Kaweah Delta Health Care District
Board of Directors Meeting

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

Kaweah Health
MORE THAN MEDICINE. LIFE.

DATE POSTED: October 17, 2025

NOTICE

Date: Wednesday, October 22, 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)
- **4:45 PM** – Open Session

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

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

PUBLIC RECORDS:
Disclosable public records related to this agenda are available for public inspection at:
Kaweah Health Medical Center – Acequia Wing, Executive Offices (1st Floor)
400 West Mineral King Avenue, Visalia, CA 93291

You may also request records by contacting the Board Clerk at (559) 624-2330 or **kedavis@kaweahhealth.org**, or by visiting the District's website at **www.kaweahhealth.org**.

KAWEAH DELTA HEALTH CARE DISTRICT
David Francis, Secretary/Treasurer

Prepared by:

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

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

KAWEAH DELTA HEALTH CARE DISTRICT
BOARD OF DIRECTORS MEETING

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

Wednesday October 22, 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 – EXISTING LITIGATION AND SEMI-ANNUAL CLAIMS STATUS REPORT** –Review and discuss ongoing litigation matters and the status of claims involving risk management, patient safety, or related matters. (Pursuant to Government Code 54956.9(d)(1))

3. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION AND QUARTERLY RISK MANAGEMENT** –Quarterly review and discussion with legal counsel regarding ongoing litigation matters involving risk management, patient safety, or related claims. (Pursuant to Government Code 54956.9(d)(1)) *Action Requested*

A. BURNS-NUNEZ V KDHCD	I. M. ANDRADE V KDHCD
B. M. VASQUEZ V. KDHCD	J. MARTINEZ-LUNA V. KDHCD
C. RHODES V. KDHCD	K. VIZCAINO V KDHCD

D. LARUMBLE-TORRES V KDHCD	L. MORENO V KDHCD
E. SMITHSON V KDHCD	M. RICHARDSON V KDHCD
F. RAMIREZ V. KDHCD	N. DOMINGOS V KDHCD
G. MEDINA V KDHCD	O. TINOCO V KDHCD
H. BURGER V KDHCD	P. ISQUIERDO V KDHCD
Q. MACKEY V. KDHCD	

3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION / QUALITY OF CARE RISK EXPOSURE –** Quarterly 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

4. **EXPOSURE TO LIGITATION AND QUALITY ASSURANCE REVIEW-** Quarterly conference with legal counsel and risk management regarding a specific adverse event with potential legal exposure, including internal quality review and risk mitigation steps. (Government code 54956.9(d)(2) and Evid. Code 1157.)

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. **APPROVAL OF THE CLOSED MEETING MINUTES** – September 24, 2025.
   Action Requested

8. **ADJOURN**

OPEN MEETING AGENDA {4:45PM}

Kaweah Delta Health Care District
Board of Directors Meeting

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Kaweah Health
MORE THAN MEDICINE. LIFE.

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 2272 to Matilde Saldivar in recognition as the Kaweah Health World Class Employee of the month – October 2025.
   - **6.2.** Team of the Month – Interpreter Services
7. **INTRODUCTION – New Directors**
   - **7.1.** Terry Brown, Interim Director of Critical Care Services
   - **7.2.** Jeff Cater, Director of Surgical Services
   - **7.3.** Christel (Chris) McRae, Interim Director of Clinical Operations
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 September 24, 2025, Consent Calendar.

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

	D	Emergency Services	Receive and File
	E.	Q3 Risk Management Board Report	Receive and File
9.2. MINUTES	A	Audit and Compliance Committee- September 3, 2025	Approve Minutes
	B	Patient Experience Board Committee- September 10, 2025	Approve Minutes
	C	Finance Property Services & Acquisition Committee – September 17, 2025	Approve Minutes
	D	Quality Council Committee – September 18, 2025	Approve Minutes
	E	Regular Open Board Meeting – September 24, 2025	Approve Minutes
9.3. POLICIES	**A**	**Administrative Policies**	
	1	AP07 Communication with Law Enforcement Regarding Requests for Information and Request to Interview Interrogate a Patient	Approve Revisions
	2	AP80 American and California State Flags	Approve Revisions
	3	AP21 Subpoenas/Search Warrants Served on District RECORDS, Contract Physicians, or Patients	Approve Revisions
	4	AP129 Critical Incident Stress Management	Approve Revisions
	5	AP164 Messenger Model Guidelines for Managed Care Contracting for Physicians	Approve Revisions
9.4. MEC	A	OB.GYN Privileges	Approve Revisions
9.5. DISTRICT	A	Inducement Resolution 2271 and Declaration of Official Intent to Reimburse Original Expenditures from Proceeds of Future Obligations	Approve

10. ANNUAL FINANCIAL STATEMENT AUDIT REPORT – The Board will receive and review the Annual Financial Statement Audit Report for Fiscal Year 2025. The presentation will include an overview of the independent auditor's findings, financial position, and compliance with applicable accounting standards. The Board may discuss the findings and consider formal acceptance of the audit report.

Action Requested

11. 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. The Board will receive the report and may provide direction to staff.

12. **PATIENT EXPERIENCE AND SATISFACTION UPDATE** – Staff presentation and discussion regarding aggregated and de-identified patient experience data, including trends, themes, and opportunities for improvement. No individual patient information will be disclosed.

13. **STRATEGIC PLAN INITIATIVE PATIENT AND COMMUNITY EXPERIENCE** - Presentation and discussion regarding progress, activities, and performance measures related to the District's Strategic Plan Initiative on patient and community experience, including updates on engagement, recruitment, partnerships, and related action items.

14. **FINANCIALS** – Presentation and discussion of current financial statements, budget performance, revenue, and expense trends, and year-to-date comparisons for the District.

Action Requested

15. REPORTS

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

15.2. 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 2272

RESOLUTION 2272

Board Resolution Honoring
Matilde Saldivar as Employee of the Month of July

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

WHEREAS, Matilde Saldivar, of the Environmental Services 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 October 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, Matilde'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 Matilde Saldivar as **Employee of the Month** for October 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 Matilde as a token of recognition and gratitude.

PASSED AND ADOPTED this 22rd of October, 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
October 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

October Board Report Narrative:

Kaweah Health has received signed offers from two physicians:
1) Family Practice - A local provider has signed a letter of intent and plans to join the Kaweah Health Akers clinic part-time when it opens this year.

2) Orthopedic Hand Surgeon - A central valley orthopedic hand surgeon is in the contracting phase with Kaweah Health and plans to join Orthopaedic Associates.

These physician additions will help shore up deficits in patient access for two very needed specialties in our community.

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 - Oct 2025

	Specialty	Group	Phase	Expected Start Date
1	General Surgery	TBD	Site Visit	
2	Family Medicine	TBD	Site Visit	
3	OBGYN	TBD	Site Visit	
4	Internal Medicine	CFC	Site Visit	
5	ENT	Valley ENT	Site Visit	
6	General Surgery	TBD	Screening	
7	General Surgery	TBD	Screening	
8	General Surgery	TBD	Screening	
9	General Surgery	TBD	Screening	
10	General Surgery	TBD	Screening	
11	Cardiology (EP)	TBD	Screening	
12	Radiology	TBD	Screening	
13	Gastroenterology	TBD	Screening	
14	Family Medicine	TBD	Screening	
15	Family Medicine	TBD	Screening	
16	Family Medicine	TBD	Screening	
17	Family Medicine	TBD	Screening	
18	EP	TBD	Screening	
19	Internal Medicine	1099 - KH Direct	Screening	
20	Orth Surgeon (Hand)	Orthopedic Assoc	Screening	
21	Orth Surgeon (Hand)	Orthopedic Assoc	Screening	
22	Anesthesia Program Director	Oak Creek	Screening	
23	Cardiac Anesthesia	Oak Creek	Screening	
24	Anesthesia (Cardiac)	Oak Creek	Screening	
25	Rheumatology	TBD	Offer Extended	
26	General Surgery	TBD	Offer Extended	
27	OBGYN	TBD	Offer Extended	
28	Gastroenterology	TBD	Offer Extended	
29	OBGYN	TBD	Offer Extended	
30	OBGYN	TBD	Offer Extended	
31	General Surgery	TBD	Offer Extended	
32	General Surgery	TBD	Offer Extended	
33	Family Medicine	TBD	Offer Extended	
34	Pulmonology	TBD	Offer Extended	
35	Adult Hospitalist	Valley Hospitalist Group	Offer Extended	
36	Cardiothoracic Surgery	TBD	Offer Accepted	
37	Family Medicine	1099 - KH Direct	Offer Accepted	
38	Endocrinology	1099 - KH Direct	Offer Accepted	TBD
39	Neurology	1099 - KH Direct	Offer Accepted	TBD
40	Family Medicine	Key Medical Associates	Offer Accepted	TBD
41	Orth Surgeon (Hand)	Orthopedic Assoc	Offer Accepted	02/01/26
42	Neonatology	Valley Childrens	Offer Accepted	11/03/25
43	Neonatology	Valley Childrens	Offer Accepted	07/28/25
44	General Surgery	Dr. Potts	Offer Accepted	10/20/25
45	Family Medicine	TBD	Leadership Call	
46	Pulmonology	TBD	Leadership Call	
47	General Surgery	TBD	Leadership Call	
48	General Surgery	TBD	Leadership Call	

	Specialty	Group	Phase	Expected Start Date
49	PM&R	TBD	Leadership Call	
50	Family Medicine	TBD	Leadership Call	
51	General Surgery	TBD	Leadership Call	
52	Psychiatry	Oak Stone Medical Group	Leadership Call	
53	Urogynecology	TBD	Applied	
54	Urogynecology	TBD	Applied	
55	Anesthesia General	Oak Creek	Applied	

Monthly Throughput Report

Patient Throughput Committee

October 1, 2025

Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

Age Group: (All) Behavioral Health: (All)

Discharge Date: 4/1/2025 – 8/31/2025

Metric	Patient Type	Definition	Goal	Baseline**	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025
Observation Average Length of Stay (Obs ALOS) *(Lower is better)**	**Overall**	Average length of stay (hours) for observation patients	36	50.02	44.15	40.43	79.48	38.01	54.68
Inpatient Average Length of Stay (IP ALOS) *(Lower is better)**	**Overall**	Average length of stay (days) for inpatient discharges	5.64	5.35	5.69	5.24	5.11	5.49	5.29
Inpatient Observed-to-Expected Length of Stay *(Lower is better)***	**Overall**	Observed LOS / geometric mean length of stay for inpatient discharges	1.32	1.42	1.51	1.38	1.33	1.45	1.38
Discharges*	Inpatient	Count of inpatient discharges	N/A	1,339	1,294	1,386	1,336	1,392	1,230
	Observation	Count of observation discharges	N/A	845	918	787	787	919	798
	Overall	Count of inpatient and observation discharges	N/A	2,184	2,212	2,173	2,123	2,311	2,028

Performance Scorecard

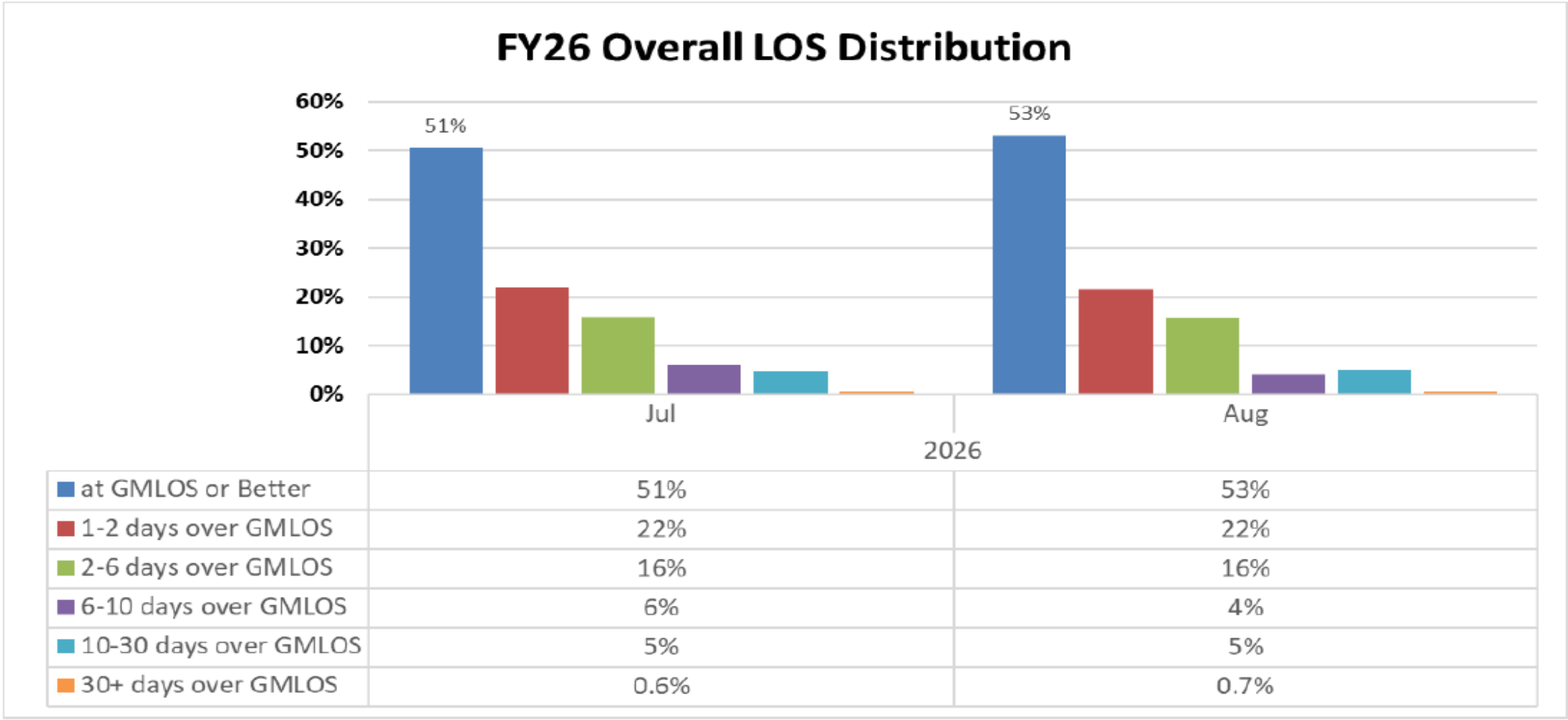
Leading Performance Metrics – Emergency Department

Age Group: (All) | Behavioral Health: (All)

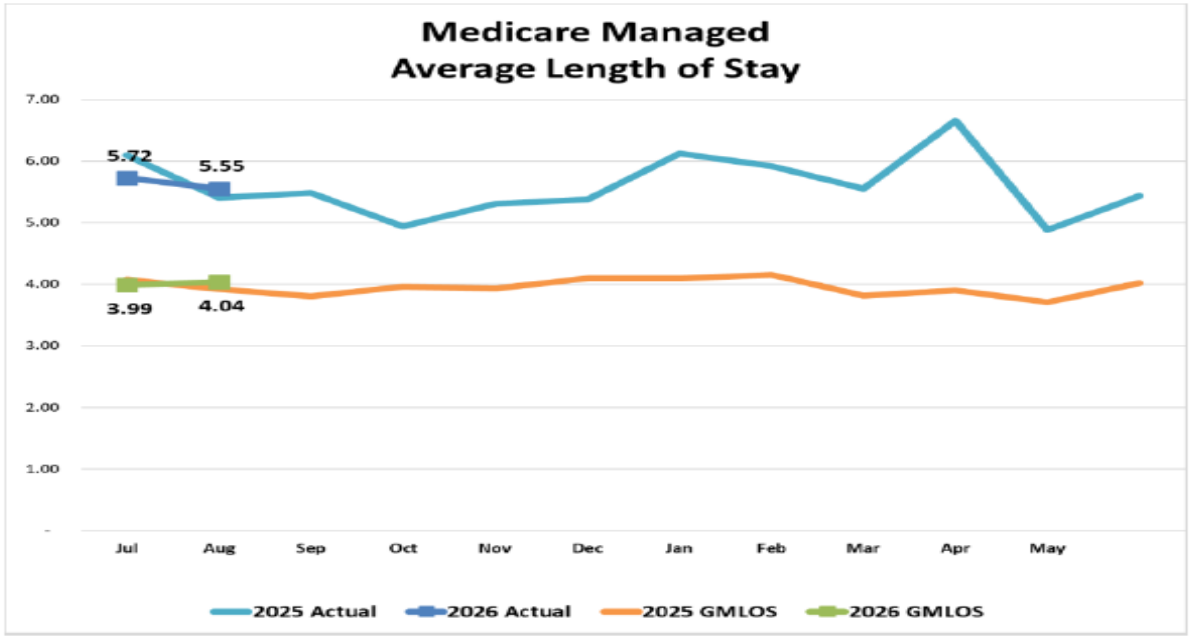
Check In Date and Time: 4/1/2025 12:00:00 AM – 8/31/2025 11:59:59 PM

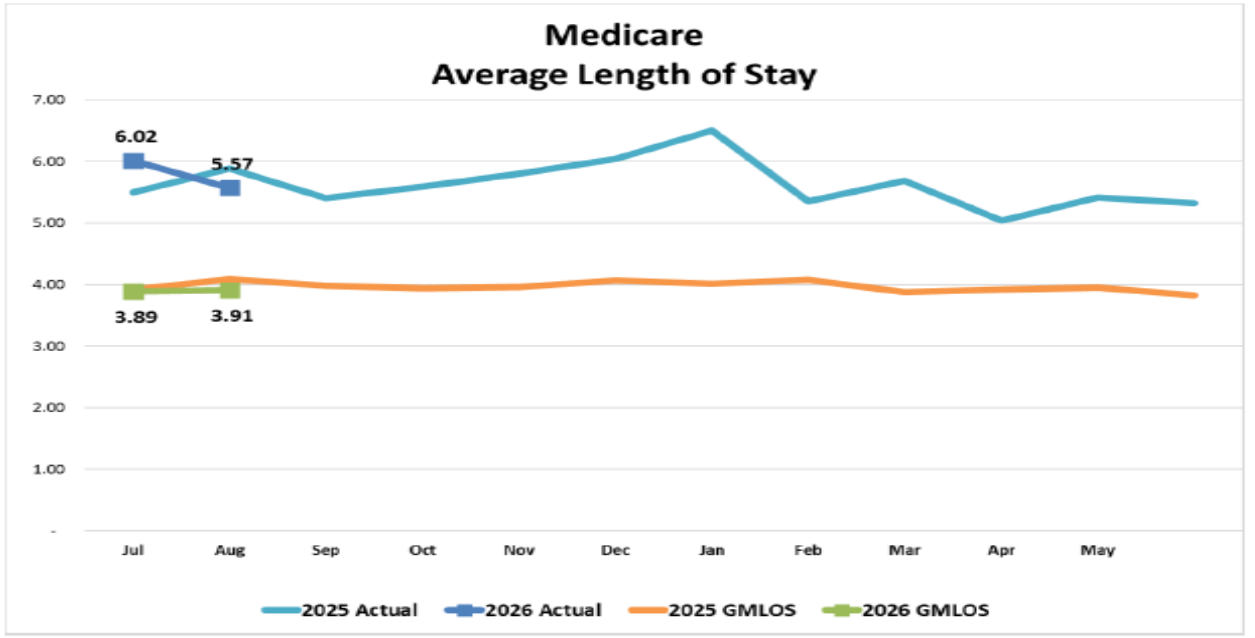
Metric	Patient Type	Definition	Goal	Baseline**	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025
ED Boarding Time *(Lower is better)**	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	**150**	170	190	159	152	156	154
	Observation	Median time (minutes) for admission order written to check out for observation patients	**150**	177	223	129	152	183	130
	Overall	Median time (minutes) for admission order written to check out for inpatient and observation patients	**150**	171	192	158	152	158	153
ED Admit Hold Volume *(Lower is better)**	**Overall >4 Hours**	Count of patients (volume) with ED boarding time ≥ 4 hours	**N/A**	316	343	273	262	267	239
ED Length of Stay (ED LOS) *(Lower is better)**	Discharged	Median ED length of stay (minutes) for discharged patients	**214**	260	247	257	260	264	268
	Inpatient	Median ED length of stay (minutes) for admitted patients	**500**	593	605	565	562	572	598
	Observation	Median ED length of stay (minutes) for observation patients	**500**	589	613	537	574	567	557
	Overall	Median ED length of stay (minutes) for admitted and discharged patients	**N/A**	304	295	300	308	310	307
ED Visits*	Discharged	Count of ED visits for discharged patients	**N/A**	6,789	6,460	7,059	6,697	6,760	7,206
	Inpatient	Count of ED Visits for admitted patients	**N/A**	1,178	1,104	1,213	1,229	1,183	1,149
	Observation	Count of ED Visits for observation patients	**N/A**	481	565	447	455	492	460
	Overall	Count of ED visits	**N/A**	8,447	8,129	8,719	8,381	8,435	8,815

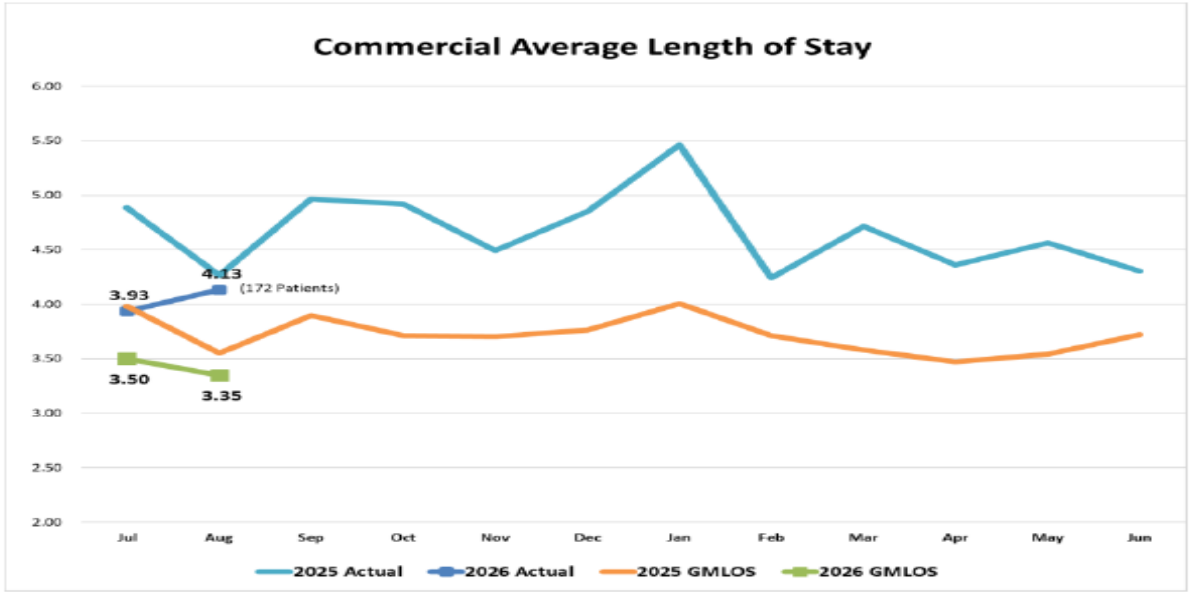
Average Length of Stay Distribution

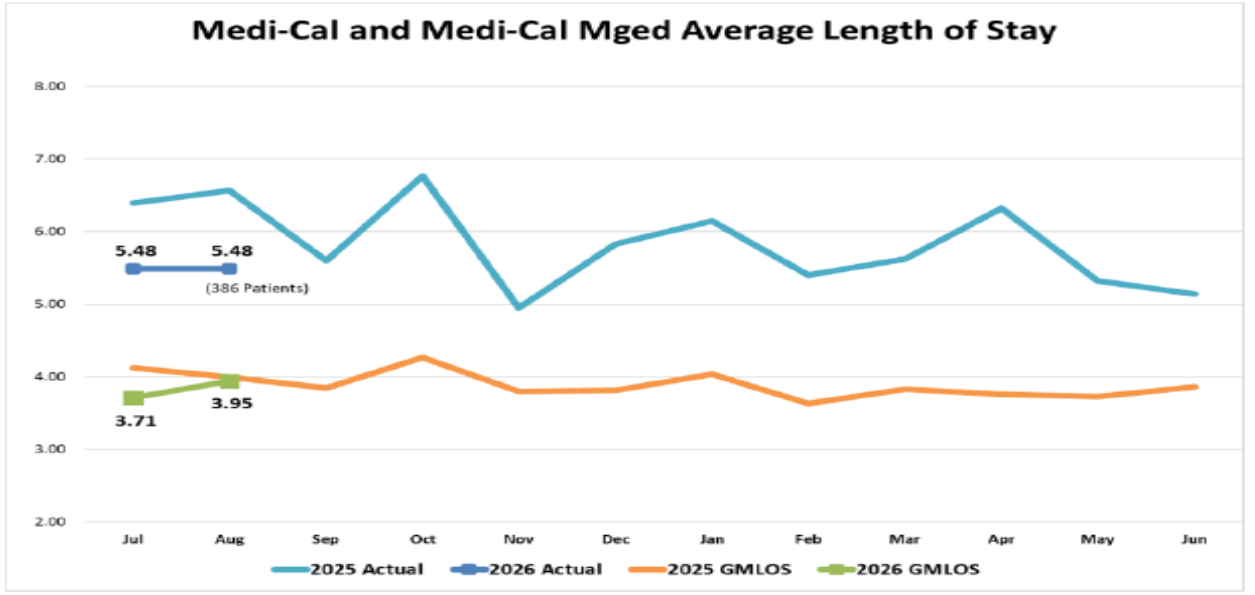


	Jul 2026	Aug 2026
at GMLOS or Better	51%	53%
1-2 days over GMLOS	22%	22%
2-6 days over GMLOS	16%	16%
6-10 days over GMLOS	6%	4%
10-30 days over GMLOS	5%	5%
30+ days over GMLOS	0.6%	0.7%

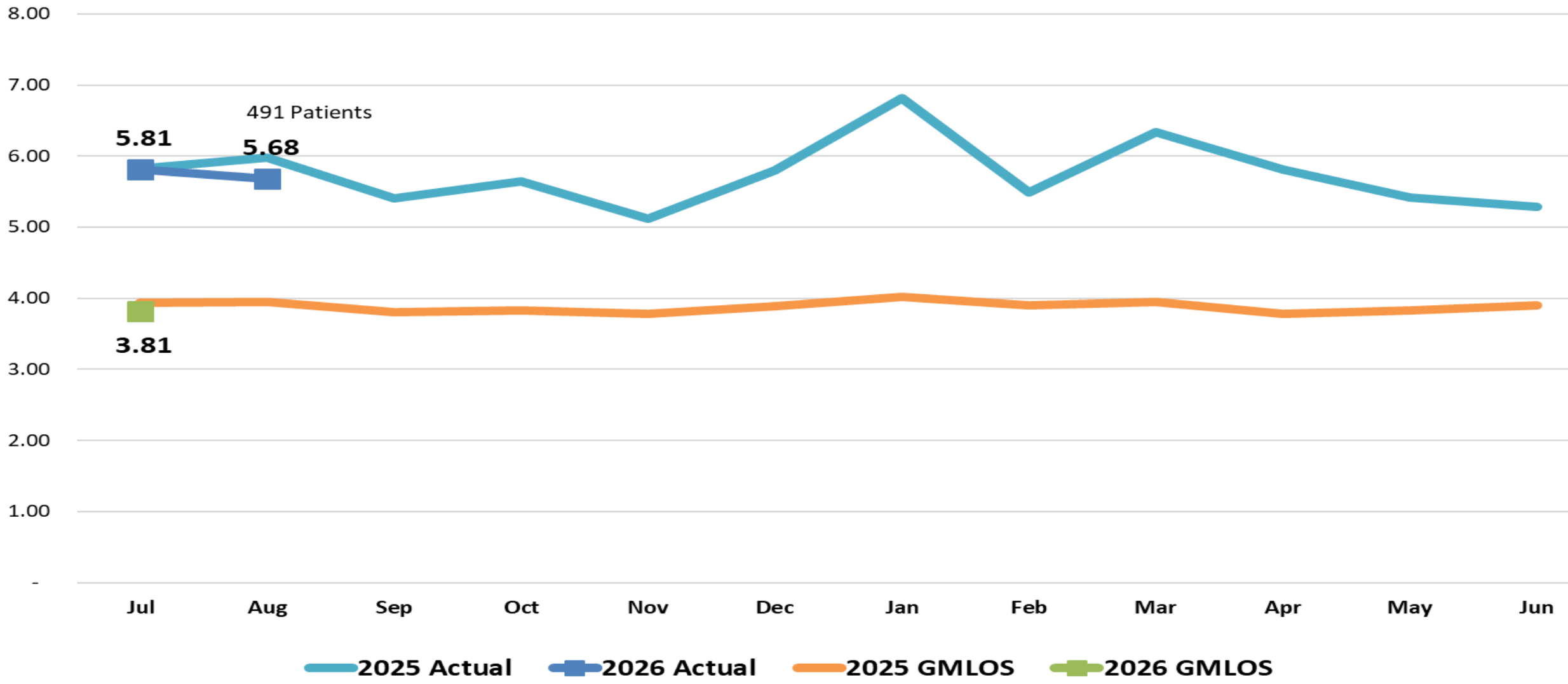

Medicare Managed
Average Length of Stay
7.00
6.00
5.00
4.00
3.00
2.00
1.00
-
5.72
5.55
3.99
4.04
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
2025 Actual
2026 Actual
2025 GMLOS
2026 GMLOS


Medicare
Average Length of Stay
7.00
6.00
5.00
4.00
3.00
2.00
1.00
-
6.02
5.57
3.89
3.91
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
2025 Actual
2026 Actual
2025 GMLOS
2026 GMLOS

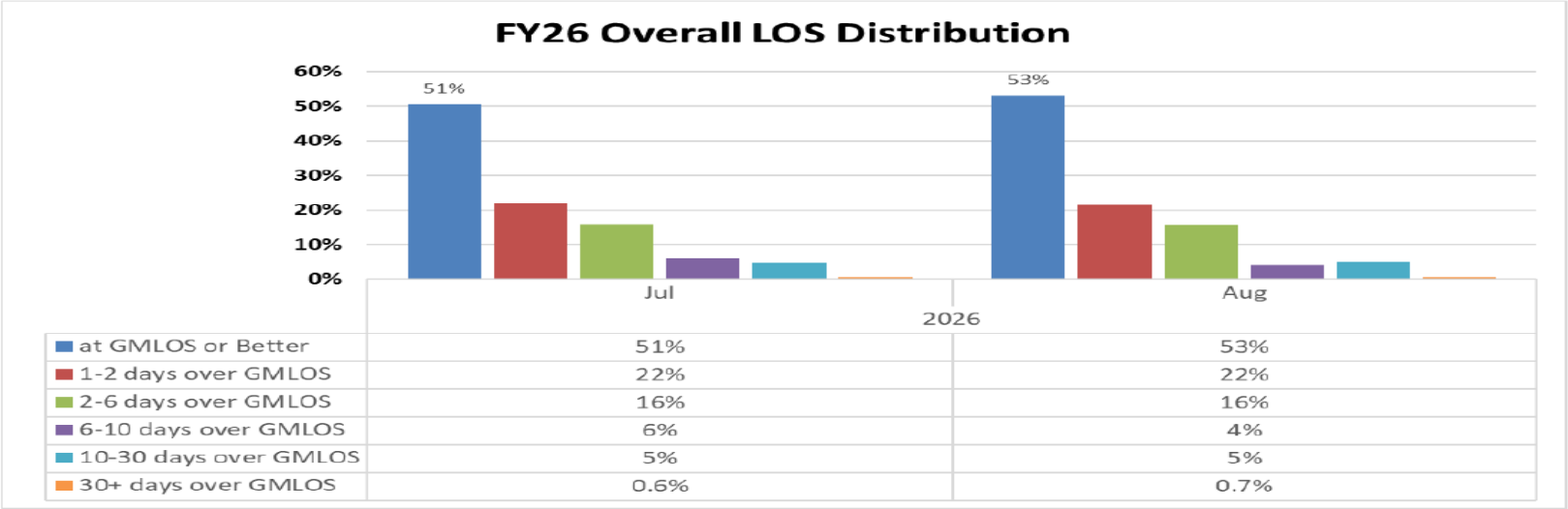

Commercial Average Length of Stay
6.00
5.50
5.00
4.50
4.00
3.50
3.00
2.50
2.00
3.93
4.13
(172 Patients)
3.50
3.35
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
2025 Actual
2026 Actual
2025 GMLOS
2026 GMLOS


Medi-Cal and Medi-Cal Mged Average Length of Stay
8.00
7.00
6.00
5.00
4.00
3.00
2.00
5.48
5.48
(386 Patients)
3.71
3.95
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
2025 Actual
2026 Actual
2025 GMLOS
2026 GMLOS

Hospitalist Average Length of Stay



Average Length of Stay Distribution



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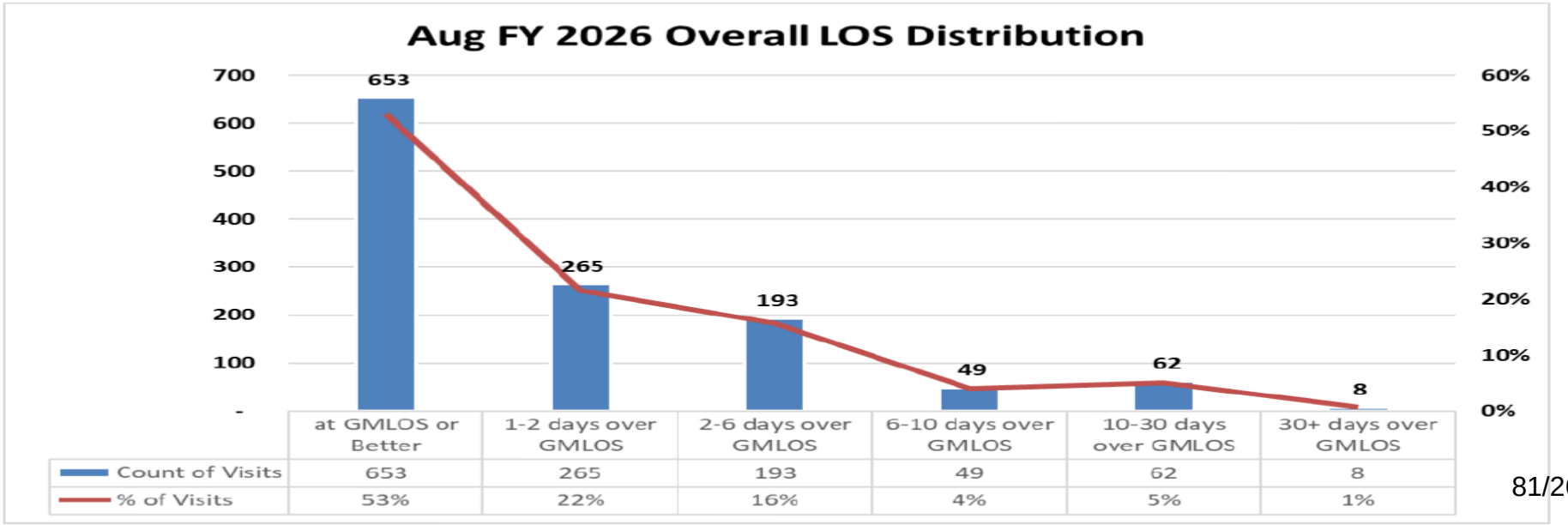
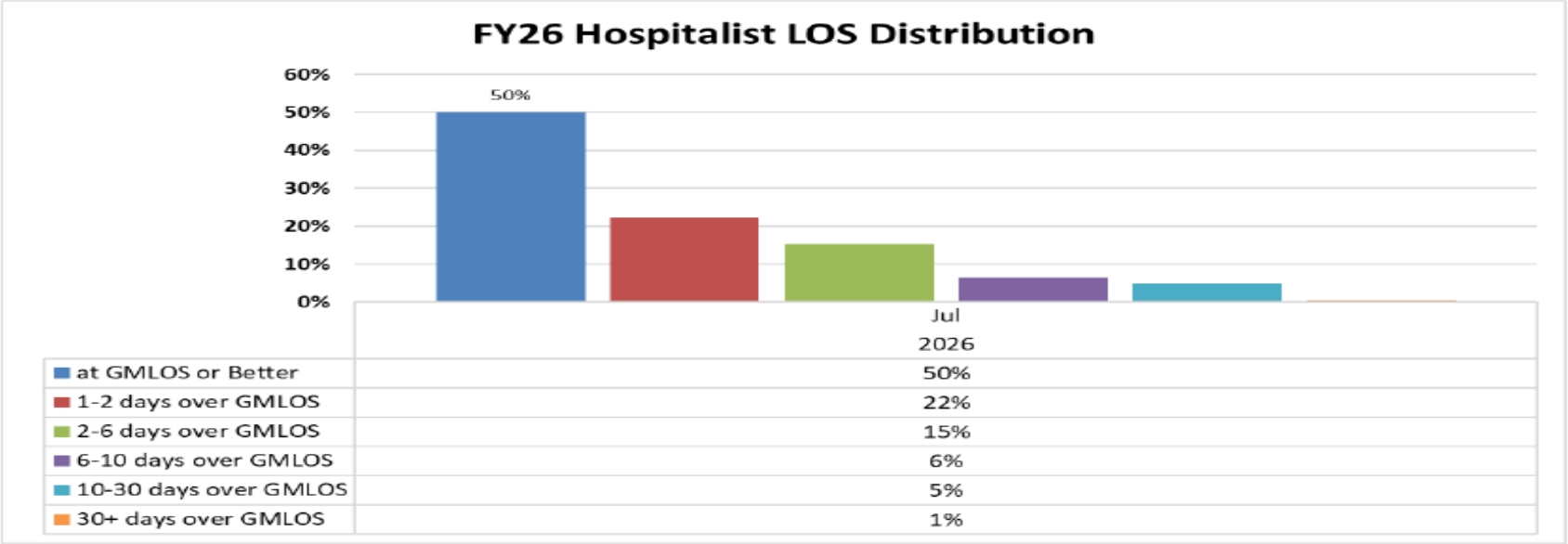
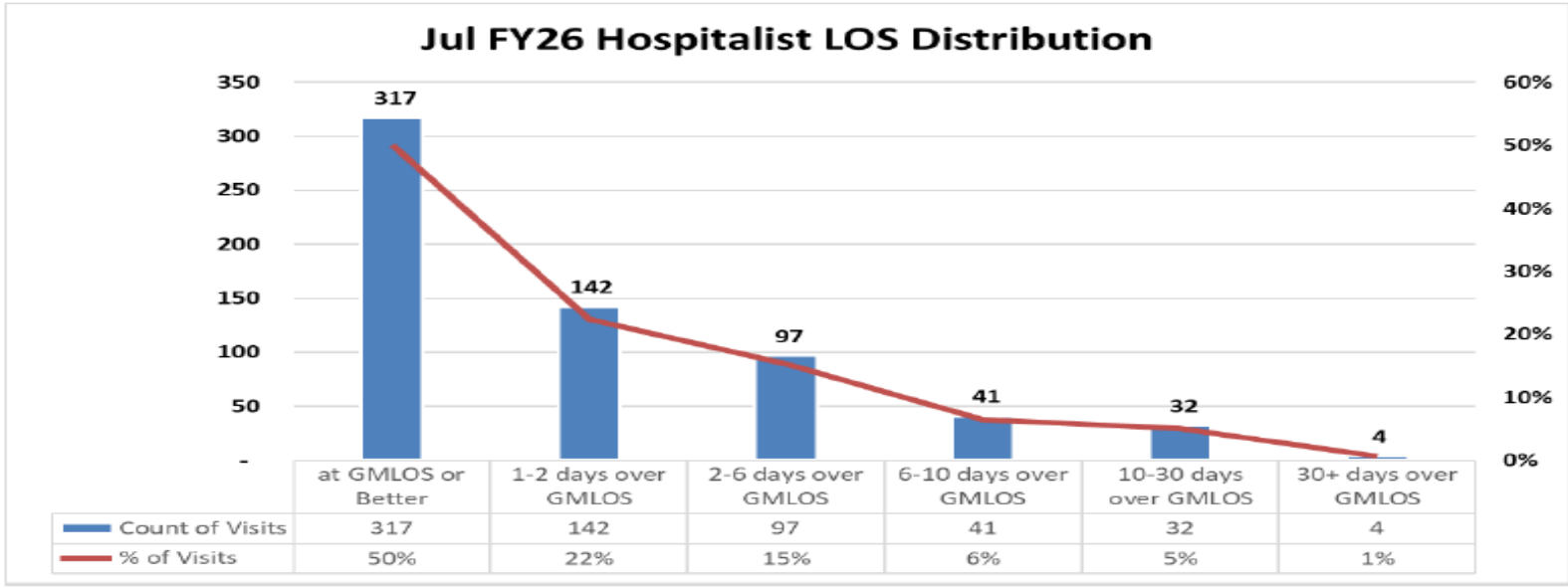
Length of Stay Distribution



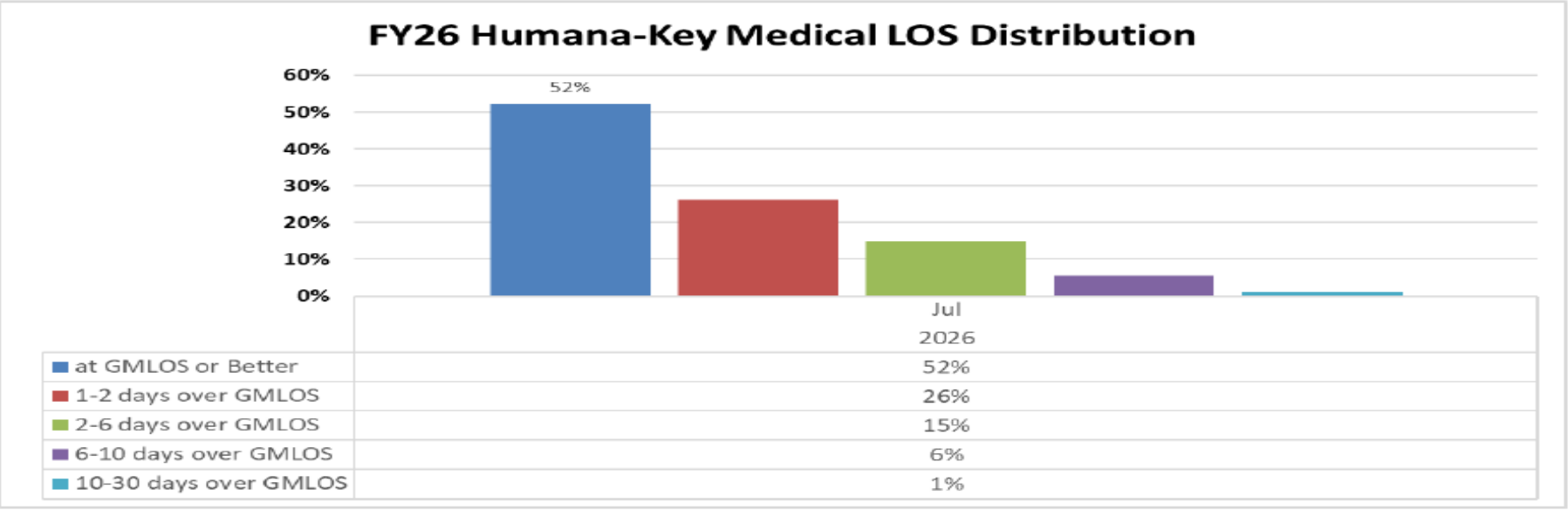
	at GMLOS or Better	1-2 days over GMLOS	2-6 days over GMLOS	6-10 days over GMLOS	10-30 days over GMLOS	30+ days over GMLOS
Count of Visits	653	265	193	49	62	8
% of Visits	53%	22%	16%	4%	5%	1%

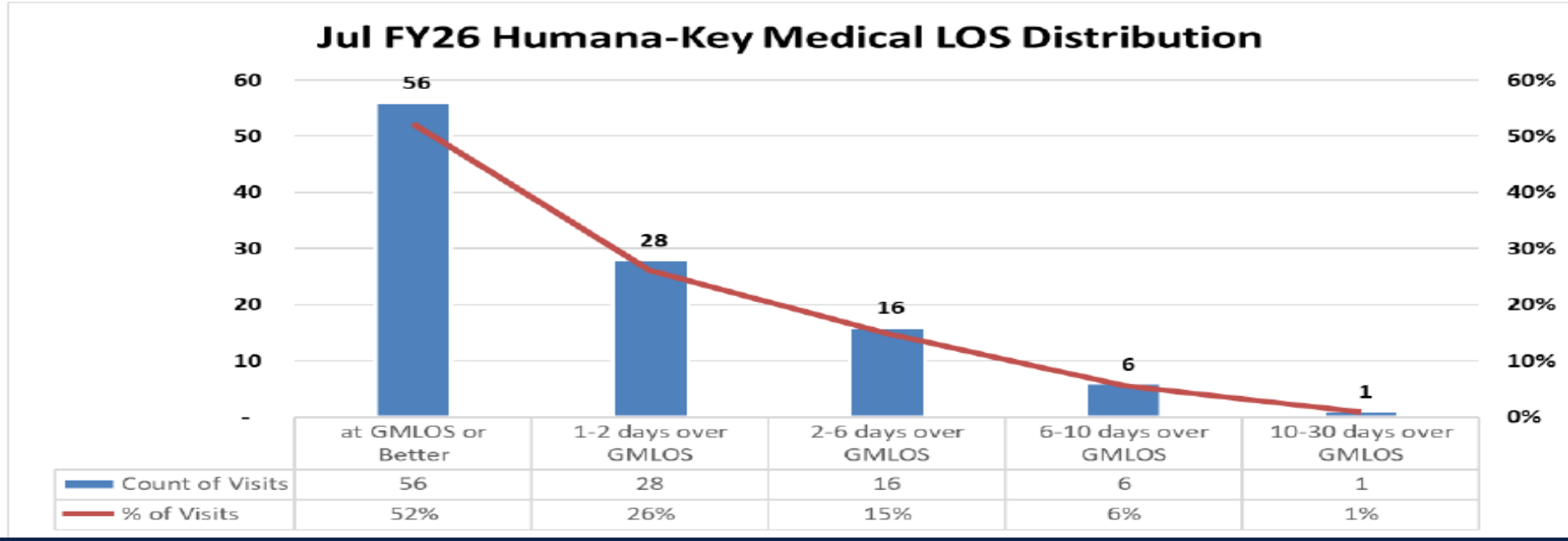
LOS Distribution





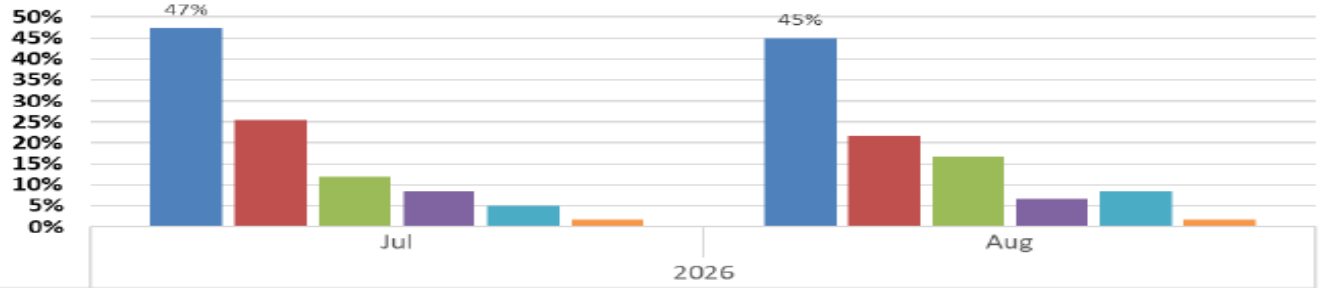
LOS Distribution





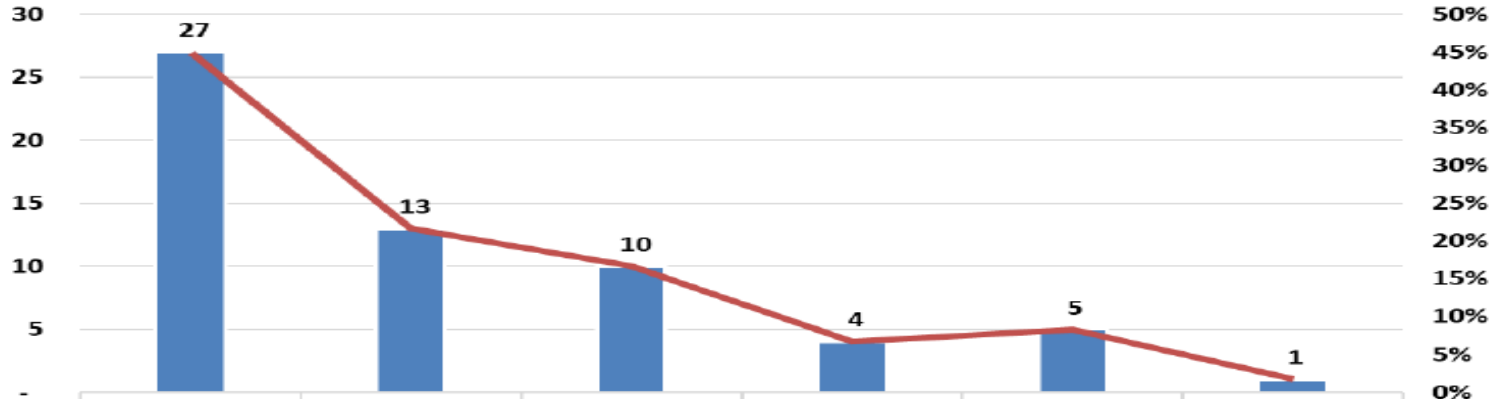
LOS Distribution

FY26 ACTSS LOS Distribution



	Jul	Aug
at GMLOS or Better	47%	45%
1-2 days over GMLOS	25%	22%
2-6 days over GMLOS	12%	17%
6-10 days over GMLOS	8%	7%
10-30 days over GMLOS	5%	8%
30+ days over GMLOS	2%	2%

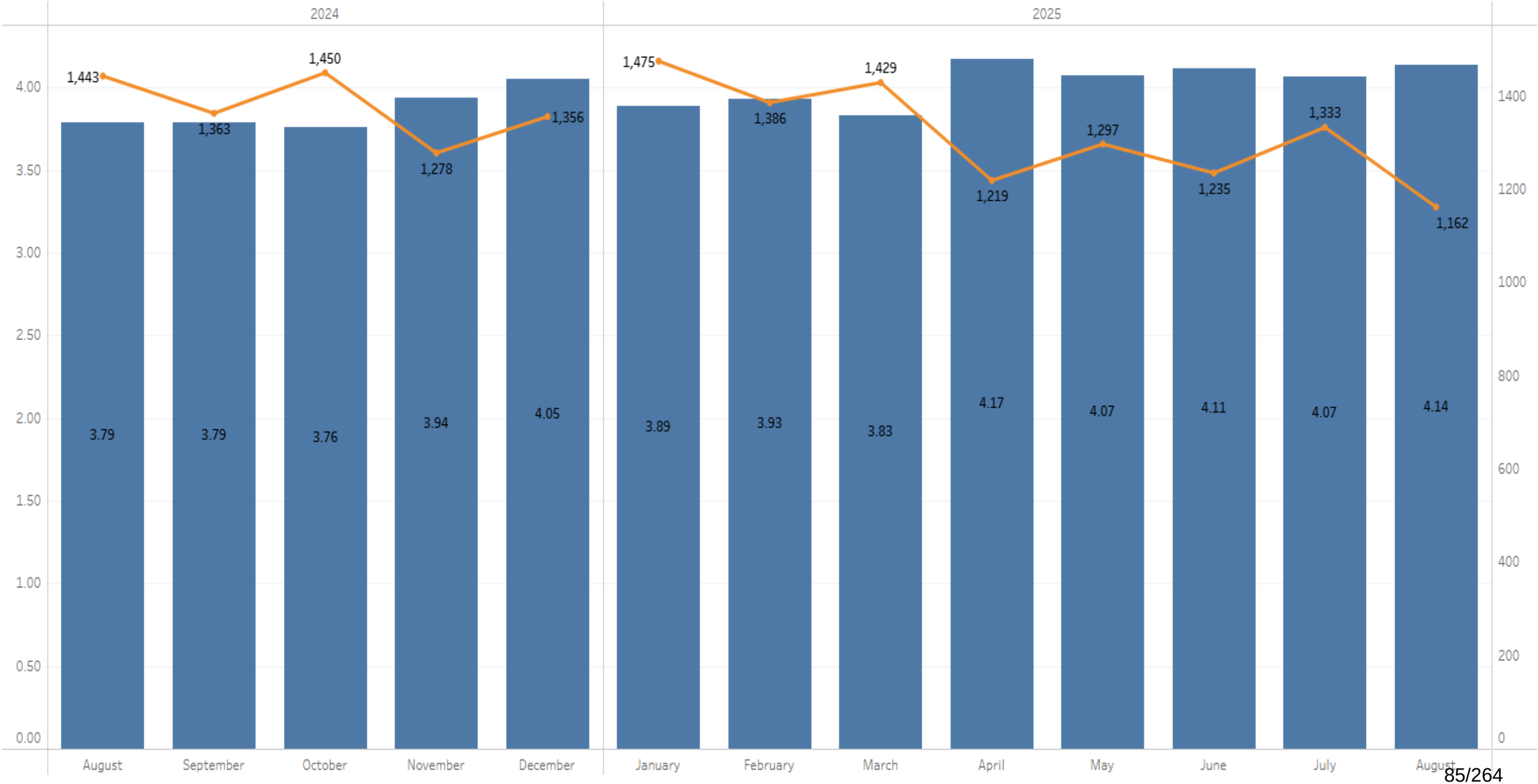
Aug FY26 ACTSS LOS Distribution



	at GMLOS or Better	1-2 days over GMLOS	2-6 days over GMLOS	6-10 days over GMLOS	10-30 days over GMLOS	30+ days over GMLOS
Count of Visits	27	13	10	4	5	1
% of Visits	45%	22%	17%	7%	8%	2%

Inpatient Average Discharge Order to Discharge Time (Hours)

*Exclusions: Patients with discharge order to discharge time > 24 hours.



