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: October 23, 2026

NOTICE

Date: Wednesday, October 28, 2026
Location: City of Visalia – City Council Chambers
Address: 707 W. Acequia Avenue, Visalia, California

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

SCHEDULE:

- **3:30 PM** – Open Session (to approve the Closed Session agenda)
- **4:15 PM** – Closed Session
  Pursuant to:
  - Government Code §54956.9(d)(1) (Existing Litigation)
  - Government Code §54956.9(d)(2) (Anticipated Litigation – Significant Exposure)
  - Health & Safety Code §§1461 and 32155 (Confidential Quality Assurance/Medical Staff Matters)
- **5:15 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).

Mike Olmos • Zone 1	Jonna Schengel • Zone 2	Dean Levitan, MD • Zone 3	David Francis • Zone 4	Armando Murrieta • Zone 5
Board Member	Board Member	Secretary/Treasurer	President	Vice President

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

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

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

Wednesday October 28, 2026 {Regular Meeting}

Please join my meeting from your computer, tablet or smartphone.
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OPEN SESSION – 3:30 PM

1. **CALL TO ORDER**
2. **PUBLIC COMMENT –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
3. **BOARD EDUCATIONAL STUDY SESSION** - The Board of Directors will receive an educational presentation regarding national and local Medicare and Medicare Advantage enrollment trends. The presentation will address strategic considerations related to reimbursement, financial sustainability, physician alignment, and the health system's long-term positioning in a changing healthcare payment environment.
4. **ADJOURN TO CLOSED SESSION**

CLOSED SESSION – 4:15 PM

1. **CALL TO ORDER**

Mike Olmos • Zone 1 Board Member
Jonna Schengel • Zone 2 Board Member
Dean Levitan, MD • Zone 3 Secretary/Treasurer
David Francis • Zone 4 President
Armando Murrieta • Zone 5 Vice President

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

3. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION AND RISK MANAGEMENT** –Semi Annual Claims Discussion with legal counsel regarding ongoing litigation matters involving risk management, patient safety, or related claims. (Pursuant to Government Code 549 56.9(d)(1))

A. BURNS-NUNEZ V KDHCD	G. MARTINEZ-LUNA V. KDHCD
B. M. VASQUEZ V. KDHCD	H. MORENO V KDHCD
C. OLVERA V KDHCD	I. TINOCO V KDHCD
D. LARUMBLE-TORRES V KDHCD	J. MACKEY V KDHCD
E. SMITHSON V KDHCD	K. MEDINA V KDHCD
F. VELASEQUEZ V KDHCD	L. JOHNSON V KDHCD

Action Requested – Settlement Approval of one case.

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

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

Action Requested – Approval of Medical Staff Credentialing and Privileging

6. **MEDICAL STAFF QUALITY ASSURANCE/PEER REVIEW** discussion and evaluation of medical staff quality assurance matters, including peer review findings, performance assessments, and related compliance activities. This session is closed pursuant to Government Code 54957 & Evid. Code 1157.

7. **APPROVAL OF THE CLOSED MEETING MINUTES** – September 23, 2026.

Mike Olmos • Zone 1 Board Member
Jonna Schengel • Zone 2 Board Member
Dean Levitan, MD • Zone 3 Secretary/Treasurer
David Francis • Zone 4 President
Armando Murrieta • Zone 5 Vice President

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

8. ADJOURN CLOSED SESSION

OPEN SESSION – 5:15 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. BOARD MEMBER REPORT OUTS

Board members may provide brief reports on attendance at conferences, educational programs, meetings with external organizations, community events, or other activities related to District business. No action will be taken on matters not otherwise listed on the agenda. Matters requiring further discussion or Board action may be referred to staff for follow-up or placed on a future agenda in accordance with applicable open meeting laws.

7. RECOGNITIONS

7.1. Presentation of Resolution 2300 to Ariadna Liz Hernandez in recognition as the Kaweah Health World Class Employee of the month – October 2026.

7.2. Team of the Month – October 4N Dialysis Team

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.

Mike Olmos • Zone 1 Board Member
Jonna Schengel • Zone 2 Board Member
Dean Levitan, MD • Zone 3 Secretary/Treasurer
David Francis • Zone 4 President
Armando Murrieta • Zone 5 Vice President

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 October 28, 2026, Consent Calendar.
[Consent Calendar Items 9.1 – 9.5 as presented]

Section	Item	Description	Type
9.1. REPORTS	A	Physician Recruitment	Receive and File
	B	Overall Strategic Plan	Receive and File
	C	Emergency Services	Receive and File
	D	Quail Park	Receive and File
9.2. MINUTES			
	A	Patient Experience Committee – July 8, 2026	Approve Minutes
	B	Finance Property Services Acquisition Committee- September 16, 2026	Approve Minutes
	C	Quality Council Committee – September 17, 2026	Approve Minutes
	D	Population Health Committee – July 20, 2026	Approve Minutes
	E	Regular Open Board Meeting – September 23, 2026	Approve Minutes
9.3. POLICIES			
		Administrative Policies	
	A	AP186 Kaweah Health External Event Planning Services	New Policy
	B	AP187 Kaweah Health Physician Retirement Celebrations Policy	New Policy
	C	AP114 Census Saturation Plan	Approve Revisions
	D	AP153 Annual Budget	Approve Revisions
	E	AP 179 Bridge Policy	Approve Revisions
9.4. MEC			
	A	MS60 EHR Onboarding Medical Staff	New Policy
	B	Privileging form for Podiatry	Revised
9.5 DISTRICT			
	A	2nd Amendment to CEO Agreement, Market Adjustment	Approve

9. ANNUAL AUDITED FINANCIAL STATEMENT – FISCAL YEAR 2026

Mike Olmos • Zone 1 Board Member
Jonna Schengel • Zone 2 Board Member
Dean Levitan, MD • Zone 3 Secretary/Treasurer
David Francis • Zone 4 President
Armando Murrieta • Zone 5 Vice President

The Board will receive presentation from Baker Tilly regarding Kaweah Health's annual audited financial statements for fiscal year 2026 and approve the audited financial states as presented.
Action Requested: Approve the Annual Audited Financial Statements for Fiscal Year 2026 as presented by Baker Tilly

10. STRATEGIC OVERSIGHT (MONTHLY REPORT) – OUTSTANDING HEALTH OUTCOMES

Strategic Oversight discussion regarding organizational priorities, long-term planning initiatives, strategic objectives, operational alignment, community health needs, workforce considerations, and progress toward Board-approved strategic goals. The Board may provide direction to staff regarding strategic priorities and future planning efforts.

11. EMPLOYEE ENGAGEMENT SURVEY

HR presentation and discussion regarding the results of the Employee Engagement Survey, including overall engagement trends, key findings, areas of strength, opportunities for improvement, and organizational initiatives focused on employee engagement, culture, retention, and workforce experience.

12. 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.

13. FINANCIAL STEWARDSHIP

Financial Stewardship report and discussion regarding the financial status of the district, including budget performance, revenue and expense trends, financial sustainability initiatives, capital planning, operational efficiencies, compliance considerations, and fiscal oversight responsibilities of the Board. The Board may provide direction to staff regarding financial priorities and oversight activities.
Action Requested – Approval September's Financials.

14. FUTURE GOVERNANCE TOPICS

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

15. REPORTS

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

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

Mike Olmos • Zone 1 Board Member
Jonna Schengel • Zone 2 Board Member
Dean Levitan, MD • Zone 3 Secretary/Treasurer
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15.3. Board President - Report on current events and issues.

16. ADJOURNMENT

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BOARD EDUCATIONAL STUDY SESSION

Medicare

vs

Medicare Advantage



Content Outline

- Medicare vs Medicare Advantage (MA) Overview
- Medicare vs Medicare Advantage: Macro-Trends
- Medicare Enrollment – National and County trends
- Kaweah Health Overall Payor Mix Trends: Medicare vs Medicare Advantage
- Kaweah Health Medicare & MA partnerships/payment models
- Key Factors to consider for Health systems
- Balancing short term and long-term financial sustainability

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Original Medicare vs. Medicare Advantage

Original Medicare	*vs.*	Medicare Advantage
Part A and Part B	**Also known as**	Part C
Federal government	**Who offers the coverage**	Medicare-approved private insurance companies
Part A – Inpatient care Part B – Outpatient care	**What it covers**	Combines Parts A and B into one plan, often including Part D prescription drugs and extra benefits such as hearing, vision, and dental care
Part A is free for most people Part B has an average premium of around $205	**What it costs**	Each plan sets its own premium, with many offering $0 or low-cost premiums
No	**Annual cap on out-of-pocket costs**	Yes

Traditional Medicare vs. Medicare Advantage (MA): Macro-Trends

Challenged Federal Budgets due to unsustainable health spending trends driving payment & care delivery reform in Medicare/MA

1. Medicare Trust Fund Insolvent by 2032

"Largest driver of Medicare spending growth during next decade expected to be higher volume and intensity of health care services"

Medicare insolvency date creeps forward thanks to 'Big Beautiful Bill,' trustees find

The trust fund underpinning Medicare's hospital benefit is set to run out of money one quarter earlier than previously expected due to tax cuts in the GOP's reconciliation legislation.

Published June 11, 2026

Likely Impact:

- Strained Federal Budgets (CMS)
- Payment updates < Inflation
- Policies to curb payment & use + "de-risking" through Medicare Advantage

2. Aging Population: The "Silver Tsunami"

By 2030, over 1 in 5 people in U.S. will be Age 65+

Population count by age range	<=17	18-34	35-44	45-64	65+
2025 (%)	21.0	22.8	13.2	24.4	18.6
2030 projection (%)	20.2	22.1	13.2	23.9	20.7

Likely Impact:

- Healthcare use ↑ w/sicker patients
- Federal Budgets (CMS) strained
- ↑ Payor Shift mix to Govt. based

3. MA Growth: Medicare Age-Ins continue to choose MA

55% of Medicare beneficiaries are now enrolled in MA Plans.

Forbes

Despite Scrutiny, Medicare Advantage Enrollment Poised To Rise As Premiums Fall 16%

Likely Impact:

- Tighter utilization controls
- Lower payment yield/unit
- Value: Network exclusion

4. No Outcomes, No Income

Traditional Medicare mandating new payment models, placing providers at downside risk.

CMS innovation center remains focused on mandatory models, officials say

CMMI Director Abe Sutton and CMS Administrator Dr. Mehmet Oz outlined how the administration aims to get more providers, especially poor-performing ones, into value-based models.

Published March 4, 2026

Likely Impact:

- "Death by a Thousand Cuts" for poor performers
- Population Health & care coordination competencies

[1] https://www.healthcaredive.com/news/medicare-insolvency-date-hi-fund-obbb-trustees-report/822499/

[2] https://www.spglobal.com/market-intelligence/en/news-insights/articles/2024/11/1-in-5-americans-to-be-65-years-old-or-older-by-2030-86270288

[3] https://www.kff.org/medicare/medicare-advantage-in-2026-enrollment-update-and-key-trends/

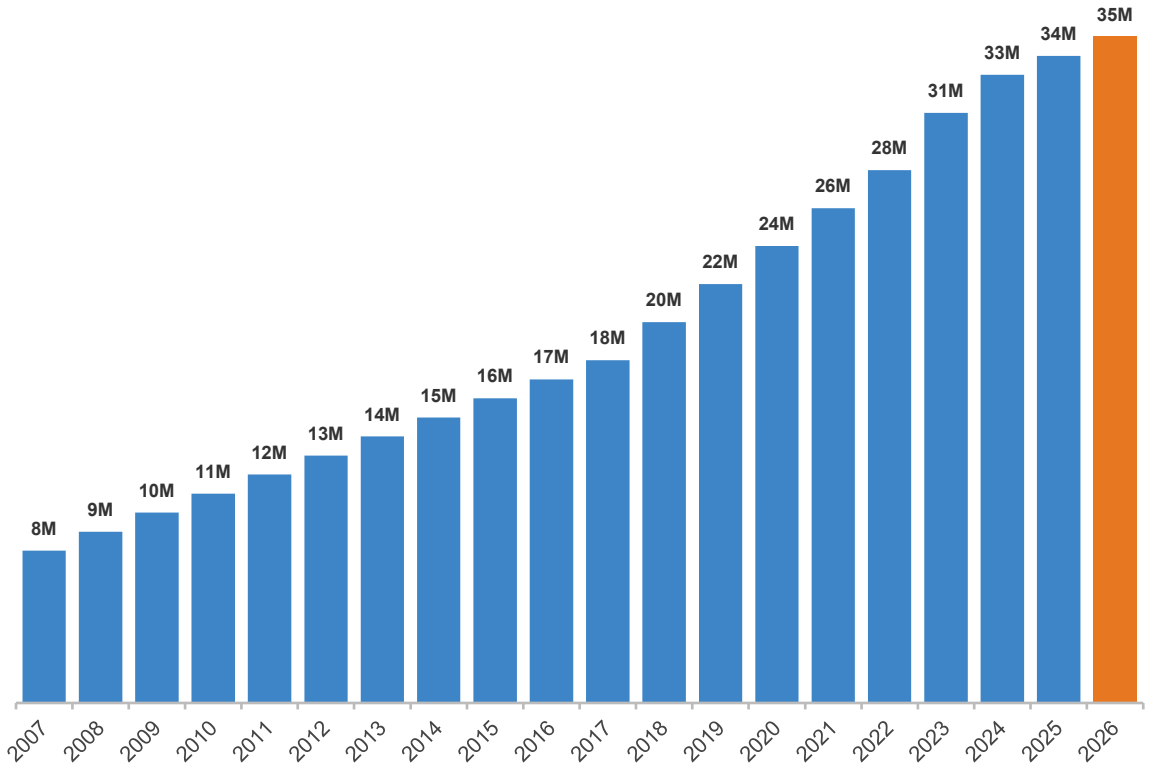
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Medicare Advantage National Trends

2026 Highlights

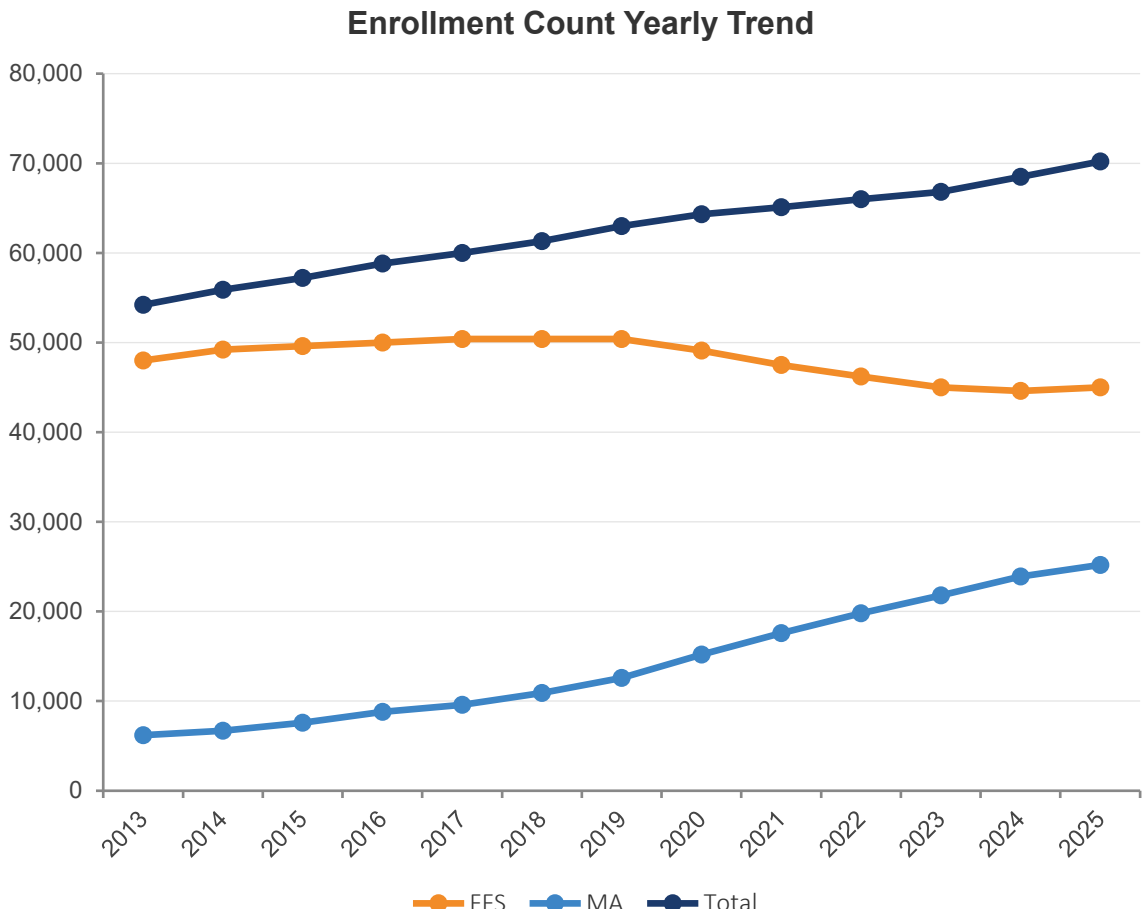
- Medicare Advantage enrollment has grown nationwide every year since 2007
- More than half of eligible Medicare beneficiaries are enrolled in a Medicare Advantage plan
- Roughly 23% of Medicare Advantage enrollees are in a Special Needs Plan (SNP) in 2026
- 78% of SNP enrollment is in plans for people eligible for both Medicare and Medi-Cal
- Enrollment growth slowed to roughly 3% in 2026, lower than in prior years

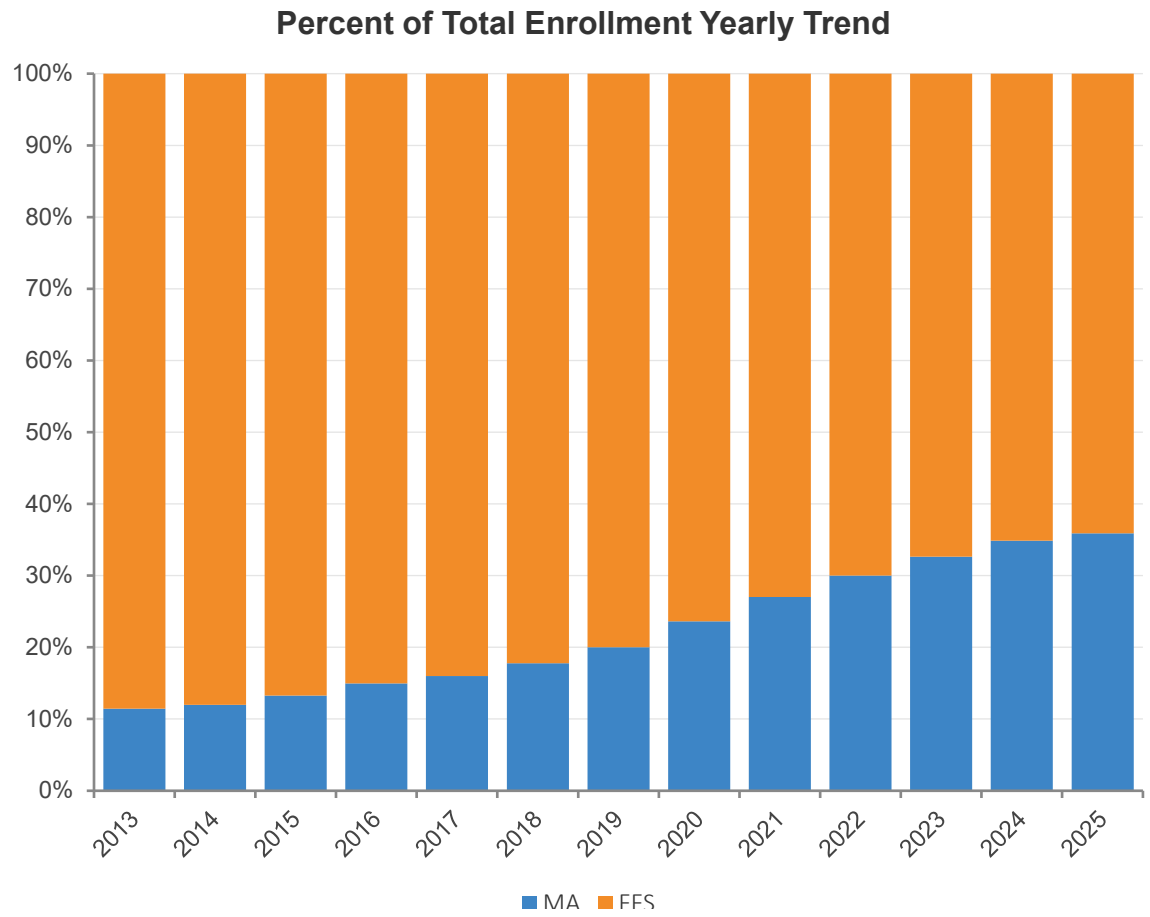
Medicare Advantage Enrollment, 2007–2026



Medicare Enrollment Trends: Tulare County

Tulare County's Total Medicare population growing rapidly with increasing enrollment in MA. Kings has similar trends.

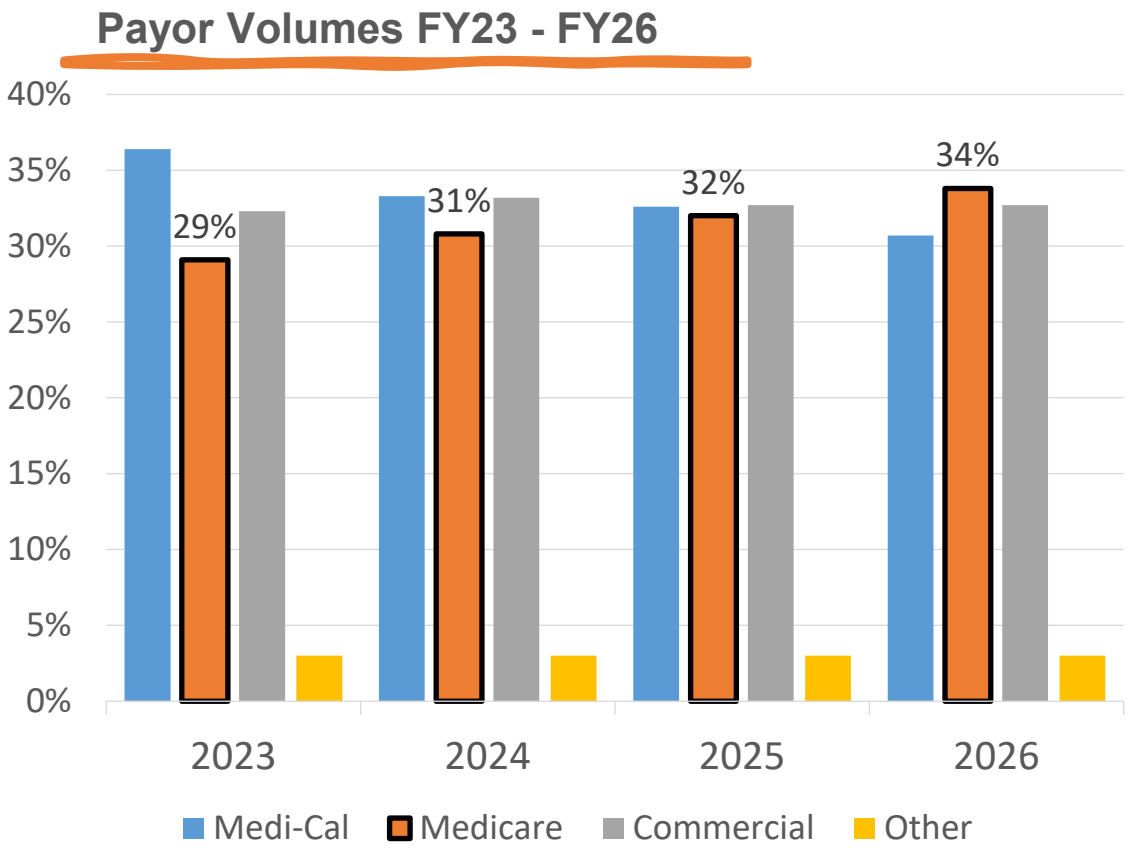




Kaweah Health Payor Mix Trends (FY 2023 to FY 2026)

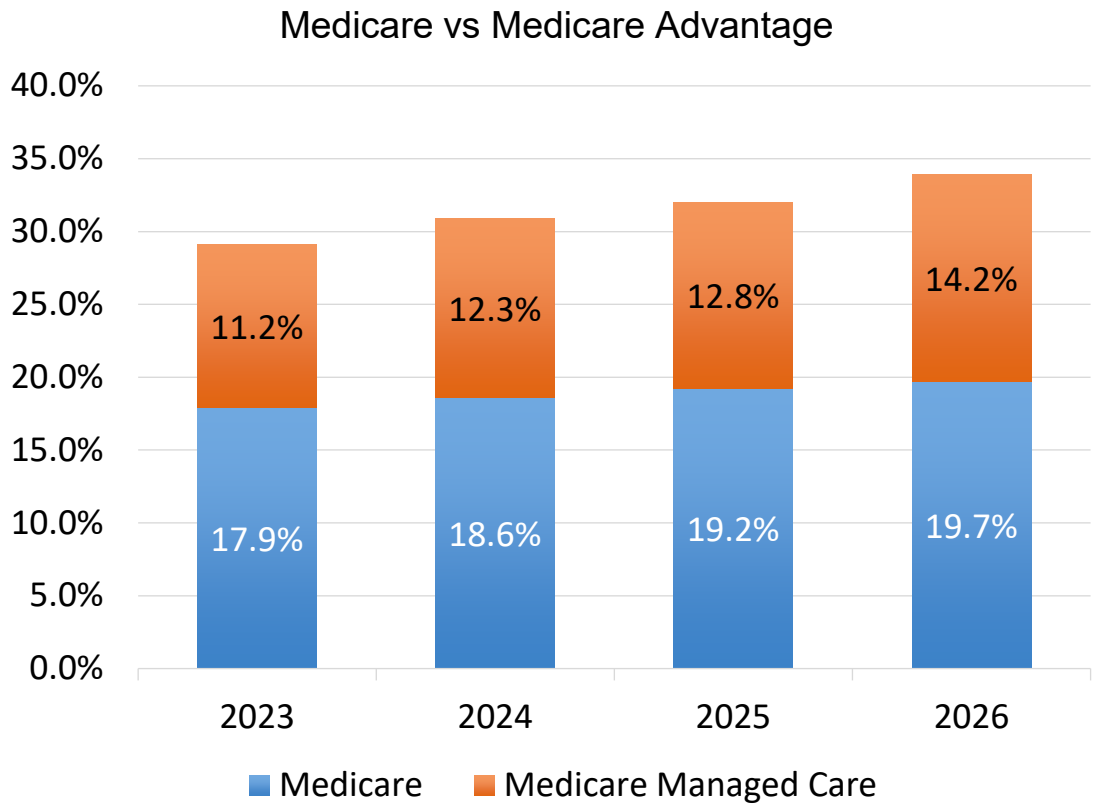
1) Growth in Medicare Mix % reflects Aging Population

- Medicare eligible (includes Traditional Medicare and MA) patients represent 34% of our total volume in FY26
- Up 5% from FY23 (29% to 34%)



2) Medicare Mgd Care (MA) growing faster than Traditional Medicare

- MA growth from 11.2% to 14.2% (27% ↑ since FY 2023)
- Traditional Medicare growth from 17.9% to 19.7% (10% ↑ since FY 2023)
- Reflect National and Regional Trend of growing MA Penetration



Current Kaweah Health Payment Portfolio

Traditional Medicare Value Based Care Payment Programs



HOSPITAL VALUE BASED PURCHASING

HOSPITAL READMISSION REDUCTION PROGRAM

HOSPITAL ACQUIRED CONDITION REDUCTION PROGRAM

QUALITY PAYMENT PROGRAM

MEDICARE SHARED SAVINGS PROGRAM

Medicare Advantage Health Plan Partnerships



PART A CAPITATION AGREEMENT

DUAL RISK AGREEMENT

FEE FOR SERVICE

HEALTH PLAN PARTNERSHIP

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Strategic Partnerships at Kaweah Health

2015 1st Capitation/Risk Bearing Contract with a Medicare Advantage plan

2017 - Partnered with Key Medical Group to develop Sequoia Health Plan and Sequoia Integrated Health

2024 - Joined Traditional Medicare ACO (MSSP) through our partnership with Aledade, earning gainshare payout (settled / received in CY 2025).

2026 –Currently partnered with 4 health plans for Medicare Advantage members in both Value Based Care and FFS models

2027 – Adding 2 additional Medicare Advantage plans

The "Whys": History & Strategic Intent

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

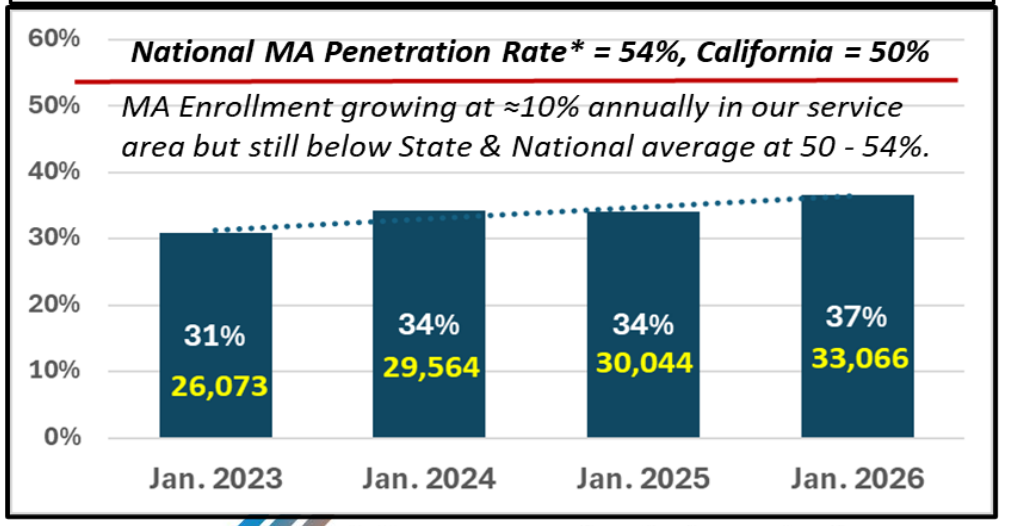
Strategic Intent:

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

CMS Annual Payment Update Increases:
MA Plans 5.06% ↑ vs. Hospital Inpatient 2.2% ↑

Feature	Medicare Advantage (MA) Plans	Hospital Inpatient (IPPS)
Annual Update Metric	Effective growth rate & benchmarks	Hospital market basket
Typical 2025–2026 Adjustments	~5.06% payment increase	~2.4% to 2.6% increase

Tulare & Kings County Service Area
Medicare Advantage (MA) Enrollees & Penetration Rate*



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

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Why Health Systems Stay Entrenched in Fee-for-Service

Barriers to adopting value-based care models

1	**Cash-flow predictability & timing**	Fee-for-service pays per unit of service, so revenue tracks volume and is easy to forecast. Health systems can use historical and payment data to predict future volume and revenue.
2	**Infrastructure & incentive alignment**	Physician compensation models, EHR billing workflows, and capital planning (bed capacity, specialty service lines) are all built around volume. Undoing this is expensive and organizationally painful.
3	**Actuarial, scale & risk expertise**	Value-based care, especially full-risk capitation, requires taking on insurance-like risk. Many health systems lack the actuarial expertise, scale or data sophistication to manage these arrangements.
4	**Fragmented, siloed data**	Population health management requires longitudinal patient data across care settings, but most systems' EHR and claims data remain siloed, making it hard to manage total cost of care proactively absent aggregation of claims and clinical data.
5	**Weak downside-risk contracts**	Many value-based arrangements (e.g., MSSP ACOs) are upside-only or have short performance periods, giving systems little reason to fully commit organizational and capital resources.

Health System Considerations

Forces pushing the shift toward value-based care

Payer mix shift toward Medicare Advantage

Health plans increasingly use risk-based and quality-linked payment structures (e.g., Star Ratings, HEDIS-linked bonuses) rather than pure FFS. Health systems must invest to build and manage these arrangements to ensure continued network participation.

CMS policy direction

CMS aims to move all Medicare and most Medicaid beneficiaries into accountable-care relationships, putting a policy floor under the transition even as absolute FFS volume continues to grow. In addition, it is implementing more mandatory models that penalize low performers.

Rising chronic disease burden

Growing total-cost-of-care pressure means value-based arrangements can put unforeseen strain on health systems when costs outpace the payment model.

Growing data & analytics maturity

Advances in analytics are gradually making risk stratification, care management and prospective risk pricing more feasible for systems that invest in them.

Key Terms

Medicare Program - A federal health insurance program for people aged 65 and older as well as younger individuals with specific disabilities or permanent kidney failure

Traditional Medicare Members – A qualifying eligible Medicare beneficiary whose benefits are managed by the federal government through the Part A benefit or hospital coverage, Part B benefit or physicians services and Part D benefit or pharmacy benefit.

Medicare Advantage Member – A Medicare beneficiary who has opted out of the federal government managing their benefits and opted to have a health plan managed those same benefits. This would include their Part A, Part B and Part D benefits and is often referred to as Part C.

Value Based Care Model - Value-based care (VBC) focuses on improving health outcomes and patient experiences while controlling costs. Unlike traditional fee-for-service models, where providers are paid for each service delivered, VBC ties payment to the results achieved, such as quality, equity, and efficiency of care

Risk Based Model/ Contract - Risk-based contracting is a type of arrangement between healthcare providers and health plans or government programs (together "plans") whereby financial responsibilities for the cost of care shifts between the plan to the provider.

Fee for Service Model/Contract - A fee-for-service (FFS) contract in healthcare is an agreement where providers are paid separately for each service—such as visits, tests, or procedures—rather than receiving a bundled or fixed payment.

Two-Sided Risk Agreement - A two-sided risk agreement in healthcare is a payment arrangement where the provider (such as a hospital, physician group, or accountable care organization) is financially responsible for both the cost and quality of care for a defined group of patients.

Upside Risk - If the provider delivers care that meets or exceeds quality targets and keeps costs below a pre-set benchmark, the provider can share in the savings

Downside Risk - If costs exceed the benchmark or quality targets are missed, the provider must repay the payer (insurer, Medicare, Medicaid, etc.) for the excess.

Risk Adjustment or RAF score- A method of assigning a member a score which identifies how complex or medical needy is the patient. The higher the RAF score the more funding provided to care for that member.

Agenda item intentionally omitted

Resolution 2300

RESOLUTION 2300

Board Resolution Honoring
Ariadna Liz Hernandez as World Class Employee of the Month of October

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

WHEREAS, Ariadna Liz Hernandez, of the Youth Crisis Stabilization Unit, has consistently demonstrated exceptional commitment to their responsibilities, a strong work ethic, and a positive attitude that uplifts their team;

WHEREAS, She has made significant contributions during the month of October 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, Ariadna'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 Ariadna Liz Hernandez as **Employee of the Month** for Octoebr 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 Ariadna Liz Hernandez as a token of recognition and gratitude.

PASSED AND ADOPTED this 28th of October, 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

October 2026

64	10	4	9	17
ACTIVE CANDIDATES	FY27 COMMITMENTS	CURRENT OFFERS EXTENDED	PENDING SITE VISITS	CURRENTLY IN SCREENING

PHYSICIAN GROUP TARGETS

Key Medical Associates

- Pulmonology x1
- Psychiatry x1

Oak Creek Anesthesia

- Anesthesia - Cardiac x1
- Anesthesia - General x2
- Anesthesia - Regional x1

Valley Children's

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

Orthopaedics Associates

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

Other Recruitment / Group TBD

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

FY27 YEAR-TO-DATE SUMMARY

71	10	14%
FY27 CANDIDATES PURSUED	FY27 COMMITMENTS July - October 2026	FY27 CONVERSION RATE 10 of 71 committed

BOARD NARRATIVE | SEPTEMBER 2026

During the month of September, the Physician Recruitment Team secured new commitments in several priority specialties while continuing to expand the candidate pipeline through national recruitment events.

Signed letters of intent were received from a Urologist with a May 2027 start date and a Family Medicine physician with a January 2027 start date. In early October, a second Neurologist signed a letter of intent with a January 2027 start date, marking the second Neurology commitment of the fiscal year.

OB/GYN recruitment continues to advance. Following a September site visit, an offer has been extended to an OB/GYN candidate, and work continues with Key Medical Associates to establish visa sponsorship for an additional OB/GYN candidate.

The Physician Recruitment Team recently participated in national physician career fairs in Cleveland and Los Angeles. Pipeline activity has also expanded in Vascular Surgery, Colorectal Surgery, and Vascular Neurology, with candidates in each specialty now at the site visit stage.

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

Active Physician Pipeline

October 2026

Kaweah Health

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

#	Specialty	Group	Phase	Start Date
1	Colorectal Surgery	TBD	Site Visit	
2	OB/GYN	Key Medical Associates	Site Visit	08/01/27
3	Orth Surgeon (General)	Orthopedic Assoc	Site Visit	01/04/27
4	PM&R	TBD	Site Visit	
5	Ped Hospitalist	Valley Children's	Site Visit	
6	Pulmonology	TBD	Site Visit	
7	Vascular Neurology	TBD	Site Visit	
8	Vascular Surgery	TBD	Site Visit	
9	Vascular Surgery	TBD	Site Visit	02/01/27
10	Anesthesia	Oak Creek	Screening	
11	Anesthesia	Oak Creek	Screening	
12	Anesthesia (Cardiac)	Oak Creek	Screening	
13	Cardiology (EP)	TBD	Screening	
14	Cardiology (Interventional)	KH Sequoia Cardiology	Screening	
15	Cardiothoracic Surgery	TBD	Screening	
16	Colorectal Surgery	TBD	Screening	
17	Diagnostic Radiology	Mineral King Radiology	Screening	
18	Family Medicine	1099 - TBD	Screening	
19	Family Medicine	TBD	Screening	
20	Internal Medicine (Outpatient)	TBD	Screening	
21	OB/GYN	TBD	Screening	
22	Radiation Oncology	SRCC	Screening	
23	Radiation Oncology	Sequoia Regional Cancer Center	Screening	
24	Vascular Surgery	TBD	Screening	
25	Vascular Surgery	TBD	Screening	
26	Vascular Surgery	TBD	Screening	
27	Heart Failure	1099 - KH Direct	Offer Extended	08/01/27
28	OB/GYN	TBD	Offer Extended	08/01/27
29	Pulmonology	TBD	Offer Extended	09/01/27
30	Rad Oncology	Sequoia Radiation Oncology	Offer Extended	08/01/27
31	Cardiology (EP)	1099 - KH Direct	Offer Accepted	11/01/26
32	ENT	Valley ENT	Offer Accepted	09/01/27
33	Endocrinology	1099 - KH Direct	Offer Accepted	TBD
34	Family Medicine	1099 - KH Direct	Offer Accepted	11/01/26
35	Family Medicine	1099 - KH Direct	Offer Accepted	01/01/27
36	Family Medicine	Venice Hills Medical Associates	Offer Accepted	11/01/26
37	Nephrology	Dr. Javed's Group	Offer Accepted	

#	Specialty	Group	Phase	Start Date
38	Neurology	1099 - KH Direct	Offer Accepted	11/04/26
39	Neurology	TBD	Offer Accepted	01/01/27
40	Neurology	TBD	Offer Accepted	09/01/27
41	Nurse Practitioner	Mineral King Radiology	Offer Accepted	07/06/26
42	Nurse Practitioner	Oak Stone Medical Group	Offer Accepted	09/30/26
43	Orth Surgeon (Hand)	Orthopedic Assoc	Offer Accepted	12/01/26
44	PM&R	Dr. Sorenson's Practice	Offer Accepted	05/01/27
45	Pediatrics	1099 - KH Direct	Offer Accepted	12/01/26
46	Pediatrics	Venice Hills Medical Associates	Offer Accepted	11/01/26
47	Psychiatry	Oak Stone Psychiatry	Offer Accepted	07/01/27
48	Urology	1099 - KH Direct	Offer Accepted	05/01/27
49	Colorectal Surgery	TBD	Leadership Call	
50	Family Medicine	TBD	Leadership Call	
51	Infectious Disease	TBD	Leadership Call	08/01/27
52	OB/GYN	TBD	Leadership Call	
53	Pulmonology	TBD	Leadership Call	
54	Pulmonology	TBD	Leadership Call	08/01/27
55	Vascular Surgery	TBD	Leadership Call	
56	Anesthesia	Oak Creek	Applied	
57	Gastroenterology	TBD	Applied	
58	Internal Medicine/Outpatient	TBD	Applied	
59	OB/GYN	TBD	Applied	
60	Orth Surgeon (General)	Orthopedic Assoc	Applied	
61	PM&R (Interventional Pain)	TBD	Applied	
62	Ped Hospitalist	TBD	Applied	
63	Tele-Endocrinology	TBD	Applied	
64	Urology	TBD	Applied	

Overall Strategic Plan

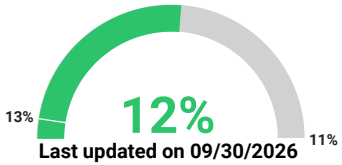
FY2027 Strategic Plan
Monthly Performance

Board of Directors
October 28, 2026



Kaweah Health
MORE THAN MEDICINE. LIFE.

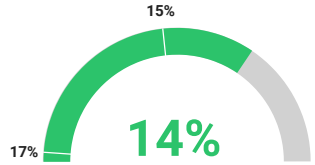
Decrease Overall Turnover Rate to less than equal to 11% (FYE-26)



Last updated on 09/30/2026

Move from baseline of 13% to target of 11%

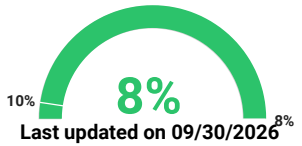
Decrease New Hire Turnover Rate (leaving within 6 months) to less than or equal to 15% (FYE-26)



Last updated on 09/30/2026

Move from baseline of 17% to target of 15%

Decrease RN New Hire Turnover Rate (leaving within 6 months) to less than or equal to 8% (FYE-26)



Last updated on 09/30/2026

Move from baseline of 10% to target of 8%

Strategy Summary - Ideal Environment

Name	Status	Start Date	Due Date	Assigned To	Last Comment
Employee Engagement and Retention	On Track	07/01/2026	06/30/2027	Hannah Mitchell	Current Month * Ideal Environment Strategic Plan presented to the Board of Directors. * Employee Engagement Survey Action Plan Roadmap drafted. * Market adjustments under way for selected positions to remain competitive with local pay rates. * 401k step-vesting communicated September 2026 for December 31, 2026 effective date. * Multidisciplinary task force formed to collaborate on potential TeamSTEPPs training rollout. * Introduced 7 new KHU Scholars Programs focused on IT certification prep. Next Steps * Present on the Ideal Environment Strategic Plan and New Hire Turnover Project at the October Leadership Team Meeting. * Introduce new interview guides to leaders. * NRC to present the Employee Engagement and Patient Experience Crosswalk to the Executive Team, Patient Experience, and Organizational Development in October onsite. * CNO/NRC/Organizational Development meeting to review Employee Engagement Survey results, key takeaways, and nursing action plan ideas scheduled in October. * Present the Employee Engagement Survey Action Plan Roadmap to the Executive Team and finalize tactics and communication plan. * Present Employee Engagement Survey Results to the Board of Directors in October. * Multidisciplinary task force to present TeamSTEPPS rollout plan to CEO and Chief of Staff, followed by the Executive Team and MEC if supported. * New Mandatory AI Training for all staff and Positive Employee Relations Knowledge Check for leaders rolling out 10/1.
School Partnerships and Volunteer Programs	On Track	07/01/2026	06/30/2027	Jaime Morales	Current Month *In September, we hired 12 external RN New Grads and had 0 Internal RN New Grad transfers, for a total of 12 New Grad RNs joining Kaweah Health. *60 New Grad RNs graduated from Kaweah Health's Licensed Nurse Residency Program (LNRP). *25 employees graduated from the Unitek Nursing Program on September 24, 2026. *Welcomed Unitek Cohort #6 into Year Two of the three-year program, beginning the Nursing Core. *Employee Educational Sponsorship interviews underway for Unitek January 2027 cohort, with selections to be made by Unitek in October. Interviews were also conducted for the Carrington September 2026 ADN cohort, with three Kaweah Health employees selected for the cohort. *Hosted Unitek and COS on-site visits and nursing program information sessions. Shared COS TEAS preparation course with employees to support successful program applications. * In September, 216 individuals volunteered more than 3623 hours. *Working to secure volunteer coverage for the new Discharge Lounge. Next Steps *Conduct a Kaweah Health employee survey to determine how many employees qualify for the COS RN program with completion of all required pre-requisite courses. The goal is to better prepare qualified employees for the TEAS exam and applications to the Summer 2027 Year-Round Program. *Continue recruitment and hiring of RN New Grads, with a focus on candidates interested in building a long-term career with Kaweah Health and who are familiar with our organization, culture, and patient population. *Development of an internal employee webpage dedicated to Career Pathways and educational and sponsorship opportunities.
Resident Engagement and Retention	On Track	07/01/2026	06/30/2027	Angel Smith	Fellowship match closes in October and I will be following up with residents about opportunities to return to KH after fellowship.
Physician and Provider	On Track	07/01/2026	06/30/2027	Teresa Boyce	Revision of governing documents complete. CME Coordinator in training; Mentoring program development in process.

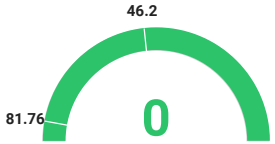
Reduce Serious Safety Event Occurrences by 10% to 2.88 (FYE-26)



Last updated on 09/30/2026

Move from baseline of 3.2 to target of 2.88

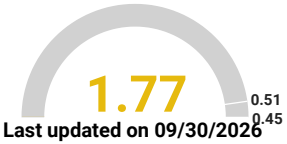
CMS thirty-day death rate among surgical inpatients with complications less than or equal to 46.20 (CMS 50th percentile) (FYE-26)



Last updated on 09/30/2026

Move from baseline of 81.76 to target of 46.2

Hospital Acquired Pressure Injuries, Stage 2 and above, <0.46 (World Health Organization pooled incidence rate) (FYE-26)



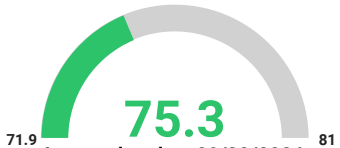
Last updated on 09/30/2026

Move from baseline of 0.51 to target of 0.45

Strategy Summary - Outstanding Health Outcomes

Name	Status	Start Date	Due Date	Assigned To	Last Comment
Safety Program Optimization	On Track	07/01/2026	06/30/2027	Cindy Vander Schuur	YTD Update: *Current process for handoff and escalation reviewed/mapped with process improvement engineer and clinical directors *Updated draft of standard safety rounding board Next Steps *Executive approval of the Safety Rounding board *Finalize the rounding structure with executive team. * Identify any gaps, strategize and implement a handoff and escalation process that will negate any gaps in processes, if identified *Planned presentations to PPC and LNR
Reduce Hospital Acquired Infections (HAI)	On Track	07/01/2026	06/30/2027	Shawn Elkin	YTD Update: * We project November outcomes to trend down based on several interventions that are underway or planned Next Steps: * CLABSI – Nursing, CLIP form and presence at all central line insertion. Physicians, resident education and practicum, only 2 physicians present at insertion * Critical Care multidisciplinary rounds review central lines * IV Safety Team/PICC nurses evaluating vascular devices
Surgical Safety Program	On Track	07/01/2026	06/30/2027	Chris Patty	YTD Update: * Significant elevation (undesirable) in the PSI-12 (postoperative DVT/PE) metric remains * First meetings held with intraoperative stakeholder team to develop action plan for improving mechanical VTE prophylaxis Next Steps: * Will meet in early October with Pharmacy and Trauma teams to evaluate workflows related to PSI fallouts
Safety in Nursing Practice	On Track	07/01/2026	06/30/2027	Mara Lawson	YTD Update: *Overall, we are making progress. HAPI rates increased related to new repositioning protocol. Wound RN informed team at deployment that heightened awareness initially leads to increased reporting. Numbers are already trending down from most current reported data. Next Steps: *HAPI Action Plan being finalized and implemented *Preparing to re-implement Post Falls Huddle

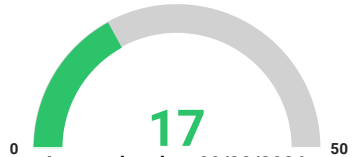
HCAHPS "Would Recommend Hospital" is 72.3 (FY2027)



Last updated on 09/30/2026

Move from baseline of 71.9 to target of 81

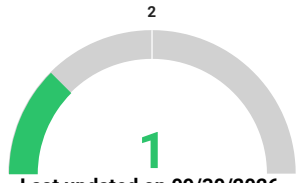
50 community outreach events FYTD-27



Last updated on 09/30/2026

Move from baseline of 0 to target of 50

Two or more Cuadrilla events in FYTD-27



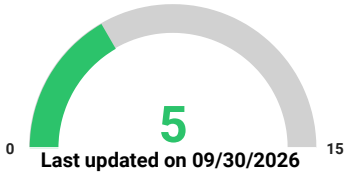
Last updated on 09/30/2026

Stay above baseline of 2

Strategy Summary - Patient and Community Experience

Name	Status	Start Date	Due Date	Assigned To	Last Comment
Promote a Patient-Centric Culture	On Track	07/01/2026	06/30/2027	Deborah Volosin	YTD Update: * Compassionate Communication Trainings continued throughout the month of September and into October.
Improve the hospital's physical spaces.	On Track	07/01/2026	06/30/2027	Deborah Volosin	YTD Update * PX rounded with Facilities, Maintenance, and CEO.
Strengthen Community Engagement	On Track	07/01/2026	06/30/2027	Deborah Volosin	YTD Update: * In September, CE met with CAC groups, had employees at the Tulare County Fair, hosted a NICU reunion, sponsored community events, and attended Visalia and Tulare City luncheons.

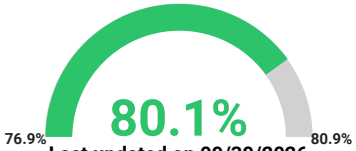
Recruit 15 Specialty Providers



Last updated on 09/30/2026

Move from baseline of 0 to target of 15

NPS "Likelihood to Recommend: Medical Practices" at 80.9 or greater



Last updated on 09/30/2026

Move from baseline of 76.9% to target of 80.9%

Perform on Seven or more QIP measures for calendar year 2026



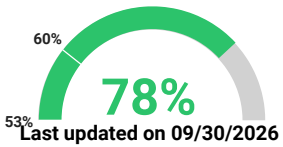
Last updated on 09/30/2026

Stay above baseline of 0

Strategy Summary - Physician Alignment

Name	Status	Start Date	Due Date	Assigned To	Last Comment
Recruit Physicians and Advanced Practice Providers	On Track	07/01/2026	06/30/2027	JC Palermo	YTD Update: *Continued outreach to UCSF Fresno and Dignity Health to build early-career FM pipelines, including participation in the upcoming UCSF Fresno career fair. *Continued visa sponsorship discussions with Key Medical Group for an OB/GYN candidate and support of Key's Plastic Surgeon search; ongoing acquisition conversations with two local physicians. *Recruited to date: 5 of 15 Specialty Providers, 2 of 5 Primary Care Physicians. *No changes to the recruitment and onboarding process this period; prior refinements remain in place. Next Steps: *Participate in the UCSF Fresno career fair, hold the FM coordinator meeting, and work to secure face time with Dignity Health. *Continue active specialty and PCP searches, including Family Medicine, Acute Heart Failure, and Radiation Oncology. *Advance OB/GYN visa sponsorship and acquisition conversations.
Mature Value Based Care Capabilities to position Kaweah Health as the Must Have Network	On Track	07/01/2026	06/30/2027	Tom Boggs	YTD Update: * Workgroup teams progressing on Annual Wellness Visits and Quality (Gaps in Care / Stars) execution. *Execute on AWVs - Trend improving YOY Next Steps: *Chronic Care Management team to support ER "Super Users" and ASM model *Execute contract for Implementation of Oracle tools to support accurate documentation, patient orchestration
Journey to Top Decile Ambulatory Clinic Performance	On Track	07/01/2026	06/30/2027	Tom Boggs	YTD Update: *Initial Benchmarking of Practice Operations for baseline underway - starting with Physician Productivity Next Steps: *Complete Physician Productivity Benchmarks *Internal development of reporting for Access (Third Next Available) in progress. Focus on Patient Experience *Reformat Internal Financial Statements to reflect Physician Practices

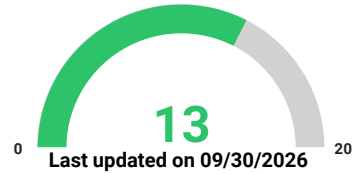
Through the work of the OR Optimization Committee, increase overall block usage to 60% in FY2027 (12% increase)



Last updated on 09/30/2026

Move from baseline of 53% to target of 60%

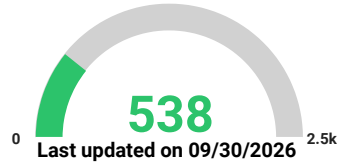
Complete 20 Mitra Clip Procedures in FY2027



Last updated on 09/30/2026

Stay between baseline of 0 and target of 20

2,500 new patient PCP visits in the rural health clinics for FY2027 (39% increase)



Last updated on 09/30/2026

Move from baseline of 0 to target of 2.5k

Strategy Summary - Strategic Growth and Innovation

Name	Status	Start Date	Due Date	Assigned To	Last Comment
Grow Targeted Service Line Volumes	On Track	07/01/2026	06/30/2027	Kevin Bartel	YTD Update: *Volume goals met in many areas -- TAVR, mitral clip & EP procedures, endoscopy, Urology, general surgery *9 beds opened in SNF, with phase 2 & 3 in planning Next Steps: *Physician liaison support enlisted with identified elective practices to promote more known referral patter pipelines with local providers to drive clinic volume, including Ortho as volumes were below budget *Recruitment of EP cardiologist with identified candidate, potential start date may fall into early FY28
Enhance Medical Center Capacity and Efficiency	On Track	07/01/2026	06/30/2027	Kevin Bartel	YTD Update: *Continue OR Optimization committee -- had a large Add-on volume bringing the total OR utilization up to 78% -- KH leaders are in dept during first case starts to encourage staff and MDs to be accountable *Expansion of CV PACU and construction of two OP procedure rooms on track to be completed in FY2027 Next Steps: *Focus of OR Optimization committee will be on addressing first case start times and OR turnaround time, as not all metrics did not meet established goals in September *While construction of two OR procedure rooms is on track for completion in FY27, licensing delays may ultimately push clinical use of this space into FY28
Expand access for patients though Clinic Network Development	On Track	07/01/2026	06/30/2027	Ivan Jara	YTD Update: * 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 for Primary and Specialty Care and advanced practice provider recruitment Continued efforts to identify new clinic locations (Specialty, Rural, and Commercial) * Ongoing review and application for federal/state programs and grants
Innovation	On Track	07/01/2026	06/30/2027	Kevin Bartel	YTD Update: *Hospitalist pilot of AI ambient listening is complete *Workday demo for HR, Finance, Supply Chain & Payroll *RHTP grant submission -- informed that KH's proposal was not selected for funding *Care at Home program -- Straw Model developed for workflows, etc Next Steps: *Broad rollout of AI ambient listening for Hospitalists and APPs, with nursing pilot scheduled for Q2 2027 *Internal meetings to decide whether to move forward with AI agents in Workday *TMaH -- meetings with partner health plans along with non-binding application of interest *Scoping of $ risk exposure in Ambulatory Medical Specialty (ASM) Model *Care at Home program -- Review with clinic Medical Director Leadership for feedback
Enhance Health Plan Programs	On Track	07/01/2026	06/30/2027	Sonia Duran-Aguilar	YTD Update: * Evaluate CHW Medi-Cal Benefit application and submit to MCPs for CHW reimbursement contracting.

Emergency Services

SERVICE LINE BOARD REPORT



Kaweah Health Emergency Dept.
Cameron Beatty DNP, MBA, NEA-BC
559.624.2410

Executive Summary

Executive narrative

Top Three Wins

- Participation in the employee engagement survey was the highest it has been in over 10 year (190 respondents). Engagement scores for the ED were significantly higher year-over-year, 3.9 to 4.10
- Travel nurse footprint has been reduced from 45+ to 25. We have replaced these with full-time FTEs.
- Volumes continue to grow (on pace for 104,000 CY 26' visits)

Top Three Risks

- Admission holds and hallway beds: undermine quality, safety, length of stay, travel nurse reliance
- Employee turnover at 21% represents approximately 52 colleagues in a 250 FTE department
- Patients and the community losing coverage may increase volumes even further

Goals for the next year

- Pursue and achieve Lantern Award Recognition from the Emergency Nurses Association (ENA)
- Increase the patient experience, reflected by increasing Net Promoter Scores
- Continue reduction of travel nurse footprint
- Keep job vacancy rates below 10%, reduce voluntary turnover

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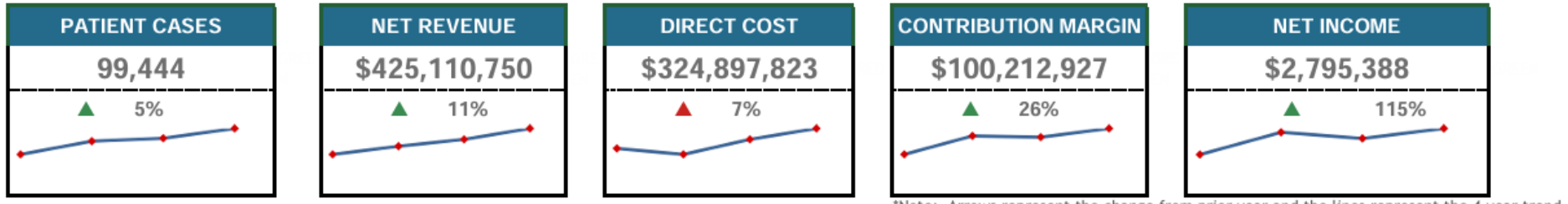
Financials

Emergency Services

- Operating Margin
  - Net Revenue $425,110,750 **(Higher than FY 25')**
  - Direct Cost $324,897,823 **(Higher than FY 25')**
  - Contribution Margin $100,212,927 **(Much higher than FY 25')**
- Budget Variance
  - Increase in COGs, equipment, staffing
- Productivity
  - Increased volume and admission holds, productivity continues to be an opportunity
- Provided by Finance
  - See attached finance report

Financials

KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026



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

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	87,968	93,806	95,062	99,444 ▲	5%	
Net Revenue	$324,763,264	$355,979,759	$382,787,969	$425,110,750 ▲	11%	
Direct Cost	$285,292,186	$273,357,606	$303,152,542	$324,897,823 ▲	7%	
Additional Reimb	$45,753,752	$43,002,392	$56,410,868	$69,083,957 ▲	22%	
Contribution Margin	$39,471,078	$82,622,153	$79,635,426	$100,212,927 ▲	26%	
Indirect Cost	$92,434,552	$87,990,417	$97,985,319	$97,417,539 ▼	-1%	
Net Income	($52,963,475)	($5,368,264)	($18,349,892)	$2,795,388 ▲	115%	

Dashboard

Service Line Metrics

- Quality
  - 36.9 NPS score annualized
  - 1.2% LWBS rate
  - >86% sepsis compliance 4 months in a row
- Employee
  - 22% turnover
  - 13 open positions, <6% vacancy
  - Moderately Engaged. Jump from 3.9 to 4.1 raw engagement score



Growth & Access

GENERAL METRICS	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26
ED Volume	8577	8023	9049	8413	8926	8607	8735	8876	8753			
% pts Left Without Being Seen	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.4%	1.8%			
Benchmark LWBS	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
% of Pts Admitted	22.0%	22.0%	22.0%	22.0%	21.0%	22.0%	22.0%	22.0%	22.0%			
% of Pts Discharged	68.0%	68.0%	67.0%	68.0%	69.0%	69.0%	67.0%	68.0%	68.0%			
% of Pts Left During Treatment	4.5%	4.4%	5.1%	4.6%	4.3%	3.7%	4.3%	4.3%	4.6%			
% of Pts. Transferred	1.3%	1.0%	1.1%	1.2%	1.2%	1.3%	1.1%	0.9%	0.9%			
% of Pts Left AMA	1.0%	1.0%	0.8%	0.9%	0.8%	0.9%	0.9%	1.1%	1.1%			

ED THROUGHPUT METRICS	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26
Median Length of Stay (LOS) for Admitted Inpatients	862	841	815	718	669	636	657	769	767			
LOS-A Benchmark	500	500	500	500	500	500	500	500	500	500	500	500
Median LOS in Min for Discharged Pts	282	283	290	288	273	268	265	275	278			
LOS-D Benchmark	240	240	240	240	240	240	240	240	240	240	240	240
Median LOS in Min for Admit Order to ED Depart (Inpt Status)	566	544	524	429	400	363	373	494	472			
LOS Admit to Depart Benchmark	287	287	287	287	287	287	287	287	287	287	287	287
Average LOS in Minutes for Admitted Mental Health Pts	1373	1441	1372	1360	1706	1800	1498	1413	1310			
(Vit. Analystics) LOS ESI 4s	198	190	191	189	173	156	155	183	187			
ESI 4s Benchmark	100	100	100	100	100	100	100	100	100	100	100	100
900	80	90	109	97	83	92	94	100	146			
ESI 5s Benchmark	100	100	100	100	100	100	100	100	100	100	100	100

Patient Experience & Quality

PATIENT EXPERIENCE	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26
NRC Net Promoter Score	34.7	34.3	32.9	36.8	35.6	38.3	35.8	38.7	31.3			
Net Promotor Score Benchmark	43.0	43.0	43.0	43.0	43.0	43.0	43.0	43.0	43.0	43.0	43.0	43.0
Time Spent with Provider	38.3	37.5	36.6	38.7	38.3	39.7	38.4	40.2	40.0			
Time Spent with Provider Benchmark	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0
Trust in Provider	47.1	48.6	44.8	47.3	47.4	49.3	47.0	48.0	46.7			
Trust in Provider Benchmark	53.0	53.0	53.0	53.0	53.0	53.0	53.0	53.0	53.0	53.0	53.0	53.0

SEPSIS	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26
% of ED Sepsis Order Set Compliance	92%	67%	97%	100%	100%	100%	100%	100%	100%			
Order Set Benchmark	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
CMS % Sepsis Bundle Compliance	57%	30%	78%	81%	82%	94%	95%	85%	86%			
Sepsis Bundle Benchmark	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%

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SERVICE LINE BOARD REPORT



Kaweah Health Trauma Department
Cameron Beatty DNP, MBA, NEA-BC
559.624.2410

Executive Summary

- Kaweah Health Trauma Department is a dedicated department that is vital to achieving and maintaining trauma center verification. We are committed to patient safety and ensure we have resources (such as equipment, personnel, and support) through our continuous focus on high-quality performance improvement reviews.

- Our Trauma program/Emergency Department saw 3,544 trauma registry patients, including 2,462 activations, for the calendar year 2025. This is an overall increase of 2% from the previous year. The trauma registrar abstracts over 50 charts per month, and Performance improvement nurses review over 100 charts monthly to improve our performance and outcomes.

- The Kaweah Health Trauma program is currently preparing for our reverification in April of 2027.

- The Trauma Department has a Community Outreach/Prevention program that participates in events in Tulare County. We teach Stop the Bleed throughout the year and have trained over 200 community members. Our classes have been taught at schools in our area, and quarterly training with The County of Tulare.

Executive Summary (Cont.)

Top Three Wins

- Increase of 2% in trauma activations over prior year
- 100% participation in the employee engagement survey
- Stable leadership and workforce

Top Three Risks

- Change over in trauma physician group.
- Change in trauma department medical director
- Currently preparing for reverification in Apr. 2027

Goals for the next year

- Achieve three-year reverification
- Maintain and enhance community outreach (EMS week BBQ, seek out grants, helmet + water safety)
- Improve trauma charting and increase trauma quality metrics through partnership

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Financials

Inpatient Trauma Activations admitted through the ED

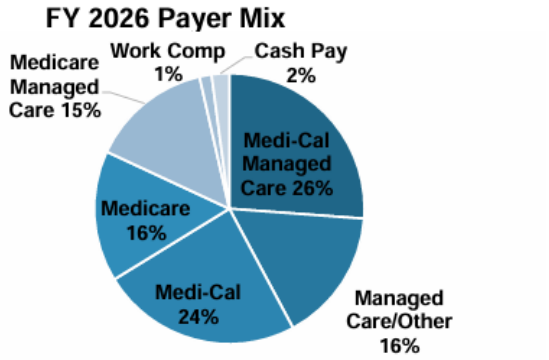
KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
491	$18,863,967	$13,682,318	$5,181,649	$1,269,682
-6%	-18%	-14%	-26%	-43%

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

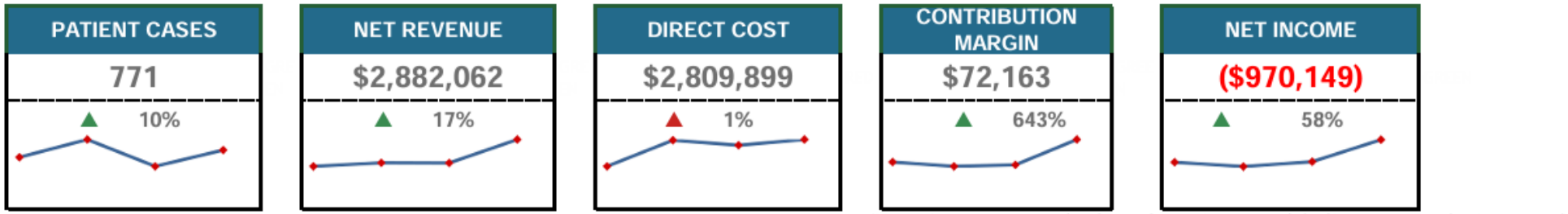
PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2023	FY2024	FY2025	FY2026
Medi-Cal Managed Care	40%	29%	38%	26%
Managed Care/Other	15%	17%	17%	16%
Medi-Cal	12%	15%	16%	24%
Medicare	19%	19%	14%	16%
Medicare Managed Care	10%	11%	9%	15%
Work Comp	2%	4%	3%	1%
Cash Pay	2%	4%	2%	2%



Financials Outpatient ED Trauma Activations

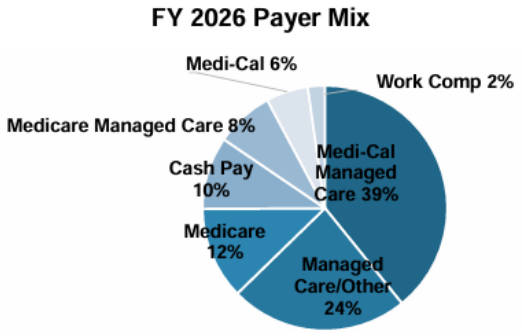
KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026



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

PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2023	FY2024	FY2025	FY2026
Medi-Cal Managed Care	42%	42%	40%	39%
Managed Care/Other	24%	21%	21%	24%
Medicare	10%	10%	11%	12%
Cash Pay	8%	11%	10%	10%
Medicare Managed Care	7%	7%	8%	8%
Medi-Cal	7%	7%	8%	6%
Work Comp	2%	3%	2%	2%



Dashboard

Service Line Metrics

Registry Cases		Apr	May	Jun	Jul	Aug
Activations		176	237	210	178	246
Non Activations		91	79	94	95	94
Total		267	316	304	273	340
2026	**Benchmark**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
Surgeon Response - Level 1	80%	88%	100%	92%	94%	92%
Ortho Response	80%	n/a	n/a	n/a	n/a	n/a
Neuro Response	80%	100%	100%	n/a	n/a	n/a
Femur Fixation <24 hr (avg)	24 hr.	32:49:00	20:53:00	25:03:00	16:26:00	26:44:00
Hip Fx < 24 hr	24 hr.	27:13:00	18:34:00	24:07:00	22:09:00	24:09:00
Open tib/fib <24 hr	24 hr.	13:03:00	14:35:00	16:29:00	12:54:00	5:35:00
Temps in the OR	80%	88%	67%	80.00%	100%	100%
SBIRT - Screening	80%	82%	81%	81%	89%	80%
SBIRT - Intervention	80%	83%	80%	82%	92%	75%
Trauma Registry < 60 days	80%	99%	98%	99%	98%	97%
Temps in the ED	90%	94%	90%	97%	100%	98%

	Odds Ratio									
Cohort	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024	Fall 2024	Spring 2025	Fall 2025	Spring 2026	Fall 2026
All Patients*	1.54	2.08	1.36	1.24	1.63	1.86	1.49	0.85	1.30	1.12



Growth & Access

Department Focuses/Projects

Documentation – Physician response times

Assist providers with attestation note creation so they may be reminded to document their response times.

Continue to follow up with staff and providers as we audit monthly for fallouts.

Orthopedic surgical procedures

We are emailing our liaisons to follow up on our fallouts monthly. Work with OR leadership to expedite cases reaching the 24-hour mark when it's safe to do so. As we have kept more patients since the addition of Dr. Dean this has contributed to some delays in fixation. OR leadership is consistently working on this area as we continue to grow as a facility to increase the room availability rates to help with compliance.

Community Outreach

We continue to find new opportunities for our program. Recently completed a choking hazard and car seat safety event at our NICU graduation.

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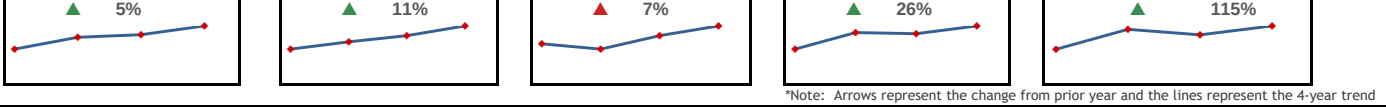
KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Emergency Services - Summary

KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
99,444	$425,110,750	$324,897,823	$100,212,927	$2,795,388
▲ 5%	▲ 11%	▲ 7%	▲ 26%	▲ 115%



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

METRICS BY SERVICE LINE - FY 2026

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
ED Inpatient	15,080	$316,751,283	$231,236,316	$85,514,967	$18,444,141
Outpatient Emergency Department	81,604	$78,169,907	$63,802,705	$14,367,202	($6,756,437)
ED Trauma Inpatient	491	$18,863,967	$13,682,318	$5,181,649	$1,269,682
ED Trauma Outpatient	845	$3,378,530	$2,842,161	$536,369	($409,492)
ED Inpatient Mental Health Hospital	162	$2,460,826	$2,623,607	($162,781)	($1,140,682)
Outpatient ED Surgery	1,262	$5,486,236	$10,710,715	($5,224,480)	($8,611,823)
Emergency Services Totals	99,444	$425,110,750	$324,897,823	$100,212,927	$2,795,388

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	87,968	93,806	95,062	99,444 ▲	5%	
Net Revenue	$324,763,264	$355,979,759	$382,787,969	$425,110,750 ▲	11%	
Direct Cost	$285,292,186	$273,357,606	$303,152,542	$324,897,823 ▲	7%	
Additional Reimb	$45,753,752	$43,002,392	$56,410,868	$69,083,957 ▲	22%	
Contribution Margin	$39,471,078	$82,622,153	$79,635,426	$100,212,927 ▲	26%	
Indirect Cost	$92,434,552	$87,990,417	$97,985,319	$97,417,539 ▼	-1%	
Net Income	($52,963,475)	($5,368,264)	($18,349,892)	$2,795,388 ▲	115%	
Net Revenue Per Case	$3,692	$3,795	$4,027	$4,275 ▲	6%	
Net Rev w/o Add Reimb Per Case	$3,172	$3,336	$3,433	$3,580 ▲	4%	
Add Reimb Per Case	$520	$458	$593	$695 ▲	17%	
Direct Cost Per Case	$3,243	$2,914	$3,189	$3,267 ▲	2%	
Contrb Margin Per Case	$449	$881	$838	$1,008 ▲	20%	
CM w/o Add Reimb Per Case	($71)	$422	$244	$313 ▲	28%	
% of Add Reimb per Case/CM per Case	116%	52%	71%	69%		

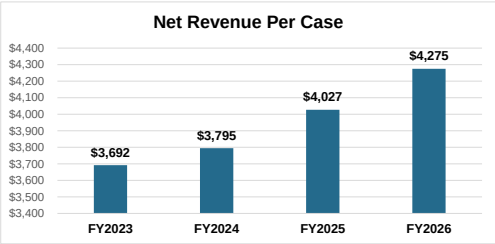
KAWEAH HEALTH ANNUAL BOARD REPORT

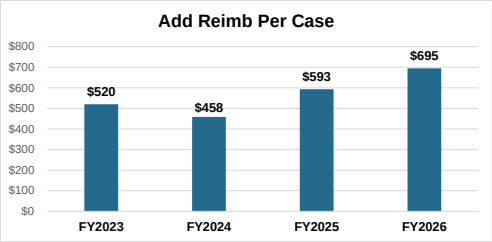
FY2026

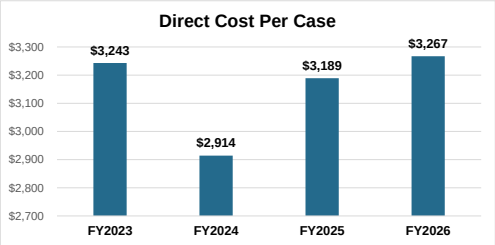
Emergency Services - Summary

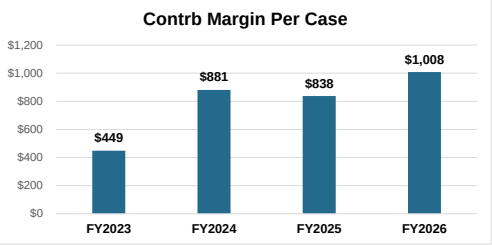
KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

GRAPHS









Note:
Source: Inpatient and Outpatient Service Line Reports
Criteria: Inpatient Service Line
Trauma - Inpatient KDMC patients with Trauma Flag valued at 1.
ED - Inpatient KDMC patients with ED Flag valued at 1.
Criteria: Outpatient Service Line
Trauma - Outpatient KDMC patients with Trauma Flag valued at 1.
ED - Outpatients in the Emergency Department Service Line, excluding Sugeries, Cath Lab and Trauma Activations
Patients in the O/P Surgery Service Line, with the ED Flag valued at 1, excludes Trauma Activations

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Emergency Services - Inpatients Admitted through the ED

KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

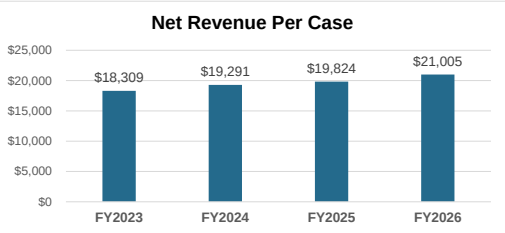
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
15,080	$316,751,283	$231,236,316	$85,514,967	$18,444,141
▲ 5%	▲ 11%	▲ 8%	▲ 21%	▲ 326%

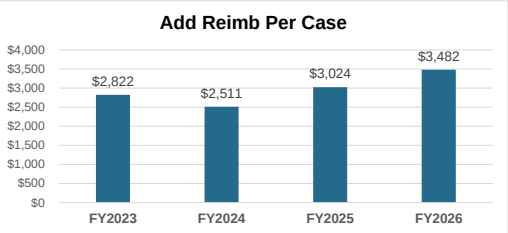
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

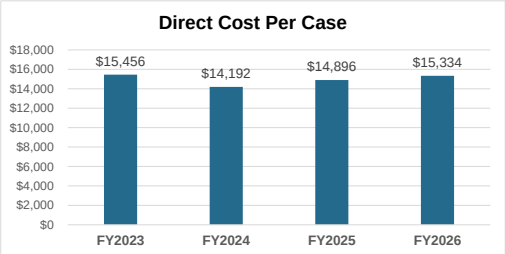
METRICS SUMMARY - 4 YEAR TREND

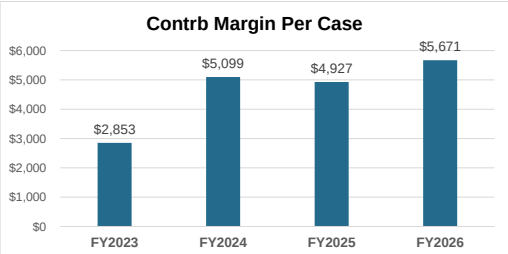
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	13,443	13,943	14,343	15,080	▲ 5%	
Patient Days	82,041	80,738	80,157	80,327	▶ 0%	
ALOS	6.10	5.79	5.59	5.33	▼ -5%	
GM LOS	4.02	3.99	3.91	3.80	▼ -3%	
Opportunity Days	2.09	1.80	1.68	1.52	▼ -9%	
Net Revenue	$246,133,217	$268,975,261	$284,332,215	$316,751,283	▲ 11%	
Additional Reimb	$37,934,596	$35,009,788	$43,370,301	$52,501,711	▲ 21%	
Direct Cost	$207,780,796	$197,876,596	$213,657,610	$231,236,316	▲ 8%	
Contribution Margin	$38,352,421	$71,098,665	$70,674,605	$85,514,967	▲ 21%	
Indirect Cost	$63,407,724	$59,244,563	$66,342,509	$67,070,827	▲ 1%	
Net Income	($25,055,303)	$11,854,102	$4,332,096	$18,444,141	▲ 326%	
Net Revenue Per Case	$18,309	$19,291	$19,824	$21,005	▲ 6%	
Net Rev w/o Add Reimb Per Case	$15,488	$16,780	$16,800	$17,523	▲ 4%	
Add Reimb Per Case	$2,822	$2,511	$3,024	$3,482	▲ 15%	
Direct Cost Per Case	$15,456	$14,192	$14,896	$15,334	▲ 3%	
Contrb Margin Per Case	$2,853	$5,099	$4,927	$5,671	▲ 15%	
CM w/o Add Reimb Per Case	$31	$2,588	$1,904	$2,189	▲ 15%	
% of Add Reimb per Case/CM per Cas	99%	49%	61%	61%		

PER CASE TRENDED GRAPHS









KAWEAH HEALTH ANNUAL BOARD REPORT

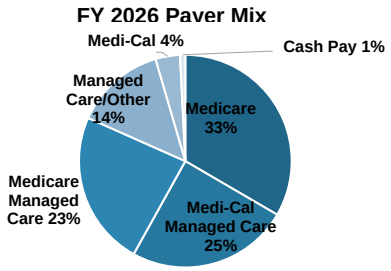
FY2026

Emergency Services - Inpatients Admitted through the ED

KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2023	FY2024	FY2025	FY2026
Medicare	36%	35%	34%	33%
Medi-Cal Managed Care	24%	24%	25%	25%
Medicare Managed Care	19%	21%	23%	23%
Managed Care/Other	15%	14%	13%	14%
Medi-Cal	5%	5%	4%	4%
Cash Pay	1%	1%	1%	1%



Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient KDMC patients with ED Flag valued at 1, Trauma Flag valued at 0.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Emergency Services - Mental Health Hospital Inpatients Admitted through the ED

KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

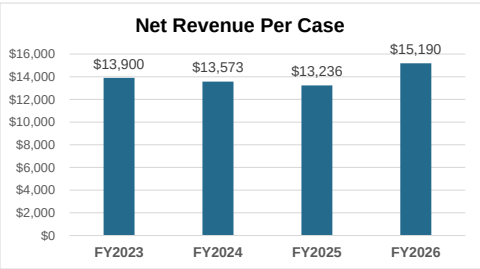
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
162	$2,460,826	$2,623,607	($162,781)	($1,140,682)
▲ 7%	▲ 23%	▲ 3%	▲ 71%	▲ 25%

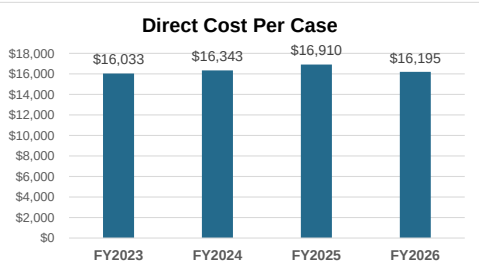
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

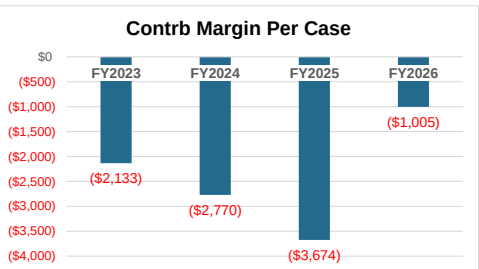
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	161	159	151	162 ▲	7%	
Patient Days	2,448	2,387	2,147	2,162 ▲	1%	
ALOS	15.20	15.01	14.22	13.35 ▼	-6%	
Net Revenue	$2,237,877	$2,158,172	$1,998,585	$2,460,826 ▲	23%	
Direct Cost	$2,581,344	$2,598,614	$2,553,402	$2,623,607 ▲	3%	
Contribution Margin	($343,467)	($440,442)	($554,817)	($162,781) ▲	71%	
Indirect Cost	$896,758	$958,704	$975,258	$977,902 ▶	0%	
Net Income	($1,240,225)	($1,399,146)	($1,530,075)	($1,140,682) ▲	25%	
Net Revenue Per Case	$13,900	$13,573	$13,236	$15,190 ▲	15%	
Direct Cost Per Case	$16,033	$16,343	$16,910	$16,195 ▼	-4%	
Contrb Margin Per Case	($2,133)	($2,770)	($3,674)	($1,005) ▲	73%	

PER CASE TRENDED GRAPHS

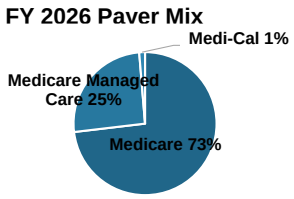






PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2023	FY2024	FY2025	FY2026
Medicare	83%	71%	64%	73%
Medicare Managed Care	15%	28%	31%	25%
Medi-Cal	1%	0%	2%	1%



Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient KDMH patients with ED Flag valued at 1.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Emergency Services - Inpatient Trauma Activations admitted through the ED

KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

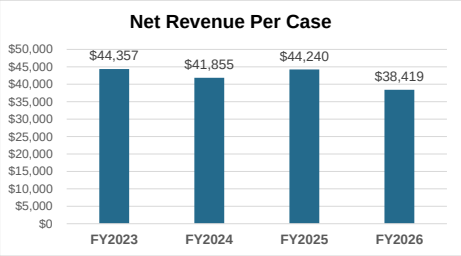
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
491	$18,863,967	$13,682,318	$5,181,649	$1,269,682
▼ -6%	▼ -18%	▼ -14%	▼ -26%	▼ -43%

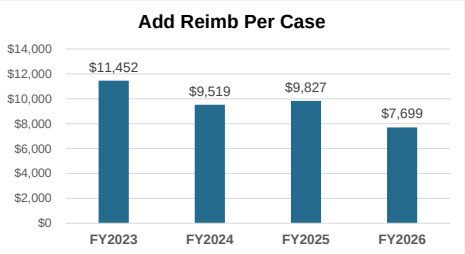
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

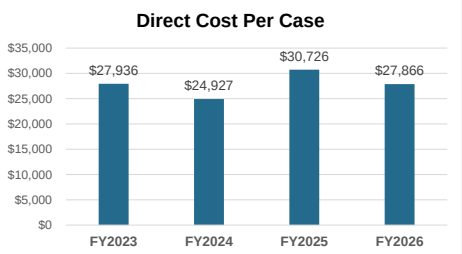
METRICS SUMMARY - 4 YEAR TREND

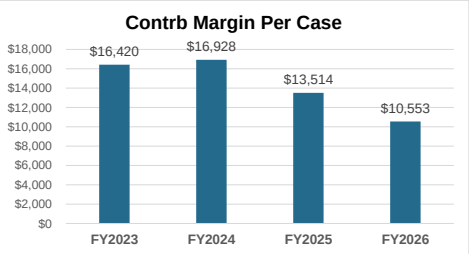
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	486	486	520	491 ▼	-6%	
Patient Days	3,663	3,887	4,571	3,803 ▼	-17%	
ALOS	7.54	8.00	8.79	7.75 ▼	-12%	
GM LOS	5.01	4.90	5.11	4.83 ▼	-5%	
Net Revenue	$21,557,324	$20,341,574	$23,004,688	$18,863,967 ▼	-18%	
Direct Cost	$13,577,079	$12,114,416	$15,977,463	$13,682,318 ▼	-14%	
Additional Reimb	$5,565,501	$4,626,215	$5,110,300	$3,780,059 ▼	-26%	
Contribution Margin	$7,980,245	$8,227,157	$7,027,225	$5,181,649 ▼	-26%	
Indirect Cost	$4,045,991	$3,743,190	$4,815,048	$3,911,967 ▼	-19%	
Net Income	$3,934,255	$4,483,968	$2,212,177	$1,269,682 ▼	-43%	
Net Revenue Per Case	$44,357	$41,855	$44,240	$38,419 ▼	-13%	
Net Rev w/o Add Reimb Per Case	$32,905	$32,336	$34,412	$30,721 ▼	-11%	
Add Reimb Per Case	$11,452	$9,519	$9,827	$7,699 ▼	-22%	
Direct Cost Per Case	$27,936	$24,927	$30,726	$27,866 ▼	-9%	
Contrb Margin Per Case	$16,420	$16,928	$13,514	$10,553 ▼	-22%	
CM w/o Add Reimb Per Case	$4,969	$7,409	$3,686	$2,855 ▼	-23%	
% of Add Reimb per Case/CM per Cas	70%	56%	73%	73%		

PER CASE TRENDED GRAPHS









KAWEAH HEALTH ANNUAL BOARD REPORT

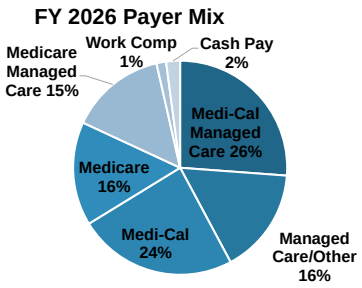
FY2026

Emergency Services - Inpatient Trauma Activations admitted through the ED

KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2023	FY2024	FY2025	FY2026
Medi-Cal Managed Care	40%	29%	38%	26%
Managed Care/Other	15%	17%	17%	16%
Medi-Cal	12%	15%	16%	24%
Medicare	19%	19%	14%	16%
Medicare Managed Care	10%	11%	9%	15%
Work Comp	2%	4%	3%	1%
Cash Pay	2%	4%	2%	2%



Notes:
Source: Inpatient Service Line Reports
Criteria: Inpatient KDMC patients with Trauma Flag valued at 1.

KAWEAH HEALTH ANNUAL BOARD REPORT

Emergency Services - Outpatient Emergency Department

FY2026

KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

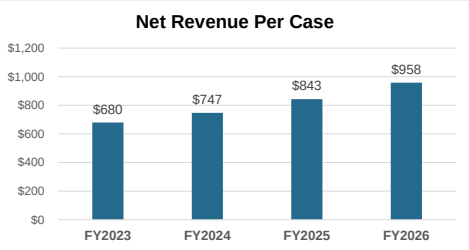
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
81,604	$78,169,907	$63,802,705	$14,367,202	($6,756,437)
▲ 4%	▲ 19%	▲ 10%	▲ 87%	▲ 51%

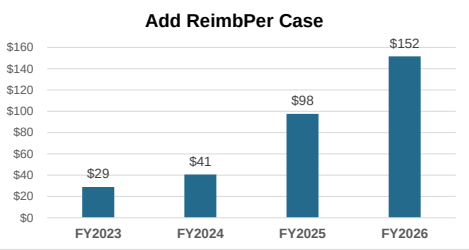
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

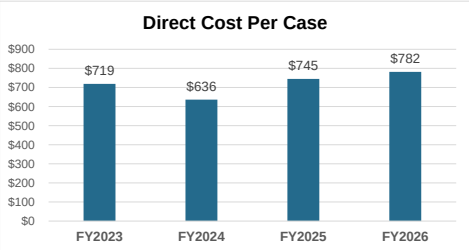
METRICS SUMMARY - 4 YEAR TREND

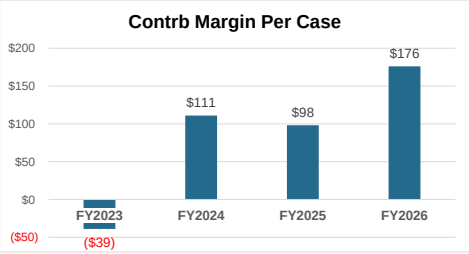
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	72,231	77,332	78,175	81,604	▲ 4%	
Net Revenue	$49,108,541	$57,792,530	$65,885,979	$78,169,907	▲ 19%	
Direct Cost	$51,913,728	$49,205,800	$58,209,714	$63,802,705	▲ 10%	
Additional Reimb	$2,085,246	$3,140,272	$7,625,369	$12,370,561	▲ 62%	
Contribution Margin	($2,805,187)	$8,586,730	$7,676,265	$14,367,202	▲ 87%	
Indirect Cost	$20,722,731	$20,162,934	$21,574,766	$21,123,639	▼ -2%	
Net Income	($23,527,917)	($11,576,204)	($13,898,501)	($6,756,437)	▲ 51%	
Net Revenue Per Case	$680	$747	$843	$958	▲ 14%	
Net Rev w/o Add Reimb Per Case	$651	$707	$745	$806	▲ 8%	
Add Reimb Per Case	$29	$41	$98	$152	▲ 55%	
Direct Cost Per Case	$719	$636	$745	$782	▲ 5%	
Contrb Margin Per Case	($39)	$111	$98	$176	▲ 79%	
CM w/o Add Reimb Per Case	($68)	$70	$1	$24	▲ 3658%	
% of Add Reimb per Case/CM per Case	-74%	37%	99%	86%		

PER CASE TRENDED GRAPHS









KAWEAH HEALTH ANNUAL BOARD REPORT

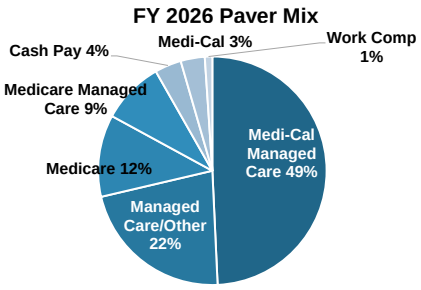
Emergency Services - Outpatient Emergency Department

FY2026

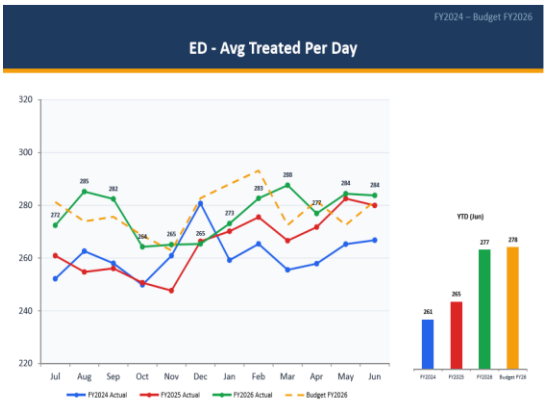
KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2023	FY2024	FY2025	FY2026
Medi-Cal Managed Care	50%	50%	50%	49%
Managed Care/Other	21%	21%	22%	22%
Medicare	12%	12%	11%	12%
Medicare Managed Care	7%	8%	8%	9%
Cash Pay	4%	4%	4%	4%
Medi-Cal	5%	5%	4%	3%
Work Comp	1%	1%	1%	1%



Level Of Care	FY2023	FY2024	FY2025	FY2026
Level I	0%	0%	1%	1%
Level II	5%	5%	3%	3%
Level III	27%	26%	25%	23%
Level IV	39%	39%	41%	40%
Level V	22%	22%	23%	23%
Level VI	2%	2%	2%	3%
No Level	6%	6%	6%	6%



Notes:
Source: Outpatient Service Line Report
Selection Criteria: Outpatients in the Emergency Department Service Line, excluding Sugeries, Cath Lab and Trauma Activations

KAWEAH HEALTH ANNUAL BOARD REPORT

Emergency Services - Outpatient ED Trauma Activations

FY2026

KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

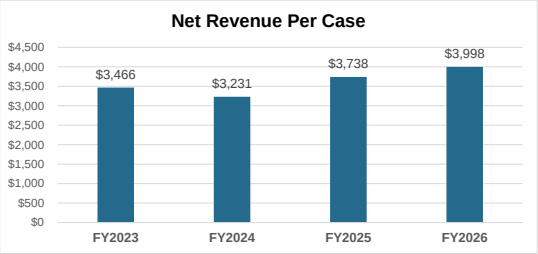
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
771	$2,882,062	$2,809,899	$72,163	($970,149)
▲ 10%	▲ 17%	▲ 1%	▲ 643%	▲ 58%

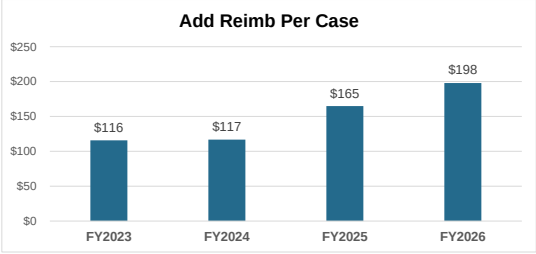
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

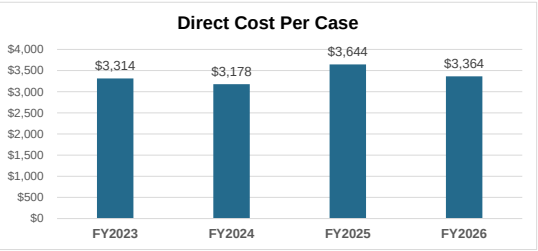
METRICS SUMMARY - 4 YEAR TREND

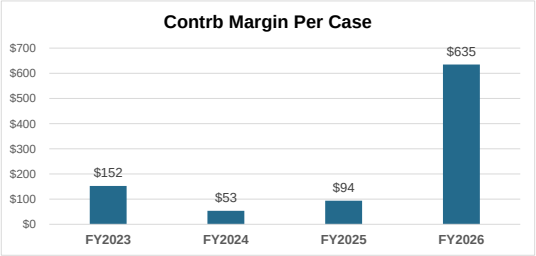
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	812	893	771	845 ▲	10%	
Net Revenue	$2,814,586	$2,885,674	$2,882,062	$3,378,530 ▲	17%	
Direct Cost	$2,690,921	$2,837,900	$2,809,899	$2,842,161 ▲	1%	
Additional Reimb	$93,938	$104,242	$127,107	$167,204 ▲	32%	
Contribution Margin	$123,665	$47,774	$72,163	$536,369 ▲	643%	
Indirect Cost	$1,107,167	$1,139,628	$1,042,312	$945,861 ▼	-9%	
Net Income	($983,502)	($1,091,854)	($970,149)	($409,492) ▲	58%	
Net Revenue Per Case	$3,466	$3,231	$3,738	$3,998 ▲	7%	
Net Rev w/o Add Reimb Per Case	$3,351	$3,115	$3,573	$3,800 ▲	6%	
Add Reimb Per Case	$116	$117	$165	$198 ▲	20%	
Direct Cost Per Case	$3,314	$3,178	$3,644	$3,364 ▼	-8%	
Contrb Margin Per Case	$152	$53	$94	$635 ▲	578%	
CM w/o Add Reimb Per Case	$37	($63)	($71)	$437 ▲	713%	
% of Add Reimb per Case/CM per Case	76%	218%	176%	31%		

PER CASE TRENDED GRAPHS









KAWEAH HEALTH ANNUAL BOARD REPORT

Emergency Services - Outpatient ED Trauma Activations

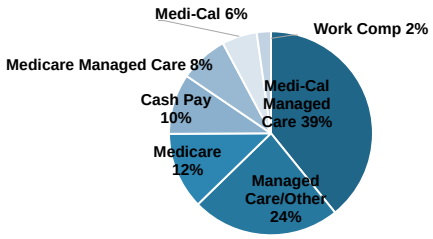
FY2026

KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2023	FY2024	FY2025	FY2026
Medi-Cal Managed Care	42%	42%	40%	39%
Managed Care/Other	24%	21%	21%	24%
Medicare	10%	10%	11%	12%
Cash Pay	8%	11%	10%	10%
Medicare Managed Care	7%	7%	8%	8%
Medi-Cal	7%	7%	8%	6%
Work Comp	2%	3%	2%	2%

FY 2026 Payer Mix



Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient KDMC patients with Trauma Flag valued at 1.

KAWEAH HEALTH ANNUAL BOARD REPORT

Emergency Services - OP Surgeries Admitted through the ED

FY2026

KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

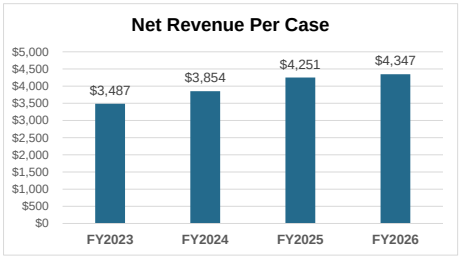
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
1,262	$5,486,236	$10,710,715	($5,224,480)	($8,611,823)
▲ 15%	▲ 17%	▲ 8%	▲ 1%	▼ -1%

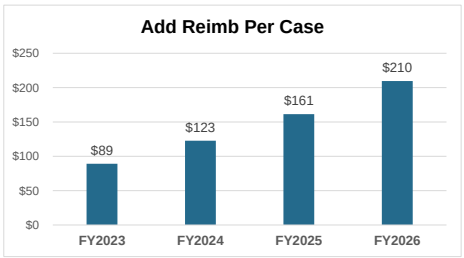
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

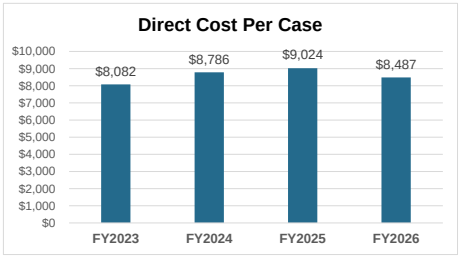
METRICS SUMMARY - 4 YEAR TREND

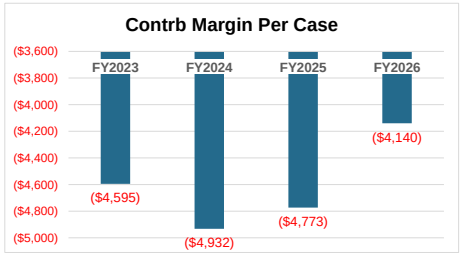
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	835	993	1,102	1,262	▲ 15%	
Net Revenue	$2,911,718	$3,826,548	$4,684,440	$5,486,236	▲ 17%	
Direct Cost	$6,748,319	$8,724,280	$9,944,455	$10,710,715	▲ 8%	
Additional Reimb	$74,472	$121,875	$177,791	$264,421	▲ 49%	
Contribution Margin	($3,836,601)	($4,897,733)	($5,260,015)	($5,224,480)	▲ 1%	
Indirect Cost	$2,254,181	$2,741,397	$3,235,426	$3,387,343	▲ 5%	
Net Income	($6,090,782)	($7,639,129)	($8,495,441)	($8,611,823)	▼ -1%	
Net Revenue Per Case	$3,487	$3,854	$4,251	$4,347	▲ 2%	
Net Rev w/o Add Reimb Per Case	$3,398	$3,731	$4,090	$4,138	▲ 1%	
Add Reimb Per Case	$89	$123	$161	$210	▲ 30%	
Direct Cost Per Case	$8,082	$8,786	$9,024	$8,487	▼ -6%	
Contrb Margin Per Case	($4,595)	($4,932)	($4,773)	($4,140)	▲ 13%	
CM w/o Add Reimb Per Case	($4,684)	($5,055)	($4,934)	($4,349)	▲ 12%	
% of Add Reimb per Case/CM per Case	-2%	-2%	-2%	-5%		

PER CASE TRENDED GRAPHS









KAWEAH HEALTH ANNUAL BOARD REPORT

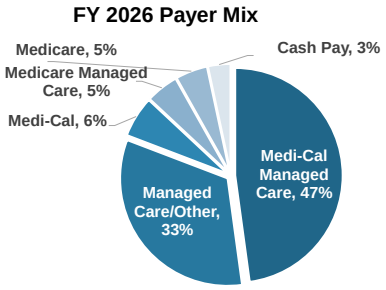
Emergency Services - OP Surgeries Admitted through the ED

FY2026

KEY METRICS - FY 2026 Twelve Months Ended June 30, 2026

PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2023	FY2024	FY2025	FY2026
Medi-Cal Managed Care	41%	45%	47%	47%
Managed Care/Other	36%	32%	34%	33%
Medi-Cal	7%	8%	6%	6%
Medicare Managed Care	5%	5%	4%	5%
Medicare	7%	6%	6%	5%
Cash Pay	3%	3%	2%	3%
Work Comp	1%	1%	0%	1%



Notes:
Source: Outpatient Service Line Reports
Criteria: Patients in the O/P Surgery Service Line, with the ED Flag valued at 1, excludes Trauma Activations

Quail Park

Quail Park Senior Housing



Jag Batth

FY2026 Update

Board of Directors Committee Meeting

Finance, Property, Services & Acquisition Committee

Quail Park at Cypress Laurel Court Memory Care Quail Park at Shannon Ranch

FY2026 UPDATE

Portfolio at a glance

Quail Park at Cypress

127 units | Independent & assisted

81%

24 of 127 units available

Kaweah Health owns 44%

Laurel Court Memory Care

40 units | Memory care only

82.5%

7 of 40 units available

Kaweah Health owns 44%

Quail Park at Shannon Ranch

120 units | Assisted + memory care

80%

24 of 120 units available

Kaweah Health owns 33⅓%

National benchmark: 87.4% senior housing occupancy (NIC, end of Q2 2025)

This year: we lent $289,080 to cover shortfalls; our share of losses was $1.32M

THE FINANCIAL PICTURE, IN PLAIN TERMS

FY2026: smaller losses, fewer loans

Our share of the properties' losses this year

$1.32M

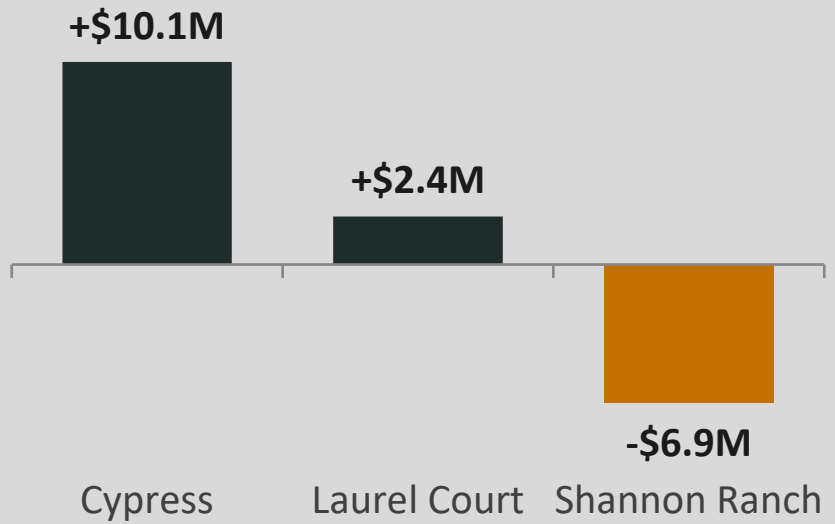
Down from $1.92M last year (31% less)

Money we lent to cover shortfalls (repayable)

$289K

Down from $985K last year (71% less)

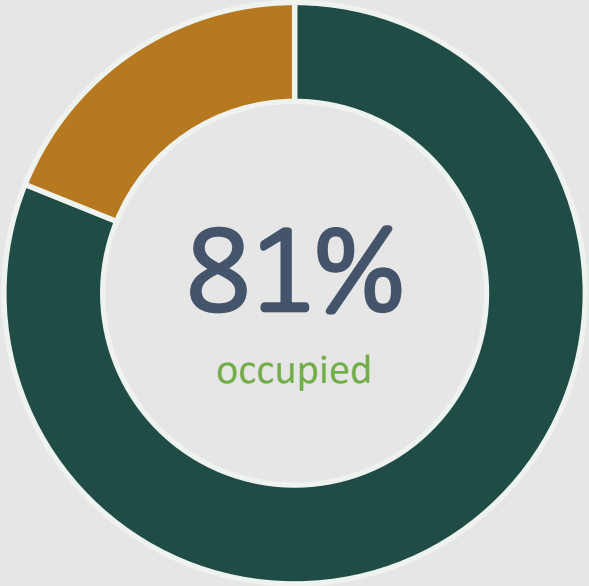
Since opening: cash received minus cash put in



+$5.6M overall: more cash received than put in

QUAIL PARK AT CYPRESS

81% occupied, 24 units open



103 occupied

24 available

18

open in The Lodge (assisted living)

6

open in Enhanced Assisted Living

4250 W. Cypress Ave., Visalia

Owned 44% Kaweah Health / 56% Living Care

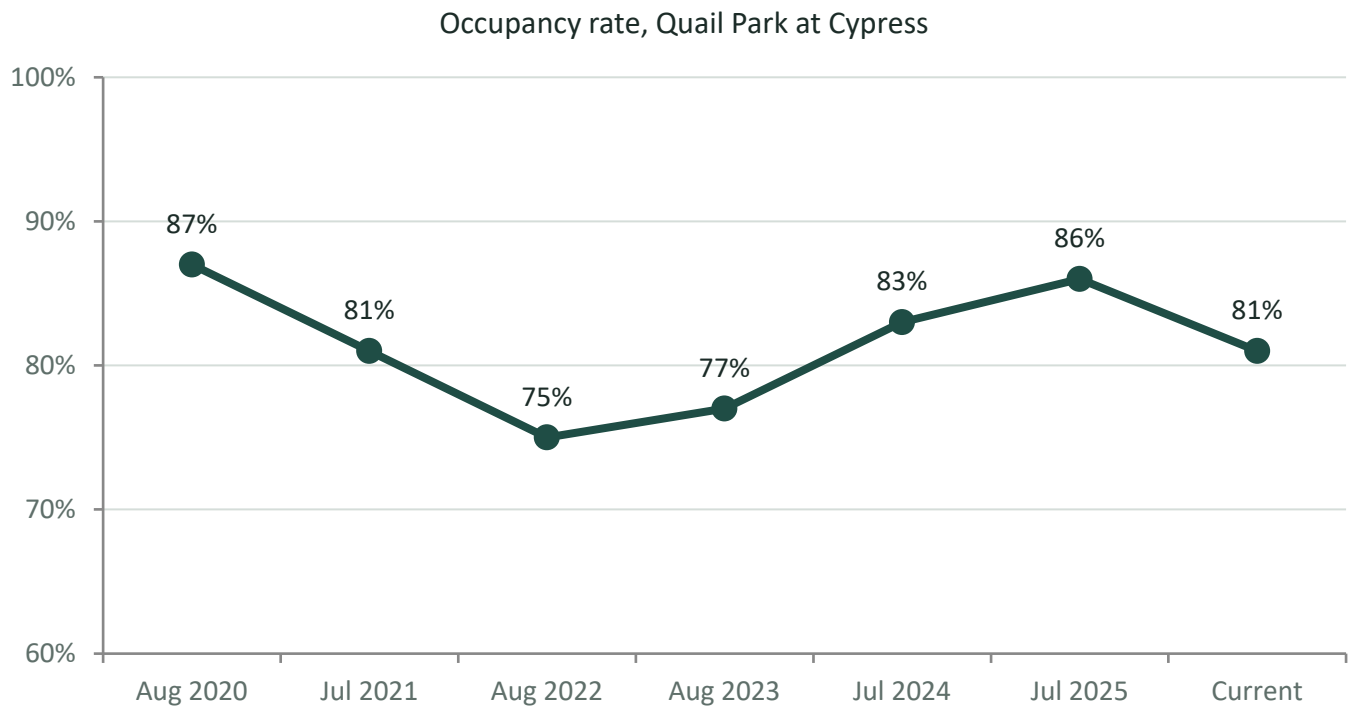
Opened 2002 | 127 total units

kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.

