



February 17, 2023

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Wednesday February 22, 2023: 4:00PM Open Meeting; 4:01PM Closed meeting pursuant to Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155; 4:30PM Open Meeting followed by a Closed meeting pursuant to Health and Safety Code 32106.

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Health Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

The disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 or email: cmoccio@kaweahhealth.org, or on the Kaweah Delta Health Care District web page <http://www.kaweahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT
Mike Olmos, Secretary/Treasurer

A handwritten signature in black ink that reads "Cindy Moccio".

Cindy Moccio
Board Clerk / Executive Assistant to 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 February 22, 2023

OPEN MEETING AGENDA {4:00PM}

- 1. CALL TO ORDER**
- 2. APPROVAL OF AGENDA**
- 3. 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 jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
- 4. APPROVAL OF THE CLOSED AGENDA – 4:01PM**
 - 4.1. Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 6 Cases – *Ben Cripps, Chief Compliance & Risk Officer and Rachele Berglund, Legal Counsel*
 - 4.2. Credentialing** - 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 Health and Safety Code 1461 and 32155 – *Monica Manga, MD Chief of Staff*
 - 4.3. Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Monica Manga, MD Chief of Staff*
 - 4.4. Approval of the closed meeting minutes** – January 25, 2023.

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

Action Requested – Approval of the February 22, 2023 closed meeting agenda.

5. ADJOURN

CLOSED MEETING AGENDA {4:01PM}

- 1) **CALL TO ORDER**
- 2) **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 6 Cases
Ben Cripps, Chief Compliance & Risk Officer and Rachele Berglund, Legal Counsel
- 3) **CREDENTIALING** - 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 Health and Safety Code 1461 and 32155.
Monica Manga, MD Chief of Staff
- 4) **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.
Monica Manga, MD Chief of Staff
- 5) **APPROVAL OF THE CLOSED MEETING MINUTES** – January 25, 2023
Action Requested – Approval of the closed meeting minutes – [January 25, 2023](#).
- 6) **ADJOURN**

OPEN MEETING AGENDA {4:30PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **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 jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the [January 25, 2023](#) open minutes.
Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.
Action Requested – Approval of the open meeting minutes January 25, 2023 open board of directors meeting minutes.

6. RECOGNITIONS –

6.1. Presentation of [Resolution 2184](#) to [Mark Quesada](#) in recognition as the Kaweah Health World Class Employee of the Month recipient – February 2023.

7. CREDENTIALS - Medical Executive Committee 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 Medical Executive Committee be reviewed for approval.

Monica Manga, MD Chief of Staff

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

Recommended Action: Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff be approved or reappointed (as applicable), as attached, to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files.

8. CHIEF OF STAFF REPORT – Report relative to current Medical Staff events and issues.

Monica Manga, MD, Chief of Staff

9. CONSENT CALENDAR - All matters under the Consent Calendar will be approved by one motion, unless a Board member requests separate action on a specific item.

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

Action Requested – Approval of the January 25, 2023 Consent Calendar.

9.1. REPORTS

- A. [Medical Staff Recruitment](#)
- B. [Compliance](#)
- C. [Urgent Care Services](#)
- D. [Strategic Plan](#)
- E. [Outpatient Imaging Services](#)

9.2. ADMINISTRATIVE POLICIES

- A. [\(AP38\)](#) Policy Manuals
- B. [\(AP48\)](#) Care and Referral of Patient Presenting with Unstable Behavioral Health Conditions
- C. [\(AP77\)](#) On-Call Physician Per Diem Process
- D. [\(AP98\)](#) Compliance with EMTALA
- E. [\(AP120\)](#) Insufficient Fund Checks (Returned Checks)
- F. [\(AP122\)](#) Interpreter Services
- G. [\(AP144\)](#) Currency Verification
- H. [\(AP146\)](#) Cash Control)
- I. [\(AP160\)](#) Mobile Device (cellular phone, smartphone, tablet, laptop) and Mobile Voice & Data Services
- J. [\(AP161\)](#) Workplace Violence Prevention Program
- K. [\(AP163\)](#) Photography and Video Recording of Patients and Staff
- L. (AP105) Professional and Service Club District Reimbursed Memberships - *Reviewed*
- M. (AP182) Allocation of Scarce Critical Care Resources During a Public Health Emergency - *Reviewed*

9.3. Recommended for approval by the Medical Executive Committee 02/2023 – [Privilege Form \(Revised\) for Certified Registered Nurse Anesthetist.](#)

10. [STRATEGIC PLAN - Outstanding Health Outcomes](#) – Detailed review of Strategic Plan Initiative.

Doug Leeper, Chief Information and Cybersecurity Officer & Sonia Duran Aguilar, Director of Population Health

11. [STRATEGIC PLAN - Organizational Effectiveness and Efficiency](#) – Detailed review of Strategic Plan Initiative.

Jag Batth, Chief Operating Officer & Rebekah Foster, Director Care Management / Speciality Care

12. [PATIENT THROUGHPUT PERFORMANCE](#) - Review of patient throughput performance improvement progress report.

Jag Batth, Chief Operating Officer

13. [BOARD BYLAWS AND JOB DESCRIPTIONS](#) – Board review and discussion of current Bylaws and job descriptions.

Board of Directors

14. **FINANCIALS** – Review of the most current fiscal year financial results and budget and a progress review and projections relative to the Kaweah Health initiatives to decrease costs and improve cost efficiencies.

Malinda Tupper – Chief Financial Officer

15. **REPORTS**

- 15.1. **Chief Executive Officer Report** - Report relative to current events and issues.

Gary Herbst, Chief Executive Officer

- 15.2. **Board President** - Report relative to current events and issues.

David Francis, Board President

16. **APPROVAL OF CLOSED AGENDA: Closed Agenda – immediately following the 4:30PM open meeting**

- 16.1. **Report involving trade secrets {Health and Safety Code 32106}** – Discussion will concern a proposed new services/programs – estimated date of disclosure is June 2023 – *Gary Herbst, Chief Executive Officer & Ryan Gates, Chief Population Health Officer*

17. **ADJOURN**

**CLOSED MEETING AGENDA
{Following the 4:30PM open meeting}**

1. **REPORT INVOLVING TRADE SECRETS {HEALTH AND SAFETY CODE 32106}** – Discussion will concern a proposed new services/programs – estimated date of disclosure is June 2023.

Gary Herbst, Chief Executive Officer & Ryan Gates, Chief Population Health Officer

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.

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY FEBRUARY 22, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-48

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JANUARY 25, 2023 AT 4:00PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Havard Mirviss, Gipson, Rodriguez & Olmos; G. Herbst, CEO; M. Manga, MD, Chief of Staff, K. Noeske, CNO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Officer & R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

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

Director Francis entertained a motion to approve the agenda.

MMSC (Havard Mirviss/Gipson) to approve the open agenda. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

PUBLIC PARTICIPATION – None

APPROVAL OF THE CLOSED AGENDA – 4:01PM

- **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Pursuant to Government Code 54956.9(d)(1); Oney vs. Kaweah Health Case Number VCU293813 and Burns-Nunez vs. Kaweah Health Case Number VCU293107 - *Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*
- **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 6 Cases - *Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*
- **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee - *Evelyn McEntire, Director of Risk Management*
- **CREDENTIALING** - 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 Health and Safety Code 1461 and 32155 - *Monica Manga, MD Chief of Staff*
- **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee - *Monica Manga, MD Chief of Staff*
- **APPROVAL OF THE CLOSED MEETING MINUTES** – December 22, 2022 and January 17, 2023.

Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board – No public present.

MMSC (Gipson/Havard Mirviss) to approve the January 25, 2023 closed agenda. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

ADJOURN - Meeting was adjourned at 4:01PM

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

ATTEST:

Mike Olmos, 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 JANUARY 25, 2023 AT 4:30PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Havard Mirviss, Gipson, Rodriguez & Olmos; G. Herbst, CEO; M. Manga, MD, Chief of Staff, K. Noeske, CNO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Officer & R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

The meeting was called to order at 4:39PM by Director Francis.

Director Francis asked for approval of the agenda.

MMSC (Gipson/Havard Mirviss) to approve the open agenda. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis Absent – Gipson & Rodriguez

PUBLIC PARTICIPATION – Dr. Riegel addressed the Board relative to pages 98-104 of the consent calendar {Job Descriptions} and requested that these pages be extracted and considered by the entire Board. Dr. Riegel made the following observations relative to the Board and the current job descriptions:

- The job descriptions for the Board do not take into account the service to their constituents and their responsibilities to their individual zones.
- The Board has a duty to their constituents. No board member should sign a job description that does not include their duty to their constituents.
- Dr. Riegel noted that he tried to mail information to the Board (Dave and Mike) and his letters were initially returned and he then mailed them to Cindy Moccio (Board Clerk) - there is no way to contact the Board except by public comment.
- Dr. Riegel stated that written Board Member policies should affirm that the primary duties are dual: (1) to the electorate of their Area and of the Health Care District; and, (2) Governance of the Health Care District. Dr. Riegel additionally noted that there may be times when conflict occurs between the two primary duties and that neither possesses a superior position unless provided by law.

CLOSED SESSION ACTION TAKEN: Approval the closed minutes from December 20, 2022 and January 17, 2023.

OPEN MINUTES – Request approval of the open meeting minutes December 20, 2022 and January 17, 2023.

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

MMSC (Gipson/Havard Mirviss) to approve the open minutes from December 22, 2022. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, and Francis Abstained – Rodriguez

MMSC (Gipson/Olmos) to approve the open minutes from January 17, 2023. This was supported unanimously by those present. Vote: Yes – Olmos, Gipson, and Francis Abstained – Rodriguez & Havard Mirviss

RECOGNITIONS – Ambar Rodriguez

- Presentation of Resolution 2177 to Evan Schmidt, RN in recognition as the Kaweah Health World Class Employee of the Month recipient – December 2022.
- Presentation of Resolution 2183 to Sabrina Marks in recognition as the Kaweah Health World Class Employee of the Month recipient – January 2023.

CREDENTIALING – Medical Executive Committee 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 Medical Executive Committee be reviewed for approval.

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

Director Francis requested a motion for the approval of the credentials report.

MMSC (Gipson/Rodriguez) Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the Executive Committee of the Medical Staff, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff, excluding Emergency Medicine Providers as highlighted on Exhibit A (copy attached to the original of these minutes and considered a part thereof), be approved or reappointed (as applicable), to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files . This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

CHIEF OF STAFF REPORT – Report relative to current Medical Staff events and issues – *Monica Manga, MD, Chief of Staff*

- No Report.

CONSENT CALENDAR – Director Francis entertained a motion to approve the consent calendar with the removal of item 9.4 {Job Descriptions} (copy attached to the original of these minutes and considered a part thereof).

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

MMSC (Havard Mirviss/Gipson) to approve the consent calendar as submitted. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

9.4 Job Descriptions – To be tabled for further review.

MMSC (Ambar/Olmos) to review the job descriptions. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

QUALITY – Rapid Response Team and Code Blue Committee Report – A review of key metrics submitted to American Heart Association’s data registry and associated action plans (copy attached to the original of these minutes and considered a part thereof) - *Shannon Cauthen MSN, RN, CCRN-K, Director of Critical Care Services.*

STRATEGIC PLAN - Growth and Innovation – Detailed review of Strategic Plan Initiative (copy attached to the original of these minutes and considered a part thereof) - *Marc Mertz, Chief Strategy Officer and Ivan Jara, Director of Rural Clinics and Urgent Cares*

STRATEGIC PLAN - Patient and Community Experience – Detailed review of Strategic Plan Initiative (copy attached to the original of these minutes and considered a part thereof) - *Keri Noeske, RN, Chief Nursing Officer and Deborah Volosin, Director of Community Engagement*

PATIENT THROUGHPUT PERFORMANCE - Review of patient throughput performance improvement progress report (copy attached to the original of these minutes and considered a part thereof) - *Keri Noeske, RN, Chief Nursing Officer*

BUDGET INITIATIVES – THROUGHPUT – Review of budget initiative / throughput (copy attached to the original of these minutes and considered a part thereof) - *Rebekah Foster, Director of Care Management & Keri Noeske, Chief Nursing Officer*

BUDGET INITIATIVES – EMPLOYEE RELATED – Review and discussion relative to the budget initiative – employee related (copy attached to the original of these minutes and considered a part thereof) - *Dianne Cox, Chief Human Resources Officer & Keri Noeske, Chief Nursing Officer*

FINANCIALS – Review of the most current fiscal year financial results and budget (copy attached to the original of these minutes and considered a part thereof) – *Malinda Tupper – Chief Financial Officer*

- *Detailed review and discussion relative to Humana*

CALDWELL AVENUE WIDENING PROJECT – Review and discussion relative to the proposal from the City of Visalia to acquire the necessary property for the Caldwell Avenue widening project as reviewed and supported by the Finance Property Services and Acquisition Committee on January 17, 2023 (copy attached to the original of these minutes and considered a part thereof) - *Marc Mertz, Chief Strategy Officer and Deborah Volosin, Director of Community Engagement*

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

MMSC (Olmos/Havard Mirviss) To accept the offer of \$42,600.00 from Bender Rosenthal, Inc (BRI) made on behalf of the City of Visalia to acquire 0.24 ± acres in Fee and 0.21 ± of a temporary construction easement as outlined in the purchase agreement and grant deed relative to APN 126-130-030 (portion of). To authorize the officers and agents of Kaweah Delta Health Care District dba Kaweah Health to approve and execute any and all documents, including but not limited to, the purchase agreement, the grant deed, the temporary construction easement deed, and the escrow instructions that are necessary to accomplish the sale and temporary construction easement of said property. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

REPORTS

Chief Executive Officer Report - Report relative to current events and issues – *Gary Herbst, CEO*

- Introduction of Dr. Brien as our new Chief Medical Officer and Chief Quality Officer.
- We are experiencing a reduction in COVID, flu, respiratory admissions. 88% total occupancy and only two patients holding in the ED.
- The reflection garden is almost complete and there will be a memorial honoring patients that have passed away.
- Continuing with Governance restructuring of the medical staff and it is moving forward.
- Sierra View call earlier this week relative to their Internal Medicine GME program and they have requested having Dr. Winston serve as DIO for their program - this could benefit both GME programs.

Board President - Report relative to current events and issues - *David Francis, Board President*

- No report.