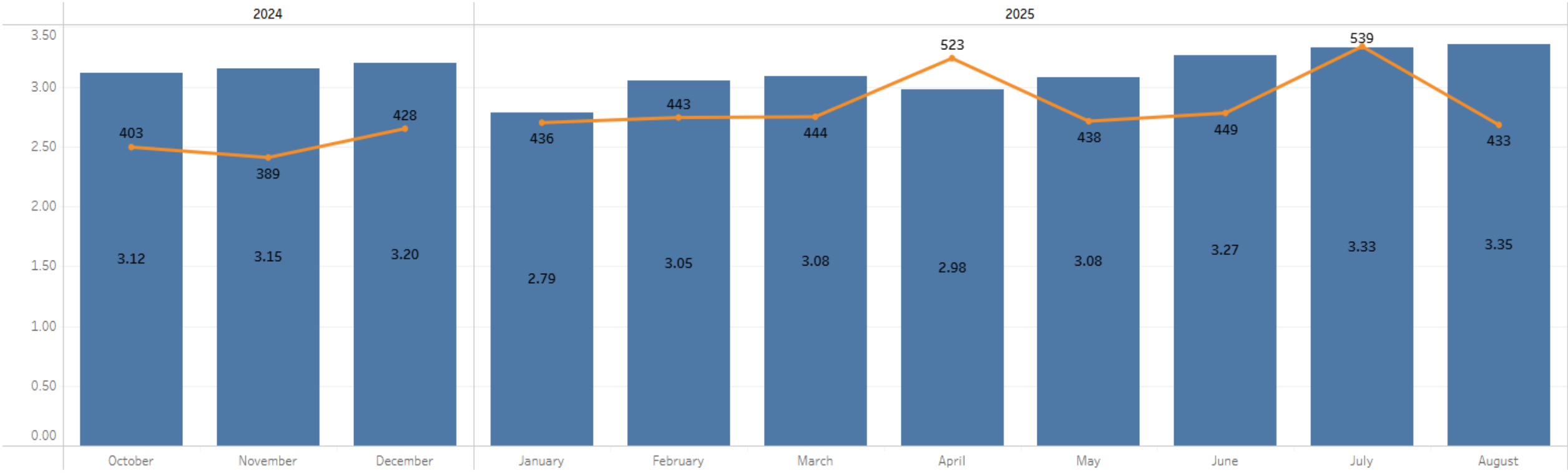
ED Patient Flow

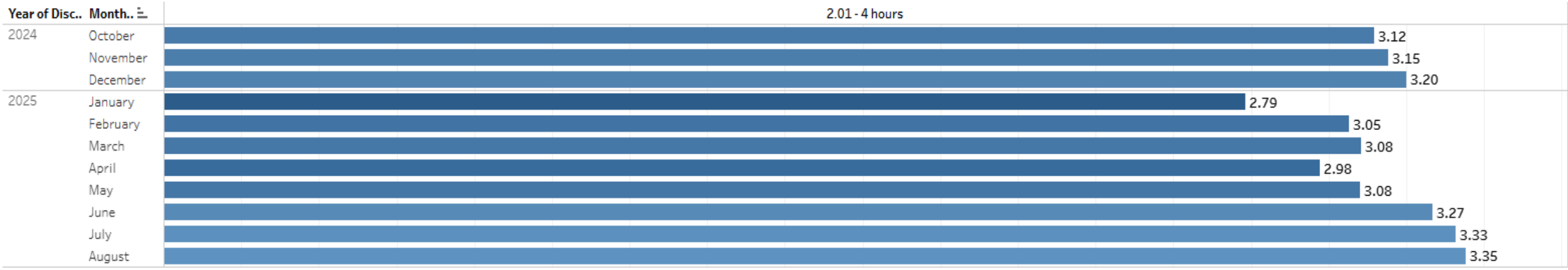
- **Patient Volume:** Averaging about **289 visits per day**, which is nearly identical to last week. However, what is different is how the patients are arriving. Instead of a steady rate, we have syncopated lulls followed by times of surges, which is significantly harder to deal with and has led to uncharacteristic increases in our LWBS and AMA/Left During Treatment rates.
- **Admission Rate:** We are also seeing an increase in acuity, with an admission rate of **21%** compared to last month's 19%.
- **Median Door-to-Discharge Time:** Our discharge times remain high at **265 minutes but better than last week**, as we continue to see significant delays in CT/US scans and official reads.
- **LWBS Rate:** This increased to **1.0%**, but it is still well below our 1.5% benchmark.
- **Patient Experience (NPS):** Our NPS for the month is doing better and went up to **37.2**. We will continue to work on improving this throughout the rest of the month so that we can get above our benchmark of 40.

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Observation Patients Average Discharge Order to Discharge Time (Hours)

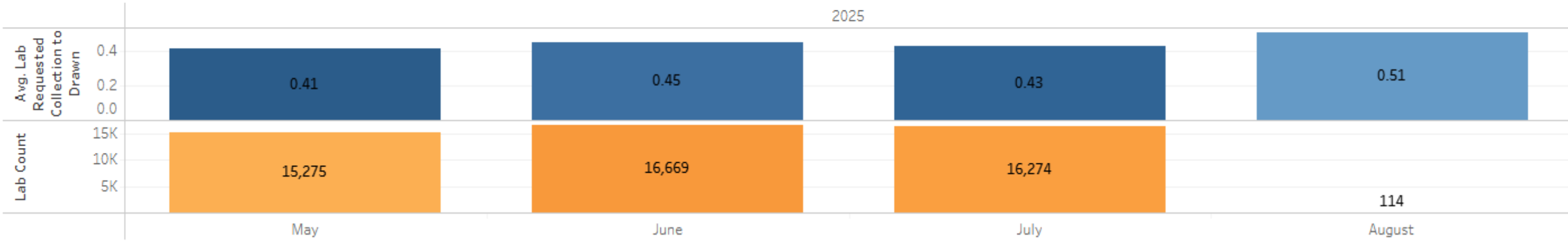
*Exclusions: Patients with discharge order to discharge time > 24 hours.





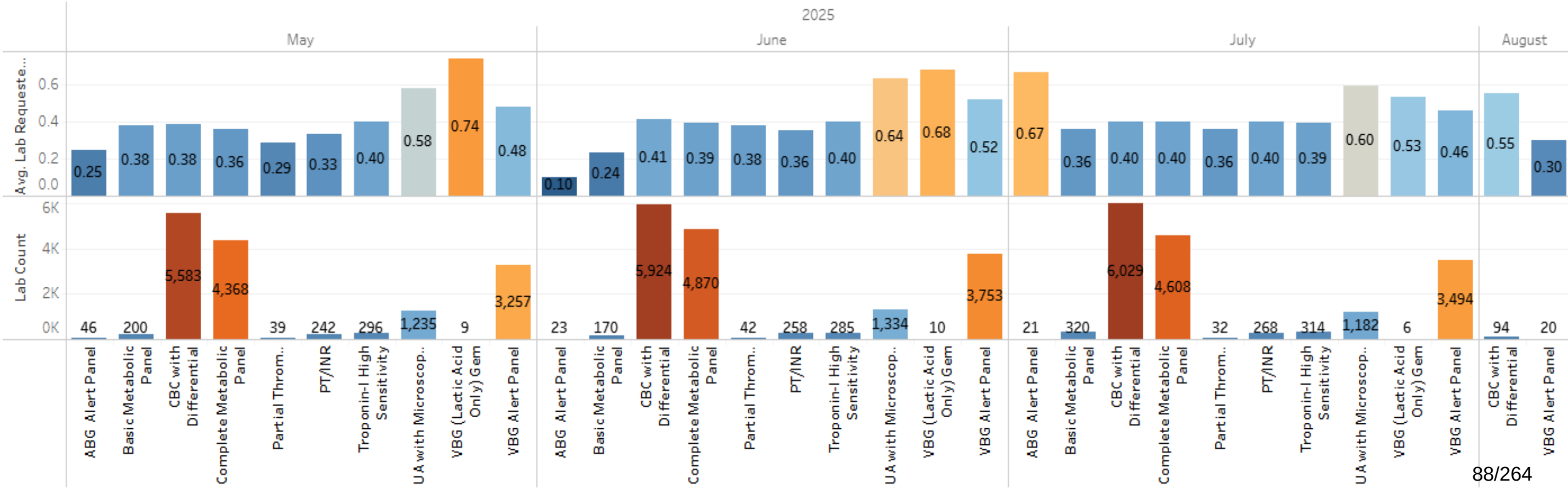
Observation Patients Average Lab Requested Collection to Drawn Time (Hours)

*Exclusions: Patients with average lab requested collection to drawn time > 2 hours.



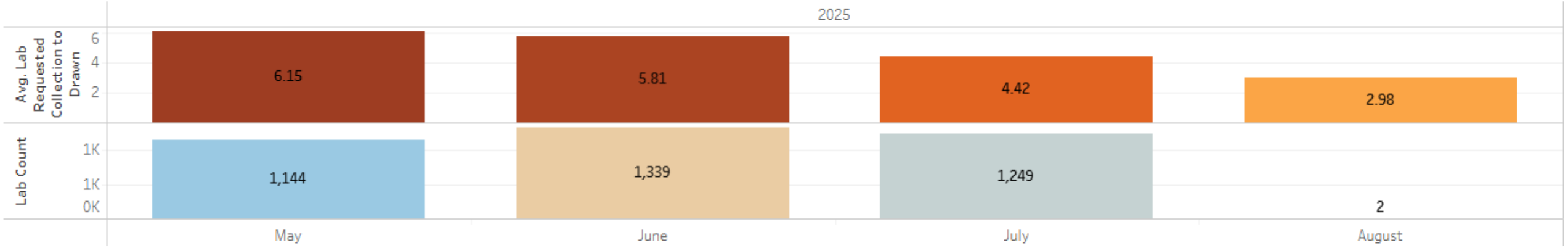
Observation Patients Average Lab Requested Collection to Drawn Time (Hours)

*Exclusions: Patients with average lab requested collection to drawn time > 2 hours.



Observation Patients Average Lab Requested Collection to Drawn Time (Hours)

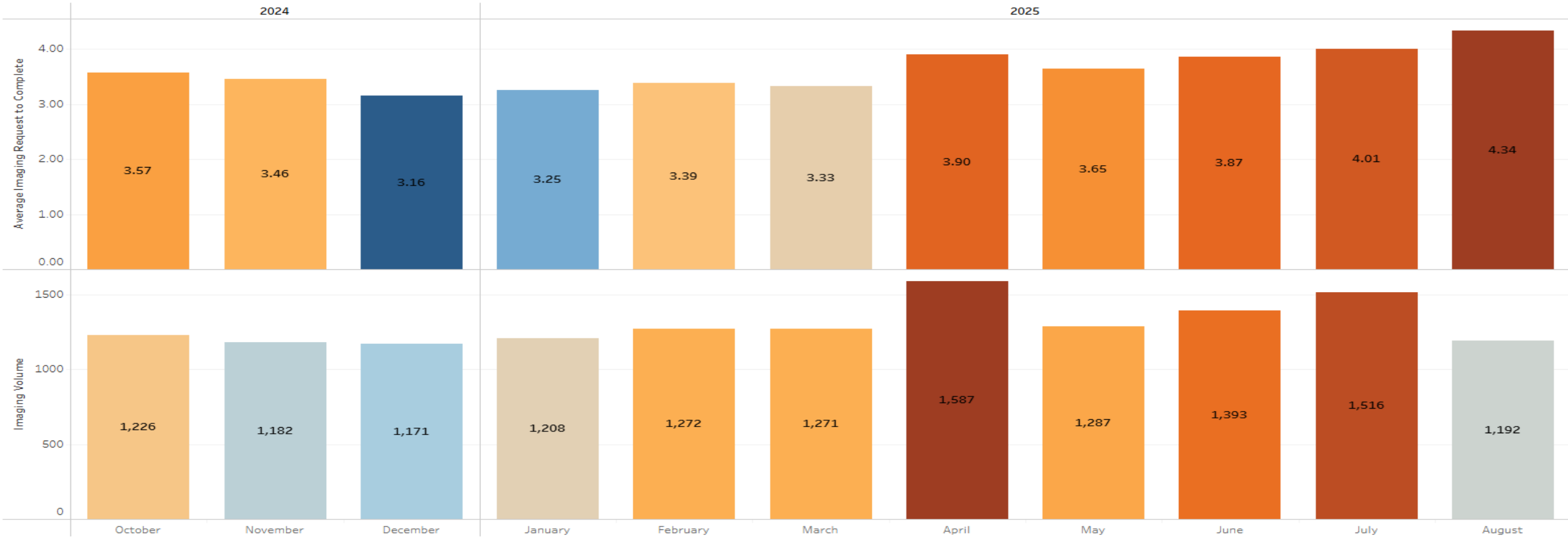
*Average lab requested collection to drawn time > 2 hours.



Observation Patients Average Lab Requested Collection to Drawn Time (Hours)

*Average lab requested collection to drawn time > 2 hours.

Observation Patients Average Imaging Request to Exam Complete Time (Hours)



% Observation Patients with Occuptional, Physical Therapy Orders

	2024			2025							
	October	November	December	January	February	March	April	May	June	July	August
Null %	61.12%	61.03%	65.28%	61.46%	63.75%	63.08%	64.70%	63.95%	60.50%	106.51%	58.42%
Occupational Therapy %	20.37%	18.08%	18.12%	19.06%	22.29%	19.83%	19.18%	18.03%	23.49%	46.13%	26.26%
Physical Therapy %	37.24%	38.73%	33.84%	38.33%	35.63%	36.92%	35.30%	36.05%	39.50%	76.58%	40.70%

Observation Patients with Occuptional, Physical Therapy Orders

	2024			2025							
	October	November	December	January	February	March	April	May	June	July	August
Null Count	261	260	299	287	306	299	361	298	291	605	267
Occupational Therapy Count	87	77	83	89	107	94	107	84	113	262	120
Physical Therapy Count	159	165	155	179	171	175	197	168	190	435	186
Total Patients	427	426	458	467	480	474	558	466	481	568	457

Throughput Inpatient Initiatives

In the works:

- **Pt Transport** initial meeting to introduce concepts of Throughput done in May, put on hold for Safety issues to be addressed and new processes be hardwired.
  - Next meeting set for 10/9
  - Create new baseline data
  - Help identify barriers, tools needed, collaboration needs
  - Identify process improvements going forward.
- **Therapies** collaboration for IDT brought forth new ideas
  - Current OBS data, need INpt also
  - Have drop down with PT DC reasons, need report to identify misuse of orders
    - ED-CM already helps w/this in ED
    - Look at reasons for referrals
      - DCP-discharge plan
      - Baseline-Mobility project
      - LOS- therapy while here if no safe DC
      - DC from ED for MCR pts (3MN Rule)

Therapy Discharge Reasons

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Throughput processes for EVS

SBAR: Hospital Throughput – Environmental Services (EVS)

Situation	Background
Hospital throughput is being delayed due to EVS-related barriers in room turnover, communication gaps, and inappropriate use of STAT cleaning. Challenges include: discrepancies in STAT cleaning, unnecessary patient moves at night, and repeat cleaning requests for patients with skin issues/pests.	EVS directly impacts bed availability and patient flow. National benchmarks recommend room turnover in 30–60 minutes, but delays are common. Industry issues include staffing shortages, overuse of STAT requests, inconsistent communication, infection prevention requirements, and rising patient acuity.
Assessment	**Recommendations**
Misuse of STAT cleaning creates delays for true emergencies. Unnecessary NOC moves cause duplicate work for EVS. Patients moved before treatment leads to wasted cleans. Staffing shortages and infection prevention demands compound throughput barriers.	1. Standardize STAT cleaning criteria and monitor use. 2. Limit overnight moves to clinical necessity with leadership approval. 3. Align EVS with Infection Prevention for single-clean protocols. 4. Include EVS in daily throughput meetings, track metrics, and adjust staffing to volume.

QTR 4 FY25 Data for EVS TAT

Floor	Avg TAT	Volume	Stat	DC totals
2S	1:50	1294	29	
2E	2:14	1271	8	
2N	1:50	899	29	
3N	1:54	893	41	
3S	1:56	877	38	
3W	1:27	505	376	
4N	1:21	788	521	
4S	1:56	833	60	
4T	1:52	613	46	
5T	1:48	730	55	
BP	2:47	446	31	
CVICU	1:52	483	45	
ICU	1:43	463	66	
MB	4:31	1242	17	
Ped	5:08	166	3	

Qtr 4 FY25

Next Meeting:

Wednesday, Oct 23, 2025
2:00p-3:30p
4T Multipurpose Room/GoTo

Overall Strategic Plan

FY 2026 Strategic Plan

Monthly Performance Report
October 22, 2025

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.

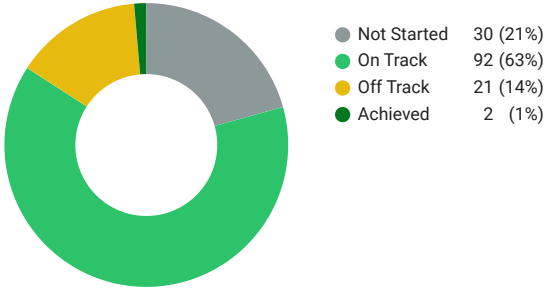
Our Pillars

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

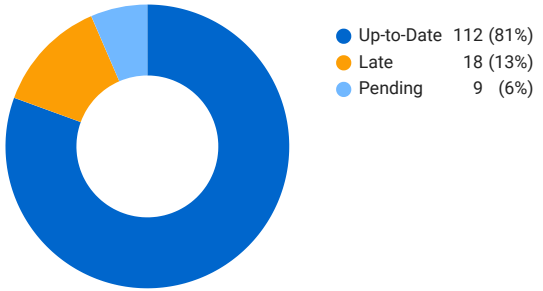
Our Five Strategic Plan Initiatives

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

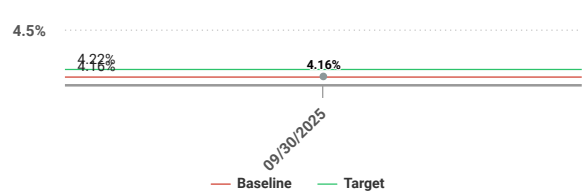
Champions: Dianne Cox and Hannah Mitchell

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

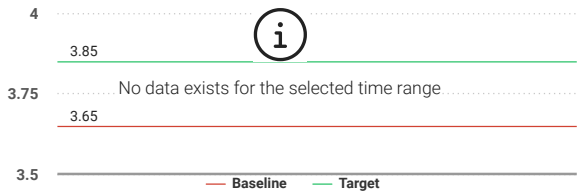
FY2026 Strategic Plan - Ideal Environment Strategies

#	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	Hannah Mitchell	There continues to be progress on new space for students/residents and computer access for all providers, a refurbished medical staff lounge, updated female surgery lounge, and a number of Cerner enhancements and efficiencies.
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	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. We have launched 7 new KHU Scholars Programs FYTD, including 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, and Anger & Conflict Management. We have completed one cohort of the Emerging Leaders program with one more starting in October 2025 and have our first Leadership Academy starting in October 2025. In addition, we have completed three Leader Learning Path sessions and hosted three lunch and learns.

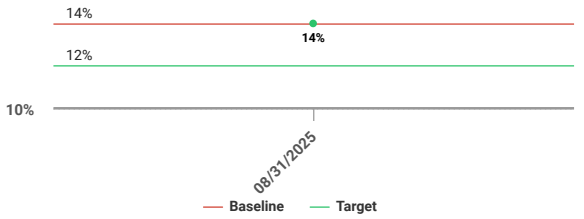
Employee Engagement Survey Score Greater Than 4.22%



Physician and APP Engagement Survey Score Greater Than 3.85%



Decrease Overall Turnover Rate



Strategic Growth and Innovation

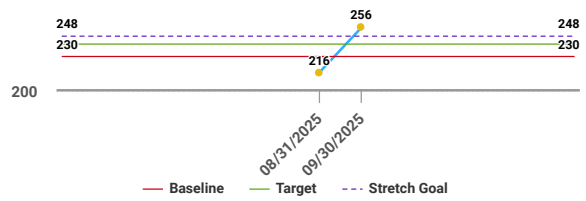
Champions: Marc Mertz and Kevin Bartel

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****.*

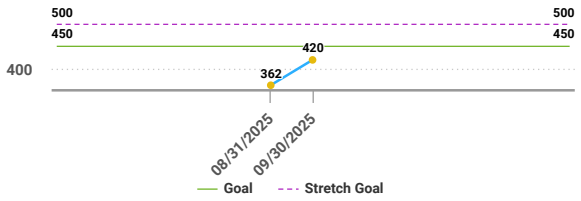
FY2026 Strategic Plan - Strategic Growth and Innovation Strategies

#	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.	Off Track	Kevin Bartel	Endoscopy and Urology volumes continue to be lower than projected baseline. Orthopedic surgery volumes and CTS impella cases are on pace to meet/exceed the projected goals established.
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	Current efforts related to AI ambient listening pilot project and integrated access for patients within the call system are ongoing and moving in positive directions. WellApp (platform supporting enhancement for patient scheduling, registration and billing) is fully implemented throughout the clinics. Ongoing meetings with consultants scheduled for early October to engage key stakeholders in the enhanced care at home project.
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 with Medi-Cal Managed Care Health Plans (Anthem BC and HealthNet) remain in place. Separate meetings take place for Quality Incentive and CalAIM programs, both resulting in financial gains for Kaweah Health.

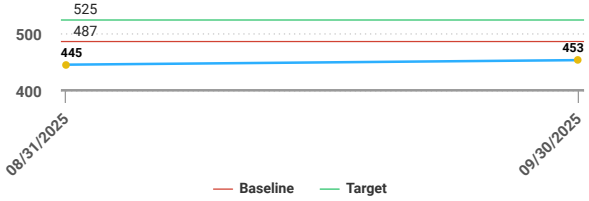
Perform 241 Orthopedic Surgery Cases Per Month



Perform 450 Endoscopy Cases Per Month



Increase Enrollment to 640 Lives in Enhanced Care Management



Outstanding Health Outcomes

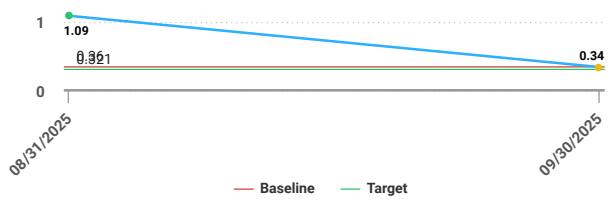
Champions: Dr. Paul Stefanacci and Sandy Volchko

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

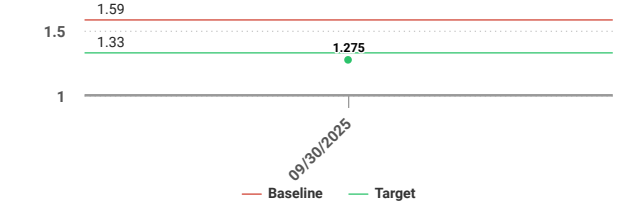
FY2026 Strategic Plan - Outstanding Health Outcomes Strategies

#	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	Data currently collected and reported to establish a baseline SSER, will need several months of data. No barriers.
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	Daily device rounds in place, additional leader support through BioVigil for increased system use and compliance.
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	Data analysis completed on individual measures included in PSI90 to identify targeted opportunities and evaluated evidenced based practices to impact outcomes. Concurrent individual case review process in place to identify opportunities and trends, analyze and act to address. Case reviews for PSI 12 (respiratory failure) in process with new Quality RN in training.

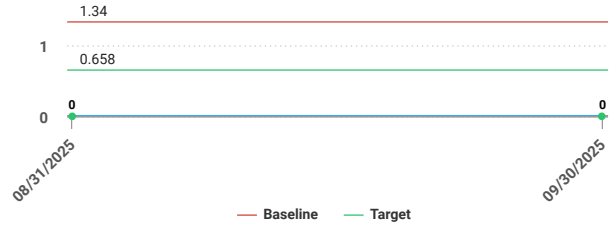
Decrease Standardized Infection Ratio (SIR) CAUTI to less than or equal to .321



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



SIR MRSA FYTD </=.0658



Patient Experience and Community Engagement

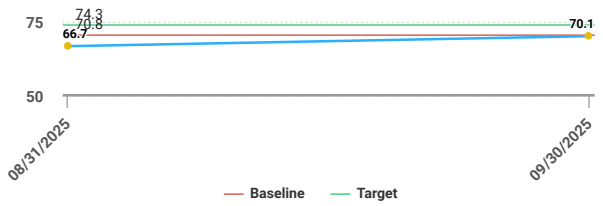
Champions: Marc Mertz and Deborah Volosin

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

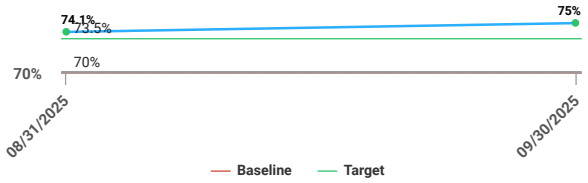
FY2026 Strategic Plan - Patient Experience and Community Engagement Strategies

#	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	We continue to give leaders their PX scores and highlight their unit priorities based on the feedback from patient surveys.
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	Patient Experience has focused on the message of compassionate communication for several months and has highlighted the Human Understanding score for the organization. Since it is an area of focus on the survey and a national initiative, it is imperative that we continue to keep compassion at top-of-mind for all employees. Compassion to co-workers and teams is very important if we expect our teams to in-turn provide that to patients and families. Piloting WMTY on 2 South, 2 North in September and October 2025.
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	Rounding with our Facilities, EVS, and Patient Experience teams is helping to pinpoint areas that need updating and refurbishment. From entrance to discharge – our patients and families should experience clean and well-maintained facilities.
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 continue to meet with our CAC's on a monthly basis and include them in decisions regarding patient and family care. We also continue to sponsor community events and have representatives in attendance to increase our community's awareness of our services.
4.5	Adopting a Patient-Centered Approach to the Entire Healthcare Experience		On Track	Deborah Volosin	We are focused on making sure that patients and their families have a good experience across the continuum of care.

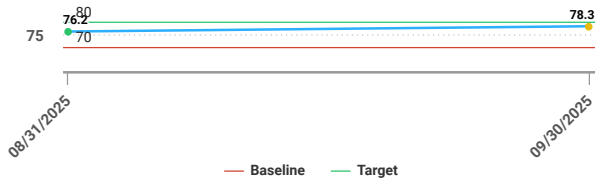
Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve an Organizational-wide score of 73.5 in Human Understanding



Achieve a score of 80 in "Cleanliness of Clinic"



Physician Alignment

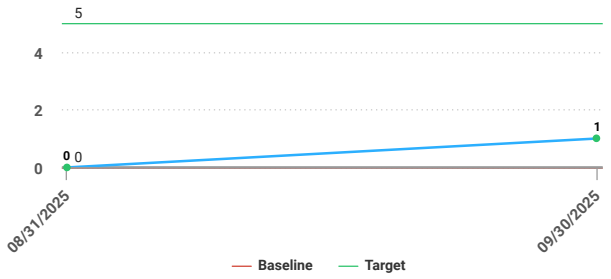
Champions: Ryan Gates and JC Palermo

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

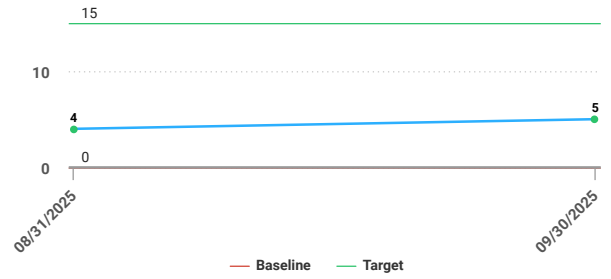
FY2026 Strategic Plan -Physician Alignment - Strategies

#	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.

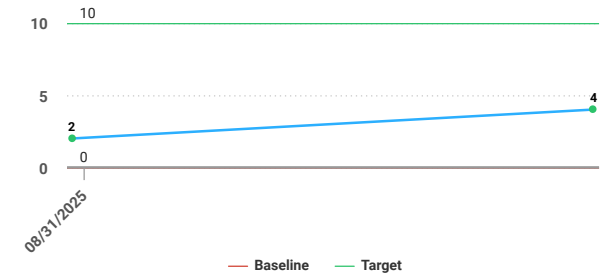
Recruit 5 Primary Care Physicians



Recruit 15 Specialty Providers



Recruit 10 Advanced Practice Providers



Emergency Services

Emergency Services Financial Performance Report: Fiscal Year 2025

This report analyzes the financial and operational outcomes of Kaweah Health's Emergency Services for Fiscal Year 2025 (FY2025), trending patient data over the most recent four years (FY2022–FY2025). The analysis encompasses six major service lines, derived from patient-based financial reports where an ED Flag identifies patients utilizing the Emergency Department (Dept. 7010).

I. Executive Financial Summary

For FY 2025, Emergency Services generated a total Contribution Margin (CM) of $75.4 million, marking a 9% decline from the prior fiscal year. This CM decrease was driven primarily by a significant 10% increase in Direct Cost per Case, which outpaced the 5% increase in Net Revenue per case. The total financial results were heavily supported by $51.3 million in supplemental government funding for Medi-Cal and Managed Care patient days and visits, which accounts for approximately 68% of the overall Contribution Margin recognized in this report. Overall Net Income for the service line closed with a loss of ($22.7 million).

II. Volume and Cost Trends

Patient visit volume continues its four-year upward trend, increasing by 1% in FY 2025 to a total of 95,013 patient cases, driven primarily by the outpatient side. Inpatient discharges increased by 7% over the last three years, with a 3% increase most recently in FY 2025.

Inpatient and Efficiency Metrics:

- ED as Primary Gateway: 82.5% of all inpatient admissions (excluding Moms/Babies) originate through the Emergency Department, solidifying its role as the organization's primary access point.
- Efficiency Gain (ALOS): Inpatient days remained stable year-over-year, and the average length of stay (ALOS) declined by 4% to 5.57 days. This ALOS reduction opportunity has resulted in an estimated $4 million in cost savings for the KHMC downtown campus since FY 2023.

Cost Drivers and Expense Analysis:

The overall 9% decline in Contribution Margin is directly linked to an 11% increase in Direct Costs ($303.4 million). Key cost pressures include:

- Departmental Staffing Expense: Expenses for the ED cost center increased by 21% in FY 2025. This rise is mainly driven by staffing and registry expenses, which increased from $269 to $295 per visit.

- Nursing Unit Expenses: Increased staffing expense is noted across virtually all nursing units in FY 2025, negatively impacting the Direct Cost per case for ED Inpatient services (where Room & Board expenses are significant).
- Direct Allocations: The expense allocated for services directly touching the patient (including Emergency Call, Case Management, and Interpreter Services) is at the highest level in three years, further burdening the overall direct cost per case.

See Appendix A Emergency Services Contribution Margin FY 2025

See Appendix B for Emergency Services Metric Summary 4 Year Trend graphs

See Appendix C for Direct Cost Allocations FY 2025

III. Service Line Contribution Analysis

The financial profile remains heavily weighted towards inpatient services: 84% of the total CM is generated by ED Inpatient service lines, despite these visits representing only 18% of total volume.

Service Line	FY2025 Contribution Margin (CM)	Key Financial/Operational Drivers
ED Inpatient	$63.2 Million CM	Largest CM contributor; 57% reliant on supplemental funding. Direct Cost per case is up 5%, reducing Contribution Margin per Case by 15%. Top Payer Mix: Medicare (34%), Medi-Cal Managed Care (25%).
Outpatient Emergency	$9.7 Million CM	CM turned positive in FY 2024 and increased in FY 2025 due to MCMC Directed Payments Program and increased Net Revenue in Managed Care. Volume is 78,074, accounting for 82% of total ED volume.
ED Trauma Inpatient	$8.0 Million CM	CM per case is on a downward trend, decreasing 3% from FY 2024 due to rising direct costs.
Mental Health Hospital	($495,266) Loss	Continuing a negative trend with a growing CM loss due to consistent increases in Direct Cost per case.
Outpatient Emergency Surgery	($5.1 Million) Loss	Represents the largest financial loss in the system for this service line (highest in 4 years). This loss is driven by high direct costs (Observation and OR/Anesthesia expense) and an

Service Line	FY2025 Contribution Margin (CM)	Key Financial/Operational Drivers
		inability to cover direct costs across all payers, exacerbated by a high Medi-Cal Managed Care payer mix.

See Appendix D Emergency Services Patient Discharges FY 2025

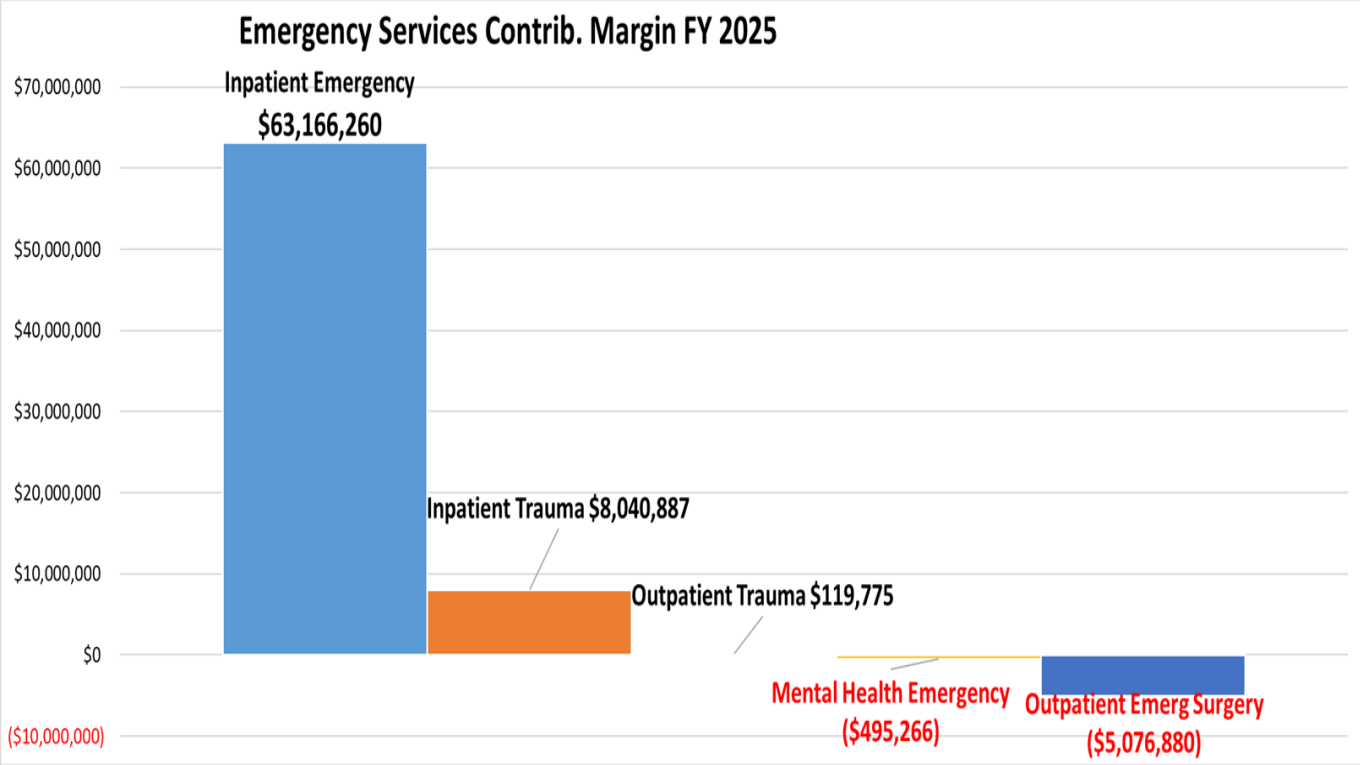
IV. Conclusion and Strategic Implications

The financial health of Emergency Services is strongly dependent on government supplemental funding and the efficiency of inpatient discharges. While positive operational changes are evident (e.g., declining ALOS and positive Outpatient CM trends), the 10% jump in Direct Cost per case is creating significant negative pressure, particularly for the overall Contribution Margin.

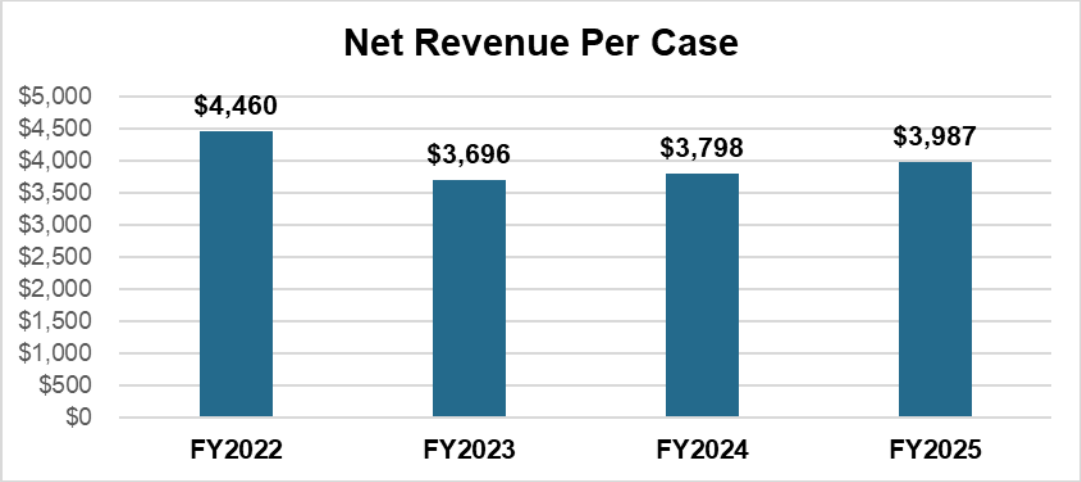
Strategic focus must remain on:

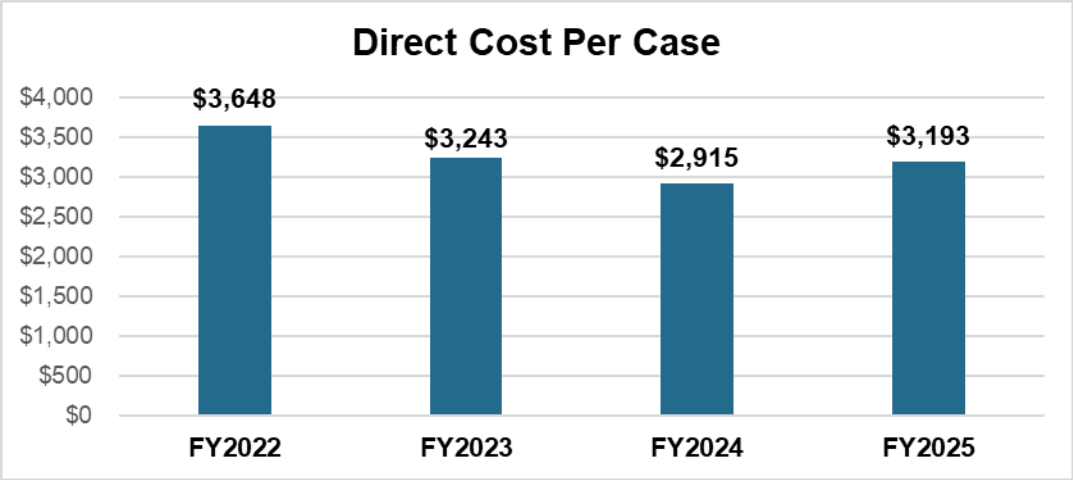
1. Cost Containment: Closely managing staffing costs and reducing reliance on registry within the ED.
2. Addressing Losses: Implementing targeted corrective action plans for the Outpatient Emergency Surgery and Inpatient Mental Health service lines.
3. Sustaining Efficiency: Continuing process improvements to maintain low ALOS and maximize efficient use of resources.

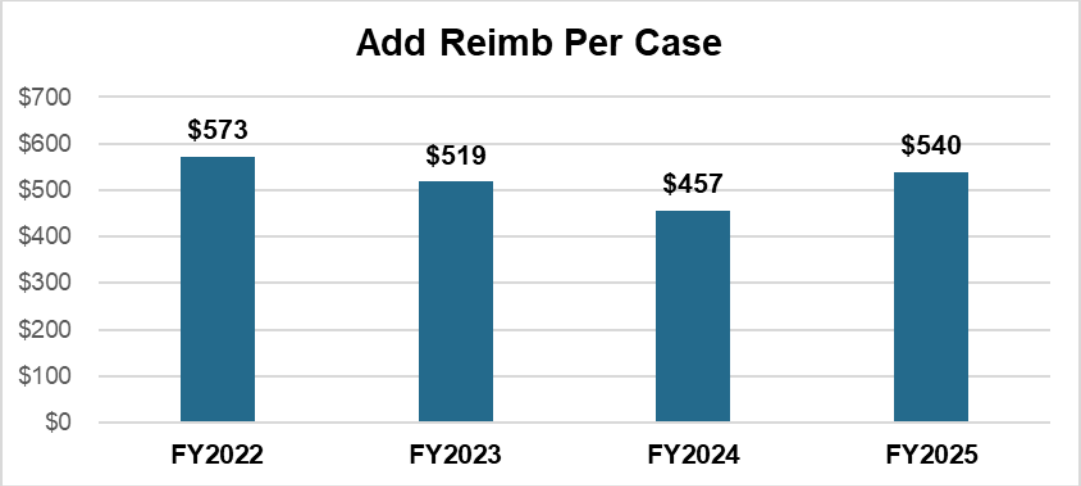
Appendix A:

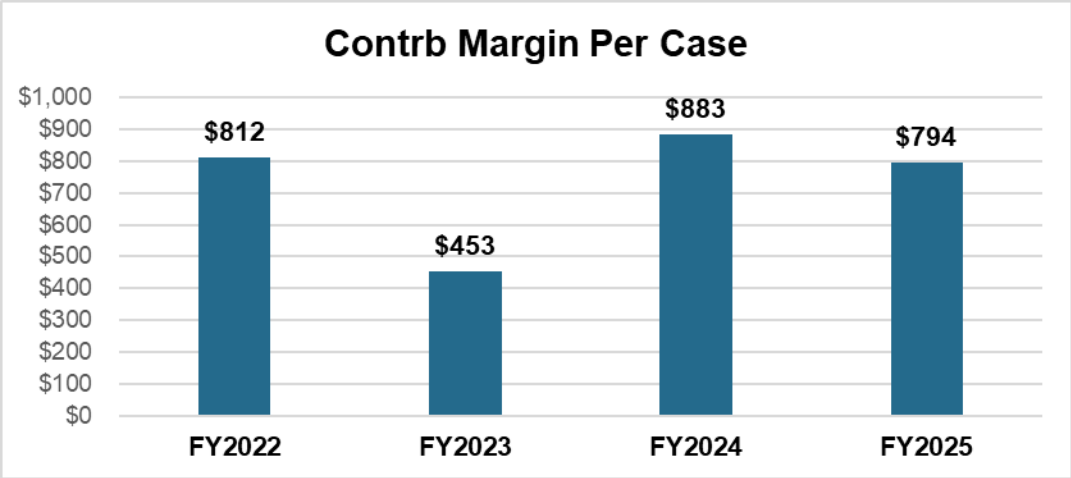


Appendix B:


Net Revenue Per Case
$5,000
$4,500
$4,000
$3,500
$3,000
$2,500
$2,000
$1,500
$1,000
$500
$0
$4,460
$3,696
$3,798
$3,987
FY2022
FY2023
FY2024
FY2025


Direct Cost Per Case
$4,000
$3,500
$3,000
$2,500
$2,000
$1,500
$1,000
$500
$0
$3,648
$3,243
$2,915
$3,193
FY2022
FY2023
FY2024
FY2025


Add Reimb Per Case
$700
$600
$500
$400
$300
$200
$100
$0
$573
$519
$457
$540
FY2022
FY2023
FY2024
FY2025



Appendix C:

Direct Cost Allocations - Where Costs Went To

FY 2023 - FY 2025

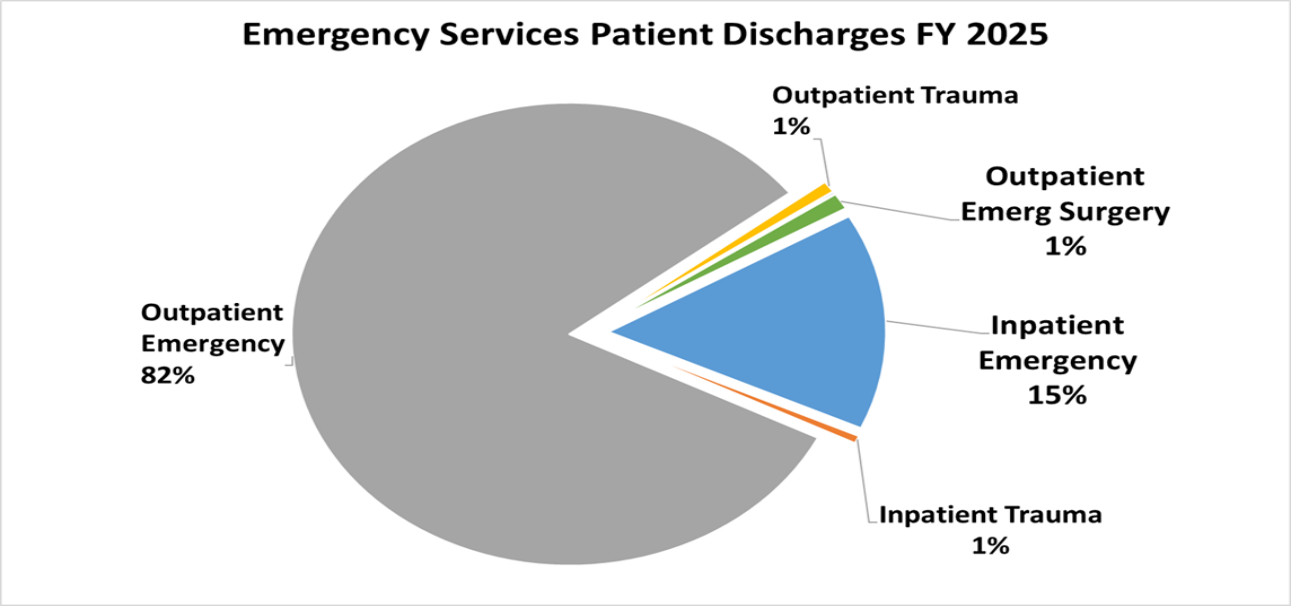
Major Expense Allocated and % Allocation

Cost Accounting Direct Expense Allocations to ED Department 7010

Largest Expense is 7011 Emergency Call allocated at 100%

To De	To Desc	From De	From Desc	FY Values 2023 Total	2023 Sum of %	2024 Total	2024 Sum of %	2025 Total	2025 Sum of %	Chg. FY 2023 to FY 2024 Total	Chg. FY 2024 to FY 2025 Total
7010	Emergency-ED	6170	Float Pool-General Nursing	108,077	7%	104,433	7%	115,766	7%	(3,644)	11,332
		6189	Patient Transport Services	110,395	10%	115,841	10%	218,784	7%	5,446	102,943
		6193	Rapid Response Team	132,471	8%	141,669	8%	135,668	8%	9,198	(6,001)
		6194	Monitor Tech Services	122,937	9%	139,386	9%	167,394	9%	16,450	28,008
		7011	Emergency Call	2,260,615	100%	2,364,409	100%	2,879,035	100%	103,794	514,626
		7045	Medical Transportation	50,603	15%	51,238	15%	54,999	15%	635	3,761
		8360	Patient & Family Services	680,757	20%	707,776	20%	828,294	23%	27,019	120,517
		8365	Interpreter Services	222,213	20%	240,927	20%	260,879	20%	18,714	19,952
		8720	Nursing Administration	51,665	5%	31,731	5%	29,986	5%	(19,934)	(1,746)
		8725	Nurse Adm-Advance Pract	46,642	5%	55,678	5%	57,758	5%	9,036	2,080
		8727	Nurse Adm-Stroke Progran	11,357	5%	14,406	5%	15,719	5%	3,050	1,313
		8790	Case Management	310,438	5%	244,016	4%	264,626	5%	(66,422)	20,610
Grand Total				**4,559,519**		**4,211,512**		**5,028,907**		**(348,008)**	**817,395**

Appendix D:


Emergency Services Patient Discharges FY 2025
Outpatient Trauma 1%
Outpatient Emerg Surgery 1%
Inpatient Emergency 15%
Inpatient Trauma 1%
Outpatient Emergency 82%

Q3 Risk Management Board Report

BOD Risk Management Report – Open
3rd Quarter 2025

Evelyn McEntire, Director of Risk Management
559-624-5297/emcentir@kaweahhealth.org

Risk Management Goals

1. Promote a safety culture as a proactive risk reduction strategy.

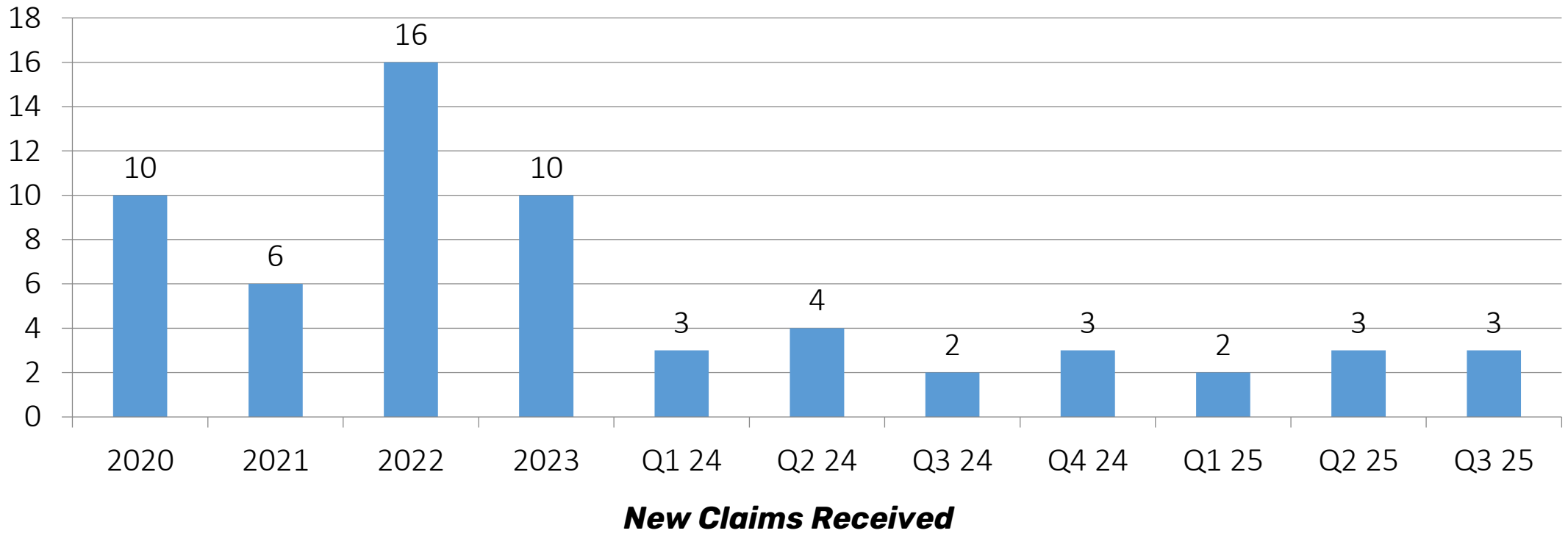
2. Reduce frequency and severity of harm (patient and non-patient).
   - Zero incidents of “never events”

3. Reduce frequency and severity of claims.

Kaweah Health
MORE THAN MEDICINE. LIFE.

Claims

2020 - 2025



New Claims Received

**Total cases closed in 3rd Quarter 2025 – Three (3)*

Agenda item intentionally omitted

September 10, 2025

Kaweah Delta Health Care District
Board of Directors Committee
Meeting Minutes

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

Patient Experience Committee – OPEN MEETING
Wednesday September 10, 2025
Kaweah Health Medical Center – Executive Office Conference Room

Present: Director: Mike Olmos (Chair) & Armando Murrieta; Gary Herbst, Chief Executive Officer; Marc Mertz, Chief Strategy Officer; Deborah Volosin, Director of Patient & Community Experience; Sintayehu Yirgu, Patient Experience Advocate; Teresa Bobadilla, Patient Experience Data Analyst; Marlo Montejano, Patient Experience Liaison; and Lisette Mariscal, Recording

CALL TO ORDER – This meeting was called to order at 4:03 PM by Mike Olmos.

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

MINUTES – The minutes from the July 2025 meeting were reviewed.

INTRODUCTIONS – Marlo Montejano, Patient Experience Liaison, was introduced.

PATIENT EXPERIENCE –

1.1. Deborah Volosin provided a report on the current phases of the Patient Experience initiative. (see Attachment 1.1 of the agenda)

1.2. Teresa Bobadilla presented the latest data from HCAHPS survey and reviewed the Patient Experience dashboard. (see Attachment 1.2 of the agenda)

1.3 – 1.5 Sintayehu Yirgu reported on patient experience MIDAS, lost belongings, and patient rounding metrics for the month of August. (see Attachment 1.3 – 1.5 of the agenda)

1.6. Discussion on agenda item deferred.

Adjourned at 5:09 PM

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

September 17, 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 September 17, 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; Marc Mertz, Chief Strategy 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 10:01AM

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*

Adjourned at 11:02 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.

September 18, 2025

OPEN Quality Council Committee
Thursday, September 18, 2025
The Lifestyle Center Conference Room

Attending: Board Members: Mike Olmos (Chair) & Dr. Dean Levitan, Board Member; Sandy Volchko, Director of Quality & Patient Safety; Marc Mertz, Chief Strategy Officer; Schlene Peet, Chief Nursing Officer; Dr. Julianne Rudolph, Chief of Staff and Chair; Jag Batth, Chief Operation Officer; Ryan Gates, Chief Ambulatory Officer; Dr. Lamar Mack, Medical Director of Quality & Patient Safety; Shawn Elkin, Infection Prevention Manager; Martha Cardenas, RN-Clinical Care Quality Assurance; Dr. Paul Stefanacci, Chief Medical Officer; Kyndra Licon – Recording.

