

Kaweah Delta Health Care District Board of Directors Meeting

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



DATE POSTED: November 14, 2025

NOTICE

Date: Wednesday, November 19, 2025

Location: City of Visalia – City Council Chambers

Address: 707 W. Acequia Avenue, Visalia, California

SCHEDULE:

- **4:00 PM** – Open Session (to approve the Closed Session agenda)
- **4:01 PM** – Closed Session
 - Pursuant to:
 - Government Code §54956.9(d)(1) (Existing Litigation)
 - Government Code §54956.9(d)(2) (Anticipated Litigation – Significant Exposure)
 - Health & Safety Code §§1461 and 32155 (Confidential Quality Assurance/Medical Staff Matters)
- **5:00 PM** – Open Session

AMERICANS WITH DISABILITIES ACT (ADA) NOTICE:

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

POSTING NOTICE:

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

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

Mike Olmos • Zone 1
President

Lynn Havard Mirviss • Zone 2
Vice President

Dean Levitan, MD • Zone 3
Board Member

David Francis • Zone 4
Secretary/Treasurer

Armando Murrieta • Zone 5
Board Member

Kaweah Delta Health Care District

Board of Directors Meeting

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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

David Francis, Secretary/Treasurer

Prepared by:

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

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

DISTRIBUTION:

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

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KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

Wednesday November 19, 2025 {Regular Meeting}

OPEN MEETING AGENDA {4:00PM}

1. **CALL TO ORDER**
2. **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 minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
3. **ADJOURN**

CLOSED MEETING AGENDA {4:01PM}

1. **CALL TO ORDER**
2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION / QUARTERLY COMPLIANCE REPORT** – Conference with legal counsel regarding potential exposure to litigation pursuant to Government Code 54956.9(d)(2); Matters involve compliance, risk management review, and related quality assurance issues.
3. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION AND RISK MANAGEMENT** – Discussion with legal counsel regarding ongoing litigation matters involving risk management, patient safety, or related claims. (Pursuant to Government Code 54956.9(d)(1))

A. BURNS-NUNEZ V KDHCD	J. M. ANDRADE V KDHCD
B. M. VASQUEZ V. KDHCD	K. MARTINEZ-LUNA V. KDHCD
C. RHODES V. KDHCD	L. VIZCAINO V KDHCD
D. LARUMBLE-TORRES V KDHCD	M. MORENO V KDHCD
E. SMITHSON V KDHCD	N. RICHARDSON V KDHCD

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F. RAMIREZ V. KDHCD	O. DOMINGOS V KDHCD
G. MEDINA V KDHCD	P. TINOCO V KDHCD
H. BURGER V KDHCD	Q. ISQUIERDO V KDHCD
I. MACKEY V. KDHCD	

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

Action Requested

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

Action Requested

6. **MEDICAL STAFF [QUALITY ASSURANCE](#)** 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.

7. **PUBLIC EMPLOYEE APPOINTMENT** Government Code § 54957
Title: Chief Executive Officer

Action Requested

8. **APPROVAL OF THE CLOSED MEETING MINUTES** – [October 22, 2025.](#)

Action Requested

9. **ADJOURN**

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OPEN MEETING AGENDA {5:00PM}

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 minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
5. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
6. **RECOGNITIONS**
 - 6.1. Presentation of [Resolution 2273](#) to Rosario Ayala Reyes in recognition as the Kaweah Health World Class Employee of the month – November 2025.
 - 6.2. Team of the Month – Rapid Response Team
7. **INTRODUCTION – New Directors**
 - 7.1. Sandra Shadley, Director of Patient & Family Support Services
8. **CHIEF OF STAFF REPORT** – Report relative to current Medical Staff events and issues.
9. **CONSENT CALENDAR** - All items listed under the Consent Calendar are considered routine and non-controversial by District staff and will be approved by one motion, unless a Board member, staff, or member of the public requests that an items be removed for separate discussion and action.

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

Action Requested – Approval of all items on the November 19, 2025, Consent Calendar.

Section	Item	Description	Type
9.1. REPORTS	A	Physician Recruitment	Receive and File
	B	Overall Strategic Plan	Receive and File

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	C	NW Senior Housing, LLC	Receive and File
	D	Quail Park Retirement Village	Receive and File
	E	Laurel Court at Quail Park	Receive and File
	F	Oncology Services Inpatient/Outpatient	Receive and File
	G	SRCC Radiation Oncology	Receive and File
	H	SRCC Medical Oncology	Receive and File
	I	Home Care Services	Receive and File
	J	Quarterly Compliance Report	Receive and File
	K	The Joint Commission Action Plan	Receive and File
	L	TKC	Receive and File
9.2. MINUTES	A	Audit and Compliance Committee- October 22, 2025	Approve Minutes
	C	Finance Property Services & Acquisition Committee – October 15, 2025	Approve Minutes
	D	Marketing Relations Committee Meeting- October 1, 2025	Approve Minutes
	E	Quality Council Committee – October 16, 2025	Approve Minutes
	F	Regular Open Board Meeting – October 22, 2025	Approve Minutes
9.3. POLICIES	A	Compliance Policies	
	1	CP.13 Federal and State False Claims Act and Employee Protection Provisions	Approve Revisions
	2	CP. 16 Compliance Risk Assessment and Annual Compliance Workplan	Approve New
	3	CP.17 Remote Non-Employee Electronic Medical Record System Access	Approve New
9.4. MEC	1	Privilege Form Revisions- Cardiovascular Services	Approve Revisions
9.5. DISTRICT	1	Chief Executive Officer Employment Agreement	Approve and File

10. STRATEGIC PLAN INITIATIVE [OUTSTANDING HEALTH OUTCOMES](#)- Staff will provide an update on progress toward achieving the District’s strategic plan objective of Outstanding Health Outcomes, including key performance metrics, program outcomes, and recommended next steps.

11. 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.

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12. **STRATEGIC PLAN INITIATIVE IDEAL ENVIRONMENT** Presentation and discussion regarding progress, activities, and performance measures related to the District's Strategic Plan Initiative on ideal environment, including updates on physician engagement, employee engagement, recruitment, partnerships, and related action items.
13. **FINANCIALS** – Presentation and discussion of current financial statements, budget performance, revenue, and expense trends, and year-to-date comparisons for the District.
14. **REPORTS**
 - 14.1. Chief Executive Officer Report - Report on current events and issues.
 - 14.2. Board President - Report on current events and issues.

CLOSED MEETING AGENDA

IMMEDIATELY FOLLOWING THE OPEN SESSION

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

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Agenda item intentionally omitted

Resolution 2273



RESOLUTION 2273

Board Resolution Honoring Rosario Ayala Reyes as Employee of the Month of November

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

WHEREAS, Rosario Ayala Reyes, of the Sequoia Regional Cancer Center 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 November 2025, including but not limited to providing seamless support and maintaining unshakable professionalism while juggling the chaos that only an exemplary employee can make;

WHEREAS, Rosario'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 Rosario Ayala Reyes as **Employee of the Month** for November 2025, 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 Rosario as a token of recognition and gratitude.

PASSED AND ADOPTED this 19th of November, 2025, by the Board of Directors of Kaweah Health.

Mike Olmos
President
Kaweah Health Board of Directors

David Francis
Secretary/Treasurer
Kaweah Health Board of Directors

Physician Recruitment

Physician Recruitment Board Report - Physician Group Targets

November 2025

Key Medical Associates Gastroenterology x1 Pediatrics x1 Pulmonology x1 Rheumatology x1	Orthopaedics Associates Orthopedic Surgery (General) x1	Sequoia Cardiology EP Cardiology x1	Other Recruitment/Group TBD CT Surgery x1 Family Medicine x5 Gastroenterology x2 General Cardiology x1 Neurology IP/OP x2 OB/GYN x4 Pediatrics x1 Adult Psychiatry x1 Pulmonology OP x1 Urology x3
Oak Creek Anesthesia Anesthesia - Cardiac x1 Anesthesia - General x1 Anesthesia - Regional x1 Anesthesia - GME Program Dir	Valley ENT Audiology x1 Otolaryngology x1	Valley Children's Maternal Fetal Medicine x2 Neonatology x1 Pediatric Cardiology x1 Pediatric Hospitalist x1	

November Board Report Narrative:

With physician recruitment career fairs in both Fresno and Chicago in the last couple weeks, the Kaweah Health Physician Recruitment Team has been busy meeting new graduating residents and practicing physicians of many different specialties.

We have been working closely with SAMGI as we continue to entertain trauma and general surgery candidates, and offers have begun circulating.

We have received a signed letter of intent and have started the contracting phase with a General Surgeon who will also be filling the role as the Assistant Program Director for the Surgery Residency Program.

We are still eagerly awaiting word back on a few offers that have been extended to two OB/GYNs, a Family Medicine Physician, and a Rheumatologist.

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

Board Report - Physician Recruitment - Nov 2025

	Specialty	Group	Phase	Expected Start Date
1	General Surgery	SAMGI	Site Visit	
2	General Surgery	SAMGI	Site Visit	
3	General Surgery	SAMGI	Site Visit	
4	General Surgery	SAMGI	Site Visit	
5	General Surgery	SAMGI	Site Visit	
6	General Surgery	SAMGI	Site Visit	
7	Orth Surgeon (Hand)	Orthopedic Assoc	Site Visit	
8	Interventional Radiology	Mineral King Radiology	Site Visit	
9	Family Medicine	TBD	Site Visit	
10	OBGYN	TBD	Site Visit	
11	ENT	Valley ENT	Site Visit	
12	Cardiology (EP)	TBD	Screening	
13	Cardiology (EP)	TBD	Screening	
14	Radiology	TBD	Screening	
15	Family Medicine	TBD	Screening	
16	Family Medicine	TBD	Screening	
17	Family Medicine	TBD	Screening	
18	Internal Medicine	1099 - KH Direct	Screening	
19	Cardiac Anesthesia	Oak Creek	Screening	
20	Anesthesia (Cardiac)	Oak Creek	Screening	
21	Orth Surgeon (Hand)	Orthopedic Assoc	Screening	
22	Rheumatology	TBD	Offer Extended	
23	OBGYN	TBD	Offer Extended	
24	Gastroenterology	TBD	Offer Extended	
25	OBGYN	TBD	Offer Extended	
26	Family Medicine	TBD	Offer Extended	
27	Pulmonology	TBD	Offer Extended	
28	General Surgery	TBD	Offer Accepted	
29	Adult Hospitalist	Valley Hospitalist Group	Offer Accepted	
30	Cardiothoracic Surgery	TBD	Offer Accepted	
31	Family Medicine	1099 - KH Direct	Offer Accepted	
32	Endocrinology	1099 - KH Direct	Offer Accepted	TBD
33	Neurology	1099 - KH Direct	Offer Accepted	TBD
34	Neonatology	Valley Childrens	Offer Accepted	11/03/25
35	Neonatology	Valley Childrens	Offer Accepted	07/28/25
36	Family Medicine	TBD	Leadership Call	
37	General Surgery	TBD	Leadership Call	
38	PM&R	TBD	Leadership Call	
39	Family Medicine	TBD	Leadership Call	
40	General Surgery	TBD	Leadership Call	
41	Psychiatry	Oak Stone Medical Group	Leadership Call	
42	General Surgery Program Director	TBD	Leadership Call	
43	Pulmonology	TBD	Leadership Call	
44	Anesthesia Program Director	Oak Creek	Applied	
45	Urogynecology	TBD	Applied	
46	Urogynecology	TBD	Applied	

Overall Strategic Plan



FY 2026 Strategic Plan

Monthly Performance Report
November 19, 2025



[kaweahhealth.org](https://www.kaweahhealth.org)



Kaweah Health

MORE THAN MEDICINE. LIFE

38/358

Kaweah Health Strategic Plan: Fiscal Year 2026

Our Mission

Health is our passion.

Excellence is our focus.

Compassion is our promise.

Our Vision

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

Our Pillars

Achieve outstanding community health.

Deliver excellent service.

Provide an ideal work environment.

Empower through education.

Maintain financial strength.

Our Five Strategic Plan Initiatives

Ideal Environment

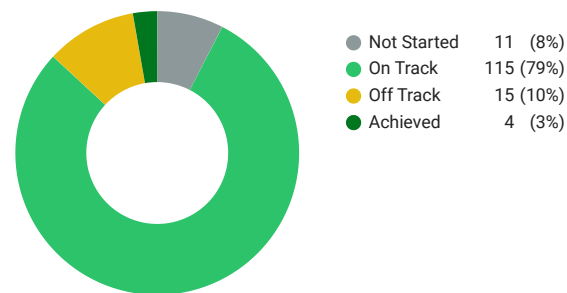
Strategic Growth and Innovation

Outstanding Health Outcomes

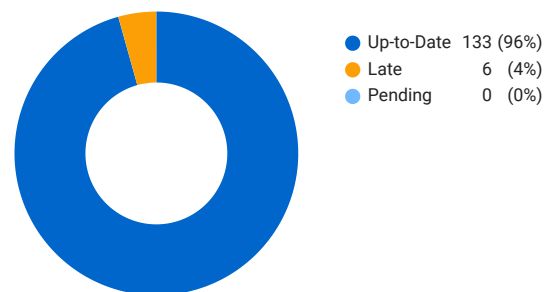
Patient Experience and Community Engagement

Physician Alignment

Kaweah Health Strategic Plan FY2026 Overview: Status



Kaweah Health Strategic Plan FY2026 Overview: Updates



Ideal Environment

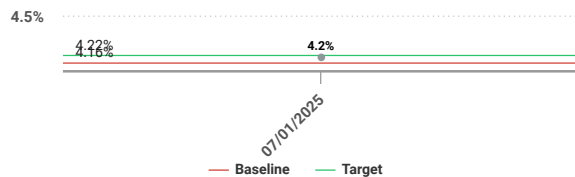
Champions: Dianne Cox and Hannah Mitchell

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

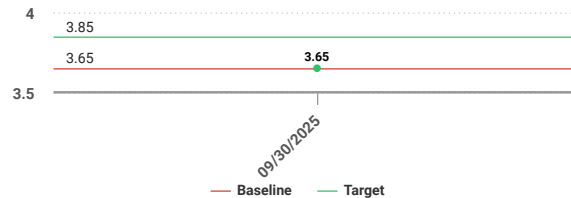
FY2026 Strategic Plan - Ideal Environment Strategies

#	Name	Description	Status	Assigned To	Last Comment
1.1	Integrate Kaweah Care Culture	Integrate Kaweah Care culture into the various aspects of the organization.	On Track	Hannah Mitchell	The Executive Team and Directors of Organizational Development, Patient and Community Experience, Marketing, Medical Staff and GME meet on a monthly basis to further projects and initiatives surrounding the culture. Details are presented at the Board sub-committees for Patient Experience and Human Resources. The outcomes will be measured by the performance of our Employee and Physician engagement surveys in June 2026.
1.2	Ideal Practice Environment	Ensure a practice environment that is friendly and engaging for providers, free of practice barriers.	On Track	Shannon Vinson	Various efforts are underway to foster an ideal practice environment at Kaweah Health. The Medical Staff Well-Being Committee has revised its cadence to meet monthly beginning November 19, 2025, with a focus on developing initiatives that promote clinician health and well-being. The committee is also exploring opportunities to include Advanced Practice Provider (APP) representation to broaden engagement and perspectives. In alignment with these efforts, the Medical Staff is developing mentorship programs to support new clinicians, those expressing interest in leadership, and individuals identified as potential future leaders within Kaweah Health. The Medical Staff Office is collaborating with medical staff officers to establish Key Performance Indicators (KPIs) to evaluate the effectiveness and impact of these well-being and retention initiatives. Progress and outcomes will continue to be reviewed and reported through existing hospital and medical staff leadership and committee structures to ensure alignment with Kaweah Health's organizational goals for an ideal practice environment.
1.3	Growth in Nursing School Partnerships	Increase the pool of local RN candidates with the local schools to increase RN cohort seats and increase growth and development opportunities for Kaweah Health Employees	On Track	Hannah Mitchell	Employees sponsored in nursing pathways FYTD: - 25 employees started in September Unitek cohort - 4 employees started in COS LVN to RN Bridge program - 1 employee started in SJVC program We have 30 employees across the Unitek, COS LVN to RN Bridge and SJVC programs and are working with Carrington College (SJVC) to obtain state approval of their new Rad Tech program and are exploring PT/OT partnerships with Fresno State and COS.

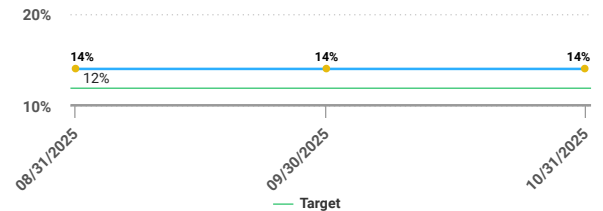
Employee Engagement Survey Score Greater Than 4.22%



Physician and APP Engagement Survey Score Greater Than 3.85%



Decrease Overall Turnover Rate



Strategic Growth and Innovation

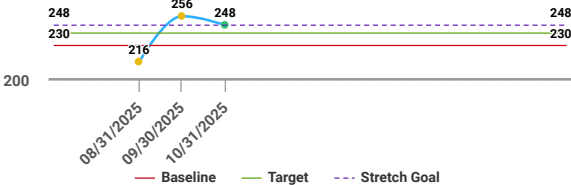
Champions: Marc Mertz and Kevin Bartel

Objective: *Grow intelligently by expanding existing services, adding new services, and serving new communities. Find new ways to do things to **improve efficiency and effectiveness.***

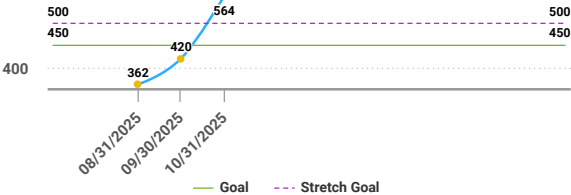
FY2026 Strategic Plan - Strategic Growth and Innovation Strategies

#	Name	Description	Status	Assigned To	Last Comment
2.1	Grow Targeted Service Line Volumes	Grow volumes in key service lines, including Orthopedics, Endoscopy, Urology and Cardio Thoracic services.	On Track	Kevin Bartel	For the month of October, surgery volume exceeded the target and stretch goals in place for orthopedics, CTS Impella cases and Endoscopy.
2.2	Enhance Medical Center Capacity and Efficiency	Enhance existing spaces to grow capacity for additional and expanded services and focus on operational efficiency within the surgery areas.	On Track	Kevin Morrison	Projects to enhance the operational efficiency within the surgery areas are in various stages of design and permit approval.
2.3	Expand access for patients though Clinic Network Development	Strategically expand and enhance the existing ambulatory network to increase access at convenient locations for the community.	On Track	Ivan Jara	Outpatient clinic access continues to grow through the development of new locations, new specialties, and the expansion of current services. Current efforts include physician recruitment (Primary and Specialty Care), advanced practice provider recruitment, new clinic locations (Specialty, Rural, and Commercial), and federal/state programs and grants.
2.4	Innovation	Implement and optimize new tools and applications to improve the patient experience, communication, and outcomes.	On Track	Kevin Bartel	The majority of the innovation plan elements are set to a quarterly update cycle (next updates will come in January), so this summary update will have more context then.
2.5	Enhance Health Plan Programs	Improve relationships with health plans and community partners and participate in local/state/federal programs and funding opportunities to improve overall outcomes for the community.	On Track	Sonia Duran-Aguilar	Monthly meetings take place with Medi-Cal Managed Care Health Plans (Anthem BC and HealthNet) to foster strong working relationships that result in revenue generating programs and grant funding. Collaboration with these plans span across several projects to include CalAIM Enhanced Care Management (ECM), CalAIM Community Supports (CS), Equity Practice Transformation (EPT) and MOVES grant (funded by Centene Foundation). Currently updating contracts for CalAIM to add Population of Focus for Children and Youth ages 18-22. Exploring Community Health Worker (CHW) benefit and reimbursement for providing services with both Anthem BC and HealthNet.

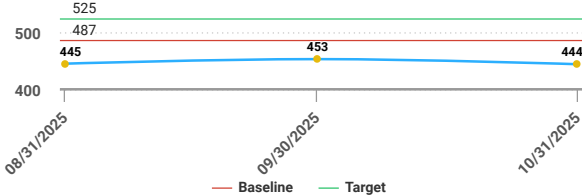
Perform 241 Orthopedic Surgery Cases Per Month



Perform 450 Endoscopy Cases Per Month



Increase Enrollment to 640 Lives in Enhanced Care Management



Outstanding Health Outcomes

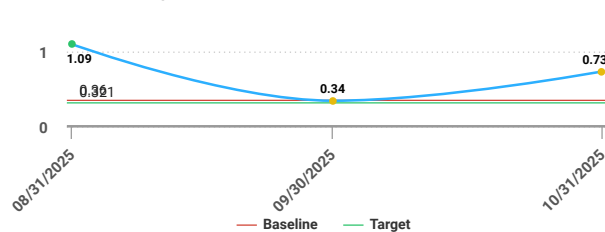
Champions: Dr. Paul Stefanacci and Sandy Volchko

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

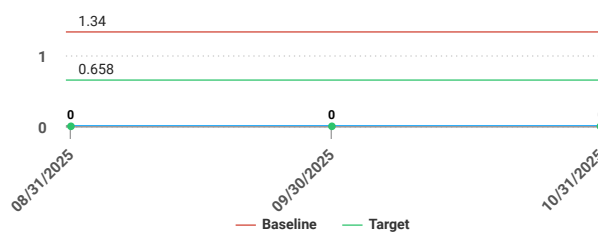
FY2026 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To	Last Comment
3.1	Safety Program Enhancement	Improve the Patient Safety Program through enhanced proactive evidence based strategies.	On Track	Sandy Volchko	SSER calculated and reported monthly; Several months of data collection will be needed to establish a baseline. RCA and ACA leadership and safety huddle training has been completed, currently planning for ongoing training needs as new leaders enter KH.
3.2	Reduce Hospital Acquired Infections (HAI)	Reduce the Hospital Acquired Infections (HAIs) to the selected national percentile in FY26 as reported by the Centers for Medicare and Medicaid Services.	On Track	Sandy Volchko	HAI SIR not achieving goal FYTD; active strategies in process to reduce events
3.3	Reduce Surgical Complications	Reduce the Patient Safety Indicator (PSI) 90 composite rate to the selected national percentile in FY26 as reported by the Centers for Medicare and Medicaid Services.	On Track	Sandy Volchko	FYTD26 2.23 (July-Sept 2205), goal less than 1.33. Data analysis completed, cases reviews in process and working to onboard new KH leaders/staff.

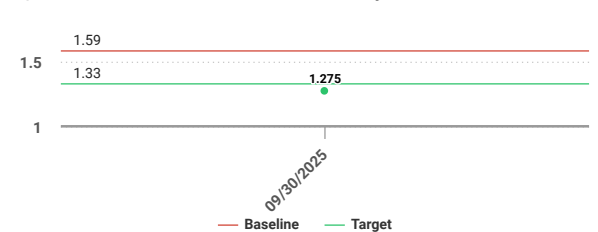
Decrease Standardized Infection Ratio (SIR) CAUTI to less than or equal to .321



SIR MRSA FYTD $\leq$.0658



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



Patient Experience and Community Engagement

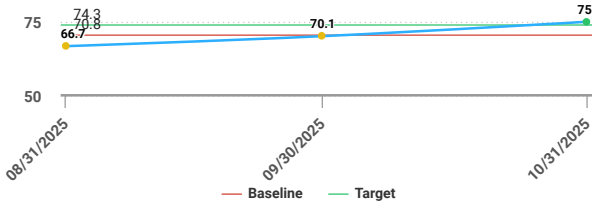
Champions: Marc Mertz and Deborah Volosin

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

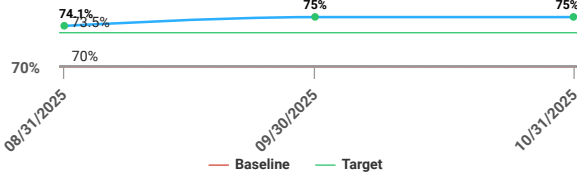
FY2026 Strategic Plan - Patient Experience and Community Engagement Strategies

#	Name	Description	Status	Assigned To	Last Comment
4.1	Empowering Leaders to Enhance Patient Experience	To improve patient experience, it is essential to cultivate a leadership culture that prioritizes patient-centered care. This strategy focuses on equipping leaders at all levels with the necessary skills, tools, and authority to drive meaningful improvements in patient interactions, service delivery, and overall satisfaction.	On Track	Deborah Volosin	PX is continuing to educate Leadership and new employees on the importance of compassionate communication and immediate service recovery.
4.2	Fostering a Culture of Empathy and Human Understanding	Creating a culture of empathy and human-centered care is essential for enhancing patient experience and community trust.	On Track	Deborah Volosin	Present on Compassion and Empathy at every New Employee Orientation. There is also a component of those characteristics in every Leadership presentation.
4.3	Transforming the Patient Environment for a Better Experience	A well-designed and patient-friendly physical environment plays a critical role in patient experience and overall well-being. This strategy focuses on improving the hospital's physical spaces to promote comfort, accessibility, and a sense of healing	On Track	Deborah Volosin	Marc Mertz rounds with Facilities, EVS, PX, and Maintenance each month.
4.4	Strengthening Community Engagement	Building strong relationships with the community is essential for fostering trust, improving health outcomes, and increasing access to care. This strategy focuses on actively engaging with community members through outreach programs, partnerships, and educational initiatives.	On Track	Deborah Volosin	We did a Town Hall in October that featured Armano Murietta, Gary Herbst, Dr. Hammond, Schlene Peet, Cameron Beatty. Gave PFAC a tour of the Imaging Center.
4.5	Adopting a Patient-Centered Approach to the Entire Healthcare Experience		On Track	Deborah Volosin	Updated visitor policy to include overnight guests. Working on Lost Belongings policy

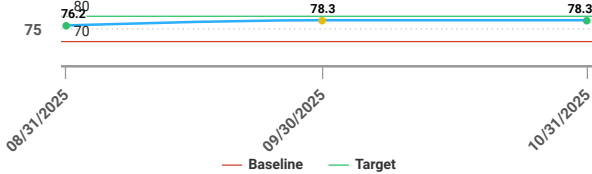
Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve an Organizational-wide score of 73.5 in Human Understanding



Achieve a score of 80 in "Cleanliness of Clinic"



Physician Alignment

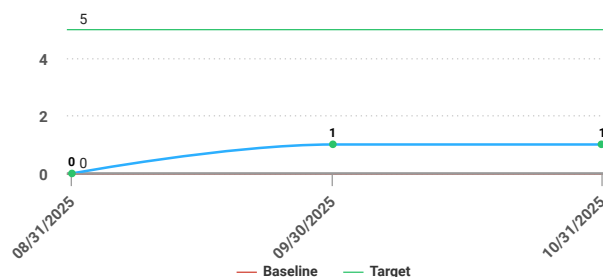
Champions: Ryan Gates and JC Palermo

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

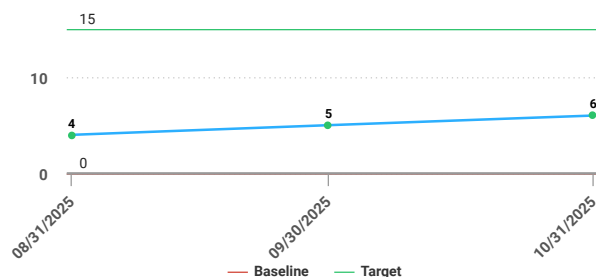
FY2026 Strategic Plan -Physician Alignment - Strategies

#	Name	Description	Status	Assigned To	Last Comment
5.1	Recruit Physicians and Advanced Practice Providers	Refine and execute recruitment strategy and employment options for physicians and advanced practice providers that will assist with recruitment of providers to support community needs and Kaweah Health's growth.	On Track	JC Palermo	The Physician Recruitment Strategy Committee continues to meet to discuss the most pressing community needs and how Kaweah Health can best deploy resources.
5.2	Develop and Provide Practice Support for Physicians	Continue to develop services and opportunities that improve alignment with and support for contracted and affiliated physician practices.	On Track	Ryan Gates	Lung Cancer Screening program development continues to take shape. EBUS and ION technology is onsite and cases are being completed. Discussions with key stakeholders have been initiated around the development of a comprehensive colorectal cancer program. Discussions continue with orthopedic surgeons to develop strategies to keep care local.
5.3	Physician Alignment through Integrated Delivery Network (i.e. Sequoia Integrated Health)	With our physician community partners, continue to develop and strengthen relationships with health plans through Sequoia Integrated Health.	On Track	Ryan Gates	Continued work to partner with Key MG through our joint venture SIH/SHP. Meetings were had in October with technology vendors that can help with integration and improved coordination of care and management of at-risk lives.

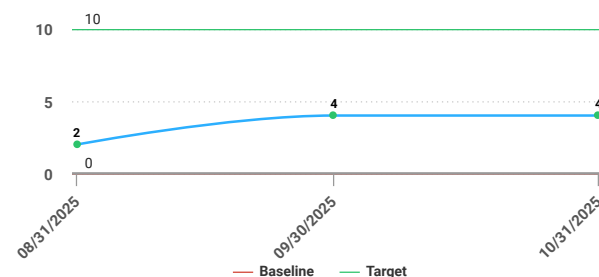
Recruit 5 Primary Care Physicians



Recruit 15 Specialty Providers



Recruit 10 Advanced Practice Providers



NW Senior Housing, LLC

REPORT TO THE BOARD OF DIRECTORS

Quail Park at Shannon Ranch

Marc Mertz, Chief Strategy Officer, 624-2511
November 19, 2025

Summary Issue/Service Considered

In 2016, Kaweah Health approved construction of a new 120-unit independent, assisted, and memory care senior living project called Quail Park at Shannon Ranch near the intersection of Demaree and Flagstaff in northwest Visalia. The 139,000 square foot project is located on a 3.65 acre site next to the 6,100 square foot Urgent Care Center which Kaweah Health opened on a 1.01 acre parcel on the east side of Demaree. The main independent living facility has 100 units ranging from studios to 2-bedroom units, and the secure memory care facility has 20 rooms.

Kaweah Health owns 33 and one third percent of the project, which is held by Northwest Visalia Senior Housing. Other partners are Shannon Senior Care, LLC, BTV Senior Housing, LLC, BEE, Inc., and Millennium Advisors. Shannon Senior Care is owned by members of the Shannon family; BTV is owned by Bernard te Velde, Jr.; BEE is owned by Cathy Boshaw and Doug Eklund of the Seattle area; Millennium Advisors is owned primarily by Denis Bryant, the current managing partner of Quail Park and the Memory Care Center.

The approximately \$40 million project broke ground in March 2018 and was completed in early 2020. All Kaweah Health equity contributions to the project have originated from the Bettie Quilla Fund at Kaweah Health Hospital Foundation. The Quilla Fund is restricted by the donor for support of senior living projects in collaboration with Kaweah Health. Kaweah Health made a total equity contribution in Quail Park Shannon Ranch of \$3,997,000.

Quality/Performance Improvement Data

During the facility's planning, and before COVID-19, management expected that occupancy of the main building would reach 50% within 90 days of opening and that the memory care center would be completely filled within that same period. Early deposits and waiting lists supported this. However, by July 2020 occupancy of the independent living building reached just 7% and the memory care was at 35%.

During the next several years, management worked hard to provide a safe environment for residents and visitors during COVID while maintaining the premier senior living facility in the region. Local management of Shannon Ranch has remained consistent since the facilities opened, but the marketing staff has turned over several times. A wide variety of marketing efforts have been deployed, including offering limited-time discounts to encourage people to move in, radio ads, billboards, home marketing visits, referral programs, social media campaigns, radio talk show host promotion, and more. Shannon Ranch frequently invites local clubs and organizations to meet in their conference room as a way to promote the facility.

Occupancy in the 20-unit memory care building reached capacity by 2022 and has remained there since then. Occupancy in the main building has been slower to increase. By July 2025, occupancy in the independent living building increased to 78%. The National Investment Center

for Seniors Housing & Care (NIC) overall national senior housing occupancy rate was 87% at the end of the second quarter of 2025.

Occupancy Rate	July 2020	July 2021	Aug 2022	July 2023	July 2024	July 2025
Independent Living	7%	28%	56%	64%	76%	78%
Memory Care	35%	50%	100%	100%	100%	100%

Due primarily to the lower-than-expected occupancy, Quail Park at Shannon Ranch (which includes memory care) has operated at a loss since it has opened. To offset these losses, the owners of Northwest Visalia Senior Housing have made a series of cash calls to fund operations. These contributions are being treated as loans payable with a 5% interest rate. During FY2025, Kaweah Health made \$603,929 in such loans to Shannon Ranch. Since fiscal year 2020, Kaweah Health has made total loan payments of \$2,906,087 to Shannon Ranch. This amount is based on Kaweah Health's ownership percentage, and all owners have made proportional loans.

The total loans made by Kaweah Health to all Quail Park facilities in Visalia (both Cypress facilities plus the Shannon Ranch facilities) over several years is \$3,701,936. All but \$220,000 of these loans have been made using funds from the Betty Quilla Fund. Accrued interest on these loans is \$245,660. All owners have made similar loans based on their ownership percentage.

Approximately \$1,400,000 remains in the Bettie Quilla fund. These funds were originally restricted for the exclusive use on senior housing projects. In FY2025, the Foundation board of directors took action to unrestrict these funds, as it is unlikely that Kaweah Health will invest in additional senior housing projects. As of June 30, 2025 no Betty Quilla funds have been used for any purpose other than senior housing.

Policy, Strategic or Tactical Issues

Shannon Ranch requires an occupancy rate of 80% to 85% to breakeven financially. During FY 2025 the property was refinanced, lowering debt service costs with lower interest rates and a period of interest-only payments.

Recommendations/Next Steps

Continue to support Quail Park at Shannon Ranch and push Living Care leadership for improved performance.

Approvals/Conclusions

Quail Park at Shannon Ranch opened at perhaps the worst possible time. However, the facility is the premier senior living in Visalia and perhaps the Central Valley. The amenities and services offered are unrivaled in the market. As the pandemic abates, this facility will be a significant asset to the community. The recent increase in occupancy has been encouraging and is expected to continue.

Quail Park Retirement Village

REPORT TO THE BOARD OF DIRECTORS

Quail Park Retirement Village (Cypress)

Marc Mertz, Chief Strategy Officer, 624-2511
November 19, 2025

Summary Issue/Service Considered

The Quail Park Cypress campus consists of a senior independent living facility (Quail Park Retirement Village) and a secure memory care facility (Laurel Court). These are organized as separate legal entities.

The Quail Park Retirement Village independent living facility, established in 2002, is a 127-unit senior retirement village owned 44 percent by Kaweah Health and 56 percent by Living Care Senior Housing. Denis Bryant from Living Care is the Managing Member. Kaweah Health's equity investment in Quail Park Retirement Village included \$900,000 in land and \$688,770 in cash provided by the Betty Quilla Fund held by the Kaweah Health Foundation.

Lynn Havard Mirviss and Marc Mertz represent Kaweah Health on the Quail Park Retirement Village Board of Members. Cathy Boshaw and the Elling Halverson estate represent Living Care Senior Housing on the two boards. Kaweah Health and Living Care have equal voting rights on the boards.

Quality/Performance Improvement Data

Prior to 2020, Quail Park Retirement Village at Cypress historically operated nearly at capacity, significantly above industry benchmarks. As recently as June 2019, Quail Park Retirement Village had a 28-unit waiting list. Like all senior living facilities, Quail Park was significantly impacted by COVID-19 beginning in 2020. Many individuals chose to delay moving into senior living facilities. According to The National Investment Center for Seniors Housing & Care (NIC), occupancy rates for US assisted living facilities reached a record low of 77.7% at the end of 2020. Similarly, occupancy in independent living facilities also reached a record low of 83.5% at the end of 2020.

Quail Park's occupancy continued to be significantly depressed as a result of the pandemic and increased competitive pressures in the market (including our own introduction of Quail Park at Shannon Ranch), and decreased from 2020 until 2022 when it went to 75%. Since 2022, it has been slowly increasing and is now at 86%. The NIC overall occupancy rate for senior housing across the US was 87.4% at the end of the 2nd quarter of 2025.

	Aug. 2020	July 2021	Aug. 2022	Aug. 2023	July 2024	July 2025
Occupancy Rate	87%	81%	75%	77%	83%	86%

During fiscal year 2025 (July 1, 2024 through June 30, 2025), Quail Park Retirement Village generated an operating loss and was unable to generate funds to pay distributions to its owners. Kaweah Health's portion of the operating loss (based on 44% ownership) was \$445,443. The owners were asked to contribute cash in the form of loans to offset the operational losses. Kaweah Health's share of these loans was \$154,000 during FY2025. These loans are repayable to Kaweah at 5% interest. Rather than use cash reserves to fund these loans, Kaweah Health

borrowed the entire amount from the Kaweah Health Hospital Foundation's Betty Quilla Fund, which was established to support senior housing in Tulare County. This fund will be repaid as Kaweah Health receives funds from Quail Park. The total loan receivable from Quail Park Retirement Village is \$569,249.

With occupancy now at 86% and expected to increase to 90% in early 2026, this property is expected to return to profitability.

While the recent performance of this facility has been below expectations and the need to loan funds to support operations has been unfortunate, it is important to appreciate the impact this facility has had to Kaweah Health and the community since its inception. Since 2002, Kaweah Health has received \$5,569,500 in equity distributions from the operation of this facility. In addition, multiple loan refinancing for the property has yielded an additional \$5,934,840 in distributions to Kaweah Health, for total distributions of \$11,504,340.

The total loans made by Kaweah Health to all Quail Park facilities in Visalia (both Cypress facilities plus the Shannon Ranch facilities) over several years is \$3,701,936. All but \$220,000 of these loans have been made using funds from the Betty Quilla Fund. Accrued interest on these loans is \$245,660. All owners have made similar loans based on their ownership percentage.

In addition to the financial benefit to Kaweah Health, Quail Park Retirement Village has been a premier senior housing facility in Tulare County and offers our community members a higher level option for senior housing. This was the exact intent of Betty Quilla's generous donation.

Policy, Strategic or Tactical Issues

COVID-19 had a significant negative impact on the occupancy rates of senior living facilities nationwide. Quail Park Retirement Village was not spared, and it has taken years to recover. The opening of the Quail Park at Shannon Ranch facilities have probably also contributed to the lower occupancy at the Cypress location. This facility is also on the higher end of facilities, services, and rates in our community.

In FY2025, management has taken significant steps to maintain competitiveness and to increase occupancy. Leadership of the facility has been replaced, and marketing efforts have been increased.

Recommendations/Next Steps

Continue to operate Quail Park Retirement Village as a high-level senior retirement center. Continue to work closely with management to maintain attractive and safe facilities, with excellent service. Aggressively market the facility to our community.

Approvals/Conclusions

Despite another challenging year in FY2025, Quail Park is filling a significant health care need in our community, providing exceptional services to its residents, and at the same time has generated a significant income stream for Kaweah Health over the course of the project. A return to profitability is expected in fiscal year 2026.

Laurel Court at Quail Park

REPORT TO THE BOARD OF DIRECTORS

Quail Park Laurel Court (Memory Care)

Marc Mertz, Chief Strategy Officer, 624-2511
November 19, 2025

Summary Issue/Service Considered

Quail Park (Cypress campus) consists of a senior independent living facility (Quail Park Retirement Village) and a secure memory care facility (Laurel Court or Memory Care Center). These are organized as separate legal entities.

The 40-unit Memory Care Center (Laurel Court) is an Alzheimer's/Dementia facility located east of the Rehabilitation Hospital on Kaweah Health's west campus. It is owned 44 percent by Kaweah Health and 56 percent by Living Care Senior Housing. Denis Bryant from Living Care is the Managing Member. Kaweah Health's initial investment in Laurel Court consisted of \$720,000 in land and \$270,936 in cash provided by the Betty Quilla Fund in the Kaweah Health Foundation.

Denis Bryant is the manager of both entities. Lynn Havard Mirviss and Marc Mertz represent Kaweah Health on the Memory Care Board. Cathy Boshaw and the Halverson family represent Living Care Senior Housing. Kaweah Health and Living Care have equal voting rights on the boards.

Quality/Performance Improvement Data

The 40-unit Memory Care Center, which opened in July 2012, historically operated at nearly 100% occupancy, often with an extensive waiting list. With the onset of the pandemic in early 2020, occupancy rates fell, as families did not want to move in new residents, and unfortunately, as residents passed away. Occupancy continued to decline until it reached a low in 2023 at 60%. Changes to the marketing staff and enhanced marketing efforts generated improved occupancy during 2024, but occupancy dropped to 65% in July 2025. The National Investment Center for Seniors Housing & Care (NIC) overall national senior housing occupancy rate was 87% at the end of the second quarter of 2025.

Memory Care	Aug 2020	July 2021	Aug 2022	July 2023	July 2024	July 2025
Occupancy Rate	83%	78%	60%	60%	80%	65%

Laurel Court operated at a loss in FY2025. Kaweah Health's portion, based on 44% ownership, was \$456,761. All owners were subject to cash calls to fund operations, and Kaweah Health's portion of those cash calls were \$226,600 during FY2025. These cash calls are treated as loans payable to the owners.

Since the Memory Care Center opened in 2012, it has paid Kaweah Health a total of \$1,573,000 in profit distributions through June 2024. Kaweah Health has received an additional \$1,461,040 in refinance distributions from this property. Total distributions are \$3,034,040 based on an original Kaweah Health investment of \$990,936 in land and cash.

The total loans made by Kaweah Health to all Quail Park facilities in Visalia (both Cypress facilities plus the Shannon Ranch facilities) over several years is \$3,701,936. All but \$220,000 of these loans have been made using funds from the Betty Quilla Fund. Accrued interest on these loans is \$245,660. All owners have made similar loans based on their ownership percentage.

Policy, Strategic or Tactical Issues

COVID-19 had a significant negative impact on the occupancy rates of senior living facilities nationwide. The Quail Park independent living and memory care centers were not spared, and it has taken years to recover. The opening of the Quail Park at Shannon Ranch facilities have probably also contributed to the lower occupancy at the Cypress locations, as it increased supply and competition in the senior living market.

Living Care made changes in the management and marketing staffing over the Memory Care Center during 2025, but performance is far below expectations as well as national benchmarks.

Recommendations/Next Steps

Continue to operate the Memory Care facility as a high-level senior retirement center with services related to dementia care, with increased pressure on Living Care leadership to drive improvements to operations and occupancy.

Approvals/Conclusions

Despite several years of challenging performance, the Memory Care Center is filling a significant health care need in our community, providing exceptional services to its residents.

Oncology Services Inpatient/Outpatient

FY 2025 REPORT TO THE BOARD OF DIRECTORS ONCOLOGY SERVICES

Radiation Oncology Services

Renee S Lauck, Director, Imaging & Radiation Oncology Services (559) 624-2345
November 5, 2025

Summary of Joint Venture

Reported separately on financial Metrics report presented at finance property & Acquisition meeting.

Radiation Oncology

Radiation Oncology saw an increase in net income of 9% for FY 25 with direct cost reduction of -5%.

FY 25 was a challenging year in having one Radiation Oncologist for most of the year, versus two. This limited our ability to see patients.

Dr. Danny Vazquez joined Dr. David Ly in Radiation Oncology at Sequoia Regional Cancer Center (SRCC) in September of 2024. Dr. Vazquez has since passed his boards in radiation oncology and we began seeing an increase in volume in the spring of 2025.

Both providers are utilizing the latest protocols from the radiation therapy oncology group (RTOG), which is the gold standard in radiation oncology. These treatment protocols include a decrease in the overall length of time a patient receives treatments. For example, a patient who previously received a 6-week course of treatment with daily radiation, is now often completing a 3-week course. Although there was a decrease in treatments, service line reports for FY 25 show a slight increase in patient cases overall.

We continue to see bundling of charges with Medicare with new updates projected to take place in January of 2026.

<i>Combined total for Visalia and Hanford</i>	<i>FY2023</i>	<i>FY2024</i>	<i>FY2025:</i>
• Patient Treatments	23,202	21,784	21,018
• Patient Cases	2,974	2,804	2,840
• Net Revenue	\$8,659,259	\$9,104,209	\$8,815,971
• Direct Cost	\$6,863,559	\$8,062,420	\$7,664,219
• Contribution Margin	\$1,795,701	\$1,041,789	\$1,151,752
• Indirect Cost	\$27,596	\$5,754	\$22,505
• Net Income	\$1,768,104	\$1,036,036	\$1,151,752
• Net Revenue/Treatment	\$373	\$418	\$419
• Direct Cost/Treatment	\$296	\$370	\$365
• Contribution Margin/Treatment	\$77	\$48	\$55

Radiation Oncology Operational Summary

Radiation Oncology Services Include;

- External radiation treatments for inpatients at KHMC and Adventist Hospital are treated at both locations, although because of advanced technology, our more complex patients, are treated in Visalia. Approximately 80% of our volume is seen in Visalia.
- Stereotactic Radiation Surgery program (**SRS**) is provided in coordination with our neurosurgery group. SRS is any treatment where there is one lesion being treated.
- Stereotactic Body Radiation Therapy program (**SBRT**) has grown tremendously and includes cases for the treatment of two or more lesions. Volumes continue to increase for SRS/SBRT. These cases are highly complex while achieving great patient outcomes.
- **SBRT/SRS cases**
 - FY 2023 186 cases
 - FY 2024 158 cases
 - FY 2025 186 Cases
- Thyroid I 131 studies are completed as outpatients, coordinated with Nuclear Medicine at Kaweah Health Diagnostic Center. We've seen a reduction in cases due to having one oncologist for most of the year, which limited the ability to keep up with these studies.
- Xofigo treatments for prostate cancer are currently coordinated with Nuclear Medicine at Kaweah Health Diagnostic Center.
- Our radiation oncologists refer patients to CT, MRI and PET/CT as well as sending patients for 3T MRI, which is not provided at Kaweah Health facilities at this time. We will be installing a 3T MRI unit in FY 2026 at the imaging center, which will give us the ability to scan prostate patients.

Challenges

- **Volume challenges**
 - One of our long standing medical oncologists, Dr. Robert Havard, retired which also caused a dip in volume with new medical oncologists not having ramped up completely.
- **FY 25 Staffing challenges**
 - One of our long term RN's retired last year, one has been on a long term LOA with a new baby and another long term RN is retiring in November of 2025.
 - One of the greatest challenges faced in specialty areas is replacing long-term employees. It can take years to gain knowledge and efficiencies when a long-term employee leaves. It often takes two people to replace what was done by one person, as they navigate the 3-6 month orientation and training process required in our cancer center.
 - Continue to struggle with the Hanford volume. There is a perception that patients are being sent to Bakersfield for oncology services as well as a lack of surgeons at Adventist.
 - Due to volume challenges, we held off hiring a second Physicist, but had additional hours due to orientation of two RN's.

Quality/Performance Improvement Data

One of our objectives over the last year was to reduce expenses, while building world-class service with exceptional physicians and teams.

- While indirect expense is up with depreciation from new equipment, direct expense is down by 5%.
- We continue to contract directly with one of our experienced dosimetrists who cover service remotely. This assures we have a balance experienced staff. Becoming an experienced dosimetrist can take five to ten years.
- Last FY, we worked with a consulting group to provide a deep look into our coding and services. We received the report back and found all of our areas were in line with coding regulations and services provided. This included a review of our SRS, SBRT and our High Dose Radiation (HDR) programs.

Policy, Strategic or Tactical Issues

Goals for the coming year will continue to include comprehensive marketing of cancer services and programs at SRCC as we work to grow a comprehensive regional program in the central valley and work with medical oncology towards accreditation.

SRCC Radiation Oncology is thrilled to have started a new treatment for metastatic prostate cancer, called Pluvicto. We are the first cancer center in the central valley to be able to treat with Pluvicto. Until November of 2025, it was only available in Los Angeles and Sacramento.

With the addition of the Lung Screening program and our RN oncology nurse navigator, we have begun seeing patients through our Low Dose CT screening process.

Recommendations/Next Steps

In the coming year, we will continue to focus on efficiencies within the department with training new nurses working with our providers who are extremely engaged in becoming the facility our patients look to, for excellence in care.

As we begin moving towards the future, we will need to seriously consider our Hanford office as the machine is at end of life and needs to be replaced if we should decide to keep Hanford open.

Approvals/Conclusions

Our continued pursuit of exceptional world-class care is important to our staff and our physicians. SRCC radiation oncology is a special group of individuals who truly care for our patients and their families.

Radiation Oncology at SRCC is a program that is valued by our patients with a NRC patient satisfaction having just started, we are already at 90%. We look forward to continuing to provide the best experience for our patients who are going through an exceptionally difficult time in life.

We are excited with the opportunity to continue to grow and work for our community as we collaborate with our medical oncologists and fellow oncology professionals,

FY 2025 REPORT TO THE BOARD OF DIRECTORS ONCOLOGY SERVICES

Inpatient Medical-Oncology 3South

Emma Mozier, MSN, RN, CNML

Director of Medical Surgical Services

November 3, 2025

Summary Issue/Service Considered

- Inpatient Oncology contribution margin down from prior year, coming in at \$2.7 million. FY 2024 seems to be the anomaly due to higher patient volumes and lower direct cost per case. FY 2025 Managed Care volumes are down, reducing case mix (CM) by approximately \$681k.
- CM/case trend is a nice upward trend from FY22, with FY 24 and 25 benefiting from higher reimbursement per case and nursing unit expense reductions beginning in FY 2024.
- The lost contribution margin is also attributable to lost Managed Care cases in FY 2025.
- Patient Discharges are down 20% in FY 2025, with 434 patient discharges. Patient days are down 24% as compared to prior year, and average length of stay is down 5% to 5.84 days.
- We currently have a 1.6 day length of stay (LOS) opportunity to improve, which is the lowest of the last four years.
- Net Patient Revenue per case is up by 4% to \$22,894, the highest of the last four years.
- Direct Cost per case was up 5% in FY 2025, after the decline in FY 2024.
- 3South (3S) leadership remains focused on staff development with specific attention to best practices to further improve the patient experience. This also includes regular training to increase our chemo certified nurses.
- Active surveillance of all quality measures with the greatest focus: Central Line Associated Blood Stream Infection (CLABSI) and Catheter Associated Urinary Tract Infection (CAUTI). Also focused on Falls, Hospital Acquired Pressure Injuries- HAPI, and Hypoglycemia rates. Including staff in case reviews and solution identification for quality improvement.

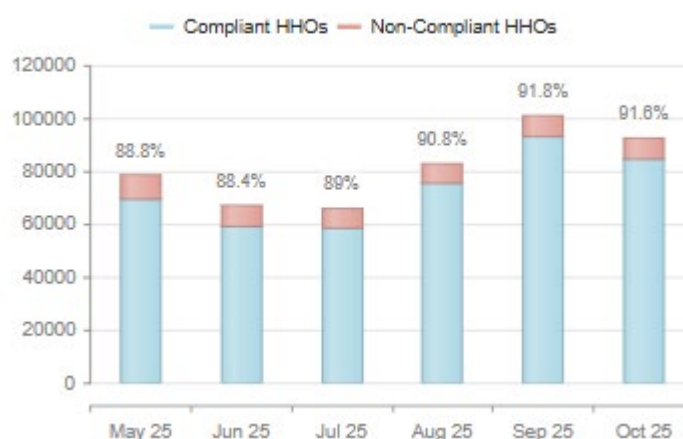
Quality/Performance Improvement Data

CLINICAL QUALITY	Organization Wide			
	2Q24	3Q24	4Q24	1Q25
Central line associated blood stream infection (CLABSI)	0.537	0.608	1.196	0.847
Target	0.589	0.486	0.589	0.486
Catheter associated urinary tract infection (CAUTI)	0.592	0.539	0.203	0.27
Target	0.65	0.342	0.65	0.342
Falls/1000 pt days	1.75	1.82	1.63	1.74
Target	2.07	2.08	2.18	2.14
Injury Falls/1000 pt days	0.27	0.34	0.16	0.19
Target	0.46	0.45	0.45	0.45

HAPI Stage 2+/1000 pt days *Hospital Acquired Pressure Injury	1.95	1.69	1.04	0.95
Target	0.93	0.93	0.93	0.54
Hand Hygiene Compliance Pt Care Areas	94.27%	93.86%	93.9%	93.9%
Target	95%	95%	95%	95%

- Committees reviewing our quality initiatives (CLABSI, CAUTI, Falls HAPI, and Hand Hygiene) are established and have been on-going this last year. There are current efforts to re-align, streamline and ensure appropriate focus in all these quality areas.
- Hand hygiene compliance is also a reinvigorated focus for the entire organization. Standardized work for leaders and accountability expectations for staff have recently been created and shared. Monthly data review with leaders is occurring which has helped change some of the reports to get better information and increase use. 3S is not at goal (95%) but getting closer as well as increasing total hand hygiene opportunities.

HHOs By Month



- Pharmacy and nursing are set to go live 12/2025 with an updated and streamline process for oral chemo therapy, ensuring no matter where the patient is (on 3S or another unit) there is a check by a chemo Pharmacist and 3S Chemo nurse for patient safety, standardized protective equipment precautions and signage for staff safety.
- 3S employee engagement pulse survey in 2025 demonstrated strong gains and improvement with staff's perception of and relationship with their leadership team-feeling that who they are and what they do matters to their managers, and they feel respected and communicated well to.

Policy, Strategic or Tactical Issues

- Continuing to keep up to date with regulatory requirements related to chemotherapy and hazardous drug management.
- Collaboration with SRCC in cross over initiatives or support to each other will continue this year.
- Clinical and LOS performance are continually monitored. As barriers and themes are identified the leaders work with the respective committee groups for support.

Recommendations/Next Steps

- Maintain momentum to care and improve efficiency around throughput
- Continue to focus on quality and LOS initiatives to meet organizational goals.
- Focusing on the employee engagement and safety culture feedback.

- Work with Human Resources, Clinical Education, and the Advance Practice Nurses to onboard, support and train new and existing nurses to improve recruitment and retention.
- Promote active engagement of our physician partners to increase efficiency of care and use of resources and services while patient in our care.

Approvals/Conclusions

- Strive for overall quality outcomes and set goals to continue to improve. Opportunities remain and will be focused on for improvement.
- Leadership remains vigilant, reviewing budget reports and striving for financial strength within each department. This includes monitoring staff pay practices, supply management, and LOS.
- Leadership continues to work through employee engagement opportunities and provide support to frontline care staff. We value the team members and want to ensure they have the best environment to care for their patients.

FY 2025 REPORT TO THE BOARD OF DIRECTORS ONCOLOGY SERVICES

Sequoia Regional Cancer Center- Medical Oncology

Amy Baker, MSN, RN
Director of Specialty Clinics
(559) 624-3033
November 19, 2025

Summary Issue/Service Considered

Sequoia Regional Cancer Center Medical Oncology (SRCC-MO) was acquired in FY24 and transitioned to the hospital license in FY25 completing its first full fiscal year in FY25.

FY25 was a very turbulent year for the SRCC team with wholesale changes in clinic, pharmacy and physician leadership as well as significant changes in policies, procedures and downstream workflows necessary to bring SRCC-MO into compliance with CMS, Joint Commission, CDPH and Board of Pharmacy regulations.

SRCC-MO plays a strategic role within the District's oncology service line, which is a coordinated network of cancer care services. The service line represents a continuum of care meaning patients receive comprehensive cancer treatment and support across different stages and settings. SRCC- MO services include access to board- certified oncologists, an on-site laboratory draw station, an infusion and injection center and an integrated pharmacy. Our medical oncologists also round on hospitalized patients both at Kaweah Health and Adventist Hanford hospitals. The program also incorporates a Cancer Registry for tracking and analyzing cancer data, a multidisciplinary Tumor Board for coordinated case review, and Cancer Committee responsible for quality assurance and program oversight.

Analysis of financial/statistical data:

Because SRCC-MO completed its first FY in FY25, there are no trends or baselines to use as a comparison.

In FY25, SRCC-MO had 12,972 patient cases with a contribution margin of \$1,035,141 and a payer mix of 52% Medicare, 23% Commercial Managed Care, 15% Medicare Advantage, 5% Medi-Cal Managed Care and 5% other.

The average direct cost per visit averaged \$2,898 per visit while the net revenue per visit averaged \$2,977 per visit leading to a contribution margin of \$80 per visit.

Quality/Performance Improvement Data

Quality and performance improvement initiatives at SRCC-MO include:

- As our new medical director, Dr. Gill's first order of business was to initiate our pursuit of Commission on Cancer accreditation through the American College of Surgeons.
- Implementation of new infusion pumps and development of comprehensive drug library, both designed to enhance safety and accuracy of infusion therapy.
- Adding a "time- out" procedure with documentation to bone marrow biopsy process to ensure patient safety and procedural accuracy.
- Implementation of the Patient Health Questionnaire or PHQ-9 depression-screening tool to identify patients experiencing depression and ensure they receive timely access to appropriate mental health support and resources.

Policy, Strategic or Tactical Issues

- Monthly oncologist provider meetings have been established to discuss workflow challenges, review quality and performance metrics and share general program updates. These meetings serve as a platform for collaboration among physicians, nursing staff and administrative leaders to identify process improvements, streamline patient care coordination, and ensure alignment with organizational goals. Regular communication through these meetings fosters a culture of continuous improvement, accountability and teamwork within the medical oncology service line.
- A new therapy type, known as Bispecific T cell Engager therapy (BiTE therapy), is now being offered to cancer patients at SRCC-MO. This advanced treatment is initiated at a tertiary facility, with subsequent maintenance doses administered locally at SRCC-MO. Offering this service enables patients to receive innovative cancer therapy closer to home, reducing the need for extensive travel and supporting continuity of care within our community.
- Changes have been made to the infusion schedule to reduce delays and improve patient flow. Chemotherapy infusions and office visits are now scheduled on separate days, allowing the care team to review each patient the day before their infusions and determine if there are any clinical reasons to postpone treatment. This approach helps ensure that infusions proceed safely and on schedule, minimizing disruptions for patients.

Recommendations/Next Steps

- **Volume and Growth:** Patient volume continues to grow, resulting in limited space for completing infusions. As a result, some patients experience a delay of one to two weeks before being scheduled for chemotherapy infusions. To address this challenge, options are being explored such as extending hours of operation or adding additional infusion days to better accommodate patient needs and improve access to care.

- **New Electronic Medical Record:** Switching to a unified electronic medical record Cerner will align SRCC-MO with the rest of the district. This will streamline patient care, standardize documentation and integrate billing processes. This change is expected to reduce barriers, improve communication among care teams and enhance overall efficiency across the service line.

Approvals/Conclusions

Recent initiatives to enhance patient safety, quality, and access include: updated infusion pumps and drug libraries, documented bone marrow biopsy “time-outs,” PHQ-9 depression screening, BiTE therapy availability, separation of office visits from infusion days, and monthly provider meetings to review workflow and quality metrics. Additionally, transitioning to a unified electronic medical record system will streamline documentation, billing, and care coordination.

With growing patient volumes, SRCC-MO is exploring extended hours and additional infusion days to reduce wait times and maintain timely access to care. These combined efforts position SRCC-MO to deliver safe, efficient, and innovative oncology care close to home while addressing the expanding needs of the patient population.

KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - *Summary*

Net Revenue	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR
Inpatient Oncology	\$11,074,908	\$9,767,864	\$11,868,259	\$9,935,816	-16%
SRCC Radiation Oncology Visalia	\$6,933,756	\$7,593,580	\$8,205,740	\$7,679,884	-6%
SRCC Radiation Oncology Hanford	\$1,456,350	\$1,065,679	\$898,469	\$1,136,086	26%
Outpatient Medical Center Oncology Infusi	\$68,253	\$125,913	\$138,743	\$47,462	16%
SRCC Medical Oncology Clinic	\$0	\$0	\$0	\$38,622,733	-
Total Oncology	\$19,533,267	\$18,553,036	\$21,111,211	\$57,421,982	172%

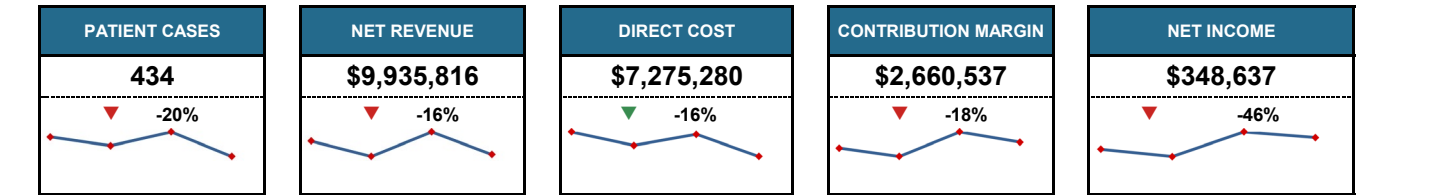
Direct Cost	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR
Inpatient Oncology	\$8,760,366	\$7,931,875	\$8,612,248	\$7,275,280	-16%
SRCC Radiation Oncology Visalia	\$5,162,733	\$5,403,961	\$6,453,026	\$6,232,616	-3%
SRCC Radiation Oncology Hanford	\$1,439,464	\$1,459,597	\$1,609,393	\$1,431,603	-11%
Outpatient Medical Center Oncology Infusi	\$54,910	\$93,810	\$99,887	\$64,145	16%
SRCC Medical Oncology Clinic	\$0	\$0	\$0	\$37,587,592	-
Total Oncology	\$15,417,472	\$14,889,244	\$16,774,555	\$52,591,237	217%

Contribution Margin	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR
Inpatient Oncology	\$2,314,542	\$1,835,989	\$3,256,011	\$2,660,537	-18%
SRCC Radiation Oncology Visalia	\$1,771,023	\$2,189,619	\$1,752,714	\$1,447,268	-17%
SRCC Radiation Oncology Hanford	\$16,886	(\$393,918)	(\$710,925)	(\$295,517)	58%
Outpatient Medical Center Oncology Infusi	\$13,343	\$32,102	\$38,856	(\$16,684)	16%
SRCC Medical Oncology Clinic	\$0	\$0	\$0	\$1,035,141	-
Total Oncology	\$4,115,795	\$3,663,792	\$4,336,656	\$4,830,746	14%

KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - *Inpatient Oncology*

KEY METRICS - FY 2025 TWELVE MONTHS ENDED JUNE 30, 2025

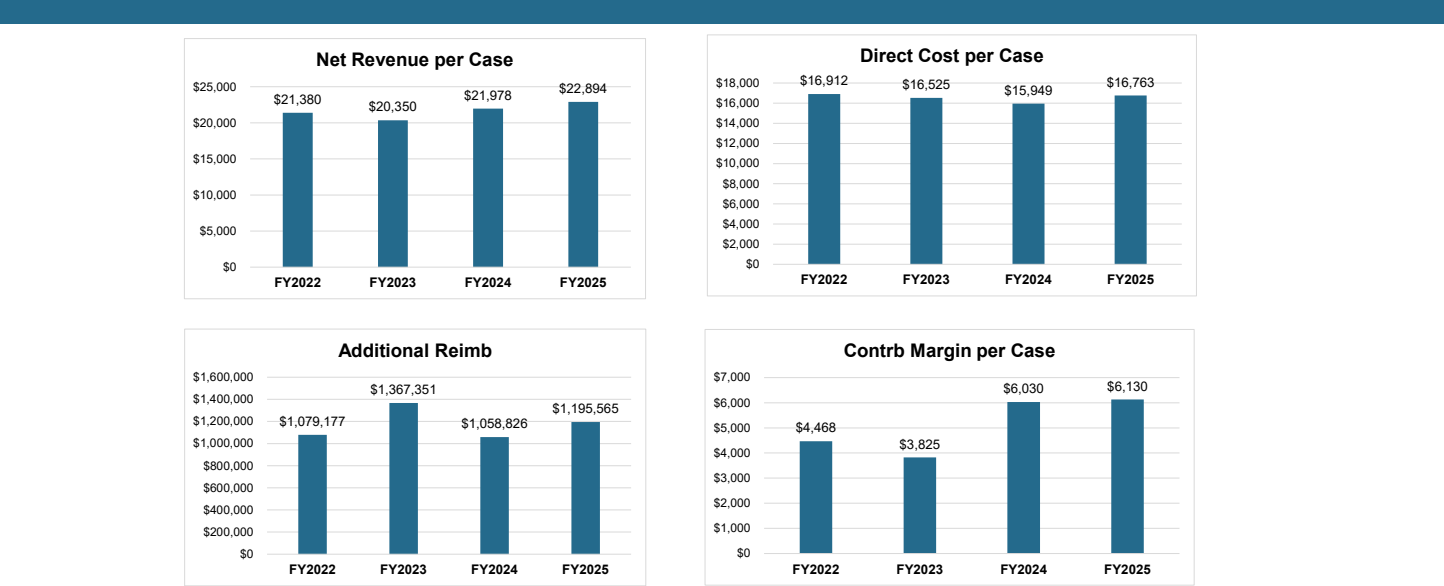


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	518	480	540	434	▼ -20%	
Patient Days	3,173	2,862	3,325	2,535	▼ -24%	
ALOS	6.13	5.96	6.16	5.84	▼ -5%	
GM LOS	4.19	4.03	3.89	4.27	▲ 10%	
Net Revenue	\$11,074,908	\$9,767,864	\$11,868,259	\$9,935,816	▼ -16%	
Direct Cost	\$8,760,366	\$7,931,875	\$8,612,248	\$7,275,280	▼ -16%	
Additional Reimb	\$1,079,177	\$1,367,351	\$1,058,826	\$1,195,565	▲ 13%	
Contribution Margin	\$2,314,542	\$1,835,989	\$3,256,011	\$2,660,537	▼ -18%	
Indirect Cost	\$2,549,664	\$2,446,876	\$2,614,619	\$2,311,900	▼ -12%	
Net Income	(\$235,122)	(\$610,887)	\$641,392	\$348,637	▼ -46%	
Net Revenue per Case	\$21,380	\$20,350	\$21,978	\$22,894	▲ 4%	
Direct Cost per Case	\$16,912	\$16,525	\$15,949	\$16,763	▲ 5%	
Add Reimb Per Case	\$2,083	\$2,849	\$1,961	\$2,755	▲ 40%	
Contrb Margin per Case	\$4,468	\$3,825	\$6,030	\$6,130	▲ 2%	
CM w/o Add Reim Per Case	\$2,385	\$976	\$4,069	\$3,376	▼ -17%	
Opportunity Days	1.94	1.93	2.27	1.57	▼ -31%	

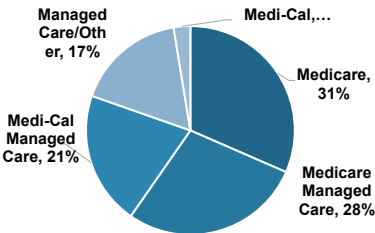
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	35%	37%	32%	31%
Medicare Managed Care	24%	15%	22%	28%
Medi-Cal Managed Care	16%	16%	15%	21%
Managed Care/Other	19%	25%	25%	17%
Medi-Cal	6%	6%	5%	3%

FY 2025 - Payer Mix

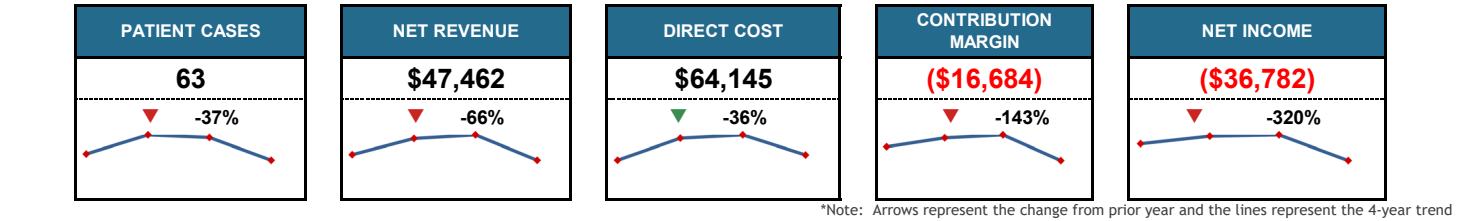


KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - Outpatient Medical Center Oncology Infusions (3 South)

****NOTE: Outpatient Infusions in an Inpatient Bed - Downtown Campus**

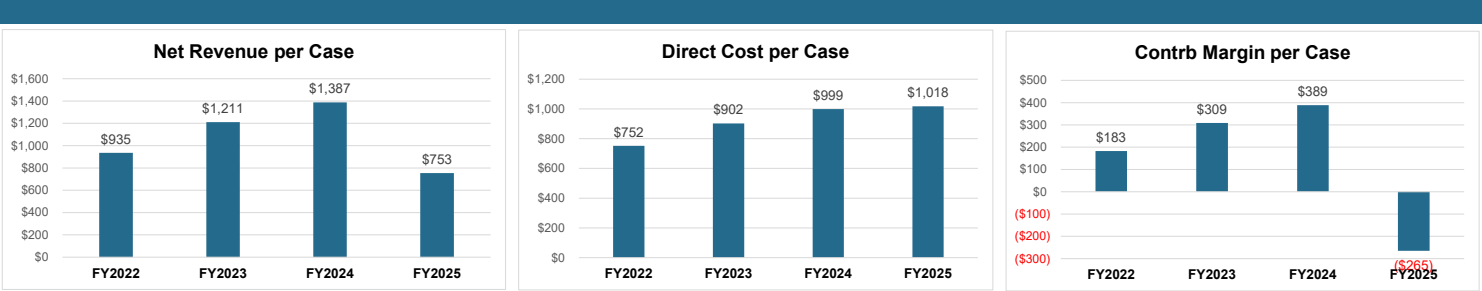
KEY METRICS - FY 2025 TWELVE MONTHS ENDED JUNE 30, 2025



METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	73	104	100	63	▼ -37%	
Net Revenue	\$68,253	\$125,913	\$138,743	\$47,462	▼ -66%	
Direct Cost	\$54,910	\$93,810	\$99,887	\$64,145	▼ -36%	
Contribution Margin	\$13,343	\$32,102	\$38,856	(\$16,684)	▼ -143%	
Indirect Cost	\$15,348	\$18,070	\$22,107	\$20,098	▼ -9%	
Net Income	(\$2,006)	\$14,032	\$16,749	(\$36,782)	▼ -320%	
Net Revenue per Case	\$935	\$1,211	\$1,387	\$753	▼ -46%	
Direct Cost per Case	\$752	\$902	\$999	\$1,018	▲ 2%	
Contrb Margin per Case	\$183	\$309	\$389	(\$265)	▼ -168%	
CM w/o Add Reim Per Case	\$183	\$308	\$389	(\$265)	▼ -168%	

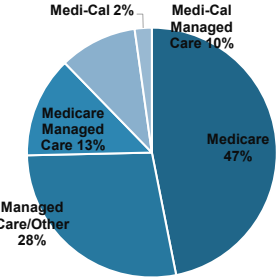
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VOLUME)

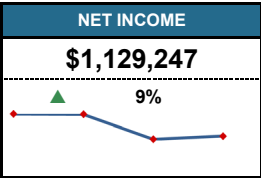
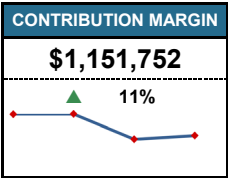
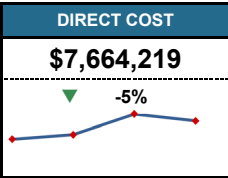
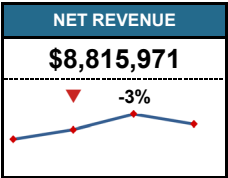
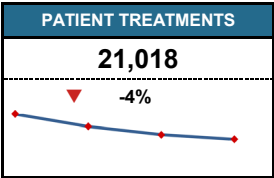
PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	37%	35%	39%	47%
Managed Care/Other	30%	33%	29%	28%
Medicare Managed Care	16%	14%	19%	13%
Medi-Cal Managed Care	14%	14%	11%	10%
Medi-Cal	2%	4%	2%	2%

FY 2025 - Payer Mix



KAWEAH HEALTH ANNUAL BOARD REPORT
Oncology Services - *SRCC Radiation Oncology Combined*

KEY METRICS - FY 2025 TWELVE MONTHS ENDED JUNE 30, 2025

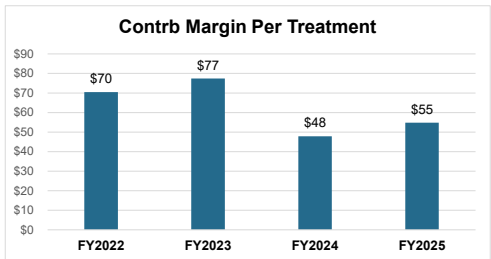
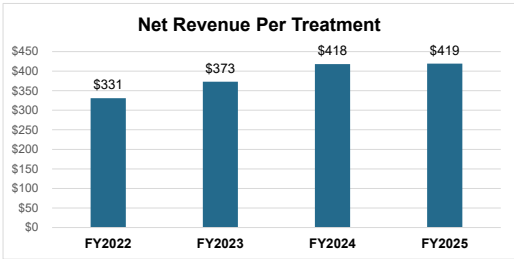
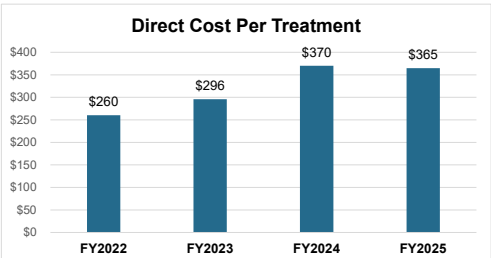
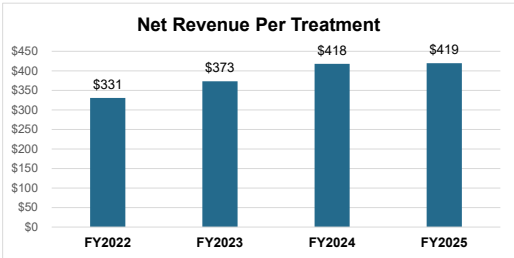


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Treatments	25,365	23,202	21,784	21,018	▼ -4%	
Net Revenue	\$8,390,106	\$8,659,259	\$9,104,209	\$8,815,971	▼ -3%	
Direct Cost	\$6,602,197	\$6,863,559	\$8,062,420	\$7,664,219	▼ -5%	
Additional Reimb	\$0	\$9,790	\$14,055	\$45,251	▲ 222%	
Contribution Margin	\$1,787,910	\$1,795,701	\$1,041,789	\$1,151,752	▲ 11%	
Indirect Cost	\$9,225	\$27,596	\$5,754	\$22,505	▲ 291%	
Net Income	\$1,778,685	\$1,768,104	\$1,036,036	\$1,129,247	▲ 9%	
Net Revenue Per Treatment	\$331	\$373	\$418	\$419	▶ 0%	
Direct Cost Per Treatment	\$260	\$296	\$370	\$365	▼ -1%	
Add Reimb Per Treatment	\$0	\$0	\$1	\$2	▲ 234%	
Contrb Margin Per Treatment	\$70	\$77	\$48	\$55	▲ 15%	
CM w/o Add Reimb Per Treatmen	\$70	\$77	\$47	\$53	▲ 12%	

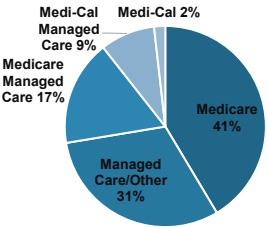
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VOLUME)

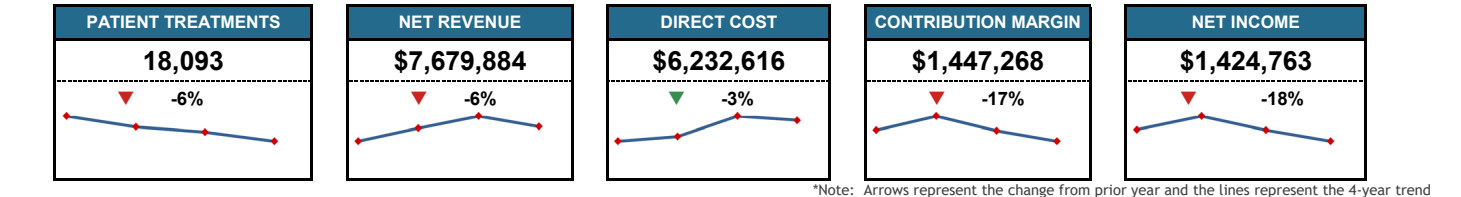
PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	35%	35%	37%	41%
Managed Care/Other	33%	33%	34%	31%
Medicare Managed Care	15%	15%	18%	17%
Medi-Cal Managed Care	13%	13%	9%	9%
Medi-Cal	4%	4%	2%	2%

FY 2025 Payer Mix



KAWEAH HEALTH ANNUAL BOARD REPORT
Oncology Services - *SRCC Radiation Oncology Visalia*

KEY METRICS - FY 2025 TWELVE MONTHS ENDED JUNE 30, 2025

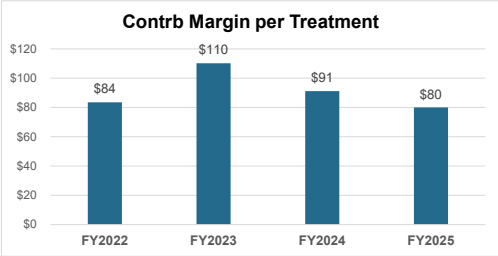
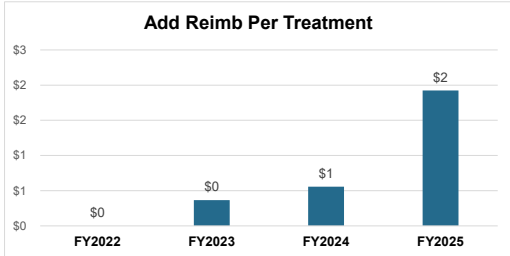
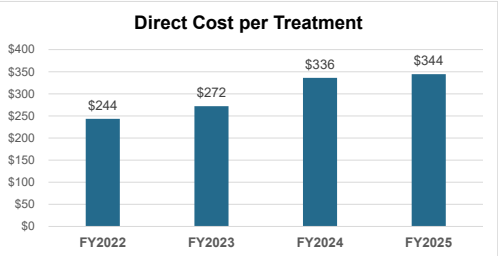
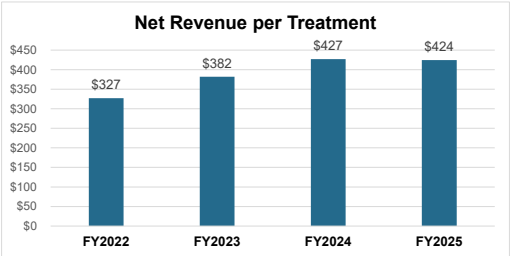


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Treatments	21,199	19,876	19,211	18,093	▼ -6%	
Net Revenue	\$6,933,756	\$7,593,580	\$8,205,740	\$7,679,884	▼ -6%	
Direct Cost	\$5,162,733	\$5,403,961	\$6,453,026	\$6,232,616	▼ -3%	
Additional Reimb	\$0	\$7,260	\$10,700	\$34,815	▲ 225%	
Contribution Margin	\$1,771,023	\$2,189,619	\$1,752,714	\$1,447,268	▼ -17%	
Indirect Cost	\$9,208	\$27,296	\$5,716	\$22,505	▲ 294%	
Net Income	\$1,761,816	\$2,162,323	\$1,746,998	\$1,424,763	▼ -18%	
Net Revenue per Treatment	\$327	\$382	\$427	\$424	▼ -1%	
Direct Cost per Treatment	\$244	\$272	\$336	\$344	▲ 3%	
Add Reimb Per Treatment	\$0	\$0	\$1	\$2	▲ 245%	
Contrb Margin per Treatment	\$84	\$110	\$91	\$80	▼ -12%	
CM w/o Add Reimb Per Treatmer	\$84	\$110	\$90	\$78	▼ -13%	

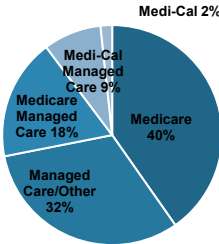
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VOLUME)

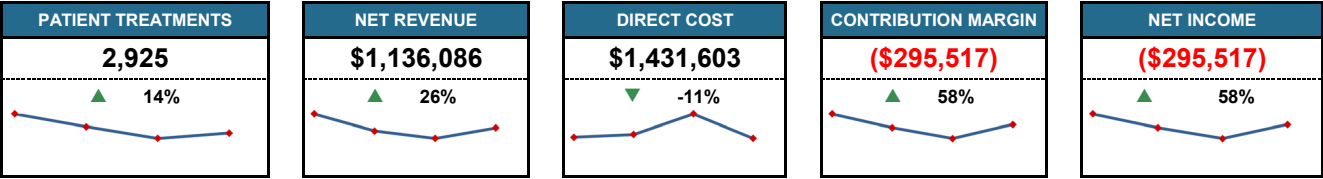
PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	36%	36%	37%	40%
Managed Care/Other	33%	33%	35%	32%
Medicare Managed Care	15%	15%	17%	18%
Medi-Cal Managed Care	12%	12%	8%	9%
Medi-Cal	4%	4%	2%	2%

FY 2025 Paver Mix



KAWEAH HEALTH ANNUAL BOARD REPORT
Oncology Services - *SRCC Radiation Oncology Hanford*

KEY METRICS - FY 2025 TWELVE MONTHS ENDED JUNE 30, 2025



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

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Treatments	4,166	3,326	2,573	2,925	▲ 14%	
Net Revenue	\$1,456,350	\$1,065,679	\$898,469	\$1,136,086	▲ 26%	
Direct Cost	\$1,439,464	\$1,459,597	\$1,609,393	\$1,431,603	▼ -11%	
Additional Reimb	\$0	\$2,530	\$3,355	\$10,437	▲ 211%	
Contribution Margin	\$16,886	(\$393,918)	(\$710,925)	(\$295,517)	▲ 58%	
Indirect Cost	\$17	\$300	\$37	\$0	▼ -100%	
Net Income	\$16,869	(\$394,219)	(\$710,962)	(\$295,517)	▲ 58%	
Net Revenue per Treatment	\$350	\$320	\$349	\$388	▲ 11%	
Direct Cost per Treatment	\$346	\$439	\$625	\$489	▼ -22%	
Add Reimb Per Treatment	\$0	\$1	\$1	\$4	▲ 174%	
Contrb Margin per Treatment	\$4	(\$118)	(\$276)	(\$101)	▲ 63%	
CM w/o Add Reimb Per Treatmer	\$4	(\$119)	(\$278)	(\$105)	▲ 62%	

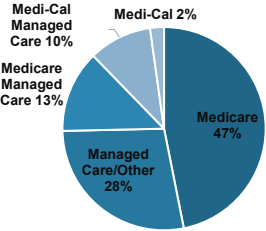
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VOLUME)

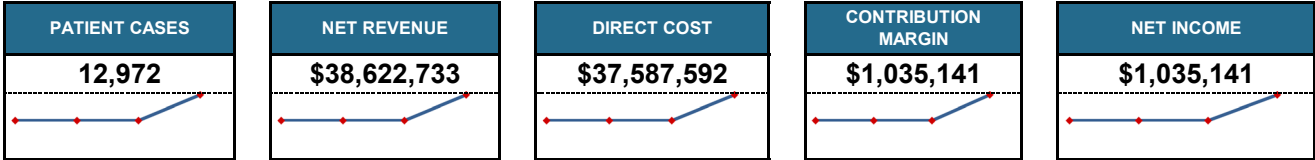
PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	35%	35%	39%	47%
Managed Care/Other	33%	33%	29%	28%
Medicare Managed Care	14%	14%	19%	13%
Medi-Cal Managed Care	14%	14%	11%	10%
Medi-Cal	4%	4%	2%	2%

FY 2025 - Payer Mix



KAWEAH HEALTH ANNUAL BOARD REPORT
Oncology Services - *SRCC Medical Oncology Clinic*

KEY METRICS - FY 2025 TWELVE MONTHS ENDED JUNE 30, 2025

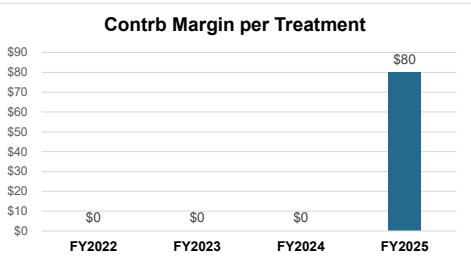
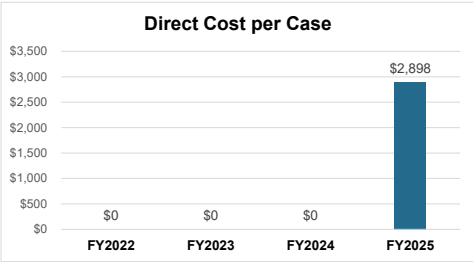
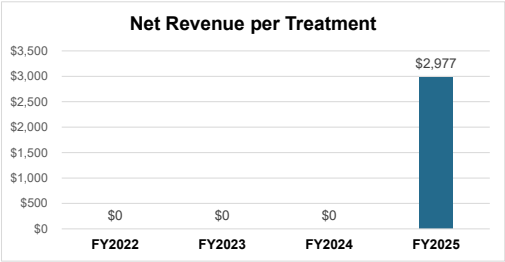


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	0	0	0	12,972		
Net Revenue	\$0	\$0	\$0	\$38,622,733		
Direct Cost	\$0	\$0	\$0	\$37,587,592		
Contribution Margin	\$0	\$0	\$0	\$1,035,141		
Indirect Cost	\$0	\$0	\$0	\$0		
Net Income	\$0	\$0	\$0	\$1,035,141		
Net Revenue per Treatment	\$0	\$0	\$0	\$2,977		
Direct Cost per Treatment	\$0	\$0	\$0	\$2,898		
Contrb Margin per Treatment	\$0	\$0	\$0	\$80		

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Gross Revenue from GL)

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare				52%
Managed Care/Other				23%
Medicare Managed Care				15%
Medi-Cal Managed Care				5%
Other				5%

Criteria : OP Service Line = SRCC Medical Oncology Practice

Home Care Services

Kaweah Delta Health Care District Annual Report to the Board of Directors

Home Health Agency, Private/Specialty Home Care, and Lifeline

Tiffany Bullock, Director, Home Health, Private/Specialty Home Care and Lifeline
Contact number: 559-624-6447
November 10, 2025

Summary Issue/Service Considered

1. Achieving optimum balance of program priorities to address quality of care, compliance, profitability, and quality of work environment.
2. Ensuring that all home care services continue to provide the full continuum of services to the community.

Analysis of financial/statistical data:

Home Health Agency, Home Care Services, and Lifeline experienced a 33% increase in contribution margin for fiscal year 2025. The three programs had a total contribution margin of \$1,252,584 this fiscal year compared to \$838,607 last fiscal year.

Home Health Agency: The program had a 7% decrease in total visits compared to last year. The average direct cost per visit increased by \$20 (11%), averaging \$208 per visit, primarily due to increases in minimum wage and market rate adjustments. Net revenue per visit increased by \$28 (15%), averaging \$221 per visit.

Admissions to Home Health increased by an average of nine per month compared to the prior year. Leadership in Home Health set a goal of increasing admissions in fiscal year 2025 by 3%, and this goal was successfully met.

Overall, Home Health experienced a contribution margin of \$465,545. While units of service were slightly down, revenue increased 33%. A direct factor contributing to this revenue growth, despite fewer visits, is the outsourcing of Home Health billing to a third-party vendor, SimiTree. Weekly meetings between the Home Health Director, key staff, and SimiTree have ensured collections are maximized and revenue cycle processes remain efficient. Additionally, staffing is closely monitored to ensure efficiency and volumes.

Direct expenses increased by \$208,097, largely due to salary increases driven by market adjustments for clinical staff. While this increase impacts the contribution margin, it remains a necessary investment to support staff retention and stability.

Payer mix remained stable, with 77% Medicare/Medicare Managed Care. Notably, the percentage of Humana patients served by Kaweah Health Home Health continues to rise year over year. In FY24, 37% of all Home Health patients were Humana members; for FY25, that percentage has grown to 39.7%. This growth is strategically important due to Kaweah Health's capitation agreement with Humana, which allows the organization to control costs and ensure a positive financial impact through in-house service delivery.

Home Care: The program had a 9% decrease in volume compared to 2024. To address this, a strategy was implemented in the second half of FY2024 for the Home Care Manager to dedicate approximately 16 hours per week to community marketing. She has also become actively involved in service clubs and community organizations to promote the service line.

Leadership is pursuing contracts with the PACE program and the Veterans Administration to provide services to their members. A Community Services contract with Health Net was approved, and a similar contract with Blue Cross is awaiting finalization. All of these agreements represent important new referral sources and revenue streams.

Despite the decrease in volume, Home Care Services achieved a 16% increase in contribution margin, reaching \$772,052 for FY2025. This success is attributed to the program's lean operations—minimal office staff, shared leadership, and the Home Care Manager's multitasking across roles.

Lifeline: Lifeline experienced a slight 2% decrease in volume and a 21% decrease in net revenue. To offset this reduction, direct costs were reduced by 39%. Lifeline maintained a positive contribution margin of \$14,987, representing an 11% increase over the previous year.

This service continues to differentiate Kaweah Health from other home care agencies, and leadership intends to maintain it as long as it remains profitable. However, ongoing evaluation is necessary due to emerging technologies—smart devices and smartphones—that now offer more affordable monitoring options.

Quality/Performance Improvement Data

Home Health Agency: Overall, patient quality of care exceeds national benchmarks. The Home Health Compare website reports an overall 3.5-star rating (on a 1–5 scale). The agency outperforms the national average in 11 of 17 quality outcome measures.

Performance trends are closely monitored, and targeted action plans are developed for any metric that falls below the national average. Patient overall satisfaction averages 90%, compared to 83% for California and 85% nationally. The agency maintains a 4-star public satisfaction rating, which only a few local agencies share.

Patient satisfaction remains a top priority. Data is continually analyzed by leadership to support service adjustments and enable timely service recovery when needed.

Home Care Services: Client satisfaction and employee engagement are measured yearly. The August 2025 survey showed 86% client satisfaction across all areas. Employee satisfaction results for May 2025 noted a satisfaction rate of 4.9 out of a possible 5. These results reflect a high degree of satisfaction among both clients and employees.

Policy, Strategic or Tactical Issues

1. Maintain focus on increasing Home Health admissions while ensuring care delivery emphasizes quality and efficiency over quantity.
2. Ensure adequate staffing in Home Health to accept all referrals; continue recruiting LVNs to provide cost-effective care.
3. Monitor and maintain a fiscally responsible payer mix.
4. Evaluate and increase LVN compensation in Specialty Home Care as needed to attract and retain qualified staff.

5. Continue strong marketing efforts to remain competitive in the regional market. The Home Care Manager will continue weekly outreach, attend service clubs, and represent the agency at Senior Coalition and Visalia Chamber of Commerce meetings.
6. Finalize contracts with the PACE program and Veterans Administration to expand Private Home Care services.
7. Continue to support acute hospital discharge efficiency by ensuring safe transitions to home with Home Health services. Staff—including nurses, therapists, aides, and social workers—play a critical role in post-acute recovery.

Recommendations/Next Steps

1. Maintain positive productivity to support continued financial improvement across all programs.
2. Monitor all publicly reported quality measures to sustain performance exceeding national benchmarks, including:
 - i. Ongoing audits of start-of-care and discharge documentation.
 - ii. Timely completion of documentation and targeted staff education.
3. Continue collaboration with SimiTree to address all revenue cycle issues, including:
 - In-depth analysis of revenue, payments, and denials.
 - Monthly financial reviews with SimiTree leadership.

Approvals/Conclusions

In the coming year, Home Health Services will focus on:

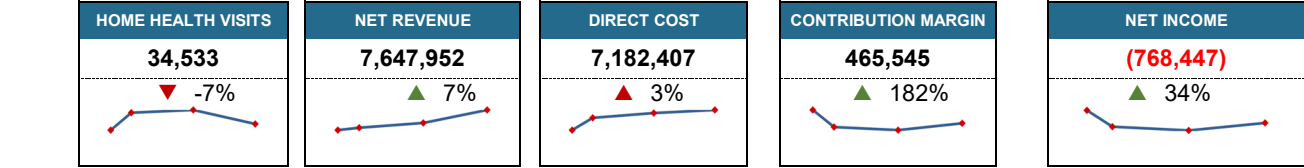
1. Implementing goals aligned with the District Cornerstones for Home Health, Private Home Care, and Lifeline to enhance program development, stakeholder satisfaction, marketing, and clinical quality.
2. Strengthening coordination across the continuum of care, from the acute hospital to post-acute providers, to meet patient needs and ensure timely placement in Home Care services.
3. Continuing to evaluate profitability and contribution margins to identify opportunities for volume growth, cost containment, customer satisfaction, and clinical excellence.

Key Takeaways

Home Health ended FY 2025 with a contribution margin of \$466k. Contribution margin would be affected if not for Humana Capitation proxy revenue attributed to this service line.

Increasing visit trend until FY25 where we saw a 7% decrease.

KEY METRICS - FY 2025



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

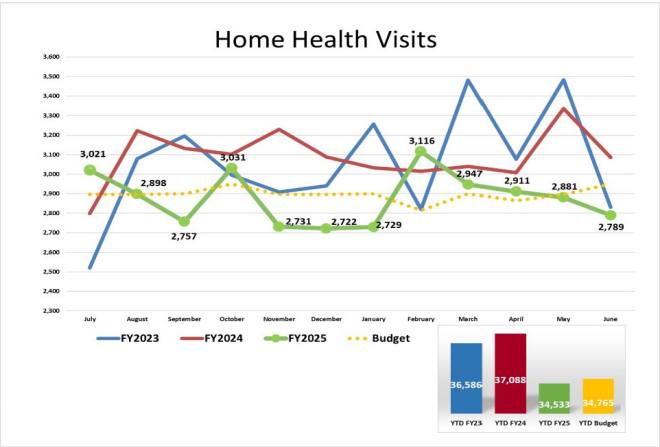
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	% CHANGE PRIOR YR	4 YR TREND
HOME HEALTH VISITS	33,371	36,586	37,088	34,533	-7%	
NET REVENUE	\$6,845,755	\$6,945,812	\$7,139,463	\$7,647,952	7%	
DIRECT COST	\$5,801,259	\$6,637,291	\$6,974,310	\$7,182,407	3%	
CONTRIBUTION MARGIN	\$1,044,496	\$308,521	\$165,153	\$465,545	182%	
INDIRECT COST	\$1,162,346	\$1,269,249	\$1,325,292	\$1,233,992	-7%	
NET INCOME	(\$117,850)	(\$960,728)	(\$1,160,139)	(\$768,447)	34%	
NET REVENUE PER UOS	\$205	\$190	\$193	\$221	15%	
DIRECT COST PER UOS	\$174	\$181	\$188	\$208	11%	
CONTRB MARGIN PER UOS	\$31	\$8	\$4	\$13	203%	

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2022	FY2023	FY2024	FY2025	FY2025 PAYER MIX
MEDICARE MANAGED CARE	34%	33%	37%	44%	
MEDICARE	33%	34%	35%	33%	
MEDI-CAL MANAGED CARE	18%	18%	16%	11%	
MGD. CARE/OTHER	13%	13%	12%	11%	
MEDI-CAL	2%	2%	1%	1%	
MEDICARE COMBINED	67%	68%	71%	77%	

STATISTIC - GRAPH OF 3 YEAR TREND



Notes:
Source: Non-Cerner Service Line Reports
Criteria: Home Health Agency
Reimbursement by payer calculation = ((Gross Revenue)-[Deductions])/[visits]

KAWEAH HEALTH ANNUAL BOARD REPORT

Private and Specialty Home Care

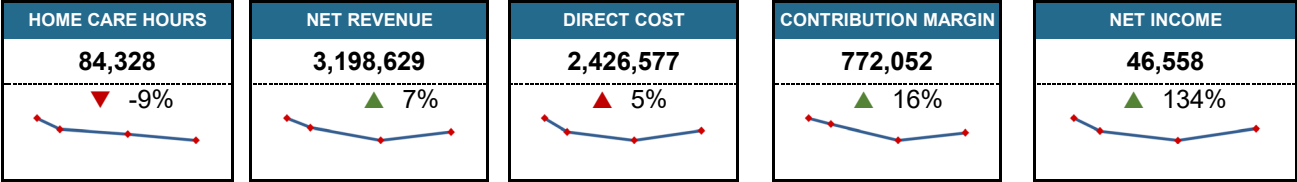
FY2025

Key Takeaways

Home Care had a FY 2025 contribution margin of \$772k, an increase of 16% over prior year. This is mainly due to increased Net Revenue per UOS.

Volumes (Hours) are down 27% since FY 2022.

KEY METRICS - FY 2025



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

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	% CHANGE PRIOR YR	4 YR TREND
HOME CARE HOURS	114,999	99,712	93,118	84,328	▼ -9%	
NET REVENUE	\$3,547,101	\$3,306,907	\$2,982,039	\$3,198,629	▲ 7%	
DIRECT COST	\$2,565,440	\$2,412,703	\$2,319,095	\$2,426,577	▲ 5%	
CONTRIBUTION MARGIN	\$981,661	\$894,204	\$662,944	\$772,052	▲ 16%	
INDIRECT COST	\$775,209	\$885,622	\$801,116	\$725,494	▼ -9%	
NET INCOME	\$206,452	\$8,582	(\$138,172)	\$46,558	▲ 134%	
NET REVENUE PER UOS	\$30.84	\$33.16	\$32.02	\$37.93	▲ 18%	
DIRECT COST PER UOS	\$22.31	\$24.20	\$24.90	\$28.78	▲ 16%	
CONTRB MARGIN PER UOS	\$8.54	\$8.97	\$7.12	\$9.16	▲ 29%	

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2022	FY2023	FY2024	FY2025	FY2025 PAYER MIX
CASH PAY	76.3%	74.9%	77.2%	79.4%	
MEDI-CAL	19.7%	21.2%	19.8%	17.2%	
THIRD PARTY - TRAD.	4.0%	3.9%	3.0%	3.4%	

KAWEAH HEALTH ANNUAL BOARD REPORT

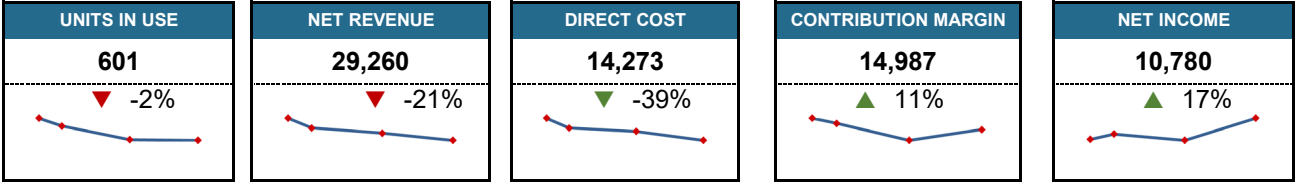
Lifeline

FY2025

Key Takeaways

Lifeline had a FY 2025 contribution margin of \$15k, an increase from prior years.
Volumes (UOS) tapering off, decreasing 2% from prior year, and by 42% over 4 years.