ADJOURN - Meeting was adjourned at 7:15PM

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

ATTEST:

Mike Olmos, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors



RESOLUTION 2184

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Mark Quesada, with the World Class Service Excellence Award for the Month of February 2023, for consistent outstanding performance, and,

WHEREAS, the Board of Directors of the KAWEAH DELTA HEALTH CARE DISTRICT is aware of his excellence in caring and service,

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the KAWEAH DELTA HEALTH CARE DISTRICT on behalf of themselves, the hospital staff, and the community they represent, hereby extend their congratulations to Mark for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 22nd day of February 2023 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

**Secretary/Treasurer, Kaweah Delta Health Care District
and of the Board of Directors, thereof**

Nomination for: Mark Quesada, Production Designer

Submitted by: Cheryl Johnson, Marketing Coordinator

Comments: Mark is a true example of Kaweah Care as he works behind the scenes to provide World Class communication tools on behalf of Kaweah Health. Mark has worked tirelessly on-site throughout the pandemic and has been instrumental in meeting the requests for signs, posters, fliers, maps, as well as numerous other messaging projects that occur, often several times daily, due to the ever-changing environment. His skills throughout the rebranding process have been a major asset to our department's ability to effectively transition to the Kaweah Health identity. Mark is also always the first to step up and offer assistance, whether it be printing and installing signs, hammering stakes in the ground for Doctor's Day, Nurse Week, or Hospital Week banners (even in temperatures of 105 degrees), to creating and printing fliers and banners for service lines and numerous unit/department celebrations. His ability to handle stress in meeting tight timelines and his can-do attitude are an example to the entire team. Mark has been with Kaweah Health for 28 years. He transitioned from the Lifestyle Fitness Center (formerly TLC) to the Marketing and Communications department during the onset of the Covid 19 Pandemic and has become an integral member of the marketing team in the role of Production Designer.

**Physician Recruitment and Relations
Medical Staff Recruitment Report - February 2023**

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kaweahhealth.org - (559) 624-5456

Date prepared: 2/13/2023

Delta Doctors Inc.	
Family Medicine	2

Key Medical Associates	
Adult Hospitalist	1
Dermatology	1
Family Medicine/Internal Medicine	3
Gastroenterology	1
Pediatrics	1
Pulmonology	1
Rheumatology	1

Oak Creek Anesthesia	
Anesthesia - General	2
Anesthesia - Obstetrics	1

Orthopaedic Associates Medical Clinic, Inc.	
Orthopedic Surgery (General)	1
Orthopedic Surgery (Hand)	1
Orthopedic Surgery (Trauma)	1

Other Recruitment/Group TBD	
Dermatology	2
Endocrinology	1
EP Cardiology	1
Family Medicine	3
Gastroenterology	2
Hospice & Palliative Medicine	1
Neurology - Outpatient	1
Otolaryngology	2
Pulmonology - Outpatient	1

Sequoia Cardiology Medical Group	
EP Cardiology	1

Sequoia Oncology Medical Associates Inc.	
Hematology/Oncology	1

Stanford Health Care	
Cardiothoracic Surgery	2

USC Urology	
Urology	3

Valley Children's Health Care	
Maternal Fetal Medicine	2
Neonatology	1
Pediatric Cardiology	1
Pediatric Hospitalist	1

Valley Hospitalist Medical Group	
Adult Hospitalist	1
GI Hospitalist	1
Nocturnist	1

Valley ENT	
Audiology	1
Otolaryngology	1

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Anesthesia - Critical Care	Oak Creek Anesthesia	Lucaj, M.D.	Jon	08/23	The Medicus Firm - 11/23/22	Currently under review
Anesthesia - Critical Care	Oak Creek Anesthesia	Malamud, M.D.	Yan	ASAP	PracticeMatch Email Blast	Site Visit: 10/17/22. Offer accepted - Contract in progress
Anesthesia - General	Oak Creek Anesthesia	Ahmed-Sabry, M.D.	Mohammad	ASAP	The Medicus Firm - 12/6/22	Offer accepted
Anesthesia - General	Oak Creek Anesthesia	Christopherson, M.D.	David	08/25	Direct Email	Currently under review
Anesthesia - General	Oak Creek Anesthesia	Jacquez, M.D.	Immanuel	TBD	PracticeMatch - 2/9/23	Currently under review
Anesthesia - General	Oak Creek Anesthesia	Lee, M.D.	Christopher	TBD	The Medicus Firm - 12/6/22	Currently under review
Anesthesia - General	Oak Creek Anesthesia	Kruitbosch, M.D.	Shane	ASAP	Direct	Offer accepted
Anesthesia - General	Oak Creek Anesthesia	Romo, M.D.	Richard	ASAP	Worked part-time at Kaweah. Signed full-time when Madera closed.	Offer accepted
Cardiothoracic Surgery	Independent	Coku, M.D.	Lindita	ASAP	Delta Locums	Currently under review
Cardiothoracic Surgery	Stanford Health Care	McLean, M.D.	Michael	ASAP	Stanford Health Care	Site Visit: 3/20/2023
Cardiothoracic Surgery	Stanford Health Care	Wilhelm, M.D.	Jakub	ASAP	Stanford Health Care	Site visit pending phone interview with Dr. Mayer
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Thomas	Amber	ASAP	CompHealth - 1/30/23	Currently under review
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Coelho	Carly	02/23	Direct - 8/11/22	Offer accepted
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Enriquez	Richard	TBD	Direct - 9/1/22	Offer accepted - Contract in progress

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Havlicak	Ashley	01/23	Direct/Referral	Offer accepted
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Markman	Gregory	TBD	Direct - 11/28/22	Offer accepted - Contract in progress
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Ngo	Alexander	02/23	Direct - 10/12/22	Start Date: 2/13/23
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Yang	Chen	02/23	Direct - 11/18/22	Offer accepted
EP Cardiology	Sequoia Cardiology Medical Group	Buddhavarapu, M.D.	Sivacharan	08/23	Direct - PracticeLink	Currently under review
EP Cardiology	Sequoia Cardiology Medical Group	Cheema, M.D.	Kamal	08/23	Direct - PracticeLink	Currently under review. Has family in Fresno
EP Cardiology	Sequoia Cardiology Medical Group	Dhir, M.D.	Sumer	08/23	Direct - PracticeLink	Currently under review
EP Cardiology	Sequoia Cardiology Medical Group	Gupta, M.D.	Sandeep	08/23	Direct - PracticeLink	Currently under review
EP Cardiology	Sequoia Cardiology Medical Group	Rajdev, M.D.	Archana	08/23	Direct - PracticeLink	Currently under review
EP Cardiology	Sequoia Cardiology Medical Group	Song, M.D.	Steven	08/23	Direct - PracticeLink	Currently under review
Family Medicine	Key Medical Associates/Delta Doctors	Maya, M.D.	Tahir	ASAP	Direct - PracticeMatch	Currently under review
Family Medicine/Sleep	Key Medical Associates	Niraula, D.O.	Rijesh	08/23	Direct - PracticeLink	Currently under review
Family Medicine	Key Medical Associates/Delta Doctors	Velazquez Amador, M.D.	Roberto	ASAP	Curative - 2/9/23	Currently under review
Hospitalist	Valley Hospitalist Medical Group	Chovatiya, M.D.	Jasmin	08/23	Direct - Practice Link	Currently under review
Hospitalist	Valley Hospitalist Medical Group/Key Medical Associates	Said, M.D.	Mark	08/23	Kaweah Health Resident	Currently under review
Intensivist	Central Valley Critical Care Medicine	Javed, M.D.	Jeffrey	08/23	Direct - Practice Link	Offer accepted. Contract in progress

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Internal Medicine	Key Medical Associates/Delta Doctors	Verduzco, M.D.	Esteban	06/23	Visalia native	Currently under review
Medical Oncology	Sequoia Oncology Medical Associates	Gill, M.D.	Amitoj	TBD	Direct	Site Visit: 10/21/22. Pending Offer
Medical Oncology	Sequoia Oncology Medical Associates	Mohammadi, M.D.	Oranus	08/23	PracticeMatch - 3/31/22	Site Visit: 9/16/22
Neonatology	Valley Children's	Agrawal, M.D.	Pulak	08/23	Valley Children's - 5/14/22	Offer accepted. Start date summer 2023
Neonatology	Valley Children's	Brock, M.D.	Lee	ASAP	Valley Children's - 10/17/22	Site Visit: 11/9/22
Neonatology	Valley Children's	Nwokidu-Aderibigbe, M.D.	Uche	08/23	Valley Children's - 5/14/22	Offer accepted. Start date summer 2023
OB/GYN	Delta Doctors	Rangel Barrera, M.D.	Carlos	ASAP	Direct	Offer accepted
Orthopedic Surgery - General	Orthopaedic Associates Medical Clinic, inc.	Goodell, M.D.	Parker	ASAP	Direct	Site Visit: 1/9/23. Offer extended on 1/25/23
Orthopedic Surgery - Hand	Orthopaedic Associates Medical Clinic, inc.	Frazier, M.D.	Joel	ASAP	MDStaffers - 2/8/23	Currently under review
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, inc.	Bonner, D.O.	Ben	08/24	The Medicus Firm - 11/7/22	Site Visit: 12/14/22. Pending offer
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, inc.	Dean, M.D.	Ryan	08/24	The Medicus Firm - 11/7/22	Currently under review
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, inc.	Elsevier, M.D.	Hannah	TBD	The Medicus Firm - 11/9/22	Currently under review
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, inc.	Quacinella, M.D.	Michael	08/24	Direct	Currently under review
Pediatric Hospitalist	Valley Children's	Chika Chukwuemeka, M.D.	Oragui	TBD	Valley Children's - 11/30/22	Offer extended
Pediatric Hospitalist	Valley Children's	Kadecka, M.D.	Barbora	TBD	Valley Children's - 12/19/22	Offer extended
Pediatric Hospitalist	Valley Children's	Merrill, M.D.	Daniel	TBD	Direct email to Kaweah Health	Offer extended
Rheumatology	Key Medical Associates	Dhillon, M.D.	Joshpaul	08/23	Enterprise Medical Recruiter - 10/27/22	Currently under review

Compliance Program Activity Report – Open Session

November 2022 through January 2023

Ben Cripps, Chief Compliance & Risk Officer



kaweahhealth.org



Education

Live Presentations

- Compliance and Patient Privacy – Management Orientation
- Compliance and Privacy Education
 - Health Information Management
 - Patient Access Registration, Emergency Department

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

- Email Encryption
- Think Before you Act, FairWarning
- Compliance Privacy Matters

Prevention & Detection

- **California Department of Public Health (CDPH) All Facility Letters (AFL)** – Review and distribute AFLs to areas potentially affected by regulatory changes; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk.
- **Medicare and Medi-Cal Monthly Bulletins** – Review and distribute bulletins to areas potentially affected by the regulatory change; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk.
- **Office of Inspector General (OIG) Monthly Audit Plan Updates** – Review and distribute OIG audit Plan issues to area potentially affected by audit issue; department responses reviewed and tracked to identify potential current/future risk.
- **California State Senate and Assembly Bill Updates** – Review and distribute legislative updates to areas potentially affected by new or changed bill; department responses reviewed and tracked to address regulatory change and identify potential current/future risk.

Prevention & Detection (continued)

- **Patient Privacy Walkthrough** – Observation of regulatory signage and privacy practices throughout Kaweah Health; issues identified communicated to area management for follow-up and education.
- **User Access Privacy Audits** – Fairwarning daily monitoring of user access to identify potential privacy violations.
 - Kaweah Health Employees
 - Non-employee users
- **Office of Inspector General (OIG) Exclusion Attestations** – Quarterly monitoring of department OIG exclusion list review and attestations.
- **Medicare PEPPER Report Analysis** – Quarterly review of Medicare Inpatient Rehabilitation, Hospice, Mental Health, and Acute Inpatient PEPPER statistical reports to identify outlier and/or areas of risk; evaluate with Kaweah Health leadership quarterly at PEPPER Review meeting.

Prevention & Detection (continued)

- **Centers for Medicare and Medicaid Services (CMS) Final Rule** – Review and distribution of the 2023 CMS Final Rule for Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), Inpatient Psychiatric Facility (IPF), Inpatient Rehabilitation Facility (IRF), Home Health and Hospice, and Physician Fee Schedule (PFS) policy and payment updates; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk.
- **COVID-19 Emergency Blanket Waivers** – Monitoring of the CMS COVID-19 temporary blanket waivers which provide health care providers with extra flexibilities required to respond to the COVID-19 pandemic. The declaration of the COVID-19 Public Health Emergency is expected to terminate on February 28, 2023 (State of California) and April 11, 2023 (Federal). Compliance will continue to monitor and engage service line leaders to ensure compliance practices following the termination of each 1135 Blanket Waivers.

Oversight, Research & Consultation

Ongoing

- **Fair Market Value (FMV) Oversight** – Ongoing oversight and administration of physician payment rate setting and contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts.
- **Licensing Applications** – Forms preparation and submission of licensing application to the California Department of Public Health (CDPH); ongoing communication and follow-up regarding status of pending applications.
 - *Subacute Expansion* – Consultation to support the bed capacity expansion. Electrical updates to the building are required for California Department of Health Care Access and Information (HCAI) approval. Pending estimates for renovations.

Oversight, Research & Consultation

New

Ultrasound OB Limited Added to US Fetal Biophysical Profile – Research to determine the appropriateness of sonographers adding an Ultrasound OB Limited Exam when a physician places a single order for an Ultrasound Fetal Biophysical Profile exams. It was determined that it is inappropriate for sonographers to add an Ultrasound OB Limited Exam; it is the role of the physician to order. Research and findings were shared with leadership.

Radiology Lidocaine Bill Only Use – Research to determine if a Lidocaine Charge workflow was being executed appropriately. It was identified that documentation was included in Cerner and in the Medication Administration Record (MAR) when documentation should have occurred only in the MAR. Charges were reversed out of Cerner to only be reflected in the MAR. No financial impact as these drugs are bundled with the primary procedure. The workflow was monitored to ensure success moving forward. Research and findings were shared with leadership.

Assembly Bill (AB) 1278 Open Payments Database – Research based on documentation to determine if outpatient hospital-based clinics are required to notify patients, upon their initial visit, of the CMS Open Payment Database by posting the notice in a conspicuous location in the office and by providing each patient with a written or electronic notice at the initial visit. It was determined Rural Health Clinics, Family Medicine Clinic, Sequoia Cardiology, and Sequoia Regional Cancer Center are required to comply with the new regulation effective January 1, 2023. The Compliance office created the notices for posting as well as the patient acknowledgement form provided to appropriate leadership.

Oversight, Research & Consultation

New

Privacy Training for Contractors and Students – Research to determine if the privacy training testing used for non-employee physician offices can also be used for contractors and students. Compliance determined the current process used for students prior to arriving on campus does not allow time for them to complete the training course in NetLearning prior to starting clinical hours. Additionally, Employee IDs are not created for contractors until all documents are submitted creating the inability of contractors to complete the training course in NetLearning prior to arriving on campus. Due to the inability to facilitate this process of privacy violations caused by students and contractors, education will continue to be administered via a paper packet with an attestation page. Findings were shared with leadership.

Electronic Visit Verification (EVV) – Research and consultation on the EVV system required by the 21st Century Cures Act. The EVV system is required for Medi-Cal patients utilizing Home Health services. After review, Home Health leadership decided to use our current Home Health vendor, Crescendo, (opposed to the free system provided by the state) to transmit information would be the most appropriate.