Mike Olmos called to order at 7:45 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 7:46 AM.

Public Participation – None.
Mike Olmos called to order at 8:00 AM.

3. **Review of August Quality Council Open Session Minutes –** Mike Olmos, Committee Chair; Dr. Dean Levitan, Board Member.
    - Reviewed and acknowledged the August Quality Council Open Session Minutes by Dr. Dean Levitan and Mike Olmos. No further actions.

4. **Quality Incentive pool (QIP) report –** A review of current performance and initiatives aimed at improving rural health care clinics. *Sonia Duran-Aguilar, MSN, MPH, RN, PHN, CNL, CRHCP, Director of Population health Management; Ryan Gates, PharmD, CRHCP, Chief Population Officer.* - Reports reviewed and attached to minutes. No action taken.

5. **Clinical Quality Goals Update**- A review of current performance and actions focused on the clinical quality goals for Healthcare Acquired Infections and Sepsis. – Reports reviewed and attached to minutes. No action taken.

Adjourn Open Meeting – *Mike Olmos, Committee Chair*

Mike Olmos adjourned the meeting at 8:52 AM.

September 24, 2025

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY SEPTEMBER 24, 2025, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan & Murrieta; G. Herbst, CEO; J. Randolph, 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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY SEPTEMBER 24, 2025, AT 4:45PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Murrieta & Levitan; G. Herbst, CEO; D. Hightower, 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 5:11 PM by Director Olmos.

ROLL CALL- All Directors were present and a roll call is not necessary.

FLAG SALUTE- Director Francis lead the flag salute.

PUBLIC PARTICIPATION – None.

CLOSED SESSION ACTION TAKEN: In closed session the board approved the action of rejecting a claim on its merits, the credentialing recommendations of the MEC for September 2025 and the closed board minutes from August 27, 2025.

RECOGNITIONS- Resolution 2270.

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

- No report.

CONSENT CALENDAR – Director Olmos entertained a motion to approve the September 24, 2025, consent calendar.

PUBLIC PARTICIPATION – None.

MMSC (Havard Mirviss/Francis) to approve the August 27, 2025, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis.

EMERGENCY DEPARTMENT QUALITY REPORT– Presentation and discussion regarding key quality performances and action plans related to care process in the Emergency Department presented by Scott Baker.

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

PHYISICIAN CREDENTIALING PRESENTATION – Presentation and discussion regarding the physician credentialing process, including requirements, timelines, and oversight responsibilities. Presented by Paul Stefanacci and Shannon, Director of the Medical Staff.
Copy attached to the original of the minutes and to be considered a part thereof.

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

STRAGEIC PLAN INITIATIVE PHYSICIAN ALIGNMENT- Presentation and discussion regarding progress, activities, and performance measures related to the District's Strategic Plan Initiative on Physician Alignment, including updates on physician engagement, recruitment, partnerships, and related action items. Presented by JC Palermo and Ryan Gates.
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 – Mr. Herbst gave an update on the hospital census, a request from the grand jury and the voluminous PRA requests. – *Gary Herbst, CEO*
Board President- Mike made a verbal gratitude appreciation to Marc and Ryan for taking care of a patient matter that he received through an email. – *Mike Olmos, Board President*

ADJOURN - Meeting was adjourned at 6:34PM

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

AP07

Policy Number: AP07	**Date Created: No Date Set**
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Communication with law enforcement regarding requests for information and requests to interview interrogate a patient

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

I. PURPOSE:

~~To provide guidelines to Kaweah Delta Health Care District (herein after referred to as Kaweah Health) staff when handling requests from law enforcement officials.~~

~~To ensure appropriate communication between Kaweah HealthDHCD staff and law enforcement officials.~~

To provide clear guidelines to Kaweah Delta Health Care District ("Kaweah Health" or the "District") staff for responding to requests from law enforcement officials in a manner that ensures compliance with all applicable privacy and confidentiality laws, and to promote appropriate communication and coordination between Kaweah Health staff and law enforcement personnel.

II. POLICY:

~~A. Law enforcement officers entering Kaweah HealthDistrict facilities for the purpose of obtaining patient information or to interview and/or interrogate a patient shall be referred to the Director of Risk Management, the Chief District Compliance and Risk Officer and Risk Management and Privacy Officer or the Kaweah HealthDelta Hospital House Supervisor for assistance.~~

~~B. Law enforcement officials must provide Kaweah HealthDHCD staff with proper identification.~~

~~C. Staff members shall cooperate with law enforcement personnel to the fullest extent possible.~~

~~D. The release of information to law enforcement officials must meet the standards of the HIPAA privacy regulations (45 C.F.R. § 164.512(f), (i)), the Confidentiality of Medical Information Act, the Lanterman-Petris-Short Act, and all otherapplicable laws and regulations, as applicable.~~

~~E. Patients or their legal representatives will be notified of a law enforcement official's request to interview or interrogate. Consideration should be given to the patient's medical condition; and the patient's physician should advise patient of any adverse medical consequences (see Guidelines for Releasing Patient Information to Law Enforcement).~~

~~F. No Kaweah HealthDHCD staff member will ever attempt to physically prevent an officer from interrogating a patient.~~

~~-~~ A. Law enforcement officers entering Kaweah Health facilities for the purpose of obtaining patient information or interviewing/interrogating a patient shall be promptly referred to one of the following for assistance and oversight:

- Director of Risk Management;
- Chief Compliance and Risk Officer / Privacy Officer; or
- Hospital House Supervisor (after regular business hours).

B. All law enforcement officials must present valid identification and state the nature of their request.

C. Kaweah Health staff shall cooperate with law enforcement personnel to the fullest extent **permitted by law** while protecting patient rights and confidentiality.

D. The release or disclosure of patient information to law enforcement must strictly comply with:

- HIPAA Privacy Rule (45 C.F.R. § 164.512(f), (i));
- California Confidentiality of Medical Information Act (Civil Code § 56 et seq.);
- Lanterman-Petris-Short (LPS) Act (Welfare & Institutions Code § 5328); and
- Any other applicable federal or state law or regulation.

E. Patients or their authorized representatives will be notified, whenever appropriate, of a law enforcement request to interview or interrogate the patient. The attending physician shall assess the patient's medical condition and advise on any potential adverse effects before the interview proceeds.

F. Under no circumstances shall Kaweah Health staff physically prevent a law enforcement officer from carrying out lawful duties. Concerns or disputes should be elevated immediately to the Director of Risk Management or the Chief Compliance and Risk Officer.

G. This policy does not confer independent authority to staff to approve or deny law enforcement requests beyond their scope of practice; final determinations must be made by authorized personnel under this policy.

H. The Chief Executive Officer shall ensure this policy is implemented consistently and may delegate operational oversight to the Chief Compliance and Risk Officer.

III. PROCEDURE:

~~A. When a law enforcement official requests permission to interview/interrogate a patient or requests information regarding a patient, staff will contact the Director of Risk Management (ext. 2340), the Chief Compliance and Risk Management OfficerCompliance and Privacy Officer~~

~~(ext 5006) or the Kaweah HealthDelta Medical Center House Supervisor (ext 2154).~~

~~B. Staff will provide the Director of Risk Management, the Chief Compliance and PrivacyRisk Management Officer and/or the Kaweah HealthDelta Medical Center's House Supervisor with information regarding the patient and will identify what information has been requested by law enforcement.~~

Initial Notification

1. When a law enforcement officer requests to interview or obtain information about a patient, staff shall immediately notify one of the following (in order of availability):
    - Director of Risk Management (Ext. 2340)
    - Chief Compliance and Privacy Officer (Ext. 5006)
    - Hospital House Supervisor (Ext. 2154)

B. **Verification and Coordination**

1. Staff shall obtain and record the officer's name, badge number, agency, contact information, and the specific nature of the request.
2. The Director of Risk Management or Compliance Officer shall determine whether the requested information may be disclosed and under what conditions, ensuring compliance with applicable laws and District policy.
3. Documentation of all law enforcement contacts and actions taken shall be maintained by the Compliance Department.

C. **Patient Rights and Physician Involvement**

1. When a patient is conscious and medically stable, the attending physician shall be notified prior to any interview or interrogation.
2. If appropriate, the patient (or legal representative) shall be informed of the law enforcement request.

References:

~~California Hospital Association Consent Manual: Chapters 6, 13, 16 and 17~~
~~HIPAA privacy regulations (45 C.F.R. § 164.512(f), (i))~~
~~Guidelines for Releasing Patient Information to Law Enforcement~~

- California Hospital Association *Consent Manual* (Chapters 6, 13, 16, 17)
- HIPAA Privacy Rule (45 C.F.R. § 164.512(f), (i))
- California Confidentiality of Medical Information Act (Civil Code § 56 et seq.)
- Lanterman-Petris-Short Act (Welfare & Institutions Code § 5328)
- California Health & Safety Code § 32121(b) (District powers)
- Ralph M. Brown Act (Government Code § 54950 et seq.)

"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."

AP80

Policy Number: AP80	Date Created: No Date Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
American and California State Flags~~American and California State Flags~~	

Kaweah Delta Health Care District

~~Subcategories of Department Manuals not selected.~~

~~Policy Number: AP80~~	~~Date Created: No Date Set~~
~~Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)~~	~~Date Approved: Not Approved Yet~~
~~Approvers: Board of Directors (Administration)~~	
~~American and California State Flags~~	

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

PURPOSE

To establish guidelines for the proper display, maintenance, and handling of the American and California State flags at Kaweah Delta Health Care District (the "District") facilities, in accordance with applicable laws, flag protocol, and District governance practices.

POLICY

1. The District shall display the American and California State flags at appropriate District facilities as a symbol of respect, unity, and public service.
2. The Board of Directors delegates authority to the Chief Executive Officer (CEO) or designee to ensure flags are displayed, maintained, and replaced in compliance with this policy.
3. The Board of Directors retains the authority to approve instances where the District's flags are flown at half-staff for local observances or significant community events, consistent with federal and state proclamations.
4. All actions taken under this policy shall comply with the Ralph M. Brown Act and be reported or authorized in open session when applicable.

~~**POLICY:** American and California State flags may be flown at Kaweah Delta Health Care District facilities under the direction of Administration and in compliance with authorization by the Board of DirectorsChief Executive Officer.~~

PROCEDURE:

~~I. American and California State flags flown at KDHCD facilities shall be neat and clean and shall be replaced when tattered and/or worn.~~

~~II. American and California State flags may be flown at all hours and during inclement weather provided they are appropriately lighted. Where lighting is not possible, American and California State flags shall be lowered, folded, and placed in a safe and secure area by no later than sundown each day.~~

~~III. American and California State flags may be flown at half-mast only with authorization of the President of the United States, the Governor of the State of California, or the District Board of Directors~~Chief Executive Officer~~.~~

~~A. It is the policy of the Board of Directors~~Chief Executive Officer ~~to allow the flag to be flown at half-mast only when a significant community event has occurred which calls for such action.~~

A. Display and Maintenance

1. Flags shall be neat, clean, and replaced promptly when tattered, faded, or worn.
2. Flags may be flown at all hours if properly illuminated. If adequate lighting is not available, flags shall be respectfully lowered, folded, and stored in a secure location before sundown.

B. Half-Staff Display

1. The American and/or California State flags may be flown at half-staff upon official proclamation by:
    - The President of the United States;
    - The Governor of the State of California; or
2. The CEO may implement the half-staff display directive upon such authorization and ensure compliance at all District facilities.
3. Requests for half-staff display due to local or community events shall be submitted to the CEO, who may place the matter on a future Board meeting agenda for consideration and authorization in accordance with the Brown Act.
4. Emergency or time-sensitive requests may be acted upon by the CEO consistent with federal and state proclamations and reported to the Board at the next regular meeting.

"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."

AP21

Kaweah Delta Health Care District

~~Subcategories of Kaweah Delta Medical Foundation not selected.~~Administrative Policy

Policy Number: AP21	**Date Created: No Date Set**
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Subpoenas/Search Warrants served on district records, contract physicians, or patients

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

PURPOSE

To establish consistent procedures for the lawful and efficient handling of subpoenas and search warrants served upon Kaweah Delta Health Care District ("Kaweah Health" or the "District"), its employees, contract physicians, or patients, while ensuring compliance with applicable federal and state privacy and confidentiality laws.

POLICY~~:~~ ~~The government, law enforcement agencies, court personnel, or their representatives wishing to serve subpoenas and/or search warrants upon Kaweah Delta Health Care District (hereinafter "District") records (including but not limited to patient records), property, contract physicians, or patients will be directed to the appropriate department[1] as indicated below. Only those departments indicated below are authorized to accept subpoenas.~~

~~The department receiving the subpoena will cooperate with the process server to the extent that serving the subpoena does not interfere with or disrupt the business of the District.~~

~~However, at no time will process servers be allowed in patient care areas.~~

1. Only designated departments and authorized personnel may accept service of subpoenas or search warrants on behalf of the District.

2. All subpoenas and warrants shall be reviewed promptly by the appropriate department (as outlined below) and coordinated with the Director of Risk Management, the Chief Compliance and Risk Officer, or District legal counsel.

3. Process servers and law enforcement personnel shall not be permitted in patient care areas except as required by law and with administrative approval.

4. Staff shall cooperate fully with lawful investigations while protecting patient privacy and District operations.

~~[1] Any subpoena which includes a request for District medical records, regardless of the involvement of any other department, will be directed to the Health Information Management Department.~~

5. No staff member, physician, or contractor shall destroy, conceal, or alter any record subject to subpoena or warrant.

PROCEDURE:

~~I. **Subpoenas on District Records**~~

~~All subpoenas, except those specifically set forth below, shall be served on and accepted by District Administration for delivery to the appropriate department(s) as outlined below. No other department is authorized to accept subpoenas for District records.~~

~~Departments other than Administration authorized to receive subpoenas include:~~

- ~~A. Subpoenas served on District staff members will be directed to the Risk Management Department;~~
- ~~B. Subpoenas served for District medical and/or patient records will be directed to the Health Information Management (HIM) Department;~~
- ~~C. Subpoenas served for District billing records will be directed to the Health Information Management (HIM) Department;~~
- ~~D. Subpoenas served for radiological films and/or CT scans will be directed to the Radiology Department.~~
- ~~Subpoenas served for patient laboratory specimens or Coroner release requests for patient laboratory specimens made to the Laboratory Department. See policy PTS-036 Release of Specimen Coroner/Subpoenas.~~
- ~~E. Subpoenas served for District business records or video surveillance will be directed to the Risk Management Department.~~

A. Subpoenas on District Records

1. All subpoenas shall be directed to and accepted by **District Administration**, unless otherwise specified below.

2. The following departments are authorized to accept subpoenas for the corresponding records:

Type of Record / Recipient	Authorized Department
Subpoenas served on District staff	Risk Management
Medical or patient records	Health Information Management (HIM)
Billing records	Health Information Management (HIM)
Radiology films or imaging studies	Radiology Department
Laboratory specimens / coroner releases	Laboratory Department (See Policy PTS-036)
Business records or surveillance videos	Risk Management

3. Departments not listed above are **not authorized** to accept service of subpoenas.

~~II. Subpoenas on Contract Physicians~~

~~A. Business Related Subpoenas~~

~~Service on Individual - Contract Physician on Duty or not on Duty~~

~~When the subpoena is served for reasons related to the contract physician's work at the District and the contract physician is actively credentialed when the process server arrives, the process server will be asked to report to Human Resources where Risk Management staff will be notified and receive the subpoena on behalf of the contract physician so that service may occur. Risk Management staff will route the subpoena to the physician.~~

~~1.~~

~~a) Risk Management will maintain a log of contract physicians that do not wish to have Kaweah accept service on their behalf. These process servers will be directed to the private offices of the requesting physicians.~~

~~.~~

~~(1) a) It will be at the discretion of the Risk Management staff in the event a subpoena is not accepted on behalf of a contract physician.~~

B. Subpoenas on Contract Physicians

1. **Business-Related Subpoenas**

If the subpoena relates to a physician's work performed under contract with the District, the process server shall be directed to **Human Resources**, who will notify **Risk Management**.

Risk Management may accept service on behalf of the contract physician if prior authorization is on file.

A log shall be maintained identifying physicians who do **not** authorize the District to accept service on their behalf.

2. **Non-Business / Personal Subpoenas**

Risk Management will not accept personal subpoenas unrelated to District duties.

If the physician is on duty, they may be notified and choose to accept service personally in Human Resources.

~~2.~~

~~Non-Business Related Subpoenas~~

~~When a subpoena is related to a personal matter and is not related to the contract physician's work with the District, the Risk Management staff will not accept the subpoena. If the contract physician is on duty at the time that the process server arrives in Human Resources, the contract physician will be contacted and asked to report to the Human Resources to accept service.~~

C. Subpoenas on District Employees

Business-related subpoenas directed at District employees shall be accepted by **Risk Management** and delivered to the employee with notice of any applicable obligations or protections.

Personal subpoenas unrelated to District duties shall not be accepted by the District.

~~III. Subpoenas on Staff Members~~

~~A. Business-related subpoenas served on staff members will be accepted by the Risk Management department and routed to the employee.~~

~~IV. Subpoenas on Patients~~

~~A. Kaweah HealthDelta Medical Center~~

~~The process server shall be directed to the Risk Management department. The Risk Management staff shall contact the patient's attending physician to determine if it is appropriate for the patient to be served in the hospital.~~

~~B. Kaweah HealthDelta South Campus~~

~~The process server shall be directed to the Nurse Designee on duty. The Nurse Designee shall contact the patient's attending physician and/or Risk Management staff to determine if it is appropriate for the patient to be served in the facility.~~

~~C. Kaweah Health West Campus~~

~~The process server shall be directed to the West Campus Administrator. The West Campus Administrator shall contact the patient's attending physician and/or Risk Management staff to determine if it is appropriate for the patient to be served in the hospital.~~

~~D. Kaweah HealthDelta Mental Health Campus~~

~~The process server shall be directed to the Administrator for Kaweah Delta Mental Health. The Administrator shall contact the Risk Management staff to determine if it is appropriate for the patient to be served in the hospital.~~

~~I. Depositions of Contract Physicians~~

~~Risk Management staff will not assist in arranging the time and location of the deposition. Depositions are not to be obtained on District premises.~~

D. Subpoenas on Patients

1. **Main Campus (Kaweah Health Medical Center)**

Process servers shall be directed to **Risk Management**.

Risk Management will consult the attending physician to determine if service is appropriate and non-disruptive to patient care.

2. **Other Campuses (South, West, and Mental Health)**

The on-duty Nurse Designee or Campus Administrator shall be notified.

The Administrator or designee will coordinate with Risk Management and the attending physician before service occurs.

E. Depositions of Contract Physicians or Staff

Risk Management staff shall not arrange depositions or allow them to occur on District premises.

Physicians and employees are responsible for arranging their own depositions and notifying counsel as appropriate.

F. Search Warrants

1. The presentation of a search warrant indicates an active and serious government investigation.
   Upon receipt of a search warrant:
   - Immediately notify the **Chief Compliance and Risk Officer**, **Director of Risk Management**, or **District Legal Counsel**.
   - The department manager or designee being searched shall accompany the agents at all times and maintain contemporaneous notes of the search.
   - Notes should be addressed to legal counsel and kept confidential as privileged communications.

2. **Search of Persons or Patients**

- Staff shall not assist in any search or medical procedure that is not medically necessary unless a valid warrant specifically authorizing the search has been reviewed and approved by Risk Management.

- Kaweah Health staff WILL NOT assist in any examination or testing that is not medically necessary unless the following:

  A warrant to conduct a body cavity search to obtain the evidence is received by the involved law enforcement agency AND the warrant is reviewed by the Risk Management Department prior to execution of the warrant, AND after the above are obtained and reviewed, any examination done exclusively for the collection of evidence will be done by a practitioner.

- Any examination performed solely for evidence collection must be performed by a licensed practitioner.

3. **Privileged Documents**

   - If privileged records are seized, staff shall immediately request that they be sealed and segregated until legal counsel can intervene.

4. **Staff Rights**

   - Employees may choose whether to speak with investigators. They have the right to consult with or have counsel present before and during any interview.

   - If staff choose to speak, they must provide truthful and accurate information.

5. **Documentation**

   - The Compliance Officer shall obtain a detailed inventory or receipt for all items seized and request an opportunity to copy or retain duplicates of seized materials.

~~I. Search Warrants~~

~~In general, the use of a search warrant indicates that the government views the investigation as extremely serious. The District Compliance Officer, Director of Risk Management, and the District Compliance Advocate shall be consulted at the earliest opportunity to ensure that informed decisions are made.~~

~~In the event you are served with a search warrant:~~

~~Immediately contact the Compliance Officer at 624-5006. . Under the direction of the District Compliance Officer, Risk Managementr Director, and/or the District Compliance Advocate., tThe Mmanager or designee of the department being searched will workdeal with the agents executing the search warrant and must take notes during the search. The notes are to be taken in anticipation of litigation, addressed to the counsel, and kept confidential.~~

- ~~Kaweah Health staff WILL NOT assist in any examination or testing that is not medically necessary unless the following:~~
  - ~~A warrant to conduct a body cavity search to obtain the evidence is received by the involved law enforcement agency AND the warrant is reviewed by the Risk Management Department prior to execution of the warrant, AND~~
  - ~~A. After the above are obtained and reviewed, any examination done exclusively for the collection of evidence will be done by a practitioner.~~

~~B. If the person executing the search warrant seizes privileged documents, advise them that the documents are privileged and request that such documents be sealed in an envelope and segregated from the other items seized until counsel can take steps to seek their return.~~

~~C. Staff members shall not be instructed not to speak with government investigators. They can, however, be told what their rights are: They have the right to talk or not to talk, they can consult with counsel before deciding whether to talk, and they can have counsel present at any interview they choose. Again, if staff members choose to talk, they should be reminded of the importance of being truthful.~~

~~D. The Compliance Officer will obtain a detailed receipt for all evidence seized. In addition, the District will ask for the opportunity to copy all documents or other records seized.~~

REFERENCES

- HIPAA Privacy Rule (45 C.F.R. §164.512(f), (i))
- California Confidentiality of Medical Information Act (Civil Code §56 et seq.)
- California Evidence Code §1158
- California Penal Code §§1523–1542 (Search Warrants)
- California Hospital Association *Consent Manual*
- Health & Safety Code §32121(b) (Powers of Healthcare District Board)
- Ralph M. Brown Act (Gov. Code §54950 et seq.)

"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."

AP129

Policy Number: AP129	Date Created: No Date Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Critical Incident Stress ManagementCritical Incident Stress Management

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

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

PURPOSE

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

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

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

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

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

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

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

POLICY

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

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

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

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

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

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

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

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

~~**PROCEDURE:**~~

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

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

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

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

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

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

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

PROCEDURE

A. **Activation and Request Process**

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

B. **Response Timelines**

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

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

C. **Confidentiality**

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

D. **Documentation and Records**

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

E. **Training and Oversight**

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

REFERENCES

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

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."

OB.GYN Privileges

Privileges in Obstetrics & Gynecology

Name: _____

Please Print

OB/GYN Initial Criteria

Education: Successful completion of an ACGME or AOA-accredited residency /fellowship in obstetrics & gynecology **AND**

Certification: Current certification or active participation in the examination process leading to certification in obstetrics & gynecology by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology. Board certification must be obtained within 5 years of completion of residency.

Renewal Criteria: Maintenance of certification or active participation in the examination process leading to certification in obstetrics & gynecology by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology.

OBSTETRICS CORE PRIVILEGES

Current Experience: Documentation ~~or attestation~~ of the management of a minimum of 100 deliveries in the past 2 years **OR** Completion of an approved residency program within the past 12 months. **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted

Renewal Criteria: Minimum of 100 deliveries required in the past 2 years **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months **AND** Completion of an Implicit Bias Training within the last 24 months

FPPE: Minimum of 4 cases to include 2 Normal Deliveries; 2 Cesarean Sections

Request	Procedures	Approve
☐	**Obstetrics Core privileges include:** privileges including performance of a history and physical, evaluate, diagnose, treat, and provide consultation (may include telehealth) to adolescent and adult female patients presenting in any condition or stage of pregnancy, including injuries and disorders of the reproductive system, other than approved delineated special procedures. • Amniocentesis • Amnioinfusion • Amniotomy • Application of internal fetal and uterine monitors • Augmentation and induction of labor • Cerclage • Cervical biopsy or conization of cervix in pregnancy • Cesarean hysterectomy, cesarean section, and post-partum tubal ligation • External version of breech • Hypogastric artery ligation • Interpretation of fetal monitoring • Normal spontaneous vaginal delivery • Manual removal of placenta, uterine curettage • Management of high-risk pregnancy, inclusion of such conditions as preeclampsia, postdatism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor , and placental abnormalities • Management of patients with/without medical surgical or obstetrical complications for normal labor, including toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise • Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques • Operative vaginal delivery (including the use of the vacuum extractor) • Performance of breech and multifetal deliveries • Pudendal and paracervical blocks • Repair of fourth-degree perineal lacerations or of cervical or vaginal lacerations • Treatment of medical complications of pregnancy • Vaginal birth after cesarean section (VBAC)	☐
☐	Admitting Privileges (must request Active staff status)	☐

OBSTETRICS SPECIAL PRIVILEGES

(Must also meet OB/GYN Initial Criteria)

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
☐	Forceps Delivery	Completion of an ACGME/AOA approved residency training program that included training specific to forceps delivery within the past 2 years ***OR*** 5 cases in the last 2 years	2 cases in the last 2 years.	Minimum of 2 cases	☐

GYNECOLOGY CORE PRIVILEGES

Meets OB/GYN initial criteria &
Current Experience: Documentation ~~or attestation~~ of the management of a minimum of 50 gynecologic surgical procedures in the past 2 years **OR** completion of an approved residency program within the past 12 months **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted
Renewal Criteria: Minimum of 30 gynecological surgical procedures required in the past 2 years
FPPE: Minimum of 7 cases to include: 5 diverse gynecological surgical procedures (must include 2 hysterectomies); 2 laparoscopic procedures

Request	Procedures	Approve
☐	**Gynecology Core privileges include:** privileges including performance of a history and physical, evaluate, diagnose, consult (may include telehealth), and provide pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages in the inpatient and outpatient setting presenting with illnesses, injuries, and disorders of the gynecological or genitourinary system and nonsurgical treatment of illnesses and injuries of the mammary glands, other than approved delineated special procedures. • Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy • Aspiration of breast masses • Cervical biopsy including conization • Colpocleisis • Colpoplasty • Colposcopy • Cystoscopy as part of gynecological procedure • Diagnostic and therapeutic dilation and curettage • Diagnostic and operative laparoscopy (other than tubal sterilization) • Endometrial ablation • Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions • Gynecologic sonography • Hysterectomy, abdominal, vaginal, including laparoscopic • Hysterosalpingography • Hysteroscopy, diagnostic or ablative, including the use of the resection technique • Incidental appendectomy • Incision and drainage of pelvic abscess • Metroplasty • Myomectomy, abdominal • Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary or cervix • Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure • Operation for uterine bleeding (abnormal and dysfunctional) • Operations for sterilization (tubal ligation, transcervical sterilization, and laparoscopic) • Repair of rectocele, enterocele, cystocele, or pelvic prolapse • Tuboplasty and other infertility surgery (not microsurgical) • Uterosacral vaginal vault fixation, paravaginal repair • Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair • Vulvar biopsy • Vulvectomy, simple • Loop electrosurgical excision procedures (LEEP)	☐
☐	Admitting Privileges (must request Active staff status)	☐
☐	Surgical Assist Only	☐

GYNECOLOGY SPECIAL PRIVILEGES

(Must also meet OB/GYN Initial Criteria)

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
☐	Computer-enhanced (Robotic Assisted) minimally invasive surgery	Successful completion of formal training course in Robotic Surgical Skills **AND** 10 cases in the last 2 years.	Minimum of 10 cases performed in the last 2 years	Minimum of 3 cases to include 2 Hysterectomies **And** 1 of the following: • Adnexectomy • Ovarian cystectomy • Sacrocolpopexy • Myomectomy	☐

GYNECOLOGIC ONCOLOGY CORE PRIVILEGES

Meets OB/GYN initial criteria &
Certification: Successful completion of an ABOG-or AOA- approved fellowship in gynecologic oncology **AND/OR c**urrent subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in gynecologic oncology by the ABOG or completion of a certificate of special qualifications by the AOBOG **OR** must provide evidence of significant postgraduate continuing medical education in gynecologic oncology
Current Experience: a minimum of 24 gynecologic oncological surgery cases in the last 2 years.
Renewal Criteria: a minimum of 24 cases performed in the last 2 years
FPPE: Minimum of 1 case

Request	Procedure	Approve
☐	**Gynecology Oncology Core privileges include:** performance of a history and physical, evaluate, diagnose, treat, and provide consultation (may include telehealth) and surgical and therapeutic treatment to female patients with gynecologic cancer and resulting complications, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina, and the performance of procedures on the bowel, urethra, and bladder, other than approved delineated special procedures. • Chemotherapy • Microsurgery • Myocutaneous flaps, skin grafting • Para aortic and pelvic lymph node dissection • Pelvic exenteration • Perform history and physical exam • Radical hysterectomy, vulvectomy, and staging by lymphadenectomy • Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, liver, spleen, diaphragm, and abdominal and pelvic wall as indicated • Treatment of invasive carcinoma of the vagina by radical vaginectomy, and other related surgery • Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection • Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease • Uterine/vaginal isotope implants	☐
☐	Admitting Privileges (must request Active staff status)	☐

MATERNAL FETAL MEDICINE CORE PRIVILEGES

Meets OB/GYN initial criteria &
Certification: Successful completion of an ABOG-or AOA- approved fellowship program in Maternal Fetal Medicine **AND/OR c**urrent subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in Maternal Fetal Medicine by the ABOG.
Current Experience: a minimum of 50 provisions of care in the last 2 years or Completion of an approved residency, clinical fellowship, or research in a clinical setting within the past 12 months. **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted
Renewal Criteria: a minimum of 50 cases performed in the last 2 years **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months **AND** Completion of an Implicit Bias Training within the last 24 months
FPPE: Minimum of 1 case

Request	Procedure	Approve
☐	**Maternal-Fetal Medicine privileges include:** evaluate, diagnose, treat, and provide consultation (may include telehealth) to adolescent and adult female patients with medical and surgical complications of pregnancy (e.g. maternal cardiac, pulmonary, metabolic, and connective tissue disorders, as well as fetal malformations, conditions, or disease). The MFM specialist may provide care to patients in the intensive care setting in conformance with unit policies. Core privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core procedures include but are not limited to: • Cerclage (transabdominal & transvaginal) • Cesarean Section • Chorionic villus sampling • Genetic amniocentesis • Interoperative support to obstetrician as requested, including operative first assist • Obstetrical ultrasound, including Doppler studies • Percutaneous umbilical blood sampling • Performance of history and physical exam • Vaginal Delivery	☐
☐	Admitting Privileges (must request Active staff status)	☐

ADDITIONAL PRIVILEGES

Request	Procedure	Additional Criteria	Renewal Criteria	Approve
☐	Procedural Sedation	Successful completion of Kaweah Health sedation exam	Successful completion of Kaweah Health sedation exam	☐
☐	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: **__Dinuba __Exeter __Lindsay __Tulare __Valencia __Woodlake __KHMC – Akers __KHMC – Willow Specialty 202__KHMC – Willow 502 __Specialty Clinic __Tulare Cardiology Clinic**	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	☐

Acknowledgment of Practitioner:

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and I understand that

(a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) I may participate in the Kaweah Health Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.

(c) **Emergency Privileges –** In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Name: _____
Print

Signature: _____ _____
Applicant *Date*

Signature: _____ _____
Department of OB/GYN Chair *Date*

CARDIOLOGY SERVICE QUALITY REPORT-

Outstanding Health Outcomes (OHO)
QUALITY & PATIENT SAFETY PRIORITY

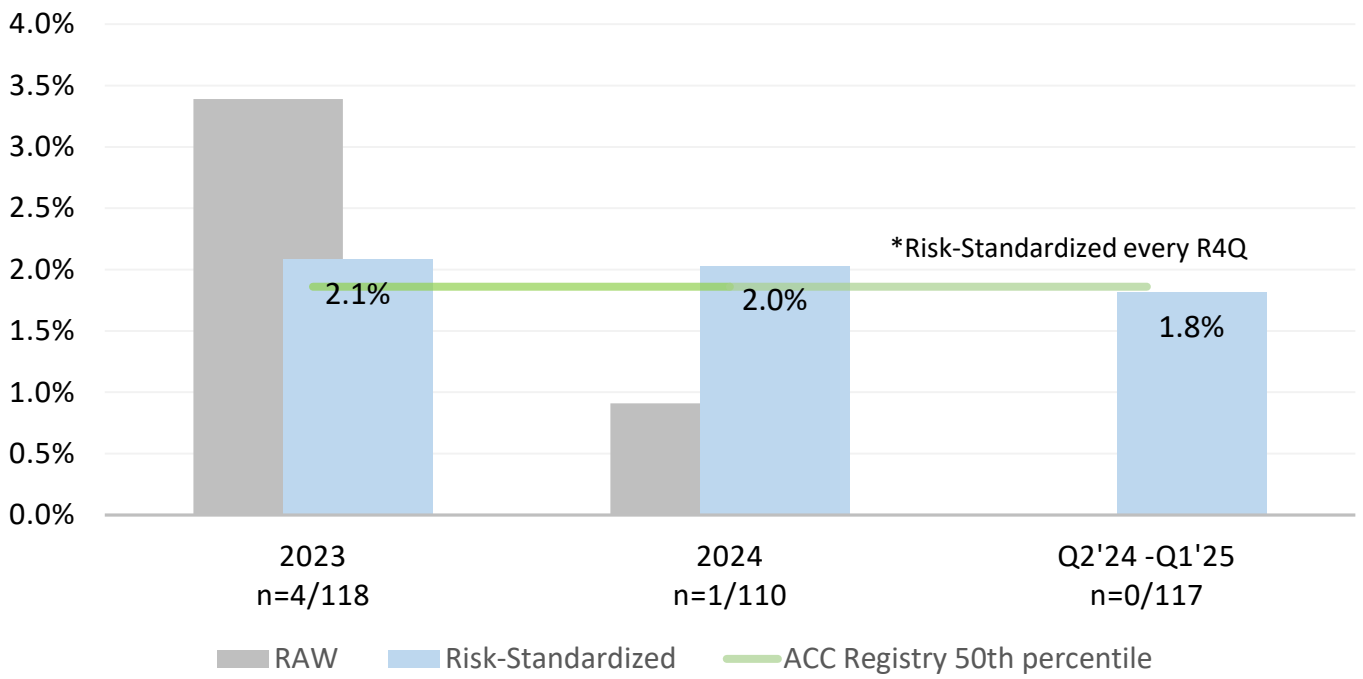
Acute Myocardial Infarction (AMI) STEMI
Mortality & Processes of Care

October 2025

Cardiovascular Dept. Quality Goals

- **GOAL #1: Reduce ST Elevated Myocardial Infarction (STEMI) Mortality from 2.1% to <1.86%**
  - Goal Met with latest rolling four quarters at 1.80%
  - Zero STEMI moralities in 4 quarters
- **GOAL #2: Reduce Acute Kidney Injury (AKI) from 6.3% to <5.5%**
  - Goal Met with latest rolling four quarters at 5.0%
  - In the 90th percentile, Top performing 10% in Nation
- **GOAL #3: Reduce Bleeding Events from 2.19% to <1.31%**
  - Goal Met with latest rolling four quarters at 0.91%
  - In the 90th percentile, Top performing 10% in Nation

STEMI Mortality Reduction (pt's w/out cardiogenic shock or cardiac arrest)



FY25 PLAN – Mortality Reduction

High Level Action Plan

- Thoughtful Pause initiative
  - Thoughtful Pause documented 50% by 12/31/2025
- Improve door to balloon time from outside facilities by Q4 2025
  - Baseline July 2024 – Dec 2024 = 156 minutes
  - Goal: 110 minutes (Reduce by 46 minutes) by 12/31/25

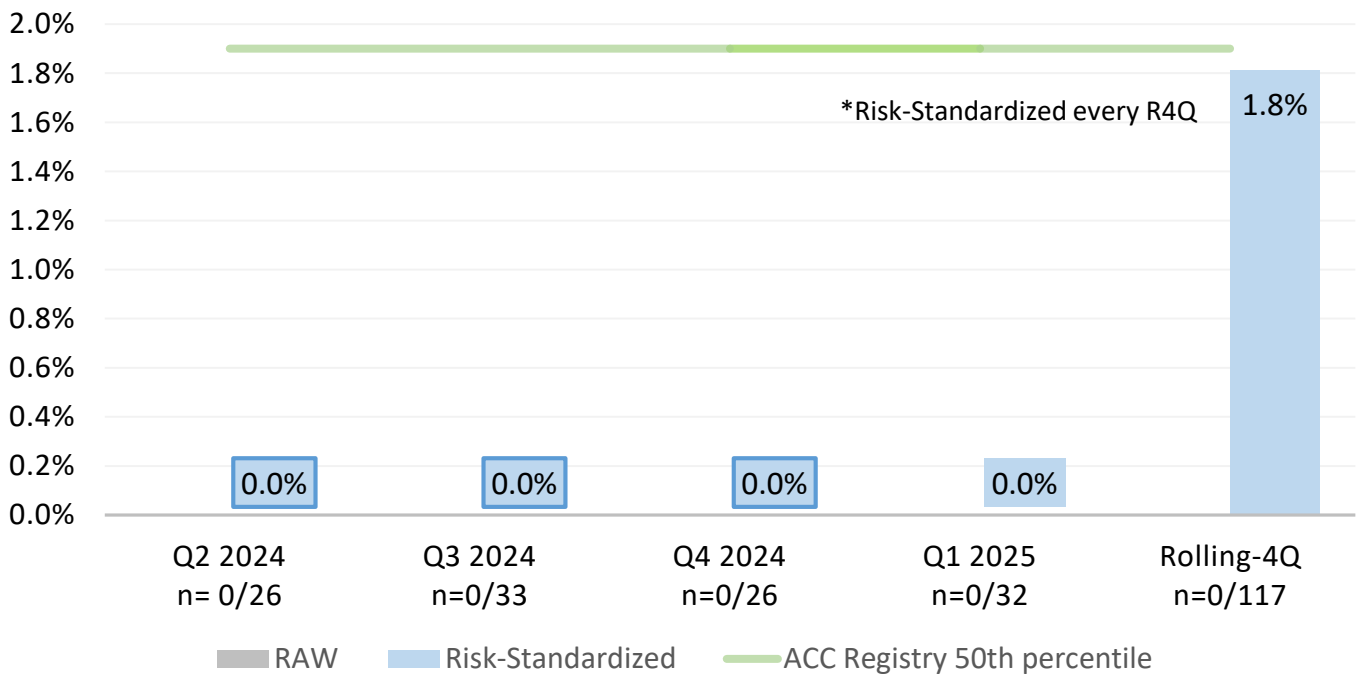
FY25 Goal

Decrease PCI In-Hospital Risk-Standardized Mortality Rate – STEMI Patients w/o shock or Cardiac arrest to </= 1.86%*

*American College of Cardiology National mean from Q1 2025

GOAL MET

STEMI Mortality Reduction (pt's w/out cardiogenic shock or cardiac arrest)



FY25 Goal

Decrease PCI In-Hospital Risk-Standardized Mortality Rate – STEMI Patients w/o shock or Cardiac arrest to </= 1.86%*

*American College of Cardiology National mean from Q1 2025

FY25 PLAN – Mortality Reduction

High Level Action Plan

- Thoughtful Pause initiative
  - Thoughtful Pause documented 100% by 12/31/2025
  - 30% thoughtful pause documented on STEMI's Mar 2025-June 2025; Improved from 0% FY24
- Improve door to balloon time from outside facilities by Q4 2025
  - January – June 2025 = 164 minutes; increased by 8 minutes from baseline
  - Goal: 110 minutes (Reduce by 54 minutes) by 12/31/25

Goal Met

STEMI Mortality Reduction (pt's w/out cardiogenic shock or cardiac arrest)

The last data point did not meet goal because:

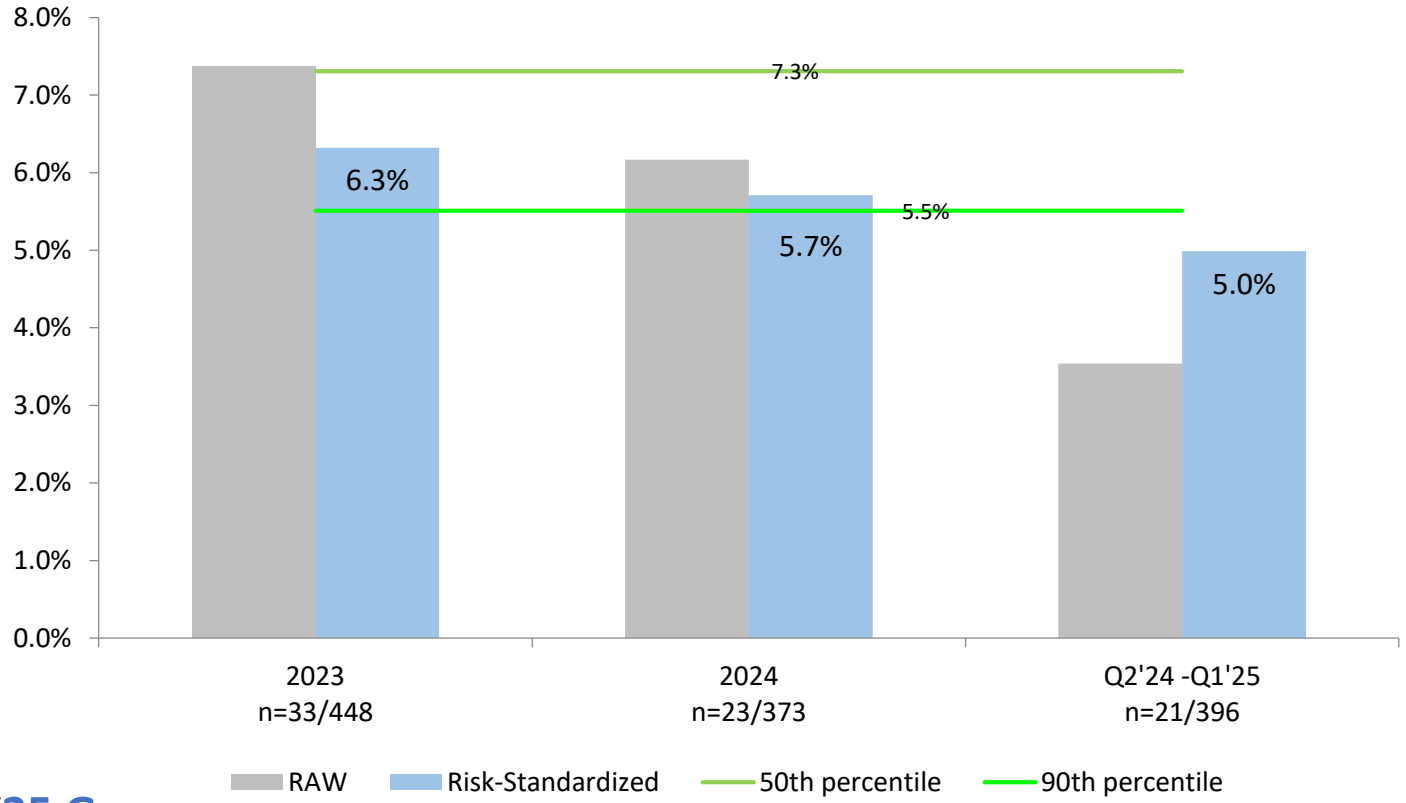
- N/A data point met goal.

Targeted Opportunities (What specifically can help in achieving this goal?)

1. Increased use of "Thoughtful Pause" documentation to exclude complex eligible cases from analysis
2. Encouraging M&M attendance and facilitating discussions about case details to enable peer involvement
3. Collaboration between hospitals to decrease ED Door to Stent Inflation (Balloon) time for transfers, coordinating transport for patients to reduce delays

CURRENT IMPROVEMENT ACTIVITIES	COMPLETION DATE	BARRIERS
Review of all mortalities between Cath Lab medical director, Attending cardiologist and M&M committee members	On-going	Risk adjusted data for provider level detail is unavailable through NCDR; manual chart review must be performed and clinical discussions held
Review American College of Cardiology guidelines for Appropriate Use Criteria (AUC) with cardiologists for each outlier	12/31/2025	May require individual meetings – time constraints
Cath Lab medical director to assist with the above – meet with peers regarding Appropriate Use Criteria (AUC) guidelines	12/31/2025	Same as above
Engage with transferring facilities about ED Door to Stent Inflation (Balloon) time for transfer STEMI's	12/31/2025	Scheduling for outside facilities ED directors, nursing leaders, Medical Director of KH Cath Lab, etc. difficult to coordinate

Acute Kidney Injury (AKI) Reduction



FY25 Goal

Decrease Risk-Standardized Acute Kidney Injury Post PCI to ≤ 5.5%*

*American College of Cardiology National 90th percentile from Q1 2025

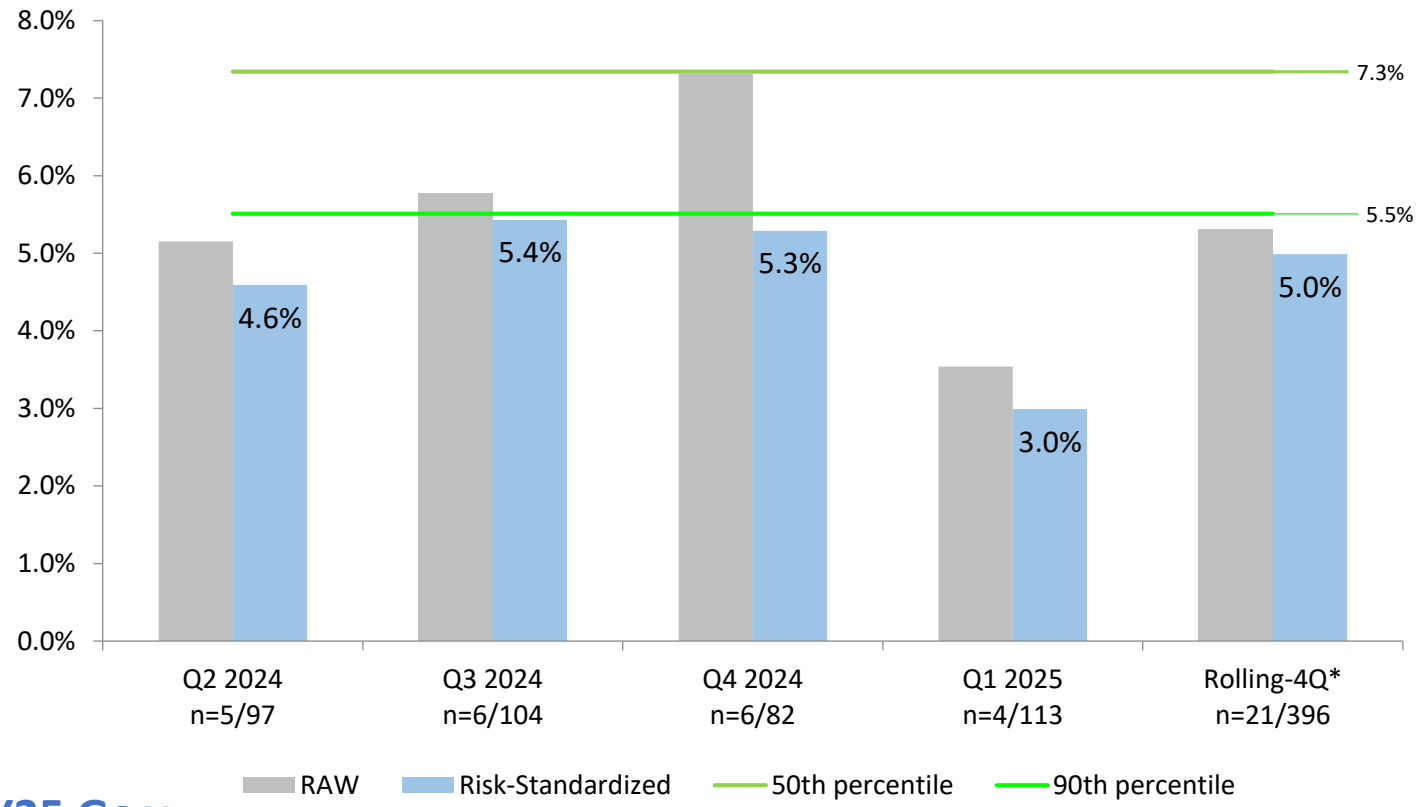
FY25 PLAN – Acute Kidney Injury (AKI) Reduction

High Level Action Plan

- Medical Director engagement with high contrast users
  - Reduce contrast use by 10%
  - Baseline July 2024 – Dec 2024 average contrast use: 164ml
  - Goal: 150ml by 12/31/2025

GOAL MET

Acute Kidney Injury (AKI) Reduction



FY25 Goal

Decrease Risk-Standardized Acute Kidney Injury Post PCI to ≤ 5.5%*

*American College of Cardiology National 90th percentile from Q1 2025

FY25 PLAN – Acute Kidney Injury (AKI) Reduction

High Level Action Plan

- Medical Director engagement with peers about contrast use
  - Reduce contrast use by 10%
  - January – July 2025 average contrast use = 168 ml. 4ml increase from baseline.
  - Goal by 12/31/2025 = 150ml

Goal Met

Acute Kidney Injury (AKI) Reduction

The last data point did not meet goal because:

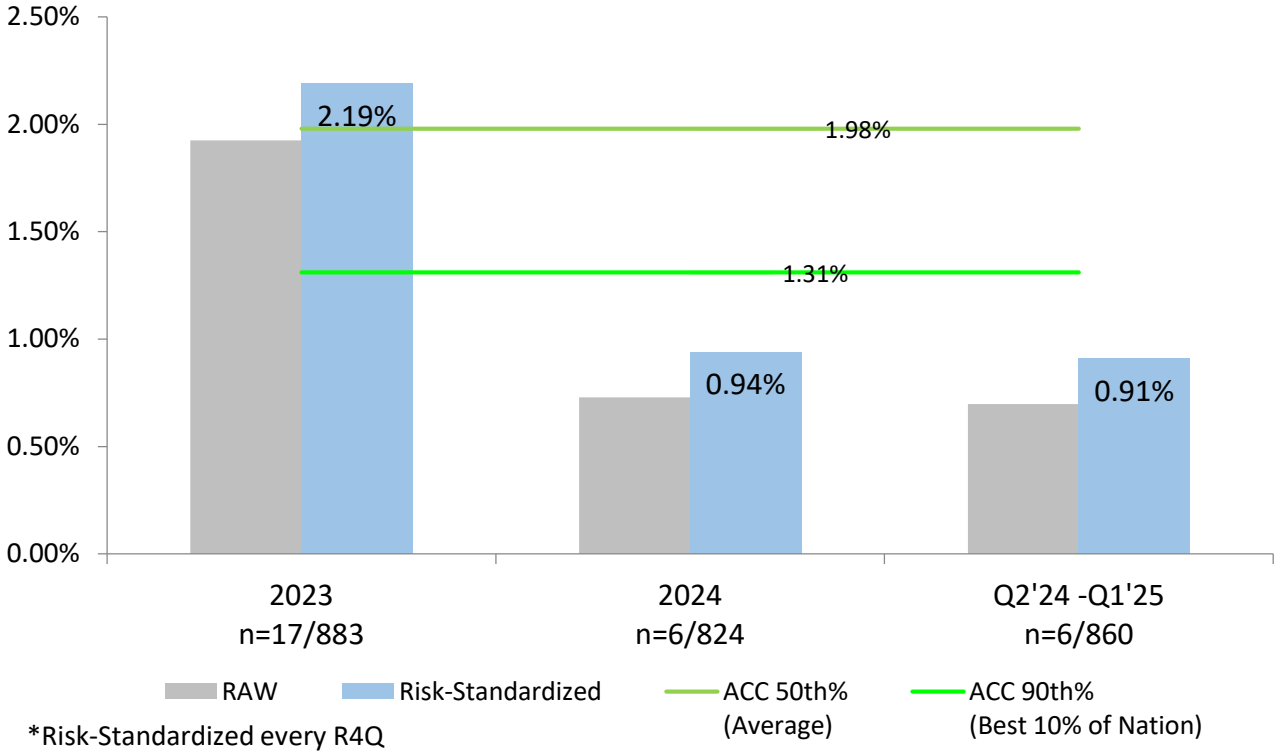
- N/A data point met goal.

Targeted Opportunities (What specifically can help in achieving this goal?)