KEY METRICS - FY 2025



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

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	% CHANGE PRIOR YR	4 YR TREND
UNITS IN USE	1,030	878	615	601	-2%	
NET REVENUE	\$53,394	\$42,726	\$36,917	\$29,260	-21%	
DIRECT COST	\$36,880	\$26,908	\$23,374	\$14,273	-39%	
CONTRIBUTION MARGIN	\$16,514	\$15,818	\$13,543	\$14,987	11%	
INDIRECT COST	\$7,210	\$6,146	\$4,305	\$4,207	-2%	
NET INCOME	\$9,304	\$9,672	\$9,238	\$10,780	17%	
NET REVENUE PER UOS	\$52	\$49	\$60	\$49	-19%	
DIRECT COST PER UOS	\$36	\$31	\$38	\$24	-38%	
CONTRB MARGIN PER UOS	\$16	\$18	\$22	\$25	13%	

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2022	FY2023	FY2024	FY2025	FY2025 PAYER MIX
CASH PAY	98.1%	98.5%	98.2%	100.0%	
THIRD PARTY - TRAD.	1.9%	1.5%	1.8%	0.0%	
MEDICARE	0.0%	0.0%	0.0%	0.0%	
MEDICARE MANAGED CARE	0.0%	0.0%	0.0%	0.0%	
MEDI-CAL MANAGED CARE	0.0%	0.0%	0.0%	0.0%	



Notes:
Source: Non-Cerner Service Line Reports
Criteria: Lifeline

Quarterly Compliance Report

Compliance Program Activity Report – Open Session

August 2025 through October 2025

Ben Cripps, Chief Compliance & Risk Officer



Education

Live Presentations

- Compliance and Patient Privacy – New Hire Orientation
- Compliance and Patient Privacy – Management Orientation
- Compliance and Patient Privacy – Sequoia Surgery Center Competency Fair

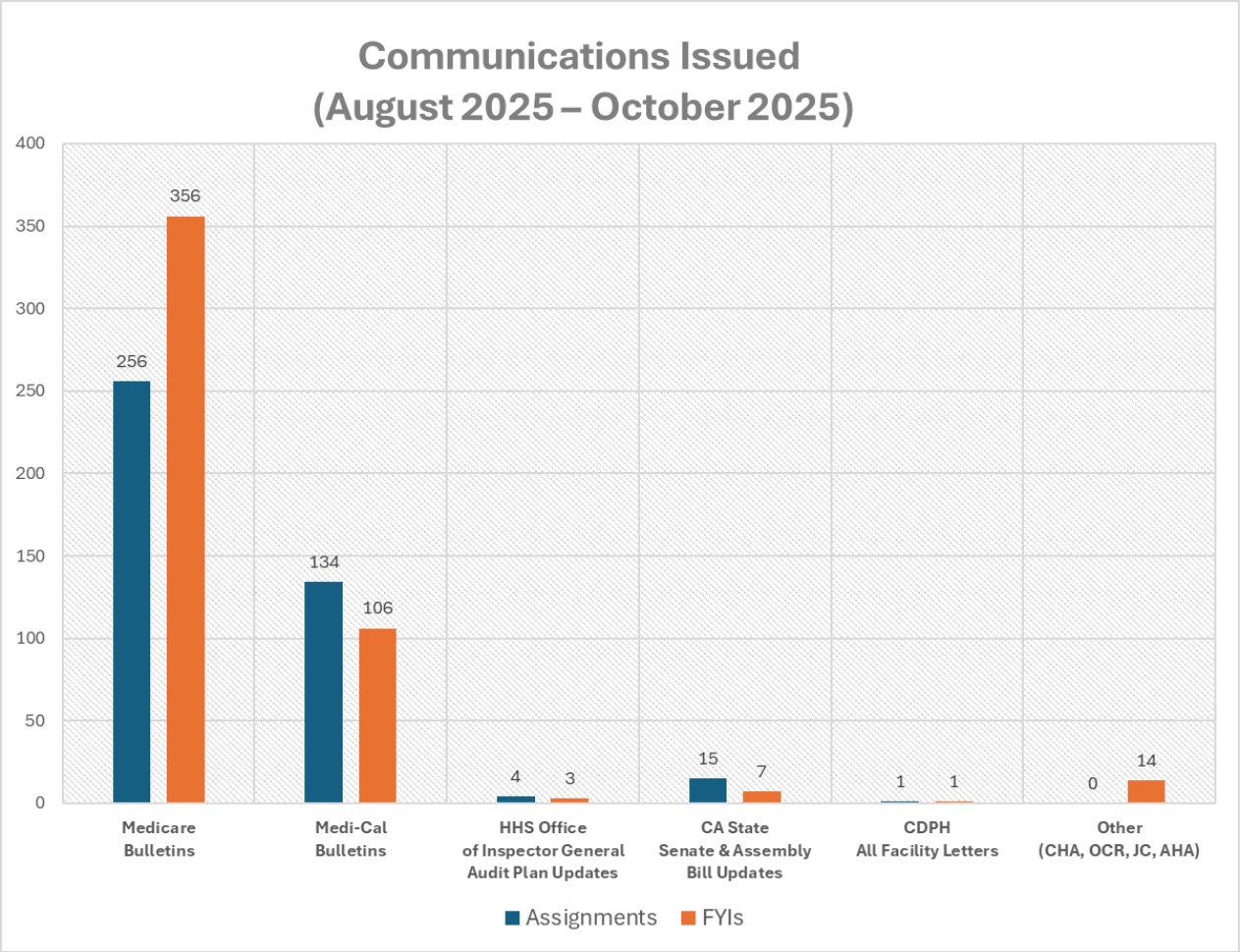
Written Communications – Bulletin Board / Area Compliance Experts (ACE) / All Staff

- Compliance Matters Minimum Necessary Requirement
- Compliance Matters Cell Phone Usage, Photography, and Videography
- AP.64 Confidentiality Security and Integrity of Health Information
 - Notification from employees to Compliance Department when accessing patient records of family members and co-workers for business purposes
- Medical Executive Committee
- PolicyTech system training

Prevention & Detection

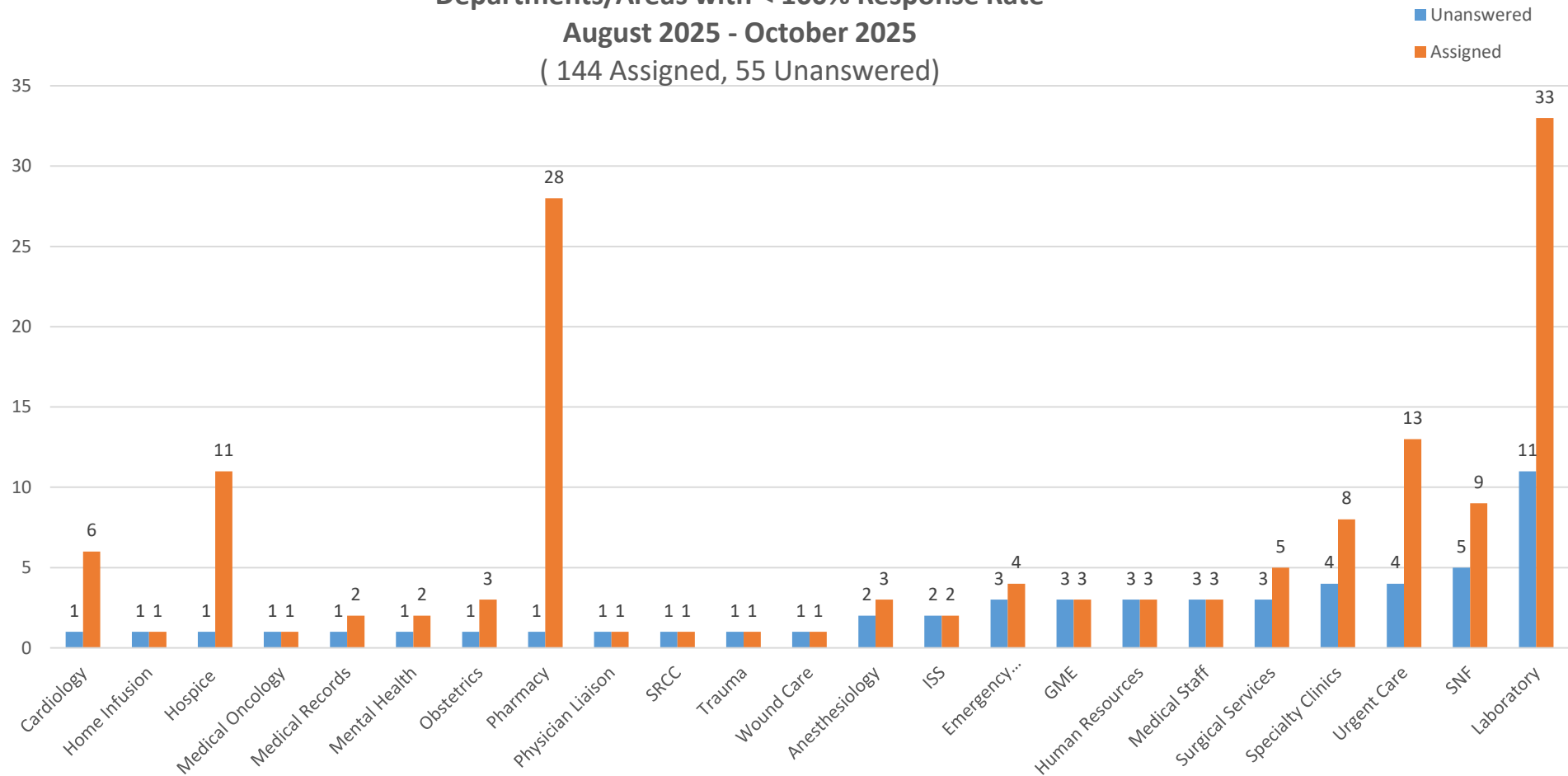
- Review, Track, and Distribute Relevant Information Related to Regulatory Updates to Stakeholder Across the District
 - California Department of Public Health (CDPH) All Facility Letters (AFL)
 - Medicare Monthly Bulletins
 - Medi-Cal Monthly Bulletin
 - US HHS Office of Inspector General (OIG) Monthly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

Prevention & Detection - Issuance

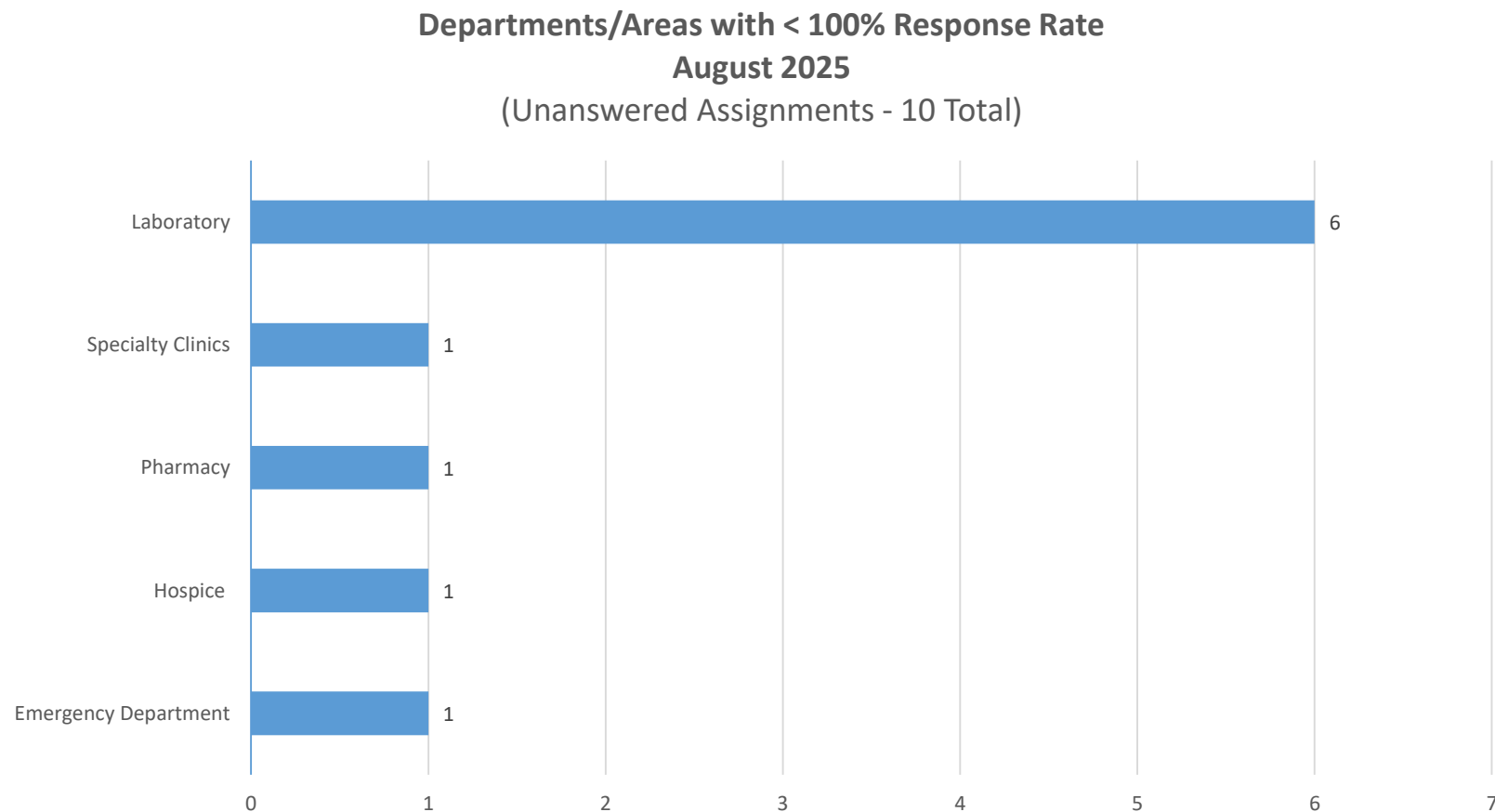


Prevention & Detection - Response

Departments/Areas with < 100% Response Rate
August 2025 - October 2025
(144 Assigned, 55 Unanswered)

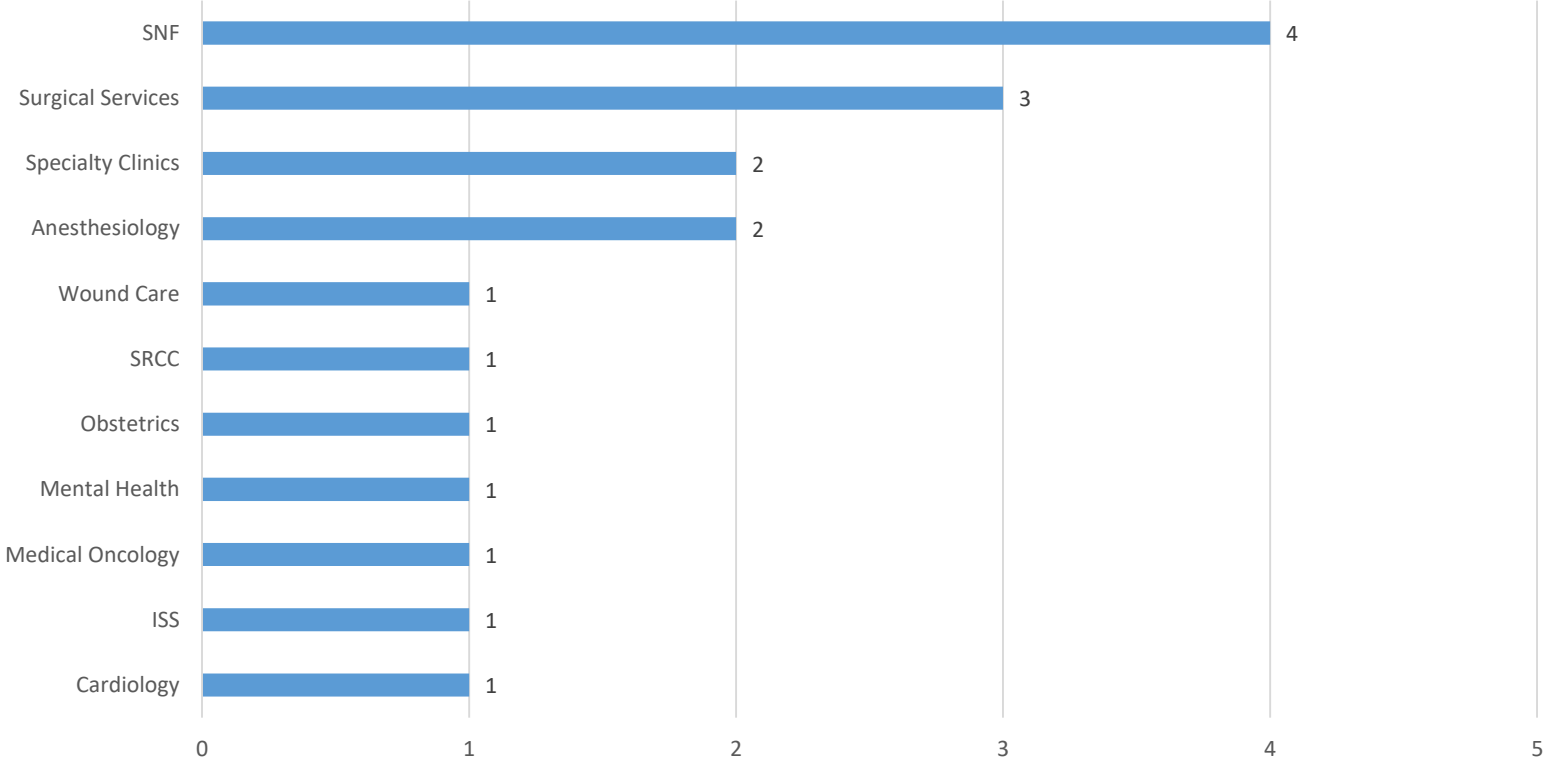


Prevention and Detection - Response



Prevention and Detection - Response

Departments/Areas with < 100% Response Rate
September 2025
(Unanswered Assignments - 18 Total)

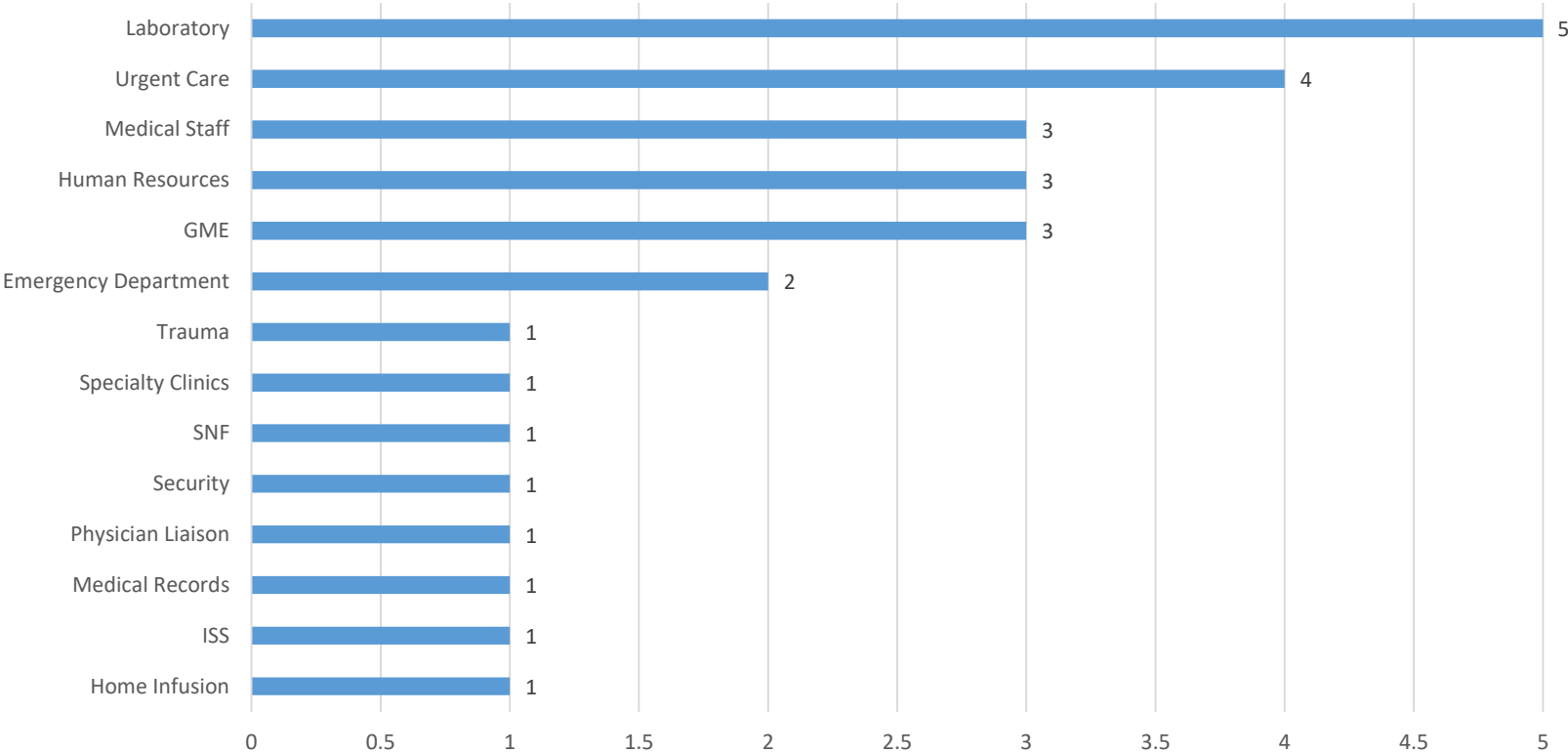


Prevention and Detection - Response

Departments/Areas with < 100% Response Rate

October 2025

(Unanswered Assignments - 28 Total)



Prevention & Detection - Response

Departments/Areas with 100% Response Rates

August 2025:

Cardiology
Dialysis
HIM
Imaging Center
Patient Access
Quality
RHC
SNF

Coding
Finance
Home Health
Mental Health Hosp.
Patient Accounting
Revenue Integrity
Sleep Center

September 2025:

Ben Maddox Clinic
Cardiothoracic
Centers for Mental Wellness
Finance
Hospice
Outpatient Therapy
Patient Accounting
Plaza Clinic
Radiology Oncology
Reimbursement / Contracting
RHC
Urology

Cardiology
Case Management
Emergency Department
Home Health
Laboratory
Patient Access
Pharmacy
Procurement and Logistics
Rehabilitation Hospital
Revenue Integrity
Urgent Care
Willow Clinic

October 2025:

Anesthesiology
Coding
Home Health
Kaweah Kids
Patient Accounting
Rehabilitation Hospital
Reimbursement / Contracting
Revenue Integrity

Cardiology
Finance
Hospice
Patient Access
Pharmacy
RHC

*** Bolded Departments/Areas were 100% for the quarter

Oversight

- **Fair Market Value (FMV) Oversight** – Ongoing oversight and administration of physician payment rate setting and contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts.
- **Licensing Applications and Medicare/Medi-Cal Facility Enrollment** – Forms preparation and submission of licensing applications to the California Department of Public Health (CDPH) and enrollment applications for Medicare or Medi-Cal. Ongoing communications and follow-up regarding status of pending applications. Five applications for licensure and/or government payor enrollment were completed between August 2025 – October 2025.
- **Medicare Recovery Audit Contractor (RAC) Activity** – Records preparation, tracking appeal timelines, and reporting.
 - The following RAC Audit Activity took place between August 2025 – October 2025:
 - Sixty-two (62) new RAC requests were received for the quarter
 - Twenty-three (23) were reviewed and closed with no recovery after review of the medical records submitted
 - Six (6) are denied, pending decision for appeal from Coding
 - Thirty-two (32) are pending review from the RAC
 - One (1) is pending review and shipment of medical records

Policies and Procedures and Program Related Processes

- New Policy Developments:
 - **CP.16 Compliance Risk Assessment and Annual Compliance Workplan:** Outlines the standard process for identifying and triaging compliance related-risks and for developing an annual Compliance Workplan focused on issues that present the greatest compliance-related risks to the organization.
 - **CP.17 Remote Non-Employee Electronic Medical Record System Access:** Establishes organization policy on access to Kaweah Health's electronic medical record system for remote non-employee users and includes guidelines for granting access, provides information on non-permitted uses and reporting requirements, and provides notice related to auditing and monitoring of activities and actions that may be taken in the event of a violation.

Policies and Procedures and Program Related Processes

- **New Process Developments:**
 - **Operational Compliance Committee Charter:** Establishes guidelines for the structure, composition, duties and responsibilities, meeting cadence, and reporting requirements for the Operational Compliance Committee that is being implemented.
 - **Policy and Procedure Committee Charter:** Establishes guidelines for the structure, composition, duties and responsibilities, and meeting cadence, and reporting requirements for the district-wide Policy and Procedure Committee that is being implemented.
- **Policy Review and Revisions:**
 - **CP.13 Federal and State False Claims Act and Employee Protection Provisions:** Removed federal penalty dollar amounts from policy to ensure amounts set out in Kaweah policy are not inconsistent with federal regulations, if changes to such regulations are implemented.

Auditing and Monitoring

- **Electronic Medical Record (EMR) User Access Privacy Audits**— Daily monitoring of EMR user access through the use of FairWarning electronic monitoring technology which analyzes user and patient data to detect potential privacy violations.
 - Average of one hundred and fifty (150) daily alerts received and reviewed between August 1, 2025 – October 31, 2025.
 - Types of Alerts Reviewed:
 - Same Last Name: 74.5%
 - Co-Worker: 21.1%
 - VIP: 3.0%
 - Self-Access: 0.8%
 - Same Household: 0.5%
- **Office of Inspector General (OIG) Exclusion Report Verification**— Quarterly monitoring of OIG exclusion reports and attestations.
 - Medical Staff and Advanced Practice Providers – Review of reports and certification by Medical Staff Office that screening was completed and no Excluded Individuals or Entities were identified.
 - Suppliers – Review of reports and certification by the Finance Department that screening was completed and no Excluded Individuals or Entities were identified.
 - One (1) non-credentialed provider was identified on the Medicare Opt-Out list between August 2025 – October 2025. Findings were tracked and logged into the system. No additional action required as providers were only referring and not treating.

The pursuit of healthiness



The Joint Commission Action Plan

The Joint Commission Action Plan

Ben Cripps, Chief Compliance & Risk Officer

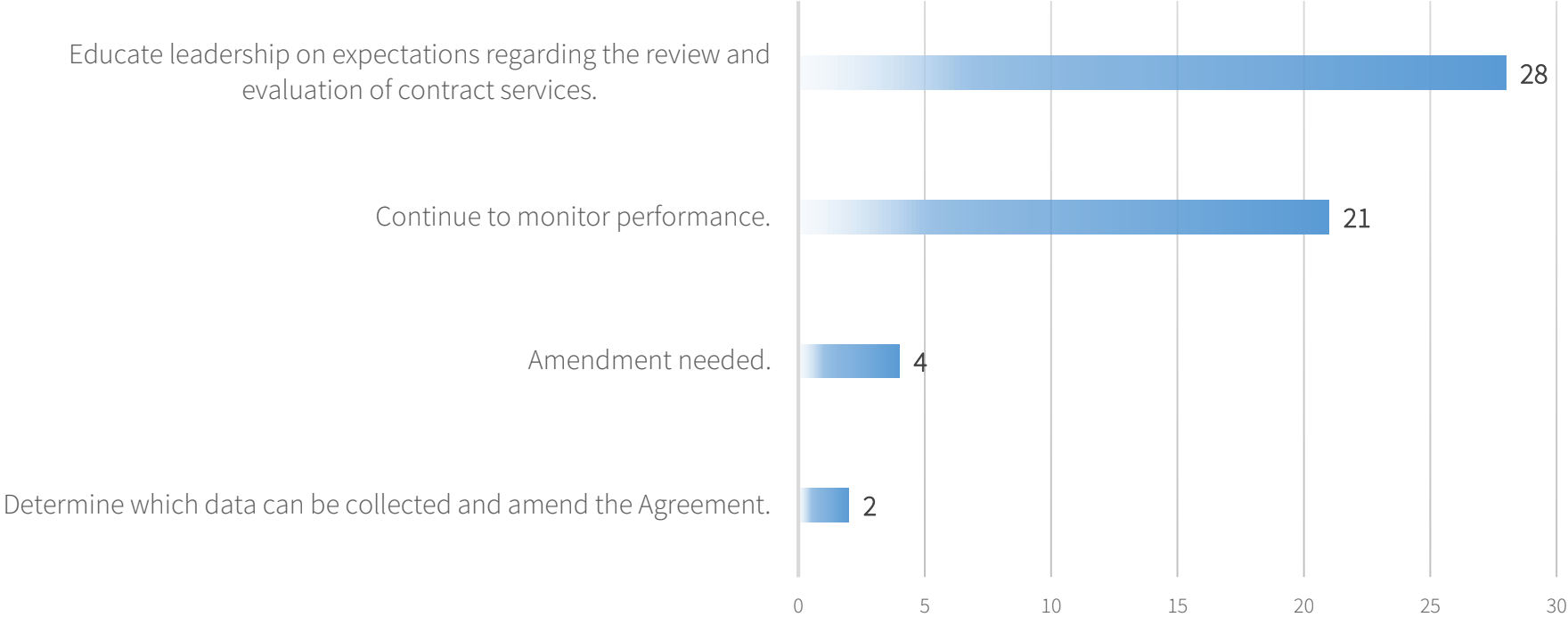


kaweahhealth.org



The Joint Commission Action Plan

PHYSICIAN CONTRACT FINDINGS



Clinical Physician Contracts Evaluated

Contract Title	Annual Evaluation Checklist Sent	Annual Evaluation Checklist Returned	Physician Contract Department Findings	Action Plan	Action Plan Completion Date
Mack Medical Mgmt. (PSA).	6/4/2025	6/5/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Ester Flores, Inc.	10/9/2025	10/17/2025	Leadership does not understand The Joint Commission requirements	Educate leadership on expectations regarding the review and evaluation of contract services.	
Innovative Dermatology Alliance (Dr. Rex)	10/9/2025	11/7/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Kim, Jun DO	10/9/2025	11/3/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Roach, William MD	10/9/2025	10/17/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Said, Sarmad M.D.	10/9/2025	10/10/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Eye-Q (Vision Care Center, A Medical Group, Inc.)	6/4/2025	7/21/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Jason Jeter, DDS	10/9/2025	10/28/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
California Pediatric Hospitalists (Dr. Sine)	10/9/2025	10/14/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	

Clinical Physician Contracts Evaluated

Contract Title	Annual Evaluation Checklist Sent	Annual Evaluation Checklist Returned	Physician Contract Department Findings	Action Plan	Action Plan Completion Date
Quinn, Holly M.D.	10/9/2025	10/17/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Harleen Chahil, M.D.	10/9/2025	10/10/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Pantera, Richard L., M.D.	10/9/2025	10/14/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Thiagarajan, Ramu, M.D.	10/9/2025	10/14/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Aaronson, Craig DPM	10/9/2025	10/28/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Avadhanula, Shirisha MD	10/9/2025	11/7/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Dean MD, Ryan E (Ortho Traumatology)	10/9/2025	10/14/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Herriford, Carla M.D.	10/9/2025	11/7/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Innovative Dermatology Alliance (Dr. Rex)	10/9/2025	11/7/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	

Clinical Physician Contracts Evaluated

Contract Title	Annual Evaluation Checklist Sent	Annual Evaluation Checklist Returned	Physician Contract Department Findings	Action Plan	Action Plan Completion Date
Medina, Rocio MD	10/9/2025	11/7/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Oakstone Medical Group	10/9/2025	11/7/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Talamayan-Pa, Roxanne, M.D.	10/9/2025	10/28/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Family Healthcare Network	10/9/2025	10/21/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Feng, Frank DO (ED Call)	10/9/2025	10/14/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Ford, Joseph C. DO (ED Call)	10/9/2025	10/14/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Mihalcin, Jason DO (ED Call)	10/9/2025	10/14/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Nephrology ED Call	10/9/2025	11/10/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Orthopedic ED Call	10/9/2025	10/14/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	
Podiatry - ED Call Agreement	10/9/2025	10/14/2025	Leadership does not understand The Joint Commission requirements.	Educate leadership on expectations regarding the review and evaluation of contract services.	

Clinical Physician Contracts Evaluated

Contract Title	Annual Evaluation Checklist Sent	Annual Evaluation Checklist Returned	Physician Contract Department Findings	Action Plan	Action Plan Completion Date
Valley Hospitalist Medical Group, Inc.	6/4/2025	6/13/2025	Leadership is aware of performance objectives identified within the Agreement, but is not able to collect all data to monitor the performance.	Determine which data can be collected and amend the Agreement.	
Precision Psychiatric Services, Inc.	6/4/2025	7/23/2025	Leadership is aware of performance objectives identified within the Agreement, but is not able to collect all data to monitor the performance.	Determine which data can be collected and amend the Agreement.	
CEP - Urgent Care	6/4/2025	8/8/2025	Leadership, in collaboration with Medical Group, is working on establishing new performance standards.	Amendment needed.	
South Valley Vascular Associates, Inc.	6/4/2025	6/11/2025	Leadership is monitoring performance, but the objectives are not identified within the Agreement.	Amendment needed.	
Yosemite Pathology Medical Group	6/4/2025	6/13/2025	Leadership is monitoring performance, but the objectives are not identified within the Agreement.	Amendment needed.	
Mineral King Radiological Medical Group, Inc	6/4/2025	7/21/2025	Leadership is monitoring performance, but the objectives are not identified within the Agreement.	Amendment needed.	In Progress
Heart & Vascular Consultants of Central California, Inc.	6/4/2025	6/5/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A
Sequoia Cardiology Medical Group, Inc.	6/4/2025	6/5/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement	Continue to monitor performance.	N/A
Delta Doctors, Inc.	6/4/2025	8/8/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A
Key Medical Assoc. (RHC Services)	6/4/2025	8/8/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A

Clinical Physician Contracts Evaluated

Contract Title	Annual Evaluation Checklist Sent	Annual Evaluation Checklist Returned	Physician Contract Department Findings	Action Plan	Action Plan Completion Date
Kaweah Nurse Anesthesia Services	6/4/2025	6/5/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A
Kaweah Cardiac Anesthesia Professionals, Inc.	6/4/2025	6/5/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A
Kaweah Anesthesiologist Services, Inc.	6/4/2025	6/5/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A
Center Neurorestoration Associates	6/4/2025	6/11/2025	Leadership is aware of and is monitoring performance objectives identified within the agreement.	Continue to monitor performance.	N/A
Visalia Orthopedic Co-Management	6/4/2025	6/11/2025	Leadership is aware of and are monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A
Sequoia Oncology Medical Associates, Inc.	6/4/2025	6/17/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A
Kaweah Rehab Group, Inc.	6/4/2025	6/5/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A
Visalia Rehab Group, Inc.	6/4/2025	6/5/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A
Valley Children's Med. Grp. (Maternal Fetal Medicine)	6/4/2025	7/21/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement	Continue to monitor performance.	N/A
Valley Children's Med. Group (NICU/PEDS Inpatient)	6/4/2025	7/21/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement	Continue to monitor performance.	N/A

Clinical Physician Contracts Evaluated

Contract Title	Annual Evaluation Checklist Sent	Annual Evaluation Checklist Returned	Physician Contract Department Findings	Action Plan	Action Plan Completion Date
Valley Children's Med. Group (Telemedicine)	6/4/2025	7/21/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement	Continue to monitor performance.	N/A
CEP - Emergency Department	6/4/2025	7/30/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement	Continue to monitor performance.	N/A
Sound Physicians (Inpatient Specialists of California)	6/4/2025	6/13/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement	Continue to monitor performance.	N/A
Howard, Ryan H. MD (PSA)	6/4/2025	6/5/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A
OBHG California, P.C.	10/9/2025	10/21/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A
Golden Valley Cardiothoracic Institute	10/9/2025	10/10/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A
Mayer, Fredrick W. M.D.	10/9/2025	10/10/2025	Leadership is aware of and is monitoring performance objectives identified within the Agreement.	Continue to monitor performance.	N/A

The pursuit of healthiness



Agenda item intentionally omitted

Finance Property Services & Acquisition Committee – October 15, 2025

Kaweah Delta Health Care District

Board of Directors Committee

Meeting Minutes

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

Finance, Property, Services, and Acquisition Committee – OPEN MEETING

Wednesday October 15, 2025

Kaweah Health Medical Center – Executive Office Conference Room

Present: Directors: David Francis & Dean Levitan, M.D.; Gary Herbst, CEO; Malinda Tupper, Chief Financial Officer; Jennifer Stockton, Director of Finance; Jag Batth, Chief Operating Officer; R. Gates, Chief Ambulatory Officer; K. Davis, Board Clerk
Recording

Called to order at 10:09AM

Public Participation- None.

MINUTES- Minutes were reviewed and to be presented to the Board of Directors.

FINANCIALS – Review of the most current fiscal year financial results and a progress review of projections relative to the Kaweah Health initiatives to decrease costs and improve cost efficiencies (copy attached to the original of these minutes and considered a part thereof) - *Malinda Tupper – Chief Financial Officer*

It was recommended that the revised budget be presented to the full board and to be reapproved.

Adjourned at 11:08 AM

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.

Marketing Relations Committee Meeting- October 1, 2025

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 October 1, 2025

Kaweah Health Medical Center – Executive Office Conference Room

Present: Directors: Dave Francis (Chair) & Armando Murrieta; Gary Herbst, Chief Executive Officer; Marc Mertz, Chief Strategy Officer; Karen Cocagne, Director of Marketing & Media Relations; Deborah Volosin, Director of Patient & Community Experience; Gary Rogers, Communications Manager; Samantha Torres, Social Media Specialist; Amee Longbottom, Sr. Communications Specialist; Jaclyn Bunting, Sr. Digital Strategist; and Lisette Mariscal, Recording

CALL TO ORDER – This meeting was called to order at 4:00 PM by Dave Francis.

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

MINUTES- The open meeting minutes from August 20, 2025, were reviewed.

COMMUNITY EXPERIENCE – A verbal update was provided regarding recent community engagement meetings and events.

MARKETING & MEDIA RELATIONS –

3.1.1 – Kaweah Health was ranked as a High Performing Hospital in the U.S. News & World Report's 2025-2026 rankings for seven adult procedures.

3.1.2. – The newly released Sana Sana TV commercial was played.

3.1.3. – Jaclyn Bunting provided an overview of recent digital advertising campaigns, highlighting engagement efforts and outcomes.

3.1.4 – The October 2025 edition of Vital Signs is scheduled to be released this month.

3.1.5. – A verbal presentation was given on the new Workzone Hours Tracking tool, which provides insights into time spent across various marketing projects.

3.2. - A report on recent marketing performance and engagement metrics was shared. (See attachment 3.2. of the agenda.)

Kaweah Delta Health Care District

Board of Directors Committee

Meeting Minutes

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

Adjourned at 4:56 PM

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Mike Olmos • Zone 1
President

Lynn Havard Mirviss • Zone 2
Vice President

Dean Levitan, MD • Zone 3
Board Member

David Francis • Zone 4
Secretary/Treasurer

Armando Murrieta • Zone 5
Board Member

Quality Council Committee – October 16, 2025

OPEN Quality Council Committee**Thursday, November 13, 2025****The Executive Office Conference Room**

Attending: Board Members: Mike Olmos (Chair) & Dr. Dean Levitan, Board Member; Gary Herbst, CEO; Sandy Volchko, Director of Quality & Patient Safety; Schlene Peet, Chief Nursing Officer; Dr. Lamar Mack, Quality and Patient Safety Medical Director; Marc Mertz, Chief Strategy Officer; Dr. Michael Tedaldi, Vice Chief of Staff and Chair; Jag Batth, Chief Operation Officer; Ryan Gates, Chief Ambulatory Officer; Malinda Tupper, Chief Financial Officer; Shawn Elkin, Infection Prevention Manager; Dr. Paul Stefanacci, Chief Medical Officer; Chris Patty, Clinical Practice Guidelines Program Manager; Kyndra Licon – Recording.

Mike Olmos called to order at 7:30 AM.

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

Mike Olmos adjourned the meeting at 7:31 AM.

Public Participation – None.

Mike Olmos called to order at 8:00 AM.

4. **Review of October Quality Council Open Session Minutes** – Mike Olmos, Committee Chair; Dr. Dean Levitan, Board Member.
 - Reviewed and acknowledged the October Quality Council Open Session Minutes by Dr. Dean Levitan and Mike Olmos. No further actions.
5. **Written Quality Reports** – a review of key quality metrics and actions associated with the following improvement initiatives: Reports reviewed and attached in minutes. No action taken.
 - a. **Falls Reduction Initiative Report**
 - b. **Trauma Committee Quality Report**
6. **Leapfrog Update** – A review of Kaweah Health letter grade performance in preventing medical errors, infections, and other patient safety issue. *Sandy Volchko, RN, DNP, Director of Quality and Patient Safety*. Report reviewed and attached in minutes. No action taken.
7. **Healthgrades Update** - A review of Kaweah Healthgrades methodology Star Ratings & Specialty Awards. *Chris Patty, DNP, RN, clinical Guideline Program Manager*. Report reviewed and attached in minutes. No action taken.
8. **Clinical Quality Goals Update**- A review of current performance and actions focused on the clinical quality goals for Healthcare Acquired Infections and Patient Safety Indicator (PSI) 90 Composite. – Reports reviewed and attached to minutes. No action taken.

Adjourn Open Meeting – *Mike Olmos, Committee Chair*

Mike Olmos adjourned the meeting at 9:05 AM.

Regular Open Board Meeting

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY OCTOBER 22, 2025, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan, Havard Mirviss & Murrieta; G. Herbst, CEO; M. Tedaladi, Vice Chief of Staff; M. Tupper, CFO; D. Cox, Chief Human Resource Officer; R. Gates; Chief Ambulatory Officer; M. Mertz, Chief Strategy Officer; S. Peet, CNO; D. Leeper, Chief Information Officer; P. Stefanacci, Chief Medical Officer; R. Berglund, Legal Counsel; and K. Davis, recording

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

PUBLIC PARTICIPATION –None.

ADJOURN - Meeting was adjourned at 4:00PM

Mike Olmos, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

October 22, 2025

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY OCTOBER 23, 2025, AT 4:45PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Murrieta, Havard Mirviss & Levitan; G. Herbst, CEO; M. Tedaldi, Chief of Staff; M. Tupper, CFO; D. Cox, Chief Human Resource Officer; R. Gates; Chief Ambulatory Officer; M. Mertz, Chief Strategy Officer; S. Peet, CNO; D. Leeper, Chief Information Officer; P. Stefanacci, Chief Medical Officer; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 4:47 PM by Director Olmos.

ROLL CALL- All Directors were present and there was a quorum.

FLAG SALUTE- Director Levitan lead the flag salute.

PUBLIC PARTICIPATION – None.

CLOSED SESSION ACTION TAKEN: In closed session the board approved the credentialing recommendations of the MEC for October 2025 and the closed board minutes from September 24, 2025.

RECOGNITIONS- Resolution 2272.

CHIEF OF STAFF REPORT – Report relative to current Medical Staff events and issues – M. Tedaldi, MD, Vice Chief of Staff

- No report.

CONSENT CALENDAR – Director Olmos entertained a motion to approve the October 25, 2025, consent calendar without 9.3.A.1 and 9.2.A.3.

PUBLIC PARTICIPATION – None.

MMSC (Murrieta /Francis) to approve the October 25, 2025, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis.

ANNUAL FINANCIAL STATEMENT AUDIT REPORT– Presentation and discussion regarding the annual financial statement audit report for fiscal year 2025. The presentation included an overview of the independent auditors findings, financial position and compliance applicable with accounting standards. Moss Adams representative presented and requested action of the board.

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

Mike made a motion to approve the fiscal year 2025 audited financial statements.

MMSC (Murrieta /Francis) to approve the Fiscal Year 2025 audited financial statements. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis.

CARDIOLOGY SERVICE QUALITY REPORT – Presentation and discussion of the cardiology department's quality performance indicators, patient outcomes, and improvement initiatives for the current reporting period. Presentation by Dr. Verma.

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

PATIENT EXPERIENCE AND SATISFACTION UPDATE – A staff presentation and discussion of regarding aggregated and de-identified patient experience data, including trends, themes, and opportunities for improvement. Presented by Marc Mertz. Copy attached to the original of the minutes and to be considered a part thereof.

STRATEGIC PLAN INITIATIVE PATIENT AND COMMUNITY EXPERIENCE- Presentation and discussion regarding progress, activities, and performance measures related to the District's Strategic Plan Initiative. Presented by Marc Mertz.
Copy attached to the original of the minutes and to be considered a part thereof.

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

REPORTS

Chief Executive Officer Report – *Gary Herbst, CEO*
Board President – *Mike Olmos, Board President*

ADJOURN - Meeting was adjourned at 6:20PM

Mike Olmos, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

CP.13

Policy Number: CP.13	Date Created: 10/02/2023
Document Owner: Jill Berry (Director of Corporate Compliance)	Date Approved: 11/02/2025
Approvers: Board of Directors (Administration), Compliance Committee, Amy Valero (Compliance Manager), Ben Cripps (Chief Compliance & Risk Management Officer)	
Federal and State False Claims Act and Employee Protection Provisions	

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

Purpose: Kaweah Delta Health Care District (“Kaweah Health”) (herein after known as Kaweah Health) acknowledges its responsibilities to establish policies and procedures under the Federal Deficit Reduction Act to provide information and education to its employees, agents and contracted work force regarding the federal False Claims Act, the Federal Whistleblower’s Act as well as California law on these subjects. The following policy is established in order to help our employees, agents and contractors understand the provisions of the federal and state laws regarding submitting false claims for reimbursement, as well as to further inform our employees of their right to report violations at the state and federal levels as well as to their supervisor or through Kaweah Health’s Compliance structure.

Policy: Detailed information regarding both state and federal false claims laws and whistleblower laws will be distributed to employees via this policy as well as through the various educational courses and orientation programs ongoing throughout the system. Employees are strongly encouraged to report any observations they might make regarding potential violations to their supervisor, the Kaweah Health Chief Compliance and Risk Officer, or through the Kaweah Health Confidential Compliance Hotline (1-800-998-8050). Every concern will be investigated in accordance with policy CP.05 [Compliance and Privacy Issues Investigation and Resolution](#).

Federal False Claims Act - The False Claims Act (FCA) is a federal statute that covers fraud involving any federally funded contract or program, including the Medicare and Medicaid (Medi-Cal) programs. The Act establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the U. S. Government for payment.

The term “knowingly” is defined to mean that a person, with respect to information:

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in a claim;
- or
- Acts in reckless disregard of the truth or falsity of the information in a claim

The Act does not require proof of a specific intent to defraud the United States Government. Instead health care providers can be prosecuted for a wide variety of conduct that leads to the submission of fraudulent claims to the Government, such as knowingly making false statements, falsifying records, or otherwise causing false claims to be submitted.

Claim - For purposes of the False Claims Act, a “claim” includes any request or demand for money that is submitted to the U.S. Government or its contractors.

Liability - Health care providers and suppliers (persons and organizations) who violate the False Claims Act can be subject to civil monetary penalties for each false claim submitted. In addition to this civil penalty, providers and suppliers can be required to pay three (3) times the amount of damages sustained by the U.S. Government (See 31 USC §3729(a)). If a provider or supplier is convicted of a False Claims Act violation, the Office of Inspector General (OIG) may seek to exclude the provider or supplier from participation in federal health care programs.

California False Claims Act - The California FCA, enacted in 1987, is a state statute that covers fraud involving state funded contracts or programs, including Medi-Cal. The act establishes liability for any person who knowingly presents or causes to be presented a false claim for payment or approval or causes to be made or used a false statement to get a false claim paid or approved.

The California FCA closely mirrors the structure and content of the Federal False Claims Act. However, the California FCA does contain some provisions that differ from the federal statute. For example, the California FCA imposes liability upon a provider for an inadvertent submission of a false claim when the provider subsequently discovers the falsity but fails to disclose it within a reasonable period of time after the discovery of the false claim. Further, the California FCA states that liability is triggered if a provider conspires to defraud by getting a false claim allowed or paid.

The term “knowingly” for the California FCA is identical to the federal False Claims Act. As with the federal statute, proof of specific intent to defraud is not required.

Damages for the California FCA are similar to its federal counterpart. Any provider who violates the California FCA is liable to the state for three (3) times the amount of damages. Such a provider is also responsible for the costs of a civil action to recover the penalties and damages. Finally, any provider who violates the state statute may be liable for a civil penalty for each false claim. A “claim” is defined as any request or demand for money or services.

Employee Protection - Qui Tam “Whistleblower” Provision - To encourage individuals to come forward and report misconduct involving false claims, both the federal False Claims Act and the California FCA include “qui tam” or whistleblower provisions. These provisions allow a person who is the “original source” to file a *qui tam* action and the party bringing the action is known as the “relator.” “Original source” is defined as direct and independent knowledge of the information on which

the allegations are based and has voluntarily provided the information to the Government before filing a lawsuit on behalf of the U.S. Government or State of California. There are many different types of health care fraud that can be the basis of a qui tam action. These include, but are not limited to: add-on services, up-coding and unbundling, kickbacks, false certification and information, lack of medical necessity, fraudulent cost reports, grant or program fraud, and billing for inadequate patient care.

Kaweah Health staff have the right to request the presence of their supervisor, the Director of Risk Management, and/or the Compliance and Privacy Officer during an interview with a government investigator/inspector. Additionally, employees, or an employee's representative, have the right to discuss possible regulatory violations and/or patient safety concerns with the California Department of Public Health's (CDPH) inspector(s) privately during the course of an investigation or inspection. (See [AP.91 Unannounced Regulatory Survey Plan for Response](#)).

The False Claims Act is an increasingly significant enforcement tool due to the whistleblower provisions which entitle relators to recover a percentage of the penalty imposed. Law enforcement officials are using these acts and the whistleblower protections to pursue high penalty fraud allegations against hospitals, physicians, and other health care providers. However, individuals seeking whistleblower status must meet several criteria (e.g. "original source") to prevail as outlined below.

Health Insurance Portability and Accountability Act (HIPAA) Exception – Section 164.502(j)(1) of HIPAA permits a member of a covered entity's workforce or a business associate to disclose PHI with a Government Agency and/or Attorney due to the workforce member or business associate's belief in good faith that the covered entity has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by the covered entity potentially endangers one or more patients, workers, or the public.

Qui Tam Procedure - The relator must file his or her lawsuit on behalf of the Government in a federal district court or for the State of California in the name of California if state funds are involved. The lawsuit will be filed "under seal," meaning that the lawsuit is kept confidential while the state and/or federal Government reviews and investigates the allegations contained in the lawsuit and decides how to proceed.

Rights of Parties to Qui Tam Actions - If the Government determines that the lawsuit has merit and decides to intervene, the prosecution of the lawsuit will be directed by the U.S. Department of Justice. If the state proceeds with the action, it shall have the responsibility for prosecuting the action. If the federal government or state decides not to intervene, the whistleblower can continue with the lawsuit on his or her own.

Award to Qui Tam Whistleblowers - If the federal and/or state lawsuit is successful, and provided certain legal requirements are met, the relator may receive a percentage award of the total amount recovered or settlement made. If the federal

and/or state does not proceed with the action and the *qui tam* plaintiff proceeds with the action, the relator may receive a percentage award of the penalties and damages. The whistleblower may also be entitled to reasonable expenses including attorney's fees and costs for bringing the lawsuit. All such expenses, fees and costs will be awarded against the defendant and in no circumstances will they be the responsibility of the federal government or state.

No Retaliation - In addition to a financial award, the False Claims Act entitles whistleblowers to additional relief, including employment reinstatement, back pay, and any other compensation arising from retaliatory conduct against a whistleblower for filing an action under the False Claims Act or committing other lawful acts, such as investigating a false claim or providing testimony for, or assistance in, a False Claims Act action. Additionally, non-retaliation and whistleblower protections are afforded to county patients' rights advocates who are contracted individuals or entities.

Reporting a Concern – Employees are required to report any concerns of suspected non-compliance pursuant to Compliance Policy [Compliance Program Administration](#). Concerns should be reported immediately to Kaweah Health Leadership, the Chief Compliance and Risk Officer, the Compliance Hotline at 1(800) 998-8050, or the Kaweah Health Compliance Advocate at (559) 636-0200.

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Policy Number: CP.13	Date Created: 03/21/2022
Document Owner: Jill Berry (Director of Corporate Compliance)	Date Approved: 06/29/2022
Approvers: Board of Directors (Administration), Compliance Committee, Amy Valero (Compliance Manager), Ben Cripps (Chief Compliance & Risk Management Officer)	
Federal and State False Claims Act and Employee Protection Provisions	

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Liability - Health care providers and suppliers (persons and organizations) who violate the False Claims Act can be subject to civil monetary penalties ~~from \$11,803 and \$23,607~~ for each false claim submitted. In addition to this civil penalty, providers and suppliers can be required to pay three (3) times the amount of damages sustained by the U.S. Government (See 31 USC §3729(a)). If a provider or supplier is convicted of a False Claims Act violation, the Office of Inspector General (OIG) may seek to exclude the provider or supplier from participation in federal health care programs.

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source” is defined as direct and independent knowledge of the information on which the allegations are based and has voluntarily provided the information to the Government before filing a lawsuit on behalf of the U.S. Government or State of California. There are many different types of health care fraud that can be the basis of a qui tam action. These include, but are not limited to: add-on services, up-coding and unbundling, kickbacks, false certification and information, lack of medical necessity, fraudulent cost reports, grant or program fraud, and billing for inadequate patient care.

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Rights of Parties to Qui Tam Actions - If the Government determines that the lawsuit has merit and decides to intervene, the prosecution of the lawsuit will be directed by the U.S. Department of Justice. If the state proceeds with the action, it shall have the responsibility for prosecuting the action. If the federal government or state decides not to intervene, the whistleblower can continue with the lawsuit on his or her own.

Award to Qui Tam Whistleblowers - If the federal and/or state lawsuit is successful, and provided certain legal requirements are met, the relator may receive

a percentage award of the total amount recovered or settlement made. If the federal and/or state does not proceed with the action and the *qui tam* plaintiff proceeds with the action, the relator may receive a percentage award of the penalties and damages. The whistleblower may also be entitled to reasonable expenses including attorney's fees and costs for bringing the lawsuit. All such expenses, fees and costs will be awarded against the defendant and in no circumstances will they be the responsibility of the federal government or state.

No Retaliation - In addition to a financial award, the False Claims Act entitles whistleblowers to additional relief, including employment reinstatement, back pay, and any other compensation arising from retaliatory conduct against a whistleblower for filing an action under the False Claims Act or committing other lawful acts, such as investigating a false claim or providing testimony for, or assistance in, a False Claims Act action. Additionally, non-retaliation and whistleblower protections are afforded to county patients' rights advocates who are contracted individuals or entities.

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CP. 16

Policy Number: CP.16	Date Created: No Date Set
Document Owner: Jill Berry (Director of Corporate Compliance)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer), Jill Berry (Director of Corporate Compliance)	
Compliance Risk Assessment and Annual Compliance Workplan Development	

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

Policy:

The purpose of this policy is to establish a standard process for Kaweah Health (“Kaweah”) to identify compliance risks and focus compliance auditing and monitoring efforts on issues that present risk to the organization.

It is the policy of Kaweah that services and business transactions be carried out and documented in accordance with applicable federal, state, and local laws and regulations. Kaweah has developed its Compliance Program to promote adherence to this policy, and an important element of the Compliance Program is the identification of compliance risk areas. In furtherance of the goals of the Compliance Program, Kaweah will conduct an annual risk assessment to identify and analyze risks to the organization that may stem from laws and regulations or policies and procedures designed to enhance compliance with such, (hereinafter referred to as a “Compliance Risk Assessment”).

Procedure:

- I. The Compliance Department will be responsible for conducting a Compliance Risk Assessment on an annual basis, or more often as needed, to identify risk areas and set priorities related to the review and remediation of those risk areas.
- II. Risk identification: Both external and internal sources of information will be used to identify potential risks to Kaweah including, but not limited to, the following:
 - a. Key external sources:
 - i. Centers for Medicare and Medicaid Services (“CMS”);
 - ii. Medicare Administrative Contractors (“MACs”, including Noridian;
 - iii. The Health and Human Services Office of Inspector General (“OIG”);
 - iv. The Medi-Cal program;
 - v. Governmental program auditors, including RACs, and UPICs, as applicable; and
 - vi. Other relevant sources, including those identified in Kaweah policy CP.08, Regulatory Updates.

- b. Key Internal Sources:
 - i. Issues identified through Compliance Department auditing and monitoring activities;
 - ii. Concerns submitted to the Compliance Department;
 - iii. Previous investigations conducted by the Compliance Department; and
 - iv. Information received through Anonymous Compliance Line reports.
 - c. Interviews and queries of key Kaweah leaders and feedback from the Operational Compliance Committee.
 - d. Emerging Risks:
 - i. New laws and regulations impacting operations;
 - ii. Amendment to existing laws and regulations; and
 - iii. New technologies and business practices.
- III. Risk Analysis: The Risk Assessment Scoring Matrix ("Scoring Matrix") will be used to analyze each identified risk, which considers the potential impact on the organization, as well as vulnerability and controls related to the risk. See *Attachment A*.
- IV. Risk Scoring:
- a. The Risk Calculation Tool ("Calculation Tool") will be used to assign each identified risk to a high, medium, and low risk category and to develop Kaweah's annual Compliance Workplan. See *Attachment B*.
 - b. Members of the Operational Compliance Committee and other Kaweah leaders shall assist the Compliance Department as needed to obtain the data and financial information needed to successfully assign risk scoring.
 - c. At least annually, the CCRO will present the Scoring Matrix, the Calculation Tool, and an initial draft of the Compliance Workplan to the Operational Compliance Committee for review and recommendations prior to finalization and presentation of the draft Compliance Workplan to the Audit and Compliance Committee.
 - d. At least annually, the CCRO will present a draft annual Compliance Workplan to the Audit and Compliance Committee and the Board of Directors for input, recommendations, and final approval.

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

Attachment A Risk Assessment Scoring Matrix (Scoring Definitions)						
Score	Impact to the Organization			Vulnerability		Controls
	Reputation/Impact on Strategy	Financial	Legal	Likelihood of Risk	Detectability	Controls
1	Little or no reputational risk. Little to no impact on strategic goals.	Loss is less than \$500,000 of gross revenue or \$200,000 expense (excluding legal fines/penalties)	No violation or strictly technical violation of law or regulation. No associated fine. No risk of exclusion, CIA, and/or loss of accreditation or licensure.	Low risk. Unlikely to occur or only in exceptional circumstances. Historical and industry experience show low likelihood of occurrence.	No risk for process failures. Failure is likely to be detected. Process is directly supervised. Automated safeguards for identifying variations/errors.	Internal and/or automated controls proven to be highly effective in mitigating 'all risk.' Current policies and procedures. Regular mandatory training to identified responsible person(s) and training is documented. Regular management reviews.
2	Slight reputational risk. Possible bad press but no significant patient, physician, and/or constituent consequences. Minor impact to strategic goals possible.	Loss between \$500,000-\$1,500,000 of gross revenue or \$300,000 expense	Civil fines and/or penalties up to \$10,000 possible. Little risk of exclusion, CIA, and/or loss of accreditation or licensure.	Slight risk, historical and industry experience shows some likelihood, but not experienced in organization to date. Simple, well understood process. Competency demonstrated - less likely to fail.	Slight risk for process failures and risk that failures will not be detected. Moderate safeguards in place. Partially automated process with moderate management oversight.	Routinely audited and/or tested. Performance metrics are established, routinely reviewed, and show little variation. Current policies and procedures. Employee training and competency established. Well-prepared to manage this risk based on management reviews and implemented risk management plans.
3	Moderate reputational risk. Probable bad press. Probable modest patient and/or constituent fallout. Impact on strategic goals likely.	Loss between \$1,500,000-\$2,000,000 of gross revenue or \$500,000 expense.	Civil fines and/or penalties between \$10,000-\$50,000 possible. Modest risk of exclusion, CIA and/or loss of accreditation or licensure.	Moderate risk of occurrence within next 12 months. Complex process, but competency has been demonstrated and low likelihood of failure.	Moderate risk process failures will not be detected or limited safeguards in place to identify failures prior to occurrence. Partially automated process with limited management oversight.	Periodically audited and/or tested. Corrective action plans developed and tested for effectiveness. Limited performance metrics established.
4	Extensive negative press coverage. Significant patient, physician and/or constituent fallout. Significant impact on strategic goals.	Loss between \$2,000,000-\$3,000,000 of gross revenue or \$750,000 expense.	Civil fines and/or penalties more than \$50,000 probable. HI risk of the loss of department/location/service and/or licensure or accreditation. Exclusion possible. CIA probable.	High risk of occurrence within next 12 months. Complex and/or manual process.	Significant risk process failures will not be detected prior to failure. Manual safeguards in place to identify failures. No automated processes. Periodic management oversight.	Responsible person(s) identified. No management review. Process not (or rarely) audited or tested or history of unsatisfactory results. Some limited policy or procedure guidance or policy and procedure is not updated regularly. Some training on process.
5	Extensive and prolonged negative press coverage. Significant sponsor/board questions of management. Extensive patient, physician, and/or constituent fallout. Inability to continue with strategic goals.	Loss greater than \$3,000,000-\$6,000,000 of gross revenue or \$1,000,000 expense.	Criminal conviction and/or exclusion of hospital probable. Fines, penalties and or legal exposure in excess of 1% net revenue. CIA certain.	Significant risk of occurrence within next 12 months. Highly complex process with numerous hand-offs. Relies on extensive specialized skills.	Extremely hard to detect prior to failure. Highly automated with little or no human intervention, oversight or control. No built-in safeguards, cross-checks, or other mechanisms to identify errors/failures prior to submission/completion.	No formal controls in place. No policies or procedures, responsible person(s) identified, no training, no management review or approval required, no auditing or monitoring.

[illegible]

CP.17

Policy Number: CP.17	Date Created: No Date Set
Document Owner: Jill Berry (Director of Corporate Compliance)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer), Jill Berry (Director of Corporate Compliance)	
Remote Non-Employee Electronic Medical Record System Access	

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

Purpose:

The purpose of this policy is to establish processes and procedures for permitting Medical Staff members and certain community health care providers and their respective delegees to access Kaweah Health's ("Kaweah's") electronic medical record system in order to enhance the continuum of care for mutual patients.

Definitions:

- A. "Remote Non-Employee User" means any individual desiring to access Kaweah's System exclusively through an offsite remote connection who does not perform any portion of their business or job-related duties onsite at Kaweah Health facility. Employees of Kaweah and individuals credentialed or privileged through the Kaweah Medical Staff are not considered Remote Non-Employees under the definition of this policy, regardless of where the individuals perform their business or job-related duties.
- B. "Authorized Entity" means the employer of a Remote Non-Employee User.
- C. "Kaweah System" means the systems to which Remote Non-Employer User is granted access under this policy.
- D. "Kaweah Information" means information contained in or obtained from any Kaweah System.
- E. "Organized Health Care Arrangement" has the meaning assigned under HIPAA regulations at 45 CFR 160.103.

Policy:

- I. Access

- a. A Remote Non-Employee's access to Kaweah's EMR is dependent upon the initial and ongoing satisfaction of the requirements of this policy.
- b. Kaweah's System shall only be accessed and used for the ongoing treatment of mutual patients.
- c. Compelling Need: To be granted access to a Kaweah System under this policy, each requesting Authorized Entity and Remote Non-Employee User must demonstrate a compelling need for access.
 - i. Factors that can be used to demonstrate a compelling need include the following:
 - 1. Employee of a Member of Kaweah' Medical Staff who is responsible for records retrieval on behalf of the physician's clinic;
 - 2. Community physician or a designee thereof, if the volume of mutual patients and associated medical record requests would place an undue burden on Kaweah's Medical Records Department and its staff;
 - 3. Another Covered Entity that has mutual patients with Kaweah Health including, but not limited to, Payors Conducting Chart Reviews or entities which are part of an Organized Health Care Arrangement with Kaweah Health; or
 - 4. Business Associate with which Kaweah Health has an active Business Associate Agreement.
- d. Each Authorized Entity shall sign and submit a System Access Agreement for any of its employees to receive Remote Non-Employee User access. (*See Attachment A*)
- e. Each Remote Non-Employee User shall sign and submit a User Confidentiality Statement and complete the assigned Kaweah Health Patient Privacy Education: Non-Employee/Affiliate learning module to receive access. (*See Attachment B*)
- f. Remote Non-Employee User access will be limited to read-only access to KDHub Reach. Additional access privileges may be granted in certain circumstances when a compelling business need is demonstrated, and approval is granted by the Kaweah's Chief Compliance and Risk Officer or the Director of Corporate Compliance.
- g. Kaweah will issue passwords and user identification credentials only after all required forms are submitted and training is completed.
- h. Authorized Entities shall notify Kaweah within twenty-four (24) hours of the departure of a Remote Non-Employee User from their employment.
- i. Authorized Entities shall complete an annual reauthorization process for their Remote Non-Employee Users to continue to retain their access. Kaweah's annual reauthorization process is completed once per year for all Remote Non-Employee Users, regardless of the date their initial access was granted. The failure to comply with the reauthorization process will result in access termination and possible non-renewal of access.

II. Non-Permitted Uses

- a. Kaweah's System shall not be used for any purpose other than the ongoing treatment of mutual patients.
- b. Remote Non-Employee Users shall not engage in the following activities:
 - i. Access or attempt to access Kaweah's System for any purpose other than the ongoing treatment of mutual patients.
 - ii. Access or attempt to access his/her own or another person's information in Kaweah's System for personal reasons.
 - iii. Permit any other person or entity to access Kaweah's System under the Remote Non-Employee User's credentials.
 - iv. Disclose to another person one's sign-on code and /or password to Kaweah's System.
 - v. Use another person's sign-on code and/or password to access Kaweah's System.
 - vi. Engage in the intentional or negligent mishandling or destruction of information contained in or obtained from Kaweah's System.
 - vii. Attempt to access a secured application or restricted area without proper authorization or for purposes other than permitted under this policy.
 - viii. Misuse Kaweah information.
 - ix. Disclose Kaweah information without proper authorization.
 - x. Alter Kaweah information.
 - xi. Leave a Kaweah System unattended while signed on.

III. Confidentiality

- a. All information in Kaweah's System is confidential.
- b. Information accessed in Kaweah's System by Non-Employee User is confidential and shall be the minimum necessary to provide ongoing care to mutual patients.
- c. Authorized Entity and Remote Non-Employee Users shall implement and maintain appropriate administrative, physical, and technical safeguards to prevent the use or disclosure of information obtained from Kaweah System's for any reason other than permitted by this policy.
- d. Authorized Entity and Remote Non-Employee Users shall implement and maintain information security safeguards as necessary to protect Kaweah's System from information security threats.

IV. Reporting Unauthorized Use or Disclosure

- a. Authorized Entity or Remote Non-Employee User shall report unauthorized uses and disclosures that are not specifically permitted under this policy to the Kaweah Compliance Department within twenty-four (24) hours of occurrence.
- b. Reports of unauthorized uses and disclosures shall be made by telephone call to the Compliance Department at 559-624-2154.

- c. Authorized Entity and Remote Non-Employee User shall mitigate, to the extent possible, any harmful effect that occurs as a result of unauthorized uses and disclosures.
- d. Authorized Entity and Remote Non-Employee User shall work cooperatively with Kaweah in investigating, mitigating, and engaging in any corrective action that is required as a result of any unauthorized use or disclosure.

V. Auditing and Monitoring

- a. Authorized Entity and Remote Non-Employee User shall not expect any privacy rights while utilizing Kaweah Systems.
- b. Kaweah may track and monitor Non-Employee User's access and activity in Kaweah Systems.
- c. Kaweah will conduct random and targeted monitoring and auditing of Kaweah's Systems.
- d. Authorized Entity and Remote Non-Employee User shall cooperate with Kaweah with any resulting investigation involving potential inappropriate access, use, and/or disclosure.

VI. Violations

- a. Authorized Entity and Remote Non-Employee User shall ensure compliance with all the terms of conditions of this policy and access granted hereunder.
- b. Violations of this policy and access granted hereunder may result in immediate and permanent termination of access.
- c. Access, use, and disclosure violations may result in violations of state and federal privacy laws and regulations.
- d. Authorized Entity and Remote Non-Employee User will be responsible for any damages incurred as a result of inappropriate access, use, or disclosure of Kaweah Information obtained through access to Kaweah Systems.

Related Documents:

- A. MS57 [Guidelines for Privacy Violations](#) (Refer to Medical Staff Policy for privacy violations involving Members of Kaweah Health's Medical Staff)
- B. AP53 [Patients' Rights and Responsibilities](#)
- C. AP04 [Access and Release of Protected Health Information \(PHI\)](#)

"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."

KAWEAH DELTA HEALTH CARE DISTRICT

SYSTEM ACCESS AGREEMENT

This Systems Access Agreement ("AGREEMENT") made and entered into effective _____ ("Effective Date"), is by and between **Kaweah Delta Health Care District** ("KAWEAH HEALTH"), a local health care district organized and existing under the laws of the State of California, Health and Safety Code §§ 32000 et seq., and _____, ("AUTHORIZED ENTITY").

If and to the extent, KAWEAH HEALTH and AUTHORIZED ENTITY hereby agree to the following with respect to Protected Health Information (PHI), obtained by AUTHORIZED ENTITY in connection with its performance of services for KAWEAH HEALTH pursuant to any AGREEMENT for services ("AGREEMENT") the parties may enter into from time to time.

RECITALS

- (A) KAWEAH HEALTH wishes to provide AUTHORIZED ENTITY and its employees/agents, electronic systems access to KAWEAH HEALTH electronic health information records pursuant to the terms of this AGREEMENT, some of which may constitute Protected Health Information ("PHI") (defined below).
- (B) KAWEAH HEALTH and AUTHORIZED ENTITY intend to protect the privacy and provide for the security of PHI disclosed to AUTHORIZED ENTITY pursuant to this AGREEMENT in compliance with the Health Insurance Portability and Accountability ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("the HITECH Act"), and applicable California State laws.

In consideration of the mutual promises below and the exchange of information pursuant to this AGREEMENT, the parties agree as follows:

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act, HIPAA Regulations, and the California Health and Safety Code.
- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D and the California Health and Safety Code.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Electronic Protected Health Information** means PHI that is maintained in, or transmitted by, electronic media.
- e. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

- f. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- h. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; (ii) the provision of health care to an individual; (iii) the past, present, or future payment for the provision of health care to an individual; or (iv) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule. Protected Health Information includes Electronic Protected Health Information as defined above.
- i. **Protected Information** shall mean PHI provided by KAWEAH HEALTH to AUTHORIZED ENTITY or created, maintained, received, or transmitted by AUTHORIZED ENTITY on KAWEAH HEALTH's behalf.
- j. **Security Incident** shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- k. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- l. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.
- m. **Unauthorized Access** shall have the meaning given to such term under the California Health and Safety Code Section 130201 and any other applicable guidance issued. Generally, this shall have the meaning inappropriate access, review, or viewing of patient medical information without a direct need for medical diagnosis, treatment, or other lawful use as permitted by any statute or regulation governing the lawful access, use, or disclosure of medical information.

2. **Obligations of AUTHORIZED ENTITY**

- a. **Permitted Uses.** AUTHORIZED ENTITY shall not use Protected Information except for the purpose of performing AUTHORIZED ENTITY's obligations under this AGREEMENT and as permitted under this AGREEMENT. Further, AUTHORIZED ENTITY shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule, the HITECH Act, or California law if so used by KAWEAH HEALTH. However, AUTHORIZED ENTITY may use Protected Information (i) for the proper management and administration of AUTHORIZED ENTITY; or (ii) to carry out the legal responsibilities of AUTHORIZED ENTITY.
- b. **Permitted Disclosures.** AUTHORIZED ENTITY shall not disclose Protected Information except for the purpose of performing AUTHORIZED ENTITY's obligations under this AGREEMENT and as permitted under this AGREEMENT. AUTHORIZED ENTITY shall not disclose Protected Information in any manner that

would constitute a violation of the Privacy Rule, the HITECH Act, or California law if so disclosed by KAWEAH HEALTH. However, AUTHORIZED ENTITY may disclose Protected Information (i) for the proper management and administration of AUTHORIZED ENTITY; (ii) to carry out the legal responsibilities of AUTHORIZED ENTITY; or (iii) as required by law.

- b. **Prohibited Uses and Disclosures.** AUTHORIZED ENTITY shall not use or disclose Protected Information for fundraising or marketing purposes. AUTHORIZED ENTITY shall not disclose Protected Information to a health plan for payment or Health Care Operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates.
 - a. Access shall be limited to patient information that pertains to a past or current medical condition for which the patient is under current treatment of the AUTHORIZED ENTITY.

NOTE: PRIOR approval by the office manager or Physician is required when accessing a family member or friend's record that is a patient of record; office manager/Physician must validate the business purpose and confirm the patient is under active treatment by the physician office.
 - b. Users/employees of the AUTHORIZED ENTITY shall not access their own medical record.
 - c. Users/employees of the AUTHORIZED ENTITY shall maintain unique user credentials. Sharing user credentials may result in termination of this AGREEMENT and systems access for the AUTHORIZED ENTITY.
- d. **Appropriate Safeguards.** AUTHORIZED ENTITY shall implement appropriate safeguards as are necessary to prevent the access, use or disclosure of Protected Information otherwise than as permitted by this AGREEMENT, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information.
- j. **Minimum Necessary.** AUTHORIZED ENTITY shall access, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure.
- k. **Data Ownership.** AUTHORIZED ENTITY acknowledges that AUTHORIZED ENTITY has no ownership rights with respect to the Protected Information.
- l. **Notification of Possible Breach.** AUTHORIZED ENTITY shall notify KAWEAH HEALTH **within twenty-four (24) hours** of any suspected or actual breach or UNAUTHORIZED ACCESS of Protected Information. AUTHORIZED ENTITY shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws.
- m. **Notification of Termination of Employment.** AUTHORIZED ENTITY shall notify KAWEAH HEALTH **within twenty-four (24) hours** of any terminated employee with access to Kaweah HEALTH systems.

3. Indemnification

Each party shall defend, indemnify and hold the other party, its officers, directors, partners, employees, agents and subcontractors harmless from and against any and all liability, loss, expense, attorneys' fees or claims for injury or damages arising out of its own performance of this AGREEMENT but only in proportion to and to the extent such liability, loss, expense, attorneys' fees or claims for injury or damages are caused by or result from the acts or omissions of itself, its officers, partners, directors, employees, or agents. This section shall survive the expiration of the term of this AGREEMENT.

AUTHORIZED ENTITY agrees to reimburse KAWEAH HEALTH for all fines, penalties, legal expenses, damages, and other costs or expenses incurred by KAWEAH HEALTH arising from or caused by a breach of PHI by the AUTHORIZED ENTITY, its employees, or its agents.

4. Disclaimer

KAWEAH HEALTH makes no warranty or representation that compliance by AUTHORIZED ENTITY with this AGREEMENT, HIPAA, the HITECH Act, the HIPAA Regulations or California security or privacy laws will be adequate or satisfactory for AUTHORIZED ENTITY's own purposes. AUTHORIZED ENTITY is solely responsible for all decisions made by AUTHORIZED ENTITY regarding the safeguarding of PHI.

5. Amendment to Comply with Law

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of this AGREEMENT may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that KAWEAH HEALTH must receive satisfactory written assurance from AUTHORIZED ENTITY that AUTHORIZED ENTITY will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this AGREEMENT embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. KAWEAH HEALTH may terminate this AGREEMENT upon **thirty (30) calendar days written notice** in the event (i) AUTHORIZED ENTITY does not promptly enter into negotiations to amend this AGREEMENT when requested by KAWEAH HEALTH pursuant to this section; or (ii) AUTHORIZED ENTITY does not enter into an amendment to this AGREEMENT providing assurances regarding the safeguarding of PHI that KAWEAH HEALTH, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

6. Interpretation

This AGREEMENT shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the HIPAA regulations, and other state and federal laws related to security and privacy. The parties agree that any ambiguity in this AGREEMENT shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the HIPAA regulations, and other state and federal laws related to security and privacy.

7. Termination

Violation of this AGREEMENT may result in the immediate and indefinite termination of the KAWEAH HEALTH systems access for the user. Repeated violations by AUTHORIZED ENTITY may result in a suspension or immediate termination of system access AUTHORIZED ENTITY and all of its employees. Unauthorized use or release of confidential information may also subject the violator to personal, civil, and/or criminal liability and legal penalties.

Kaweah Health reserves the right to approve, deny, or revoke user access based on the need for system access.

IN WITNESS WHEREOF, the parties hereto have duly executed this AGREEMENT as of the Effective Date.

COVERED ENTITY	AUTHORIZED ENTITY
Kaweah Delta Health Care District	_____
By: _____	By: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

User Confidentiality Statement

As a user of information of Kaweah Delta Health Care District ("Kaweah Health") electronic/computer systems, you may develop, use, or maintain: (1) patient information (for health care, quality improvement, peer review, education, billing, reimbursement, administration, research, or for other purposes); and (2) confidential business information of Kaweah Health and/or third parties, including third-party software and other licensed products or processes. This information from any source and in any form, including, but not limited to, paper record, oral communication, audio recording, and electronic display, is strictly confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the information necessary to accomplish the intended purpose of the use, disclosure, or request.

Users of Kaweah Health electronic/computer systems shall respect and preserve the privacy, confidentiality and security of confidential information. **Violations of this statement include, but are not limited to:**

Initial Below

- _____ Accessing information that is not within the scope of your duties;
- _____ Accessing your own health information;
- _____ Accessing the health information of your family and/or friends without a legitimate business purpose;
- _____ Disclosing to another person your sign-on code and/or password for accessing electronic or confidential information or for physical access to restricted areas;
- _____ Using another person's sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas;
- _____ Leaving a secured application unattended while signed on;

Violation of this statement will constitute grounds for immediate and **indefinite loss of information system security access**, and/or loss of contractual or affiliation rights. Unauthorized use or release of confidential information may also subject the violator and their employer to personal, civil, and/or criminal liability and legal penalties.

I attest that I have received, reviewed, and agree to abide by the terms of this "Confidentiality Statement" and Kaweah Health privacy and security Policies, copies of which have been provided.

Name (Print) _____

Signature/Date: _____ / _____
Date

Office/Company Name: _____

Affiliation:

- ☐ Student
- ☐ Volunteer
- ☐ Vendor
- ☐ Contract Employee
- ☐ Other _____

Agreement

CHIEF EXECUTIVE OFFICER AGREEMENT

This Chief Executive Officer Agreement (“Agreement”), made effective December 22, 2025, is by and between **Kaweah Delta Health Care District**, a local health care district organized and existing under the laws of the State of California (“Kaweah Health” or the “Health Care System”), and **Marc Mertz** (“Mr. Mertz”), and is made on the basis of the following recitals:

A. Kaweah Health operates numerous health care facilities and services in Visalia, Exeter, Lindsay, Woodlake, Dinuba, Tulare and Hanford, California, including, but not limited to, Kaweah Health Medical Center, Kaweah Health South Campus, Kaweah Health Rehabilitation Hospital, Kaweah Health Mental Health Hospital, Kaweah Health Exeter Health Clinic, Kaweah Health Lindsay Health Clinic, Kaweah Health Woodlake Health Clinic, Kaweah Health Dinuba Health Clinic, Kaweah Health Urgent Care, Sequoia Prompt Care, Kaweah Kids Center, The Lifestyle Center, Kaweah Health Dialysis, and Kaweah Health Cardiology Center.

B. Pursuant to the Kaweah Health Board Bylaws and applicable policies, the Kaweah Health Board of Directors (the “Board”) is the final authority and responsible for the recruitment, establishing the terms and conditions of employment, and employment and oversight of the Chief Executive Officer (“CEO”) for Kaweah Health.

C. Throughout his employment with Kaweah Health as its Chief Strategy Officer, and in his prior employment with national and international health care and physician groups and organizations, Mr. Mertz has exhibited the qualities and skills necessary to lead a complex, growing healthcare organization in an ever-challenging environment of declining reimbursement, physician shortages, increased regulation and changing market and socio-economic conditions. Additionally, Mr. Mertz has extensive experience demonstrating his capacity to be visionary, proactive and effective in developing expanded services, partnerships with physicians and other hospitals, and collaboration with local community and governmental entities.

D. The market for healthcare CEOs is national and highly competitive with a significant demand for qualified candidates. This is borne out by the fact that the average hospital CEO tenure is approximately five years. The retention of a highly-qualified CEO inures to the benefit of the organization by maintaining consistent and orderly economic and organizational direction and growth. Compensation of the CEO at competitive and equitable rates based on national rates is therefore necessary (see

Executive Compensation Policy, Exhibit “A”).

E. The Board, for the benefit of the communities served by the Health Care System, is desirous of securing Mr. Mertz’s services as CEO of Kaweah Health for the term of this Agreement.

F. Mr. Mertz is willing to serve as CEO of Kaweah Health under the terms and conditions set forth in this Agreement.

THEREFORE, in consideration of the mutual covenants and conditions contained herein, Kaweah Health and Mr. Mertz agree as follows:

1. Employment. Kaweah Health hereby hires Mr. Mertz, and Mr. Mertz hereby accepts employment, as the CEO of the Health Care System.

2. Duties. As CEO, Mr. Mertz will at all times faithfully, industriously and to the best of his ability perform all duties that may be required of him by virtue of his position, and all duties of the CEO as set forth in the Kaweah Health Bylaws, as well as the duties of “hospital administrator” as that term is used in California Health & Safety Code section 32121.5.

The following is a general, but not exhaustive, description of the duties that Mr. Mertz, as CEO, agrees to faithfully, industriously and to the best of his abilities, perform:

a. He will select, employ, control and have authority to discharge any employee of Kaweah Health, except as otherwise provided in this Agreement, in the Kaweah Health Board Bylaws or policies, presently or as amended from time to time. Employment of new personnel shall be subject to budget authorization granted by the Board. Employment of, promotion of, or termination of any individual with the title or equivalent function of Chief, Vice President, Internal Auditor, or Board Clerk shall be subject to the prior and formal authorization of the Board, such authorization not to be unreasonably withheld. In addition, contracting with former senior executives of Kaweah Health shall be subject to the prior and formal authorization of the Board, such authorization not to be unreasonably withheld.

b. He will organize, and have the authority to reorganize, the administrative structure of the Health Care System, below the level of CEO, subject to the limitations set forth in this subparagraph, subparagraph 2a above, or the Kaweah Health Board Bylaws. The organizational chart shall reflect the Chief Compliance

and Risk Officer reporting directly to the Board and the CEO.

c. He will report to the Board at regular and special meetings all significant items of business of Kaweah Health and make recommendations concerning the disposition thereof.

d. He will submit regularly, in cooperation with the appropriate committee(s) of the Board, periodic reports that may be required by the Board.

e. He will attend all meetings of the Board when possible and will attend meetings of the various committees of the Board when so requested by the committee chairperson.

f. He will serve as a liaison between the Board and the Medical Staff of Kaweah Health. He will collaborate with the Medical Staff and secure like collaboration on the part of all concerned with rendering professional services to the end that patients may receive the best possible care.

g. He will make recommendations concerning the purchase of equipment and supplies and the provision of services by the Health Care System, considering the existing and developing needs of the community and the availability of financial and medical resources.

h. He will keep abreast and be informed of new developments in the medical and administrative areas of hospital administration.

i. He will oversee the Health Care System's physical plant and grounds and keep them in a good state of repair, conferring with the appropriate committee(s) of the Board on major matters, but carrying out routine repairs and maintenance without such consultation.

j. He will supervise all business affairs such as the records of financial transactions, collections of accounts and purchase and issuance of supplies, and be certain that all funds are collected and expended to the best possible advantage.

k. He will supervise the preservation of the permanent medical records of the Health Care System and act as overall custodian of these records.

l. He will ensure that the business of the Health Care System is conducted openly and transparently, as required by law.

m. He will oversee the activities of the Health Care System's community relations committees to ensure meaningful participation of community members and communication of the input and recommendations from the committee to the Board and to Kaweah Health management.

n. He will perform any additional duties necessary to properly perform in all areas of accountability described in the Dimensions/Characteristics of Performance as detailed on the CEO Evaluation Form attached to this Agreement as Exhibit "B" and incorporated here by reference.

o. He will perform any special duties assigned or delegated to him by the Board.

3. Term. The term of this Agreement shall extend for a period of three years and six months, beginning December 22, 2025 through June 30, 2029. The first contract year under this Agreement shall run from December 22, 2025 to June 30, 2026. The second through fourth contract years shall run from July 1 through June 30, coterminous with Kaweah Health's fiscal year.

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. During the first contract year, Mr. Mertz shall be paid an annual base salary of One Million Nine Thousand Six Hundred Dollars and Zero Cents (\$1,009,600.00). 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.

b. Incentive Compensation. In addition to the base salary referenced above, during the First Contract Year, Mr. Mertz shall be eligible for annual incentive compensation of up to Two Hundred Fifty-Two Thousand Four Hundred Dollars and Zero Cents (\$252,400.00). Mr. Mertz's eligibility for the incentive compensation each year shall be based upon objectively measurable goals, to be agreed upon by the Board and Mr. Mertz, and to be completed by Mr. Mertz within the contract year. A list of the goals and the incentive amounts attached to the successful completion of the respective goals for the first contract year shall be set and included as Exhibit "C" and is incorporated herein by reference. For the second, third and fourth contract years of this Agreement, incentive goals and incentive amounts shall be similarly set and

memorialized in a written addendum to this Agreement. The parties acknowledge that the incentive compensation goals will be “stretch” goals, challenging to achieve. The CEO will often have to work with, and coordinate the participation of, many others in the organization to achieve the respective goals. For these reasons, the parties further acknowledge that realization of all the respective incentive compensation goals for any particular year, and therefore realization of all the related potential compensation for any particular year, will be very difficult and generally unlikely. Since 2011, incentive compensation payouts at Kaweah Health have averaged under seventy-five percent (75%).

Kaweah Health and Mr. Mertz agree that no incentive compensation will be due to Mr. Mertz or payable by Kaweah Health, and no incentive compensation will be paid to any Chief or other senior executive, for any fiscal year during which Kaweah Health does not maintain uninterrupted unconditional full accreditation by The Joint Commission for all of the Kaweah Health facilities subject to accreditation by The Joint Commission.

c. Adjustment in Total Potential Cash Compensation. For each of the second, third, and fourth contract years of this Agreement, Mr. Mertz’s total potential cash compensation under this Agreement shall be adjusted by the percentage amount CEO total cash compensation for comparable organizations changes from the total cash compensation amounts used for the immediately preceding contract year to set Mr. Mertz’s potential cash compensation under this Agreement. The amount of percentage change for comparable organizations will be determined by annually using data from Integrated Healthcare Strategies (or a similarly qualified consultant) similar to the data provided by Integrated Healthcare Strategies and used by the Board in setting Mr. Mertz’s compensation prior to the execution of this Agreement. Total cash compensation for the purposes of the percentage increase shall include salary and any potential incentive compensation amount. The allocation of total compensation among (1) base salary, (2) potential incentive compensation, and (3) other elements of compensation may be different from the respective percentages that occur for the first contract year upon mutual agreement between Kaweah Health and Mr. Mertz. Each contract year, the amount of total potential cash compensation and the allocation among compensation elements shall be set forth in a written addendum to this Agreement.

If the provisions of this Section 4 are determined to be governed by California Government Code section 3511.2, then the maximum annual amount of increase in the level of the portion of total compensation that consists of “Compensation” as that term is defined in California Government Code section 3511.1 (i.e., annual salary, stipend

or bonus) shall not exceed a cost-of-living adjustment as described in California Government Code section 3511.2.

d. Fringe Benefits. As CEO, Mr. Mertz shall receive the same fringe benefits as are generally available to employees of Kaweah Health, including healthcare insurance and retirement benefits for employees with Mr. Mertz's seniority. Paid Time Off shall be accrued at the rate of up to 12.30 hours per pay period (320 hours per year). All other fringe benefits available to Mr. Mertz shall be subject to the personnel policies of Kaweah Health.

e. Disability Insurance. Kaweah Health agrees to reimburse Mr. Mertz for the cost of long term disability insurance coverage provided during the term of this Agreement, that, in combination with any coverage included as part of the fringe benefits referenced in Section 4.d. above, provides Mr. Mertz with total coverage that is commensurate with the long term disability coverage provided to CEOs at health care institutions comparable to Kaweah Health.

f. Deferred Compensation. The Board at its discretion will designate a portion of Mr. Mertz's total annual compensation, consistent with the Plan's governing documents, as deferred compensation to be credited, net of taxes which will be withheld at the time of deposit, to a fully-vested account, held and invested by Kaweah Health, to be paid to Mr. Mertz following his separation from employment with Kaweah Health at the date or dates specified under the governing document for this deferred compensation arrangement as approved by the Board from time to time. Any such designation must occur through an Addendum to this Agreement.

5. Expense Reimbursement. During the term of this Agreement, Mr. Mertz shall be reimbursed by Kaweah Health for all expenses he incurs in maintaining membership at local service or social clubs of his choice, and for maintaining membership in other relevant and appropriate professional associations and societies, including but not limited to, the American College of Healthcare Executives. Kaweah Health shall pay the cost of a cell phone, both hardware and usage costs, for use by Mr. Mertz in the conduct of the Health Care System's business. Kaweah Health shall pay Mr. Mertz Four Thousand Eight Hundred Dollars and Zero Cents (\$4,800.00) per year as reimbursement for the use of his personal vehicle; the payment shall be made in equal installments, paid biweekly. In addition, Kaweah Health shall reimburse Mr. Mertz for all necessary business expenses incurred in the course of Kaweah Health's business, subject to the policies and the approval of the Board.

6. Performance Evaluation. On an annual basis, during the term of this Agreement, the Board will convene to evaluate the extent to which Mr. Mertz has successfully performed his duties as CEO. The Board will use the “CEO Evaluation Form,” attached as Exhibit “B” to this Agreement, or some comparable evaluation tool for healthcare CEOs, as a guideline in conducting its evaluation. Promptly upon completion of this evaluation, a committee, or the Board, will report the results of its evaluation to Mr. Mertz. This report, whether written or oral, will be completed near the end of the current contract year, and will include specific information with regard to the areas and methods of satisfactory performance of the duties of CEO and the areas and methods that may require improvement.

7. Confidentiality. Mr. Mertz shall maintain confidentiality with respect to information that he receives in the course of his employment and shall not inappropriately disclose any such information. Mr. Mertz shall not, either during the term of employment or thereafter, use or permit the use of any confidential information of or relating to Kaweah Health in connection with any other activity or business and shall not divulge such information to any person, firm, or corporation whatsoever, except as may be necessary in the performance of his duties hereunder or as may be required by law or legal process.

8. Non-Competition. During the term of his employment with Kaweah Health, Mr. Mertz shall not directly own, manage, operate, join, control, or participate in or be connected with, as an officer, employee, partner, stockholder or otherwise, any other hospital, medical clinic, integrated delivery system, health maintenance organization, or related business, partnership, firm, or corporation (all of which hereinafter are referred to as “entity”) that is at the time engaged principally or significantly in a business that is, directly or indirectly, at the time in competition with any business of Kaweah Health within the service area of Kaweah Health. The service area is defined as Tulare, Kings, Kern and Fresno counties in California. Notwithstanding, prior to his recruitment as CEO, Mr. Mertz held an ownership interest in a health clinic located in the Kaweah Health service area. That existing clinic is excepted from the non-competition provision of this Agreement; this exception does not apply to any future clinics that may be established. Nothing herein shall prohibit Mr. Mertz from acquiring or holding any issue of stock or securities of any entity that has any securities listed on a national securities exchange or quoted in a daily listing of over-the-counter market securities, provided that at any one time Mr. Mertz and members of Mr. Mertz’s immediate family do not own more than one percent (1%) of any voting securities of any such entity. This covenant shall be construed as an agreement independent of any other provision of this Agreement, and the existence of any claim or cause of action, whether predicated on this Agreement or

otherwise, shall not constitute a defense to the enforcement by Kaweah Health of this covenant. In the event of actual or threatened breach by Mr. Mertz of this provision, Kaweah Health shall be entitled to an injunction restraining Mr. Mertz from violation or further violation of the terms thereof.

9. Non-solicitation. Mr. Mertz shall not, to the fullest extent allowed by law, directly or indirectly, without the express written consent of the Board, through his own efforts, or otherwise, during the term of this Agreement, and for a period of twenty-four (24) months thereafter, employ, solicit to employ or otherwise contract with, or in any way retain the services of any employee or former employee of Kaweah Health, if such individual has provided professional or support services to Kaweah Health at any time during Mr. Mertz's employment by Kaweah Health. Mr. Mertz will not interfere with the relationship between Kaweah Health and any of its employees and Mr. Mertz will not attempt to divert from Kaweah Health any business in which Kaweah Health has been actively engaged during his employment.

10. Termination by Board. The Board may terminate this Agreement in the event of a material breach by Mr. Mertz, including, without limitation, substantial nonperformance of his duties as CEO, conduct that reflects poorly on the Health Care System, or any activity of Mr. Mertz involving criminal conduct or moral turpitude. In addition, the Board may terminate this Agreement if Kaweah Health ceases to operate an acute care facility. Should termination occur under this section, and subject to the limitations of California Government Code sections 53260 and 53261, as applicable, Mr. Mertz shall be entitled to eighteen (18) consecutive monthly payments of his last monthly salary, as well as continuation of the same health insurance benefits at the cost of Kaweah Health. During this eighteen (18) month period following termination, Mr. Mertz shall not be required to perform any employment duties for Kaweah Health. In the event of termination under this Section 10, Kaweah Health agrees to provide Mr. Mertz with outplacement support up to a maximum dollar amount of Five Thousand Dollars (\$5,000). The severance payments, benefits and other arrangements described in this Section 10 will not be payable in the event Mr. Mertz's employment is terminated due to the fact that Mr. Mertz has been charged with any felony criminal offense or with any misdemeanor criminal offense related to substance abuse or to the operation of the Health Care System.

Any monthly severance payments due to Mr. Mertz under this Section 10 shall be offset by any compensation amounts earned by Mr. Mertz as an employee or independent contractor, during the period for which Kaweah Health has a monthly severance payment obligation. No severance payments, benefits or other arrangements

described in this Section 10, shall be payable by Kaweah Health until Mr. Mertz has signed and delivered to Kaweah Health a full release of Kaweah Health and its directors, officers, employees and agents, from any and all legal claims arising out of or in any way related to Mr. Mertz's employment with Kaweah Health. The form and content of the release shall be reasonably acceptable to Kaweah Health.

The severance payments, benefits and other arrangements described in this Section 10 will not be payable in the event Mr. Mertz's employment is terminated due to his death or disability.

Notwithstanding any provisions of this Section 10 to the contrary, and as required by California Government Code section 53260, if this Agreement is terminated during the last eighteen (18) months of its term, the maximum cash settlement that Mr. Mertz may receive shall be an amount equal to his monthly salary at the time of termination multiplied by the number of months left on the unexpired term of this Agreement. Further, as required by California Government Code section 53243.2, regardless of the term of this Agreement, any cash settlement that Mr. Mertz may receive from Kaweah Health related to the termination of this Agreement, must be returned to Kaweah Health by Mr. Mertz if he is convicted of a crime involving an abuse of his office or position.

11. Entire Agreement. This Agreement constitutes the entire agreement between the parties and contains all the agreements between them with respect to the subject matter hereof. It also supersedes any and all other agreements or contracts, either oral or written, between the parties with respect to the subject matter hereof.

12. Amendment. Except as otherwise specifically provided, the terms and conditions of this Agreement may be amended at any time by mutual agreement of the parties, provided that before any amendment shall be valid or effective it shall have been reduced to writing and signed by the President of the Board and Mr. Mertz.

13. Severability. The invalidity or unenforceability of any particular provision of this Agreement shall not affect its other provisions, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision had been omitted.

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14. Applicable Law. This Agreement shall be construed and enforced under and in accordance with the internal laws, and not the law of conflicts, of the State of California.

KAWEAH DELTA HEALTH CARE DISTRICT

Date: _____, 2025

By: _____
Michael Olmos
President of the Board of Directors

CHIEF EXECUTIVE OFFICER

Date: _____, 2025

By: _____
Marc Mertz

Exhibit A

Executive Compensation Policy

See attached policy consisting of four (4) pages.

Policy Number: BOD4	Date Created: 06/01/2008
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 06/27/2025
Approvers: Board of Directors (Administration)	
Executive Compensation	

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

PURPOSE: This Executive Compensation Policy of Kaweah Delta Health Care District dba Kaweah Health is intended to set forth the rationale and the processes to be utilized by the Board of Directors (“Board”) with respect to the compensation of the Chief Executive Officer (“CEO”), and to set forth the rationale and the processes to be utilized by the CEO with respect to the compensation of the other members of the Executive Team.

Currently, competition for quality executives in the healthcare industry is very high while the years of continuous employment of healthcare executives at a specific institution is surprisingly low. Unnecessary turnover in executives, especially the CEO, can cause major disruptions at healthcare institutions, potentially adversely impacting employee relations, Medical Staff relations, strategic planning, organizational development, implementation of programs and services, physician and patient satisfaction and ultimately the quality of care.

It is the position of the Board, in order to maintain appropriate continuity in the Executive Team, while at the same time continuing as good stewards of Kaweah Health’s funds, that the CEO and the members of the Executive Team should receive total compensation that is at or near the median for executives in functionally comparable positions at comparable institutions. Comparable institutions will be included, consistent with industry standards, on the basis of number of licensed beds, patient volumes, total operating revenues, nonprofit status, number of full-time employees, and geographic location, among other factors.

It is also the position of the Board, after years of working with an independent consulting firm with expertise in healthcare executive compensation, that incentive compensation for healthcare executives is a common, expected and valuable part of a total compensation package. Accordingly, it will continue to be the policy of Kaweah Health to provide for appropriate incentive compensation for members of the Executive Team as part of their total compensation.

POLICY:**I. Chief Executive Officer**

- A. **CEO Contract.** Employment of the CEO at Kaweah Health is pursuant to written contract between Kaweah Health and the CEO. California law permits each contract with the CEO to be up to four (4) years in duration. The Board shall evaluate the CEO's performance annually. Any Discussion or negotiation of salary, benefits, or contract terms must be noticed under Gov. Code 54957.6. When negotiating a new or renewed contract with the CEO, the Board President shall be the chief negotiator for the Board and shall work closely with legal counsel for Kaweah Health with respect to the negotiation and completion of the written agreement. The Board President may utilize the assistance of the Board Secretary/Treasurer in conducting and evaluating CEO negotiations. Final decisions on executive compensation, contracts, bonuses, or amendments must be approved in open session by the Board of Directors. The full agreement or summary of terms must be available to the public at the time of approval.
- B. **CEO Base Salary.** The appropriateness of the CEO's Base Salary will be confirmed on an annual basis through the use of an outside and independent consulting firm with nationwide expertise in healthcare executive compensation. Automatic annual adjustment of the CEO's base salary, consistent with adjustments in the base salaries of CEO's in comparable institutions, may be provided for in the written agreement with the CEO. Confirmation of any compensation adjustment pursuant to a written contract provision will be made by the full Board.
- C. **Potential CEO Incentive Compensation.** Part of the CEO's annual compensation will be on an incentive basis, i.e., based on the successful completion of specific, objectively definable and measurable goals for that contract year. The goals, the potential incentive compensation amount, and the percentage of the total incentive compensation amount attributable to the successful completion of each of the goals must be set in advance, must be in writing, and must be agreed to by the CEO and the Board. The successful completion of each of the goals must be capable of determination on an objective basis. Potential incentive compensation amounts for the CEO for each contract year shall be within the range set forth in the last data received from the healthcare executive compensation consultant, and shall be consistent with the Board's general approach to maintaining the combination of base CEO salary and potential incentive compensation amounts at or near the median for comparable institutions. The Board President and the CEO will confer at the end of the contract year with respect to the CEO's successful completion of the incentive goals, and together they will report their determinations to the full Board. Any incentive compensation amount to be paid to the CEO as the result of

successful completion of goals must be approved in advance by the full Board.

- D. **Overall Consideration.** As an employee of Kaweah Health, the CEO will be entitled to health and retirement benefits as offered to other employees of Kaweah Health. In evaluating and setting base salaries, incentive compensation, and overall consideration, the Board shall take into consideration and may make adjustments for the overall consideration (which may include health, life and disability benefits, deferred compensation or other retirement benefits, and other perquisites common in the industry) provided to CEO's in comparable institutions, with a view toward having the total overall consideration provided to Kaweah Health's CEO be at or near the median of the total overall consideration provided to CEO's at comparable institutions.

Executive Team Compensation Other Than the CEO. A. **Base Salaries.** The appropriateness of the base salaries of Executive Team members other than the CEO will be confirmed on at least a biennial basis through use of an outside and independent consulting firm with expertise in healthcare executive compensation. The CEO and the Board President will confer on an annual basis with respect to the most recent information received from the consultant and the consistency of existing executive compensation ranges with that information. The CEO retains authority to set base salary amounts consistent with the information received from the consultant and consistent with the Board's general approach to maintaining executive base salaries at or near the median for comparable institutions.

B. **Potential Incentive Compensation.** On an annual basis, Kaweah Health will include in its budget a specific amount for potential incentive compensation for members of the Executive Team. The CEO and the Board President will work together, with counsel for Kaweah Health if necessary, to establish specific, objectively definable goals for each of the members of the Executive Team for that fiscal year. The goals, the potential incentive compensation amounts, and the percentage of the total incentive compensation amount for that executive attributable to the successful completion of each goal must be set in advance, must be in writing, and must be agreed to by the Executive Team member in question in advance as indicated by his/her signature on the written goals. The successful completion of each of the goals must be capable of determination on an objective basis. Potential incentive compensation amounts for each of the members of the Executive Team shall be within the ranges set forth in the last data received from the healthcare executive compensation consultant for that position, and shall be consistent with the Board's general approach to maintaining the combination of base executive salaries and potential incentive compensation amounts at or near the median for comparable institutions.

- E. **Overall Consideration.** As employees of Kaweah Health, the other members of the Executive Team will be entitled to health and retirement benefits as offered to other employees of Kaweah Health. In evaluating base salaries and incentive compensation, the CEO may take into consideration the overall consideration (which may include health, life and disability benefits, deferred compensation or

other retirement benefits, and other perquisites common in the industry) provided to executives in functionally comparable positions at comparable institutions, with a view toward having the total consideration provided to members of Kaweah Health's Executive Team be at or near the median of the total consideration provided to executives in functionally comparable positions at comparable institutions. If the CEO believes that any member of the Executive Team should, on the basis of such information, have his/her salary or incentive compensation re-set above the median for executives in functionally comparable positions at comparable institutions, the CEO shall obtain the prior approval of the Board.

- F. This policy shall be reviewed by the Board every three years or upon change in applicable law.

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

Exhibit B

Evaluation Form

See attached evaluation form consisting of six (6) pages.



Dimensions/Characteristics of Performance

Using the following definitions of levels of performance, please indicate below your perceptions and evaluations of the CEO's work performance. Mark only those categories in which you feel able to evaluate his performance. Additional written comments can be made.

Excellent	- Performance is clearly outstanding - Performance is superior – it far exceeds standards or expectations - Performance is exceptional on a continuous basis
Good	- Performance generally meets or exceeds standards or expectations - Attains all or nearly all of position objectives
Satisfactory	Performance is adequate – it meets standards or expectations, and is developing within the position
Needs Improvement	Fails to meet one or a few job expectations
Unacceptable	- Performance is below accepted levels - Fails to meet most job expectations
No Basis for Judgment	Have not observed this skill or activity

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	No Basis for Judgment
Leadership & Managerial Qualities						
Functions as a self-starter, setting high personal standards and pursuing goals with a high level of personal drive and energy.	☐	☐	☐	☐	☐	☐
Functions as an effective member of a work group, gaining the respect and cooperation of others.	☐	☐	☐	☐	☐	☐
Provides effective leadership and direction to hospital staff.	☐	☐	☐	☐	☐	☐
Maintains high performance expectations of subordinates.	☐	☐	☐	☐	☐	☐
Maintains a work style which is open to constructive suggestions.	☐	☐	☐	☐	☐	☐

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	No Basis for Judgment
Demonstrates the leadership, initiative and persistence needed to accomplish goals and objectives.	☐	☐	☐	☐	☐	☐
Assigns tasks to appropriate personnel and holds them accountable for their completion.	☐	☐	☐	☐	☐	☐
Shows a willingness to try new approaches or methods.	☐	☐	☐	☐	☐	☐
Creates a feeling of unity and enthusiasm among those in contact with him.	☐	☐	☐	☐	☐	☐
Evaluates programs, practices, policies, procedures and personnel effectively.	☐	☐	☐	☐	☐	☐
Analyzes situations to determine basic problems, rather than symptoms, and to develop realistic alternative solutions.	☐	☐	☐	☐	☐	☐
Establishes clear vision and direction for organization.	☐	☐	☐	☐	☐	☐
Creates an organizational culture that is needed to carry out the mission, strategic directions and organizational goals.	☐	☐	☐	☐	☐	☐
Uses creative, innovative problem-solving strategies for adapting to uncertainties and complexities.	☐	☐	☐	☐	☐	☐
Monitors current budget and operational data to assure continued success of the organization.	☐	☐	☐	☐	☐	☐
Appropriately communicates matters of importance both upward and downward.	☐	☐	☐	☐	☐	☐
Personal Qualities						
The CEO is a person of integrity.	☐	☐	☐	☐	☐	☐
Demonstrates appropriate grooming and attire.	☐	☐	☐	☐	☐	☐

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	No Basis for Judgment
Judgment and Sensitivity						
Affirms the unique contributions of all persons recognizing their diverse backgrounds and varying needs in the workplace.	☐	☐	☐	☐	☐	☐
Challenges, motivates, evaluates and rewards employees and managers toward the achievement of goals and objectives.	☐	☐	☐	☐	☐	☐
Values people and shows genuine concern for their well-being.	☐	☐	☐	☐	☐	☐
Makes sound and timely decisions.	☐	☐	☐	☐	☐	☐
Handles problems in a professional manner.	☐	☐	☐	☐	☐	☐
Knowledge and Skills						
Demonstrates thorough knowledge and understanding of hospital management and operations.	☐	☐	☐	☐	☐	☐
Is a prudent steward of physical and financial resources.	☐	☐	☐	☐	☐	☐
Assures that facilities and equipment are suitable for the institution's immediate and long-range goals.	☐	☐	☐	☐	☐	☐
Assures that the hospital's quality assurance plan is reviewed and revised as necessary on an annual basis.	☐	☐	☐	☐	☐	☐
Assures the hospital is in compliance with applicable standards, codes, laws and regulations.	☐	☐	☐	☐	☐	☐
Anticipates trends and opportunities affecting hospital operations and develops an appropriate and timely response.	☐	☐	☐	☐	☐	☐
Insures that long range investment strategies are optimized within appropriate guidelines for District benefit.	☐	☐	☐	☐	☐	☐

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	No Basis for Judgment
Board Relations						
Works closely with Board of Directors in developing the mission and long- and short-range strategic plans.	☐	☐	☐	☐	☐	☐
Communicates well with the Board of Directors, providing appropriate information at and between meetings.	☐	☐	☐	☐	☐	☐
Is readily available to individual Board members.	☐	☐	☐	☐	☐	☐
Develops with the Board of Directors hospital goals and objectives consistent with the hospital's strategic plan.	☐	☐	☐	☐	☐	☐
Works with Board of Directors to create an optimal governance environment.	☐	☐	☐	☐	☐	☐
Assesses the hospital financial condition, providing complete reports to the Board of Directors on a monthly basis.	☐	☐	☐	☐	☐	☐
Appraises the results of programs and services and reports findings on a regular basis to the Board of Directors.	☐	☐	☐	☐	☐	☐
Provides on a regular basis education programs for the Board of Directors.	☐	☐	☐	☐	☐	☐
Supports the policies, procedures and philosophy of the Board of Directors.	☐	☐	☐	☐	☐	☐
Creates a sense of trustworthiness in Board of Directors/CEO relations.	☐	☐	☐	☐	☐	☐
Medical Staff Relations						
Has the respect of the Medical Staff as CEO for the District.	☐	☐	☐	☐	☐	☐
Communicates with and works closely with the Medical Staff members on matters of mutual concern.	☐	☐	☐	☐	☐	☐
Establishes and implements with the Medical Staff an effective credentialing process. Assures Board of Directors involvement and approval.	☐	☐	☐	☐	☐	☐

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	No Basis for Judgment
Assists when appropriate with the development and revision of staff bylaws and related policies and control systems.	☐	☐	☐	☐	☐	☐
Actively and continuously assesses current and emerging community health care needs and in conjunction with the Medical Staff assumes leadership role in physician recruitment.	☐	☐	☐	☐	☐	☐
Is an effective liaison between the Board of Directors and Medical Staff.	☐	☐	☐	☐	☐	☐
Actively represents and supports Board of Directors policies and decisions when dealing with the Medical Staff.	☐	☐	☐	☐	☐	☐
Community Relations/Political Effectiveness						
Develops programs promoting a positive image of hospital, and creates awareness of available services to local community.	☐	☐	☐	☐	☐	☐
Represents the hospital in community activities.	☐	☐	☐	☐	☐	☐
Works closely with community leaders in determining local health care needs.	☐	☐	☐	☐	☐	☐
Promotes the mission of the hospital	☐	☐	☐	☐	☐	☐
Has the respect of his peers in local and state health care organizations.	☐	☐	☐	☐	☐	☐
Is willing to listen to diverse views.	☐	☐	☐	☐	☐	☐
Maintains an active and advocacy role in promoting the needs of the institution and its mission.	☐	☐	☐	☐	☐	☐
Effectively communicates activities of the hospital to the residents of the hospital service area.	☐	☐	☐	☐	☐	☐
Maintains credible rapport with state licensing and JCAHO representatives.	☐	☐	☐	☐	☐	☐

Other Comments: _____

STRENGTHS AND DEVELOPMENT NEEDS

What are the CEO's major strengths? *(List 2 or 3)*

1. _____

2. _____

3. _____

What are the areas where the CEO could be more effective? *(List 2 or 3)*

1. _____

2. _____

3. _____

What assistance or resources may be needed to assist the CEO in being more effective?