Home Health Orders – Research to determine if the process change of obtaining a physician's signature on electronic orders within 30 days for Home Health orders is appropriate. Compliance confirmed the process change and modified policy verbiage is in alignment with regulatory guidance. Findings were shared with leadership.

Oversight, Research & Consultation

New

Dialysis Orders Protocols – Research to determine whether a telephone verbal order is appropriate for dialysis patients when a physician is not present. It was determined a protocol should be created by a physician and approved through the orders protocol committee to eliminate the need for a written paper copy order in urgent situations. Research was shared with leadership.

Home Health Nurse Practitioner (NP) / Physician Assistant (PA) Plans of Care (POC) Orders – Research to determine if a facility is required to release provider agreements for NP/PAs who sign POC orders. It was determined that the burden lies with the facility to ensure NP/PAs are working within the scope of their duties and an agreement is in place. Regulation does not require a facility to provide agreements for NP/PAs who sign POC orders. Research was shared with leadership.

Shockwave Medical/Shockwave Transcarotid Artery Repair (TCAR) Cases – Research to determine if it is appropriate for a physician to perform a TCAR with shockwave/intravenous lithotripsy (IVL). It was determined there are no prohibitions against the use of Shockwave for TCAR cases and is subject to the discretion of the physician to use the device for treatment of the patient. If coverage is denied for the procedure, supplemental documentation may need to be provided to support the medical necessity use of Shockwave for TCAR cases. Research was shared with leadership.

Oversight, Research & Consultation

New

Assembly Bill (AB) 1020 – Oversight to ensure compliance with AB 1020, Health Care Debt and Fair Billing. The Compliance Department worked with Patient Accounting, Patient Access and Information System Services (ISS) to ensure compliance with the six (6) primary elements outlined within the bill. The implementation of the requirements involved updates to financial assistance policies, prohibition of reporting to credit agencies within a designated timeframe, following a designated number of attempts to collect payment from the patient. Compliance with required elements is pending; full implementation is expected by February 2023.

Auditing & Monitoring

New

Malnutrition DRG Audit

Situation: Malnutrition has been recently added to the Office of Inspector General (OIG) Workplan. Hospitals are allowed to bill for treatment of malnutrition based on the severity of the condition (mild, moderate, or severe) and whether it affects patient care. Severe malnutrition is classified as a major complication or comorbidity (MCC). Adding an MCC to a claim can result in an increased payment by causing the claim to be coded in a higher diagnosis-related group.

Assessment: An external audit of fifty (50) randomly selected inpatient accounts with dates of service in December 2022 was completed to evaluate malnutrition criteria. The audit noted a 100% compliance rate. The results of the review have been shared with leadership.

Recommendation: Based on the findings, no further assessment is required at this time.

Auditing & Monitoring

New

COVID-19 Lab Tests with Add On Codes

Situation: In calendar year 2023, the Office of Inspector General (OIG) will begin audits focusing on COVID-19 Laboratory Tests with High Throughput Add On Codes. Starting in 2021, the amended Administrative Ruling (CMS2020-1-R2) lowered the base payment amount for COVID-19 clinical diagnostic laboratory tests (CDLTs) that use high-throughput technology to \$75 in accordance with CMS's assessment of the resources needed for those tests. The amended ruling also established an additional \$25 add-on payment for a COVID-19 CDLT that uses high-throughput technology if the laboratory: (1) completed the test in two calendar days or less and (2) completed a majority of the CDLTs that use high-throughput technology in two calendar days or less for their patients in the previous month. If 51% or more of the tests are completed within two calendar days, then all COVID-19 tests completed the following month are eligible for the add-on payment.

Assessment: An internal audit of all COVID-19 throughput tests for all insurance claims from January 2022 – November 2022 was conducted to determine the proper application of the COVID-19 testing add on code. The audit noted a 99% compliance rate. The results of the audit were shared with leadership.

Recommendation: Based on the findings, no further assessment is required at this time.

Auditing & Monitoring

New

Health Information Management (HIM) Self Report

Situation: On November 21, 2022, an HIM coder notified Compliance of an ongoing coding concern of incomplete and inaccurate physician orders. The reporter stated that coders were instructed to code the accounts regardless of concerns of order completeness.

Assessment: Twenty-eight (28) accounts identified by the reporter were reviewed. The review noted an 86% compliance rate. A secondary audit of thirty (30) accounts was performed and no errors were noted.

Recommendation: Based on the findings, no further assessment is required at this time.

Auditing & Monitoring

New

Noridian Cardiovascular Nuclear Medicine Probe

Situation: On November 10, 2022, Noridian notified Kaweah Health of its intent to complete a prepayment review of cardiovascular nuclear medicine with procedure code 78452 due to an increased utilization of 27% compared to previous utilization data.

Assessment: Nineteen (19) records have been requested and submitted for review. Preliminary results indicate that all records have been approved.

Recommendation: Pending official notification letter.

Auditing & Monitoring

New

Noridian Targeted Probe and Educate (TPE) Upper Gastrointestinal Endoscopy

Situation: On December 20, 2022, Noridian notified Kaweah Health of its intent to complete a prepayment review of upper gastrointestinal endoscopy with procedure code 43239 due to an increased utilization of 15% compared to previous utilization data.

Assessment: Twelve (12) records have been requested from November 18, 2022 – December 29, 2022. Records are being reviewed for accuracy and will be submitted to Noridian by the due date.

Recommendation: Results are pending review.

Auditing & Monitoring Update

Noridian Targeted Probe and Educate (TPE) Colonoscopy

Situation: On August 3, 2022, Noridian notified Kaweah Health of the intent to complete a pre-payment audit of colonoscopy services billed with procedure code 45380 due to an increased utilization of 53% compared to previous utilization data.

Assessment: An external audit of twenty-nine (29) claims for review for the period of July 5, 2022 – September 14, 2022 was conducted. The review noted a 100% and a claim compliance rate.

Recommendation: Noridian has closed this audit. Based on the findings, no further assessment is required at this time.

Auditing & Monitoring

Update

Noridian Targeted Probe and Educate (TPE) Audit of PET Scans

Situation: On July 20, 2022, Noridian notified Kaweah Health of the intent to complete a prepayment audit of PET scans billed with procedure code 78815 due to an increased utilization of 47% compared to previous utilization data.

Assessment: A review of thirty (30) randomly selected accounts for the period of March 25, 2021 – August 11, 2022 noted two denials resulting in a compliance rate of 93.4%.

Recommendation: Noridian has closed this audit. Based on the findings, no further assessment is required at this time.

Projects

Business Associate Agreement Validation

Situation: Review, validation and collection of Business Associate Agreements (BAA) within the Compliance 360 Contract Database System. A BAA is defined as a legal document between a healthcare provider and a third party that will create, receive, maintain, or transmit Protected Health Information (PHI) of our patients and/or employees. Ensuring BAAs are in place are crucial in protecting the privacy of our patients and protecting the organization against liability in the event of a breach of PHI committed by a Business Associate.

Assessment: In collaboration with the Materials Management Department (who oversees all non-provider contracts) Compliance has initiated a validation process to ensure accurate storage of BAAs within the system and removal of expired or invalid agreements.

Outcome: Leadership has been re-educated to ensure BAAs are acquired, when appropriate, when executing new agreements. The result of the extensive review is intended to identify and execute (when necessary) agreements for all required vendors and ensure an organized process through the contracts management system for ease of access. This project is anticipated to be completed by the end of February 2023.

Projects

Compliance Program Effectiveness Tool

Situation: In 2017, compliance professionals from the Department of Health and Human Services (HHS) and Office of Inspector General (OIG) published the results of a roundtable discussion surrounding effective methods for measuring the effectiveness of the seven (7) elements of compliance programs. A resource document was made public and is now widely used as an annual assessment conducted by healthcare organizations to measure the effectiveness of the organization's compliance program.

Assessment: The effectiveness tool is used to identify potential gaps and risks within a compliance program. Work is currently underway to complete the Compliance Program Effectiveness Assessment.

Outcome: The results of the Effectiveness Assessment will be used to identify risks and opportunities to enhance the organization's Compliance program and direct action plans identified in the annual Compliance Program goals.

Live with passion.

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



REPORT TO THE BOARD OF

Urgent Care Court and Demaree

Ryan Gates, Chief Population Health Officer, 559-624-5647

Ivan Jara, Director of Rural Clinics and Urgent Cares, 559-624-6971

Date: February 22, 2023

Summary Issue/Service Considered

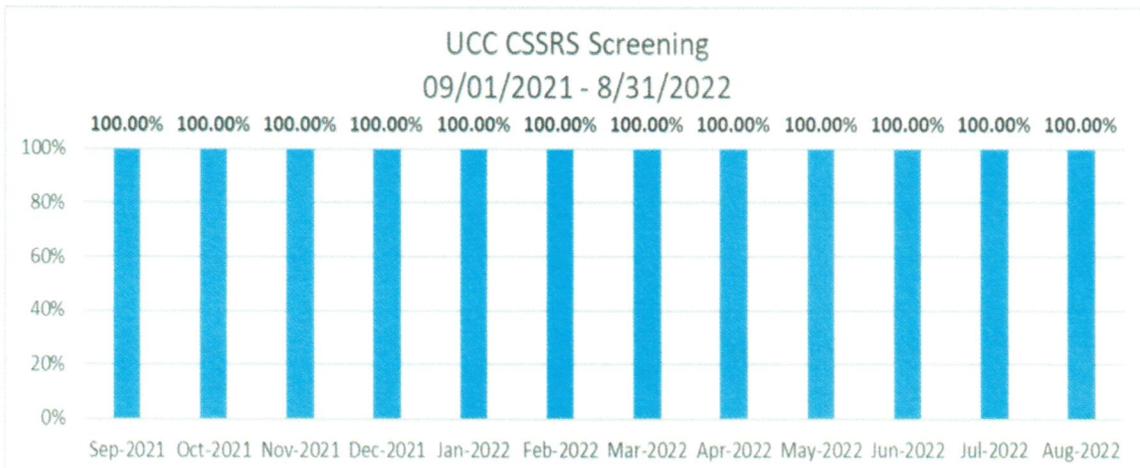
Kaweah Health operates two Urgent Cares located in central and northwest Visalia. The Urgent Cares are highly utilized healthcare access points for many patients residing in Tulare County and beyond. The core services of our urgent cares include non-emergent, episodic care where medical attention is needed within 12 hours. These facilities provide a wide range of access to care by maintaining extended hours 365 days a year with the Court Street location open from 8:00 a.m. to 10:00 p.m. and Demaree location open from 8:00 a.m. to 7:00 p.m. Urgent cares services are provided by physicians, advance practice providers, and supported by medical assistants and licensed vocational nurses. Imaging and laboratory services are also provided on site.

Quality/Financial Performance Data

Professional Staffing Quality Committee/Quality Improvement Committee

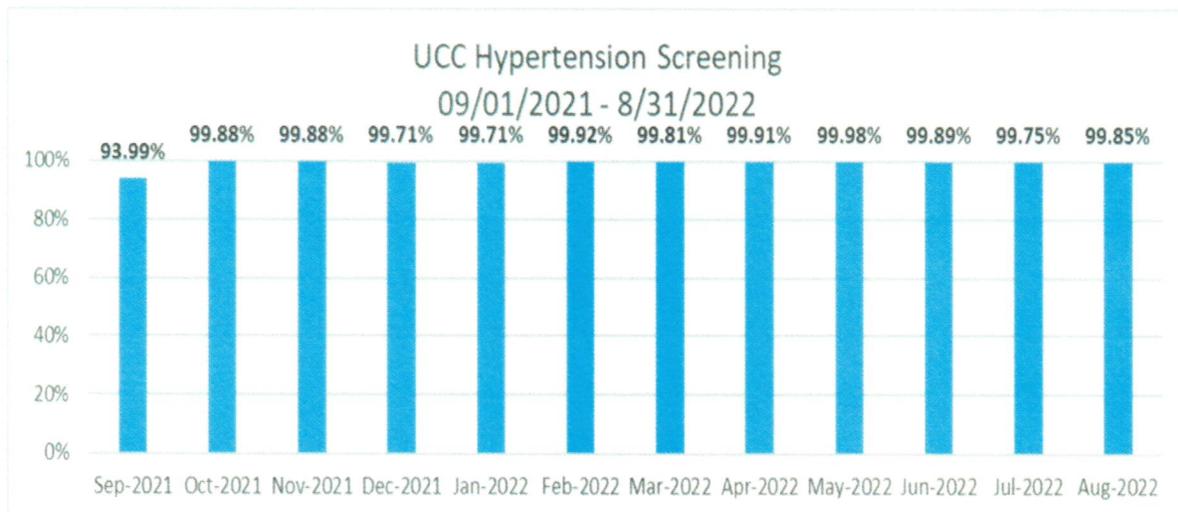
Measure Objective/Goal:

1. Behavioral Health CSSRS Screening – **GOAL: 100% of patients with a chief complaint of depression, nervousness, anxiety, suicidal and mental health have a behavioral health and suicide screening completed.**
 - **Actual patients screened - 100.00%**
 - The Behavioral Health CSSRS Screening continues to be an area of focus for the Urgent Care service line. Urgent Care settings are identified as areas of moderate risk requiring all patients to have a suicide screening. All staff members have the ability to use the CSSRS screening tool. This process in the urgent care setting will continue to be monitored and addressed on an ongoing basis. The data during this performance period reflected that 100% of all patients presenting with mental health concerns were screened for the risk of suicide.



2. Screening for Hypertension - **GOAL: 100% of patients have their blood pressure collected, documented in their chart, and screened for hypertension based on their blood pressure levels.**

- **Actual patients screened - 99.36%**
- The Screening for Hypertension is an area of focus for our Urgent Cares. Uncontrolled hypertension continues to impact our communities leading to secondary long-term side effects. The data during this performance period reflects that 99.36% of all patients were screened for hypertension. Urgent Care providers are encouraged to refer patients with uncontrolled hypertension to their primary care providers or establish care with one of our Kaweah Health primary care providers.



Financial Performance:

During FY 2022, the urgent cares ended with a contribution margin of \$2.9 million with total visits of 110,308. The annualized contribution margin for FY 2023 is projected at \$2.2 million with total visits of 89,779. The major impacts to the decrease in contribution margin and visits are due to a decrease in telehealth visits, decrease in reimbursement for telehealth visits, and an overall decrease in demand for COVID-19 testing.

In FY 2022, telehealth visits represented 50% of all visits. We have seen that change to 26% during FY 2023. The contribution margin for telehealth visits also experienced a significant decrease with \$7 per visit during FY 2023 compared to \$26 per visit during FY 2022. These changes combined with the decrease in COVID-19 testing volume, are the leading drivers in a lower projected contribution margin for FY 2023.