1. Prioritizing patients receiving pre-hydration per protocol (500 ml), while maintaining schedule (pt. in lab on table per schedule, IV access issues, patient late for check-in)
2. Cardiologist/ED providers clinical assessment is vital in ordering safe hydration amounts per patient history (i.e. heart failure)

CURRENT IMPROVEMENT ACTIVITIES	COMPLETION DATE	BARRIERS
Data review at physician level; address outliers (contrast use and AKI)	On-going	NA
Audit for physician compliance in using standardized order sets (including pre-hydration order as applicable)	On-going	Manual process; need to enlist ISS help for automated report, if possible
Audit contrast usage by cardiologist; Cath Lab medical director addresses with high contrast using cardiologists	On-going	Change in practice difficult for physicians
Cardiologists with lowest AKI rate & lowest contrast use posted in MD lounge (blinded), to encourage peer discussions	On-going	NA

Bleeding Event Reduction



FY25 Goal

Decrease Risk Standardized Bleeding Rate to </= 1.31%*

*American College of Cardiology National 90th percentile from Q1 2025

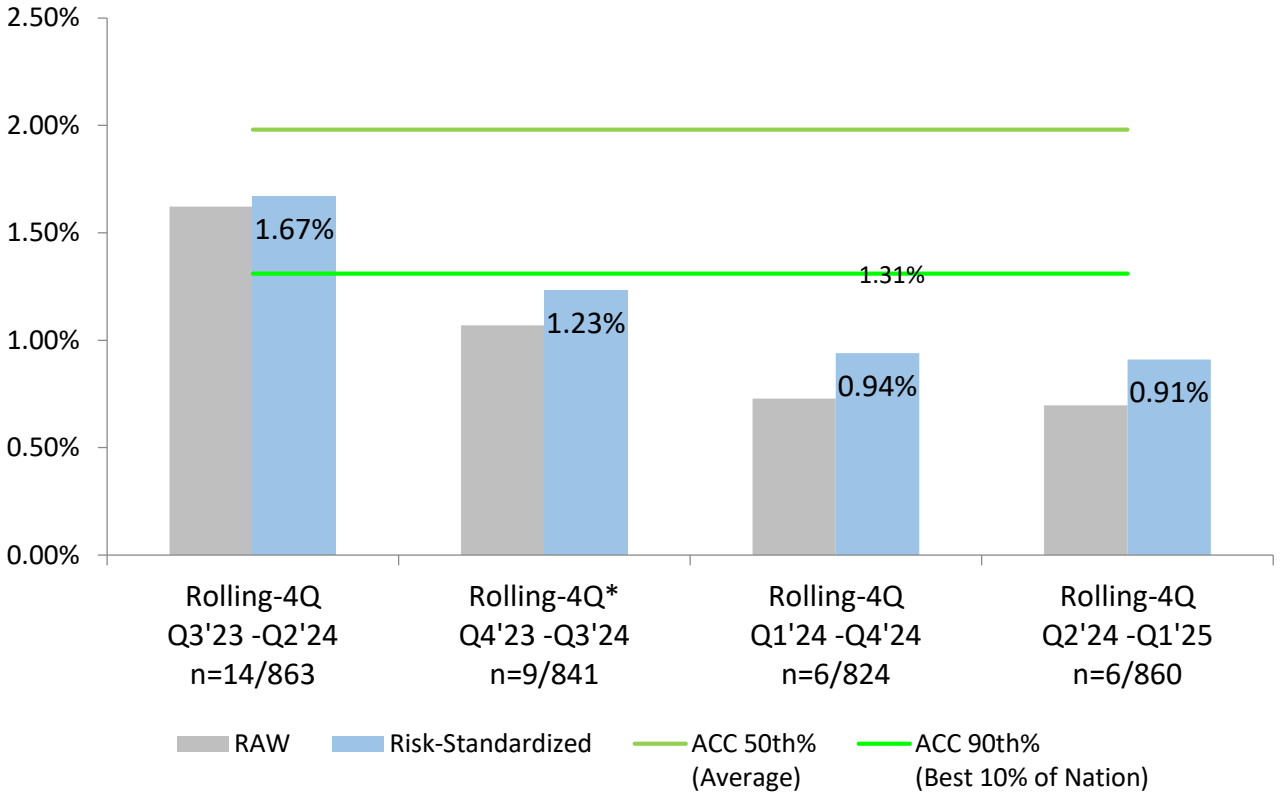
FY25 PLAN – Bleeding Rate Reduction

High Level Action Plan

- Medical Director 1:1s with cardiologists to increase radial usage
  - Baseline July 2024 – Dec 2024 radial access usage =49%
  - Goal = 66%
- Identify trends with bleeds unrelated to radial usage
  - Case study for each fall out completed by 12/31/2025

Goal Met

Bleeding Event Reduction



FY25 Goal

Decrease Risk Standardized Bleeding Rate to </= 1.31%*

*American College of Cardiology National 90th percentile from Q1 2025

FY25 PLAN – Bleeding Rate Reduction

High Level Action Plan

- Medical Director 1:1s with cardiologists to increase radial usage
  - January - June 2025 radial access usage = 57.7%, Improved by 8.7% from baseline
  - Goal = 66%
- Identify trends with bleeds unrelated to radial usage
  - Case Studies completed for 100% of bleeding events

GOAL MET

Bleeding Event Reduction

The last data point did not meet goal because:

- N/A - Data point met goal

Targeted Opportunities (What specifically can help in achieving this goal?)

1. Nursing education on assessing PCI access site and early warning signs of bleeds; appropriate usage of preventive strategies. Education conducted and added to mandatory RN annual competency
2. Manual audit of bleeding events continues; Cath Lab medical director meeting with individual cardiologists for peer discussions

CURRENT IMPROVEMENT ACTIVITIES	COMPLETION DATE	BARRIERS
Sharing provider level radial access rates to encourage increased utilization; top 5 cardiologists using radial access posted in MD lounge; Cath Lab medical director encouraging radial use/offering assistance to individual cardiologists to increase radial usage	On-going	New or differing practices and processes
Audit of each bleed to determine trend, if any	12/31/25	Manual chart audit; staff resources
If trend identified with the above, develop plan to address (i.e. staff education for appropriate sheath pull & hold, diligent vascular access site & pain assessment, etc.)	On-going	NA
Manual sheath removal & vascular sealant device education is now RN annual mandatory competency	On-going	Ensuring compliance for multiple nursing units (4T, 2N, 3W, CVICU, ICU & CVICCU)

Cardiovascular Dept. Quality Goals

- **GOAL #1: Reduce ST Elevated Myocardial Infarction (STEMI) Mortality from 2.1% to <1.86%**
  - Goal Met with latest rolling four quarters at 1.80%
  - Zero STEMI moralities in 4 quarters
- **GOAL #2: Reduce Acute Kidney Injury (AKI) from 6.3% to <5.5%**
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  - In the 90th percentile, Top performing 10% in Nation
- **GOAL #3: Reduce Bleeding Events from 2.19% to <1.31%**
  - Goal Met with latest rolling four quarters at 0.91%
  - In the 90th percentile, Top performing 10% in Nation

Thank you

Live with passion.

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

Kaweah Health

PATIENT EXPERIENCE AND SATISFACTION UPDATE

Patient & Community Experience Board Report

October 2025

Patient Experience Matters

Opportunities and insights to increase patient satisfaction.

Kaweah Health September 2025

Survey Scores

HCAHPS – 71.6
55th Percentile

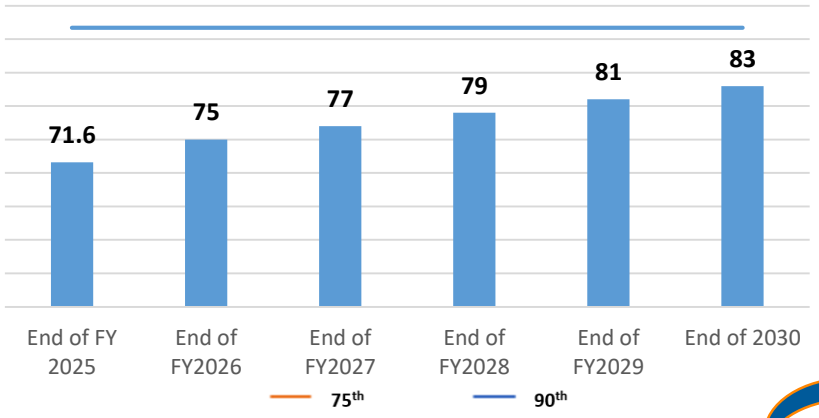
Inpatient
NPS – 61.7
35th Percentile

Medical Practice
NPS – 85.3
14th Percentile

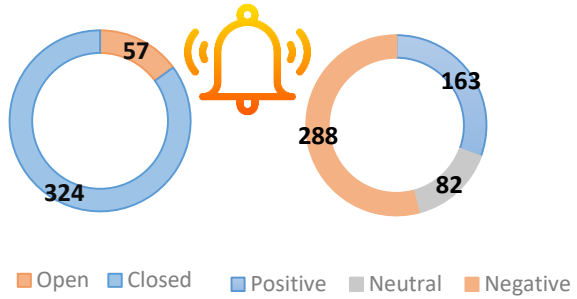
Fiscal Year Data

July 2025 - August 2025

5 Year HCAHPS Goal



Service Alerts



Human Understanding – 74.5
11th Percentile

September 2025

- **Rounding** 250 Rounds
- **MIDAS** 71 Opened
- **PX Phone** 96 Calls

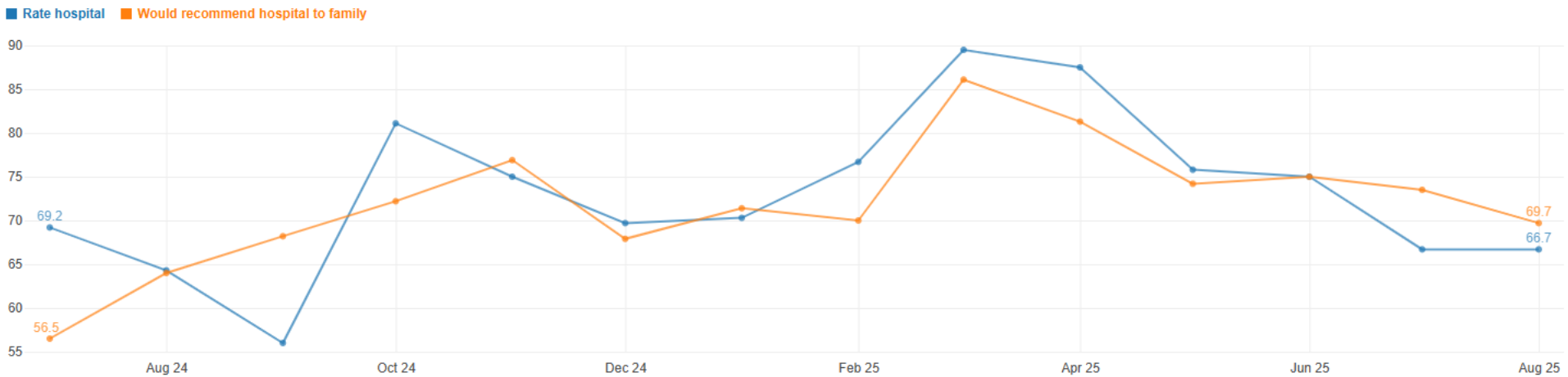
PRIORITIES FOR ORGANIZATION

- **Informed of delays**
- **Quiet rooms at night**
- **Explained what to do if not better after discharge**
- **Providing consistent information**
- **Knowing medical history**

Patient Experience Phone Line – X5151
Patient Experience Office Hours – Tuesday 9:00am-10:00am, Friday 2:00pm-3:00pm; (G2Meeting)

HCAHPS Trend

Favorite | Subscribe | Export | Jul 01, 2024 - Aug 31, 2025

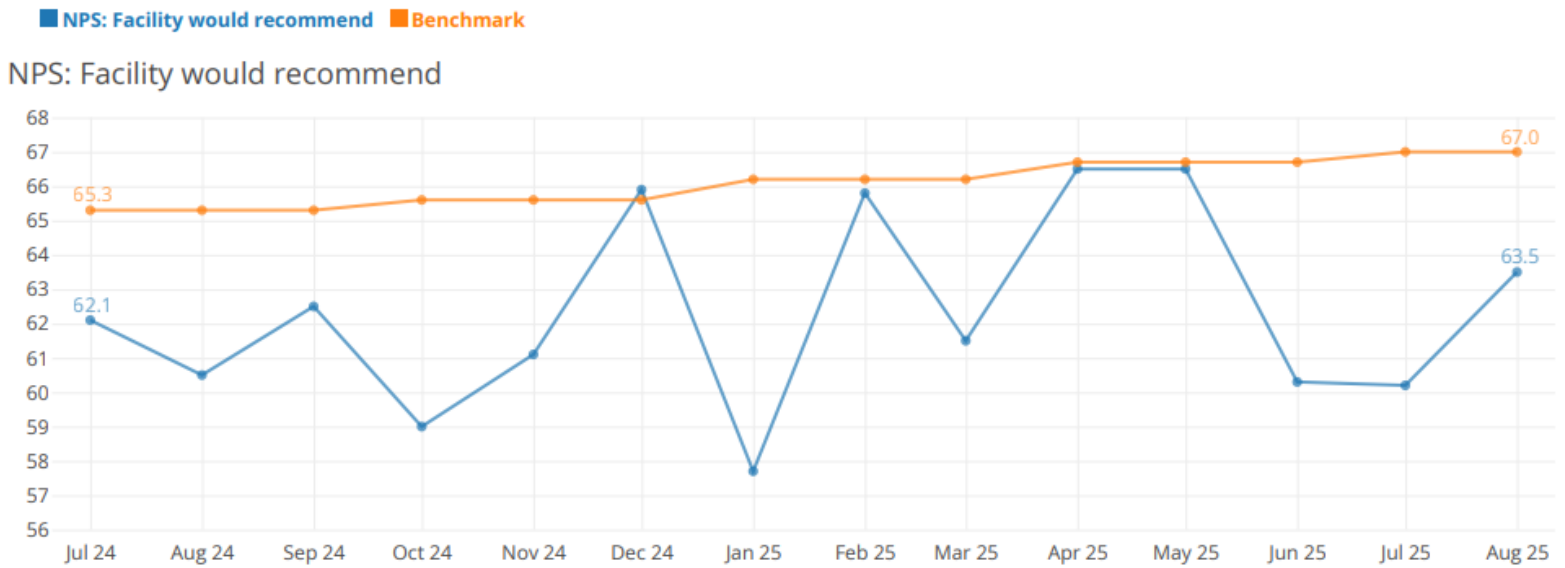


Question	Benchmark	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
Rate hospital	71.5	69.2 n = 26	64.3 n = 28	56.0 n = 25	81.1 n = 37	75.0 n = 44	69.7 n = 33	70.3 n = 37	76.7 n = 30	89.5 n = 38	87.5 n = 32	75.8 n = 33	75.0 n = 36
Would recommend hospital to family	72.4	56.5 n = 23	64.0 n = 25	68.2 n = 22	72.2 n = 36	76.9 n = 39	67.9 n = 28	71.4 n = 35	70.0 n = 30	86.1 n = 36	81.3 n = 32	74.2 n = 31	75.0 n = 36

	Benchmark	Jul 25	Aug 25
Rate hospital	71.5	66.7 n = 33	66.7 n = 33
Would recommend hospital to family	72.4	73.5 n = 34	69.7 n = 33

Trend

Respondents 3,446

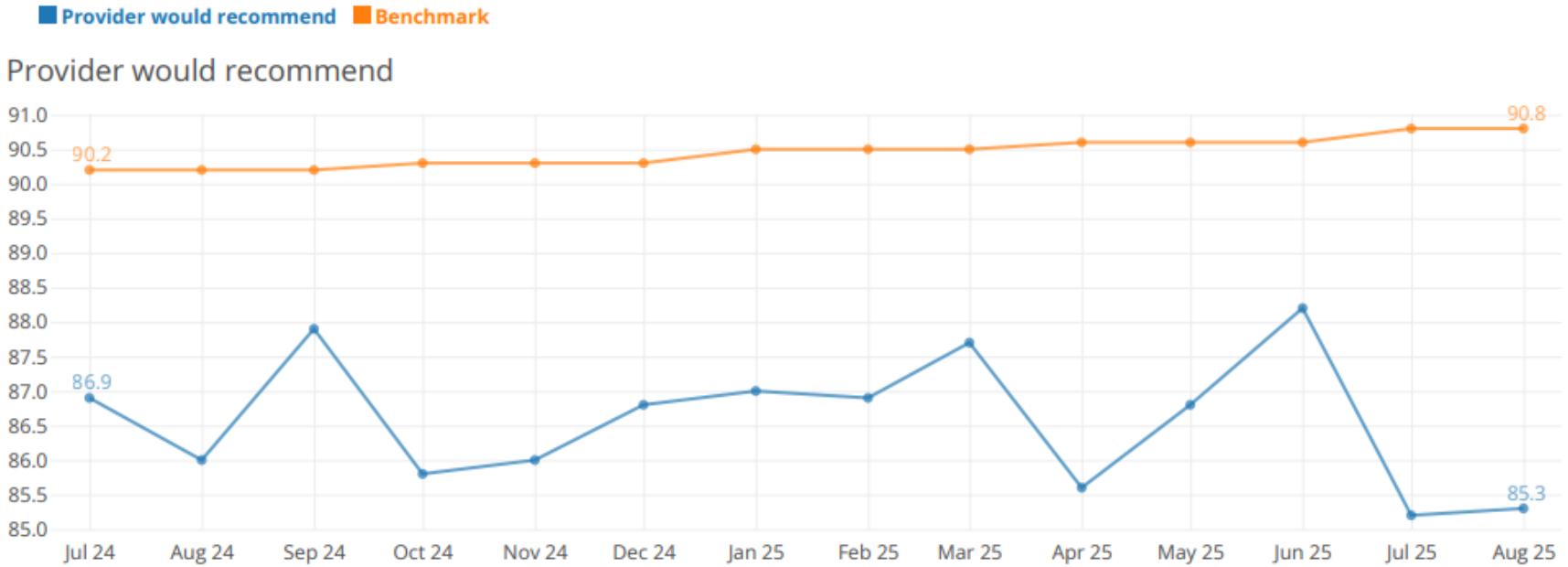


	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025
NPS: Facility would recommend	62.1 n = 256	60.5 n = 261	62.5 n = 267	59.0 n = 288	61.1 n = 239	65.9 n = 229	57.7 n = 220	65.8 n = 272	61.5 n = 257	66.5 n = 224	66.5 n = 221	60.3 n = 242

	Jul 2025	Aug 2025
NPS: Facility would recommend	60.2 n = 259	63.5 n = 211

Trend (Med Practice)

Respondents 11,285

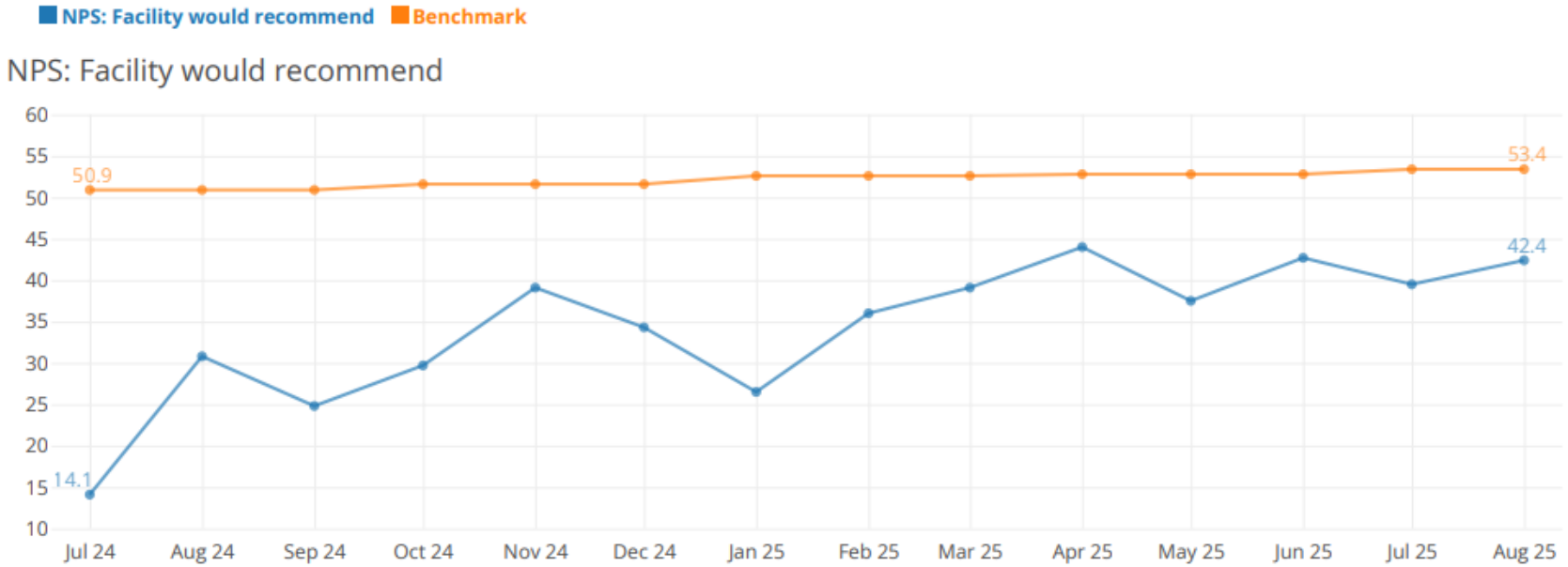


	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025
Provider would recommend	86.9 n = 893	86.0 n = 968	87.9 n = 792	85.8 n = 878	86.0 n = 722	86.8 n = 702	87.0 n = 966	86.9 n = 878	87.7 n = 857	85.6 n = 769	86.8 n = 733	88.2 n = 669

	Jul 2025	Aug 2025
Provider would recommend	85.2 n = 770	85.3 n = 688

Trend (Emergency Department)

Respondents 12,269



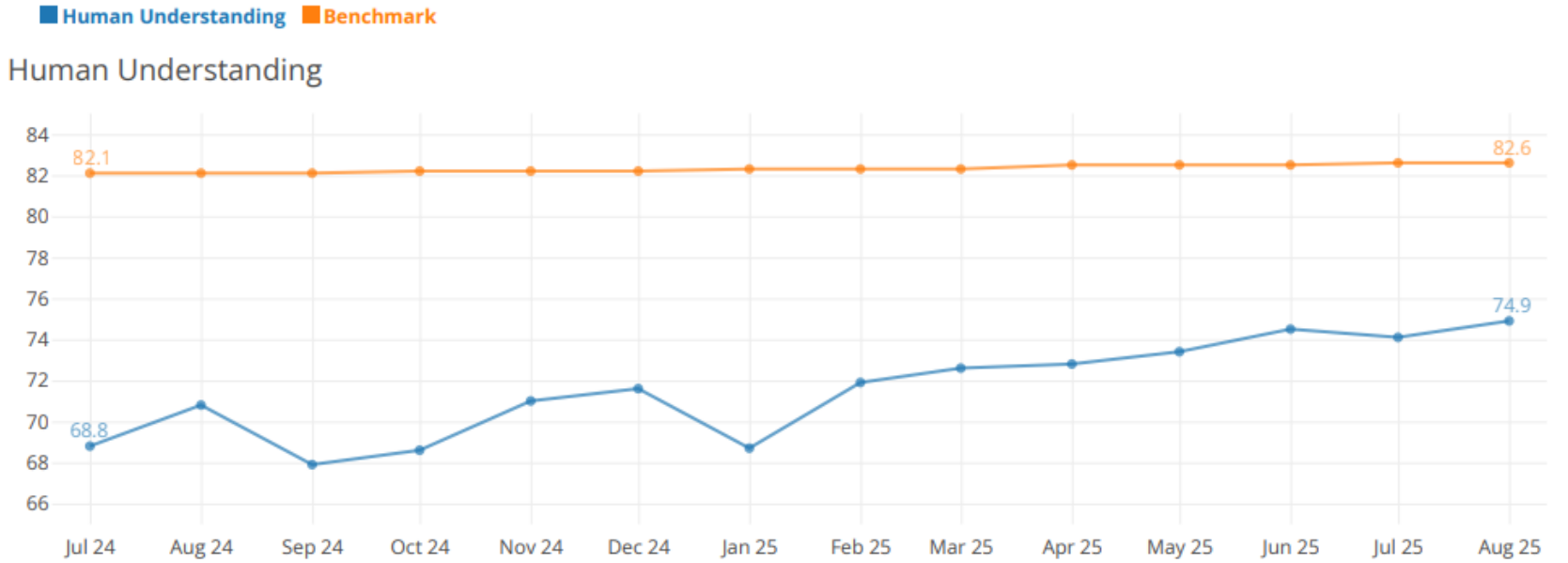
	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025
NPS: Facility would recommend	14.1 n = 765	30.8 n = 1,056	24.8 n = 1,009	29.7 n = 960	39.1 n = 886	34.3 n = 846	26.5 n = 889	36.0 n = 850	39.1 n = 883	44.0 n = 789	37.5 n = 920	42.7 n = 750

	Jul 2025	Aug 2025
NPS: Facility would recommend	39.5 n = 845	42.4 n = 821

nrc HEALTH | Human understanding

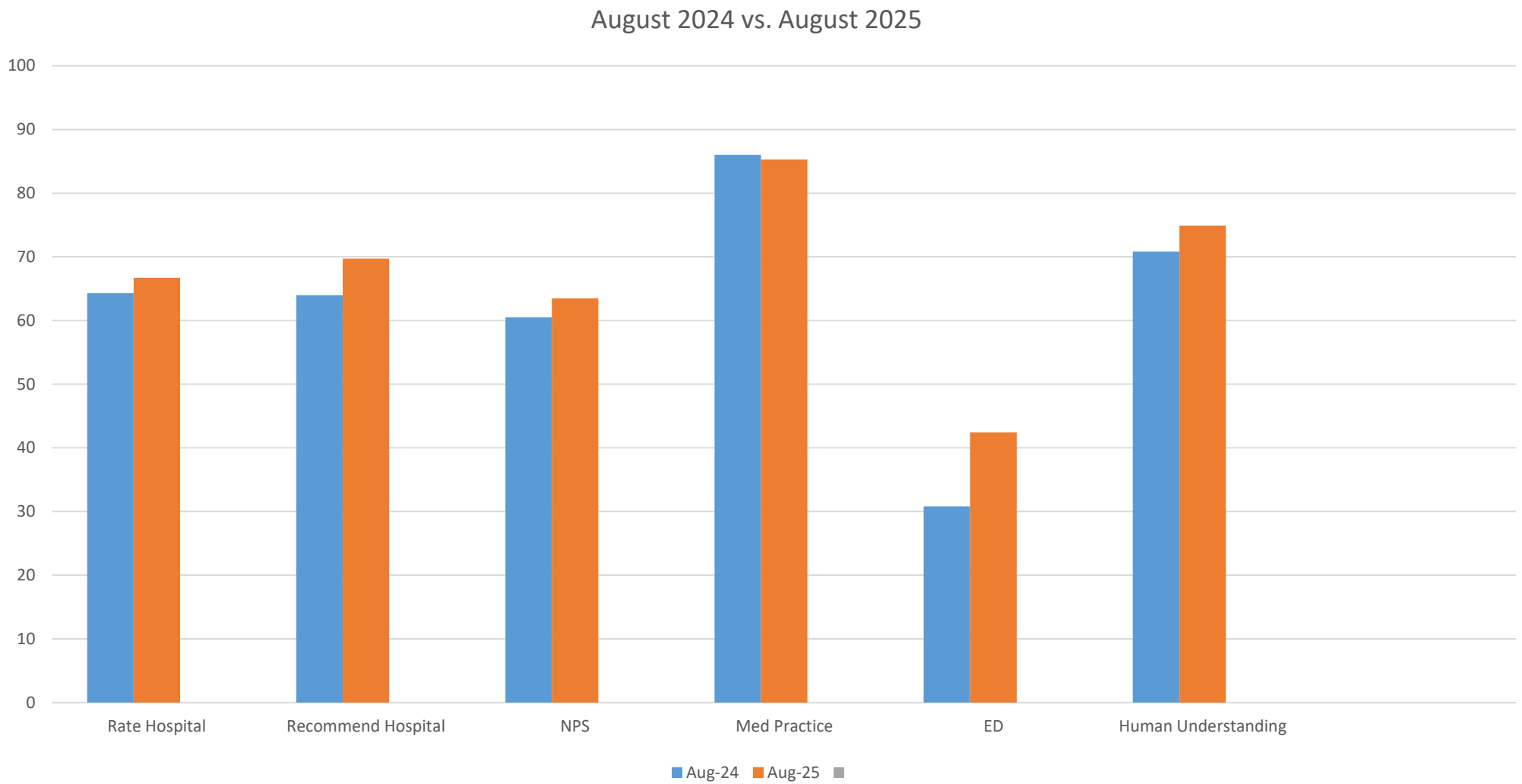
Trend (Org- Human Understanding)

Respondents 40,830



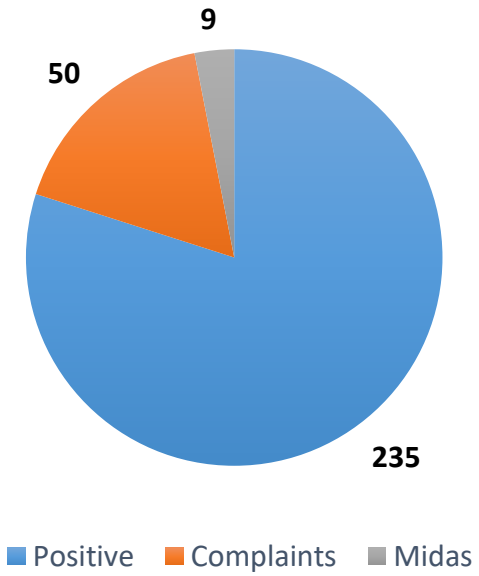
	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025
Human Understanding	68.8 n = 2,669	70.8 n = 3,027	67.9 n = 2,695	68.6 n = 2,884	71.0 n = 2,473	71.6 n = 2,365	68.7 n = 2,828	71.9 n = 2,726	72.6 n = 2,768	72.8 n = 2,584	73.4 n = 3,359	74.5 n = 3,360

	Jul 2025	Aug 2025
Human Understanding	74.1 n = 3,593	74.9 n = 3,499


August 2024 vs. August 2025
100
90
80
70
60
50
40
30
20
10
0
Rate Hospital
Recommend Hospital
NPS
Med Practice
ED
Human Understanding
Aug-24
Aug-25

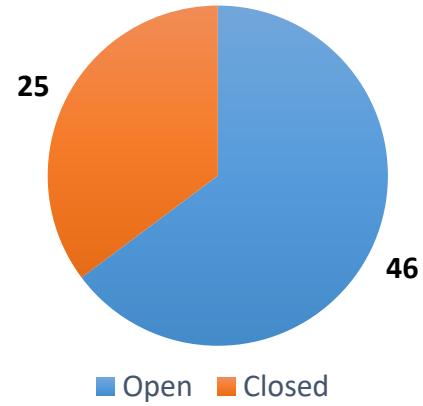
Rounding: September

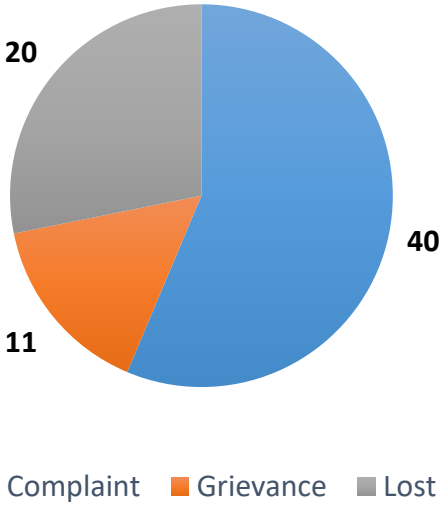
250 Rounds



MIDAS: September

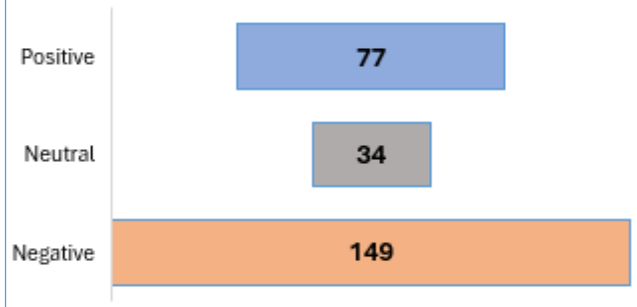
71 Opened

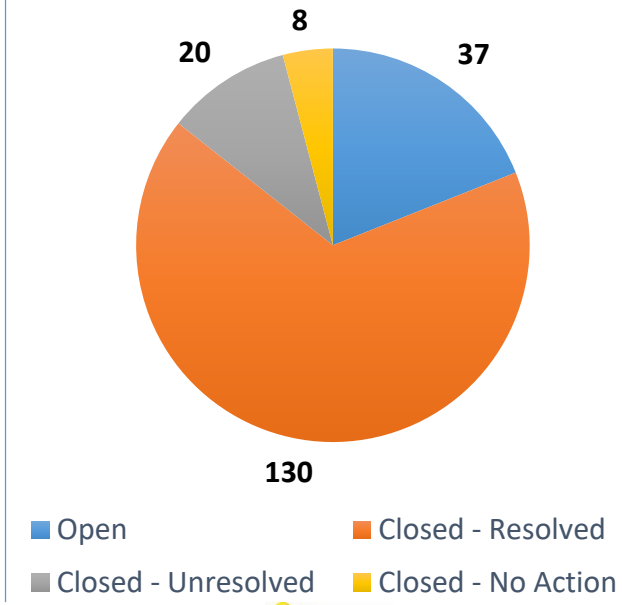




Service Alerts: August

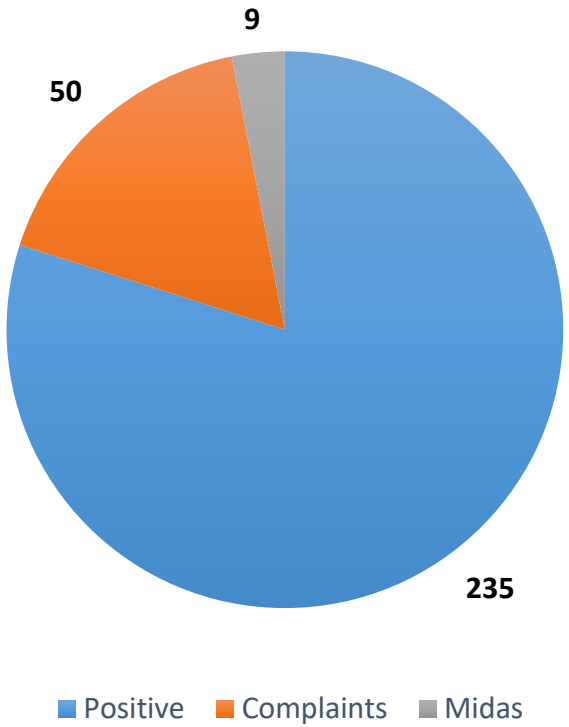
195 Total

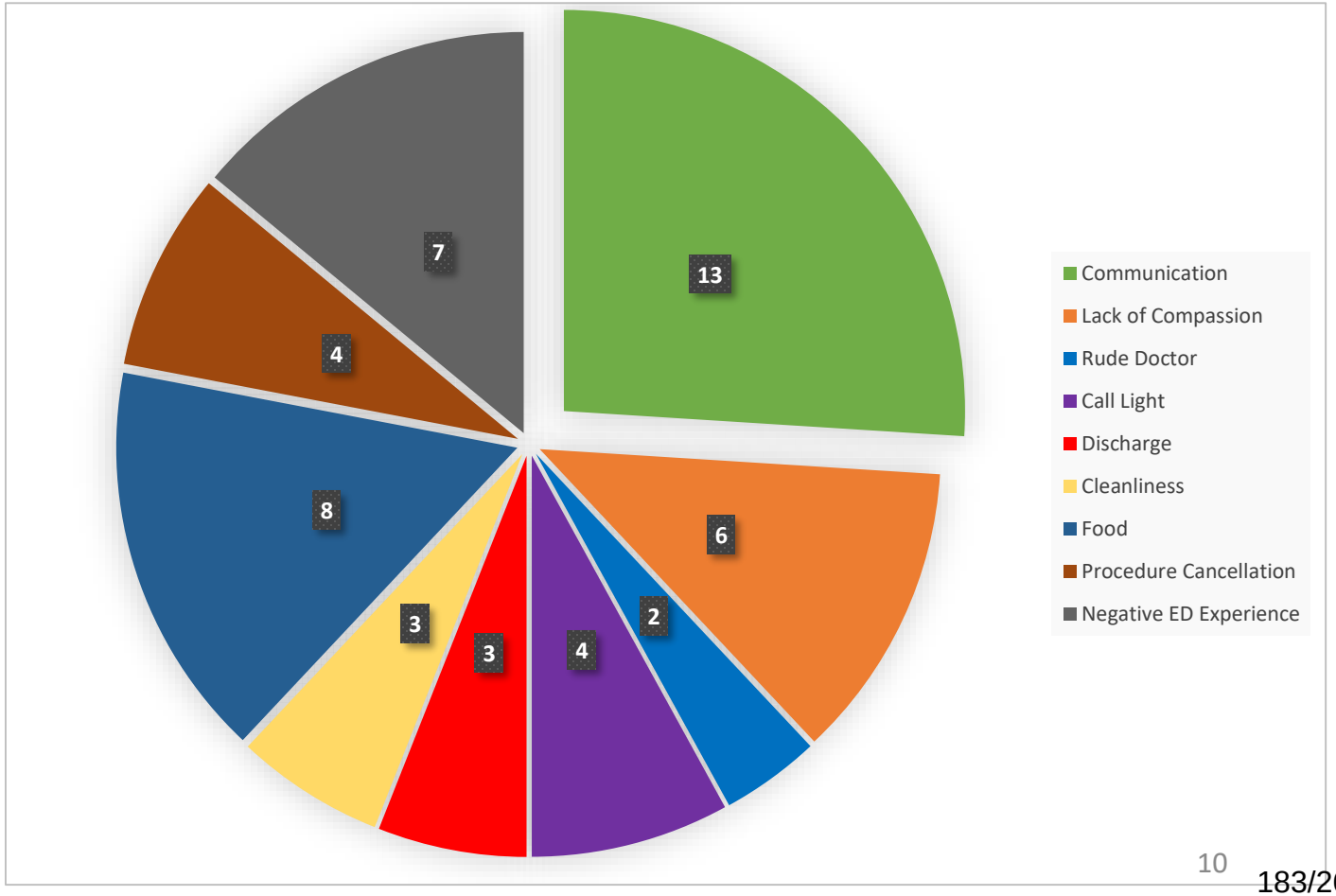




Rounding: September

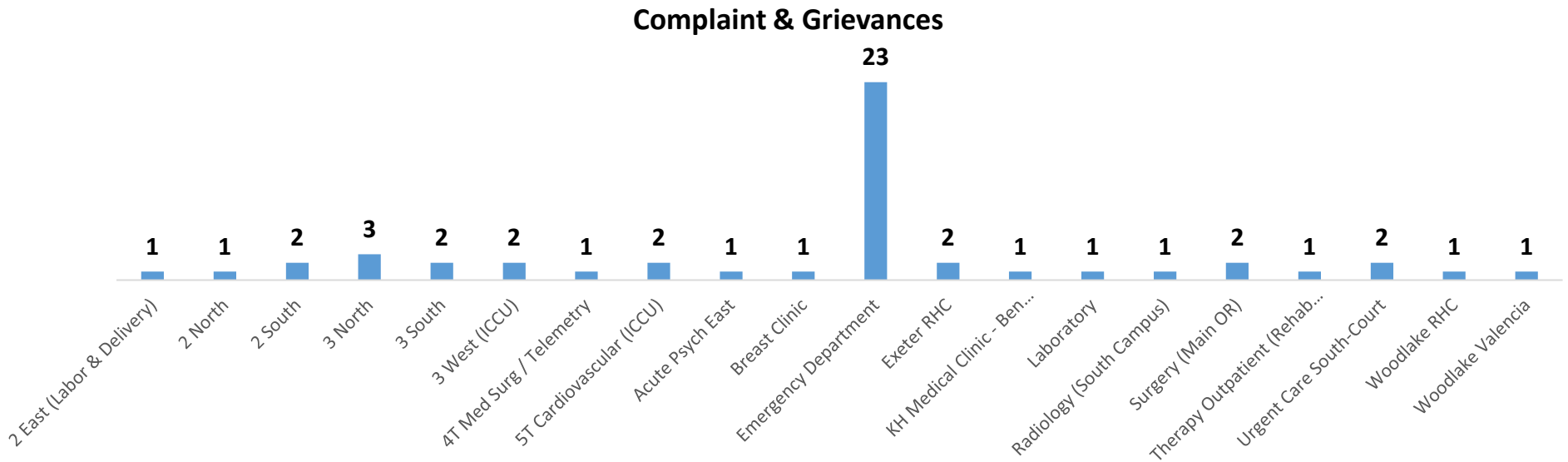
250 Rounds

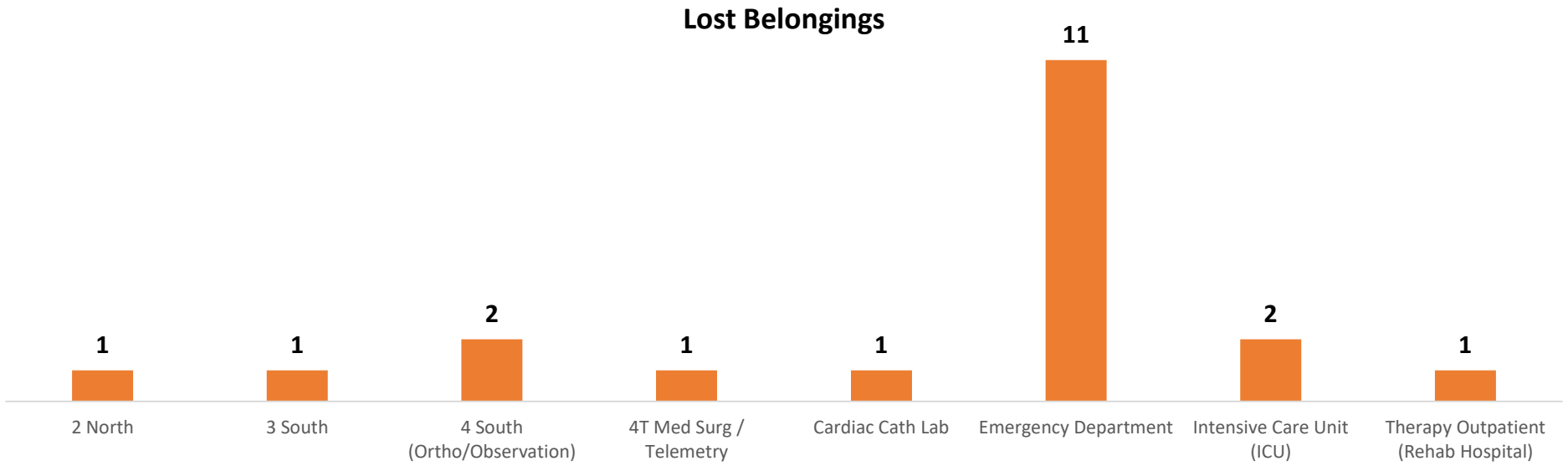




MIDAS: September

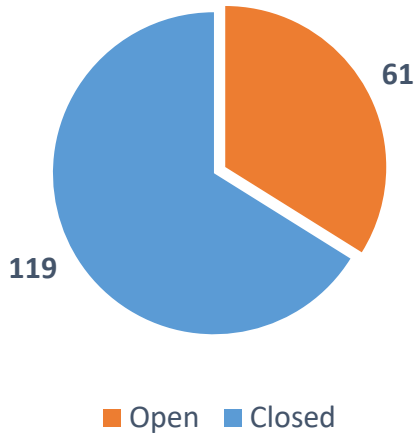
71 Opened



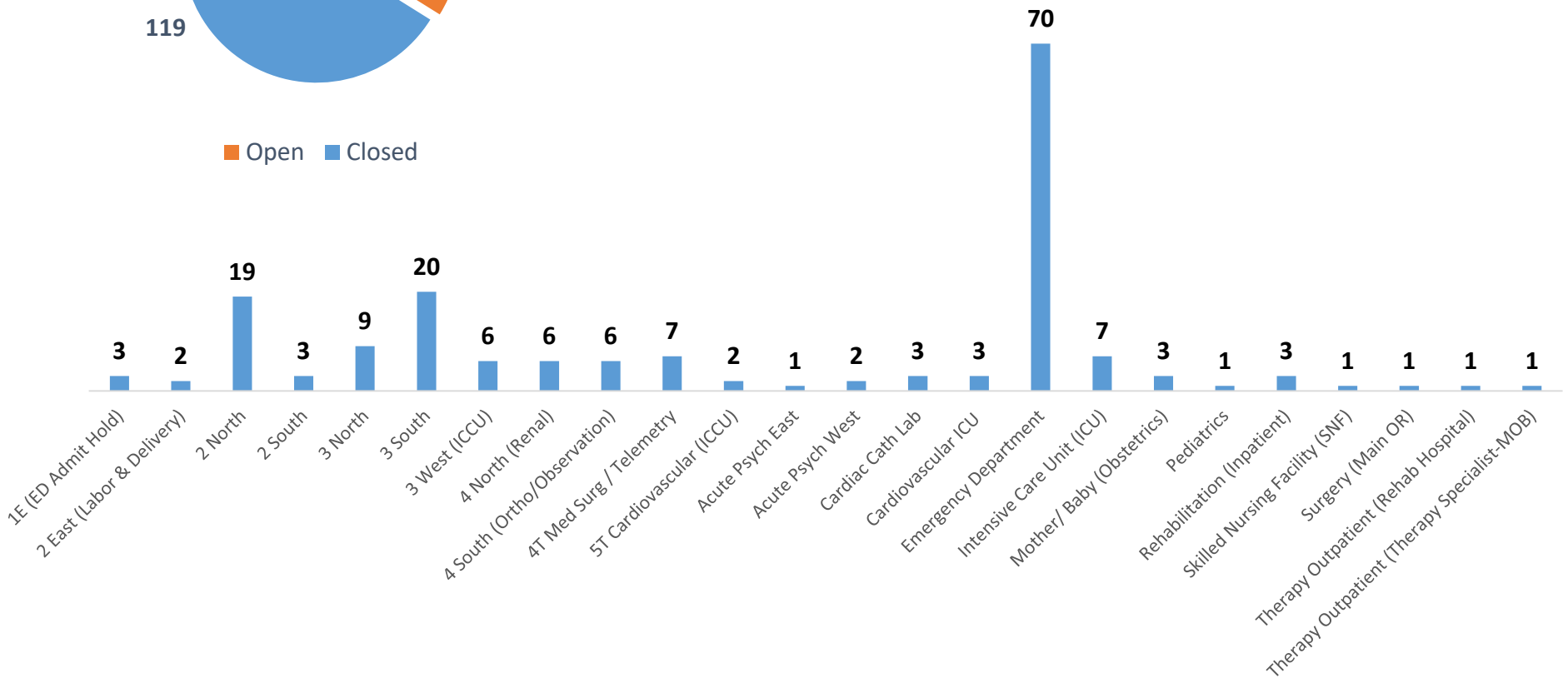


Lost Belongings

Year to Date Total: 180

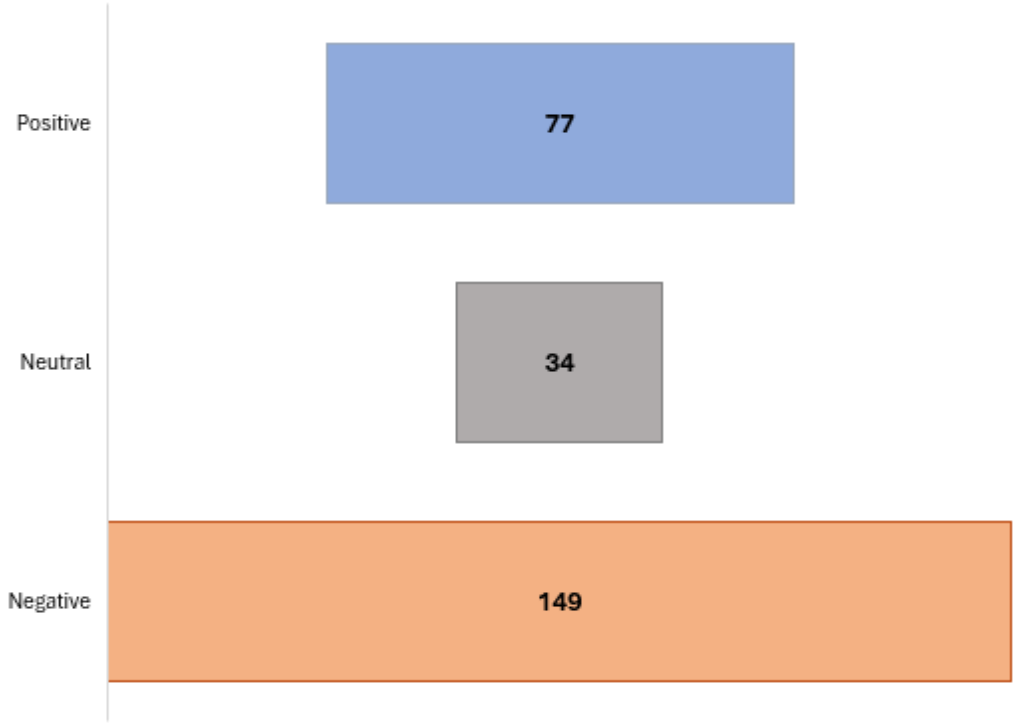


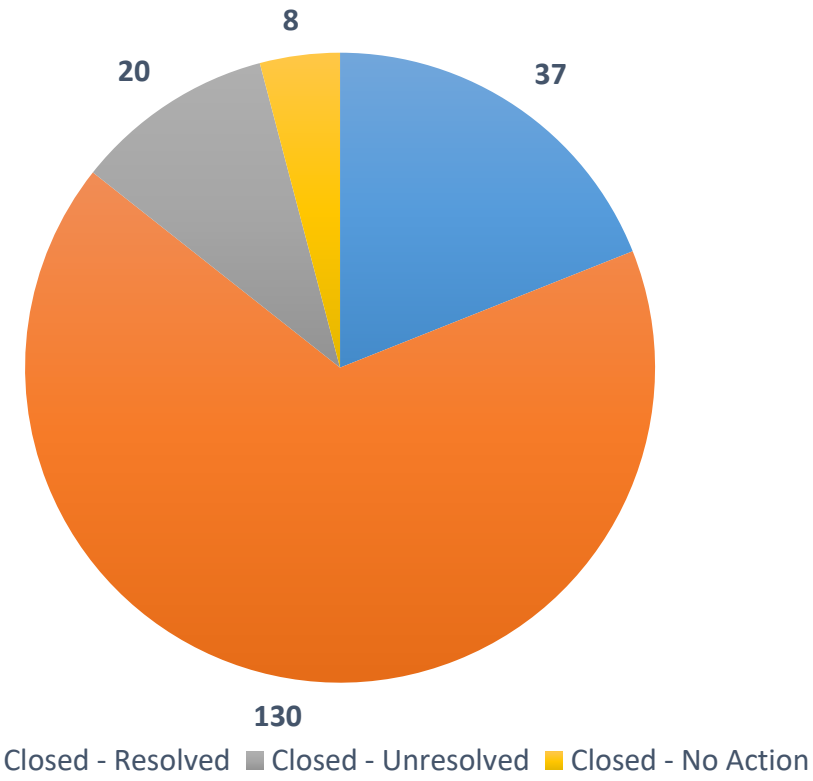
1/1/2025 – 9/30/25



Service Alerts: August

195 Total





ROUNDING

September Executive Team Rounds = 9 executive rounds

Executive	March	April	May	June	July	August	September
Gary H.		17-Apr	14-May	30-Jun	17-Jul	26-Aug	23-Sep
Marc M.		30-Apr	12-May	25-Jun	11-Jul	14-Aug	11-Sep
Jag B.	18-Mar		6-May	30-Jun		19-Aug	16-Sep
Malinda T.	5-Mar		19-May	19-Jun		12-Aug	22-Sep
Dianne C.		9-Apr		26-Jun	23-Jul	29-Aug	
Schlene P.			13-May	19-Jun	31-Jul	13-Aug	10-Sep
Ben C.	24-Mar		29-May	11-Jun	9-Jul	25-Aug	29-Sep
Ryan G.	11-Mar	23-Apr				27-Aug	24-Sep
Paul S.		21-Apr			8-Jul		4-Sep
Doug L.	24-Mar			5-Jun	15-Jul	5-Aug	3-Sep

STRATEGIC PLAN INITIATIVE PATIENT AND COMMUNITY EXPERIENCE

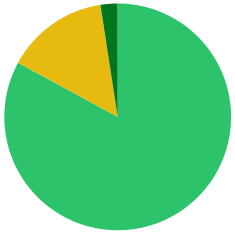
FY 2026 Strategic Plan

Patient Experience and Community Engagement

October 22, 2025

Patient Experience and Community Engagement - Marc Mertz and Deborah Volosin

All Items



On Track 34 (83%)
Off Track 6 (15%)
Achieved 1 (2%)

Spotlight Items

Name	Aligns To	Status	Spotlight Comment
Restore Overnight Stay Privileges for Visitors to Enhance Patient Support and Experience	Foster a mindset toward a Patient and Community-Centered Culture at Kaweah Health by partnering community members with hospital leadership to co-design services and processes within the system. (CAC meetings, leadership presentations, Lost Belongings initiative, etc. Always include patients and community members on committees that involve patient care concerns)	Achieved	Overnight visitor privileges were restored as part of a larger re-vamp of the Medical Center Visitation Policy. The policy was approved last month by the Board Of Directors and a robust and detailed communication plan is underway.
Executive Team to support the Patient Experience team by modeling patient-centered behaviors, reinforcing expectations with leaders, and using patient feedback to guide priorities and visibly champion key initiatives	Adopting a Patient-Centered Approach to the Entire Healthcare Experience	On Track	All Executive Team members are rounding with the Patient Experience Team at least once monthly. We are piloting WMTY initiative on two units to enhance rounding communication and encourage human centered communication between staff, patients and families.
ET to highlight at least one patient-centered initiative, success story, or improvement opportunity each leadership meeting, demonstrating alignment with PX team priorities and patient feedback	Executive Team to support the Patient Experience team by modeling patient-centered behaviors, reinforcing expectations with leaders, and using patient feedback to guide priorities and visibly champion key initiatives	On Track	A patient will be sharing their experience with the Leadership Team at the October 2025 Leadership meeting to reinforce the positive impact that a patient centered culture can have across the continuum of care.