OVERALL PERFORMANCE *(Circle One)*

Excellent	Good	Acceptable	Needs Improvement	Unacceptable
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Exhibit C

2025-2026 Incentive Compensation Goals

(See attached goals consisting of two (2) pages)

OUTSTANDING HEALTH OUTCOMES

Fiscal Year 2026

Strategic Plan Report

Outstanding Health Outcomes

Board of Directors Report
November 2025



OHO FY2026

Moving Kaweah Health Forward in Quality & Patient Safety

Patient Safety Program Enhancements

- Developing new measures surrounding Patient safety to drive and sustain a strong patient safety program
- Enhanced leadership training on high reliability strategies

Healthcare Acquired Infections

- Evidenced based strategies in prevention
- Enhanced engagement with multidisciplinary stakeholders

Complications of care in Surgical Population

- Ensuring accurate documentation and coding through strong multidisciplinary partnerships
- Ongoing data analysis and case reviews to identify targeted opportunities in clinical evidenced-base care

FY2026

Strategic Plan Report

Outstanding Health Outcomes

Safety Program Enhancements



OHO FY2026

Safety Program Enhancement

Metric Description	FY26 Goal	Description
Leadership education on proactive evidenced based strategies that enhance the Patient Safety Program	1. High Reliability Leadership Training 2. Establish baseline metrics for enhanced patient safety program	Improve the Patient Safety Program through enhanced proactive evidenced based strategies

- **Develop standardized roles and responsibility for process improvement teams - IN PROCESS**
- **Provide safety training for all leaders – IN PROCESS**
 - Ongoing Apparent Cause Analysis (ACA) training planned as quarterly sessions starting 1Q 2026
- **Completion of Apparent Cause Analyses**
 - FY26 Goal: 2 ACA's per Leader (location must have >10 Midas events to be included in count)
 - ACAs tracked in Midas; process of volume tracking and reporting in process
- **Training & standardization for safety huddles – COMPLETED 3Q 2025**
- **Optimize event reporting and data analytics**
 - Establishing baseline safety metrics through revised work flow of daily Incident Management Meeting; 9-12 months of data collection needed to establish a reliable & accurate baseline to support the Patient Safety Program

FY2026

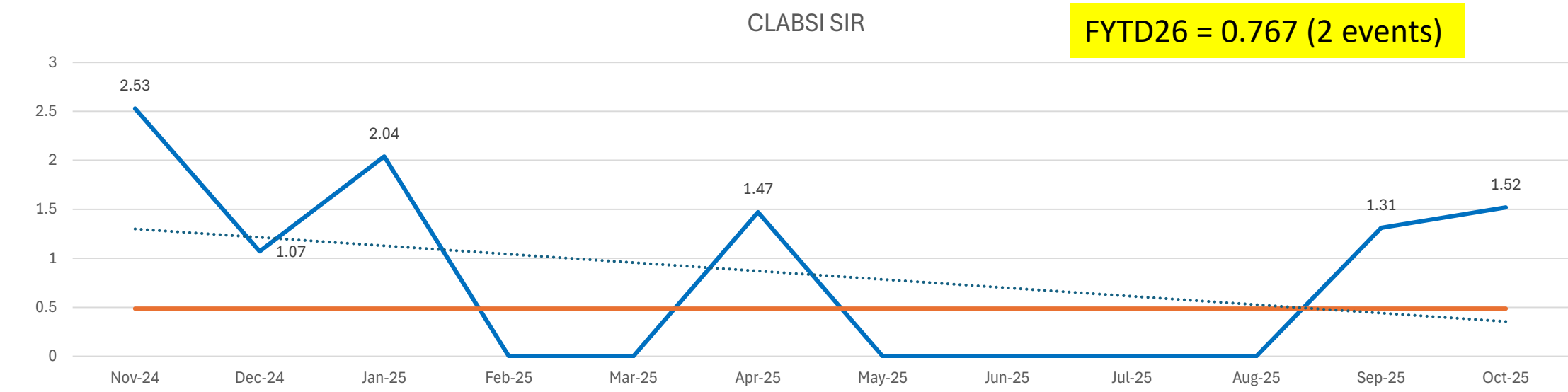
Strategic Plan Report

Outstanding Health Outcomes

Healthcare Acquired Infections



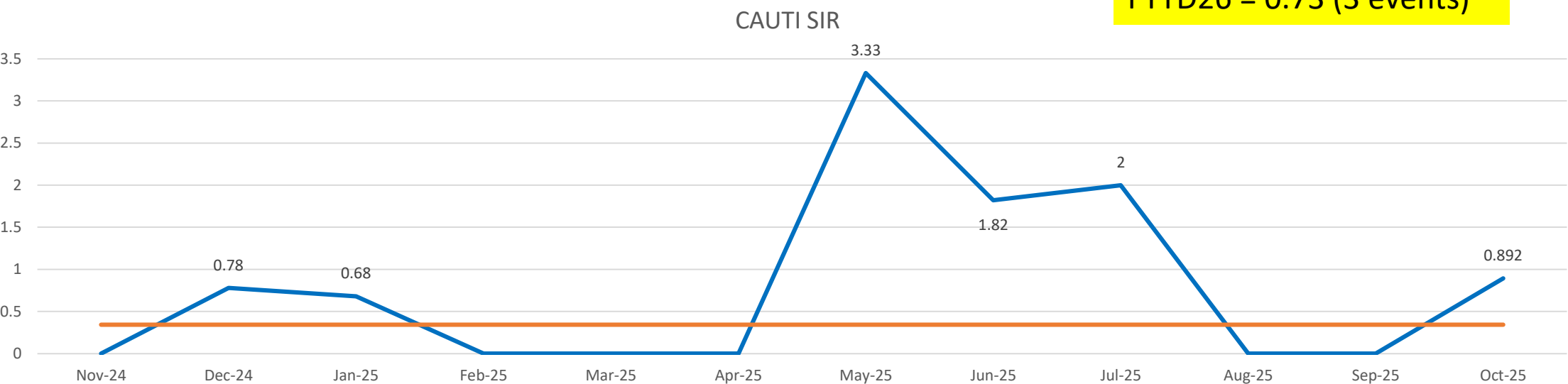
OHO FY26 Plan: HAI Reduction of Standardized Infection Ratio (SIR) (number of actual infections/number of predicted infections by CMS)



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Total
CLABSI EVENTS	2	1	2	0	0	1	0	0	0	0	1	1	8
CLABSI Predicted	0.792	0.938	0.982	0.64	0.739	0.682	0.656	0.713	0.605	0.58	0.765	0.656	8.748
CLABSI SIR	2.53	1.07	2.04	0	0	1.47	0	0	0	0	1.31	1.52	0.91
CLABSI SIR Goal (70th percentile/top 30%)	0.486	0.486	0.486	0.486	0.486	0.486	0.486	0.486	0.486	0.486	0.486	0.486	0.486

OHO FY26 Plan: HAI Reduction of Standardized Infection Ratio (SIR) (number of actual infections/number of predicted infections by CMS)

FYTD26 = 0.73 (3 events)

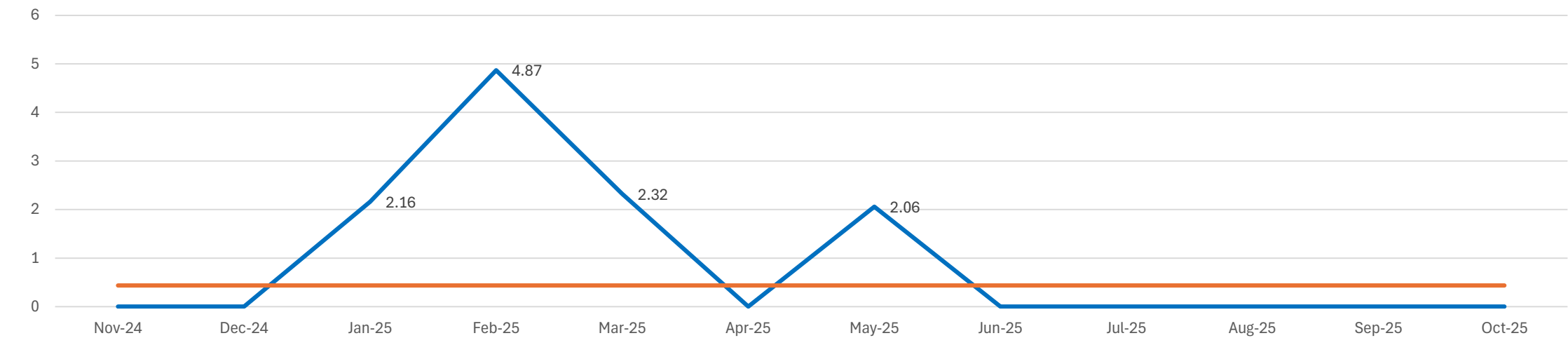


	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Total
CAUTI EVENTS	0	1	1	0	0	0	3	2	2	0	0	1	10
CAUTI Predicted	1.1	1.29	1.47	1	1.23	1.05	0.9	1.1	1	0.9	1.04	1.12	13.2
CAUTI SIR	0	0.78	0.68	0	0	0	3.33	1.82	2	0	0	0.892	0.76
CAUTI SIR Goal (70th percentile/to p 30%)	0.342	0.342	0.342	0.342	0.342	0.342	0.342	0.342	0.342	0.342	0.342	0.342	0.342

OHO FY26 Plan: HAI Reduction of Standardized Infection Ratio (SIR) (number of actual infections/number of predicted infections by CMS)

FYTD26 = 0 (0 events)

MRSA SIR



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Total
MRSA EVENTS	0	0	1	2	1	0	1	0	0	0	0	0	5
MRSA Predicted	0.45	0.47	0.46	0.41	0.43	0.47	0.49	0.48	0.4	0.39	0.36	0.253	5.063
MRSA SIR	0	0	2.16	4.87	2.32	0	2.06	0	0	0	0	0	0.99
MRSA SIR Goal (70th percentile/to p 30%)	0.435	0.435	0.435	0.435	0.435	0.435	0.435	0.435	0.435	0.435	0.435	0.435	0.435

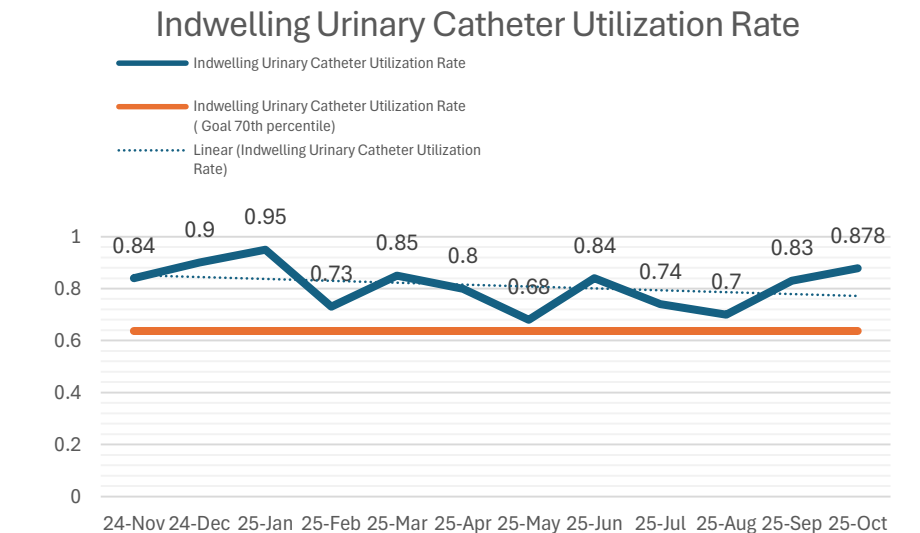
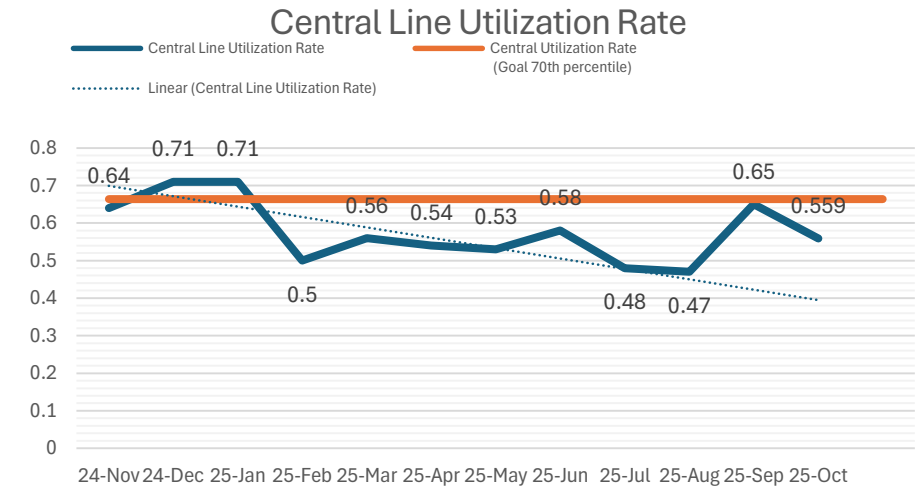
OHO FY26 Plan: HAI Reduction of Standardized Infection Ratio (SIR)

The last data point did not meet goal because:

- Evidenced-based prevention strategies to reduce HAIs are not occurring

Targeted Opportunities

- Reduce line utilization; less lines, less opportunity for infections to occur
 - Goal: reduce central line utilization ratio to <0.663
 - Nov 2024 – Oct 2025 (SUR = 0.581)
 - Goal: reduce urinary catheter ratio to <0.64
 - Nov 2024 – Oct 2025 (SUR = 0.811)
- MRSA nasal and skin decolonization for patients with lines.
 - Goal: 100% of at-risk patients nasally decolonized
 - July 2025 – Oct 2025 100% of screen patients nasally decolonized
 - Data under evaluation, case reviews indicated that all SNF patients are being screened upon admission (Mar- Oct 2025)
 - Jul 2024 - Goal: 100% of line patients have CHG bathing
- Improve hand hygiene (HH) through increased use of BioVigil electronic HH monitoring system
 - Goal: 60% of staff are active users of BioVigil
 - FY2025 56% August 2025 to October 2025 61% of staff are active users
 - HH Compliance rate overall 94.3%
 - Improve environmental cleaning effectiveness for high-risk areas
 - Goal: >90% of areas in high-risk areas are cleaned effectively the first time (all areas not passing are re-cleaned immediately)
 - FY2025 88% Pass cleanliness effectiveness testing



FY2026

Strategic Plan Report

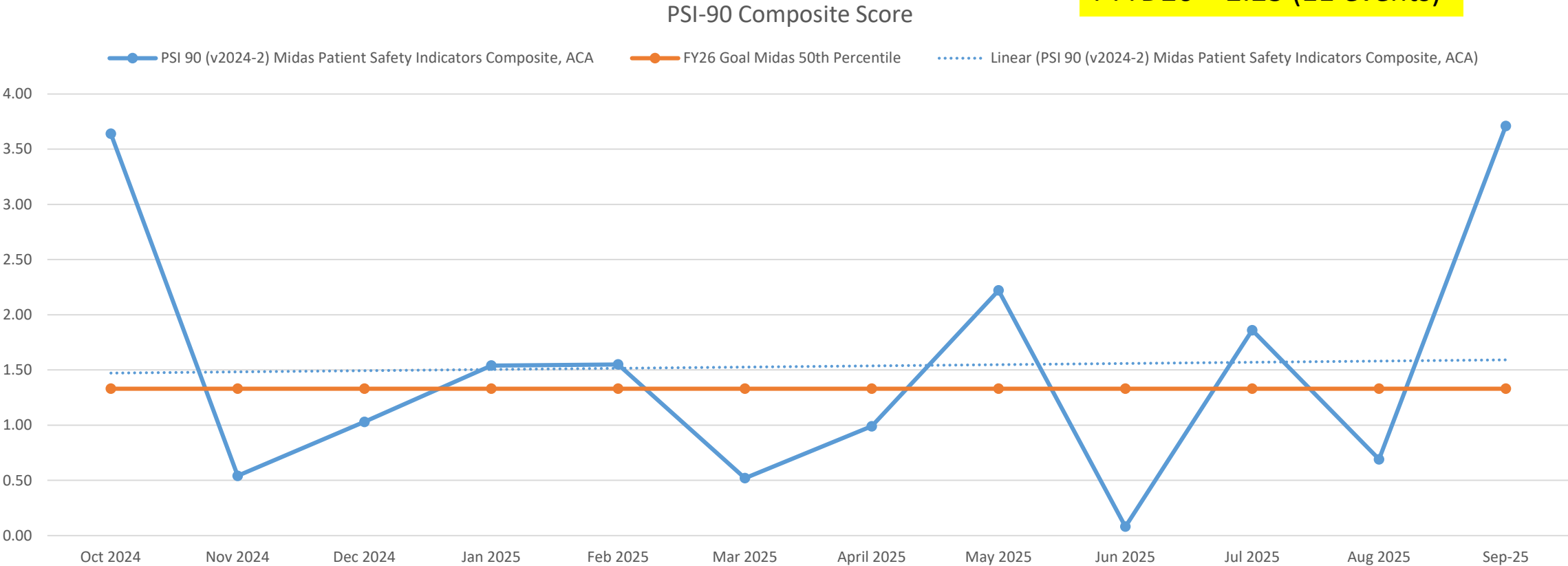
Outstanding Health Outcomes

Patient Safety Indicator 90 (PSI-90)



OHO FY26 Update: PSI-90

FYTD26 = 2.23 (11 events)



OH0 FY26 Update: PSI-90

Targeted Opportunities

- Timely identification of new trends in any PSI 90 component (there are 10 individual measures that make up the PSI90 composite measure)
- Focus on PSI 11 – Respiratory failure (PSI 11 is the highest weighted PSI within the PSI 90 composite score)
- Emphasis on cardiovascular surgical population (5/11 cases during evaluation period)
- CMS counts any re-intubation as PSI 11, but ~50% of cases were for airway protection, not true respiratory failure, possibly inflating rates
- Evaluating evidence-based practices for PSI 11 including such as early warning of deterioration processes, ventilation management

CURRENT IMPROVEMENT ACTIVITIES	EXPECTED COMPLETION DATE	BARRIERS
Concurrent PSI case reviews to identify and ACT on opportunities and emerging trends in documentation, coding and clinical opportunity	Ongoing	Transitions of Quality & Patient Safety Resources
Collaboration with physician champion to further evaluate initial case reviews and evidence-based opportunities for PSI 11	11/28/25	Transitions of Quality & Patient Safety Resources
Discussion with HIM and finance to explore opportunities for adjustment in coding	11/28/25	Transitions of Quality & Patient Safety Resources

QUESTIONS?

The pursuit of healthiness



UPDATE

Patient & Community Experience Board Report

November 2025



kaweahhealth.org



Kaweah Health

MORE THAN MEDICINE. LIFE.



Patient Experience Matters



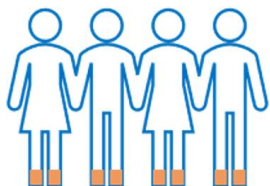
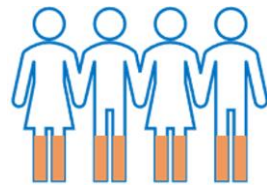
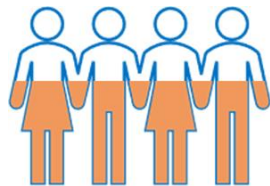
Opportunities and insights to increase patient satisfaction.

Kaweah Health October 2025

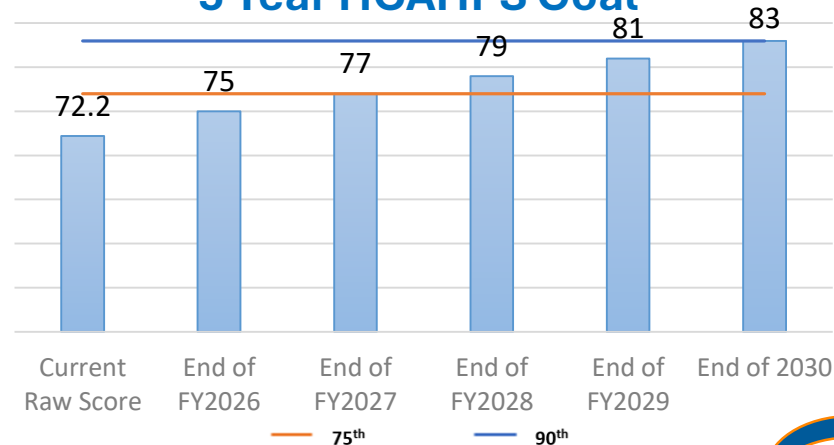
Fiscal Year Data

July 2025 - September 2025

Survey Scores



5 Year HCAHPS Goal



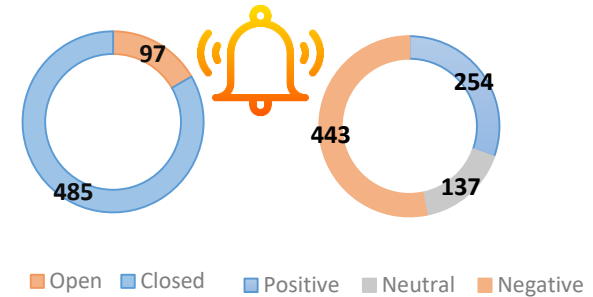
October 2025

Rounding
300
Rounds

MIDAS
68
Opened

ED
Rounding
170
Rounds

Service Alerts



Human Understanding – 75.0
11th Percentile

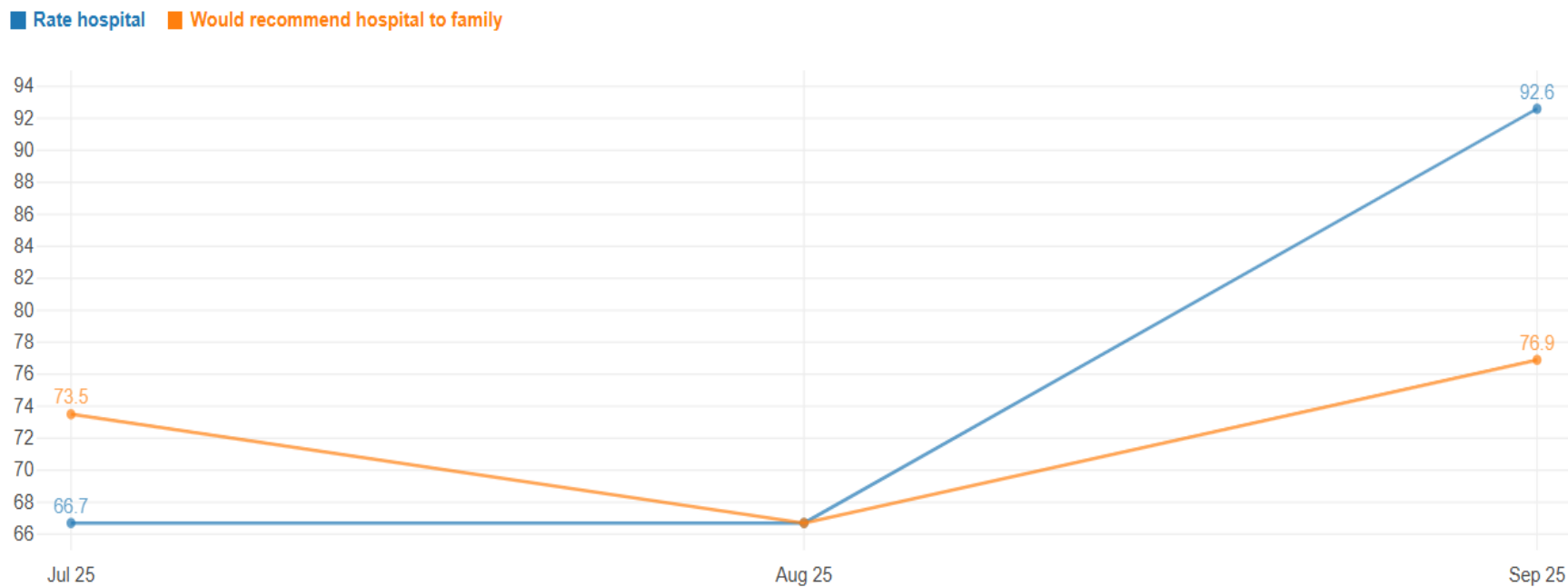
PRIORITIES FOR ORGANIZATION

- Informed of delays
- Providers knowing medical history
- Quiet rooms at night
- Spending enough time with patient
- Providing consistent information

Patient Experience Phone Line – X5151

Patient Experience Office Hours – Tuesday 9:00am-10:00am; (G2Meeting)

HCAHPS Trend July 2025 – September 2025

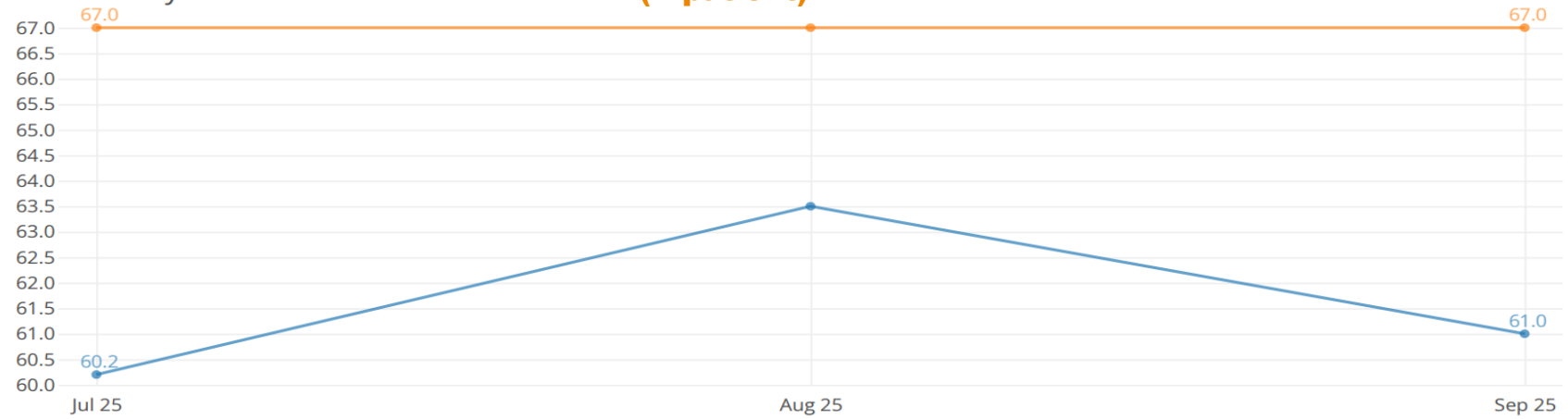


Question	Benchmark	Jul 25	Aug 25	Sep 25
Rate hospital	71.4	66.7 n = 33	66.7 n = 33	92.6 n = 27
Would recommend hospital to family	72.6	73.5 n = 34	66.7 n = 33	76.9 n = 26

■ NPS: Facility would recommend ■ Benchmark

NPS: Facility would recommend

(Inpatient)



NPS: Facility would recommend

Jul 25
60.2
n = 259

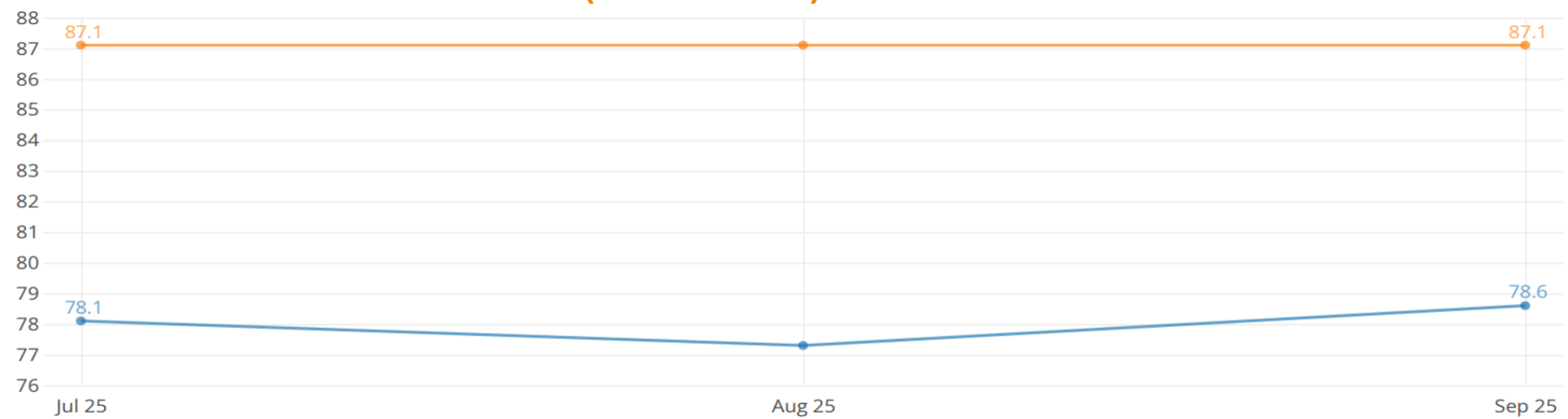
Aug 25
63.5
n = 211

Sep 25
61.0

■ Provider would recommend ■ Benchmark

Provider would recommend

(Med Practice)



Provider would recommend

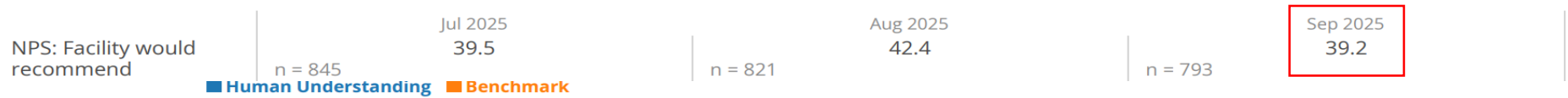
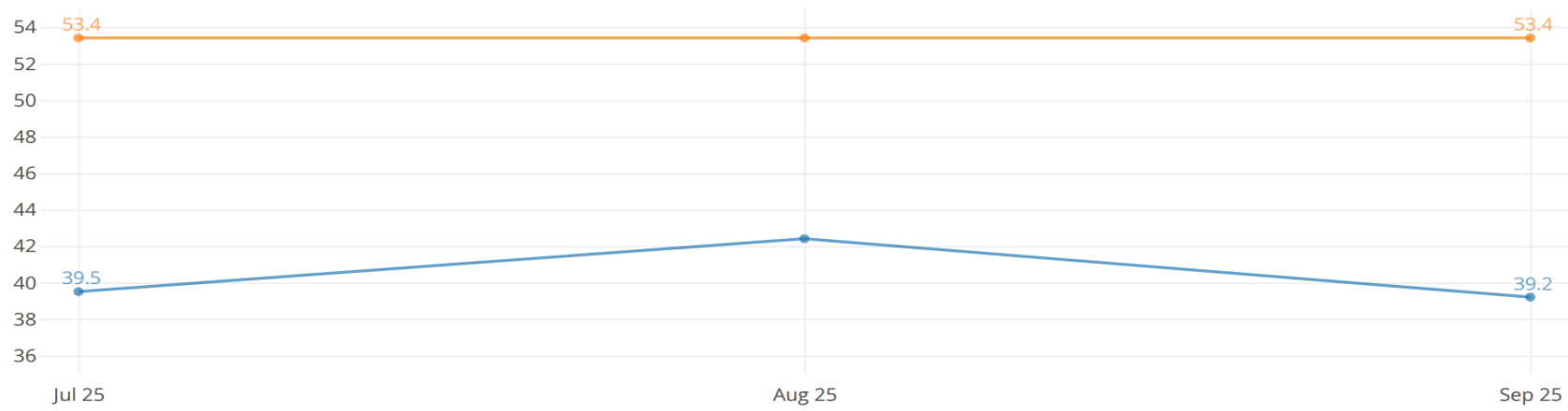
Jul 25
78.1
n = 770

Aug 25
77.3
n = 688

Sep 25
78.6

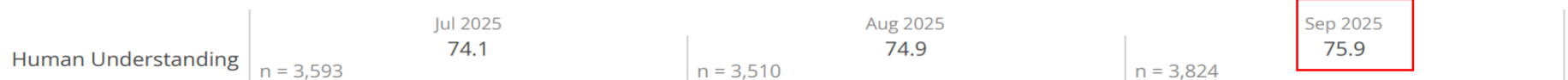
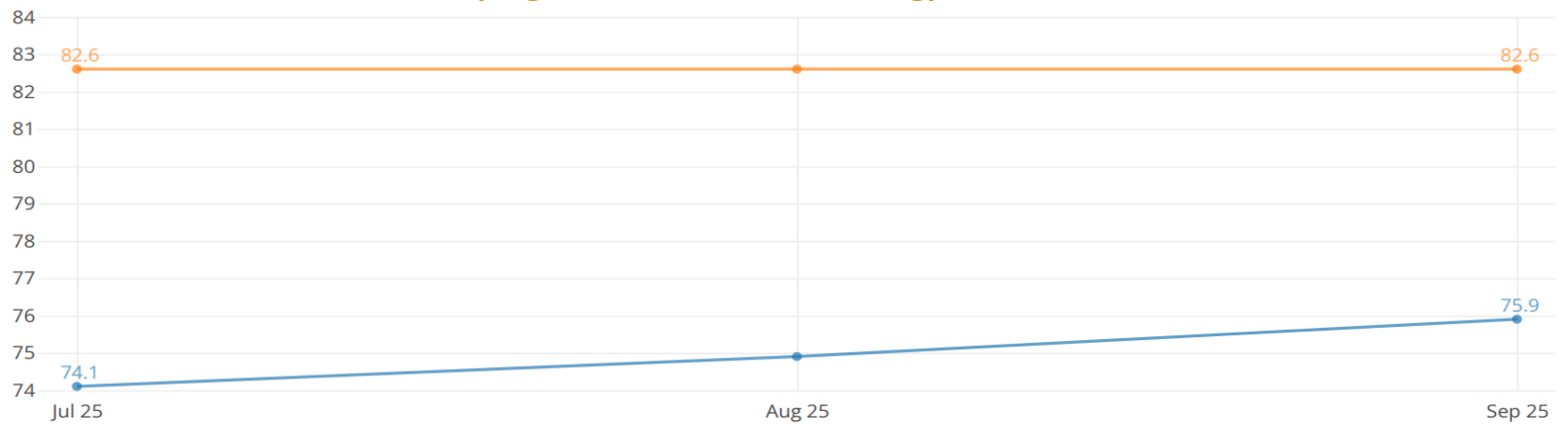
■ NPS: Facility would recommend ■ Benchmark

NPS: Facility would recommend (Emergency Department)



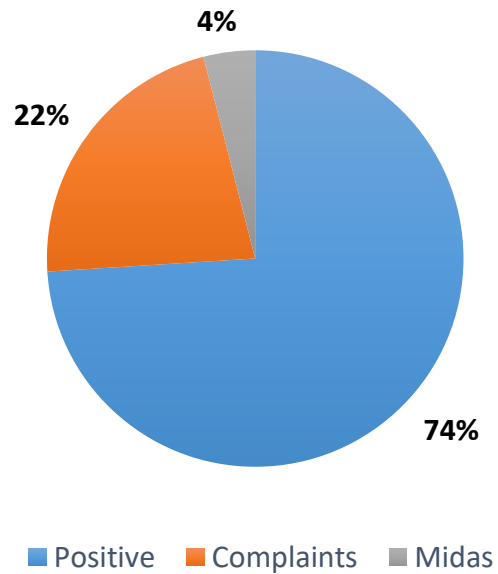
■ Human Understanding ■ Benchmark

Human Understanding (Org- Human Understanding)



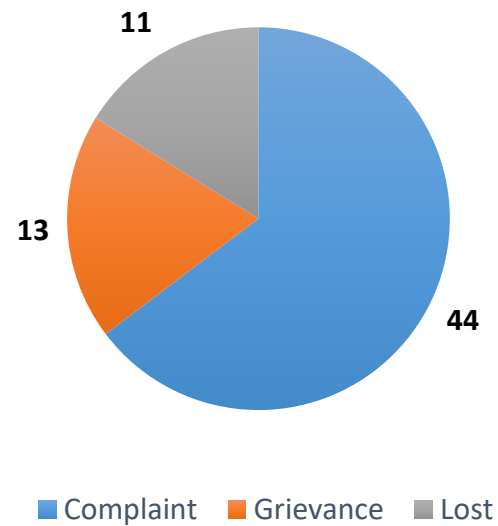
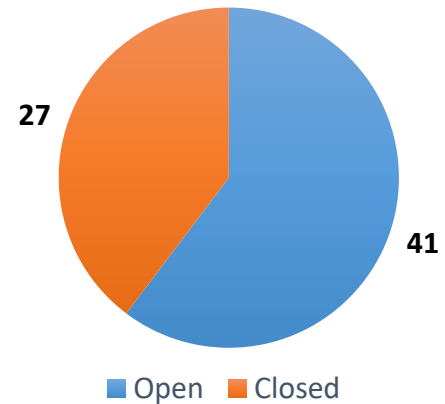
Rounding: October

300 Rounds



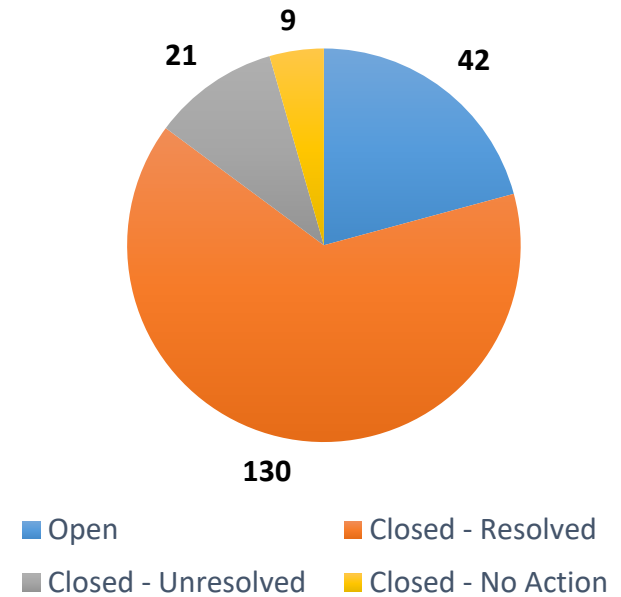
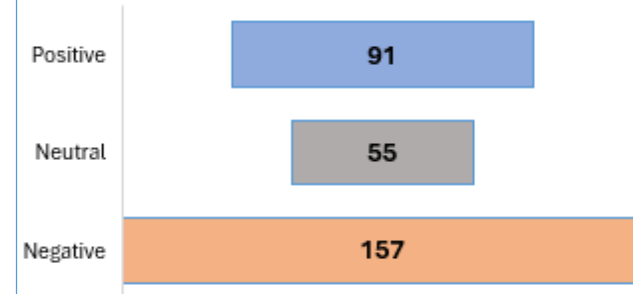
MIDAS: October

68 Opened



Service Alerts: September

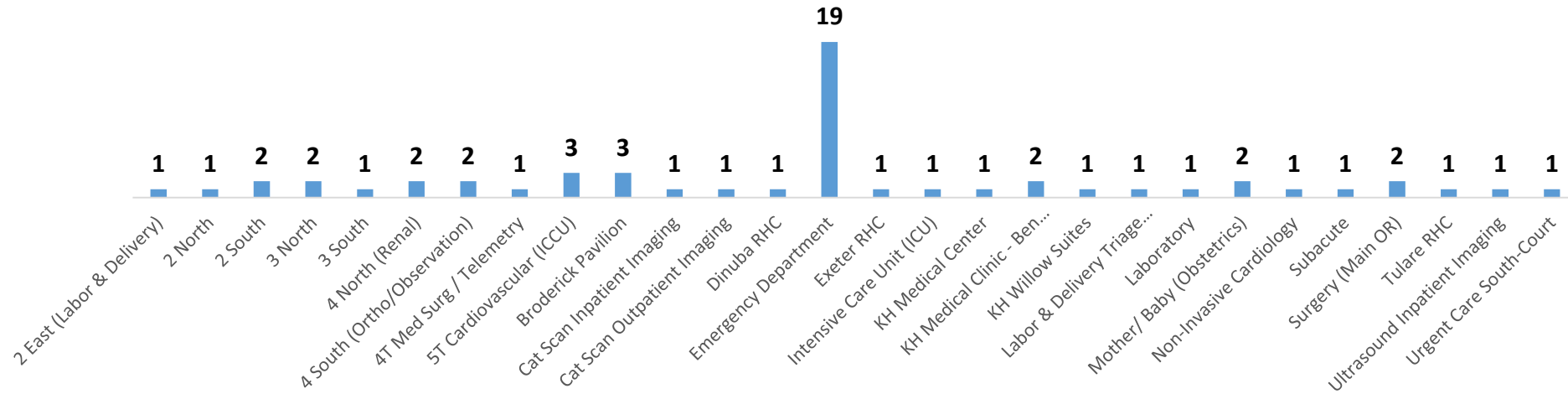
202 Total



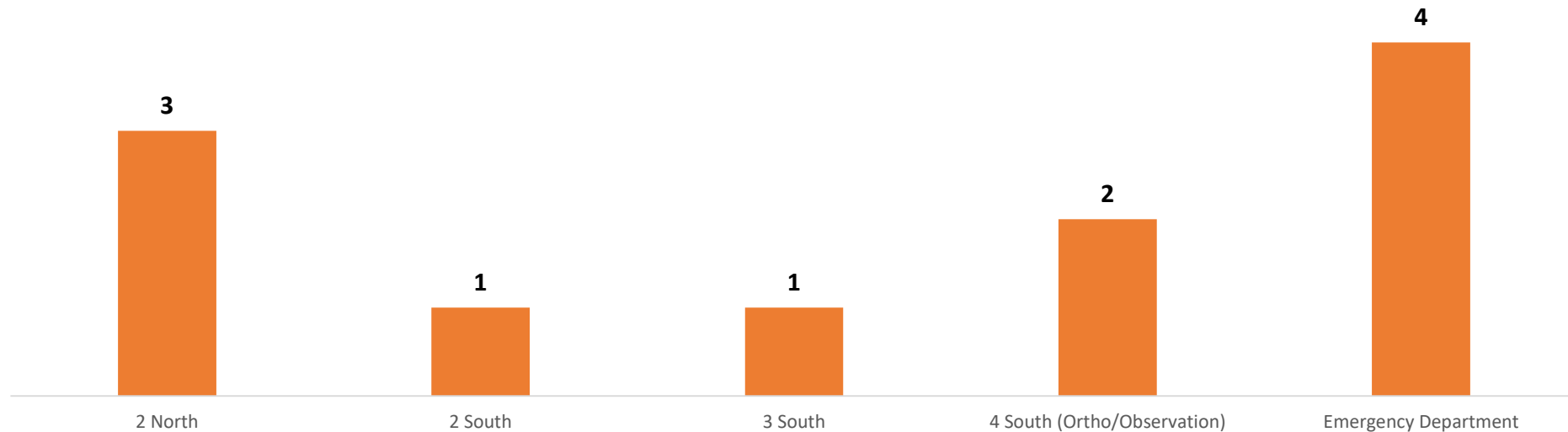
MIDAS: October

68 Opened

Complaints & Grievances



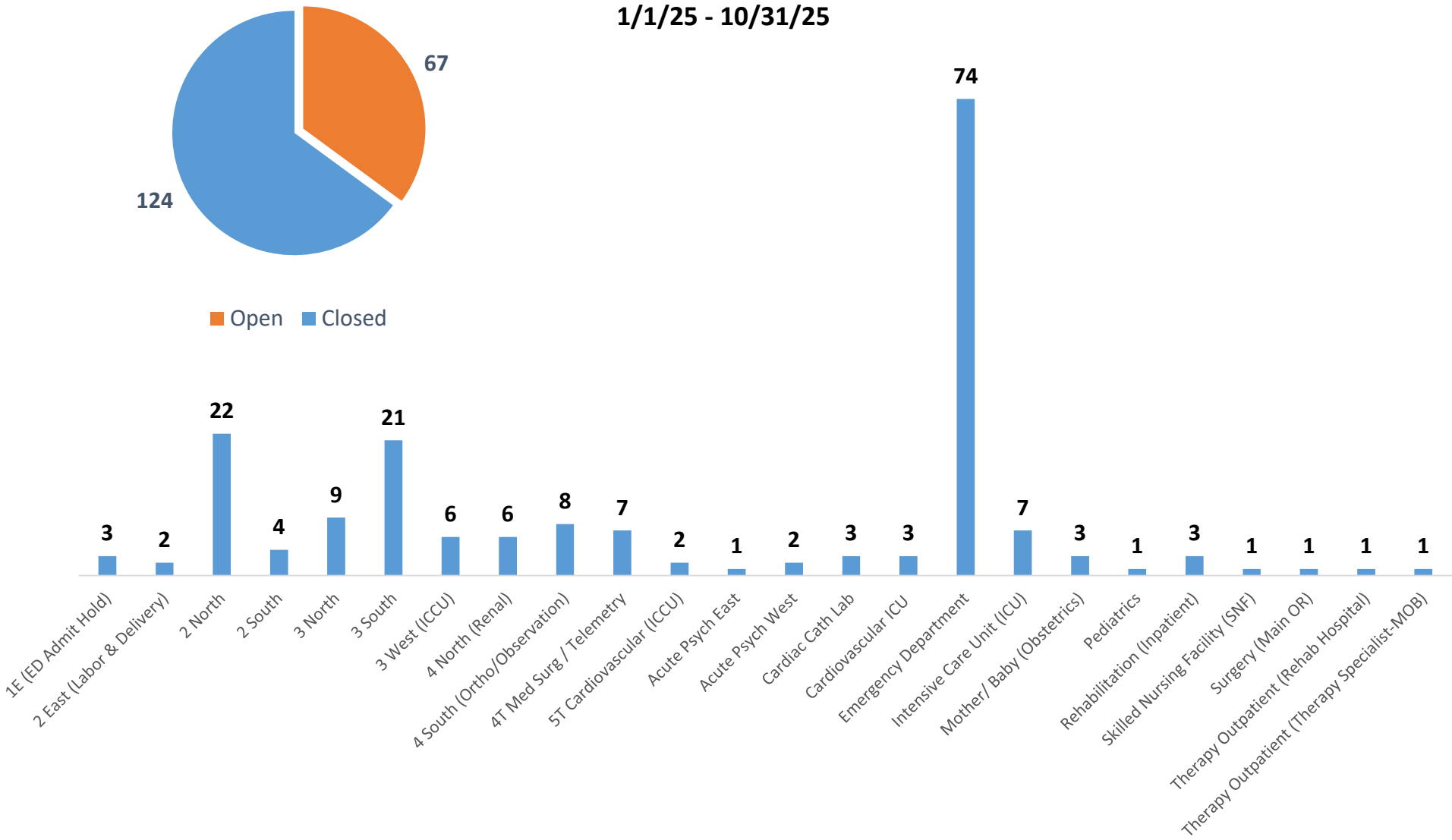
Lost Belongings



Lost Belongings

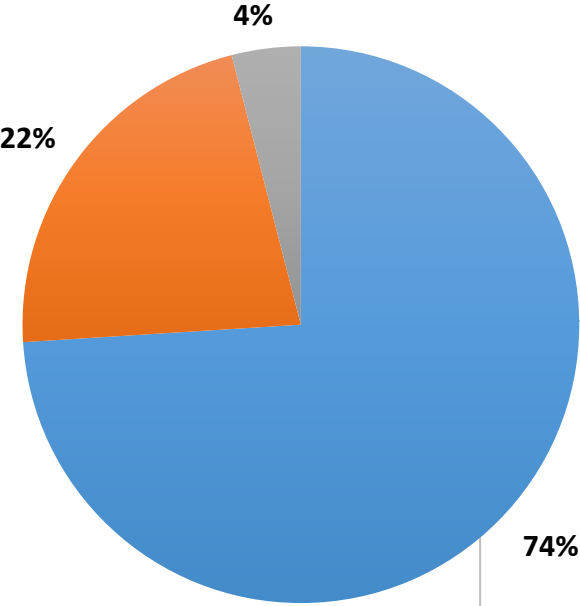
Year to Date Total: 191

1/1/25 - 10/31/25

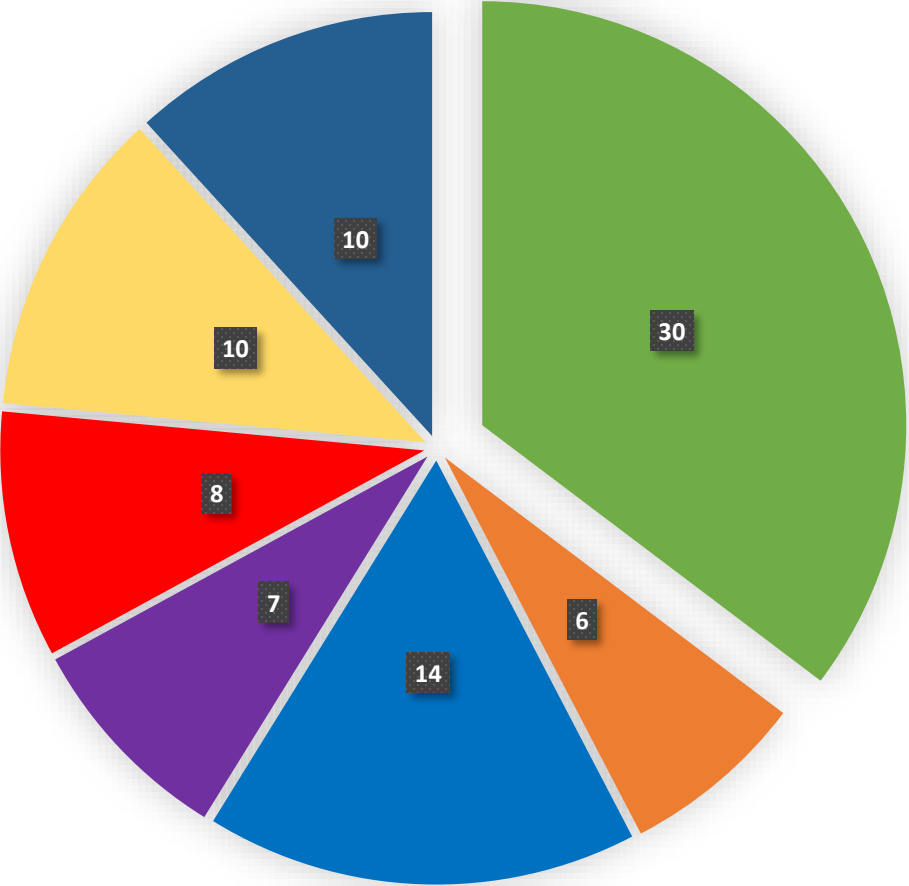


Rounding: October

300 Rounds



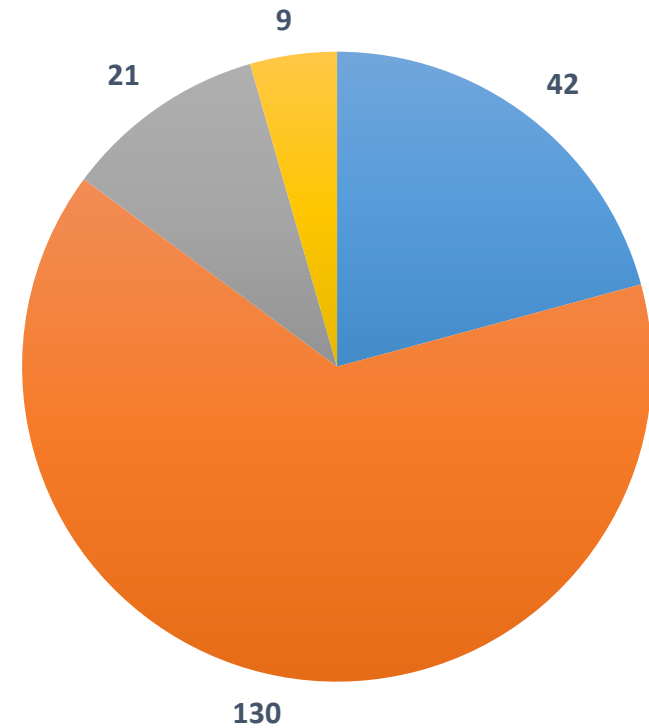
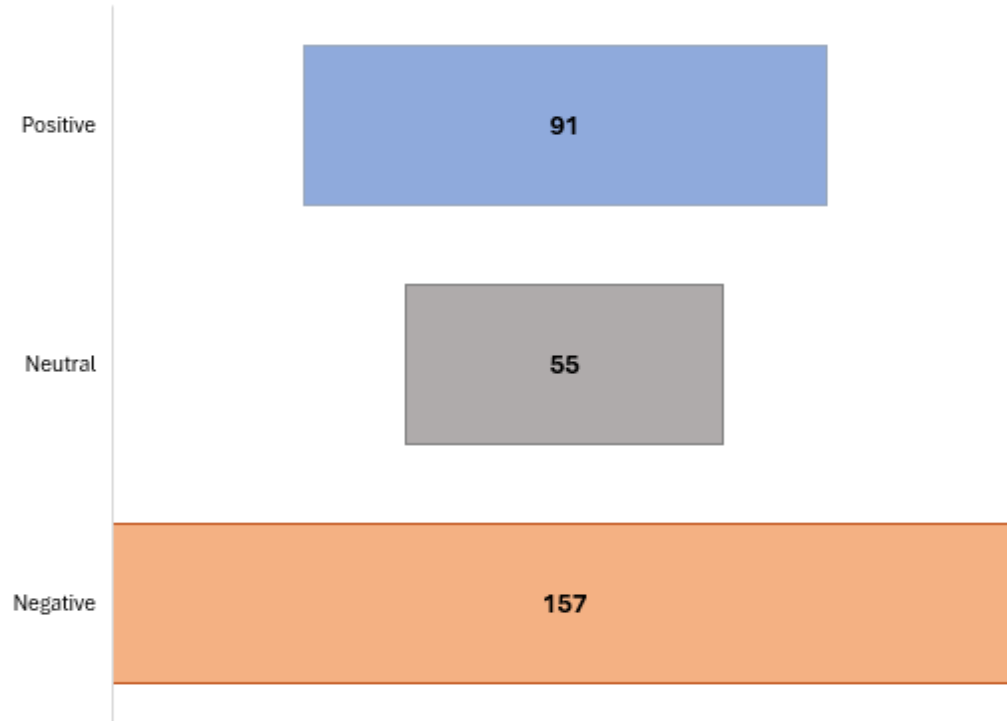
■ Positive ■ Complaints ■ Midas



- Communication Issues
- Lack of Compassion
- Poor Care
- Call Light Delay
- Delay of Care
- Lack of Urgency
- Food

Service Alerts: September

202 Total



■ Open ■ Closed - Resolved ■ Closed - Unresolved ■ Closed - No Action



Priorities

September Data

Question Friendly Text	Positive Score	Respondent n-size
Trust providers w/ care	57.6	1,652
Safety was priority	55.3	847
Spent enough time with patient	38.1	926
Care providers explain things	60.9	1,536
Informed of delays	33.7	826
Nurses explained things understandably	56.4	243
Received consistent info	38.8	979
Received right treatment	64.3	631
Providers knew medical history	30.8	214
Room quiet at night	44.9	207
Family involved as you wanted	63.3	766
Knew medical history	55.5	832

ROUNDING

October Executive Team Rounds = 9 executive rounds

Executive	Date
Gary H.	10/27
Marc M.	10/8
Jag B.	10/23
Malinda T.	10/29
Dianne C.	10/21
Schlene P.	10/7
Ben C.	10/30
Ryan G.	10/13
Paul S.	10/2
Doug L.	10/9

IDEAL ENVIRONMENT

Ideal Environment

Strategic Plan Update

November 2025



kaweahhealth.org



Ideal Environment

Areas of Focus

**Kaweah Care
Culture**

**Expand Kaweah
Health University
& Growth in
School
Partnerships**

**Ideal Practice
Environment**

Kaweah Care Culture

Work Plan (Tactics)

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.1	Continue development of the Kaweah Care Culture	07/01/2025	06/30/2026	Hannah Mitchell	On Track	The Executive Team and Directors of Organizational Development, Patient and Community Experience, Marketing, Medical Staff and GME meet on a monthly basis to further projects and initiatives surrounding the culture. Details are presented at the Board sub-committees for Patient Experience and Human Resources. The outcomes will be measured by the performance of our Employee and Physician engagement surveys in June 2026.
1.1.2	Ensure Competitive Compensation and Benefits	07/01/2025	06/30/2026	Hannah Mitchell	On Track	Competitive compensation continues to be monitored during ongoing review of retention and recruitment and market adjustments are made according to need. The annual review of all salary ranges occurs in the fall with CHA data. We continue to promote growth and development through career and clinical ladders, as well as certifications. Employee benefits remain competitive. The change to Luminare from TKFMC continues as a journey with cost-shifting via medical access tiers. Success has been achieved through greater utilization of Kaweah Health services, nearing 75% where we were previously at 50%. We are working now on CY2026 benefits but do not expect significant change.
1.1.3	New Leader Selection and Development	07/01/2025	06/30/2026	Hannah Mitchell	On Track	We have successfully hired a number of new Directors, bringing new ideas and talent to Kaweah Health. In January 2026, Organizational Development and Clinical Education will partner to explore opportunities to expand new leader onboarding and improve processes.

Kaweah Care Culture

Work Plan (Tactics)

- Kaweah Care Steering Subcommittees
 - Community and Patient Experience and Engagement
 - Employee Experience and Engagement
 - Physician Experience and Engagement
- New onboarding and offboarding surveys through NRC launched November 2025
- Project to expand new leader onboarding and improve processes kicks off January 2026
- Working on new interview guide for leaders
- Employee Engagement Survey June 2026 through new vendor NRC
- Promote growth and development through career and clinical ladders, as well as certifications
- Continued market review of compensation and adjustments where applicable
- Continued review of Employee Benefits to ensure competitiveness



Kaweah Care Culture

Performance Measures (Outcomes)



- Decrease overall KH Turnover Rate to meet CHA statewide statistics
 - Goal: < 12%; 10/31/25: 14%
- Decrease Direct Patient Care RN Turnover Rate to meet CHA statewide statistics
 - Goal: < 14%; 10/31/25: 17%
- Decrease New Hire Turnover Rate (leaving <6 months)
 - Goal: < 15%; 10/31/25: 16%
- Decrease RN New Hire Turnover Rate (leaving <6 months)
 - Goal: < 14%; 10/31/25: 12%
- Improve Employee Engagement Survey Results
 - Goal: > 4.22; 7/1/25: 4.20 (next survey June 2026)

Expand Kaweah Health University & Growth in School Partnerships

Work Plan (Tactics)

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.3.1	Continue to build partnerships with local colleges and universities for nursing programs; expand into other educational programs beyond nursing for KH employees.	07/01/2025	06/30/2026	Kelly Pierce	On Track	Supporting Carrington (formerly SJVC) with their desire to start a Radiology Technologist program her in the valley. Working with COS on the Apprenticeship Models for the various Nursing programs there.
1.3.2	Monitor the retention and graduation of KH employees in sponsored programs.	07/01/2025	06/30/2026	Kelly Pierce	On Track	• COS Year-Round Program (Started 5/2022, Graduated 7/2024): Retained 75% (9 out of 12) of Kaweah-sponsored employees from the first graduating cohort: all 9 are licensed RNs. • SJVC Cohort (Started 8/2023, Graduated 4/2025): Retained 100% (3 out of 3) of Kaweah-sponsored employees; only 1 is currently working as a licensed RN and 2 are pending boards. • COS Year-Round Program (Started 7/2023, Graduated 7/2025): Retained 100% (8 out of 8) of Kaweah-sponsored employees; 7 are licensed RNs and 1 is pending boards. • Unitek Program: First cohort expected to graduate in 1/2026 (13 total: 10 employees, 3 community members). Overall student Retention rate of 99%. Out of 148 students, 2 sponsored employees have withdrawn from the program entirely— 1 terminated and 1 active employee).
1.3.3	Expand local high school volunteer opportunities at KH	07/01/2025	06/30/2026	Kelly Pierce	On Track	Supported Exeter Unified to get a grant to start at Health Academy for school year 25/26. Continuing to foster relationships with PUSD, JJ Cairns Lindsay, TJUHSD, COJUSD, and HJUHSD resulting in more cohorts of students coming throughout the school year not just summer. Continuing to support VUSD and expand as able into nontraditional healthcare career options. Participating in numerous high school career and volunteer fairs letting them know about opportunities here. In early discussions with Farmersville, Woodlake, and Exeter about how we can support their recently created health academy programs.
1.3.4	Expand Kaweah Health University	07/01/2025	06/30/2026	Hannah Mitchell	On Track	We have launched 10 new KHU Scholars Programs FYTD: Healthcare Billing, Coding & Documentation, Pharmacy Excellence I (ACPE CE Eligible), Spanish for Healthcare, Lean Six Sigma (Certification Prep & Exam), Professional in HR (PHR®) Exam Prep, Innovative Thinking & Creativity, Anger & Conflict Management, Project Management Professional (PMP®) Exam Prep, Certified Associate in Project Management (CAPM®) Exam Prep, and Mental Health Matters: Supporting Yourself and Others. We have completed one cohort of the Emerging Leaders program and started one in October 2025. Our first Leadership Academy cohort started in October 2025, with our second starting February 2026. In addition, we have completed four Leader Learning Path sessions and had four Lunch and Learn sessions.
1.3.5	Market Unitek program internally and externally to expand the pool of qualified candidates.	07/01/2025	06/30/2026	Kelly Pierce	On Track	Our 6th cohort of 25 employees started in the Unitek program. We currently have about 145 employees participating, with three cohorts graduating in 2026. Successful partnerships continue with COS, SJVC, Porterville College, Fresno City College and Gurnick.

Expand Kaweah Health University

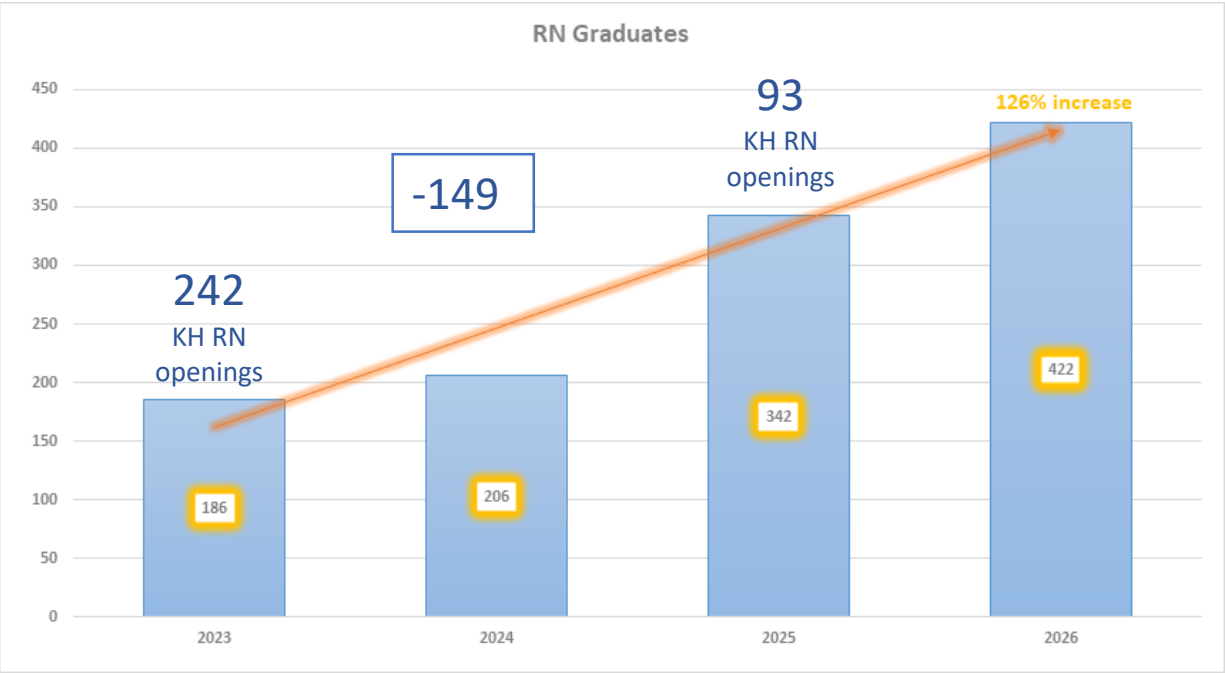
Work Plan (Tactics)

- KHU Scholars Program
- Monthly Education at Leadership Team Meetings
- SME Lunch and Learns
- Emerging Leaders
- Leadership Academy
- Coming Soon – KHU TeamBuilder Kits



The Future Present

Local RN Graduates



Growth in School Partnerships

Work Plan (Tactics)

- Unitek School of Nursing
 - Recently 6th cohort of 25 employees started
 - Currently have about 145 employees participating
 - Three cohorts graduating in 2026
- Partnerships with COS, SJVC, Porterville Adult School, Fresno City College & Gurnick
 - Helping Carrington College (SJVC) with state approval of their new Rad Tech program
 - Exploring PT/OT partnerships with Fresno State students
 - Working with COS on the Apprenticeship Models for Nursing programs

Retention and Graduation

Work Plan (Tactics)

- COS Year-Round Program
 - Started 5/2022, Graduated 7/2024
 - Retained 75% (9 out of 12) from the first graduating cohort; all 9 are licensed RNs
- SJVC Cohort
 - Started 8/2023, Graduated 4/2025
 - Retained 100% (3 out of 3); 1 is working as a licensed RN and 2 are pending boards
- COS Year-Round Program
 - Started 7/2023, Graduated 7/2025
 - Retained 100% (8 out of 8); 7 are licensed RNs and 1 is pending boards
- Unitek Program
 - First cohort expected to graduate in 1/2026 (13 total: 10 employees, 3 community)
 - Overall student Retention rate of 99%

Local High School Volunteers

Work Plan (Tactics)

- Fostering local school relationships, resulting in more students throughout the year
- Participating in numerous high school career and volunteer fairs
- Exeter Unified grant to start Health Academy for school year 25/26
- Supporting VUSD and expand as able into nontraditional healthcare career options
- Discussions with Farmersville, Woodlake, and Exeter about recently created health academy programs

Ideal Practice Environment

Work Plan (Tactics)

Work Plan (Tactics)						
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.1	Improve Physician and Advanced Practice Provider Retention and Wellness.	07/01/2025	06/30/2026	Shannon Vinson	On Track	Well Being of Medical Staff & Advanced Practice Professionals: The Medical Staff Well-Being Committee has revised its meeting cadence and monthly meetings will begin on November 19, 2025. The committee is evaluating the benefits of adding Advanced Practice Provider (APP) representation to broaden engagement and perspective from our APP partners. During the upcoming meeting, the committee will discuss development of targeted initiatives to support overall clinician health and well-being Retention: The medical staff has committed to developing and implementing mentorship opportunities for new clinicians, as well as those expressing interest in leadership roles and those that have been identified as potential leaders within Kaweah Health. The medical staff office is working with the medical staff officers to develop Key Performance Indicators (KPIs) to track progress and measure the impact of well-being and retention initiatives.
1.2.2	Develop Leadership Training Curriculum for Operational Directors, Division Chiefs and Medical Staff Service Line Directors.	07/01/2025	06/30/2026	Shannon Vinson	On Track	The Medical Staff Office has initiated discussions with medical staff officers to strengthen collaboration between Kaweah's medical staff and operational leaders. These efforts include the development and implementation of a multidisciplinary training curriculum designed to support leadership growth and alignment across teams. Work is underway to define specific goals, objectives, and Key Performance Indicators (KPIs) to measure the effectiveness and impact of these initiatives.
1.2.3	Develop a follow-up action plan from the physician survey results.	07/01/2025	06/30/2026	Shannon Vinson	On Track	Updates related to Workspace Enhancement, KD Hub Optimization, Physician Engagement, and Onboarding and Mentorship initiatives are regularly presented and tracked through the Kaweah Care Steering Committee to monitor progress and ensure alignment with these organizational priorities.

Ideal Practice Environment

Work Plan (Tactics)

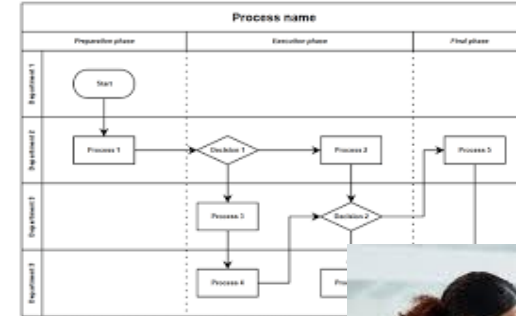
- Workspace Enhancement
 - Surgeon Locker Rooms and Lounge, and Physician Lounge
 - Medical Resource Center (Library)
- Dedicated Workspace
 - Medical Center Workstations
 - Clinic Workstation on Wheels (WOW)
- KDHub Optimization
 - Computer Access Optimization
 - Cerner Connect Messaging
 - Informatics Team Department Reps
 - Facilitate Computer Education/Reference Access
 - Implement Physician Documentation Improvements



Ideal Practice Environment

Work Plan (Tactics)

- Onboarding Medical Staff
 - Optimize Recruitment to Active Staff Process
 - Coordinate Process Across Stakeholders
- Mentoring Medical Staff
 - Provide Health System Education & Training
 - Regulatory Requirements
 - Medical Staff Policies
 - Support Physician Orientation
 - Utilize Established Physicians for Practice Guidance
 - Provide Support for Community Introductions



Performance Measures (Outcomes)

- Improve Physician and Advanced Practice Provider Engagement Surveys to > 3.85

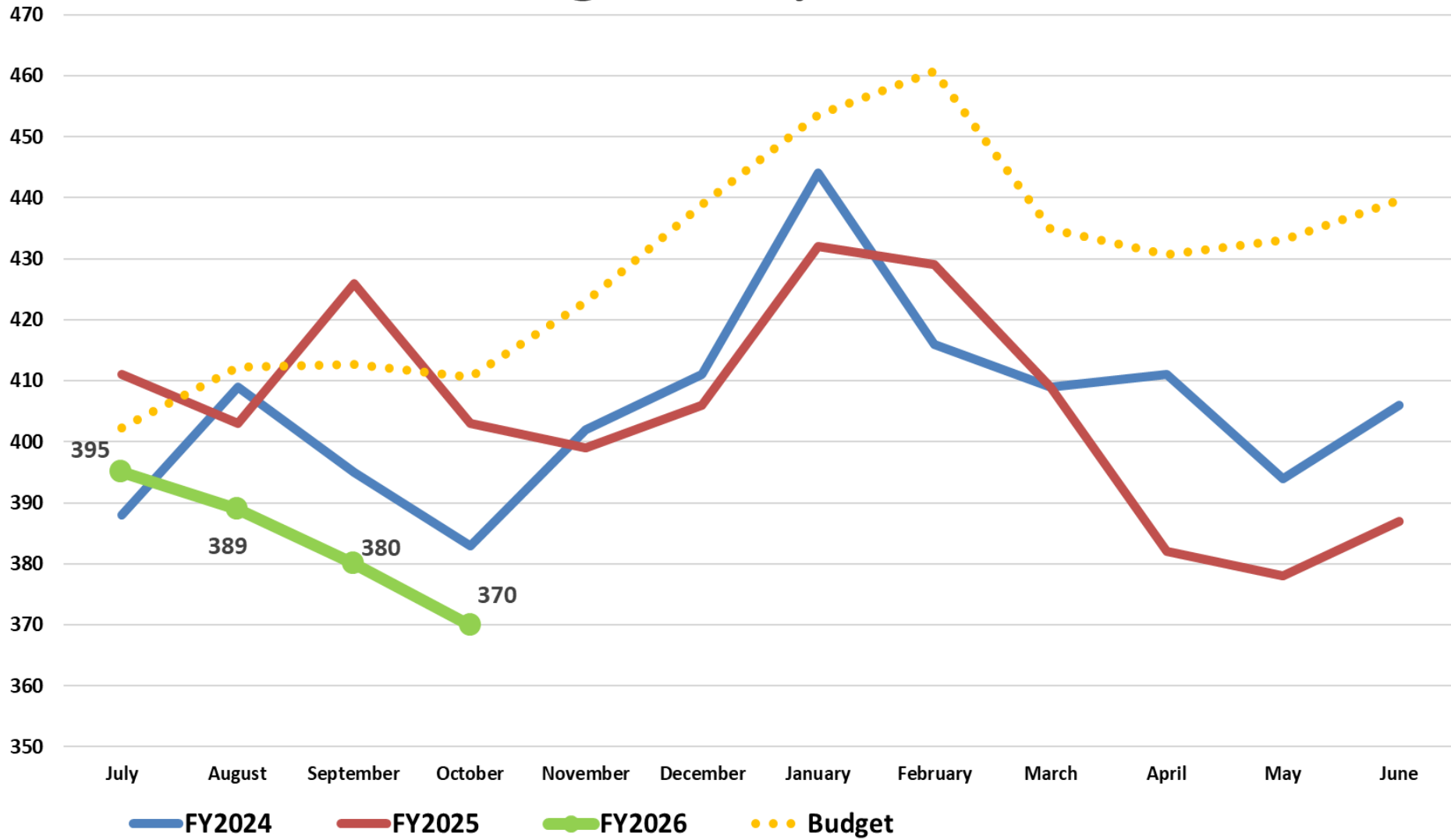


FINANCIALS

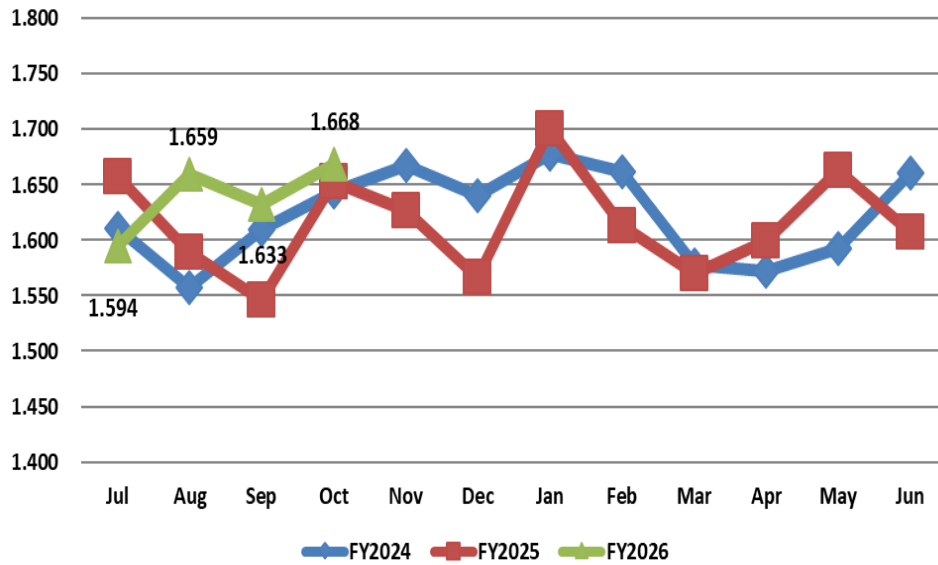
CFO Financial Report

Month Ending October 2025

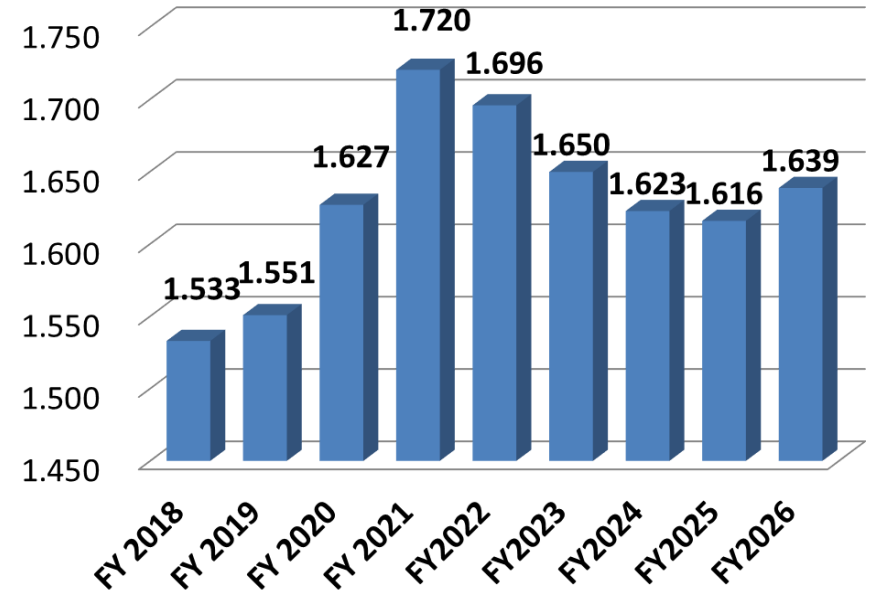
Average Daily Census



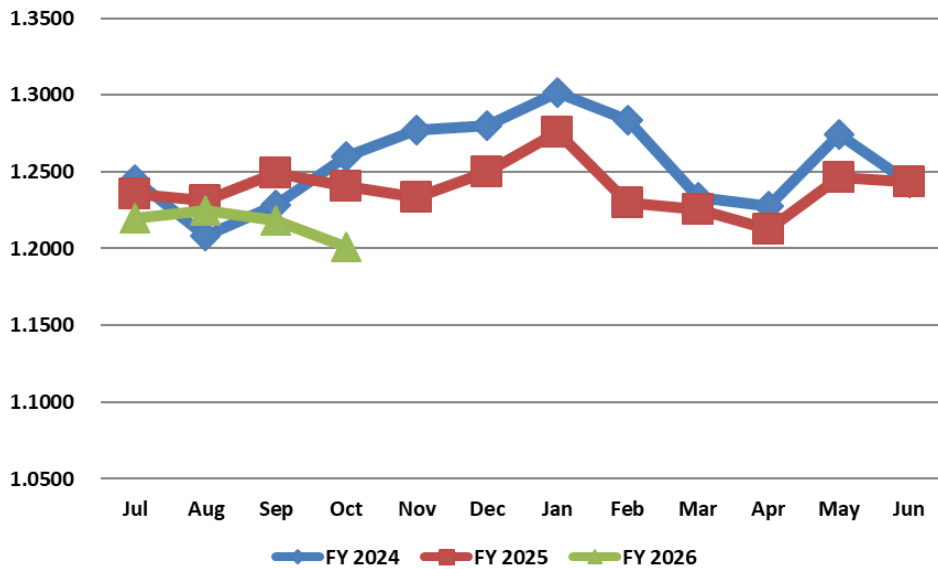
Case Mix Index w/o Normal Newborns



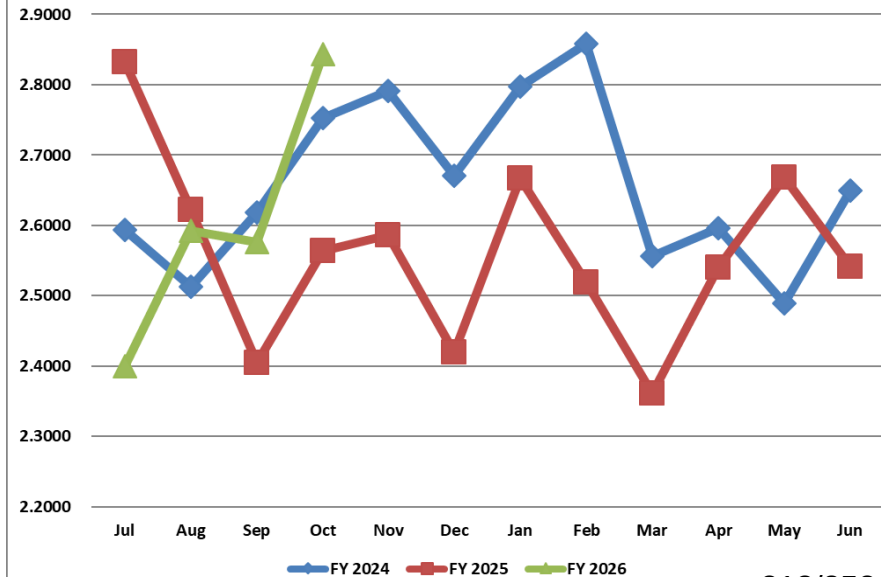
Case Mix Index w/o Normal Newborns - All



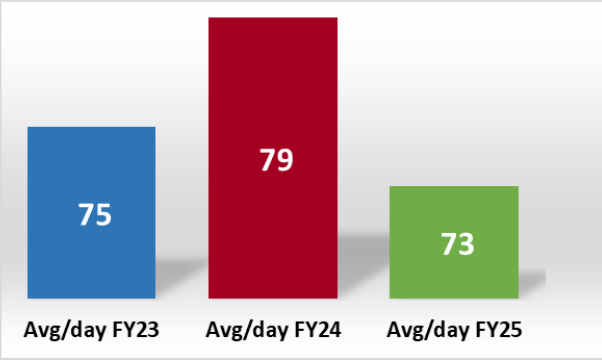
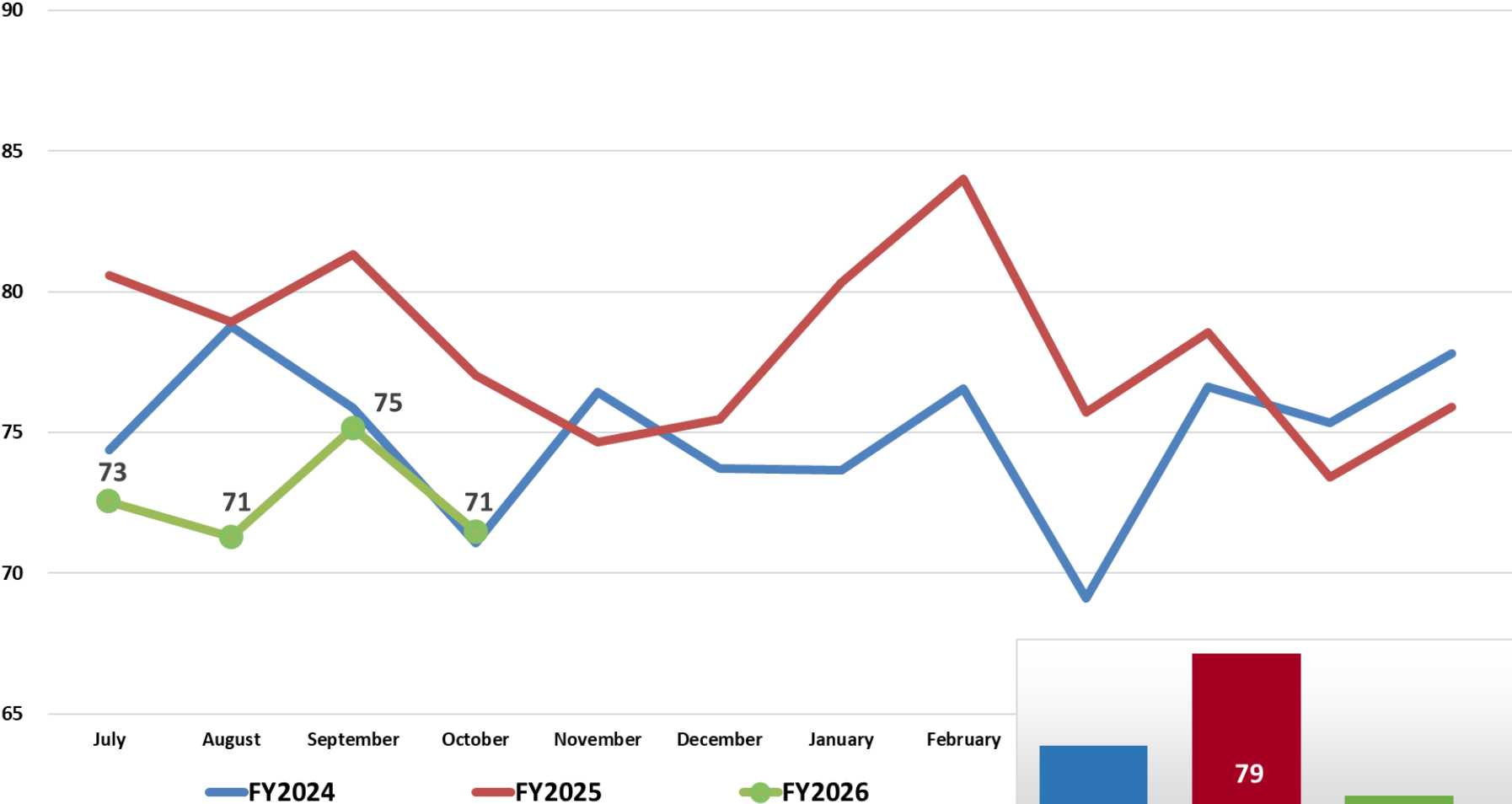
Case Mix **Medical** w/o Normal Newborns



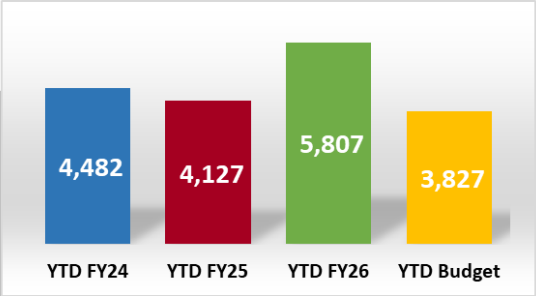
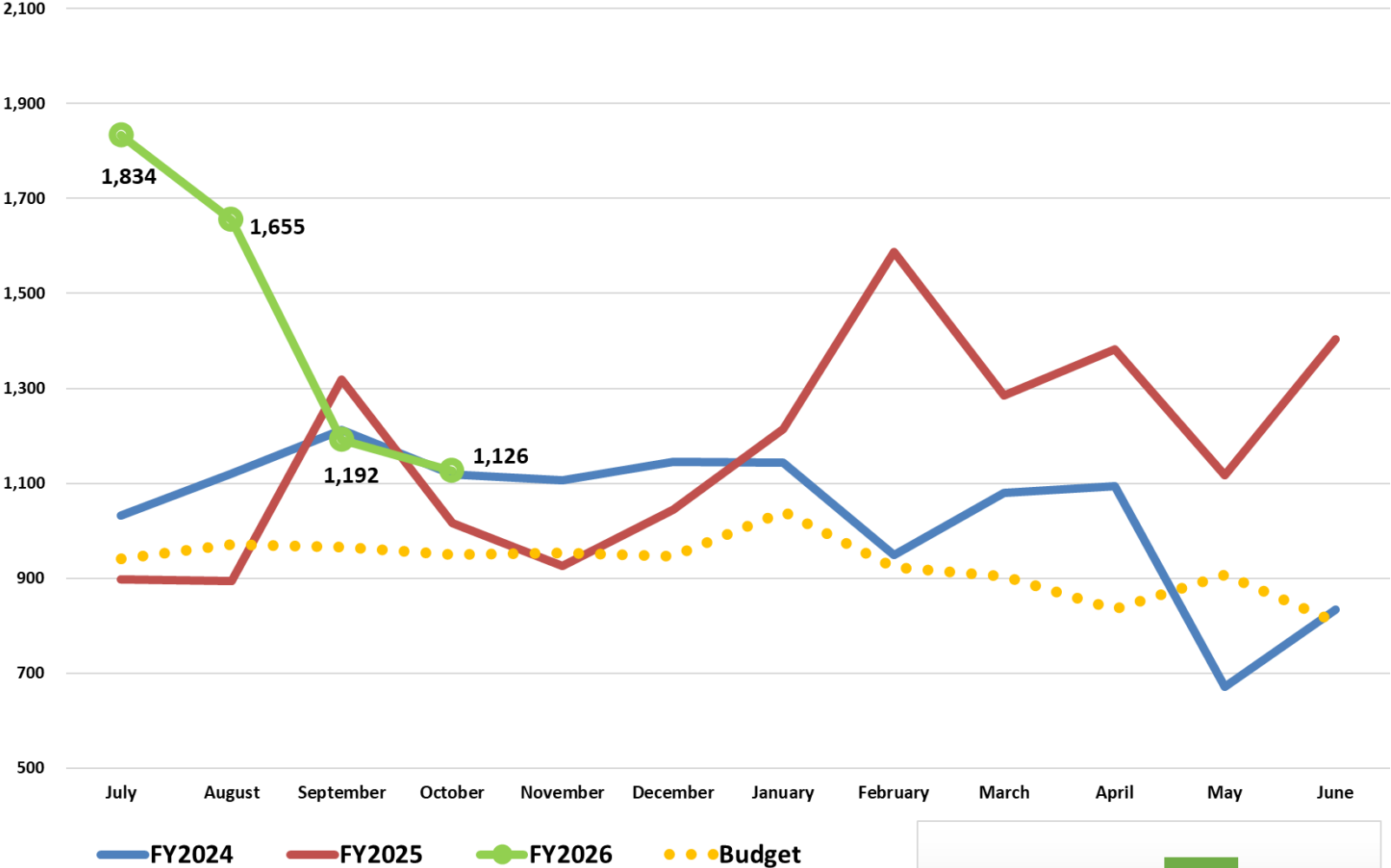
Case Mix Index **Surgical** w/o Normal Newborns



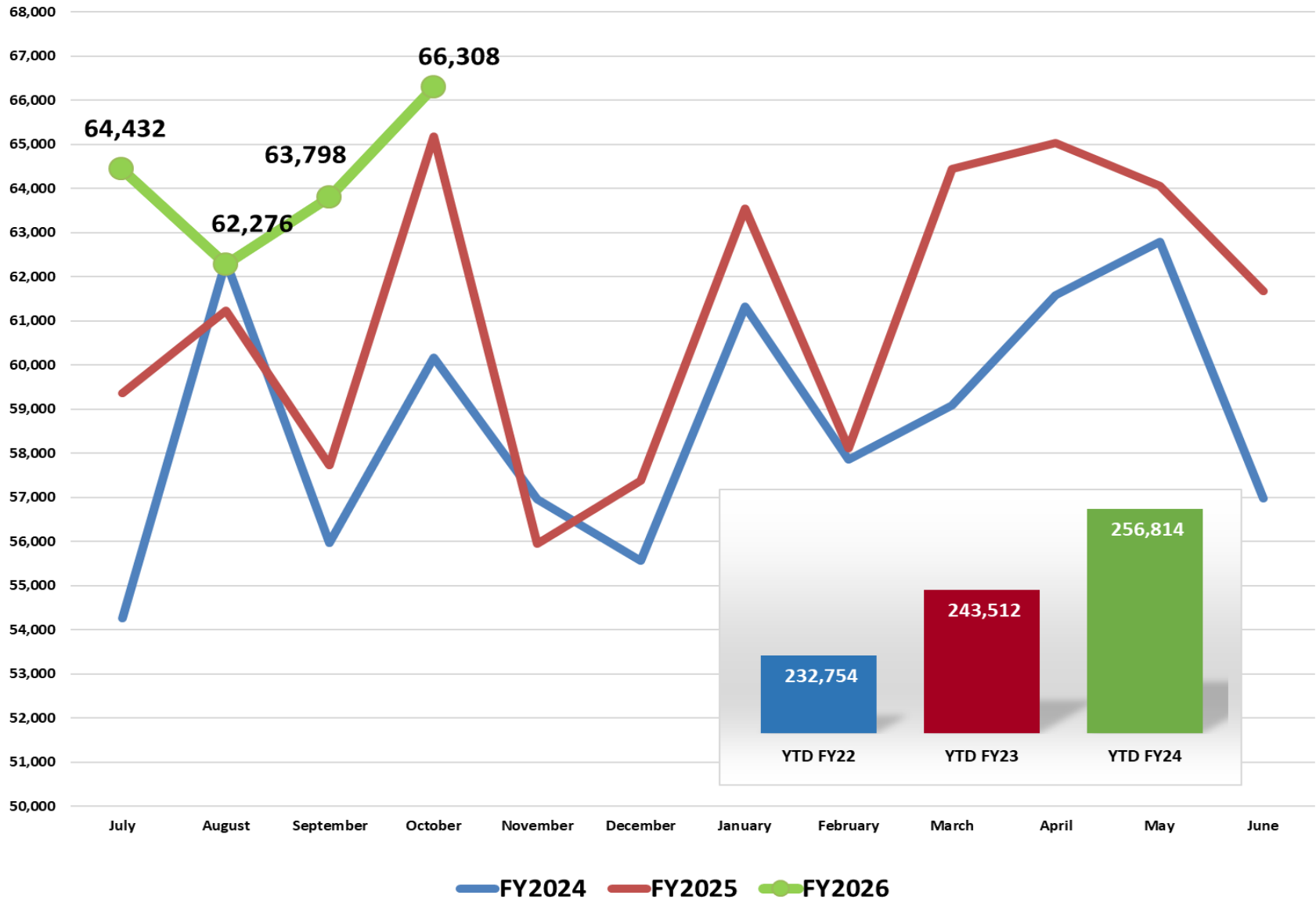
Average Discharges per Day



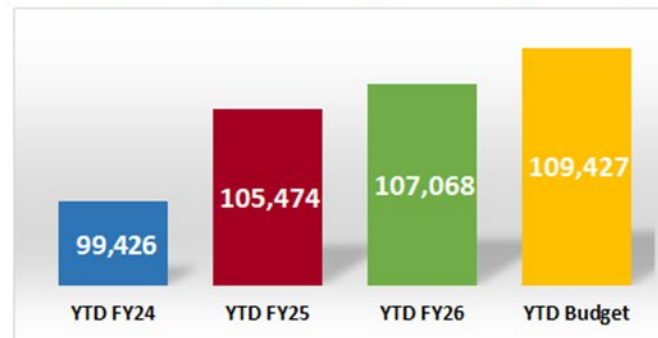
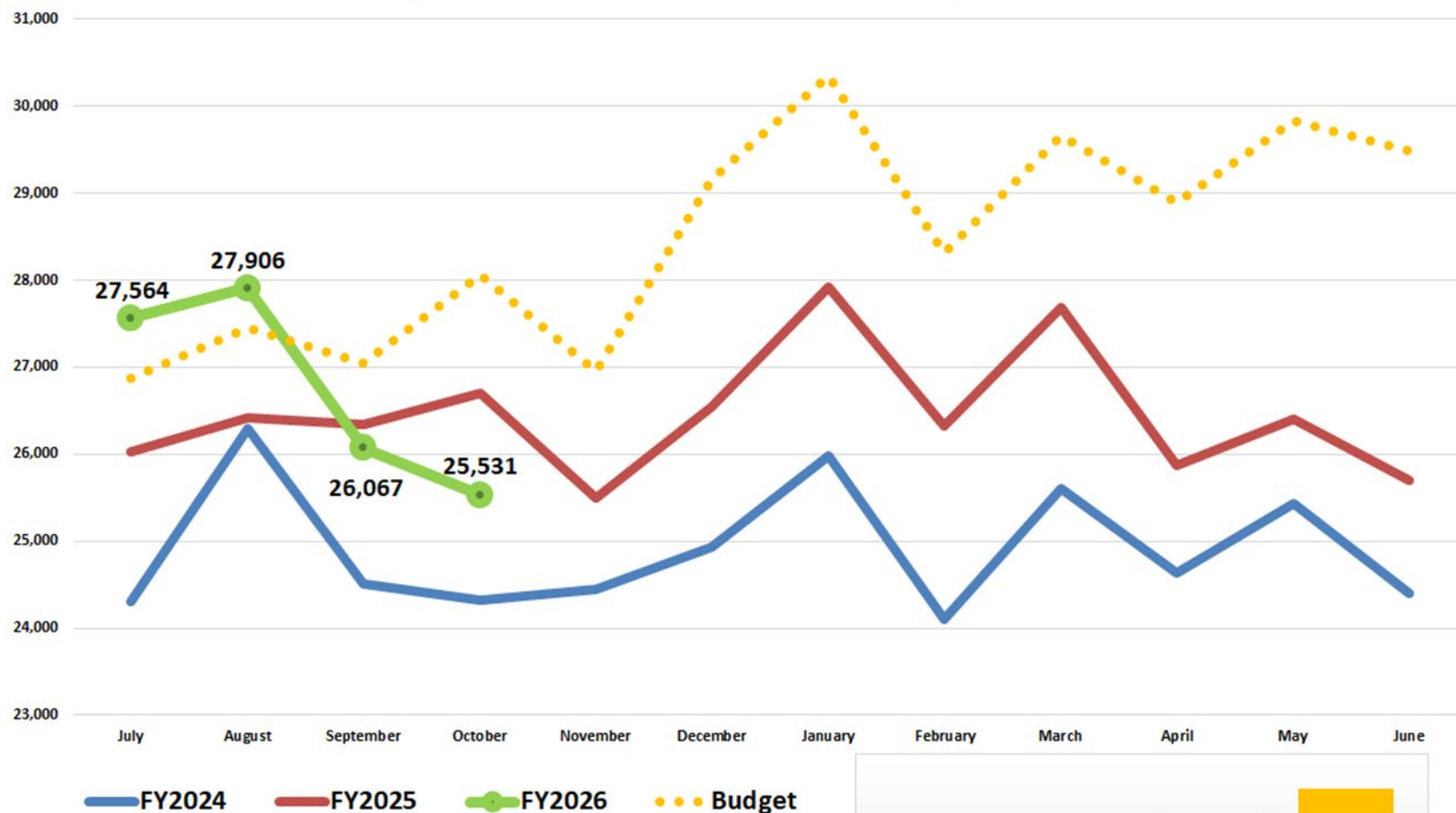
Observation Days



Outpatient Registrations



Adjusted Patient Days



Statistical Results – Fiscal Year Comparison (Oct)

Actual Results			Budget	Budget Variance	
Oct 2024	Oct 2025	% Change	Oct 2025	Change	% Change

Average Daily Census	403	370	(8.2%)	411	(41)	(9.9%)
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KDHCD Patient Days:

Medical Center	8,303	7,496	(9.7%)	8,422	(926)	(11.0%)
Acute I/P Psych	1,153	1,297	12.5%	1,519	(222)	(14.6%)
Sub-Acute	971	863	(11.1%)	927	(64)	(6.9%)
Rehab	641	701	9.4%	633	68	10.7%
TCS-Ortho	372	443	19.1%	383	60	15.7%
NICU	453	276	(39.1%)	380	(104)	(27.4%)
Nursery	590	391	(33.7%)	468	(77)	(16.5%)

Total KDHCD Patient Days	12,483	11,467	(8.2%)	12,732	(1,265)	(9.9%)
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Total Outpatient Volume	65,193	66,309	1.7%	70,744	(4,435)	(6.3%)
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Statistical Results – Fiscal Year Comparison (Jul-Oct)

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

Average Daily Census	411	383	(6.7%)	409	(26)	(6.4%)
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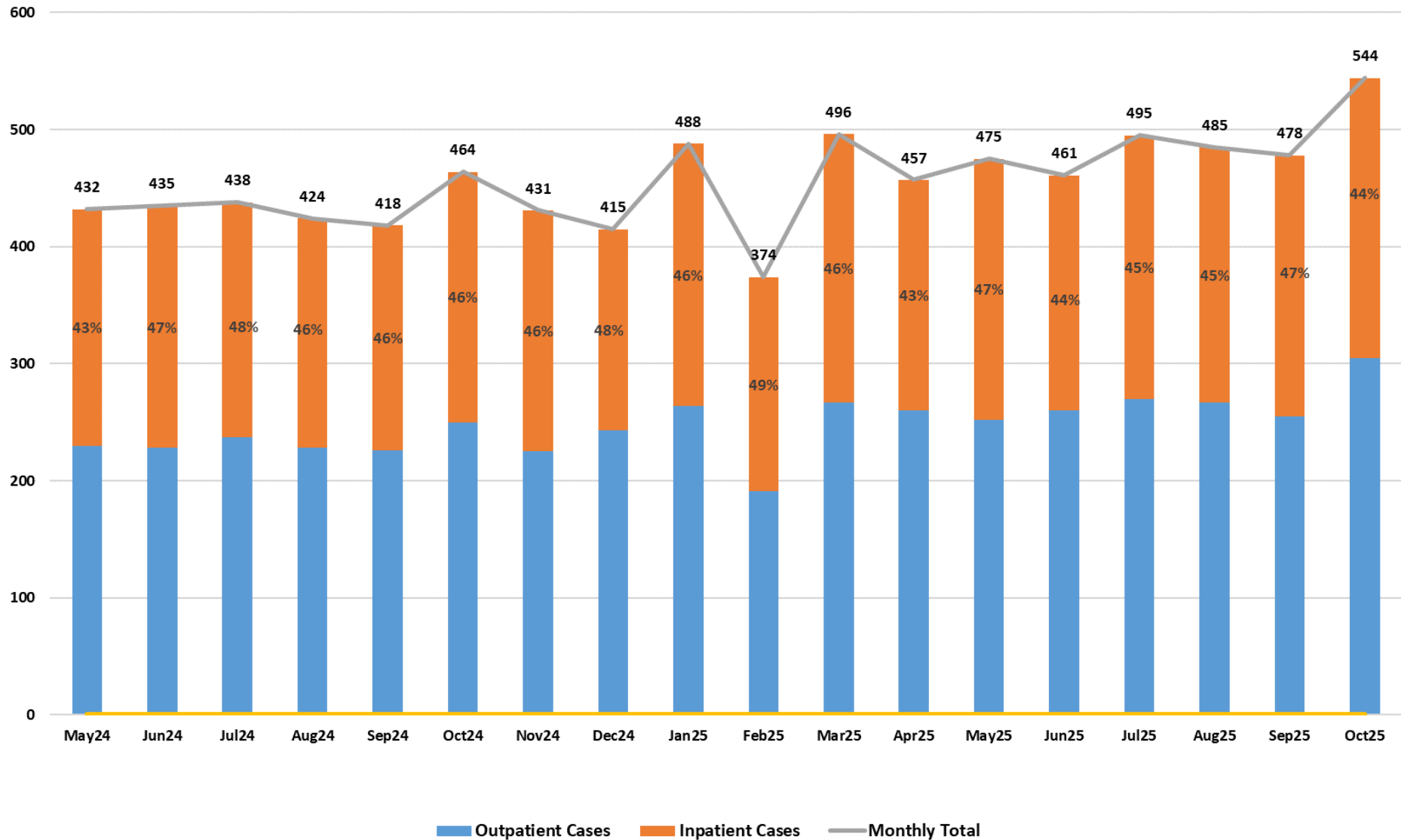
KDHCD Patient Days:

Medical Center	34,778	30,681	(11.8%)	33,664	(2,983)	(8.9%)
Acute I/P Psych	4,547	5,419	19.2%	5,811	(392)	(6.7%)
Sub-Acute	3,678	3,479	(5.4%)	3,652	(173)	(4.7%)
Rehab	2,289	2,475	8.1%	2,474	1	0.0%
TCS-Ortho	1,356	1,735	27.9%	1,558	177	11.4%
NICU	1,760	1,507	(14.4%)	1,452	55	3.8%
Nursery	2,092	1,848	(11.7%)	1,755	93	5.3%

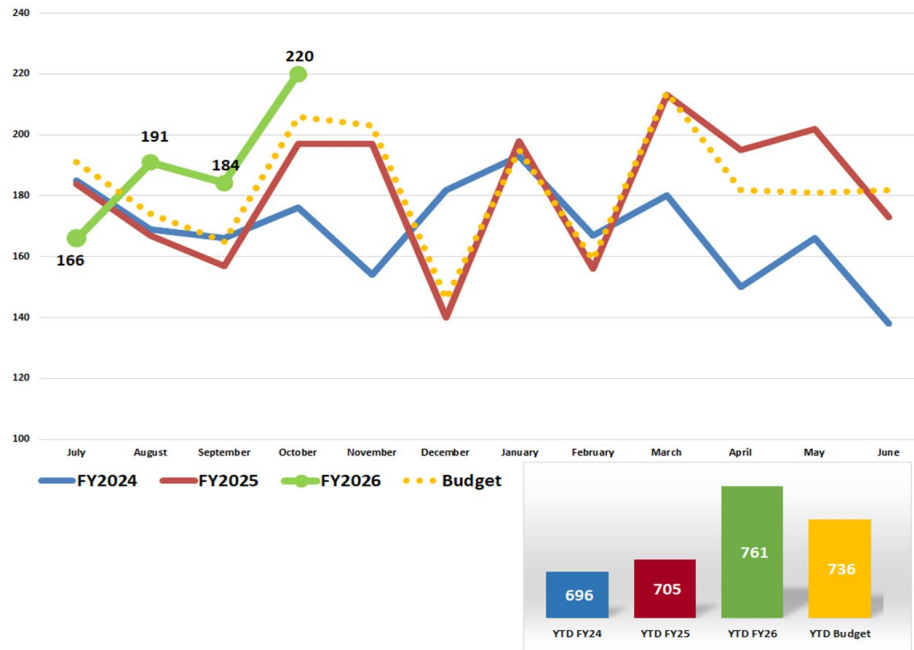
Total KDHCD Patient Days	50,500	47,144	(6.7%)	50,366	(3,222)	(6.4%)
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Total Outpatient Volume	243,503	262,396	7.8%	280,694	(18,298)	(6.5%)
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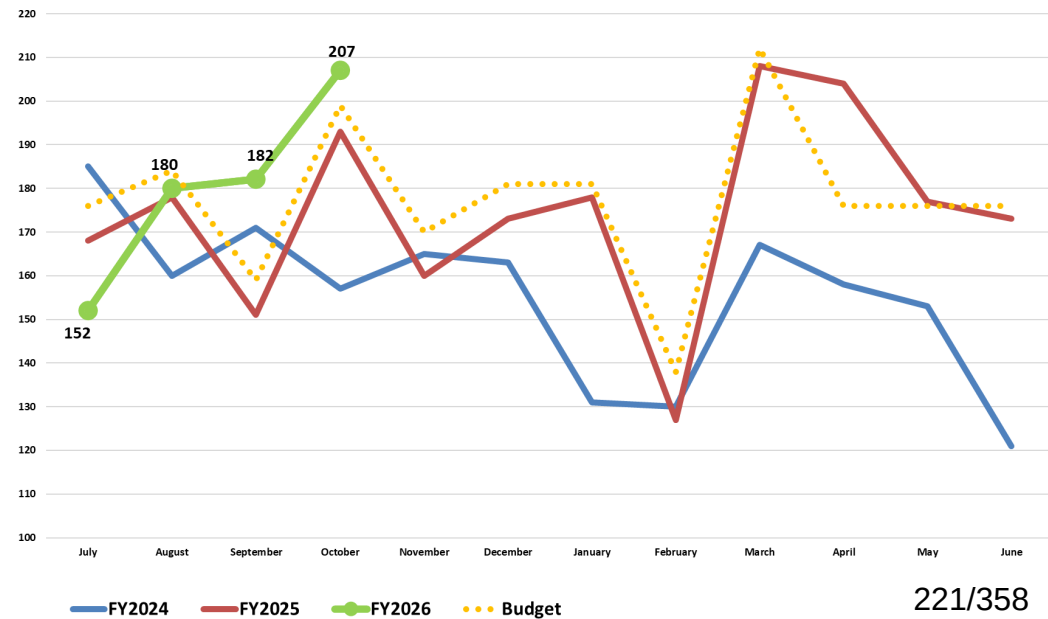
Cath Lab Patients (IP & OP)



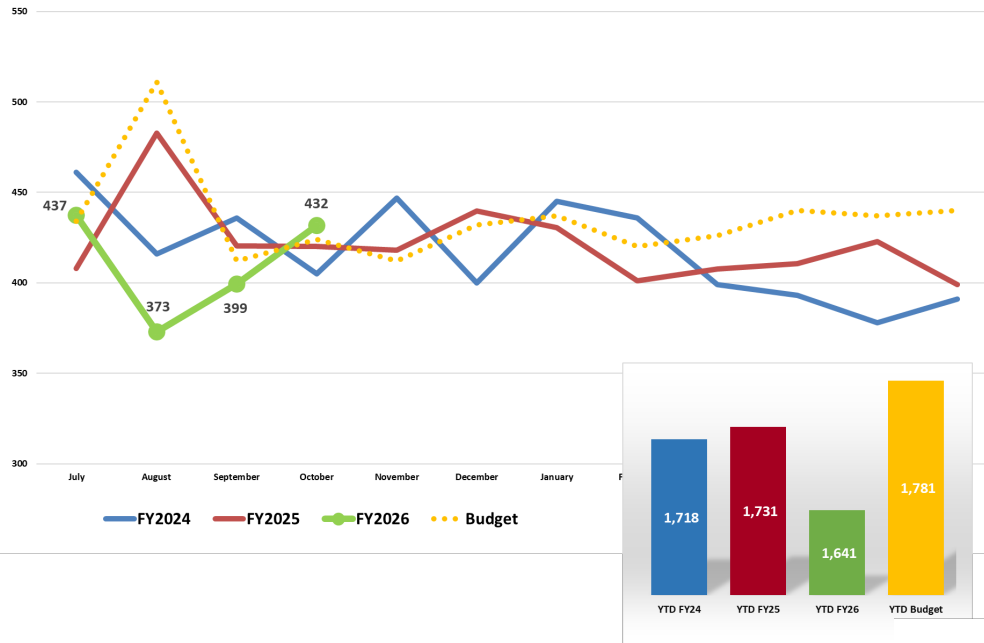
Cath Lab (IP Only) – 100 Min Units



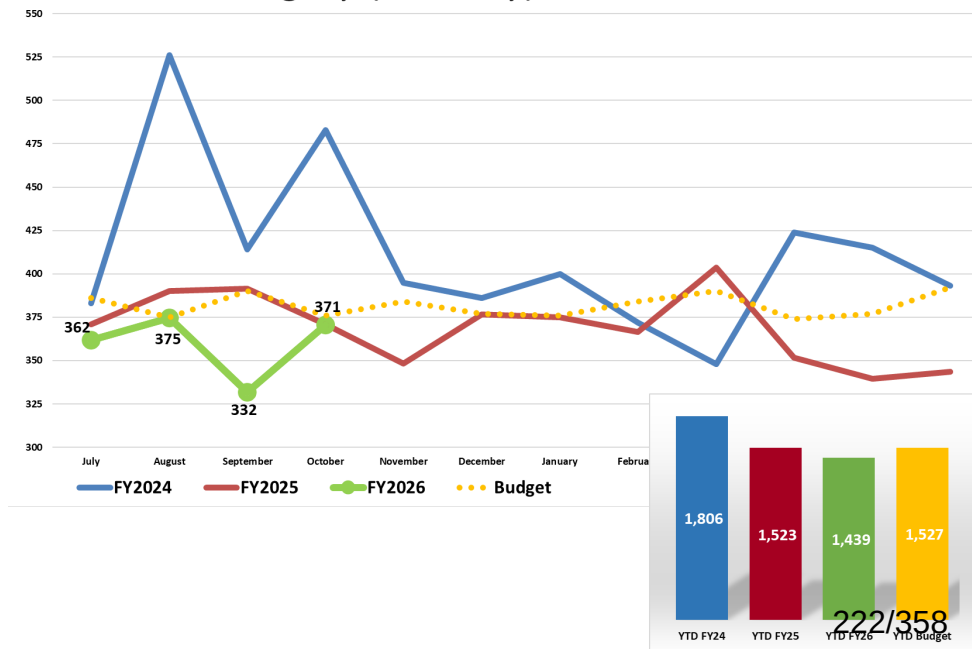
Cath Lab (OP Only) – 100 Min Units



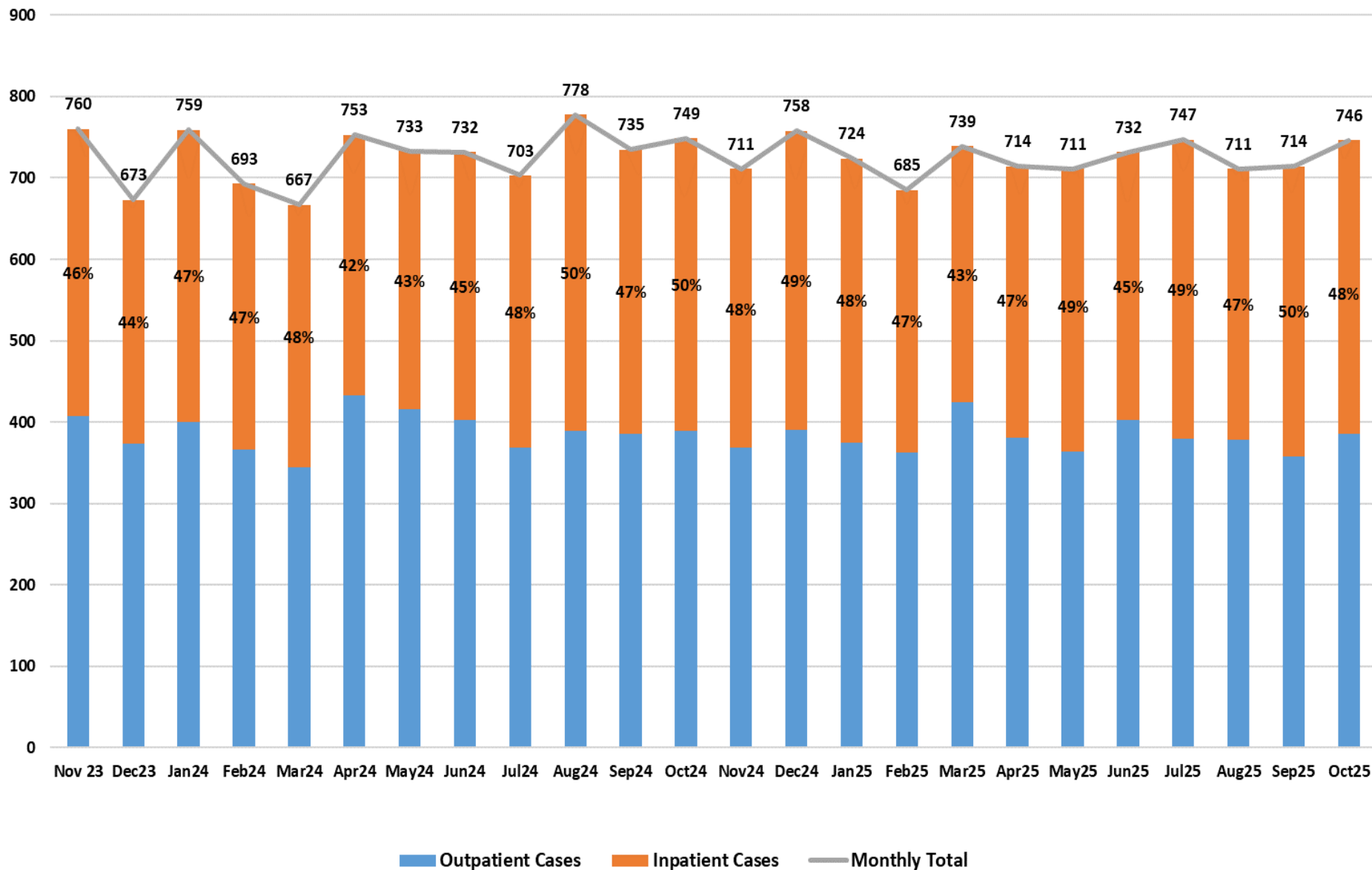
Surgery (IP Only) - 100 Min Unit



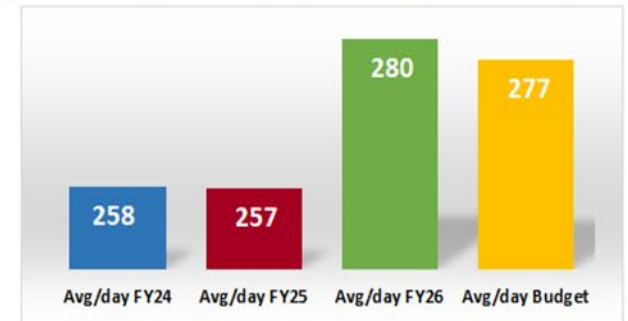
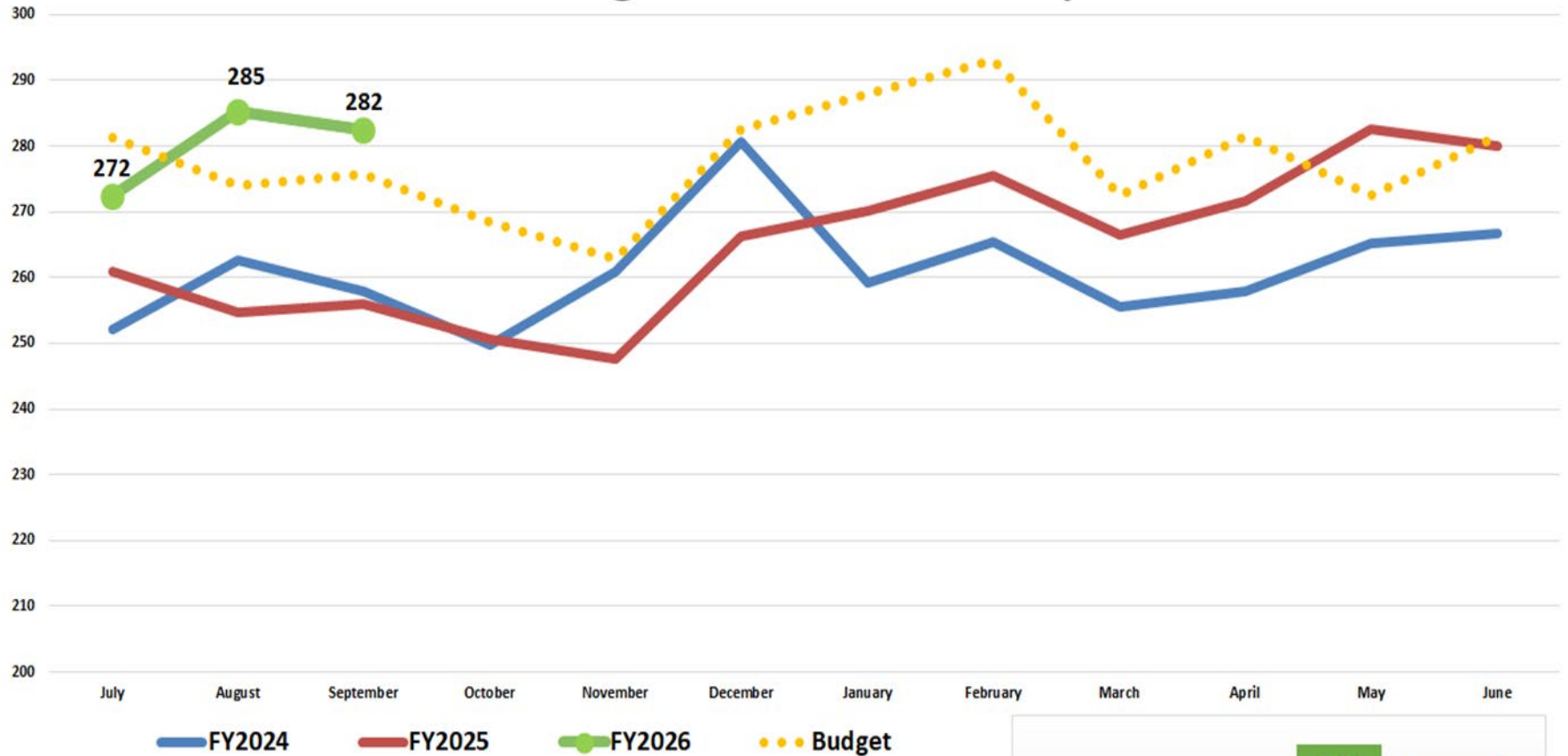
Surgery (OP Only) - 100 Min Units



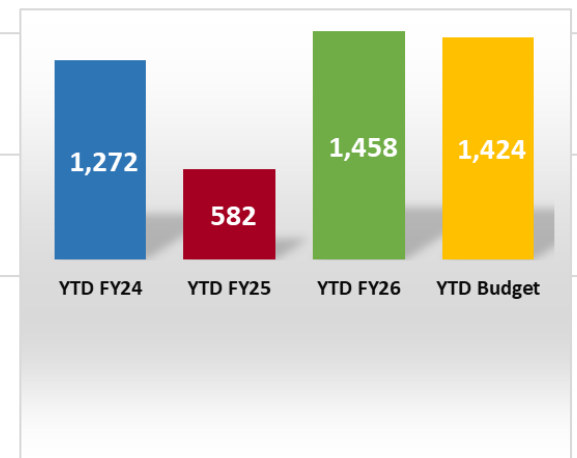
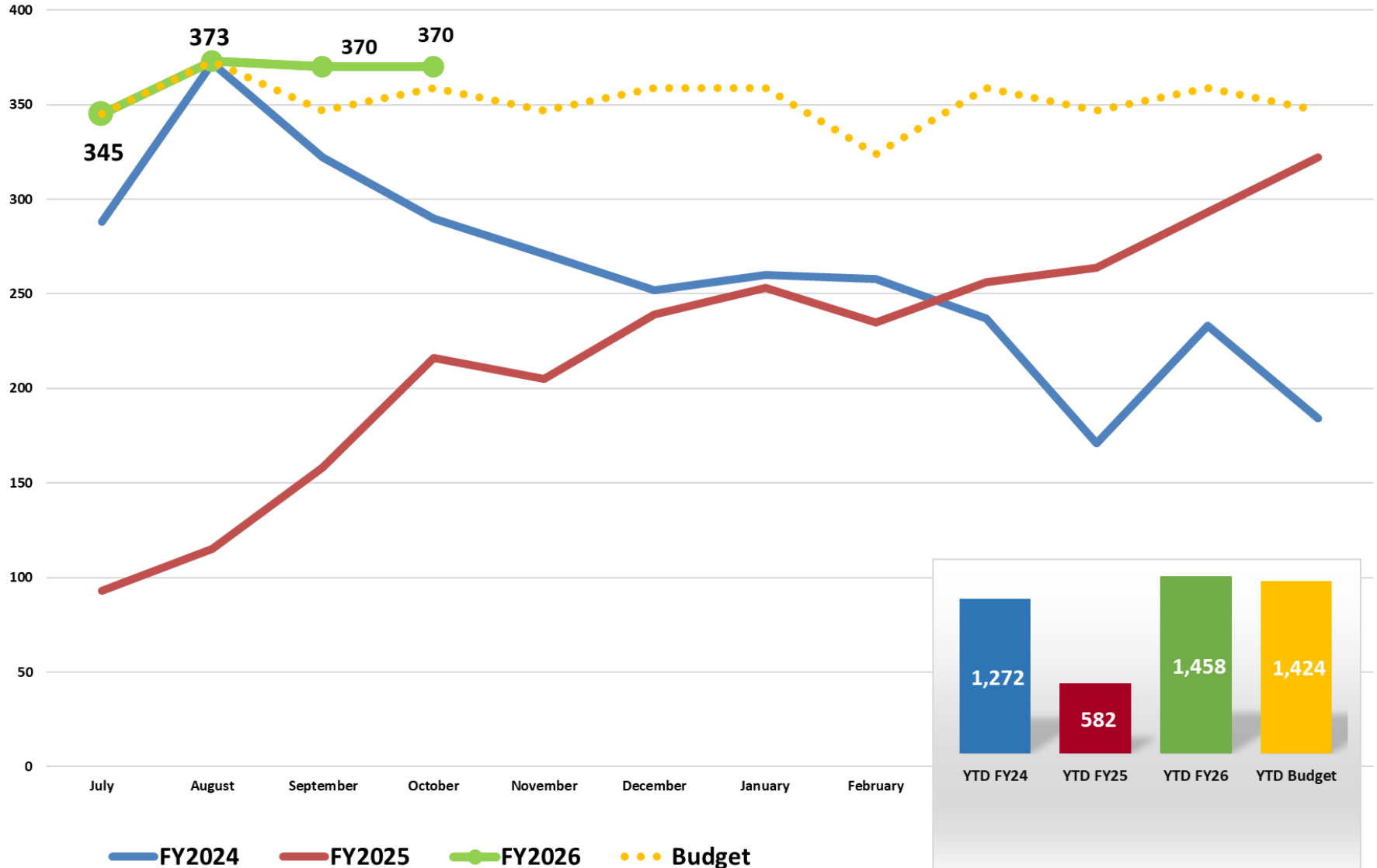
Surgery Cases (IP & OP)



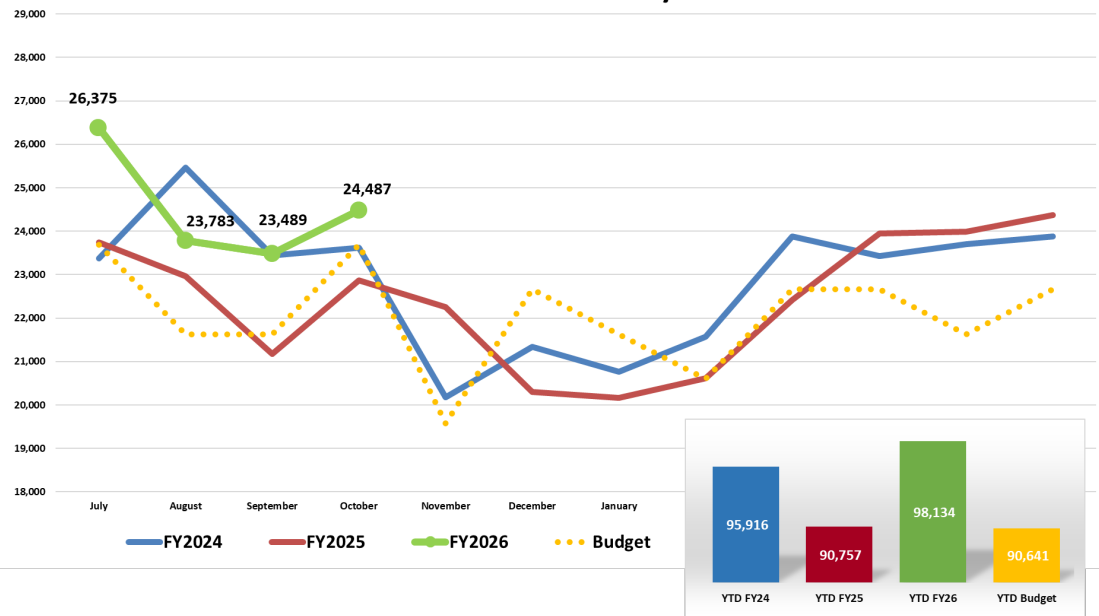
ED - Avg Treated Per Day



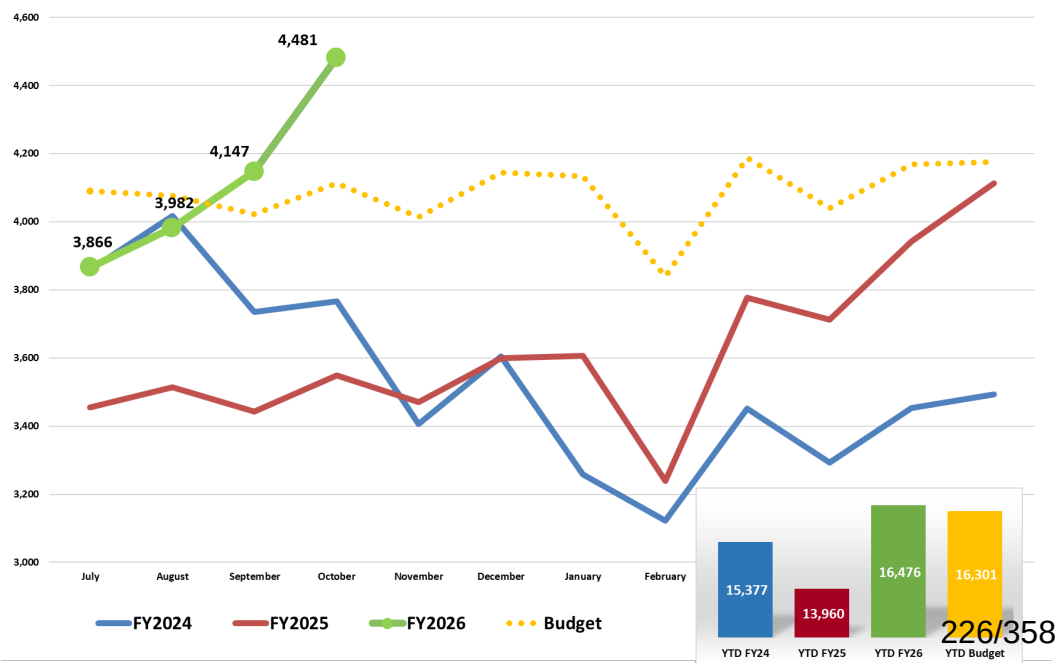
Therapy-Wound Care Encounters



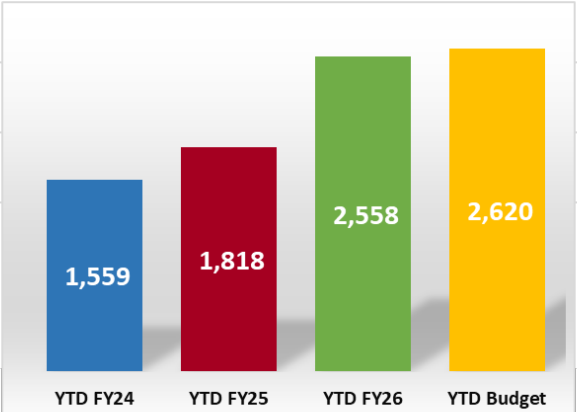
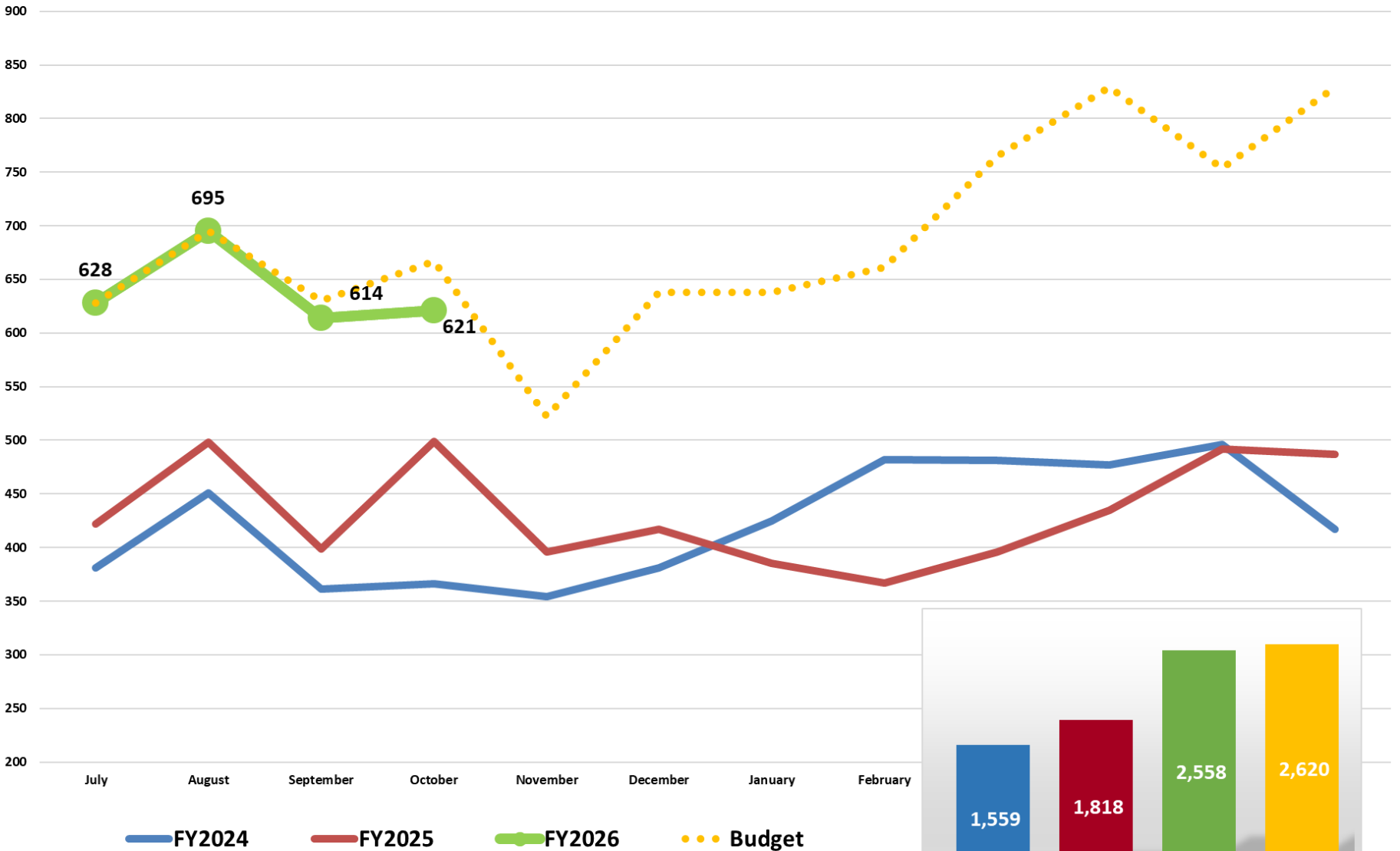
Home Infusion Days



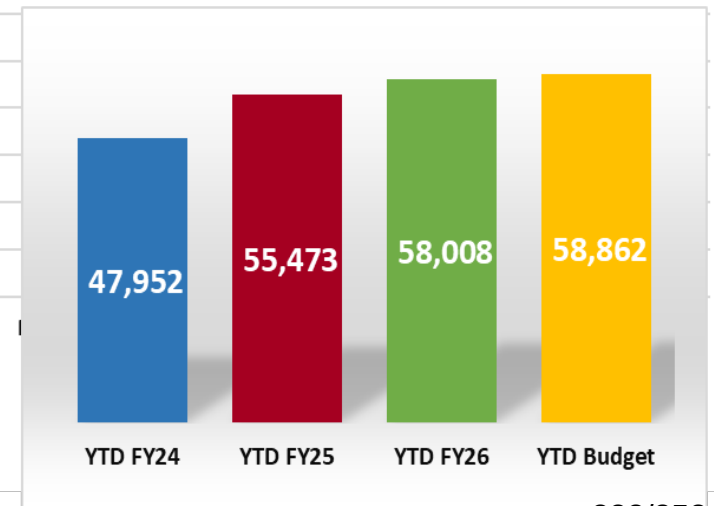
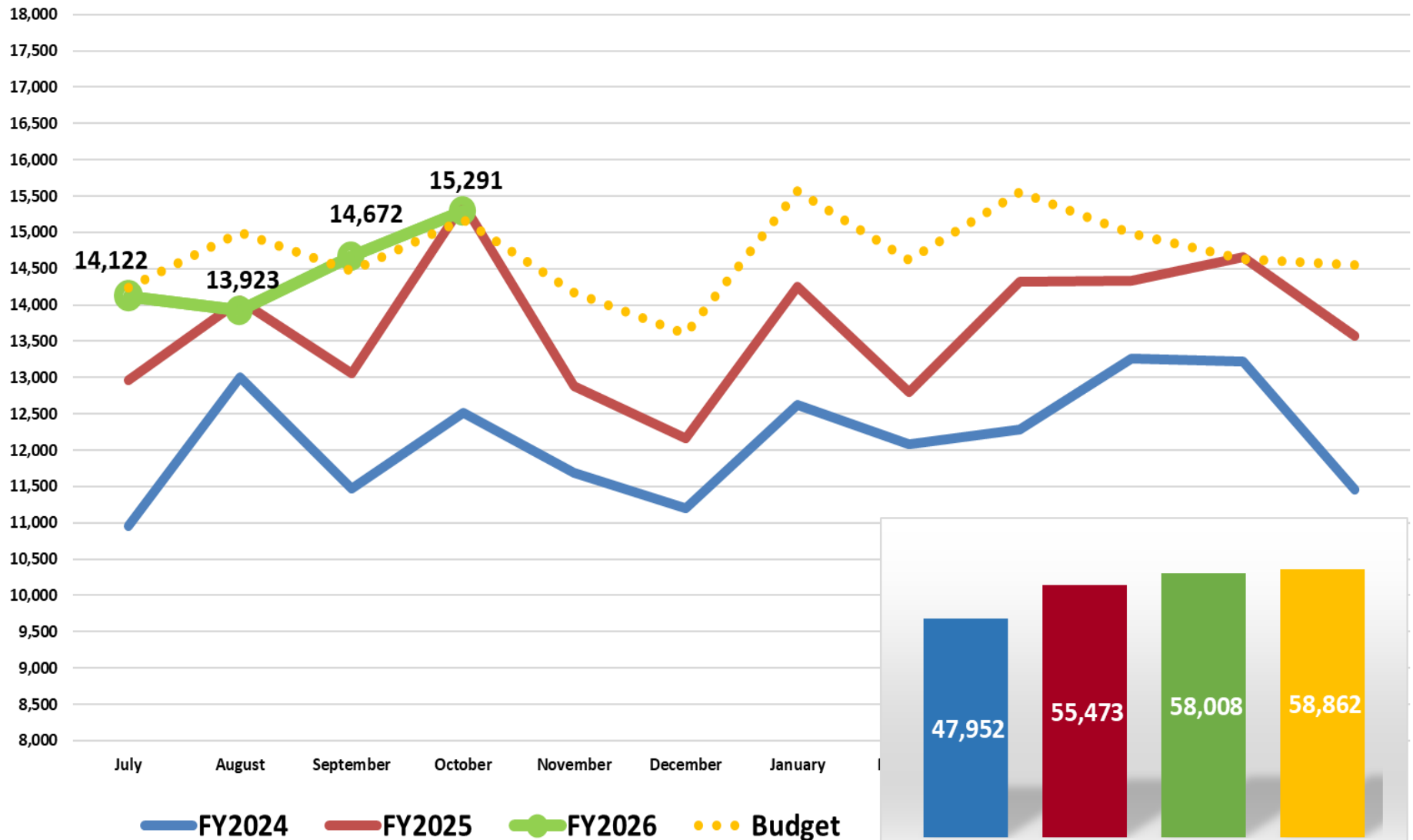
Hospice Days



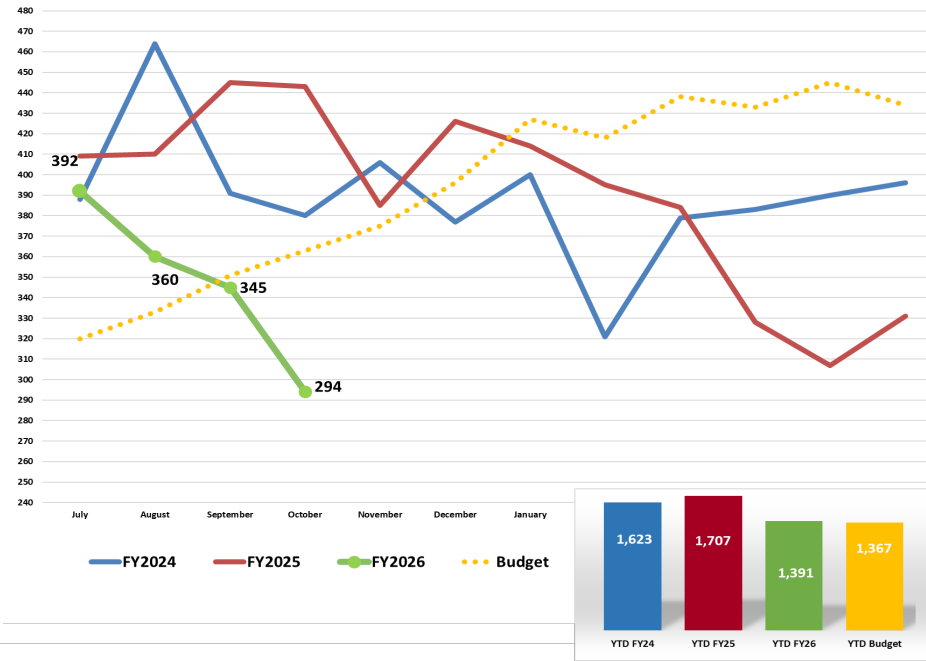
Infusion Center - Units of Service



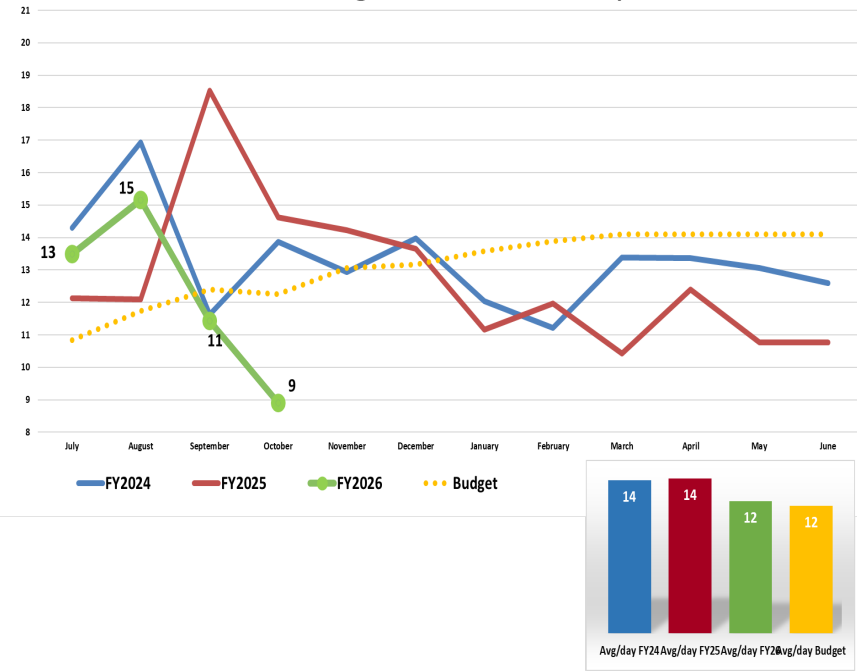
Rural Health Clinics Registrations



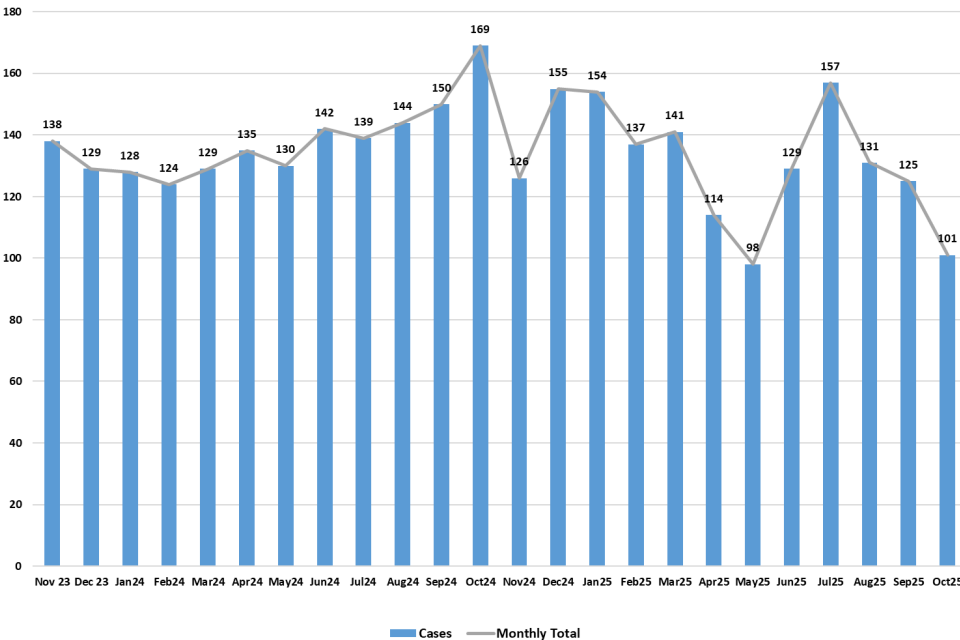
Deliveries



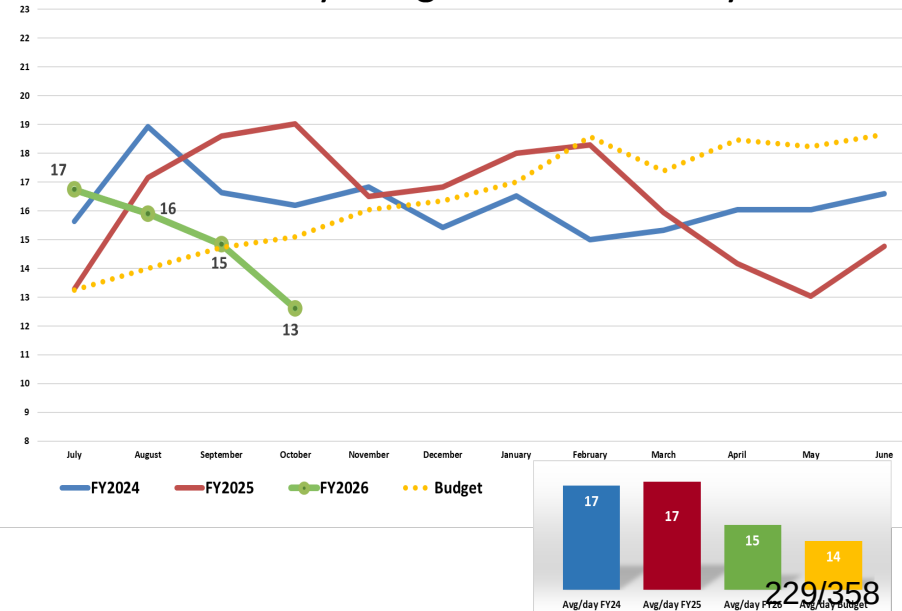
NICU - Avg Patients Per Day



OB Cases

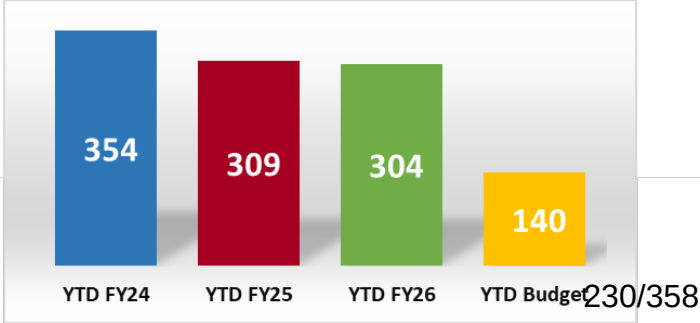
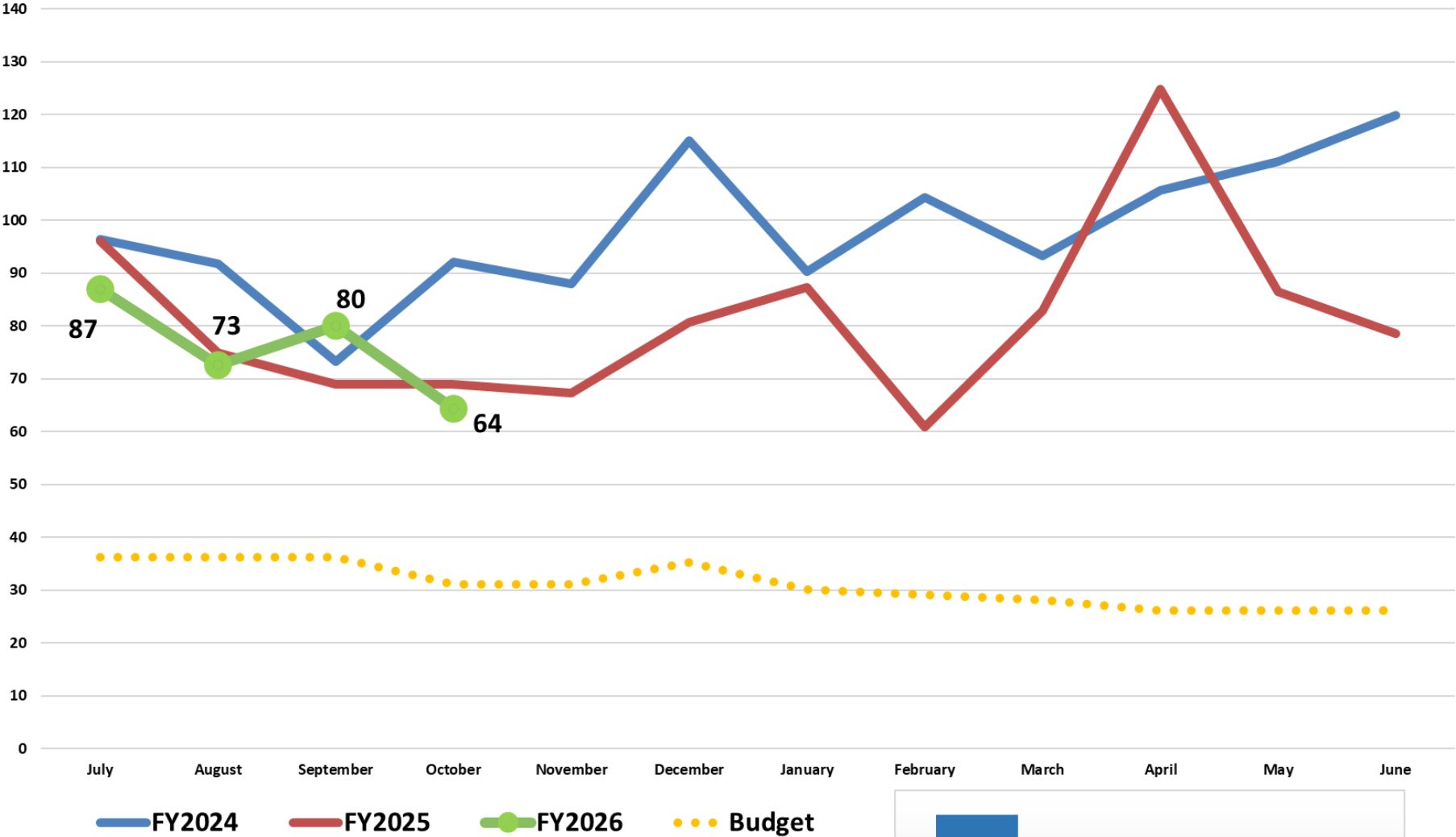


Nursery - Avg Patients Per Day

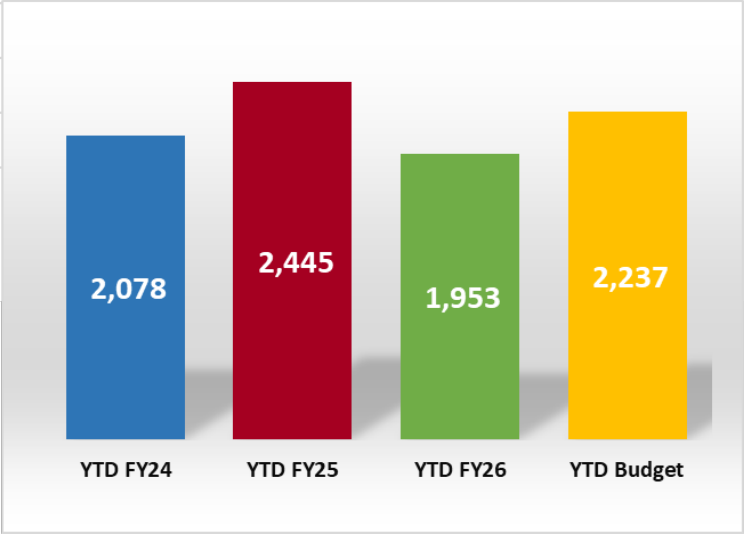
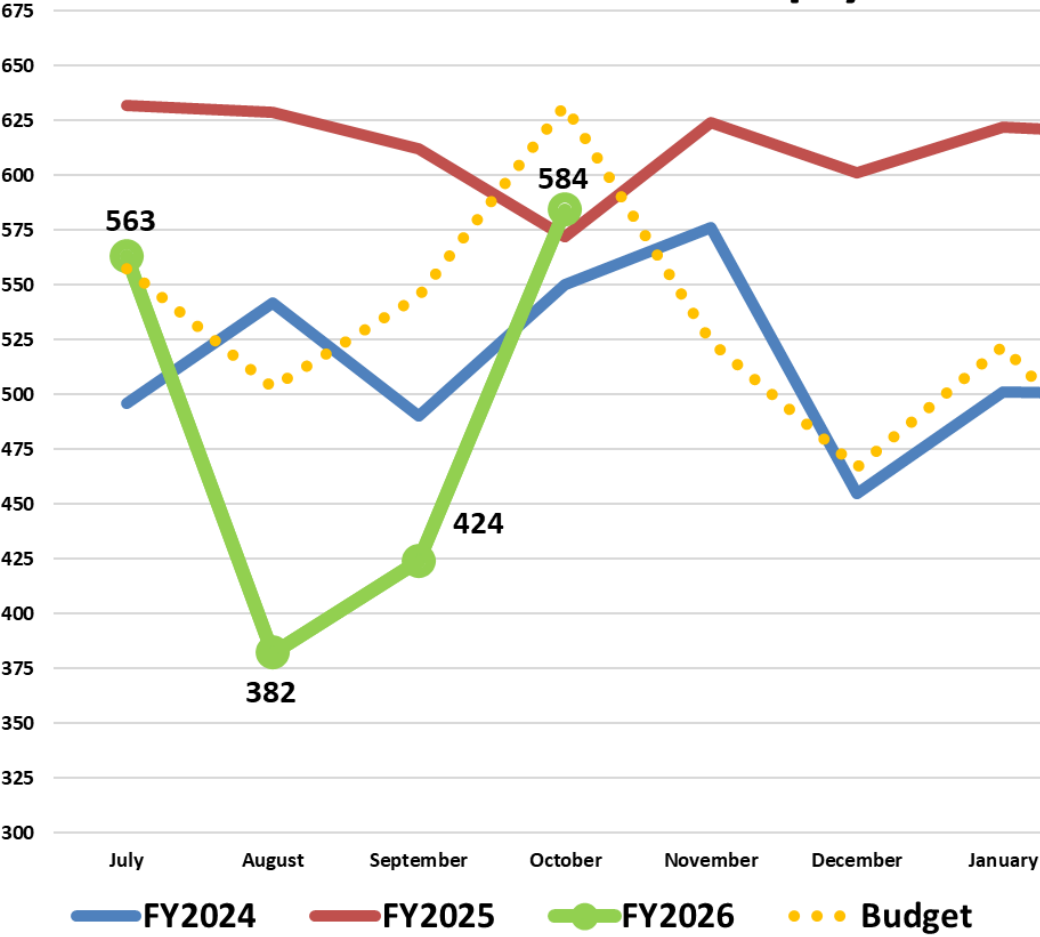


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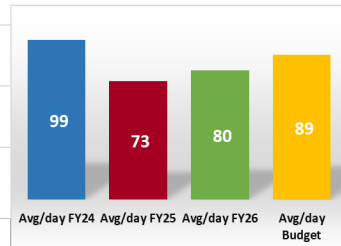
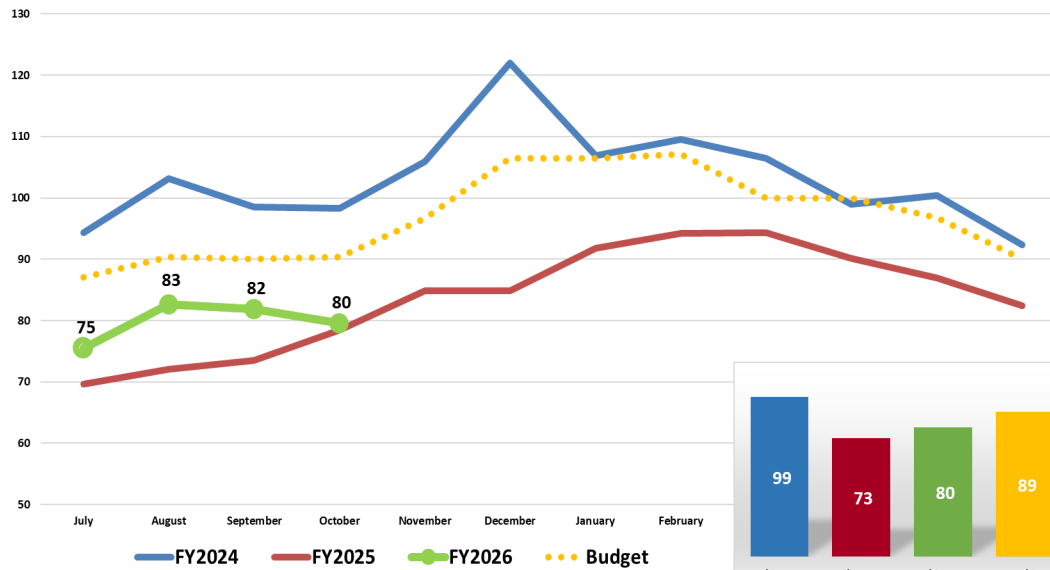
Cardiac Surgery - 100 Min Units



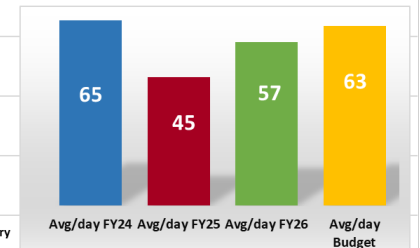
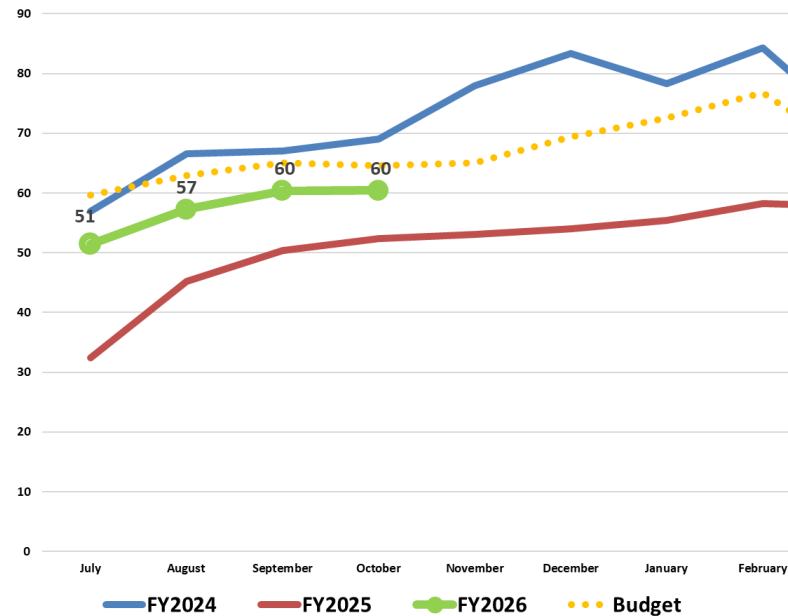
Endoscopy Procedures



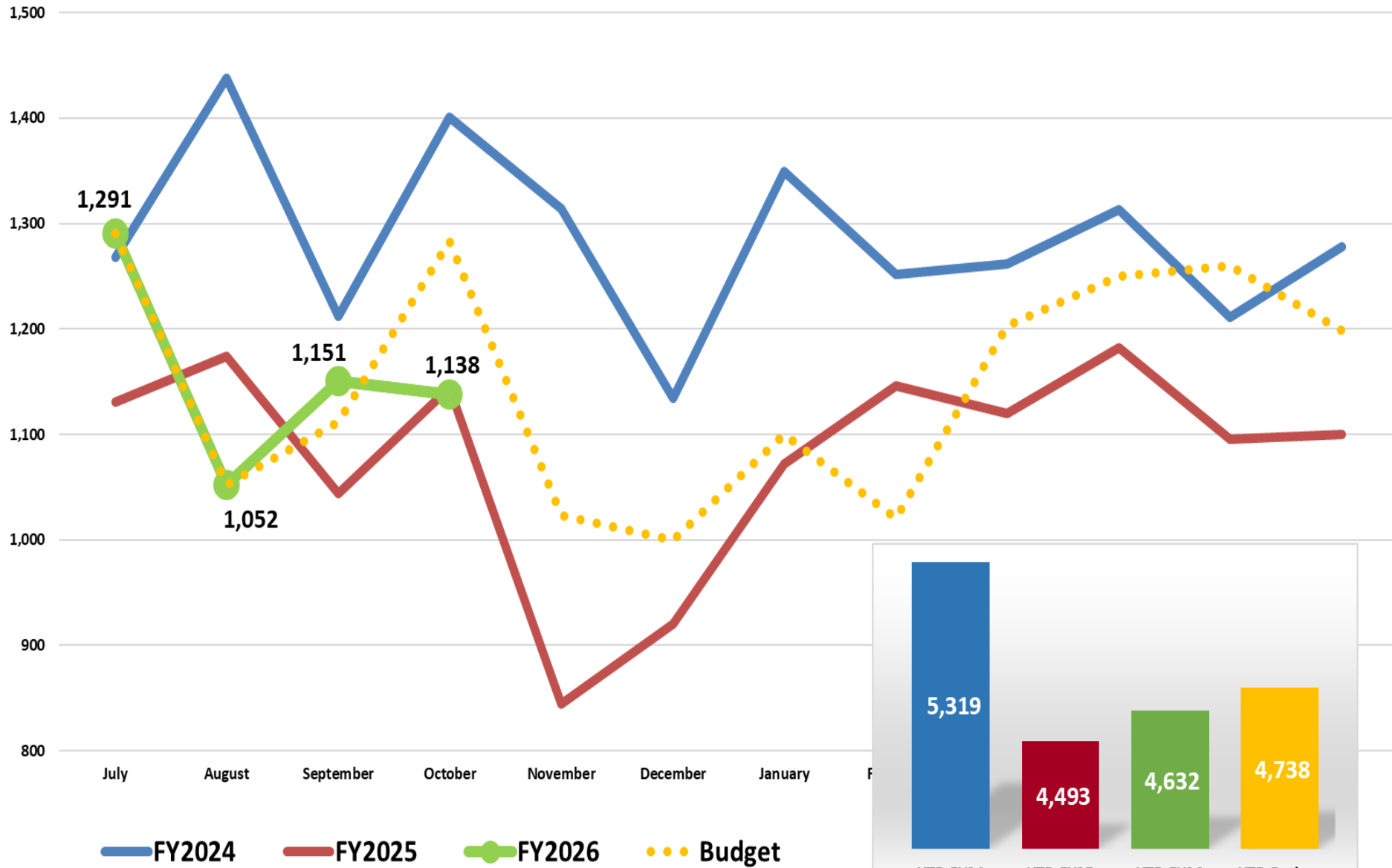
Urgent Care – Court Avg Visits Per Day



Urgent Care – Demaree Avg Visits Per Day



Medical Oncology Treatments



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

	Actual Results				Budget	Budget Variance	
	Oct 24	Oct 25	Change	% Change	Oct 25	Change	% Change
ED - Avg Treated Per Day	251	264	14	5.4%	268	(4)	(1.6%)
Surgery (IP & OP) – 100 Min Units	791	802	11	1.5%	800	2	0.3%
Endoscopy Procedures	572	584	12	2.1%	632	(48)	(7.6%)
Cath Lab (IP & OP) - 100 Min Units	390	427	37	9.5%	405	22	5.4%
Cardiac Surgery Cases	26	24	(2)	(7.7%)	31	(7)	(23.0%)
Deliveries	443	294	(149)	(33.6%)	363	(69)	(19.0%)
Clinical Lab	247,111	256,125	9,015	3.6%	271,821	(15,696)	(5.8%)
Reference Lab	7,302	8,013	711	9.7%	7,125	888	12.5%
Dialysis Center - Visalia Visits	1,491	1,540	49	3.3%	1,510	30	2.0%
Infusion Center - Units of Service	499	621	122	24.4%	667	(46)	(6.9%)
Hospice Days	3,549	4,481	932	26.3%	4,113	368	8.9%
Home Health Visits	3,031	3,082	51	1.7%	3,152	(70)	(2.2%)
Home Infusion Days	22,874	24,487	1,613	7.1%	23,690	797	3.4%

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Oct 24	YTD Oct 25	Change	% Change	YTD Oct 25	Change	% Change
ED - Avg Treated Per Day	256	276	20	8.0%	275	1	0.5%
Surgery (IP & OP) – 100 Min Units	3,255	3,080	(175)	(5.4%)	3,308	(228)	(6.9%)
Endoscopy Procedures	2,445	1,953	(492)	(20.1%)	2,237	(284)	(12.7%)
Cath Lab (IP & OP) - 100 Min Units	1,395	1,482	87	6.3%	1,454	28	2.0%
Cardiac Surgery Cases	106	111	5	4.7%	140	(29)	(20.5%)
Deliveries	1,707	1,391	(316)	(18.5%)	1,367	24	1.8%
Clinical Lab	981,474	1,031,952	50,478	5.1%	1,079,620	(47,668)	(4.4%)
Reference Lab	30,045	32,102	2,057	6.8%	29,427	2,675	9.1%
Dialysis Center - Visalia Visits	6,049	5,934	(115)	(1.9%)	6,109	(175)	(2.9%)
Infusion Center - Units of Service	1,818	2,558	740	40.7%	2,620	(62)	(2.4%)
Hospice Days	13,960	16,476	2,516	18.0%	16,301	175	1.1%
Home Health Visits	11,707	12,331	624	5.3%	12,322	9	0.1%
Home Infusion Days	90,757	98,134	7,377	8.1%	90,641	7,493	8.3%

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

	Actual Results				Budget	Budget Variance	
	Oct 24	Oct 25	Change	% Change	Oct 25	Change	% Change
All O/P Rehab Svcs Across District	22,349	23,120	771	3.4%	23,127	(7)	(0.0%)
Physical & Other Therapy Units (I/P & O/P)	19,024	19,176	152	0.8%	19,579	(403)	(2.1%)
Radiology - CT - All Areas	4,704	5,286	582	12.4%	4,678	608	13.0%
Radiology - MRI - All Areas	976	999	23	2.4%	919	80	8.7%
Radiology - Ultrasound - All Areas	3,071	3,036	(35)	(1.1%)	3,011	25	0.8%
Radiology - Diagnostic Radiology	9,343	9,366	23	0.2%	9,690	(324)	(3.3%)
Radiology – Main Campus	15,081	15,369	288	1.9%	15,186	183	1.2%
Radiology - Ultrasound - Main Campus	2,345	2,256	(89)	(3.8%)	2,110	146	6.9%
West Campus - Diagnostic Radiology	1,279	1,460	181	14.2%	1,223	237	19.4%
West Campus - CT Scan	537	622	85	15.8%	517	105	20.4%
West Campus - MRI	471	456	(15)	(3.2%)	471	(15)	(3.2%)
West Campus - Ultrasound	726	780	54	7.4%	901	(121)	(13.4%)
West Campus - Breast Center	1,875	2,010	135	7.2%	1,875	135	7.2%
Med Onc Visalia Treatments	1,144	1,138	(6)	(0.5%)	1,283	(145)	(11.3%)
Rad Onc Visalia Treatments	1,687	1,596	(91)	(5.4%)	1,725	(129)	(7.5%)
Rad Onc Hanford Treatments	382	340	(42)	(11.0%)	285	55	19.3%
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Other Statistical Results – Fiscal Year Comparison (Jul-Oct)

	YTD Actual Results				Budget	Budget Variance	
	YTD Oct 24	YTD Oct 25	Change	% Change	YTD Oct 25	Change	% Change
All O/P Rehab Svcs Across District	84,845	85,458	613	0.7%	86,071	(613)	(0.7%)
Physical & Other Therapy Units (I/P & O/P)	74,865	75,011	146	0.2%	79,216	(4,205)	(5.3%)
Radiology - CT - All Areas	18,732	20,765	2,033	10.9%	18,563	2,202	11.9%
Radiology - MRI - All Areas	3,585	3,804	219	6.1%	3,583	221	6.2%
Radiology - Ultrasound - All Areas	12,307	12,274	(33)	(0.3%)	12,203	71	0.6%
Radiology - Diagnostic Radiology	38,093	38,268	175	0.5%	38,766	(498)	(1.3%)
Radiology – Main Campus	61,779	62,823	1,044	1.7%	61,297	1,526	2.5%
Radiology - Ultrasound - Main Campus	9,610	9,322	(288)	(3.0%)	8,767	555	6.3%
West Campus - Diagnostic Radiology	4,532	5,356	824	18.2%	4,684	672	14.3%
West Campus - CT Scan	2,003	2,236	233	11.6%	1,955	281	14.4%
West Campus - MRI	1,706	1,744	38	2.2%	1,742	2	0.1%
West Campus - Ultrasound	2,697	2,952	255	9.5%	3,436	(484)	(14.1%)
West Campus - Breast Center	7,032	6,189	(843)	(12.0%)	7,033	(844)	(12.0%)
Med Onc Visalia Treatments	4,493	4,632	139	3.1%	4,738	(106)	(2.2%)
Rad Onc Visalia Treatments	6,386	6,842	456	7.1%	6,575	267	4.1%
Rad Onc Hanford Treatments	1,103	1,215	112	10.2%	1,006	209	20.8%

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

	Actual Results				Budget	Budget Variance	
	Oct 24	Oct 25	Change	% Change	Oct 25	Change	% Change
Rural Health Clinics Registrations	15,368	15,059	(309)	(2.0%)	14,470	589	4.1%
RHC Exeter - Registrations	7,167	7,184	17	0.2%	6,981	203	2.9%
RHC Lindsay - Registrations	2,077	1,957	(120)	(5.8%)	2,200	(243)	(11.0%)
RHC Woodlake - Registrations	1,480	869	(611)	(41.3%)	730	139	19.0%
RHC Woodlake Valencia - Registrations	0	652	652	0.0%	704	(52)	(7.4%)
RHC Dinuba - Registrations	1,780	1,669	(111)	(6.2%)	1,900	(231)	(12.2%)
RHC Tulare - Registrations	2,864	2,728	(136)	(4.7%)	2,659	69	2.6%

Urgent Care – Court Total Visits	2,432	2,466	34	1.4%	2,800	(334)	(11.9%)
Urgent Care – Demaree Total Visits	1,624	1,874	250	15.4%	2,000	(126)	(6.3%)

KH Medical Clinic - Ben Maddox Visits	872	929	57	6.5%	1,250	(321)	(25.7%)
KH Medical Clinic - Plaza Visits	287	232	(55)	(19.2%)	287	(55)	(19.2%)
KH Medical Willow Clinic Visits	0	933	933	0.0%	1,100	(167)	(15.2%)
KH Cardiology Center Visalia Registrations	1,849	1,666	(183)	(9.9%)	1,872	(206)	(11.0%)
KH Mental Wellness Clinic Visits	333	311	(22)	(6.6%)	400	(89)	(22.3%)
Urology Clinic Visits	441	197	(244)	(55.3%)	308	(111)	(36.0%)
Therapy-Wound Care Svcs Encounters	216	370	154	71.3%	359	11	3.1%

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Oct 24	YTD Oct 25	Change	% Change	YTD Oct 25	Change	% Change
Rural Health Clinics Registrations	55,448	57,101	1,653	3.0%	56,046	1,055	1.9%
RHC Exeter - Registrations	26,158	26,867	709	2.7%	27,311	(444)	(1.6%)
RHC Lindsay - Registrations	7,698	7,804	106	1.4%	8,300	(496)	(6.0%)
RHC Woodlake - Registrations	5,212	3,380	(1,832)	(35.1%)	2,920	460	15.8%
RHC Woodlake Valencia - Registrations	0	2,612	2,612	0.0%	2,816	(204)	(7.2%)
RHC Dinuba - Registrations	6,513	6,228	(285)	(4.4%)	7,300	(1,072)	(14.7%)
RHC Tulare - Registrations	9,867	10,210	343	3.5%	10,215	(5)	(0.1%)

Urgent Care – Court Total Visits	9,032	9,824	792	8.8%	11,000	(1,176)	(10.7%)
Urgent Care – Demaree Total Visits	5,539	7,058	1,519	27.4%	7,750	(692)	(8.9%)

KH Medical Clinic - Ben Maddox Visits	3,348	4,357	1,009	30.1%	4,550	(193)	(4.2%)
KH Medical Clinic - Plaza Visits	1,126	907	(219)	(19.4%)	1,126	(219)	(19.4%)
KH Medical Willow Clinic Visits	0	3,407	3,407	0.0%	3,850	(443)	(11.5%)
KH Cardiology Center Visalia Registrations	6,490	6,015	(475)	(7.3%)	6,763	(748)	(11.1%)
KH Mental Wellness Clinic Visits	1,220	1,333	113	9.3%	1,570	(237)	(15.1%)
Urology Clinic Visits	1,418	756	(662)	(46.7%)	1,232	(476)	(38.6%)
Therapy-Wound Care Svcs Encounters	582	1,458	876	150.5%	1,424	34	2.4%

October Financial Summary (000's) Budget Comparison

Comparison to Budget - Month of October				
	Budget Oct-2025	Actual Oct-2025	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$58,168	\$61,063	\$2,895	4.7%
Other Operating Revenue	\$21,728	\$24,620	\$2,891	11.7%
Total Operating Revenue	\$79,896	\$85,682	\$5,786	6.8%
Operating Expenses				
Employment Expenses	\$43,191	\$44,735	\$1,544	3.5%
Other Expenses	\$37,816	\$38,793	\$977	2.5%
Total Operating Expenses	\$81,007	\$83,528	\$2,521	3.0%
Operating Margin	(\$1,111)	\$2,154	\$3,265	
Stimulus/FEMA	\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	(\$1,111)	\$2,154	\$3,265	
Nonoperating Revenue (Loss)	\$860	\$850	(\$10)	
Excess Margin	(\$251)	\$3,004	\$3,254	

October Financial Summary (000's) **Prior Year Comparison**

Comparison to Prior Year - Month of October				
	Actual Oct-2024	Actual Oct-2025	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$56,157	\$61,063	\$4,906	8.0%
Other Operating Revenue	\$20,242	\$24,620	\$4,378	17.8%
Total Operating Revenue	\$76,398	\$85,682	\$9,284	10.8%
Operating Expenses				
Employment Expenses	\$41,494	\$44,735	\$3,241	7.2%
Other Expenses	\$37,294	\$38,793	\$1,499	3.9%
Total Operating Expenses	\$78,788	\$83,528	\$4,740	5.7%
Operating Margin	(\$2,390)	\$2,154	\$4,544	
Stimulus/FEMA	\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	(\$2,390)	\$2,154	\$4,544	
Nonoperating Revenue (Loss)	\$1,371	\$850	(\$522)	
Excess Margin	(\$1,019)	\$3,004	\$4,023	

Year to Date Financial Summary (000's)

Operating Revenue

Net Patient Service Revenue

Other Operating Revenue

Total Operating Revenue

Operating Expenses

Employment Expenses

Other Expenses

Total Operating Expenses

Operating Margin

Stimulus/FEMA

Operating Margin after Stimulus/FEMA

Nonoperating Revenue (Loss)

Excess Margin

Comparison to Budget - YTD October			
Budget YTD Oct-2025	Actual YTD Oct-2025	\$ Change	% Change
\$228,752	\$227,675	(\$1,077)	-0.5%
\$86,717	\$93,270	\$6,553	7.0%
\$315,469	\$320,945	\$5,476	1.7%
\$169,254	\$173,218	\$3,964	2.3%
\$149,605	\$152,302	\$2,697	1.8%
\$318,859	\$325,520	\$6,661	2.0%
(\$3,390)	(\$4,575)	(\$1,185)	
\$0	(\$0)	(\$0)	
(\$3,390)	(\$4,575)	(\$1,185)	
\$3,572	\$5,120	\$1,548	
\$182	\$545	\$363	

October Financial Comparison (000's)

Comparison to Budget - Month of October			
Budget Oct-2025	Actual Oct-2025	\$ Change	% Change

Comparison to Prior Year - Month of October			
Actual Oct-2024	Actual Oct-2025	\$ Change	% Change

Operating Revenue

Net Patient Service Revenue	\$58,168	\$61,063	\$2,895	4.7%	\$56,157	\$61,063	\$4,906	8.0%
Supplemental Gov't Programs	\$9,727	\$11,136	\$1,409	12.7%	\$7,482	\$11,136	\$3,653	32.8%
Prime Program	\$631	\$631	(\$0)	0.0%	\$792	\$631	(\$161)	-25.6%
Premium Revenue	\$7,062	\$7,282	\$220	3.0%	\$7,846	\$7,282	(\$564)	-7.8%
Other Revenue	\$4,309	\$5,571	\$1,262	22.7%	\$4,121	\$5,571	\$1,450	26.0%
Other Operating Revenue	\$21,728	\$24,620	\$2,891	11.7%	\$20,242	\$24,620	\$4,378	17.8%
Total Operating Revenue	\$79,896	\$85,682	\$5,786	6.8%	\$76,398	\$85,682	\$9,284	10.8%

Operating Expenses

Salaries & Wages	\$33,779	\$34,094	\$315	0.9%	\$33,037	\$34,094	\$1,056	3.1%
Contract Labor	\$1,955	\$1,925	(\$31)	-1.6%	\$1,791	\$1,925	\$134	6.9%
Employee Benefits	\$7,457	\$8,717	\$1,259	14.4%	\$6,666	\$8,717	\$2,051	23.5%
Total Employment Expenses	\$43,191	\$44,735	\$1,544	3.5%	\$41,494	\$44,735	\$3,241	7.2%

Medical & Other Supplies	\$14,584	\$15,528	\$944	6.1%	\$13,282	\$15,528	\$2,246	14.5%
Physician Fees	\$7,499	\$7,957	\$458	5.8%	\$7,041	\$7,957	\$916	11.5%
Purchased Services	\$1,908	\$2,096	\$188	9.0%	\$1,310	\$2,096	\$785	37.5%
Repairs & Maintenance	\$2,543	\$2,749	\$206	7.5%	\$2,282	\$2,749	\$467	17.0%
Utilities	\$960	\$899	(\$61)	-6.8%	\$905	\$899	(\$6)	-0.7%
Rents & Leases	\$148	\$114	(\$34)	-30.0%	\$172	\$114	(\$58)	-51.4%
Depreciation & Amortization	\$3,505	\$3,096	(\$409)	-13.2%	\$3,154	\$3,096	(\$57)	-1.9%
Interest Expense	\$572	\$568	(\$5)	-0.8%	\$584	\$568	(\$17)	-3.0%
Other Expense	\$2,326	\$2,164	(\$161)	-7.4%	\$2,264	\$2,164	(\$99)	-4.6%
Humana Cap Plan Expenses	\$3,771	\$3,624	(\$147)	-4.1%	\$6,300	\$3,624	(\$2,677)	-73.9%
Total Other Expenses	\$37,816	\$38,793	\$977	2.5%	\$37,294	\$38,793	\$1,499	3.9%

Total Operating Expenses	\$81,007	\$83,528	\$2,521	3.0%	\$78,788	\$83,528	\$4,740	5.7%
Operating Margin	(\$1,111)	\$2,154	\$3,265		(\$2,390)	\$2,154	\$4,544	
Stimulus/FEMA	\$0	\$0	\$0		\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	(\$1,111)	\$2,154	\$3,265		(\$2,390)	\$2,154	\$4,544	
Nonoperating Revenue (Loss)	\$860	\$850	(\$10)		\$1,371	\$850	(\$522)	
Excess Margin	(\$251)	\$3,004	\$3,254		(\$1,019)	\$3,004	\$4,023	

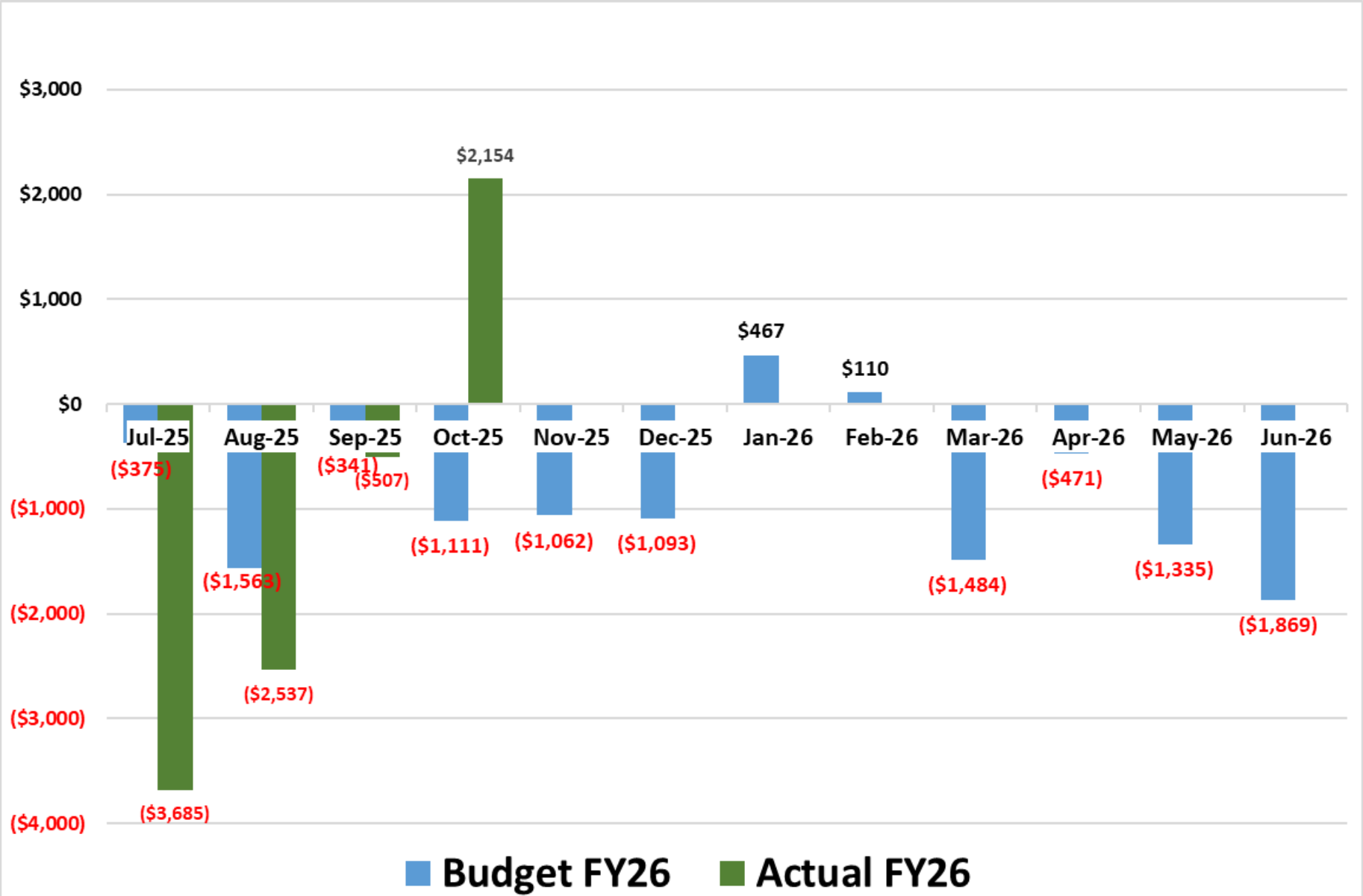
Year to Date: July through October Financial Comparison (000's)

	Comparison to Budget - YTD October				Comparison to Prior Year - YTD October			
	Budget YTD Oct-2025	Actual YTD Oct-2025	\$ Change	% Change	Actual YTD Oct-2024	Actual YTD Oct-2025	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$228,752	\$227,675	(\$1,077)	-0.5%	\$212,121	\$227,675	\$15,554	6.8%
Supplemental Gov't Programs	\$38,906	\$40,658	\$1,752	4.3%	\$30,142	\$40,658	\$10,515	25.9%
Prime Program	\$2,523	\$2,523	(\$0)	0.0%	\$3,167	\$2,523	(\$645)	-25.6%
Premium Revenue	\$28,248	\$29,442	\$1,194	4.1%	\$29,695	\$29,442	(\$253)	-0.9%
Other Revenue	\$17,040	\$20,648	\$3,607	17.5%	\$15,889	\$20,648	\$4,759	23.0%
Other Operating Revenue	\$86,717	\$93,270	\$6,553	7.0%	\$78,893	\$93,270	\$14,377	15.4%
Total Operating Revenue	\$315,469	\$320,945	\$5,476	1.7%	\$291,015	\$320,945	\$29,930	9.3%
Operating Expenses								
Salaries & Wages	\$130,827	\$134,645	\$3,818	2.8%	\$128,428	\$134,645	\$6,217	4.6%
Contract Labor	\$9,165	\$8,258	(\$907)	-11.0%	\$5,135	\$8,258	\$3,123	37.8%
Employee Benefits	\$29,263	\$30,316	\$1,053	3.5%	\$22,924	\$30,316	\$7,391	24.4%
Total Employment Expenses	\$169,254	\$173,218	\$3,964	2.3%	\$156,487	\$173,218	\$16,731	9.7%
Medical & Other Supplies	\$57,070	\$59,279	\$2,209	3.7%	\$57,002	\$59,279	\$2,277	3.8%
Physician Fees	\$29,961	\$31,686	\$1,725	5.4%	\$29,265	\$31,686	\$2,421	7.6%
Purchased Services	\$7,551	\$7,925	\$374	4.7%	\$6,018	\$7,925	\$1,907	24.1%
Repairs & Maintenance	\$10,090	\$9,364	(\$726)	-7.8%	\$8,607	\$9,364	\$757	8.1%
Utilities	\$3,873	\$3,845	(\$28)	-0.7%	\$3,695	\$3,845	\$150	3.9%
Rents & Leases	\$569	\$521	(\$48)	-9.3%	\$573	\$521	(\$52)	-10.0%
Depreciation & Amortization	\$14,017	\$12,955	(\$1,062)	-8.2%	\$12,690	\$12,955	\$265	2.0%
Interest Expense	\$2,271	\$2,275	\$4	0.2%	\$2,363	\$2,275	(\$88)	-3.9%
Other Expense	\$9,241	\$8,323	(\$917)	-11.0%	\$8,534	\$8,323	(\$211)	-2.5%
Humana Cap Plan Expenses	\$14,963	\$16,129	\$1,166	7.2%	\$17,743	\$16,129	(\$1,614)	-10.0%
Total Other Expenses	\$149,605	\$152,302	\$2,697	1.8%	\$146,490	\$152,302	\$5,812	3.8%
Total Operating Expenses	\$318,859	\$325,520	\$6,661	2.0%	\$302,977	\$325,520	\$22,543	6.9%
Operating Margin	(\$3,390)	(\$4,575)	(\$1,185)		(\$11,963)	(\$4,575)	\$7,387	
Stimulus/FEMA	\$0	(\$0)	(\$0)		\$0	(\$0)	(\$0)	
Operating Margin after Stimulus/FEM	(\$3,390)	(\$4,575)	(\$1,185)		(\$11,963)	(\$4,575)	\$7,387	
Nonoperating Revenue (Loss)	\$3,572	\$5,120	\$1,548		\$8,177	\$5,120	(\$3,057)	
Excess Margin	\$182	\$545	\$363		(\$3,786)	\$545	\$4,330	

Month of October - Budget Variances

- **Net Patient Service Revenue:** The favorable budget variance in revenue of \$2.8M is primarily due to the increase in our outpatient volume.
- **Other Revenue:** The \$2.9M favorable budget variance is primarily due to an increase over budget in our supplemental income (\$1.4M) due to settlement of a prior year audit and an increase retail pharmacy revenue (\$1.3M).
- **Employee Benefits:** The \$1.3M unfavorable variance is due to higher than anticipated health insurance expenses.
- **Medical & Other Supplies:** The \$944K unfavorable variance is due to an increase in retail pharmacy costs.
- **Physician Fees:** The \$458K unfavorable variance is primarily due to increase in the Pediatric Hospitalist and SRCC Medical Oncology.

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



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

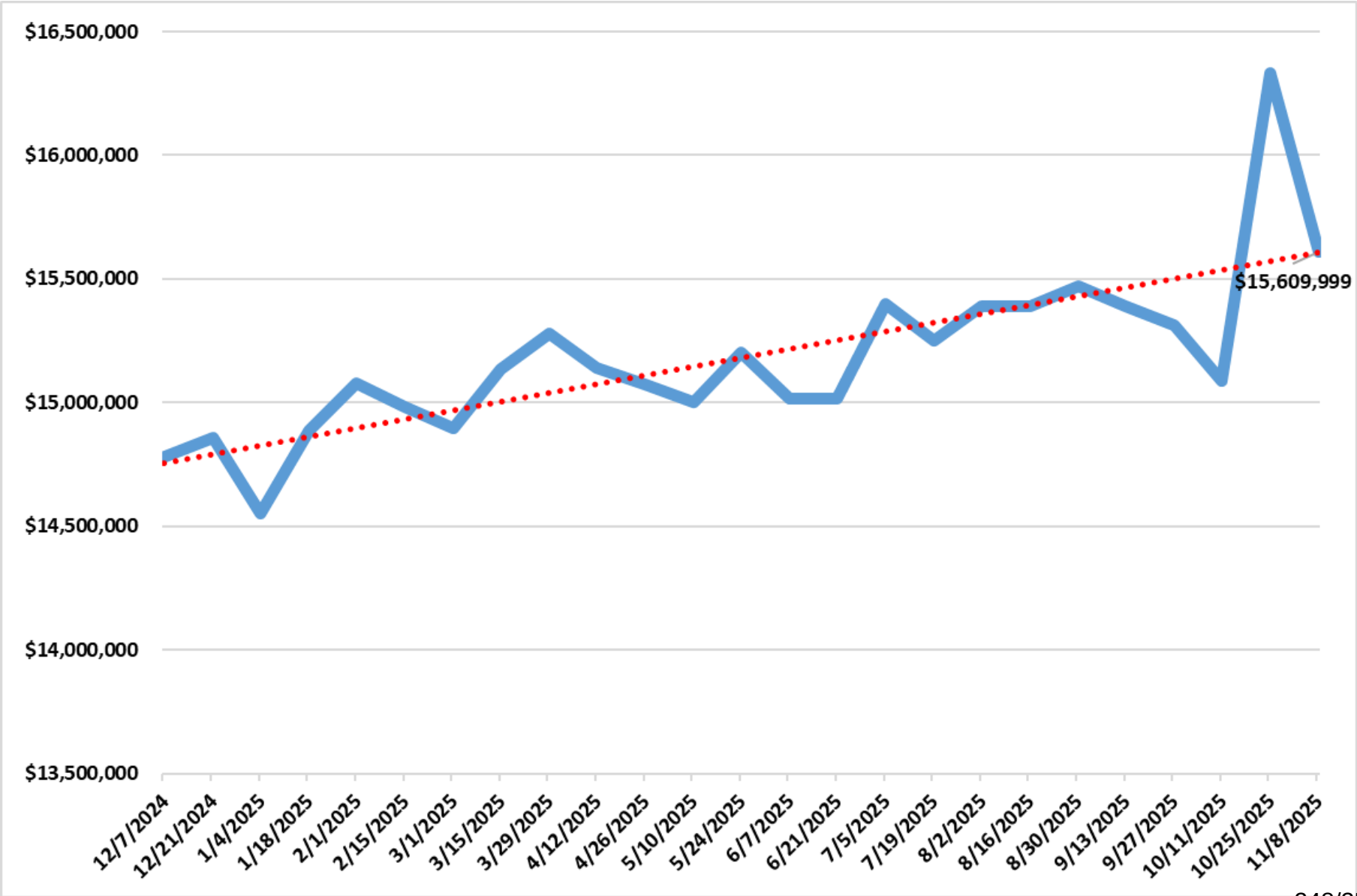
	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	FY 2026
Patient Service Revenue	\$53,731	\$57,324	\$55,188	\$56,648	\$44,473	\$56,501	\$53,289	\$56,822	\$61,063	\$227,675
Other Revenue	\$18,979	\$21,231	\$20,234	\$20,167	\$29,489	\$21,848	\$23,904	\$22,899	\$24,620	\$93,270
Total Operating Revenue	\$72,710	\$78,555	\$75,422	\$76,815	\$73,962	\$78,349	\$77,193	\$79,720	\$85,682	\$320,945
Employee Expense	\$38,637	\$42,423	\$43,595	\$46,037	\$40,488	\$43,550	\$42,743	\$42,190	\$44,735	\$173,218
Other Operating Expense	\$33,796	\$36,024	\$34,988	\$38,656	\$44,194	\$38,484	\$36,987	\$38,038	\$38,793	\$152,302
Total Operating Expenses	\$72,433	\$78,446	\$78,583	\$84,693	\$84,682	\$82,034	\$79,730	\$80,228	\$83,528	\$325,520
Net Operating Margin	\$277	\$109	(\$3,161)	(\$7,878)	(\$10,720)	(\$3,685)	(\$2,537)	(\$507)	\$2,154	(\$4,575)
Stimulus/FEMA	\$0	\$690	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
NonOperating Income	\$1,166	\$1,313	\$1,114	\$955	\$2,603	\$1,059	\$1,243	\$1,968	\$850	\$5,120
Excess Margin	\$1,443	\$2,111	(\$2,047)	(\$6,923)	(\$8,117)	(\$2,625)	(\$1,295)	\$1,461	\$3,004	\$545

Profitability										
Operating Margin %	0.4%	0.1%	(4.2%)	(10.3%)	(14.5%)	(4.7%)	(3.3%)	(0.6%)	2.5%	(1.4%)
Operating Margin %excl. Int	1.1%	0.9%	(3.4%)	(9.5%)	(13.6%)	(4.0%)	(2.6%)	0.1%	3.2%	(0.7%)
Operating EBIDA	\$4,052	\$4,115	\$920	(\$3,534)	(\$6,230)	\$104	\$1,200	\$3,534	\$5,818	\$10,655
Operating EBIDA Margin	5.6%	5.2%	1.2%	(4.6%)	(8.4%)	0.1%	1.6%	4.4%	6.8%	3.3%

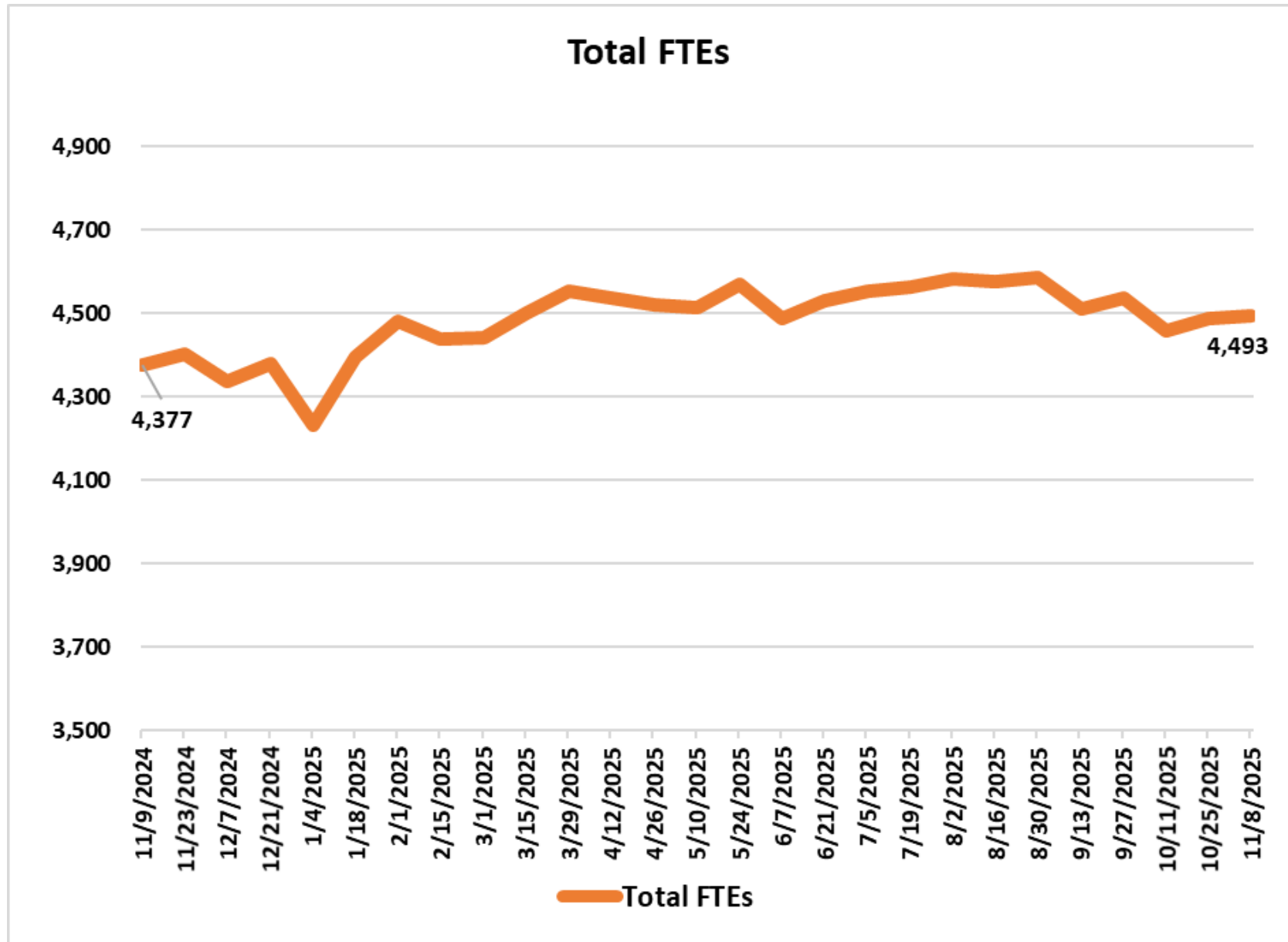
Liquidity Indicators										
Day's Cash on Hand	88.9	88.1	95.7	90.5	95.7	102.7	96.4	93.2	98.0	98.0
Day's in Accounts Rec.	73.0	68.6	63.6	71.3	68.8	72.0	71.2	67.9	67.8	67.8

Debt & Other Indicators										
Debt Service Coverage (MADS)	3.90	4.10	4.00	3.70	4.00	0.50	0.90	1.60	2.60	2.60
Discharges (Monthly)	2,352	2,347	2,357	2,276	2,277	2,249	2,210	2,255	2,216	2,233
Adj Discharges (Case mix adj)	8,320	8,053	8,500	8,534	8,255	8,071	8,493	8,430	8,284	8,320
Adjusted patient Days (Mo.)	26,332	27,682	25,868	26,409	25,593	27,564	27,906	26,067	25,531	26,767
Cost/Adj Discharge	\$8.7	\$9.7	\$9.2	\$9.9	\$10.3	\$10.2	\$9.4	\$9.5	\$10.1	\$9.8
Compensation Ratio	72%	74%	79%	81%	91%	77%	80%	74%	73%	76%

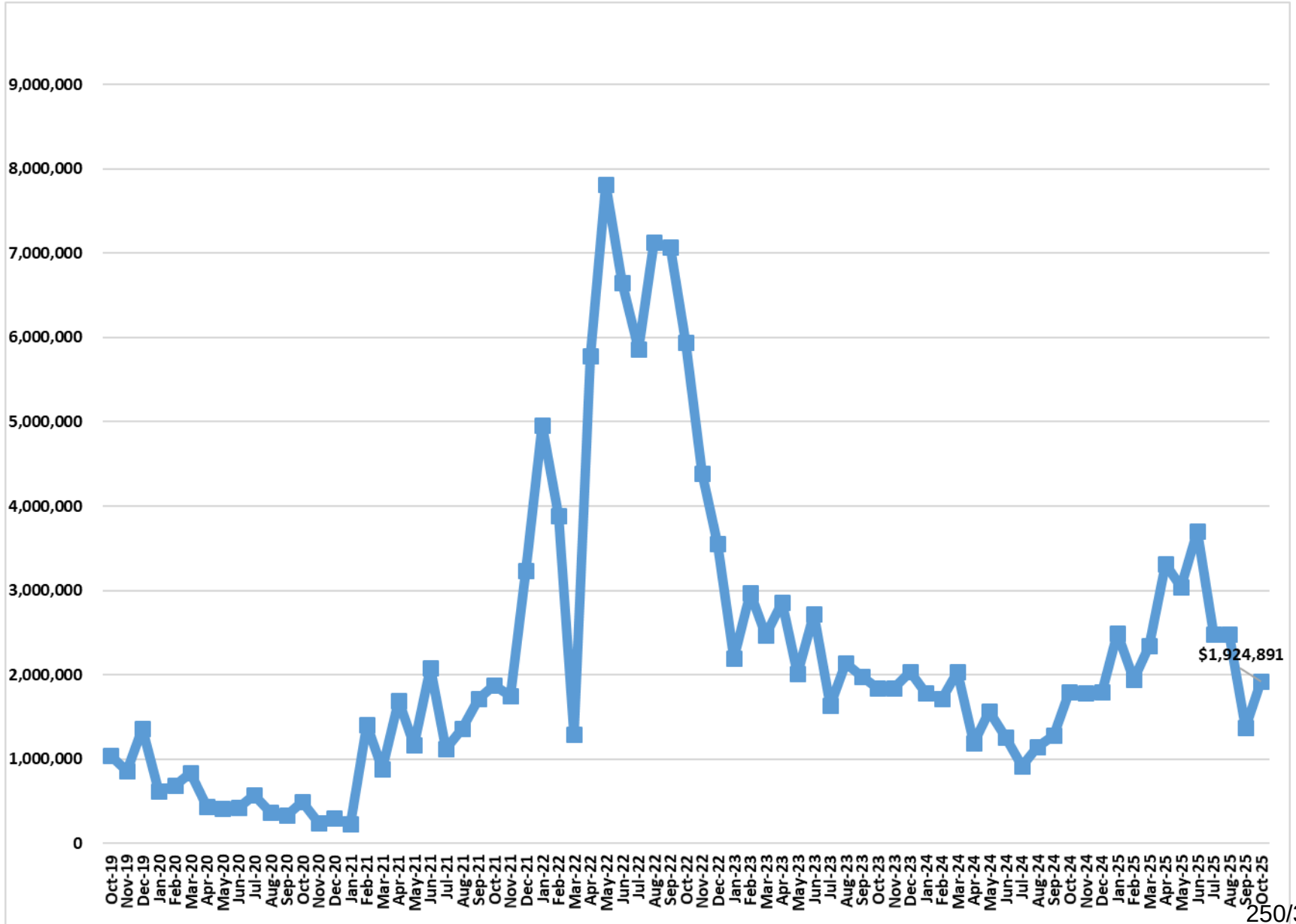
Biweekly Payroll Costs excluding Contract Labor



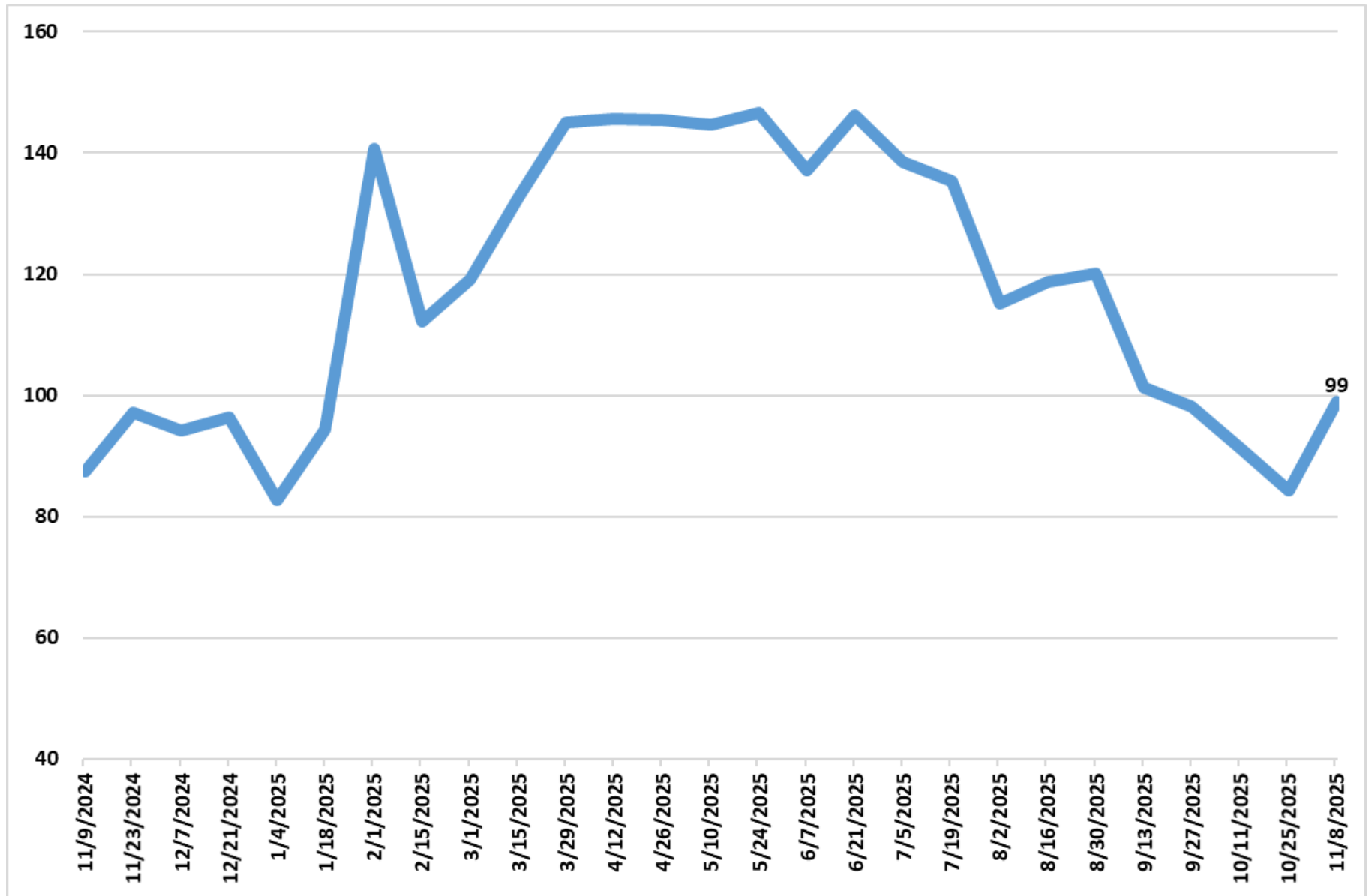
Total FTEs (includes Contract Labor)