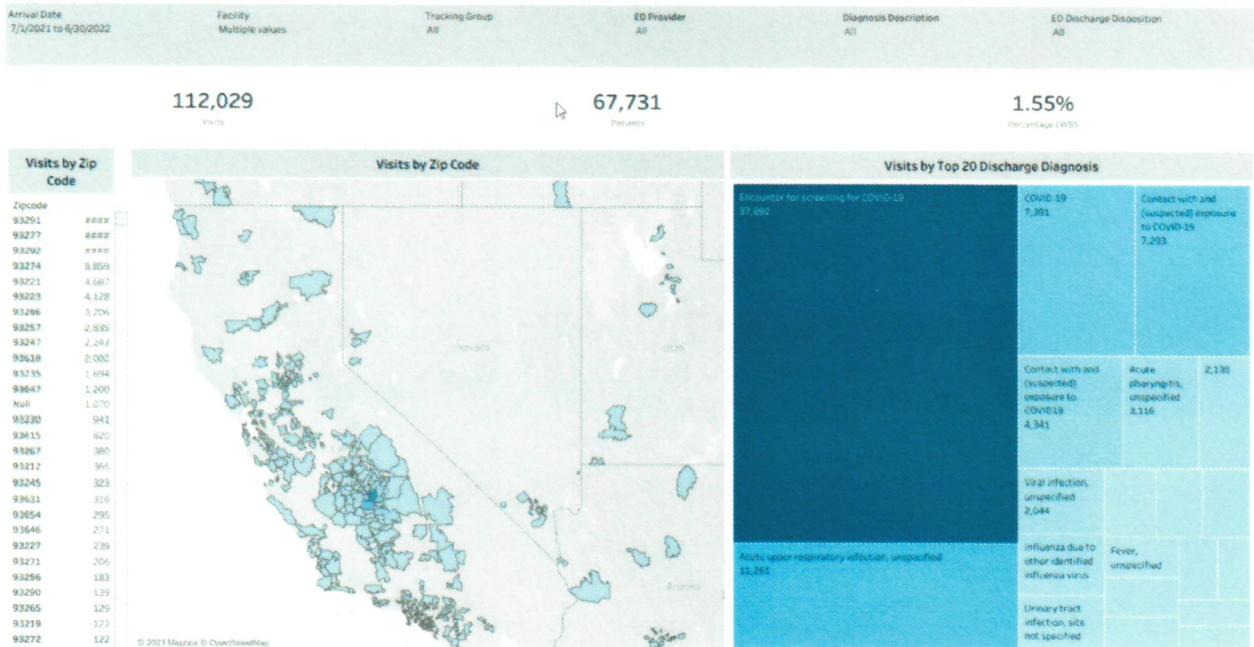
Over 40% of the services provided are to patients with a Medi-Cal Managed Care payer. During FY 2023, the average contribution margin for this payer was projected at -\$23 per visit. This was a change from -\$6 per visit during FY 2022. Over 38% of the patients presented to the urgent are represented by a Managed Care or Commercial payer. During FY 2023, the average contribution margin for this payer group was projected to be \$62 per visit, which was similar to FY 2022. These payer groups account for the majority of patients seeking services at the Kaweah Health Urgent Cares.

The Urgent Cares continue to see overall positive trended volume growth in comparison to prior years. This service line also provides a positive contribution margin year-over-year making it a financially sustainable service line for Kaweah Health.

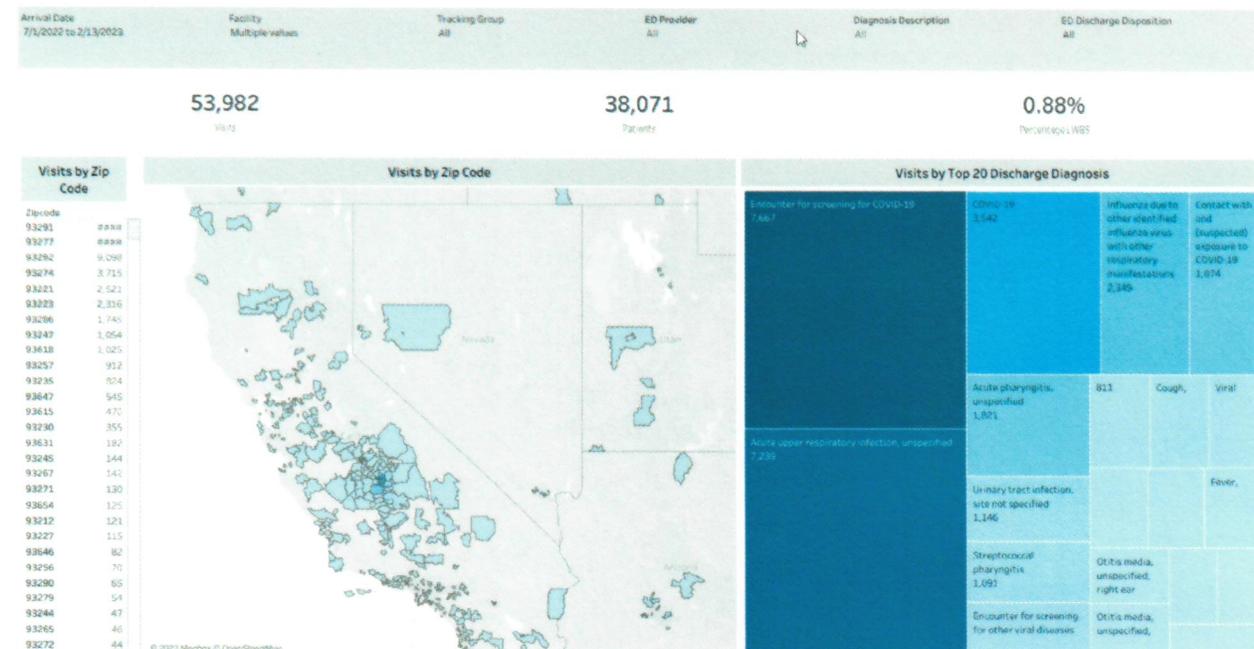
Policy, Strategic or Tactical Issues

The Urgent Care Clinics play an essential role in same-day access for Kaweah Health's clinic network infrastructure and for Kaweah Health to fulfill its mission to our community. This is plainly seen through the critical role our urgent care locations served during the COVID-19 pandemic.

During FY 2022, the majority of patients presented to the urgent cares for a COVID-19 related concern. These two urgent cares provided services to patients from dozens of surrounding zip codes and even neighboring states.



During FY 2023, we began to see a shift in patients seeking care for COVID-19 related concerns. Although the data below only represents 7.5 months of visits, when annualized, a sharp shift to other episodic care needs is noticed. However, we continue to see patients being serviced from dozens of zip codes throughout California and some from neighboring states.



Recommendations/Next Steps

The Kaweah Health Urgent Cares will continue to have the broadest range of medical services and hours of access for the community of Tulare County. It will continue to directly support the local emergency department in treating patients with non-emergent issues. This service line will also continue to expand services through telehealth and by maintaining open access 365 days a year.

The Kaweah Health Urgent Cares have maintained a strong presence and reputation in the community. The goal for this service line is to continue to capture market share through it's:

- Convenient locations
- Online "virtual waiting room" strategy
- Expedited service
- High quality care
- Excellent customer service.

We will continue to maintain strong partnerships with our Kaweah Health and community providers in order to support each other, our community, and to ensure the continuing success of Kaweah Health's Urgent Care services.

Approvals/Conclusions

No additional approvals are needed at this time.

The Kaweah Health Urgent Cares continue to be highly successful service lines for the organization; providing outstanding episodic services to the community it serves.

KAWEAH HEALTH ANNUAL BOARD REPORT

URGENT CARE CLINICS - Summary

FY2023

KEY METRICS - FY 2023 THE ANNUALIZED FIVE MONTHS ENDED NOVEMBER 30, 2022



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

METRICS BY SERVICE LINE - FY 2023

SERVICE LINE	Patient Cases	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Urgent Care Court	54,360	\$6,519,083	\$5,333,887	\$1,185,196	(\$742,393)
Urgent Care Demaree	35,419	\$4,330,550	\$3,351,116	\$979,434	(\$407,084)
Urgent Care Clinic Totals	89,779	\$10,849,633	\$8,685,002	\$2,164,630	(\$1,149,477)

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	63,184	72,719	110,308	89,779	-19%	
Net Revenue	\$9,022,867	\$9,205,662	\$13,562,618	\$10,849,633	-20%	
Direct Cost	\$6,174,051	\$6,475,222	\$10,643,482	\$8,685,002	-18%	
Contribution Margin	\$2,848,816	\$2,730,440	\$2,919,136	\$2,164,630	-26%	
Indirect Cost	\$3,188,528	\$3,659,821	\$3,304,999	\$3,314,107	0%	
Net Income	(\$339,712)	(\$929,381)	(\$385,863)	(\$1,149,477)	-198%	
Net Revenue Per Case	\$143	\$127	\$123	\$121	-2%	
Direct Cost Per Case	\$98	\$89	\$96	\$97	0%	
Conrb Margin Per Case	\$45	\$38	\$26	\$24	-9%	
Telehealth %		33%	50%	26%		

GRAPHS

ServiceLine1Mne	Urgent Care Center
ServiceLine2Mne	All
Telehealth Flag	1 Telehealth

	2021					2022					2023				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %
Kaweah Health Outpatient Services															
Medi-Cal Managed Care	8,803	\$117	\$75	\$43	36.63%	22,987	\$85	\$80	\$4	42.03%	4,555	\$62	\$79	(\$17)	47.56%
Mgd. Care/Other	11,016	\$145	\$78	\$67	45.84%	22,270	\$146	\$81	\$64	40.72%	3,634	\$113	\$79	\$34	37.94%
Cash Pay	357	\$43	\$75	(\$33)	1.49%	2,592	\$8	\$82	(\$74)	4.74%	606	\$24	\$79	(\$55)	6.33%
MEDICARE	3,079	\$96	\$72	\$23	12.81%	5,172	\$54	\$81	(\$27)	9.46%	439	\$80	\$77	\$3	4.58%
MEDI-CAL	434	\$372	\$73	\$298	1.81%	833	\$368	\$81	\$288	1.52%	172	\$383	\$78	\$305	1.80%
Medicare Managed Care	314	\$81	\$73	\$8	1.31%	793	\$86	\$82	\$4	1.45%	171	\$83	\$77	\$5	1.79%
Work Comp	29	\$64	\$79	(\$15)	0.12%	40	\$38	\$87	(\$49)	0.07%	1	\$254	\$115	\$139	0.01%
Grand Total	24,032	\$130	\$76	\$54	100%	54,687	\$107	\$81	\$26	100%	9,578	\$86	\$79	\$7	100%

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2023

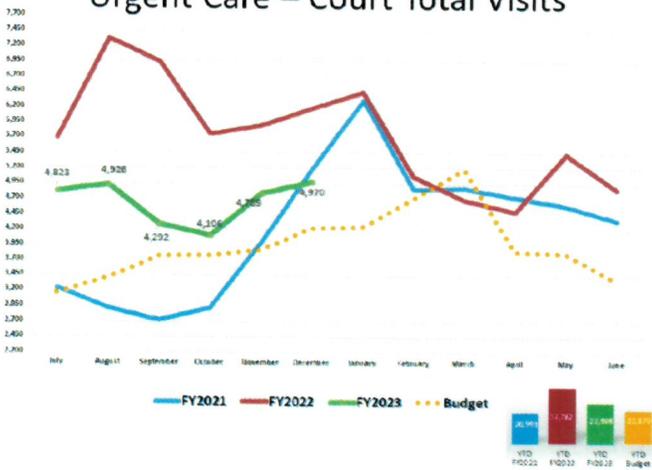
URGENT CARE CLINICS - Summary

ServiceLine1Mne
ServiceLine2Mne
Telehealth Flag

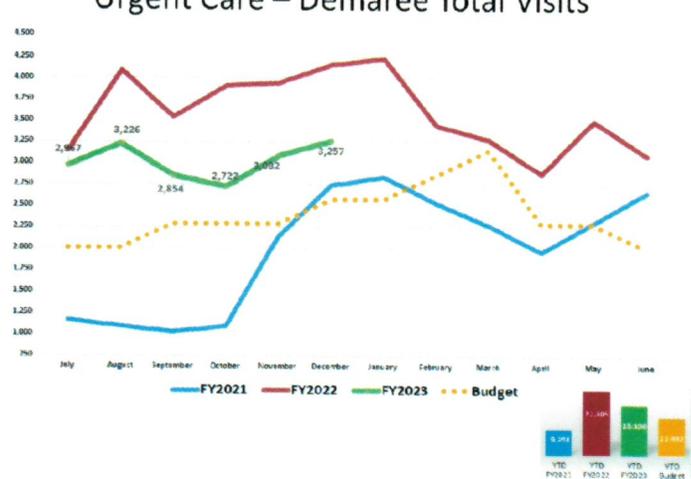
Urgent Care Center
All
0 Non-Telehealth

	2021					2022					2023				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %
Kaweah Health Outpatient Services															
Medi-Cal Managed Care	19,664	\$101	\$97	\$3	40.39%	23,015	\$95	\$112	(\$17)	41.38%	12,077	\$82	\$107	(\$25)	43.40%
Mgd. Care/Other	18,192	\$142	\$96	\$46	37.37%	22,370	\$172	\$112	\$60	40.22%	10,926	\$180	\$108	\$72	39.26%
MEDICARE	4,759	\$115	\$89	\$26	9.77%	4,195	\$123	\$112	\$11	7.54%	1,843	\$117	\$108	\$9	6.62%
Cash Pay	2,783	\$94	\$93	\$1	5.72%	2,692	\$94	\$108	(\$14)	4.84%	1,441	\$80	\$99	(\$19)	5.18%
Medicare Managed Care	1,738	\$77	\$80	(\$4)	3.57%	1,725	\$115	\$111	\$4	3.10%	841	\$122	\$109	\$13	3.02%
MEDI-CAL	1,212	\$406	\$99	\$307	2.49%	1,198	\$496	\$110	\$386	2.15%	541	\$509	\$107	\$403	1.94%
Work Comp	339	\$202	\$113	\$89	0.70%	426	\$233	\$135	\$98	0.77%	161	\$229	\$129	\$100	0.58%
Grand Total	48,687	\$125	\$96	\$29	100%	55,621	\$138	\$112	\$26	100%	27,830	\$133	\$107	\$26	100%

