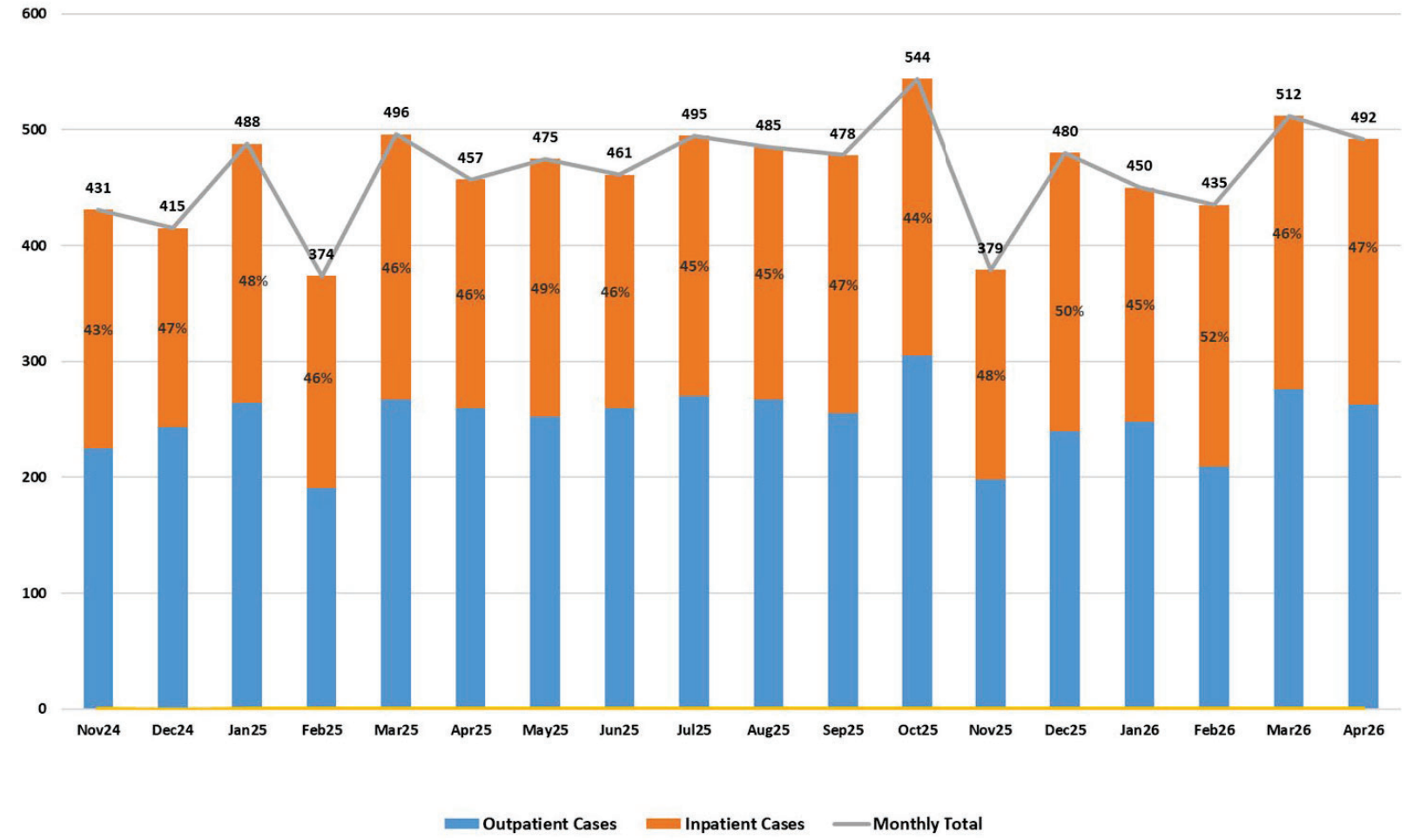




Surgery Cases (IP & OP)



Cath Lab Patients (IP & OP)



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

	Actual Results				Budget	Budget Variance	
	Apr 25	Apr 26	Change	% Change	Apr 26	Change	% Change
All O/P Rehab Svcs Across District	22,390	21,754	(636)	(2.8%)	21,695	59	0.3%
Physical & Other Therapy Units (I/P & O/P)	17,805	20,489	2,684	15.1%	19,788	701	3.5%
Radiology - CT - All Areas	5,124	5,572	448	8.7%	4,647	925	19.9%
Radiology - MRI - All Areas	880	919	39	4.4%	853	66	7.8%
Radiology - Ultrasound - All Areas	3,121	3,179	58	1.9%	3,040	139	4.6%
Radiology - Diagnostic Radiology	10,180	10,055	(125)	(1.2%)	9,719	336	3.5%
Radiology – Main Campus	16,059	16,077	18	0.1%	15,309	768	5.0%
Radiology - Ultrasound - Main Campus	2,419	2,158	(261)	(10.8%)	2,176	(18)	(0.8%)
West Campus - Diagnostic Radiology	1,541	1,519	(22)	(1.4%)	1,167	352	30.2%
West Campus - CT Scan	553	672	119	21.5%	510	162	31.8%
West Campus - MRI	450	436	(14)	(3.1%)	410	26	6.3%
West Campus - Ultrasound	702	1,021	319	45.4%	864	157	18.2%
West Campus - Breast Center	1,545	2,242	697	45.1%	1,606	636	39.6%
Med Onc Visalia Treatments	1,182	1,853	671	56.8%	1,250	603	48.2%
Rad Onc Visalia Treatments	1,314	2,487	1,173	89.3%	1,657	830	50.1%
Rad Onc Hanford Treatments	188	221	33	17.6%	224	(3)	(1.3%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Apr 25	YTD Apr 26	Change	% Change	YTD Apr 26	Change	% Change
All O/P Rehab Svcs Across District	206,909	201,293	(5,616)	(2.7%)	210,682	(9,389)	(4.5%)
Physical & Other Therapy Units (I/P & O/P)	184,363	192,241	7,878	4.3%	198,099	(5,858)	(3.0%)
Radiology - CT - All Areas	46,893	52,266	5,373	11.5%	45,648	6,618	14.5%
Radiology - MRI - All Areas	8,691	9,182	491	5.6%	8,722	460	5.3%
Radiology - Ultrasound - All Areas	30,304	30,624	320	1.1%	30,140	484	1.6%
Radiology - Diagnostic Radiology	96,835	96,938	103	0.1%	97,872	(934)	(1.0%)
Radiology – Main Campus	154,825	156,874	2,049	1.3%	153,058	3,816	2.5%
Radiology - Ultrasound - Main Campus	23,693	21,912	(1,781)	(7.5%)	21,510	402	1.9%
West Campus - Diagnostic Radiology	12,099	13,359	1,260	10.4%	11,592	1,767	15.2%
West Campus - CT Scan	5,020	5,862	842	16.8%	4,877	985	20.2%
West Campus - MRI	4,168	4,203	35	0.8%	4,224	(21)	(0.5%)
West Campus - Ultrasound	6,611	8,712	2,101	31.8%	8,630	82	1.0%
West Campus - Breast Center	16,325	17,865	1,540	9.4%	16,507	1,358	8.2%
Med Onc Visalia Treatments	10,777	16,463	5,686	52.8%	11,334	5,129	45.3%
Rad Onc Visalia Treatments	13,766	17,980	4,214	30.6%	14,445	3,535	24.5%
Rad Onc Hanford Treatments	2,296	2,369	73	3.2%	2,407	(38)	(1.6%)

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

	Actual Results				Budget	Budget Variance	
	Apr 25	Apr 26	Change	% Change	Apr 26	Change	% Change
Rural Health Clinics Registrations	14,340	12,286	(2,054)	(14.3%)	13,682	(1,396)	(10.2%)
RHC Exeter - Registrations	6,667	5,824	(843)	(12.6%)	6,573	(749)	(11.4%)
RHC Lindsay - Registrations	1,958	1,771	(187)	(9.6%)	2,270	(499)	(22.0%)
RHC Woodlake - Registrations	1,343	679	(664)	(49.4%)	637	42	6.6%
RHC Woodlake Valencia - Registrations	0	749	749	0.0%	1,300	(551)	(42.4%)
RHC Dinuba - Registrations	1,679	1,323	(356)	(21.2%)	1,675	(352)	(21.0%)
RHC Tulare - Registrations	2,693	1,940	(753)	(28.0%)	2,527	(587)	(23.2%)
Urgent Care – Court Total Visits	2,705	2,305	(400)	(14.8%)	3,000	(695)	(23.2%)
Urgent Care – Demaree Total Visits	1,617	1,987	370	22.9%	1,950	37	1.9%
KH Medical Clinic - Ben Maddox Visits	899	723	(176)	(19.6%)	-	723	0.0%
KH Medical Clinic - Plaza Visits	261	316	55	21.1%	345	(29)	(8.4%)
KH Willow Specialty Clinic	0	0	0	0.0%	509	(509)	(100.0%)
KH Cardiology Center Visalia Registrations	1,636	2,240	604	36.9%	1,651	589	35.7%
KH Mental Wellness Clinic Visits	347	348	1	0.3%	390	(42)	(10.8%)
Urology Clinic Visits	290	346	56	19.3%	913	(567)	(62.1%)
Therapy-Wound Care Svcs Encounters	264	301	37	14.0%	347	(46)	(13.3%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Apr 25	YTD Apr 26	Change	% Change	YTD Apr 26	Change	% Change
Rural Health Clinics Registrations	136,092	123,197	(12,895)	(9.5%)	138,063	(14,866)	(10.8%)
RHC Exeter - Registrations	64,671	58,568	(6,103)	(9.4%)	67,208	(8,640)	(12.9%)
RHC Lindsay - Registrations	18,666	17,132	(1,534)	(8.2%)	21,010	(3,878)	(18.5%)
RHC Woodlake - Registrations	13,385	5,892	(7,493)	(56.0%)	6,742	(850)	(12.6%)
RHC Woodlake Valencia - Registrations	0	6,246	6,246	0.0%	9,298	(3,052)	(32.8%)
RHC Dinuba - Registrations	15,373	14,327	(1,046)	(6.8%)	17,250	(2,923)	(16.9%)
RHC Tulare - Registrations	23,997	21,032	(2,965)	(12.4%)	25,853	(4,821)	(18.6%)
Urgent Care – Court Total Visits	25,320	25,432	112	0.4%	29,600	(4,168)	(14.1%)
Urgent Care – Demaree Total Visits	15,563	19,985	4,422	28.4%	20,250	(265)	(1.3%)
KH Medical Clinic - Ben Maddox Visits	8,230	9,235	1,005	12.2%	5,500	3,735	67.9%
KH Medical Clinic - Plaza Visits	2,648	2,419	(229)	(8.6%)	2,912	(493)	(16.9%)
KH Willow Specialty Clinic	0	3,258	3,258	0.0%	4,703	(1,445)	(30.7%)
KH Cardiology Center Visalia Registrations	15,442	15,665	223	1.4%	16,232	(567)	(3.5%)
KH Mental Wellness Clinic Visits	2,948	3,070	122	4.1%	3,800	(730)	(19.2%)
Urology Clinic Visits	3,052	2,165	(887)	(29.1%)	5,027	(2,862)	(56.9%)
Therapy-Wound Care Svcs Encounters	2,034	3,297	1,263	62.1%	3,519	(222)	(6.3%)