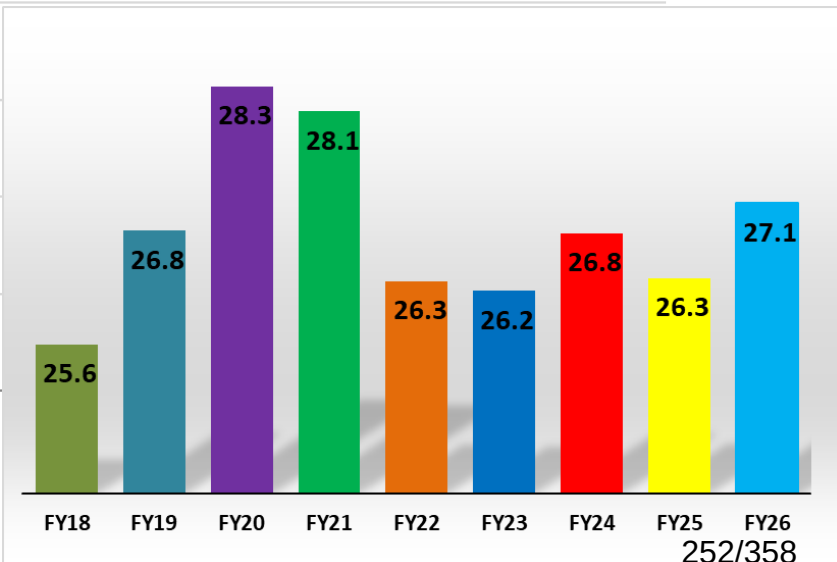
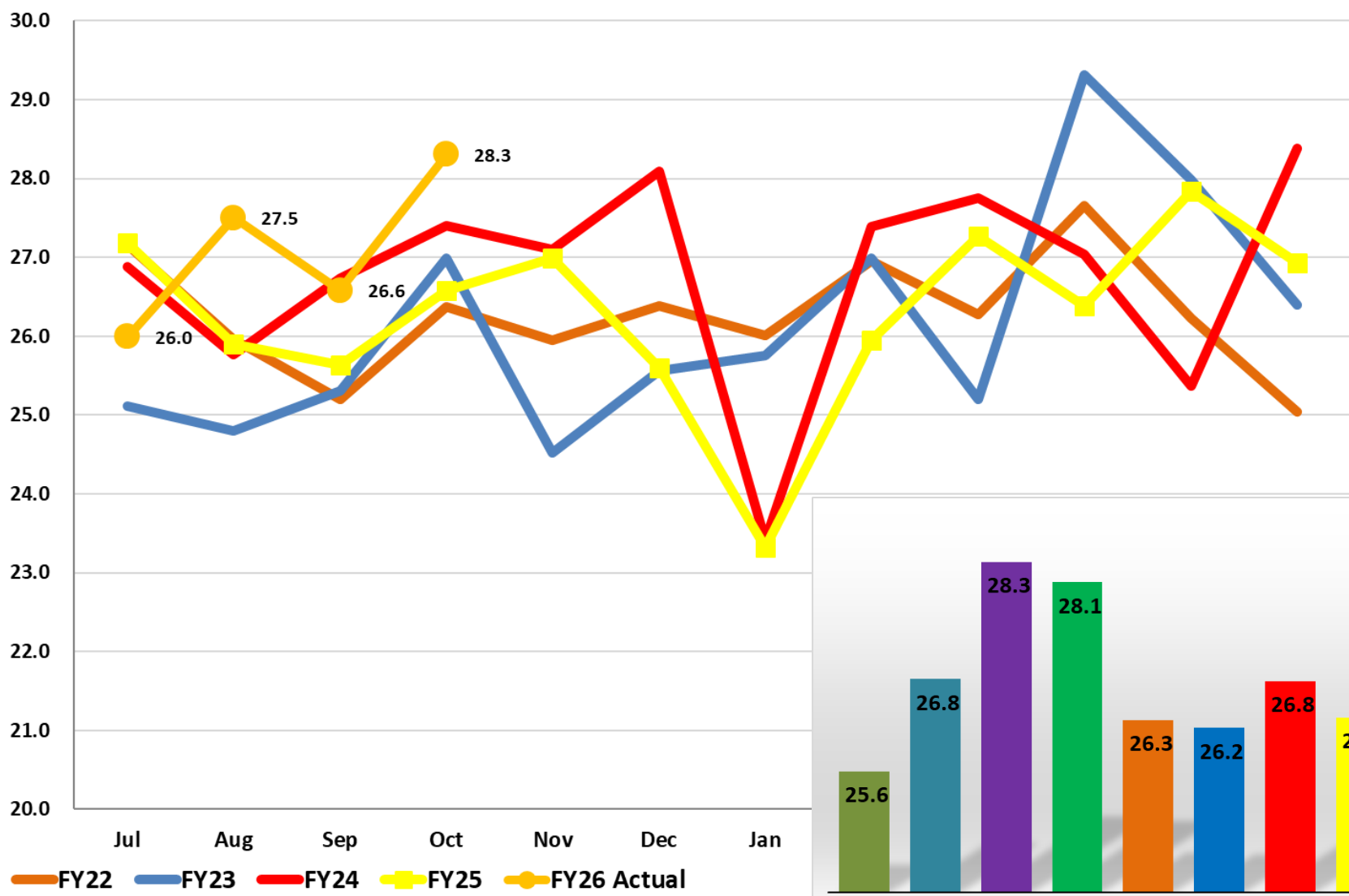
Monthly Contract Labor Costs



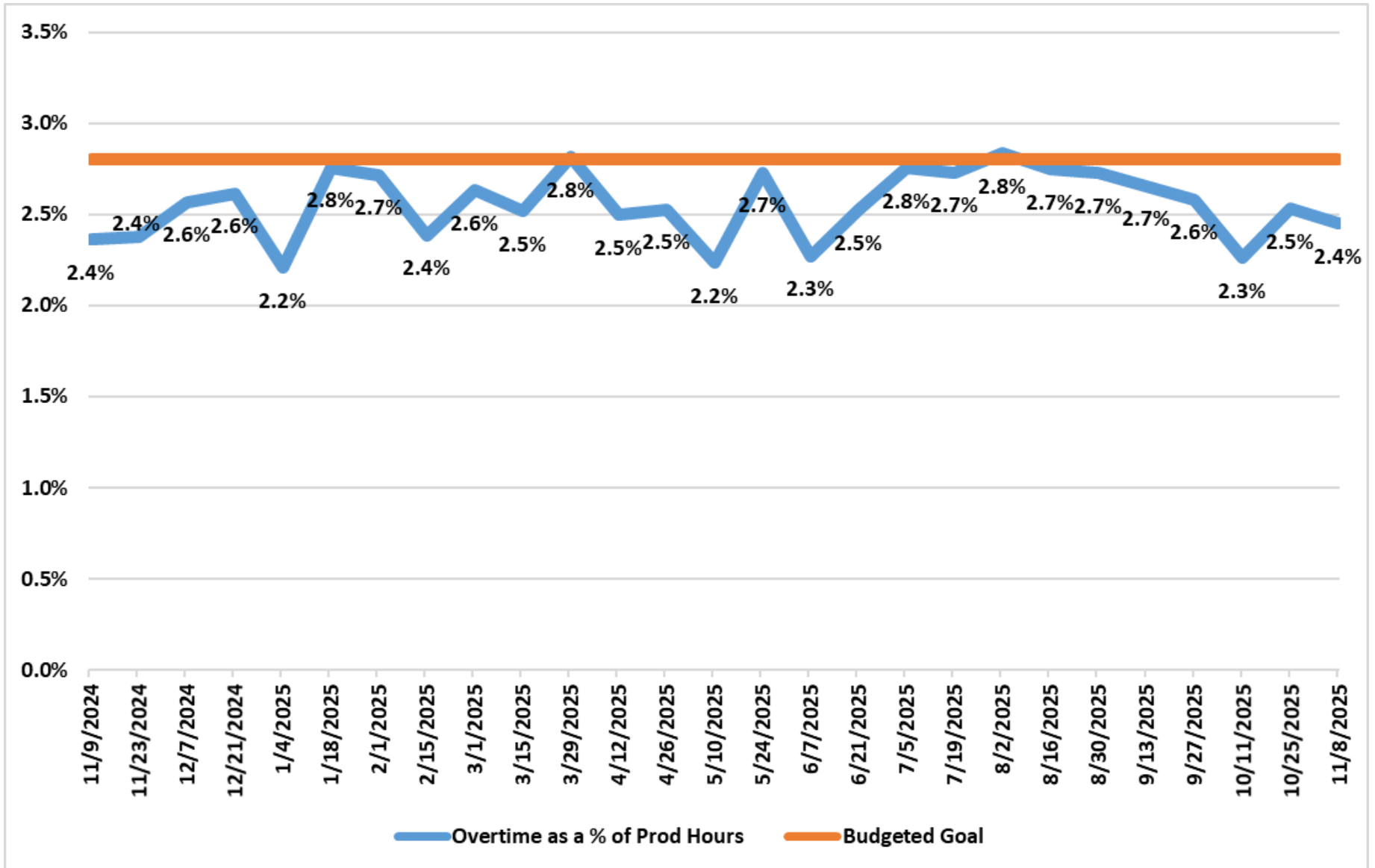
Contract Labor Full Time Equivalents (FTEs)



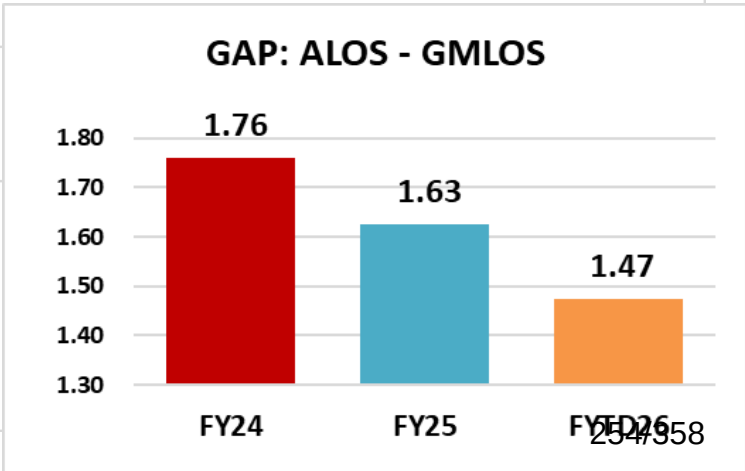
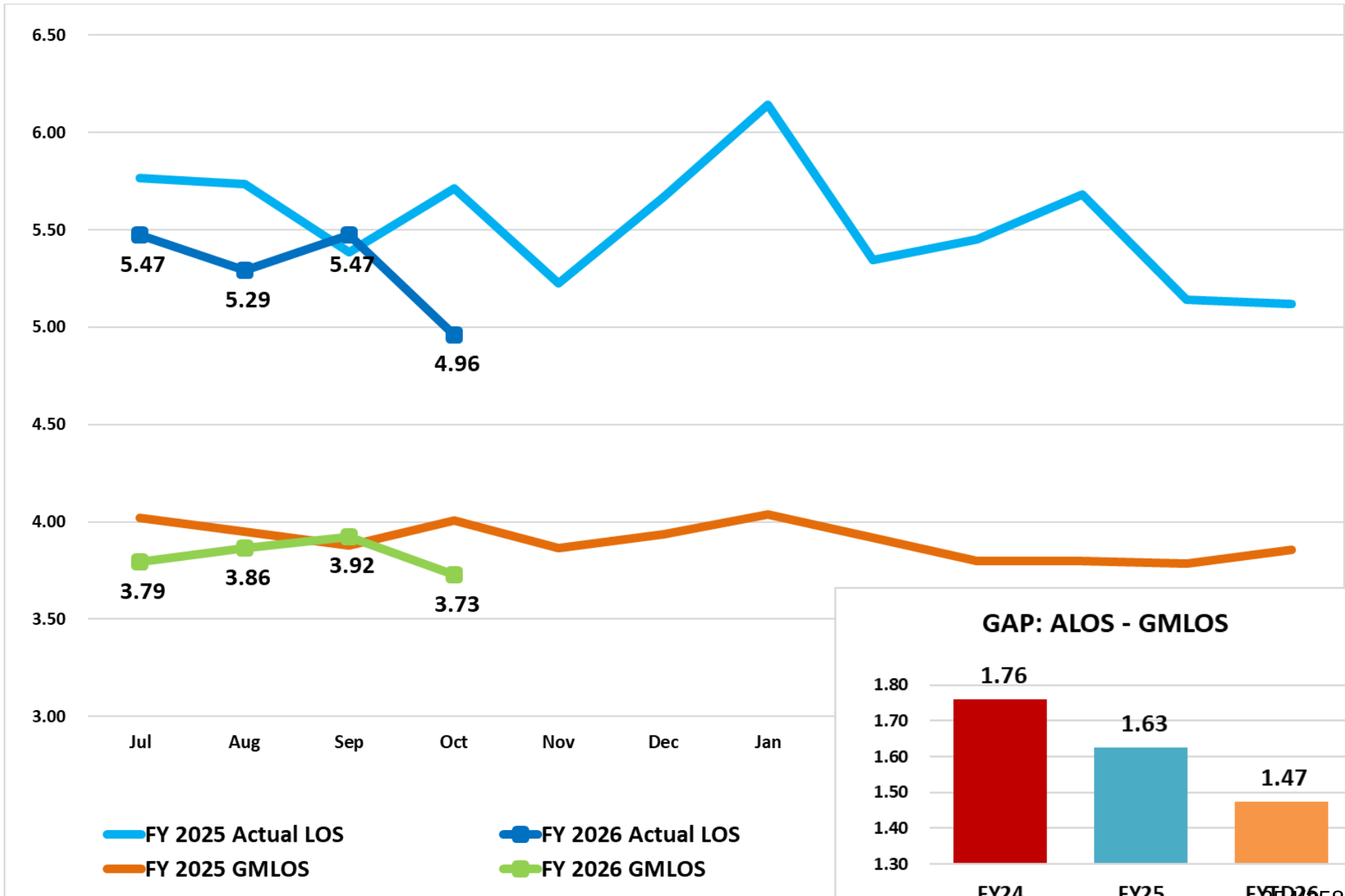
Productivity Measure : Worked Hours/ Adj. Patient Days



Overtime as a % of Productive Hours



Average Length of Stay versus National Average (GMLOS)

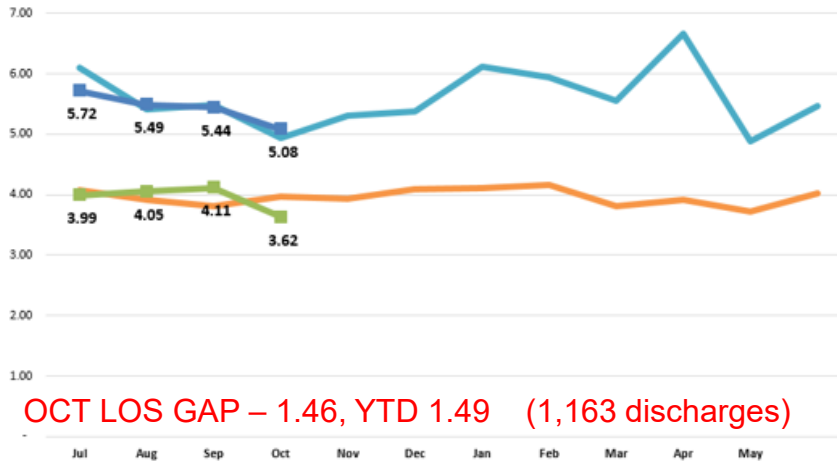


Average Length of Stay versus National Average (GMLOS)

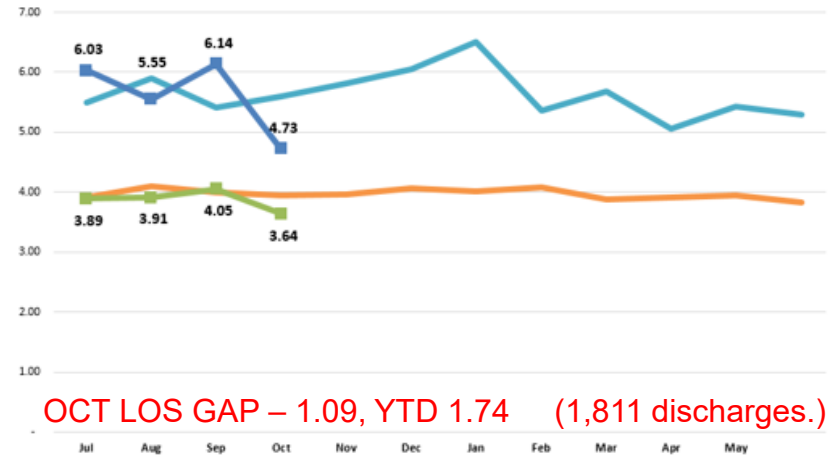
	ALOS	GMLOS	GAP
Jul-24	5.77	4.02	1.75
Aug-24	5.74	3.95	1.79
Sep-24	5.38	3.88	1.50
Oct-24	5.71	4.01	1.70
Nov-24	5.23	3.87	1.36
Dec-24	5.67	3.94	1.73
Jan-25	6.14	4.04	2.10
Feb-25	5.34	3.92	1.43
Mar-25	5.45	3.80	1.65
Apr-25	5.68	3.80	1.88
May-25	5.14	3.78	1.36
Jun-25	5.12	3.86	1.26
Jul-25	5.47	3.79	1.68
Aug-25	5.29	3.86	1.43
Sep-25	5.47	3.92	1.55
Oct-25	4.96	3.73	1.23

Average Length of Stay versus National Average (GMLOS)

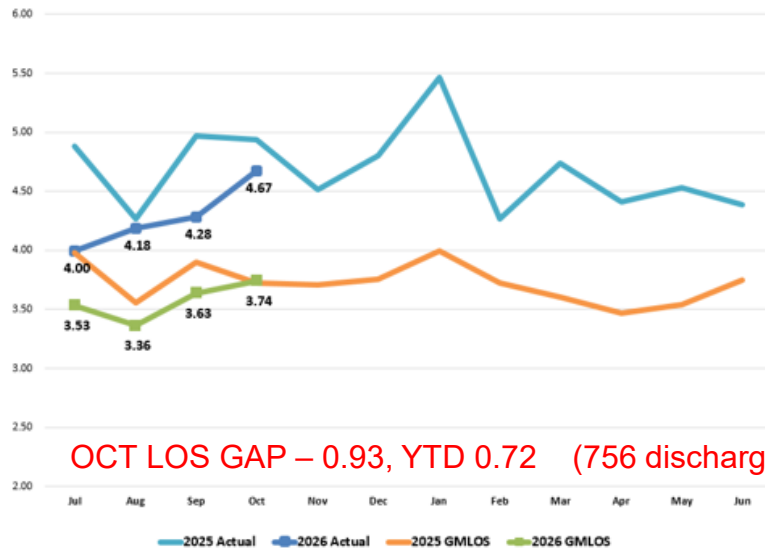
**Medicare Managed
Average Length of Stay**



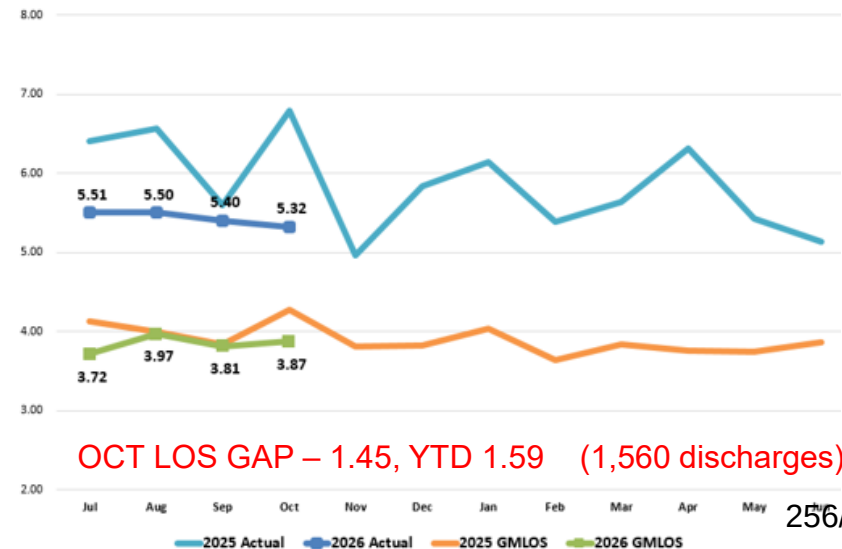
**Medicare
Average Length of Stay**



Commercial Average Length of Stay

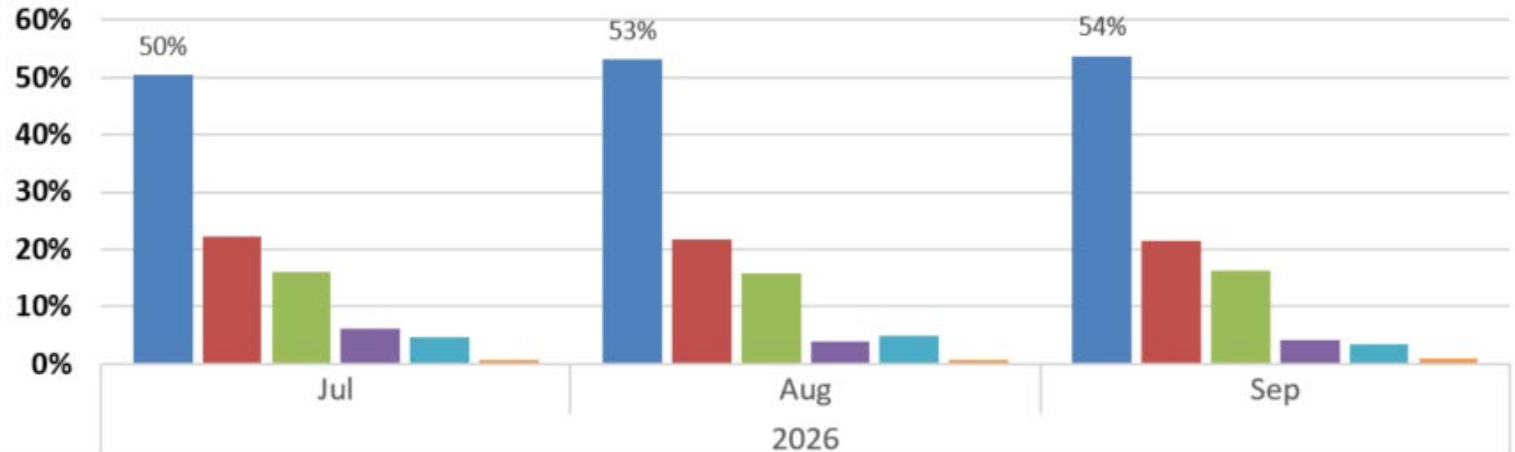


Medi-Cal and Medi-Cal Mged Average Length of Stay



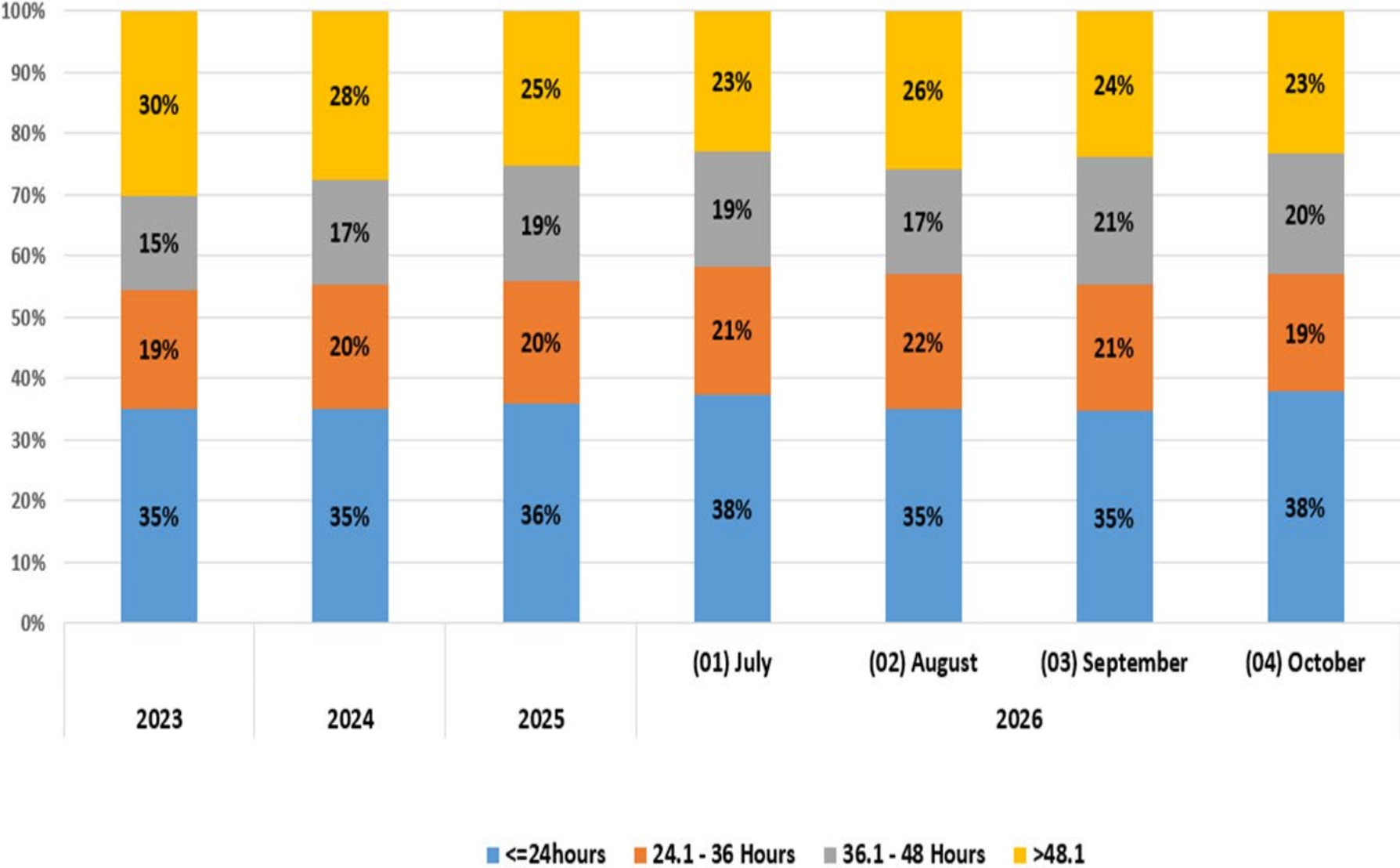
Average Length of Stay Distribution

FY26 Overall LOS Distribution

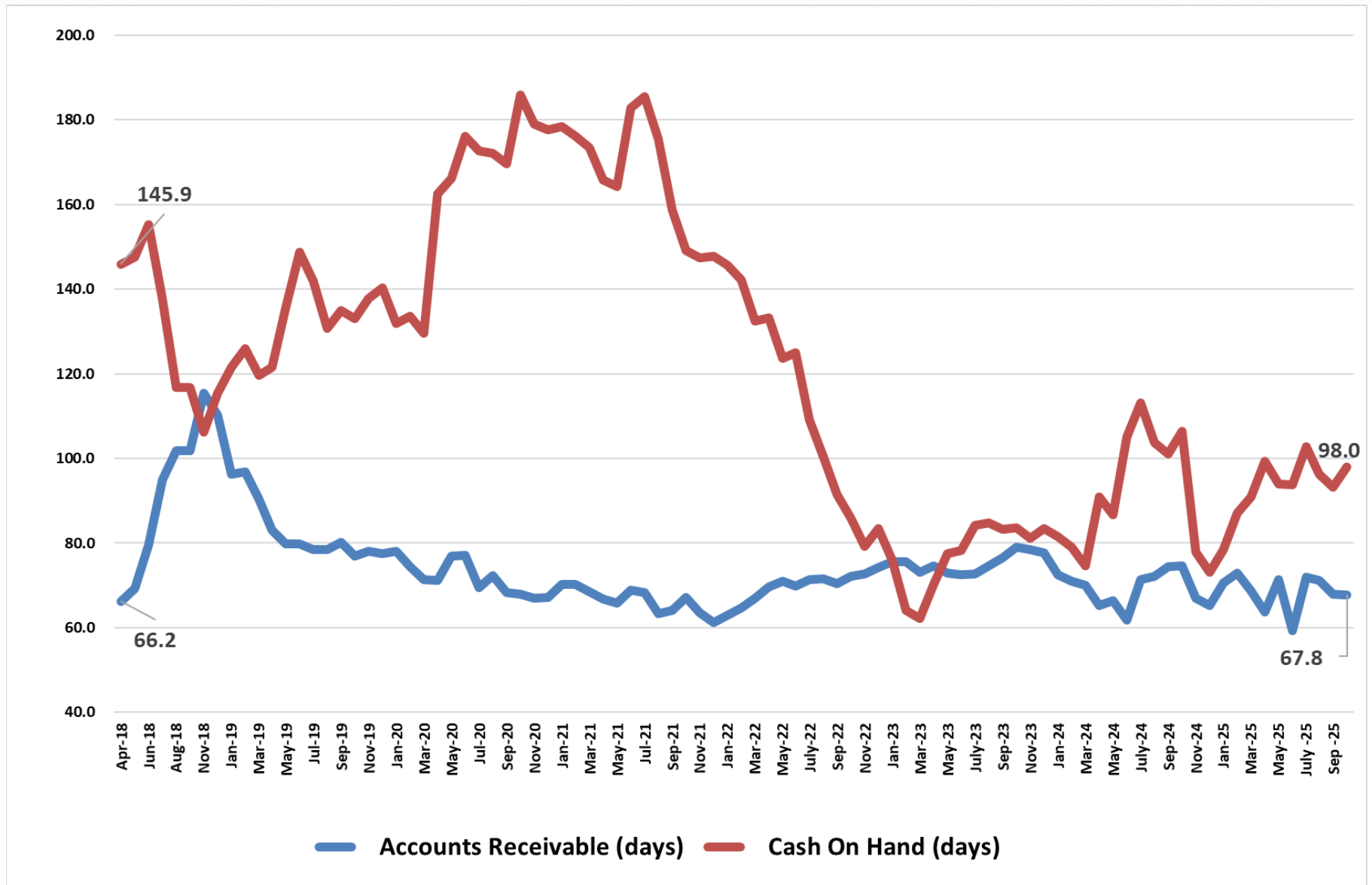


■ at GMLOS or Better	50%	53%	54%
■ 1-2 days over GMLOS	22%	22%	22%
■ 2-6 days over GMLOS	16%	16%	16%
■ 6-10 days over GMLOS	6%	4%	4%
■ 10-30 days over GMLOS	5%	5%	4%
■ 30+ days over GMLOS	0.6%	0.6%	0.9%

Trended % of Observation by Length of Stay



Trended Liquidity Ratios



Ratio Analysis Report

OCTOBER 31, 2025

	Current Month Value	Prior Month Value	June 30, 2025 Audited Value	2024 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.5	2.6	2.5	1.6	1.9	1.7
Accounts Receivable (days)	67.8	67.9	72.1	48.7	46.7	48.6
Cash On Hand (days)	98.0	93.2	94.6	282	194.6	122.9
Cushion Ratio (x)	11.4	11.0	10.8	46.1	26.8	15.5
Average Payment Period (days)	46.5	48.2	55.1	75.8	61.9	62.3
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	120.5%	115.9%	114.2%	297.1%	188.1%	111.0%
Debt-To-Capitalization	32.1%	31.7%	31.0%	20.8%	28.7%	35.5%
Debt-to-Cash Flow (x)	4.7	6.0	2.8	2.2	3.1	5.0
Debt Service Coverage	2.0	2.0	4.3	7.9	5.3	3.3
Maximum Annual Debt Service Coverage (x)	2.6	1.6	3.4	7.2	4.8	2.7
Age Of Plant (years)	14.2	14.0	13.6	11.1	13.3	14.8
PROFITABILITY RATIOS						
Operating Margin	(1.4%)	(2.9%)	(4.2%)	2.9%	1.6%	(.5%)
Excess Margin	0.2%	(1.0%)	2.9%	6.7%	4.3%	1.3%
Operating Cash Flow Margin	3.3%	2.1%	1.0%	7.9%	6.6%	4.2%
Return on Assets	0.2%	(1.1%)	3.1%	4.5%	3.8%	1.7%

Consolidated Statements of Net Position (000's)

	Oct-25	Jun-25
	(Audited)	
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 2,557	\$ 6,595
Current Portion of Board designated and trusted assets	23,675	17,533
Accounts receivable:		-
Net patient accounts	149,048	154,634
Other receivables	18,157	70,335
	167,205	224,969
Inventories	13,817	13,871
Medicare and Medi-Cal settlements	78,320	62,463
Prepaid expenses	13,545	8,234
Total current assets	299,117	333,666
NON-CURRENT CASH AND INVESTMENTS -		
less current portion		
Board designated cash and assets	237,958	218,025
Revenue bond assets held in trust	23,201	22,950
Assets in self-insurance trust fund	618	626
Total non-current cash and investments	261,778	241,602
INTANGIBLE RIGHT TO USE LEASE,	15,228	15,613
net of accumulated amortization		
INTANGIBLE RIGHT TO USE SBITA,	6,807	8,062
net of accumulated amortization		
CAPITAL ASSETS		
Land	17,542	17,542
Buildings and improvements	438,528	437,184
Equipment	339,403	340,593
Construction in progress	26,034	18,729
	821,508	814,048
Less accumulated depreciation	546,142	541,607
	275,366	272,441
OTHER ASSETS		
Property not used in operations	5,141	5,155
Health-related investments	2,102	2,147
Other	22,419	20,922
Total other assets	29,662	28,224
Total assets	887,958	899,608
DEFERRED OUTFLOWS	12,692	13,133
Total assets and deferred outflows	<u>\$ 900,650</u>	<u>\$ 912,741</u>

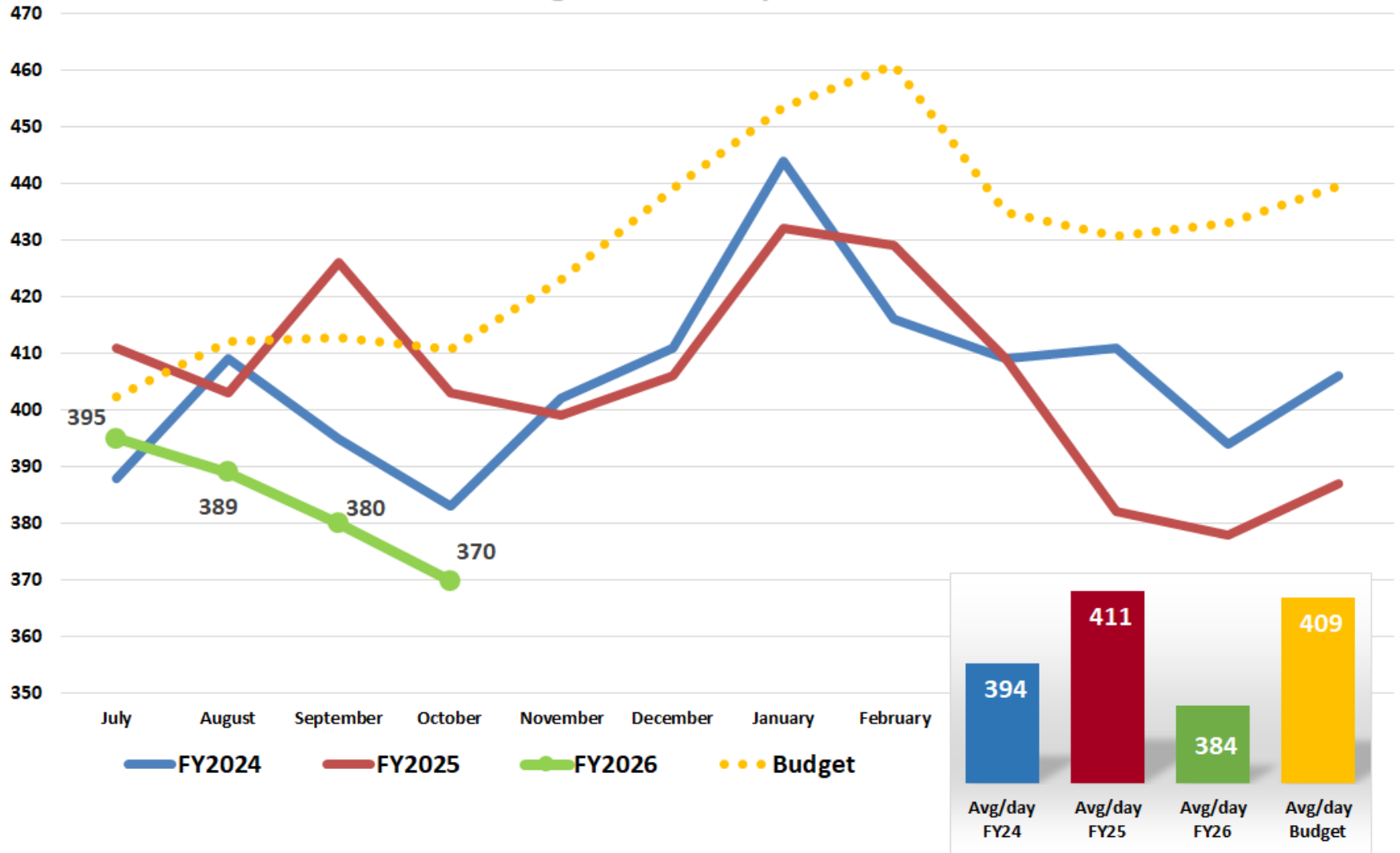
Consolidated Statements of Net Position (000's)

	Oct-25	Jun-25
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 32,070	\$ 43,963
Accrued payroll and related liabilities	65,356	71,620
SBITA liability, current portion	2,912	3,031
Lease liability, current portion	3,325	3,204
Bonds payable, current portion	13,184	13,014
Notes payable, current portion	769	-
Financing Lease Liability, current portion	554	-
Total current liabilities	118,168	134,831
LEASE LIABILITY, net of current portion	12,388	12,850
SBITA LIABILITY, net of current portion	2,956	3,941
LONG-TERM DEBT, less current portion		
Bonds payable	199,042	201,619
Financing Lease payable	3,275	-
Notes payable	19,981	20,750
Total long-term debt	222,299	222,369
NET PENSION LIABILITY	18,607	16,169
OTHER LONG-TERM LIABILITIES	53,280	50,472
Total liabilities	427,698	440,632
NET ASSETS		
Invested in capital assets, net of related debt	65,348	60,147
Restricted	66,329	58,980
Unrestricted	341,275	352,983
Total net position	472,952	472,110
Total liabilities and net position	\$ 900,650	\$ 912,741

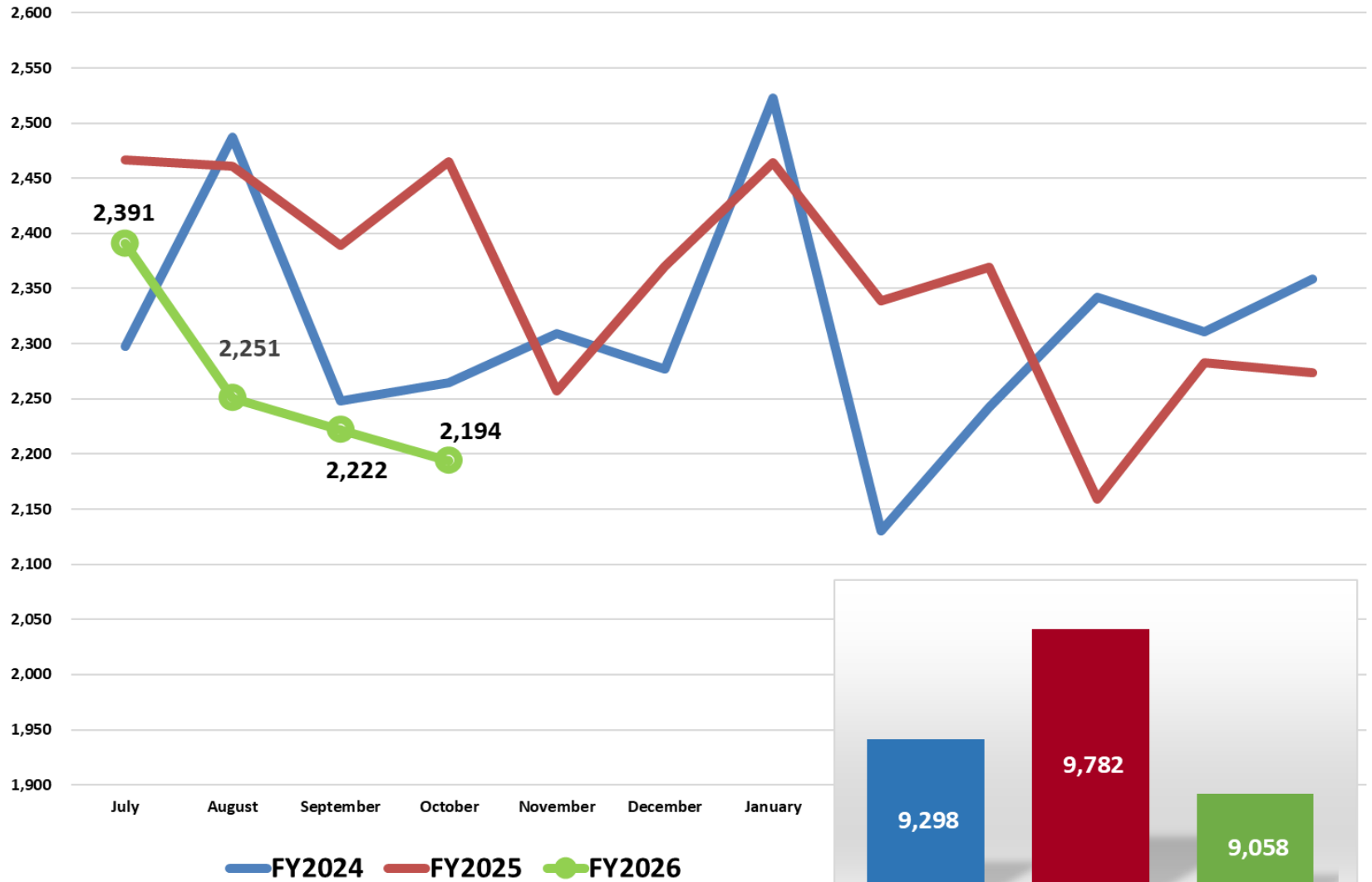
Statistical Report

October 2025

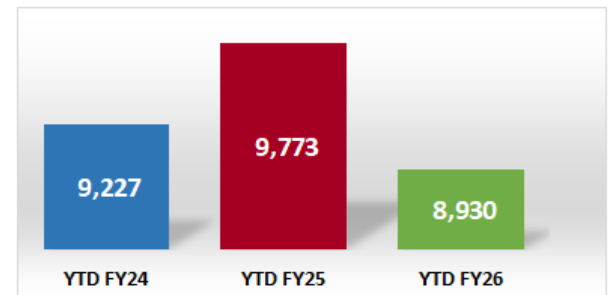
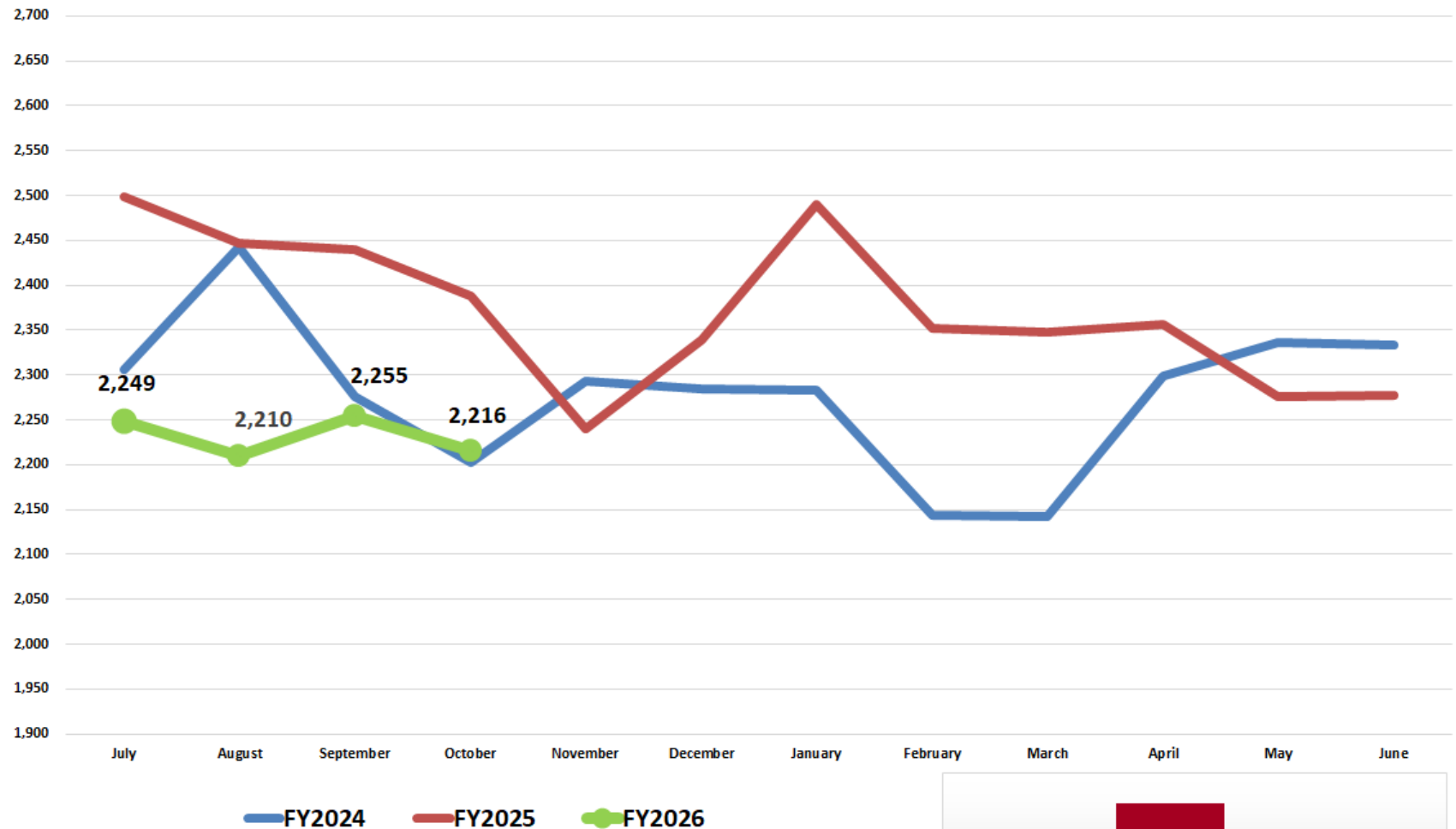
Average Daily Census



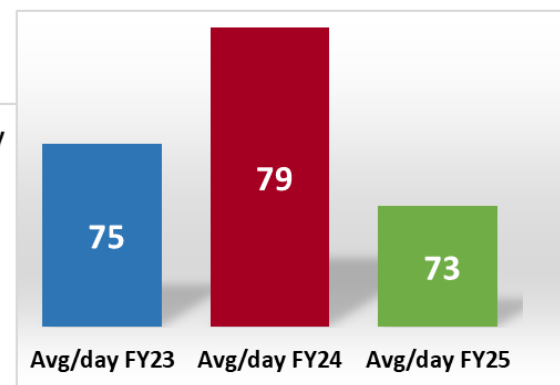
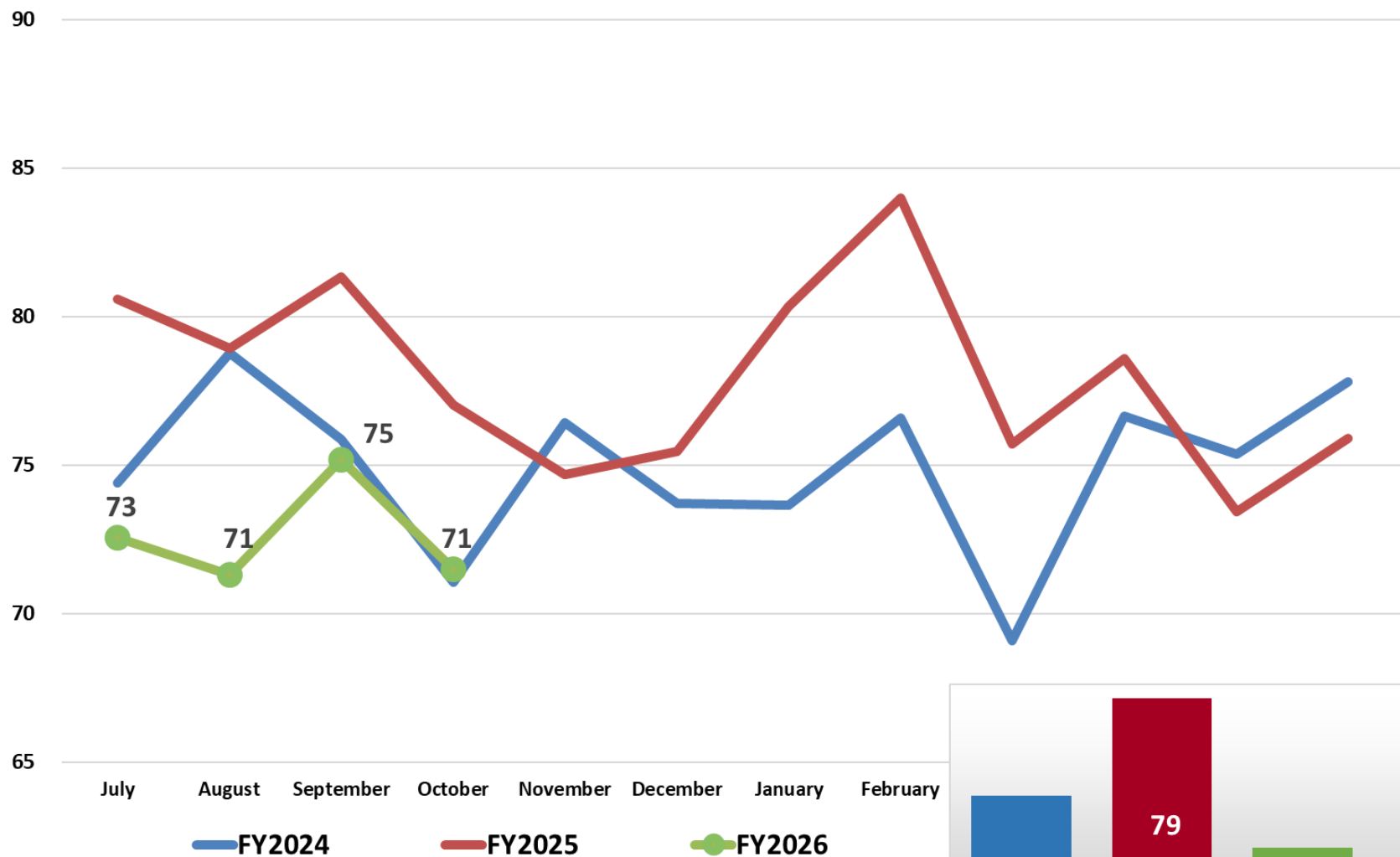
Admissions



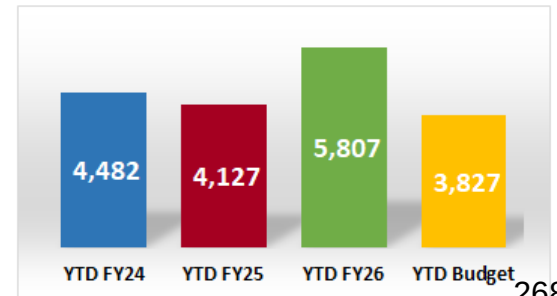
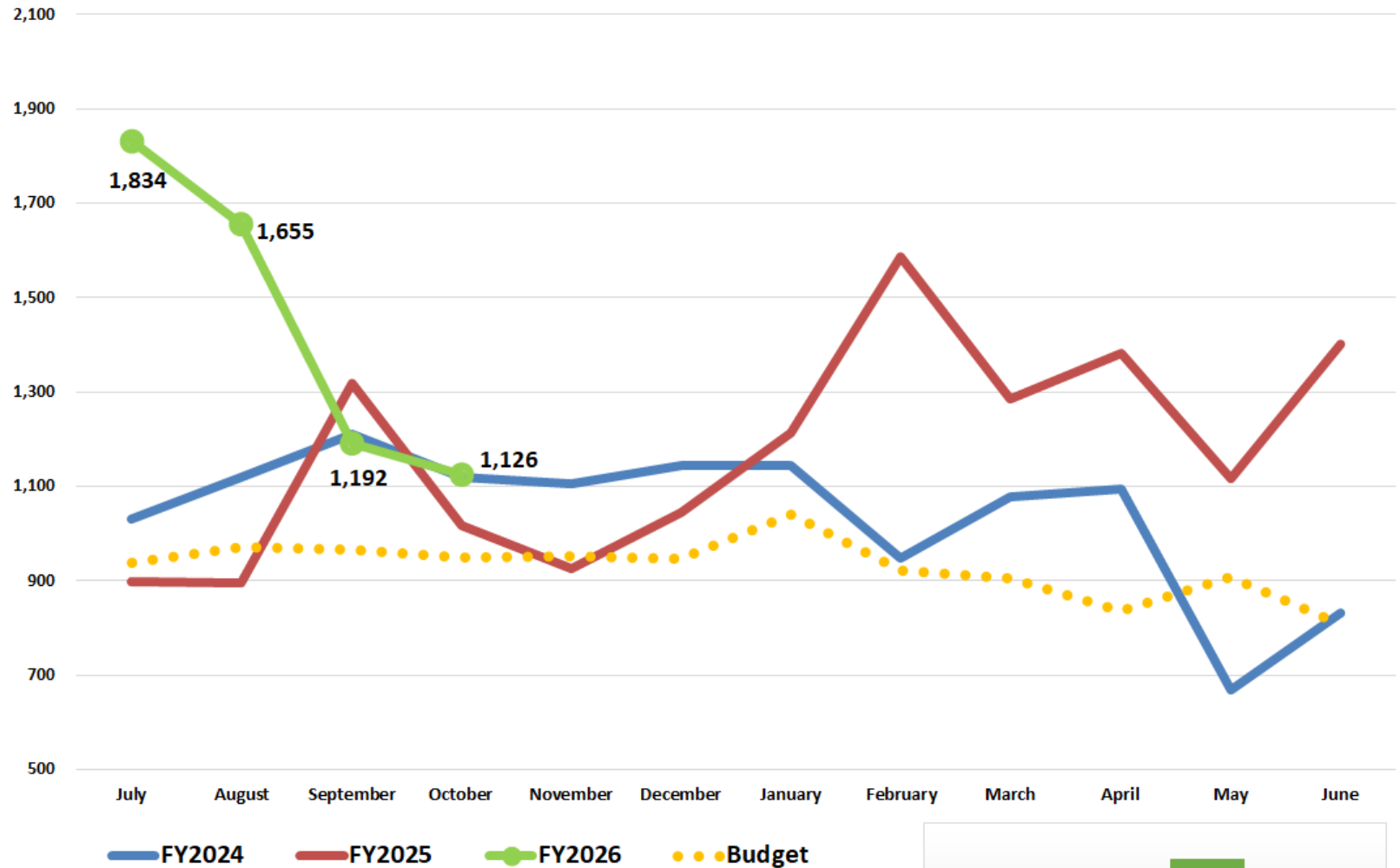
Discharges



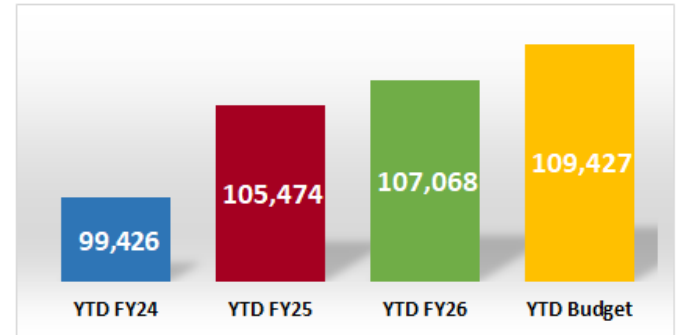
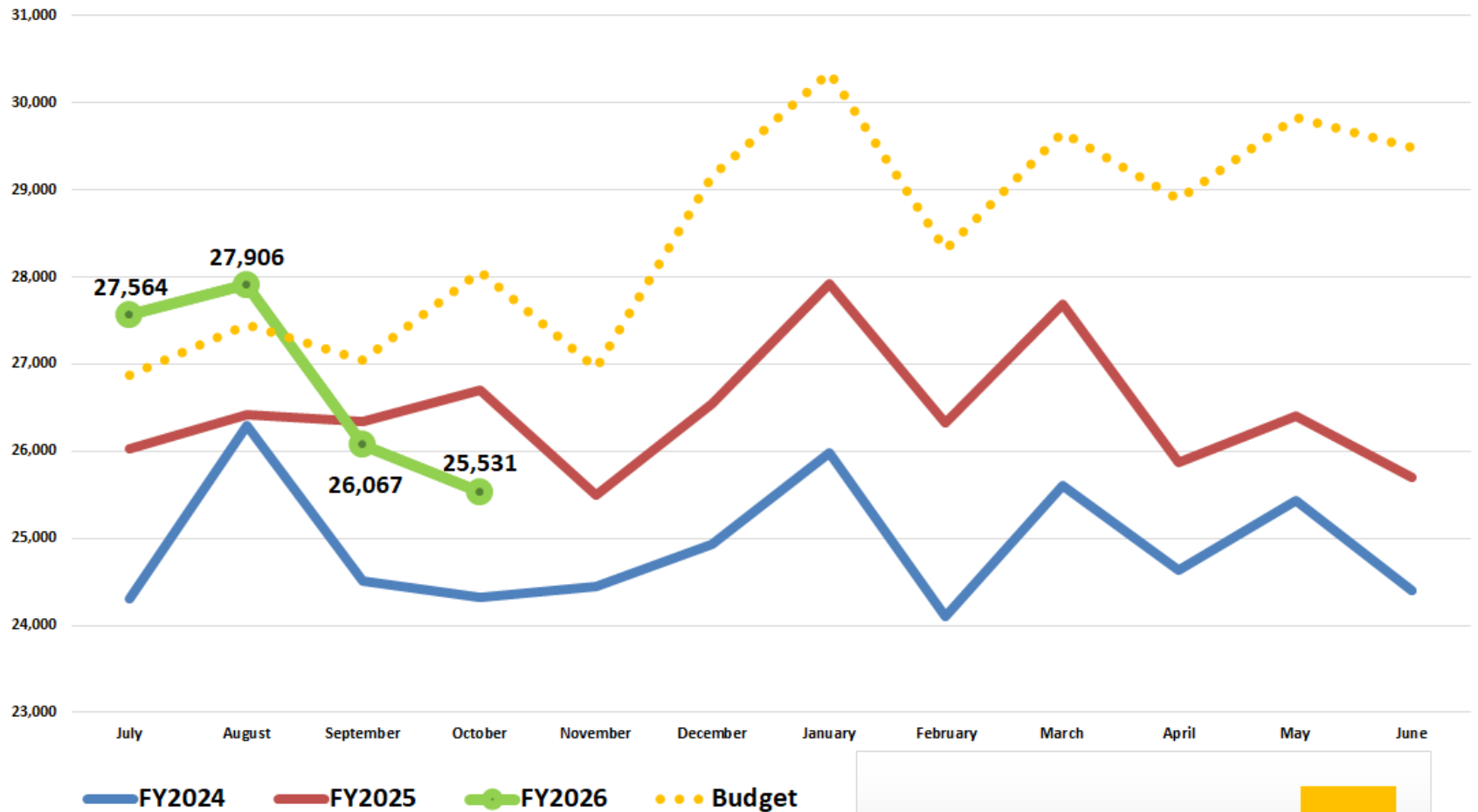
Average Discharges per Day



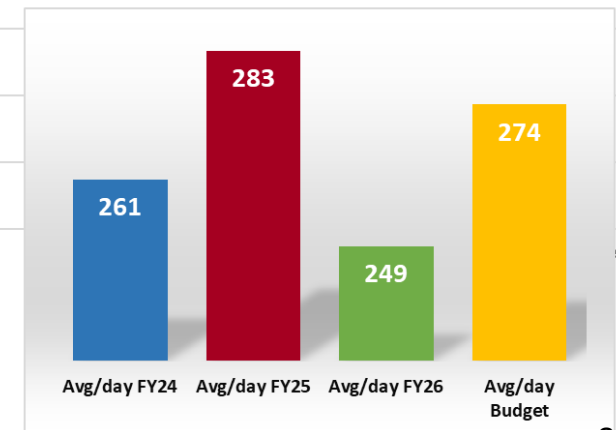
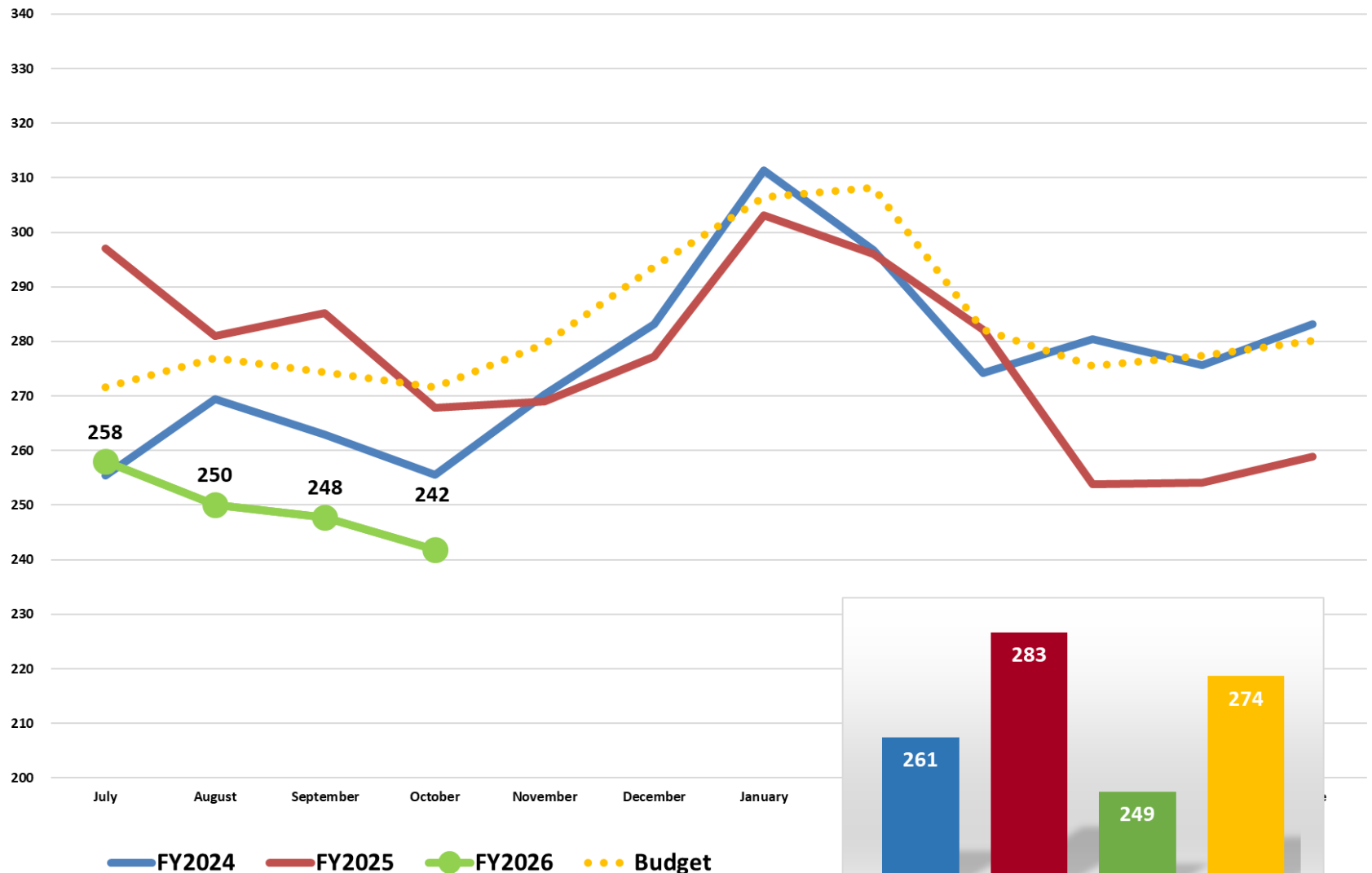
Observation Days



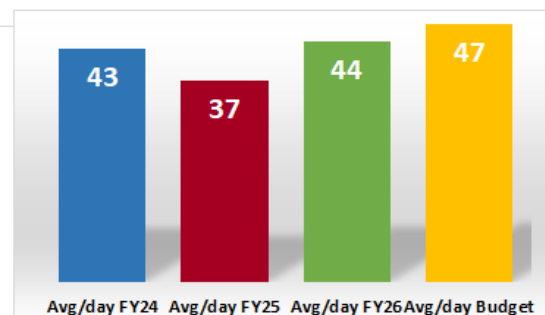
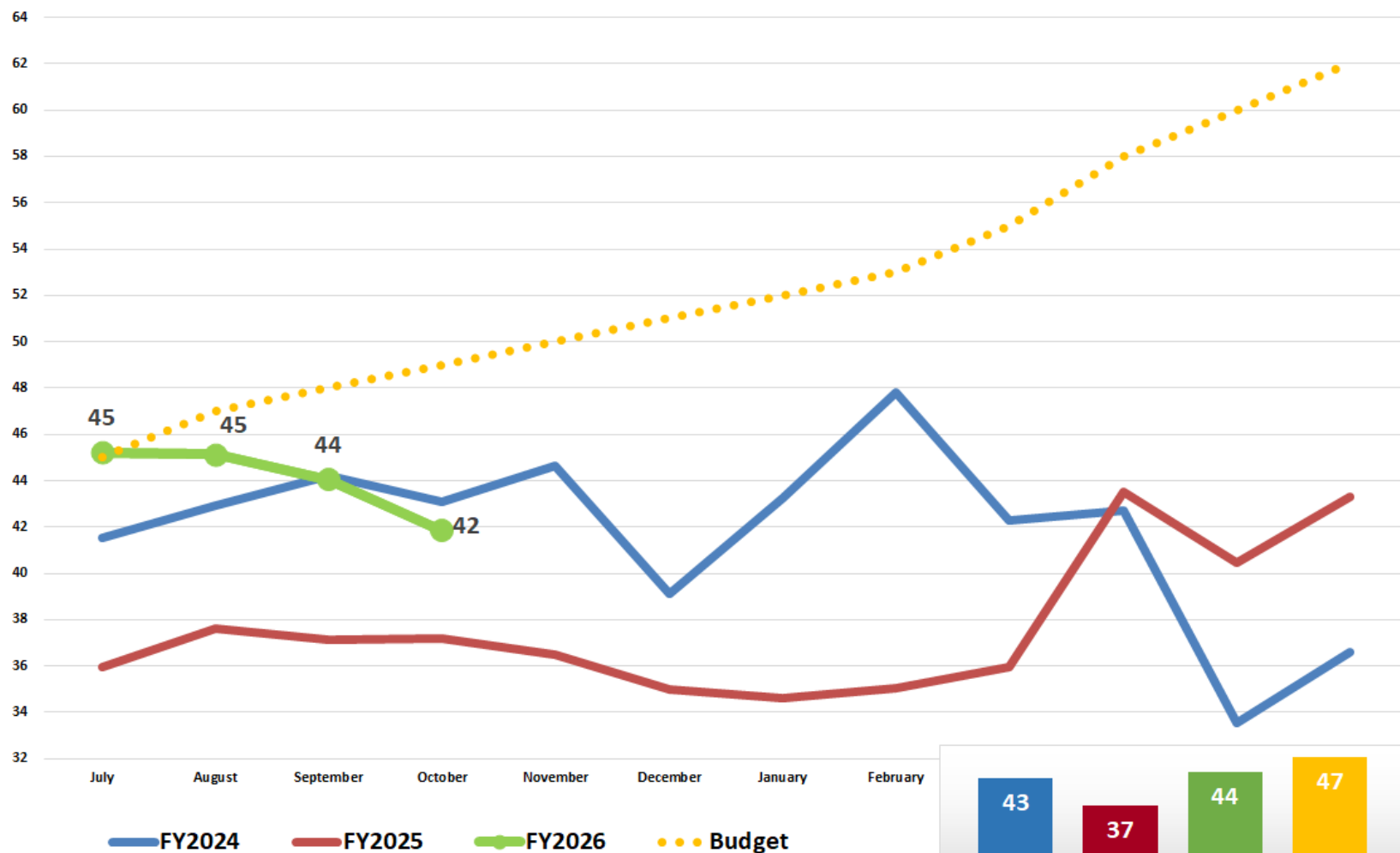
Adjusted Patient Days



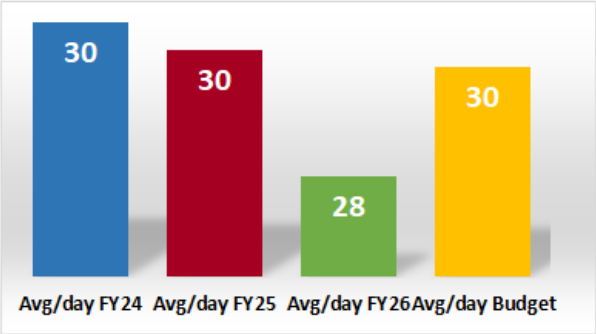
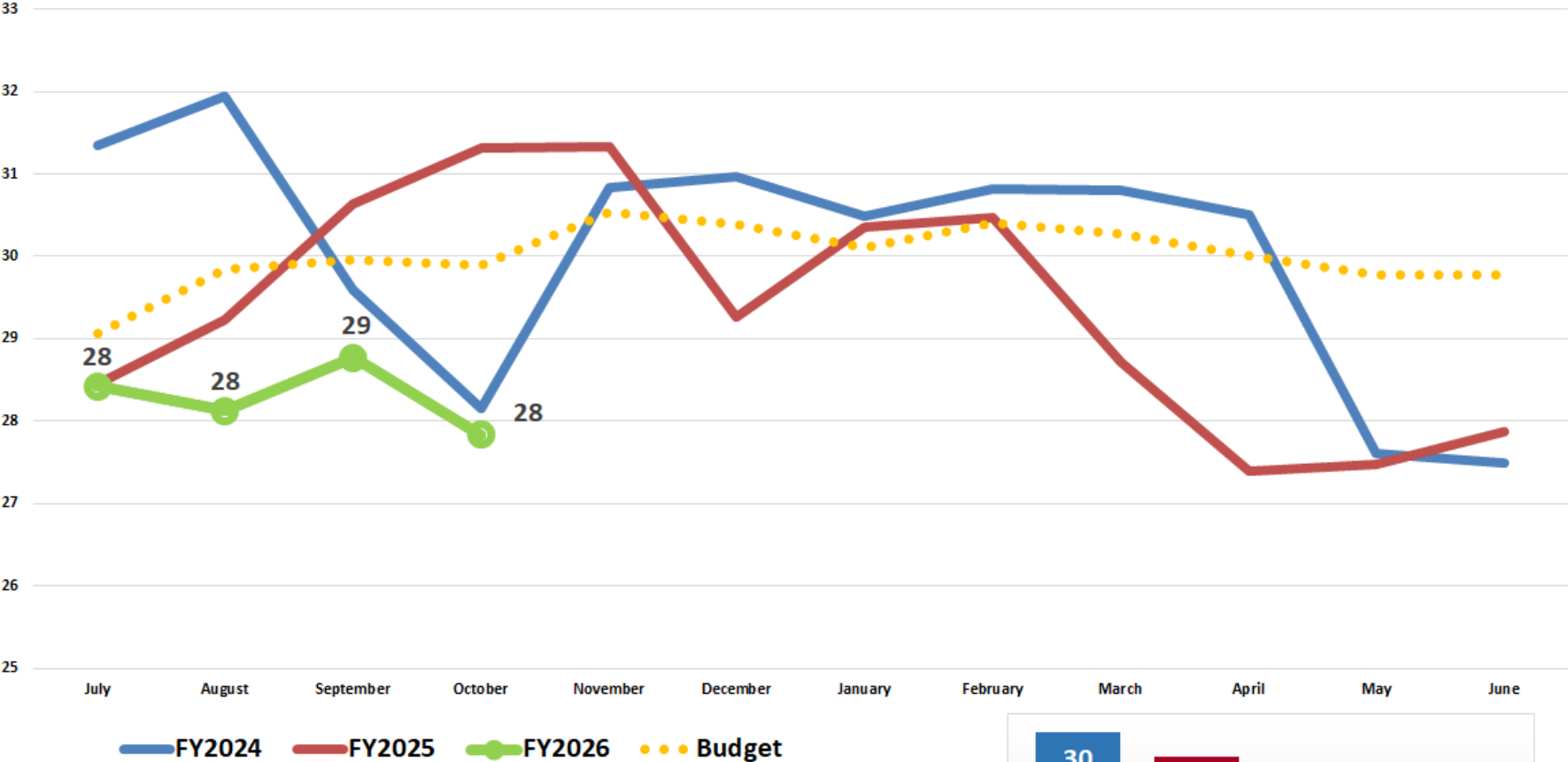
Medical Center (Avg Patients Per Day)



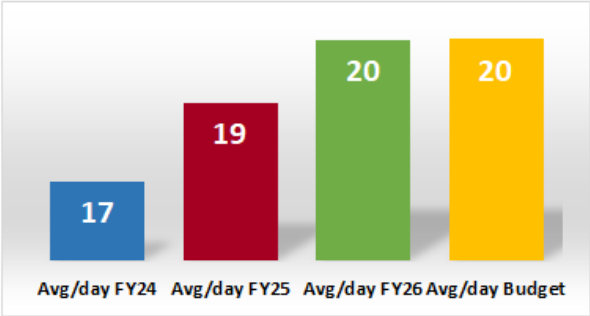
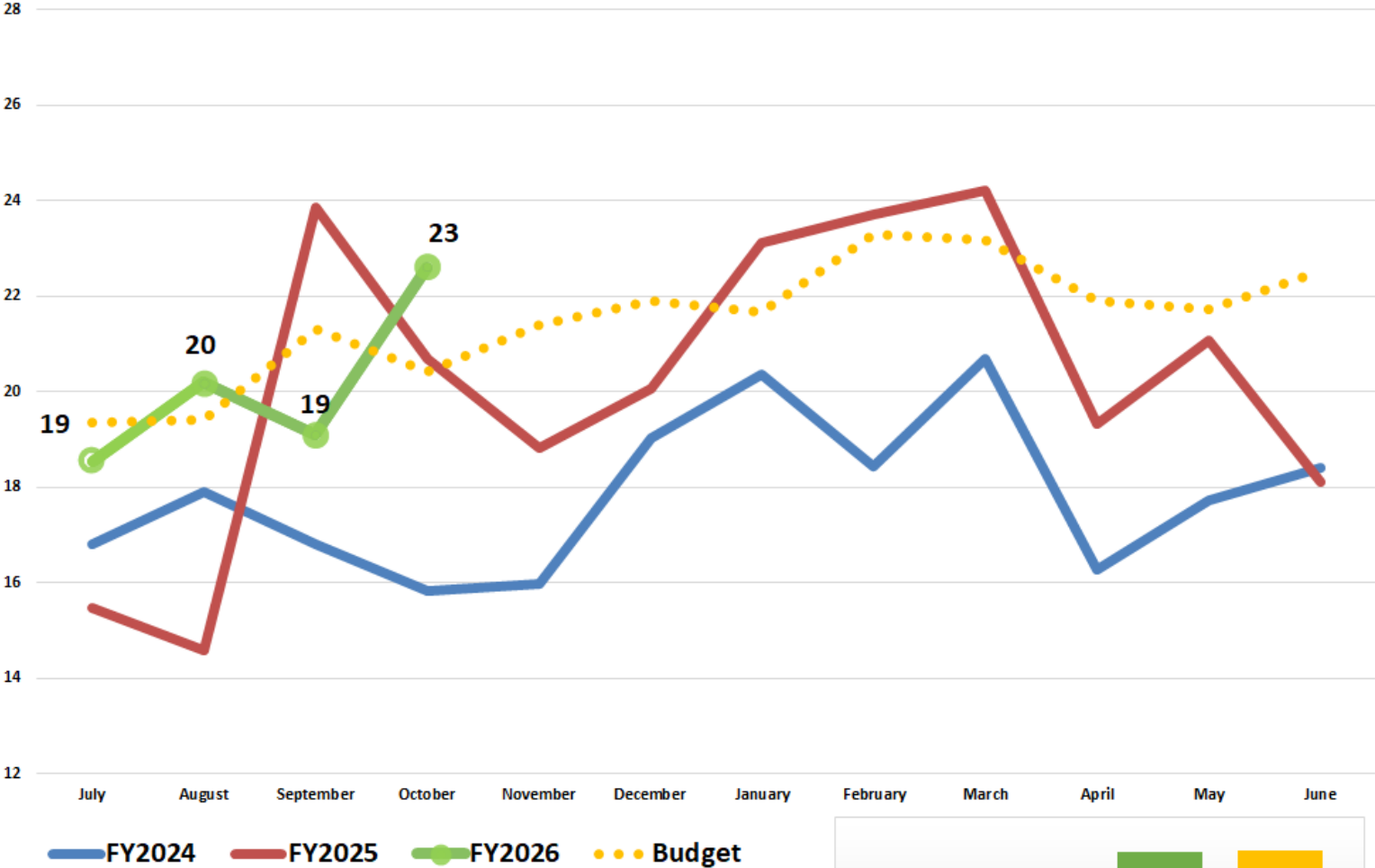
Acute I/P Psych (Avg Patients Per Day)



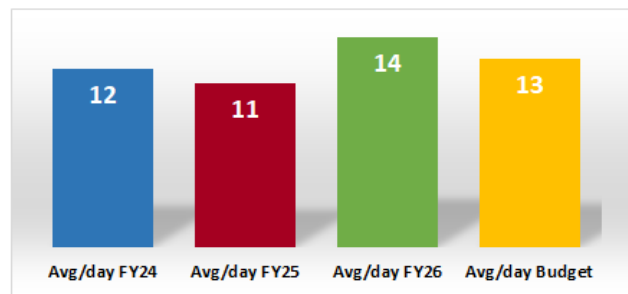
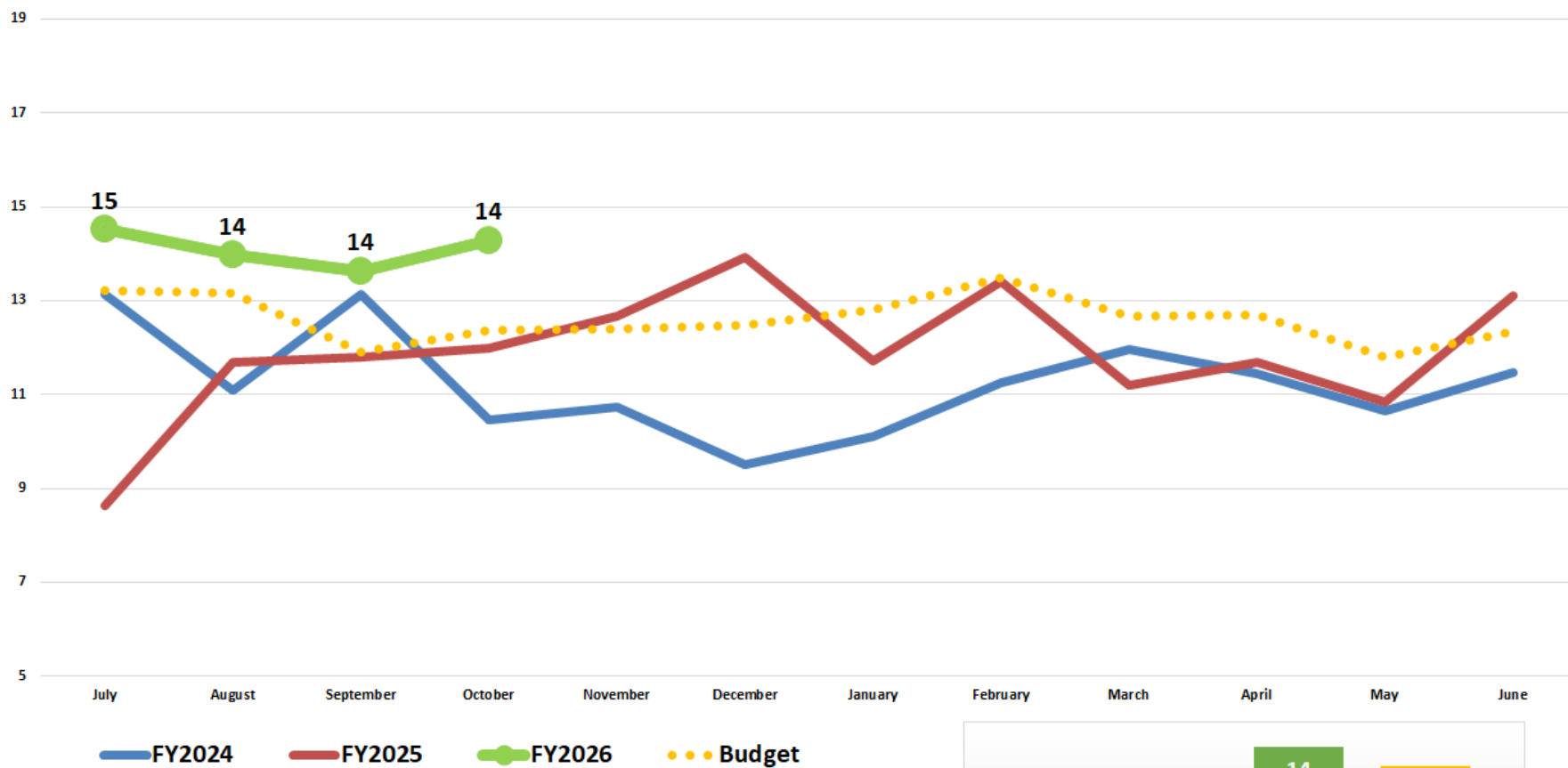
Sub-Acute - Avg Patients Per Day



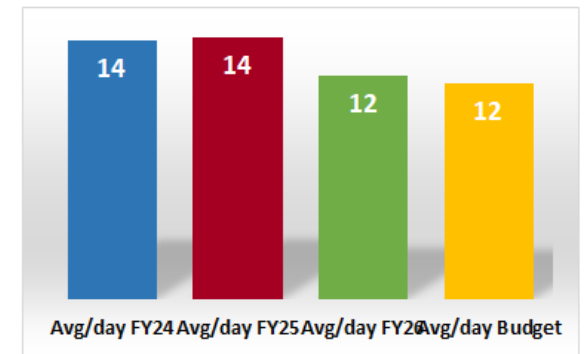
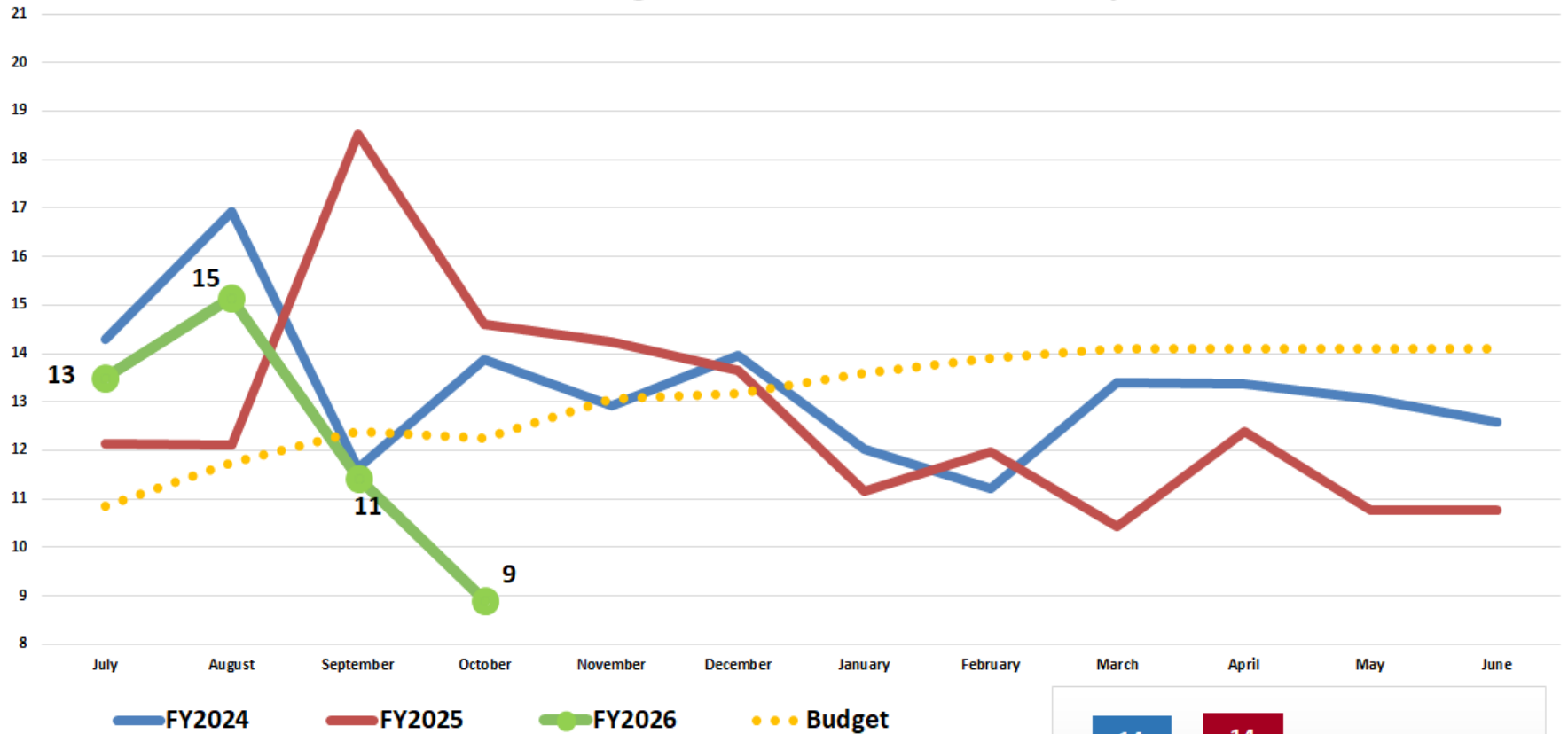
Rehabilitation Hospital - Avg Patients Per Day



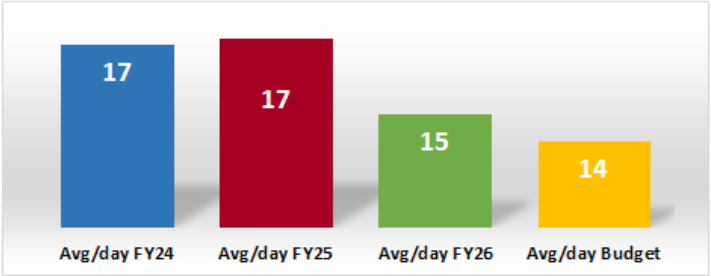
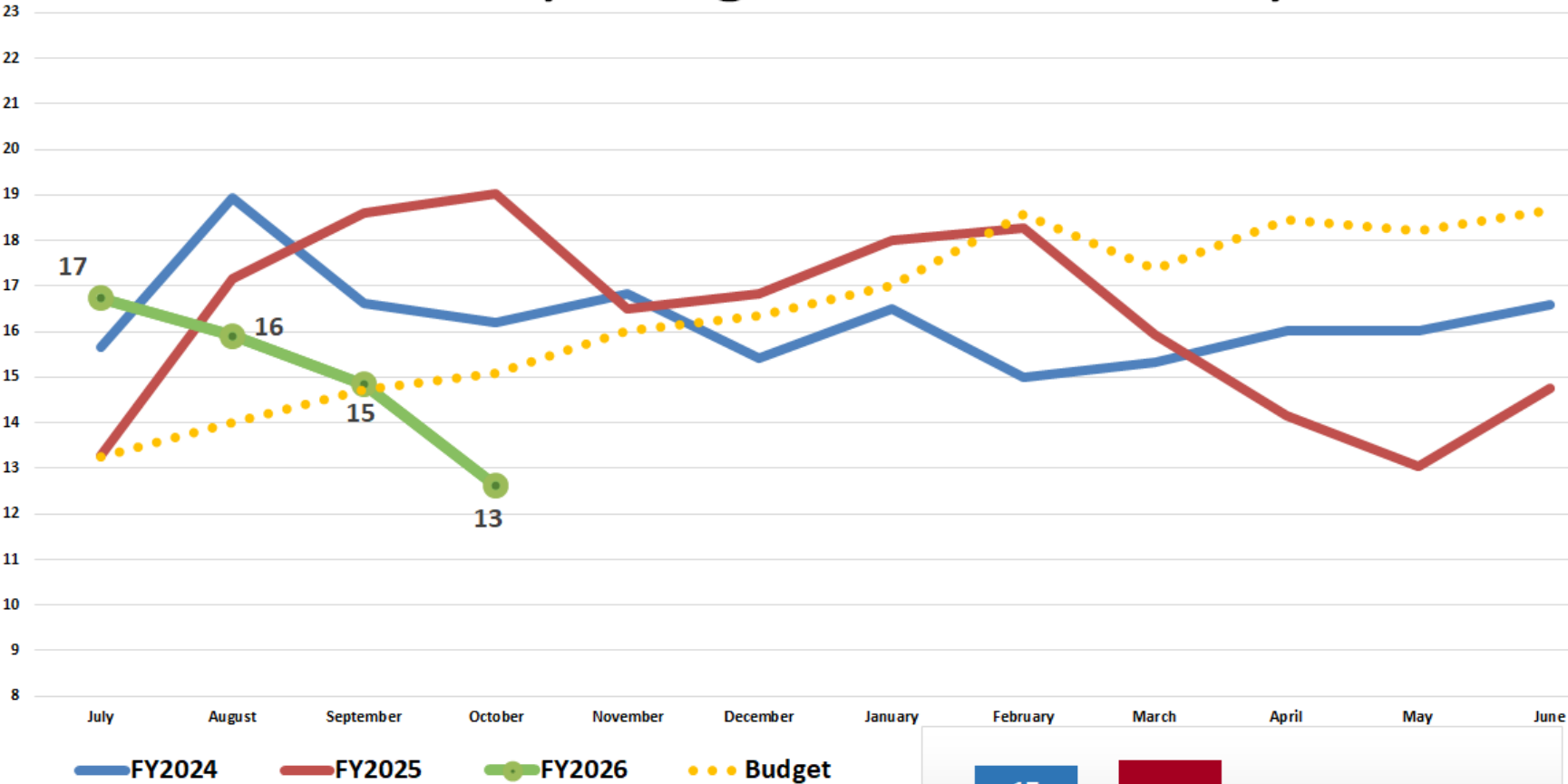
TCS Ortho - Avg Patients Per Day



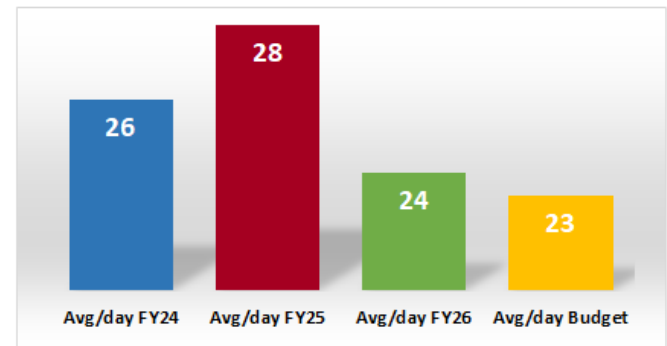
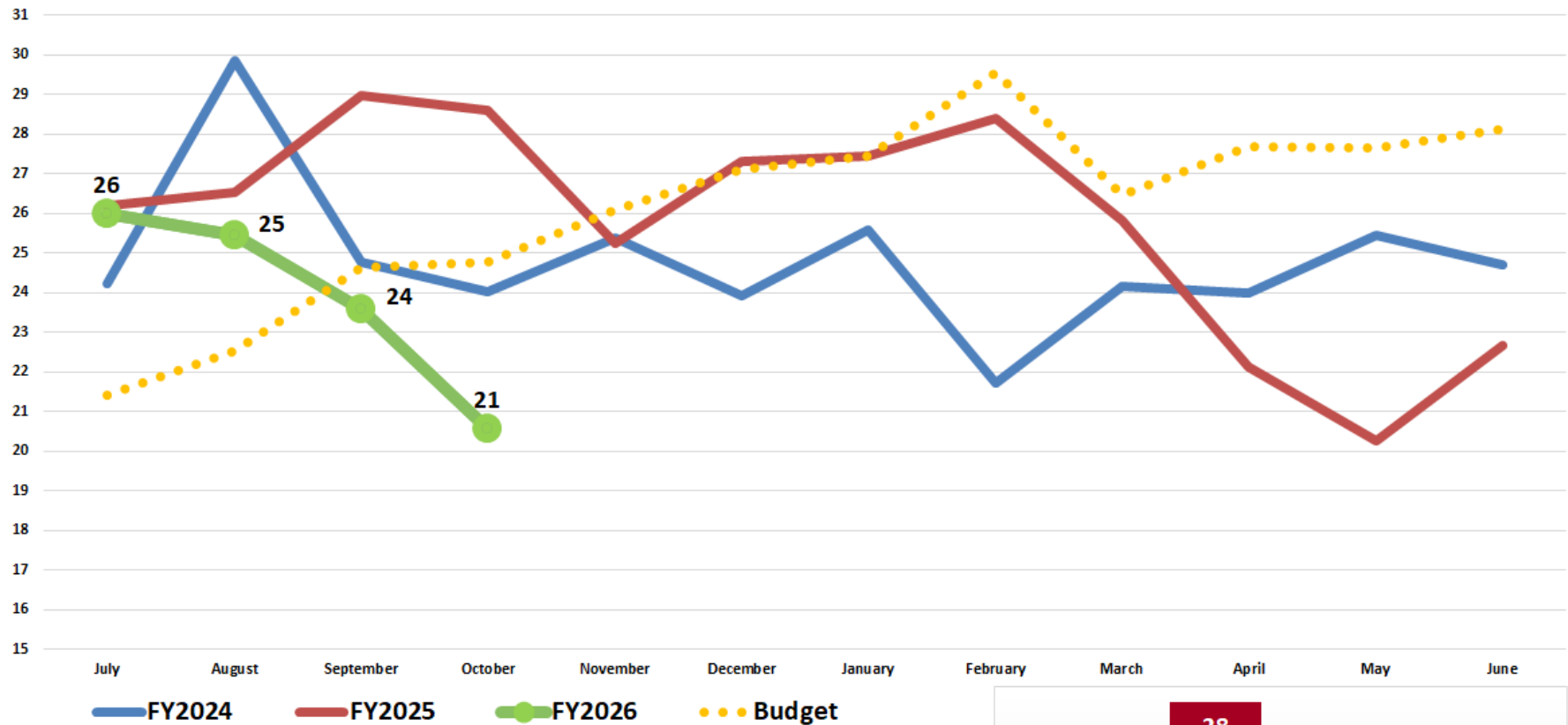
NICU - Avg Patients Per Day



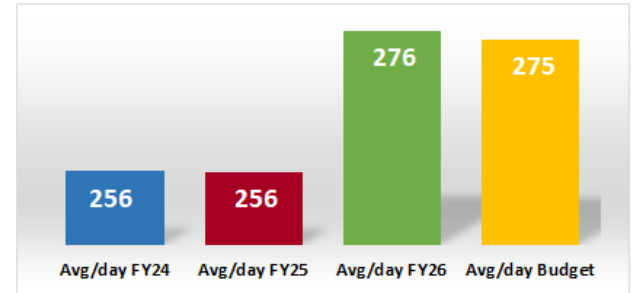
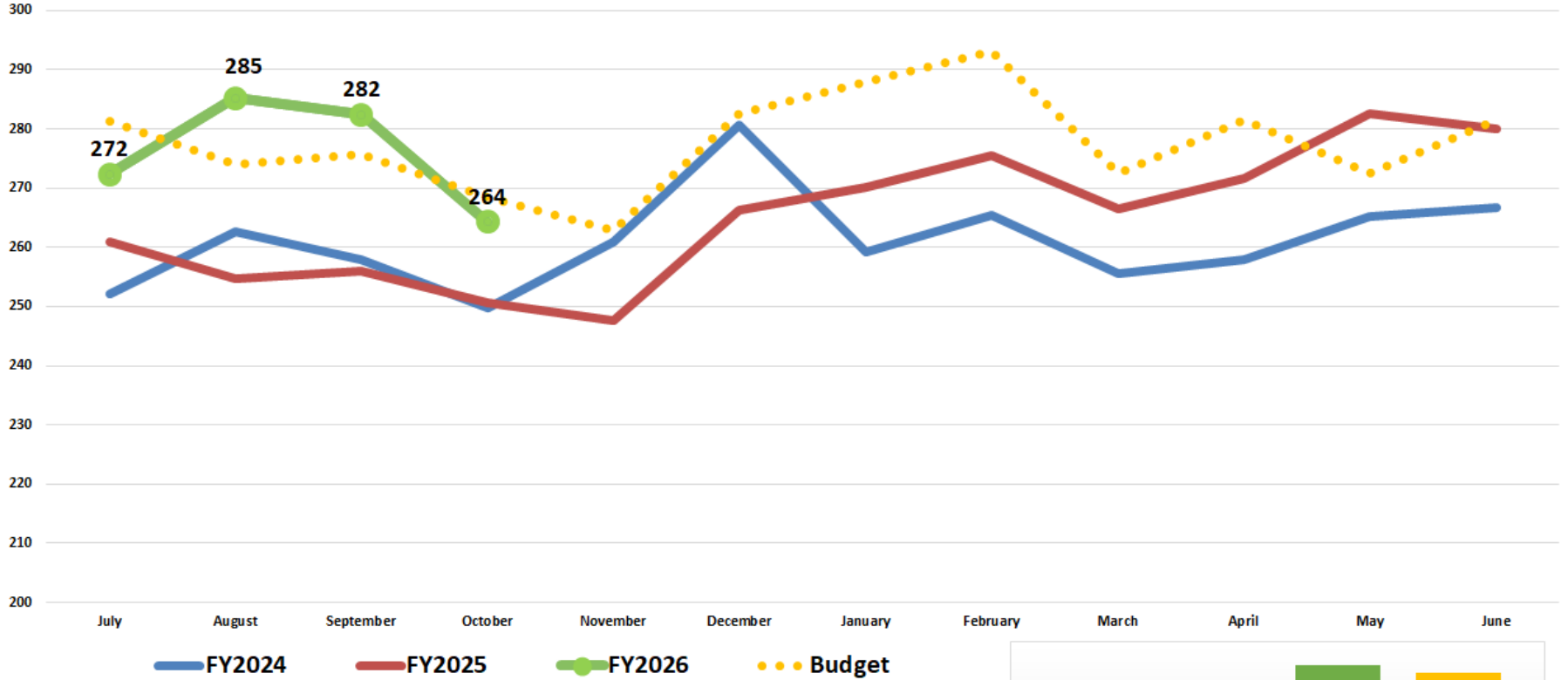
Nursery - Avg Patients Per Day