Urgent Care – Court Total Visits



Urgent Care – Demaree Total Visits



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

KEY METRICS - FY 2023 THE ANNUALIZED FIVE MONTHS ENDED NOVEMBER 30, 2022



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

METRICS SUMMARY - 4 YEAR TREND

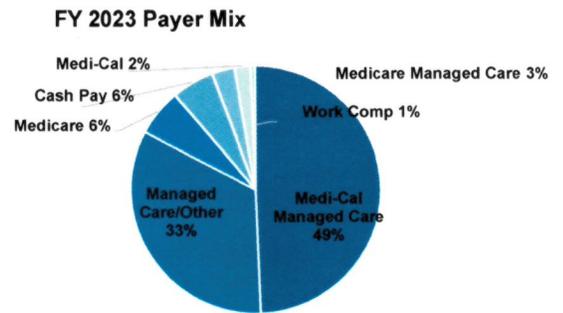
METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	39,676	49,271	67,670	54,360	▼ -20%	
Net Revenue	\$5,652,219	\$6,084,972	\$8,165,944	\$6,519,083	▼ -20%	
Direct Cost	\$3,871,184	\$4,294,423	\$6,537,248	\$5,333,887	▼ -18%	
Contribution Margin	\$1,781,035	\$1,790,549	\$1,628,696	\$1,185,196	▼ -27%	
Indirect Cost	\$2,282,721	\$2,199,867	\$1,982,373	\$1,927,589	▼ -3%	
Net Income	(\$501,686)	(\$409,318)	(\$353,677)	(\$742,393)	▼ -110%	
Net Revenue Per Case	\$142	\$124	\$121	\$120	▼ -1%	
Direct Cost Per Case	\$98	\$87	\$97	\$98	▲ 2%	
Contrb Margin Per Case	\$45	\$36	\$24	\$22	▼ -9%	
Telehealth %		32%	50%	24%		

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Based on Volume)

PAYER	FY2020	FY2021	FY2022	FY2023
Medi-Cal Managed Care	54%	42%	46%	49%
Managed Care/Other	26%	36%	36%	33%
Medicare	8%	11%	9%	6%
Cash Pay	6%	5%	5%	6%
Medicare Managed Care	2%	3%	2%	3%
Medi-Cal	4%	2%	2%	2%
Work Comp	1%	1%	1%	1%



Level Of Care	FY2020	FY2021	FY2022	FY2023
Level I	8%	0%	0%	0%
Level II	30%	9%	6%	3%
Level III	61%	21%	41%	55%
Level IV	0%	69%	51%	41%
Level V	0%	0%	0%	1%
No Level	0%	1%	3%	0%

KEY METRICS - FY 2023 THE ANNUALIZED FIVE MONTHS ENDED NOVEMBER 30, 2022

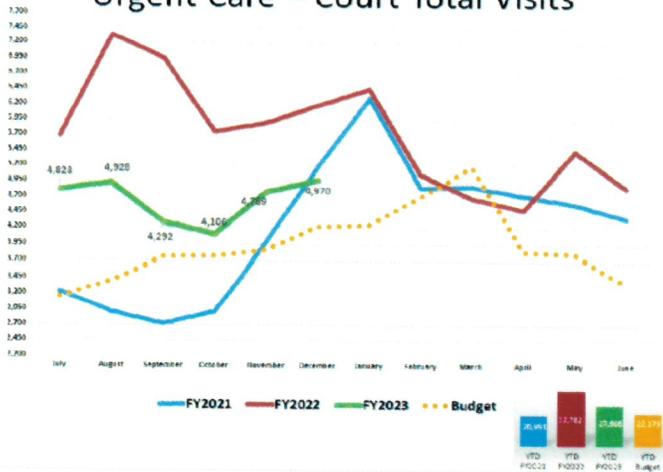
Telehealth Flag 1 Telehealth

	2021					2022					2023				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %
Kaweah Health Outpatient Services															
- Urgent Care Court															
Medi-Cal Managed Care	6,194	\$115	\$73	\$42	39%	15,403	\$83	\$79	\$4	45%	2,854	\$60	\$78	(\$18)	53%
Mgd. Care/Other	6,810	\$135	\$78	\$57	43%	13,029	\$143	\$79	\$64	38%	1,796	\$110	\$78	\$31	33%
Cash Pay	231	\$44	\$72	(\$29)	1%	1,444	\$6	\$80	(\$74)	4%	332	\$21	\$77	(\$56)	6%
MEDICARE	2,078	\$95	\$70	\$25	13%	3,326	\$51	\$79	(\$28)	10%	246	\$75	\$76	(\$2)	5%
Medicare Managed Care	215	\$73	\$70	\$2	1%	496	\$85	\$80	\$5	1%	100	\$85	\$78	\$6	2%
MEDI-CAL	316	\$348	\$72	\$276	2%	565	\$351	\$79	\$272	2%	99	\$367	\$78	\$289	2%
Work Comp	20	\$64	\$75	(\$12)	0%	32	\$33	\$84	(\$51)	0%	1	\$254	\$115	\$139	0%
Grand Total	15,864	\$124	\$75	\$49	100%	34,295	\$104	\$79	\$25	100%	5,428	\$81	\$78	\$3	100%

Telehealth Flag 0 Non-Telehealth

	2021					2022					2023				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %
Kaweah Health Outpatient Services															
- Urgent Care Court															
Medi-Cal Managed Care	14,726	\$102	\$96	\$6	44%	15,685	\$95	\$113	(\$18)	47%	8,336	\$82	\$108	(\$26)	48%
Mgd. Care/Other	10,792	\$142	\$93	\$49	32%	11,108	\$181	\$117	\$64	33%	5,753	\$191	\$111	\$80	33%
MEDICARE	3,282	\$112	\$86	\$27	10%	2,597	\$121	\$113	\$9	8%	1,142	\$116	\$108	\$8	7%
Cash Pay	2,077	\$95	\$94	\$1	6%	1,660	\$100	\$115	(\$15)	5%	920	\$85	\$103	(\$19)	5%
Medicare Managed Care	1,345	\$74	\$75	(\$1)	4%	1,177	\$118	\$113	\$4	4%	565	\$120	\$108	\$13	3%
MEDI-CAL	907	\$402	\$99	\$303	3%	818	\$485	\$111	\$374	2%	373	\$499	\$107	\$392	2%
Work Comp	278	\$197	\$110	\$87	1%	330	\$237	\$137	\$100	1%	133	\$229	\$130	\$99	1%
Grand Total	33,407	\$123	\$93	\$30	100%	33,375	\$138	\$115	\$23	100%	17,222	\$132	\$109	\$23	100%

Urgent Care – Court Total Visits



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

KEY METRICS - FY 2023 THE ANNUALIZED FIVE MONTHS ENDED NOVEMBER 30, 2022

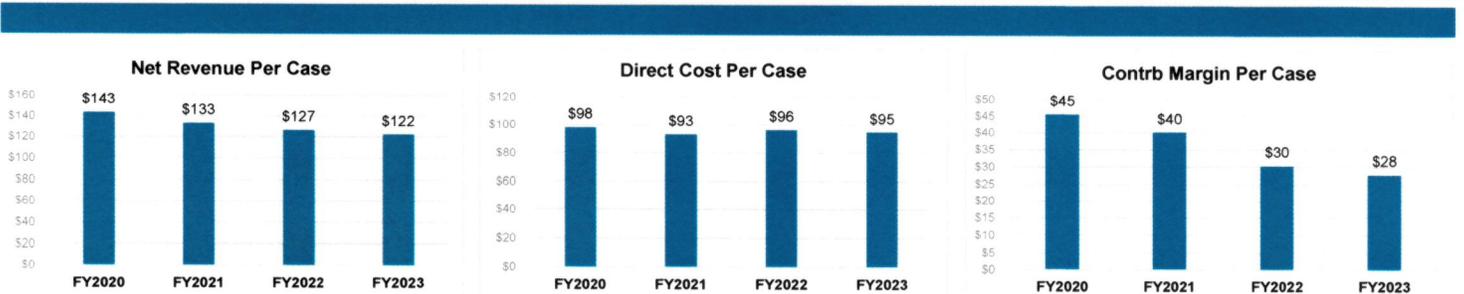


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

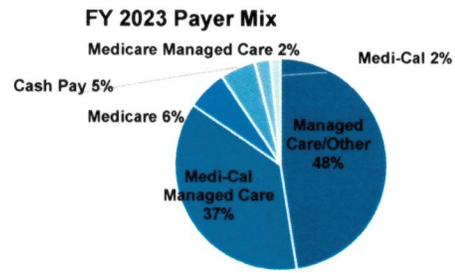
METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	23,508	23,448	42,638	35,419	▼ -17%	
Net Revenue	\$3,370,648	\$3,120,690	\$5,396,674	\$4,330,550	▼ -20%	
Direct Cost	\$2,302,867	\$2,180,799	\$4,106,234	\$3,351,116	▼ -18%	
Contribution Margin	\$1,067,781	\$939,891	\$1,290,440	\$979,434	▼ -24%	
Indirect Cost	\$905,807	\$1,459,954	\$1,322,626	\$1,386,518	▲ 5%	
Net Income	\$161,974	(\$520,063)	(\$32,186)	(\$407,084)	▼ -1165%	
Net Revenue Per Case	\$143	\$133	\$127	\$122	▼ -3%	
Direct Cost Per Case	\$98	\$93	\$96	\$95	▼ -2%	
Contrb Margin Per Case	\$45	\$40	\$30	\$28	▼ -9%	
Telehealth %		35%	48%	28%		

PER CASE TRENDED GRAPHS (Based on Volume)



PAYER MIX - 4 YEAR TREND (Based on Volume)

PAYER	FY2020	FY2021	FY2022	FY2023
Managed Care/Other	45%	49%	48%	48%
Medi-Cal Managed Care	41%	32%	35%	37%
Medicare	6%	11%	8%	6%
Cash Pay	4%	4%	5%	5%
Medicare Managed Care	2%	2%	2%	2%
Medi-Cal	3%	2%	2%	2%



Level Of Care	FY2020	FY2021	FY2022	FY2023
Level I	0%	0%	0%	0%
Level II	8%	8%	5%	3%
Level III	24%	16%	32%	48%
Level IV	67%	75%	62%	46%
Level V	0%	0%	0%	2%
No Level	0%	0%	0%	0%

KEY METRICS - FY 2023 THE ANNUALIZED FIVE MONTHS ENDED NOVEMBER 30, 2022

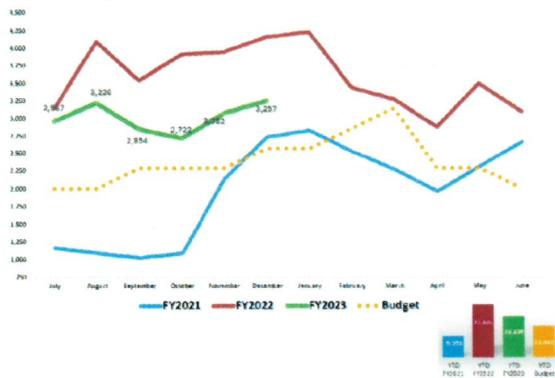
Telehealth Flag: 1 **Telehealth**

	2021					2022					2023				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %
Kaweah Health Outpatient Services															
- Urgent Care Demaree															
Mgd. Care/Other	4,206	\$162	\$78	\$84	51%	9,241	\$150	\$84	\$66	45%	1,838	\$117	\$80	\$36	44%
Medi-Cal Managed Care	2,609	\$123	\$79	\$44	31.94%	7,584	\$88	\$84	\$4	37.19%	1,701	\$63	\$80	(\$17)	41%
Cash Pay	126	\$41	\$81	(\$40)	1.54%	1,148	\$9	\$84	(\$75)	5.63%	274	\$28	\$81	(\$53)	7%
MEDICARE	1,001	\$98	\$78	\$20	12.26%	1,846	\$59	\$85	(\$26)	9.05%	193	\$86	\$78	\$8	5%
MEDI-CAL	118	\$435	\$77	\$357	1.44%	268	\$404	\$84	\$321	1.31%	73	\$406	\$79	\$327	2%
Medicare Managed Care	99	\$99	\$78	\$21	1.21%	297	\$87	\$86	\$1	1.46%	71	\$80	\$76	\$3	2%
Work Comp	9	\$63	\$87	(\$24)	0.11%	8	\$58	\$97	(\$39)	0.04%					0%
Grand Total	8,168	\$143	\$78	\$64	100%	20,392	\$113	\$84	\$29	100%	4,150	\$92	\$80	\$12	100%

Telehealth Flag: 0 **Non-Telehealth**

	2021					2022					2023				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %
Kaweah Health Outpatient Services															
- Urgent Care Demaree															
Mgd. Care/Other	7,400	\$143	\$102	\$41	48%	11,262	\$163	\$108	\$55	51%	5,173	\$168	\$105	\$63	49%
Medi-Cal Managed Care	4,938	\$98	\$102	(\$4)	32%	7,330	\$94	\$108	(\$14)	33%	3,741	\$81	\$104	(\$24)	35%
MEDICARE	1,477	\$120	\$97	\$23	10%	1,598	\$126	\$111	\$15	7%	701	\$119	\$107	\$12	7%
Cash Pay	706	\$89	\$91	(\$2)	5%	1,032	\$84	\$97	(\$13)	5%	521	\$71	\$92	(\$21)	5%
Medicare Managed Care	393	\$85	\$99	(\$14)	3%	548	\$110	\$106	\$3	2%	276	\$125	\$112	\$13	3%
MEDI-CAL	305	\$419	\$101	\$317	2%	380	\$518	\$107	\$411	2%	168	\$531	\$105	\$426	2%
Work Comp	61	\$225	\$126	\$99	0%	96	\$217	\$128	\$89	0%	28	\$230	\$125	\$104	0%
Grand Total	15,280	\$128	\$101	\$27	100%	22,246	\$139	\$107	\$31	100%	10,608	\$134	\$105	\$29	100%

Urgent Care – Demaree Total Visits



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



FY 2023 Strategic Plan

Monthly Performance Report

February 22, 2023



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

Kaweah Health Strategic Plan: Fiscal Year 2023

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

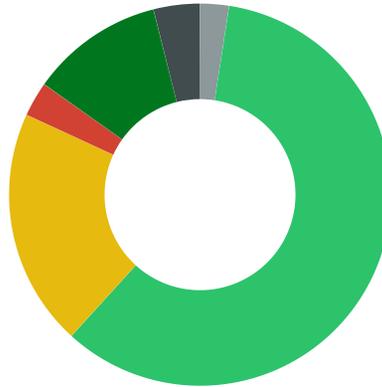
- Achieve outstanding community health.
- Deliver excellent service.
- Provide an ideal work environment.
- Empower through education.
- Maintain financial strength.