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

	Actual Results				Budget	Budget Variance	
	Apr 25	Apr 26	Change	% Change	Apr 26	Change	% Change
ED - Avg Treated Per Day	272	277	5	1.9%	282	(5)	(1.7%)
Surgery (IP & OP) – 100 Min Units	762	884	121	15.9%	814	70	8.6%
Endoscopy Procedures	632	487	(145)	(22.9%)	506	(19)	(3.8%)
Cath Lab (IP & OP) - 100 Min Units	399	355	(44)	(11.0%)	358	(3)	(0.8%)
Cardiac Surgery Cases	38	32	(6)	(15.8%)	26	6	22.3%
Deliveries	328	279	(49)	(14.9%)	433	(154)	(35.6%)
Clinical Lab	256,753	249,904	(6,849)	(2.7%)	273,440	(23,536)	(8.6%)
Reference Lab	7,632	6,717	(915)	(12.0%)	7,311	(594)	(8.1%)
Dialysis Center - Visalia Visits	1,467	1,255	(212)	(14.5%)	1,550	(295)	(19.0%)
Infusion Center - Units of Service	435	553	118	27.1%	829	(276)	(33.3%)
Hospice Days	3,712	3,661	(51)	(1.4%)	4,039	(378)	(9.4%)
Home Health Visits	2,911	2,760	(151)	(5.2%)	3,062	(302)	(9.9%)
Home Infusion Days	23,954	22,478	(1,476)	(6.2%)	22,660	(182)	(0.8%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Apr 25	YTD Apr 26	Change	% Change	YTD Apr 26	Change	% Change
ED - Avg Treated Per Day	262	275	13	5.1%	278	(3)	(0.9%)
Surgery (IP & OP) – 100 Min Units	7,984	7,818	(166)	(2.1%)	8,160	(342)	(4.2%)
Endoscopy Procedures	6,196	4,858	(1,338)	(21.6%)	5,214	(356)	(6.8%)
Cath Lab (IP & OP) - 100 Min Units	3,544	3,479	(65)	(1.8%)	3,611	(132)	(3.6%)
Cardiac Surgery Cases	282	286	4	1.4%	320	(34)	(10.5%)
Deliveries	4,039	3,152	(887)	(22.0%)	3,854	(702)	(18.2%)
Clinical Lab	2,511,036	2,622,363	111,327	4.4%	2,734,395	(112,032)	(4.1%)
Reference Lab	70,414	71,523	1,109	1.6%	68,794	2,729	4.0%
Dialysis Center - Visalia Visits	14,957	13,892	(1,065)	(7.1%)	15,136	(1,244)	(8.2%)
Infusion Center - Units of Service	4,214	5,894	1,680	39.9%	6,673	(779)	(11.7%)
Hospice Days	35,365	40,304	4,939	14.0%	40,660	(356)	(0.9%)
Home Health Visits	28,863	28,317	(546)	(1.9%)	30,446	(2,129)	(7.0%)
Home Infusion Days	220,448	235,658	15,210	6.9%	220,423	15,235	6.9%

April Financial Summary (000's) Budget Comparison

	Comparison to Budget - Month of April			
	Budget Apr-2026	Actual Apr-2026	$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	$57,404	$66,284	$8,880	13.4%
Other Operating Revenue	$22,079	$21,531	($548)	(2.5%)
Total Operating Revenue	**$79,483**	**$87,815**	**$8,332**	**9.5%**
Operating Expenses				
Employment Expenses	$42,431	$43,166	$735	1.7%
Other Expenses	$37,527	$45,030	$7,503	16.7%
Total Operating Expenses	**$79,958**	**$88,196**	**$8,238**	**9.3%**
Operating Margin	**($474)**	**($380)**	**$94**	
Nonoperating Revenue (Loss)	$863	$1,170	$307	
Excess Margin	**$389**	**$790**	**$400**	

April Financial Summary (000's) Prior Year Comparison

	Comparison to Prior Year - Month of April			
	Actual Apr-2025	Actual Apr-2026	$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	$55,188	$66,284	$11,096	16.7%
Other Operating Revenue	$20,234	$21,531	$1,297	6.0%
Total Operating Revenue	**$75,422**	**$87,815**	**$12,393**	**14.1%**
Operating Expenses				
Employment Expenses	$43,595	$43,166	($429)	(1.0%)
Other Expenses	$34,988	$45,030	$10,042	22.3%
Total Operating Expenses	**$78,583**	**$88,196**	**$9,612**	**10.9%**
Operating Margin	**($3,161)**	**($380)**	**$2,781**	
Nonoperating Revenue (Loss)	$1,114	$1,170	$56	
Excess Margin	**($2,047)**	**$790**	**$2,837**	

Year to Date Financial Summary (000's)

	Comparison to Budget - YTD April			
	Budget YTD Apr-2026	Actual YTD Apr-2026	$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	$573,543	$579,377	$5,834	1.0%
Other Operating Revenue	$218,872	$224,272	$5,400	2.4%
Total Operating Revenue	**$792,415**	**$803,649**	**$11,234**	**1.4%**
Operating Expenses				
Employment Expenses	$426,646	$433,561	$6,914	1.6%
Other Expenses	$372,686	$379,495	$6,809	1.8%
Total Operating Expenses	**$799,332**	**$813,055**	**$13,723**	**1.7%**
Operating Margin	**($6,917)**	**($9,406)**	**($2,489)**	
Nonoperating Revenue (Loss)	$8,749	$11,143	$2,394	
Excess Margin	**$1,832**	**$1,736**	**($95)**	

April Financial Comparison (000's)

	Comparison to Budget - Month of April				Comparison to Prior Year - Month of April			
	Budget Apr-2026	Actual Apr-2026	$ Change	% Change	Actual Apr-2025	Actual Apr-2026	$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	**$57,404**	**$66,284**	**$8,880**	**13.4%**	**$55,188**	**$66,284**	**$11,096**	**16.7%**
Supplemental Gov't Programs	$9,727	$8,579	($1,147)	-13.4%	$7,535	$8,579	$1,044	12.2%
Prime Program	$631	$631	($0)	0.0%	$792	$631	($161)	-25.6%
Premium Revenue	$7,415	$7,442	$27	0.4%	$7,322	$7,442	$121	1.6%
Other Revenue	$4,307	$4,879	$572	11.7%	$4,585	$4,879	$294	6.0%
Other Operating Revenue	$22,079	$21,531	($548)	-2.5%	$20,234	$21,531	$1,297	6.0%
Total Operating Revenue	**$79,483**	**$87,815**	**$8,332**	**9.5%**	**$75,422**	**$87,815**	**$12,393**	**14.1%**
Operating Expenses								
Salaries & Wages	$34,064	$33,826	($238)	-0.7%	$32,346	$33,826	$1,480	4.4%
Contract Labor	$1,189	$1,778	$589	33.1%	$3,319	$1,778	($1,541)	-86.7%
Employee Benefits	$7,178	$7,562	$384	5.1%	$7,930	$7,562	($368)	-4.9%
Total Employment Expenses	**$42,431**	**$43,166**	**$735**	**1.7%**	**$43,595**	**$43,166**	**($429)**	**-1.0%**
Medical & Other Supplies	$14,514	$17,067	$2,553	15.0%	$13,824	$17,067	$3,244	19.0%
Physician Fees	$7,584	$9,228	$1,644	17.8%	$7,731	$9,228	$1,497	16.2%
Purchased Services	$1,909	$2,297	$387	16.9%	$1,863	$2,297	$434	18.9%
Repairs & Maintenance	$2,462	$2,702	$240	8.9%	$2,249	$2,702	$453	16.8%
Utilities	$953	$757	($196)	-25.9%	$846	$757	($89)	-11.8%
Rents & Leases	$133	$202	$69	34.0%	$87	$202	$115	57.0%
Depreciation & Amortization	$3,502	$3,198	($304)	-9.5%	$3,487	$3,198	($289)	-9.0%
Interest Expense	$554	$587	$33	5.7%	$595	$587	($7)	-1.3%
Other Expense	$2,266	$3,588	$1,322	36.9%	$2,401	$3,588	$1,187	33.1%
Humana Cap Plan Expenses	$3,650	$5,404	$1,754	32.5%	$1,906	$5,404	$3,498	64.7%
Total Other Expenses	**$37,527**	**$45,030**	**$7,503**	**16.7%**	**$34,988**	**$45,030**	**$10,042**	**22.3%**
Total Operating Expenses	**$79,958**	**$88,196**	**$8,238**	**9.3%**	**$78,583**	**$88,196**	**$9,612**	**10.9%**
Operating Margin	**($474)**	**($380)**	**$94**		**($3,161)**	**($380)**	**$2,781**	
Nonoperating Revenue (Loss)	$863	$1,170	$307		$1,114	$1,170	$56	
Excess Margin	**$389**	**$790**	**$400**		**($2,047)**	**$790**	**$2,837**	

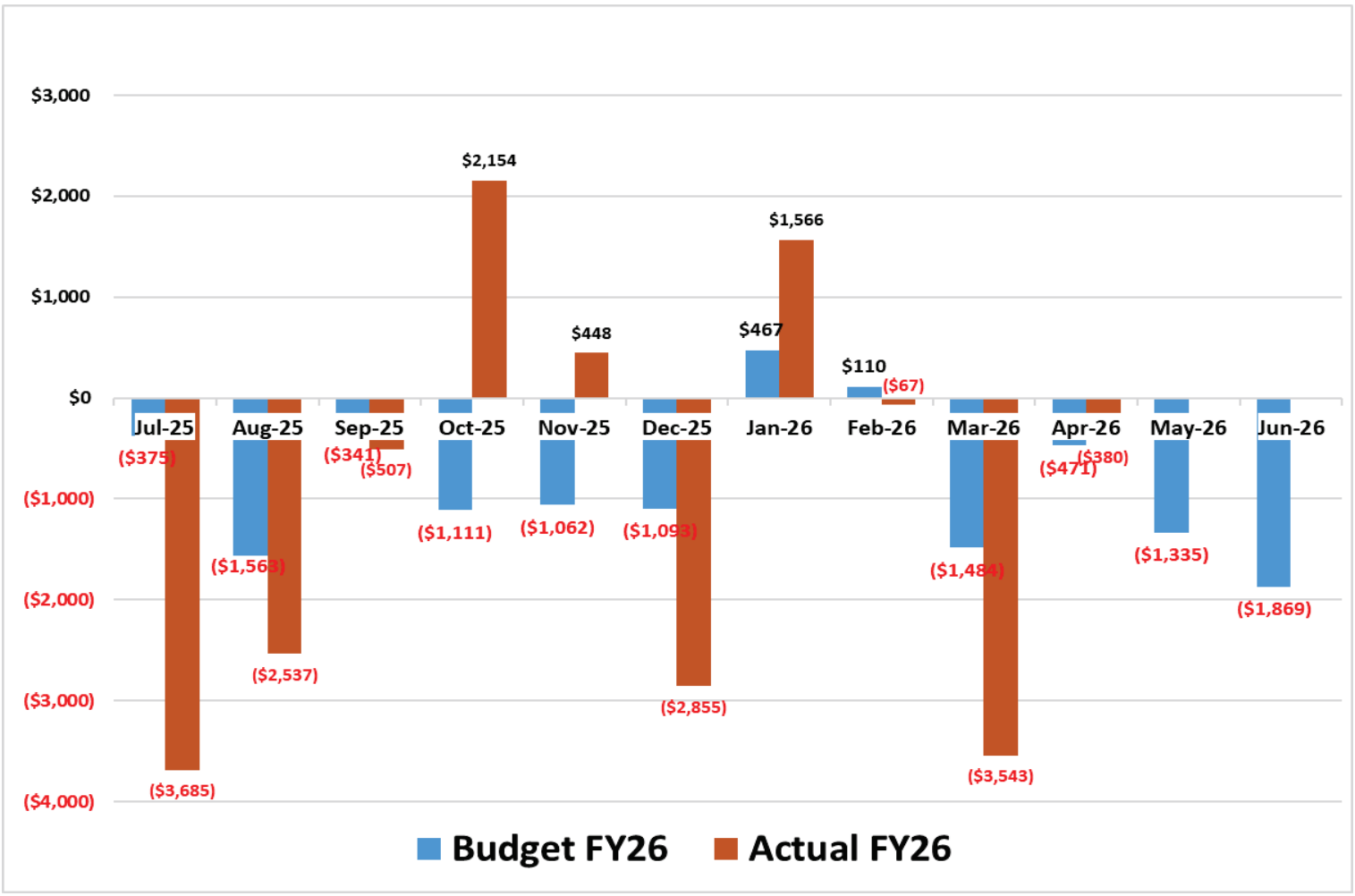
Year to Date: July through April Financial Comparison (000's)