QUAIL PARK AT CYPRESS

Recovering, but down from 86%



Before COVID, Cypress ran near capacity with a 28-unit waiting list (June 2019).

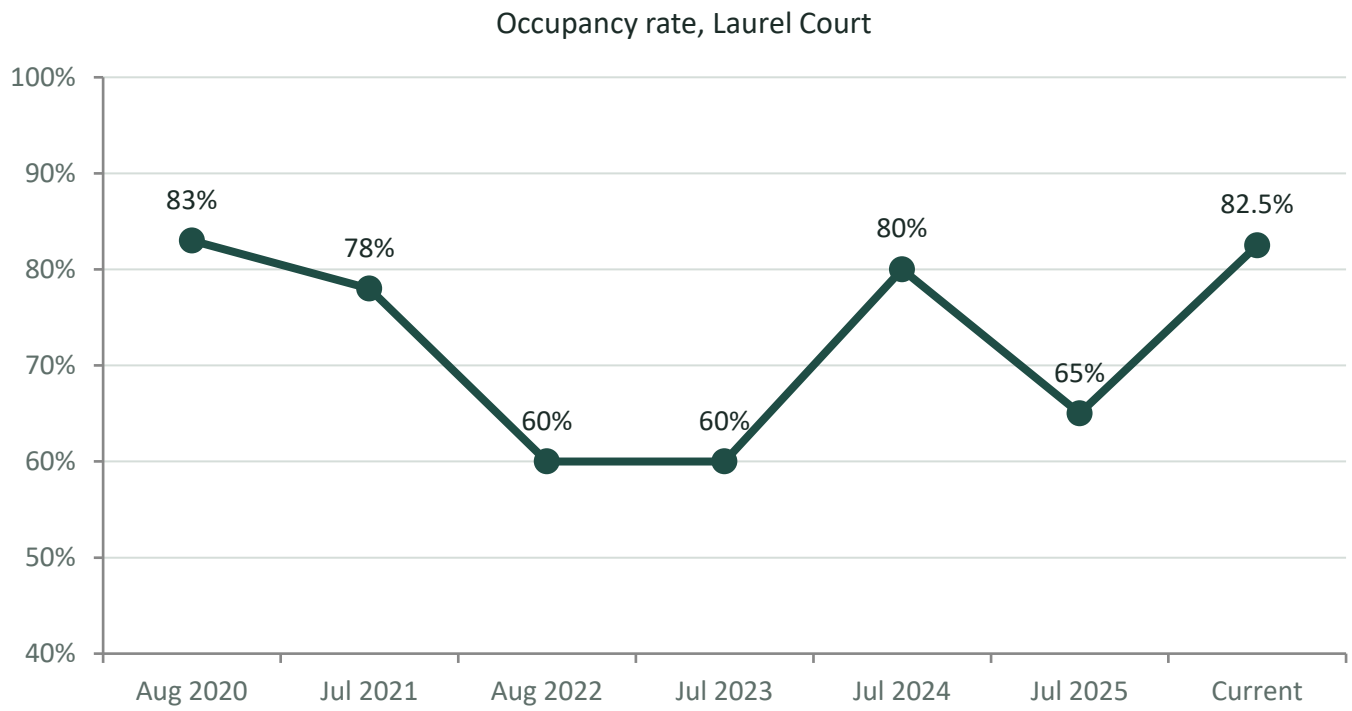
75% Low point in 2022, after COVID and new local competition

86% July 2025, just under the 87.4% national rate

81% Today. Last year's outlook was 90% by early 2026 (about 12 more units)

LAUREL COURT MEMORY CARE

Memory care rebounds to 82.5%



Before COVID, Laurel Court ran near 100% with a waiting list. National: 87% (NIC, Q2 2025).

60% Low in 2022–2023, when families paused move-ins

65% July 2025, down from 80% a year earlier

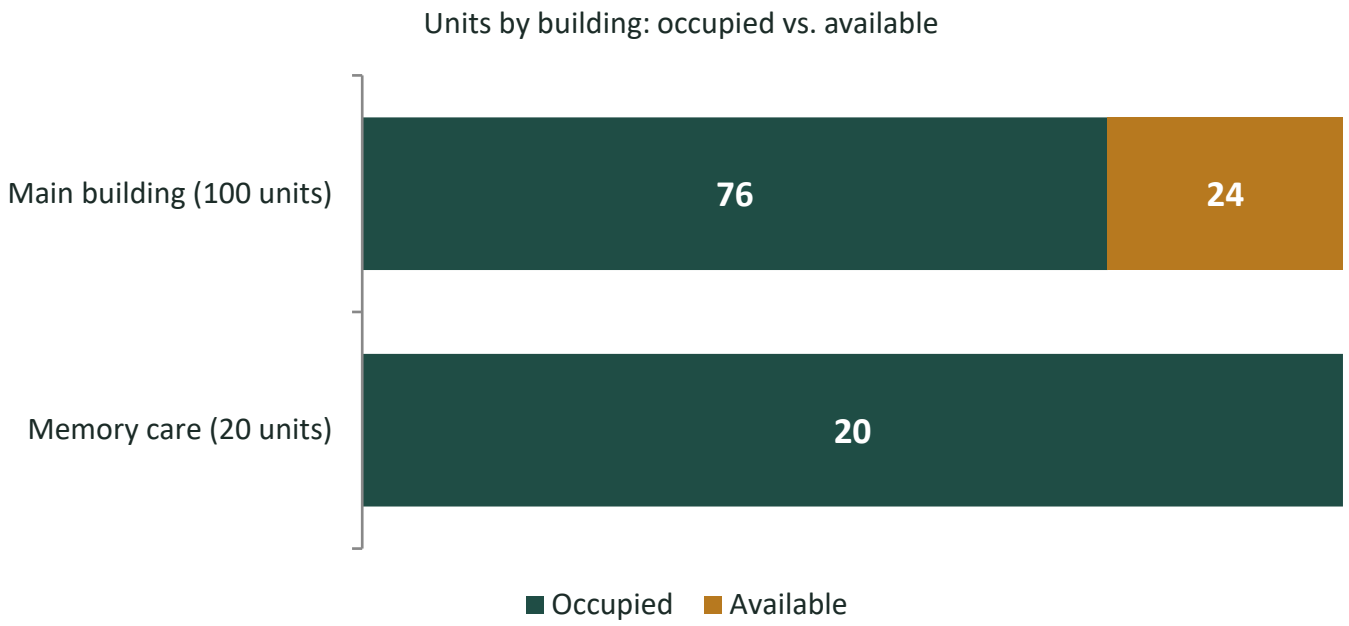
82.5% Today: 33 of 40 units occupied, 7 available

kaweahhealth.org

Kaweah Health
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QUAIL PARK AT SHANNON RANCH

80% occupied; memory care is full



80%

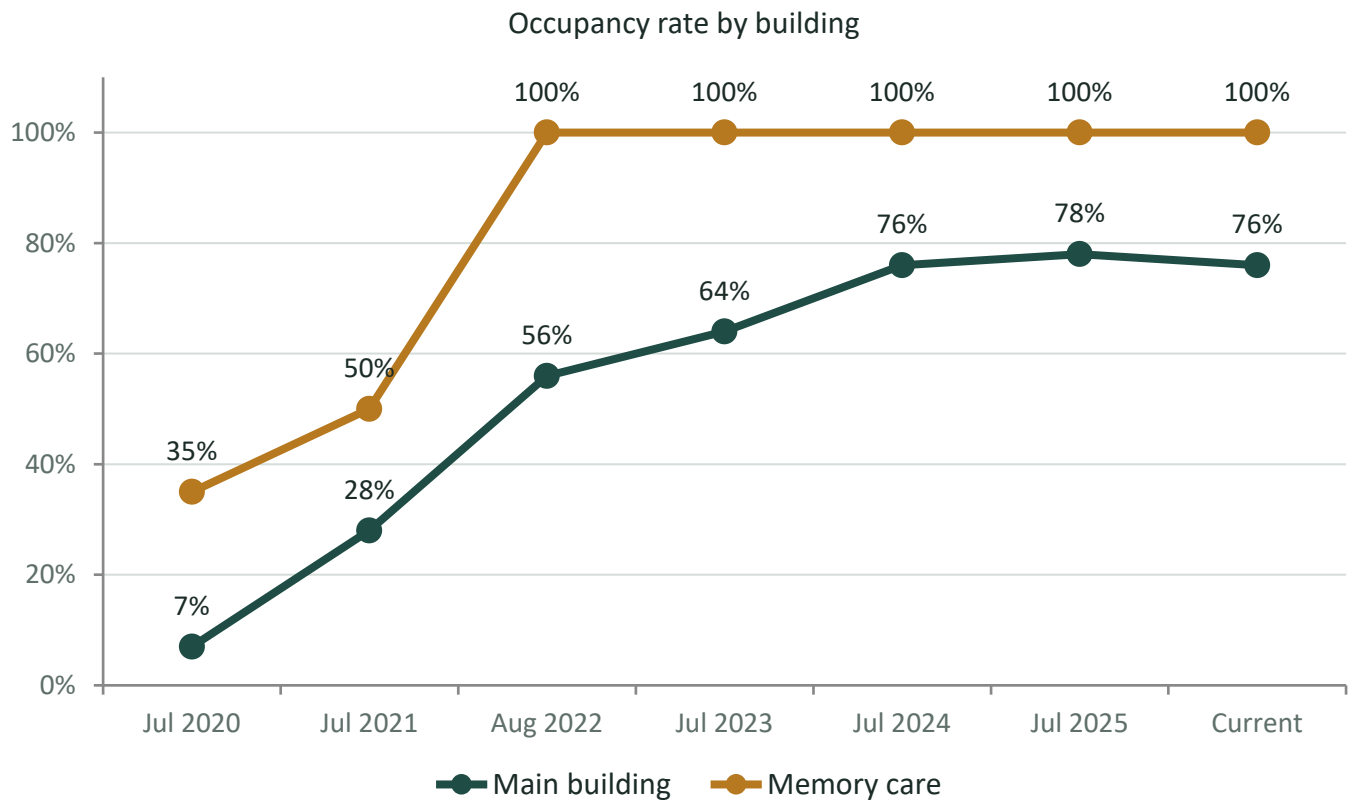
overall occupancy

96 of 120 units occupied. All 24 open units are in the licensed assisted living building.

3440 W. Flagstaff Ave. | Opened early 2020 | ~$40M project | Kaweah Health owns 33⅓%

QUAIL PARK AT SHANNON RANCH

From 7% at opening to 76% today



Current main-building figure is derived: 24 open units out of 100.

To break even, occupancy needs to be 80–85%

Today: 80%

60% 100%

Break-even range

In FY2025 the property's loan was refinanced at a lower rate, with a period of interest-only payments.

QUAIL PARK AT SHANNON RANCH

No new loans needed in FY2026

Dollar figures are for the fiscal year July 1, 2025, to June 30, 2026, unless noted.

$0

lent to cover shortfalls this year, vs. $603,929 last year

Total lent since 2020 is $2,906,087, to be paid back.

$815,220

Our share of this year's loss, down 20% from last year

$3,997,054

What we invested, all from the Betty Quilla Fund

$0

Cash paid back to us so far; the property is still filling up

RECOMMENDATIONS

Stay the course, press for results

Cypress

81% occupied

Keep operating as a high-level senior retirement center. Work with management on attractive, safe facilities and excellent service. Market aggressively.

Laurel Court

82.5% occupied

Keep operating as a high-level dementia care center. Increase pressure on Living Care leadership to improve operations and occupancy.

Shannon Ranch

80% occupied

Keep supporting the facility and push Living Care leadership for better performance. To break even we need 80–85% occupancy; we are at the low end.

The pursuit of healthiness



Kaweah Health
MORE THAN MEDICINE. LIFE.

Patient Experience Committee – July 8, 2026

Kaweah Delta Health Care District
Board of Directors Committee
Meeting Minutes

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

Patient Experience Committee – OPEN MEETING
Wednesday, July 8, 2026
Kaweah Health Medical Center – Executive Office Conference Room

Present: Director: Mike Olmos (Chair); Max Heckhausen, VP of Strategy; Jag Batth, Chief Operations Officer; Scott Baker, Chief Nursing Officer; Cameron Beatty, Director of Emergency and Trauma Services; Deborah Volosin, Director of Patient & Community Experience; Sintayehu Yirgu, Patient Experience Advocate; Teresa Bobadilla, Patient Experience Data Analyst; Marlo Montejano, Patient Experience Liaison; and Lisette Mariscal, Recording

CALL TO ORDER – This meeting was called to order at 4:04 PM by Mike Olmos.

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

MINUTES – The minutes from the May 13, 2026 meeting were reviewed.

PATIENT EXPERIENCE –

4.1 Teresa Bobadilla reviewed the June 2026 Patient Experience Dashboard. (see Attachment 4.1. of the agenda)

4.2 Teresa presented trends from July 2025 through May 2026 across inpatient, emergency department, and medical practice. (see Attachment 4.2. of the agenda)

4.3 – 4.5. The team presented a graph comparing goals to current scores in various facilities for the period of July 2025 through May 2026. (see Attachment 4.3. – 4.5. of the agenda)

4.6 – 4.9 Sintayehu and Marlo reviewed data related to patient experience, including MIDAS, rounding, and lost belongings for the month of June. (see Attachment 4.6. – 4.9. of the agenda)

4.10. Discussion of this agenda item deferred.

Adjourned at 4:50 PM

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

Mike Olmos • Zone 1 Board Member | **Jonna Schengel • Zone 2** Board Member | **Dean Levitan, MD • Zone 3** Secretary/Treasurer | **David Francis • Zone 4** President | **Armando Murrieta • Zone 5** Vice President

Finance Property Services Acquisition Committee- September 16, 2026

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 September 16, 2025

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

OPEN MEETING – Called to order at 10:01 AM

PUBLIC PARTICIPATION –None
MINUTES- Reviewed and forward to the Board for approval.
FINANCIALS- Discussion ensued on the most current fiscal year financial results and proposed FY27 budget. The presentation is attached hereto the minutes.

ADJOURN – 11:10am *David Francis, President*

Mike Olmos • Zone 1 Board Member
Jonna Schengel • Zone 2 Board Member
Dean Levitan, MD • Zone 3 Secretary/Treasurer
David Francis • Zone 4 President
Armando Murrieta • Zone 5 Vice President

Quality Council Committee – September 17, 2026

OPEN Quality Council Committee
Thursday, September 17, 2026
The Executive Office Conference Room

Attending: Board Members: Dr. Dean Levitan, Chair; Dave Francis, Board Member; Marc Mertz, CEO; Kevin Morrison, VP of Support Services; Jag Batth, Chief Operation Officer; Dr. Micheal Tedaldi, Vice Chief of Staff; Ben Cripps, Chief of Compliance; Max Heckhausen, VP of Strategy; Jewel Crisan Calub, Chief Nursing Officer; Dr. Paul Stefanacci, CMO/CQO; Farid Sheikh, Director of Quality and Patient Safety; Luke Schneider, VP of Information Systems and Services; Shawn Elkin, Infection Prevention Manager; Randy Kokka, Director of Laboratory Services; Lawrence Headley, Director of Food Nutritional Services; Roxanna Mendez, Senior Quality and Patient Safety Project Manager; Chris Patty, Clinical Practice Guidelines Program Manager; Kyndra Licon, Quality Project Manager

Closed Session:

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

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

Dr. Dean Levitan adjourned the meeting at 8:20 AM.

Open Session:

Public Participation – None.

Dr. Dean Levitan called to order at 8:30 AM.

4. **Review of August Quality Council Open Session Minutes –** Dr. Dean Levitan, Chair Board Member
    - Reviewed and acknowledged the August Quality Council Open Session Minutes by Dr. Dean Levitan.

5. **Laboratory Quality Report –** A review of current performance and actions focused on the clinical goals for Laboratory Services. *Randy Kokka, Director of Laboratory.* No further actions.

6. **Food and Nutrition Services Quality Report -** A review of current performance, quality outcomes, and improvement initiatives focused on food and nutrition services. *Lawerence Headley, Director of Food & Nutrition Services.* No further actions.

7. **Clinical Quality Report –** A review of outstanding health outcomes initiatives for Surgical Safety Program. *Chris Patty, Clinical Practice Guidelines Program Manager.* No further actions.

Adjourn Open Meeting – *Dr. Dean Levitan*
Dean Levitan adjourned the meeting at 9:30 AM.

Population Health Committee – July 20, 2026

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS

POPULATION HEALTH COMMITTEE- MINUTES

Monday July 20, 2026

Kaweah Health Medical Center

305 W. Acequia Avenue, Executive Office Conference Room (1st Floor)

ATTENDING: Dean Levitan (Chair), Armando Murrieta; Marc Mertz, Tom Boggs, Max Heckhausen, Luke Schneider, Sonia Duran-Aguilar, Chelsea Stafford- Recording

CALLED TO ORDER AT 12:00 – Dean Levitan, Secretary/Treasurer

Dr. Dean Levitan called the meeting to order at 12:00PM and welcomed the group. He gave an overview of the meeting purpose as this was the first meeting. The committee was established from the desire to bring Population Health activities to the attention of the board as it is on the strategic plan. This is a formal way to capture reviews, ask questions, and ensure project goals are achieved. Dr. Levitant thanked Sonia, Tom and Chelsea for their time putting the agenda together and organizing the meeting.

MEETING CADENCE- The committee agreed to a bi-monthly cadence.

CHARTER- FOR REVIEW ONLY- Tom shared the charter was drafted from best practices and describes how this committee will support the board, what the authority structure and scope of responsibilities are. The membership list was reviewed and discussed. The group agreed with the charter. The charter was made available in the packet. It was asked that a Population Health org chart be provided at the next meeting.

COMMITTEE OVERVIEW & PATIENT STORY-Tom welcomed the committee and suggested meetings should start with a patient success story. Sonia shared a patient story. The story was available in the packet and did not include any patient information. Chelsea and Sonia introduced themselves upon Dr. Levitan's request and shared backgrounds.

CURRENT STATE- Tom provided an overview of the current state of the Population Health Division including contracts, grants, and quality. Tom asked that the group join in for questions as they come up. Tom spoke to the difficulties that are driving the need for payment reform and how that effects care. Tom discussed the effects of HR1 and the impact in terms of Medi-cal redetermination. The group discussed what the projects of patients falling off Medi-cal may be. The committee discussed various strategies for

continuing to meet the needs of the community. More information was available in the packet.

QUALITY INCENTIVE PROGRAM (QIP)- Sonia shared a slide with the measures that the organization monitors. She noted that for 2026 there will be 7 measures reported on. She added that there are strong workflows in place in the clinics and a dedicated Gaps in Care team and Annual Wellness Visits team. Sonia described the process for closing gaps and shared some of the tools used. Marc added that Kaweah Health has been recognized at a state level for work in this program.

SEQUOIA HEALTH PLAN (SHP)- Tom shared information on the partnership. Information was available in the packet. He noted that there has been a lot of improvement in a short period of time. There are action plans and focus aeras in place. Tom shared that our challenges here align with other challenges across the country.

TRADITIONAL MEDICARE-MSSP (ALEDADE)- Tom described the relationship with Aledade. Detailed information was made available in the packet. There was discussion on the savings and payment structure.

QUALITY METRIC INDICATORS- Information was provided in the packet. Tom shared that the next step is developing an enterprise quality score card.

COMMUNITY PARTNERSHIPS/ OUTREACH- Information regarding community outreach efforts was briefly discussed with information available in the packet. Armando asked about incorporating residents into community outreach events like street medicine and Cuadrilla events.

GRANT REVIEW- The committee reviewed and discussed the current grants and grant opportunities. This information was included in the packet. Dr. Levitan asked what the grant seeking and writing process is. Sonia described the current collaboration between the foundation grant coordinator and the population health division.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)- Sonia shared what Kaweah's role is in developing the CHNA as part of the regional collaborative. Sonia will bring details when the next cycle begins.

ENHANCED CARE MANAGEMENT (ECM) & COMMUNITY SUPPORTS (CS)- Enrollment information and tracking was available in the packet. The Community Supports program has enrolled 142 members to date.

ADJOURN – The meeting was adjourned at 1:03pm

Regular Open Board Meeting – September 23, 2026

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY SEPTEMBER 23, 2026, AT 3:30PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan & Murrieta; M. Mertz, CEO; R. Berglund, Legal Counsel; B. Cripps, and K. Davis, recording

The meeting was called to order at 3:30 PM by Director Francis.

PUBLIC PARTICIPATION –None.

BOARD EDUCATIONAL STUDY SESSION- The board received an educational presentation regarding board fiduciary responsibilities on the STARK Law and governance principles.

ADJOURN - Meeting was adjourned at 4:14PM

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 SEPTEMBER 23, 2026, AT 4:30PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan & Murrieta; M. Mertz, CEO; J. Randolph, Chief of Staff; D. Cox, Chief Human Resource Officer; B. Cripps, CCO; J. Batth, COO; K. Morrison, VP Support Services; J. Calub, CNO; M. Heckhausen; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 4:30 PM by Director Francis.

ROLL CALL- Directors Olmos, Levitan, Francis, and Murrieta were present in person. Schengel was absent.

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 September 2026. The board approved the closed meeting minutes of August 26, 2026, and the Board also approved rejection of a claim.

BOARD MEMBER REPORT OUTS- Discussion ensued.

RECOGNITIONS- Resolution 2299

CONSENT CALENDAR – Director Francis entertained a motion to approve the September 23, 2026, consent calendar.

PUBLIC PARTICIPATION – None.

MMSC (Olmos/Murrieta) to approve the September 23, 2026, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Levitan, Murrieta and Francis.

DISTRICT HOSPITAL LEADERSHIP FORUM– Ryan Witz, executive director presented an overview on DHLF Matters. Copy of presentation attached to the original of the minutes and to be considered a part thereof.

CNO MISSION & VISION– Jewel Calub, CNO, presented her vision for the nursing of Kaweah Health. Copy of presentation attached to the original of the minutes and to be considered a part thereof.

QUALITY REPORT - HANDHYGIENE– Shawn Elkin presented an overview on hand hygiene quality compliance matters. Copy of presentation attached to the original of the minutes and to be considered a part thereof.

LABORATORY QUALITY– Randy Kokka, lab director presented an overview on lab quality. Copy of presentation attached to the original of the minutes and to be considered a part thereof.

STRATEGIC OVERSIGHT (MONTHLY REPORT) – IDEAL ENVIRONMENT– Dianne, Hannah, Jaime, Angel, Teresa, all provided their strategic oversight discussion regarding organizational priorities, long-term planning initiatives, strategic objectives, operational alignment, community health needs, workforce considerations, and progress toward Board-approved strategic goals.

PATIENT EXPERIENCE AND SATISFACTION UPDATE- Max presented September's overview of patient experience. Copy attached hereto the original of the minutes.

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

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

REPORTS

Chief Executive Officer Report –Report relative to current CEO activities. – *Marc Mertz, CEO*
Board President- None. – *David Francis, Board President*
Chief of Staff Report – Report relative to current Medical Staff events and issues – Julianne Randolph, DO, *Chief of Staff.*

ADJOURN - Meeting was adjourned at 6:48PM

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

AP186 Kaweah Health External Event Planning Services

Policy Number: AP 186	**Date Created: 9/23/2026**
Document Owner: Jenn Cooper	**Date Approved: 10/28/2026**
Approvers: Board of Directors (Administration)	

External Event Planning Services

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

PURPOSE: This policy establishes the District's requirements for the use of external event-planning services in connection with events hosted, sponsored, funded, or otherwise supported by Kaweah Health. As a public hospital district, Kaweah Health is committed to the responsible stewardship of its resource and to keep event planning capabilities within its internal teams.

POLICY: This policy applies to all events hosted, sponsored, funded or otherwise supported in whole or in part by Kaweah Health, including activities conducted by any of its departments, service lines, and affiliated entities and to the use of Kaweah Health funds, facilities, equipment, staff time, or other District resources for such events. Application to affiliated entities is limited to circumstances in which Kaweah Health has authority to establish or enforce the requirements of this policy.

Kaweah Health shall not use District funds or other District resources to procure an external event planner or event planning services company to design, coordinate, manage, or execute an event on behalf of Kaweah Health. This restriction is an additional requirement and does not replace or supersede applicable District procurement, contracting, conflict of interest, compliance code of conduct or other policies.

For the purposes of this policy, an "external event planner" or "event planning services company" means an external individual or firm engaged primarily to design, coordinate, manage, or execute an event on behalf of Kaweah Health. The definition does not include vendors that provide ordinary event-related goods or services, such as catering, food service, audiovisual services, equipment rental, printing, signagee, or venue/facility rental, when those vendors are not engaged to plan, coordinate, or manage the event.

All Kaweah Health events shall be planned and organized by Kaweah Health internal teams. Internal teams are responsible for coordinating event logistics, scheduling, communications, and on-site management using existing organizational resources, consistent with applicable District policies and established departmental processes.

PERMITTED VENDORS

This policy does not prohibit the routine procurement of standard goods and services that support an event, provided the vendor is engaged in accordance with applicable District procurement, contracting, conflict of interest, compliance and code of conduct requirements. Such permitted goods and services may include:

- Catering and food service;
- Venue or facility rental;
- Audiovisual, equipment, or rental services;
- Printing and signage.

The engagement of such vendors must not amount to contracting an external party to plan, coordinate, or manage the event. Any vendor selection, contracting, or payment must also comply with applicable District policies and approval requirements.

RESPONSIBILITIES

- Department leaders and managers are responsible for ensuring compliance with this policy and applicable procurement, contracting, compliance, conflict of interest, and code of conduct requirements before committing District funds or resources.
- Internal teams are responsible for planning and organizing Kaweah Health events using internal resources and established departmental processes, including any processes maintained by designated event planning stakeholders.
- Finance and procurement staff are responsible for applying applicable payment, reimbursement, and procurement requirements and for referring questions about this policy to the appropriate operational or policy owner.

ENFORCEMENT

Failure to comply with this policy may result in the payment or reimbursement being denied and may be subject to appropriate corrective action. Nothing in this policy is intended to automatically invalidate an otherwise executed contract; contract related remedies and obligations will be addressed in accordance with the applicable contract and District contracting requirements.

RESOURCES

AP40 – Vendor Relationships, as applicable to the selection, engagement, management, and conduct of relationships with event-related vendors and contractors.

AP134 – Expenses Reimbursable by Foundation/District Funds, as applicable to the funding, reimbursement, or payment of event-related expenses by the District or an affiliated Foundation.

AP156 – Standard Procurement Practices.
AP166 – Competitive Bidding of Contracts.
AP167 – Quote and Proposal Guidelines.

Policy Review

This policy shall be reviewed at least every two (2) years by the designated Policy Owner to ensure that it remains current, accurate, effective, and consistent with applicable laws, regulations, organizational practices, and related policies. The policy may be reviewed and revised earlier when warranted by changes in law, regulation, organizational structure, operations, or other circumstances. The completion of a scheduled review shall be documented, including whether revisions are necessary.

AP187 Kaweah Health Physician Retirement Celebrations Policy

Policy Number: AP 187	**Date Created: 9/23/2026**
Document Owner: Jenn Cooper	**Date Approved: 10/28/2026**
Approvers: Board of Directors (Administration)	

Kaweah Health Physician Retirement Celebrations Policy

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

PURPOSE: This policy establishes clear and consistent expectations for physician and provider retirement recognition activities hosted, sponsored, funded, or otherwise supported by Kaweah Health. Kaweah Health values the contributions of its physicians and providers and remains committed to honoring their service in a manner that is respectful, meaningful, and a responsible use of District resources.

POLICY: This policy applies to retirement recognition activities for physicians and providers that are hosted, sponsored, funded or otherwise supported in whole or in part by Kaweah Health, including activities conducted by its departments and service lines. It governs the use of Kaweah Health funds, facilities, equipment, paid staff time, or other District resources for such activities. Application to affiliated entities is limited to circumstances in which Kaweah Health has authority to establish or enforce the requirements of this policy.

Kaweah Health may host, sponsor, or fund a modest retirement recognition activity that meets the requirements of this policy. This policy does not regulate a privately organized retirement celebration that does not use Kaweah Health funds, facilities equipment, paid staff time, or other district resources.

A permitted District retirement recognition is a small, on-site event that allows colleagues to recognize the retiring physician or provider within the workplace. A permitted event is characterized by the following:

- A catered on-site lunch or light reception held on Kaweah Health premises, consistent with applicable District purchasing and event practices;
- Attendance generally limited to the retiring physician's or provider's colleagues, care team, Medical Staff colleagues, and Kaweah Health staff, with outside guests limited as appropriate to the District sponsored recognition activity;
- Modest recognition items (e.g., a card, plaque, or certificate of service), consistent with applicable District policies and spending limits.

District sponsored retirement recognition activities that exceed the parameters of a permitted event described above require review by the appropriate policy owner and stakeholders before District resources are committed. This policy does not authorize an

exception to other applicable District policies, procurement or contracting requirements, Medical Staff requirements, Compliance requirements, or spending/approval limits. Privately organized retirement celebrations that do not use District resources are outside the scope of this policy.

RESPONSIBILITIES

- Department leaders and managers are responsible for ensuring that any District sponsored retirement recognition complies with this policy and applicable procurement, contracting, compliance, conflict of interest, code of conduct, and medical staff requirements before committing funds or resources.
- Internal teams are responsible for planning and organizing permitted District retirement recognition activities using established organizational resources and processes.
- Finance and procurement staff are responsible for applying applicable payment, reimbursement, and procurement requirements and for referring questions about whether an expenditure is permitted to the appropriate policy owner and stakeholders. When vendors or contractors are involved, individuals selecting, approving or managing those vendors must comply with applicable conflict of interest, related party, procurement, contracting, compliance and code of conduct requirements.

ENFORCEMENT

Failure to comply with this policy may result in the payment or reimbursement being denied and may be subject to appropriate corrective action. Nothing in this policy is intended to automatically invalidate an otherwise executed contract; contract related remedies and obligations will be addressed in accordance with applicable contract and District contracting requirements. Questions regarding the application of this policy should be directed to the policy owner or the Office of the Chief Executive Officer, as appropriate.

REFERENCE

AP40 – Vendor Relationships, as applicable to the selection, engagement, management, and conduct of relationships with vendors or contractors supporting a District-sponsored recognition activity.
AP134 – Expenses Reimbursable by Foundation/District Funds, as applicable to the funding, reimbursement, or payment of retirement-recognition expenses by the District or an affiliated Foundation.
AP156 – Standard Procurement Practices.
AP166 – Competitive Bidding of Contracts.
AP167 – Quote and Proposal Guidelines.
AP186 – External Event Planning

POLICY REVIEW

This policy shall be reviewed at least every two (2) years by the designated Policy Owner to ensure that it remains current, accurate, effective, and consistent with applicable laws, regulations, organizational practices, and related policies. The policy may be reviewed and revised earlier when warranted by changes in law, regulation, organizational structure, operations, or other circumstances. The completion of a scheduled review shall be documented, including whether revisions are necessary.

AP114 Census Saturation Plan

Policy Number: AP114	Date Created: No Original Creation Date Set
Document Owner: Jenn Cooper (Executive Assistant)	Date Approved: 07/26/2024
Approvers: Board of Directors (Administration)	

Census Saturation Plan

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

PURPOSE:

To define the plan for:

Routine assessment and management of hospital census status.

Patient placement and resource/staff deployment at peak census times.

Alternatives for patient placement during census saturation in patient care areas

A. Acute Adult Inpatient
B. Maternal Child Health Departments
C. Emergency Department {ED)

This procedure assumes:

Aggressive management of the patient's care, focusing on discharge preparation, is occurring in all service settings, and patients are appropriate as defined in the utilization management plan.

Aggressive activation of staffing resources to meet the needs of presenting patients.

Use as a guideline to help shift leaders make determinations on deployment of resources and decisions on how to support patient volumes. Census designations may vary based on situations not captured. The Hospital Surge Matrix is the primary working tool for these determinations.

GOAL: To meet essential patient needs with coordination of resources; and to define measures to be taken when needs exceed routine resources.
The responsibility for determining the census saturation level includes input from all units/departments. Generally, each department's representing lead nurse will report the unit census and anticipated activity which collectively helps determine the corresponding census level. This reporting process occurs within the Bed Meetings and through unit rounding. Reporting the identified census level is the responsibility of the House Supervisor.

Definitions:

1. Level 1 - Green - Go
2. Level 2 - Yellow - Early Caution/Surge
3. Level 3 - Red - Census Crisis
4. Level 4 - Black - Disaster
5. Boarding - Patient holding in a level of care awaiting transfer for 4 hours or more.
6. Hosp

7. Hospital Surge Matrix – A living operational document that outlines unit-level actions, staffing and resource strategies, and patient placement options for each census level. It is maintained separately from this policy, is not an attachment to it, and may be updated as operational needs change without revision of this policy.

Inpatient and Emergency Department Capacity and Census

Definition/Criteria: Level 1 - Green - Go

Criteria Guidelines

- Please refer to Hospital Surge Matrix for criteria for both staffing and physical capacity.

Level 2 - Yellow- Early to Late Caution/Surge

Criteria Guidelines

Please refer to Hospital Surge Matrix for criteria for both staffing and physical capacity..Level 3: - Red - Census Crisis

Criteria Guidelines

- Please refer to Hospital Surge Matrix for criteria for both staffing and physical capacity.

Level 4: Black - Disaster

Criteria Guidelines

Please refer to Hospital Surge Matrix for criteria for both staffing and physical capacity.

Maternal Child Health Census Saturation

- Please refer to Hospital Surge Matrix for criteria for both staffing and physical capacity.

Census Level Responses:

Inpatient and Emergency Department

Reference: Hospital Surge Matrix – Inpatient and Emergency Department (current version at [insert intranet/SharePoint location])

- The Hospital Surge Matrix is used to provide recommendations, guidance, and instructions on options to respond to census saturation and changes.
- The Hospital Surge Matrix is a supplement to the critical thinking and planning of the leaders involved in the census saturation response.
- Plans made to respond to census saturation may not be listed in the matrix. They should be decided upon by the house or throughput supervisor (or designee) with support from Directors and Administrators.

Maternal Child Health

Reference: Hospital Surge Matrix – Maternal Child Health (current version at [insert intranet/SharePoint location])

- The Hospital Surge Matrix is used to provide recommendations, guidance, and instructions on options to respond to census saturation and changes.
- The Hospital Surge Matrix is a supplement to the critical thinking and planning of the leaders involved in the census saturation response.
- Plans made to respond to census saturation may not be listed in the matrix.

They should be decided upon by the house or throughput supervisor (or designee) with support from Directors and Administrators.

Hospital Surge Matrix Governance

- The Hospital Surge Matrix is a living operational document. It is not part of, or attached to, this policy.
- Owner: CNO.
- Review: at least [annually] and after any Level 3 or Level 4 activation.
- Updates: made with input from unit lead nurses, House Supervisors, and Emergency Management, and approved by Nursing Leadership / Bed Flow Committee. Board of Directors approval and policy revision are not required for matrix updates.
- Version control: each version carries a revision date and approver. The current version is stored at [insert intranet/SharePoint location] and is accessible to all House Supervisors and department leaders. Only the current electronic version is valid; printed copies are for reference only.
- Changes to the census level definitions or responsibilities in this policy require policy revision. Changes to matrix content (actions, staffing, supplies, placement options) do not.

"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."

MS60 EHR Onboarding Medical Staff

Subcategories of District Manuals not selecte

Policy Number: MS 60	**Date Created: No Original Creation Date Set**
Document Owner: Belen Contreras (Executive Assistant)	**Date Approved: Not Approved Yet**
Approvers: Leah Daugherty, Director ISS Clinical Informatics, Teresa Boyce, Director of Medical Staff Services & Medical Executive Committee	

EHR Onboarding Medical Staff

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

Policy: EHR (Electronic Health Record) onboarding for credentialed Medical Staff members is a critical step in the integration of a new physician or advanced practice provider to Kaweah Health. Onboarding involves an introduction to the EHR workflows and functionality as well as orientation and set up for clinical applications such as dictation assistant applications, secure messaging applications, and any other patient care related technology. A robust EHR and patient care technology onboarding and support is imperative for success in accurate documentation and safe care of the patient.

Purpose: The purpose of this policy is to ensure a robust professional EHR, and technology onboarding is completed before the credentialed physician, advanced practice provider, or GME (Graduate Medical Education) Resident, Visiting Fellow, or other Student is completed successfully prior to working their first shift or clinic day. Exceptions may be allowed for locum physicians or any emergency circumstances requiring access before onboarding can occur. These will be evaluated on a case-by-case basis by the Director of Medical Staff and the Director of Clinical Informatics.

Scope: To outline the process for scheduling onboarding and follow up support for new members of the Medical Staff as outlined in the Purpose section above.

Procedure:

1. Once a member of the Medical Staff is credentialed an EMR onboarding session will be scheduled with the Informatics Team, once scheduled EMR access will be granted.
2. Sessions must be in person except for telehealth providers.
3. Any on-line learning modules assigned must be completed before the in-person session occurs.
4. Onboarding will be tailored to meet each person's learning needs, consideration to prior EHR experience and documentation style will be factored in.
5. Tip sheets, support contact information, and tools will be shared with the learner during the onboarding session.
6. At the elbow support will be coordinated and scheduled by the Medical Informatics Educator or team member providing the initial onboarding. At the elbow support will vary depending on the service line of the Medical Staff member.

References:

American Medical Association, 2025. Onboarding Optimization: Pave the Way for New Physician Success and Satisfaction | AMA STEPS Forward | AMA Ed Hub, https://edhub.ama-assn.org/steps-forward/module/2832726

"These guidelines, procedures, or policies herein do not represent 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."

Privileging form for Podiatry

Privileges in Podiatry

Name: _____

Please Print

PODIATRY PRIVILEGES – Criteria

Education: DPM; **AND** successful completion of a podiatric medicine residency program from an accredited American College of Podiatric Medicine **AND** Current certification or active participation in the examination process leading to certification within 5 years by the American Board of Podiatric Medicine, ~~American Board of Podiatric Surgery~~ or American Board of Foot and Ankle Surgery (applicants completing training prior to 1968 will be grandfathered in)

Initial Clinical Experience: Documentation of at least 50 podiatric procedures in the past 2 years or successful completion of a podiatric medicine residency program in the past 12 months

Renewal Criteria: A minimum of 50 podiatric procedures in the last 2 years AND Maintain current certification or active participation in the examination process leading to Certification by the ~~American Board of Podiatric Surgery.~~ American Board of Foot and Ankle Surgery OR the American Board of Podiatric Medicine.

FPPE Requirements: Direct observation of five (5) procedures with concurrent chart review (may include advanced procedures – excluding hyperbaric)

PODIATRY CORE PRIVILEGES

Request	Procedure	Approve
☐	**Core Privileges include:** • Evaluate, diagnose, consult (may include telehealth), perform H&P and provide surgical and non-surgical treatment/care to patients of all ages presenting with illnesses, injuries and disorders of the foot, and ankle, including basic fore foot and rear foot procedures and tendon repair and transfer. • Amputations: to all joints of the foot and ankle of the lower extremity. • Wound Care: Surgical debridement of wounds, transcutaneous oximetry interpretation, complicated wound management, local and regional anesthesia, wound biopsy and preparation of wound bed and application of skin substitute.	☐
☐	Admitting Privileges (must request Active staff status)	☐

ADVANCED PROCEDURES

(Must meet Core Privileges Criteria and Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship, or other acceptable experience.)

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE Requirements	Approve
☐	Ankle Arthroscopy	Documentation of training and a minimum of 2 procedures in the last 2 years.	Documentation of a minimum of 2 procedures in the last 2 years.	Direct observation of first case with concurrent chart review	☐
☐	Complex Rear Foot/Ankle	Documentation of training and a minimum of 5 procedures in the last 2 years.	Documentation of a minimum of 5 procedures in the last 2 years.	Direct observation of first case with concurrent chart review	☐
☐	Complex External Fix	Documentation of training and a minimum of 2 procedures in the last 2 years.	Documentation of a minimum of2 procedures in the last 2 years.	Direct observation of first case with concurrent chart review	☐
☐	Hyperbarics Supervision (limited to wounds below the knee). Treatment of conditions requiring hyperbaric oxygen delivery at the Kaweah Health wound center.	Completion of 40 hour Hyperbaric Course approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) and 10 procedures in the last two years.	20 procedures in the last 2years.	Direct observation of the first two cases with concurrent chart review	☐

ADDITIONAL PRIVILEGES

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE Requirements	Approve
☐	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: **__ Dinuba __Exeter __Lindsay __Tulare __Valencia __Woodlake __KHMC – Akers __KHMC – Willow Specialty 202__KHMC – Willow 502 __Specialty Clinic _Tulare Cardiology Clinic**	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	None	☐

☐	Administration of Procedural Sedation	Must successfully pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	Must successfully pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	None	☐
☐	Supervision of a technologist using fluoroscopy equipment	Meet Initial Criteria AND Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	None	☐

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 Surgery Chair *Date*

OUTSTANDING HEALTH OUTCOMES

Outstanding Health Outcomes FY2027
October 2026

Kaweah Health

MORE THAN MEDICINE. LIFE.

OHO FY2027

Surgical Safety Program / Champion: Chris Patty

Metric Description	Baseline	July 2026	FY27 Goal
CMS Thirty-day Death Rate Among Surgical Inpatients with Complications (ISCMR/FTR)	FY 2026 – 75.2	40 (2 cases)	46.20 (CMS 50th Percentile)
PSI-90 CMS Composite Score	FY 2026 - 1.46	1.47	1.01 (Midas 50th Percentile)
PSI 11 Postoperative Respiratory Failure **PSI-12 Perioperative PE or DVT**	FY 2026 – 10.3 FY 2026 – 4.04	0 7.66 (2 cases)	6.16 (Midas 50th Percentile) 2.67 (Midas 50th Percentile)

Quality Initiatives:

1. Reduce Surgical Mortality by Improving Failure-to-Rescue
2. Reliable Execution of Harm-Prevention Bundles

Failure to Rescue: Reducing Surgical Mortality

Shift Left: recognize postoperative deterioration earlier and act before it becomes a crisis

Initiative 1

Standardize early detection and rapid escalation of postoperative deterioration

Complete

- Quality and Patient Safety champion joined the Surgical Quality Improvement and Critical Care Committees

In progress

- Proactive rapid response team rounding with an oxygen escalation protocol
- Early shock patients moved to the ICU by intensivists
- Evaluating the National Early Warning Score 2 (NEWS-2) as our early warning tool

Initiative 2

Strengthen rapid response systems

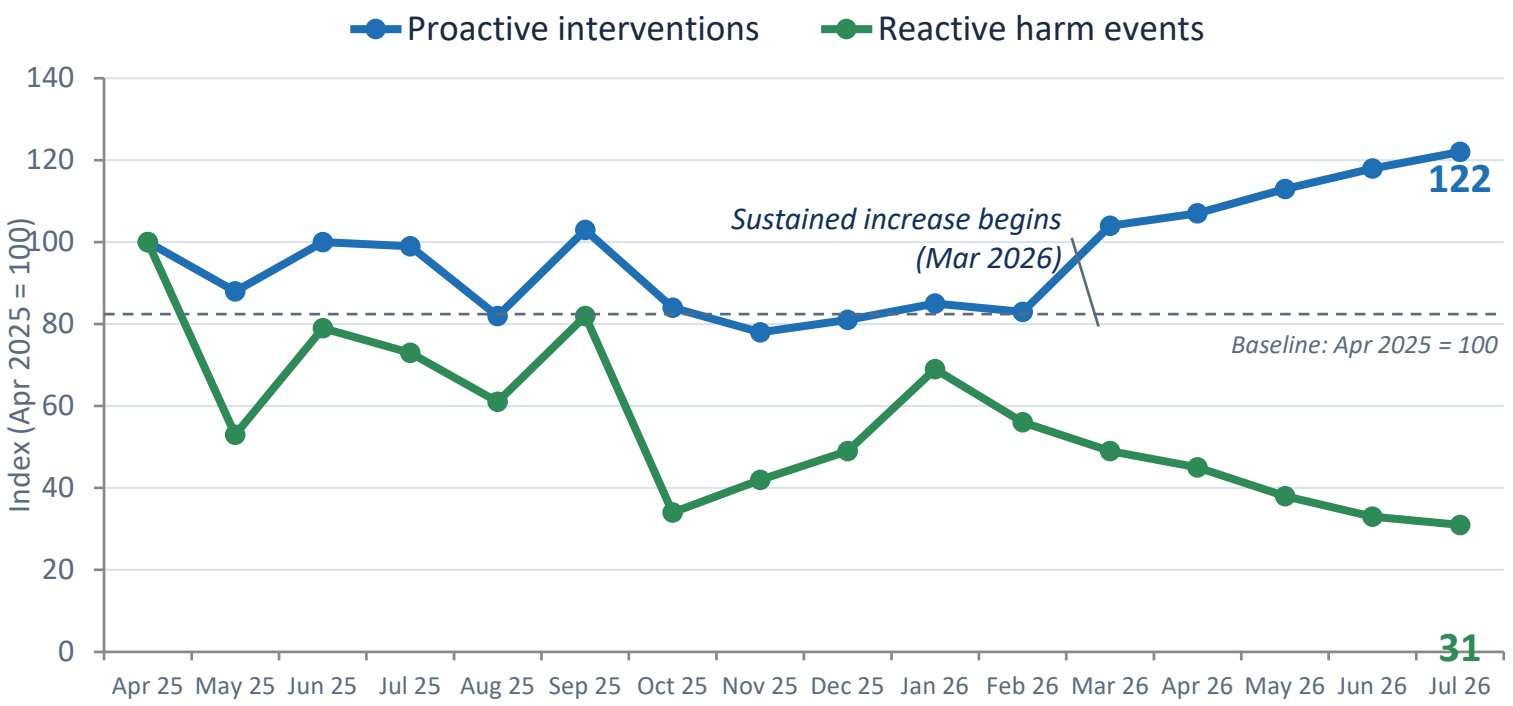
Complete

- Rapid response scorecard re-analyzed; new Proactive and Reactive Intervention Indexes created

In progress

- Additional critical care and rapid response positions approved
- Rapid response staff interviewed on barriers to timely intervention and escalation

CLINICAL DETERIORATION MANAGEMENT: Earlier Intervention Impact



+22%

Proactive interventions

RRTs, ICCU/ICU transfers, and codes in critical care

–69%

Reactive harm events

Code Blues, deaths during arrest, RRT mortality, RRTs within 24 hrs of admission

More proactive care delivered earlier
Results in fewer downstream harm events

OHO FY2027

Safety Program Optimization / Champion: Cindy Vander Schuur

Metric Description	Baseline	July 2026	FY2027 Goal
Serious Safety Event Rate	3.2 (5/25–4/26)	1.61	2.88 (10% Reduction from Baseline)

Quality Initiatives:

1. Ensure consistent execution of core safety behaviors at the bedside
- Implement structured Hand-off process
- Establish real-time escalation of Change in Patient Condition

2. Promote safer care through leadership and engagement
- Conduct daily executive safety rounds with frontline staff
- Implement a Physician-Nurse Collaboration Council

Safety Program Optimization Initiatives

Goal: Ensure consistent execution of core safety behaviors at the bedside

Initiative 1a

Implement structured hand-off process

Complete

Current state mapped

Hand-off practice mapped with clinical directors; opportunities identified to formalize a standard process and policy

Next steps

Identify best practices

Review evidence-based hand-off practices

Standardize hand-off

Implement a standardized hand-off process to close gaps

Gather frontline input

Professional Practice Council (November) and Licensed Nurse Residency groups (October and November)

Initiative 1b

Establish real-time escalation of change in patient condition

Complete

Policy and process reviewed

Reviewed with clinical directors and gaps identified; policy in place, but escalation opportunities persist

Next steps

Identify best practices

Review evidence-based escalation practices

Complete gap analysis

With subject matter experts and the Process Improvement Engineer

Close gaps

Implement changes to close gaps

Gather frontline input

Professional Practice Council (November) and Licensed Nurse Residency groups (October and November)

OHO FY2027

Safety in Nursing Practice/ Champion: Mara Lawson

Metric Description	Baseline	July 2026	FY2027 Goal
Falls with Injury	0.33	0.19	<0.30
Hospital Acquired Pressure Injuries (Stage 2 and above)	0.51	0.76	<0.46

Quality Initiatives:

1. Risk Stratification & Prevention

2. Implementation of Evidence-Based Prevention & Management Bundles

Objectives:

Quality Initiative #1

a) Implement standardized fall-risk assessments

b) Ensure effective use of skin assessment tools

Quality Initiative #2

a) Hourly rounding focused on identified patient needs

b) Repositioning schedules and pressure-relieving surfaces

Falls: Quality Initiatives

Outstanding Health Outcomes (OHO) priority: reduce patient falls with injury

Initiative 1

In progress

Risk Stratification and Prevention

Standardized fall-risk assessment that links why each patient is at risk to targeted interventions.

99.7%

of patients screened every shift (July)

96.2%

initial screen completed timely on admission

Next steps

- Unit leaders rounding on at-risk and missed patients where compliance is below 100%

Initiative 2

In progress

Evidence-Based Prevention Bundles

Purposeful hourly rounding based on patient needs (toileting, mobility) and an immediate post-fall huddle using a standardized tool.

Areas of focus

- Use fall causes to target hourly rounding
- Address barriers that stopped prior post-fall huddles
- Adopt a standardized post-fall huddle tool

Falls: Action Plan

Draft

Initiatives 1 and 2: risk stratification and prevention bundles, led by champion Mara Lawson

Leadership accountability and data

- Unit leaders round on at-risk and missed patients where screening is below 100%
- Monthly falls with injury rate vs goal of <0.30
- Screening compliance tracked by unit

Outcome: Faster trend identification

Risk-targeted prevention

- Hourly rounding built around toileting and mobility
- Toileting drives about 30% of falls (FY2026 data)
- Focus on peak times: late morning and 2000 hours

Outcome: Fewer toileting-related falls

Fall-risk screening

- Standardized assessment links why each patient is at risk to targeted interventions
- Screen every shift: 99.7% (July)
- Admission screen on time: 96.2% (about 89% in Feb)

Outcome: Every patient's risk identified early

Post-fall huddles

- Immediate post-fall huddle reinstated
- Standardized post-fall huddle tool adopted
- Barriers that stopped prior huddles addressed

Outcome: Cause found and acted on after every fall

Pressure Injuries: Quality Initiatives

Outstanding Health Outcomes (OHO) priority: prevent hospital-acquired pressure injuries

Initiative 1

In progress

Risk Stratification and Prevention

Effective use of skin assessment (Braden subscales) to target interventions to each patient's specific risk.

Opportunities

- Update outdated support surface algorithm
- Improve proper offloading
- Strengthen documentation of interventions

Initiative 2

In progress

Evidence-Based Prevention Bundles

Draft 120-day action plan (next slide) developed by a certified wound care nurse on a national wound nursing education committee.

Progress

- Approved by the HAPI Prevention Committee and executive leadership.
- Reviewed with Patient Care Directors. Barriers addressed

Pressure Injuries: 120-Day Action Plan

Draft

Initiative 2: evidence-based prevention bundles, led by the Hospital-Acquired Pressure Injury Committee

30 days: Launch → **60 days:** Standardize → **90 days:** Sustain and spread → **120 days:** Evaluate

Leadership accountability and data

- Daily leader rounds on all units with a standardized tool
- Unit scorecards and a monthly committee dashboard
- Streamlined event reporting; less duplicate work

Outcome: Standardized daily rounding; faster trend identification

Risk-targeted prevention

- Braden subscale interventions built into the health record
- Updated support surface algorithm; unit-specific fixes (turning wedges on 2N and 4N)
- Mobility program Phase 2 live since August 4

Outcome: Fewer sacrum, coccyx and heel injuries

Admission skin assessment

- Two-person skin check on every admission and transfer
- Admission skin photography for at-risk patients

Outcome: Accurate present-on-admission capture

Staff and provider education

- Wound classes re-established, taught by a certified wound nurse
- Education extended to residents and medical staff

Outcome: Bedside staff confident in prevention interventions

OHO FY2027

Reduce Hospital Acquired Infections / Champion: Shawn Elkin

Metric Description	Baseline	FYTD27	FY27 Goal
CLABSI SIR	FY 2026 – 1.64	1.43 (2 cases)	≤0.486 (NHSN 30th Percentile 2022)
C. diff SIR	FY 2026 – 1.34	≈0.94 (4 cases)	≤0.170 (NHSN 30th Percentile 2024)

Quality Initiatives:

1. CLABSI: Ensure Appropriate Use and Management of Central Lines

- Align insertion & maintenance bundles with evidence-based practices
- Embed daily interdisciplinary line necessity assessments into workflow
- Implement strict criteria limiting femoral access to emergent or last-resort

2. C. diff: Strengthen Commitment to Infection Prevention Practices

- Implement a Structured Culture Optimization Protocol
- Optimize Antibiotic Stewardship
- Embed all infection prevention protocols into the EHR with real-time alerts, order sets, and decision pathways

CLABSI and C. diff: FY2027 Key Actions

Central line-associated bloodstream infections (CLABSI) and Clostridioides difficile infections (C. diff)

Initiative 1

Reduce CLABSI

Complete

Review line necessity
IP reviews every central line twice weekly for appropriateness; above-median use flagged at the daily Safety Huddle

Limit femoral lines
Tracked daily until removal; units prompted to remove or replace for quicker transition to a safer access site

Standardize insertion
Residents trained on the insertion bundle in July; checklists tracked monthly and reviewed for every infection

Dedicated line care
IV Safety Team for dressing changes, PICCs, midlines and removal of unneeded lines; closed blood sampling in critical care

In progress

ICU trial of the CLIP form
Developing a Central Line Insertion Practices (CLIP) form to ensure standardized adherence to best-practice insertion techniques

Initiative 2

Reduce C. diff

Complete

Test early
Cultures and C. diff testing encouraged before hospital day 3, while infection still counts as present on admission

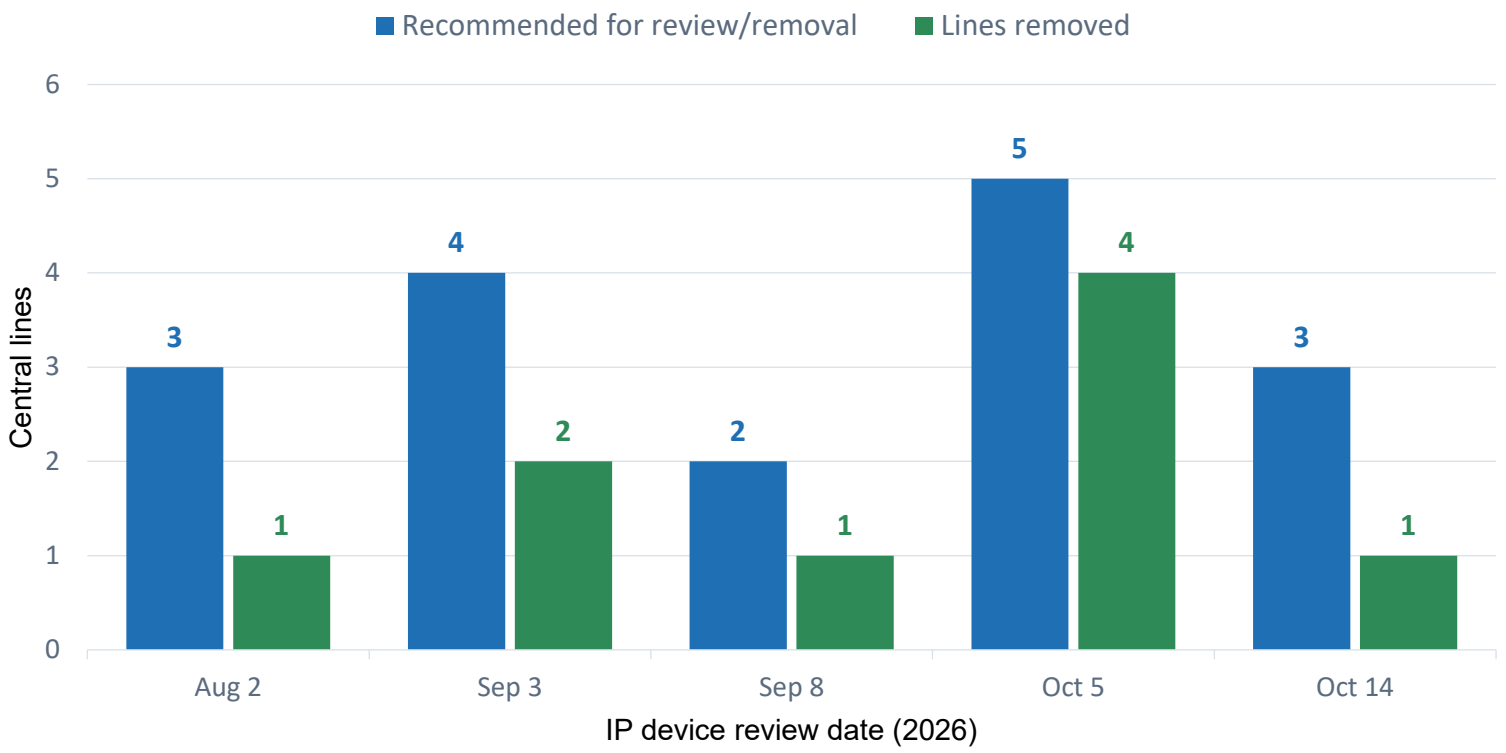
In progress

Test the right patients
Developing a workflow to require an Infectious Disease consult for C. diff testing on hospital day 4 or later

Two-step testing
Evaluating NAAT first, then toxin, to separate colonization from true infection

Antibiotic stewardship
Infection Prevention working with the ID physician and ID pharmacist on culturing and testing practices

CENTRAL LINE DEVICE REVIEW: Lines Recommended vs. Removed



17

Lines recommended for removal

Identified through Infection Prevention device review, Aug 2 to Oct 14, 2026

53%

Removed (9 of 17 lines)

Lines removed after Infection Prevention recommended review or removal

IP review drives line removal

Fewer line days, lower CLABSI risk

EMPLOYEE ENGAGEMENT SURVEY

Kaweah Health

2026 Employee Engagement Survey Results



nrc HEALTH

Kaweah Health
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Engagement Impact

Why Engagement Matters

Employee engagement is a strategic lever, not just an HR metric, that drives patient trust, culture, retention, and performance.

Motivation and Satisfaction

A positive employee experience raises day-to-day motivation, morale, and satisfaction.

Retention and Attraction

Strong experiences attract top talent and reduce costly turnover.

Performance and Patient Care

Engaged teams deliver higher productivity, innovation, and better patient outcomes.

Well-being and Teamwork

Support for mental health and collaboration builds a healthier, more resilient workforce.

Participation Rate



Survey period:
June 1 – June 19

- 4,694 Invitations sent
- 3,953 Responses
- 64% Industry average response rate
- 2% NRC average abandonment rate

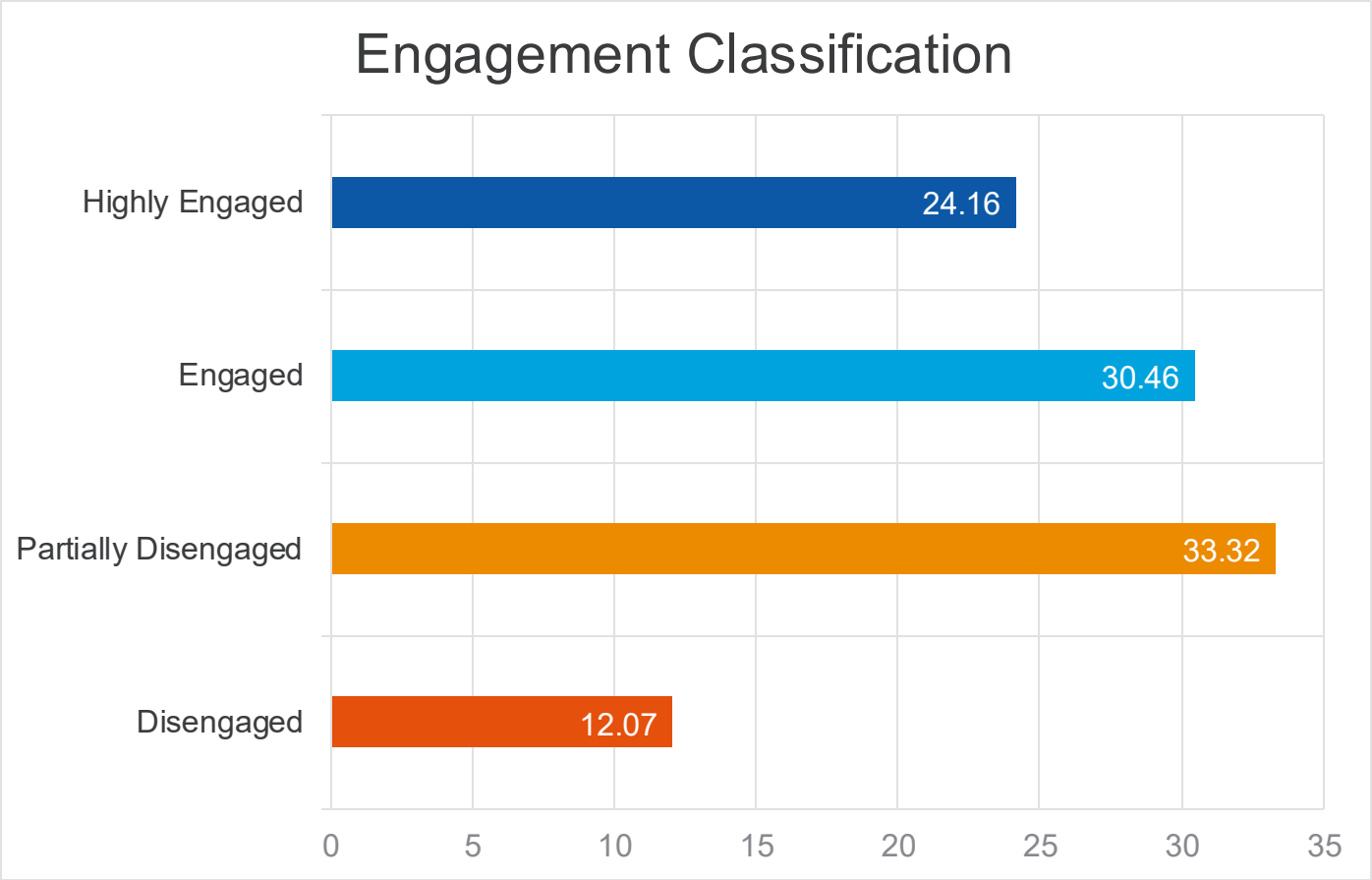
Comparison to Past Performance (2024)

	% Favorable		
	2026	**2024**	**Change**
Response Rate	84	74	+10
Overall, I am a satisfied employee	79	77	+2
I would recommend *this organization to family and friends who need care	78	79	-1

*2024 survey used *Kaweah Health

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Engagement Landscape

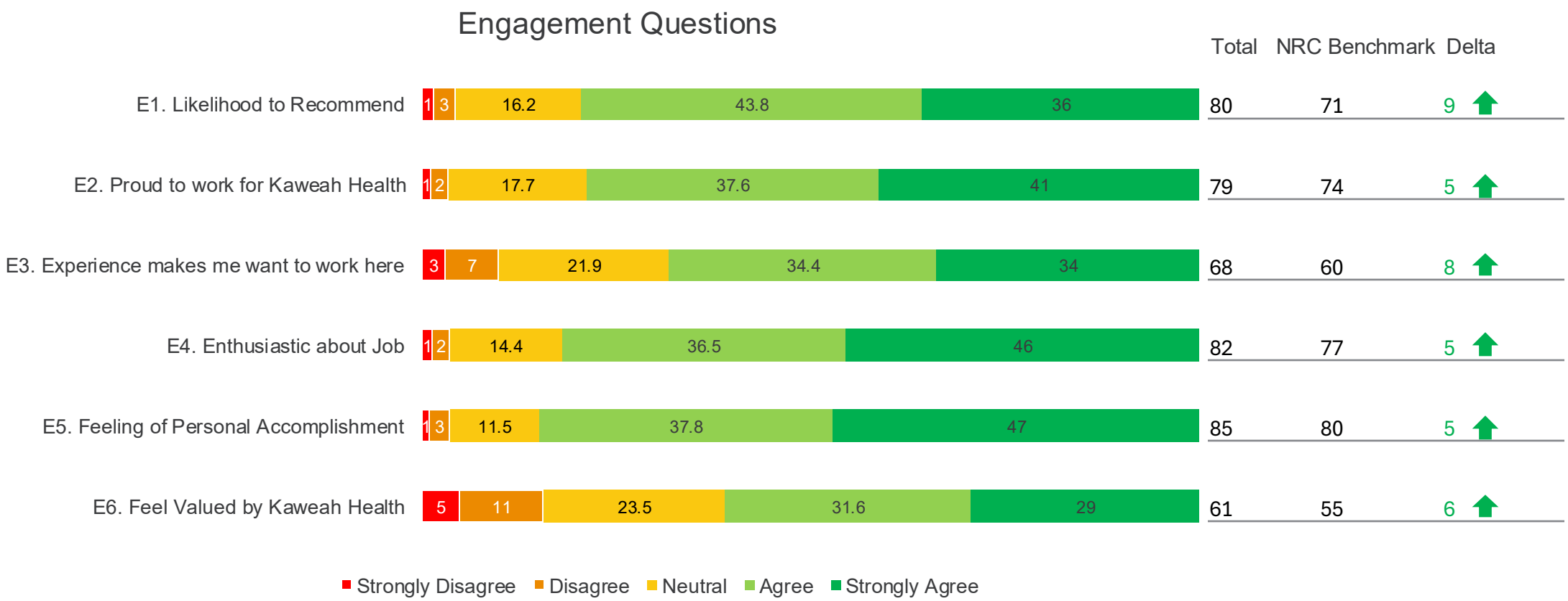


Engagement Classifications

- Highly Engaged: Strongly Agreed (5) with all Engagement items
- Engaged: A combination of Strongly Agreed (5) and Agree (4) with all Engagement items
- Partially Disengaged: A combination of agreement, neutral (3), or limited disagreement
- Disengaged: Strongly Disagree (1) with one or Disagree (2) with two or more Engagement items

Engagement Items

People are committed advocates but don't always feel valued



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What we heard

Drivers of Engagement: Strengths and Opportunities

Areas of Strength

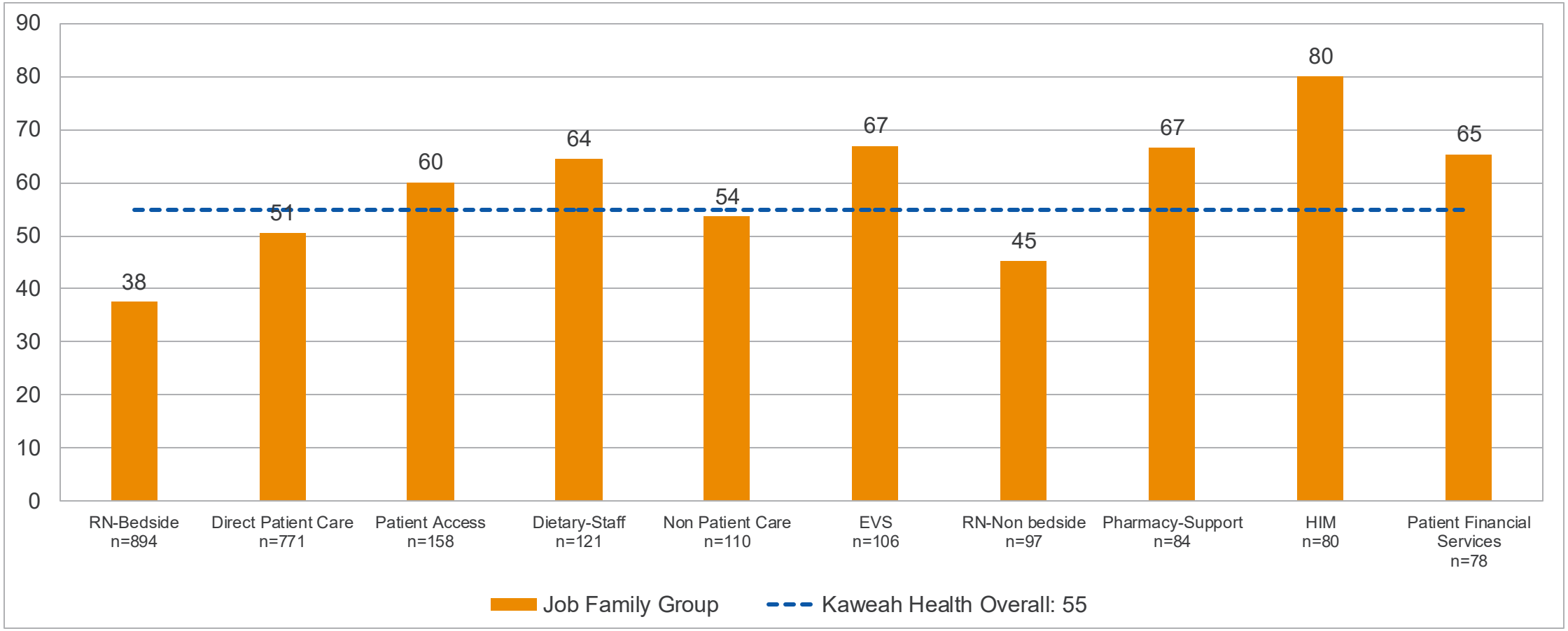
1. I know the Mission Statement of Kaweah Health
2. I like the work I do
3. I have the tools and resources I need to do my job well

Opportunities to Address

1. My input is considered in decisions that affect my work
2. My manager takes action based on employee feedback
3. My manager holds employees accountable for their performance

Engagement by Job Family Groups – Top 10 Volume

Nursing and Direct Patient Care are largest opportunity areas



What Employees Are Saying



65.3% Positive
519 records

49.2% Negative
391 records

16.6% Neutral

1,134 total comments

What Employees Value Most

- Supportive managers and direct leaders
- Teamwork and collaboration
- Meaningful patient care and community impact
- Opportunity to learn, grow, and advance
- Pride in Kaweah Health and its mission

Greatest Opportunities for Improvement

- Compensation, benefits, and retention
- Staffing levels and workload
- Leadership communication, transparency, and involvement
- Leadership stability, accountability, and consistency
- Resources, equipment, and operational support

Strong Foundation, Clear Opportunities

Employee Engagement Insights and Strategic Priorities

01

Response Rate

Response rates indicate a workforce that is connected and willing to provide feedback.

02

Engagement 55

Performing above the benchmark with overall High Engagement, but one-third are “on the fence.”

03

Strengths

Advocacy & Commitment: Employees show strong pride, mission connection, and enthusiasm for their work.

04

Opportunities

Feedback to Action: Employees are looking for clearer evidence that their feedback informs decisions, drives improvement priorities, and results in visible action through communication, accountability, and closed-loop follow-up.

05

Top Drivers of Engagement

- Input in Decision Making
- Leader Accountability and Communication

Theme 1: Leader Visibility

Leader Visibility Shapes Trust in Decisions

Employees are seeking a stronger connection to the senior leaders

68

Experience makes me want to work here

- 58 for Nursing/Direct Patient Care

Leader Visibility

Employees want more direct engagement from leaders through executive and director rounding, presence during change, and a stronger grasp of frontline realities. Many view visibility as a key driver of trust and confidence in decisions.

Employee Perceptions

Leaders seen as less present on units and in clinics, with limited rounding and reach.

Theme 2: Input Into Decisions

Employees Want a Voice Before Decisions Are Final

Employees want to feel valued and considered

61

Feel valued by Kaweah Health

- 51 for Nursing/Direct Patient Care

70

My input is considered in decisions

- 65 for Nursing/Direct Patient Care

Input in Decision Making

Employees want a stronger voice in decisions that affect their work. Changes are often perceived as made for employees rather than with them. Teams are seeking earlier involvement, clearer rationale, and visible evidence that feedback influences action.

Employee Perceptions

Workflow and scheduling changes announced after decisions were already final.

Theme 3: Accountability

Consistent Accountability Builds Trust and Morale

Employees are seeking consistency and ownership

74

Manager holds employees accountable

- 71 for Nursing/Direct Patient Care

73

Manager takes action on feedback

- 69 for Nursing/Direct Patient Care

Accountability

Accountability emerged as a trust-building opportunity. Employees want greater consistency in how expectations, policies, and behavioral standards are applied, with stronger follow-through on concerns and visible ownership at all levels.

Employee Perceptions

Concerns raised repeatedly to leadership with limited follow-through or ownership. Uneven policy enforcement, workload, and professionalism.

Actions

Recommended enterprise priorities

Priority	Owner group	Leadership behavior
Increase visible leadership listening	Executive team, Senior leaders	Be present where work happens and listen. Weekly executive rounding.
Close the loop on employee voice	Executive team, HR and Organizational Development	Visibly connect decisions and actions back to employee feedback. Enterprise message, then leader cascade.
Strengthen manager follow-through	Senior leaders, directors, managers	Ask, listen, act, follow up. Monthly review of workgroup actions. Share insights at staff meetings.
Focus frontline voice where care happens	Operations, nursing, patient experience, HR and OD	Use frontline input to remove barriers affecting the care experience. Targeted rounding and escalation.

PATIENT EXPERIENCE AND SATISFACTION UPDATE

Patient & Community Experience

Board of Directors
October 2026



kaweahhealth.org

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PX

Patient Experience Matters

Opportunities and insights to increase patient satisfaction.

Kaweah Health

September 2026

Fiscal Year Data	NRC survey results reflect July 2026 – August 2026	Operational data (Midas, Rounding) reflect September 2026

Survey Scores

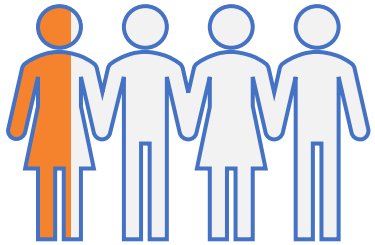


HCAHPS:

Would Recommend Hospital

75.3

65th Percentile



Overall Organization NPS:

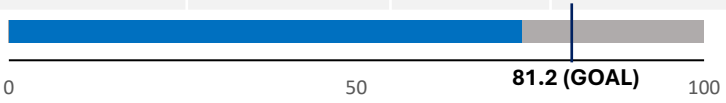
Would Recommend Facility

73.7

17th Percentile

FY27 Organizational Goal Status

Goal Measure	Current Score (Percentile)	FY27 Goal	Status
NPS: Would Recommend	73.7 (26th Percentile)	81.2	↓ 7.5 points below goal



September 2026 Operational Data

Midas Opened	Inpatient Rounds	ED Rounds	Leader Rounds
59	250	464	849

Service Alerts

Closed	Open
117	230

Human Understanding

76.6

12th Percentile

Priority

Safety Was a Priority

Make safety visible. Explain safety precautions, respond promptly to concerns, and reassure patients that their well-being is priority throughout their care.

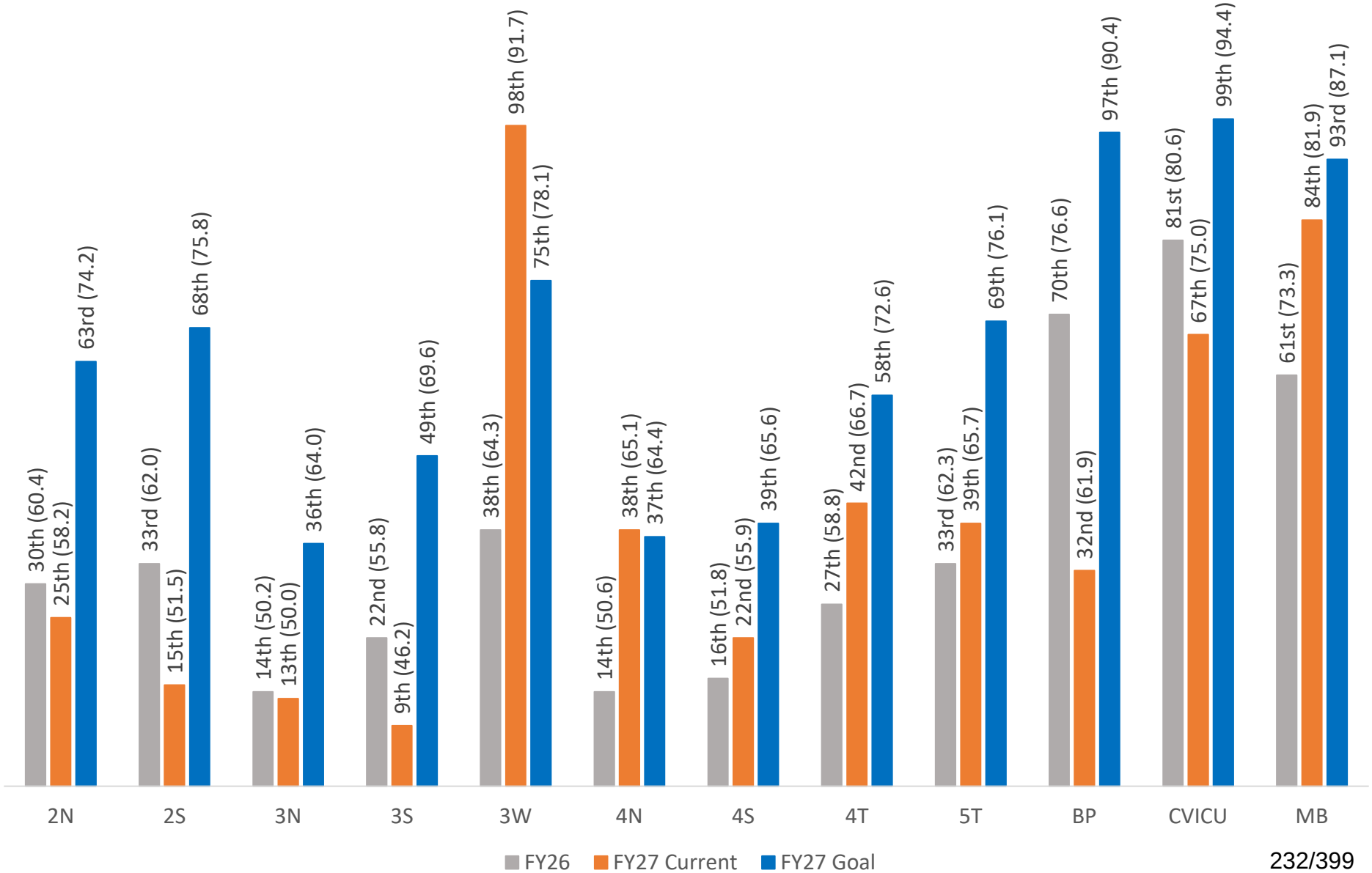
Trust Providers With Care

Build trust through follow-through. Listen to concerns, communicate clearly, and follow through on commitments so patients feel confident in their care team.

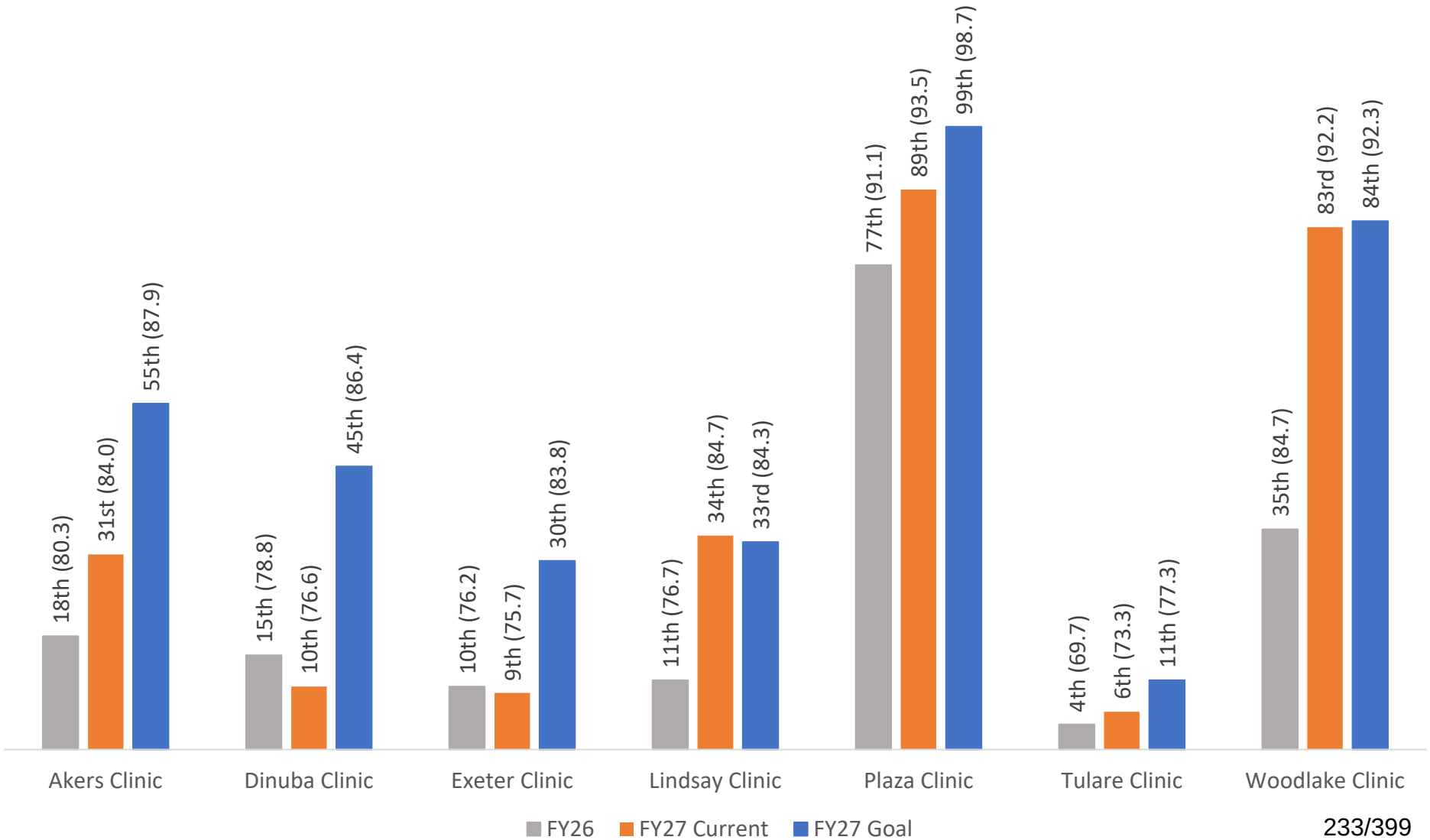
Spent Enough Time With Patient

Commit to Sit. When appropriate, sit at eye level, give patients your full attention, and allow time for questions so they feel heard rather than rushed.

Inpatient Unit's Current Score: July 2026 - August 2026

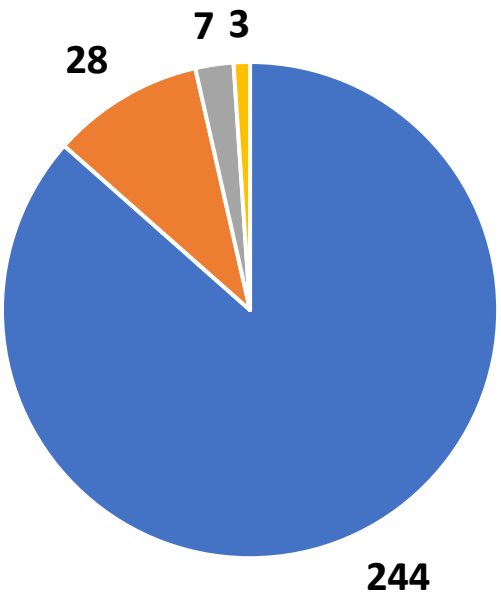


Outpatient Medical Practice Current Score: July 2026 - August 2026



PX Rounding: September

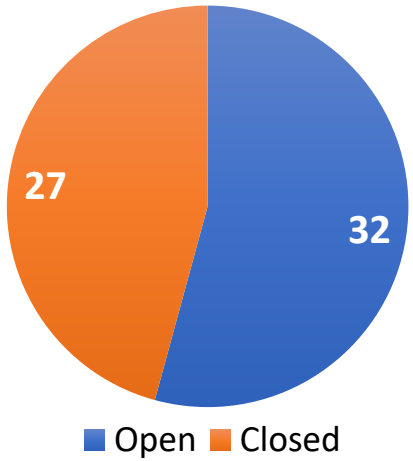
250 Rounds

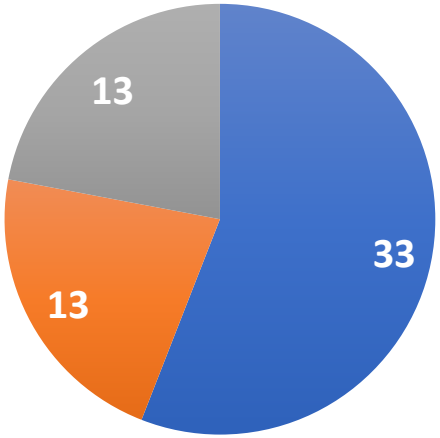




MIDAS: September

59 Opened

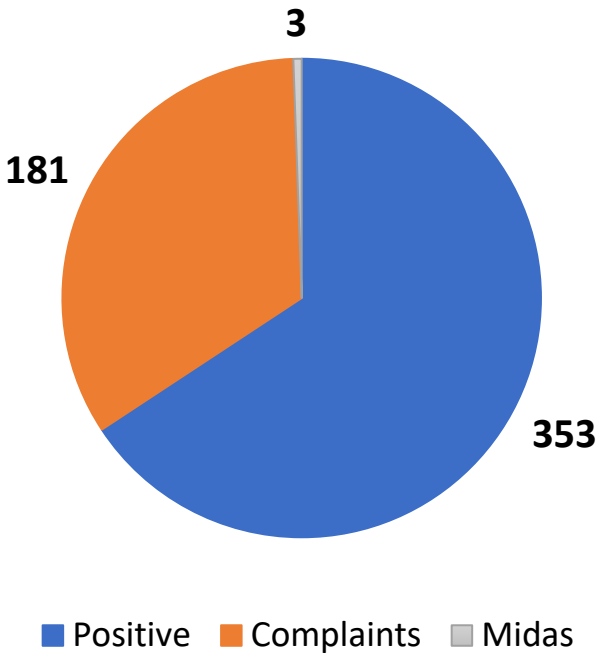






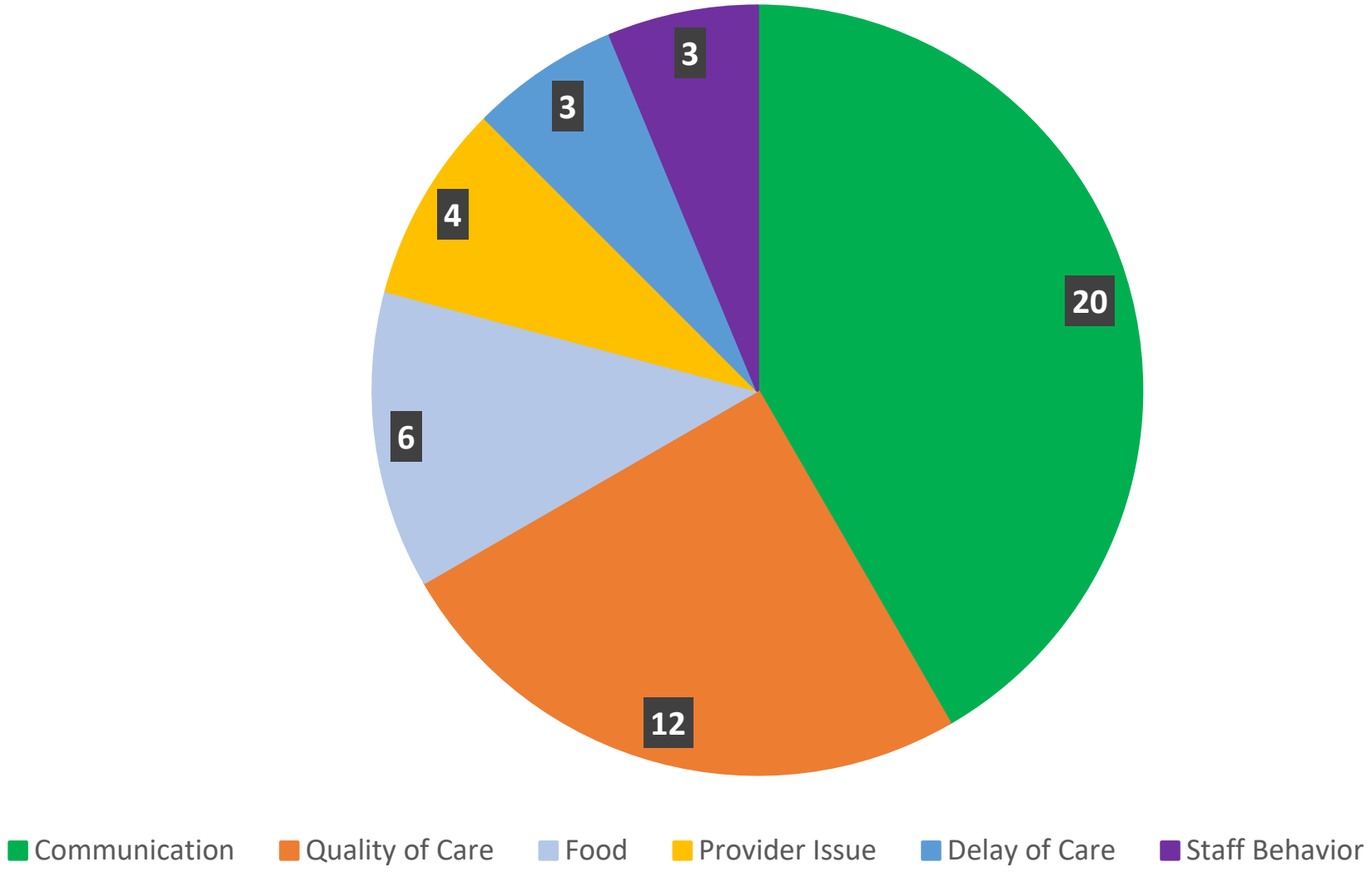
ED Rounding: September

464 Rounds

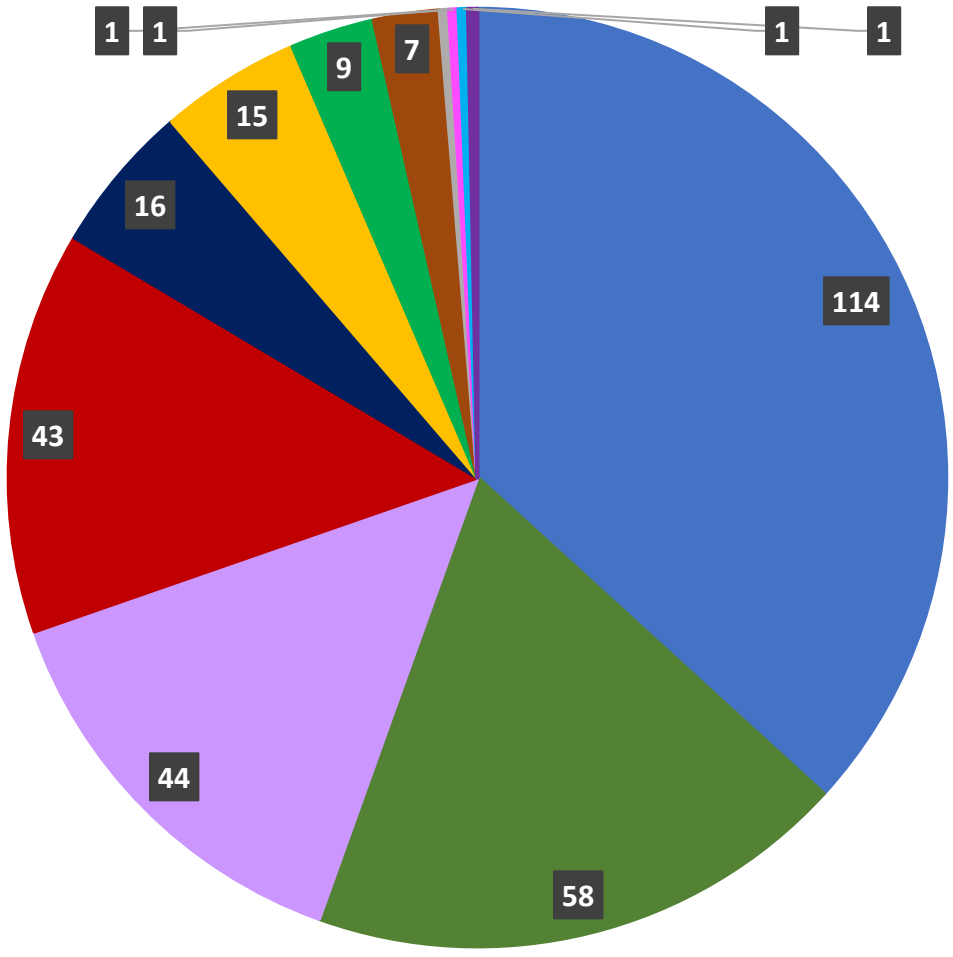




PX Patient Rounding Complaints Breakdown: September 2026

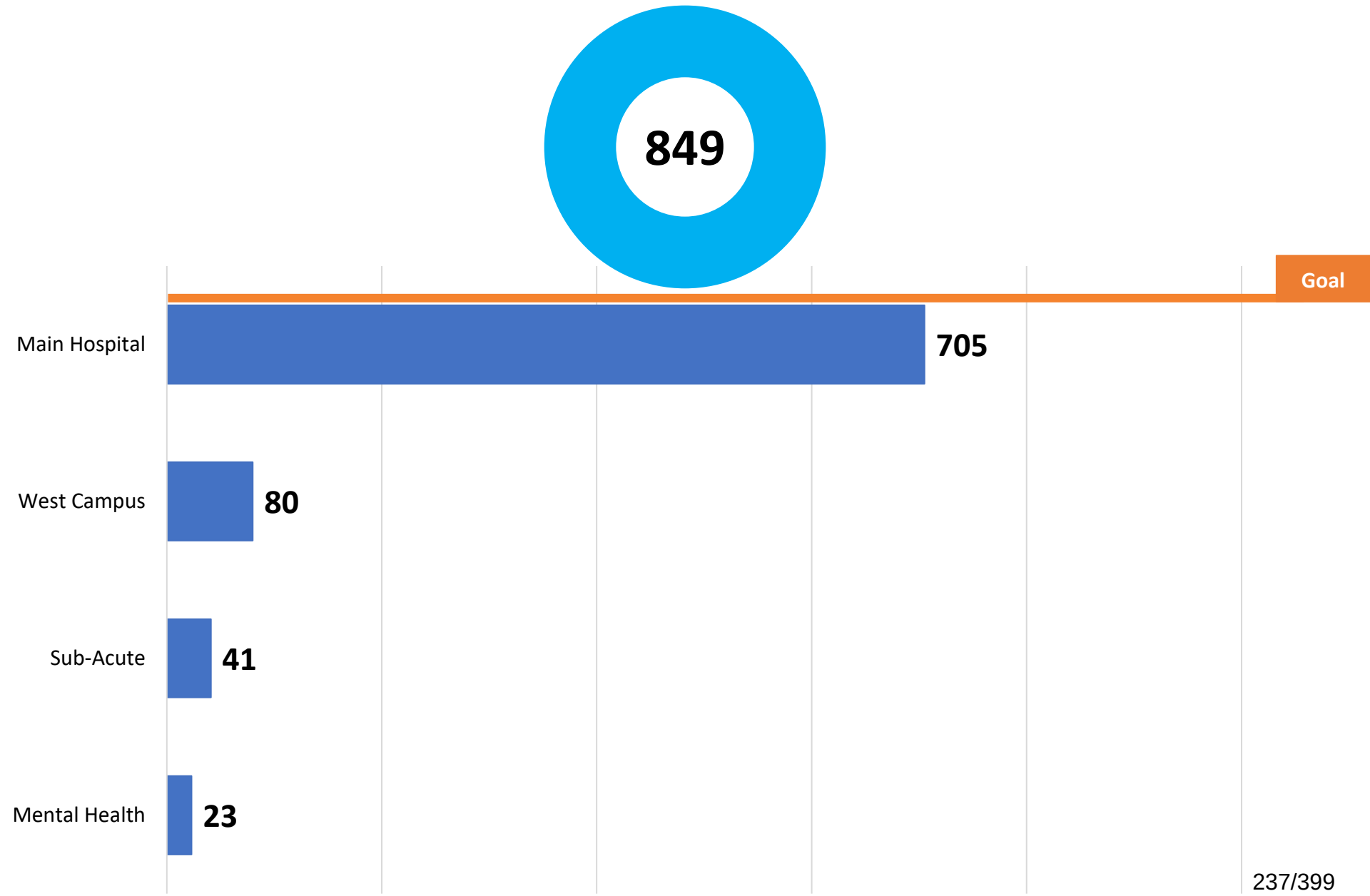


ED Patient Rounding Complaints Breakdown: September 2026



Admit to Hospital (Wait)
Wait Times (Imaging)
Communication
Wait Times (Results)
Call Light
Care
Food Trays
Other (Lost Belongings Bags)
Staff/Provider Behavior
Discharge Wait (Papers)
Early Discharge
Bigger Gowns

Leader Rounds: September 2026



Executive Rounding - August

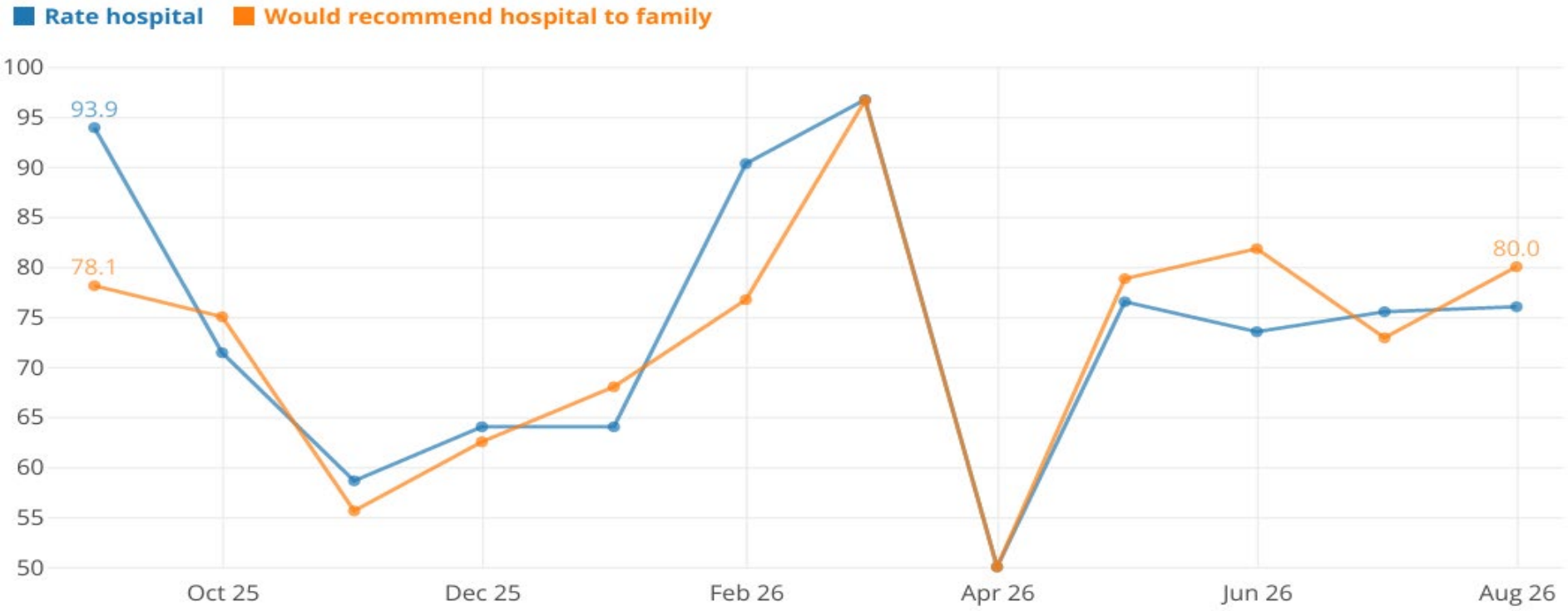
Executive Team Rounds = 11 executive rounds

Executive	NOV	DEC	JAN	FEB	MAR	APR	May	June	July	AUG	SEP
CEO/Marc Mertz.	11/4, 11/20	12/3, 12/23	1/12	Cancelled JC	3/25	4/23	5/11	6/23	7/28	8/27	9/10, 9/30
Jag B.	11/12	12/10	1/13	Cancelled JC	3/19	4/8	5/7	Cancelled	7/14	8/28	9/22
Dianne C.	11/11	12/15	1/8	2/4	3/5	4/22	5/28	6/25		8/26	9/29
Jewel C.										8/25	
Ben C.	11/24	12/18	1/22	Cancelled JC	Cancelled by PX	4/22	5/21	6/16	7/23	8/11	9/24
Paul S.		12/2	1/28	18-Feb	3-Mar	4/15	5/19	6/11	7/22	8/17	9/3
Kevin Morrison						4/30	5/29	6/15	7/1	8/4	9/15
Board of Directors				2/9 (MO)	3/2 (AM)	4/16 (DF)	5/11 (MO)	6/4 (DL)	N/A	N/A	9/21 (AM)
Luke Schneider							5/4	6/24	7/15	8/12	9/9
Max Heckhausen							5/5	6/2	7/8	8/19	9/23
Tom Boggs							5/20	6/29		8/18	9/17

Appendix: Supporting Materials

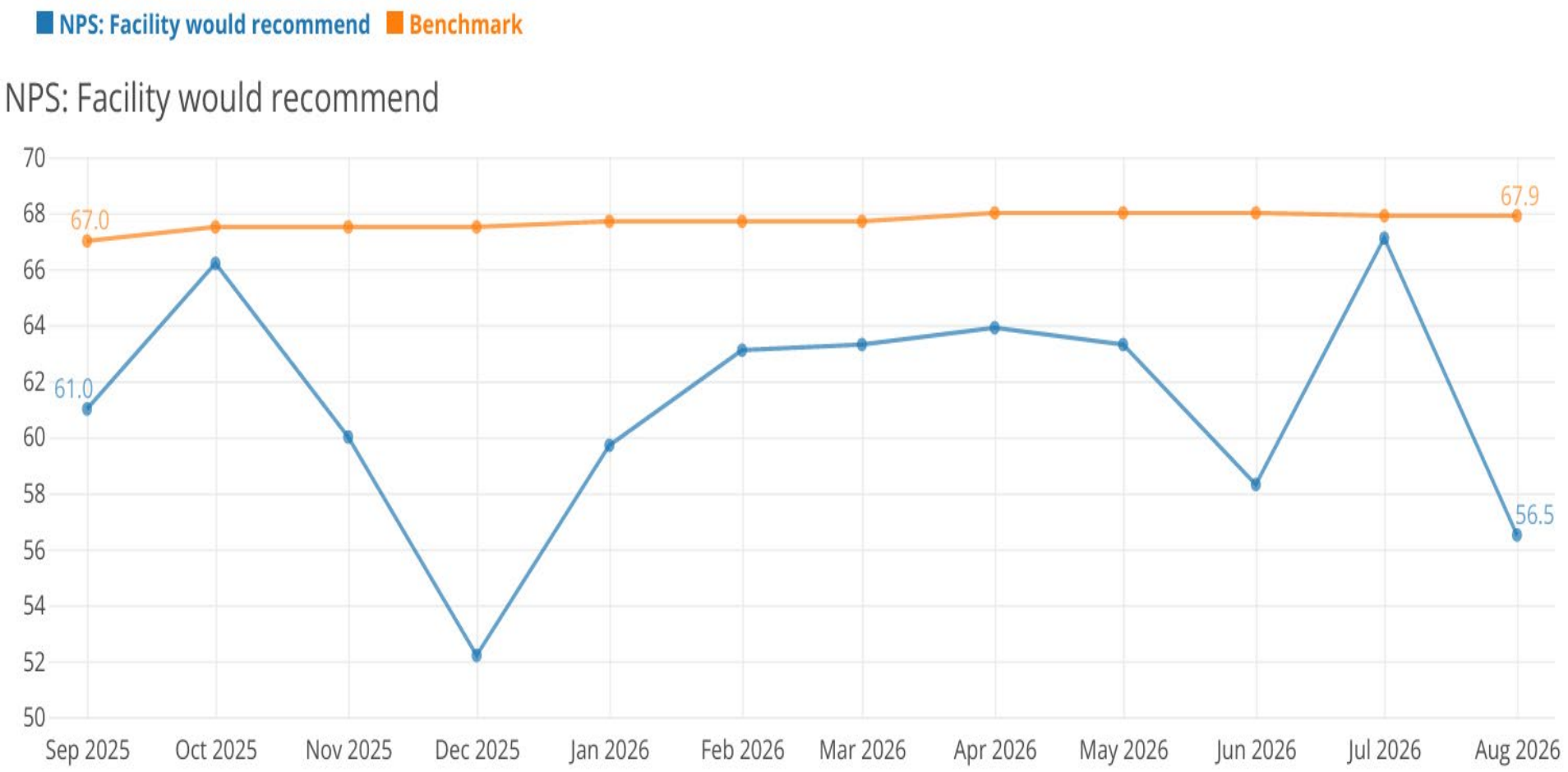
- Trend Lines
  - Appendix A: HCAHPS
  - Appendix B: Inpatient NPS
  - Appendix C: Emergency Department
  - Appendix D: Medical Practice
  - Appendix E: Human Understanding
- Scores
  - Outpatient Services
    - Appendix F: Center for Mental Wellness, Urgent Care, Specialty Outpatient Infusion
    - Appendix G: Imaging Center, Radiation Oncology, Diagnostic Center, Inpatient Rehab
- Appendix H: Midas / Lost Belongings
- Appendix I: Lost Belongings FY26 Totals

