

Kaweah Delta Health Care District Board of Directors Meeting

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



DATE POSTED: September 18, 2026

NOTICE

Date: Wednesday, September 23, 2026

Location: City of Visalia – City Council Chambers

Address: 707 W. Acequia Avenue, Visalia, California

Please join my meeting from your computer, tablet or smartphone.

<https://meet.goto.com/KelsieD/kaweahdeltahealthcaredistrictboardofdirectorsmeeti>

You can also dial in using your phone.

Access Code: 460-561-181

United States: [+1 \(646\) 749-3122](tel:+16467493122)

SCHEDULE:

- **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)
- **4:30 PM** – Open Session

AMERICANS WITH DISABILITIES ACT (ADA) NOTICE:

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

POSTING NOTICE:

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

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Board Member

Jonna Schengel • Zone 2
Board Member

Dean Levitan, MD • Zone 3
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Kaweah Delta Health Care District

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PUBLIC RECORDS:

Disclosable public records related to this agenda are available for public inspection at:

Kaweah Health Medical Center – Acequia Wing, Executive Offices (1st Floor)

400 West Mineral King Avenue, Visalia, CA 93291

You may also request records by contacting the Board Clerk at (559) 624-2330 or

kedavis@kaweahhealth.org, or by visiting the District's website at www.kaweahhealth.org.

KAWEAH DELTA HEALTH CARE DISTRICT

Dean Levitan, M.D, Secretary/Treasurer

Prepared by:

A handwritten signature in blue ink, appearing to read "Kelsie K. Davis", is written over a light blue horizontal line.

Kelsie K. Davis

Board Clerk / Executive Assistant to the CEO

DISTRIBUTION:

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

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

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

Wednesday September 23, 2026 {Regular Meeting}

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OPEN SESSION – 3:30 PM

1. CALL TO ORDER

2. PUBLIC COMMENT – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes.

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

3. BOARD EDUCATIONAL STUDY SESSION - Receive an educational presentation regarding Board fiduciary responsibilities, governance principles, and the distinction between Board governance and management responsibilities.

4. ADJOURN TO CLOSED SESSION

CLOSED SESSION – 4:15 PM

1. CALL TO ORDER

2. CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION AND RISK MANAGEMENT –

Discussion with legal counsel regarding ongoing litigation matters involving risk management, patient safety, or related claims. (Pursuant to Government Code 549

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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

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

Possible reportable action

4. **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

5. **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.

6. **APPROVAL OF THE CLOSED MEETING MINUTES** – August 26, 2026.

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

7. **ADJOURN CLOSED SESSION**

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OPEN SESSION – 4:30 PM (OR IMMEDIATELY FOLLOWING CLOSED SESSION)

1. CALL TO ORDER

2. ROLL CALL

3. FLAG SALUTE

4. PUBLIC PARTICIPATION

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

5. CLOSED SESSION ACTION TAKEN

Report on action(s) taken in closed session.

6. BOARD MEMBER REPORT OUTS

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 2299](#) to Antoinette Martinez in recognition as the Kaweah Health World Class Employee of the month – September 2026.

7.2. Team of the Month – September Laboratory Services Team

8. INTRODUCTIONS

8.1. Director of Physician Contracts – Douglas Penner

8.2. Chief Nursing Officer- Jewel Calub

9. CONSENT CALENDAR

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

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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 September 23, 2026, Consent Calendar.

[Consent Calendar Items 9.1 – 9.4 as presented]

Section	Item	Description	Type
9.1. REPORTS	A	Physician Recruitment	Receive and File
	B	Overall Strategic Plan	Receive and File
	C	Urgent Care Centers	Receive and File
	D	Inpatient Medical Services	Receive and File
	E	Monthly Throughput LOS	Receive and File
	F	EOC Quarterly report	Receive and File
9.2. MINUTES	A	Marketing & Community Relations Meeting – August 5, 2026	Approve Minutes
	B	Finance Property Services Acquisition Committee- August 19, 2026	Approve Minutes
	C	Quality Council Committee – August 20, 2026	Approve Minutes
	D	Audit and Compliance Charter	Approve Revisions
	E	Information Systems Charter	Approve Revisions
	F	Special Open Board Meeting- August 20, 2026	Approve Minutes
	G	Regular Open Board Meeting – August 26, 2026	Approve Minutes
9.3. POLICIES		Administrative Policies	
	A	AP133 Patient Elopement Critical Incident Response – Code Green	Approve Revisions
	B	AP129 Critical Incident Stress Management	Approve Revisions
	C	AP114 Census Saturation Plan	Approve Revisions
	D	AP70 Code of Ethical Behavior	Approve Revisions
	E	AP123 – Financial Assistance Full Charity and Partial Discount Programs	Approve Revisions
	F	AP141 – Credit and Collection Policy	Approve Revisions

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Section	Item	Description	Type
		Board Policies	
	G	BOD5 Conflict of Interest – Biennial Review Changes	Approve Revisions
		Disaster Manual Policies	
	H	DM 2109 Program Management-Emergency Management Committee	Approve Revisions
	I	DM 2111 Dependent Care Plan	Approve Revisions
	J	DM 2117 Staff Support Plan	Reviewed
	K	DM 2201 Code Triage- Activation Plan	Approve Revisions
	L	DM 2202 Code Blue/Code White Activation	Approve Revisions
	M	DM 2203 Code Gray- Activation Plan	Approve Revisions
	N	DM 2204 Code Silver- Activation Plan	Approve Revisions
	O	DM 2207 Code Red- Activation	Approve Revisions
	P	DM 2208 Code Yellow	Approve Revisions
	Q	DM 2210 Code Orange- Hazardous Material Spill/Release	Approve Revisions
	R	DM 2215 Internal Flood-Activation Plan	Approve Revisions
	S	DM 2218 Anhydrous Ammonia Safety Procedures	Reviewed
	T	DM 2231 Radioactive Disaster Procedure	Reviewed
		HUMAN RESOURCES	
	U	HR.75 Differential Pay-Shift, Holiday, and Weekend	Approve Revisions
	V	HR.13 Antil-Harassment & Abusive Conduct	Approve Revisions
	W	HR.63 Timekeeping of Payroll Hours	Approve Revisions
	X	HR.04 Special Pay Practices	Approve Revisions
	Y	HR.234 Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014	Approve Revisions
	Z	HR. 70 Meal and Rest Breaks	Approve Revisions
	AA	HR.62 Exempt Employees Pay/Salary Basis Safe Harbor Provision	Approve Revisions
9.4. DISTRICT			
	A	GME Graduate Certificate – Emergency Medicine Eduardo Amaya, M.D.	Approval of Late Grad
	B	GME Graduate Certificate – Emergency Medicine Sergio Arreguin, M.D.	Approval of Late Grad
	C	Amendment to CEO Agreement, Merit Increase	Approve

- 10. DISTRICT HOSPITAL LEADERSHIP FORUM-** The Board will receive an update regarding DHLF, including current activities, key developments, and areas of focus. The update will provide an overview of progress and any matters requiring continued Board awareness or support.

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11. **CNO MISSION & VISION** - The Chief Nursing Officer will present the Nursing Division's mission and vision, including its alignment with Kaweah Health's organizational priorities, strategic direction, and commitment to patient-centered care. The presentation will highlight the nursing division's priorities, culture, and future focus in support of quality, safety, workforce engagement, and clinical excellence.
12. **QUALITY REPORT - HANDHYGENE** - The Quality Department will provide an update on hand hygiene compliance, including current performance trends, opportunities for improvement, and ongoing education and monitoring efforts. Maintaining consistent hand hygiene practices remains a critical component of patient safety and infection prevention. The report will highlight progress made and areas requiring continued focus to support a culture of safety and high-quality care.
13. **LABORATORY QUALITY** - The Laboratory will provide an update on key quality and performance measures, including laboratory turnaround times, accuracy and reliability of testing, quality assurance activities, and regulatory compliance. The report will highlight current performance, notable trends, and any improvement initiatives underway to support timely, accurate, and safe patient care.
14. **STRATEGIC OVERSIGHT (MONTHLY REPORT) – IDEAL ENVIRONMENT**
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.
15. **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.
16. **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 August's Financials.
17. **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.

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18. REPORTS

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

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

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

19. ADJOURNMENT

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Agenda Posting and Public Records

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The Stark Reality

Ben Cripps

Chief Compliance & Risk Officer



Stark Settlements

PRESS RELEASE

Arkansas Pathology Laboratory and Its Owners Pay \$30M to Settle Allegations of Kickbacks and Unnecessary Medical Testing

Virginia Hospital Center Agreed to Pay \$6 Million for Allegedly Violating the Civil Monetary Penalties Law by Paying Remuneration in the Form of Office Space, Office Staff, and Services Rendered Under Call Coverage Arrangements

Laboratory Executives, Marketers, and Physician to Pay Over \$2M to Settle Allegations of Illegal Kickbacks to Doctors

Former laboratory CEO Susan Hertzberg, of New York, and former laboratory sales executive Matthew Theiler, of Pinehurst, North Carolina, have agreed to pay \$1.2 million to resolve False Claims Act litigation with the United States alleging illegal payments to doctors for laboratory referrals in violation of the Anti-Kickback Statute.

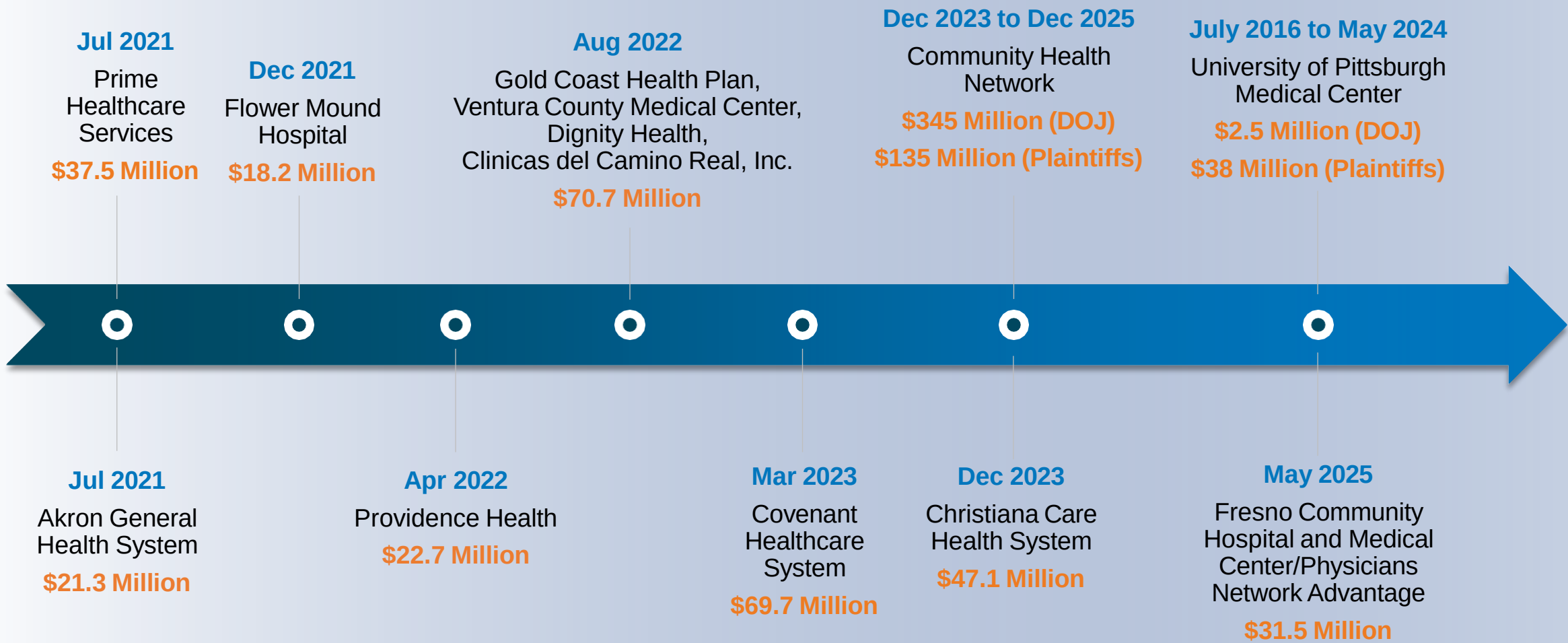
Three Ascension Texas Hospitals Agreed to Pay \$20.9 Million for Allegedly Violating the Civil Monetary Penalties Law by Paying Remuneration to Physician Groups Inconsistent with Fair Market Value Services

St. John Hospital and Medical Center Agreed to Pay \$79,000 for Allegedly Violating the Civil Monetary Penalties Law by paying Remuneration in Excess of Fair Market Value to an Independent Contractor Physician Oncology Group

After it self-disclosed conduct to OIG, St. John Hospital and Medical Center (St. John), Michigan, agreed to pay \$79,167 for allegedly violating the Civil Monetary Penalties Law provisions applicable to physician self-referrals and kickbacks. OIG alleged that St. John paid remuneration in excess of fair market value to an independent contractor physician oncology group with which it entered into a professional services agreement. OIG alleged that St. John improperly compensated the oncology group based on work relative value units (wRVU) that the oncology group did not personally perform.

Enforcement Activity

Recent Large Settlements



Landmark Case

United States ex rel. Drakeford v. Tuomey

D.S.C. 2013 | One of the Largest Stark Law Judgments in U.S. History

19

Physician
Contracts

21,730

False
Medicare Claims

\$237M

Initial
Judgment

\$72M

Final
Settlement



The Arrangement

BACKGROUND

Tuomey (242-bed hospital, Sumter, SC) feared losing lucrative outpatient referrals to a new competing surgery center.

CONTRACT TERMS (2003–)

- Exclusive part-time employment with 19 specialists
- Base salary tied to Tuomey's net collections
- Productivity bonus = 80% of net collections
- Incentive bonus up to 7% of productivity bonus
- Non-compete clause during & 3 years after contract



WHY IT VIOLATED STARK

Compensation Exceeded FMV

Total pay was guaranteed to exceed Tuomey's collections — effectively paying for referral value, not just services rendered.

Volume/Value Linkage

Pay structure varied directly with net collections from procedures, meaning referral volume drove physician income.

Facility Fee Triggered 'Referral'

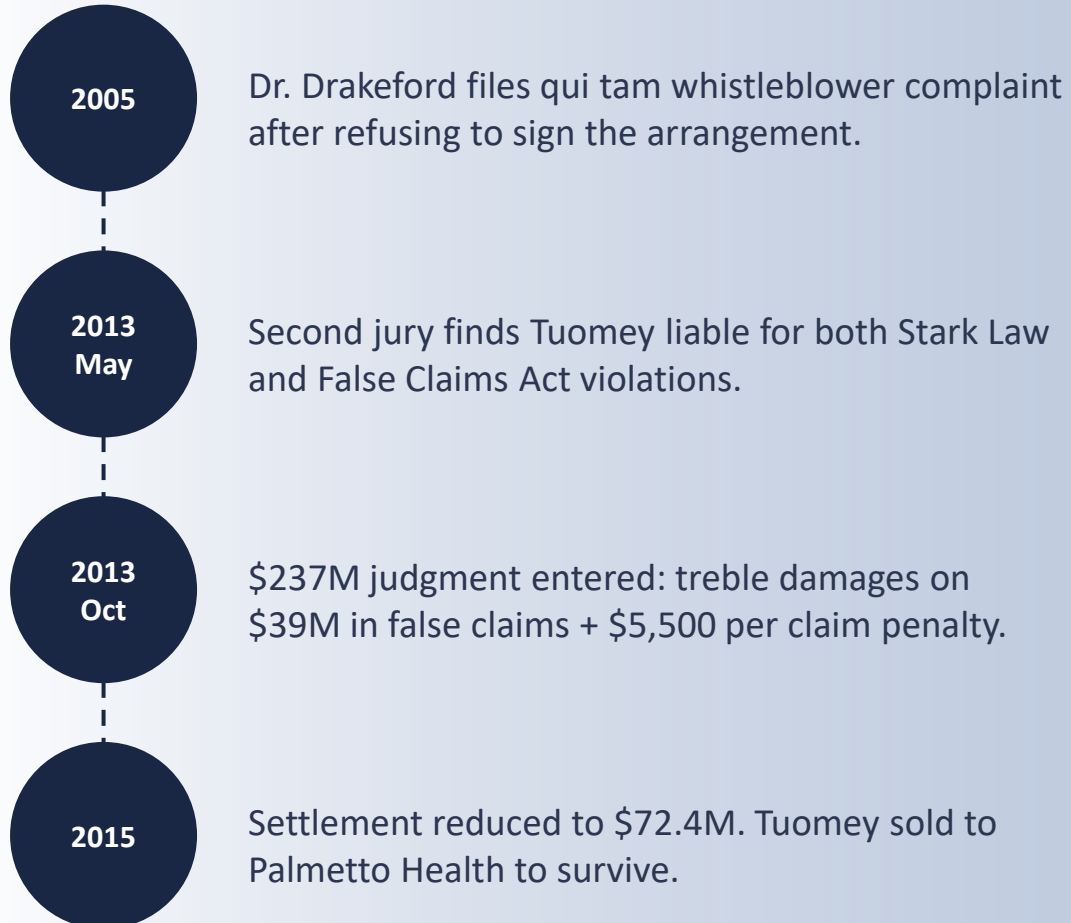
Even personally performed services created a Stark 'referral' because Tuomey billed a facility fee — a significant legal clarification.

Internal Motive Documented

Board discussions explicitly calculated lost revenue from referral diversion — used by jury as evidence of improper intent.

Outcome & Key Compliance Lessons

TIMELINE



COMPLIANCE LESSONS

FMV Documentation Is Necessary But Not Sufficient

An expert valuation opinion won't protect an arrangement that looks commercially unreasonable or referral-driven on its face.

Facility Fees = Referrals Under Stark

Even personally performed procedures create Stark exposure when a facility fee is billed alongside the professional service.

Internal Documents Matter

Board minutes and financial models can become evidence of intent to secure referrals — draft and discuss with care.

Scale of Exposure Is Asymmetric

\$39M in claims became a \$237M judgment. False Claims Act trebling and per-claim penalties multiply exposure exponentially.

Close to Home...

Community Health accepts \$31.5 million fine from DOJ, settling kickback allegations that included Vegas strip club runs, Europe trips

The DOJ agreed to settle a whistleblower claim against Community Health System and a software vendor it financed for years worth of kickbacks in violation of Federal law.

BY DANIEL GLITCH - MAY 14, 2025



United States Attorney's Office Eastern District of California

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Justice.gov | U.S. Attorneys | Eastern District of California | Press Releases | Fresno-Based Community Health System Agree To Pay \$31.5 Million To Resolve Allegations of False Claims Act Violations

PRESS RELEASE

Fresno-Based Community Health System Agree to Pay \$31.5 Million to Resolve Allegations of False Claims Act Violations

Wednesday, May 14, 2025

Share >

For Immediate Release
U.S. Attorney's Office, Eastern District of California

Community Health System and its affiliate Physician Network Advantage Inc. have agreed to pay \$31.5 million to the United States to resolve allegations that they violated the False Claims Act based on financial benefits provided to referring physicians, Acting U.S. Attorney Michele Beckwith announced today. Community Health System operates in Fresno County and includes hospitals Community Regional Medical Center and Clovis Community Medical Center.

"We cannot allow medical decisions to be distorted by kickback schemes or efforts to buy physicians' loyalty with lucrative side perks," said Acting U.S. Attorney Beckwith. "This settlement demonstrates this Office's commitment to ensuring that patients' best interests remain paramount."

The civil settlement announced today resolves allegations that Community Health System and Physician Network Advantage Inc. (PNA) provided several types of extravagant benefits to induce physicians in the Fresno area to refer their patients to Community facilities for medical services, in violation of the False Claims Act. PNA is a health care technology business formed and funded by Community to support Fresno-area physicians' adoption of the electronic health records platform used by Community. The United States contends that PNA also played a key role in securing business for Community by unlawful means. In a custom-built lounge located on premises at PNA's offices, known as HQ2, PNA provided expensive wine, liquor, cigars, and meals to referring physicians, with the knowledge and funding of Community.

The settlement also resolves allegations that Community and PNA provided financial subsidies for electronic health records technology and equipment used by certain physicians in their private offices in return for the referral of governmental health care program patients to Community. Further, the settlement resolves allegations that Community paid bonuses to certain physicians ostensibly for participation in clinical integration activities, when the real purpose of the bonuses was to reward referrals.

The United States contends that these financial benefits violated the federal Anti-Kickback Statute, resulting in false claims for the medical services referred by physicians receiving the benefits, that were submitted to governmental health care programs. The United States also contends that the conduct described above created financial relationships with referring physicians under the Physician Self-Referral Law (known as the "Stark Law"). The Stark Law seeks to safeguard the integrity of the Medicare program by prohibiting a hospital from billing for certain services referred by physicians with whom the hospital has a financial relationship, unless that relationship satisfies one of the law's statutory or regulatory exceptions, which the United States contends were not met.

"Kickback arrangements aimed at improperly influencing medical decisions will remain a top investigative priority for our agency," said Acting Special Agent in Charge Robb R. Breeden of the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG). "This settlement demonstrates HHS-OIG's commitment to identifying and holding accountable those who engage in unlawful financial relationships at the expense of Medicare patients and the taxpayer."

In connection with the settlement, Community entered into a five-year Corporate Integrity Agreement with HHS-OIG that requires, among other conditions, the implementation of a risk assessment and internal review process designed to identify and address evolving compliance risks. The Corporate Integrity Agreement also requires an independent review organization to annually assess the policies and systems to track arrangements with some referral sources.

The settlement includes the resolution of claims brought under the qui tam or whistleblower provisions of the False Claims Act by relator Michael Terpening. Under those provisions, a private party can file an action on behalf of the United States and receive a portion of any recovery from that action. The qui tam case is captioned *United States ex rel. Terpening v. Fresno Community Hospital and Medical Center, et al.*, 1:19-CV-01699 (E.D. Cal.). As part of the settlement announced today, Mr. Terpening will receive approximately \$5 million.

The United States contends that the above conduct violated the Anti-Kickback Statute, 42 U.S.C.

§ 1320a-7b(b) and caused false claims to be submitted to Federal health care programs in

violation of the False Claims Act. The United States further contends that the conduct described

above created financial relationships between CHS and the physician members of SHF and

CCFMG. The United States further contends that those physicians referred Medicare

beneficiaries to CHS for designated health services, and CHS furnished designated health

services ordered by those physicians and submitted the respective claims to Medicare for those

services. The United States further contends that the financial relationships between CHS

hospitals and the physicians did not satisfy the requirements of any exception to the Physician

Self-Referral Law, 42 U.S.C. § 1395nn (commonly referred to as the "Stark Law"). The United

States further contends that the referrals of the physician members of SHF and CCFMG to CHS

hospitals for designated health services were, therefore, prohibited, and the submission of claims

to the Medicare program for the improperly referred services violated the Stark Law and the

False Claims Act.

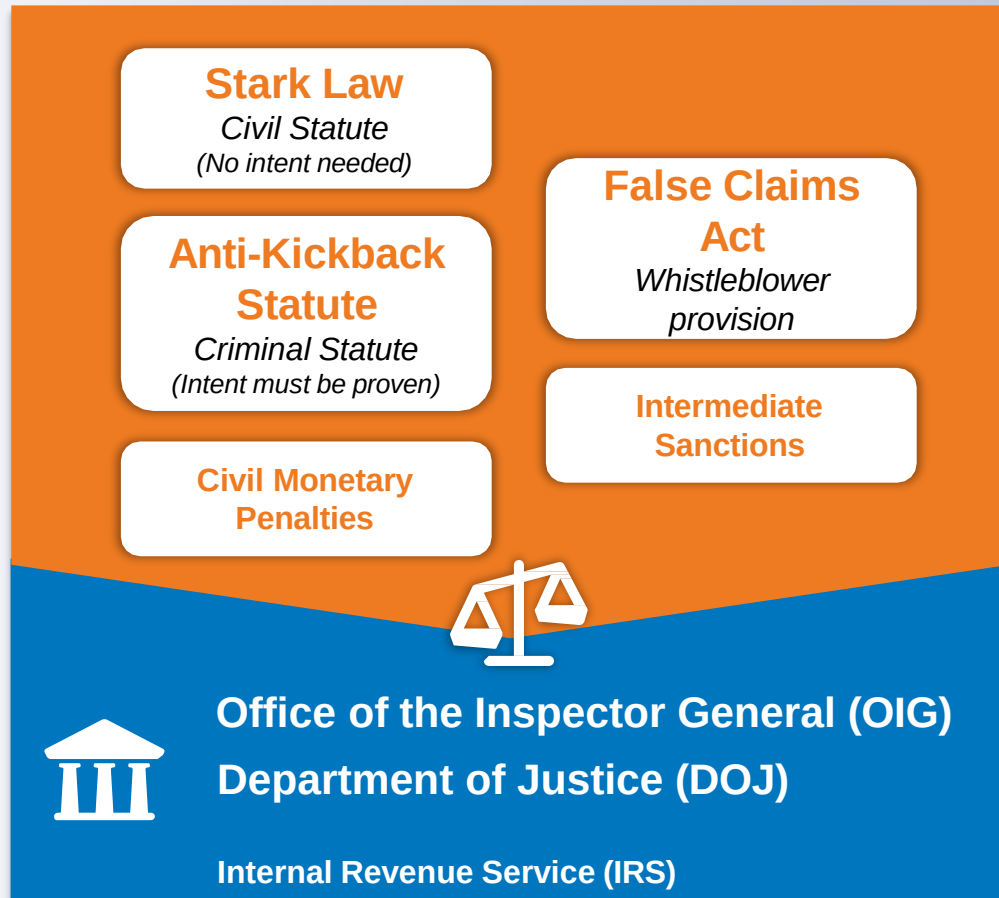
Why It Matters

- Protects patients and ethical care
- Prevents fraud, waste, and abuse
- Impacts daily physician operations
- Violations can result in:
 - Financial penalties
 - Program exclusion
 - Reputational damage
 - Corporate Integrity Agreement (CIA)

Fair Market Value

The Fraud and Abuse Laws

Compliance is Critical



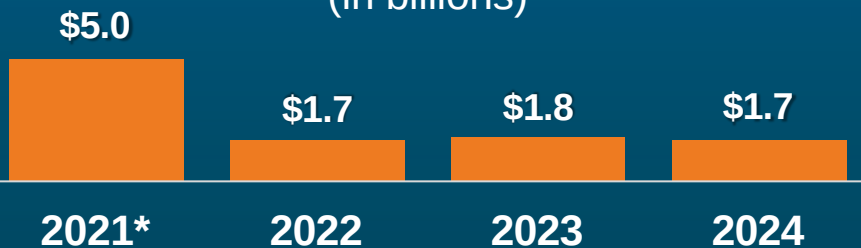
The Regulatory Landscape



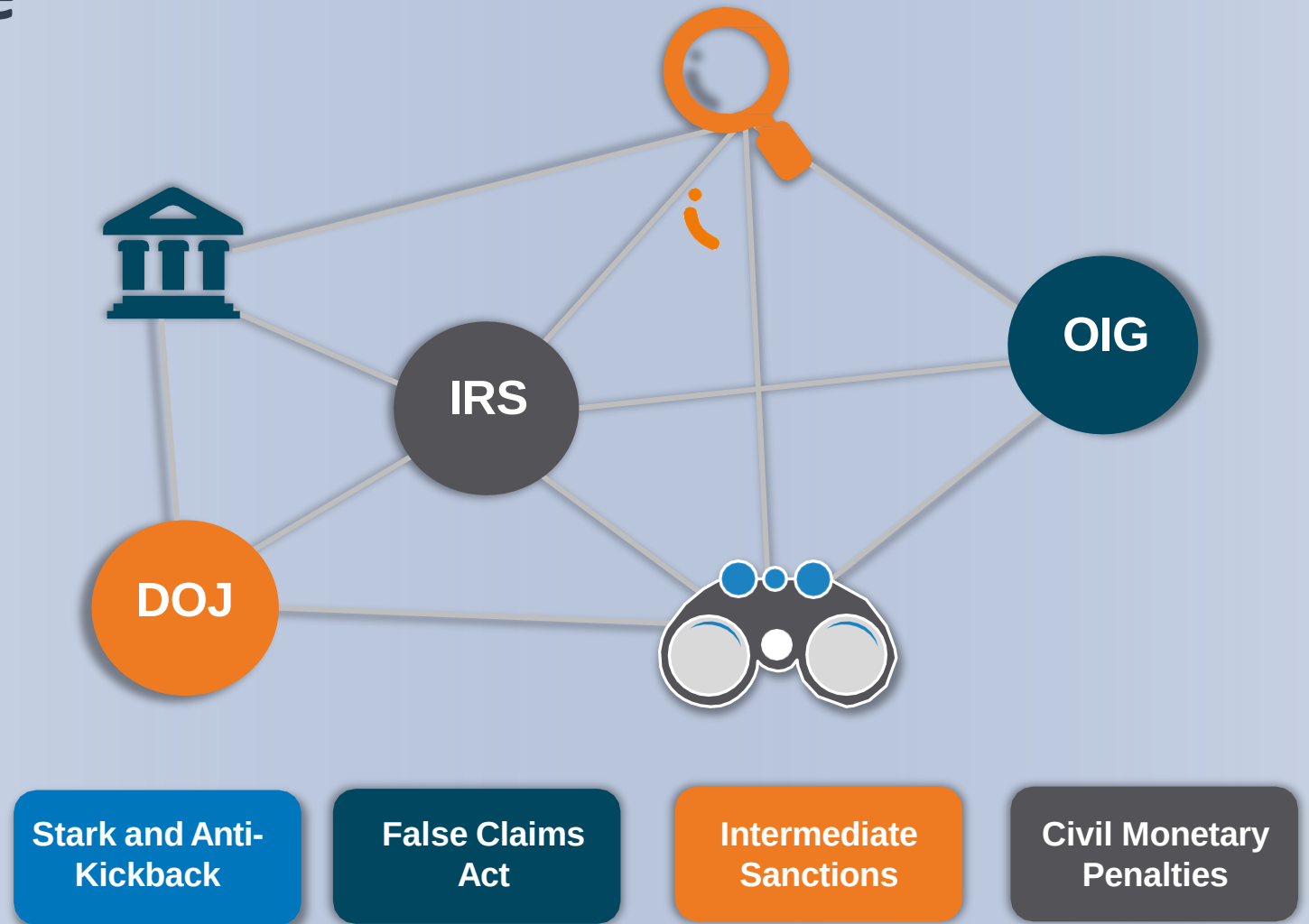
Enforcement activity remains on the rise

- Most claims are brought by **whistleblowers**. Whistleblowers have been physicians, executives, management and even patients.
 - Whistleblowers can receive up to 30% of the recovery
 - In 2024, the number of cases filed increased from an average of **13 per week to almost 19 per week**

Health Care Recoveries (in billions)



**FY2021 recoveries were up significantly due to \$2.8 billion bankruptcy settlement with opioid manufacturer Purdue.*



Summary of Fines and Penalties

Stark Law	• Civil Monetary Penalties of \$15,000 per claim • Treble damages for prohibited referrals
False Claims Act	• 3x damages of overpayment • \$13,946 to \$27,894 per claim penalty
Anti-Kickback Statute	• Civil Monetary Penalties up to \$50,000 per violation • Assessment up to 3x the kickback • Criminal fines • Imprisonment
IRS	• Exclusion from Medicare/Medicaid programs • Intermediate sanctions, excise taxes and disgorgement



**Reputational
Risk**



**Burden on
Resources**



**High
Settlements**

Stark Law Basics

- ❖ Applies to physician referrals for Designated Health Services (DHS)
 - DHS examples: Hospital Services, Imaging, Lab, Therapy
- ❖ Prohibits referrals if financial relationships exists unless a Stark exception is met (fully)
 - A tainted referral exists when a physician (or an immediate family member) has a prohibited financial relationship with the entity receiving the referral.
 - Examples of financial relationships: ownership, investment, compensation
- ❖ Strict liability (intent does not matter)

Stark Law Requirements

All Physician Contracts Must Be:

- ☒ IN WRITING
- ☒ COMMERCIALY REASONABLE
- ☒ WITHIN FAIR MARKET VALUE (FMV)
- ☒ NOT BASED ON REFERRAL VOLUME/VALUE
- ☒ SET IN ADVANCE

Overview of Key Laws

STARK LAW

Self-referral prohibition (civil)

No Intent Needed

Exceptions (must be met)

CMS/Physician/Hospitals Only

Referral-based

Strict Liability

ANTI-KICKBACK STATUTE

Prohibits payments for referrals (criminal)

Intent Required

Safe Harbors (must get close)

All Provider Types

Inducement-based

Bottom Line: Both regulate financial relationships with physicians.

Anti-Kickback Statute Basics

- ❖ Prohibits offering or receiving anything of value in exchange for referrals
- ❖ Applies to anyone (not just physicians)
- ❖ Requires Intent



Anti-Kickback Statute Risk Examples



OVERPAYING FOR ROLES



PAYING FOR REFERRALS



REFERRAL-BASED BONUSES

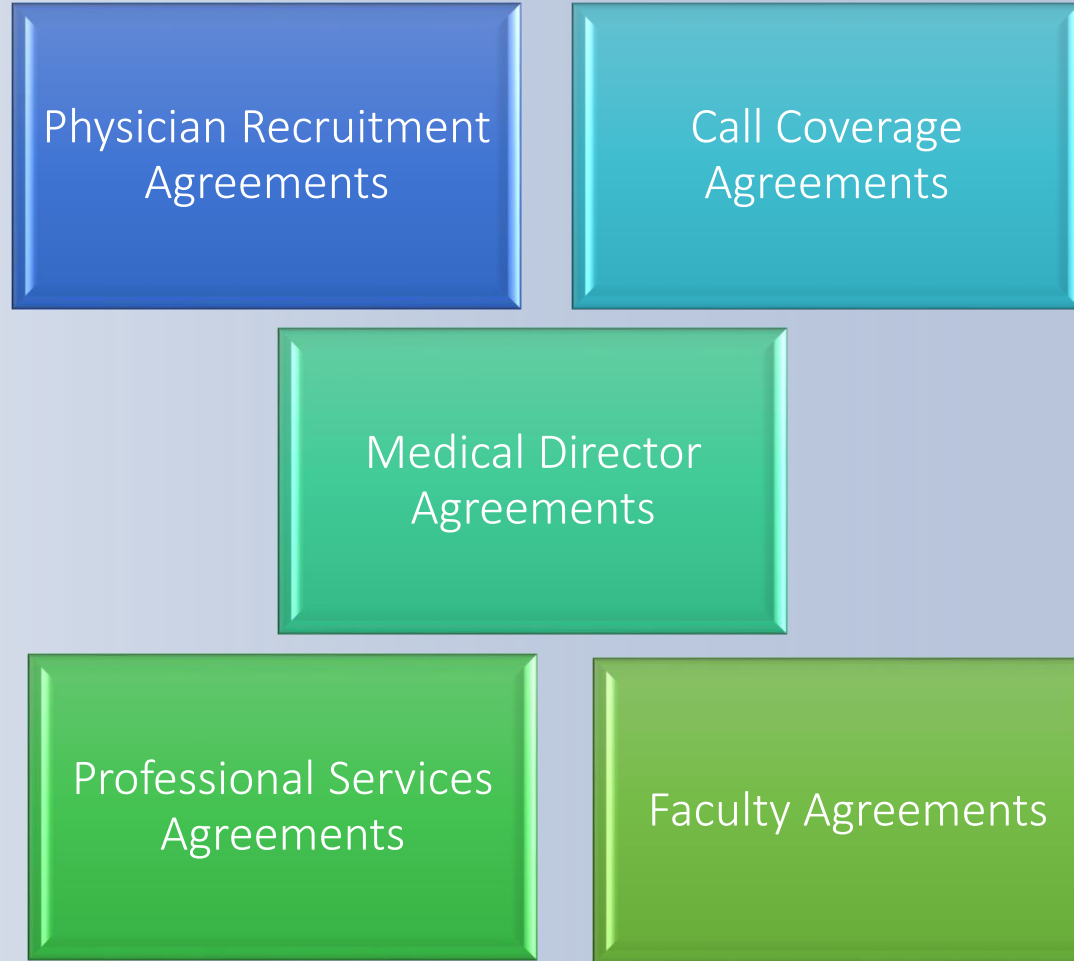


FREE RESOURCES (STAFF, SPACE, EQUIPMENT, PATIENTS)



GIFTS OR PERKS TIED TO BUSINESS (e.g. waiver of co-pays)

KH Physician Arrangements



Physician Compensation Governance Best Practices

Compliance is Critical

Compensation Governance

Two Primary Areas of Focus

Physician compensation is a key compliance and strategic issue for health systems and provider networks.

Governance over physician compensation should address the two primary areas of focus:

1

Regulatory Compliance: *Physicians Only*

Compensation arrangements for **employed and contracted physicians**. Areas of focus:

- Fair Market Value (FMV)
- Commercial Reasonableness
- Work Allocation/Credit
- APP Supervision Policies
- Business Valuations/Transactions
- Coverage Agreements
- Allocation of Quality Funding from Payers or Networks (ACOs, CINs)

2

Compensation Strategy: *Physicians and APPs*

Compensation models should be **aligned with health system/medical group strategy**. Areas of focus:

- Pay Philosophy
- Market Benchmarking Approach
- Plan Design (base, incentive, etc.)
- Pay Alignment with Care Model
- Recruitment and Retention Success
- Leadership Compensation Alignment
- Research and Teaching Rewards
- Benefits Strategy

Market Perspective on Governance



SullivanCotter previously conducted market research on physician compensation governance with large health care organizations

The **majority** of large health care organizations have a **Board-Level Committee** overseeing physician compensation arrangements and transactions in addition to an internal management committee.

Organizations **initially set board approval and third-party FMV review requirements** at the **75th percentile**.

Management Physician Compensation Committees are typically comprised of senior managers and executives who provide oversight of physician compensation arrangements and transactions. Duties include:

Identification of physician compensation arrangements and transactions requiring **Board-level committee review** and approval.

Obtaining third-party FMV opinions for select compensation arrangements and transactions based on guidelines or policy.

Review and approval of physician compensation arrangements and transactions **within guidelines** established by a Board-level committee.

Providing Board-level **committee support**.

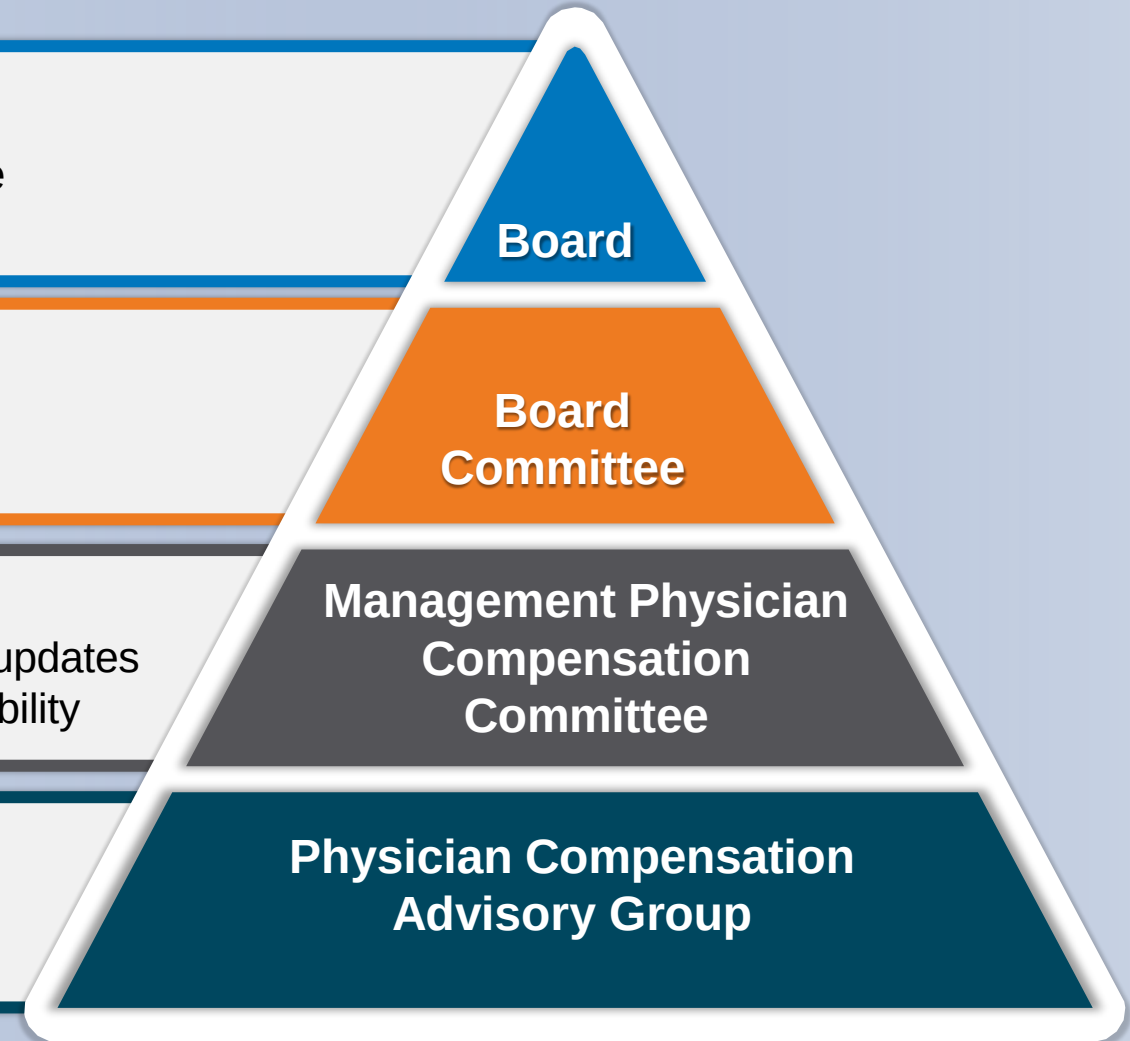
Best Practice: Governance Structure

Board delegates oversight of physician compensation to Committee

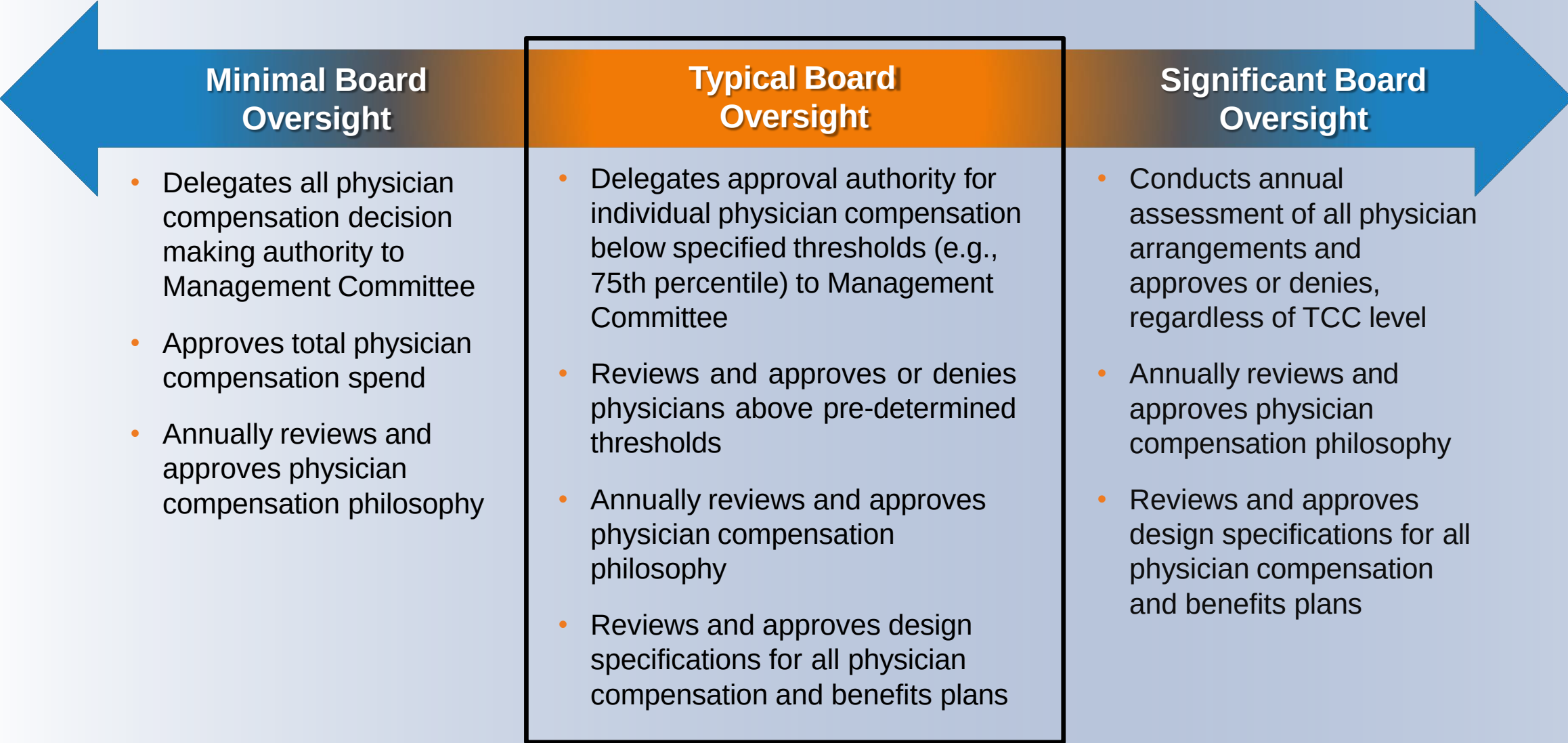
- Provides periodic updates to Board
- Board Committee delegates specified levels of decision-making to Management Committee

- Reports to Board Committee
- Management Committee reports to Board Committee with regular updates demonstrating the appropriate application of its delegated responsibility

- Provides input to Management Committee regarding physician compensation strategy and design
- A recommending body only



Physician Compensation Governance Continuum



Assessing Fair Market Value (Physicians) and Reasonableness

Market Definition - Market Surveys

SullivanCotter generally uses the following survey sources to assess compensation arrangements

Physicians



- **SullivanCotter:** Medical Group Compensation and Productivity
- **SullivanCotter:** Physician Compensation and Productivity
- **SullivanCotter:** Provider On-Call Compensation
- **MGMA:** Provider Compensation and Production
- **MGMA:** Academic Practice Compensation and Production *Survey for Faculty and Management*
- **MGMA:** Cost and Revenue
- **Association of American Medical Colleges:** Report on *Medical School Faculty Salaries*



APPs

- **SullivanCotter:** *Advanced Practice Provider Compensation and Productivity*
- **SullivanCotter:** *Advanced Practice Provider Leadership and Organizational*
- **MGMA:** *Provider Compensation and Production*
- **Gallagher:** *National Advanced Practice Provider Compensation Survey*
- **Mercer:** *US Integrated Health Networks Compensation Survey Suite - Module 5*

Market Benchmarking

Terms and Concepts

Compensation



- **Total cash compensation** (TCC, includes all forms of cash compensation) by market segment (clinical surveys, academic surveys, leadership benchmarks)
- Cost of benefits
- TCC plus benefits equals total compensation (TC)

- Most surveys report only TCC data
- Malpractice costs are excluded from benefits costs

Productivity



Clinical Productivity

- wRVUs
- Collections for professional services
- Risk-adjusted panel size
 - Based on **personally performed** services
 - Excludes APP productivity
 - Excludes drugs, vaccines, ancillary services

Productivity Ratios

- TCC per wRVU • TCC to Collections
 - TCC per Patient

Use of **Panel Size** is growing

- Consider patient attribution and acuity adjustments
- Use in conjunction with other factors

Position Levels



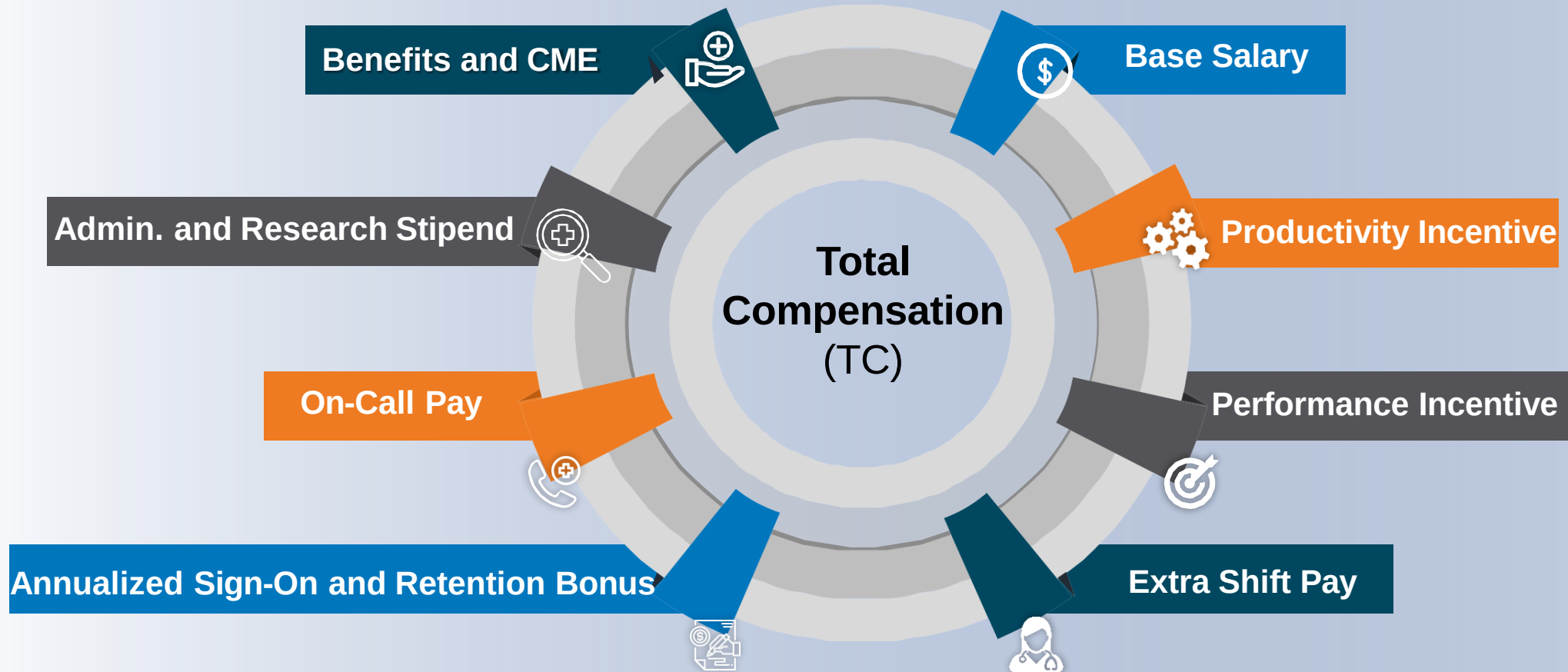
- **Clinical:**
Staff Physician
- **Leadership:**
Program Director, Chief, Chair
- **Academic:**
By Academic Rank
- **APP:**
By Role Type (Inpatient, Outpatient, Hybrid)

- The SullivanCotter *Physician Compensation and Productivity Survey* and the APP *Leadership and Organizational Survey* publish ranges of leadership work effort for each position
- Stark/AKS regulatory risk exists for physician leaders with any clinical work effort

Fair Market Value

What is Included in Determining FMV?

All ***economic benefits*** provided to the physician must be included in determining FMV



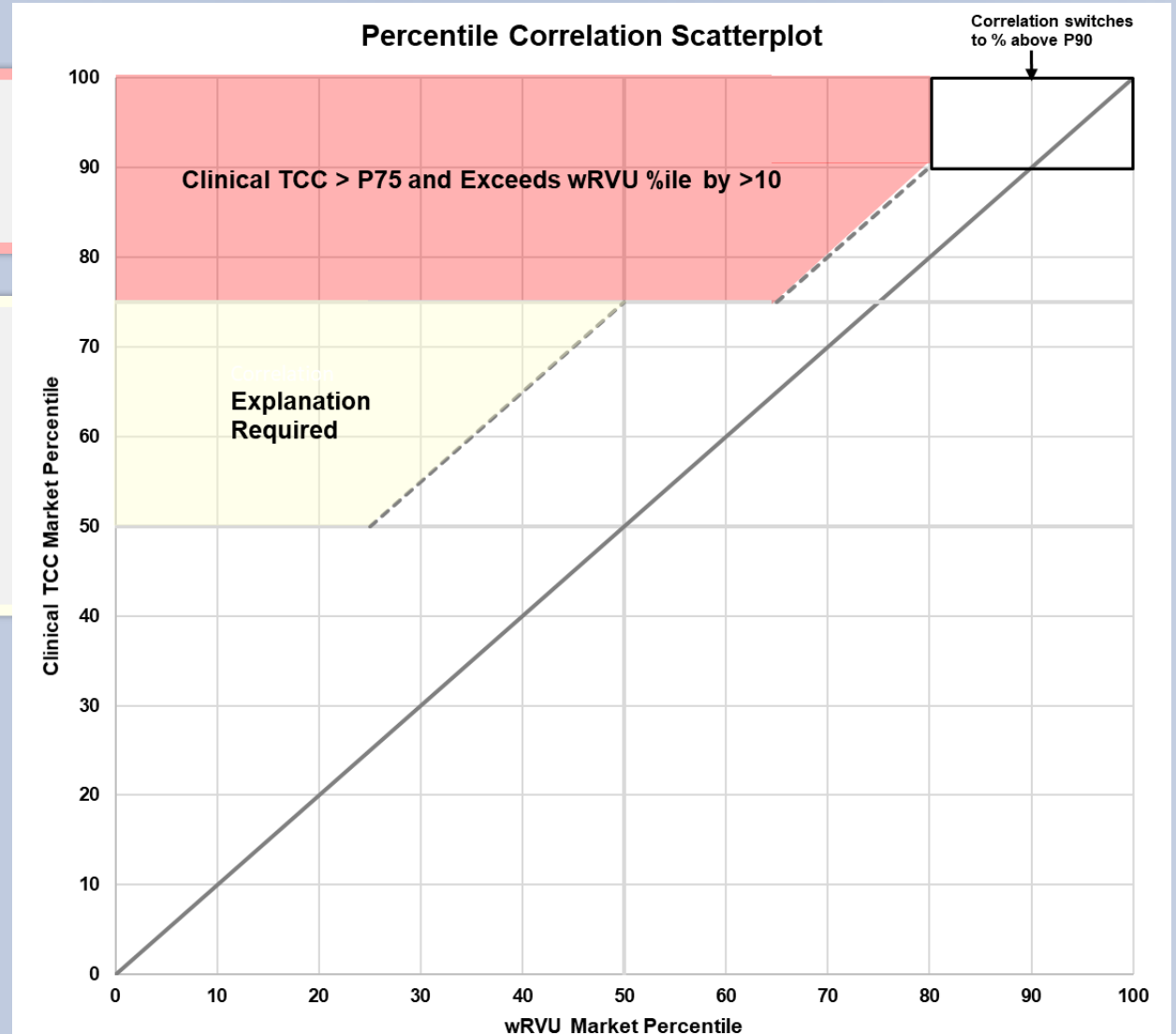
SullivanCotter Physician FMV Guidelines

Graphical Depiction

Scatterplots help evaluate the alignment of clinical compensation and productivity

The **pink shaded area** indicates compensation that is **above P75** and is **not within 10 percentile points** of productivity.

The **yellow shaded area** indicates compensation **between P50 and P75** that is **not within 25 percentile points** of productivity (e.g., P60 compensation not supported by at least P35 wRVUs). Compensation greater than 25 percentile points from productivity requires an explanation.





Clinical TCC Between P50 & P75 Without Supporting Productivity

- Clinical TCC **between P50 and P75 without productivity** (wRVUs, professional collections or panel size) **within 25 percentile points requires documented rationale.**
- **Possible explanations include:**
 - New physician building a practice
 - Physicians transitioning a practice at the end of their career
 - Strategic locations without patient volumes to support TCC
 - Specialty supports community need
 - Shift-based specialty where productivity may not support compensation
 - Hospital call coverage needs require staffing beyond productivity support

Productivity Significantly Exceeding P90 Supporting clinical TCC > P75

Productivity (wRVUs, professional collections and panel size) levels **exceeding P90 by 20% or more require follow-up confirmation/attestation and documentation.**

Examples of support include:

- Documentation of clinical time that supports wRVU productivity, including clinic schedule, OR time, weekend rounding, etc.
- Assurances that physician coding is regularly audited for accuracy
- Confirmation that reported wRVU productivity is personally performed
- Assurances that wRVU calculations include the impact of surgical modifiers

Key Takeaways

- ❖ Stark is a Strict Liability Statute – Intent does not matter
- ❖ Physician arrangements are highly regulated
- ❖ Penalties are severe and stacked
- ❖ Fair Market Value and Commercial Reasonableness are the load-bearing concepts
- ❖ Compliance and governance are critical
- ❖ Early action prevents risk

Resources

- ❖ CP.03 – Physician Contracting and Professional Services Agreements
- ❖ CP.14 – Physician Owned Distributorships
- ❖ CP.15 – Fair Market Value
- ❖ AP.126 – Physician Recruitment Policy
- ❖ Fair Market Value Guidelines – Reviewed annually by the Executive Fair Market Value Committee
 - ❖ Executive FMV Comm: Board Chair, Chief Executive Officer, Chief Compliance and Risk Officer

Agenda item intentionally omitted



RESOLUTION 2299

Board Resolution Honoring Antionette Martinez as World Class Employee of the Month of September

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

WHEREAS, Antionette Martinez, of the Food and Nutrition Department, has consistently demonstrated exceptional commitment to their responsibilities, a strong work ethic, and a positive attitude that uplifts their team;

WHEREAS, She has made significant contributions during the month of September 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, Antionette'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 Antionette as **World Class Employee of the Month** for September 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 Antionette Martinez as a token of recognition and gratitude.

PASSED AND ADOPTED this 23th of September 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 Board Report

September 2026



55 ACTIVE CANDIDATES	7 FY27 COMMITMENTS	5 CURRENT OFFERS EXTENDED	8 PENDING SITE VISITS	18 CURRENTLY IN SCREENING
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PHYSICIAN GROUP TARGETS

Key Medical Associates • Pulmonology x1 • Psychiatry x1	Oak Creek Anesthesia • Anesthesia - Cardiac x1 • Anesthesia - General x1 • Anesthesia - Regional x1 • Anesthesia - GME Program Dir x1	Valley Children's • Maternal Fetal Medicine x2 • Neonatology x1 • Pediatric Cardiology x1 • Pediatric Hospitalist x1
Orthopaedics Associates • Ortho Joint x1 • Ortho Trauma / General x1 • Ortho Surgery (General) x1	Other Recruitment / Group TBD • Adult / Child Psychiatry x1 • Cardiology General / HF x1 • Cardiology Interventional x1 • CT Surgery x1 • Family Medicine x5 • Gastroenterology x2 • Infectious Disease x1 • Neurology IP/OP x1 • OB/GYN x4 • Pulmonology OP x1 • Radiation Oncology x1 • Rheumatology x1 • Urology x2 • Vascular Surgery x1	

FY27 YEAR-TO-DATE SUMMARY

57 FY27 CANDIDATES PURSUED	7 FY27 COMMITMENTS July - August 2026	12% FY27 CONVERSION RATE 7 of 57 committed
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BOARD NARRATIVE | AUGUST 2026

During the month of August, the Physician Recruitment Team continued to build momentum across several priority specialties, with notable progress in Neurology and OB/GYN.

A signed letter of intent was received from a Neurologist who will join the community with a confirmed September 2027 start date. Two additional Neurology candidates have entered active screening, strengthening what is becoming one of the most active specialty pipelines of the fiscal year. An Electrophysiology Cardiologist also signed a letter of intent with an October 2026 start date.

Active discussions continue with Key Medical Associates to establish visa sponsorship for an OB/GYN candidate, and a site visit is scheduled for an OB/GYN candidate later this month. These efforts reflect the team's sustained focus on one of the community's most critical access needs.

Venice Hills Medical Associates continues to serve as an effective recruitment pathway, with a Family Medicine physician and a Pediatrician now committed through that model. The Physician Recruitment Team will travel to Cleveland later this month to participate in a national physician career fair, supporting pipeline development across multiple specialties.

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

September 2026



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

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

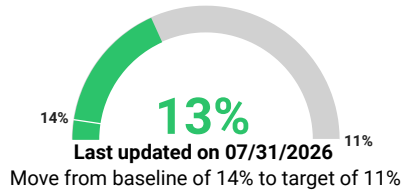
FY2027 Strategic Plan

Monthly Performance

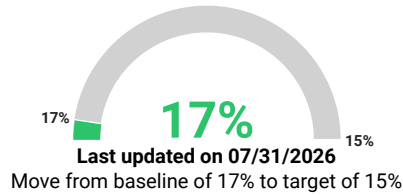
Board of Directors
August 26, 2026



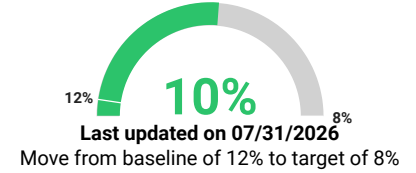
Decrease Overall Turnover Rate to less than equal to 11% (FYE-26)



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



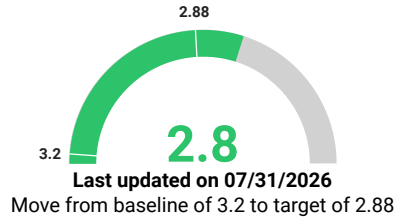
Decrease RN New Hire Turnover Rate (leaving within 6 months) to less than or equal to 8% (FYE-26)



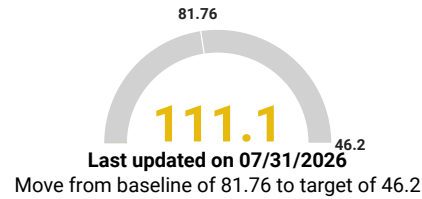
Strategy Summary - Ideal Environment

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 *Employee Engagement Survey results presented and sent to leadership *Stakeholder conversations around possible Crucial Learning rollout *Planning began on KHU Leadership Conference Next Steps *Executive Team deep dive strategy session with NRC to finalize tactics *Crucial Learning proposal to Executive Team on training rollout *Formalize KHU Leadership Conference plan
School Partnerships and Volunteer Programs	■ On Track	07/01/2026	06/30/2027	Kelly Pierce	Current Month *Discussions in process with various schools about RN-BSN options, BSN-MSN options, and expanding Apprenticeship Model at COS with seats specifically for our Employees.
Resident Engagement and Retention	■ On Track	07/01/2026	06/30/2027	Angel Smith	Current Month * Met with several program directors at the beginning of the new academic year and asked them to identify residents they want to retain. *Those names were shared with J.C. in recruitment, and he has contacted them to discuss their practice preferences and options.
Physician and Provider Engagement	■ On Track	07/01/2026	06/30/2027	Teresa Boyce	Current Month *Review and revision of Medical Staff Processes and governing documents in process to ensure they are supportive of providers.

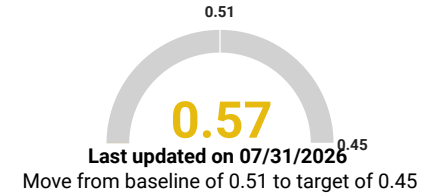
Reduce Serious Safety Event Occurrences by 10% to 2.88 (FYE-26)



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



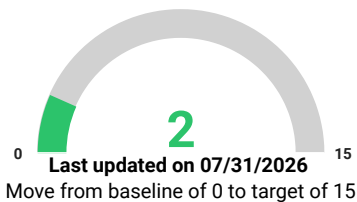
Hospital Acquired Pressure Injuries, Stage 2 and above, <0.46 (World Health Organization pooled incidence rate) (FYE-26)



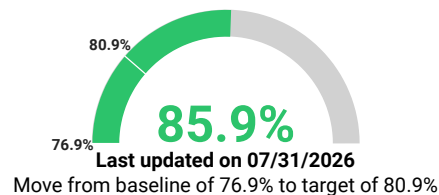
Strategy Summary - Outstanding Health Outcomes

Name	Status	Start Date	Due Date	Assigned To	Last Comment
Safety Program Optimization	On Track	07/01/2026	06/30/2027	Cindy Vander Schuur	Current Month *The teams are meeting and discussing the initiatives. The initiatives will require input from the incoming CNO.
Reduce Hospital Acquired Infections (HAI)	On Track	07/01/2026	06/30/2027	Shawn Elkin	Current Month * Reported one more CLABSI event than predicted well exceeding our goal of 0.486 SIR. * There were 2 Healthcare Onset Clostridium difficile Infections reported exceeding our goal of 0.17 SIR. * Reinforcing knowledge and skills for GME Residents who insert central lines * Encouraging clinical leadership unit-based rounding of central line devices * Daily review of central lines for insertion duration and corresponding indication for the device. Review medication, in the interest of recommending device removal if not indicated * Thorough root cause analysis review of CLABSI and Healthcare Onset Clostridium difficile Infection events, tracking and trending contributing factors * Completion of evidence-based practice gap analysis related to both CLABSI & CDI * Several other interventions in process of implementation
Surgical Safety Program	On Track	07/01/2026	06/30/2027	Chris Patty	Current Month * Q & PS champion joined Surgical Quality Improvement (SQIP) and Critical Care Committees. * Introduced concept of "Shift-Left" journey toward proactivity in clinical deterioration management. *Created new progress charts from historic dashboard with new process metrics.
Safety in Nursing Practice	Off Track	07/01/2026	06/30/2027	Mara Lawson	Current month * There are some tactics that have not been fully implemented yet, but are in the works. Next Steps * Work through the HAPI and Falls committees to fully implement evidence-based practices as we evaluate for trends by unit and overall.

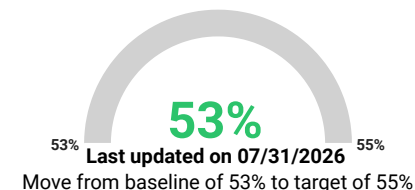
Recruit 15 Specialty Providers



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



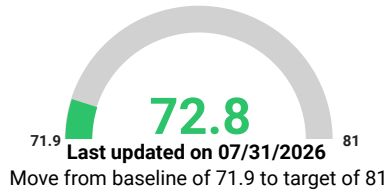
Increase domestic spend (Sequoia Health Plan Capitation) to 55% (2% increase)



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	Current Month: *Advanced recruitment across specialty and primary care, including continued work with Key Medical Group, local physician groups, and Central Valley residency programs. *Refined the recruitment process with a new Medical Staff Services candidate touchpoint and a pre-visit spouse/partner interview. Next Steps: *Continue active specialty and PCP pipeline work, including the Ortho Hand Surgeon and Child Psychiatry Fellow placements and multiple FM candidates in progress. *Advance OB/GYN visa sponsorship discussions with Key Medical Group. *Deliver recruitment presentation to the FM residency program.
Mature Value Based Care Capabilities to position Kaweah Health as the Must Have Network	On Track	07/01/2026	06/30/2027	Tom Boggs	Current Month: * Workgroup teams have been developed and are focused on execution of Annual Wellness Visits and Quality (Gaps in Care / Stars). * Rural Health Transformation Program (RHTP) application submitted. Next Steps: *Chronic Care Management team focusing on high-utilizers is kicking off in September. *Implementation of Oracle tools to support accurate documentation, patient orchestration to follow RHTP application.
Journey to Top Decile Ambulatory Clinic Performance	On Track	07/01/2026	06/30/2027	Tom Boggs	Current Month: *Developed plan and tactics to improve Patient Experience, which is largest gap. *Medical Director awareness, engagement and buy-in *Patient Rounding Questions for Ambulatory Clinics Developed Next Month: *Rollout of AIDET Training to all Clinic Staff and Medical Directors (Rural Health Clinics & Urgent Cares to start) initiated with completion by Sep 2026 * Training on Huron Patient Rounding App for Directors and Managers *Survey purchase for updated benchmarking data

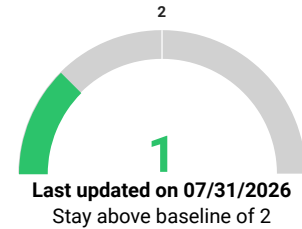
HCAHPS "Would Recommend Hospital" is 81 (FYE-26)



50 community outreach events FYTD-27



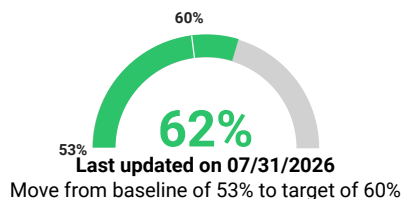
Two or more Cuadrilla events in FYTD-27



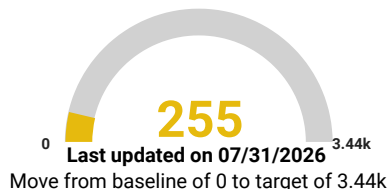
Strategy Summary - Patient and Community Experience

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	Current Month * Developed Best Practices Guidelines for Ambulatory Rounding * Finalized FY27 patient experience goals Next steps * Rolling out AIDET & HEARD Communication Trainings.
Improve the hospital's physical spaces.	■ On Track	07/01/2026	06/30/2027	Deborah Volosin	Current Month * PX rounded with Facilities, Maintenance, and CEO. * Identified several areas with worn-out furniture and damaged walls and paint. * Reminded teams to continue to put work orders in to document the work needed. * ED received 100 chairs for visitors in patient rooms. Next Steps *Encourage units to submit work orders for distressed furniture and facilities. *Order more visitor chairs for ED patient rooms.
Strengthen Community Engagement	■ On Track	07/01/2026	06/30/2027	Deborah Volosin	Current Month * CE met with CAC groups, organized the ribbon cutting for PT Tulare Clinic, and arranged for 33 employees to attend community events. Next Steps * In August, we are targeting one new service club membership, one leader speaking engagement, and adding two new community members to CAC groups.

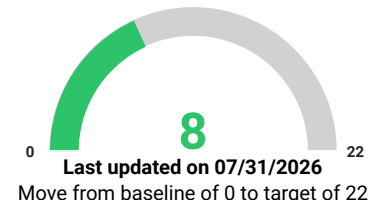
Through the work of the OR Optimization Committee, increase overall block usage to 60% in FY2027 (12% increase)



Complete 3,437 General Surgery cases in FY2027 (19% increase)



Open 22 subacute beds at the South Campus



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	Current Month: *Volume goals met in many areas – TAVR, mitral clip & EP procedures, endoscopy, Urology *Volume goals not met in orthopedic and general surgery, primarily due to surgeon vacations and elective practices not fully ramped up in both areas *8 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 patten pipelines with local providers to drive clinic volume *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	Current Month: *Initiation of the OR Optimization committee, launched in June/July 2026, comprised of medical center surgeons and KH department & service line leaders *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 July metrics did not meet established goals in these areas *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	Current Month: * 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	Current month: *Hospitalist pilot of AI ambient listening near completion *Assessing AI agent options for KH with support services (HR, payroll, finance) *Care at Home program – initial straw model of primary care drafted. Next month: *Broad rollout of AI ambient listening for Hospitalists *Nursing pilot for AI ambient listening scheduled for Q2 2027 *RHTP grant submission – focus on Maternal health transformation with community partners
Enhance Health Plan Programs	■ On Track	07/01/2026	06/30/2027	Sonia Duran-Aguilar	Current Month: *Cal RHTP Transformative Care Model application to be submitted 8.14.26. *Received CHW MediCal Benefit application from MCPs for CHW reimbursement. Next Steps: *Evaluate Cal RHTP grant applications on an ongoing basis to submit for additional programs. * Evaluate CHW MediCal Benefit application and submit to MCPs for CHW reimbursement contracting.

Urgent Care Centers Annual Report

Submitted to Board of Directors

September 2026

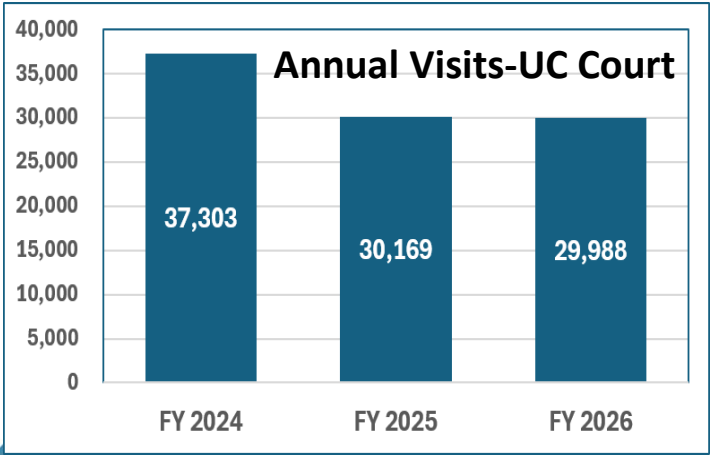
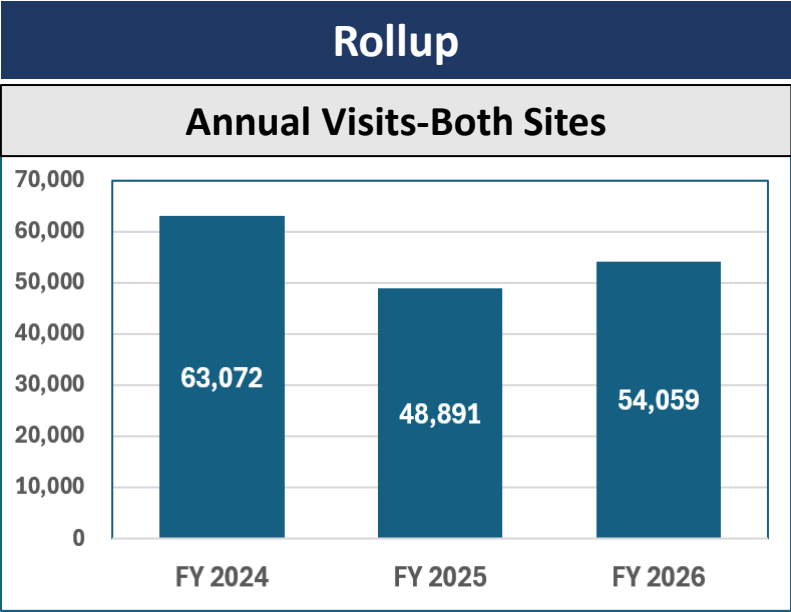
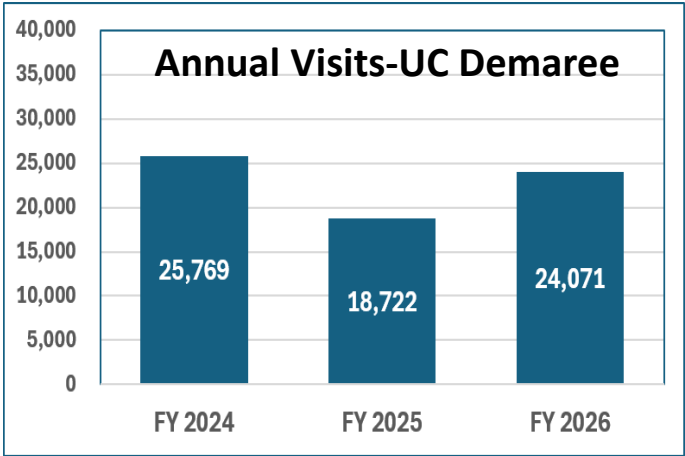


kaweahhealth.org



Kaweah Health Urgent Care Center Footprint

2 Sites with over 55,000 Patient Visits Annually



Executive Summary

Physician (Medical Director) & Administrative Leadership



Dr. Daniel Brown,
Medical Director



Tom Boggs
Chief Ambulatory
Officer



Diana Saechao,
Director

Top 3 Wins, Risks/Challenges and Initiatives

Top Three Wins

1. **Provider Recruitment:** 2.0 Physician FTEs + 9 APPs successfully recruited, with creation of per diem pool for bench strength.
2. **Growth:** 11% ↑ in visits; expanded Demaree Hours of Operation to 12 hours
3. **Financial:** Contribution margins of \$5.7M, a 72% increase from prior year.

Top Three Risks/Challenges

1. **Provider Workforce Staffing:** Physician & APP Recruitment/Retention
2. **Bifurcated Care Model:** Higher Level of Care Needs + PCP market shortage voids
3. **Aging Physical Plant:** Urgent Care Court Facility Investment & Modernization

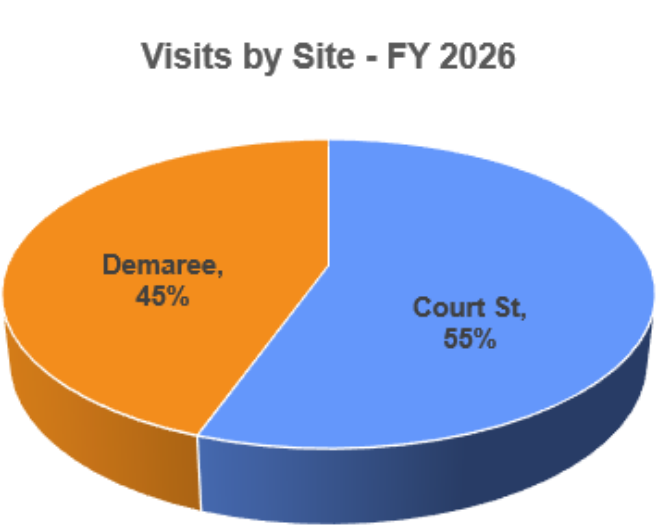
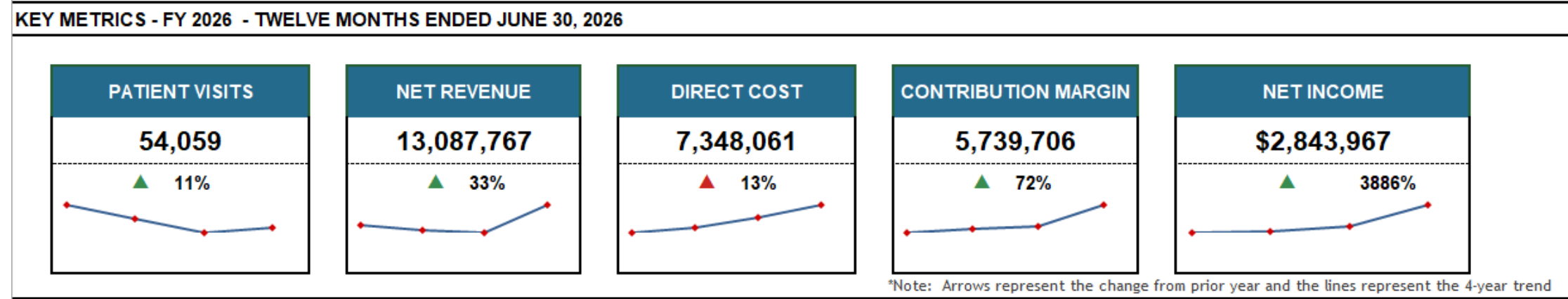
Top Three Initiatives

1. **Patient Experience:** Improve NPS for Likelihood to Recommend Facility
2. **Growth & Service Differentiation:** Evaluation of higher-acuity service offerings to offload ER + expanded payor partnerships.
3. **Quality:** Pursue Urgent Care Accreditation; maintain Left Without Being Seen %

APPs: Advanced Practice Providers

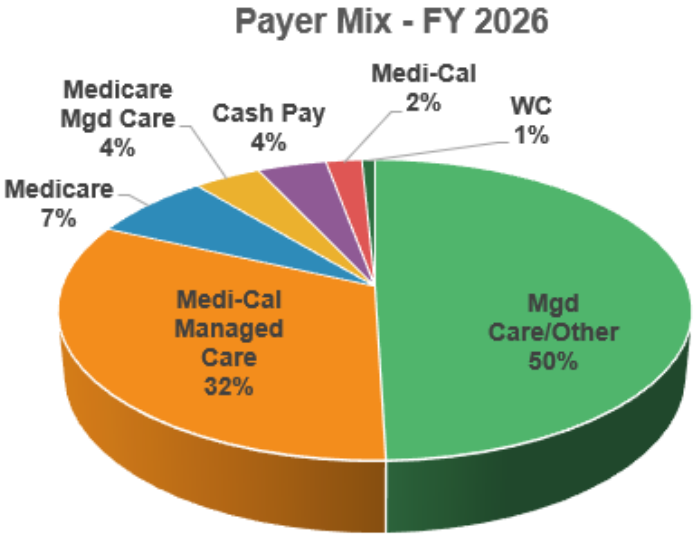
Financial & Growth

Fiscal Year 2026 (FY 2026) produced the highest Contribution Margin in history



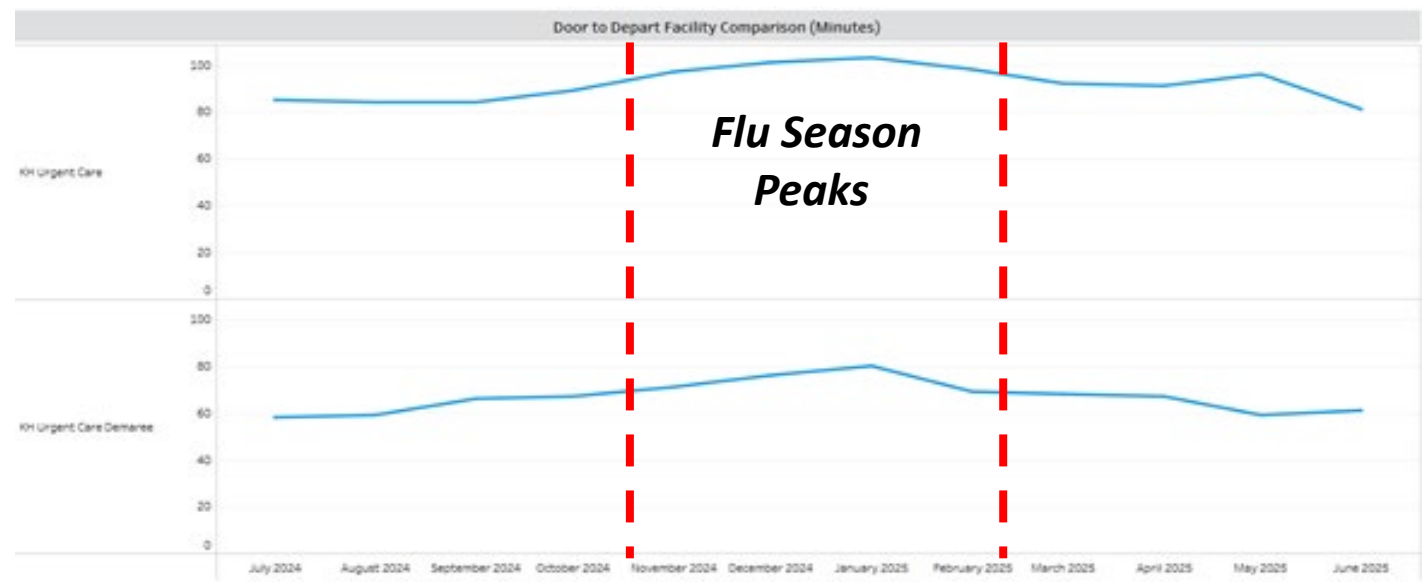
Key Takeaways:

- FY26 visits impacted by provider workforce vacancies & ramp-up time for newly hired APPs.
- Visits increased 11% from prior year to 54,059 —the highest volume since 2023.
- Quality remained high, with a Left Without Being Seen (LWBS) rate of 0.3%
- Evaluate opportunities to expand services to include select higher-acuity care.
- Pursue re-establishment of select health plan contracts to further improve patient access.



Quality & Efficiency: Patient Throughput Metrics

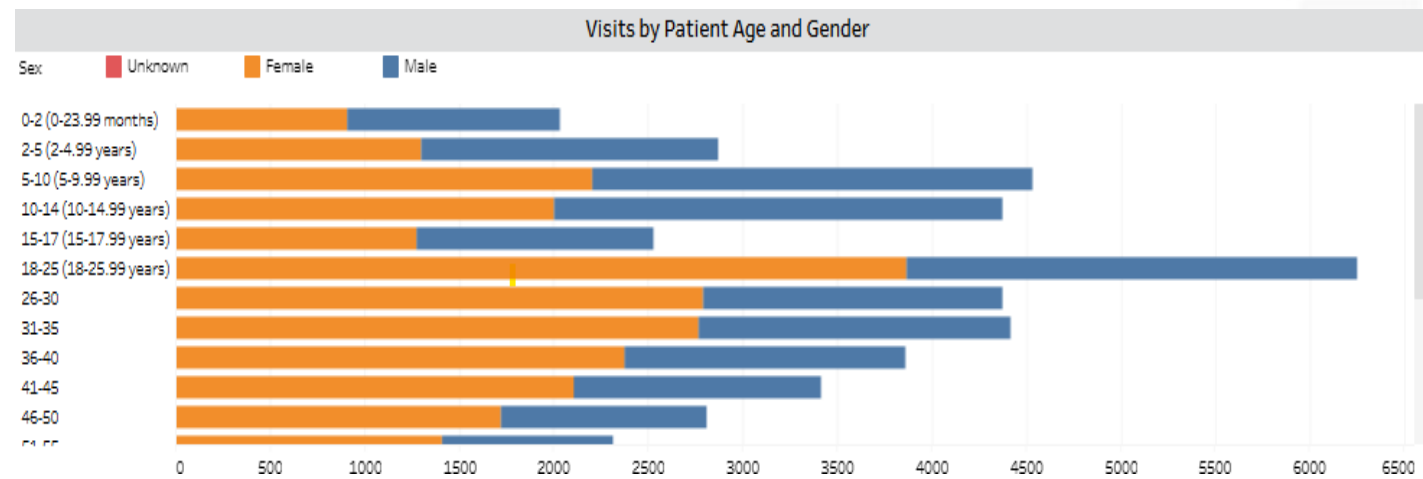
Quality remained high, with a Left Without Being Seen (LWBS) rate of 0.3% with opportunity to smooth out throughput.



Average Door to Depart Time: 82 Minutes

- UC Court: 93 Minutes
Impacted by higher-acuity, more complex patients
- UC Demaree: 70 Minutes

Left Without Being Seen (LWBS): 0.3% | 171 patients



Level of Care / Intensity of Service:

Majority of the business is in

- Levels 3 – Moderate/Urgent
- Levels 4 – More Urgent

Top Visits by Discharge Diagnosis: 25% of Total Visits

- Acute respiratory infection – 12%
- Cough, cold and flu – 5%
- Urinary tract infection – 4%
- Acute pharyngitis – 4%

People & Patient Experience

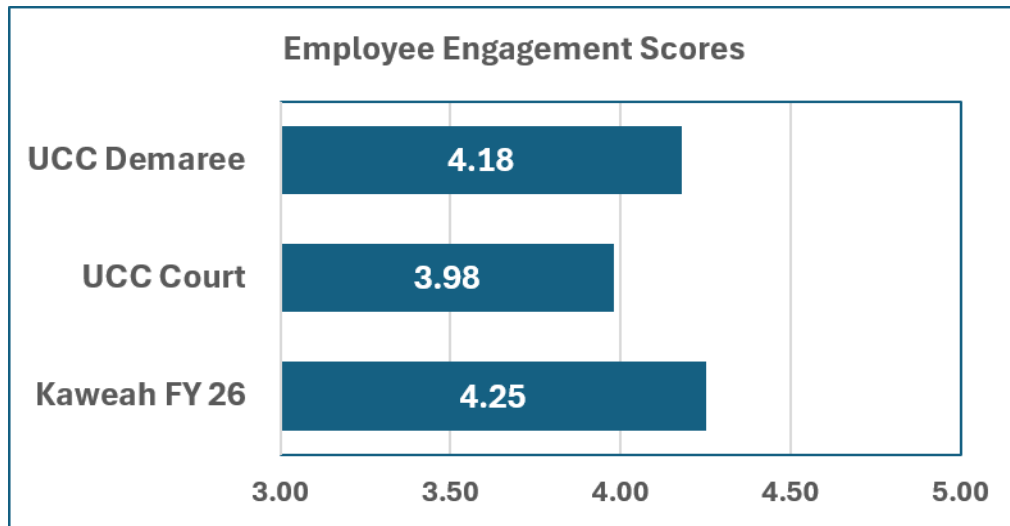
Goal to reduce variation by Site with consistent Patient Experience; Positive trends thus far for FY 2027

People (Employee Engagement)

FY 2026 Results:

Moderate Engagement: Blended 4.08 Score out of 5

- 60 Non-Provider Employees
- **83.33% Response Rate**
- **UCC Demaree near Org. Average; outperforming UCC Court**

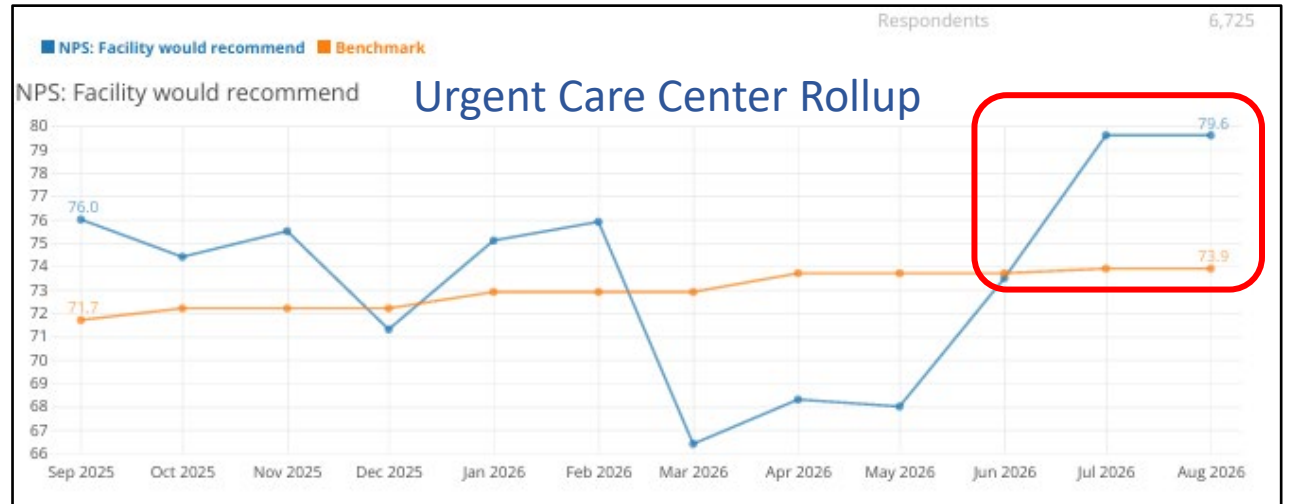


Patient Experience

FY 2026 NPS Facility Would Recommend: Rollup 72.7 (below goal)

Court 70.4 (below goal) | Demaree 75.0 (above goal)

- Provider workforce shortages impacted patient throughput and wait times.
- FY27 Performance: Performance is trending positively, with continued improvement in key experience measures.
- Key Actions: Provider and staff AIDET training; patient rounding; Thank You cards; and strengthened physician engagement and alignment.



Access to Care & Consumerism

Expanded marketing to educate patients on proper care venue, selection and convenience.

Added # of Patients In Line on kaweah.org	
See how many patients are in line:	
 Kaweah Health Urgent Care on Court	 Kaweah Health Urgent Care on Demaree
5 patients in line.	4 patients in line.
1633 S. Court St.	3600 W. Flagstaff Avenue
Visalia, CA 93277	Visalia, CA 93291
559-624-6090	559-624-6800
Walk-ins Welcome	Walk-ins Welcome

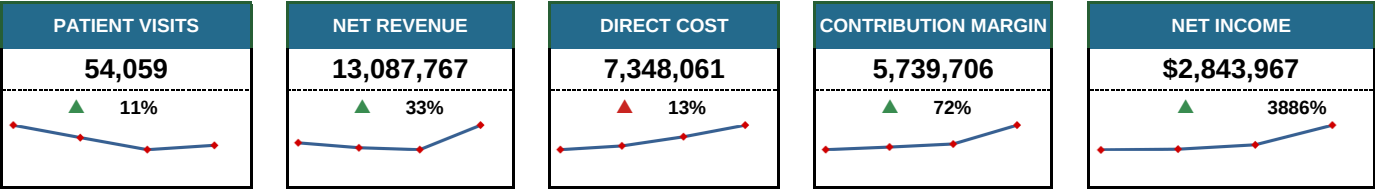
Patient Education: Where to seek care		
Do I need to go to the emergency room?		
EMERGENCY ROOM	URGENT CARE	PRIMARY CARE
Difficulty breathing, or chest, arm, or jaw pain	Common illness (like cold & flu)	Less urgent medical problems
Severe burn or electric shock	Earaches	Routine check-ups
Seizures or a head injury in which you are confused or fainting	Migraines	
Deep wounds with heavy bleeding	Minor cuts	
Severe allergic reactions	Sprains	
Concerns of possible poisoning	Rashes	
Severe abdominal pain associated with trauma or pain/pressure in chest		
		

Questions?

The pursuit of healthiness



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

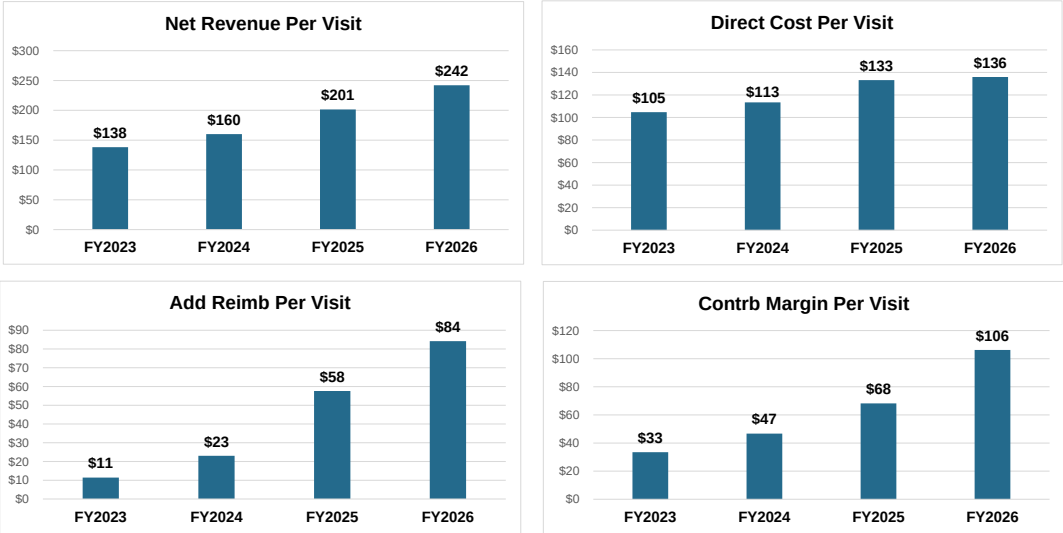
METRICS BY SERVICE LINE - FY 2026

SERVICE LINE	PATIENT VISITS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Urgent Care Court	29,988	\$7,696,167	\$4,695,724	\$3,000,443	\$1,245,377
Urgent Care Demaree	24,071	\$5,391,600	\$2,652,337	\$2,739,263	\$1,598,590
Urgent Care Clinic Totals	54,059	\$13,087,767	\$7,348,061	\$5,739,706	\$2,843,967

METRICS SUMMARY - 4 YEAR TREND

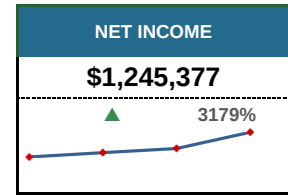
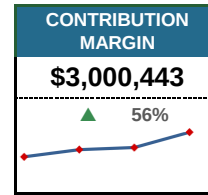
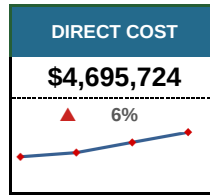
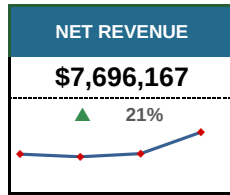
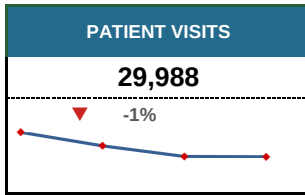
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	77,841	63,072	48,891	54,059	▲ 11%	
Net Revenue	10,756,000	10,097,869	9,846,734	13,087,767	▲ 33%	
Additional Reimb	889,846	1,452,547	2,815,731	4,552,186	▲ 62%	
Direct Cost	8,150,989	7,152,535	6,514,146	7,348,061	▲ 13%	
Contribution Margin	2,605,011	2,945,334	3,332,588	5,739,706	▲ 72%	
Indirect Cost	3,254,858	3,482,866	3,261,234	2,895,739	▼ -11%	
Net Income	(649,847)	(537,532)	71,354	2,843,967	▲ 3886%	
Net Revenue Per Visit	\$138	\$160	\$201	\$242	▲ 20%	
Direct Cost Per Visit	\$105	\$113	\$133	\$136	▲ 2%	
Add Reimb Per Visit	\$11	\$23	\$58	\$84	▲ 46%	
Contrb Margin Per Visit	\$33	\$47	\$68	\$106	▲ 56%	
CM per visit w/o Add Reimb	\$22	\$24	\$11	\$22	▲ 108%	
Telehealth %	38%	16%	15%	8%		

GRAPHS



Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Lines Urgent Care Center
Criteria: specific selection for each Service Line (noted on the individual Service Line Tabs)

KEY METRICS - FY 2026 - TWELVE MONTHS ENDED JUNE 30, 2026

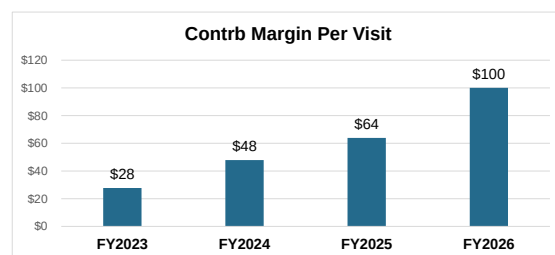
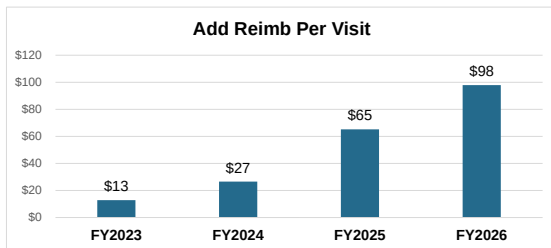
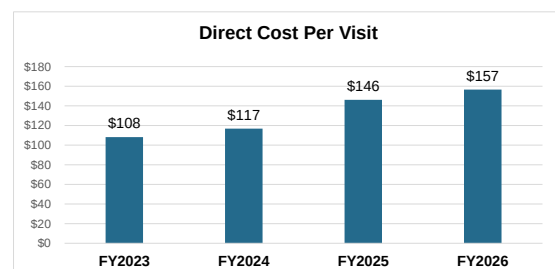
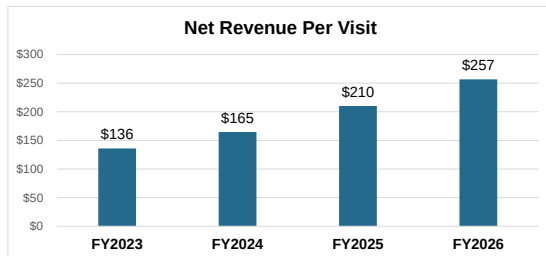


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	46,428	37,303	30,169	29,988	▼ -1%	
Net Revenue	\$6,310,908	\$6,142,228	\$6,337,437	\$7,696,167	▲ 21%	
Additional Reimb	\$597,167	\$991,215	\$1,966,536	\$2,936,460	▲ 49%	
Direct Cost	\$5,023,109	\$4,355,934	\$4,409,411	\$4,695,724	▲ 6%	
Contribution Margin	\$1,287,799	\$1,786,294	\$1,928,026	\$3,000,443	▲ 56%	
Indirect Cost	\$1,881,584	\$2,052,187	\$1,890,050	\$1,755,066	▼ -7%	
Net Income	(\$593,785)	(\$265,893)	\$37,976	\$1,245,377	▲ 3179%	
Net Revenue Per Visit	\$136	\$165	\$210	\$257	▲ 22%	
Direct Cost Per Visit	\$108	\$117	\$146	\$157	▲ 7%	
Add Reimb Per Visit	\$13	\$27	\$65	\$98	▲ 50%	
Contrb Margin Per Visit	\$28	\$48	\$64	\$100	▲ 57%	
CM per visit w/o Add Reimb	\$15	\$21	(\$1)	\$2	▲ 267%	
Telehealth %	17%	6%	7%	3%		

PER CASE TRENDED GRAPHS



KAWEAH HEALTH ANNUAL BOARD REPORT

URGENT CARE CLINICS - *Urgent Care Court*

FY2026

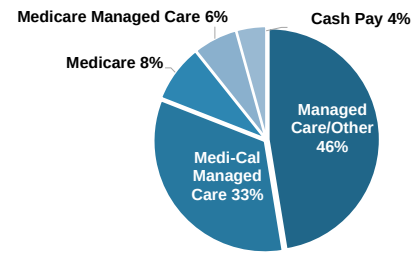
KEY METRICS - FY 2026 - TWELVE MONTHS ENDED JUNE 30, 2026

PAYER MIX - 4 YEAR TREND (Based on Volume)

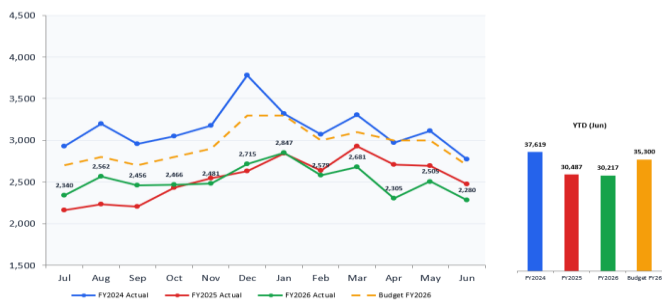
PAYER	FY2023	FY2024	FY2025	FY2026
Managed Care/Other	37%	43%	45%	46%
Medi-Cal Managed Care	44%	37%	34%	33%
Medicare	7%	7%	7%	8%
Medicare Managed Care	4%	5%	6%	6%
Cash Pay	5%	4%	4%	4%

Level Of Care	FY2023	FY2024	FY2025	FY2026
Level I	0%	0%	0%	0%
Level II	6%	6%	3%	4%
Level III	52%	86%	67%	64%
Level IV	40%	7%	23%	28%
Level V	2%	0%	0%	0%
No Level	0%	1%	7%	4%

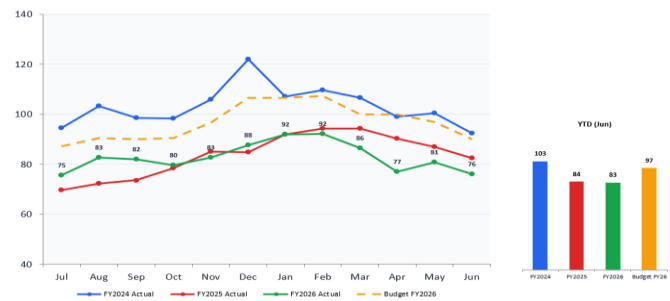
FY 2026 Payer Mix



Urgent Care – Court Total Visits



Urgent Care – Court Avg Visits Per Day



Monthly Statistics



Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line is Urgent Care and Secondary Service Line is Urgent Care Court

Monthly Statistics

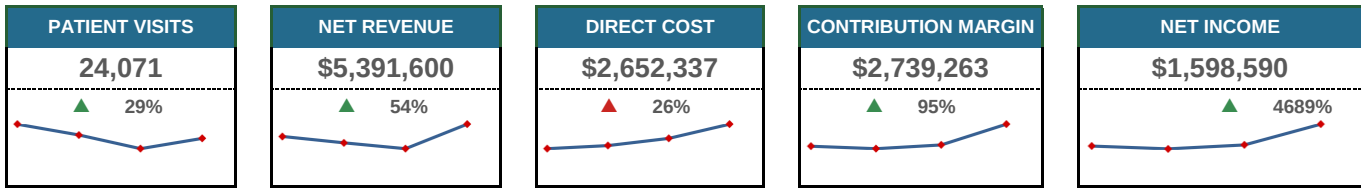


KAWEAH HEALTH ANNUAL BOARD REPORT

URGENT CARE CLINICS - *Urgent Care Demaree*

FY2026

KEY METRICS - FY 2026 - TWELVE MONTHS ENDED JUNE 30, 2026

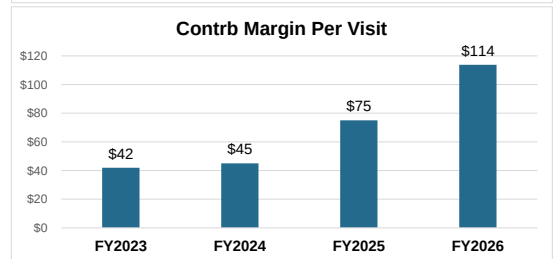
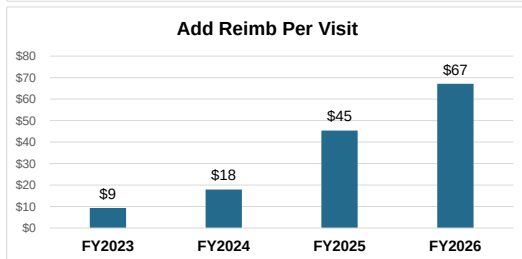
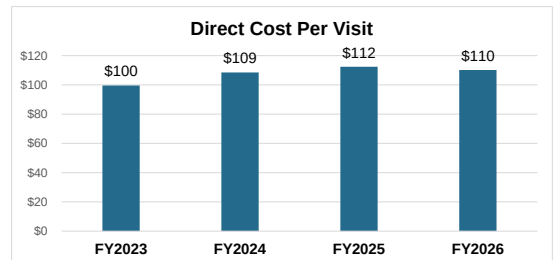
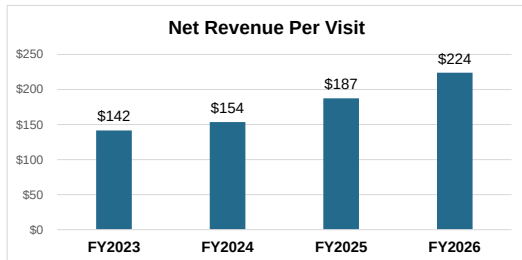


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	31,413	25,769	18,722	24,071	▲ 29%	
Net Revenue	\$4,445,092	\$3,955,641	\$3,509,297	\$5,391,600	▲ 54%	
Additional Reimb	\$292,679	\$461,332	\$849,195	\$1,615,726	▲ 90%	
Direct Cost	\$3,127,880	\$2,796,601	\$2,104,735	\$2,652,337	▲ 26%	
Contribution Margin	\$1,317,211	\$1,159,040	\$1,404,562	\$2,739,263	▲ 95%	
Indirect Cost	\$1,373,274	\$1,430,679	\$1,371,184	\$1,140,673	▼ -17%	
Net Income	(\$56,062)	(\$271,639)	\$33,378	\$1,598,590	▲ 4689%	
Net Revenue Per Visit	\$142	\$154	\$187	\$224	▲ 19%	
Direct Cost Per Visit	\$100	\$109	\$112	\$110	▼ -2%	
Add Reimb Per Visit	\$9	\$18	\$45	\$67	▲ 48%	
Contrb Margin Per Visit	\$42	\$45	\$75	\$114	▲ 52%	
CM per Visit w/o Add Reimb	\$33	\$27	\$30	\$47	▲ 57%	
Telehealth %	21%	10%	8%	4%		

PER CASE TRENDED GRAPHS (Based on Volume)



KAWEAH HEALTH ANNUAL BOARD REPORT

URGENT CARE CLINICS - *Urgent Care Demaree*

FY2026

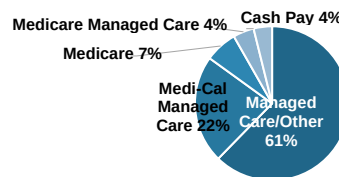
KEY METRICS - FY 2026 - TWELVE MONTHS ENDED JUNE 30, 2026

PAYER MIX - 4 YEAR TREND (Based on Volume)

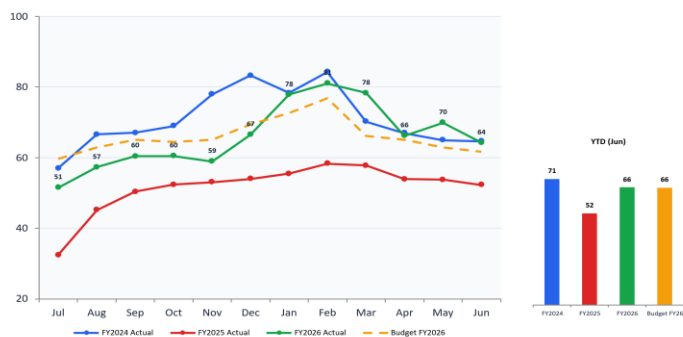
PAYER	FY2023	FY2024	FY2025	FY2026
Managed Care/Other	53%	60%	59%	61%
Medi-Cal Managed Care	31%	25%	25%	22%
Medicare	7%	7%	7%	7%
Medicare Managed Care	3%	3%	4%	4%
Cash Pay	5%	4%	3%	4%

Level Of Care	FY2023	FY2024	FY2025	FY2026
Level I	5%	0%	0%	0%
Level II	39%	5%	3%	2%
Level III	45%	75%	68%	68%
Level IV	11%	18%	22%	26%
Level V	0%	0%	0%	0%
No Level	1%	1%	8%	4%

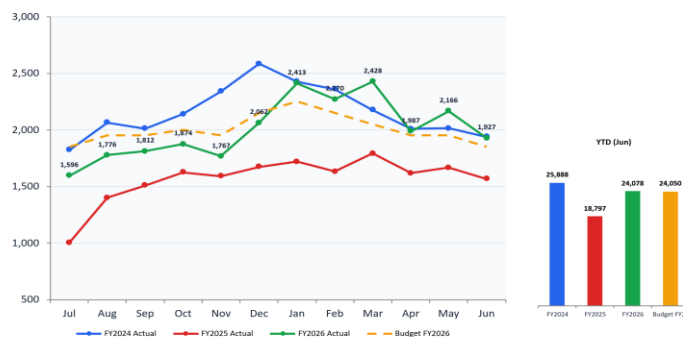
FY 2026 Payer Mix



Urgent Care – Demaree Avg Visits Per Day



Urgent Care – Demaree Total Visits



Monthly Statistics



Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line is Urgent Care and Secondary Service Line is Urgent Care Demaree

Monthly Statistics



SERVICE LINE BOARD REPORT

INPATIENT MEDICAL SERVICE LINES
Doss Bewley, Director
Medical Surgical Services



Executive Summary

FY2026 net income grew 376% to \$4.2M on 4% case growth and a 12% increase in net revenue — though a majority of the margin improvement is attributable to increased government supplemental funding rather than core operating performance.

Top Three Wins

- Net income grew 376% year-over-year, to \$4.2M
- Contribution margin grew 15% to \$29.7M on 4% case growth
- Net revenue per case grew 7%; average length of stay improved to 5.19 days

Top Three Risks

- Supplemental government funding, up 21%, is now 69.6% of total contribution margin
- Contribution margin per case, excluding supplemental funding, declined 2% year-over-year
- Neurology posted the only service-line net loss (-\$474,784) on \$28.0M in net revenue

Goal for the Next Year

- Grow core, non-supplemental contribution margin per case and return Neurology to a net-positive position

FY2026 Snapshot

- 6,783 patient cases (+4%)
- \$114.7M net revenue (+12%)
- \$4.2M net income (+376%)

Financials

FY2026 Financial Performance

- Net Revenue: \$114.7M (+12%)
- Direct Cost: \$85.0M (+10%)
- Contribution Margin: \$29.7M (+15%)
- Net Income: \$4.2M (+376%)

Source: Inpatient Service Line Reports. Criteria: Inpatient Medical Services, not yet reported.

Government Supplemental Funding

\$20.7M

+21% year-over-year

69.6% of total contribution margin

Dashboard

Service Line Metrics

- Volume
 - Patient Cases: 6,783 (+4%)
 - Patient Days: 35,207 (+2%)
 - ALOS: 5.19 days (-2%)
- Cost & Margin
 - Direct Cost / Case: \$12,530 (+6%)
 - Contribution Margin / Case: \$4,383 (+10%)
 - Net Income: \$4.2M (+376%)



Growth & Access

FY2026 Volume & Funding Trends

- Patient Cases: 6,783, up 4% from 6,531 in FY2025
- Top volume service lines: Gastroenterology (1,713 cases), Neurology (1,563), General Medicine (961)
- Patient days grew 2% to 35,207 while ALOS improved to 5.19 days
- Additional government reimbursement grew 21% to \$20.7M
- That funding is now 69.6% of total contribution margin, up from prior years
- Board input requested: how should we plan for continued reliance on supplemental funding?

The pursuit of healthiness



Inpatient Medical Service Lines

Narrative Report

FY2026 — Twelve Months Ended June 30, 2026

Overview

For the twelve months ended June 30, 2026, the inpatient medical service lines not separately reported elsewhere — Gastroenterology, Neurology, General Medicine, Nephrology, Endocrine, Dermatology, and IP Medical Trauma — recorded 6,783 patient cases, a 4 percent increase over the 6,531 cases recorded in FY2025. Net revenue for the group totaled \$114,719,629, up 12 percent from \$102,840,326 the prior year. Direct cost rose 10 percent, from \$76,923,920 to \$84,990,180, and contribution margin grew 15 percent, from \$25,916,407 to \$29,729,449. Net income for the group reached \$4,192,223, compared with \$881,391 in FY2025, an increase of 376 percent.

Revenue and Volume

Growth in FY2026 was broad-based rather than driven by a single service line. Gastroenterology remained the largest contributor by volume and revenue, with 1,713 cases and \$28,042,746 in net revenue, followed closely by Neurology, with 1,563 cases and \$27,953,845 in net revenue. General Medicine, Nephrology, and Endocrine each contributed between \$14 million and \$24 million in net revenue, while Dermatology and IP Medical Trauma remained the smallest service lines by volume, at 335 and 90 cases respectively. Net revenue per case for the group rose to \$16,913 in FY2026, up 7 percent from \$15,746 in FY2025, continuing a four-year upward trend from \$14,635 in FY2023.

Cost and Margin Performance

Direct cost increased 10 percent year-over-year, slightly outpacing the underlying growth in patient cases and continuing a pattern seen over the past several years: direct cost per case has increased in three of the last four years, reaching \$12,530 in FY2026. Indirect cost also increased, by 2 percent, to \$25,537,226. Despite these increases, contribution margin grew 15 percent to \$29,729,449, and net income improved substantially to \$4,192,223. However, when government supplemental funding is excluded, the underlying picture is more moderate: contribution margin per case excluding supplemental reimbursement was \$1,334 in FY2026, compared with \$1,360 in FY2025 and \$1,877 in FY2024, indicating that per-case profitability from core operations has been roughly flat to slightly declining over the past two years even as headline results have improved.

Government Supplemental Funding

Additional government reimbursement totaled \$20,683,164 for FY2026, an increase of 21 percent over the \$17,031,586 received in FY2025. This funding represented 18.0 percent of total reimbursement and 69.6 percent of total contribution margin for the group. Supplemental funding has grown from \$14,221,189 in FY2023 to its current level, and its scale relative to contribution margin means that a meaningful share of this year's financial improvement is attributable to funding that originates outside core patient care operations, rather than to gains in underlying operating performance.

Service Line Performance

Six of the seven service lines reported positive net income for FY2026. Gastroenterology led all service lines in profitability, with net income of \$3,056,757, followed by General Medicine at \$500,196, Nephrology at \$513,299, Endocrine at \$313,063, IP Medical Trauma at \$237,271, and Dermatology at \$46,420. Neurology was the exception, reporting a net loss of \$474,784 for the year despite generating the second-highest net revenue of any service line at \$27,953,845. Neurology's direct cost of \$21,991,184 was the highest of any service line, and its contribution margin of \$5,962,660 was not sufficient to offset indirect cost allocations, resulting in the year's only service-line loss.

Four-Year Trend

The group has shown consistent improvement since FY2023, when it recorded a net loss of \$10,293,017. Patient cases have grown from 6,015 in FY2023 to 6,783 in FY2026, while average length of stay has declined from 5.62 days to 5.19 days over the same period, suggesting improved throughput alongside volume growth. Net revenue has grown each year, from \$88,028,152 in FY2023 to \$114,719,629 in FY2026, and contribution margin has more than doubled over the same period, from \$13,486,191 to \$29,729,449. Net income turned positive in FY2024 and has continued to improve each year since, reaching \$4,192,223 in FY2026.

Summary

FY2026 results show continued growth in patient volume, revenue, and contribution margin, along with the strongest net income the group has reported in the four-year period reviewed. At the same time, direct and indirect cost growth, a declining per-case contribution margin once supplemental reimbursement is excluded, and a single service line operating at a loss are areas that may warrant continued monitoring. The scale of government supplemental funding relative to total contribution margin is a further factor for consideration, given the extent to which current-year results depend on it.

Source

Source: Inpatient Service Line Reports. Criteria: Inpatient Medical Services, not yet reported.

Inpatient Medical Service Lines

Summary Report

FY2026 — Twelve Months Ended June 30, 2026

This report summarizes FY2026 performance for the inpatient medical service lines not separately reported elsewhere, based on the Inpatient Service Line Reports. Patient case volume, net revenue, and contribution margin all increased over FY2025, while direct cost also increased and is noted below for continued monitoring.

Key Metrics

Metric	FY2026	FY2025	% Change
Patient Cases	6,783	6,531 (FY25)	+4%
Net Revenue	\$114,719,629	\$102,840,326 (FY25)	+12%
Direct Cost	\$84,990,180	\$76,923,920 (FY25)	+10%
Contribution Margin	\$29,729,449	\$25,916,407 (FY25)	+15%
Net Income	\$4,192,223	\$881,391 (FY25)	+376%

Performance by Service Line

Service Line	Cases	Net Revenue	Contribution Margin	Net Income
Gastroenterology	1,713	\$28,042,746	\$8,718,375	\$3,056,757
Neurology	1,563	\$27,953,845	\$5,962,660	-\$474,784
General Medicine	961	\$23,286,855	\$5,771,658	\$500,196
Nephrology	1,137	\$14,728,918	\$3,860,227	\$513,299
Endocrine	984	\$14,135,651	\$3,686,619	\$313,063
Dermatology	335	\$4,468,832	\$1,059,656	\$46,420
IP Medical Trauma	90	\$2,102,782	\$670,253	\$237,271
Total	6,783	\$114,719,629	\$29,729,449	\$4,192,223

Summary Notes

- Patient cases increased 4% to 6,783; net revenue increased 12% to \$114,719,629; contribution margin increased 15% to \$29,729,449; net income increased to \$4,192,223, up from \$881,391 in FY2025.
- Direct cost increased 10% to \$84,990,180.
- Government supplemental funding (Additional Reimbursement) totaled \$20,683,164 for the year, equal to 18.0% of total reimbursement and 69.6% of total contribution margin.
- Neurology was the only service line reporting a net loss for the year (-\$474,784), despite \$27,953,845 in net revenue.
- Excluding supplemental reimbursement, contribution margin per case was \$1,334 in FY2026 compared to \$1,360 in FY2025, a decline of approximately 2%.

Source

Source: Inpatient Service Line Reports. Criteria: Inpatient Medical Services, not yet reported.

Patient Throughput Committee

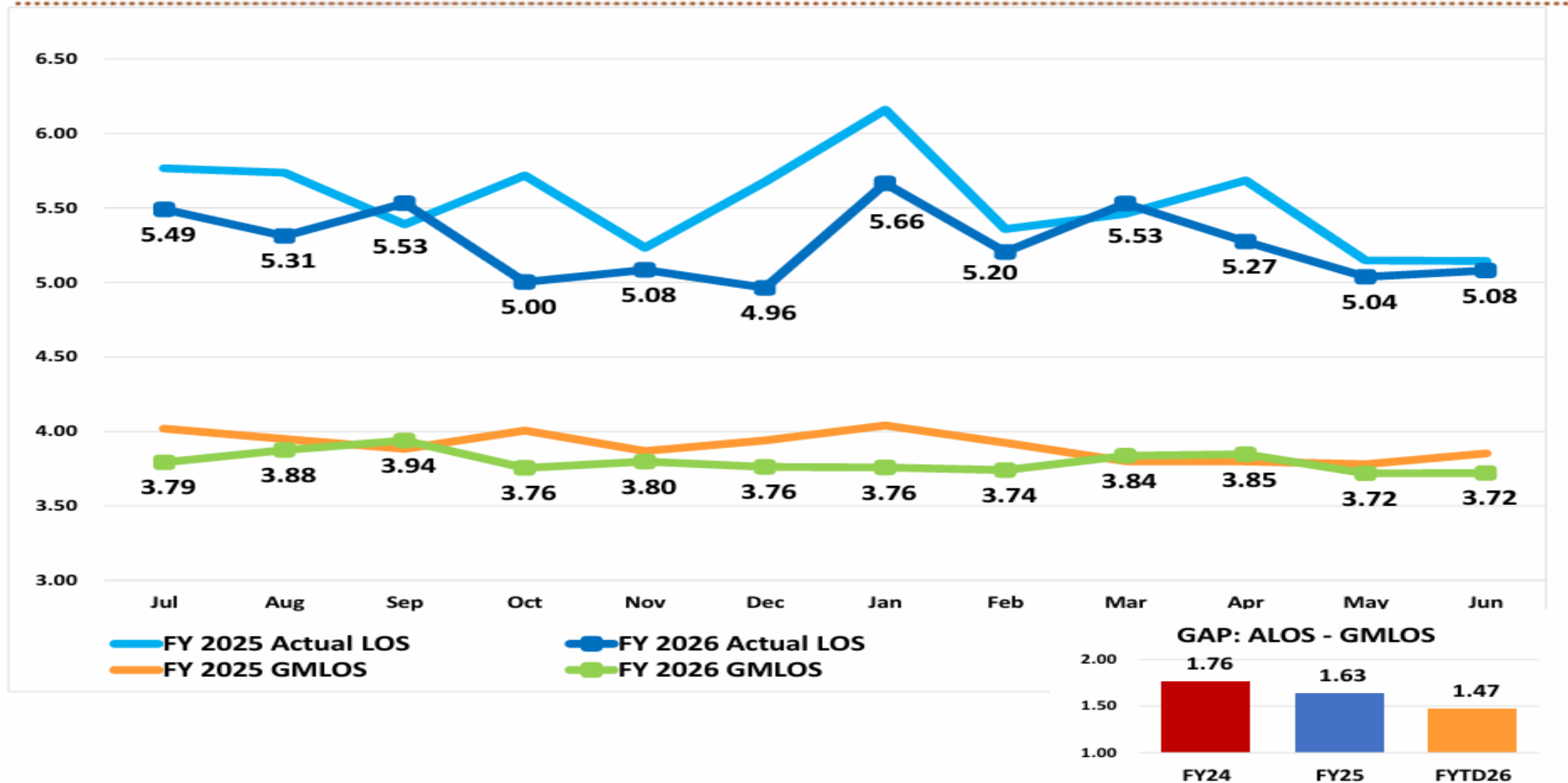
August 27, 2026



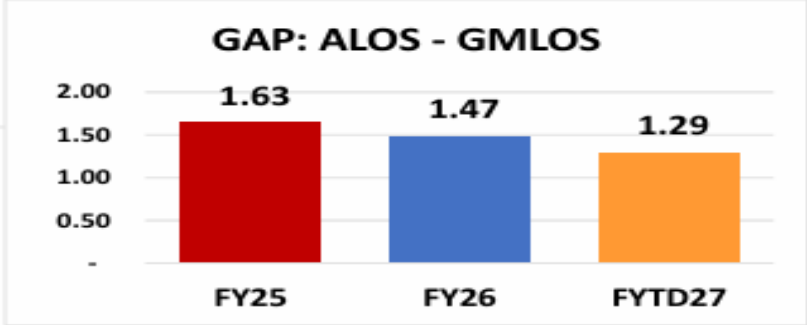
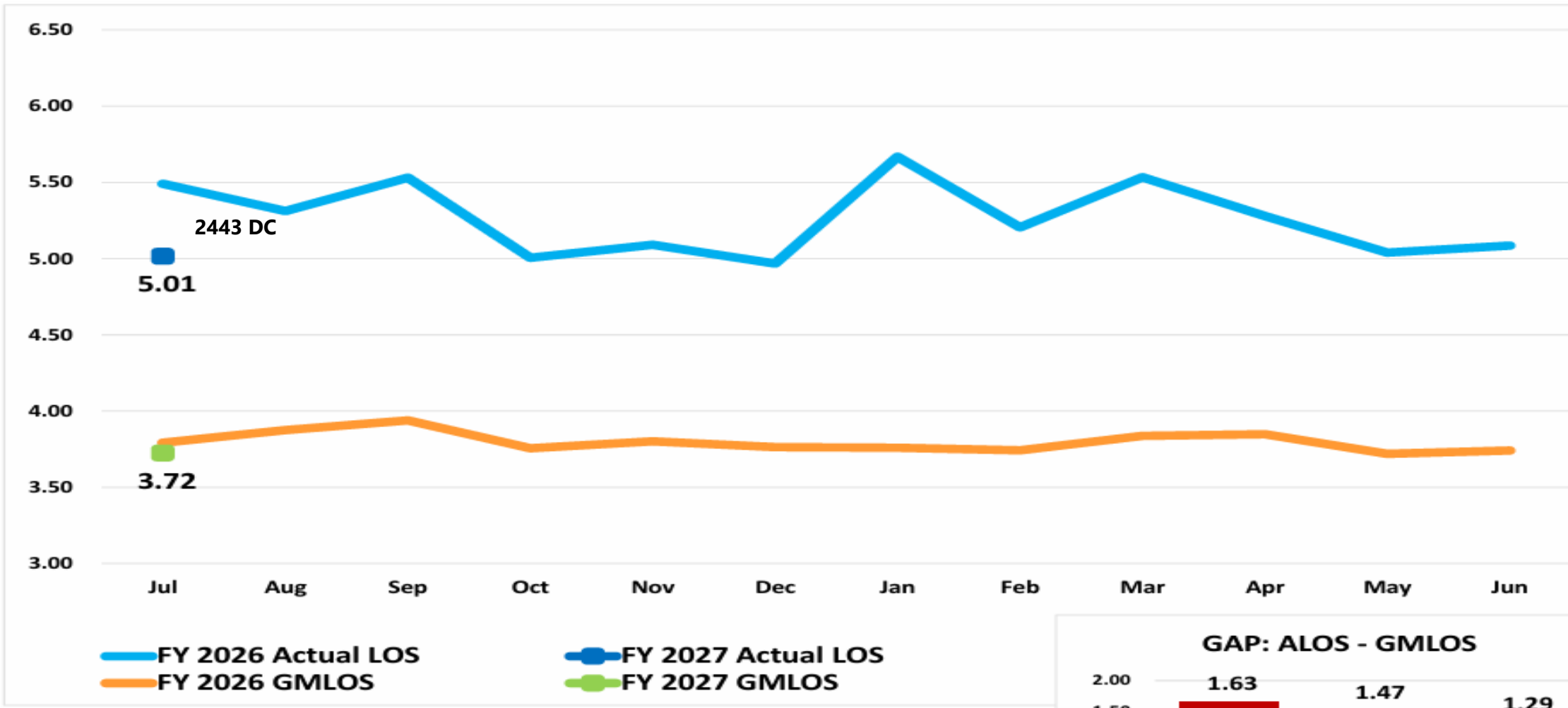
kaweahhealth.org



Average Length of Stay versus National Average (GMLOS)

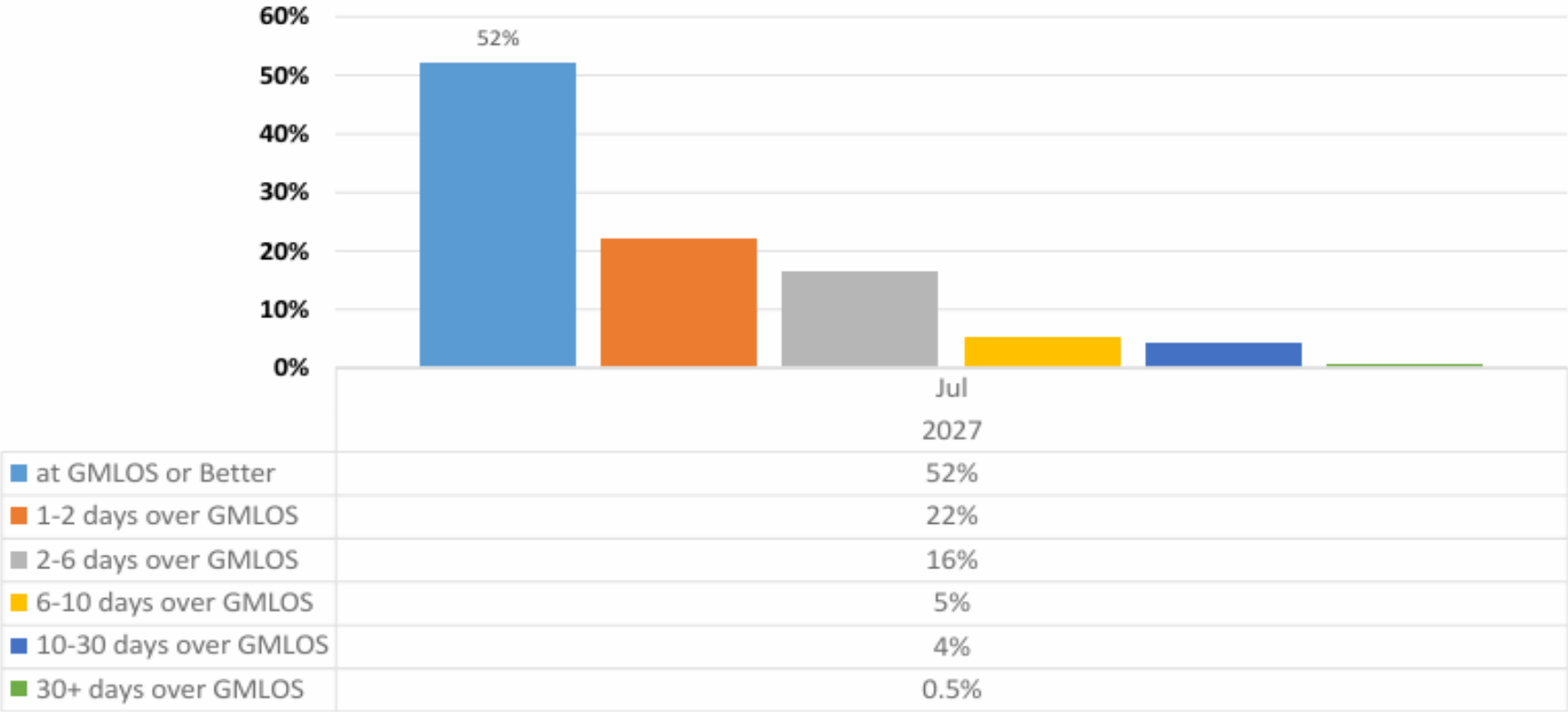


Average Length of Stay versus National Average (GMLOS)



Average Length of Stay Distribution

FY27 Overall LOS Distribution



Goal 78%
Current 74%

Key Medical CM-Lorraine Simms

- Daily complex huddles with Key leadership & Key Medical Director
- New routine leadership meetings with Key, Kaweah CM & PFS leadership
- Valley Hospitalists providing support through the KMG hospitalist staffing changes. Key medical has two fulltime Physicians now and one PD

Recommendations

- **Met with Kaweah Post Acute Internal service lines to streamline prioritizing these pts.**
- Key to have designated patient review time at Kaweah's GMLOS/long LOS meeting, Lorraine to attend.
- Improve ED/registration alerts.
 - Kaweah CM Leadership is reviewing with registration.
 - Timelier identification of Kev patients

Emergency to Inpt-Dr KhoaTu

July continues with big swings in volume, making it very challenging to match staffing. New this month are staffing shortages—unfortunately, we are in a period where our traveler RNs have left as their contracts ended, but our new staff RNs are not yet ready to take on independent assignments. This leaves us in a temporary window of short staffing.

Acuity remains stable, with our overall admission rate sitting at 21%. Admit holds are still cropping up as well, with around 15 holds remaining in the mornings over the past couple of days. Our mental health admission times remain high at 1,365 minutes so far for the month.

Here is a look at our current July throughput metrics:

- LWBS: 1.5%
- AMA: 0.75% (Remaining low!)
- LDT: 3.97% (Remaining low!)
- Discharge Time: 261 minutes (This is up from last week due to our temporary staffing shortages, though it still remains better than last month's numbers. Keep Our front nursing teams are getting better at consistently opening Zone 6 daily as a fast track to better process lower-acuity patients through the ED more quickly.)
- Patient Experience: 38.0 (So far for the month, demonstrating how directly patient experience correlates with throughput!)

2-South-Observation-Bre Mercer

The unit is facing recurring delays from Interventional Radiology (IR), Nuclear Medicine, and Surgical services that are pushing patients well beyond the observation window:

- **IR/Fistulagrams:** Patients requiring fistulagrams on Friday afternoons end up with a **48-hour delay** due to no weekend IR coverage over the weekend, and then a backlog of patients waiting for these procedures.
- **Nuclear Medicine:** Staffing shortages and multiple occasions of low doses of radiopharmaceutical vials have resulted in diagnostic delays pushing patients into the **48–72 hour** range.
- **Surgical Backlog:** High volumes of emergent cases have caused routine procedures, specifically Laparoscopic Cholecystectomies, to be delayed by **24–48 hours**.

Recommendations:

- **Continued work with other dept:** we need weekend coverage for IR for fistulograms, thoracentesis and paracentesis-Separate meeting for this, new communication process implemented
- **Echo Reading:** Physicians unaware of being slated to read that day. Need shorter TAT for echo reads.
- **Leadership tracking:** cont. tracking extended LOS pts in IDT Rounds daily

Future Standing Reports

Patient Transportation-Cameron-July
Non-CM driven discharge processes-TBD

ED to Inpatient-Cameron Beatty-April
Physician Rounding Per Diem-Dr Said
EVS Per Diem-Denice and/or Rebecca Ceballos-April

Avoidable Delays -Amandeep Kaur
SAMG LOS—Dr Ko/Kirkpatrick

Open Heart Project-Lynne Perkins

Project to recover open heart surgery and provide post operative care to discharge in one unit. The project is called “The Universal Bed Project”.

There are 2 phases to the project – Phase 1 is the recovery phase. We are currently in this phase. Phase 2 is the post operative phase. It is interdisciplinary with interdisciplinary rounds. The patient is the center of care and has their own interactive activity board to help progress them to discharge.

Our goal is LOS < 5 days. We were at 7.9 (7.58 Rev Cycle) LOS. We are 2.5 weeks into the project and have a LOS with our first 4 patient at 5. 67 LOS currently in June. **Average LOS for FY26 10.05 GMLOS-8.0 Gap of 2.05. This FY27 LOS 7.93 GMLOS 7.60 GAP 0.33**

Cardiothoracic Surgery-Ayham Z

Current: For the past four months, multidisciplinary LOS/throughput meetings have been conducted every Monday and Wednesday with billing and coding , Case Management, the Thoracic Surgery team, and the Cardiology team. During these meetings, all cardiovascular service patients are reviewed to identify barriers to discharge, coordinate care plans, and expedite safe discharges.

Recommendations: Continue the twice-weekly multidisciplinary LOS review meetings and consider expanding the process with real-time escalation of discharge barriers, physician accountability metrics, and daily unit huddles to sustain improvements and further reduce LOS. **FY27 ALOS 3.82 GMLOS 3.26 GAP 0.56**

Interdisciplinary Rounds

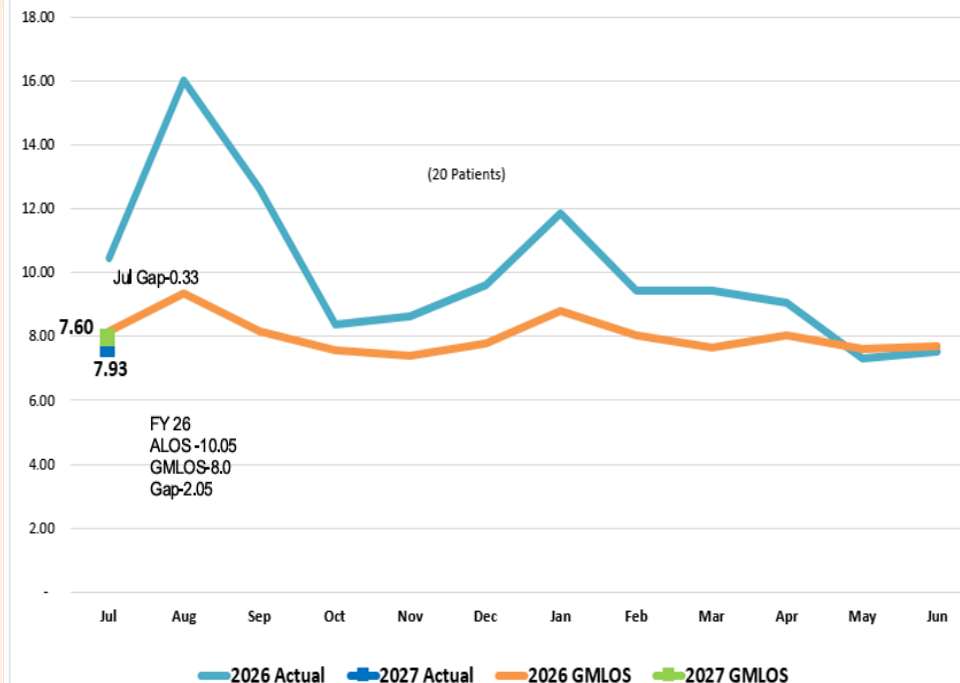
Daily M-F exception of Holidays @ 10 on Med-Surg floors
Dietary & Therapies attend as needed.
Ran by Case Management
Managers or ANMs or Charge Nurses attend
Focus:

DC date is being identified
AM-PAC is being identified **Remains a struggle for some nurses to have this information**
Discussions on DC Plan and who has action items for it to come to fruition. **Care Boards being re-introduced**

- Challenges:
 - Physicians wanting to report on only their pts first-**Remedied**
 - Each floor has a slightly different process-**Depending on acuity these variances are warranted.**

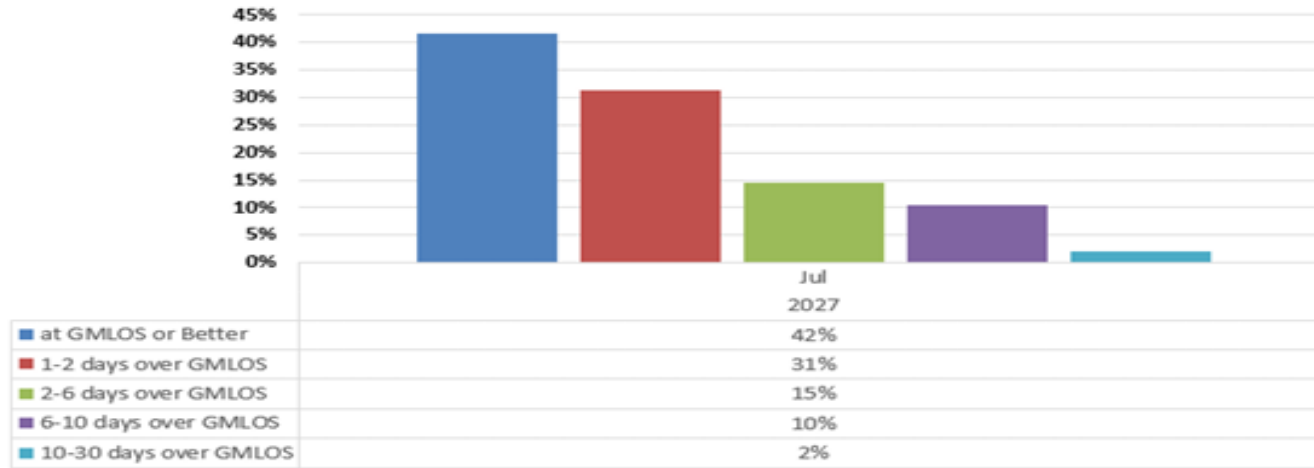
Project for FY27 DC by Noon Orders and Off floor by 1400

Open Heart Average Length of Stay



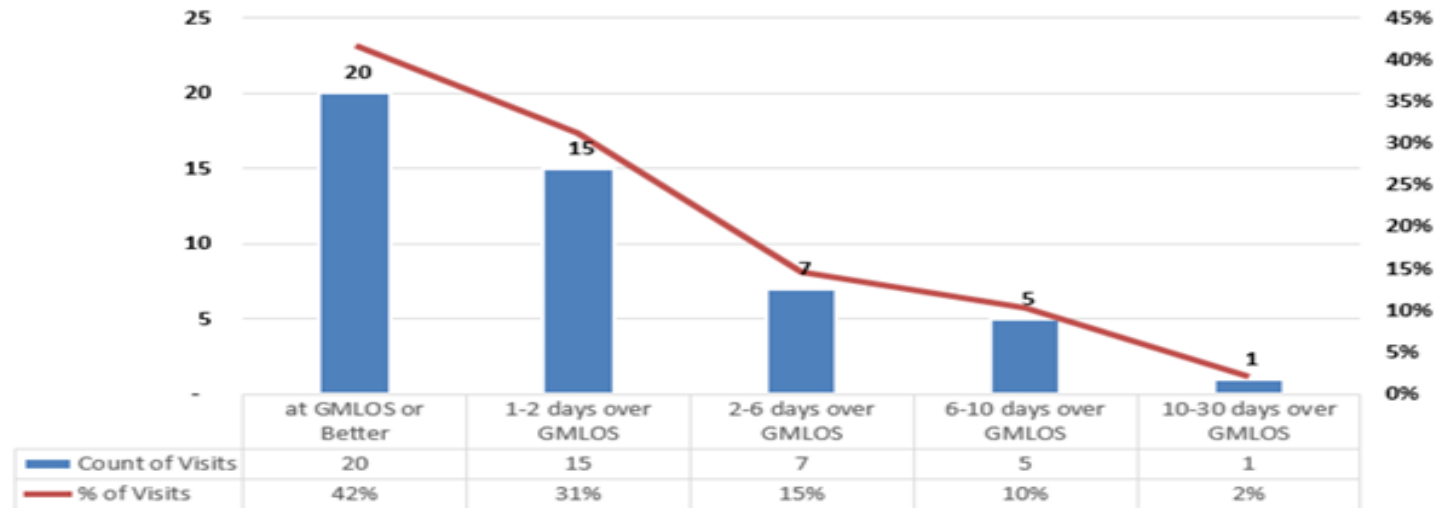
LOS Distribution

FY27 SAMGI LOS Distribution



Goal 75%
Current 73%

Jul FY27 SAMGI LOS Distribution



SAMGi SBAR Report

1. Norco pill packs in the Pyxis
 1. Patients stay overnight because the pharmacy has closed and they need pain medication for the night
 2. A pill pack of 1-3 Norcos would prevent patients from staying overnight and hold them over until the pharmacy opens in the AM for fill their full prescription
2. Walkers, wheelchairs, commodes
 1. Patients have delayed discharges (sometimes days) awaiting insurance authorization for these relatively inexpensive supplies
 - 2.
3. Dedicated trauma case managers
 1. Trauma patients have complex CM needs including complicated dispos, insurance needs
 2. Always feels like starting fresh as patients move floors or CM staffing changes and we need to start from the beginning
4. More PT/OT staff
 1. Patients often can progress with increased therapy while hospitalized, which avoids the need for rehab placement, which is often a slow process to get insurance auth, get approved, and have a bed available
5. Improved wound VAC authorization pathway - getting Wound Care team/CM started on authorization promptly when VAC is placed
6. Allowing admitted patients to be discharged from PACU directly when appropriate. The PACU is more comfortable discharging freshly post-op patients where as the floor is not
7. OR block time (Acute/emergent block time) - the team has a consistent daily volume of cases that is predictable, and often delayed by elective schedule.
8. Increasing OR availability after hours to facilitate same-day completion of acute cases.
9. Increased OR staff on Saturday/Sunday so we don't have cases rolling over to Monday

S.