For a more detailed review of each individual Strategic Initiative use the hyperlinks below:

- [Empower Through Education](#)
- [Ideal Work Environment](#)
- [Strategic Growth and Innovation](#)
- [Organization Efficiency and Effectiveness](#)
- [Outstanding Health Outcomes](#)
- [Patient and Community Experience](#)

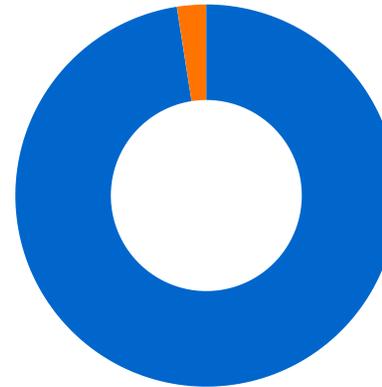
Kaweah Health Strategic Plan FY2023 Overview

Statuses



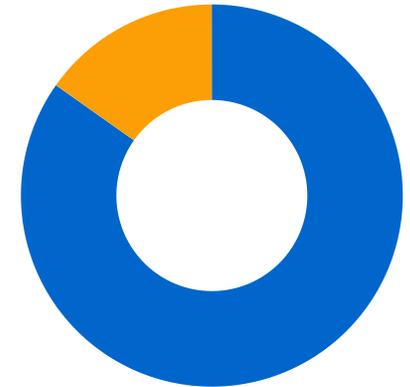
Not Started	5	(2%)
On Track	121	(59%)
Off Track	41	(20%)
At Risk	6	(3%)
Achieved	23	(11%)
Canceled	8	(4%)

Due Dates



Not Past Due	199	(98%)
Past Due	5	(2%)

Progress Updates



Up-to-date	173	(85%)
Late	31	(15%)

Empower Through Education

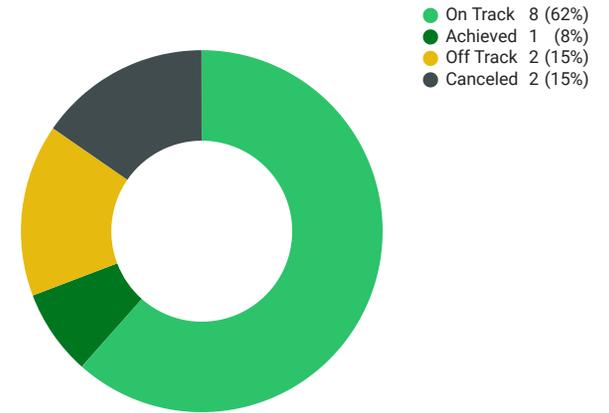
Champions: Lori Winston, MD and Lacey Jensen

Objective: Implement initiatives to **develop the healthcare team** and **attract and retain** the very best talent in support of our mission.

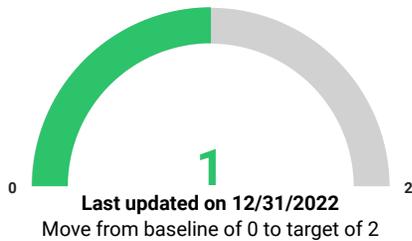
FY2023 Strategic Plan - Empower Through Education Strategies

#	Name	Description	Status	Assigned To
1.1	Expand Educational Offerings	Review and assess existing and new educational opportunities for employees and the medical staff to ensure that there are ongoing opportunities for growth and development.	On Track	Lacey Jensen
1.2	Improve Resiliency of the Kaweah Health Team	Increase emotional support and promote wellness.	On Track	Dianne Cox
1.3	Increase and Improve Leadership Education	Increase the volume and quality of educational opportunities for the Kaweah Health Leadership Team.	On Track	Lacey Jensen
1.4	Mentorship and Succession Planning	Develop and roll out a formal mentoring and succession planning program.	Canceled	Hannah Mitchell
1.5	Increase Nursing Cohort Seats	In an effort to increase the local pool of qualified RN candidates, partner with local schools to increase RN cohort seats.	On Track	Dianne Cox
1.6	Expand GME	Continue to explore opportunities to expand the existing Graduate Medical Education (GME) programs and resident spots. Consider opportunities to work with Sierra View to expand GME in Tulare County.	Off Track	Lori Winston

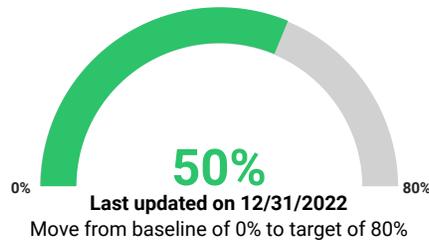
Objectives and Outcomes



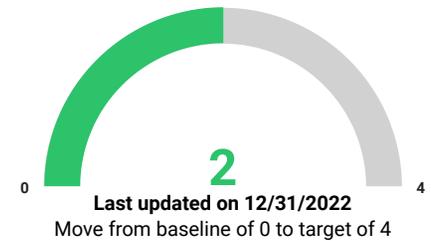
Launch interdisciplinary educational opportunitie...



ACGME Faculty Development



Maintain quarterly Schwartz rounds



Ideal Work Environment

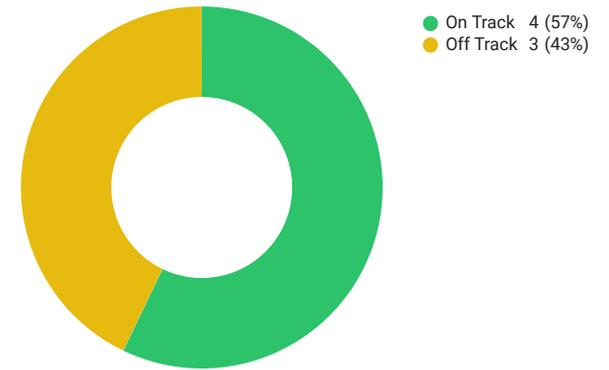
Champions: Dianne Cox and Raleen Larez

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

FY2023 Strategic Plan - Ideal Work Environment Strategies

#	Name	Description	Status	Assigned To
2.1	Employee Retention	Kaweah Health is facing the same challenges as many employers in the labor market and must make retention a top priority.	On Track	Dianne Cox
2.2	Kaweah Health Team Works Well Together	There is a need to continue to align the efforts of all Kaweah Health teams to ensure world class service.	On Track	Hannah Mitchell
2.3	Expand Volunteer Programs	Volunteer engagement has declined with the pandemic. Kaweah Health relies on a strong volunteer program to continue to spark career path engagement and to provide world class service.	On Track	Dianne Cox

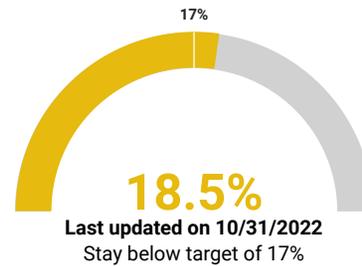
Objectives and Outcomes



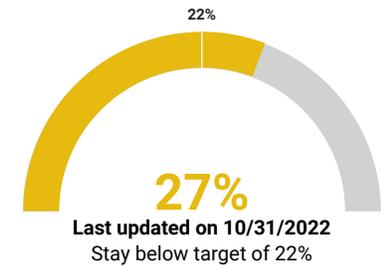
Expand Volunteer Programs



Decrease overall KH turnover rate



Decrease nursing turnover rate



Strategic Growth and Innovation

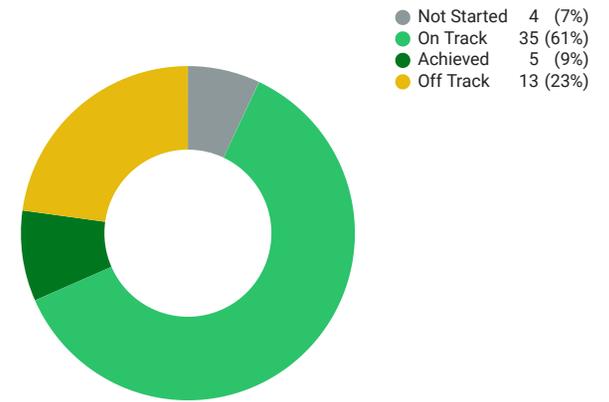
Champions: Marc Mertz and Ivan Jara

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.*

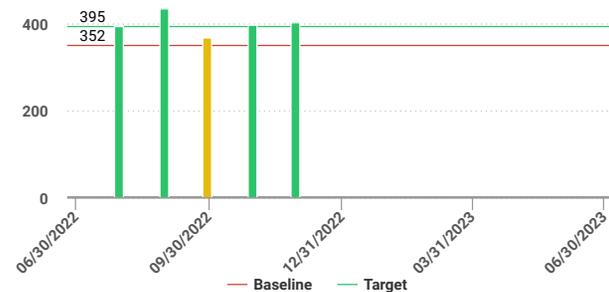
FY2023 Strategic Plan - Strategic Growth and Innovation Strategies

#	Name	Description	Status	Assigned To
3.1	Recruit and Retain Providers	Recruit and retain the best physicians and providers to address unmet community needs and to support Kaweah Health's growth.	On Track	JC Palermo
3.2	Grow Inpatient Volumes in our Primary Service Area	Grow our inpatient volumes, particularly the surgical cases, with an emphasis on key service lines and our expanded service area.	Off Track	Marc Mertz
3.3	Grow Outpatient Volumes	Increase access to outpatient care in locations that are convenient to our community.	Off Track	Ivan Jara
3.4	Modernize our Facilities	Update our facilities to create a better patient experience and to provide our employees and medical staff with a better work environment.	On Track	Marc Mertz
3.5	Improve Community Engagement	Continue and expand our efforts to engage our community so that we can better serve their health and wellness needs, and to gain the community's insights and support regarding our initiatives. Seek ways to expand our current reach and gain more widespread feedback and outreach	At Risk	Marc Mertz
3.6	Innovation	Create, develop, and implement new processes, systems, or services, with the aim of improving efficiency, effectiveness, or competitive advantage	On Track	Marc Mertz
3.7	Expand Health Plan & Community Partnerships	Improve and strengthen relationships with health plans, community partners, and participate in local/state/federal programs and funding opportunities to improve access, quality, and outcomes for the community	On Track	Ivan Jara

Objectives and Outcomes

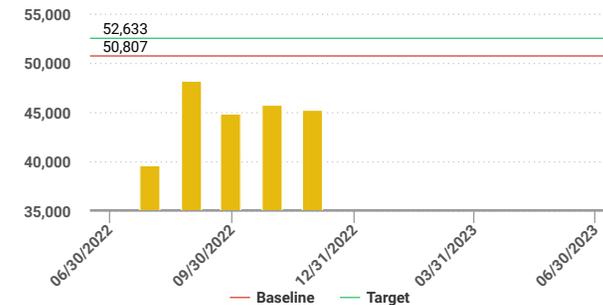


Perform 395 inpatient surgeries per month



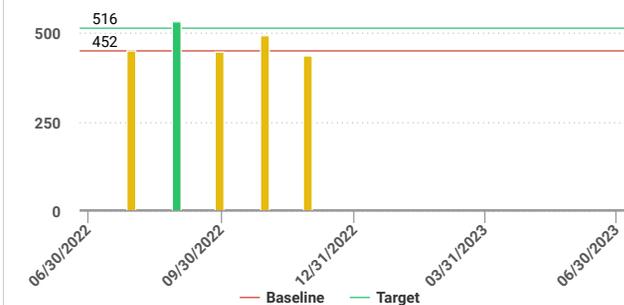
Showing data for: Jul 1, 2022 - Jun 30, 2023

See 52,633 ambulatory visits per month



Showing data for: Jul 1, 2022 - Jun 30, 2023

Perform 516 monthly outpatient surgeries



Showing data for: Jul 1, 2022 - Jun 30, 2023

Organizational Efficiency and Effectiveness

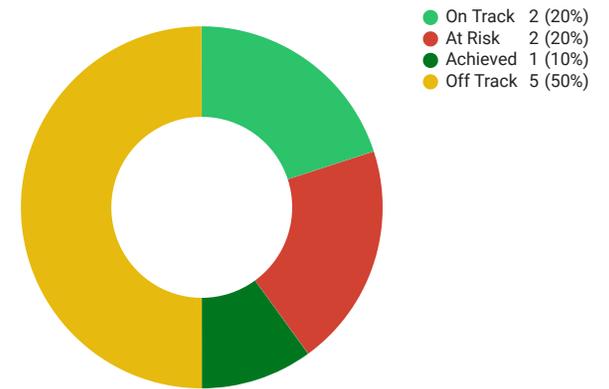
Champions: Jag Batth and Rebekah Foster

Objective: Increase the efficiency and effectiveness of the Organization to reduce costs, lower length of stay and improve processes.

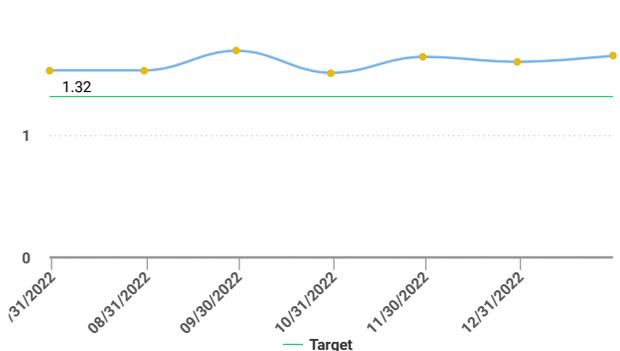
FY2023 Strategic Plan - Organization Efficiency and Effectiveness Strategies

#	Name	Description	Status	Assigned To
4.1	Patient Throughput and Length of Stay	Implement patient flow processes that are effective and efficient to improve patient throughput and lower the overall Length of Stay.	Off Track	Rebekah Foster
4.2	Operating Room Efficiency/Capacity	Improve Operating Room Efficiency, Capacity and Utilization to meet surgery volume needs.	Off Track	Christine Aleman
4.3	Supply Management and Standardization	Establish a process to identify revenue and cost savings opportunities across Kaweah Health.	On Track	Steve Bajari

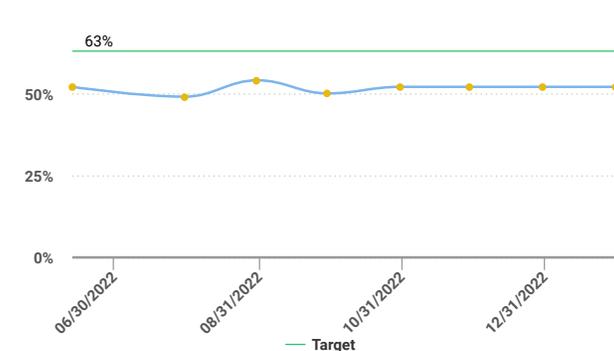
Objectives and Outcomes



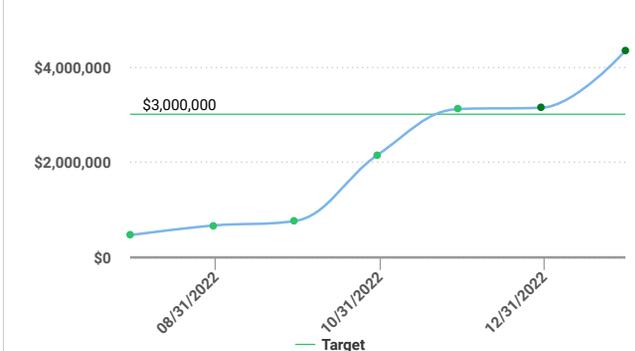
Inpatient Observed to Expected Length of Stay