Empower ALL Team Members to Deliver Patient Centric Care Champion: Deborah Volosin and Marc Mertz

Description: *Focus on equipping team members at all levels with the necessary skills, tools, and authority to drive meaningful improvements in patient interactions, service delivery, and overall satisfaction.*

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1	Ensure Unit Leaders Are Accessing Survey Data and Patient Experience Feedback and that they are sharing the information with their teams	07/01/2025	06/30/2026	Deborah Volosin	On Track	PX monitors leader activity in NRC system to ensure they are reviewing feedback and scores.
4.1.2	Provide training on best practices to all areas of organization to focus on the both the HCAHPS and Real Time surveys and priorities set by NRC	07/01/2025	06/30/2026	Deborah Volosin	On Track	Survey information is presented monthly at Board meetings, Leadership, and Kaweah Care. PX Director presents at New Employee Orientation.
4.1.3	Set PX goals in Spring 2025, provide training and education to drive improvement and accountability so that each area meets their PX goals	07/01/2025	06/30/2026	Deborah Volosin	On Track	Fiscal Year goals were set for the organization wide and for each surveyed unit individually. These goals will be a part of the communication during quarterly meetings with leaders.
4.1.4	Support Services Partnership and Coordination	07/01/2025	06/30/2026	Deborah Volosin	On Track	The PX Steering Committee meets monthly to review aspects of the patient's journey outside of clinical care. Wayfinding, visitor badges, security, food services, facilities, and marketing.

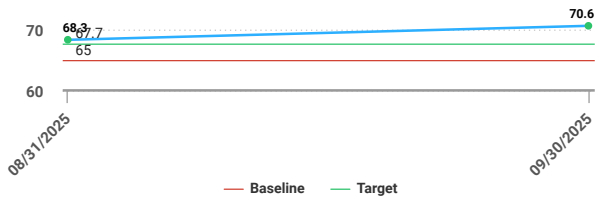
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.2.3	Achieve an organizational-wide score of 67.7 in Real Time Net Promoter Score (NPS)	07/01/2025	06/30/2026	Deborah Volosin	On Track	Raw score is 70.6 July 1, 2025-September 30, 2025
4.1.2.2	Achieve an organizational-wide score of 73.8 in HCAHPS "Would Recommend Hospital".	07/01/2025	06/30/2026	Deborah Volosin	Off Track	Raw score is 72.7 July 1, 2025-September 30, 2025
4.1.2.1	Achieve an organizational-wide score of 74 in HCAHPS "Overall Rating of Hospital"	07/01/2025	06/30/2026	Deborah Volosin	Off Track	Raw score is 70.1 July 1, 2025-September 30, 2025
4.1.1.1	Patient Experience to monitor user activity logs and provide monthly reports to Leadership, each unit manager, assistant manager, and clinical director	07/01/2025	06/30/2026	Deborah Volosin	On Track	PX monitors leader activity in NRC system to ensure they are actively reviewing feedback and scores.
4.1.4.1	PX Steering Committee to act on feedback to improve all aspects of the patient journey	07/01/2025	06/30/2026	Deborah Volosin	On Track	Updates to surgery waiting room experience, extended hours for hot food in cafeteria, customer service training for staff, etc.

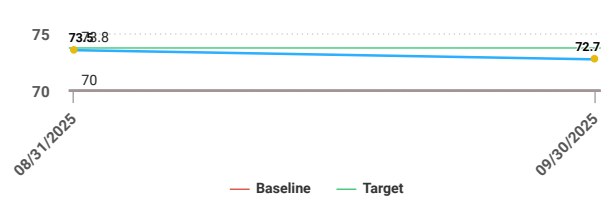
Empower ALL Team Members to Deliver Patient Centric Care Champion: Deborah Volosin and Marc Mertz

Description: *Focus on equipping team members at all levels with the necessary skills, tools, and authority to drive meaningful improvements in patient interactions, service delivery, and overall satisfaction.*

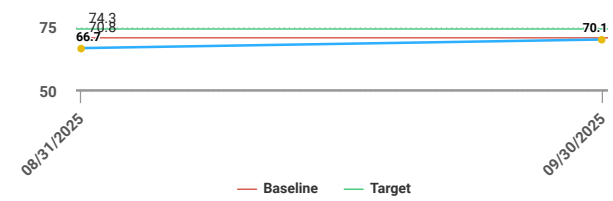
Achieve an organizational-wide score of 67.7 in Real Time Net Promoter Score (NPS)



Achieve an organizational-wide score of 73.8 in HCAHPS "Would Recommend Hospital".



Achieve an organizational-wide score of 74 in HCAHPS "Overall Rating of Hospital"



Foster a Culture of Human Understanding Champions: Deborah Volosin and Marc Mertz

Description: *Foster an environment where empathy, respect, and compassion are at the core of all interactions.*

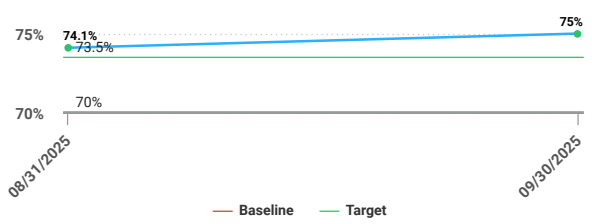
Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1	Provide Staff Education on Delivering Compassionate, Empathetic, and Individualized Patient Care	07/01/2025	06/30/2026	Deborah Volosin	On Track	PX Director presented at 4 unit staff meetings in September. Prepping units for WMTY Pilot
4.2.2	Implement a Comprehensive Customer Service Training Across All Areas of the Organization	07/01/2025	06/30/2026	Deborah Volosin	On Track	Patient Access rolling out to front line staff in the months of October and November 2025.

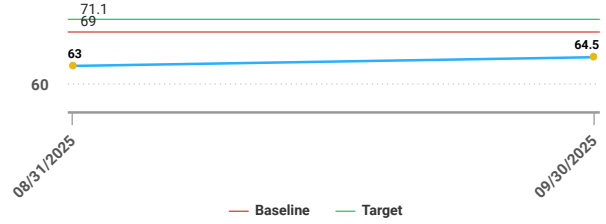
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1.1	Achieve an Organizational-wide Score of 73.5 in Human Understanding	07/01/2025	06/30/2026	Deborah Volosin	On Track	Raw score is 75 FY - 9/30/2025
4.2.2.1	Achieve an Organizational-wide Score of 71.1 in Responsiveness of Staff	07/01/2025	06/30/2026	Deborah Volosin	Off Track	Raw Score FY to 9/30/2025

Achieve an Organizational-wide Score of 73.5 in Human Understanding



Achieve an Organizational-wide Score of 71.1 in Responsiveness of Staff



Enhancement of Environment Champion: Deborah Volosin and Marc Mertz

Description: *Focus on improving the hospital's physical spaces to promote comfort, accessibility, and a sense of healing.*

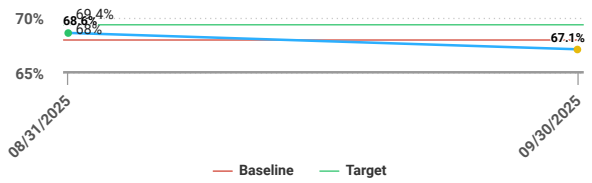
Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.1	Conduct Executive Rounds with EVS, Facilities, Patient Experience to Identify and Address Cleanliness and Other Improvement Opportunities	07/01/2025	06/30/2026	Deborah Volosin	On Track	Facilities round continue on a monthly basis with Facilities, Chief Strategy Officer, EVS, and Patient Experience
4.3.2	Incorporate Cleanliness Feedback into Patient Experience QR Code Surveys and relay information to EVS Leadership	07/01/2025	06/30/2026	Kevin Morrison	On Track	Have implemented QR codes for easier accessibility by visitors and patients to notify of issues. Will work with Deborah in updating the QR code surveys to include cleanliness information.
4.3.3	Implement Facility Upgrade and Refurbishment Projects to Enhance the Patient and Staff Environment	07/01/2025	06/30/2026	Kevin Morrison	On Track	Continuing to complete projects (i.e. flooring replacement, restroom upgrades, Ambrosia Cafe) that enhance the environment.

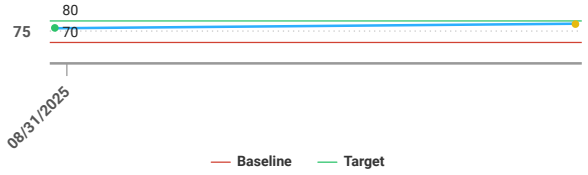
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.2.1	Achieve a Score of 69.4 in The HCAHPS Cleanliness Score	07/01/2025	06/30/2026	Deborah Volosin	Off Track	Raw Score of 67.1 FY - 9/30/2025
4.3.2.2	Achieve a Score of 80 in Real-Time "Clean Clinic" Score	07/01/2025	06/30/2026	Deborah Volosin	Off Track	Raw Score of 78.3 FY to 9/30/2025
4.3.3.1	Complete 5 Facility Upgrades and Refurbishment Projects	07/01/2025	06/30/2026	Kevin Morrison	On Track	Currently have completed 4S Flooring Replacement, 3N Flooring replacement is in progress, and Ambrosia Cafe has been completed.

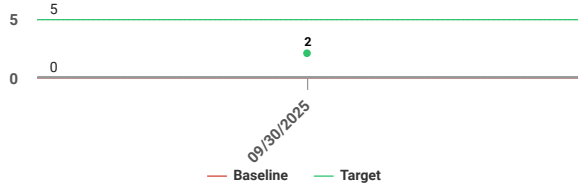
Achieve a Score of 69.4 in The HCAHPS Cleanliness Score



Achieve a score of 80 in "Cleanliness of Clinic" Score



Complete 5 Facility Upgrades and Refurbishment Projects



Community Engagement Champion: Deborah Volosin and Marc Mertz

Description: *Build strong relationships with the community to foster trust, improve health outcomes, and increase access to care.*

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.4.1	Foster a mindset toward a Patient and Community-Centered Culture at Kaweah Health by partnering community members with hospital leadership to co-design services and processes within the system. (CAC meetings, leadership presentations, Lost Belongings initiative, etc. Always include patients and community members on committees that involve patient care concerns)	07/01/2025	06/30/2026	Deborah Volosin	On Track	PX Director has involved CAC groups on new initiatives, policy updates, and new processes.
4.4.2	Expand Engagement and Participation in Community Advisory Councils	07/01/2025	06/30/2026	Deborah Volosin	On Track	The Fiscal Year goal is to add 10 new members to the Community Advisory Councils
4.4.3	Encourage Greater Involvement of Kaweah Health Leaders in Service Clubs and Community Organizations	07/01/2025	06/30/2026	Deborah Volosin	On Track	Since July 1, 2025, we have added two additional leaders to a service club.
4.4.4	Expand Opportunities for KH Leaders to Participate in the Speakers Bureau	07/01/2025	06/30/2026	Deborah Volosin	On Track	Dr. Danny Vasquez, Dr. Ly, Dr. Jaques, Melany Gambini, Dr. Randolph, and Daisy Keller have presented at CAC meetings and service organizations this fiscal year.

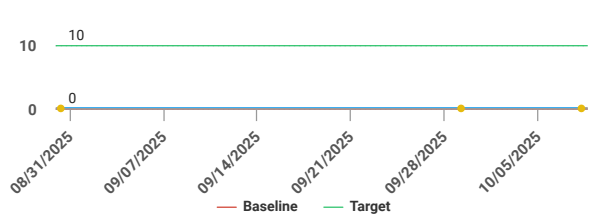
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.4.1.1	Restore Overnight Stay Privileges for Visitors to Enhance Patient Support and Experience	07/01/2025	06/30/2026	Deborah Volosin	Achieved	Visitor Policy approved by BOD in September. All patients can have one overnight visitor.
4.4.1.2	Revise Policies to Foster a More Welcoming and Supportive Environment for Patients and Families	07/01/2025	06/30/2026	Deborah Volosin	On Track	Visitor policy was updated and approved. Continuing to work on Lost Belongings Policy
4.4.2.1	Add 10 New Members In FY26	07/01/2025	06/30/2026	Deborah Volosin	Off Track	No new members have been added to CAC groups this fiscal year
4.4.3.1	Goal of 25 Leaders Participating in Service Clubs	07/01/2025	06/30/2026	Deborah Volosin	On Track	Two leaders have joined a service club so far this fiscal year, which puts our total leaders involved in service clubs at 24.
4.4.4.1	Goal of 12 New Speaking Engagements for Leaders In The Community	07/01/2025	06/30/2026	Deborah Volosin	On Track	We have taken 6 leaders out to service clubs so far this fiscal year.

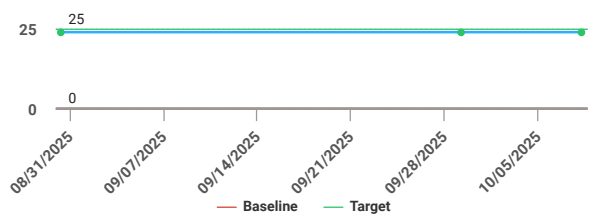
Community Engagement Champion: Deborah Volosin and Marc Mertz

Description: *Build strong relationships with the community to foster trust, improve health outcomes, and increase access to care.*

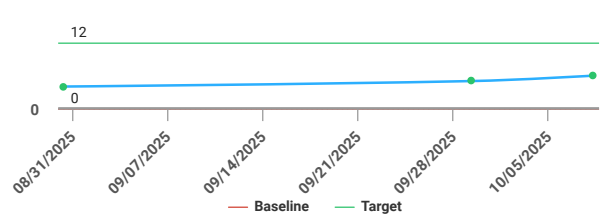
Gain 10 New Members In FY26



Goal of 25 Leaders Participating in Service Clubs



Gain 12 New Speaking Engagements for Leaders In The Community



Promote a Patient-Centric Culture Champion: Deborah Volosin and Marc Mertz

Description: *Focus on ensuring that every touchpoint in a patient's healthcare journey—from scheduling and admission to discharge and follow-up care—is designed with their needs, preferences, and well-being in mind.*

Work Plan (Tactics)

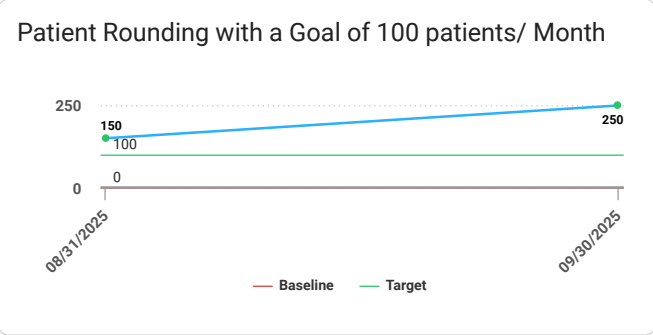
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.5.1	Executive Team to support the Patient Experience team by modeling patient-centered behaviors, reinforcing expectations with leaders, and using patient feedback to guide priorities and visibly champion key initiatives	07/01/2025	06/30/2026	Deborah Volosin	On Track	ET rounds with PX at least once a month. Focusing on 2S/2N in October due to the WMTY initiative.
4.5.2	Identify and Address Departmental Barriers to Delivering Excellent Customer Service by meeting with clinical unit leaders quarterly to review Patient Experience data	07/01/2025	06/30/2026	Deborah Volosin	On Track	PX Director met with unit directors and leaders in June. Next Quarterly meetings will be in October.
4.5.3	Utilize Community Advisory Council (CAC) members to help conduct a Comprehensive Evaluation of the Patient Journey From First Engagement to the Receipt of Their Final Bill to Identify Improvement Opportunities	07/01/2025	06/30/2026	Deborah Volosin	On Track	Wayfinding Exercise is underway during the month of October.
4.5.4	Patient Rounding	07/01/2025	06/30/2026	Deborah Volosin	On Track	250 In-Person Patient Rounds in the month of September

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.5.1.1	ET to highlight at least one patient-centered initiative, success story, or improvement opportunity each leadership meeting, demonstrating alignment with PX team priorities and patient feedback	07/01/2025	06/30/2026	Deborah Volosin	On Track	CEO & PX Director regularly share patient experience stories at Leadership meetings. A patient is coming to Leadership meeting in October to share his experience.
4.5.2.1	Director of Patient and Community Experience will report out on the unit specific barriers and successes at the Kaweah Care committee	07/01/2025	06/30/2026	Deborah Volosin	On Track	PX Director shared barriers at 10/25 Kaweah Care Meeting
4.5.3.1	Community Advisory Council members will participate in a minimum of two structured evaluations of the patient journey, covering key milestones from initial engagement through final billing. Findings will be documented and shared with the Executive Team, with at least two improvement recommendations implemented as a result of their input	07/01/2025	06/30/2026	Deborah Volosin	On Track	The Wayfinding exercise is launching in October 2025.
4.5.4.1	Patient Experience Team will interact with a minimum of 100 patients/families per month. (rounding, phone, email, social media, etc.). ET and Board Members will round one hour per month with the PX team with rounding numbers reported at the Kaweah Care Meetings	07/01/2025	06/30/2026	Deborah Volosin	On Track	PX rounded 250 times in the month of September

Promote a Patient-Centric Culture Champion: Deborah Volosin and Marc Mertz

Description: *Focus on ensuring that every touchpoint in a patient's healthcare journey—from scheduling and admission to discharge and follow-up care—is designed with their needs, preferences, and well-being in mind.*

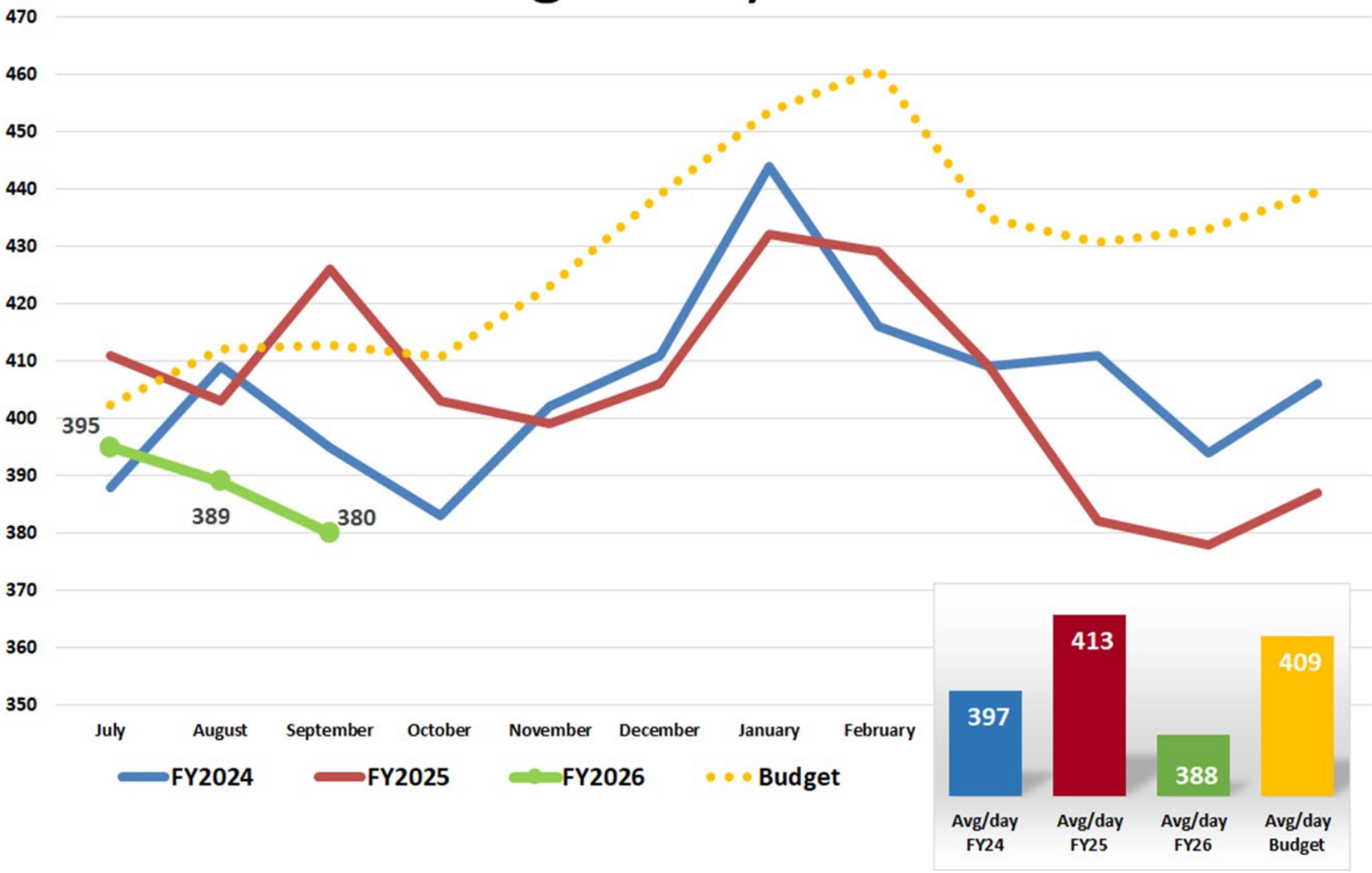


FINANCIALS

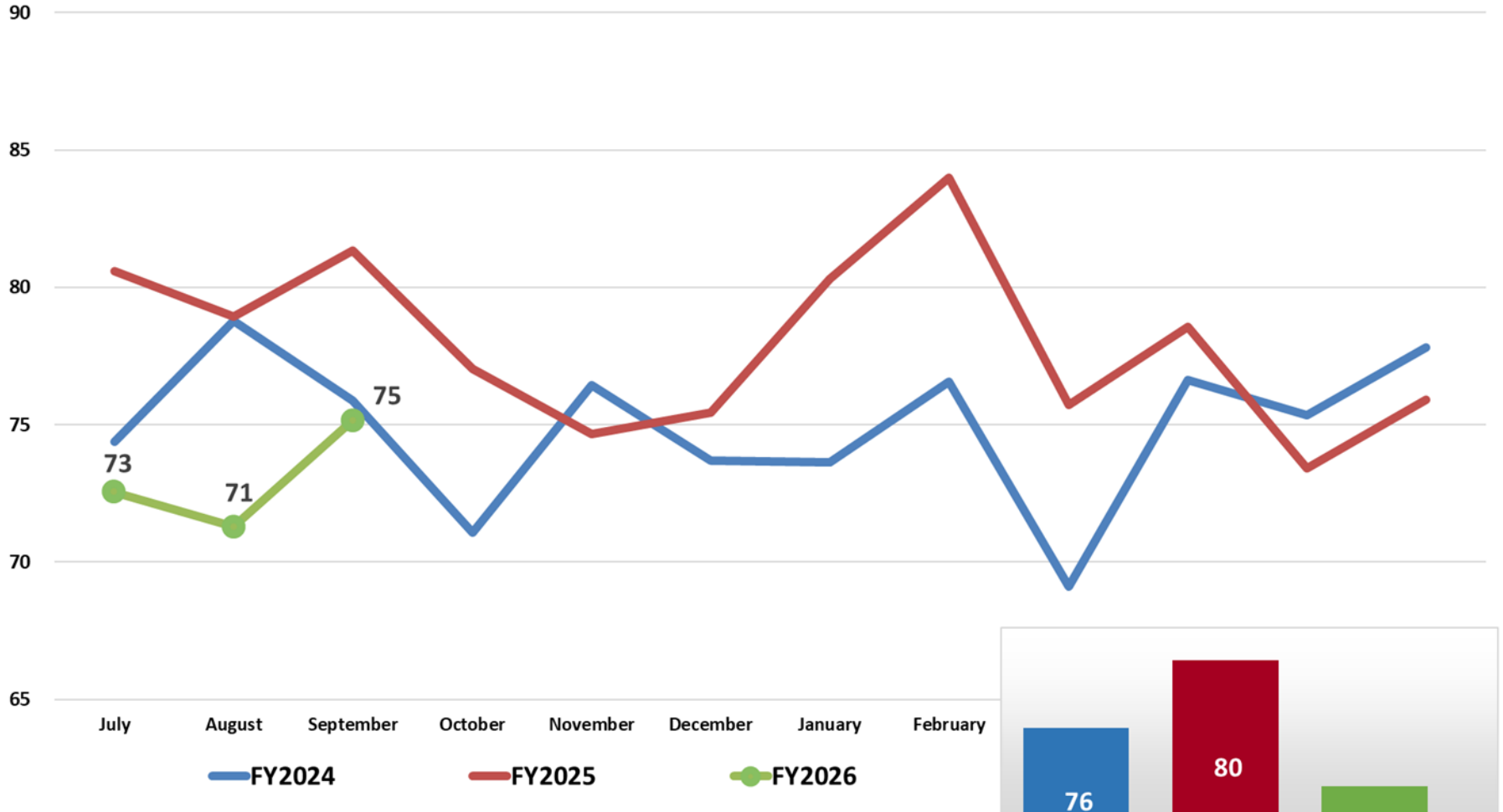
CFO Financial Report

Month Ending September 2025

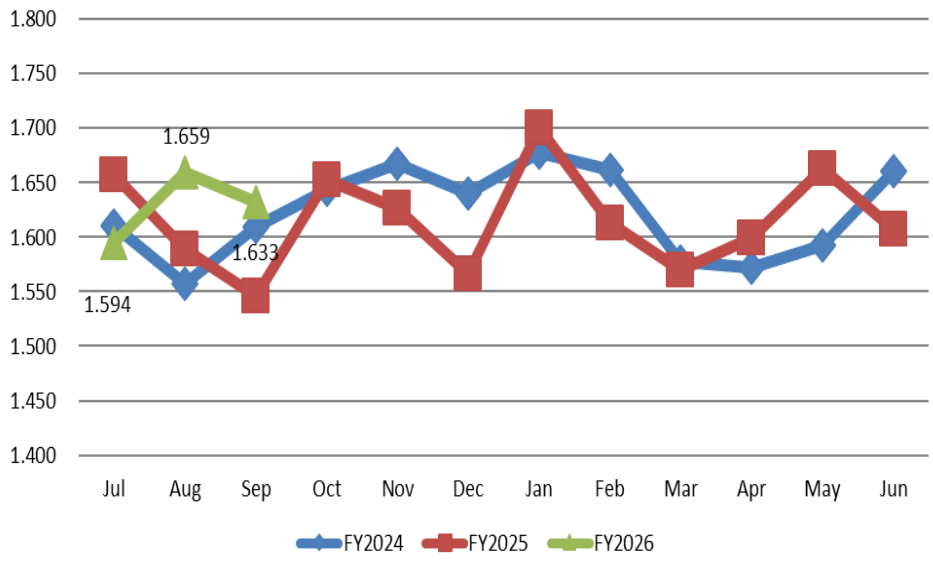
Average Daily Census



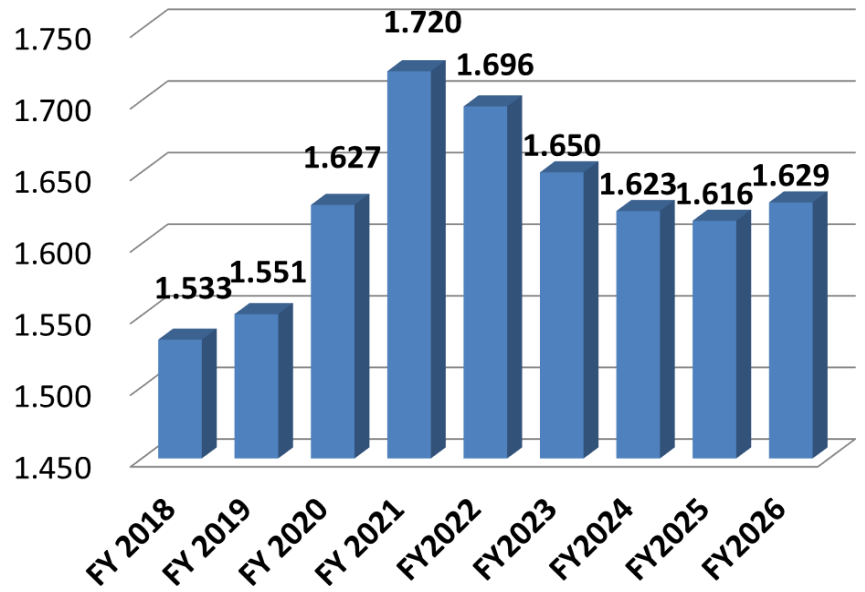
Average Discharges per Day



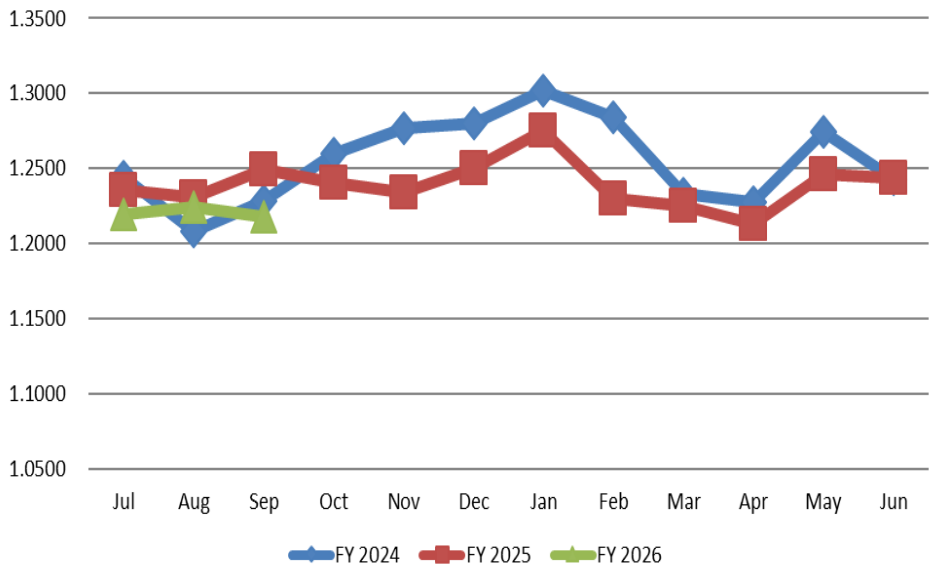
Case Mix Index w/o Normal Newborns



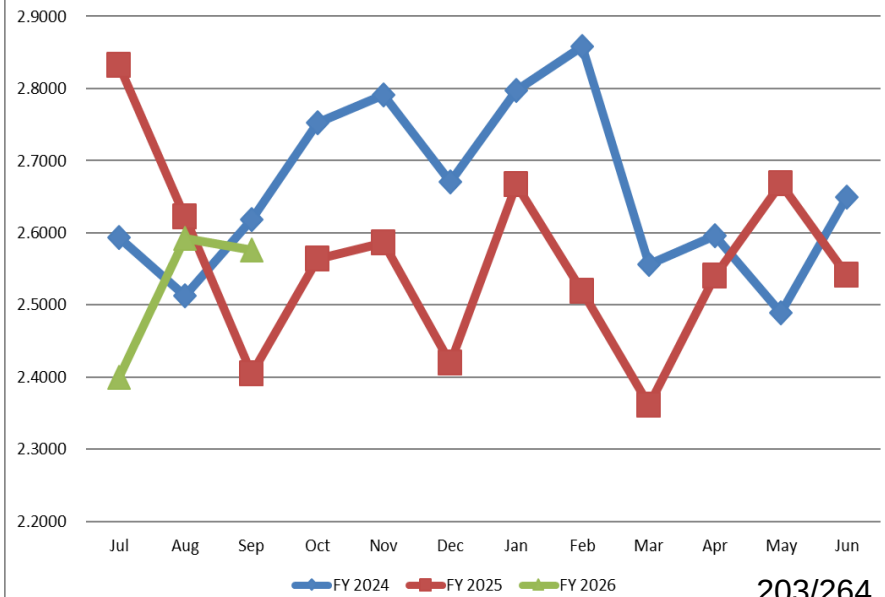
Case Mix Index w/o Normal Newborns - All



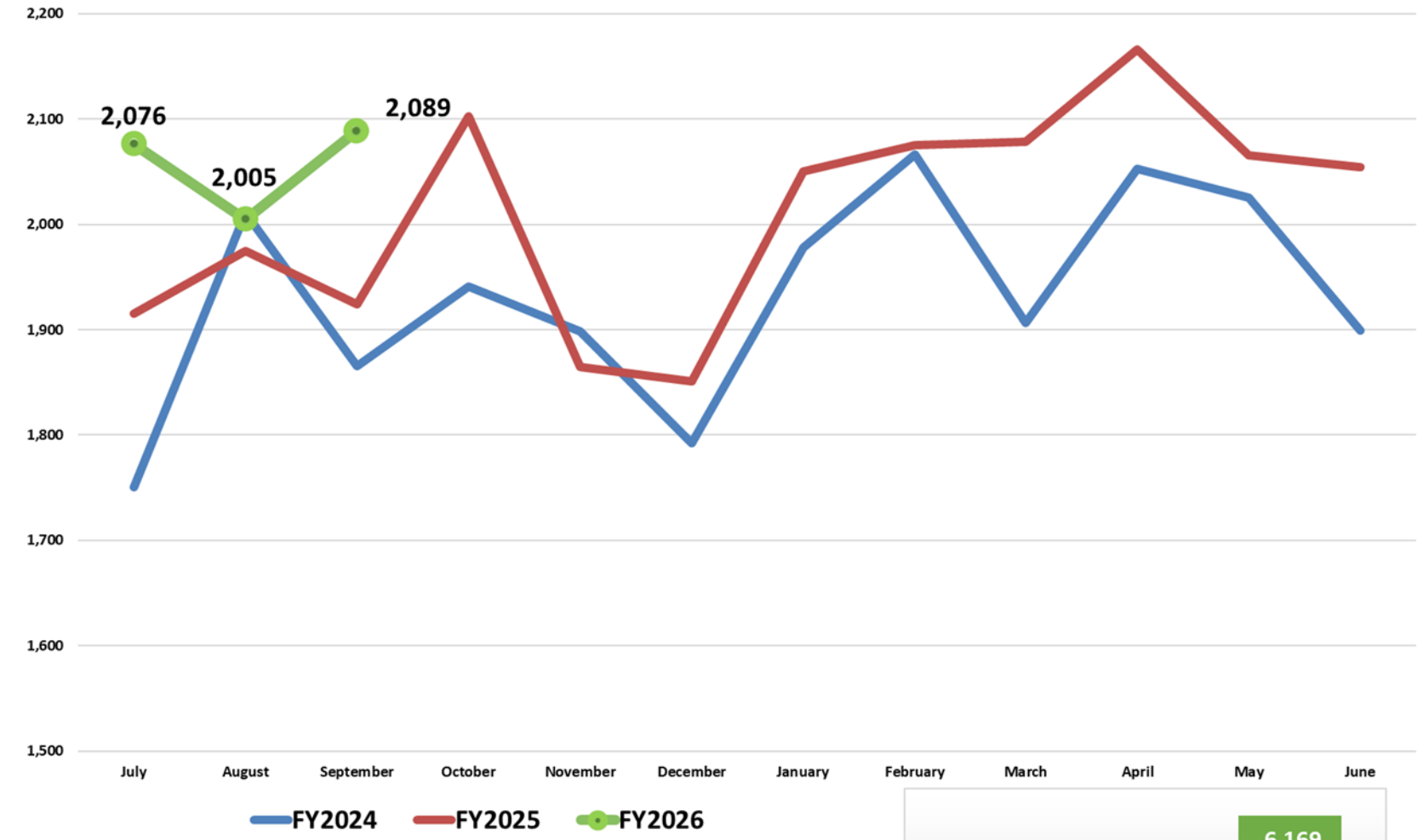
Case Mix Medical w/o Normal Newborns

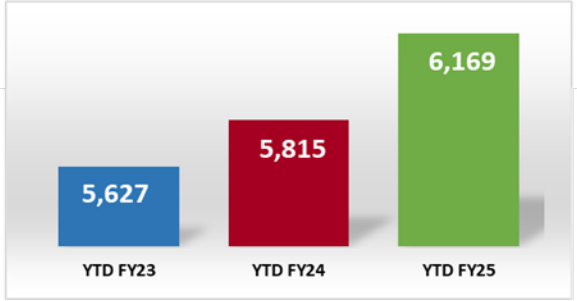


Case Mix Index Surgical w/o Normal Newborns

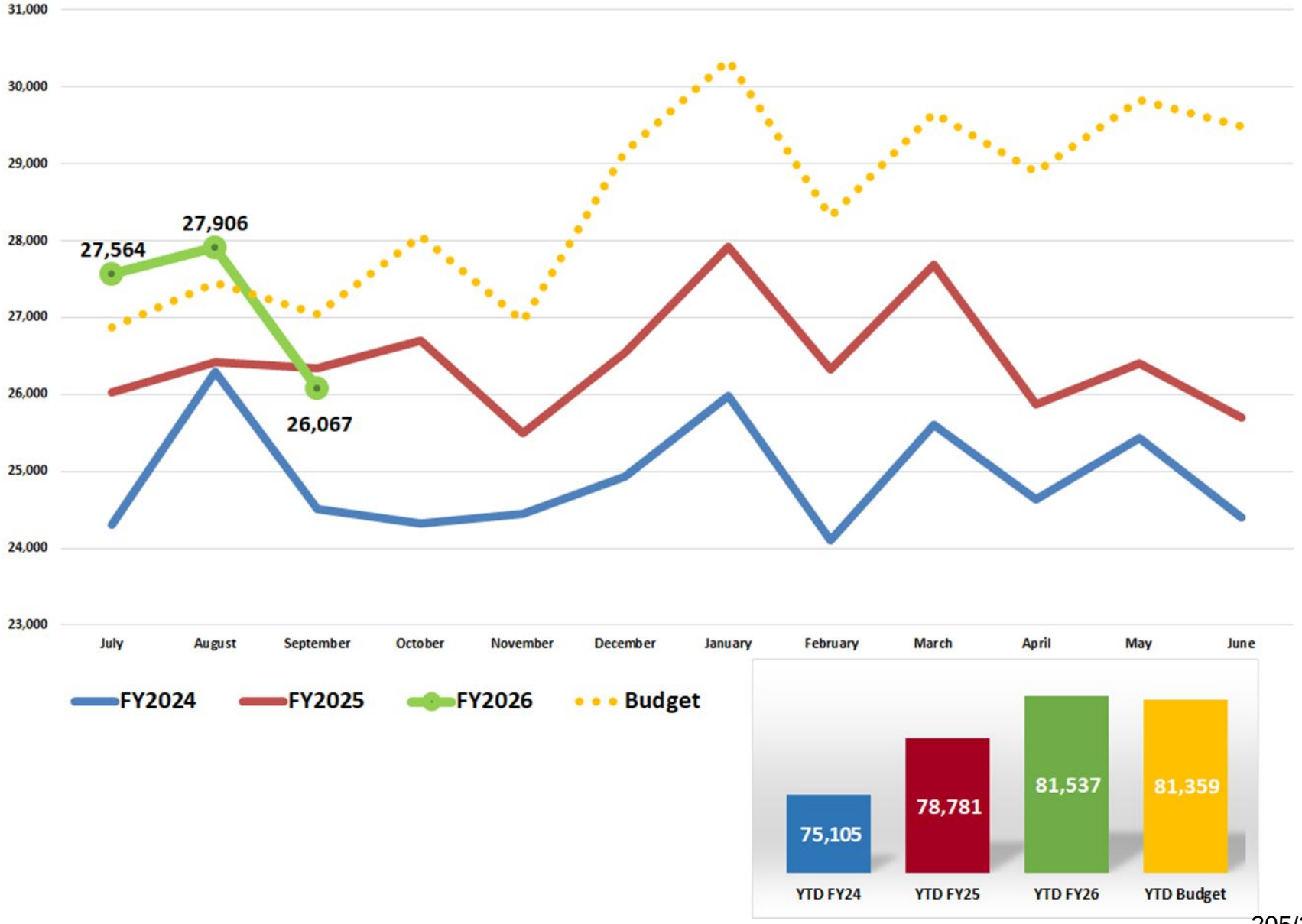


Outpatient Registrations Per Day

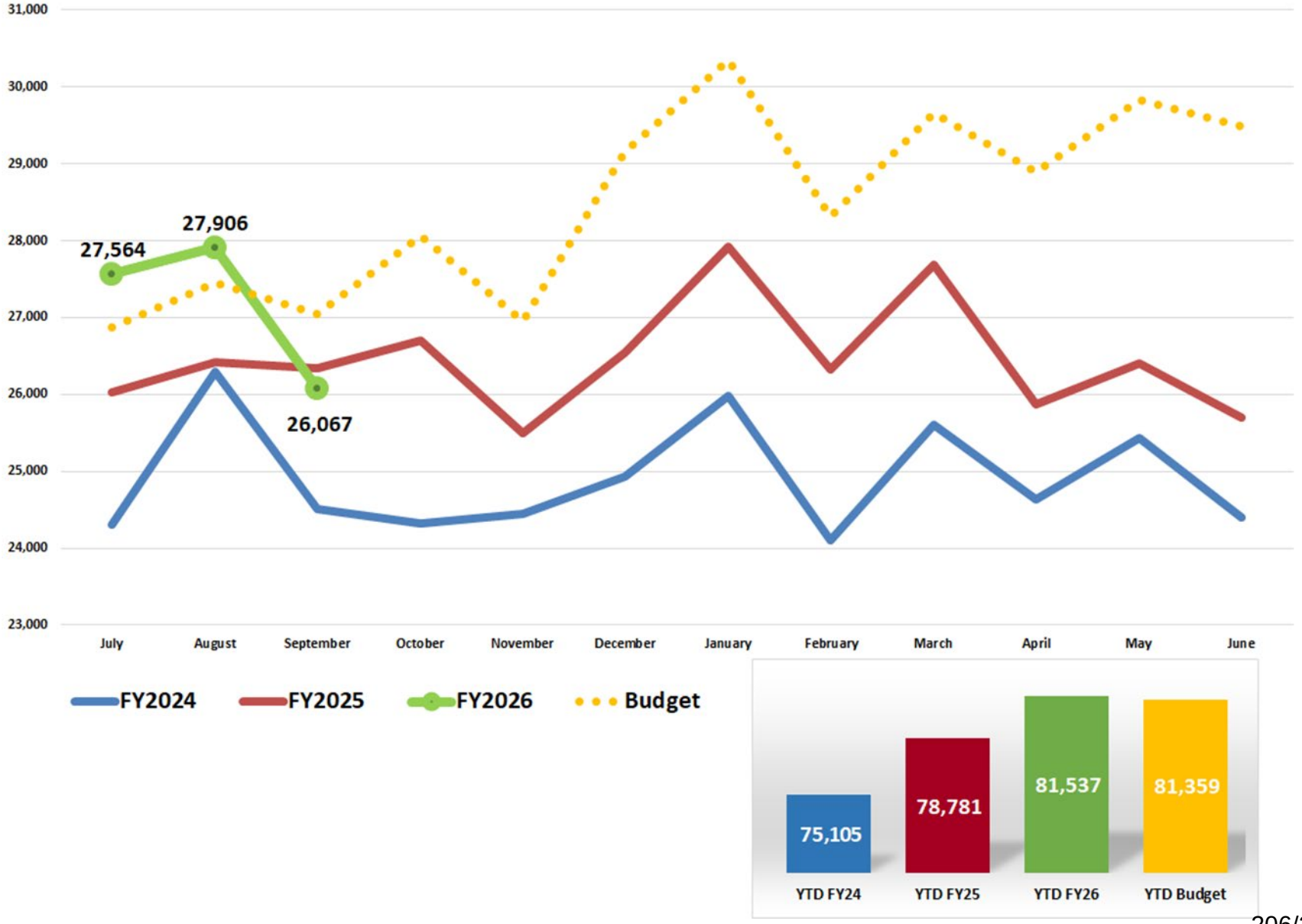




Adjusted Patient Days



Adjusted Patient Days



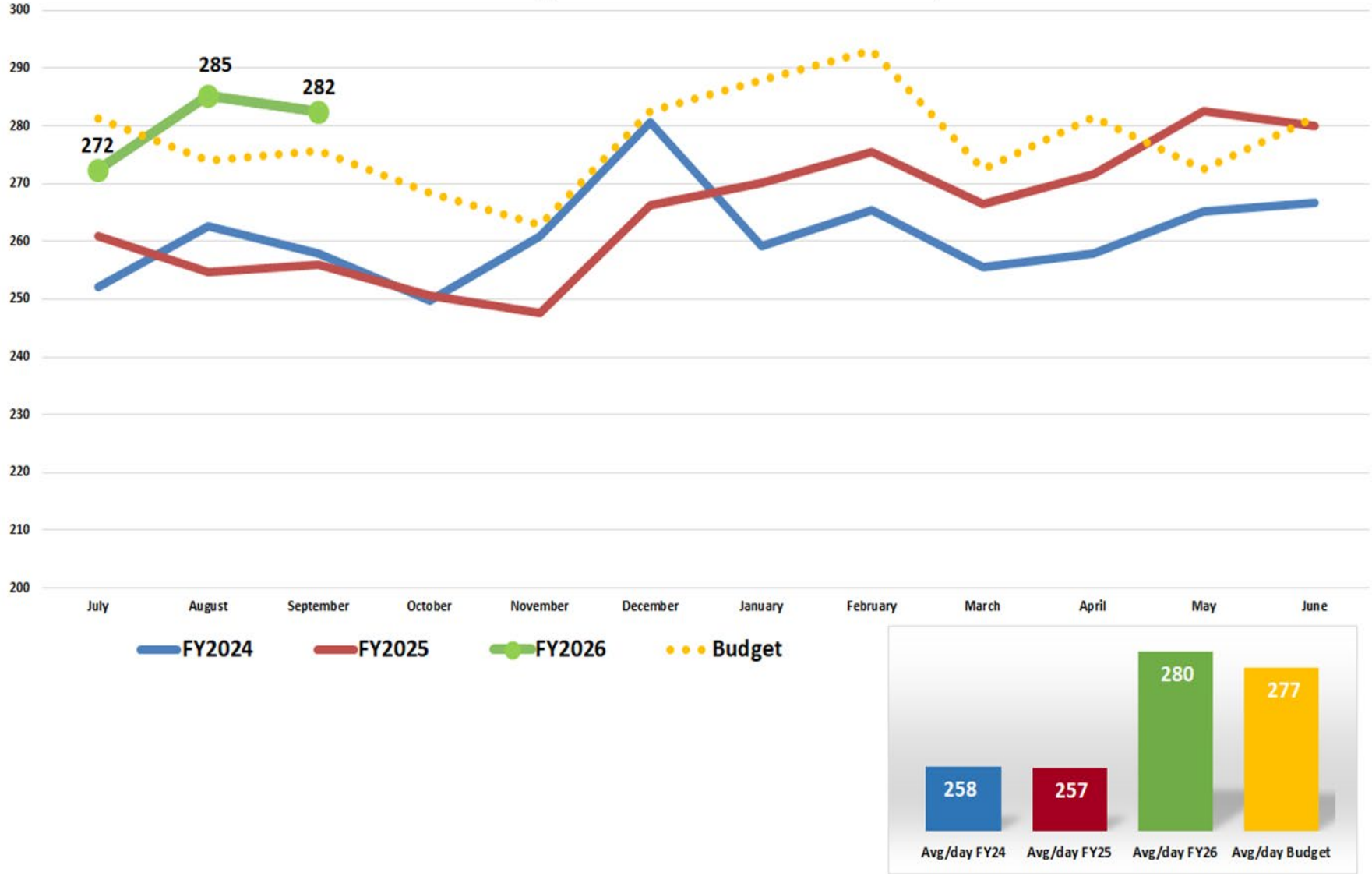
Statistical Results – Fiscal Year Comparison (Sep)

	Actual Results			Budget	Budget Variance	
	Sep 2024	Sep 2025	% Change	Sep 2025	Change	% Change
Average Daily Census	**426**	**380**	**(10.9%)**	**413**	**(33)**	**(8.0%)**
KDHCD Patient Days:						
Medical Center	8,557	7,433	(13.1%)	8,234	(801)	(9.7%)
Acute I/P Psych	1,114	1,321	18.6%	1,440	(119)	(8.3%)
Sub-Acute	919	863	(6.1%)	899	(36)	(4.0%)
Rehab	716	573	(20.0%)	639	(66)	(10.3%)
TCS-Ortho	354	409	15.5%	357	52	14.6%
NICU	556	343	(38.3%)	372	(29)	(7.8%)
Nursery	558	445	(20.3%)	442	3	0.7%
Total KDHCD Patient Days	**12,774**	**11,387**	**(10.9%)**	**12,383**	**(996)**	**(8.0%)**
Total Outpatient Volume	**57,720**	**62,670**	**8.6%**	**68,462**	**(5,792)**	**(8.5%)**

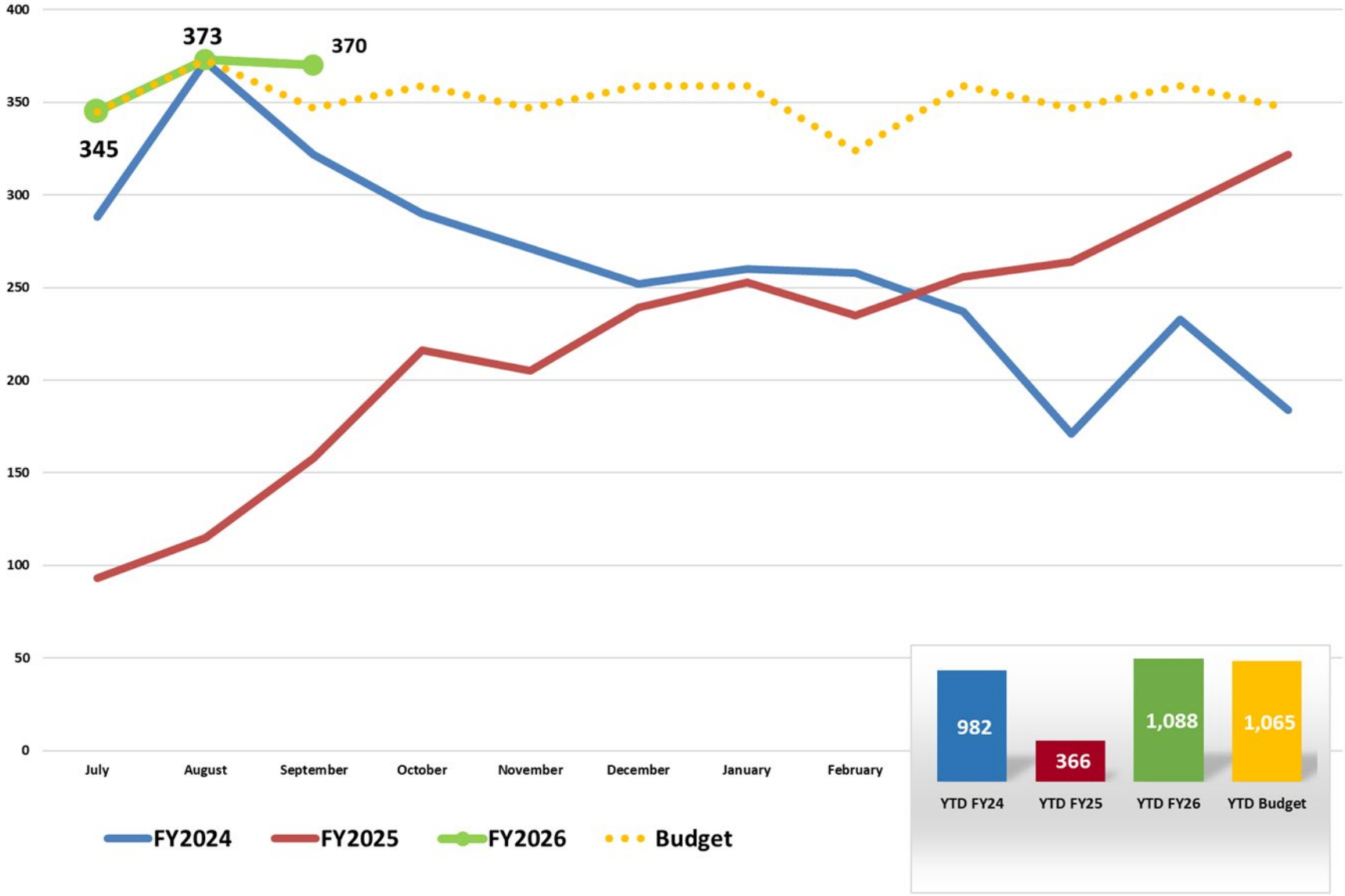
Statistical Results – Fiscal Year Comparison (Jul-Sep)

	Actual Results			Budget	Budget Variance	
	FYTD 2025	FYTD 2026	% Change	FYTD 2025	Change	% Change
Average Daily Census	**413**	**388**	**(6.1%)**	**409**	**(21)**	**(5.2%)**
KDHCD Patient Days:						
Medical Center	26,475	23,185	(12.4%)	25,242	(2,057)	(8.1%)
Acute I/P Psych	3,394	4,122	21.4%	4,292	(170)	(4.0%)
Sub-Acute	2,707	2,616	(3.4%)	2,725	(109)	(4.0%)
Rehab	1,648	1,774	7.6%	1,841	(67)	(3.6%)
TCS-Ortho	984	1,292	31.3%	1,175	117	10.0%
NICU	1,307	1,231	(5.8%)	1,072	159	14.8%
Nursery	1,502	1,457	(3.0%)	1,287	170	13.2%
Total KDHCD Patient Days	**38,017**	**35,677**	**(6.1%)**	**37,634**	**(1,957)**	**(5.2%)**
Total Outpatient Volume	**178,310**	**189,181**	**6.1%**	**209,950**	**(20,769)**	**(9.9%)**