FY27 Focus-DC Order to DC Time

- Most Delays will fall into these 5 categories (focuses we will implement going forward, create throughput workgroups)

<u>Delay Category</u>	<u>Typical Cause</u>	<u>Improvement Opportunity</u>
Physician workflow	Orders written late in day	Early discharge planning (med rec day prior, etc) Dr Said/Patel
Case management	Disposition not finalized	Predictive discharge process Amandeep/Dee/Kim
Pharmacy	Medication reconciliation delays	Meds-to-beds program Rebekah
Nursing	Discharge education completed after order	Pre-discharge education Bekah/Doss
Transportation	Family pickup delays	Advance transportation planning CM and Bedside

Metric

Target

Average order-to-discharge time

<120 min

Median order-to-discharge time

<90 min

% **discharge orders before noon**

>60%

% **discharged before 2pm**

>50%

Med-to-bed utilization

>80% eligible patients

Predicted vs actual discharges

>85% accuracy



**Environment of Care
2nd Quarter Report
April 1, 2026, through June 30, 2026
Presented by
Maribel Aguilar, Safety Officer
maaguila@kaweahhealth.org
559-624-2381**

Kaweah Health
Performance Monitoring 2026
EOC

Performance Standard: Our goal for 2026 is to maintain a safety record that is better than the national benchmark for workplace injuries and illnesses. To achieve this, we are planning to implement new processes that focus on reducing workplace injuries, keeping track of injury trends by department and type, and improving awareness of potential risks. Our Workers Compensation Program will be providing educational opportunities that align with the most common types of injuries in each department.

Injuries/1000 Employees vs National Benchmark



Evaluation Q2:

- 56 OSHA Recordable
- Provided 8 Ergonomic Evaluations and worked with Tele sitters and Therapy Specialist
- 18 Sharps Exposure

Type of Injury	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Totals '26	Annualized '26	Totals '25
Total Incidents	176	155			331	662	548
OSHA Recordable	53	56			109	218	179
Lost time cases	32	23			55	110	89
Strain/Sprain	52	28			80	160	134
Sharps Exp.	27	18			45	90	75
# of Employees (EE) end of QTR	5250	5287					

Plan for Improvement:

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

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

OSHA recordable injuries and illnesses are as follows:

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

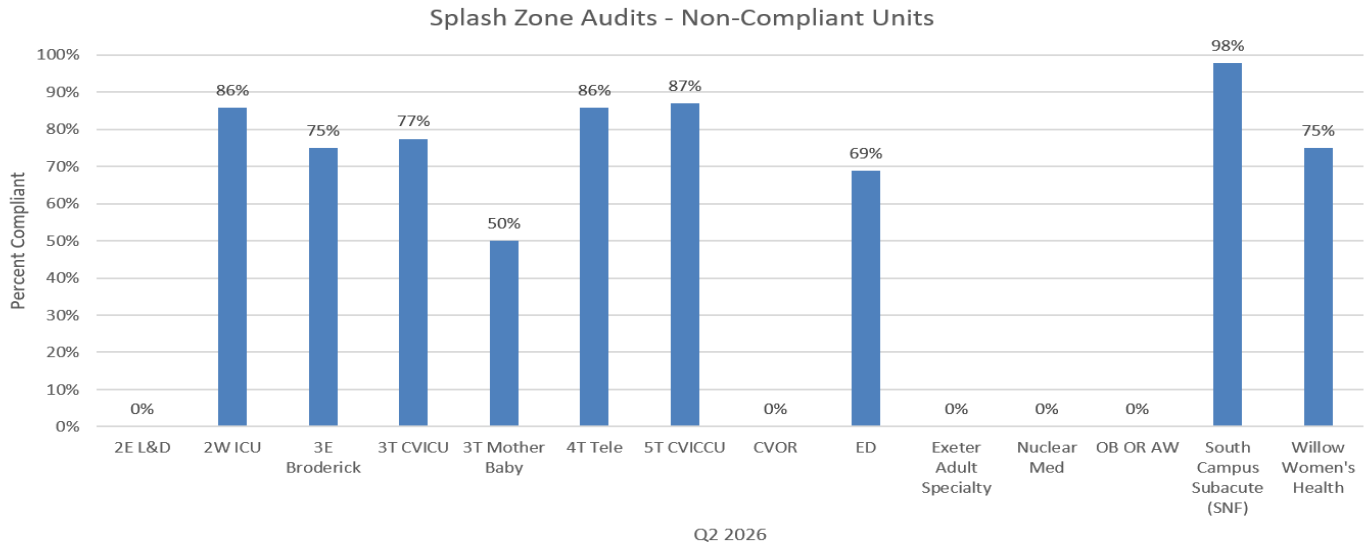
Total Incidents include First Aid and Report Only

Infection Prevention – Environment of Care Q2 2026

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

Goal: 95% -100% Compliance **Status:** **Not Met**

A total of 71 areas were audited during Q2 2026. 57 units were 100% compliant. 14 units were non-compliant.



Areas non-compliant in both Q1 & Q2 2026: 2W ICU, 3E Broderick, 3T CVICU, 4T Tele, 5T CVICCU, and ED.

Areas that achieved 100% Compliance in Q2 2026:

• 2N MS	• Cath Lab	• Hospice	• Pharmacy Main	• Therapy Specialist Dinuba
• 2S Obs	• CT Scan	• Plaza Medical Clinic	• Pharmacy Retail	• Therapy Specialist Exeter
• 3E Peds	• Demaree Urgent Care	• Woodlake Valencia	• Sleep Lab EEG	• Acute Rehab
• 3N MS	• Dinuba Clinic	• Lindsay Clinic	• South Campus Kitchen	• Rehab Kitchen
• 3S Onc/MS	• Employee Health	• Lindsay BH Adult	• Urgent Care Court	• Short Stay Rehab
• 3W ICCU	• Exeter Behavioral Health	• Lindsay BH Peds	• Specialty Clinic Infusion	• Wound Clinic
• Noninvasive Cardio	• Exeter Family Practice	• MRI	• Specialty Clinic Urology	• Willow 2nd Floor
• 6T NICU	• Exeter Peds	• Mental Wellness Center	• Sterile Processing Main	• Willow Lab Draw
• Akers Clinic	• Exeter Womens Health	• OR/Surgery	• ASC/PACU	• Woodlake Clinic
• CardioThorac Clinic	• Home Health			

Evaluation:

No medical supplies, devices and/or medication stored within 3 feet on either side of sinks : 86.2% (**Not Met**)

Detailed Plan for Improvement:

- Methods to mitigate events from occurring: Unit eliminates storage of supplies, devices, medication within 3 feet on either side of a patient care sink. Unit installs an approved hard plastic barrier that prevents water exposure to medical supplies, devices and/or medication that are present within 3 feet on either side of patient care sinks.
- Unit leaders are notified in RLDatix and during rounds of fallouts in department.
- Education has been distributed by IP to all unit leaders for use in staff education and coaching.
- IP and Facilities rounded all inpatient units and provided recommendations for area splashguards for leaders in 2025. Facilities collaborated with unit leaders that accepted the recommendations to install splash guards.
- Organization-wide signage discussed by EOC Committee Q3 2025, committee decided not to pursue signage at this time.
- IP has increased rounding on all units and continues to notify leaders of fallouts and recommendations.
- IP provided recommendations to new leadership for CVICU to install splashguards on back sinks in Q1.

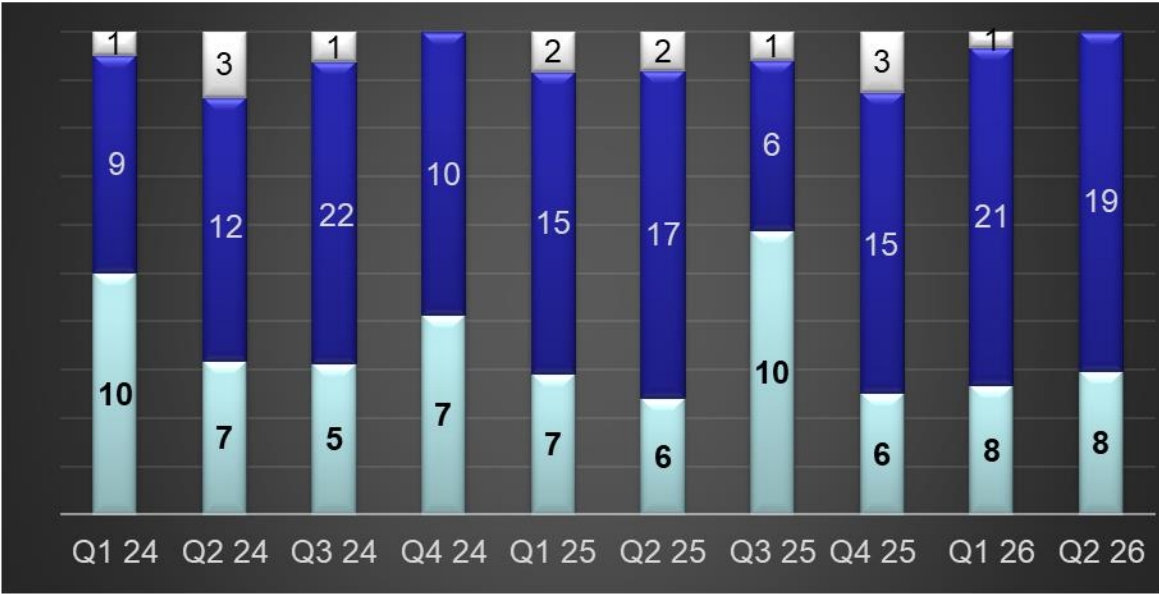
Risk Management – Environment of Care (EOC) Report

Second Quarter 2026

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

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

Non-Patient Safety Events
2024-2026



- Q2 26 Lifestyle Center – Eight (8) **Non-Preventable** Events
- Q2 26 Kaweah Health – Nineteen (19) **Non-Preventable** Events
- Q2 26 Kaweah Health – Zero **Preventable** Events

Lifestyle Center:

- ❖ We are currently monitoring all member altercations that occur at the LTC to identify trends. There were ZERO reported incidents during 2nd Qtr.
- ❖ There were (3) LTC members that required EMS transport to KD ED for evaluation in 2nd Qtr.:
 - Member #1 fell off the treadmill injuring knee & shoulder. No further injuries reported.
 - Member #2 tripped & fell during exercise class. Member sustained broken wrist.
 - Member #3 tripped & fell near spin bikes hitting head on ground. No injuries reported.
- ❖ There was one incident involving a handgun at LTC. A member brought a gym bag into the sauna that contained a handgun. After leaving the sauna, the member did not realize the handgun had fallen out of the bag and remained in the sauna.
The firearm was discovered by two LTC members, who immediately turned it in at the front desk. (VPD) was contacted to take possession of the firearm and assist in identifying its owner.
The member later acknowledged that he had been carrying the handgun because he possessed a concealed carry permit. LTC leadership informed the member that firearms are not permitted inside the facility, regardless of permit status. The member received a verbal warning and was advised that any future violations of this policy will result in termination of his membership.

Utilities Management

Second Quarter 2026

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

Goal: 100% Compliance

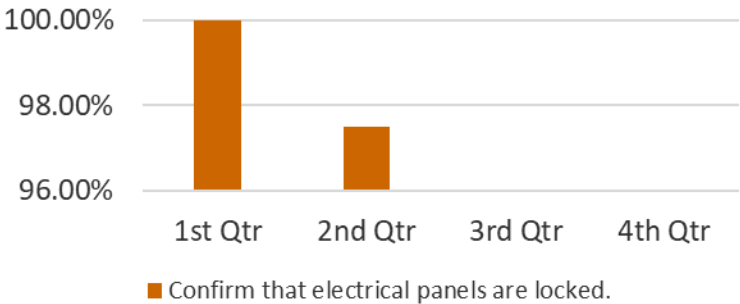
Status: Met

Evaluation:

39 Departments or buildings were surveyed in the 2nd quarter. 2 electrical panels were found in need of replacement locks out of; this resulted in 97.5% compliance rate.

Minimum Performance Level **was not met** during this quarter.

Confirm that electrical panels are locked.



97.5% Compliance for Q2

Detailed Plan for Improvement:

Repair/replace locking mechanism on existing panels within 30 days of out of compliance finding.

Utilities Management

Second Quarter 2026

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

Goal: 100% Compliance

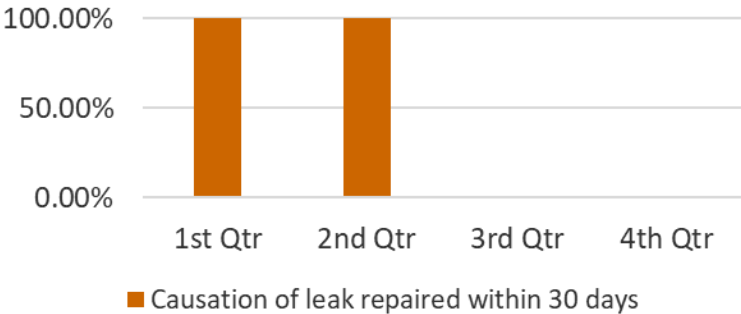
Status: Met

Evaluation:

39 Departments or buildings were surveyed in the 2nd quarter. 7 Stained ceiling tiles were documented). The correction of causation of 7 were repaired within 30 days of work order being placed. This resulted in 100% compliance rate.

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

Causation of leak repaired within 30 days



Detailed Plan for Improvement:

100% Compliance for Q2

Security Services

Second Quarter 2026

Elopement Prevention

Performance Standard: Preventing elopements in a hospital is essential to safeguarding patient safety, protecting vulnerable individuals from harm, and ensuring continuity of medical care and supervision. Reduction efforts focus on strengthening collaboration and communication between clinical staff and security teams.

Goal: No more than 4 elopement events in 2026

Status: **Not Met**

Evaluation:

In 2nd Qtr. 2026 there were 0 elopements, 9 attempted to elope.

Minimum Performance Level **not met** during this quarter.

Observations

1. ED is the hot zone. 5 of 9 incidents (56%) originate in ED
2. Door discipline is the common thread
3. The 6/8 case was the most serious event and a clear process failure
4. CSU/ Youth Unit has an engineering gap, not just staffing one.
5. Violence risk is nontrivial

Plan for Improvement: Security Leadership will review elopement data with Emergency Department Leadership and collaborate on strategies to reduce risk. Leadership from both departments will emphasize to staff the importance of timely and effective communication to prevent and appropriately respond to elopements. Clinical staff will request Security to stand by whenever a hold notification is given to patients located outside of Zone 4. This process has already been implemented. Additionally, Security Leadership will reinforce with Security personnel the importance of staying attentive and maintaining proper positioning when monitoring patients who present an elopement risk.

Securing Perimeter Doors

Performance Standard: Securing perimeter doors on the Main Campus is essential to controlling facility access and preventing unauthorized entry that could endanger patients, staff, or lead to theft and violence.

Goal: Less than 4 unsecured doors per QT.

Status: **Not Met**

Evaluation:

Security officers perform 4–6 patrols of the 25 interior perimeter doors each shift, documenting any unsecured doors. This quarter 50 doors were found unsecure.

Minimum Performance Level **not met** during this quarter.

Location

Acequia Elevator– public (8)	MK Delivery door– (9)
Acequia Main– public	MK Behind Cafeteria– (3)
Acequia West Hallway– staff (2)	MK South Cafeteria – (6)
Acequia Stairwell 3– (2)	Radiology Hallway– (7)
Ambrosia Café Door	Surgery/Siren Door– (2)
Connector Hallway– (3)	Surgery Center– (2)
Emergency hallway exit– (3)	

Plan for Improvement: The Security Services Department recently added a page to Kaweah Compass highlighting the importance of securing doors and ensuring that all doors intended to remain locked stay locked. Security Services has also begun presenting at New Employee Orientation, emphasizing that security is a shared responsibility and that one of the most effective ways staff can contribute is by keeping doors properly secured.

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

Second Quarter 2026

Performance Standard: During EOC rounds, as applicable, the following is evaluated: hand sanitizer not expired; EVS closets are clean; ceiling vents are clean.

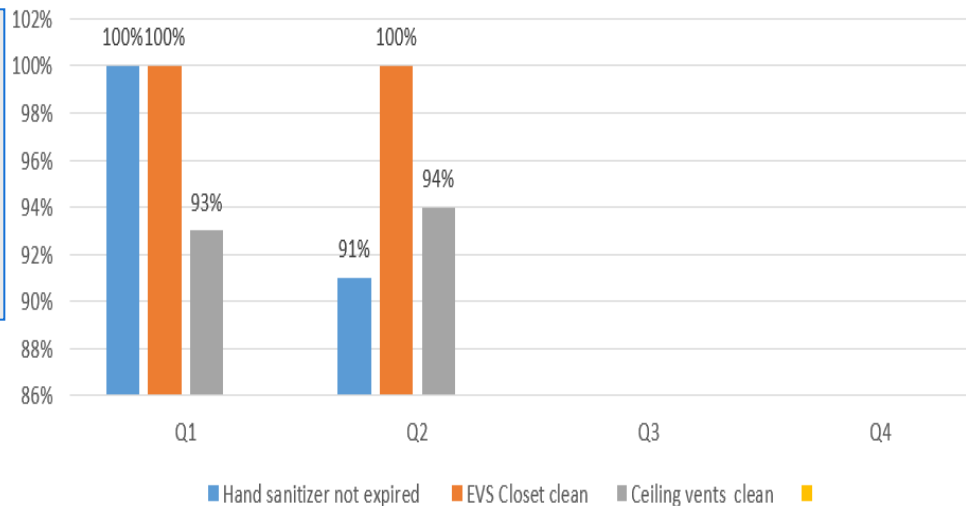
Goal: 95% -100% Compliance

Status: 1 Met and 2 unmet

EVS EOC Rounds 2026

Evaluation:

1. Hand Sanitizer not expired: = 91% (Unmet)
2. EVS Closets clean: = 100% (Met)
3. Ceiling vents clean: = 94% (Not Met)



Detailed Plan for Improvement:

Hand sanitizer not expired is at 91%. Ceiling vents are at 94%. EVS Closets Clean are 100%. One out of our three goals was met and our third number has increased in compliance. We will continue to closely monitor through:

- EVS Leadership continue to proactively monitor areas routinely while completing departmental rounds (ongoing) including off site buildings.
- EVS purchased tools to help clean vents throughout hospital tool will help to remove vent cover for a more thorough cleaning.
- EVS Stock Room Clerks will continue to rotate sanitizer to move to areas that they will be used more frequently.
- Our Leadership team is utilizing My Rounding daily in patient areas to help monitor hand sanitizer compliance in patient rooms, each leader is doing 10 daily.

EOC Component: Compliance

Medical Equipment Preventive Maintenance (PM)

Performance Standard:

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

Evaluation:

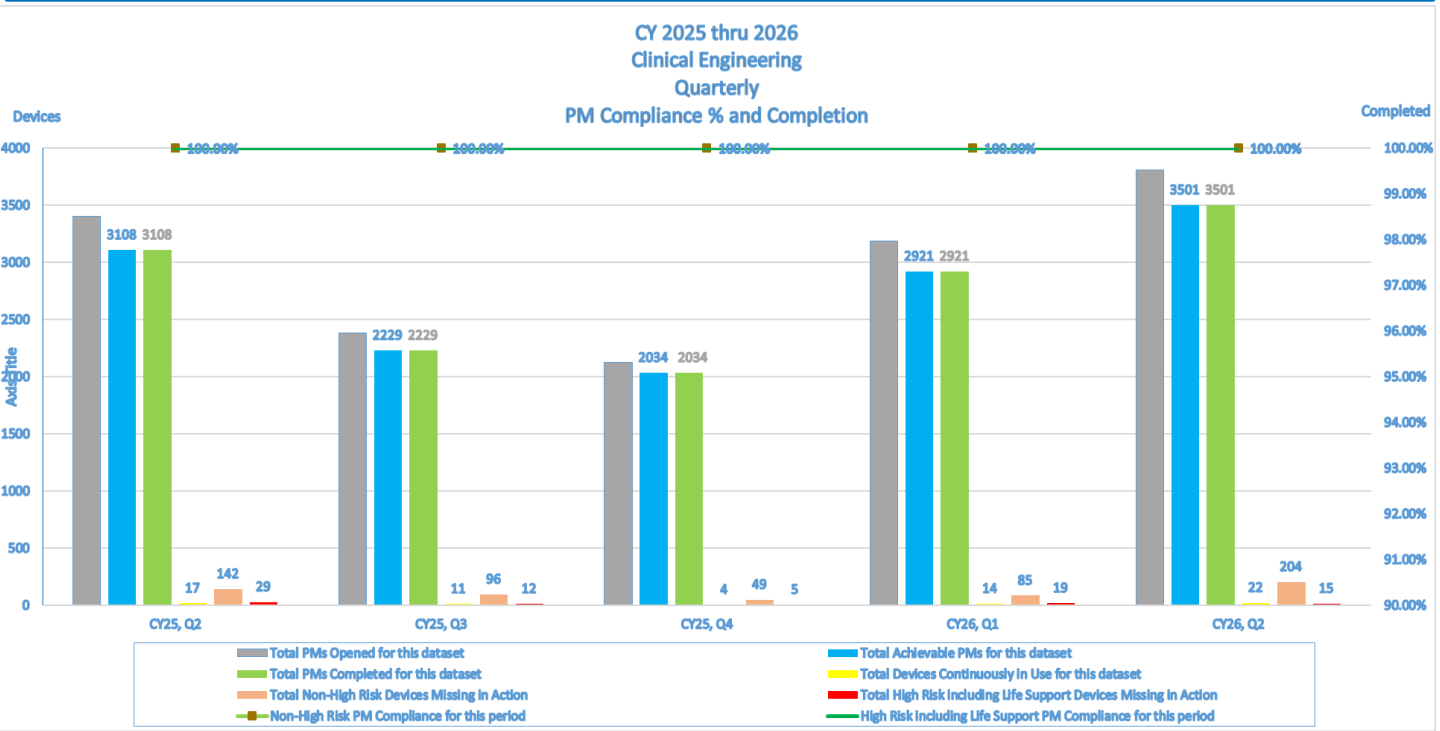
For the reporting quarter, CY 2026, Quarter 2, (Apr-Jun), Medical Device count available to receive Preventive Maintenance is 3501 and all of those devices received Preventive Maintenance.

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

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

Goal MET.

Goal MET



Calander Year 2026	Quarter 2			Q2 Total
Category	Apr-26	May-26	Jun-26	CY26, Q2
Total PMs Opened for this dataset	1313	1072	1421	3806
Total Administrative Closures for this dataset	43	17	4	64
Total Devices Continuously in Use for this dataset	8	3	11	22
Total Non-High Risk Devices Missing in Action	68	56	80	204
Total High Risk including Life Support Devices Missing in Action	1	11	3	15
Total Achievable PMs for this dataset	1193	985	1323	3501
Total PMs Completed for this dataset	1193	985	1323	3501
Total PMs Not Completed	0	0	0	0
Total PM Compliance	100.00%	100.00%	100.00%	100.00%
Non-High Risk PM Compliance for this period	100.00%	100.00%	100.00%	100.00%
High Risk including Life Support PM Compliance for this period	100.00%	100.00%	100.00%	100.00%

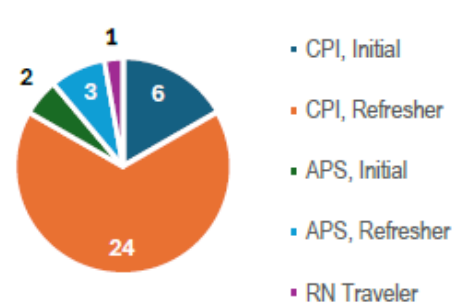
Plan for Improvement: The Department is actively notifying department management about medical devices that remain in patient use or cannot be located. We have now added a photo, when possible, of the device in that monthly email report for easy identification. This quarter there are 15 devices added to the missing list. All 15 have been presented at the EOC meeting, department leadership has been notified, and Clinical Engineering is continuing to search for these devices monthly. The Clinical Engineering staff are still actively moving forward with asset location tagging all of our High Risk and Life Support Medical Devices. Currently we are 97% complete with 3084 tagged and 81 left to locate and tag.

Crisis Prevention Institute (CPI)

Second Quarter 2026

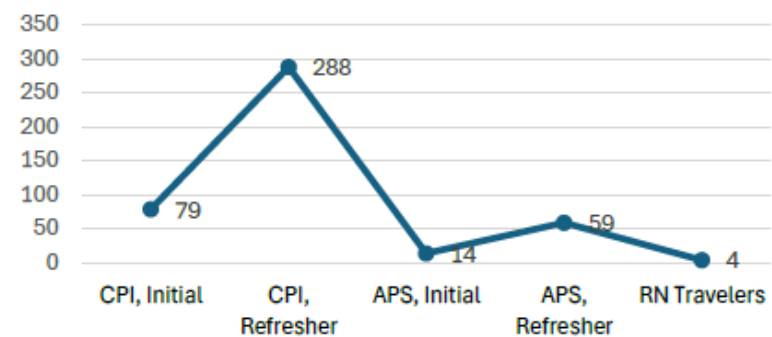
SECTION ONE - Class Breakdown (Initial CPI, Refresher CPI, Initial CPI w/ APS, Refresher CPI w/ APS, RN Traveler)

Type of Class	No. Classes
CPI, Initial	6
CPI, Refresher	24
APS, Initial	2
APS, Refresher	3
RN Traveler	1
	36



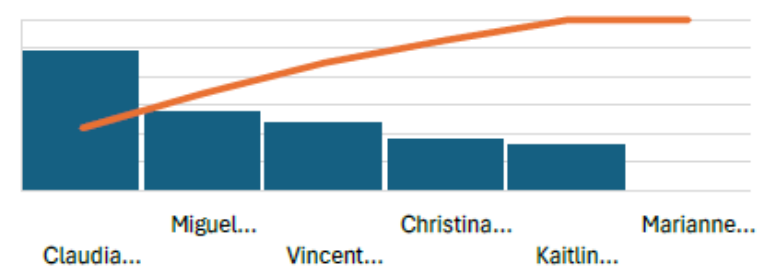
SECTION TWO - Number of employees certified per class

Med/Psych EE	No. EE Certified
CPI, Initial	79
CPI, Refresher	288
APS, Initial	14
APS, Refresher	59
RN Travelers	4
	444



SECTION THREE - Instructor teaching hours

Instructors	Teaching Hours
Christina Madera	18
Claudia Razo	49
Kaitlin Armas	16
Marianne Barrinuevo	0
Miguel Morales	27.5
Vincent Abdon	24
	134.5



SECTION FOUR - Departments/ workgroups required to have CPI certification

4 South (Dementia population)
 Acute Psych Hospital + CSU staff, support staff and Residents
 Certified Nurse Assistant Group
 Chaplain Services
 Charge Nurses
 Clinical Engineering
 Emergency Department staff, support staff and Residents

Home Care and Hospice
 Leadership (managers and supervisors)
 Maintenance Department
 Nursing Supervision
 Patient Family Services
 Patient Transport
 Security Department

Kaweah Delta Health Care District

Board of Directors Committee

Meeting Minutes

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

Marketing & Community Relations Committee – OPEN MEETING

Wednesday August 5, 2026

Sequoia Regional Cancer Center – Pauline & Maynard Fought Room

Present: Directors: David Francis & Armando Murrieta (Chair); Max Heckhausen, VP of Strategy; Karen Cocagne, Director of Marketing & Media Relations; Deborah Volosin, Director of Patient & Community Experience; Samantha Torres, Social Media Specialist; Jaclyn Bunting, Sr. Digital Strategist; and Lisette Mariscal, Recording

CALL TO ORDER – This meeting was called to order at 4:02 PM by David Francis.

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

MINUTES- The open meeting minutes from June 10, 2026, were reviewed.

COMMUNITY EXPERIENCE –

4.1. Deborah Volosin provided a verbal update regarding community events and sponsorships, reporting a total of 471 community touches in the second quarter.

MARKETING & MEDIA RELATIONS –

5.1.1. Jaclyn Bunting presented a report regarding artificial intelligence (AI). (see Attachment 5.1.1 of the agenda)

5.1.2. Discussion on agenda item deferred.

5.1.3. Discussion on agenda item deferred.

5.2. – A report on recent marketing performance and engagement metrics was shared. (see attachment 5.2. of the agenda)

Adjourned at 5:03 PM

Kaweah Delta Health Care District

Board of Directors Committee

Meeting Minutes

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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

Kaweah Delta Health Care District Board of Directors Committee Meeting

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

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

Wednesday August 19, 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 10:03 AM

PUBLIC PARTICIPATION –None

MINUTES- Reviewed and forward to the Board for approval.

ARA DIALYSIS- Amy reviewed the attached power point.

SEMI ANNUAL INVESTMENT REPORT- Jennifer Stockton reviewed June 30, 2026, not June 30, 2025, report. See attached power point.

FINANCIALS- Review of the most current fiscal year financial results and proposed FY27 budget. The presentation is attached hereto the minutes.

ADJOURN – 11:04am *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

OPEN Quality Council Committee
Thursday, August 20, 2026
The Executive Office Conference Room

Attending: Board Members: Dr. Dean Levitan, Chair; Jonna Schengel, Board Member; Marc Mertz, CEO; Kevin Morrison, VP of Support Services; Jag Batth, Chief Operation Officer; Dr. Micheal Tedaldi, Vice Chief of Staff; Ben Cripps, Chief of Compliance; Max Heckhausen, VP of Strategy; Stephen Forney, Chief Financial Officer; Scott Baker, Chief Nursing Officer; Dr. Paul Stefanacci, CMO/CQO; Farid Sheikh, Director of Quality and Patient Safety; Luke Schneider, VP of Information Systems and Services; Renee Lauck, Director of Imaging and Radiation Services; Shawn Elkin, Infection Prevention Manager; Dr Verma, Medical Director of Cath Lab; Ayham Zoreikat, Director of Cardiovascular Service Line and Operations; 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 8:25 AM.

Open Session:

Public Participation – None.

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

- 4. Review of July Quality Council Open Session Minutes** – Dr. Dean Levitan, Chair Board Member
 - Reviewed and acknowledged the July Quality Council Open Session Minutes by Jonna Schengel and Dr. Dean Levitan.
- 5. Cardiology Services (ACC) Quality Report** – A review of current performance and actions focused on the clinical goals for Cardiology Services. *Ashok Verma, Medical Director of Cath Lab; Ayham Zoreikat, Director of Cardiovascular Services Line and Operations.* No further actions.
- 6. Imaging/Radiology Quality Report** - A review of current performance, quality outcomes, and improvement initiatives focused on diagnostic imaging and radiology services. *Renee Lauck, Director of Imaging and Radiation Services.* No further actions.
- 7. Clinical Quality Report** – A review of outstanding health outcomes initiatives Healthcare Acquired infection. *Shawn Elkin, Infection Prevention Manager.* No further actions.

Adjourn Open Meeting – Dr. Dean Levitan

Dean Levitan adjourned the meeting at 9:30 AM.

AUDIT AND COMPLIANCE COMMITTEE

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

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

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

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

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

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

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

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

SPECIFIC RESPONSIBILITIES:

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

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

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

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

Kaweah Delta Health Care District

Board of Directors Committee Meeting

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Kaweah Delta Health Care District

INFORMATION SYSTEMS COMMITTEE CHARTER

MISSION AND PURPOSE:

The Information Systems Steering Committee (ISC) provides oversight of the Information Systems Strategic Plan, the annual allocation of capital funding and ensures alignment with the Kaweah Health Strategic Plan. ISS monitors initiatives such as strategic and project activities to ensure progress and fulfillment of the stated goals.

SPECIFIC RESPONSIBILITIES:

1. Review and recommend annual capital funding for Information Systems Services.
2. Provide direction and approval of the Information Systems Strategic Plan, focusing on Strategic planning, project prioritization, resource allocation and the evaluation of emerging technologies.
3. At the discretion of ISC, engage external sources to evaluate the performance, efficiency, and effectiveness of Information Systems Services resources within Kaweah Health.
4. Provide oversight of enterprise technology initiative to attain organizational objectives.
5. Governance of Artificial Intelligence, including pilot programs, automation technologies, and AI-enabled clinical and operational tools to ensure alignment with organizational goals, regulatory requirements, and ethical standards.
6. Monitor Artificial intelligence governance activities, including risk assessments, data privacy, transparency, and responsible use of AI technologies.
7. Review feedback from staff and physicians regarding Information Systems Services and recommend areas for improvement.
8. Oversight and review of Cybersecurity.

MEETING FREQUENCY: Quarterly

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

MINUTES OF THE SPECIAL OEPN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD THURSDAY AUGUST 20, 2026, AT 9:30AM IN THE KAWAEAH HEALTH MEDICAL CENTER, EXECUTIVE OFFICE CONFERENCE ROOM – 305 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 9:30 AM by Director Francis.

PUBLIC PARTICIPATION– None.

APPROVAL OF RESOLUTION 2297 – The Board approved authorizing execution and delivery of the second amendment to the loan and security agreement for the Distressed Hospital Loan Program.

MMSC (Schengel/Levitan) to approve authorizing execution and delivery of the second amendment to the loan and security agreement for the Distressed Hospital Loan Program Resolution 2297.

This was supported unanimously by those present. Vote: Yes – Olmos, Levitan, Schengel, and Francis.

ADJOURNED TO CLOSED MEETING - Meeting was adjourned at 9:44PM

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 AUGUST 26, 2026, AT 3:30PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan, Schengel & Murrieta; M. Mertz, CEO; R. Berglund, Legal Counsel; 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, governance principles, and the distinction between Board governance and management responsibilities.

ADJOURN - Meeting was adjourned at 4:02PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY AUGUST 26, 2026, AT 4:45PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 4:45 PM by Director Francis.

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

FLAG SALUTE- Director Olmos 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 August 2026. The board approved the closed meeting minutes of July 2026, and the Board also approved rejection of a late application and claim.

BOARD MEMBER REPORT OUTS- Discussion ensued.

RECOGNITIONS- Resolution 2298

CONSENT CALENDAR – Director Francis entertained a motion to approve the August 26, 2026, consent calendar without 9.1.C, and D for further discussion and without 9.4.B for this medical staff policy not going before the medical staff for approval first.

PUBLIC PARTICIPATION – None.

MMSC (Murrieta/Levitan) to approve the August 26, 2026, consent calendar without 9.1.C, D, and 9.4.B. This was supported unanimously by those present. Vote: Yes – Olmos, Levitan, Murrieta, Schengel, and Francis.

Discussion ensued on the reports pulled.

CONSENT CALENDAR – Director Francis entertained a motion to approve the pulled consent calendar items 9.1.C and D.

PUBLIC PARTICIPATION – None.

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

CARDIOLOGY SERVICE ACC REPORT – Dr. Verma and Ayham presented an overview on the cardiology service line.

STRATEGIC OVERSIGHT (MONTHLY REPORT) – PATIENT AND COMMUNITY EXPERIENCE– Both Max Heckhausen and Deborah Volosin 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.

401(k) PLAN CHANGES- A presentation and discussion of current 401k plan and proposed changes.

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

MMSC (Murrieta/Levitan) to approve the modification of the organizations 401k employer contribution vesting schedule from the existing five-year cliff schedule to a 20% per year graded vesting schedule over five years, with appropriate grandfathering of existing participants and accrued benefits, and authorize management to take all necessary actions to implement the change in accordance with applicable law and the plan document. This was supported unanimously by those present. Vote: Yes – Olmos, Levitan, Murrieta, Schengel, and Francis.

FINANCIAL STEWARDSHIP – A presentation and discussion of current financial statements, budget performance, revenue, and expense trends, and year-to-date comparisons for the District. Presented by Steve Forney.

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

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

REPORTS

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

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

ADJOURN - Meeting was adjourned at 6:26PM

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



Policy Number: AP133	Date Created: No Original Creation Date Set
Document Owner: Jenn Cooper (Assistant Board Clerk/Executive Assistant to COO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Patient Elopement Critical Incident Response - Code Green	

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

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

II. DEFINITIONS

A. High-risk patients include:

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

III. POLICY

- A. All hospital staff are responsible for responding in the event of the elopement or discovery of a missing patient.
- B. This policy excludes competent patients leaving against medical advice (AMA).
- C. If patient is combative and leaving while eloping, the staff member noting monitoring the elopement will stay with the patient and alert the next nearest staff member to initiate a "Code Grey".
- D. The staff member monitoring the patient will take all reasonable precautions to ensure the safety of the patient, without placing him or herself in harm's way.

IV. PROCEDURE

A. IMMEDIATE ELOPEMENT AREA

1. Person who identifies possible elopement

- a. Call “44” to activate ~~the~~ overhead paging ~~and~~ to announce a “Code Green” with description of patient to include height, attire, gender, ethnicity, age, and any other pertinent details;
 - b. Give exact location to alert all staff that a patient is missing or in the process of elopement; and-
 - c. Instruct available staff to ~~start~~ initiate a room-to-room search of the immediate area.
2. Area Charge Nurse (or other lead staff):
 - a. Gather additional information and verify
 - a. Patient name, room number, gender, approximate height and weight, hair color, race, photograph if available, and any other identifying information (e.g. using a wheelchair) that was not previously identified;
 - b. Time patient was last seen with description of what patient was wearing;
 - c. If the patient had any visitors in the last 24 hours, including who visited the patient and when; and
 - d. The area the patient left from and in what direction they were going.
 - b. Initiate ~~an area~~ search, ~~which includes~~ of the areas which includes, but is, ~~but~~ not limited to: patient rooms, corridors, nourishment center, waiting room, classrooms, conference rooms, elevators, stairways, storage rooms, restrooms, housekeeping or utility closets, dietary or housekeeping carts, offices, and cabinets.
 - c. If patient elopes from a non-inpatient unit, lead staff will notify the inpatient department for assistance.
3. If the patient is seen exiting the building, lead staff and House Supervisor will work with Security to determine if Visalia Police Department (VPD) should be notified with a “9-911” call to initiate an area search.

B. PBX Checklist

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

C. Security Checklist

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

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

D. Hospital staff checklist

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

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

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

E. Notifications

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

F. Documentation of patient's return

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

G. Documentation if patient not located

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

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

WEST CAMPUS ONLY

Person who identifies possible elopement

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

- ☐ Provide height, attire, gender, ethnicity, age, and any other pertinent details
- ☐ Follow the activation response for policy Code Green- **AP133**

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

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

PBX Checklist

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

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

☐ Notify the following:

- ☐ Security via handheld radio at West Campus and Security Lead
- ☐ Others as requested by campus leader or Security

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

REFERENCES:

[California Welfare & Institution Code Section 5150 and 5250 California Health & Safety Code Section 1799.111 and CHA Consent Manual Links 5150, 5250 & 1799](#)

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

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

PROCEDURE:

~~When a cognitively impaired patient, or a patient who is on an involuntary psychiatric hold such as a W&I 5150 or 5250, or a medical hold pending a psychiatric evaluation such as a H&S 1799.111 is believed to be missing from our facilities, or is observed leaving a facility, the following process will be followed in response to the elopement:~~

- ☐ ~~**A. ECALL "44" TO ACTIVATE THE OVERHEAD PAGING AND ANNOUNCE A "CODE GREEN", WITH DESCRIPTION OF PATIENT, HEIGHT, ATTIRE, GENDER, ETHNICITY, AGE GIVING EXACT LOCATION TO ALERT ALL STAFF A PATIENT IS MISSING OR IN THE PROCESS OF ELOPEMENT.** Call "44" to activate the overhead paging and announce a "Code Green", giving exact location to alert all staff a patient is missing or in the process of elopement. Hospital Security and all available staff will respond immediately to the location. If patient is combative and leaving, the staff member noting the elopement will stay with the patient and alert the next nearest staff member to initiate a "Code Green". The staff member monitoring the patient will take all reasonable precautions to ensure the safety of the patient, without placing him or herself in harm's way. The Visalia Police Department will be notified by a "9-911" call, if the patient leaves the facility.~~
- ~~I. The Nurse Manager, (or Charge Nurse/Team Lead) will respond to the code alert and gather the following information:~~

- A. ~~Patient name, room number, gender, approximate height and weight, hair color, race, photograph if available, and any other identifying information (e.g. using a wheelchair).~~
 - B. ~~Time patient was last seen and description of what patient was wearing.~~
 - C. ~~If the missing patient had any visitors in the last 24 hours, i.e. who visited the patient and when.~~
 - D. ~~The area the patient left from and what direction they were going.~~
- ~~Notification of the patient's family.~~
- ~~On weekends or when an administrator is not on campus, the nurse in charge of the patient will notify the House Supervisor. If the patient is not located, the House Supervisor will notify the administrator on-call and Risk Management.~~
- ~~If the elopement was not observed and a patient is found to be missing, all available personnel will search all rooms within the unit and initiate a "Code Green". If the patient is not found, the staff will follow the protocol listed in numbers I and II above. If staff are unable to find the patient within the building, KDHC staff will search the immediate grounds outside of KDHC's buildings and campus.~~
- ~~If the patient is not found, nursing staff will call the family and notify them of the patient's absence. Patient and Family Services should be notified to assist with calling the family or guardian of the patient.~~
- II. ~~If the patient is not found, the Nurse Manager, Charge Nurse or Team Lead will notify the Visalia Police Department with a "9-911" call to initiate an area search.~~
 - III. ~~Documentation of the patient's return to the facility will include:~~
 - A. ~~Time of return.~~
 - B. ~~Patient's reason for leaving (if known), and where they went while AWOL.~~
 - C. ~~Assessment of patient, including current vital signs (BP, T, P, R).~~
 - D. ~~Interventions implemented (i.e.: sitter, TAB monitor).~~
 - E. ~~Individuals notified of patient's return (Administration, Physician, and Family).~~
 - F. ~~Completion of an occurrence report.~~

~~Respond to~~

REFERENCES:

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

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



Policy Number: AP129	Date Created: No Original Creation Date Set
Document Owner: Jenn Cooper (Assistant Board Clerk/Executive Assistant to COO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Critical Incident Stress Management	

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

~~**PURPOSE:** The purpose of Critical Incident Stress Management (CISM) is to provide timely, effective assistance to employees involved in a critical incident and to reduce and control the harmful aspects of critical incident stress among staff at Kaweah Delta Health Care District (KDHC.D.) Medical Center. The goal of CISM is to return personnel to their pre incident level of functioning as soon as humanly possible and to retain valuable employees exposed to distressing situations.~~

PURPOSE

The purpose of this policy is to establish a consistent and effective process for providing Critical Incident Stress Management (CISM) support to Kaweah Delta Health Care District (“Kaweah Health” or the “District”) staff members who experience or are exposed to traumatic or high-stress events in the course of their work.

The goal of CISM is to reduce the potential for long-term psychological distress, assist employees in returning to their pre-incident level of functioning as quickly as possible, and support employee well-being and retention.

~~**POLICY:** Kaweah HealthDHCD has adopted the International Critical Incident Stress Foundation (ICISF) model of crisis intervention. This is a peer-driven system with social service and mental health collaboration.~~

~~The CISM team will minimally consist of a chaplain, one social worker and one peer. The peer will be a Kaweah HealthDHCD employee that does not work in the area the incident occurred. Group defusing/debriefings will be conducted to assist staff in dealing with the stress and psychological aspects of the crisis. Follow-up recommendations will be made by the CISM team if needed.~~

~~CISM is available to Kaweah HealthDHCD staff involved in critical incidents. Critical Incidents may include but are not limited to:~~

- ~~1. suicide/death of a co-worker~~
- ~~2. providing care to a patient who is a relative or close friend who is dying or in serious condition~~
- ~~3. death of a child or newborn~~
- ~~4. patients with gruesome, disfiguring, or dismembering injuries~~

5. ~~major disasters~~
6. ~~personally threatening events~~
7. ~~events with media exposure~~
8. ~~dealing with hysterical family members~~
9. ~~death of a patient after prolonged efforts at resuscitation~~
10. ~~multiple casualties at the same time~~

POLICY

A. Kaweah Health has adopted the **International Critical Incident Stress Foundation (ICISF)** model of crisis intervention, a peer-driven support system that integrates professional social service and mental health collaboration.

B. The **CISM Team** shall consist, at minimum, of:

- One Chaplain,
- One Licensed Clinical Social Worker or designated mental health professional, and
- One Peer Support Member (a Kaweah Health employee not assigned to the department in which the incident occurred).

C. CISM services, including group defusings and debriefings, are available to all Kaweah Health staff members involved in critical incidents, as defined below.

D. **Critical Incidents** may include, but are not limited to:

1. Suicide or death of a co-worker;
2. Providing care to a relative, friend, or colleague;
3. Death of a child or newborn;
4. Exposure to gruesome, disfiguring, or traumatic injuries;
5. Mass casualty or disaster events;
6. Personally threatening or violent incidents;
7. Events involving intense media exposure;
8. Managing highly emotional or combative family members;
9. Unsuccessful resuscitation following prolonged efforts;
10. Multiple casualties or high-fatality incidents.

E. Participation in CISM activities is **voluntary** and **confidential**, except as otherwise required by law (e.g., threats of harm to self or others, mandated reporting).

F. The CISM program operates under the oversight of **Human Resources and EAP** and is designed to supplement—not replace—formal mental health treatment, employee health services, or counseling benefits.

PROCEDURE:

~~Requests for a CISM evaluation may be initiated by any staff member, manager or designee, or administrator on-call by contacting the House Supervisor on the Main Campus.~~

~~The House Supervisor will contact Chaplain Services to activate the on-call team.~~

~~Defusings or debriefings will be organized with the approval of the involved Manager/Director/Supervisor. (Individual sessions do not require manager approval.)~~

~~A defusing is provided within 8 to 12 hours and a debriefing is provided between 12 and 96 hours.~~

~~IV. In some incidents, the CISM team may be need to do an on scene assessment while the incident is occurring to give advice to the supervisory staff. Brief (under 5 minute) one-on-one sessions with individuals may occur. Group sessions will not occur until after the crisis ends.~~

~~V. The CISM team is committed to maintain confidentiality of all who receive their services. If an individual gives the CISM team permission to relate information (if there is an indication that there is a clear and present danger if the situation is not corrected), the CISM team will report the situation to the supervisor with authority to correct the situation. Individuals receiving CISM services shall not be revealed without explicit permission.~~

~~The policy book explaining procedures and guidelines for how the CISM team conducts themselves and group sessions, resides in EAP.~~

PROCEDURE**A. Activation and Request Process**

1. Requests for CISM activation may be initiated by any staff member, supervisor, manager, or administrator on call.
2. To activate the CISM response, contact the **House Supervisor (Main Campus)**, who will notify **Chaplain Services** to mobilize the on-call CISM Team.
3. Defusing or debriefing sessions shall be scheduled with the approval of the appropriate **Manager, Director, or Supervisor** (individual sessions do not require approval).

B. Response Timelines

- **Defusing** sessions: Provided within 8 to 12 hours of the event.
- **Debriefing** sessions: Conducted within 12 to 96 hours of the event, depending on severity and staff readiness.

- **On-scene assessments:** May occur during an ongoing event to support supervisory staff and provide brief (under 5 minutes) one-on-one interventions. No group sessions shall occur until the incident is stabilized.

C. Confidentiality

1. All discussions during CISM sessions are confidential to the fullest extent permitted by law.
2. Information may only be disclosed if:
 - The individual provides explicit consent, or
 - There is reasonable belief that a person poses a clear and present danger to themselves or others, or as otherwise required by law.
3. When disclosure is necessary, only the minimum information required shall be shared with the supervisor or authority able to address the situation.

D. Documentation and Records

- No detailed clinical records are maintained by the CISM Team.
- Aggregate or de-identified utilization data may be reported to EAP for program quality and reporting purposes.

E. Training and Oversight

- The CISM Team shall receive ongoing training in ICISF model techniques, confidentiality, and trauma-informed communication.
- Human Resources and Chaplain Services will review the program annually and report to the Chief Human Resources Officer.

REFERENCES

- International Critical Incident Stress Foundation (ICISF) Model
- California Labor Code §6401.9 (Workplace Violence Prevention / Post-Incident Response)
- Cal/OSHA Guidelines on Employee Stress and Trauma Exposure
- HIPAA Privacy Rule (45 C.F.R. §164.512(j))
- California Evidence Code §1032 et seq. (Confidential Communications with Counselors)
- California Health & Safety Code §32121(b) (District Powers)

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New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

approval

Policy Number: AP114	Date Created: No Original Creation Date Set
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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 crisis saturation in patient care areas
 - A. Acute Adult Inpatient
 - B. Maternal Child Health Departments
 - C. Emergency Department (ED)
- ~~Optimal placement of critically ill patient(s) in the absence of Intensive Critical Care (ICU) bed(s)~~

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

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 I – Green - Go
2. Level 2 – Yellow - Early Caution/Surge
3. ~~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.

~~3. Maternal Child census saturation – addendum I~~

~~4. Emergency Department (ED) saturation – addendum II~~

approval

Inpatient and Emergency Department Capacity and Census Definition/Criteria:**Level 1 – Green – Go**Criteria Guidelines

- Acute care bed availability is adequate for scheduled patients and normal admission and discharge activity.
- Anticipated discharges greater than anticipated admissions.
- Staffing levels are adequate for census and acuity levels.
- Patients boarding in the ED have been waiting less than 4 hours and number does not exceed 20 patients. Boarding is defined as greater than 4 hours since admission order entered.

Level 2 – Yellow – Early to Late Caution/SurgeCriteria Guidelines

- Acute care med/surg bed capacity is 10% or less of licensed physical adult beds available.
- 20 -39 admit holds boarding in the Emergency Department or Admit Holds exceed expected Discharges.
- Waiting room patient volume 21-49 (Includes triage area, EMS hallway and ED lobby).
- Evaluate ED patient volumes with ED charge nurse or designee to assess if concern growing.

Level 3: - Red – Census CrisisCriteria Guidelines

- 40-49 admit holds boarding in the Emergency Department or admit holds exceed expected discharges. Boarding is defined as greater than 4 hours since admission order.
- Acute care overflow designated beds all have patients.
- All ED beds (73) occupied. ED hallway beds (Zones 2 and 3) implemented and filled.
- Waiting room patient volume 50 -79(Includes triage area, EMS Hallway and ED lobby).
- Rapidly increasing ED patient census (greater than 50 patients register over 3 hours)

Level 4: Black – DisasterCriteria Guidelines

- Acute care and overflow beds filled to physical capacity.
- 50 or more admit holds boarding in the Emergency Department or admit holds exceed expected discharges. Boarding is defined as greater than 4 hours since admission order.
- ED Hall Chairs have been implemented (12 in Zone 1).
- All ED treatment spaces (beds, hallway chairs and hallway beds) occupied.
- Waiting room patient volume 80 or more patients (Includes triage area, EMS hallway and ED lobby).

Maternal Child Health Census SaturationLabor Delivery Criteria or Triggers

- Available Labor Delivery Rooms at two or fewer

Pediatrics

- 12 inpatients with inability to discharge or transfer to another facility
- ED holding pediatric patients without the possibility to transfer

Mother/Baby

- 42 couplets with inability to discharge or transfer out (Notify Manager and House Supervisor at this point)
- Labor and Delivery at capacity with no room to hold postpartum couplets.

Neonatal Intensive Care

- Census expected to exceed 23 patients

Census Level Responses:

Inpatient and Emergency Department

Reference Attachment A: Patient Surge Plan Guideline

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

Maternal Child Health

Reference Attachment B: Maternal Child Health Surge Plan Guideline

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

PROCEDURE:

Level I—Green—Go:

Criteria:

~~Acute Care bed capacity is adequate for scheduled patients and normal admission/discharge activity anticipated and,
Staffing levels are adequate for census and acuity levels and,
No patients waiting in ED for placement in an appropriate in-patient or observation bed after request is submitted to the Admission Coordinator greater than 30 minutes.~~

Actions

~~Bed meeting is convened promptly at 0745, 1630 and 0430 and led by the House Supervisor or their designee, who has authority to direct any necessary redeployment of resources. Attendees may include: Nurse Manager or designated Lead Nurse from each KD inpatient unit, ED, Surgery, Cath Lab, and Case Management designee, Staffing Coordinator and Director on-call.~~

~~Staffing Coordinator completes and copies the census/staffing reports prior to the meeting and brings multiple copies for all.~~

~~House Supervisor completes the staffing /census email report at the end of each bed meeting and emails the current Census Status to the communication group.~~

Level 2—Yellow—Early to Late Caution

Criteria

~~Up to 5 units at staffed or full capacity and,
Anticipated admissions exceed anticipated discharges or transfers for next 8 hours or,~~

~~ED has 6 patients waiting greater than 60 minutes for placement in an in-patient or observation bed after request is submitted to the Admissions Coordinator.~~

~~If two or more of the conditions exist, the census status is raised to the next level, YELLOW.~~

~~Actions~~

~~Completion of all actions listed in Level I.~~

~~ED Surge Plan of Action Level I activated. See addendum for details.~~

~~House Supervisor and Admissions Coordinator review updated admission and discharge information, complete a revised census status report as needed.~~

~~Census status is changed as indicated, communicated via email to the Chief Nursing Officer (CNO) and the Communication Group. If the status needs to be escalated to Level 3, actions are taken as listed.~~

~~If it is determined that the census status may worsen due to a low number of or slow acquisition of discharge orders, the Case Management Medical Director along with other pertinent Medical Directors and Department Directors will be notified. This will be accomplished via the Medical Staff office or by the House Supervisor.~~

~~Environmental Services will focus staff on cleaning assigned dirty rooms designated in teletracking first and stay in close communication with the Admissions Coordinator or House Supervisor.~~

~~Level 3—Red—Census Crisis~~

~~Criteria~~

~~Six or more units at capacity or,~~

~~One and/or more overflow locations in use or,~~

~~ED holding more than 6 patients for greater than 60 minutes for in-patient bed placement, and/or,~~

~~ED has 10 or more patients waiting over 2 hours to receive the medical screening and the medical screening cannot be provided in the time frame specified due to lack of ability to move patient to in-patient beds.~~

~~If two or more of these conditions exist or any other similar scenario, the census status will be raised to level 3, RED.~~

~~B. Actions~~

- ~~1. All Actions taken as specified in levels 1-3.~~
- ~~2. ED Surge Plan of Action Level II initiated and move to level III as indicated. See addendum for details.~~
- ~~3. A census saturation meeting will be held at the discretion of the House Supervisor, and will include the Directors who have leadership responsibility for the nursing units with the greatest census/acuity impact. This meeting will occur at 11:00 a.m. and can be canceled as determined by the House Supervisor.~~
- ~~4. Bed status may be reassessed and communicated every 2-4 hours by the House Supervisor or their designee as needed.~~
- ~~5. If it is determined that the Census Crisis is to persist past 12 hours, the CNO or Chief Operating Officer(COO) may be asked to attend the bed meeting. Nursing Directors, Chief Medical Officer (CMO), Chief of Staff or Medical staff designee or any other stakeholders determined to be appropriate for the event may be included. The purpose will be to review the inpatient activity~~

~~and to assist in decision making to provide relief for the ED and/or surgery, cath lab services.~~

~~a. Chief of Staff or Medical Staff designee determines need to cancel procedures.~~

~~b. If procedures cancellation is required, affected medical staff members are contracted by the Chief of Staff and/or the CMO along with the patients effected.~~

~~6. The House Supervisor and/or Nursing Director on call will open an identified patient Discharge Lounge as needed to house discharged adult patients while they wait for their private transportation home.~~

~~a. Patients will need to meet the following criteria for placement in the Discharge Lounge:~~

~~1) Have a written discharge order.~~

~~2) Be 18 years of age or older.~~

~~3) Alert and oriented.~~

~~4) Ambulatory or requiring minimal assistance.~~

~~5) Able to sit in a chair or rest on a bed/gurney for a prolong period of time.~~

~~6) Comprehend home care instructions or have a care giver who can comprehend and agrees to manager care.~~

~~b. Patients not considered candidates for the Patient Discharge Lounge include:~~

~~1) Organic Brain Syndrome, acute confusion, Alzheimer's/Dementia.~~

~~2) Special equipment needs, i.e. traction, nebulizer respiratory treatments and/or suctioning, CAPD, etc. (portable O2 is permissible)~~

~~3) All discharge needs will be addressed prior to moving the patient to the Discharge Lounge.~~

~~7. Nursing Director and/or House Supervisor will help direct the utilization of additional space as indicated for ED use and/or pending admission patients. This process may occur at level yellow and red as needed. The following areas should be considered when determining that most appropriate area depending on the scenario:~~

~~a. Pediatric Med/surg overflow~~

~~b. 3 West 20 (-) ward room~~

~~c. Cath Lab Holding Area~~

~~d. Endoscopy if not in use as a treatment area for ED~~

~~e. Ambulatory Services Center~~

~~f. Post Partum Med/surg overflow female pts. only~~

~~g. Kaweah Delta South Campus, for transferring of current lower acuity inpatients.~~

~~h. Kaweah Delta Rehabilitation Hospital~~

- ~~8. If there are no other options, the House Supervisor may assign patients to staff even though the staffing ratio is not met for a period of time. All resources should then be brought to bear on securing additional staff so patient care is adequately staffed.~~

approval

~~1. CENSUS SATURATION ACTION PLAN~~**~~Addendum to Census Saturation Plan 11-03~~**

~~Level 1 – Green (GO):~~ Capacity adequate for scheduled patients and normal admission/discharge activity anticipated. Adequate staffing and no patients waiting in the Emergency Department greater than 30 minutes for a bed after acceptance for admission.

	ACTION	ACCOUNTABILITY
1)	Bed meeting is convened at 0745 and 1630 and led by the Admission Coordinator or House Supervisor.	House Supervisor
2)	Redeployment of resources as necessary.	House Supervisor
3)	Staffing Facilitator completes and copies the census/staffing reports prior to the meeting.	Staffing Facilitator
4)	House Supervisor completes the staffing/census report at the end of each bed meeting.	House Supervisor
5)	Census saturation status will be emailed to the communication group by the House Supervisor or the Admission Coordinator.	House Supervisor/ Admissions Coordinator

~~**Level 2 – Yellow (EARLY CAUTION):** One to five units at staffed or full capacity. Anticipated in-flow exceed anticipated outflow for next 8 hours. ED has 1-3 patients waiting in the Emergency Department greater than 30 minutes for a bed after acceptance for admission.~~

	ACTION	ACCOUNTABILITY
1.	Completion of all actions in Level 1 ED Surge Plan of Action I Initiated	House Supervisor or Nursing Director on-call.
2.	House Supervisor and Admission Coordinator review updated admission and discharge information, and complete a revised Census Status Report as needed.	House Supervisor and Admission Coordinator
3.	Census status is changed and communicated via e-mail.	Admission Coordinator/House Supervisor
4.	Communication to Case Management, Medical Director, and Department Medical Directors as needed via the Medical Staff Office.	Medical Staff Office
5.	Activate designated Discharge Lounge as needed	House Supervisor/Nursing Director
6.	EVS staff concentrates on cleaning dirty patient rooms.	EVS Director, Admissions Coordinator, House Supervisor

~~**Level 3 — Red (CENSUS CRISIS):** Six or more units at staffed or full capacity. One or more overflow locations in use; Emergency Department holding more than 6 for greater than 60 minutes (see III.A.3). ED has 10 or more patients waiting more than 2 hours to receive medical screening due to inability to move ED patients to in-patient beds.~~

	ACTION	ACCOUNTABILITY
1. ———	Bed status reassessed and communicated as determined by the House Supervisor.	House Supervisor/Admission Coordinator
2. ———	2.) Main Campus Unit Director group and the CNO will meet at 11:00 a.m. with the House Supervisor to assist with leadership activities on their respective units. The focus is to help provide through-put support and improve the admission of patients from the ED to the in-pt. units.	ED Leadership/House Supervisor
3. ———	Conference may need to be arranged to review surgery and invasive procedure schedule for the following day(s). Attendees to include House Supervisor, CNO/designee/COO, Nursing Director on-call; Chief Medical Officer; Chief of Staff or Medical Staff designee, Directors of Surgical Services, Emergency Services, and acute inpatient nursing services.	House Supervisor
4. ———	The conference convening group may assess the need to cancel scheduled procedures.	Chief of Staff or Medical Staff designee
5. ———	If procedure cancellation is required, affected medical staff members are contacted and patients are called.	Chief of Staff and/or Vice President Chief Medical Officer, Medical Staff Office.
6. ———	All previously listed placement options considered for ED patients and/or in-patient admissions. 100% occupancy.	House Supervisor/Director on-call.
	Surge tent will be considered for activation to function as the ED lobby reception, existing ED lobby will function as Intake. Intake will function as Fast Track treatment area.	House Supervisor/Director on-call.

~~Addendum to Administrative Census Saturation Policy~~ Census Saturation for Maternal Child Health Departments

Pediatric Surge Plan 2015

Current Capacity

12 patients
2-3 RNs per shift

Triggers

- 12 patients with inability to discharge or transfer out
- ED holding Pediatric patients without the possibility to transfer

Staffing Plan

Registered Nurses

1. Pediatric Charge Nurse goes into staffing
2. MCH Flex Team
3. OT
4. Float staff from NICU
5. Pediatric Nurse Manager
6. ED staff with Pediatric experience
7. Registry

Respiratory Therapist

Increased capacity to support pediatric ventilated patients and increased demands of children on high flow and breathing treatments.

Physicians

Current staffing pattern may not support expected volume and acuity of patients.
Consider community Pediatricians for in house support or locum tenens for additional support

Admission Criteria

1. All admissions to pediatrics must be triaged through the ED or the Pediatric hospitalist by phone
2. Pediatric nurses will support the triage nurse as able in the ED
3. Consider canceling elective pediatric surgical cases
4. Stable surgical patients (≥ 14 years) could triage out to the general med-surg floors

Ventilated Patients

1. Respiratory therapist must be present
2. Consider transfer to adult ICU, to be cared for by ICU nurse with pediatric nurse to act as resource. Refer to policy Care of Critically Ill Pediatric Patients.
3. Create PICU in Peds room 1 and open up rooms 2 & 3, would need critical care nurse to act as a resource (NICU or ICU) depending on the age.

Revised 11/6/2015
N. Loya

Expansion Plan**Plan A – Expand to 19 beds**

- Expand room 1 to accommodate 3 patients
- Open dividers between room 2 & 3 to accommodate 3 patients
- Utilize the Mother Baby Newborn Nursery for up to 4 patients
- Utilize the treatment room for 1 patient

Plan B –Expand to 25 beds

- Plan A and below
- Double up rooms 4, 7-11 with toddler beds, cribs, bassinets. Considerations: oxygen, suction, electrical outlets, patient privacy, family accommodations

Plan C – Overflow to Mother baby unit if beds are available**Plan D – Overflow to Broderick Pavillion for up to an additional 11 beds**

- Need state approval and adult patients may need to be relocated

Supplies & Equipment

- Rent additional toddler beds and/or cribs
- Rent additional portable suction
 - RT has _____
- Monitors
 - ~~Pediatrics has 5 gammas with tele~~
 - MB has 3 gammas without tele
 - Endo has ordered 5 gammas without tele (9/8/14)
 - Rent M300s as indicated
- Ventilators
 - NICU has 4
 - Peds has 1
 - RT has _____
 - Medical transport has 1
 - Rent as indicated
- Warmers
 - Peds has 1
 - NICU has 9 (9/8/14)
 - L&D has 18 (9/8/14)
 - Rent as indicated
- Pumps
 - Will need an alaris pump for every patient that needs IV fluids/medications
 - Peds has 11 syringe modules (without med library)
 - Rent as indicated
- Supplies
 - Central supply has 3 days worth of supplies on hand
 - Supplies can be delivered next day
 - Utilize corporate cards for purchases at local stores

Revised 11/6/2015

N. Loya

- Supplies can be delivered next day
- Utilize corporate cards for purchases at local stores

03/07/2016
M. Filiponi

Labor and Delivery Census Saturation/Surge Plan

- When the census is saturated and the Labor Unit is down to 2 rooms (including 2E 20).
 - Call L&D Manager – she will coordinate implementation of Surge Plan and call off elective inductions and surgeries.
 - Identify patients who can be discharged.
 - Call provider and discharge ASAP.
 - Identify patients who can be safely triaged off the unit (within 30 minutes).
 - Stable Antepartums Patients.
 - Patients who are not continuous EFM.
 - Patients not laboring.
 - Patients who are delivered go early.
 - Call MD's, inform them of the need to triage off unit. Get an order for
-
- transfer off the L&D Unit and inform them where they will go.
 - Transfer groups of 3 patients if possible – send RN
 - Transfer options
 - 2S 1, 2, 3
 - MB
 - Peds – last resort
 - If no patients eligible for transfer (all laboring or unstable antepartums), use the alternate beds below in the following order until a labor bed is available.
 - 1st: 2E01 – up to 2pt can labor here and set up warmer
 - 2nd: 2E21 – up to 3pt can labor here and set up warmer
 - 3rd: LT – over flow laboring patients here – warmer will need portable O2

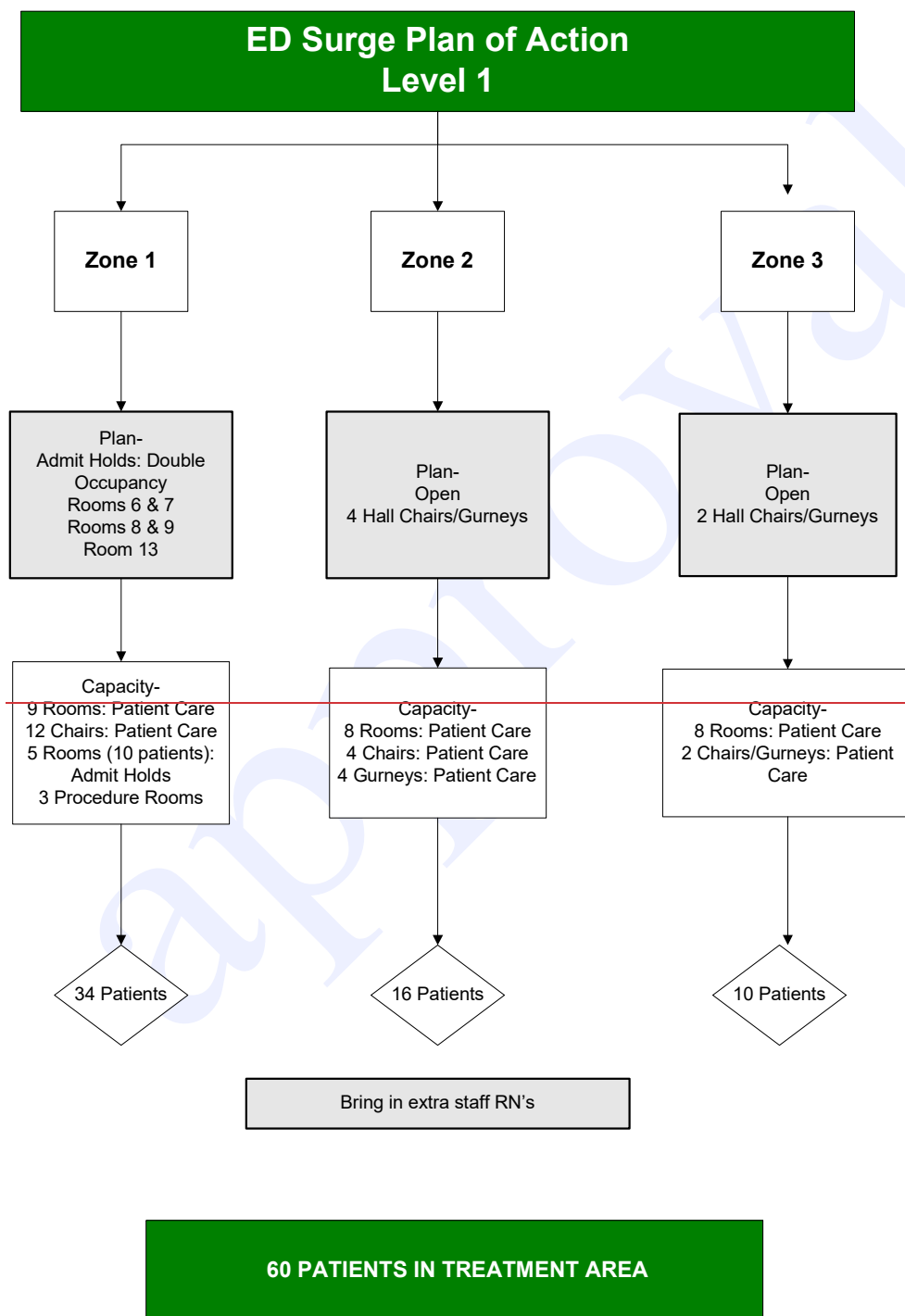
NICU Surge Plan for high census

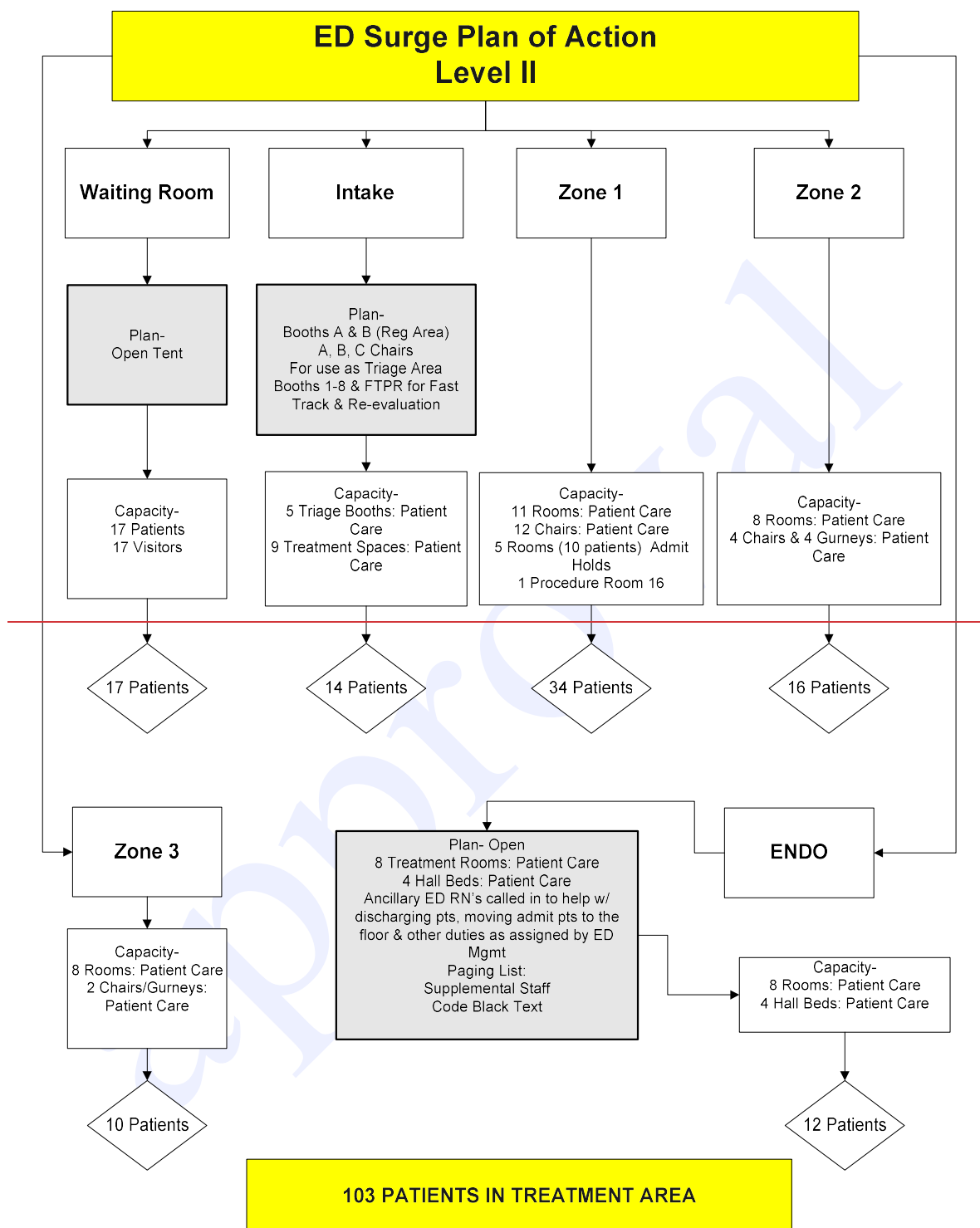
In the event that the NICU & NC reaches its maximum capacity of patients (14 NICU patients/8 intermediate patients. 1 bed must remain open in the NICU for admission and or stabilization for transport) a surge/flex plan has been created.

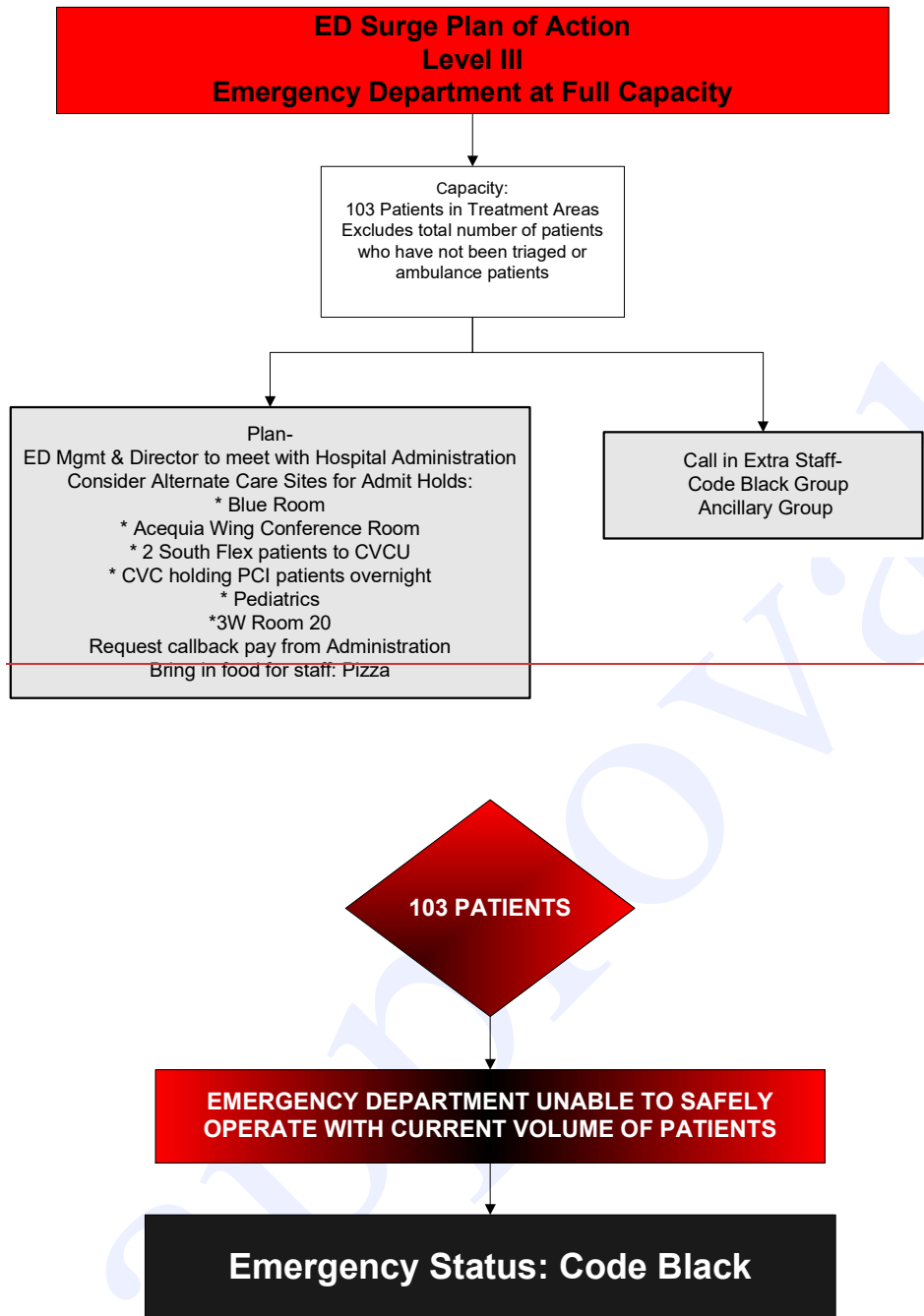
- When the NICU has reached its maximum amount of patients with only 1 bed open for stabilization and transport 4 additional bed spaces have been created in the mother/baby nursery
 - This holding area is equipped with 4 NICU beds with the capability of physiologic monitoring, iv therapy and medication administration, as well as adequate computer charting area and computers.
 - This area is to be used as an intermittent holding area for stable NICU patients until appropriate arrangements have been made for transport of new admissions.
-

A. ~~Action:~~

~~1.~~







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Policy Number: AP70	Date Created: No Original Creation Date Set
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Approvers: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
Code of Ethical Behavior	


**Kaweah Delta
Health Care District**

 Subcategories of Department Manuals
not selected.

Policy Number: AP70	Date Created: No Original Creation Date Set
Document Owner: Jenn Cooper (Assistant Board Clerk/Executive Assistant to COO)	Date Approved: Not Approved Yet
Approvers: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
Code of Ethical Behavior	

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

POLICY: The Governing Board of Kaweah Delta Health Care District (“Kaweah Delta”) has established this statement of organizational ethics in recognition of the institution’s responsibility to its patients, employees, physicians, and the community it serves. It is the responsibility of every member of this hospital community – governing board member, administration, medical staff members, and employees – to act in a manner that is consistent with this policy and its supporting policies. The behavior of all members of this hospital community will be guided by the following principles:

1. All patients, employees, physicians, and visitors deserve to be treated with dignity, respect, and courtesy.
2. Kaweah Health will fairly and consistently represent itself and its capabilities.
3. Kaweah Health will provide services to meet the identified needs of its patients and will constantly seek to avoid providing those services that are unnecessary or ineffective.
4. Kaweah Health will observe a uniform standard of care throughout the organization.
5. Kaweah Health will promote the delivery of high quality and cost effective healthcare.
6. Kaweah Health’s Code of Conduct reflects Kaweah Health’s commitment to providing high quality services to its patients, and its commitment to ethical and legal business practices.

PROCESS: The District will constantly strive to follow and expand on these principles.

I. Admissions, transfer, and discharge

Regardless of the settings in which this organization provides patient services, we will follow well-designed standards of care based upon patient needs. We will provide services only to those patients for whom this organization can safely provide care. Even as we work to provide care in a more economical manner to patients and providers, we will strive to provide care that meets Kaweah Delta's own standards of quality. Written criteria will guide caregivers in deciding to admit, treat, transfer, or discharge patients.

We will not turn patients away who are in need of Kaweah Health services because they are unable to pay or because of any other factor that is substantially unrelated to patient care.

Conversely, employees may not provide clinical treatment to individuals who are not Kaweah Health patients (co-workers, family members). Except in emergent situations when delegation of treatment is not possible, employees must transfer treatment/care of their family to a co-worker. Examples of inappropriate acts include:

- Employees providing treatment to a co-worker who is not a registered Kaweah Health patient
- Misappropriation of Kaweah Health resources (using supplies, tests, and medications for personal use)
- Conducting a lab draw for your spouse on a unit instead of referring your spouse to the lab draw station
- Drawing your spouses lab at home and bringing it to the facility for testing

II. Marketing

Kaweah Health will fairly and accurately represent itself and its capabilities.

III. Respect for the patient

We will treat all patients with dignity, respect, and courtesy. All patients (or their significant others) will be involved – to the extent that is practical and possible – in decisions regarding the care that we deliver. We will inform patients about alternative therapies and the risks associated with the care we offer them. We will seek to understand and respect their objectives for care. We will communicate openly and honestly with patients, their family members and/or the person they designate as their caregiver.

IV. Resolution of conflict in patient care decisions

We recognize that conflicts might arise among those who participate in hospital and patient care decisions. Whether this conflict is between members of the administration, medical staff, employees, or governing board members, or between patient caregivers and the patients, we will seek to fairly and objectively resolve all conflicts. In cases where mutual satisfaction cannot be achieved, it is the policy of this Board to involve the Administrator On Call or the Director of Risk Management to oversee resolution of the conflict. (See

AP.08 Complaint and Grievance Policy). Other staff and second opinions will be involved as needed to pursue a mutually satisfactory resolution.

V. Recognition of potential conflicts of interest

We understand that the potential for conflict of interest exists for decision makers at all levels throughout Kaweah Health – including governing board members, administration, the medical staff, and all other employees. It is Kaweah Health's policy to request the disclosure of potential conflicts of interest so that any appropriate action be taken to ensure that the conflict does not inappropriately influence important decisions.

Governing Board members, administration, and medical staff leaders are required to submit an annual disclosure form and to disclose potential conflicts related to decisions that arise during the course of a year. The Executive Leadership, Governing Board or the Medical Executive Committee will review potential conflicts and take appropriate action. In the event a potential conflict of interest has a direct impact on patient care, the institution may convene an Ethics Committee meeting to assist in the resolution of the issue.

VII. Fair billing practice

Kaweah Health will invoice patients or third parties only for services actually provided to patients, and will provide assistance to patients seeking to understand the cost of their care. The District will attempt to resolve questions and objections of patients while considering the institution's best interests as well.

VIII. Confidentiality

Kaweah Health recognizes the extreme need to maintain the confidentiality of patient-related information as well as other information. As such, patient information will not be shared in an unauthorized manner, and sensitive information concerning personnel and management issues will be maintained in the strictest confidence and accessible only to those individuals authorized to review and act upon such information.

IX. Integrity

Clinical decision making is based on patient need without regard to how the hospital compensates its leaders, managers, clinical staff, and licensed independent practitioners.

Underlying each of the above principles is our overall commitment to act with integrity in all of Kaweah Health's activities and to treat employees, patients, visitors, physicians and the many constituents we serve with utmost respect. Kaweah Health's Code of Conduct is a real expression of Kaweah Health's commitment to integrity, accountability and excellence. The Code establishes the variety of legal, professional and ethical standards that govern and regulate the work of Kaweah Health, its employees, physicians and volunteers.

X. Related policies and documents

1. The following related policies and procedures and other documents provide further and specific guidance for ethical conduct at Kaweah Delta Health Care District: Advance Directives; AP.112
2. Bioethics Committee; AP.097
3. Patient Self-Determination Act and Self-Directives; AP.055
4. Patient Placement Guidelines; AP.115
5. Public Release of Patient Information; AP.103
6. Public Relations, Marketing and Media Relations; AP.006
7. Patient Privacy/Use and Disclosure of Patient Information; AP.107
8. Conflict of Interest; AP.023
9. Complaint and Grievance Management; AP.008
10. Organ and Tissue Donation; CP.49
11. Review of Billing Practices; CP.02
12. Patient Rights and Responsibilities; AP.053
13. Discharge Planning; CC.03
14. Plan for Provision of Patient Care
15. Chain of Command for Resolving Clinical Issues; NS.05
16. Withholding/Withdrawing Life-Sustaining, Pre-Hospital; DNR PR.02
17. District Mission and Vision Statements
18. Do not Resuscitate; PR.02
19. Informed Consent Verification; PR.05
20. Complaint and Grievance Policy; AP.08
21. Vendor Relationships and Conflict of Interest; AP.40
22. Compliance Program Administration; CP.01
23. Code of Conduct
24. Anti-Harassment and Abusive Conduct
25. Behavioral Standards of Performance

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Policy Number: AP123	Date Created: No Original Creation Date Set
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Approvers: Board of Directors (Administration), Malinda Tupper (Chief Financial Officer)	
Financial Assistance Program Full Charity and Partial Discount Programs	



Administrative Manual:

Policy Number: AP123	Date Created: No Original Creation Date Set
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Approvers: Board of Directors (Administration), Malinda Tupper Ben Cripps (Chief FinancialCompliance & Risk Management Officer)	
Financial Assistance Program Full Charity and Partial Discount Programs	

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

Kaweah Health, like all California acute care hospitals, must comply with Health & Safety Code Sections 127400 et seq., including requirements for written policies providing charity care to financially-qualified patients. Kaweah Health operates a non-profit hospital and, therefore, Kaweah Health must also comply with 26 U.S.C. § 501(r) and its implementation regulations, 26 C.F.R. § 1.501(r), et seq., including requirements related to billing and collections practices for financially-qualified patients. This

policy is intended to meet such legal obligations and provides for charity care to patients who financially qualify under the terms and conditions of the Kaweah Health Financial Assistance Program.

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

II. Definitions:

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

B. Discounted Care is defined as health care services provided at a reduced charge to patients who do not have adequate financial resources or other means to pay for this care and who qualify for a discounted payment under the eligibility guidelines specified in this policy.

C. Essential living expenses¹ means, for purposes of this policy, expenses for all of the following, as applicable to the patient's individual circumstances: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

D. Financially Qualified Patients are eligible for assistance under this policy for care covered by the policy without regard to whether the patient has applied for assistance under the ~~policy~~¹ ~~policy~~² and includes any of the following:

¹ Cal. Health & Safety Code § 127400(i)

² 26 C.F.R. §§ 1-501(r)-1(b)(15)

i) **Self-Pay ~~Patients~~^{2F}Patients³** are:

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

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

- Patients with high medical costs who have insurance or health coverage but have a remaining patient responsibility balance that they are unable to pay. Remaining patient responsibility balances include out-of-pocket costs, deductibles, and coinsurance that constitute high medical costs as defined below.
- Patients who are eligible for Medi-Cal, Medicare, California Children's Services and any other applicable state or local low-income programs who do not receive coverage or payment for all services or for the entire stay.
- Patients with third-party insurance whose benefits under insurance have been exhausted prior to admission or whose insurance has denied stays, denied days of care, or refused payment for medically necessary services.

iii) **High Medical Cost ~~Patients~~^{3F}Patients⁴** are patients:

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

E. High medical ~~costs~~^{4F}costs⁵ are defined as, any of the following: (1) annual out-of-pocket ~~medical~~ costs incurred by the Patient at Kaweah Health that ~~are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing. The high medical costs incurred by the patient~~ exceed the lesser of 10 percent of the Patient's current Family Income or 10 percent of the Patient's Family Income in the prior 12 months; (2) annual out-of-pocket expenses that exceed 10 percent of the Patient's Family Income, if the Patient provides documentation of medical expenses paid by the Patient or the Patient's Family in the prior 12 months, or annual out. Out-of-pocket ~~medical costs~~ and expenses incurred in the prior twelve (12) months that exceed 10% of the Patient's Family income mean expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copayments or Medi-Cal cost sharing.

³ Cal. Health & Safety Code § 127400(f)

⁴ Cal. Health & Safety Code § 127400(g)

⁵ Cal. Health & Safety Code § 127400(g)(1) & (2)

F. Patient's ~~Family~~^{5F}Family⁶ is defined as follows:

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

III. Policy and Procedures:

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

Charity care will not be abridged on the basis of age, sex, race, creed, disability, national origin, sexual orientation, gender identity, or financial status.~~6F~~⁷ Medically necessary available health care services, inpatient or outpatient, shall be available to all individuals under this policy. Confidentiality of information and individual dignity will be maintained for all that seek charitable services. The handling of personal health information will meet all HIPAA requirements.

Charity care will be based on income and family size as defined by Federal Poverty Income Guidelines <http://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.⁸ Kaweah Health will also actively assist an individual in pursuing alternate sources of payment from third parties. These actions are intended to allow Kaweah Health to provide the maximum level of necessary charity services within the limits of respective resources.

⁶ Cal. Health & Safety Code § 127400(h)

⁷ 42 U.S.C. § 18116; 45 C.F.R. §§ 92.1 *et seq.*

Charity care provided by this policy are available for medically necessary care.^{7F8} Charity is generally not available for non-medically necessary procedures. However, in certain cases an exception may be made. Exceptions require approval by administration. Specialized, high-cost services (i.e., experimental procedures, etc.) requiring charity care are also subject to the review of administration prior to the provision of service.

A. Identification of Applicant

Kaweah Health makes reasonable efforts to presumptively determine whether a patient is eligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third-party data to identify Financially Qualified Patients.^{8F9}

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

B. How to Apply

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

The Kaweah Health standardized application form will be available in both English and Spanish, and any other language deemed necessary by the methods discussed in Section VIII, below, and shall be available in any Registration or Patient Accounting area, as well as on the Kaweah Health website.^{9F10} For patients who speak a language other than English or Spanish, or who need other accessibility accommodations, Kaweah Health will provide appropriate accommodations, language assistance services, and application assistance free of charge.

C. Charity Care

A full write-off of all balances due from a patient, whether the patient is insured, underinsured or self-pay, shall be granted to those financially

⁸ 26 C.F.R. § 1-501(r)-4(b)(1)(i).

⁹ 26 C.F.R. §§ 1-501(r)-1(b)(25); 1-501(r)-6(c)(2).

¹⁰ 26 C.F.R. § 1-501(r)-4(b)(5)(i)(A).

qualified patients whose family income is up to 200% of the ~~most recent Federal Poverty Guidelines~~ Federal Poverty Level published on the Department of Health and Human Service's website and in effect at the time the patient was first billed.

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

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

D. Discounted Care:

Discounted Care will be granted to Financially Qualified Patients ~~earning whose Family Income is~~ between 201% and 600% of the Federal Poverty Level ~~based published~~ on the most recent Federal Poverty Guidelines.^{10F} ~~Department of Health and Human Service's and in effect at the time the patient was first billed.~~¹¹ For these patients, expected payment for services will be limited to the amount Kaweah Health would have received from Medicare or Medi-Cal, whichever is greater.~~11F~~¹²

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

E. Governmental Assistance

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

¹¹ Cal. Health & Safety Code § 127405(a)(1)(A).

¹² Cal. Health & Safety Code § 127405(d).

California), or other state- or county-funded programs designed to provide health coverage.^{12F}¹³

Kaweah Health provides an application for the Medi-Cal program or other state- or county-funded health coverage programs to patients identified as being potentially eligible for Medi-Cal or any other third-party coverage. This application is provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care.^{13F}¹⁴

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

IV. Eligibility Criteria:

A. General Guidelines:

1. Kaweah Health determines eligibility for financially qualified patients in accordance with this policy and applicable state and federal laws.
2. Kaweah Health will not defer, deny, or require payment before providing medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under Kaweah Health's Financial Assistance Policy.^{14F}¹⁵
3. Financially Qualified Patients, as defined above, or any patient who indicates the financial inability to pay a bill for a medically necessary service is screened for charity care.
4. Information obtained during the application process for financial assistance may not be used in the collection process, either by Kaweah Health, or by any collection agency engaged by Kaweah Health, except that such information, if independently obtained, may be used by Kaweah Health or any collection agency engaged by Kaweah Health independently of the eligibility process for charity care.^{15F}¹⁶
5. A patient's status or claims with respect to worker's compensation, automobile insurance, or other insurance, including potential payments from pending litigation or third-party liens related to the incident of care, may be taken into consideration when evaluating the patient's eligibility for charity care or discount payments.

¹³ Cal. Health & Safety Code § 127420(a).

¹⁴ Cal. Health & Safety Code § 127420(b)(4).

¹⁵ 26 C.F.R. § 1.501(r)-6(b)(1)(iii).

¹⁶ Cal. Health & Safety Code § 127405(e)(3).

6. Emergency physicians providing emergency services in Kaweah Health are required to provide discounts to financially qualified patients whose family incomes are at or below 400 percent of the Federal Poverty Guidelines.~~16F~~¹⁷ At the patient's request, Kaweah Health will advise patients to apply for charity care to the physician's billing company upon the patient's receipt of a bill for services from that billing company. This statement shall not be construed to impose any additional responsibilities upon Kaweah Health.

B. Eligibility Guidelines

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

1. Patient Income

The Federal Poverty Guidelines as established by Health and Human Services will be used to determine annual income guidelines and limits.~~17F~~¹⁸

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

Earnings for the purposes of determining eligibility will be based on the patient's income at the time the patient was first billed.~~18F~~¹⁹

The applicant may be asked to provide acceptable income verification, such as recent payroll stubs, tax returns, or other items or verification.~~19F~~²⁰ If the patient is unemployed or does not receive payroll stubs, a written statement of need must be provided by the patient or the patient's representative attesting to their income and employment status as part of their financial assistance application.

2. Other Sources of Payment for Services Rendered

The appropriate amount of charity care is determined in relation to the amounts due after applying all other sources of payment. Kaweah Health provides applications for other sources of payment, such as Medi-Cal, if requested by the patient, or if the patient does not indicate coverage by a third-party payor or requests a discounted price or charity care.~~20F~~²¹

¹⁷ Cal. Health & Safety Code § 127452(a)

¹⁸ Cal. Health & Safety Code § 127405(b).

¹⁹ Cal. Health & Safety Code § 124345(c).

²⁰ Cal. Health & Safety Code § 127405(e)(1).

²¹ Cal. Health & Safety Code § 127420(b)(4).

C. Patients without Housing

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

D. Special Circumstances

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

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

V. Timelines

A. Eligibility Period

Eligibility for charity care may be determined at any time Kaweah Health is in receipt of information regarding a patient's family income and financial situation.^{21F22} While it is preferred that such patients be screened upon admission, they may be screened at any time, including throughout any third-party collections process.

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

B. Time Requirements for Charity Care Eligibility Determination

Every effort is made to determine a patient's eligibility for charity care as soon as possible. While it is desirable to determine the amount of charity

²² Cal. Health & Safety Code § 127405(e)(4).

care for which the patient is eligible as close to the time of service as possible, there is no limit on the time when an application or the eligibility determination is made. A determination will be postponed while insurance or other sources of payment are still pending.

The timeframe to make a decision on an application will be extended if the patient has a pending appeal for coverage of the services, until a final determination of that appeal is made.^{22F}²³ The patient shall make a reasonable effort to communicate with Kaweah Health about the progress of any pending appeals.

For purposes of this section, “pending appeal” includes any of the following:^{23F}²⁴

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

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

In some cases, a patient eligible for charity care may not have been identified prior to initiating external collection action. Accordingly, Kaweah Health requires its collection agencies to comply fully with all pertinent state and federal laws and regulations, with this policy on charity care, and with Kaweah Health’s Credit and Collection Policy.^{24F}²⁵ This will allow the agency to report amounts that they have determined to be uncollectible due to the inability to pay in accordance with Kaweah Health’s charity care eligibility guidelines.

VI. Discounted Care Payment Plans

Kaweah Health will make available reasonable, no-interest payment plans for patients qualifying for Discounted Care under this policy.²⁷ The plan will be individually negotiated between the patient and Kaweah Health based on the rates outlined in Section III.D. (“Discounted Care”), above.^{25F}²⁶ A reasonable payment plan means monthly payments cannot exceed more than ten percent of a patient’s family income for a

²³ Cal. Health & Safety Code § 127426(a).

²⁴ Cal. Health & Safety Code § 127426(c).

²⁵ Cal. Health & Safety Code § 127425(b).

²⁶ Cal. Health & Safety Code § 127405(b).

month after deductions for essential living expenses, as defined in Section II ~~above~~²⁷.

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

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

If a patient defaults in making regular payments, Kaweah Health makes reasonable efforts to contact the patient by phone and in writing, giving notice that the extended payment plan may become inoperative.²⁷ An attempt at renegotiating the payment plan will be done at the request of the patient or their guarantor. Kaweah Health initiates collection efforts only after reasonable efforts to contact the patient have failed and after 90 days of non-payment. Kaweah Health does not report adverse information to a credit-reporting bureau.

VII. Patient Finance Processes

A. Who can grant Charity Care Eligibility

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

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

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

²⁷ Cal. Health & Safety Code § 127400(i).

²⁸ Cal. Health & Safety Code § 127425(i).

B. Review of Decision

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

In the event of a dispute prior to an eligibility determination, a patient may seek review from the Patient Accounting Supervisor, Revenue Cycle Manager or Director of Revenue Cycle.^{28F29}

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

The review process shall consist of these level of management:

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

C. External Collections

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

Kaweah Health will only send patient accounts to a collection agency when the collection agency agrees to adhere to all state and federal laws pertaining to fair collection of debt, as well as to those pertaining to charity and discount care.^{29F30} That includes the Kaweah Health Financial Assistance Policy, the Kaweah Health Credit and Collection Policy, the California Hospital Fair Pricing Act, the Rosenthal Fair Debt Collection Practices Act, the federal Fair Debt Collection Practices Act, and the tax regulations at 26 C.F.R. §§ 1.501®-1, et seq.

An account that has been placed with an outside collection agency can be considered for charity care at any time in accordance with Kaweah Health's charity care policy. When, during the collection process, a patient asserts they cannot afford to pay the debt, has failed to make previously agreed upon extended payments, or is otherwise identified by

²⁹ Cal. Health & Safety Code § 127405(a)(1)(A).

³⁰ 26 C.F.R. § 1-501(r)-6(c)(10).

the collection agency as meeting Kaweah Health's charity care eligibility criteria, the collection agency will refer the account to Kaweah Health to screen for charity care eligibility. Kaweah Health will undertake reasonable efforts to gather eligibility information from the patient. If, after such reasonable efforts, the patient fails or refuses to provide required information, the account will be referred back to the collection agency.

If a patient is approved for Financial Assistance under this policy, Kaweah Health and any collection agencies acting on its behalf shall assess the patient's financial status over the previous 8 months to determine eligibility for charity care. Kaweah Health will reimburse financially qualified patients for the amount actually paid over \$5.00, if any, in excess of the amount due for debt related to care received from Kaweah Health. Interest will apply for refunds that are beyond 30 days. Any payments made during the previous 8 months when the patient would have been financially eligible for charity care shall be considered payments "in excess of the amount due," and shall be reimbursed. If the patient is eligible for discounted care, any outstanding balance the patient owes will be reduced according to the discounted care. Any payments the patient made while eligible for discounted care will be applied to any amount due from the patient; any amount the patient paid in excess of the discounted care amount due in that month shall be reimbursed. Payments made for debt related to care received from Kaweah Health at a time when the patient was not eligible for Financial Assistance shall not be reimbursed.

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

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

agencies retained by Kaweah Health, see the Kaweah Health Credit and Collection Policy.

D. Recordkeeping

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

E. Application of Policy

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

VIII. Public Notice and Posting

Kaweah Health widely publicizes this policy in a manner that is reasonably calculated to reach, notify and inform those patients in our communities who are most likely to require financial assistance.^{30F31}

Kaweah Health accommodates all significant populations that have limited English proficiency (LEP)^{31F32} by translating this policy, the application form, and the plain language ~~summary~~^{32Fsummary}³³ of this policy into the primary language(s) spoken by each LEP language group that constitutes the lesser of 1,000 individuals or five percent of the community served by Kaweah Health, or the population likely to be affected or encountered by Kaweah Health. Kaweah Health will make further efforts to publicize this policy in languages other than English as appropriate and consistent with requirements under the law.^{33F34}

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

Availability of Policy and Application

1. Kaweah Health makes this policy, applications for assistance, and the plain language summary of this policy, as well as other important information about the availability of financial assistance, widely available on the Kaweah Health website.

2. Kaweah Health makes paper copies of this policy, the application for assistance under this policy, and the plain language summary of the policy available upon request and without charge, both by mail and in

³¹ 26 C.F.R. §§ 1-501(r)-4(b)(5) - (b)(6).

³² 26 C.F.R. § 1-501(r)-4(b)(5)(i)(D)(3)(ii).

³³ 26 C.F.R. § 1-501(r)-1(b)(24).

³⁴ Cal. Health & Safety Code § 127410(a).

public locations in the hospital facility, including, at a minimum, in the emergency department, admissions areas, and billing department.

Posted Notices³⁵

1. Kaweah Health posts notices in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, such as the emergency department, billing office, admitting office, and hospital outpatient service settings.
2. Posted notices are in English and Spanish and in a manner consistent with all applicable federal and state laws and regulations.
3. Posted notices contain the following information:
 - a. A plain language statement indicating that Kaweah Health has a financial assistance policy for low-income uninsured or underinsured patients who may not be able to pay their bill and that this policy provides for charity or discounted care write-off or a payment plan.
 - b. A Kaweah Health contact phone number that the patient can call to obtain more information about the policy and about how to apply for assistance.
 - c. The internet address for the Health Consumer Alliance (<https://healthconsumer.org>) and a statement there are organizations that will help the patient understand the billing and billing process.
 - d. A statement explaining that for patients who speak a language other than English or Spanish or who have other accessibility needs, Kaweah Health will provide language assistance services and accessibility accommodations free of charge.
4. Kaweah Health sets up conspicuous public ~~displays~~³⁵ displays³⁶ (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about the policy in public locations in Kaweah Health facilities, including, at a minimum, the emergency department, admissions areas, billing office, and other outpatient settings.

Written Notices³⁶

1. Kaweah Health provides all written notices in the language spoken by the patient, as required by applicable state and federal law.
2. Upon admission or discharge, Kaweah Health provides to every patient a written, plain language summary of the Kaweah Health Financial Assistance Policy that contains information about the

³⁵ Cal. Health & Safety Code § 127410(b).

³⁶ 26 C.F.R. § 1-501(r)-4(b)(5)(i)(D)(3).

³⁷ Cal. Health & Safety Code § 127410(a).

availability of Kaweah Health's charity care policy, eligibility criteria, and the contact information for a Kaweah Health employee or office where the patient may apply or obtain further information about the policy. If any patient is not admitted, the written notice will be provided when patient leaves the facility. If the patient leaves the facility without receiving the written notice, Kaweah Health will mail the notice to the patient within 72 hours of providing services.^{37F}³⁸

3. Kaweah Health includes a conspicuous written notice on all billing statements that notifies and informs patients about the availability of financial assistance under this policy and includes the telephone number of the office or department which can provide information about the policy and application process, and the direct Web site address (or URL)^{38F}³⁹ where copies of this policy, the application form, and the plain language summary of this policy may be obtained.^{39F}⁴⁰

4. With each billing statement sent to uninsured patients, Kaweah Health provides a clear and conspicuous notice that contains all of the following:^{40F}⁴¹

- a. A statement of charges for services rendered by Kaweah Health.
- b. A request that the patient inform Kaweah Health if the patient has health insurance coverage, Medicare, Medi-Cal, or other coverage.
- c. A statement that, if the patient does not have health insurance coverage, the patient may be eligible for Medicare, Healthy Families Program, Medi-Cal, coverage offered through the California Health Benefit Exchange, California Children's Services program, other state- or county-funded health coverage, or charity care.
- d. A statement indicating how patients may obtain applications for the programs identified in paragraph (c) above.
- e. A referral to a local consumer assistance center housed at legal services offices.^{41F}⁴²
- f. Information regarding applications for assistance under this policy, including the following:
 - i. A statement that indicates that if the patient lacks, or has inadequate, insurance, and meets certain low- and moderate-income requirements, the patient may qualify for discounted payment or charity care.
 - ii. The name and telephone number of a hospital employee or office from whom or which the patient may obtain information about the hospital's discount payment and charity care policies, and how to apply for that assistance.²⁴³

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

³⁹ 26 C.F.R. § 1-501(r)-4(b)(5).

⁴⁰ 26 C.F.R. § 1-501(r)-4(b)(5)(i)(D)(2).

⁴¹ 26 C.F.R. § 1-501(r)-4(b)(5)(i)(D)(2).

⁴² Cal Health & Safety Code § 127420(b)(4).

⁴³ Cal Health & Safety Code § 127420(b)(5)



Administrative Manual

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Document Owner: Jenn Cooper (Assistant Board Clerk/Executive Assistant to COO)	Date Approved: 01/30/2026
Approvers: Board of Directors (Administration)	
Credit and Collection Policy	

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

I. Purpose

Kaweah Delta Health Care District (Kaweah Health) provides high quality health care services to our patients. It is the policy of Kaweah Health to bill patients and applicable third-party payers accurately, timely, and consistent with applicable laws and regulations, including without limitation California Health and Safety Code section 127400 *et seq.* Kaweah Health operates a non-profit hospital and, therefore, Kaweah Health must also comply with 26 U.S.C. § 501(r) and its implementing regulations, 26 C.F.R. § 1.501(r) *et seq.* This policy is intended to meet all such legal obligations.

II. Scope

The Credit and Collection Policy applies to all patients who receive services through any of the licensed hospital facilities operated by Kaweah Health. This policy also applies to any collection agency working on behalf of Kaweah Health, including entities to which Kaweah Health sells or refers a Patient's debt. Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians (other than physician specialists on staff or with Kaweah Health hospital privileges who are called into the emergency department), anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a Kaweah Health bill.

This policy does not create an obligation for Kaweah Health to pay for such physicians' or other medical providers' services. In California, Health and Safety Code section 127450 *et seq.* requires an emergency physician who provides emergency services in a hospital to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level.

III. Definitions

- A. **Collection Agency** is any entity engaged by Kaweah Health to pursue or collect payment from Patients.
- B. **Extraordinary Collection Actions (ECAs)** are any collection activities, as defined by the IRS, that healthcare organizations may take against an individual to obtain payment for care only after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. ECAs include any of the following:



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- i) Any action to obtain payment from a Patient that requires a legal or judicial process, including without limitation the filing of a lawsuit;
- ii) Selling a Patient's debt to Kaweah Health to another party, including without limitation to a Collection Agency;
- iii) Attaching or seizing a bank account or any other personal property¹;
- iv) Causing a Patient's arrest or obtaining a writ of body attachment²;
- v) Wage garnishment;
- vi) Delay or denial of medically necessary care based on the existence of an outstanding balance for prior service(s); or
- vii) Obtaining an order for examination.

C. **Financial Assistance Application** means the information and documentation that a Patient submits to apply for financial assistance under Kaweah Health's Financial Assistance Policy. An application is complete after a Patient submits information and documentation sufficient for Kaweah Health to determine whether the individual is eligible for assistance. An application is incomplete if a Patient submits some, but not all, information and documentation needed to determine eligibility for assistance. Patients may submit required application information in writing and orally.

D. **Financial Assistance** refers to Charity Care and Discounted Care, as those terms are defined in the Finance Assistance Policy.

E. **Financial Assistance Policy (FAP)** is the Kaweah Health policy on Charity Care and Discounted Care Programs, which describes the Kaweah Health Financial Assistance Program. This includes the criteria Patients must meet in order to be eligible for financial assistance as well as the process by which Patients may apply for Financial Assistance.

F. **Insured Patient** means an individual whose hospital bill is fully or partially



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eligible for payment by a third-party payer.

- G. **Patient** includes the individual who receives services at Kaweah Health. For purposes of this policy, Patient also includes any person financially responsible for their care, also referred to as Guarantor.
- H. **Reasonable Efforts to Determine Eligibility** are actions Kaweah Health must take to determine whether an individual is eligible for financial assistance under Kaweah Health's Financial Assistance Policy. These must include making a determination of presumptive eligibility as described in the FAP at Section III.A, and if the determination is less than Charity Care, providing adequate notice of an opportunity to apply for Charity Care and a reasonable period of time to do so.³ For submitted applications, these efforts must include a reasonable opportunity to correct an incomplete application and Reasonable Efforts to Notify.⁴
- I. **Reasonable Efforts to Notify** At a minimum, reasonable efforts include providing individuals with written and verbal notifications about the FAP and how to complete the FAP application, with reasonable opportunity to do so before initiating any ECA.⁵
- J. **Reasonable Payment Plan** means monthly payments that are not more than 10 percent of a Patient's family income for a month, excluding deductions for essential living expenses. "Essential living expenses" means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
- K. **Reasonable Time** as used in this policy is a period of at least 30 days. That period may be extended for good cause. Situations that may merit an extension of time to act may include language access barriers, the need for disability accommodations, a Patient's or Patient's family member's continuing illness, or other obstacles specific to a Patient's circumstances.
- L. **Uninsured Patient or "Self-Pay Patient"** means a Patient who does not have third party insurance, Medi-Cal, or Medicare, and who does not have a compensable injury for purposes of workers' compensation, automobile insurance, or other



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insurance as determined and documented by Kaweah Health.

IV. Policies and Procedures

After Kaweah Health Patients have received services, it is the policy of Kaweah Health to bill Patients and applicable payers accurately. During the billing and collections process, Kaweah Health staff, and any collection agency working on behalf of Kaweah Health, provide quality customer service and follow-up, and all unpaid accounts are handled in accordance with this Policy and applicable laws and regulations.

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A. Insurance Billing:

1. Obtaining Coverage Information: Kaweah Health makes reasonable efforts to obtain information from Patients about whether private or public health insurance or sponsorship may fully or partially cover the services rendered by Kaweah Health to the Patient. However, it is the Patient's responsibility to know their insurance benefits and coverage. With the exception of emergency care, all required referral(s) or authorizations must be secured prior to receiving services. If the Patient has questions regarding their financial responsibility or coverage of services at Kaweah Health, they can contact their insurance company in advance of services as appropriate.
2. Billing Third Party Payers: Kaweah Health shall diligently pursue all amounts due from third- party payers, including but not limited to contracted and non-contracted payers, indemnity payers, liability and auto insurers, and government program payers that may be financially responsible for a Patient's care. Kaweah Health bills all applicable third-party payers based on information provided by or verified by the Patient or their representative. Upon receiving proof of Qualified Medicare Beneficiary (QMB) or Medi- Cal eligibility (including but not limited to a copy of the Medi-Cal card or the Patient's date of birth and either a Medi-Cal ID number or Social Security number), Kaweah Health must bill exclusively to Medicare or Medi-Cal, and not the Patient, during periods of active QMB or Medi-Cal eligibility.⁶
3. Billing Medi-Cal Recipients: If the State Medi-Cal Eligibility System indicates a Patient with active Medi-Cal coverage also has other health coverage, and sufficient information is not available to bill that other health coverage, Kaweah Health will contact the patient in an attempt to get the necessary information. If the Patient indicates they do not in fact have other health coverage or cannot access necessary information, Kaweah Health will refer the Patient to their local Medi-Cal office or legal services office for further assistance. Except as authorized by law, KDHCD will not refer for collection an account with active Medi-Cal coverage at the time of service. This section shall not prevent Kaweah Health from billing a Medi-Cal patient for non-covered services, such as elective services, or from collecting the Medi-Cal Share of Cost after screening for eligibility for Financial Assistance.
4. Dispute Resolution with Third Party Payers: If a claim is denied or is not

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processed by a payer due to factors outside of Kaweah Health's control, Kaweah Health will follow up as appropriate to facilitate resolution of the claim. If resolution does not occur after reasonable follow-up efforts, Kaweah Health may bill the Patient or take other actions consistent with Kaweah Health's Financial Assistance Policy, current regulations, and industry standards. Balance billing Qualified Medicare Beneficiary (QMB) and Medi-Cal Patients for covered services is prohibited.

B. Patient Billing:

1. **Billing Insured Patients:** Kaweah Health bills Insured Patients for the Patient Responsibility amount as indicated in the third-party Explanation of Benefits (EOB) and as directed by the third-party payer.
2. **Billing Uninsured or Self-Pay Patients:** Kaweah Health bills Uninsured or Self-Pay Patients for items and services provided by Kaweah Health, using the amount Kaweah Health would receive for services under its contract with Blue Cross. All Patients receive a statement as part of Kaweah Health's normal billing process that is compliant with and subject to Kaweah Health's Financial Assistance Policy. If a Patient has no health insurance coverage, it is Kaweah Health's responsibility to provide a written notice to a Patient that they may be eligible for public or private insurance, and an application for Medi-Cal or other state- or county-funded health coverage programs, no later than discharge for admitted Patients and as soon as possible for Patients receiving emergency or outpatient care.⁷ Please refer to the Kaweah Health Financial Assistance Policy for more information.
3. **Dispute Resolution with Patients/Guarantors:** If a Patient/Guarantor disagrees with the account balance, the Patient/Guarantor may request the account balance be researched and verified prior to account assignment to a Collection Agency. The Patient/Guarantor may apply for Financial Assistance at any time. When a Patient/Guarantor has submitted an application for Financial Assistance, Kaweah Health will not assign an account to a Collection Agency before reaching a final eligibility determination. The referral of accounts for which an incomplete application for Financial Assistance has been received will be handled as outlined below.

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C. Financial Assistance:

1. Kaweah Health notifies individuals that financial assistance is available to eligible individuals by doing the following:
 - a. Kaweah Health posts notices in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, such as the emergency department, billing office, admitting office, and hospital outpatient service settings, consistent with all applicable federal and state laws and regulations, and Kaweah Health's FAP.
 - b. Kaweah Health makes its FAP, applications for assistance, and the plain language summary of its FAP, as well as other important information about the availability of financial assistance, easily available on the Kaweah Health website.
 - c. Kaweah Health makes paper copies of its FAP, the application for assistance under the FAP, and the plain language summary of the FAP available upon request and without charge, both by mail and in public locations in the hospital facility, including, at a minimum, in the emergency department, admissions area, and billing department.
 - d. Kaweah Health provides prominent Financial Assistance information on all Patient statements. The statement notifies and informs patients about the availability of financial assistance under the Kaweah Health FAP and includes the telephone number of the office or department which can provide information about the policy and application process, and the direct website address (or URL) where copies of this policy, the application form, and the plain language summary of this policy may be obtained. At the time of admission, discharge, and/or on at least one post-discharge written communication, Kaweah Health provides to every Patient a written, plain language summary of the Kaweah Health Financial Assistance Policy that contains information about the availability of Kaweah Health's Financial Assistance policy, eligibility criteria, and the contact information for a Kaweah Health employee or office where the Patient may apply for assistance or obtain further information about the policy.

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D. Collection Practices:

1. Kaweah Health and its contracted Collection Agency(ies) undertake reasonable efforts to collect amounts due for services received by pursuing reimbursement from insurers and other sources. These efforts include assistance with applications for possible private and government program coverage. If any balance remains after payment by third-party payers, before considering any ECA, Kaweah Health will evaluate each Patient for Charity Care or Discounted Care consistent with its Financial Assistance Policy, for care received from Kaweah Health and incurred at any time during which the Patient was eligible for Financial Assistance under the FAP.
2. Kaweah Health pursues payment for debts owed for health care services provided by Kaweah Health according to Kaweah Health policies and procedures. All Kaweah Health procedures for assignment to collection/bad debt and application of a reasonable payment plan are applicable to all Kaweah Health Guarantors/Patients.⁸ Kaweah Health complies with relevant federal and state laws and regulations in the assignment of bad debt. Kaweah Health is entitled to pursue reimbursement from third-party liability settlements or other legally responsible parties.
3. Prior to engaging in any ECA, and after normal collection efforts have not produced regular payments of a reasonable amount and the Patient has not completed a Financial Assistance application, complied with requests for documentation, or is otherwise nonresponsive to the application process, Kaweah Health or any Collection Agency acting on its behalf shall make reasonable efforts to presumptively determine whether a Patient is eligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third party data.⁹
4. Patient accounts may be referred to a Collection Agency only when:
 - a. 180 or more days have passed since the first post-discharge billing statement was mailed to the Patient, or for billing statements that include any billing aggregation, at least 180 days have passed since the most recent episode of care¹⁰; and
 - b. Kaweah Health is unaware of any pending appeals for insurance coverage of services¹¹; and

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- c. Kaweah Health has made attempts to collect payment using reasonable collection efforts, such as mailing billing statements or making telephone calls. Kaweah Health will mail four (4) Guarantor statements after the date of discharge from outpatient or inpatient care, with a final 30-day notice appearing on the fourth Guarantor statement, warning the account may be placed with a collection agency, and alerting the Guarantor that at least 180 days have passed since the first post-discharge billing statement for the most recent episode of care included in any billing aggregation¹²; and
 - d. Kaweah Health has made reasonable efforts to presumptively determine whether a Patient is eligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third party data; and
 - e. Placement for collection has been approved by the Director of Revenue Cycle¹³.
5. ECAs, including placement of an account with a collection agency, may not commence until 30 days after the final notice has been sent¹⁴, and Kaweah Health has made reasonable efforts to determine whether the Patient is eligible for Financial Assistance.¹⁵
 6. Accounts with a "Return Mail" status are eligible for collection assignment after good faith efforts have been documented and exhausted, including outbound phone calls and a reasonable search for a corrected address, and all other requirements of this section have been met.
 7. Kaweah Health and any Collection Agency acting on its behalf will suspend ECAs when a completed Financial Assistance Application, including all required supporting documentation, is received and until such time as a determination regarding the Financial Assistance Application has been made. Prior to resuming collection efforts on accounts found ineligible for Charity Care, Kaweah Health will send the Patient: (i) written notification of the basis for the finding and the amount of assistance given if any, (ii) a billing statement showing any balance still owed by the Patient and the date payment is due, and (iii) if found eligible for only Discounted Care, instructions as to how the Patient may obtain information regarding the amounts generally billed (AGB) for their care. Collection efforts may then resume after the Patient has been given a

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- reasonable time to pay the balance or enter into a reasonable payment plan.¹⁶
8. If any Patient account previously placed with a Collection Agency is subsequently found eligible for financial assistance, Kaweah Health and any Collection Agency acting on its behalf will pursue all reasonable measures to reverse prior collection efforts for debt that was
 - 1) incurred for care received from Kaweah Health during the previous 8 months; or
 - 2) incurred at any time at which the patient was eligible for Financial Assistance under this policy.
 These reasonable measures include but are not limited to measures to vacate any judgment against the Patient, lift any levy or lien on the Patient's property, and remove from the Patient's credit report any adverse information previously reported to a consumer reporting agency or credit bureau.
 9. If a Patient account previously placed with a Collection Agency is subsequently found eligible for Discounted Care with a remaining balance due, the account will be returned to Kaweah Health for payment or negotiation of an interest-free reasonable payment plan. The account will not be re-referred to any Collection Agency unless the Patient refuses to participate in a reasonable payment plan, or until a patient has failed to make payments under a reasonable payment plan for at least 90 days and Kaweah Health has made reasonable efforts to contact the patient by phone and in writing, giving notice that the extended payment plan may become inoperative.¹⁷
 10. Kaweah Health and any Collection Agency acting on its behalf will suspend ECAs if an incomplete Financial Assistance Application is received and until a complete application has been submitted and a determination of eligibility is made, including resolution of any review or appeal of that determination,¹⁸ or the Patient has failed to respond to requests for additional information and/or documentation within a reasonable period of time to respond to such requests. If a Patient submits an incomplete application, a written notice will be sent to the Patient that (i) describes the missing information/documentation required for a complete application, and (ii) includes contact information for a Kaweah Health employee or office where the Patient may obtain further information about the policy and assistance in applying.¹⁹ Kaweah Health and any Collection Agency acting on its behalf must provide Patients with a reasonable timeframe (at least 30 days from notifying the Patient) to submit any missing information/documentation before resuming collection efforts.²⁰ If the Patient fails to provide the requested missing information/ documentation in a timely manner, Kaweah Health and any Collection Agency working on its behalf will make reasonable efforts to presumptively determine whether the Patient is eligible for Financial Assistance

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based on the information already provided, prior eligibility for Financial Assistance, or the use of third-party data.

11. Kaweah Health and any Collection Agency acting on its behalf does not base any FAP eligibility determination on any information obtained from Patients under duress or through the use of coercive practices, such as delaying or denying treatment until a Patient provides information.²¹
12. Kaweah Health and any Collection Agency acting on its behalf does not seek any Patient's waiver of their right to apply for Financial Assistance or to receive Financial Assistance application information.²²
13. Kaweah Health and any Collection Agency acting on its behalf does not use in collection activities any information obtained from a Patient during the eligibility process for Financial Assistance.²³ Nothing in this section prohibits the use of information obtained by Kaweah Health or Collection Agency independently of the eligibility process for Financial Assistance.
14. Patient accounts at a Collection Agency may be recalled and returned to Kaweah Health at the discretion of Kaweah Health and/or according to state or federal laws and regulations. Kaweah Health may choose to work the accounts to resolution with the Guarantor/Patient or third party as needed or place the account with another Collection Agency in full compliance with these requirements. An account that has been placed with an outside collection agency can be considered for charity care at any time in accordance with Kaweah Health's charity care policy. When, during the collection process, a patient asserts they cannot afford to pay the debt, has failed to make previously agreed upon extended payments, or is otherwise identified by the collection agency as meeting Kaweah Health's charity care eligibility criteria, the collection agency will refer the account back to Kaweah Health to screen for charity care eligibility. Kaweah Health will undertake reasonable efforts to gather eligibility information from the patient. If, after such reasonable efforts, the patient fails or refuses to provide required information, the account will be referred to the collection agency.

E. Collection Agencies:

Kaweah Health may refer Patient accounts to a Collection Agency subject to the following

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conditions:

1. The Collection Agency has a written agreement with Kaweah Health which provides that the Collection Agency's performance of its functions shall adhere to the terms of Kaweah Health's Financial Assistance Policy, this Credit and Collection Policy, the Hospital Fair Pricing Act (Health and Safety Code sections 127400 *et seq.*), and 26 U.S.C. § 501(r) and its implementing regulations, 26 C.F.R. § 1.501(r) *et seq.*, including the definition of "reasonable payment plan."
2. The Collection Agency has processes in place to identify Patients who may qualify for Financial Assistance, communicate the availability and details of the Financial Assistance Policy to these Patients, and refer Patients who are seeking Financial Assistance back to Kaweah Health Patient Financial Services. The Collection Agency shall suspend ECAs during any period after a completed Financial Assistance Application is pending, or an incomplete application is received and Kaweah Health has sent the required information described in IV.D.7 of this policy.²⁵
3. All third-party payers have been properly billed, payment from a third-party payer is no longer pending, Kaweah Health is unaware of any pending insurance payment appeals, and the remaining debt is the financial responsibility of the Patient. A Collection Agency will not bill a Patient for any amount that a third-party payer is obligated to pay.
4. The Collection Agency sends every Patient a Notice of Rights, included as Attachment A, with each document sent indicating that the commencement of collection activities may occur.²⁶
5. At least 180 days has passed since Kaweah Health sent the initial bill to the Patient on the account.
6. The Patient is not negotiating a reasonable payment plan, making payments under a reasonable payment plan as defined above, or making regular partial payments of a reasonable amount.²⁷

F. Judicial Collection Actions:

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In those situations where an account has been assigned for collection and the Collection Agency has information showing that the Patient has an income greater than 600% of the federal poverty level and would not qualify for Discounted Care, but has failed or refused to pay for the medical services, or, if a Patient is approved for Discounted Care and has failed or refused to make payments under a reasonable payment plan, the Collection Agency may be permitted to take legal action to collect the unpaid balance under the following conditions:

1. The Collection Agency shall assess a Patient or guarantor's ability to pay by reviewing, at a minimum, a current credit report for the Patient, if available, and reliable sources of publicly available information for Patients with little or no credit history, or a third party electronic review of Patient information.
2. When the Collection Agency has determined that legal action is appropriate and criteria for Extraordinary Collection Actions have been met, the Agency will forward a written request to the Director of Revenue Cycle, who must approve it prior to any legal action. The request must contain relevant particulars of the account, including:
 - a. Documentation that the Collection Agency has complied with all applicable provisions of this policy, Kaweah Health's Financial Assistance Policy and all applicable laws and regulations; and
 - b. A copy of the Collection Agency's documentation that led it to believe the Patient or guarantor has an income greater than 600% of the federal poverty level and would not qualify for Charity Care or Discounted Care, or, that the Patient was approved for Discounted Care and has failed or refused to make payments under a reasonable payment plan.
3. In cases where no Financial Assistance application is received by Kaweah Health, one additional attempt to inform the patient of Kaweah Health's Financial Assistance Policy and the opportunity to apply for assistance will be made before legal action is initiated. In addition to sending the patient a final correspondence, an additional attempt to contact the patient by phone will be made. If the Patient asks to apply for assistance, an application will be sent and no ECAs will be initiated until the application is received and processed, or an additional 30 days have passed without a complete or incomplete application being received.

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4. The Director of Revenue Cycle will authorize each individual legal action in writing, after verifying that Kaweah Health and/or the Collection Agency working on its behalf has made legally sufficient reasonable efforts to determine the individual is eligible for Financial Assistance. This authority cannot be delegated to any other person. A copy of the signed authorization for legal action will be maintained in the Patient account file.
5. In no case will the Collection Agency be allowed to file a legal action as a last resort to motivate a Patient to pay when the Collection Agency has no information as to the Patient's income relative to the federal poverty level and eligibility for financial assistance.
6. If subsequent to a judgment being entered against any Patient for any unpaid balance, Kaweah Health or any Collection Agency working on its behalf receives information indicating the Patient would qualify for financial assistance under Kaweah Health's FAP, or, if the judgment is for a balance outstanding after Discounted Care is approved and the Patient has refused to make payments under a reasonable payment plan, the following shall apply:
 - a. Neither Kaweah Health nor any assignee ~~which that~~ is an affiliate or subsidiary of Kaweah Health shall not, in dealing with patients eligible under Kaweah Health's Financial Assistance or Credit and Collection Policies, use wage garnishments or liens on ~~primary residences~~any real property as a means of collecting unpaid hospital bills.²⁸
 - ~~b. A Collection Agency which, debt buyer, or other assignee that is not an affiliate or subsidiary of Kaweah Health may use the following measures to enforce judgment only under the following conditions:~~
 - ~~b. Wage Garnishment: The Collection Agency must file a noticed motion with the applicable Court, supported by a declaration identifying the basis for which the Agency believes that the Patient has the ability to make payments on the judgment under the wage garnishment, including, if available, information about probable future medical expenses based on the current condition of the Patient, and other financial obligations of the Patient.²⁹ a subsidiary or affiliate of the hospital shall not, in dealing with a Patient under Kaweah Health's charity policy or discount payment~~

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policies, use as a means of collecting unpaid hospital bills, any of the following:

- i. A wage Garnishment, except by order of the court upon a noticed motion.
- ii. Notice or conduct a sale of any real property owned, in part or complete by the Patient.
- i.iii. Liens on any real property owned, in whole or in part by the Patient.

Citing:

¹ 26 C.F.R. § 1.501(r)-6(b)(iv)(C). ² 26 C.F.R. § 1.501(r)-6(b)(iv)(F). ³ 26 C.F.R. § 1.501(r)-6(c)(2). ⁴ 26 C.F.R. § 1.501(r)-6(c)(3). ⁵ 26 C.F.R. § 1.501(r)-6(c)(3)-(c)(4). ⁶ 42 U.S.C. § 1396a(n)(3)(B); Welf. & Inst. Code § 14019.4. ⁷ Cal. Health & Safety Code § 127420(b). ⁸ Cal. Health & Safety Code § 127425(b). ⁹ 26 C.F.R. § 1.501(r)-6(c)(2). ¹⁰ Cal. Health & Safety Code § 127426(a). ¹¹ Cal. Health & Safety Code § 127426(a). ¹² 26 C.F.R. § 1.501(r)-6(c)(4)(ii). ¹³ Cal. Health & Safety Code § 127425(a). ¹⁴ 26 C.F.R. § 1.501(r)-6(c)(4). ¹⁵ 26 C.F.R. § 1.501(r)-6(a). ¹⁶ 26 C.F.R. § 1.501(r)-6(c)(8)(ii). ¹⁷ Cal. Health & Safety Code § 127425(g). ¹⁸ See FAP, Section VII.B. (p. 10). ¹⁹ 26 C.F.R. § 1.501(r)-6(c)(5). ²⁰ 26 C.F.R. § 1.501(r)-6(c)(8)(ii). ²¹ 26 C.F.R. § 1.501(r)-6(c)(6)(ii). ²² 26 C.F.R. § 1.501(r)-6(c)(9). ²³ Cal. Health & Safety Code § 127405(e)(3). ²⁴ Cal. Health & Safety Code § 127425(d). ²⁵ Cal. Health & Safety Code § 127430. ²⁶ Cal. Health & Safety Code § 127425(e). ²⁷ Cal. Health & Safety Code § 127425(f)(1). ²⁸ Cal. Health & Safety Code § 127425(h)(2)(A)-1 and (2)(Amended 2024 effective January 1, 2025).

Credit and Collection Policy Attachment A



Policy Number: AP141	Date Created: No Original Creation Date Set
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KAWEAH HEALTH NOTICE OF FINANCIAL RIGHTS

State and federal law requires hospitals to offer financial assistance to uninsured Patients and Patients with high medical debt who have low to moderate incomes. You may be eligible for free care or have your bill for medically necessary care reduced if you meet any of these criteria: (1) are receiving government benefits; (2) are uninsured; (3) have medical expenses in the past 12 months that exceed 10% of your Family income; (4) Your family's gross income (before deductions for taxes) must be less than 600% of the Federal Poverty Level for the calendar year. This information can be found at aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines; or (5) are in bankruptcy or have recently completed bankruptcy. To apply for financial assistance, you must request an application in one of the following ways:

- in person from the Acequia Lobby at the corner of Floral and Acequia, 305 West Acequia Avenue in Visalia, California 93291;
- over the phone by calling Patient Financial Services at (559) 470-0016 or (559) 624-4200 and selecting option 4; or
- by completing the online application at: KaweahHealth.org/charity

All patients have the right to apply for financial assistance under Kaweah Health's Financial Assistance policy which can be found by entering KaweahHealth.org/help-paying-your-bill in your internet browser.

Hospital Bill Compliant Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

Help Paying Your bill

There are free consumer advocacy organizations that will help you understand the billing and payment process, as well as information regarding Covered California and Medi-Cal presumptive eligibility. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

If you would like to access Kaweah Health's online estimation tool for shoppable services please visit us at KaweahHealth.org/shoppable

ATTENTION

If you need help in your language, please call 559-470-0016 or visit us at the Kaweah Health Medical Center, located at 305 West Acequia Avenue, in Visalia, California 93291 near the corner of Floral and Acequia. Go to the front desk in the Acequia Lobby and ask to speak with someone in Patient Financial Services. Our office is open

Commented [RCE1]: HSC 12740: The notice shall also include the internet address for the Health Consumer Alliance (<https://healthconsumer.org>), and shall explain that there are organizations that will help the patient understand the billing and payment process, as well as information regarding Covered California and Medi-Cal presumptive eligibility, if the hospital participates in the presumptive eligibility program.



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Monday through Thursday from 8:00 AM - 5:00 PM and Friday from 8:00 AM - 12:00 PM.

Aids and services such as documents in braille, large print, audio, and other accessible electronic formats are available for people with disabilities. These services are free.

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Approvers: Board of Directors (Administration)	
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Free credit counseling services may be available from local nonprofit agencies.

ClearPoint Credit Counseling: 800-750-2227 /www.clearpoint.org

You may be eligible for FREE care if your income is below these amounts for your family size* (200% FPL)

Family Size*	Monthly	Annual
1	\$2,660	\$31,920
2	\$3,607	\$43,280
3	\$4,553	\$54,640
4	\$5,500	\$66,000
5	\$6,447	\$77,360
6	\$7,939	\$88,720
7	\$8,340	\$100,080
8	\$9,287	\$111,440

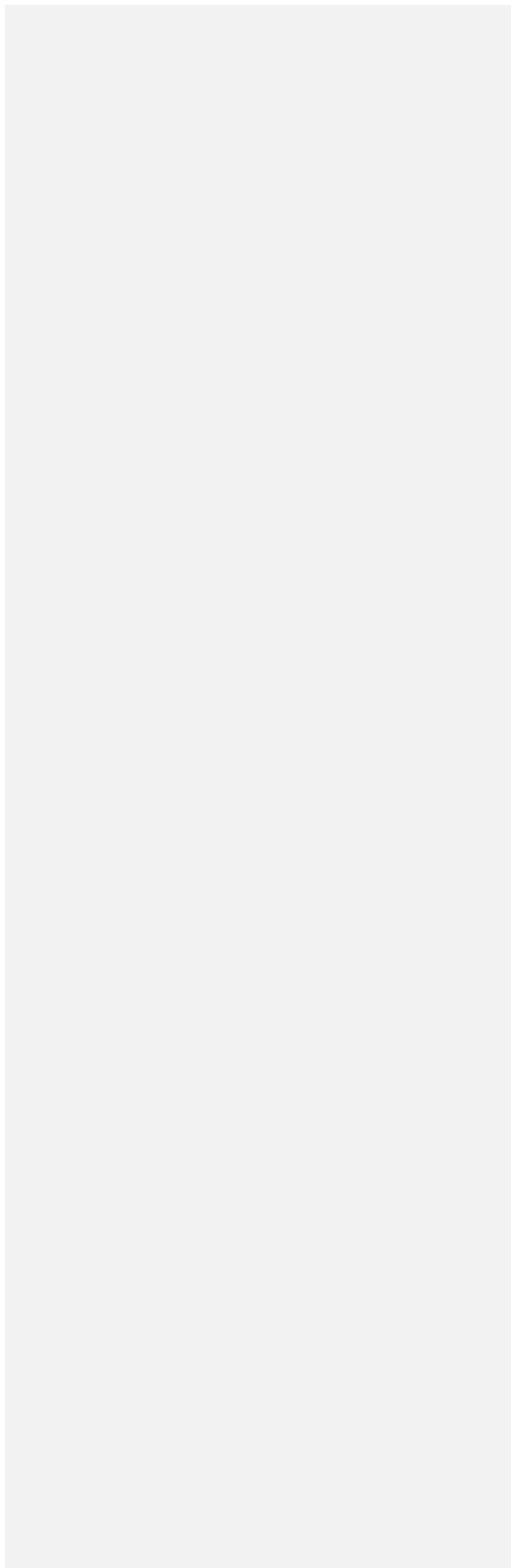
collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (1-877- 382-4357) or online at www.ftc.gov.

You may be eligible for a DISCOUNT on your hospital bill if your income is below these amounts for your family size* (600% FPL)

Family Size*	Monthly	Annual
1	\$7,980	\$95,760
2	\$10,820	\$126,840
3	\$13,660	\$163,920
4	\$16,500	\$198,000
5	\$19,340	\$232,080
6	\$21,180	\$266,160
7	\$25,020	\$300,240
8	\$27,860	\$334,320

***For households larger than eight persons, please call for income limits.**

State and federal law requires debt collectors to treat you fairly and prohibits debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 am or after 9:00 pm. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt



Policy Number: BOD5	Date Created: 11/01/2011
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 07/22/2026
Approvers: Board of Directors (Administration)	
Conflict of Interest	

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

POLICY: ~~Government Code Section 87300 requires each state and local government agency to adopt and promulgate a Conflict of Interest Code. The Fair Political Practices Commission has adopted Section 18730 of Title 2 of the California Code of Regulations, which contains the terms of a model conflict of interest code (hereinafter "Standard Code") which may be adopted by reference by any state or local agency which desires to do so.~~

~~For the purpose of providing a conflict of interest code for Kaweah Delta Health Care District, its Board of Directors, and its employees, the terms of the Standard Code and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference and made a part hereof as if set forth herein at length, and, along with Exhibits A and B attached hereto, in which officials and employees are designated and disclosure categories are set forth, such Standard Code shall constitute the Conflict of Interest Code for Kaweah Delta Health Care District Kaweah Health, its Board of Directors, and its employees. The terms of 2 California Code Regulations Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Exhibits A and B, designating positions and establishing disclosure categories, shall constitute the Conflict of Interest Code of Kaweah Delta Health Care District aka Kaweah Health, its Board of Directors, and its employees.~~

~~The Chief Executive Officer shall ensure that the current version 2 California Code of Regulations Section 18730 is readily available in the Kaweah Health administrative office with this Conflict of Interest Code. a current copy of the Standard Code is kept on file in the Kaweah Health administrative office with this Conflict of Interest Code. A copy of the current version of the Standard Code is attached hereto as "Exhibit C" for information purposes only.~~

Pursuant to Section 4 of the Standard Code, designated employees shall file statements of economic interests with the Chief Executive Officer of Kaweah Health. Upon receipt of the statements filed by the designated employees of the department, the Chief Executive Officer shall make and retain the original and forward a copy of these statements to the code reviewing body, which in this case is the Tulare County Board of Supervisors.

All Board members, officers, and designated employees shall comply with all applicable state and federal conflict of interest laws, including SB 827 and any successor legislation, as applicable. Any actual, potential, or reasonably perceived conflict of interest shall be fully disclosed in accordance with applicable law and this Policy. The affected individual shall recuse themselves from participation in any discussion, deliberation, or decision related to the matter and shall comply with all required disclosure and reporting obligations. The Organization shall maintain procedures to ensure timely identification, documentation, and management of conflicts in compliance with governing law and Board standards.

Adopted by the Board of Directors of Kaweah Delta Health Care District
effective ~~July 22, 2026.~~ September 23, 2026.

PROCEDURE:

I. Members, Board of Directors and Chief Executive Officer

All members of the Kaweah Health Board of Directors and the individual occupying the position of Chief Executive Officer must complete and file Statements of Economic Interest with the Office of the Chief Executive Officer. Disclosure must include items listed in Exhibit "B".

II. Other Affected Positions

Individuals occupying positions as noted in Exhibit "A" are also required to complete and file, with the office of the Chief Executive Officer of Kaweah Health, Statements of Economic Interest. The types of interest to be disclosed are identified on "Exhibit B" per position held with Kaweah Health.

III. Filing Deadlines

Individuals required to complete and file Statements of Economic Interest must do so with the appropriate office:

- A. within thirty (30) days after the effective date of the adoption of the Conflict of Interest Code;
- B. within thirty (30) days after assuming a position requiring filing such Statement;
- C. within thirty (30) days after leaving a position requiring filing of such Statement; and,
- D. annually, during the month of January, no later than April 1, for each year in which the individual occupies a position requiring a Statement.

IV. Training

- A. All Board members and designated employees must complete ethics training (AB1234) every two years and retain proof of completion.