	Budget YTD Apr-2026	Actual YTD Apr-2026	$ Change	% Change	Actual YTD Apr-2025	Actual YTD Apr-2026	$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	**$573,543**	**$579,377**	**$5,834**	**1.0%**	**$547,782**	**$579,377**	**$31,595**	**5.5%**
Supplemental Gov't Programs	$97,265	$94,750	($2,515)	-2.7%	$71,330	$94,750	$23,420	24.7%
Prime Program	$6,307	$6,307	($0)	0.0%	$12,678	$6,307	($6,371)	-101.0%
Premium Revenue	$72,032	$73,733	$1,701	2.3%	$70,911	$73,733	$2,821	3.8%
Other Revenue	$43,268	$49,482	$6,214	12.6%	$42,107	$49,482	$7,375	14.9%
Other Operating Revenue	$218,872	$224,272	$5,400	2.4%	$197,026	$224,272	$27,246	12.1%
Total Operating Revenue	**$792,415**	**$803,649**	**$11,234**	**1.4%**	**$744,808**	**$803,649**	**$58,841**	**7.3%**
Operating Expenses								
Salaries & Wages	$335,786	$338,106	$2,319	0.7%	$320,650	$338,106	$17,456	5.2%
Contract Labor	$18,547	$19,611	$1,064	5.4%	$18,811	$19,611	$800	4.1%
Employee Benefits	$72,314	$75,844	$3,531	4.7%	$65,810	$75,844	$10,035	13.2%
Total Employment Expenses	**$426,646**	**$433,561**	**$6,914**	**1.6%**	**$405,271**	**$433,561**	**$28,290**	**6.5%**
Medical & Other Supplies	$141,591	$148,431	$6,840	4.6%	$138,066	$148,431	$10,366	7.0%
Physician Fees	$75,450	$79,981	$4,531	5.7%	$73,370	$79,981	$6,611	8.3%
Purchased Services	$19,074	$19,925	$851	4.3%	$16,816	$19,925	$3,109	15.6%
Repairs & Maintenance	$24,942	$22,284	($2,659)	-11.9%	$21,630	$22,284	$654	2.9%
Utilities	$9,715	$8,856	($859)	-9.7%	$9,345	$8,856	($489)	-5.5%
Rents & Leases	$1,390	$1,592	$202	12.7%	$1,381	$1,592	$211	13.3%
Depreciation & Amortization	$35,034	$33,184	($1,850)	-5.6%	$32,323	$33,184	$861	2.6%
Interest Expense	$5,612	$5,822	$209	3.6%	$5,942	$5,822	($120)	-2.1%
Other Expense	$22,894	$22,549	($346)	-1.5%	$21,750	$22,549	$798	3.5%
Humana Cap Plan Expenses	$36,982	$36,871	($111)	-0.3%	$38,047	$36,871	($1,176)	-3.2%
Total Other Expenses	**$372,686**	**$379,495**	**$6,809**	**1.8%**	**$358,669**	**$379,495**	**$20,825**	**5.5%**
Total Operating Expenses	**$799,332**	**$813,055**	**$13,723**	**1.7%**	**$763,940**	**$813,055**	**$49,115**	**6.0%**
Operating Margin	**($6,917)**	**($9,406)**	**($2,489)**		**($19,132)**	**($9,406)**	**$9,726**	
Stimulus/FEMA	**$0**	**($0)**	**($0)**		**$48,412**	**($0)**	**($48,412)**	
Operating Margin after Stimulus/FEM	**($6,917)**	**($9,406)**	**($2,489)**		**$29,280**	**($9,406)**	**($38,686)**	
Nonoperating Revenue (Loss)	$8,749	$11,143	$2,394		$13,419	$11,143	($2,276)	
Excess Margin	**$1,832**	**$1,736**	**($95)**		**$42,698**	**$1,736**	**($40,962)**	

Month of April - Budget Variances

- **Net Patient Service Revenue:** The favorable budget variance of $8.9M is due to two out-of-period adjustments. In April we recorded a $2.9M increase due to amendments of our FY24 and FY25 Cost Reports, and an additional $3.6M related to our net revenue true up (October – February) that stemmed from the SRCC's Medical Oncology System (Centricity Cyber) attack last October.
- **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.
- **Contract Labor:** The unfavorable variance of $589K in April is primarily due to staffing needs in the Emergency Department.
- **Medical Supplies:** The $2.6M unfavorable variance is primarily related to the increase in the volume of Surgical and Cardiac Cath Lab procedures and pharmaceuticals.
- **Physician Fees:** The $1.6M negative variance is primarily due changes in our radiology contract effective in January. This includes the timing from the catch up of the professional radiology billing now being completed. A portion of this variance is offset by collections of these amounts which are now included in net patient revenue, which were formerly deducted from the physician fees.
- **Other Expense:** The $1.3M variance is primarily due to recording an increase to our actuarially calculated professional liability reserves.
- **Humana Cap Plan Expenses:** The $1.8M increase in April is due to increased payments to third parties for services provided to patients covered under our Medicare Managed Care Capitated Plan.

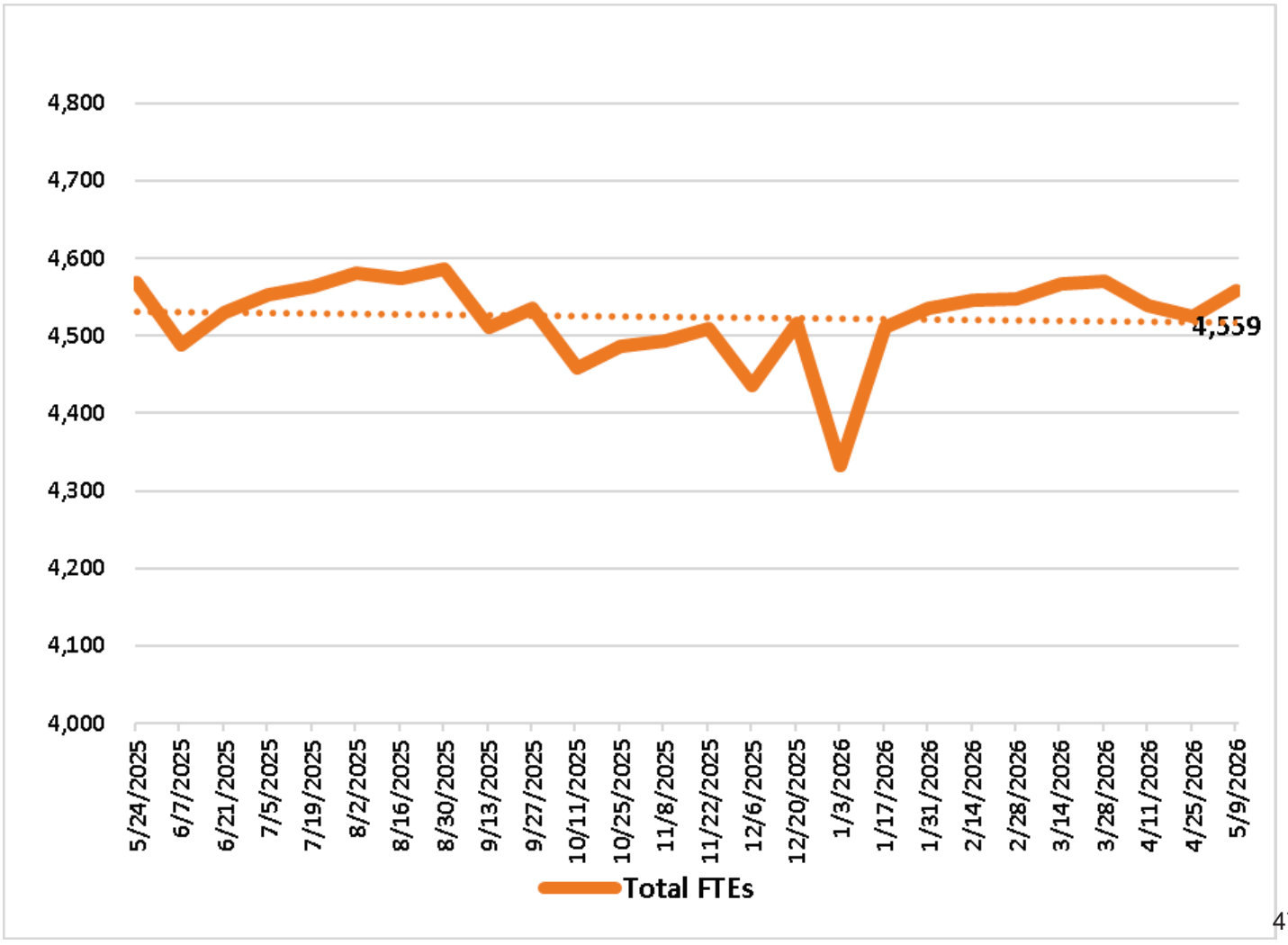
Budget and Actual Fiscal Year 2026: Trended Operating Margin (000's)