HCAHPS Trend: Last 12 Months



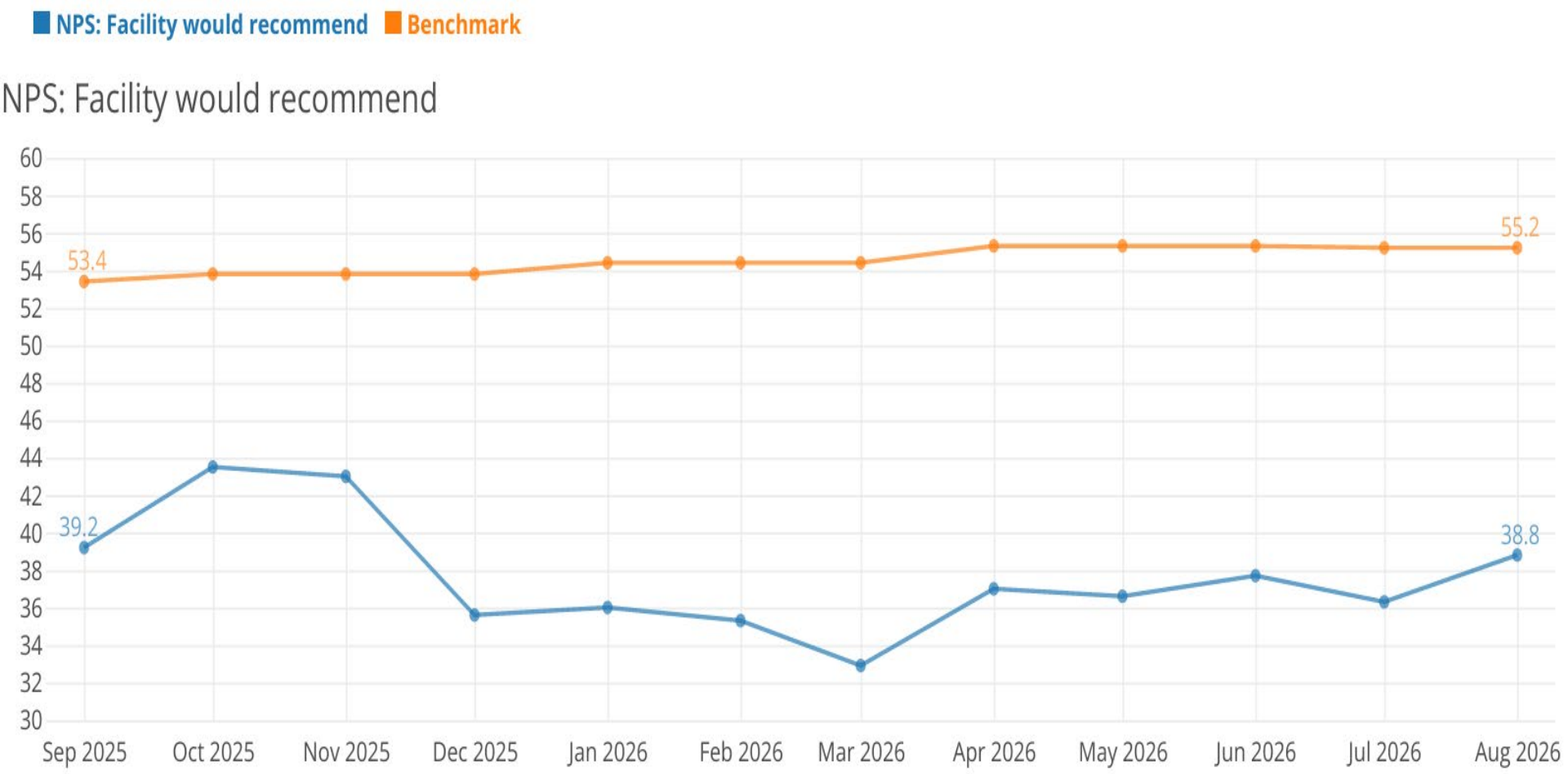
Question	Benchmark	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26	Jul 26	Aug 26
Rate hospital	71.6	93.9 n = 33	71.4 n = 28	58.6 n = 29	64.0 n = 25	64.0 n = 25	90.3 n = 31	96.7 n = 30	50.0 n = 24	76.5 n = 34	73.5 n = 34	75.5 n = 49	76.0 n = 25
Would recommend hospital to family	73.3	78.1 n = 32	75.0 n = 28	55.6 n = 27	62.5 n = 24	68.0 n = 25	76.7 n = 30	96.6 n = 29	50.0 n = 24	78.8 n = 33	81.8 n = 33	72.9 n = 48	80.0 n = 25

Inpatient: Last 12 Months



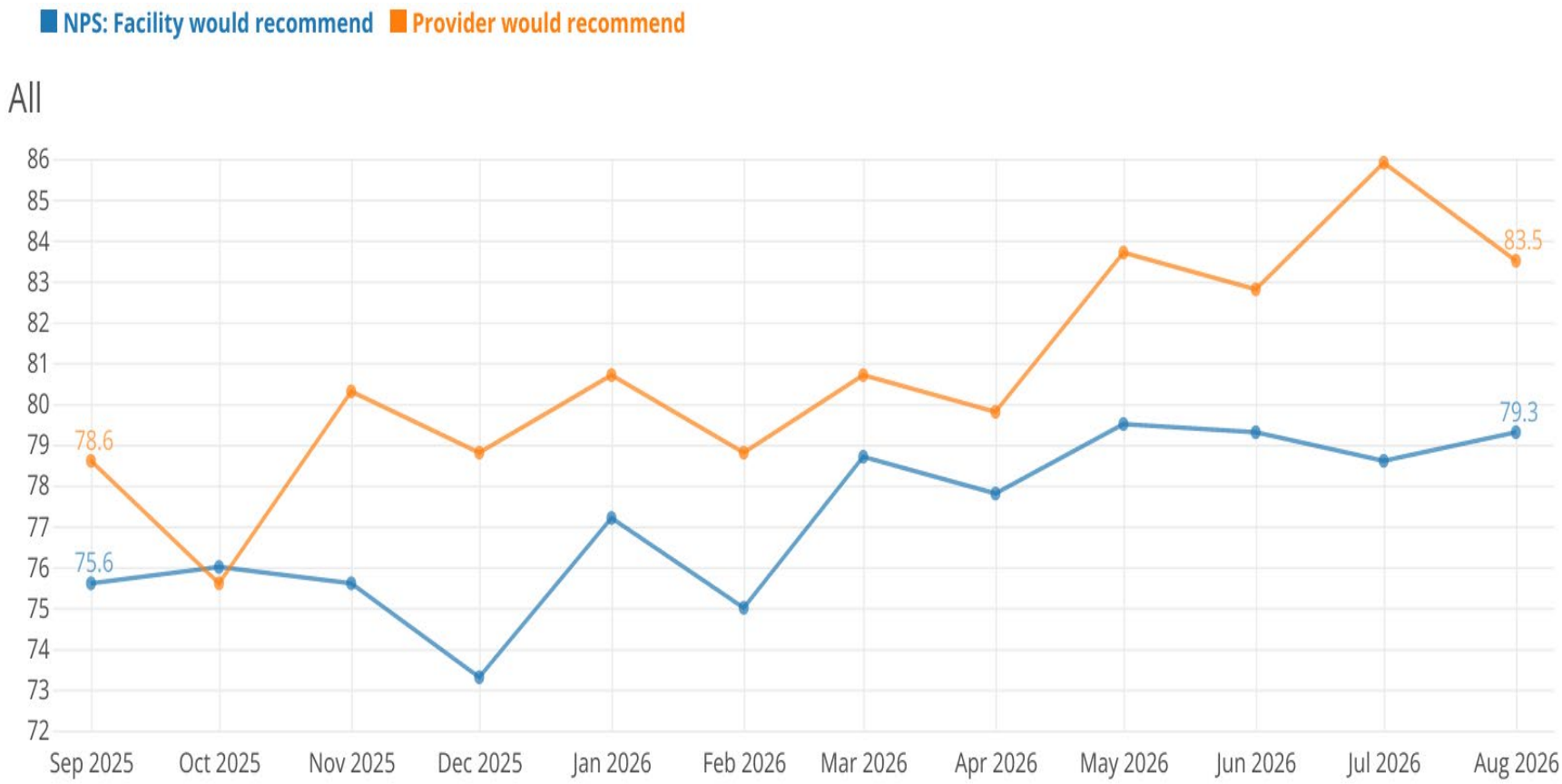
	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026
uld	61.0	66.2	60.0	52.2	59.7	63.1	63.3	63.9	63.3	58.3	67.1	56.5
	n = 187	n = 198	n = 220	n = 230	n = 233	n = 198	n = 221	n = 219	n = 245	n = 218	n = 237	n = 237

Emergency Department: Last 12 Months



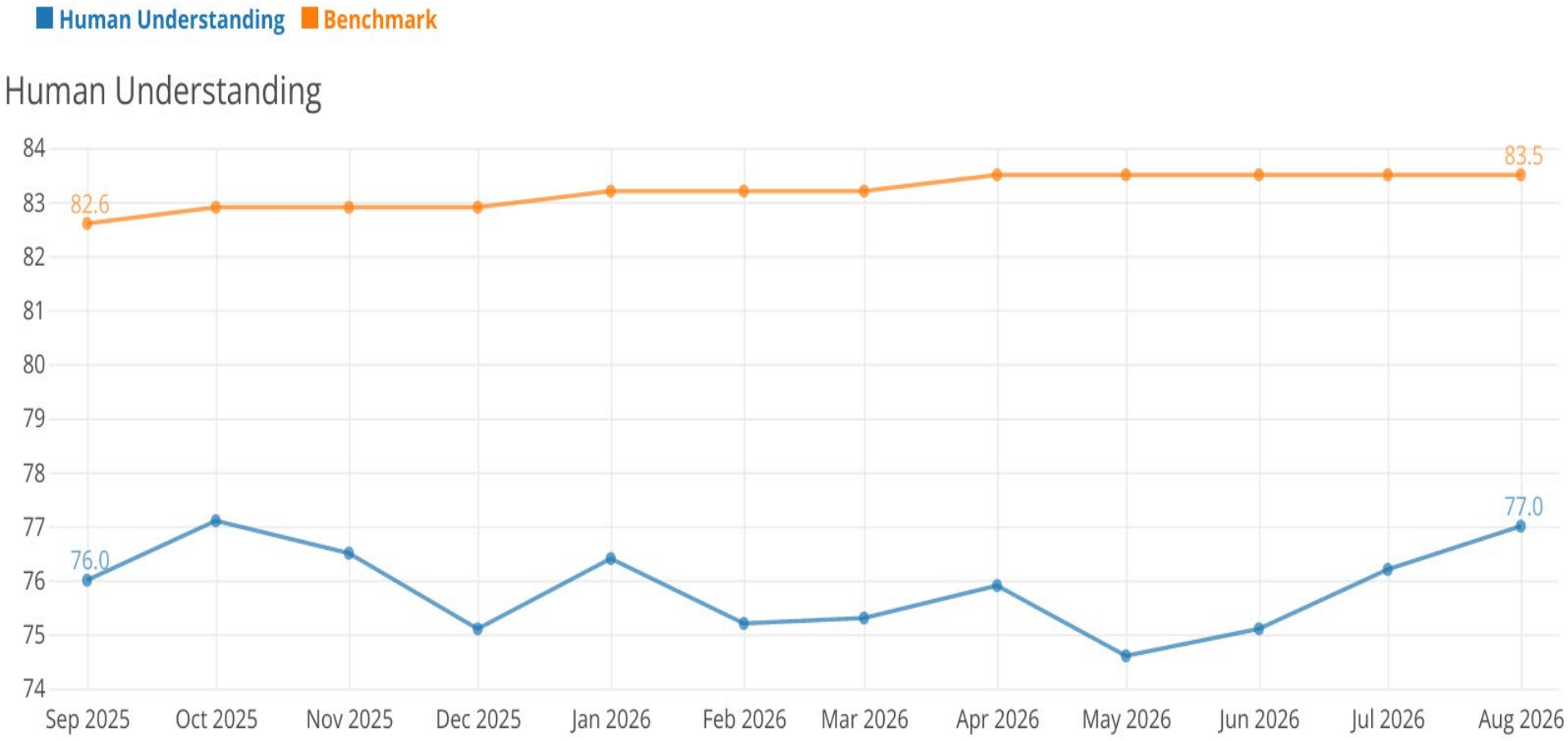
	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026
ld	39.2	43.5	43.0	35.6	36.0	35.3	32.9	37.0	36.6	37.7	36.3	38.8
	n = 793	n = 710	n = 698	n = 758	n = 801	n = 750	n = 832	n = 789	n = 837	n = 803	n = 742	n = 882

Outpatient Medical Practice: Last 12 Months



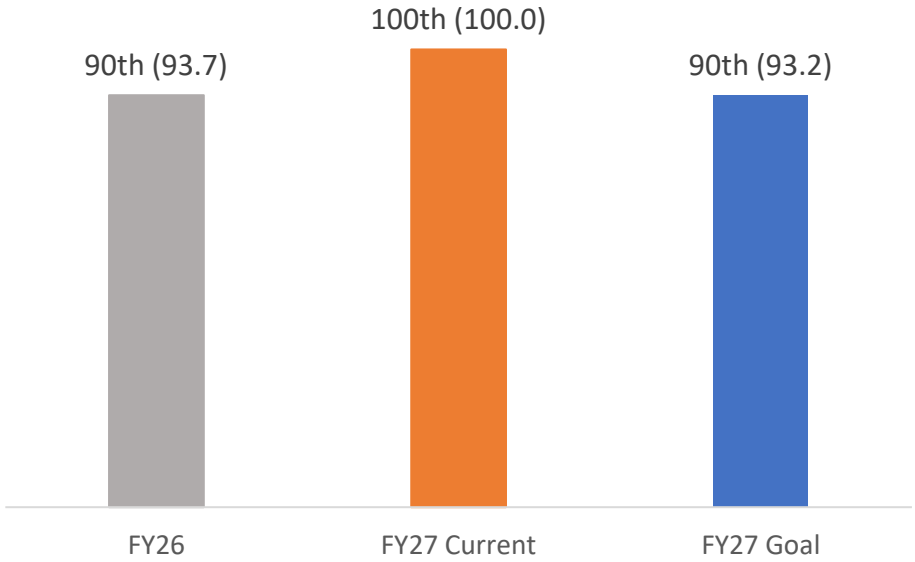
	Benchmark	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026
NPS: Facility would recommend	86.5	75.6 n = 717	76.0 n = 637	75.6 n = 537	73.3 n = 565	77.2 n = 689	75.0 n = 627	78.7 n = 609	77.8 n = 686	79.5 n = 657	79.3 n = 656	78.6 n = 524	79.3 n = 695
Provider would recommend	88.1	78.6 n = 695	75.6 n = 620	80.3 n = 529	78.8 n = 556	80.7 n = 673	78.8 n = 609	80.7 n = 596	79.8 n = 664	83.7 n = 645	82.8 n = 639	85.9 n = 510	83.5 n = 680

Human Understanding: Organization
Last 12 Months

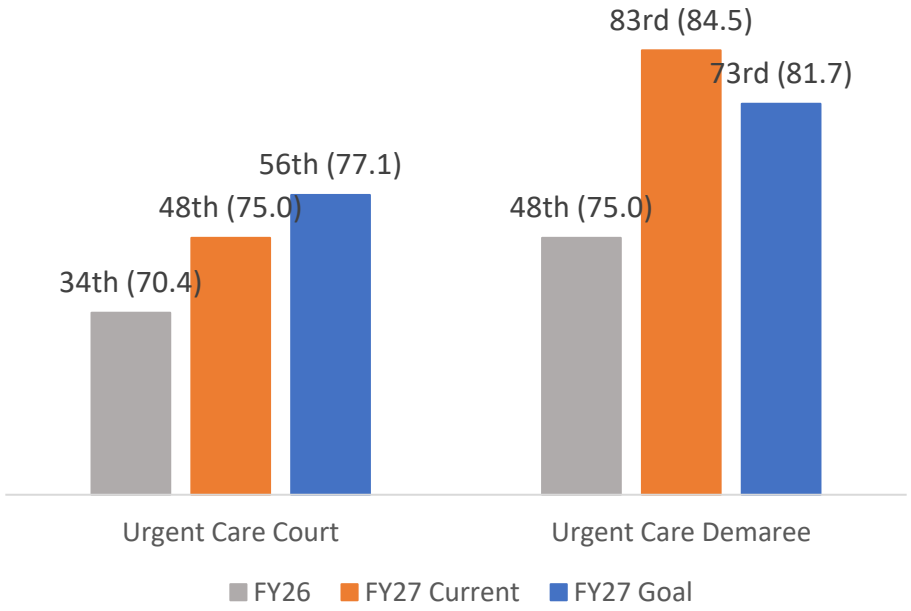


anding	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026
	76.0	77.1	76.5	75.1	76.4	75.2	75.3	75.9	74.6	75.1	76.2	77.0
	n = 3,836	n = 3,949	n = 3,380	n = 3,813	n = 4,188	n = 3,854	n = 4,208	n = 4,081	n = 4,066	n = 4,008	n = 3,948	n = 4,041

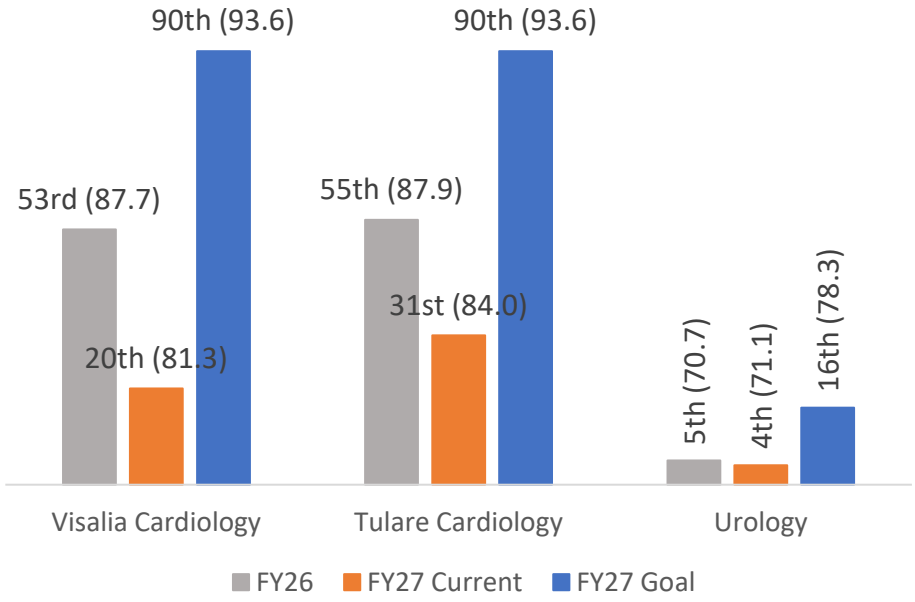
Center for Mental Wellness



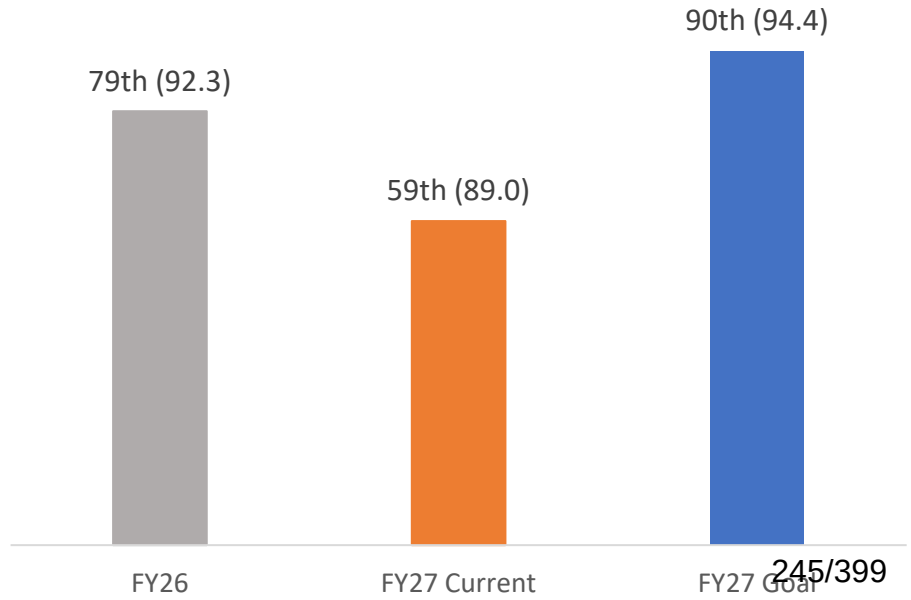
Urgent Care



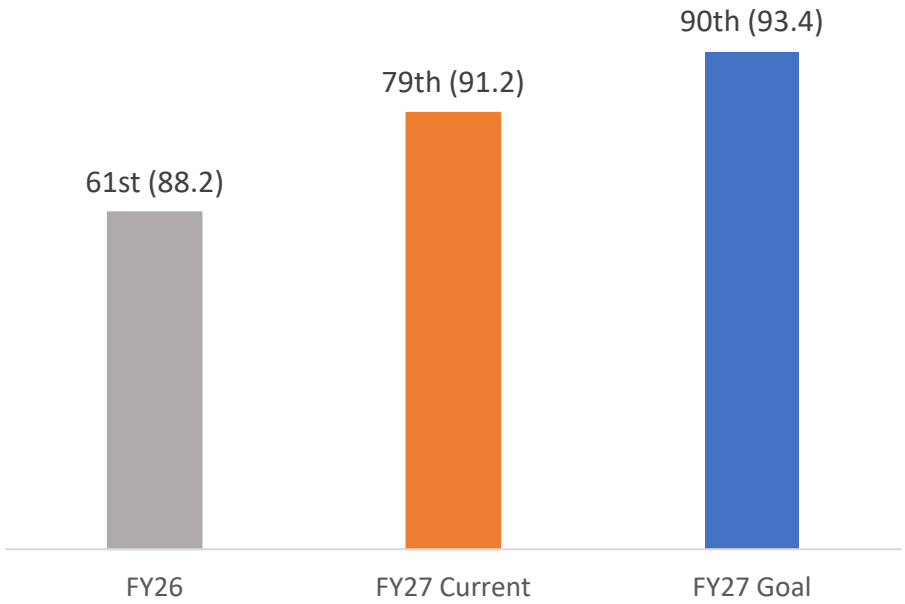
Specialty Clinics



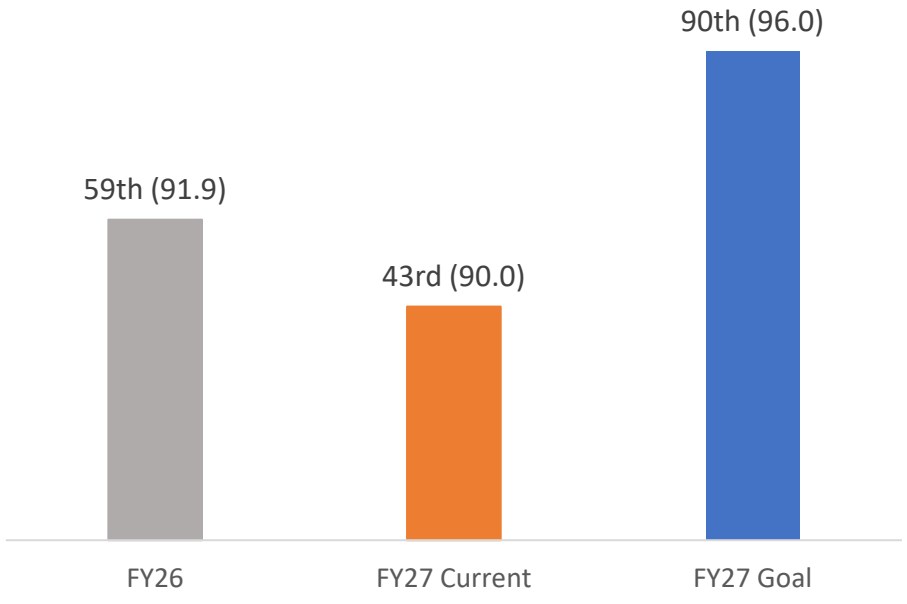
Outpatient Infusion



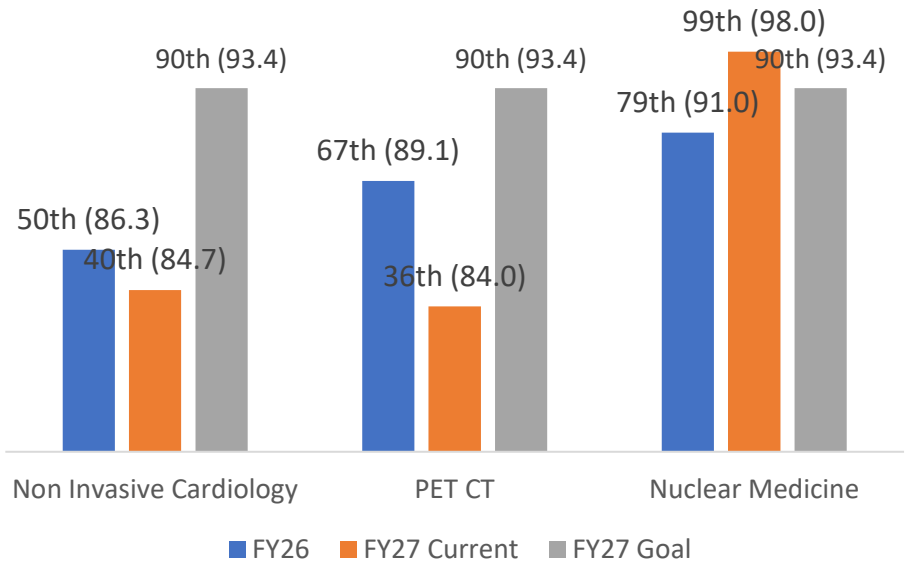
Imaging Center



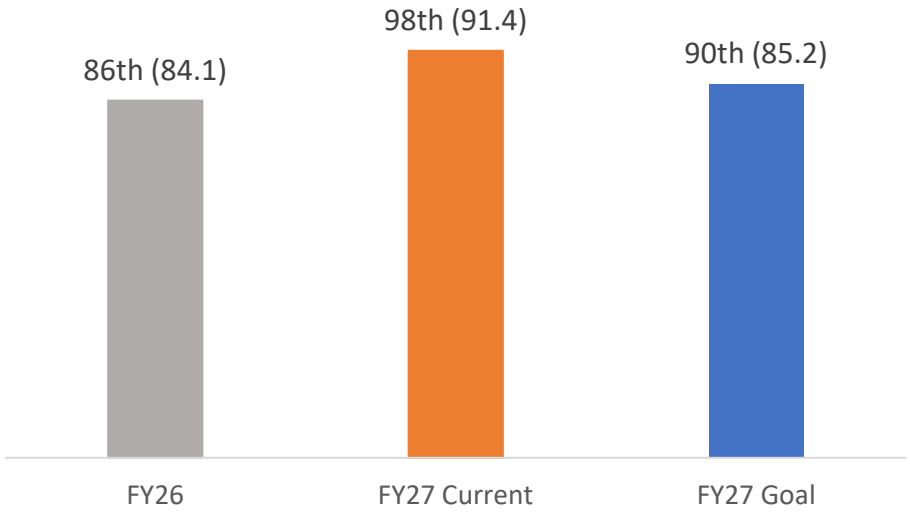
Radiation Oncology



Diagnostic Center



Inpatient Rehab

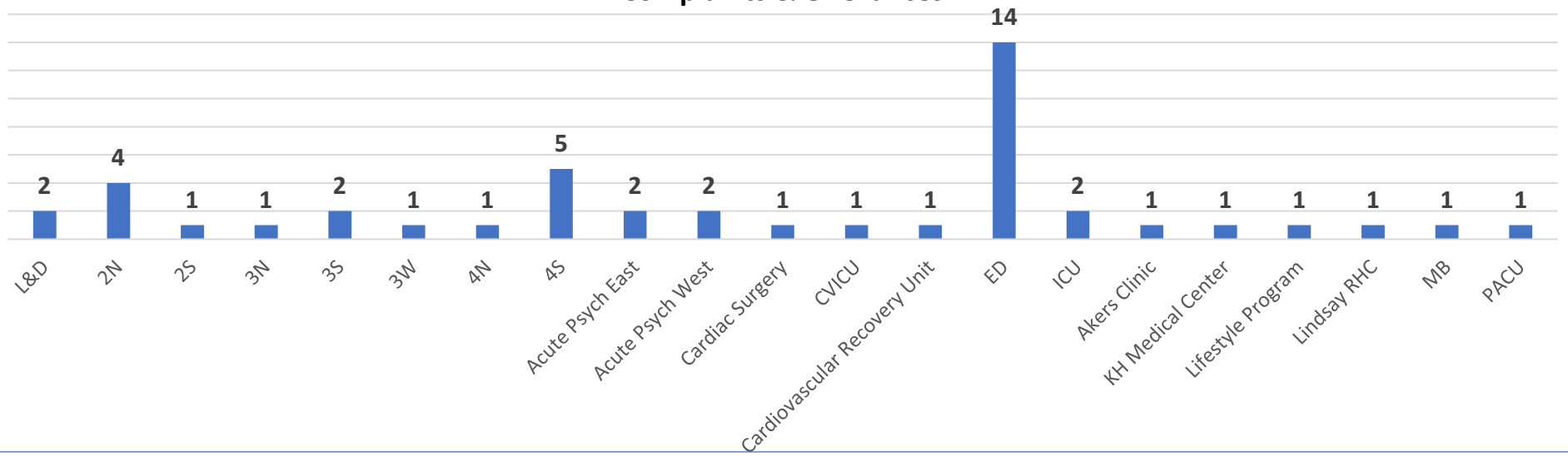


Appendix H

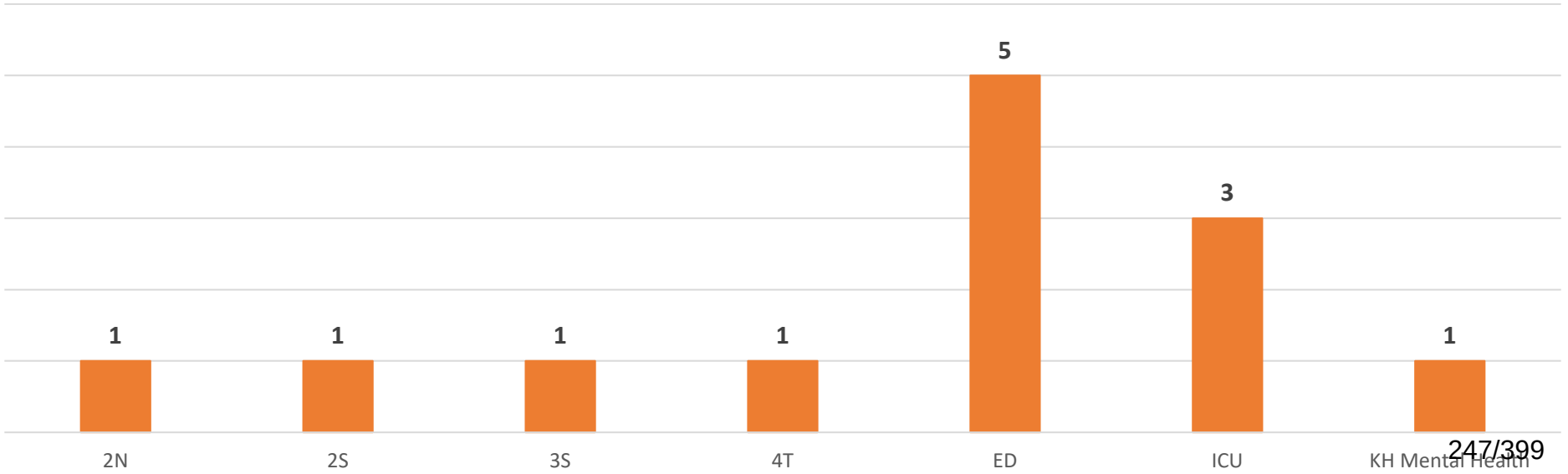
MIDAS: September 2026

59 Opened

Complaints & Grievances



Lost Belongings



Lost Belongings

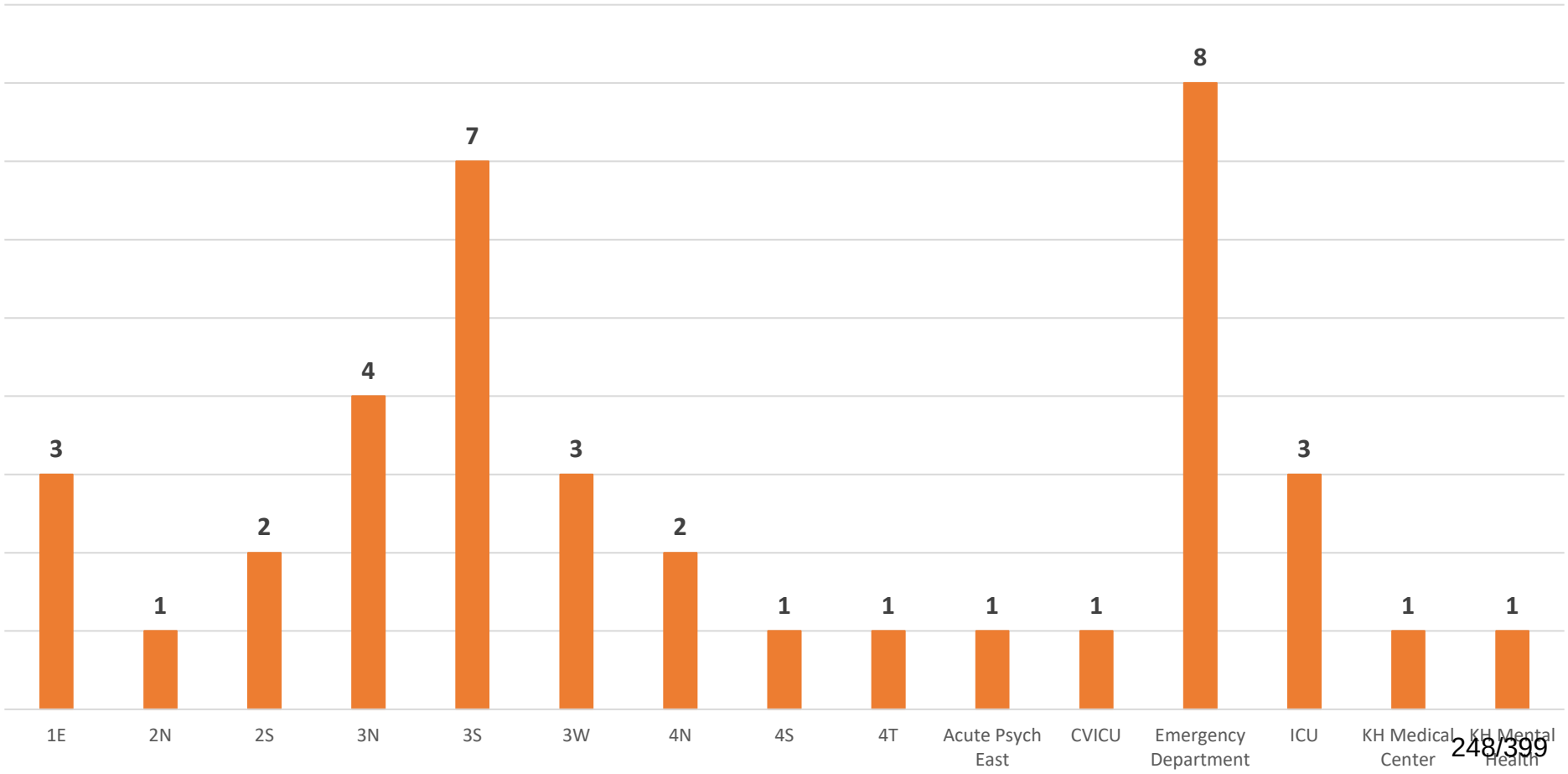
FY27: 7/1/2026 – 9/30/2026

Total Reported in Midas: 39

39
Total Cases

20
Closed

19
Remain Open



FINANCIAL STEWARDSHIP

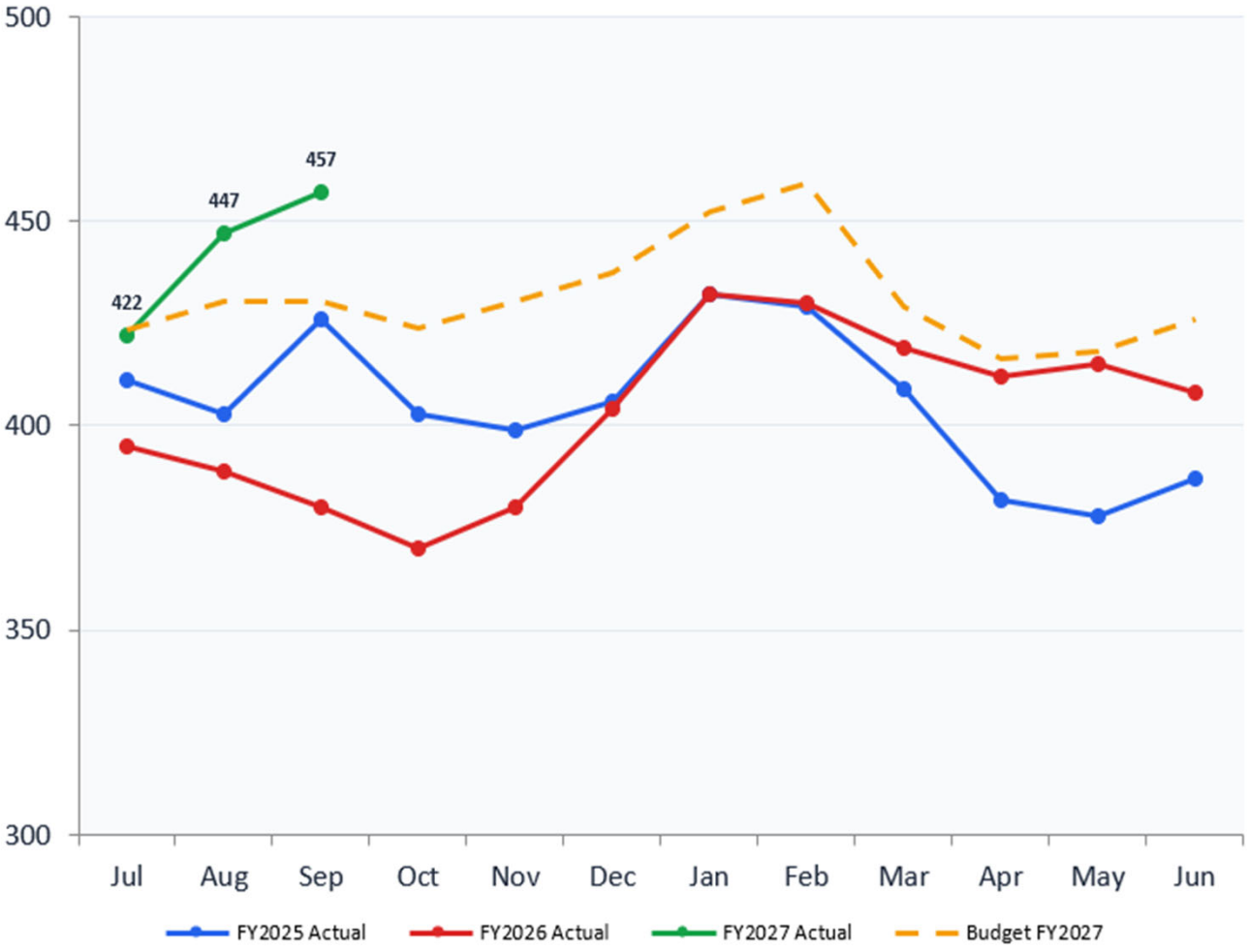
CFO Financial Report

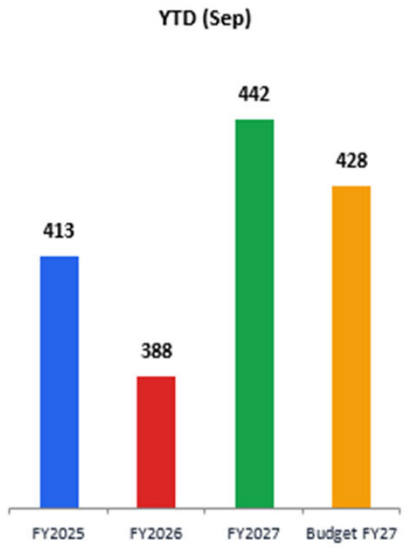
Month Ending September 2026

kaweahhealth.org

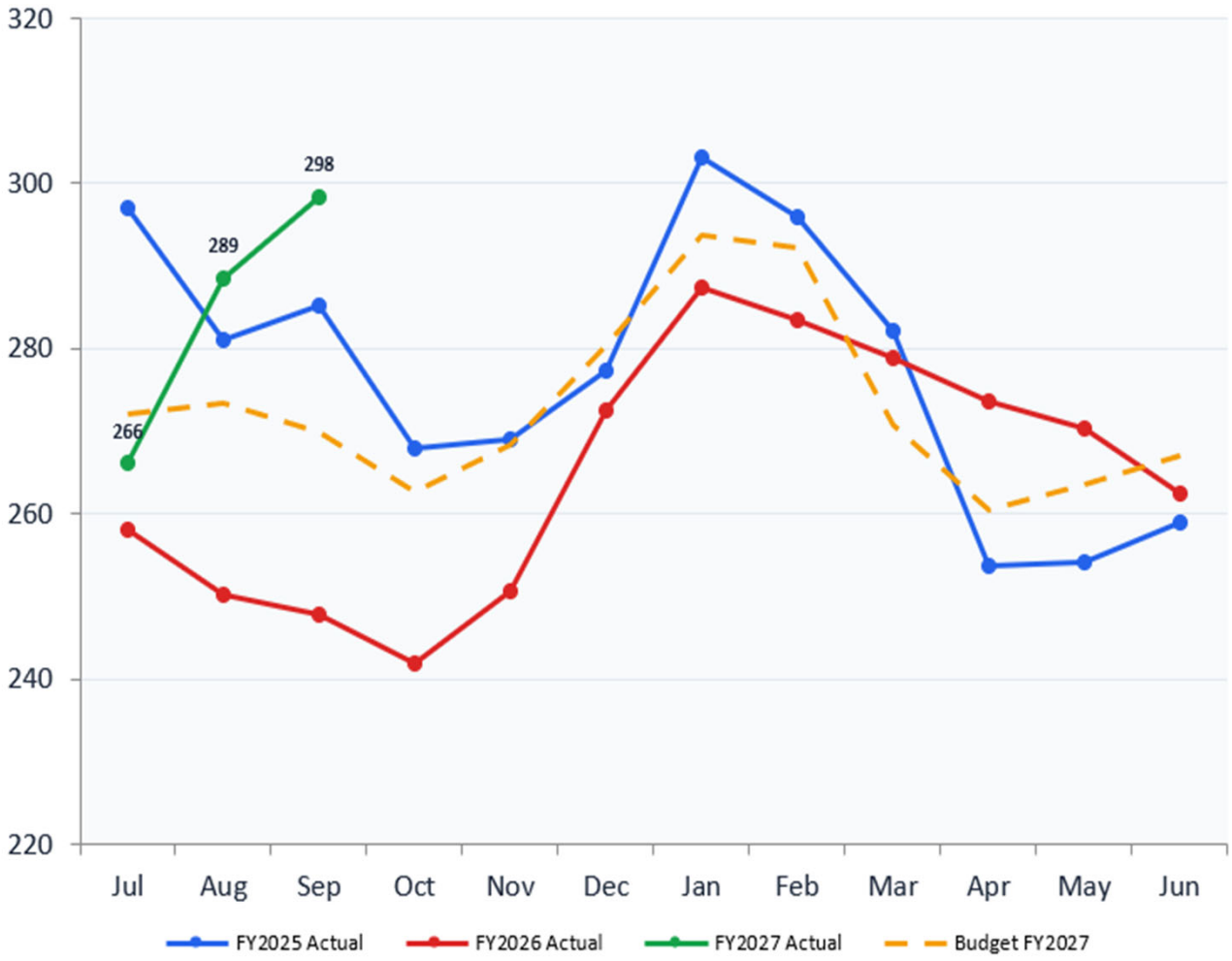
Kaweah Health
MORE THAN MEDICINE. LIFE.

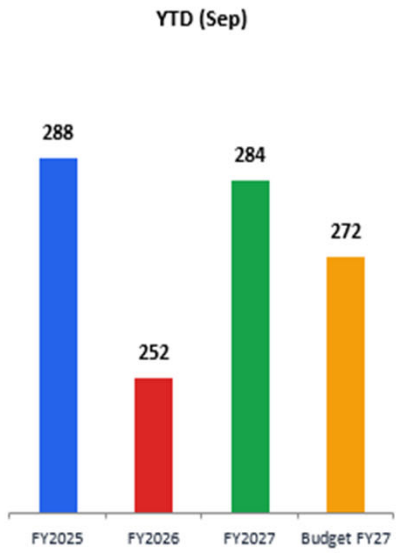
Average Daily Census



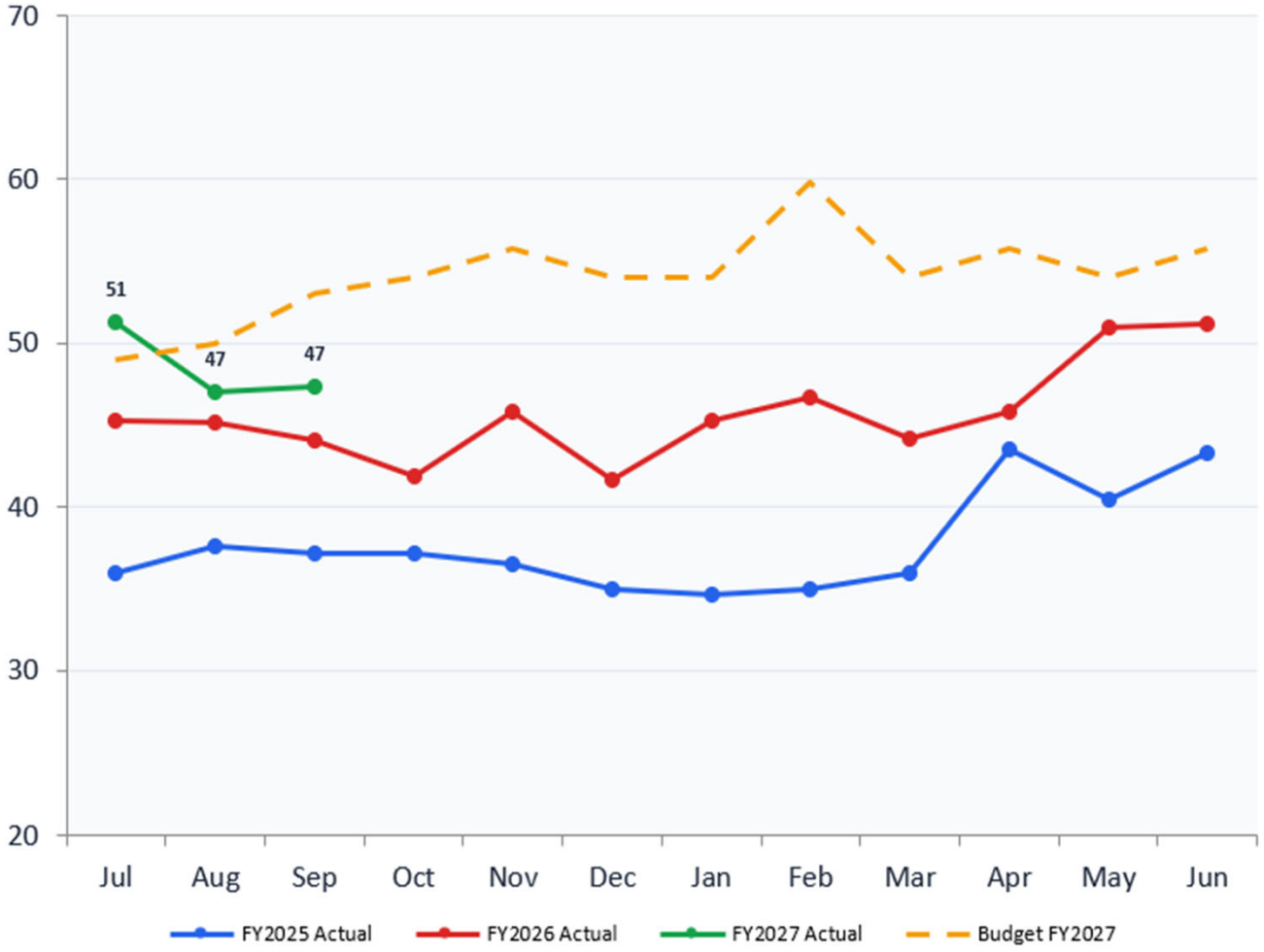


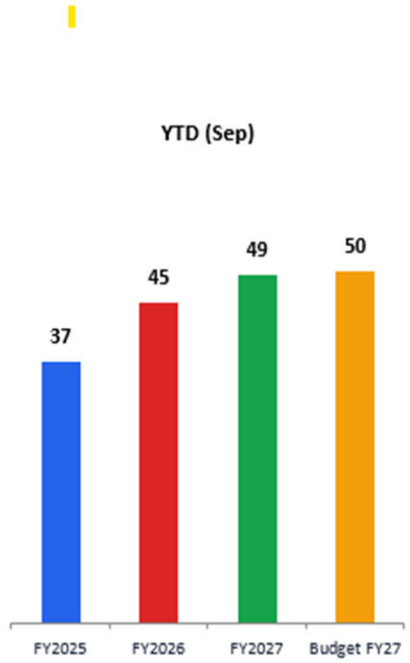
Medical Center (Avg Patients Per Day)



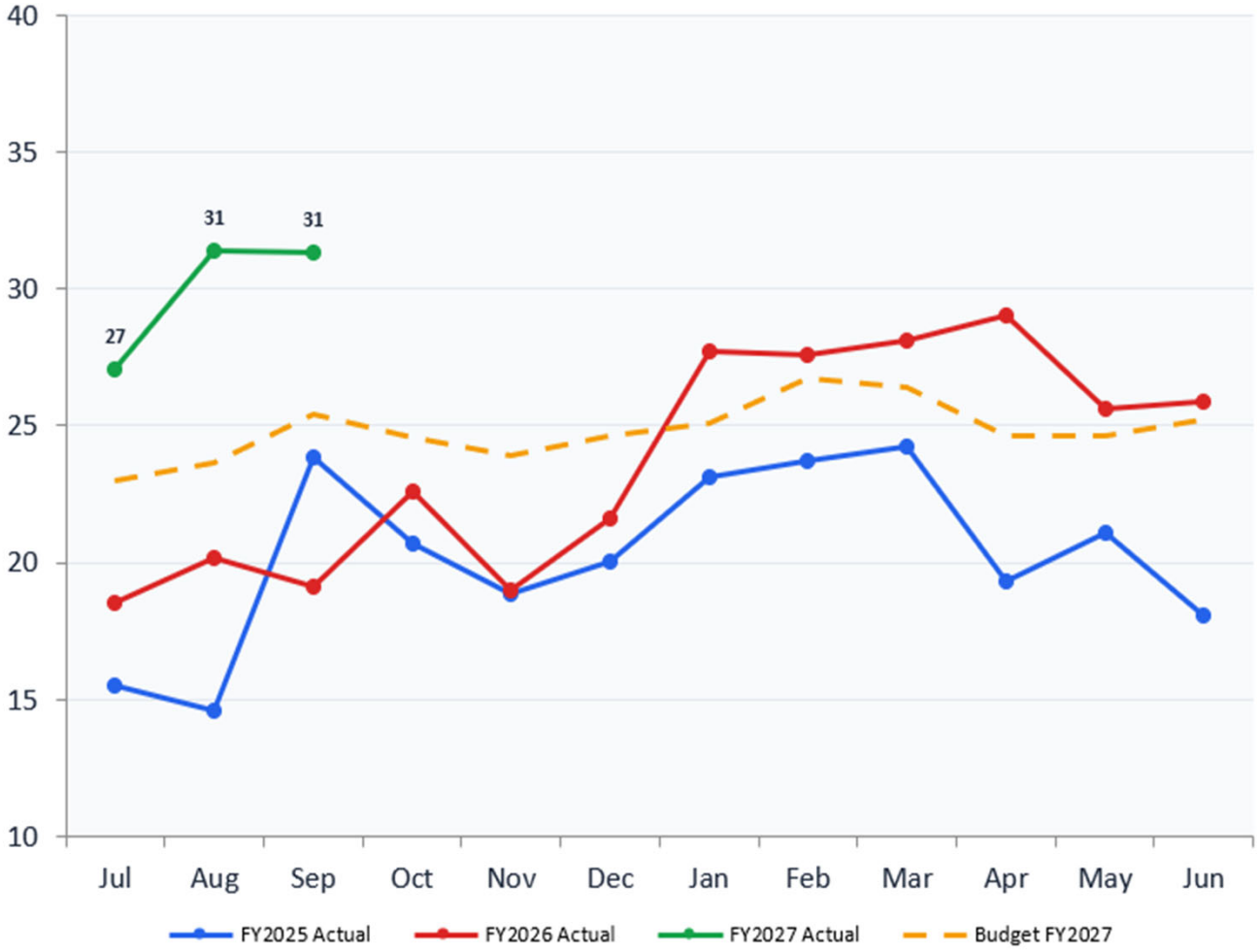


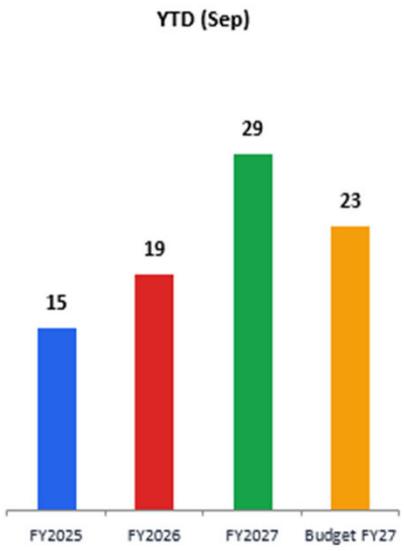
Acute I/P Psych (Avg Patients Per Day)



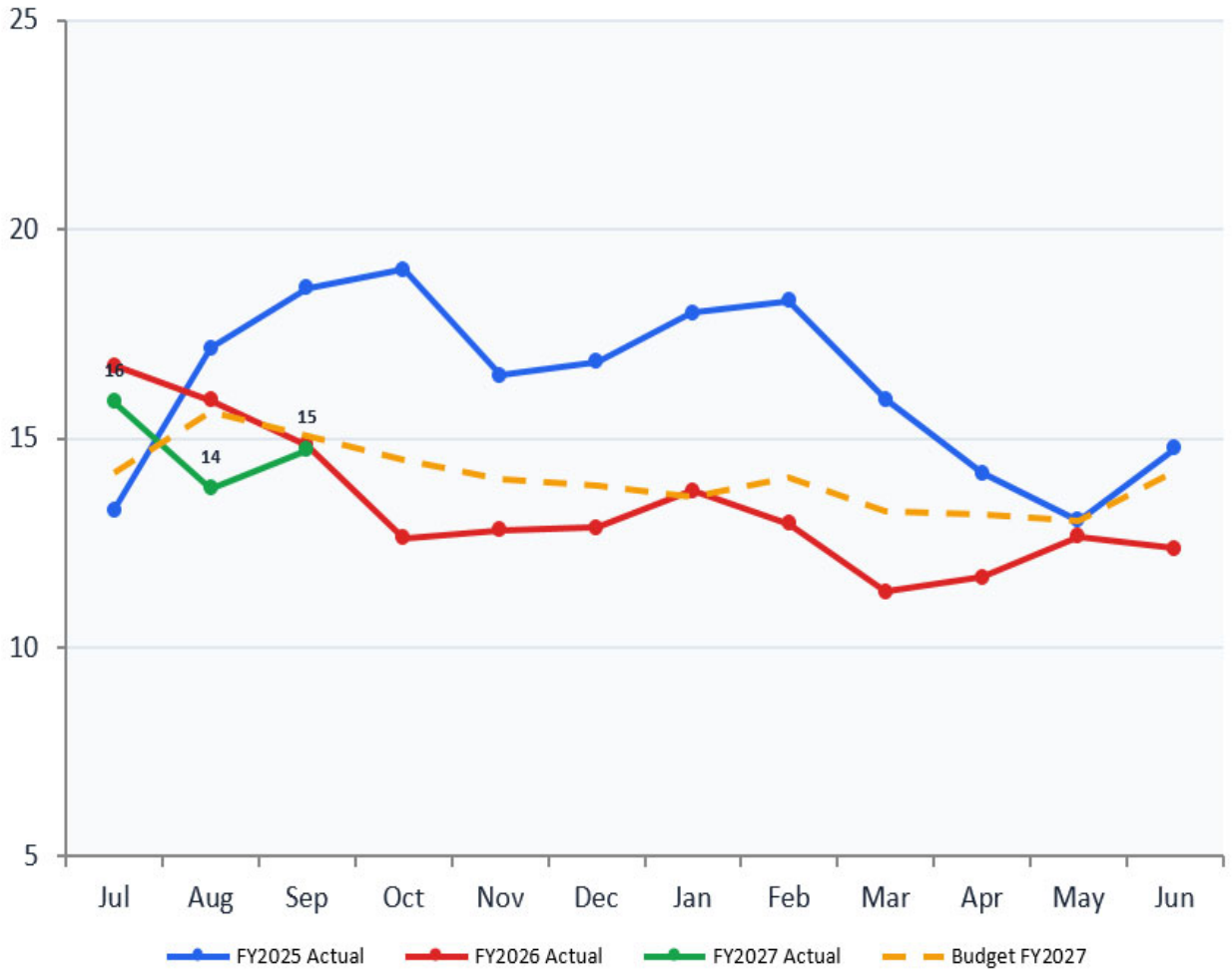


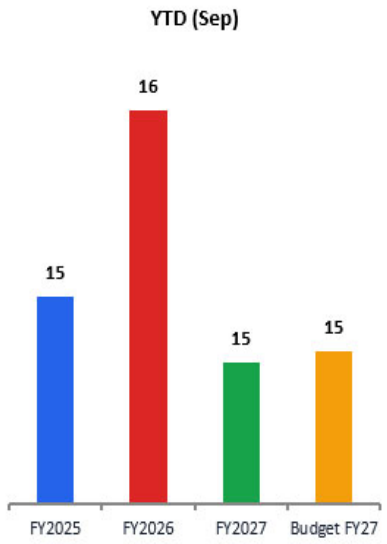
Rehabilitation Hospital (Avg Patients Per Day)





Nursery (Avg Patients Per Day)



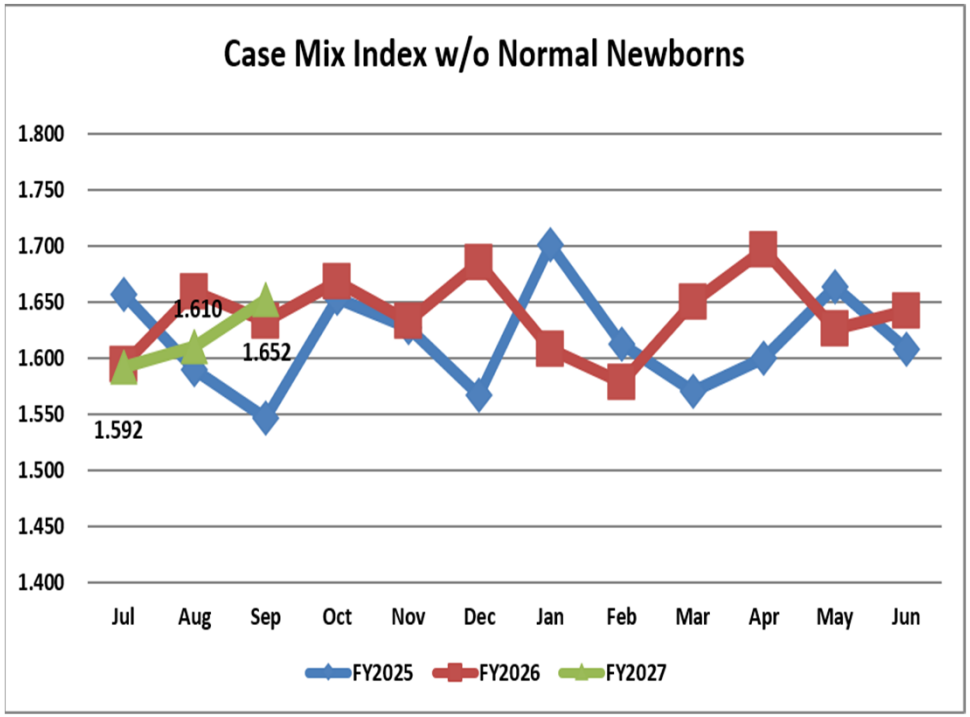


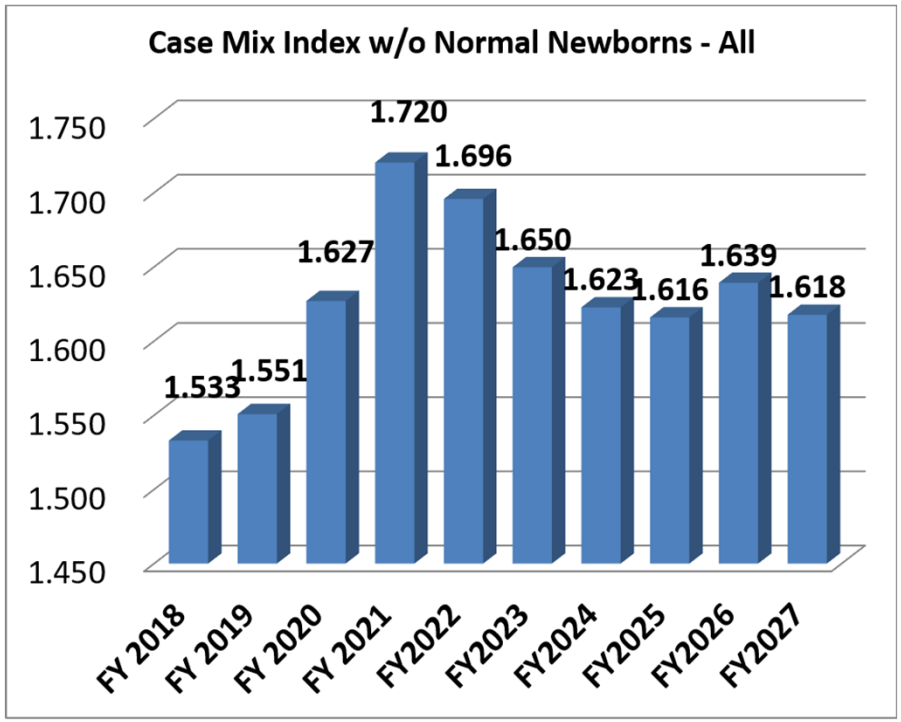
Statistical Results – Fiscal Year Comparison (Sep)

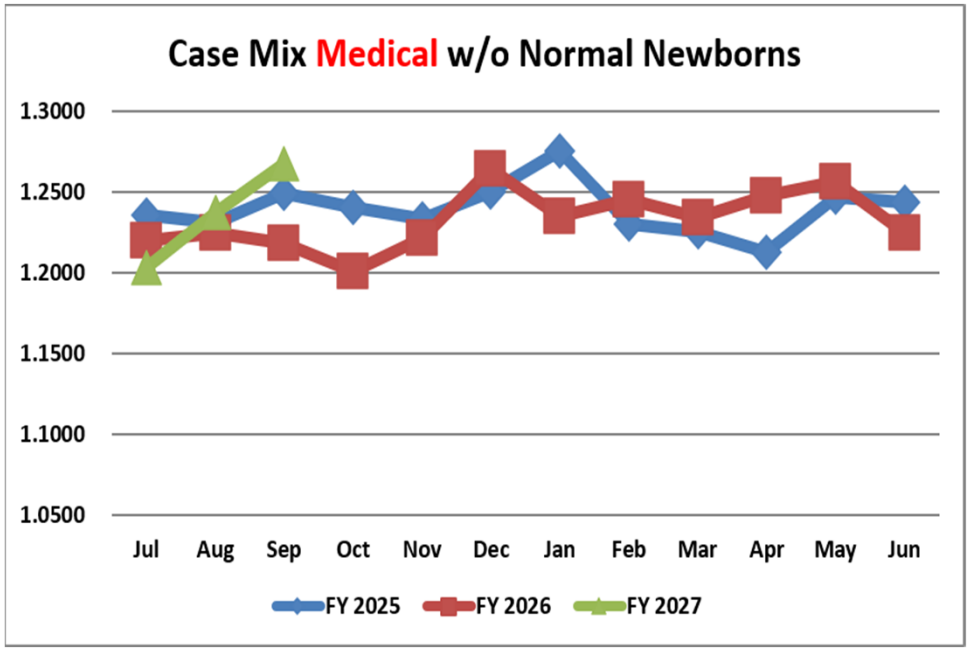
	Actual Results			Budget	Budget Variance	
	Sep 2025	Sep 2026	% Change	Sep 2026	Change	% Change
Average Daily Census	**380**	**457**	**20.2%**	**430**	**26**	**6.1%**
KDHCD Patient Days:						
Medical Center	7,433	8,950	20.4%	8,095	855	10.6%
Acute I/P Psych	1,321	1,422	7.6%	1,590	(168)	(10.6%)
Sub-Acute	863	1,141	32.2%	1,235	(94)	(7.6%)
Rehab	573	940	64.0%	763	177	23.2%
TCS-Ortho (Short Stay Rehab)	409	382	(6.6%)	395	(13)	(3.3%)
NICU	343	430	25.4%	384	46	12.0%
Nursery	445	442	(0.7%)	452	(10)	(2.2%)
Total KDHCD Patient Days	**11,387**	**13,707**	**20.2%**	**12,914**	**793**	**6.1%**
Total Outpatient Volume	**64,080**	**66,300**	**3.5%**	**65,422**	**878**	**1.3%**

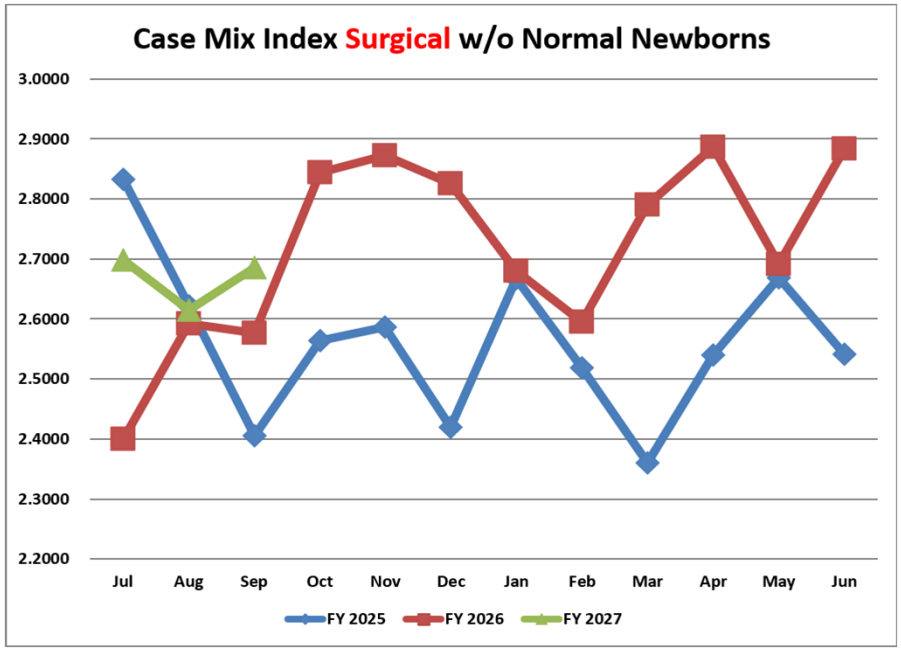
Statistical Results – Fiscal Year Comparison (Jul-Sep)

	Actual Results			Budget	Budget Variance	
	FYTD 2026	FYTD 2027	% Change	FYTD 2027	Change	% Change
Average Daily Census	**388**	**442**	**13.9%**	**427**	**15**	**3.5%**
KDHCD Patient Days:						
Medical Center	23,185	26,143	12.8%	24,903	1,240	5.0%
Acute I/P Psych	4,122	4,470	8.4%	4,659	(189)	(4.1%)
Sub-Acute	2,616	3,490	33.4%	3,637	(147)	(4.0%)
Rehab	1,774	2,753	55.2%	2,208	545	24.7%
TCS-Ortho (Short Stay Rehab)	1,292	1,143	(11.5%)	1,249	(106)	(8.5%)
NICU	1,231	1,298	5.4%	1,255	43	3.4%
Nursery	1,457	1,362	(6.5%)	1,376	(14)	(1.0%)
Total KDHCD Patient Days	**35,677**	**40,659**	**13.9%**	**39,287**	**1,372**	**3.5%**
Total Outpatient Volume	**190,901**	**197,492**	**3.5%**	**200,628**	**(3,136)**	**(1.6%)**

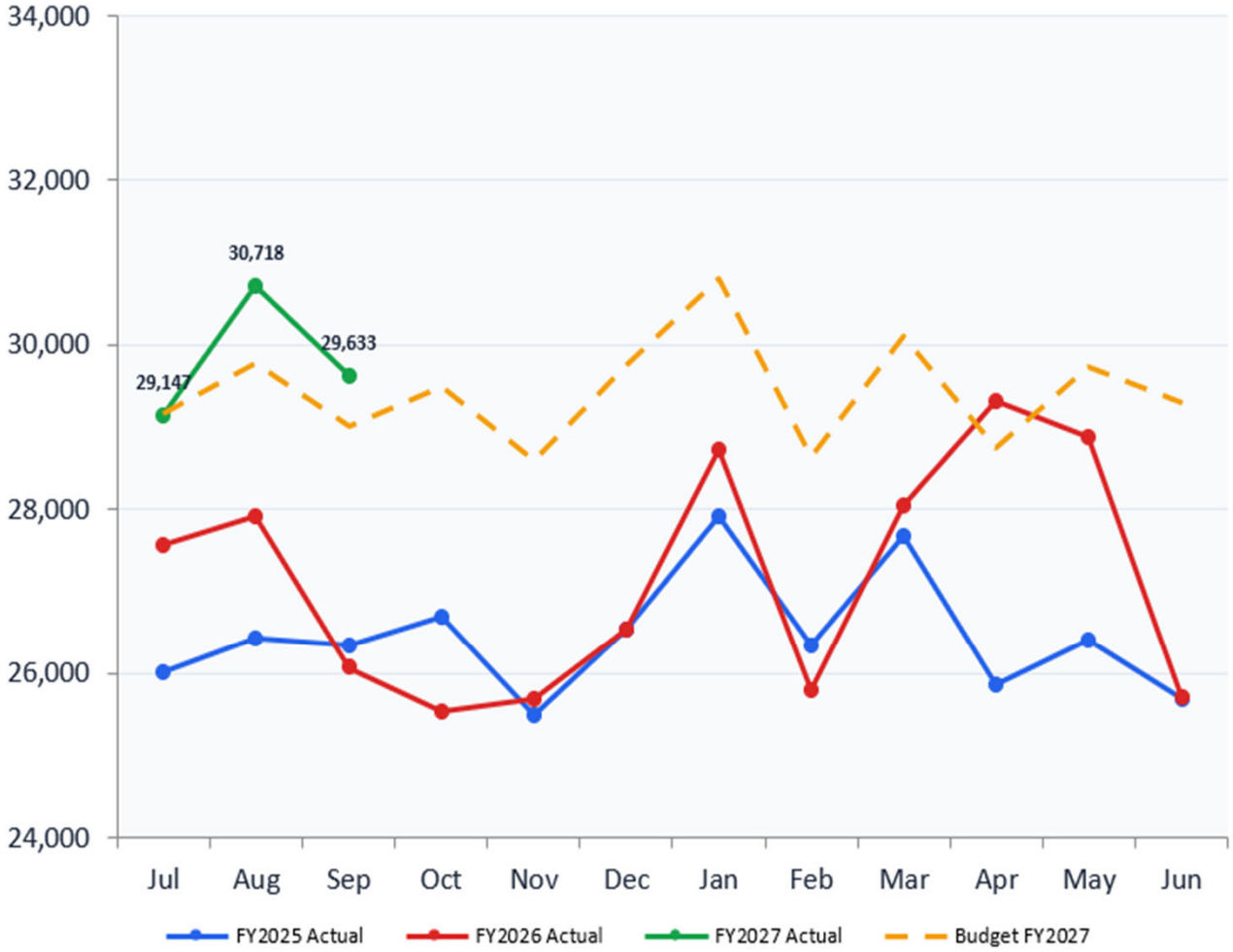

Case Mix Index w/o Normal Newborns
1.800
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.400
1.610
1.652
1.592
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY2025
FY2026
FY2027

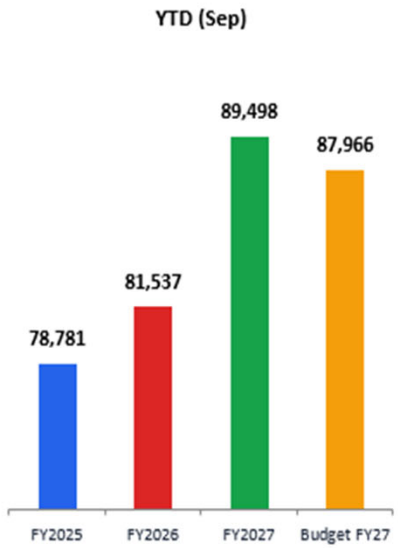

Case Mix Index w/o Normal Newborns - All
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.533
1.551
1.627
1.720
1.696
1.650
1.623
1.616
1.639
1.618
FY 2018
FY 2019
FY 2020
FY 2021
FY2022
FY2023
FY2024
FY2025
FY2026
FY2027


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

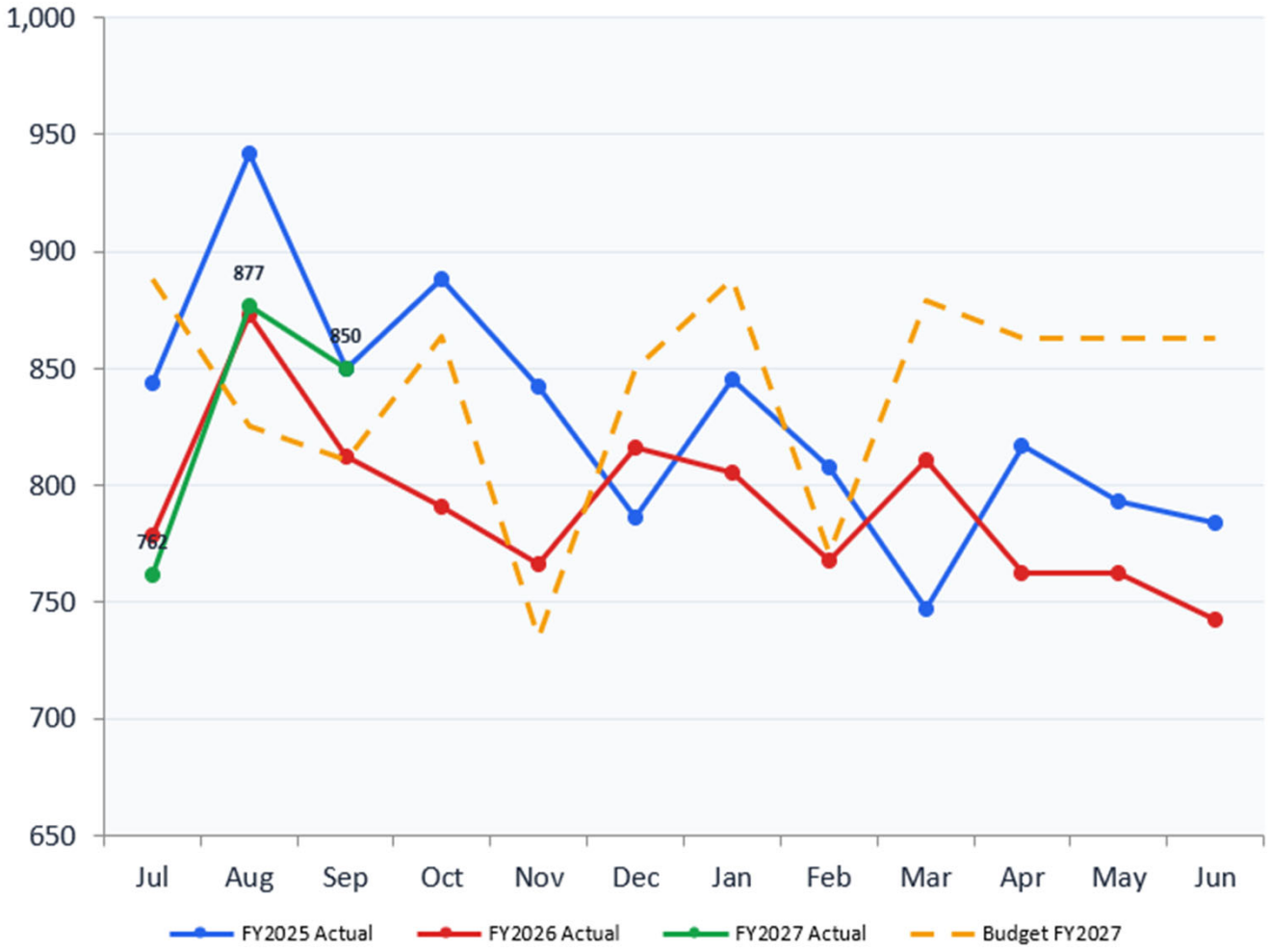

Case Mix Index Surgical w/o Normal Newborns
3.0000
2.9000
2.8000
2.7000
2.6000
2.5000
2.4000
2.3000
2.2000
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2025
FY 2026
FY 2027

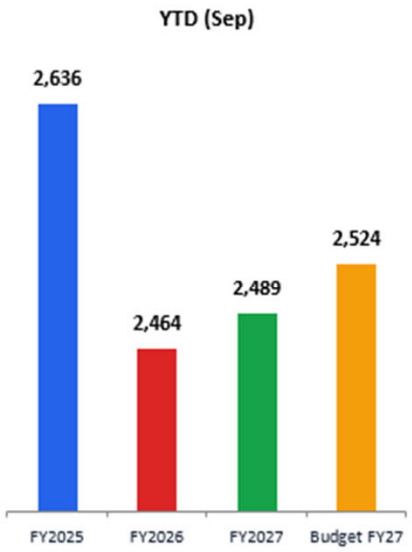
Adjusted Patient Days



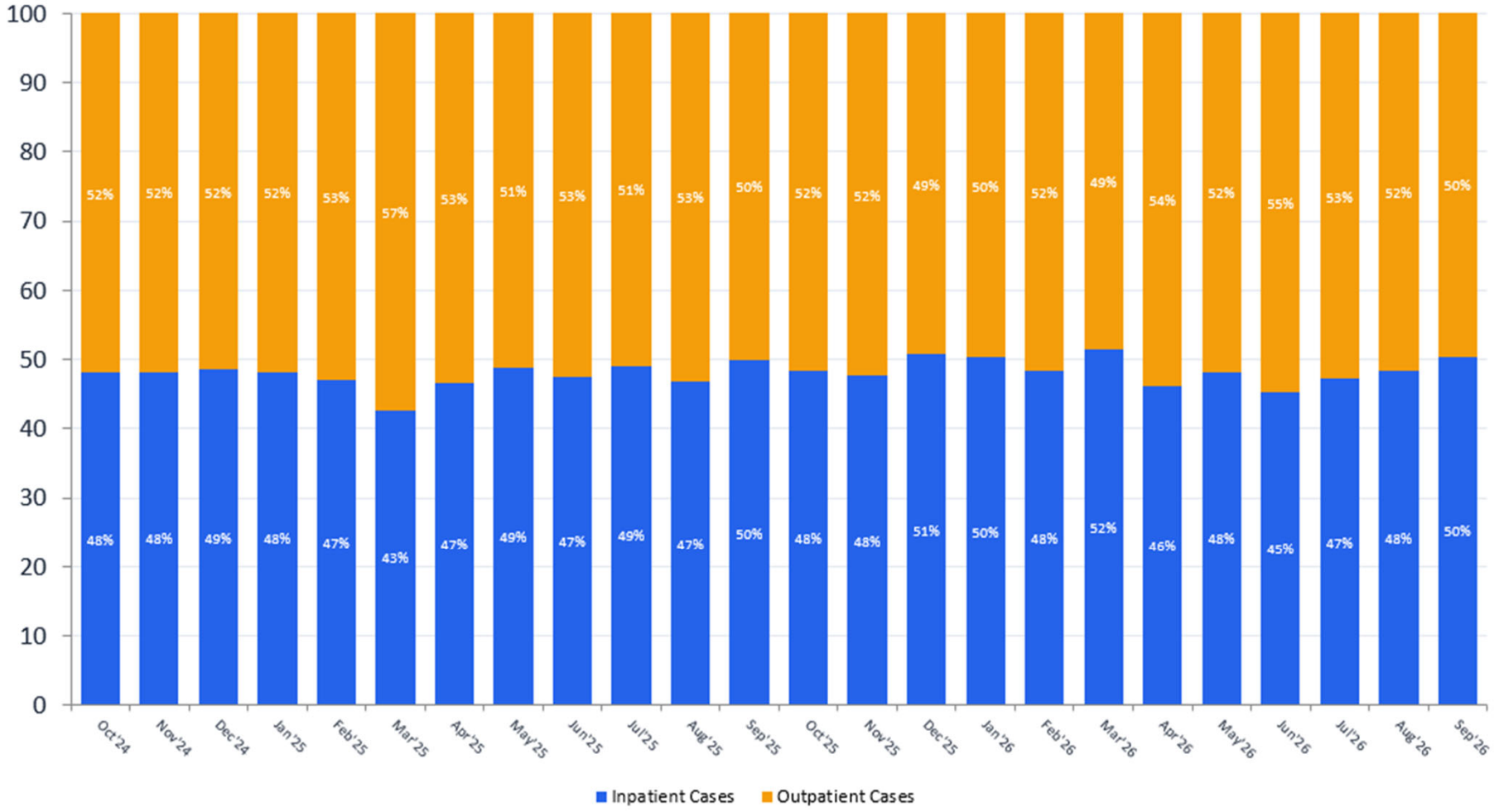


Surgery (IP & OP) – 100 Min Units

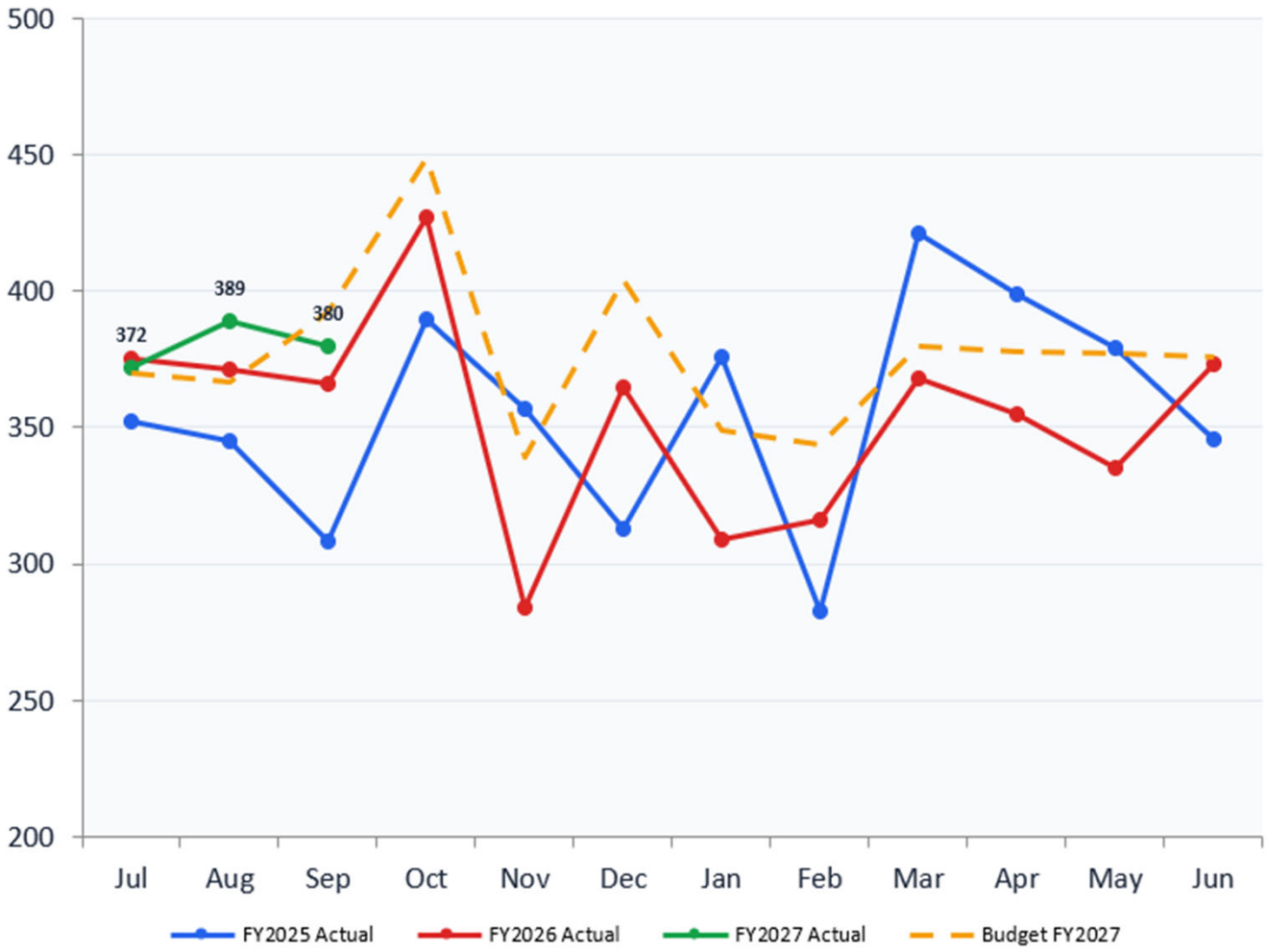


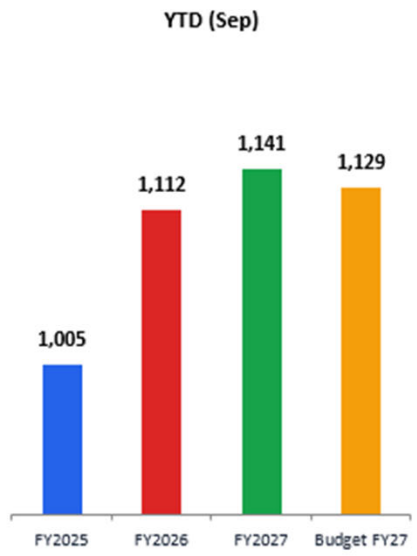


Surgery Cases (IP & OP)

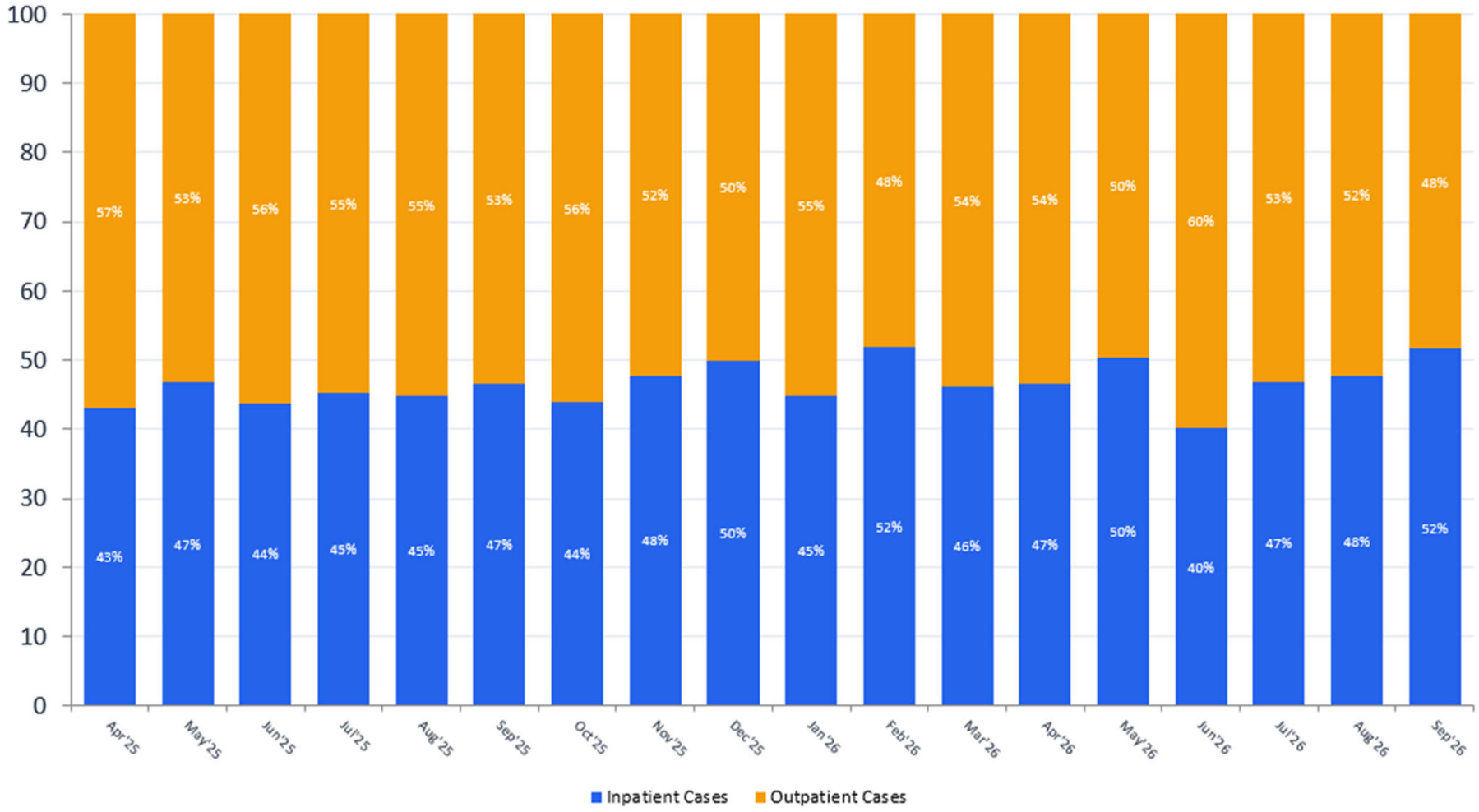


Cath Lab (IP & OP) – 100 Min Units





Cath Lab Patients (IP & OP)



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

	Actual Results				Budget	Budget Variance	
	Sep25	Sep26	Change	% Change	Sep26	Change	% Change
ED - Avg Treated Per Day	282	286	4	1.4%	276	11	3.9%
Surgery (IP & OP) – 100 Min Units	812	850	38	4.7%	811	39	4.8%
Endoscopy Procedures	612	543	(69)	(11.3%)	566	(23)	(4.1%)
Cath Lab (IP & OP) - 100 Min Units	366	380	14	3.7%	392	(12)	(3.1%)
Cardiac Surgery Cases	29	24	(5)	(17.2%)	36	(12)	(33.3%)
Deliveries	345	355	10	2.9%	342	13	3.7%
Clinical Lab	258,892	276,864	17,972	6.9%	294,699	(17,835)	(6.1%)
Reference Lab	7,754	8,186	432	5.6%	6,970	1,216	17.4%
Dialysis Center - Visalia Visits	1,582	1,249	(333)	(21.0%)	1,463	(214)	(14.6%)
Infusion Center - Units of Service	614	532	(82)	(13.4%)	589	(57)	(9.7%)
Hospice Days	4,147	3,961	(186)	(4.5%)	4,175	(214)	(5.1%)
Home Health Visits	3,189	2,638	(551)	(17.3%)	2,700	(62)	(2.3%)
Home Infusion Days	23,489	23,294	(195)	(0.8%)	22,350	944	4.2%

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Sep25	YTD Sep26	Change	% Change	YTD Sep26	Change	% Change
ED - Avg Treated Per Day	280	282	2	0.7%	278	4	1.4%
Surgery (IP & OP) – 100 Min Units	2,464	2,489	25	1.0%	2,524	(35)	(1.4%)
Endoscopy Procedures	1,873	1,648	(225)	(12.0%)	1,624	24	1.5%
Cath Lab (IP & OP) - 100 Min Units	1,112	1,141	29	2.6%	1,129	12	1.1%
Cardiac Surgery Cases	87	66	(21)	(24.1%)	100	(34)	(34.0%)
Deliveries	1,097	1,045	(52)	(4.7%)	1,049	(4)	(0.4%)
Clinical Lab	775,827	845,589	69,763	9.0%	866,731	(21,142)	(2.4%)
Reference Lab	24,089	23,585	(504)	(2.1%)	22,925	660	2.9%
Dialysis Center - Visalia Visits	4,394	3,938	(456)	(10.4%)	4,463	(525)	(11.8%)
Infusion Center - Units of Service	1,937	1,633	(304)	(15.7%)	1,814	(181)	(10.0%)
Hospice Days	11,995	11,711	(284)	(2.4%)	12,698	(987)	(7.8%)
Home Health Visits	9,249	7,855	(1,394)	(15.1%)	8,100	(245)	(3.0%)
Home Infusion Days	73,647	68,360	(5,287)	(7.2%)	71,521	(3,161)	(4.4%)

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

	Actual Results				Budget	Budget Variance	
	Sep25	Sep26	Change	% Change	Sep26	Change	% Change
All O/P Rehab Svcs Across District	21,038	22,172	1,134	5.4%	19,693	2,479	12.6%
Physical & Other Therapy Units (I/P & O/P	18,191	22,237	4,046	22.2%	20,289	1,948	9.6%
Radiology - CT - All Areas	5,259	5,549	290	5.5%	5,384	165	3.1%
Radiology - MRI - All Areas	944	997	53	5.6%	966	31	3.2%
Radiology - Ultrasound - All Areas	2,976	3,767	791	26.6%	3,580	187	5.2%
Radiology - Diagnostic Radiology	10,036	10,041	5	0.0%	9,360	681	7.3%
Radiology – Main Campus	16,210	16,619	409	2.5%	16,011	608	3.8%
Radiology - Ultrasound - Main Campus	2,276	2,741	465	20.4%	2,565	176	6.9%
West Campus - Diagnostic Radiology	1,298	1,550	252	19.4%	1,292	258	19.9%
West Campus - CT Scan	573	663	90	15.7%	526	137	26.0%
West Campus - MRI	434	496	62	14.3%	446	50	11.3%
West Campus - Ultrasound	700	1,026	326	46.6%	1,015	11	1.1%
West Campus - Breast Center	1,361	1,768	407	29.9%	1,725	43	2.5%
Med Onc Visalia Treatments	1,151	1,365	214	18.6%	1,207	158	13.1%
Rad Onc Visalia Treatments	1,671	2,666	995	59.5%	1,663	1,003	60.3%
Rad Onc Hanford Treatments	306	269	(37)	(12.1%)	242	27	11.2%

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Sep25	YTD Sep26	Change	% Change	YTD Sep26	Change	% Change
All O/P Rehab Svcs Across District	62,338	63,759	1,421	2.3%	60,525	3,234	5.3%
Physical & Other Therapy Units (I/P & O/P	55,835	66,609	10,774	19.3%	62,589	4,020	6.4%
Radiology - CT - All Areas	15,479	17,496	2,017	13.0%	16,151	1,345	8.3%
Radiology - MRI - All Areas	2,805	3,011	206	7.3%	2,930	81	2.8%
Radiology - Ultrasound - All Areas	9,238	10,688	1,450	15.7%	11,052	(364)	(3.3%)
Radiology - Diagnostic Radiology	28,902	30,273	1,371	4.7%	28,355	1,918	6.8%
Radiology – Main Campus	47,454	50,250	2,796	5.9%	48,506	1,744	3.6%
Radiology - Ultrasound - Main Campus	7,066	7,518	452	6.4%	7,996	(478)	(6.0%)
West Campus - Diagnostic Radiology	3,896	4,600	704	18.1%	3,888	712	18.3%
West Campus - CT Scan	1,614	2,007	393	24.3%	1,655	352	21.3%
West Campus - MRI	1,288	1,441	153	11.9%	1,383	58	4.2%
West Campus - Ultrasound	2,172	3,170	998	45.9%	3,056	114	3.7%
West Campus - Breast Center	4,179	5,888	1,709	40.9%	5,451	437	8.0%
Med Onc Visalia Treatments	3,494	3,867	373	10.7%	3,620	247	6.8%
Rad Onc Visalia Treatments	5,007	6,572	1,565	31.3%	5,249	1,323	25.2%
Rad Onc Hanford Treatments	875	674	(201)	(23.0%)	746	(72)	(9.7%)

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

	Actual Results				Budget	Budget Variance	
	Sep25	Sep26	Change	% Change	Sep26	Change	% Change
Rural Health Clinics Visits	13,013	12,866	(147)	(1.1%)	12,037	829	6.9%
RHC Exeter - Visits	6,219	6,194	(25)	(0.4%)	6,144	50	0.8%
RHC Lindsay - Visits	1,809	1,688	(121)	(6.7%)	1,795	(107)	(6.0%)
RHC Woodlake - Visits	687	581	(106)	(15.4%)	630	(49)	(7.8%)
RHC Woodlake Valencia - Visits	696	808	112	16.1%	912	(104)	(11.4%)
RHC Dinuba - Visits	1,353	1,376	23	1.7%	1,274	102	8.0%
RHC Tulare - Visits	2,249	2,219	(30)	(1.3%)	2,193	26	1.2%
Urgent Care – Court Total Visits	2,456	2,371	(85)	(3.5%)	2,685	(314)	(11.7%)
Urgent Care – Demaree Total Visits	1,812	2,177	365	20.1%	1,997	180	9.0%
KH Medical Clinic - Plaza Visits	229	300	71	31.0%	306	(6)	(2.0%)
KH Medical Clinic - Akers Visits	0	1,527	1,527	0.0%	1,848	(321)	(17.4%)
KH Willow Specialty Clinic	0	302	302	0.0%	249	53	21.3%
KH Cardiology Center Visalia Registrations	1,461	1,501	40	2.7%	1,941	(440)	(22.7%)
KH Mental Wellness Clinic Visits	299	367	68	22.7%	418	(51)	(12.2%)
Urology Clinic Visits	323	239	(84)	(26.0%)	349	(110)	(31.5%)
Therapy-Wound Care Svcs Encounters	370	372	2	0.5%	347	25	7.2%

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Sep25	YTD Sep26	Change	% Change	YTD Sep26	Change	% Change
Rural Health Clinics Visits	38,060	38,005	(55)	(0.1%)	35,961	2,044	5.7%
RHC Exeter - Visits	18,117	18,442	325	1.8%	18,535	(93)	(0.5%)
RHC Lindsay - Visits	5,394	5,296	(98)	(1.8%)	5,313	(17)	(0.3%)
RHC Woodlake - Visits	1,889	1,730	(159)	(8.4%)	1,891	(161)	(8.5%)
RHC Woodlake Valencia - Visits	1,960	2,329	369	18.8%	2,736	(407)	(14.9%)
RHC Dinuba - Visits	4,127	3,828	(299)	(7.2%)	3,796	32	0.8%
RHC Tulare - Visits	6,573	6,380	(193)	(2.9%)	6,426	(46)	(0.7%)
Urgent Care – Court Total Visits	7,358	6,907	(451)	(6.1%)	8,026	(1,119)	(13.9%)
Urgent Care – Demaree Total Visits	5,184	6,014	830	16.0%	5,915	99	1.7%
KH Medical Clinic - Plaza Visits	839	988	149	17.8%	969	19	2.0%
KH Medical Clinic - Akers Visits	0	4,459	4,459	0.0%	5,422	(963)	(17.8%)
KH Willow Specialty Clinic	0	1,037	1,037	0.0%	758	279	36.8%
KH Cardiology Center Visalia Registrations	4,349	4,391	42	1.0%	5,951	(1,560)	(26.2%)
KH Mental Wellness Clinic Visits	1,022	1,015	(7)	(0.7%)	1,330	(315)	(23.7%)
Urology Clinic Visits	977	750	(227)	(23.2%)	1,083	(333)	(30.8%)
Therapy-Wound Care Svcs Encounters	1,088	1,065	(23)	(2.1%)	1,065	0	0.0%

Sep Financial Summary (000's) Budget Comparison

	Comparison to Budget - Month of September			
	Budget Sep-2026	Actual Sep-2026	$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	$60,638	$64,082	$3,444	5.4%
Other Operating Revenue	$23,059	$24,075	$1,016	4.2%
Total Operating Revenue	**$83,697**	**$88,157**	**$4,460**	**5.1%**
Operating Expenses				
Employment Expenses	$41,720	$42,950	$1,230	2.9%
Other Expenses	$40,906	$41,528	$622	1.5%
Total Operating Expenses	**$82,626**	**$84,478**	**$1,852**	**2.2%**
Operating Margin	**$1,070**	**$3,678**	**$2,608**	
Stimulus/FEMA	$0	$0	$0	
Operating Margin after Stimulus/FEMA	**$1,070**	**$3,678**	**$2,608**	
Nonoperating Revenue (Loss)	$1,174	($2,380)	($3,554)	
Excess Margin	**$2,244**	**$1,298**	**($947)**	

Sep Financial Summary (000's) Prior Year Comparison

	Comparison to Prior Year - Month of September			
	Actual Sep-2025	Actual Sep-2026	$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	$56,822	$64,082	$7,260	11.3%
Other Operating Revenue	$22,899	$24,075	$1,176	4.9%
Total Operating Revenue	**$79,720**	**$88,157**	**$8,436**	**9.6%**
Operating Expenses				
Employment Expenses	$42,190	$42,950	$760	1.8%
Other Expenses	$38,038	$41,528	$3,491	8.4%
Total Operating Expenses	**$80,228**	**$84,478**	**$4,251**	**5.0%**
Operating Margin	**($507)**	**$3,678**	**$4,185**	
Stimulus/FEMA	($0)	$0	$0	
Operating Margin after Stimulus/FEMA	**($507)**	**$3,678**	**$4,185**	
Nonoperating Revenue (Loss)	$1,968	($2,380)	($4,348)	
Excess Margin	**$1,461**	**$1,298**	**($163)**	

Year to Date Financial Summary (000's)

	Comparison to Budget - YTD September			
	Budget YTD Sep-2026	Actual YTD Sep-2026	$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	$183,320	$186,374	$3,054	1.6%
Other Operating Revenue	$69,397	$71,063	$1,666	2.3%
Total Operating Revenue	**$252,717**	**$257,437**	**$4,720**	**1.8%**
Operating Expenses				
Employment Expenses	$126,863	$130,729	$3,866	3.0%
Other Expenses	$123,549	$123,828	$279	0.2%
Total Operating Expenses	**$250,412**	**$254,557**	**$4,145**	**1.6%**
Operating Margin	**$2,305**	**$2,880**	**$575**	
Stimulus/FEMA	$0	$0	$0	
Operating Margin after Stimulus/FEMA	**$2,305**	**$2,880**	**$575**	
Nonoperating Revenue (Loss)	$3,575	$4,861	$1,286	
Excess Margin	**$5,880**	**$7,741**	**$1,861**	

Sep Financial Comparison (000's)

	Comparison to Budget - Month of September				Comparison to Prior Year - Month of September			
	Budget Sep-2026	Actual Sep-2026	$ Change	% Change	Actual Sep-2025	Actual Sep-2026	$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	**$60,638**	**$64,082**	**$3,444**	**5.4%**	**$56,822**	**$64,082**	**$7,260**	**11.3%**
Supplemental Gov't Programs	$9,369	$9,369	($0)	0.0%	$10,083	$9,369	($714)	-7.6%
Prime Program	$1,064	$1,064	$0	0.0%	$631	$1,064	$434	40.7%
Premium Revenue	$7,631	$7,352	($279)	-3.8%	$7,126	$7,352	$227	3.1%
Other Revenue	$4,994	$6,289	$1,295	20.6%	$5,059	$6,289	$1,230	19.6%
Other Operating Revenue	$23,059	$24,075	$1,016	4.2%	$22,899	$24,075	$1,176	4.9%
Total Operating Revenue	**$83,697**	**$88,157**	**$4,460**	**5.1%**	**$79,720**	**$88,157**	**$8,436**	**9.6%**
Operating Expenses								
Salaries & Wages	$34,143	$35,512	$1,369	3.9%	$33,046	$35,512	$2,466	6.9%
Contract Labor	$1,305	$1,405	$100	7.1%	$1,376	$1,405	$28	2.0%
Employee Benefits	$6,272	$6,034	($238)	-3.9%	$7,768	$6,034	($1,734)	-28.7%
Total Employment Expenses	**$41,720**	**$42,950**	**$1,230**	**2.9%**	**$42,190**	**$42,950**	**$760**	**1.8%**
Medical & Other Supplies	$15,953	$17,509	$1,557	8.9%	$14,494	$17,509	$3,016	17.2%
Physician Fees	$9,080	$9,280	$200	2.2%	$7,632	$9,280	$1,648	17.8%
Purchased Services	$2,100	$2,005	($95)	-4.7%	$2,109	$2,005	($104)	-5.2%
Repairs & Maintenance	$2,675	$2,697	$22	0.8%	$2,205	$2,697	$491	18.2%
Utilities	$1,025	$927	($97)	-10.5%	$1,069	$927	($141)	-15.3%
Rents & Leases	$212	$178	($34)	-19.3%	$196	$178	($19)	-10.5%
Depreciation & Amortization	$3,174	$2,884	($290)	-10.0%	$3,473	$2,884	($589)	-20.4%
Interest Expense	$561	$558	($3)	-0.6%	$568	$558	($10)	-1.7%
Other Expense	$2,529	$2,420	($109)	-4.5%	$2,172	$2,420	$248	10.2%
Humana Cap Plan Expenses	$3,598	$3,070	($528)	-17.2%	$4,120	$3,070	($1,050)	-34.2%
Total Other Expenses	**$40,906**	**$41,528**	**$622**	**1.5%**	**$38,038**	**$41,528**	**$3,491**	**8.4%**
Total Operating Expenses	**$82,626**	**$84,478**	**$1,852**	**2.2%**	**$80,228**	**$84,478**	**$4,251**	**5.0%**
Operating Margin	**$1,070**	**$3,678**	**$2,608**		**($507)**	**$3,678**	**$4,185**	
Stimulus/FEMA	**$0**	**$0**	**$0**		**($0)**	**$0**	**$0**	
Operating Margin after Stimulus/FEMA	**$1,070**	**$3,678**	**$2,608**		**($507)**	**$3,678**	**$4,185**	
Nonoperating Revenue (Loss)	$1,174	($2,380)	($3,554)		$1,968	($2,380)	($4,348)	
Excess Margin	**$2,244**	**$1,298**	**($947)**		**$1,461**	**$1,298**	**($163)**	

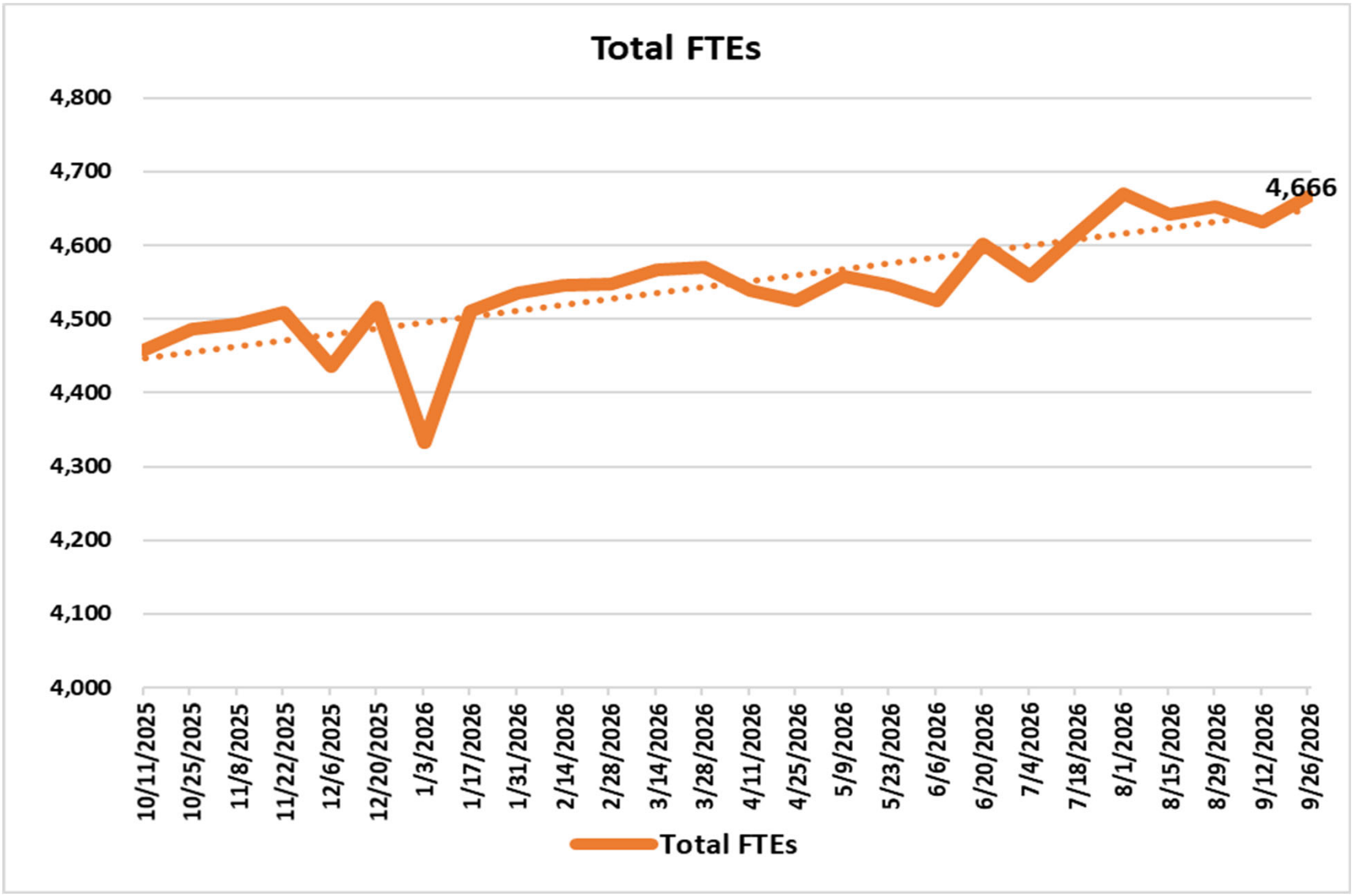
Year to Date: July through Sep Financial Comparison (000's)

	Comparison to Budget - YTD September				Comparison to Prior Year - YTD September			
	Budget YTD Sep-2026	Actual YTD Sep-2026	$ Change	% Change	Actual YTD Sep-2025	Actual YTD Sep-2026	$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	**$183,320**	**$186,374**	**$3,054**	**1.6%**	**$166,612**	**$186,374**	**$19,762**	**10.6%**
Supplemental Gov't Programs	$28,108	$28,108	($0)	0.0%	$29,522	$28,108	($1,414)	-5.0%
Prime Program	$3,193	$3,193	$0	0.0%	$1,892	$3,193	$1,301	40.7%
Premium Revenue	$22,893	$22,086	($807)	-3.7%	$22,160	$22,086	($75)	-0.3%
Other Revenue	$15,203	$17,676	$2,473	14.0%	$15,076	$17,676	$2,600	14.7%
Other Operating Revenue	$69,397	$71,063	$1,666	2.3%	$68,651	$71,063	$2,412	3.4%
Total Operating Revenue	**$252,717**	**$257,437**	**$4,720**	**1.8%**	**$235,263**	**$257,437**	**$22,174**	**8.6%**
Operating Expenses								
Salaries & Wages	$103,827	$107,447	$3,620	3.4%	$100,552	$107,447	$6,895	6.4%
Contract Labor	$3,999	$4,762	$763	16.0%	$6,333	$4,762	($1,571)	-33.0%
Employee Benefits	$19,037	$18,520	($517)	-2.8%	$21,599	$18,520	($3,079)	-16.6%
Total Employment Expenses	**$126,863**	**$130,729**	**$3,866**	**3.0%**	**$128,483**	**$130,729**	**$2,246**	**1.7%**
Medical & Other Supplies	$48,285	$50,035	$1,750	3.5%	$43,751	$50,035	$6,284	12.6%
Physician Fees	$27,084	$27,781	$697	2.5%	$23,729	$27,781	$4,052	14.6%
Purchased Services	$6,433	$6,053	($379)	-6.3%	$5,829	$6,053	$224	3.7%
Repairs & Maintenance	$8,205	$7,255	($950)	-13.1%	$6,615	$7,255	$640	8.8%
Utilities	$3,120	$2,777	($343)	-12.3%	$2,946	$2,777	($169)	-6.1%
Rents & Leases	$661	$565	($95)	-16.8%	$407	$565	$158	28.0%
Depreciation & Amortization	$9,521	$9,694	$173	1.8%	$9,859	$9,694	($165)	-1.7%
Interest Expense	$1,719	$1,703	($16)	-0.9%	$1,707	$1,703	($4)	-0.3%
Other Expense	$7,727	$6,877	($849)	-12.4%	$6,159	$6,877	$718	10.4%
Humana Cap Plan Expenses	$10,794	$11,087	$293	2.6%	$12,505	$11,087	($1,418)	-12.8%
Total Other Expenses	**$123,549**	**$123,828**	**$279**	**0.2%**	**$113,508**	**$123,828**	**$10,320**	**8.3%**
Total Operating Expenses	**$250,412**	**$254,557**	**$4,145**	**1.6%**	**$241,992**	**$254,557**	**$12,565**	**4.9%**
Operating Margin	**$2,305**	**$2,880**	**$575**		**($6,729)**	**$2,880**	**$9,609**	
Stimulus/FEMA	**$0**	**$0**	**$0**		**($0)**	**$0**	**$0**	
Operating Margin after Stimulus/FEM	**$2,305**	**$2,880**	**$575**		**($6,729)**	**$2,880**	**$9,609**	
Nonoperating Revenue (Loss)	**$3,575**	**$4,861**	**$1,286**		**$4,270**	**$4,861**	**$591**	
Excess Margin	**$5,880**	**$7,741**	**$1,861**		**($2,459)**	**$7,741**	**$10,200**	

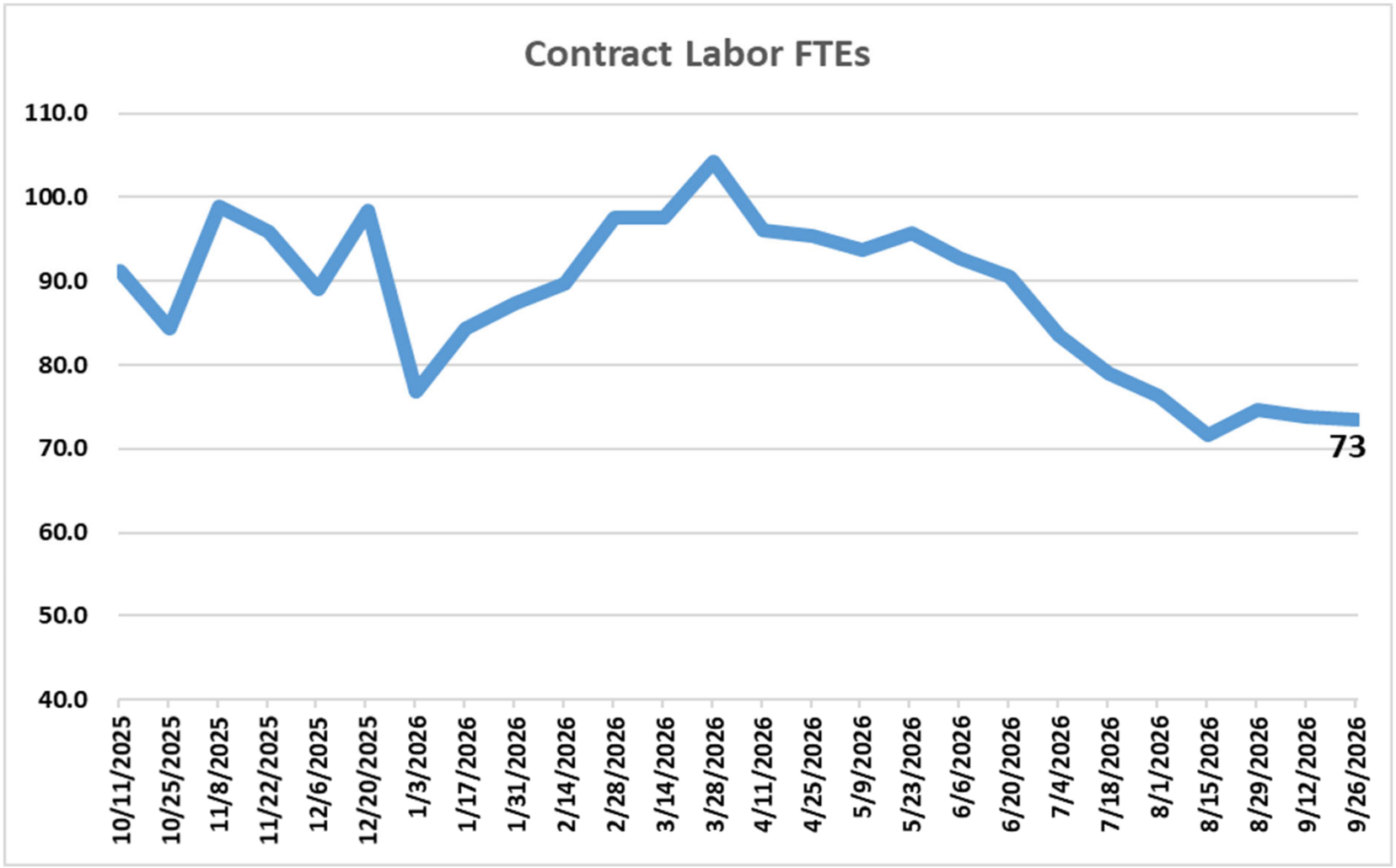
Month of September - Budget Variances

- **Net Patient Service Revenue:** The favorable budget variance of $3.4M, or 5.4%, is due to higher than expected patient volumes in the month of September.
- **Other Revenue:** Other revenue exceeded budget by $1.3M mainly due to positive variances in retail and other pharmacy revenues.
- **Salaries and Wages:** The unfavorable variance of $1.4M, or 3.9%, in salaries and wages in September is partially due to increases in volumes and the related need for staffing in the nursing areas as well as the emergency department.
- **Medical & Other Supplies:** The $1.6M overage is due to increases in pharmaceutical expense related to medical oncology, as well as retail and other pharmacy volume.
- **Non-Operating Revenue:** The $3.6M unfavorable variance is due to the recognition of $3.9M of unrealized losses as the District's and Foundation's investment portfolio are adjusted for market value changes each quarter.