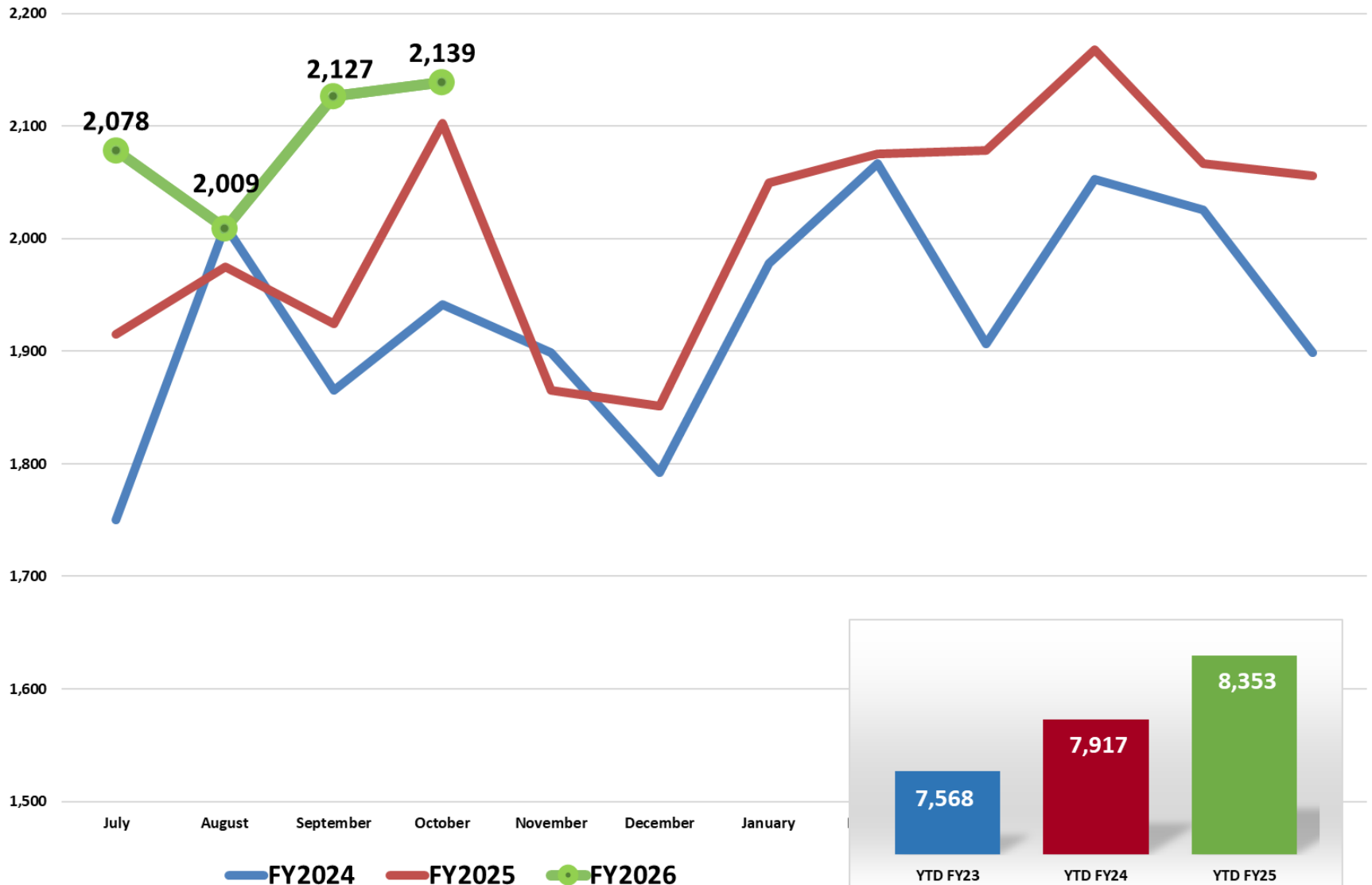
Obstetrics - Avg Patients Per Day



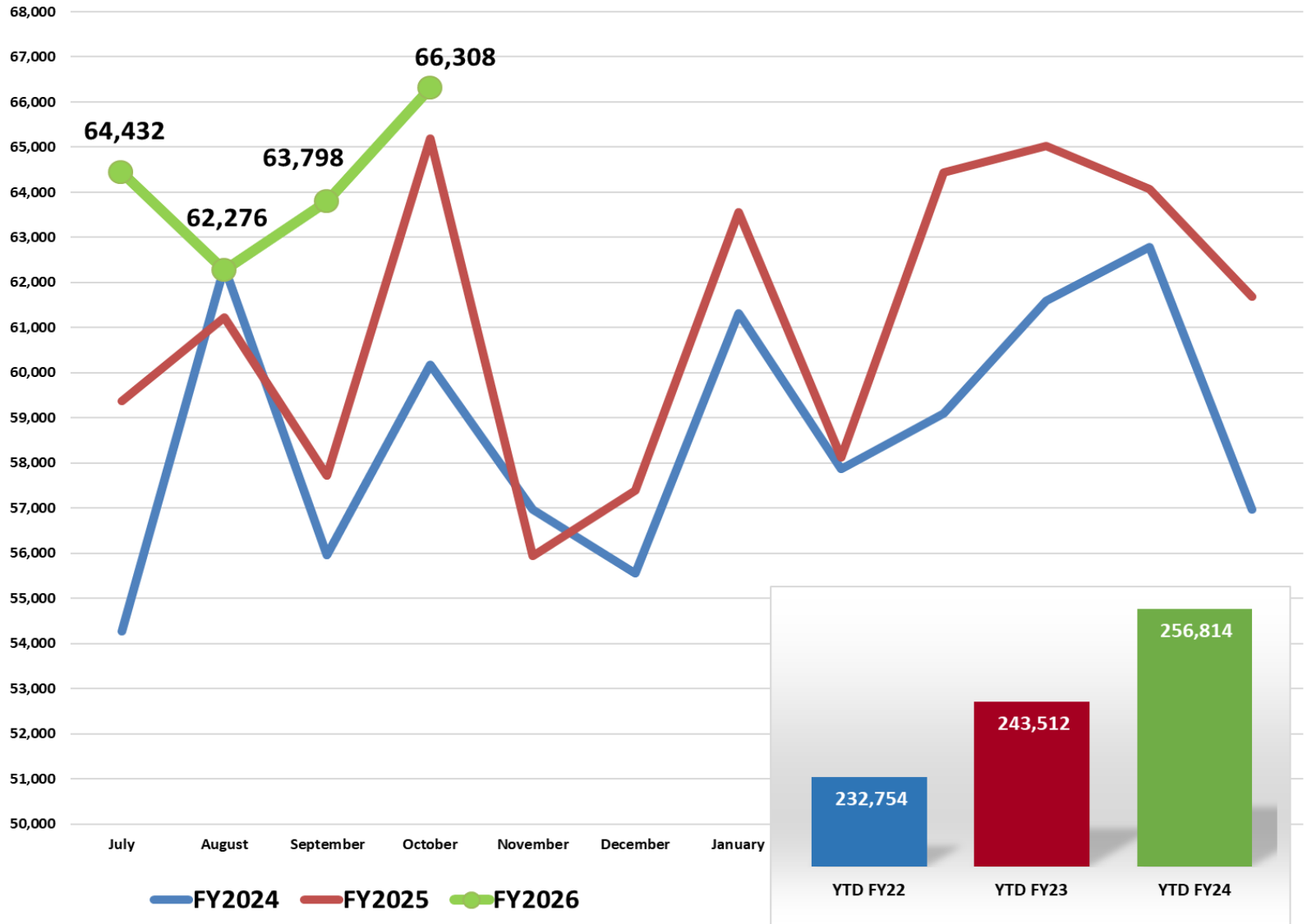
ED - Avg Treated Per Day



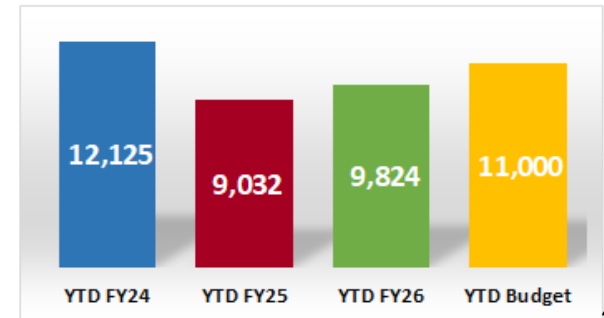
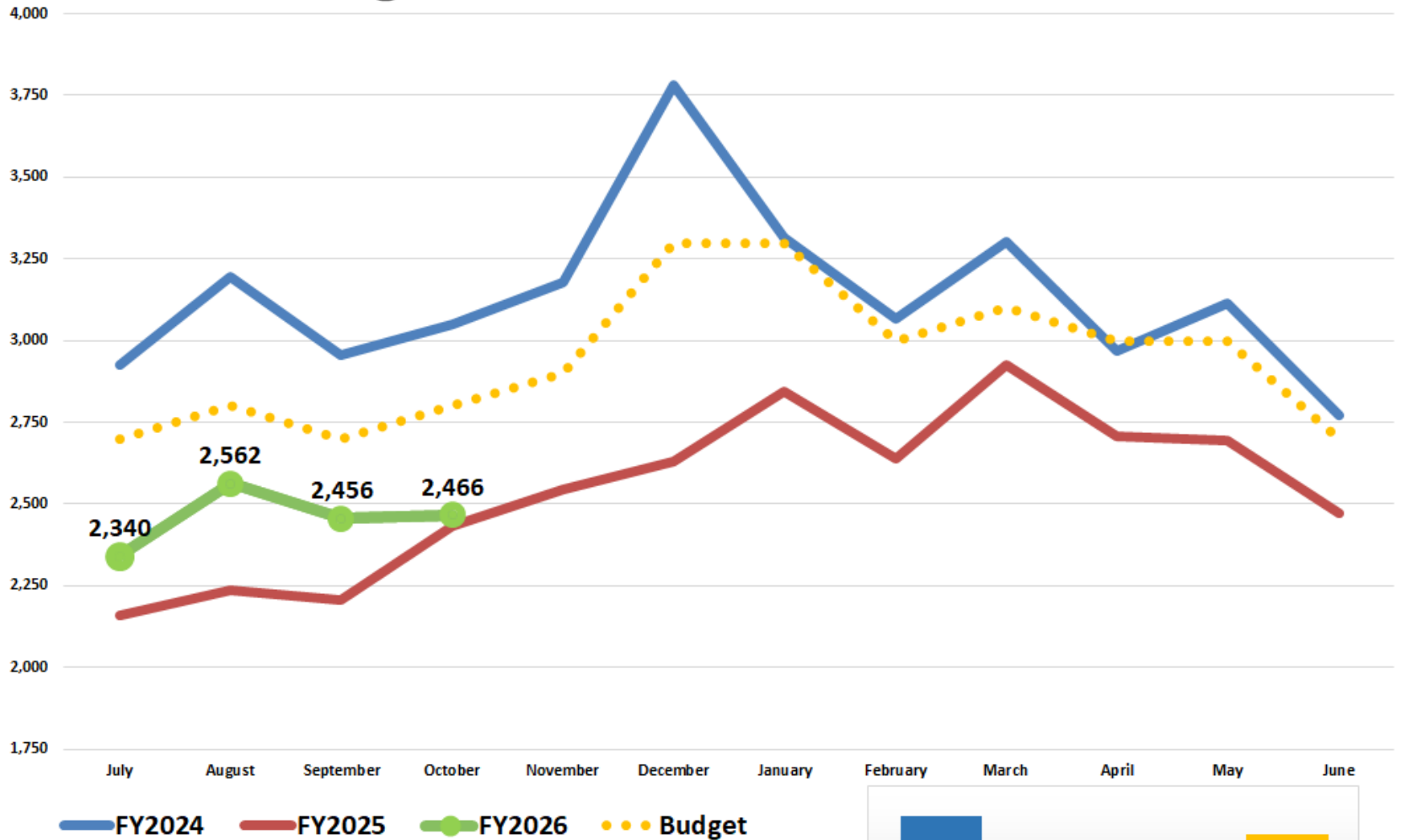
Outpatient Registrations Per Day



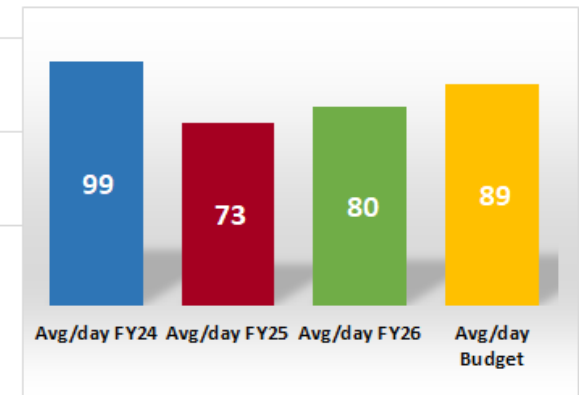
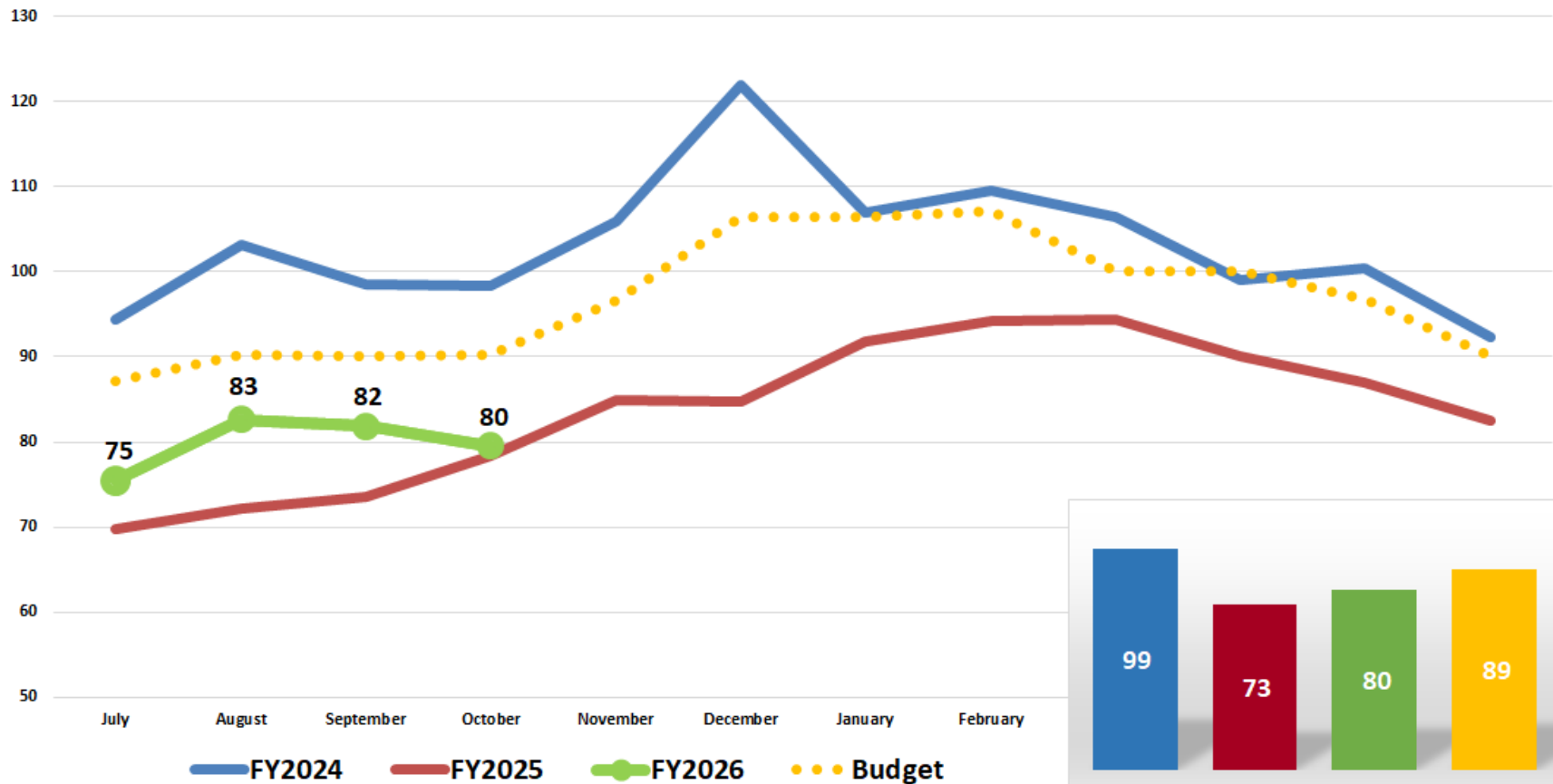
Outpatient Registrations



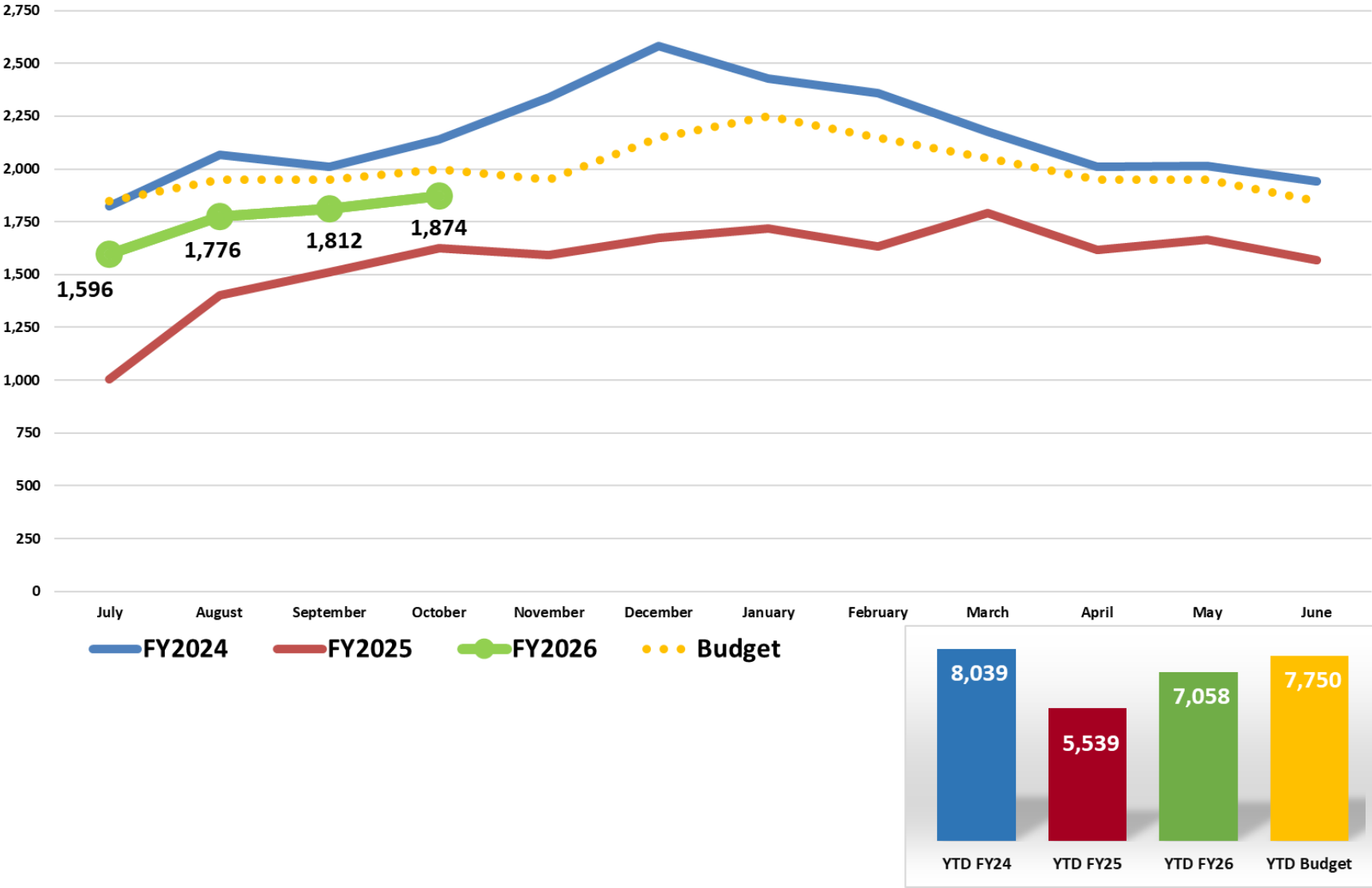
Urgent Care – Court Total Visits



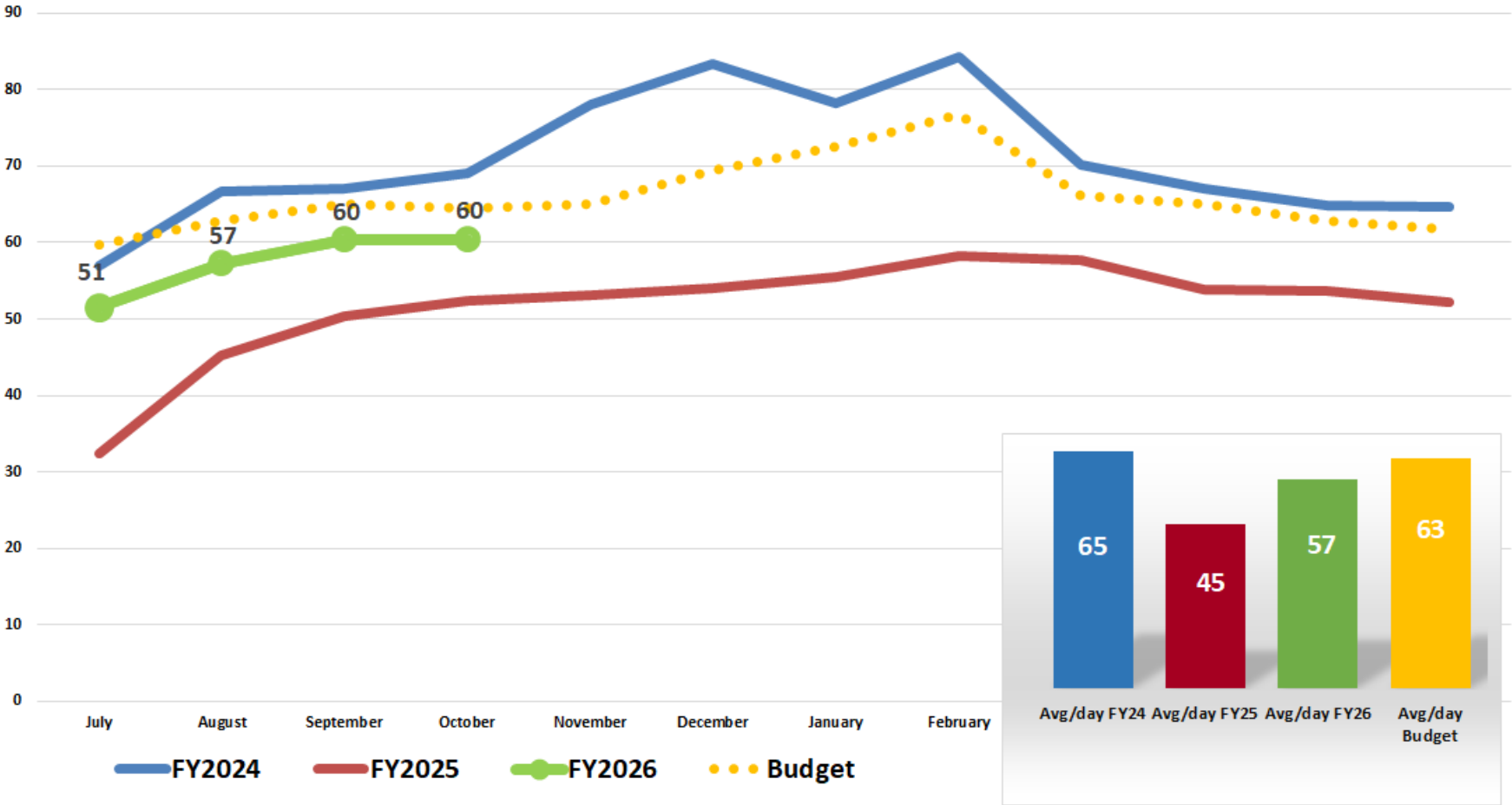
Urgent Care – Court Avg Visits Per Day



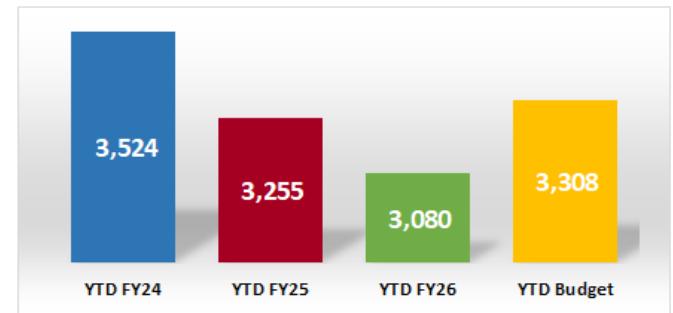
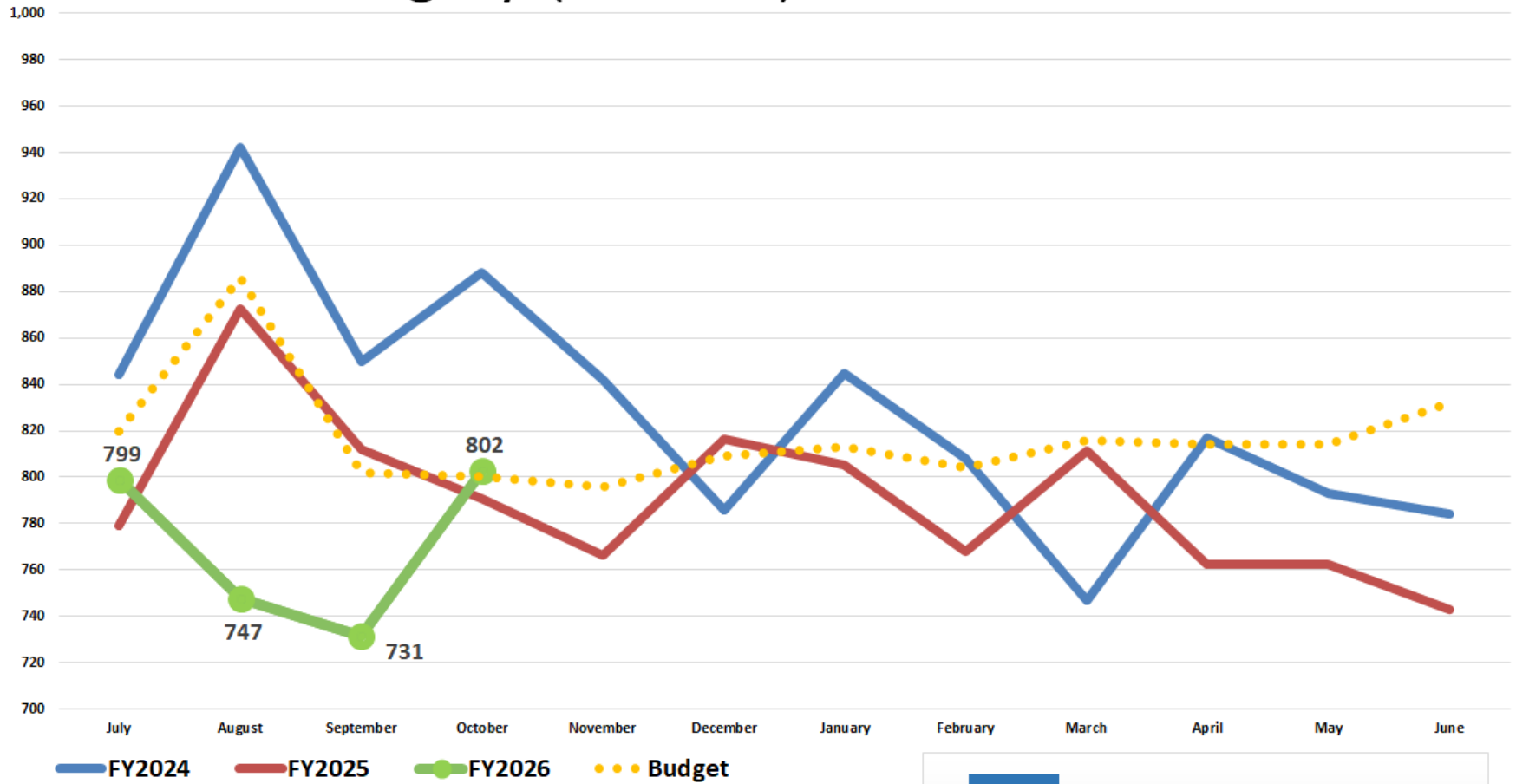
Urgent Care – Demaree Total Visits



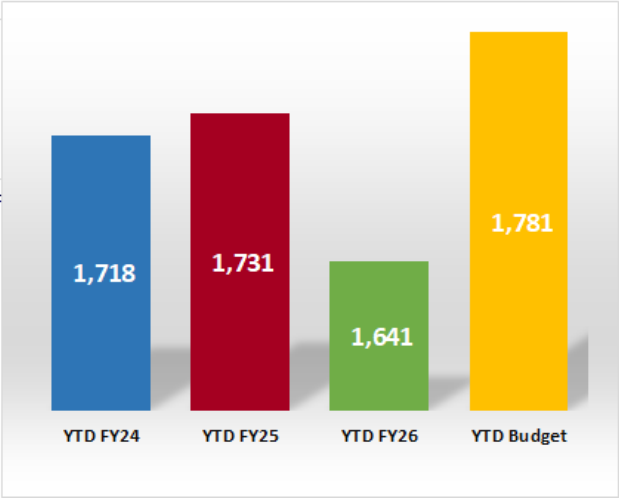
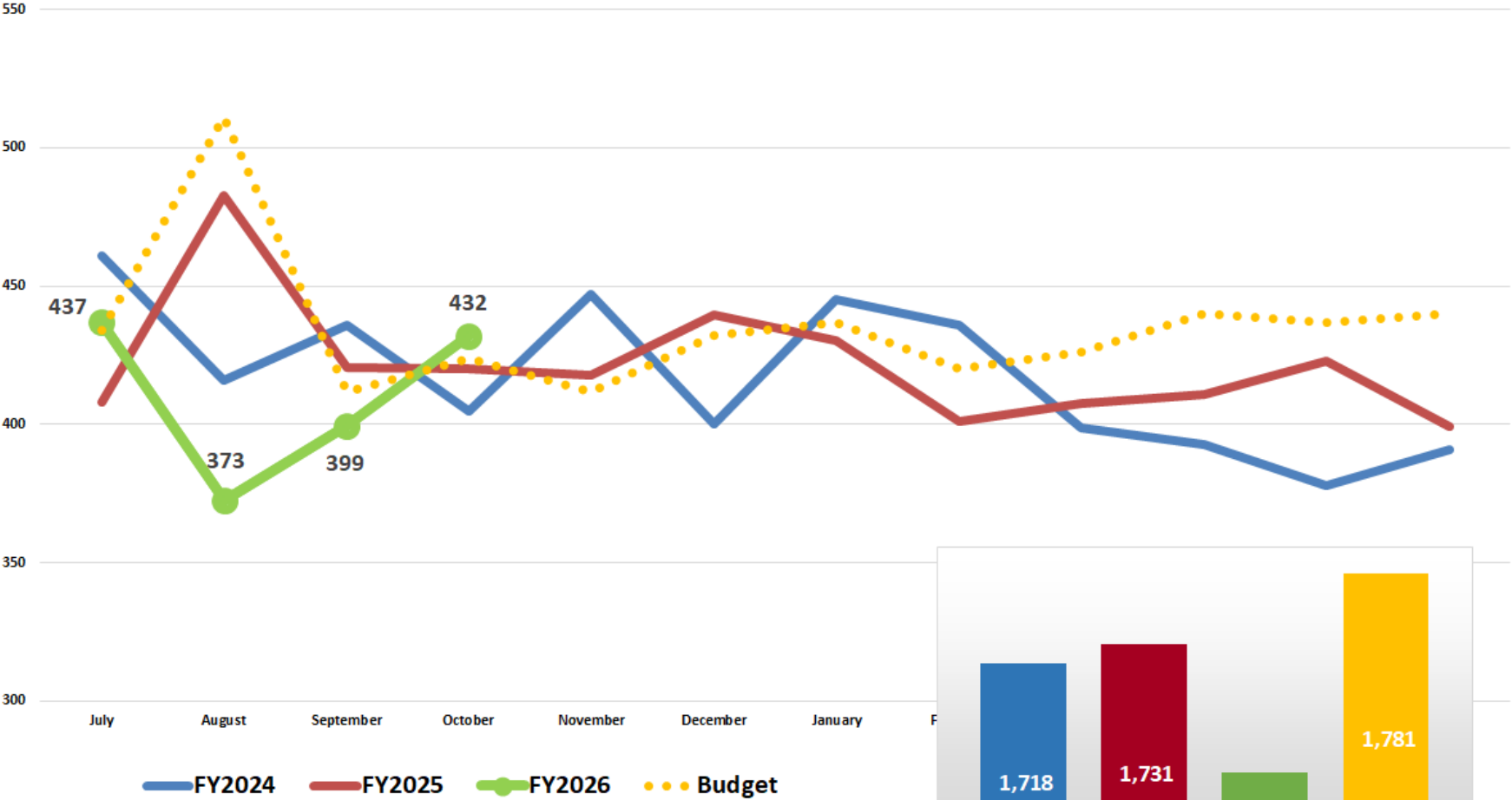
Urgent Care – Demaree Avg Visits Per Day



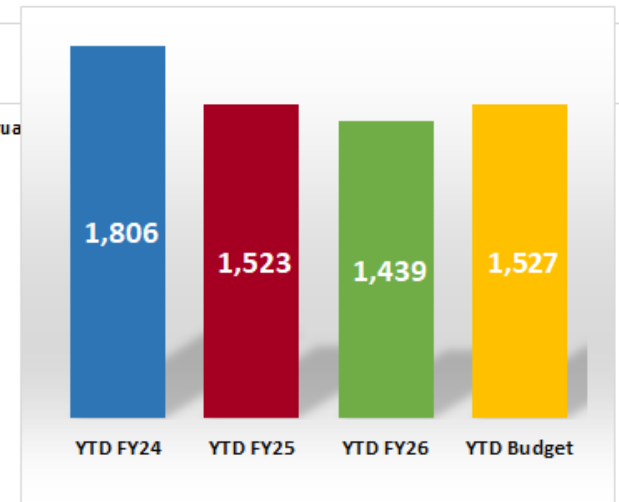
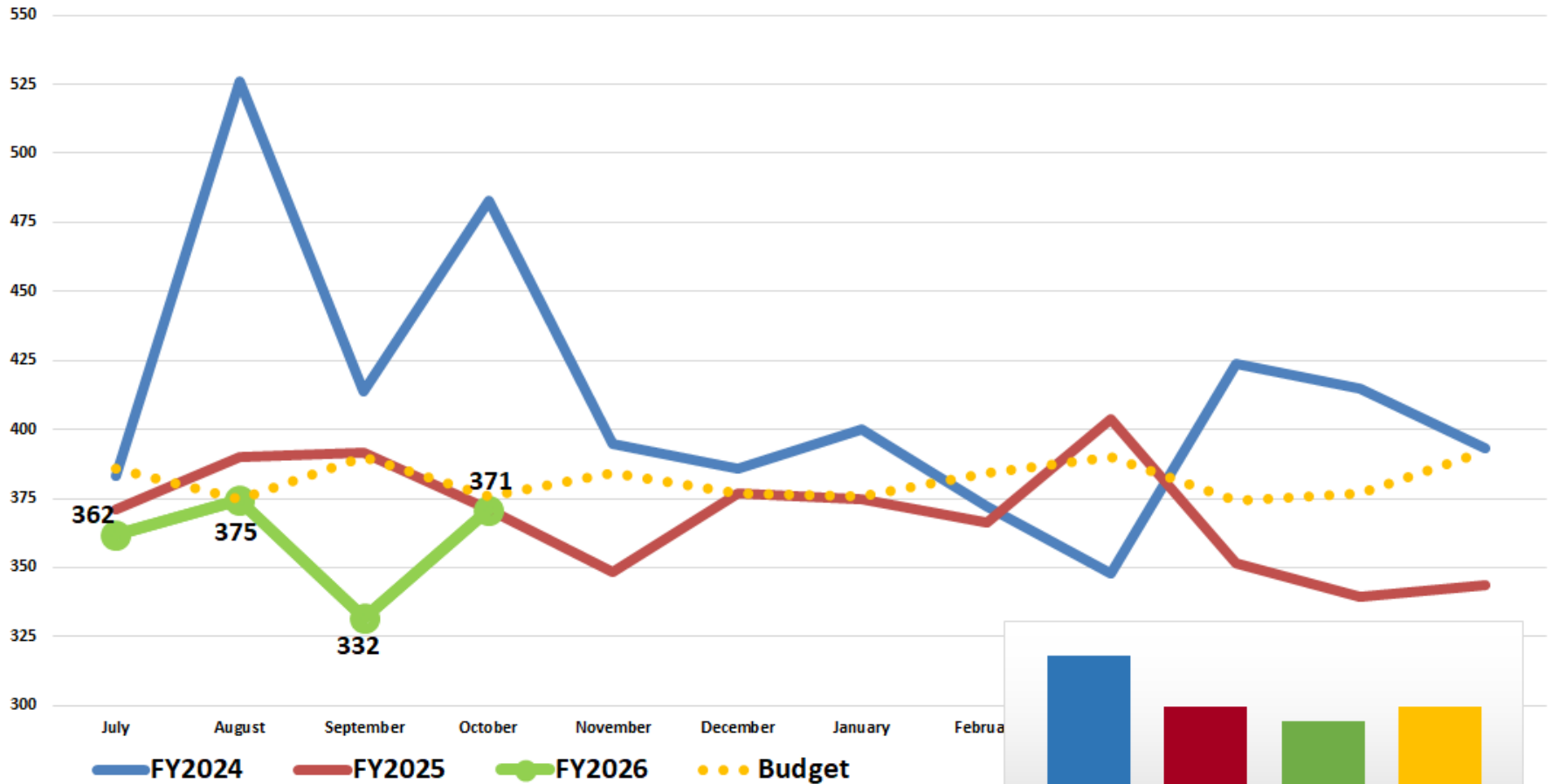
Surgery (IP & OP) – 100 Min Units



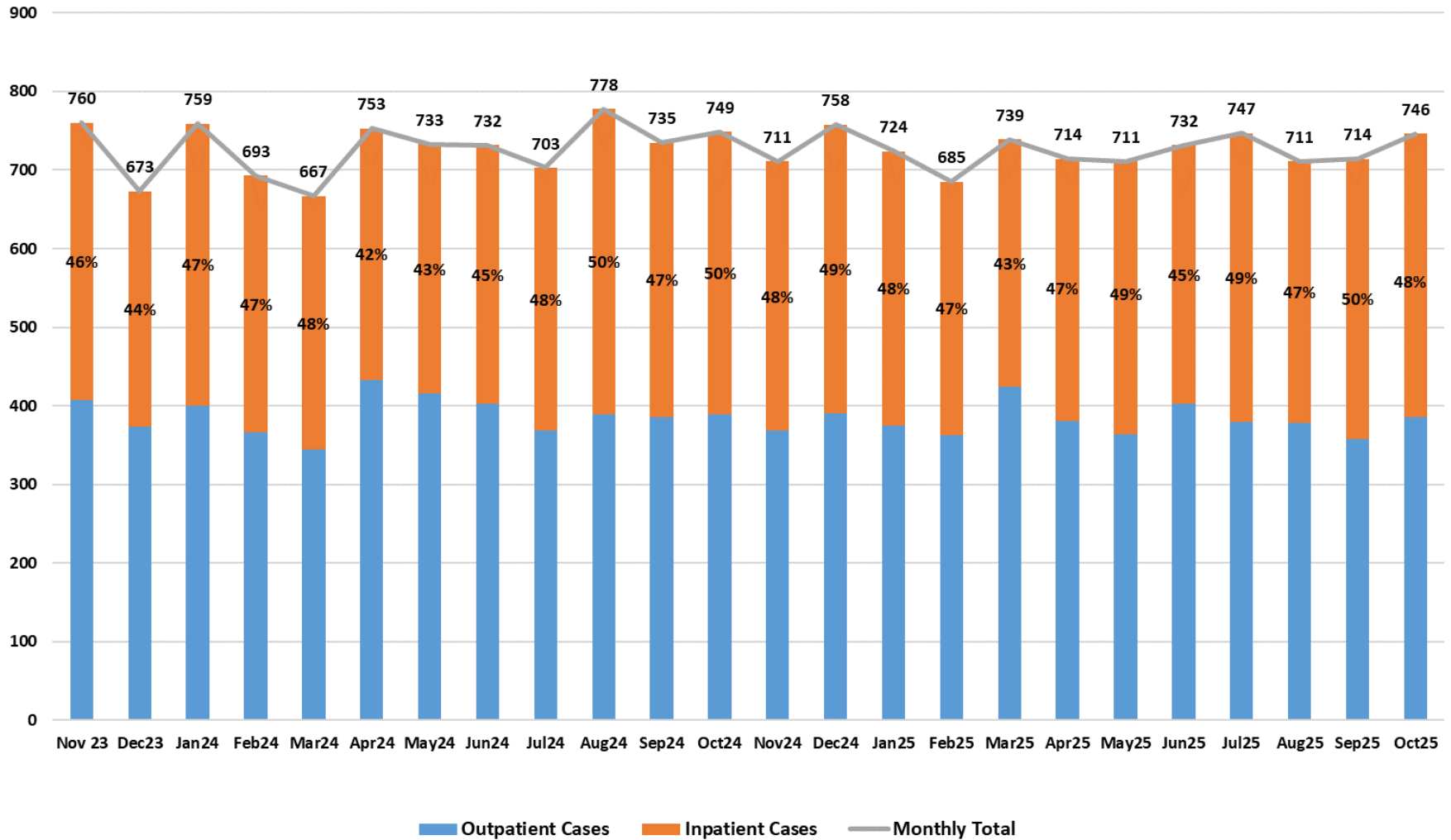
Surgery (IP Only) - 100 Min Unit



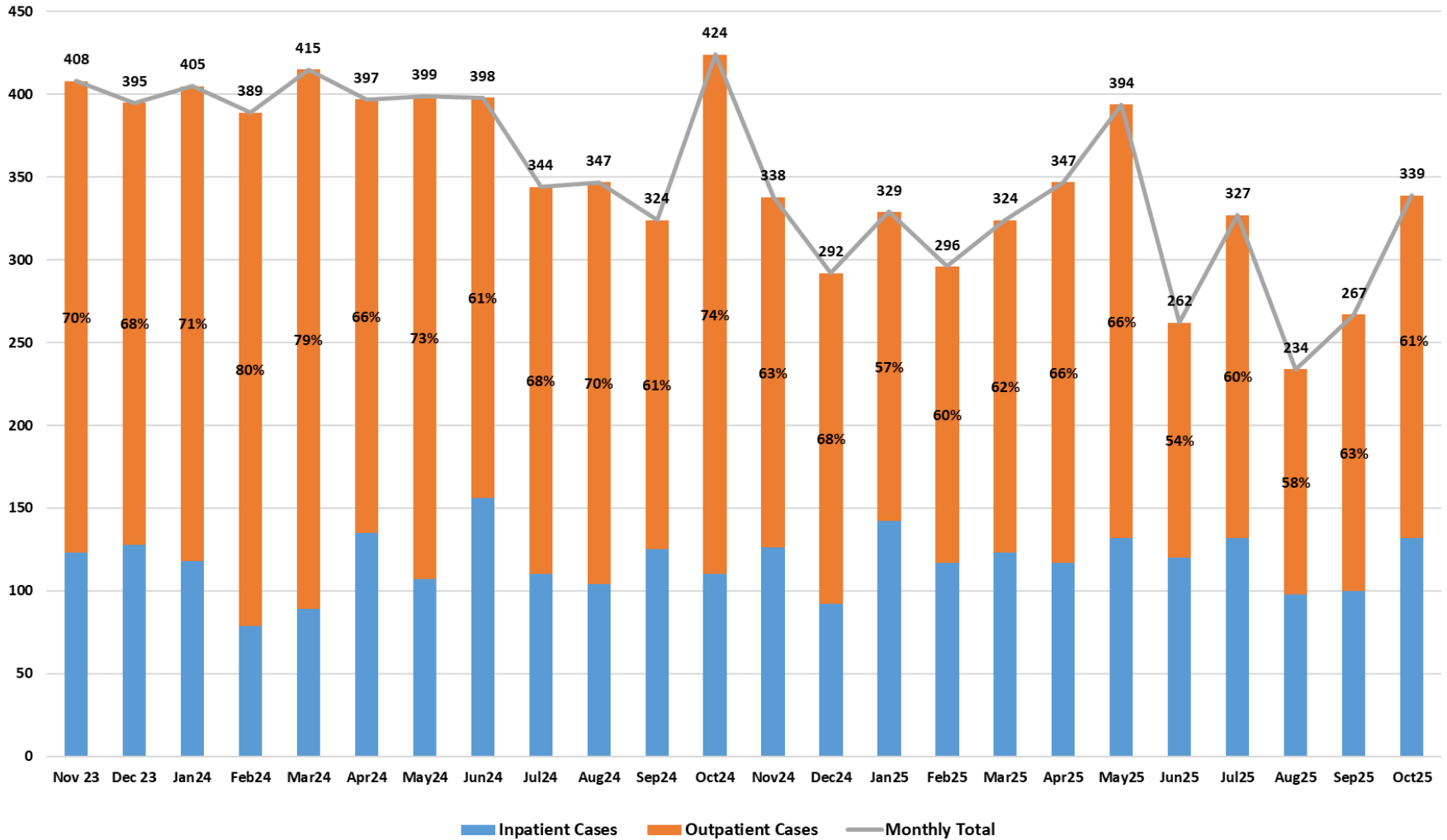
Surgery (OP Only) - 100 Min Units



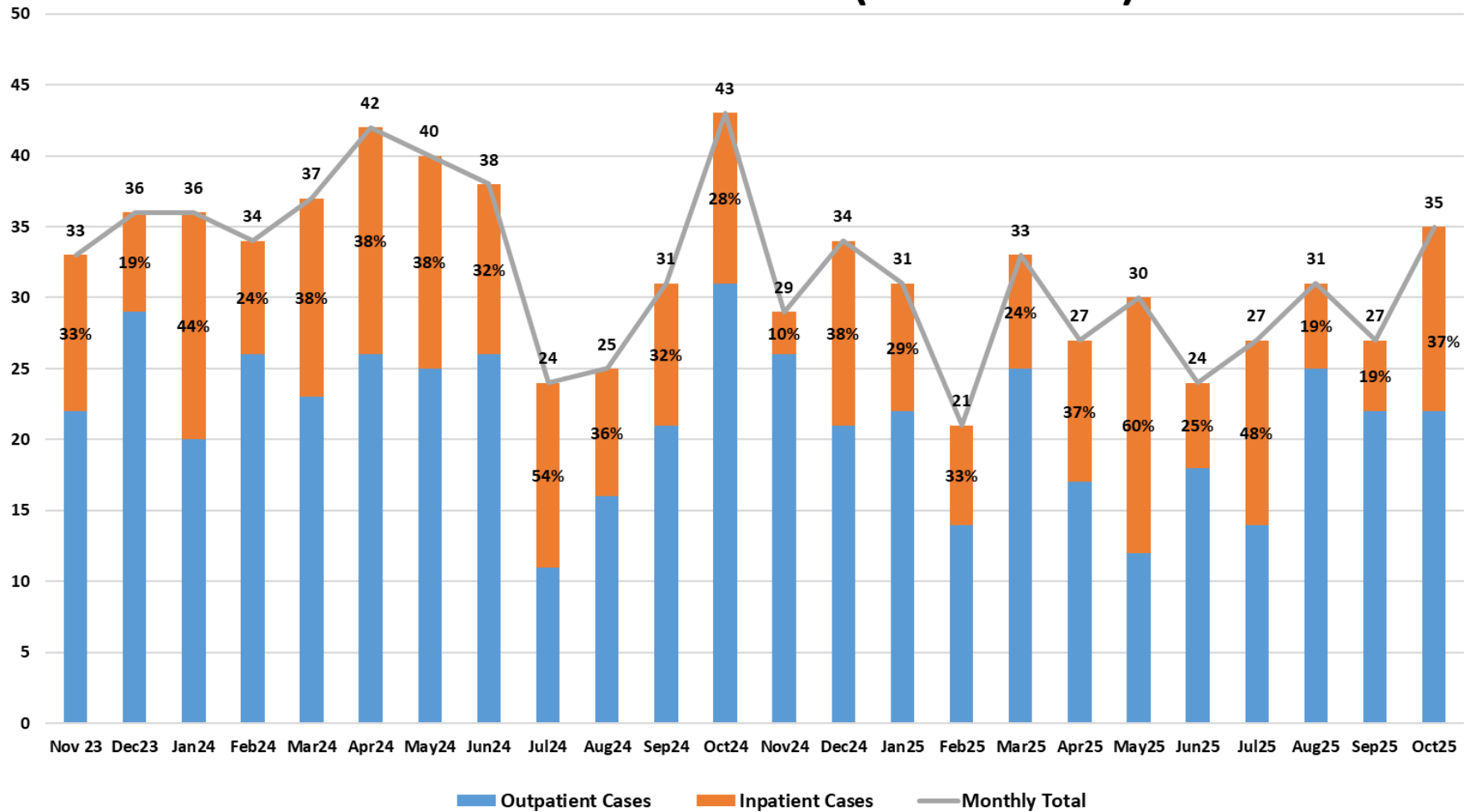
Surgery Cases (IP & OP)



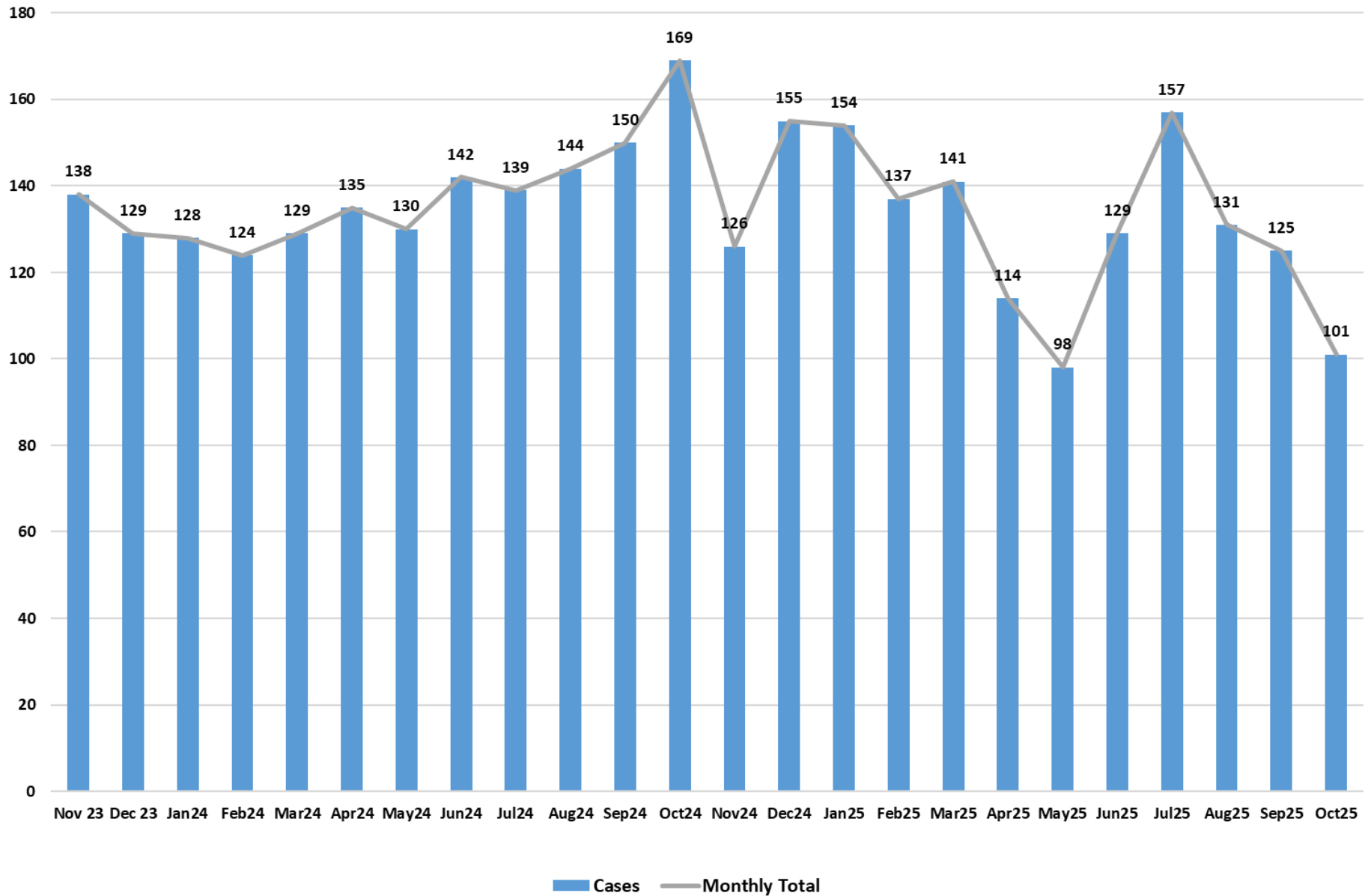
Endo Cases (Suites A & B and OR)



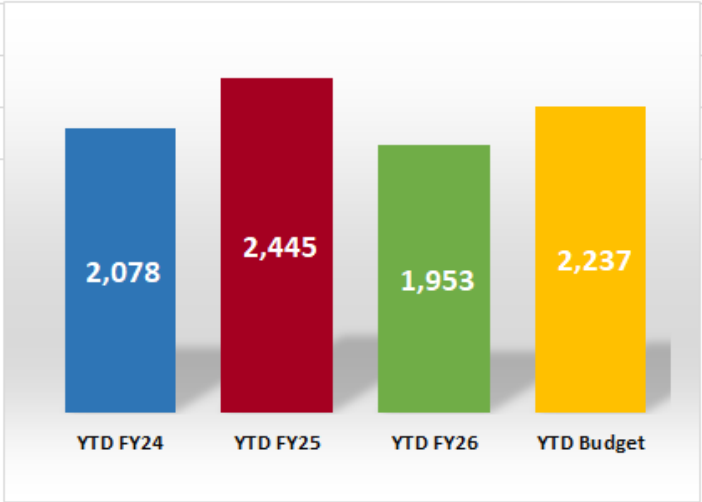
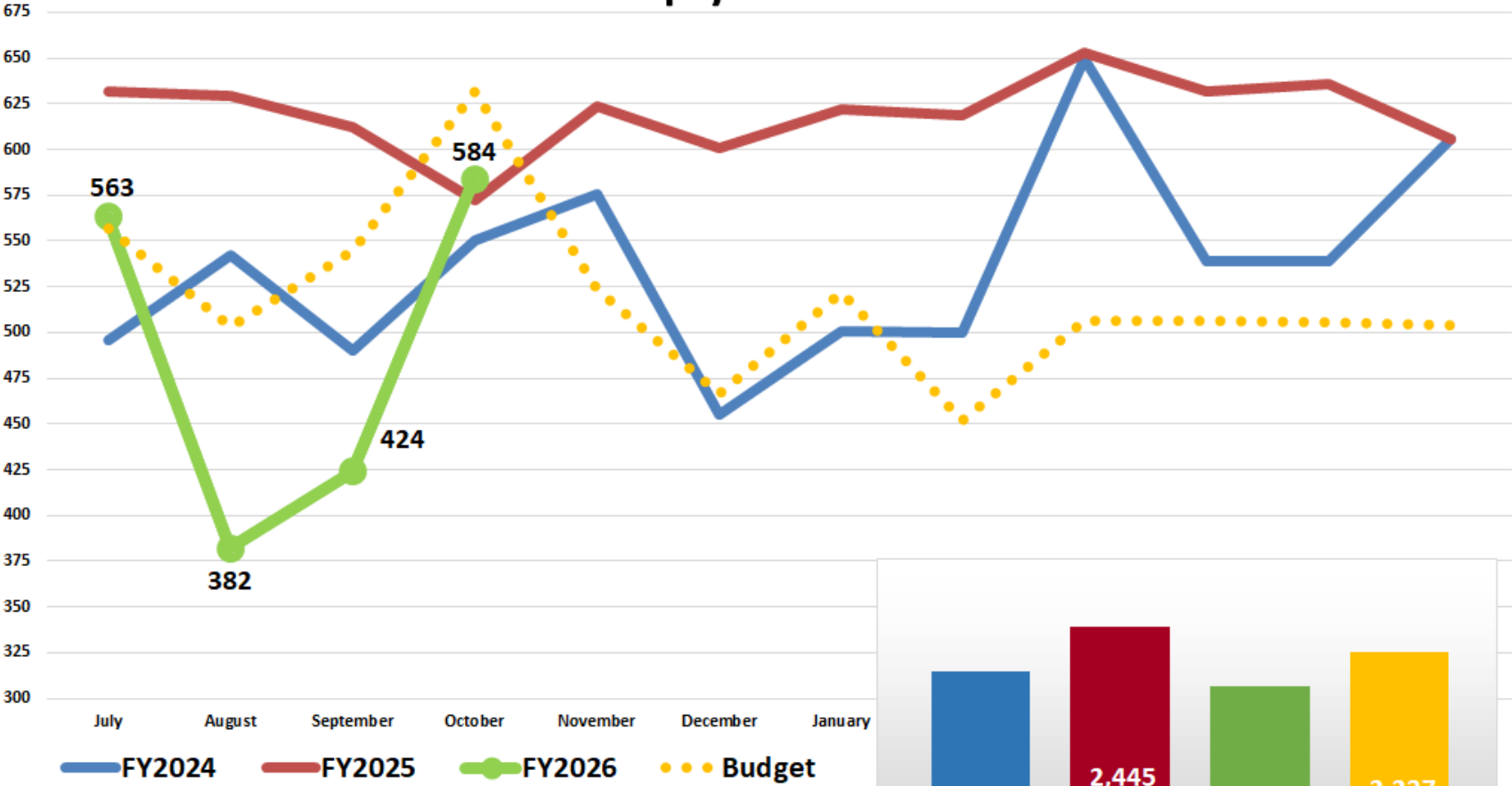
Robotic Cases (IP & OP)



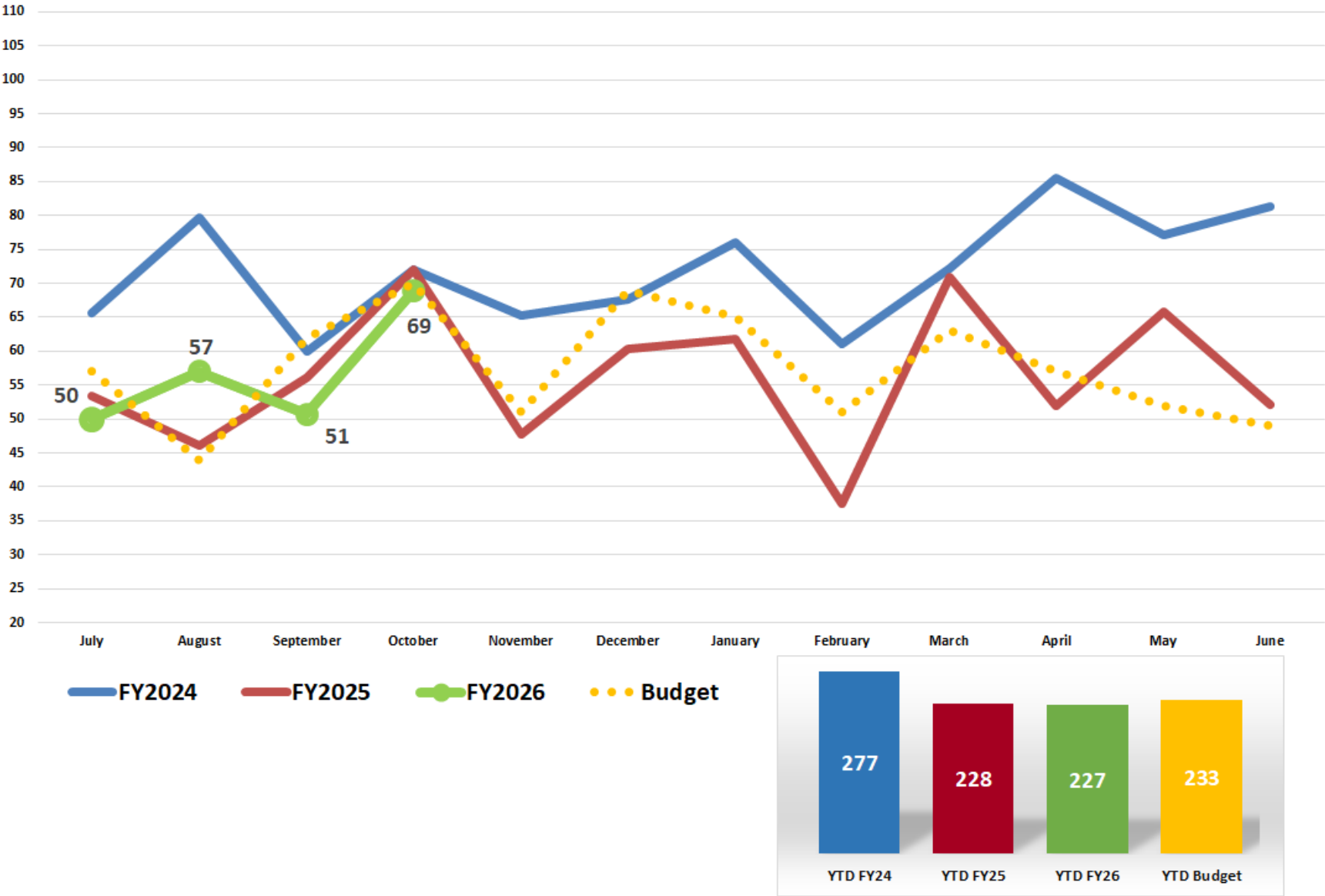
OB Cases



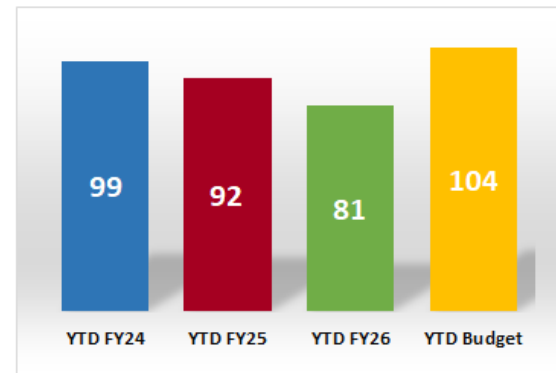
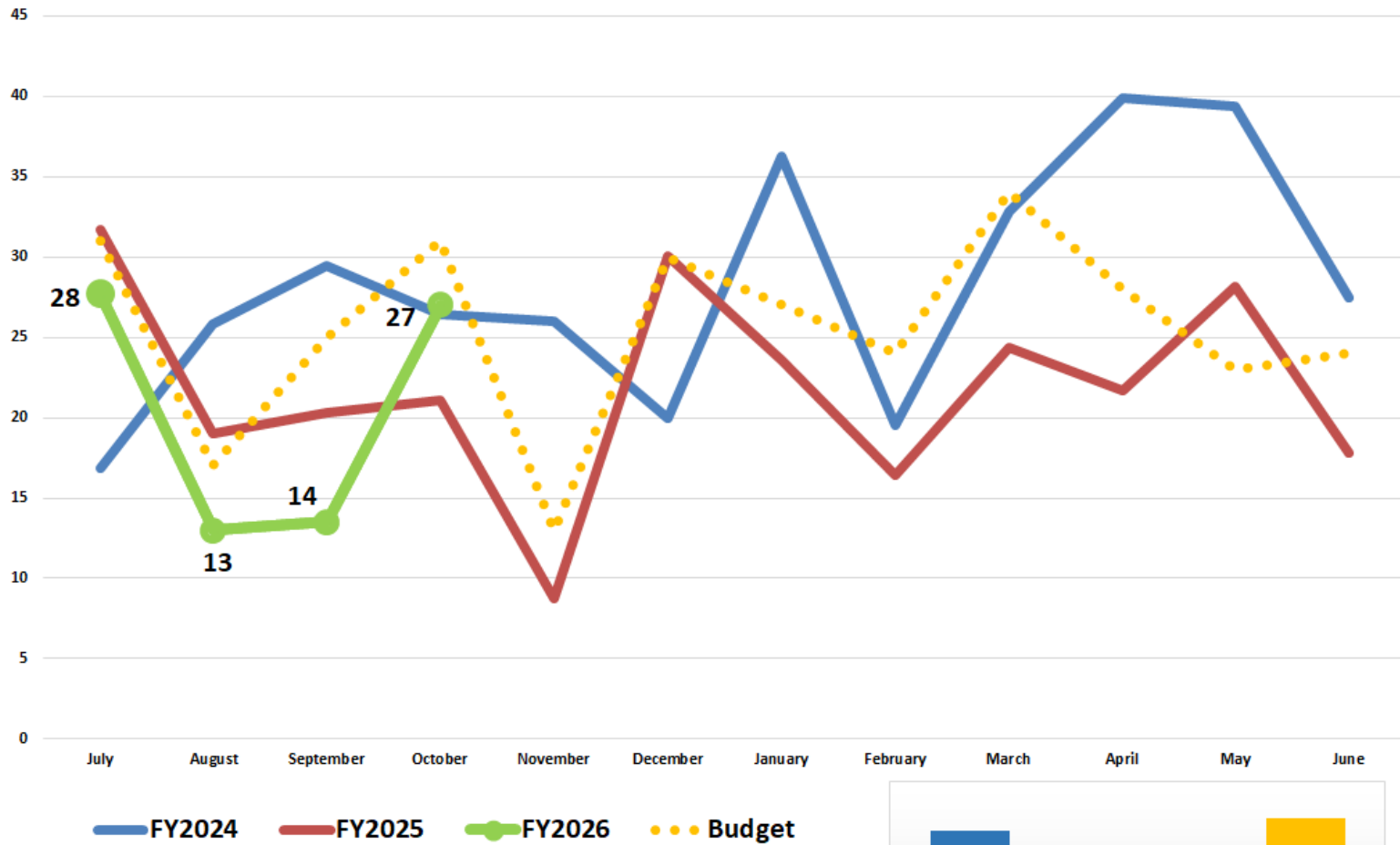
Endoscopy Procedures



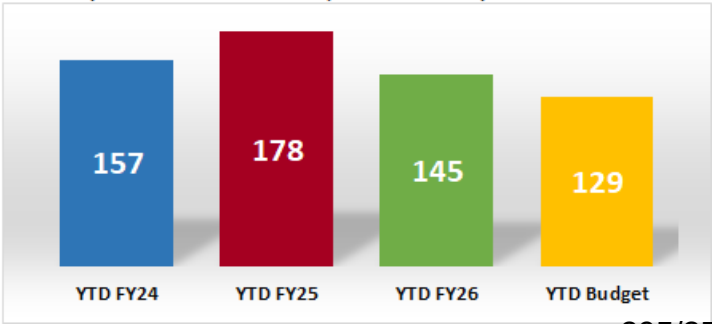
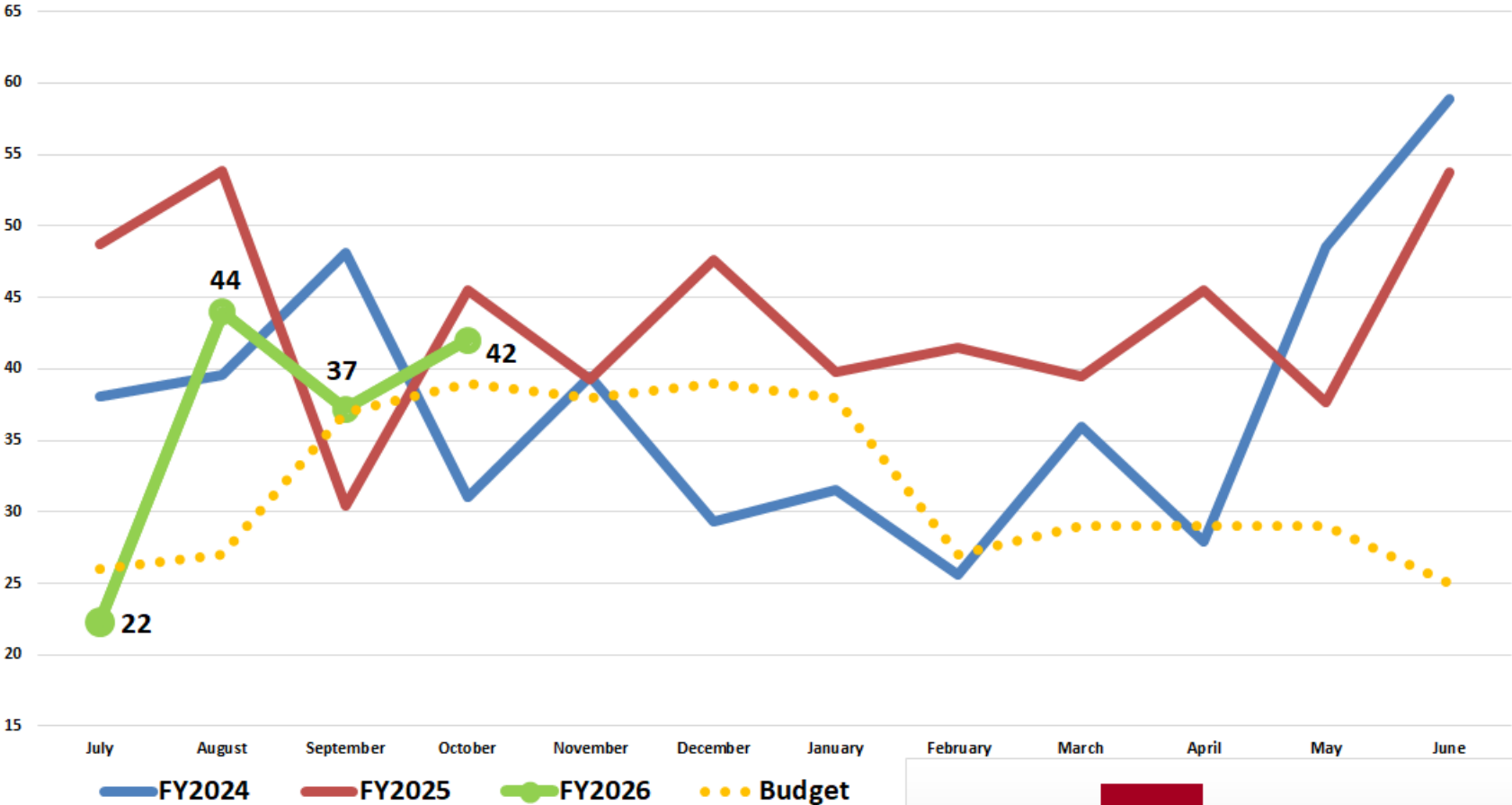
Robotic Surgery (IP & OP) - 100 Min Units



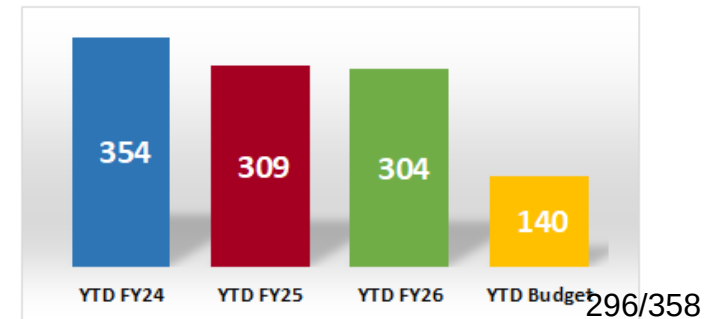
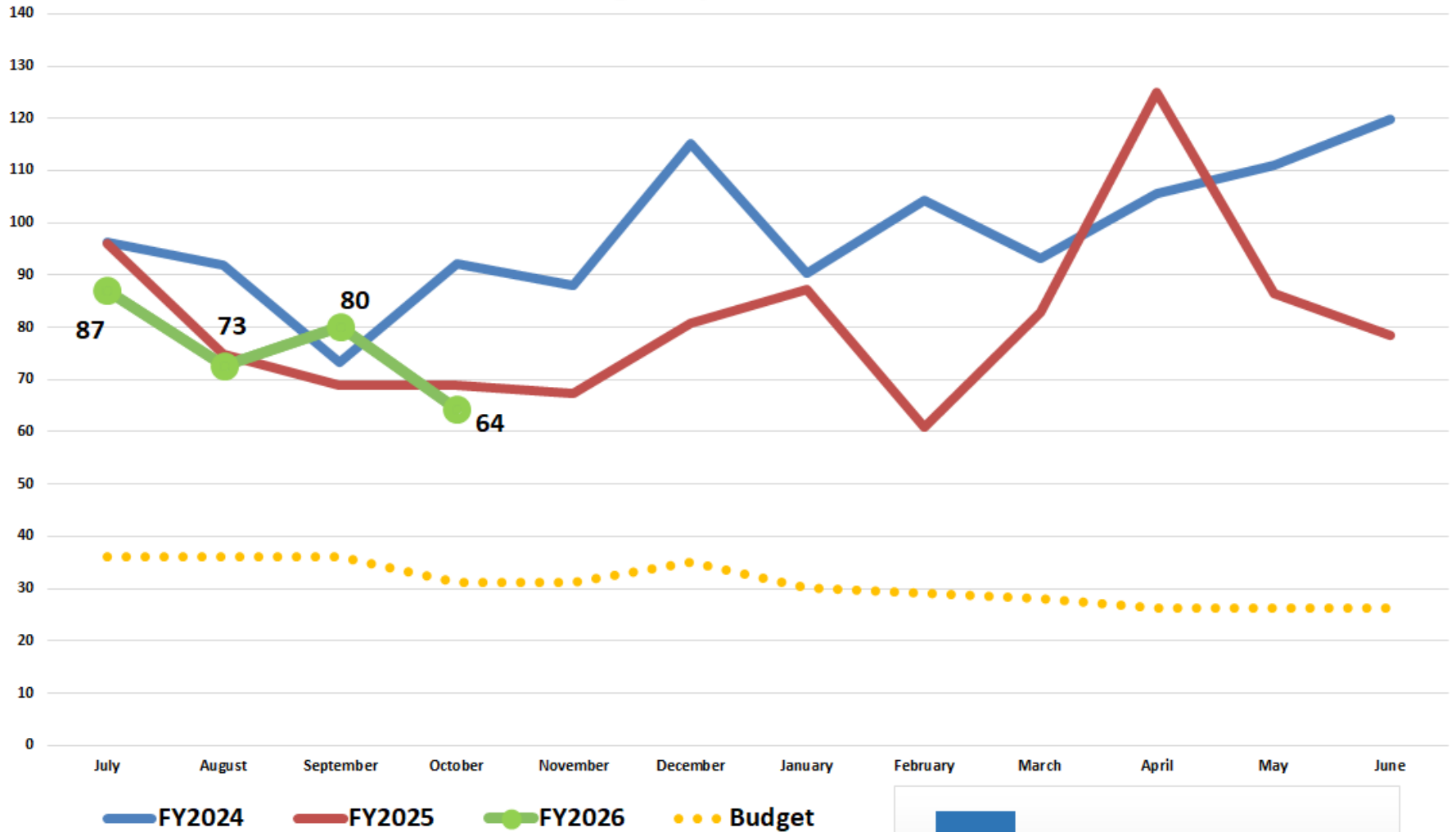
Robotic Surgery Minutes (IP Only)



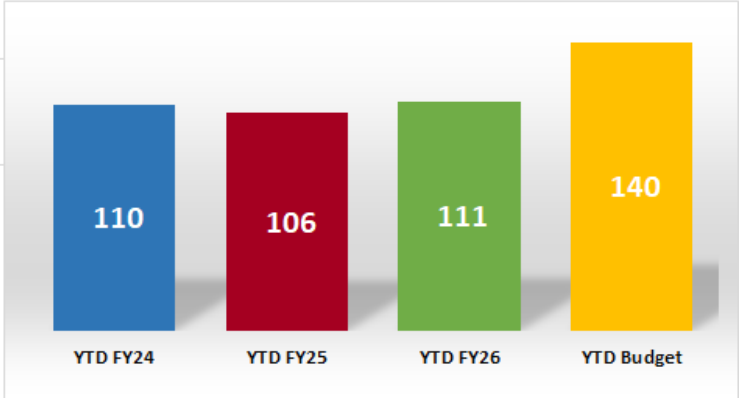
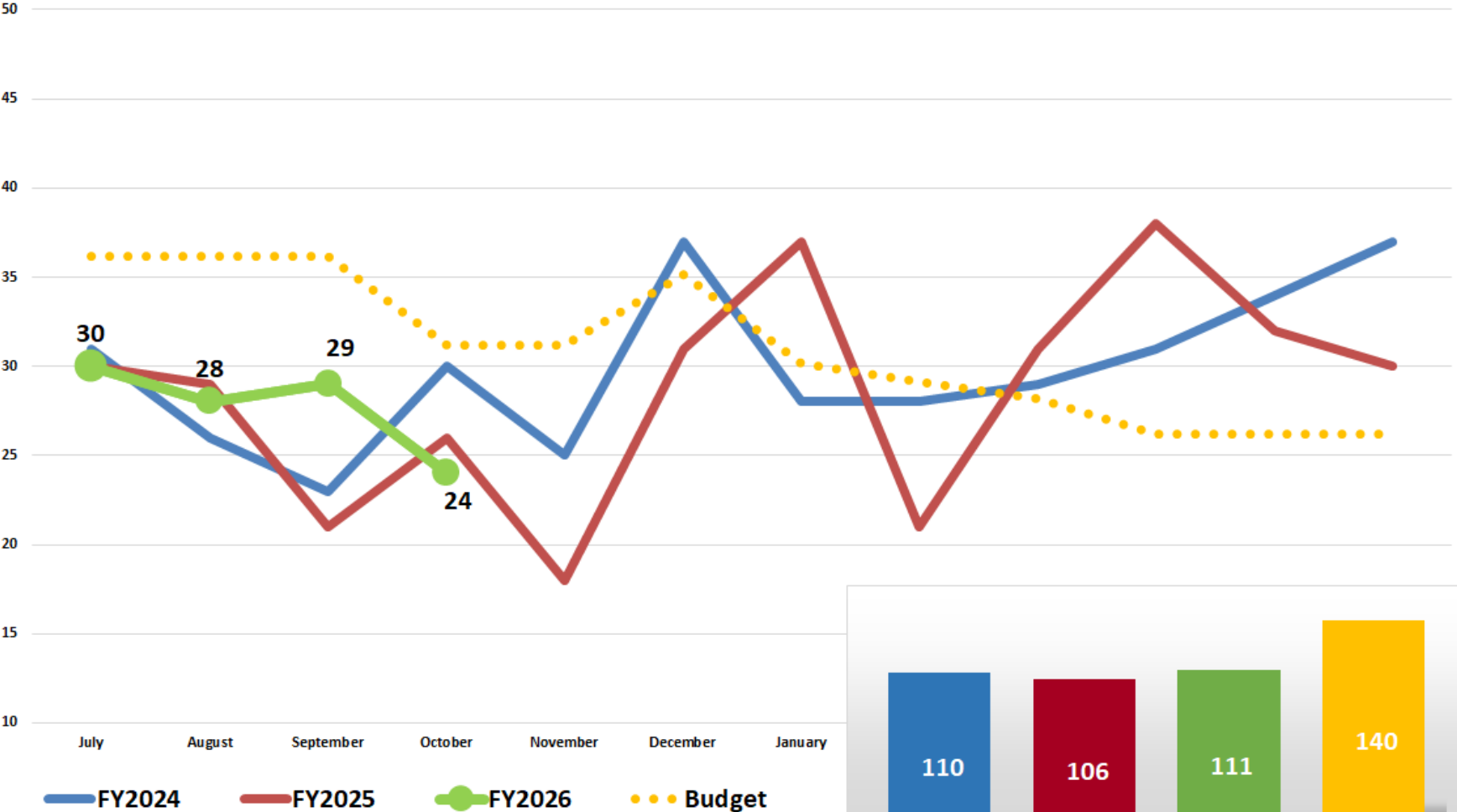
Robotic Surgery Minutes (OP Only)



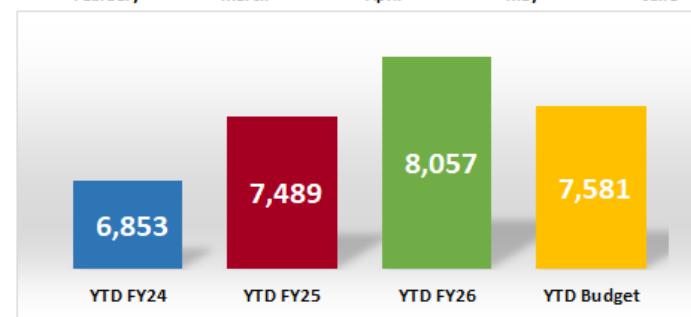
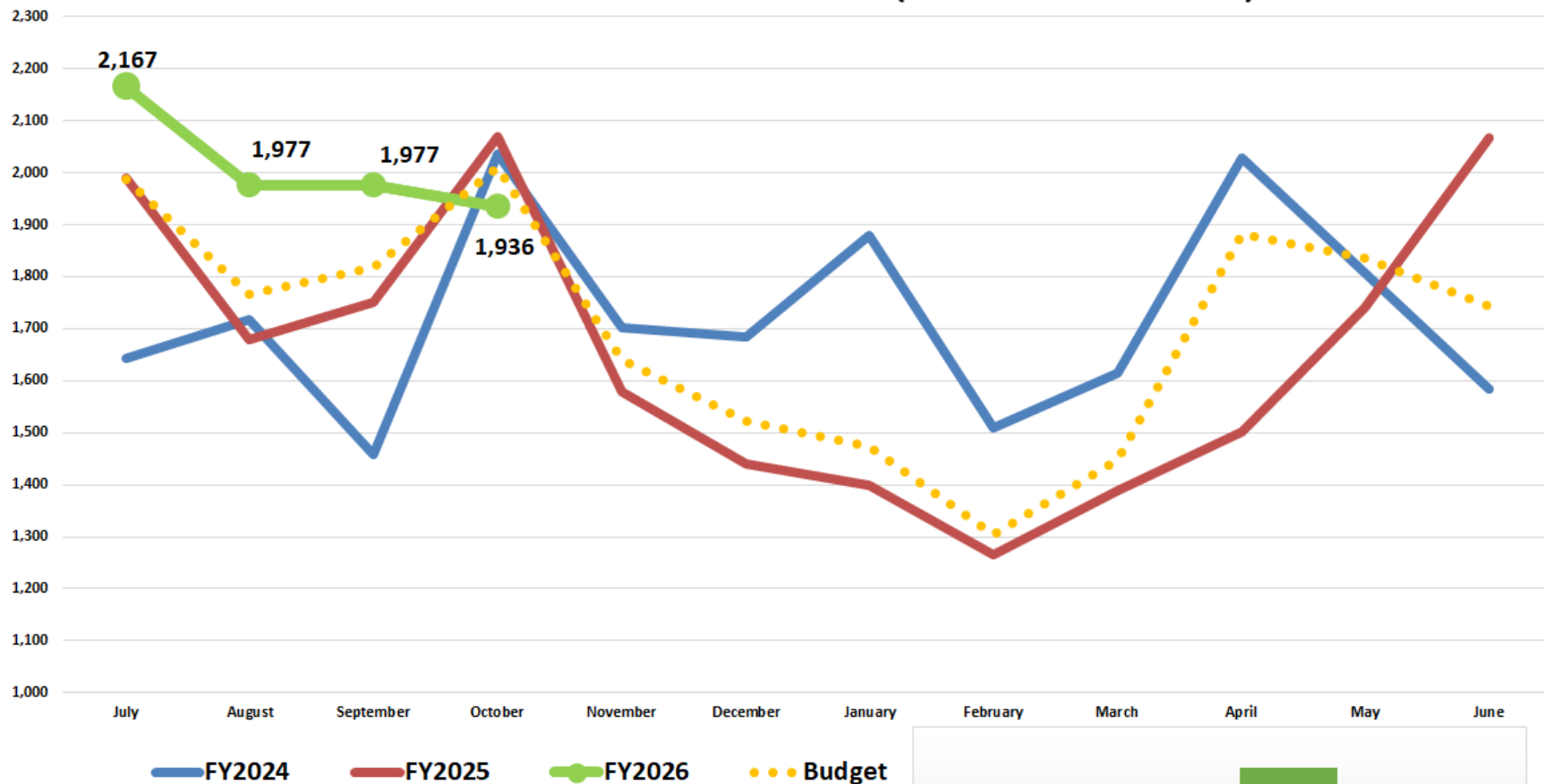
Cardiac Surgery - 100 Min Units



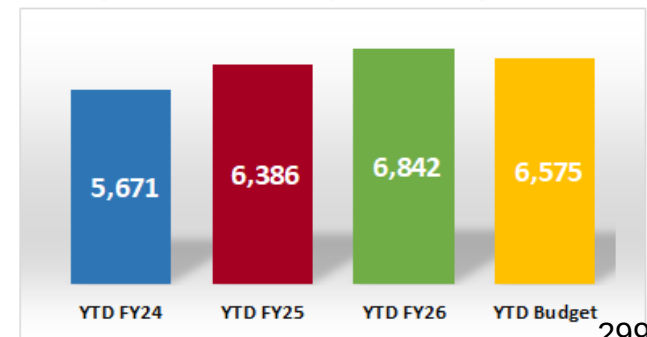
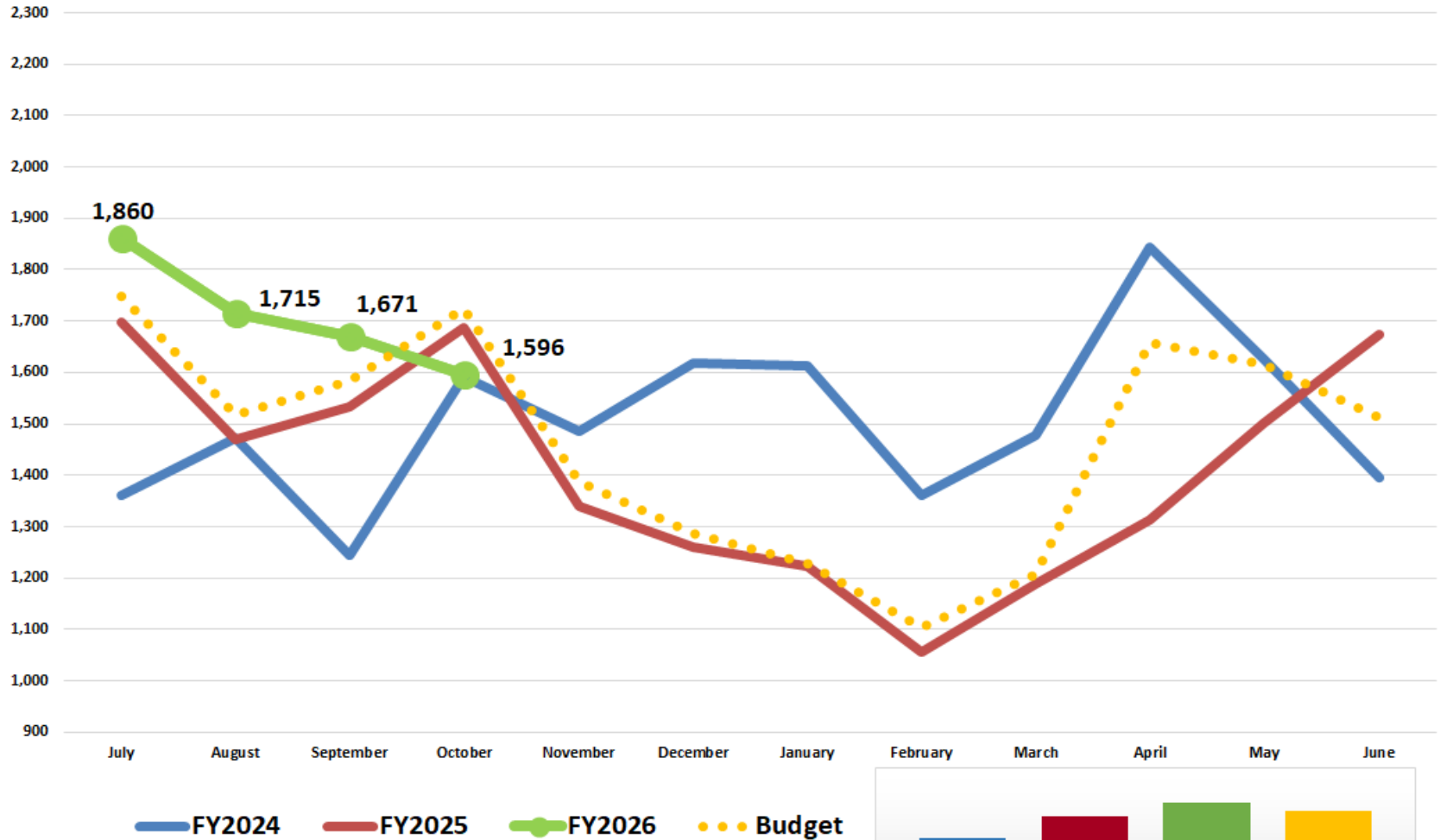
Cardiac Surgery Cases



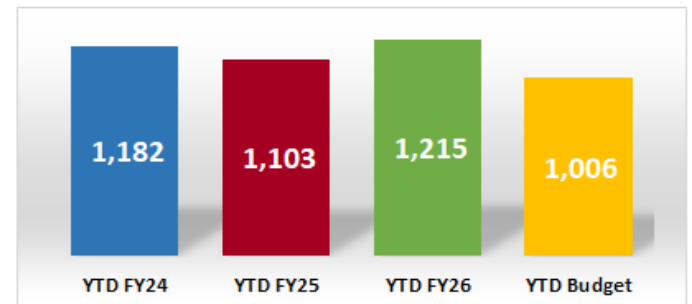
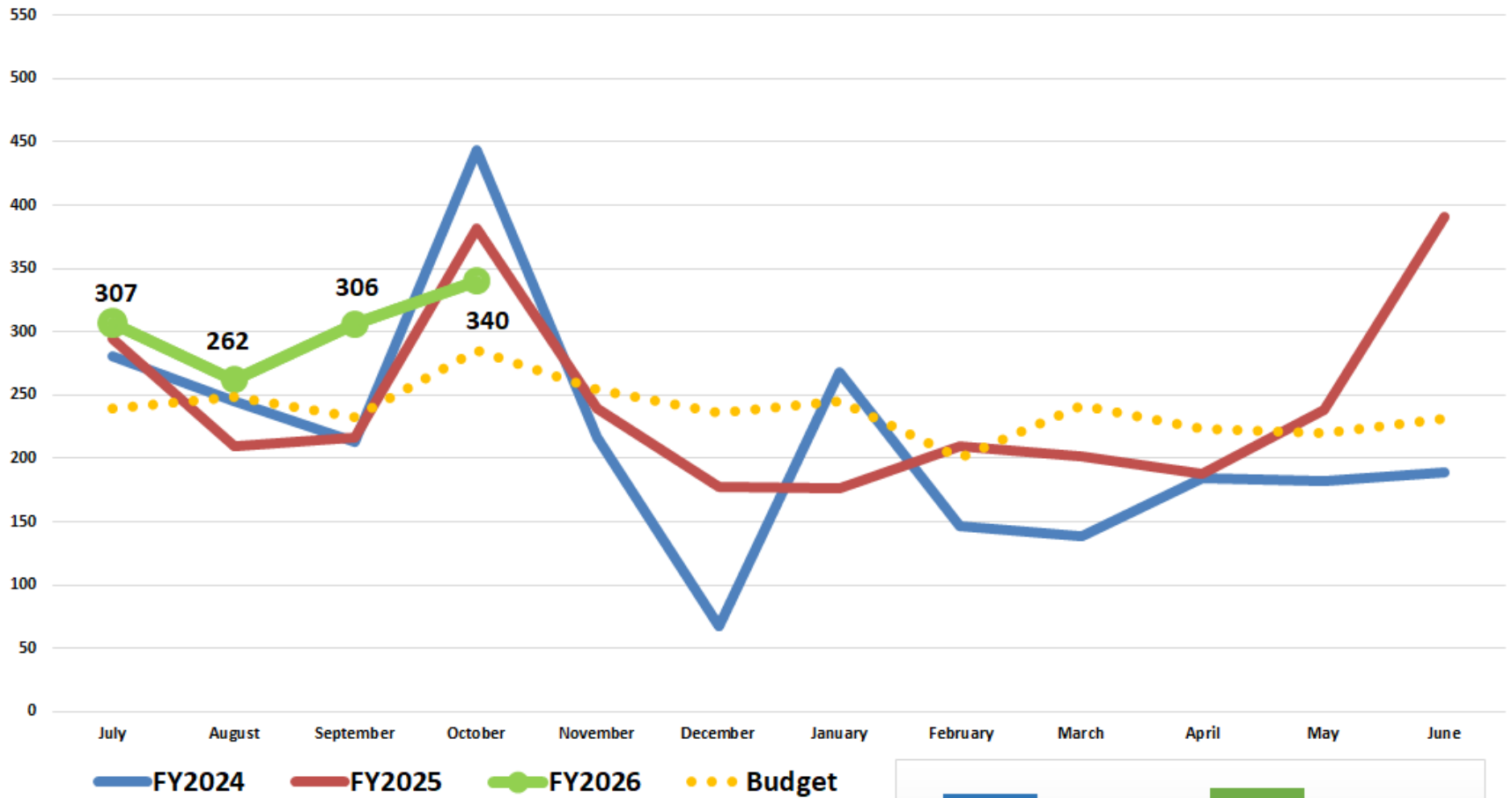
Rad Onc Treatments (Vis. & Hanf.)