Overall OR Utilization



Identified Cost Savings and Revenue Opportunities



Outstanding Health Outcomes

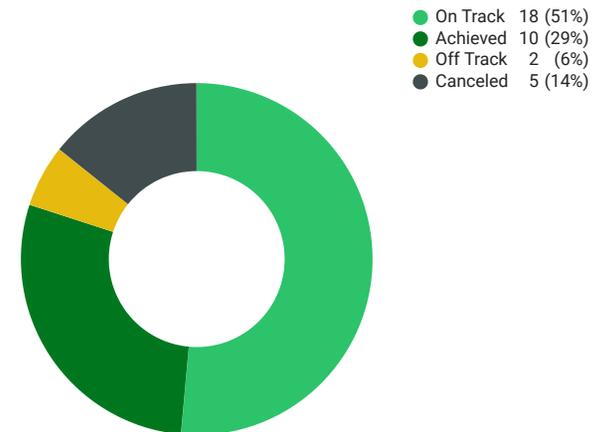
Champions: Doug Leeper and Sonia Duran-Aguilar

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

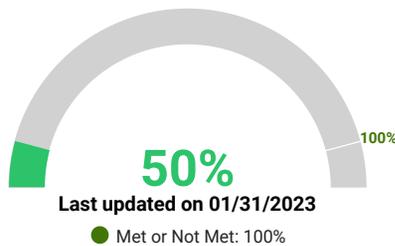
FY2023 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To
5.1	Standardized Infection Ratio (SIR)	Over the next 3 years, achieve an "A" Leapfrog Safety Score and a CMS 5 Star Rating through the consistent application of best practices and innovative strategies.	On Track	Sandy Volchko
5.2	Sepsis Bundle Compliance (SEP-1)	Over the next 3 years, achieve an "A" Leapfrog Safety Score and a CMS 5 Star Rating through the consistent application of best practices and innovative strategies	On Track	Sandy Volchko
5.3	Mortality and Readmissions	Over the next 3 years, achieve an "A" Leapfrog Safety Score and a CMS 5 Star Rating through the consistent application of best practices and innovative strategies	On Track	Sandy Volchko
5.4	Team Round Implementation	Enhance coordination of care and culture among the health care team	On Track	Lori Winston
5.5	Quality Improvement Program (QIP) Reporting	Develop a comprehensive strategy to improve capture of quality data codes and improve QIP performance.	On Track	Sonia Duran-Aguilar
5.6	HUMANA Medicare Advantage (MA)	Maintain a 4 STAR Medicare Advantage Rating and > 80% HCC reassessment/PAF visit completion rate for HUMANA MA Lives assigned to Kaweah Health Rural Health Clinics, SHWC and KHMG	On Track	Sonia Duran-Aguilar
5.7	Diabetes Management	Optimize inpatient glycemic management	On Track	Sonia Duran-Aguilar

Objectives and Outcomes



Team Rounds Rollout to Valley Hospitalist and AC...



Meet QIP measure performance



Medicare Advantage STAR Rating for RHC/SHWC



Patient and Community Experience

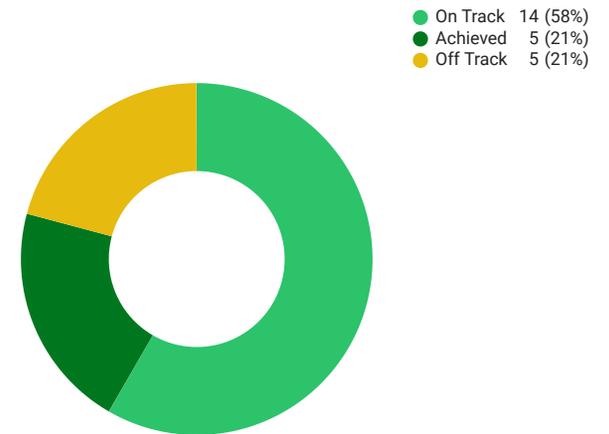
Champions: Keri Noeske and Deborah Volosin

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

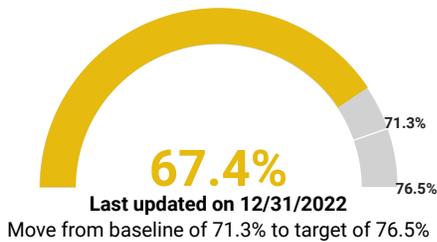
FY2023 Strategic Plan - Patient and Community Experience Strategies

#	Name	Description	Status	Assigned To
6.1	World-Class Service	Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.	On Track	Keri Noeske
6.2	Physician Communication	Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.	On Track	Keri Noeske
6.3	Nursing Communication	Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.	Off Track	Keri Noeske
6.4	Enhancement of Systems and Environment	Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.	On Track	Keri Noeske

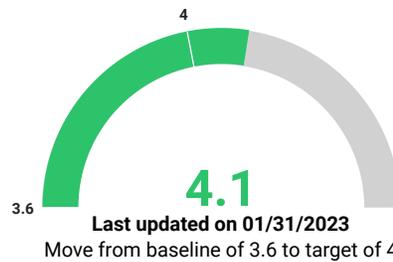
Objectives and Outcomes



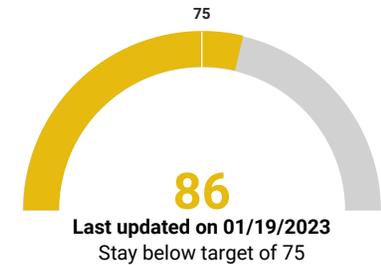
Achieve Overall Rating Goal on HCAHPS Survey



Achieve Patient Feedback Score Goal on ED Survey



Decrease lost belongings by 25%



Kaweah Delta Health Care District Annual Report to the Board of Directors FY 2022 Projected FY 2023

Imaging Services

Renee Lauck, Director (559) 624-2345
February 16, 2023

Summary Issue/Service Considered

Financial Summary

Summary –

Imaging Services report includes 13 outpatient-imaging modalities, located across the Kaweah Health organization. Outpatient imaging had a contribution margin of \$9.7 million in FY 2022, which is an increase of \$1,593,000. Patient visits increased by 2,857

While our projected volume for FY 23 includes an increase in patient visits of an additional 1,803 from FY 22, we show a projected contribution margin decrease of \$819,269. This projected decrease for FY 23 is primarily the result of reductions in payments with our payer mix. Our reimbursement team in finance is working on a claims project pursuing money owed to Kaweah in the amounts of \$150,000 from blue shield and \$28,000 from LaSalle.

Top four services at Kaweah Health Imaging & Breast Center (**KHIBC**) listed below; continued in by providing \$5.2 million or 60% of the total contribution margin. Financial results are consistent over the last four full fiscal years, with the same trend evident in FY 2022.

The top four contributors to net revenue for FY22:

- **MRI** (Magnetic Resonance Imaging) patient visits are up in FY 22 by 5% compared to FY 21, while net revenue improved by 8%. Net revenue per patient visit is up by 4%. While MRI patient visits are expected to be up in FY23, net revenue is trending down due to payer mix.
- **Breast Center** patient visits are up by 3% with net revenue up by 8% for FY 22. Net revenue per patient visit consistently up by 4%. Patient visits are trending up by 4% in FY 23 with net revenue expected to increase by 1%.
- **CT** (Computed tomography also known as Cat Scan) patient visits and net revenue per visit are up 3% in FY 22. Patient visits are expected to increase by 1% in FY 23, while net revenue is expected to decrease by 4%.
- **PET/CT** (Positron Emission Tomography CT) patient visits increased by 37% in FY 22. Several facilities in the central valley were without service in FY 22, Kaweah Health Diagnostic Center (KHDC) was able to capture those visits from Porterville and Hanford. Net revenue increased by 33% in FY 22 with a net revenue per visit increase of 8%. Patient visits are expected to decrease by 11% in FY 23, while net revenue per visit is expected to increase by 5%

As of FY 22, combined patient cases were stable with a 6% increase. Combined patient visits result in 45,689 visits annually, with a projected increase to 47,500 visits for FY 23. FY 23 displays a shift away from managed care by 2% resulting in a slightly lower reimbursement per visit. Cost increases in service contracts for units previously on warranty and radioactive materials have increased.

Regulatory and Accreditation

- Final move from Computed Radiography (**CR**) to Digital Radiography (**DR**) were completed in December 2022 with the exception of one unit at the hospital. The Consolidated Appropriations Act of 2016 by Centers for Medicare & Medicaid Services (**CMS**) created a ruling for all centers to provide the higher level of technology. This act accounts for a 10% reduction in reimbursements for any outpatient facility utilizing CR versus DR as of January 2023. As our outpatient areas are fully DR, this reduction in payments will not be a factor for KH outpatient imaging facilities.
- American College of Radiology (**ACR**) accreditation approved for renewal in the following areas.
 - CT KHIBC/KHMC – ACR in place
 - Breast Ultrasound KHIBC – ACR in place
 - Mammography KHIBC – In process for renewal 03/2023
 - Affirm Stereotactic Breast Biopsy KHIBC – ACR in place
 - Breast MRI KHIBC – ACR in place
 - MRI KHIBC/KHMC – ACR in place
 - Ultrasound KHMC – ACR in place
 - Ultrasound KHIBC ACR will be applied for in FY 23 as staff have completed the new mandate requiring additional licensure in an area outside of breast ultrasound.
- CMS has pushed out the mandate for implementation of appropriate use criteria, also known as clinical decision support software. As of 2023 it is currently on hold. As a result, the tool was temporarily disabled.

Project Plans for 2022-2023

- **KHMC CT** –The third CT project includes the relocation of our nuclear medicine hotlab, three intake and recovery bays for procedure patients previously being sent to CVICU for recovery. As of 02/23 we are currently responding to OSHPD review questions. Expect to finalize project in March or April of 2023
- **KHMC Diagnostic Radiology** –Department has experienced issues in several radiology rooms with the size of new equipment compared to older models, as well as older gurneys being smaller. Reviewing equipment options as we look at vendors for one of the fluoroscopy rooms for replacing in FY 24. Our goal is to coordinate patient needs with the needs of the staff and radiologists.

Staffing/Operations 2021-2022

Staffing has stabilized in CT (KHMC), Mammography, MRI and ultrasound (KHIBC) over the last year due to a new approach in onboarding of new graduates and cross training, in each of these areas. As of FY 23, we have two openings filled by two travelers, as we continue to train new graduates. Staffing in our outpatient areas, tends to remain relatively stable. We find our outpatient areas are much easier to staff, considering staff work Monday through Friday day shifts. Working varied hours and days seems to be more stressful for staff who cover our inpatient and urgent care areas.

KHMC Nuclear Medicine:

- Nuclear Medicine volumes for both in/out patients have increased. We are experiencing difficulties in getting applicants to fill the nuclear medicine technologist openings, leaving us with travelers. We had one staff member come back to Kaweah and bring with her, an experienced technologist from valley children's hospital. We currently have two openings at the hospital.
- We recently signed a contract with a school we work with for MRI students, who are starting a program for nuclear medicine technologists. We believe this will help us attract applicants in the area. This is a two-year program and not an immediate fix, but something that gives us hope for nuclear medicine.
- **Kaweah Health Diagnostic Center (KHDC) Positron Emission Tomography (PET/CT) and KHDC Cardiac Nuclear medicine services**
 - Our PET/CT for oncology continues to be busy and performing well financially. We have one position posted for a nuclear medicine technologist. We are training and filling with travelers to keep up with the outpatient volume.
 - Our technologists at this site rotate between cardiac nuclear medicine stress tests and oncology/cardiac PET/CT. We have added oncology studies to the day previously committed to cardiology PET/CT, as this schedule has not been consistently filled with cardiac patients. A thorough review of the viability of cardiac PET/CT is being reviewed this year, as the radionuclide equipment lease is expensive and consists of weekly payment for the generator used, whether we have patients scheduled or not.

Quality/Performance Improvement Data

Employee Engagement

- Increases in employee engagement – Our leadership team has done a lot to improve employee engagement scores over the last year with increases in several areas who scored lower in the previous year. Leadership worked with our human resources team to create a clinical ladder in CT, which has improved engagement scores. Our CT technologists are very excited about this change and room for growth. It includes three levels with staff coming in as an entry-level CT tech I, moving to a CT tech II after taking and passing a national exam in CT. Finally there is an ability to

move to CT tech III after several years and extensive training in invasive procedures.

- We will be working with our imaging aides over the next year, as this was a low scoring area. The staff in this area have felt challenged with many leave of absences and schedule challenges. All positions have been filled as of 2023. This was a major concern for the teams in the area previously as this job is very physical in nature, with little downtime.
- Many areas improved staffing this year in regards to recruiting and hiring as well as training of new graduates in CT. CT is close to full staffing, with only two openings remaining. Nuclear medicine technologists continues to be a challenge, but we believe partnering with the college will help in this area, although not a quick fix.

Monthly Performance Improvement

- Procedure complication rates
- Emergency Department (ED) Imaging discrepancies
- Incidental Findings
- Turn-around times (TAT), tracking exams from order to completion for emergency department, with a focus on CT and US cases. CT has been a challenge this year to meet goals. The third CT will help us meet our goals.
- Mammography recall rates
- Stroke alert compliance rates.
- Duplicate Impression reporting
- MRI safety incidents
- MRI burns

Organization, Safety and Quality (SAQ) Patient and Employee Safety Initiatives

- Accurate Tests and Treatments – All staff assigned two identifier learning module.
- Safety rounding completed daily with each modality, prior to organization wide safety huddle.
- Patient fall prevention & education remains a strong priority.
- Unit Based Council (UBC) – Our UBC remains strong and is an active foundation for our staff to share items of concerns and thoughts for improvements.
- All staff go through radiation safety training.
- CT staff complete a yearly dose reduction/radiation safety course, as required by CDPH and Joint Commission.
- MRI staff complete a yearly MRI safety course, as required by CDPH and Joint commission.

Policy, Strategic or Tactical Issues

- In the fall of 2022, all imaging policy manuals were updated and approved. Several updates put in place to help our physicians expedite care.
- Continue to review equipment-nearing end of life. Our goal is to replace equipment before we get to a point we are no longer able to source parts. We must assure our units are providing quality exams for our patients, keeping (ALARA) As Low As Reasonably Achievable radiation practices in place. Newer equipment is developed with radiation safety in mind.
- American College of Radiology (ACR) accreditation for KD imaging modalities is a priority and something we will continue to pursue in Nuclear Medicine and PET/CT services in the next two years as we get staffing in place.
- Implementation of daily huddles and weekend call in Ultrasound and CT at KHMC has helped with procedure turnaround times. Goal from order to complete within 24 hours for all inpatients, assisting with length of stay issues.