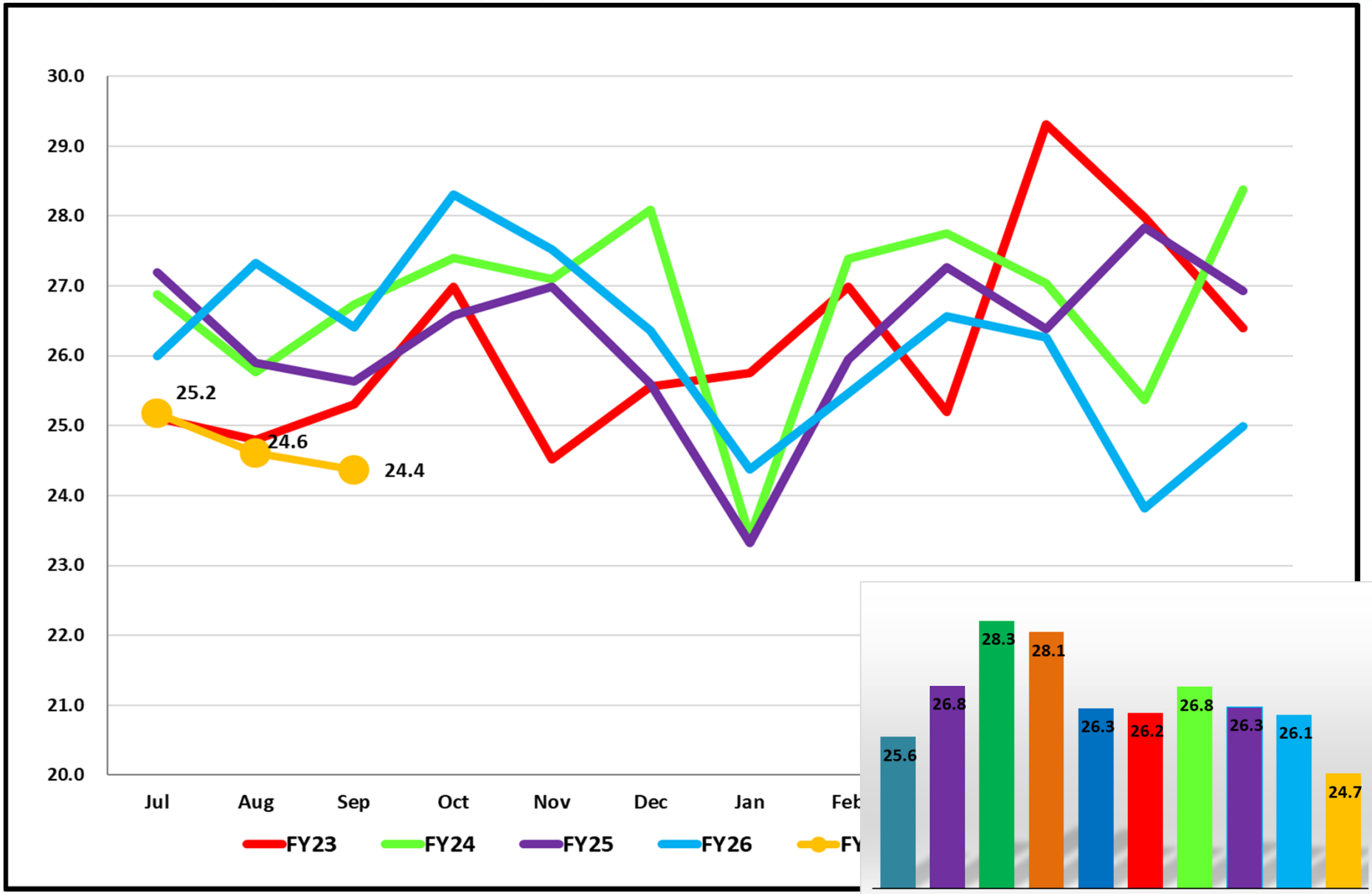
Total FTEs (includes Contract Labor)

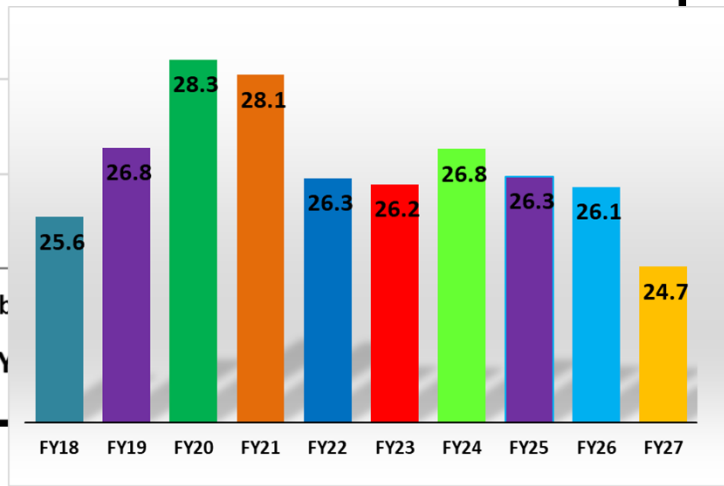


Contract Labor Full Time Equivalents (FTEs)

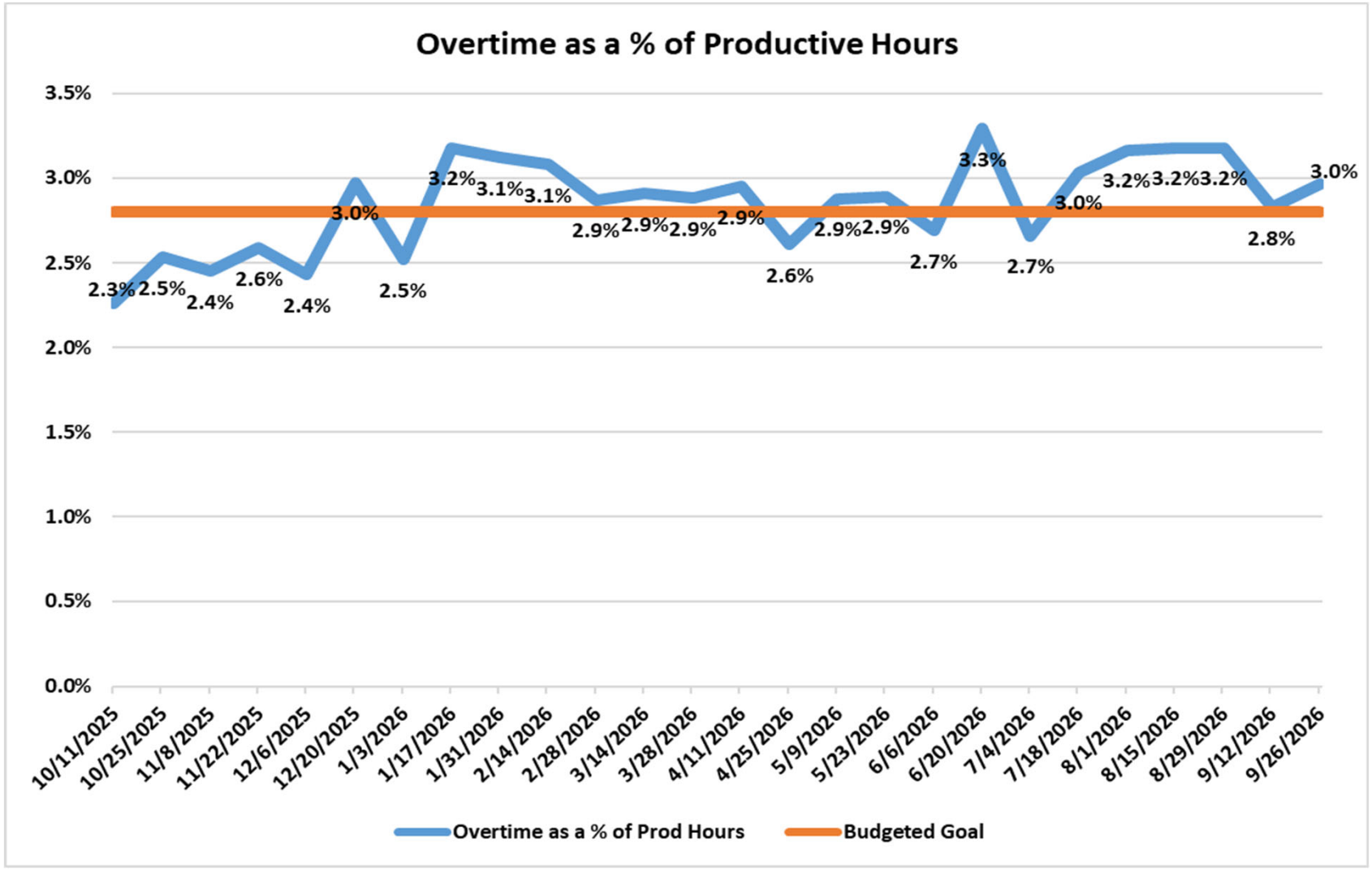


Productivity Measure : Worked Hours/ Adj. Patient Days

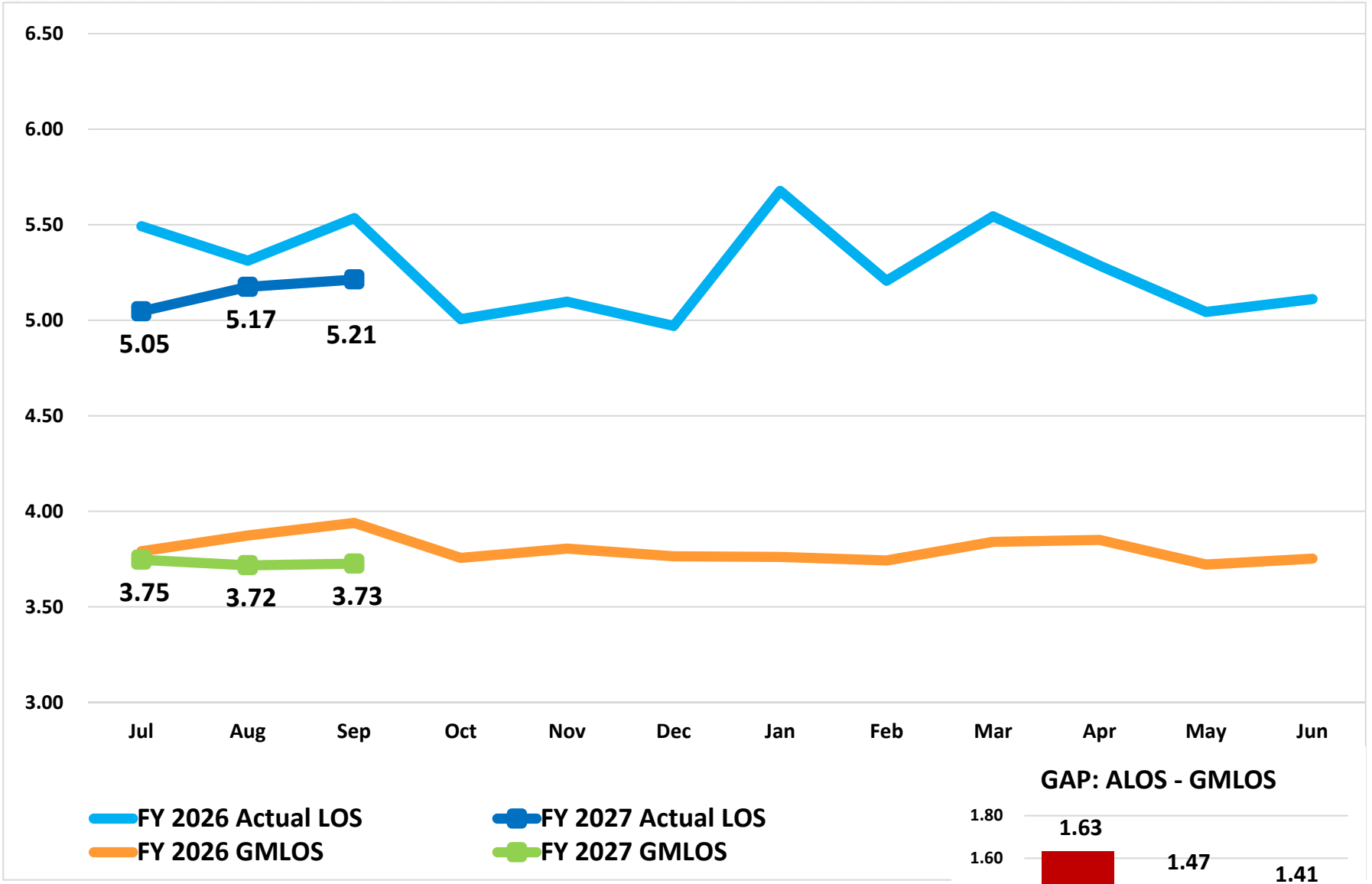


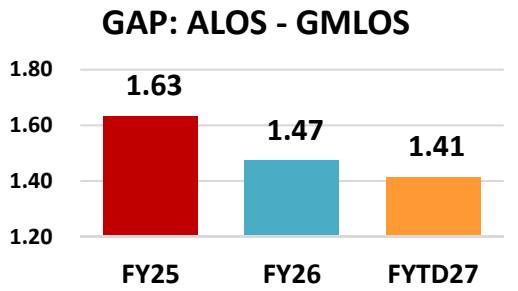


Overtime as a % of Productive Hours



Average Length of Stay versus National Average (GMLOS)

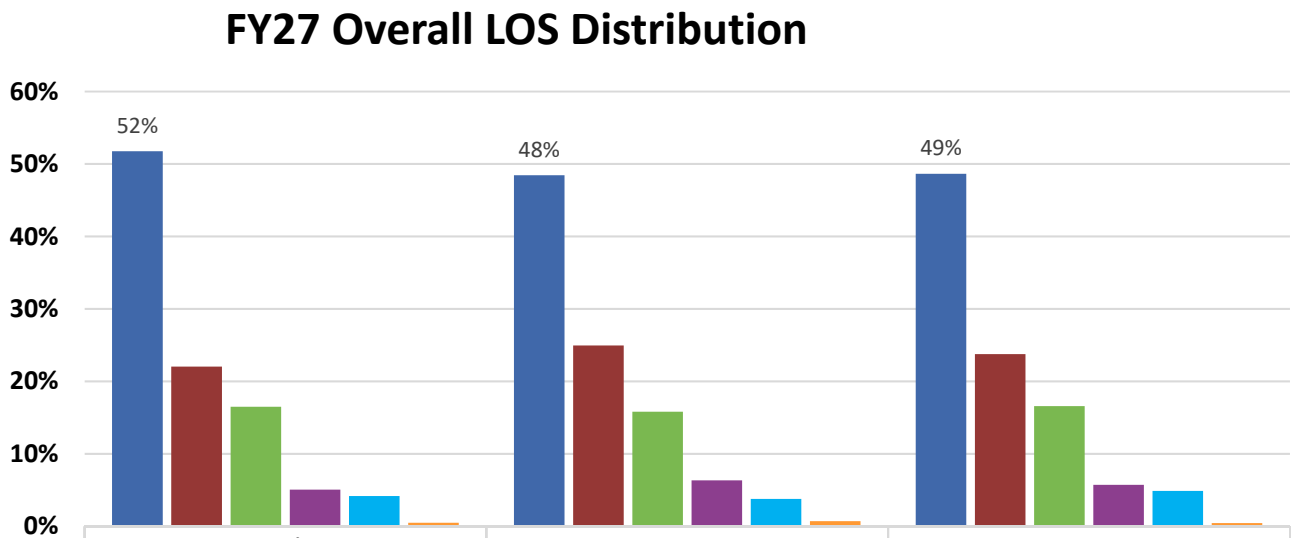




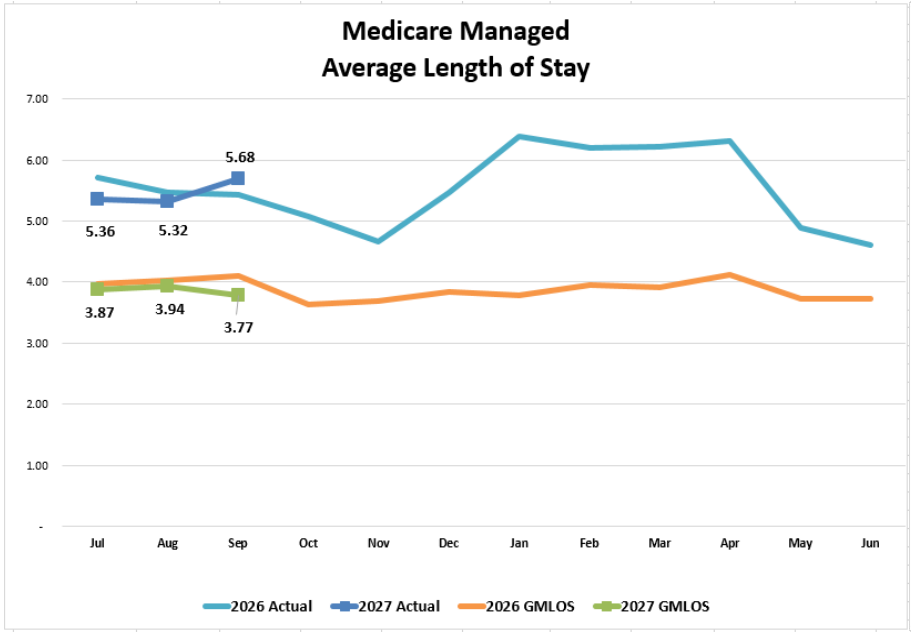
Average Length of Stay versus National Average (GMLOS)

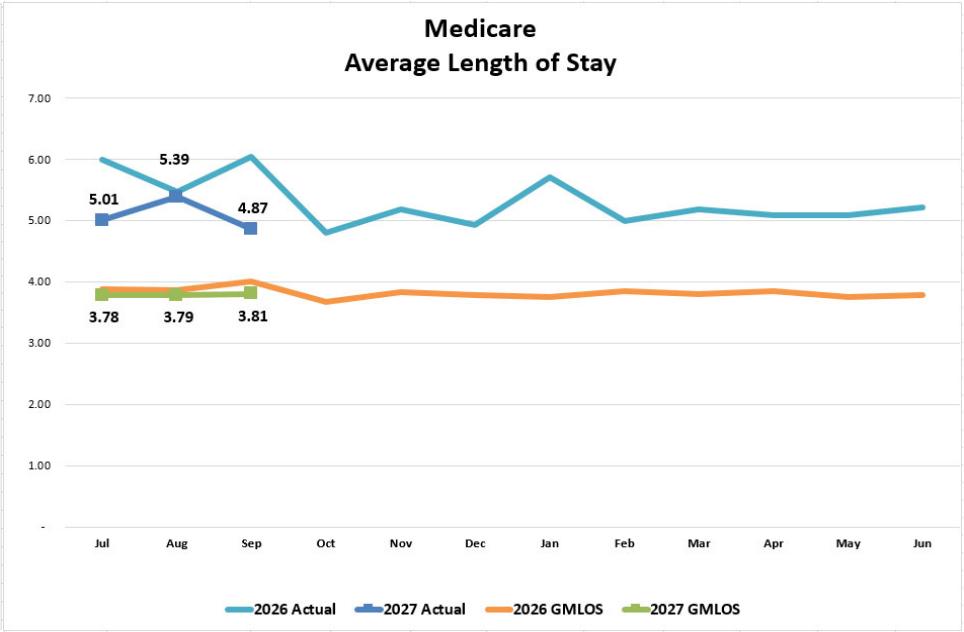
	ALOS	GMLOS	GAP
Jul-24	5.77	4.02	1.75
Aug-24	5.74	3.95	1.79
Sep-24	5.39	3.88	1.51
Oct-24	5.72	4.01	1.71
Nov-24	5.23	3.87	1.37
Dec-24	5.68	3.94	1.74
Jan-25	6.16	4.04	2.12
Feb-25	5.36	3.92	1.43
Mar-25	5.46	3.80	1.66
Apr-25	5.68	3.80	1.89
May-25	5.15	3.78	1.37
Jun-25	5.14	3.85	1.29
Jul-25	5.49	3.79	1.70
Aug-25	5.31	3.87	1.44
Sep-25	5.53	3.94	1.59
Oct-25	5.01	3.76	1.25
Nov-25	5.10	3.80	1.29
Dec-25	4.97	3.76	1.21
Jan-26	5.68	3.76	1.92
Feb-26	5.21	3.74	1.46
Mar-26	5.54	3.84	1.70
Apr-26	5.29	3.85	1.44
May-26	5.04	3.72	1.32
Jun-26	5.11	3.75	1.36
Jul-26	5.05	3.75	1.30
Aug-26	5.17	3.72	1.46
Sep-26	5.21	3.73	1.49

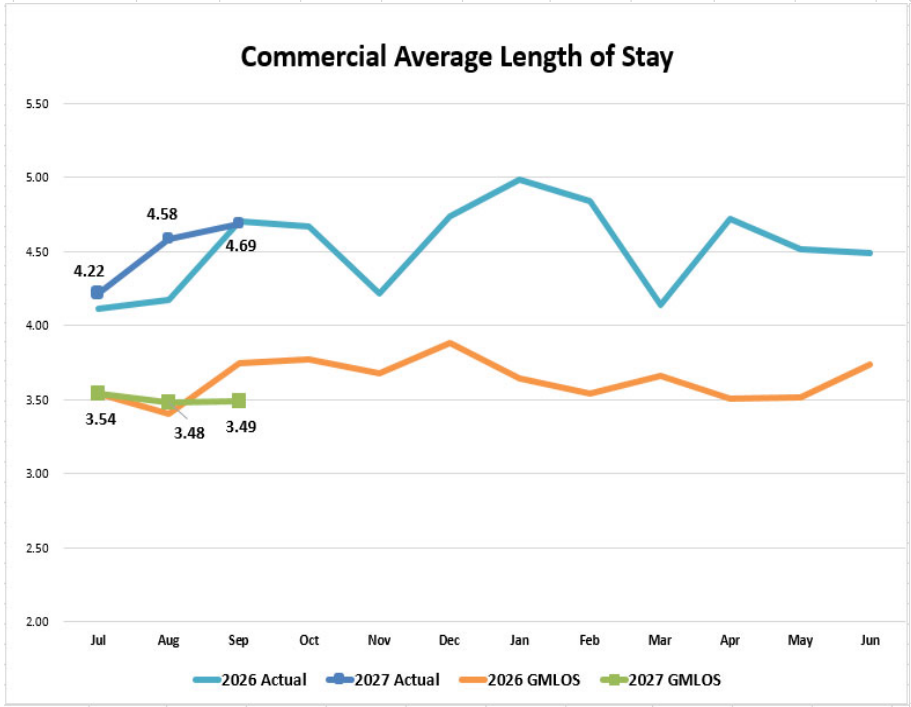
Average Length of Stay Distribution

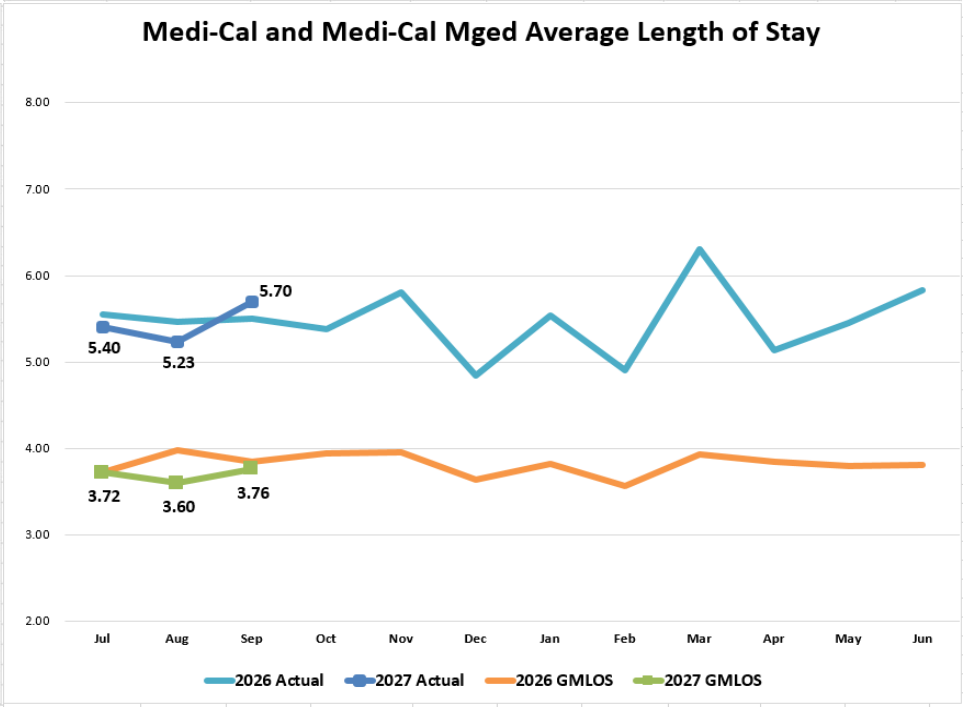


	Jul	Aug	Sep
at GMLOS or Better	52%	48%	49%
1-2 days over GMLOS	22%	25%	24%
2-6 days over GMLOS	16%	16%	17%
6-10 days over GMLOS	5%	6%	6%
10-30 days over GMLOS	4%	4%	5%
30+ days over GMLOS	0.5%	0.7%	0.4%

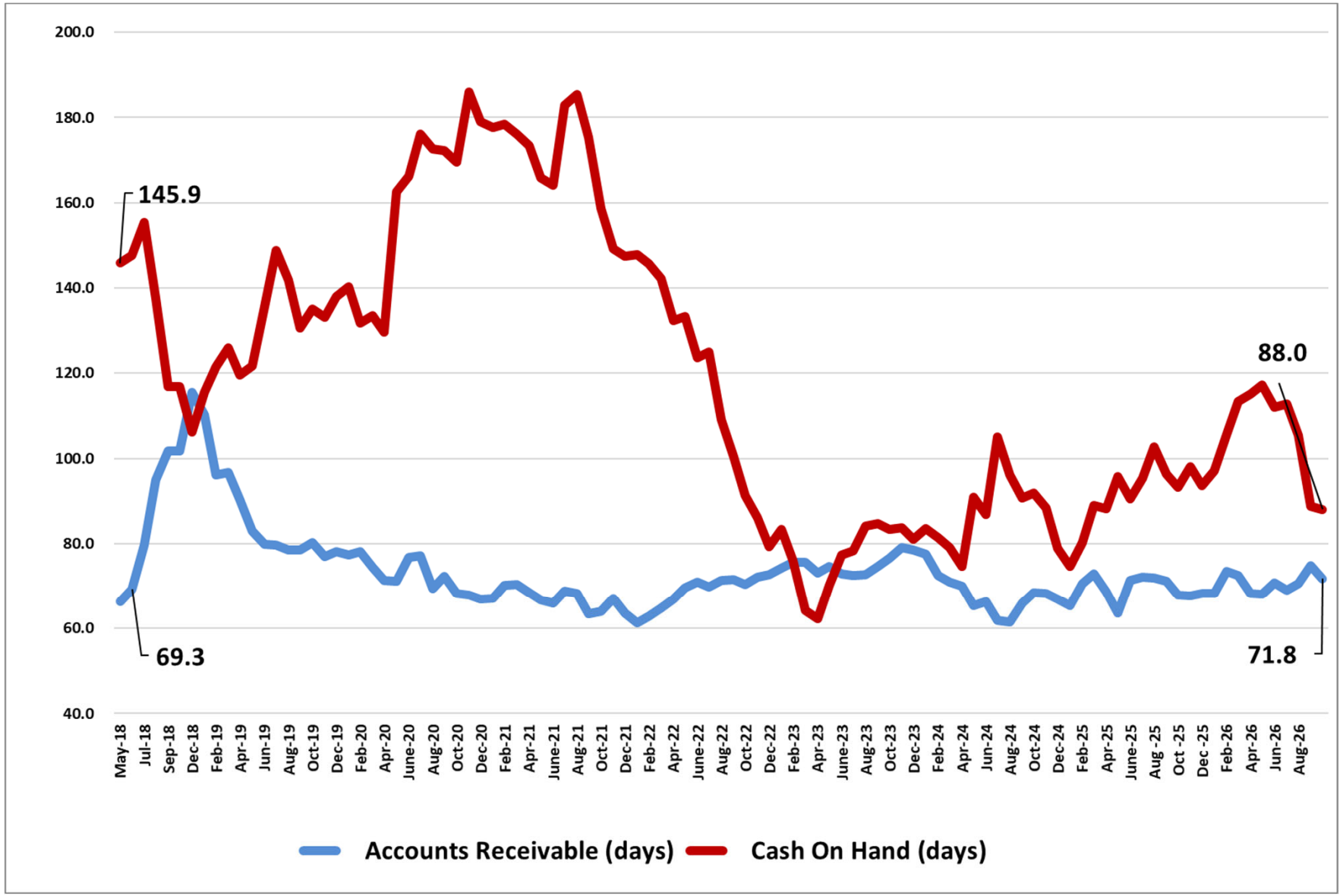

Medicare Managed
Average Length of Stay
7.00
6.00
5.00
4.00
3.00
2.00
1.00
-
5.68
5.36
5.32
3.87
3.94
3.77
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
2026 Actual
2027 Actual
2026 GMLOS
2027 GMLOS


Medicare
Average Length of Stay
7.00
6.00
5.00
4.00
3.00
2.00
1.00
-
5.39
5.01
4.87
3.78
3.79
3.81
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
2026 Actual
2027 Actual
2026 GMLOS
2027 GMLOS


Commercial Average Length of Stay
5.50
5.00
4.50
4.00
3.50
3.00
2.50
2.00
4.58
4.69
4.22
3.54
3.48
3.49
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
2026 Actual
2027 Actual
2026 GMLOS
2027 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
5.70
5.40
5.23
3.72
3.60
3.76
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
2026 Actual
2027 Actual
2026 GMLOS
2027 GMLOS

Trended Liquidity Ratios



Ratio Analysis Report

SEPTEMBER 30, 2026

	Current Month Value	Prior Month Value	June 30, 2026 Unaudited Value	2025 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.9	2.9	2.3	1.5	**1.9**	1.7
Accounts Receivable (days)	71.8	74.8	69.0	45.1	**46.3**	45.1
Cash On Hand (days)	88.0	88.9	112.8	280.4	**190.7**	116.9
Cushion Ratio (x)	10.7	10.7	13.4	46.6	**26.1**	15.9
Average Payment Period (days)	50.1	49.2	52.3	72.7	**61.4**	60.3
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	123.0%	122.8%	150.2%	307.7%	**188.7%**	112.8%
Debt-To-Capitalization	28.6%	28.4%	29.3%	19.7%	**28.5%**	37.9%
Debt-to-Cash Flow (x)	2.6	2.3	3.6	1.9	**3.1**	5.2
Debt Service Coverage	3.7	4.2	2.6	8.8	**5.4**	3.0
Maximum Annual Debt Service Coverage (x)	2.9	3.3	2.1	7.8	**4.7**	2.8
Age Of Plant (years)	14.9	14.2	14.0	10.9	**13.2**	15.2
PROFITABILITY RATIOS						
Operating Margin	1.1%	(.5%)	(.5%)	3.6%	**1.6%**	0.1%
Excess Margin	3.0%	3.7%	0.9%	7.1%	**4.0%**	1.5%
Operating Cash Flow Margin	5.5%	4.2%	4.3%	8.0%	**6.1%**	4.1%
Return on Assets	3.3%	4.1%	1.0%	5.4%	**3.8%**	1.5%

Consolidated Statements of Net Position (000's)

	Sep-26	Jun-26 (Pre-audited)
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	$ 16,011	$ 12,466
Current Portion of Board designated and trusted assets	22,266	$ 18,698
Accounts receivable:		
Net patient accounts	167,437	$ 167,825
Other receivables	53,900	$ 24,789
	221,337	192,614
Inventories	15,717	$ 15,342
Medicare and Medi-Cal settlements	97,829	$ 70,424
Prepaid expenses	12,975	$ 8,633
Total current assets	386,136	318,177
NON-CURRENT CASH AND INVESTMENTS - less current portion		
Board designated cash and assets	207,647	$ 271,267
Assets in self-insurance trust fund	-	$ 73
Total non-current cash and investments	207,647	271,340
INTANGIBLE RIGHT TO USE LEASE, net of accumulated amortization	17,627	$ 18,682
INTANGIBLE RIGHT TO USE SBITA, net of accumulated amortization	9,271	$ 10,459
CAPITAL ASSETS		
Land	17,542	$ 17,542
Buildings and improvements	449,891	$ 447,821
Equipment	349,428	$ 348,824
Construction in progress	19,572	$ 16,909
	836,433	831,096
Less accumulated depreciation	571,839	$ 564,708
	264,594	266,388
OTHER ASSETS		
Property not used in operations	5,105	$ 5,115
Health-related investments	1,972	$ 2,308
Net Pension Asset	6,700	$ 4,590
Other	22,394	$ 22,251
Total other assets	36,171	34,264
Total assets	921,446	919,310
DEFERRED OUTFLOWS	11,653	$ 11,984
Total assets and deferred outflows	**$ 933,099**	**$ 931,294**

Consolidated Statements of Net Position (000's)

	Sep-26	Jun-26
LIABILITIES AND NET ASSETS		**(Pre-audited)**
CURRENT LIABILITIES		
Accounts payable and accrued expenses	$ 34,381	$ 37,231
Accrued payroll and related liabilities	77,538	$ 73,947
SBITA liability, current portion	3,298	$ 3,298
Lease liabiilty, current portion	3,727	$ 3,727
Bonds payable, current portion	13,629	$ 13,454
Notes payable, current portion	384	$ 3,841
Financing Lease Liability, current portion	499	$ 499
Total current liabilities	133,456	135,997
LEASE LIABILITY, net of current portion	14,658	$ 15,671
SBITA LIABILITY, net of current portion	4,098	$ 4,639
LONG-TERM DEBT, less current portion		
Bonds payable	185,340	$ 188,085
Financing Lease payable	2,528	$ 2,614
Notes payable	15,755	$ 16,907
Total long-term debt	203,622	207,606
OTHER LONG-TERM LIABILITIES	57,560	$ 55,624
Total liabilities	413,394	419,537
DEFERRED INFLOW OF RESOURCES	27,763	27,763
NET ASSETS		
Invested in capital assets, net of related debt	64,446	$ 63,683
Restricted	44,640	$ 42,496
Unrestricted	382,857	$ 377,816
Total net position	491,944	$ 483,994
Total liabilities, deferred inflows, and net position	**$ 933,099**	**$ 931,294**

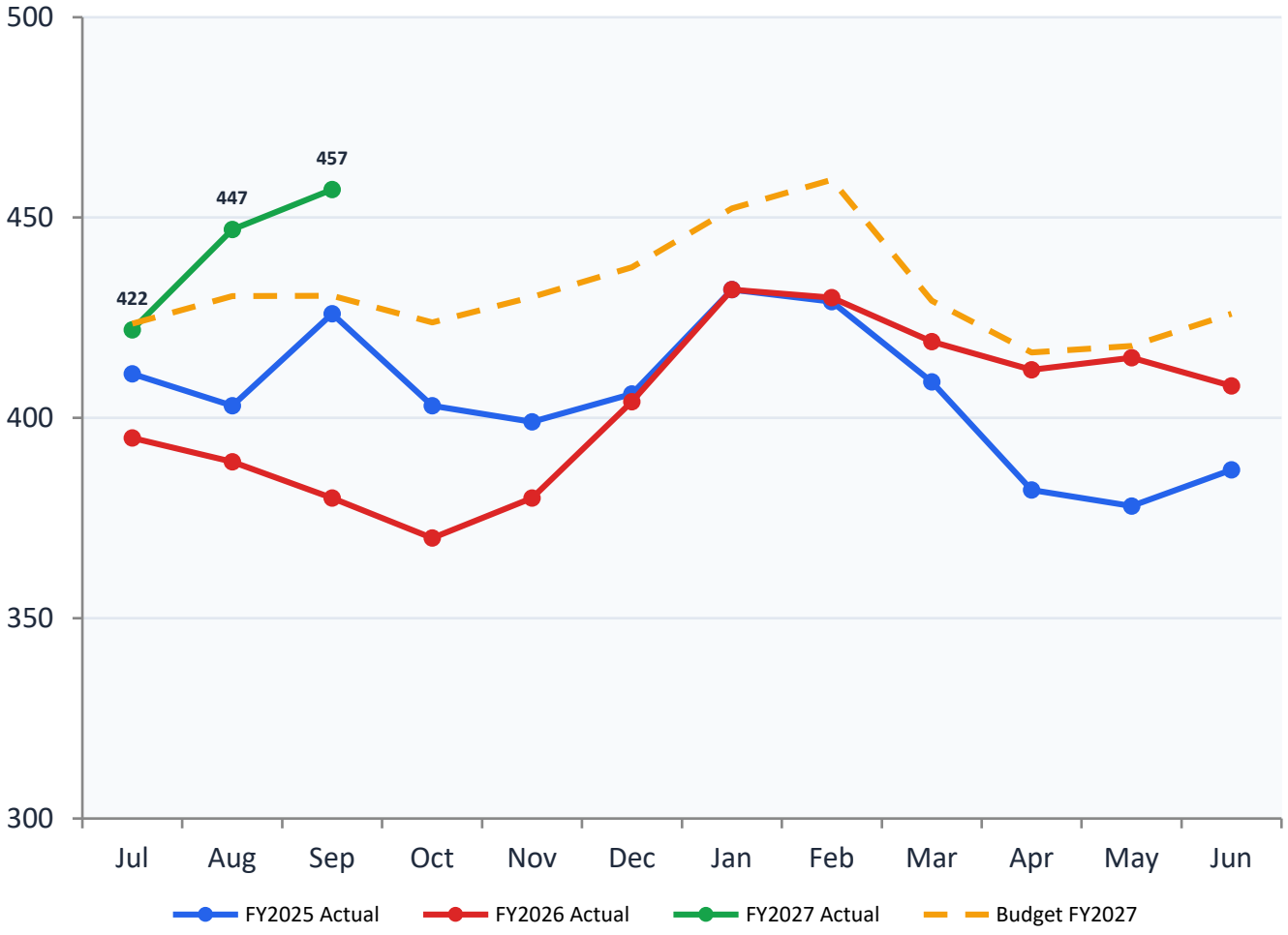
Monthly Statistics Report

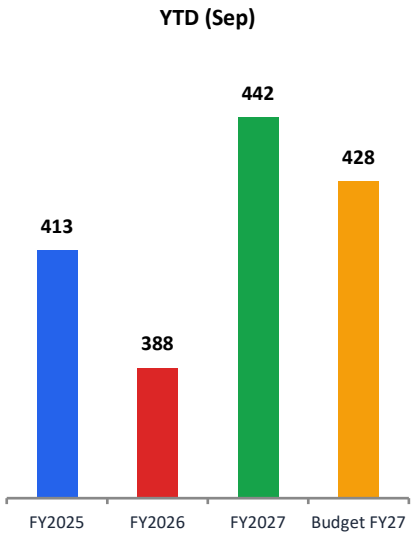
FY2025 – FY2027 Actuals | Budget FY2027

Kaweah Health

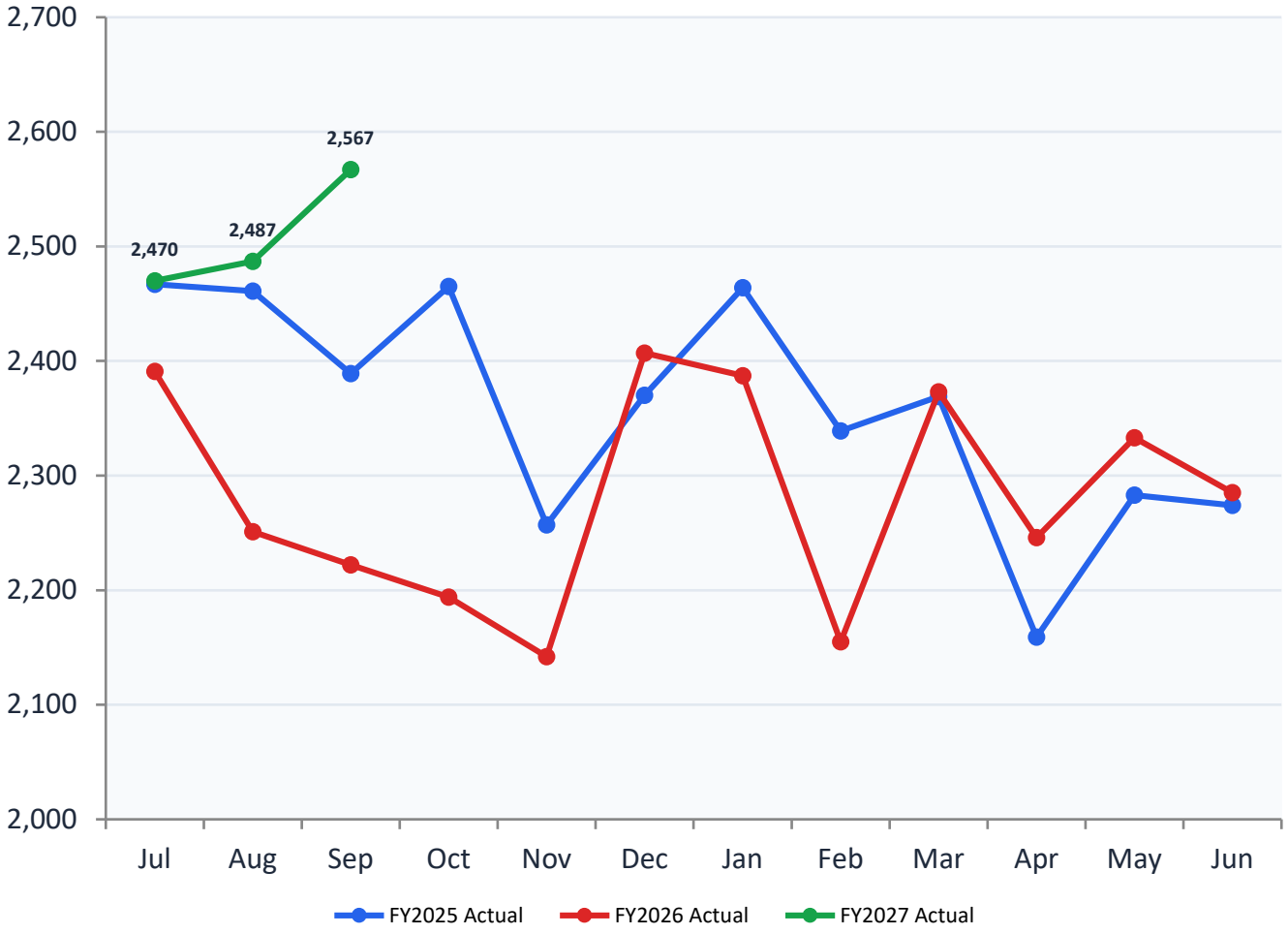
September 2026

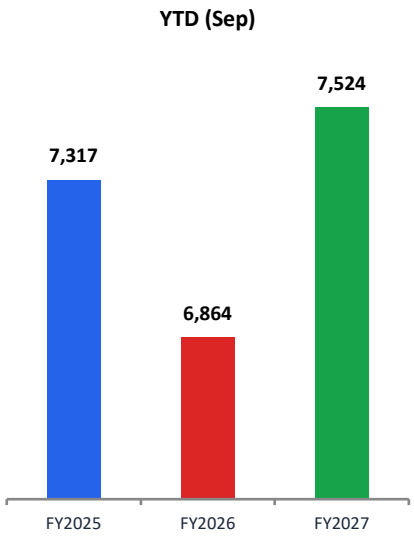
Average Daily Census



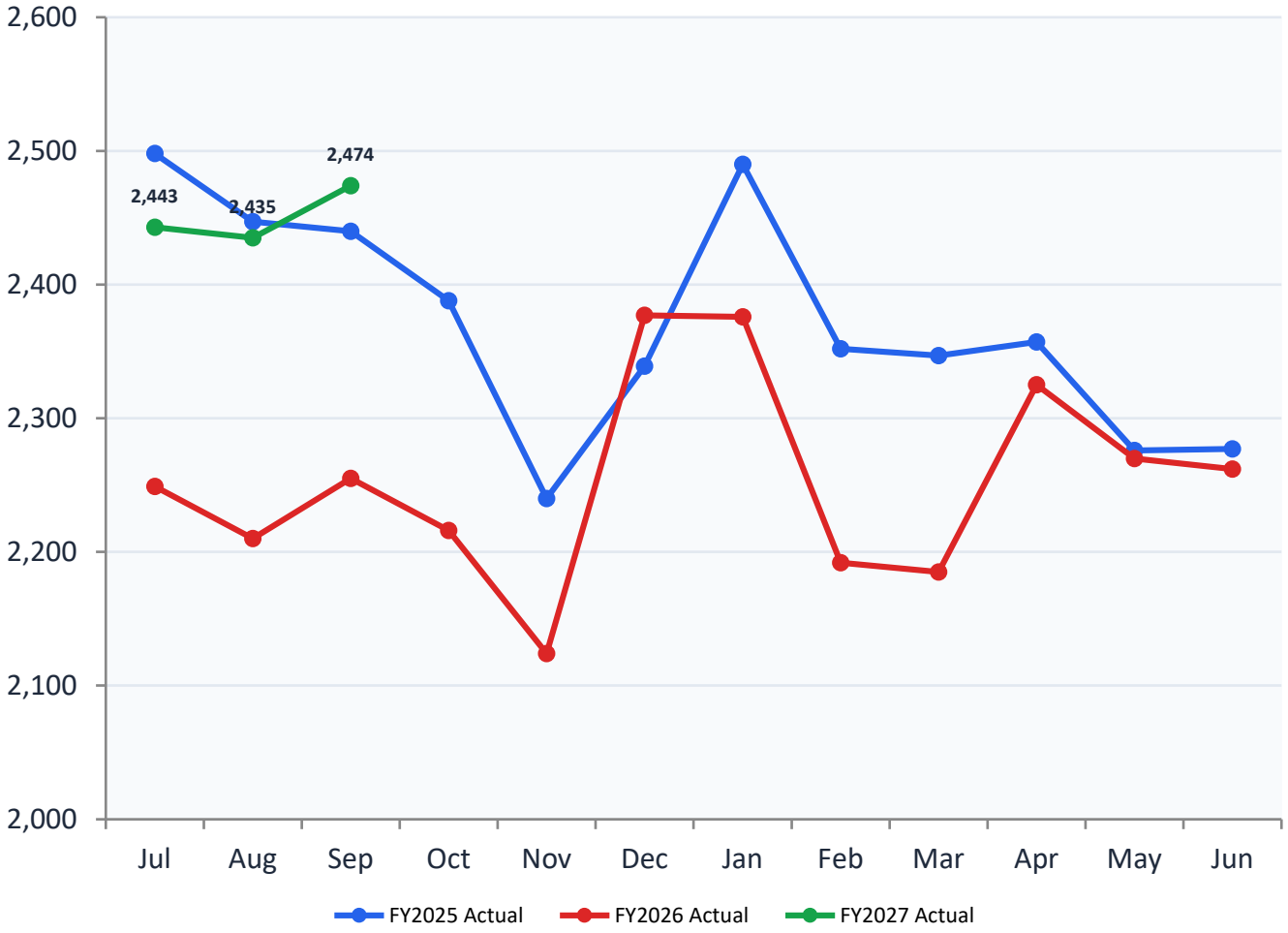


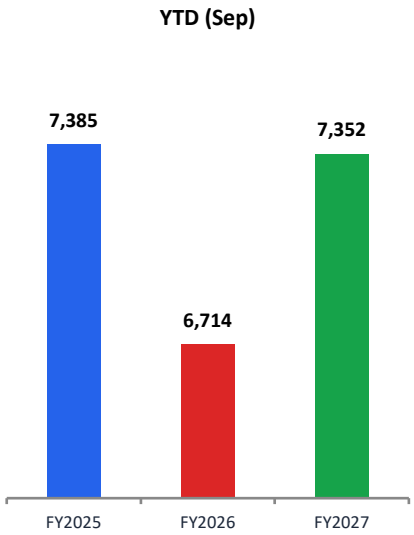
Admissions


2,700
2,600
2,500
2,400
2,300
2,200
2,100
2,000
2,567
2,487
2,470
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY2025 Actual
FY2026 Actual
FY2027 Actual

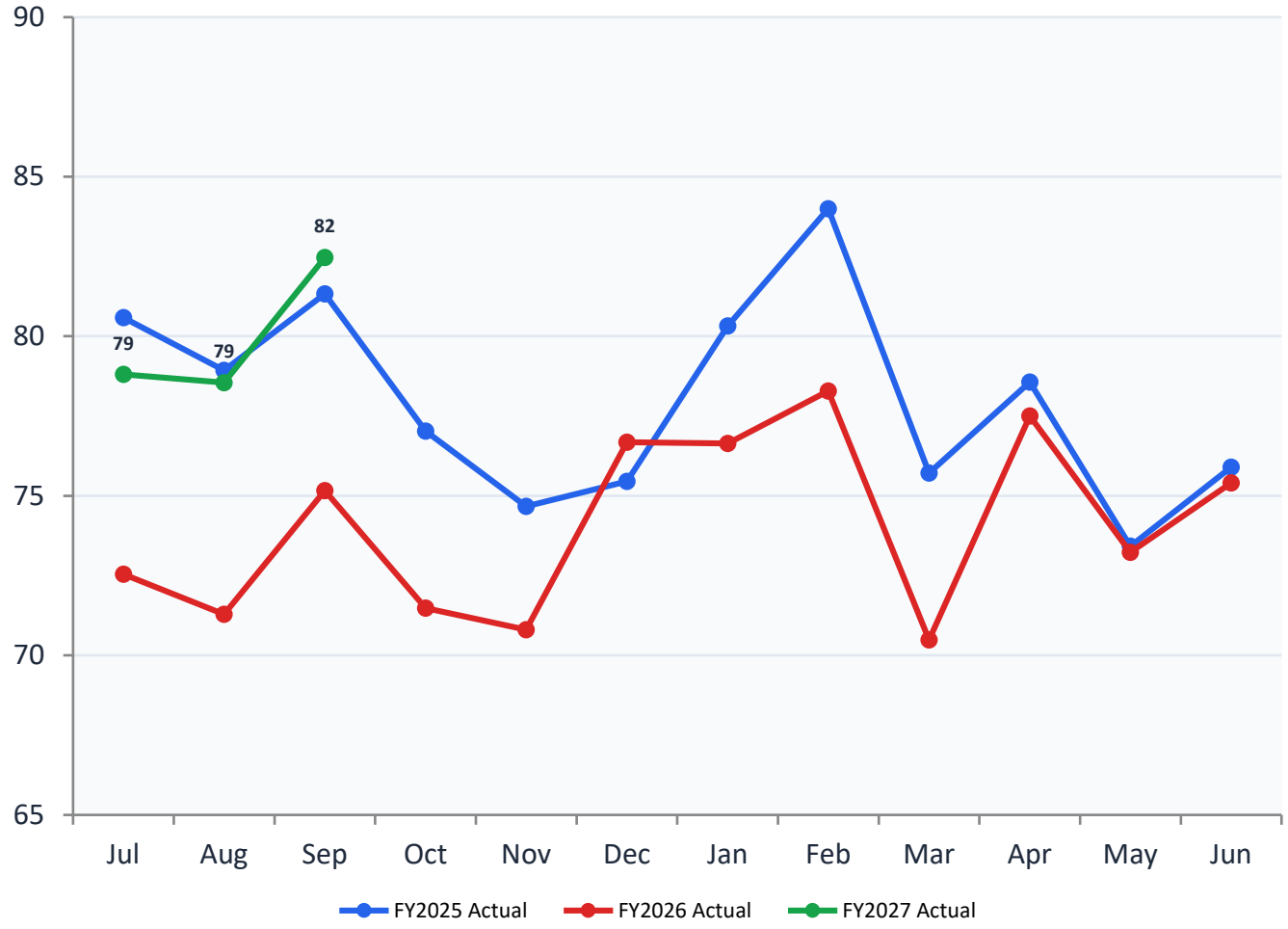

YTD (Sep)
7,317
6,864
7,524
FY2025
FY2026
FY2027

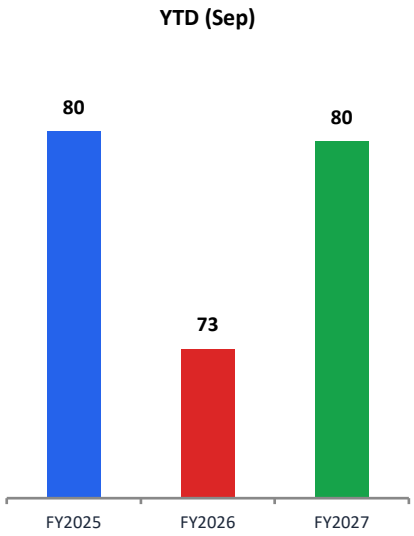
Discharges


2,600
2,500
2,400
2,300
2,200
2,100
2,000
2,443
2,435
2,474
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY2025 Actual
FY2026 Actual
FY2027 Actual

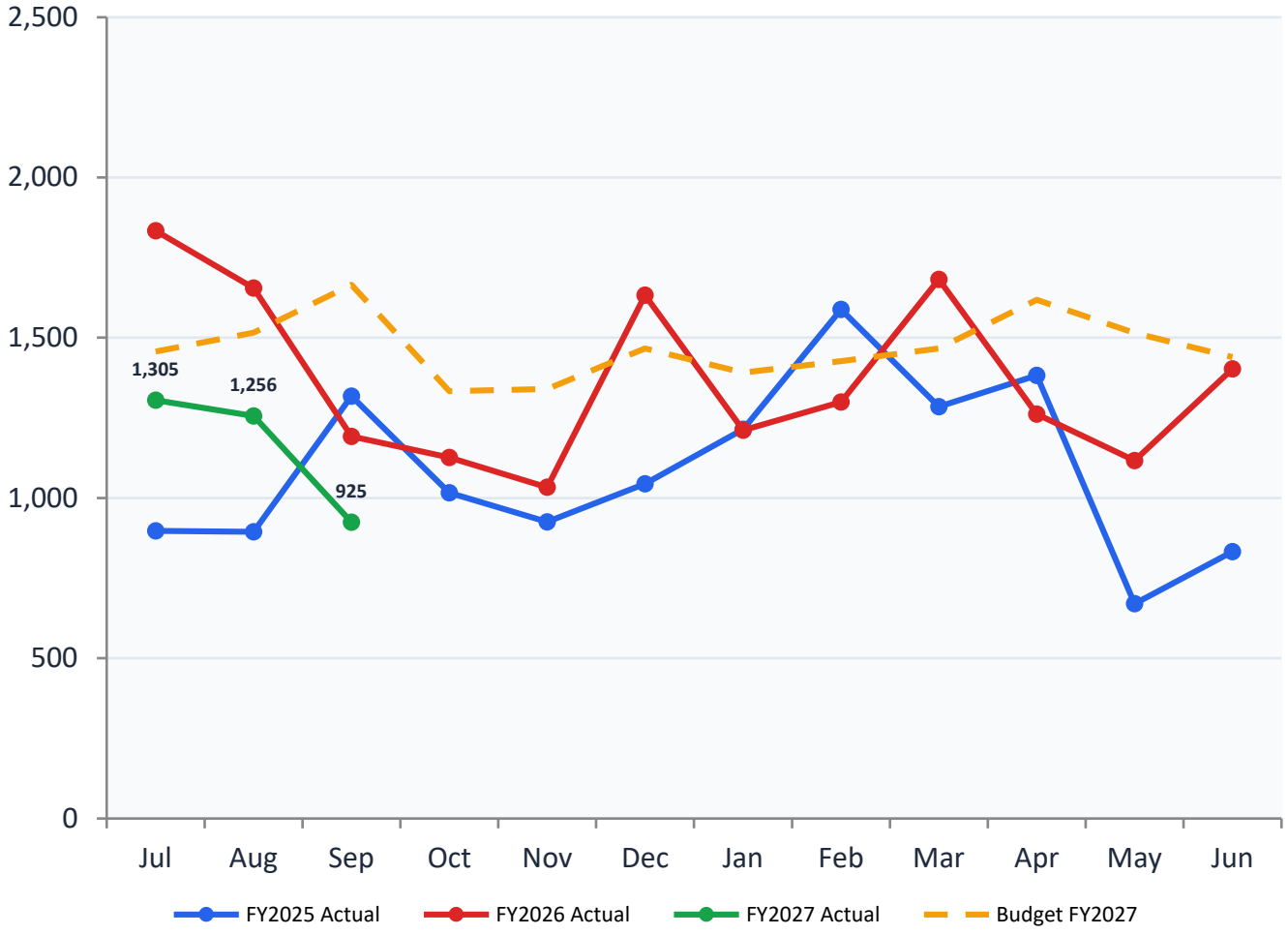

YTD (Sep)
7,385
6,714
7,352
FY2025
FY2026
FY2027

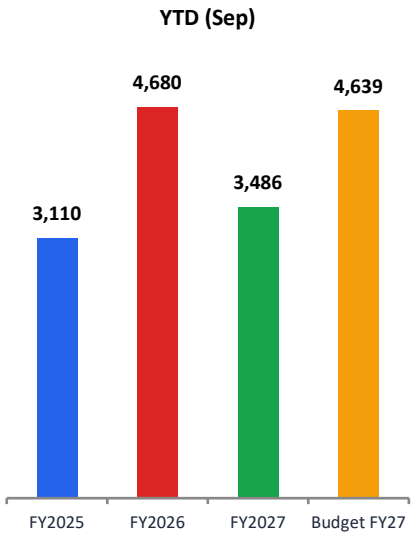
Avg Discharges per day



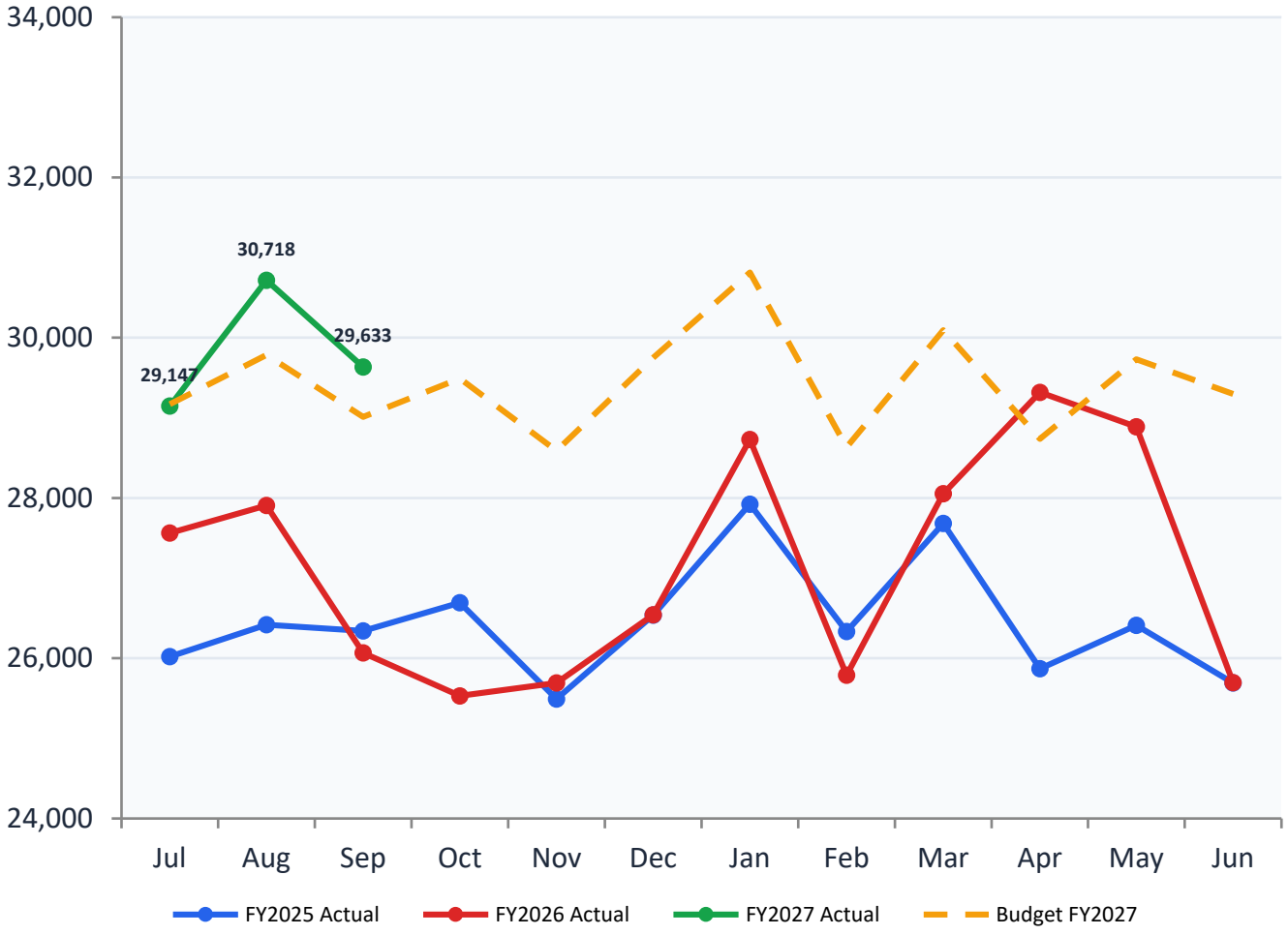


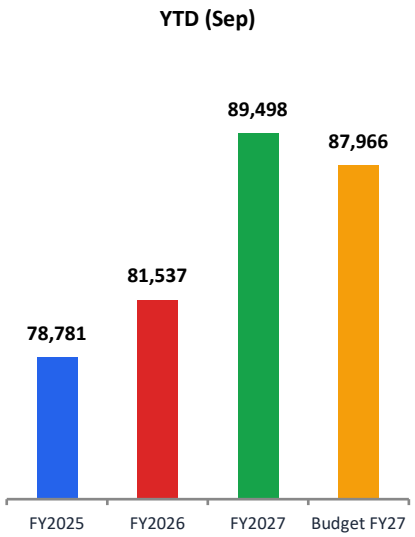
Observation Days



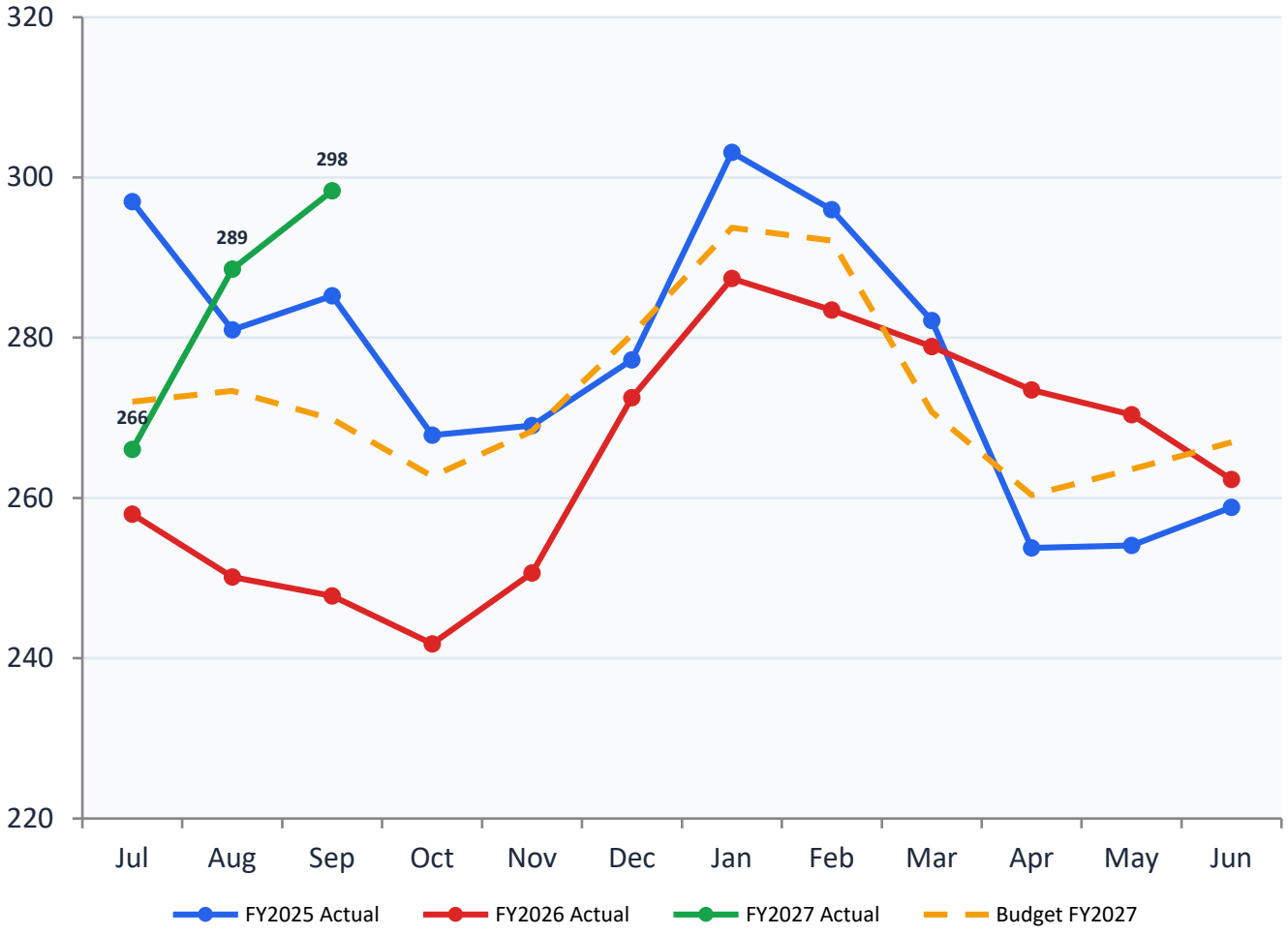


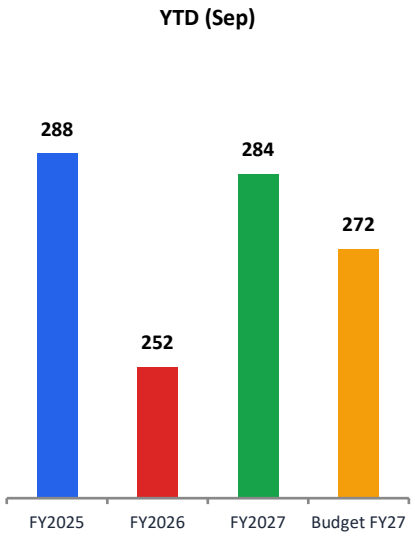
Adjusted Patient Days



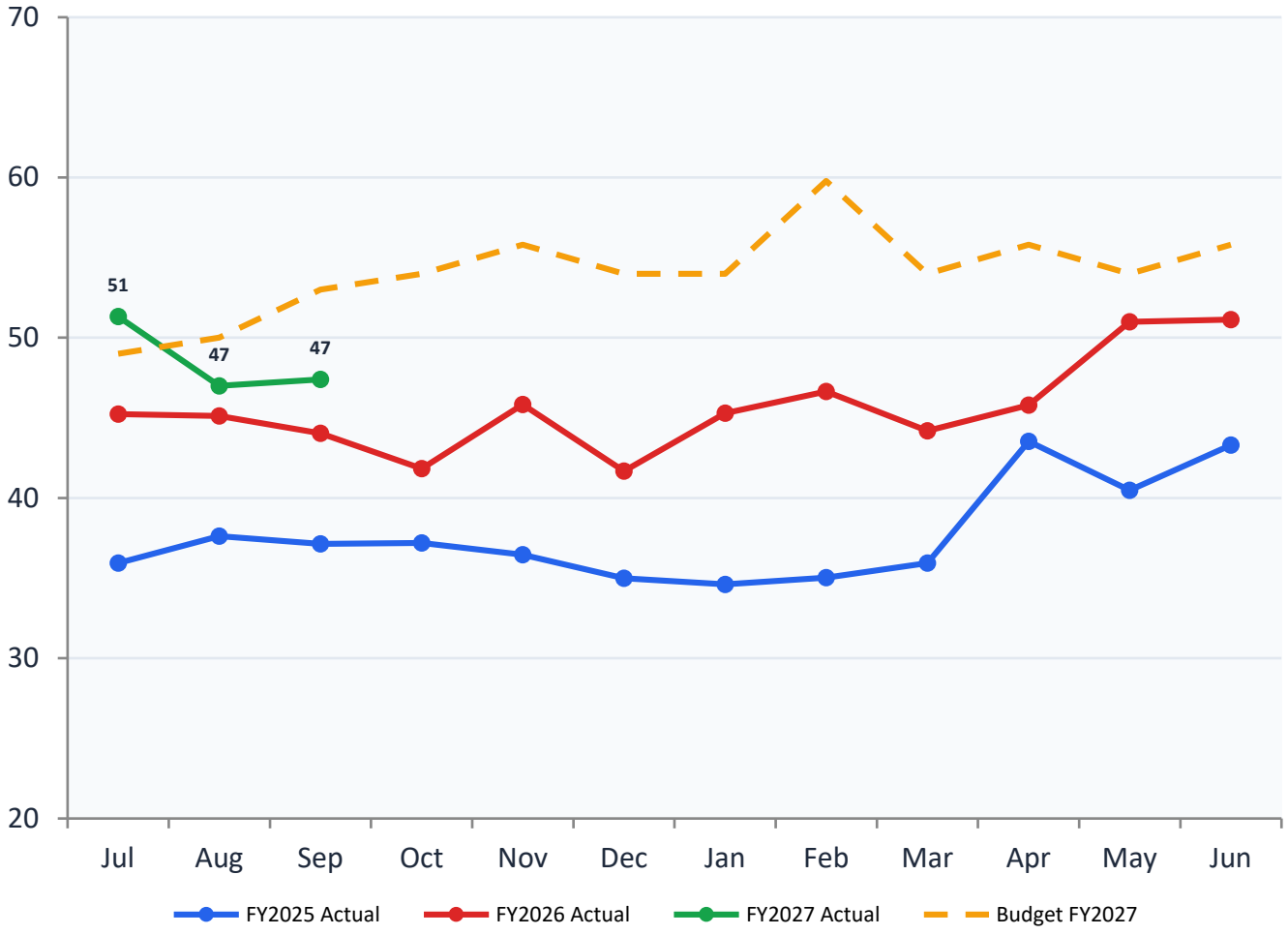


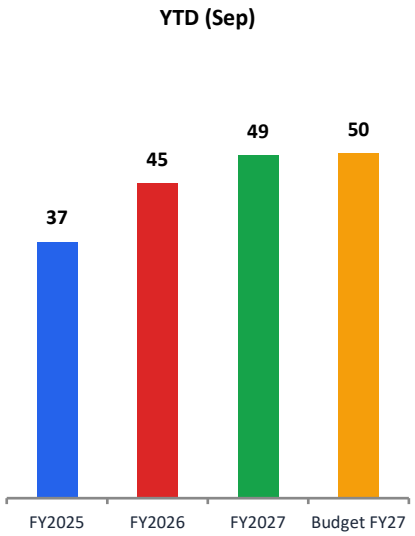
Medical Center (Avg Patients Per Day)



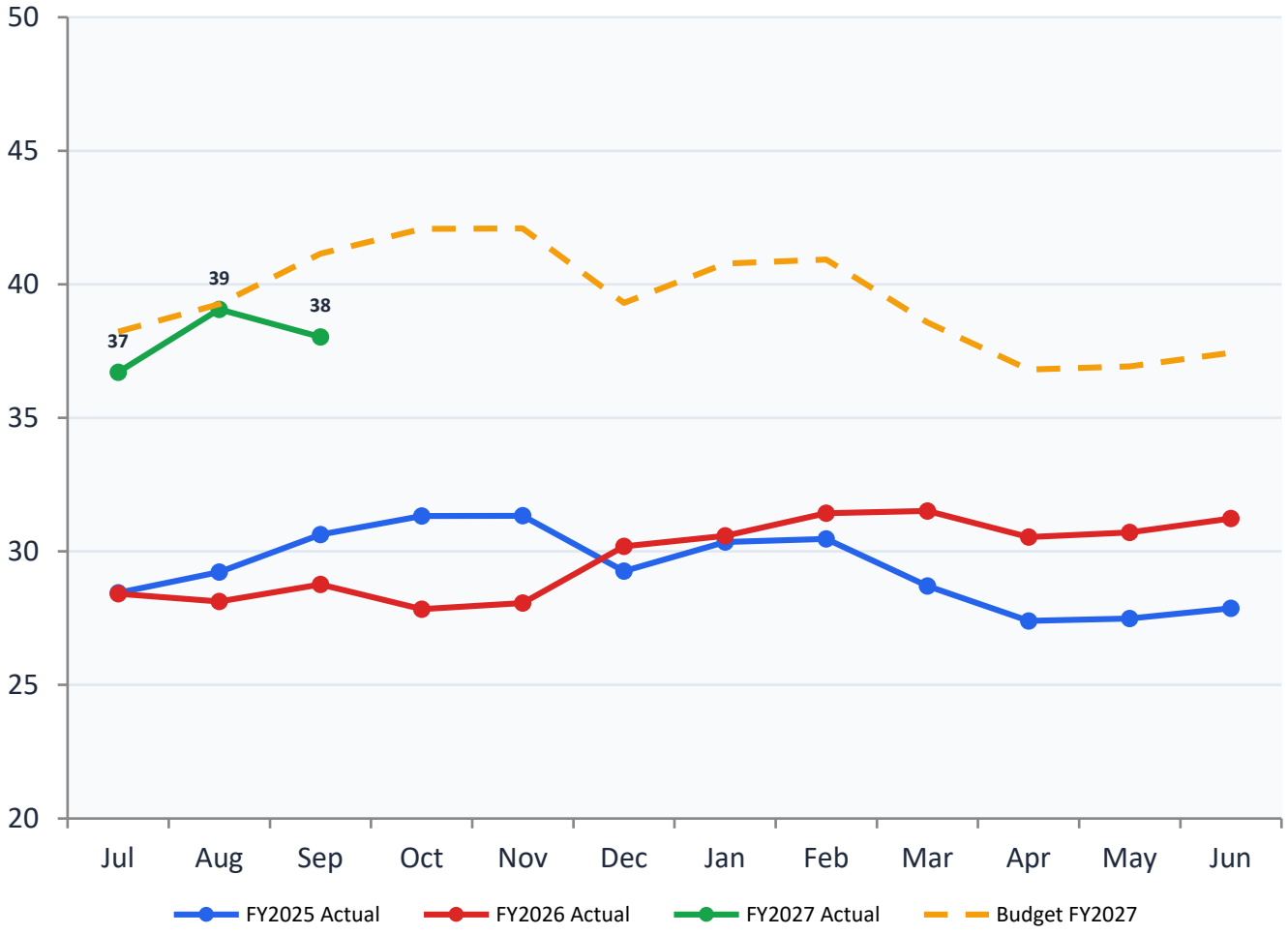


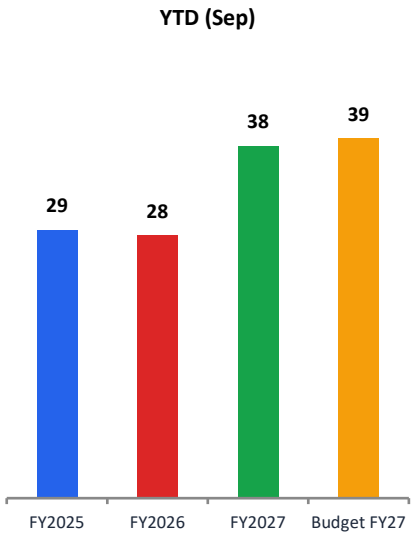
Acute I/P Psych (Avg Patients Per Day)



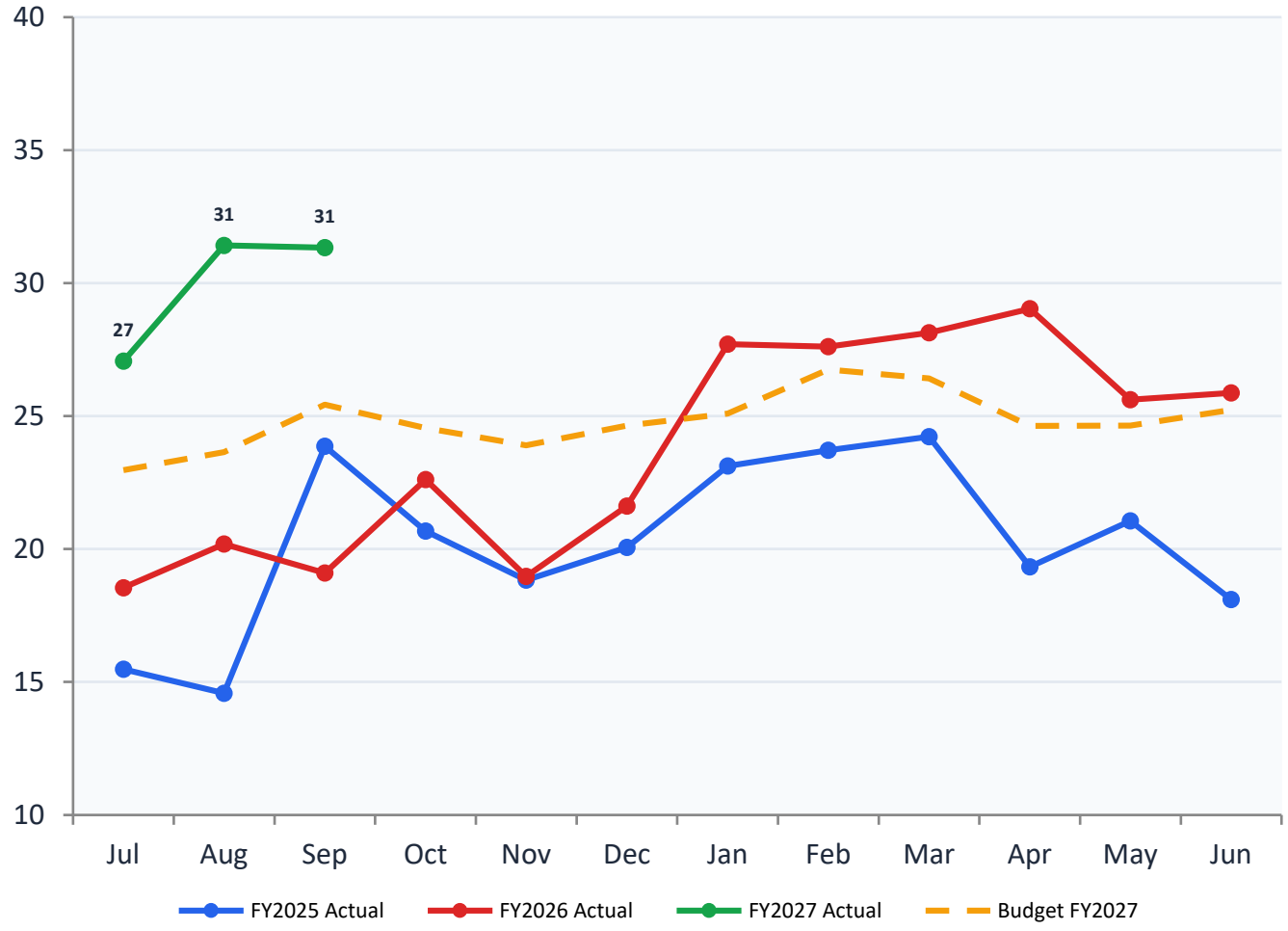


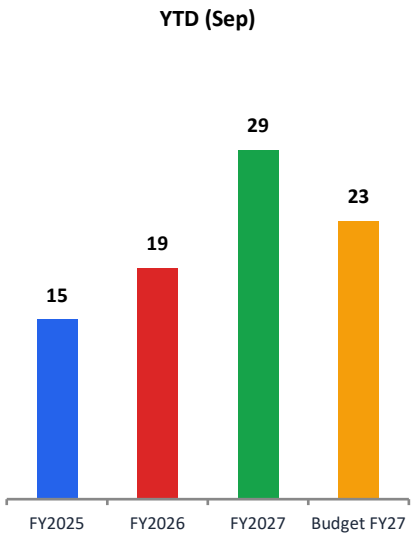
Sub-Acute - (Avg Patients Per Day)



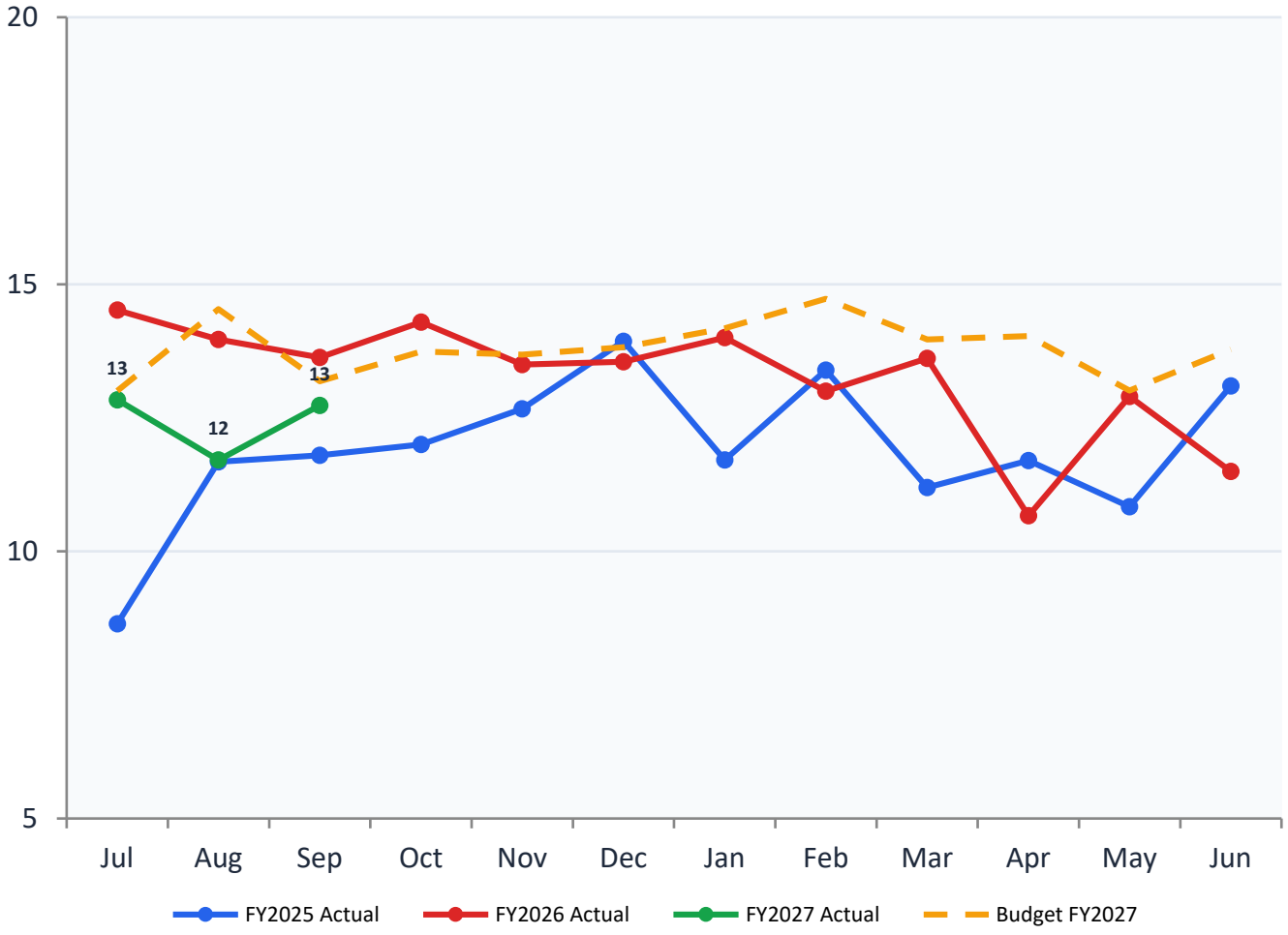


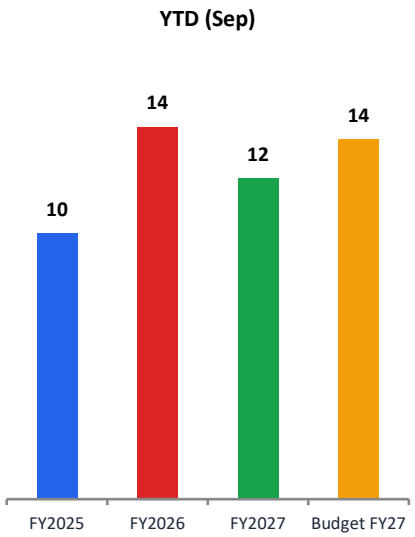
Rehabilitation Hospital - (Avg Patients Per Day)



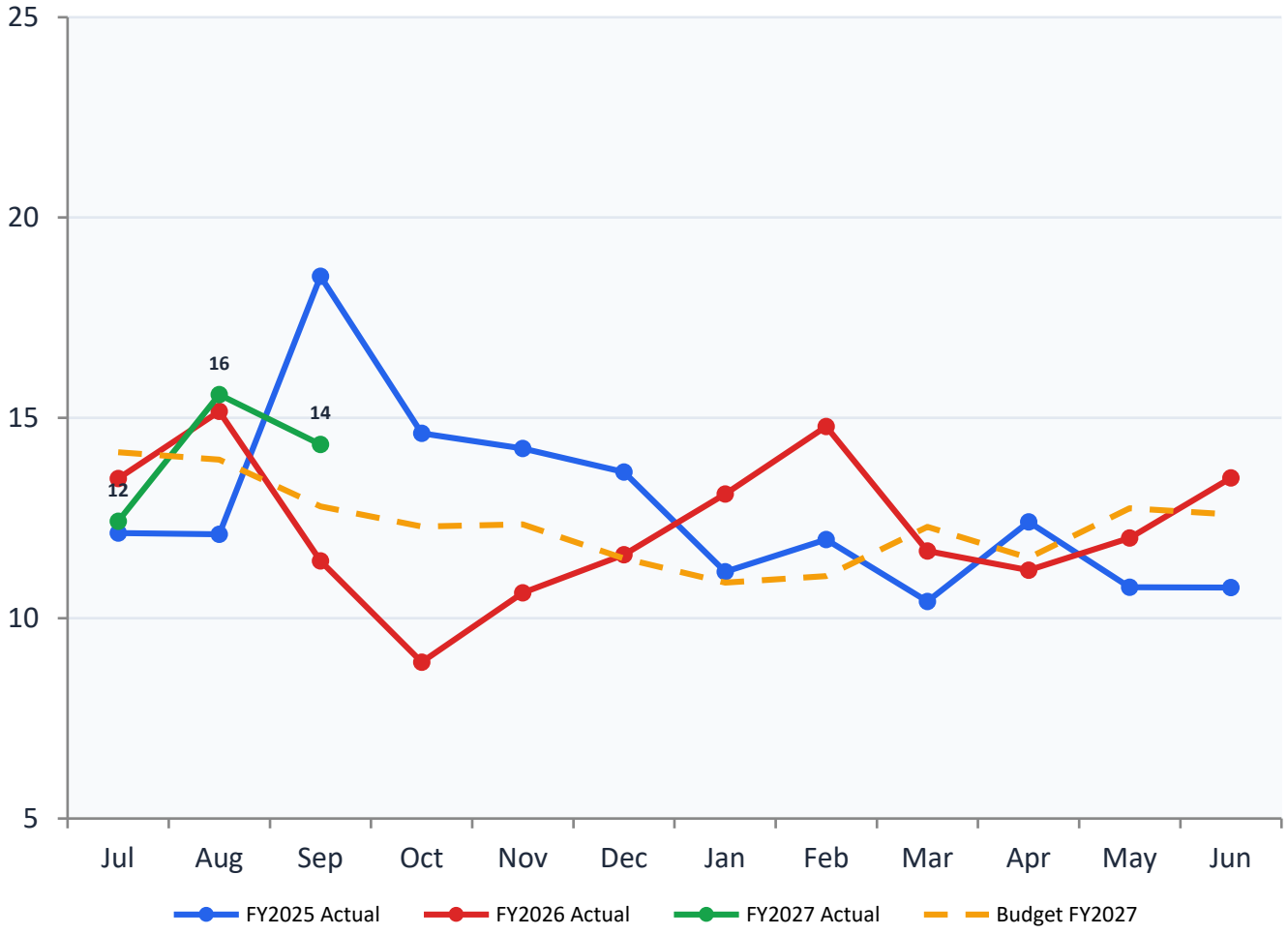


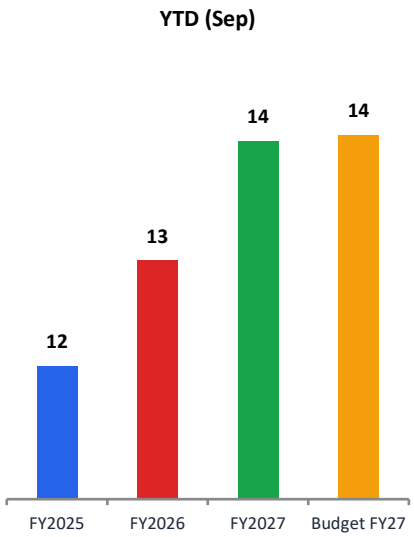
TCS Ortho - (Avg Patients Per Day)



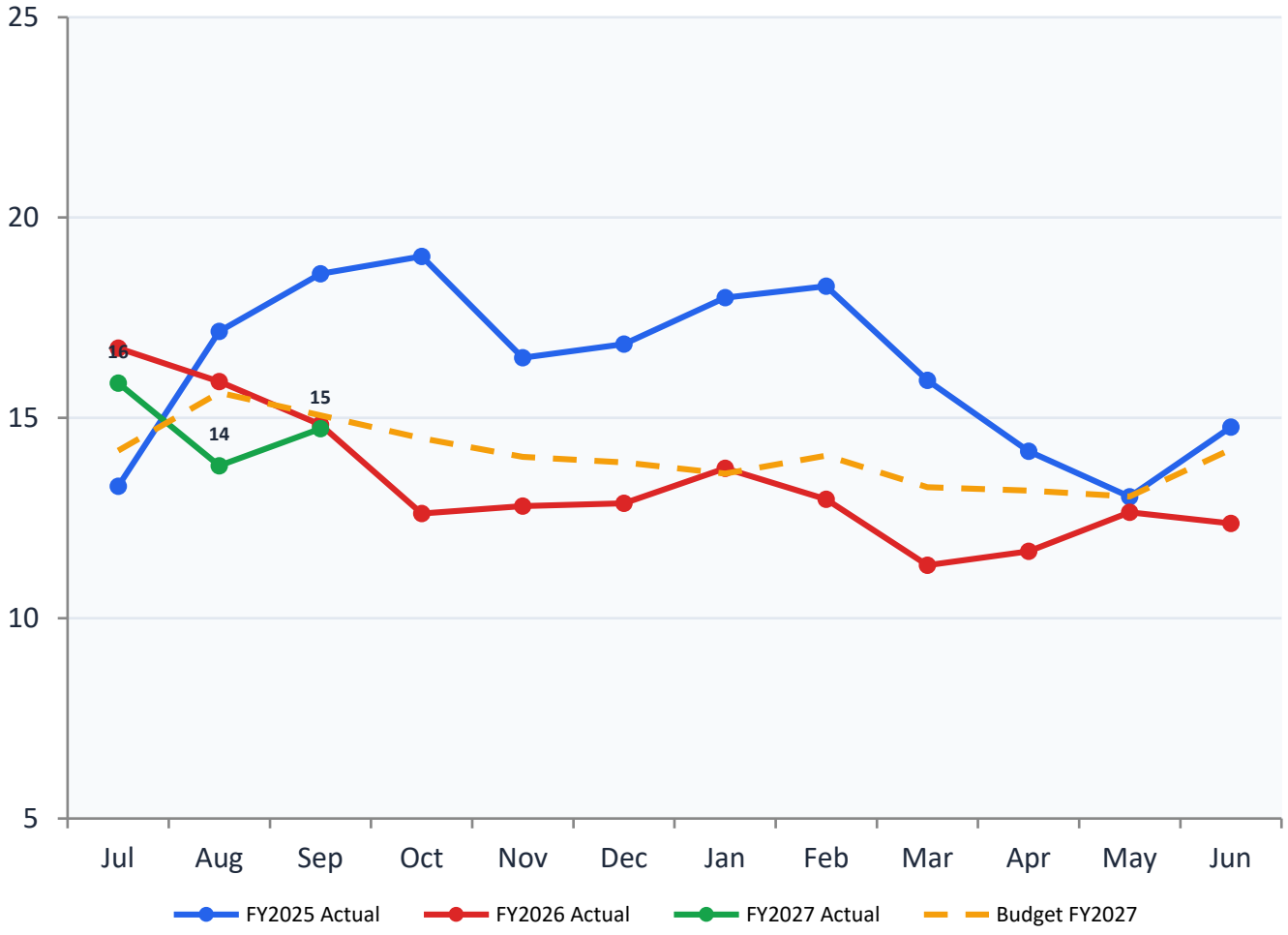


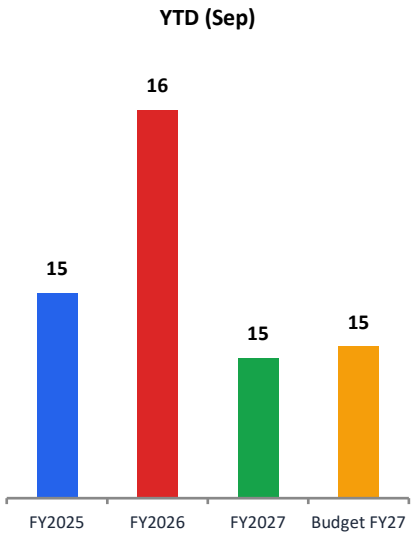
NICU - (Avg Patients Per Day)