This policy shall be reviewed every two years or when required by law. Kaweah Health Care District shall amend its Conflict-of-Interest Code in coordination with the Tulare County Board of Supervisors, consistent with Government Code 87306.5

EXHIBIT "A"**KAWEAH DELTA HEALTH CARE DISTRICT****CONFLICT OF INTEREST CODE****Disclosure Categories**

<u>Designated Positions</u>	<u>Category of Interests Required to be Disclosed</u>
Members of the Board of Directors	1
Employees	
Chief Executive Officer	1
Chief Financial Officer	1
Chief Operating Officer	1
Chief Medical & Quality Officer	1
Chief Nursing Officer	1
Vice President Digital and Information Systems	1
Chief Human Resources Officer	1
Vice President Strategy	1
Chief Ambulatory Officer	1
Chief Compliance & Risk Officer	1
Vice President Support Services	1
Director of Consulting & Project Management	1
Director of Procurement and Logistics Material Management	1
Director of Risk Management	1
Director of Facilities 1	
All Directors of Kaweah Delta Health Care District	4B
Consultants	
Legal Counsel to the Board of Directors	1

["Consultants may be designated employees who must disclose financial interests as determined on a case-by-case basis. The District must make a written determination whether a consultant must disclose financial interests. The determination shall include a description of the consultant's duties and a statement of the extent of the disclosure requirements, if any, based upon that description. All such determinations are public records and shall be retained for public inspection with this conflict of interest code.

["Consultants can be deemed to participate in making a governmental decision when the consultant, acting within the authority of his or her position:

- (1) Negotiates, without significant substantive review, with a governmental entity or private person regarding certain governmental decisions; or*
- (2) Advises or makes recommendations to the decision-maker either directly or without significant intervening substantive review, by:*

- a. *Conducting research or making an investigation, which requires the exercise of judgment on the part of the person and the purpose of which is to influence a governmental decision; or*
- b. *Preparing or presenting a report, analysis, or opinion, orally or in writing, which requires the exercise of judgment on the part of the person and the purpose of which is to influence the decision."*

(From the Tulare County Counsel)

{A consultant is also subject to the disclosure requirements if he/she acts in a staff capacity (i.e., performs the same or substantially all the same duties that would otherwise be performed by an individual holding a position specified in the Code).}

EXHIBIT "B"**KAWEAH DELTA HEALTH CARE DISTRICT
CONFLICT OF INTEREST CODE****Disclosure Categories****1. Full Disclosure:**

Designated persons in this category must report:

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

2. Full Disclosure (excluding interests in real property):

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

3. Interests in Real Property (only):

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

4. General Contracting (two options):

A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment, vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the District.

[Intended for employees whose duties and decisions involve contracting and purchasing for the entire District.]

B. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment, vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the employee's department or division.

[Intended for employees whose duties and decisions involve contracting and purchasing for a specific department or division of the District.]

5. Regulatory, Permit or Licensing Duties:

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that are subject to the regulatory, permit or licensing authority of, or have an application for a license or permit pending before, the employee's department or division, or the District.

6. **Grant/Service Providers/Departments that Oversee Programs:**

A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization, if the source is of the type to receive grants or other monies from or through a specific department or division of the District.

[Intended for employees whose duties and decision involve awards of monies or grants to organizations or individuals.]

~~EXHIBIT "C"~~~~KAWEAH DELTA HEALTH CARE DISTRICT~~**~~CONFLICT OF INTEREST CODE~~****Standard Code****~~§ 18730. Provisions of Conflict of Interest Codes.~~**

~~(a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Appendix referred to below constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code section 87300 or the amendment of a conflict of interest code within the meaning of Government Code section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of article 2 of chapter 7 of the Political Reform Act, Government Code sections 81000, *et seq.* The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Government Code section 87100, and to other state or local laws pertaining to conflicts of interest.~~

~~(b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:~~

~~(1) Section 1. Definitions.~~

~~The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (2 Cal. Code of Regs. sections 18100, *et seq.*), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.~~

~~(2) Section 2. Designated Employees.~~

~~The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.~~

~~(3) Section 3. Disclosure Categories.~~

~~This code does not establish any disclosure obligation for those designated employees who are also specified in Government Code section 87200 if they are designated in this code in that same capacity or if the geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the~~

~~Political Reform Act, Government Code sections 87200, et seq.~~

~~In addition, this code does not establish any disclosure obligation for any designated employees who are designated in a conflict of interest code for another agency, if all of the following apply:~~

~~(A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;~~

~~(B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Government Code section 87200; and~~

~~(C) The filing officer is the same for both agencies.¹~~

~~Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in his or her statement of economic interests those economic interests he or she has which are of the kind described in the disclosure categories to which he or she is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's disclosure categories are the kinds of economic interests which he or she foreseeably can affect materially through the conduct of his or her office.~~

~~(4) — Section 4. Statements of Economic Interests: Place of Filing.~~

~~The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code.~~

~~(5) — Section 5. Statements of Economic Interests: Time of Filing.~~

~~(A) — Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.~~

~~(B) — Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.~~

~~(C) — Annual Statements. All designated employees shall file statements no later than April 1.~~

~~(D) — Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.~~

~~(5.5) Section 5.5. Statements for Persons Who Resign Prior to Assuming Office.~~

~~Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided he or she did not make or~~

~~participate in the making of, or use his or her position to influence any decision and did not receive or become entitled to receive any form of payment as a result of his or her appointment. Such persons shall not file either an assuming or leaving office statement.~~

~~(A) — Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:~~

~~(1) — File a written resignation with the appointing power; and~~

~~(2) — File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation he or she did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.~~

~~(6) — Section — 6. — Contents of and Period Covered by Statements of Economic Interests.~~

~~(A) — Contents of Initial Statements.~~

~~Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.~~

~~(B) — Contents of Assuming Office Statements.~~

~~Assuming office statements shall disclose any reportable investments, interests in real property and business~~

~~positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.~~

~~(C)—Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Government Code section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to 2 Cal. Code Regs. section 18754.~~

~~(D)—Contents of Leaving Office Statements.~~

~~Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.~~

~~(7)—Section 7. Manner of Reporting.~~

~~Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:~~

~~(A)—Investments and Real Property Disclosure.~~

~~When an investment or an interest in real property³ is required to be reported,⁴ the statement shall contain the following:~~

- ~~1.—A statement of the nature of the investment or interest;~~
- ~~2.—The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;~~
- ~~3.—The address or other precise location of the real property;~~
- ~~4.—A statement whether the fair market value of the investment or interest in real property equals or exceeds two thousand dollars (\$2,000), exceeds ten thousand dollars (\$10,000), exceeds one hundred thousand dollars (\$100,000), or exceeds one million dollars (\$1,000,000).~~

~~(B)—Personal Income Disclosure. When personal income is~~

required to be reported,⁵ the statement shall contain:

1. ~~The name and address of each source of income aggregating five hundred dollars (\$500) or more in value, or fifty dollars (\$50) or more in value if the income was a gift, and a general description of the business activity, if any, of each source;~~
2. ~~A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was one thousand dollars (\$1,000) or less, greater than one thousand dollars (\$1,000), greater than ten thousand dollars (\$10,000), or greater than one hundred thousand dollars (\$100,000);~~
3. ~~A description of the consideration, if any, for which the income was received;~~
4. ~~In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;~~
5. ~~In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the~~

~~loan.~~

~~(C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported,⁶ the statement shall contain:~~

- ~~1. The name, address, and a general description of the business activity of the business entity;~~
- ~~2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than ten thousand dollars (\$10,000).~~

~~(D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which he or she is a director, officer, partner, trustee, employee, or in which he or she holds any position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.~~

~~(E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.~~

~~(8) Section 8. Prohibition on Receipt of Honoraria.~~

~~(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.~~

~~Subdivisions (a), (b), and (c) of Government Code section 89501 shall apply to the prohibitions in this section.~~

~~This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Government Code section 89506.~~

~~(8.1) Section 8.1 Prohibition on Receipt of Gifts in Excess of \$390.~~

~~(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than \$390 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not~~

~~apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.~~

~~Subdivisions (e), (f), and (g) of Government Code section 89503 shall apply to the prohibitions in this section. (8.2) Section 8.2. Loans to Public Officials.~~

~~(A)—No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.~~

~~(B)—No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.~~

~~(C)—No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that~~

~~elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.~~

~~(D)—No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.~~

~~(E)—This section shall not apply to the following:~~

- ~~1.—Loans made to the campaign committee of an elected officer or candidate for elective office.~~
- ~~2.—Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.~~
- ~~3.—Loans from a person which, in the aggregate, do not exceed five hundred dollars (\$500) at any given time.~~
- ~~4.—Loans made, or offered in writing, before January 1, 1998. (8.3) Section 8.3. Loan Terms.~~

~~(A)—Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of his or her election to office through the date he or she vacates office, receive a personal loan of five hundred dollars (\$500) or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.~~

~~(B)—This section shall not apply to the following types of loans:~~

- ~~1.—Loans made to the campaign committee of the elected officer.~~

~~2.—Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.~~

~~3.—Loans made, or offered in writing, before January 1, 1998.~~

~~(C)—Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.~~

~~(8.4) Section 8.4. Personal Loans.~~

~~(A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:~~

~~1.—If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.~~

~~2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:~~

~~a. The date the loan was made.~~

~~b. The date the last payment of one hundred dollars (\$100) or more was made on the loan.~~

~~c. The date upon which the debtor has made payments on the loan aggregating to less than two hundred fifty dollars (\$250) during the previous 12 months.~~

~~(B) This section shall not apply to the following types of loans:~~

~~1. A loan made to the campaign committee of an elected officer or a candidate for elective office.~~

~~2. A loan that would otherwise not be a gift as defined in this title.~~

~~3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.~~

~~4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.~~

~~5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.~~

~~(C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.~~

~~(9) Section 9. Disqualification.~~

~~No designated employee shall make, participate in making, or in any way attempt to use his or her official position to influence the making of any governmental decision which he or she knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the official or a member of his or her immediate family or on:~~

~~(A) Any business entity in which the designated employee has a direct or indirect investment worth two thousand dollars (\$2,000) or more;~~

~~(B) Any real property in which the designated employee has a direct or indirect interest worth two thousand dollars (\$2,000) or more;~~

~~(C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without~~

~~regard to official status, aggregating five hundred dollars (\$500) or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;~~

~~(D)—Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or~~

~~(E)—Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$390 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.~~

~~(9.3) Section 9.3. Legally Required Participation.~~

~~No designated employee shall be prevented from making or participating in the making of any decision to the extent his or her participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make his or her participation~~

~~legally required for purposes of this section.~~

~~(9.5) Section 9.5. Disqualification of State Officers and Employees.~~

~~In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use his or her official position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom the state administrative official, or any member of his or her immediate family has, within 12 months prior to the time when the official action is to be taken:~~

~~(A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or~~

~~(B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value one thousand dollars (\$1,000) or more.~~

~~(10) Section 10. Disclosure of Disqualifying Interest.~~

~~When a designated employee determines that he or she should not make a governmental decision because he or she has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.~~

~~(11) Section 11. Assistance of the Commission and Counsel.~~

~~Any designated employee who is unsure of his or her duties under this code may request assistance from the Fair Political Practices Commission pursuant to Government Code section 83114 and 2 Cal. Code Regs. sections 18329 and 18329.5 or from the attorney for his or her agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.~~

~~(12) Section 12. Violations.~~

~~This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the Political Reform Act, Government Code sections 81000 — 91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Government Code section 87100 or 87450 has occurred may be set aside as void pursuant to Government Code section 91003.~~

~~NOTE: Authority cited: Section 83112, Government Code.~~

~~Reference: Sections 87103(e), 87300-87302, 89501,~~

~~89502 and 89503, Government Code.~~

~~¹Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Government Code section 81004.~~

~~²See Government Code section 81010 and 2 Cal. Code of Regs. section 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.~~

~~³For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.~~

~~⁴Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and~~

~~dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.~~

~~⁵A designated employee's income includes his or her community property interest in the income of his or her spouse but does not include salary or reimbursement for expenses received from a state, local or federal government agency.~~

~~⁶Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.~~

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Document Owner: Maribel Aguilar (Director of Physical Environment)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Program Management- Emergency Management Committee	

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

I. Policy

The Emergency Management Committee is a subcommittee of the Kaweah Delta Health Care District, herein after referred to as Kaweah Health (KH). Environment of Care Committee. Under this oversight, it is charged with developing and maintaining KH's Emergency Operations Plan. This shall be done through planning, implementation and evaluation of all elements of the program. The Emergency Management Committee ensures compliance with Federal, State, and other accreditation boards that control regulations regarding emergency management activities.

II. Procedure

A. Responsibility

1. The Emergency Management Committee is responsible for development and maintenance of the Emergency Management Manual, planning and implementation of training exercises, review of all Hospital Incident Command System (HICS) activations, and communication of applicable Emergency Management information to the Environment of Care Committee.
2. Department Managers are responsible for ensuring that all employees within their department are familiar with the main components of the Emergency Operations Plan.

B. Membership of the Committee

1. The Emergency Management Committee is chaired by the District Safety Officer or designee.
2. The Emergency Management Committee is composed of representatives from:
 - Emergency Department (Physician and RN)
 - Risk Management
 - Security
 - Maintenance
 - Infection Control
 - Nutrition Services
 - Communications
 - Human Resources
 - Information Systems
 - Nursing
 - Marketing
 - Environmental Services

- Imaging [• Central Logistics](#)

Additional KDHC staff is invited to attend committee meetings as needed to share information and receive updates.

3. The District Safety Officer will be a member of the Environment of Care Committee and act as a liaison between the two committees.

C. Duties of the Emergency Management Committee.

1. Meeting Attendance

Members attend regularly scheduled meetings.

2. Drill Requirements – The Joint Commission

Ensures that the District conducts at least two drills per year (unless there are actual events that would meet our Joint Commission and CMS requirements for Emergency Preparedness). One includes an influx of volunteer or simulated patients. One includes a community wide drill relevant to the priority emergencies identified in the District's Hazard Vulnerability Analysis (HVA) and that assesses communication, coordination, and the effectiveness of the hospital's and the community's command structure. The Emergency Management Committee also performs a post-exercise critique, and ensures written reports evaluate performance per The Joint Commission requirements.

3. Drill Requirements – Title 22 Department of Public Health Services (DPHS) Assures that emergency management drills are performed in compliance with Title 22 requirements (at least once per shift per quarter). Contributes to written reports of all plan activations, including drills or actual events. The report outlines deficiencies, recommends plans of correction or improvement, identify person(s) or department(s) responsible for corrections.

4. Quality Improvement

Approves and acts upon changes recommended as a result of post-exercise critiques. Monitors outcome at its regular meetings.

5. Annual Plan Review

Reviews the Emergency Operations Plan annually, revises as needed, and submits a written report to the Environment of Care Committee.

6. Training

Ensures that all personnel are instructed in the Emergency Operations plan to the degree necessary to assume their role in implementing the Plan.

7. Quarterly Reports

Reports to the Environment of Care Committee, quarterly, all deficiencies and performance improvements.

D. Emergency Management Committee Chair

Liaisons with other community Emergency Operations Planning groups and reports back to the Emergency Management Committee.

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

Policy Number: DM 2111	Date Created: 07/01/2011
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Dependent Care Plan	

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

I. Policy

In the event of a long-lasting external emergency or civil disturbance where personnel will remain at the hospital for long periods, dependents, including children, elderly and disabled persons may be brought to the main campus, and housed in the designated dependent area. If no responsible person is available at home to provide care, these dependents will be housed in the dependent care area for the duration of the disturbance or until other arrangements are made.

II. Procedure

This procedure outlines the process by which the Hospital Incident Command System (HICS) at Kaweah Delta Health Care District herein after referred to as Kaweah Health (KH) provides for sheltering and feeding of staff and volunteer dependents during an extended disaster or emergency event.

- A. Mobilization – Upon request by the Operations Chief or the Incident Commander, the Family Care Unit Leader shall mobilize sufficient staff and resources to activate a dependent care area removed from patient care areas. Primary location for children age 0 – 18 years is Kaweah Kids (KK Policy #127). Primary location for adult dependents will be Kaweah Delta Rehab Hospital located at 840 S. Akers St. Visalia Ca.
- B. Safety Requirements – Prior to activation of the dependent care area, the Family Care Unit Leader, with assistance of the Safety Officer or Designee, shall conduct a safety inspection of the area to remove any unsafe objects and to secure any equipment that could pose a safety hazard.
- C. Staff
 1. The Dependent Care Area shall be operated by at least two staff that will oversee any other auxiliary volunteers requested from the Labor Pool, two clerical staff for registration. The staff will provide the appropriate ratio of staff to dependents as determined by acuity or age-related needs.
 2. Staff and volunteers shall sign in and out when reporting to assist.
 3. Staff shall monitor the area continuously for safety issues and respond to dependents' needs.
- D. Supplies

The following supplies are needed to set up the Dependent Care Area. Requests for additional supplies should be directed to the Supply Unit Leader:

- Accordion alpha file (or file drawer for dependent records)
- Armbands
- Backpacks
- Camera
- Printer for color photo prints
- Cots
- Dependent Care Binder
- Dependent Care Registration forms
- Diaper changing facilities and supplies
- Diversions for children (VCR, videos, games, toys)
- Emergency lighting
- Flashlights
- Non-sterile gloves, medium and small
- Note pads for documentation
- Red Hazardous Waste Disposal Bags
- Sheets, blankets, pillows, towels and washcloths
- Sticker tags
- Water, bottled
- Waterproof Pads (Chux)

E. Food – Meals and snacks for dependents shall be arranged by the Food Services Unit Leader.

F. Registration

1. Post signs indicating “Dependent Care Area – Responsible Adult Must Register Dependent”.
2. Assign each family a Family Number.
3. All dependents shall be assigned a Dependent Number and shall register using the *Dependent Care Registration* form. Establish the Dependent Number by adding a letter (A, B, C, D, etc.) to the Family Number for each dependent in a given family.
4. Apply an armband to each dependent upon arrival with name and dependent number
5. Take a photo of each dependent with Responsible Adult and attach to *Dependent Care Registration* form.
6. The employee who registered them may sign out dependents or one of the individuals named as an emergency contact on the *Dependent Care Registration* form. The Employee ID badge or other legal form of photo identification must be used.
7. Tag medications, bottles, food and other belongings with dependent’s name and Dependent Number and store appropriately.
8. Assign each dependent to a dependent care provider and record on form.

G. Medications

1. Assure that dependents taking medications have a supply to last during the estimated length of stay.
2. Arrange for a pediatric nurse or other licensed nurse to dispense medications as appropriate.

H. Psychological Support – Arrange for the Employee Health & Well-Being Unit Leader to make routine contact with dependents in the shelter, as well as responding to specific incidents or individual needs.

I. Documentation

1. Document all care provided to individual dependents, such as medications, psychological services, toileting or dressing on the *Dependent Care Record* (on the reverse side of the *Dependent Care Registration* form).
2. Document all other actions and decisions and report routinely to the Support Branch Director.

J. Checking Out of Dependent Care Area

1. When dependent leaves area, compare picture with dependent and Responsible Adult.
2. Check ID, verify name and obtain signature of Responsible Adult picking up dependent.
3. Retrieve and send all medications and personal items with dependent.
4. Collect armbands.

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

Policy Number: DM 2117	Date Created: 09/01/2011
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Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Staff Support Plan	

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

I. Policy

This procedure outlines the process by which the Hospital Incident Command System (HICS) at Kaweah Delta Health Care District herein referred to as Kaweah Health (KH) provides for sheltering and feeding of staff and volunteers during a disaster or other emergency situation.

II. Procedure

In the event of a long-lasting external emergency or civil disturbance, personnel will remain at KH facilities for long periods and may be housed in designated area(s). A Staff Break and Nutritional Area will be established at each facility.

The Employee Health & Well-Being Unit Leader shall be responsible for coordinating the HICS Staff Break and Nutritional Area activities and assure the provision of logistical and psychological support of District staff.

A. Mobilization – Upon request by the HICS Support Branch Director, the Employee Health & Well-Being Unit Leader will:

1. Establish a Staff Break and Nutritional Area at each facility.
2. Contact the Nutritional Supply Unit Leader for assistance.
3. Provide for calm, relaxing environment.
4. Establish a Staff Information Center in the Support Services Building with the help of the Support Branch Director, Labor Pool and Credentialing Unit Leader.
5. Provide overall emergency information updates for rumor control.
6. Arrange for routine visits/evaluations by the Employee Health & Well-Being Unit Leader.
7. Assist in establishment of separate Staff Debriefing Area in the cafeteria.

B. Staff:

1. The Employee Health & Well-Being Unit Leader oversees the Staff Break and Nutritional Area and will request staff assistance from the Labor Pool as needed.

The Employee Health & Well-Being Unit Leader may delegate this responsibility for continuing oversight if needed elsewhere.

2. Staff and volunteers assigned to the Staff Break and Nutritional Area shall sign in and out using HICS 252 *Personnel Time Sheet*.
3. The Staff Break and Nutritional Area staff shall respond to staff needs and shall report any issues that arise to the Employee Health & Well-Being Unit Leader.

- C. Supplies – shall be requested through the Supply Unit Leader. A list of probable supplies is listed below:

Supply Type
Support Branch Director storage bin contains: • Support Branch Director Binder • Job Action Sheets (JAS) and clipboards for reporting Unit Leaders • HICS Vests • Office Supplies and note pads for documentation • Flashlights • Directional Signs
Whiteboard
Cots
Sheets, blankets, pillows, towels and washcloths
Water (bottled)
Emergency lighting
Diversions (DVD player, videos, games, books and magazines, music)

- D. Signage - Post signs indicating:

Staff Break and Nutritional Area

Visitors – for food and drinks please go to the cafeteria

Staff Sleeping Area

Staff Information Center

Staff Debriefing Area

- E. Employee Health -

The Employee Health & Well-Being Unit Leader shall:

1. Arrange with the Employee Health Department to address staff non-emergent yet serious health needs, such as routinely taken critical medications.
2. Arrange with the Casualty Care Unit Leader and Transportation Unit Leader for transport to the Emergency Department for staff experiencing a medical emergency.

F. Staff Sleeping Quarters -

The need for staff sleeping quarters will be determined by the Incident Commander.

The Operations Chief in conjunction with the Support Branch Director will arrange for sleeping facilities for staff remaining on campus for extended periods of time.

G. Transportation -

Individual needs for employee transportation will be coordinated with the Transportation Unit Leader.

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Subcategories of Department Manuals
not selected.

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Code Triage- Activation Plan	

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

I. Policy

In the event of an emergency incident that has the potential to overwhelm day-to-day operations, Kaweah Delta Health Care District herein after referred as Kaweah Health (KD) will activate the Emergency Operations Plan. The decision to activate the plan will be made by the Incident Commander CEO, Administrator on Duty (until the CEO arrives), or Nursing Supervisor (until the CEO or Administrator on Duty arrives). The decision to terminate shall be made by the Incident Commander in coordination with the authority having jurisdiction and other civil or military authorities involved. The Emergency Operations Plan is flexible and can be customized to the needs of an emergency per the Hospital Incident Command System (HICS) model. The Incident Commander has ultimate responsibility and authority for decision making during Emergency Operations Plan activation.

Emergencies affecting the hospital may be:

A. Internal – Any occurrence within the District such as fire, explosion, bomb threat, hazardous materials spill/release, etc., which significantly impact normal practices and procedures and/or which overwhelm available resources. This could include injured patients and/or employees, loss of critical systems or services needed for patient care that would require partial or complete evacuation. Also, a large external disaster could overtax District resources to the point that it also becomes an internal disaster.

B. External – A major fire, flood, earthquake, explosion, air or ground vehicular accidents, hazardous materials spill/release, or any other major emergency outside of District facilities that produces multiple victims requiring timely treatment of mass casualties.

II. Procedures

A. Determining Need for Emergency Operations Plan Activation

1. Upon direction of the Incident Commander, the PBX Operator notifies the HICS team via paging system "Code Triage, Alert" (3x).
 - a. When an emergency or unusual event impacts the District, the primary leaders for the Hospital Command Center (HCC) report to the HCC for an early stage Code Triage.
 - b. Staff who report to the HCC include those who fill the following key roles in the **HICS model**:
 1. Incident Commander:
 2. Safety/Security Officer
 3. Liaison Officer
 4. Public Information Officer (PIO)
 5. Logistics Chief
 6. Planning Chief
 7. Operations Chief
 8. Finance Chief
 9. Facility Unit Leader

10. Medical Staff Director

2. The HICS team will analyze the situation and determine the level of response.

B. Code Triage – Emergency Operations Plan Activation

1. The Incident Commander authorizes the PBX Operator to announce the Code Triage and implements HICS to the extent required.

2. Hospital-Wide Announcement

a. Incident Commander/Administrator On Call/Director On Call/CEO will determine if Code Triage needs to be activated.

b. Approved list from (A.) will contact the PBX Operator x44 to make the overhead announcement: "Code Triage" (3x).

c. Approved list from (A.) will contact the ISS Help Desk x2280 to activate the Cisco phone digital display (Berbee) on all district phones and to notify leadership staff via xMatters alert system.

Example of verbiage for Cisco Phone Display (Berbee): Code Triage: ED still experiencing high volumes. Inpatient and Mental Health also with high volumes. Capacity is improved, will continue to work to move patients. Possible staffing needs tonight. More information to follow.

Example of verbiage for xMatters: Code Triage: ED still experiencing high volumes. Inpatient and Mental Health also with high volumes. Capacity is improved, will continue to work to move patients. Possible staffing needs tonight. More information to follow.

C. Response Procedure

See attached Plan Activation Checklist and flowchart (Appendix B & C).

D. Functional Areas

See attached table, "Functional Areas during Activation of the Emergency Operations Plan." (Appendix D)

E. Emergency Supplies, Disaster Kits and MOUs

Kaweah Health will maintain a minimum stockpile of emergency supplies and ensure immediate access to critical materials including pharmaceuticals, medical supplies, food, linen, industrial and potable (drinking) waters as needed. The hospital will maintain Memoranda of Understanding (MOUs) with vendors to receive priority shipment of critical supplies in the event of an emergency.

See attached table, "Emergency Supplies." (Appendix E)

F. Termination of Code Triage

1. The decision to terminate the Code Triage will be made by the Incident Commander, in coordination with the authority having jurisdiction and other involved civil or military authorities.

2. When the Code Triage is terminated, the Incident Commander notifies the PBX Operator, who makes the overhead announcement, "Code Triage, All Clear" (3x).

Note: See Appendix for form:

Department Emergency Status Report

"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."

CODE TRIAGE – PLAN ACTIVATION**INCIDENT COMMANDER CHECK LIST- House Supervisor, AOC or Designee**

- ☐ Establish HCC.(Temp at MSC Auditorium or as specified by IC)
- ☐ Assess situation and activate HICS to the extent necessary to manage the incident.
- ☐ Direct PBX Operator for all overhead emergency announcements.
- ☐ Brief managers and medical staff on anticipated impact and update them on the event's status.
- ☐ Provide leadership for HICS Command Team (see Incident Commander Job Action Sheet).
- ☐ Determine when the incident has been stabilized to the point where normal hospital operations may be resumed and deactivate HICS. Authorize PBX Operator to announce "All Clear."
- ☐ Conduct an incident debriefing as soon as possible following the deactivation of Code Triage.

Note: The Incident Commander has ultimate responsibility and authority for decision-making during Emergency Operations Plan activation.

PBX OPERATOR / HELP DESK ANALYST CHECKLIST

- ☐ As directed by Incident Commander/Administrator On Call/Director On Call/CEO. PBX Operator implements "Code Triage, Alert" to summon key HICS staff to the HCC.
- ☐ PBX Operator announces: "Code Triage" (3x)
- ☐ Help Desk will send Cisco phone message (Berbee) to all digital hospital phones.
- ☐ Help Desk will send xMatters to all Leadership staff.
- ☐ Help Desk will send xMatters to all staff, if requested by Incident Commander/Administrator On Call/Director On Call/CEO.

DEPARTMENT MANAGERS CHECKLIST

- ☐ Implement hospital and department disaster-specific plan.
 - ☐ Inventory personnel, supplies, equipment, victims and injuries on your *Emergency/Disaster Status Report* and send to HCC via runner.
 - ☐ Report all needs and concerns via HICS Chain-of-Command.
- At Code Triage:
- ☐ Complete Department Status Form and fax to Incident Command Center #713-2332.
 - ☐ Send surplus staff to Labor Pool.
 - ☐ Activate staff call backlists to summon off-duty staff if requested.
 - ☐ Report to Incident Command Center for assignment.
 - ☐ Update HCC on department status as needed or requested. Stand by for further instructions from HCC.
 - ☐ Participate in incident debriefing as requested.

STAFF RESPONSE CHECKLIST

If Off-Duty:

- ☐ Secure home and family (and pets), then
- ☐ If you have a pre-assigned emergency duty through HICS, report for work automatically and do not wait for contact from Kaweah Health.
- ☐ If you do not have a pre-assigned emergency duty, stay tuned to television news broadcasts or the following radio stations: KMJ 580.
- ☐ Be prepared to report for an emergency assignment.
- ☐ If the broadcast message indicates, or if you do not hear a broadcast message within two hours after a major event, call the Employee Emergency Phone Line: 559-624-2008 .
- ☐ The message will specify where and when to report.
- ☐ Leave a message on the phone line giving your status and the time you will be able to arrive at the assigned work location.
- ☐ If summoned, wear ID badge and bring appropriate license.

If On-Duty:

- ☐ ~~Follow instructions in the Emergency Management Manual.~~
- ☐ All unassigned or available hospital staff must report to the Labor Pool.
- ☐ Remain at hospital and perform duties as assigned. Wear your ID badge at all times.
- ☐ If you are evacuated from a building, check in at your assigned Evacuation Assembly Area.

EMERGENCY DEPARTMENT CHECKLIST

- ☐ The ED Team Leader will report all incident-related messages from StatusNet Communications system or EMS Agency Duty Officer to the Incident Commander at HCC.
- ☐ When the emergency incident/disaster involves the potential for large numbers of victims arriving to the ED, the Operations Chief will appoint a HICS Medical Care Director/Treatment Areas Supervisor to direct the activation, emergency operations and assignment of HICS Unit Leaders for functional treatment areas required during activation of the Emergency Operations Plan. The HICS Unit Leader positions will be assigned on the basis of staff availability and experience.
- ☐ Call Central Logistic to request the ED Disaster Carts.
- ☐ ED Team Leader to refer to ED specific "Disaster Cheat Sheet" for more detailed actions.
- ☐ Directions for activation (HICS Job Action Sheets) of treatment areas will be distributed to the HICS Unit Leaders by the HICS Medical Care Director/Treatment Areas Supervisor.
- ☐ Supplies for the Triage and Treatment areas are located in the ED supply room and in pre-positioned MCI Supply trailers. ED Charge Nurse/Nursing Shift Supervisor has keys.
- ☐ Treatment Areas Unit Leaders communicate staff overload issues during a Code Triage to the Treatment Areas Supervisor, who will discuss with the Medical Care Director/Operations Chief.

ALL CLEAR

At the conclusion of a disaster, the Incident Commander will notify the PBX Operator to overhead page, "Code Triage, All Clear" (3x) and notify other medical facilities and government agencies as appropriate. Return to your normal work duties, unless otherwise directed.

Note: Following the emergency incident, the Department Manager(s) of the affected area(s) shall fax an *Emergency Occurrence/Drill Critique* to the Safety Office within 24 hours: 559-713-2204.

WEST CAMPUS ONLY

When an emergency incident has the potential to overwhelm day-to-day operations, the decision to start preparing or activating a plan for an internal or external disaster will be made by the Incident Commander/Administrator On-Call/ Director On-Call/ CEO.

- Upon being advised by leadership to call PBX and notify of *Code Triage Alert* or *Code Triage*:
- Call PBX at Ext. 44 and (when calling, let PBX operator know your calling from the **West Campus and location**) to announce a "Code Triage Alert or Code Triage" and provide the following to the operator

- Follow the activation response for policy Code Triage Alert or Code Triage - **DM2201**
- Code Triage Alert** is planning for a possible disaster
- Code Triage** is an actual disaster.

PBX Checklist

As directed by Incident Commander/Administrator On Call/Director On Call/CEO.

- PBX Operator implements "Code Triage/ Alert" to summon key HICS staff to the HCC
- PBX Operator announces: "Code Triage" (3x)
- Help Desk will send Cisco phone message (Berbee) to all digital hospital phones
- Help Desk will send xMatter to all Leadership staff
- Help Desk will send xMatter to all *staff*, if requested by Incident Commander/Administrator On-Call/ Director On-Call/CEO
- Follow the activation response for policy Code Triage Alert or Code Triage - **DM2201**
- At the conclusion of a disaster, the Incident Commander will notify the PBX Operator to page via Cisco phones, "Code Triage Alert/ Code Triage, All CLEAR" (3x) for West Campus and location *ONLY* and notify other medical facilities and government agencies as appropriate. Return to your normal work duties, unless otherwise directed

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Functional Areas during Activation of the Emergency Management Plan

Appendix D

Functional Area	Location		Essential Activity	Responsible Person
	Primary	Secondary		
Clinical Admitting	Admitting	TBD	Complete admission paperwork and locate bed assignment	Bed Control in collaboration with the Nursing Unit Leader
Decontamination Area	Emergency Department Decon Shower	N/A	For chemical and radioactive decontamination	Decon Unit Leader
Delayed Treatment Area			Care of dying and those who may be treated when time and staff permit	Delayed Treatment Unit Leader
Dependent Care Area	Kaweah Kids		Care for staff dependents who have no alternative care arrangements	Dependent Care Unit Leader
Discharged Patients Holding Area	Acequia Wing Lobby		Hold discharged patients until transportation is available	Discharge Unit Leader
Employee/Physician Entrance	Admin Entrance	Lobby Entrance	Controlled access to hospital	Medical Staff Labor Pool and Labor Pool Unit Leaders
Holding Area for Patients Waiting to be Admitted	Main Lobby		Waiting area for patients awaiting inpatient beds	Immediate Treatment Unit Leader
Hospital Command Center (HCC) (GSH)	MSC Auditorium	Admin Conf Room	Command area	Incident Commander
Satellite HCC at West Campus	Rehab Charting Room		Command area	West Campus Incident Commander
Satellite HCC at South Campus	Subacute Station A			South Campus Incident Commander
Immediate Treatment Area	Emergency Department		Treatment of critical and serious patients	Immediate Treatment Unit Leader
Labor Pool – Main Campus	Cafeteria	MCS Auditorium	Organize and assign personnel	Labor Pool Unit Leader
Labor Pool – South Campus	Cafeteria	TBD	Organize and assign personnel	Labor Pool Unit Leader
Labor Pool – West Campus	Rehab Cafeteria	TBD	Organize and assign personnel	Labor Pool Unit Leader

Functional Area	Location		Essential Activity	Responsible Person
	Primary	Secondary		
Logistics Command Post	Blue Room	Maintenance Upstairs	Manage the provision of material/supply resources, nutritional resources and the safe environment	Logistics Chief
Media Area	Acequia Wing Lobby	SSB Emerald Room	Provide information to news media, coordinate all internal and external communication	Public Information Officer
Medical Staff Pool	Medical Staff Offices		Organize and assign medical staff	Medical Staff Unit Leader
Minor Treatment Area and Non-emergent First Aid	Emergency Dept Zone 6		Walking wounded and stable patients treated	Minor Treatment Unit Leader
Morgue	Morgue	Medical Waste Storage Area	Deceased victims	Morgue Unit Leader
Operations Command Post	MSC Auditorium		Manage the medical mission of the hospital, including all nursing units and supportive and ancillary units	Operations Chief
Patient Information Area	Surgery Center Waiting Room		Victims' families receive information	Patient Information Officer
Relative Waiting Area	Surgery Center Waiting Room		Victims' families receive information	Patient Information Officer
Security Command Post	Security Offices	VP Operations' Office	Monitor security cameras, assign Security Officers, answer calls	Safety/Security Officer
Staff Rest/ Nutrition Area	4th Floor Conference Room	Cafeteria	Provision of a staff rest area, food and drink, information updates and psychological support	Staff Support Unit Leader
Triage Area	Outside Emergency Department		Patients triaged	Triage Unit Leader
Visitor/Relative's Entrance	AW Lobby Entrance	Main Entrance	Controlled access to hospital	Safety & Security Officer

Code Triage- Activation Plan			
1.	Communication equipment: 800 MHz handheld radios - Emergency Cell phones - Laptops, Cellular Hot Spots	PBX / ISS	
2.	Decontamination Equipment, including - Personal protective equipment (PPE) - Plastic tarps, tents, frames - Shower curtains - Privacy screens - Showers - Liquid soaps and towelettes - Water supply - Fan - Trash/laundry receptacles and bags	t Emergency Trailer located in Physician Lot and Decontamination shower outside of Emergency Department	N/A
3.	Decontamination Unit (Portable)	Emergency Trailer	N/A
4.	Disaster Kits (recommended supplies) - Heavy work gloves - Crowbar - Flashlight and batteries - Waterless soap - Duct tape - Blue tape (for sealing windows) - Super Bar (to open jammed doors or cabinets, etc.)	Onsite Maintenance	N/A
5.	Evacuation Equipment - Stryker Evac Chairs - Evacusleds	Mineral King Floors 3 rd and 4 th floor. Mineral King Wing beds	N/A
6.	Evacuation Maps	Onsite	N/A
7.	First Aid Supplies	Onsite	N/A
8.	Food Supplies	Kitchen/Creekside	N/A
9.	HICS vests	Hospital Command Center (HCC)	N/A
10.	Lighting - Portable emergency lighting - Extension cords - Flashlights	Plant Operations Emergency Trailer Departments	N/A
11.	Linen	Laundry	MOU
	1 Box 20 gauge IV Catheters 1 Box 18 gauge IV Catheters 1 Box 16 gauge IV Catheters 10 boxes Exam Gloves small 10 boxes Exam Gloves medium 10 boxes Exam Gloves large 2 boxes Exam Gloves extra large	Units	
12.	Pharmaceuticals - Standard emergency medications - Other specific drugs as indicated by the incident	Contact Pharmacy Director or Emergency Management Coordinator for	N/A

14.	Incident Command Cart	Hospital Command Center (HCC)	N/A
	Code Triage- Activation Plan		9
		location of cache.	
13.	Medical Supply Disaster Carts: Water (potable), Supplemental in-tank and bottled water (200 L bottles) 5 Adult Ambu-Bags (Bag-Valve Mask Device) 5 Pediatric Ambu-Bags (Bag-Valve Mask Device) 5 Anesthesia Bags (To provide ventilation to an infant or newborn) 10 Pediatric O2 Masks 10 Adult Non-Rebreather O2 Masks 20 Hand Held Nebulizers (for breathing treatments). Possibly stocked in Respiratory. 2 Box disposable tongue depressors. 2 IV Pumps 20 Secondary IV Set (To hang IV Piggybacks) 5 boxes alcohol preps 5 Yankauer Suction Catheters 5 Suction catheters 8 French 5 Suction catheters 10 French 5 Suction catheters 14 French 5 Suction catheters 18 French 5 Suction Connection Tubings 5 Suction Canisters 5 Stethoscopes 5 Manual BP Cuffs Adult Size (Not the disposable cuffs that are designed for use on a machine) 5 Manual BP Cuffs Pediatric Size 40 bags IV Normal Saline 1000 mL 10 bags IV Normal Saline 250 mL 10 bags IV D5W/0.25% Normal Saline 1 Box 24 gauge IV Catheters 1 Box 22 gauge IV Catheters	Central Logistics – the three Disaster Carts would be delivered to the ED	In Progress



Subcategories of Department Manuals
not selected.

Policy Number: DM 2202	Date Created: 03/14/2008
Document Owner: Maribel Aguilar (Director of Physical Environment)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Code Blue/Code White Activation	

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

Policy

This policy is designed to provide a coordinated and effective response by a trained team of professionals to cardiopulmonary arrest.

Definitions:

Code Blue: Adult CPR Medical Emergency

Code White: Pediatric Medical Emergency

Procedure

A. Background

In the event of a cardiopulmonary arrest the assigned Code Blue Team members will respond to the location of the arrest. All other personnel are to stay out of the area unless assigned by the team leader. Please refer to PC.189 policy and procedure in the Patient Care Manual.

B. Response

See attached checklist and flowchart.

CODE BLUE/WHITE – Medical Emergency

Purpose: To provide assistance if you witness or become aware of a medical emergency involving a fellow employee, patient or visitor at the hospital.

STAFF RESPONSE CHECKLIST

When you are the first person to find a patient, visitor or employee who appears to be a victim of a medical emergency or to be in life threatening distress, immediately initiate the following:

If the victim is in an area of the hospital where a physician or nurse is nearby:

- ☐ Yell for help.
- ☐ The physician or nurse will assess the situation.
- ☐ If there is a cardiac/respiratory arrest or medical emergency the Physician or Nurse will direct staff at the Downtown Campus to dial Ext. 44 to report a Code Blue/Code White with the location. Off-site facilities will call **9-911**.
- ☐ If trained in CPR, initiate.
- ☐ Await the arrival of the Code Blue Team.

If the victim is in an area of the hospital where no physician or nurse is present but other people are present:

- ☐ Yell for help – Direct responder at the Downtown Campus to dial Ext. 44 to report situation and location.
- ☐ Remain with victim until the Code Blue Team arrives. Off-site facilities will call **9-911**.
- ☐ If trained in CPR, initiate. If not trained in CPR, attempt to arouse victim.

If the victim is in an area of the hospital where no one else is present but you:

- ☐ Go to the nearest phone and dial Ext. 44 to at the Downtown Campus report situation and location.
- ☐ Return to the victim and initiate CPR, if trained, and await Code Blue Team arrival.

If the victim is in an area on campus but not in the main hospital buildings:

- ☐ Go to the nearest phone and dial 911.
- ☐ Return to the victim and initiate CPR, if trained, and await paramedics.

If the victim is in an outside facility - not in the main hospital buildings:

- ☐ Yell for help
- ☐ Go to the nearest phone and dial **9-911**.
- ☐ Return to the victim and initiate CPR, if trained, and await paramedics.

PBX Checklist

- ☐ Announce "Code Blue" or "Code White" (2x) and state the location over PA system.
- ☐ Do not announce over the PA the following locations, OR, CVOR, OBOR.
- ☐ Immediately send out a page via paging system.

All Clear

After "Code Blue, All Clear" is announced (2x), return to your normal work duties, unless otherwise directed.

WEST CAMPUS ONLY

When you are the first person to find a patient, visitor or employee who appears to be a victim of a medical emergency or to be in life threatening distress, immediately initiate the following:

If the victim is **on campus**:

- ☐ Yell for help
- ☐ **First**, call or designate someone to dial 911
- ☐ Call, or designate someone to call the PBX operator by dialing Ext. 44 (when calling, let PBX operator know your calling from the **West Campus** and to indicate the code with **location**)
- ☐ Return to the victim and initiate CPR, if trained, and await paramedics
- ☐ Follow the activation response for policy *Code Blue/Code White DM2202*

If the victim is *outside - not inside a campus building*:

- ☐ Yell for help
- ☐ Call, or designate someone to dial 911
- ☐ Call, or designate someone to call the PBX operator by dialing Ext. 44 (when calling, let PBX operator know your calling from the **West Campus** and to indicate the code with **location**)
- ☐ Return to the victim and initiate CPR, if trained, and await paramedics
- ☐ Follow the activation response for policy *Code Blue/Code White- DM2202*
- ☐ When "Code Blue/ Code White" is instructed to be "ALL CLEAR", call Ext. 44 and let them know they can clear the Code.
- ☐ When "Code Red, All Clear" is announced via Cisco phone, return to your normal work duties unless otherwise directed. Security and the Department Person in Charge will complete an *Incident Report*

PBX Checklist

- ☐ Announce " Code Blue/Code White" (2x) and state the **location** over the PA system at **West Campus ONLY**.
- ☐ Follow the same process by notifying Security of the Code at West Campus *via hand held radio*

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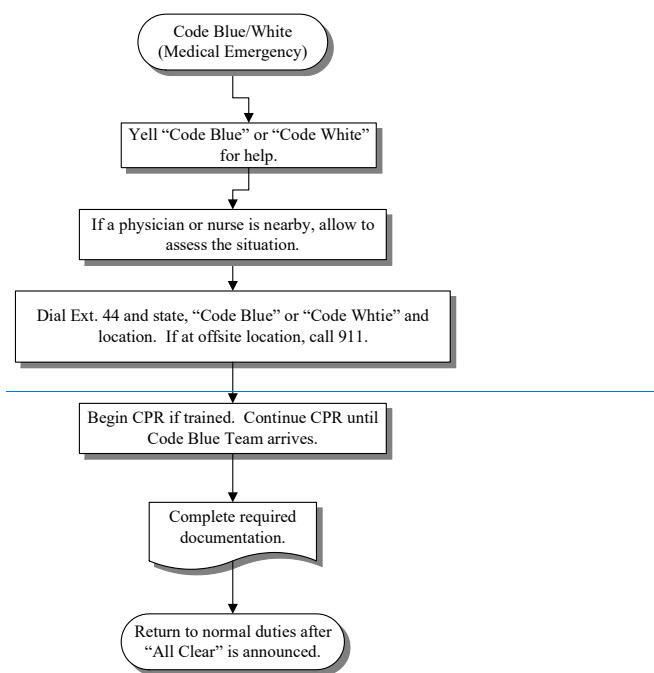
☐ Follow the activation response for policy *Code Blue/Code White- DM2202*

☐ When being notified by the West Campus to clear Code Blue/Code White, follow the same process by announcing the ALL-CLEAR via Cisco phones (2x) and state the location over PA system at the West Campus *ONLY*

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Emergency Management Manual
Code Blue /White - Medical Emergency



"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."



Subcategories of Department Manuals
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Policy Number: DM 2203	Date Created: 07/01/2011
Document Owner: Maribel Aguilar (Director of Physical Environment)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Code Gray- Activation Plan	

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

POLICY

Code Gray is designed to show a coordinated team response to protect our employees and others from any potential aggressor. The hospital has “zero tolerance” for violence.

In situations where hospital staff, physicians, or visitors are not comfortable due to persons becoming aggressive, abusive, or threatening in any manner, a CODE GRAY may be called. This will initiate help, first from any personnel in the immediate area, and secondly from a follow-up team as described below. The intent of declaring a CODE GRAY will be to immediately have additional personnel show up, not necessarily to intervene directly, but to demonstrate a presence of other people in the area. The person calling the CODE GRAY will have the opportunity to request additional help or to dismiss staff responding.

Extremely violent situations will require a different approach. This area should be considered OFF LIMITS by initiating a Code Silver (See Policy #2204 Code Silver). Calling additional staff members to the scene puts additional people at risk. Calling an area OFF LIMITS will signal a STAT page to security and the Nursing Supervisor. The Visalia Police Department would be notified immediately when any person reports that an individual is threatening violence with a weapon.

Procedure

A. Response

See attached checklist and flowchart.

B. Supporting Information

1. Combative or abusive behavior can be displayed by anyone; a patient, a patient's family member, staff, staff family members, or acquaintances of employees and patients. Combative or abusive behavior can escalate into a more violent episode. A comprehensive workplace violence prevention policy should include procedures and responsibilities to be taken in the event of a violent incident in the workplace.
2. Recognize early warning signs. The following are examples of warning signs but are not all inclusive.
 - a. Direct or verbal threats of harm.

- b. Intimidation of others by words and or actions.
- c. Refusing to follow policies.
- d. Hypersensitivity or extreme suspiciousness.
- e. Extreme moral righteousness.
- f. Inability to take criticism of job performance.
- g. Holding a grudge, especially against supervisor.
- h. Often verbalizing hope for something to happen to the other person against whom the individual has the grudge.
- i. Expression of extreme desperation over recent problems.
- j. Intentional disregard for the safety of others.
- k. Destruction of property.

Emergency Management Manual

CODE GRAY – ABUSIVE/ASSAULTIVE BEHAVIOR

Purpose: To provide a safe and secure healthcare environment for patients, visitors, volunteers, physicians and employees. Also, to assist employees in managing and/or de-escalating the situation by a show of support, to gain the cooperation of the abusive or assaultive person, or to subdue and restrain the individual if necessary.

Note: If the situation involves a weapon, immediately notify PBX of “Code Silver and location.”

The Hospital Incident Command System (HICS) is not activated for a Code Gray unless the incident disrupts day-to-day hospital operations.

STAFF RESPONSE CHECKLIST

In the event a situation with an angry, belligerent or threatening person has escalated or has the potential to escalate; or, in the event of imminent danger where there is a potential for a violent or criminal act to occur; or, when a violent or criminal act is in progress:

- ☐ Dial the District operator at Ext. 44. Provide the operator with the following:
 - ☐ Where you are and where the incident is occurring
 - ☐ Description and number of person(s) involved. Do not hang up until the operator has all your information.

Verbal Abuse:

- ☐ Use a calm voice and attempt to verbally de-escalate the situation.
- ☐ If verbal abuse continues, call a second person to assist you.
- ☐ Move patients away from the hostile person, if safe to do so.
- ☐ Step back from person and try to get a barrier between you and the person.
- ☐ Direct others away from the area.

Physical Battery:

- ☐ Protect yourself and others from blows, attempt to get away from the person/area and defend yourself as necessary for personal safety.
- ☐ Put distance and/or barrier between the parties involved – only when safe to do so. Do not attempt to confront the person(s).
- ☐ Remove patients, staff and visitors from the immediate area. Remain calm and reassure those around you.
- ☐ Provide assistance and medical help for all injured persons when safe to do so.

Documentation to Complete:

- ☐ Per normal procedures, if employee is injured:
- ☐ Employee completes Incident Report and submits to supervisor, who completes, signs and forwards report to Risk Management

If you hear a “Code Gray” announcement:

- ☐ Trained available personnel respond to the Code and take direction from Nursing Supervisor, charge staff or Security Officer.
- ☐ Stand by for further instructions.
- ☐ Provide assistance as requested.

If you are at an off campus site: In the event a situation has escalated and a violent or criminal act occurs call 911.

PBX CHECKLIST

- ☐ When notified of a violent or potentially violent situation, immediately overhead page "Code Gray and location" (2x).
- ☐ Notify Security via radio.

CHECKLIST-SOUTH CAMPUS

When notified of a violent or potentially violent situation, immediately overhead page to South Campus "Code Gray and location" (2x).

Send out a Berbee page and Berbee message to South Campus.

Notify Security via radio.

Notify Nursing Supervisor. (And notify police if instructed to do so by Nursing Supervisor by dialing 9-911.)

SECURITY CHECKLIST

Upon notification of the potential for or actual occurrence of a violent or criminal act:

Dispatch Security personnel to the location as appropriate.

- ☐ When responding to the scene and approach with caution. When using force, Security will use only the minimum amount of physical force necessary to restrain or protect the individual from self-injury and/or from injuring others.

If situation has potential to disrupt hospital operations:

- ☐ Notify Nursing Supervisor.
- ☐ Direct PBX to announce by overhead page "Code Gray, location."
- ☐ Monitor and coordinate incident per department procedures. Control crowds and provide direction at the scene.
- ☐ Request help from the police department if necessary or call in extra Security staff for long-term incidents.
- ☐ If warranted, the Security Officer will file an Incident Report. Officers will determine if a report should be filed with law enforcement.

WEST CAMPUS ONLY

In the event a situation with an angry, belligerent or threatening person has escalated or has the potential to escalate; or, in the event of imminent danger where there is a potential for a violent or criminal act to occur; or, when a violent or criminal act is in progress:

- ☐ Call PBX at Ext. 44 and (when calling, let PBX operator know your calling from the **West Campus and location**) to announce a "Code Gray" and provide the following to the operator

- ☐ Location of where the incident is occurring
- ☐ Description and number of person(s) involved

- ☐ Follow the activation response for policy Code Gray- **DM2203**

- ☐ In the event a situation has escalated, and a violent or criminal act occurs call **911**

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

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

PBX Checklist

☐ When notified of a violent or potentially violent situation, immediately announce via Cisco phone "Code Gray and location" (2x) at *West Campus ONLY*

☐ Notify Security via handheld radio

☐ Follow the activation response for policy Code Gray- **DM2203**

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

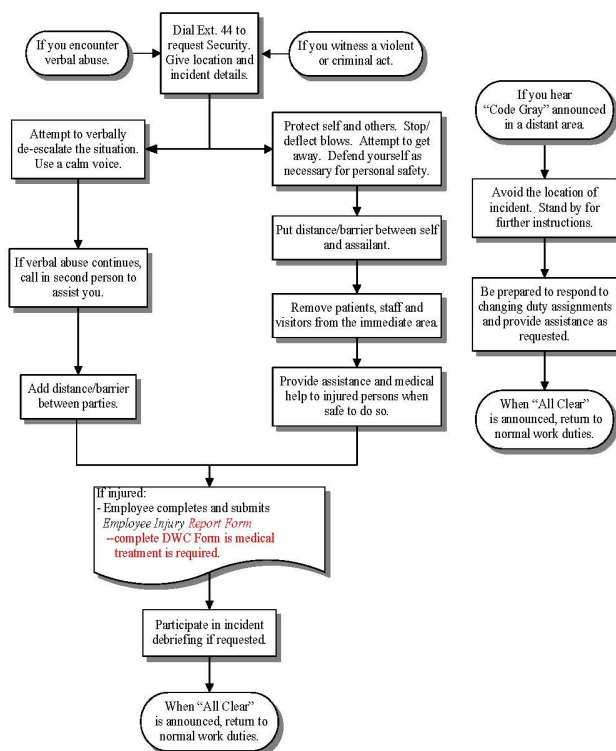
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Emergency Management Manual
Code Gray - Abusive/Assaultive Behavior



DMG203
Page 5 of 5

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Subcategories of Department Manuals
not selected.

Policy Number: DM2204	Date Created: 03/01/2008
Document Owner: Maribel Aguilar (Director of Physical Environment)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Code Silver-Activation Plan	

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

I. Policy

To establish guidelines to be followed in the event that an individual is brandishing or using a weapon, or there is a hostage situation.

II. Procedure

~~When an employee believes an event is occurring in the hospital, with an individual brandishing or using a weapon or a hostage situation, they must notify Security, the Nursing Supervisor and Administration immediately by dialing Ext. 44 and giving the nature of the incident, the exact location and if possible, the number of suspects, and the names of the hostages to the PBX Operator. Outside facilities will dial 911 followed by Ext. 44.~~In the event an employee believes an incident is occurring within the hospital involving an individual brandishing or using a weapon, or a potential hostage situation, the employee must immediately notify Security, the Nursing Supervisor, and Administration. To initiate the response, dial Ext. 44 and provide the PBX Operator with the following information: Nature of the incident Exact location Number of suspects (if known) Names of any hostages (if known)

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For outside facilities: Dial 911 first, then call Ext. 44 to report the situation internally.

A. The following steps should be taken without delay:

1. PBX Operator will dial 911 and report the situation (i.e. person with a weapon and type of weapon, active shooter, hostage) to the Visalia Police Department.
2. PBX will overhead page "Code Silver and Location". PBX will notify the ISS Help Desk and they will announce through Berbee message on all Cisco Phones."
3. PBX Operator will notify Security by two-way radio giving the location and nature of the incident.
4. PBX Operator will notify the Administrator on Call and the Manager of Security.
5. If after hours, the Administrator on Call will be notified by PBX Operator and immediately report to the location of the incident.
6. Staff will follow Staff Response Checklist: evacuate when possible and shelter in place, close all doors and reassure patients and visitors.

7. Security Officers will respond to confirm the event, secure the perimeter and ensure no one enters the area. When possible, Security will rope off with yellow caution tape or secure doors.
8. The Administrator on Call and/or Nursing Supervisor and Security Officer will obtain any information from witnesses, i.e., number of suspects, weapons involved, and number of hostages to be given to the appropriate authority, i.e., Visalia Police Department.
9. The House Supervisor or the Administrator on Call will establish the Hospital Command Center (HCC) in the executive conference room or other designated area and initiate the Hospital Incident Command System (HICS) to the degree necessary.
10. In the event of a hostage situation, at no time will any demands or requests from the assailant be met prior to the arrival of law enforcement agencies.
11. The following members of the management staff will be called by Administrator on call or House Super and meet in the established HCC of the specified location:
 - a. Administrator on Call
 - b. Director on Call
 - c. House Supervisor
 - d. Security Manager or designee
 - e. Director of Risk Management or designee
 - f. Director of Facilities or designee
 - g. Safety Officer or designee
 - h. Director of Marketing or designee
 - i. Director of Chaplain Services or designee
12. Upon the arrival of law enforcement, the Officer in Charge will act as the negotiator with the suspect(s).
13. The hospital's Public Information Officer (PIO) will be assigned a designated area for the gathering of the news media.
14. Hostages' relatives arriving at the hospital will be placed in a secure location away from the news media and the hostage containment area.
 - a. Patient Family Services staff will be assigned to assist the hostage's relatives and the Psychological Support Unit Leader will man the area.
15. Hostages' relatives will be kept informed by a member of the administrative team or by a law enforcement representative.
16. No information will be released to the news media without the approval of the Hospital Incident Commander, Public Information Officer (PIO) and law enforcement.
17. Law enforcement, in conjunction with the Hospital Incident Commander, is in charge of the hostage negotiations and the possible need to evacuate and/or halt activities surrounding the hostage area.

CODE SILVER – PERSON WITH A WEAPON AND/OR HOSTAGE SITUATION
--

- Purpose:** To provide assistance to anyone who is confronted by a person brandishing a weapon or who has been taken hostage on District property. Weapons include firearms and all other potentially deadly weapons such as knives, bats, batons, etc.
- Procedure:** In the event someone brandishes a weapon, Kaweah Delta Health Care District hereinafter referred to as Kaweah Health (KH) will activate the following Code Silver procedure to warn personnel and summon the Visalia Police Department.

INCIDENT COMMANDER CHECKLIST

If the scope of the incident requires HICS activation, the hospital Incident Commander assumes overall responsibility for hospital emergency operations, in collaboration with law enforcement.

If the incident has potential to disrupt hospital operations:

- ☐ Activate HICS.
- ☐ Direct PBX regarding all Code Silver-related overhead pages, in collaboration with law enforcement.
- ☐ Direct PIO to contact the families of identified hostages and serve as liaison with media. (Ensure that all official statements are coordinated with the police before being released.)
- ☐ As soon as the incident is cleared, direct PBX to announce by overhead page “Code Silver, All Clear.”

STAFF RESPONSE CHECKLIST

If you encounter a person brandishing a weapon:

- ☐ Seek cover/protection and warn others; evacuate if possible.
 - ☐ Dial the operator at Ext. 44 and Security will respond. Provide PBX with the following:
 - ☐ Where you are and where incident is occurring.
 - ☐ Description and number of suspects.
 - ☐ Number and location of hostages.
 - ☐ Number and type of weapons involved.
 - ☐ Come to the aid of others when safe to do so, removing patients, staff and visitors from immediate area.
 - ☐ **Do not** attempt to confront the individual(s). Remain calm; reassure patients, staff and visitors.
 - ☐ Attempt to keep others out of the area.
- Note:** If Code Blue team is needed, call PBX to overhead page “Code Blue” assistance to the scene *when the scene is secure*. **Do not** put Code Blue team at risk.

If you hear “Code Silver”:

- ☐ **Stay away from the area specified in “Code Silver.”** This is an extremely dangerous and sensitive situation that should only be handled by trained authorities.
- Employees in the affected or immediate area of on the same floor adjacent to the “Code Silver” location:**
- ☐ Close and barricade doors to patient areas or rooms to “shelter-in-place”.
 - ☐ Where feasible and safe, evacuation may be initiated by using fire evacuation routes and fire stairwells at the direction of the area Manager or designee. Extreme caution shall be exercised in determining whether or not an evacuation will be initiated.
 - ☐
- Employees in all other locations shall initiate a shelter-in-place response and remain at the location until an “all clear” announcement is made:**
- ☐ Close/secure all patient and unit exit doors. Close and barricade doors leading in the department to “shelter in place”. Do not allow visitors or patients to leave the safety of the unit.
 - ☐ Remain calm and quiet reassuring patients and visitors the situation is being managed.
 - ☐ Refrain from calling the operator or Security Department to inquire about updates. The “all clear” announcement will be made when the incident is stabilized and under control.

- ☐ Do not discuss situation; refer media inquiries to the Public Information Officer (PIO).
- If you are taken as a hostage:**
- ☐ **Do everything the hostage-taker says to do.**
- ☐ Be especially careful during the first 5 minutes, as the captor is probably as desperate and nervous as the victim.
- ☐ Speak only when spoken to, do not make wisecracks.
- ☐ Try not to show emotions openly, captors play off emotions and take advantage of emotional weaknesses.
- ☐ Sit down if possible to appear less aggressive.
- ☐ Act relaxed as this may relax the hostage-taker.
- ☐ Weigh carefully any chance to escape to be sure that escape is certain and no one else is endangered.
- ☐ Be patient, help is coming. Have faith in negotiators.
- ☐ Do not make suggestions to the hostage-taker. If they go wrong, the captor will think you were trying to trick him or create problems.

DM 2204

PBX CHECKLIST

- ☐ Upon notification or recognition of a situation involving a person with a weapon, active shooter, or hostage taking, announce by overhead page, "Code Silver" with the location of incident; immediately notify:
 - ☐ Visalia Police Department and provide details of situation:

☐ Location	☐ Entrance location to area
☐ Number of assailants	☐ Weapons(s)
☐ Description of assailants	☐ Number of hostages
- ☐ Maintain a phone connection between the reporting party and Security or responding law enforcement officers to keep officers updated about the situation.
- ☐ Refer staff inquiries regarding incident to the Incident Commander.
- Note:** DO NOT dispatch the Code Blue Team to Code Silver area until the police deem it safe to do so.
- ☐ Upon direction from the Incident Commander, announce by overhead page "Code Silver, All Clear."

SECURITY CHECKLIST

- ☐ When notified of a person on campus with a weapon or a hostage situation, immediately notify the Visalia Police Department (if not already done by PBX).
- ☐ Security will respond to the affected area to ascertain the threat status
- ☐ Security will lockdown the hospital building to prevent the public from entering into a hostile environment, or to keep an outside threat from entering into the facility
 - ☐ Secure area perimeter – keep others from danger. Clear bystanders from the area.
- ☐ When feasible, Security will monitor the closed circuit television to gather suspect information
- ☐ Security will meet with responding law enforcement personnel to:
 - ☐ Describe the specific area and surrounding area.
 - ☐ Number and description of suspects.
 - ☐ Number and description of hostages.
 - ☐ Number and description of weapons, if known.
 - ☐ Names of suspects and hostages, if known.
 - ☐ Preliminary demands or intentions of suspects.
 - ☐ Diagram of the area in question.

- ☐ Monitor and coordinate the incident with the Incident Commander/law enforcement per Security's policies and procedures.
 - ☐ If the HCC is not activated, assist the Incident Commander and law enforcement by establishing a command post for communications and negotiations.
 - ☐ Provide law enforcement with facility layout indicating rooms, exits, windows, utility access and phone numbers.
 - ☐ Provide logistical and manpower support.

DM 2204

MAINTENANCE CHECKLIST

- ☐ Gather maps of the affected area and report to Visalia Police Officers in area.

ALL CLEAR – STAFF RESPONSE

- ☐ When it is safe to do so, get medical help to victims if needed.
 - ☐ When you hear PBX announce "Code Silver, All Clear," return to your normal work duties, unless otherwise directed.
 - ☐ If any employee is involved in a weapons incident, Human Resources must be notified immediately.
 - ☐ Participate in incident debriefing as requested. Incident Commander, Security and the Department Person in Charge will complete an *occurrence report*.
- Note:** Following the emergency incident, the Department Manager(s) of the affected area(s) shall submit an occurrence report.

WEST CAMPUS ONLY

If you encounter a person brandishing a weapon:

- ☐ Seek cover/protection and warn others; evacuate if possible

☐ Dial the operator at Ext. 44 and Security will respond. Provide PBX with the following:

- ☐ Where you are and where incident is occurring
- ☐ Description and number of suspects
- ☐ Number and location of hostages
- ☐ Number and type of weapons involved

- ☐ Follow the activation response for policy Code Silver- **DM2204**

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

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

PBX Checklist

☐ Upon notification of person with a weapon, active shooter, or hostage taking, announce via Cisco phone, "Code Silver" with the **location** of incident;

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☐ Immediately notify Security via handheld radio *FIRST*.

☐ *THEN*, immediately notify:

☐ Visalia Police Department and provide details of situation:

☐ Location

☐ Entrance location to area

☐ Number of assailants

☐ Weapons(s)

☐ Description of assailants

☐ Number of hostages

☐ Notify Administrator on-call (AOC)

☐ Follow the activation response for policy Code Gray- *DM2204*

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

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**Kaweah Delta
Health Care District**

Subcategories of Department Manuals
not selected.



Kaweah Health

Policy Number: DM 2207	Date Created: 07/01/2011
Document Owner: Maribel Aguilar (Director of Physical Environment)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Code Red-Activation	

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

Policy

In the event of smoke or a fire, Kaweah Delta Health Care District hereinafter referred to as Kaweah Health (KH) will activate its Code Red procedure (See KH Facility Fire Response Policy #EOC 5001). The Hospital Incident Commander (Nursing Supervisor or Administrator on Call) will assume responsibility for emergency operations and activate the HICS Code Red Team.

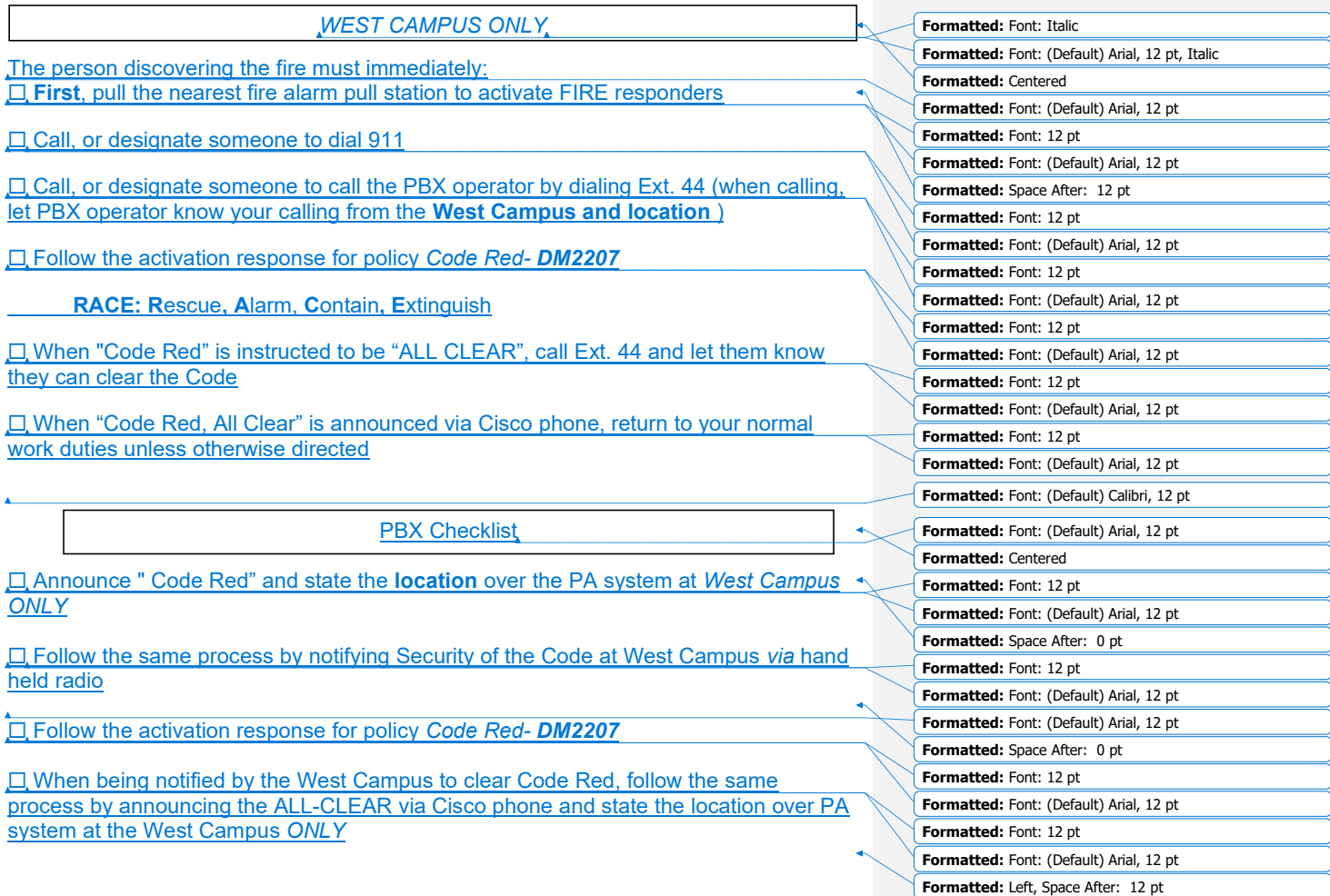
Procedure

A. The person discovering the fire must immediately:

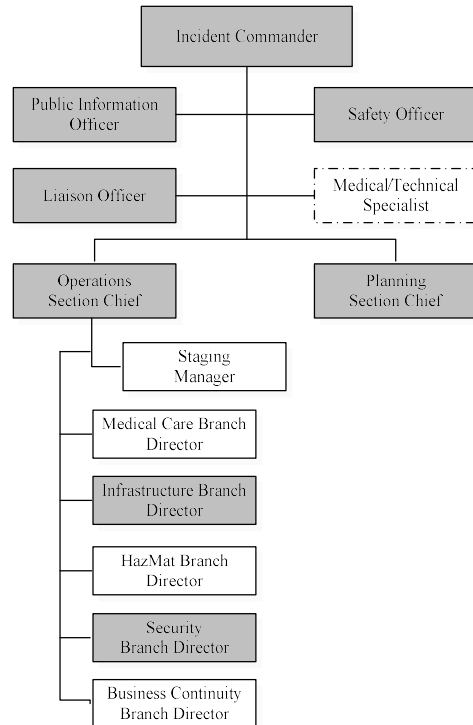
RACE

1. **Rescue** - REMOVE any persons in immediate danger.
2. **Alarm** - Communicate the presence of fire by immediately activating the nearest fire alarm pull station.
Call, or designate someone to call the operator by dialing Ext. 44 or 9-911 if no alarm is available to report the exact location and type of fire. If possible, have someone stay by the pull station to direct the Code Red responders to the site.
3. **Contain** – Close Doors
4. **Extinguish** - The fire should be extinguished if it is small and easily controllable by use of the fire extinguishers; however, all personnel in the fire area must evacuate the area as instructed in their fire response.

B. The following organizational chart represents the minimum level of HICS activation for a fire incident that requires relocation and/or has potential victims.



Fire Incident Management Team Chart - Immediate



B. Code Red Fire Alarm Response Team

1. Fire Alarm Response member roles and responsibilities:

Fire Alarm Response members are not intended to serve the role of firefighter. They are to provide assistance as required at the site of the alarm as directed by the person in charge of the scene.

General duties include:

- Respond to the site of the fire alarm.
- Use the fire extinguisher only if not directly in danger and trained in fire extinguisher use.
- Assist staff with closing doors and windows.
- Assist staff with clearing hallways of all obstructions.
- Assist with traffic control in the immediate fire area.
- Assist with removing equipment, if applicable.
- Assist in relocating patients if instructed to do so.

2. Fire Alarm Response staff members:

- Engineers
- Environmental Services
- Nursing Supervisor
- Transport Aides
- Security Officers

CODE RED – FIRE RESPONSE (ALL STAFF)

- Purpose:** To respond safely and effectively to the threat of smoke or fire (or burning odor) within KH or on its grounds.
- Emergency Operations:** The Hospital Incident Commander (Nursing Supervisor or Administrator on Call) will assume responsibility for emergency operations and activate the Hospital Incident Command System (HICS) Code Red Team. The Fire Department will respond, assume responsibility for emergency operations and authorize any evacuation. The Hospital Incident Commander will authorize "All Clear."
- Note:** A large-scale incident may develop into a Code Triage.

INCIDENT COMMANDER CHECKLIST (AOD/NURSING SUPERVISOR)

- ☐ Establish Hospital Command Center (HCC).
- ☐ Determine evacuation route (especially exit stairwell) in consultation with Fire Department/Maintenance.

STAFF RESPONSE CHECKLIST

Immediately upon discovering smoke or fire: ~~-(RACE)~~

- ☐ Rescue people in danger. (Close door when all occupants have been evacuated. Mark the door with a 10-inch "X" in the center of the door using tape or writing implement.)
- ☐ Remove all patients from corridors.
- ☐ Move all equipment to one (same) side of corridor.
- ☐ Activate the alarm and dial Ext. 44.
- ☐ Contain fire – close all doors and windows to prevent spread of smoke and flames.
- ☐ Extinguish fire if safe to do so. If the fire is small and you know you can put it out **quickly**, do so using available sources (fire extinguisher). Otherwise, do not attempt to extinguish the fire.
 - ☐ Clothing on fire: instruct person to drop and roll to extinguish flames.
 - ☐ Bed on fire: ~~smother~~; **smother** flames with blanket, remove patient and extinguish, if possible.
 - ☐ Unplug any electrical equipment in area of fire, if possible. Turn off wall oxygen in area, if possible.
 - ☐ Evacuate if area becomes unsafe to occupy.

Note: Do not use elevators in the affected building during a "Code Red."

To extinguish a small fire: (PASS)

- ☐ Pull the pin on the extinguisher.
- ☐ Aim the nozzle/hose at the base of the fire.
- ☐ Squeeze the handle.
- ☐ Sweep from side to side.

To extinguish fire on surgical patient:

- ☐ Smother small flames with saline.
- ☐ Aim water mist nozzle at flames.
- ☐ Cover wound with saline dressing.

Stand at least 10 feet back while using the fire extinguisher.

Immediately upon hearing "Code Red" overhead page:

If you are in the area specified by "Code Red":

- ☐ At the direction of the Person in Charge, relocate patients outside the fire zone, beyond the fire/smoke barrier doors per the evacuation direction diagram posted in each department. Close windows/doors and clear corridors, etc.
- ☐ Once unit is secured, make rapid rounds, checking on and reassuring patients.

If you are in an area away from the "Code Red":

- ☐ Secure unit by placing patients into rooms, closing windows/doors, clearing corridors, etc.
- ☐ Once unit is secured, make rapid rounds, checking on and reassuring patients.
- ☐ If the affected area evacuates to your unit, direct staff to prepare to receive patients. Position one staff member at unit entrance to direct staff arriving with evacuated patients to appropriate areas of receiving unit.
- ☐ Ensure initial care of patients who have been evacuated to your area, if applicable.

FOR WEST CAMPUS ONLY

The person discovering the fire must immediately:

- ☐ First, pull the nearest fire alarm pull station to activate FIRE responders
- ☐ Call, or designate someone to dial 911
- ☐ Call, or designate someone to call the PBX operator by dialing Ext. 44 (when calling, let PBX operator know your calling from the West Campus and location)
- ☐ Follow the activation response for policy Code Red- DM2207.

RACE: Rescue, Alarm, Contain, Extinguish

- ☐ When "Code Red" is instructed to be "ALL CLEAR", call Ext. 44 and let them know they can clear the Code
- ☐ When "Code Red, All Clear" is announced via Cisco phone, return to your normal work duties unless otherwise directed

PBX CHECKLIST FOR WEST CAMPUS ONLY

- ☐ Announce " Code Red" and state the location over the PA system at West Campus ONLY
 - ☐ Follow the same process by notifying Security of the Code at West Campus via handheld radio
 - ☐ Follow the activation response for policy Code Red- DM2207
 - ☐ When being notified by the West Campus to clear Code Red, follow the same process by announcing the ALL-CLEAR via Cisco phone and state the location over PA system at the West Campus ONLY
- notify you procedures

ALL CLEAR

When "Code Red, All Clear" is announced, return to your normal work duties unless otherwise directed. Maintenance, Security and the Department Person in Charge will complete an *Incident Report*.

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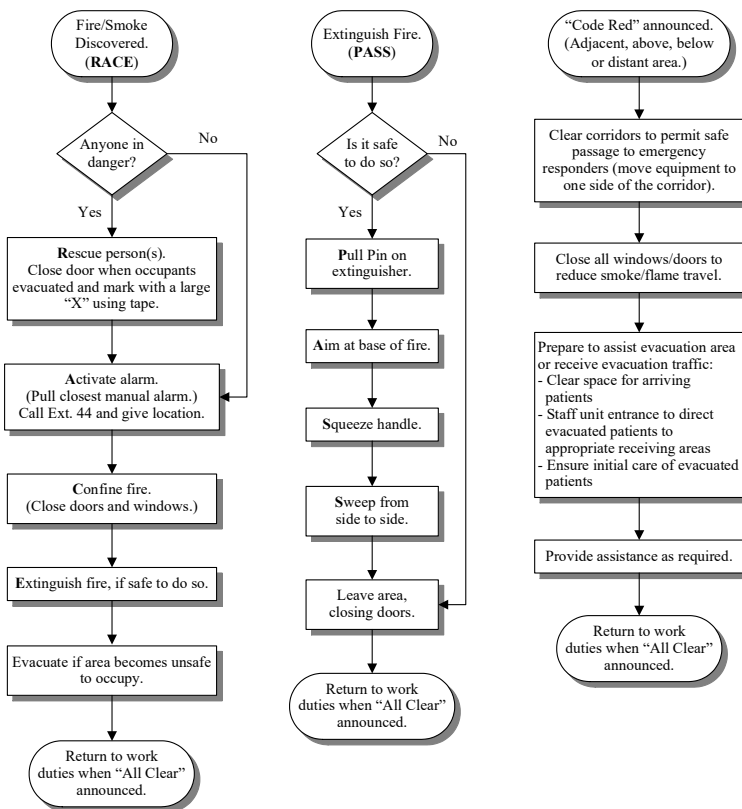
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**Emergency Management Manual
Code Red - Fire Response**



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Policy Number: DM 2208	Date Created: 07/01/2011
Document Owner: Maribel Aguilar (Director of Physical Environment)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Code Yellow – Bomb Threat	

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

Policy

All bomb threats are treated as if they are real until proven otherwise.

Procedure-See Checklist on next page

CODE YELLOW – BOMB THREAT

Purpose: To obtain as much information as possible from a caller making a bomb threat and aid in the search for a potential bomb within the hospital or on its grounds. To safely isolate a suspicious item, package, or device that may be a bomb.

Background: Bomb threats received via phone, written note or mail are common; however, it is unlikely that an actual bomb has been placed. Kaweah Delta Health Care District hereinafter referred to as Kaweah Health (KH) will make a thorough search when a bomb threat is received if sufficient information is available to determine the area needing to be searched. There will not be an evacuation unless a suspicious device has been identified.

STAFF RESPONSE CHECKLIST

Immediately upon hearing bomb threat:

- ☐ If by phone:
 - ☐ Listen carefully; keep the caller on the line as long as possible. Record answers to questions on Bomb Threat Report (see Appendix).
 - ☐ Note the time of the call.
 - ☐ Ask the caller when the bomb is to go off. If there is an immediate threat of the bomb going off, conclude the call with as much information as possible and proceed to #6 below.
 - ☐ LISTEN carefully to what the caller is saying and any background noises.
 - ☐ Try to covertly give notification of threat to your co-worker.
 - ☐ Try to gain as much information as possible.
 - ☐ Take notes on a piece of paper as caller speaks.
 - ☐ Fill out Bomb Threat Report form immediately after caller has hung up.
 - ☐ Dial Ext. 44 and report information to the PBX Operator.
 - ☐ Notify your immediate supervisor.
- ☐ If by note:
 - ☐ Handle as little as possible by edges only. Use gloves if possible. Place in a large paper envelope as soon as possible.
 - ☐ Immediately write down the description of the person passing the note on the Bomb Threat Report
 - ☐ Contact PBX at Ext. 44 to report situation.
- ☐ Do not discuss the situation with anyone except your supervisor, law enforcement, or Security.

Upon Discovery of a Suspicious Package:

- ☐ Identifying a package as a bomb is difficult. A bomb may have wires, dynamite stick, and ticking sound or no noise. **DO NOT TOUCH OR MOVE PACKAGE**
- ☐ Immediately dial Ext. 44 and give PBX Operator the information.
- ☐ Notify security, clear area of patients and isolate object.
- ☐ Leave and secure the room or area and await assistance.

Upon hearing overhead page, “Code Yellow”:

- ☐ If you are in the affected area, visually check your entire area quickly and quietly for anything unusual.
- ☐ Turn off radios and cellular phones (except in-house wireless phones).
- ☐ Do not turn light switches on and off when searching. Use flashlights when necessary.
- ☐ Do not evacuate or alert patients (unless instructed to do so by the Incident Commander).

- ☐ Look for and report all suspicious-looking objects. **Do not touch suspicious items – dial Ext. 44 to report them.**
- ☐ Department Manager or designee is to notify HCC when visual check is complete.
- ☐ Continue vigilance until “All Clear” notification.

PBX CHECKLIST

Immediately notify:

- ☐ Notify, by telephone, the Administrator on Call and/or Nursing Supervisor of the impending threat
- ☐ Notify the Visalia Police Department if directed by Administration.
- ☐ If directed by the Administrator on call or Nursing Supervisor, announce “Code Yellow” and location.
- ☐ Transfer any emergency calls during incident to Incident Commander.
- ☐ Write all pertinent information down regarding the bomb threat, such as, time bomb to go off, location, etc.
- ☐ Do not use radios, cellular telephones or pagers.
- ☐ Page codes as directed by hospital Incident Commander.
- ☐ Notify the HCC in Blue Room if there are any reports of suspicious items. Be sure to obtain location and the name of the caller reporting the information.
- ☐ When directed by the Incident Commander, announce “Code Yellow, All Clear.”

INCIDENT COMMANDER/NURSING SUPERVISOR/ADMINISTRATOR ON CALL CHECKLIST

- ☐ Evaluate the situation and immediately call the police department.
- ☐ Authorize the PBX Operator to overhead page “Code Yellow and location” (2x). ☐ Order PBX Operator to call all Section Chiefs and Security to the Hospital Command Center (HCC) in Blue Room. The following personnel will be asked to report to the Hospital Command Center:
 - a) House Supervisor
 - b) Administrator on call (If after hours, will be notified of threat immediately.)
 - c) Police officers, upon arrival.
 - d) Security
 - e) Maintenance Department personnel, (bring layout or blueprints of premises and necessary keys).
 - f) Receiver of bomb threat for interview.
- ☐ Develop a plan of action with the Section Chiefs.
- ☐ Order Security to cordon off bomb threat area, if known.
- ☐ If at offsite location. Maintenance management team to go to bomb threat site.
- ☐ Implement HICS to the level necessary (not all staff may be needed).
- ☐ Order search of area of facility, depending on the caller information (area or hospital-wide).
- ☐ Assign Logistic Chief to be in charge of the search.
- ☐ Consider evacuation of the area, especially if the bomb location is known.
- ☐ Coordinate the HCC, and all information concerning the threat (i.e., search results, etc.).

ENGINEERING CHECKLIST

- ☐ Do not use 2-way radios, pagers or cell phones.
- ☐ Upon hearing “Code Yellow” and “Code Triage” paged together, the Maintenance Manager and one engineer report to the HCC .
- ☐ Remaining engineers, return to department and await further instruction.
- ☐ Maintenance Manager returns to the department with instructions; engineers may assist in house-wide search.

- ☐ Locate facility maps for search.
- ☐ Maintenance staff take their instructions from the Facilities Unit Leader.
- ☐ Report all suspicious objects by dialing Ext. 44.

SECURITY CHECKLIST

- | |
|--|
| <ul style="list-style-type: none">☐ Respond to the area of the threat. If threat was by telephone, direct staff to complete the <i>Bomb Threat Report</i>. Collect the form and any notes from the recipient and submit copies to the Incident Commander and law enforcement.☐ If threat was by note, retrieve note from recipient, avoiding unnecessary handling. Place note in larger envelope or bag and hold for law enforcement.☐ If threat was in person, detain suspect (citizen's arrest) until law enforcement arrives.☐ Assist with search/relocation/evacuation as directed.☐ Do not use 2-way radios.☐ Take directions from Incident Command Center.☐ Cordon off bomb threat area, if known.☐ Prevent unauthorized persons from entering restricted area of the hospital.☐ One Security officer or designee is posted outside the building to await the arrival of the police or bomb squad.☐ Redirect traffic in the area.☐ Whenever a suspicious package is found, clear the area, post a guard and await Bomb Squad.☐ Follow the instructions of the Bomb Squad.☐ Do not allow staff or visitors in any evacuated areas until directed.☐ Complete event report.☐ Participate in incident debriefing as needed. |
|--|

ALL CLEAR

When it has been determined that there is no evidence of a bomb in the hospital and, in conjunction with the police department, the Incident Commander will direct PBX to announce, if appropriate, "Code Yellow, All Clear" (2x). All departments will return to normal operations.

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BOMB THREAT REPORT

Policy: Any staff receiving a "Bomb Threat" will complete the following form and deliver to the Incident Command Center. The Incident Commander will ask to speak with the person receiving the call at his/her discretion.

Name of person receiving call: _____

Title: _____

Date: _____ Time: _____ Phone: _____

Call receipt time: _____ Time caller hung up: _____

As best you can, write the exact words of the caller:

QUESTIONS TO ASK THE CALLER: (Ask them to repeat message.)

Where is the bomb? _____

When will it explode? _____

What kind of bomb is it? _____

What does it look like? _____

Why did you do this? _____

Where are you calling from? _____

Description of the caller's voice:

Male: _____ Female: _____ Age _____

Was their voice familiar? _____ If so, whose?

Circle all that apply:**Voice**

Raspy
High Pitched
Pleasant
Intoxicated

Speech

Soft Fast Distinct
Deep Slow Slurred
Loud Nasal Distorted
Other Stutter Muffled

Language

Good
Foul
Poor
Other
Sure Righteous
Unsure Deliberate
Joking Nervous
Other Laughing

Accent

Local
Racial
Regional
Foreign **

Manner

Calm Rational
Angry Irrational
Serious Incoherent
Tense Emotional

**** What country:** _____

Background Noises/ Describe:

Voices	Office Machines	Animals
Music	Factory Machines	Airplanes
Trains	Street Traffic	Quiet
Phone Connection: Clear	Static	Pay Phone
		Long Distance

**Emergency Management Manual
Bomb Search Area Checklist
(Kaweah Health Medical Center)**

Basement	
Blue Room	
E107	
Laboratory	
Storage Room	
West Basement	
First Floor	
Emergency	
Emergency Waiting Room	
Radiology	
Surgery	
PACU	
Flex Care	
PBX	
Medical Staff	
Sterile Processing	
Stairwells	
Public bathrooms	
Pathology/Morgue	
Receiving/Loading Dock	
Endoscopy	
Respiratory	
Dietary	
Cafeteria	
Admitting	
Hall of Fame Wing	
Lobby	
2 nd Floor	
2 North	

2 South	
2 West (ICU)	
NICU	
2 East	
3 rd Floor	
3 North	
3 South	
3 West	
3 Center	
Broderick Pavilion	
Pediatrics	
Public Restrooms	
4 th Floor	
4 North	
4 Center	
4 South	
Patient Transport	
Public Restrooms	
Acequia Wing	
1 st Floor	
Front Lobby	
Administration	
Library	
Benefits	
MRI	
CT Scan	
Conference Room	
2 ND Floor	
CVOR	
CathLab	
GME Sleep Rooms	
3 rd Floor	
Mother Baby	
CVICU	
4 th Floor	
Telemetry	
5 th Floor	
5T- ICCU	

6 th Floor	
NICU	
Basement	
Clinical Engineering	
Materials Warehouse	
Distribution	
Sterile Processing	
Maintenance Shop	

Emergency Management Manual Bomb Search Area Checklist (Kaweah Health Mental Health)

[illegible]

Emergency Management Manual Bomb Search Area Checklist (Kaweah Health Rehab Hospital)

[illegible]

**Emergency Management Manual
Bomb Search Area Checklist
(Kaweah Health South Campus)**

Urgent Care	
KATS	
EAP	
Radiology	
Subacute	
SNF	
Cafeteria	
Misc offices	
Public Restrooms	
Maintenance	

Emergency Management Manual
Bomb Search Area Checklist
(SRCC/ KDIC)

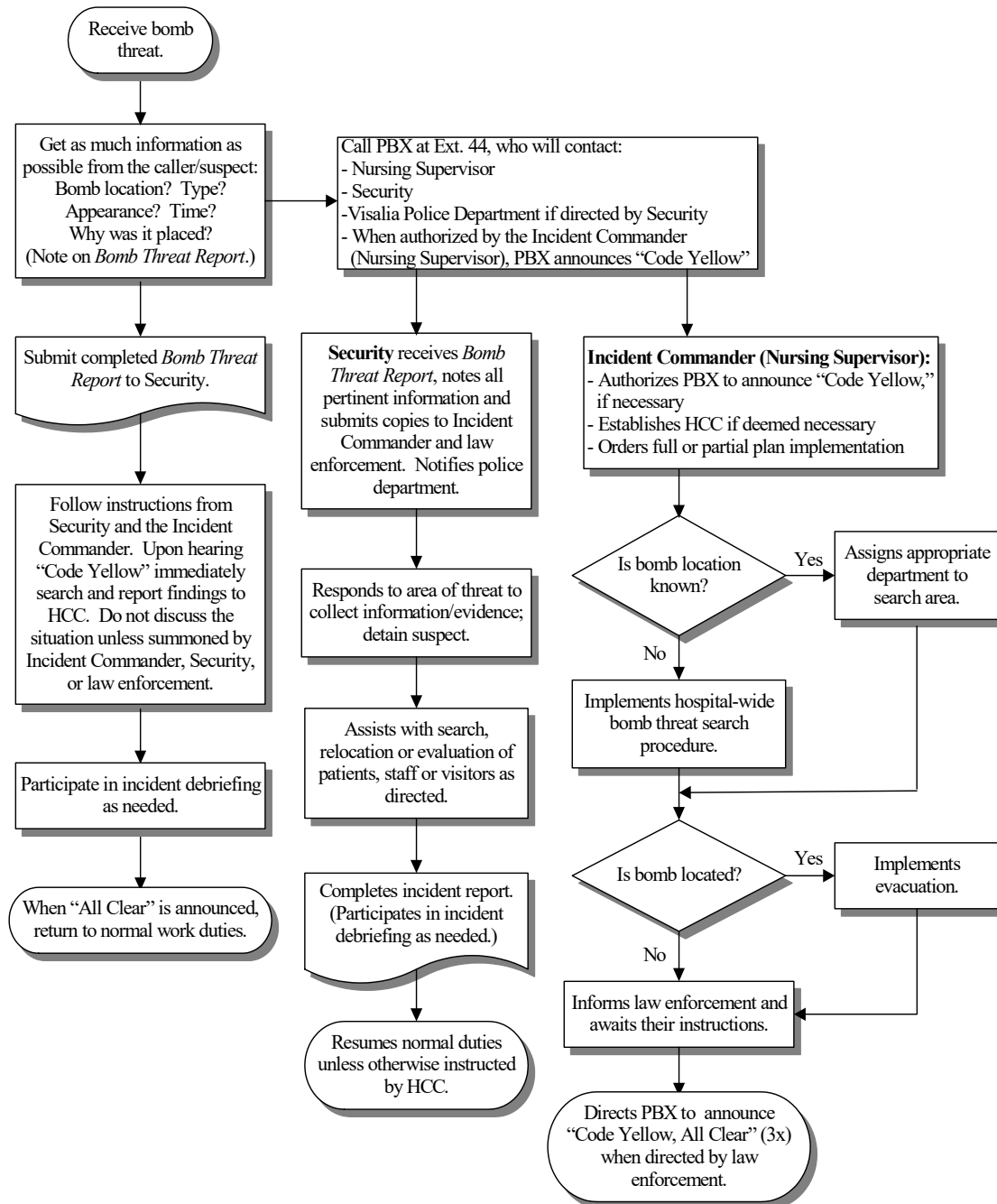
Imaging Lobby	
Imaging Procedure Rooms	
Breast Center	
Radiation Oncology	
Medical Oncology	

Emergency Management Manual
Bomb Search Area Checklist
Dialysis

Dialysis Treatment Area	
Break Room	
Conference Room	
Offices	
Water Treatment Area	
Storage Room	



Emergency Management Manual Code Yellow - Bomb Threat



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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."



Subcategories of Department Manuals
not selected.

Policy Number: DM 2210	Date Created: 07/01/2011
Document Owner: Maribel Aguilar (Director of Physical Environment)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Code Orange- Hazardous Material Spill/Release	

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

I. Policy

In the event of a hazardous materials spill/release, Kaweah Delta Healthcare District herein after referred to as Kaweah Health (KH) will activate its Code Orange procedure to provide a coordinate and effective response.

II. Procedure

In the event of a hazardous material release:

A. Response

See attached checklist and flowchart.

B. Definitions

1. Minor Spill

The following is guidance for amounts to be considered as **small**

CHEMICAL	SMALL SPILL AMOUNT
Acid	½ cup or less (Except Hydrochloric acid = ¼ cup)
Base/Caustic	½ gallon or less (Except ammonium hydroxide = ¼ cup)
Bleach	½ gallon or less
Flammable liquids	½ gallon or less (Except methanol = ½ cup)
Formaldehyde (10% Formalin or 3.7% Formaldehyde)	¾ cup or less
Glutaraldehyde (Cidex®, Wavicide)	½ gallon or less
Ortho-phthalaldehyde (Cidex® OPA)	1 gallon or less
All other chemicals (including chemotherapy drugs)	½ gallon or less

- a. Only minor spill cleanup will be performed in-house by trained staff using an appropriate spill kit and Personal Protective Equipment (PPE). User departments are responsible for ensuring that their staff are properly trained and equipped to assess minor spills in their departments.

- b. Hazardous Drug spill kits are located in main pharmacy, 3S and main Surgery.

2. Major Spill

A major spill has occurred under the following conditions:

- A life threatening condition exists, or there is an immediate danger posed to staff, patients or visitors.
- You are not able to manage the spill on your own, and the condition requires the assistance of emergency personnel
- The condition requires the immediate evacuation of all employees from the area or the building.
- The spill is of sufficient quantity that additional assistance is required (threshold quantities vary by chemical and can be verified in Safe Use Guides or SDSs, but are generally greater than 2.0 liters).
- The contents of the spilled material is unknown.
- The spilled material is highly toxic
- You feel physical symptoms of exposure
- The chemical is bio-hazardous, radioactive or flammable.

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CODE ORANGE – HAZARDOUS MATERIALS SPILL/RELEASE
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Purpose: To identify unsafe exposure conditions, safely evacuate area, and protect people from exposure, within the hospital or on its grounds, due to a hazardous material spill/release.

Background: Departments with significant hazardous materials are to develop a Disaster-Specific Plan to support this plan. (Consult Safety Officer if unsure.)

Respond in accordance with this procedure and those developed by your department. A large-scale incident may develop into a Code Triage.

Note: All District personnel who have been exposed and require treatment **must** report to the Emergency Department (ED). All others exposed who are asymptomatic, must also report to the Employee Health Nurse or the ED after hours.

STAFF RESPONSE CHECKLIST

Immediately upon discovering a hazardous materials spill/release, user department will:

- ☐ If spill is **MINOR**: - The basic response will be **ICIC**.
 - ☐ Isolate the areas and deny access to others.
 - ☐ Contain the spill (reduce or eliminate spread)
 - ☐ Identify (Chemical name) Obtain and read Safety Data Sheet (SDS) for precautions. Binders are located in each specific department. Department head/managers should know the location of updated SDS document.
 - ☐ Clean-up (follow SDS). Use spill kit to clean up spill, if trained to do so.
 - ☐ Notify supervisor or Department Manager, who will notify Hospital Safety Officer
 - ☐ Complete Occurrence Report on Kaweah Compass.
- ☐ If spill is **MAJOR**:
 - ☐ Evacuate area.
 - ☐ Call PBX at Ext. 44 and inform them of a "Code Orange" and report:
 - ☐ Spill location
 - ☐ Chemicals involved
 - ☐ Approximate quantity of material spilled
 - ☐ Number of people exposed and/or injured
 - ☐ Your extension
 - ☐ Obtain SDS from MAXCOM.
 - ☐ Notify supervisor or Department Manager.
 - ☐ Contain spill only if trained, equipped, and safe to do so.
 - Complete Occurrence Report on Kaweah Compass.

Assist those who may have been contaminated – *only if your exposure is unlikely*:

- ☐ **If a chemical has splashed into someone's eyes**, direct that person to the nearest water source/eyewash station, begin immediate rinsing of their eyes with tap water for at least 15 minutes. Avoid direct contact with the contaminated person.
- ☐ **If a person has chemicals on their skin**, direct them to rinse affected area with soap and water for at least 15 minutes, in a shower, if available, otherwise in a sink. Removal of clothes is necessary to complete a thorough dermal decontamination. All clothes are to be placed in a plastic bag. After rinsing, direct person to remain in area until cleared by the Safety Officer. Label plastic bag "hazmat."
- ☐ **If contaminated person(s) unable to self-decontaminate**, wait for trained personnel with Personal Protective Equipment (PPE) to perform decontamination.

Decontamination as follows:

- ☐ Removing your clothing:
 - ☐ Quickly take off clothing that has a chemical on it. Any clothing that has to be pulled over your head should be cut off instead of being pulled over your head.

- ☐ If you are helping other people remove their clothing, try to avoid touching any contaminated areas, and remove the clothing as quickly as possible.
- ☐ Washing yourself:
 - ☐ As quickly as possible, wash any chemicals from your skin with large amounts of soap and water. Washing with soap and water will help protect you from any chemicals on your body.
 - ☐ If your eyes are burning or your vision is blurred, rinse your eyes with plain water for 10 to 15 minutes. If you wear contacts, remove them and put them with the contaminated clothing. Do not put the contacts back in your eyes (even if they are not disposable contacts). If you wear eyeglasses, wash them with soap and water. You can put your eyeglasses back on after you wash them.
- ☐ Disposing of your clothes:
 - ☐ After you have washed yourself, place your clothing inside a plastic bag. Avoid touching contaminated areas of the clothing. If you can't avoid touching contaminated areas, or you aren't sure where the contaminated areas are, wear rubber gloves or put the clothing in the bag using tongs, tool handles, sticks, or similar objects. Anything that touches the contaminated clothing should also be placed in the bag. If you wear contacts, put them in the plastic bag, too.
 - ☐ Seal the bag, and then seal that bag inside another plastic bag. Disposing of your clothing in this way will help protect you and other people from any chemicals that might be on your clothes.
 - ☐ When the local or state health department or emergency personnel arrive, tell them what you did with your clothes. The health department or emergency personnel will arrange for further disposal. Do not handle the plastic bags yourself.
- ☐ **If person was not splashed with chemicals on their skin or clothes, but is complaining of respiratory or systemic effects** from breathing a hazardous material, immediately escort person to the ED for treatment.

Immediately upon hearing "Code Orange":

If within alert area:

- ☐ Assist those contaminated (only if exposure is unlikely).
- ☐ Assist emergency responders.
- ☐ Secure area to prevent exposure to others.
- ☐ Return to work duties when safe.

If outside alert area:

- ☐ Prepare to provide support as directed.

PBX CHECKLIST

Upon receiving report of "Code Orange," and as directed by the Safety Officer (or AOD after hours), PBX will:

- ☐ Page overhead "Attention, Code Orange" and location (2x) and then repeat 30 seconds later.
 - ☐ Call Environmental Services at ext. 2244.
 - ☐ Call Safety Officer
- ☐ Call House Supervisor (House supervisor will notify Administrator on Call (AOC))
- ☐ Announce "Code Orange, All Clear" if authorized by the Safety Officer in coordination with the fire department.

Note: If the fire department is unable to respond, the Safety Officer will contact an outside contractor to clean up "major" spills.

SECURITY CHECKLIST

- ☐ Secure area from pedestrian traffic.
- ☐ Do not allow personnel other than the fire department to enter the isolated area.
- ☐ If the area involved is near an air conditioning intake, advise Maintenance to shut down air conditioning units in the immediate vicinity.

HAZARDOUS MATERIALS COORDINATOR (SAFETY OFFICER) CHECKLIST

- ☐ Report to scene of event and assess situation.
- ☐ Call Visalia Fire Department Hazardous Materials Unit for major spill cleanup.
- ☐ Call Engineering to ventilate/shut down recirculation system, if required
- ☐ Call Security to cordon off immediate area and expand the safety zone, as necessary, to prevent unauthorized exposure to hazardous conditions.
- ☐ Act as a liaison to Fire Department or spill clean-up contractor.
- ☐ Ensure safety of staff, visitors, and patients.
- ☐ Following the all-clear, ensure full documentation of event.
- ☐ Notify appropriate agencies.

Tulare County Environmental Health 559-624-7400

Cal EMA (California Emergency Management Agency) 1-800-852-7550

- ☐ Follow up with spill department to evaluate and modify processes as necessary.

ALL CLEAR

After "Code Orange, All Clear" is announced (3x), return to your normal work duties, unless otherwise directed.

WEST CAMPUS ONLY

In the event of a hazardous materials spill/release, follow activation response Code Orange- **DM 2210**, and follow flowchart for **MINOR** or **MAJOR** spills.

Minor Spills

☐ Follow the **Isolate, Contain, Identify, and Clean-up** process, following the SDS (if trained to do so)

☐ Notify supervisor or department Manager, who will notify Hospital Safety Officer

Major Spills

☐ Evacuate the area

☐ Call PBX at Ext. 44 and inform them of a "Code Orange" (when calling, let PBX operator know your calling from the **West Campus and location**) and provide the following to the operator:

- ☐ Spill location on campus
- ☐ Chemicals involved
- ☐ Approximate quantity of material spilled
- ☐ Number of people exposed and/or injured
- ☐ Your extension

☐ Follow the activation response for policy Code Orange- **DM2210**

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

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

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PBX Checklist

Upon receiving report of "Code Orange," and as directed by the Safety Officer (or AOD after hours), PBX will:

☐ Page "Code Orange" and **location** (3x) and then repeat 30 seconds later over the PA system at *West Campus ONLY*

☐ Follow the activation response for policy Code Orange- ***DM2210***

☐ Call Environmental Services at ext. 2244

☐ Call Safety Officer

☐ Call House Supervisor (House supervisor will notify Administrator on-call (AOC))

☐ When "Code Orange" is instructed to be "ALL CLEAR" if authorized by the Safety Officer in coordination with the fire department, follow the same process by announcing the ALL CLEAR via Cisco phone (3x) and state the location over PA system at the *West Campus ONLY*

Note: If the fire department is unable to respond, the Safety Officer will contact an outside contractor to clean up "major" spills

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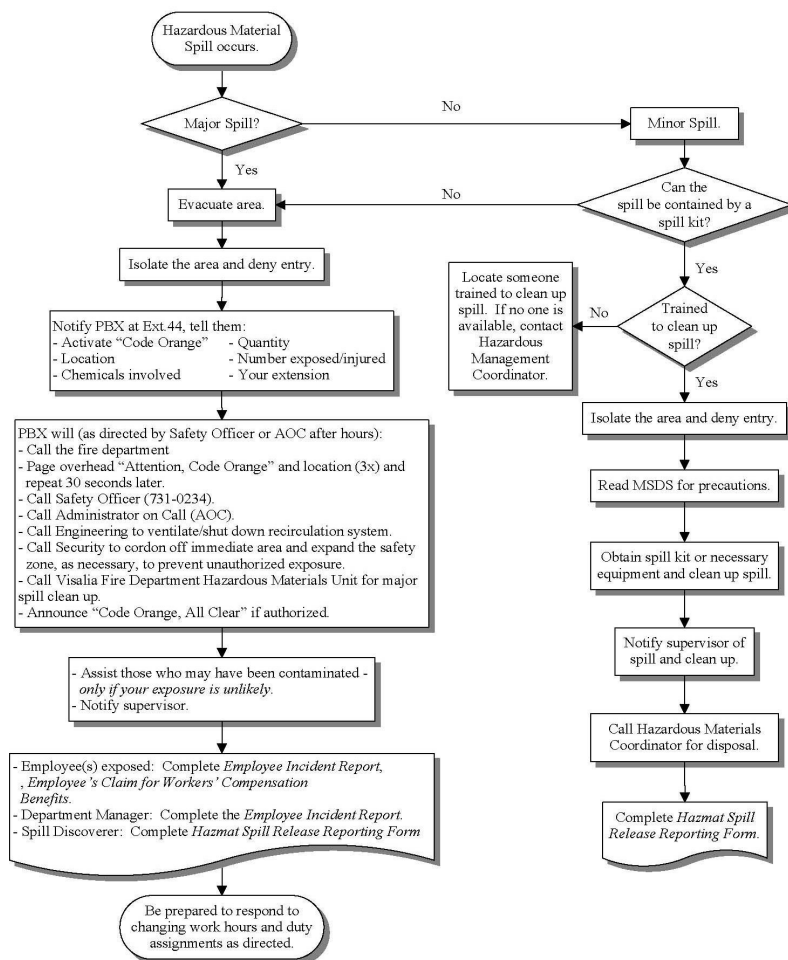
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Code Orange – Hazardous Materials Spill/Response



Policy Number: DM2215	Date Created: 07/01/2011
Document Owner: Maribel Aguilar (Director of Physical Environment)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Internal Flood- Activation Plan	

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

Policy

Kaweah Delta Health Care District herein after referred to as Kaweah Health (KH) will develop and maintain an effective flood response plan to manage consequences of internal flood conditions that disrupt the hospital's ability to provide patient care.

II. Procedure

A. Background Information

1. Internal Flooding Caused by Water or Sewer Line Failure

A greater threat would be posed by an internal flood caused by a water or sewer line failure.

B. Flood Response

See attached checklist and flowchart.

FLOOD – INTERNAL

Purpose: To develop and maintain an effective flood response plan to manage the consequences of flood conditions that disrupt the hospital's ability to provide patient care.

INCIDENT COMMANDER CHECKLIST

- ☐ If necessary, authorize PBX to initiate a "Code Triage, Alert" by phone.
- ☐ Direct relocation of patients, if necessary.
- ☐ If catastrophic flooding is anticipated, consider facility evacuation.

STAFF RESPONSE CHECKLIST

- ☐ Dial Ext. 44 immediately to report flooding to Maintenance.
- ☐ If sewer system failure, also notify Environmental Services Ext. 2244 or page overhead. Do not flush toilets or use water. Use hand gel sanitizer. Use designated toilets only or plastic bags provided by Environmental Services for human waste.
- ☐ Prepare to relocate patients, equipment, medical records if necessary.
- ☐ Prepare for possible Water Systems Failure/Disruption.

PBX CHECKLIST

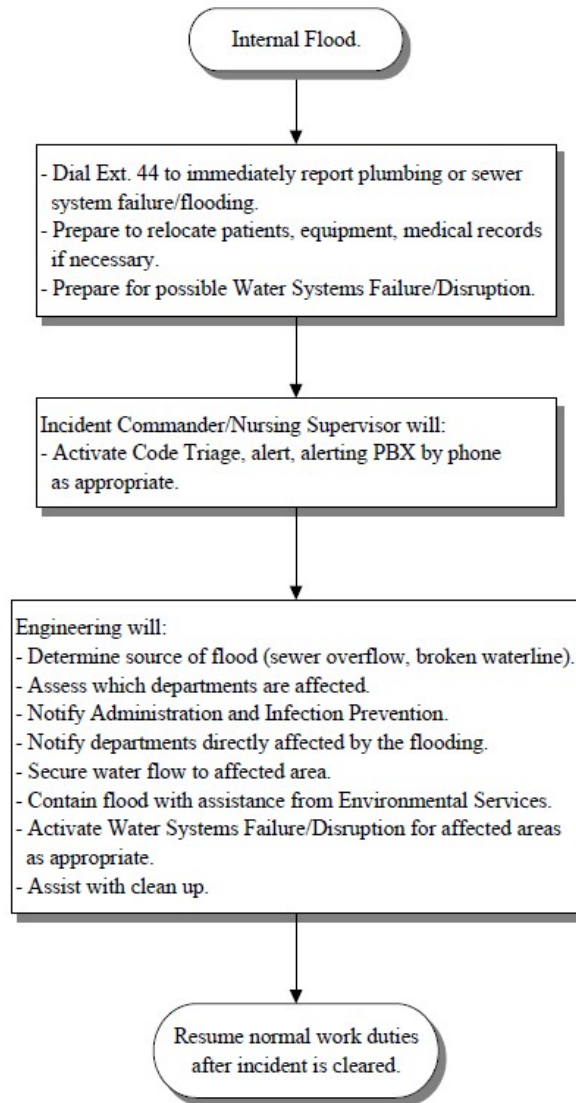
- ☐ As directed, PBX announces "Code Triage, Alert" (3x) to summon key HICS staff to the HCC.
- ☐ At the direction of the Incident Commander, PBX announces "Water Systems Failure/Disruption" (3x) to activate the plan. PBX will notify areas not receiving overhead page via pre-established telephone tree.

MAINTENANCE CHECKLIST

- ☐ Determine source of flood (sewer overflow, broken waterline).
- ☐ Assess which departments are affected.
- ☐ Notify Administration and Infection Prevention.
- ☐ Notify departments directly affected by the flooding.
- ☐ Secure water flow to affected area.
- ☐ Contain flood with assistance from Environmental Services.
- ☐ Activate Water Systems Failure/Disruption for affected areas as appropriate, authorize PBX to overhead page.
- ☐ Assist with clean up.



**Emergency Management Manual
Flood - Internal**



Policy Number: DM2218	Date Created: 09/01/2008
Document Owner: Maribel Aguilar (Director of Physical Environment)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Anhydrous Ammonia Safety Procedures	

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

Hazards

Anhydrous ammonia is a corrosive gas, and exposure leads to chemical burns. Its affinity for water targets moist skin. Exposure can also lead to frostbite. Its potential health effects are targeted at eyes, skin and respiratory system.

You should never wear contact lenses around ammonia vapor or liquid.

Handling/Storage/Use

Personal Protection

Proper personal protection (PPE) should be used during system start-up and cylinder changes. This should include:

- Opti-Fit full-face Gas Mask Model 7530
- Chemical resistant gloves
- Cotton coverall clothing
- Ammonia Gas Monitor
- Safety vest
- PAPR (Power Air Purifying Respirator)

Safety Systems

The ammonia gas cabinet contains several systems for safety measures. The gas monitor detects the levels and displays the gas detector reading in the maintenance shop. This information is also relayed to the Generator control room. The emergency shutoff valve is located in the manifold and controlled by the local e-stop, the gas detector, and by an operator in the gas generator control room. A limiting orifice is located at the cylinder valve. If levels within the enclosures are too high, the gas detector will automatically switch off the emergency shutoff valve. The enclosure also includes an ex-proof heater to regulate cylinder temperature and a ventilation system.

Trained personnel prior to the time that any delivery is accepted and signed off must don proper PPE and check cylinders with a hand-held detector.

Moving Cylinders

Handling of cylinders can only be done by persons trained in the hazards and handling techniques. When moving cylinders, use material handling equipment, such as cylinder carts. Work in a team with at least two (2) employees and must don proper PPE. Make sure cylinders are tightly secured to the carts. Keep the valve protection cap on the cylinder until it is secured in place and ready for use.

Whenever cylinders are being transported and handled, the handheld ammonia detector must be in continuous operation (attached to a safety vest), ensuring there is no leakage.

Refer to the Airgas "Ammonia Gas Cabinet Operating Manual" for start-up and changing cylinder procedures.

Use

Cylinders must be securely fastened when in use and transport. Cylinders should be changed out when they reach the scale set point of 10 lbs. Cylinder change-out will be announced by an alarm triggered in the control room.

Regular Shift Readings (outside Ammonia)

During regular shift equipment readings, employees are to wear the Ammonia monitor at all times. If the Ammonia Monitor detects the presence of ammonia, the employee should don PPE and determine if the system needs to be shut down or repaired. The employee will call the on call Supervisor immediately.

Emergency Procedures**Emergency Shutoff**

In the event that a leak is detected within the ammonia gas cabinet by the gas detector, the system will automatically enact the emergency shut-off valve and the ventilation system can be activated.

In the event that a leak of 25 PPM is detected within the ammonia gas cabinet by the gas detector or the Emergency Break Glass is activated, the following will occur:

1. The system will automatically enact the emergency shut-off valve and the ventilation system can be activated.
2. The blue alarm strobes will turn on and the simplex panel will activate, alerting PBX. Upon notification PBX activates Ammonia Alert calling tree (See Appendix A)
3. Building automation will turn off the engine room supply fans 1, 2, and 3.
4. Building automation will turn off the engine room exhaust fans.
5. The maintenance shop swamp cooler will be turned off by the ammonia alarm.
6. The ammonia cabinets exhaust fan remains off until maintenance or Visalia Fire Department turns the exhaust fan on at key switch next to monitor and scale display in the maintenance shop.
7. After the alarm is cleared the supply fans and the exhaust fans will need to be reset through the building automation system to restart them.

Upon notification Maintenance staff responds as follows (See Appendix A):

1. During business hours Maintenance sends staff to tell Kaweah Kids to shelter in place.
2. Notifies acting maintenance supervisor.
3. Dons appropriate Personal Protective Equipment (Optifit Full face respirator, chemical gloves, and cotton coveralls, monitor, safety vest).
4. Monitors the situation from a remote and safe location.
5. Meets Visalia Fire Department at staging area (North corner of Cogen building). Update the situation with the Fire Department's Hazardous Material Team.
6. Updates House Supervisor.

Upon arrival of the Visalia Fire Department:

1. Is responsible for determining actions.
2. Determines if a full shelter in place is to be ordered.
3. Determines when to call all clear.

Do not open the cabinet unless the monitor indicates that no ammonia is present.

External Ammonia Release

In the event that a leak occurs outside the enclosure, press the emergency shutoff buttons.

In the event that a release of ammonia is detected, first, notify people in the area and evacuate. Next, obtain reading from Ammonia monitor.

If the reading is below 25 ppm:

- Don proper PPE
- Approach area from upwind and enact emergency shutoff valve.
- Then contact emergency response personnel.

If the reading is above 25ppm:

- Notify PBX of an Ammonia release (PBX will notify District Risk Manager).
- Secure the area
- Meet Visalia Fire Department at staging area (North corner of Cogen building).
Update the situation with the Fire Department's Hazardous Material Team.

Seismic Precaution

All cylinders are to be secured within the gas cabinet. No cylinders can be stored outside the cabinet.

Fire Extinguishing Procedure

With a source of ignition, anhydrous ammonia is flammable in the range of 15-28% in air. In the case of a fire, stop the flow of vapor if it can be done safely. If possible, Fire Department personnel may remove cylinders from fire zone: optimize water to cool fire-exposed containers. Use water spray to absorb ammonia vapors. Fire Department personnel should wear a self-contained breathing apparatus and other emergency response equipment.

Emergency Response Equipment

Air Monitoring Equipment should be readily available by the Fire Department and used in the case of an emergency, including fire and/or a leak. Do not try to extinguish a fire yourself or enter a potentially dangerous situation. The Visalia Fire Department will arrive with Level A suits and Self-contained breathing apparatus (SCBA)

First Aid Measures

Eye Contact

If vapor or liquid comes into contact with eyes, immediately flush eyes with large amounts of water for at least 15 minutes. Immediately seek medical attention.

Skin Contact

If contact occurs with skin, flush area with large amounts of water for at least 15 minutes, while removing contaminated clothing and shoes. If clothing has frozen to skin, thaw with water before removal. Seek immediate medical aid.

Inhalation

In the event of inhalation, first safely remove victim from exposure. If breathing has stopped or is difficult, administer artificial respiration or oxygen as needed. Seek immediate medical aid.

DM 2218

Emergency Release Reporting

The release of 100 pounds or more of ammonia must be reported immediately to:

- ☐ National Response Center at (800) 424-8802,

Any release must be reported to:

- ☐ Fire Department HazMat Division 911
- ☐ Tulare County Environmental Health 733-6441
 - ☐ California Office of Emergency Services (800)852-7550
 - ☐ Tulare County Office of Emergency Services 624-7498
Cell 559-972-0160
- ☐ AirGas 733-3443
- ☐ Risk Management Director will contact the California Department of Public Health.

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ANHYDROUS AMMONIA RELEASE RESPONSE

Purpose: To identify unsafe exposure conditions, safely evacuate the area, and protect people from exposure, within the hospital or on its grounds, due to a release of Anhydrous Ammonia.

Background: Departments with significant hazardous materials are to develop a Disaster-Specific Plan to support this plan. (Consult Safety Officer if unsure.)

Respond in accordance with this procedure and those developed by your department. A large-scale incident may develop into a Code Triage.

Note: All District personnel who have been exposed and require treatment **must** report to the ED. All others exposed who are asymptomatic, must also report to the Employee Health Nurse or the ED after hours.

STAFF RESPONSE CHECKLIST

Immediately upon discovering a hazardous materials spill/release, user department will:

- ☐ During business hours Maintenance sends staff to tell Kaweah Kids to shelter-in-place should know the location of updated SDS document.
- ☐ Notifies on call maintenance supervisor.
- ☐ Dons appropriate Personal Protective Equipment (Optifit full face respirator, chemical gloves, and cotton overalls)
- ☐ Monitors the situation from a remote and safe location
- ☐ Meets Visalia Fire Department at staging area (north corner of Maintenance Building)
- ☐ Updates House Supervisor. Follows VFD directions.

Assist those who may have been contaminated – *only if your exposure is unlikely:*

- ☐ **If a chemical has splashed into someone's eyes**, direct that person to the nearest water source/eyewash station, and begin immediately flushing of the eyes with large amounts of water for at least 15 minutes. Immediately seek medical attention.
- ☐ **If a person has chemicals on their skin**, direct them to flush the area with large amounts of water for at least 15 minutes, while removing contaminated clothing and shoes. If clothing has frozen to skin, thaw with water before removal. Seek immediate medical aid.
- ☐ **If a person has inhaled the ammonia**, first safety remove victim from exposure. If breathing has stopped or is difficult, administer artificial respiration or oxygen as needed. Seek immediate medical aid.

PBX CHECKLIST

Upon receiving report of an "Ammonia Release: PBX will:

- ☐ Call 911, Visalia Fire Department Hazardous Materials Unit
- ☐ Call Maintenance staff on duty
- ☐ Call Security.
- ☐ Call Kaweah Kids Center to Shelter-in-place.
- ☐ Call the Safety Officer (623-5385)
- ☐ Call the House Supervisor or Administrator on Duty.
- ☐ Call the Risk Management Department 624-5284

SECURITY CHECKLIST

- ☐ Respond to staging area (North corner of Maintenance Building).
- ☐ Do not allow personnel other than the fire department to enter the isolated area.

- ☐ Assist Visalia Fire Department.

HAZARDOUS MATERIALS COORDINATOR (SAFETY OFFICER) CHECKLIST

- ☐ Report to scene of event and assess situation.
- ☐ Act as a liaison to Fire Department or spill clean-up contractor.
- ☐ Ensure safety of staff, visitors, and patients.
- ☐ Following the all-clear, ensure full documentation of event on *Occurrence Report online through Kaweah Compass*
- ☐ Notify appropriate agencies.
- ☐ Follow up with spill department to evaluate and modify processes as necessary.

MAINTENANCE Manager OR SAFETY OFFICER – EMERGENCY RELEASE REPORTING
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The release of 100 pounds or more of ammonia must be reported immediately to:

- ☐ National Response Center at (800)424-8802.

The release of ammonia at any level must be reported to:

- | | |
|---|---|
| <ul style="list-style-type: none">☐ Visalia Fire Department HazMat Unit☐ Tulare County Environmental Health☐ California Office of Emergency Services☐ Tulare County Office of Emergency Services | <p>911
733-6441
(800)852-7550
office 624-7498
Cell 972-0160</p> |
| <ul style="list-style-type: none">☐ AirGas | <p>733-3443</p> |

****Risk Management Director will contact the California Department of Public Health.**

ALL CLEAR

The Visalia Fire Department will determine when "all is clear".

Policy Number: DM2231	Date Created: 09/01/2007
Document Owner: Maribel Aguilar (Director of Physical Environment)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Radioactive Disaster Procedure	

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

PURPOSE:

To ensure correct response to a radiation accident emergency

POLICY STATEMENT:

Maintain the Kaweah Health (KH) and the Radiology Department at an appropriate response level in the event of a radiation accident.

RESPONSIBILITY:

A. It is KH's responsibility to notify appropriate regulatory agencies if assistance is needed. Initially, the Emergency Department Charge Nurse/Delegate notifies the following of the potential radiation incident: Initiate 911 request for a radiation accident, Chief Executive Officer / Designee, Nursing Supervisor, the Director of Radiology (Administrative Director) and the Radiation Safety Officer and/or Nuclear Medicine Technologist, Environmental Services, Security Services, Maintenance Department, KH Safety Officer, KH EMS Coordinator, KH Decontamination Team, Emergency Department Manager on call, Central California EMS Agency Duty Officer 559-600-7406.

B. For additional information, contact the California State Department of Health Services, Radiologic Health Branch at 800-852-7550 24 hrs/day or 916-445-0931 during the day and, as appropriate the Reactor Emergency Action Center (REAC-TC) at 865-576-1005.

PROCEDURE:**SURVEY (GEIGER COUNTER) METERS**

The Department of Nuclear Medicine has two (2) meters and Sequoia Regional Cancer Center has one (1) meter.

1. The Nuclear Medicine Technologist or the Radiology Technologist obtains the Geiger Counters (CVD 700) and the Dosimeters (CVD 715) from the Nuclear Medicine Department and takes them to the Triage Area.
2. The Nuclear Medicine Technologist or the Radiology Technologist also obtains the Decontamination Packs from the Emergency Department Storage Area. NOTE: Be sure to cover the probe of the Geiger Counter with a plastic/rubber glove before use to prevent contamination of the probe, rendering it useless.

EMERGENCY DEPARTMENT PREPARATIONS

Preparation for arrival of victims:

- 1) Decontamination Team to set up HazMat decontamination equipment out in the ambulance bay or other location as designated by the Decontamination Team Unit Leader.
- 2) Coordinate operations with the Radiation Safety Officer and/or Nuclear Medicine Technologist and Fire Department personnel
- 3) The Decontamination area will be marked off with ropes or caution tape, and marked radioactive until cleared by Radiation Safety Officer..
- 4) The ED Charge Nurse will designate an individual to stand outside and receive supplies for medical and decontamination teams.
- 5) Housekeeping Services Role: They, along with the Emergency Department's staff, will assist with setting up the Decontamination Area.
- 6) Additional help can be obtained by contacting the Nursing Supervisor. Depending on the information received prior to the arrival of the victim(s), have necessary life-support equipment on hand if necessary.
- 7) Security's Role: They shall clear the area outside around the Decontamination Areas, and plan for alternate placement of cars and traffic.
- 8) Maintenance Department's Role: They will obtain decontamination trailer(s), supplies,, etc., and assist with the set-up.
- 9) Decontamination will only be performed by active members of the KH Decontamination Team.

DECONTAMINATION TECHNIQUE - SKIN:

STEP I – EVALUATION

Determine which areas that will be decontaminated and in what order giving priority to skin breaks and highest levels of contamination.

Remove covering of contaminated area to be cleaned.

Survey area with "smear," "swab" or GM Counter. Record survey results.

STEP II - DECONTAMINATION: INTACT SURFACE

Localize area of contamination with plastic sheet and tape to prevent further contamination of Patient.

Gently wipe off loose contamination with gauze moistened with soap and warm water. Discard contaminated gauze into waste disposal bag.

Repeat cleansing using cotton balls or cotton tipped applicators moistened with soap and warm water. Rub skin gently to produce good detergent action. Do not produce skin redness.

MONITORING THE PATIENT

1. Begin with the hands; then work from the head down; front of the Patient, then the back, having the Patient turn around. Perform the assessment as quickly as possible, passing the probe 1-inch above the skin (cover the probe with a plastic glove to prevent skin contamination of the probe rendering it useless). List the levels of radiation obtained over the various parts of the Patient's body.
2. After the initial monitoring of any uninjured Patient(s), transport them to the adjacent decontamination room located within the Emergency Department. If the Patient is not radioactive, he/she may be taken to any other regular ED room.
3. Once the Patient has been stabilized (if necessary) and evaluated, the personnel involved in the transportation of the victims shall be monitored for contamination, and shall not leave the area until this is done and they are released. The vehicle/ambulance and its contents shall be thoroughly monitored and decontaminated if required.

4. The Decontamination Team personnel who will be involved in the monitoring of the victims or the actual decontamination process shall be dressed in full HazMat decontamination PPE & an x-ray film badge or a dosimeter.
5. Resurvey area and soap container. Repeat cleansing until contamination is removed or until level of contamination does not decrease appreciably. In case where contamination is still present skip to STEP III. Where contamination has been removed apply cream, cover area and proceed to next area for decontamination.

NOTE: Surveys between cleansings shall be done every 2 or 3 minutes and recorded. Never dip cleansing instrument into soap. Pour the soap into the gauze or brush

STEP III IF SECOND CLEANSING IS NEEDED

1. Repeat STEP II using another detergent such as Tide, Dreft, Oxydol, etc. and soft skin brush. Do not use lava soap. If contamination is still present go to STEP IV.

STEP IV IF CONTAMINATION IS STILL PRESENT

ED Pharmacist will procure and prepare the agents listed below for the Decontamination Team:

1. Prepare 4% Potassium Permanganate solution.
2. Prepare 4% Sodium Bisulfite solution.
3. Paint contaminated area with Potassium Permanganate.
4. Allow solution to dry on skin. Repeat painting procedure until skin is almost black using new applicators each time.
5. Rub the darkened skin area with Sodium Bisulfite solution discarding applicators after each use.
6. Repeat previous step until skin has just a light brown coloration.
7. Remove Sodium Bisulfite with water moistened gauze or cotton.
8. Cleanse area with soap and warm water. Survey. If contamination remains, repeat Potassium Permanganate solution treatment and subsequent items once more.
9. If contamination persists, repeat these items but substitute Hydrogen Peroxide for soap in STEP II. After removal of contamination apply cream and cover area.

DECONTAMINATION TECHNIQUE: SKIN BREAKS

1. STEP I INITIAL PROCEDURES

- Survey and record findings using a moistened cotton applicator. Irrigate wound with copious amounts of water making sure no contamination is washed into the wound.
- Carefully decontaminate intact skin surface around wound. Resurvey wound and record. Continue irrigation with water and survey until no radioactivity is detectable.
- Treat wound in usual medical fashion. Cover wound and seal with plastic and tape - make sure covering is waterproof.
- Do not flush with antiseptics unless this is part of your usual medical treatment. Do not flush wound with chelating agents.
- If wound contamination persists, continue to STEP II.

2. STEP II IF CONTAMINATION IS STILL PRESENT

- Be certain irrigation is no longer effective in decontaminating the wound.
- The Medical Physicist or his/her designee will evaluate the internal body burden expected from the residual contamination. He/she or designee in conjunction with a surgeon determines the feasibility and necessity of removing contaminated tissue.
- If surgery is decided upon, the area around the wound is decontaminated completely. If possible a "block dissection" of the wound is done. All tissue is closed and covered. The wound is closed and covered.

NOTE: At times it has been necessary to close the contaminated wound and return at later date for excision.

DECONTAMINATION TECHNIQUE: GENERAL BODY

1. STEP I INITIAL PROCEDURES

- Survey entire body and record. Mark with lipstick very high level areas to receive priority.
- Contaminated persons shall shower using soap preparation. Make effort not to contaminate hairy areas if free of radioactivity initially.
- Use precautions to prevent contamination from entering body openings. Survey entire body again marking highest levels found.
- Repeat these steps. Repeat the process until contamination is removed or continue to STEP 2.

2. STEP II IF CONTAMINATION IS STILL PRESENT

- For general body contamination with high levels of radioactivity, localized areas of contamination usually remain. When showering becomes ineffective and localized as of contamination remain; shift to localized skin contamination technique.
- Repeat surveys and record results frequently.

DECONTAMINATION TECHNIQUE: EYES

- Irrigate with copious amounts of water. Shift to normal saline as soon as possible. Survey irrigation fluid at frequent intervals and record results.
- After decontamination treat irrigation induced conjunctivitis as usual.

DECONTAMINATION TECHNIQUE: BODY ENTRANCE CAVITIES

- Survey and record results. Make sure that cavity is really contaminated and not surrounding area.
- Evaluate and decontaminate surrounding area. Irrigate with copious amounts of water or normal saline.
- Gently swab with moistened cotton tipped applicator. Resurvey. Repeat the irrigation and swabbing.
- Transfer the Patient. If hospital admission is required, place the Patient on a clean gurney. Transfer him/her through the buffer zone during which he/she is resurveyed. Have a "clean" staff person receive the Patient outside the buffer zone and transport to his/her room.

DECONTAMINATION TEAM Post actions:

Decontamination Unit Leader will:

- 1) Consult with Tulare County Environmental Services for direction on handling and/or disposal of waste water & decontamination equipment.
- 2) Ensure Decontamination Team receives evaluation of level of exposure and ensure an ED Medical Screening exam has been performed if indicated or requested by a Decontamination Team member involved in the incident.
- 3) Consult with the Radiation Safety Officer and/or Nuclear Medicine Technologist and Fire Department personnel to determine if any other actions are necessary.

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

Policy Number: HR.75	Date Created: 06/01/2007
Document Owner: Laura Pena (Employee Relations Manager)	Date Approved: 2/28/2024
Approvers: Board of Directors (Administration)	
Differential Pay-Shift, Holiday, and Weekend	

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

POLICY:

Differentials will be paid to eligible employees who are scheduled for and work non-business-hour shifts.

PROCEDURE:

I. Employee Eligibility

Employees with qualifying job codes are eligible for differential pay. Job codes with M-F 8:00 am - 5:00 pm (or approximate) schedules are not eligible for any differentials, unless needed to work by leadership.

II. Shift Differential Eligible Hours

Evening: 10% of the minimum of the range will be paid to non-exempt eligible job codes. A differential will be paid if the majority (i.e., more than 50%) of hours worked fall between 3:00 p.m. and 11:00 p.m.

Nights: 15% of the minimum of the range will be paid to non-exempt eligible job codes. A differential will be paid if the majority (i.e., more than 50%) of hours worked fall between 11:01 p.m. and 6:30 a.m.

Weekends: 10% of the minimum of the grade will be paid to all eligible ~~licensed-clinical~~ job codes. This differential will be paid only for hours worked between 6:00 p.m.

Friday and 6:30 p.m. Sunday; and the employee must work more than one hour within that time period.

Exception:

Pharmacists are eligible for all shift differentials.

III. Holiday Differential

25% of the minimum of the range will be paid to employees who are required to work on the following holidays.

For New Years, Memorial Day, Labor Day, Thanksgiving and Christmas: Differential will only be paid for hours worked between 6:00 p.m. the night before the holiday until 6:30 p.m. the night of the holiday.
For Independence Day, the differential will only be paid for hours worked from 6:00 a.m. on July 4th through 6:30 a.m. July 5th.

Exception:

Private Home Care will receive a different hourly holiday differential based on where they travel. The differential will be paid for Mother's Day and Easter, in addition to all Kaweah Health recognized holidays.

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

Policy Number: HR.13	Date Created: 06/01/2007
Document Owner: Laura Pena (Employee Relations Manager)	Date Approved: 12/18/2024
Approvers: Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
Anti-Harassment and Abusive Conduct	

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

POLICY:

It is the policy of Kaweah Health to provide a work environment free from abusive conduct, sexual or unlawful harassment, and/or any behaviors that undermine a culture of safety. This includes, but is not limited to, race, color, ancestry, religion, religious creed (including religious dress and grooming), sex (including breastfeeding and related medical conditions), sexual orientation (including those who identify as transgender, transgender transitioning, gender expression, gender roles, gender identity), citizenship, primary language, or immigration status (for these purposes as including a perception that the person has any particular characteristic or characteristics within the listed categories or that the person is associated with a person who has, or is perceived to have, any particular characteristic or characteristics within the listed categories), sexual harassment, victim of domestic violence, sexual assault or stalking, national origin, disability, medical condition, mental health conditions such as depression and post-traumatic stress disorder, genetic information (GINA Act of 2008), marital status, same-sex marriage, pregnancy, age, military and veteran services, or any other characteristic protected by law.

This policy applies to all employees and individuals involved in the operations of Kaweah Health, including but not limited to, employees, vendors, independent contractors, individuals working through a temporary service agency, unpaid interns, students, or volunteers, and others doing business with Kaweah Health.

Harassment and Abusive Conduct as defined is prohibited by Kaweah Health and is against the law. All must be aware of:

- a. What Sexual Harassment and Abusive Conduct is;
- b. Steps to take if harassment occurs;
- c. Prohibition against retaliation for reporting

Kaweah Health management and supervisors have a responsibility to maintain a workplace free of all forms of abusive conduct and sexual or unlawful harassment. Kaweah Health will take all reasonable steps to prevent abusive conduct and harassment from occurring.

Sexual harassment is defined as any unwelcome sexual advances, or visual, verbal, or physical harassment of a sexual nature. It is critical to note that it is the perception of the receiver rather than the intention of the offender that will define behavior which constitutes Sexual Harassment. This definition includes various forms of offensive behavior:

1. Verbal Harassment Examples:

Sexual comments, derogatory comments or slurs, epithets, name-calling, belittling, sexually explicit or degrading words to describe an individual, sexually explicit jokes, comments about an employee's anatomy and/or dress, sexually oriented noises or remarks, questions about a person's sexual practices, use of patronizing terms or remarks, verbal abuse, graphic verbal commentaries about the body.

2. Physical Harassment Examples:

Physical touching, assault, impeding or blocking movement, pinching, patting, grabbing, brushing against or poking another employee's body, hazing or initiation that involves a sexual component, requiring an employee to wear sexually suggestive clothing, any physical interference with normal work or movement, when directed at an individual.

3. Visual Harassment Examples:

Displaying sexual pictures, derogatory posters, cartoons or drawings, displaying sexual media or electronic information, such as computer images, text messages, emails, web pages, or multimedia content, displaying sexual writings or objects obscene letters or invitations, staring at an employee's anatomy, leering, sexually oriented gestures, mooning, unwanted love letters or notes.

It is impossible to define every action or all words that could be interpreted as Sexual Harassment. The examples listed above are not meant to be a complete list of objectionable behavior nor do they always constitute Sexual Harassment.

Sexual Harassment does not typically refer to behavior or occasional compliments of a socially acceptable nature. Sexual harassment refers to behavior that is not welcome, that is personally offensive, that fails to respect the rights of others, and unreasonably interferes with work effectiveness.

Employees who have supervisory, managerial, or decision-making authority over another employee are prohibited from engaging in a romantic or dating relationship with an employee they directly or indirectly supervise.

Such relationships create actual or perceived conflicts of interest.

If such a relationship develops or exists, both employees must promptly disclose it to Human Resources so that appropriate steps can be taken to eliminate any actual or perceived conflict of favoritism or abuse of authority.

Violation of this policy may result in corrective action, up to and including termination of employment.

Abusive Conduct is conduct of an employer or employee, in the workplace, with

malice that a reasonable person would find hostile, offensive and unrelated to an employer's legitimate business interests. Abusive conduct may include repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating or the gratuitous sabotage or undermining of a person's work performance.

Abusive conduct behaviors foster medical errors, contribute to poor employee and patient satisfaction, contribute to adverse outcomes, increase the cost of care, and cause employees, and individuals to seek new positions in more professional environments.

Those who are affected or witnesses of Abusive Conduct are encouraged to report any such incidences.

Examples of abusive conduct, intimidating and/or disruptive behaviors include but are not limited to:

- a. Condescending language or voice intonation;
- b. Profane or disrespectful language;
- c. Angry outbursts or yelling, raised voice, name calling;
- d. Disruption of meetings;
- e. Refusal to complete a task or carry out duties;
- f. Intentional failure to follow Kaweah Health's policies;
- g. Retaliation against any person;
- h. Derogatory remarks about others;
- i. Inappropriate touching or assault;
- j. Starting false rumors about others; gossip
- k. Exclusion or social isolation;
- l. Throwing instruments, charts or other things;
- m. Bullying or demeaning behavior;
- n. Abusive treatment of patients or coworkers;
- o. Sexual harassment; sexual comments/innuendos;
- p. Racial, ethnic, or socioeconomic slurs;
- q. Physical attacks, pinching, patting, slapping, or unwanted touch;
- r. Non-constructive criticism to intimidate, undermine confidence, belittle;
- s. Persistent hostility toward a co-worker;
- t. Blames or shames others for possible adverse outcomes;
- u. Threatening to get someone fired;
- v. Unnecessary sarcasm or cynicism;
- w. Threats of violence or retribution;
- x. Criticizing other caregivers in front of patients or others

Overt and passive behaviors undermine team effectiveness and can compromise the safety and satisfaction of patients and employees. Disruptive behaviors are unprofessional, and are subject to Progressive Discipline (see HR.216) up to and including termination.

Unlawful harassment or abusive conduct in any form, including verbal, physical, or visual behaviors, threats, demands or harassing conduct that affect tangible job benefits, that interfere unreasonably with an individual's work performance, or

that create an intimidating, hostile, or offensive working environment, is strictly prohibited. Retaliation for reporting such conduct is also prohibited.

KAWEAH HEALTH'S RESPONSIBILITY

Kaweah Health has an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory, abusive and harassing conduct.

Every department must assure that the work environment is free from all types of unlawful discrimination – including abusive conduct and sexual harassment. Awareness of sexual harassment and abusive conduct requires prompt corrective action from supervisors and managers.

By law, management is held responsible and has personal liability regardless of whether the employer knew or should have known and/or did not do anything about the harassment, and for the actions of their staff members.

In accordance with California AB 1825, all management will receive at least two (2) hours of Sexual Harassment prevention training every two (2) years. Management who is hired, or personnel promoted to management positions will complete the training within six (6) months of hire or promotion.

In accordance with California AB 2053, abusive conduct training has been incorporated into the sexual harassment prevention training for Kaweah Health management in order to prevent abusive conduct in the workplace. In addition, in compliance with SB1343, all employees are required to complete a dedicated one-hour training module every other year.

In accordance with SB425- Kaweah Health will report any written complaint of sexual abuse or misconduct to the appropriate licensing board within 15 days of receiving the written complaint. Individuals may not be aware that their behavior is offensive or potentially harassing.

GENERAL INFORMATION

Once advised of the offending behavior the problem may resolve. If an employee is found to have engaged in sexual harassment, or if a manager is aware of harassing conduct of an employee or individual doing business with the company and does nothing, condones or ratifies it, they may be personally liable for monetary damages. Kaweah Health will not pay damages assessed against an individual personally. Kaweah Health takes seriously its obligation to take all reasonable steps to prevent discrimination and harassment from occurring and recognizes its own responsibility and potential liability for harassment by its supervisors or agents.

If harassment does occur, Kaweah Health will take effective action to stop any further harassment and to correct any effects of the harassment. Whenever possible personnel who feel harassed should inform the harasser that the

behavior is unwelcome and unwanted. If this does not resolve the problem, or if the person feels uncomfortable in expressing their concern, they should follow the following procedure:

PROCEDURE:

- I. Any individual who believes that the actions or words of management, fellow personnel, or another person in the workplace constitutes unlawful harassment or abusive conduct, even if there is no loss of job or economic benefit, has a responsibility to report or complain as soon as possible to their chain of command or to the Chief Human Resources Officer or designee or Chief Executive Officer.

Anyone with knowledge and certainly anyone in a supervisory or management role has a responsibility to inform the Chief Human Resources Officer or designee as soon as possible of any complaint made consistent with this policy.

Individuals can raise concerns and make reports without fear of reprisal or retaliation. All allegations of sexual harassment will be investigated. To the extent possible, confidentiality of the reporting personnel and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure.

- II. The Chief Human Resources Officer or designee will inform the complainant of their rights under appropriate law and the staff member's obligation to secure those rights. Staff members can contact the Department of Fair Employment and Housing for additional information at 800-884-1684 or at www.dfeh.ca.gov
- III. The Chief Human Resources Officer or designee will conduct a thorough, objective, timely and complete investigation of the complaint and recommend imposition of appropriate disciplinary actions, up to and including immediate termination of employment, against violator(s).

The investigation process will include but not be limited to the following:

- A. A timely response;
 - B. An investigation performed by qualified personnel in a timely and impartial manner;
 - C. Documentation and tracking for reasonable progress;
 - D. Appropriate options for remedial actions and resolutions;
 - E. Closure in a timely manner
- IV. Results of the investigation will be communicated to the complainant, to

the alleged harasser, and, as appropriate, to all others directly concerned.

- V. If an investigation reveals that a member of Kaweah Health's Medical Staff is involved or implicated, the matter will be investigated by the Chief Human Resources Officer or designee in consultation with the Medical Staff Leadership. The appropriate Kaweah Health Chief, Chief Medical Officer and Chief Executive Officer will be kept informed as appropriate.

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



Human Resources

Policy Number: HR.63	Date Created: 06/01/2007
Document Owner: Laura Pena (Employee Relations Manager)	Date Approved: 08/23/2023
Approvers: Board of Directors (Administration)	
Timekeeping of Payroll Hours	

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

POLICY:

It is the policy of Kaweah Health to pay employees according to applicable State and Federal regulatory requirements. To ensure accuracy and timeliness of timekeeping, all Directors will be accountable for review of staff member's timecards each pay period, including the appropriate use of pay codes. Delegation of this accountability may only occur if Directors are certain their delegates are trained (pay codes and employee sign offs).