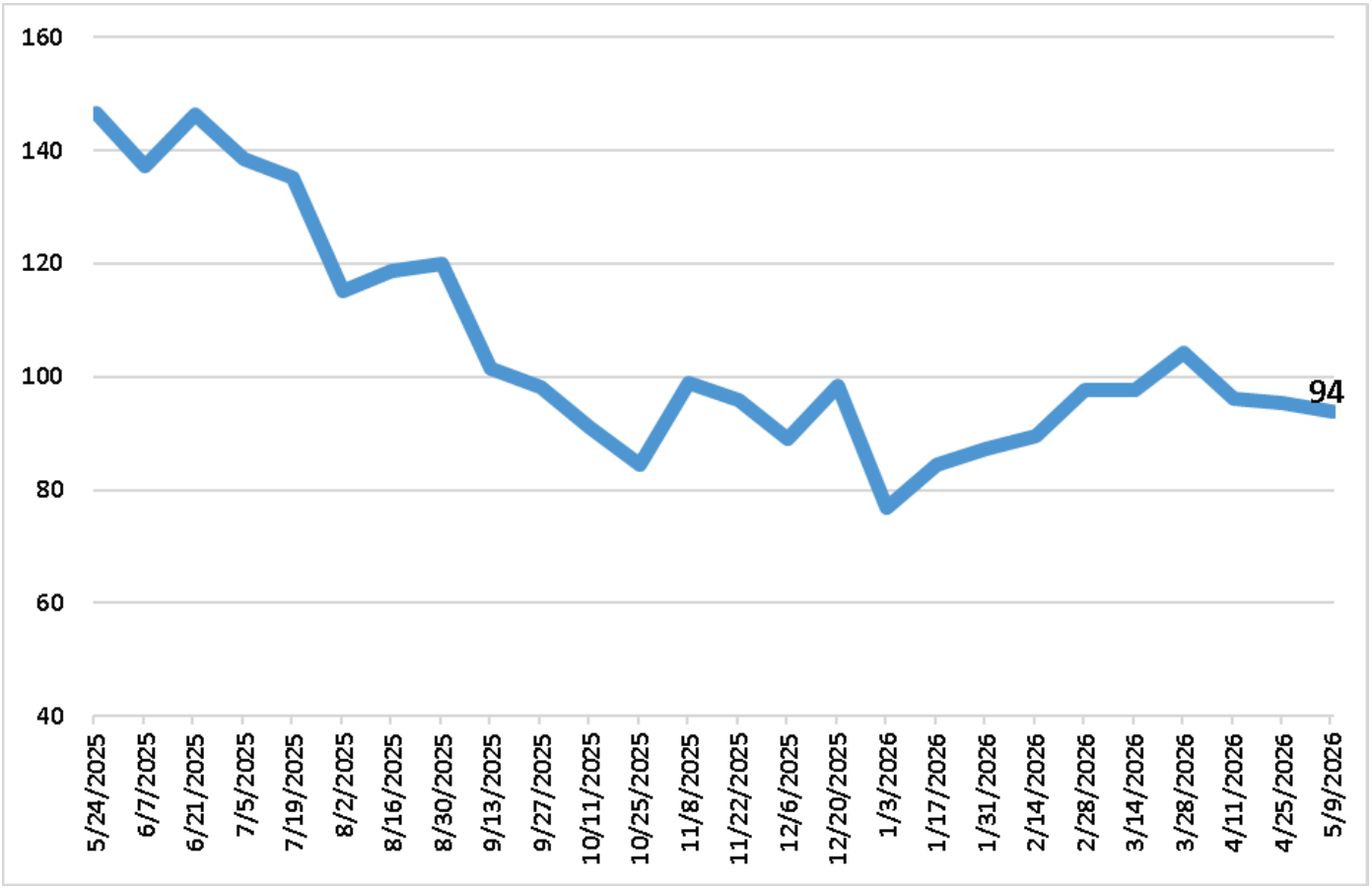
Budget and Actual Fiscal Year 2026: Trended Operating Margin (000's)

	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	FY 2026
Patient Service Revenue	$56,822	$61,063	$56,876	$55,676	$60,513	$54,599	$57,753	$66,284	$579,377
Other Revenue	$22,899	$24,620	$21,974	$22,751	$21,414	$21,119	$22,212	$21,531	$224,272
Total Operating Revenue	$79,720	$85,682	$78,850	$78,427	$81,928	$75,718	$79,966	$87,815	$803,649
Employee Expense	$42,190	$44,735	$43,893	$44,400	$43,089	$40,711	$45,084	$43,166	$433,561
Other Operating Expense	$38,038	$38,793	$34,509	$36,883	$37,272	$35,074	$38,424	$45,030	$379,495
Total Operating Expenses	$80,228	$83,528	$78,402	$81,282	$80,361	$75,785	$83,509	$88,196	$813,055
Net Operating Margin	($507)	$2,154	$448	($2,855)	$1,566	($67)	($3,543)	($380)	($9,406)
NonOperating Income	$1,968	$850	$1,368	$1,608	$1,168	$1,178	($468)	$1,170	$11,143
Excess Margin	$1,461	$3,004	$1,816	($1,248)	$2,734	$1,111	($4,011)	$790	$1,736
Profitability									
Operating Margin %	(0.6%)	2.5%	0.6%	(3.6%)	1.9%	(0.1%)	(4.4%)	(0.4%)	(1.2%)
Operating Margin %excl. Int	0.1%	3.2%	1.3%	(2.9%)	2.6%	0.7%	(3.7%)	0.2%	(0.4%)
Operating EBIDA	$3,534	$5,818	$4,421	$1,304	$5,475	$3,894	$445	$3,405	$29,600
Operating EBIDA Margin	4.4%	6.8%	5.6%	1.7%	6.7%	5.1%	0.6%	3.9%	3.7%
Liquidity Indicators									
Day's Cash on Hand	93.2	98.0	93.7	97.1	105.6	113.3	115.1	117.3	117.3
Day's in Accounts Rec.	67.9	67.8	68.2	68.3	73.6	72.5	68.3	68.0	68.0
Debt & Other Indicators									
Debt Service Coverage (MADS)	1.22	1.68	1.88	1.72	1.91	1.97	1.70	1.70	1.45
Discharges (Monthly)	2,255	2,216	2,124	2,377	2,376	2,192	2,185	2,325	2,251
Adj Discharges (Case mix adj)	8,430	8,462	7,409	8,489	8,195	7,410	7,440	9,345	8,174
Adjusted patient Days (Mo.)	26,067	25,531	25,691	26,544	28,730	25,787	28,053	28,053	26,993
Cost/Adj Discharge	$9.5	$9.9	$10.6	$9.6	$9.8	$10.2	$11.2	$9.4	$ 10.0
Compensation Ratio	74%	73%	77%	80%	71%	75%	78%	65%	75%

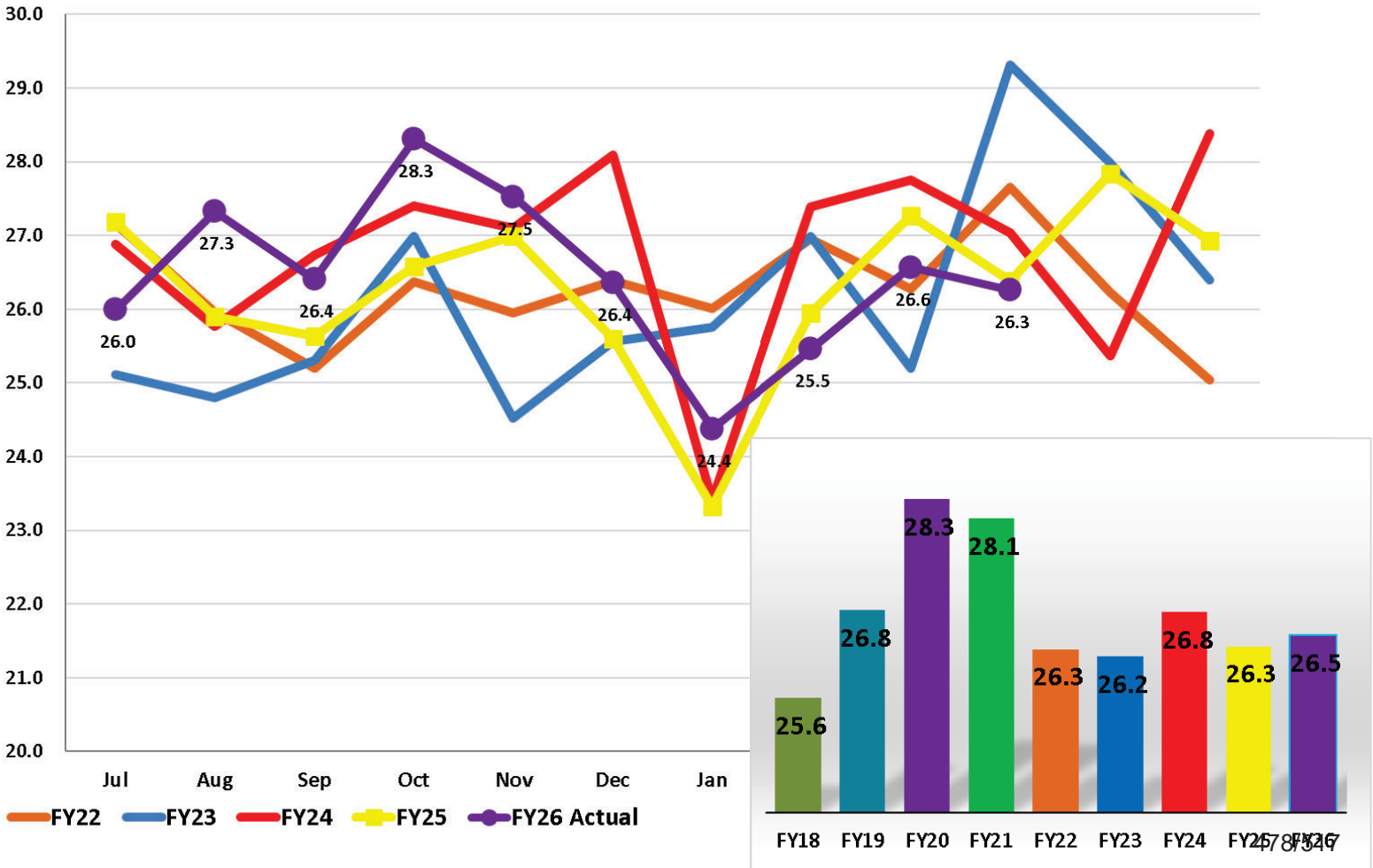
Total FTEs (includes Contract Labor)