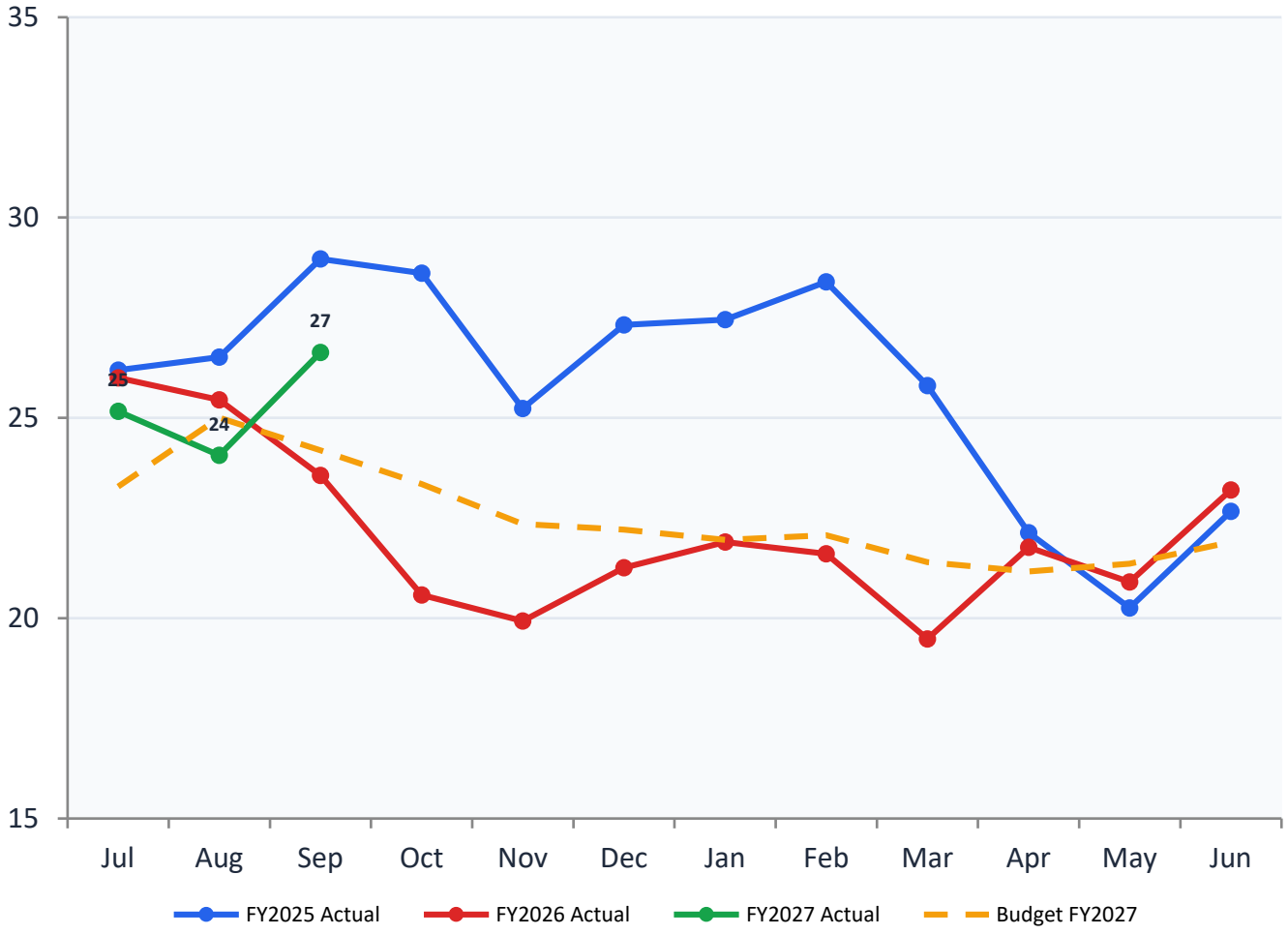


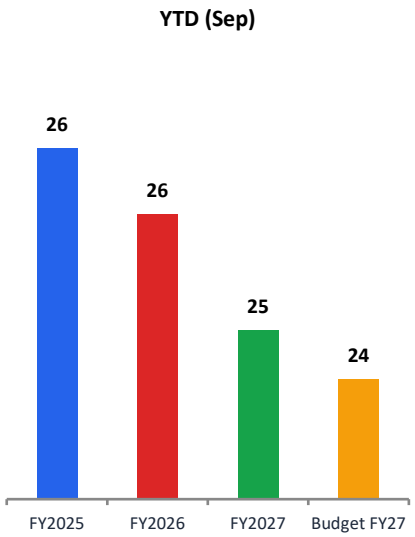
Nursery - (Avg Patients Per Day)



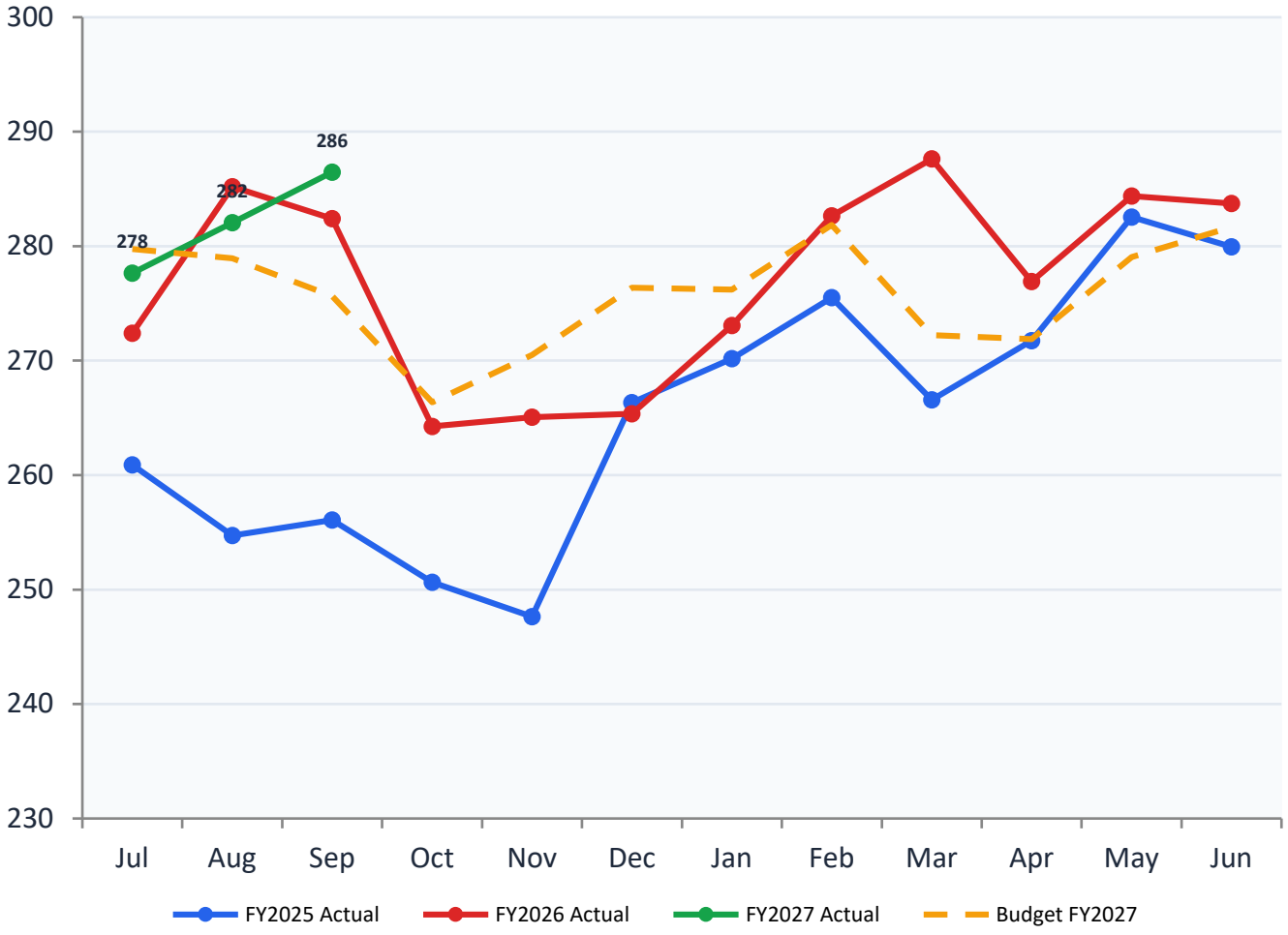


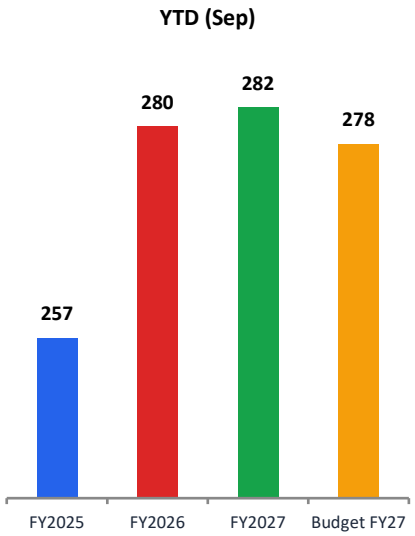
Obstetrics - (Avg Patients Per Day)



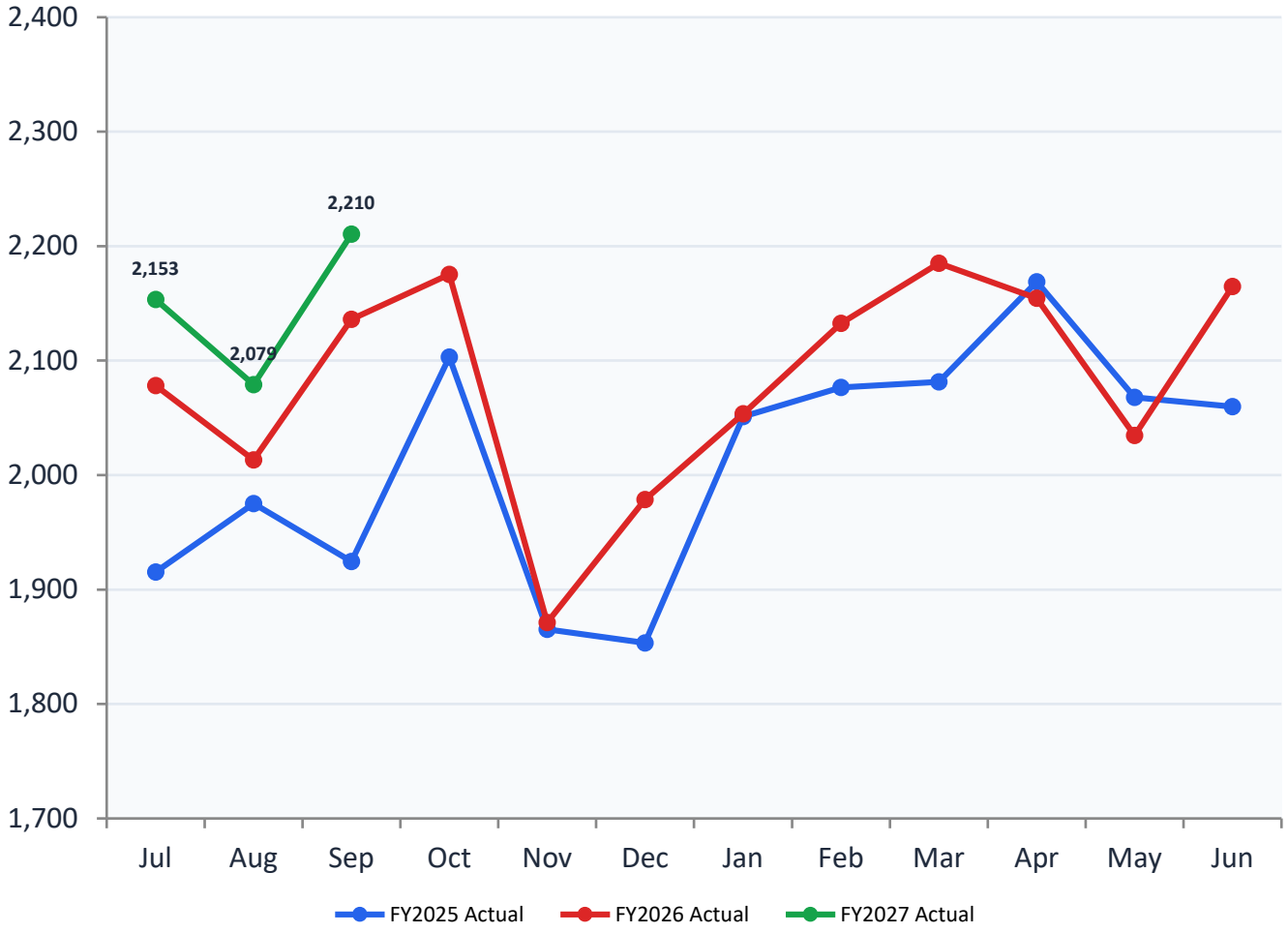


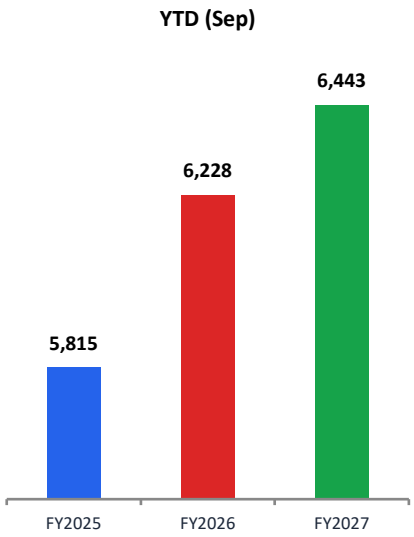
ED - (Avg Treated Per Day)



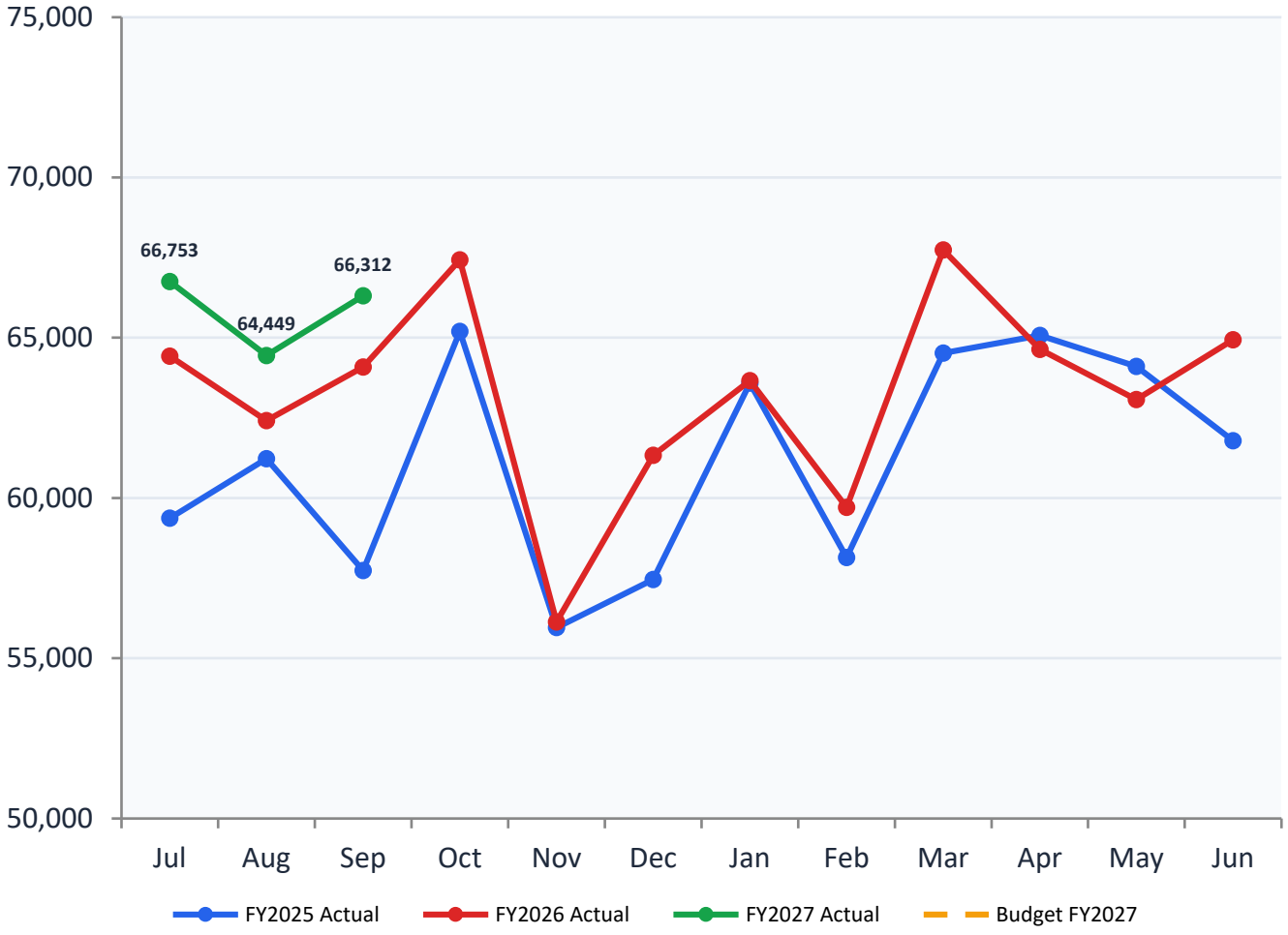


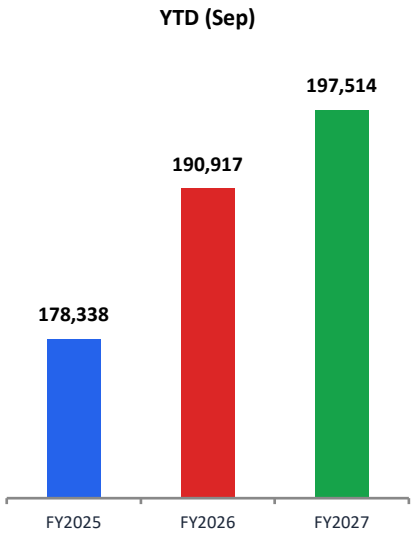
Outpatient Registrations Per Day



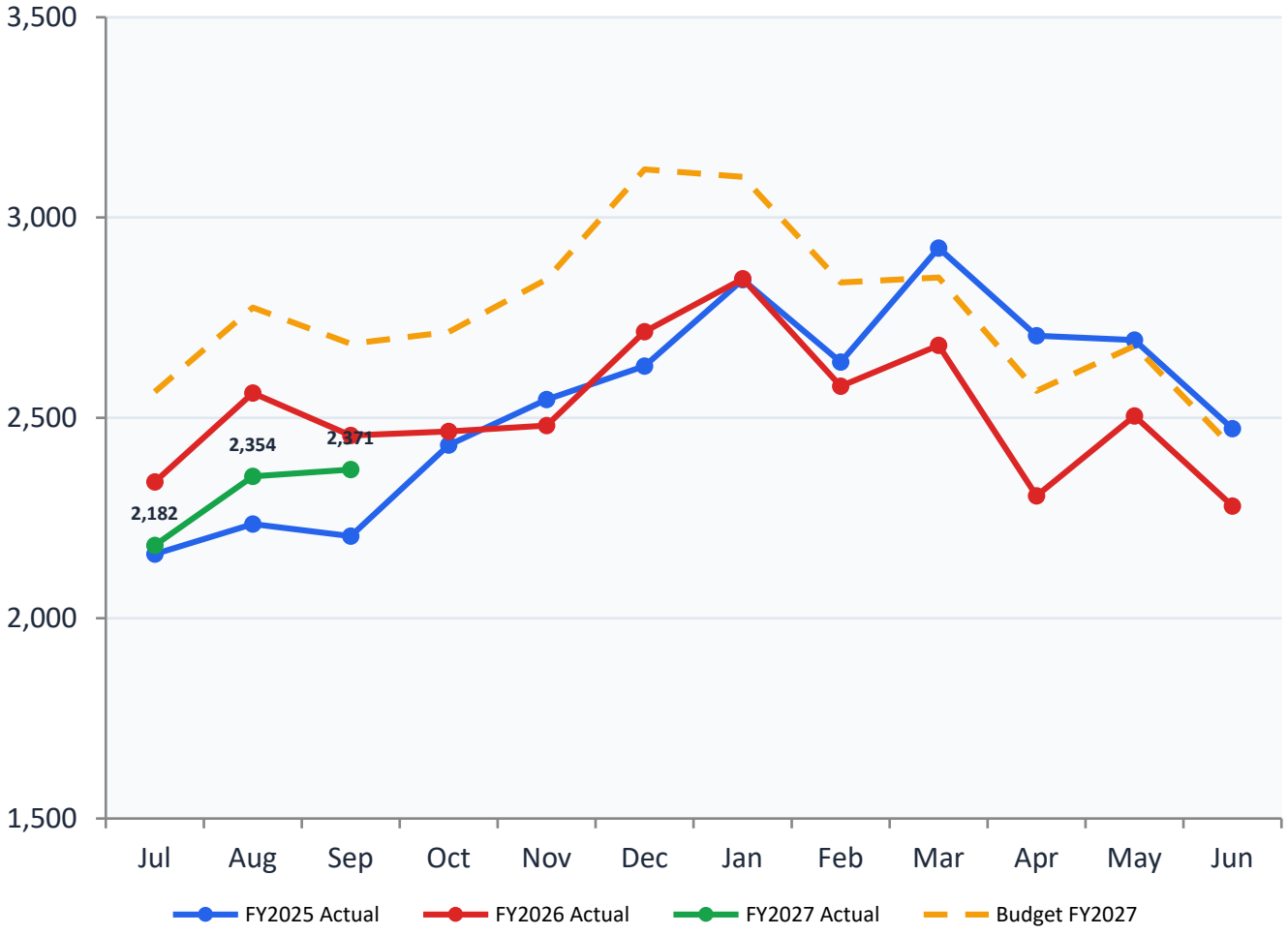


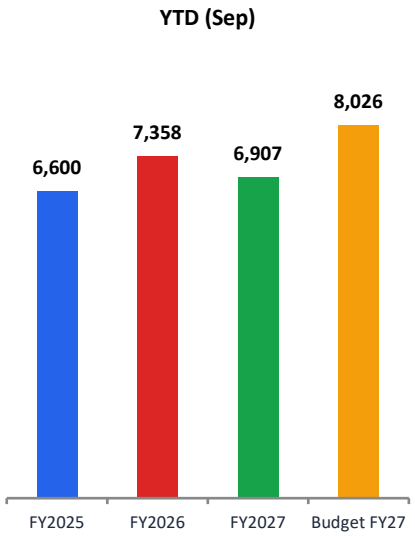
Outpatient Registrations



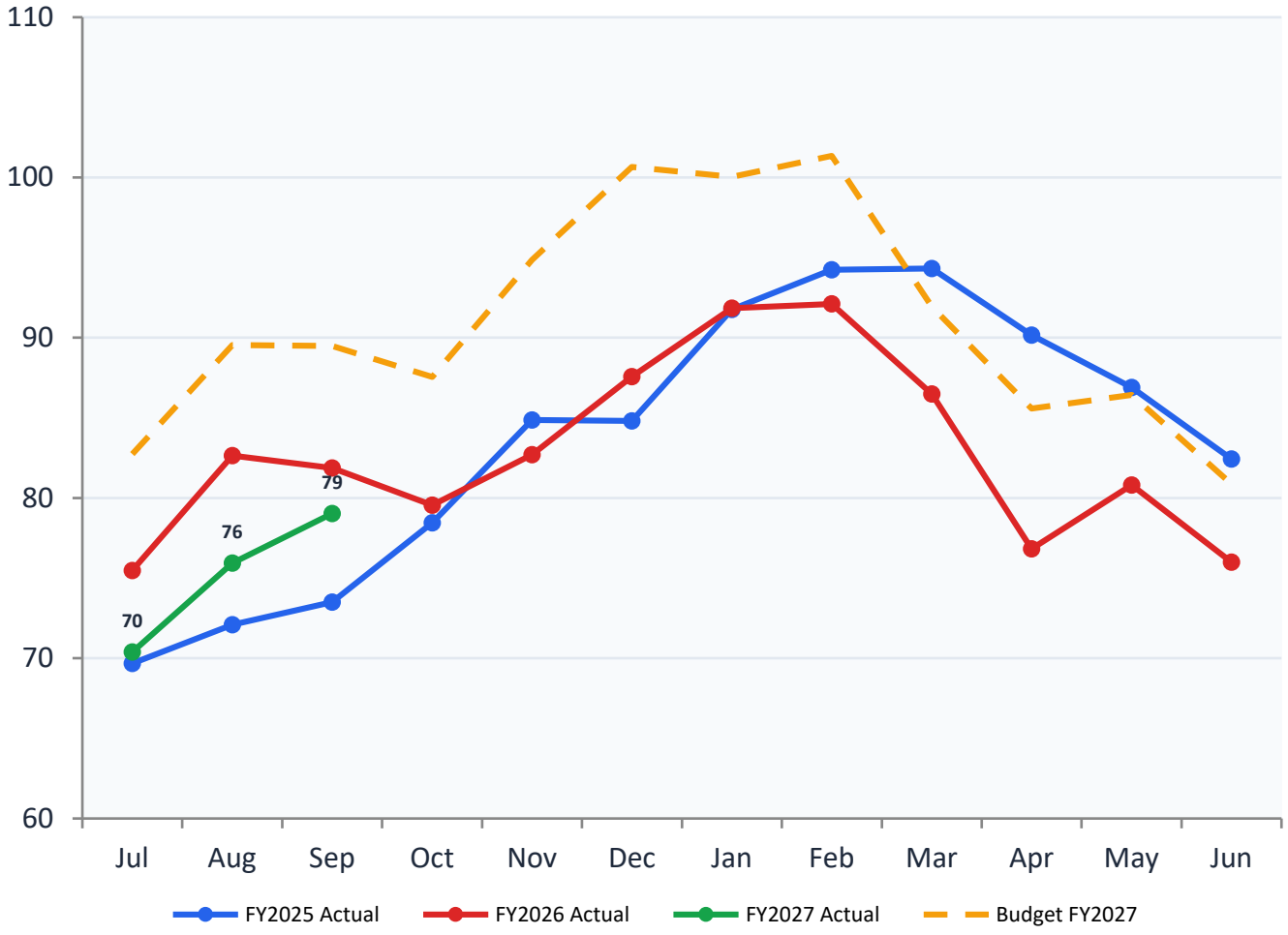


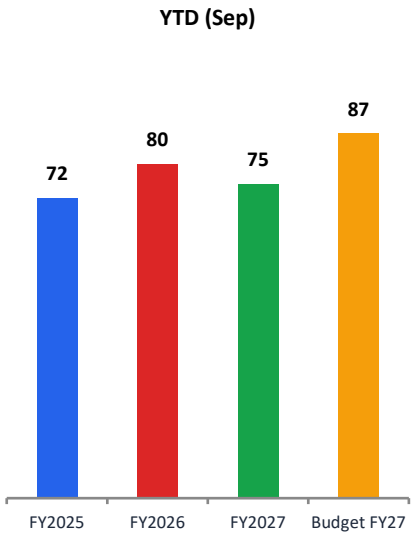
Urgent Care – Court Total Visits



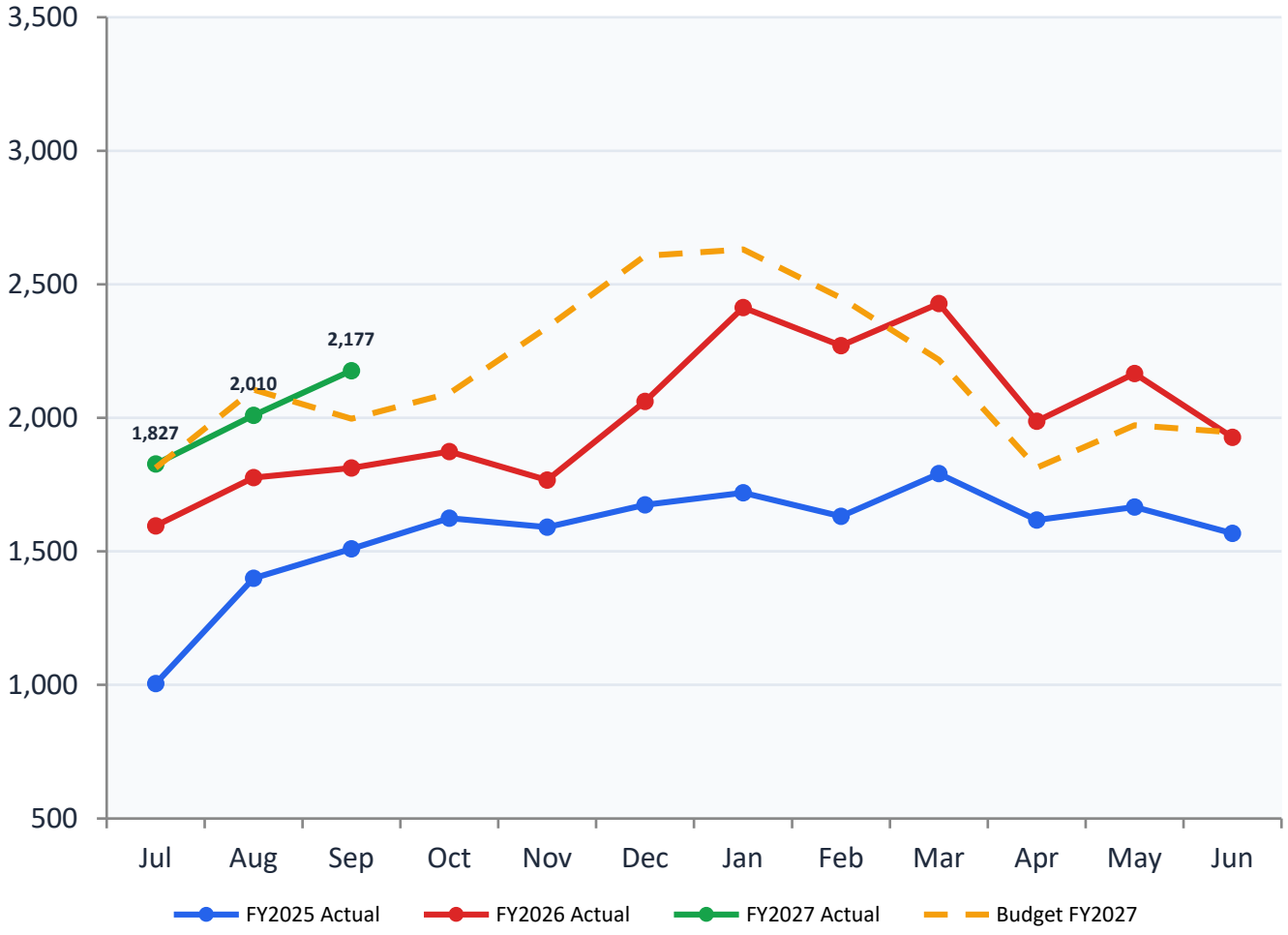


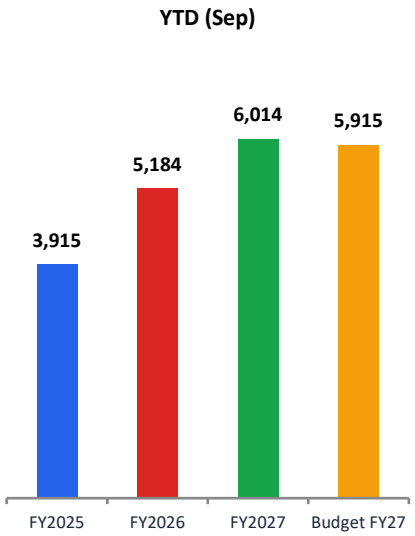
Urgent Care – Court (Avg Visits Per Day)



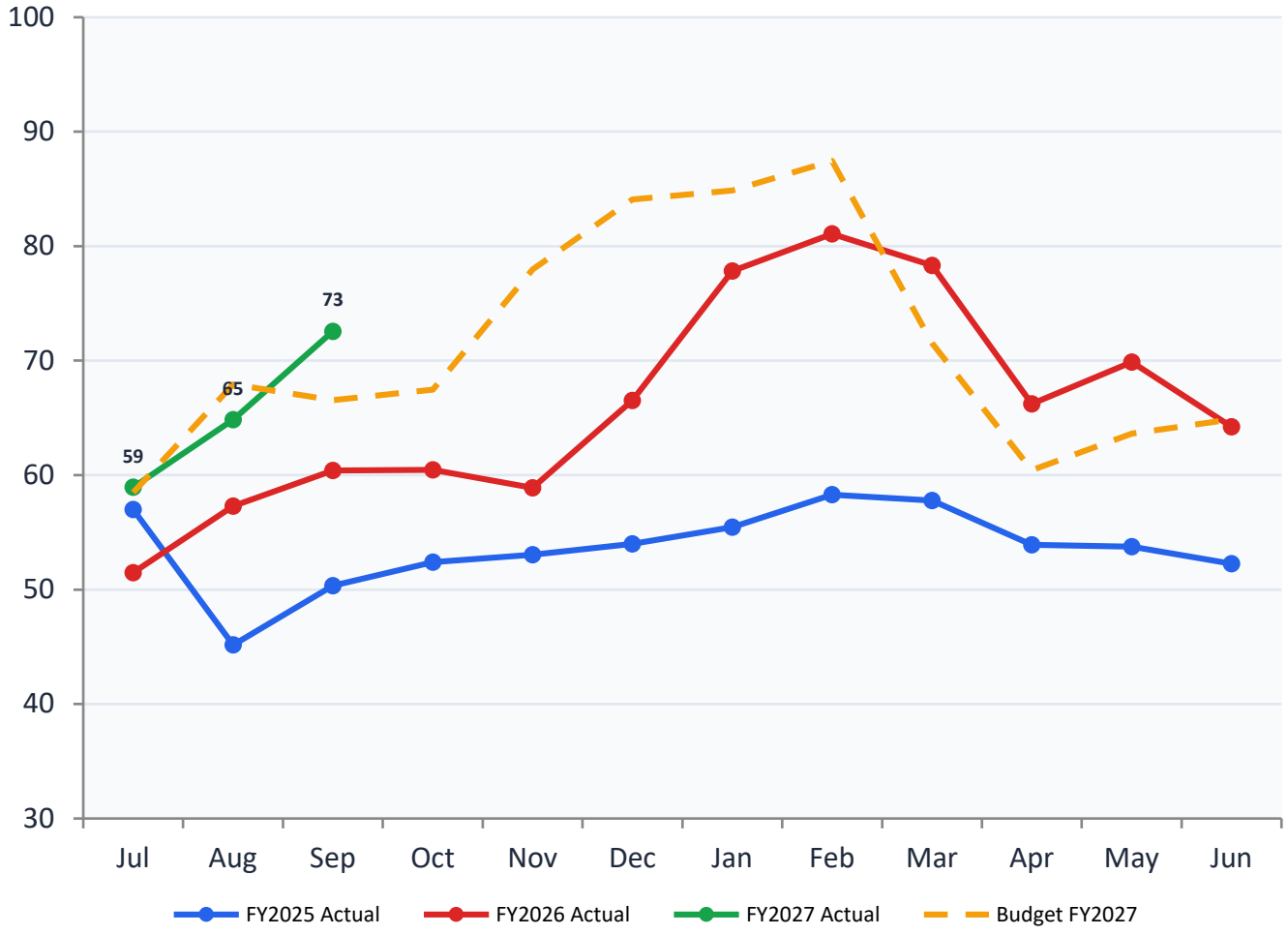


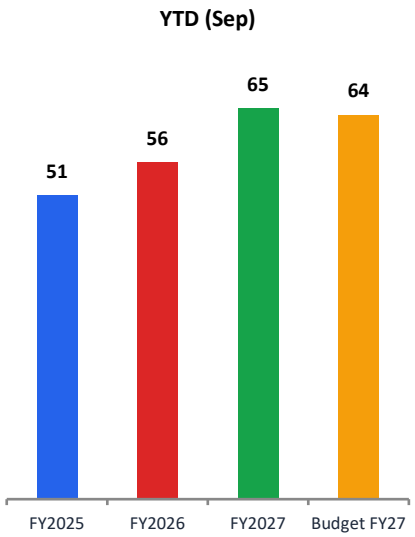
Urgent Care – Demaree Total Visits



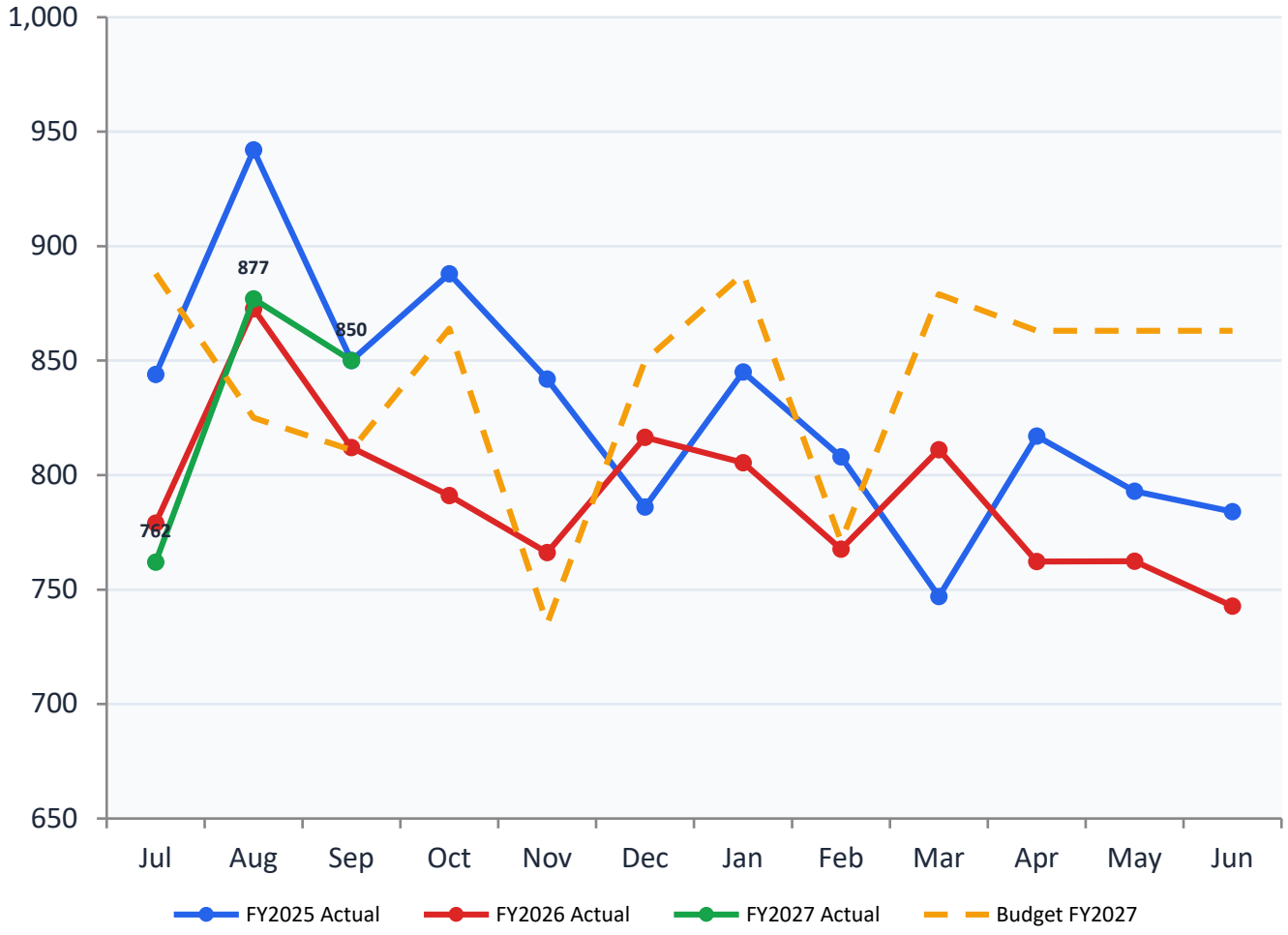


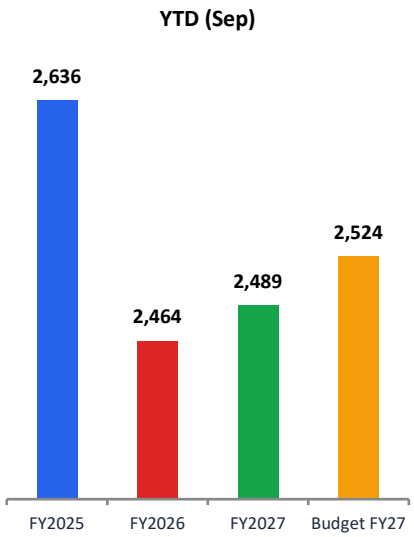
Urgent Care – Demaree (Avg Visits Per Day)



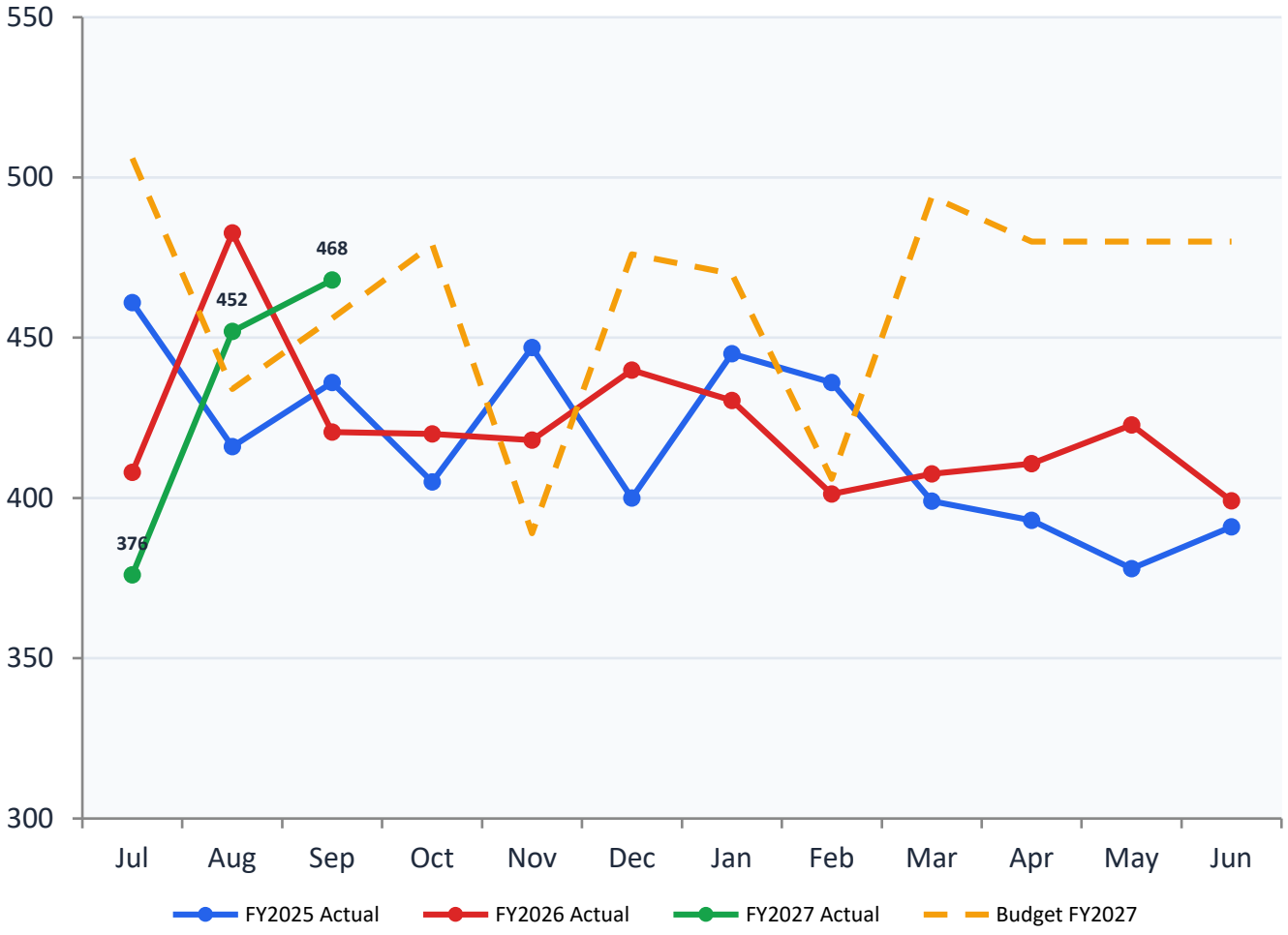


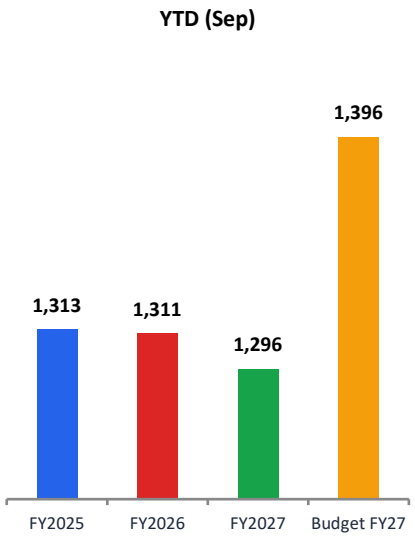
Surgery (IP & OP) – 100 Min Units



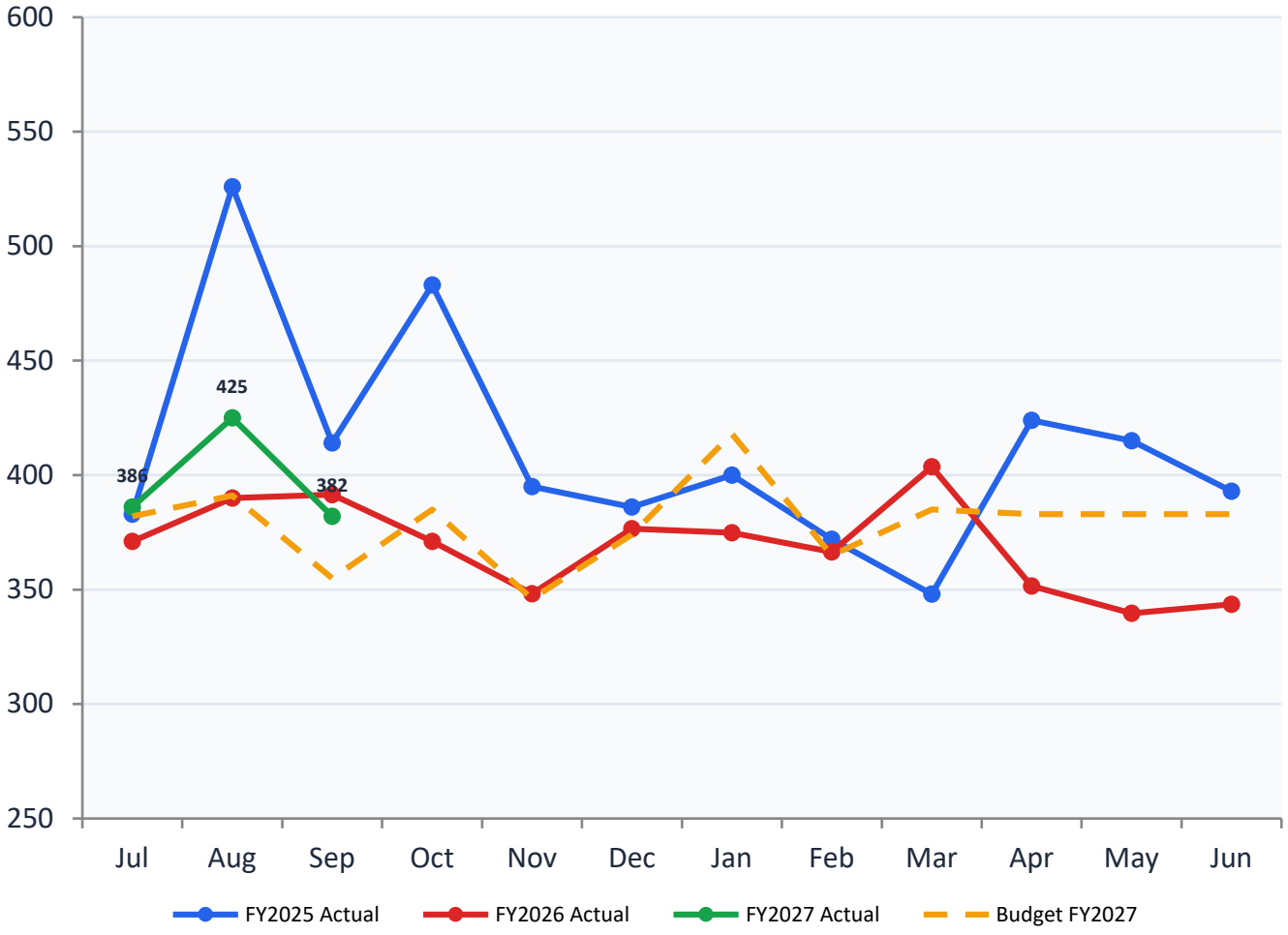


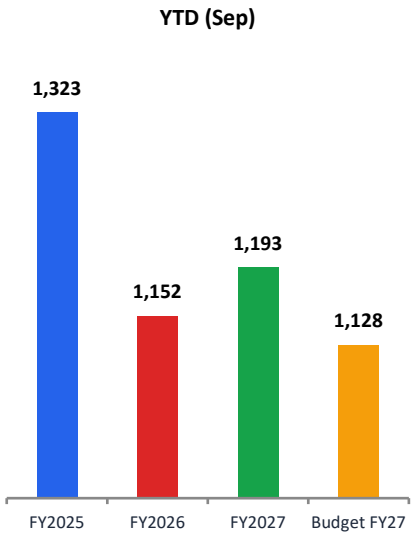
Surgery (IP Only) - 100 Min Unit



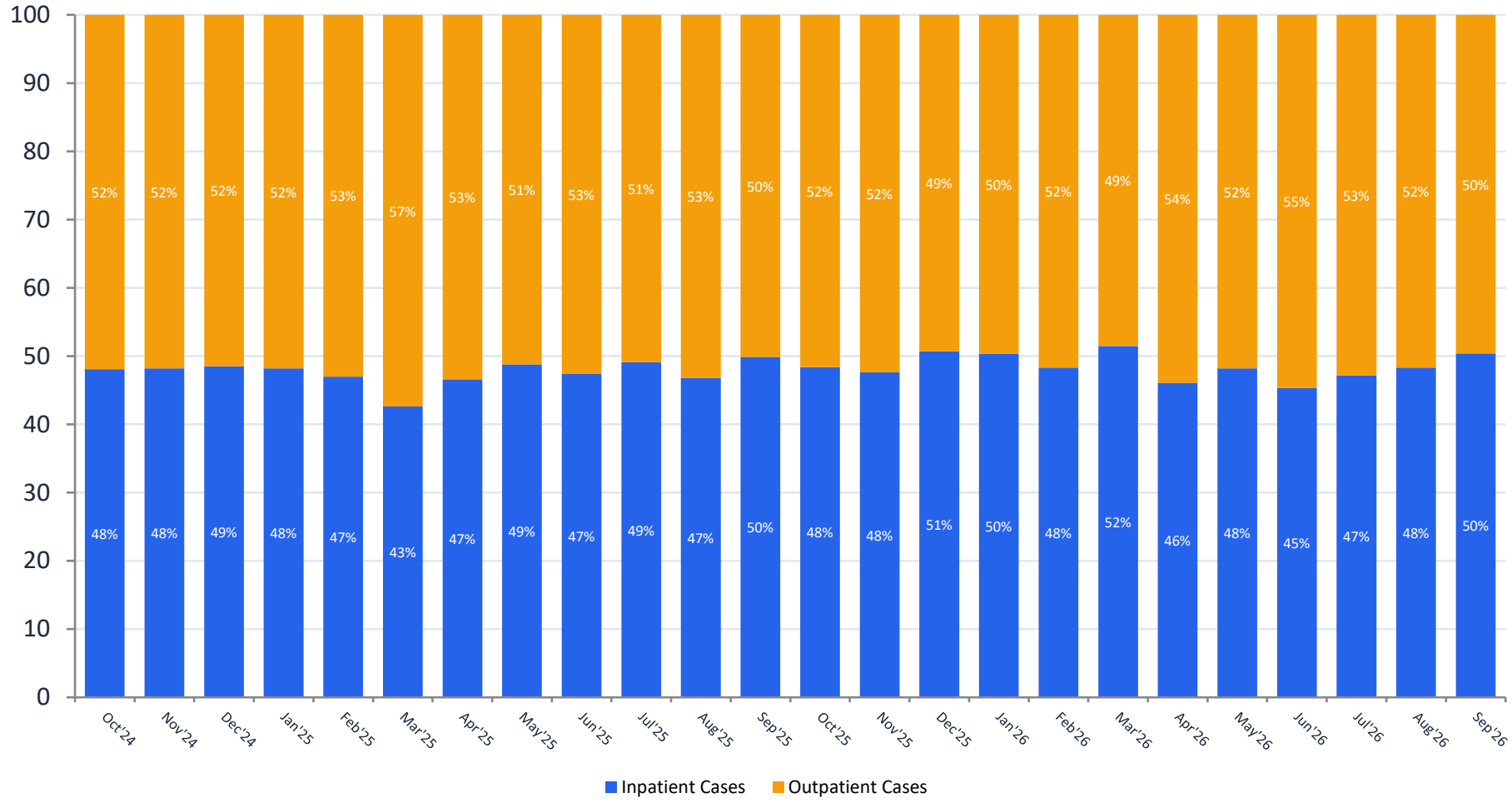


Surgery (OP Only) - 100 Min Units

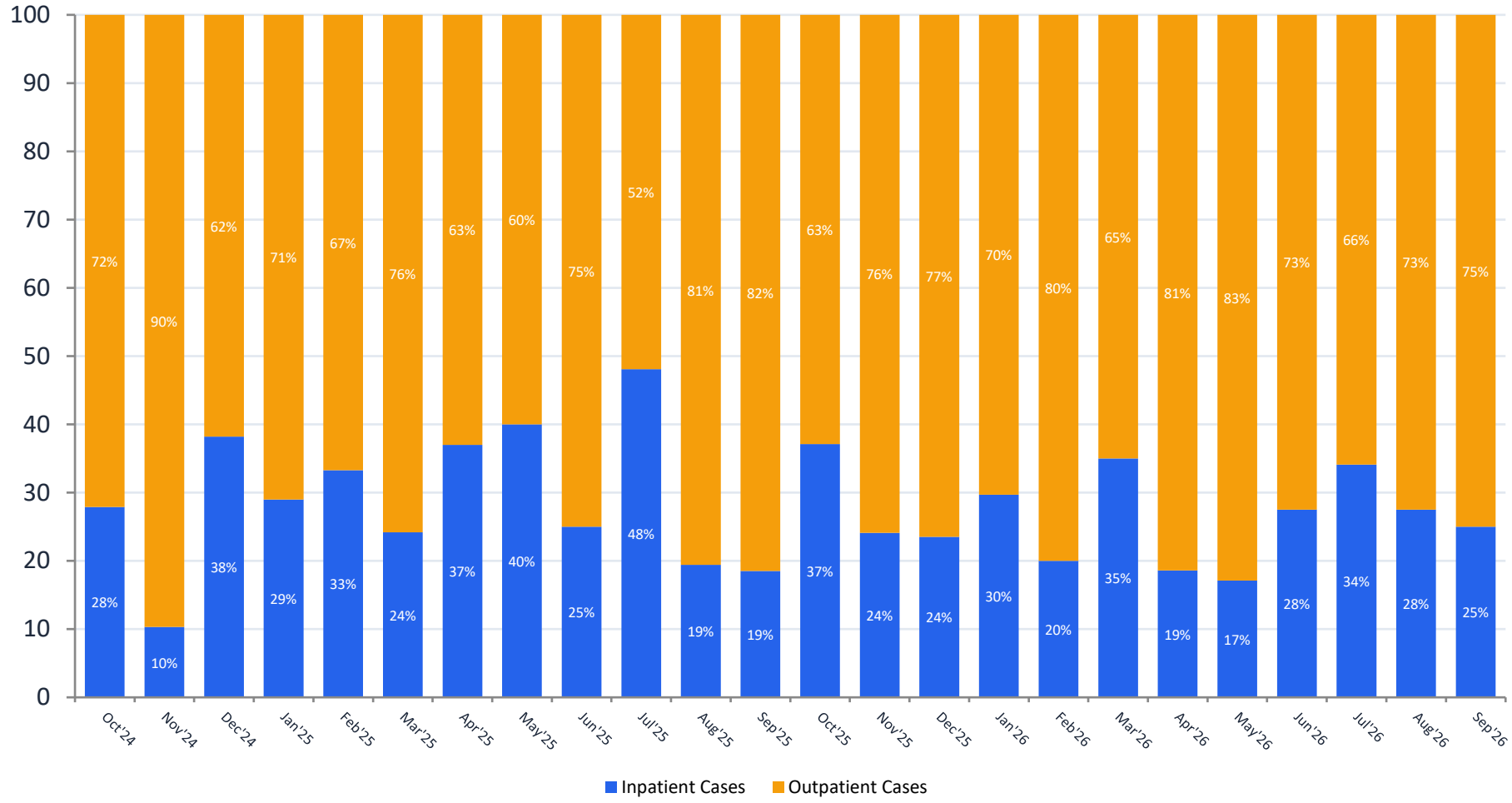




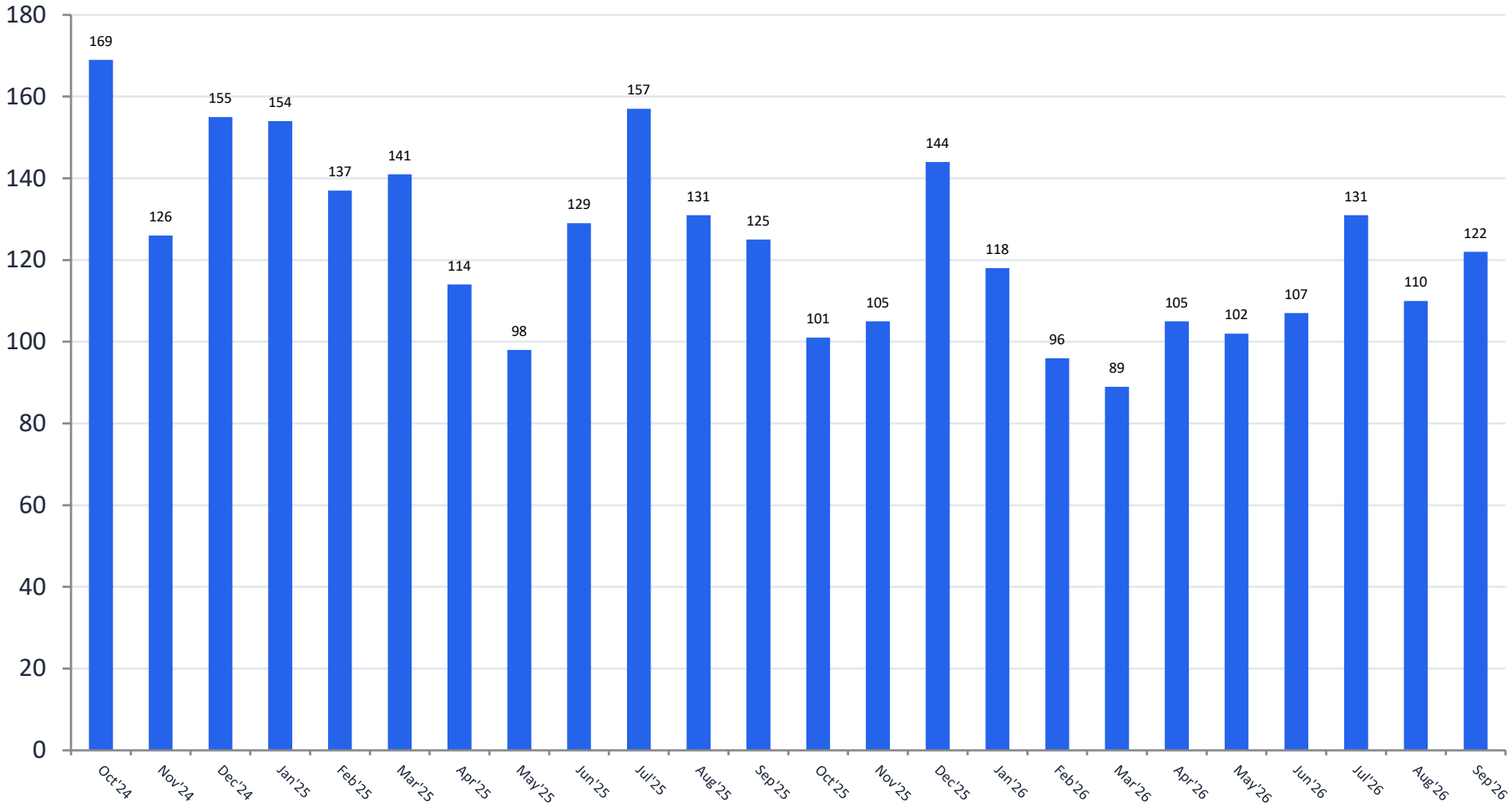
Surgery Cases (IP & OP)



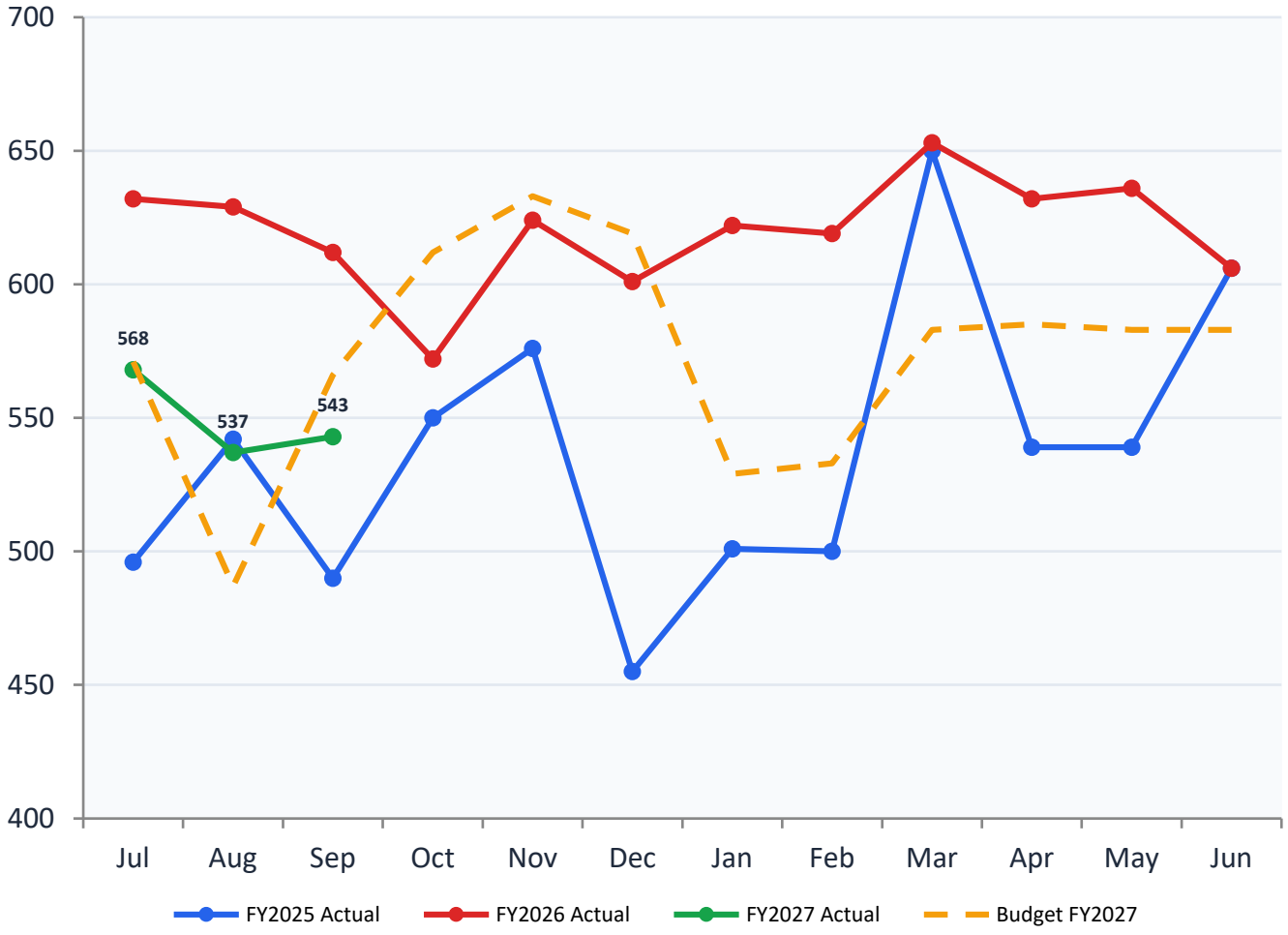
Robotic Cases (IP & OP)

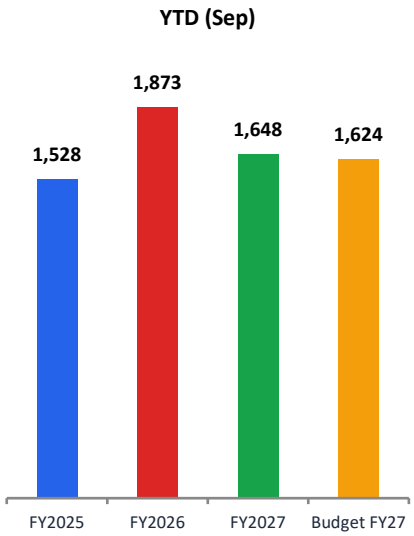


OB Cases

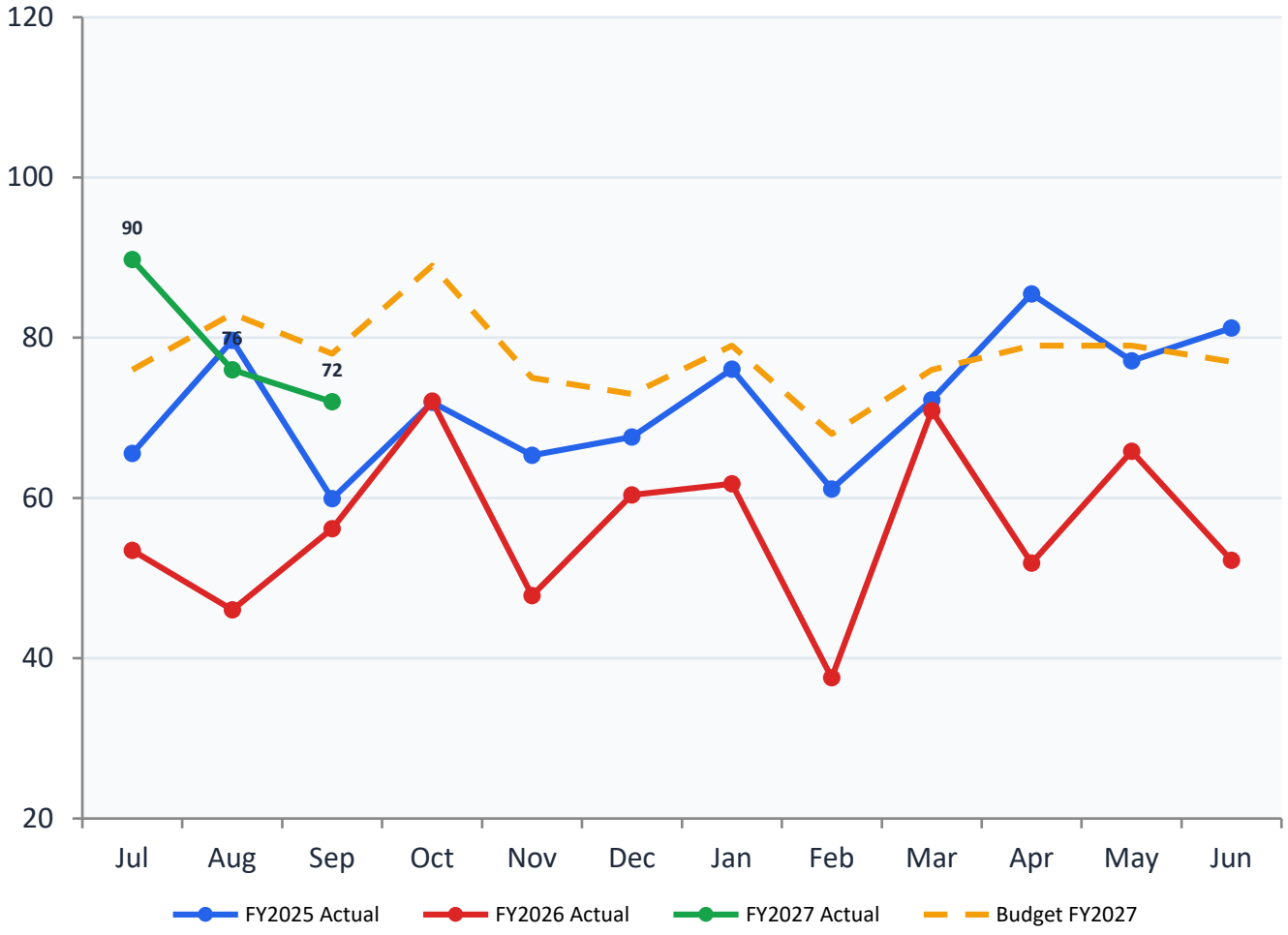

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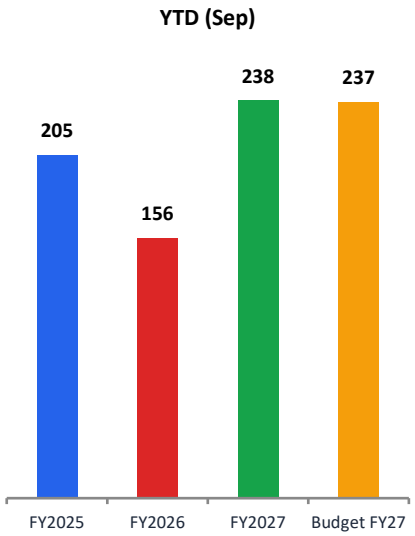
Endoscopy Procedures



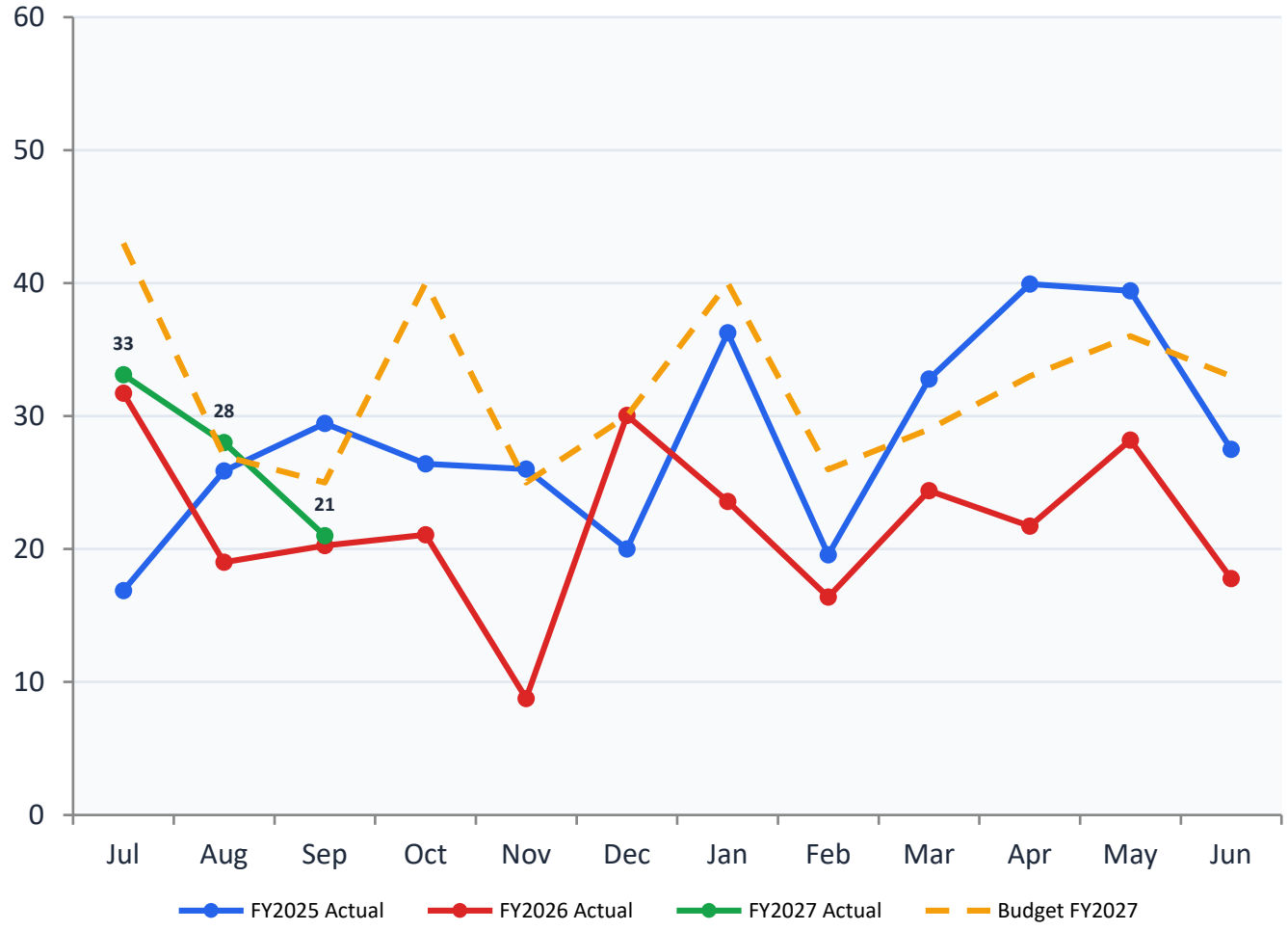


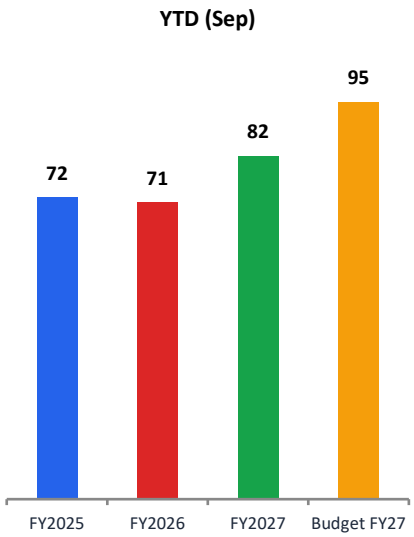
Robotic Surgery (IP & OP) - 100 Min Units



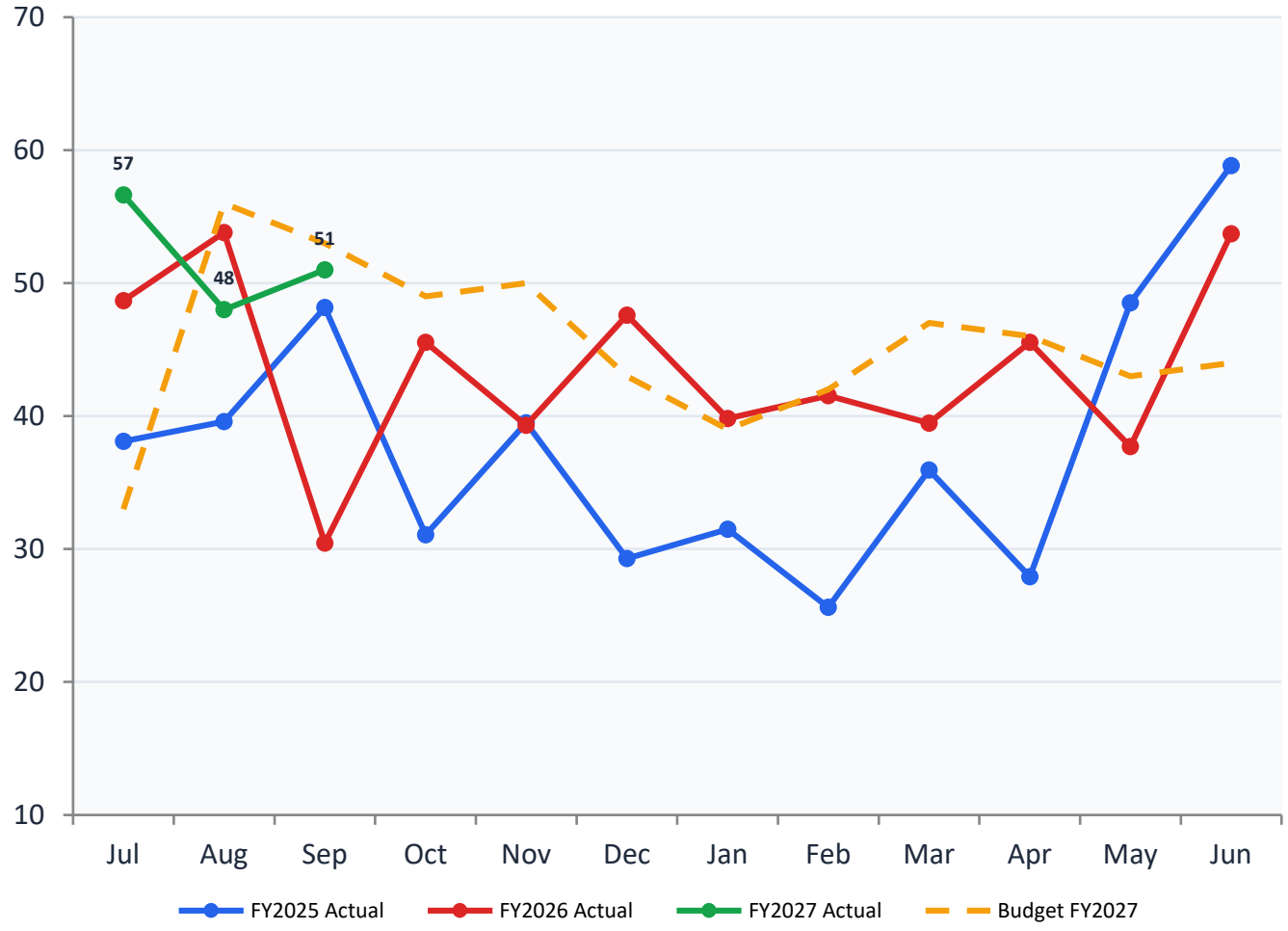


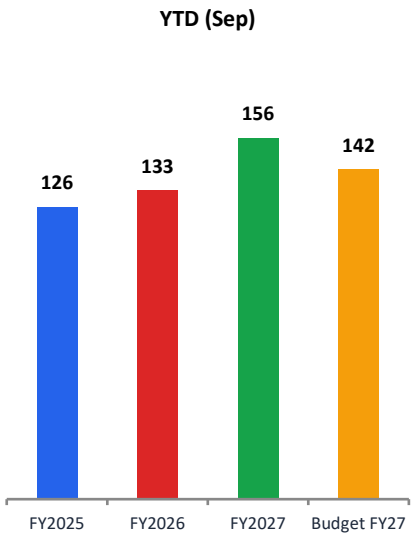
Robotic Surgery Minutes (IP Only)



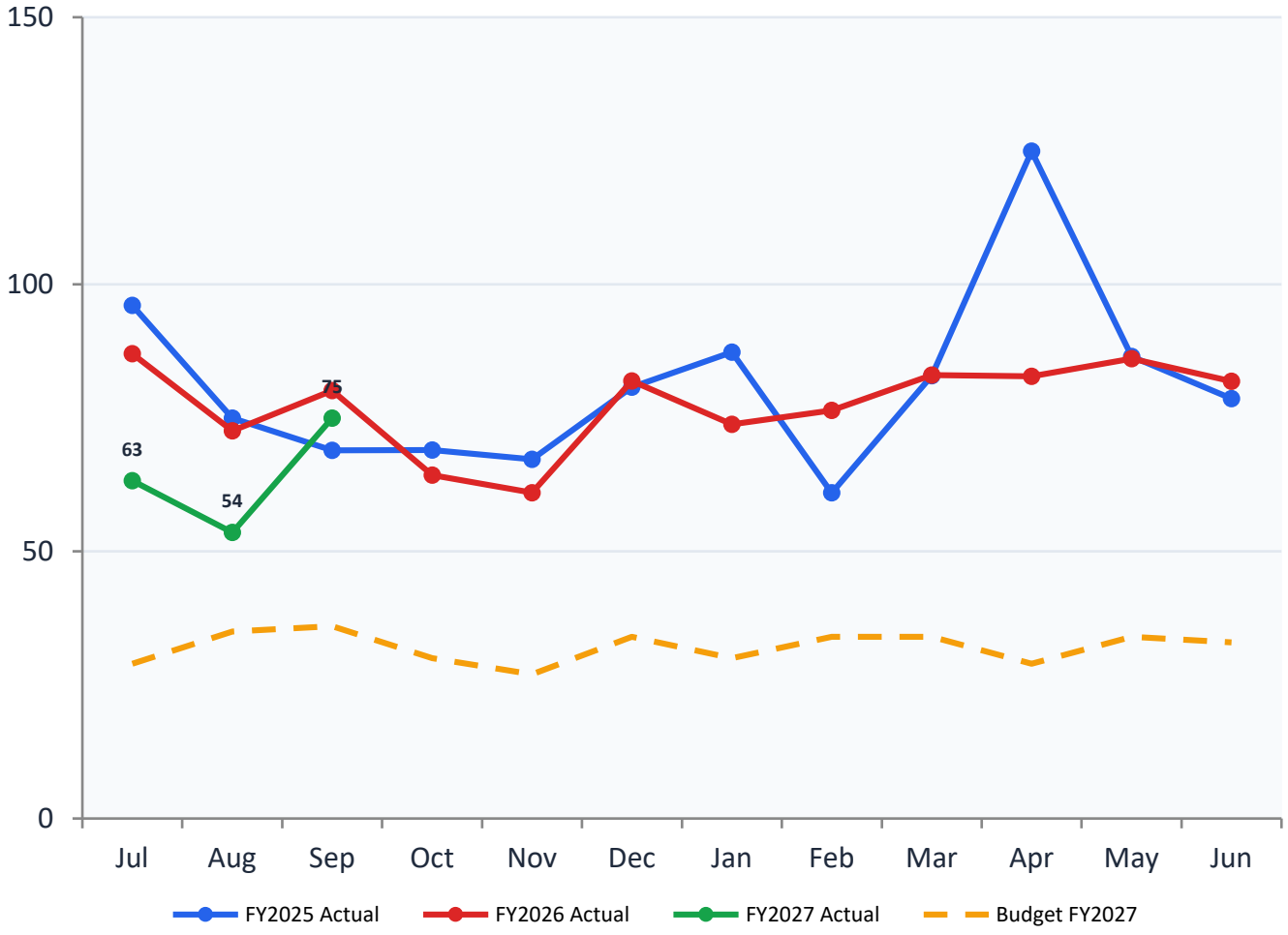


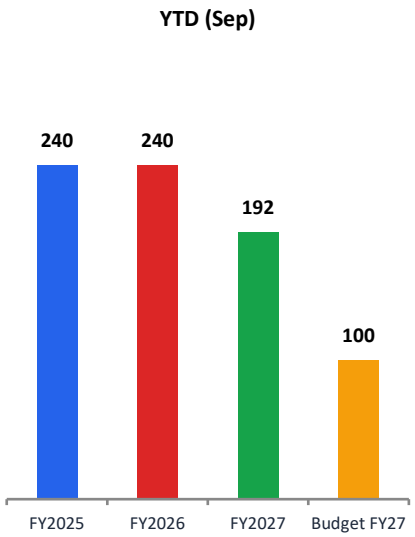
Robotic Surgery Minutes (OP Only)



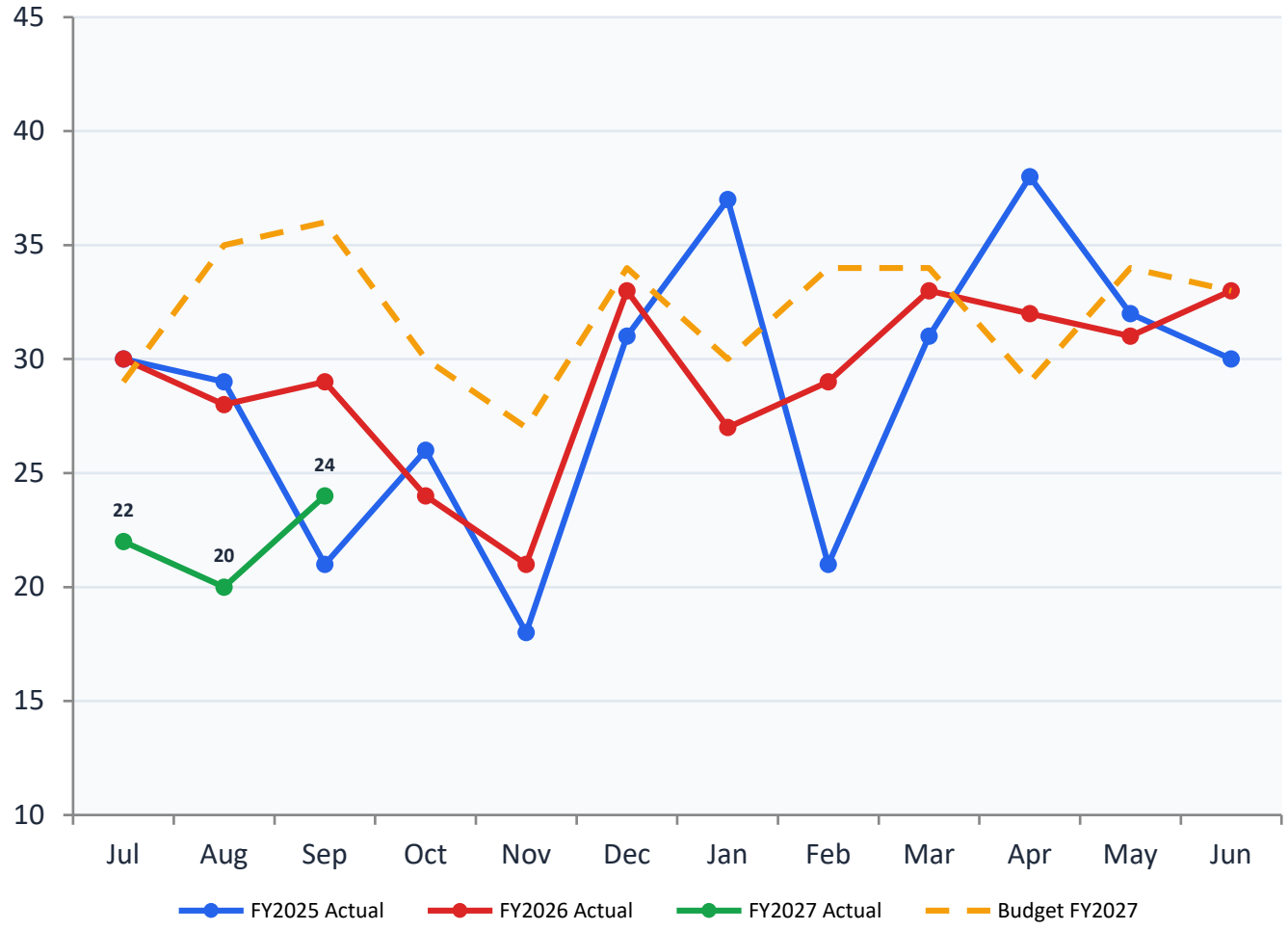


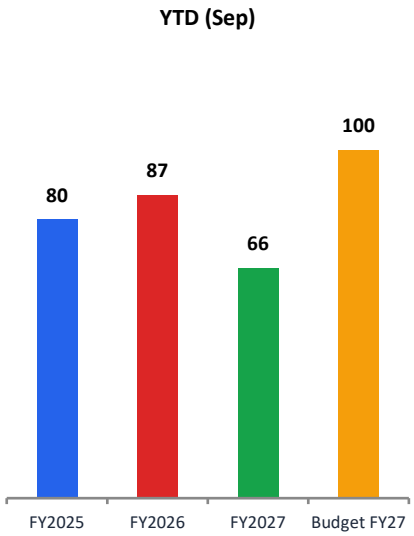
Cardiac Surgery - 100 Min Units



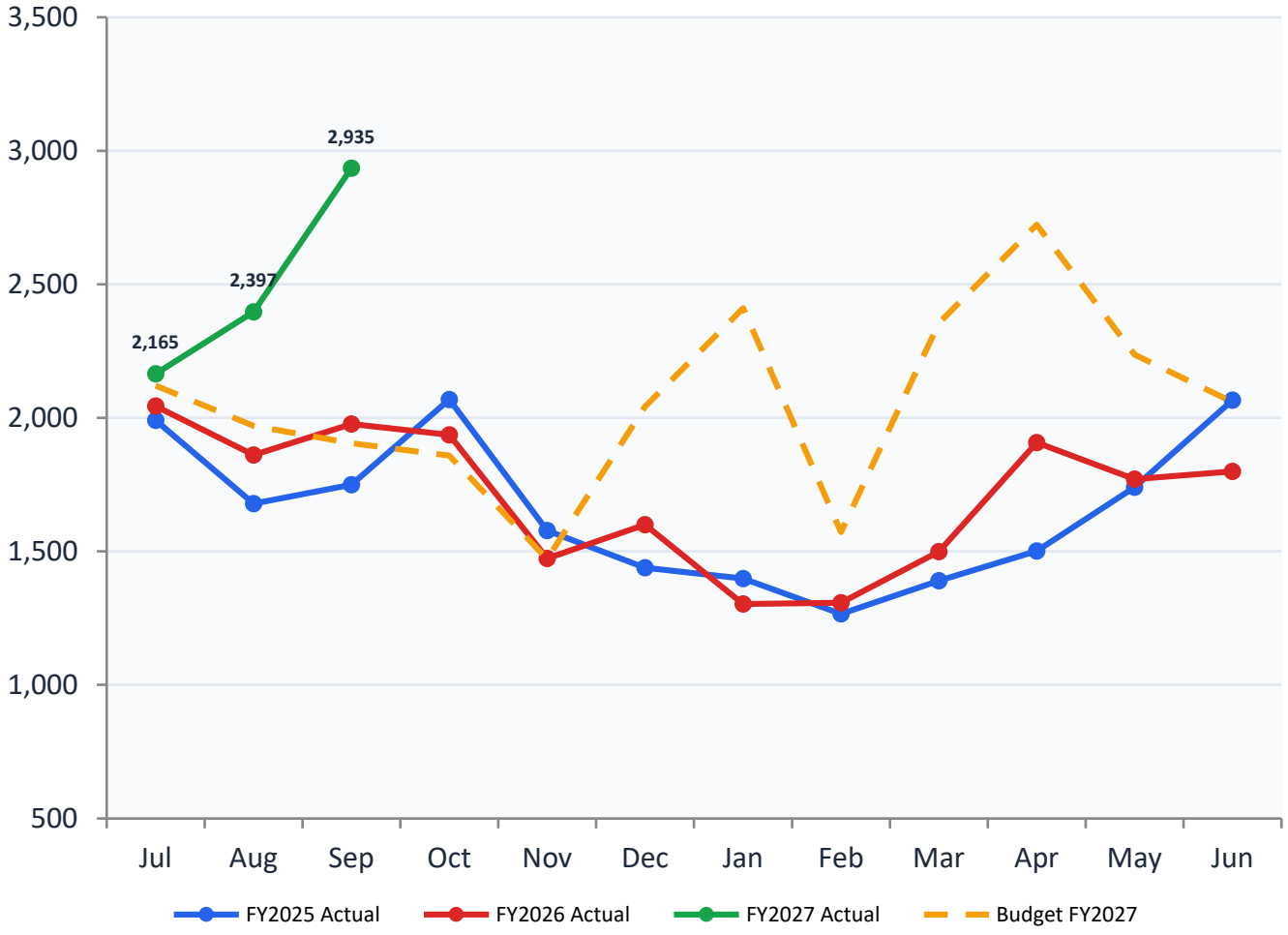


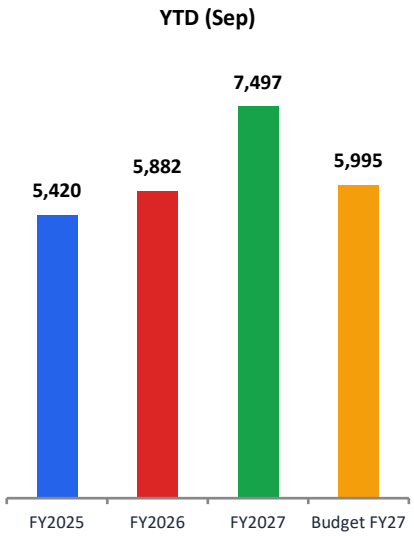
Cardiac Surgery Cases



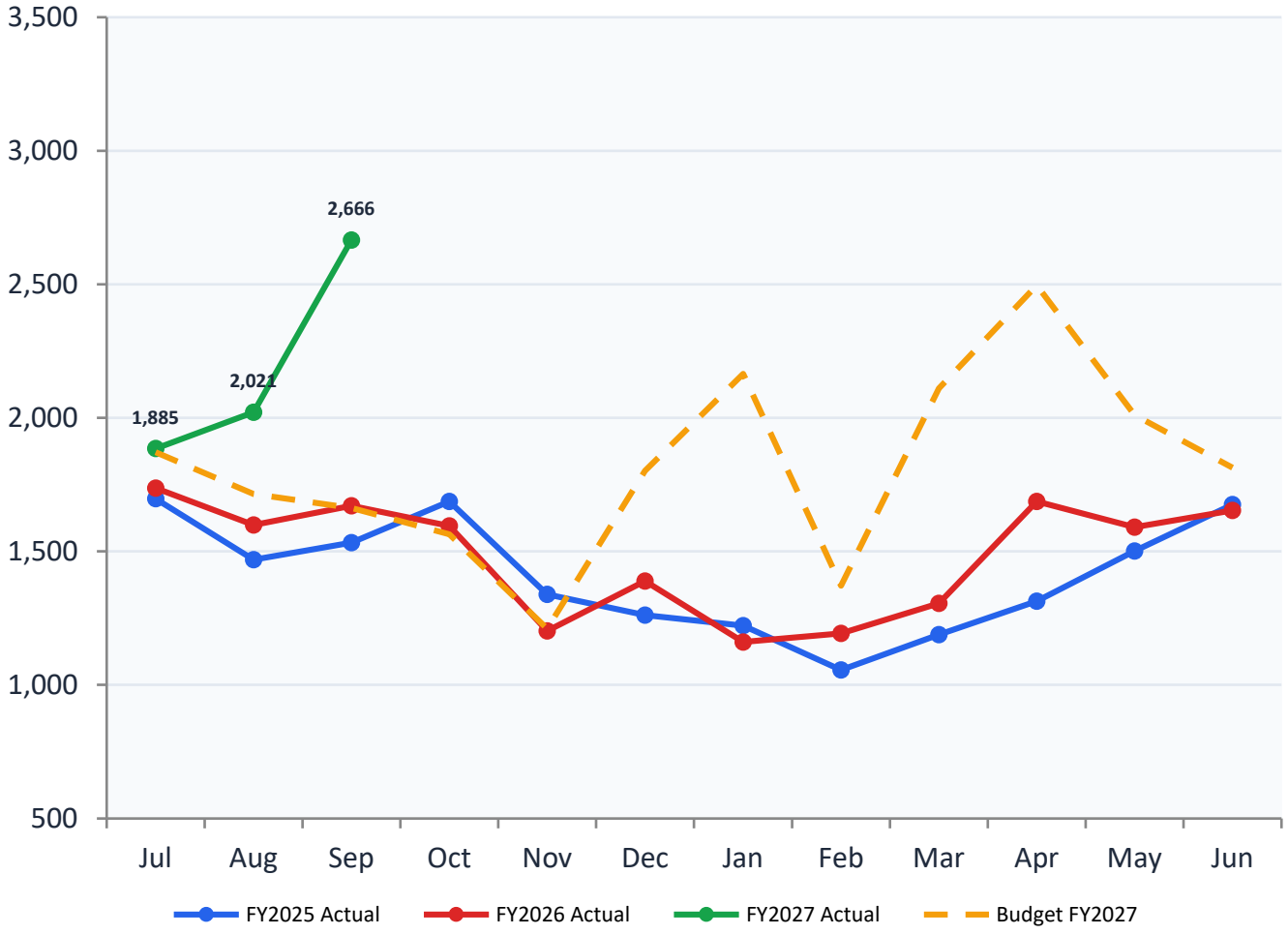


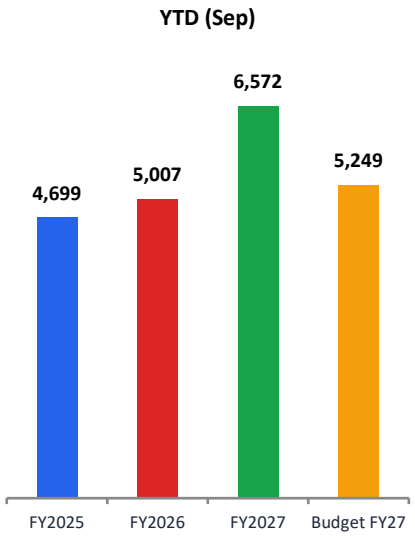
Rad Onc Treatments (Vis. & Hanf.)