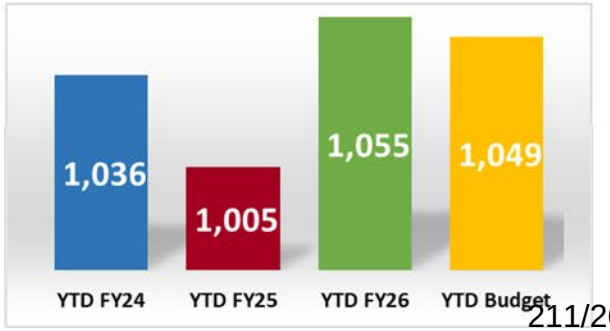
ED - Avg Treated Per Day



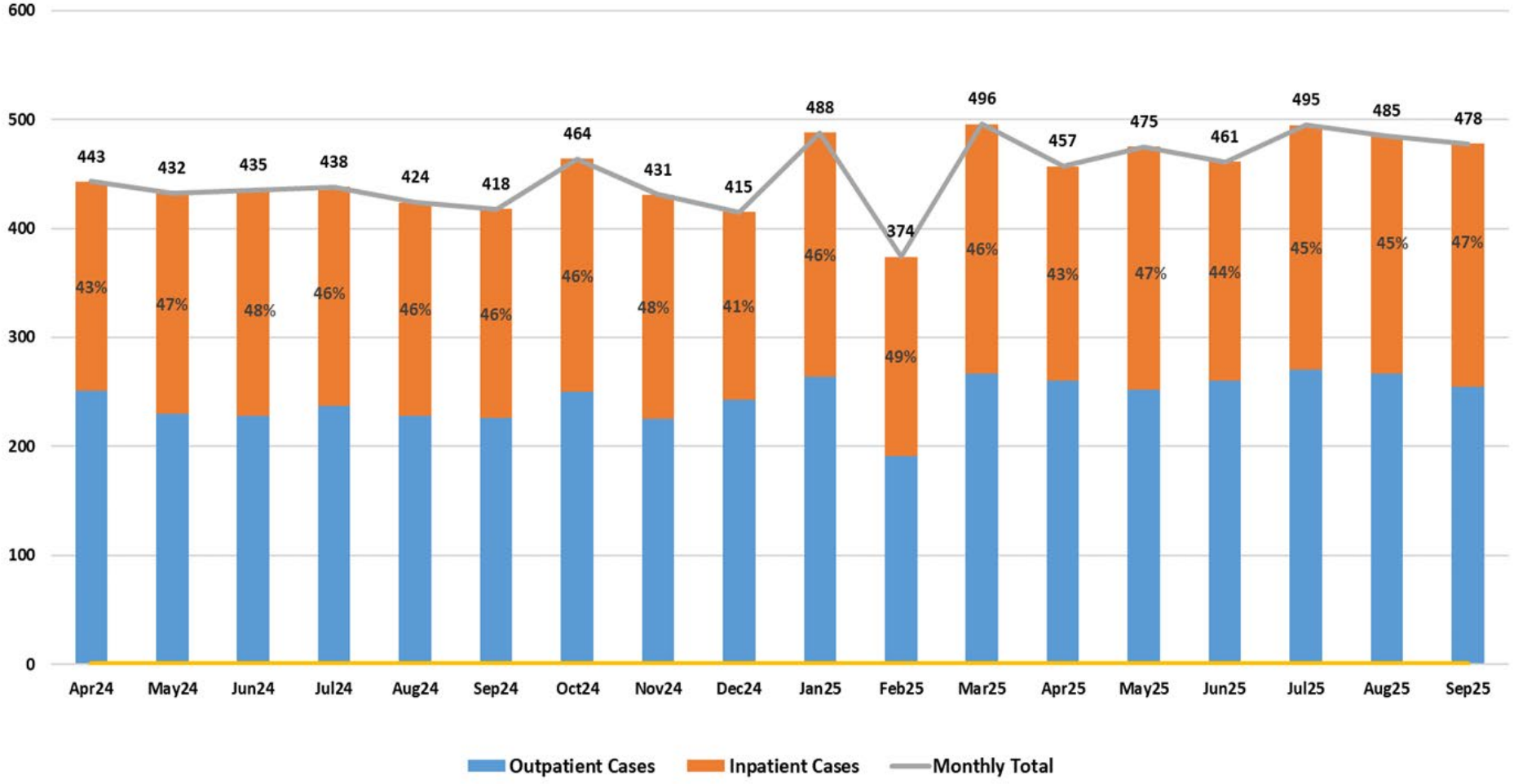
Therapy-Wound Care Encounters



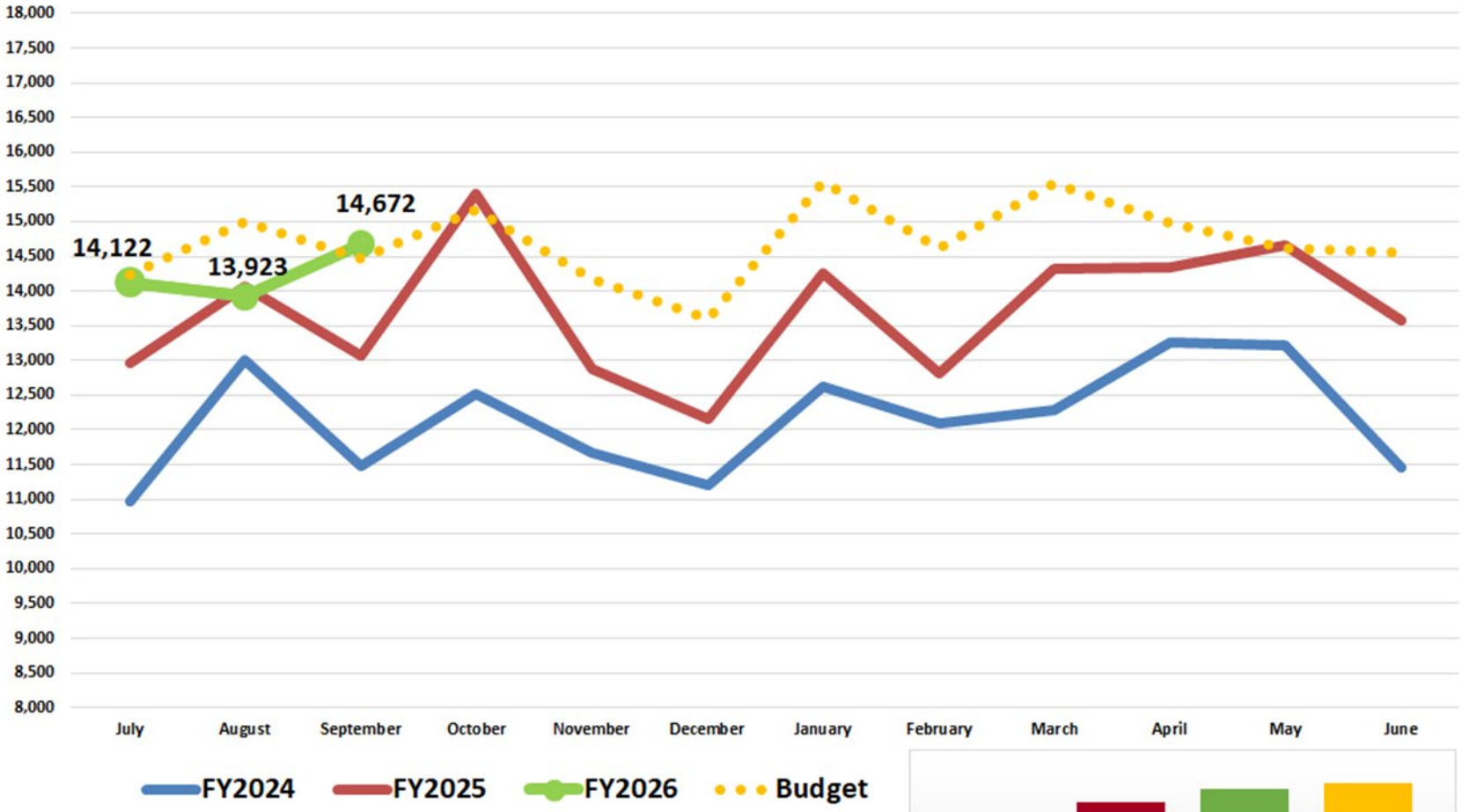
Cath Lab (IP & OP) – 100 Min Units

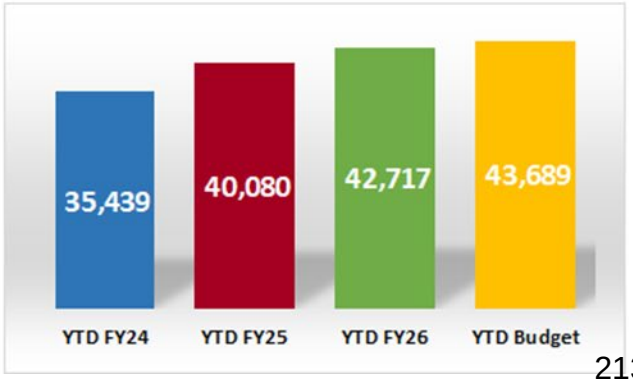


Cath Lab Patients (IP & OP)

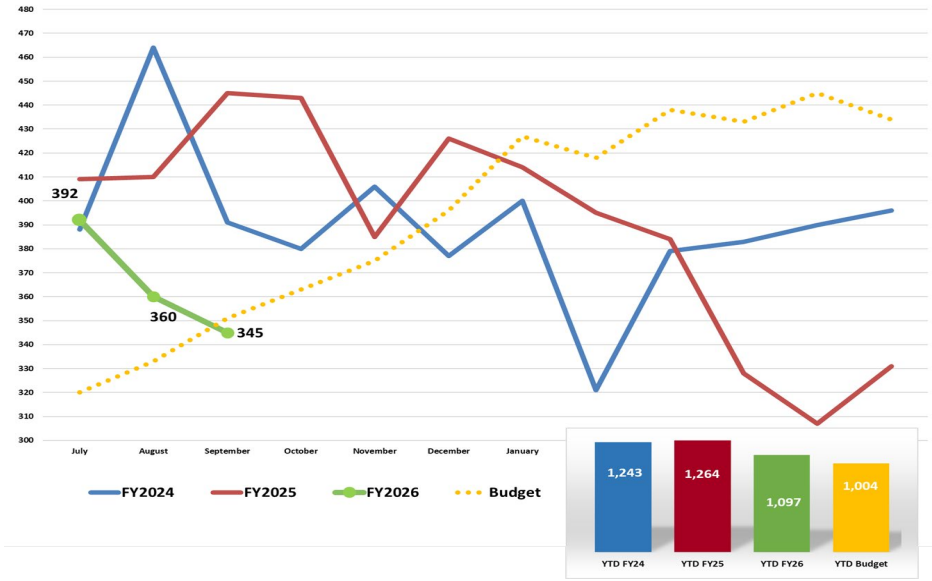


Rural Health Clinics Registrations

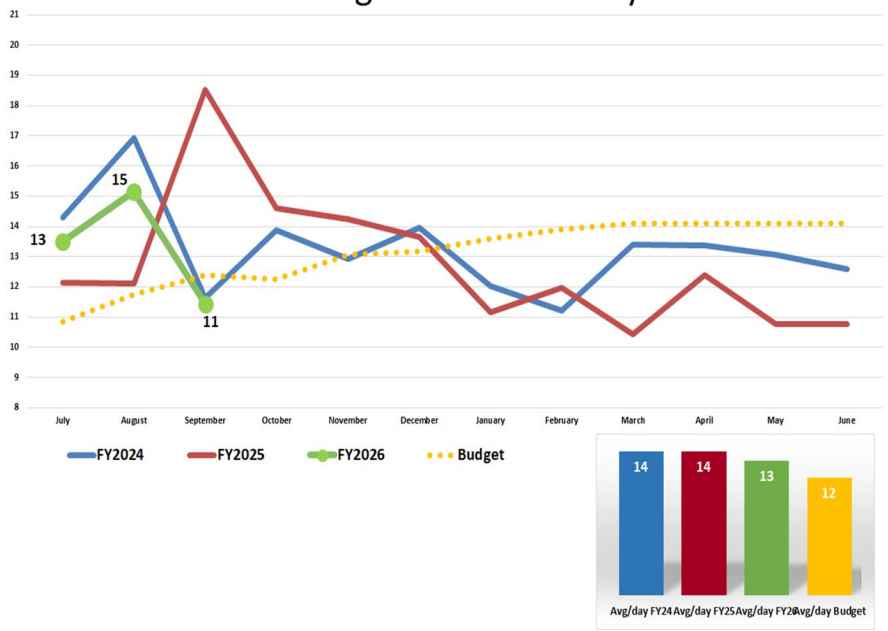




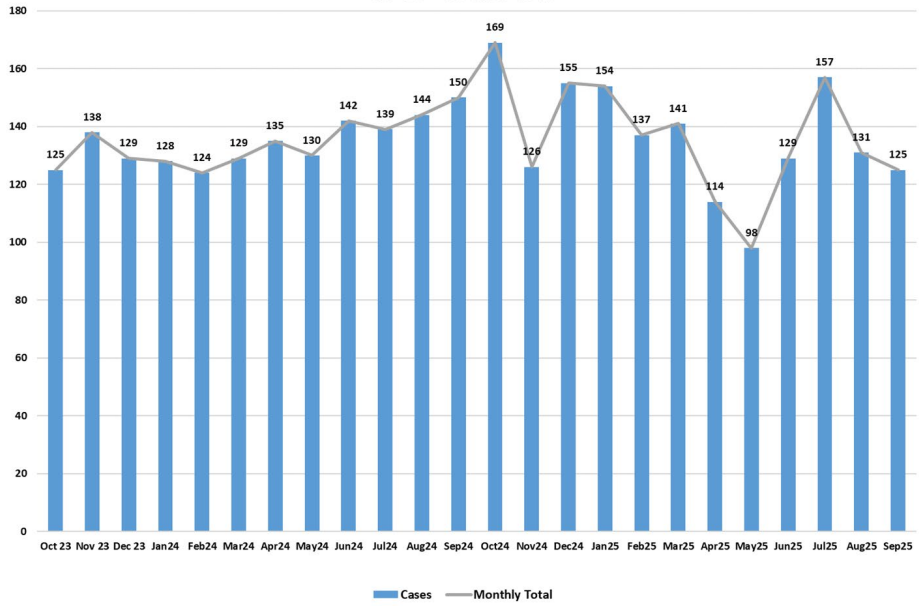
Deliveries



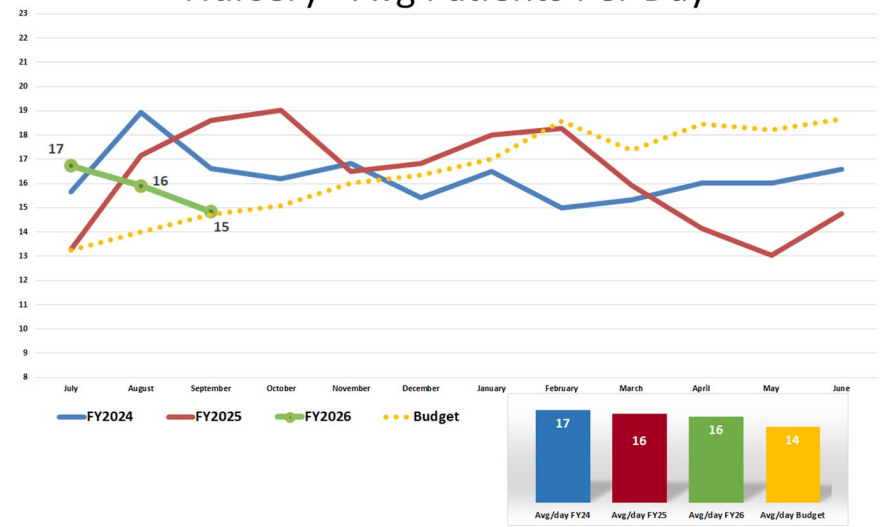
NICU - Avg Patients Per Day



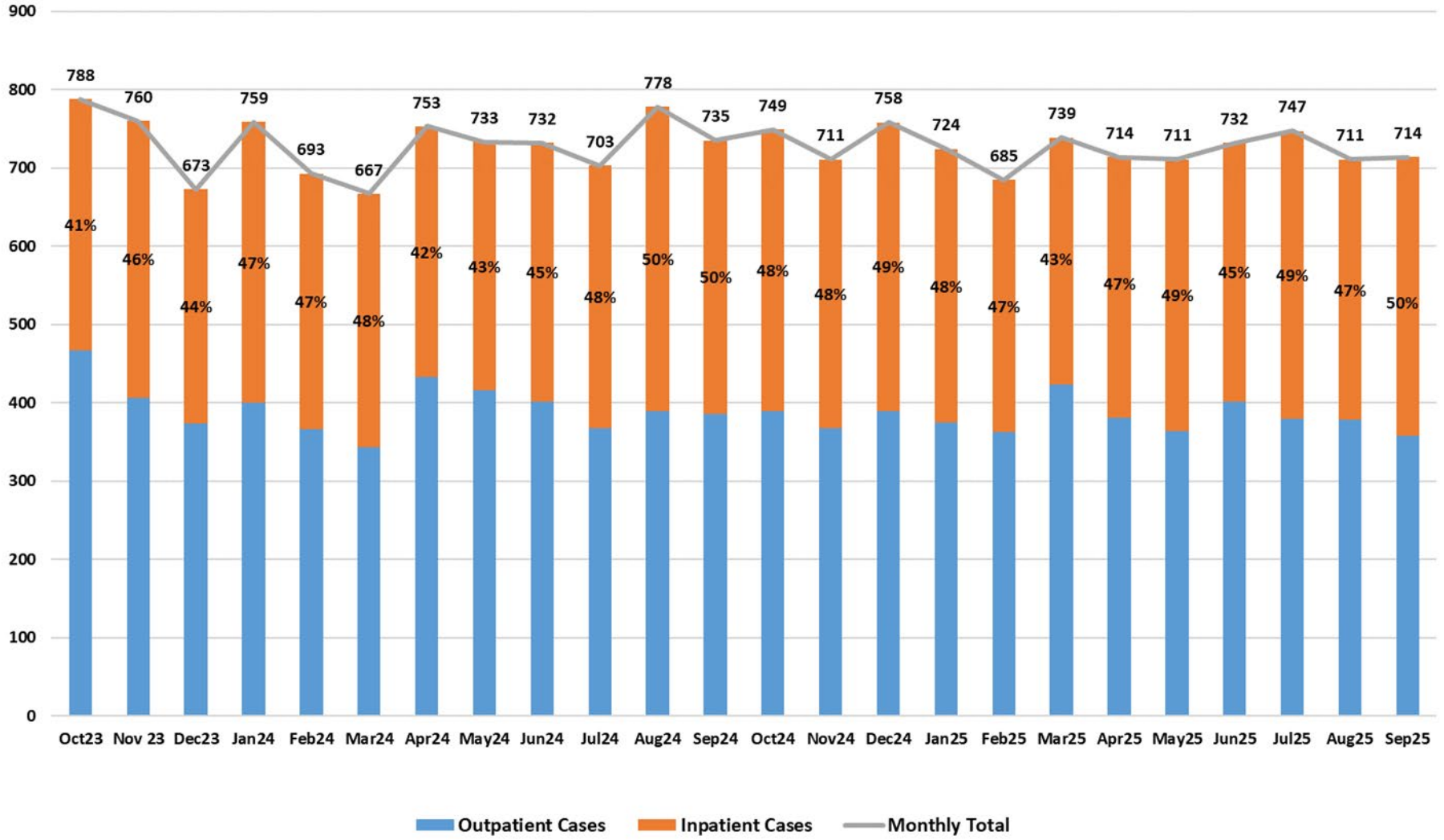
OB Cases



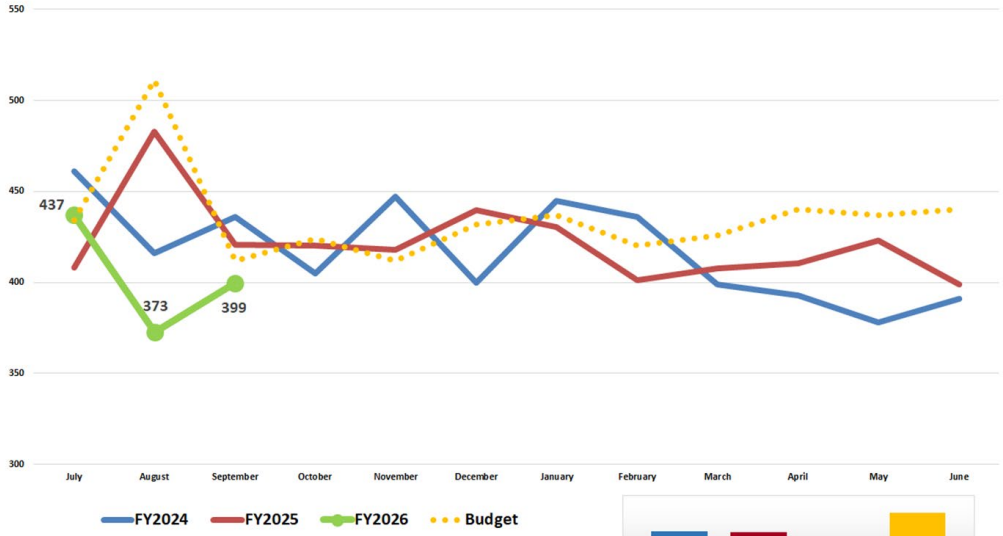
Nursery - Avg Patients Per Day



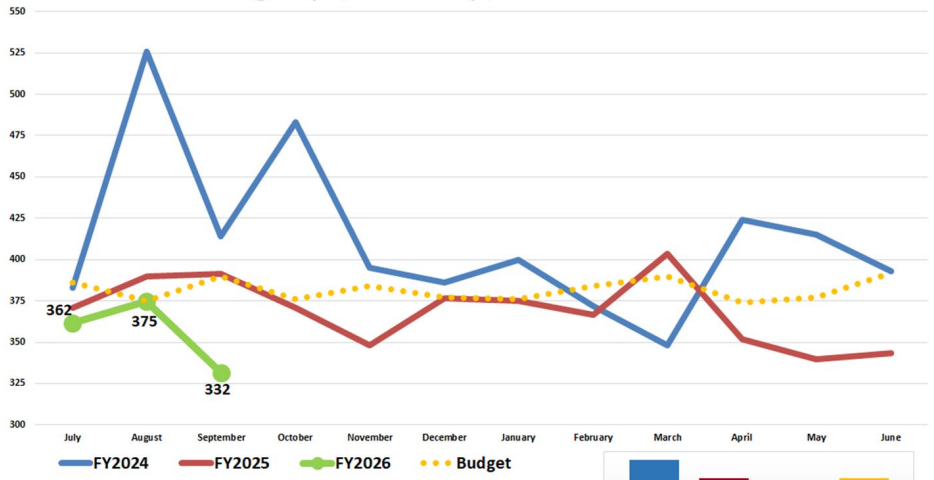
Surgery Cases (IP & OP)

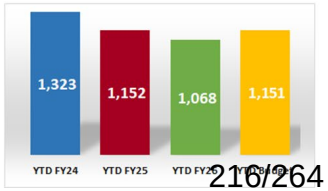


Surgery (IP Only) - 100 Min Unit

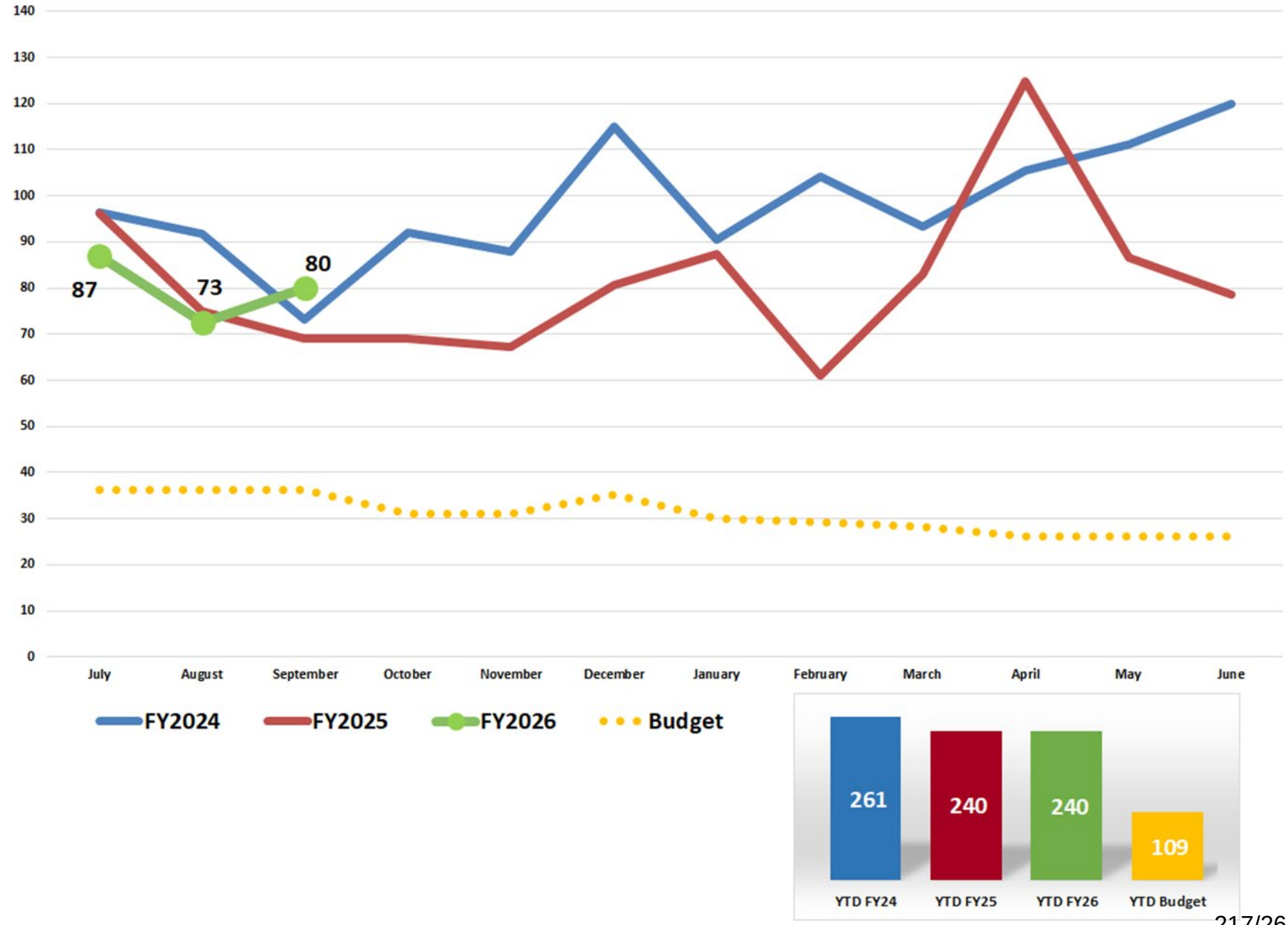


Surgery (OP Only) - 100 Min Units

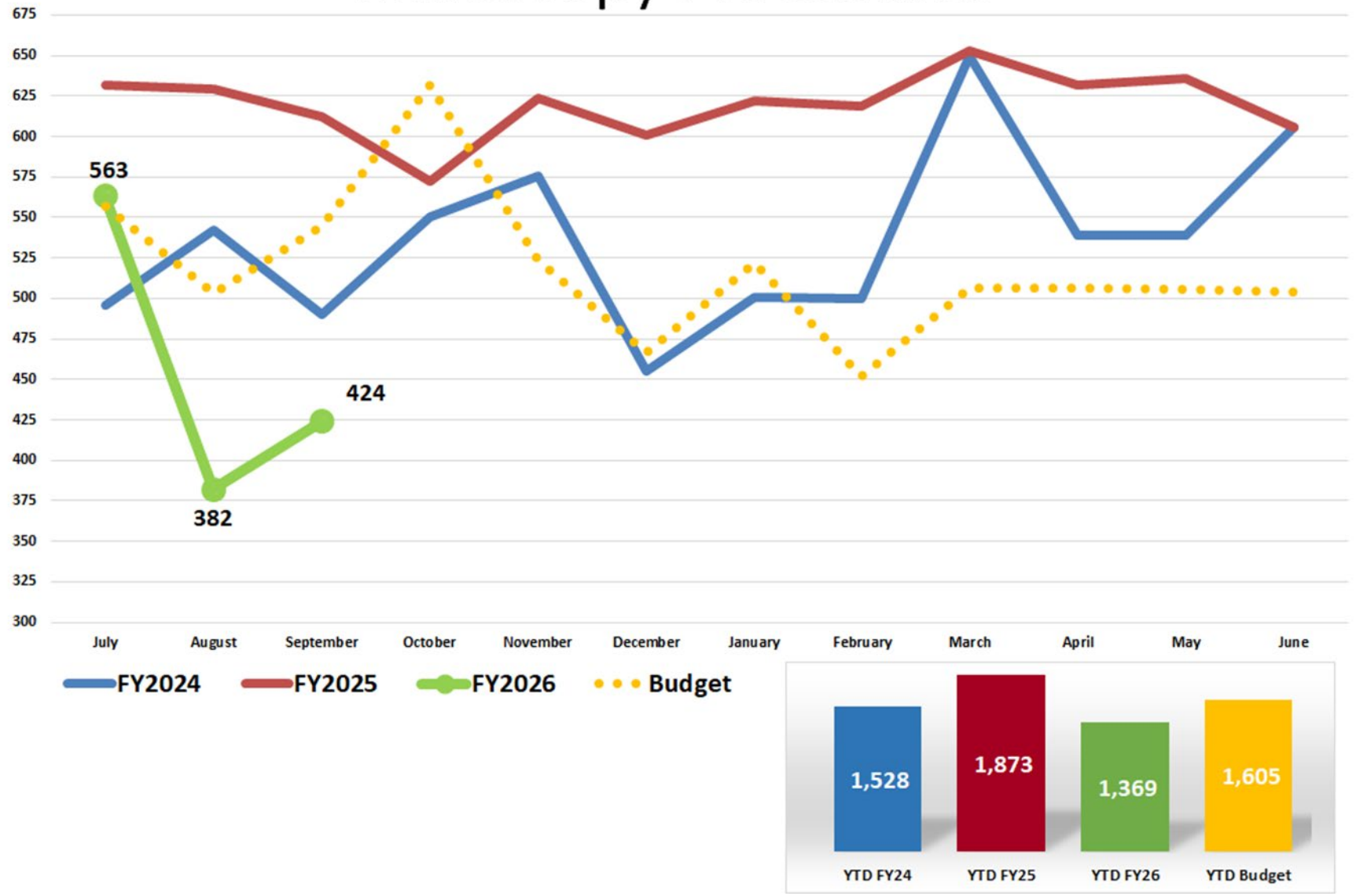




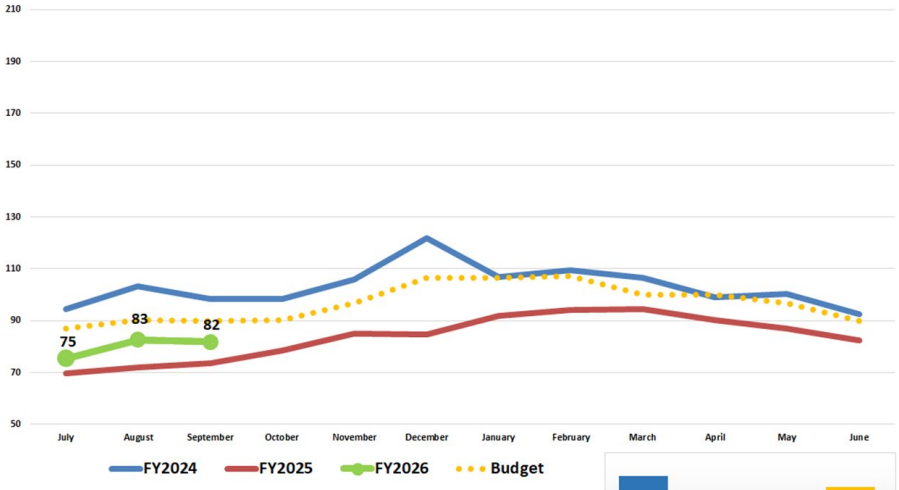
Cardiac Surgery - 100 Min Units

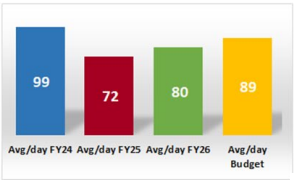


Endoscopy Procedures

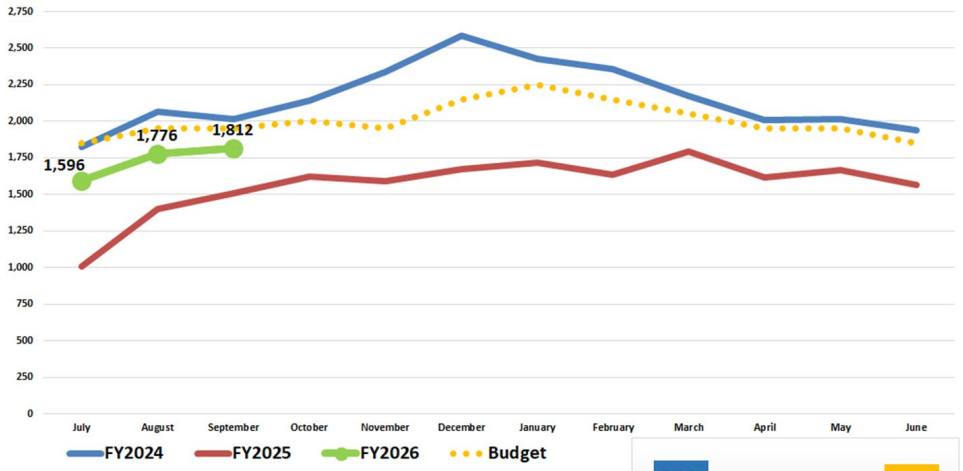


Urgent Care – Court Avg Visits Per Day

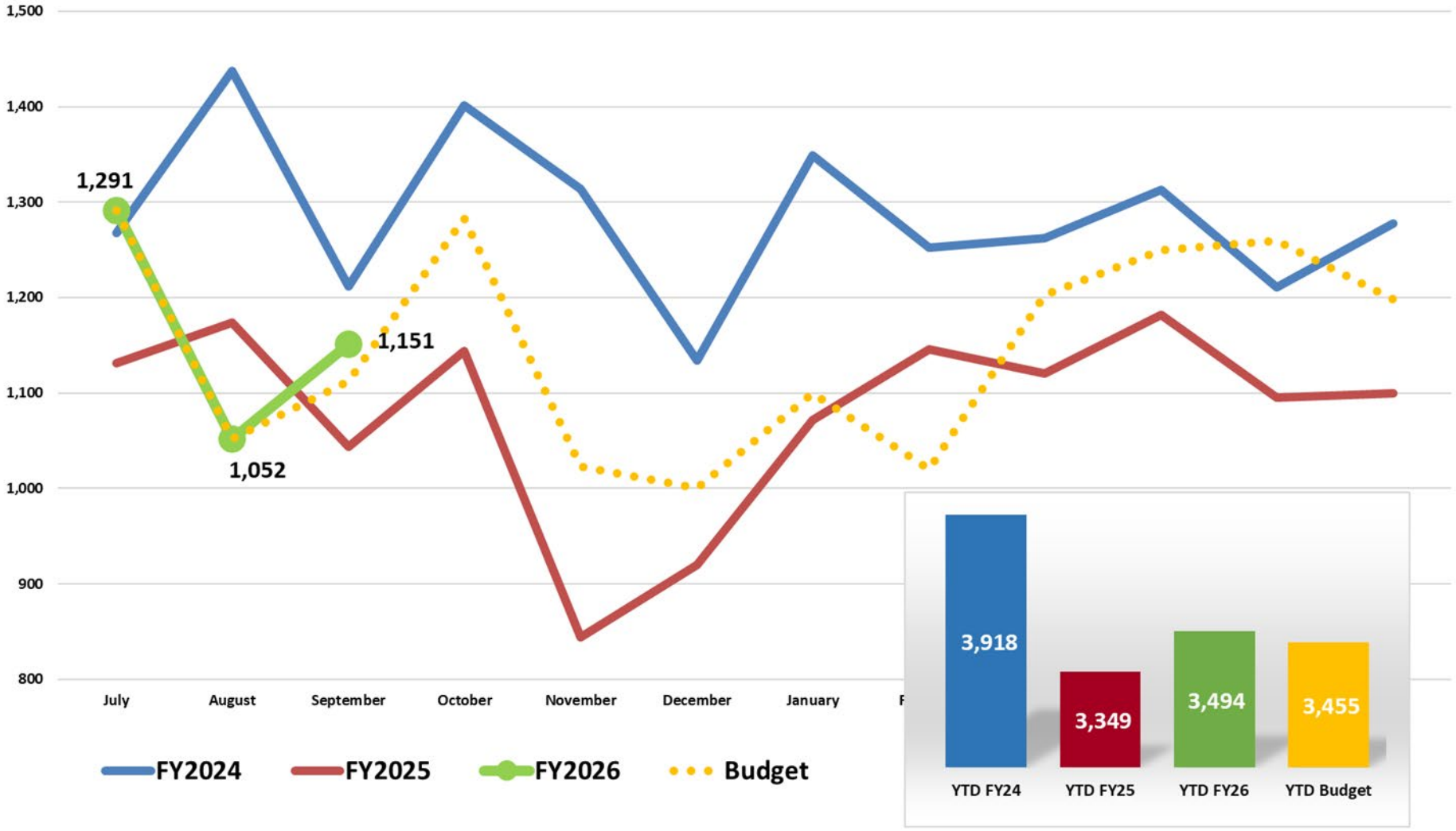




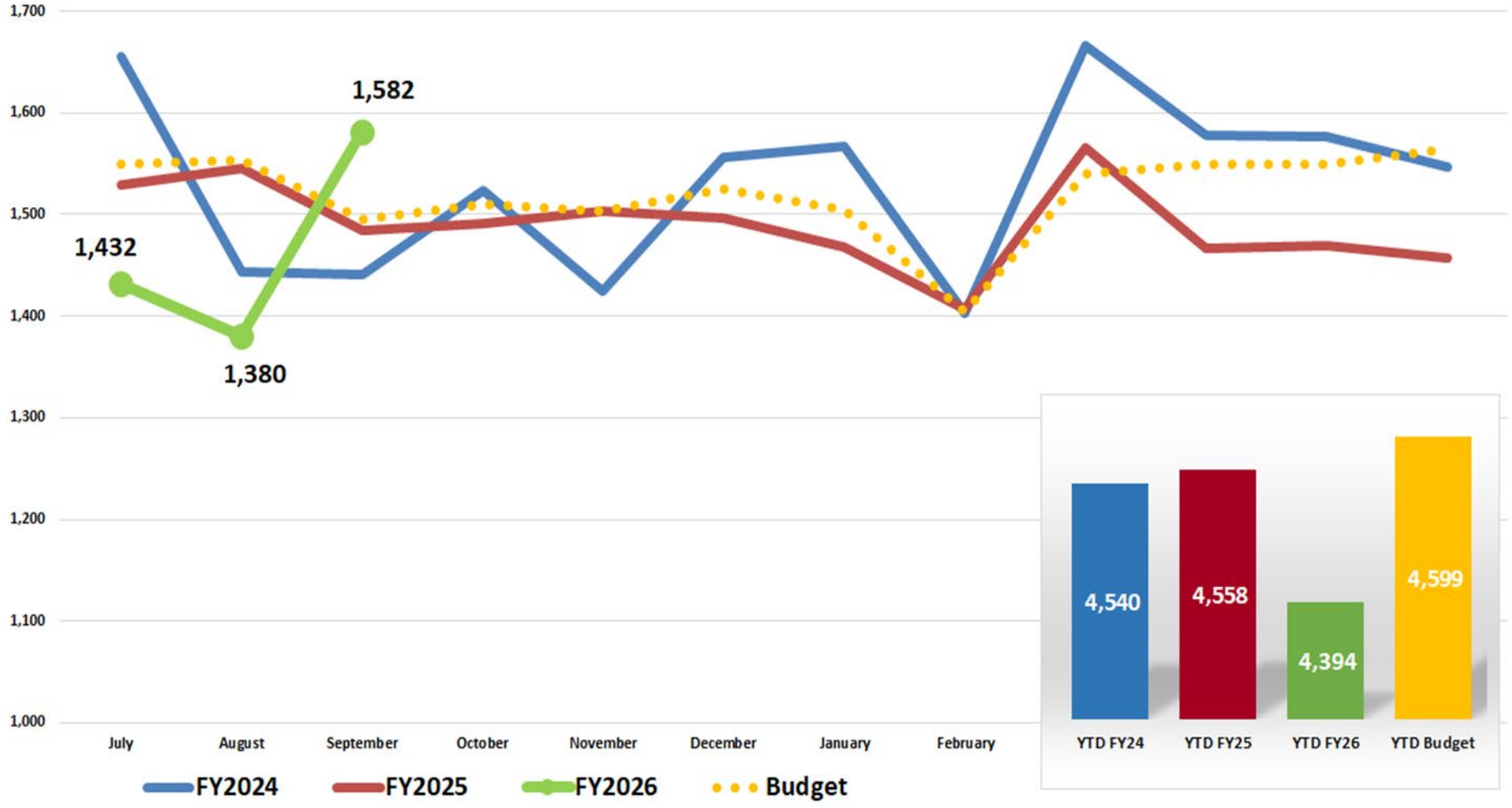
Urgent Care – Demaree Total Visits



Medical Oncology Treatments



Chronic Dialysis - Visalia



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

	Actual Results				Budget	Budget Variance	
	Sep 24	Sep 25	Change	% Change	Sep 25	Change	% Change
ED - Avg Treated Per Day	256	282	26	10.3%	276	7	2.5%
Surgery (IP & OP) – 100 Min Units	812	731	(81)	(9.9%)	802	(71)	(8.8%)
Endoscopy Procedures	612	424	(188)	(30.7%)	545	(121)	(22.2%)
Cath Lab (IP & OP) - 100 Min Units	308	366	58	19.0%	324	42	13.1%
Cardiac Surgery Cases	21	29	8	38.1%	36	(7)	(19.8%)
Deliveries	445	345	(100)	(22.5%)	351	(6)	(1.7%)
Clinical Lab	240,254	258,892	18,638	7.8%	264,278	(5,387)	(2.0%)
Reference Lab	6,763	7,754	991	14.7%	6,728	1,026	15.2%
Dialysis Center - Visalia Visits	1,484	1,582	98	6.6%	1,495	87	5.8%
Infusion Center - Units of Service	399	614	215	53.9%	630	(16)	(2.5%)
Hospice Days	3,442	4,147	705	20.5%	4,022	125	3.1%
Home Health Visits	2,757	3,189	432	15.7%	3,071	118	3.8%
Home Infusion Days	21,174	23,489	2,315	10.9%	21,630	1,859	8.6%

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Sep 24	YTD Sep 25	Change	% Change	YTD Sep 25	Change	% Change
ED - Avg Treated Per Day	257	280	23	8.9%	277	3	1.1%
Surgery (IP & OP) – 100 Min Units	2,464	2,278	(186)	(7.6%)	2,508	(230)	(9.2%)
Endoscopy Procedures	1,873	1,369	(504)	(26.9%)	1,605	(236)	(14.7%)
Cath Lab (IP & OP) - 100 Min Units	1,005	1,055	50	5.0%	1,049	6	0.6%
Cardiac Surgery Cases	80	87	7	8.8%	109	(22)	(19.8%)
Deliveries	1,264	1,097	(167)	(13.2%)	1,004	93	9.3%
Clinical Lab	734,363	775,827	41,464	5.6%	807,799	(31,973)	(4.0%)
Reference Lab	22,743	24,089	1,346	5.9%	22,302	1,787	8.0%
Dialysis Center - Visalia Visits	4,558	4,394	(164)	(3.6%)	4,599	(205)	(4.5%)
Infusion Center - Units of Service	1,319	1,937	618	46.9%	1,953	(16)	(0.8%)
Hospice Days	10,411	11,995	1,584	15.2%	12,188	(193)	(1.6%)
Home Health Visits	8,676	9,249	573	6.6%	9,170	79	0.9%
Home Infusion Days	67,883	73,647	5,764	8.5%	66,951	6,696	10.0%

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

	Actual Results				Budget	Budget Variance	
	Sep 24	Sep 25	Change	% Change	Sep 25	Change	% Change
All O/P Rehab Svcs Across District	19,709	21,038	1,329	6.7%	20,804	234	1.1%
Physical & Other Therapy Units (I/P & O/P)	18,936	18,191	(745)	(3.9%)	19,325	(1,134)	(5.9%)
Radiology - CT - All Areas	4,749	5,259	510	10.7%	4,568	691	15.1%
Radiology - MRI - All Areas	841	944	103	12.2%	852	92	10.7%
Radiology - Ultrasound - All Areas	2,906	2,976	70	2.4%	2,977	(1)	(0.0%)
Radiology - Diagnostic Radiology	9,651	10,036	385	4.0%	9,665	371	3.8%
Radiology – Main Campus	15,674	16,210	536	3.4%	15,247	963	6.3%
Radiology - Ultrasound - Main Campus	2,338	2,276	(62)	(2.7%)	2,141	135	6.3%
West Campus - Diagnostic Radiology	1,050	1,298	248	23.6%	1,119	179	15.9%
West Campus - CT Scan	470	573	103	21.9%	456	117	25.7%
West Campus - MRI	385	434	49	12.7%	404	30	7.4%
West Campus - Ultrasound	568	700	132	23.2%	836	(136)	(16.3%)
West Campus - Breast Center	1,513	1,361	(152)	(10.0%)	1,514	(153)	(10.1%)
Med Onc Visalia Treatments	1,044	1,151	107	10.2%	1,112	39	3.5%
Rad Onc Visalia Treatments	1,533	1,671	138	9.0%	1,584	87	5.5%
Rad Onc Hanford Treatments	217	306	89	41.0%	233	73	31.6%

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Sep 24	YTD Sep 25	Change	% Change	YTD Sep 25	Change	% Change
All O/P Rehab Svcs Across District	62,496	62,338	(158)	(0.3%)	62,944	(606)	(1.0%)
Physical & Other Therapy Units (I/P & O/P)	55,841	55,835	(6)	(0.0%)	59,637	(3,802)	(6.4%)
Radiology - CT - All Areas	14,028	15,479	1,451	10.3%	13,885	1,594	11.5%
Radiology - MRI - All Areas	2,609	2,805	196	7.5%	2,663	142	5.3%
Radiology - Ultrasound - All Areas	9,236	9,238	2	0.0%	9,192	46	0.5%
Radiology - Diagnostic Radiology	28,750	28,902	152	0.5%	29,076	(174)	(0.6%)
Radiology – Main Campus	46,698	47,454	756	1.6%	46,111	1,343	2.9%
Radiology - Ultrasound - Main Campus	7,265	7,066	(199)	(2.7%)	6,657	409	6.2%
West Campus - Diagnostic Radiology	3,253	3,896	643	19.8%	3,461	435	12.6%
West Campus - CT Scan	1,466	1,614	148	10.1%	1,438	176	12.2%
West Campus - MRI	1,235	1,288	53	4.3%	1,271	17	1.3%
West Campus - Ultrasound	1,971	2,172	201	10.2%	2,535	(363)	(14.3%)
West Campus - Breast Center	5,157	4,179	(978)	(19.0%)	5,158	(979)	(19.0%)
Med Onc Visalia Treatments	3,349	3,494	145	4.3%	3,455	39	1.1%
Rad Onc Visalia Treatments	4,699	5,246	547	11.6%	4,851	395	8.2%
Rad Onc Hanford Treatments	721	875	154	21.4%	721	154	21.4%

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

	Actual Results				Budget	Budget Variance	
	Sep 24	Sep 25	Change	% Change	Sep 25	Change	% Change
Rural Health Clinics Registrations	13,060	14,440	1,380	10.6%	13,761	679	4.9%
RHC Exeter - Registrations	6,312	6,786	474	7.5%	6,675	111	1.7%
RHC Lindsay - Registrations	1,721	1,951	230	13.4%	1,900	51	2.7%
RHC Woodlake - Registrations	1,253	917	(336)	(26.8%)	730	187	25.6%
RHC Woodlake Valencia - Registrations	0	696	696	0.0%	704	(8)	(1.1%)
RHC Dinuba - Registrations	1,506	1,513	7	0.5%	1,850	(337)	(18.2%)
RHC Tulare - Registrations	2,268	2,577	309	13.6%	2,606	(29)	(1.1%)
Urgent Care – Court Total Visits	2,205	2,456	251	11.4%	2,700	(244)	(9.0%)
Urgent Care – Demaree Total Visits	1,510	1,812	302	20.0%	1,950	(138)	(7.1%)
KH Medical Clinic - Ben Maddox Visits	867	1,204	337	38.9%	1,250	(46)	(3.7%)
KH Medical Clinic - Plaza Visits	229	232	3	1.3%	229	3	1.3%
KH Medical Willow Clinic Visits	0	794	794	0.0%	1,000	(206)	(20.6%)
KH Cardiology Center Visalia Registrations	1,526	1,461	(65)	(4.3%)	1,685	(224)	(13.3%)
KH Mental Wellness Clinic Visits	259	299	40	15.4%	390	(91)	(23.3%)
Urology Clinic Visits	323	152	(171)	(52.9%)	308	(156)	(50.6%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Sep 24	YTD Sep 25	Change	% Change	YTD Sep 25	Change	% Change
Rural Health Clinics Registrations	40,080	42,042	1,962	4.9%	41,577	465	1.1%
RHC Exeter - Registrations	18,991	19,683	692	3.6%	20,330	(647)	(3.2%)
RHC Lindsay - Registrations	5,621	5,847	226	4.0%	6,100	(253)	(4.1%)
RHC Woodlake - Registrations	3,732	2,511	(1,221)	(32.7%)	2,190	321	14.7%
RHC Woodlake Valencia - Registrations	0	1,960	1,960	0.0%	2,112	(152)	(7.2%)
RHC Dinuba - Registrations	4,733	4,559	(174)	(3.7%)	5,400	(841)	(15.6%)
RHC Tulare - Registrations	7,003	7,482	479	6.8%	7,556	(74)	(1.0%)
Urgent Care – Court Total Visits	6,600	7,358	758	11.5%	8,200	(842)	(10.3%)
Urgent Care – Demaree Total Visits	3,915	5,184	1,269	32.4%	5,750	(566)	(9.8%)
KH Medical Clinic - Ben Maddox Visits	2,476	3,428	952	38.4%	3,300	128	3.9%
KH Medical Clinic - Plaza Visits	839	675	(164)	(19.5%)	839	(164)	(19.5%)
KH Medical Willow Clinic Visits	0	2,474	2,474	0.0%	2,750	(276)	(10.0%)
KH Cardiology Center Visalia Registrations	4,641	4,349	(292)	(6.3%)	4,891	(542)	(11.1%)
KH Mental Wellness Clinic Visits	887	1,022	135	15.2%	1,170	(148)	(12.6%)
Urology Clinic Visits	977	559	(418)	(42.8%)	924	(365)	(39.5%)

FY25 Financials – Before and After Final Audit Entries(000's)

	FY25 PreAudit	FY25 Post Audit	FY25 Change	Explanations
Operating Revenue				
Net Patient Service Revenue	**$657,902**	**$648,904**	**($8,999)**	$7.7M 2019-2024 Medicare cost reports amendments; $621 Medi-Cal final settlements true-up; $642k FY25 final cost report calculation
Supplemental Gov't Programs	$95,229	$94,965	($265)	Final true up of DHDP program
Prime Program	$13,994	$13,994	$0	
Premium Revenue	$85,330	$85,931	$601	Accrual of Wellcare payment
Other Revenue	$51,482	$51,793	$311	Additonal retail pharmacy collections
Other Operating Revenue	**$246,035**	**$246,682**	**$647**	
Total Operating Revenue	**$903,938**	**$895,585**	**($8,352)**	
Operating Expenses				
Salaries & Wages	$386,197	$386,997	$800	At risk compensation accrual of FY25 estimate
Contract Labor	$25,550	$25,550	($0)	
Employee Benefits	$81,591	$79,249	($2,342)	Final pension valuation - investment earnings 4th quarter higher than projection
Total Employment Expenses	**$493,338**	**$491,796**	**($1,542)**	
Medical & Other Supplies	$165,989	$165,851	($138)	Inventory valuations
Physician Fees	$88,113	$88,396	$283	Invoice Accruals
Purchased Services	$21,103	$21,412	$309	Invoice Accruals
Repairs & Maintenance	$25,354	$25,463	$109	Invoice Accruals
Utilities	$10,522	$10,556	$34	
Rents & Leases	$1,689	$1,706	$17	
Depreciation & Amortization	$39,841	$39,870	$29	
Interest Expense	$7,229	$7,229	($0)	
Other Expense	$25,978	$32,950	$6,972	Increase due to updated risk reserves $6.5m
Humana Cap Plan Expenses	48,086	48,086	(0)	
Total Other Expenses	**$433,904**	**$441,519**	**$7,615**	
Total Operating Expenses	**$927,242**	**$933,315**	**$6,073**	
Operating Margin	**($23,304)**	**($37,730)**	**($14,426)**	
Stimulus/FEMA	**$48,412**	**$48,412**	**$0**	
Operating Margin after Stimulus/FEMA	**$25,107**	**$10,682**	**($14,426)**	
Nonoperating Revenue (Loss)	$17,007	$16,977	($30)	
Excess Margin	**$42,114**	**$27,658**	**($14,456)**	

FY26 Budget Modifications – Before and After (000's)

	FY26 Bdgt Original	FY26 Bdgt After changes	Chg from Original FY26 Bdgt
Operating Revenue			
Net Patient Service Revenue	**$692,141**	**$689,140**	**($3,001)**
Supplemental Gov't Programs	$123,100	$116,718	($6,382)
Prime Program	$8,268	$7,568	($700)
Premium Revenue	$83,170	$86,863	$3,693
Other Revenue	$50,635	$51,881	$1,246
Other Operating Revenue	$265,173	**$263,030**	($2,143)
Total Operating Revenue	**$957,314**	**$952,170**	**($5,144)**
Operating Expenses			
Salaries & Wages	$404,038	$404,657	$619
Contract Labor	$19,832	$20,584	$753
Employee Benefits	$91,631	$88,175	($3,457)
Total Employment Expenses	**$515,501**	**$513,416**	**($2,085)**
			0%
Medical & Other Supplies	$172,828	$171,448	($1,379)
Physician Fees	$90,890	$90,619	($272)
Purchased Services	$22,454	$22,470	$17
Repairs & Maintenance	$31,356	$30,420	($935)
Utilities	$11,642	$11,593	($49)
Rents & Leases	$1,695	$1,656	($39)
Depreciation & Amortization	$42,042	$42,042	$0
Interest Expense	$6,739	$6,739	$0
Other Expense	$28,194	$27,492	($703)
Humana Cap Plan Expenses	$43,803	44,403	$600
Total Other Expenses	**$451,643**	**$448,882**	**($2,761)**
Total Operating Expenses	**$967,144**	**$962,298**	**($4,846)**
Operating Margin	**($9,830)**	**($10,128)**	**($298)**
Nonoperating Revenue (Loss)	$10,175	$10,472	$297
Excess Margin	**$345**	**$345**	**$0**

Budget savings identified to offset Supplemental/Medicare $ reductions

Note: No changes to 401K match and annual merit

Revenue: Summary of Primary Impacts

- **Net Patient Revenue:** Offsetting impacts – Net Revenue increases were offset by additional reductions in payments primarily due to the Medicare Sequestration. Net impact was a ($3M) decrease.
  - Medicare Sequestration: ($7.35M) less Net Revenue than originally budgeted
  - Net Revenue Increases: $6.17M: Primarily due to increases in the Infusion Center, SRCC Medical Oncology, Wound Care, Women's Health, Cardiac Surgery plus an additional $750K across 12 other departments.
    Net Revenue Decreases ($1.83M): Youth Crisis Center, Ben Maddox Clinic, Akers Clinic, and in therapies at the downtown campus.
- **Supplemental Revenue**: We experienced a ($6.4M) reduction in the supplemental revenue compared to our original budget due to the One BBB Act. This is lower than originally estimated for our HQAF, Directed payments, and Rate Range programs. This was based on recent information as we fine tuned the estimates with DHLF.
- **Premium Revenue:** Increased by $3.7M due to higher Humana premium payments that was updated to reflect the current population mix and future projections.
- **Other Revenue:** Increased by $1.5M due to initiatives in Retail Pharmacy by $646K, Food & Nutritional Services & Gift shop $603K

Main Budget Savings Initiatives: Employee Expenses

Summary of Primary Impacts: Employee Expenses

- **Employee Wages: Net Impact $619K increase**
  - 58 Departments reduced their budgeted FTEs by $7.86M.
  - The Vacancy Factor was reduced by ($5.47M) to reduce the overall vacancy estimate based on recent analysis and more in line with prior year budget estimates.
  - There were 15 departments with FTE increases of ($3M). These were primarily related to additional volume or staffing changes : ICCU, Cardiac Cath lab, Willow Women's Health, SRCC Medical Oncology, Security Services, Subacute, Radiology KHMC
- **Contract Labor: Net impact $753K increase**
  - The ED increased their budget for contract services by $128K this was primarily offset by decreases in Finance and Radiology as well as the removal of $900K in unidentified budgeted savings goal for contract labor. Net overall impact was a $753K increase.
- **Benefits**
  - A decrease of $3.5M was recorded in our Pension plan due to market rates experience and projections

Main Budget Savings Initiatives: Other Expenses

Summary of Primary Impacts: Other Expenses

This category has the highest # of reduction strategies in over 60 departments at $6.4M in reductions. The reductions were offset by $3.7M in increases primarily related to new revenue growth strategies.