All employees must record their time worked for payroll and benefit purposes. Kaweah Health utilizes the automated time and attendance [TimeKeeper-Workday](#) system to clock in and out using a Kaweah Health computer or wall clock except for the in-home care workers in the Hospice, Private Home Care, and Home Health departments, with the exception of Hospice, Private Home Care, Interpreters, and Home Health Employees.

The [TimeKeeper-Workday timekeeping](#) system records all productive and non-productive hours for the pay period. Each staff member is required to verify these hours for accuracy. Access to the [TimeKeeper-Workday timekeeping](#) system is available through wall readers using the staff member's ID badge or network computers using their network login. Non-exempt staff members must record the time work begins and ends, as well as the beginning and ending time of any departure from work for any non-work-related reason. Staff members must clock out and in for off-duty meal periods. Staff members may also enter all non-productive time as preferred by the leader in the work area (PTO, Jury Duty, Bereavement, etc.).

Employees are not allowed to work off the clock. Work should not be performed until the actual start of the shift nor after the end of the shift. It is expected that employees will be ready to work at their expected work time. Clocking in early may be considered a violation of this policy. It is expected that employees will clock in and out as close to their start and end times as is physically possible. [Clocking in late may be considered a tardy.](#)

[Clocking in late may be considered a tardy.](#)

Staff members are not allowed to clock in or out for others. Altering, falsifying, or tampering with time records is prohibited and will result in disciplinary action up to and including termination of employment.

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Exempt employees are required to record and report full days of absence from work for reasons such as Paid Time Off, etc.

PROCEDURE:

I. Payroll Period Calendar

The payroll period consists of two weeks. The pay period starts on Sunday at 00:00 and ends 14 days later at 23:59. Payday is the following Friday (unless it falls on a holiday). Each work week starts on Sunday at 00:00 and ends on Saturday at 23:59.

II. [TimeKeeper-Workday Timekeeping](#)

[TimeKeeper-Workday](#) shows the hours worked (regular time and overtime, callback time, etc.) that the staff member actually clocked in and out of the [TimeKeeper-Workday](#) system. When the [TimeKeeper-Workday](#) system is not functional, employees may not be able to clock using a computer, but will be able to clock using a wall reader.

If the [Timekeeper-Workday](#) system is down, the wall reader is not available, or the staff member forgets to clock, they are required to submit a missed punch/time entry correction form in Workday. It is expected that employees [usewill use](#) the wall readers or computers to clock in and out.

Leaders are expected to communicate their expectations of how to enter/code other unproductive hours; standby time, Paid Time Off/Extended Illness Bank, jury duty time, bereavement, other hours, ~~other dollars~~ etc. Employees can input their own PTO/PSL and EIB codes to ensure compliance with annual limitations.

III. Failure to Clock

Employees are required to use the [Timekeeper-Workday](#) system consistently for recording their hours worked and for meal periods. After communication and education on the use of the system, more than one missed punch per pay period may be considered excessive. Continuous failure to clock may result in disciplinary action up to and including termination of employment.

IV. Authorizing Hours

Time must be approved utilizing the [sign-off tabreview and submit function](#) by all employees at the end of their last shift for the pay period. Approval can be made at the wall reader but due to time it may take to review their pay period entries, it is encouraged to approve using [the -Workday system on a computer](#). The authorizing leader must [assureensure](#) that all time has been entered correctly.

All time must be approved by leaders or their designees by 11:00 a.m. on a payroll processing Monday. Final lockout for managers is 11:00 p.m. In special situations, payroll processing on weeks when holidays occur may require a different deadline to be established by the Payroll department.

Under regulatory requirements, employers must keep certain records for nonexempt employees, including hours worked each day and total hours worked each workweek. For this reason, employers have the ability to change staff member time records but must ensure that the records accurately reflect the time actually worked. Comments explaining the reason for making the changes are to be noted.

Discrepancies found after the time approving deadline will be reported through a payroll correction by the manager or designee. There may be no "red boxes" noted in any prior or current timecard of a staff member. Manual edit reports are to be reviewed each pay period by leaders. Failure to appropriately review, correct, and approve staff member timecards by leaders may lead to disciplinary action.

V. Guidelines for Travel Time to determine hours to be paid

Seminars, conferences, institutes or workshops inside or outside Kaweah Health's setting that directly impact or contribute to the employee's current job responsibilities may be compensated. If these meetings or courses are deemed "mandatory," there are specific wage and hour laws pertaining to compensation and for compensation for travel time for non-exempt personnel. This time should be coded as "Travel Time".

a Overnight Travel Out of Town for Non-Exempt Employees:

- Leaving From Home: Paid from the moment you leave until arrival at the destination. Normal daily commute time must be subtracted at the start and end of the trip.
- Leaving From Worksite: Paid for all travel time if you report to work first. Normal daily commute time is only subtracted at the end of the day.
- Non-Compensable Time: Time when the employee is free to engage in purely personal pursuits and sleep time are not compensable.

b Meal and Rest Period Policy:

- Regardless of the type of travel, if paid productive hours, employees are required to comply with the meal and rest period policies on any travel date.
- Applies to mandatory seminars, conferences, institutes or workshops inside or outside the District setting that directly impact or contribute to the employee's current job responsibilities.
- Refer to HR.70 Meal Periods, Rest Breaks, and Breastfeeding, and/or Lactation Accommodation.

Time spent by employees attending training programs, lectures and meetings are not counted as hours worked if the attendance is voluntary on the part of the employee and all of the following criteria are met:

- Attendance is outside of regular working hours:

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- Attendance is voluntary and employment will not be affected by non-attendance;
- The course, lecture, or meeting is not prescribed by Kaweah Health;
- The employee does not perform any productive work during such attendance.

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Policy Number: HR.04	Date Created:12/19/2019
Document Owner: Laura Pena (Employee Relations Manager)	Date Approved: 05/27/2026
Approvers: Board of Directors (Administration)	
Special Pay Practices	

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

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

Pay Practices:

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

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

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

Donning and Doffing Sterile Scrubs

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

Sleep Pay

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

Advanced Practice Provider Incentives

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

Nursing Education Recognition Program

Employees in eligible bedside Registered Nurse jobs below are eligible for a \$1 pay differential added to their base pay for a Bachelor of Science in Nursing (BSN) and \$2 pay differential added to base pay for a Master of Science in Nursing (MSN). Employees who have a BSN or MSN submit their degree to Human Resources for primary source verification. Effective upon pay period following submission/validation of degree.

- Registered Nurse
- Registered Nurse (driving)
- RN Intern
- RN-Oncology Office
- RN-Lead Mentor
- RN-Rapid Response Nurse
- Charge Nurse
- RN-First Assistant
- RN-Cardiac First Assistant

Cell Phone Allowance

Staff who are required to use their personal cell phone for work purposes will receive a monthly mobile phone allowance. The amount of the allowance is dependent upon the usage. Staff who use their personal cell phone for multi-factor authentication (MFA) to log in to their systems while at work will receive a \$5/monthly allowance. All supervisors and above, and staff who are required to use their personal cell phone for anything work-related beyond multi-factor authentication (MFA), will receive a \$23/monthly allowance.

Special Pay Practices

2

Private Home Care Holiday

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

Private Home Care On-Call

Eligible Job Codes:

- ~~PHC Staffing Coordinator: 0123 (Base rate of pay for a minimum of 4 hour for on-call)~~

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Policy Number: HR.234	Date Created: 06/01/2007
Document Owner: Laura Pena (Employee Relations Manager)	Date Approved: 05/27/2026
Approvers: Board of Directors (Administration)	
Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014	

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

POLICY:

This policy explains Paid Time Off (PTO), Extended Illness Bank (EIB) and- Paid Sick Leave (PSL) under the Healthy Workplace, Healthy Families Workplace Act of 2014. PTO is available to full-time and part-time employees who are benefit eligible and may be used for leisure, celebration of holidays, short-term illness and other personal needs. EIB is offered to full-time and parttime benefit eligible employees for extended illness and Kin Care.

Private Home Care staff, temporary staff/interims and Per Diem staff do not qualify for PTO or EIB but are eligible for Paid Sick Leave (PSL) ~~this policy~~.

Excessive occurrences of unapproved time off may result in disciplinary action. See Policy HR.184 Attendance and Punctuality.

This policy does not apply to Graduate Medical Education

PROCEDURE:

Eligibility and Accrual for PTO and EIB

Full-time and part-time employees who are benefits eligible begin earning PTO and EIB starting with the first pay period they become eligible such as, upon date of hire or transfer. If an eligible employee is changed to a non-eligible status, the PTO and EIB time accrual will stop. The employee will receive a lump-sum payment for any unused PTO they earned, paid at 100% of their hourly rate of pay before the status change.

If a non-eligible employee is changed to an eligible status, the employee begins accruing PTO and EIB as of the first pay period in which the status change became effective; at this time the separate PSL accrual will stop. An eligible employee accrues PTO (including PTO PSL) and EIB.

Effective 06/25/2025, EIB accrual will be reinstated for employees who leave Kaweah Health and are rehired as follows:

- a. If left as non-benefited and rehired as a non-benefited, we will reinstate the ending available EIB balance into a reserve bucket. These hours are available for use.
- b.
- c. If terminated as a benefited and rehired as benefited, we will reinstate the ending EIB balance.
- d. If terminated as non-benefited and rehired as benefited, we will reinstate the ending available EIB balance from the reserved EIB balance (if any).
- e. If terminated as a benefited and rehired as non-benefited, we will reinstate the ending available EIB balance up to the 80-hour maximum, placing the excess EIB balance into a reserve bucket. These hours are not available for use.

Employees accrue PTO and EIB based on years of service. Accruals are earned on up to 80 eligible hours per pay period. The bi-weekly pay period begins at 12 AM on a Sunday and ends at 11:59 PM on the last Saturday of the pay period. Qualified service hours which count towards a year of service for the accrual rate include the following: regular hours worked (non-overtime), Flex Time Off, PTO FMLA, PTO unscheduled, PTO/PSL, PTO Sick/Pregnancy, PTO/Workers Compensation, Sitter Pay, Sleep Pay, PTO hours, bereavement hours, jury duty hours, training/workshop hours, orientation hours, ~~and~~ mandatory dock hours, etc. Neither EIB nor PTO accruals will be earned while employees are being paid EIB hours.

PTO/PSL will accrue under PTO for benefited part-time and full-time employees, provided they meet these eligibility requirements:

- Must be employed for 30-days;
- May use beginning at 90-days of employment;
- Will be paid to the extent of an employee's accrued hours only
- Limited to use up to 40 hours or five (5) days whichever is greater of accrued time in each calendar year.

All Other Employees					Directors					Chiefs				
Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours Accrued per pay period	PTO Days per year
0.0	4.9	0.084625	6.77	22	0.0	4.9	0.103875	8.3	27	0.0	1.0	0.103875	8.3	27
5.0	9.9	0.103875	8.31	27	5.0	9.9	0.123000	9.8	32	1.1	4.0	0.123000	9.8	32
10.0	14.9	0.123000	9.84	32	10.0	14.9	0.142250	11.4	37	4.1	9.0	0.142250	11.4	37
15	19.9	0.126875	10.15	33	15	19.9	0.146125	11.7	38	9.1	13.5	0.146125	11.7	38
20	24.9	0.130750	10.46	34	20	24.9	0.150000	12.0	39	13.6	18.0	0.150000	12.0	39
25	26.9	0.134625	10.77	35	25	26.9	0.153875	12.3	40	18.1	22.5	0.153875	12.3	40
27	28.9	0.138500	11.08	36	27	28.9	0.157750	12.6	41	22.6	27.0	0.157750	12.6	41
29+		0.142375	11.39	37	29+		0.161625	12.9	42	27.1		0.161625	12.9	42

Eligibility and Accrual for PRN-PSL

PRN-PSL eligible employees include Per-Diem (PRN), Private Home Care, and PartTime non- benefit eligible employees. Eligible PRN-PSL employees will accrue at the rate of one hour per every 30 hours worked (.033333 per hour); accrual begins as of the first pay period.

To qualify for use of PSL leave an employee must:

- Must be employed for 30-days;
- May use beginning at 90-days of employment;
- Will be paid to the extent of an employee's accrued hours only.
- Limited to use up to 40 hours or five (5) days, whichever is greater of accrued time in each calendar year.

PRN-PSL will carry over to the following calendar year not to exceed 69.16 hours of accrual in any calendar year.

Maximum Accruals

The maximum PTO accrual allowed for exempt and non-exempt staff is 445 hours.

The maximum PTO accrual allowed for Directors and Chiefs is 505 hours.

The accrual will cease once the maximum accrual is reached until PTO hours are used or cashed out.

The maximum EIB accrual is 2000 hours.

The maximum PRN-PSL accrual is 120 hours in a calendar year.

No payment is made for accrued EIB or PRN-PSL time when employment with Kaweah Health ends for any reason.

Requesting, Scheduling, and Access to PTO, EIB and PSL

Employees are required to use accrued PTO for time off for illness or unexpected absence occurrences.

Routine unpaid time off is not allowed. Any requests for unpaid time should be considered only on a case-by-case basis taking into consideration the need for additional staffing to replace the employee and other departmental impacts. It is the responsibility of management to monitor compliance. Employees should be aware that unpaid time off could potentially affect their eligibility for benefits.

Any planned request for PTO time, whether for traditional holiday, for vacation time or otherwise must be approved in advance by management. Management will consider the employees' requests as well as the needs of the department. In unusual circumstances, management may need to change the PTO requests of employees based upon the business and operational needs of Kaweah Health. In such situations, Kaweah Health is not responsible for costs employees may incur as a result of a change in their scheduled PTO time.

AB 1522 Healthy Workplace Healthy Families Act of 2014

An employee may utilize up to five (5) days or 40 hours, whichever is greater, of PTO or PSL in a calendar year (January-December). For example:

- For employees who work 12-hour shifts, the employee will be entitled to use up to 60 hours of paid sick leave (5 days x 12 hours).
- An employee who works 10-hour shifts will be entitled to use up to 50 hours (5 days x 10 hours).
- An employee who works 8-hour shifts will be entitled to use up to 40 hours (5 days x 8 hours).
- Alternatively, if an employee works only 6 hours a day and takes five days of paid sick leave, for a total of 30 hours, the employee will still have 10 hours remaining.

Employees may use PTO, PSL or PRN PSL for the following purposes:

- a) Diagnosis, care, or treatment of an existing health condition, or preventative care for an employee or an employee's designated person, family member, as defined as employee's parent, child, spouse,

registered domestic partner, grandparent, grandchild, and siblings.

b) "Family Member" means any of the following:

- i. A child, which for purposes of this policy means a biological, adopted or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis; this definition of child is applicable regardless of age or dependency status.
- ii. A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
- iii. Spouse
- iv. Registered domestic partner
- v. Grandparent
- vi. Grandchild
- vii. Sibling
- viii. "Designated Person": AB 1041 expanded the definition of family member to include a "designated person" who does not have to be a family member.

c) Designated Person means the following:

- i. Under the California Family Rights Act (CFRA) and California Healthy Workplaces Health Families Act (HWHFA) an employee will be able to identify a designated person for whom they want to use leave when they request unpaid CFRA or paid HWHFA.

d) AB 2499 and AB 406

- i. Employees who are victims of a qualifying act of violence or whose family member is a victim of a qualifying act of such violence, may be entitled to protected leave as provided by law. A qualifying act of violence includes domestic, sexual assault, and other acts, conduct or

threats involving injury, death, or the use of a firearm or another dangerous weapon.

- ii. Employees may use available PSL or PTO for medical care, counseling, victim-advocacy services, relocation or safety planning related to a qualifying act of violence. This includes time needed to attend or prepare for court or law-enforcement proceedings, obtain protective orders or participate in the criminal justice process related to the qualifying act of violence.

There is no cash out provision for the PSL accrual, including upon termination of employment or with a status change to a benefit eligible position. However, if an employee separates from Kaweah Health and is rehired within one year, previously accrued and unused PSL will be reinstated.

PTO and PSL time taken under this section is not subject to the Progressive Discipline Policy HR.216.

Time Off Due To Extended Illness

Employees who are absent due to illness for more than three (3) consecutive work days should notify their manager and contact the Human Resources Department to determine if they are eligible for a leave of absence. Accrued EIB can be utilized for an approved continuous leave of absence beyond three (3) days and if admitted to a hospital or have a medical procedure under anesthesia. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note. If applying for a continuous leave of absence, accrued PTO may be applied for the first twenty-four (24) hours at the employee's regular shift length, if leave is for your own medical condition.

Employees who are absent due to illness for more than seven (7) consecutive days should file a claim for California State Disability Insurance. Claim forms are available in Human Resources. State Disability payments will be supplemented with any accrued EIB time by the Payroll Department and PTO at the employee's request.

Employees who are absent due to a Worker's Compensation injury for less than 14 days, there is a three (3) day waiting period before TTD (Total Temporary Disability) will begin. The first three (3) days is paid using accrued EIB hours. If the employee is off work more than 14 days, TTD begins on day one (1).

Employees who are absent with an Intermittent Leave under FMLA/CFRA are required to use accrued PTO for their absences, at no less than one hour and no more than the regular length of the shift.

Time Off Due to EIB Kin Care

Kin Care allows eligible employees to use up to one-half (1/2) of the Extended Illness Bank (EIB) that they accrue annually in a calendar year to take time off to care for a sick family member.

Only employees who accrue EIB are eligible for EIB Kin Care. No more than one-half of an employee's EIB accrual in a calendar year period can be counted as Kin Care. An employee who has exhausted their EIB and then is absent to care for a sick family member cannot claim that absence under EIB Kin Care.

Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, "child" means a biological, foster, or adopted child, a stepchild, a legal ward, a child of a domestic partner, or a child or a person standing in loco parentis, parents, parents-in-law, siblings, grandchildren and grandparents EIB time taken under this section to care for an immediate family member is not subject to the Progressive Discipline Policy HR.216.

Holidays

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

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

Business departments and/or non-patient care areas will typically be closed in observance of the noted holidays. Where this is the case, employees assigned to and working in these departments will be scheduled for a day off on the day the department is closed. Employees affected by department closures for holidays should maintain an adequate number of hours within their PTO banks to ensure that time off is with pay.

In business departments and/or non-patient care areas, holidays, which fall on Saturday, will typically be observed on the Friday preceding the actual holiday and holidays, which fall on Sunday, will be observed on the Monday following the actual holiday.

Employees who work hours on some of these holidays may be eligible for

holiday differential. For more information on eligibility, see policy HR.75 Differential Pay-Shift, Holiday, and Weekend.

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



Human Resources

Policy Number: HR.70	Date Created: 06/01/2007
Document Owner: Laura Pena (Employee Relations Manager)	Date Approved: 05/27/2026
Approvers: Board of Directors (Administration)	
Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation	

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

PURPOSE:

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

MEAL PERIOD POLICY AND PROCEDURE:

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

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

30-minute uninterrupted meal periods are to be scheduled by Kaweah Health Leaders; it is each employee's responsibility to ensure that they are taking appropriate meal periods as scheduled and as set forth in the policy. Kaweah Health retains the right to set work schedules, including meal periods and rest break schedules. Employees must clock out for a full 30-minute meal period, unless work obligations require them to clock in early.

Meal periods will be unpaid only if the employee is relieved of all duty for at least 30 minutes and the employee is not interrupted during the meal period with work-related requests. Non-

~~exempt employees may leave the organization premises during meal periods but are to notify their supervisor if they do leave and inform them when they return.~~

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

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

The beginning and end of each meal period must be accurately recorded ~~on the timecard or in~~ the timekeeping system. Employees must select "meal" as the reason for clocking out/in and answer attention question accurately.

At the end of each shift, non-exempt employees will answer an attestation question confirming whether work prevented them from taking a compliant meal period. If work did interfere with taking a compliant meal period, employee must notify their leader. The leader will add an hour of premium pay in the timekeeping system.

MEAL PERIOD WAIVER:

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

REST BREAK POLICY AND PROCEDURE:

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

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

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

ADDITIONAL INFORMATION:

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

Employees may not shorten the normal workday by not taking or combining breaks, nor may employees combine rest breaks and meal periods for an extended break or meal period. Non-Exempt employees are entitled to rest breaks as follows:

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

How Many Meal Breaks-Periods Must be Taken:

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

BREASTFEEDING AND/OR LACTATION ACCOMMODATION

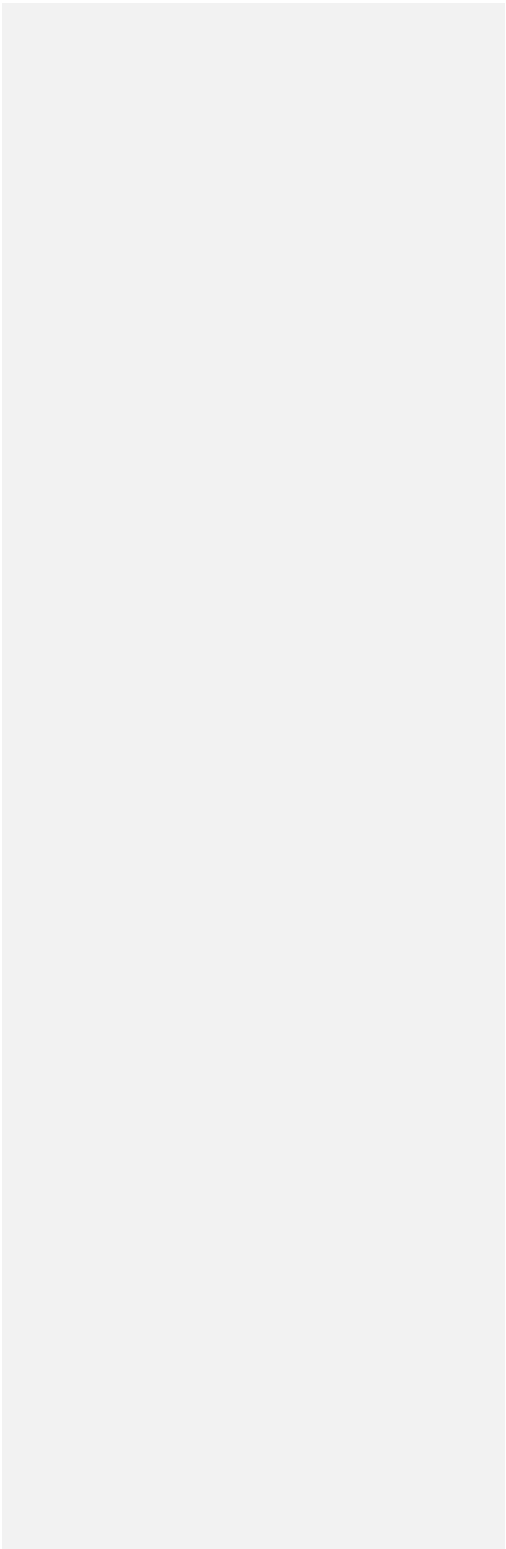
Kaweah Health is compliant with the Pregnant Workers Fairness Act (PWFA) requirements and the Providing Urgent Maternal Protections for Nursing Mothers Act (PUMP Act). Kaweah Health will provide a reasonable amount of break time to allow an employee to express breast milk for that employee's infant child.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

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

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

- a) Mineral King Wing, 1st Floor MK lobby by Lab Station
- b) Mineral King Wing, 2nd Floor on the left heading to ICU
- c) Mineral King Wing, 3rd Floor on the left just past the stairwell
- d) Acequia Wing, Mother/Baby Department
- e) Support Services Building, 3rd Floor, (Computer available)
- f) South Campus, next to Urgent Care Lobby
- g) Imaging Center, in the X-Ray Dressing room (135)
- h) Mental Health Hospital, Breakroom Suite
- i) Visalia Dialysis, Conference Room, (Computer available)
- j) Exeter Health Clinic, Family Practice Department, (Computer available)
- k) Woodlake Health Clinic, (Computer available)
- l) Dinuba Health Clinic, (Computer available)
- m) Lindsay Health Clinic, (Computer available)
- n) Rehabilitation Hospital, next to Outpatient Speech Therapy Office
- o) Mental Health Hospital, Breakroom Suite
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"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."



Policy Number: HR.62	Date Created: 06/01/2007
Document Owner: Laura Pena (Employee Relations Manager)	Date Approved: 12/19/2025
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (Chief Human Resources Officer)	
Exempt Employees Pay/Salary Basis Safe Harbor Provision	

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

POLICY:

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

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

PROCEDURE:

I. Exceptions to the Salary Basis Rule

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

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

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

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



Kaweah Health

IN THE CITY OF VISALIA, CALIFORNIA

This is to certify that

Eduardo Emilio Amaya, M.D.

Has satisfactorily completed a

Residency in Emergency Medicine

6/19/2023 through 6/14/2026

Board President

Angie R. Smith
Chief Medical Education Officer
Designated Institutional Official

Chief Executive Officer

Program Director



Kaweah Health

IN THE CITY OF VISALIA, CALIFORNIA

This is to certify that

Sergio Arrequin, M.D.

Has satisfactorily completed a

Residency in Emergency Medicine

6/19/2023 through 6/14/2026

Board President


Chief Medical Education Officer
Designated Institutional Official

Chief Executive Officer

Program Director

FIRST AMENDMENT TO CHIEF EXECUTIVE OFFICER AGREEMENT

This is an amending to the Chief Executive Officer Agreement, which became effective December 22, 2025 (“Agreement”), between Kaweah Delta Health Care District (“KDHCD”) and Marc Mertz (“Mr. Mertz”).

A. Purpose

The purpose of this Amendment is to document a merit-based salary increase for the CEO’s exceptional performance through and including June 30, 2026.

B. Compensation Modification

Effective as of July 1, 2026, Section 4.a of the Agreement is modified, in pertinent part, with the following to reflect a merit increase of three and one-half percent (3.5%):

4. Total Compensation. As compensation for performing the duties of CEO, during the term of this Agreement, Kaweah Health shall pay Mr. Mertz the total compensation described below.

a. Base Salary. Beginning July 1, 2026, Mr. Mertz shall be paid an annual base salary of One Million Forty-Four Thousand Nine Hundred Thirty-Six Dollars and Zero Cents (\$1,044,936.00). Kaweah Health shall pay Mr. Mertz his base salary in equal biweekly installments, except for the amount, if any, Mr. Mertz wants contributed to a deferred income program.

C. No Other Changes

Except as expressly modified by this Amendment, all terms, conditions and provisions of the Agreement shall remain in full force and effect.

D. Signatures

By signing below, both KDHCD and Mr. Mertz accept and agree to the changes outlined in this Amendment.

KAWEAH DELTA HEALTH CARE DISTRICT

CHIEF EXECUTIVE OFFICER

By _____
David Francis, Board President

By _____
Marc Mertz, CEO

MY JOURNEY, MY PURPOSE, OUR FUTURE

Jewel Calub, DNP, RN, NEA-BC, CPXP
Chief Nursing Officer

From calling → to leadership → to our shared future.

KAWEAH HEALTH • NURSING EXCELLENCE

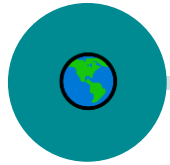


kaweahhealth.org



A JOURNEY ROOTED IN PURPOSE & GROWTH

Four places. Four chapters. One enduring belief: nursing is service.



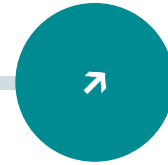
PHILIPPINES

Where my calling began



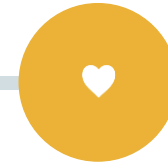
LEXINGTON, KY

My first U.S. chapter



ORLANDO, FL

Leadership expansion



VISALIA, CA

Honored to serve as CNO

“My journey started with compassion — and continues with a commitment to transform nursing.”

THE PEOPLE WHO INSPIRE MY LEADERSHIP

Family keeps me grounded — and reminds me why compassion matters.



MY WHY

**Lead with compassion.
Build belonging.
Help nurses thrive.**

“The strongest leaders never lose sight of the people they serve.”



OUR MISSION: ADVANCING NURSING EXCELLENCE

Our nursing mission is the bridge between purpose and practice.

To advance nursing excellence through compassionate, evidence-based care; empowerment, professional growth, innovation, and interdisciplinary partnership—improving the health of every person, every time.



EXCELLENCE

Clinical excellence
& high reliability



EMPOWERMENT

Voice, autonomy
& influence



GROWTH

Learning, certification
& advancement



COMPASSION

Human-centered care
for all

OUR VISION: BECOMING A GLOBAL NURSING LEADER

To be a global leader in nursing excellence—the destination and hospital of choice for nurses to build exceptional careers, practice at the top of their profession, and transform the health of our patients and communities.

01

GLOBAL
LEADER

02

DESTINATION
EMPLOYER

03

CAREER
OF CHOICE

04

EXCEPTIONAL
PATIENT CARE

BOLD VISION • BIGGER POSSIBILITY • SHARED ACCOUNTABILITY

2026-2027 NURSING STRATEGIC PLAN

 Provide an Ideal Working Environment	 Empower Through Education	 Achieve an Outstanding Community Health	 Deliver Excellent Service	 Maintain Financial Health
NURSING PRIORITY 1	NURSING PRIORITY 2	NURSING PRIORITY 3	NURSING PRIORITY 4	NURSING PRIORITY 5
Create a healthy work environment (HWE) that promotes team performance, innovation, engagement, and fosters nurse retention	Advance and promote the professional practice of nursing	Cultivate a culture of safety, quality, and accountability across nursing and collaborative practice to advance High Reliability and ensure consistently safe, high-quality patient care.	Elevating customer experience to achieve and sustain CMS 5-Star performance	Strengthen interprofessional collaboration and care coordination to ensure safe, seamless transition and improved patient outcomes.
Objectives	Objectives	Objectives	Objectives	Objectives
A. Develop training competencies for unit leaders to create a HWE in their units. B. Promote and support awards & recognition programs C. Enculturate the Kaweah Behavior Standards into practice D. All new nurse leaders to participate in the Nursing Leadership Programs E. Leaders and peers promote nurse engagement in their nurse practice councils F. Partner with nursing leadership across the system to redesign & optimize workforce	A. Empower autonomy in practice by promoting robust nurse practice councils & unit led PDSAs B. Promote professional nursing practice with the RN Clinical Advancement Program C. Promote and establish Nurse Driven Protocols for safe patient care. D. Optimize use of clinical practitioners in care delivery utilizing them at the top of their license. E. Promote high level of nursing education and certifications in field of expertise in nursing practice.	A. Outperform benchmarks and meet Kaweah Health at the top level for nursing sensitive indicators: HAPI, Falls, CAUTI, CLABSI, C- Diff, VAP, MRSA B. Improve RN perception of Quality & Safety of care C. Develop a comprehensive plan to Improve medication safety D. Reduce workplace violence incidences E. Reinvigorate and refocus the Operation Safety Huddle to build a culture of safety, identify and address risks proactively, and keep quality and safety of patient at the center of our daily work.	A. Attain at or above 75th percentile for the "Would Recommend" HCAHPS score. B. Improve Teamwork across all service line and promote patient centered care. C. Outperform the NRC benchmark for nursing communication. D. Consistent performance of the Nursing Bundle (Nurse Leader Rounds, Bedside Shift Report, and Purposeful Rounding).	A. Improve ED patient access to achieve a <0.9% LWBS target B. Optimize Multidisciplinary Rounds to reduce LOS and improve communication and collaboration with other service lines. C. Optimize the management of telemetry services D. Utilize discharge lounge to facilitate throughput and safe discharge of patients E. Strengthening collaboration between inpatient, ED, surgery, and ambulatory and outpatient services to streamline care transitions. F. Implement a robust ED Escalation Process for safe and timely transition of admitted patients.

2026-2027 NURSING STRATEGIC PLAN

G. Establish partnerships and affiliations with local professional organizations. H. Adopt and implement the ANCC Magnet Standards I. Obtain ANCC Beacon Award recognition for inpatient and ambulatory services. J. Obtain Lantern Award for the ED. K. Maximize recruitment strategies.				
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ONE DIRECTION • ONE STANDARD • ONE NURSING CULTURE

KAWEAH HEALTH MISSION

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

NURSING MISSION

**Advance Nursing Care • Empowerment • Growth
Innovation • Partnership**

NURSING VISION

**To become a lobar leader + destination
of choice for nurses**

When our mission, vision and actions align, culture becomes a competitive advantage.

WHAT SUCCESS LOOKS LIKE

A nursing culture where people thrive — and patients feel the difference.



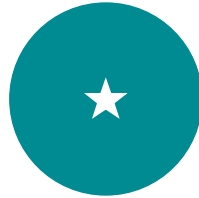
JOIN

**Nurses want
to join us**



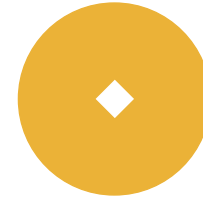
STAY

**Nurses want
to stay**



GROW

**Nurses want
to grow**



LEAD

**Nurses want
to lead**



EXCEL

**Patients experience
excellence**

OUR NORTH STAR

COME • GROW • LEAD • STAY

COME

GROW

LEAD

STAY

Make Kaweah Health the place where exceptional nurses want to COME, GROW, LEAD, and STAY.

Global nursing leadership begins with an environment where nurses can thrive.

kaweahhealth.org



MY PRIORITIES AS YOUR NEW CNO

Leading with purpose, heart — and accountability.



TRANSPARENCY

Clear communication.
No surprises.
Share the why.



TRUST

Listen first.
Keep commitments.
Lead with integrity.



COLLABORATION

One team.
Shared accountability.
Win together.



PATIENT-CENTERED CARE

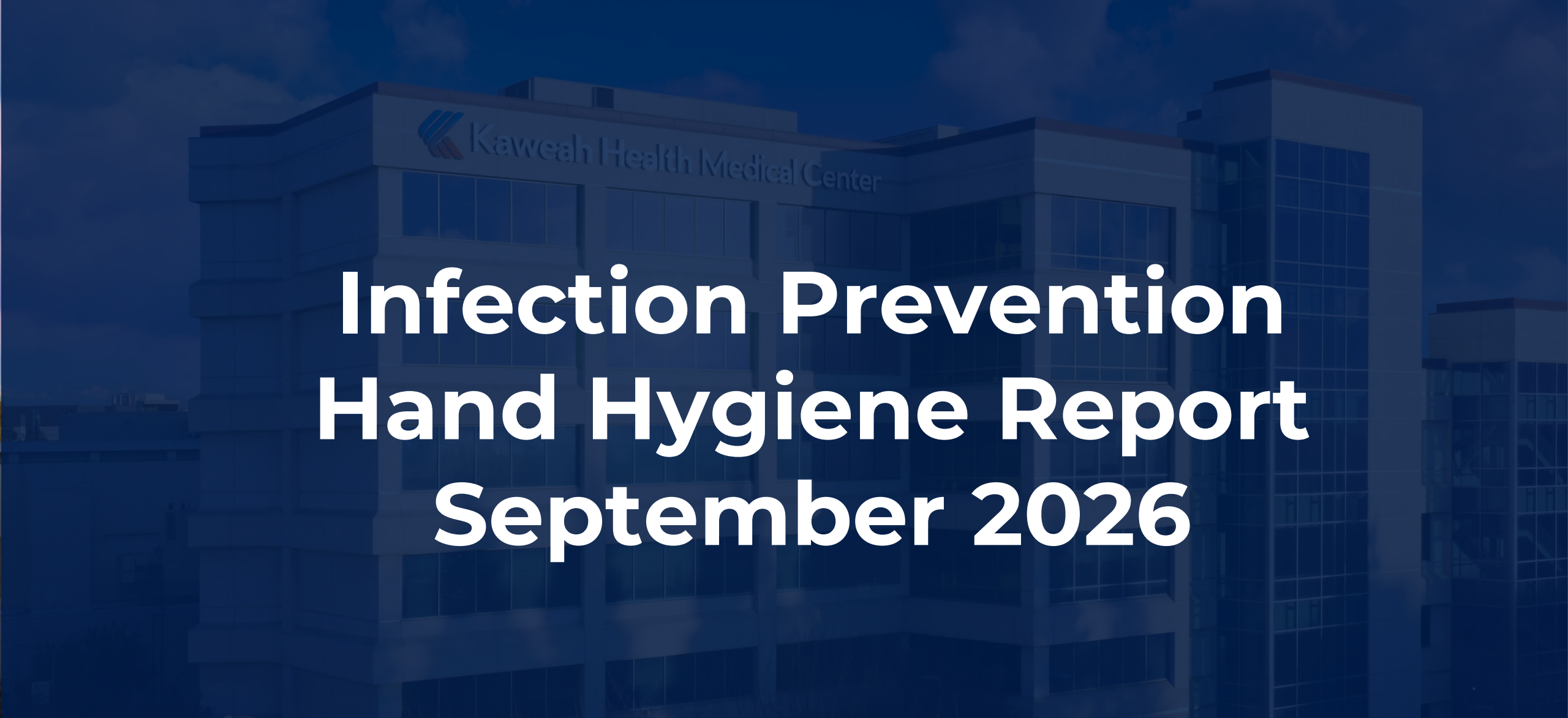
Every decision starts with
the patient, family & community.

BE VISIBLE • BE ACCESSIBLE • LISTEN • LEARN • ACT

TOGETHER, WE SHAPE THE FUTURE OF NURSING

Thank you for your commitment, courage and compassion.

Together, we will build a nursing culture where excellence is expected,
people are empowered, and nurses can thrive.



Infection Prevention Hand Hygiene Report September 2026



kaweahhealth.org

Why Hand Hygiene Matters

The clinical and strategic case behind the numbers

1

A Safety Standard

Hand Hygiene is the most evidence-based, modifiable interventions in patient safety, rooted in decades of infection prevention research and the World Health Organization (WHO) "5 Moments" methodology our monitoring program is built around.

2

The Direct Line to Hospital Associated Infection (HAI) Reduction

Hand hygiene compliance is the primary modifiable risk factor for CLABSI, CAUTI, C. diff, and MRSA transmission, the same hospital-acquired infection (HAI) measures tracked elsewhere in our quality program. **CDC's *Guideline for Hand Hygiene in Health-Care Settings* identifies inadequate hand hygiene as "the leading cause of health-care-associated infections."**

3

A Barometer for IP Culture

Compliance trends serve as a leading indicator for broader infection prevention discipline. Units with lower hand hygiene compliance frequently show lower adherence to other protocols — PPE use, isolation precautions, and central line maintenance bundles.

Quality Priorities

Goal:

Protect patients from preventable harm by ensuring reliable, consistent hand hygiene practice across every point of patient care.

Objectives:

- **Sustain hand hygiene (HH)** compliance at or above 95% systemwide
- **Drive timely, accountable improvement** for underperforming units through structured review, escalation, and corrective action.
- Maintain full adherence to **Leapfrog Hospital Safety Grade** hand hygiene standards

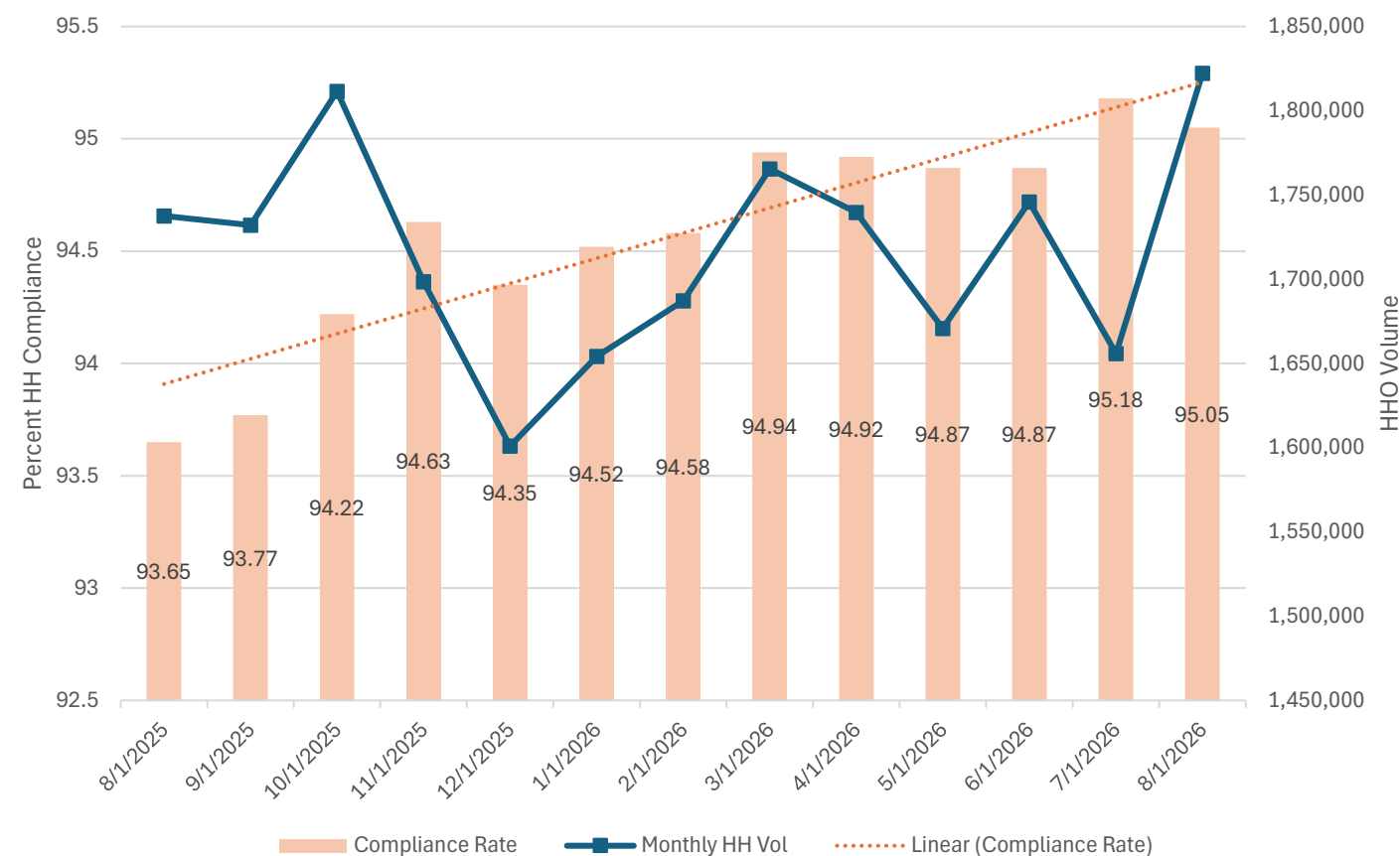
Quality Initiatives:

1. **Achieve and Sustain $\geq 95\%$ BioVigil Hand Hygiene Compliance System-Wide**
2. **Reduce Variance Between Highest- and Lowest-Performing Units**
3. **Strengthen Post-Event Hand Hygiene Review**

*Improvement in these **Quality Initiatives** Reduces downstream risk of hospital-acquired infections*

Kaweah Health Hand Hygiene Program

Rolling 12-month volume of hand hygiene activities compared hand hygiene compliance rate.



Productivity

- Hand hygiene monitoring volume has increased in FY2026, reflecting expanded BioVigil coverage across units.
- Compliance has improved and now meets the established organizational goal.
- A total of 22,458,009 hand hygiene opportunities in FY2026 to date.

Enforcement

- Hand hygiene compliance is a standard component of every HAI event investigation.
- Units falling below compliance thresholds are required to develop a corrective action plan, presented to the Executive Team and organizational leadership for review and approval.
- Human Resources is engaged when an individual's failure to perform hand hygiene is identified as a contributing factor in an HAI event.

Patient Experience

- Hand hygiene signage is displayed throughout the hospital to reinforce expectations and signal our commitment to safety.

Hand Hygiene Program-Leapfrog

Leapfrog Survey Required Activities

Why Leapfrog Matters Here

Hand hygiene performance directly impacts Kaweah's public safety grade. Kaweah is fully compliant with all Leapfrog-required activities, supporting our "A" Letter Grade.

Leapfrog Survey Required Activities-Overview

New hire orientation: Hand hygiene technique and competency verification
Ongoing education: Hand hygiene importance, technique and opportunities
Staff training video: Shown at orientation
Supply monitoring: Quarterly EVS audits of soap, paper towels, and sanitizer supplies
Visual cues: Hand hygiene reminders posted throughout the hospital
Dual monitoring: BioVigil electronic system ***PLUS*** manual observations (3,000+ concurrent observations in FY2026)
Leadership reporting: Compliance data shared for action

Going Above and Beyond at Kaweah Health

HAI event review: Hand hygiene compliance is reviewed for each reported HAI to assess contributing factors.
Monthly performance transparency: Leadership presents unit-level hand hygiene rankings, highlighting the top and bottom 5 performers; units sustaining 3 consecutive months at the top are celebrated quarterly.
Executive sponsorship: Strong leadership support drives continued gains in compliance and BioVigil usage.



[kaweahhealth.org](https://www.kaweahhealth.org)



Clinical Laboratory

Patient Safety Committee Report
September 2026



kaweahhealth.org



Program Overview: Clinical Laboratory CQI

7+ million tests per year — up to 70% of diagnosis and treatment decisions rely on lab results

- Multiple specialty areas (Microbiology, Chemistry, Hematology, Blood Bank, and others), each tracked against its own quality metrics
- Required to show documented improvement at every step: specimen collection, testing, and result reporting
- The following slides cover 3 quality initiatives, one for each process step

Quality Priority: to provide timely, accurate and reliable laboratory services that support patient care, timely diagnosis and treatment, and improved clinical outcomes.

Quality Initiatives:

- 1. Minimize Blood Culture Contamination**
- 2. Maximize “AM Run” throughput**
- 3. Ensure timely Critical Value Reporting**

Quality Initiative #1: to reduce the amount of blood culture contamination to 2%, or less

BLOOD CULTURE CONTAMINATION RATES - Rolling 12 Months

LOCATION: Month =	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	AVE.
ED bld cult contam rate (%):	2.22	2.10	3.12	3.58	4.15	3.12	2.76	3.92	3.01	3.19	3.97	2.52	3.14
Lab bld cult contam rate (%):	1.13	1.76	0.83	0.74	1.52	0.49	1.38	1.63	2.02	1.98	2.32	2.34	1.51
RN (non-ED) bld cult contam rate (%):	0.00	1.61	2.13	1.72	1.19	3.17	0.00	1.49	0.00	2.00	0.00	5.56	1.57

Color Key: GREEN = At Benchmark; Yellow = Within 1% of Benchmark; RED = Above the "Action Level"

Approx. monthly overall draw volumes = 1,700-2,000 blood cultures; Average percentage of draw volume by group: ED = 63%; Lab = 34; RN (Not ED) = 3%

Current status: Goal (monthly) Not Met. The annualized goal was met.

- Lab contamination rates have trended upwards, exceeding the 2% benchmark in May, July and August for the first time since January 2024.
- Root cause analysis:
 - a) Inconsistent antiseptic dwell time (time disinfectant must sit before the draw to kill surface bacteria) during venipuncture
 - b) Overuse of syringes to draw samples leading to higher skin contaminants

Interventions include: additional training for newly hired staff (completed in July and ongoing) and increased auditing to ensure compliance to protocol

Quality Initiative #2: to complete 83% of “AM run” daily test orders by 0730

MORNING RUN THROUGHPUT REPORT													
Benchmark = 83%													
Month =	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Rolling 12 Mo Ave.
Total Monthly Rate:	86	87	88	86	84	83	84	85	87	85	87	84	86
Weekend Only Rate:	86	85	89	83	79	82	83	81	87	85	86	81	84

Current status: Goal Met

The “AM run” is the batch of overnight test orders that must finish before morning rounds — late completion can delay diagnosis and discharge. Opportunities for Improvement: “AM Run Throughput” is the most important daily measure of Lab operational integrity and is an important length of stay component. When the daily goal is not met, over 95% of the time it is due to CPT (Certified Phlebotomy Technician) coverage gaps, or staffing integrity, which is more pronounced on the weekends (as shown by the subset in the chart above). This is closely monitored and a variety of interventions are being actively deployed, including: advanced training of Team Lead personnel, acquisition of additional per diem CPT staff, up-staffing of morning run scheduled personnel, etc.

Color key: green = target met, yellow = target missed.

Quality Initiative #3: ensure critical values results are communicated to the provider per policy

Critical Findings Measure	Target	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	12 month Avg
% of critical findings communicated to primary car provided per policy	100%	100%	100%	100%	100%	100%	100%	99.90%	100%	99.90%	100%	100%	100%	100%
Total # of critical call results		3766	3772	3357	4142	3685	3727	3971	3228	3565	3340	3718	3950	44221

Current status: Goal Met

Critical results are defined as potentially life-threatening and must be communicated to the provider emergently

Opportunity for Improvement:

- Two cases of completed, but delayed, notification of outpatient critical results due to the provider not being available

Follow up:

- In both cases, the Lab Medical Director stepped in and communicated directly with the patient
- Lab staff have since adopted a "who's on call" application to more easily identify the on-call provider

Bottom Line for the Board

Summary

- 1. Critical Value Reporting — Goal Met**
- 2. Blood Culture Contamination — Not Met monthly;
training underway**
- 3. AM Run Throughput — Goal Met**

Board action requested: None — informational report

Questions?



kaweahhealth.org



Ideal Environment

Strategic Planning Initiative
Board Report
September 23, 2026



Executive Summary

Current status across the four Ideal Environment strategies

OVERALL STATUS

All four strategies are reported On Track for both Metrics & Outcomes and Updates.

ON TRACK

Employee Engagement and Retention

ON TRACK

School Partnerships and Volunteer Programs

ON TRACK

Resident Engagement and Retention

ON TRACK

Physician and Provider Engagement

ON TRACK

Employee Engagement and Retention

ON TRACK

FY27 Board-level Status Update — September 2026

Previous FY27 YTD Highlights:

- *Employee Engagement Survey results presented and sent to leadership along with action planning resources and expectations.
- *Planning kicked off for multiple education-related initiatives under Kaweah Health University (KHU).
- *Goals set related to new hire turnover and planning discussion started.

Strategy: Employee Engagement and Retention

Strategy Owner: Hannah Mitchell, Director of Organizational Development

Executive Sponsor: Dianne Cox, Chief Human Resource Officer

September 2026

METRICS & OUTCOMES

ON TRACK

Decrease Overall
Turnover Rate to less
than equal to 11%
FYTD-27



Last updated on 08/31/2026
Move from baseline of 13%
to target of 11%

Decrease RN New Hire
Turnover Rate (leaving
within 6 months) to
less than or equal to
8% FYTD 27



Last updated on 08/31/2026
Move from baseline of 10%
to target of 8%

Decrease New Hire
Turnover Rate (leaving
within 6 months) to
less than or equal to
15% FYTD-27



Last updated on 08/31/2026
Move from baseline of 17%
to target of 15%

UPDATES

ON TRACK

Strategy Summary

Status	Last Update's Comment
On Track	Current Month/Next Steps *In follow up to the Employee Engagement Survey results, Executive Team/Organizational Development/NRC session with key survey takeaways and recommendations. *To improve clinical communication in support of patient experience and safety, develop and implement large scale Agency for Healthcare Research and Quality (AHRQ) TeamSTEPPS program through FY27 and FY28. This initiative includes the Executive Team, Medical Staff Officers, MEC, clinical leaders, and all clinical staff. *Two new KHU Scholars Programs launched. *Market adjustments under way for selected positions to remain competitive with local pay rates. *Employee benefits remain competitive within the local market with no changes expected for calendar year 2027. 401k step-vesting communicated September 2026 for December 31, 2026 effective date. *Additional metric – decrease new hire RN turnover rate leaving within 6 months to less than or equal to 12%. FY26 end was 14% and FY27 August was 13%. *HR/OD leaders developed project plan to study and implement initiatives with certain leaders to improve new hire turnover by unit/department.

Action Plan

Name	Status	Start Date	Due Date	Assigned To
Develop Tactics around the results of the June 2026 Employee Engagement Survey	On Track	07/01/2026	09/30/2026	Hannah Mitchell
Implement action plans related to results of the June 2026 Employee Engagement Survey	Not Started	10/01/2026	06/30/2027	Hannah Mitchell
Expand Kaweah Health University	On Track	07/01/2026	06/30/2027	Hannah Mitchell

Risk/Barriers

School Partnerships and Volunteer Programs

ON TRACK

FY27 Board-level Status Update — September 2026

FY26 Summary:

- *200 employees have participated in Sponsored Student Career Pathway programs for RN, Surgical Technology, and Radiologic Technology, with approximately 50 graduates.
- *Supported 1,200 students through clinical rotations and externships across 12+ healthcare disciplines.
- *1,100 individuals volunteered 52,500 hours, including approximately 600 high school students from 24 Tulare/Kings County high schools and 400 college/career program participants.
- *Unitek Student Retention Rate: 97%. Unitek Employee Graduate Retention Rate: 100% (36 graduates). NCLEX pass rate: 94%.

Strategy: School Partnerships and Volunteer Programs

Strategy Owner: Jaime Morales, Director of Talent Acquisition

Executive Sponsor: Dianne Cox, Chief Human Resource Officer

September 2026

METRICS & OUTCOMES

ON TRACK

Action Plan

Name	Status	Start Date	Due Date	Assigned To
Sustain the recent growth of local nursing program capacity through ongoing support and the continued integration of new graduate nurses into the workforce	On Track	07/01/2026	06/30/2027	Jaime Morales
Develop a program to support employees readiness to enter into Kaweah sponsored education programs	On Track	07/01/2026	06/30/2027	Jaime Morales
Monitor the retention and graduation of KH employees in sponsored programs.	On Track	07/01/2026	06/30/2027	Jaime Morales
Develop a Volunteer Strategy that advances the mission of Kaweah Health and improves patient satisfaction	On Track	07/01/2026	06/30/2027	Jaime Morales
Develop a plan to further engage volunteers in clinic operations and business functions.	Off Track	07/01/2026	06/30/2027	Jaime Morales

UPDATES

ON TRACK

Strategy Summary

Status	Last Update's Comment
On Track	Current Month *FYTD, we have hired 46 external RN New Grads and 26 internal RN New Grad transfers, for a total of 72 New Grad RNs joining Kaweah Health. *Licensed Nurse Residency Program (LNRP) through KH Nursing Professional Development department: 60 New Grad RNs scheduled to graduate program on 9/10/26 *New Unitek cohort started in August 2026 with 24 employees and 1 community member *Employee Educational Sponsorship interviews are underway for the Carrington (September 2026) and Unitek (January 2027) cohorts. *Meeting with COS Dean of Nursing and Allied Health to discuss apprenticeship model for the COS Year-Round RN program for Kaweah Health employees *Hosted Unitek and COS on-site visits and nursing program information sessions. Shared COS TEAS preparation course with employees to support successful program applications. * FYTD, 480 individuals have volunteered more than 15,000 hours. Next Steps *Ongoing recruitment and hiring of RN New Grads *Unitek graduation on 9/24/26: 25 employees graduating *Development of an internal employee webpage dedicated to Career Pathways and educational and sponsorship opportunities.

Risk/Barriers

Name	Last Update's Comment
Develop a plan to further engage volunteers in clinic operations and business functions.	Due to the volumes of volunteers over the summer and the new students being processed to start have not yet fully started the development of this plan yet. The goal is to work with outpatient clinical operations and business areas to better give volunteer support while supporting the career pathway programs of our local High School, College, and adult school CTE or WBL programs.

Resident Engagement and Retention

ON TRACK

FY27 Board-level Status Update — September 2026

Previous FY27 YTD Highlights:

- *Broken out as a separate strategy for FY27.
- *Resident retention is a standing agenda item for monthly 1:1s with program directors.
- *Any residents/fellows the programs identify for retention receive a GME “check-in” to discuss desired practice options, hours, etc.
- *Those names and details are shared with J.C. Palermo in recruitment, who contacts them for further discussion.
- *To date, GME has partnered with the recruitment team to sign two FM grads to Kaweah with a third FM grad signing soon.

Strategy: Resident Engagement and Retention

Strategy Owner: Angel Smith, Chief Medical Education Officer

Executive Sponsor: Paul Stefanacci, Chief Medical Officer

Initiative: Ideal Environment

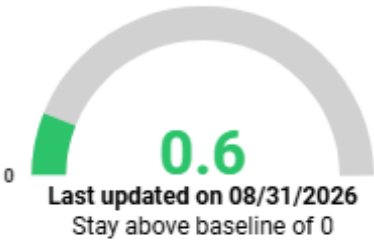


September 2026

METRICS & OUTCOMES

ON TRACK

Outcomes related to identified opportunities for ACGME scores (FYTD-27) ...



Retain seven residents in the Central Valley upon graduation (FYTD-27) ...



UPDATES

ON TRACK

Strategy Summary

Status	Last Update's Comment
On Track	Current Month * For those residents identified for retention, GME does "check-ins" to learn what practice model(s) they want to pursue * GME regularly communicates with recent graduates who have signed with KH to ensure that their onboarding and orientation is on track * Following up on feedback from a recruited resident regarding clinic space concerns that have not been addressed prior to hire date Next Steps * Meet with residents pursuing fellowship opportunities with a planned return to Kaweah Health * Work with Physician Recruitment and Relations team to obtain LOIs for those residents who want to return post fellowship

Action Plan

Name	Status	Start Date	Due Date	Assigned To
Develop Tactics to Improve 2026 ACGME Scores	On Track	07/01/2026	06/30/2027	Angel Smith
Target specialties that align with community needs assessments and/or service line growth and determine resident retention benchmarks	On Track	07/01/2026	06/30/2027	Angel Smith
Add GME performance metrics to faculty contracts to gain better engagement	On Track	07/01/2026	06/30/2027	Angel Smith

Risk/Barriers

Physician and Provider Engagement

ON TRACK

FY27 Board-level Status Update — September 2026

Previous FY27 YTD Highlights:

- *Review and revision of Medical Staff Processes and governing documents in process to ensure they are supportive of providers.

Strategy: Physician and Provider Engagement

Strategy Owner: Teresa Boyce, Director of Medical Staff Services

Executive Sponsor: Paul Stefanacci, Chief Medical Officer

Initiative: Ideal Environment

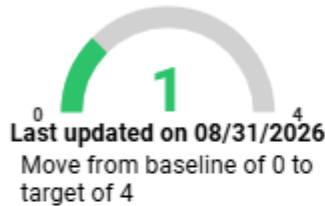


September 2026

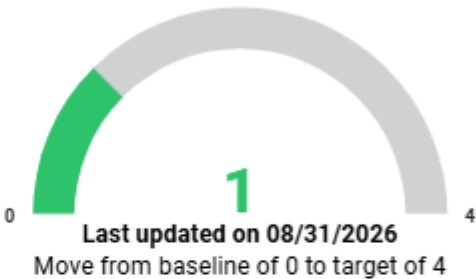
METRICS & OUTCOMES

ON TRACK

Train one physician mentor from each contracted provider group ...



Identify and train four future Medical Staff Leaders FYTD-27 ...



UPDATES

ON TRACK

Strategy Summary ...

Status	Last Update's Comment
On Track	Current Month * Revisions of governing documents completed * Hired a CME Coordinator with a start date of 9/14/26. Next Steps * Beginning process for building a mentoring program for new providers

Action Plan ...

Name	Status	Start Date	Due Date	Assigned To
Implement changes to the Onboarding Process for Physicians and Providers	On Track	07/01/2026	06/30/2027	Teresa Boyce
Create a Physician Leadership Development Program	Off Track	07/01/2026	06/30/2027	Teresa Boyce
Drive long-term physician succession planning efforts through comprehensive initiatives to reduce burnout and increase retention	Off Track	07/01/2026	06/30/2027	Teresa Boyce

Risk/Barriers ...

Name	Last Update's Comment
Create a Physician Leadership Development Program	Physician has been chosen to manage a physician leadership program is delayed by one year. In the meantime, courses offered by Greeley are being identified for training in 2027.
Drive long-term physician succession planning efforts through comprehensive initiatives to reduce burnout and increase retention	

Patient & Community Experience

Board of Directors
September 2026



kaweahhealth.org





Patient Experience Matters



Opportunities and insights to increase patient satisfaction.

Kaweah Health

August 2026

2

Fiscal Year Data

NRC survey results reflect July 2026

Operational data (Midas, Rounding) reflect August 2026

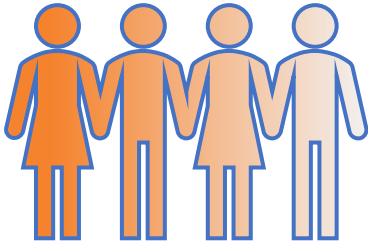
Survey Scores



HCAHPS:

Would Recommend Hospital
72.3

55th Percentile



Overall Organization NPS:

Would Recommend Facility

74.0

18th Percentile

FY27 Organizational Goal Status

Goal Measure	Current Score (Percentile)	FY27 Goal	Status
NPS: Would Recommend	74.0 (18th Percentile)	81.2	 7.2 points below goal

05081.2 (GOAL)100

Service Alerts



Closed
108



Open
75

Human Understanding



75.5
11th Percentile

Priority

Received Consistent Information

Keep the message consistent. Before updating the patient, confirm the plan with the care team. If something has changed, explain what changed and why.

Nurses Explained Things Understandably

Avoid medical jargon. Pause often to ask, "What questions do you have?" before moving on.

Cleanliness

See it, own it. Address cleanliness concerns when you notice them or make sure the appropriate team is notified. Let the patient know their concern is being taken care of.

394/563

August 2026 Operational Data



**Midas
Opened**

56



**Inpatient
Rounds**

225



ED Rounds

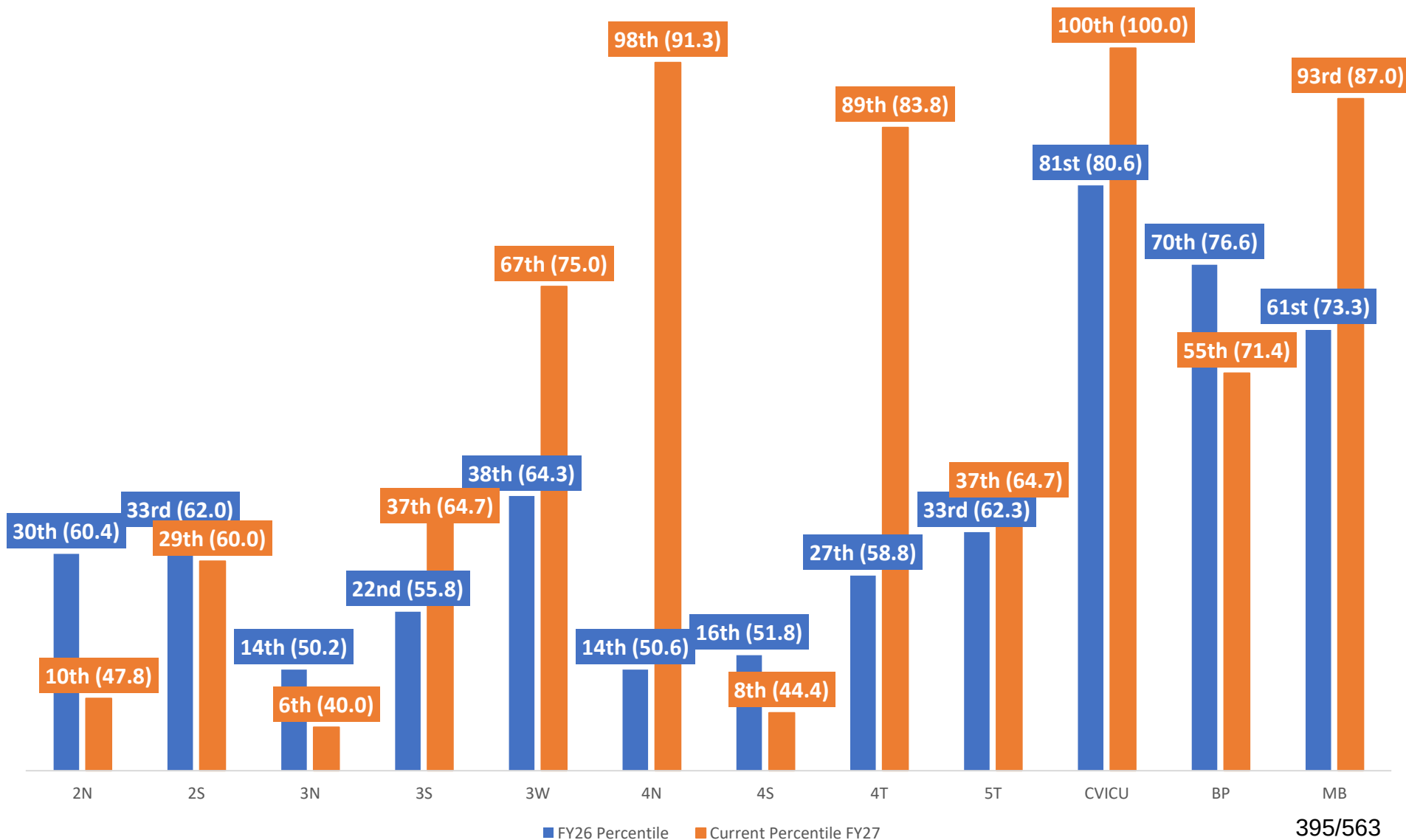
226



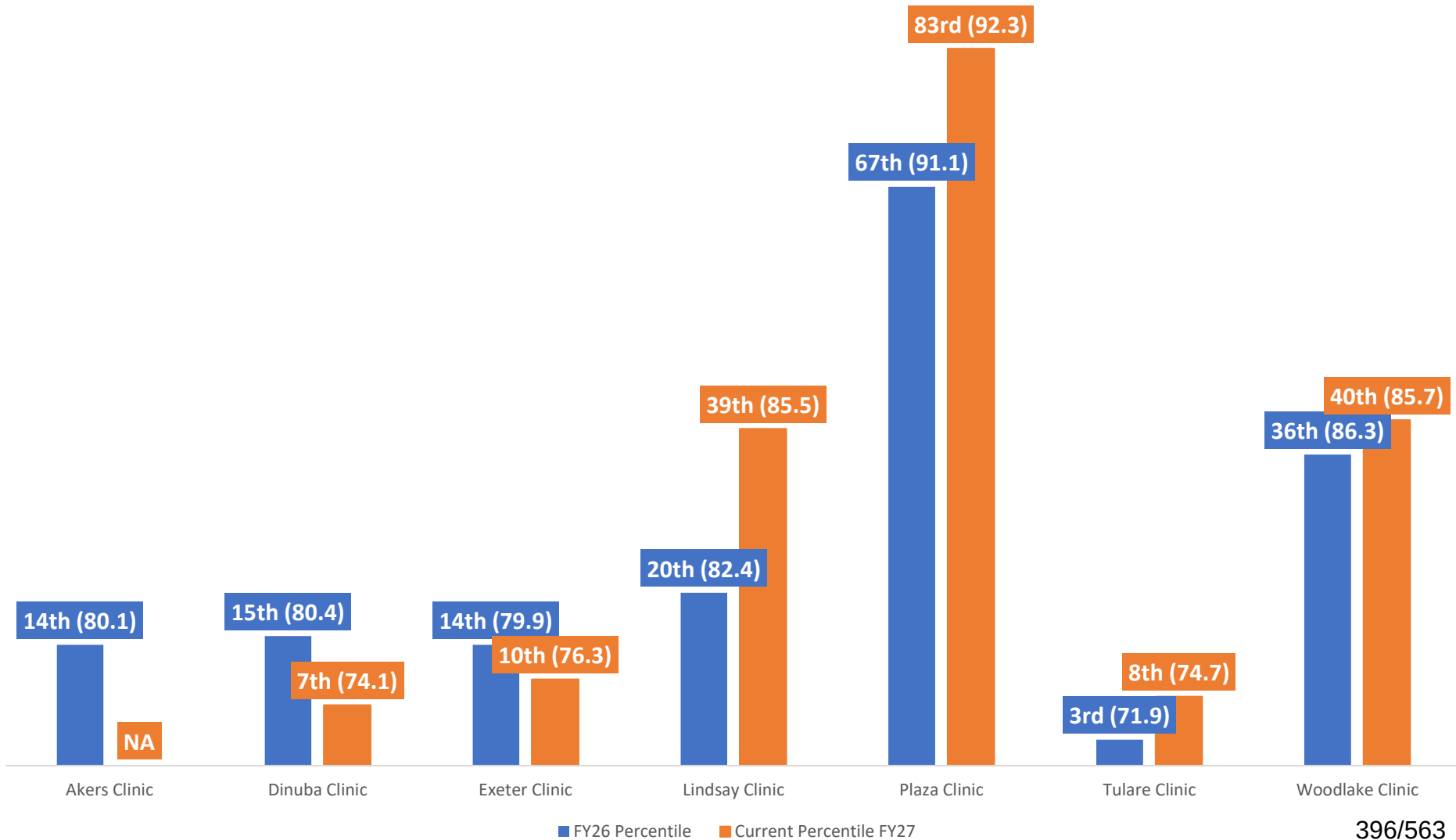
**Leader
Rounds**

948

Inpatient Unit's NPS Current Score: July 2026

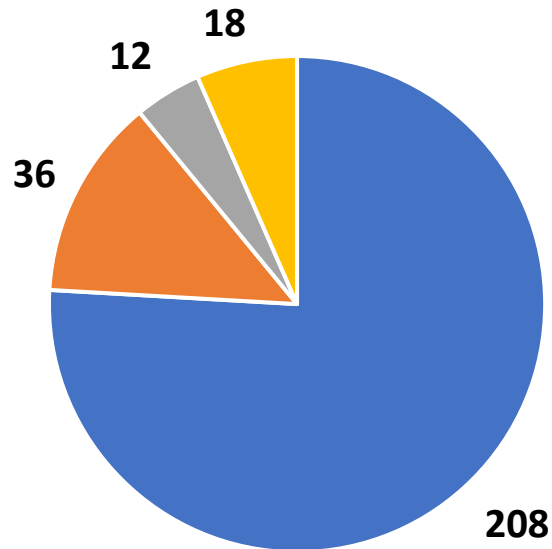


Medical Practice NPS Current Score: July 2026



PX Rounding: August

225 Rounds

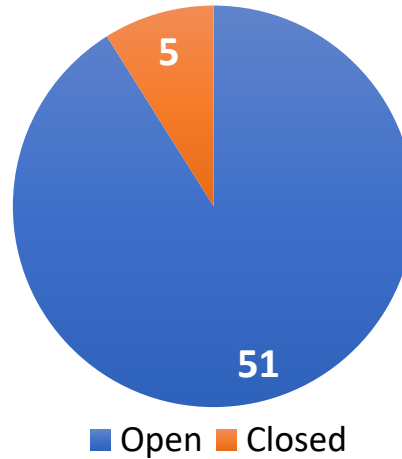


- Positive
- Complaints
- Midas
- Real Time Service Recovery

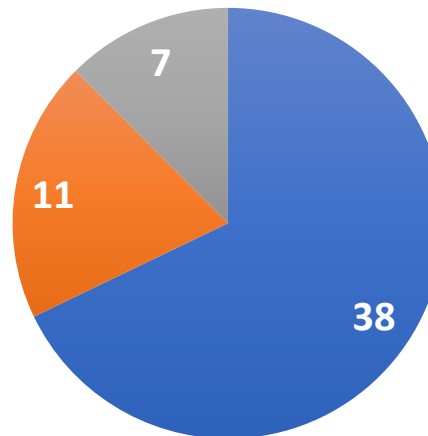


MIDAS: August

56 Opened



- Open
- Closed

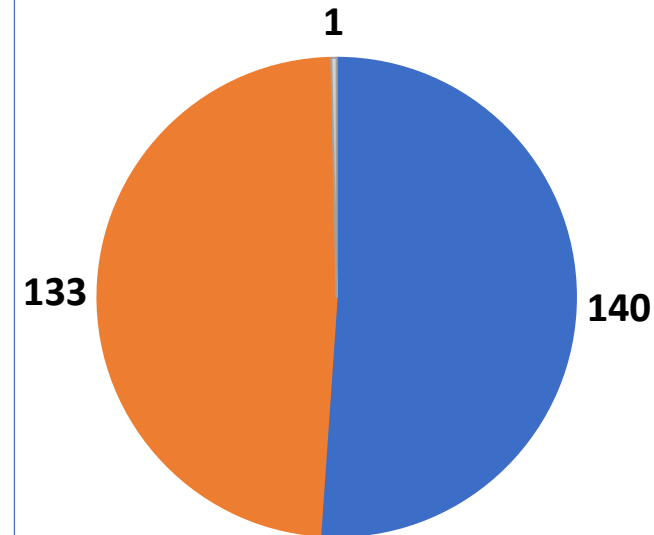


- Complaint
- Grievance
- Lost



ED Rounding: August

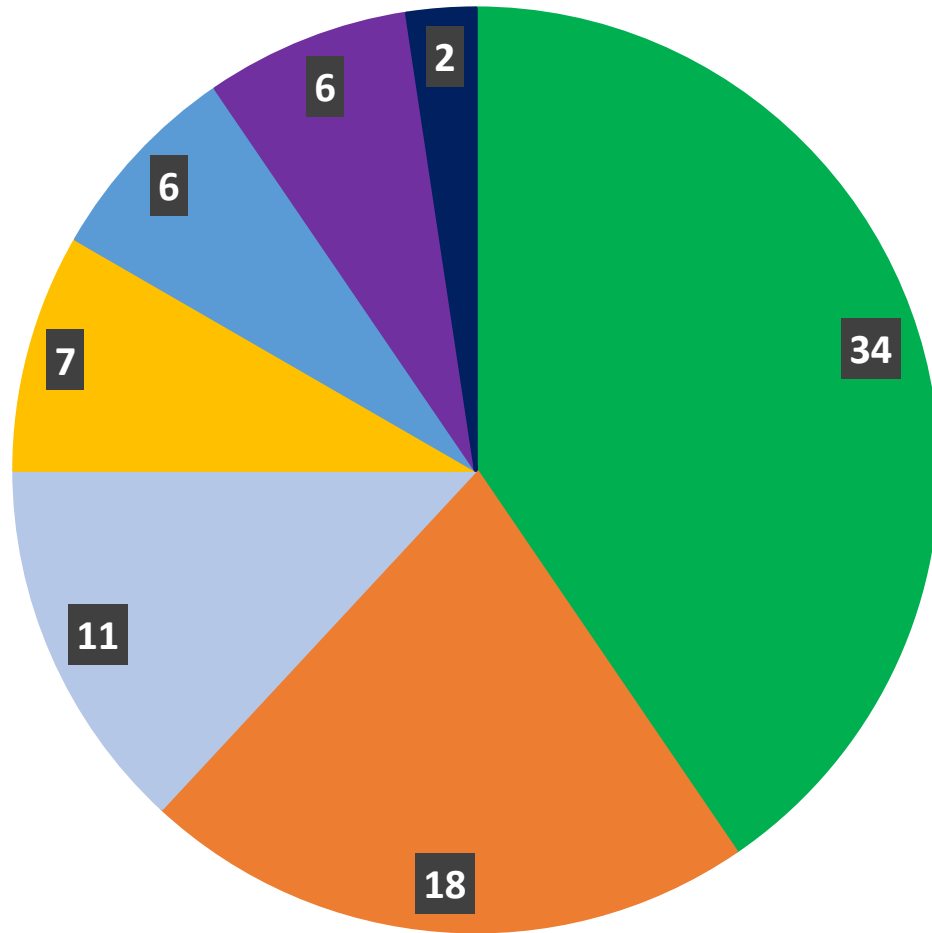
226 Rounds



- Positive
- Complaints
- Midas

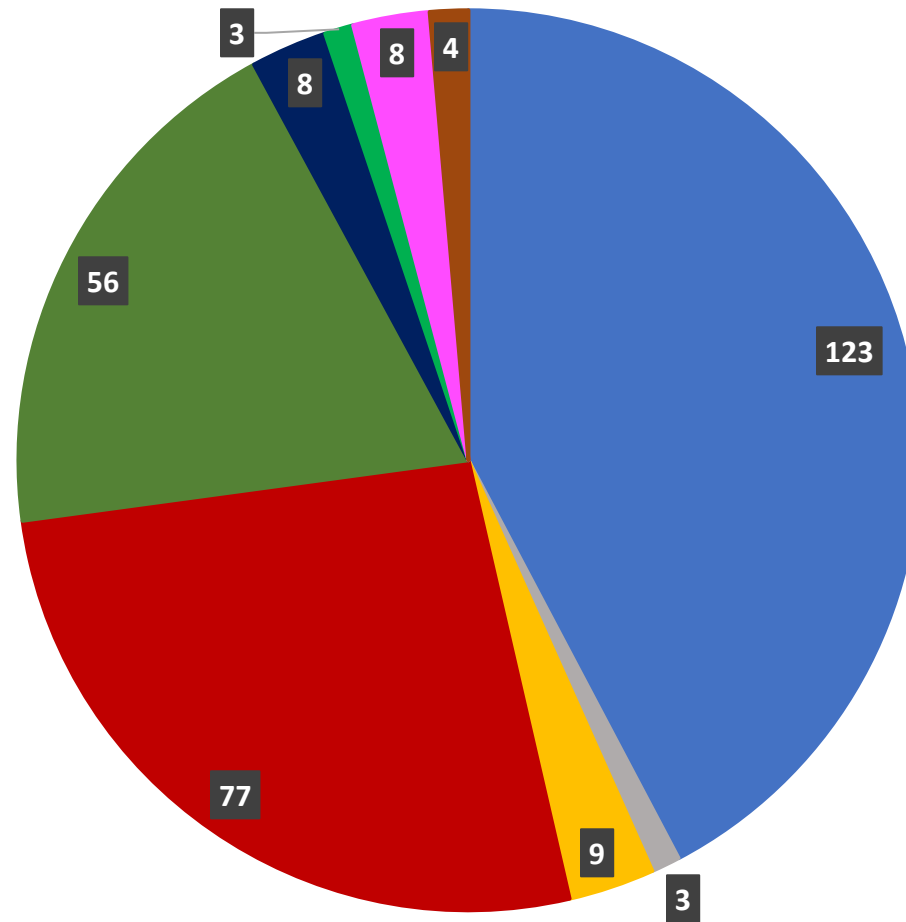


PX Patient Rounding Complaints Breakdown: August 2026



Communication Delay of Care Quality of Care Food Staff Behavior Provider Issue Cleanliness

ED Patient Rounding Complaints Breakdown: August 2026

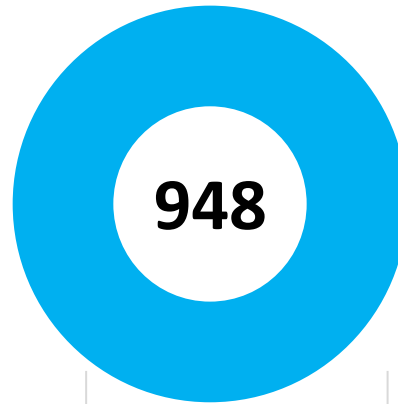


Admit to Hospital (Wait)
Wait Times (Results)
Food Trays

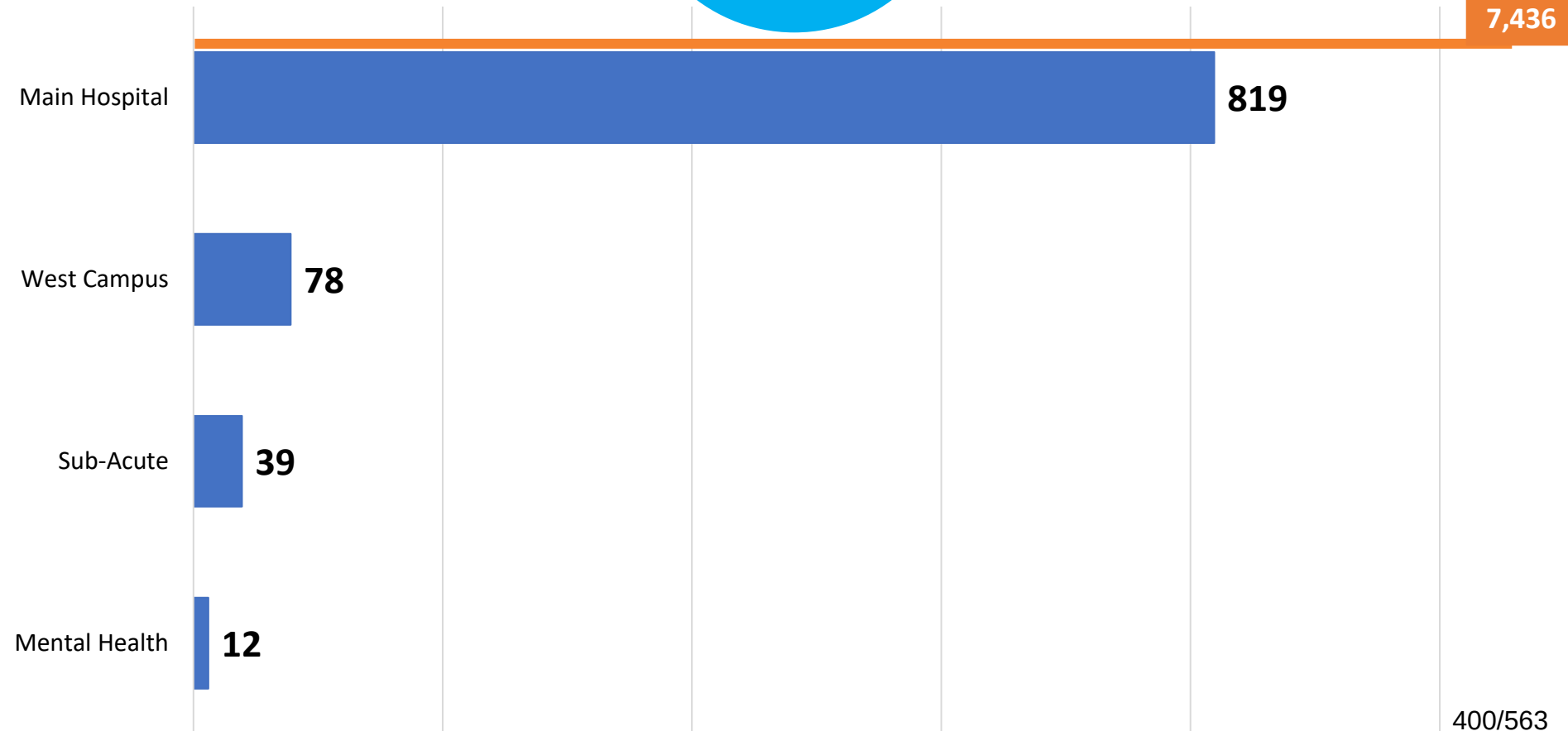
Staff/Provider Behavior
Wait Times (Imaging)
Discharge Wait (Papers)

Care
Call Light
Other (Lost Belongings Bags)

Leader Rounds: August 2026



Goal
7,436



Executive Rounding - August

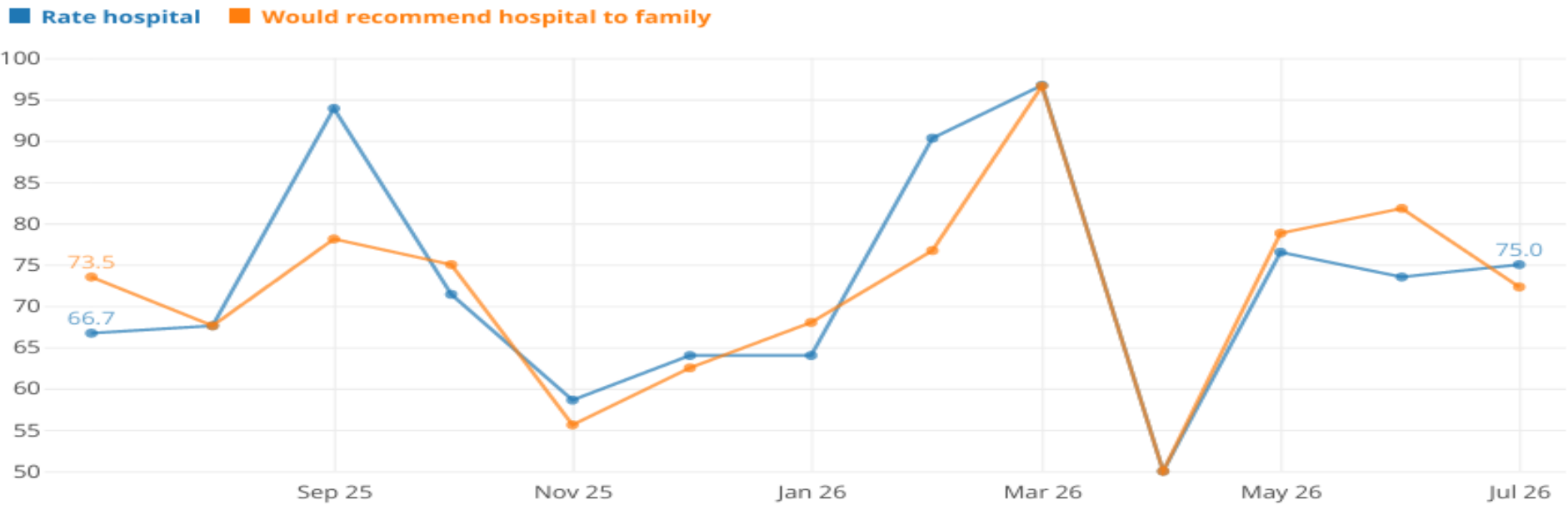
Executive Team Rounds = 11 executive rounds

Executive	November	December	January	February	March	April	May	June	July	August
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
Jag B.	11/12	12/10	1/13	Cancelled JC	3/19	4/8	5/7	Cancelled	7/14	8/28
Dianne C.	11/11	12/15	1/8	2/4	3/5	4/22	5/28	6/25		8/26
Scott B.	11/24		1/27	2/12	3/24	4/14	5/12	6/26	7/21	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
Paul S.		12/2	1/28	18-Feb	3-Mar	4/15	5/19	6/11	7/22	8/17
Kevin Morrison						4/30	5/29	6/15	7/1	8/4
Board of Directors				2/9 (MO)	3/2 (AM)	4/16 (DF)	5/11 (MO)	6/4 (DL)	N/A	N/A
Luke Schneider							5/4	6/24	7/15	8/12
Max Heckhausen							5/5	6/2	7/8	8/19
Tom Boggs							5/20	6/29		8/18
Steve Forney										8/14

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: Diagnostic Center, Urgent Care, Specialty Clinics, Radiation,
 - Appendix G: Imaging Center, Outpatient Infusion, Center for Mental Wellness, Inpatient Rehab
- Appendix H: Midas / Lost Belongings
- Appendix I: Lost Belongings FY26 Totals
- Appendix J: Service Alerts
- Appendix K: Organizational Priorities

HCAHPS Trend: Last 12 Months



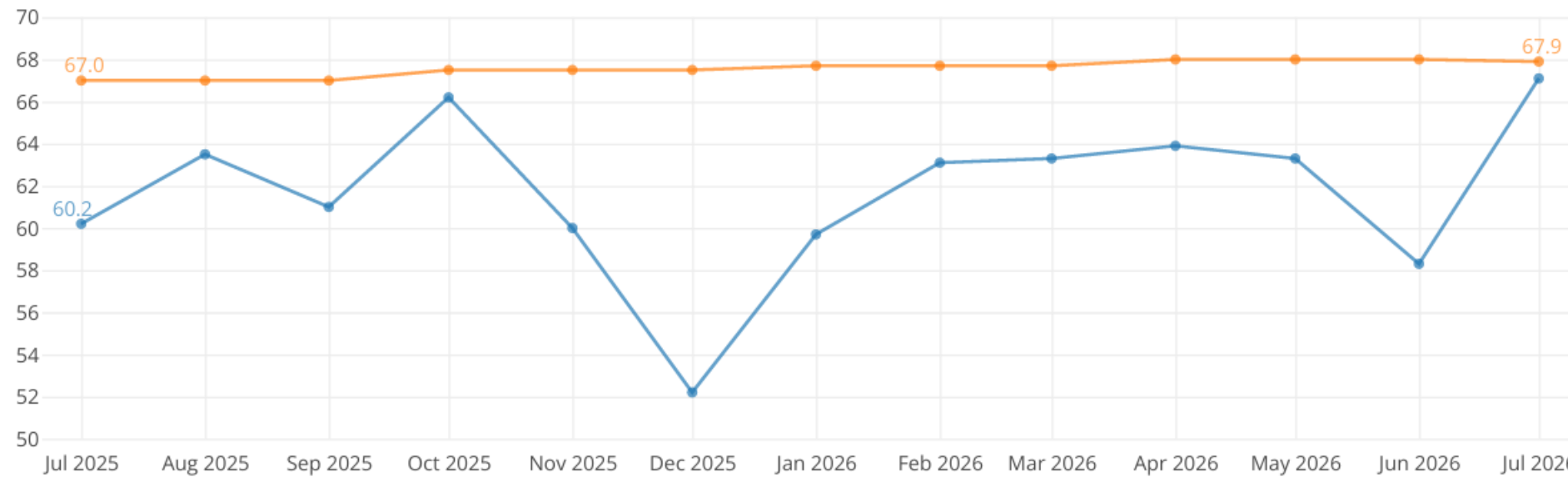
Question	Benchmark	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26
Rate hospital	71.6	66.7 n = 33	67.6 n = 34	93.9 n = 33	71.4 n = 28	58.6 n = 29	64.0 n = 25	64.0 n = 25	90.3 n = 31	96.7 n = 30	50.0 n = 24	76.5 n = 34	73.5 n = 34
Would recommend hospital to family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

	Benchmark									Jul 26	
Rate hospital	71.6									75.0 n = 48	
Would recommend hospital to family	73.3									72.3 n = 47	403/563

Inpatient: Last 12 Months

■ NPS: Facility would recommend ■ Benchmark

NPS: Facility would recommend

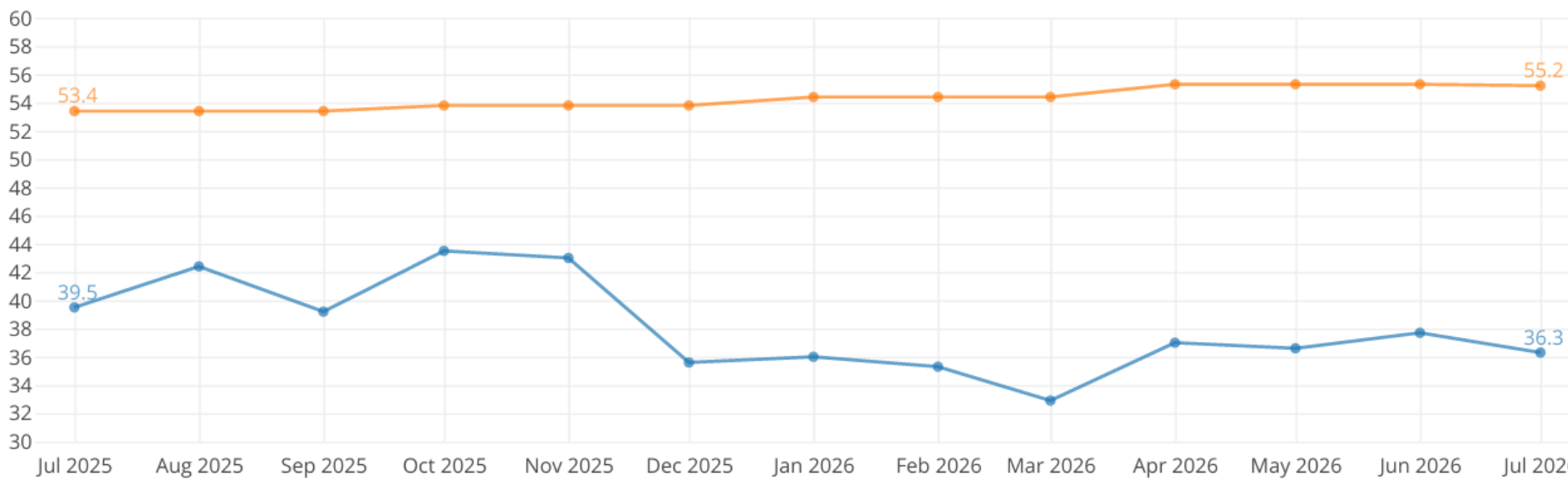


	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026
uld	60.2	63.5	61.0	66.2	60.0	52.2	59.7	63.1	63.3	63.9	63.3	58.3
	n = 259	n = 211	n = 187	n = 198	n = 220	n = 230	n = 233	n = 198	n = 221	n = 219	n = 245	n = 218

	Jul 2026											
uld	67.1											
	n = 237											

■ NPS: Facility would recommend ■ Benchmark

NPS: Facility would recommend



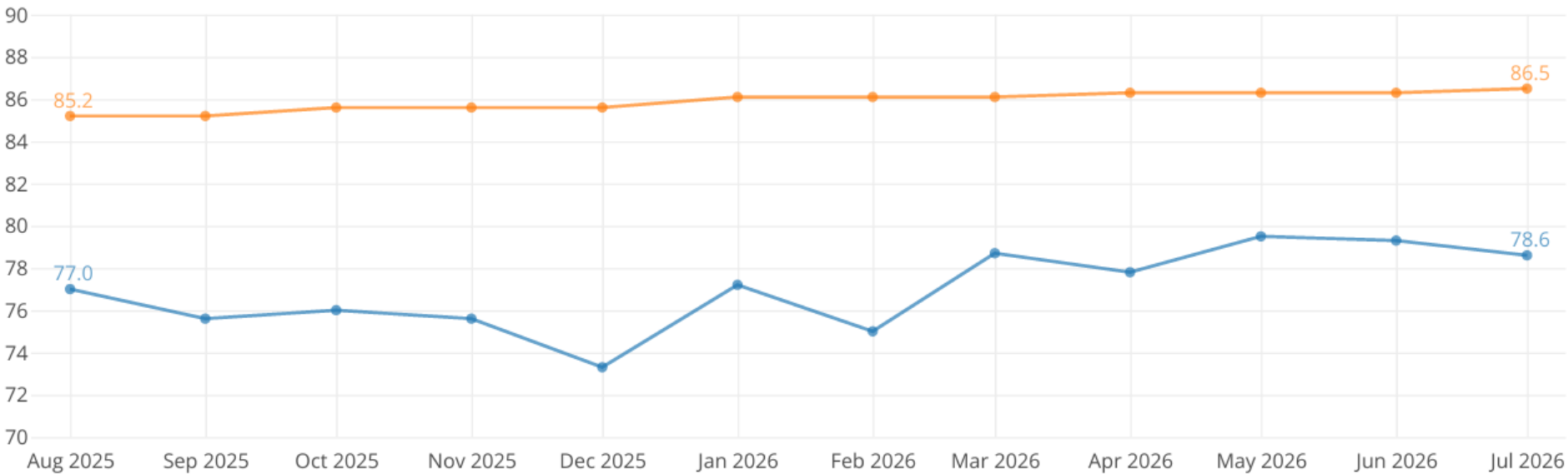
	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026
uld	39.5 n = 845	42.4 n = 821	39.2 n = 793	43.5 n = 710	43.0 n = 698	35.6 n = 758	36.0 n = 801	35.3 n = 750	32.9 n = 832	37.0 n = 789	36.6 n = 837	37.7 n = 803

	Jul 2026											
uld	36.3 n = 742											

Medical Practice: Last 12 Months

NPS: Facility would recommend Benchmark

NPS: Facility would recommend

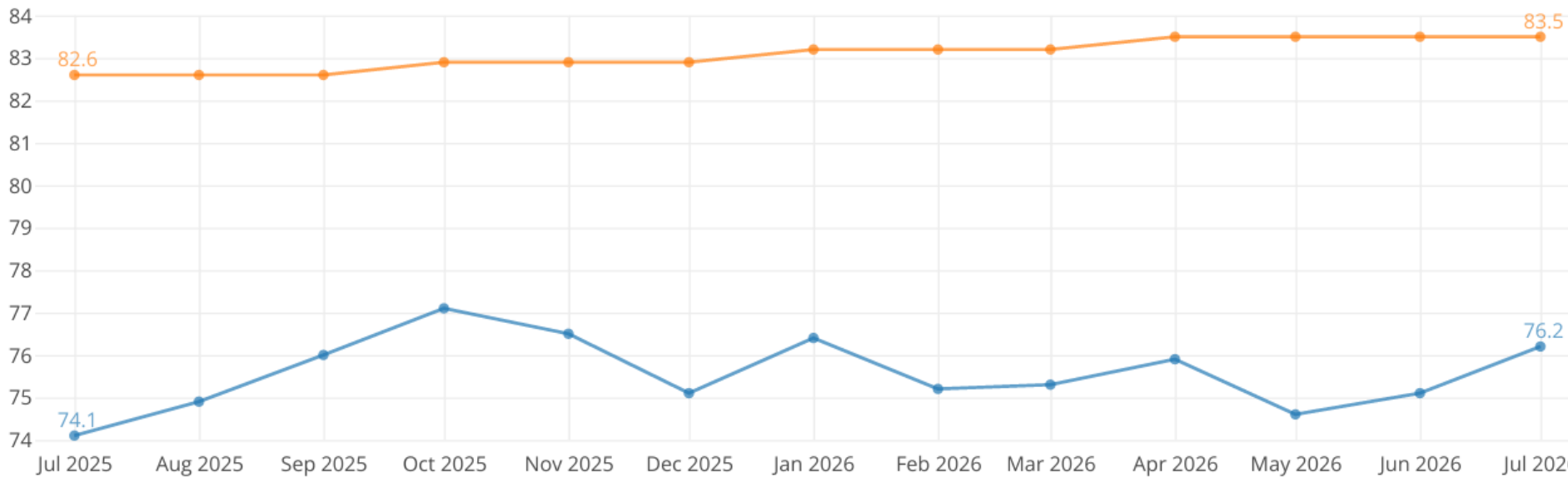


uld	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026
	77.0	75.6	76.0	75.6	73.3	77.2	75.0	78.7	77.8	79.5	79.3	78.6
	n = 487	n = 717	n = 637	n = 537	n = 565	n = 689	n = 627	n = 609	n = 686	n = 657	n = 656	n = 524

Human Understanding: Organization Last 12 Months

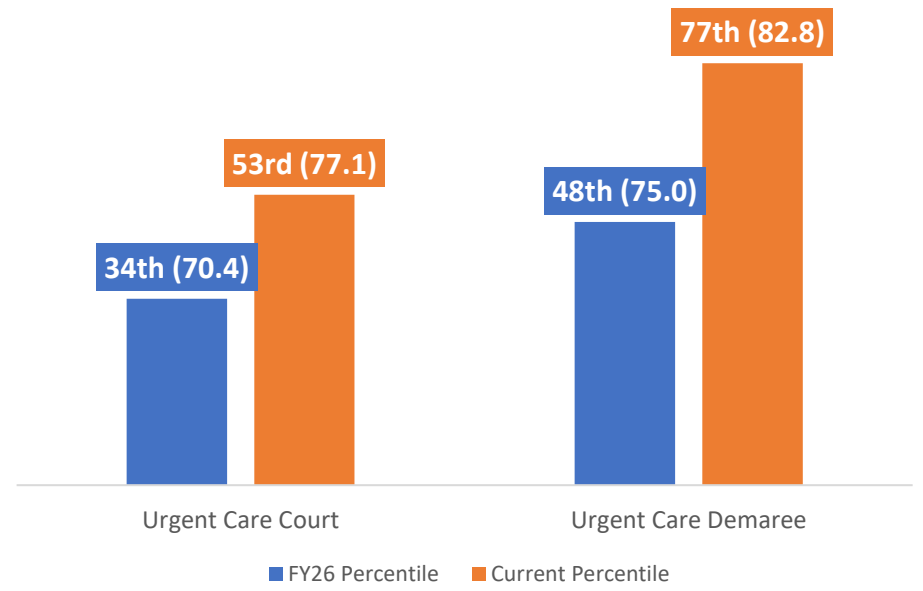
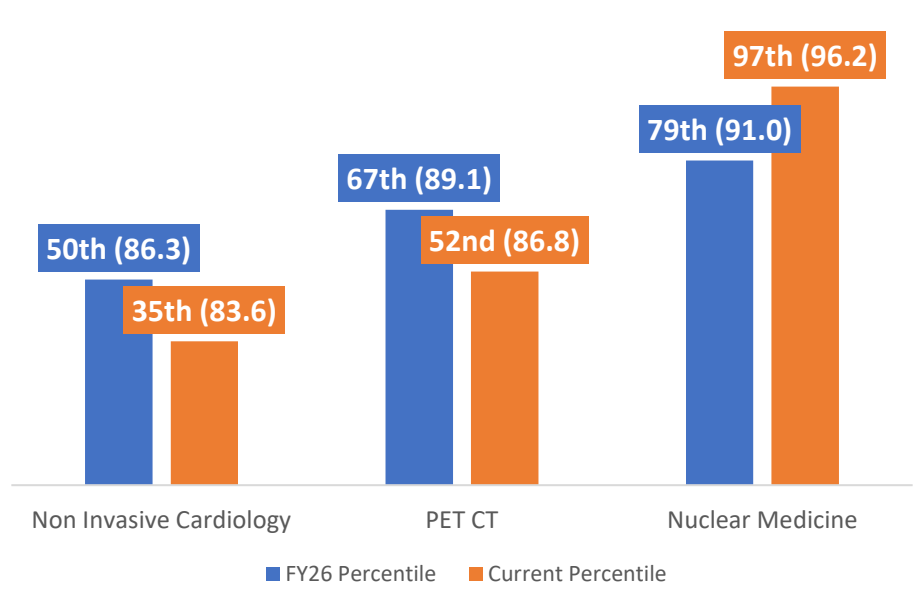
■ Human Understanding ■ Benchmark

Human Understanding

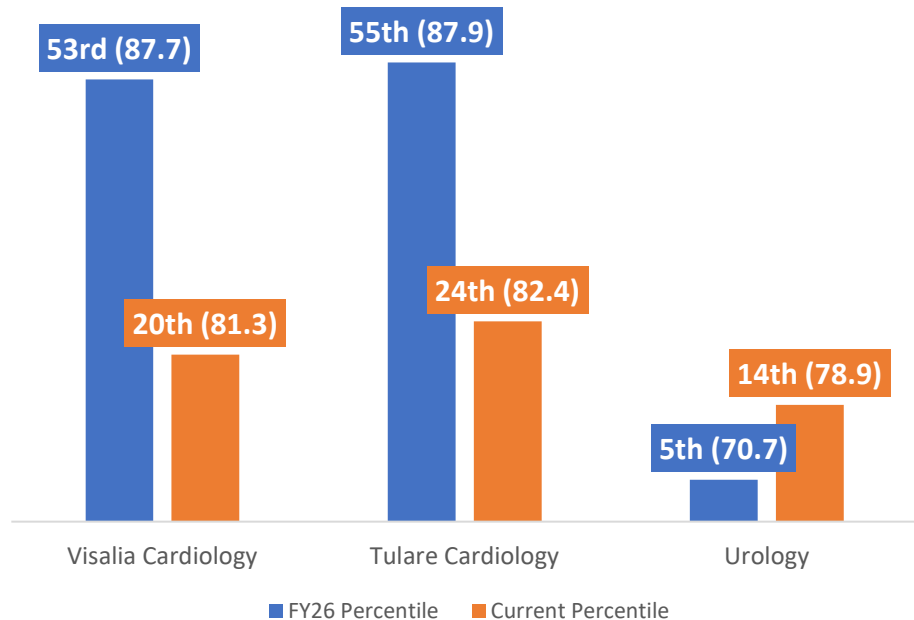


	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026
Understanding	74.1 n = 3,593	74.9 n = 3,510	76.0 n = 3,836	77.1 n = 3,949	76.5 n = 3,380	75.1 n = 3,813	76.4 n = 4,188	75.2 n = 3,854	75.3 n = 4,208	75.9 n = 4,081	74.6 n = 4,066	75.1 n = 4,008

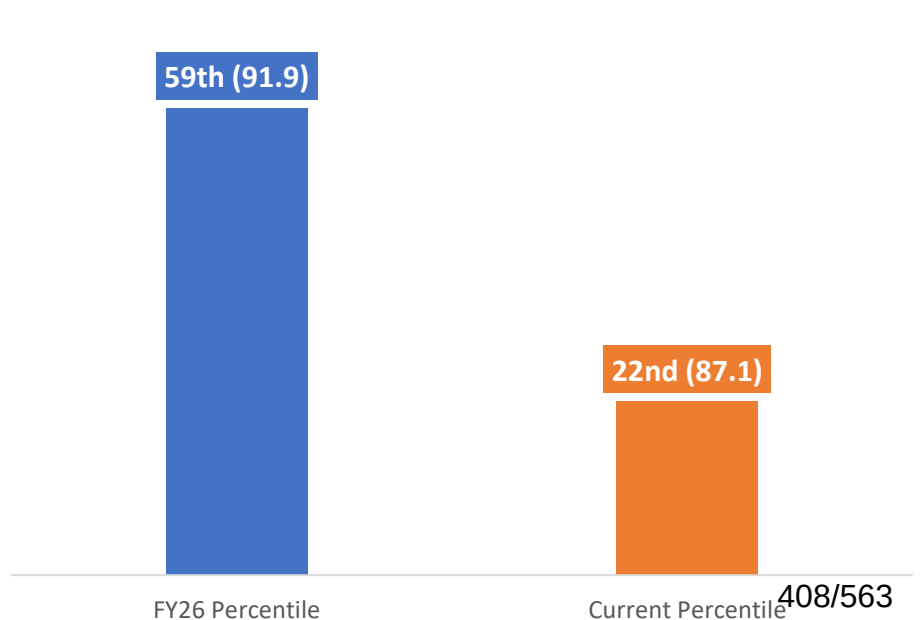
Understanding	76.2 n = 3,948											
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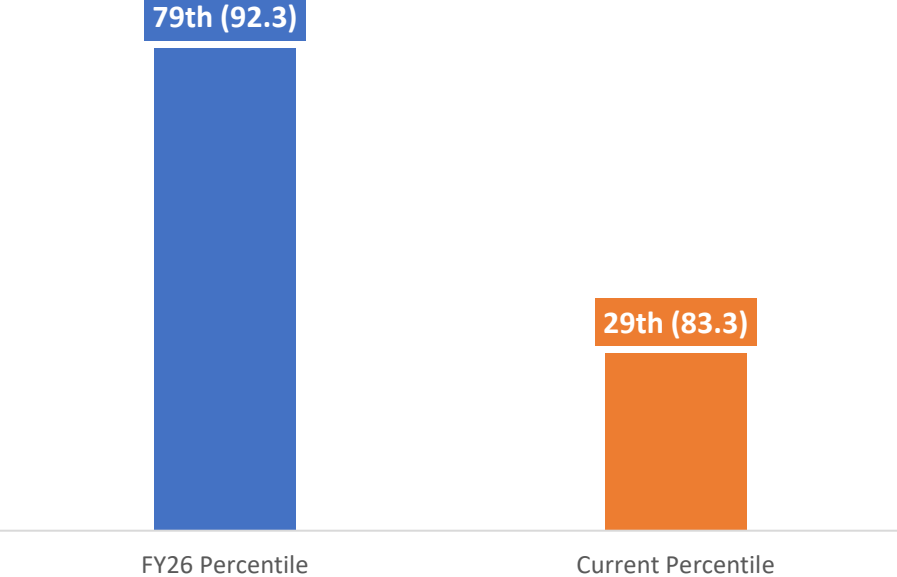
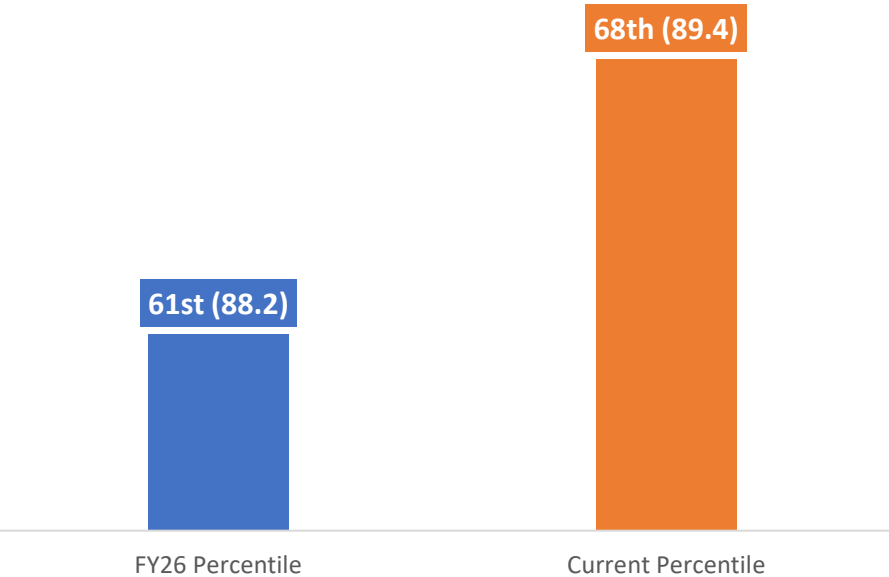


Specialty Clinics

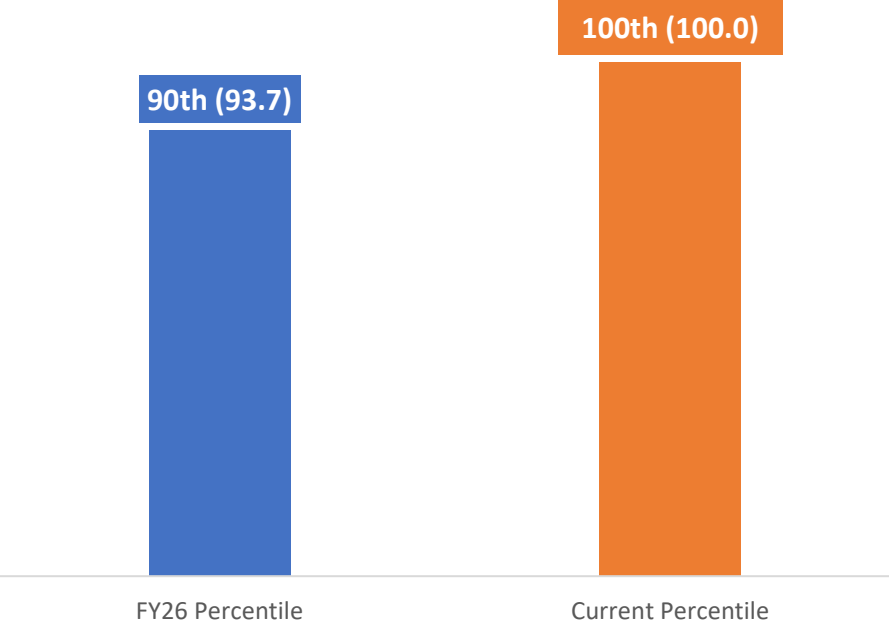


Radiation Oncology

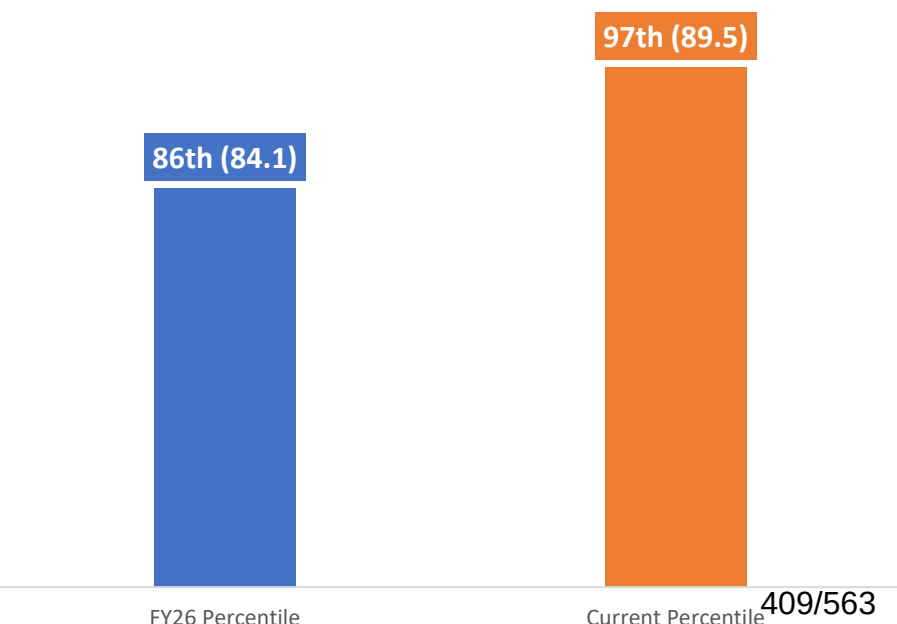




Center for Mental Wellness



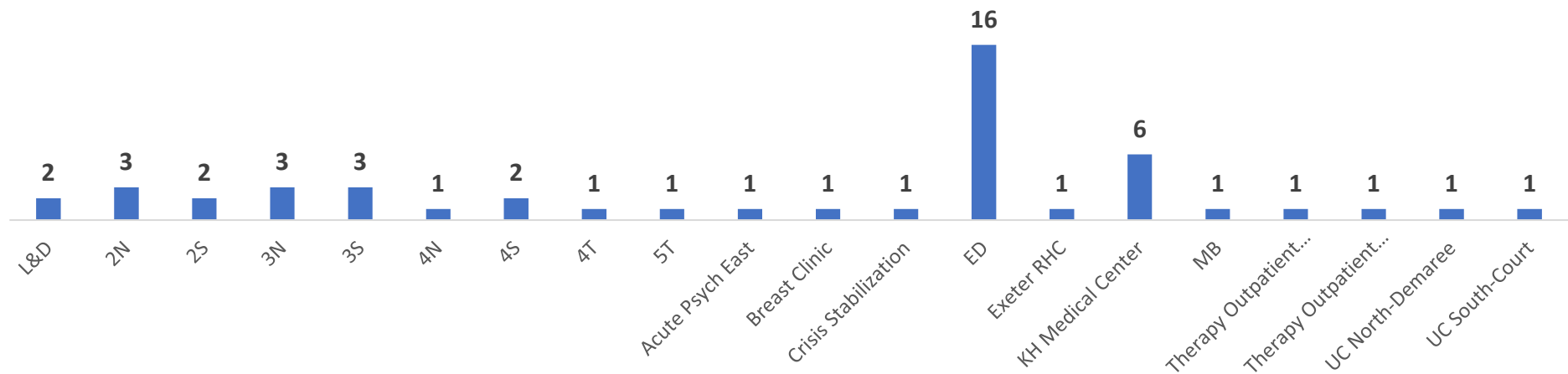
Inpatient Rehab



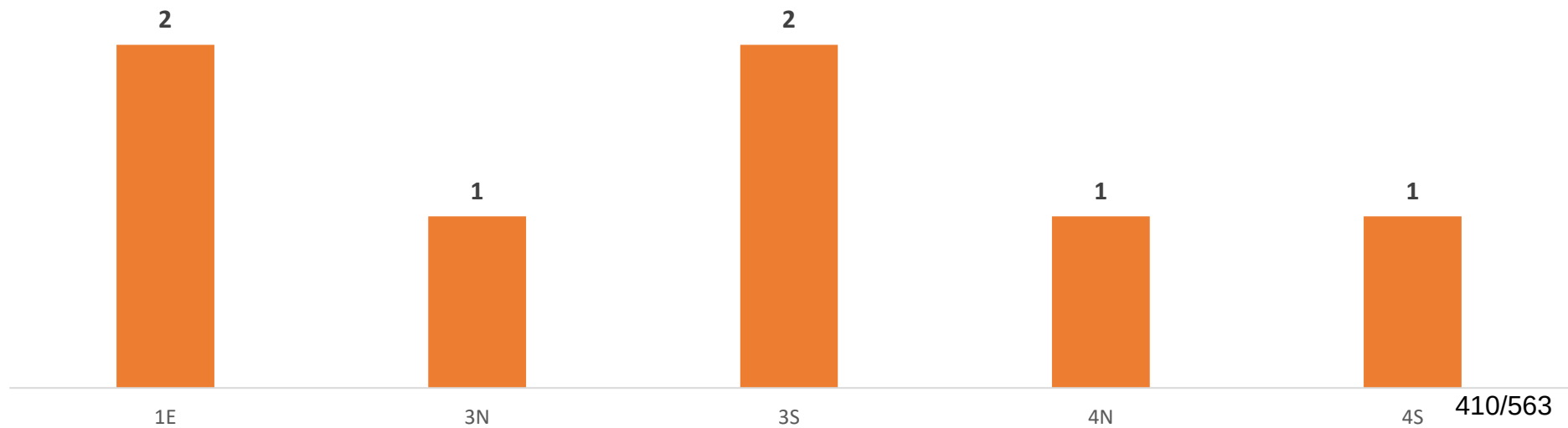
MIDAS: August 2026

56 Opened

Complaints & Grievances



Lost Belongings



Lost Belongings

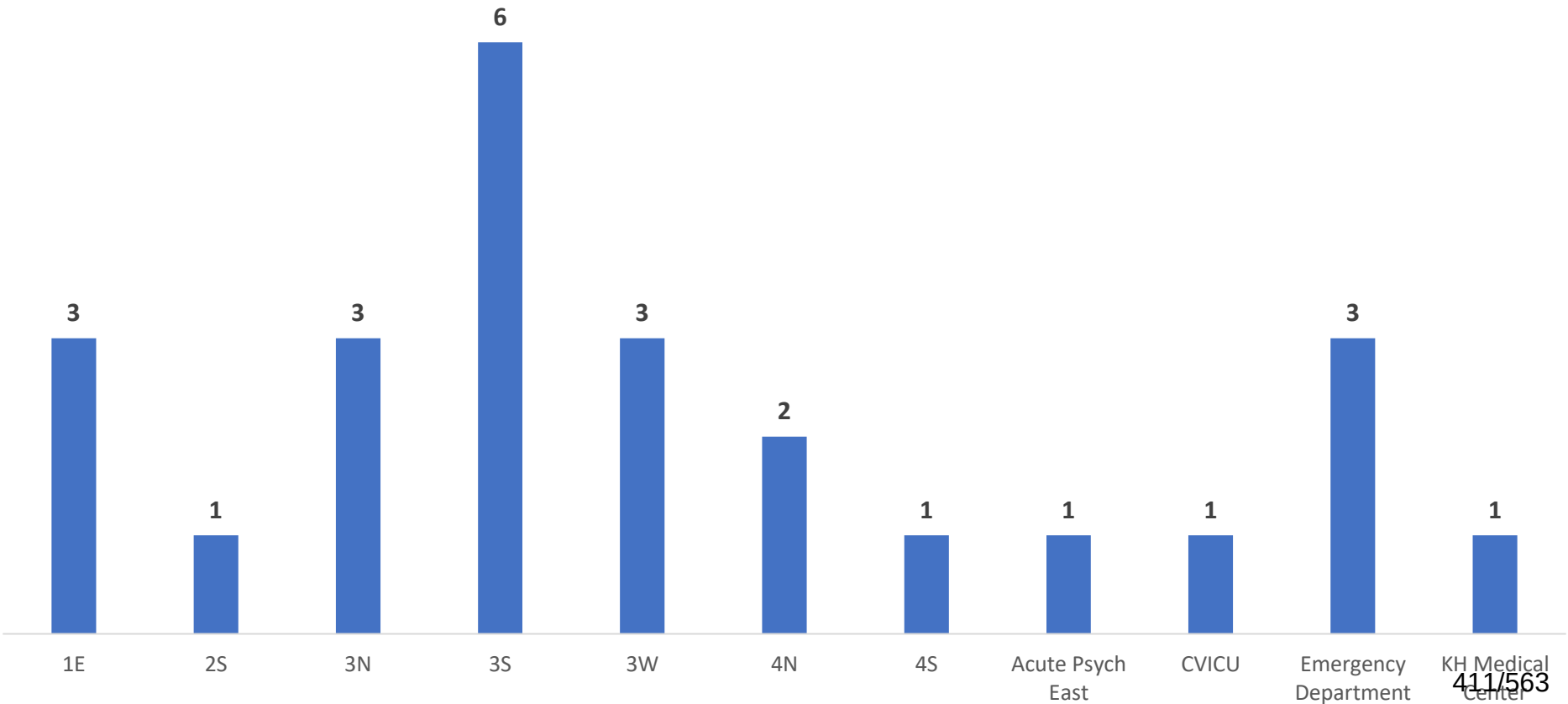
FY27: 7/1/2026 – 8/31/2026

Total Reported in Midas: 25

25
Total Cases

5
Closed

20
Open



CFO Financial Report

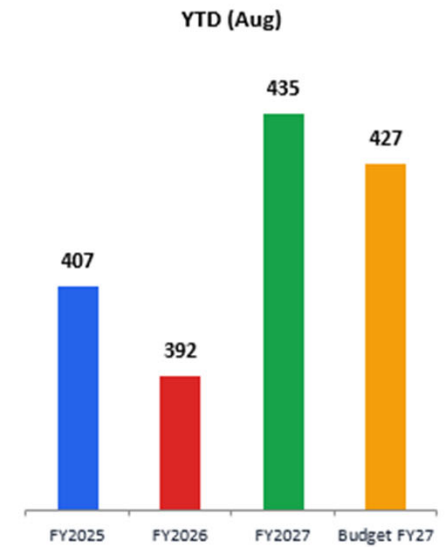
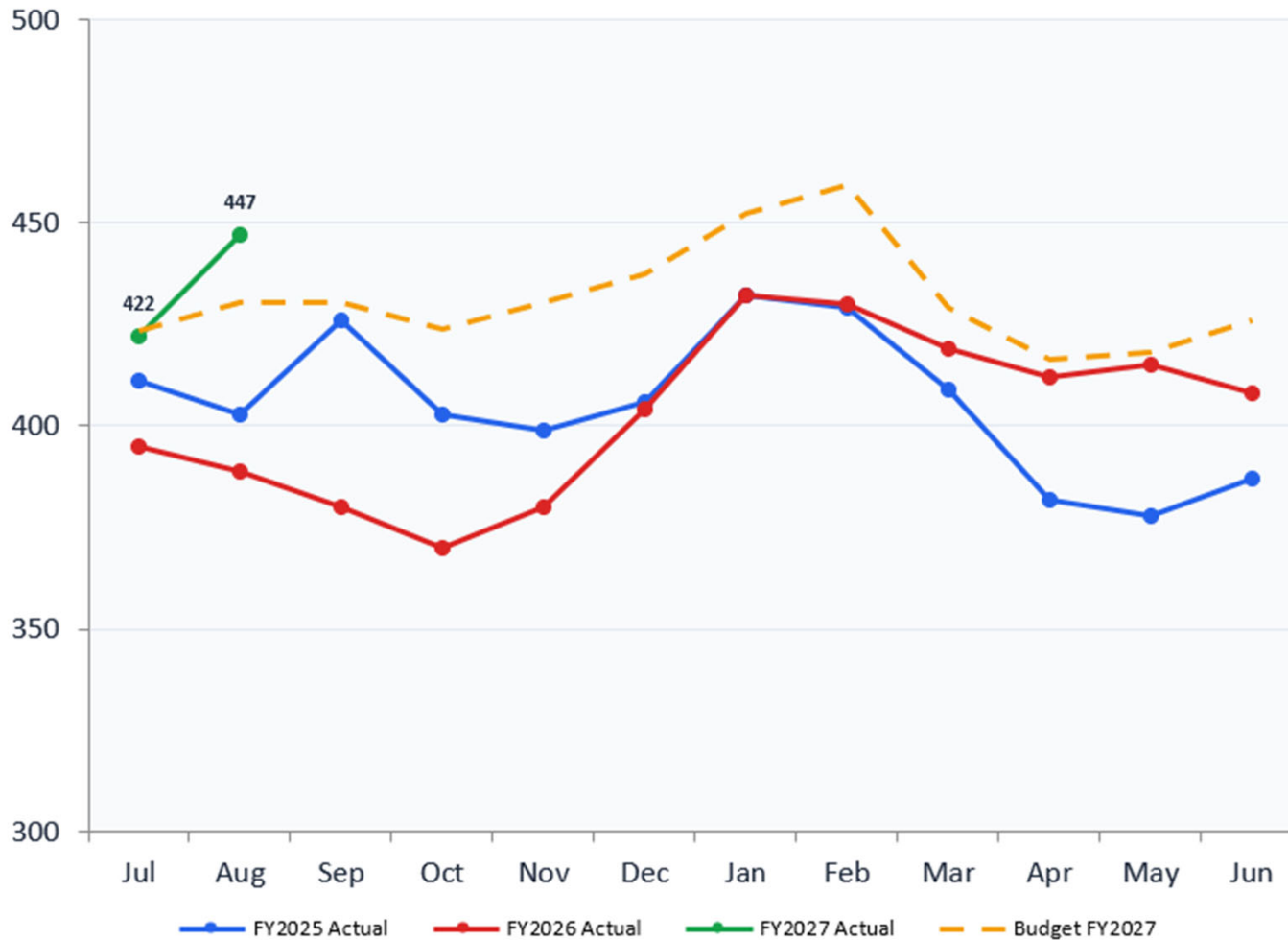
Month Ending August 2026



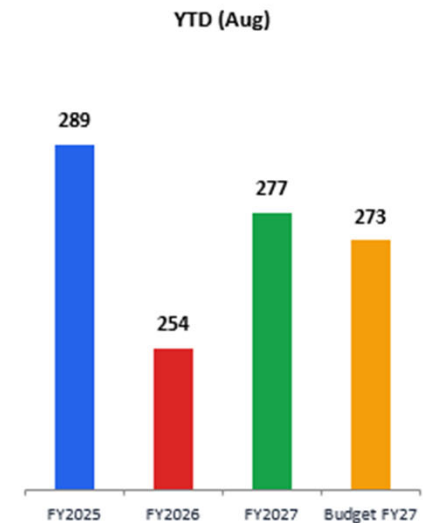
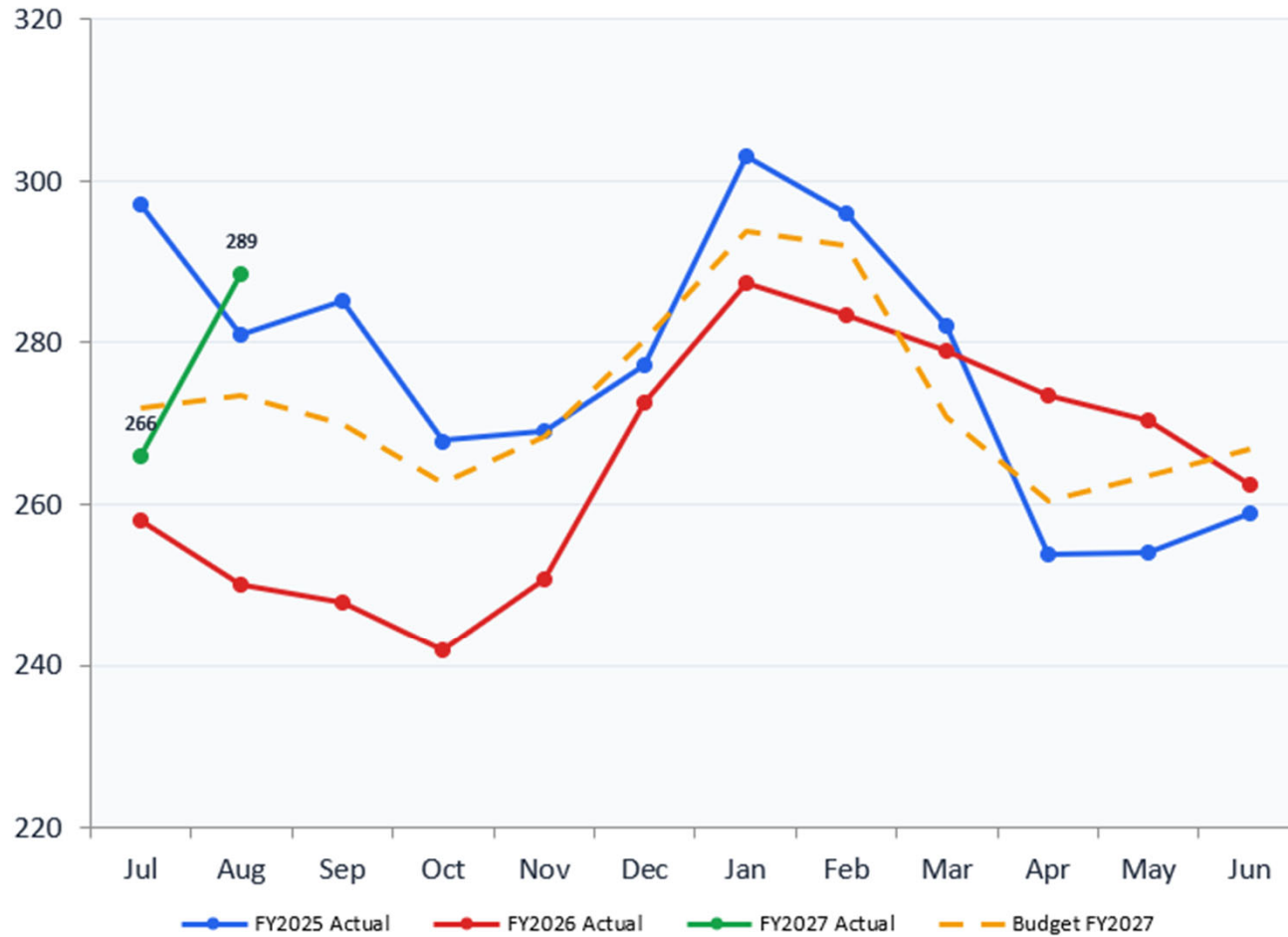
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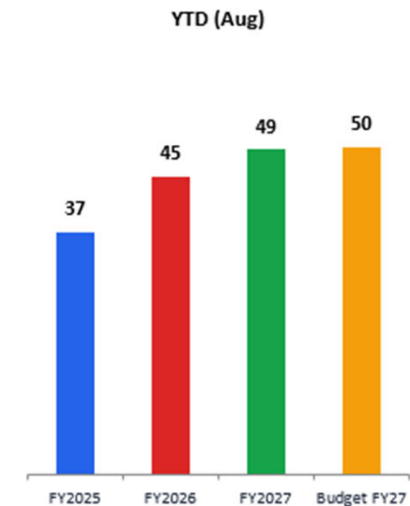
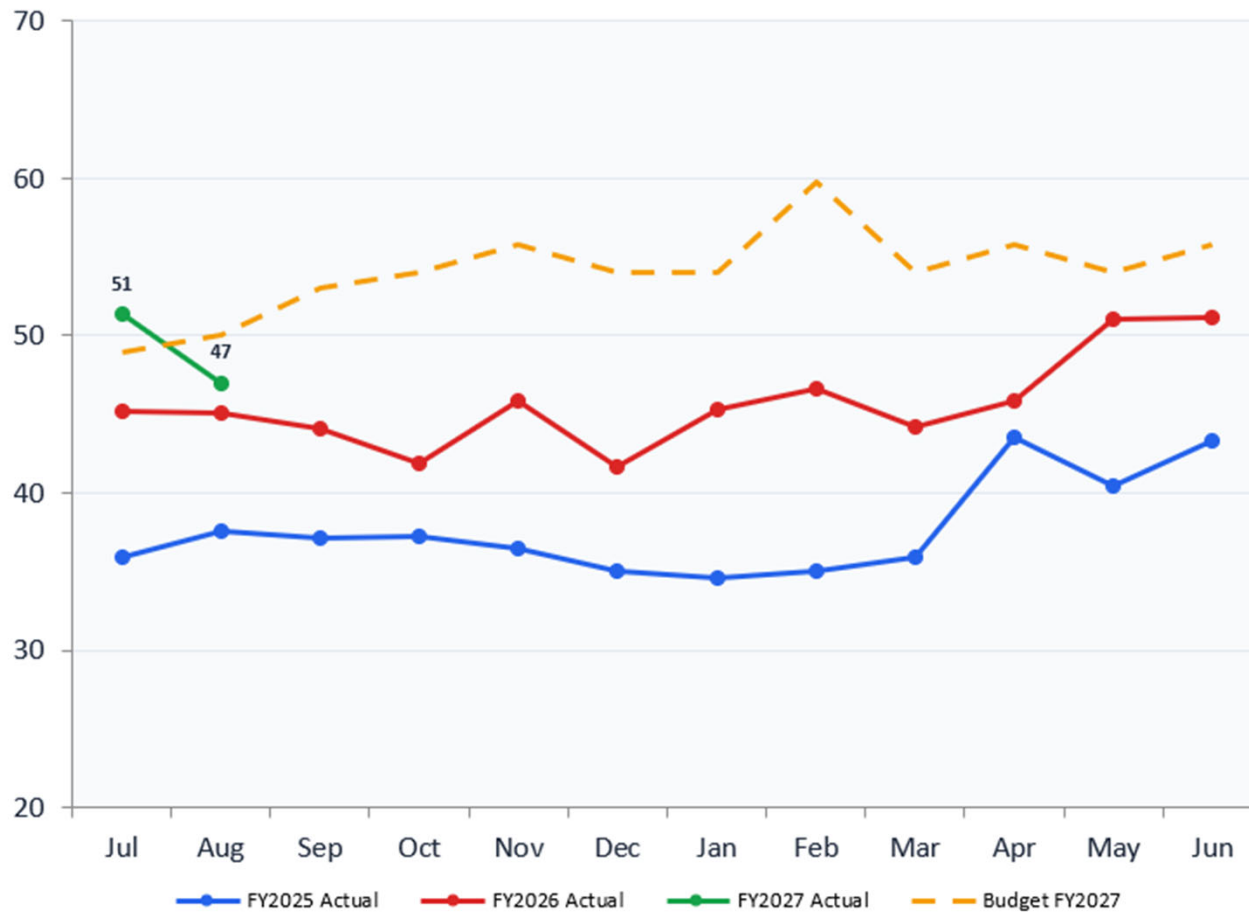
Average Daily Census



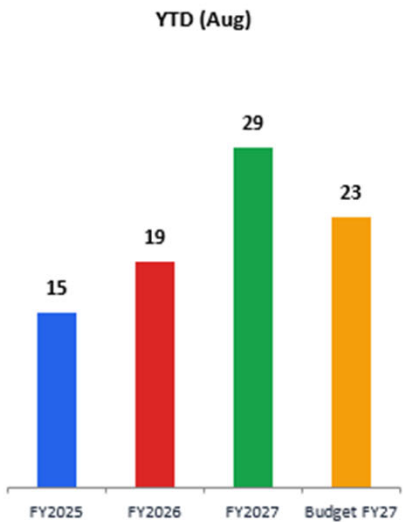
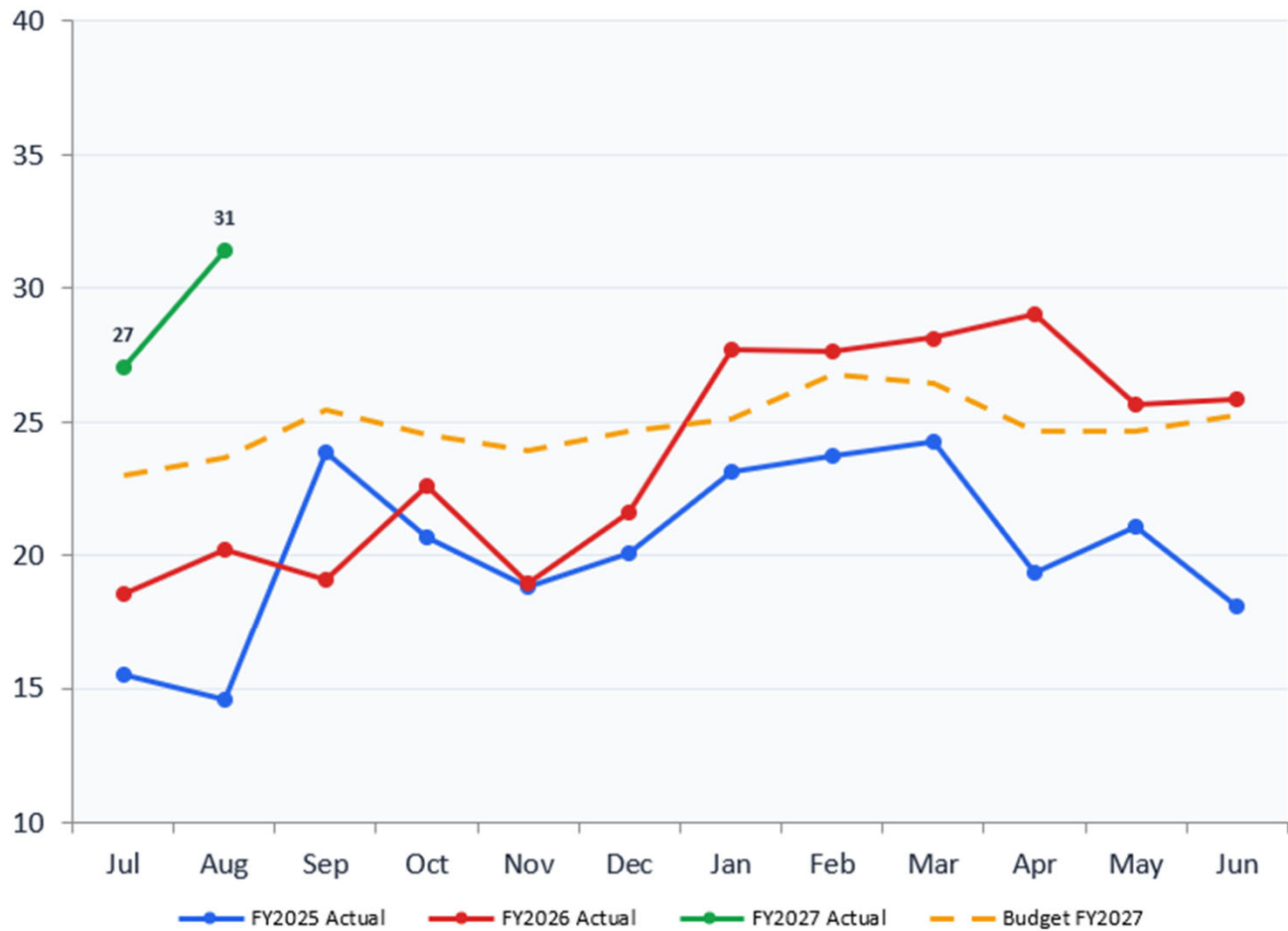
Medical Center (Avg Patients Per Day)



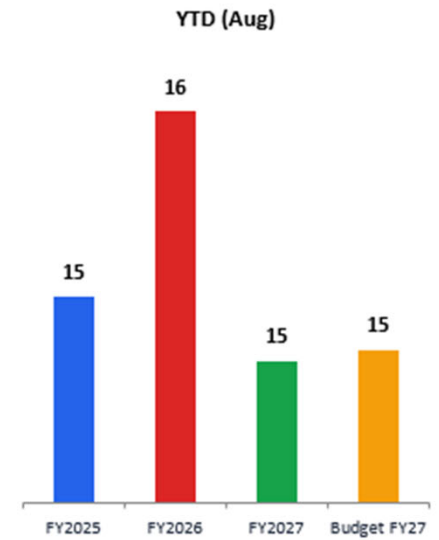
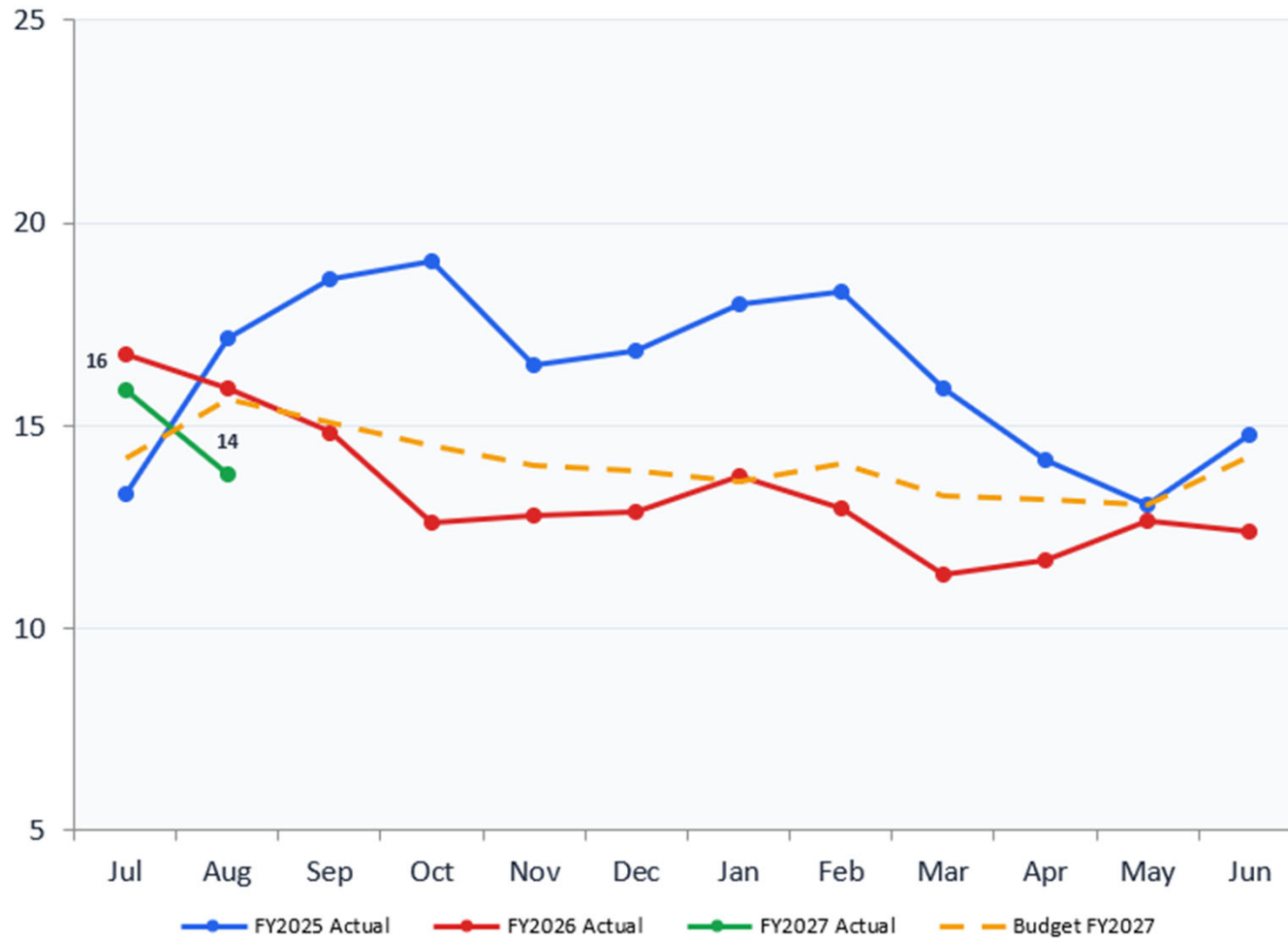
Acute I/P Psych (Avg Patients Per Day)