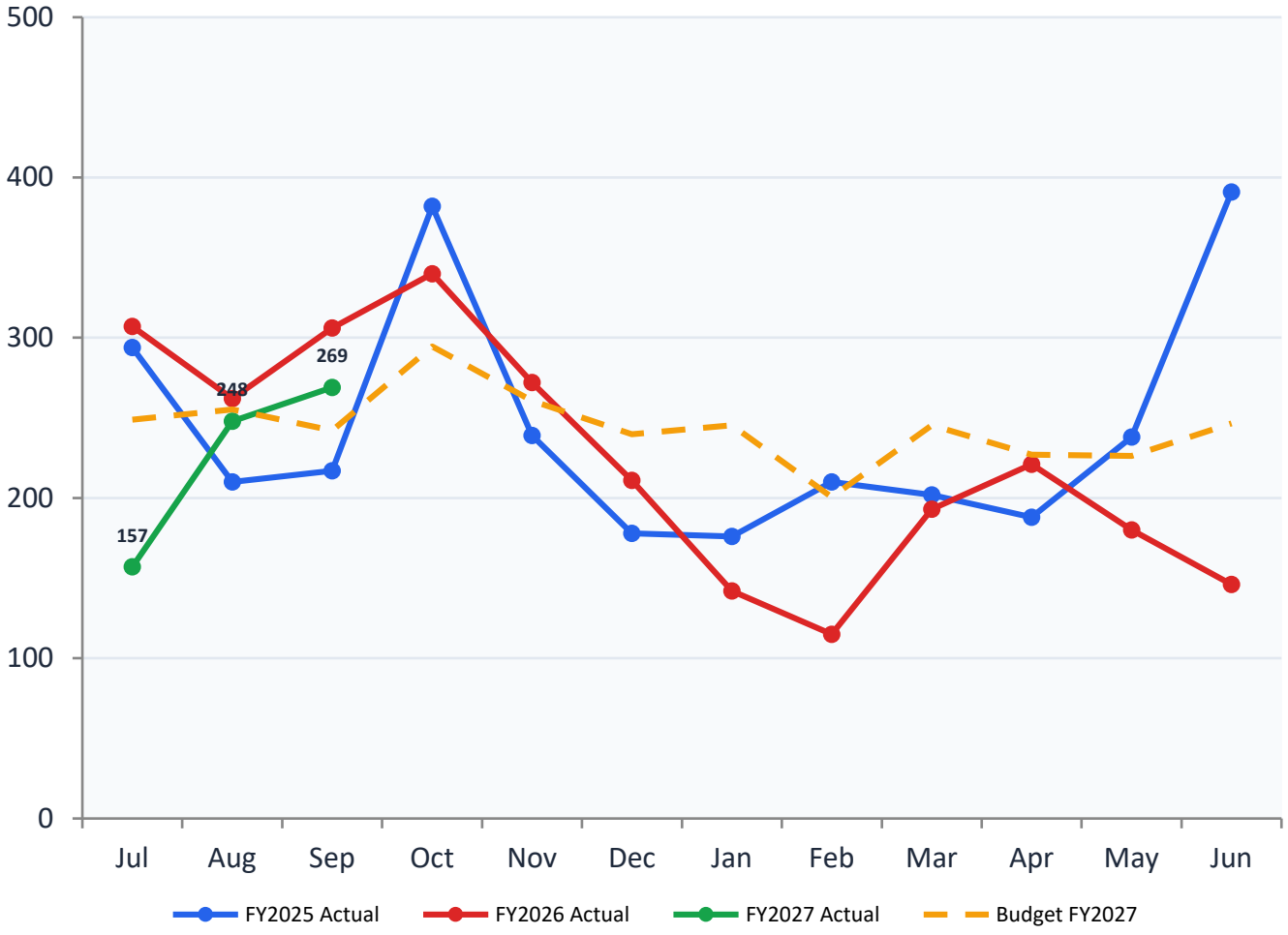


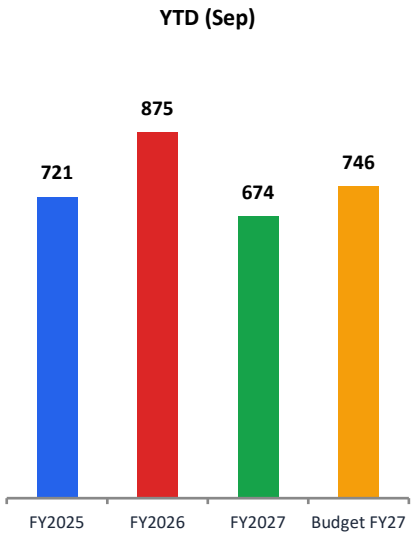
Rad Onc Visalia



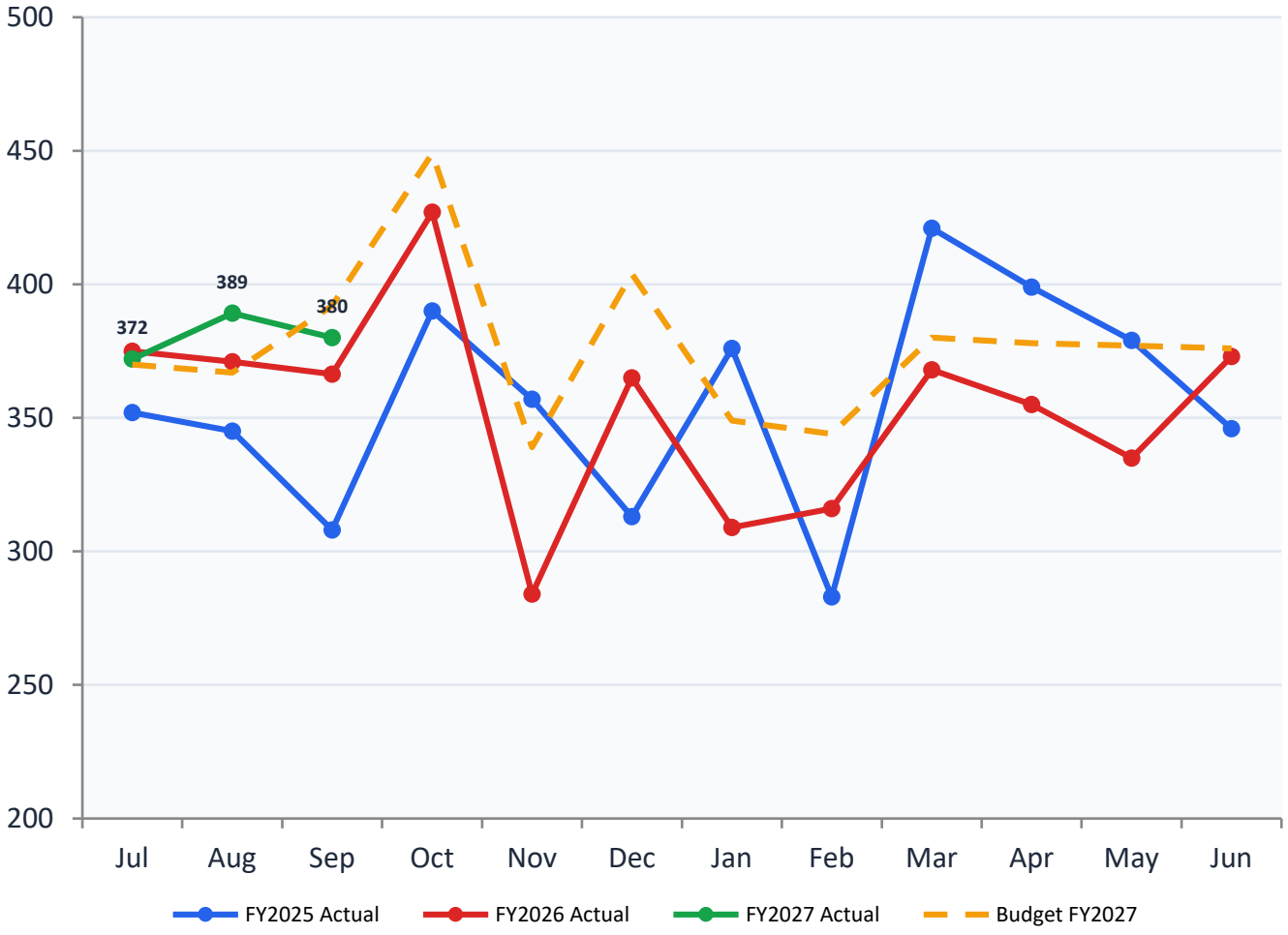


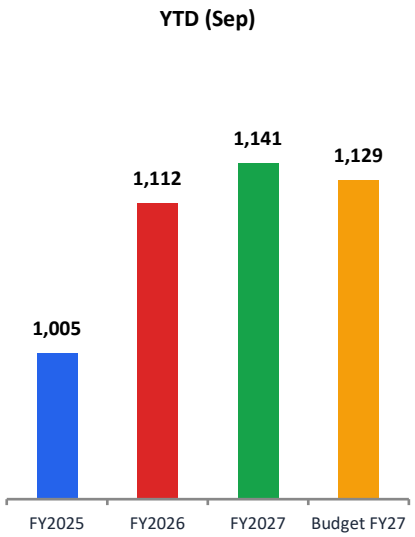
Rad Onc Hanford



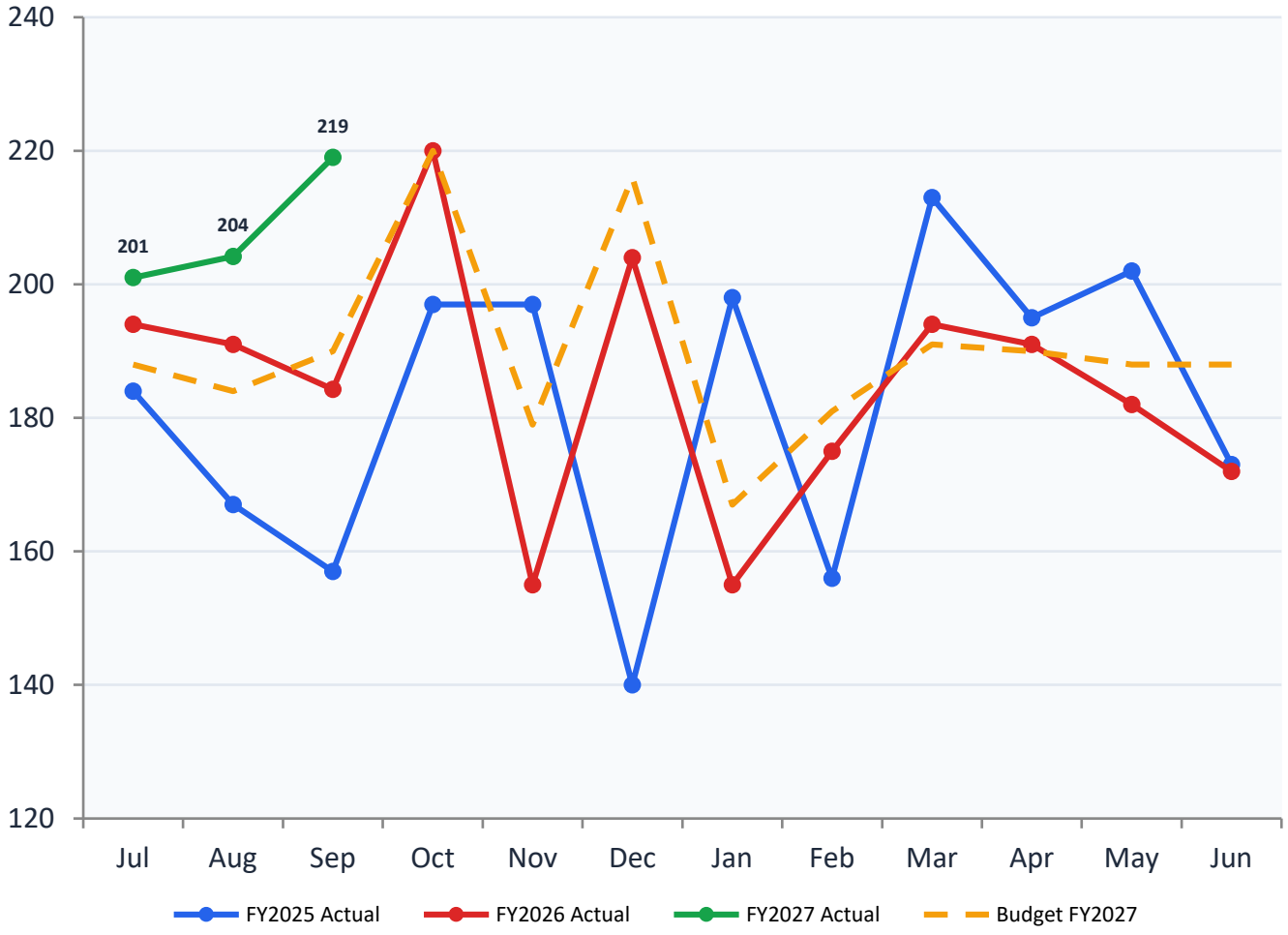


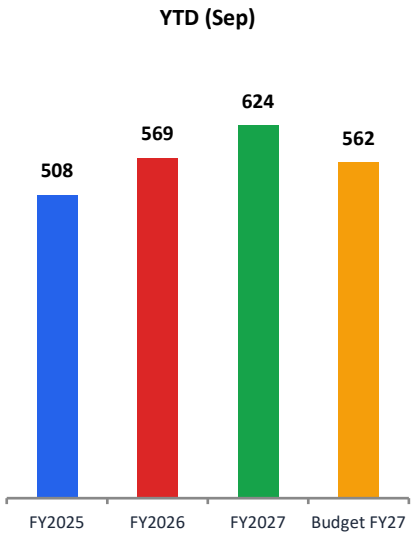
Cath Lab (IP & OP) - 100 Min Units



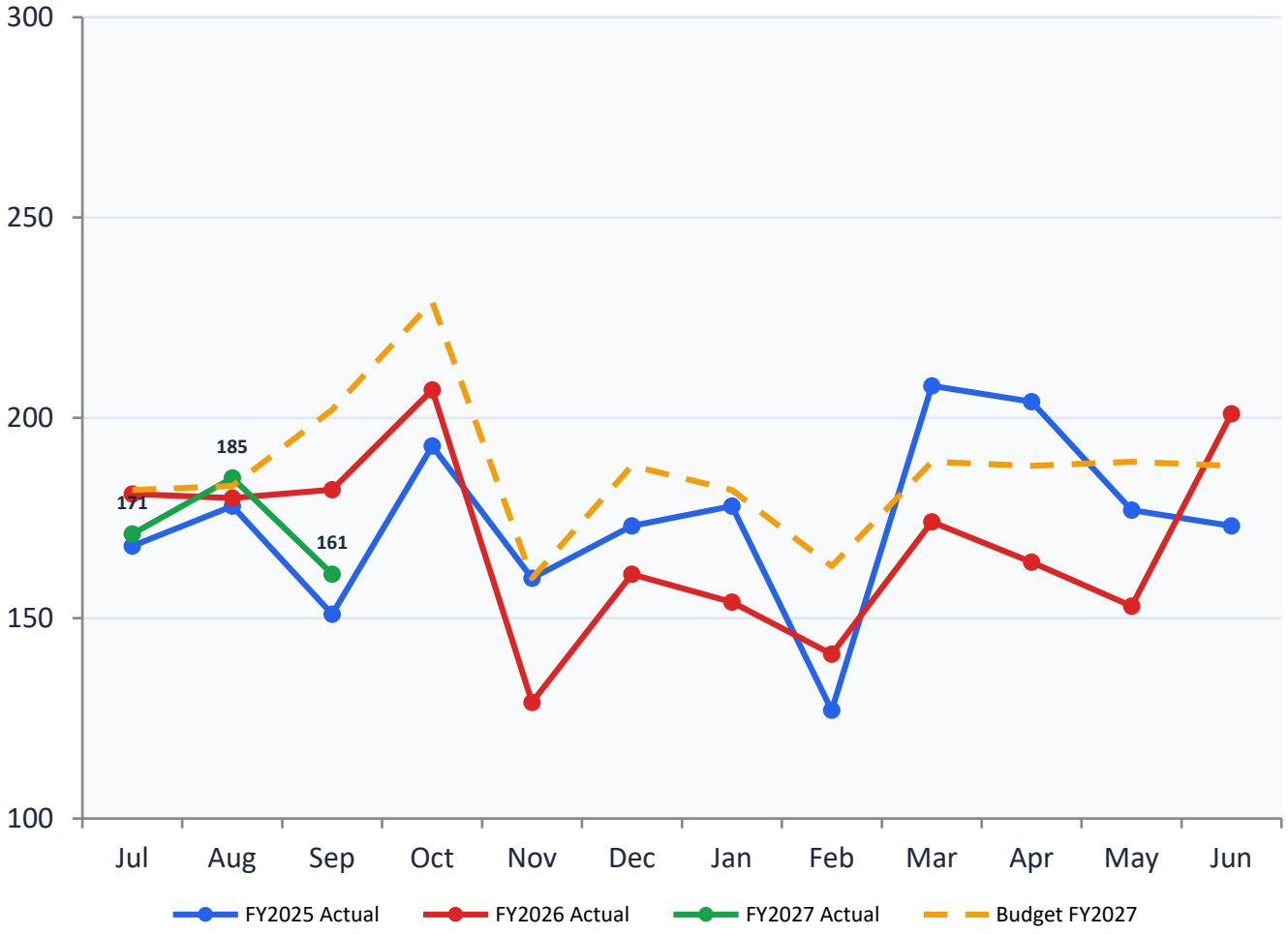


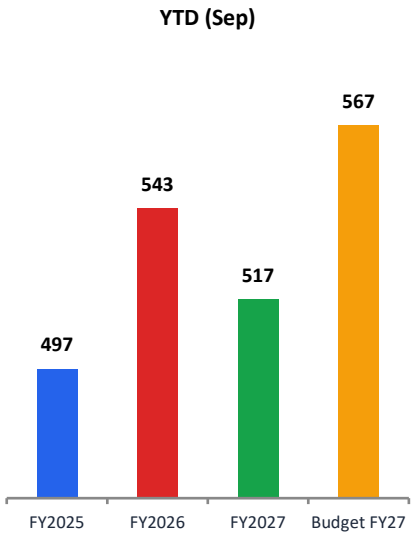
Cath Lab (IP Only) – 100 Min Units



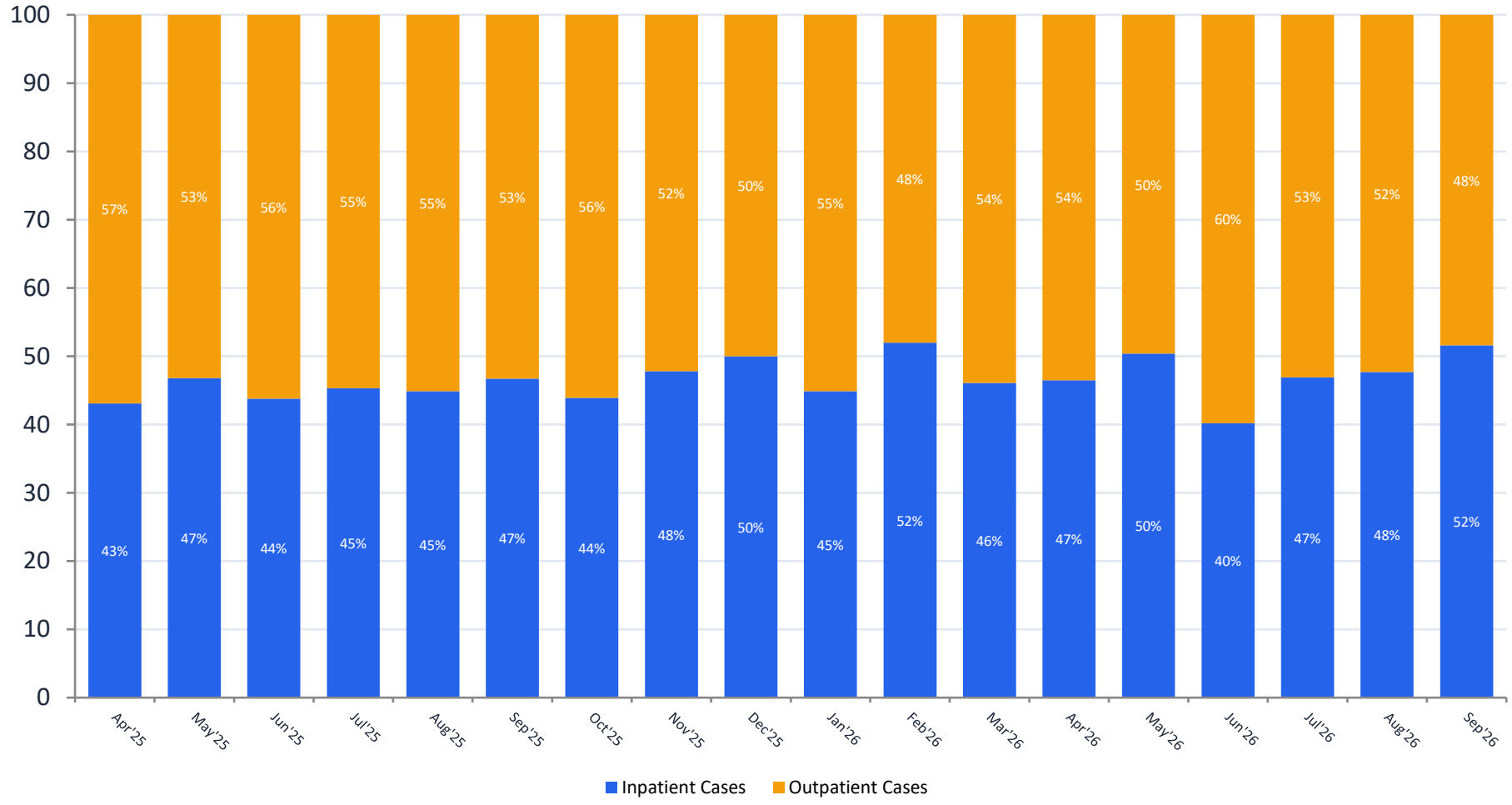


Cath Lab (OP Only) – 100 Min Units

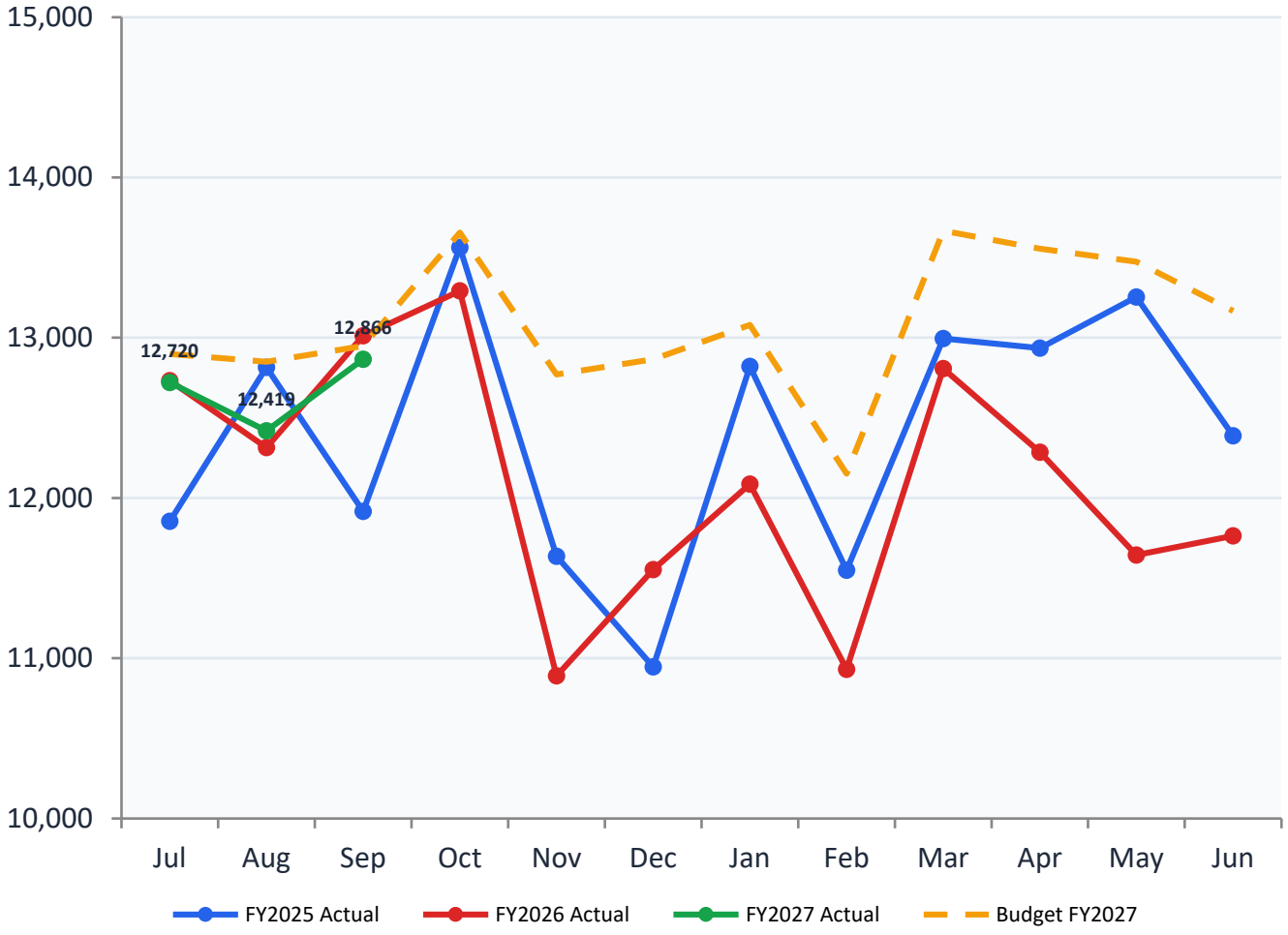


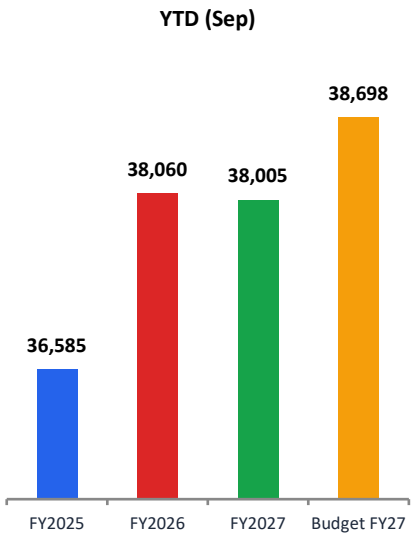


Cath Lab Patients (IP & OP)

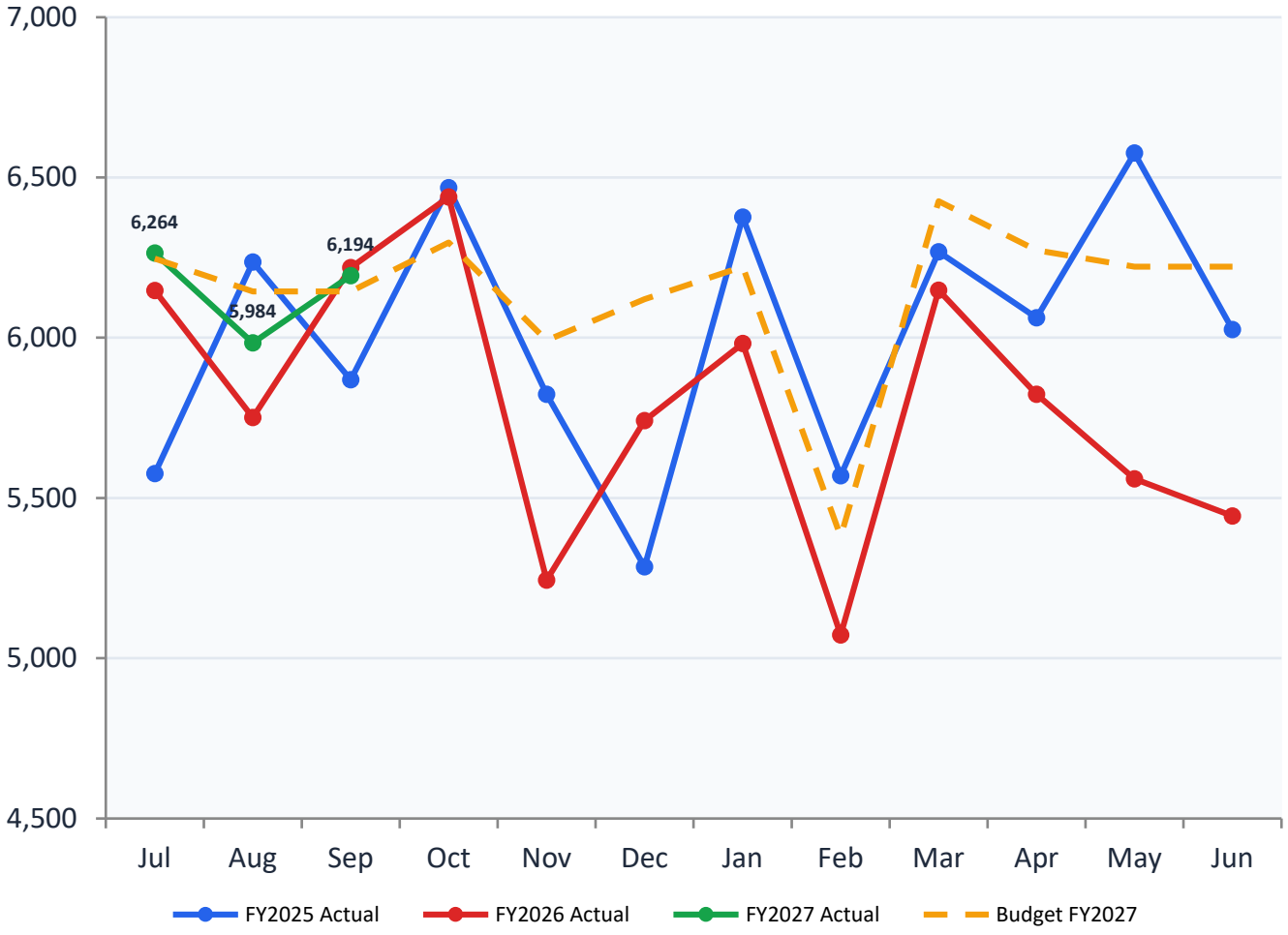


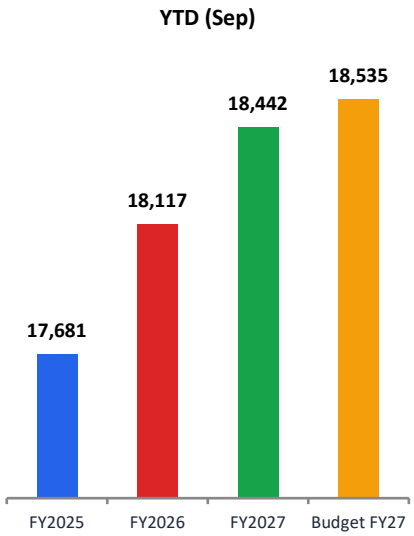
Rural Health Clinics Visits



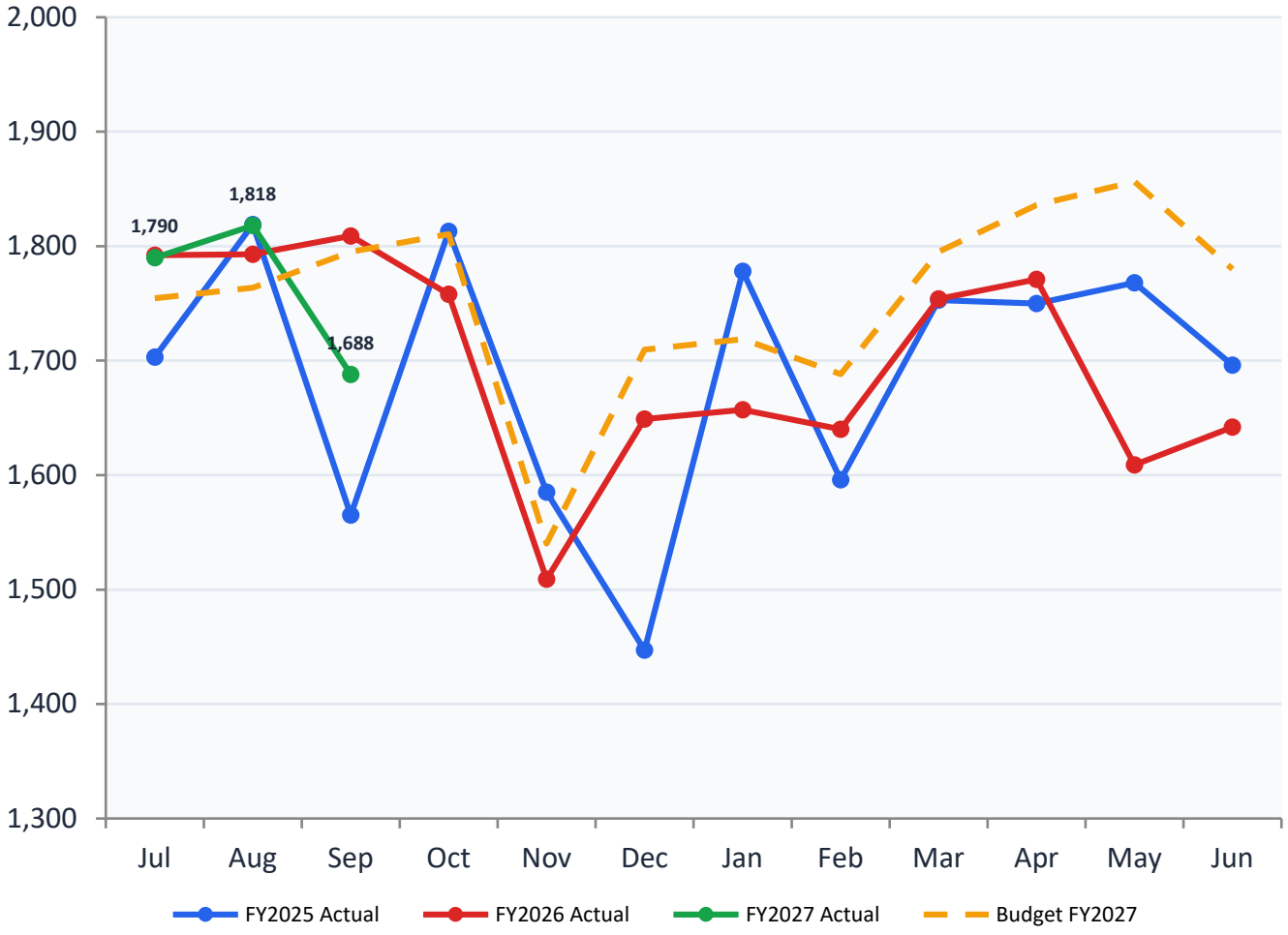


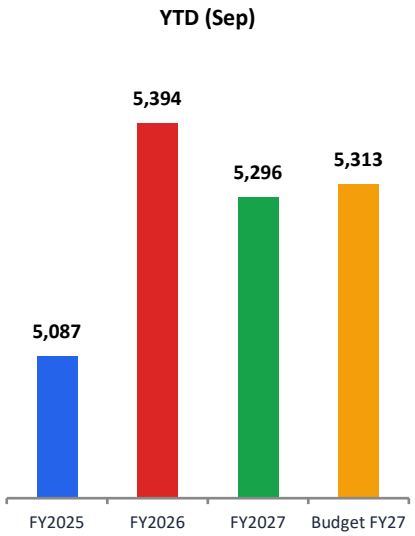
RHC Exeter - Visits



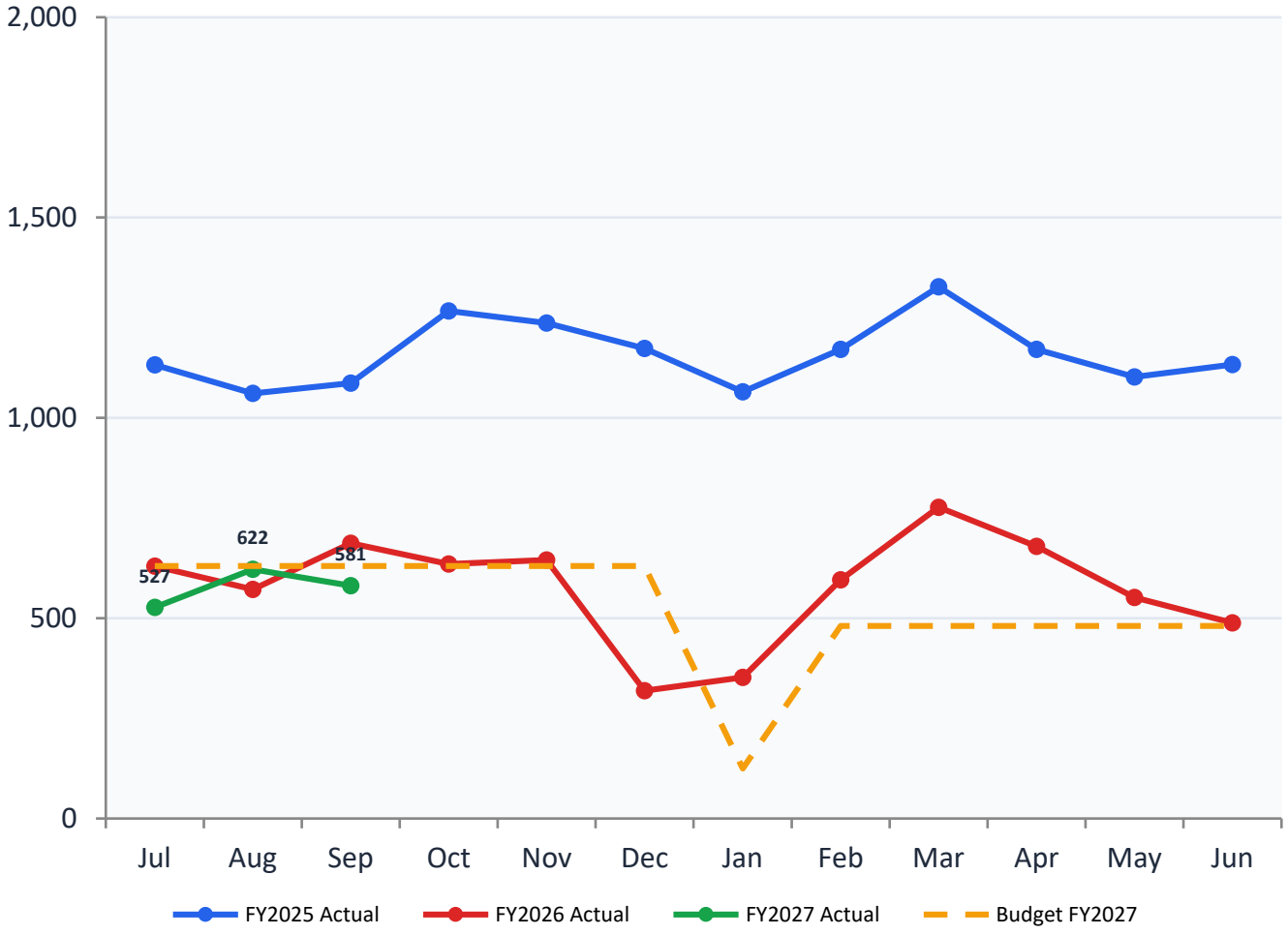


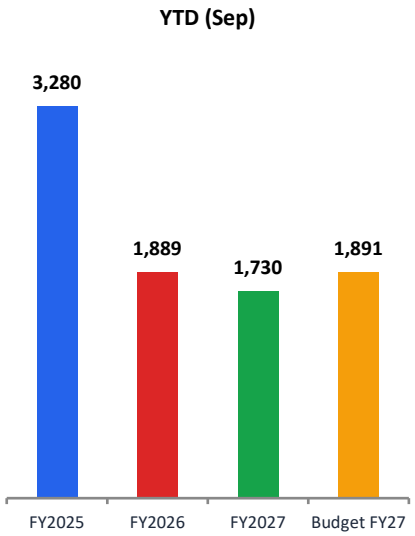
RHC Lindsay - Visits



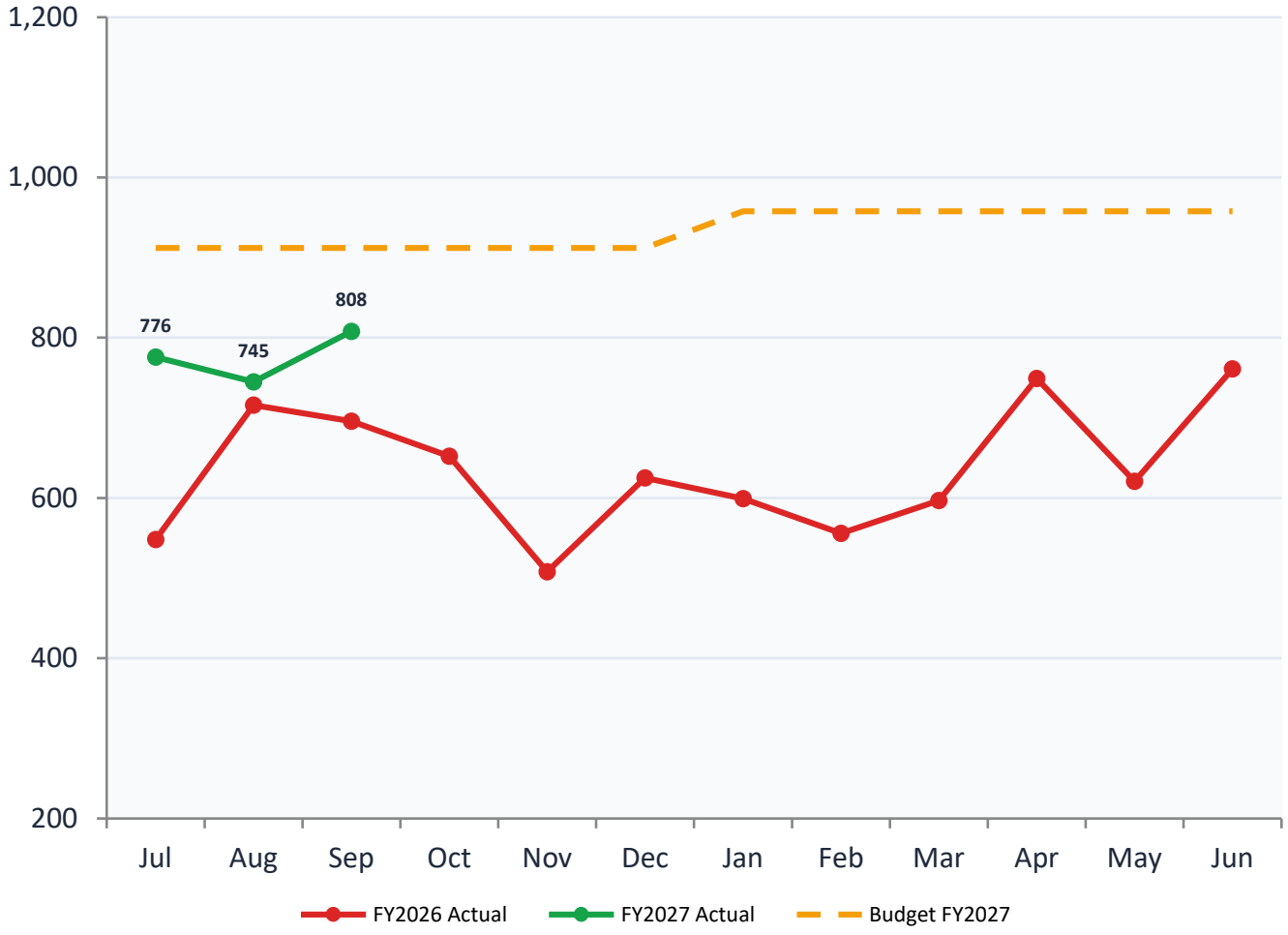


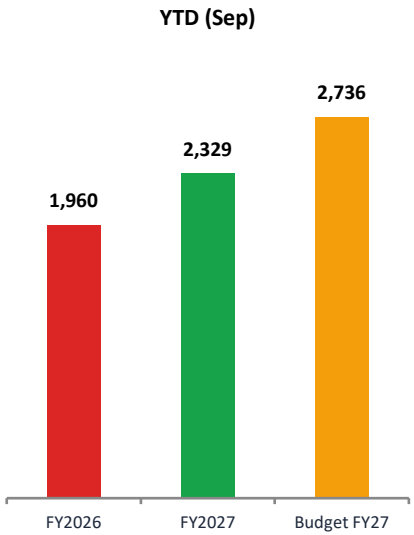
RHC Woodlake - Visits



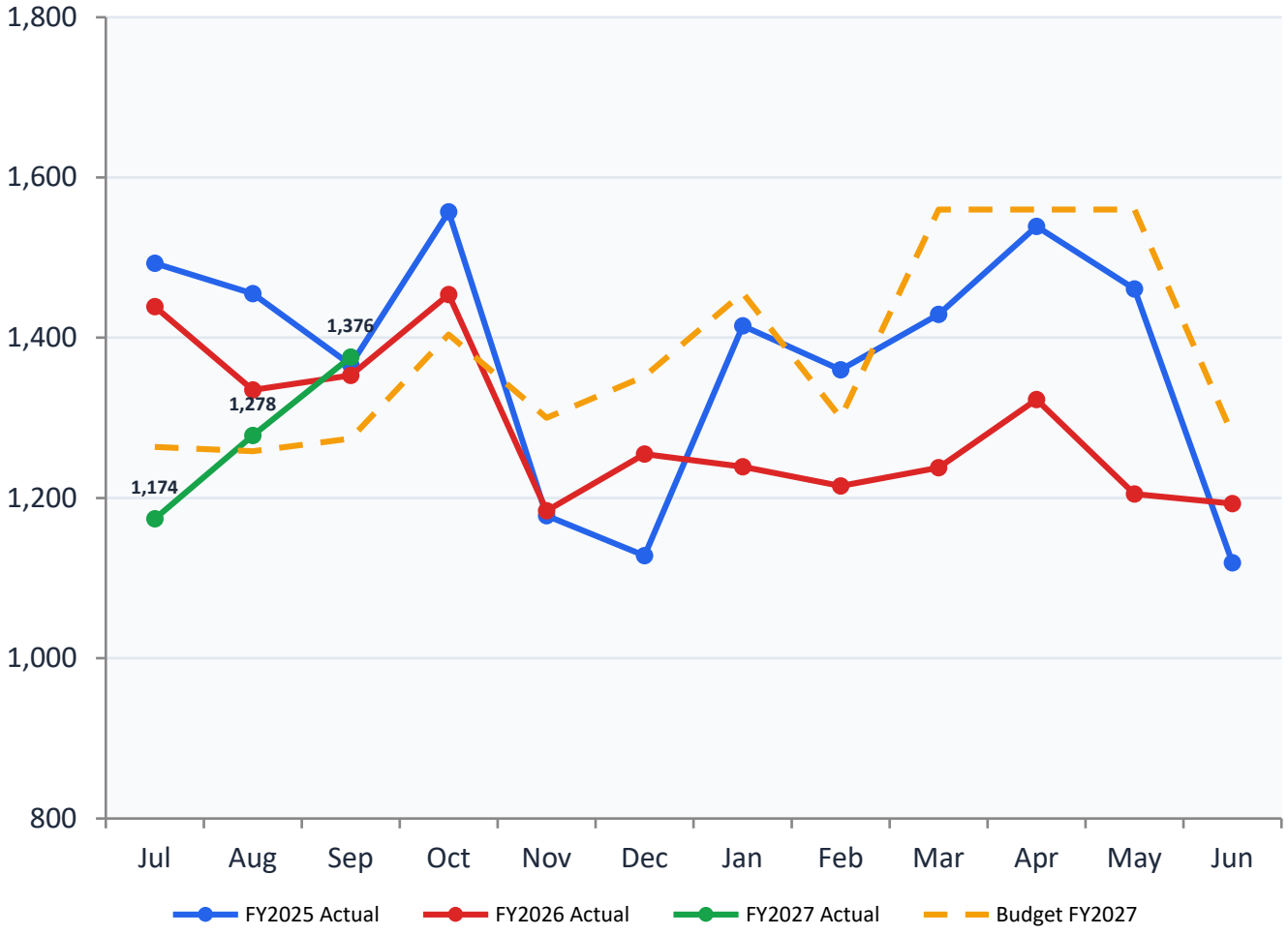


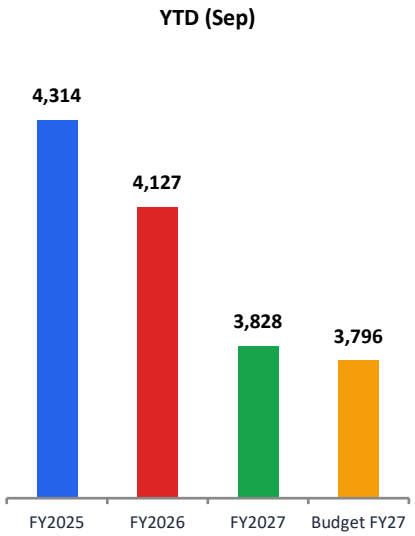
RHC Woodlake Valencia - Visits



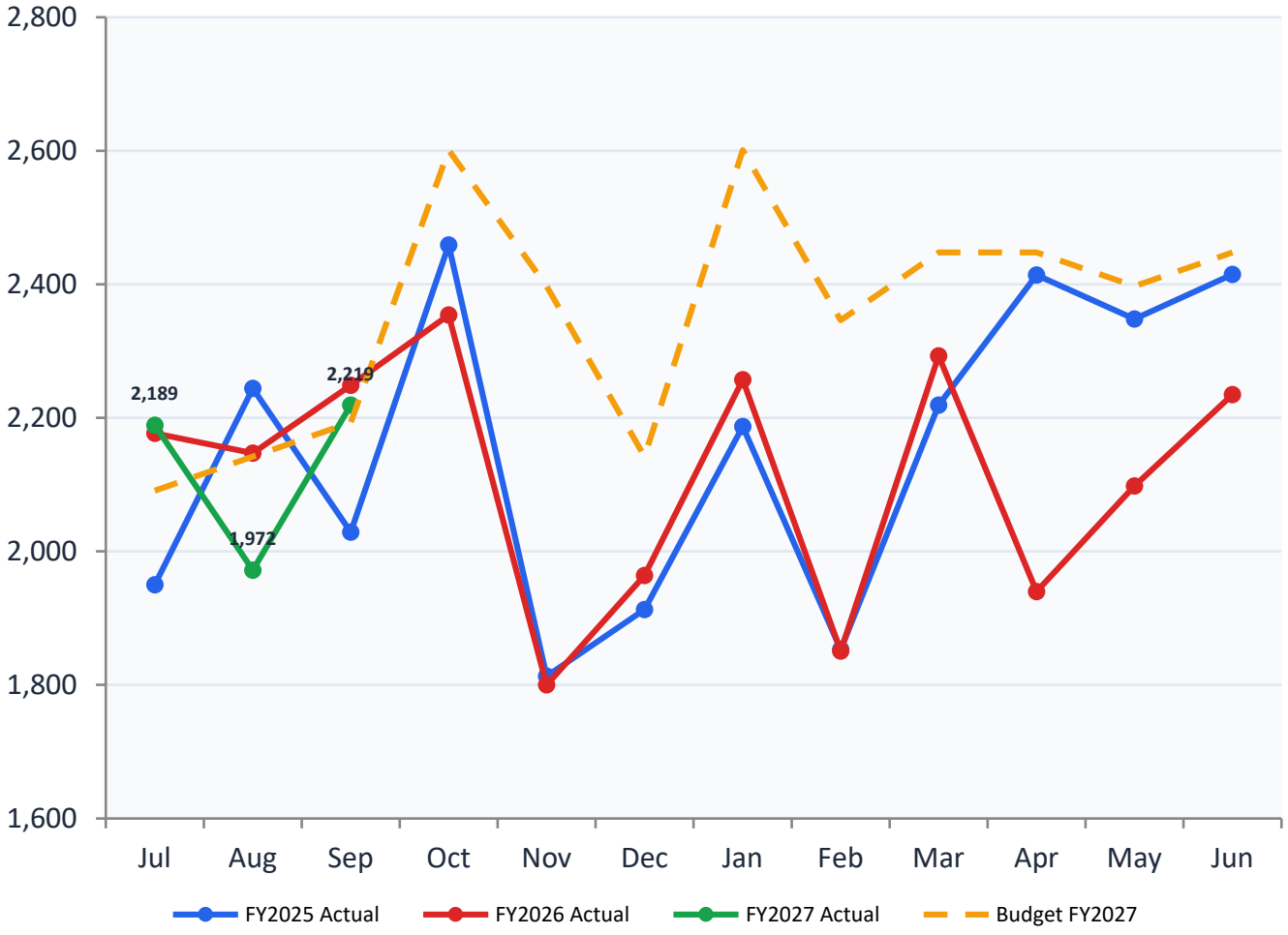


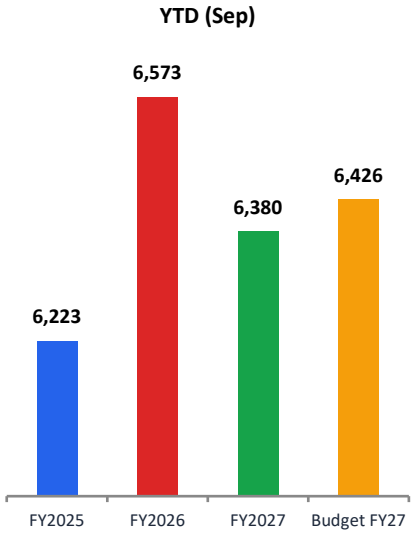
RHC Dinuba - Visits



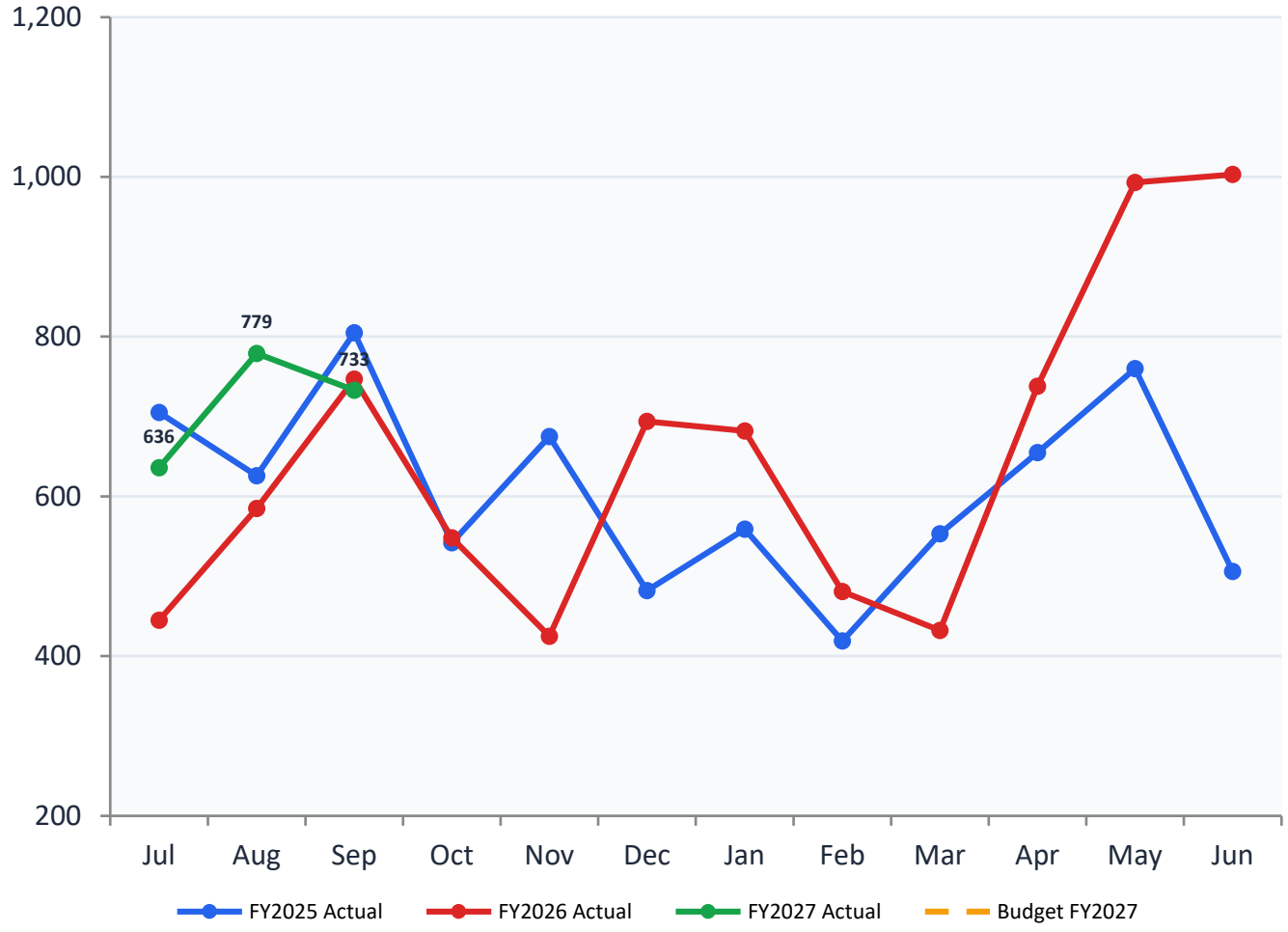


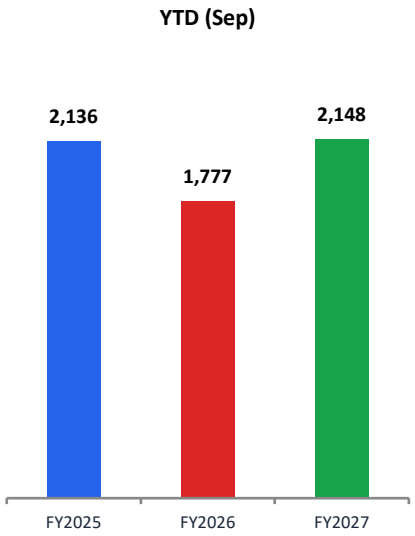
RHC Tulare - Visits



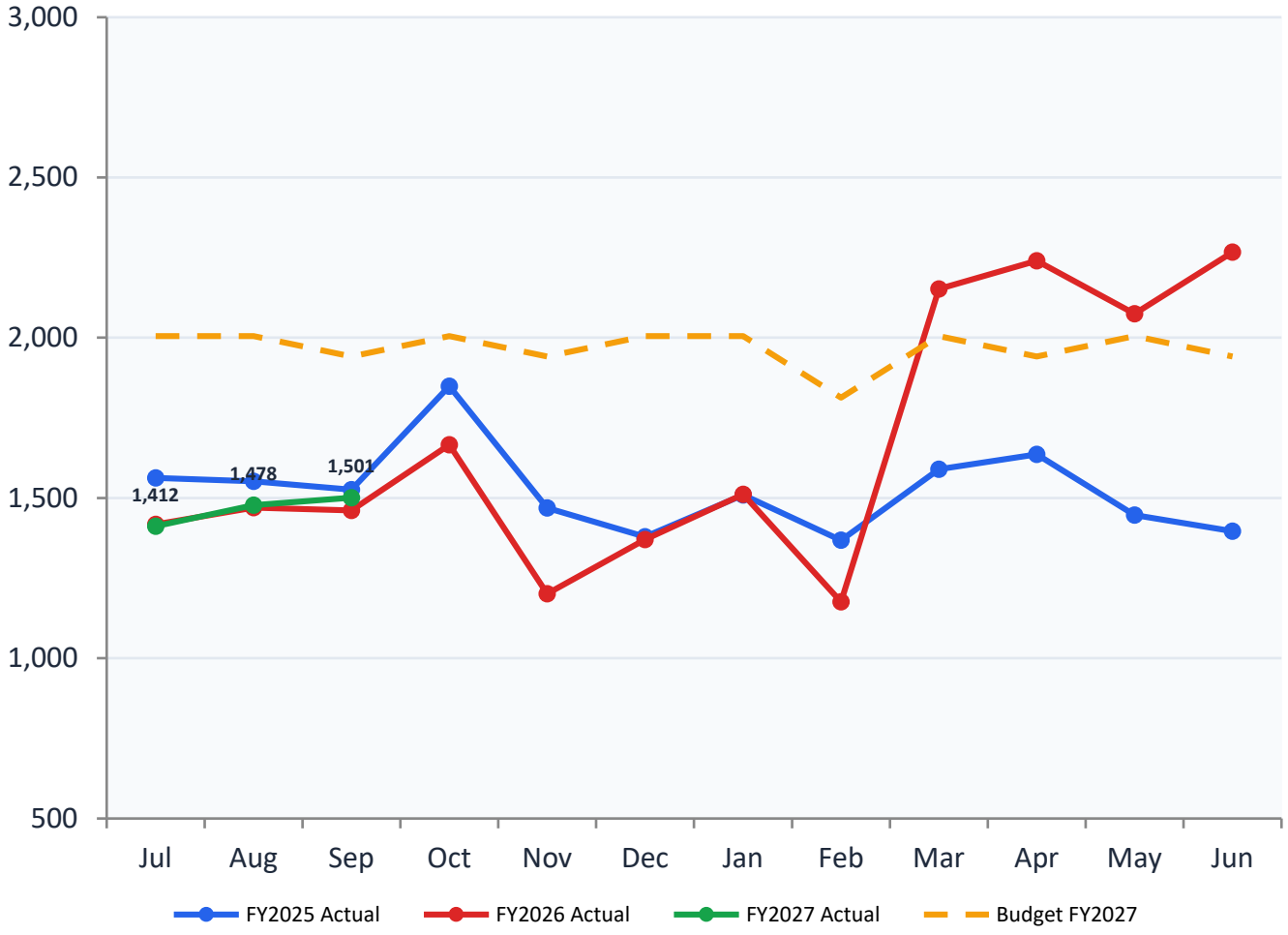


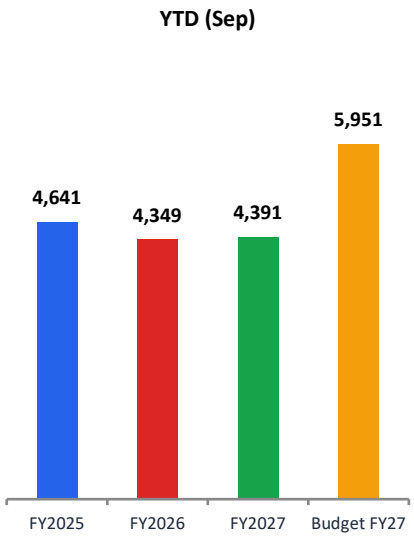
Neurosurgery Clinic - wRVU's



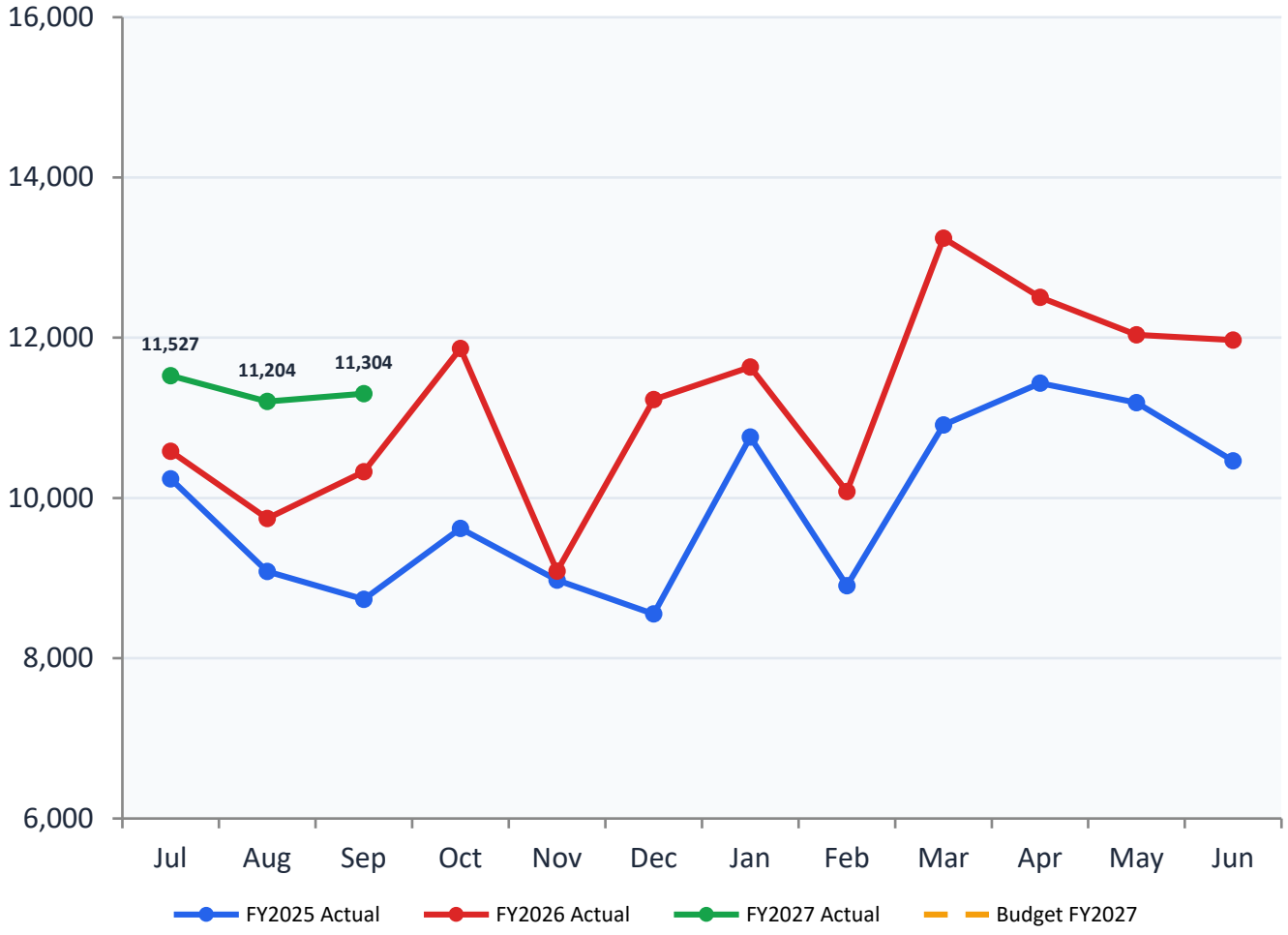


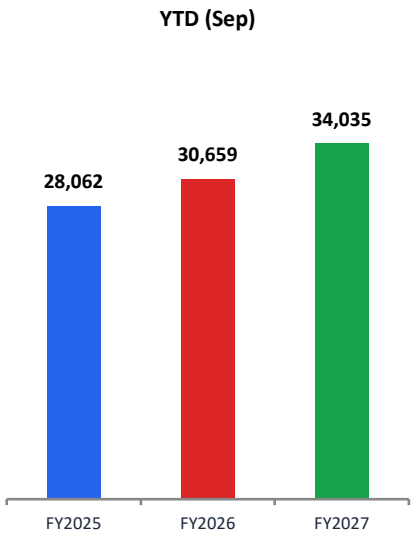
KH Cardiology Center Registrations



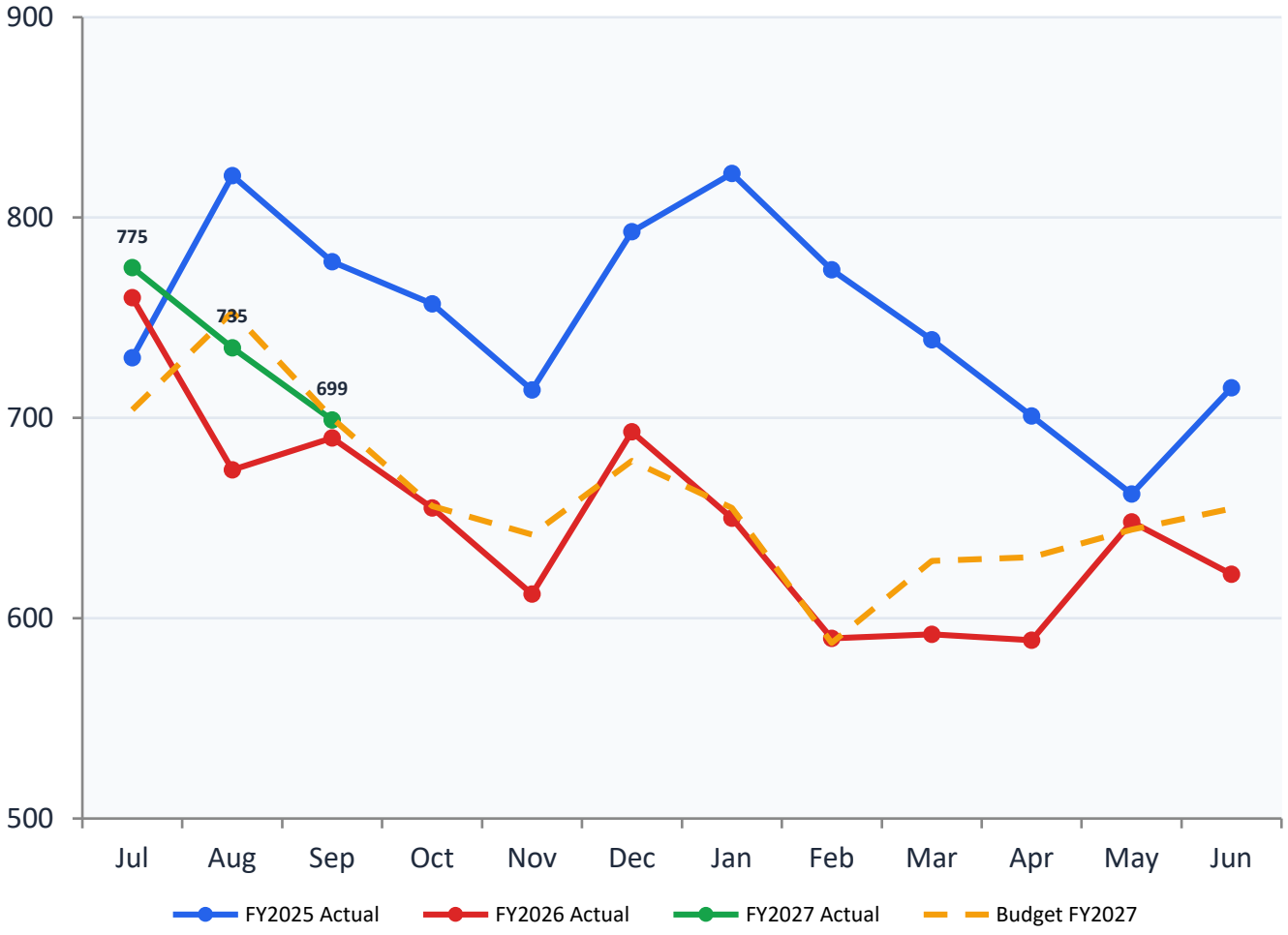


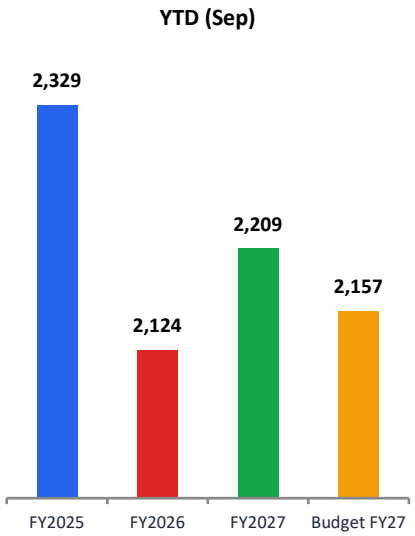
KH Cardiology Center - wRVU's



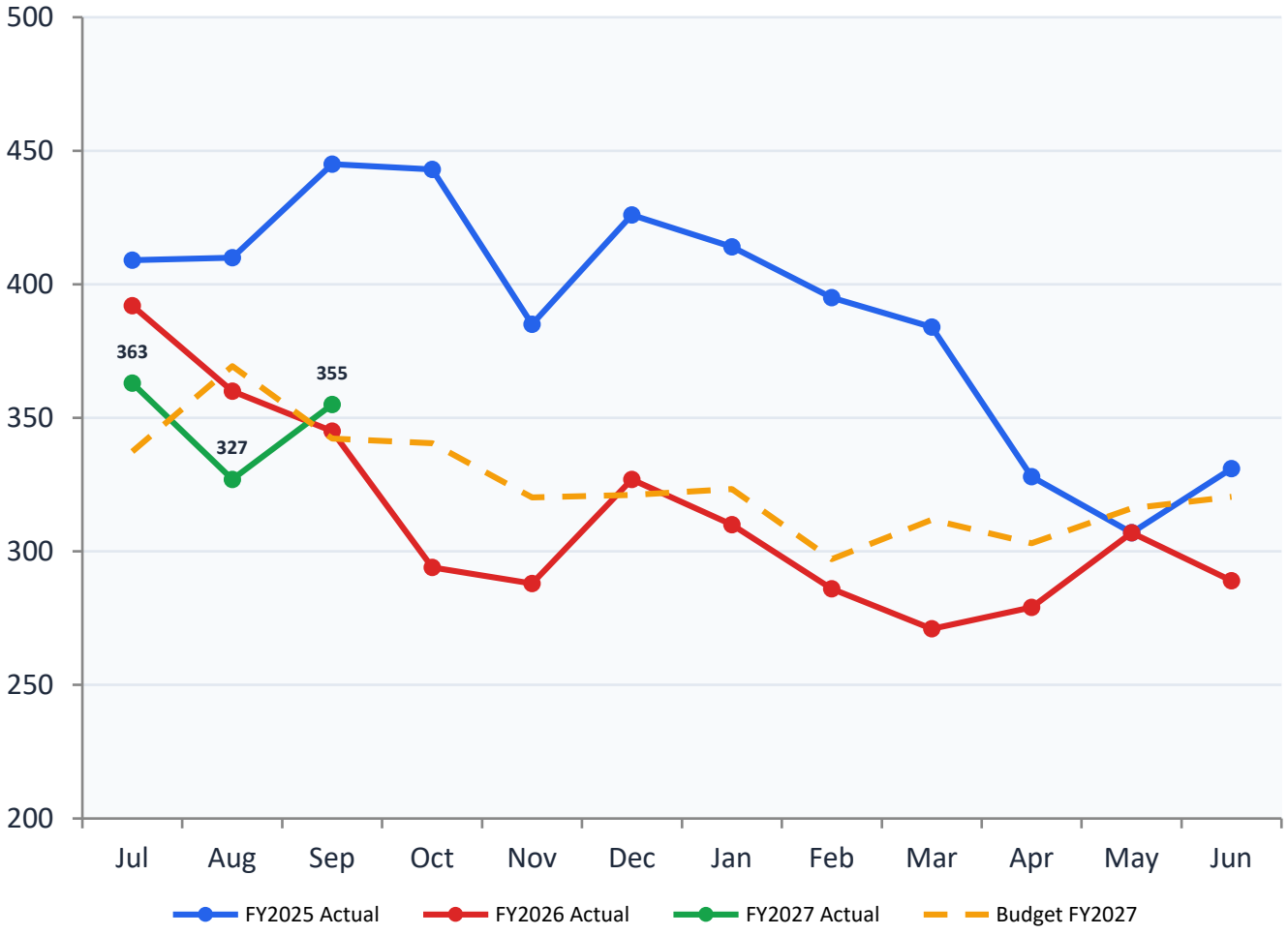


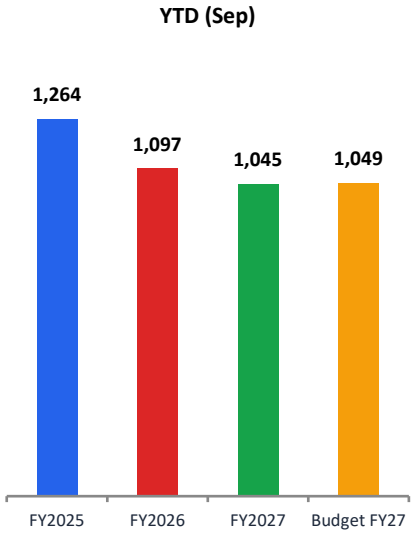
Labor Triage Registrations



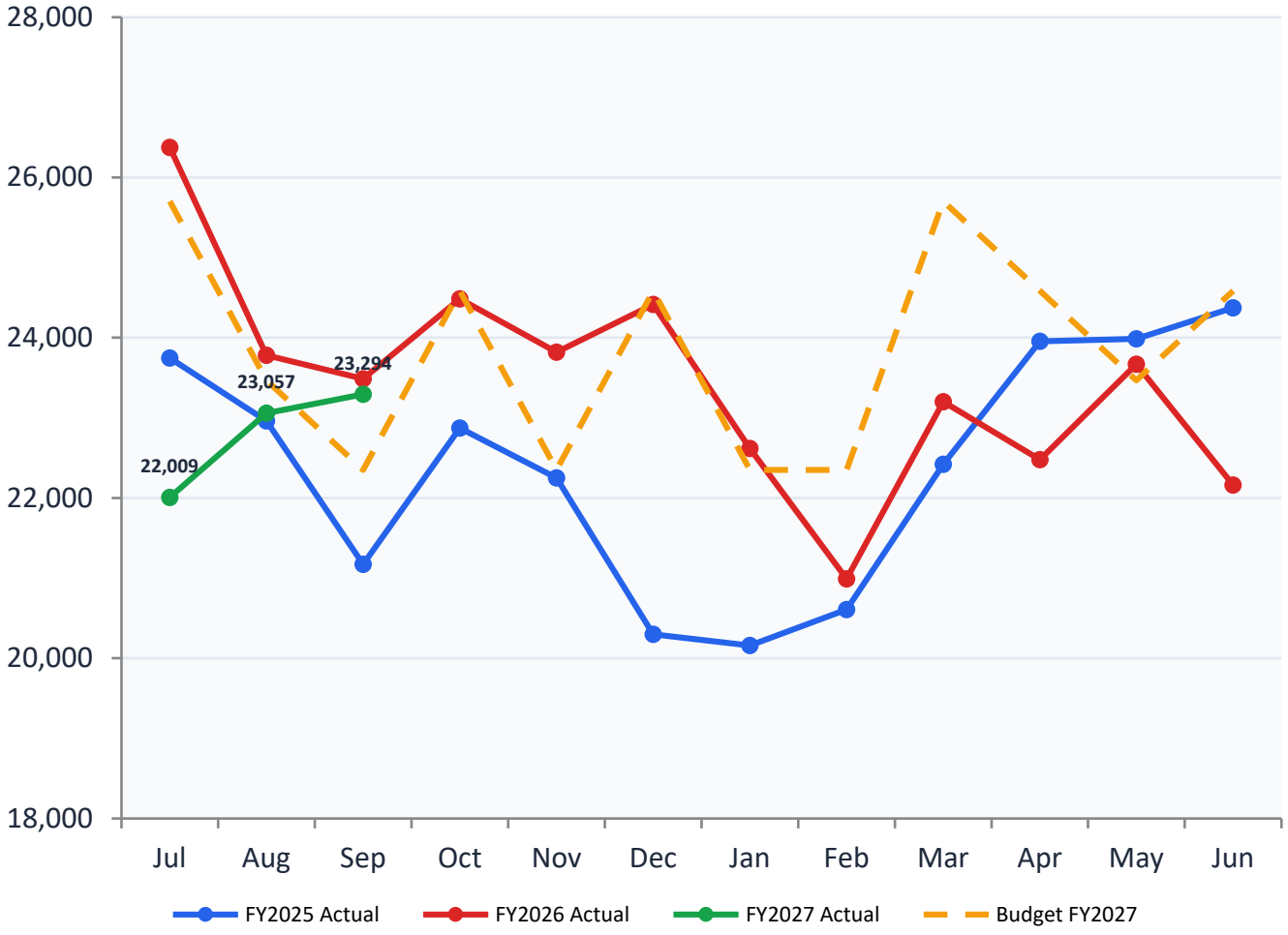


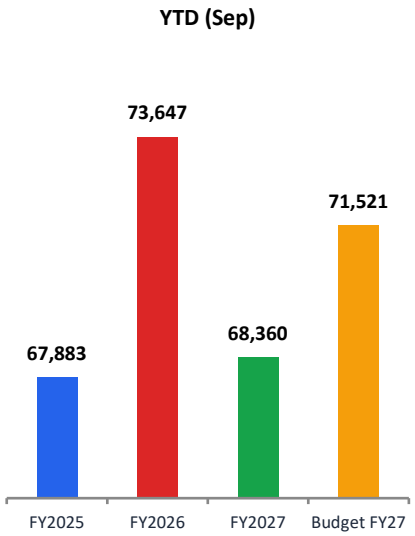
Deliveries


500
450
400
350
300
250
200
363
355
327
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY2025 Actual
FY2026 Actual
FY2027 Actual
Budget FY2027

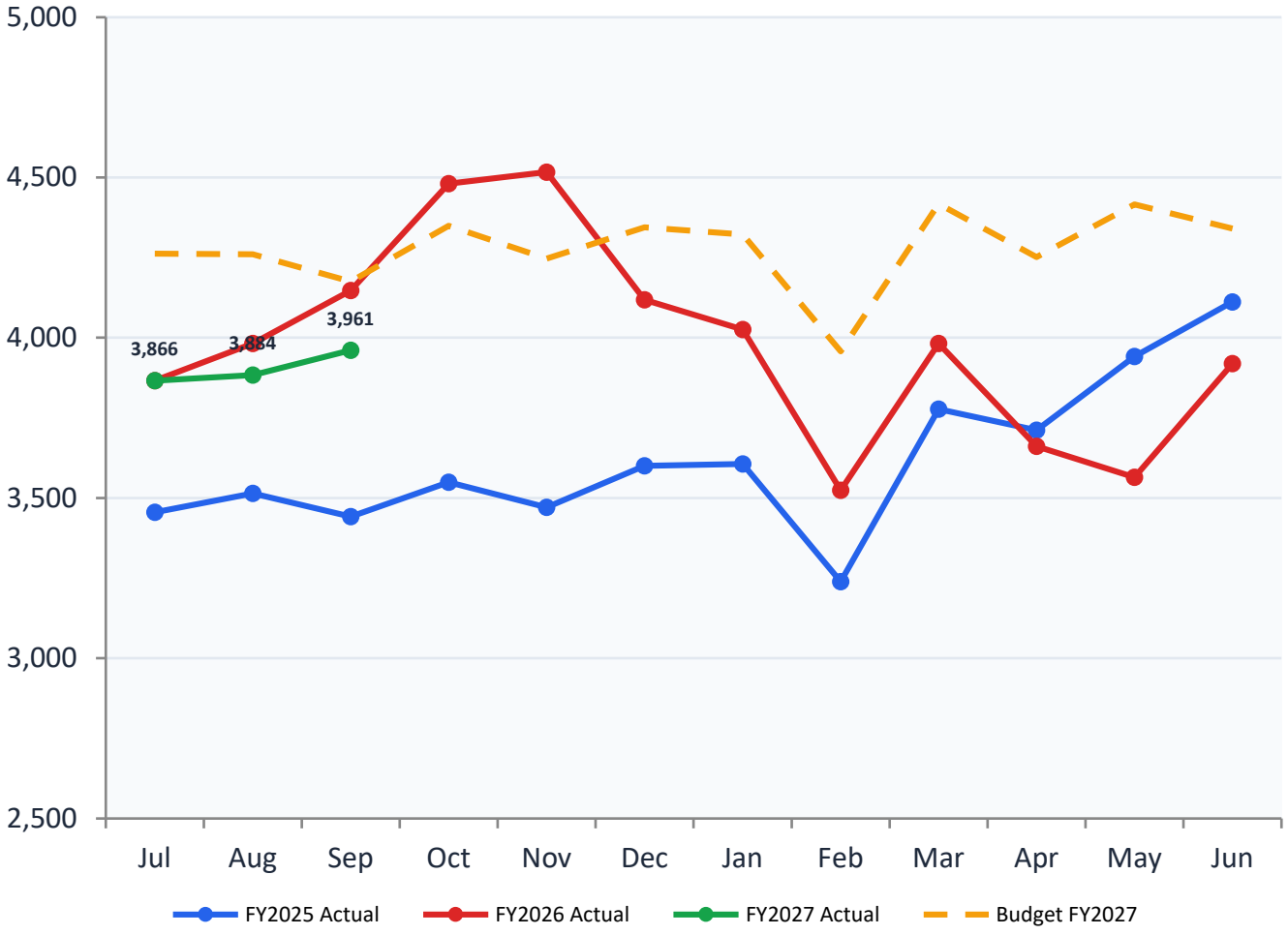

YTD (Sep)
1,264
1,097
1,045
1,049
FY2025
FY2026
FY2027
Budget FY27

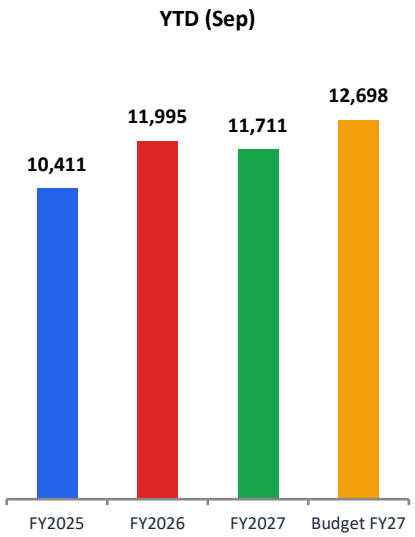
Home Infusion Days



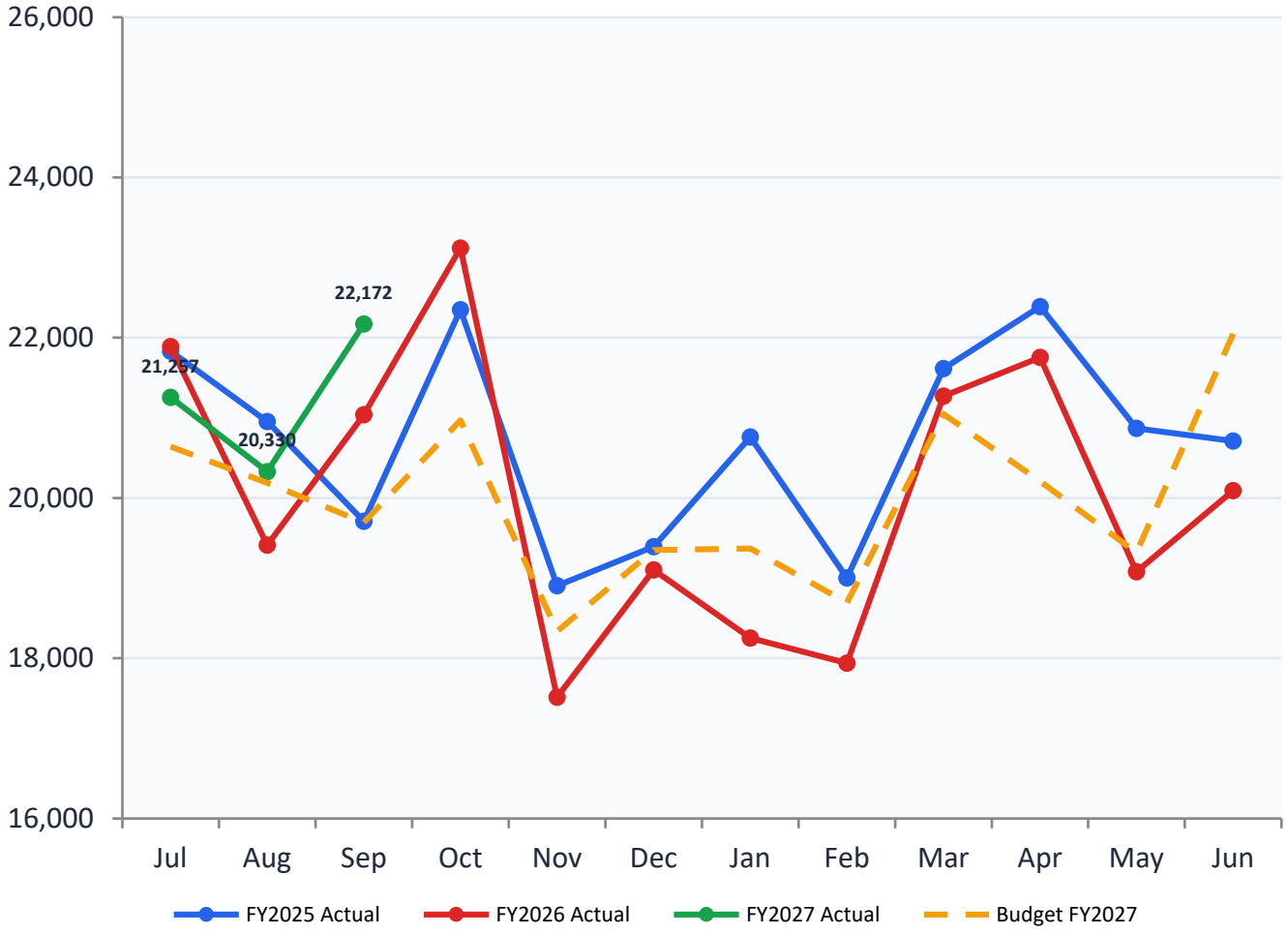


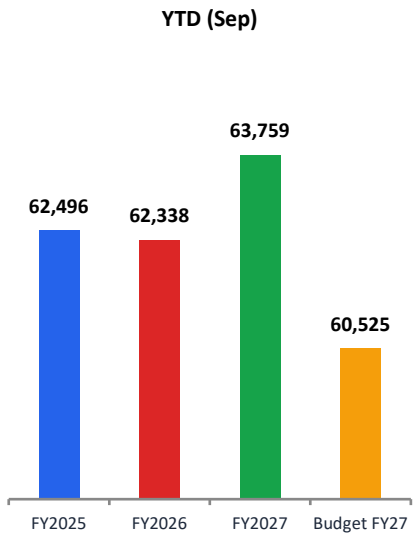
Hospice Days



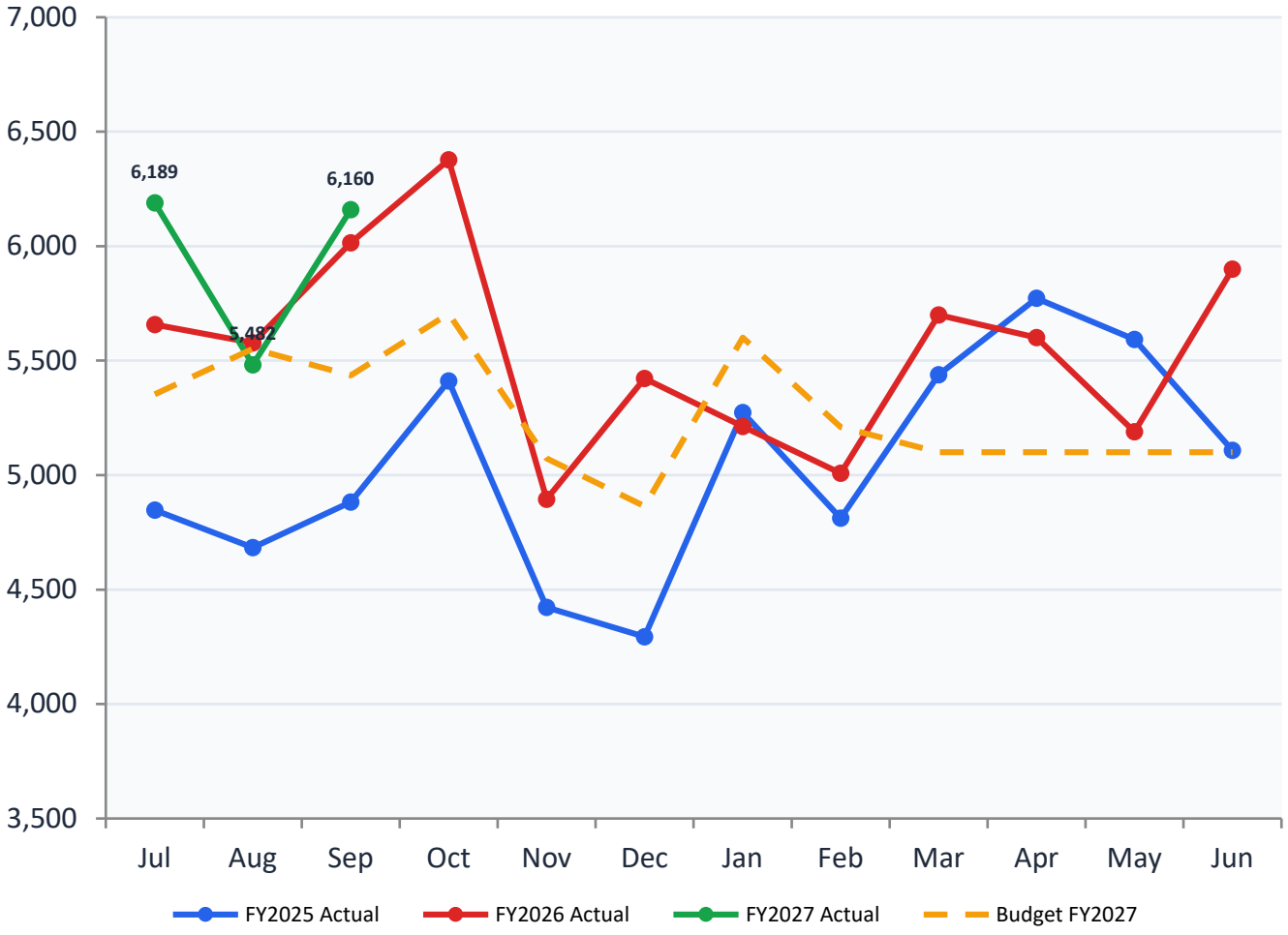


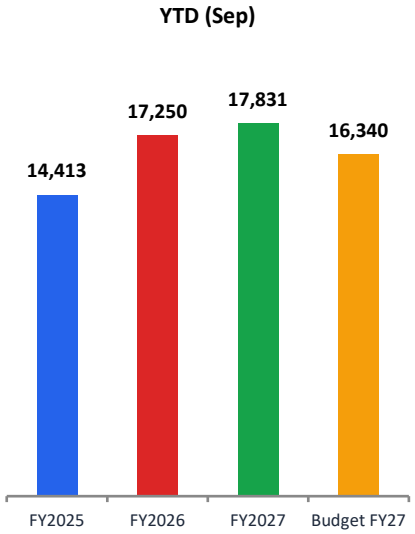
All O/P Rehab Svcs Across District



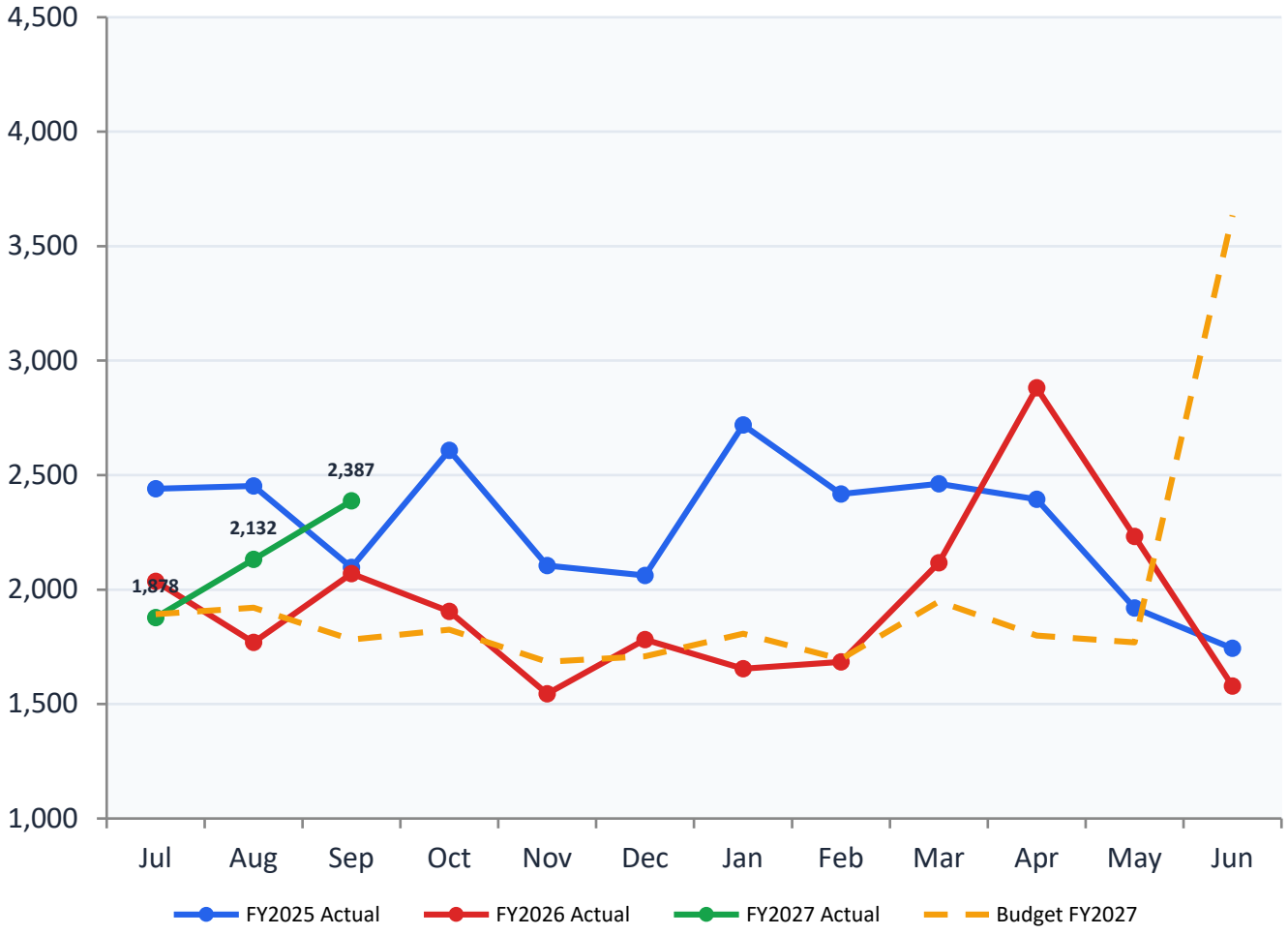


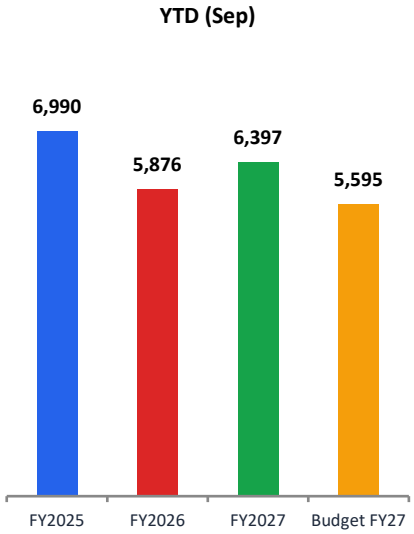
O/P Rehab Services



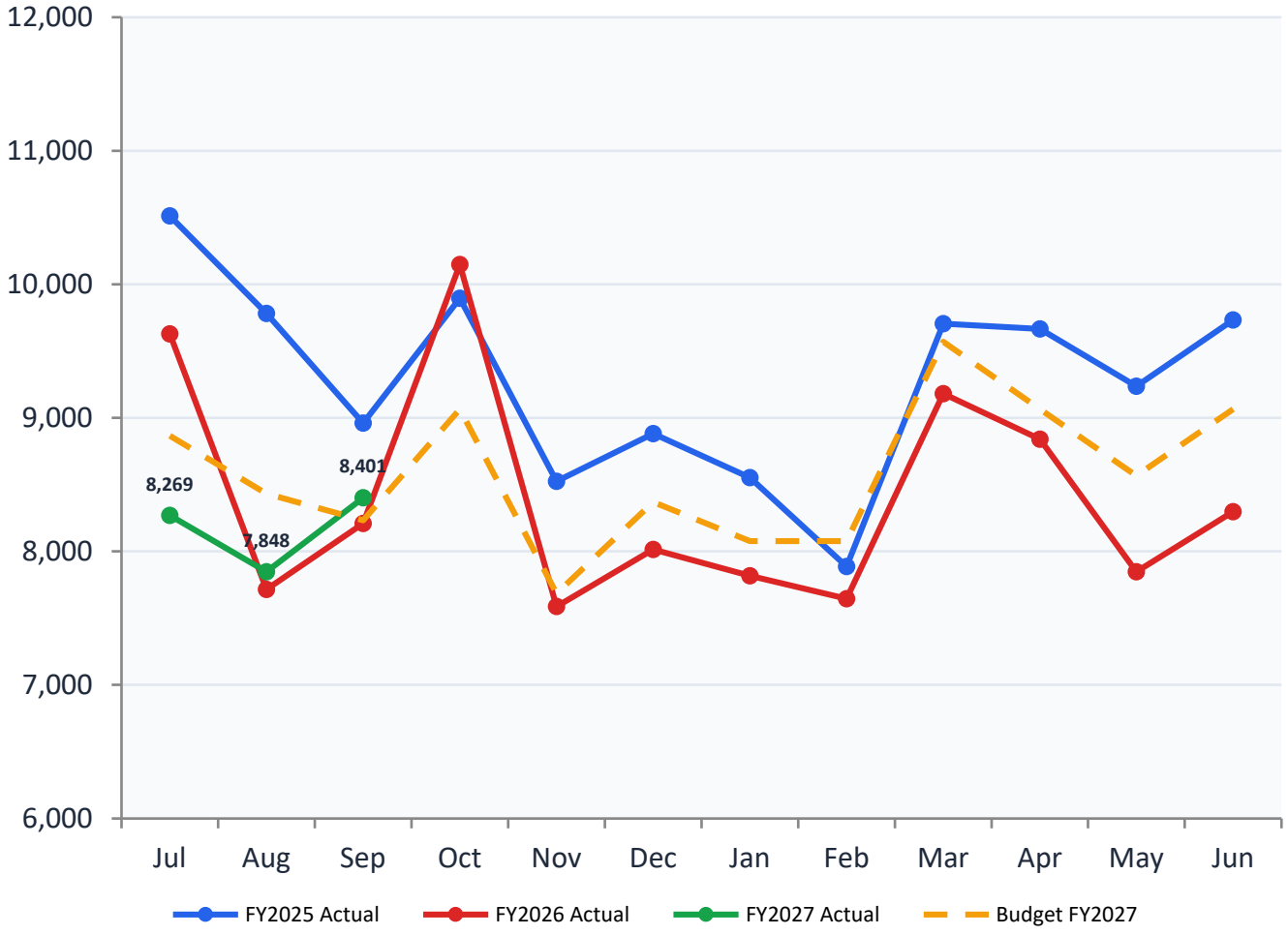


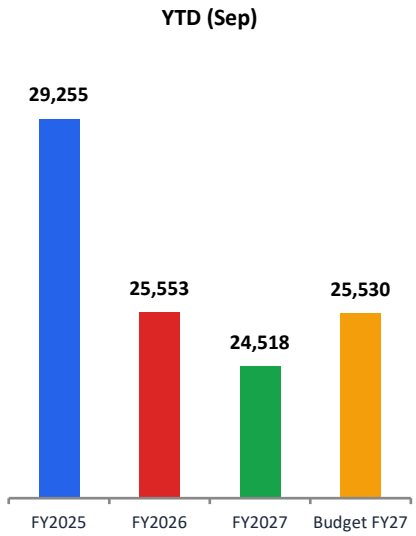
O/P Rehab - Exeter



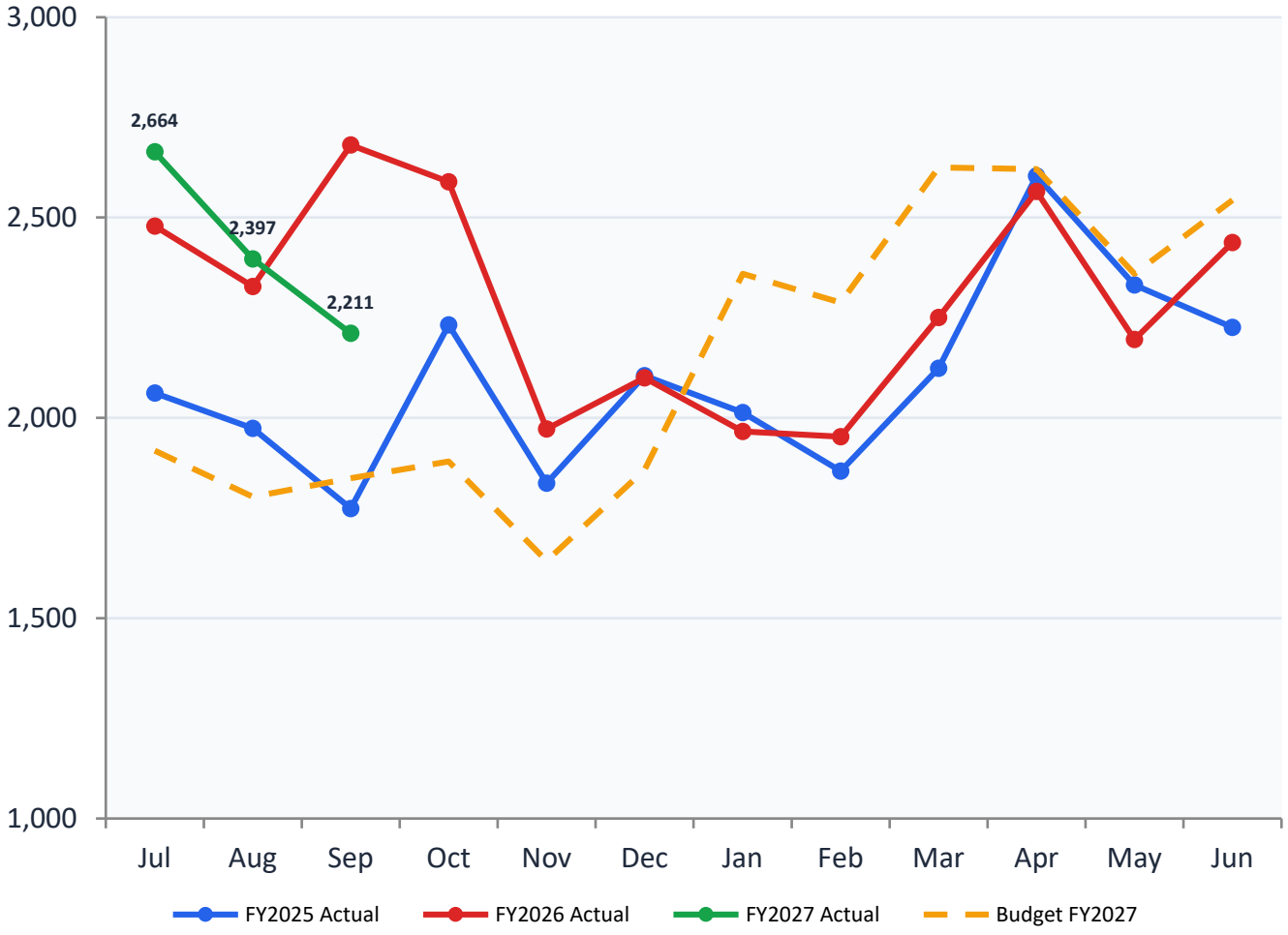


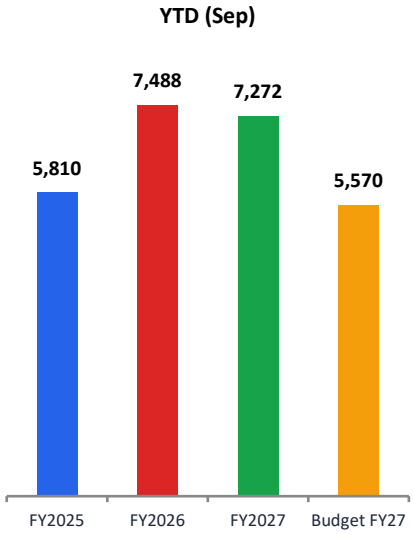
O/P Rehab - Akers



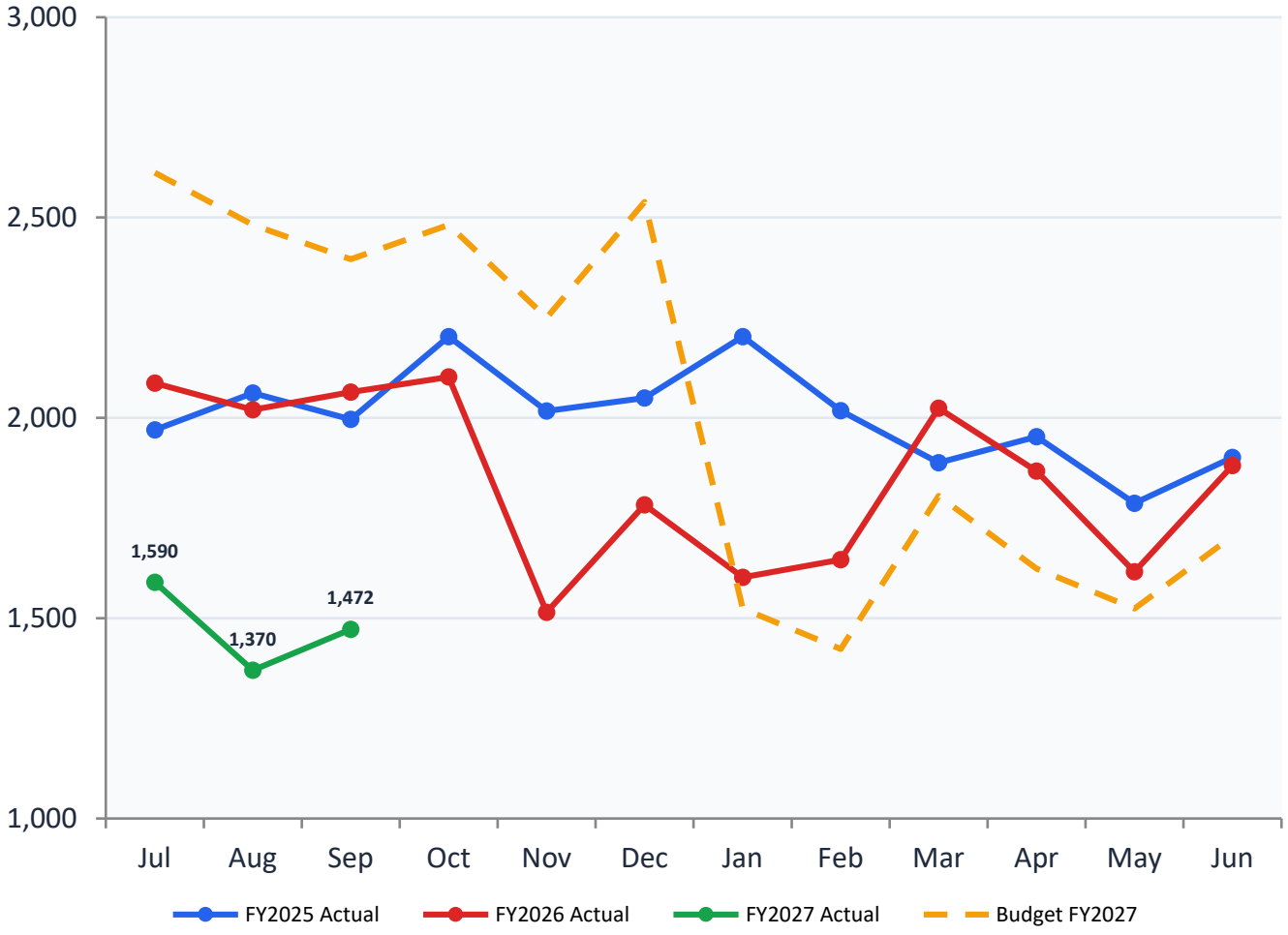


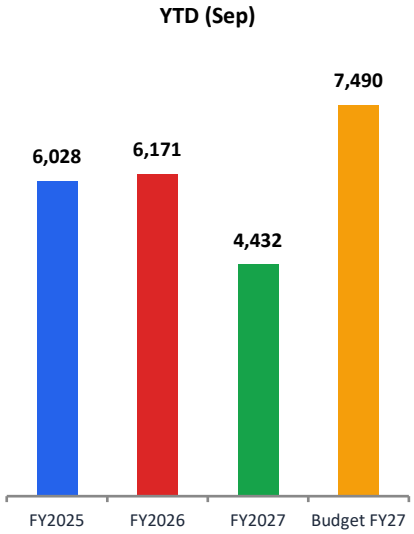
O/P Rehab - LLOPT



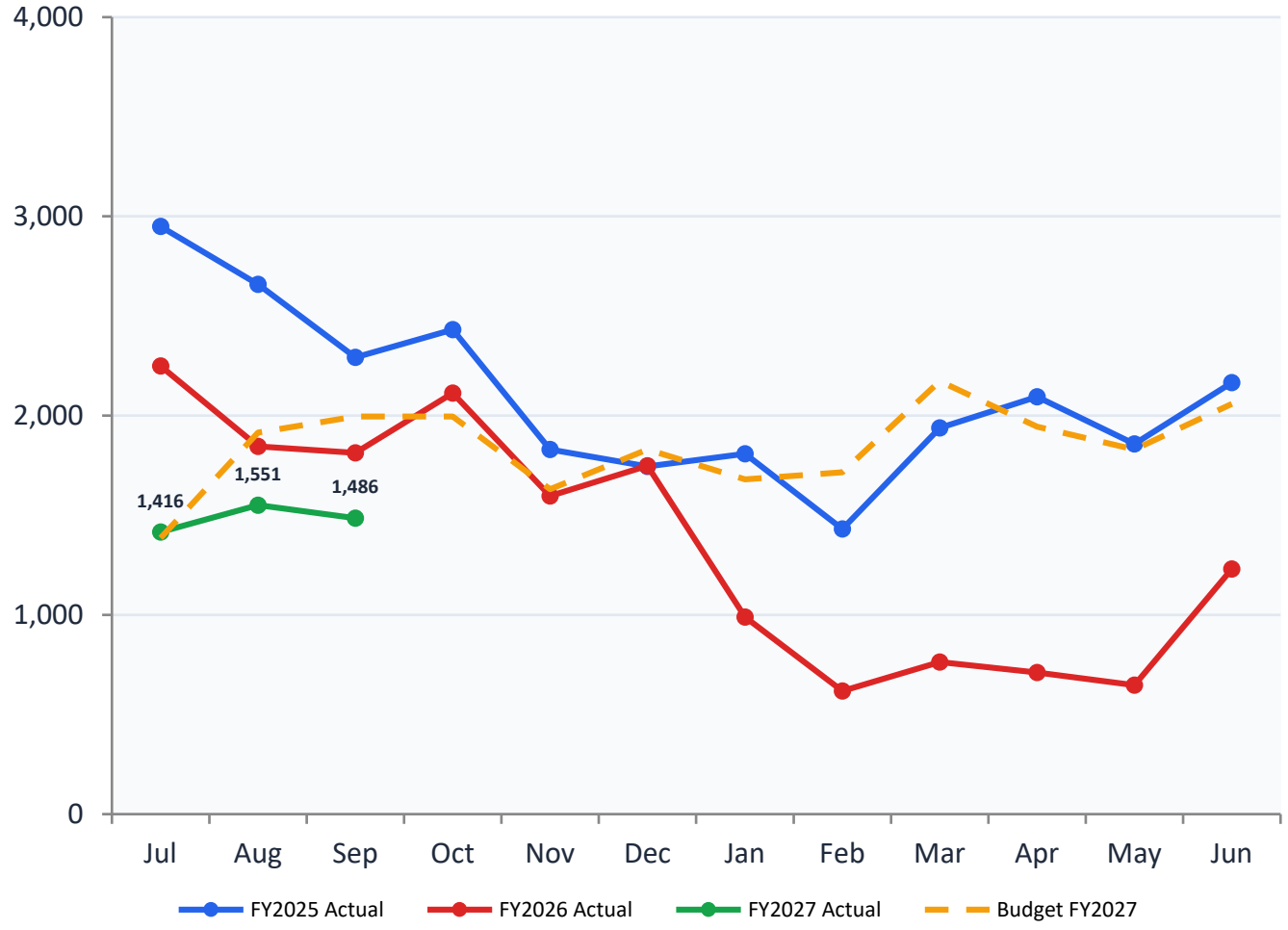


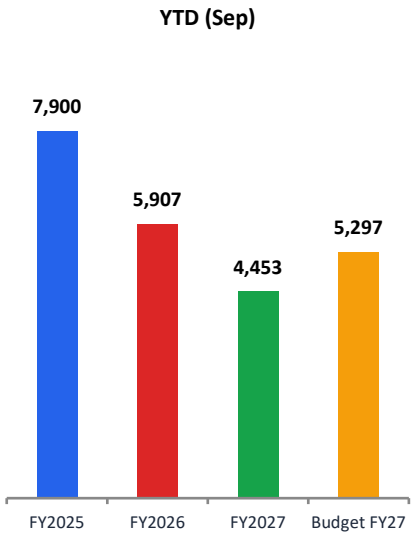
O/P Rehab - Dinuba



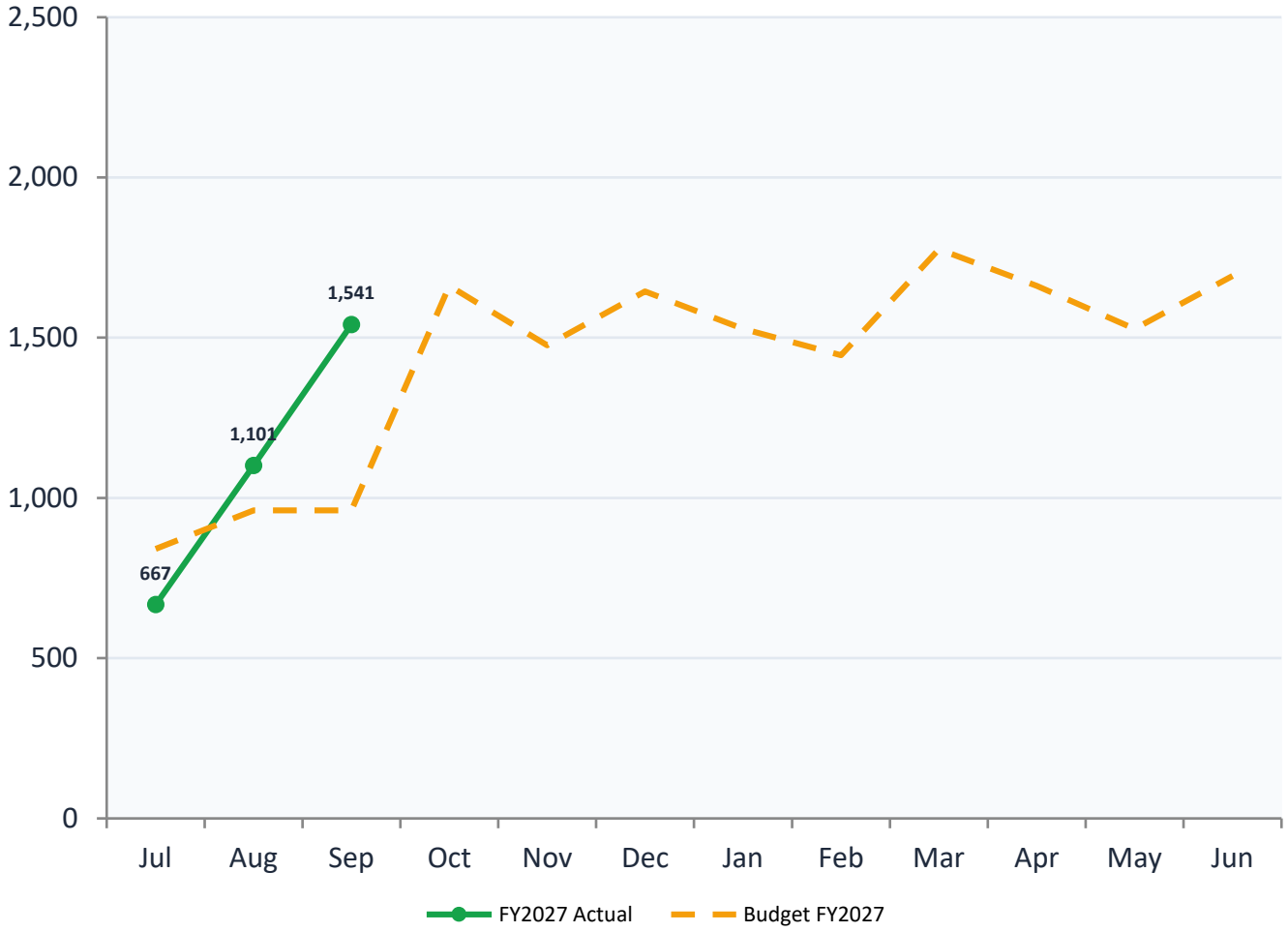


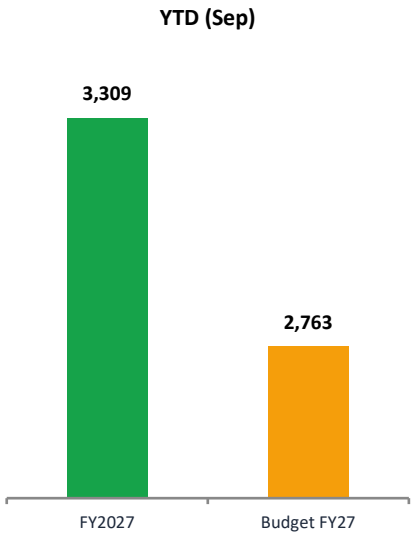
Therapy - Cypress Hand Center



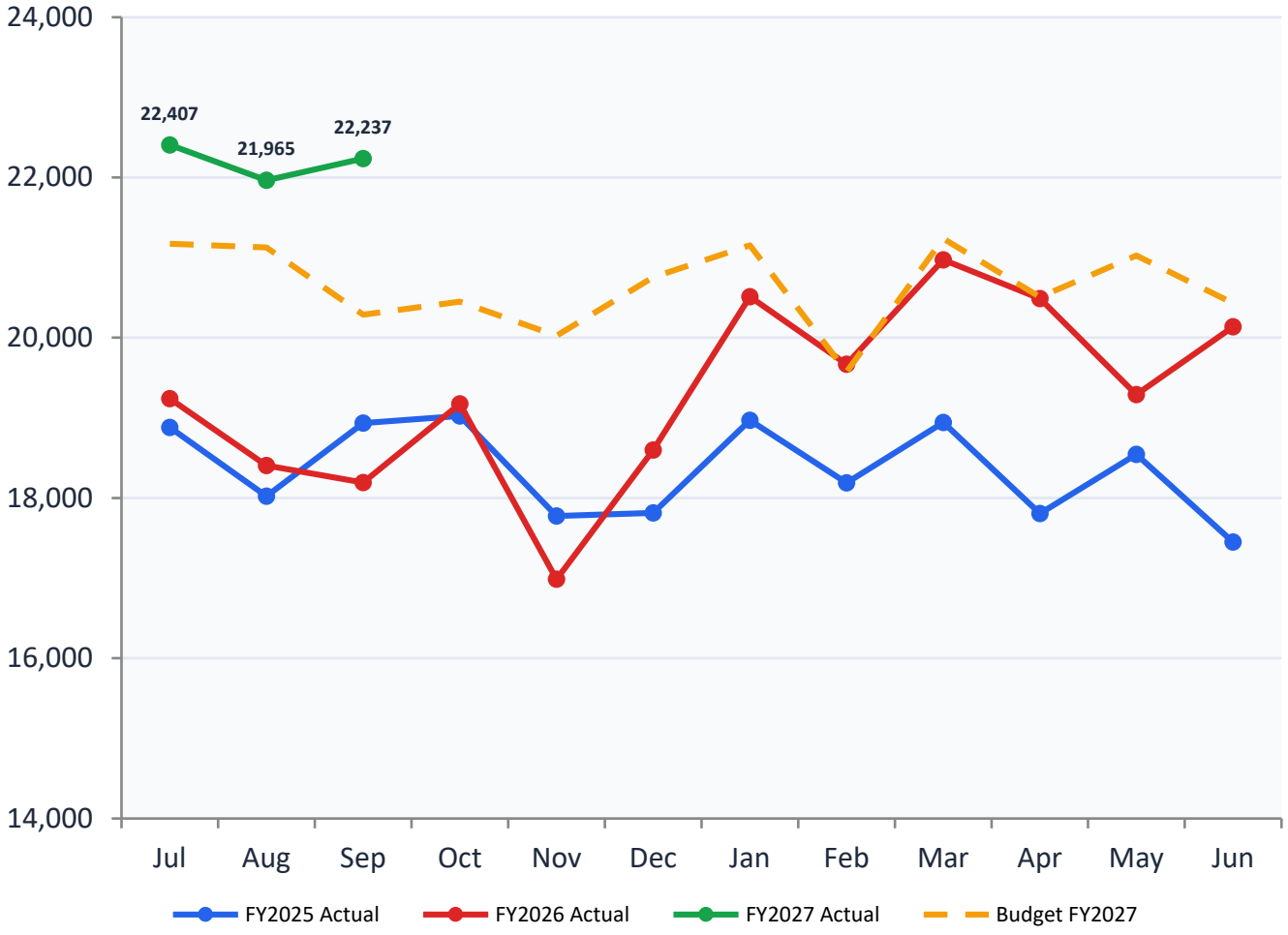


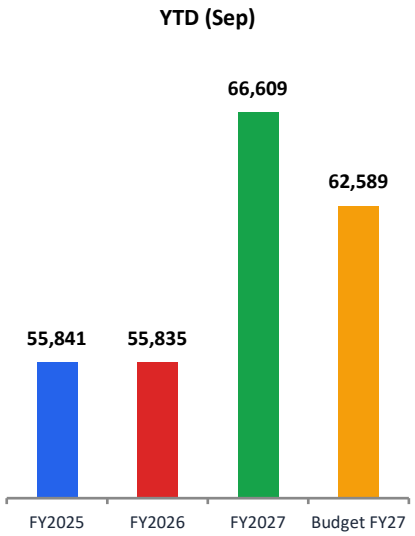
O/P Rehab - Tulare



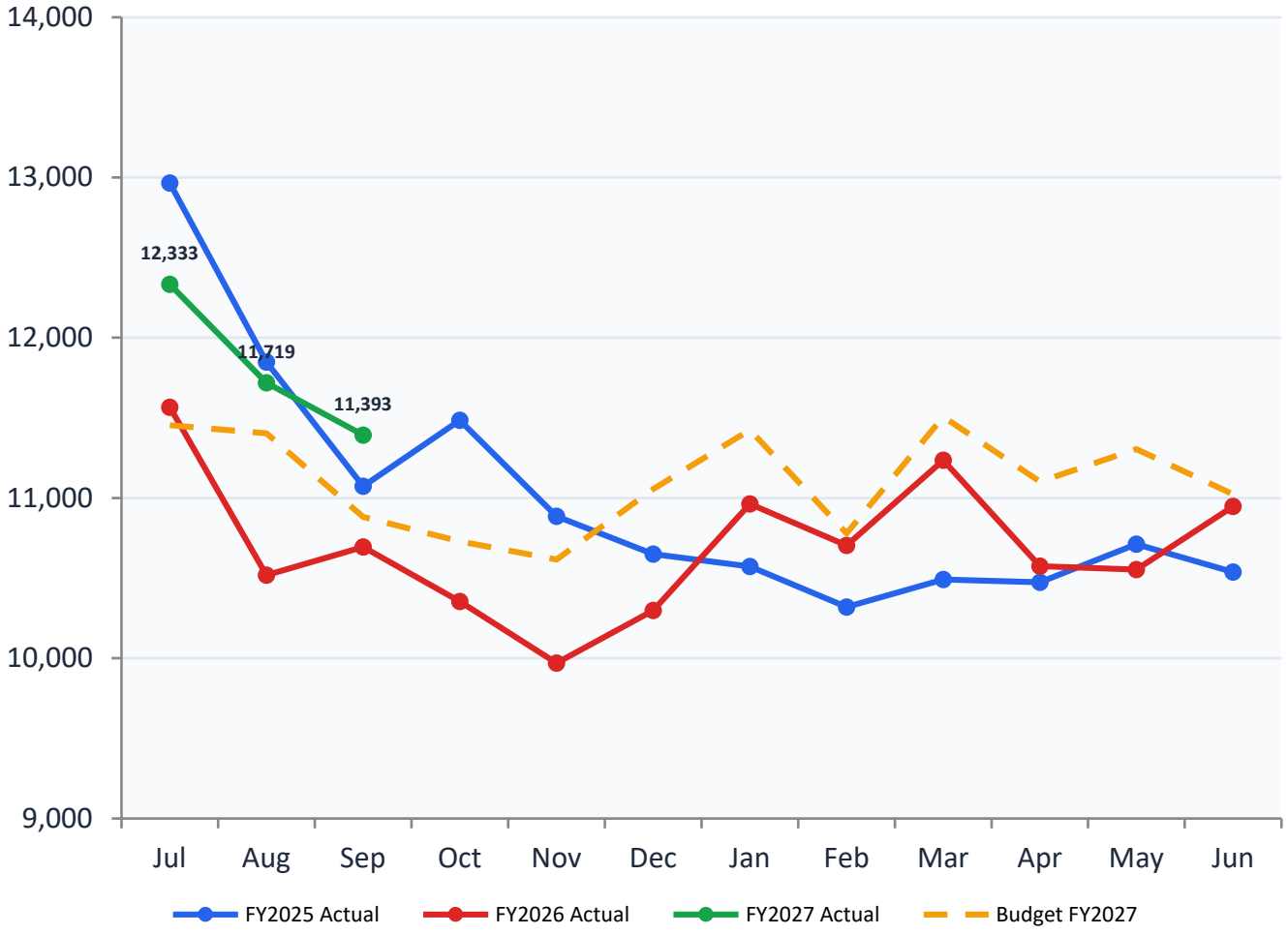


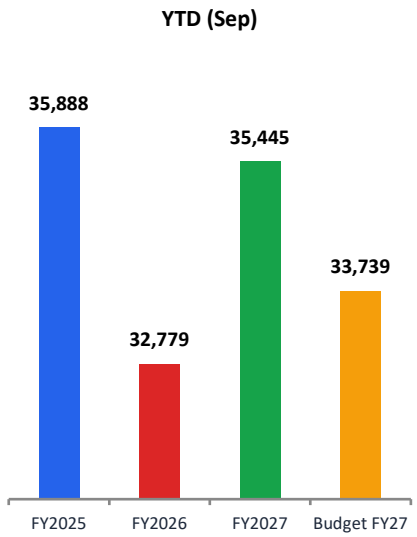
Physical & Other Therapy Units (I/P & O/P)