- **Supplies:** Some of the larger impacts were in the Emergency Department by a reduction of $699K, followed by Pharmacy Patients Drug Sold by $584K, Surgery by $410K, and $831K across 20 other departments.
  These were offset by the Infusion center due to growth (987K).

- **Repairs and Maintenance:** Primary reduction in ISS Applications of $799K

- **Other Expenses:** 32 Departments reduced ($677K) in this category with all under $100K. The largest reduction was in the Service Call Center with $100K in telephone savings strategies.

- **Capitated Third Party Claims Expenses:** Increased by $600K which is related to the increase in the premium of $3.7M due to an increased volume assumption.

September Financial Summary (000's) Budget Comparison

	Comparison to Budget - Month of September			
	Budget Sep-2025	Actual Sep-2025	$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	$55,037	$56,822	$1,785	3.1%
Other Operating Revenue	$21,723	$22,899	$1,175	5.1%
Total Operating Revenue	**$76,760**	**$79,720**	**$2,960**	**3.7%**
Operating Expenses				
Employment Expenses	$41,165	$42,190	$1,025	2.4%
Other Expenses	$36,523	$38,038	$1,515	4.0%
Total Operating Expenses	**$77,688**	**$80,228**	**$2,540**	**3.2%**
Operating Margin	**($928)**	**($507)**	**$420**	
Stimulus/FEMA	$0	($0)	($0)	
Operating Margin after Stimulus/FEMA	**($928)**	**($507)**	**$420**	
Nonoperating Revenue (Loss)	$992	$1,968	$976	
Excess Margin	**$65**	**$1,461**	**$1,396**	

Year to Date Financial Summary (000's)

	Comparison to Budget - YTD September			
	Budget YTD Sep-2025	Actual YTD Sep-2025	$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	$168,784	$166,612	($2,172)	-1.3%
Other Operating Revenue	$64,988	$68,651	$3,662	5.3%
Total Operating Revenue	**$233,772**	**$235,263**	**$1,490**	**0.6%**
Operating Expenses				
Employment Expenses	$126,061	$128,483	$2,422	1.9%
Other Expenses	$111,789	$113,508	$1,720	1.5%
Total Operating Expenses	**$237,850**	**$241,992**	**$4,141**	**1.7%**
Operating Margin	**($4,078)**	**($6,729)**	**($2,651)**	
Stimulus/FEMA	$0	($0)	($0)	
Operating Margin after Stimulus/FEMA	**($4,078)**	**($6,729)**	**($2,651)**	
Nonoperating Revenue (Loss)	$2,712	$4,270	$1,558	
Excess Margin	**($1,366)**	**($2,459)**	**($1,093)**	

September Financial Comparison (000's)

	Comparison to Budget - Month of September				Comparison to Prior Year - Month of September			
	Budget Sep-2025	Actual Sep-2025	$ Change	% Change	Actual Sep-2024	Actual Sep-2025	$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	**$55,037**	**$56,822**	**$1,785**	**3.1%**	**$51,648**	**$56,822**	**$5,173**	**9.1%**
Supplemental Gov't Programs	$9,727	$10,083	$357	3.5%	$7,482	$10,083	$2,601	25.8%
Prime Program	$631	$631	($0)	0.0%	$792	$631	($161)	-25.6%
Premium Revenue	$7,062	$7,126	$64	0.9%	$7,145	$7,126	($20)	-0.3%
Other Revenue	$4,304	$5,059	$755	14.9%	$3,722	$5,059	$1,337	26.4%
Other Operating Revenue	$21,723	$22,899	$1,175	5.1%	$19,142	$22,899	$3,757	16.4%
Total Operating Revenue	**$76,760**	**$79,720**	**$2,960**	**3.7%**	**$70,790**	**$79,720**	**$8,930**	**11.2%**
Operating Expenses								
Salaries & Wages	$31,857	$33,046	$1,188	3.6%	$31,522	$33,046	$1,524	4.6%
Contract Labor	$2,125	$1,376	($749)	-54.4%	$1,279	$1,376	$97	7.0%
Employee Benefits	$7,183	$7,768	$585	7.5%	$4,869	$7,768	$2,899	37.3%
Total Employment Expenses	**$41,165**	**$42,190**	**$1,025**	**2.4%**	**$37,671**	**$42,190**	**$4,519**	**10.7%**
Medical & Other Supplies	$13,604	$14,494	$890	6.1%	$13,940	$14,494	$554	3.8%
Physician Fees	$7,499	$7,632	$133	1.7%	$7,618	$7,632	$14	0.2%
Purchased Services	$1,801	$2,109	$308	14.6%	$1,521	$2,109	$588	27.9%
Repairs & Maintenance	$2,500	$2,205	($294)	-13.4%	$2,099	$2,205	$106	4.8%
Utilities	$1,012	$1,069	$56	5.3%	$961	$1,069	$108	10.1%
Rents & Leases	$136	$196	$60	30.7%	$155	$196	$41	21.0%
Depreciation & Amortization	$3,502	$3,473	($29)	-0.8%	$3,232	$3,473	$241	6.9%
Interest Expense	$554	$568	$14	2.5%	$583	$568	($15)	-2.6%
Other Expense	$2,264	$2,172	($92)	-4.2%	$2,315	$2,172	($143)	-6.6%
Humana Cap Plan Expenses	$3,650	$4,120	$470	11.4%	$3,053	$4,120	$1,066	25.9%
Total Other Expenses	**$36,523**	**$38,038**	**$1,515**	**4.0%**	**$35,477**	**$38,038**	**$2,560**	**6.7%**
Total Operating Expenses	**$77,688**	**$80,228**	**$2,540**	**3.2%**	**$73,148**	**$80,228**	**$7,079**	**8.8%**
Operating Margin	**($928)**	**($507)**	**$420**		**($2,358)**	**($507)**	**$1,851**	
Stimulus/FEMA	**$0**	**($0)**	**($0)**		**$0**	**($0)**	**($0)**	
Operating Margin after Stimulus/FEMA	**($928)**	**($507)**	**$420**		**($2,358)**	**($507)**	**$1,851**	
Nonoperating Revenue (Loss)	$992	$1,968	$976		$4,720	$1,968	($2,752)	
Excess Margin	**$65**	**$1,461**	**$1,396**		**$2,362**	**$1,461**	**($901)**	

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

	Comparison to Budget - YTD September				Comparison to Prior Year - YTD September			
	Budget YTD Sep-2025	Actual YTD Sep-2025	$ Change	% Change	Actual YTD Sep-2024	Actual YTD Sep-2025	$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	**$168,784**	**$166,612**	**($2,172)**	**-1.3%**	**$155,964**	**$166,612**	**$10,648**	**6.4%**
Supplemental Gov't Programs	$29,180	$29,522	$342	1.2%	$22,660	$29,522	$6,862	23.2%
Prime Program	$1,892	$1,892	($0)	0.0%	$2,376	$1,892	($484)	-25.6%
Premium Revenue	$21,186	$22,160	$975	4.4%	$21,848	$22,160	$312	1.4%
Other Revenue	$12,731	$15,076	$2,345	15.6%	$11,768	$15,076	$3,308	21.9%
Other Operating Revenue	$64,988	$68,651	$3,662	5.3%	$58,652	$68,651	$9,999	14.6%
Total Operating Revenue	**$233,772**	**$235,263**	**$1,490**	**0.6%**	**$214,616**	**$235,263**	**$20,646**	**8.8%**
Operating Expenses								
Salaries & Wages	$97,047	$100,552	$3,505	3.5%	$95,390	$100,552	$5,161	5.1%
Contract Labor	$7,209	$6,333	($876)	-13.8%	$3,344	$6,333	$2,989	47.2%
Employee Benefits	$21,805	$21,599	($206)	-1.0%	$16,259	$21,599	$5,340	24.7%
Total Employment Expenses	**$126,061**	**$128,483**	**$2,422**	**1.9%**	**$114,993**	**$128,483**	**$13,490**	**10.5%**
Medical & Other Supplies	$42,486	$43,751	$1,265	2.9%	$43,719	$43,751	$32	0.1%
Physician Fees	$22,461	$23,729	$1,268	5.3%	$22,225	$23,729	$1,504	6.3%
Purchased Services	$5,524	$5,829	$305	5.2%	$4,708	$5,829	$1,122	19.2%
Repairs & Maintenance	$7,665	$6,615	($1,050)	-15.9%	$6,325	$6,615	$290	4.4%
Utilities	$2,913	$2,946	$33	1.1%	$2,790	$2,946	$156	5.3%
Rents & Leases	$421	$407	($14)	-3.5%	$401	$407	$6	1.6%
Depreciation & Amortization	$10,512	$9,859	($653)	-6.6%	$9,537	$9,859	$323	3.3%
Interest Expense	$1,698	$1,707	$9	0.5%	$1,778	$1,707	($71)	-4.2%
Other Expense	$6,915	$6,159	($756)	-12.3%	$6,271	$6,159	($112)	-1.8%
Humana Cap Plan Expenses	$11,192	$12,505	$1,313	10.5%	$11,443	$12,505	$1,063	8.5%
Total Other Expenses	**$111,789**	**$113,508**	**$1,720**	**1.5%**	**$109,196**	**$113,508**	**$4,313**	**3.8%**
Total Operating Expenses	**$237,850**	**$241,992**	**$4,141**	**1.7%**	**$224,189**	**$241,992**	**$17,803**	**7.4%**
Operating Margin	**($4,078)**	**($6,729)**	**($2,651)**		**($9,572)**	**($6,729)**	**$2,843**	
Stimulus/FEMA	**$0**	**($0)**	**($0)**		**$0**	**($0)**	**($0)**	
Operating Margin after Stimulus/FEM	**($4,078)**	**($6,729)**	**($2,651)**		**($9,572)**	**($6,729)**	**$2,843**	
Nonoperating Revenue (Loss)	$2,712	$4,270	$1,558		$6,806	$4,270	($2,536)	
Excess Margin	**($1,366)**	**($2,459)**	**($1,093)**		**($2,767)**	**($2,459)**	**$307**	

Month of September - Budget Variances

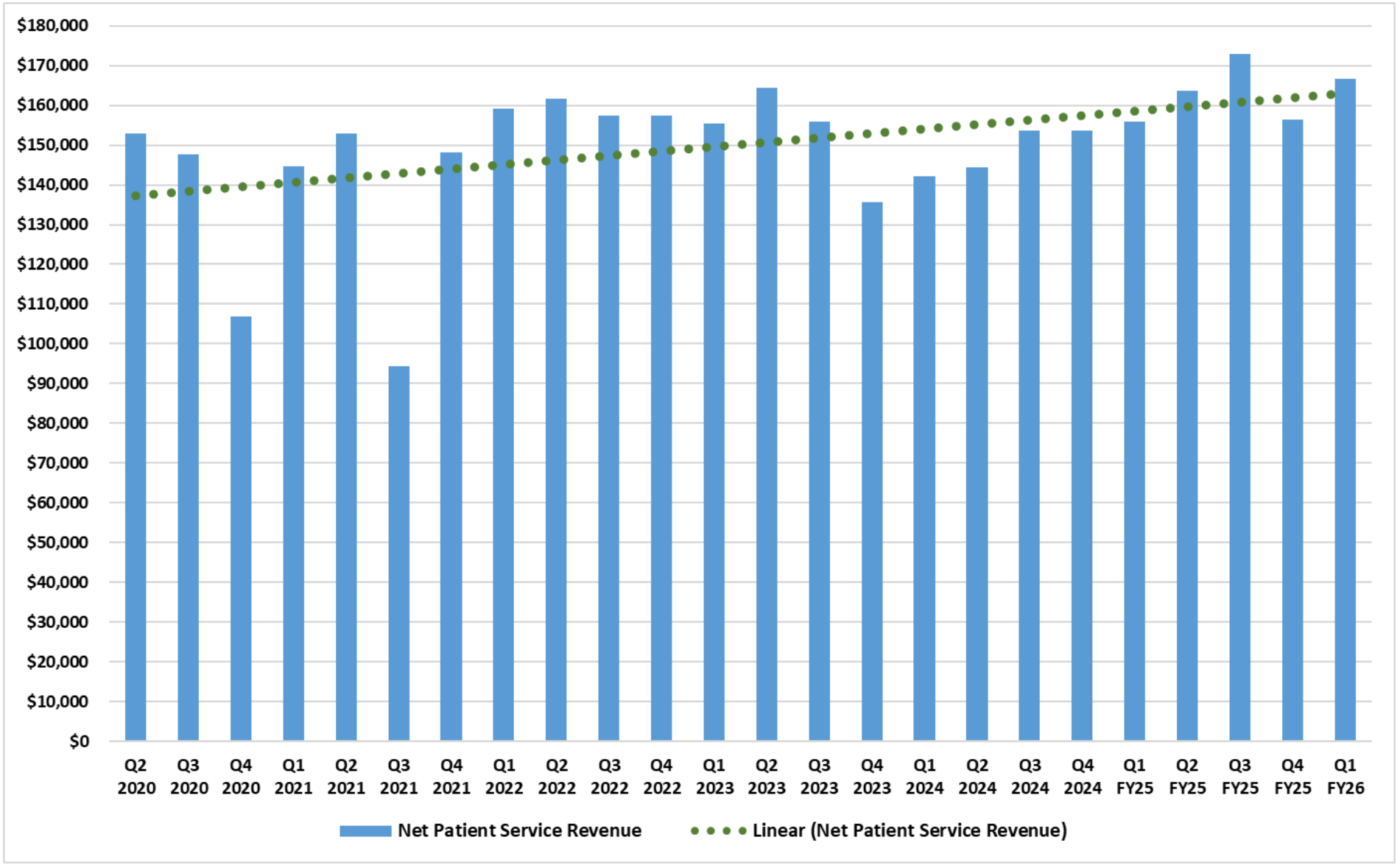
- **Net Patient Service Revenue:** The favorable budget variance in revenue is primarily due to the increase in our outpatient volume.
- **Other Revenue:** The $755K favorable budget variance is primarily due to an increase over budget in our retail pharmacy revenue.
- **Salaries and Wages:** The $1.2M unfavorable variance is due to increases in registered nurse expenses as compared to budget.
- **Medical & Other Supplies:** The $890k unfavorable variance is due to an increase in retail pharmacy costs ($365K) due to increase in revenue, and other minor equipment of ($323K) due to some closure of projects and IS projects.

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

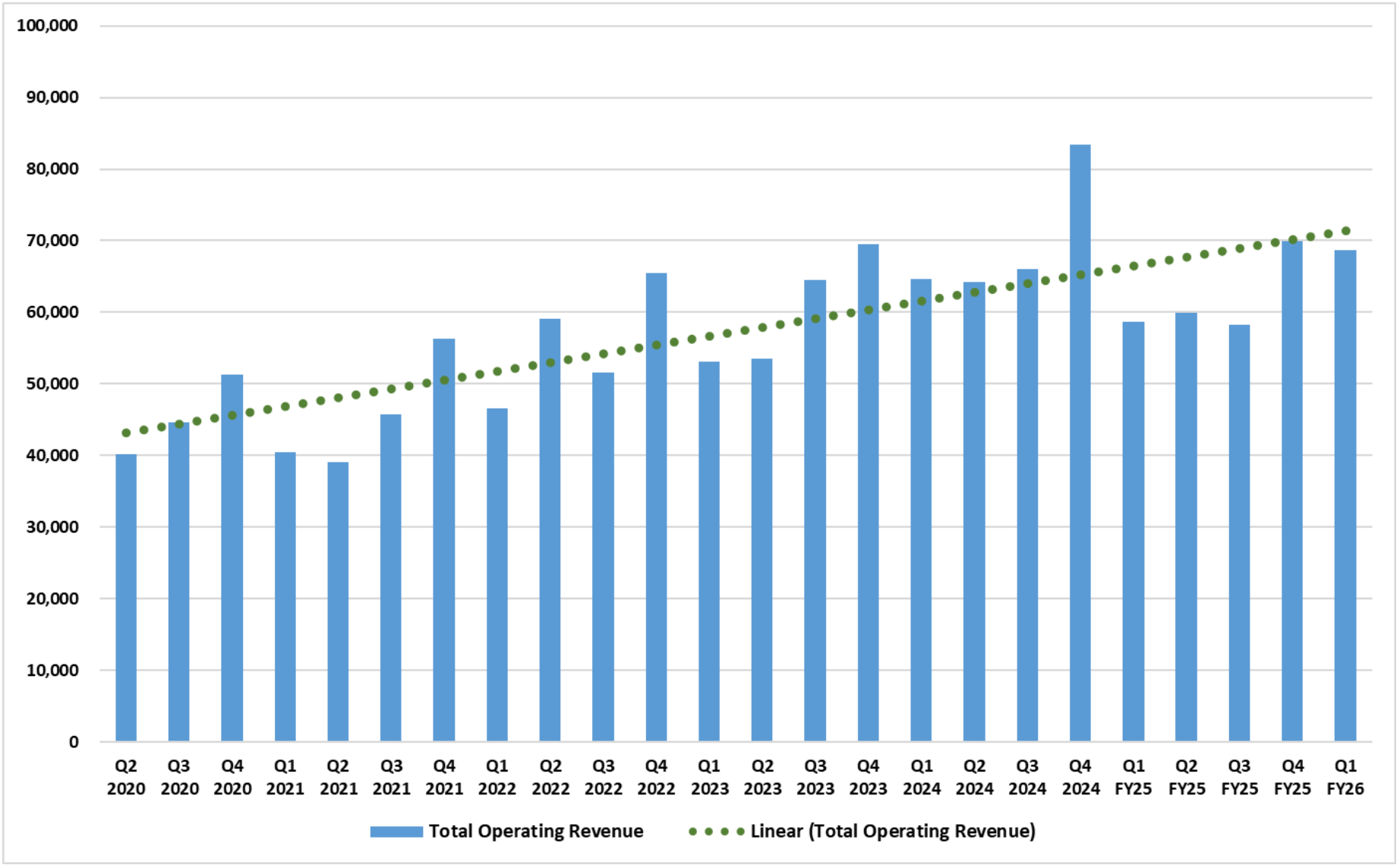
	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	FY 2026
Patient Service Revenue	$61,895	$53,731	$57,324	$55,188	$56,648	$44,473	$56,501	$53,289	$56,822	$166,612
Other Revenue	$18,042	$18,979	$21,231	$20,234	$20,167	$29,489	$21,848	$23,904	$22,899	$68,651
Total Operating Revenue	**$79,938**	**$72,710**	**$78,555**	**$75,422**	**$76,815**	**$73,962**	**$78,349**	**$77,193**	**$79,720**	**$235,263**
Employee Expense	$39,859	$38,637	$42,423	$43,595	$46,037	$40,488	$43,550	$42,743	$42,190	$128,483
Other Operating Expense	$36,630	$33,796	$36,024	$34,988	$38,656	$44,194	$38,484	$36,987	$38,038	$113,508
Total Operating Expenses	**$76,489**	**$72,433**	**$78,446**	**$78,583**	**$84,693**	**$84,682**	**$82,034**	**$79,730**	**$80,228**	**$241,992**
Net Operating Margin	**$3,448**	**$277**	**$109**	**($3,161)**	**($7,878)**	**($10,720)**	**($3,685)**	**($2,537)**	**($507)**	**($6,729)**
Stimulus/FEMA	$0	$0	$690	$0	$0	$0	$0	$0	$0	$0
NonOperating Income	$845	$1,166	$1,313	$1,114	$955	$2,603	$1,059	$1,243	$1,968	$4,270
Excess Margin	**$4,293**	**$1,443**	**$2,111**	**($2,047)**	**($6,923)**	**($8,117)**	**($2,625)**	**($1,295)**	**$1,461**	**($2,459)**

Profitability											Moody's A
Operating Margin %	4.3%	0.4%	0.1%	(4.2%)	(10.3%)	(14.5%)	(4.7%)	(3.3%)	(0.6%)	(2.9%)	0.1%
Operating Margin %excl. Int	5.1%	1.1%	0.9%	(3.4%)	(9.5%)	(13.6%)	(4.0%)	(2.6%)	0.1%	(2.1%)	
Operating EBIDA	$7,207	$4,052	$4,115	$920	($3,534)	($6,230)	$104	$1,200	$3,534	$4,837	
Operating EBIDA Margin	9.0%	5.6%	5.2%	1.2%	(4.6%)	(8.4%)	0.1%	1.6%	4.4%	2.1%	5.6%
Liquidity Indicators											
Day's Cash on Hand	80.3	88.9	88.1	95.7	90.5	95.7	102.7	96.4	93.2	93.2	206.5
Day's in Accounts Rec.	70.6	73.0	68.6	63.6	71.3	68.8	72.0	71.2	67.9	67.9	48.0
Debt & Other Indicators											
Debt Service Coverage (MADS)	3.20	3.90	4.10	4.00	3.70	4.00	0.50	0.90	1.60	1.60	3.80
Discharges (Monthly)	2,339	2,352	2,347	2,357	2,276	2,277	2,249	2,210	2,255	2,238	
Adj Discharges (Case mix adj)	8,294	8,320	8,053	8,500	8,534	8,255	8,071	8,493	8,430	8,331	
Adjusted patient Days (Mo.)	27,924	26,332	27,682	25,868	26,409	25,593	27,564	27,906	26,067	27,179	
Cost/Adj Discharge	$9.2	$8.7	$9.7	$9.2	$9.9	$10.3	$10.2	$9.4	$9.5	$9.7	
Compensation Ratio	64%	72%	74%	79%	81%	91%	77%	80%	74%	77%	

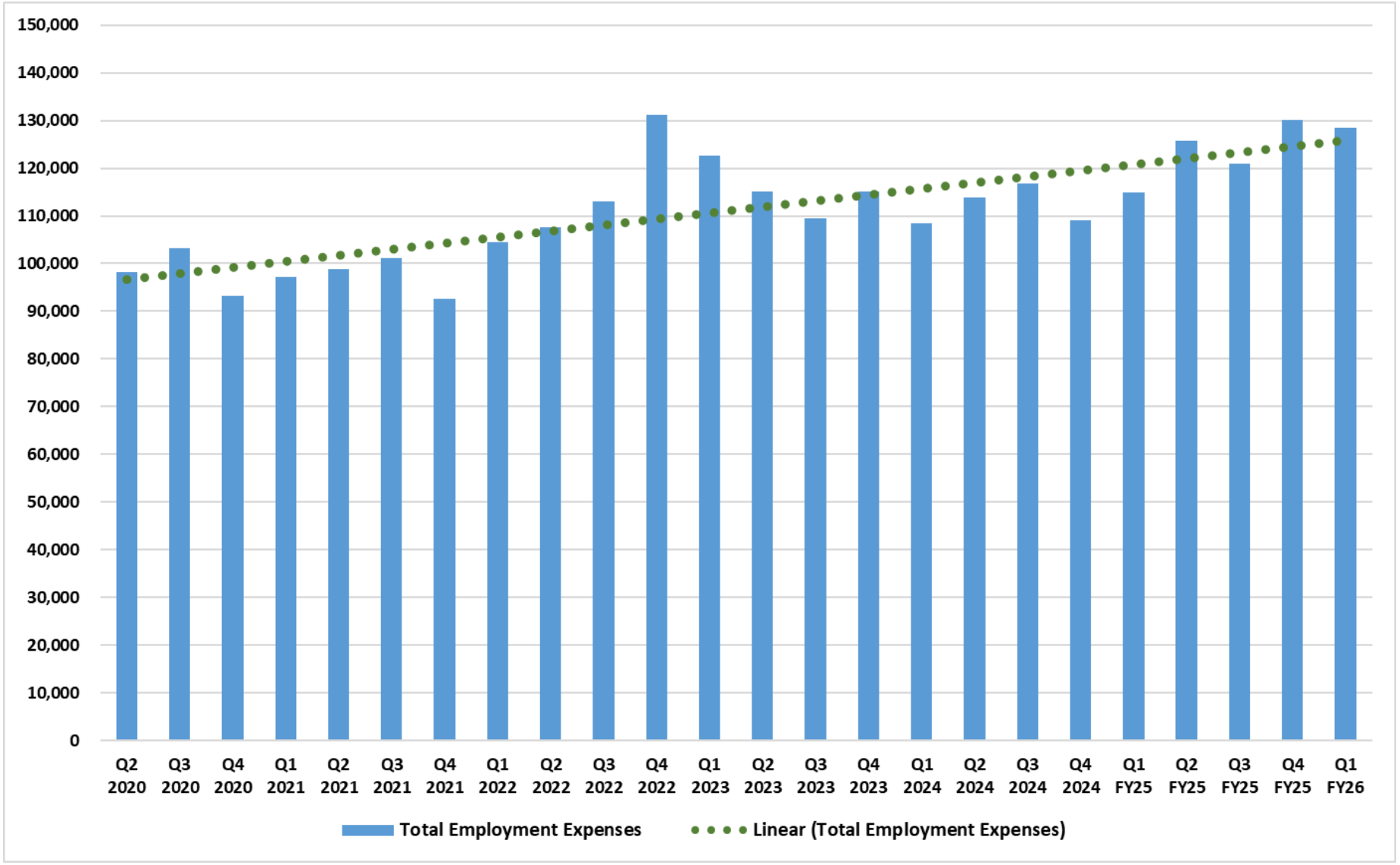
Quarterly Results: Trended Net Patient Revenue (000's)



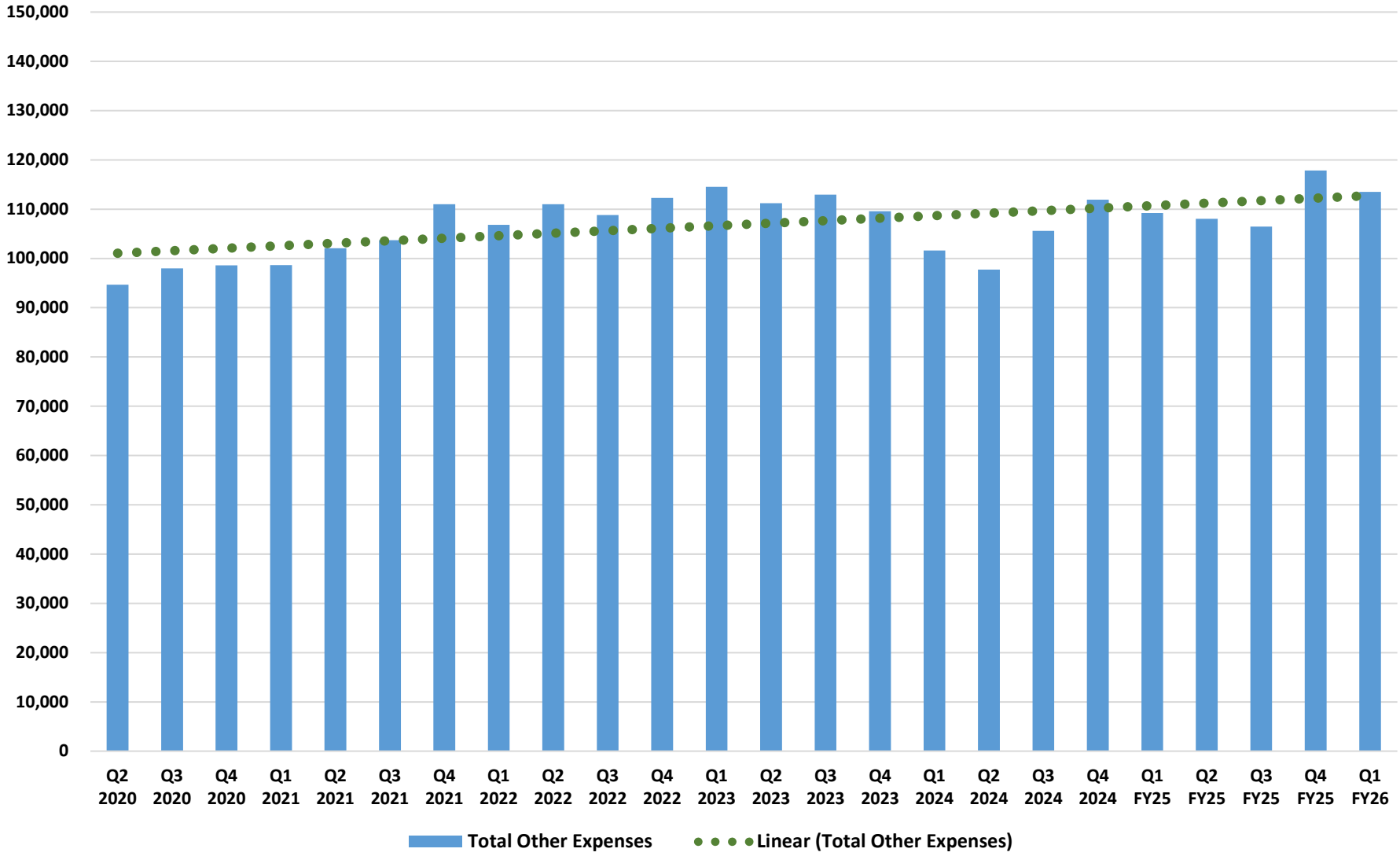
Quarterly Results: Other Operating Income (000's)



Quarterly Results: Total Employment Costs (000's)



Quarterly Results: Total Other Operating Expenses (000's)

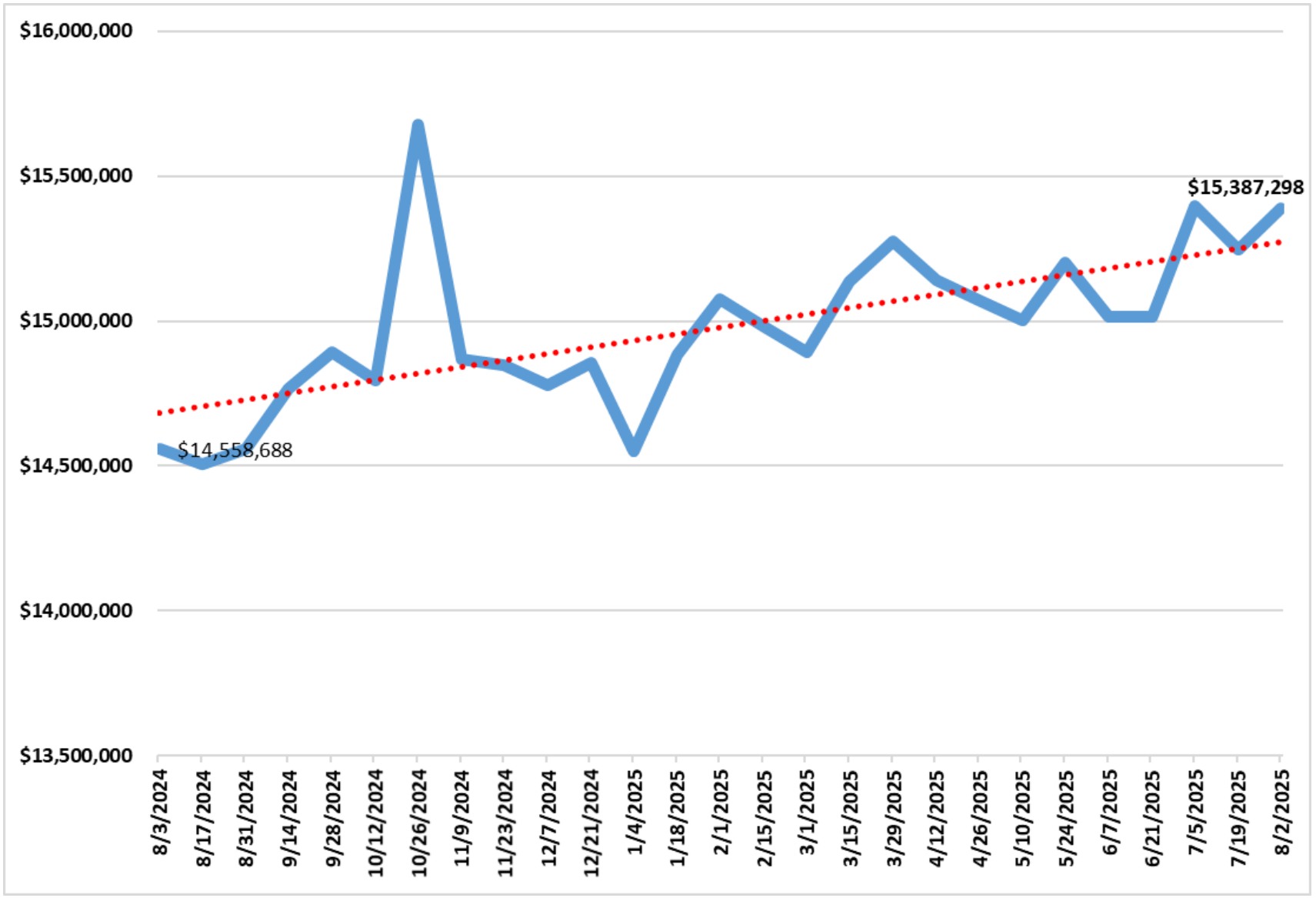


Trended Income Statement (000's)

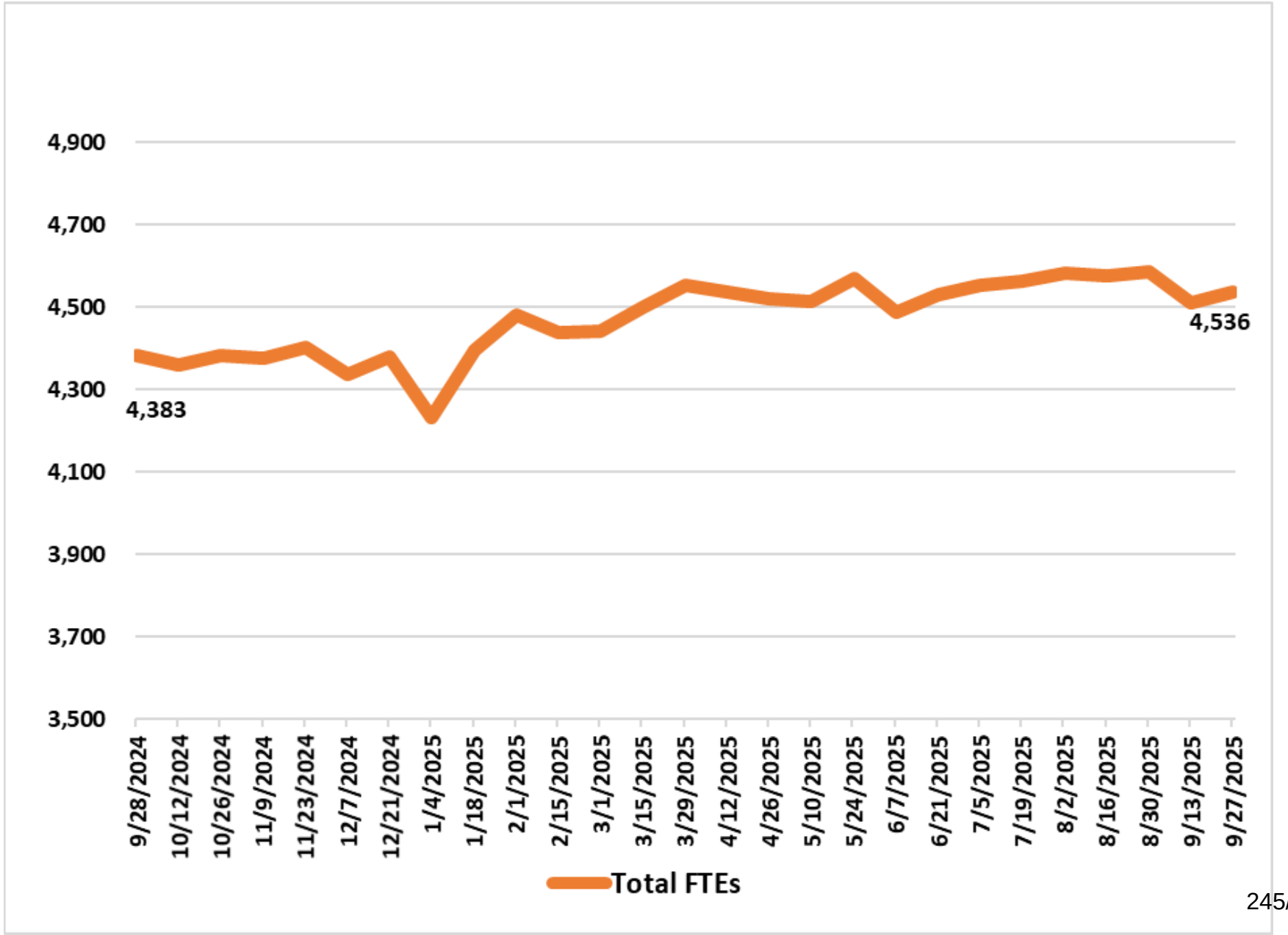
	FY 19	FY 20	FY 21	FY 22	FY23	FY 24	FY 25	FY26 Q1	FY 25 Budget	FY 26 Budget	Diff FY25 Actual - Budget
Operating Revenue											
Net Patient Service Revenue	**$561,911**	**$557,860**	**$596,175**	**$635,520**	**$611,350**	**$593,846**	**$648,904**	**$166,612**	**$637,868**	**$689,140**	**$11,036**
Supplemental Gov't Programs	76,471	61,392	56,081	75,202	81,807	106,005	94,965	29,522	89,717	116,718	5,247
Prime Program	17,717	16,196	10,668	15,850	8,719	8,832	13,994	1,892	9,502	7,568	4,491
Premium Revenue	40,871	50,903	58,107	69,495	79,051	88,413	85,931	22,761	90,567	86,863	(4,636)
Management Services Revenue	31,751	32,805	34,167	36,060	38,651	37,518	0	0	0	0	0
Other Revenue	24,245	21,422	22,674	25,811	32,387	37,459	51,793	14,476	52,872	51,881	(1,079)
Other Operating Revenue	191,056	182,718	181,697	222,418	240,615	278,228	246,682	68,651	242,658	263,030	4,024
Total Operating Revenue	**752,967**	**740,578**	**777,872**	**857,938**	**851,965**	**872,074**	**895,585**	**235,263**	**880,525**	**952,170**	**15,060**
Operating Expenses											
Salaries & Wages	287,902	308,594	324,151	350,198	337,091	353,465	387,194	100,552	375,604	404,657	11,591
Contract Labor	14,997	9,767	9,778	41,435	49,160	21,040	25,550	6,333	14,685	20,584	10,865
Employee Benefits	73,216	74,158	55,994	63,754	75,963	73,526	79,052	21,599	64,017	88,175	15,035
Total Employment Expenses	**376,115**	**392,520**	**389,923**	**455,386**	**462,214**	**448,031**	**491,796**	**128,483**	**454,306**	**513,416**	**37,490**
Medical & Other Supplies	112,866	119,490	131,449	130,842	130,224	127,531	165,851	43,751	174,807	171,448	(8,956)
Physician Fees	85,521	92,595	96,690	108,238	105,007	81,122	88,396	23,729	86,628	90,619	1,769
Purchased Services	21,151	20,096	19,231	19,289	18,647	18,892	21,412	5,829	21,484	22,470	(72)
Repairs & Maintenance	25,878	25,488	26,144	28,402	25,814	27,429	25,463	6,615	24,899	30,420	563
Utilities	5,642	6,001	7,392	9,170	10,151	10,467	10,556	2,946	10,987	11,593	(431)
Rents & Leases	6,119	6,373	6,192	6,171	2,201	1,928	1,706	407	1,843	1,656	(137)
Depreciation & Amortization	30,851	30,678	31,646	32,882	39,653	34,589	39,870	9,859	39,621	42,042	249
Interest Expense	5,453	5,886	6,771	7,563	7,482	7,545	7,229	1,707	7,163	6,739	66
Other Expense	17,260	20,422	20,737	22,748	26,810	23,280	32,950	6,159	26,858	27,492	6,092
Humana Cap Plan Expenses	19,151	23,441	34,758	38,443	43,179	48,426	48,086	12,505	44,345	44,403	3,740
Management Services Expense	31,359	32,363	34,447	34,977	39,037	35,614	0	0	0	0	0
Total Other Expenses	**361,250**	**382,834**	**415,456**	**438,725**	**448,205**	**416,822**	**441,519**	**113,508**	**438,636**	**448,882**	**2,883**
Total Operating Expenses	**737,366**	**775,353**	**805,379**	**894,111**	**910,418**	**864,854**	**933,315**	**241,992**	**892,942**	**962,298**	**40,374**
Operating Margin	**15,601**	**(34,775)**	**(27,507)**	**(36,173)**	**(58,453)**	**7,221**	**(37,730)**	**(6,729)**	**(12,416)**	**(10,128)**	**(25,314)**
Stimulus Funds	0	10,149	32,461	18,742	609	$14	**$48,412**	**$0**	**$6,600**	0	41,812
Operating Margin after Stimulus	**15,601**	**(24,626)**	**4,954**	**(17,431)**	**(57,844)**	**7,234**	**10,682**	**(6,729)**	**(5,816)**	**(10,128)**	**16,498**
Nonoperating Revenue (Loss)	12,306	16,975	7,460	(8,036)	10,627	$14,124	**$16,977**	**$4,270**	**$7,916**	10,472	9,061
Excess Margin	**$27,907**	**($7,651)**	**$12,414**	**($25,467)**	**($47,218)**	**$21,358**	**$27,658**	**($2,459)**	**$2,100**	**$345**	**$25,559**

Operating Margin before Stimulus	**2.1%**	**(4.7%)**	**(3.5%)**	**(4.2%)**	**(6.9%)**	**0.8%**	**(4.2%)**	**(2.9%)**	**(1.4%)**	**(1.1%)**
Operating Margin after Stimulus	**2.1%**	**(3.3%)**	**0.6%**	**(2.0%)**	**(6.8%)**	**0.8%**	**1.2%**	**(2.9%)**	**(0.7%)**	**(1.1%)**
Excess Margin	**3.7%**	**(1.0%)**	**1.6%**	**(3.0%)**	**(5.5%)**	**2.4%**	**3.1%**	**(1.0%)**	**0.2%**	**0.0%**

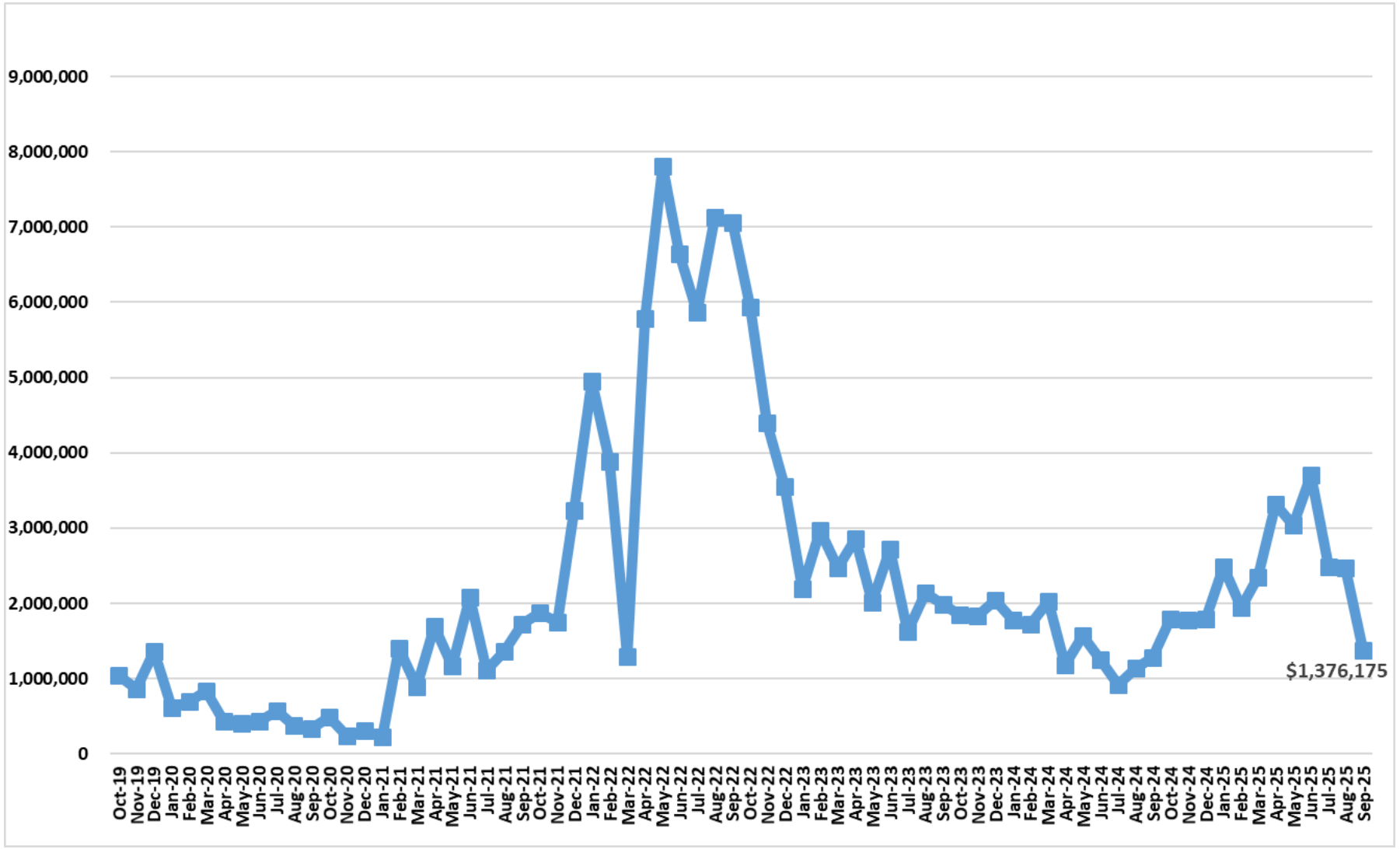
Biweekly Payroll Costs excluding Contract Labor



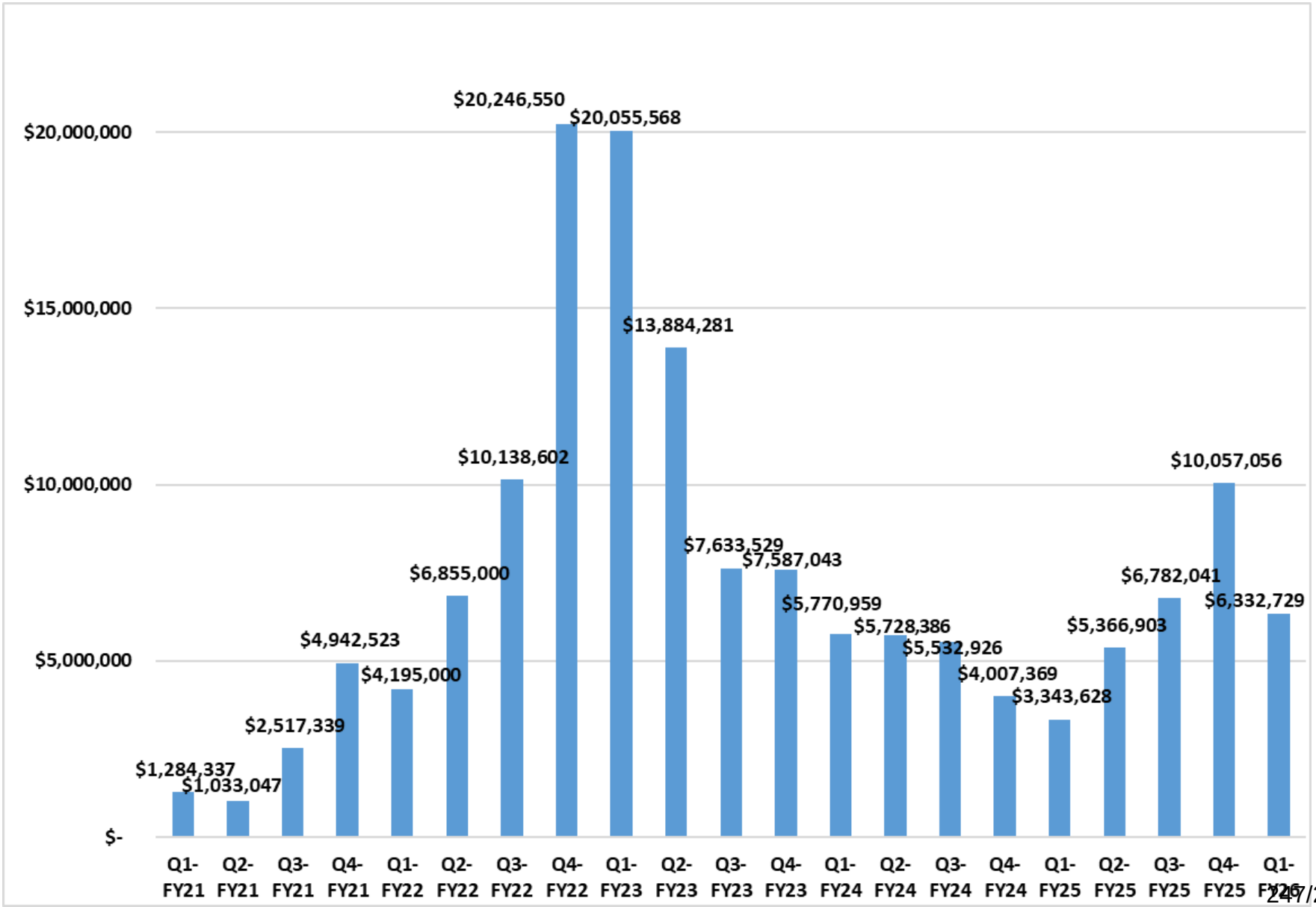
Total FTEs (includes Contract Labor)