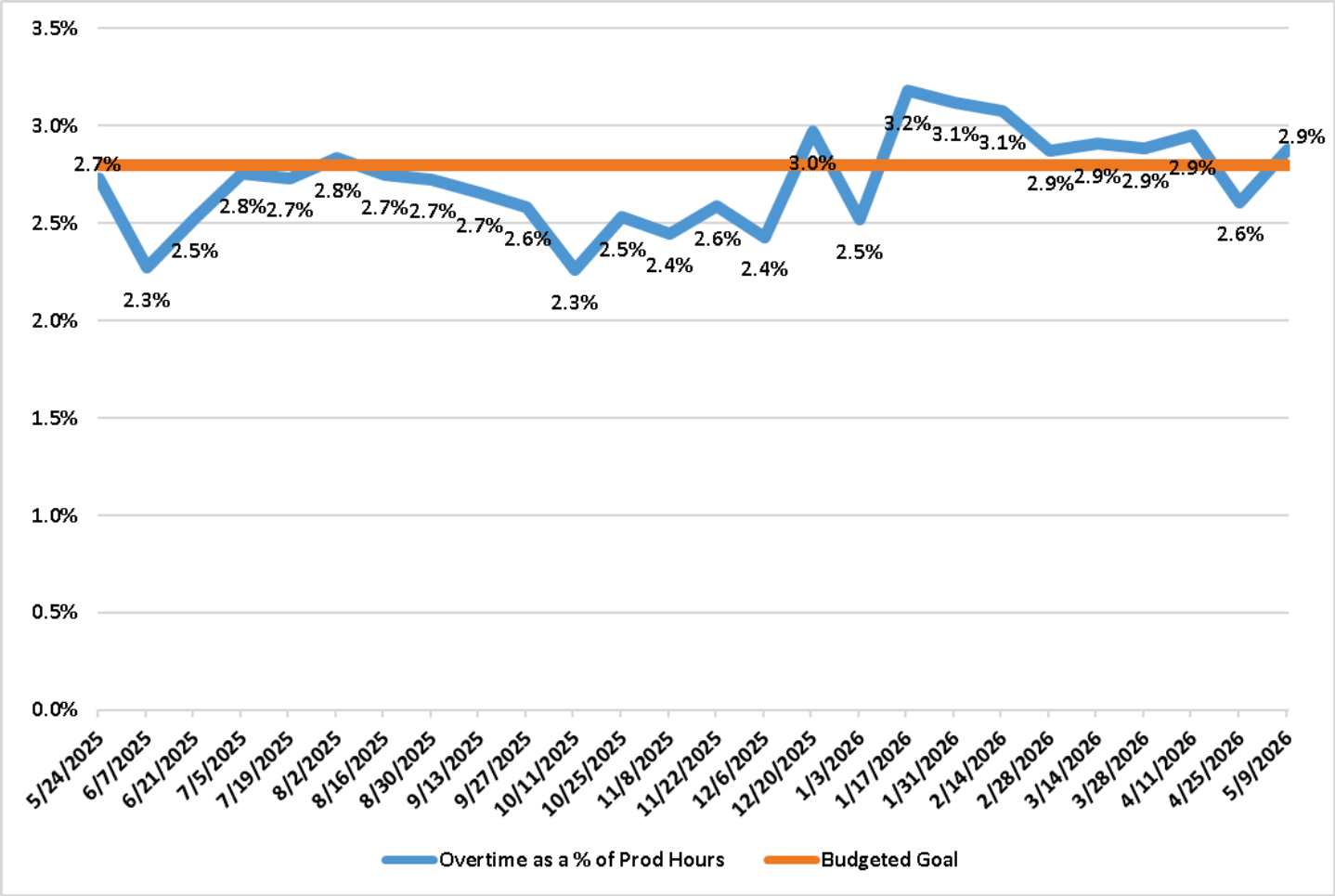
Contract Labor Full Time Equivalents (FTEs)



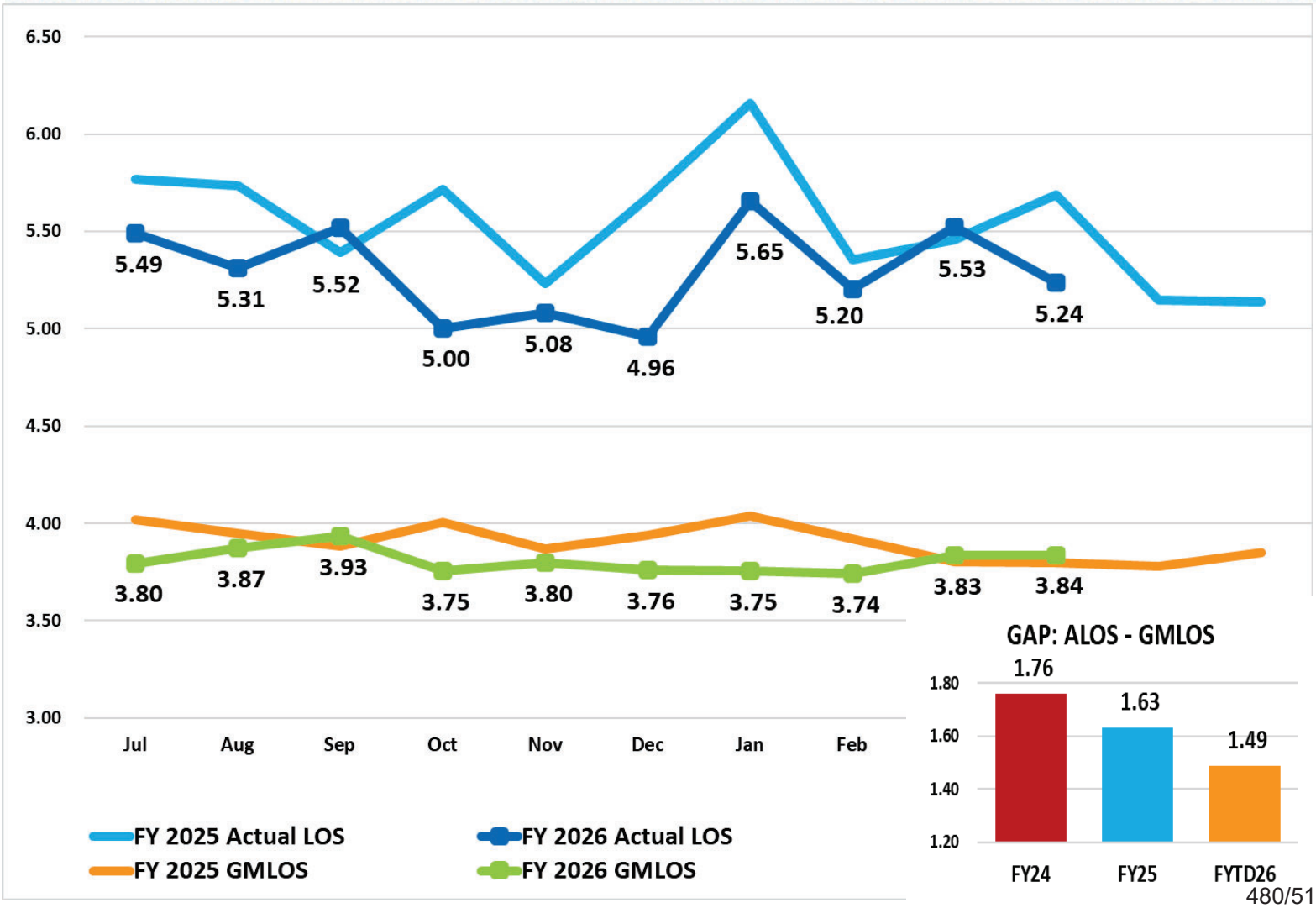
Productivity Measure : Worked Hours/ Adj. Patient Days



Overtime as a % of Productive Hours



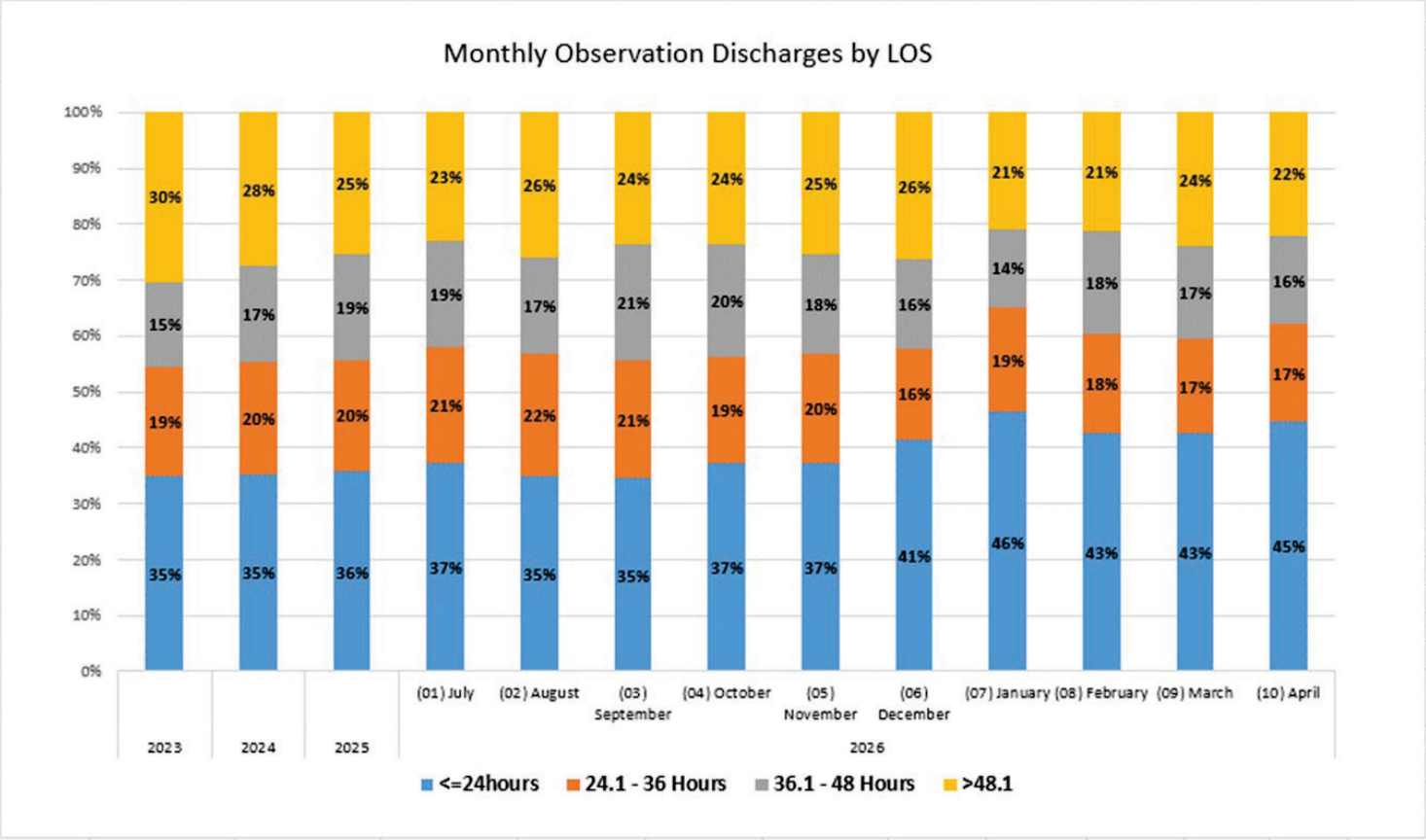
Average Length of Stay versus National Average (GMLOS)