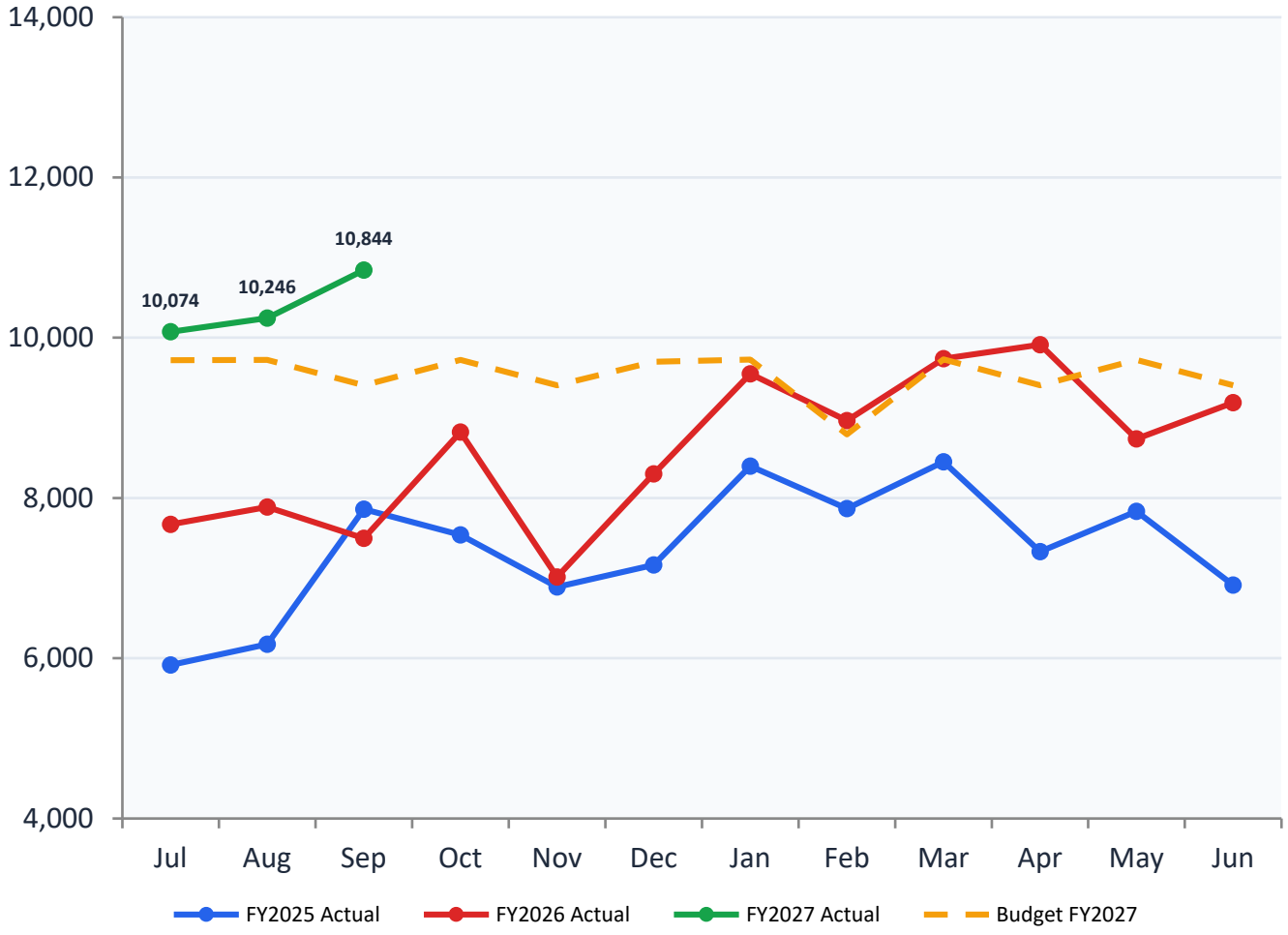


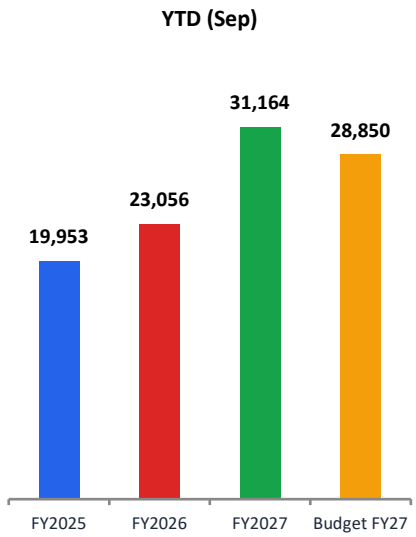
Physical & Other Therapy Units (I/P & O/P)-Main Campus



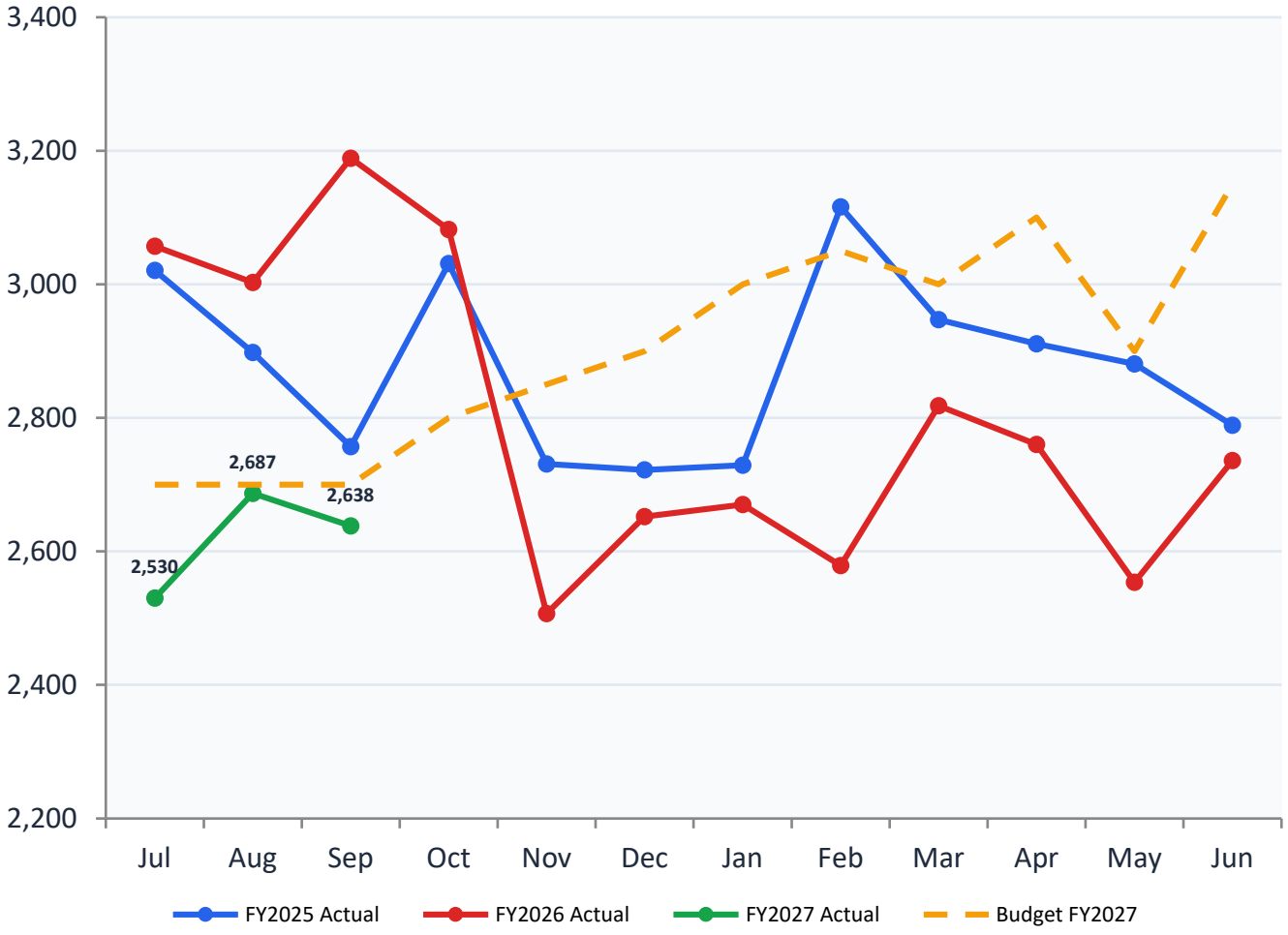


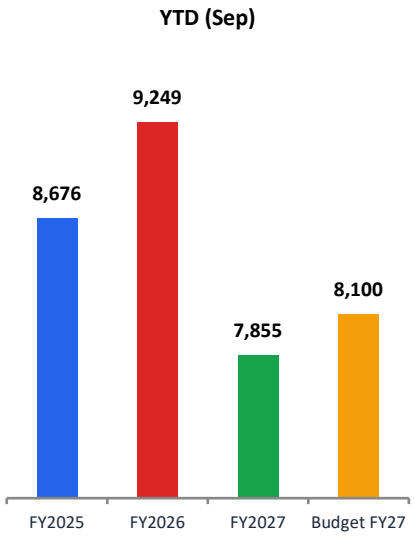
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



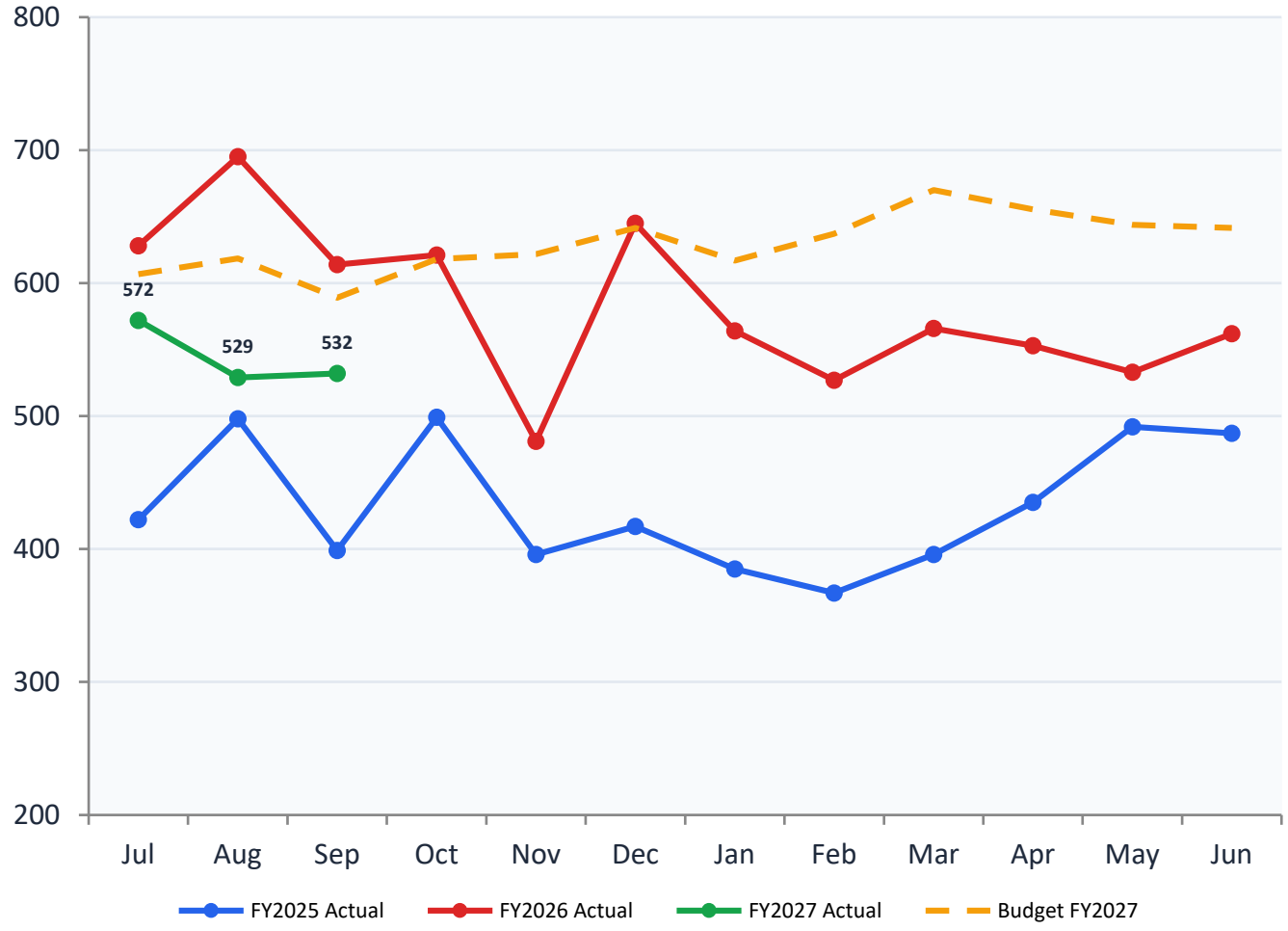


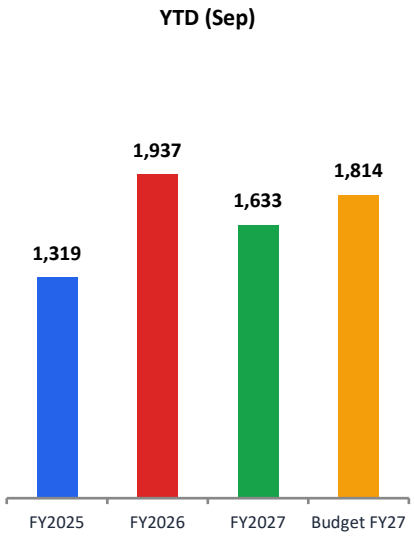
Home Health Visits



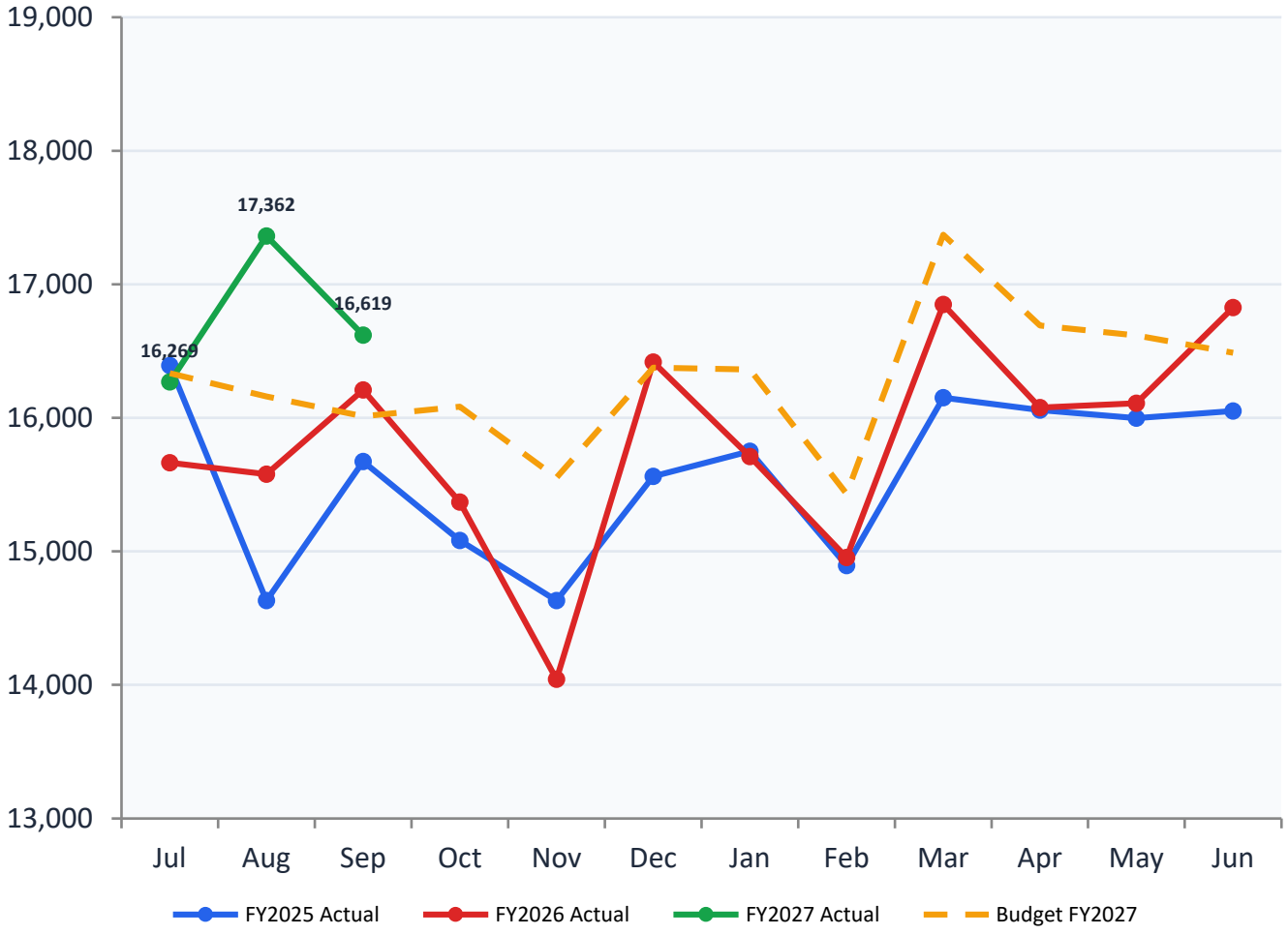


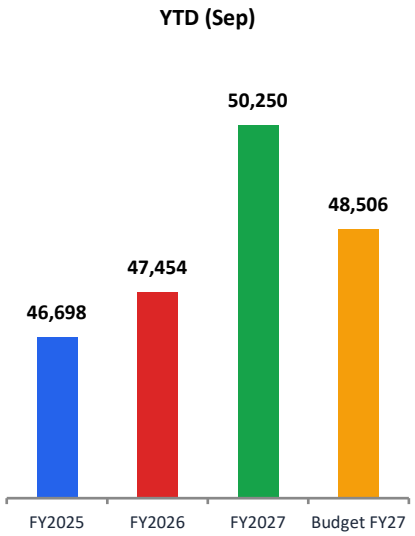
Infusion Center - Units of Service



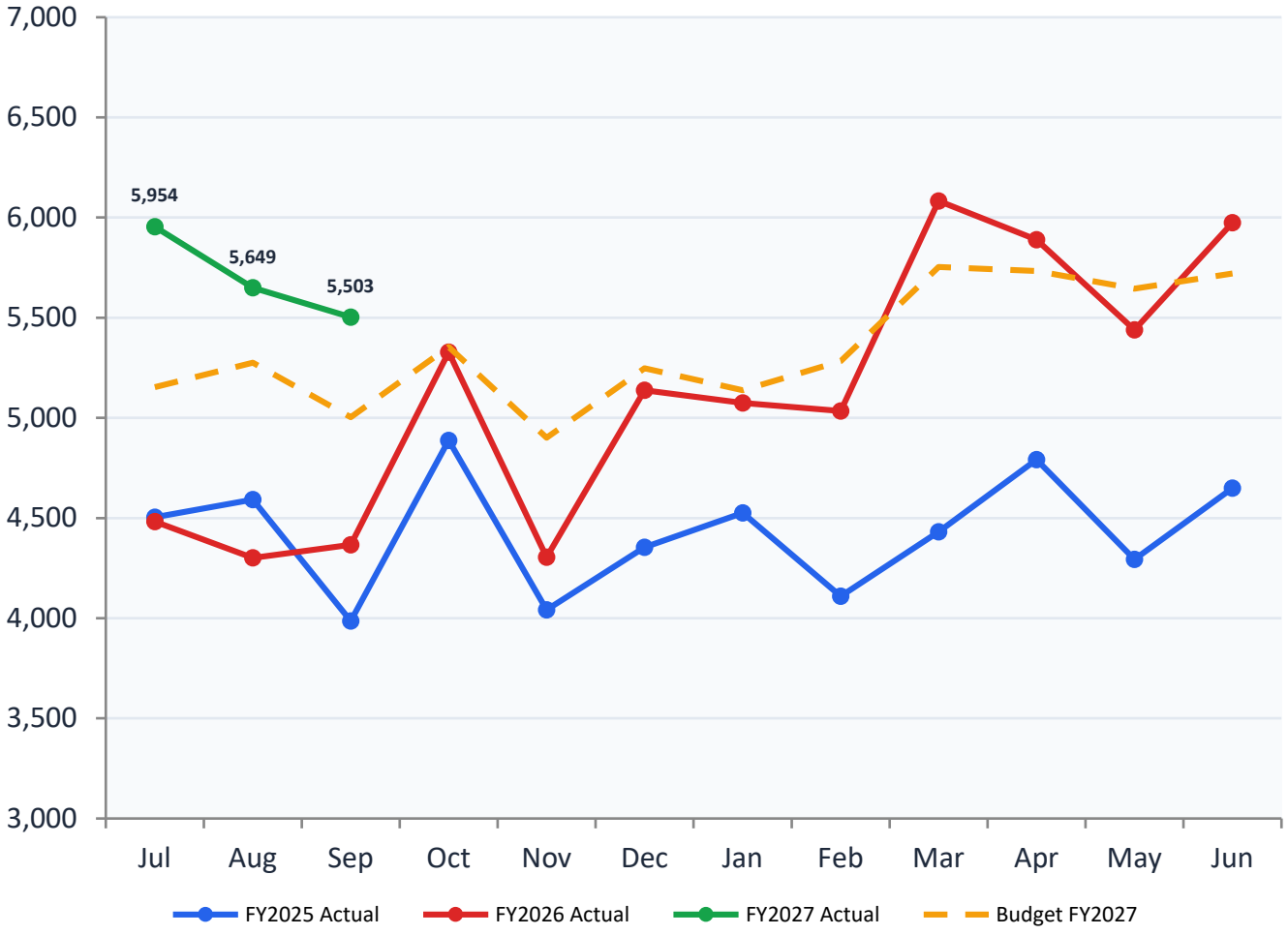


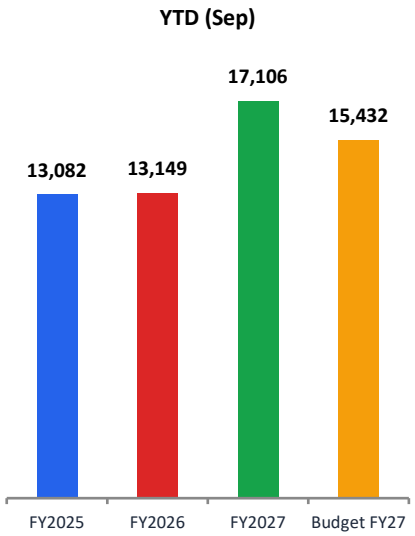
Radiology – Main Campus



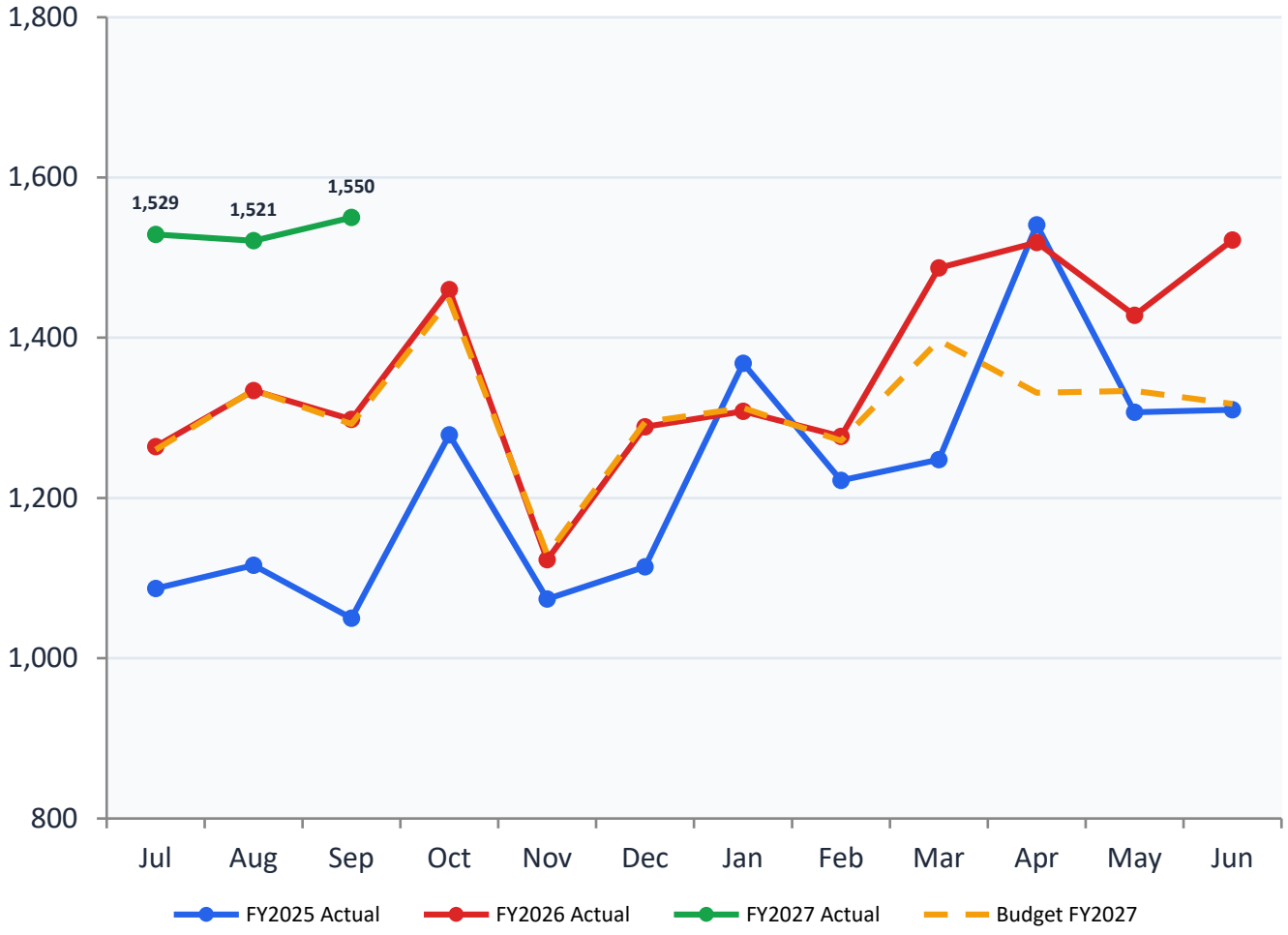


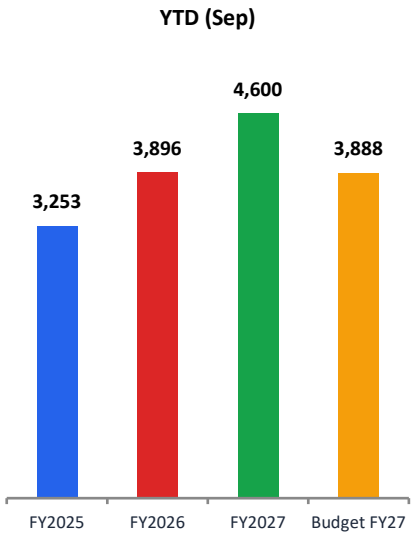
Radiology - West Campus Imaging



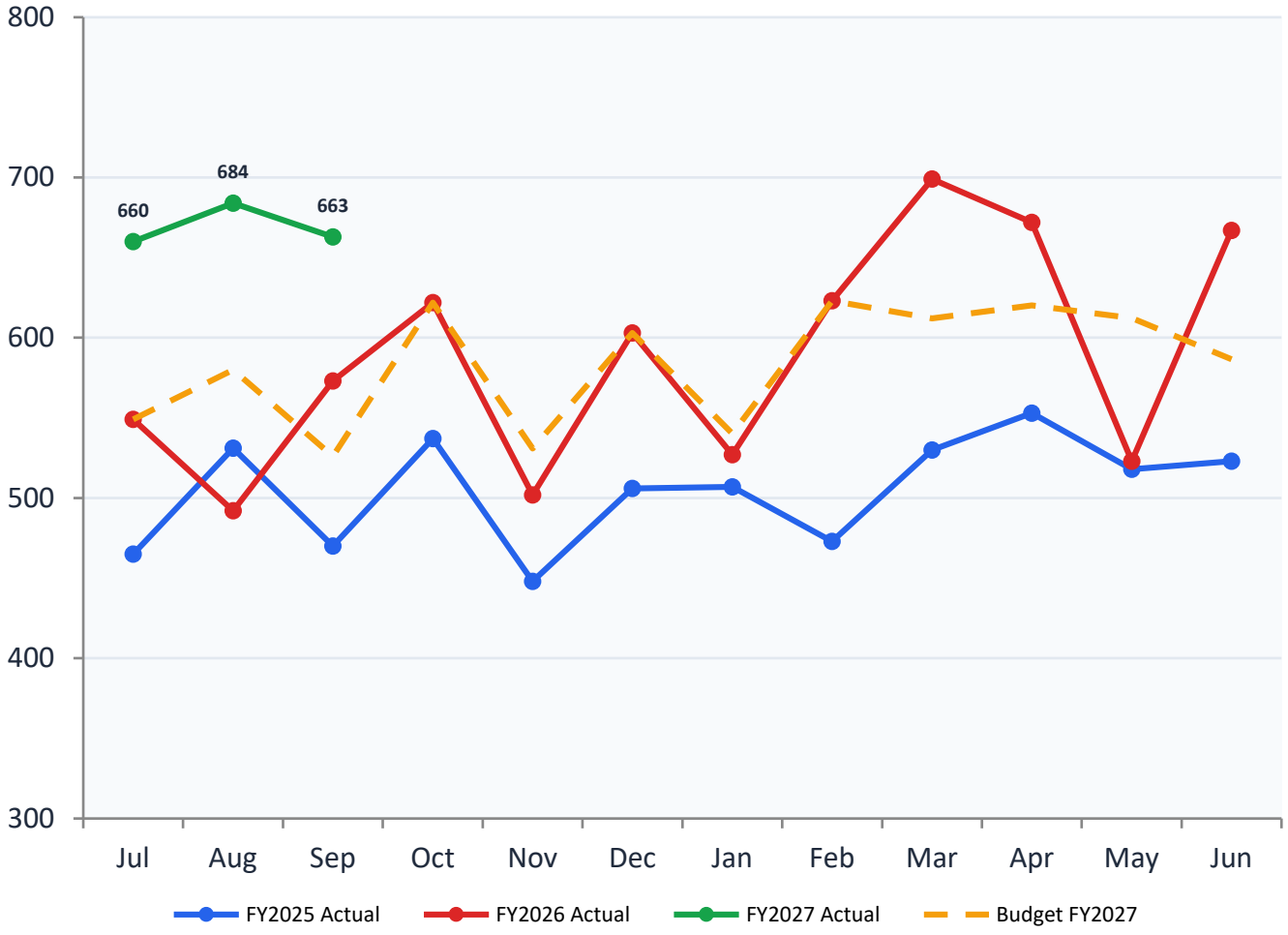


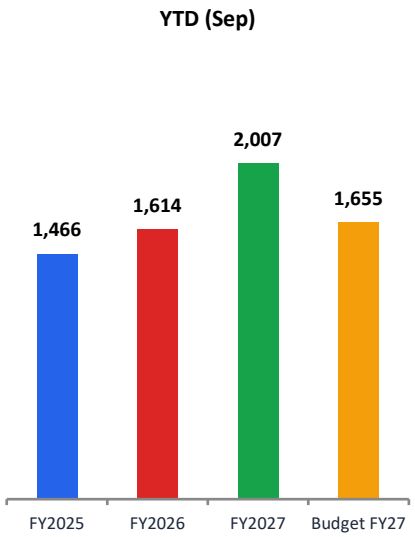
West Campus - Diagnostic Radiology



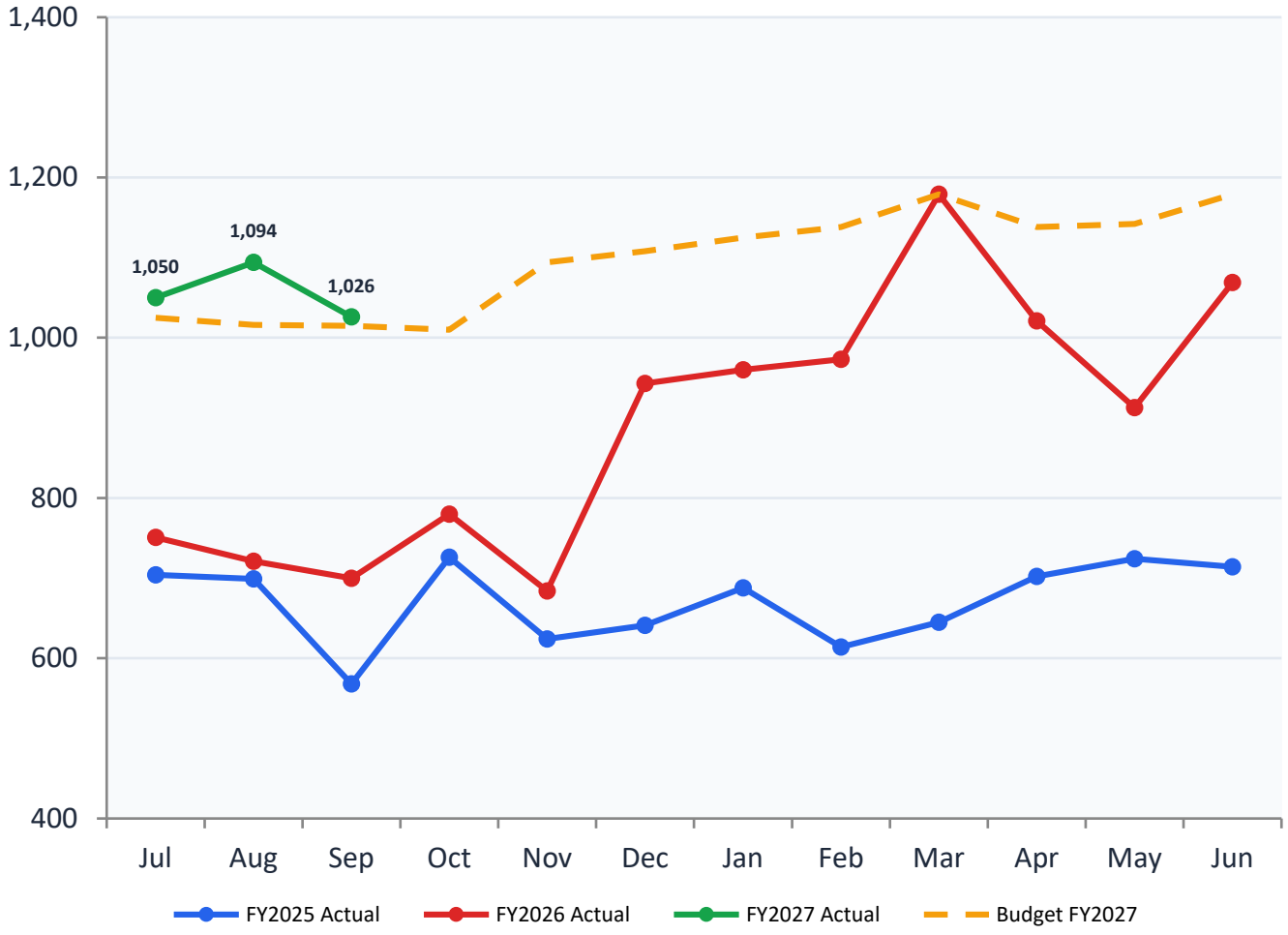


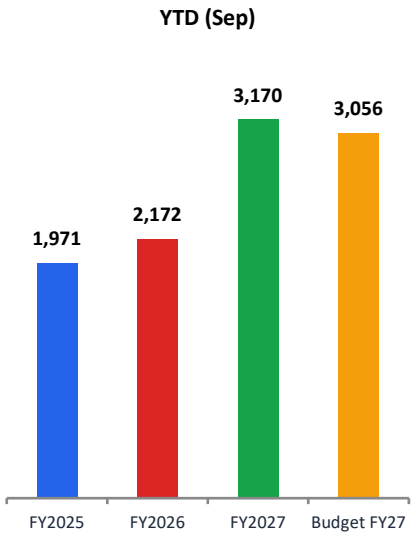
West Campus - CT Scan



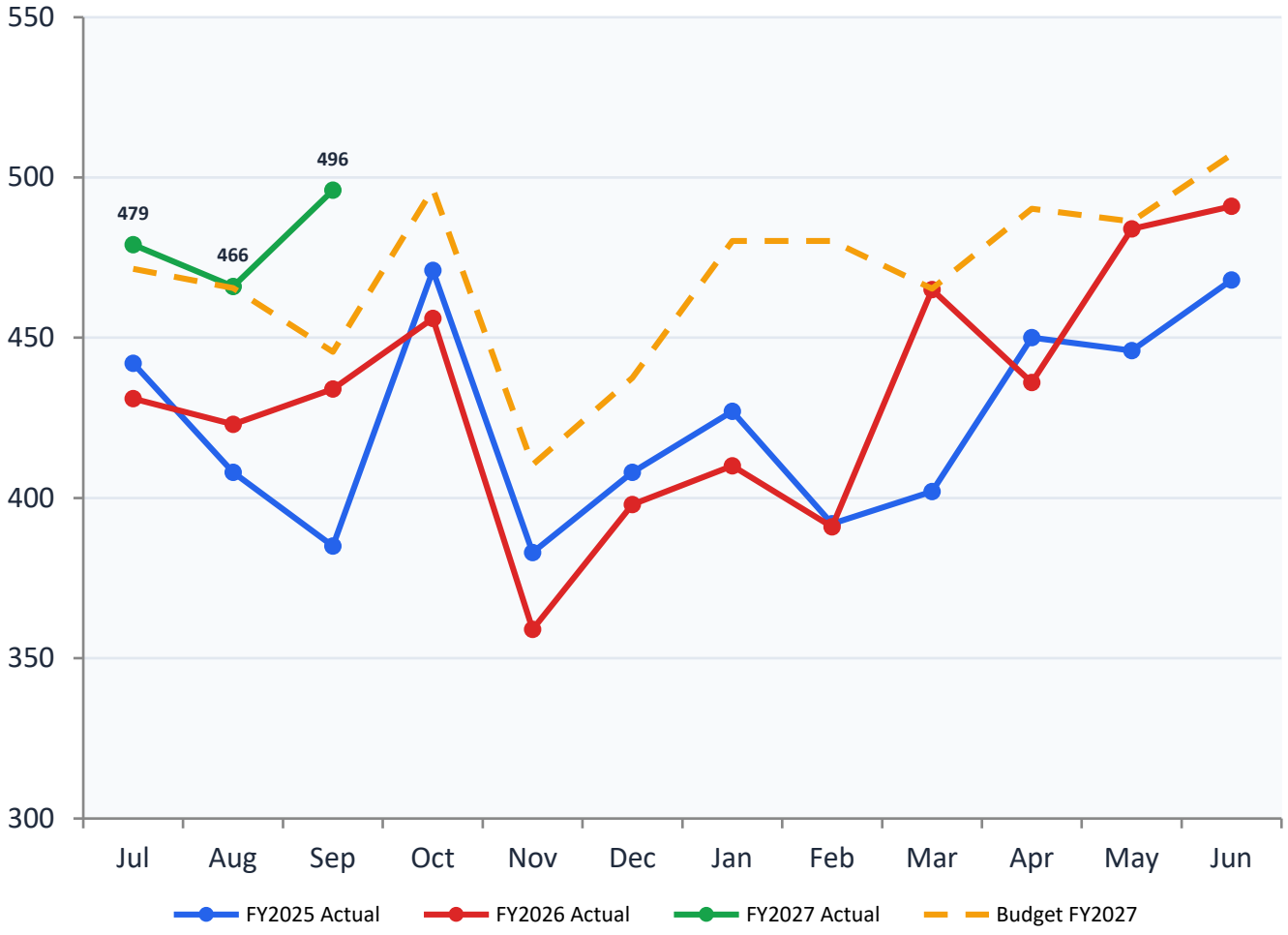


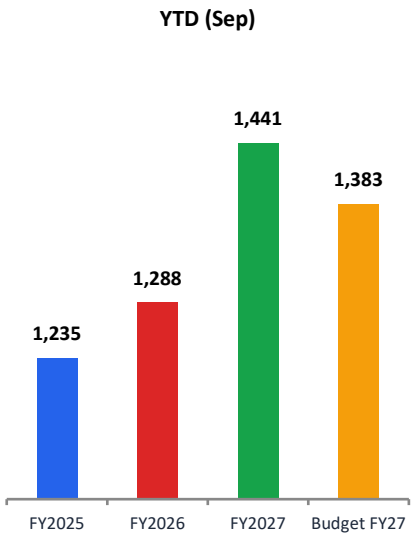
West Campus - Ultrasound



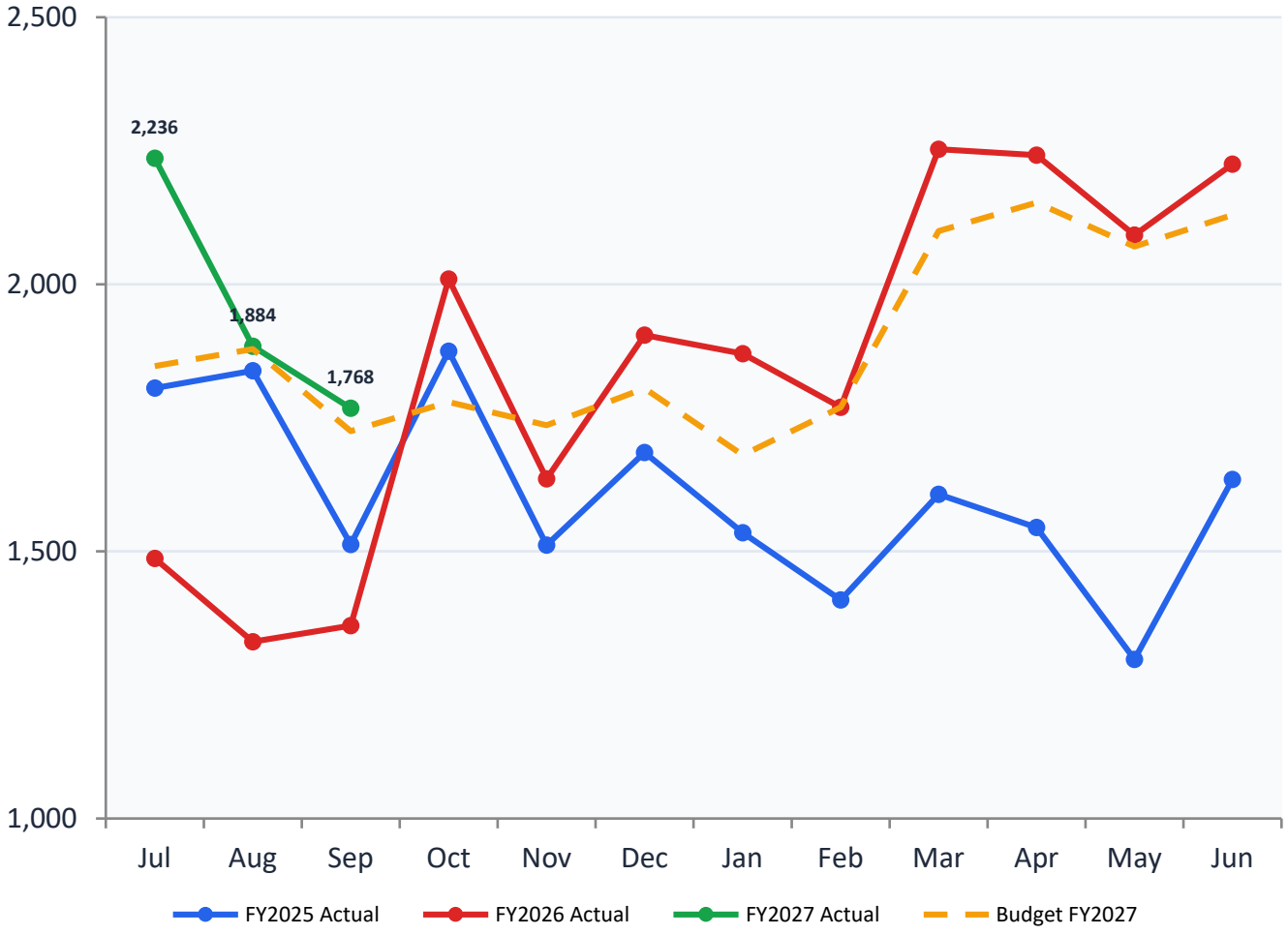


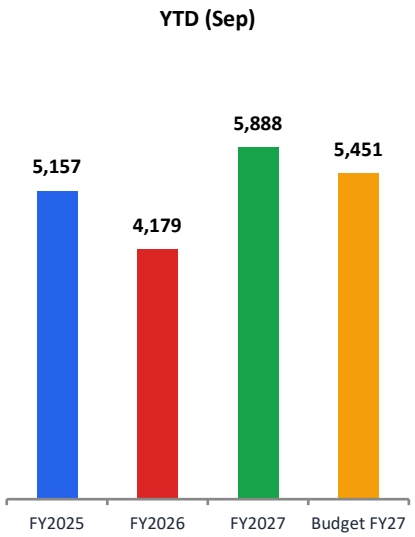
West Campus - MRI



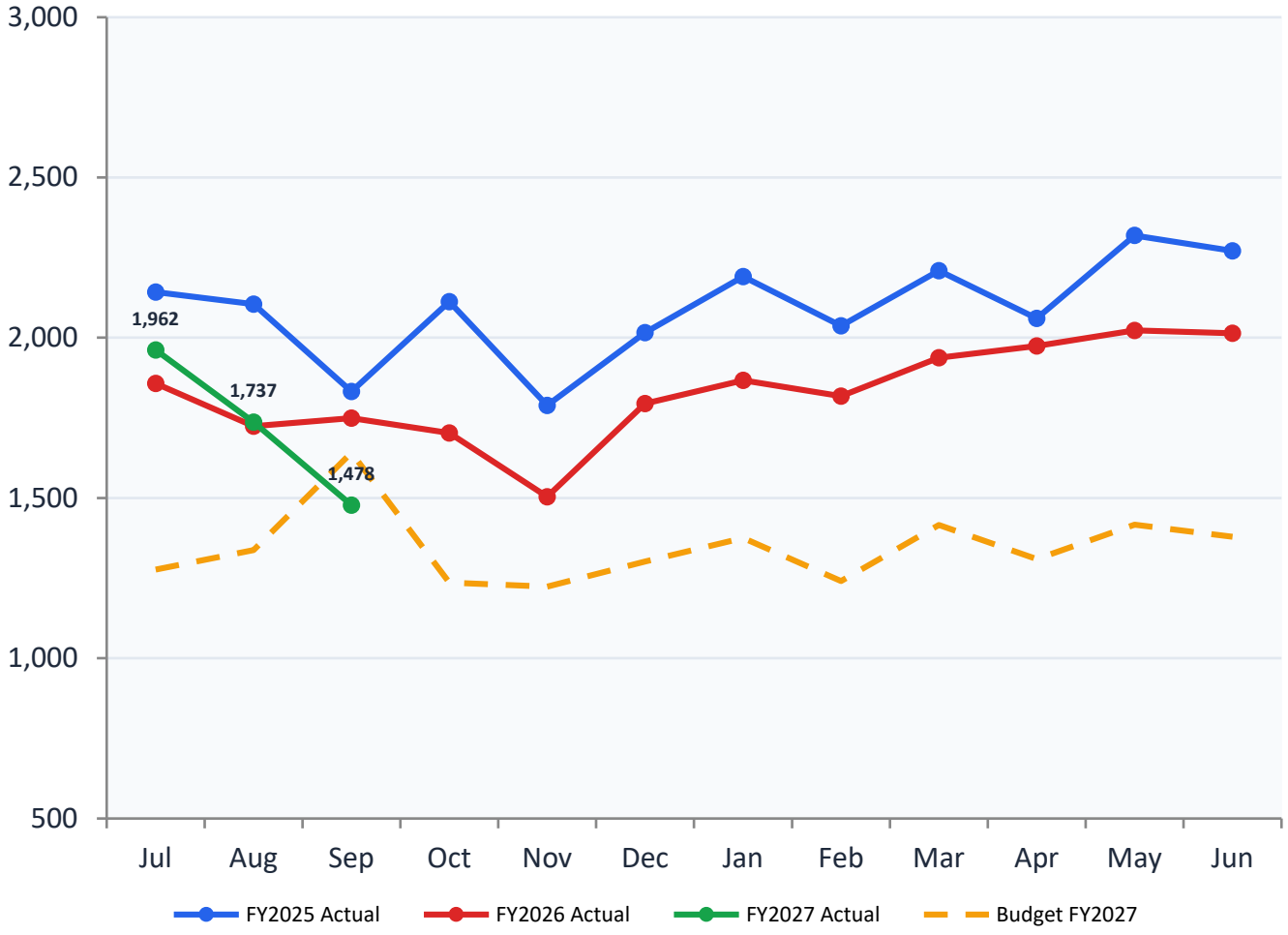


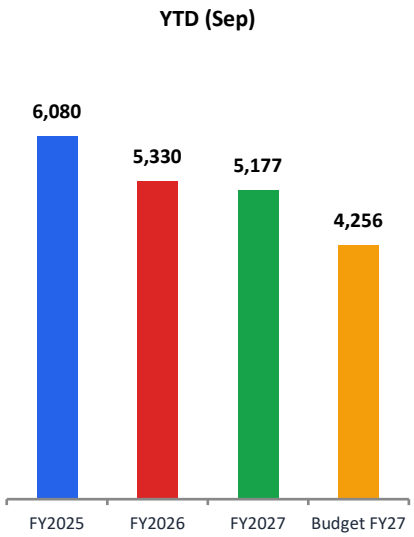
West Campus - Breast Center



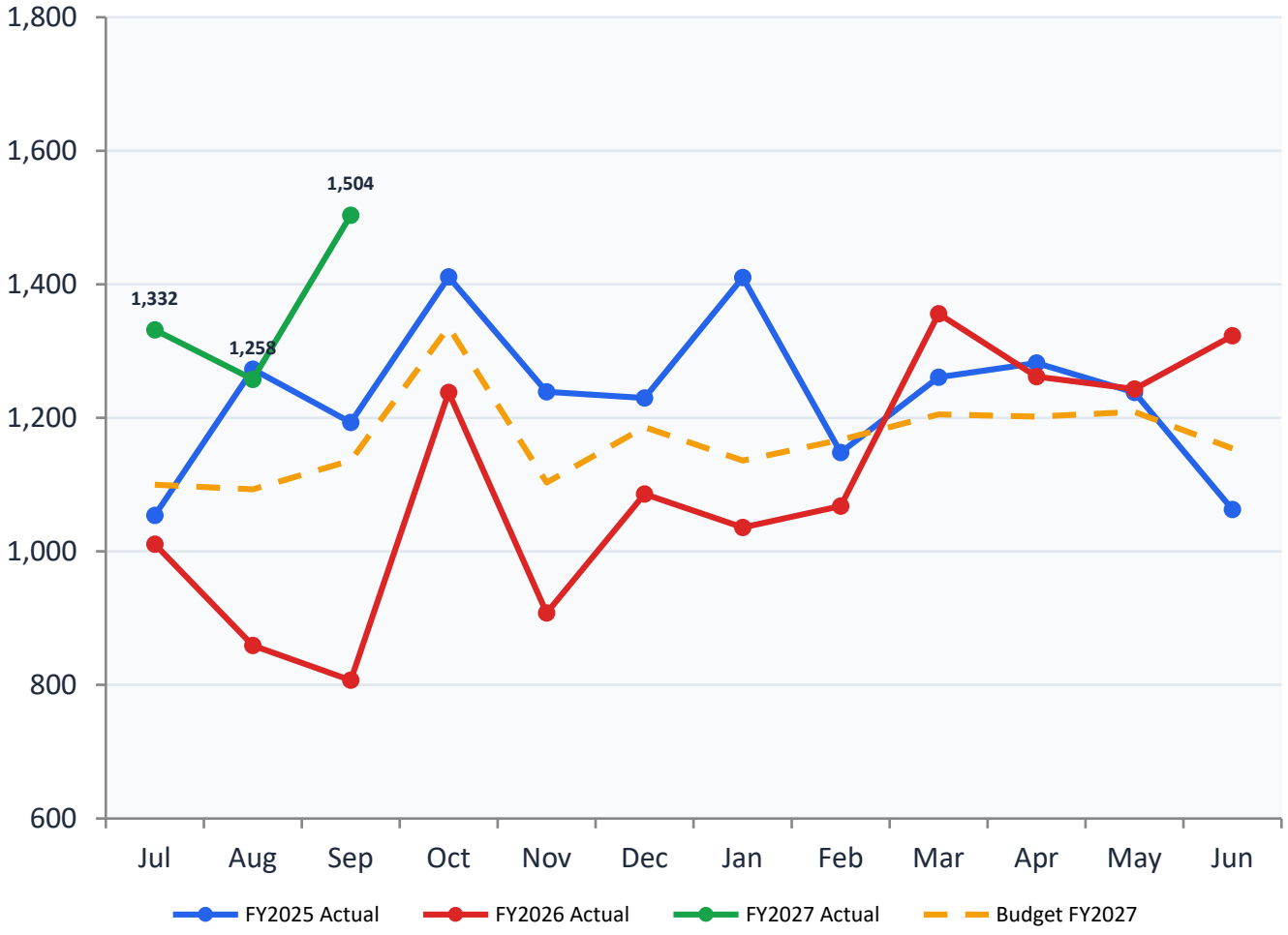


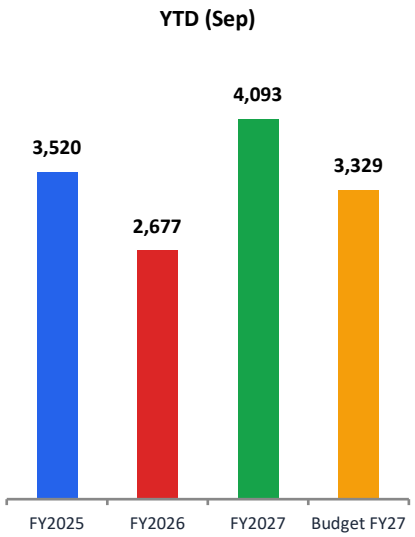
Noninvasive Cardiology-KHMC



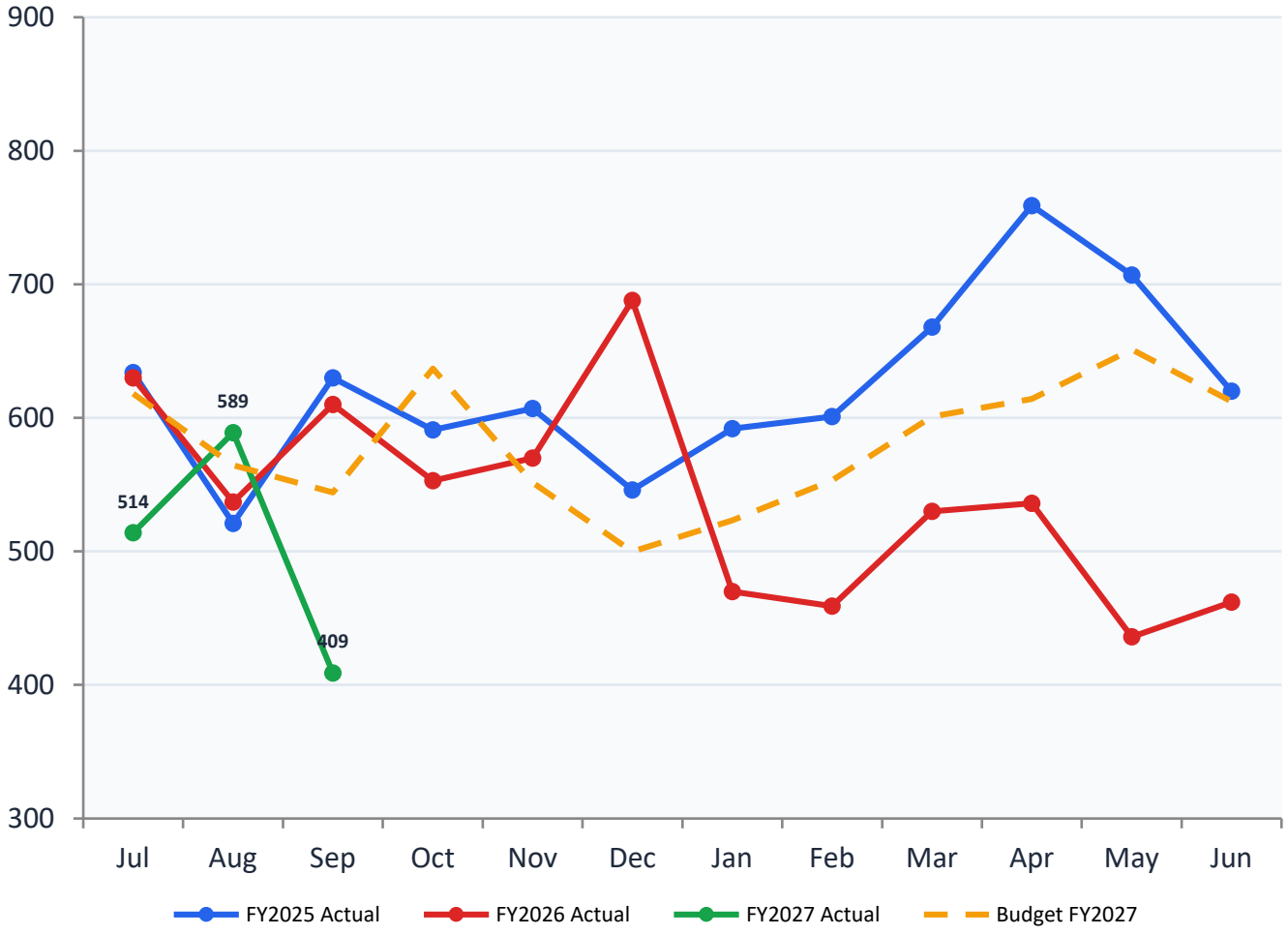


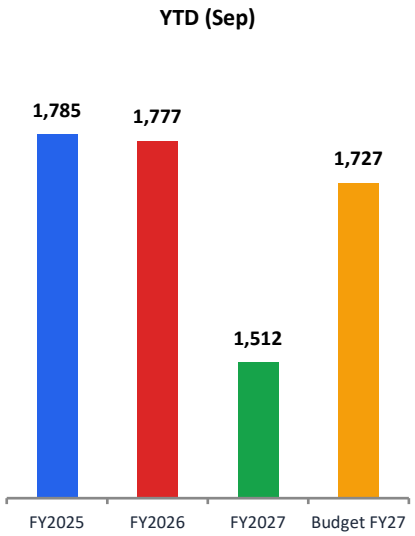
Noninvasive Cardiology-KHDC



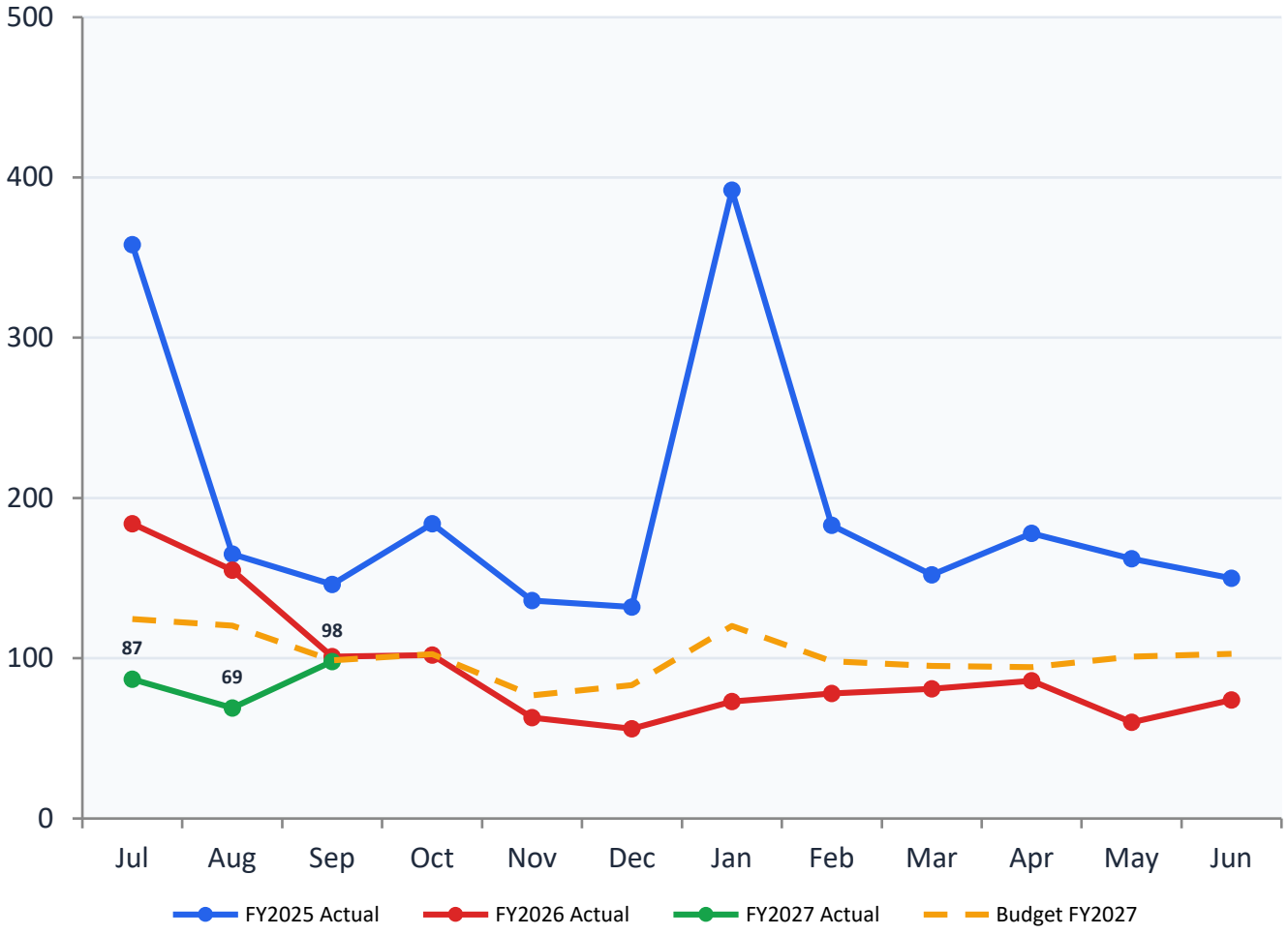


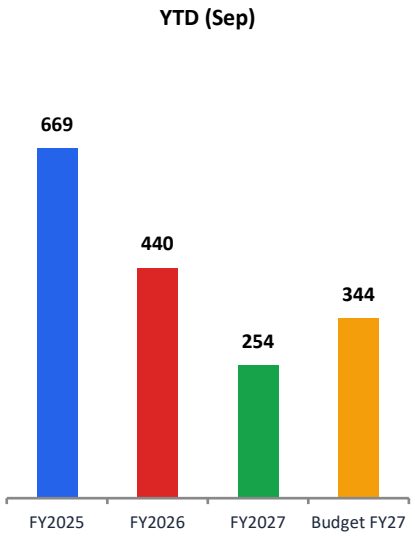
Nuclear Medicine-KHMC



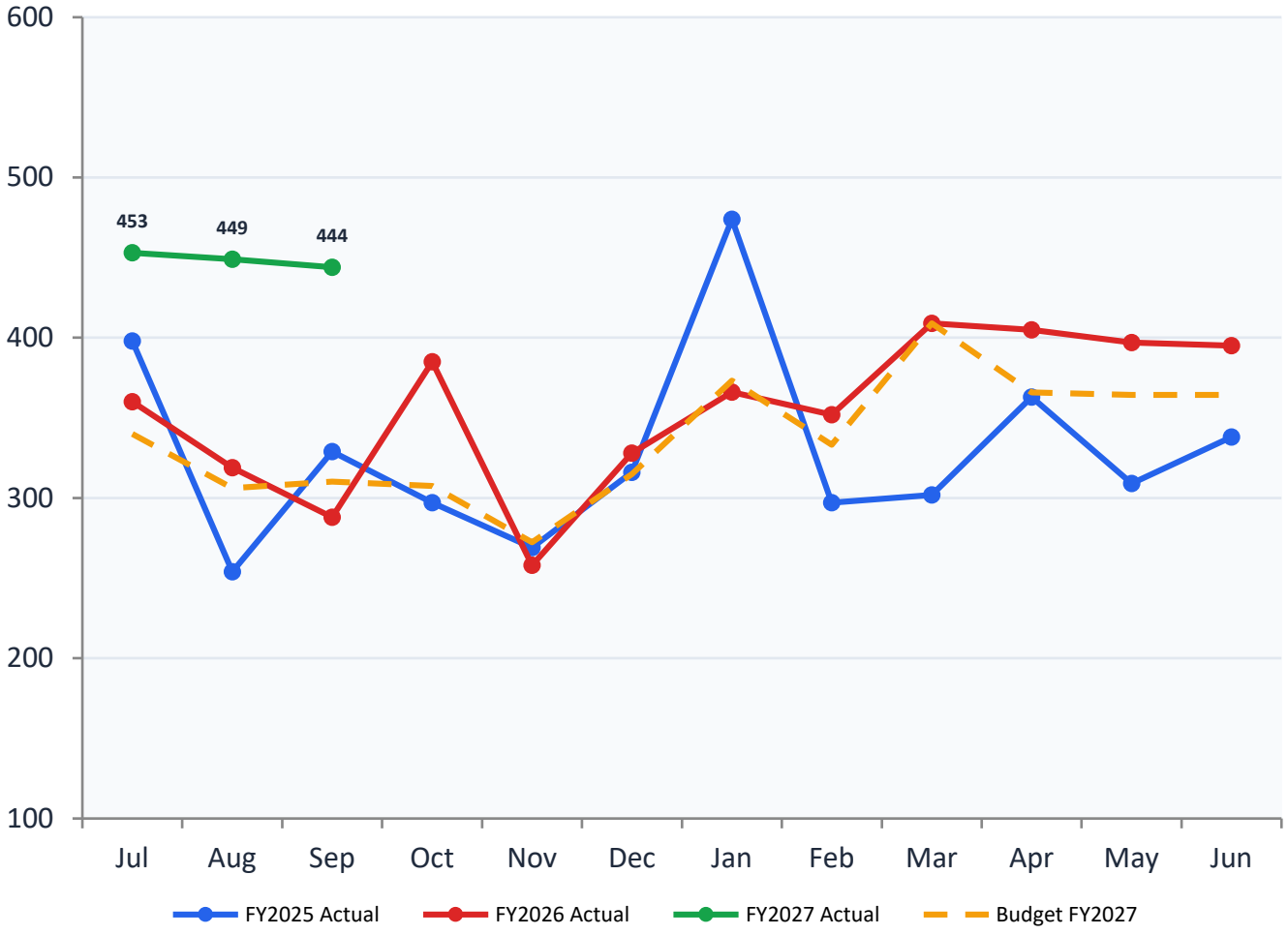


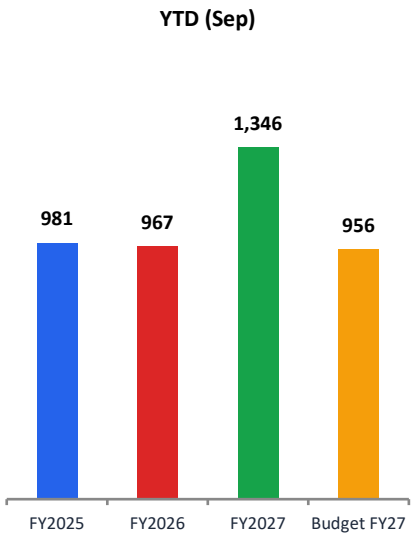
Nuclear Medicine-KHDC



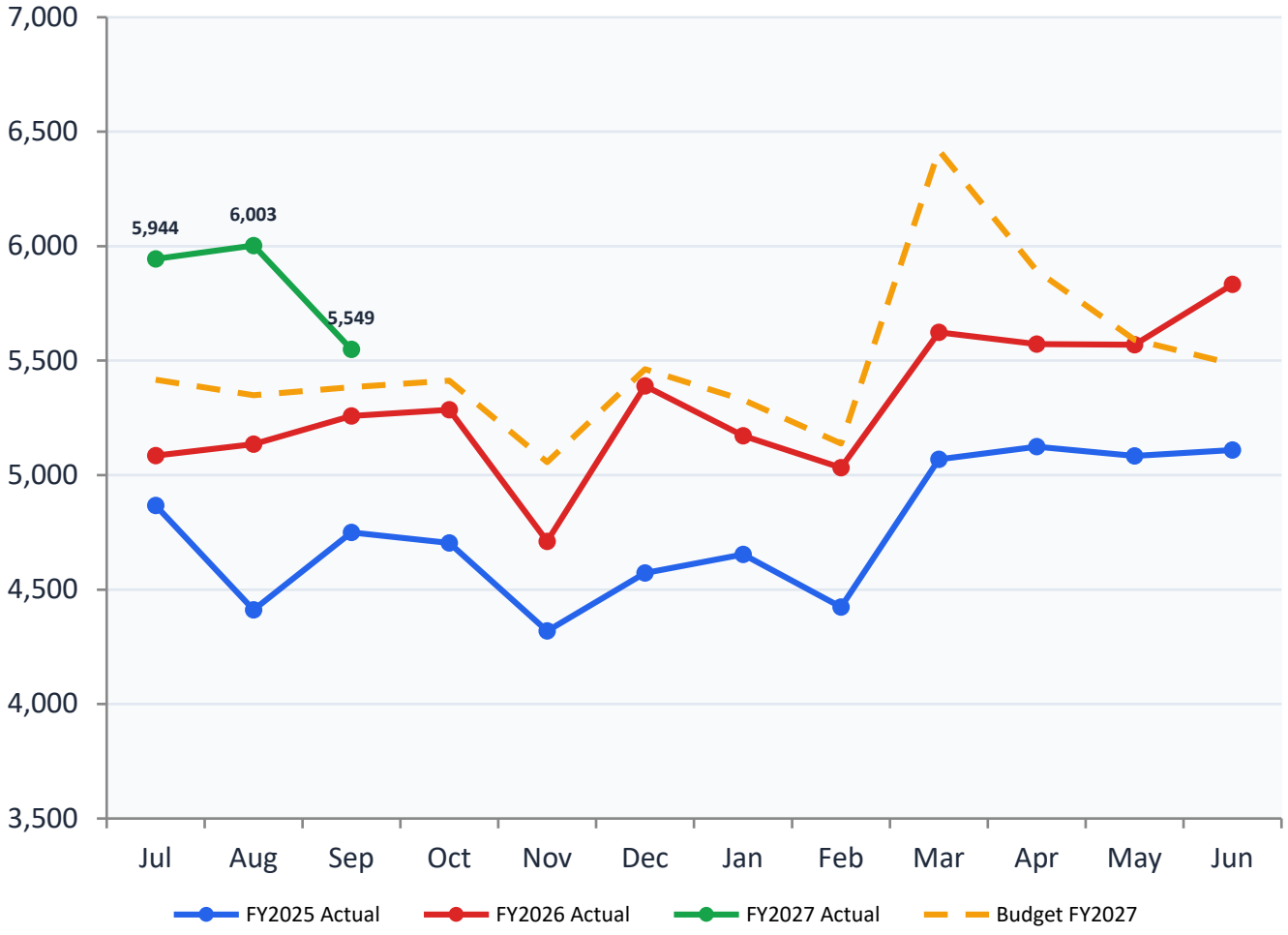


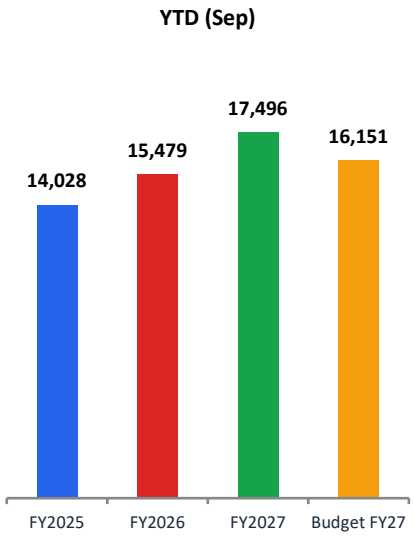
PET/CT-KHDC


600
500
400
300
200
100
453
449
444
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY2025 Actual
FY2026 Actual
FY2027 Actual
Budget FY2027

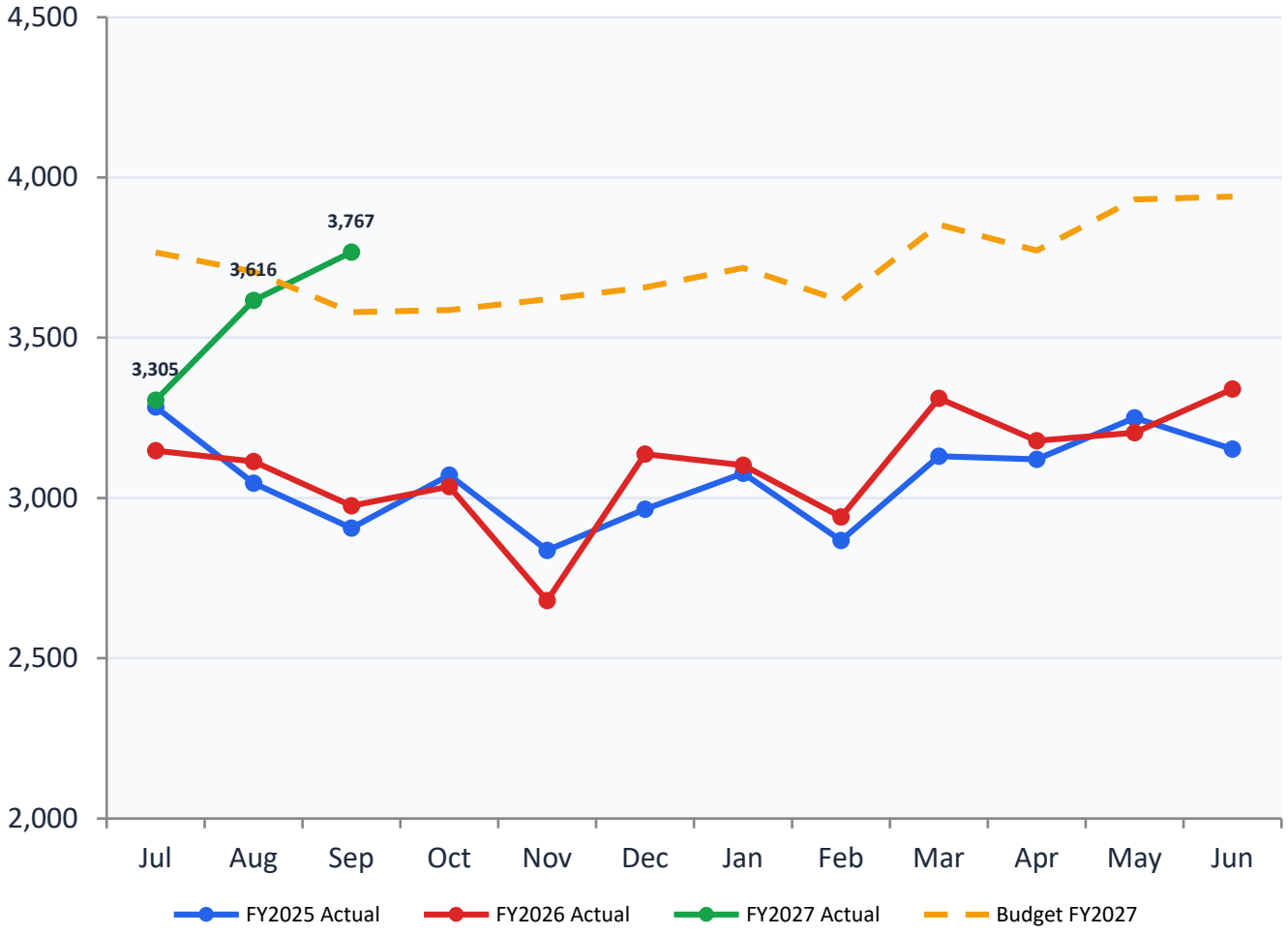

YTD (Sep)
981
967
1,346
956
FY2025
FY2026
FY2027
Budget FY27

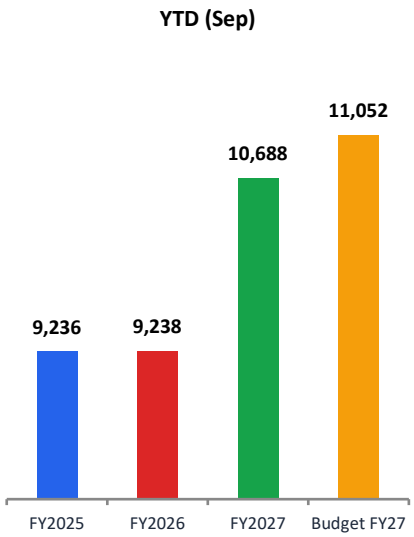
Radiology - CT - All Areas



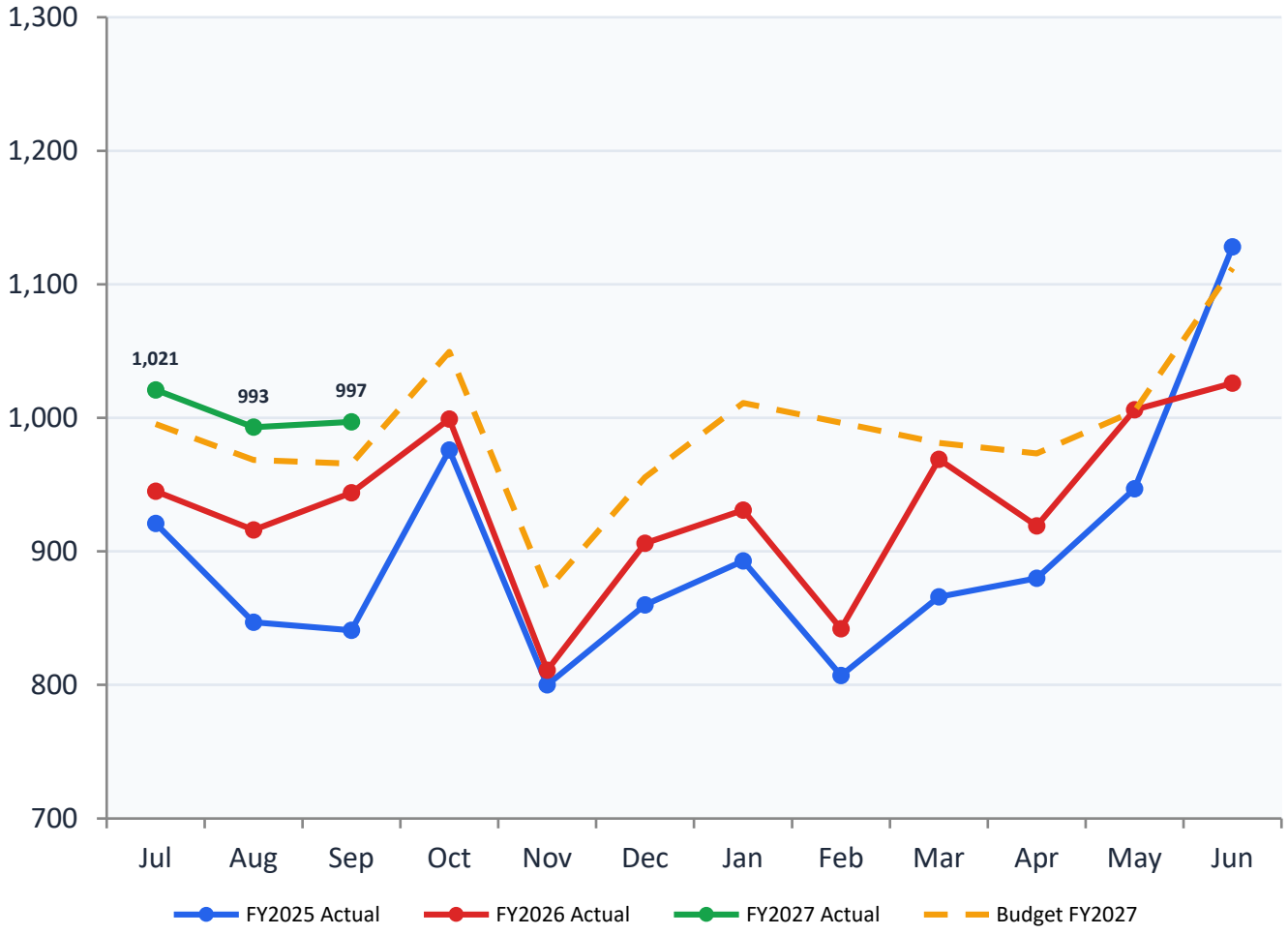


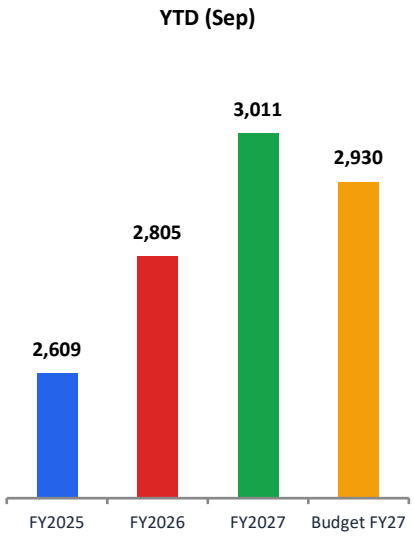
Radiology - Ultrasound - All Areas



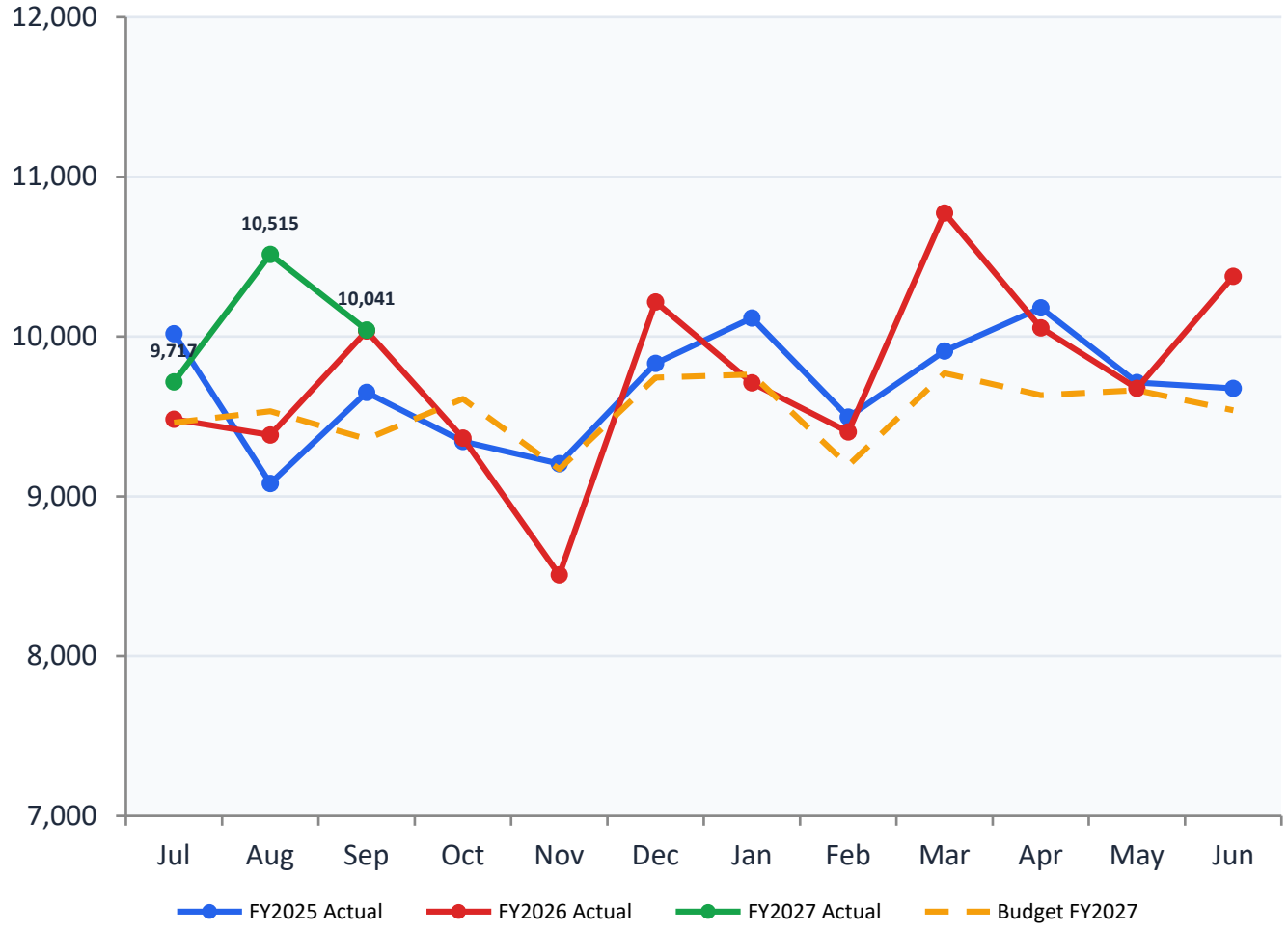


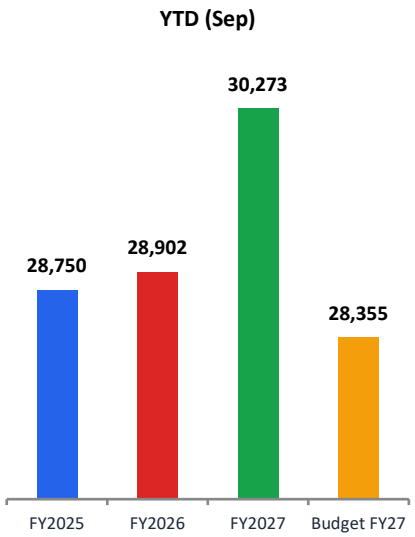
Radiology - MRI - All Areas



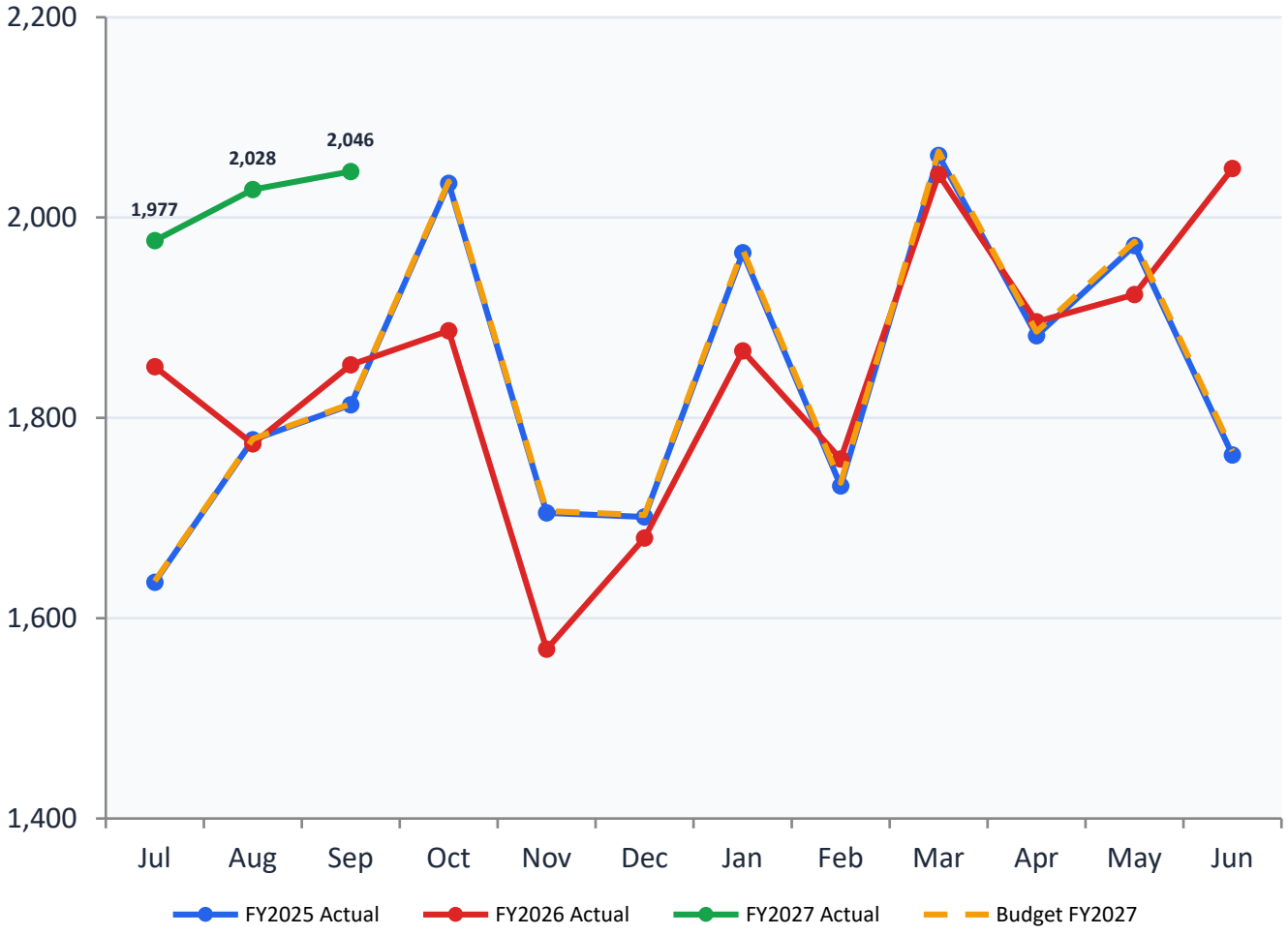


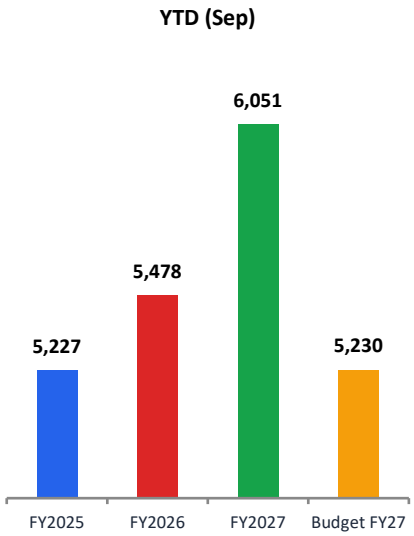
Radiology Modality - Diagnostic Radiology