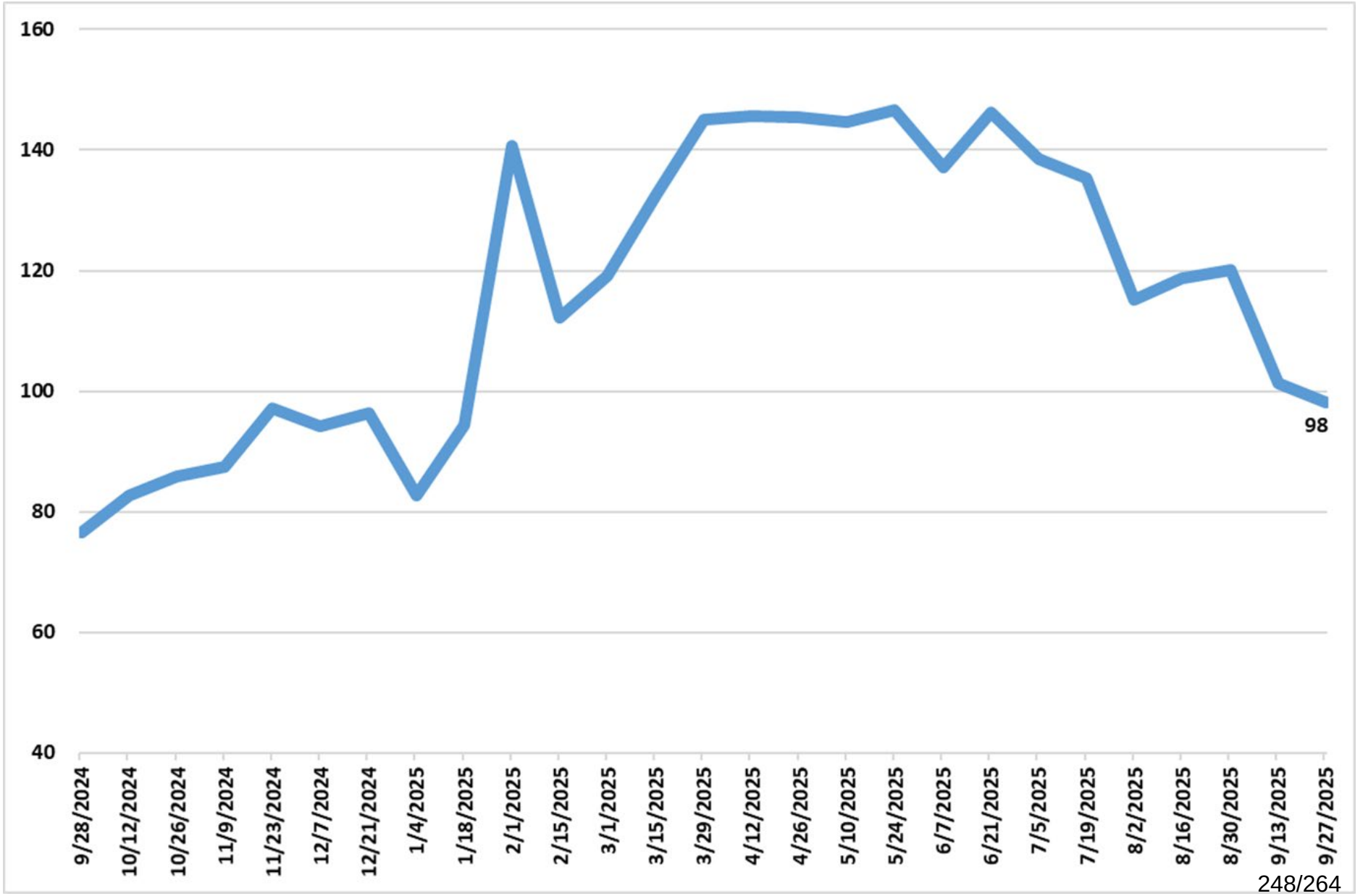
Monthly Contract Labor Costs



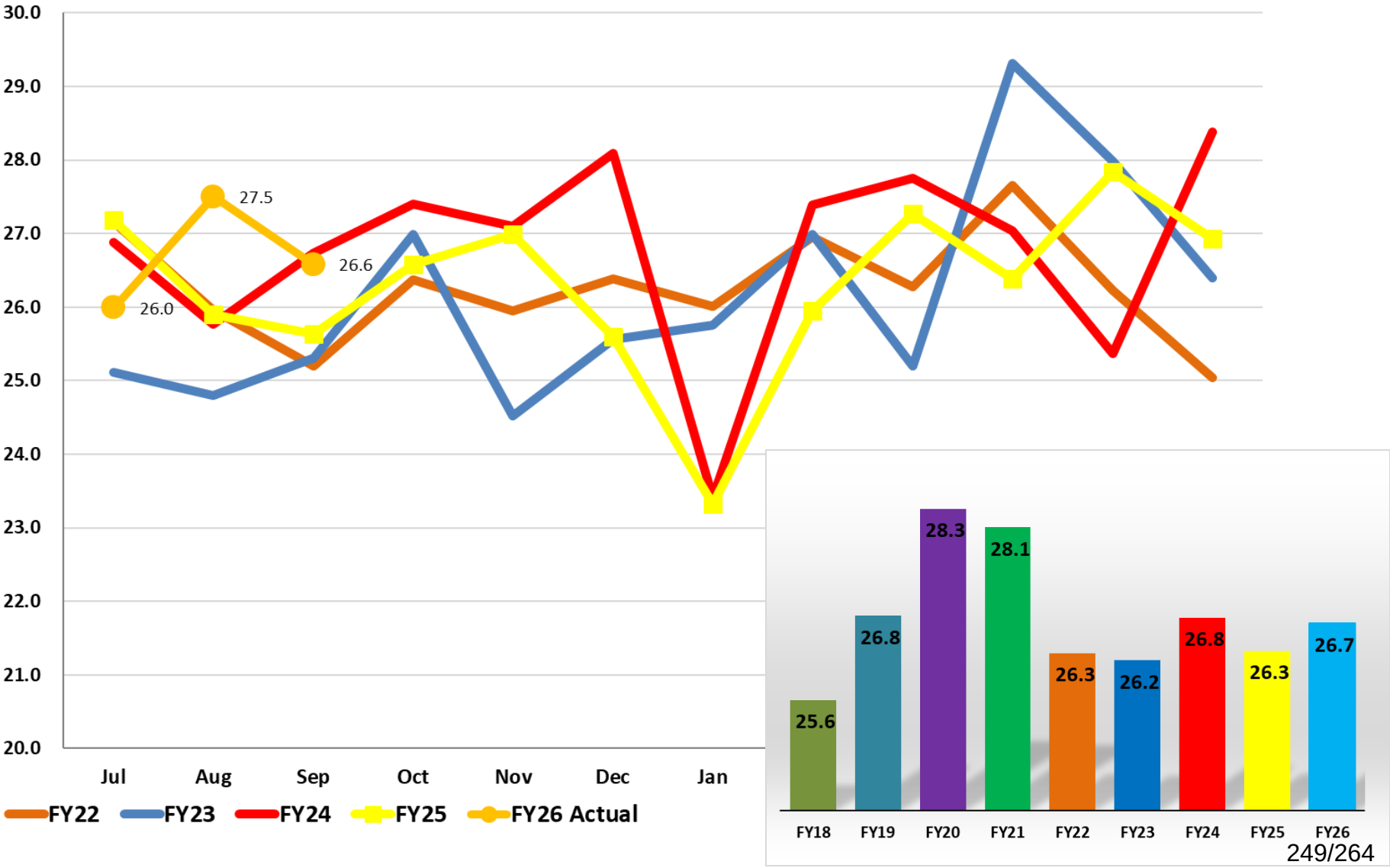
Quarterly Contract Labor Expenses



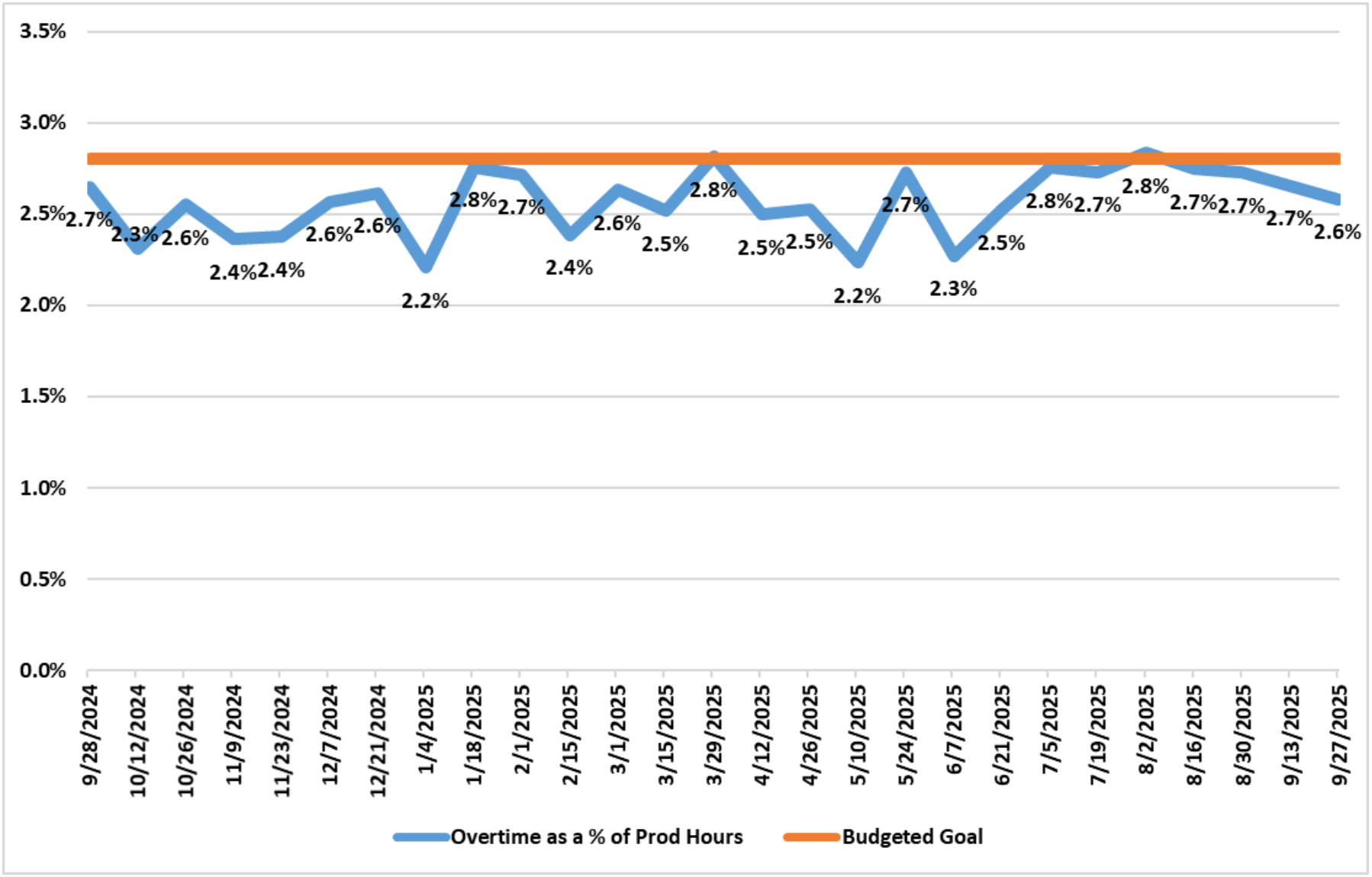
Contract Labor Full Time Equivalents (FTEs)



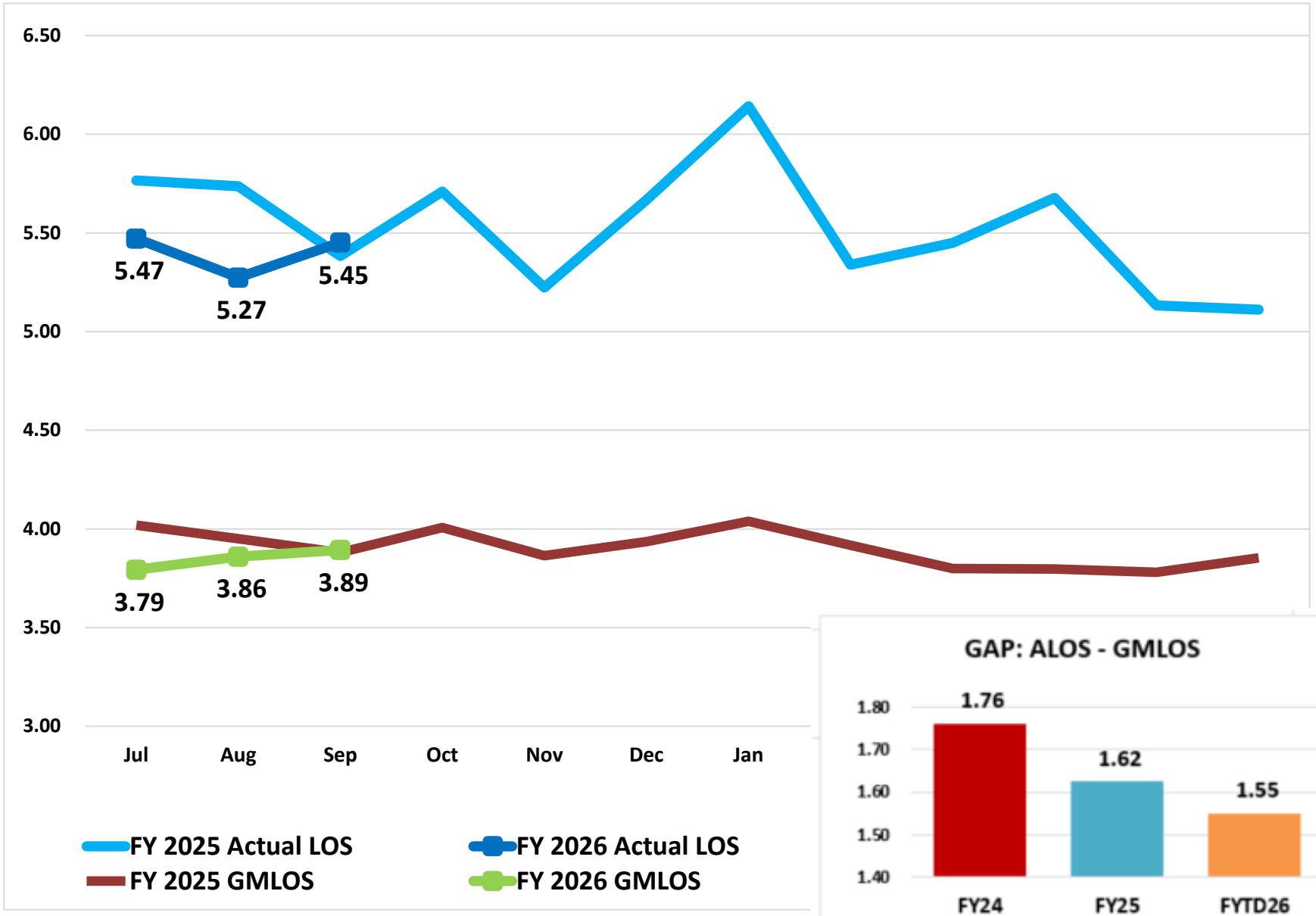
Productivity Measure : Worked Hours/ Adj. Patient Days



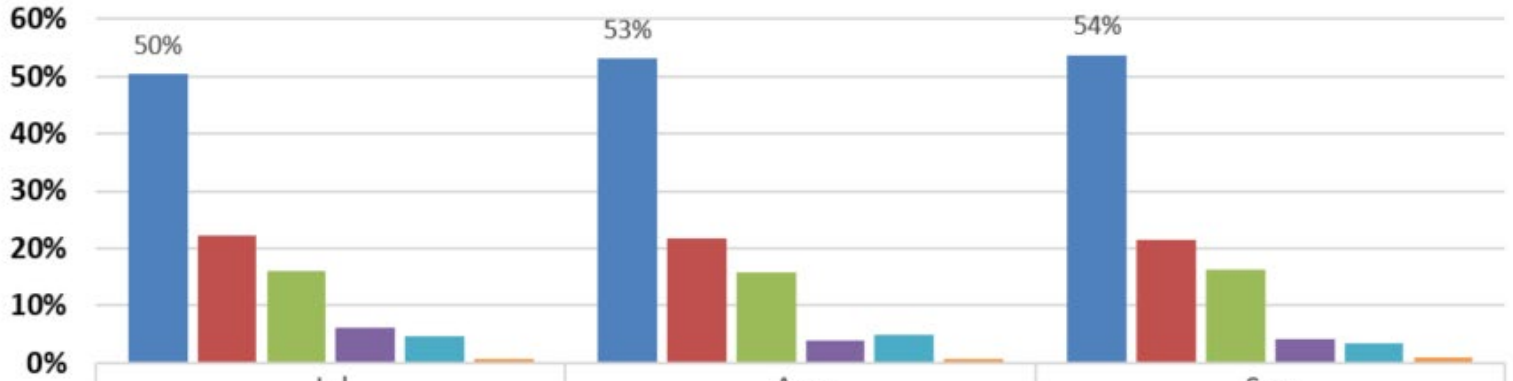
Overtime as a % of Productive Hours



Average Length of Stay versus National Average (GMLOS)



Average Length of Stay Distribution

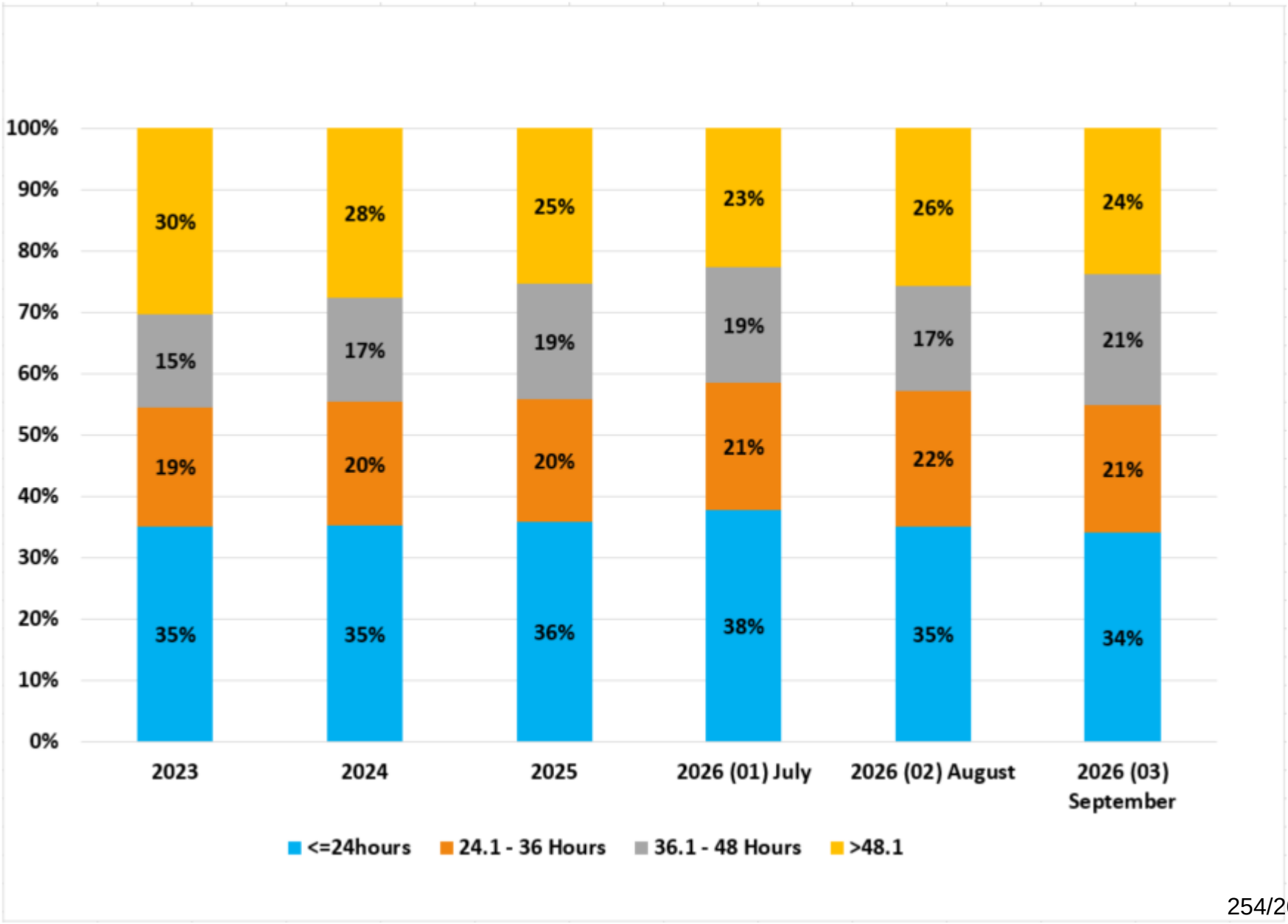


	Jul	Aug	Sep
at GMLOS or Better	50%	53%	54%
1-2 days over GMLOS	22%	22%	22%
2-6 days over GMLOS	16%	16%	16%
6-10 days over GMLOS	6%	4%	4%
10-30 days over GMLOS	5%	5%	4%
30+ days over GMLOS	0.6%	0.6%	0.9%

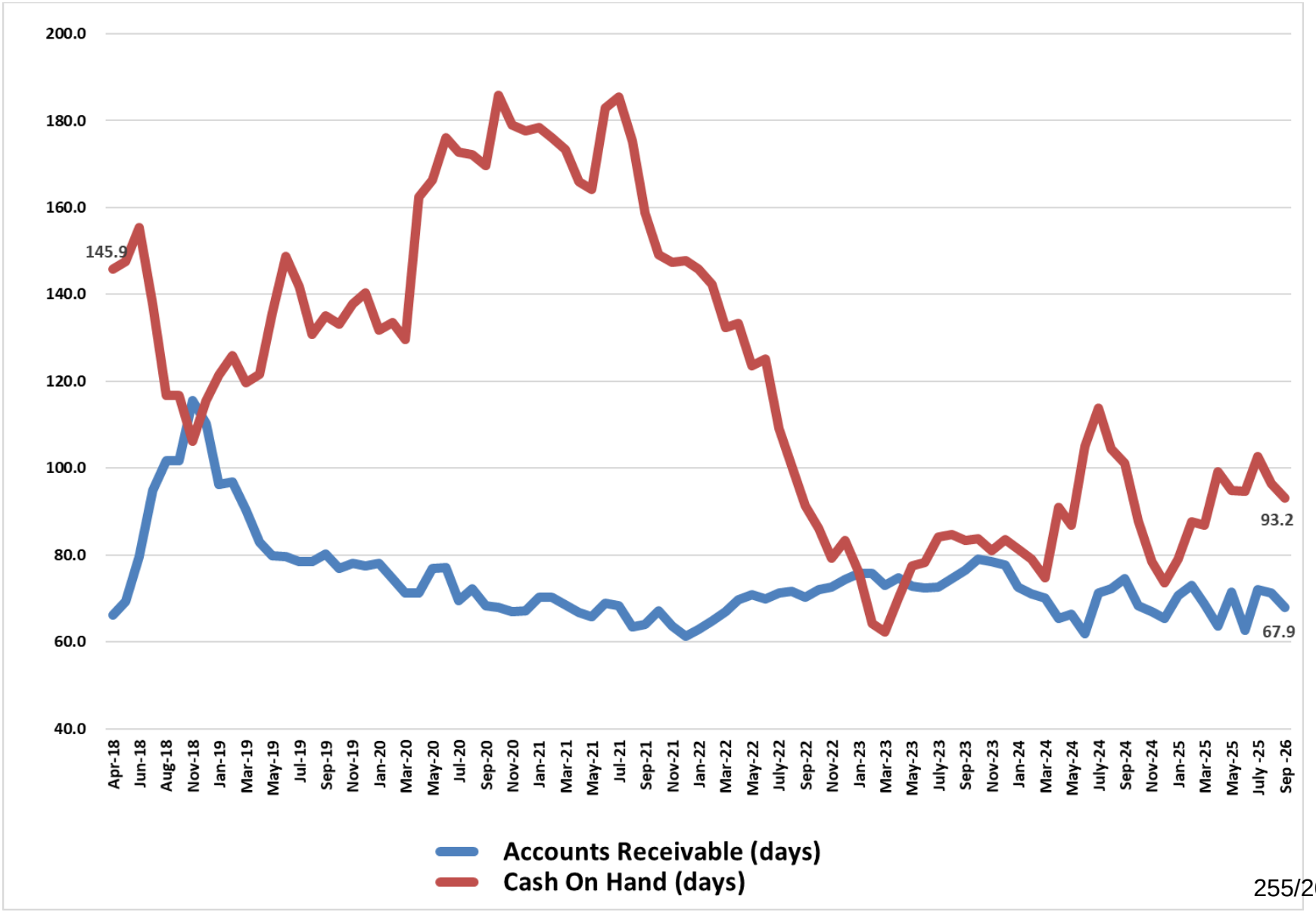
Average Length of Stay versus National Average (GMLOS)

	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	5.22	3.86	1.36
Dec-24	5.67	3.94	1.73
Jan-25	6.14	4.04	2.10
Feb-25	5.34	3.92	1.42
Mar-25	5.45	3.80	1.65
Apr-25	5.68	3.80	1.88
May-25	5.13	3.78	1.35
Jun-25	5.11	3.85	1.26
Jul-25	5.47	3.79	1.68
Aug-25	5.27	3.86	1.41
Sep-25	5.45	3.89	1.56

Trended % of Observation by Length of Stay



Trended Liquidity Ratios



Ratio Analysis Report

SEPTEMBER 30, 2025

	Current Month Value	Prior Month Value	June 30, 2025 Unaudited Value	2023 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.6	2.5	2.5	1.7	**1.8**	1.7
Accounts Receivable (days)	67.9	71.2	72.2	47.8	**47.7**	47.8
Cash On Hand (days)	93.2	96.4	95.2	273.9	**188.4**	134.1
Cushion Ratio (x)	11.0	11.3	10.9	44.7	**24.2**	16.6
Average Payment Period (days)	48.2	48.6	53.9	70.9	**62.7**	64.0
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	115.9%	119.0%	114.9%	271.7%	**164.5%**	131.0%
Debt-To-Capitalization	31.7%	31.4%	31.1%	22.5%	**31.1%**	35.0%
Debt-to-Cash Flow (x)	6.0	10.7	2.6	2.4	**3.6**	6.9
Debt Service Coverage	2.0	1.1	4.6	6.7	**4.5**	2.1
Maximum Annual Debt Service Coverage (x)	1.6	0.9	3.6	6.8	**3.8**	1.9
Age Of Plant (years)	14.0	14.5	13.6	11.1	**12.8**	13.9
PROFITABILITY RATIOS						
Operating Margin	(2.9%)	(4.0%)	(3.6%)	2.1%	**0.5%**	(2.3%)
Excess Margin	(1.0%)	(2.5%)	3.4%	5.5%	**2.7%**	(.9%)
Operating Cash Flow Margin	2.1%	0.8%	1.6%	6.7%	**5.5%**	3.0%
Return on Assets	(1.1%)	(2.6%)	3.6%	3.9%	**2.4%**	(.7%)

Consolidated Statements of Net Position (000's)

	Sep-25	Jun-25 (Unaudited)
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	$ 7,334	$ 6,595
Current Portion of Board designated and trusted assets	21,374	$ 17,533
Accounts receivable:		$ -
Net patient accounts	144,669	$ 154,634
Other receivables	32,586	$ 70,335
	177,255	224,969
Inventories	14,133	$ 13,871
Medicare and Medi-Cal settlements	83,459	$ 62,463
Prepaid expenses	12,431	$ 8,234
Total current assets	315,986	333,666
NON-CURRENT CASH AND INVESTMENTS - less current portion		
Board designated cash and assets	219,123	$ 218,025
Revenue bond assets held in trust	23,147	$ 22,950
Assets in self-insurance trust fund	616	$ 626
Total non-current cash and investments	242,886	241,602
INTANGIBLE RIGHT TO USE LEASE, net of accumulated amortization	15,531	$ 15,613
INTANGIBLE RIGHT TO USE SBITA, net of accumulated amortization	7,112	$ 8,062
CAPITAL ASSETS		
Land	17,542	$ 17,542
Buildings and improvements	438,525	$ 437,184
Equipment	343,677	$ 340,593
Construction in progress	20,163	$ 18,729
	819,908	814,048
Less accumulated depreciation	547,712	$ 541,607
	272,196	272,441
OTHER ASSETS		
Property not used in operations	5,145	$ 5,155
Health-related investments	1,832	$ 2,147
Other	22,203	$ 20,922
Total other assets	29,180	28,224
Total assets	882,890	899,608
DEFERRED OUTFLOWS	12,802	$ 13,133
Total assets and deferred outflows	**$ 895,692**	**$ 912,741**

Consolidated Statements of Net Position (000's)

	Sep-25	Jun-25
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	$ 27,684	$ 43,963
Accrued payroll and related liabilities	71,729	$ 71,620
SBITA liability, current portion	2,912	$ 3,031
Lease liabiilty, current portion	3,396	$ 3,204
Bonds payable, current portion	15,564	$ 13,014
Notes payable, current portion	384	$ -
Total current liabilities	121,668	134,831
LEASE LIABILITY, net of current portion	12,603	$ 12,850
SBITA LIABILITY, net of current portion	2,998	$ 3,941
LONG-TERM DEBT, less current portion		
Bonds payable	196,669	$ 201,619
Notes payable	20,366	$ 20,750
Total long-term debt	217,035	222,369
NET PENSION LIABILITY	18,841	$ 16,169
OTHER LONG-TERM LIABILITIES	52,684	$ 50,472
Total liabilities	425,829	440,632
NET ASSETS		
Invested in capital assets, net of related debt	59,823	$ 60,147
Restricted	63,673	$ 58,980
Unrestricted	346,367	$ 352,983
Total net position	469,863	$ 472,110
Total liabilities and net position	**$ 895,692**	**$ 912,741**

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
September 30, 2025

Board designated funds	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIF		4.40	Various		41,608,632	
CAMP		4.36	CAMP		38,118,895	
Allspring		3.75	Money market		94,428	
PFM		3.75	Money market		323,391	
Western Alliance		0.25	Money market		130,781	
Allspring	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000	
Allspring	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000	
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000	
Allspring	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000	
Western Alliance - CDARS	2-Apr-26	4.01	CD	First Heritage Bank	240,376	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Farmers & Merchants Bank	13,721	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Citizens Bank & Trust	22,822	
Western Alliance - CDARS	2-Apr-26	4.01	CD	American Plus Bank, N.A.	240,376	
Western Alliance - CDARS	2-Apr-26	4.01	CD	BOKF, National Association	240,376	
Western Alliance - CDARS	2-Apr-26	4.01	CD	CalPrivate Bank	240,376	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Centreville Bak	240,376	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Citizens Bank & Trust	217,555	
Western Alliance - CDARS	2-Apr-26	4.01	CD	City Natl Bank of Sulphur Springs	240,376	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Farmer & Merchants Bank	178,557	
Western Alliance - CDARS	2-Apr-26	4.01	CD	First Oklahoma Bank	203,034	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Homeland Federal Savings Bank	16,172	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Locus Bank	240,376	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Old National Bank	240,376	
Western Alliance - CDARS	2-Apr-26	4.01	CD	River City Bank	240,376	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Solera National Bank	240,376	
Allspring	21-Apr-26	4.75	MTN-C	Morgan Stanley	1,000,000	
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000	
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000	
Allspring	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000	
Allspring	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000	
Allspring	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000	
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000	
PFM	7-Jul-26	5.25	MTN-C	American Honda Mtn	145,000	
PFM	20-Jul-26	3.73	ABS	Honda Auto Rec Own	7,507	
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	330,000	
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000	
PFM	18-Sep-26	5.61	MTN-C	Natixis Ny	405,000	
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	2,210,000	
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	1-Nov-26	4.76	Municipal	California St Univ	125,000	
PFM	4-Nov-26	1.65	MTN-C	American Express Co	445,000	
PFM	13-Nov-26	5.60	MTN-C	National Rural Mtn	160,000	
Allspring	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	2,000,000	
Allspring	4-Dec-26	5.49	MTN-C	Citibank N A	1,000,000	
Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000	
PFM	26-Feb-27	4.80	MTN-C	Cisco Sys Inc	260,000	
PFM	15-Mar-27	5.90	ABS	Daimler Trucks	159,285	
PFM	18-Mar-27	4.99	MTN-C	State Street Corp	335,000	
PFM	25-Mar-27	3.22	U.S. Govt Agency	FHLMC	575,000	
PFM	30-Mar-27	5.39	MTN-C	Hormel Food Corp	115,000	
PFM	15-Apr-27	2.50	MTN-C	Home Depot Inc	220,000	
PFM	15-Apr-27	3.97	ABS	Carmax Auto Owner	120,496	
Allspring	30-Apr-27	2.75	U.S. Govt Agency	US Treasury Bill	970,000	
PFM	30-Apr-27	0.50	U.S. Govt Agency	US Treasury Bill	250,000	
PFM	30-Apr-27	2.75	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	1-May-27	5.41	MTN-C	Goldman Sachs	220,000	
PFM	13-May-27	5.00	MTN-C	Paccar Financial Mtn	95,000	
PFM	15-May-27	3.70	MTN-C	Unitedhealth Group	85,000	
PFM	15-May-27	2.38	U.S. Govt Agency	US Treasury Bill	925,000	
PFM	17-May-27	3.66	ABS	Capital One Prime	67,296	
Allspring	21-May-27	5.41	MTN-C	Goldman Sachs	1,100,000	
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St	1,000,000	
PFM	26-Jul-27	4.60	MTN-C	Blackrock Funding	185,000	
PFM	31-Jul-27	2.75	U.S. Govt Agency	US Treasury Bill	185,000	
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000	
Allspring	1-Aug-27	3.23	Municipal	San Jose Ca Redev	400,000	
Allspring	6-Aug-27	4.45	MTN-C	Paccar Financial Mtn	900,000	
PFM	15-Aug-27	2.25	U.S. Govt Agency	US Treasury Bill	190,000	
PFM	31-Aug-27	0.50	U.S. Govt Agency	US Treasury Bill	1,140,000	
Allspring	15-Sep-27	5.93	MTN-C	Bank of America	1,100,000	
Allspring	1-Oct-27	4.66	Municipal	San Francisco Ca	1,000,000	
PFM	8-Oct-27	4.35	MTN-C	Toyota Motor	130,000	
Allspring	22-Oct-27	4.33	MTN-C	State Street Corp	1,000,000	
PFM	31-Oct-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000	
Allspring	15-Nov-27	4.60	MTN-C	Caterpillar Finl Mtn	1,000,000	
Allspring	15-Nov-27	5.49	ABS	Nissan Auto Lease	500,000	
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	74,418	
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer	310,000	
PFM	15-Jan-28	4.10	MTN-C	Mastercard	130,000	
Allspring	18-Jan-28	5.66	ABS	Mercedes Benz Auto	1,000,000	
PFM	24-Jan-28	4.90	MTN-C	Wells Fargo MTN	145,000	
PFM	7-Feb-28	3.44	MTN-C	Bank New York Mellon Mtn	300,000	
Allspring	12-Feb-28	4.55	MTN-C	Eli Lilly Co	300,000	
Allspring	16-Feb-28	4.47	ABS	GM Finl Consumer	541,439	
PFM	18-Feb-28	5.41	ABS	Honda Auto	240,014	
PFM	24-Feb-28	4.55	MTN-C	Cisco Sys Inc	70,000	
PFM	24-Feb-28	4.55	MTN-C	Hershey Co	80,000	
PFM	25-Feb-28	5.47	ABS	BMW Vehicle Owner	54,996	
PFM	26-Feb-28	4.48	MTN-C	Chevron USA Inc	340,000	
PFM	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill	1,500,000	
PFM	1-Mar-28	4.55	MTN-C	Johnson Johnson Sr	80,000	
PFM	17-Apr-28	5.48	ABS	Hyundai Auto	78,713	
Allspring	22-Apr-28	5.57	MTN-C	JP Morgan	1,100,000	
PFM	23-Apr-28	4.89	MTN-C	Goldman Sachs	155,000	
PFM	30-Apr-28	3.50	U.S. Govt Agency	US Treasury Bill	750,000	
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill	600,000	
PFM	9-May-28	4.25	MTN-C	Cummins INC	20,000	
PFM	15-May-28	5.23	ABS	Ford CR Auto Owner	117,591	
PFM	15-May-28	5.46	ABS	Ally Auto Rec	134,441	
PFM	26-May-28	5.50	MTN-C	Morgan Stanley	280,000	
PFM	31-May-28	3.63	U.S. Govt Agency	US Treasury Bill	730,000	
PFM	15-Jun-28	4.35	MTN-C	Target Corp	75,000	
PFM	15-Jun-28	4.35	MTN-C	Target Corp	290,000	
PFM	16-Jun-28	5.45	ABS	GM Finl con Auto Rec	79,263	

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
September 30, 2025

PFM	25-Jun-28	4.82	U.S. Govt Agency	FHLMC	530,000
PFM	25-Jun-28	4.78	U.S. Govt Agency	FHLMC	431,745
Allspring	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill	500,000
PFM	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill	1,300,000
PFM	1-Jul-28	4.42	Municipal	Los Angeles Ca	140,000
PFM	6-Jul-28	4.66	MTN-C	Morgan Stanley	250,000
Allspring	14-Jul-28	4.95	MTN-C	John Deere Mtn	700,000
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn	120,000
PFM	24-Jul-28	4.42	MTN-C	Truist Bk Sr Nt	275,000
PFM	25-Jul-28	4.18	U.S. Govt Agency	FNMA	515,622
Allspring	1-Aug-28	5.75	Municipal	San Diego County	1,000,000
PFM	15-Aug-28	4.15	MTN-C	Lockheed Martin	40,000
PFM	15-Aug-28	5.53	ABS	Fifth Third Auto	288,689
PFM	15-Aug-28	5.69	ABS	Harley Davidson	392,444
PFM	25-Aug-28	4.74	U.S. Govt Agency	FHLMC	545,000
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC	545,000
PFM	15-Sep-28	5.16	ABS	Chase Issuance Trust	435,000
PFM	15-Sep-28	5.23	ABS	American Express	445,000
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC	410,000
PFM	25-Sep-28	4.80	U.S. Govt Agency	FHLMC	535,000
PFM	29-Sep-28	5.80	MTN-C	Citibank N A	535,000
PFM	30-Sep-28	4.63	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	25-Oct-28	5.80	MTN-C	Bank New York Mtn	1,000,000
PFM	25-Oct-28	5.07	U.S. Govt Agency	FHLMC	200,000
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC	300,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	775,000
Allspring	15-Nov-28	4.98	ABS	Bank of America	394,000
PFM	25-Nov-28	5.00	U.S. Govt Agency	FHLMC	280,000
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC	325,000
PFM	25-Dec-28	4.72	U.S. Govt Agency	FHLMC	315,000
PFM	31-Dec-28	3.75	U.S. Govt Agency	US Treasury Bill	1,200,000
PFM	31-Dec-28	1.38	U.S. Govt Agency	US Treasury Bill	500,000
PFM	12-Jan-29	5.02	MTN-C	Morgan Stanley	250,000
PFM	16-Jan-29	4.60	ABS	Chase Issuance Trust	490,000
PFM	24-Jan-29	4.92	MTN-C	JP Morgan	140,000
PFM	31-Jan-29	4.60	MTN-C	Paccar Financial Mtn	160,000
PFM	8-Feb-29	4.60	MTN-C	Air products	295,000
PFM	8-Feb-29	4.60	MTN-C	Texas Instrs	370,000
PFM	15-Feb-29	4.94	ABS	Wells Fargo Card	560,000
PFM	20-Feb-29	4.90	MTN-C	Cummins INC	195,000
PFM	22-Feb-29	4.90	MTN-C	Bristol Myers Squibb	200,000
Allspring	26-Feb-29	5.18	ABS	BMW Vehicle Owner	1,100,000
PFM	26-Feb-29	4.85	MTN-C	Cisco Sys Inc	225,000
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca	165,000
PFM	28-Feb-29	4.25	U.S. Govt Agency	US Treasury Bill	750,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	50,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	220,000
Allspring	15-Mar-29	5.38	ABS	Hyundai Auto Rec	1,000,000
Allspring	15-Mar-29	5.20	ABS	John Deere Owner	1,000,000
PFM	25-Mar-29	5.18	U.S. Govt Agency	FHLMC	315,000
Allspring	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	225,000
PFM	4-Apr-29	4.80	MTN-C	Adobe Inc	225,000
Allspring	15-Apr-29	5.10	ABS	Ford CR Auto Owner	1,000,000
PFM	15-Apr-29	5.10	ABS	Ford CR Auto Owner	415,000
PFM	23-Apr-29	4.91	MTN-C	Wells Fargo co	205,000
PFM	25-Apr-29	4.73	MTN-C	American Express	245,000
PFM	9-May-29	4.62	MTN-C	Bank America Mtn	290,000
PFM	15-May-29	4.42	ABS	Hyundai Auto Rec	195,000
PFM	25-May-29	4.72	U.S. Govt Agency	FHLMC	460,000
Allspring	31-May-29	4.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	15-Jun-29	5.15	MTN-C	National Rural Mtn	850,000
Allspring	20-Jun-29	5.98	ABS	Verizon Master Trust	1,000,000
Allspring	25-Jun-29	4.75	MTN-C	Home Depot Inc	500,000
PFM	25-Jun-29	4.75	MTN-C	Home Depot Inc	95,000
PFM	25-Jun-29	4.64	U.S. Govt Agency	FHLMC	200,000
PFM	30-Jun-29	3.25	U.S. Govt Agency	US Treasury Bill	2,030,000
PFM	15-Jul-29	4.76	ABS	Ford CR Auto Owner	360,000
Allspring	16-Jul-29	4.65	ABS	American Express	1,025,000
PFM	17-Jul-29	4.50	MTN-C	Pepsico inc	280,000
PFM	25-Jul-29	4.54	U.S. Govt Agency	FHLMC	515,000
PFM	25-Jul-29	4.62	U.S. Govt Agency	FHLMC	410,000
Allspring	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	500,000
PFM	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	260,000
PFM	9-Aug-29	4.55	MTN-C	Toyota Motor	195,000
PFM	14-Aug-29	4.20	MTN-C	Eli Lilly Co	65,000
PFM	16-Aug-29	4.27	ABS	GM Finl con Auto Rec	155,000
PFM	18-Aug-29	4.64	ABS	Toyota Auto	260,000
PFM	20-Aug-29	4.92	ABS	Volkswagen Auto Ln	365,000
PFM	31-Aug-29	3.63	U.S. Govt Agency	US Treasury Bill	750,000
PFM	18-Sep-29	3.80	MTN-C	Novartis Capital	365,000
PFM	21-Sep-29	4.57	ABS	Honda Auto	205,000
PFM	25-Sep-29	4.85	ABS	BMW Vehicle Owner	140,000
PFM	25-Sep-29	4.79	U.S. Govt Agency	FHLMC	345,000
Allspring	30-Sep-29	3.50	U.S. Govt Agency	US Treasury Bill	950,000
Allspring	1-Oct-29	4.35	Municipal	Los Angeles Ca	250,000
PFM	4-Oct-29	4.05	MTN-C	Accenture Capital	195,000
PFM	15-Oct-29	4.15	ABS	Honda Auto	125,000
PFM	15-Oct-29	4.45	ABS	Ford Credit Auto	445,000
Allspring	31-Oct-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Oct-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	15-Nov-29	4.77	ABS	Toyota Auto	220,000
Allspring	30-Nov-29	4.13	U.S. Govt Agency	US Treasury Bill	1,700,000
Allspring	15-Dec-29	4.49	ABS	Nissan Auto Rec	500,000
PFM	17-Dec-29	4.78	ABS	Mercedes Benz Auto	255,000
Allspring	31-Dec-29	4.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	31-Dec-29	4.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	17-Jan-30	4.95	MTN-C	Adobe Inc	900,000
PFM	17-Jan-30	4.95	MTN-C	Adobe Inc	285,000
Allspring	23-Jan-30	5.20	MTN-C	Wells Fargo co	500,000
PFM	25-Jan-30	4.41	U.S. Govt Agency	FHLMC	205,000
PFM	31-Jan-30	4.25	U.S. Govt Agency	US Treasury Bill	295,000
Allspring	12-Feb-30	4.75	MTN-C	Eli Lilly Co	600,000
PFM	24-Feb-30	4.75	MTN-C	Cisco Sys Inc	290,000
PFM	28-Feb-30	4.00	U.S. Govt Agency	US Treasury Bill	160,000
PFM	20-Mar-30	4.51	ABS	Verizon Master Trust	440,000
PFM	31-Mar-30	4.00	U.S. Govt Agency	US Treasury Bill	700,000

KAWEAH DELTA HEALTH CARE DISTRICT
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PFM	15-Apr-30	4.28	ABS	American Express	410,000	
PFM	16-Apr-30	4.66	ABS	GM Finl Consumer	95,000	
PFM	24-Apr-30	4.76	MTN-C	State Street Corp	140,000	
Allspring	28-Apr-30	4.35	MTN-C	Walmart Inc	500,000	
PFM	28-Apr-30	4.30	MTN-C	Walmart Inc	160,000	
Allspring	30-Apr-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	1-May-30	4.20	MTN-C	Colgate Palmolive	180,000	
PFM	15-May-30	4.31	ABS	Bank of America	265,000	
PFM	15-May-30	4.34	ABS	WF Card Issuance	515,000	
PFM	15-May-30	4.80	MTN-C	Toyota Motor	200,000	
PFM	25-May-30	0.00	U.S. Govt Agency	FHLMC	375,000	
PFM	25-May-30	4.35	U.S. Govt Agency	FHLMC	575,000	
PFM	29-May-30	4.91	MTN-C	Citibank N A	250,000	
Allspring	31-May-30	4.00	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	5-Jun-30	4.55	MTN-C	John Deere Mtn	285,000	
PFM	15-Jun-30	4.50	MTN-C	Analog Devices	435,000	
PFM	21-Jun-30	4.30	ABS	Citibank Credit	580,000	
PFM	25-Jun-30	4.33	U.S. Govt Agency	FHLMC	575,000	
PFM	25-Jun-30	4.27	U.S. Govt Agency	FHLMC	590,000	
Allspring	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	540,000	
Allspring	15-Jul-30	4.16	ABS	Chase Issuance Trust	1,000,000	
PFM	15-Jul-30	4.30	ABS	American Express	330,000	
PFM	25-Jul-30	4.29	U.S. Govt Agency	FHLMC	460,000	
PFM	29-Jul-30	4.30	MTN-C	GE Aerospace	65,000	
Allspring	31-Jul-30	4.00	U.S. Govt Agency	US Treasury Bill	1,575,000	
Allspring	31-Jul-30	3.88	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	31-Jul-30	3.88	U.S. Govt Agency	US Treasury Bill	500,000	
Allspring	31-Aug-30	3.75	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	31-Aug-30	3.75	U.S. Govt Agency	US Treasury Bill	1,800,000	
PFM	15-Sep-30	3.95	MTN-C	Home Depot Inc	65,000	
PFM	16-Sep-30	3.82	ABS	Capital one Mtn	360,000	
						$ 203,149,710

	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
Self-insurance trust							
Wells Fargo Bank			Money market		110900	1,087,518	
Wells Fargo Bank			Fixed income - L/T		152300	621,456	
							1,708,974
2015A revenue bonds							
US Bank			Principal/Interest payment fund		142110	1,961,242	
							1,961,242
2015B revenue bonds							
US Bank			Principal/Interest payment fund		142110	1,394,969	
							1,394,969
2017C revenue bonds							
US Bank			Principal/Interest payment fund		142110	3,541,173	
							3,541,173
2020 revenue bonds							
US Bank			Principal/Interest payment fund		142110	725,442	
							725,442
2022 revenue bonds							
US Bank			Principal/Interest payment fund		142110	1,622,368	
							1,622,368
2014 general obligation bonds							
CAMP			Interest Payment fund		152440	2,430,980	
							2,430,980
Master Reserve fund							
US Bank					142102	(284,980)	
US Bank					142103	23,432,063	
							23,147,084
Operations							
Wells Fargo Bank		0.38	Checking	100100	100100	(2,182,352)	
Wells Fargo Bank		0.38	Checking	100500	100500	8,269,189	
						6,086,837	
Payroll							
Wells Fargo Bank		0.38	Checking		100200	(156,569)	
Wells Fargo Bank		0.38	Checking	Flexible Spending	100300	626,593	
Wells Fargo Bank		0.38	Checking	Benefits	100300	260,417	
Wells Fargo Bank		0.00	Checking	HSA	100300	28,155	
						758,596	
							6,845,433
					Total investments		**$ 246,527,375**

KAWEAH DELTA HEALTH CARE DISTRICT
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Kaweah Delta Hospital Foundation

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

Summary of board designated funds:

Plant fund:

Uncommitted plant funds		$ 141,093,069	142100	
Committed for capital		26,339,679	142100	
		167,432,748		
GO Bond reserve - L/T		1,992,658	142100	
401k Matching		8,384,009	142100	
Cost report settlement - current	2,135,384		142104	
Cost report settlement - L/T	1,312,727		142100	
		3,448,111		
Development fund/Memorial fund		104,184	112300	
Workers compensation - current	6,475,000		112900	
Workers compensation - L/T	15,313,000		113900	
		21,788,000		
		$ 203,149,710		

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	$ -	0.0%		-	0.0%
Cal Trust	-	0.0%		-	0.0%
CAMP	38,118,895	15.5%		38,118,895	18.2%
Local Agency Investment Fund (LAIF)	41,608,632	16.9%		41,608,632	19.8%
CAMP - GOB Tax Rev	2,430,980	1.0%	2,430,980	-	0.0%
Allspring	60,304,867	24.5%	1,708,974	58,595,893	27.9%
PFM	59,930,912	24.3%		59,930,912	28.5%
Western Alliance - CDARS	3,055,623			3,055,623	1.5%
Western Alliance	130,781			130,781	0.1%
Wells Fargo Bank	8,554,408	3.5%		8,554,408	4.1%
Signature Bank	-	0.0%	-	-	0.0%
US Bank	32,392,278	13.1%	32,392,278	-	0.0%
Total investments	$ 246,527,375	100.0%	$ 36,532,232	209,995,143	100.0%

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
September 30, 2025

Investment summary of surplus funds by type:			**Investment Limitations**	
Negotiable and other certificates of deposit	$	3,055,623	62,999,000	(30%)
Checking accounts		6,845,433		
Local Agency Investment Fund (LAIF)		41,608,632	75,000,000	
CAMP		38,118,895		
Medium-term notes (corporate) (MTN-C)		31,625,000	62,999,000	(30%)
U.S. government agency		62,567,367		
Municipal securities		5,685,000		
Money market accounts		548,600	41,999,000	(20%)
Commercial paper		-	52,499,000	(25%)
Asset Backed Securties		19,940,593	41,999,000	(20%)
Supra-National Agency		-	62,999,000	(30%)
	$	209,995,143		

Return on investment:

Current month	**3.78%**
Year-to-date	**3.70%**
Prospective	**3.83%**
LAIF (year-to-date)	**4.24%**
Budget	**4.22%**

Fair market value disclosure for the quarter ended September 30, 2025 (District only):	**Quarter-to-date**	**Year-to-date**
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	937,382
Change in unrealized gain (loss) on investments (income statement effect)	$ 589,097	589,097

Investment summary of CDs:		
American Plus Bank, N.A.	$	240,376
BOKF, National Association		240,376
CalPrivate Bank		240,376
Centreville Bak		240,376
Citizens Bank & Trust		240,376
City Natl Bank of Sulphur Springs		240,376
Farmer & Merchants Bank		178,557
Farmers & Merchants Bank		13,721
First Heritage Bank		240,376
First Oklahoma Bank		203,034
Homeland Federal Savings Bank		16,172
Locus Bank		240,376
Old National Bank		240,376
River City Bank		240,376
Solera National Bank		240,376
	$	3,055,623

Investment summary of asset backed securities:		
Ally Auto Rec	$	134,441
American Express		2,210,000
Bank of America		659,000
BMW Vehicle Owner		1,294,996
Capital One Prime		67,296
Capital one Mtn		360,000
Carmax Auto Owner		120,496
Chase Issuance Trust		1,925,000
Citibank Credit		580,000
Daimler Trucks		159,285
Fifth Third Auto		288,689
Ford CR Auto Owner		1,892,591
Ford Credit Auto		445,000
GM Finl con Auto Rec		234,263
GM Finl Consumer		636,439
Harley Davidson		392,444
Honda Auto		570,014
Honda Auto Rec Own		7,507
Hyundai Auto		78,713
Hyundai Auto Rec		1,195,000
John Deere Owner		1,000,000
Mercedes Benz Auto		1,329,418
Nissan Auto Lease		500,000
Nissan Auto Rec		500,000
Toyota Auto		480,000
Verizon Master Trust		1,440,000
Wells Fargo Card		560,000
WF Card Issuance		515,000
Volkswagen Auto Ln		365,000
	$	19,940,593

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
September 30, 2025

Investment summary of medium-term notes (corporate):		
Accenture Capital	$	195,000
Adobe Inc		1,410,000
American Express		245,000
American Express Co		445,000
American Honda Mtn		145,000
Analog Devices		435,000
Air products		295,000
Astrazeneca		165,000
Astrazeneca LP		265,000
Bank America Mtn		290,000
Bank of America		1,100,000
Bank New York Mellon Mtn		300,000
Bank New York Mtn		1,000,000
Blackrock Funding		455,000
Bp Cap Mkts Amer		310,000
Bristol Myers Squibb		200,000
Chevron USA Inc		340,000
Caterpillar Finl Mtn		1,220,000
Cisco Sys Inc		845,000
Citibank N A		1,785,000
Colgate Palmolive		180,000
Cummins INC		215,000
Eli Lilly Co		965,000
GE Aerospace		65,000
Goldman Sachs		1,475,000
Hershey Co		80,000
Home Depot Inc		880,000
Hormel Food Corp		115,000
IBM Corp		410,000
John Deere Mtn		1,105,000
Johnson Johnson Sr		80,000
JP Morgan		1,240,000
Lockheed Martin		40,000
Mastercard		130,000
Morgan Stanley		1,780,000
National Rural Mtn		1,010,000
Natixis Ny		405,000
Novartis Capital		365,000
Paccar Financial Mtn		1,155,000
Pepsico inc		280,000
Procter Gamble Co		1,300,000
State Street Corp		1,475,000
Target Corp		1,265,000
Texas Instrs		370,000
Truist Bk Sr Nt		275,000
Toyota Motor		1,925,000
Unitedhealth Group		85,000
Walmart Inc		660,000
Wells Fargo Mtn		145,000
Wells Fargo co		705,000
	$	31,625,000
Investment summary of U.S. government agency:		
Federal National Mortgage Association (FNMA)	$	515,622
Federal Home Loan Bank (FHLB)		0
Federal Home Loan Mortgage Corp (FHLMC)		10,016,745
US Treasury Bill		52,035,000
	$	62,567,367
Investment summary of municipal securities:		
Alameda Cnty Ca	$	500,000
Anaheim Ca Pub		1,000,000
California St Univ		125,000
Los Angeles Ca		660,000
Massachusetts St		1,000,000
San Diego County		1,000,000
San Francisco Ca		1,000,000
San Jose Ca Redev		400,000
	$	5,685,000