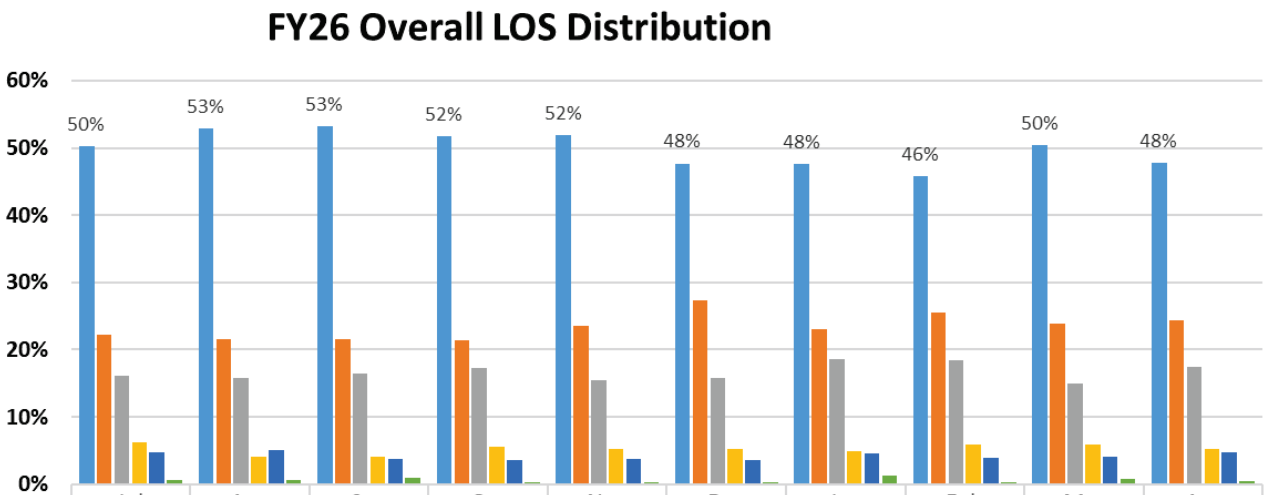
Average Length of Stay versus National Average (GMLOS)

	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	5.35	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	1.44
Sep-25	5.52	3.93	1.58
Oct-25	5.00	3.75	1.25
Nov-25	5.08	3.80	1.28
Dec-25	4.96	3.76	1.20
Jan-26	5.65	3.75	1.90
Feb-26	5.20	3.74	1.46
Mar-26	5.53	3.83	1.69
Apr-26	5.24	3.84	1.40

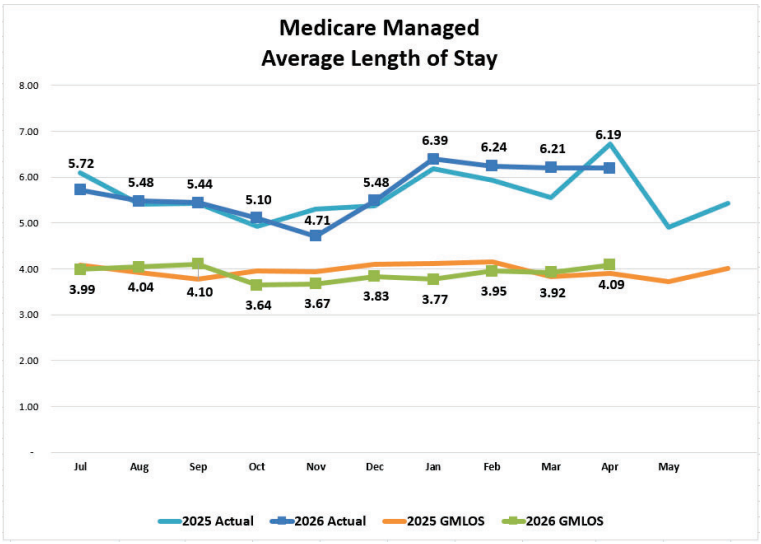
Trended % of Observation by Length of Stay

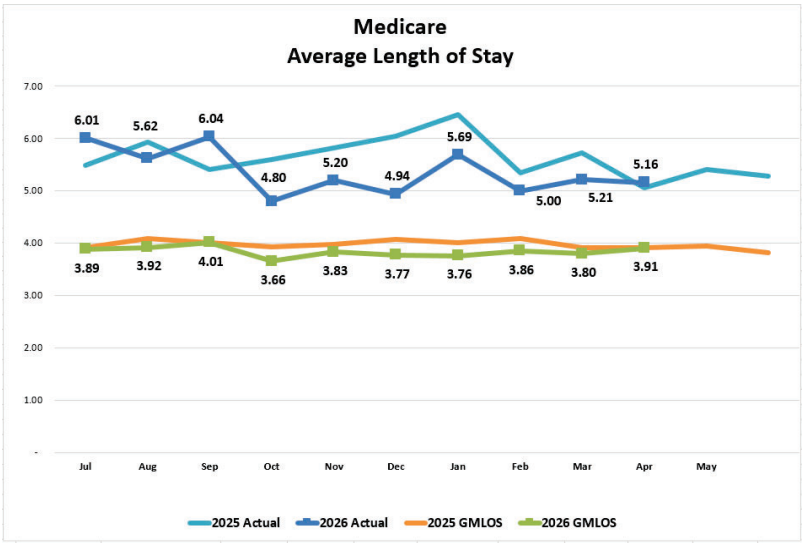


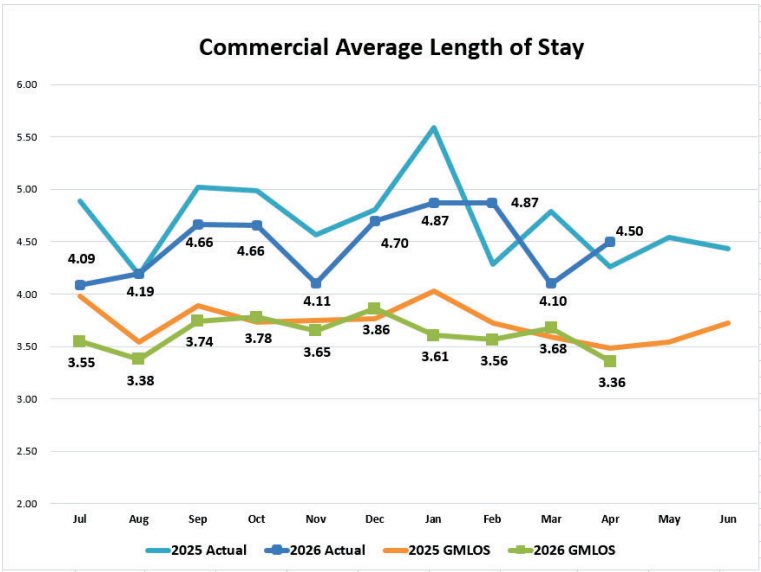
Average Length of Stay Distribution

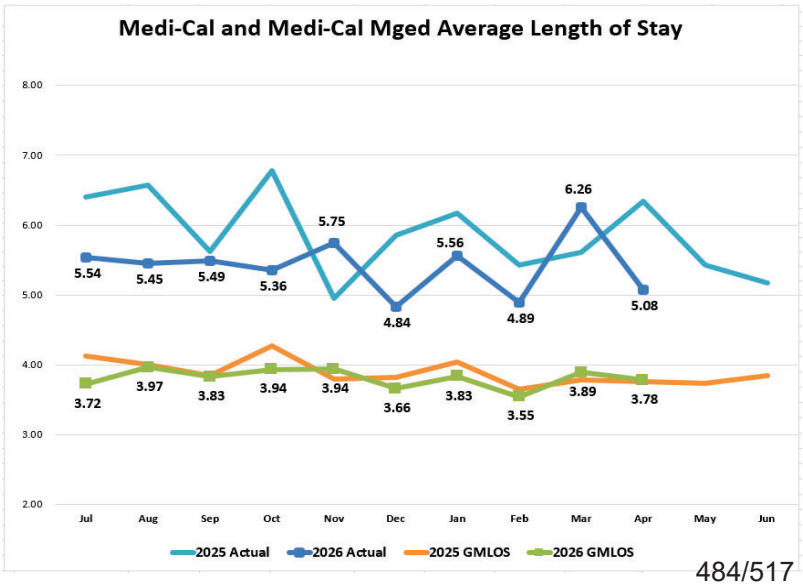


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
at GMLOS or Better	50%	53%	53%	52%	52%	48%	48%	46%	50%	48%
1-2 days over GMLOS	22%	22%	22%	21%	24%	27%	23%	26%	24%	24%
2-6 days over GMLOS	16%	16%	17%	17%	15%	16%	19%	18%	15%	17%
6-10 days over GMLOS	6%	4%	4%	6%	5%	5%	5%	6%	6%	5%
10-30 days over GMLOS	5%	5%	4%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

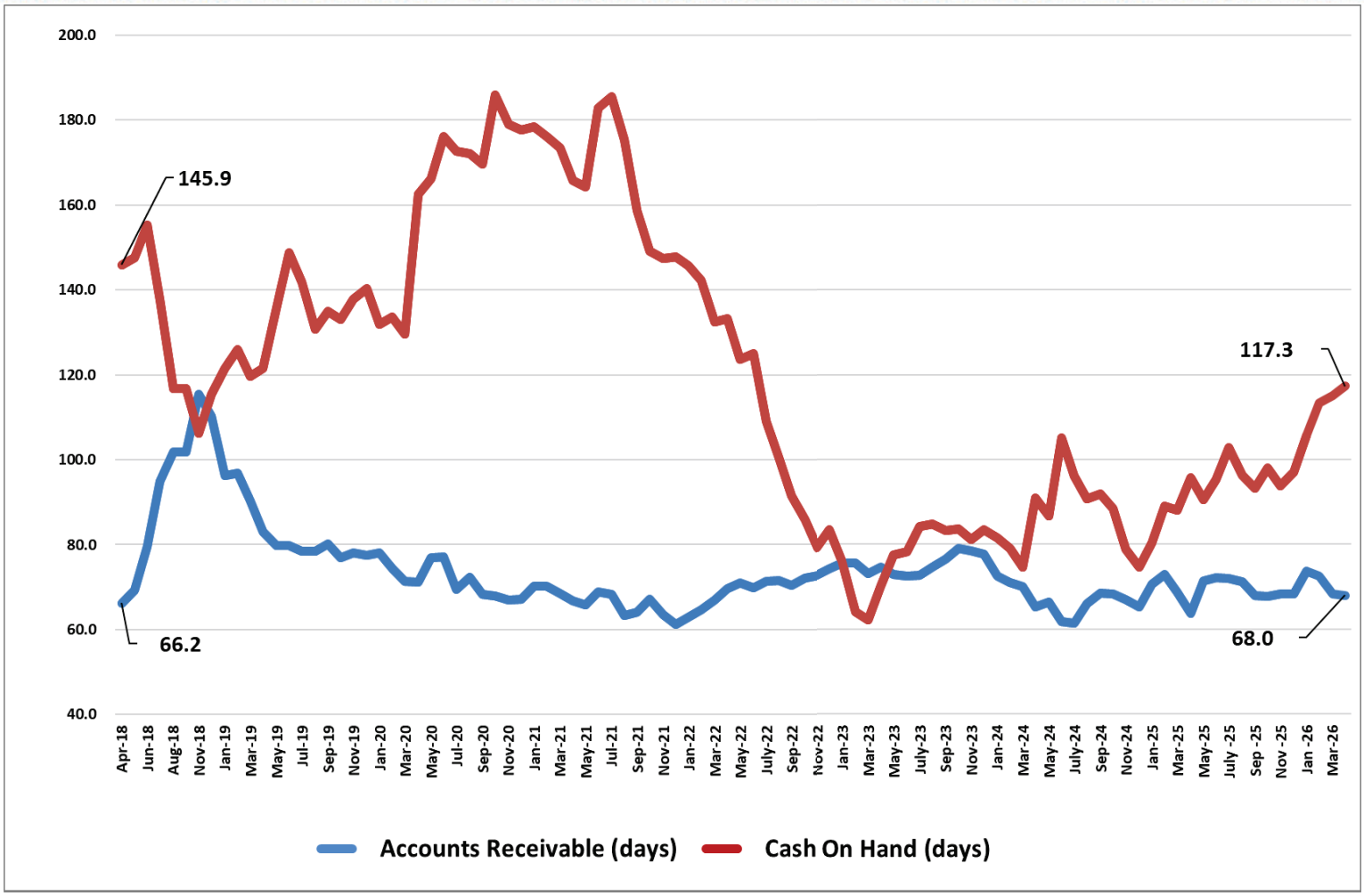

Medicare Managed
Average Length of Stay
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
-
Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May
5.72 5.48 5.44 5.10 4.71 5.48 6.39 6.24 6.21 6.19
3.99 4.04 4.10 3.64 3.67 3.83 3.77 3.95 3.92 4.09
2025 Actual
2026 Actual
2025 GMLOS
2026 GMLOS