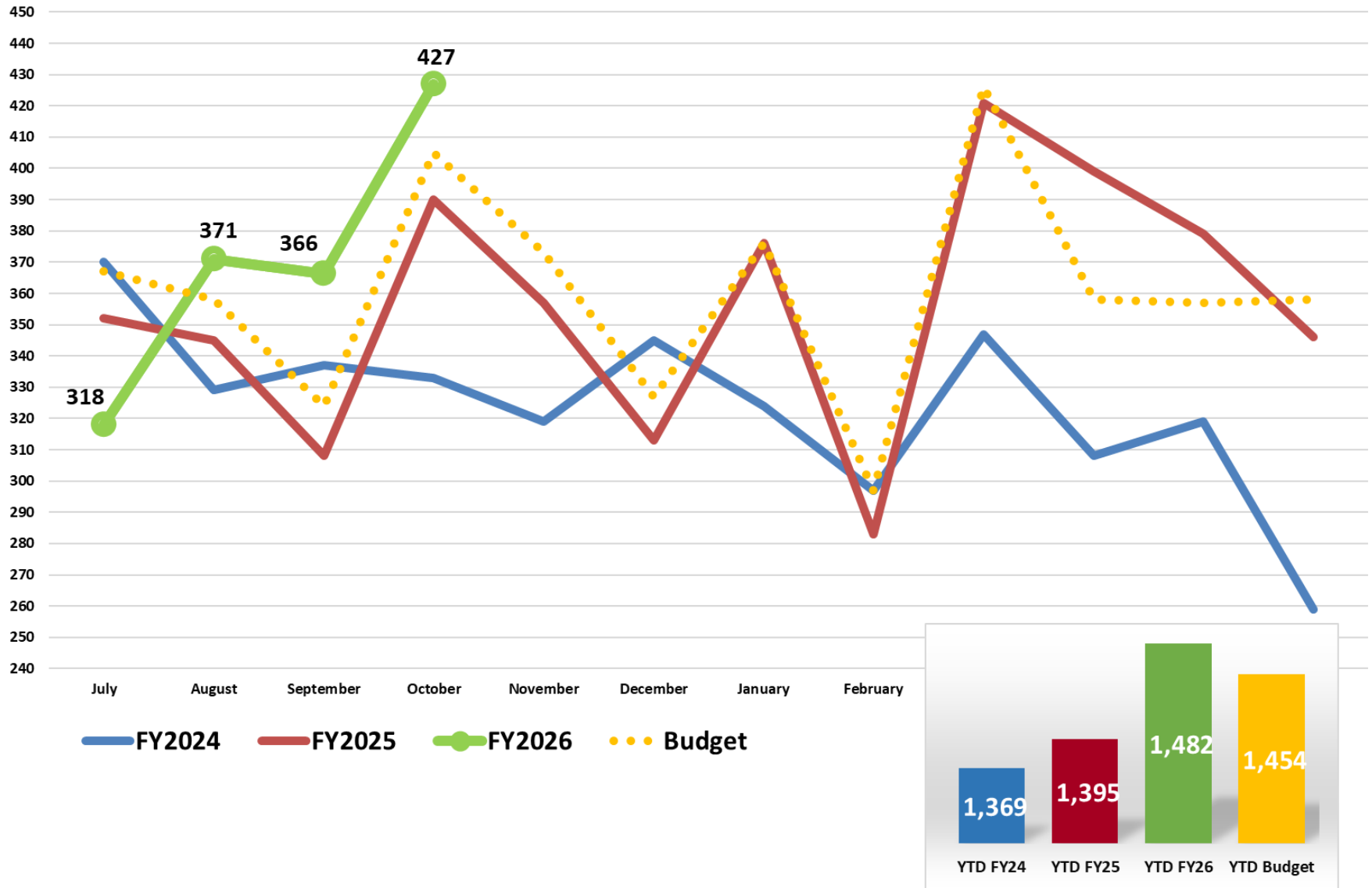
Rad Onc Visalia



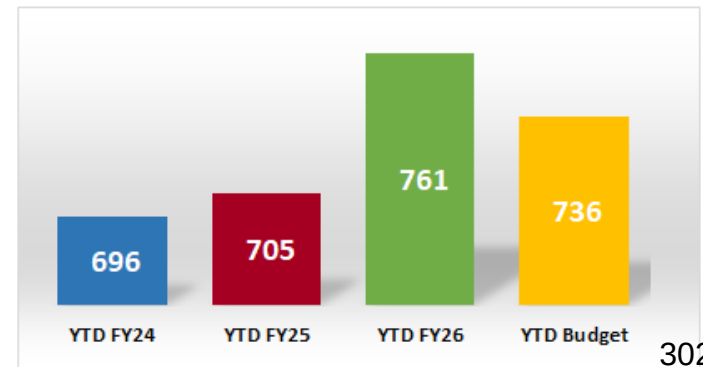
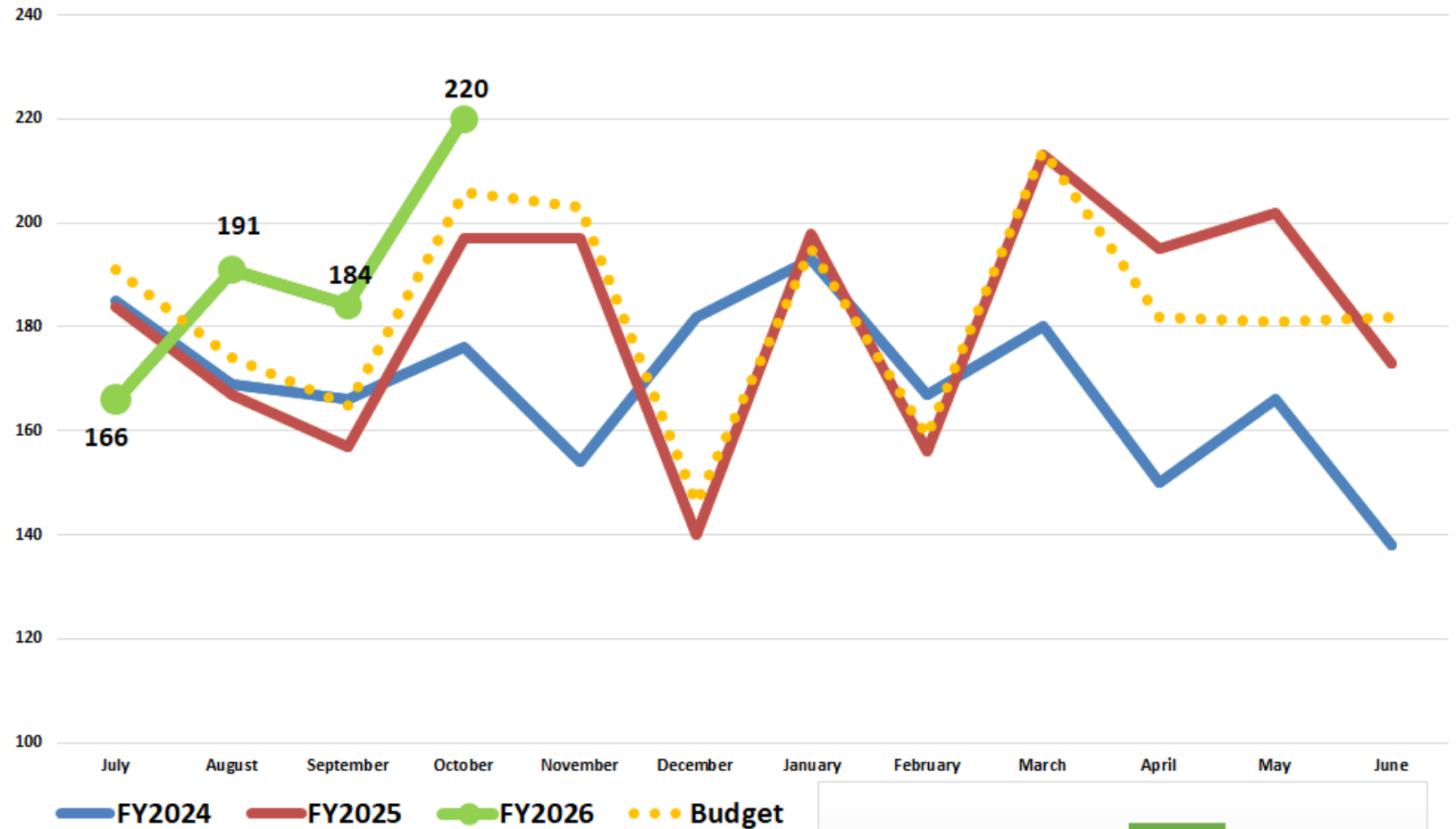
Rad Onc Hanford



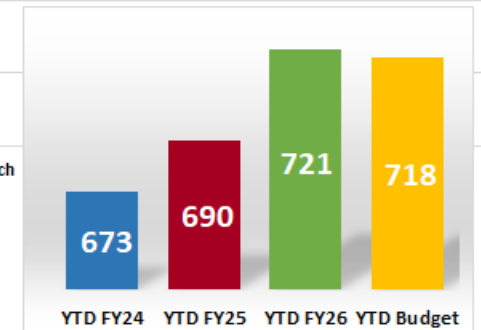
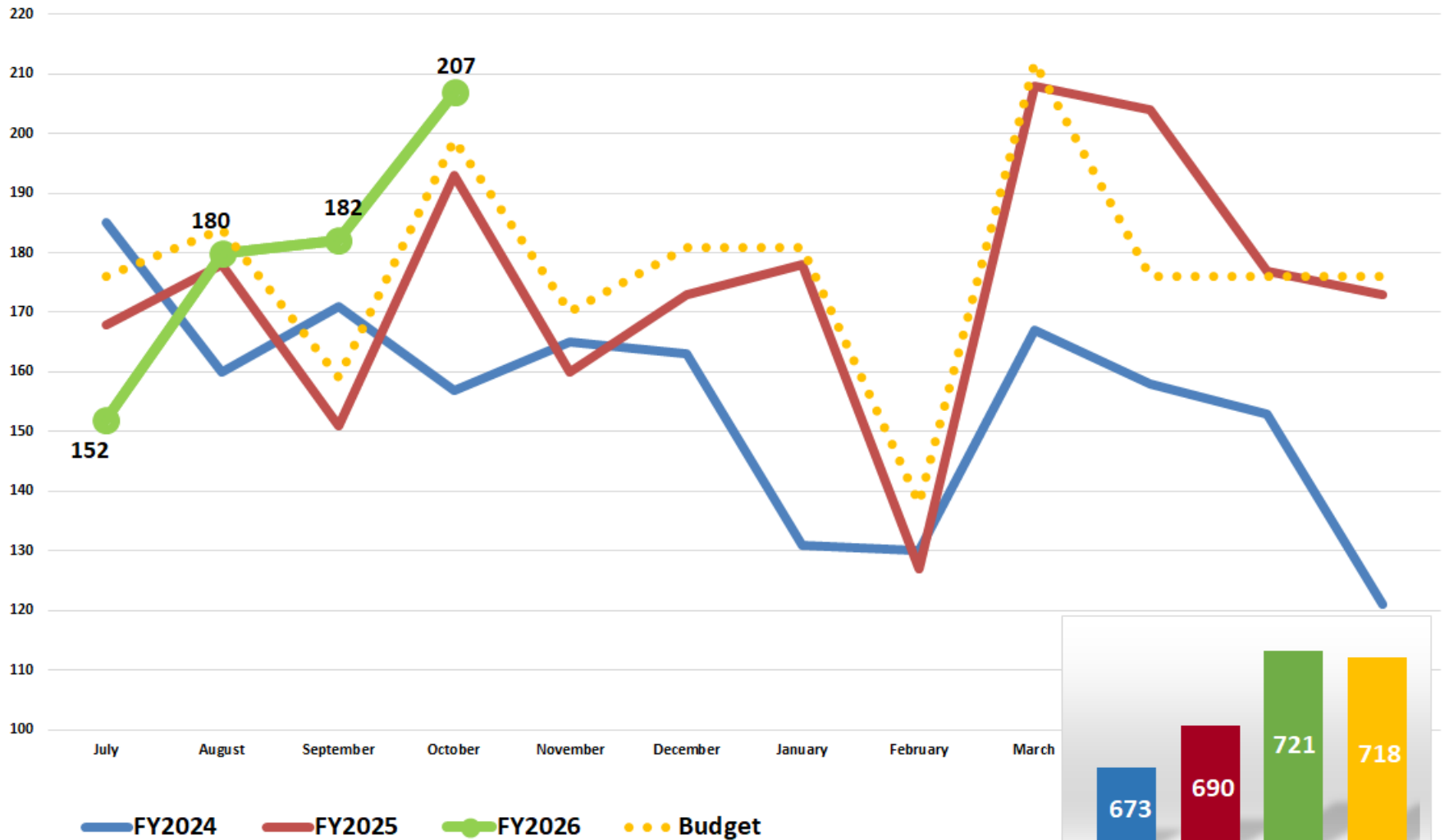
Cath Lab (IP & OP) – 100 Min Units



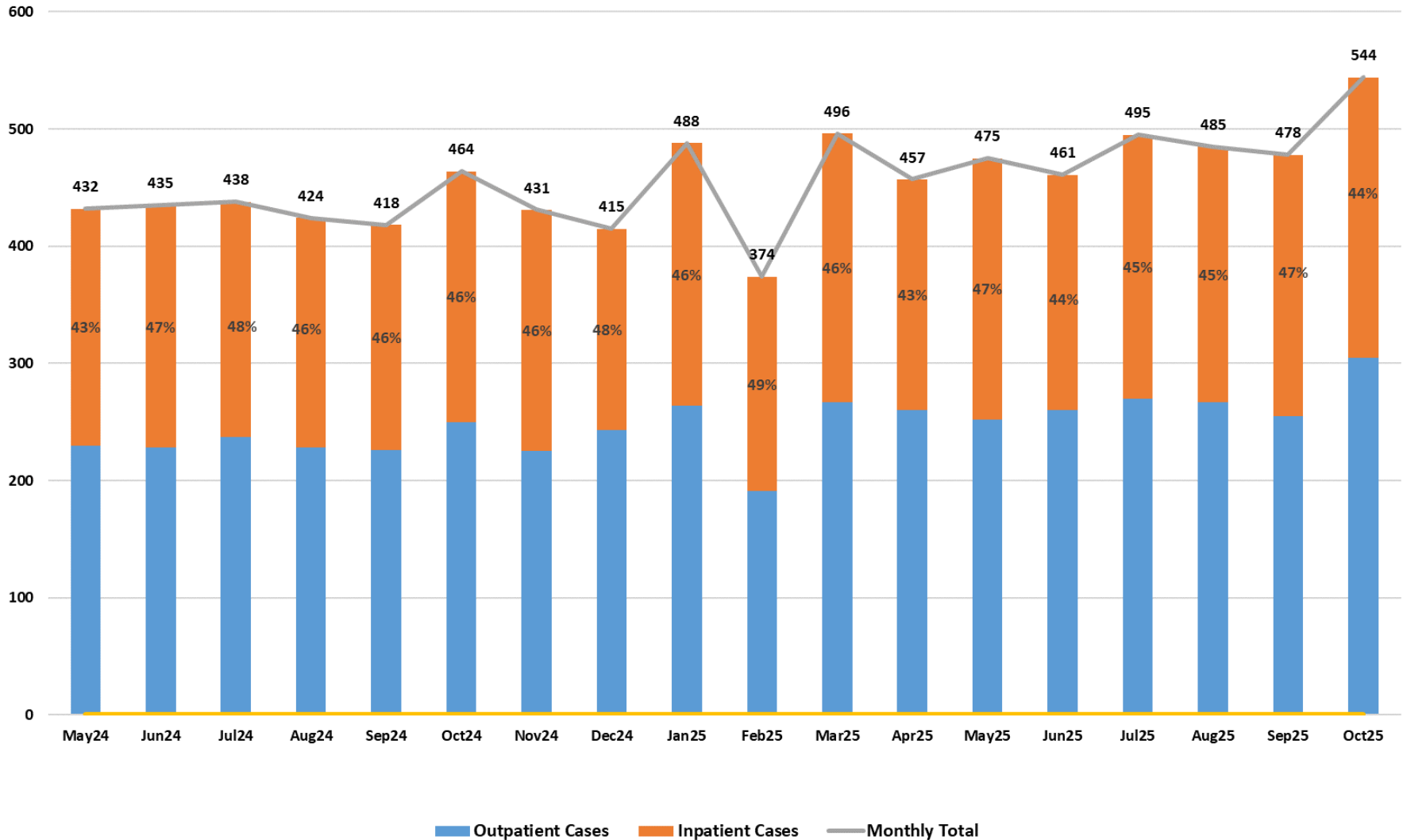
Cath Lab (IP Only) – 100 Min Units



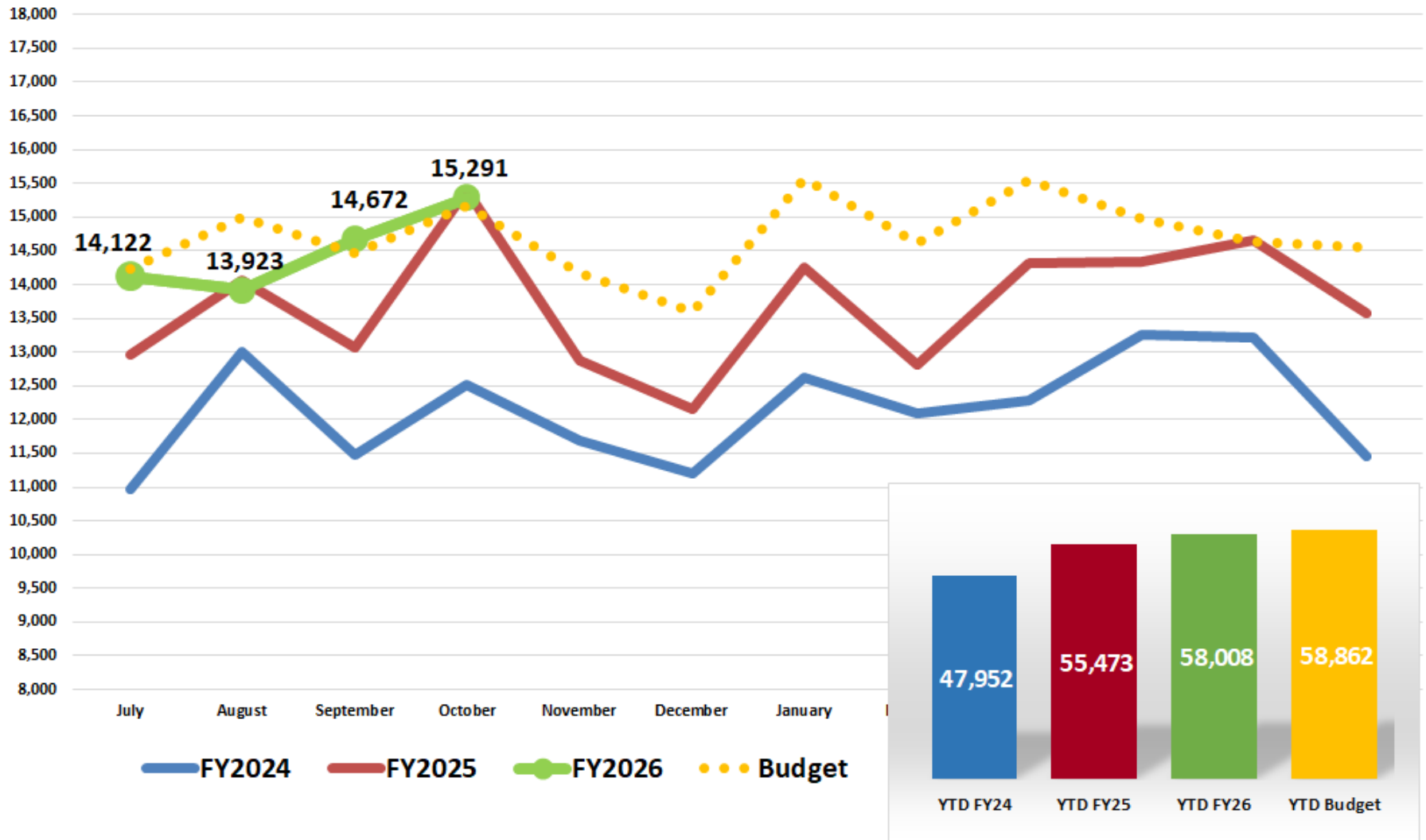
Cath Lab (OP Only) – 100 Min Units



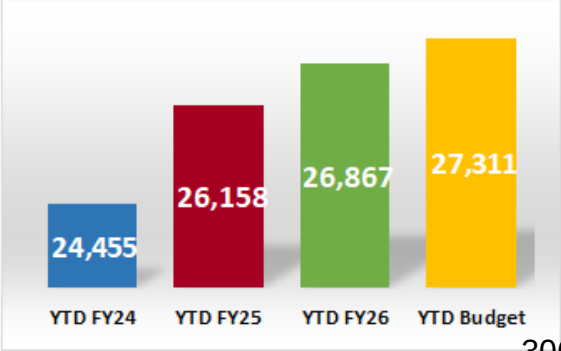
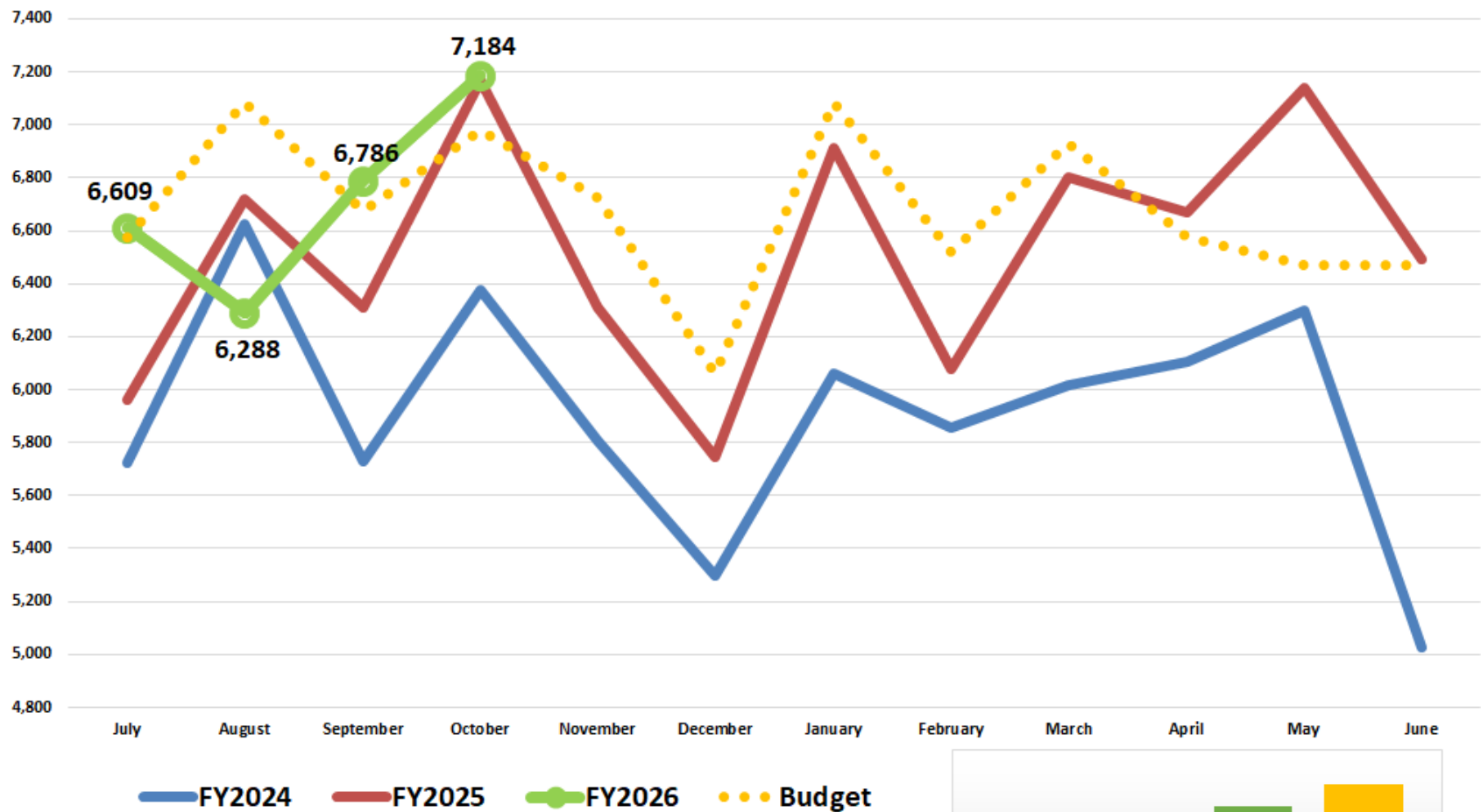
Cath Lab Patients (IP & OP)



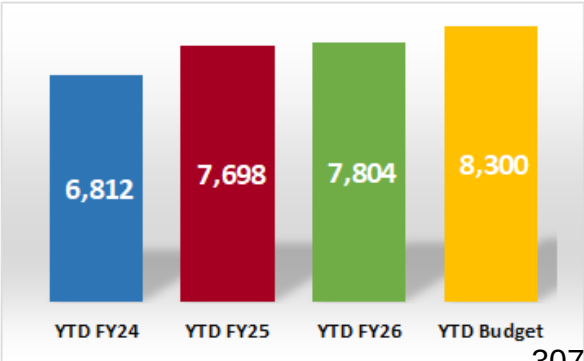
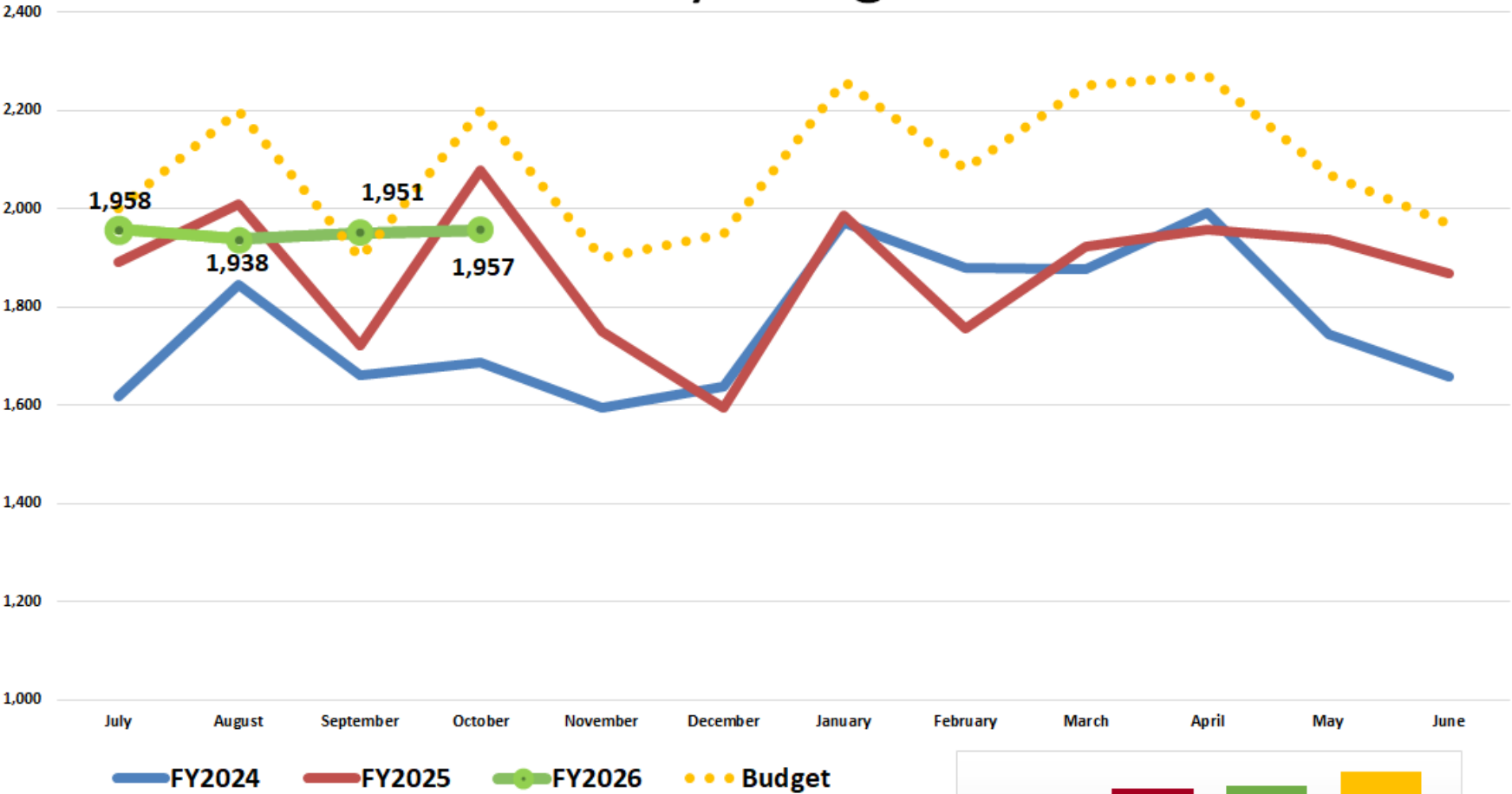
Rural Health Clinics Registrations



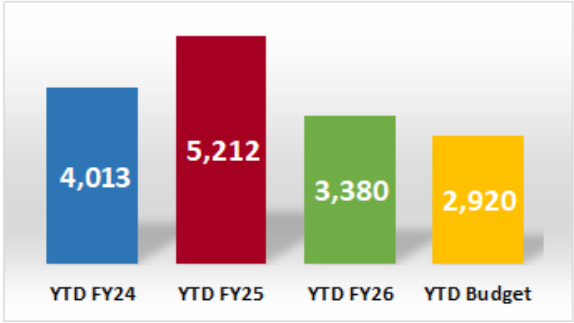
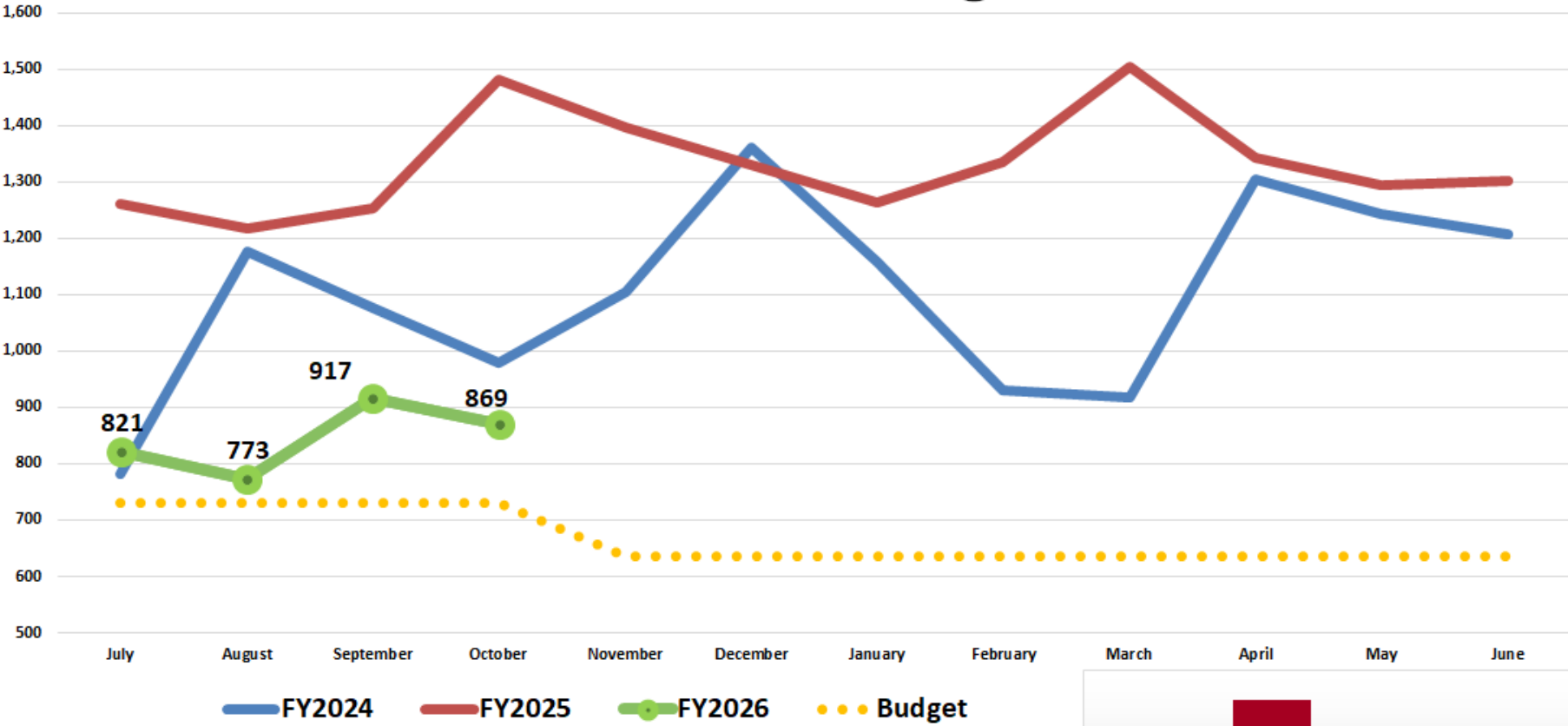
RHC Exeter - Registrations



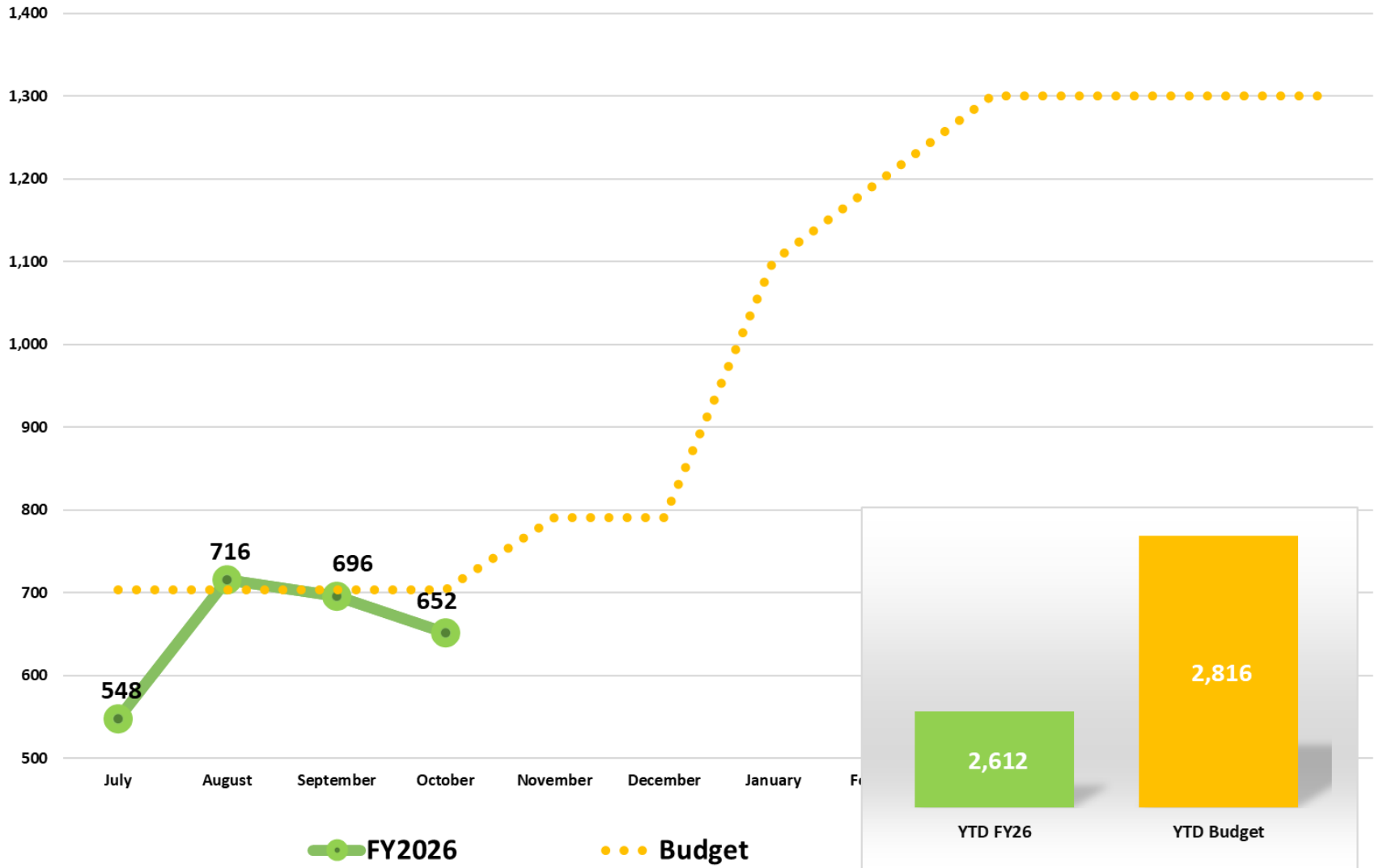
RHC Lindsay - Registrations



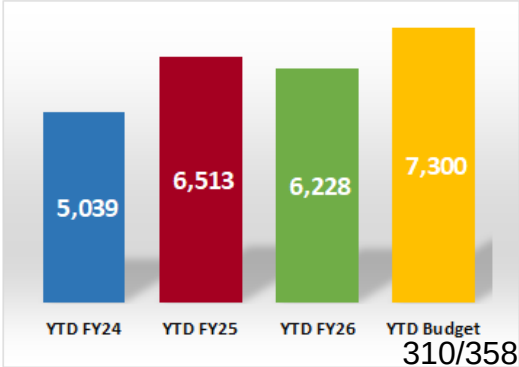
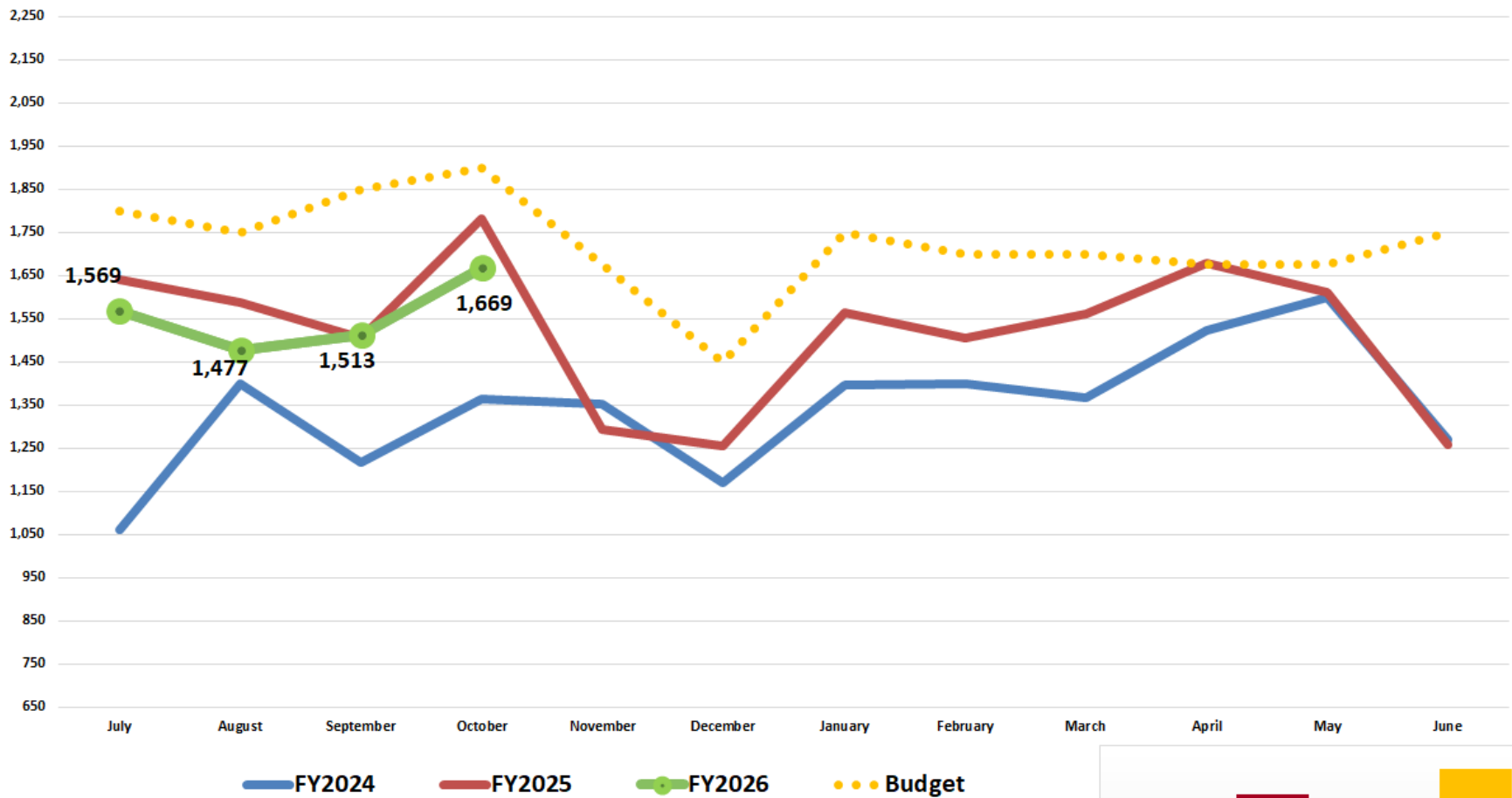
RHC Woodlake - Registrations



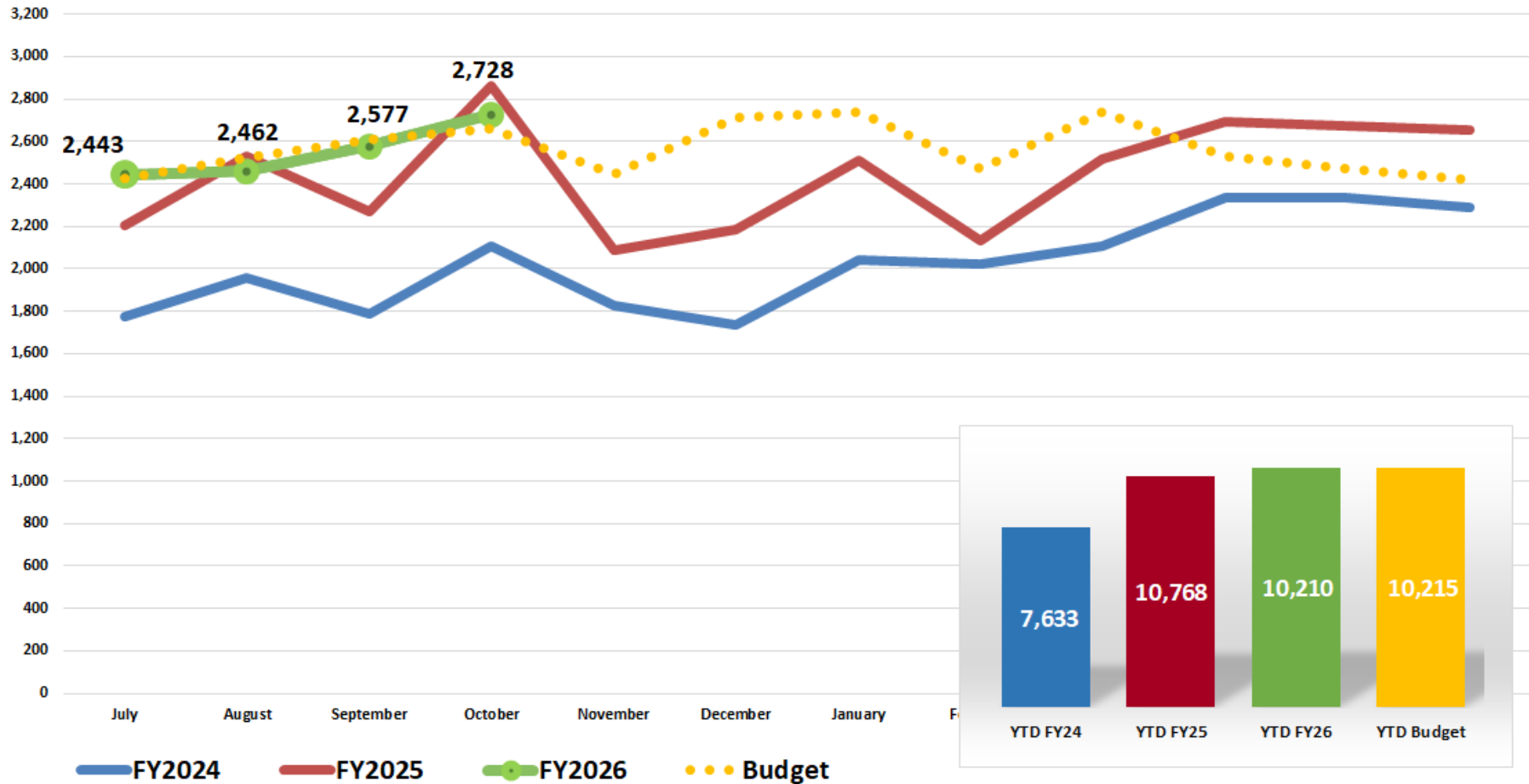
RHC Woodlake Valencia - Registrations



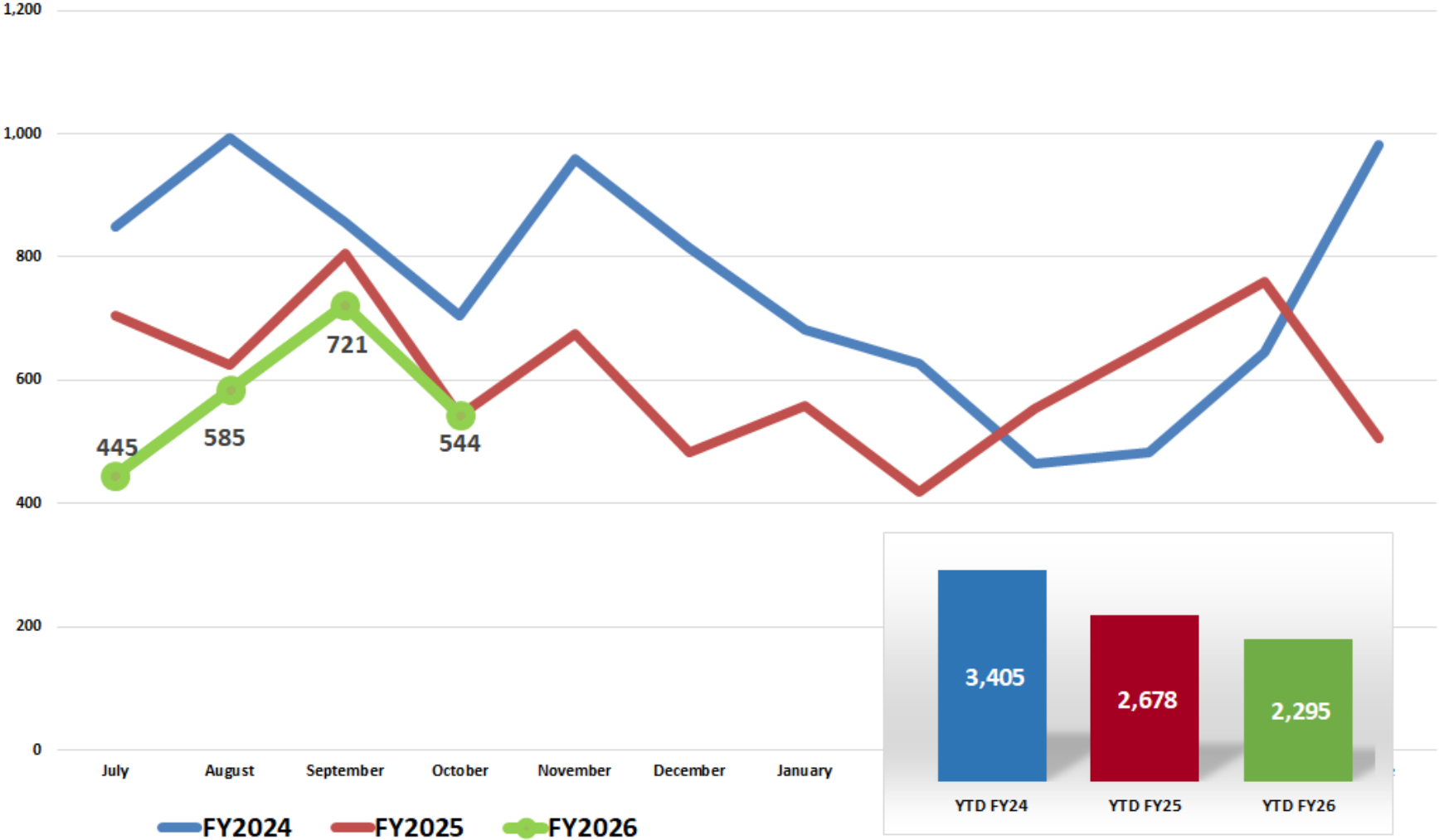
RHC Dinuba - Registrations



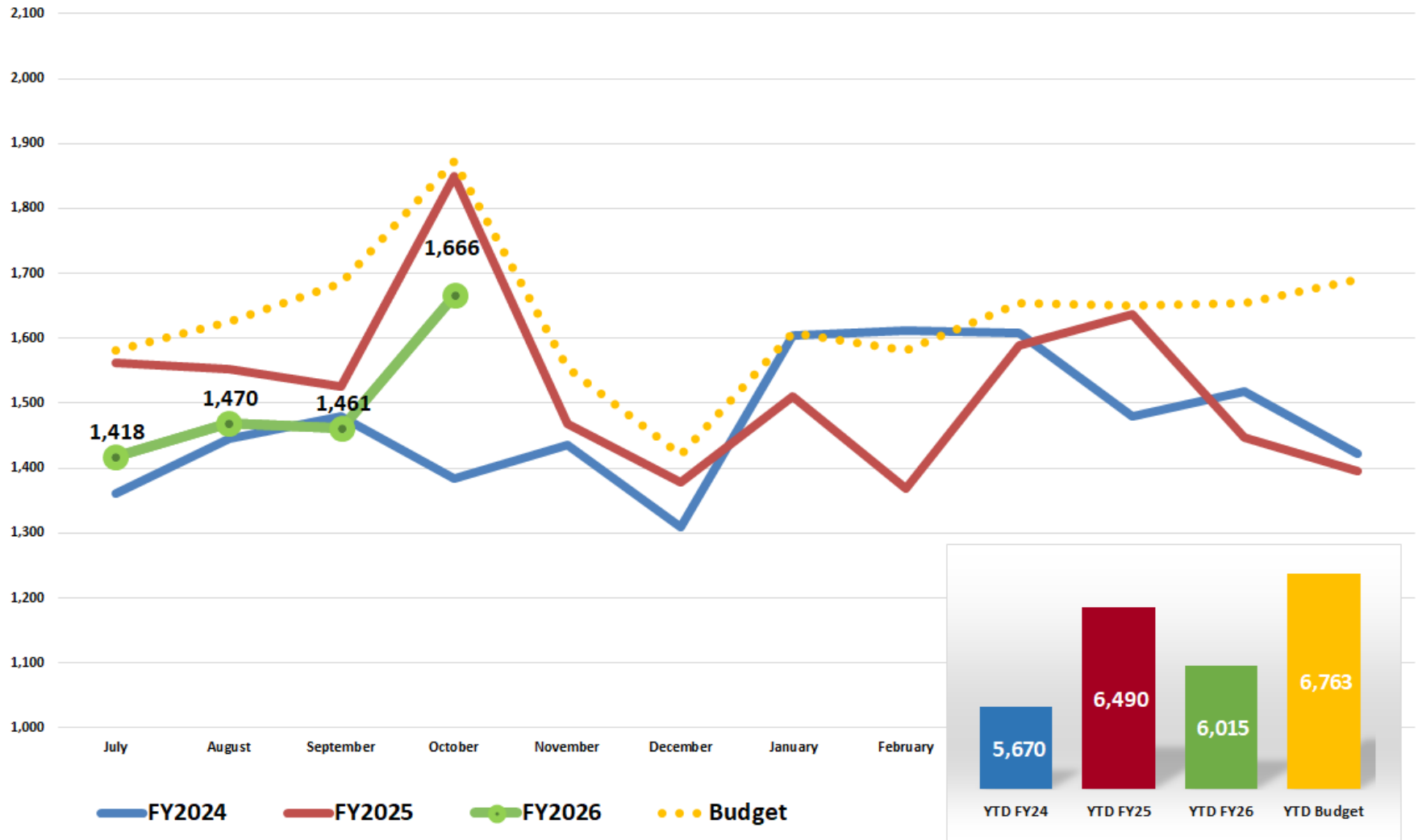
RHC Tulare - Registrations



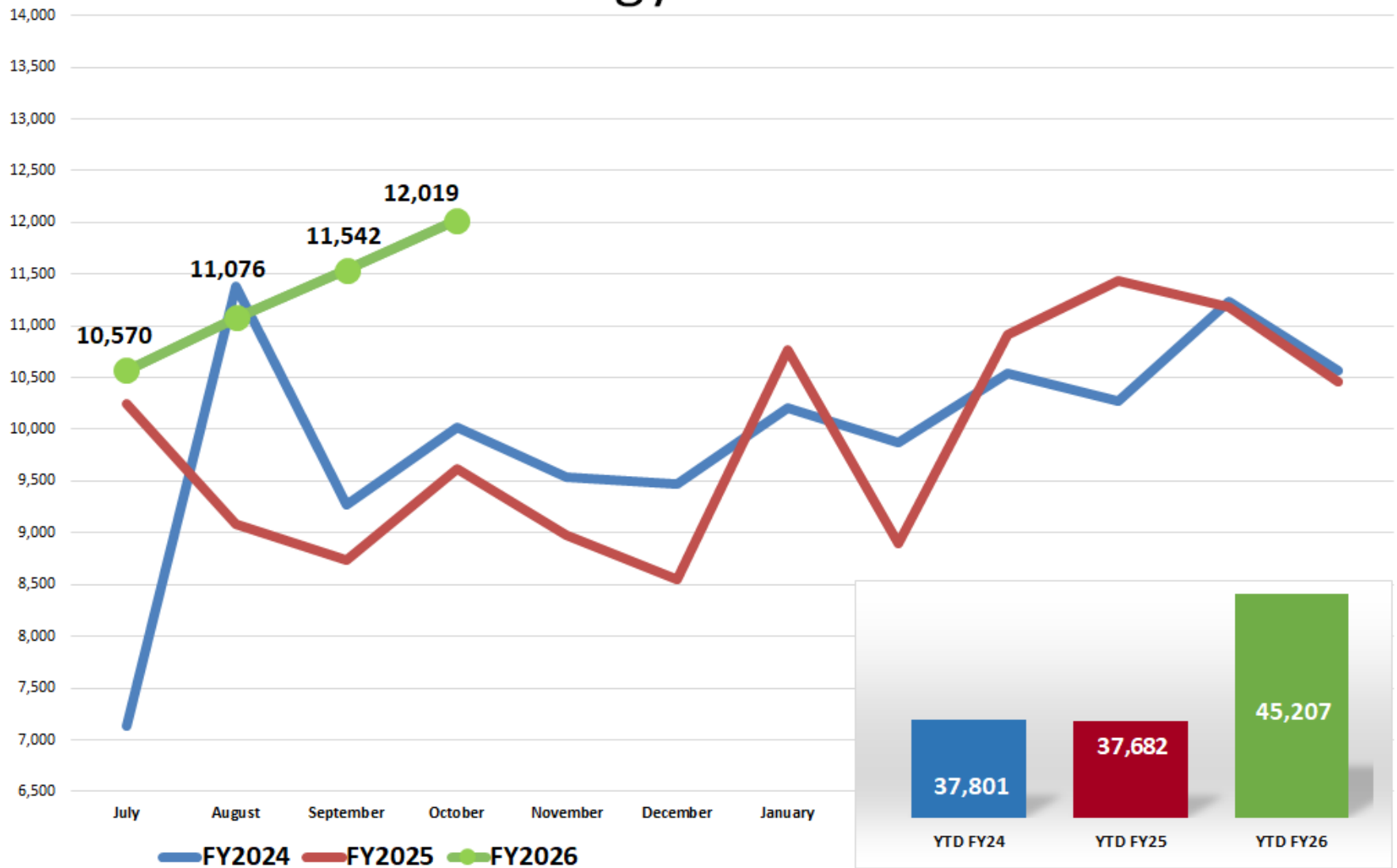
Neurosurgery Clinic - wRVU's



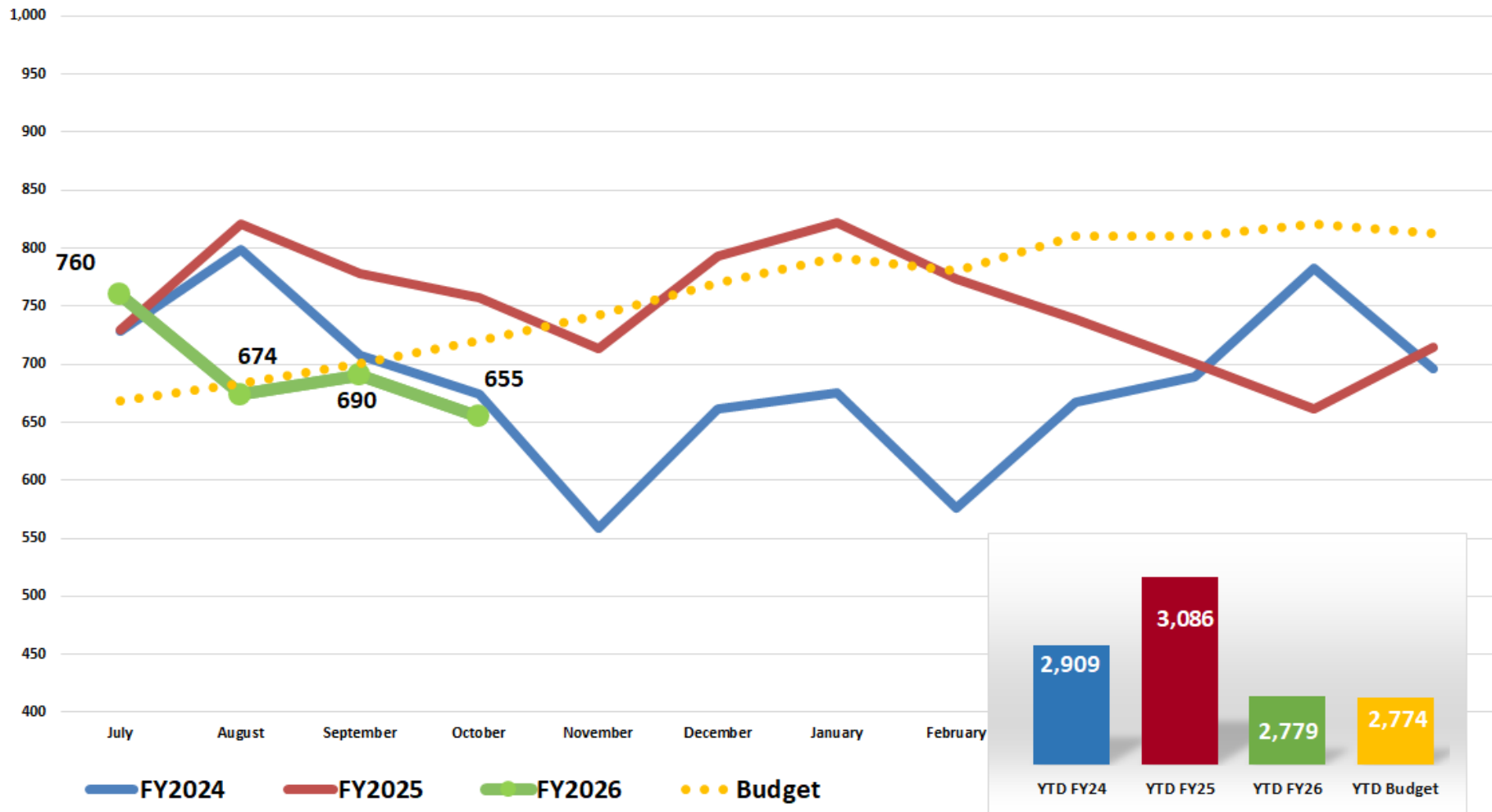
KH Cardiology Center Registrations



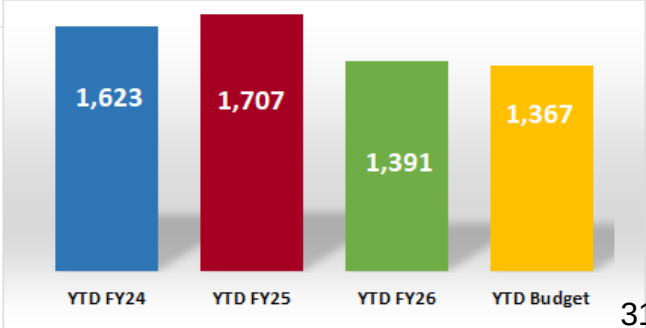
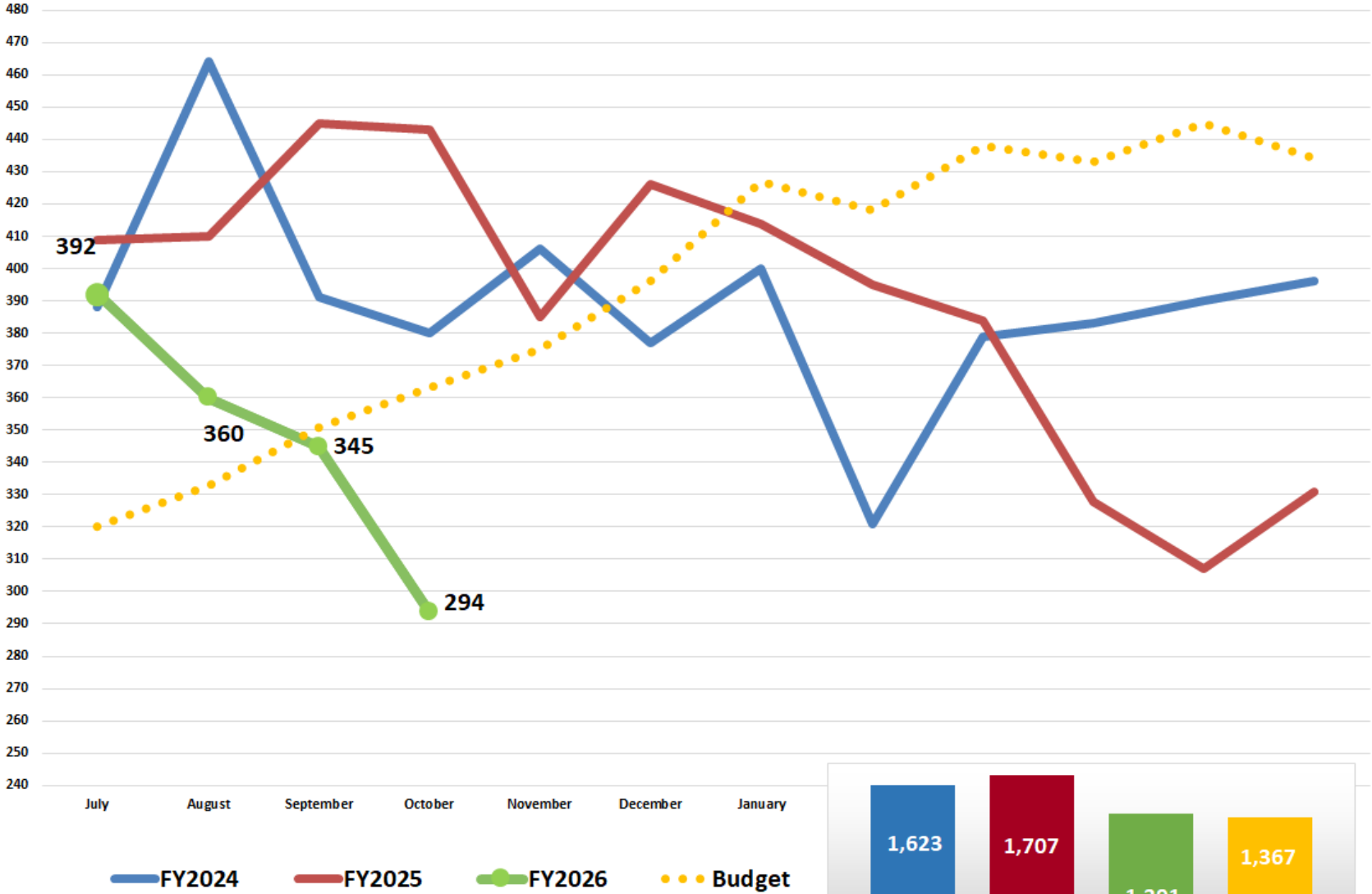
KH Cardiology Center - wRVU's



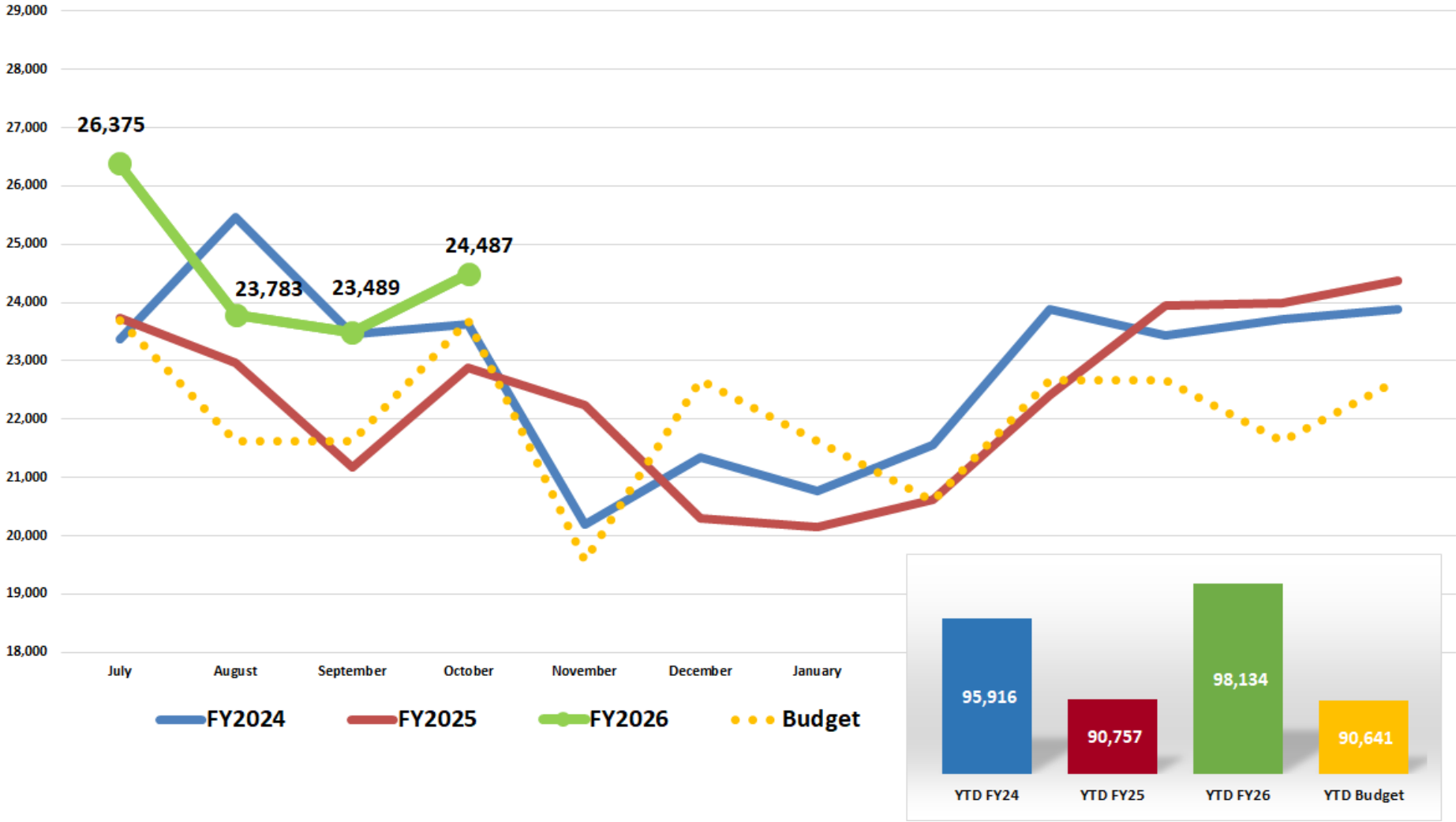
Labor Triage Registrations



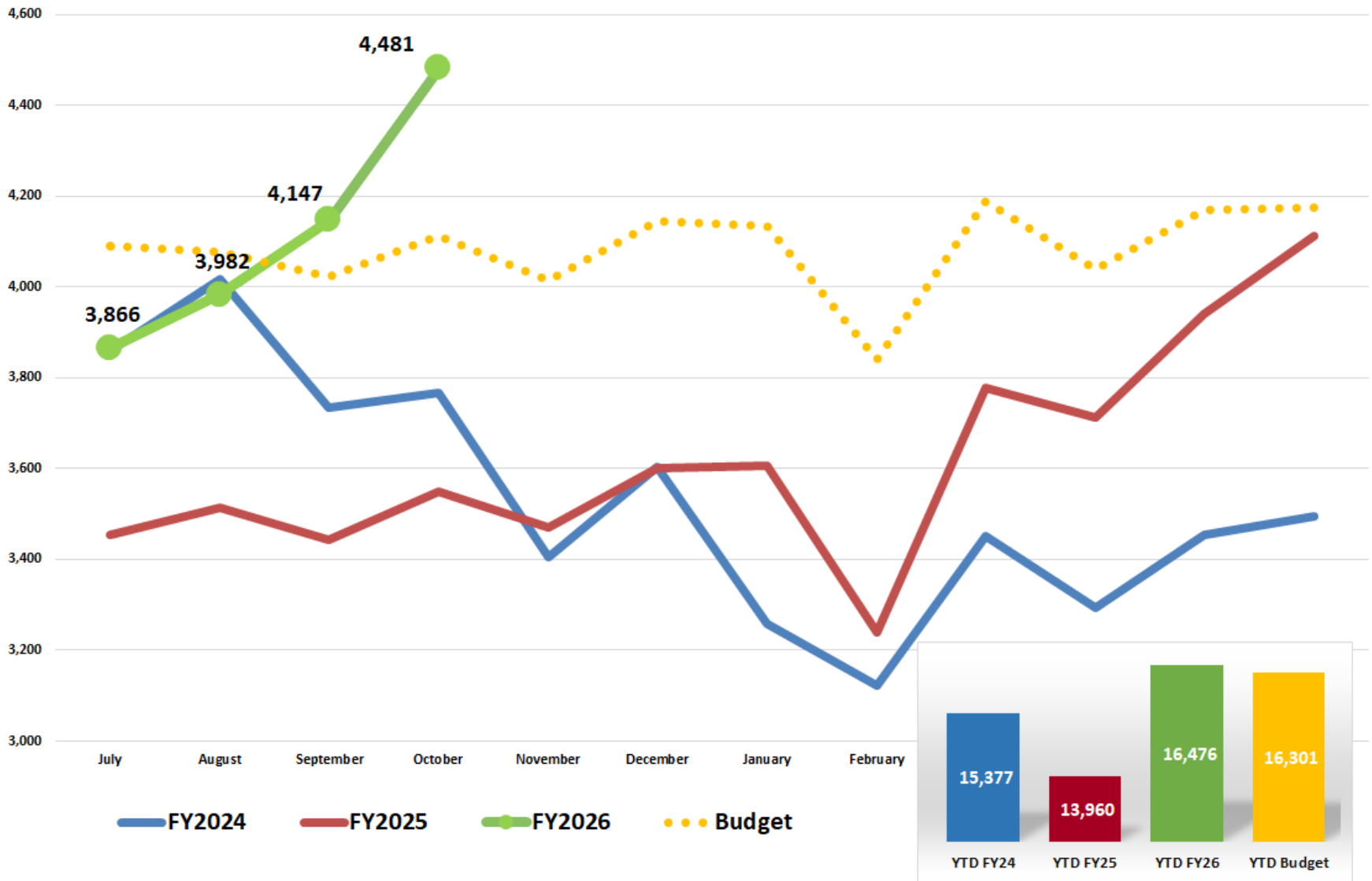
Deliveries



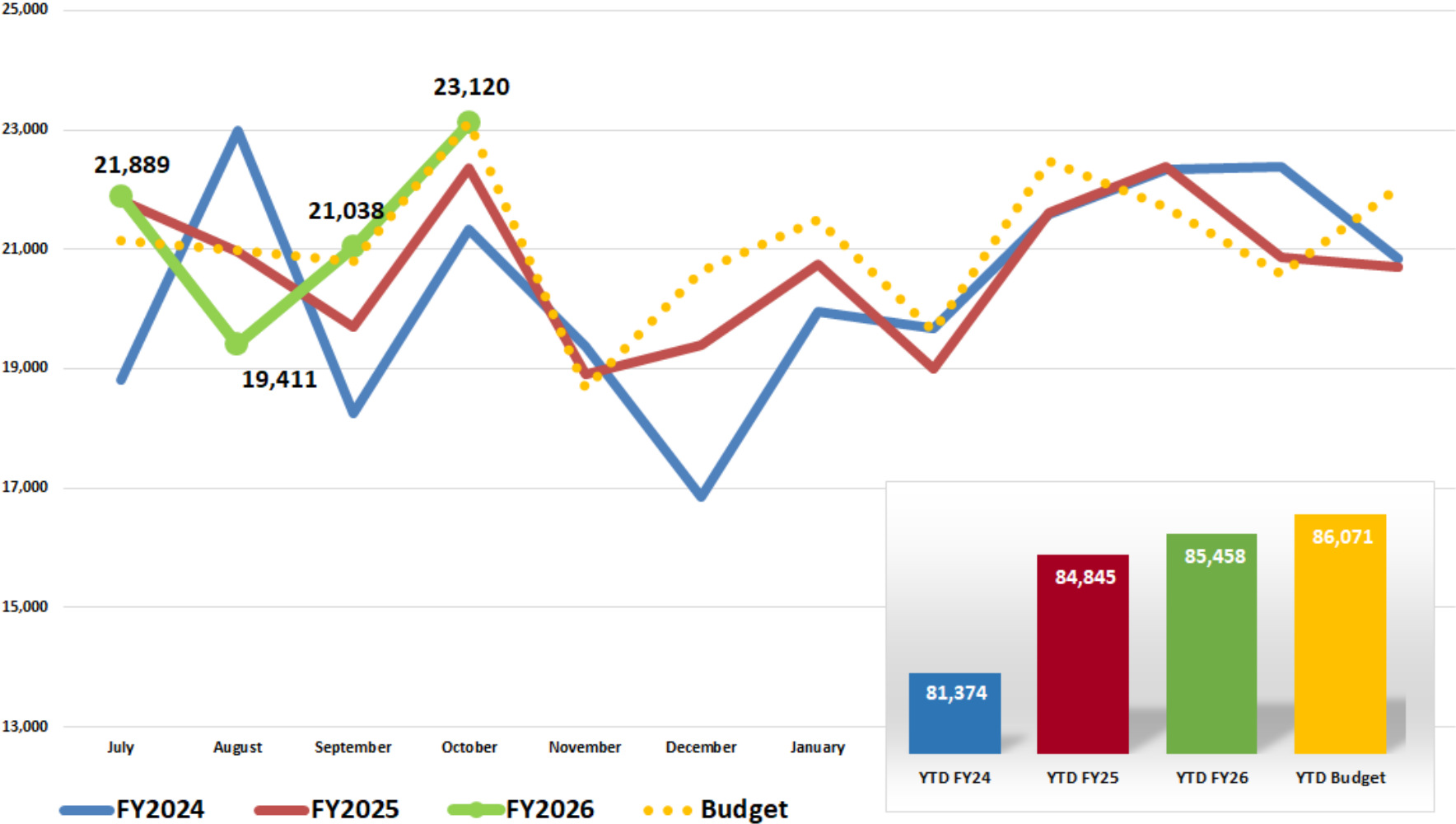
Home Infusion Days



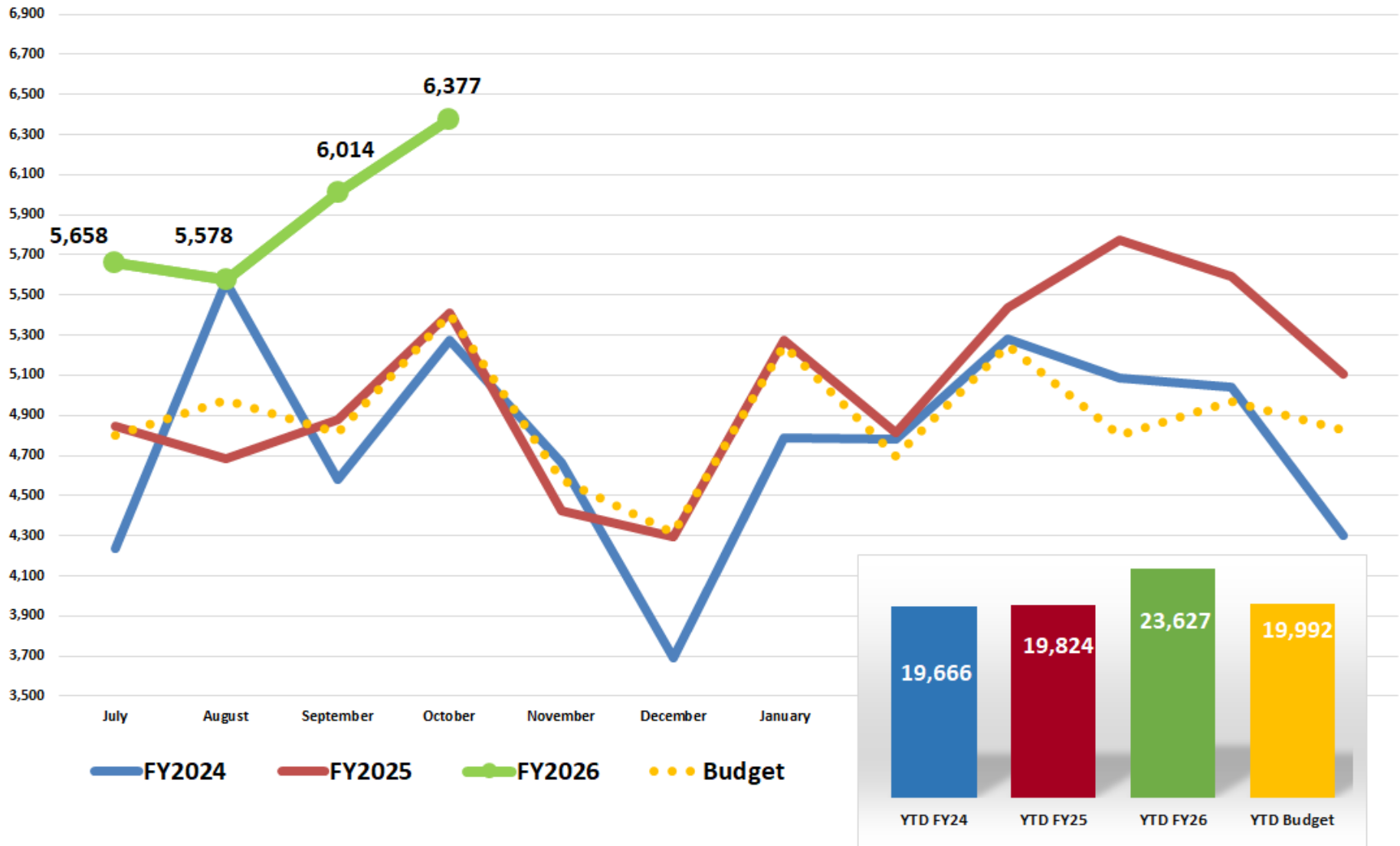
Hospice Days



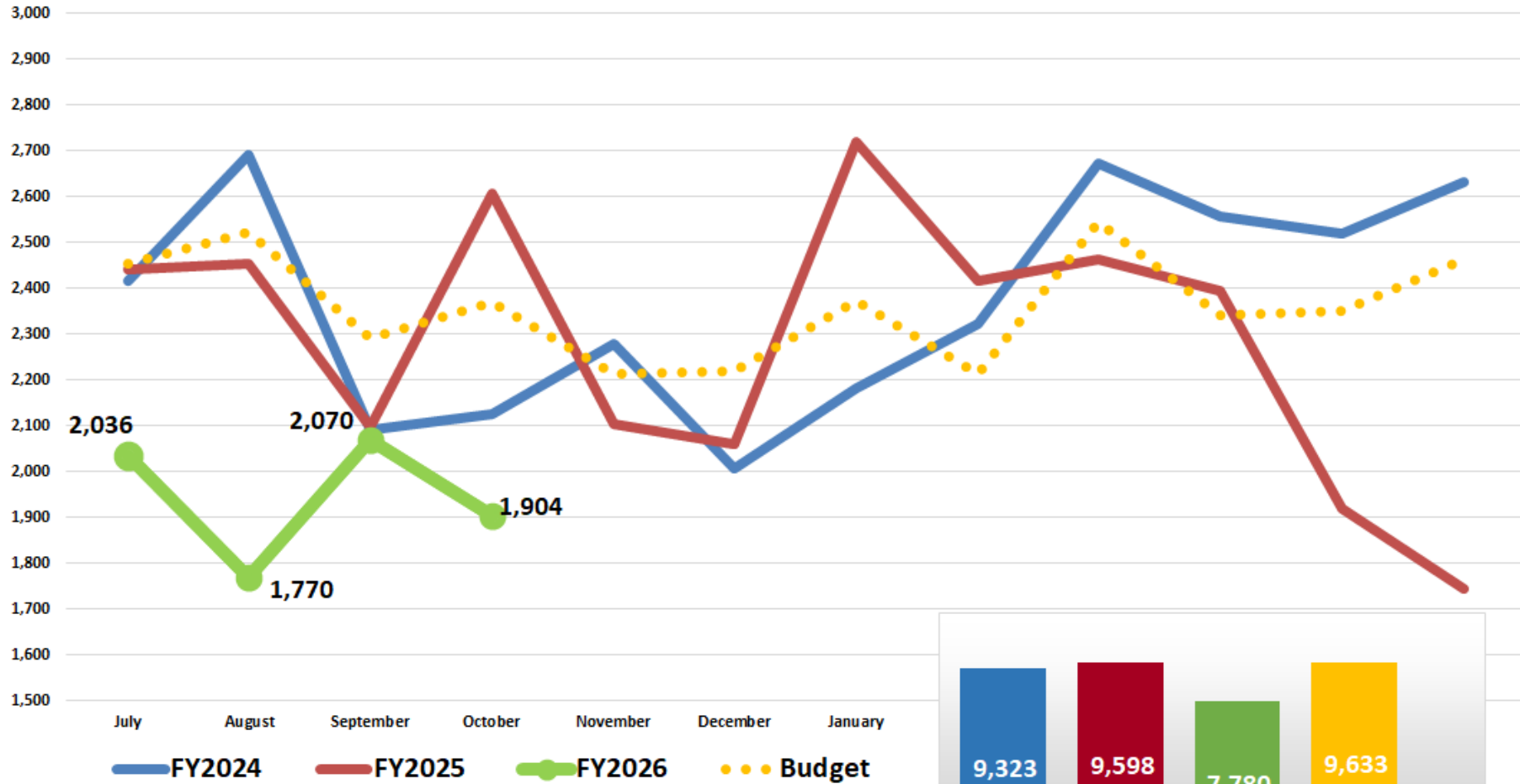
All O/P Rehab Svcs Across District



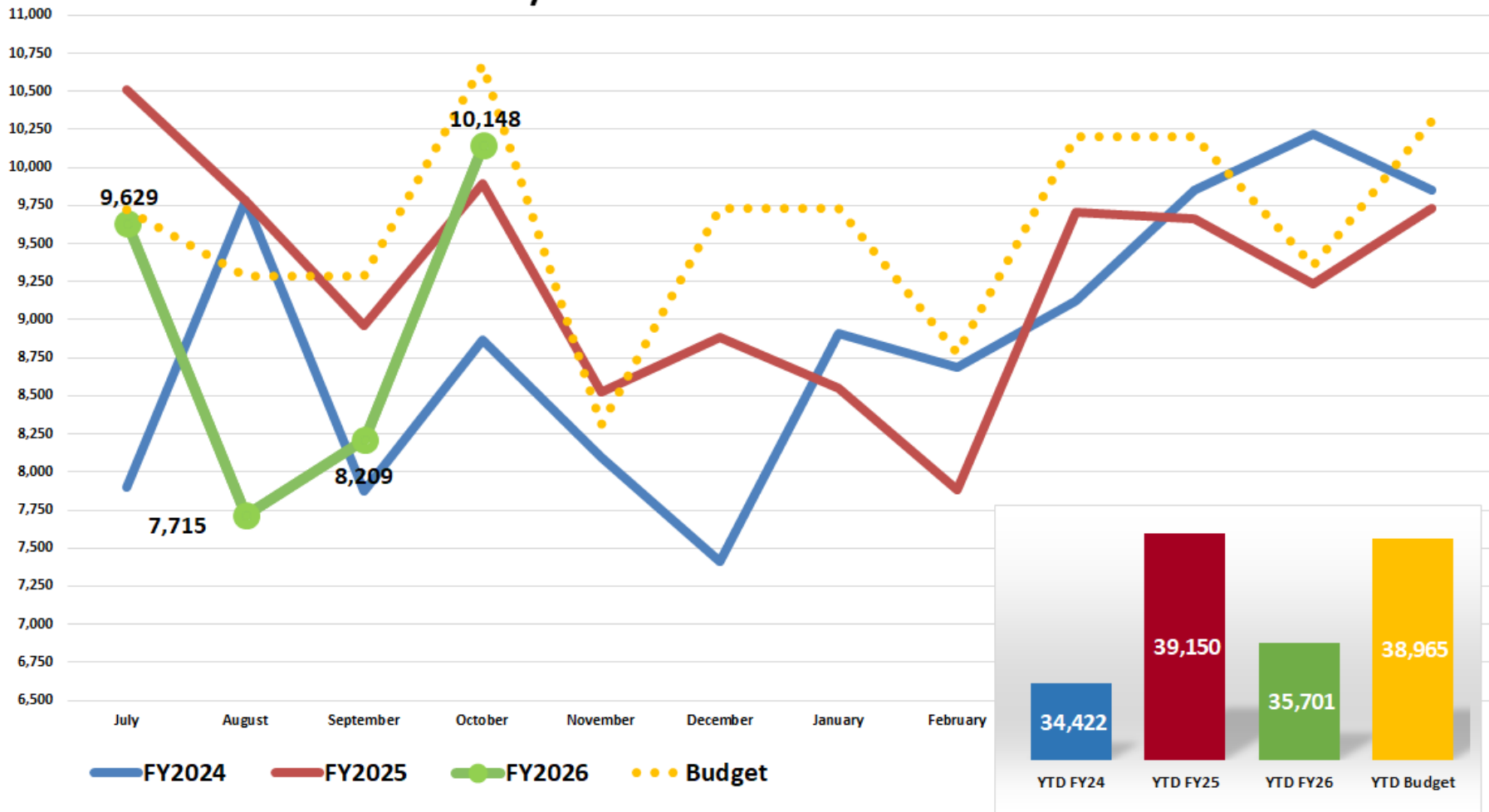
O/P Rehab Services



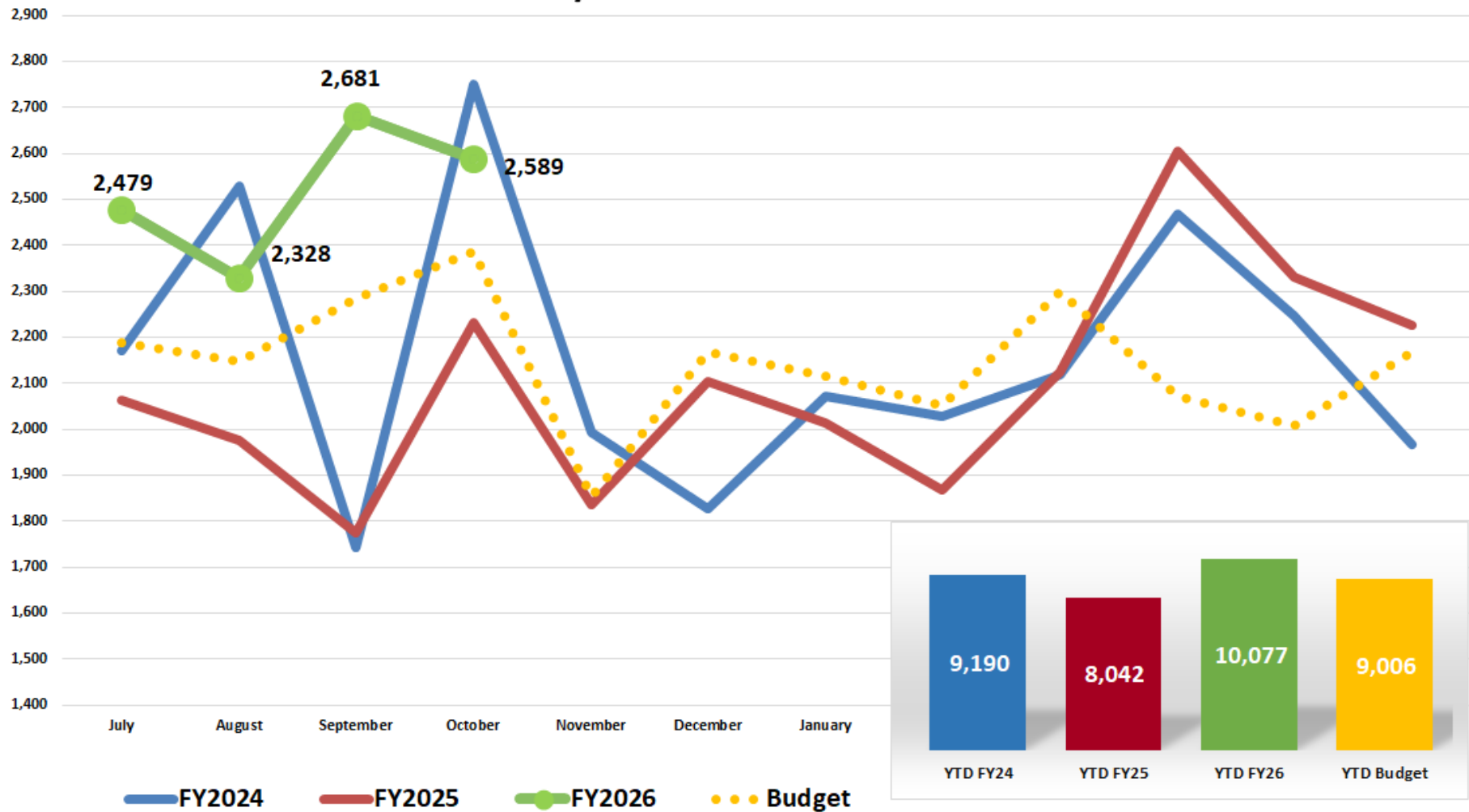
O/P Rehab - Exeter



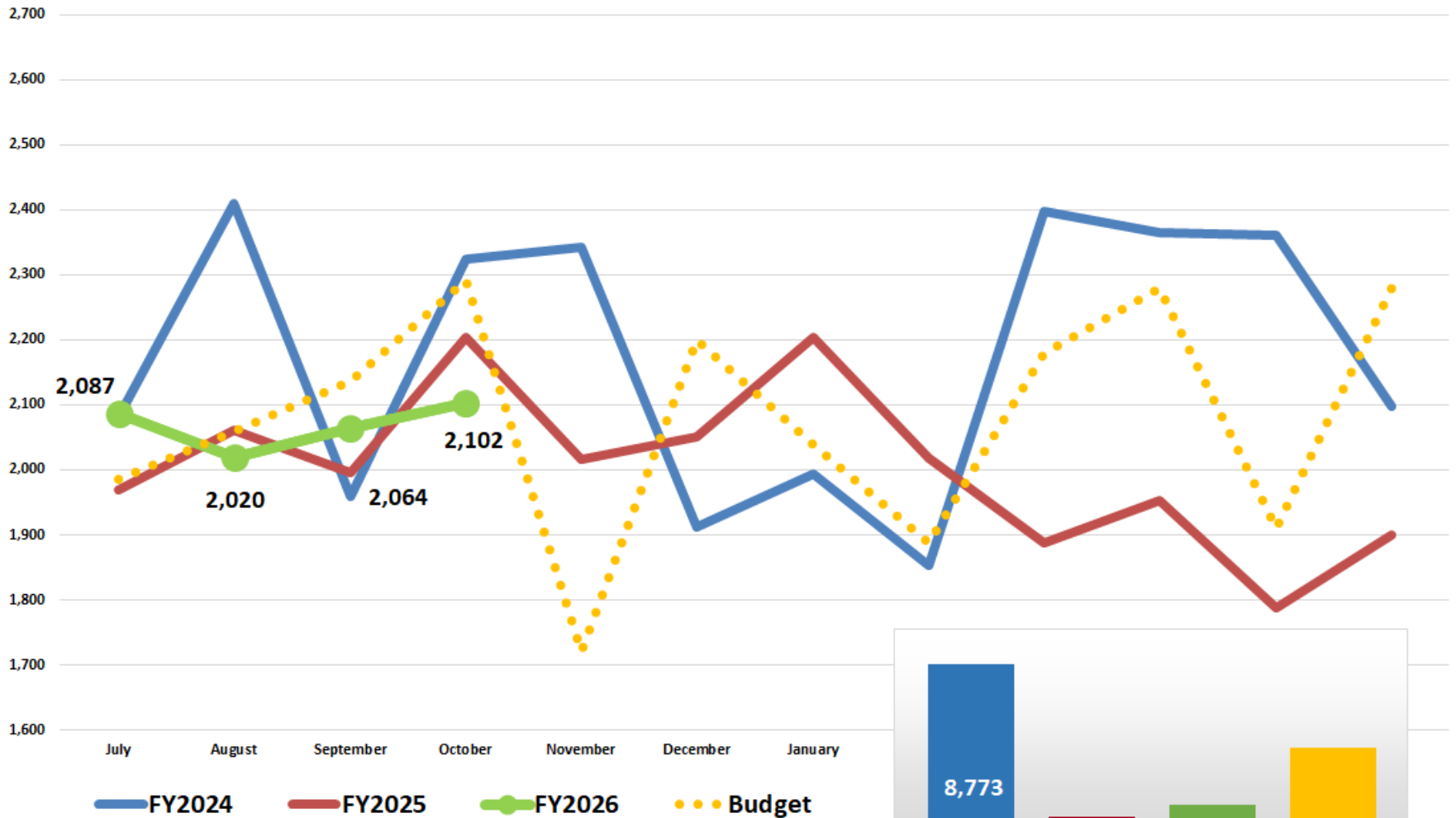
O/P Rehab - Akers



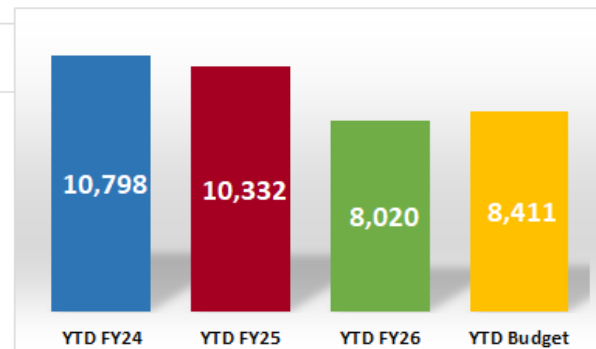
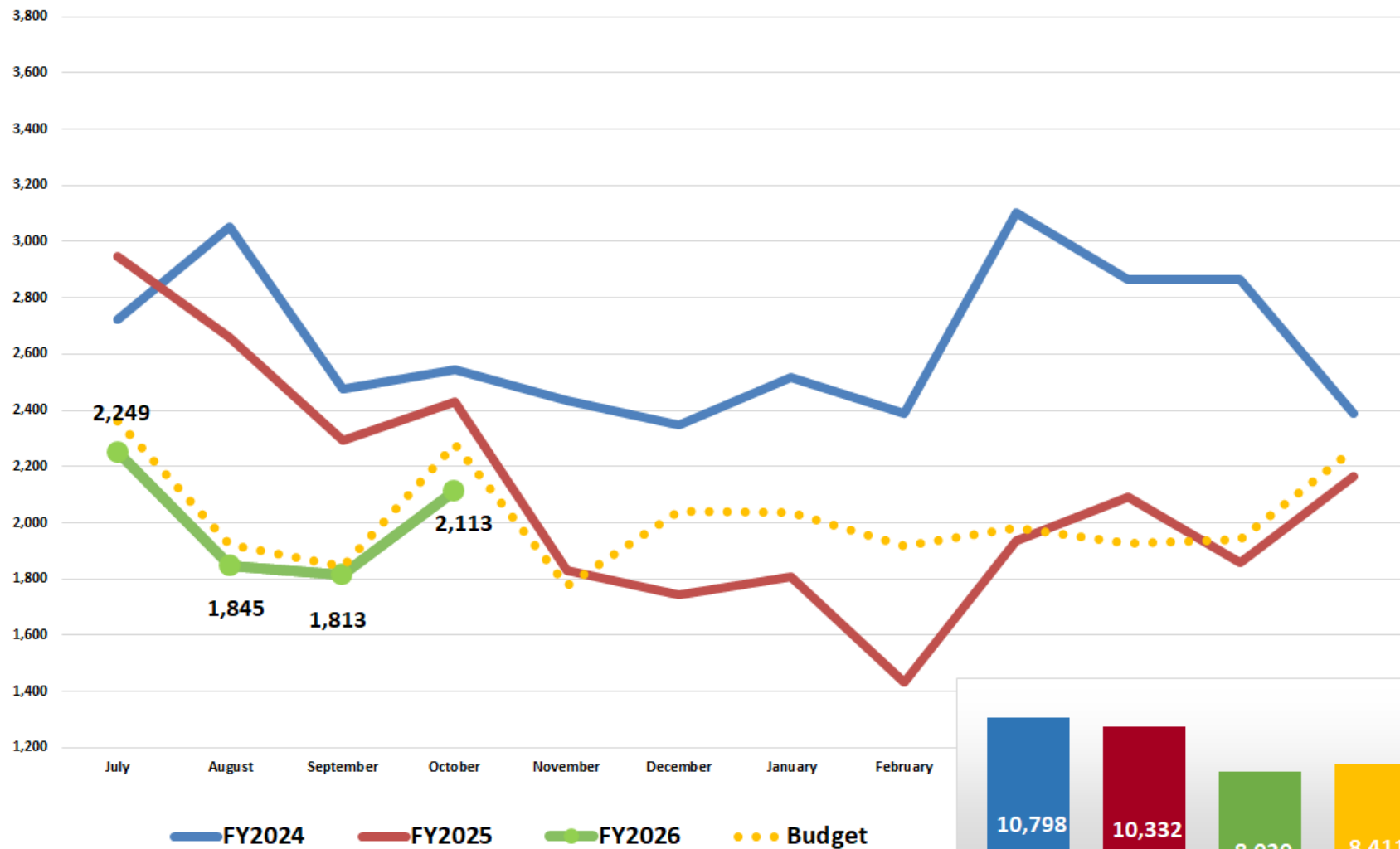
O/P Rehab - LLOPT



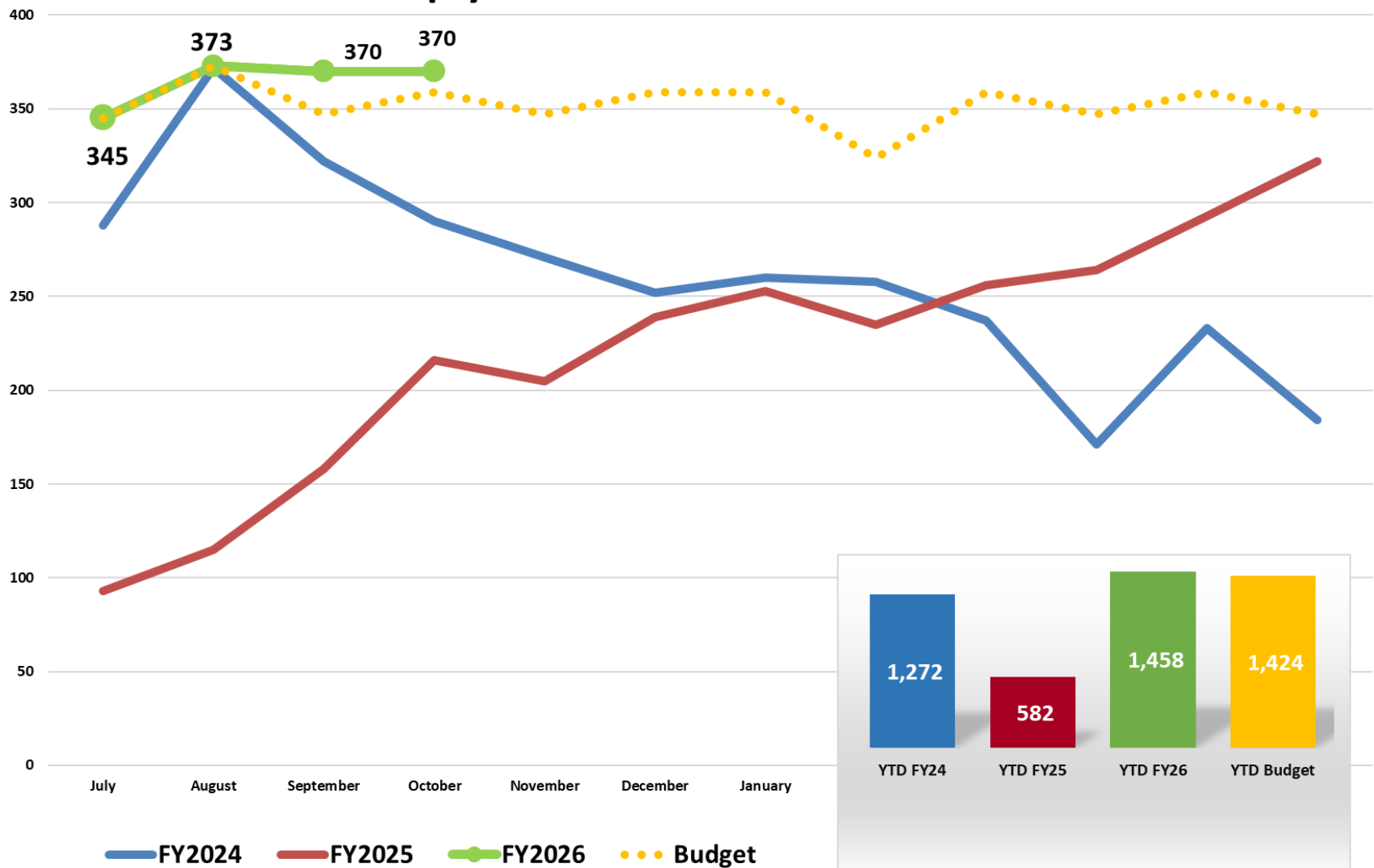
O/P Rehab - Dinuba



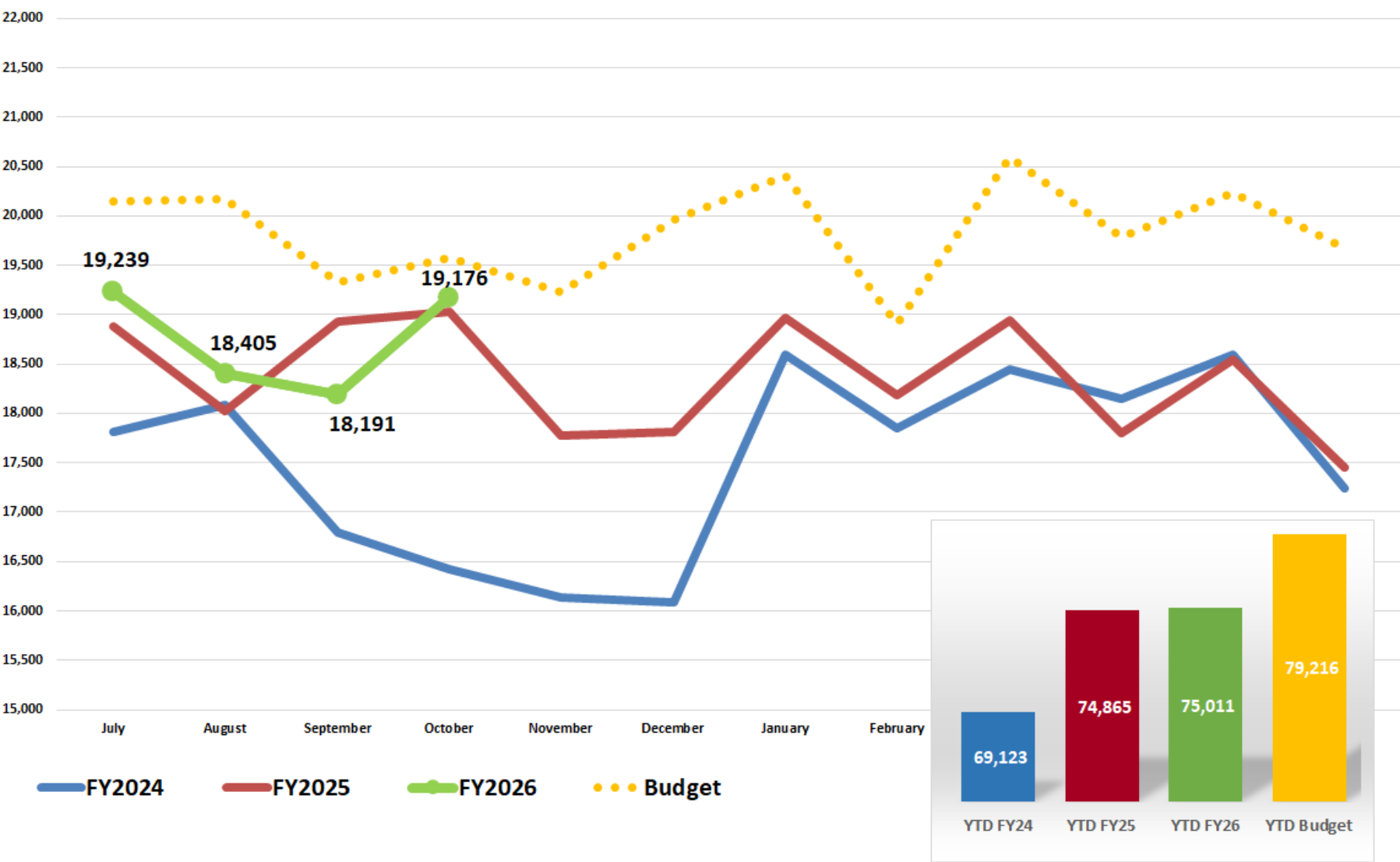
Therapy - Cypress Hand Center



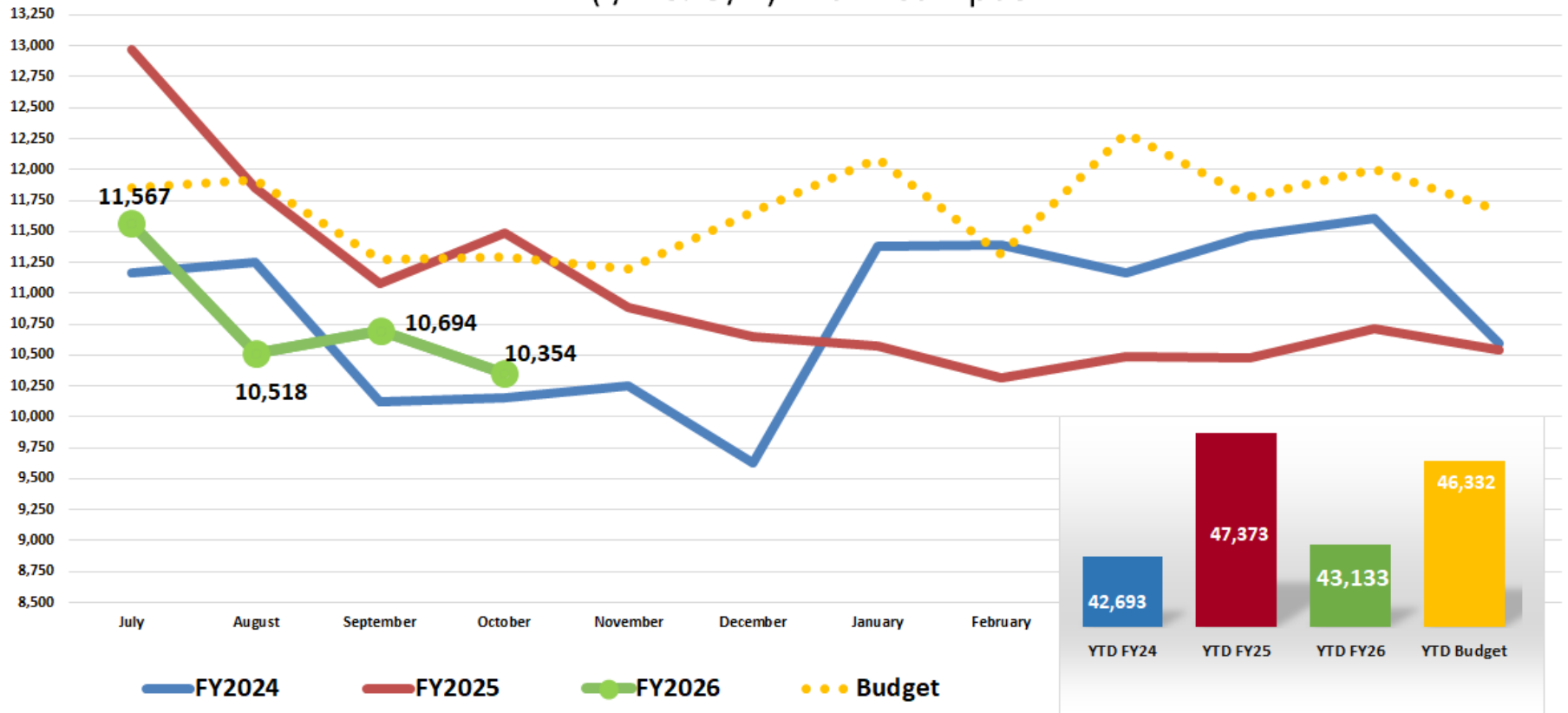
Therapy-Wound Care Encounters



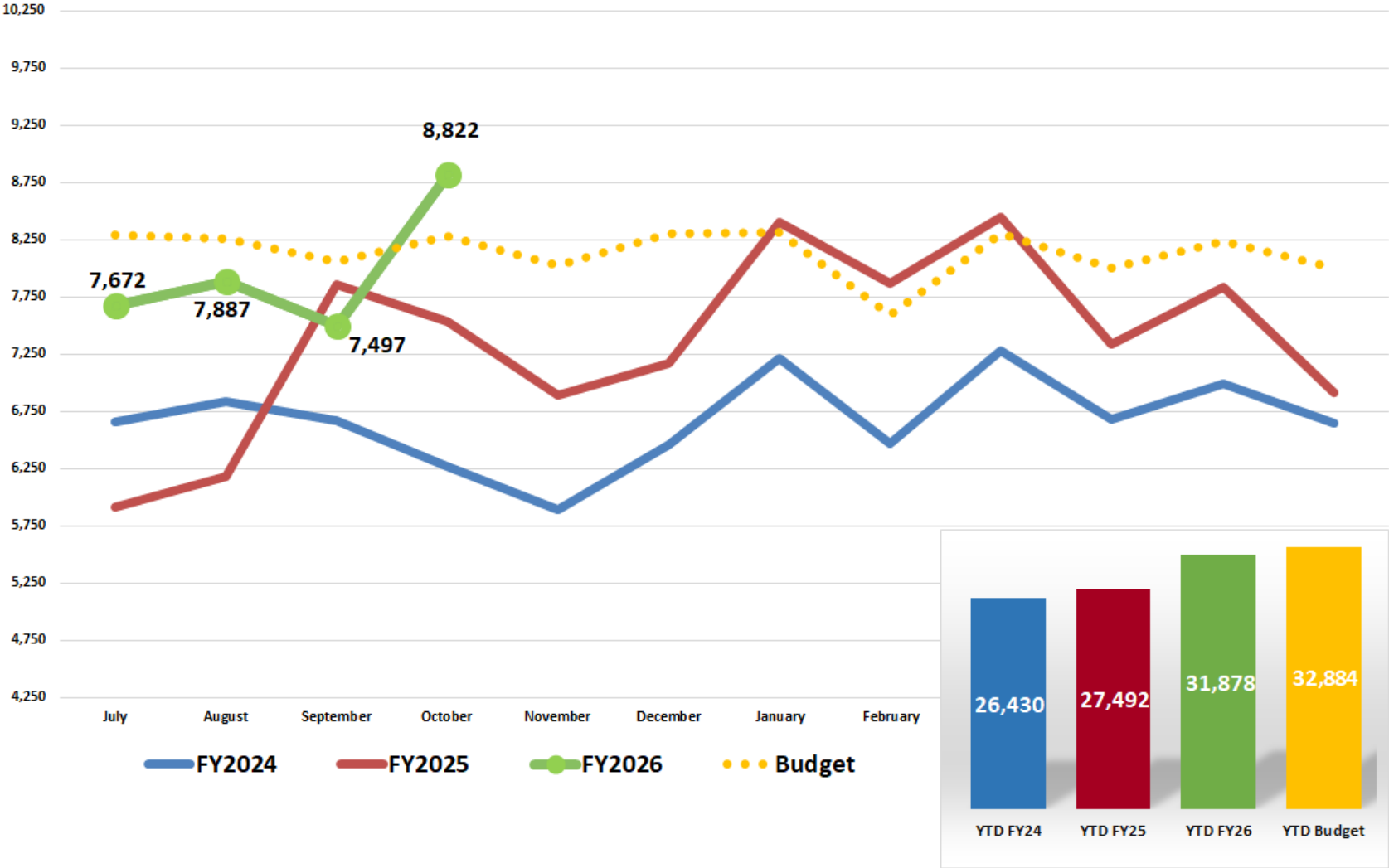
Physical & Other Therapy Units (I/P & O/P)



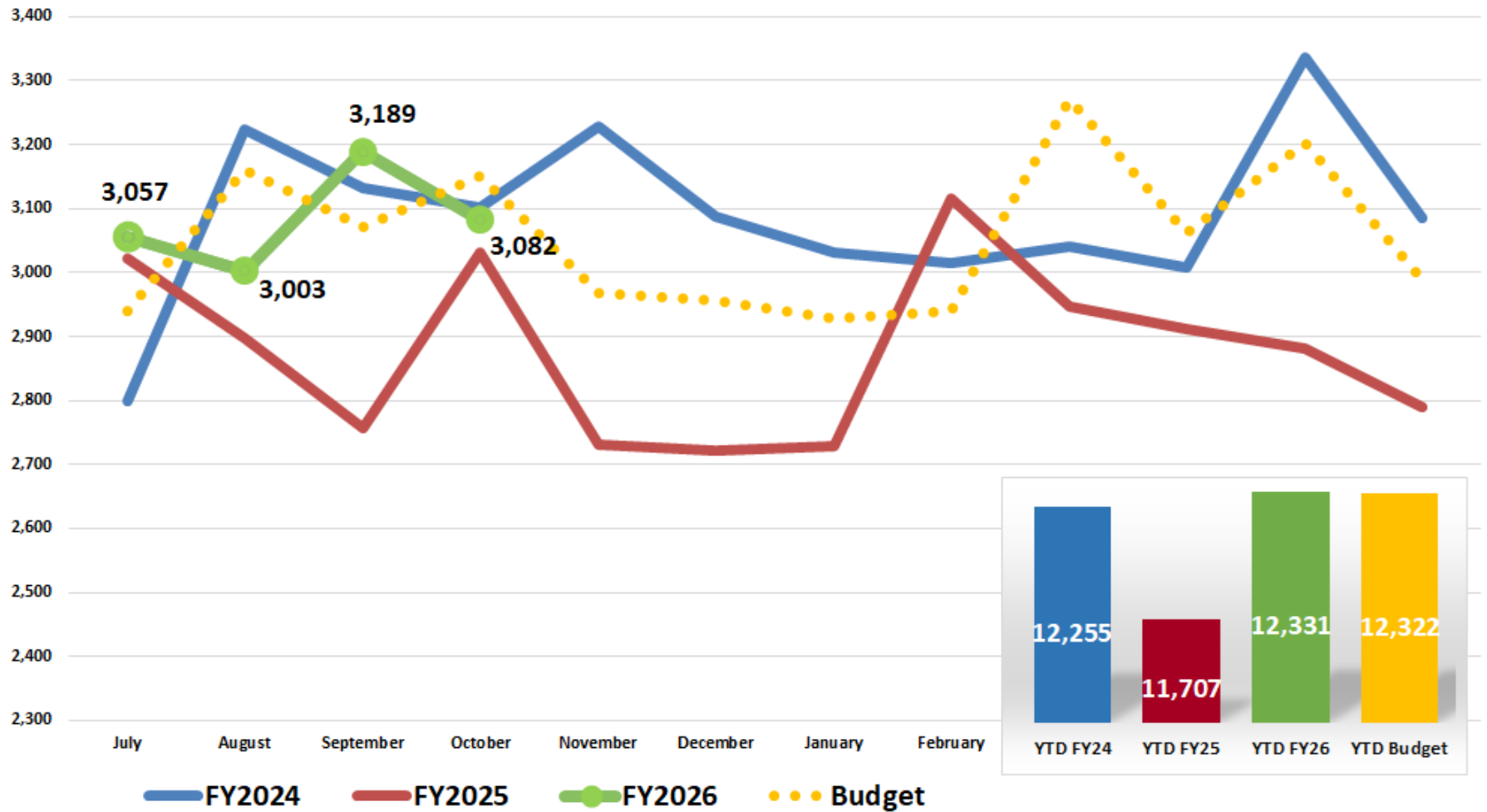
Physical & Other Therapy Units (I/P & O/P)-Main Campus