Rehabilitation Hospital (Avg Patients Per Day)



Nursery (Avg Patients Per Day)



Statistical Results – Fiscal Year Comparison (Aug)

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

Average Daily Census	389	447	14.9%	430	17	3.9%
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KDHCD Patient Days:

Medical Center	7,754	8,945	15.4%	8,473	472	5.6%
Acute I/P Psych	1,399	1,457	4.1%	1,550	(93)	(6.0%)
Sub-Acute	872	1,211	38.9%	1,217	(6)	(0.5%)
Rehab	626	974	55.6%	733	241	32.9%
TCS-Ortho (Short Stay Rehab)	433	363	(16.2%)	451	(88)	(19.5%)
NICU	470	483	2.8%	433	50	11.5%
Nursery	493	428	(13.2%)	485	(57)	(11.8%)

Total KDHCD Patient Days	12,047	13,861	15.1%	13,342	519	3.9%
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Total Outpatient Volume	62,403	64,449	3.3%	67,603	(3,154)	(4.7%)
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Statistical Results – Fiscal Year Comparison (Jul-Aug)

Actual Results			Budget	Budget Variance	
FYTD 2026	FYTD 2027	% Change	FYTD 2027	Change	% Change

Average Daily Census	392	435	10.9%	427	8	1.8%
-----------------------------	------------	------------	--------------	------------	----------	-------------

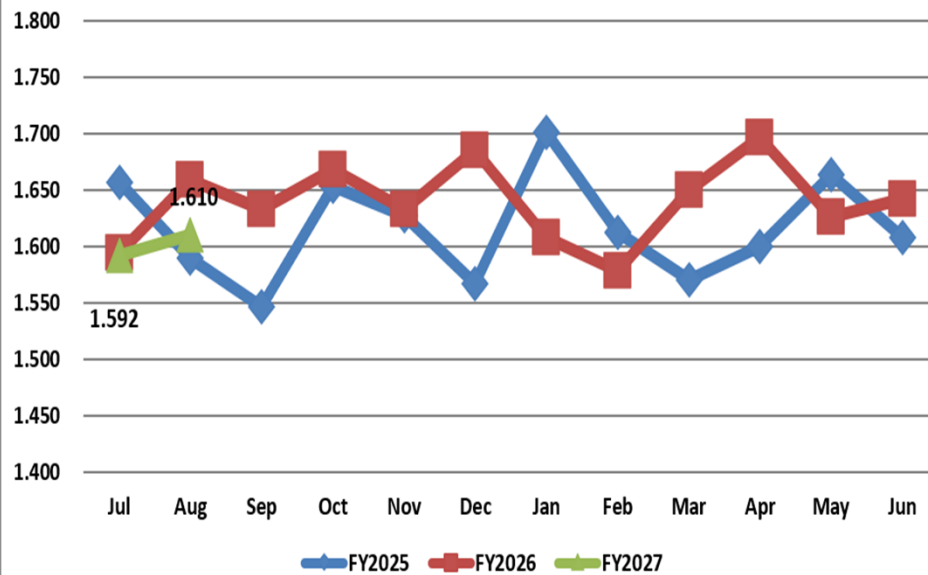
KDHCD Patient Days:

Medical Center	15,752	17,193	9.1%	16,908	285	1.7%
Acute I/P Psych	2,801	3,048	8.8%	3,069	(21)	(0.7%)
Sub-Acute	1,753	2,349	34.0%	2,402	(53)	(2.2%)
Rehab	1,201	1,813	51.0%	1,445	368	25.5%
TCS-Ortho (Short Stay Rehab)	883	761	(13.8%)	854	(93)	(10.9%)
NICU	888	868	(2.3%)	871	(3)	(0.3%)
Nursery	1,012	920	(9.1%)	924	(4)	(0.4%)

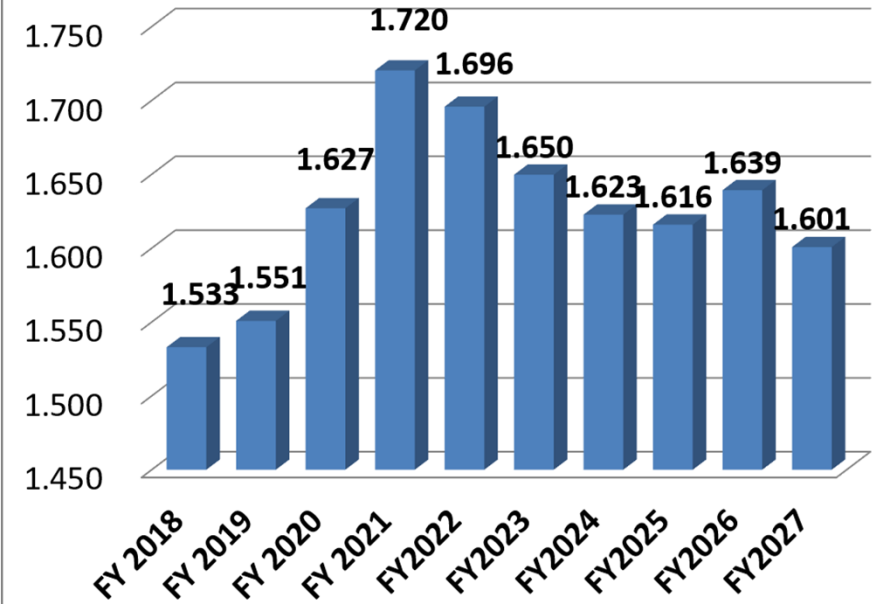
Total KDHCD Patient Days	24,290	26,952	11.0%	26,473	479	1.8%
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Total Outpatient Volume	126,821	131,192	3.4%	135,206	(4,014)	(3.0%)
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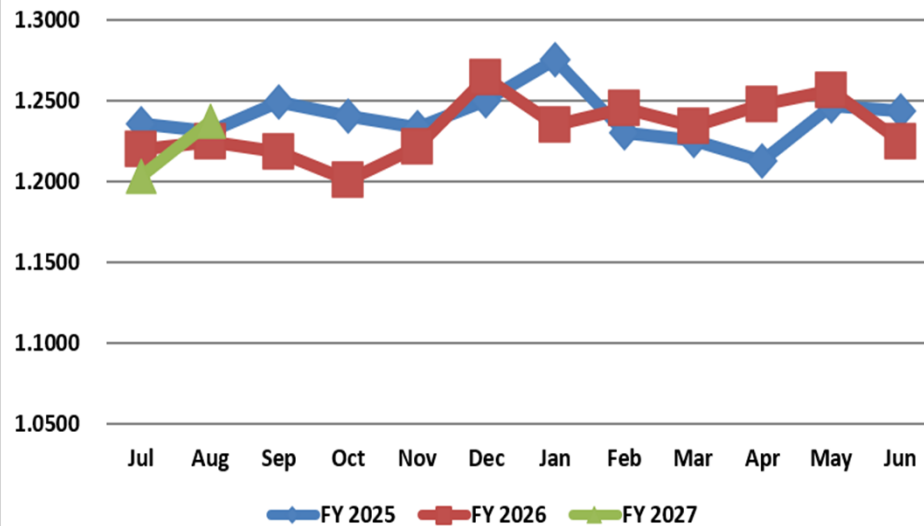
Case Mix Index w/o Normal Newborns



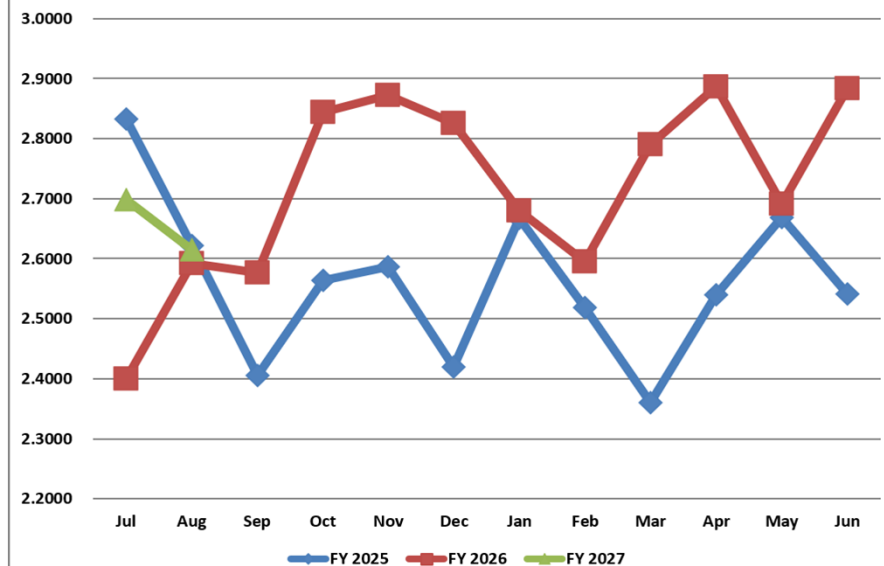
Case Mix Index w/o Normal Newborns - All



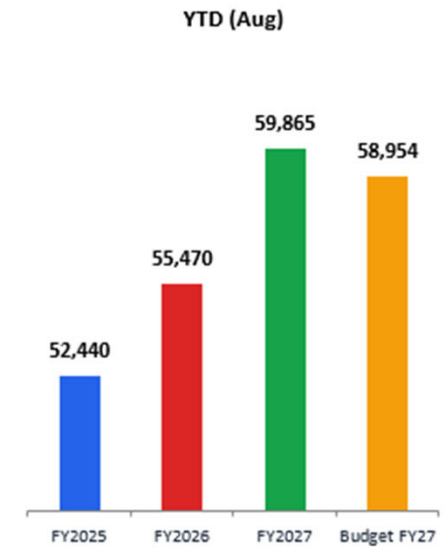
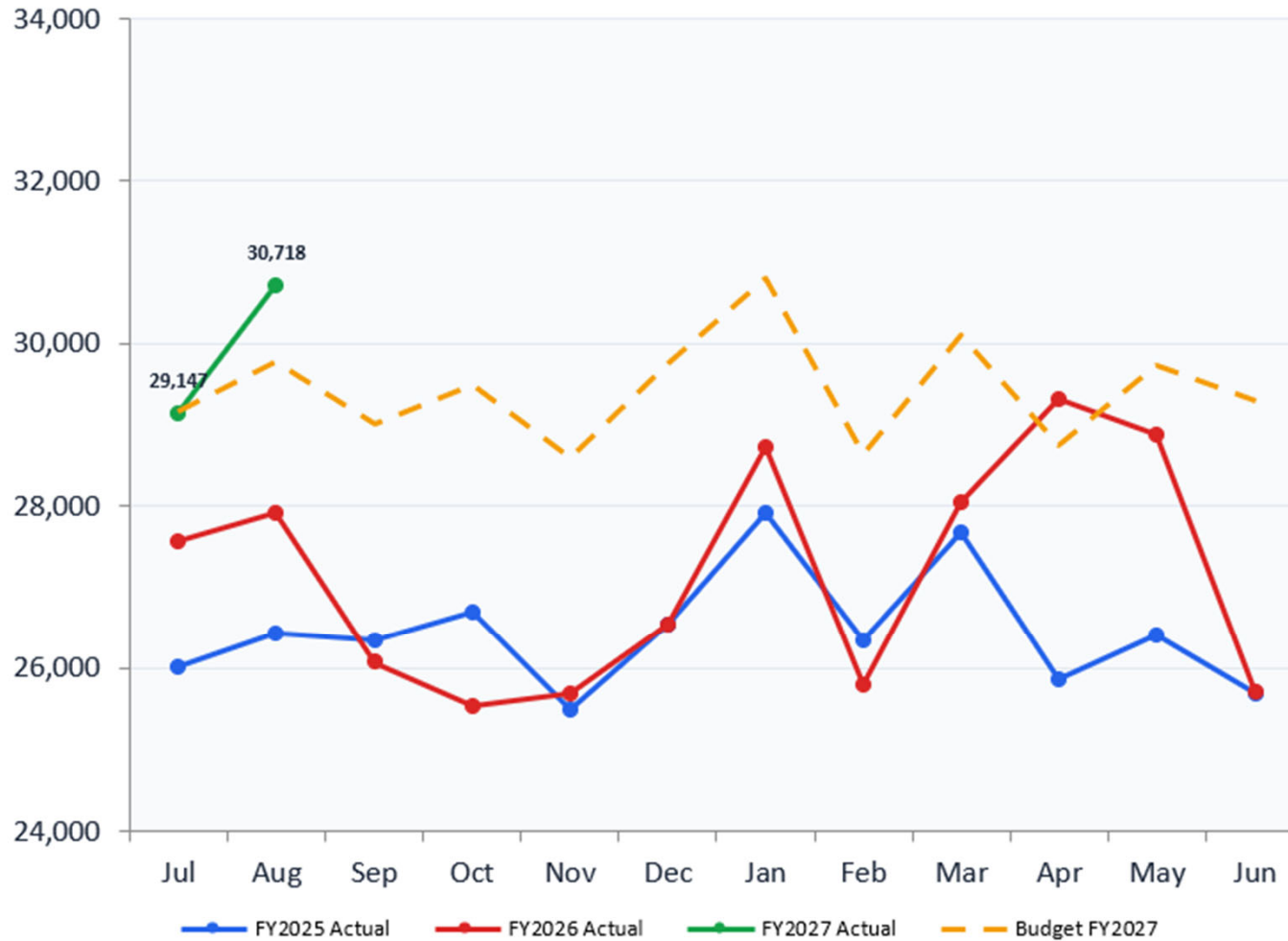
Case Mix **Medical** w/o Normal Newborns



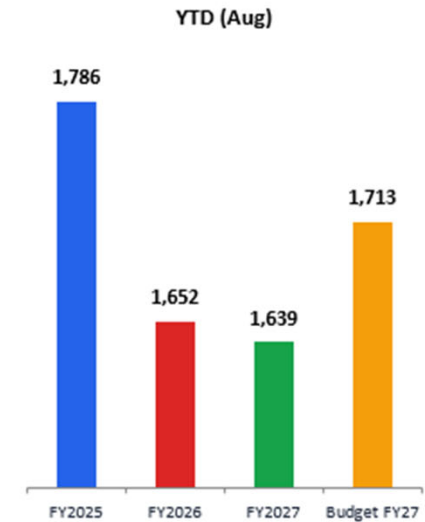
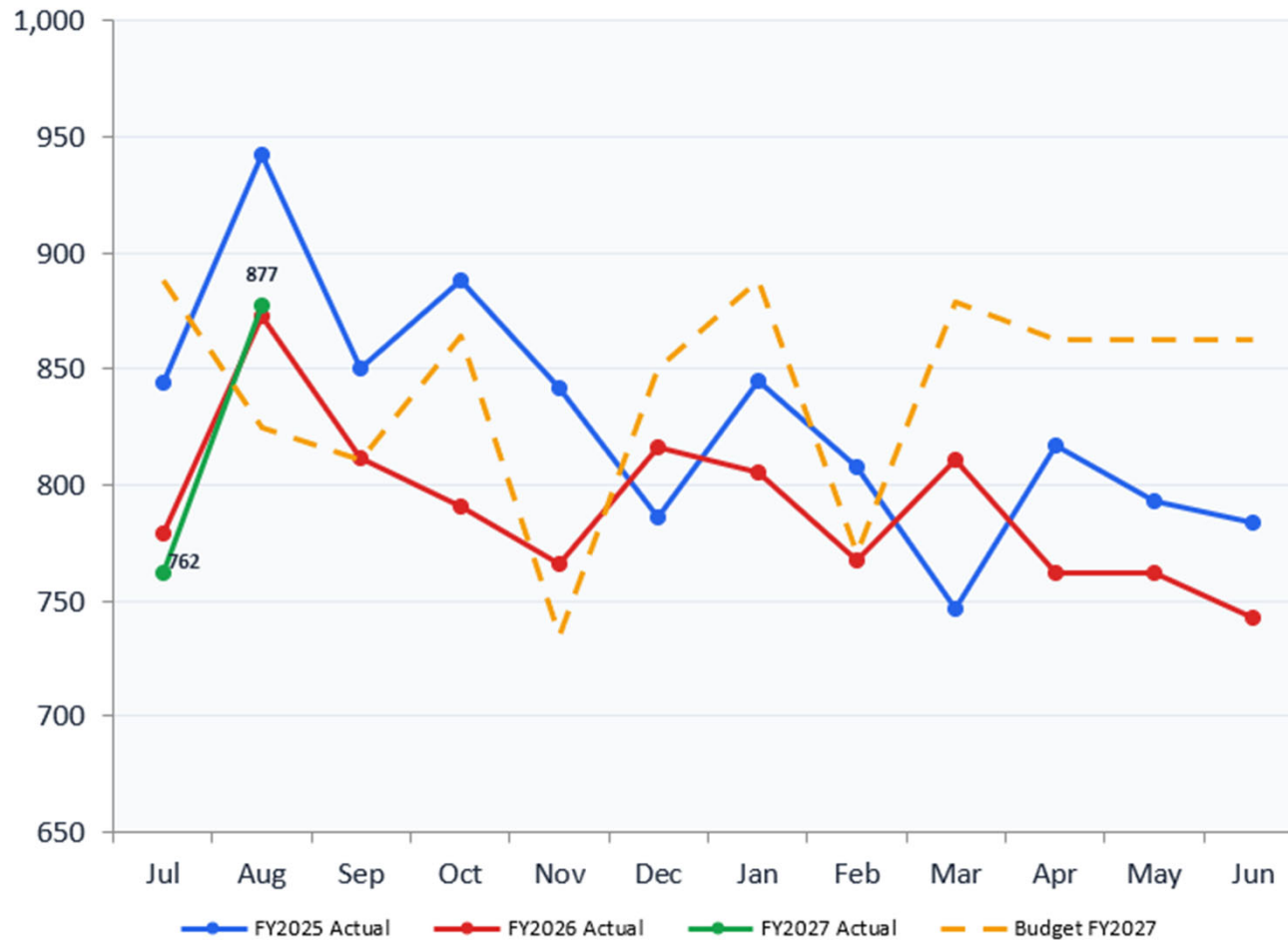
Case Mix Index **Surgical** w/o Normal Newborns



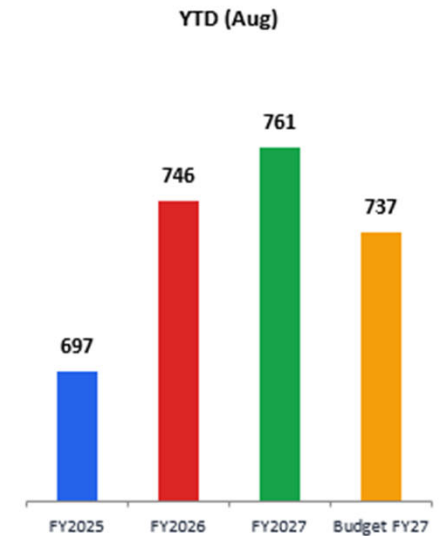
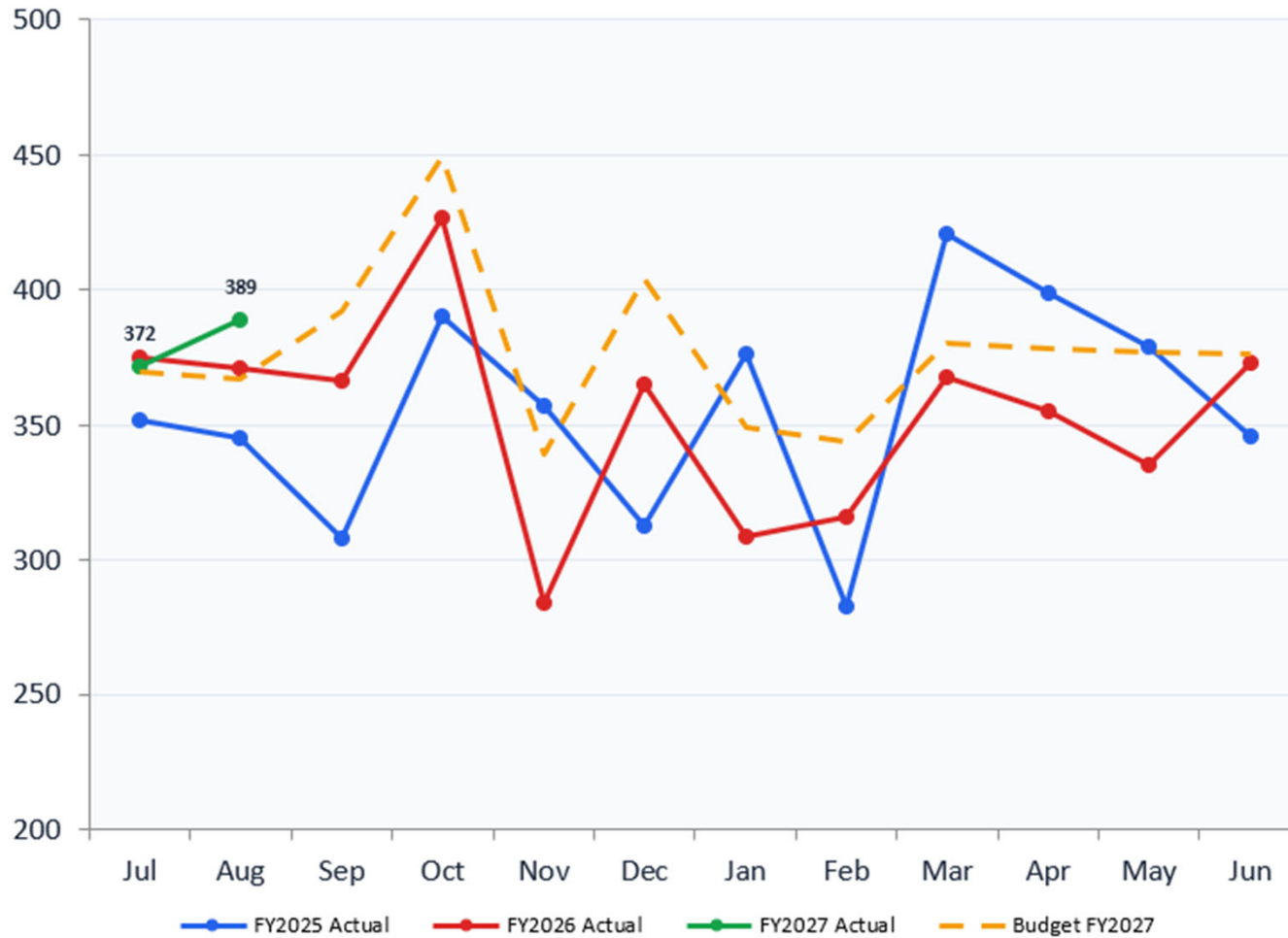
Adjusted Patient Days



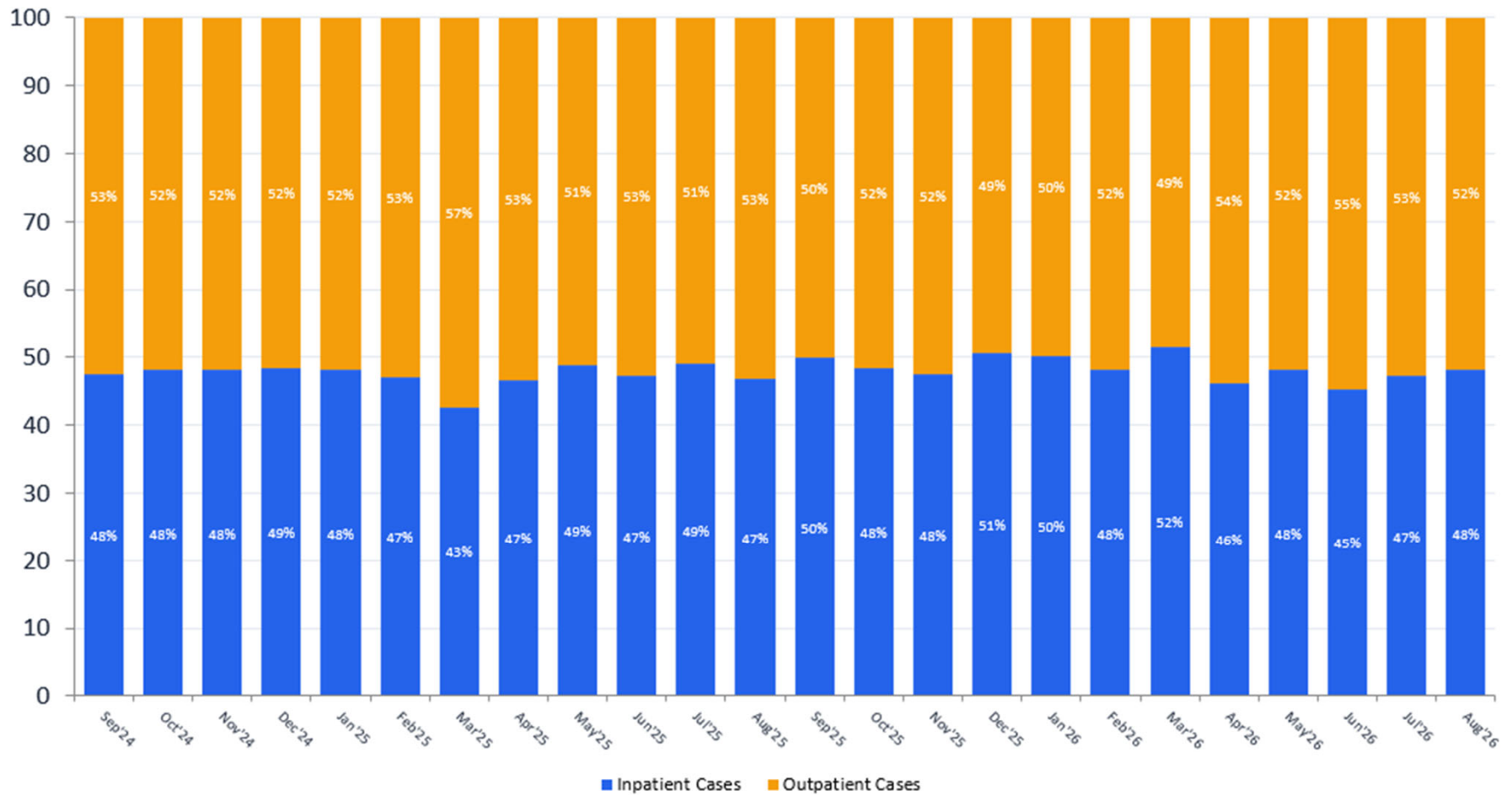
Surgery (IP & OP) – 100 Min Units



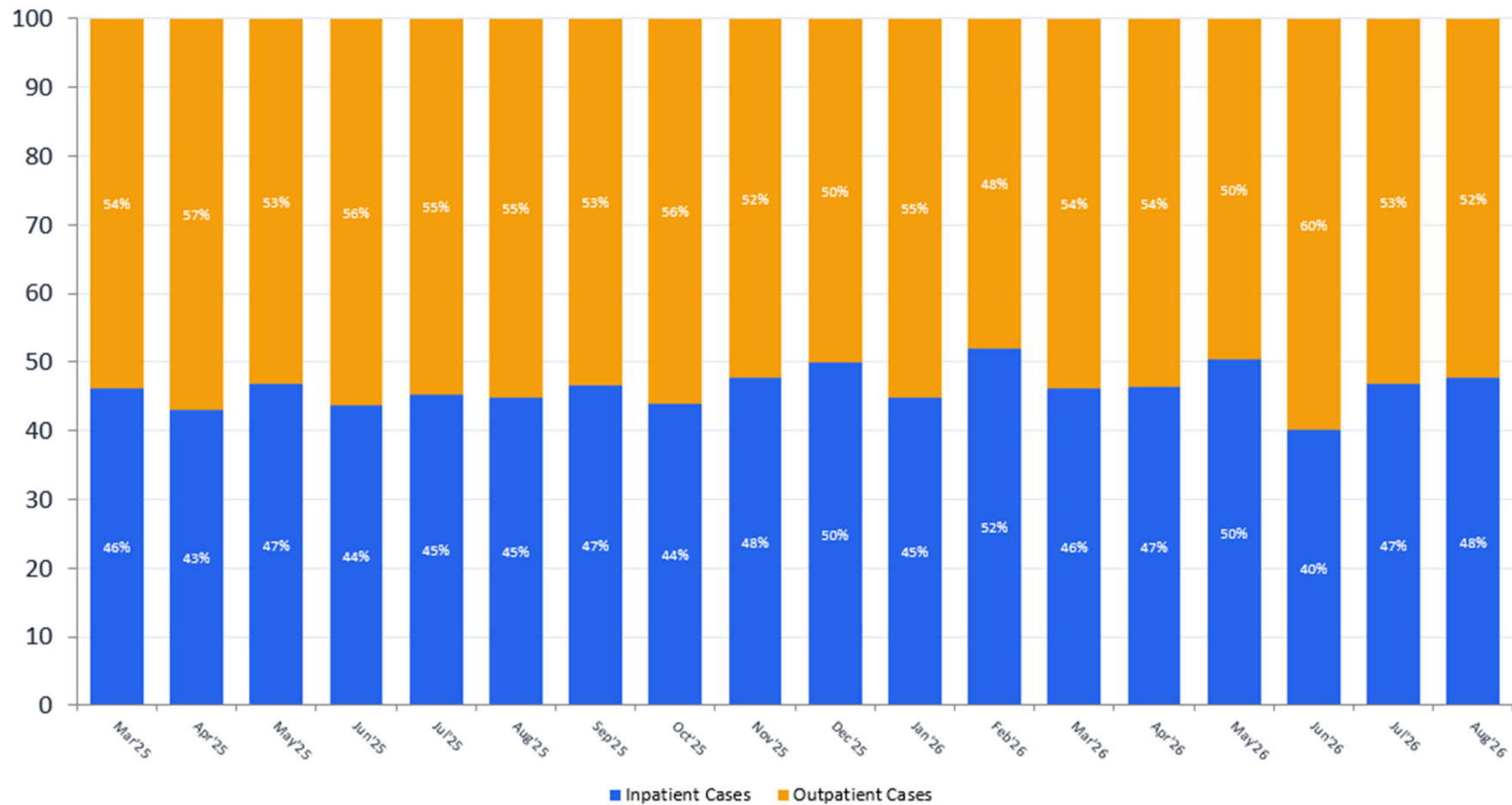
Cath Lab (IP & OP) – 100 Min Units



Surgery Cases (IP & OP)



Cath Lab Patients (IP & OP)



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

	Actual Results				Budget	Budget Variance	
	Aug25	Aug26	Change	% Change	Aug26	Change	% Change
All O/P Rehab Svcs Across District	19,411	20,330	919	4.7%	20,190	140	0.7%
Physical & Other Therapy Units (I/P & O/P)	18,405	21,965	3,560	19.3%	21,126	839	4.0%
Radiology - CT - All Areas	5,135	6,003	868	16.9%	5,349	654	12.2%
Radiology - MRI - All Areas	916	993	77	8.4%	969	24	2.5%
Radiology - Ultrasound - All Areas	3,114	3,616	502	16.1%	3,706	(90)	(2.4%)
Radiology - Diagnostic Radiology	9,384	10,515	1,131	12.1%	9,534	981	10.3%
Radiology – Main Campus	15,579	17,362	1,783	11.4%	16,161	1,201	7.4%
Radiology - Ultrasound - Main Campus	2,393	2,522	129	5.4%	2,690	(168)	(6.2%)
West Campus - Diagnostic Radiology	1,334	1,521	187	14.0%	1,335	186	14.0%
West Campus - CT Scan	492	684	192	39.0%	580	104	17.9%
West Campus - MRI	423	466	43	10.2%	466	0	0.1%
West Campus - Ultrasound	721	1,094	373	51.7%	1,016	78	7.7%
West Campus - Breast Center	1,331	1,884	553	41.5%	1,879	5	0.3%
Med Onc Visalia Treatments	1,052	1,365	313	29.8%	1,207	158	13.1%
Rad Onc Visalia Treatments	1,599	2,021	422	26.4%	1,715	306	17.9%
Rad Onc Hanford Treatments	262	248	(14)	(5.3%)	255	(7)	(2.8%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Aug25	YTD Aug26	Change	% Change	YTD Aug26	Change	% Change
All O/P Rehab Svcs Across District	41,300	41,587	287	0.7%	40,832	755	1.8%
Physical & Other Therapy Units (I/P & O/P)	37,644	44,372	6,728	17.9%	42,300	2,072	4.9%
Radiology - CT - All Areas	10,220	11,947	1,727	16.9%	10,766	1,181	11.0%
Radiology - MRI - All Areas	1,861	2,014	153	8.2%	1,964	50	2.5%
Radiology - Ultrasound - All Areas	6,262	6,921	659	10.5%	7,472	(551)	(7.4%)
Radiology - Diagnostic Radiology	18,866	20,232	1,366	7.2%	18,995	1,237	6.5%
Radiology – Main Campus	31,244	33,631	2,387	7.6%	32,495	1,136	3.5%
Radiology - Ultrasound - Main Campus	4,790	4,777	(13)	(0.3%)	5,431	(654)	(12.0%)
West Campus - Diagnostic Radiology	2,598	3,050	452	17.4%	2,595	455	17.5%
West Campus - CT Scan	1,041	1,344	303	29.1%	1,129	215	19.1%
West Campus - MRI	854	945	91	10.7%	937	8	0.9%
West Campus - Ultrasound	1,472	2,144	672	45.7%	2,041	103	5.0%
West Campus - Breast Center	2,818	4,120	1,302	46.2%	3,726	394	10.6%
Med Onc Visalia Treatments	2,343	2,502	159	6.8%	2,413	89	3.7%
Rad Onc Visalia Treatments	3,336	3,906	570	17.1%	3,586	320	8.9%
Rad Onc Hanford Treatments	569	405	(164)	(28.8%)	504	(99)	(19.7%)

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

	Actual Results				Budget	Budget Variance	
	Aug25	Aug26	Change	% Change	Aug26	Change	% Change
Rural Health Clinics Visits	12,314	12,419	105	0.9%	11,939	480	4.0%
RHC Exeter - Visits	5,751	5,984	233	4.1%	6,144	(160)	(2.6%)
RHC Lindsay - Visits	1,793	1,818	25	1.4%	1,764	54	3.1%
RHC Woodlake - Visits	572	622	50	8.7%	630	(8)	(1.3%)
RHC Woodlake Valencia - Visits	716	745	29	4.1%	912	(167)	(18.3%)
RHC Dinuba - Visits	1,335	1,278	(57)	(4.3%)	1,258	20	1.6%
RHC Tulare - Visits	2,147	1,972	(175)	(8.2%)	2,142	(170)	(7.9%)
Urgent Care – Court Total Visits	2,562	2,354	(208)	(8.1%)	2,776	(422)	(15.2%)
Urgent Care – Demaree Total Visits	1,776	2,010	234	13.2%	2,106	(96)	(4.6%)
KH Medical Clinic - Plaza Visits	327	402	75	22.9%	337	65	19.4%
KH Medical Clinic - Akers Visits	0	1,586	1,586	0.0%	1,807	(221)	(12.3%)
KH Willow Specialty Clinic	0	355	355	0.0%	275	80	28.9%
KH Cardiology Center Visalia Registrations	1,470	1,478	8	0.5%	2,005	(527)	(26.3%)
KH Mental Wellness Clinic Visits	364	306	(58)	(15.9%)	407	(101)	(24.8%)
Urology Clinic Visits	430	256	(174)	(40.5%)	349	(93)	(26.6%)
Therapy-Wound Care Svcs Encounters	373	365	(8)	(2.1%)	373	(8)	(2.1%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Aug25	YTD Aug26	Change	% Change	YTD Aug26	Change	% Change
Rural Health Clinics Visits	25,047	25,139	92	0.4%	23,924	1,215	5.1%
RHC Exeter - Visits	11,898	12,248	350	2.9%	12,391	(143)	(1.2%)
RHC Lindsay - Visits	3,585	3,608	23	0.6%	3,518	90	2.6%
RHC Woodlake - Visits	1,202	1,149	(53)	(4.4%)	1,260	(111)	(8.8%)
RHC Woodlake Valencia - Visits	1,264	1,521	257	20.3%	1,824	(303)	(16.6%)
RHC Dinuba - Visits	2,774	2,452	(322)	(11.6%)	2,522	(70)	(2.8%)
RHC Tulare - Visits	4,324	4,161	(163)	(3.8%)	4,233	(72)	(1.7%)
Urgent Care – Court Total Visits	4,902	4,536	(366)	(7.5%)	5,341	(805)	(15.1%)
Urgent Care – Demaree Total Visits	3,372	3,837	465	13.8%	3,919	(82)	(2.1%)
KH Medical Clinic - Plaza Visits	610	688	78	12.8%	663	25	3.8%
KH Medical Clinic - Akers Visits	0	3,038	3,038	0.0%	3,574	(536)	(15.0%)
KH Willow Specialty Clinic	0	735	735	0.0%	509	226	44.4%
KH Cardiology Center Visalia Registrations	2,888	2,890	2	0.1%	4,010	(1,120)	(27.9%)
KH Mental Wellness Clinic Visits	723	648	(75)	(10.4%)	912	(264)	(29.0%)
Urology Clinic Visits	654	511	(143)	(21.9%)	734	(223)	(30.4%)
Therapy-Wound Care Svcs Encounters	718	693	(25)	(3.5%)	718	(25)	(3.5%)

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

	Actual Results				Budget	Budget Variance	
	Aug25	Aug26	Change	% Change	Aug26	Change	% Change
ED - Avg Treated Per Day	285	282	(3)	(1.1%)	279	3	1.1%
Surgery (IP & OP) – 100 Min Units	873	877	4	0.5%	825	52	6.3%
Endoscopy Procedures	629	537	(92)	(14.6%)	487	50	10.3%
Cath Lab (IP & OP) - 100 Min Units	371	389	18	4.9%	367	22	6.0%
Cardiac Surgery Cases	28	20	(8)	(28.6%)	35	(15)	(42.9%)
Deliveries	360	327	(33)	(9.2%)	369	(42)	(11.5%)
Clinical Lab	253,309	287,055	33,746	13.3%	290,363	(3,308)	(1.1%)
Reference Lab	8,273	7,734	(539)	(6.5%)	7,827	(93)	(1.2%)
Dialysis Center - Visalia Visits	1,380	1,366	(14)	(1.0%)	1,509	(143)	(9.5%)
Infusion Center - Units of Service	695	529	(166)	(23.9%)	619	(90)	(14.5%)
Hospice Days	3,982	3,884	(98)	(2.5%)	4,260	(376)	(8.8%)
Home Health Visits	3,003	2,687	(316)	(10.5%)	2,700	(13)	(0.5%)
Home Infusion Days	23,783	23,057	(726)	(3.1%)	23,468	(411)	(1.8%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Aug25	YTD Aug26	Change	% Change	YTD Aug26	Change	% Change
ED - Avg Treated Per Day	279	280	1	0.4%	279	1	0.2%
Surgery (IP & OP) – 100 Min Units	1,652	1,639	(13)	(0.8%)	1,713	(74)	(4.3%)
Endoscopy Procedures	1,261	1,105	(156)	(12.4%)	1,058	47	4.4%
Cath Lab (IP & OP) - 100 Min Units	746	761	15	2.0%	737	24	3.3%
Cardiac Surgery Cases	58	42	(16)	(27.6%)	64	(22)	(34.4%)
Deliveries	752	690	(62)	(8.2%)	707	(17)	(2.4%)
Clinical Lab	516,935	568,725	51,790	10.0%	572,032	(3,306)	(0.6%)
Reference Lab	16,335	15,399	(936)	(5.7%)	15,955	(556)	(3.5%)
Dialysis Center - Visalia Visits	2,812	2,689	(123)	(4.4%)	3,000	(311)	(10.4%)
Infusion Center - Units of Service	1,323	1,101	(222)	(16.8%)	1,225	(124)	(10.1%)
Hospice Days	7,848	7,750	(98)	(1.2%)	8,522	(772)	(9.1%)
Home Health Visits	6,060	5,217	(843)	(13.9%)	5,400	(183)	(3.4%)
Home Infusion Days	50,158	45,066	(5,092)	(10.2%)	49,171	(4,105)	(8.3%)

Aug Financial Summary (000's) Budget Comparison

Comparison to Budget - Month of August				
	Budget Aug-2026	Actual Aug-2026	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$61,521	\$62,475	\$954	1.5%
Other Operating Revenue	\$23,170	\$23,308	\$138	0.6%
Total Operating Revenue	\$84,691	\$85,783	\$1,092	1.3%
Operating Expenses				
Employment Expenses	\$42,676	\$44,459	\$1,783	4.0%
Other Expenses	\$41,346	\$41,180	(\$166)	-0.4%
Total Operating Expenses	\$84,023	\$85,639	\$1,617	1.9%
Operating Margin	\$669	\$144	(\$525)	
Nonoperating Revenue (Loss)	\$1,201	\$5,895	\$4,695	
Excess Margin	\$1,869	\$6,040	\$4,170	

Aug Financial Summary (000's) Prior Year Comparison

Comparison to Prior Year - Month of August

	Actual Aug-2025	Actual Aug-2026	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$53,289	\$62,475	\$9,186	14.7%
Other Operating Revenue	\$23,904	\$23,308	(\$596)	-2.6%
Total Operating Revenue	\$77,193	\$85,783	\$8,591	10.0%
Operating Expenses				
Employment Expenses	\$42,743	\$44,459	\$1,716	3.9%
Other Expenses	\$36,987	\$41,180	\$4,193	10.2%
Total Operating Expenses	\$79,730	\$85,639	\$5,909	6.9%
Operating Margin	(\$2,537)	\$144	\$2,682	
Nonoperating Revenue (Loss)	\$1,243	\$5,895	\$4,653	
Excess Margin	(\$1,295)	\$6,040	\$7,335	

Year to Date Financial Summary (000's)

Comparison to Budget - YTD August				
	Budget YTD Aug-2026	Actual YTD Aug-2026	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$122,682	\$122,293	(\$390)	-0.3%
Other Operating Revenue	\$46,338	\$46,988	\$650	1.4%
Total Operating Revenue	\$169,020	\$169,281	\$260	0.2%
Operating Expenses				
Employment Expenses	\$85,143	\$87,779	\$2,636	3.0%
Other Expenses	\$82,643	\$82,300	(\$343)	-0.4%
Total Operating Expenses	\$167,786	\$170,079	\$2,293	1.3%
Operating Margin	\$1,234	(\$798)	(\$2,032)	
Nonoperating Revenue (Loss)	\$2,401	\$7,241	\$4,840	
Excess Margin	\$3,636	\$6,443	\$2,808	

Aug Financial Comparison (000's)

	Comparison to Budget - Month of August				Comparison to Prior Year - Month of August			
	Budget 2026	Aug- Actual 2026	\$ Change	% Change	Actual 2025	Aug- Actual 2026	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$61,521	\$62,475	\$954	1.5%	\$53,289	\$62,475	\$9,186	14.7%
Supplemental Gov't Programs	\$9,369	\$9,369	(\$0)	0.0%	\$9,985	\$9,369	(\$616)	-6.6%
Prime Program	\$1,064	\$1,064	\$0	0.0%	\$572	\$1,064	\$492	46.2%
Premium Revenue	\$7,631	\$7,459	(\$172)	-2.3%	\$8,057	\$7,459	(\$598)	-8.0%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$0	\$0	\$0	0.0%
Other Revenue	\$5,106	\$5,416	\$310	5.7%	\$5,290	\$5,416	\$126	2.3%
Other Operating Revenue	\$23,170	\$23,308	\$138	0.6%	\$23,904	\$23,308	(\$596)	-2.6%
Total Operating Revenue	\$84,691	\$85,783	\$1,092	1.3%	\$77,193	\$85,783	\$8,591	10.0%
Operating Expenses								
Salaries & Wages	\$34,941	\$36,678	\$1,737	4.7%	\$34,591	\$36,678	\$2,087	5.7%
Contract Labor	\$1,342	\$1,515	\$172	11.4%	\$2,475	\$1,515	(\$961)	-63.4%
Employee Benefits	\$6,393	\$6,267	(\$126)	-2.0%	\$5,677	\$6,267	\$590	9.4%
Total Employment Expenses	\$42,676	\$44,459	\$1,783	4.0%	\$42,743	\$44,459	\$1,716	3.9%
Medical & Other Supplies	\$16,117	\$16,161	\$44	0.3%	\$14,705	\$16,161	\$1,456	9.0%
Physician Fees	\$9,080	\$9,675	\$595	6.2%	\$8,260	\$9,675	\$1,415	14.6%
Purchased Services	\$2,166	\$2,144	(\$22)	-1.0%	\$2,040	\$2,144	\$105	4.9%
Repairs & Maintenance	\$2,765	\$2,165	(\$600)	-27.7%	\$2,197	\$2,165	(\$32)	-1.5%
Utilities	\$1,056	\$961	(\$94)	-9.8%	\$949	\$961	\$13	1.3%
Rents & Leases	\$212	\$161	(\$50)	-31.2%	\$94	\$161	\$67	41.6%
Depreciation & Amortization	\$3,174	\$3,421	\$248	7.2%	\$3,169	\$3,421	\$252	7.4%
Interest Expense	\$579	\$559	(\$20)	-3.6%	\$568	\$559	(\$9)	-1.6%
Other Expense	\$2,599	\$2,332	(\$267)	-11.4%	\$2,079	\$2,332	\$253	10.9%
Humana Cap Plan Expenses	\$3,598	\$3,598	\$0	0.0%	\$2,925	\$3,598	\$673	18.7%
Total Other Expenses	\$41,346	\$41,180	(\$166)	-0.4%	\$36,987	\$41,180	\$4,193	10.2%
Total Operating Expenses	\$84,023	\$85,639	\$1,617	1.9%	\$79,730	\$85,639	\$5,909	6.9%
Operating Margin	\$669	\$144	(\$525)		(\$2,537)	\$144	\$2,682	
Nonoperating Revenue (Loss)	\$1,201	\$5,895	\$4,695		\$1,243	\$5,895	\$4,653	
Excess Margin	\$1,869	\$6,040	\$4,170		(\$1,295)	\$6,040	\$7,335	

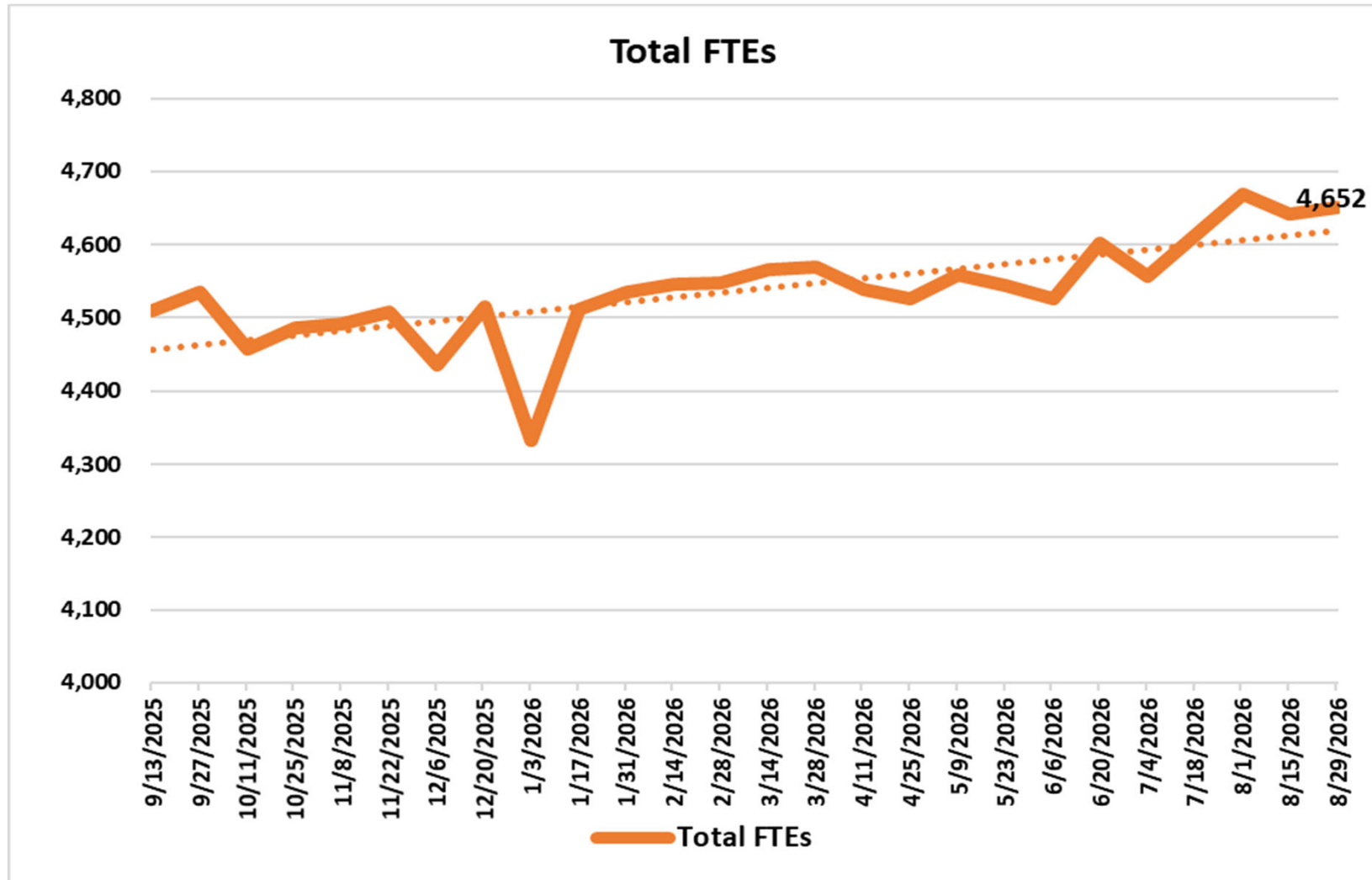
Year to Date: July through Aug Financial Comparison (000's)

	Comparison to Budget - YTD August				Comparison to Prior Year - YTD August			
	Budget YTD Aug-2026	Actual YTD Aug-2026	\$ Change	% Change	Actual YTD Aug-2025	Actual YTD Aug-2026	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$122,682	\$122,293	(\$390)	-0.3%	\$109,790	\$122,293	\$12,502	10.2%
Supplemental Gov't Programs	\$18,739	\$18,739	(\$0)	0.0%	\$19,438	\$18,739	(\$700)	-3.7%
Prime Program	\$2,129	\$2,129	\$0	0.0%	\$1,261	\$2,129	\$867	40.7%
Premium Revenue	\$15,262	\$14,734	(\$528)	-3.6%	\$15,035	\$14,734	(\$301)	-2.0%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$0	\$0	\$0	0.0%
Other Revenue	\$10,209	\$11,387	\$1,178	10.3%	\$10,017	\$11,387	\$1,370	12.0%
Other Operating Revenue	\$46,338	\$46,988	\$650	1.4%	\$45,752	\$46,988	\$1,236	2.6%
Total Operating Revenue	\$169,020	\$169,281	\$260	0.2%	\$155,542	\$169,281	\$13,738	8.1%
Operating Expenses								
Salaries & Wages	\$69,684	\$71,936	\$2,252	3.1%	\$67,791	\$71,936	\$4,145	5.8%
Contract Labor	\$2,694	\$3,357	\$664	19.8%	\$4,957	\$3,357	(\$1,599)	-47.6%
Employee Benefits	\$12,765	\$12,485	(\$280)	-2.2%	\$13,546	\$12,485	(\$1,060)	-8.5%
Total Employment Expenses	\$85,143	\$87,779	\$2,636	3.0%	\$86,293	\$87,779	\$1,485	1.7%
Medical & Other Supplies	\$32,333	\$32,526	\$193	0.6%	\$29,257	\$32,526	\$3,269	10.0%
Physician Fees	\$18,004	\$18,501	\$497	2.7%	\$16,097	\$18,501	\$2,404	13.0%
Purchased Services	\$4,333	\$4,048	(\$285)	-7.0%	\$3,720	\$4,048	\$328	8.1%
Repairs & Maintenance	\$5,531	\$4,558	(\$973)	-21.3%	\$4,410	\$4,558	\$148	3.3%
Utilities	\$2,096	\$1,850	(\$245)	-13.3%	\$1,877	\$1,850	(\$27)	-1.5%
Rents & Leases	\$449	\$388	(\$61)	-15.7%	\$211	\$388	\$177	45.6%
Depreciation & Amortization	\$6,348	\$6,810	\$462	6.8%	\$6,386	\$6,810	\$424	6.2%
Interest Expense	\$1,158	\$1,145	(\$13)	-1.1%	\$1,139	\$1,145	\$5	0.5%
Other Expense	\$5,197	\$4,457	(\$740)	-16.6%	\$3,987	\$4,457	\$470	10.6%
Humana Cap Plan Expenses	\$7,196	\$8,017	\$821	10.2%	\$8,385	\$8,017	(\$369)	-4.6%
Total Other Expenses	\$82,643	\$82,300	(\$343)	-0.4%	\$75,471	\$82,300	\$6,829	8.3%
Total Operating Expenses	\$167,786	\$170,079	\$2,293	1.3%	\$161,764	\$170,079	\$8,314	4.9%
Operating Margin	\$1,234	(\$798)	(\$2,032)		(\$6,222)	(\$798)	\$5,424	
Nonoperating Revenue (Loss)	\$2,401	\$7,241	\$4,840		\$2,302	\$7,241	\$4,939	
Excess Margin	\$3,636	\$6,443	\$2,808		(\$3,920)	\$6,443	\$10,363	

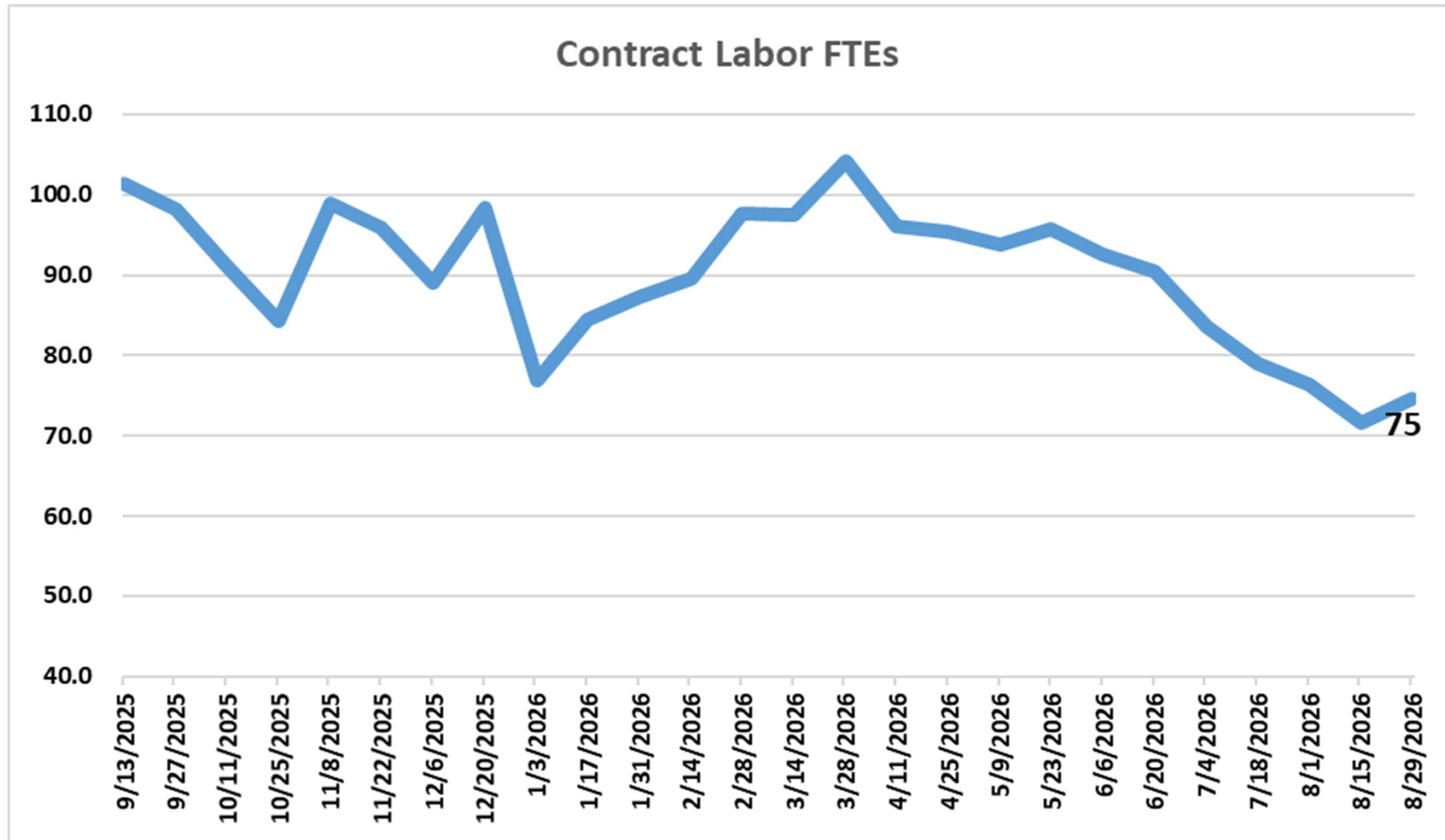
Month of August - Budget Variances

- **Net Patient Service Revenue:** The favorable budget variance of \$954K, or 1.5%, is due higher than expected inpatient volume in the month of August.
- **Other Revenue:** Other revenue exceeded budget by \$310K mainly due to a 10% variance in retail pharmacy revenue.
- **Salaries and Wages:** The unfavorable variance of \$1.7M, or 4.7%, in salaries and wages in August is partially due to increases in volumes and the related need for staffing in the nursing areas as well as the emergency department.
- **Physician Fees:** The \$595K overage in physician fees is due to volume increases, use of locums for cardiac surgery, and some catch up payments from prior months.
- **Repairs and Maintenance Expense:** Were lower than expectation by \$600K in August as new contracts and cost increases to existing IT related contracts have not yet materialized as budgeted.
- **Non-Operating Revenue:** The \$4.7M favorable variance is due to the recognition of a \$4.6M gain on extinguishment of debt in August as the modification to forgive one year's debt service of the Distressed Hospital Loan was approved.

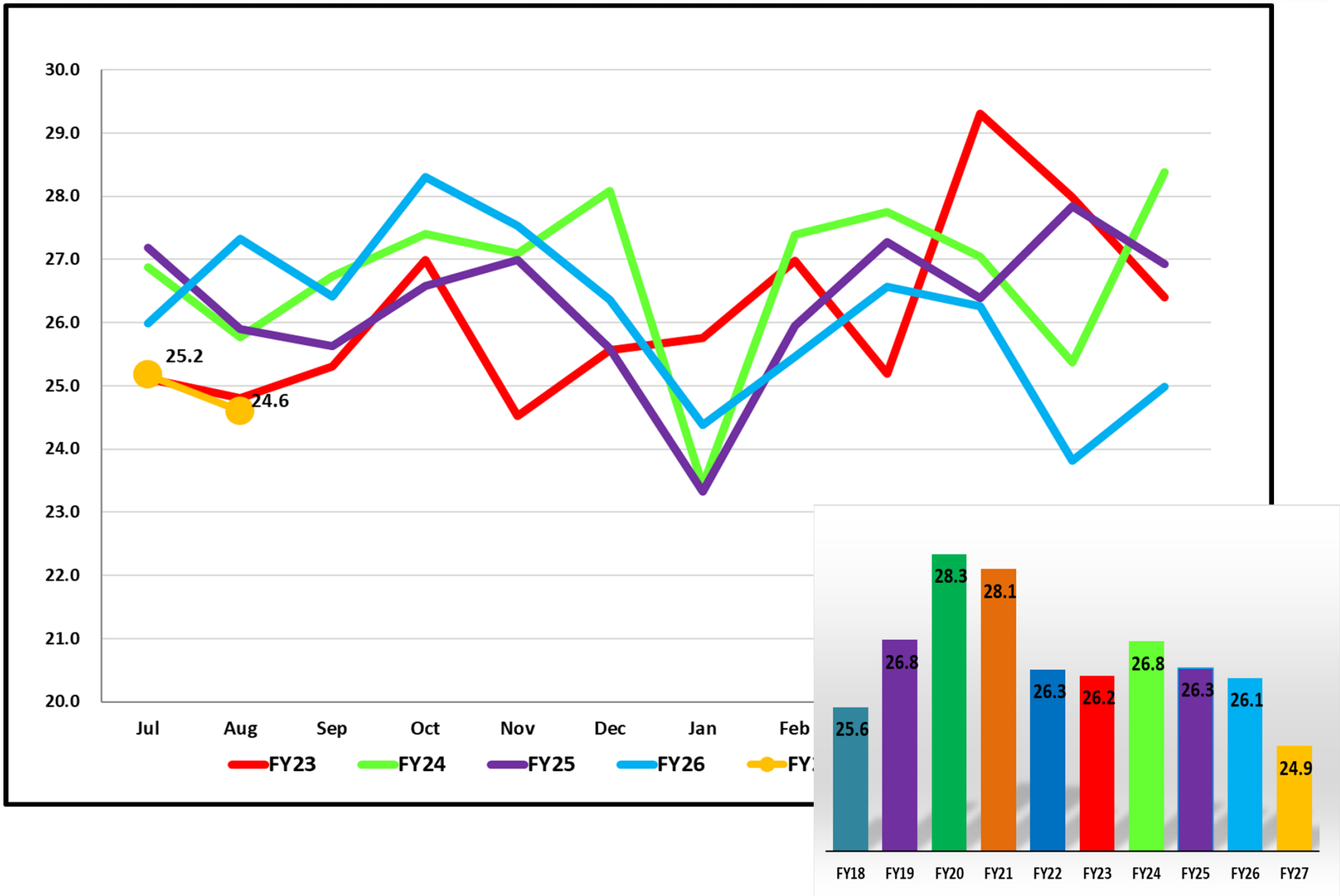
Total FTEs (includes Contract Labor)



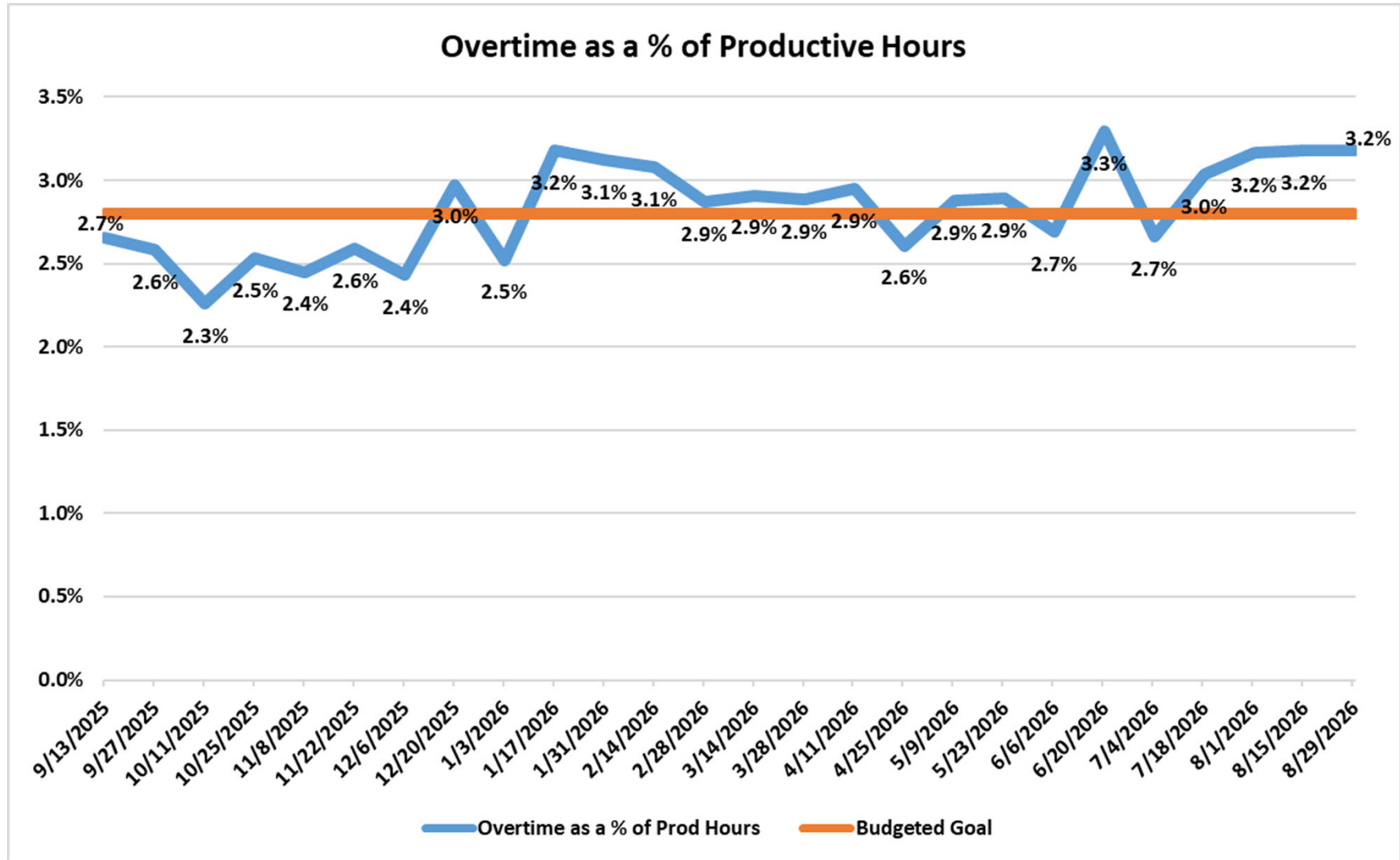
Contract Labor Full Time Equivalents (FTEs)



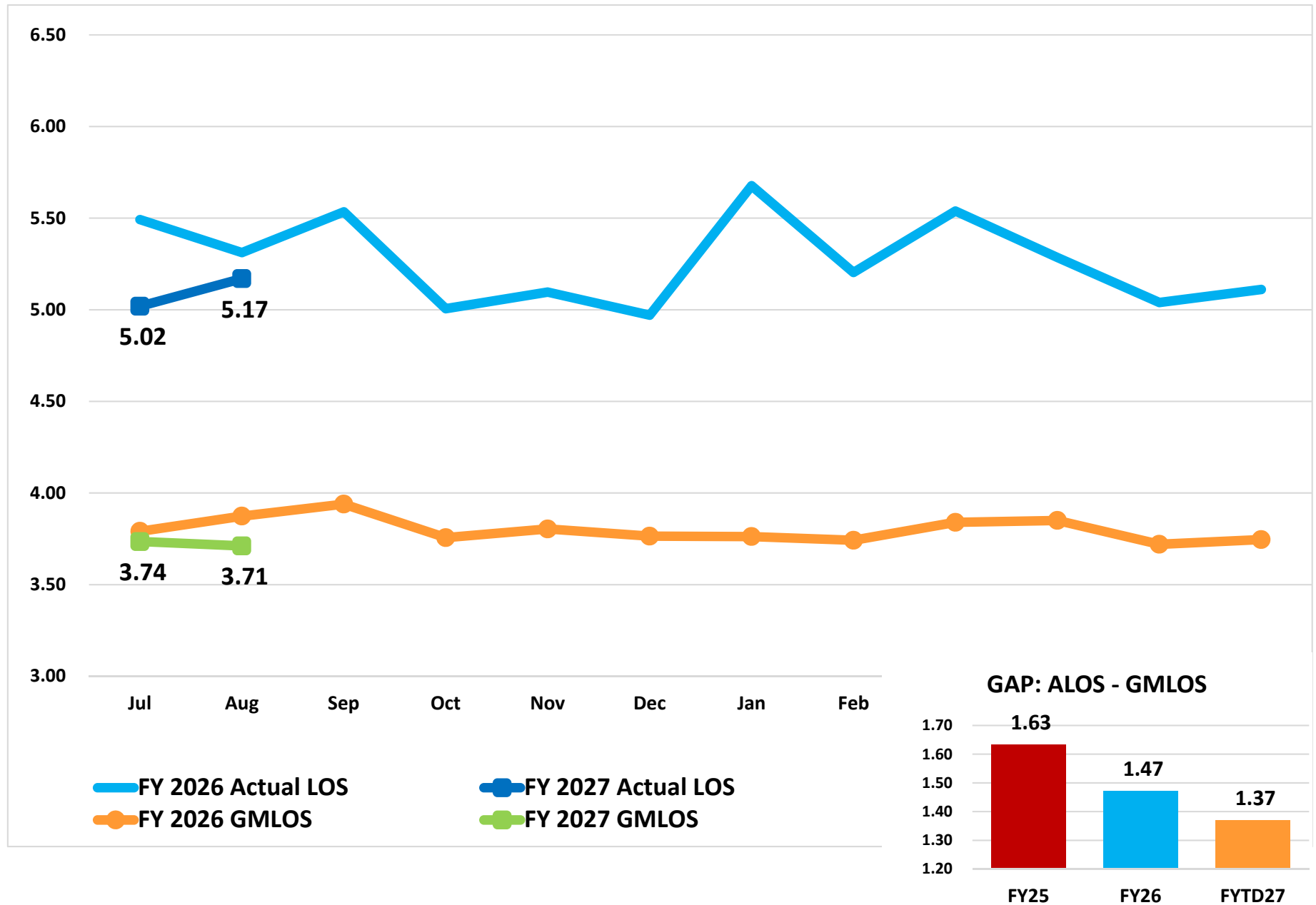
Productivity Measure : Worked Hours/ Adj. Patient Days



Overtime as a % of Productive Hours



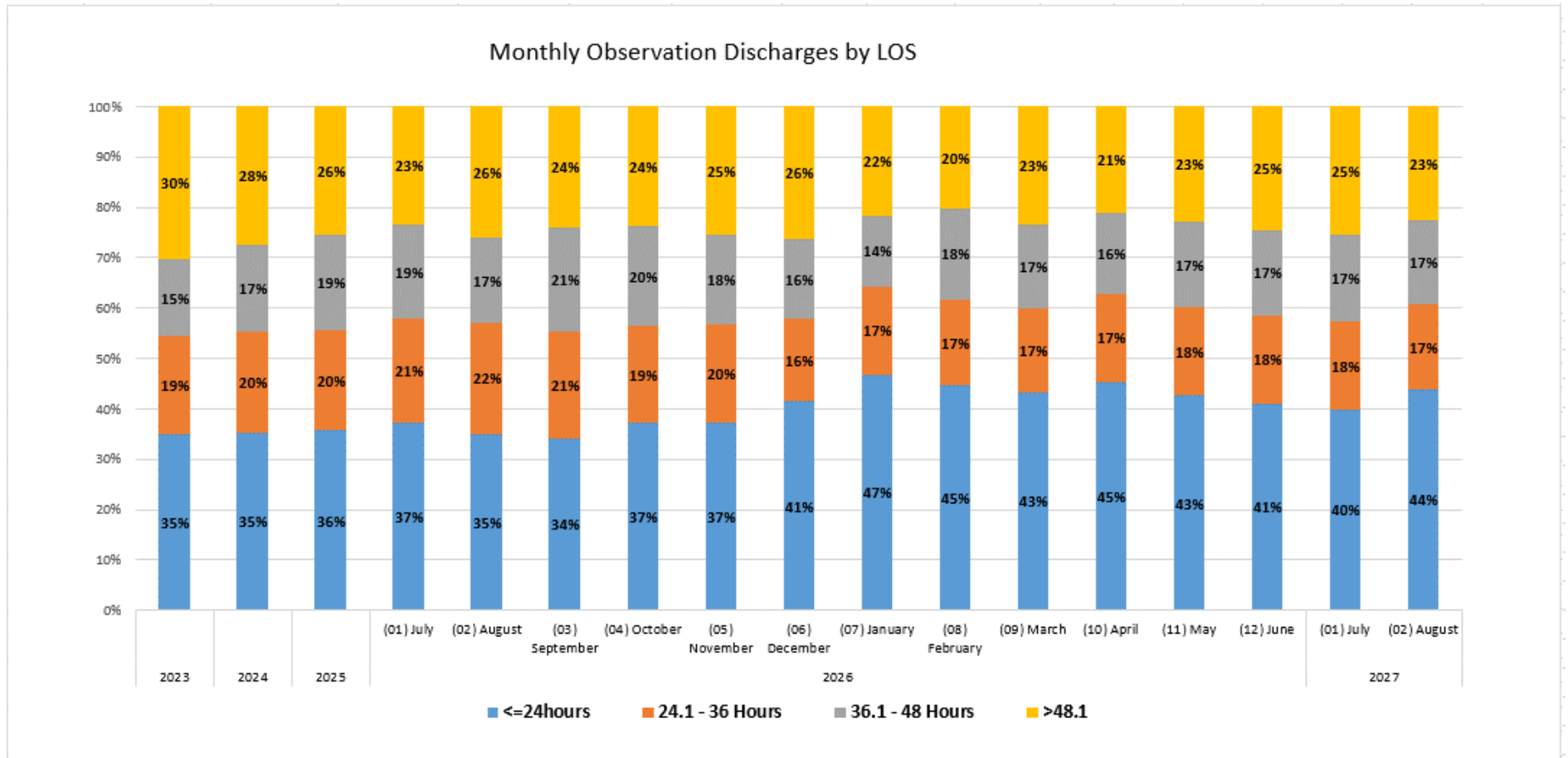
Average Length of Stay versus National Average (GMLOS)



Average Length of Stay versus National Average (GMLOS)

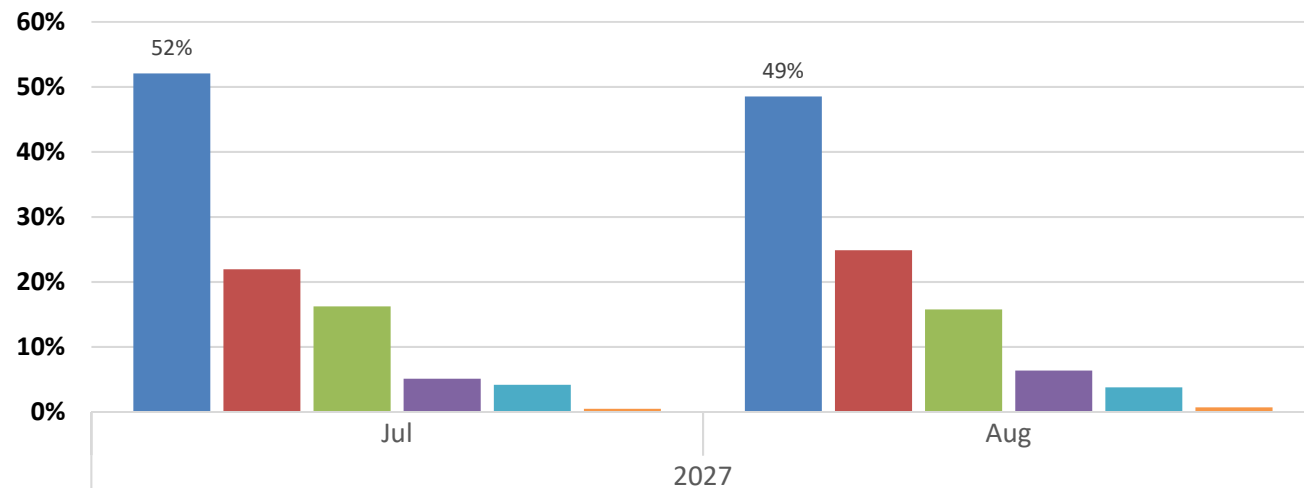
	ALOS	GMLOS	GAP
Jul-24	5.77	4.02	1.75
Aug-24	5.74	3.95	1.79
Sep-24	5.39	3.88	1.51
Oct-24	5.72	4.01	1.71
Nov-24	5.23	3.87	1.36
Dec-24	5.68	3.94	1.74
Jan-25	6.16	4.04	2.12
Feb-25	5.36	3.92	1.43
Mar-25	5.46	3.80	1.66
Apr-25	5.68	3.80	1.89
May-25	5.15	3.78	1.37
Jun-25	5.14	3.85	1.29
Jul-25	5.49	3.79	1.70
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	1.91
Feb-26	5.20	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	1.37
Jul-26	5.02	3.74	1.28
Aug-26	5.17	3.71	1.46

Trended % of Observation by Length of Stay



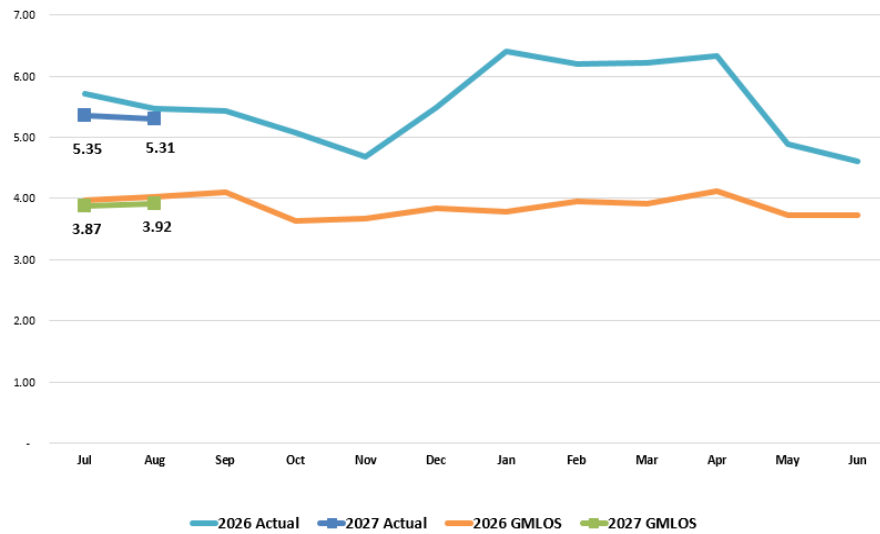
Average Length of Stay Distribution

FY27 Overall LOS Distribution

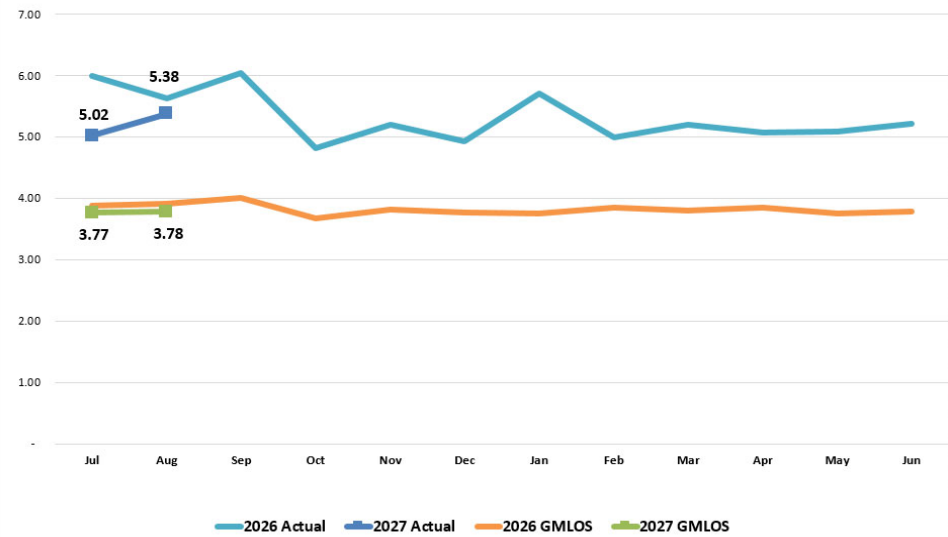


■ at GMLOS or Better	52%	49%
■ 1-2 days over GMLOS	22%	25%
■ 2-6 days over GMLOS	16%	16%
■ 6-10 days over GMLOS	5%	6%
■ 10-30 days over GMLOS	4%	4%
■ 30+ days over GMLOS	0.5%	0.7%

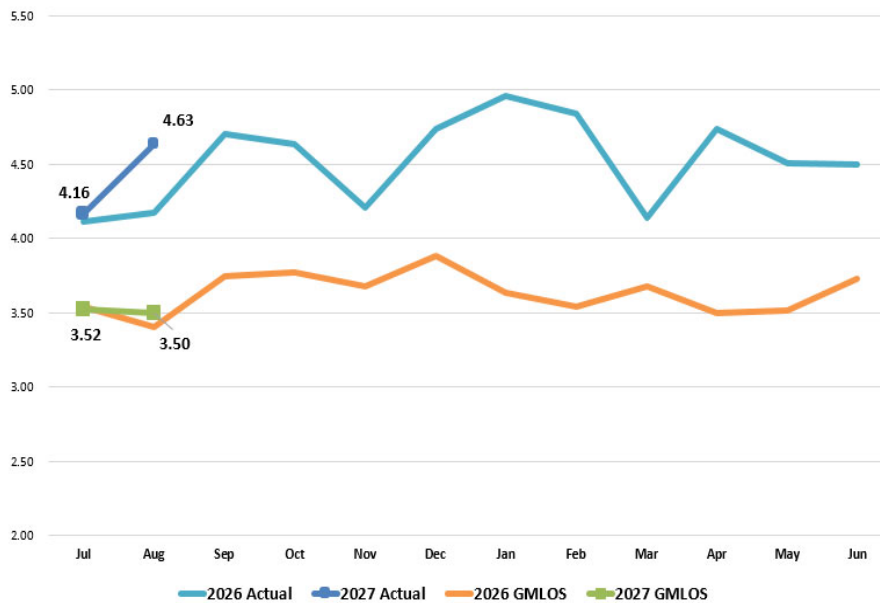
**Medicare Managed
Average Length of Stay**



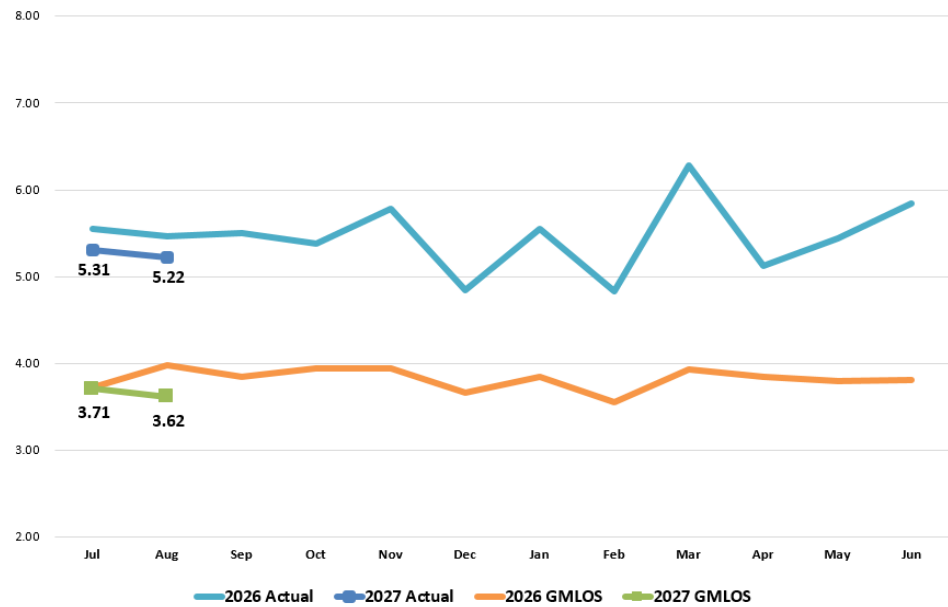
**Medicare
Average Length of Stay**



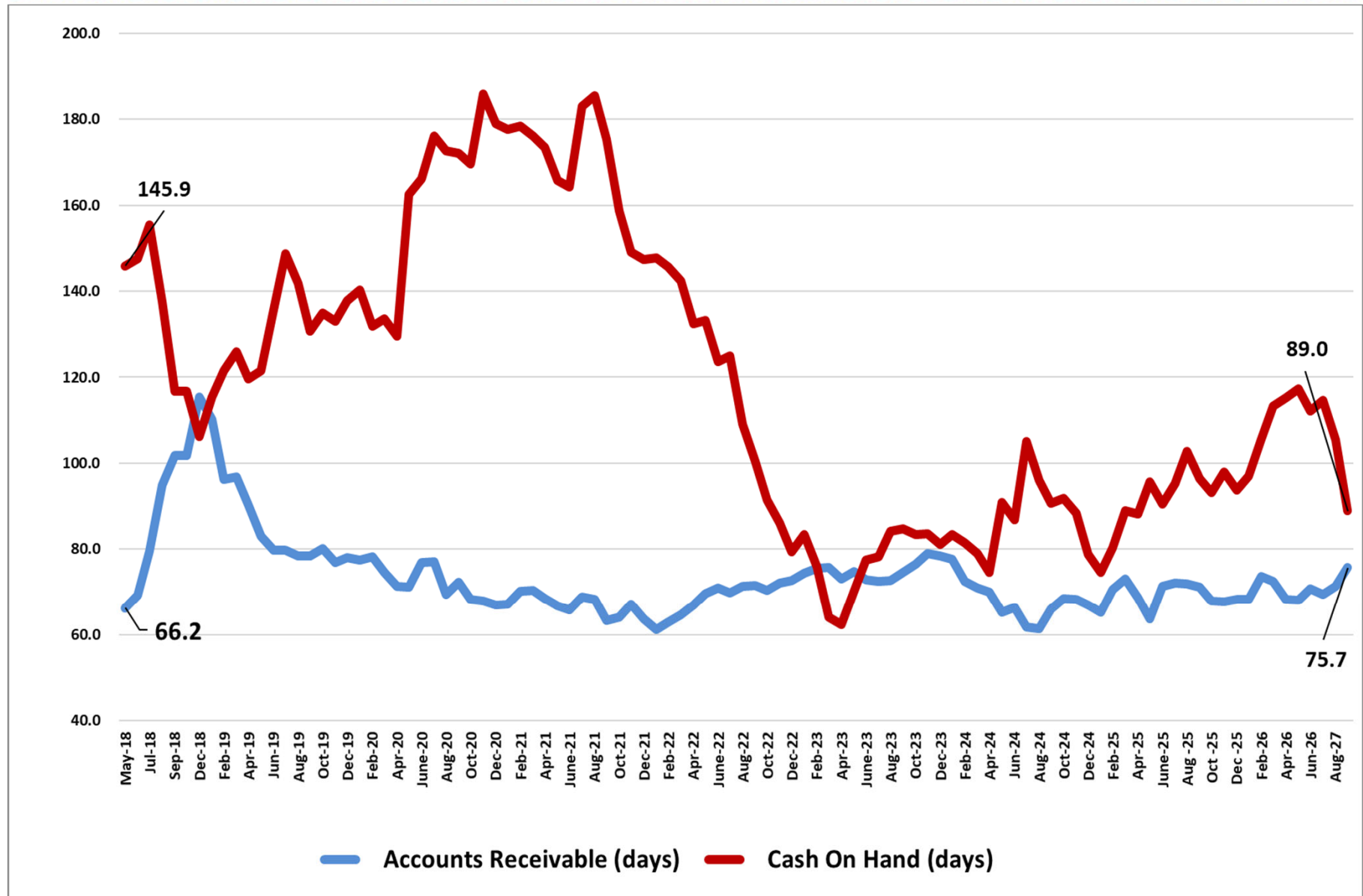
Commercial Average Length of Stay



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



Trended Liquidity Ratios



Ratio Analysis Report

AUGUST 31, 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	2.5	2.3	1.5	1.9	1.7
Accounts Receivable (days)	75.7	71.4	69.5	45.1	46.3	45.1
Cash On Hand (days)	89.0	105.5	114.6	280.4	190.7	116.9
Cushion Ratio (x)	10.7	12.6	13.5	46.6	26.1	15.9
Average Payment Period (days)	49.2	48.7	52.1	72.7	61.4	60.3
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	120.6%	141.6%	150.5%	307.7%	188.7%	112.8%
Debt-To-Capitalization	28.8%	29.2%	29.4%	19.7%	28.5%	37.9%
Debt-to-Cash Flow (x)	2.4	4.0	3.6	1.9	3.1	5.2
Debt Service Coverage	4.2	1.9	2.6	8.8	5.4	3.0
Maximum Annual Debt Service Coverage (x)	3.3	1.8	2.1	7.8	4.7	2.8
Age Of Plant (years)	14.2	14.2	14.0	10.9	13.2	15.2
PROFITABILITY RATIOS						
Operating Margin	(.5%)	(1.1%)	(.6%)	3.6%	1.6%	0.1%
Excess Margin	3.7%	0.5%	0.9%	7.1%	4.0%	1.5%
Operating Cash Flow Margin	4.2%	3.6%	4.2%	8.0%	6.1%	4.1%
Return on Assets	4.1%	0.5%	1.0%	5.4%	3.8%	1.5%

Consolidated Statements of Net Position (000's)

	Aug-26	Jun-26
	(Pre-Audited)	
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 3,119	\$ 13,819
Current Portion of Board designated and trusted assets	22,173	16,043
Accounts receivable:		-
Net patient accounts	174,336	167,205
Other receivables	50,599	22,312
	224,935	189,517
Inventories	15,506	13,508
Medicare and Medi-Cal settlements	95,342	68,662
Prepaid expenses	14,447	9,124
Total current assets	375,522	310,674
NON-CURRENT CASH AND INVESTMENTS -		
less current portion		
Board designated cash and assets	221,153	274,306
Assets in self-insurance trust fund	0	275
Total non-current cash and investments	221,153	274,581
INTANGIBLE RIGHT TO USE LEASE,	17,979	18,175
net of accumulated amortization		
INTANGIBLE RIGHT TO USE SBITA,	9,667	10,459
net of accumulated amortization		
CAPITAL ASSETS		
Land	17,542	20,544
Buildings and improvements	448,677	447,823
Equipment	349,427	348,824
Construction in progress	19,025	16,481
	834,673	833,672
Less accumulated depreciation	569,804	564,737
	264,869	268,935
OTHER ASSETS		
Property not used in operations	5,108	2,113
Health-related investments	1,656	1,778
Other	22,401	22,251
Total other assets	29,165	26,142
Total assets	918,356	908,966
DEFERRED OUTFLOWS	(16,000)	11,819
Total assets and deferred outflows	\$ 902,356	\$ 920,786

Consolidated Statements of Net Position (000's)

	Aug-26	Jun-26
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 35,150	\$ 33,916
Accrued payroll and related liabilities	73,538	74,089
SBITA liability, current portion	3,298	3,314
Lease liability, current portion	3,727	3,954
Bonds payable, current portion	13,454	15,293
Notes payable, current portion	-	3,843
Financing Lease Liability, current portion	499	499
Total current liabilities	129,667	134,908
LEASE LIABILITY, net of current portion	14,992	14,921
SBITA LIABILITY, net of current portion	4,141	4,821
LONG-TERM DEBT, less current portion		
Bonds payable	188,071	188,085
Financing Lease payable	2,529	2,614
Notes payable	16,139	16,907
Total long-term debt	206,739	207,606
NET PENSION LIABILITY	(5,997)	19,224
OTHER LONG-TERM LIABILITIES	56,880	55,624
Total liabilities	406,421	437,105
NET ASSETS		
Invested in capital assets, net of related debt	62,196	53,863
Restricted	46,218	41,002
Unrestricted	387,521	388,815
Total net position	495,935	483,681
Total liabilities and net position	<u>\$ 902,356</u>	<u>\$ 920,786</u>



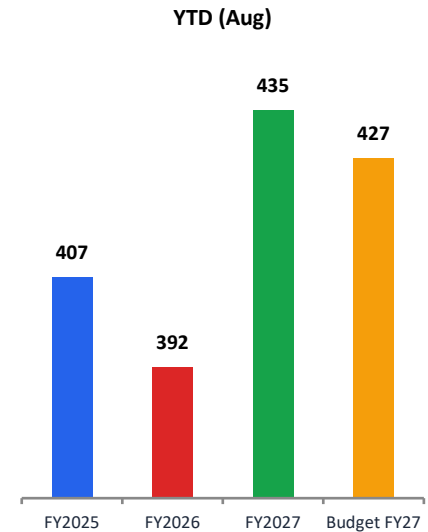
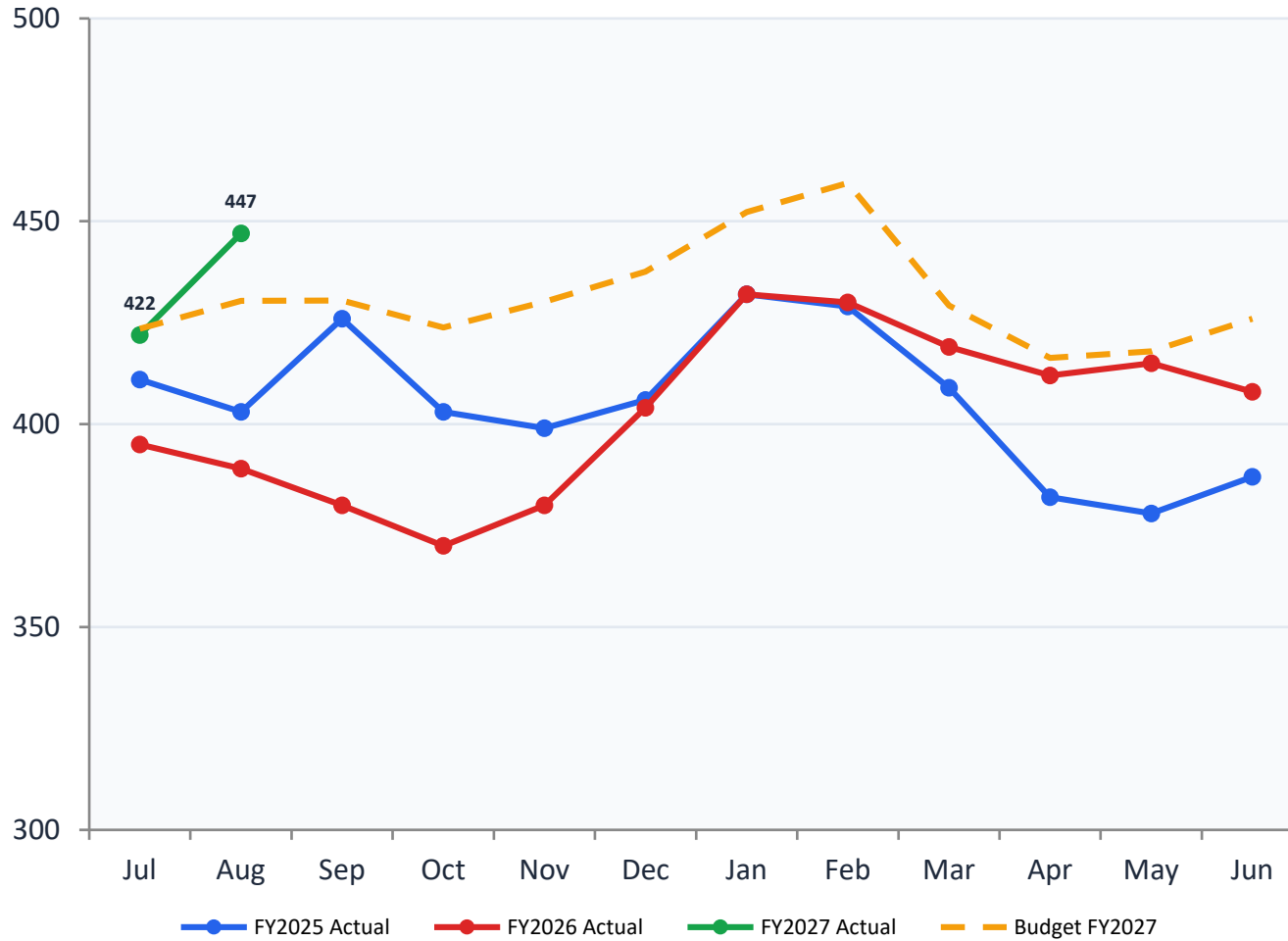
Monthly Statistics Report

FY2025 – FY2027 Actuals | Budget FY2027

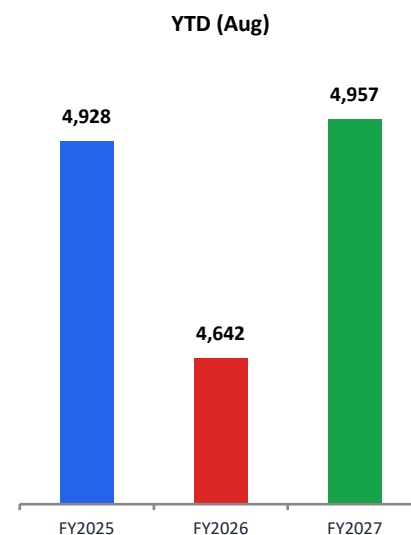
Kaweah Health

August 2026

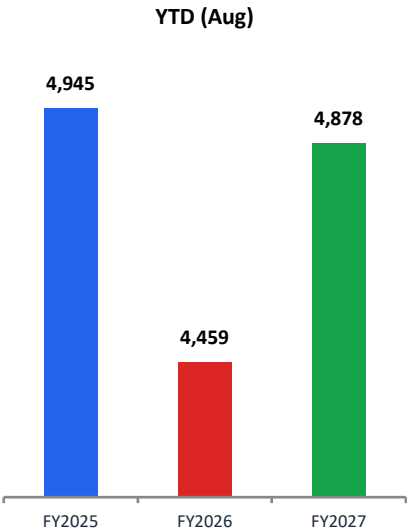
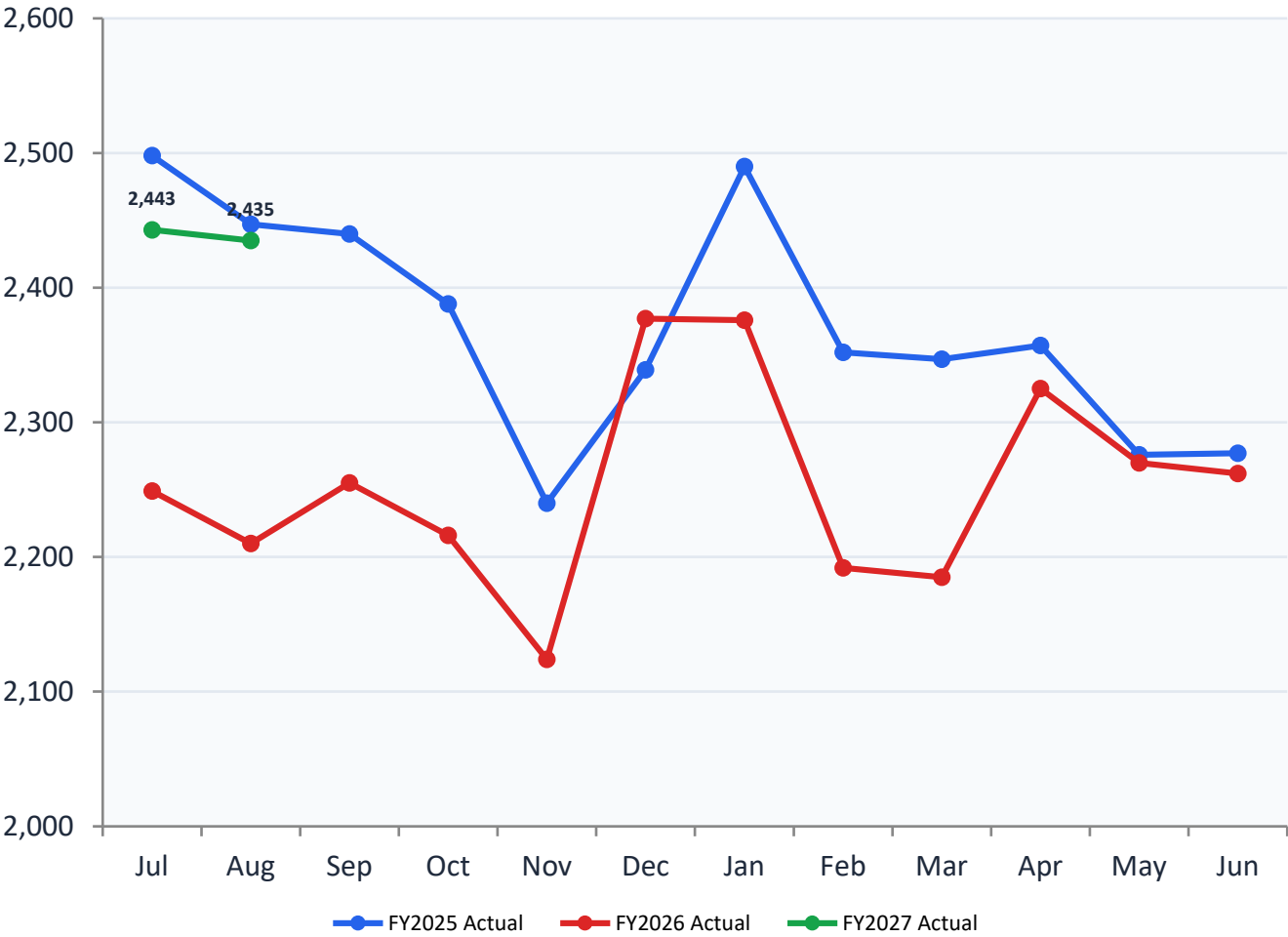
Average Daily Census



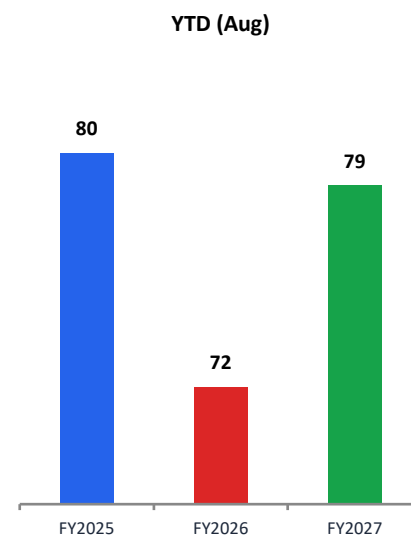
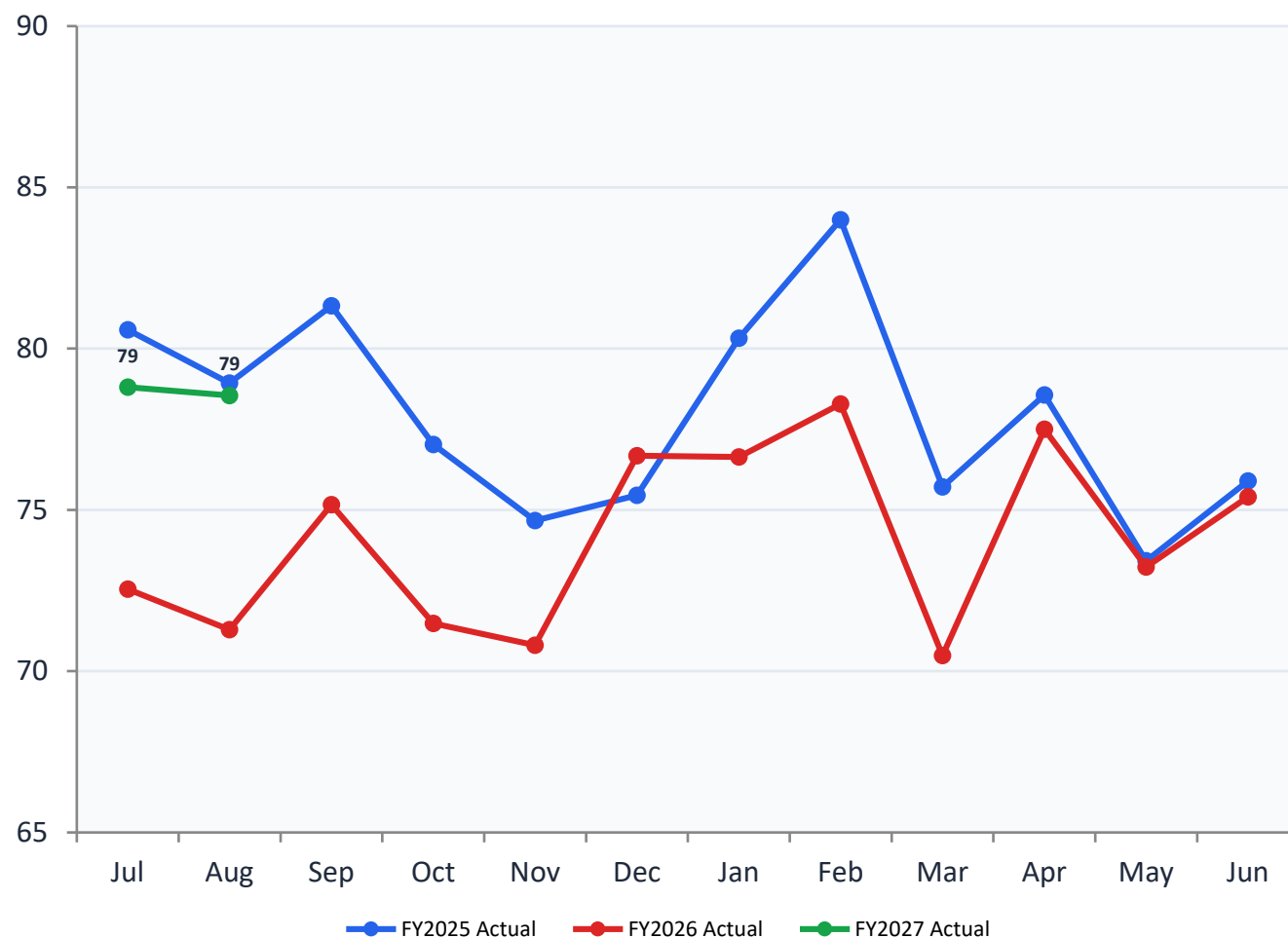
Admissions



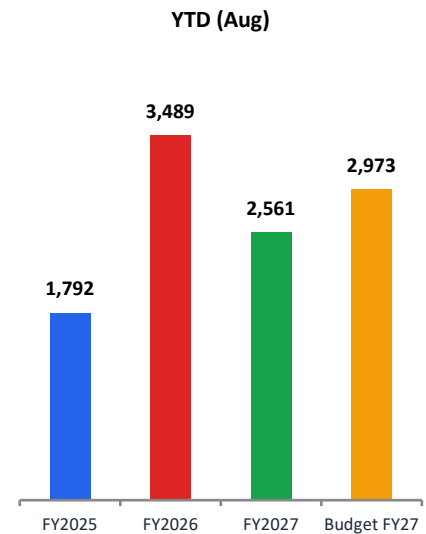
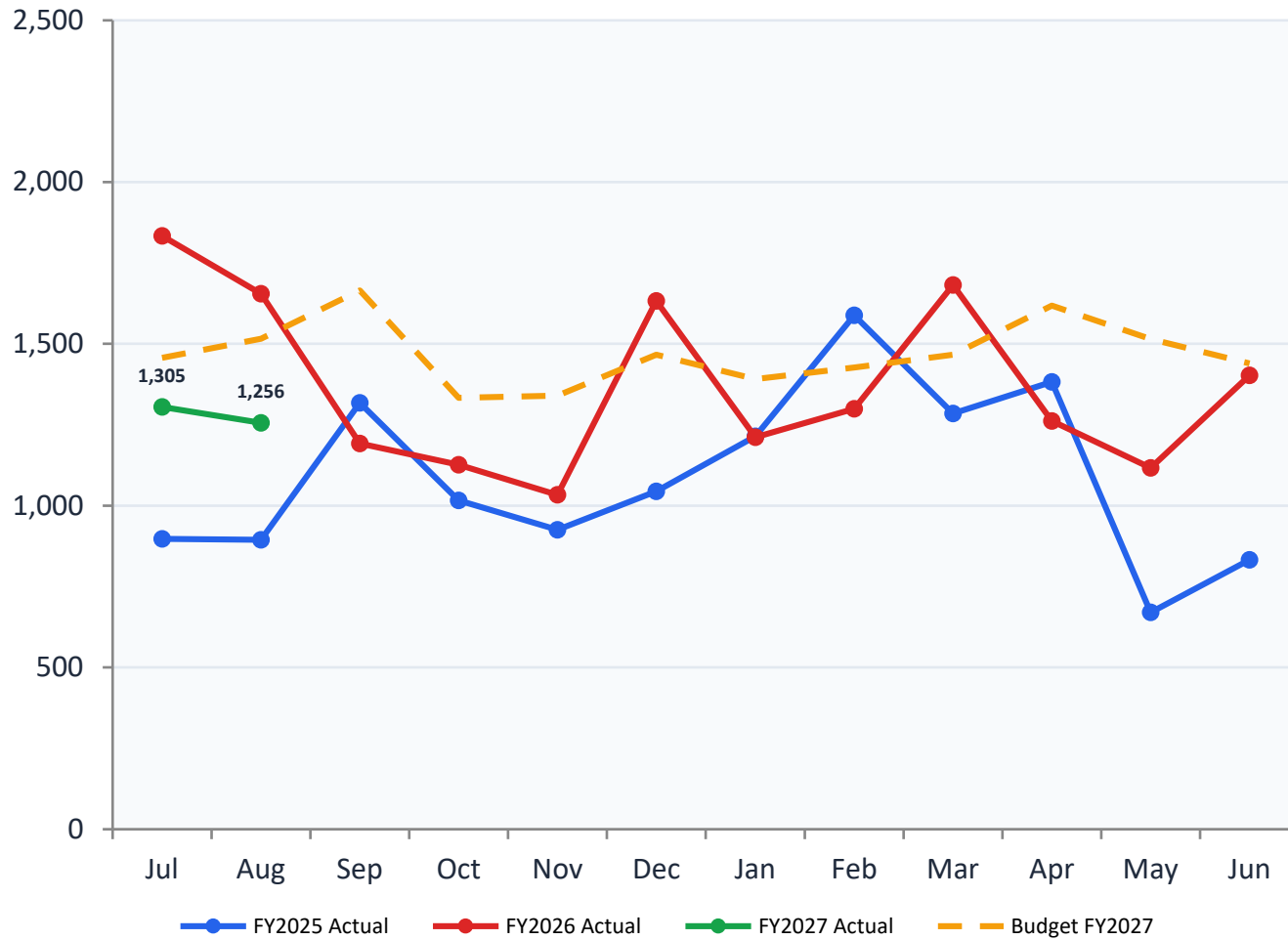
Discharges



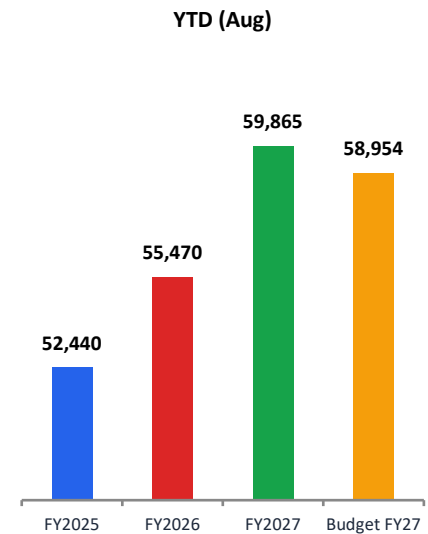
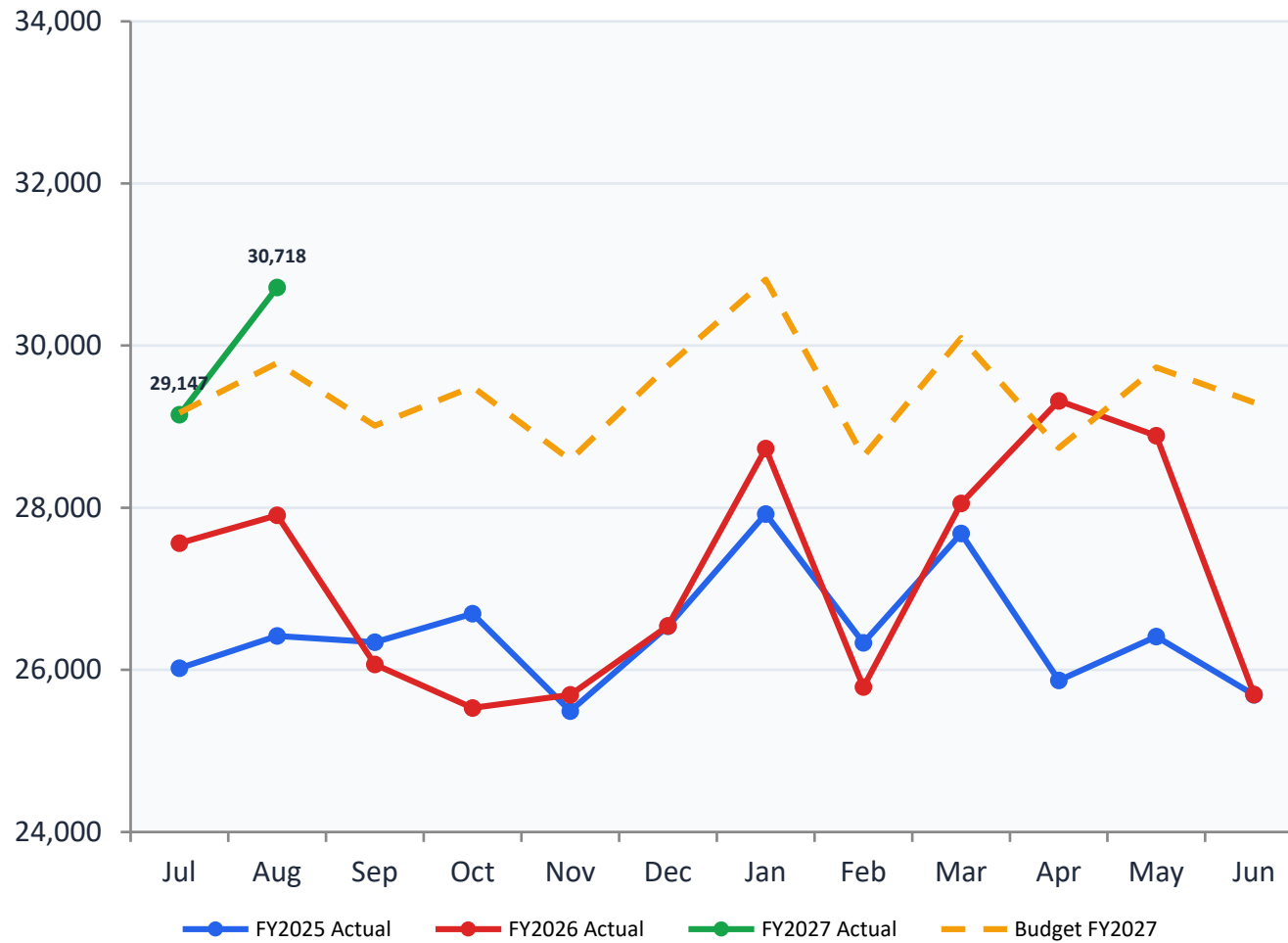
Avg Discharges per day



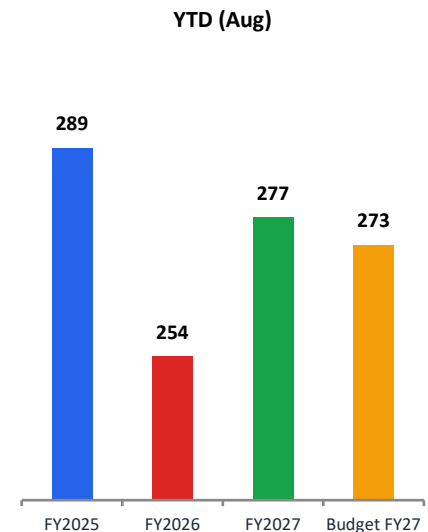
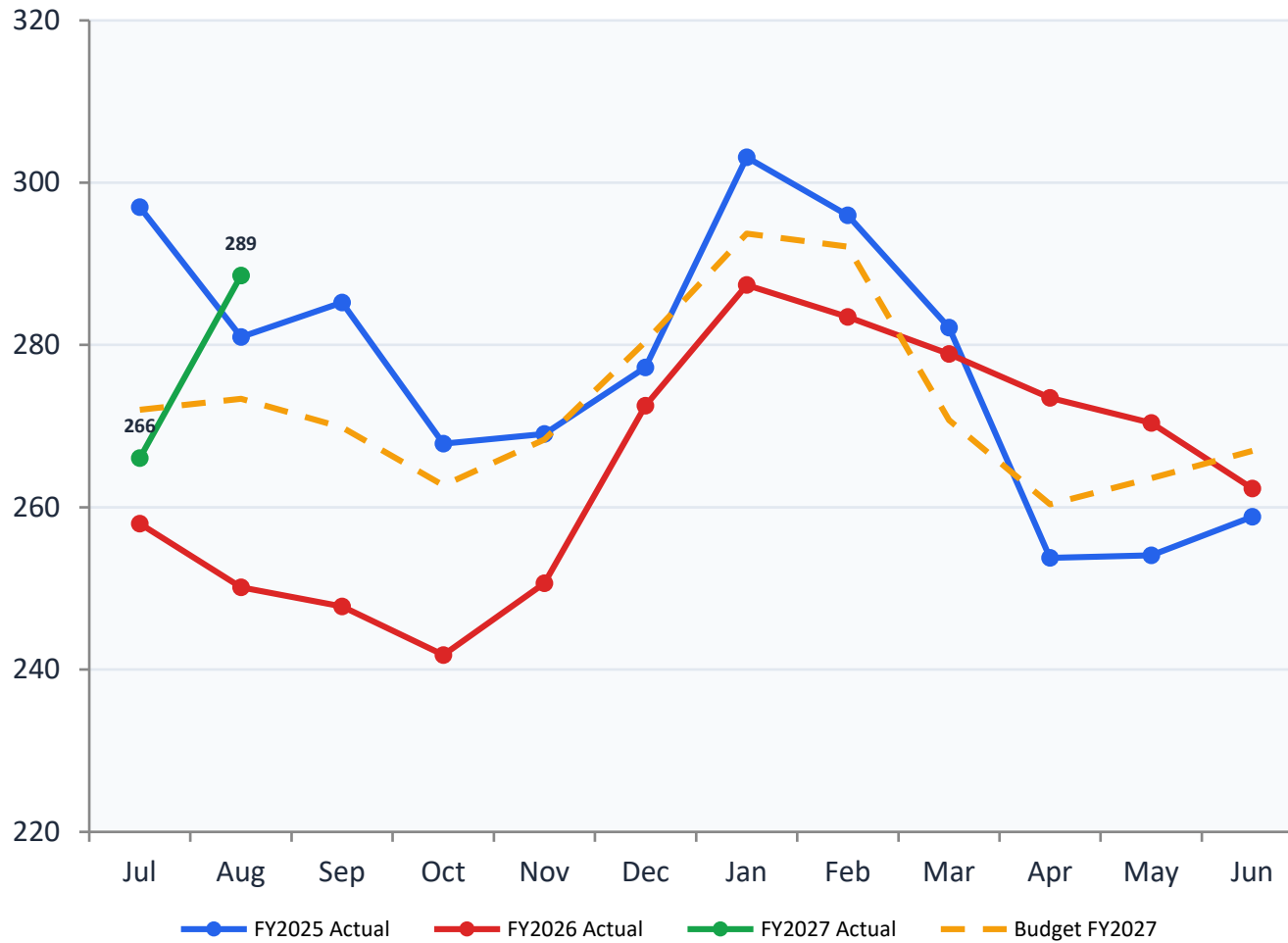
Observation Days



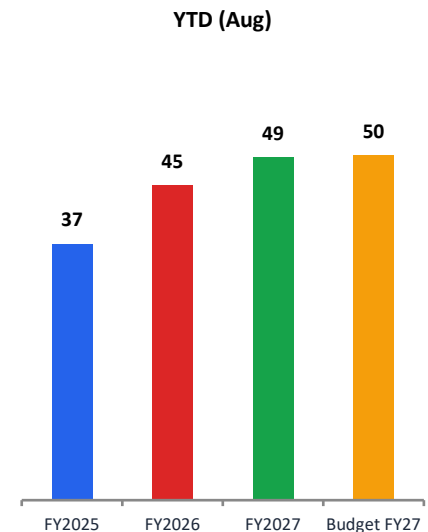
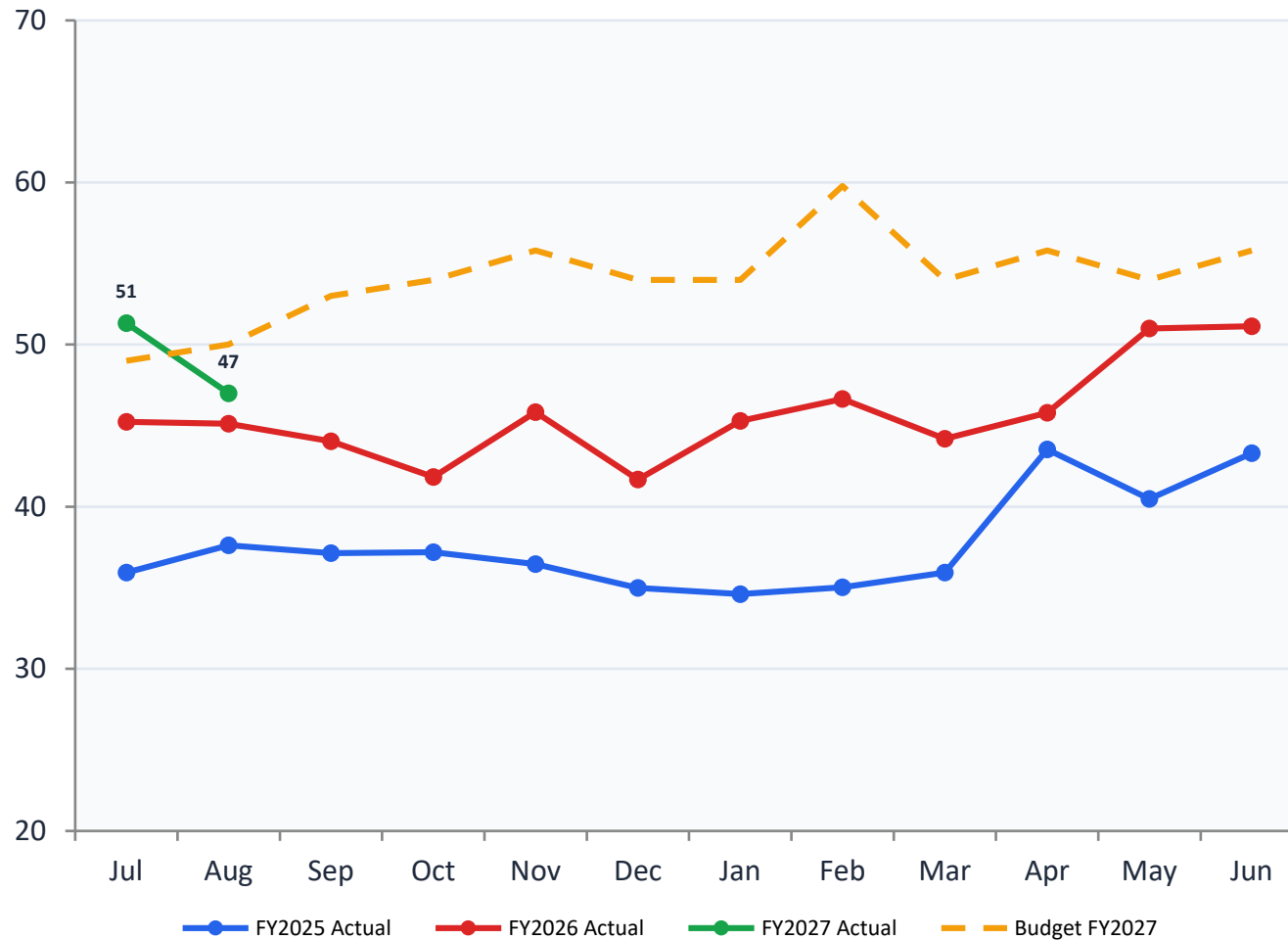
Adjusted Patient Days



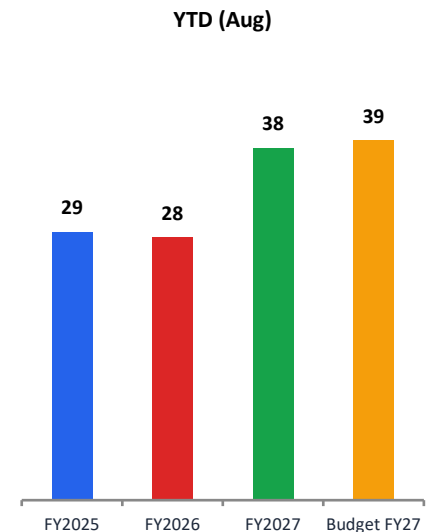
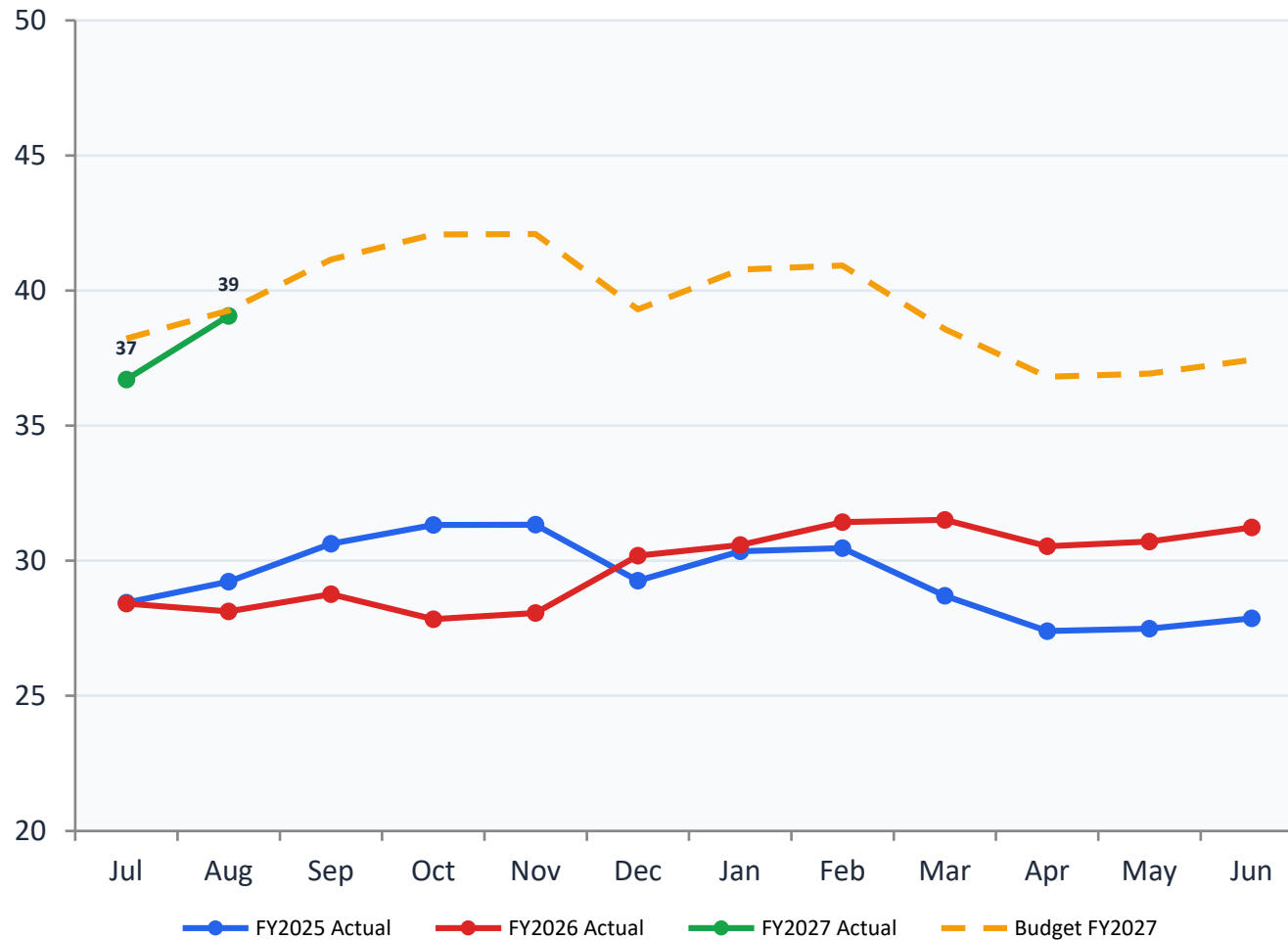
Medical Center (Avg Patients Per Day)



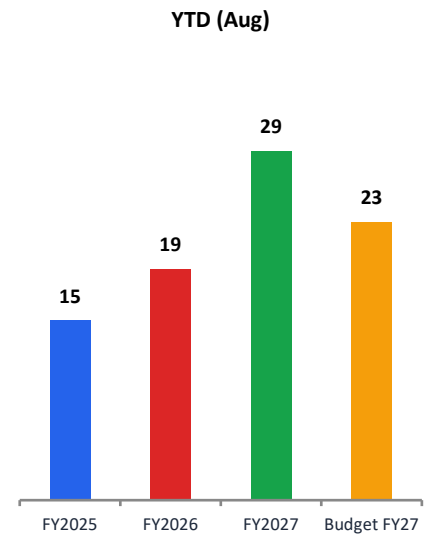
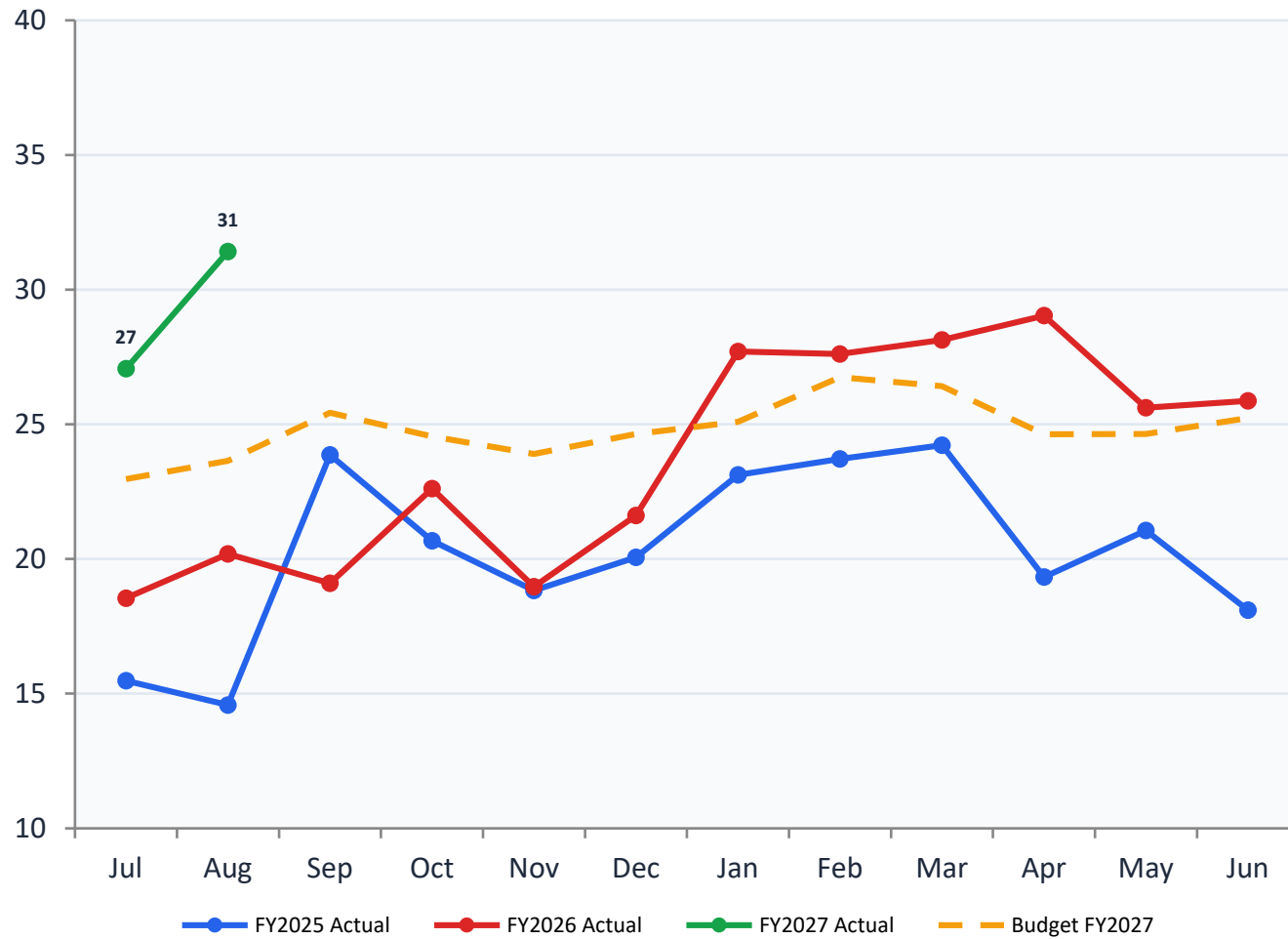
Acute I/P Psych (Avg Patients Per Day)



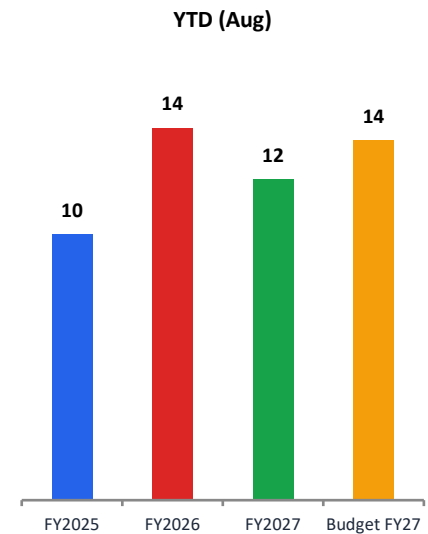
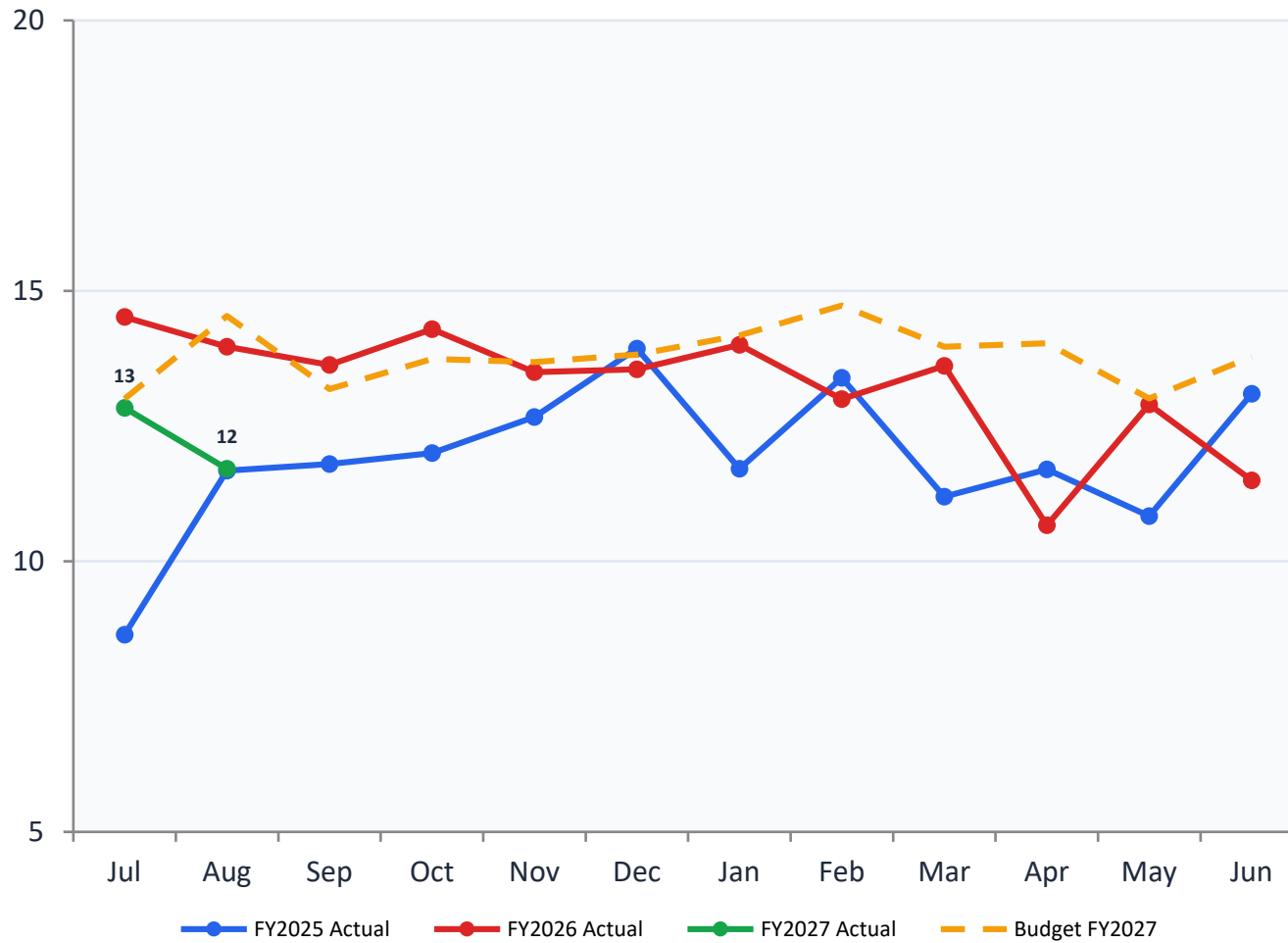
Sub-Acute - Avg Patients Per Day