Medicare
Average Length of Stay
7.00
6.00
5.00
4.00
3.00
2.00
1.00
-
Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May
6.01 5.62 6.04 4.80 5.20 4.94 5.69 5.00 5.21 5.16
3.89 3.92 4.01 3.66 3.83 3.77 3.76 3.86 3.80 3.91
2025 Actual
2026 Actual
2025 GMLOS
2026 GMLOS


Commercial Average Length of Stay
6.00
5.50
5.00
4.50
4.00
3.50
3.00
2.50
2.00
Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
4.09 4.19 4.66 4.66 4.11 4.70 4.87 4.87 4.10 4.50
3.55 3.38 3.74 3.78 3.65 3.86 3.61 3.56 3.68 3.36
2025 Actual
2026 Actual
2025 GMLOS
2026 GMLOS


Medi-Cal and Medi-Cal Mged Average Length of Stay
8.00
7.00
6.00
5.00
4.00
3.00
2.00
Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
5.54 5.45 5.49 5.36 5.75 4.84 5.56 4.89 6.26 5.08
3.72 3.97 3.83 3.94 3.94 3.66 3.83 3.55 3.89 3.78
2025 Actual
2026 Actual
2025 GMLOS
2026 GMLOS

Trended Liquidity Ratios



Ratio Analysis Report

APRIL 30, 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)	2.3	2.3	2.5	1.6	**1.9**	1.7
Accounts Receivable (days)	68.0	68.3	72.1	48.7	**46.7**	48.6
Cash On Hand (days)	117.3	115.1	95.3	282	**194.6**	122.9
Cushion Ratio (x)	13.7	13.3	10.9	46.1	**26.8**	15.5
Average Payment Period (days)	53.0	52.0	55.1	75.8	**61.9**	62.3
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	145.7%	141.4%	114.9%	297.1%	**188.1%**	111.0%
Debt-To-Capitalization	31.0%	31.1%	31.3%	20.8%	**28.7%**	35.5%
Debt-to-Cash Flow (x)	4.4	4.5	2.8	2.2	**3.1**	5.0
Debt Service Coverage	2.2	2.2	3.8	7.9	**5.3**	3.3
Maximum Annual Debt Service Coverage (x)	1.7	1.7	3.0	7.2	**4.8**	2.7
Age Of Plant (years)	14.1	13.9	13.6	11.1	**13.3**	14.8
PROFITABILITY RATIOS						
Operating Margin	(1.2%)	(1.3%)	(4.2%)	2.9%	**1.6%**	(.5%)
Excess Margin	0.2%	0.1%	2.9%	6.7%	**4.3%**	1.3%
Operating Cash Flow Margin	3.7%	3.7%	1.0%	7.9%	**6.6%**	4.2%
Return on Assets	0.2%	0.1%	3.1%	4.5%	**3.8%**	1.7%

Consolidated Statements of Net Position (000's)

	Apr-26	Jun-25 (Audited)
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	$ 16,233	$ 6,595
Current Portion of Board designated and trusted assets	26,911	17,533
Accounts receivable:		-
Net patient accounts	156,275	154,634
Other receivables	23,721	70,335
	179,996	224,969
Inventories	14,216	13,871
Medicare and Medi-Cal settlements	63,560	62,463
Prepaid expenses	10,777	8,234
Total current assets	311,694	333,666
NON-CURRENT CASH AND INVESTMENTS -		
less current portion		
Board designated cash and assets	276,026	218,025
Revenue bond assets held in trust	-	22,950
Assets in self-insurance trust fund	280	626
Total non-current cash and investments	276,306	241,602
INTANGIBLE RIGHT TO USE LEASE, net of accumulated amortization	18,711	15,613
INTANGIBLE RIGHT TO USE SBITA, net of accumulated amortization	10,591	8,062
CAPITAL ASSETS		
Land	20,544	17,542
Buildings and improvements	447,007	437,184
Equipment	348,413	340,593
Construction in progress	16,745	18,729
	832,709	814,048
Less accumulated depreciation	559,795	541,607
	272,914	272,441
OTHER ASSETS		
Property not used in operations	2,120	5,155
Health-related investments	1,843	2,147
Other	22,269	20,922
Total other assets	26,232	28,224
Total assets	916,447	899,608
DEFERRED OUTFLOWS	12,029	13,133
Total assets and deferred outflows	**$ 928,477**	**$ 912,741**

Consolidated Statements of Net Position (000's)

	Apr-26	Jun-25
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	$ 30,787	$ 43,963
Accrued payroll and related liabilities	81,536	71,620
SBITA liability, current portion	3,170	3,031
Lease liabiilty, current portion	3,590	3,204
Bonds payable, current portion	13,184	13,014
Notes payable, current portion	3,074	-
Financing Lease Liability, current portion	554	-
Total current liabilities	135,895	134,831
LEASE LIABILITY, net of current portion	15,548	12,850
SBITA LIABILITY, net of current portion	5,520	3,941
LONG-TERM DEBT, less current portion		
Bonds payable	199,002	201,619
Financing Lease payable	3,067	-
Notes payable	17,676	20,750
Total long-term debt	219,745	222,369
NET PENSION LIABILITY	19,090	16,169
OTHER LONG-TERM LIABILITIES	56,548	50,472
Total liabilities	452,347	440,632
NET ASSETS		
Invested in capital assets, net of related debt	62,186	60,147
Restricted	47,794	58,980
Unrestricted	366,151	352,983
Total net position	476,130	472,110
Total liabilities and net position	**$ 928,477**	**$ 912,741**

FY27 Preliminary Budget Presentation May 2026

FY2027 Preliminary Budget Review

- Guiding Principles
- Initial Assumptions
- New Services/Closed Services
- Key Volume Projections – first pass
- Initial Labor Projections – first pass
- Productivity Analysis
- Service Line Volume Graph Detail
- Initial Capital Requests

Note: The FY26 Projected amounts are based on 10 months of actual (July 2025-April 2026) plus 2 months for May and June 2026 using the average daily amount of Jan - April 2026

Guiding Principles| FY 2027

- Bond Covenants: Budget must show a minimum of a 1.75 - Debt Service Coverage Ratio (MADS)
- Positive Cash Flow
- Days Cash on Hand to exceed 90 days
- Capital Budget not to exceed $18M and will depend on final budgeted cash flow results
- Continue to improve the quality of our patient's care and experience
- Continue to support the well being and work environment for our employees and providers

Initial Assumptions | FY 2027

- Payer Mix: No material change
- Supplemental Funds: In line with FY26
- Contract Labor: Steady decrease – 41% reduction
- Merit: 3% increase in employee rates $8M
- Market rate increases: RNs $6M plus $1.5M other categories
- 401K: 100% Full match with catch up in match timing
- Defined Benefit Plan: $1.2M contribution
- At Risk Compensation: $1.5M
- Inflation: 2-3% on supplies
- Vacancy Factor:175 FTEs, same as prior year $16M

Key Challenges | FY 2027

- Shortage of Providers: Needed to support growth of service locations
- Resources / Capital: Needed to ensure growth is supported
- Increase in Market Rates/Employee Costs
- Physician Fees: Increase in costs
- Proposed Federal and State Reductions on Supplemental Funds, Medi-Cal DSH and Rates
- Shortage of RNs: creating need for contract labor
- Productivity: Improving efficiencies in staffing ratios and throughput
- Inflation: Impact on Costs of Goods and Services

Initial Assumptions | FY 2027 Supplemental Income

Projections for Supplemental/Gov't Funding (000's)

Programs (000's)	FY23	FY24	FY25	FY26 Est.	5 Year Projection: FY27 BDGT	FY28 PROJ	FY29 PROJ	FY30 PROJ	FY31 PROJ
HQAF	23,345	20,607	18,535	8,373	6,677	3,339	1,669	-	-
Directed Payments	11,629	21,258	46,491	73,503	73,503	66,888	64,881	55,149	46,877
Medi-Cal DSH	2,756	21,814	(24,570)	-	-	-	-	-	-
Rate Range	16,538	28,355	47,941	30,803	27,551	24,304	22,808	22,808	22,808
Fee for Service	7,139	13,971	5,211	4,700	4,700	4,700	4,700	4,700	4,700
Total Supplemental	$61,407	$106,005	$93,608	$117,379	$112,432	$99,231	$94,058	$82,657	$74,385
Prime (QIP) Program	$8,719	$8,832	$13,994	$7,568	$12,773	$6,896	$6,284	$6,082	$5,887
Total	$70,126	$114,837	$107,601	$124,947	$125,205	$106,127	$100,342	$88,739	$80,272
Reduction from prior year					$258	($19,078)	($5,785)	($11,603)	($8,467)
Cummulative									($44,675)

Key Statistical Indicators | FTEs

Exec Team	FTE Budget 26	FTE 26 Avg Jul-Apr 26	FTE Budget 27	FTEs over Current	Change in FTEs FY27 bdgt-FY26 bdgt	Groupings of FTE Changes by Reason			
						New Position	Productivity or offset w/ other dept	Volume	New Service / Close Service
Jag Batth	1,221	1,180	1,285	106	64	32	(0)	31	-
Kevin Morrison	329	320	348	28	19	15	(1)	5	-
Ben Cripps	72	68	86	19	14	14	1	-	-
Malinda Tupper	348	347	362	14	13	2	5	7	-
Thomas Boggs	447	409	456	47	9	12	5	(2)	(7)
Scott Baker	1,783	1,803	1,791	(12)	8	16	(3)	(4)	-
Paul Stefanacci	199	195	205	10	6	5	2	2	(2)
Max Heckhausen	29	26	32	6	3	3	-	(0)	-
Dianne Cox	81	79	83	4	2	2	(0)	-	-
Luke Schneider	136	123	137	14	2	1	0	1	-
Marc Mertz	2	2	2	(0)	-	-	-	-	-
Grand Total	4,646	4,552	4,787	235	141	103	8	40	(9)