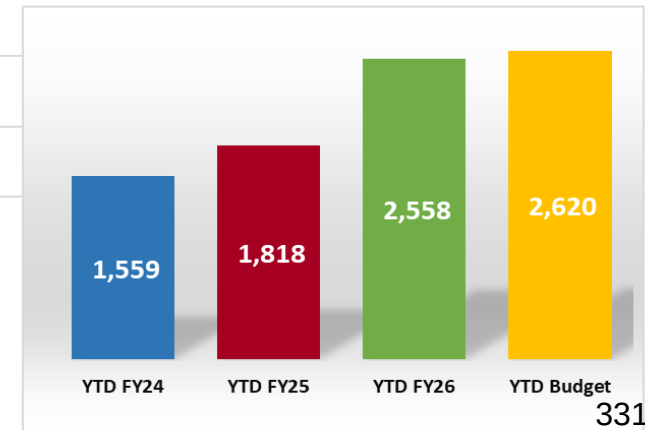
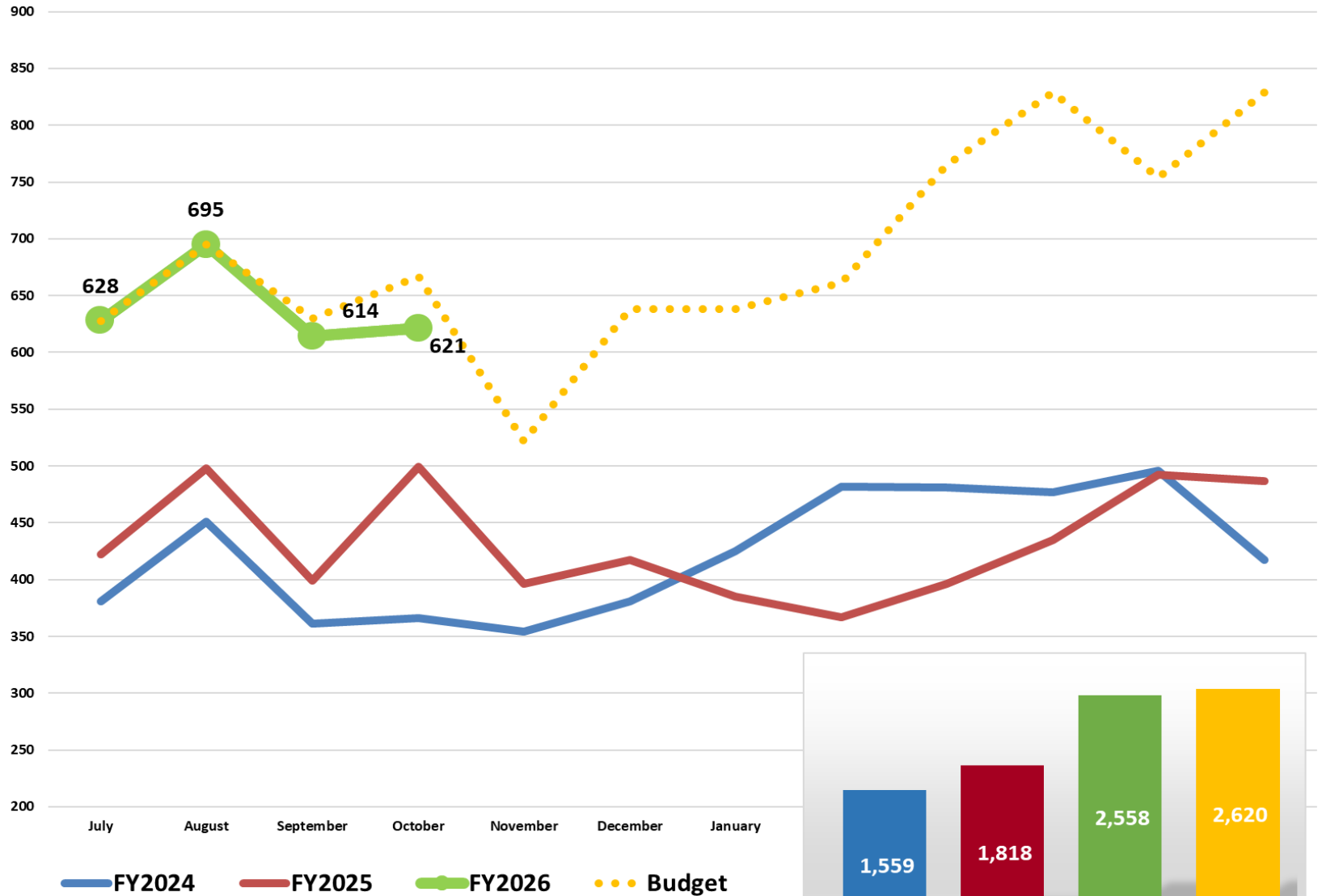
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



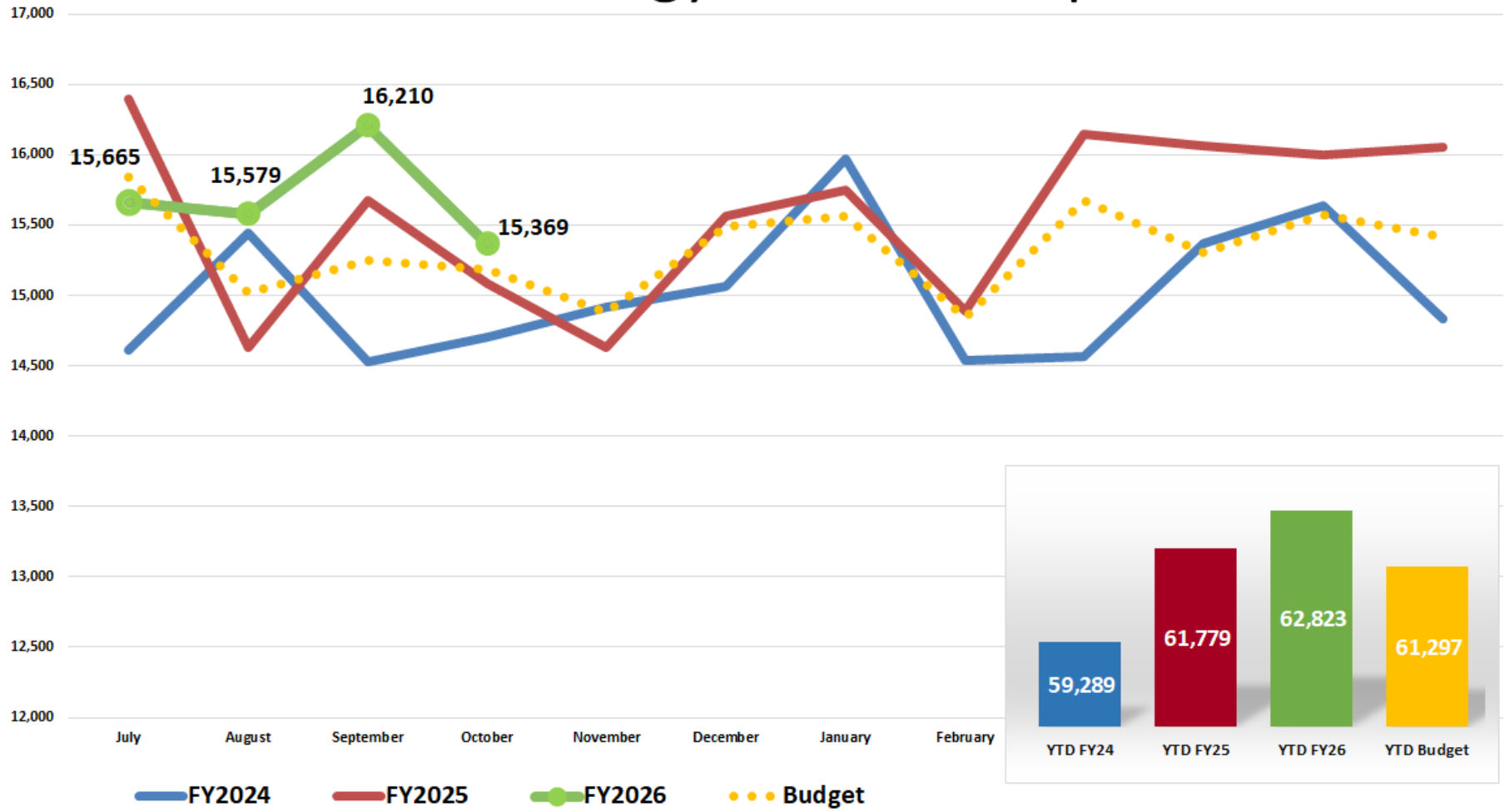
Home Health Visits



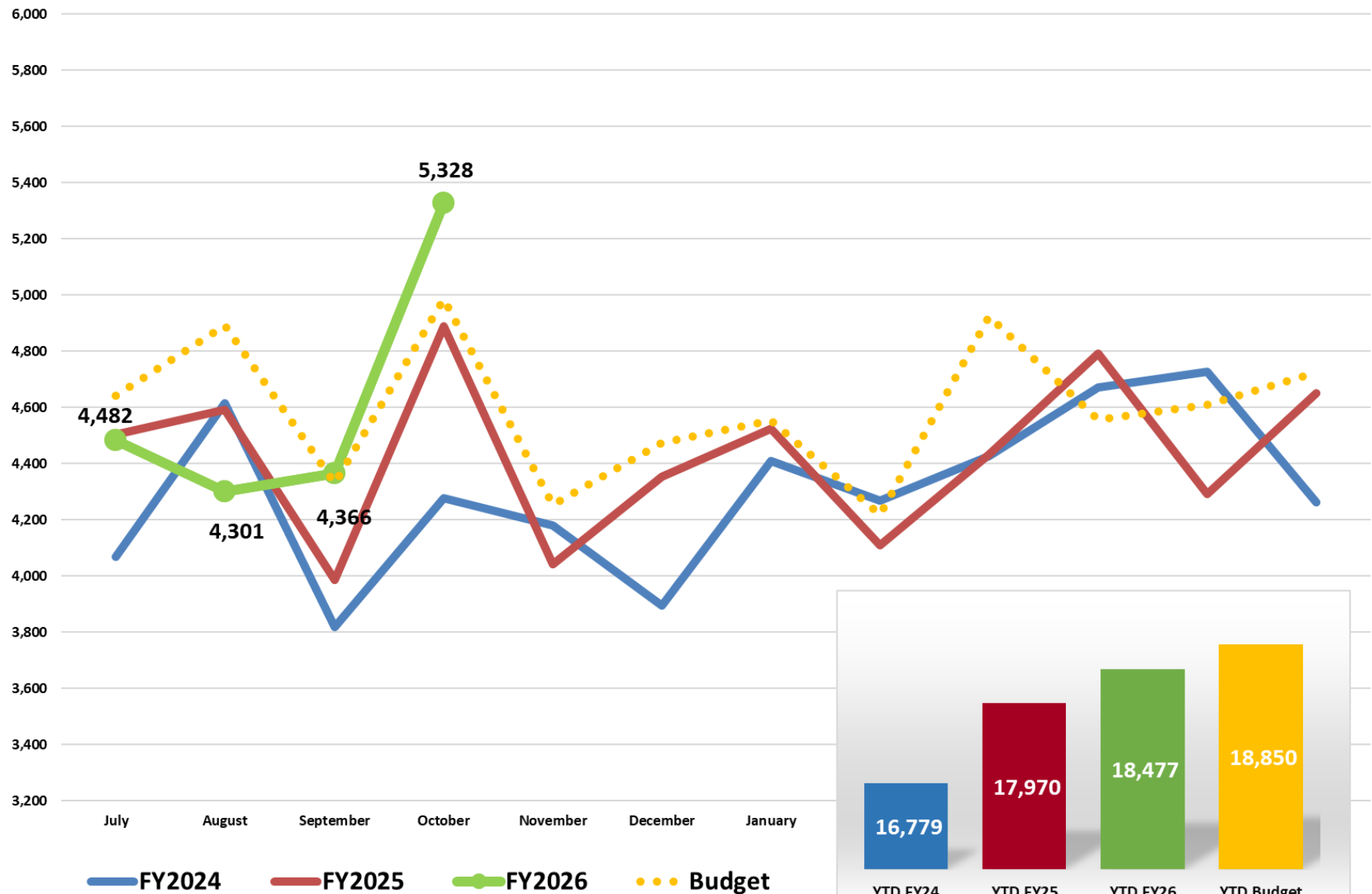
Infusion Center - Units of Service



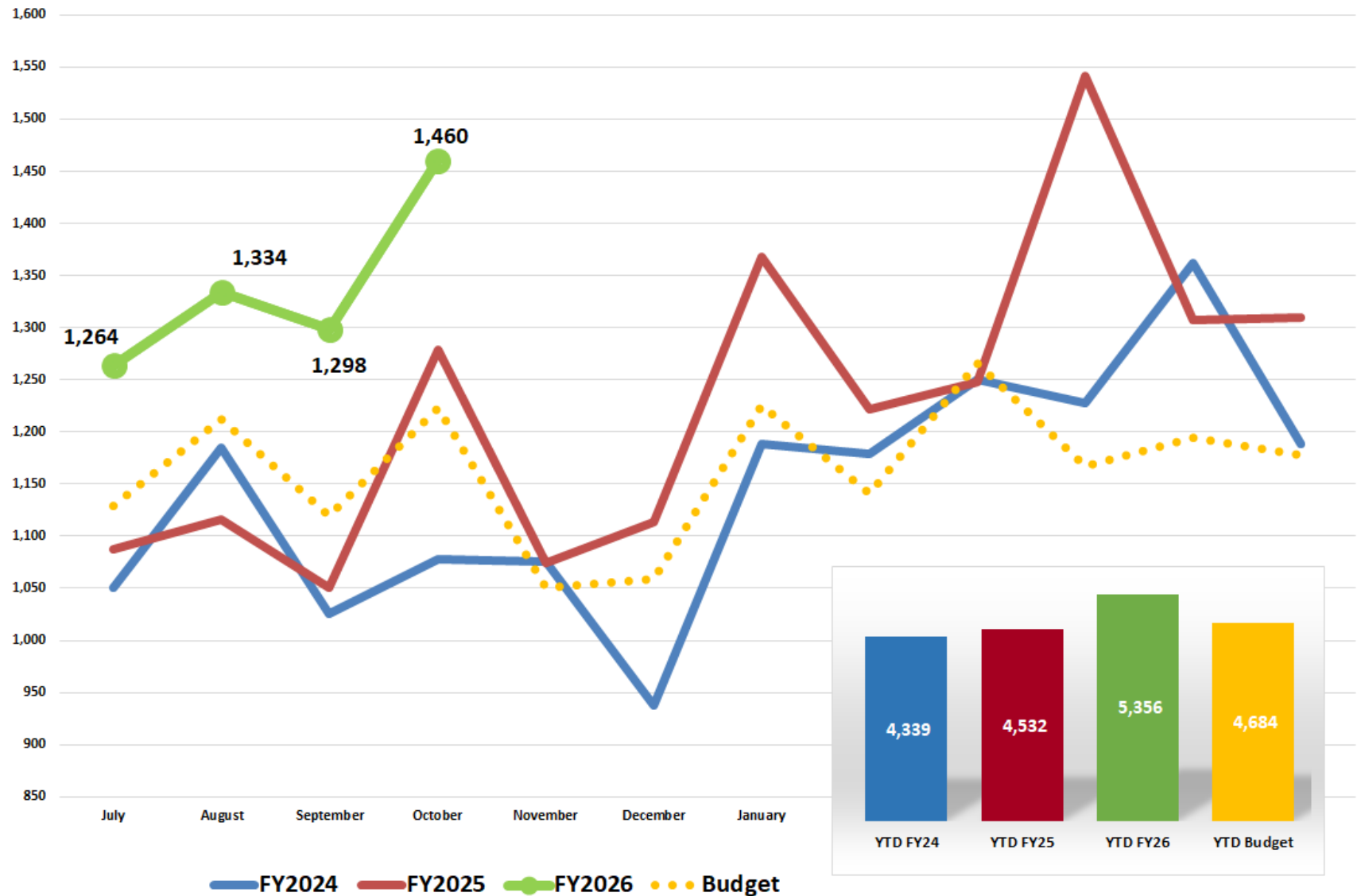
Radiology – Main Campus



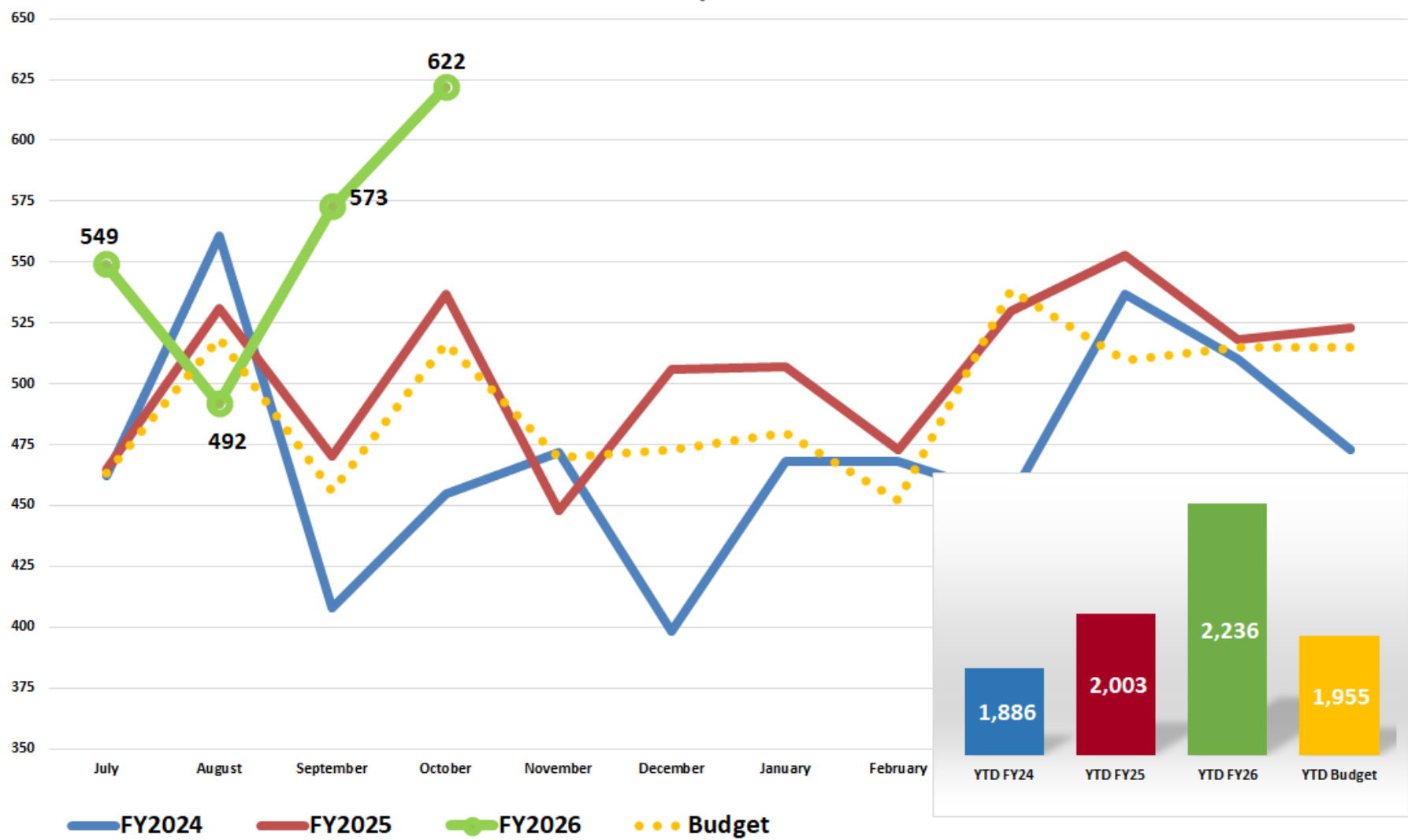
Radiology - West Campus Imaging



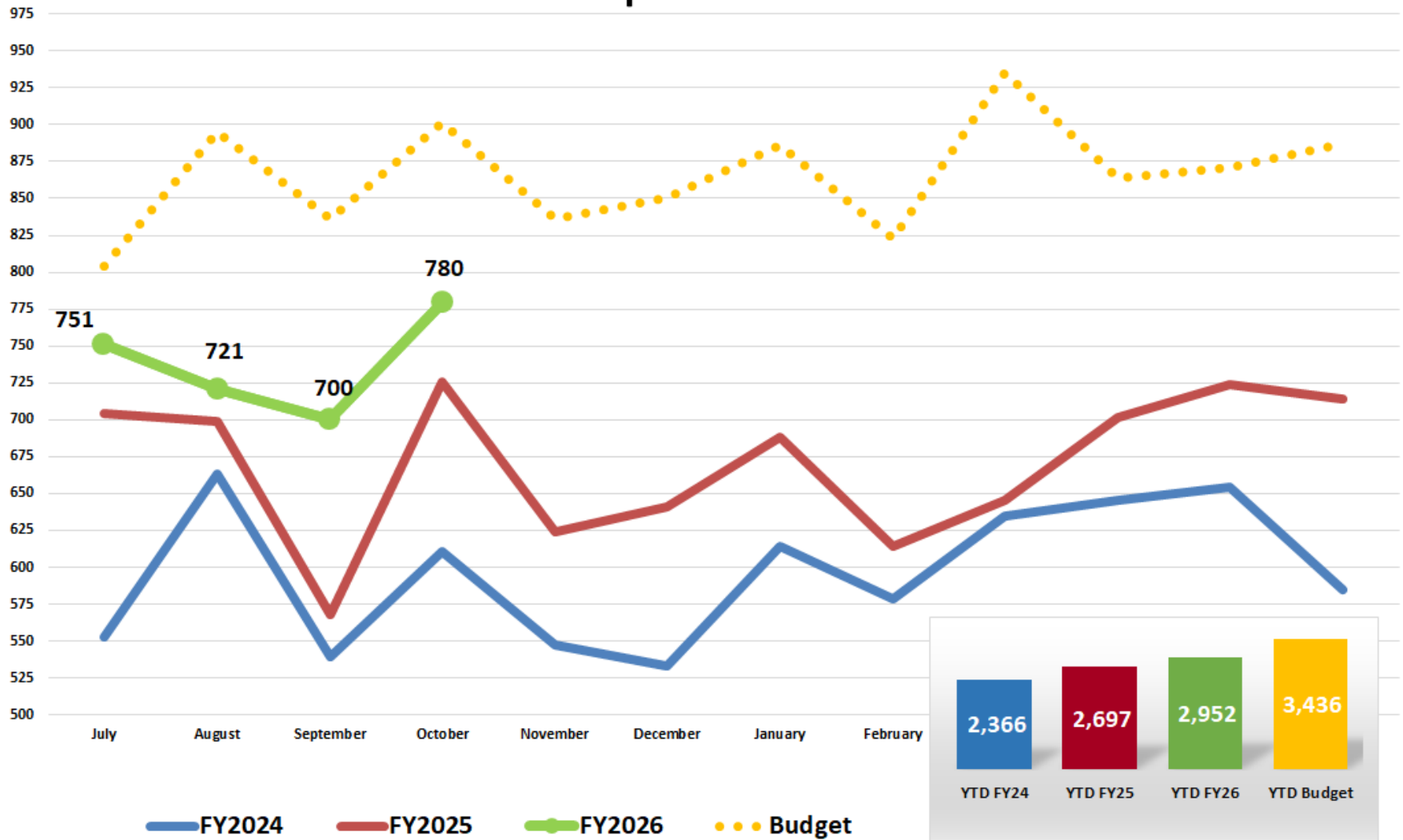
West Campus - Diagnostic Radiology



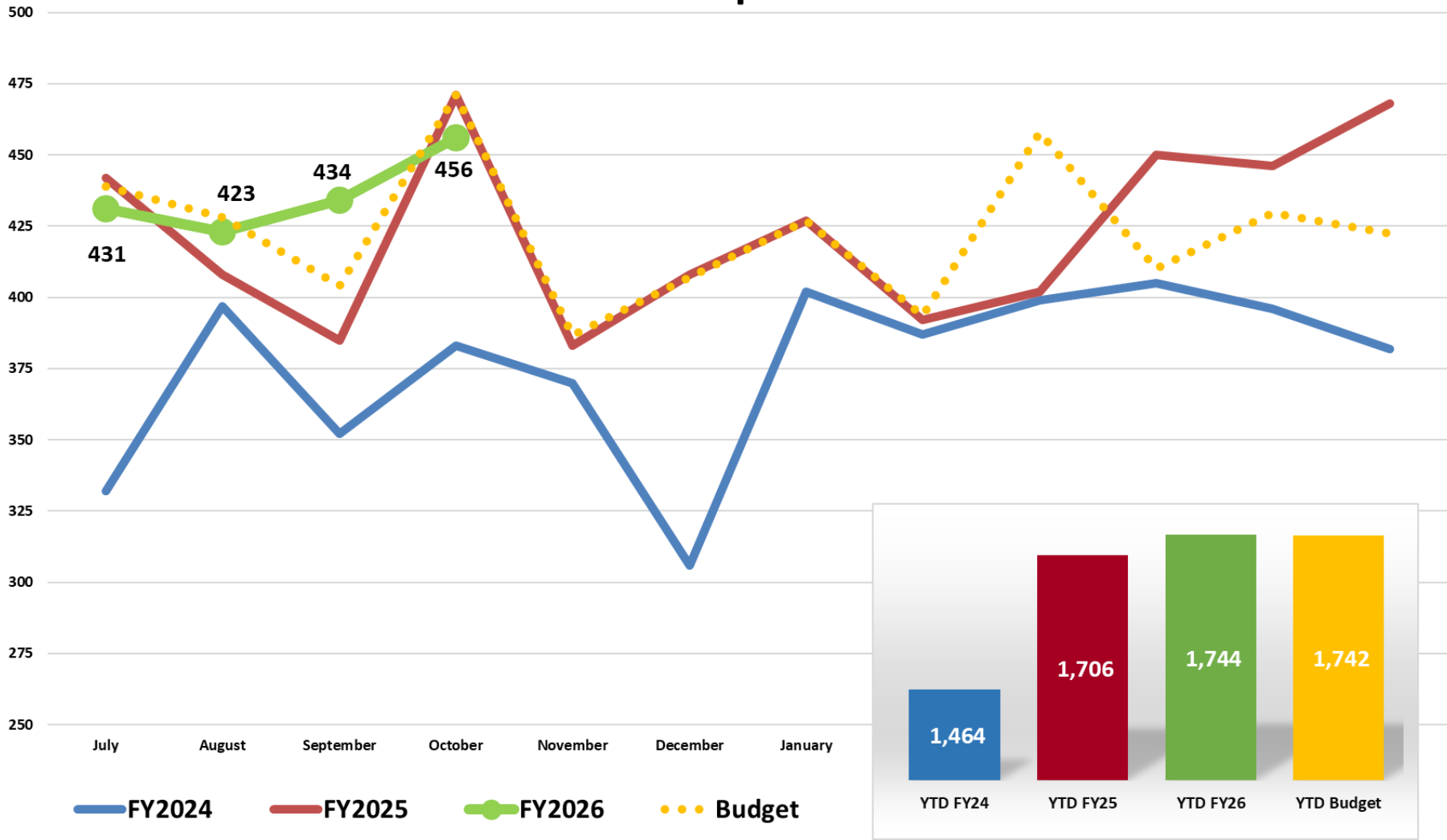
West Campus - CT Scan



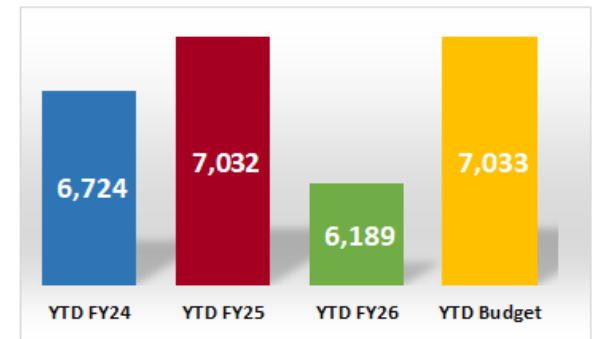
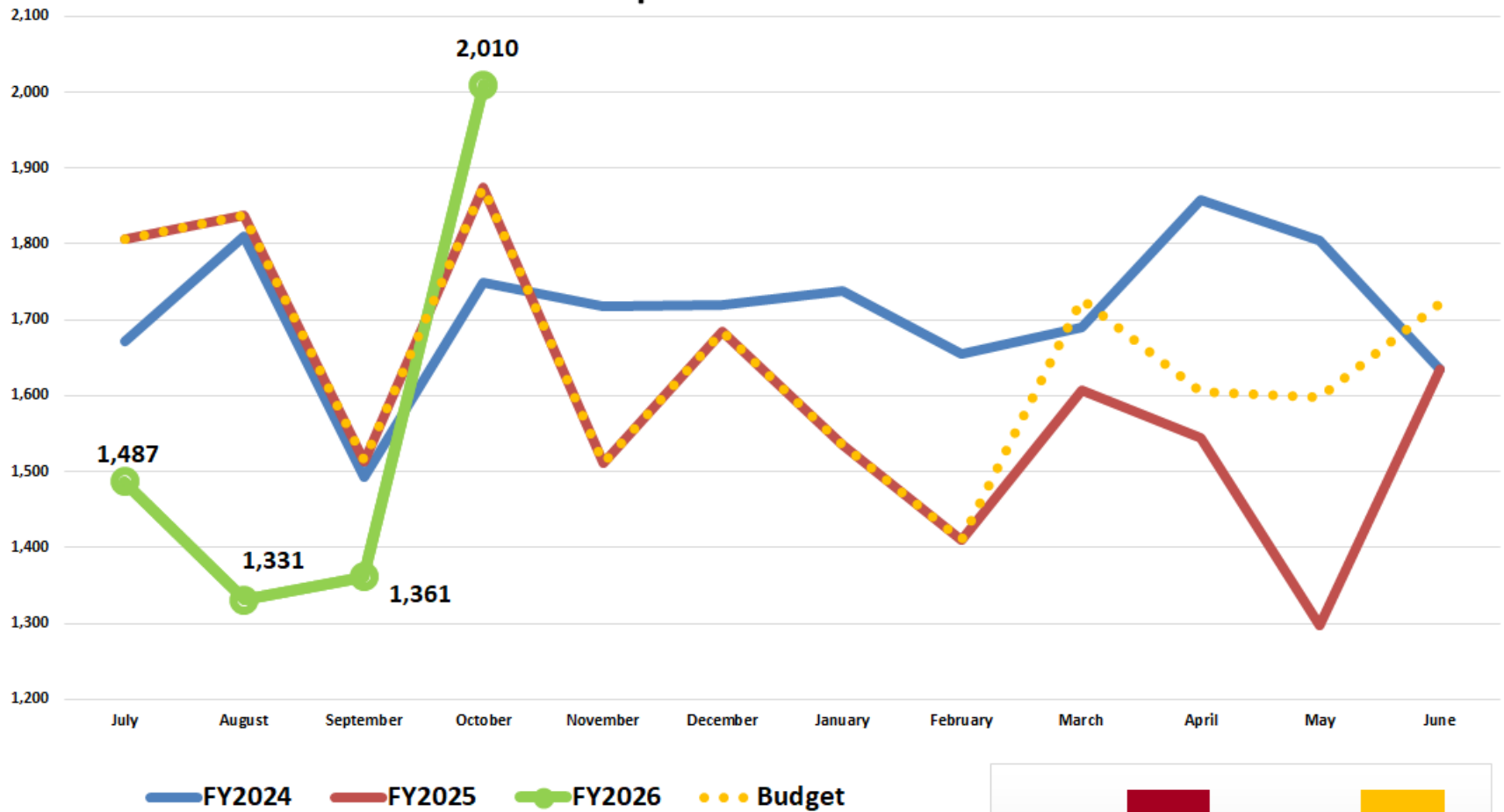
West Campus - Ultrasound



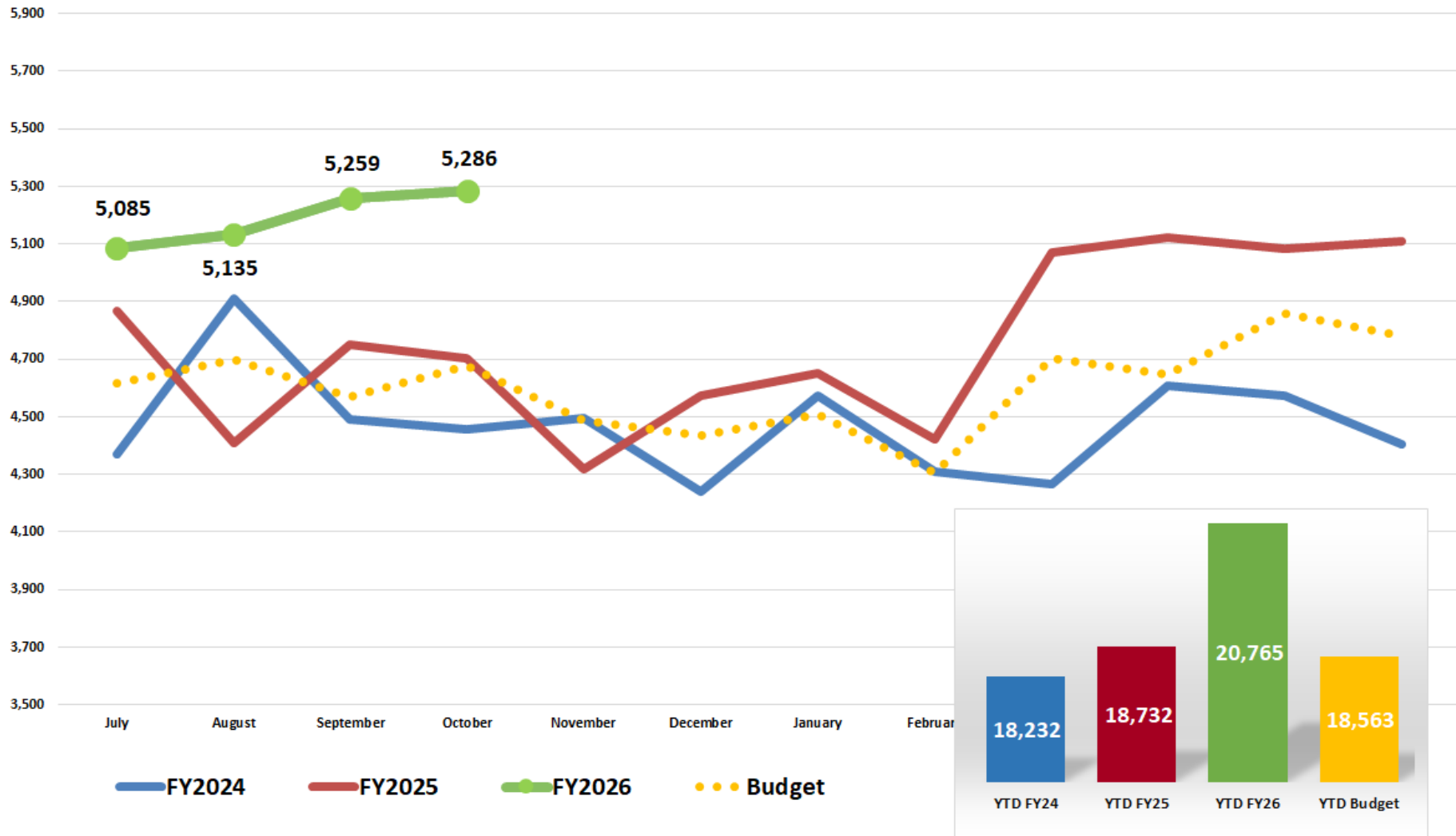
West Campus - MRI



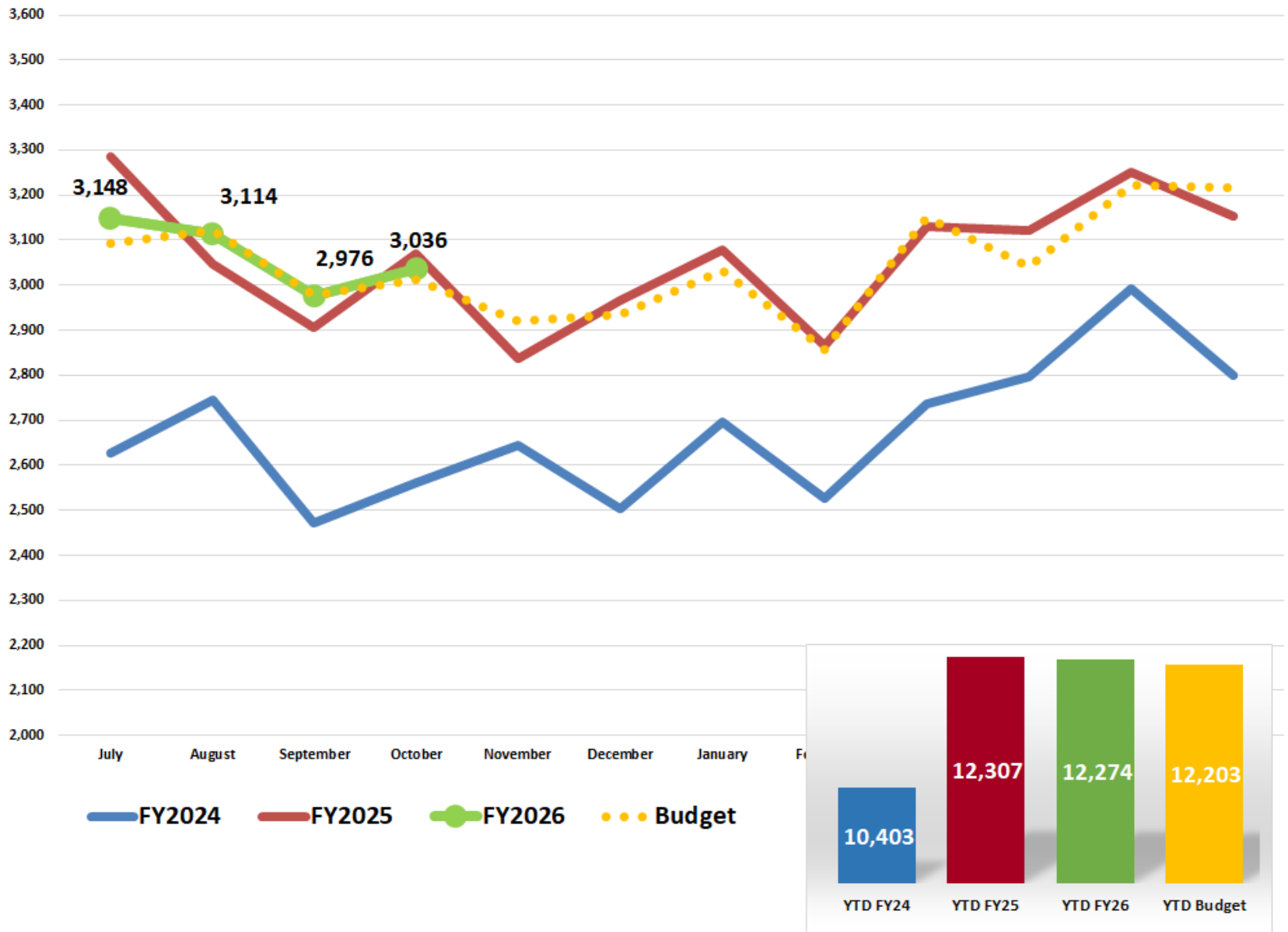
West Campus - Breast Center



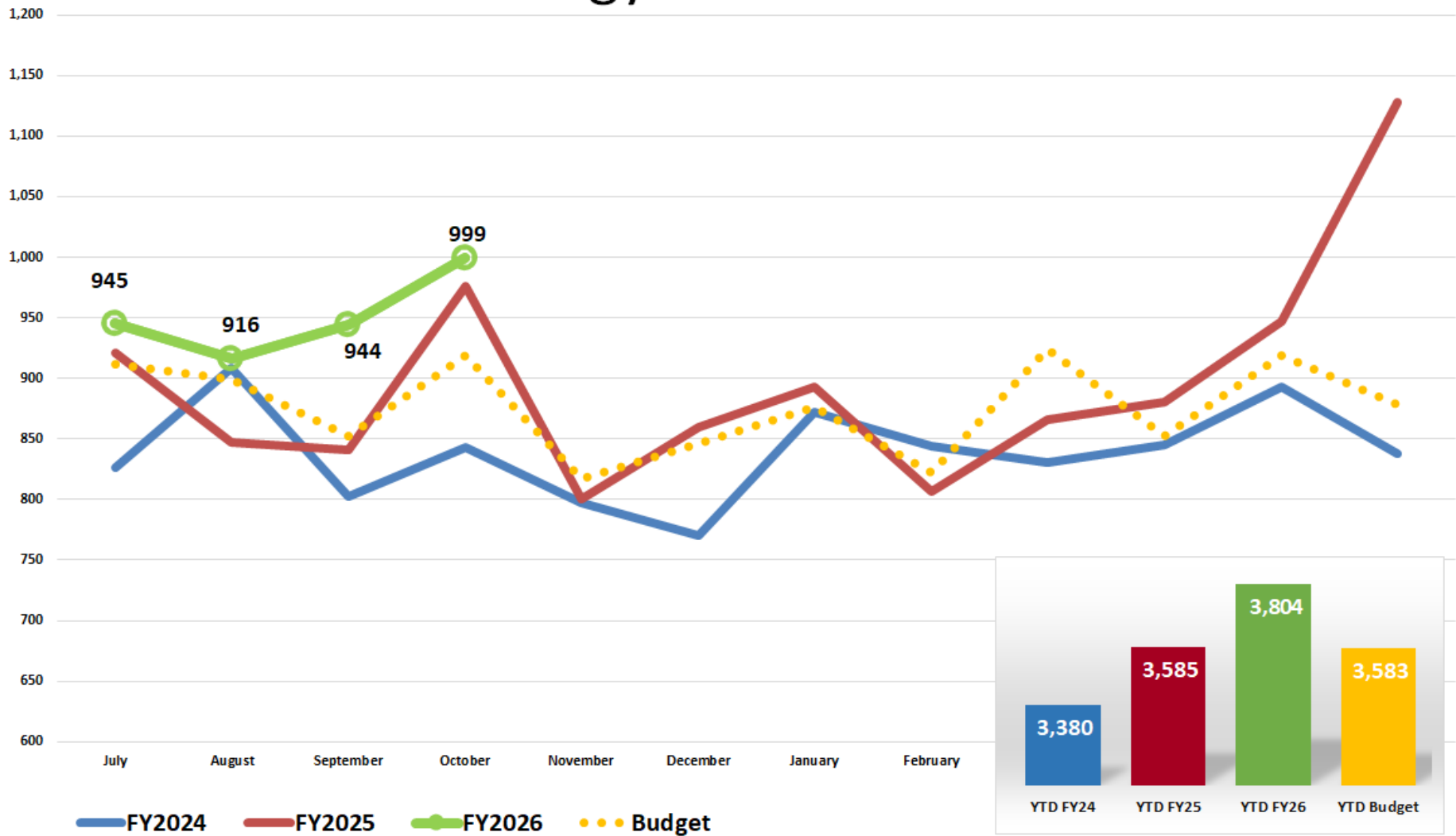
Radiology - CT - All Areas



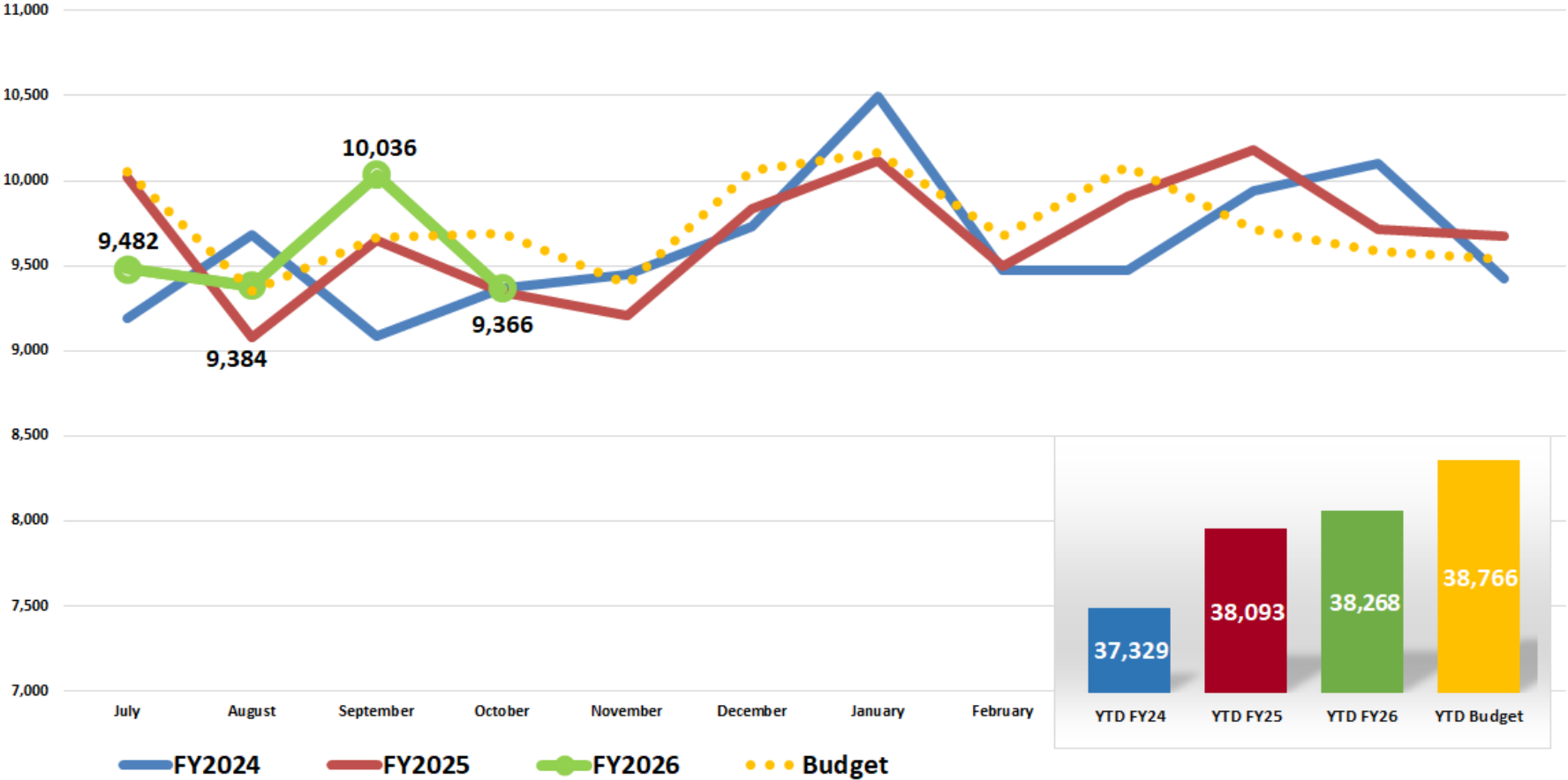
Radiology - Ultrasound - All Areas



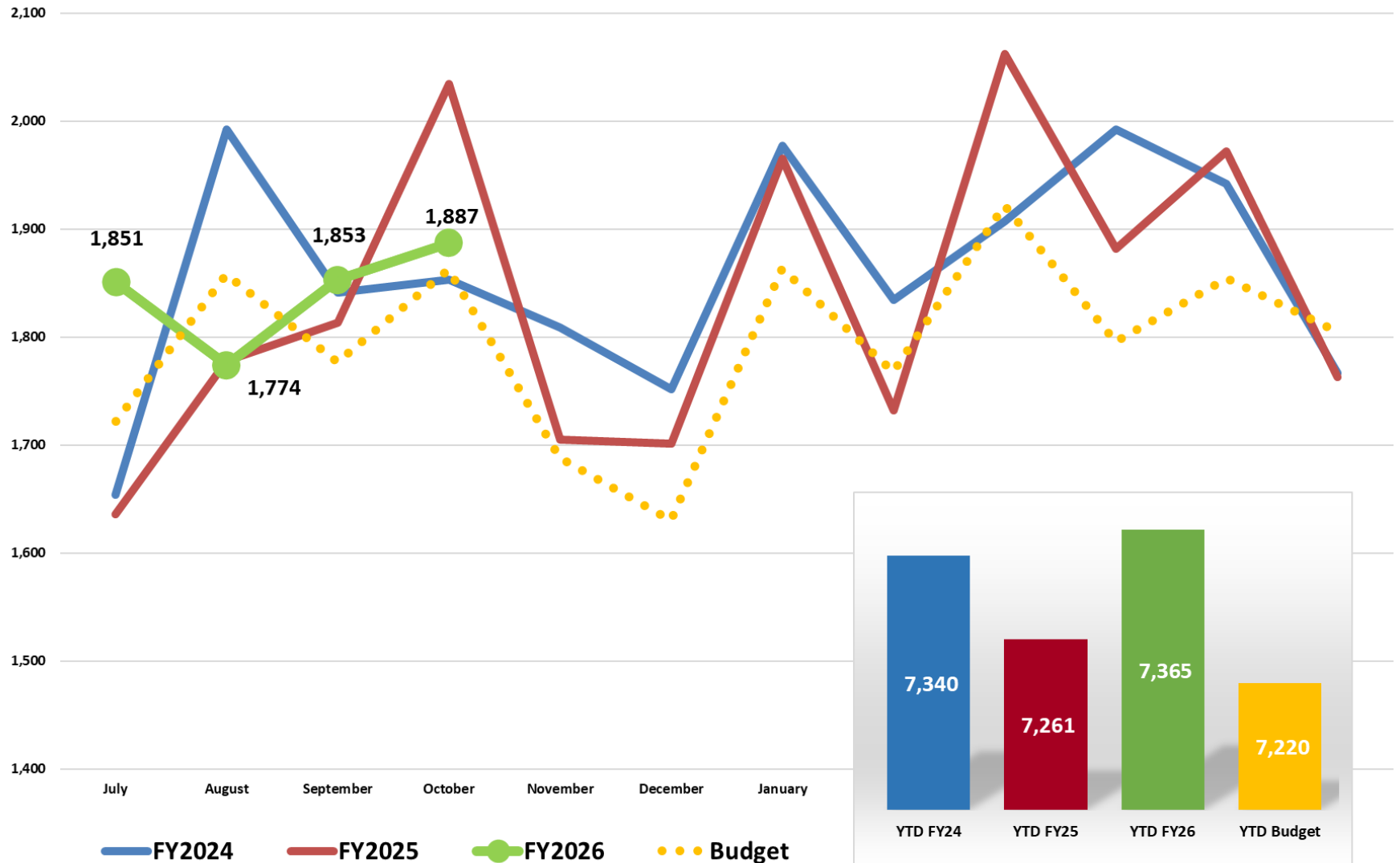
Radiology - MRI - All Areas



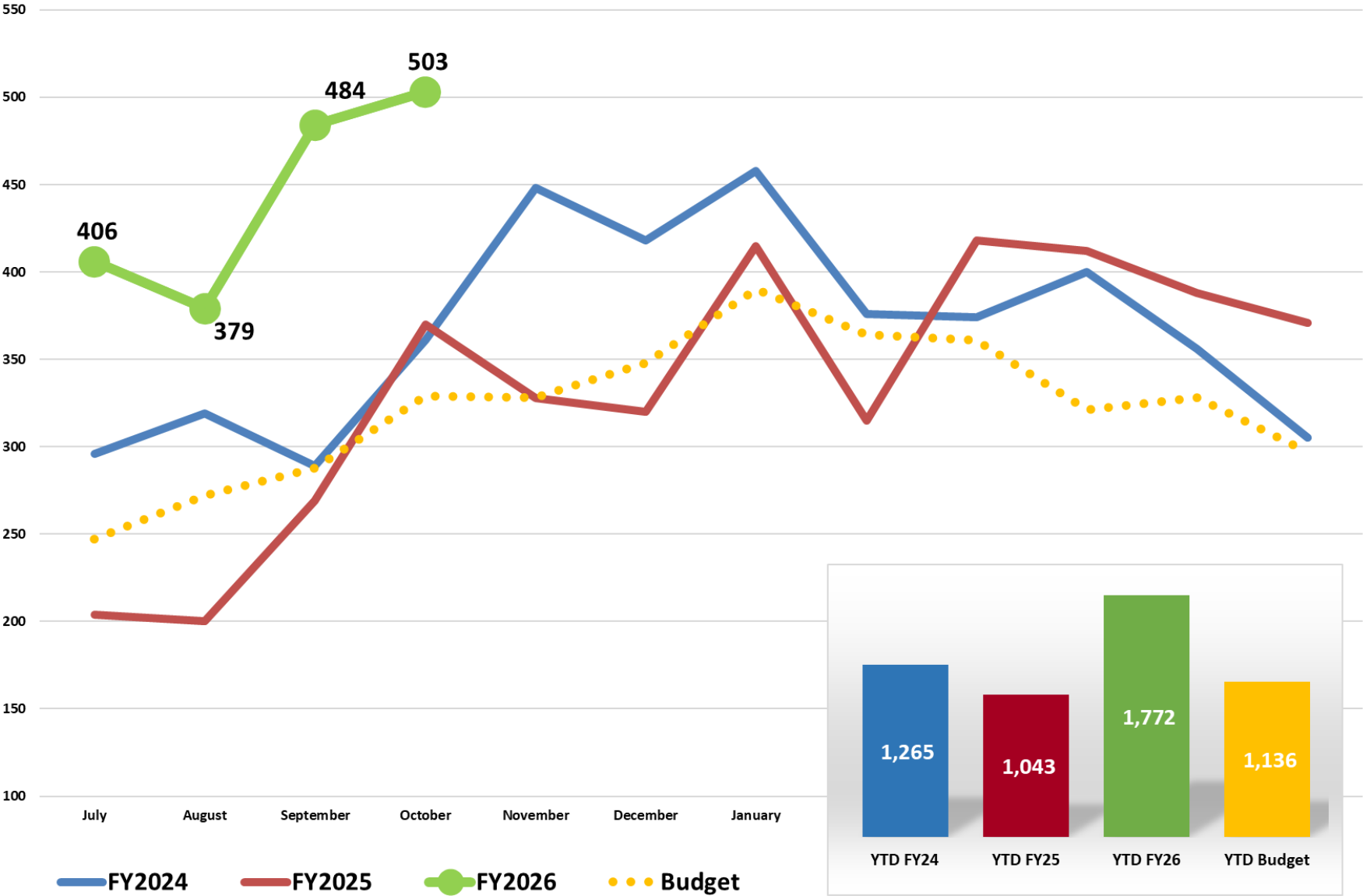
Radiology Modality - Diagnostic Radiology



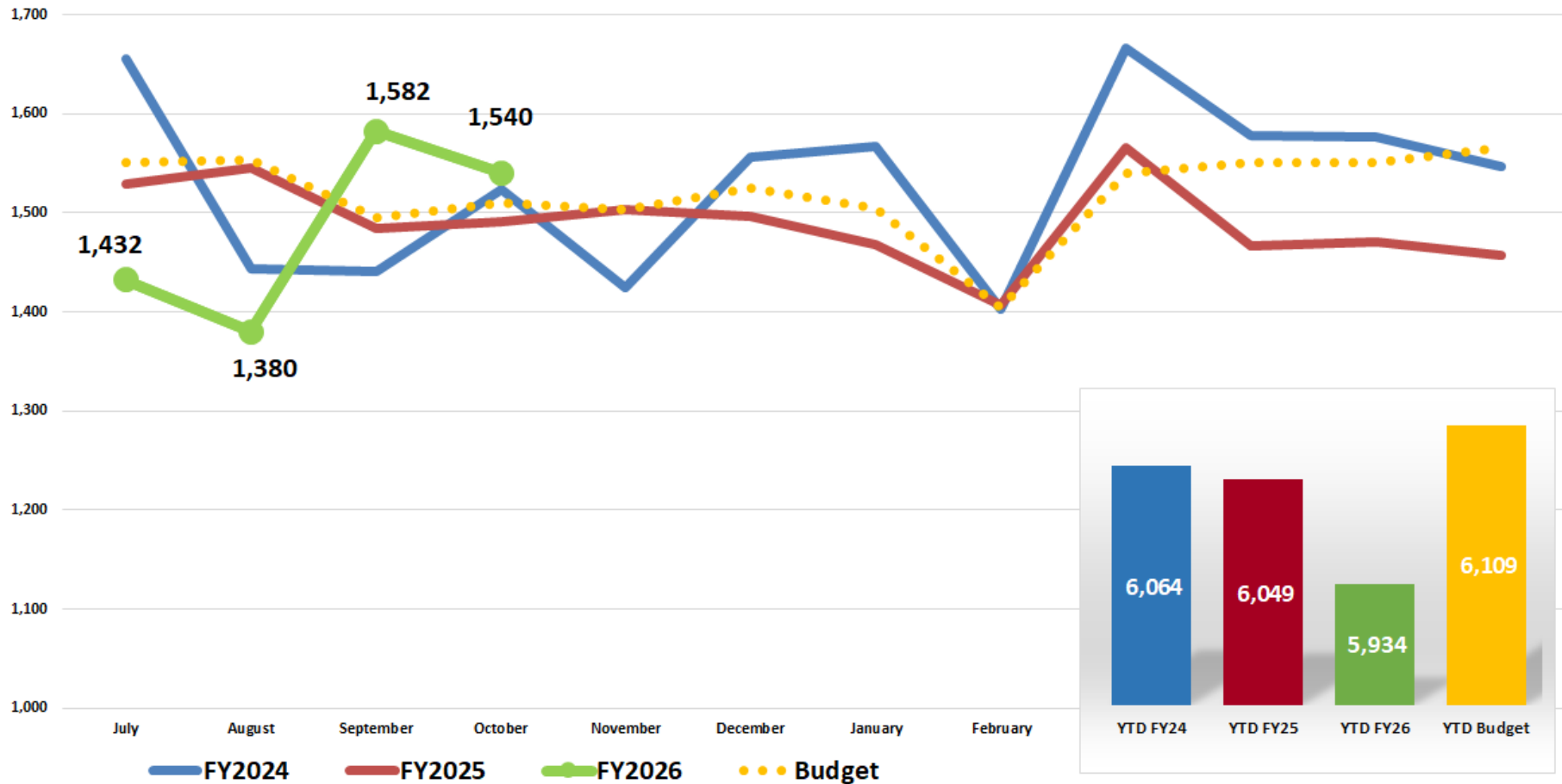
Radiology - UC Court/South Campus



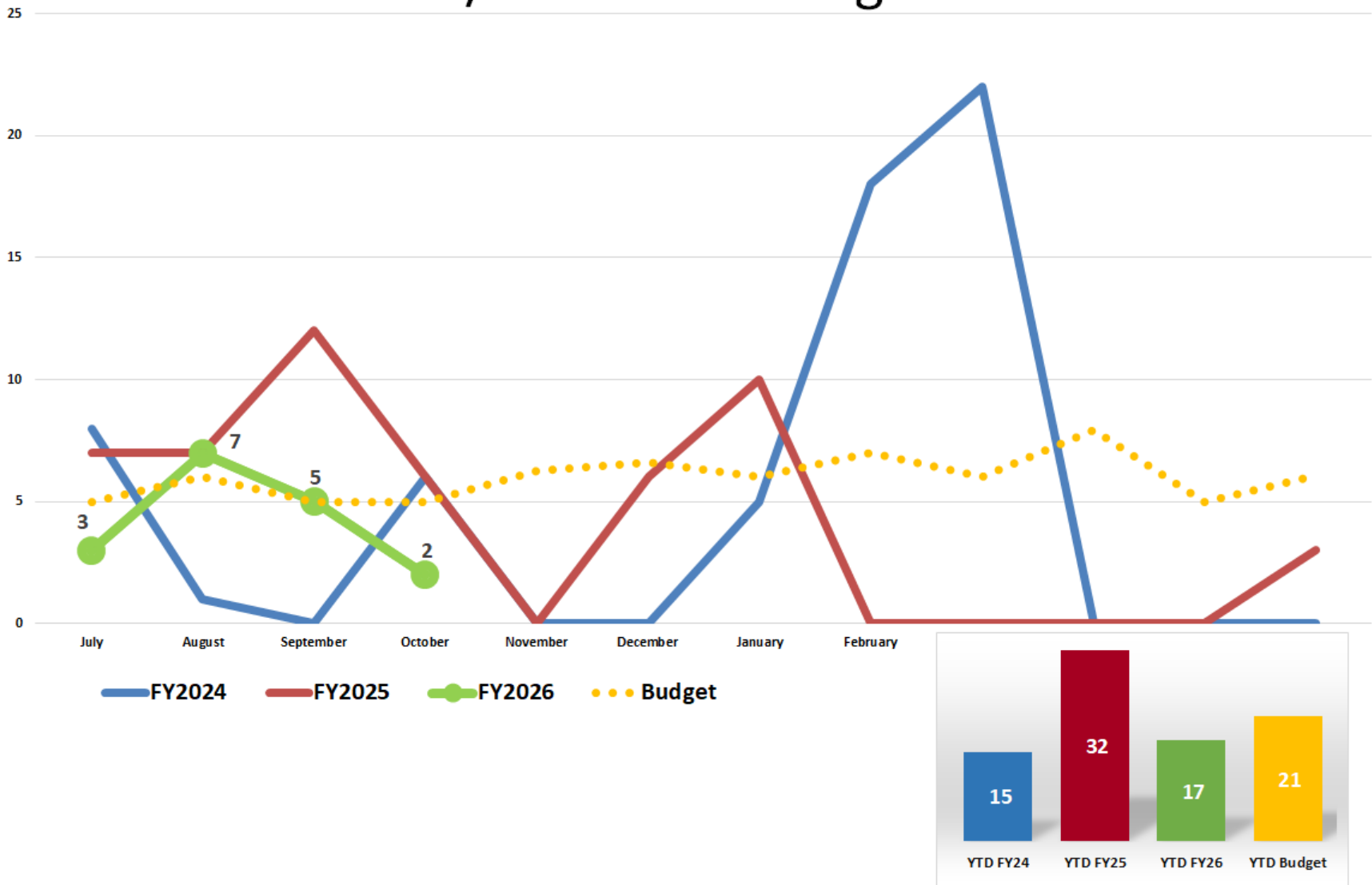
Radiology - UC Demaree/North Campus



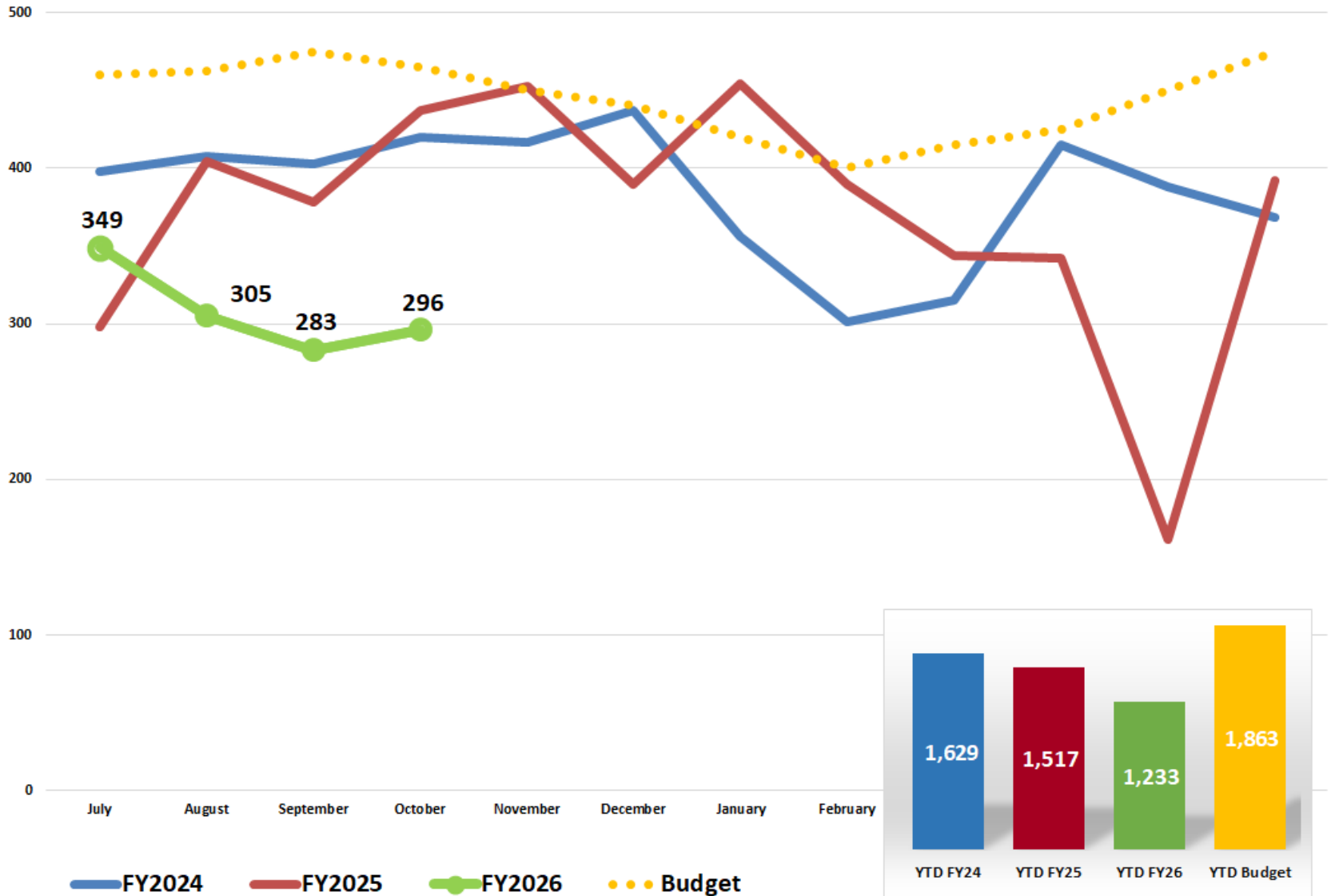
Chronic Dialysis - Visalia



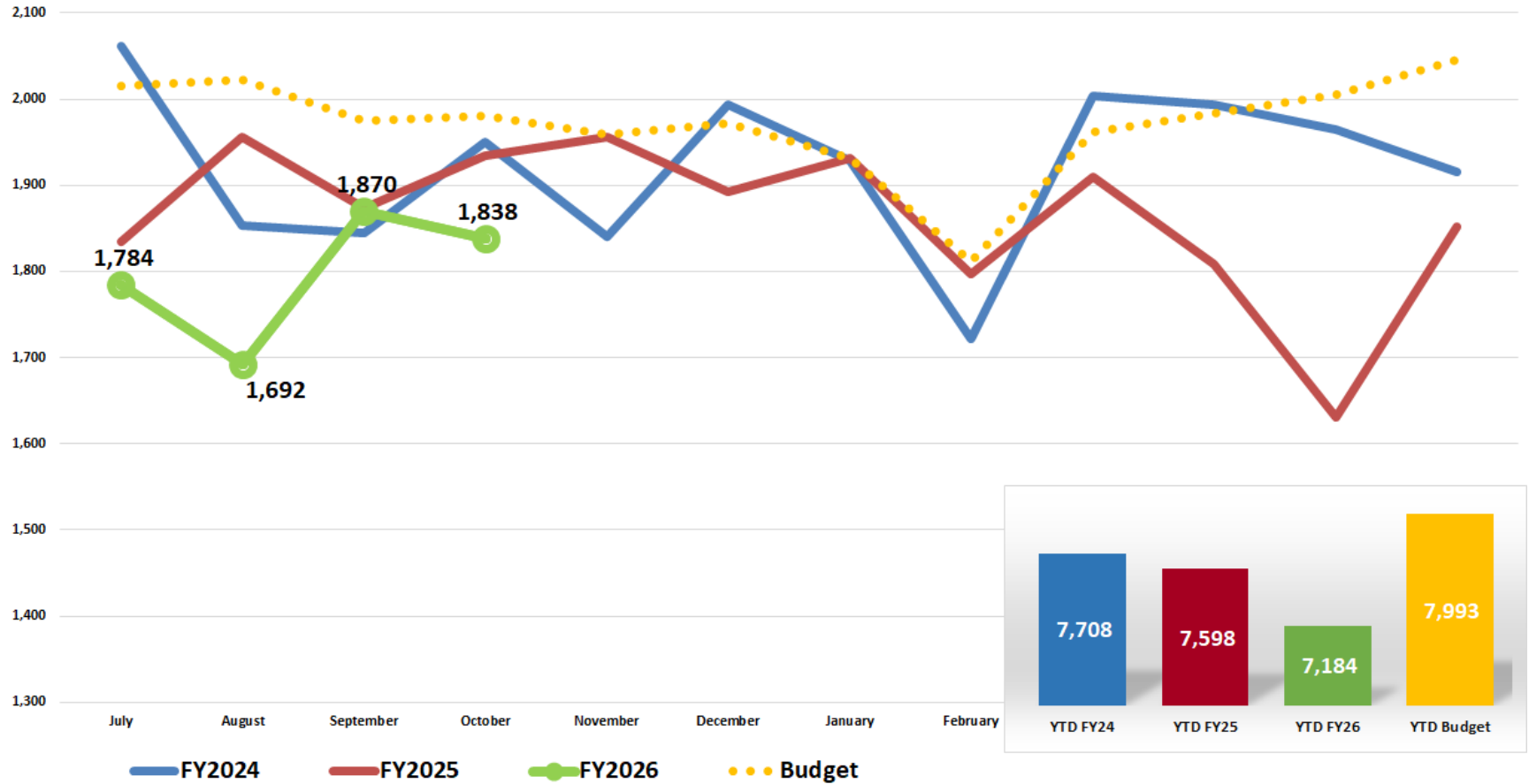
CAPD/CCPD - Training Sessions



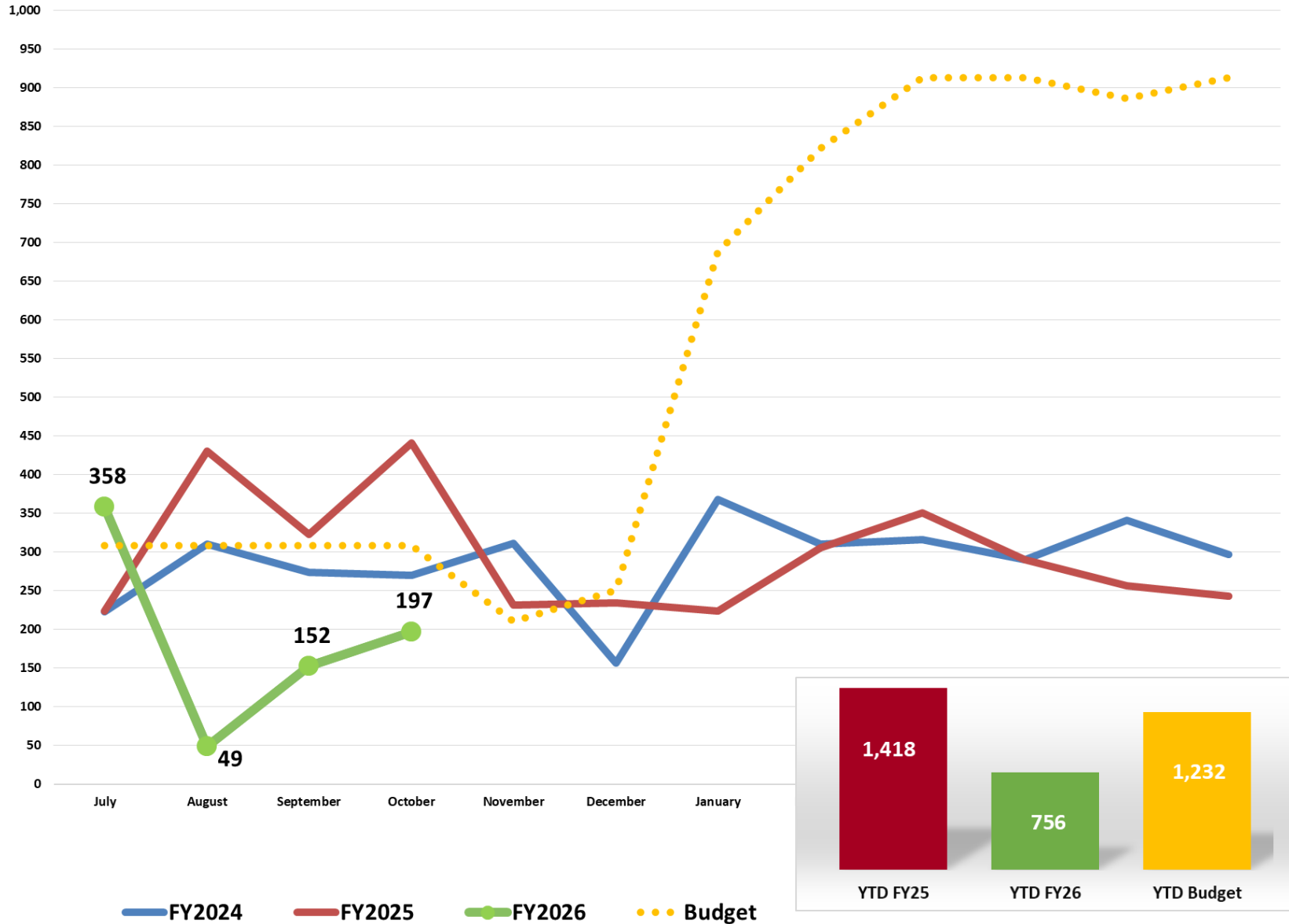
CAPD/CCPD - Maintenance Sessions



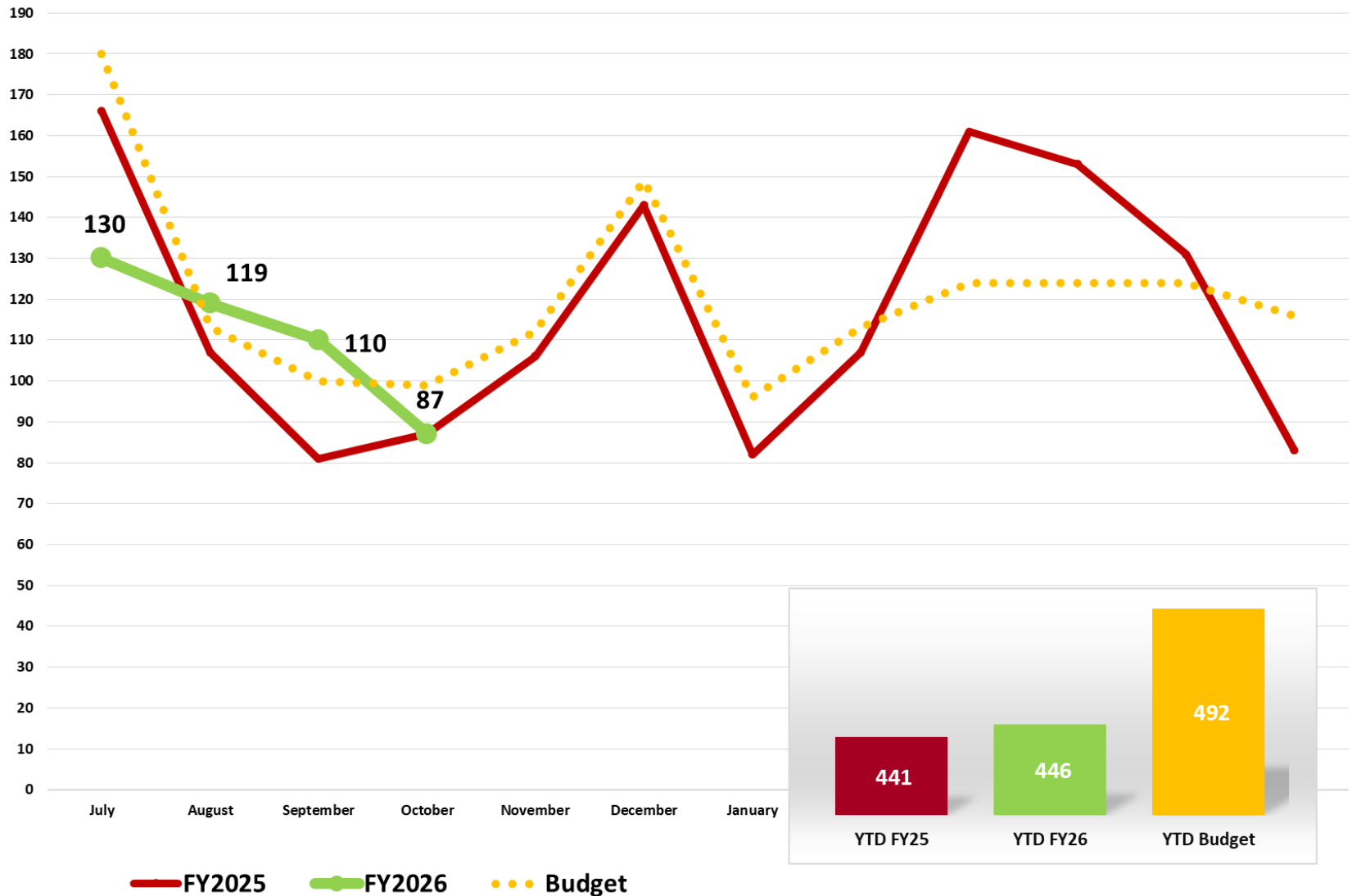
All CAPD & CCPD



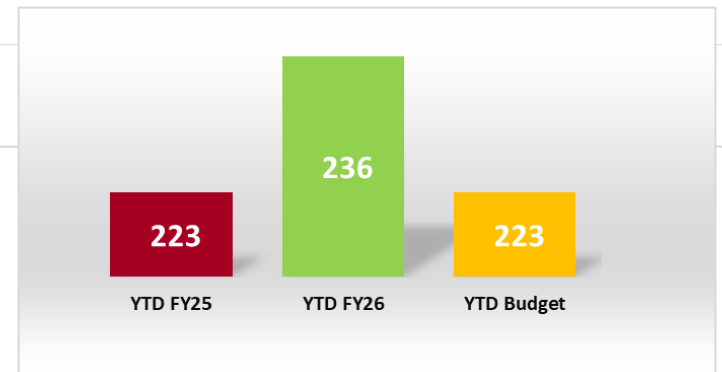
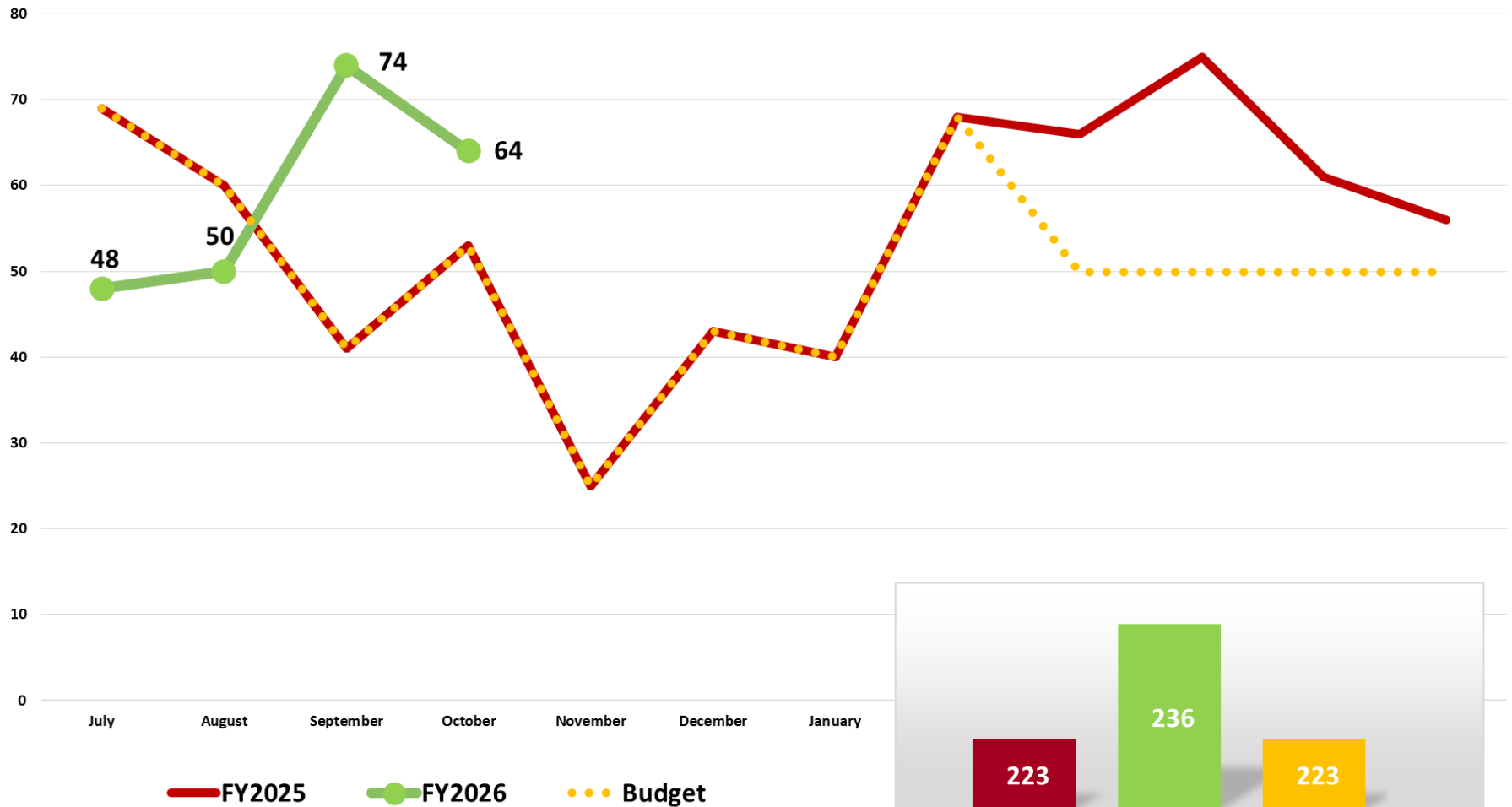
Urology Clinic Visits



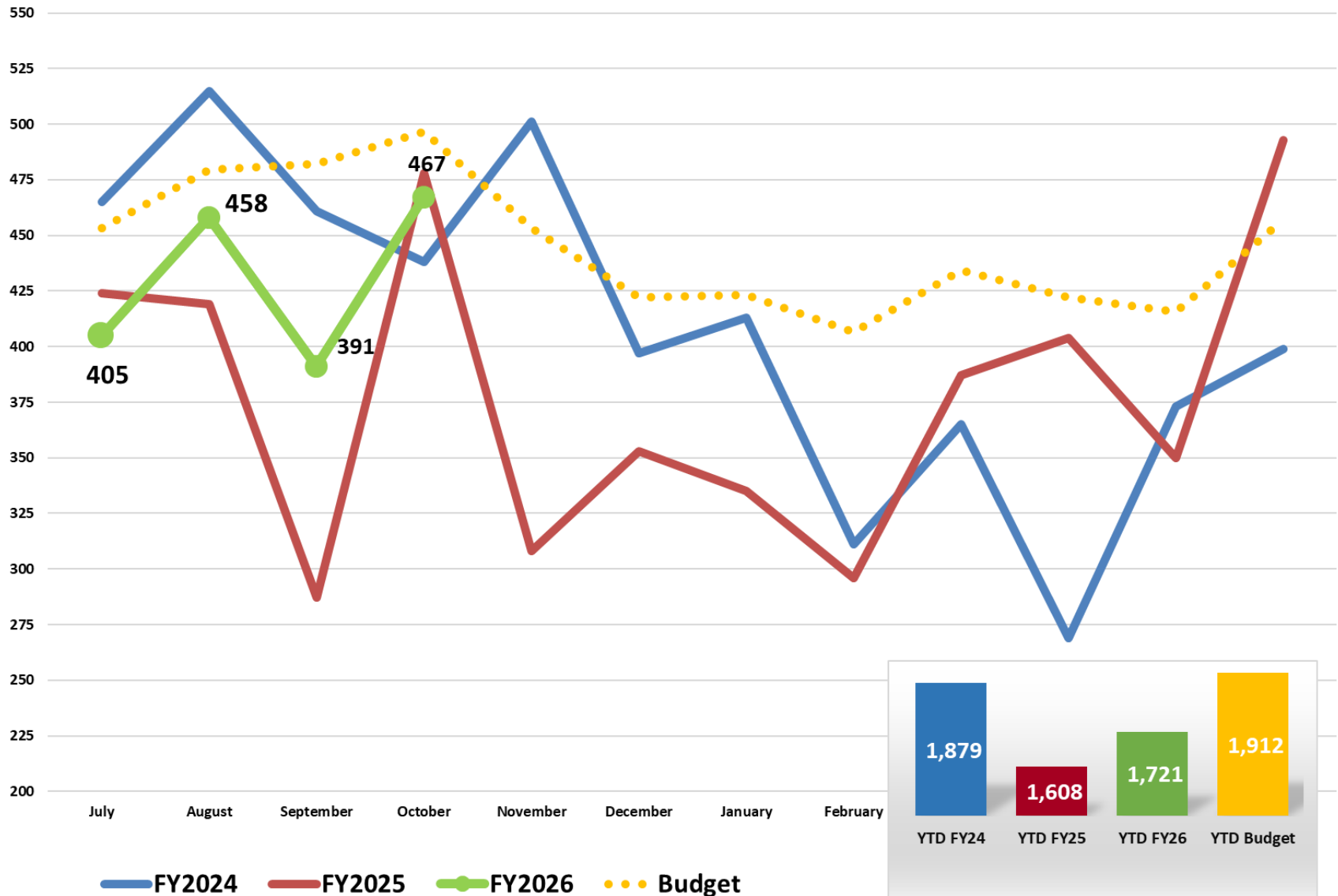
Open Arms House - Patient Days



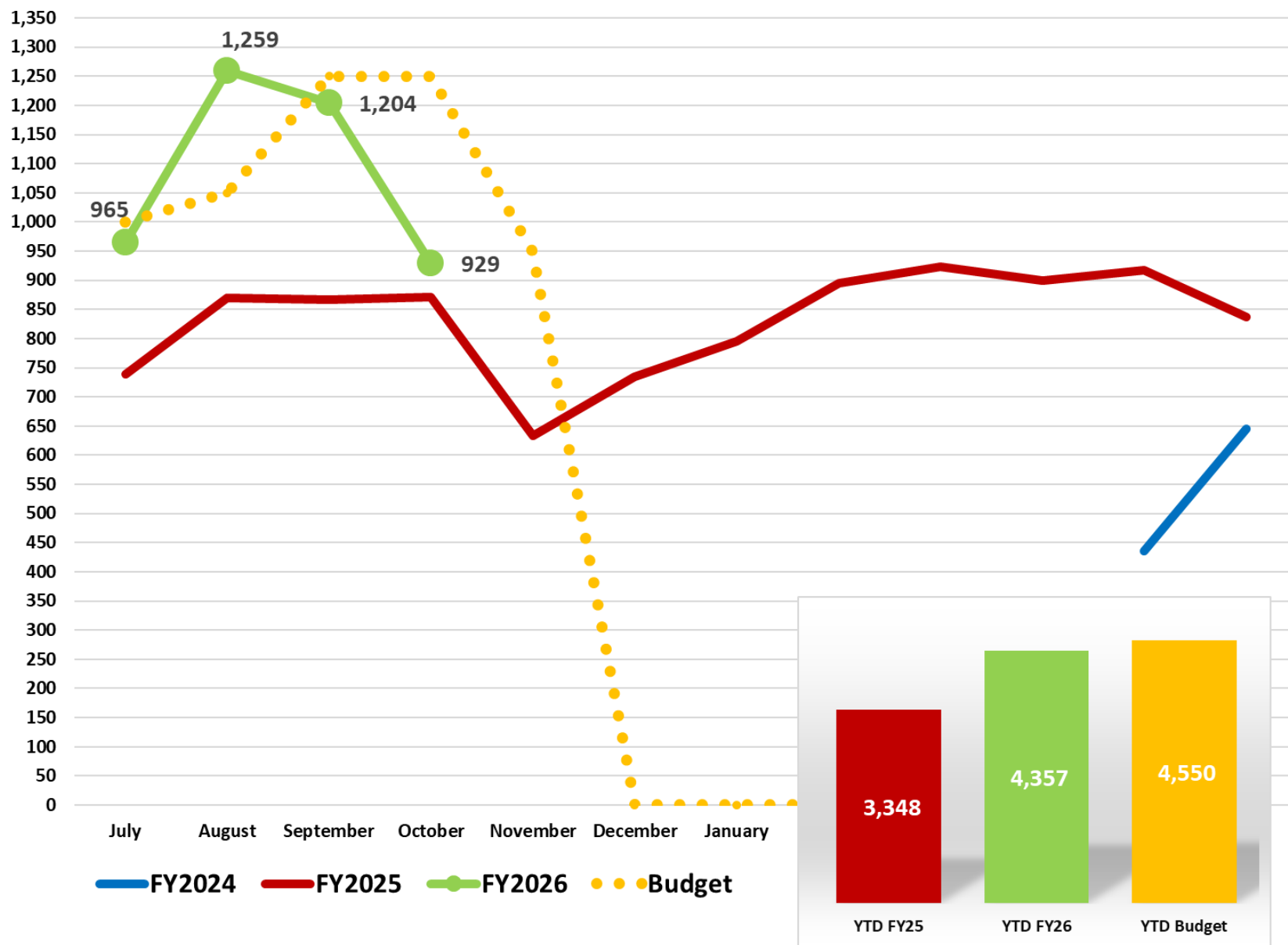
Cardiothoracic Surgery Clinic - Visits



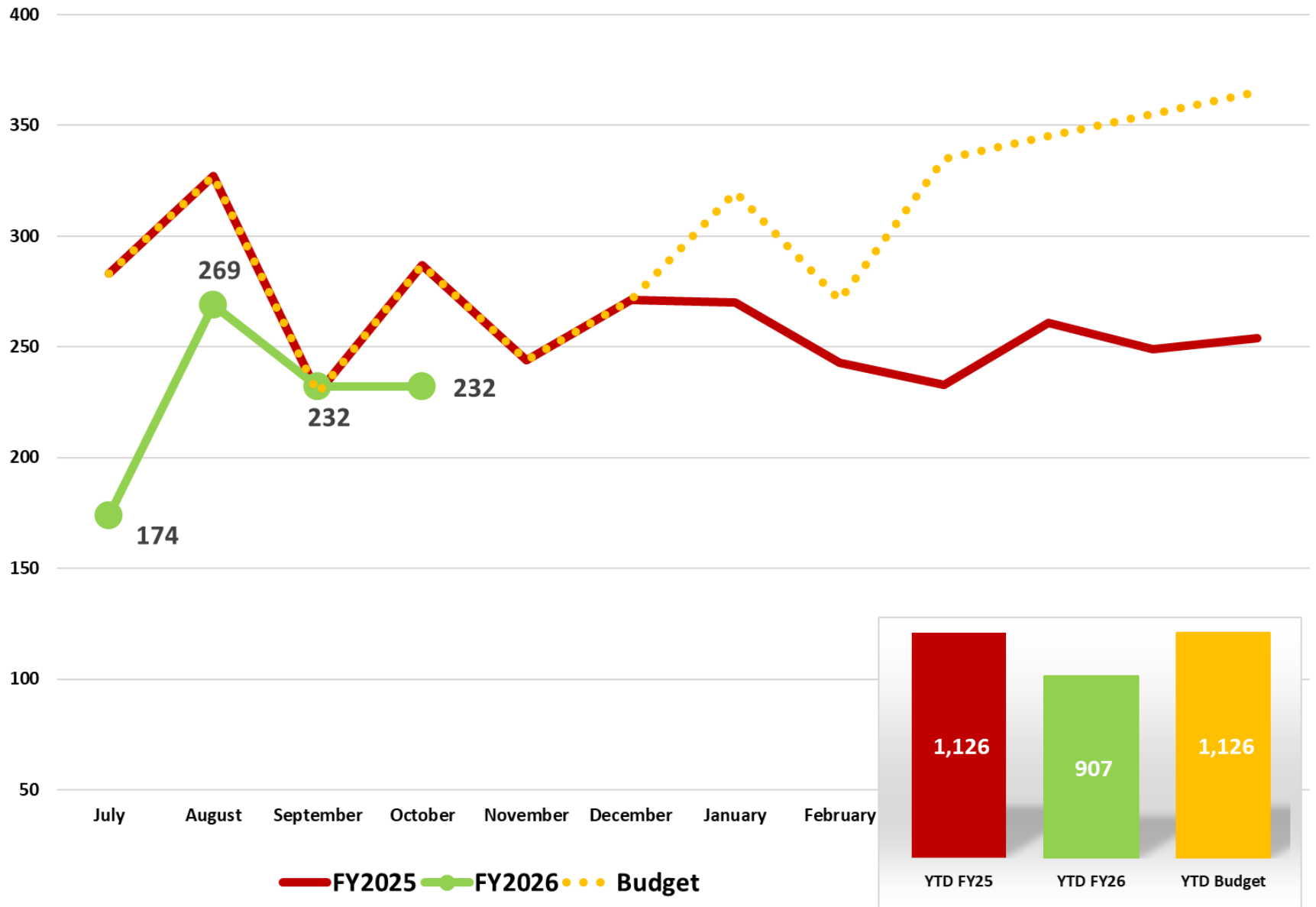
Cardiac Rehabilitation



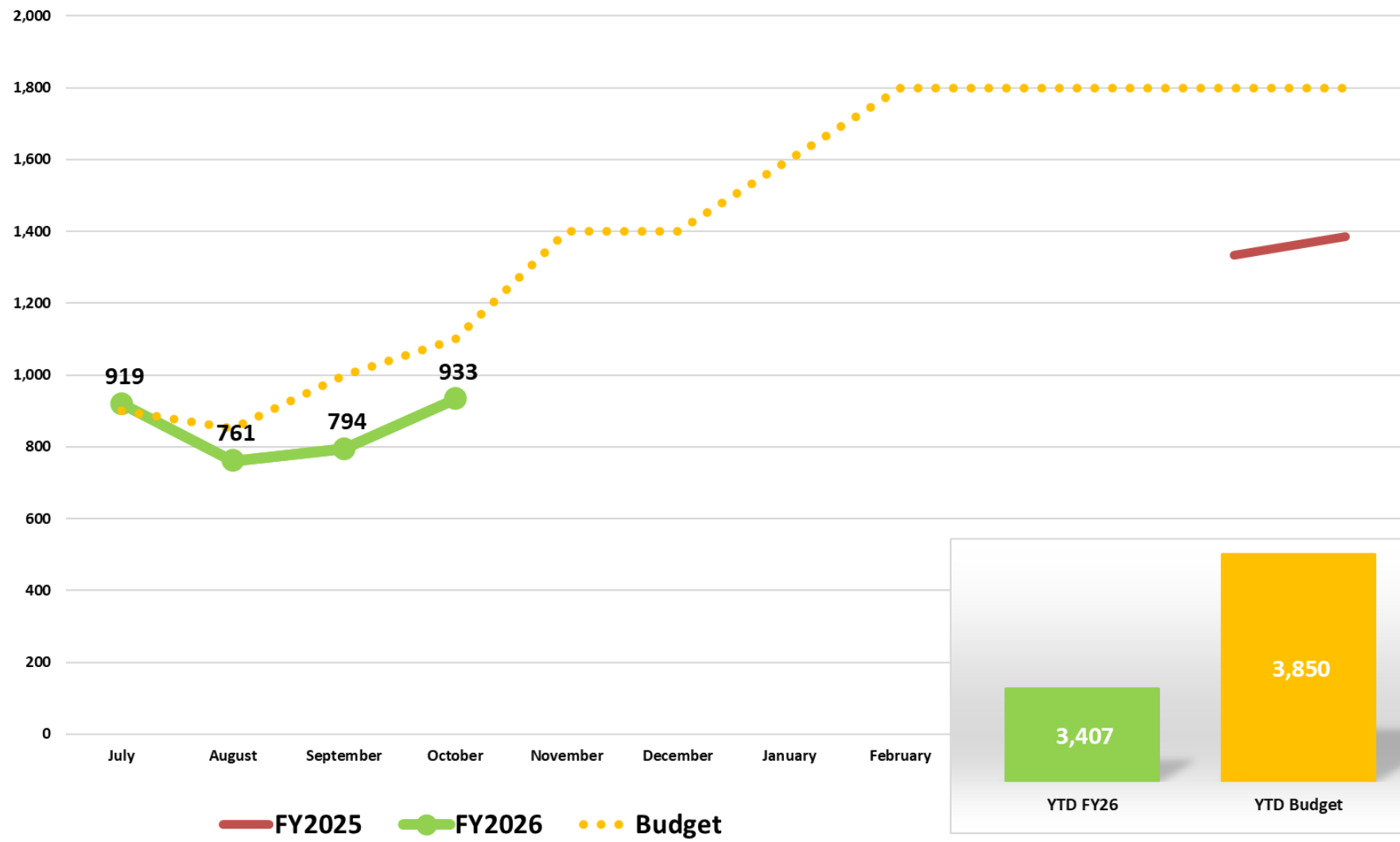
KH Medical Clinic - Ben Maddox



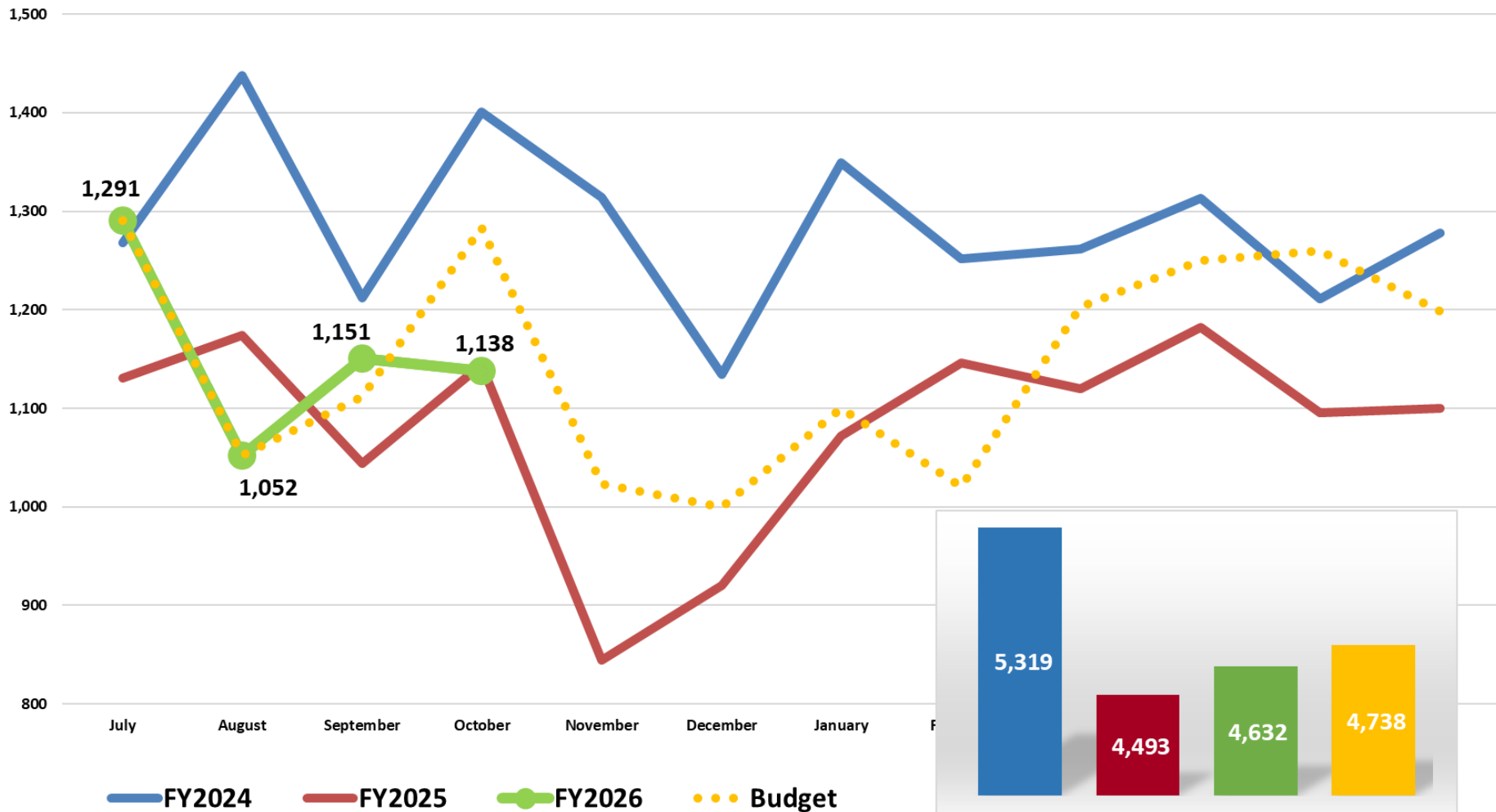
KH Medical Clinic - Plaza



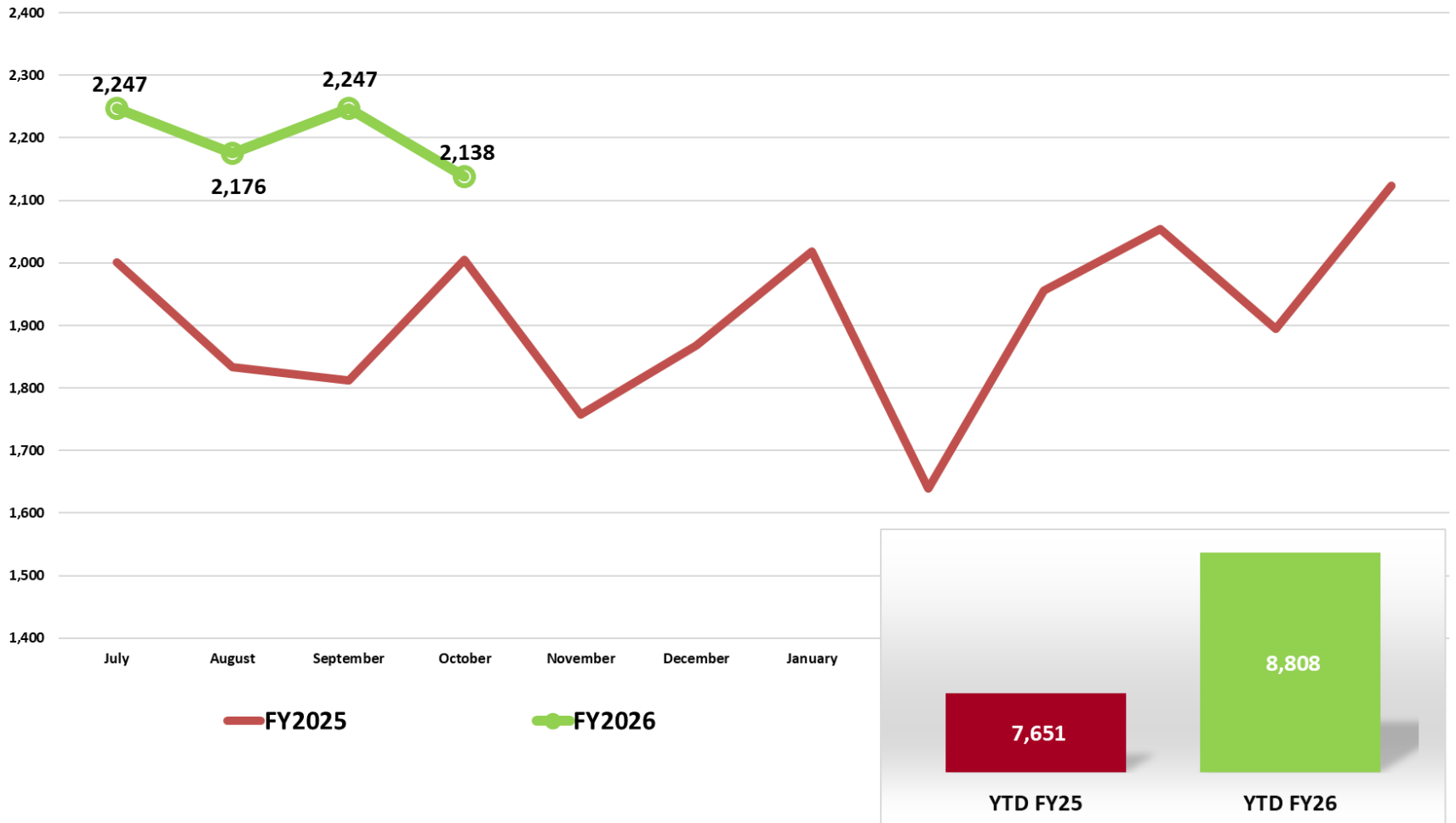
KH Willow Clinic



Medical Oncology Treatments



Medical Oncology Visits



Mental Wellness Clinic