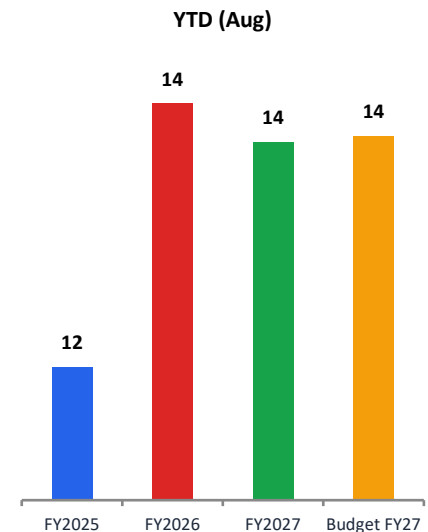
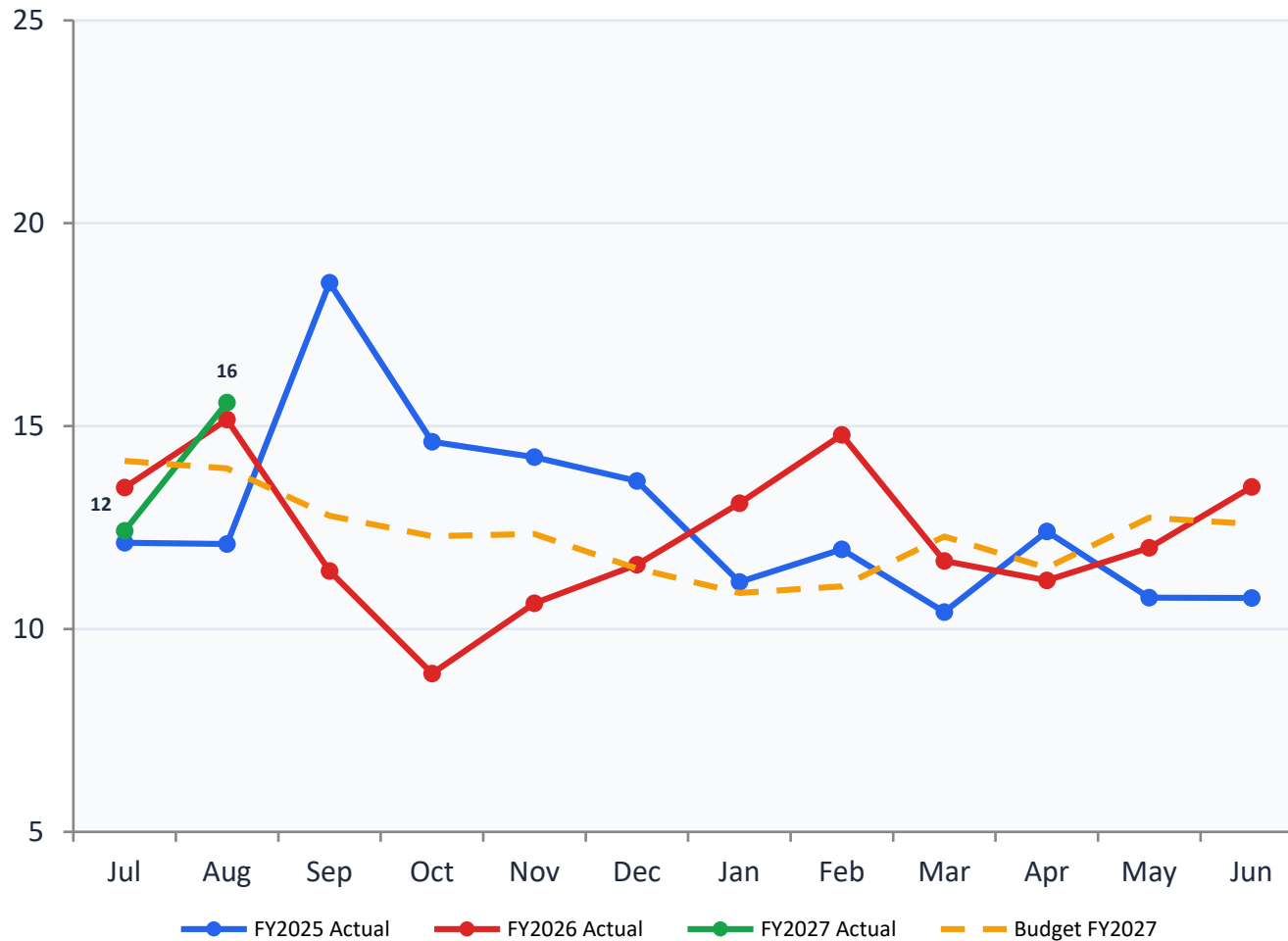
Rehabilitation Hospital - Avg Patients Per Day



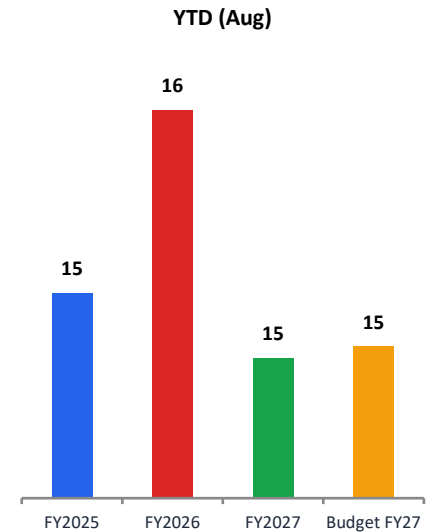
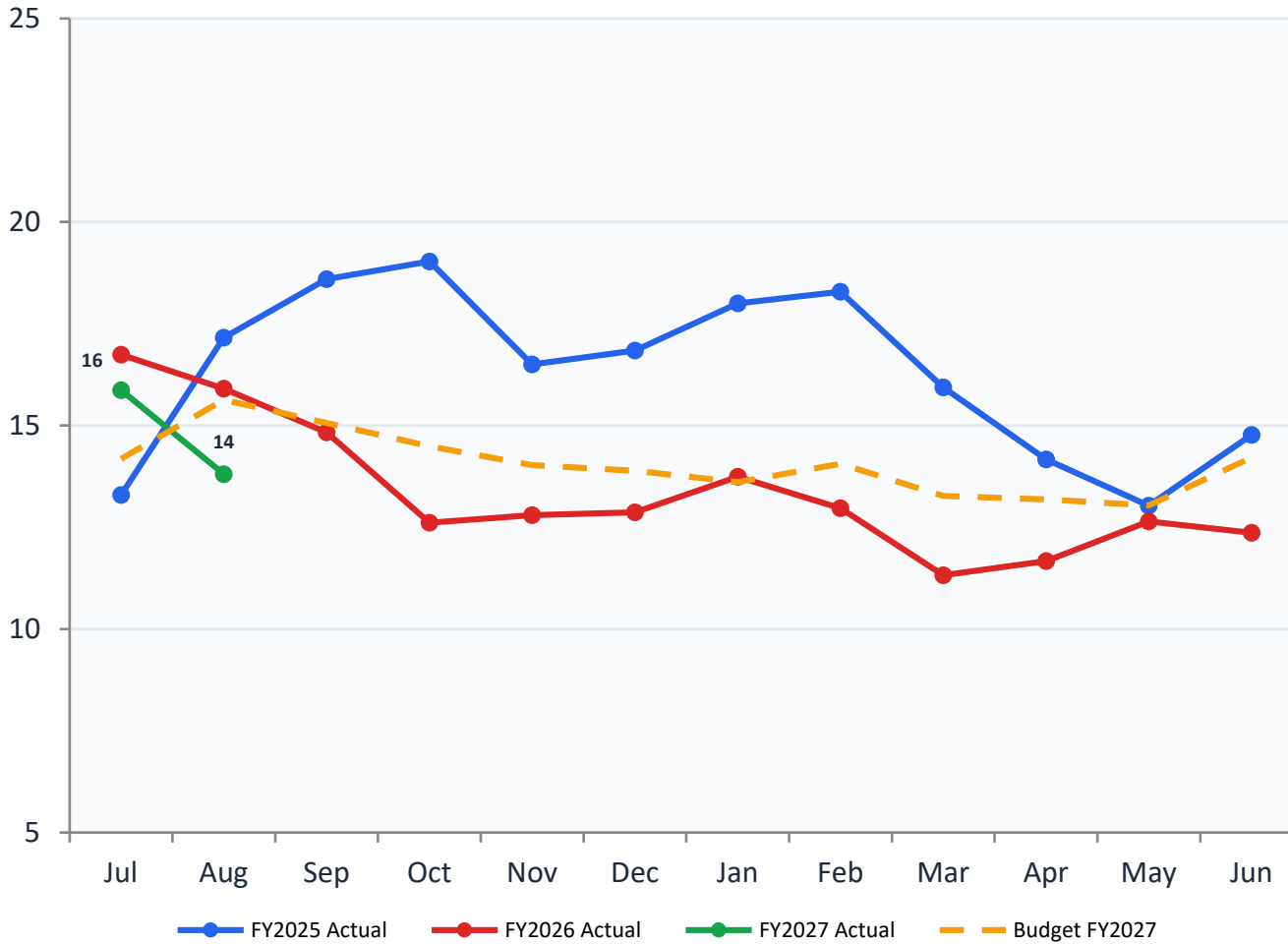
TCS Ortho - Avg Patients Per Day



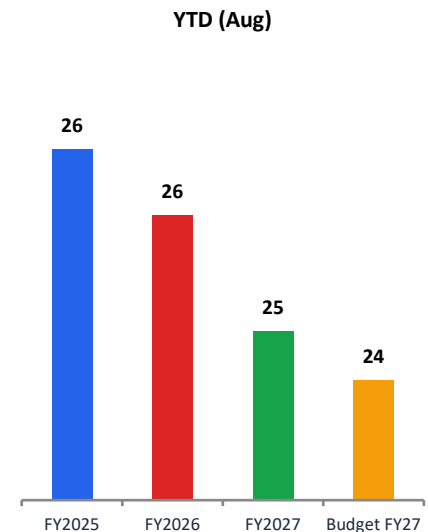
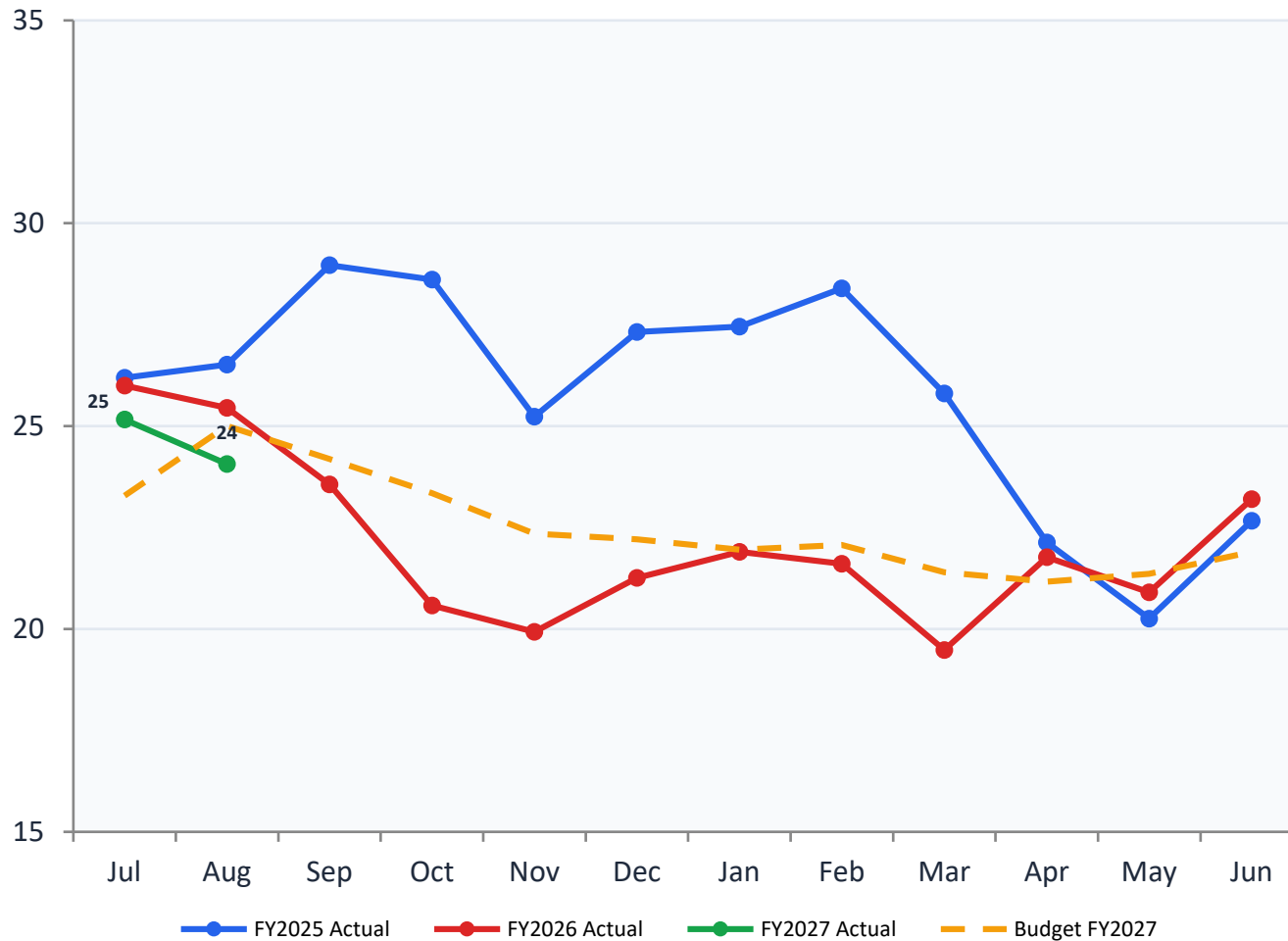
NICU - Avg Patients Per Day



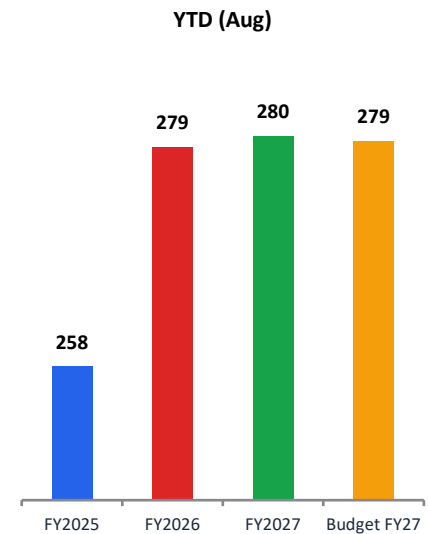
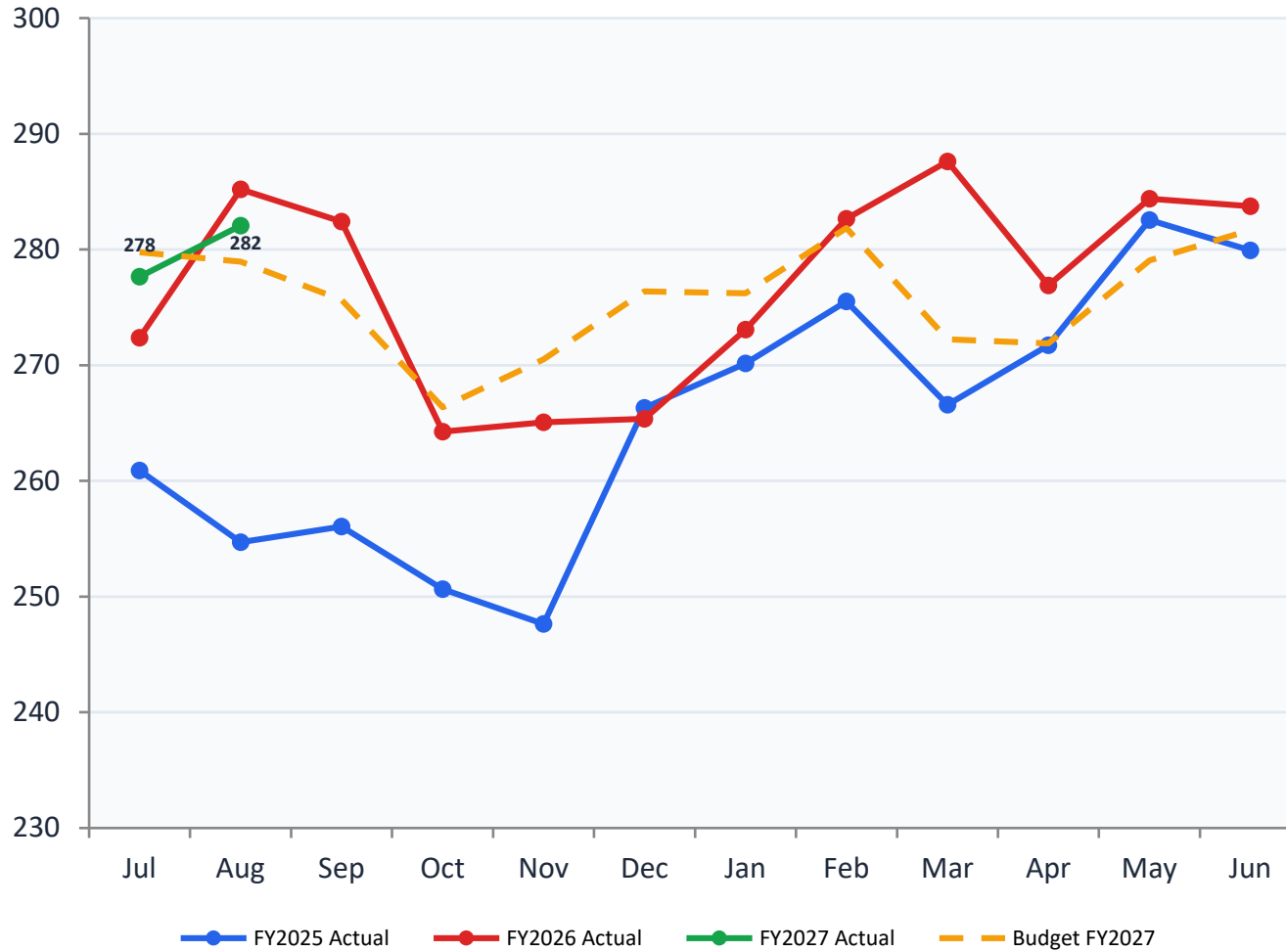
Nursery - Avg Patients Per Day



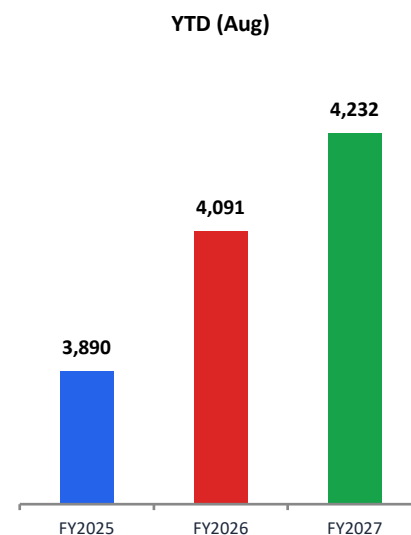
Obstetrics - Avg Patients Per Day



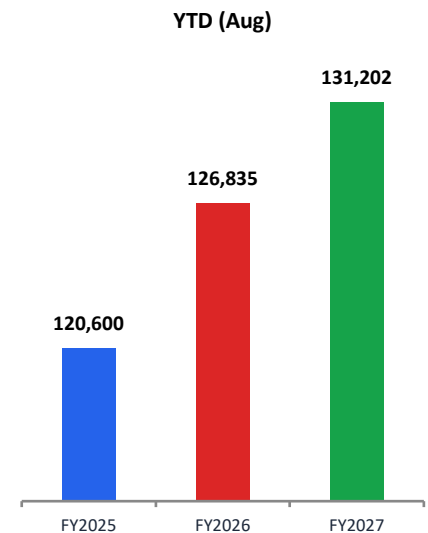
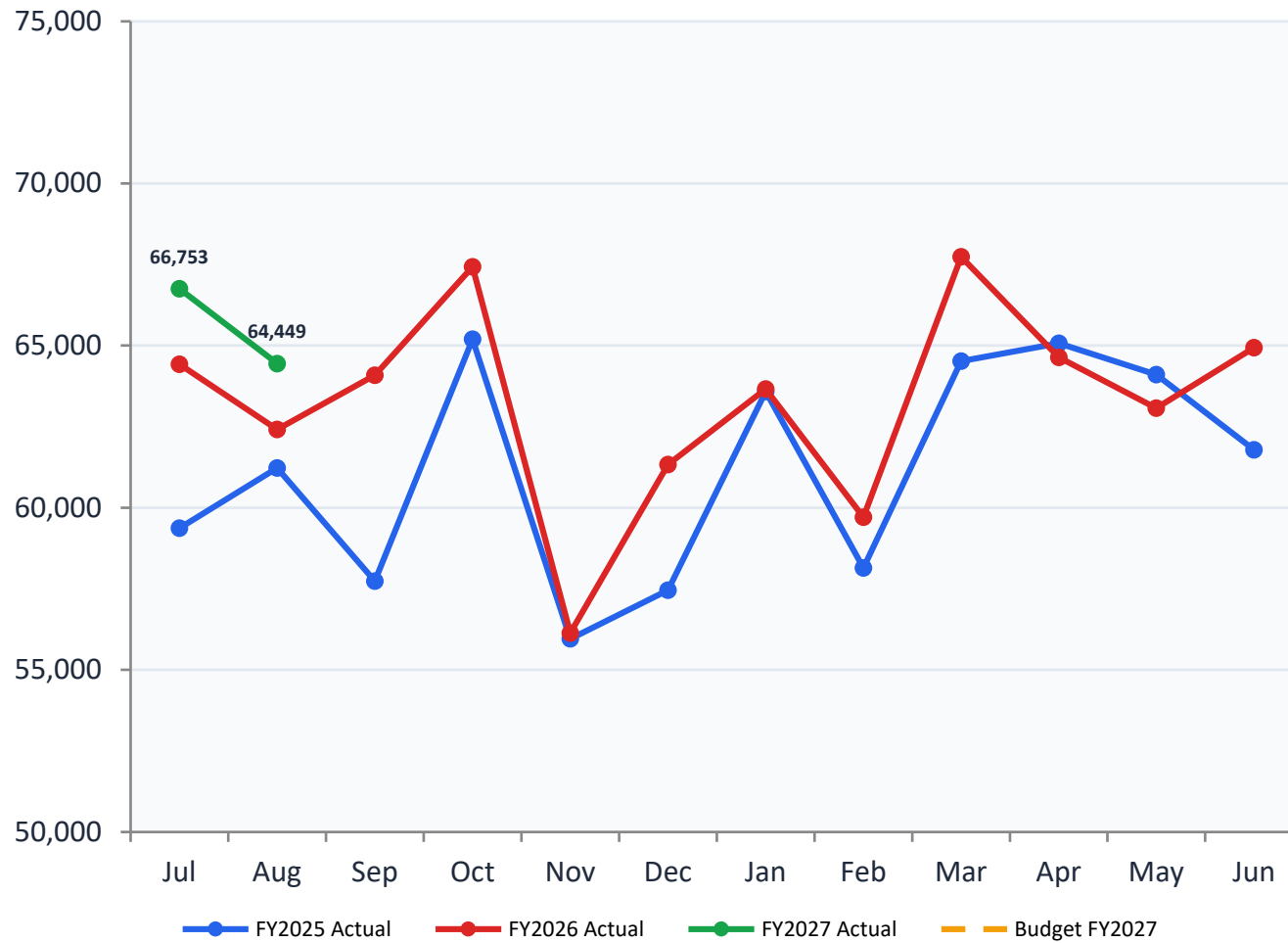
ED - Avg Treated Per Day



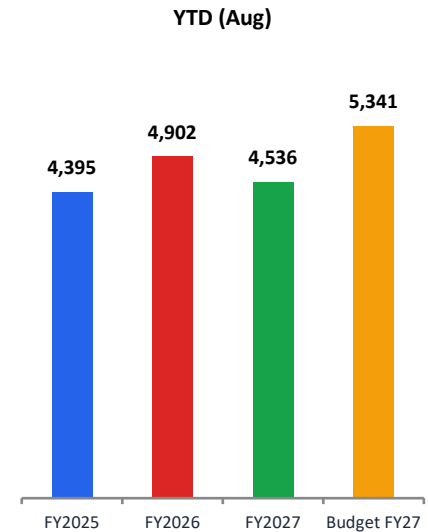
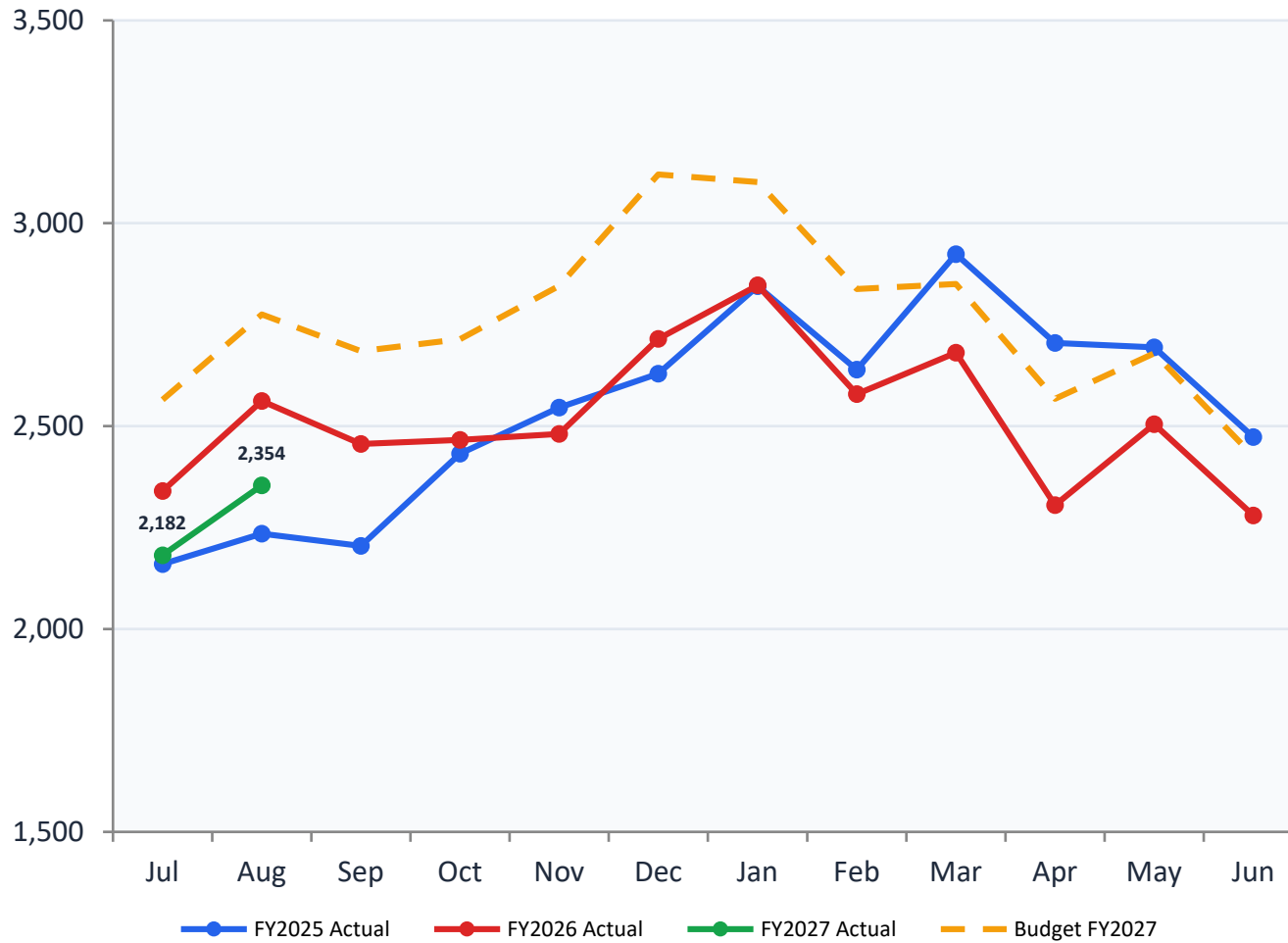
Outpatient Registrations Per Day



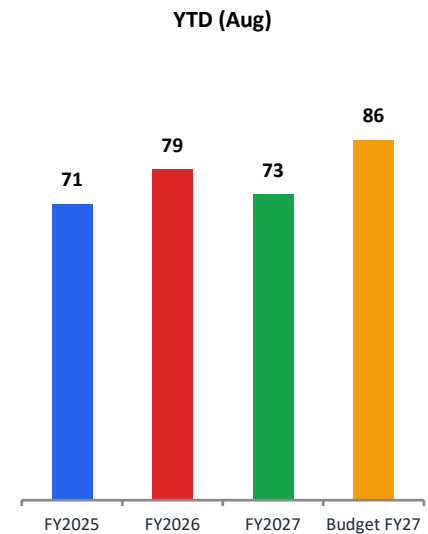
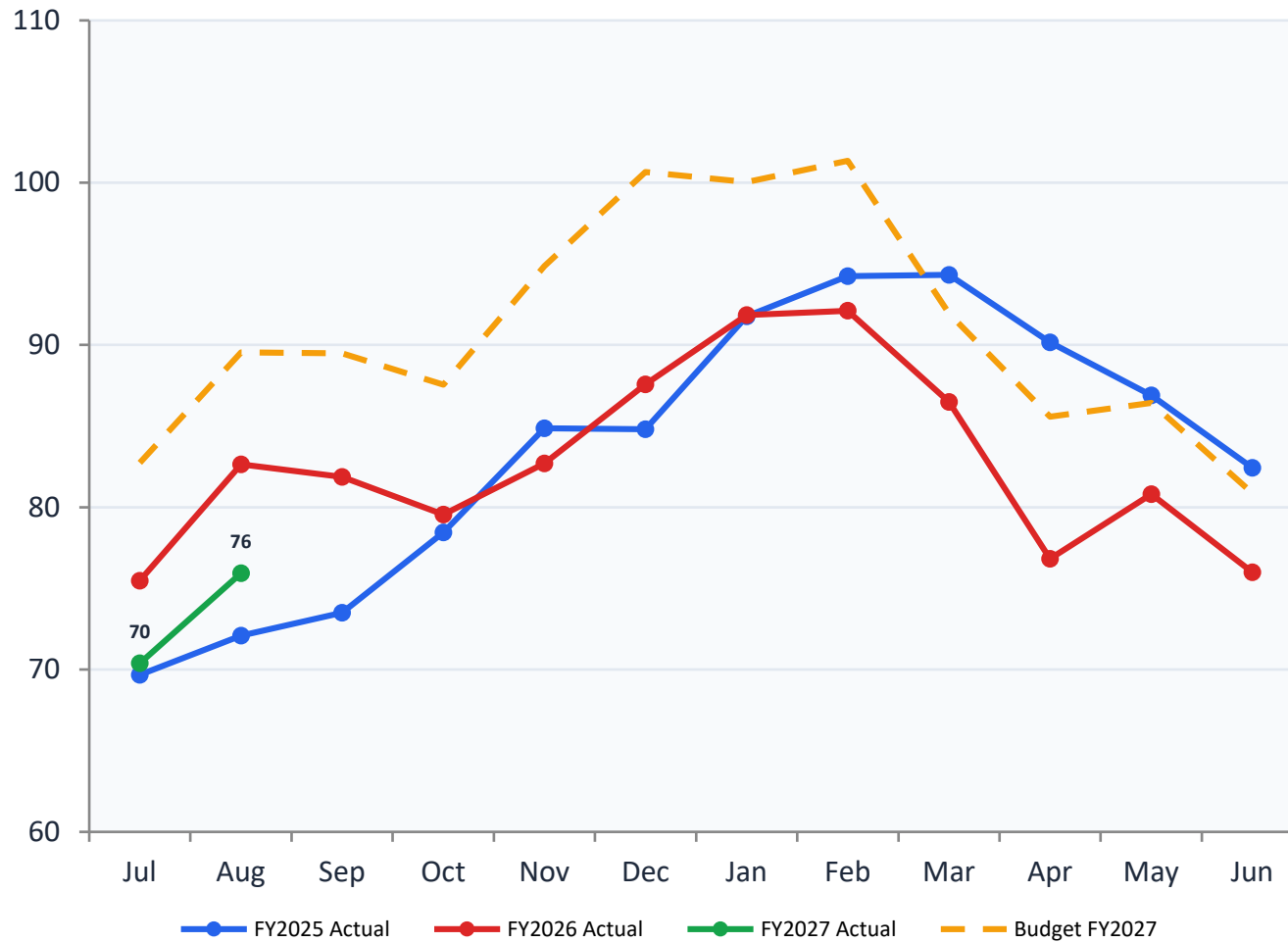
Outpatient Registrations



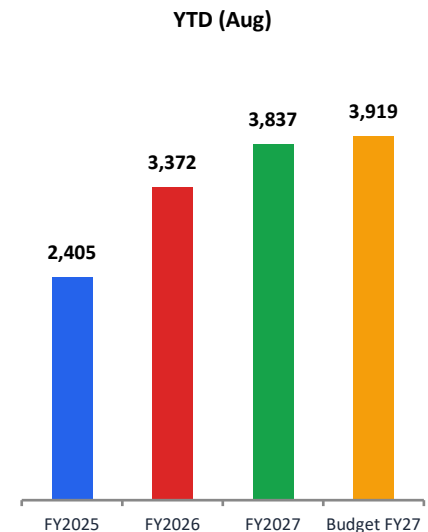
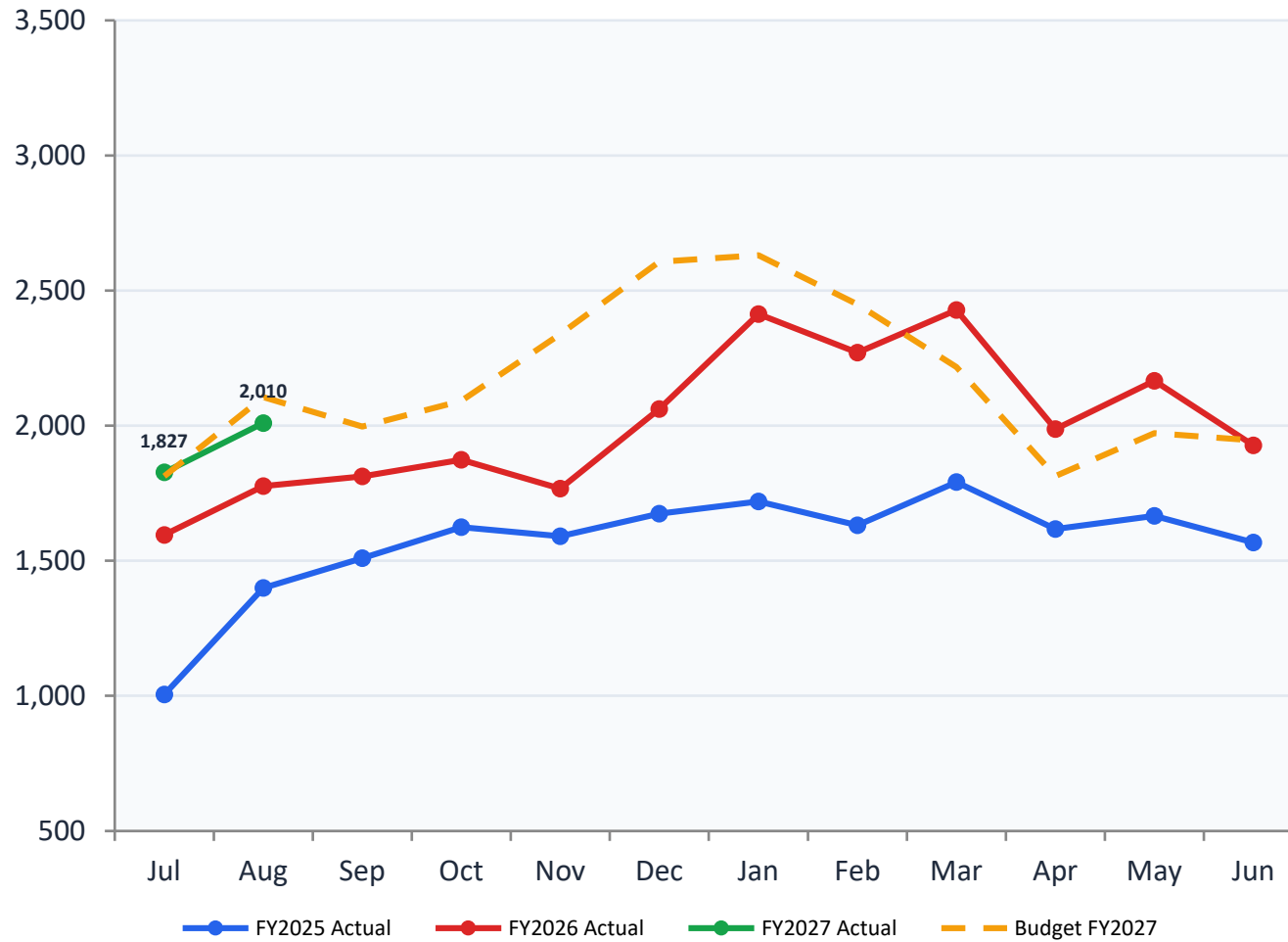
Urgent Care – Court Total Visits



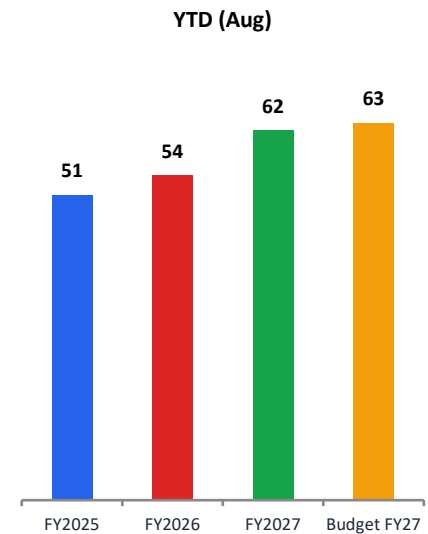
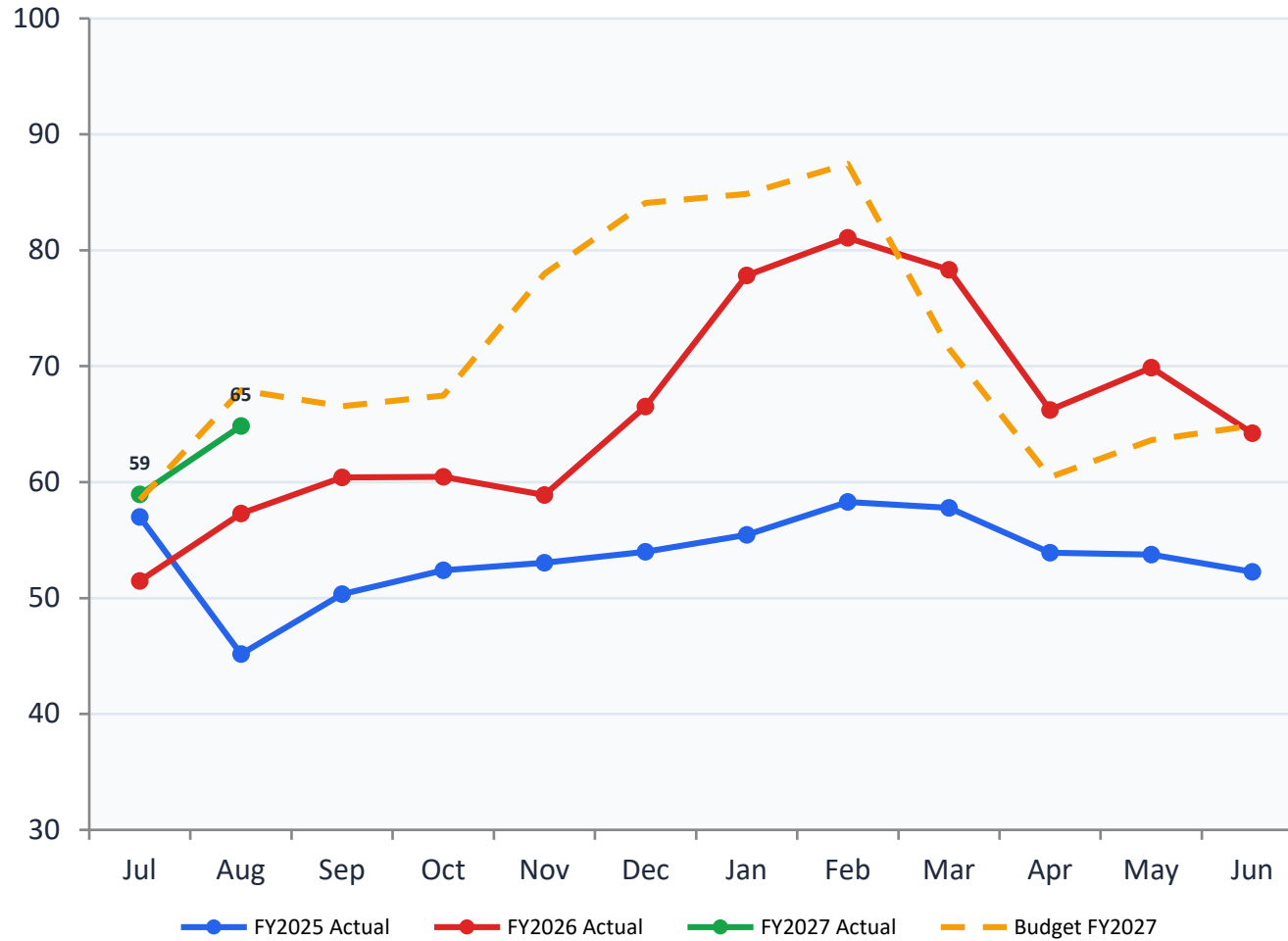
Urgent Care – Court Avg Visits Per Day



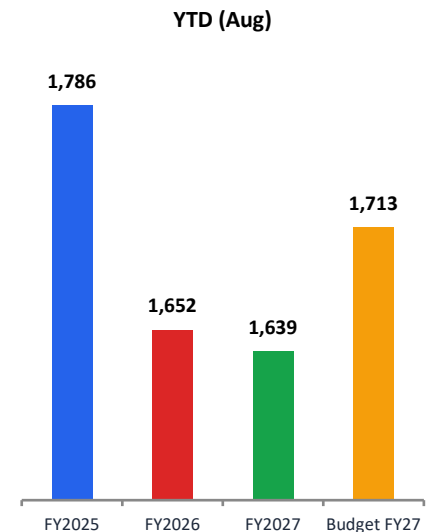
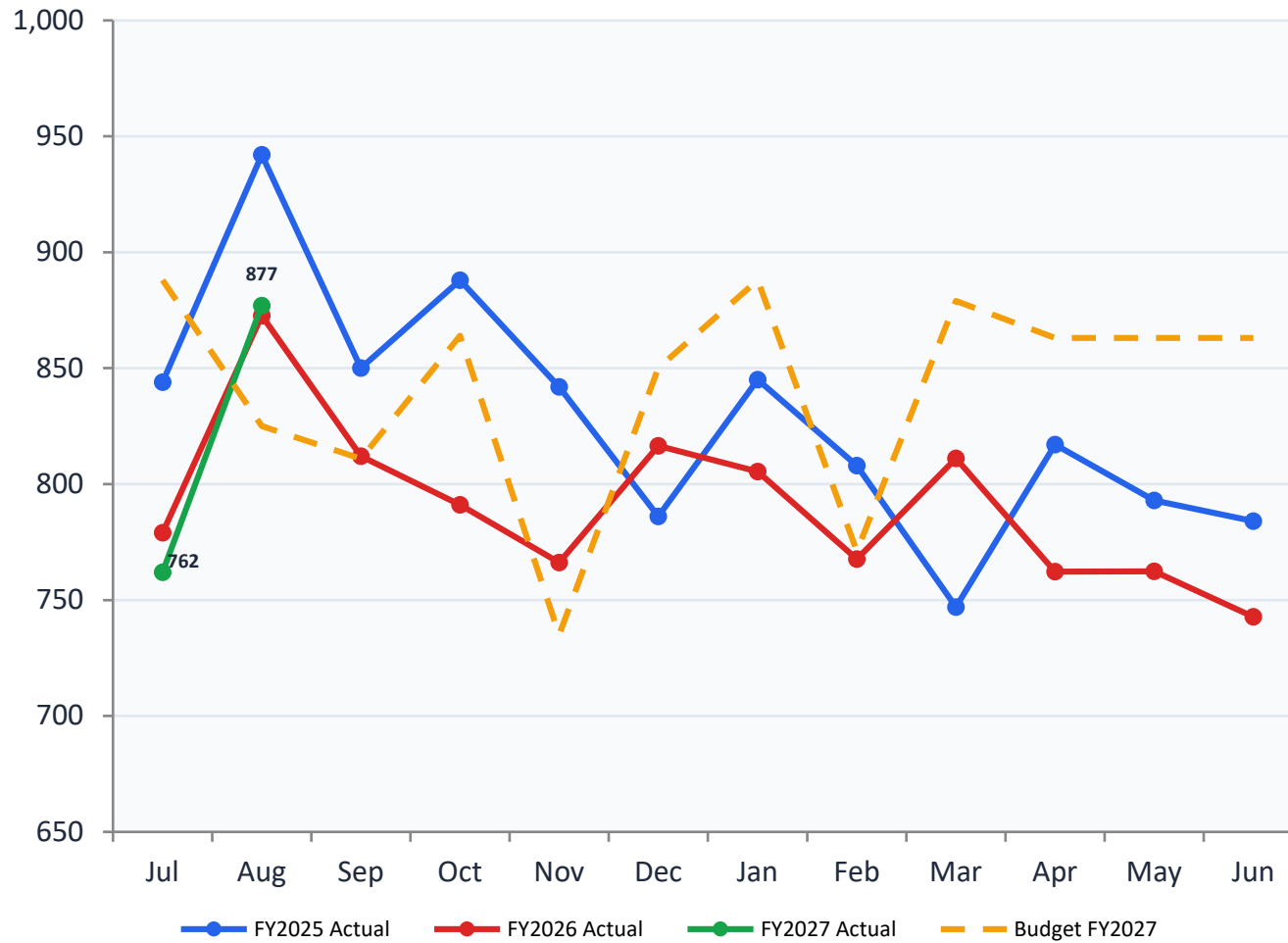
Urgent Care – Demaree Total Visits



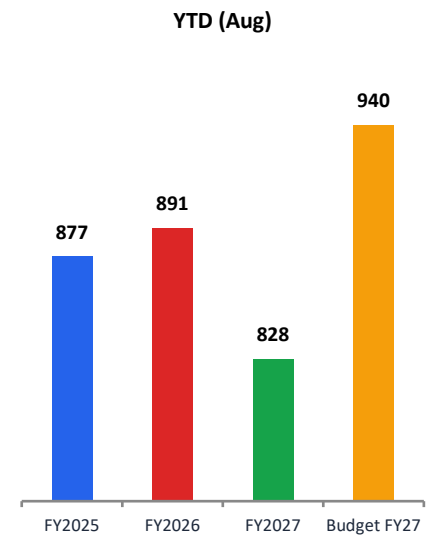
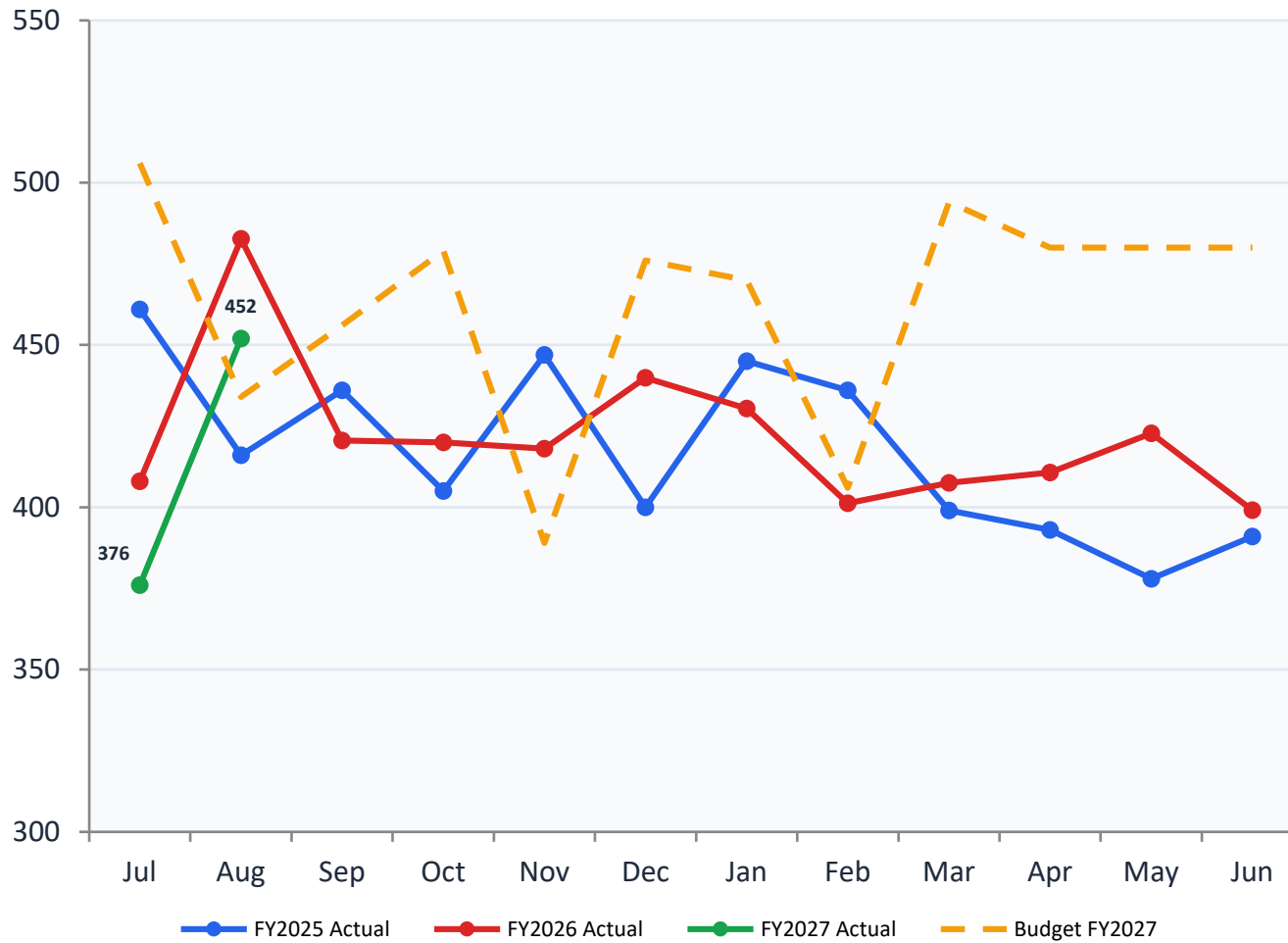
Urgent Care – Demaree Avg Visits Per Day



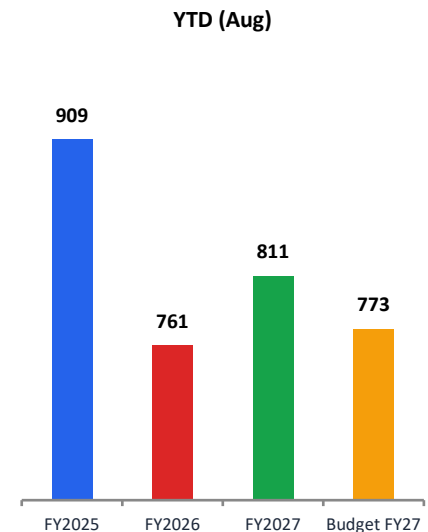
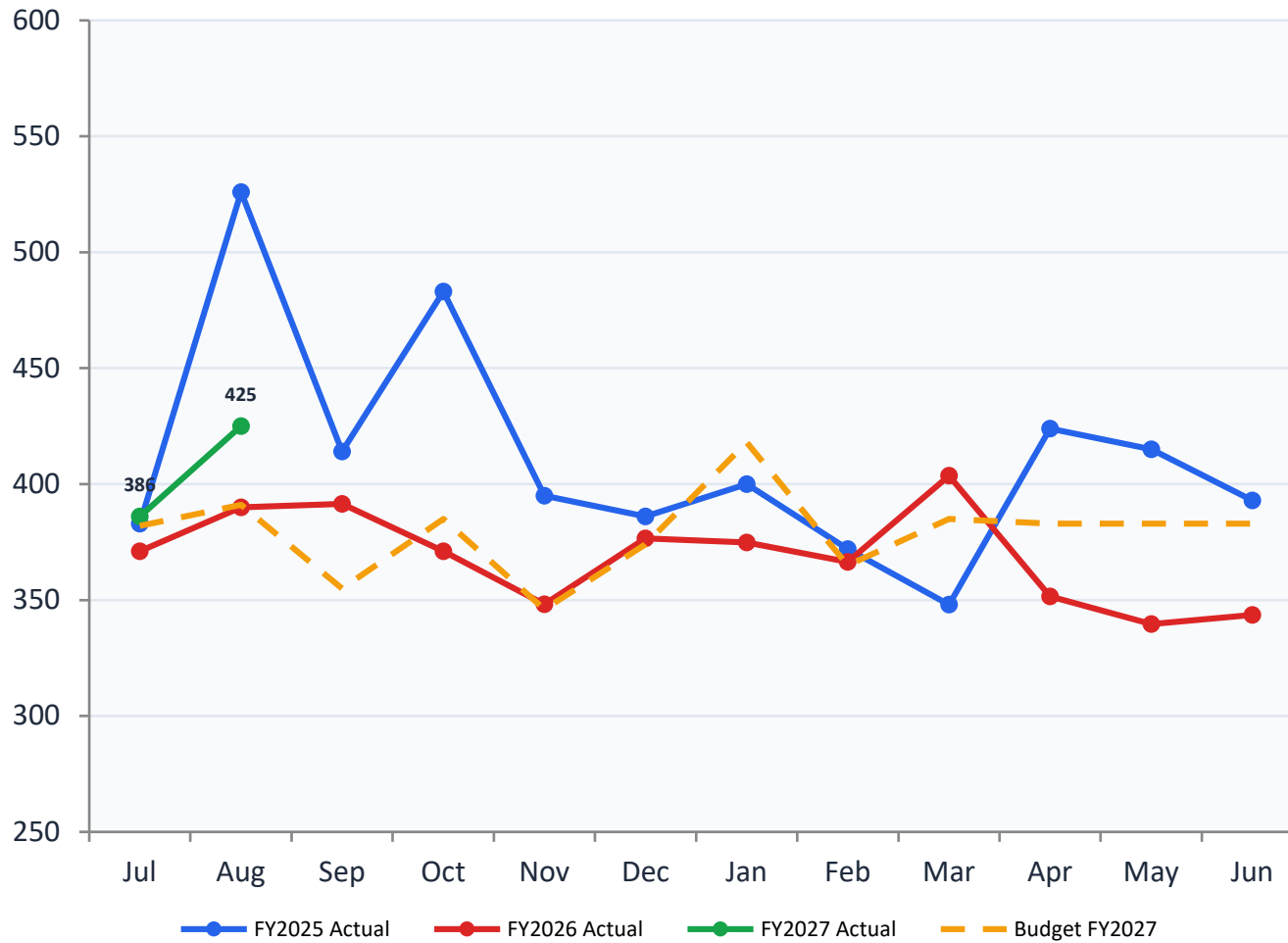
Surgery (IP & OP) – 100 Min Units



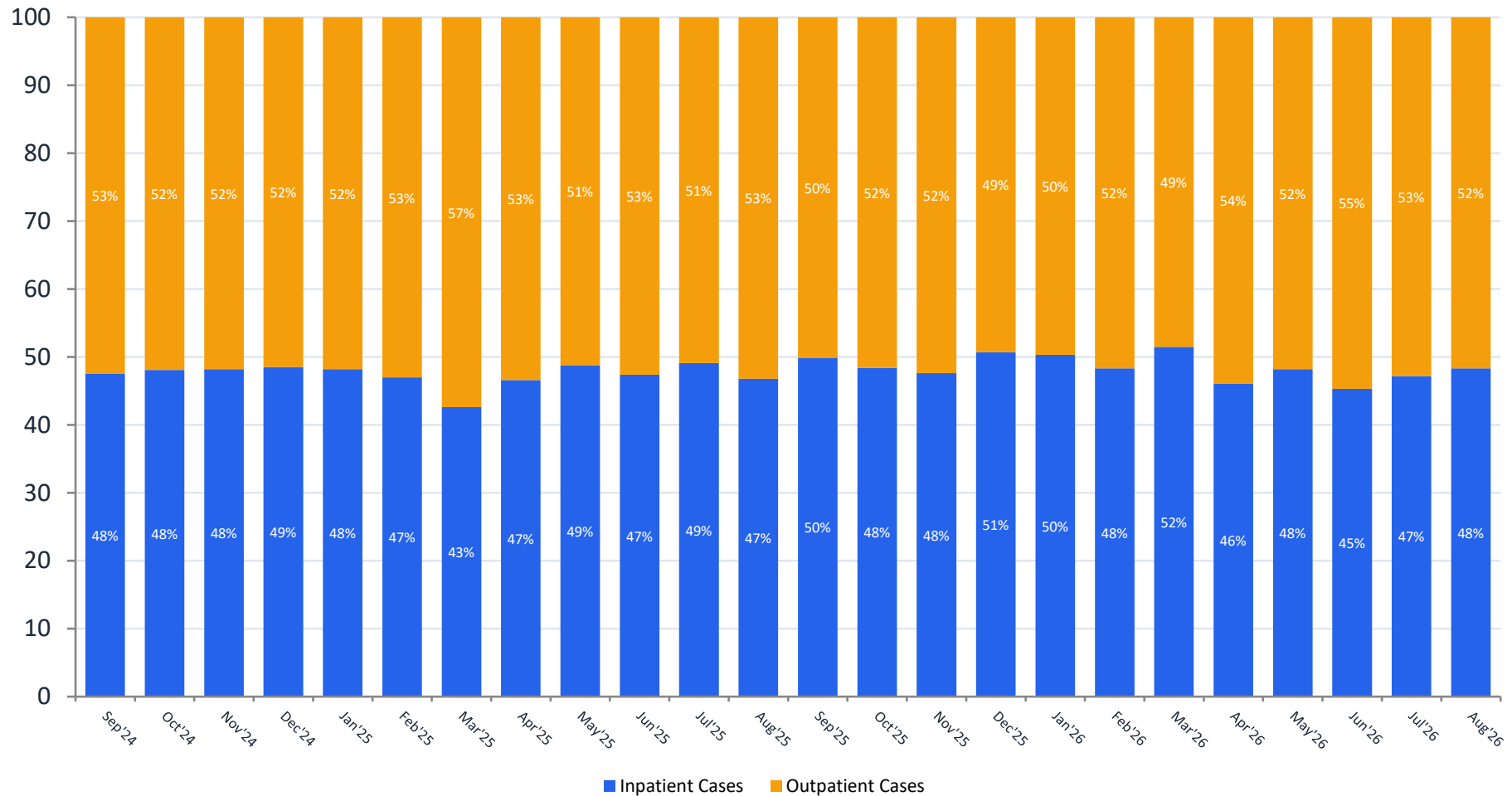
Surgery (IP Only) - 100 Min Unit



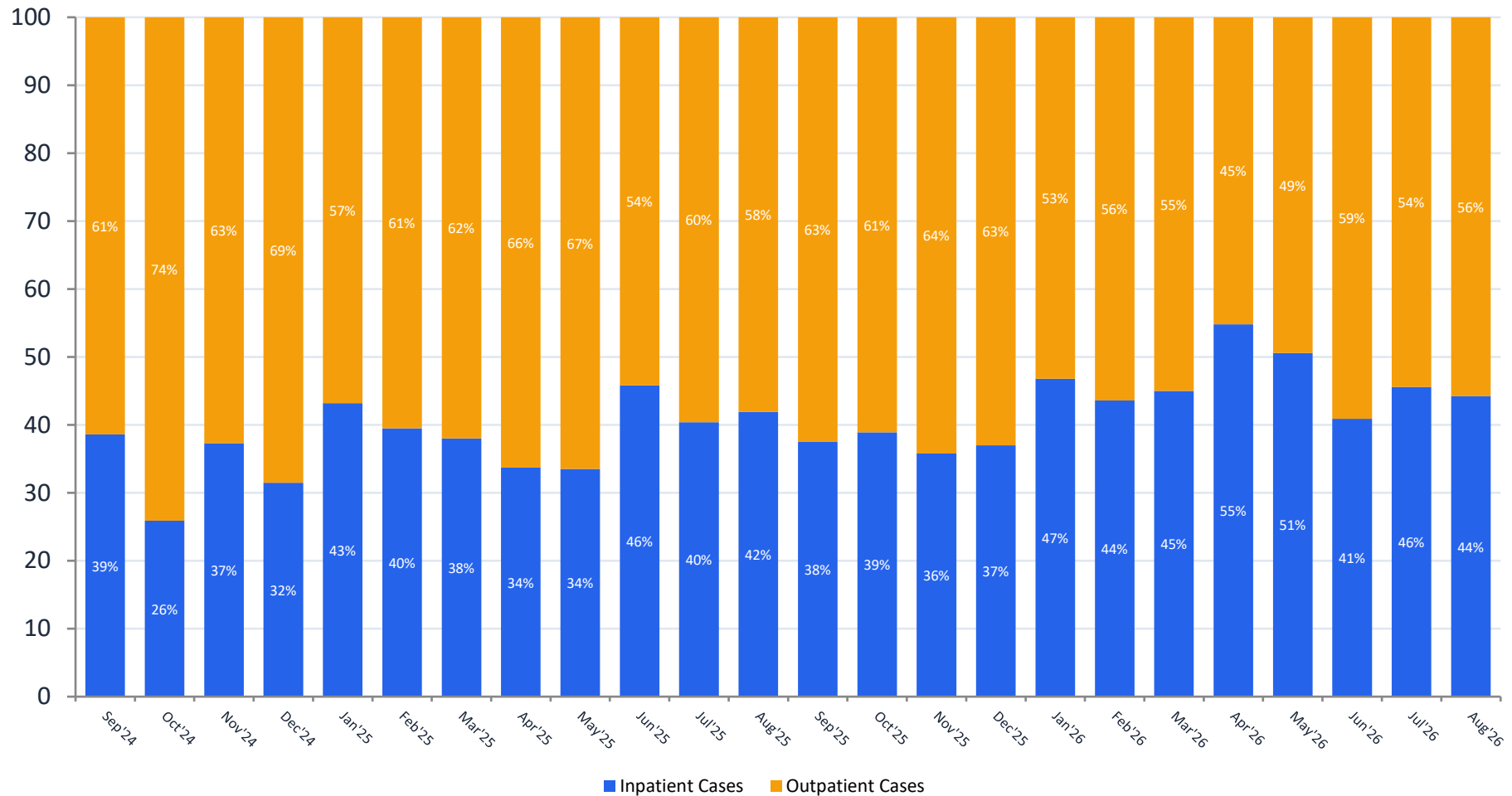
Surgery (OP Only) - 100 Min Units



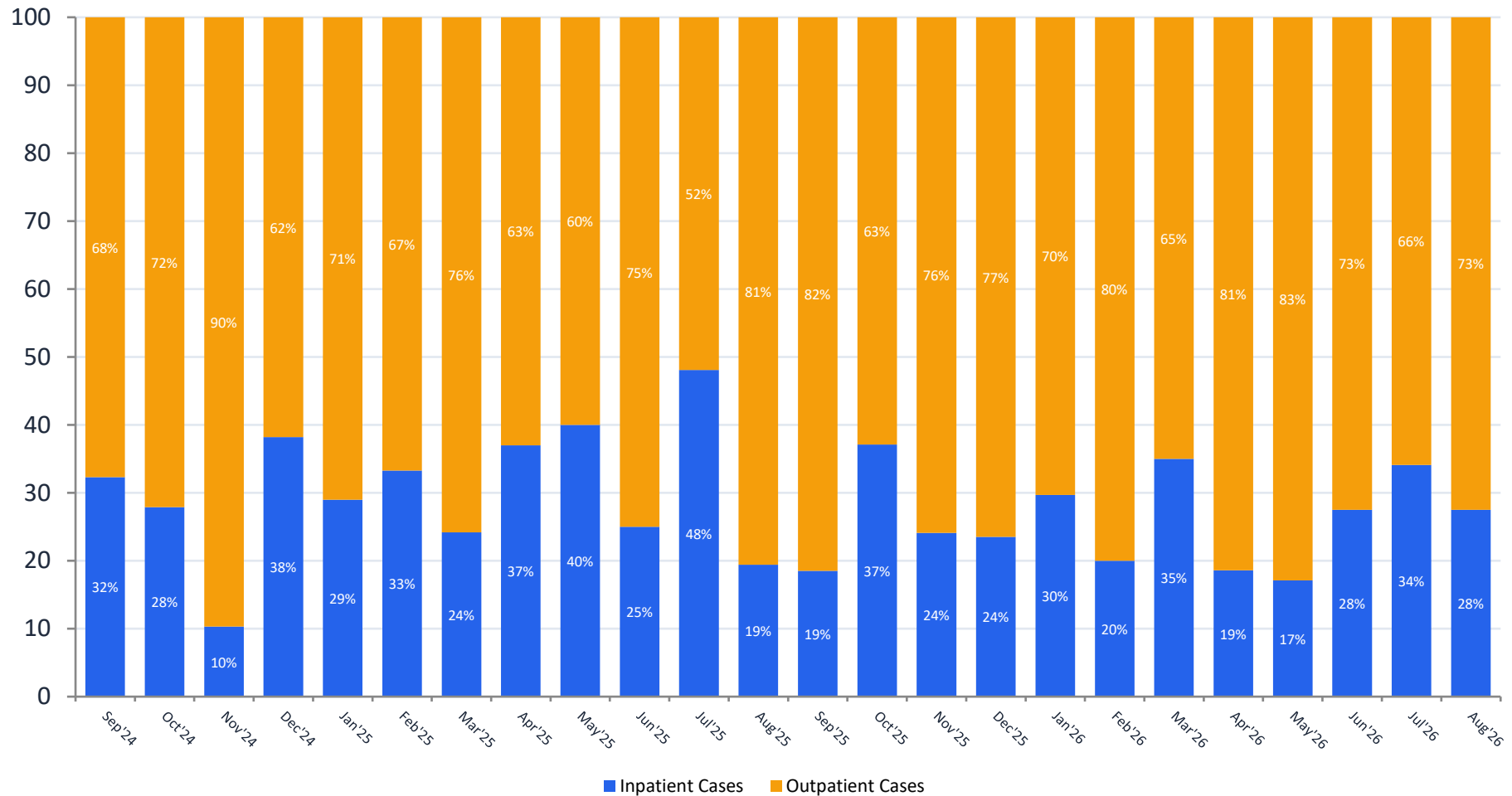
Surgery Cases (IP & OP)



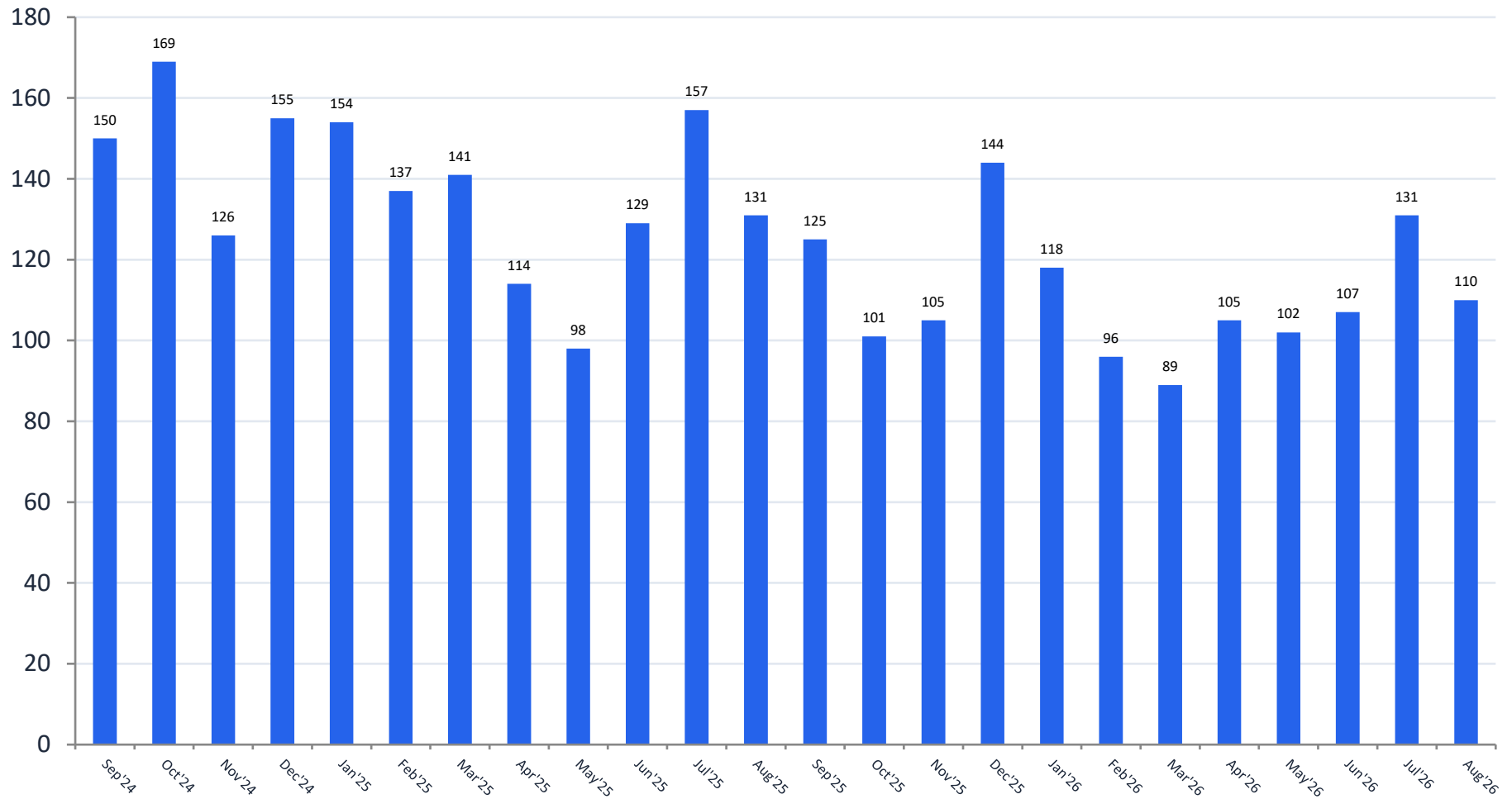
Endo Cases (Suites A & B and OR)



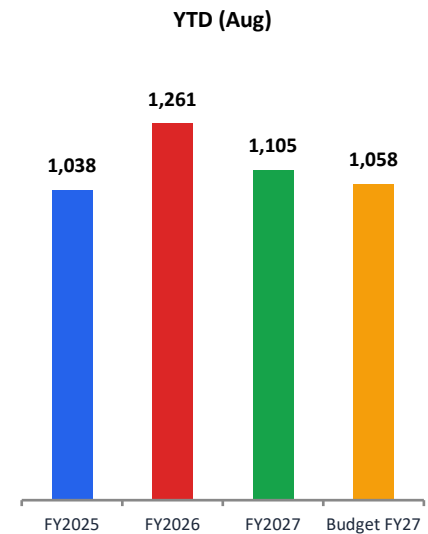
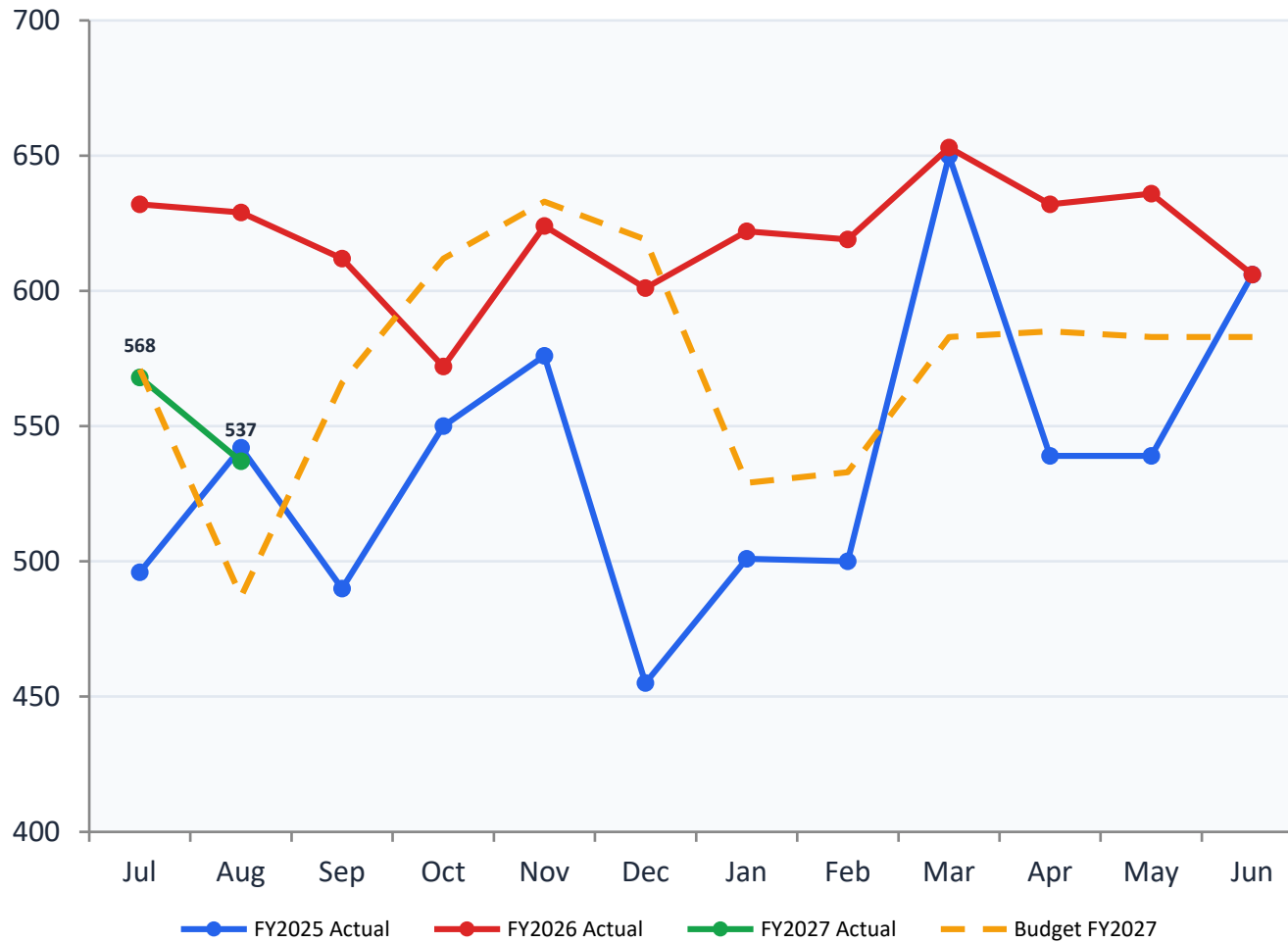
Robotic Cases (IP & OP)



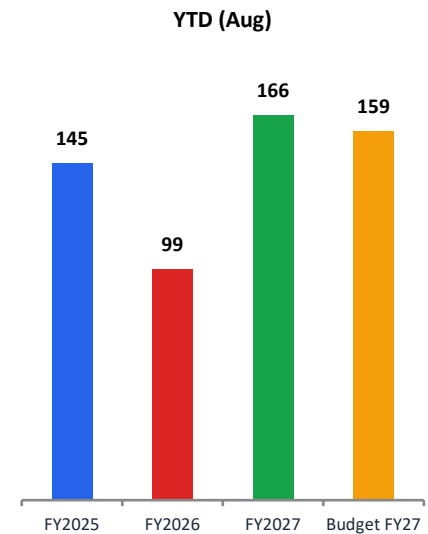
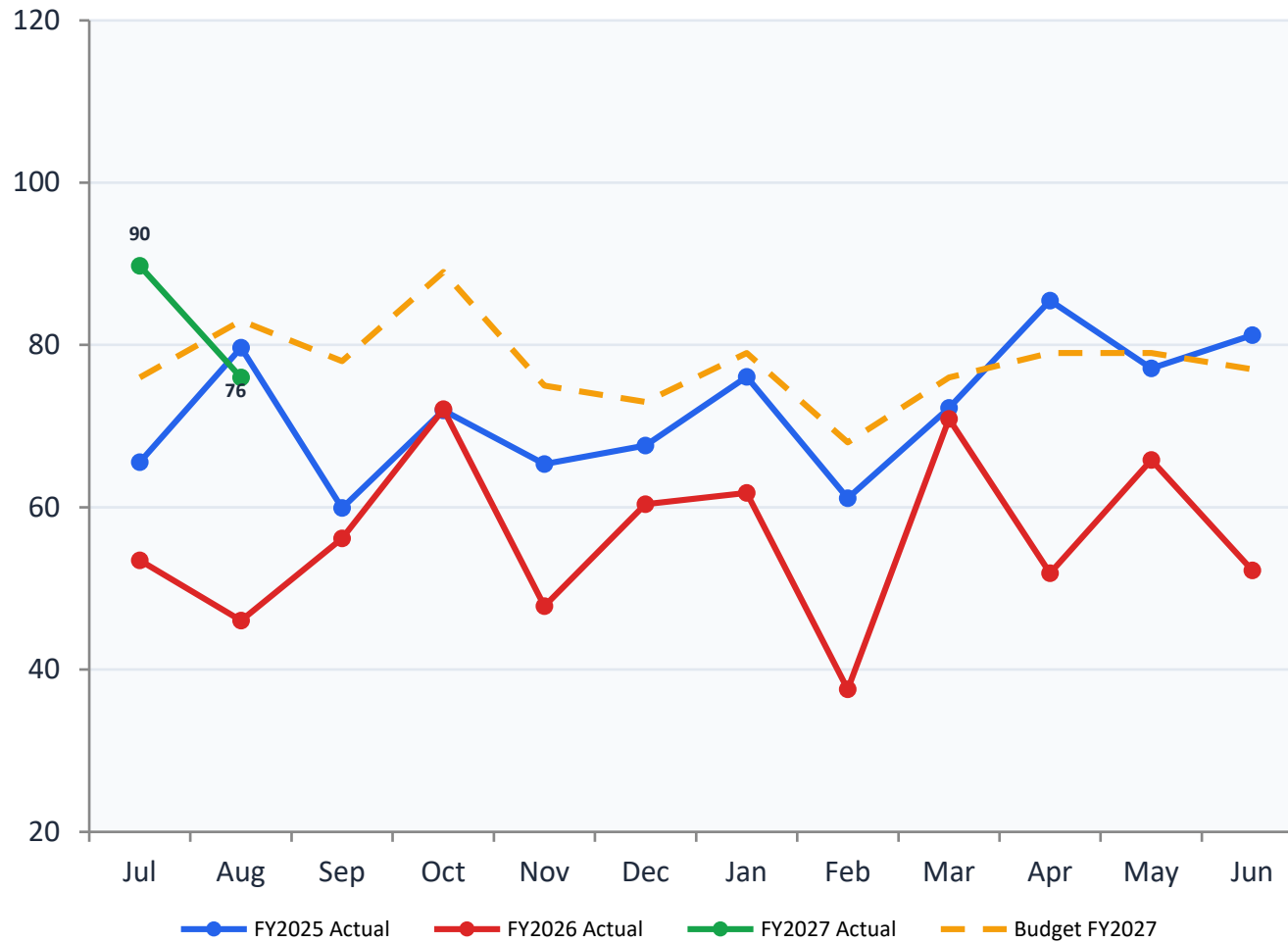
OB Cases



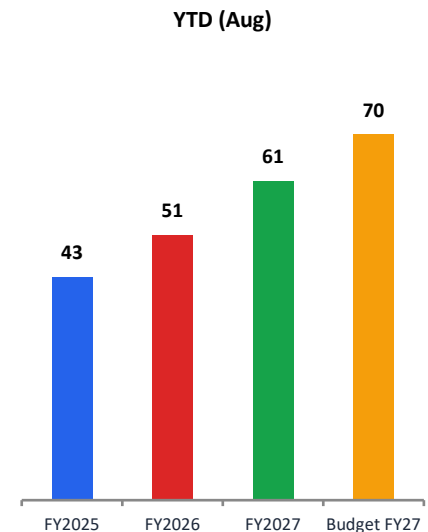
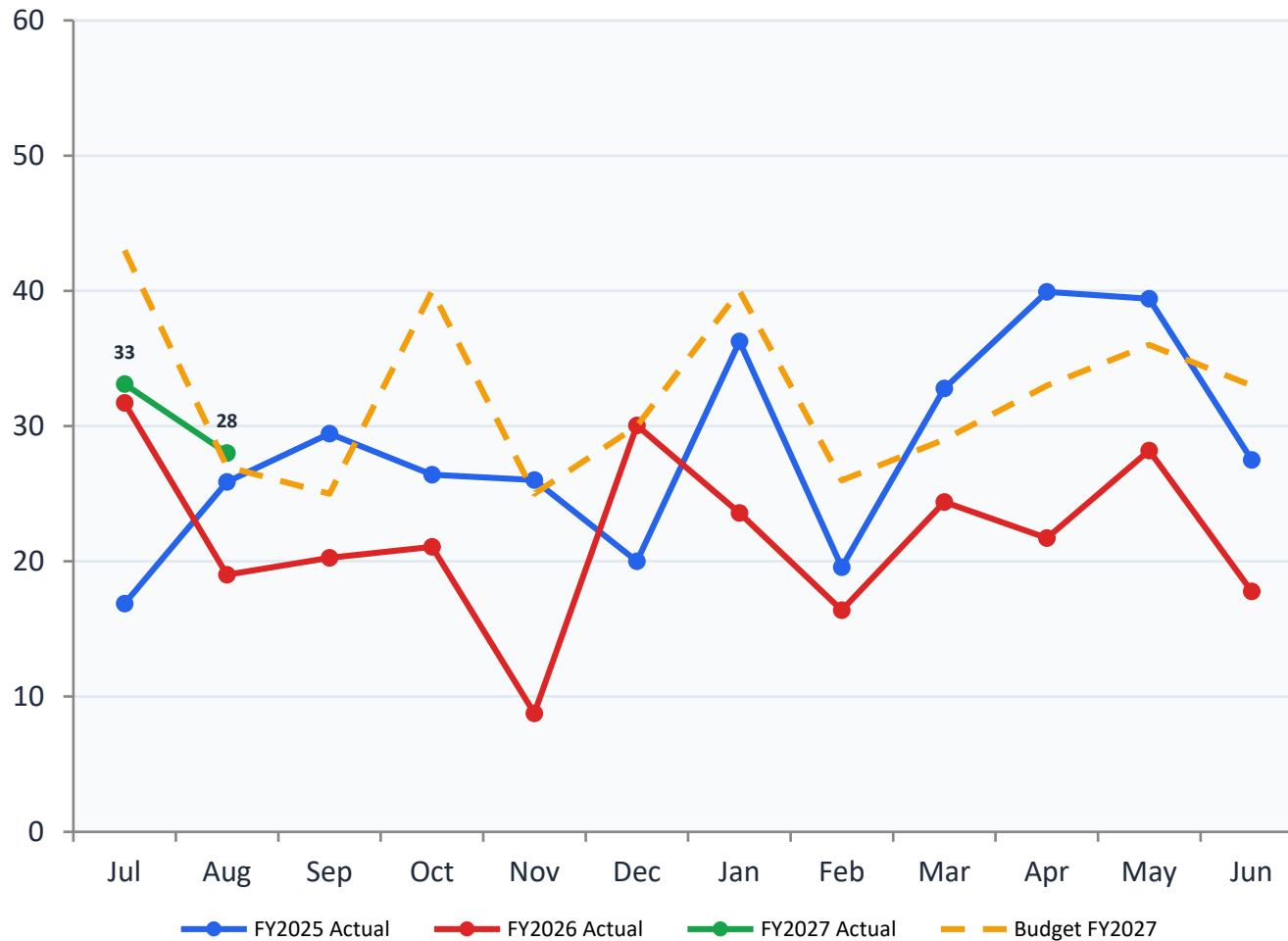
Endoscopy Procedures



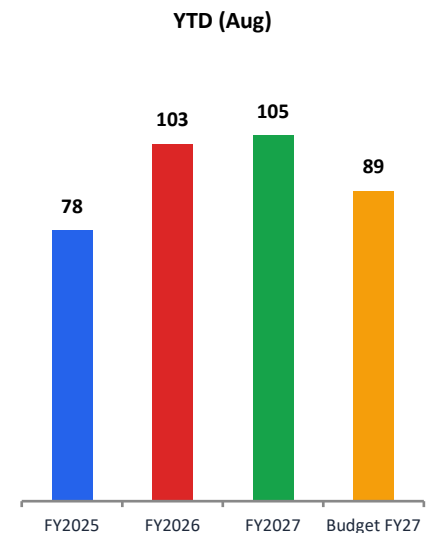
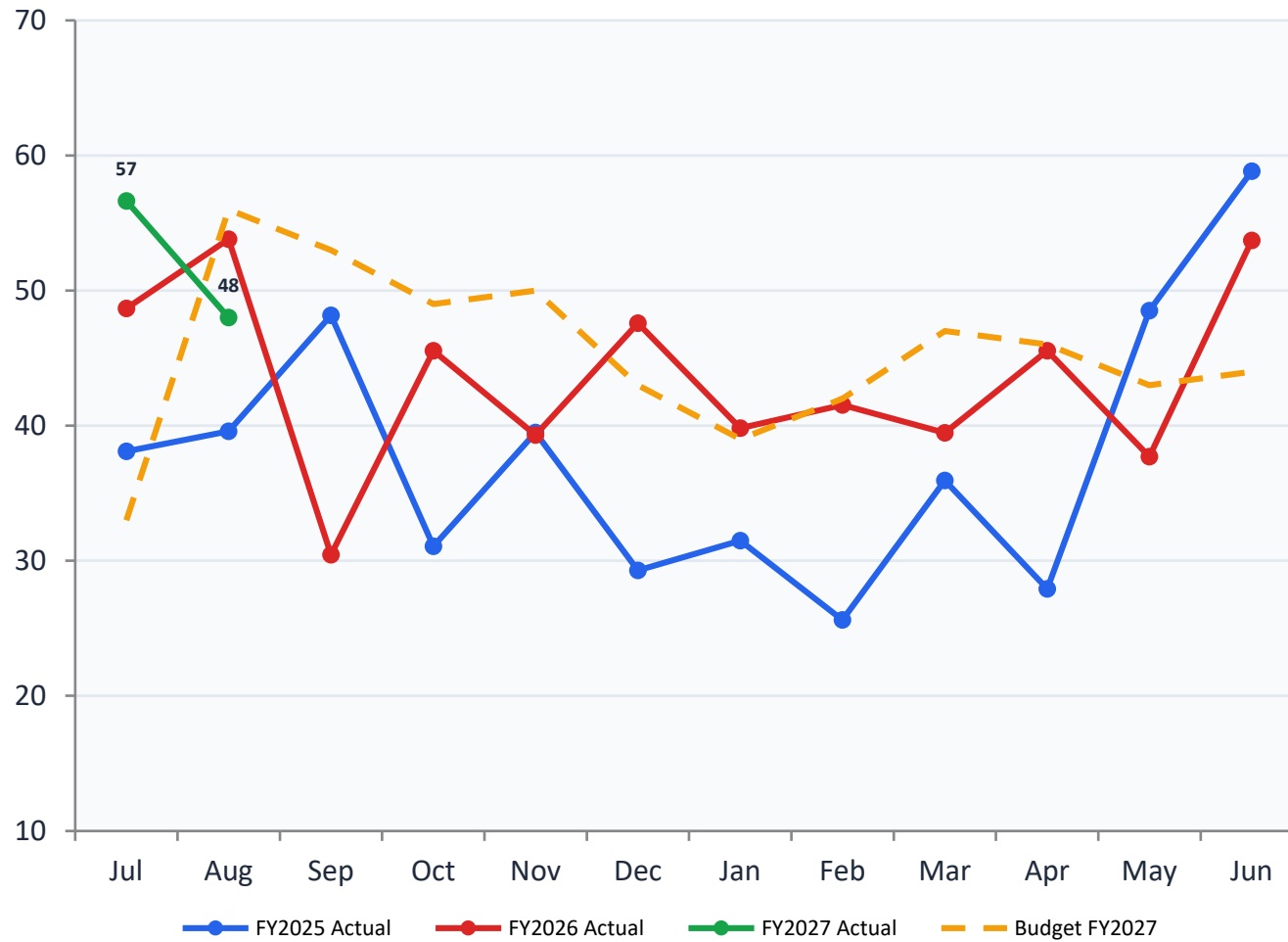
Robotic Surgery (IP & OP) - 100 Min Units



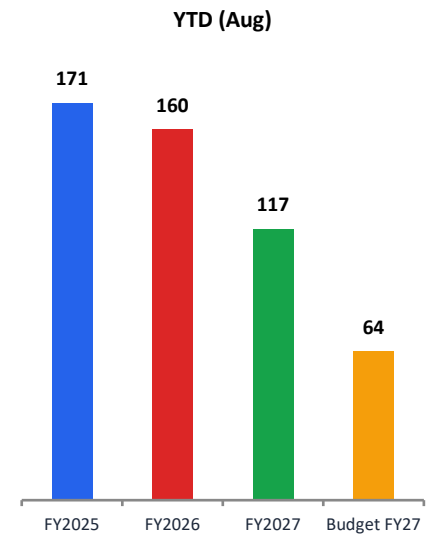
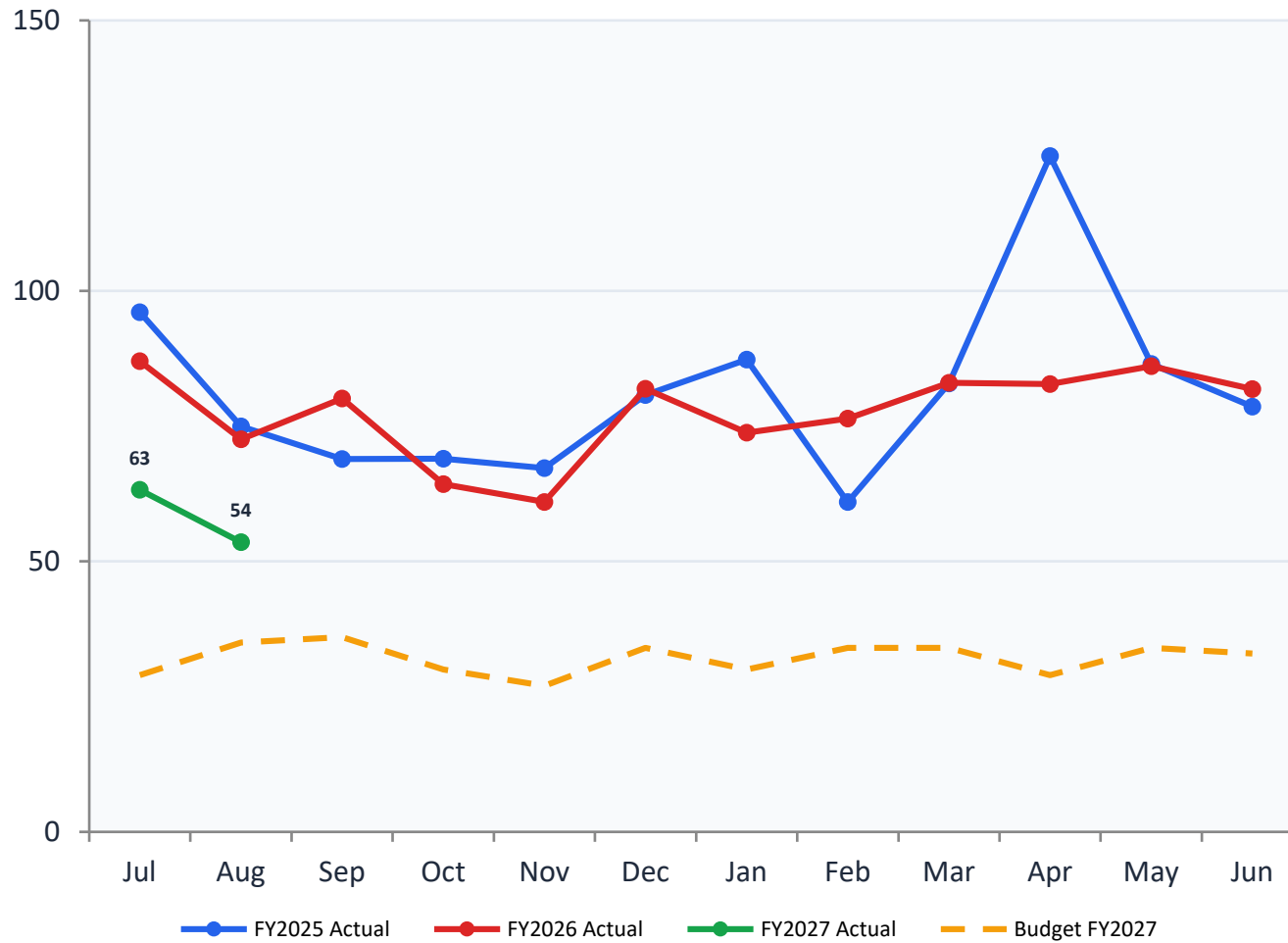
Robotic Surgery Minutes (IP Only)



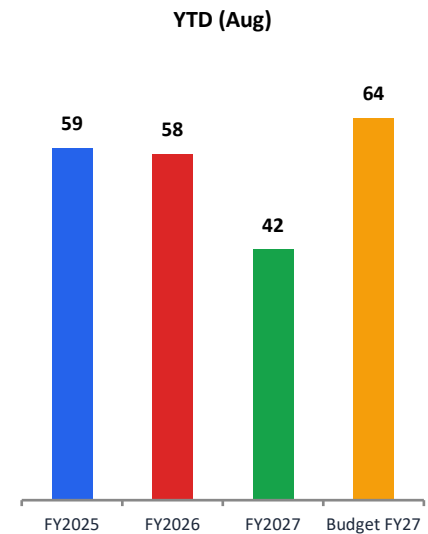
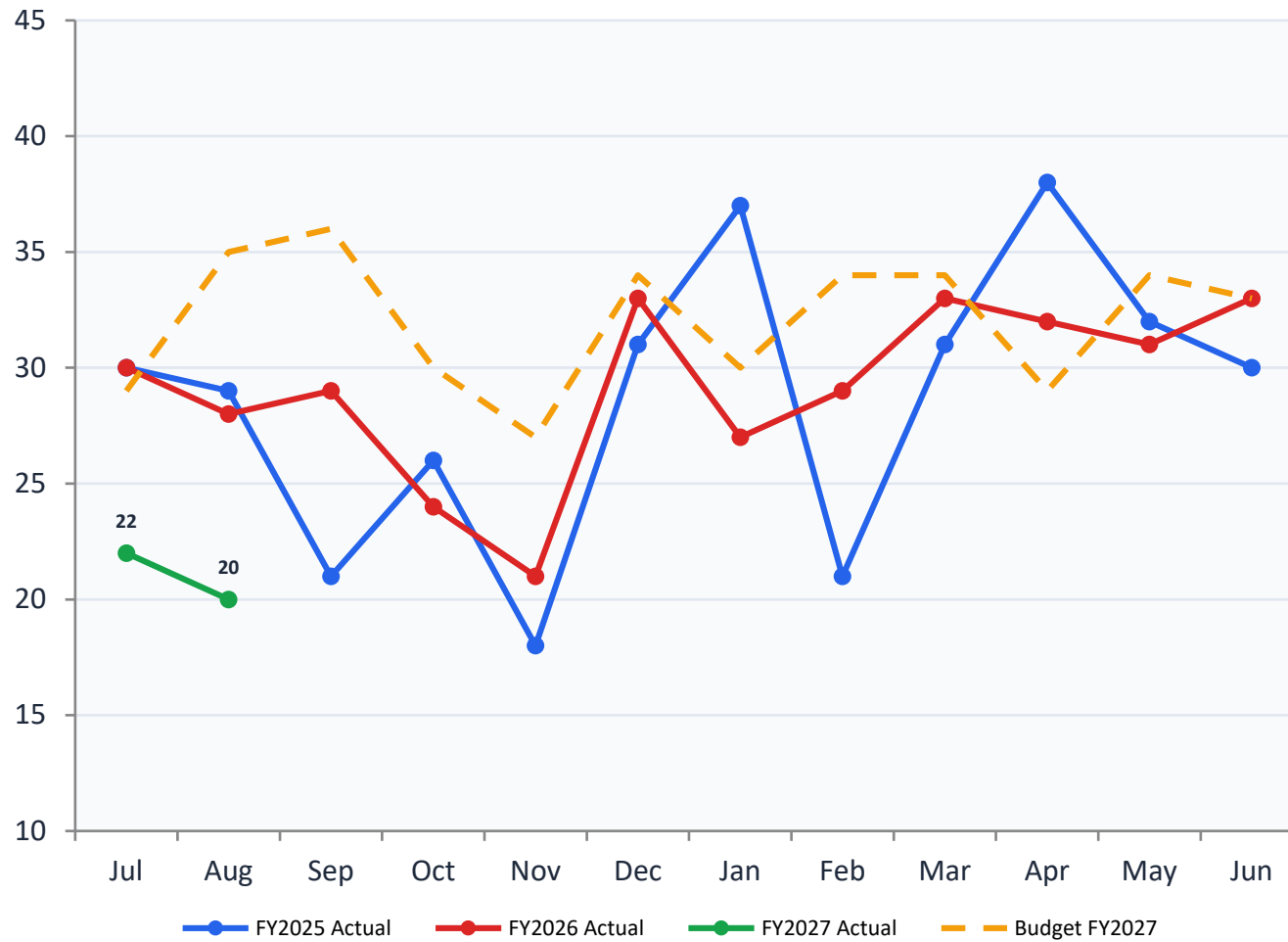
Robotic Surgery Minutes (OP Only)



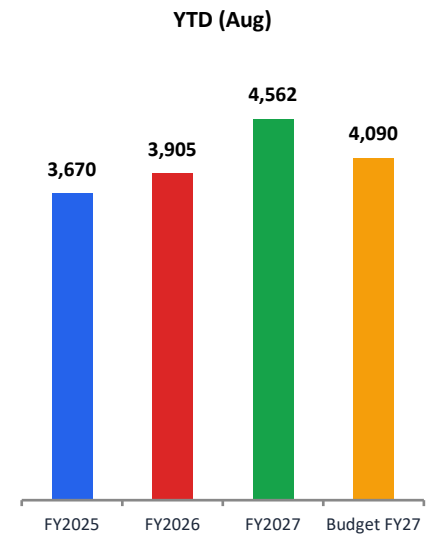
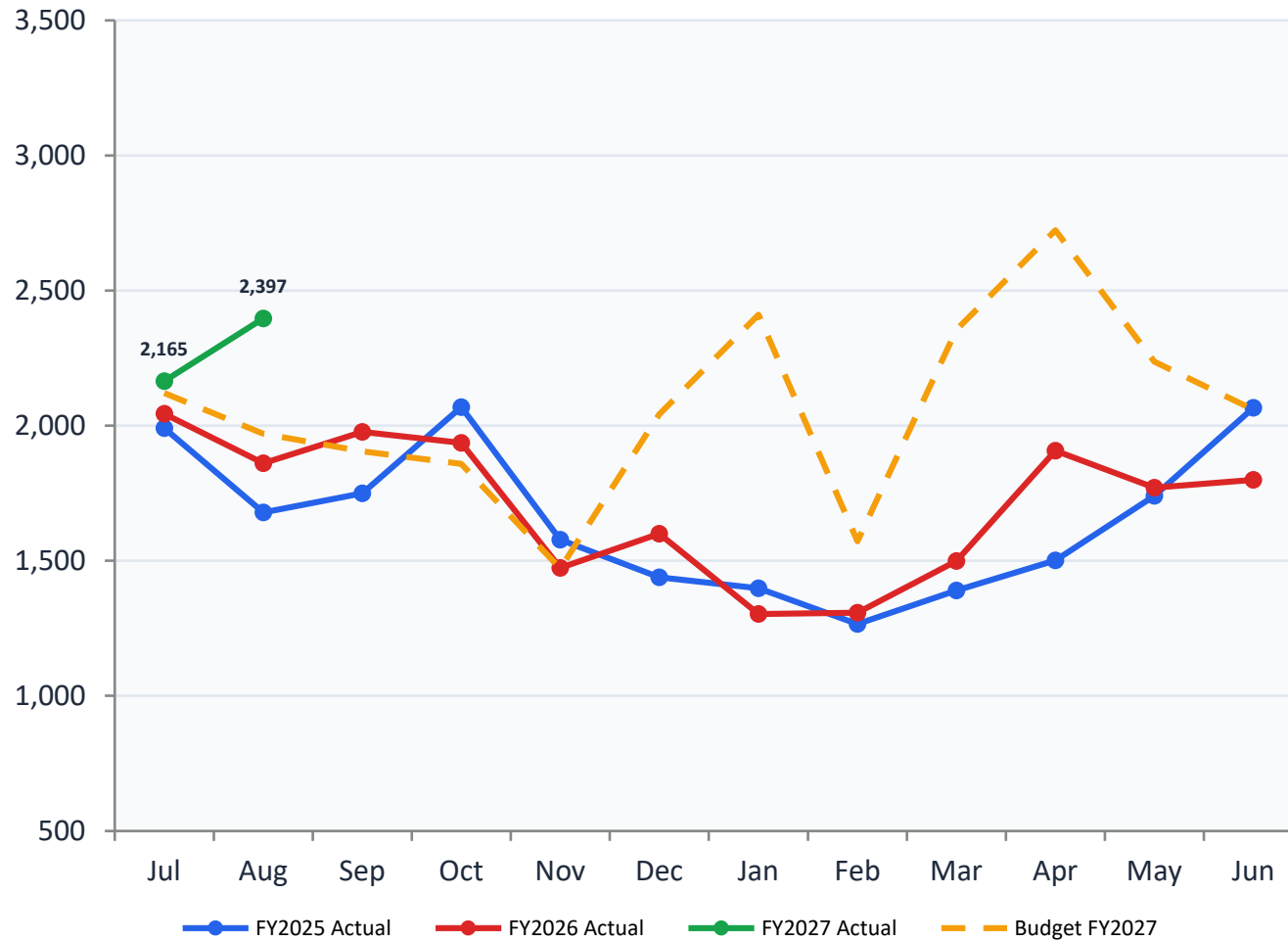
Cardiac Surgery - 100 Min Units



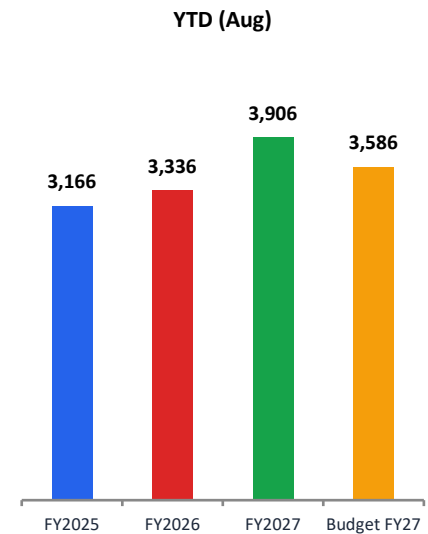
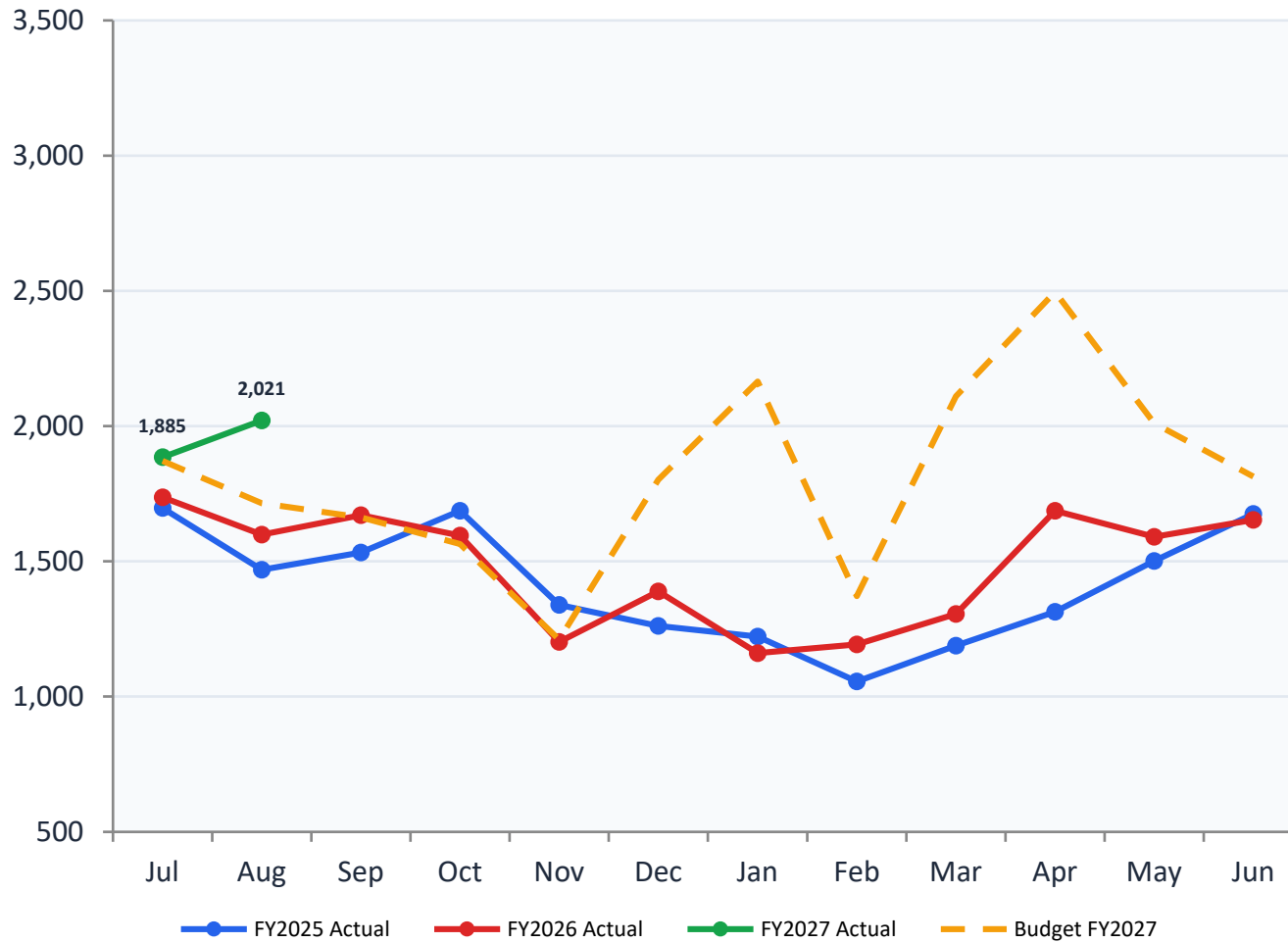
Cardiac Surgery Cases



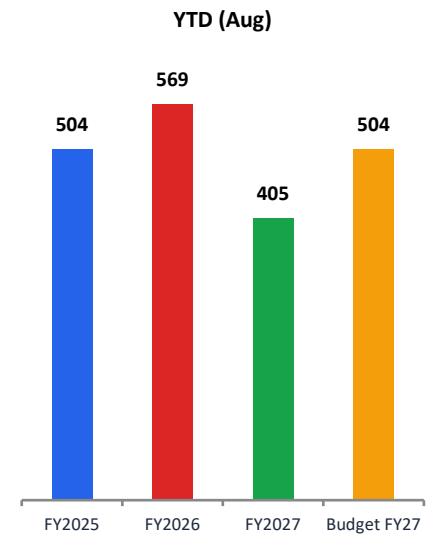
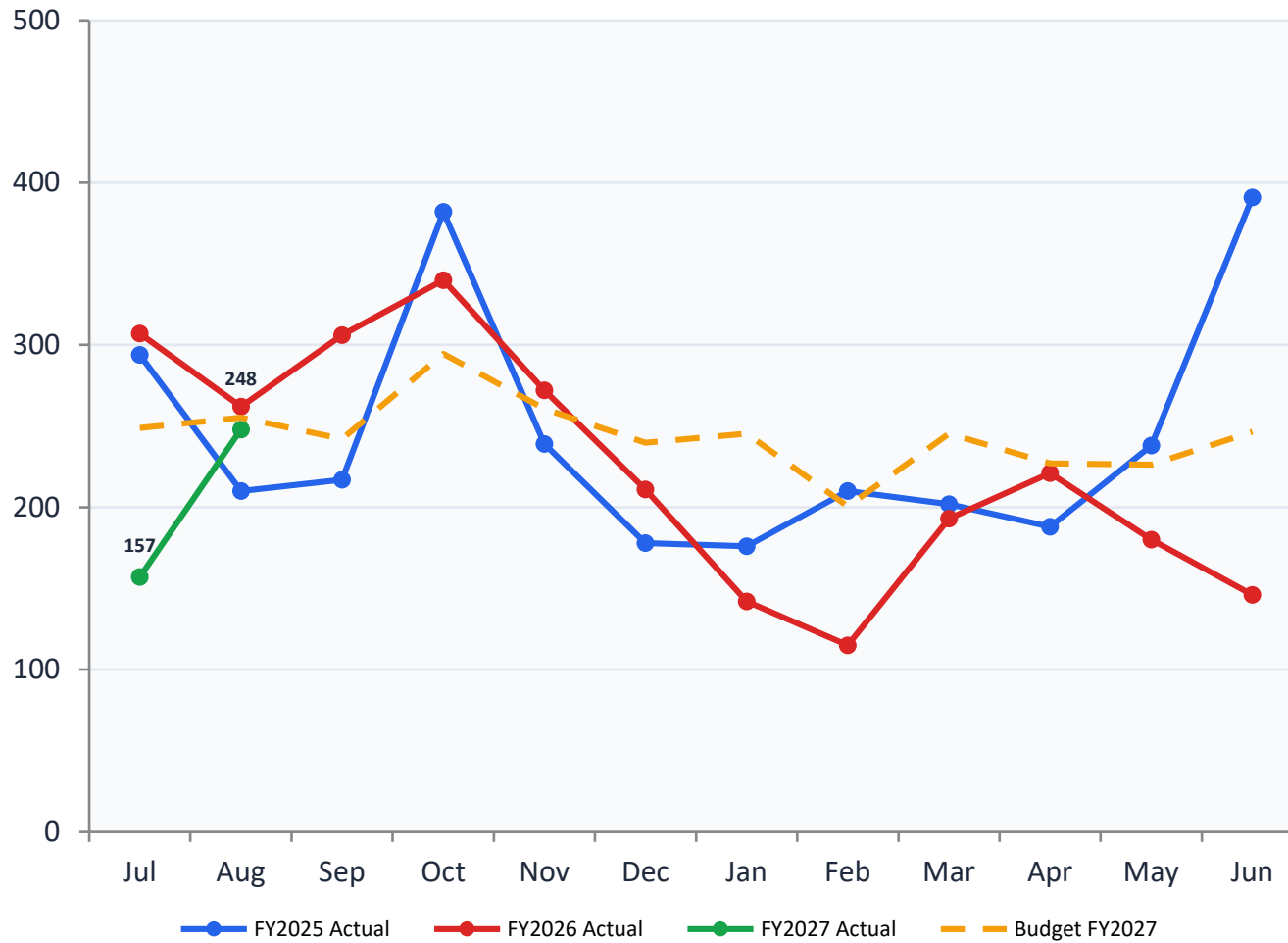
Rad Onc Treatments (Vis. & Hanf.)



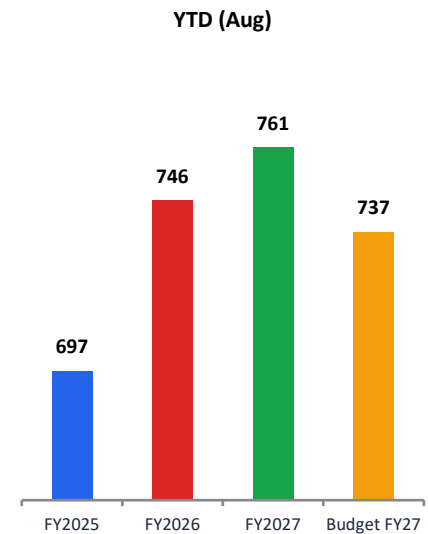
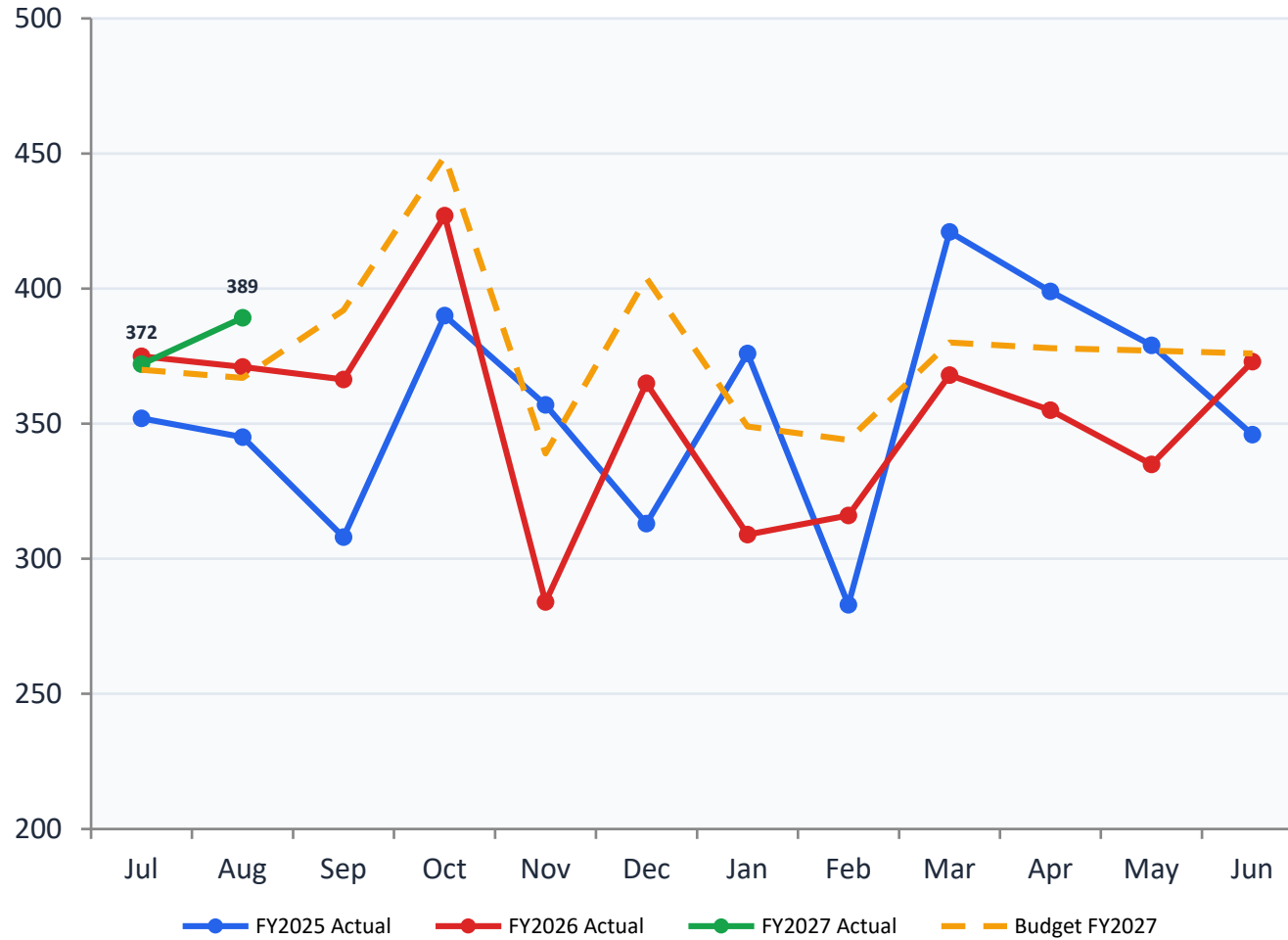
Rad Onc Visalia



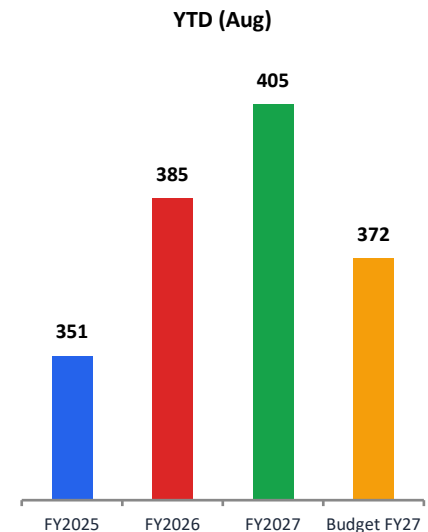
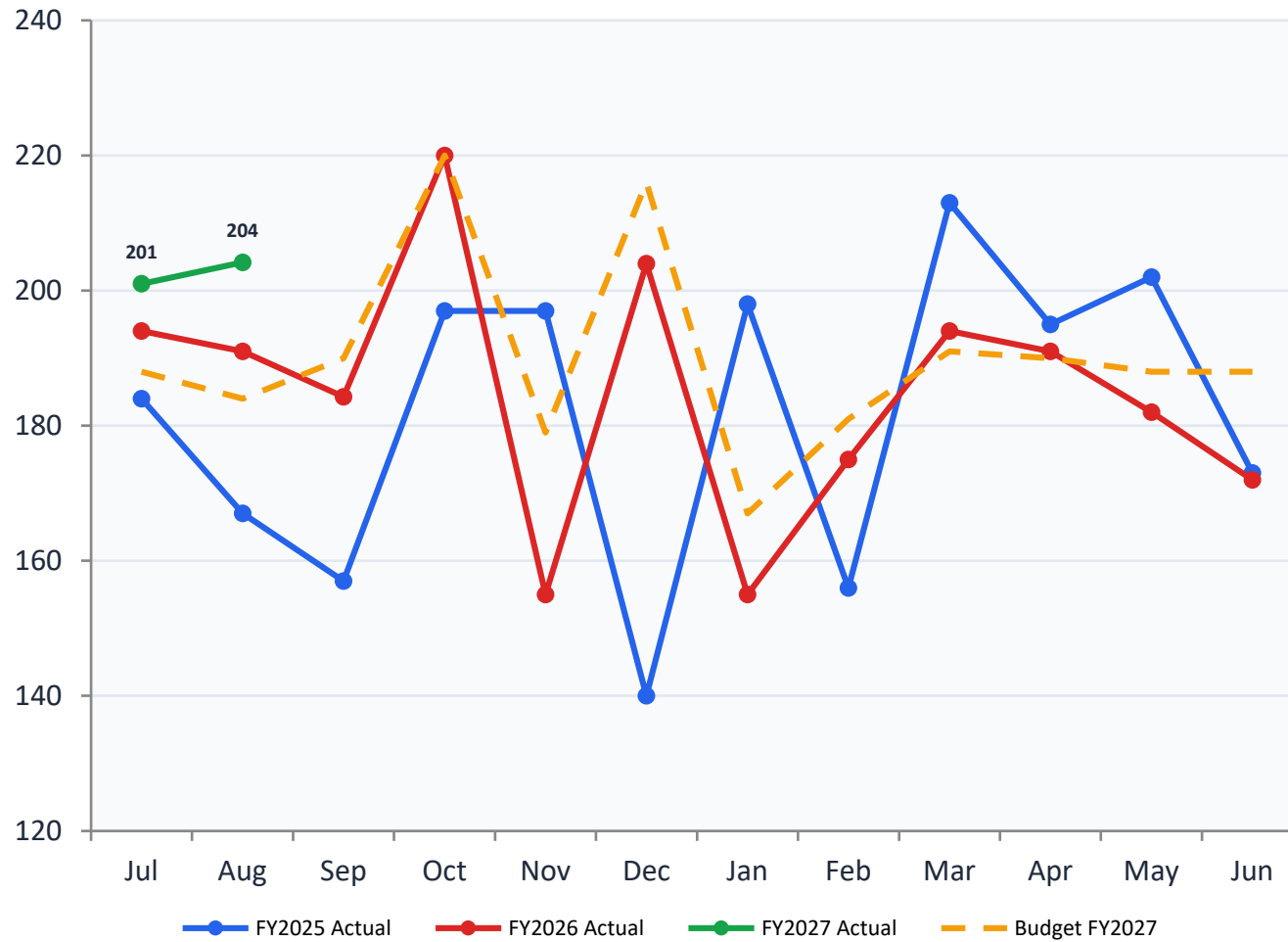
Rad Onc Hanford



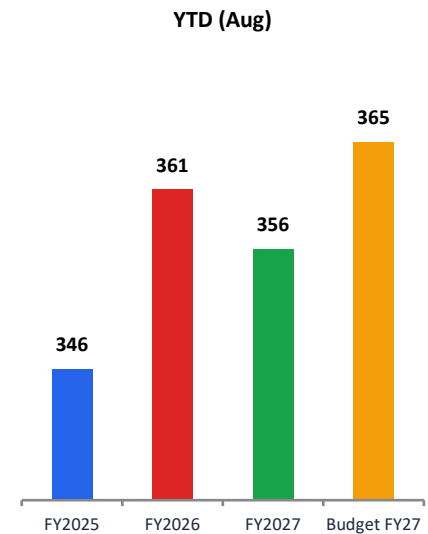
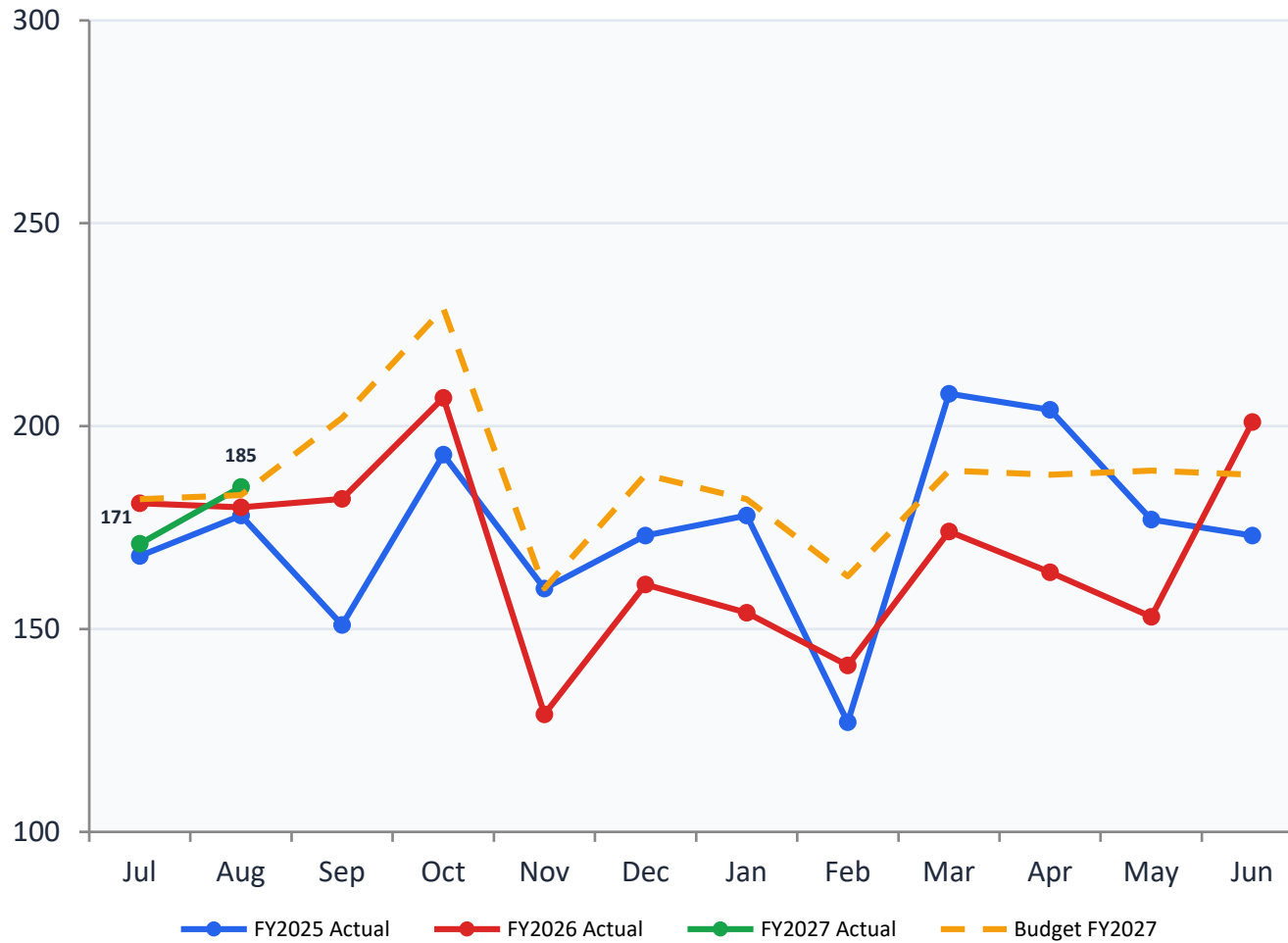
Cath Lab (IP & OP) - 100 Min Units



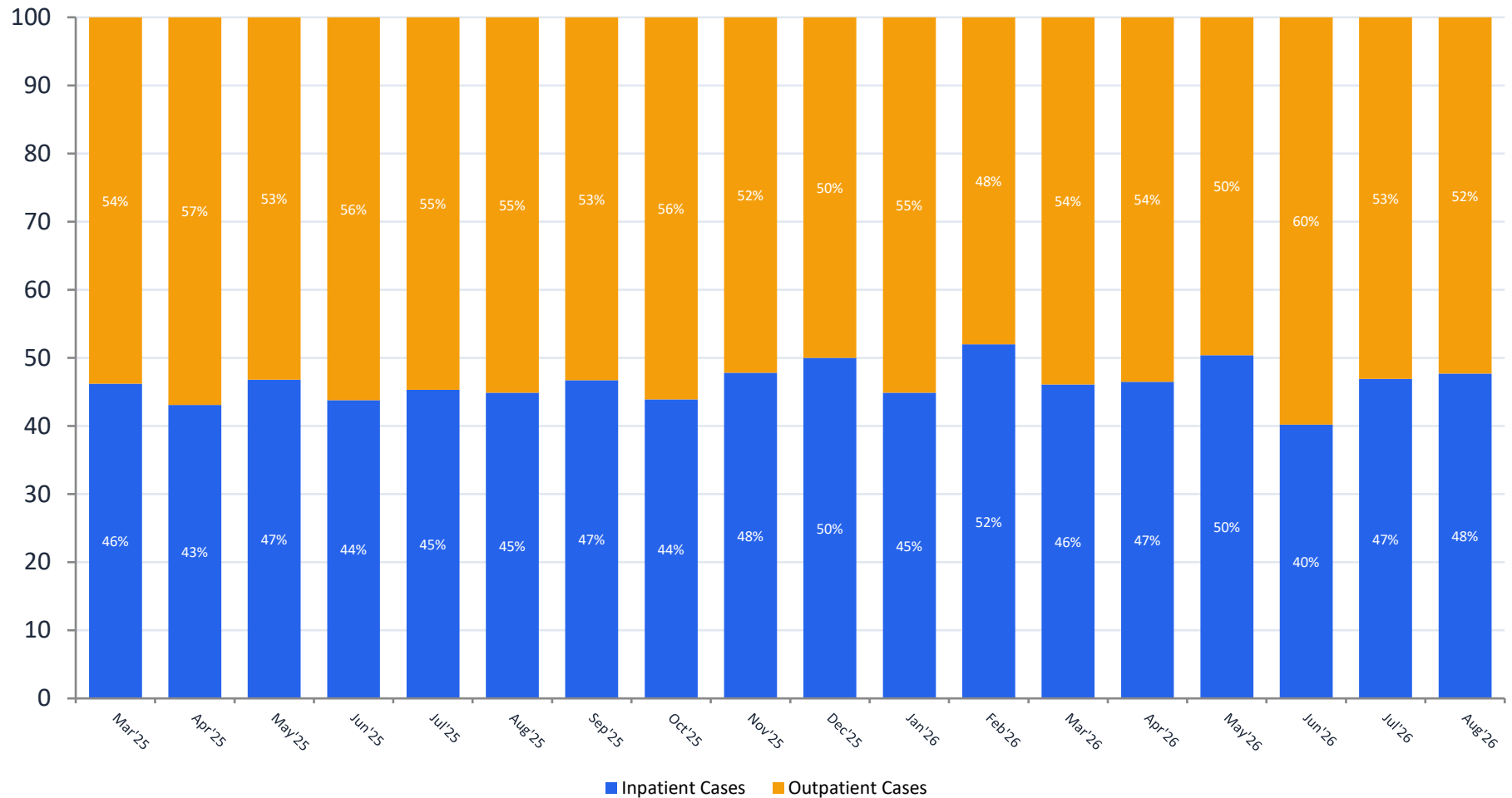
Cath Lab (IP Only) – 100 Min Units



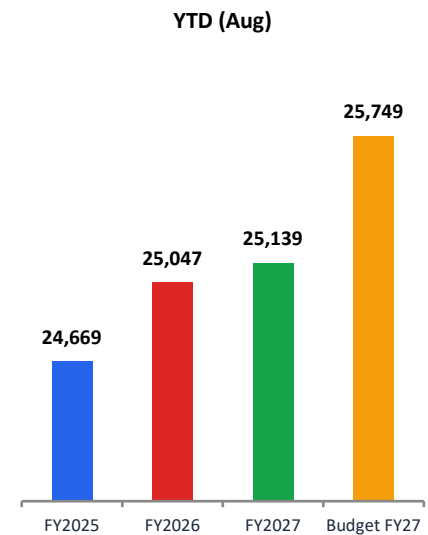
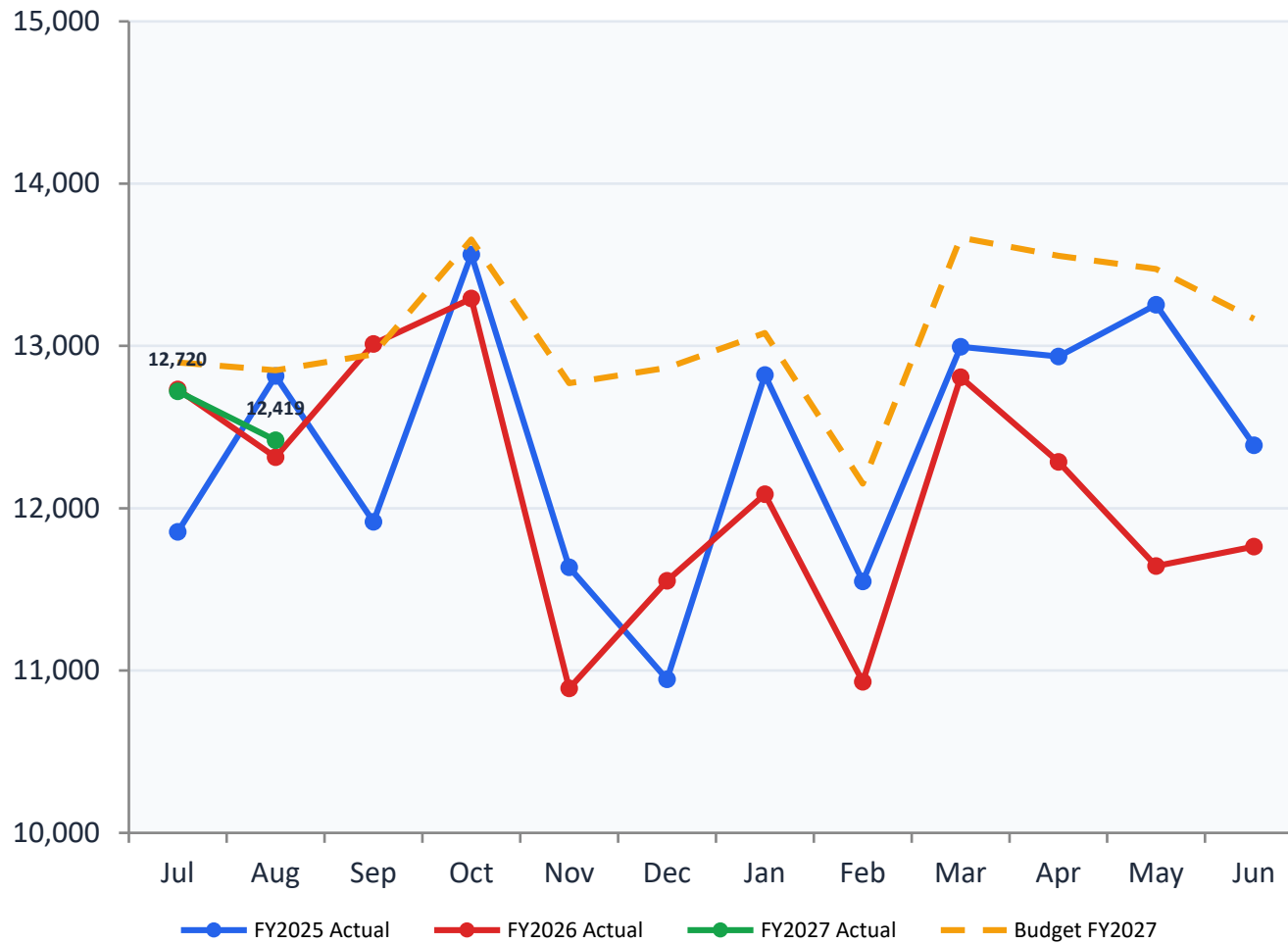
Cath Lab (OP Only) – 100 Min Units



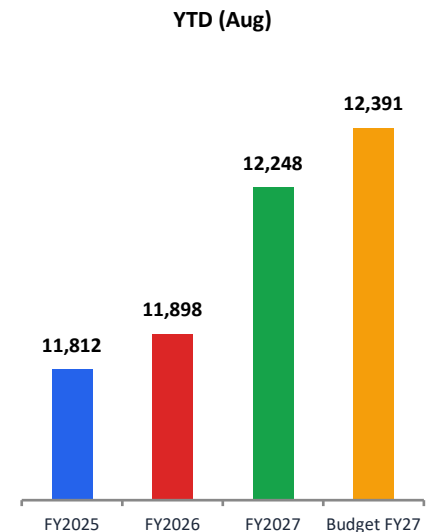
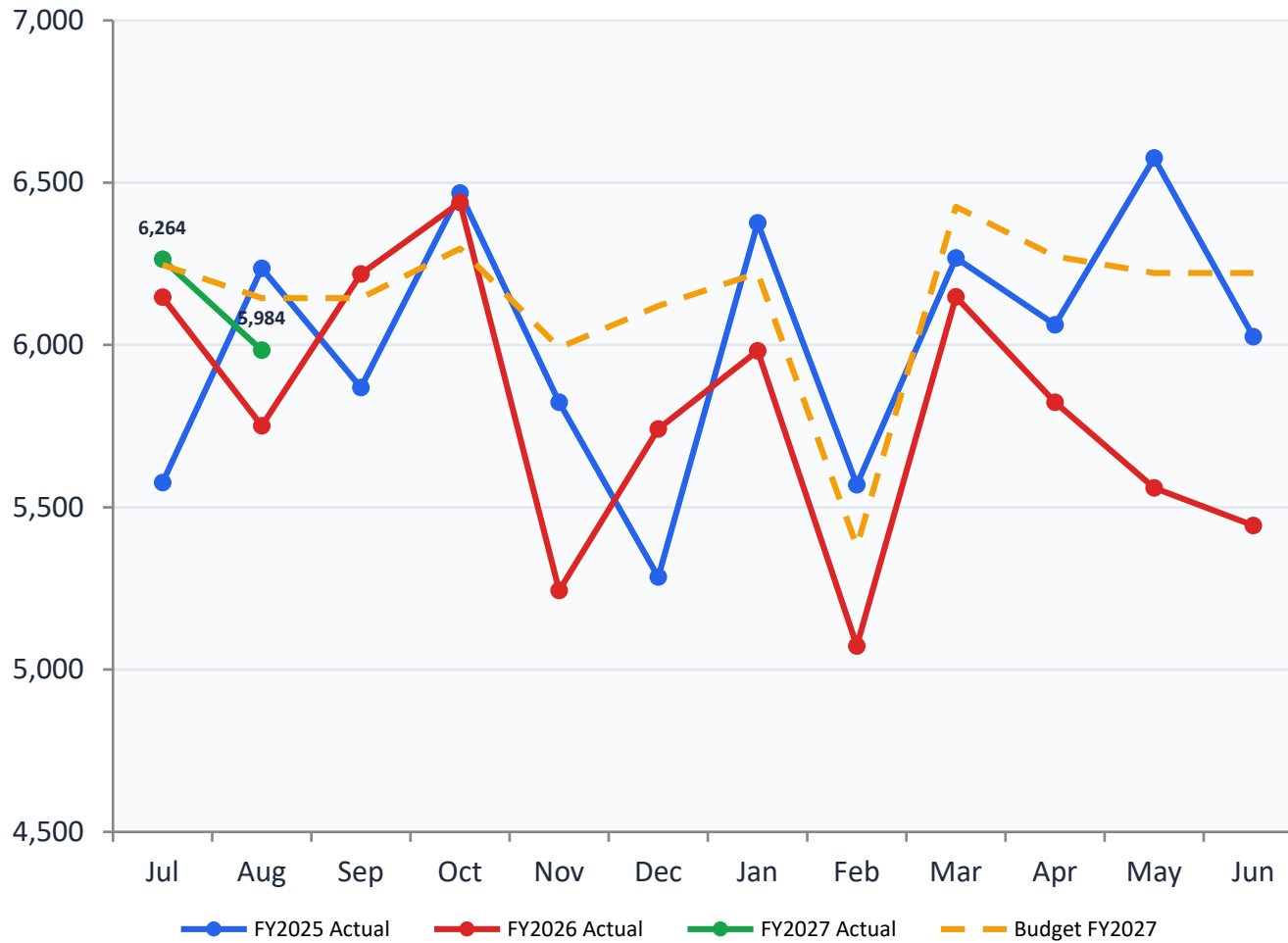
Cath Lab Patients (IP & OP)



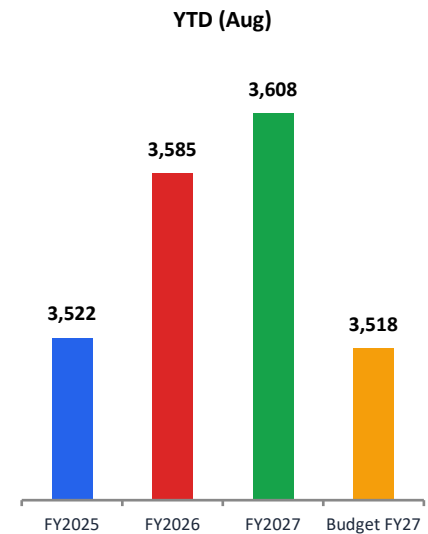
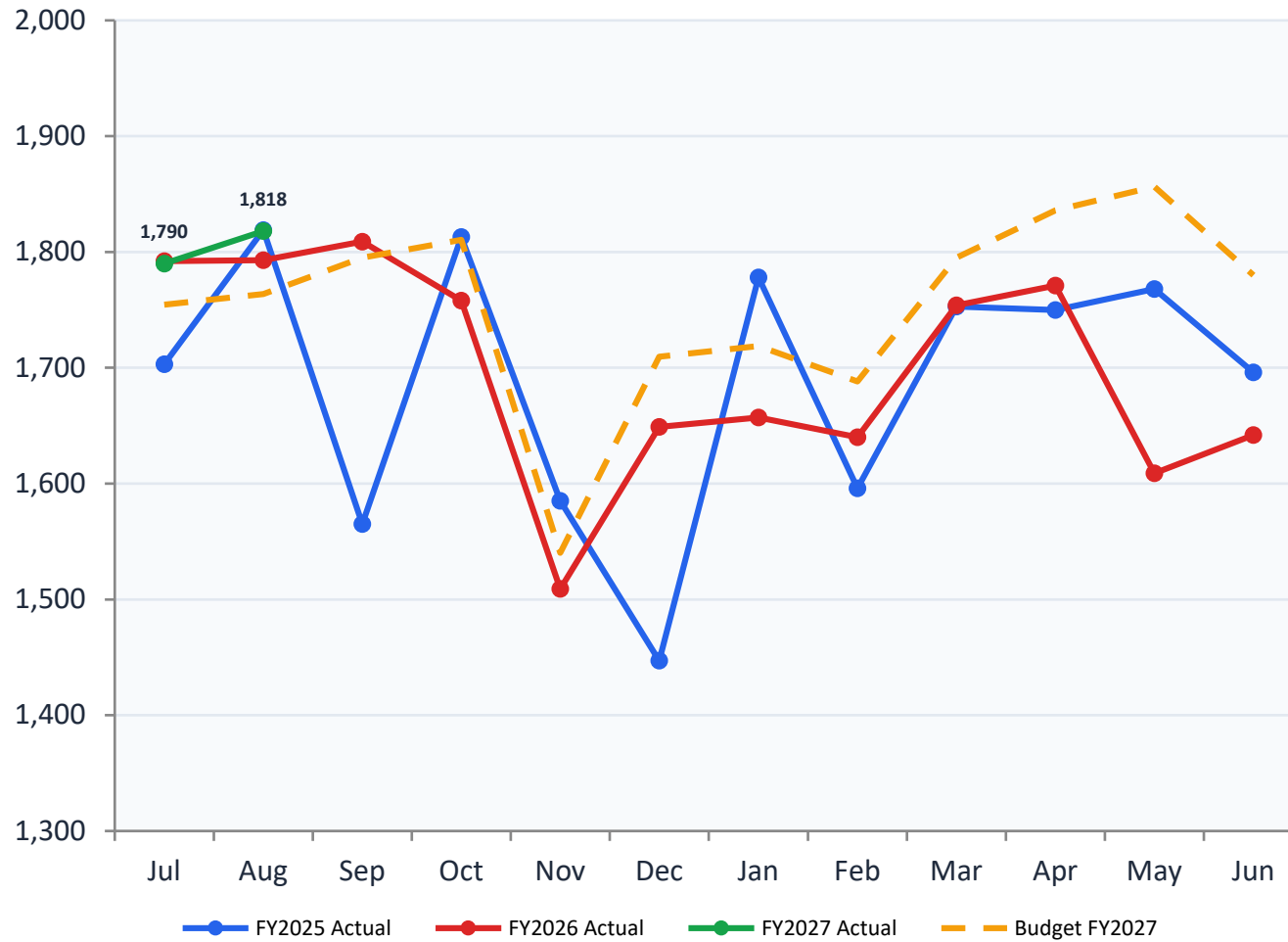
Rural Health Clinics Visits