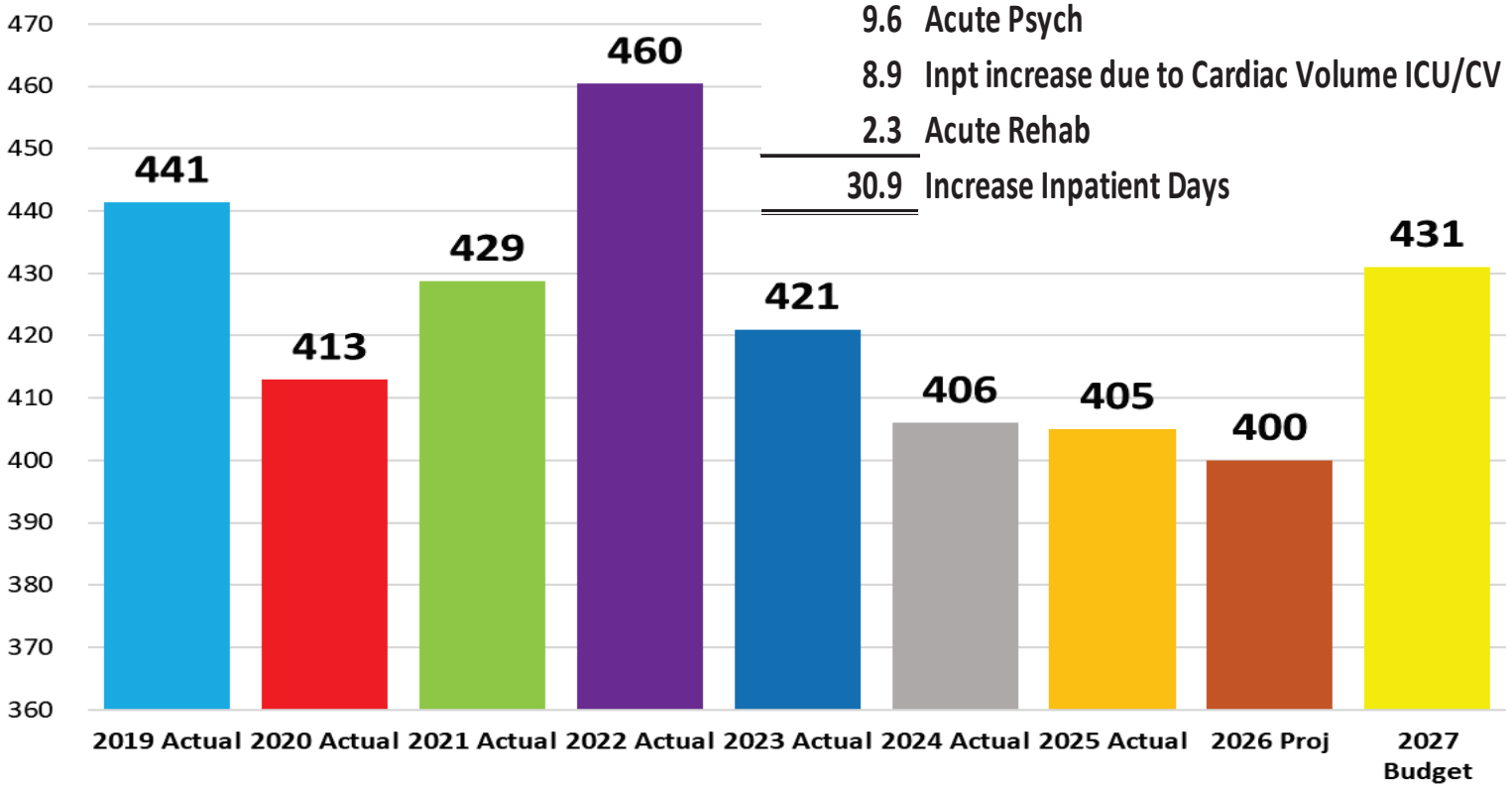
Key Statistical Indicators | New Services

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

Key Statistical Indicators | Average Daily Census

10.1	Subacute Expansion
9.6	Acute Psych
8.9	Inpt increase due to Cardiac Volume ICU/CV
2.3	Acute Rehab
30.9	Increase Inpatient Days



Key Statistical Indicators | Inpatient days

	Actual Results			Budget	Budget Variance	
	FY2025	FY2026 Proj	% Change	FY 2027 Bdgt	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%**

* Includes Nursery 32 beds

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%

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	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%

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 Registrati	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%)

UTURE GOVERNANCE TOPICS

KAWEAH HEALTH CARE DISTRICT

GOVERNANCE & POLICY COMMITTEE CHARTER

PURPOSE

The Governance & Policy Committee ("Committee") is established by the Board of Directors of Kaweah Health Care District ("District") to support effective governance practices, Board development, policy oversight, regulatory compliance, and strategic Board engagement.

The Committee serves in an advisory capacity to the Board and assists the Board in fulfilling its governance responsibilities consistent with:

- The Ralph M. Brown Act
- California Health & Safety Code
- Joint Commission governance expectations
- CMS Conditions of Participation
- District Bylaws and governance policies
- Healthcare governance best practices

COMMITTEE AUTHORITY

The Committee shall:

- Review and recommend governance-related policies and practices
- Recommend Board education and development opportunities
- Support Board effectiveness and governance improvement initiatives
- Review Board structure, committee structure, and governance processes
- Monitor governance compliance matters
- Make recommendations to the full Board for consideration and approval

The Committee shall not independently direct District operations or exercise authority reserved to management or the full Board.

RESPONSIBILITIES

1. BOARD GOVERNANCE OVERSIGHT

The Committee shall:

- Review governance practices and Board effectiveness
- Recommend governance best practices
- Evaluate Board meeting structure and effectiveness
- Support strategic Board engagement
- Review Board committee structure and alignment
- Monitor Board governance trends and healthcare governance standards

2. BOARD EDUCATION & DEVELOPMENT

The Committee shall:

- Recommend Board education topics and governance training
- Support ongoing trustee development
- Recommend orientation processes for new Board members
- Encourage participation in governance conferences and educational opportunities
- Review governance competency needs

Examples of educational topics may include:

- Joint Commission governance responsibilities
- Brown Act requirements
- Healthcare finance
- Cybersecurity oversight
- Quality and patient safety governance
- Strategic planning
- Artificial intelligence governance in healthcare

3. POLICY OVERSIGHT

The Committee shall:

- Review governance and Board-related policies
- Recommend policy revisions to the Board
- Promote policy standardization and periodic review
- Monitor policy compliance processes
- Ensure policies support legal and regulatory requirements

Examples may include:

- Board bylaws
- Board governance policies
- Conflict of interest policies
- Public records policies
- Board conduct policies
- Committee charters

4. BROWN ACT & GOVERNANCE COMPLIANCE

The Committee shall:

- Promote compliance with the Ralph M. Brown Act
- Review governance transparency practices
- Recommend governance compliance improvements
- Monitor governance process alignment with public meeting requirements
- Support ethical governance practices

5. BOARD SELF-ASSESSMENT & EFFECTIVENESS

The Committee shall:

- Recommend Board self-assessment processes
- Review Board performance improvement opportunities
- Monitor governance effectiveness initiatives
- Support continuous governance improvement

Assessment areas may include:

- Strategic engagement
- Meeting effectiveness

- Committee effectiveness
- Board education participation
- Governance culture
- Oversight effectiveness

6. CEO EVALUATION PROCESS SUPPORT

The Committee may assist the Board with:

- Reviewing CEO evaluation process recommendations
- Reviewing governance alignment of CEO goals
- Supporting governance best practices related to executive evaluation processes

The Committee shall not independently evaluate the CEO unless specifically directed by the Board.

MEMBERSHIP

Composition

The Committee shall consist of:

- At least two (2) Board members appointed by the Board President and approved by the Board.

The Board President may serve as an ex-officio member.

- Board Clerk
- Chief Executive Officer

Chair

The Committee Chair shall:

- Preside over meetings
- Coordinate meeting agendas
- Facilitate governance discussions
- Report Committee recommendations to the Board
- Promote effective Committee engagement

MEETINGS

Frequency

The Committee shall meet as necessary to fulfill its responsibilities, but no less than quarterly.

Agenda Structure

Committee agendas should prioritize:

- Governance oversight
- Strategic discussion
- Board development
- Policy review
- Compliance oversight
- Future governance planning

REPORTING RESPONSIBILITIES

The Committee Chair shall provide governance-focused report-outs to the Board summarizing:

- Key governance discussions
- Recommendations
- Strategic considerations
- Governance risks or trends
- Future oversight priorities

Committee report-outs should focus on governance oversight rather than operational detail.

SUPPORTING RESOURCES

The Committee may request support from:

- Chief Executive Officer
- Board Clerk
- Legal Counsel
- Compliance leadership

- Human Resources leadership
- External governance consultants

GOVERNANCE PRINCIPLES

The Committee shall support governance practices that:

- Promote transparency and accountability
- Strengthen strategic Board engagement
- Support quality and patient safety oversight
- Encourage continuous governance improvement
- Maintain compliance with applicable laws and regulations
- Advance the mission and strategic priorities of the District

ANNUAL REVIEW

This Charter shall be reviewed annually by the Governance & Policy Committee and recommended revisions shall be submitted to the Board for approval.

APPROVAL

Approved by the Kaweah Health Care District Board of Directors on:

Date: _____

Board President: _____

Board Secretary: _____

Population Health & Community Committee Charter

I. Purpose

The Population Health & Community Committee ("Committee") is a standing committee of the Board of Directors established to provide oversight, guidance, and strategic support related to community health improvement, population health initiatives, community benefit activities, health equity efforts, and partnerships that advance the health and well-being of the communities served by the District/Hospital.

The Committee serves in an advisory capacity to the Board and supports alignment between organizational strategy, community needs, regulatory requirements, and measurable health outcomes.

II. Authority

The Committee is authorized by the Board of Directors to review population health strategies, recommend policies and initiatives, monitor compliance requirements, request reports and data, and engage leadership and community stakeholders as appropriate.

The Committee does not have independent authority to bind the organization unless expressly delegated by the Board.

III. Scope of Responsibilities

- Community Health Needs Assessments and implementation strategies
- Population health goals and initiatives
- Community partnerships and outreach
- Health equity and access initiatives
- Regulatory and community benefit reporting
- Strategic oversight of population health priorities and metrics

IV. Membership

The Committee shall consist of Board members appointed by the Board Chair, with additional advisory participants as appropriate including CEO, Chief Ambulatory Officer, Director of Population Health, medical staff, and community representatives.

V. Meetings

The Committee shall meet at least quarterly. Minutes shall be maintained and regular reports provided to the Board of Directors.

VI. Reporting to the Board

The Committee Chair shall provide regular reports and recommendations to the Board regarding committee activities, community health priorities, population health initiatives, and strategic recommendations.

VII. Performance Evaluation

The Committee shall annually review its charter, evaluate committee effectiveness, and assess alignment with organizational goals.

VIII. Guiding Principles

The Committee supports improved community health outcomes, access to care, health equity, collaboration, stewardship of resources, and alignment with the organization's mission and strategic plan.

IX. Staff Support

Administrative support shall be provided by designated leadership and Board administration staff.

Approved By: Board of Directors

Effective Date: _____

Review Cycle: Annually

Agenda item intentionally omitted