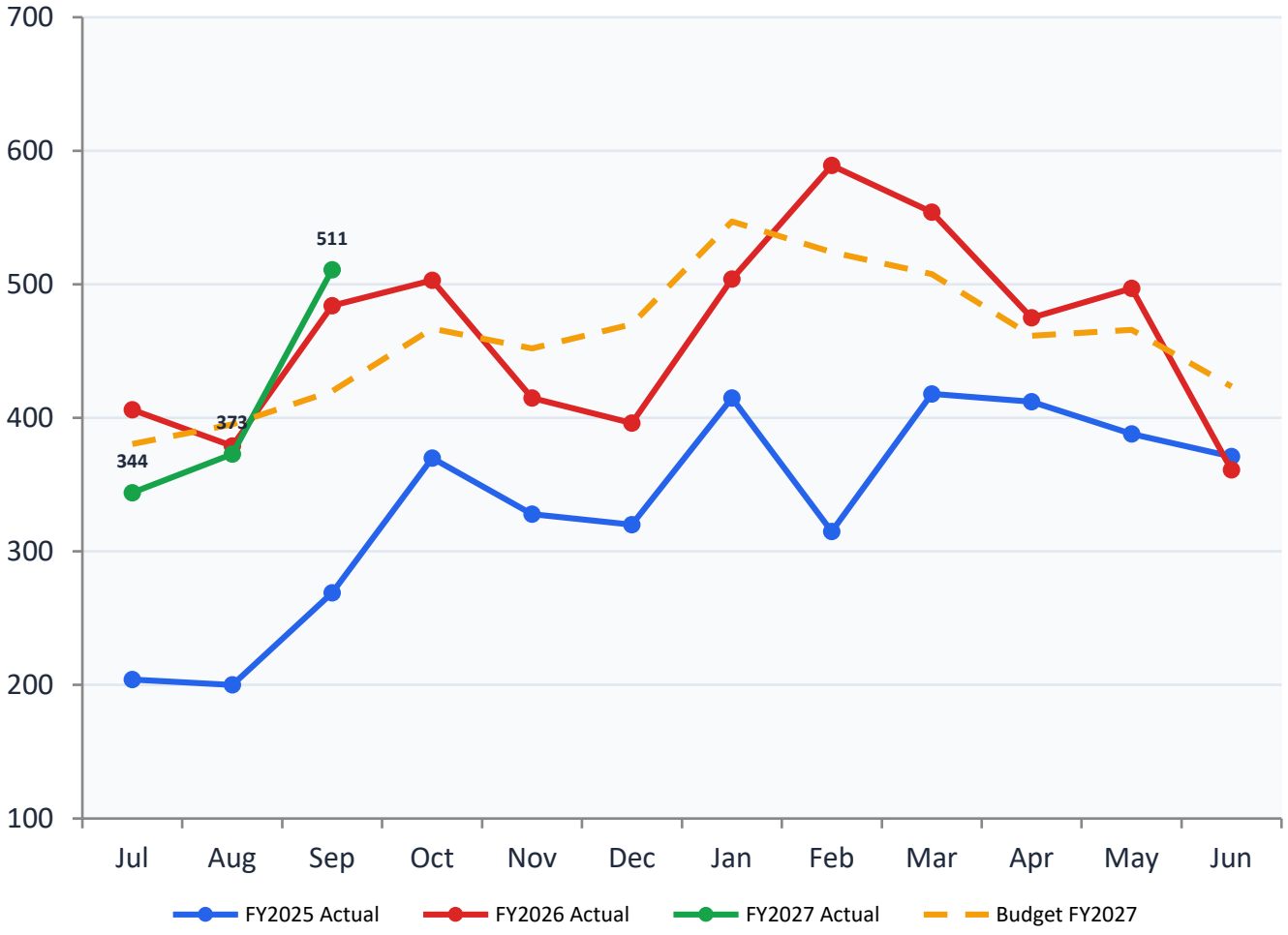


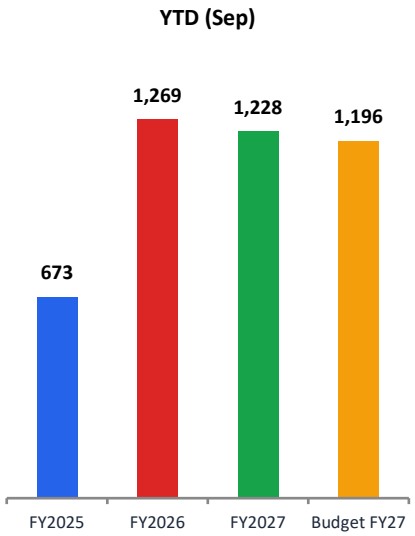
Radiology - UC Court/South Campus



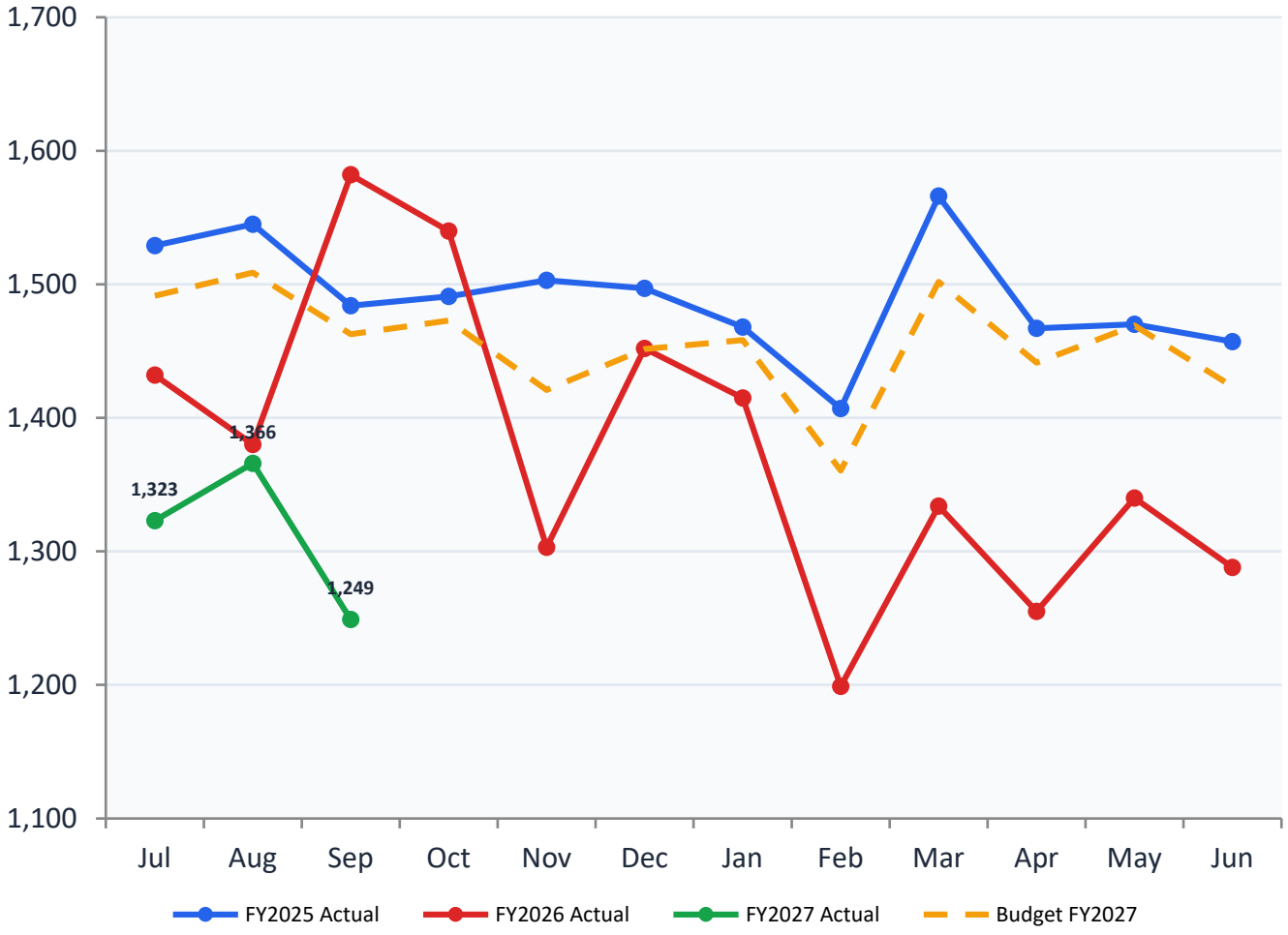


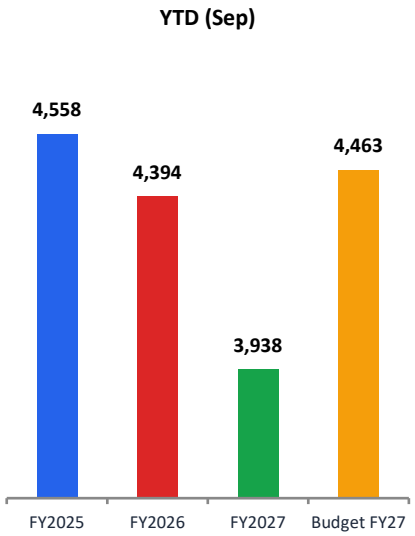
Radiology - UC Demaree/North Campus



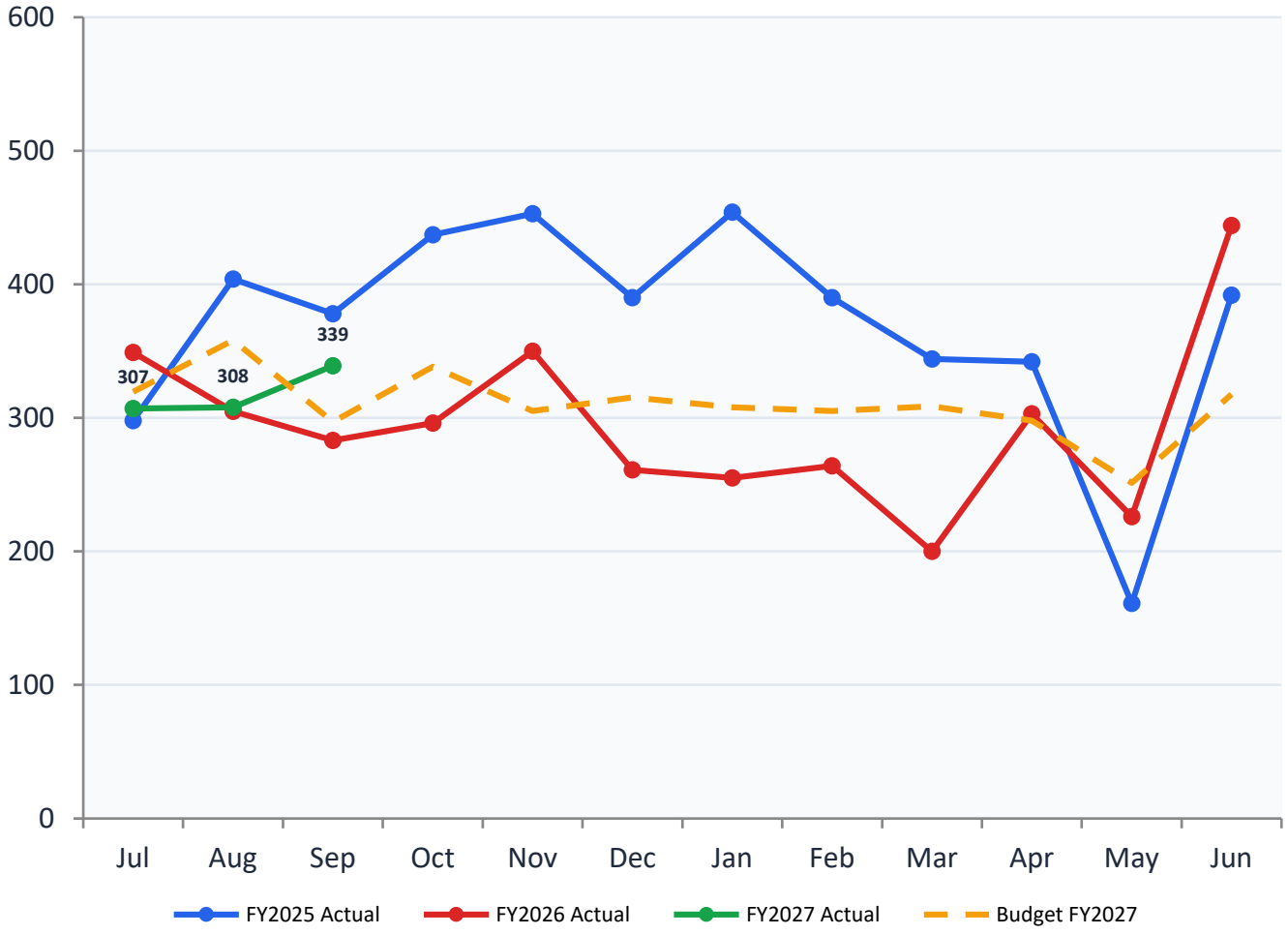


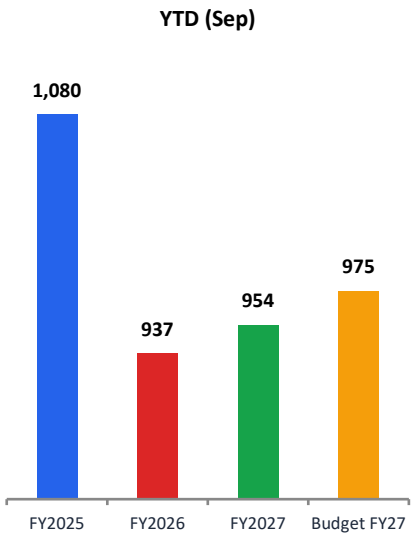
Chronic Dialysis - Visalia



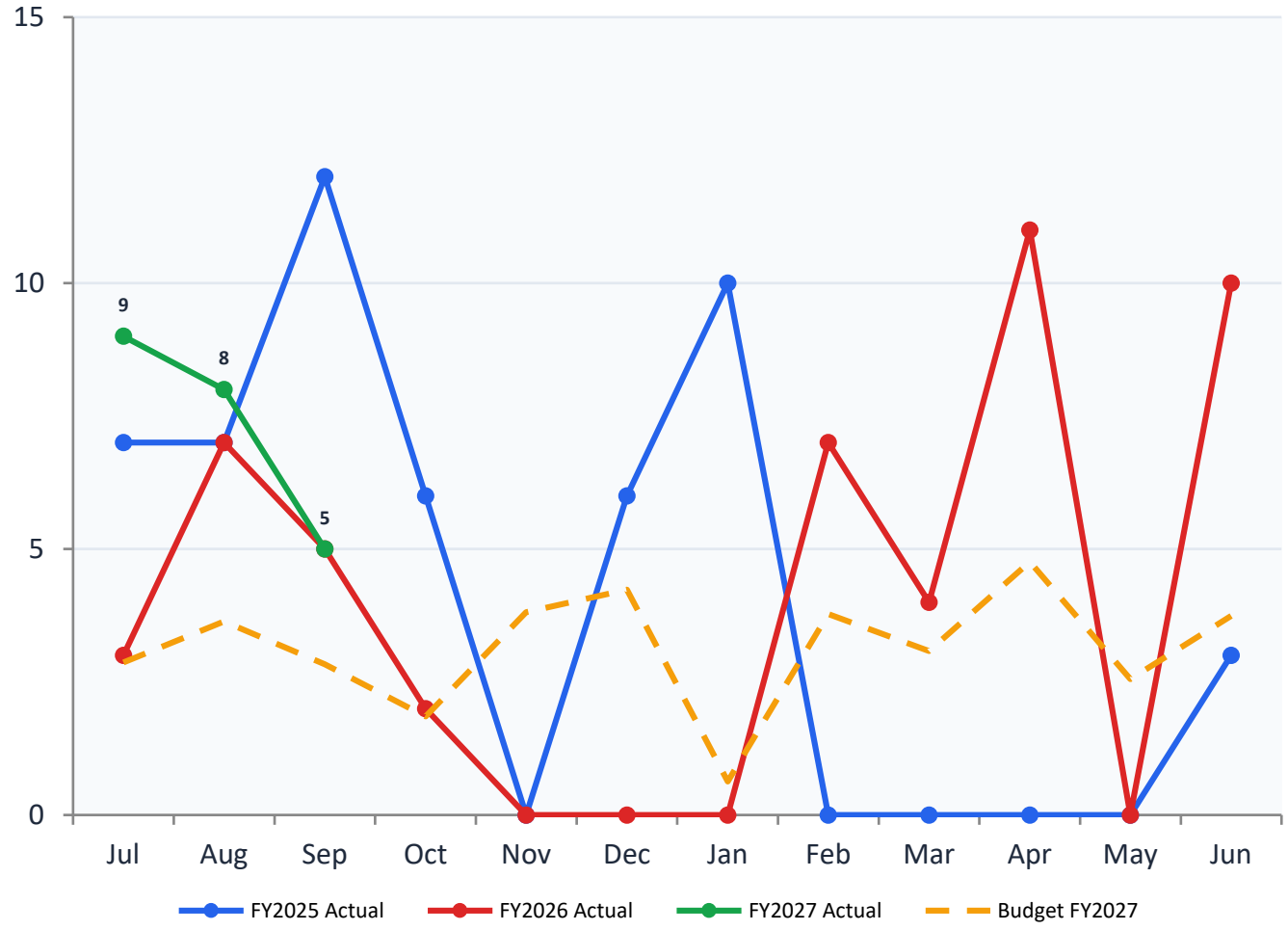


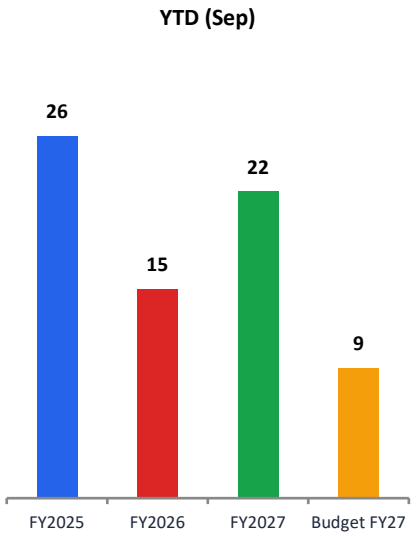
CAPD/CCPD - Maintenance Sessions



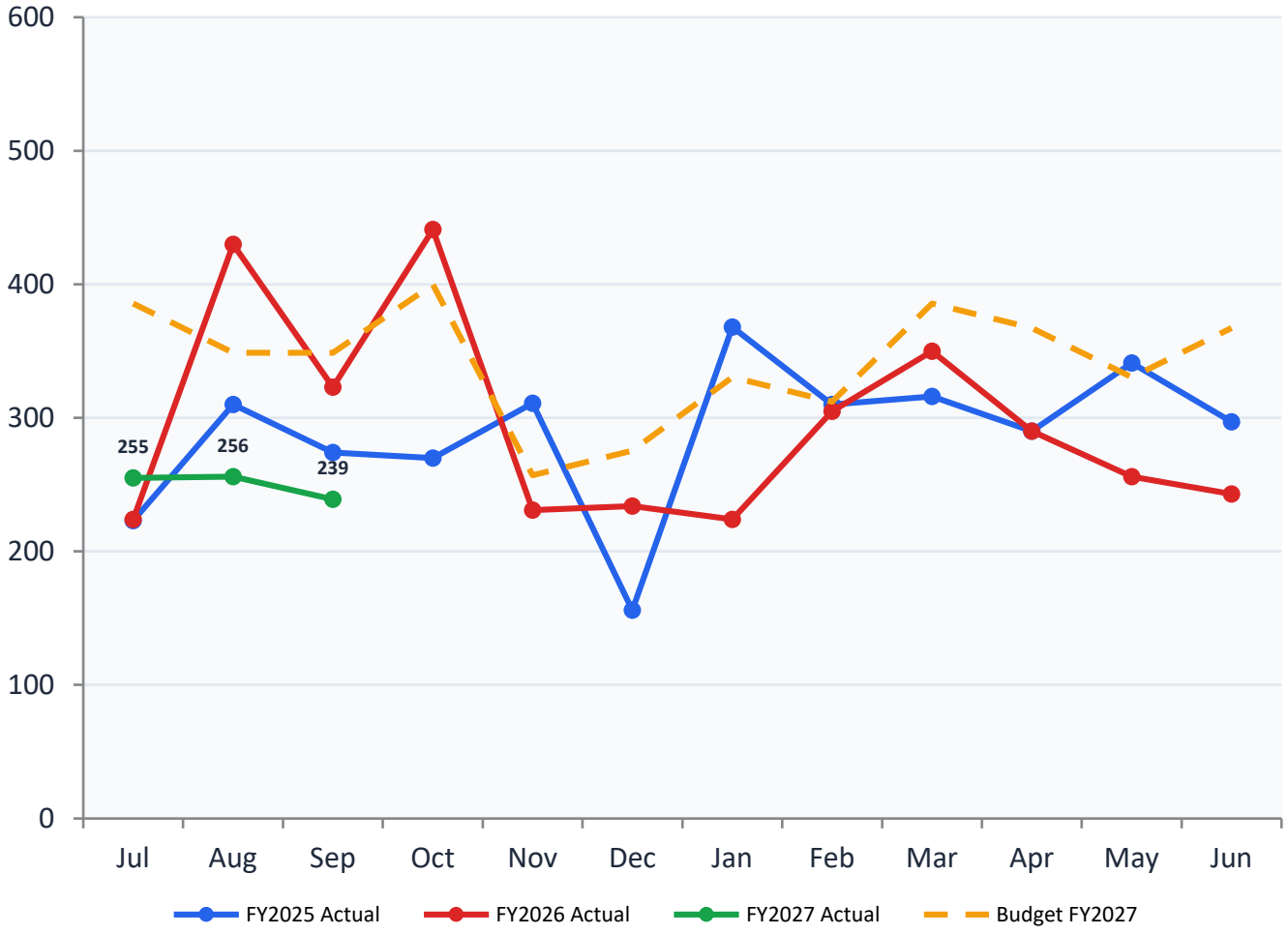


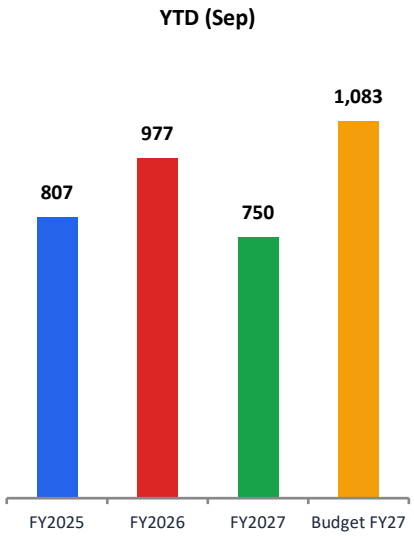
CAPD/CCPD - Training Sessions



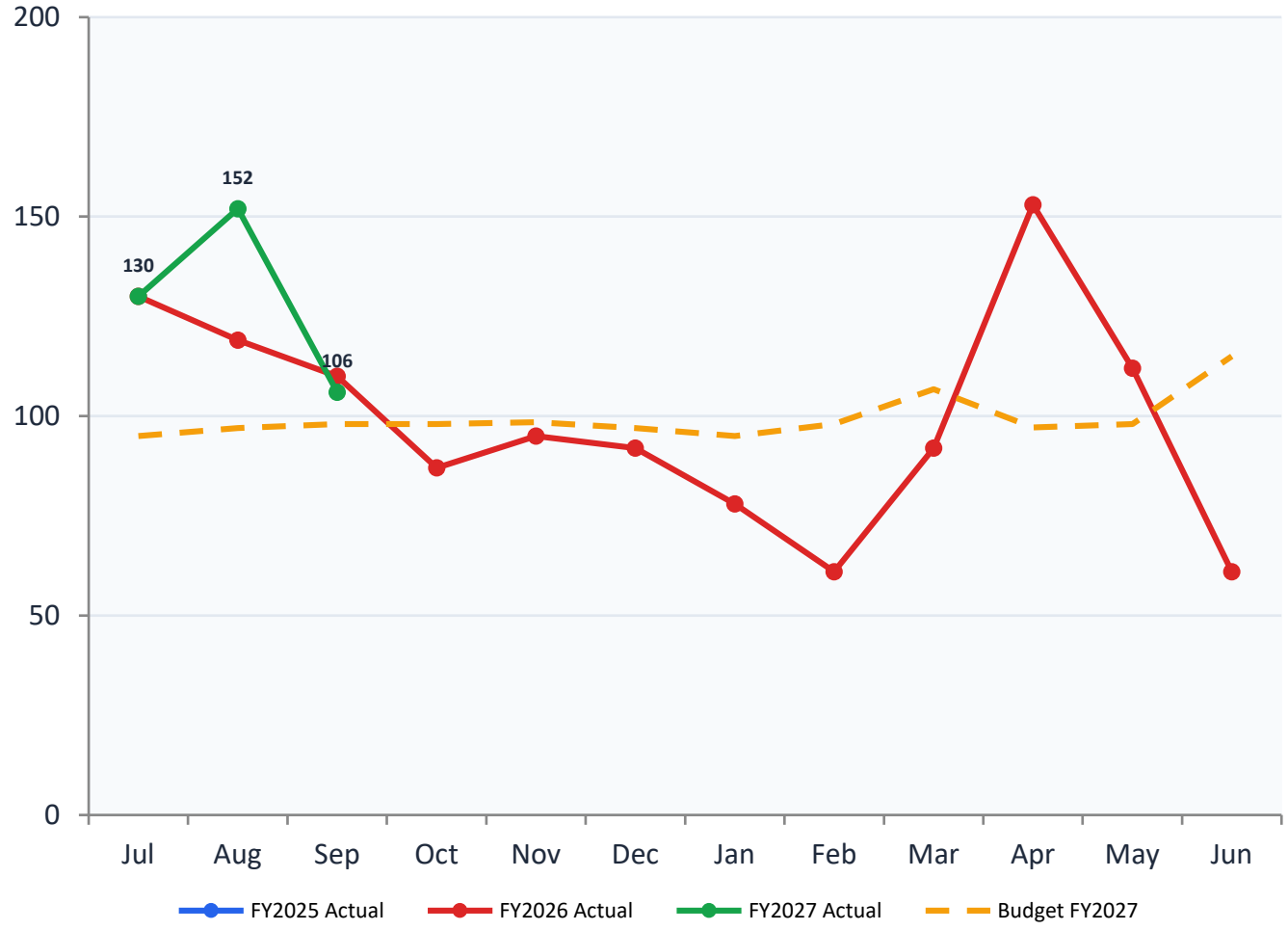


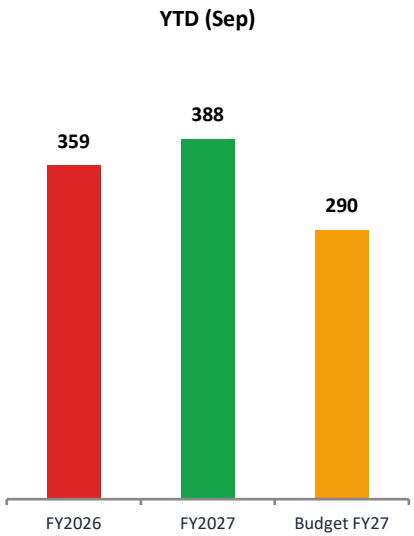
Urology Clinic Visits



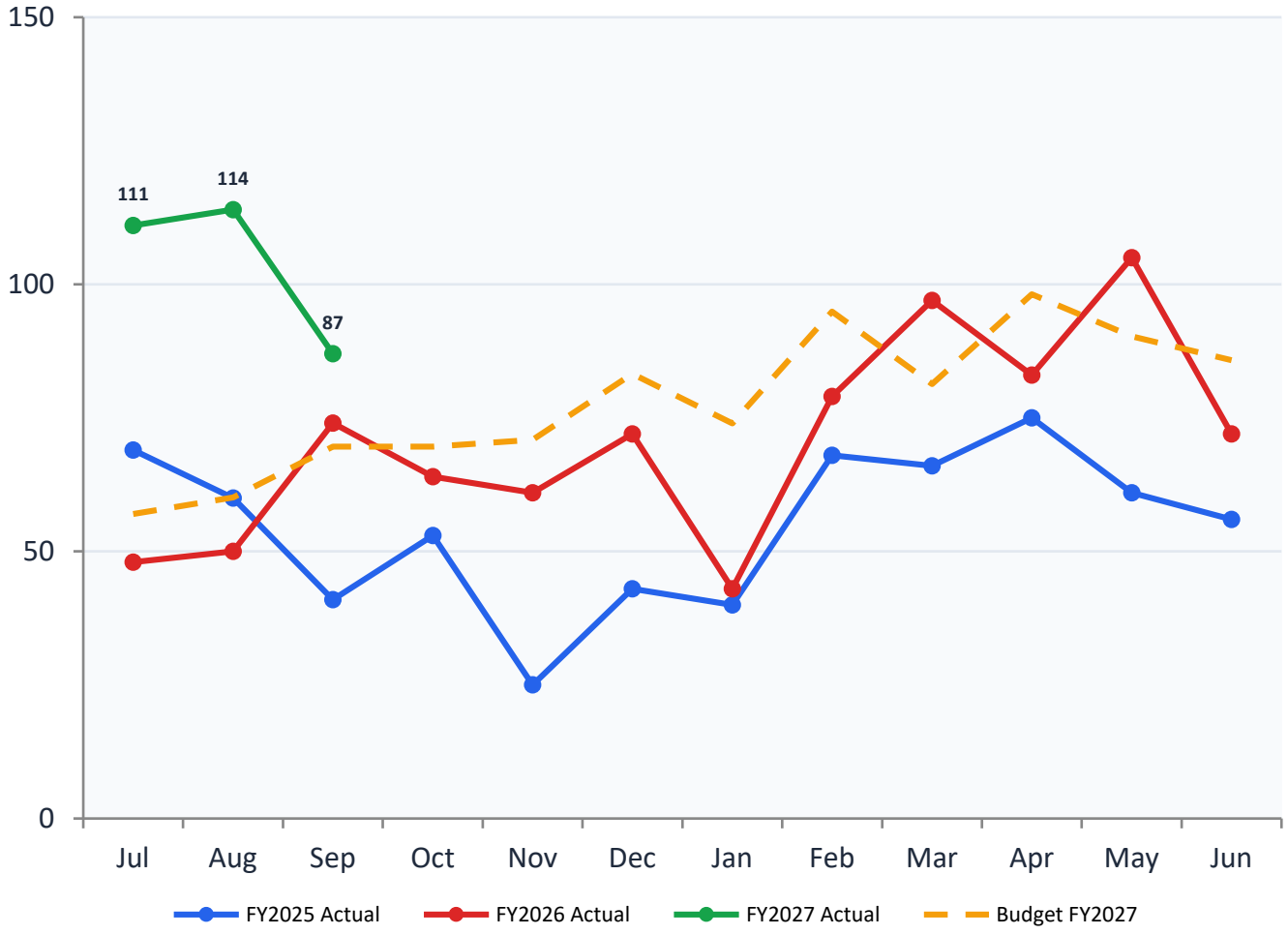


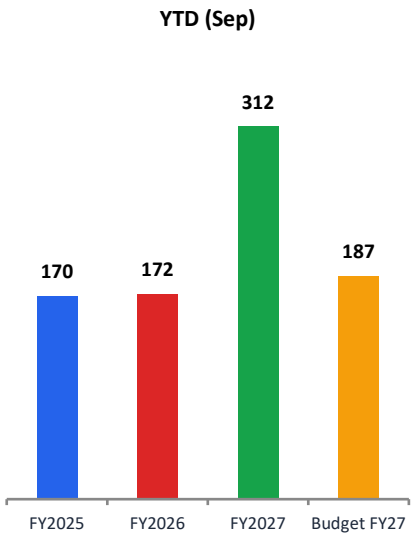
Open Arms House - Patient Days



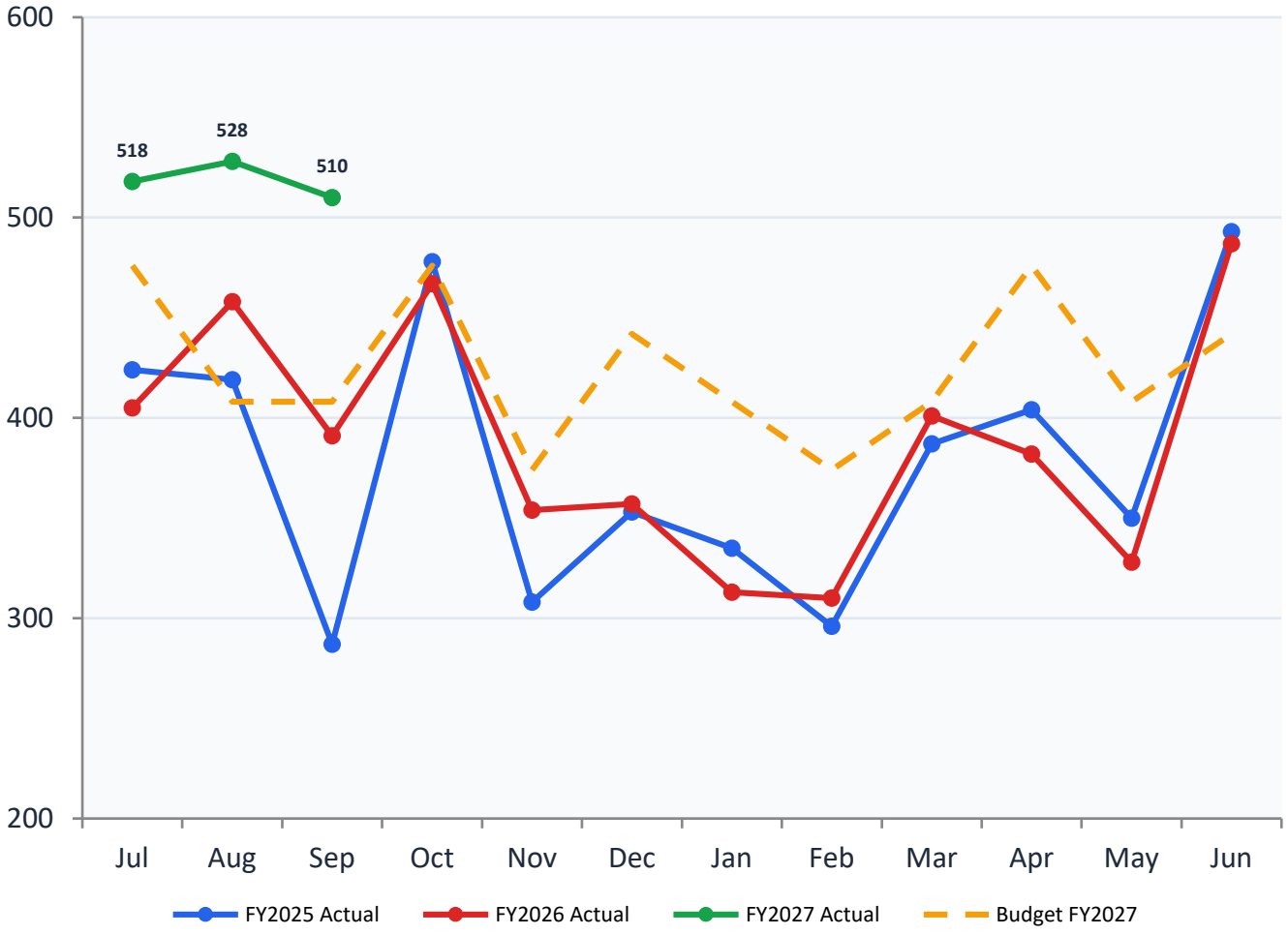


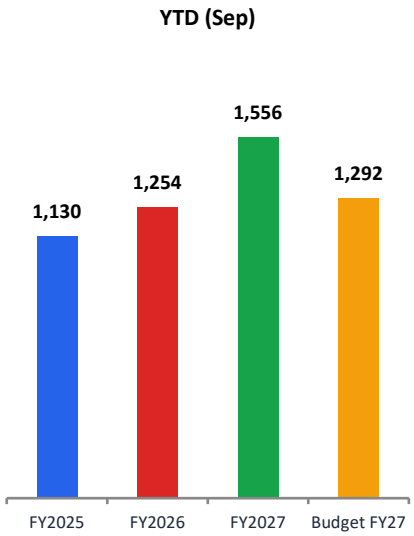
Cardiothoracic Surgery Clinic - Visits



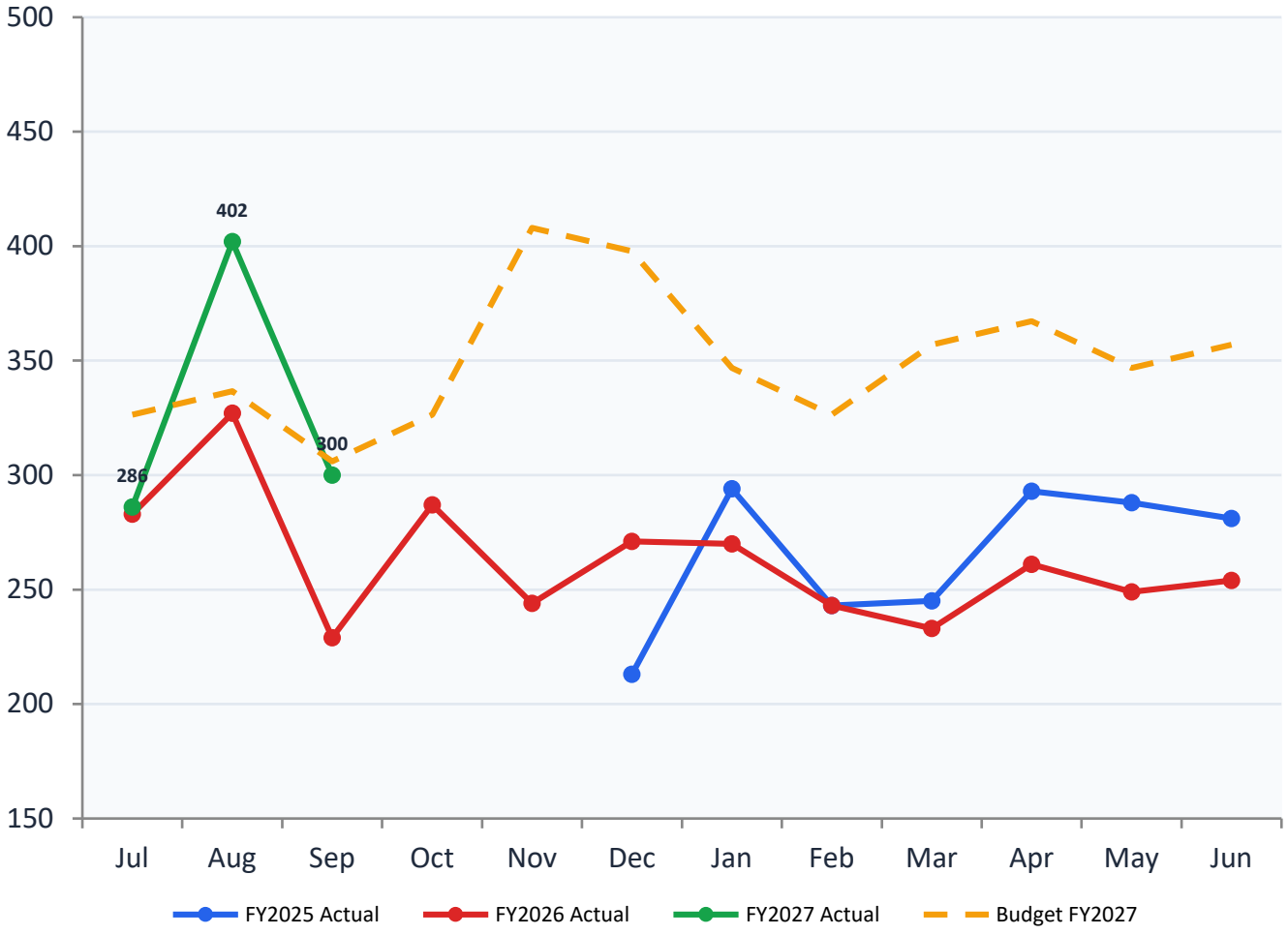


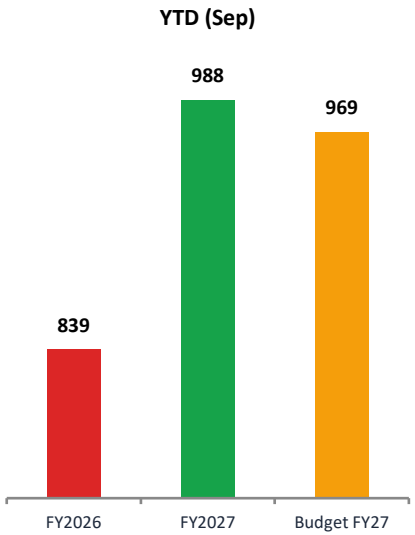
Cardiac Rehabilitation



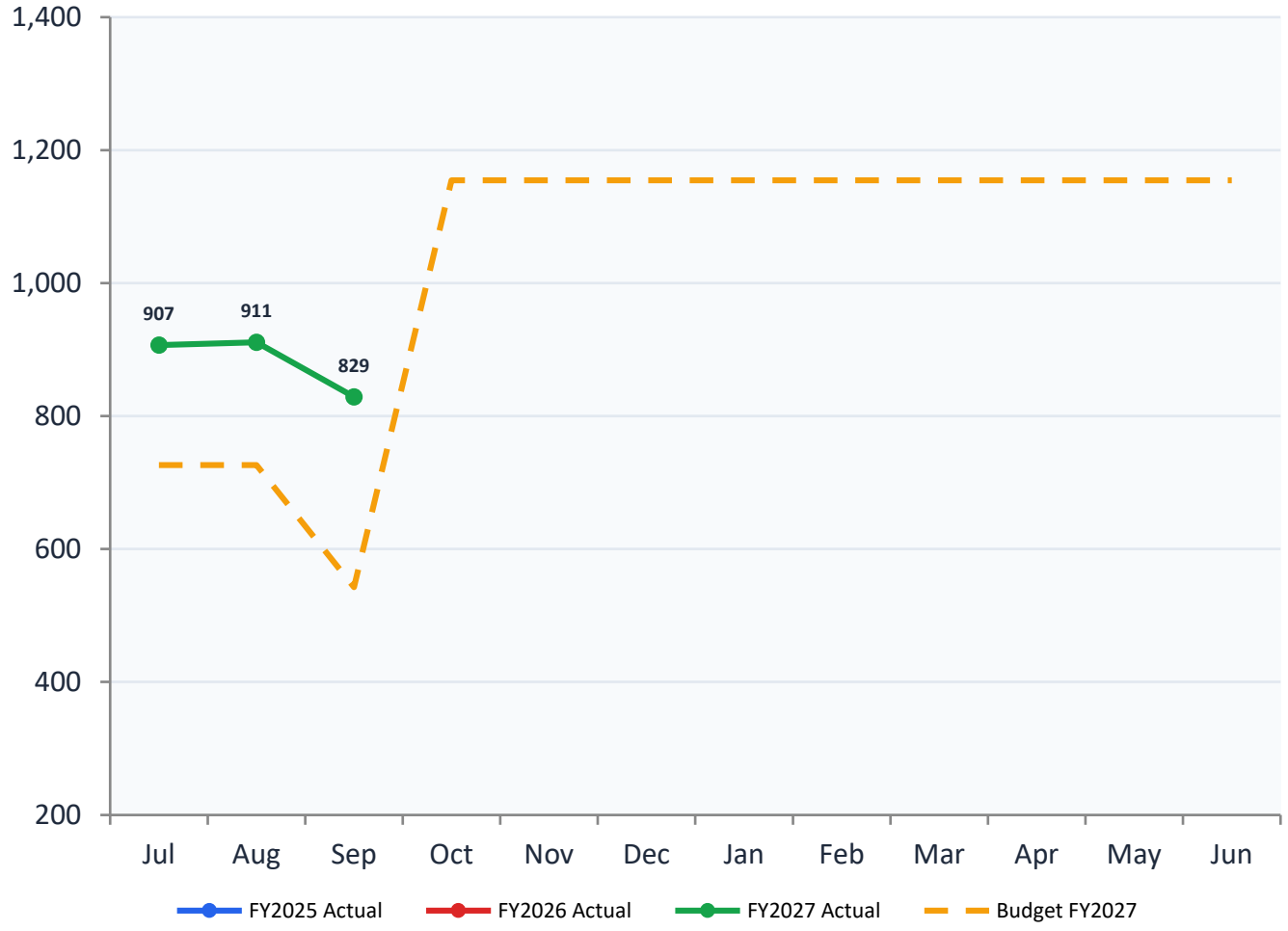


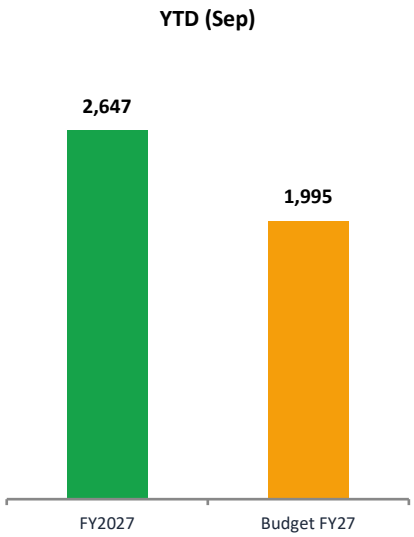
KH Medical Clinic - Plaza



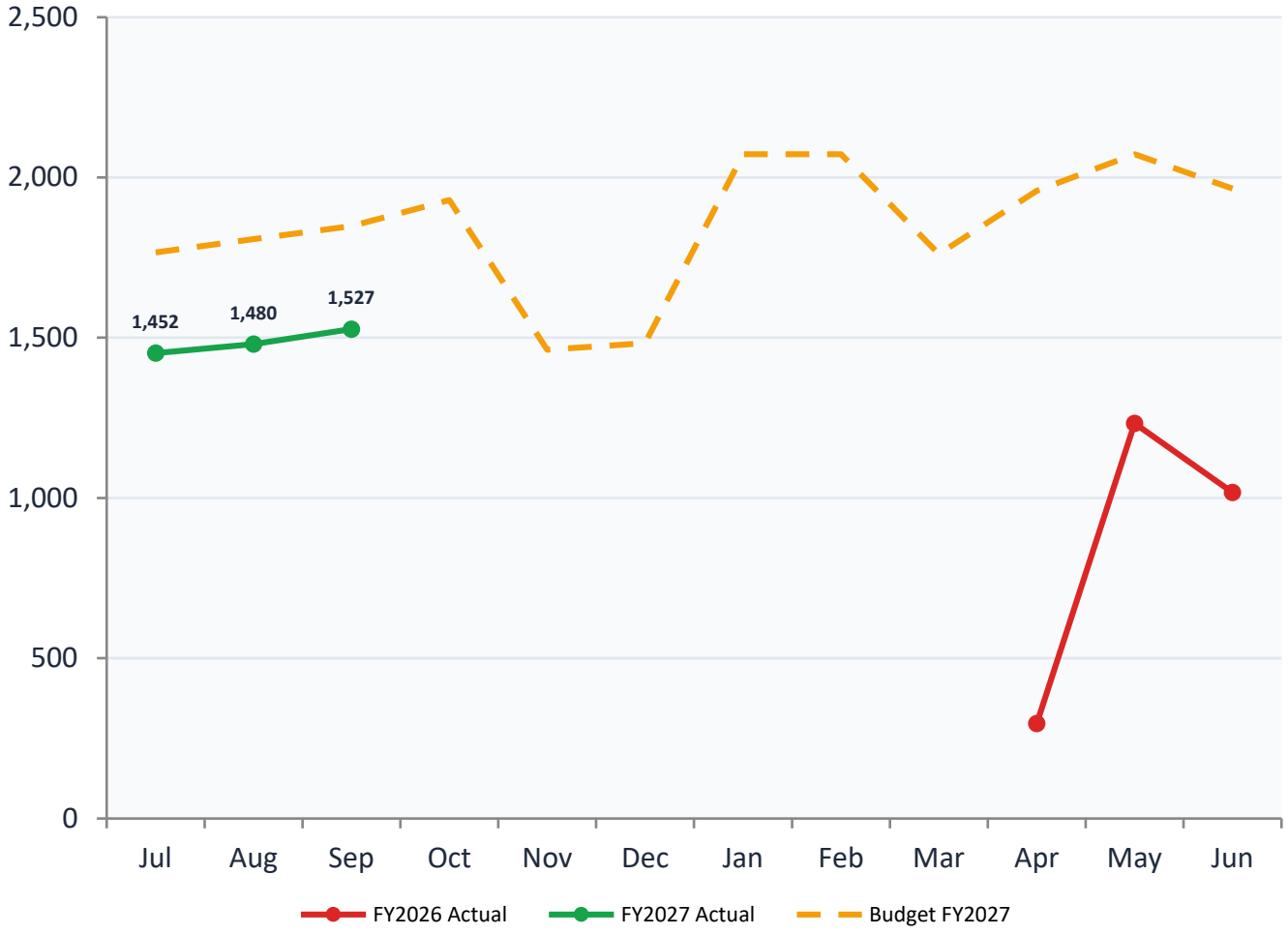


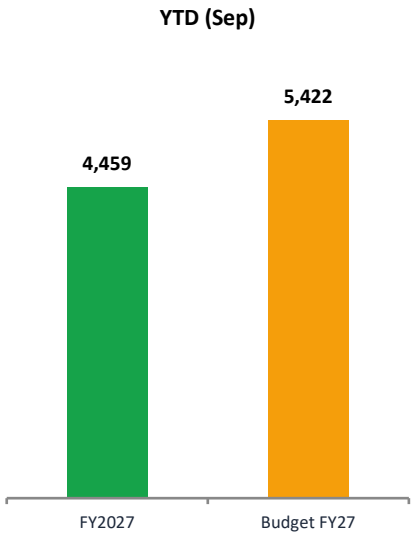
KH Willow Clinic-Women's Health



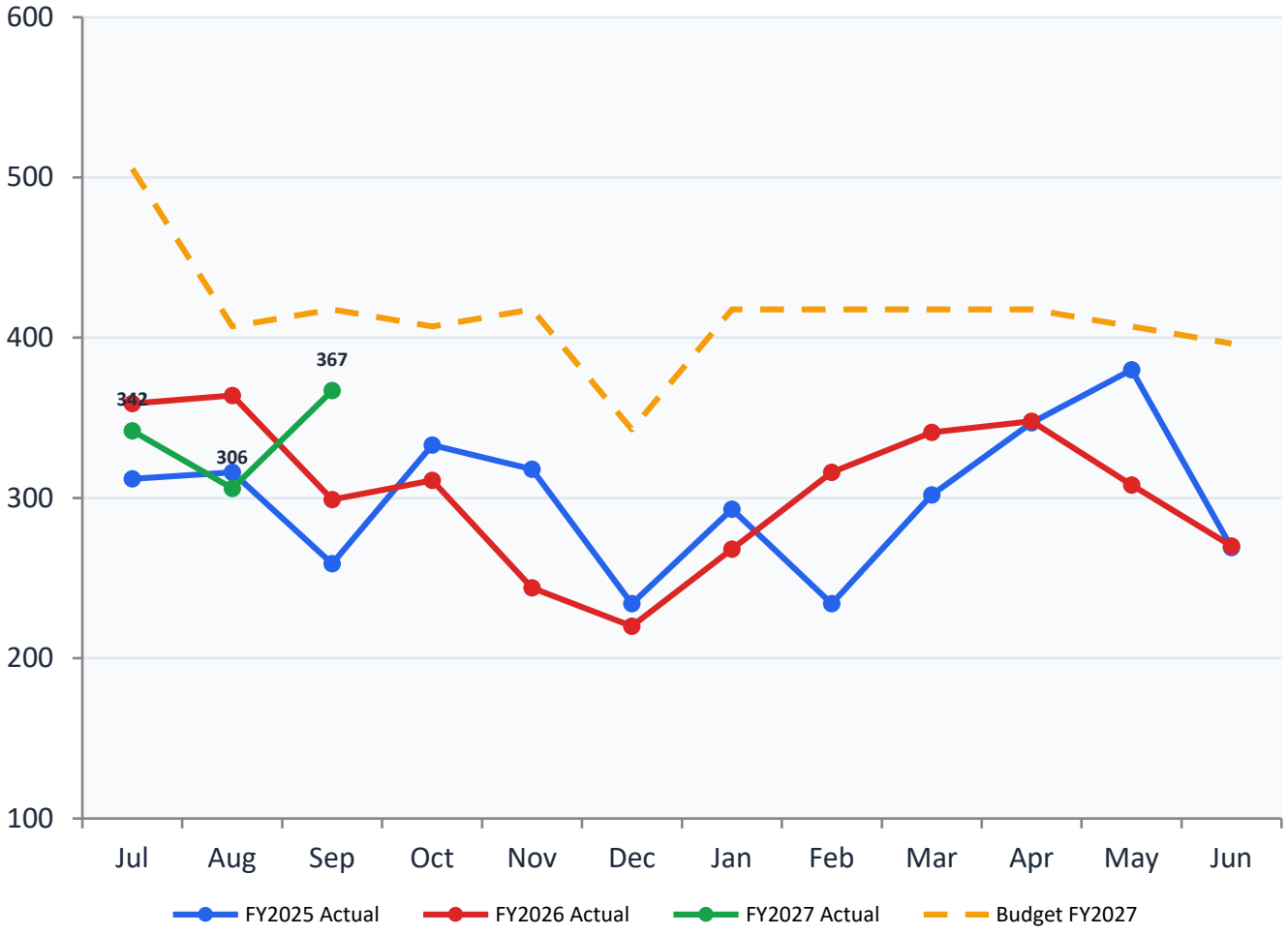


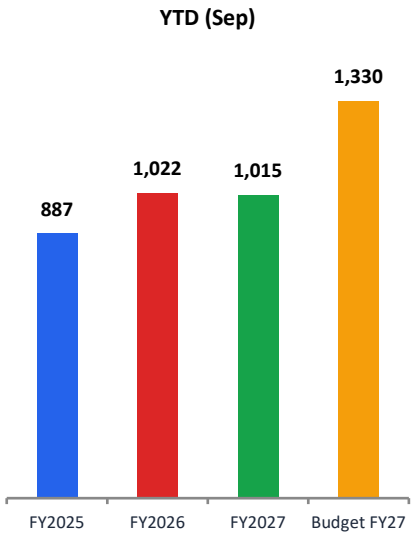
KH Medical Clinic - Akers



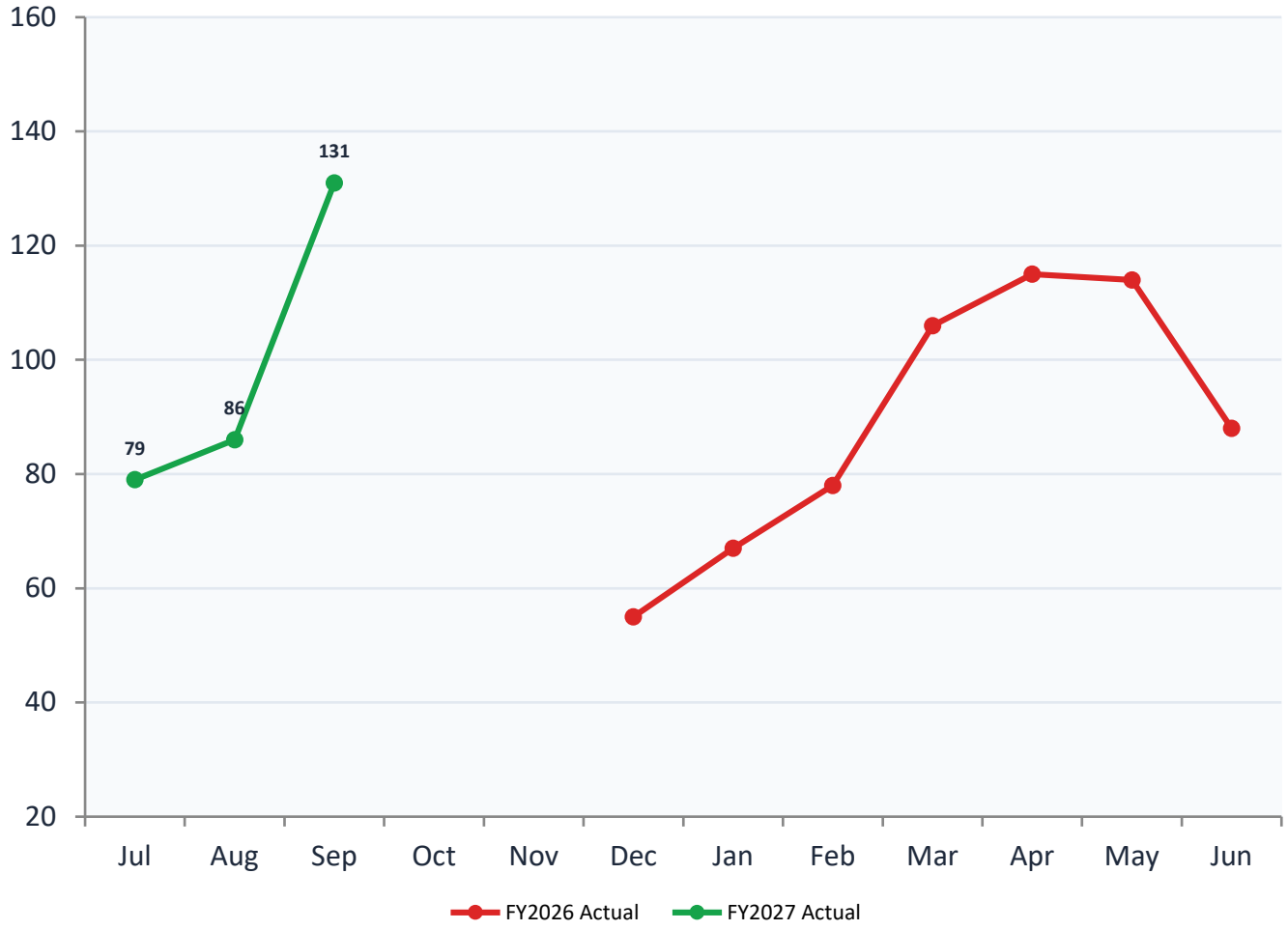


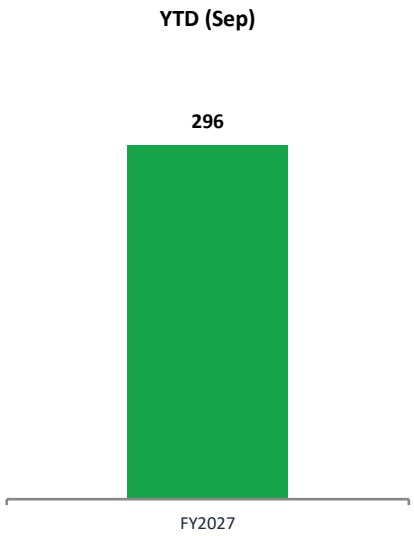
Mental Wellness Clinic - Visits



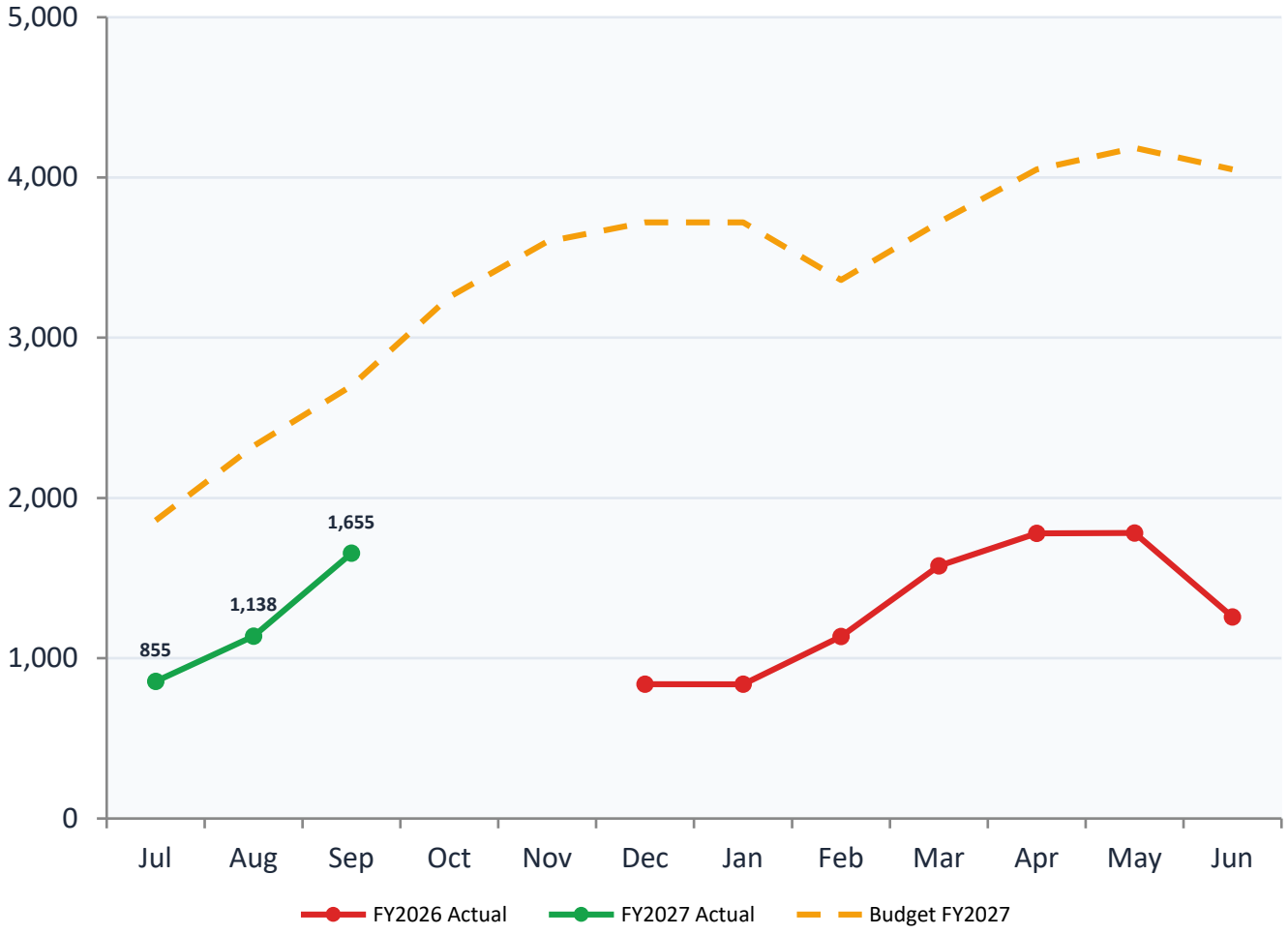


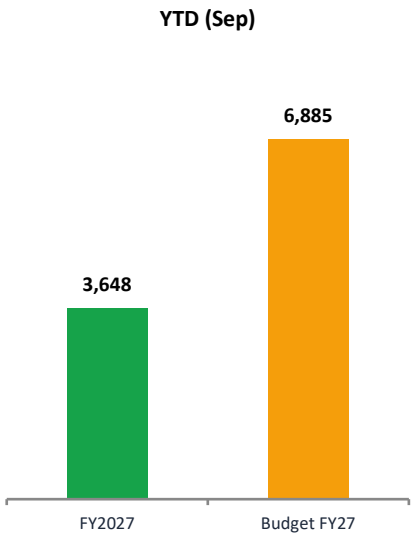
Crisis Stabilization Unit - Visits



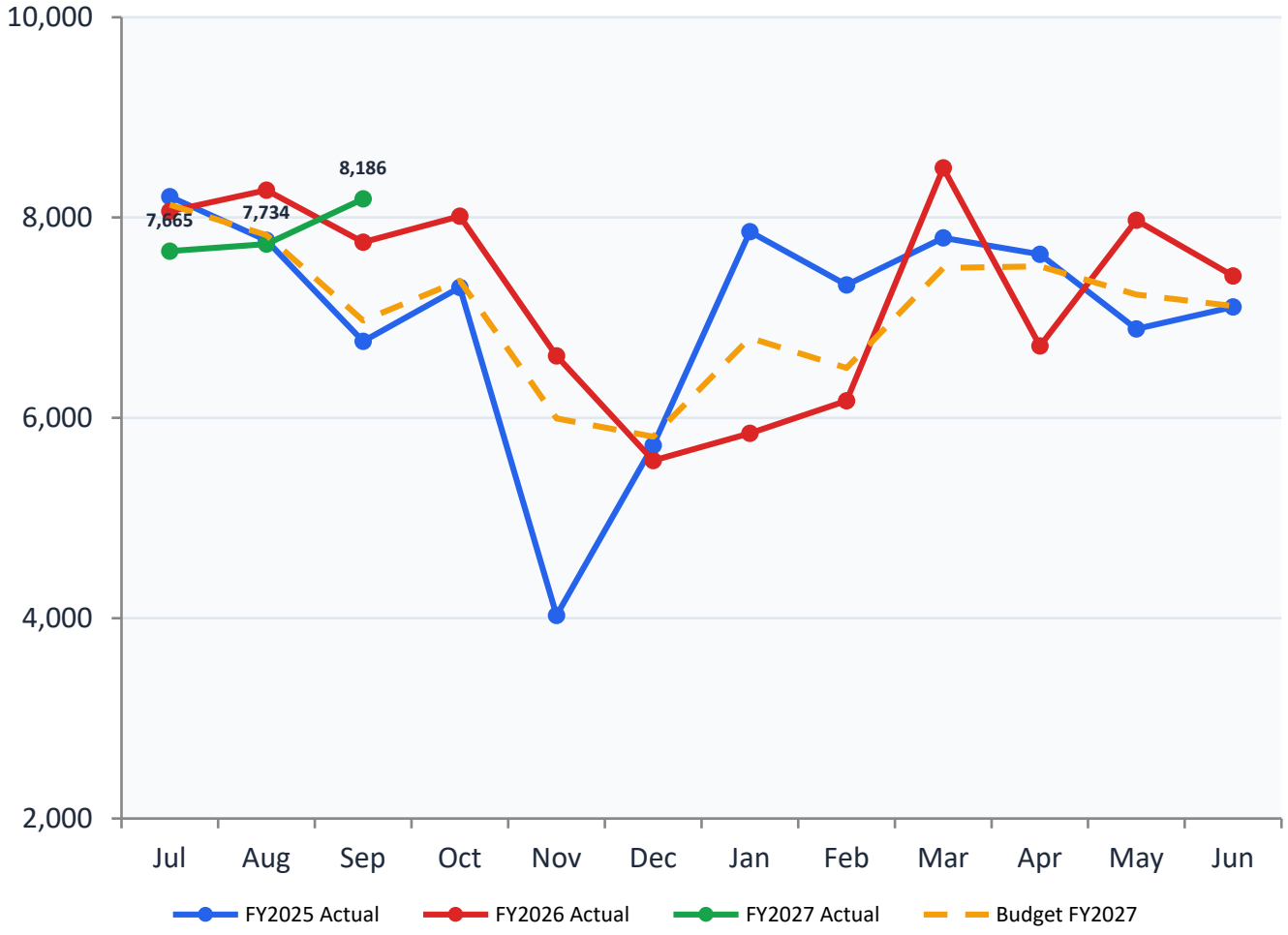


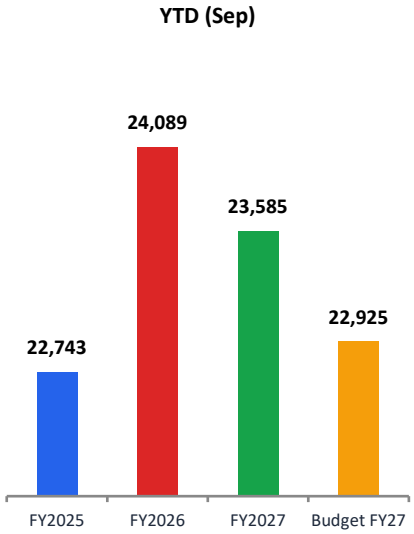
Crisis Stabilization Unit - Hours





Reference Lab





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

	Actual Results				Budget	Budget Variance	
	Sep25	Sep26	Change	% Change	Sep26	Change	% Change
ED - Avg Treated Per Day	282	286	4	1.4%	276	11	3.9%
Surgery (IP & OP) – 100 Min Units	812	850	38	4.7%	811	39	4.8%
Endoscopy Procedures	612	543	(69)	(11.3%)	566	(23)	(4.1%)
Cath Lab (IP & OP) - 100 Min Units	366	380	14	3.7%	392	(12)	(3.1%)
Cardiac Surgery Cases	29	24	(5)	(17.2%)	36	(12)	(33.3%)
Deliveries	345	355	10	2.9%	342	13	3.7%
Clinical Lab	258,892	276,864	17,972	6.9%	294,699	(17,835)	(6.1%)
Reference Lab	7,754	8,186	432	5.6%	6,970	1,216	17.4%
Dialysis Center - Visalia Visits	1,582	1,249	(333)	(21.0%)	1,463	(214)	(14.6%)
Infusion Center - Units of Service	614	532	(82)	(13.4%)	589	(57)	(9.7%)
Hospice Days	4,147	3,961	(186)	(4.5%)	4,175	(214)	(5.1%)
Home Health Visits	3,189	2,638	(551)	(17.3%)	2,700	(62)	(2.3%)
Home Infusion Days	23,489	23,294	(195)	(0.8%)	22,350	944	4.2%

Other Statistical Results – Fiscal Year Comparison (Sep)

	YTD Actual Results				Budget	Budget Variance	
	YTD Sep25	YTD Sep26	Change	% Change	YTD Sep26	Change	% Change
ED - Avg Treated Per Day	280	282	2	0.7%	278	4	1.4%
Surgery (IP & OP) – 100 Min Units	2,464	2,489	25	1.0%	2,524	(35)	(1.4%)
Endoscopy Procedures	1,873	1,648	(225)	(12.0%)	1,624	24	1.5%
Cath Lab (IP & OP) - 100 Min Units	1,112	1,141	29	2.6%	1,129	12	1.1%
Cardiac Surgery Cases	87	66	(21)	(24.1%)	100	(34)	(34.0%)
Deliveries	1,097	1,045	(52)	(4.7%)	1,049	(4)	(0.4%)
Clinical Lab	775,827	845,589	69,763	9.0%	866,731	(21,142)	(2.4%)
Reference Lab	24,089	23,585	(504)	(2.1%)	22,925	660	2.9%
Dialysis Center - Visalia Visits	4,394	3,938	(456)	(10.4%)	4,463	(525)	(11.8%)
Infusion Center - Units of Service	1,937	1,633	(304)	(15.7%)	1,814	(181)	(10.0%)
Hospice Days	11,995	11,711	(284)	(2.4%)	12,698	(987)	(7.8%)
Home Health Visits	9,249	7,855	(1,394)	(15.1%)	8,100	(245)	(3.0%)
Home Infusion Days	73,647	68,360	(5,287)	(7.2%)	71,521	(3,161)	(4.4%)

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

	Actual Results				Budget	Budget Variance	
	Sep25	Sep26	Change	% Change	Sep26	Change	% Change
All O/P Rehab Svcs Across District	21,038	22,172	1,134	5.4%	19,693	2,479	12.6%
Physical & Other Therapy Units (I/P & O/P	18,191	22,237	4,046	22.2%	20,289	1,948	9.6%
Radiology - CT - All Areas	5,259	5,549	290	5.5%	5,384	165	3.1%
Radiology - MRI - All Areas	944	997	53	5.6%	966	31	3.2%
Radiology - Ultrasound - All Areas	2,976	3,767	791	26.6%	3,580	187	5.2%
Radiology - Diagnostic Radiology	10,036	10,041	5	0.0%	9,360	681	7.3%
Radiology – Main Campus	16,210	16,619	409	2.5%	16,011	608	3.8%
Radiology - Ultrasound - Main Campus	2,276	2,741	465	20.4%	2,565	176	6.9%
West Campus - Diagnostic Radiology	1,298	1,550	252	19.4%	1,292	258	19.9%
West Campus - CT Scan	573	663	90	15.7%	526	137	26.0%
West Campus - MRI	434	496	62	14.3%	446	50	11.3%
West Campus - Ultrasound	700	1,026	326	46.6%	1,015	11	1.1%
West Campus - Breast Center	1,361	1,768	407	29.9%	1,725	43	2.5%
Med Onc Visalia Treatments	1,151	1,365	214	18.6%	1,207	158	13.1%
Rad Onc Visalia Treatments	1,671	2,666	995	59.5%	1,663	1,003	60.3%
Rad Onc Hanford Treatments	306	269	(37)	(12.1%)	242	27	11.2%

Other Statistical Results – Fiscal Year Comparison (Sep)

	YTD Actual Results				Budget	Budget Variance	
	YTD Sep25	YTD Sep26	Change	% Change	YTD Sep26	Change	% Change
All O/P Rehab Svcs Across District	62,338	63,759	1,421	2.3%	60,525	3,234	5.3%
Physical & Other Therapy Units (I/P & O/P	55,835	66,609	10,774	19.3%	62,589	4,020	6.4%
Radiology - CT - All Areas	15,479	17,496	2,017	13.0%	16,151	1,345	8.3%
Radiology - MRI - All Areas	2,805	3,011	206	7.3%	2,930	81	2.8%
Radiology - Ultrasound - All Areas	9,238	10,688	1,450	15.7%	11,052	(364)	(3.3%)
Radiology - Diagnostic Radiology	28,902	30,273	1,371	4.7%	28,355	1,918	6.8%
Radiology – Main Campus	47,454	50,250	2,796	5.9%	48,506	1,744	3.6%
Radiology - Ultrasound - Main Campus	7,066	7,518	452	6.4%	7,996	(478)	(6.0%)
West Campus - Diagnostic Radiology	3,896	4,600	704	18.1%	3,888	712	18.3%
West Campus - CT Scan	1,614	2,007	393	24.3%	1,655	352	21.3%
West Campus - MRI	1,288	1,441	153	11.9%	1,383	58	4.2%
West Campus - Ultrasound	2,172	3,170	998	45.9%	3,056	114	3.7%
West Campus - Breast Center	4,179	5,888	1,709	40.9%	5,451	437	8.0%
Med Onc Visalia Treatments	3,494	3,867	373	10.7%	3,620	247	6.8%
Rad Onc Visalia Treatments	5,007	6,572	1,565	31.3%	5,249	1,323	25.2%
Rad Onc Hanford Treatments	875	674	(201)	(23.0%)	746	(72)	(9.7%)

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

	Actual Results				Budget	Budget Variance	
	Sep25	Sep26	Change	% Change	Sep26	Change	% Change
Rural Health Clinics Visits	13,013	12,866	(147)	(1.1%)	12,037	829	6.9%
RHC Exeter - Visits	6,219	6,194	(25)	(0.4%)	6,144	50	0.8%
RHC Lindsay - Visits	1,809	1,688	(121)	(6.7%)	1,795	(107)	(6.0%)
RHC Woodlake - Visits	687	581	(106)	(15.4%)	630	(49)	(7.8%)
RHC Woodlake Valencia - Visits	696	808	112	16.1%	912	(104)	(11.4%)
RHC Dinuba - Visits	1,353	1,376	23	1.7%	1,274	102	8.0%
RHC Tulare - Visits	2,249	2,219	(30)	(1.3%)	2,193	26	1.2%
Urgent Care – Court Total Visits	2,456	2,371	(85)	(3.5%)	2,685	(314)	(11.7%)
Urgent Care – Demaree Total Visits	1,812	2,177	365	20.1%	1,997	180	9.0%
KH Medical Clinic - Plaza Visits	229	300	71	31.0%	306	(6)	(2.0%)
KH Medical Clinic - Akers Visits	0	1,527	1,527	0.0%	1,848	(321)	(17.4%)
KH Willow Specialty Clinic	0	302	302	0.0%	249	53	21.3%
KH Cardiology Center Visalia Registrations	1,461	1,501	40	2.7%	1,941	(440)	(22.7%)
KH Mental Wellness Clinic Visits	299	367	68	22.7%	418	(51)	(12.2%)
Urology Clinic Visits	323	239	(84)	(26.0%)	349	(110)	(31.5%)
Therapy-Wound Care Svcs Encounters	370	372	2	0.5%	347	25	7.2%

Other Statistical Results – Fiscal Year Comparison (Sep)

	YTD Actual Results				Budget	Budget Variance	
	YTD Sep25	YTD Sep26	Change	% Change	YTD Sep26	Change	% Change
Rural Health Clinics Visits	38,060	38,005	(55)	(0.1%)	35,961	2,044	5.7%
RHC Exeter - Visits	18,117	18,442	325	1.8%	18,535	(93)	(0.5%)
RHC Lindsay - Visits	5,394	5,296	(98)	(1.8%)	5,313	(17)	(0.3%)
RHC Woodlake - Visits	1,889	1,730	(159)	(8.4%)	1,891	(161)	(8.5%)
RHC Woodlake Valencia - Visits	1,960	2,329	369	18.8%	2,736	(407)	(14.9%)
RHC Dinuba - Visits	4,127	3,828	(299)	(7.2%)	3,796	32	0.8%
RHC Tulare - Visits	6,573	6,380	(193)	(2.9%)	6,426	(46)	(0.7%)
Urgent Care – Court Total Visits	7,358	6,907	(451)	(6.1%)	8,026	(1,119)	(13.9%)
Urgent Care – Demaree Total Visits	5,184	6,014	830	16.0%	5,915	99	1.7%
KH Medical Clinic - Plaza Visits	839	988	149	17.8%	969	19	2.0%
KH Medical Clinic - Akers Visits	0	4,459	4,459	0.0%	5,422	(963)	(17.8%)
KH Willow Specialty Clinic	0	1,037	1,037	0.0%	758	279	36.8%
KH Cardiology Center Visalia Registrations	4,349	4,391	42	1.0%	5,951	(1,560)	(26.2%)
KH Mental Wellness Clinic Visits	1,022	1,015	(7)	(0.7%)	1,330	(315)	(23.7%)
Urology Clinic Visits	977	750	(227)	(23.2%)	1,083	(333)	(30.8%)
Therapy-Wound Care Svcs Encounters	1,088	1,065	(23)	(2.1%)	1,065	0	0.0%

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Sep 30, 2026

Board designated funds	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
LAIF		3.82	Various			22,588,794	
CAMP		3.87	CAMP			19,946,899	
Allspring		3.45	Money market			68,262	
PFM		3.45	Money market			167,252	
Western Alliance		0.25	Money market			29,716	
PFM	11-Aug-26	0.00	U.S. Govt Agency	FHLMC		450,000	
PFM	1-Nov-26	4.76	Municipal	California St Univ		125,000	
PFM	4-Nov-26	1.65	MTN-C	American Express Co		445,000	
Allspring	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill		1,500,000	
Allspring	15-Jan-27	1.95	MTN-C	Target Corp		900,000	
Allspring	31-Jan-27	1.50	U.S. Govt Agency	US Treasury Bill		325,000	
Allspring	31-Mar-27	2.50	U.S. Govt Agency	US Treasury Bill		3,320,000	
Allspring	30-Apr-27	2.75	U.S. Govt Agency	US Treasury Bill		970,000	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Banc of California		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Beneficial State Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Blue Sky Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	BOKF, National Association		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Commerce Bank & Trust		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	DNB National Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	East West Bank		79,861	
Western Alliance - CDARS	10-Jun-27	3.20	CD	First Liberty Bank		82,139	
Western Alliance - CDARS	10-Jun-27	3.20	CD	FirstOak Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Live Oak Banking Company		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Meridian Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	OMB Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	OneUnited Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	West Texas State Bank		236,500	
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St		1,000,000	
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca		500,000	
Allspring	1-Aug-27	3.23	Municipal	San Jose Ca Redev		400,000	
Allspring	1-Oct-27	4.66	Municipal	San Francisco Ca		1,000,000	
Allspring	22-Oct-27	4.33	MTN-C	State Street Corp		400,000	
Allspring	22-Oct-27	4.33	MTN-C	State Street Corp		1,000,000	
Allspring	15-Nov-27	4.60	MTN-C	Caterpillar Finl Mtn		1,000,000	
PFM	30-Nov-27	3.50	U.S. Govt Agency	US Treasury Bill		1,475,000	
PFM	31-Dec-27	3.38	U.S. Govt Agency	US Treasury Bill		1,500,000	
PFM	15-Jan-28	4.10	MTN-C	Mastercard		130,000	
PFM	24-Jan-28	4.90	MTN-C	Wells Fargo MTN		145,000	
Allspring	12-Feb-28	4.55	MTN-C	Eli Lilly Co		300,000	
PFM	15-Feb-28	4.25	U.S. Govt Agency	US Treasury Bill		80,000	
PFM	18-Feb-28	5.41	ABS	Honda Auto		49,703	
PFM	25-Feb-28	5.47	ABS	BMW Vehicle Owner		7,062	
PFM	26-Feb-28	4.48	MTN-C	Chevron USA Inc		340,000	
PFM	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill		1,500,000	
PFM	17-Apr-28	5.48	ABS	Hyundai Auto		14,356	
Allspring	22-Apr-28	5.57	MTN-C	JP Morgan		300,000	
Allspring	22-Apr-28	5.57	MTN-C	JP Morgan		1,100,000	
PFM	23-Apr-28	4.89	MTN-C	Goldman Sachs		155,000	
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill		600,000	
PFM	30-Apr-28	3.50	U.S. Govt Agency	US Treasury Bill		750,000	
PFM	15-May-28	5.46	ABS	Ally Auto Rec		33,656	
PFM	15-May-28	4.25	MTN-C	Servicenow Inc		60,000	
PFM	15-May-28	5.23	ABS	Ford CR Auto Owner		27,865	
PFM	16-Jun-28	5.45	ABS	GM Finl con Auto Rec		19,119	
PFM	25-Jun-28	4.78	U.S. Govt Agency	FHLMC		271,837	
PFM	25-Jun-28	4.82	U.S. Govt Agency	FHLMC		528,096	
Allspring	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill		500,000	
PFM	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill		1,300,000	
PFM	1-Jul-28	4.42	Municipal	Los Angeles Ca		140,000	
PFM	6-Jul-28	4.66	MTN-C	Morgan Stanley		250,000	
Allspring	14-Jul-28	4.95	MTN-C	John Deere Mtn		700,000	
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn		120,000	
PFM	24-Jul-28	4.42	MTN-C	Truist Bk Sr Nt		275,000	
PFM	25-Jul-28	4.18	U.S. Govt Agency	FNMA		482,083	
Allspring	1-Aug-28	5.75	Municipal	San Diego County		1,000,000	
PFM	25-Aug-28	4.74	U.S. Govt Agency	FHLMC		545,000	
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC		545,000	
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC		410,000	
PFM	25-Sep-28	4.80	U.S. Govt Agency	FHLMC		535,000	
PFM	30-Sep-28	4.63	U.S. Govt Agency	US Treasury Bill		500,000	
PFM	15-Oct-28	3.50	U.S. Govt Agency	US Treasury Bill		560,000	
Allspring	25-Oct-28	5.80	MTN-C	Bank New York Mtn		375,000	
Allspring	25-Oct-28	5.80	MTN-C	Bank New York Mtn		1,000,000	
PFM	25-Oct-28	5.07	U.S. Govt Agency	FHLMC		200,000	
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC		300,000	
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill		775,000	
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill		1,500,000	
PFM	25-Nov-28	5.00	U.S. Govt Agency	FHLMC		257,781	
PFM	25-Dec-28	4.72	U.S. Govt Agency	FHLMC		315,000	
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC		325,000	
PFM	31-Dec-28	1.38	U.S. Govt Agency	US Treasury Bill		500,000	
PFM	31-Dec-28	3.75	U.S. Govt Agency	US Treasury Bill		1,200,000	
PFM	12-Jan-29	5.02	MTN-C	Morgan Stanley		250,000	
PFM	24-Jan-29	4.92	MTN-C	JP Morgan		140,000	
PFM	26-Jan-29	4.08	MTN-C	PNC Finl Svcs Group INC		290,000	
PFM	31-Jan-29	4.00	U.S. Govt Agency	US Treasury Bill		700,000	
PFM	8-Feb-29	4.60	MTN-C	Air products		295,000	
PFM	8-Feb-29	4.60	MTN-C	Texas Instrs		370,000	
PFM	9-Feb-29	4.01	MTN-C	American Express Co		400,000	
PFM	15-Feb-29	3.50	U.S. Govt Agency	US Treasury Bill		160,000	
PFM	20-Feb-29	4.90	MTN-C	Cummins INC		195,000	
PFM	23-Feb-29	3.75	MTN-C	Caterpillar Finl Mtn		355,000	
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca		165,000	
PFM	26-Feb-29	4.85	MTN-C	Cisco Sys Inc		225,000	
PFM	28-Feb-29	4.25	U.S. Govt Agency	US Treasury Bill		750,000	
PFM	14-Mar-29	3.75	MTN-C	Disney Walt co		730,000	
Allspring	15-Mar-29	5.38	ABS	Hyundai Auto Rec		649,533	
PFM	15-Mar-29	4.65	MTN-C	Salesforce Inc		725,000	
PFM	25-Mar-29	5.18	U.S. Govt Agency	FHLMC		315,000	

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Sep 30, 2026

Allspring	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	225,000
PFM	4-Apr-29	4.80	MTN-C	Adobe Inc	225,000
Allspring	15-Apr-29	3.75	U.S. Govt Agency	US Treasury Bill	2,000,000
Allspring	16-Apr-29	3.88	ABS	Mercedes Benz Auto Leas	1,400,000
PFM	23-Apr-29	4.91	MTN-C	Wells Fargo co	205,000
PFM	25-Apr-29	4.73	MTN-C	American Express	245,000
Allspring	30-Apr-29	4.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	9-May-29	4.62	MTN-C	Bank America Mtn	290,000
PFM	15-May-29	4.42	ABS	Hyundai Auto Rec	161,794
PFM	25-May-29	4.72	U.S. Govt Agency	FHLMC	460,000
Allspring	31-May-29	4.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	15-Jun-29	5.15	MTN-C	National Rural Mtn	850,000
Allspring	15-Jun-29	4.13	U.S. Govt Agency	US Treasury Bill	1,400,000
Allspring	25-Jun-29	4.75	MTN-C	Home Depot Inc	500,000
PFM	25-Jun-29	4.75	MTN-C	Home Depot Inc	95,000
PFM	25-Jun-29	4.64	U.S. Govt Agency	FHLMC	200,000
PFM	30-Jun-29	3.25	U.S. Govt Agency	US Treasury Bill	1,930,000
PFM	15-Jul-29	4.76	ABS	Ford CR Auto Owner	300,818
Allspring	16-Jul-29	4.65	ABS	American Express	1,025,000
PFM	25-Jul-29	4.62	U.S. Govt Agency	FHLMC	410,000
PFM	25-Jul-29	4.54	U.S. Govt Agency	FHLMC	515,000
Allspring	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	500,000
PFM	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	530,000
PFM	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	260,000
PFM	9-Aug-29	4.55	MTN-C	Toyota Motor	195,000
Allspring	13-Aug-29	4.65	MTN-C	Illinois Tool Wks	525,000
PFM	16-Aug-29	4.27	ABS	GM Finl con Auto Rec	112,422
PFM	18-Aug-29	4.64	ABS	Toyota Auto	239,596
PFM	20-Aug-29	4.92	ABS	Volkswagen Auto Ln	365,000
PFM	31-Aug-29	3.63	U.S. Govt Agency	US Treasury Bill	750,000
PFM	18-Sep-29	3.80	MTN-C	Novartis Capital	365,000
PFM	21-Sep-29	4.57	ABS	Honda Auto	192,148
PFM	25-Sep-29	4.85	ABS	BMW Vehicle Owner	121,616
PFM	25-Sep-29	4.79	U.S. Govt Agency	FHLMC	345,000
Allspring	30-Sep-29	3.50	U.S. Govt Agency	US Treasury Bill	950,000
Allspring	1-Oct-29	4.35	Municipal	Los Angeles Ca	250,000
PFM	4-Oct-29	4.05	MTN-C	Accenture Capital	195,000
PFM	15-Oct-29	4.45	ABS	Ford Credit Auto	445,000
PFM	15-Oct-29	4.15	ABS	Honda Auto	125,000
PFM	21-Oct-29	4.15	MTN-C	Goldman Sachs	580,000
Allspring	31-Oct-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Oct-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	15-Nov-29	4.77	ABS	Toyota Auto	220,000
Allspring	30-Nov-29	4.13	U.S. Govt Agency	US Treasury Bill	1,700,000
Allspring	15-Dec-29	4.49	ABS	Nissan Auto Rec	500,000
Allspring	17-Dec-29	4.98	ABS	GM Finl Consumer	425,487
PFM	17-Dec-29	4.78	ABS	Mercedes Benz Auto	228,392
Allspring	31-Dec-29	4.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	31-Dec-29	4.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	9-Jan-30	4.24	MTN-C	Morgan Stanley	1,450,000
Allspring	17-Jan-30	4.95	MTN-C	Adobe Inc	900,000
PFM	17-Jan-30	4.95	MTN-C	Adobe Inc	285,000
Allspring	23-Jan-30	5.20	MTN-C	Wells Fargo co	500,000
PFM	23-Jan-30	4.82	MTN-C	Wells Fargo co	240,000
PFM	25-Jan-30	4.41	U.S. Govt Agency	FHLMC	205,000
Allspring	31-Jan-30	4.00	U.S. Govt Agency	US Treasury Bill	1,125,000
Allspring	31-Jan-30	3.50	U.S. Govt Agency	US Treasury Bill	800,000
PFM	31-Jan-30	4.25	U.S. Govt Agency	US Treasury Bill	295,000
PFM	8-Feb-30	4.21	MTN-C	Morgan Stanley	385,000
Allspring	12-Feb-30	4.75	MTN-C	Eli Lilly Co	600,000
PFM	24-Feb-30	4.75	MTN-C	Cisco Sys Inc	290,000
PFM	28-Feb-30	4.00	U.S. Govt Agency	US Treasury Bill	160,000
PFM	28-Feb-30	4.00	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	20-Mar-30	4.51	ABS	Verizon Master Trust	440,000
PFM	20-Mar-30	3.92	ABS	Volkswagen Auto Least TR	215,000
PFM	31-Mar-30	3.63	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Mar-30	4.00	U.S. Govt Agency	US Treasury Bill	700,000
Allspring	1-Apr-30	3.38	MTN-C	Toyota Motor	1,100,000
PFM	15-Apr-30	4.28	ABS	American Express	410,000
PFM	16-Apr-30	4.66	ABS	GM Finl Consumer	95,000
Allspring	20-Apr-30	4.59	MTN-C	Goldman Sachs	700,000
PFM	23-Apr-30	4.41	MTN-C	JP Morgan	570,000
PFM	24-Apr-30	4.76	MTN-C	State Street Corp	140,000
Allspring	28-Apr-30	4.35	MTN-C	Walmart Inc	500,000
Allspring	30-Apr-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Apr-30	3.88	U.S. Govt Agency	US Treasury Bill	160,000
PFM	15-May-30	4.31	ABS	Bank of America	265,000
PFM	15-May-30	4.80	MTN-C	Toyota Motor	200,000
PFM	15-May-30	4.34	ABS	WF Card Issuance	515,000
Allspring	20-May-30	4.91	MTN-C	Citibank N A	500,000
Allspring	20-May-30	4.91	MTN-C	Citibank N A	900,000
PFM	21-May-30	4.74	MTN-C	Schwab Charles Corp	175,000
PFM	25-May-30	4.36	U.S. Govt Agency	FHLMC	375,000
PFM	25-May-30	4.35	U.S. Govt Agency	FHLMC	575,000
PFM	29-May-30	4.91	MTN-C	Citibank N A	250,000
Allspring	31-May-30	4.00	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	5-Jun-30	4.55	MTN-C	John Deere Mtn	285,000
PFM	15-Jun-30	4.19	ABS	Ford CR Auto Owner	235,000
PFM	15-Jun-30	4.50	MTN-C	Analog Devices	435,000
PFM	21-Jun-30	4.30	ABS	Citibank Credit	580,000
PFM	25-Jun-30	4.33	U.S. Govt Agency	FHLMC	575,000
PFM	25-Jun-30	4.27	U.S. Govt Agency	FHLMC	590,000
Allspring	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	540,000
PFM	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	2,000,000
PFM	15-Jul-30	4.30	ABS	American Express	330,000
PFM	15-Jul-30	3.85	ABS	Capital One Prime	135,000
Allspring	15-Jul-30	4.16	ABS	Chase Issuance Trust	1,000,000
PFM	25-Jul-30	4.29	U.S. Govt Agency	FHLMC	460,000
PFM	29-Jul-30	4.30	MTN-C	GE Aerospace	65,000
Allspring	31-Jul-30	3.88	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	31-Jul-30	4.00	U.S. Govt Agency	US Treasury Bill	1,575,000
PFM	31-Jul-30	3.88	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	31-Aug-30	3.63	U.S. Govt Agency	US Treasury Bill	600,000
Allspring	31-Aug-30	3.75	U.S. Govt Agency	US Treasury Bill	800,000
PFM	31-Aug-30	3.75	U.S. Govt Agency	US Treasury Bill	950,000
PFM	1-Sep-30	4.20	ABS	Honda AR Owner Tr	185,000
Allspring	15-Sep-30	4.15	MTN-C	Merck Co inc	900,000
PFM	15-Sep-30	3.95	MTN-C	Home Depot Inc	65,000
PFM	16-Sep-30	3.82	ABS	Capital one Mtn	360,000
PFM	16-Sep-30	3.86	ABS	Toyota Auto	170,000
Allspring	30-Sep-30	3.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	15-Oct-30	4.05	ABS	Ford CR Auto Owner	295,000
Allspring	15-Oct-30	4.09	ABS	Ally Auto Rec	1,400,000
Allspring	15-Oct-30	4.30	MTN-C	Chevron USA Inc	500,000
PFM	15-Oct-30	4.55	ABS	Mercedes Benz Ar	505,000
Allspring	31-Oct-30	3.63	U.S. Govt Agency	US Treasury Bill	500,000
PFM	5-Nov-30	4.10	MTN-C	Novartis Capital	540,000
PFM	6-Nov-30	4.13	MTN-C	Shell Fin US INC	130,000
PFM	15-Nov-30	4.30	ABS	Honda Auto Rec Own	480,000
Allspring	15-Nov-30	4.20	MTN-C	Meta Platforms INC	550,000
PFM	15-Nov-30	0.88	U.S. Govt Agency	US Treasury Bill	465,000
PFM	19-Nov-30	4.15	MTN-C	Northern TR Corp	120,000
PFM	25-Nov-30	4.09	U.S. Govt Agency	FHLMC	335,000
PFM	25-Nov-30	4.17	U.S. Govt Agency	FHLMC	390,000
Allspring	30-Nov-30	3.63	U.S. Govt Agency	US Treasury Bill	1,000,000

KAWEAH DELTA HEALTH CARE DISTRICT
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PFM	30-Nov-30	3.63	U.S. Govt Agency	US Treasury Bill	900,000	
PFM	15-Dec-30	4.50	ABS	Nissan Auto Rec	505,000	
Allspring	31-Dec-30	3.63	U.S. Govt Agency	US Treasury Bill	200,000	
PFM	31-Dec-30	3.63	U.S. Govt Agency	US Treasury Bill	2,000,000	
PFM	8-Jan-31	4.15	MTN-C	Caterpillar Finl Mtn	95,000	
PFM	13-Jan-31	4.25	MTN-C	Totalenergies Cap USA LLC	290,000	
Allspring	24-Jan-31	5.16	MTN-C	Bank of America	275,000	
PFM	31-Jan-31	4.00	U.S. Govt Agency	US Treasury Bill	1,790,000	
PFM	31-Jan-31	3.75	U.S. Govt Agency	US Treasury Bill	45,000	
PFM	15-Feb-31	4.65	ABS	Ford CR Auto Owner	365,000	
PFM	18-Feb-31	3.79	ABS	Hyundai Auto	210,000	
PFM	18-Feb-31	4.81	ABS	Hyundai Auto	350,000	
Allspring	28-Feb-31	3.50	U.S. Govt Agency	US Treasury Bill	1,600,000	
PFM	2-Mar-31	4.00	MTN-C	Astrazeneca	345,000	
PFM	13-Mar-31	4.25	MTN-C	Amazon Com Inc	410,000	
PFM	15-Mar-31	4.00	MTN-C	Abbott Laboratories	500,000	
PFM	15-Mar-31	1.38	MTN-C	Home Depot Inc	835,000	
PFM	25-Mar-31	4.23	U.S. Govt Agency	FHLMC	360,000	
Allspring	31-Mar-31	3.88	U.S. Govt Agency	US Treasury Bill	250,000	
Allspring	31-Mar-31	3.88	U.S. Govt Agency	US Treasury Bill	750,000	
PFM	1-Apr-31	4.21	Municipal	Hawaii St	190,000	
Allspring	30-Apr-31	3.88	U.S. Govt Agency	US Treasury Bill	3,500,000	
Allspring	15-May-31	5.08	MTN-C	US Bancorp	500,000	
Allspring	15-May-31	5.08	MTN-C	US Bancorp	600,000	
PFM	15-May-31	4.55	MTN-C	Meta Platforms Inc	370,000	
PFM	20-May-31	4.60	MTN-C	Gilead Sciences Inc	195,000	
PFM	22-May-31	4.65	MTN-C	Merck Co inc	340,000	
Allspring	31-May-31	4.13	U.S. Govt Agency	US Treasury Bill	1,500,000	
PFM	8-Jun-31	4.60	MTN-C	Mastercard	440,000	
PFM	15-Jun-31	4.50	MTN-C	Nvidia Corporation	185,000	
PFM	15-Jun-31	4.95	MTN-C	Intuit	365,000	
PFM	15-Jun-31	4.50	MTN-C	Nvidia Corporation	500,000	
PFM	16-Jun-31	4.83	ABS	Hyundai Auto Rec	290,000	
PFM	10-Jul-31	5.00	MTN-C	Accenture Capital	345,000	
PFM	15-Jul-31	4.77	ABS	Capital One Prime	240,000	
PFM	31-Jul-31	4.38	U.S. Govt Agency	US Treasury Bill	1,500,000	
PFM	15-Aug-31	4.88	MTN-C	Alphabet Inc Sr	365,000	
PFM	17-Aug-31	5.00	MTN-C	Advanced Micro	370,000	
PFM	25-Aug-31	4.40	U.S. Govt Agency	FHLMC	545,000	
PFM	15-Sep-31	4.99	ABS	American Express	645,000	
Allspring		3.75	U.S. Govt Agency	US Treasury Bill	875,000	
Allspring		5.10	MTN-C	Analog Devices	1,375,000	
Allspring		5.08	ABS	Ford CR Auto Owner	1,175,000	
Allspring		5.07	ABS	Nissan Auto Rec	1,000,000	
Allspring		1.74	Municipal	California St	1,000,000	
						$ 194,454,286

	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
2015A revenue bonds							
US Bank			Principal/Interest payment fund		142110	2,811,318	
							2,811,318
2015B revenue bonds							
US Bank			Principal/Interest payment fund		142110	1,390,258	
							1,390,258
2017C revenue bonds							
US Bank			Principal/Interest payment fund		142110	3,570,681	
							3,570,681
2020 revenue bonds							
US Bank			Principal/Interest payment fund		142110	730,399	
							730,399
2022 revenue bonds							
US Bank			Principal/Interest payment fund		142110	818,437	
							818,437
2014 general obligation bonds							
CAMP			Interest Payment fund		152440	2,289,417	
							2,289,417
Operations							
Wells Fargo Bank		0.38	Checking	100100	100100	(3,544,093)	
Wells Fargo Bank		0.38	Checking	100500	100500	6,957,475	
						3,413,382	
Payroll							
Wells Fargo Bank		0.38	Checking		100200	10,904,688	
Wells Fargo Bank		0.38	Checking	Flexible Spending	100300	654,884	
Wells Fargo Bank		0.38	Checking	Benefits	100300	434,032	
Wells Fargo Bank		0.38	Checking	HSA	100300	27,332	
						12,020,937	
							15,434,318
					Total investments		**$ 221,499,114**

KAWEAH DELTA HEALTH CARE DISTRICT
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Kaweah Delta Hospital Foundation

Central Valley Community Checking	Investments	100100	463,862	
Various	S/T Investments	142200	6,278,399	
Various	L/T Investments	142300	13,581,135	
Various	Unrealized G/L	142400	3,215,051	
				$ 23,538,447

Summary of board designated funds:

Plant fund:

Uncommitted plant funds		$ 121,275,620	142100	
Committed for capital		15,772,805	142100	
		137,048,425		
GO Bond reserve - L/T		1,992,658	142100	
401k Matching		8,881,174	142100	
Cost report settlement - current	2,135,384		142104	
Cost report settlement - L/T	1,312,727		142100	
		3,448,111		
Development fund/Memorial fund		104,184	112300	
Workers compensation - current	7,433,000		112900	
Workers compensation - L/T	17,304,000		113900	
		24,737,000		
Professional Liability - current	1,087,518		112901	
Professional Liability - L/T	17,155,216		113901	
		18,242,735		
		$ 194,454,286		

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	$ -	0.0%		-	0.0%
Cal Trust	-	0.0%		-	0.0%
CAMP	19,946,899	9.0%		19,946,899	9.5%
Local Agency Investment Fund (LAIF)	22,588,794	10.2%		22,588,794	10.8%
CAMP - GOB Tax Rev	2,289,417	1.0%	2,289,417	-	0.0%
Allspring	74,333,281	33.6%	-	74,333,281	35.4%
PFM	74,555,596	33.7%		74,555,596	35.5%
Western Alliance - CDARS	3,000,000			3,000,000	1.4%
Western Alliance	29,716			29,716	0.0%
Wells Fargo Bank	15,434,318	7.0%		15,434,318	7.4%
Signature Bank	-	0.0%	-	-	0.0%
US Bank	9,321,092	4.2%	9,321,092	-	0.0%
Total investments	$ 221,499,114	100.0%	$ 11,610,509	209,888,604	100.0%

KAWEAH DELTA HEALTH CARE DISTRICT
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Investment summary of surplus funds by type:			**Investment Limitations**	
Negotiable and other certificates of deposit	$	3,000,000	62,967,000	(30%)
Checking accounts		15,434,318		
Local Agency Investment Fund (LAIF)		22,588,794	75,000,000	
Cal Trust		-		
CAMP		19,946,899		
Medium-term notes (corporate) (MTN-C)		39,380,000	62,967,000	(30%)
U.S. government agency		84,609,797		
Municipal securities		5,605,000		
Money market accounts		265,230	41,978,000	(20%)
Commercial paper		-	52,472,000	(25%)
Asset Backed Securties		19,058,566	41,978,000	(20%)
Supra-National Agency		-	62,967,000	(30%)
	$	209,888,604		

Return on investment:	
Current month	**4.45%**
Year-to-date	**4.25%**
Prospective	**3.65%**
LAIF (year-to-date)	**3.84%**
Budget	**3.68%**

Fair market value disclosure for the quarter ended September 30, 2026 (District only):	**Quarter-to-date**	**Year-to-date**
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(3,351,416)
Change in unrealized gain (loss) on investments (income statement effect)	$ (2,672,644)	(2,672,644)

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

Investment summary of asset backed securities:		
Ally Auto Rec	$	1,433,656
American Express		2,410,000
Bank of America		265,000
BMW Vehicle Owner		128,678
Capital One Prime		375,000
Capital one Mtn		360,000
Chase Issuance Trust		1,000,000
Citibank Credit		580,000
Ford CR Auto Owner		2,398,683
Ford Credit Auto		445,000
GM Finl con Auto Rec		131,541
GM Finl Consumer		520,487
Honda Auto		366,851
Honda AR Owner Tr		185,000
Honda Auto Rec Own		480,000
Hyundai Auto		574,356
Hyundai Auto Rec		1,101,327
Mercedes Benz Ar		505,000
Mercedes Benz Auto		228,392
Mercedes Benz Auto Leas		1,400,000
Nissan Auto Rec		2,005,000
Toyota Auto		629,596
Verizon Master Trust		440,000
WF Card Issuance		515,000
Volkswagen Auto Least TR		215,000
Volkswagen Auto Ln		365,000
	$	19,058,566

KAWEAH DELTA HEALTH CARE DISTRICT
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Investment summary of medium-term notes (corporate):		
Accenture Capital	$	540,000
Abbott Laboratories		500,000
Adobe Inc		1,410,000
Air products		295,000
Alphabet Inc Sr		365,000
Advanced Micro		370,000
Amazon Com Inc		410,000
American Express		245,000
American Express Co		845,000
Analog Devices		1,810,000
Astrazeneca		510,000
Bank America Mtn		290,000
Bank New York Mtn		1,375,000
Bank of America		275,000
Caterpillar Finl Mtn		1,450,000
Chevron USA Inc		840,000
Cisco Sys Inc		515,000
Citibank N A		1,650,000
Cummins INC		195,000
Disney Walt co		730,000
Eli Lilly Co		900,000
GE Aerospace		65,000
Gilead Sciences Inc		195,000
Goldman Sachs		1,435,000
Home Depot Inc		1,495,000
Intuit		365,000
John Deere Mtn		1,105,000
JP Morgan		2,110,000
Mastercard		570,000
Merck Co Inc		1,240,000
Meta Platforms Inc		920,000
Morgan Stanley		2,335,000
National Rural Mtn		850,000
Northern TR Corp		120,000
Novartis Capital		905,000
Nvidia Corporation		685,000
PNC Finl Svcs Group INC		290,000
Salesforce Inc		725,000
Schwab Charles Corp		175,000
Servicenow Inc		60,000
Shell Fin US INC		130,000
Illinois Tool Wks		525,000
State Street Corp		1,540,000
Target Corp		900,000
Texas Instrs		370,000
Truist Bk Sr Nt		275,000
Totalenergies Cap USA LLC		290,000
Toyota Motor		1,495,000
US Bancorp		1,100,000
Walmart Inc		500,000
Wells Fargo Mtn		145,000
Wells Fargo co		945,000
	$	39,380,000
Investment summary of U.S. government agency:		
Federal National Mortgage Association (FNMA)	$	482,083
Federal Home Loan Mortgage Corp (FHLMC)		11,337,715
US Treasury Bill		72,790,000
	$	84,609,797
Investment summary of municipal securities:		
Alameda Cnty Ca	$	500,000
California St	$	1,000,000
California St Univ		125,000
Hawaii St		190,000
Los Angeles Ca		390,000
Massachusetts St		1,000,000
San Diego County		1,000,000
San Francisco Ca		1,000,000
San Jose Ca Redev		400,000
	$	5,605,000