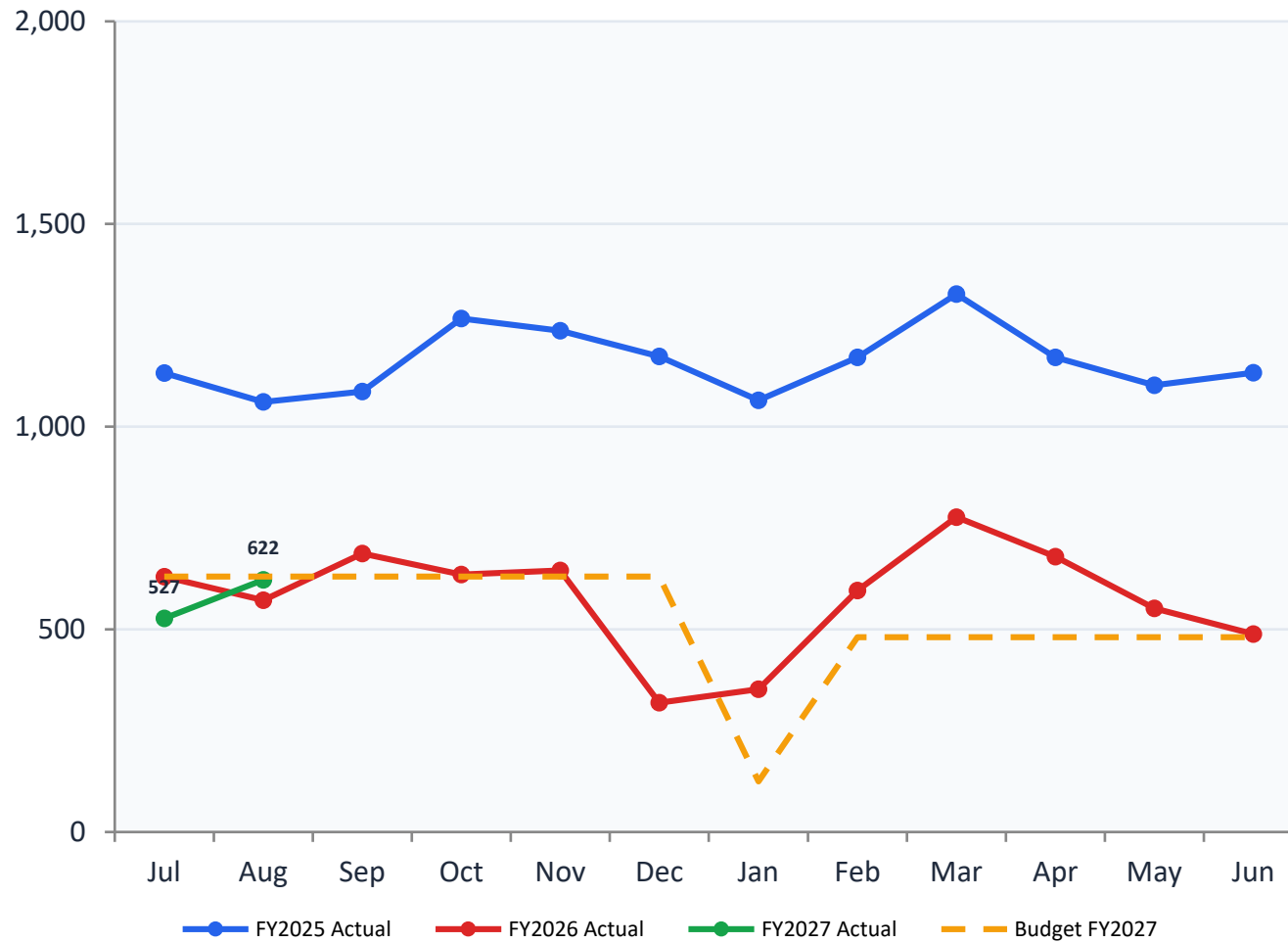
RHC Exeter - Visits



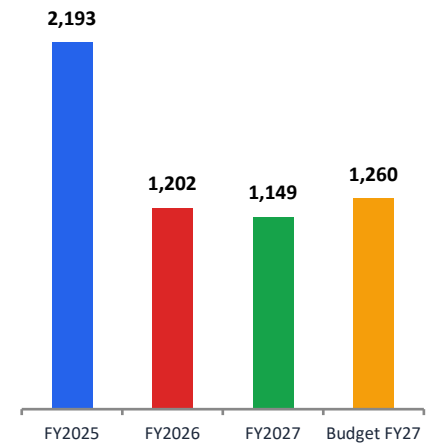
RHC Lindsay - Visits



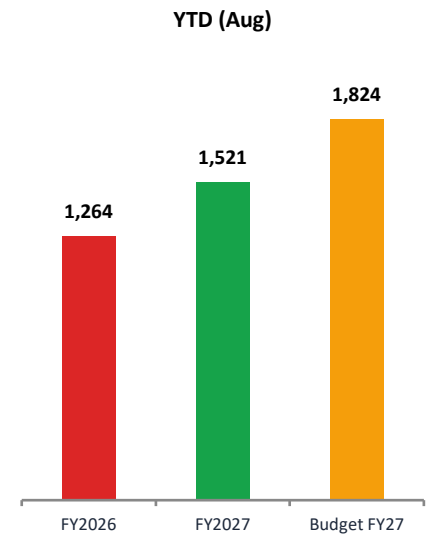
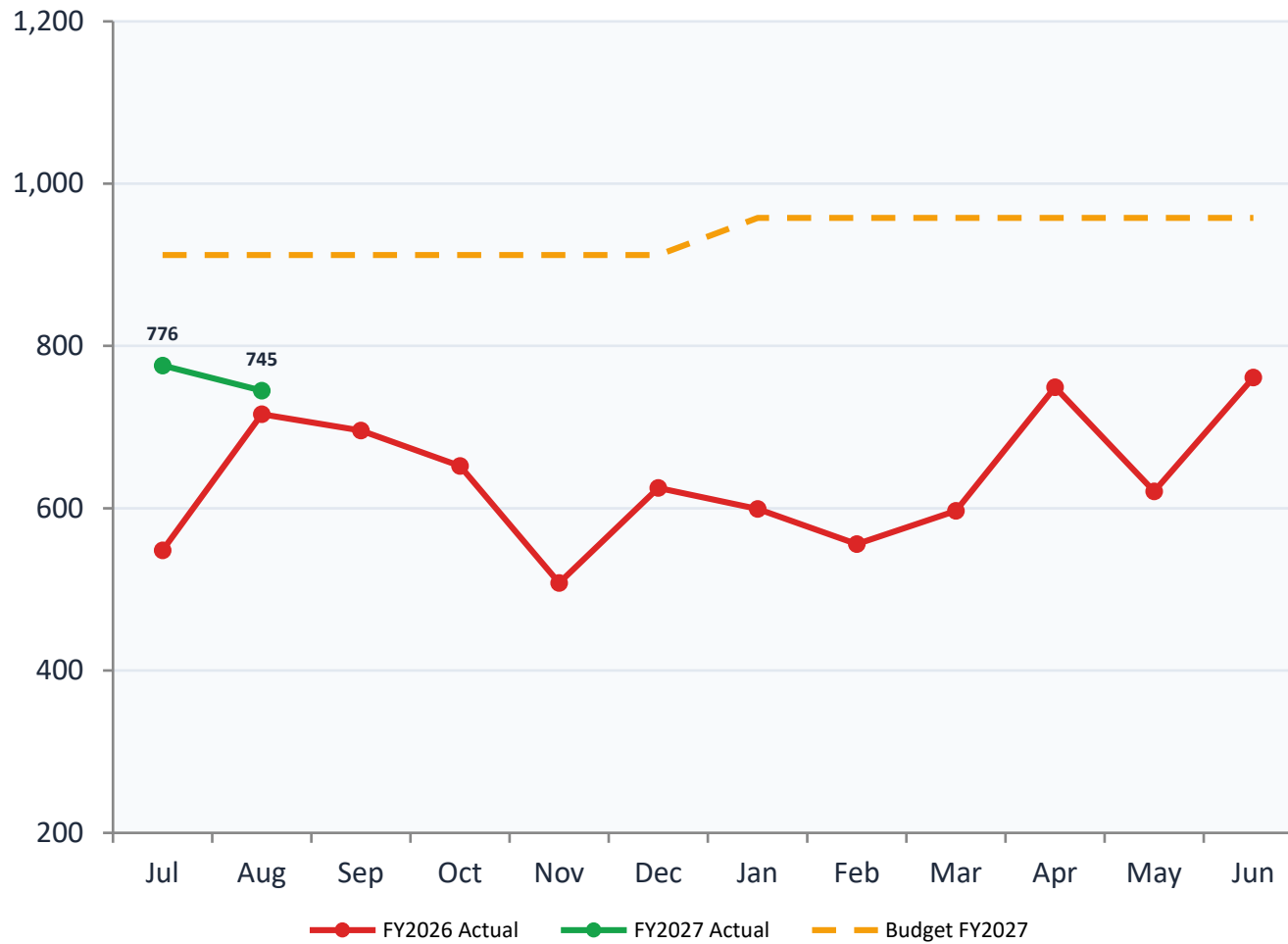
RHC Woodlake - Visits



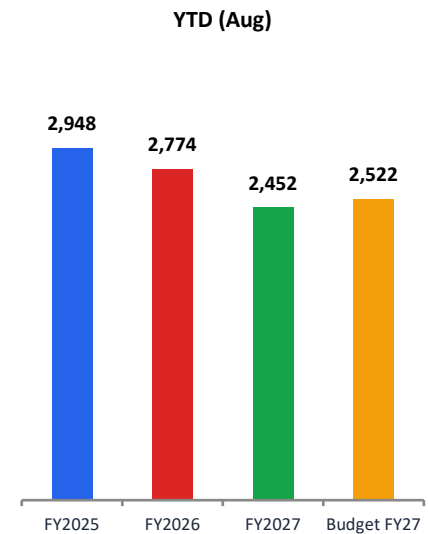
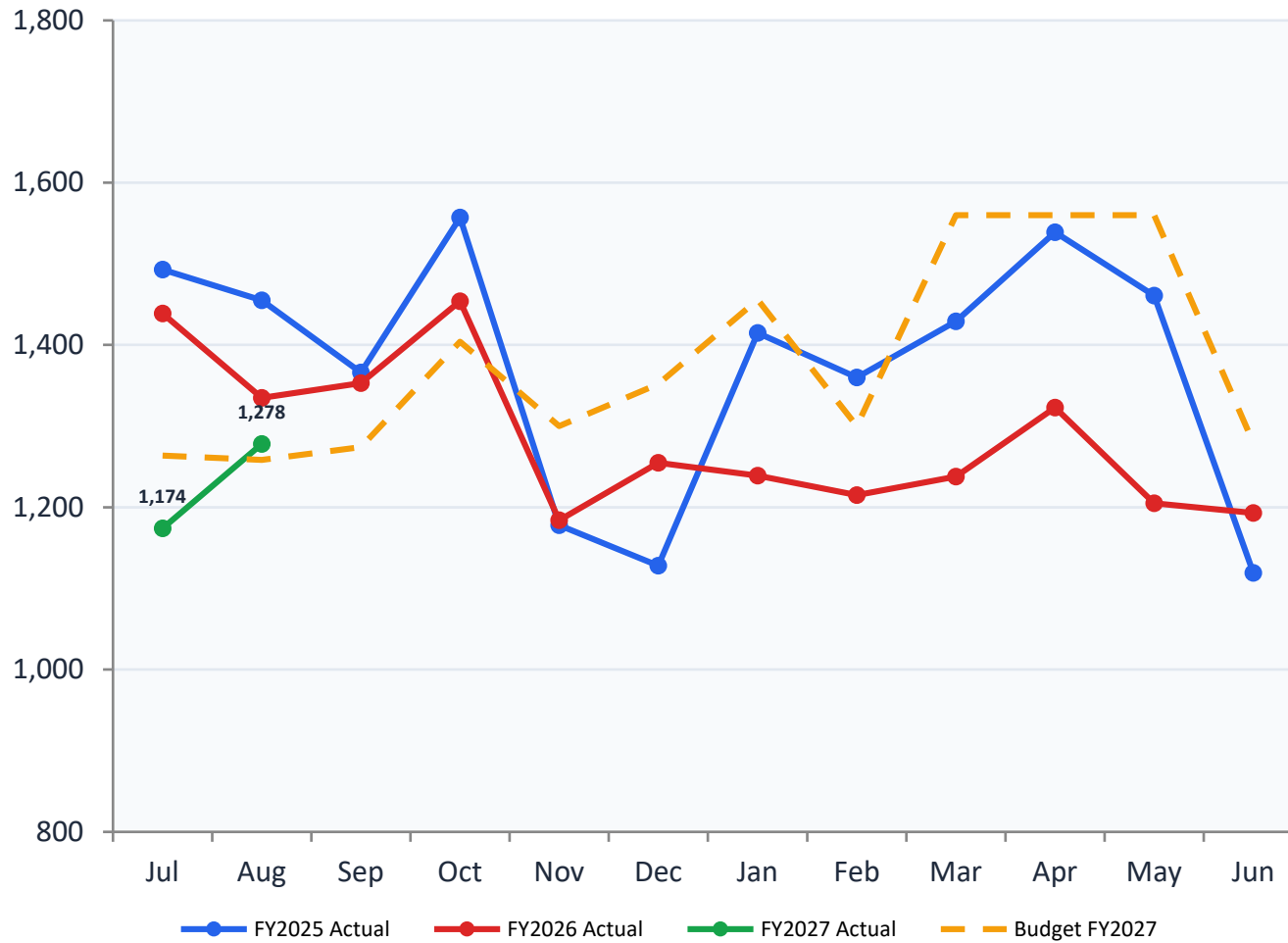
YTD (Aug)



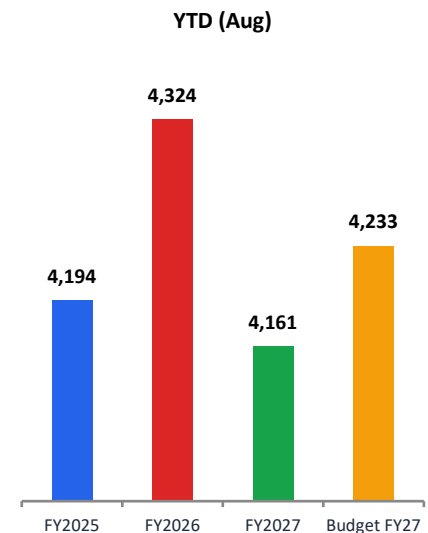
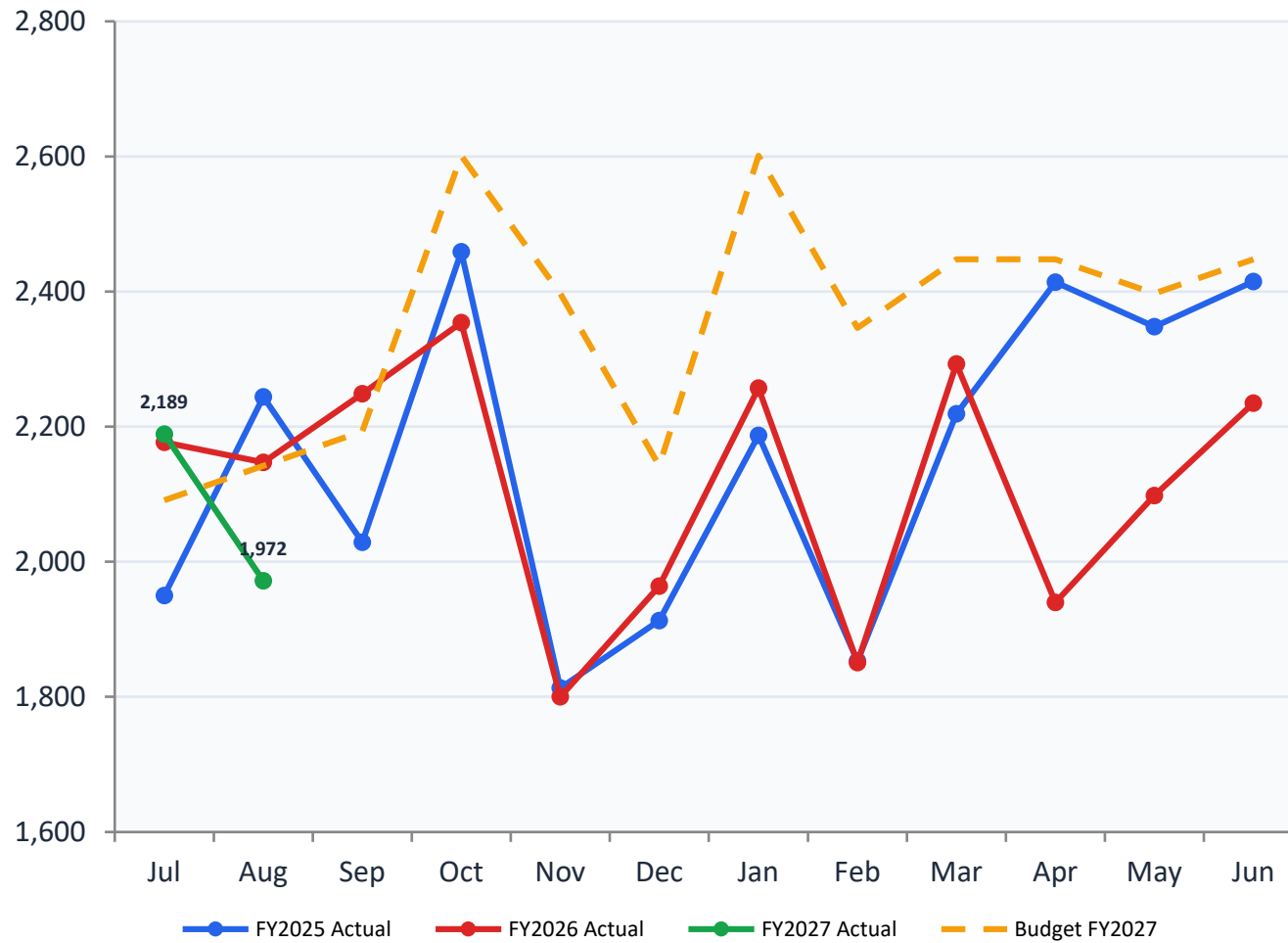
RHC Woodlake Valencia - Visits



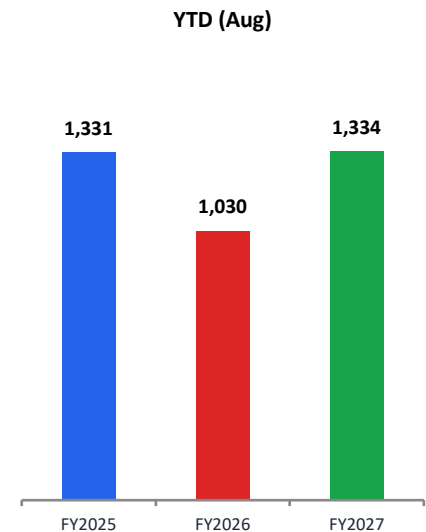
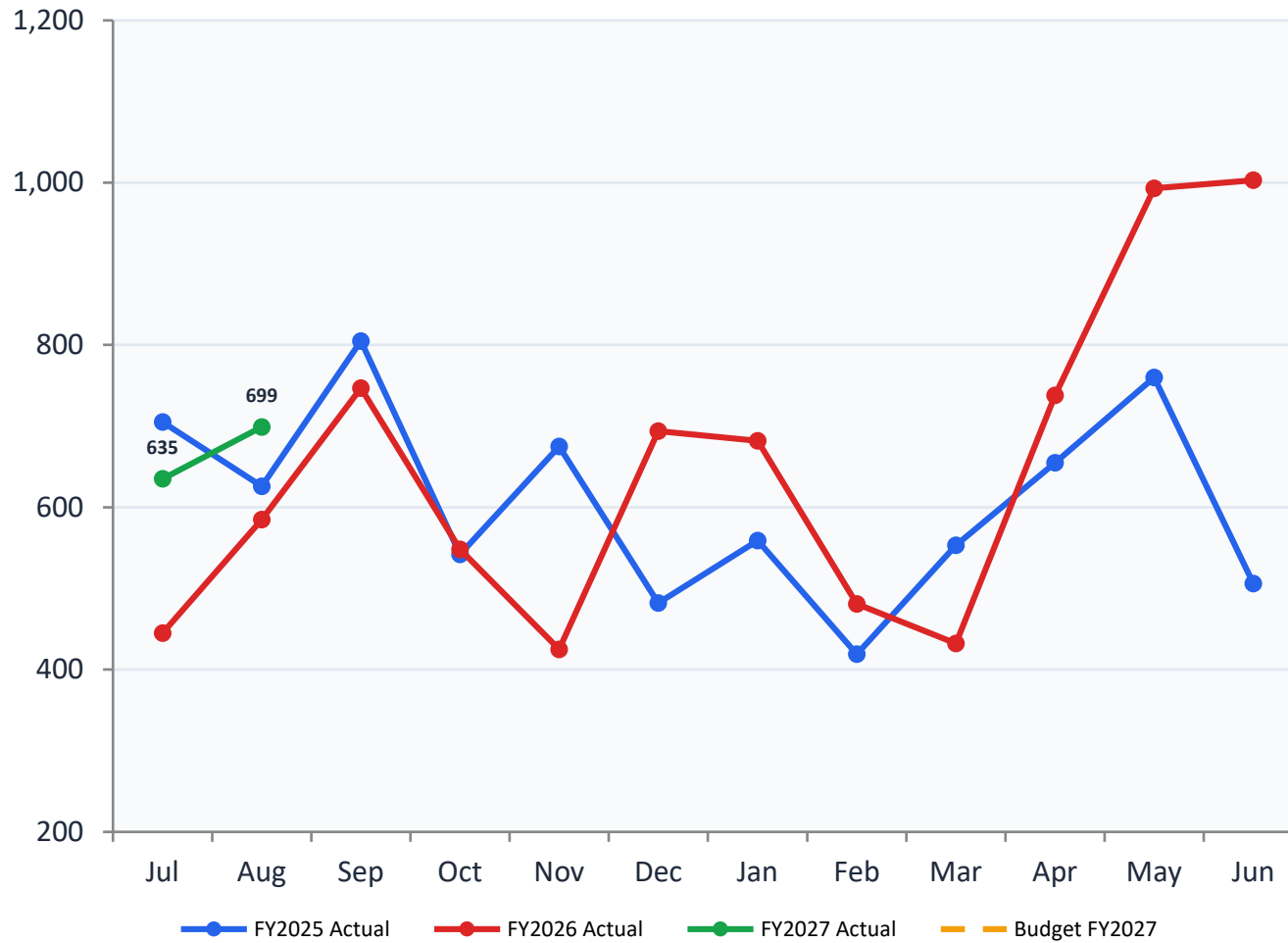
RHC Dinuba - Visits



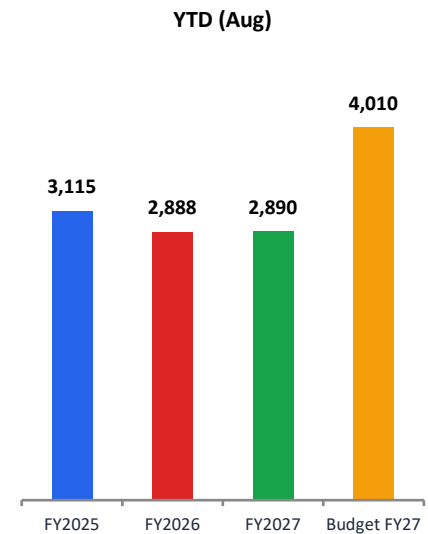
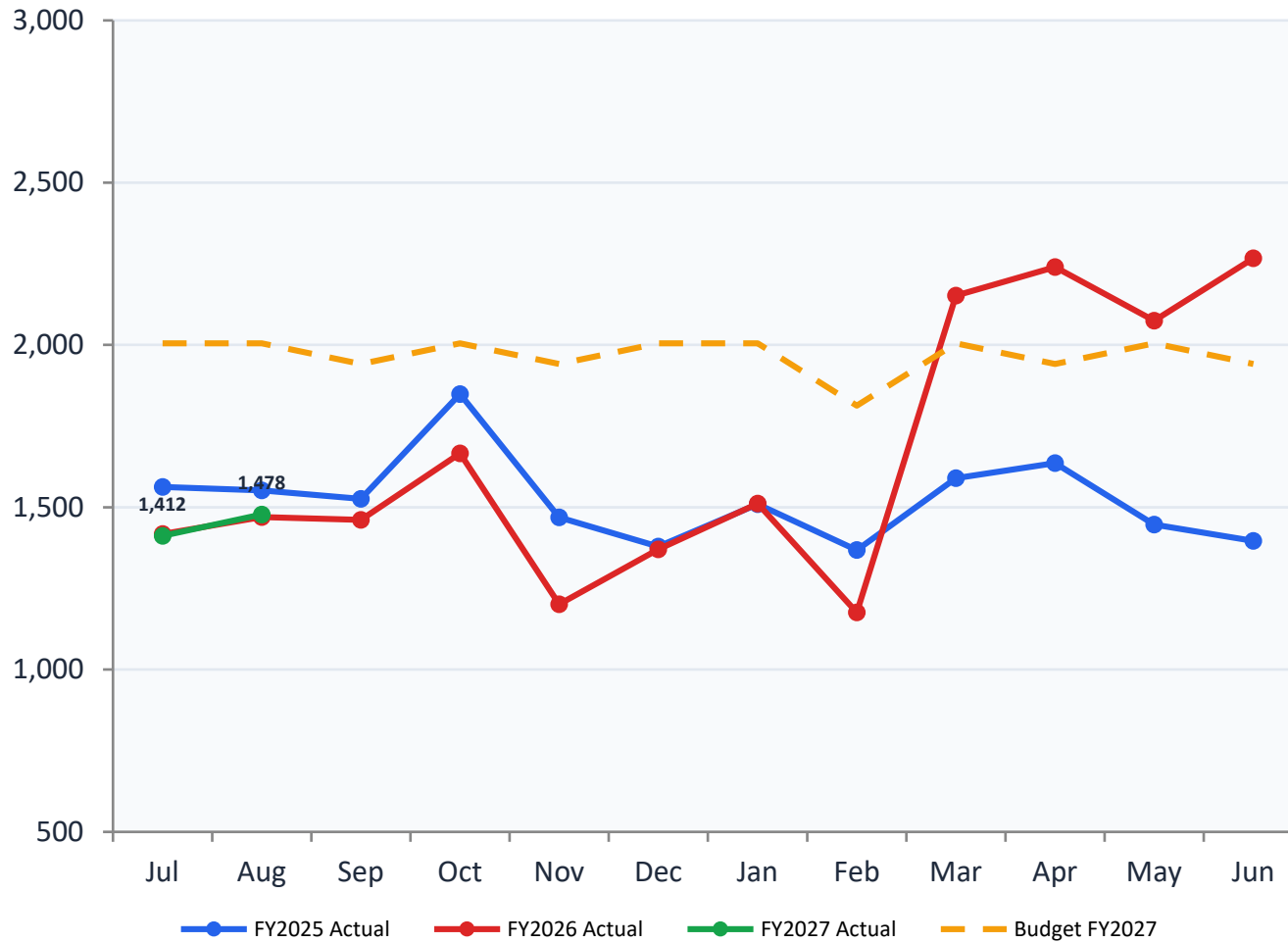
RHC Tulare - Visits



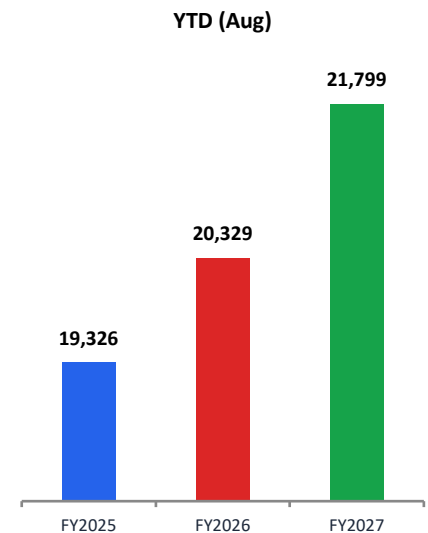
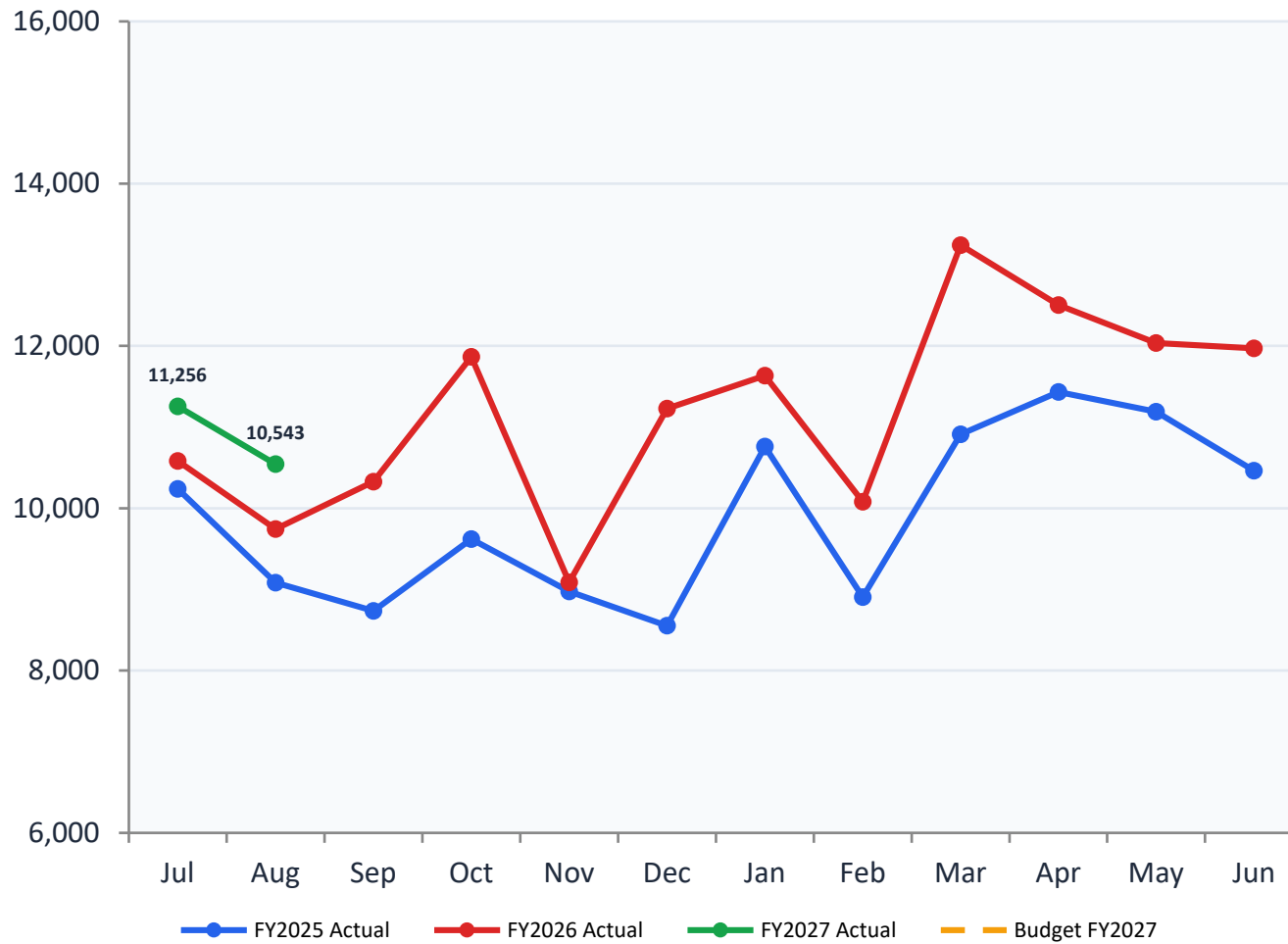
Neurosurgery Clinic - wRVU's



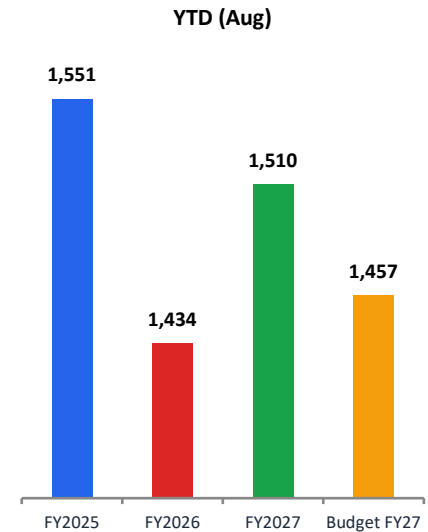
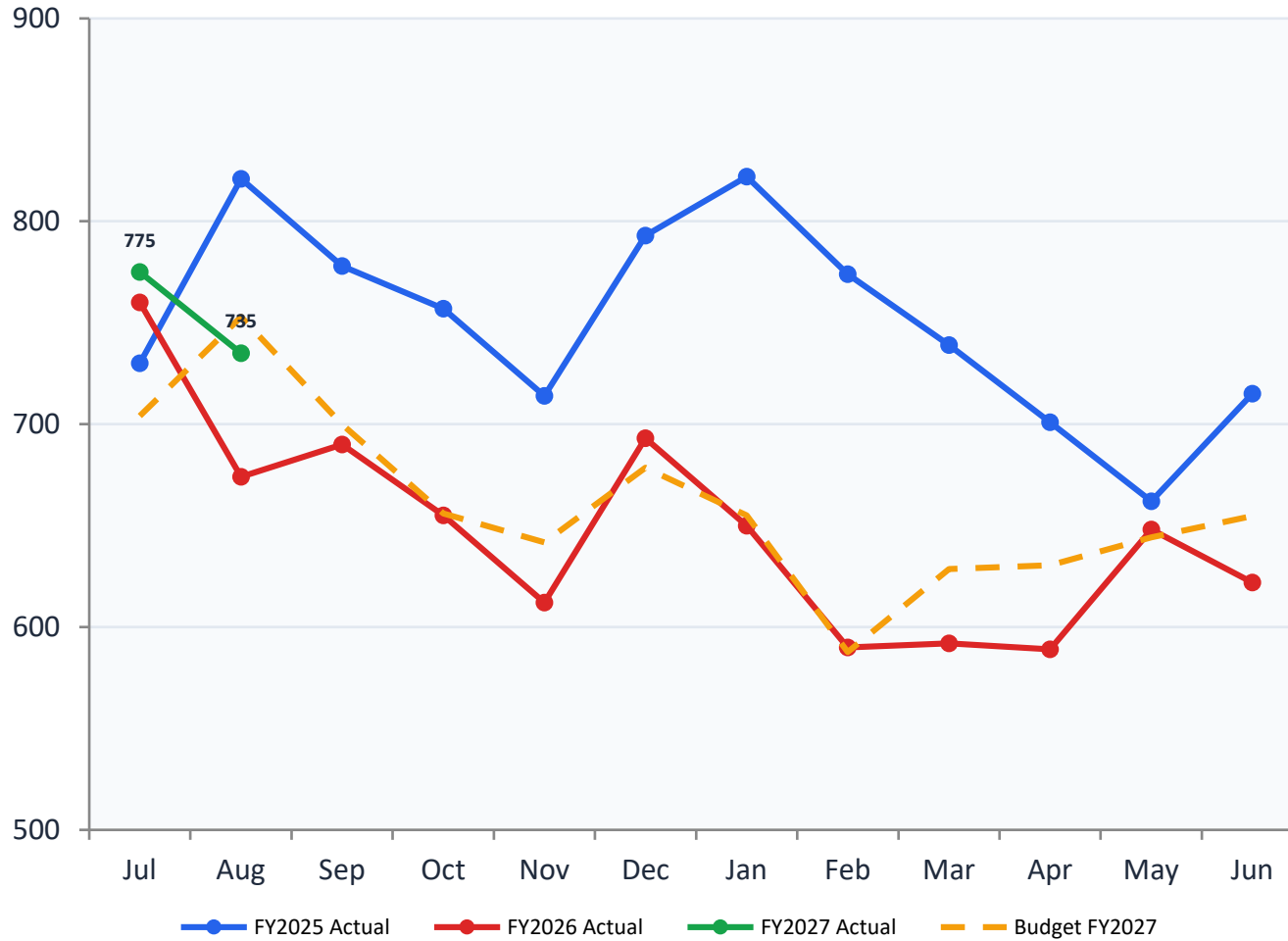
KH Cardiology Center Registrations



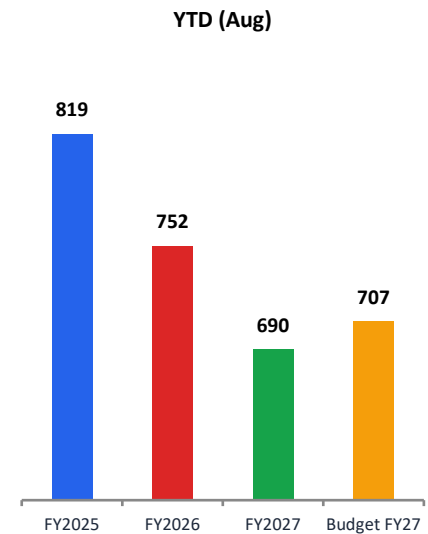
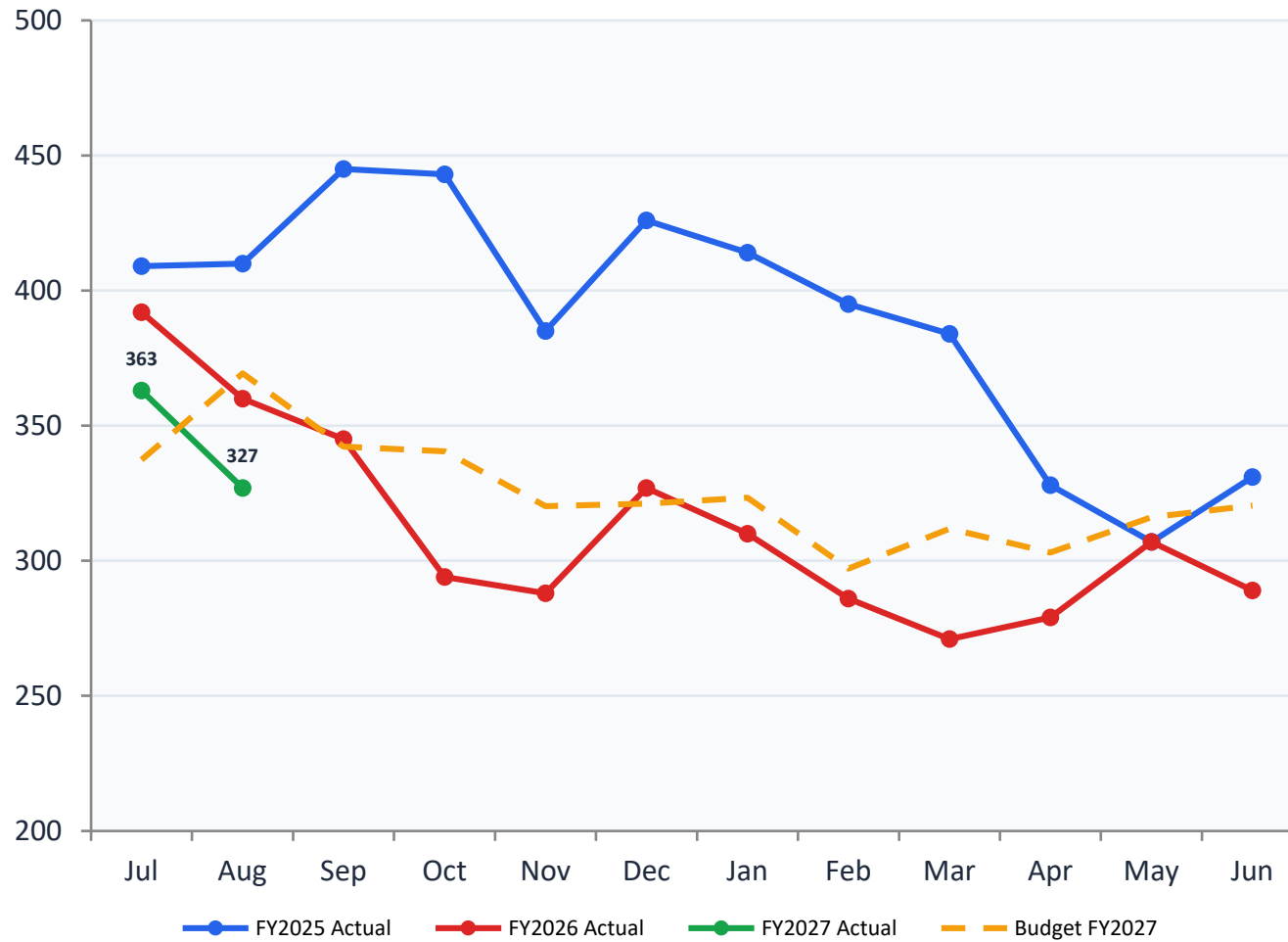
KH Cardiology Center - wRVU's



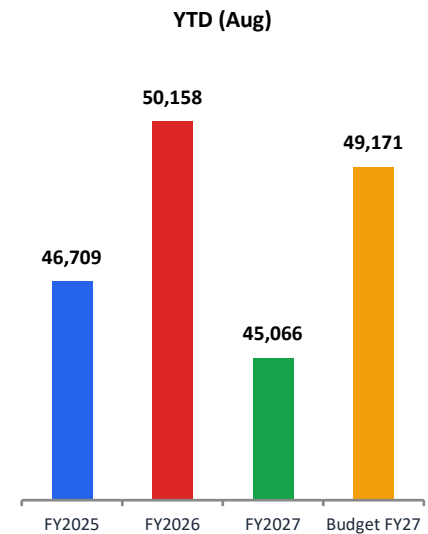
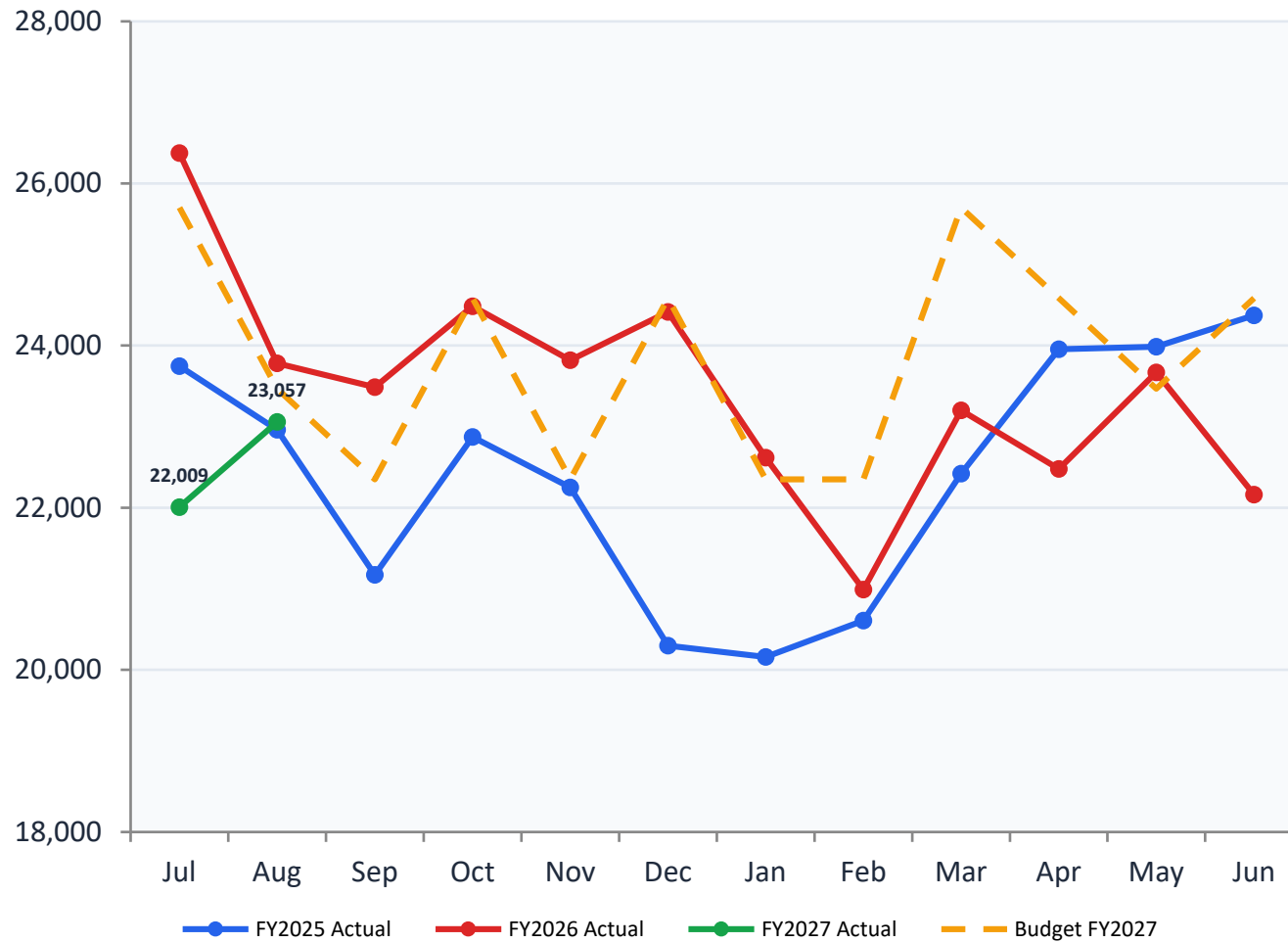
Labor Triage Registrations



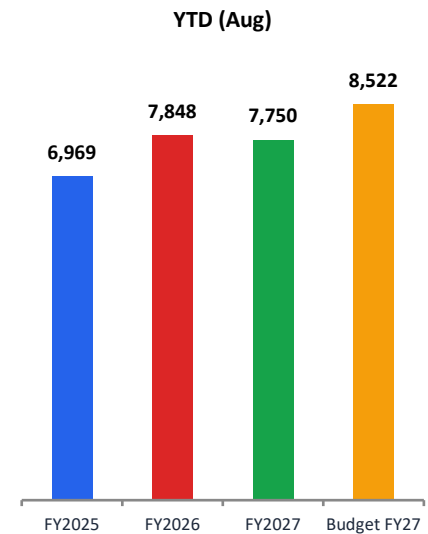
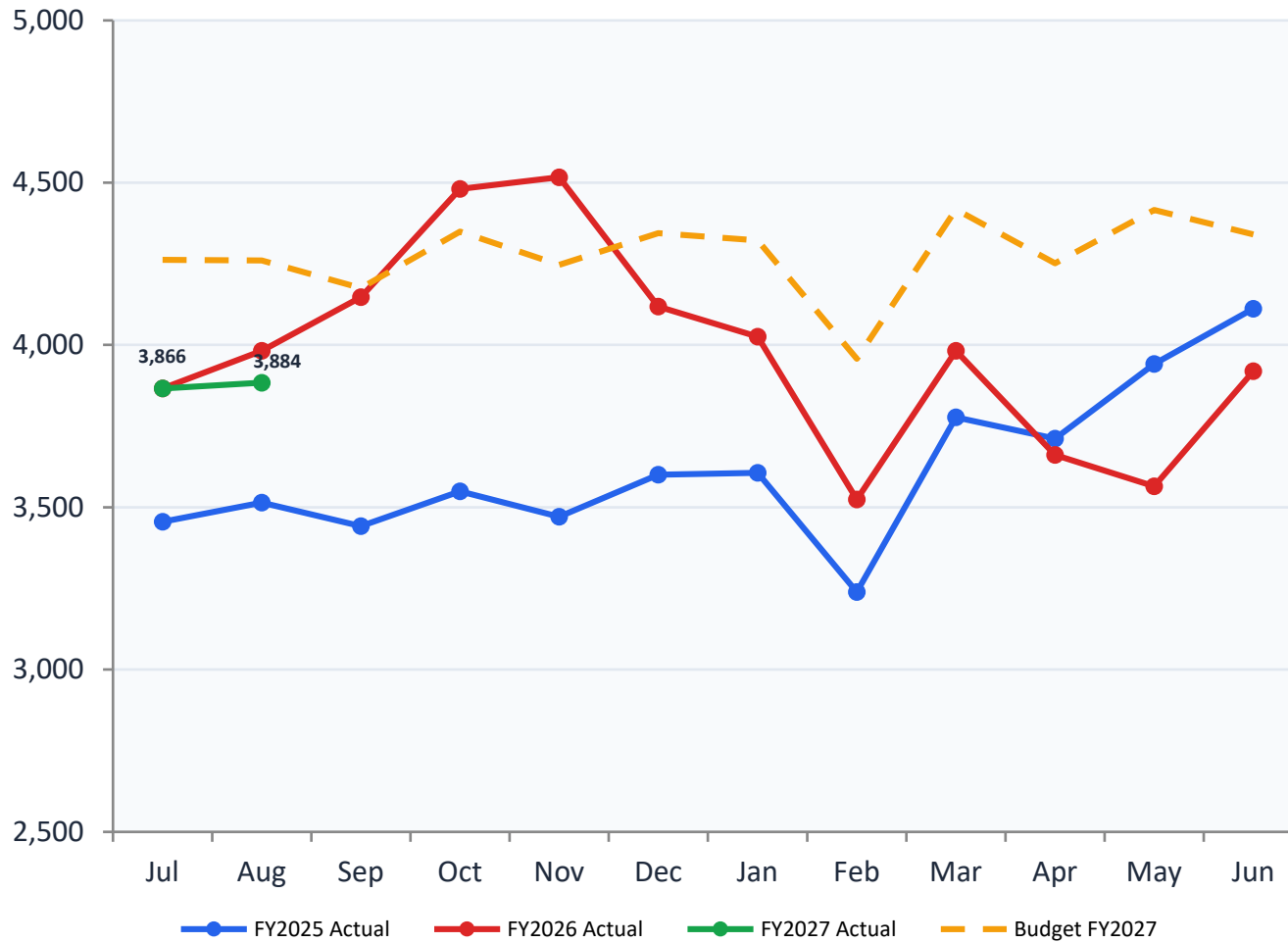
Deliveries



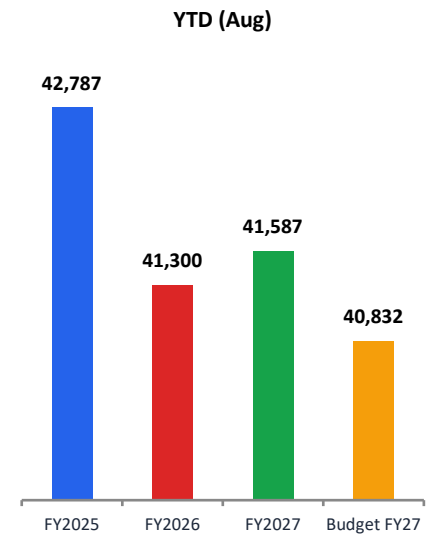
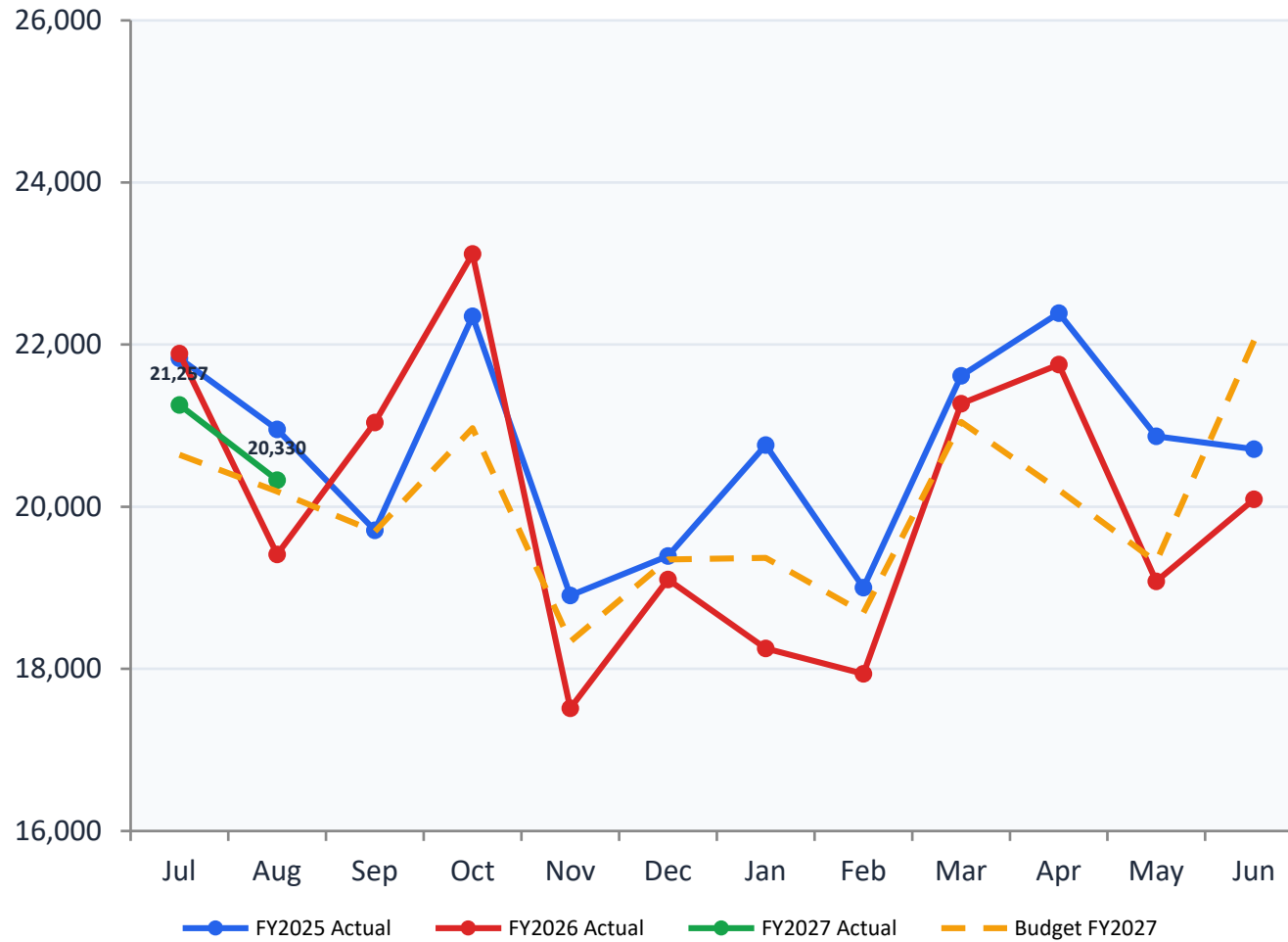
Home Infusion Days



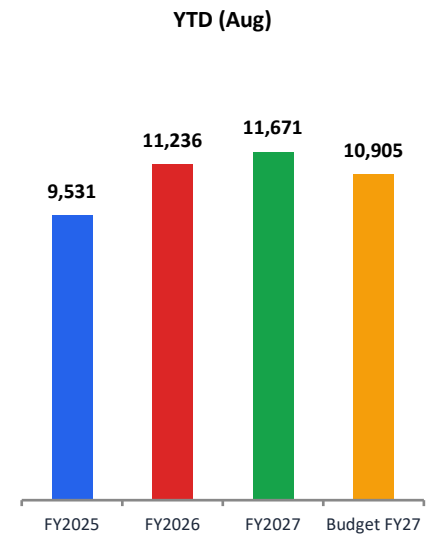
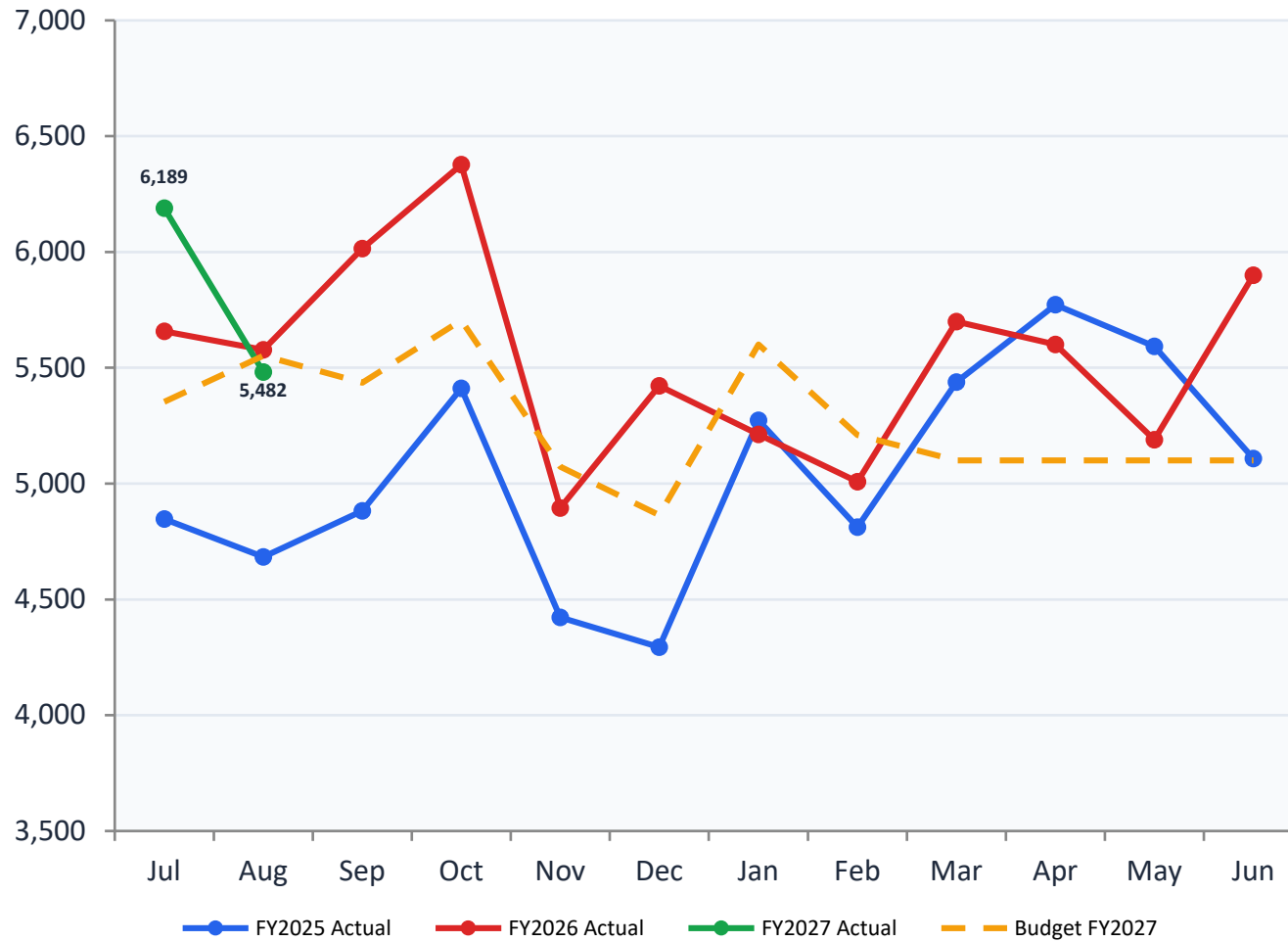
Hospice Days



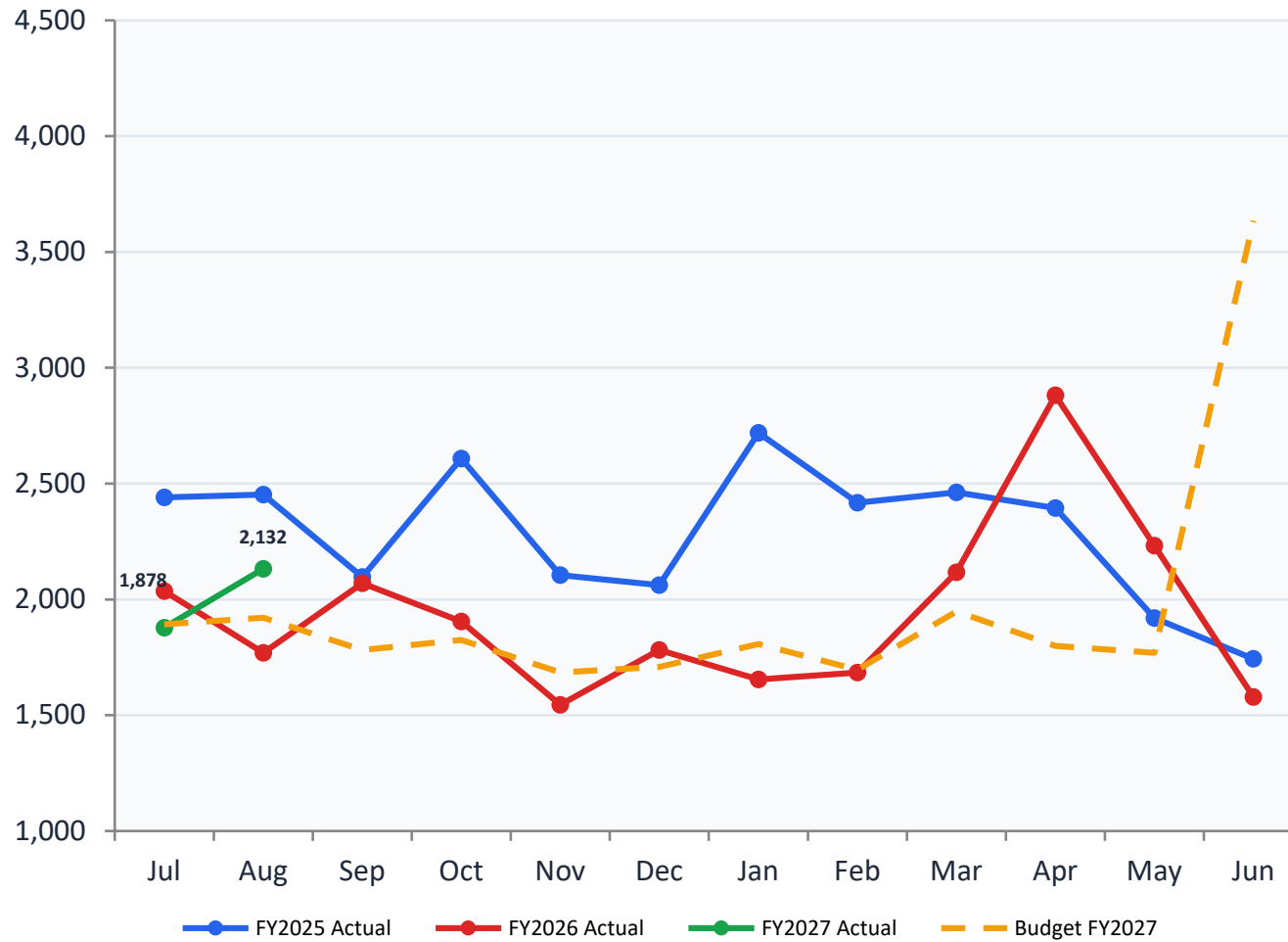
All O/P Rehab Svcs Across District



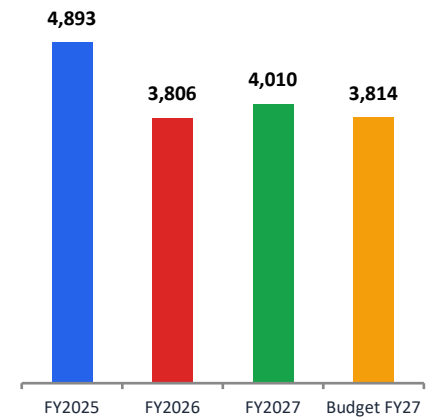
O/P Rehab Services



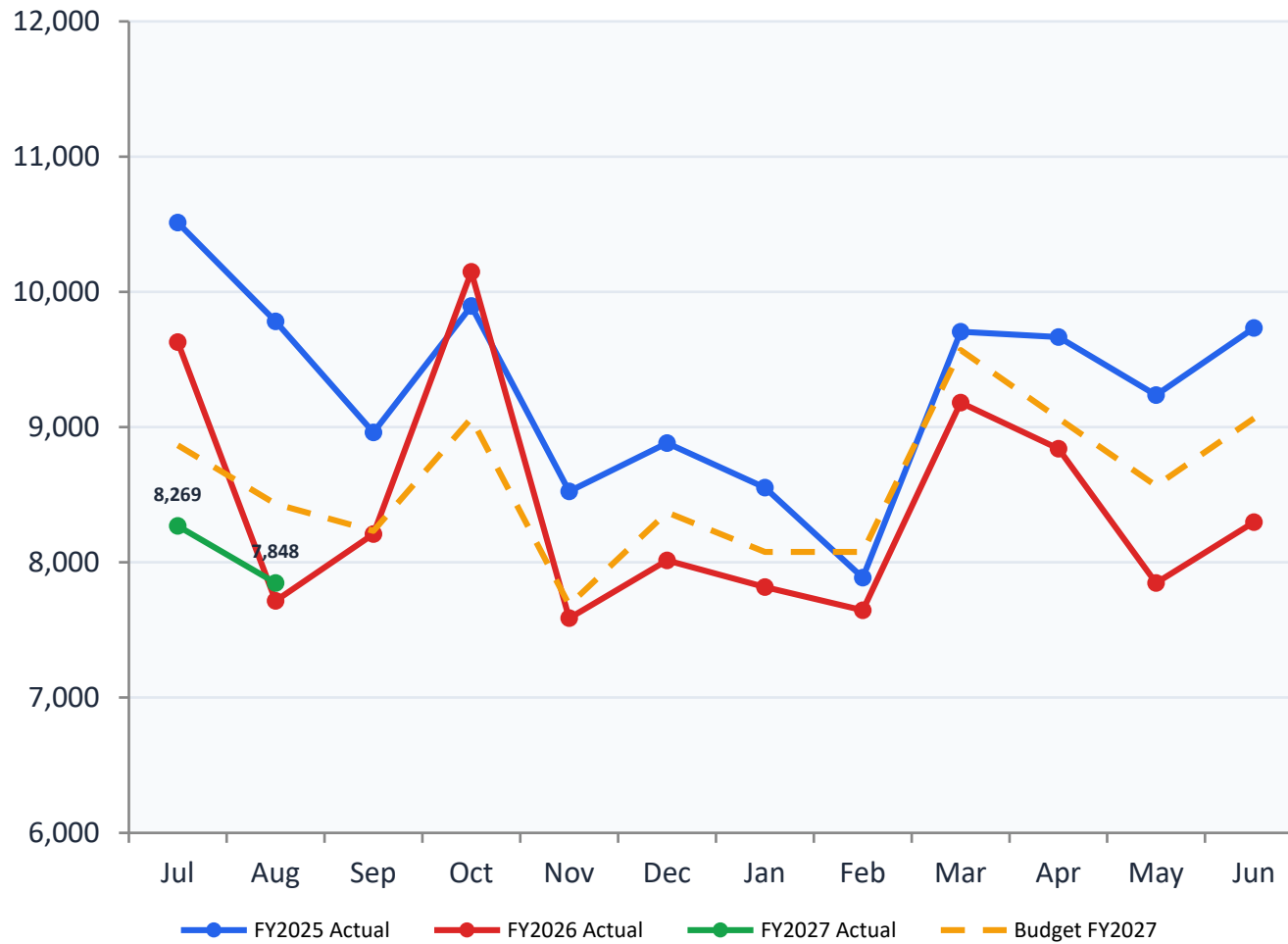
O/P Rehab - Exeter



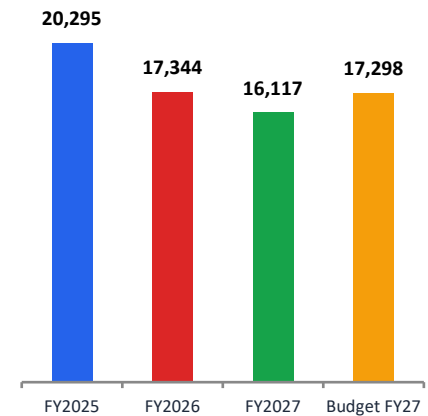
YTD (Aug)



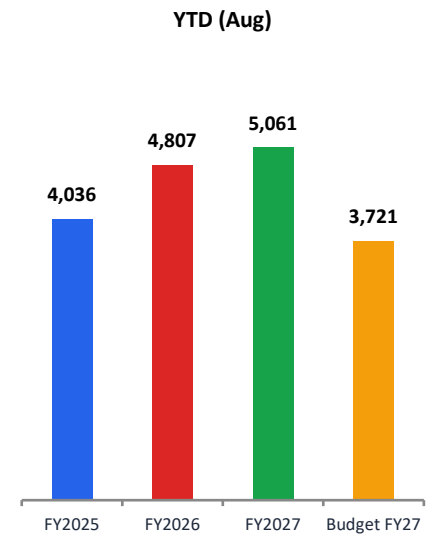
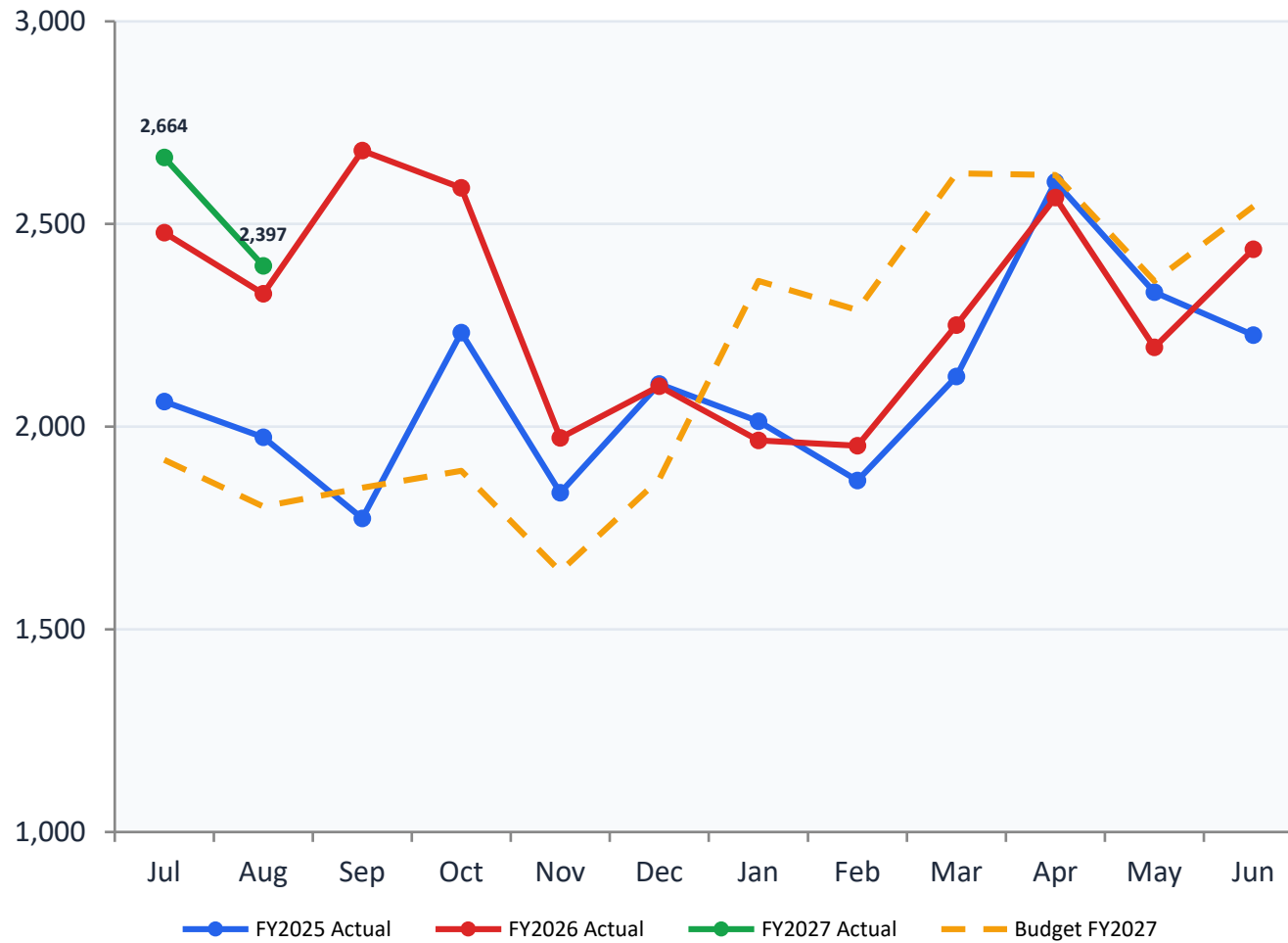
O/P Rehab - Akers



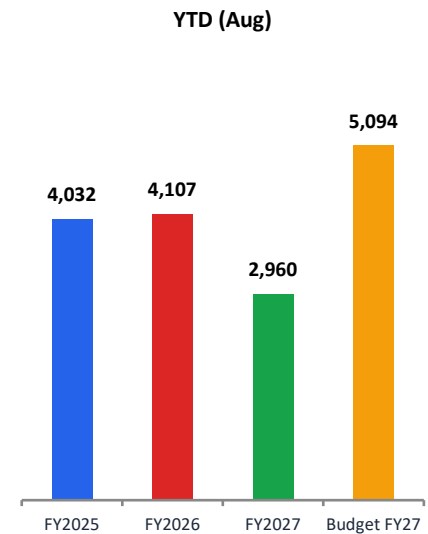
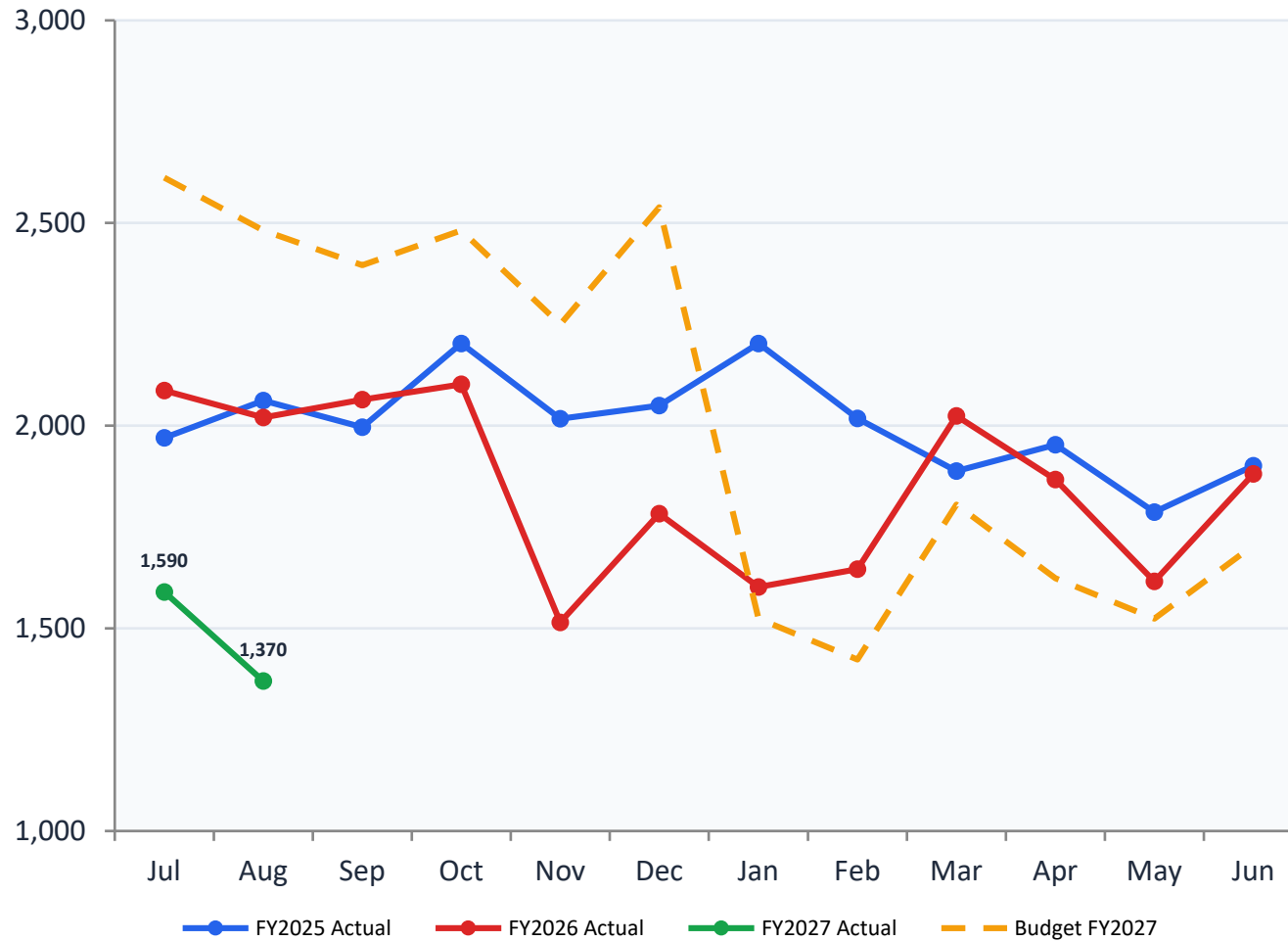
YTD (Aug)



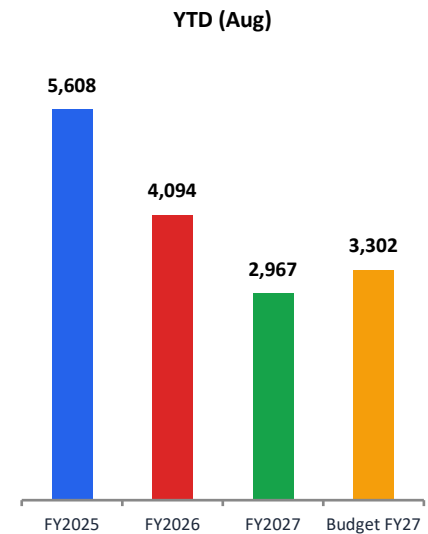
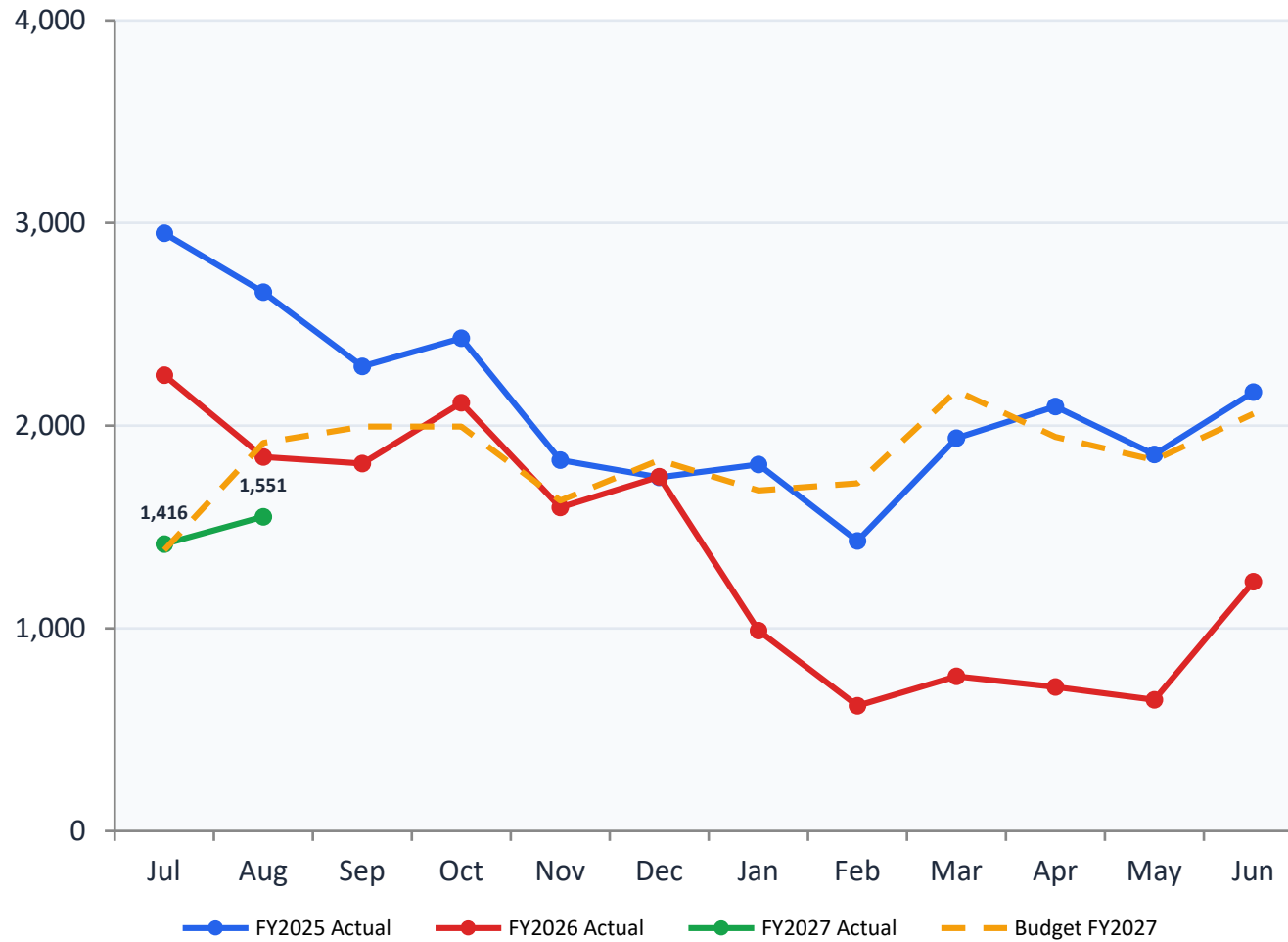
O/P Rehab - LLOPT



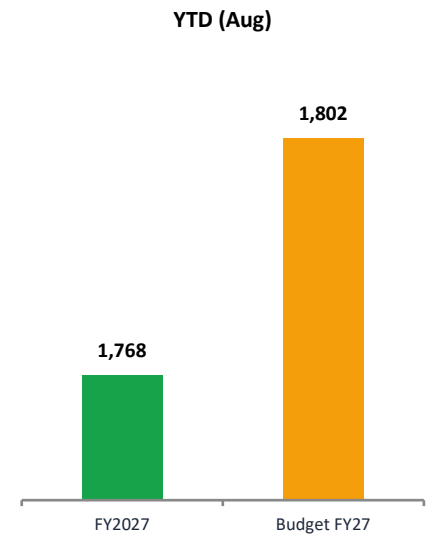
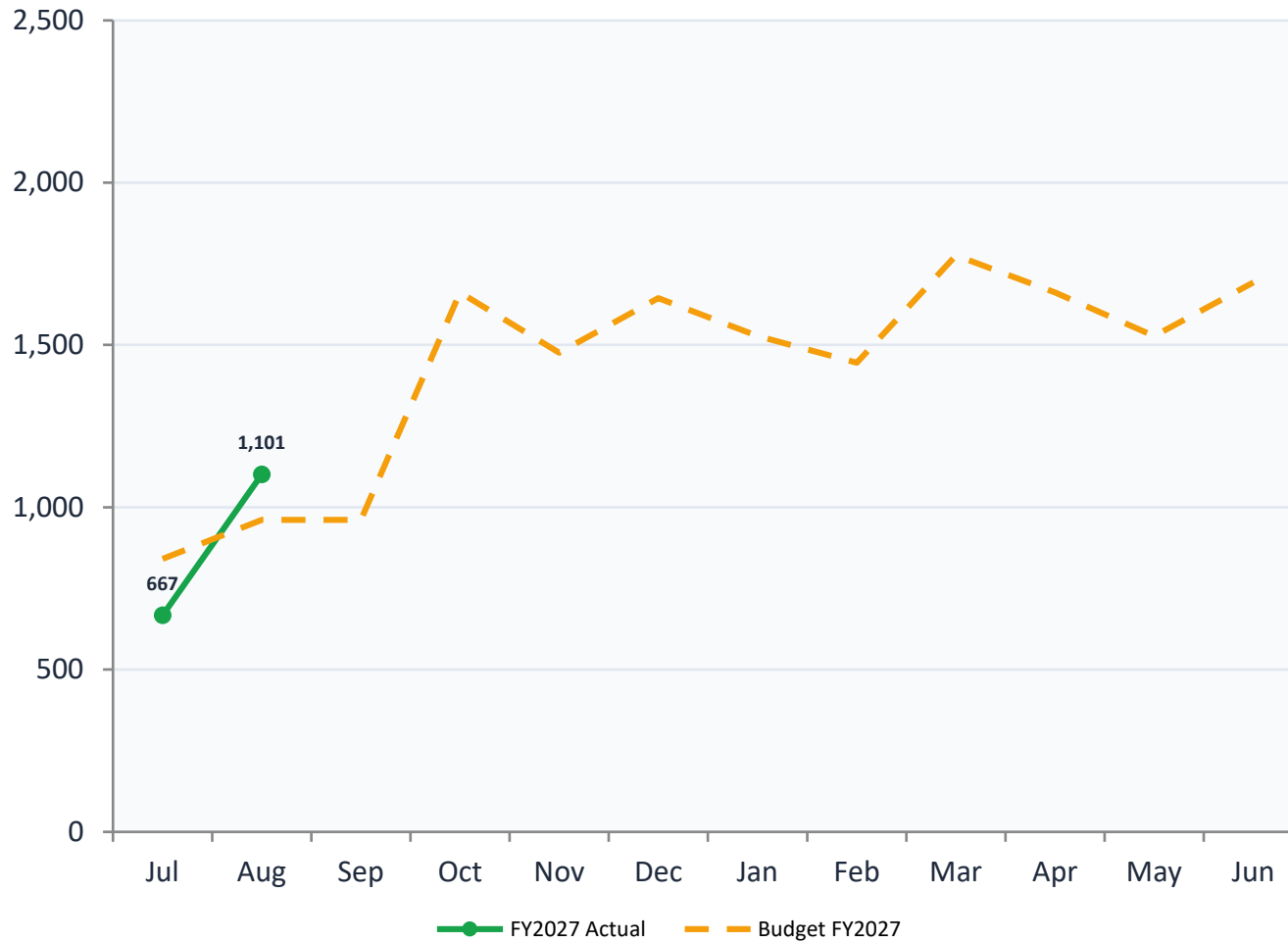
O/P Rehab - Dinuba



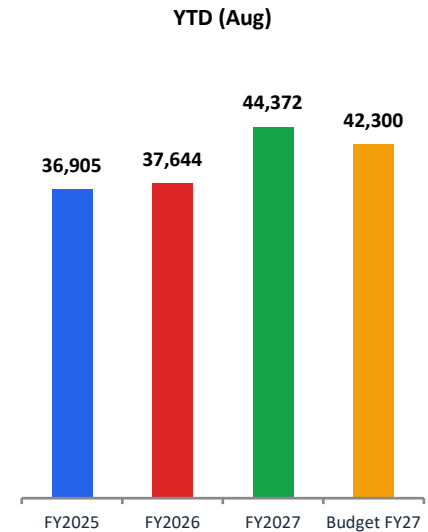
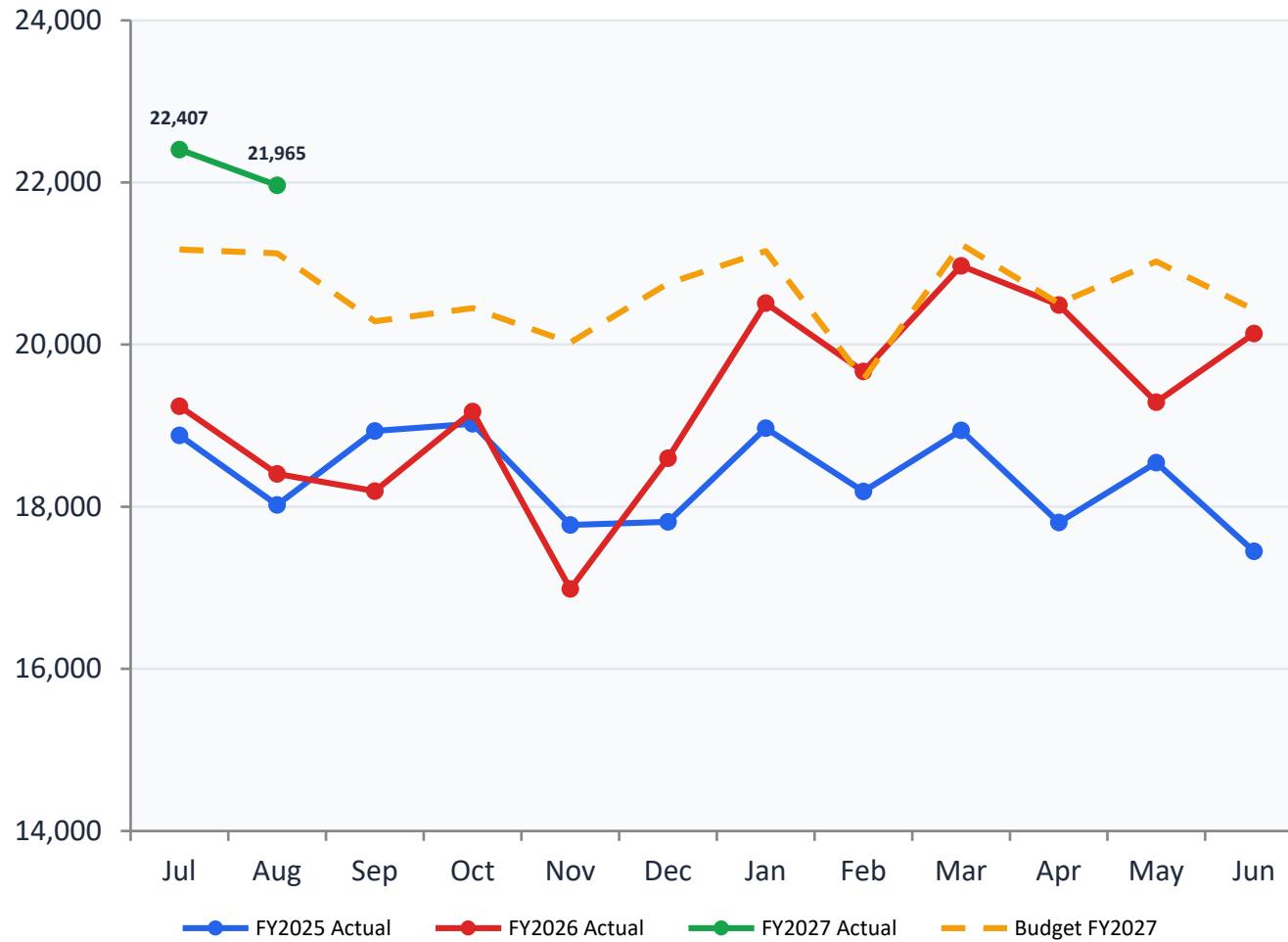
Therapy - Cypress Hand Center



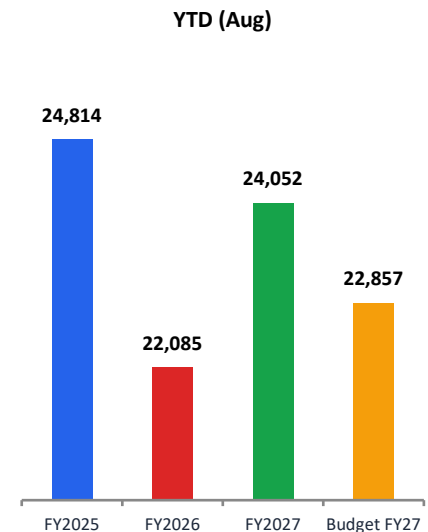
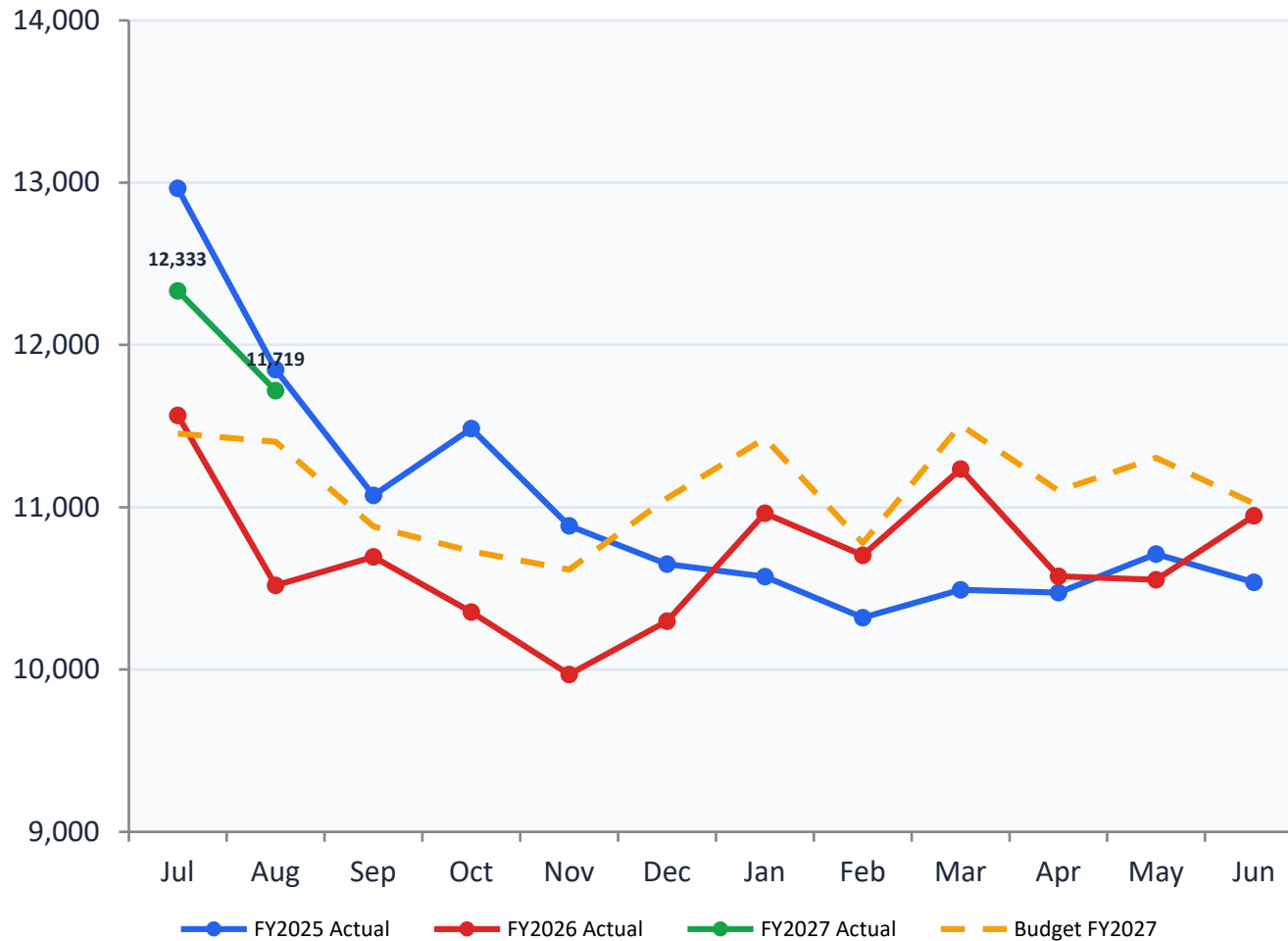
O/P Rehab - Tulare



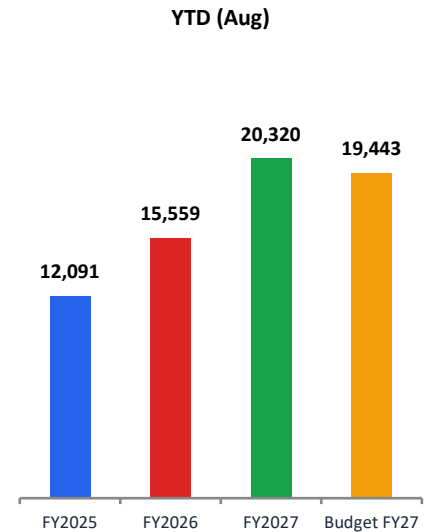
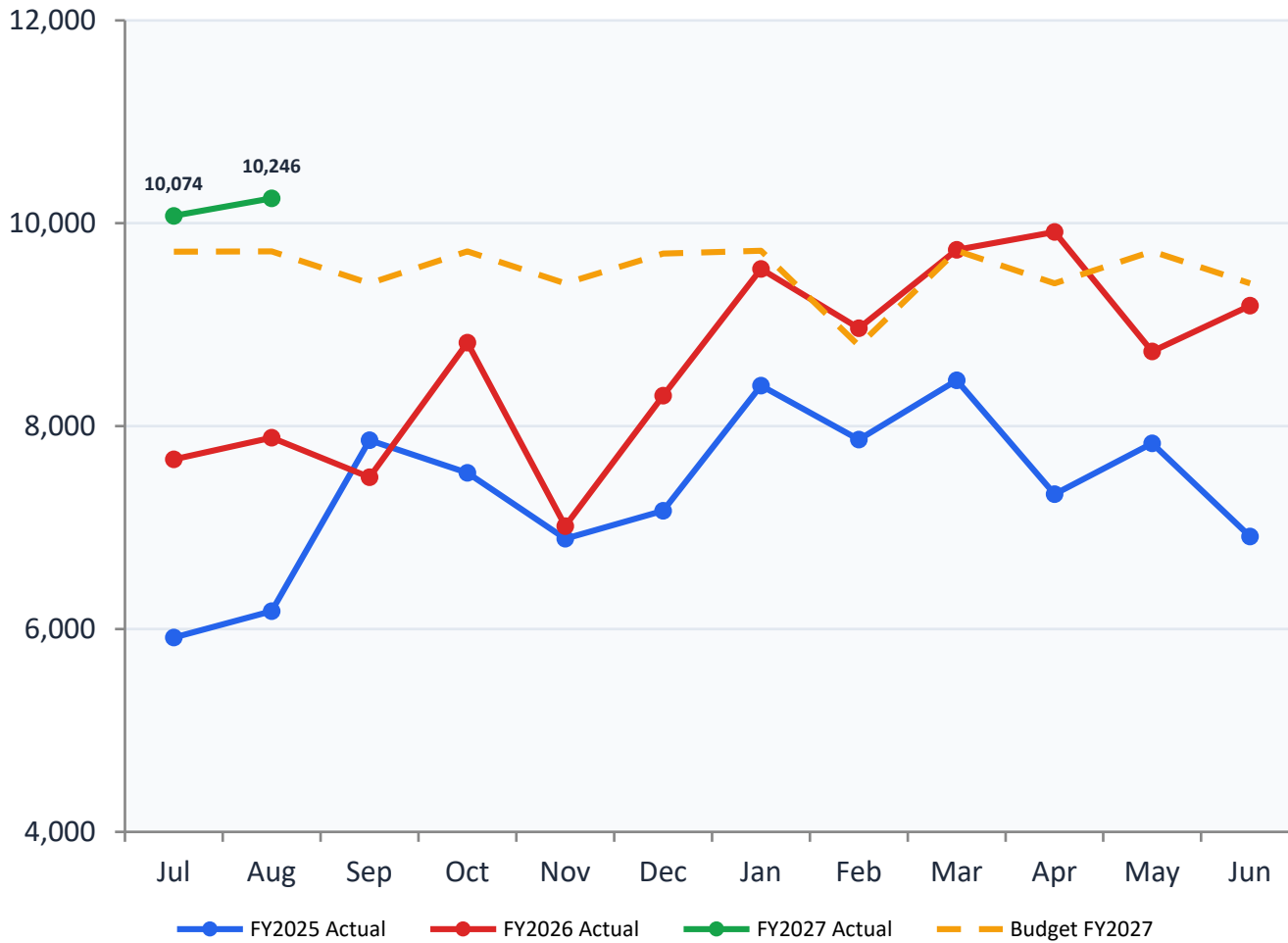
Physical & Other Therapy Units (I/P & O/P)



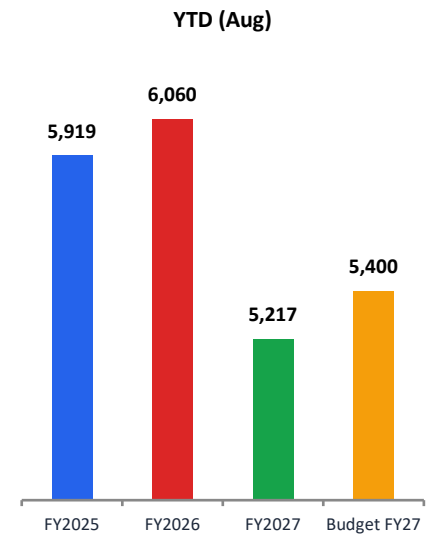
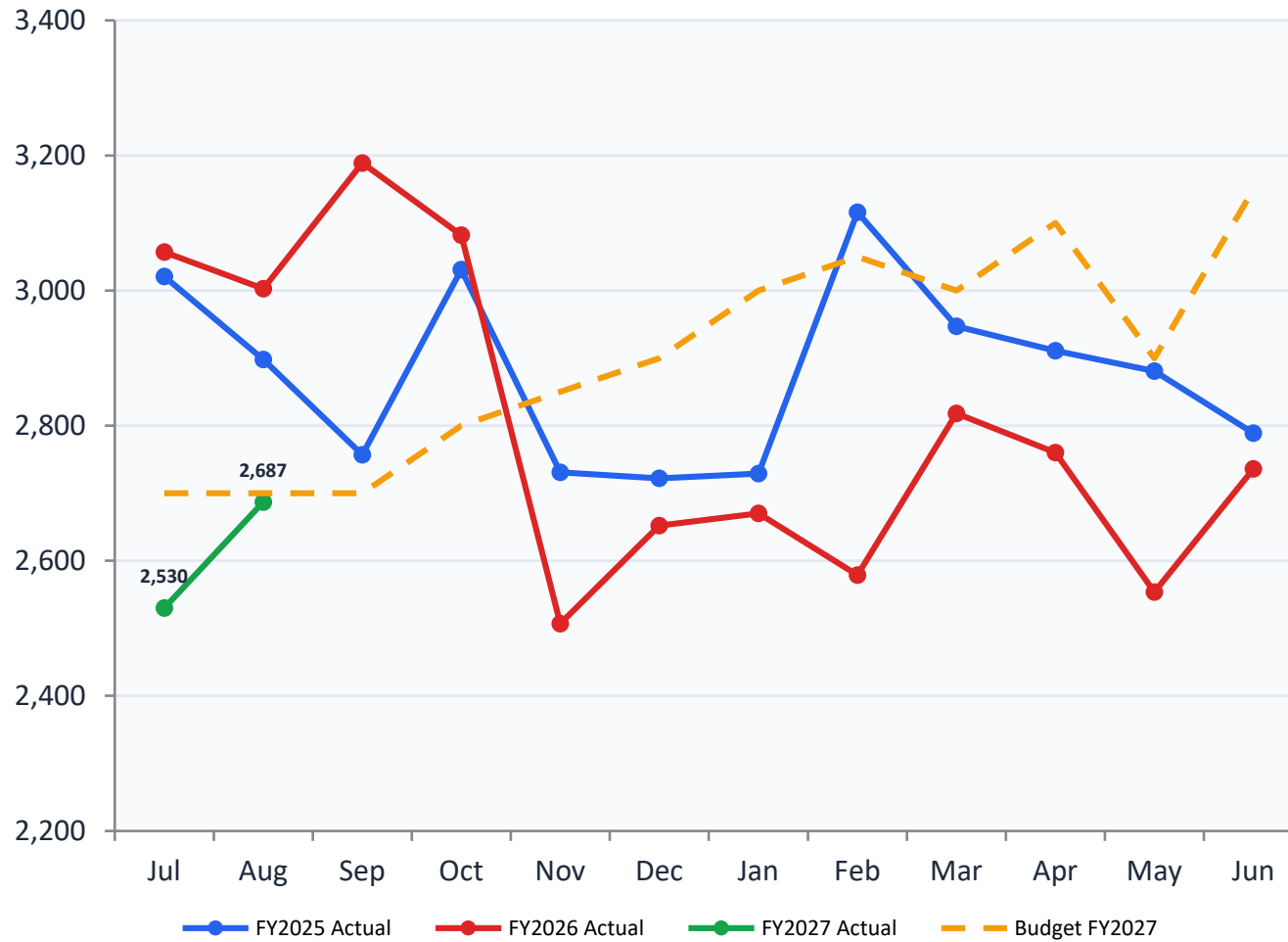
Physical & Other Therapy Units (I/P & O/P)-Main Campus



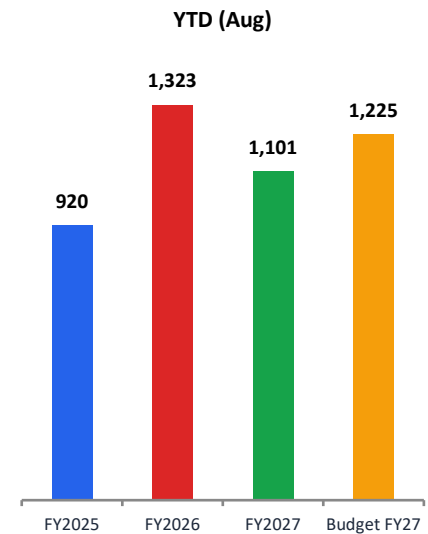
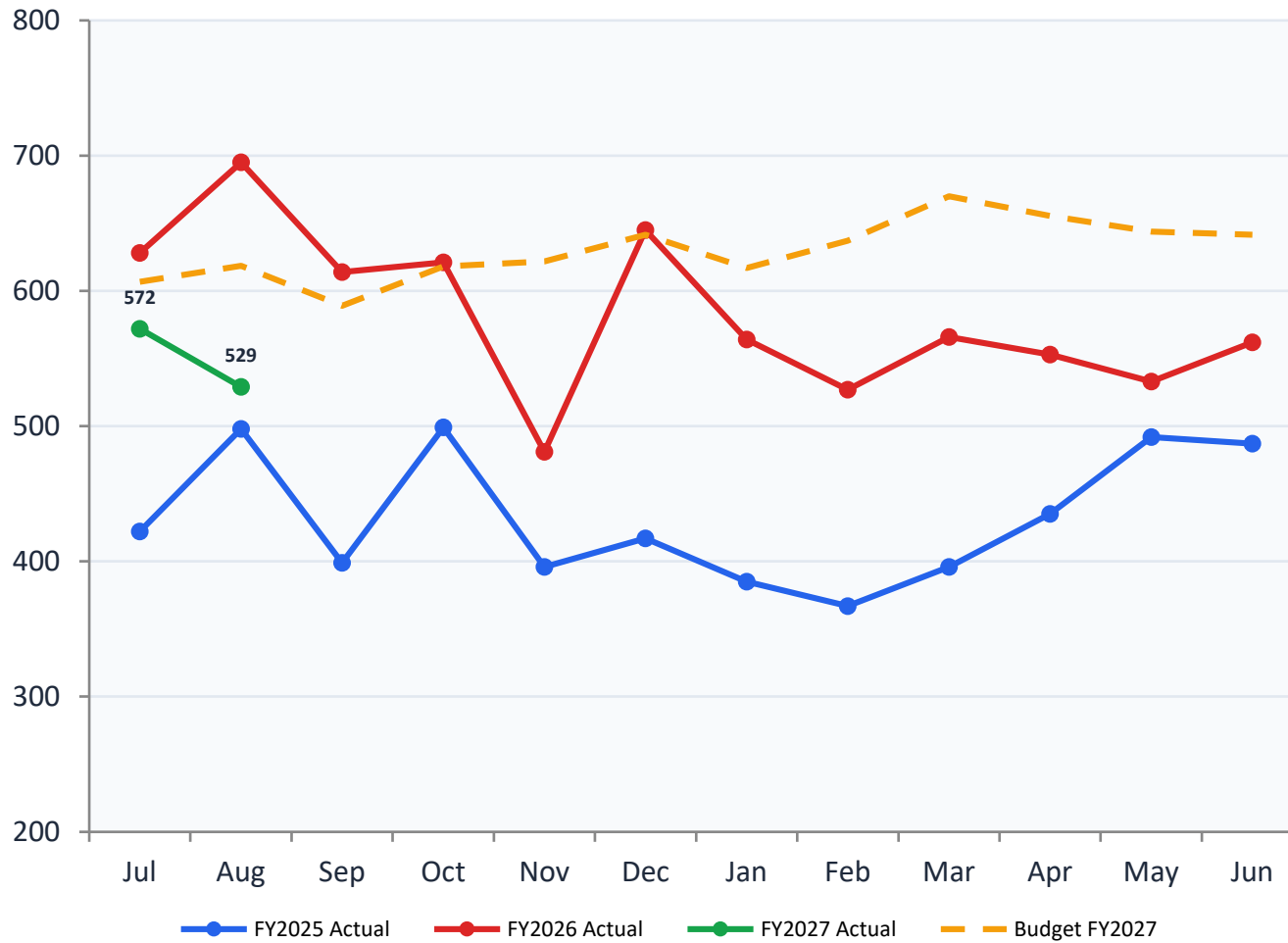
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



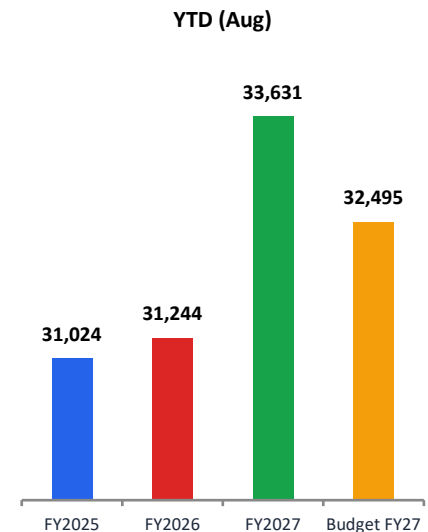
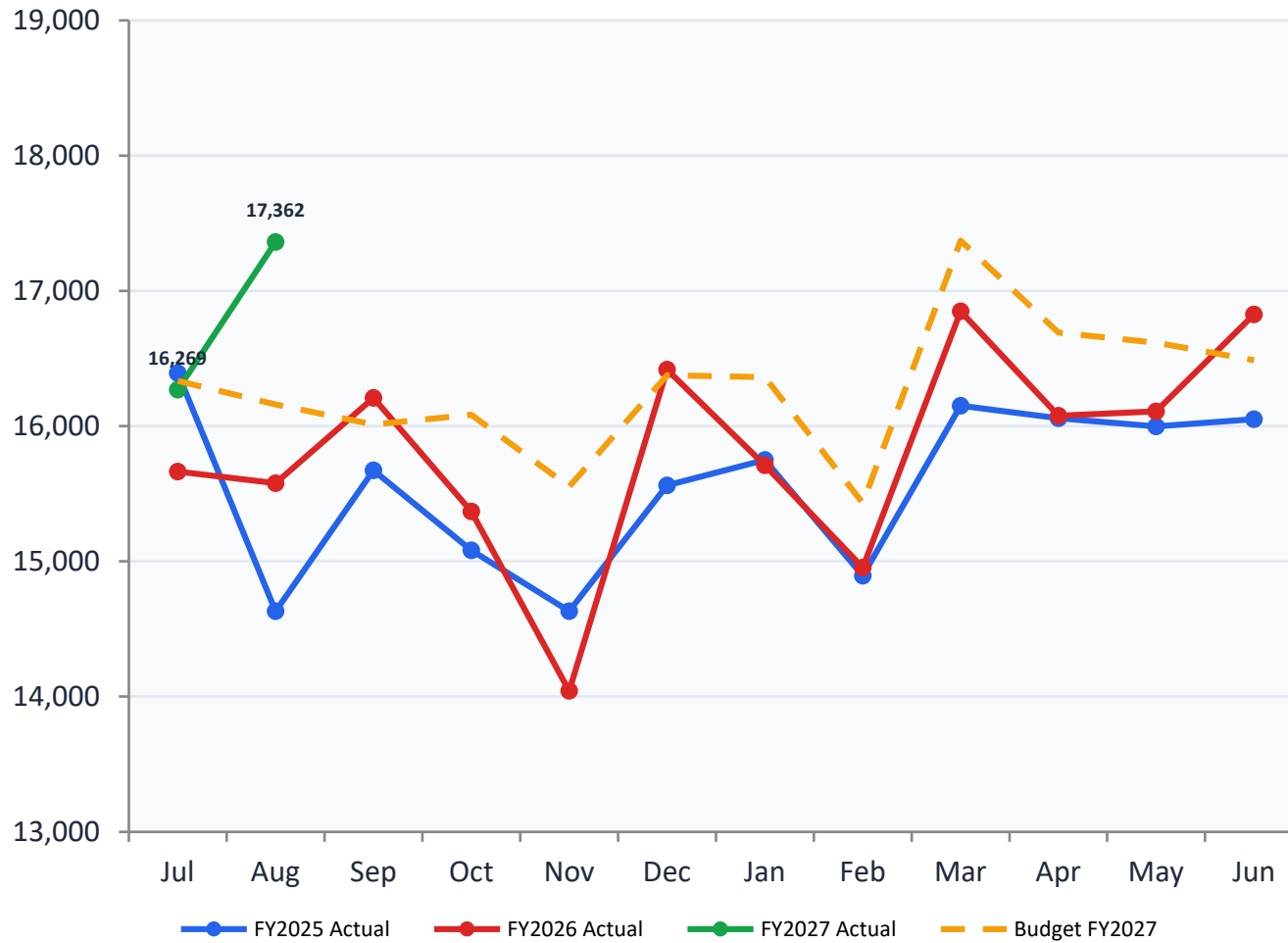
Home Health Visits



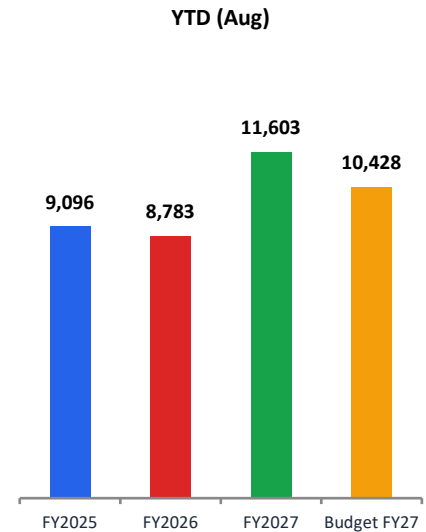
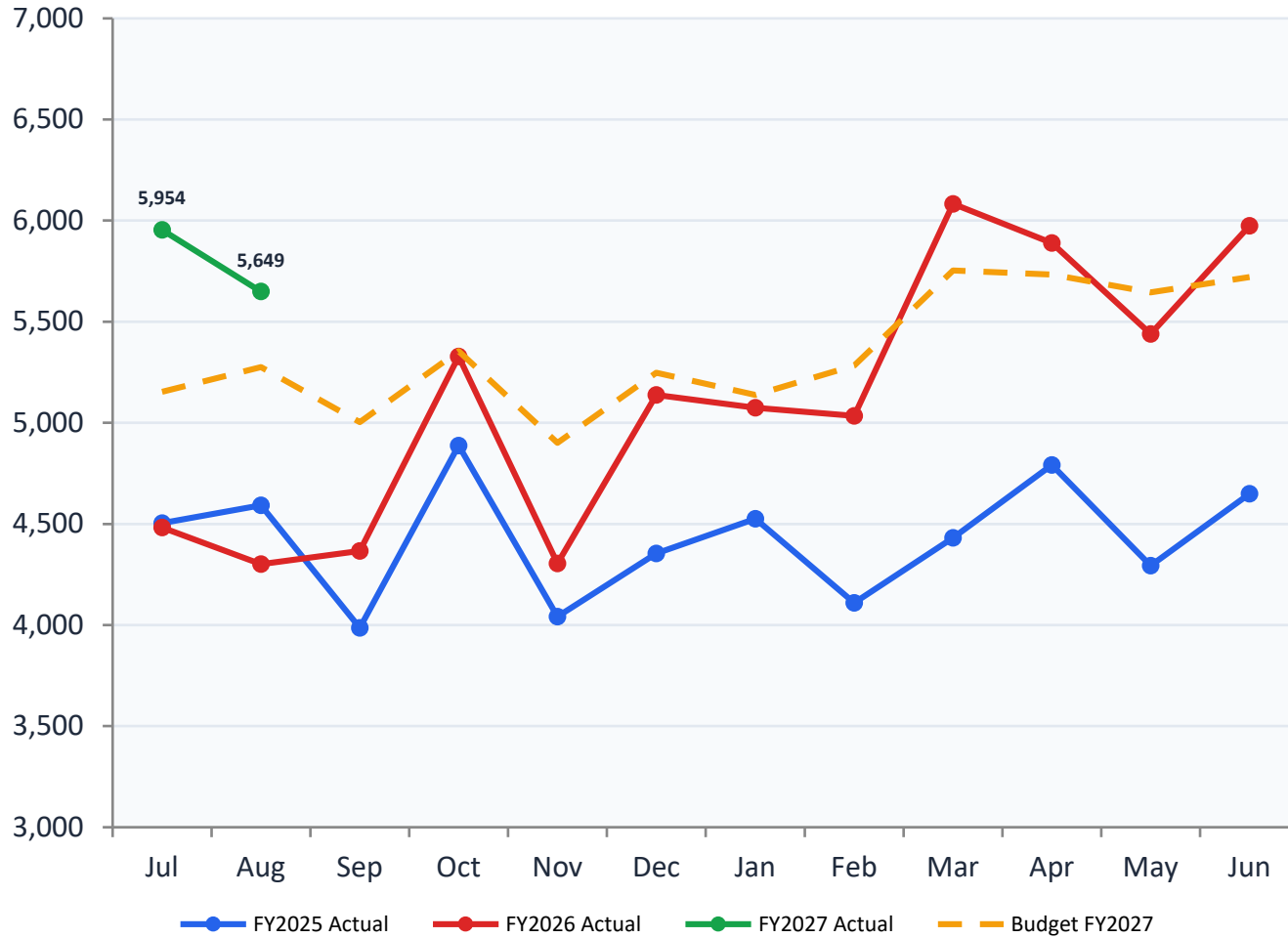
Infusion Center - Units of Service



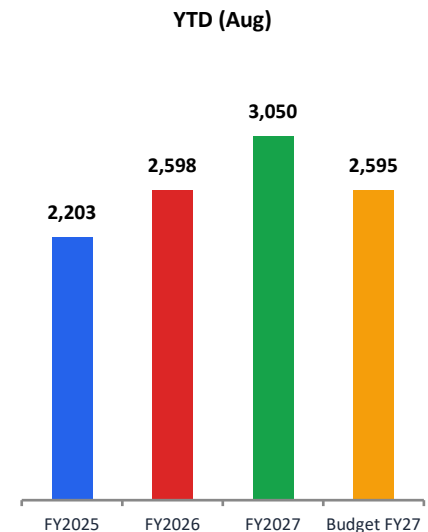
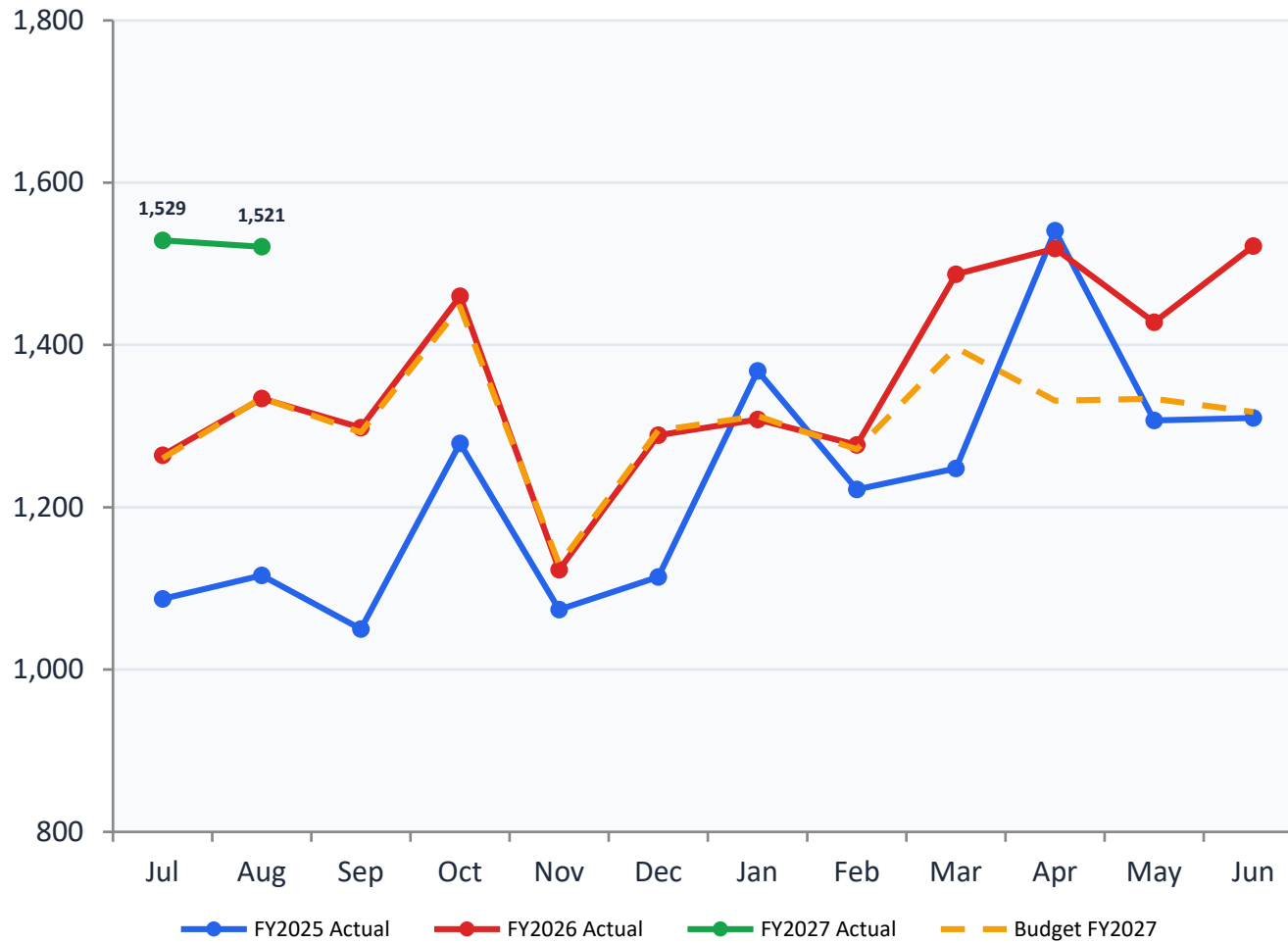
Radiology – Main Campus



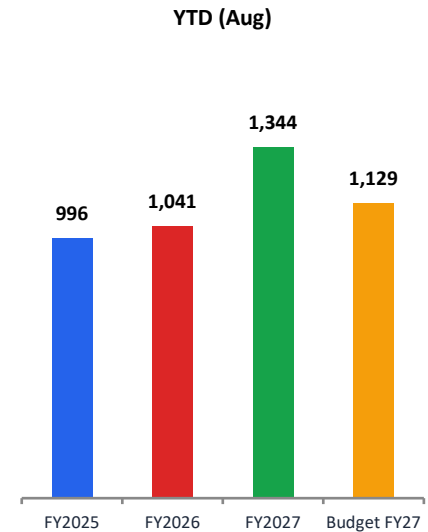
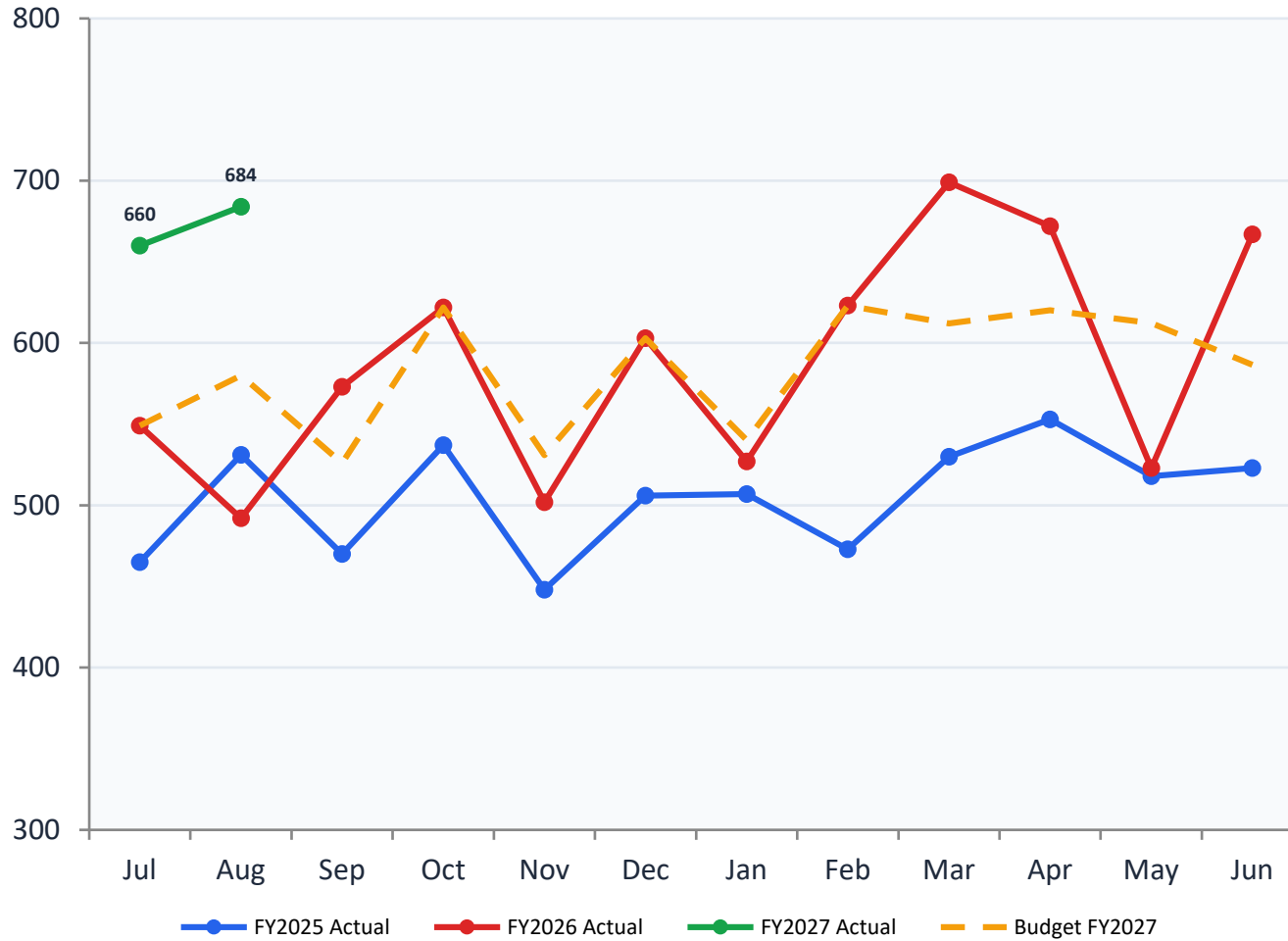
Radiology - West Campus Imaging



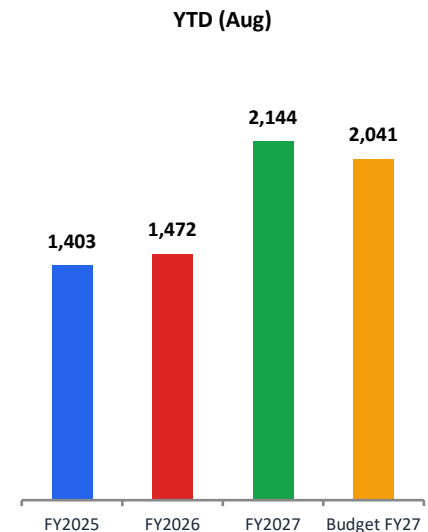
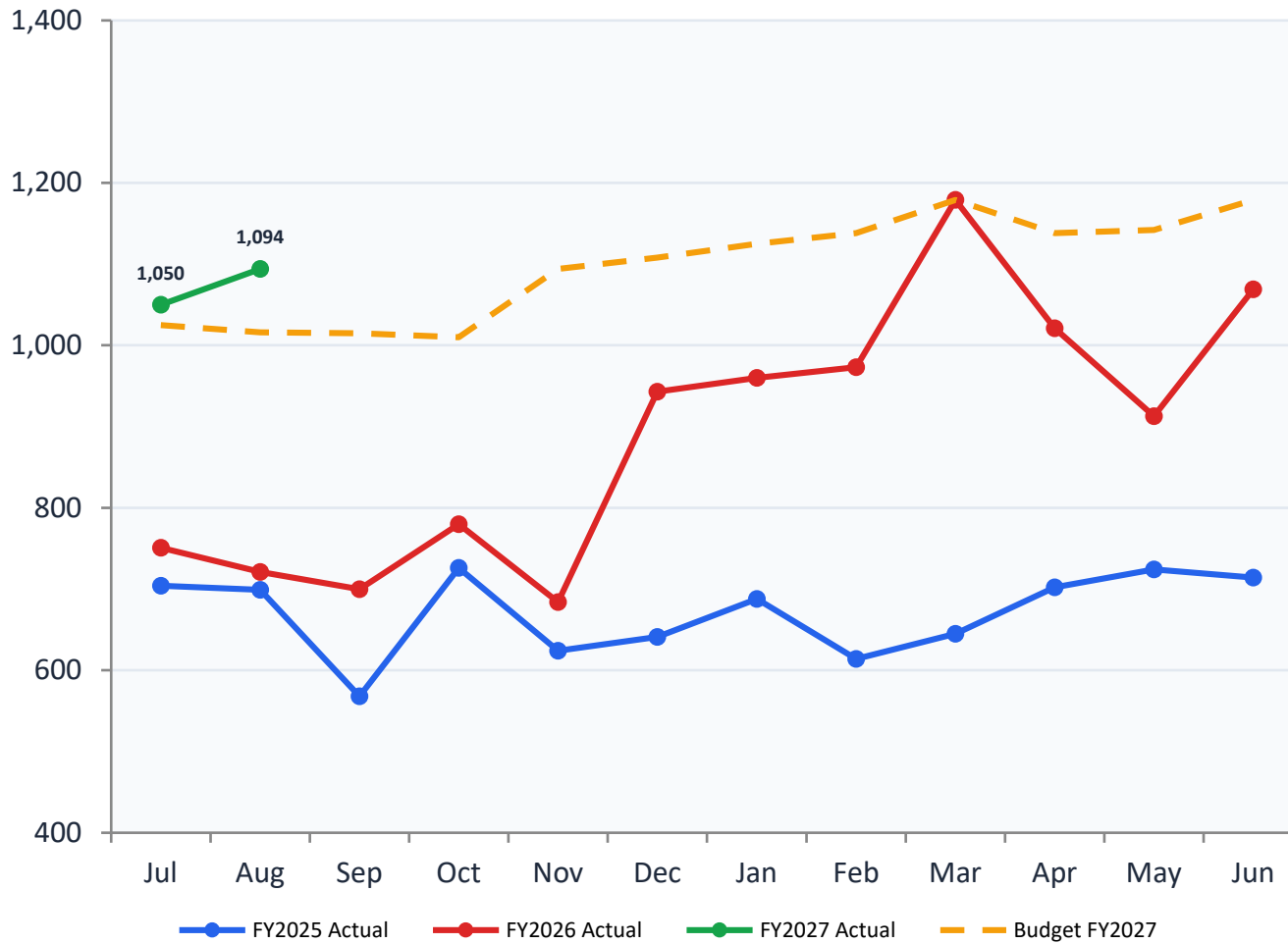
West Campus - Diagnostic Radiology



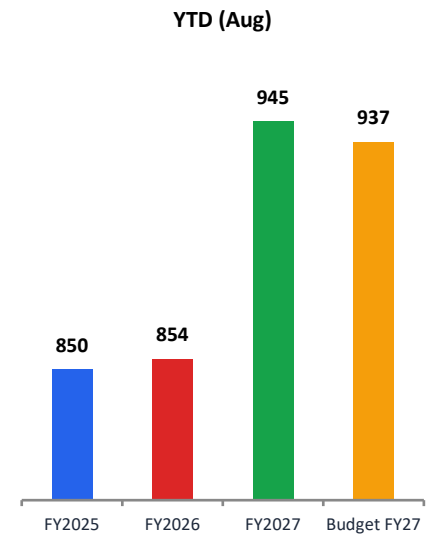
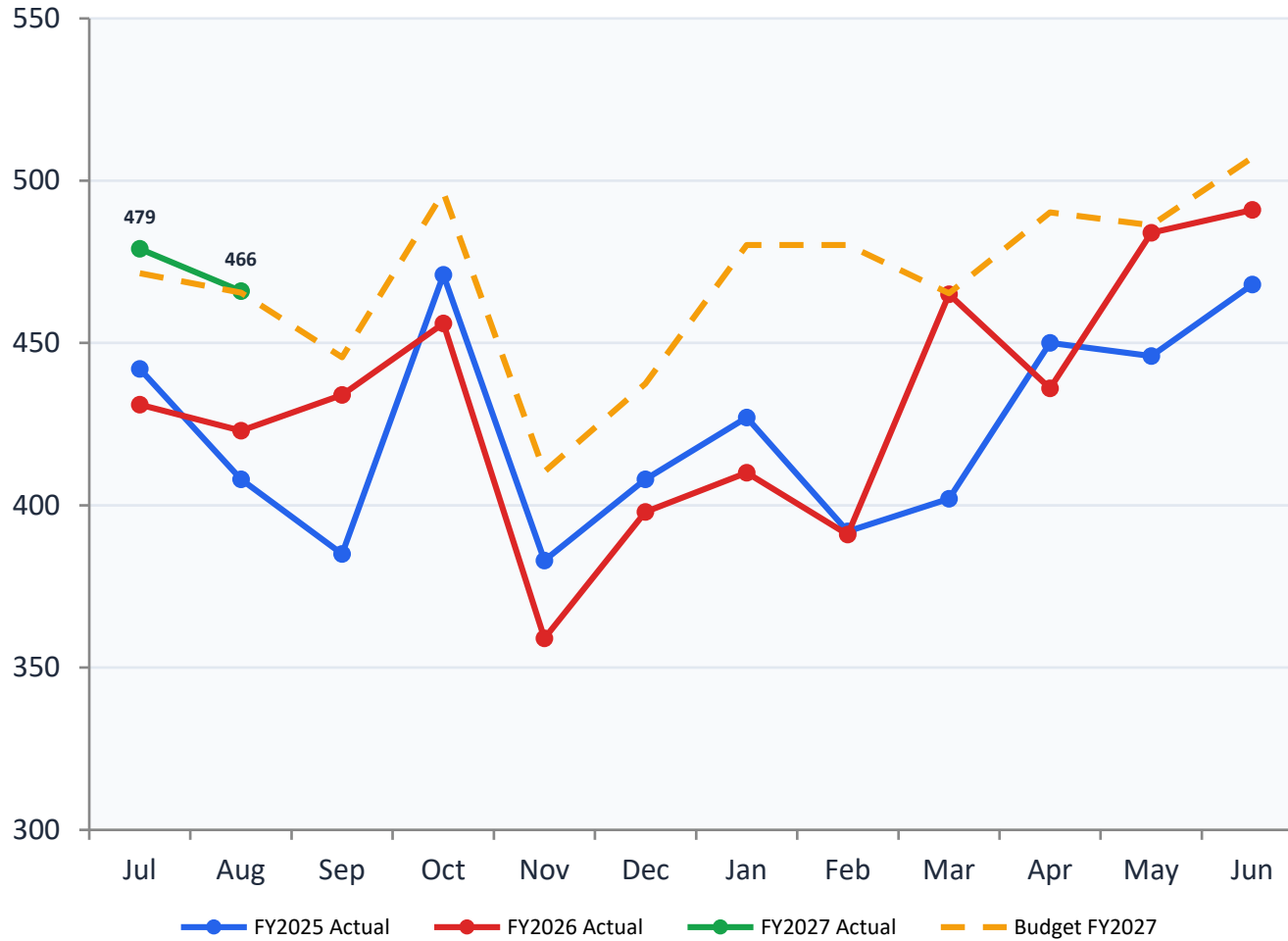
West Campus - CT Scan



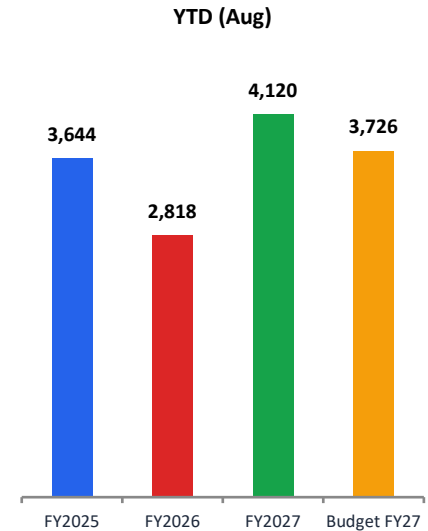
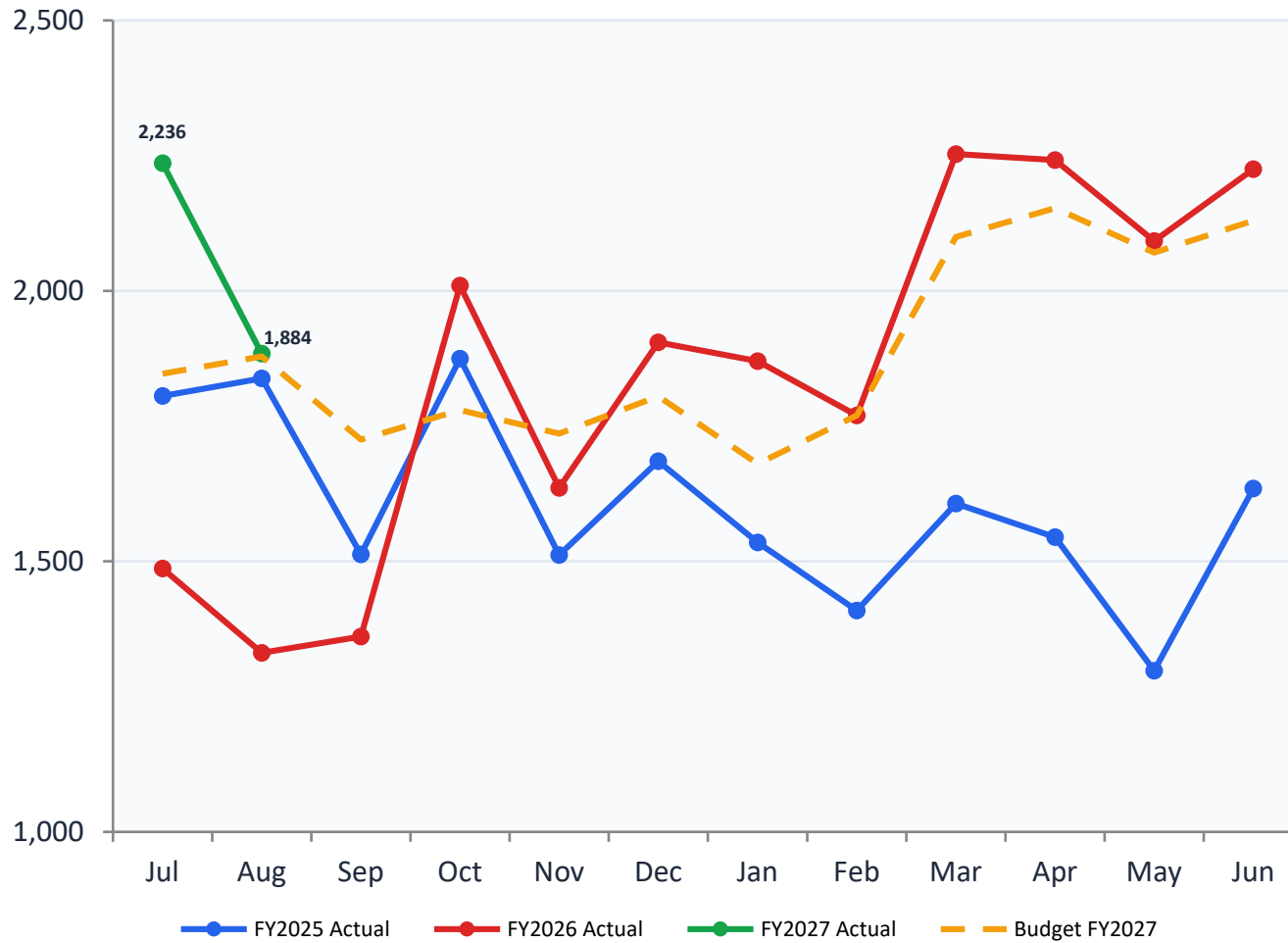
West Campus - Ultrasound



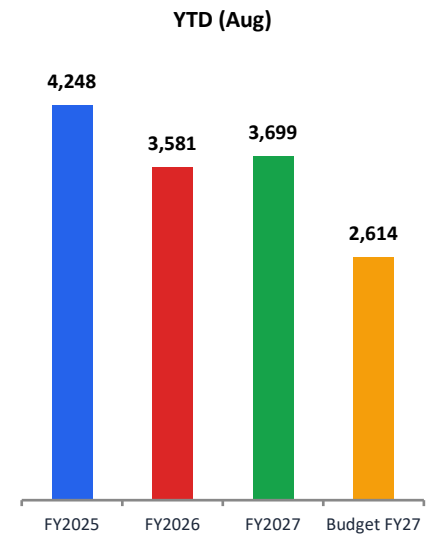
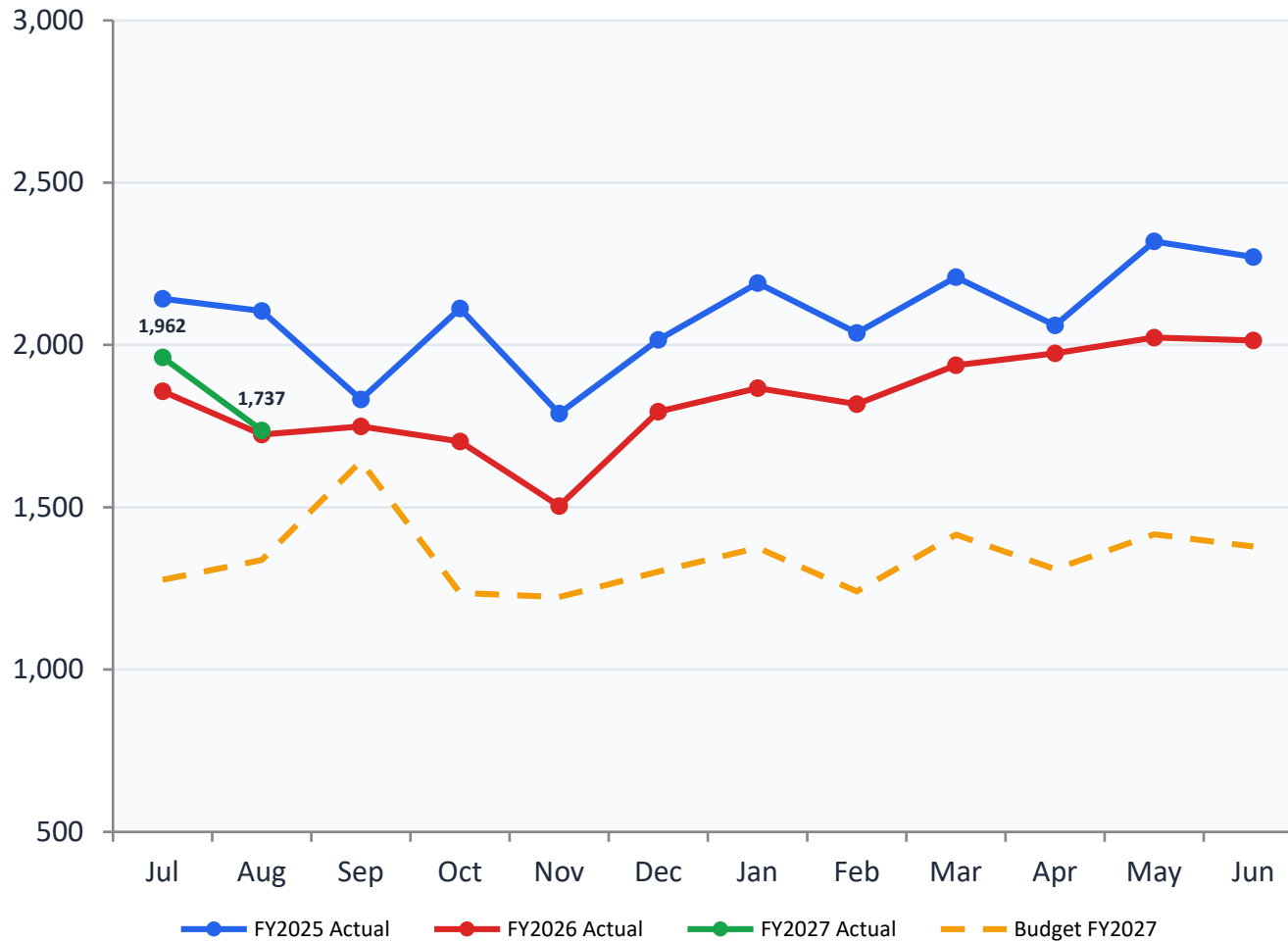
West Campus - MRI



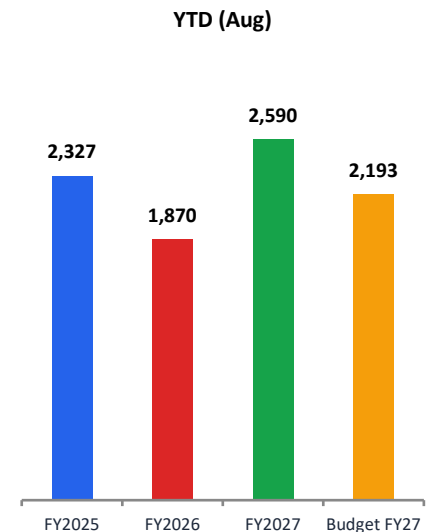
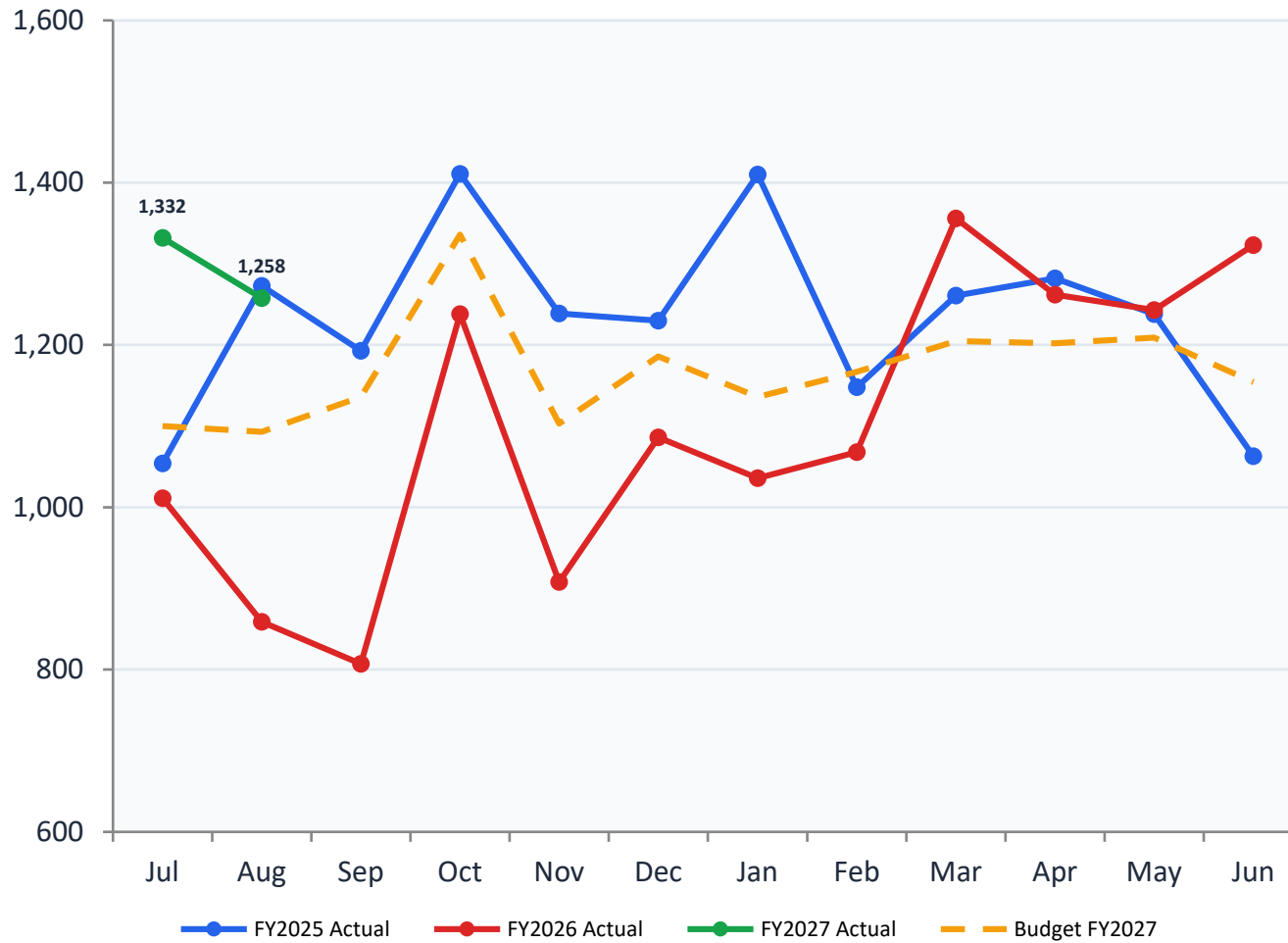
West Campus - Breast Center



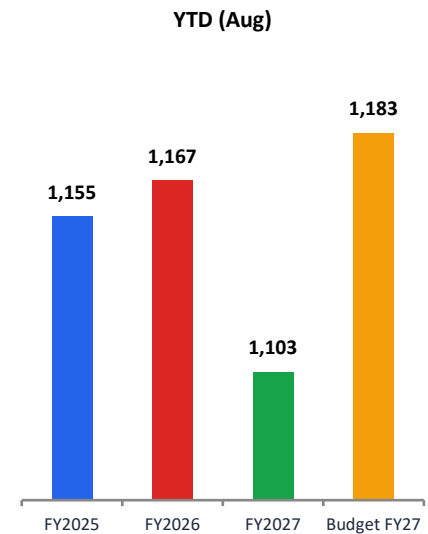
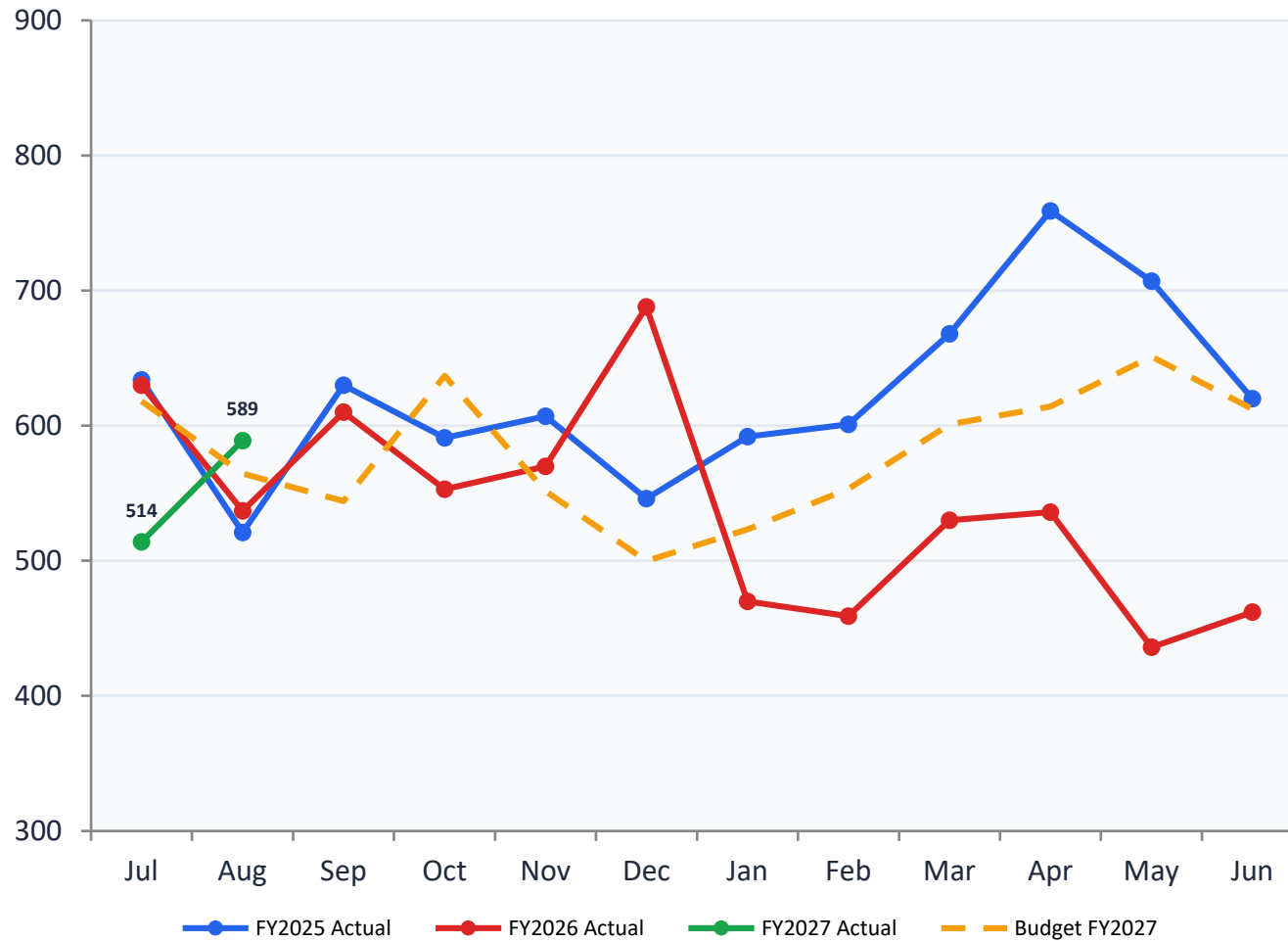
Noninvasive Cardiology-KHMC



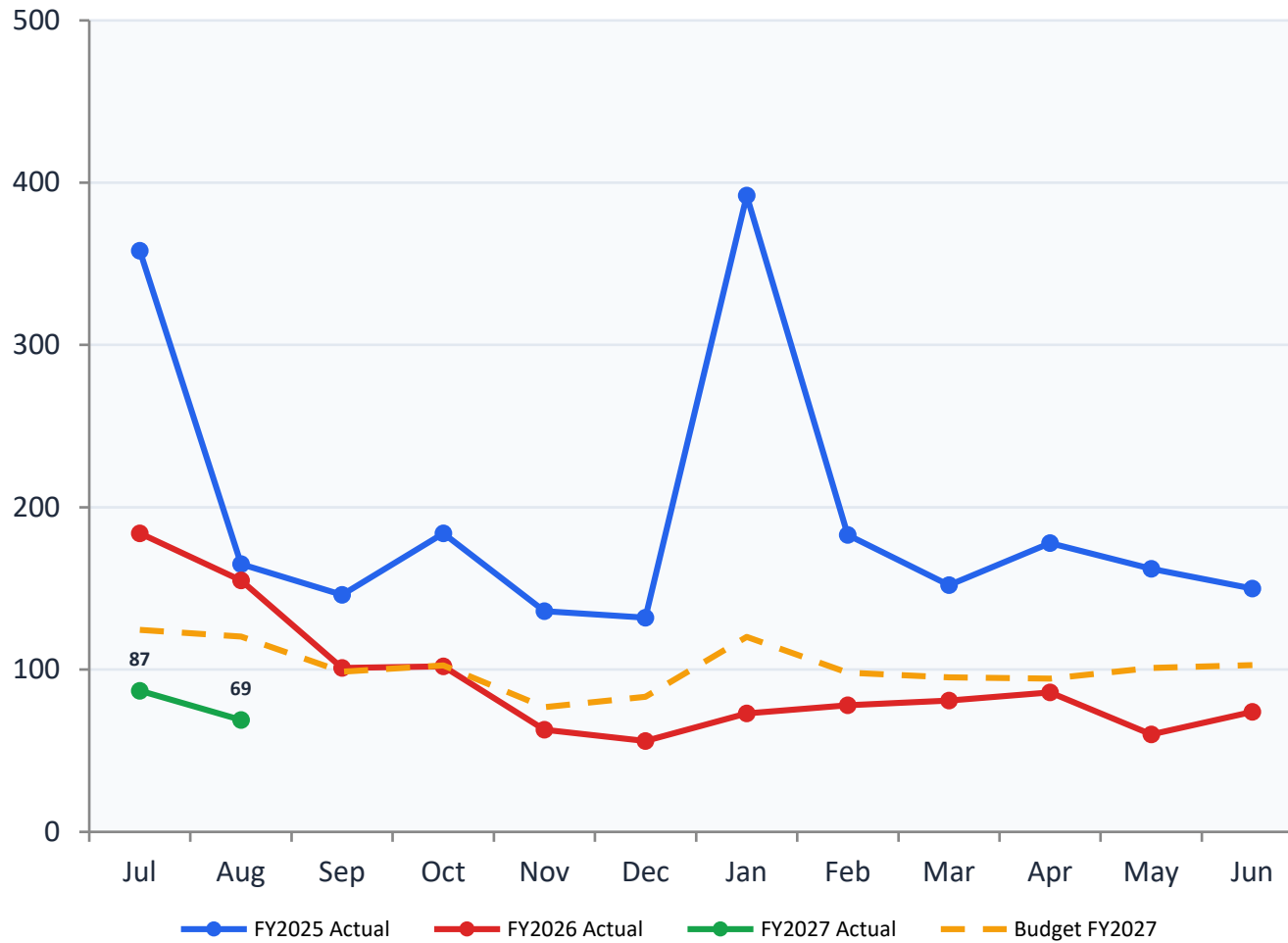
Noninvasive Cardiology-KHDC



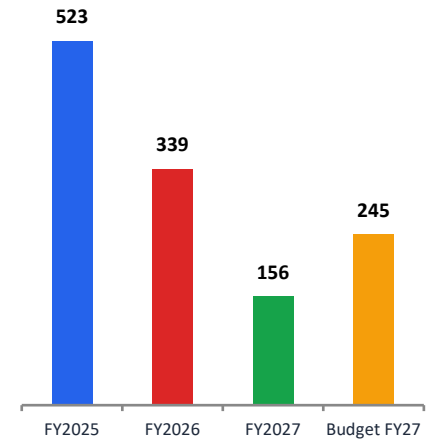
Nuclear Medicine-KHMC



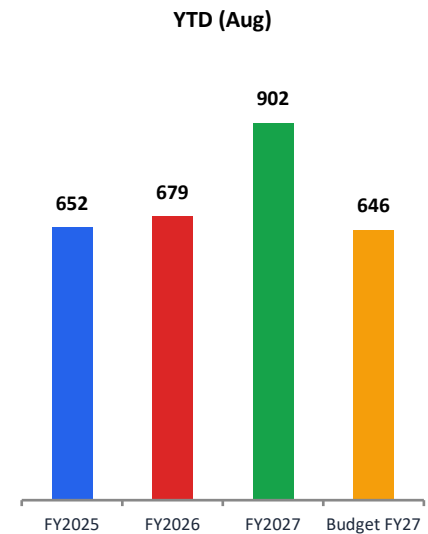
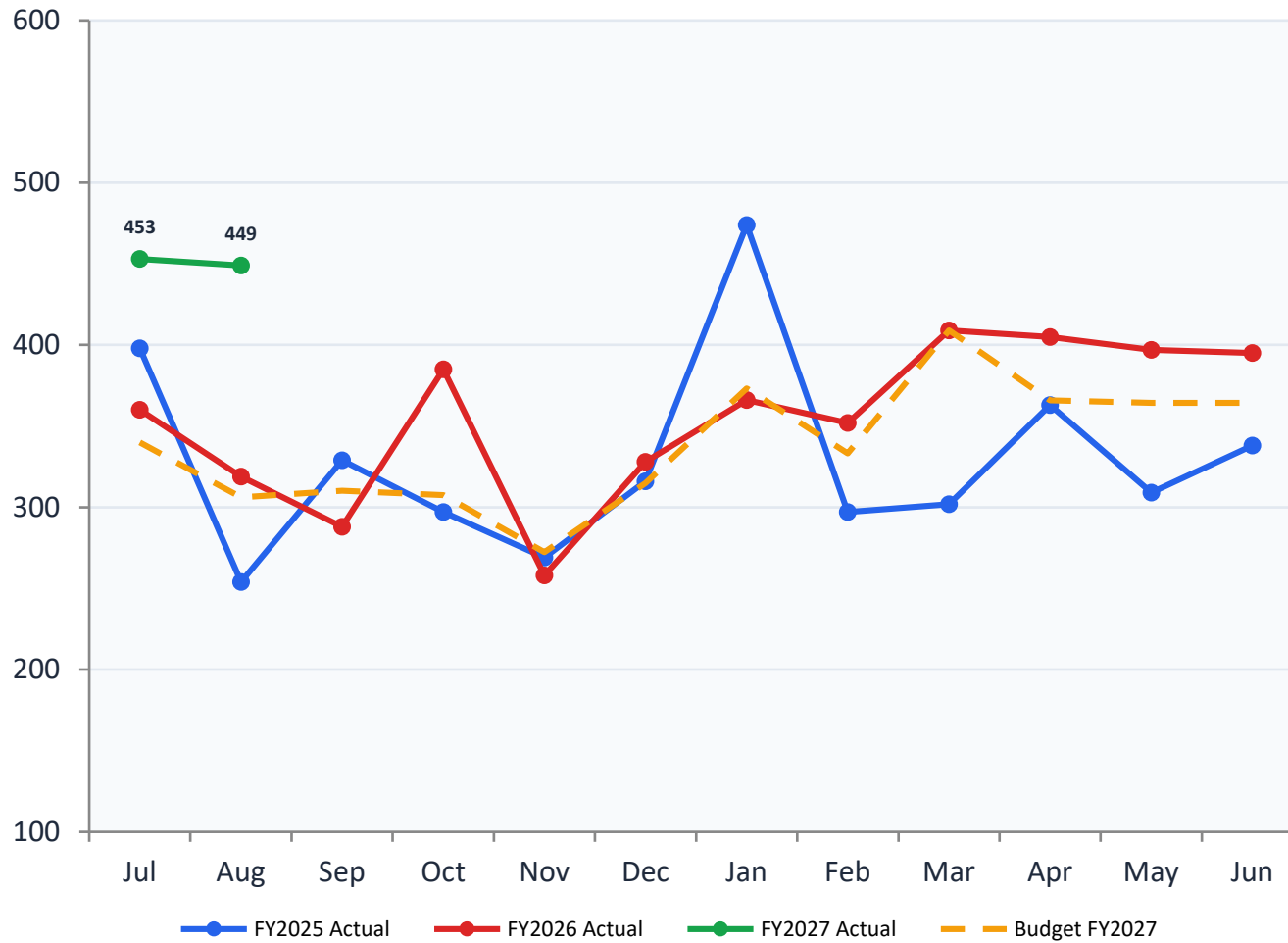
Nuclear Medicine-KHDC



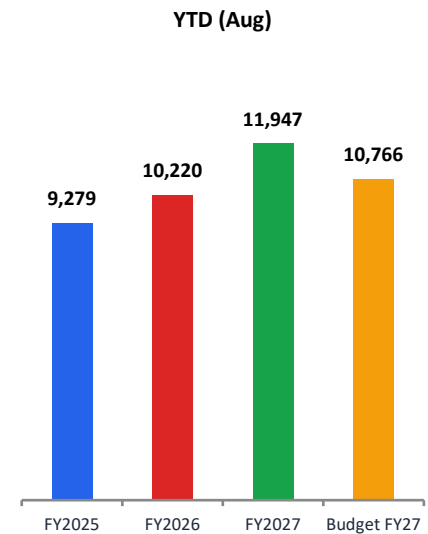
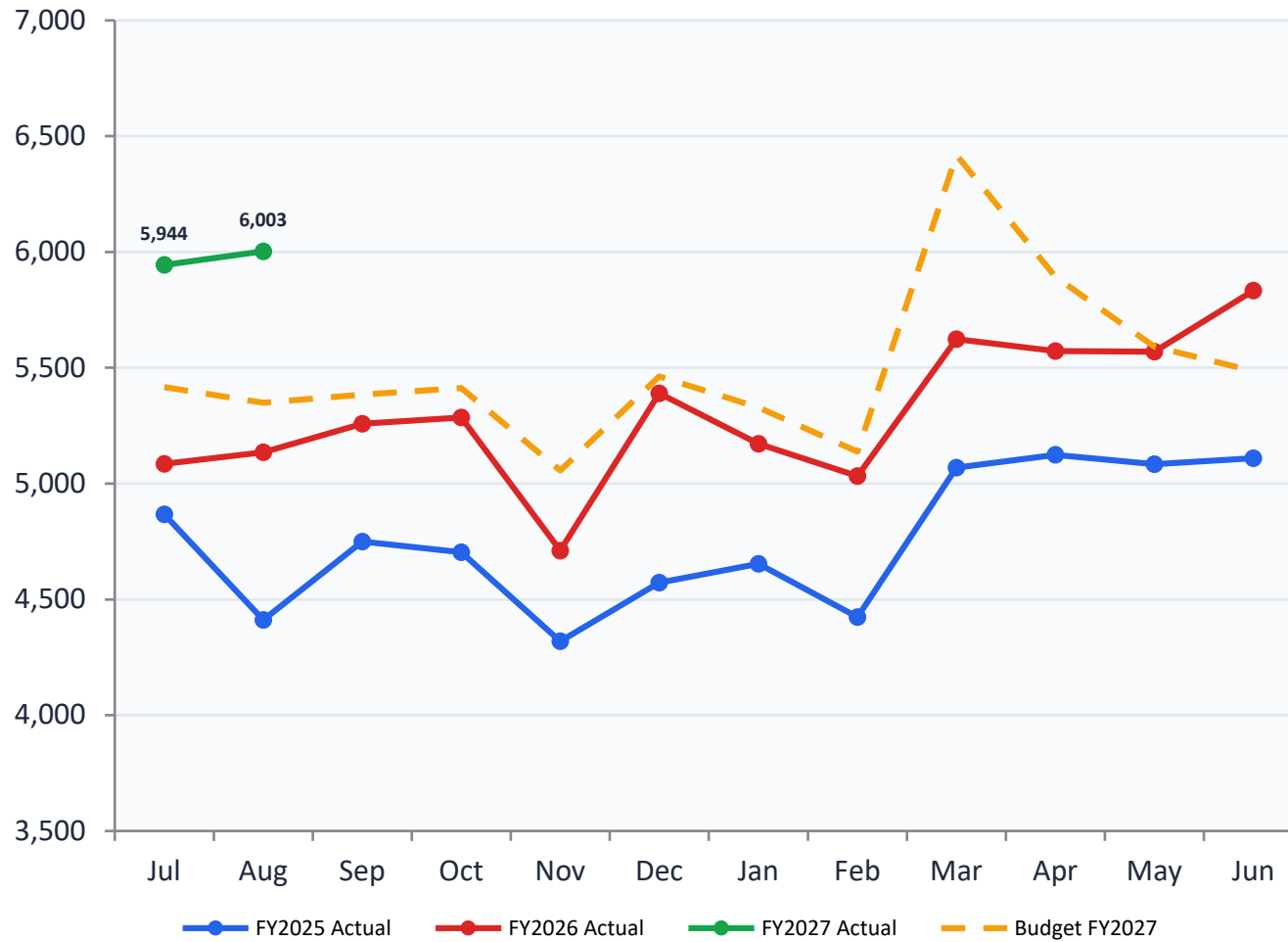
YTD (Aug)



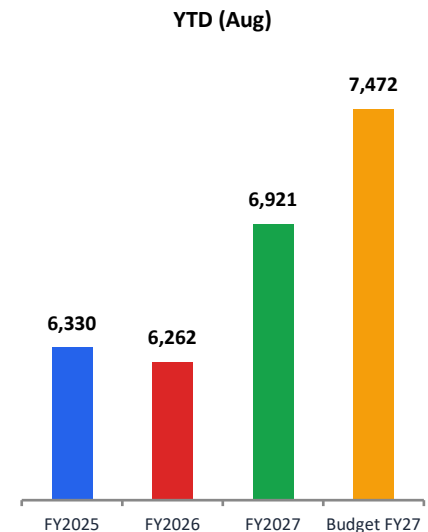
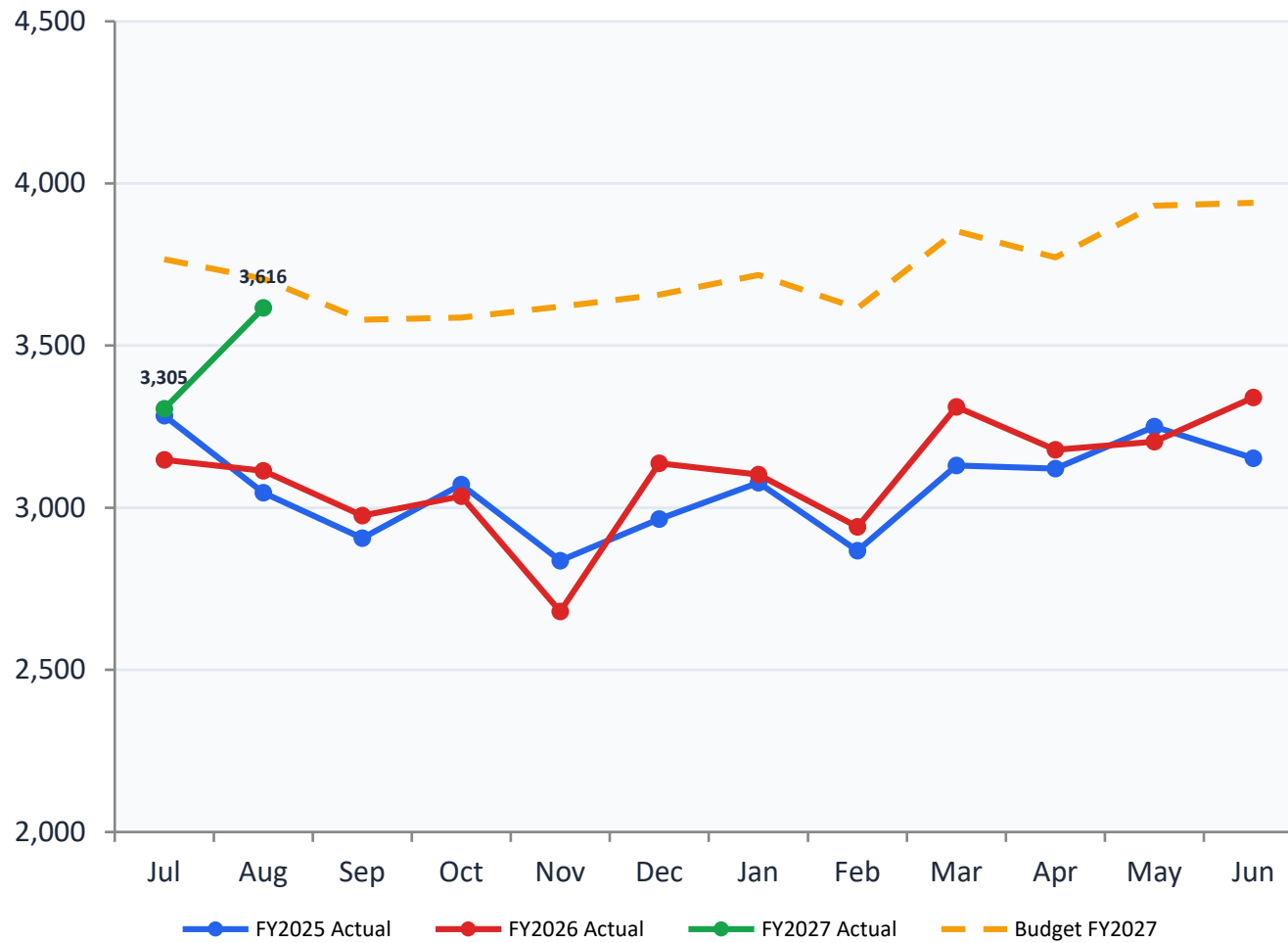
PET/CT-KHDC



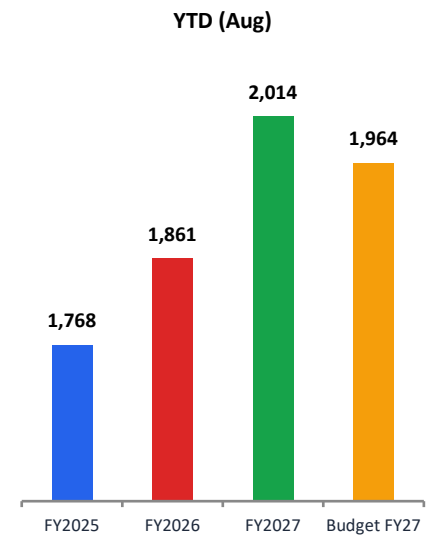
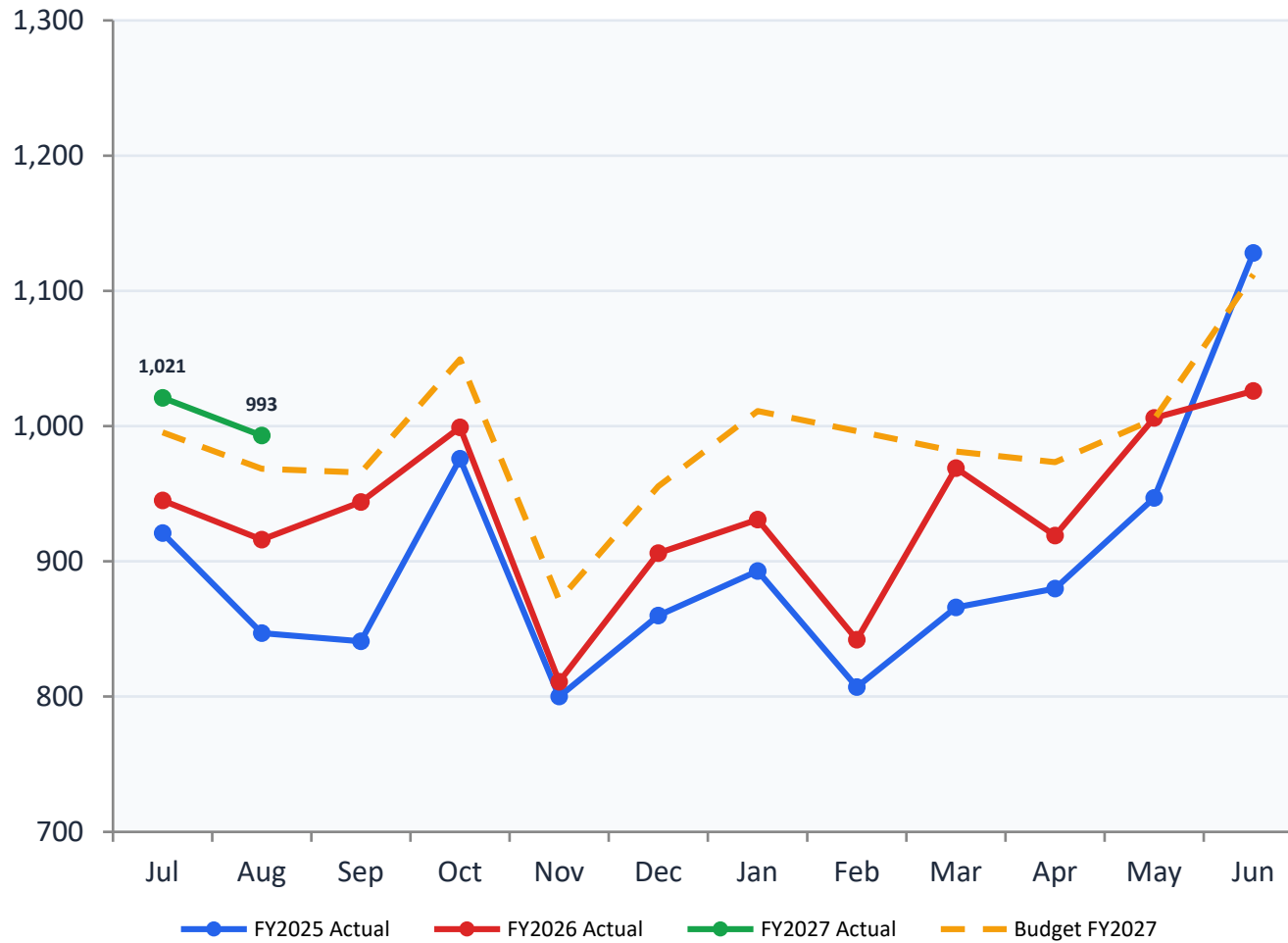
Radiology - CT - All Areas



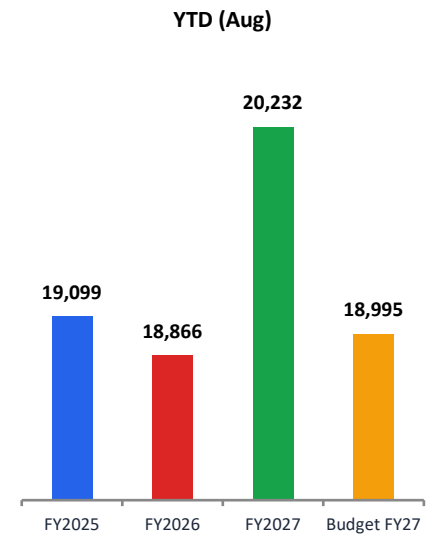
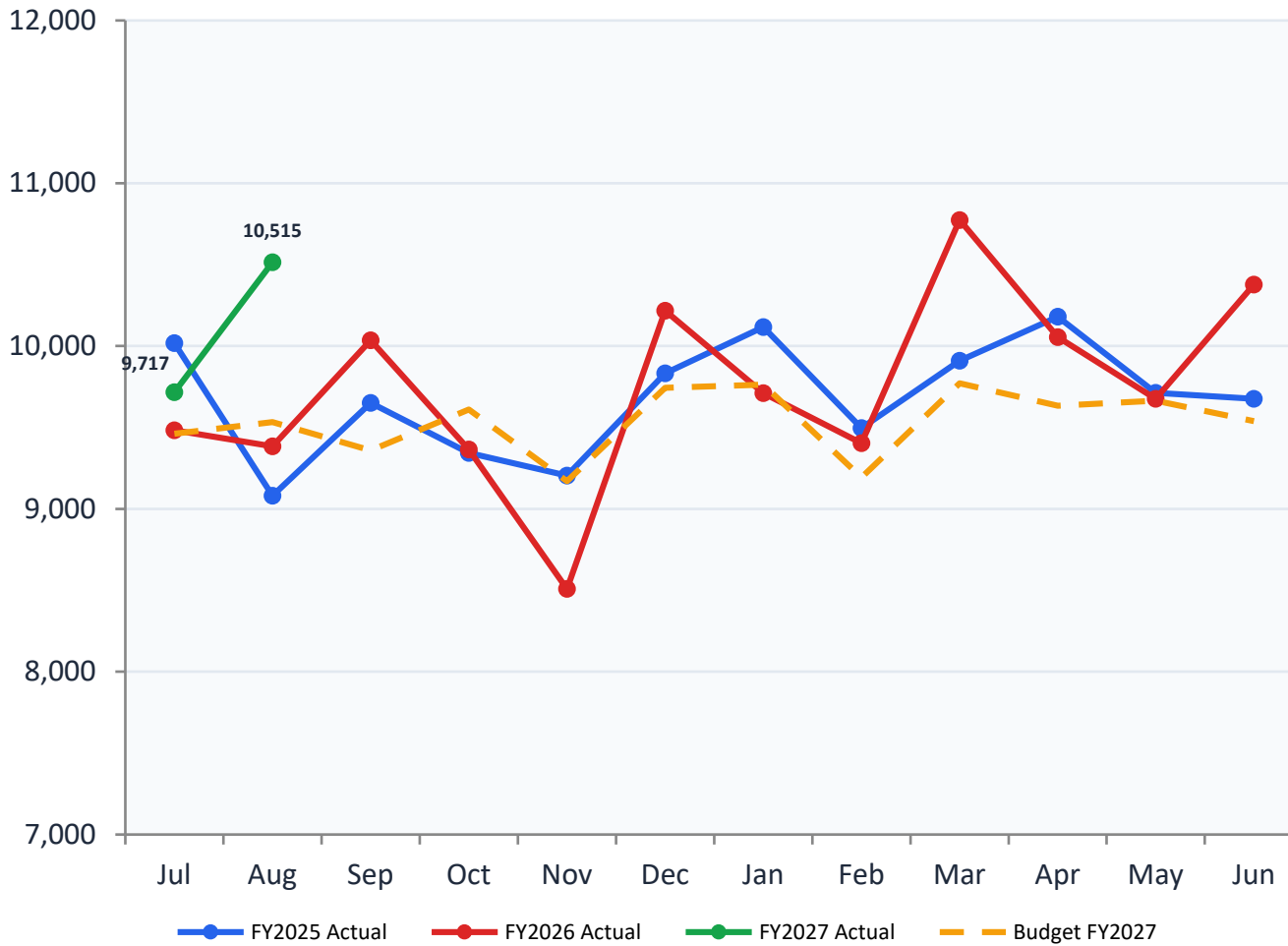
Radiology - Ultrasound - All Areas



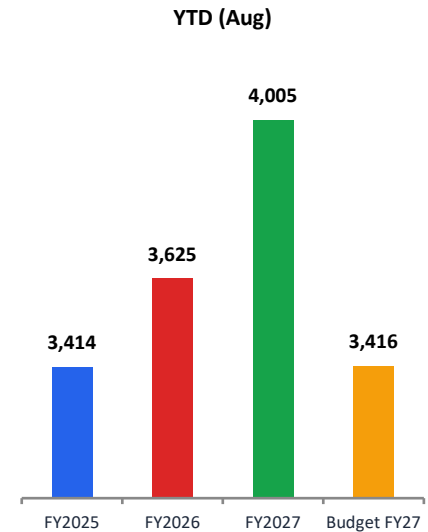
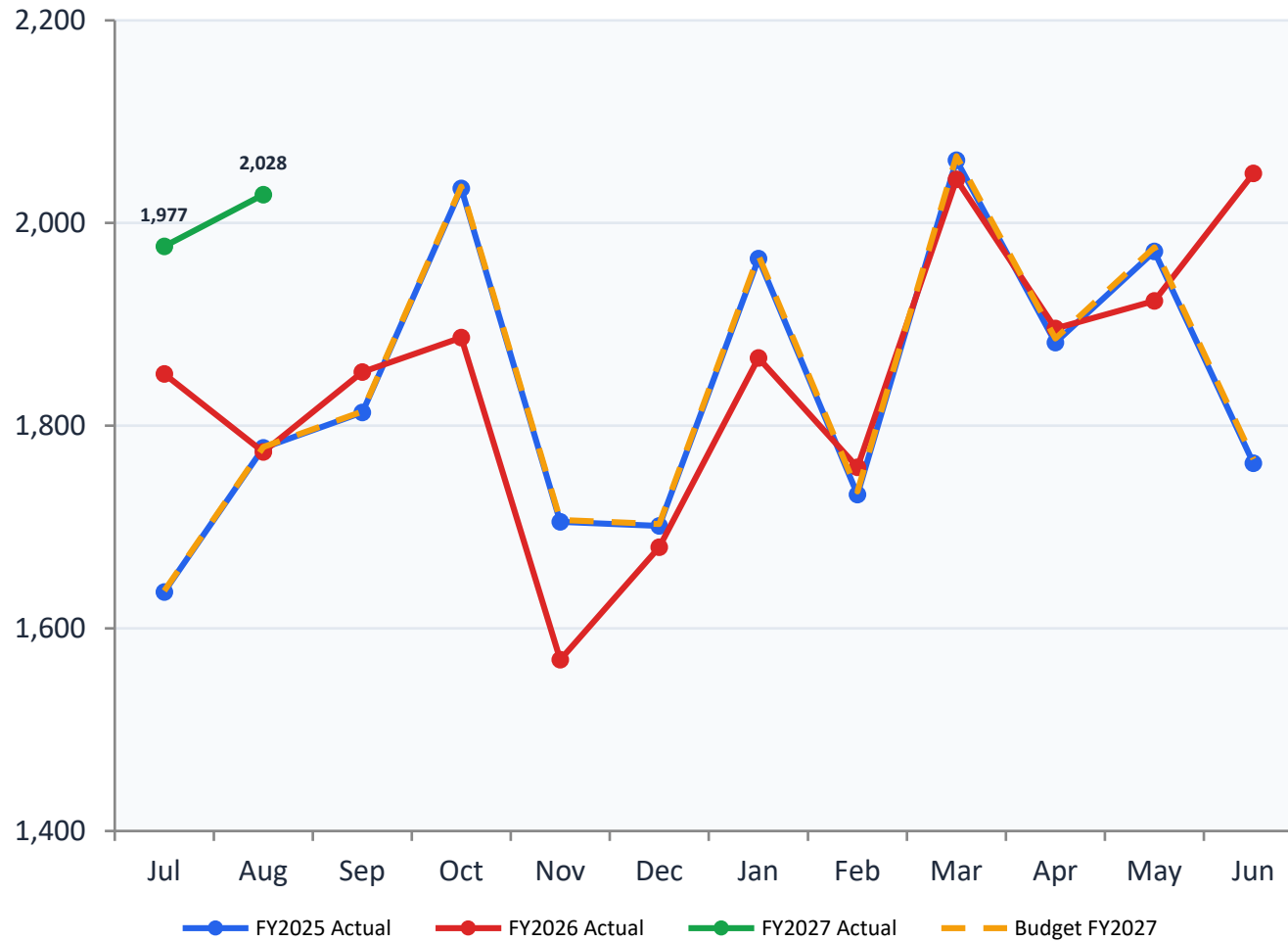
Radiology - MRI - All Areas



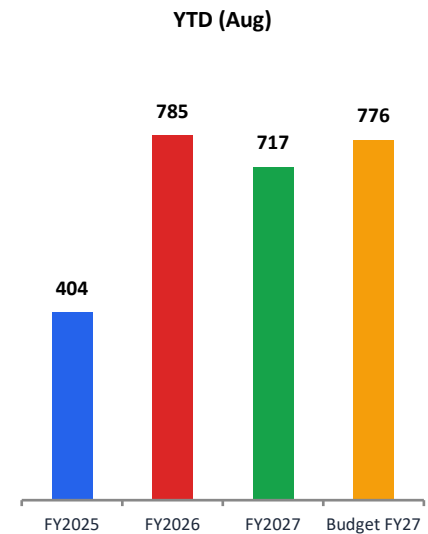
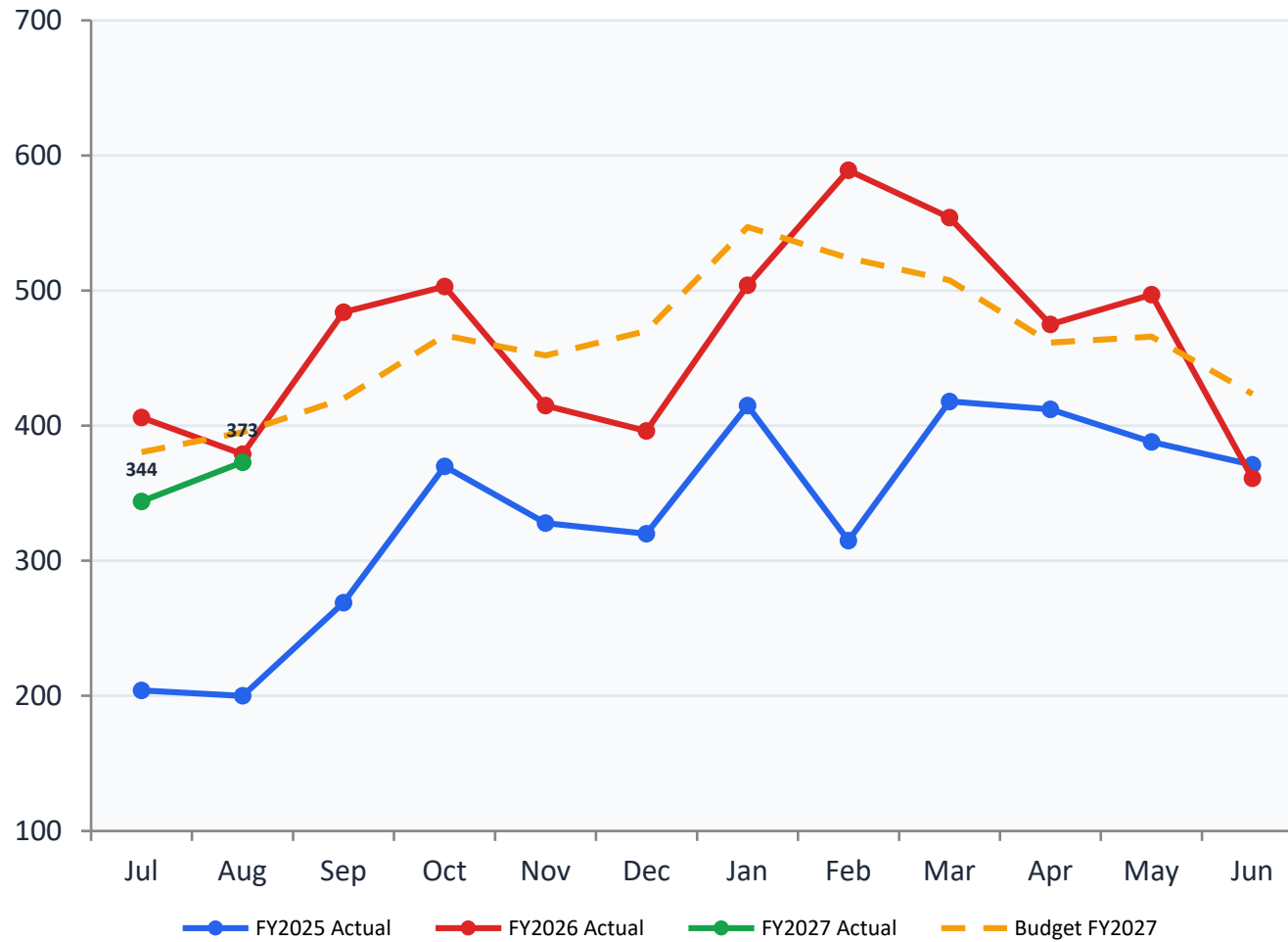
Radiology Modality - Diagnostic Radiology



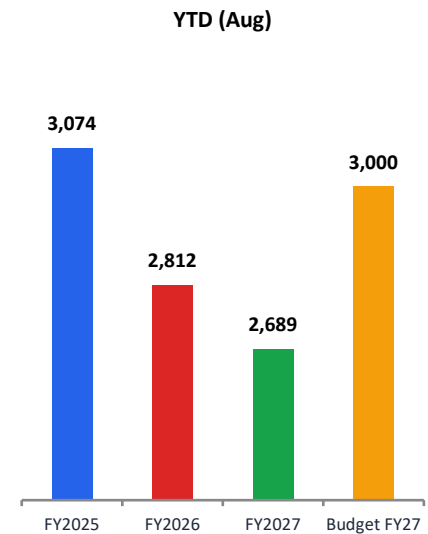
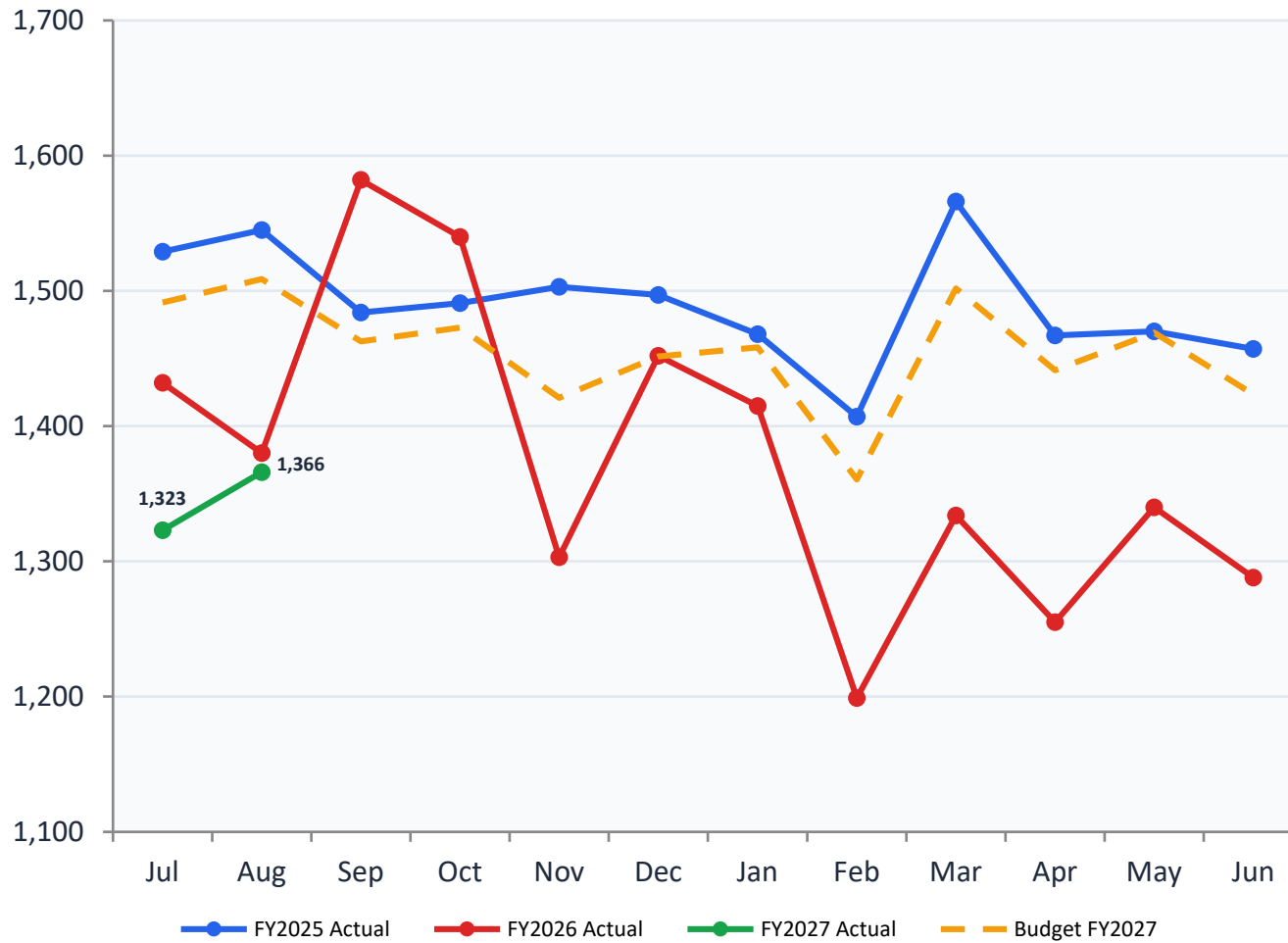
Radiology - UC Court/South Campus



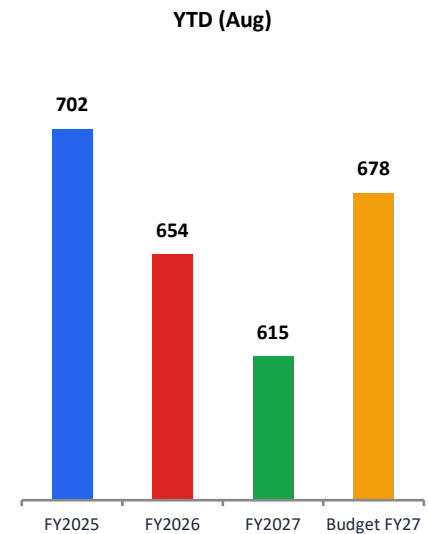
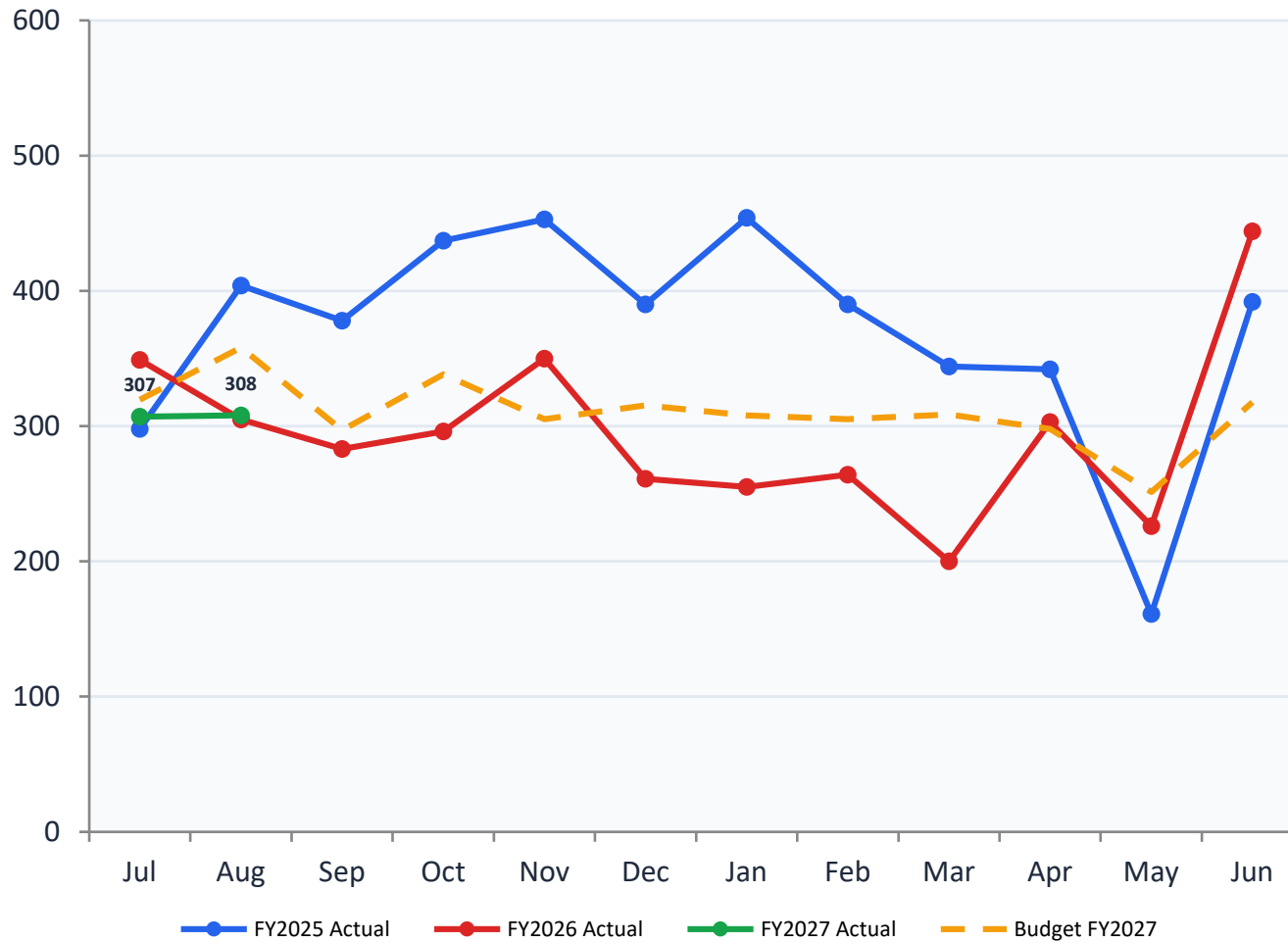
Radiology - UC Demaree/North Campus



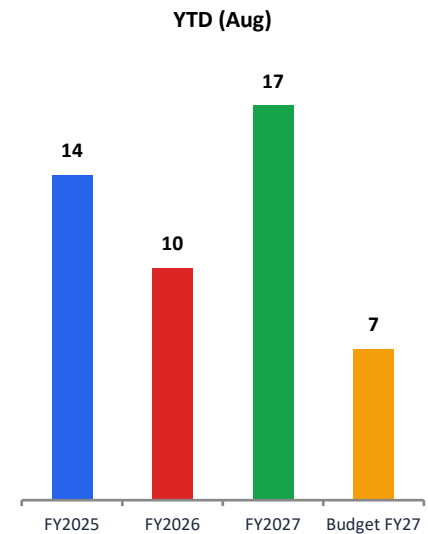
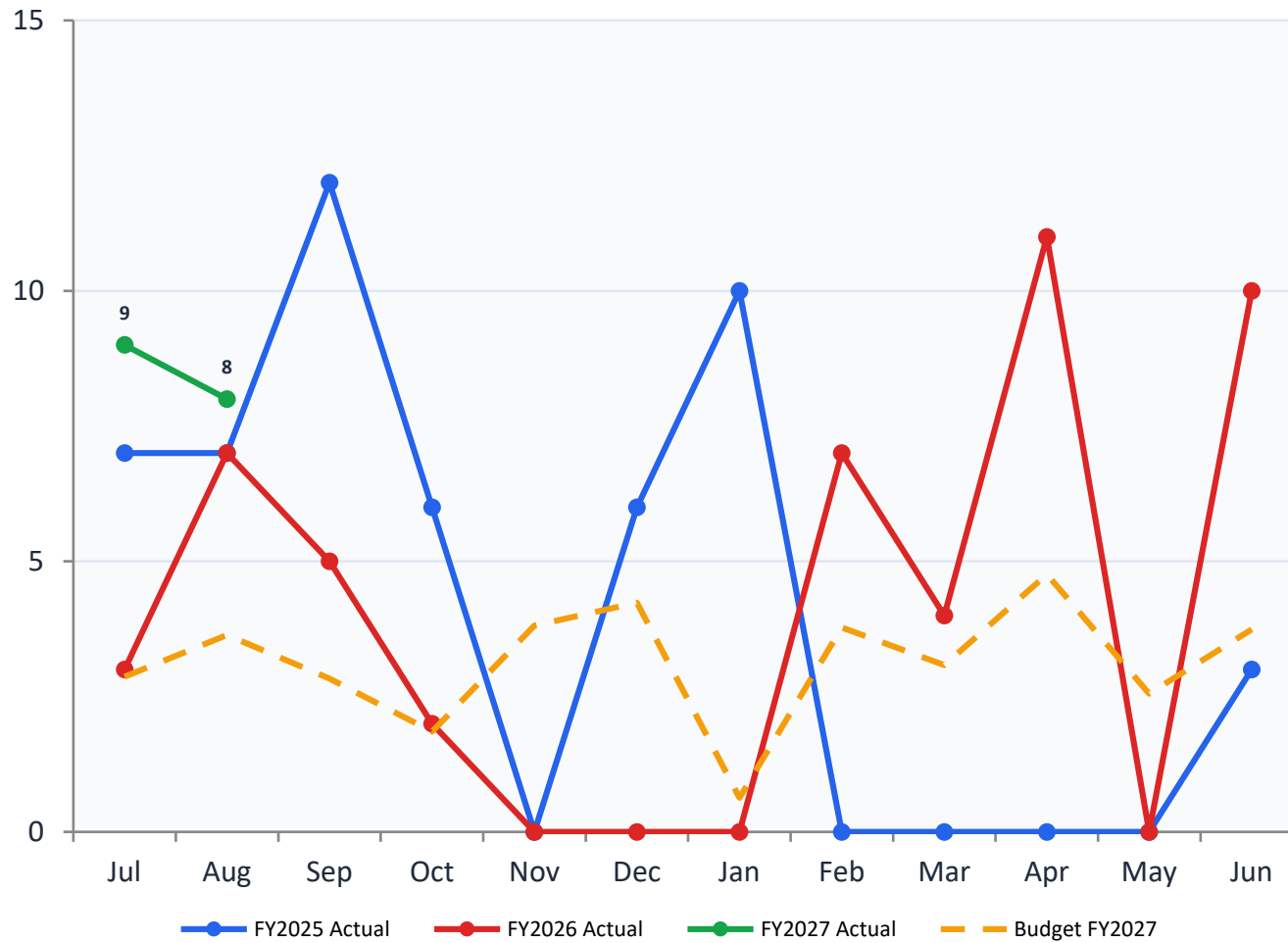
Chronic Dialysis - Visalia



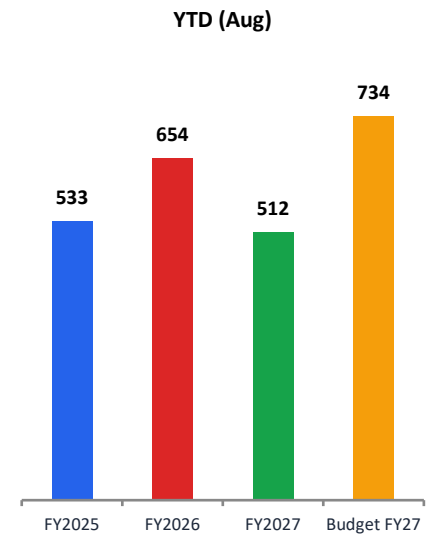
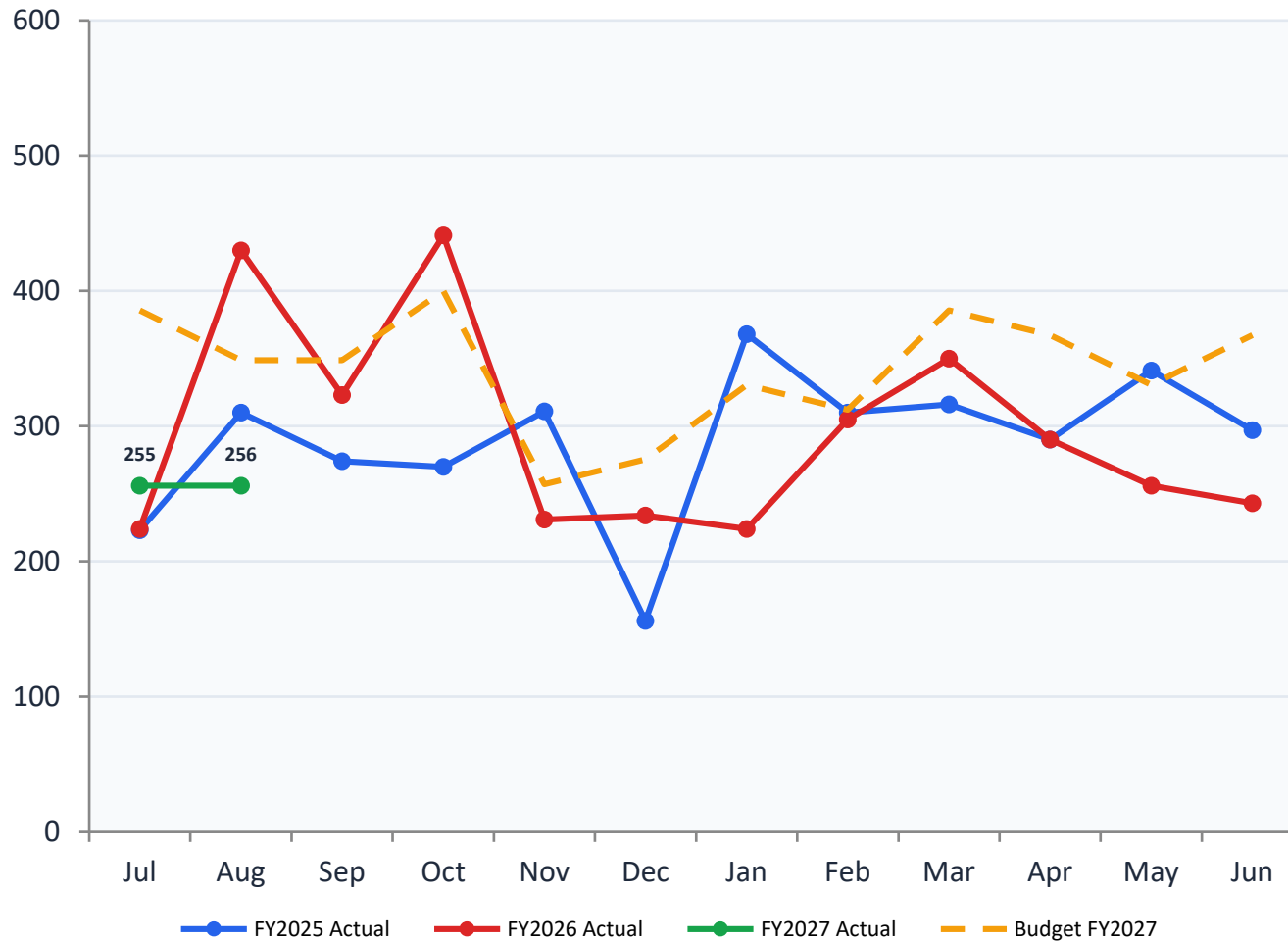
CAPD/CCPD - Maintenance Sessions



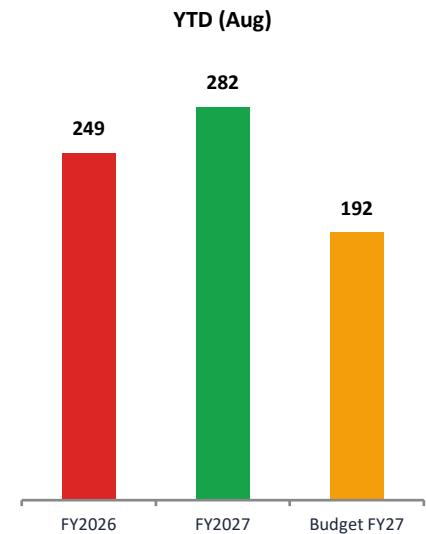
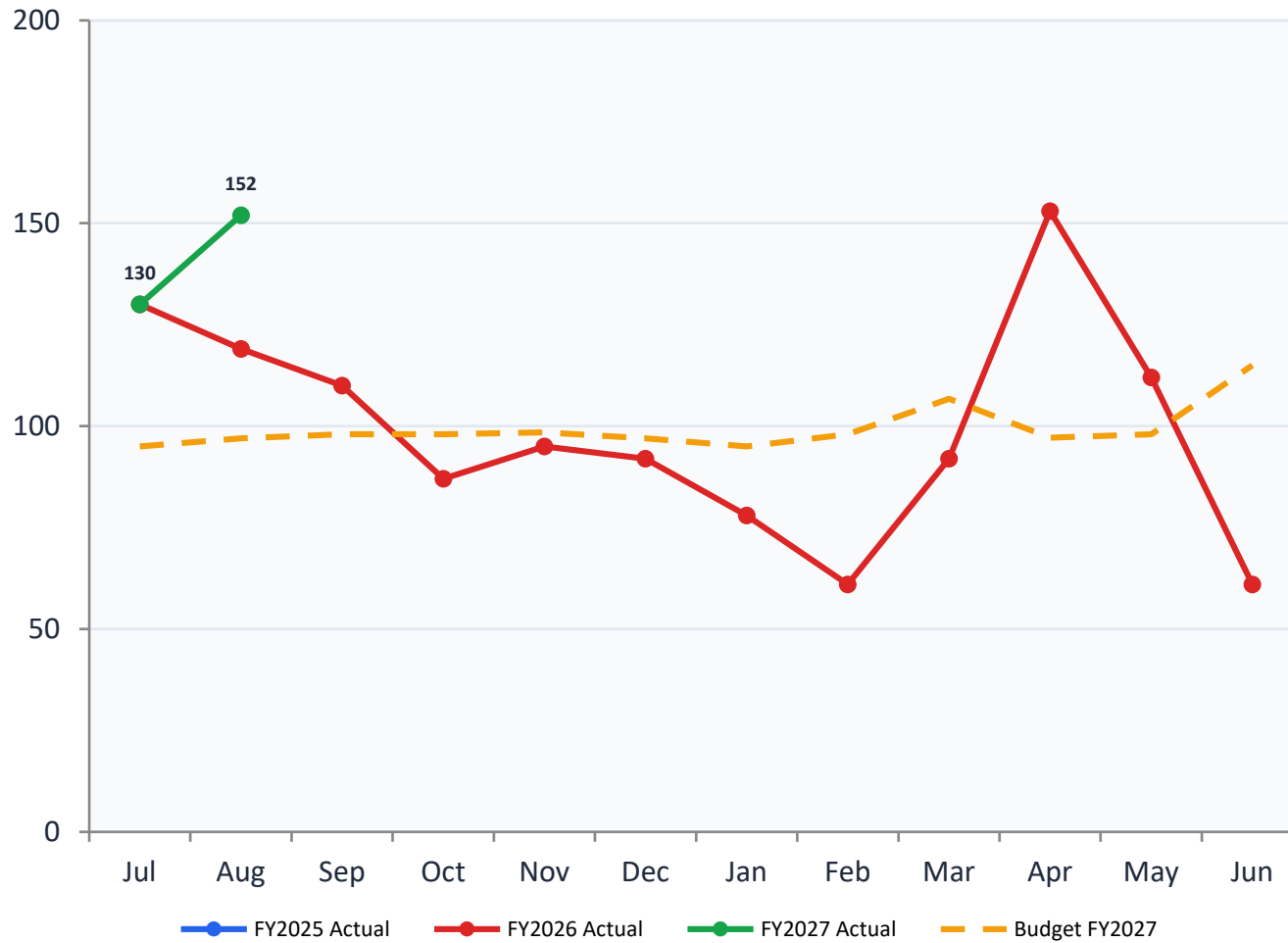
CAPD/CCPD - Training Sessions



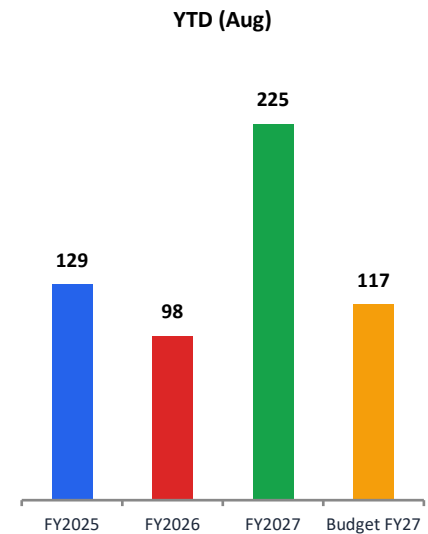
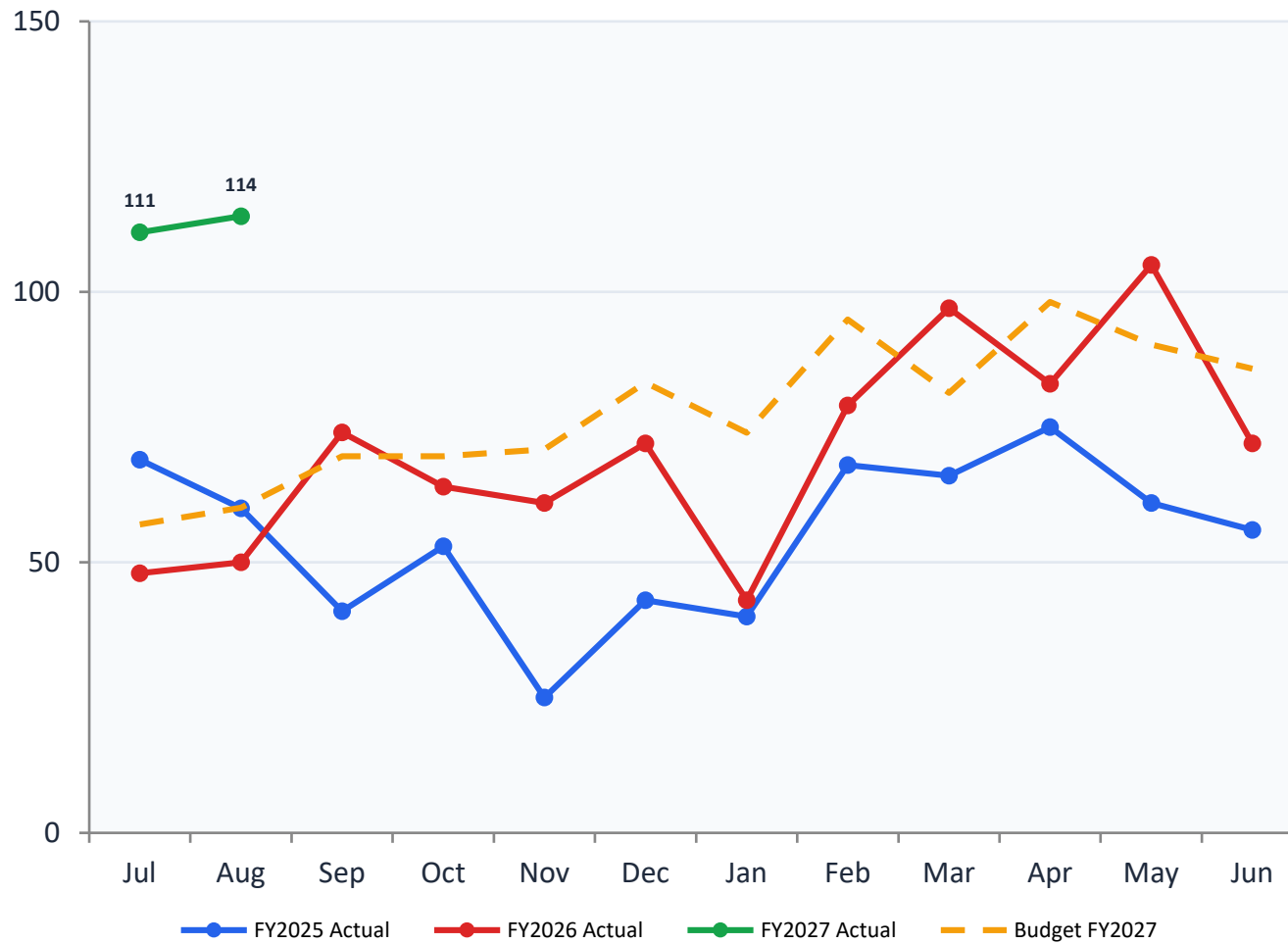
Urology Clinic Visits



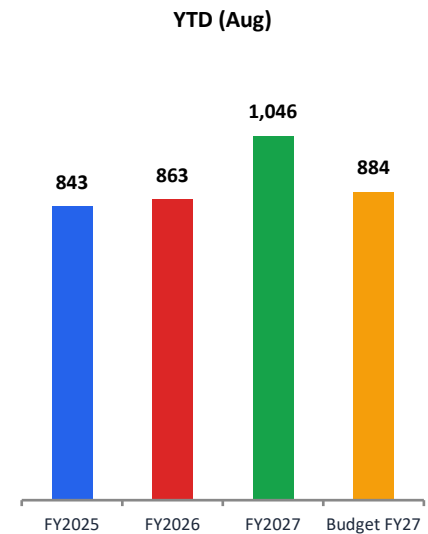
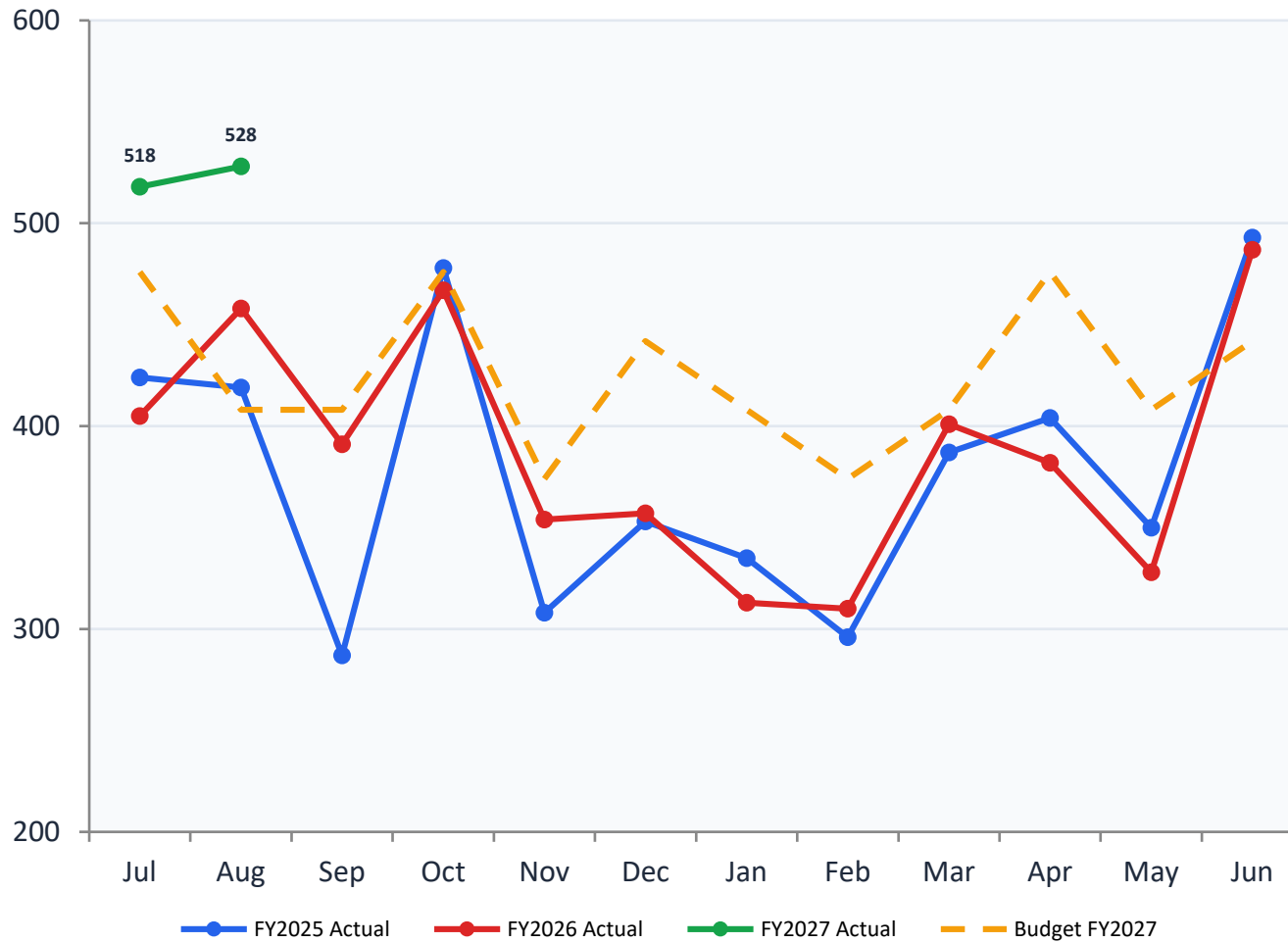
Open Arms House - Patient Days



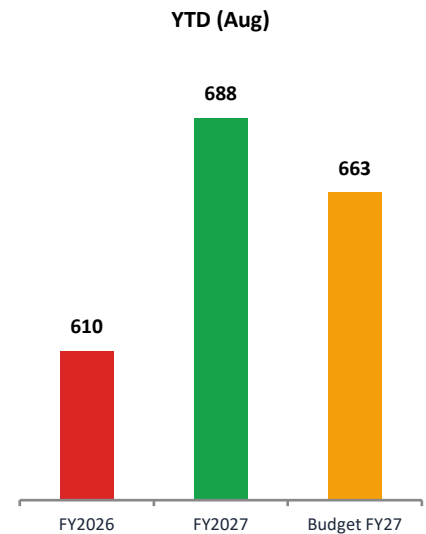
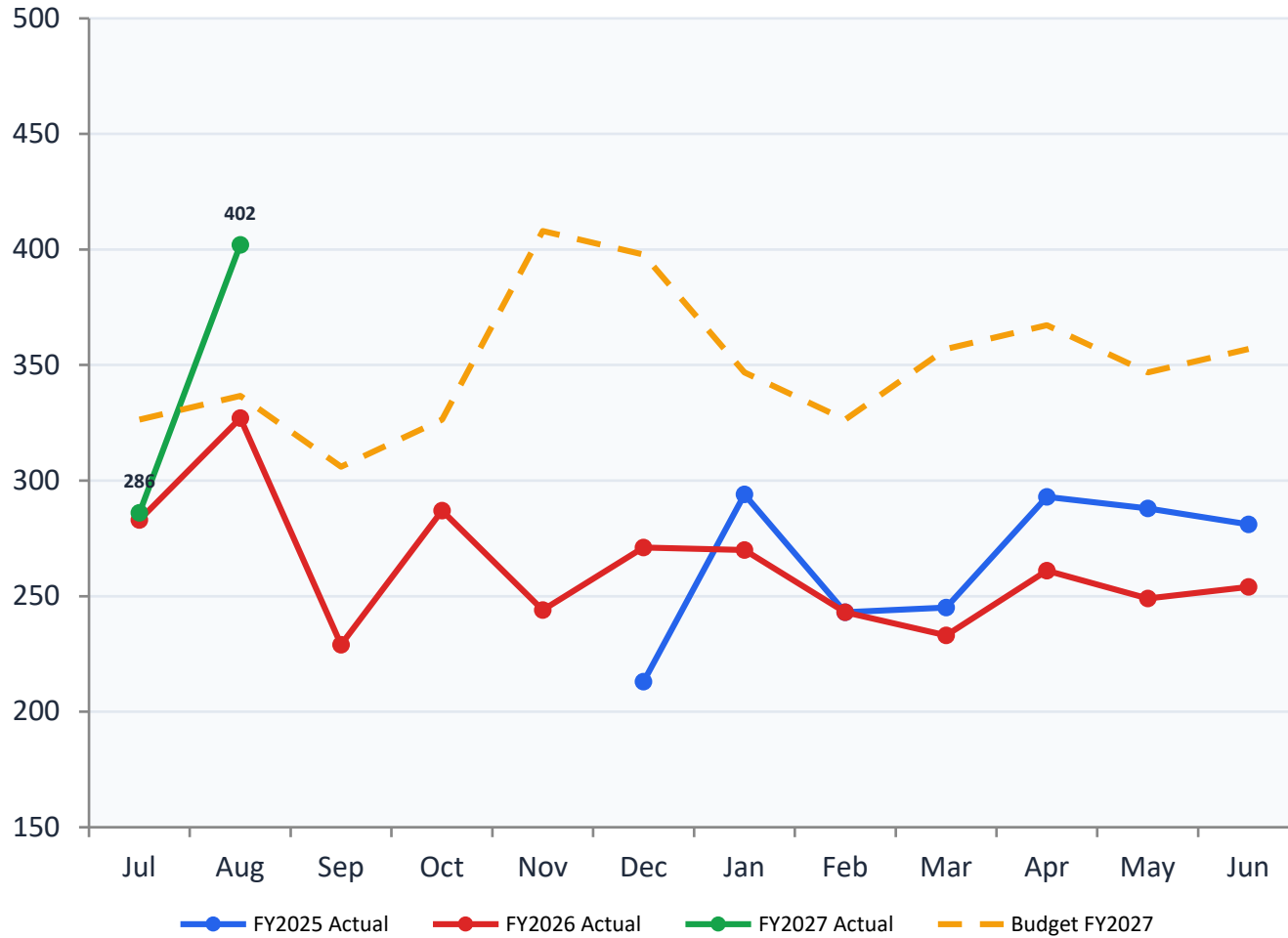
Cardiothoracic Surgery Clinic - Visits



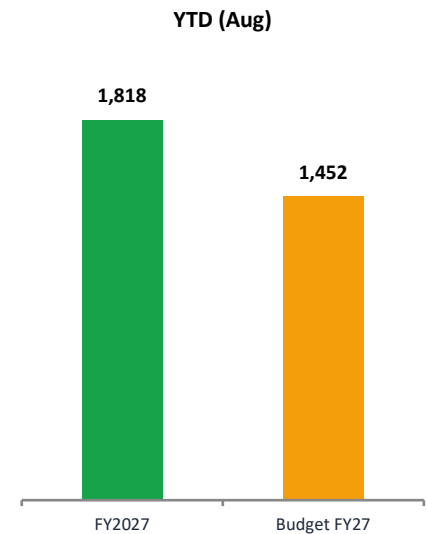
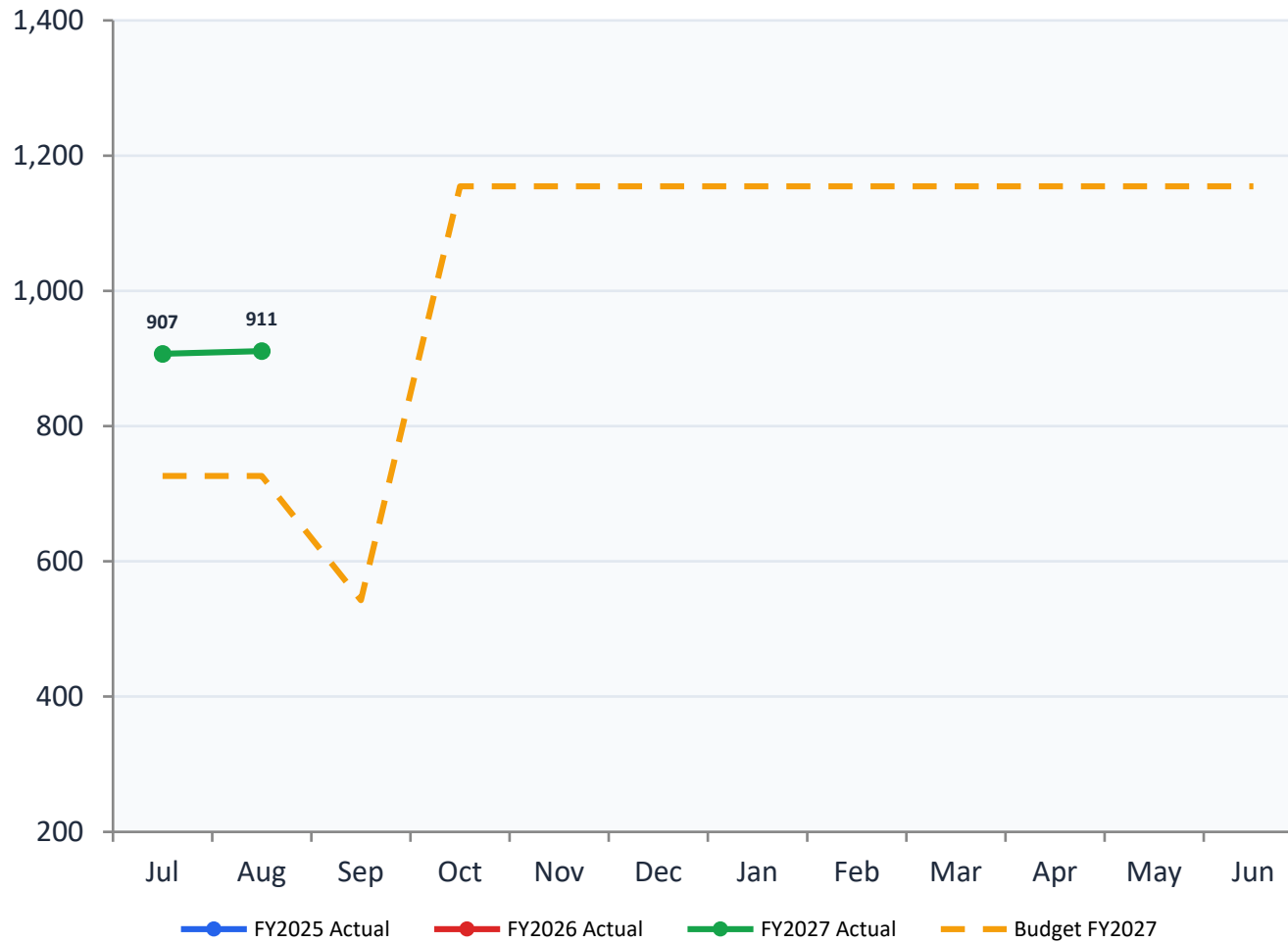
Cardiac Rehabilitation



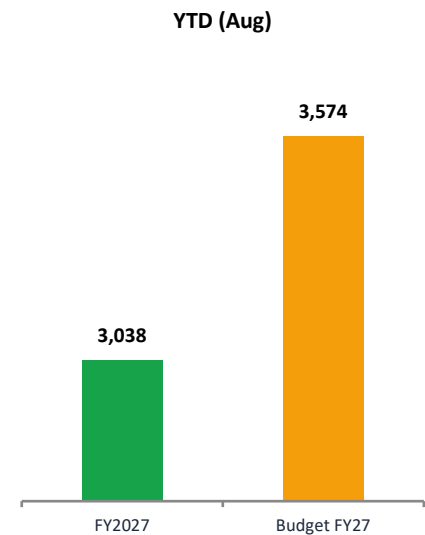
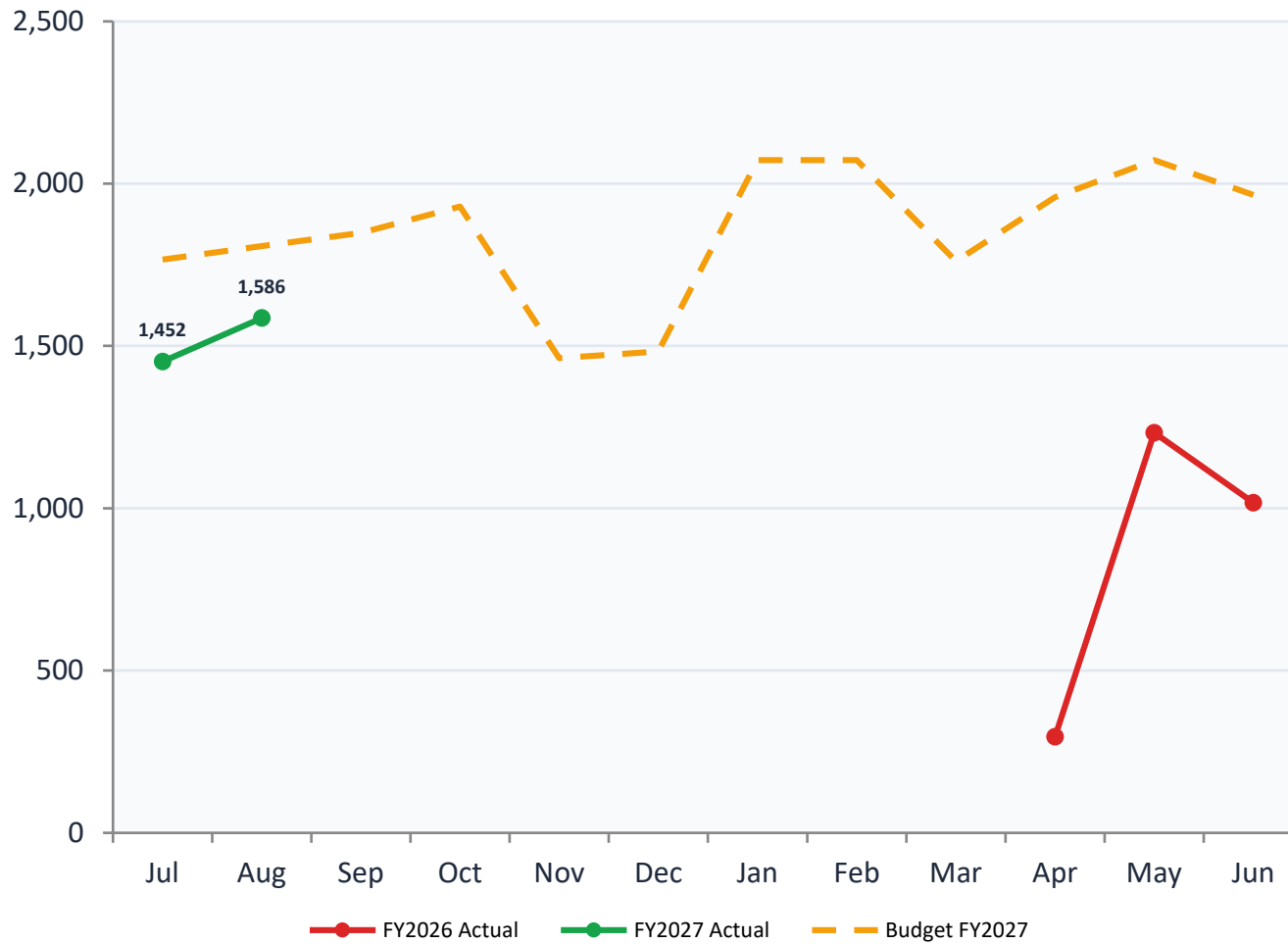
KH Medical Clinic - Plaza



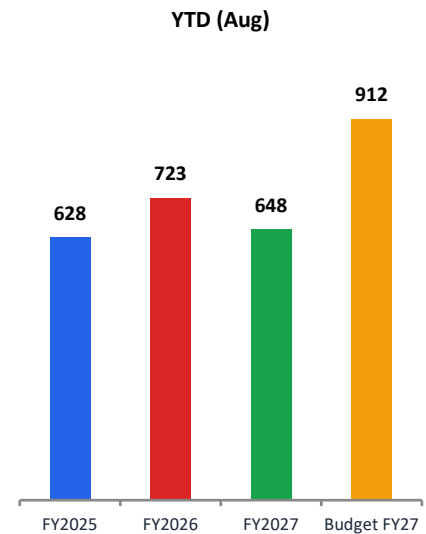
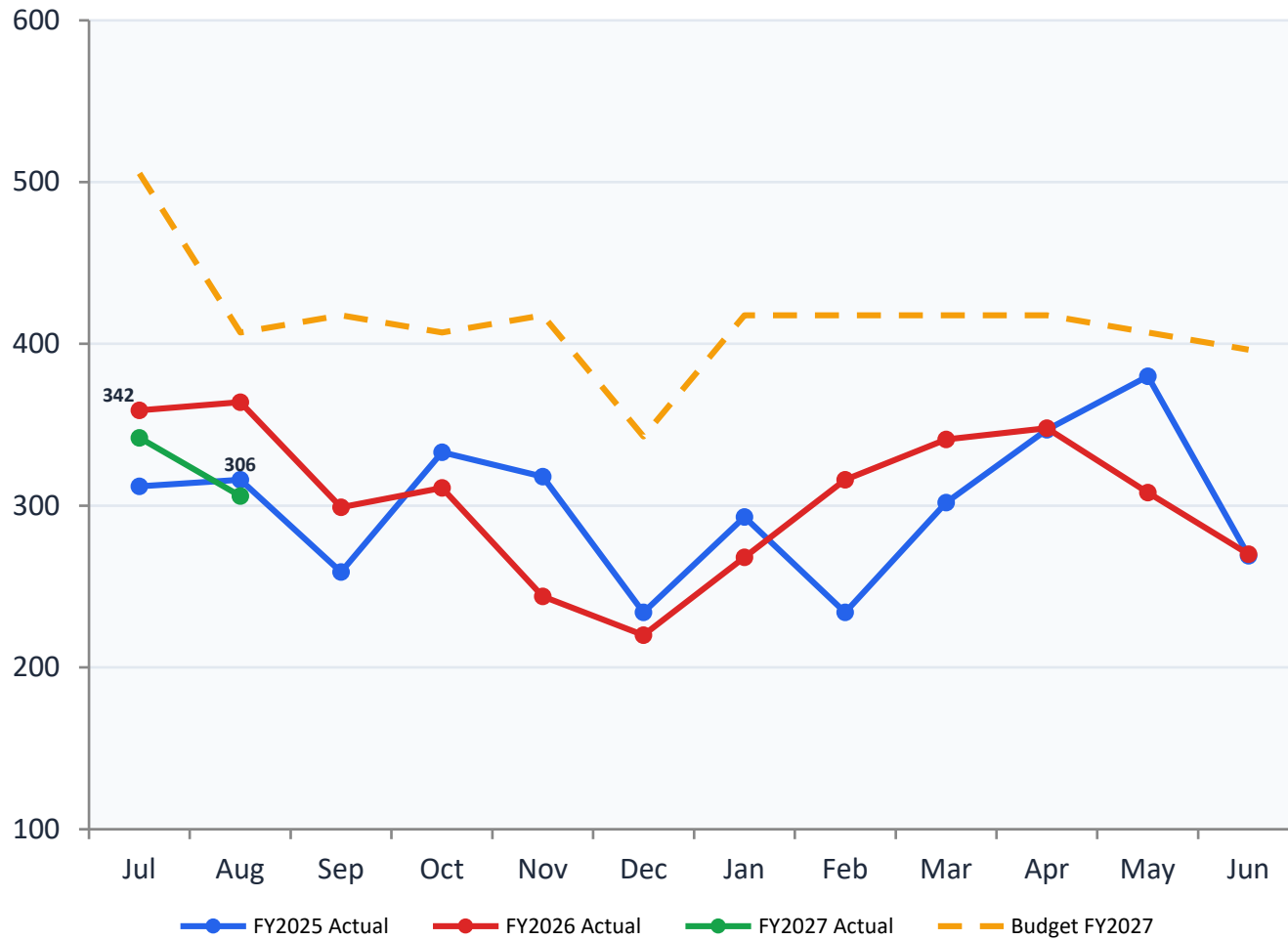
KH Willow Clinic-Women's Health



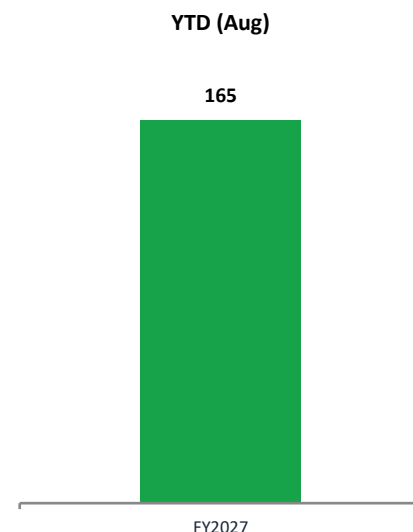
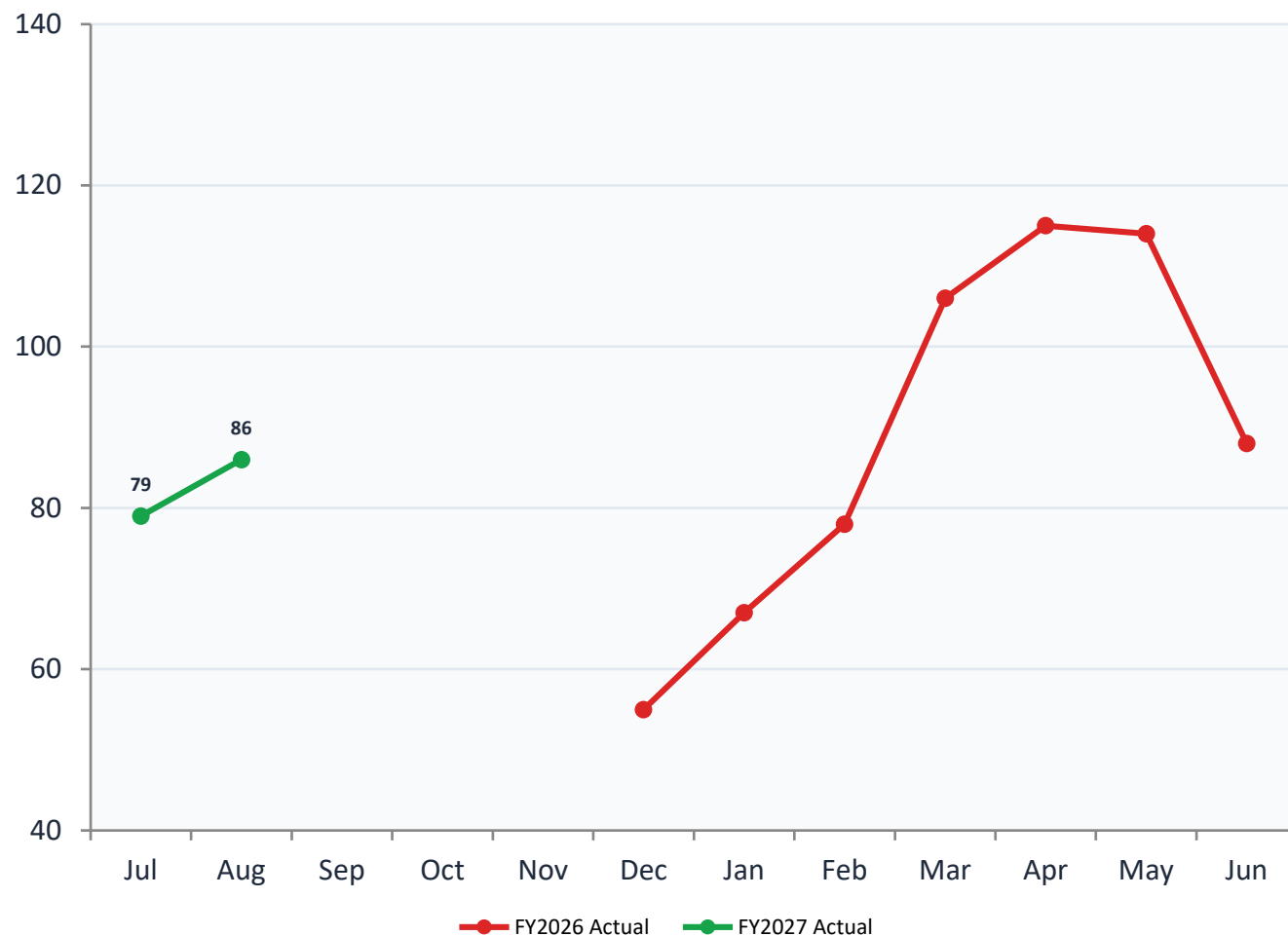
KH Medical Clinic - Akers



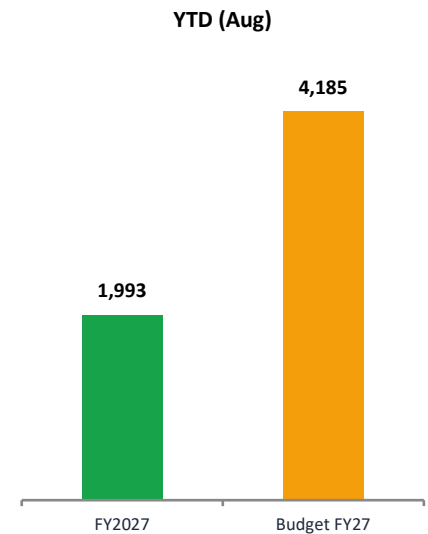
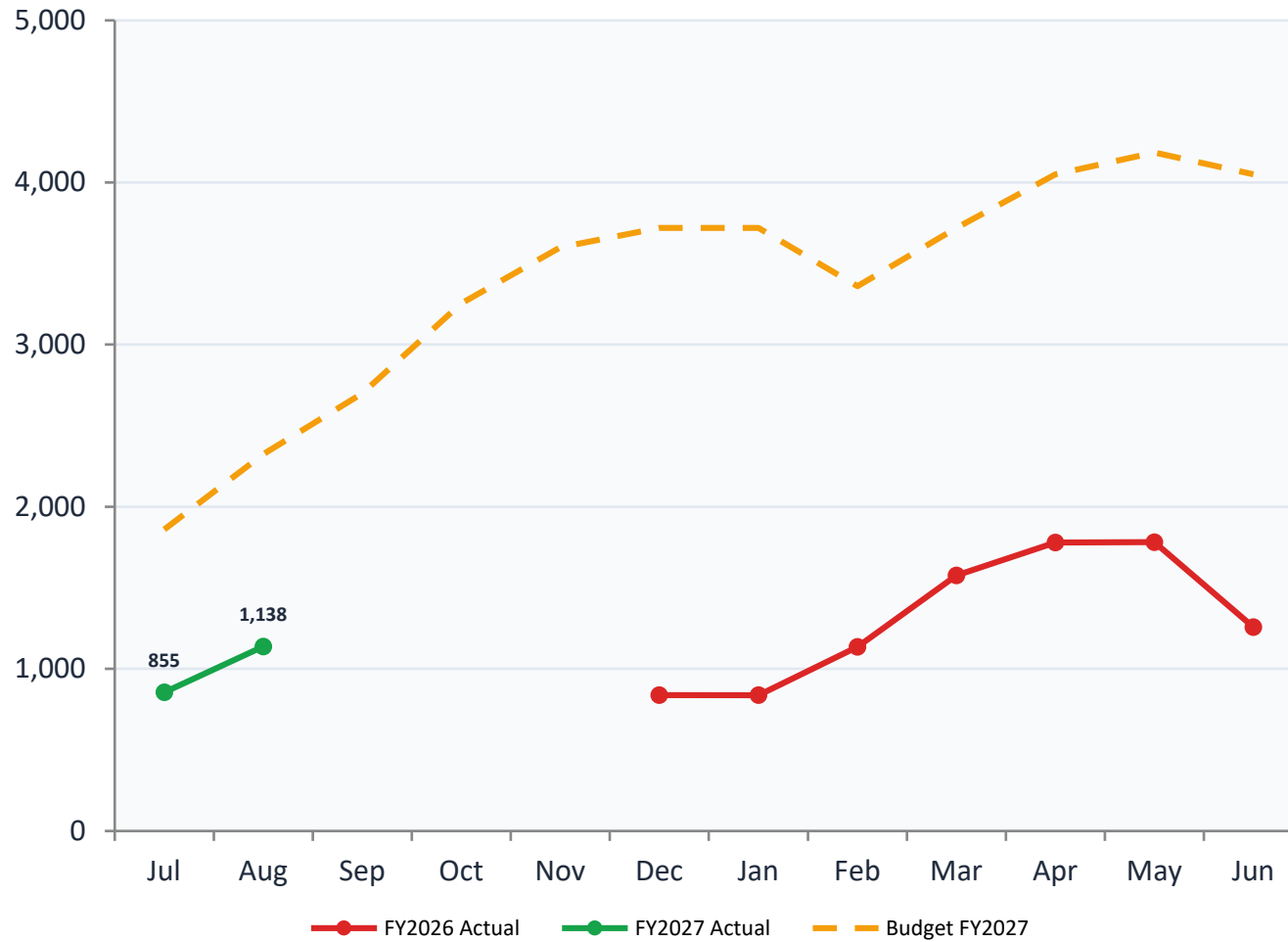
Mental Wellness Clinic - Visits



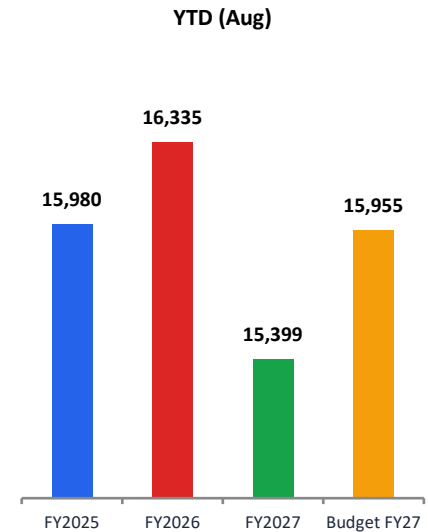
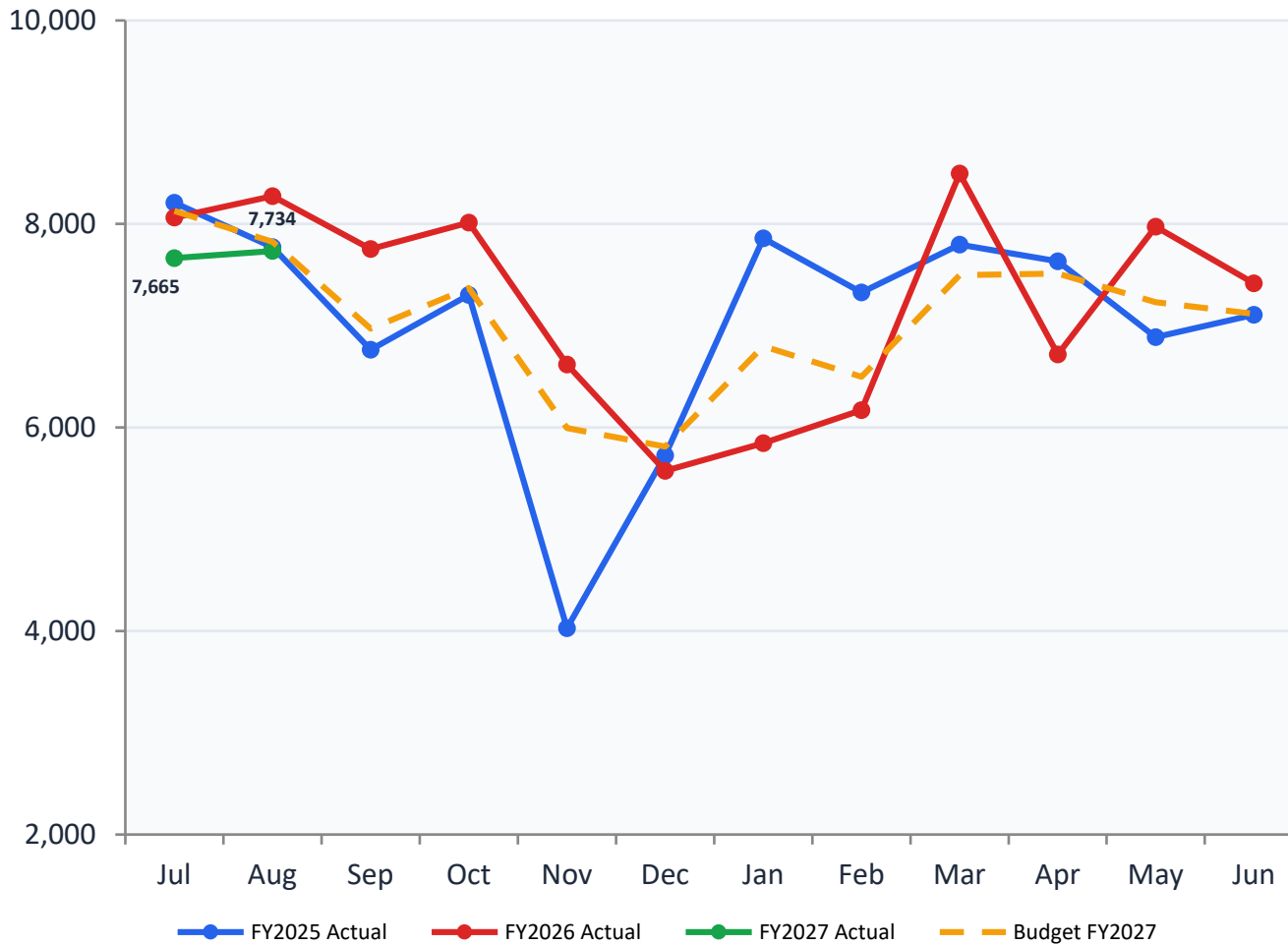
Crisis Stabilization Unit - Visits



Crisis Stabilization Unit - Hours



Reference Lab



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

	Actual Results				Budget	Budget Variance	
	Aug25	Aug26	Change	% Change	Aug26	Change	% Change
ED - Avg Treated Per Day	285	282	(3)	(1.1%)	279	3	1.1%
Surgery (IP & OP) – 100 Min Units	873	877	4	0.5%	825	52	6.3%
Endoscopy Procedures	629	537	(92)	(14.6%)	487	50	10.3%
Cath Lab (IP & OP) - 100 Min Units	371	389	18	4.9%	367	22	6.0%
Cardiac Surgery Cases	28	20	(8)	(28.6%)	35	(15)	(42.9%)
Deliveries	360	327	(33)	(9.2%)	369	(42)	(11.5%)
Clinical Lab	253,309	287,055	33,746	13.3%	290,363	(3,308)	(1.1%)
Reference Lab	8,273	7,734	(539)	(6.5%)	7,827	(93)	(1.2%)
Dialysis Center - Visalia Visits	1,380	1,366	(14)	(1.0%)	1,509	(143)	(9.5%)
Infusion Center - Units of Service	695	529	(166)	(23.9%)	619	(90)	(14.5%)
Hospice Days	3,982	3,884	(98)	(2.5%)	4,260	(376)	(8.8%)
Home Health Visits	3,003	2,687	(316)	(10.5%)	2,700	(13)	(0.5%)
Home Infusion Days	23,783	23,057	(726)	(3.1%)	23,468	(411)	(1.8%)

Other Statistical Results – Fiscal Year Comparison (Aug)

	YTD Actual Results				Budget	Budget Variance	
	YTD Aug25	YTD Aug26	Change	% Change	YTD Aug26	Change	% Change
ED - Avg Treated Per Day	279	280	1	0.4%	279	1	0.2%
Surgery (IP & OP) – 100 Min Units	1,652	1,639	(13)	(0.8%)	1,713	(74)	(4.3%)
Endoscopy Procedures	1,261	1,105	(156)	(12.4%)	1,058	47	4.4%
Cath Lab (IP & OP) - 100 Min Units	746	761	15	2.0%	737	24	3.3%
Cardiac Surgery Cases	58	42	(16)	(27.6%)	64	(22)	(34.4%)
Deliveries	752	690	(62)	(8.2%)	707	(17)	(2.4%)
Clinical Lab	516,935	568,725	51,790	10.0%	572,032	(3,306)	(0.6%)
Reference Lab	16,335	15,399	(936)	(5.7%)	15,955	(556)	(3.5%)
Dialysis Center - Visalia Visits	2,812	2,689	(123)	(4.4%)	3,000	(311)	(10.4%)
Infusion Center - Units of Service	1,323	1,101	(222)	(16.8%)	1,225	(124)	(10.1%)
Hospice Days	7,848	7,750	(98)	(1.2%)	8,522	(772)	(9.1%)
Home Health Visits	6,060	5,217	(843)	(13.9%)	5,400	(183)	(3.4%)
Home Infusion Days	50,158	45,066	(5,092)	(10.2%)	49,171	(4,105)	(8.3%)

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

	Actual Results				Budget	Budget Variance	
	Aug25	Aug26	Change	% Change	Aug26	Change	% Change
All O/P Rehab Svcs Across District	19,411	20,330	919	4.7%	20,190	140	0.7%
Physical & Other Therapy Units (I/P & O/P)	18,405	21,965	3,560	19.3%	21,126	839	4.0%
Radiology - CT - All Areas	5,135	6,003	868	16.9%	5,349	654	12.2%
Radiology - MRI - All Areas	916	993	77	8.4%	969	24	2.5%
Radiology - Ultrasound - All Areas	3,114	3,616	502	16.1%	3,706	(90)	(2.4%)
Radiology - Diagnostic Radiology	9,384	10,515	1,131	12.1%	9,534	981	10.3%
Radiology – Main Campus	15,579	17,362	1,783	11.4%	16,161	1,201	7.4%
Radiology - Ultrasound - Main Campus	2,393	2,522	129	5.4%	2,690	(168)	(6.2%)
West Campus - Diagnostic Radiology	1,334	1,521	187	14.0%	1,335	186	14.0%
West Campus - CT Scan	492	684	192	39.0%	580	104	17.9%
West Campus - MRI	423	466	43	10.2%	466	0	0.1%
West Campus - Ultrasound	721	1,094	373	51.7%	1,016	78	7.7%
West Campus - Breast Center	1,331	1,884	553	41.5%	1,879	5	0.3%
Med Onc Visalia Treatments	1,052	1,365	313	29.8%	1,207	158	13.1%
Rad Onc Visalia Treatments	1,599	2,021	422	26.4%	1,715	306	17.9%
Rad Onc Hanford Treatments	262	248	(14)	(5.3%)	255	(7)	(2.8%)

Other Statistical Results – Fiscal Year Comparison (Aug)

	YTD Actual Results				Budget	Budget Variance	
	YTD Aug25	YTD Aug26	Change	% Change	YTD Aug26	Change	% Change
All O/P Rehab Svcs Across District	41,300	41,587	287	0.7%	40,832	755	1.8%
Physical & Other Therapy Units (I/P & O/P)	37,644	44,372	6,728	17.9%	42,300	2,072	4.9%
Radiology - CT - All Areas	10,220	11,947	1,727	16.9%	10,766	1,181	11.0%
Radiology - MRI - All Areas	1,861	2,014	153	8.2%	1,964	50	2.5%
Radiology - Ultrasound - All Areas	6,262	6,921	659	10.5%	7,472	(551)	(7.4%)
Radiology - Diagnostic Radiology	18,866	20,232	1,366	7.2%	18,995	1,237	6.5%
Radiology – Main Campus	31,244	33,631	2,387	7.6%	32,495	1,136	3.5%
Radiology - Ultrasound - Main Campus	4,790	4,777	(13)	(0.3%)	5,431	(654)	(12.0%)
West Campus - Diagnostic Radiology	2,598	3,050	452	17.4%	2,595	455	17.5%
West Campus - CT Scan	1,041	1,344	303	29.1%	1,129	215	19.1%
West Campus - MRI	854	945	91	10.7%	937	8	0.9%
West Campus - Ultrasound	1,472	2,144	672	45.7%	2,041	103	5.0%
West Campus - Breast Center	2,818	4,120	1,302	46.2%	3,726	394	10.6%
Med Onc Visalia Treatments	2,343	2,502	159	6.8%	2,413	89	3.7%
Rad Onc Visalia Treatments	3,336	3,906	570	17.1%	3,586	320	8.9%
Rad Onc Hanford Treatments	569	405	(164)	(28.8%)	504	(99)	(19.7%)

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

	Actual Results				Budget	Budget Variance	
	Aug25	Aug26	Change	% Change	Aug26	Change	% Change
Rural Health Clinics Visits	12,314	12,419	105	0.9%	11,939	480	4.0%
RHC Exeter - Visits	5,751	5,984	233	4.1%	6,144	(160)	(2.6%)
RHC Lindsay - Visits	1,793	1,818	25	1.4%	1,764	54	3.1%
RHC Woodlake - Visits	572	622	50	8.7%	630	(8)	(1.3%)
RHC Woodlake Valencia - Visits	716	745	29	4.1%	912	(167)	(18.3%)
RHC Dinuba - Visits	1,335	1,278	(57)	(4.3%)	1,258	20	1.6%
RHC Tulare - Visits	2,147	1,972	(175)	(8.2%)	2,142	(170)	(7.9%)
Urgent Care – Court Total Visits	2,562	2,354	(208)	(8.1%)	2,776	(422)	(15.2%)
Urgent Care – Demaree Total Visits	1,776	2,010	234	13.2%	2,106	(96)	(4.6%)
KH Medical Clinic - Plaza Visits	327	402	75	22.9%	337	65	19.4%
KH Medical Clinic - Akers Visits	0	1,586	1,586	0.0%	1,807	(221)	(12.3%)
KH Willow Specialty Clinic	0	355	355	0.0%	275	80	28.9%
KH Cardiology Center Visalia Registrations	1,470	1,478	8	0.5%	2,005	(527)	(26.3%)
KH Mental Wellness Clinic Visits	364	306	(58)	(15.9%)	407	(101)	(24.8%)
Urology Clinic Visits	430	256	(174)	(40.5%)	349	(93)	(26.6%)
Therapy-Wound Care Svcs Encounters	373	365	(8)	(2.1%)	373	(8)	(2.1%)

Other Statistical Results – Fiscal Year Comparison (Aug)

	YTD Actual Results				Budget	Budget Variance	
	YTD Aug25	YTD Aug26	Change	% Change	YTD Aug26	Change	% Change
Rural Health Clinics Visits	25,047	25,139	92	0.4%	23,924	1,215	5.1%
RHC Exeter - Visits	11,898	12,248	350	2.9%	12,391	(143)	(1.2%)
RHC Lindsay - Visits	3,585	3,608	23	0.6%	3,518	90	2.6%
RHC Woodlake - Visits	1,202	1,149	(53)	(4.4%)	1,260	(111)	(8.8%)
RHC Woodlake Valencia - Visits	1,264	1,521	257	20.3%	1,824	(303)	(16.6%)
RHC Dinuba - Visits	2,774	2,452	(322)	(11.6%)	2,522	(70)	(2.8%)
RHC Tulare - Visits	4,324	4,161	(163)	(3.8%)	4,233	(72)	(1.7%)
Urgent Care – Court Total Visits	4,902	4,536	(366)	(7.5%)	5,341	(805)	(15.1%)
Urgent Care – Demaree Total Visits	3,372	3,837	465	13.8%	3,919	(82)	(2.1%)
KH Medical Clinic - Plaza Visits	610	688	78	12.8%	663	25	3.8%
KH Medical Clinic - Akers Visits	0	3,038	3,038	0.0%	3,574	(536)	(15.0%)
KH Willow Specialty Clinic	0	735	735	0.0%	509	226	44.4%
KH Cardiology Center Visalia Registrations	2,888	2,890	2	0.1%	4,010	(1,120)	(27.9%)
KH Mental Wellness Clinic Visits	723	648	(75)	(10.4%)	912	(264)	(29.0%)
Urology Clinic Visits	654	511	(143)	(21.9%)	734	(223)	(30.4%)
Therapy-Wound Care Svcs Encounters	718	693	(25)	(3.5%)	718	(25)	(3.5%)

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

Board designated funds	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIF		3.82	Various		24,588,794	
CAMP		3.76	CAMP		26,938,944	
Allspring		3.26	Money market		75,936	
PFM		3.26	Money market		386,097	
Western Alliance		0.25	Money market		21,814	
PFM	11-Aug-26	0.00	U.S. Govt Agency	FHLMC	450,000	
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	610,000	
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	1-Nov-26	4.76	Municipal	California St Univ	125,000	
PFM	4-Nov-26	1.65	MTN-C	American Express Co	445,000	
Allspring	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	2,000,000	
Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000	
Allspring	31-Jan-27	1.50	U.S. Govt Agency	US Treasury Bill	1,400,000	
Allspring	31-Mar-27	2.50	U.S. Govt Agency	US Treasury Bill	3,320,000	
Allspring	30-Apr-27	2.75	U.S. Govt Agency	US Treasury Bill	970,000	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Banc of California	236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Beneficial State Bank	236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Blue Sky Bank	236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	BOKF, National Association	236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Commerce Bank & Trust	236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	DNB National Bank	236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	East West Bank	79,861	
Western Alliance - CDARS	10-Jun-27	3.20	CD	First Liberty Bank	82,139	
Western Alliance - CDARS	10-Jun-27	3.20	CD	FirstOak Bank	236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Live Oak Banking Company	236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Meridian Bank	236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	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 Redevel	400,000	
Allspring	6-Aug-27	4.45	MTN-C	Paocar Financial Mtn	900,000	
Allspring	15-Sep-27	5.93	MTN-C	Bank of America	1,100,000	
Allspring	1-Oct-27	4.66	Municipal	San Francisco Ca	1,000,000	
PFM	8-Oct-27	4.35	MTN-C	Toyota Motor	130,000	
Allspring	22-Oct-27	4.33	MTN-C	State Street Corp	400,000	
Allspring	22-Oct-27	4.33	MTN-C	State Street Corp	1,000,000	
PFM	31-Oct-27	3.85	U.S. Govt Agency	US Treasury Bill	650,000	
Allspring	15-Nov-27	4.60	MTN-C	Caterpillar Finl Mtn	1,000,000	
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	2,157	
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer	310,000	
PFM	30-Nov-27	3.50	U.S. Govt Agency	US Treasury Bill	2,000,000	
PFM	31-Dec-27	3.38	U.S. Govt Agency	US Treasury Bill	1,500,000	
PFM	15-Jan-28	4.10	MTN-C	Mastercard	130,000	
PFM	24-Jan-28	4.90	MTN-C	Wells Fargo MTN	145,000	
PFM	7-Feb-28	3.44	MTN-C	Bank New York Mellon Mtn	300,000	
Allspring	12-Feb-28	4.55	MTN-C	Eli Lilly Co	300,000	
PFM	15-Feb-28	4.25	U.S. Govt Agency	US Treasury Bill	80,000	
PFM	18-Feb-28	5.41	ABS	Honda Auto	61,407	
PFM	25-Feb-28	5.47	ABS	BMW Vehicle Owner	9,873	
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	18,765	
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	40,463	
PFM	15-May-28	5.23	ABS	Ford CR Auto Owner	33,437	
PFM	15-May-28	4.25	MTN-C	Servicenow Inc	60,000	
PFM	31-May-28	3.63	U.S. Govt Agency	US Treasury Bill	230,000	
PFM	16-Jun-28	5.45	ABS	GM Finl con Auto Rec	23,053	
PFM	25-Jun-28	4.78	U.S. Govt Agency	FHLMC	272,350	
PFM	25-Jun-28	4.82	U.S. Govt Agency	FHLMC	528,519	
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	482,137	
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	257,813	
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	

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

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	703,226
PFM	15-Mar-29	4.65	MTN-C	Salesforce Inc	725,000
PFM	25-Mar-29	5.18	U.S. Govt Agency	FHLMC	315,000
Allspring	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	225,000
PFM	4-Apr-29	4.80	MTN-C	Adobe Inc	225,000
Allspring	15-Apr-29	3.75	U.S. Govt Agency	US Treasury Bill	2,000,000
Allspring	16-Apr-29	3.88	ABS	Mercedes Benz Auto Leas	1,400,000
PFM	23-Apr-29	4.91	MTN-C	Wells Fargo co	205,000
PFM	25-Apr-29	4.73	MTN-C	American Express	245,000
Allspring	30-Apr-29	4.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	9-May-29	4.62	MTN-C	Bank America Mtn	290,000
PFM	15-May-29	4.42	ABS	Hyundai Auto Rec	173,963
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	321,219
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
PFM	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	530,000
Allspring	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	500,000
PFM	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	260,000
PFM	9-Aug-29	4.55	MTN-C	Toyota Motor	195,000
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	121,888
PFM	18-Aug-29	4.64	ABS	Toyota Auto	255,384
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	204,827
PFM	25-Sep-29	4.85	ABS	BMW Vehicle Owner	129,883
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	455,773
PFM	17-Dec-29	4.78	ABS	Mercedes Benz Auto	243,460
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	4.34	ABS	WF Card Issuance	515,000
PFM	15-May-30	4.80	MTN-C	Toyota Motor	200,000
Allspring	20-May-30	4.91	MTN-C	Citibank N A	500,000
Allspring	20-May-30	4.91	MTN-C	Citibank N A	900,000
PFM	21-May-30	4.74	MTN-C	Schwab Charles Corp	175,000
PFM	25-May-30	4.36	U.S. Govt Agency	FHLMC	375,000
PFM	25-May-30	4.35	U.S. Govt Agency	FHLMC	575,000
PFM	29-May-30	4.91	MTN-C	Citibank N A	250,000
Allspring	31-May-30	4.00	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	5-Jun-30	4.55	MTN-C	John Deere Mtn	285,000
PFM	15-Jun-30	4.19	ABS	Ford CR Auto Owner	235,000
PFM	15-Jun-30	4.50	MTN-C	Analog Devices	435,000
PFM	21-Jun-30	4.30	ABS	Citibank Credit	580,000
PFM	25-Jun-30	4.33	U.S. Govt Agency	FHLMC	575,000
PFM	25-Jun-30	4.27	U.S. Govt Agency	FHLMC	590,000
Allspring	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	540,000
PFM	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	2,000,000
Allspring	15-Jul-30	4.16	ABS	Chase Issuance Trust	1,000,000
PFM	15-Jul-30	4.30	ABS	American Express	330,000
PFM	15-Jul-30	3.85	ABS	Capital One Prime	135,000
PFM	25-Jul-30	4.29	U.S. Govt Agency	FHLMC	460,000
PFM	29-Jul-30	4.30	MTN-C	GE Aerospace	65,000
Allspring	31-Jul-30	3.88	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	31-Jul-30	4.00	U.S. Govt Agency	US Treasury Bill	1,575,000
PFM	31-Jul-30	3.88	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	31-Aug-30	3.63	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

KAWEAH DELTA HEALTH CARE DISTRICT SUMMARY OF FUNDS August 31, 2026	
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PFM	16-Sep-30	3.82	ABS	Capital one Mtn	360,000
PFM	16-Sep-30	3.86	ABS	Toyota Auto	170,000
Allspring	30-Sep-30	3.63	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	15-Oct-30	4.09	ABS	Ally Auto Rec	1,400,000
Allspring	15-Oct-30	4.30	MTN-C	Chevron USA Inc	500,000
PFM	15-Oct-30	4.05	ABS	Ford CR Auto Owner	295,000
PFM	15-Oct-30	4.55	ABS	Mercedes Benz Ar	505,000
Allspring	31-Oct-30	3.63	U.S. Govt Agency	US Treasury Bill	500,000
PFM	5-Nov-30	4.10	MTN-C	Novartis Capital	540,000
PFM	6-Nov-30	4.13	MTN-C	Shell Fin US INC	130,000
Allspring	15-Nov-30	4.20	MTN-C	Meta Platforms INC	550,000
PFM	15-Nov-30	4.30	ABS	Honda Auto Rec Own	480,000
PFM	15-Nov-30	0.88	U.S. Govt Agency	US Treasury Bill	465,000
PFM	19-Nov-30	4.15	MTN-C	Northern TR Corp	120,000
PFM	25-Nov-30	4.09	U.S. Govt Agency	FHLMC	335,000
PFM	25-Nov-30	4.17	U.S. Govt Agency	FHLMC	390,000
Allspring	30-Nov-30	3.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Nov-30	3.63	U.S. Govt Agency	US Treasury Bill	900,000
PFM	15-Dec-30	4.50	ABS	Nissan Auto Rec	505,000
Allspring	31-Dec-30	3.63	U.S. Govt Agency	US Treasury Bill	200,000
PFM	31-Dec-30	3.63	U.S. Govt Agency	US Treasury Bill	2,000,000
PFM	8-Jan-31	4.15	MTN-C	Caterpillar Finl Mtn	95,000
PFM	13-Jan-31	4.25	MTN-C	Totenergies Cap USA LLC	290,000
Allspring	24-Jan-31	5.16	MTN-C	Bank of America	275,000
PFM	31-Jan-31	4.00	U.S. Govt Agency	US Treasury Bill	1,790,000
PFM	31-Jan-31	3.75	U.S. Govt Agency	US Treasury Bill	590,000
PFM	15-Feb-31	4.65	ABS	Ford CR Auto Owner	365,000
PFM	18-Feb-31	3.79	ABS	Hyundai Auto	210,000
PFM	18-Feb-31	4.81	ABS	Hyundai Auto	350,000
Allspring	28-Feb-31	3.50	U.S. Govt Agency	US Treasury Bill	1,600,000
PFM	2-Mar-31	4.00	MTN-C	Astrazeneca	345,000
PFM	13-Mar-31	4.25	MTN-C	Amazon Com Inc	410,000
PFM	15-Mar-31	4.00	MTN-C	Abbott Laboratories	500,000
PFM	15-Mar-31	1.38	MTN-C	Home Depot Inc	835,000
PFM	25-Mar-31	4.23	U.S. Govt Agency	FHLMC	360,000
Allspring	31-Mar-31	3.88	U.S. Govt Agency	US Treasury Bill	250,000
Allspring	31-Mar-31	3.88	U.S. Govt Agency	US Treasury Bill	750,000
PFM	1-Apr-31	4.21	Municipal	Hawaii St	190,000
Allspring	30-Apr-31	3.88	U.S. Govt Agency	US Treasury Bill	3,500,000
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	10-Jul-31	5.00	MTN-C	Accenture Capital	345,000
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

	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
<u>2015A revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	<u>2,117,176</u>	2,117,176
<u>2015B revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	<u>1,045,640</u>	1,045,640
<u>2017C revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	<u>2,694,709</u>	2,694,709
<u>2020 revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	<u>551,156</u>	551,156
<u>2022 revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	<u>622,065</u>	622,065
<u>2014 general obligation bonds</u>						
CAMP			Interest Payment fund	152440	<u>2,289,417</u>	2,289,417
<u>Operations</u>						
Wells Fargo Bank	0.38	Checking	100100	100100	(2,819,081)	
Wells Fargo Bank	0.38	Checking	100500	100500	<u>4,494,263</u>	
					1,675,182	
<u>Payroll</u>						
Wells Fargo Bank	0.38	Checking		100200	(105,009)	
Wells Fargo Bank	0.38	Checking	Flexible Spending	100300	625,944	
Wells Fargo Bank	0.38	Checking	Benefits	100300	340,420	
Wells Fargo Bank	0.38	Checking	HSA	100300	<u>54,577</u>	
					915,932	
						2,591,114
Total investments						\$ 214,822,460

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

Kaweah Delta Hospital Foundation

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

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$	147,866,904	142100
Committed for capital		16,774,161	142100
		<u>164,641,065</u>	
GO Bond reserve - L/T		1,992,658	142100
401k Matching		7,988,164	142100
Cost report settlement - current	2,135,384		142104
Cost report settlement - L/T	<u>1,312,727</u>		142100
		3,448,111	
Development fund/Memorial fund		104,184	112300
Workers compensation - current	7,433,000		112900
Workers compensation - L/T	<u>17,304,000</u>		113900
		24,737,000	
	\$	202,911,182	

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	\$ -	0.0%	-	-	0.0%
Cal Trust	-	0.0%	-	-	0.0%
CAMP	26,938,944	12.5%		26,938,944	13.1%
Local Agency Investment Fund (LAIF)	24,588,794	11.4%		24,588,794	12.0%
CAMP - GOB Tax Rev	2,289,417	1.1%	2,289,417	-	0.0%
Allspring	73,984,935	34.4%	-	73,984,935	36.0%
PFM	74,376,695	34.6%		74,376,695	36.2%
Western Alliance - CDARS	3,000,000			3,000,000	1.5%
Western Alliance	21,814			21,814	0.0%
Wells Fargo Bank	2,591,114	1.2%		2,591,114	1.3%
Signature Bank	-	0.0%	-	-	0.0%
US Bank	7,030,746	3.3%	7,030,746	-	0.0%
Total investments	\$ 214,822,460	100.0%	\$ 9,320,164	205,502,296	100.0%

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

Investment summary of surplus funds by type:

		<u>Investment</u> <u>Limitations</u>	
Negotiable and other certificates of deposit	\$ 3,000,000	61,651,000	(30%)
Checking accounts	2,591,114		
Local Agency Investment Fund (LAIF)	24,588,794	75,000,000	
Cal Trust	-		
CAMP	26,938,944		
Medium-term notes (corporate) (MTN-C)	40,745,000	61,651,000	(30%)
U.S. government agency	86,625,819		
Municipal securities	4,605,000		
Money market accounts	483,847	41,100,000	(20%)
Commercial paper	-	51,376,000	(25%)
Asset Backed Securities	15,923,778	41,100,000	(20%)
Supra-National Agency	-	61,651,000	(30%)
	<u>\$ 205,502,296</u>		

Return on investment:

Current month	<u>4.12%</u>
Year-to-date	<u>4.18%</u>
Prospective	<u>3.83%</u>
LAIF (year-to-date)	<u>3.84%</u>
Budget	<u>3.68%</u>

Fair market value disclosure for the quarter ended June 30, 2026 (District only):

	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(678,772)
Change in unrealized gain (loss) on investments (income statement effect)	\$ -	-

Investment summary of CDs:

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

Investment summary of asset backed securities:

Ally Auto Rec	\$ 1,440,463
American Express	1,765,000
Bank of America	265,000
BMW Vehicle Owner	139,756
Capital One Prime	135,000
Capital one Mtn	360,000
Chase Issuance Trust	1,000,000
Citibank Credit	580,000
Ford CR Auto Owner	1,249,656
Ford Credit Auto	445,000
GM Finl con Auto Rec	144,941
GM Finl Consumer	550,773
Honda Auto	391,234
Honda AR Owner Tr	185,000
Honda Auto Rec Own	480,000
Hyundai Auto	578,765
Hyundai Auto Rec	877,189
Mercedes Benz Ar	505,000
Mercedes Benz Auto	245,617
Mercedes Benz Auto Leas	1,400,000
Nissan Auto Rec	1,005,000
Toyota Auto	645,384
Verizon Master Trust	440,000
WF Card Issuance	515,000
Volkswagen Auto Least TR	215,000
Volkswagen Auto Ln	365,000
	<u>\$ 15,923,778</u>

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

Investment summary of medium-term notes (corporate):

Accenture Capital	\$	540,000
Abbott Laboratories		500,000
Adobe Inc		1,410,000
Air products		295,000
Alphabet Inc Sr		365,000
Advanced Micro		370,000
Amazon Com Inc		410,000
American Express		245,000
American Express Co		845,000
Analog Devices		435,000
Astrazeneca		510,000
Bank America Mtn		290,000
Bank New York Mellon Mtn		300,000
Bank New York Mtn		1,375,000
Bank of America		1,375,000
Bp Cap Mkts Amer		310,000
Caterpillar Finl Mtn		1,450,000
Chevron USA Inc		840,000
Cisco Sys Inc		515,000
Citibank N A		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
Paccar Financial Mtn		900,000
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		1,625,000
US Bancorp		1,100,000
Walmart Inc		500,000
Wells Fargo Mtn		145,000
Wells Fargo co		945,000
	\$	40,745,000

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$	482,137
Federal Home Loan Mortgage Corp (FHLMC)		10,793,682
US Treasury Bill		75,350,000
	\$	86,625,819

Investment summary of municipal securities:

Alameda Cnty Ca	\$	500,000
California St Univ		125,000
Hawaii St		190,000
Los Angeles Ca		390,000
Massachusetts St		1,000,000
San Diego County		1,000,000
San Francisco Ca		1,000,000
San Jose Ca Redev		400,000
	\$	4,605,000