Recommendations/Next Steps

- As FY 24 approaches, we continue to review possible staffing and equipment needs for all Kaweah Health areas, assuring efficiency and patient care is our primary focus, while maintaining a positive working environment for our staff.
- Our goal in imaging services is to remain competitive and relevant for our physicians and patients.
- As Sequoia Regional Cancer Center (SRCC) radiation oncology continues to grow and increase services, our goal is to replace the MRI unit at KHIBC to meet demands for oncology patients. The current MRI unit is over 18 years old. We hope to replace the current 1.5 T (tesla) MRI with a 3 T Magnet in order to service our oncology population and remain competitive. Many of our oncology patients are going to other facilities with the higher technology.
- Once the third CT project is complete at KHMC, we will be working to replace the two existing CT units used 24 hours a day, 7 days a week. Service engineers coming to our facility are amazed at the volume of patients we continue to see on the existing units. We must give thanks to our amazing CT technologists and imaging aides for their ability to expedite patient flow on the existing units. New equipment will include cardiac capabilities. This can help expedite patients in some cases needing a cardiac cath exam when the cath lab is busy or the physician wants to try a less invasive option.

Approvals/Conclusions

Future in Imaging Services

- Reductions in reimbursement for imaging services continues to impact profitability. While we are currently seeing this in many areas with bundling of exams, our revenue integrity team and finance, remain vigilant in pursuing lost revenue and assuring maximized payments.
- We continue to assess opportunities to improve turnaround times to support ED and inpatient length of stay. Our Emergency leadership including physicians have been a pleasure to work with over the last year. They are engaged, positive and work with us to improve many of the processes to help patients get a diagnosis as quickly as possible.
- We must continue to access opportunities to combine various imaging services in order to reduce duplicative services throughout district.
- Our team continues to work closely with patient access and centralized scheduling to provide more scheduling opportunities for outpatient services. Our goals are to get all patients scheduled within a week.
- Aggressively market services as we continue to expand and plan for growth and new technology. It's imperative we remain competitive with technology.
- Explore possibility in 3-5 year for combining outpatient Nuclear Medicine needs with Kaweah Health Diagnostic Center (KHDC) to create one outpatient area for all Nuclear Medicine Services with the inpatient area remaining, as we continue to work on length of stay issues at the main campus. This will enable staffing efficiencies with cross coverage for nuclear medicine and PET/CT, as well as enhance patient satisfaction for our outpatients
- Review the possibility in 3-5 years for creating a women's center, to include the breast center, obstetrical ultrasound and additional services specifically designed for women and their families.
- As we look to expand services at the hospital, the need for a 2nd MRI will be necessary to continue to meet demands of emergency and inpatient departments.

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Imaging Services - Summary

FY2023 Annualized

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022



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

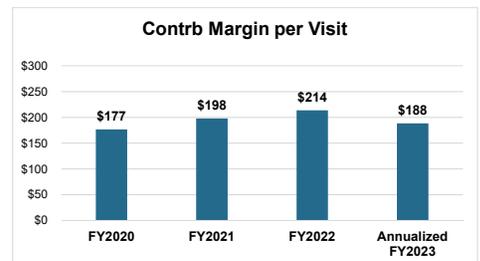
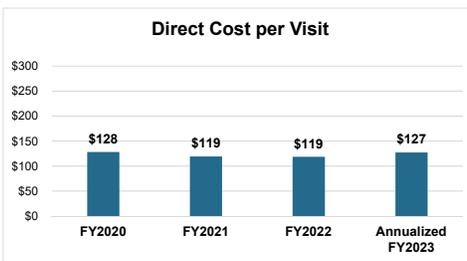
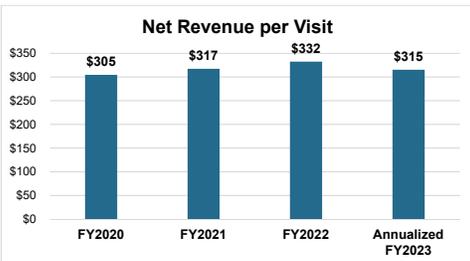
METRICS BY SERVICE LINE - FY 2023 Annualized

SERVICE LINE	Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME	CONTRB MARGIN per VISIT
MRI Kaweah Health Img Ctr	3,832	\$2,821,476	\$485,744	\$2,335,732	\$1,908,782	\$610
Breast Center Kaweah Health Img Ctr	10,060	\$3,036,816	\$1,044,074	\$1,992,742	\$1,473,692	\$198
CT Scan Kaweah Health Img Ctr	3,946	\$1,991,710	\$653,216	\$1,338,494	\$929,354	\$339
PET Scan Kaweah Health Img Ctr	1,060	\$2,253,578	\$1,080,496	\$1,173,082	\$942,302	\$1,107
Ultrasound Kaweah Health Img Ctr	6,792	\$1,183,594	\$395,484	\$788,110	\$589,778	\$116
Diag Imaging South Campus	9,500	\$807,720	\$423,058	\$384,662	\$186,576	\$40
Ultrasound Downtown Campus	830	\$468,734	\$148,442	\$320,292	\$264,120	\$386
Diag Imaging Kaweah Health Img Ctr	9,500	\$1,083,800	\$806,894	\$276,906	(\$230,658)	\$29
CT Scan Downtown Campus	218	\$316,366	\$157,504	\$158,862	\$121,510	\$729
Nuclear Medicine Downtown Campus	1,020	\$724,928	\$651,746	\$73,182	(\$137,804)	\$72
MRI Downtown Campus	114	\$94,382	\$21,318	\$73,064	\$56,850	\$641
Diagnostic Imaging Downtown Campus	256	\$163,806	\$144,102	\$19,704	(\$27,128)	\$77
Diag Img UCC Demaree Walk-in	364	\$28,198	\$26,120	\$2,078	(\$8,494)	\$6
Radiology Services Total	47,492	\$14,975,108	\$6,038,198	\$8,936,910	\$6,068,880	\$188

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	42,282	42,832	45,689	47,492	▲ 4%	
Net Revenue	\$12,876,425	\$13,582,673	\$15,175,412	\$14,975,108	▼ -1%	
Direct Cost	\$5,412,488	\$5,107,741	\$5,419,233	\$6,038,198	▲ 11%	
Contribution Margin	\$7,463,937	\$8,474,932	\$9,756,179	\$8,936,910	▼ -8%	
Indirect Cost	\$2,924,276	\$2,536,501	\$2,688,821	\$2,868,030	▲ 7%	
Net Income	\$4,539,661	\$5,938,431	\$7,067,357	\$6,068,880	▼ -14%	
Net Revenue per Visit	\$305	\$317	\$332	\$315	▼ -5%	
Direct Cost per Visit	\$128	\$119	\$119	\$127	▲ 7%	
Contrb Margin per Visit	\$177	\$198	\$214	\$188	▼ -12%	

GRAPHS



Note: All visits with a primary service of Radiology. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department).

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022

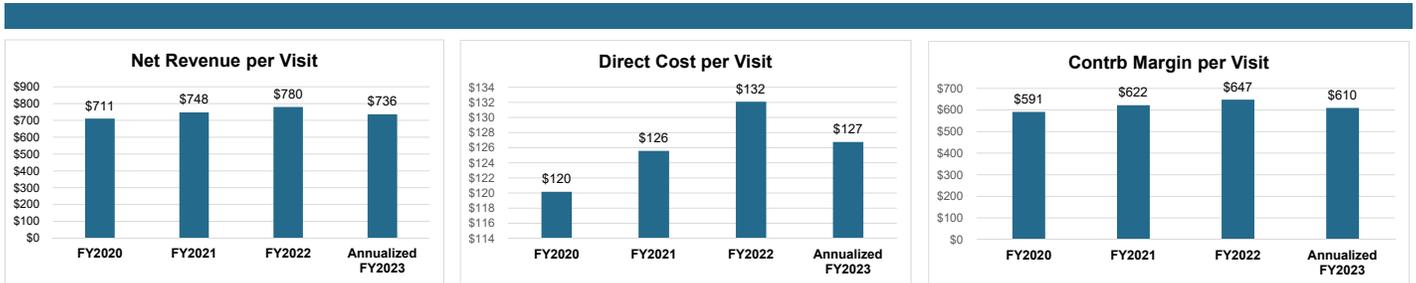


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

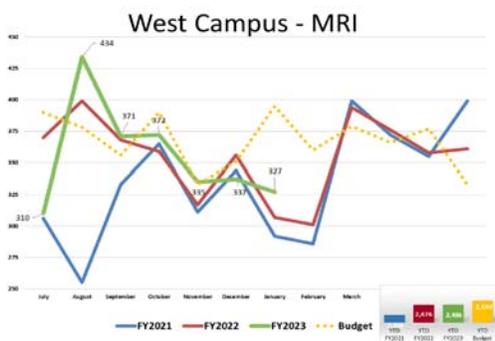
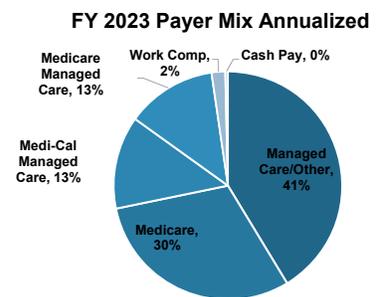
METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	3,668	3,591	3,779	3,832	▲ 1%	
Net Revenue	\$2,608,413	\$2,684,403	\$2,946,058	\$2,821,476	▼ -4%	
Direct Cost	\$440,768	\$450,962	\$499,159	\$485,744	▼ -3%	
Contribution Margin	\$2,167,645	\$2,233,440	\$2,446,898	\$2,335,732	▼ -5%	
Indirect Cost	\$407,089	\$375,525	\$410,278	\$426,950	▲ 4%	
Net Income	\$1,760,556	\$1,857,916	\$2,036,620	\$1,908,782	▼ -6%	
Net Revenue per Visit	\$711	\$748	\$780	\$736	▼ -6%	
Direct Cost per Visit	\$120	\$126	\$132	\$127	▼ -4%	
Contrb Margin per Visit	\$591	\$622	\$647	\$610	▼ -6%	

TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Managed Care/Other	48%	45%	43%	41%
Medicare	28%	28%	29%	30%
Medi-Cal Managed Care	12%	12%	12%	13%
Medicare Managed Care	9%	12%	12%	13%
Work Comp	2%	3%	2%	2%
Cash Pay	1%	0%	1%	0%
Medi-Cal	0%	1%	1%	1%



Note: All visits with a primary service of Radiology and secondary service of MRI KDIC . This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department).

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022

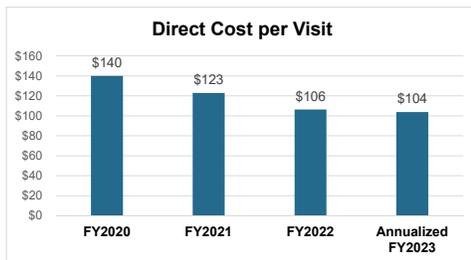
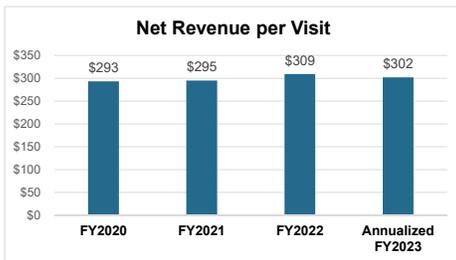


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	8,791	9,296	9,708	10,060	▲ 4%	
Net Revenue	\$2,577,498	\$2,743,303	\$3,002,801	\$3,036,816	▲ 1%	
Direct Cost	\$1,230,368	\$1,142,385	\$1,032,707	\$1,044,074	▲ 1%	
Contribution Margin	\$1,347,130	\$1,600,918	\$1,970,094	\$1,992,742	▲ 1%	
Indirect Cost	\$602,951	\$493,399	\$494,561	\$519,050	▲ 5%	
Net Income	\$744,179	\$1,107,520	\$1,475,533	\$1,473,692	▶ 0%	
Net Revenue per Visit	\$293	\$295	\$309	\$302	▼ -2%	
Direct Cost per Visit	\$140	\$123	\$106	\$104	▼ -2%	
Contrb Margin per Visit	\$153	\$172	\$203	\$198	▼ -2%	

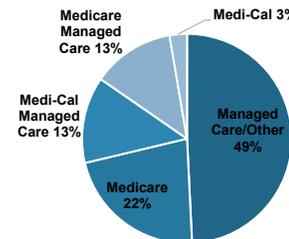
TRENDED GRAPHS



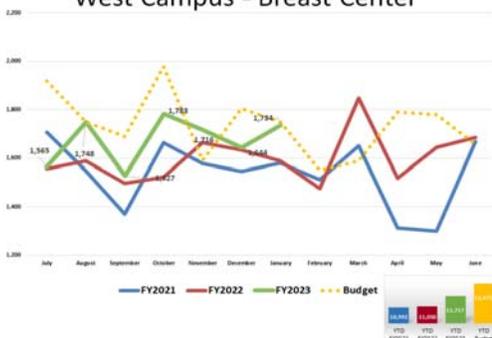
PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Managed Care/Other	51%	52%	51%	49%
Medicare	23%	22%	23%	22%
Medi-Cal Managed Care	11%	11%	11%	13%
Medicare Managed Care	9%	11%	12%	13%
Medi-Cal	5%	3%	3%	3%

FY 2023 Payer Mix - Annualized



West Campus - Breast Center



Note: All visits with a primary service of Radiology and secondary service of Breast Center KDIC. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department).

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022

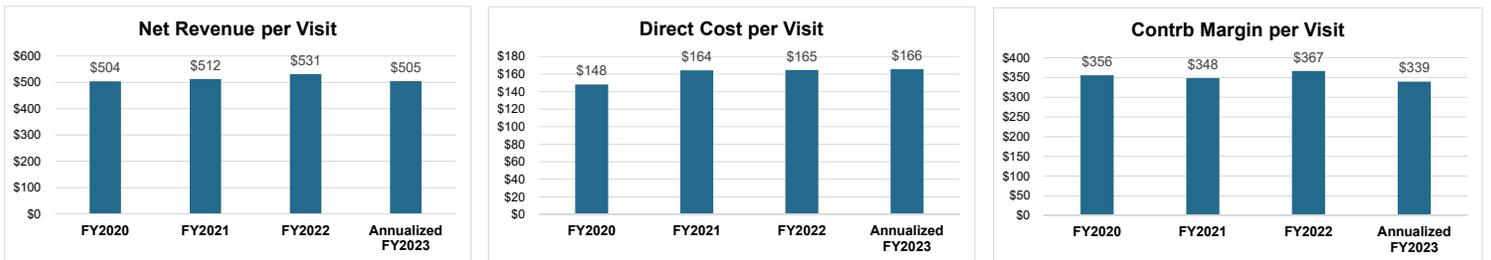


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	3,625	3,781	3,904	3,946	▲ 1%	
Net Revenue	\$1,826,530	\$1,937,582	\$2,073,828	\$1,991,710	▼ -4%	
Direct Cost	\$537,338	\$620,886	\$642,813	\$653,216	▲ 2%	
Contribution Margin	\$1,289,191	\$1,316,696	\$1,431,015	\$1,338,494	▼ -6%	
Indirect Cost	\$443,266	\$394,883	\$422,285	\$409,140	▼ -3%	
Net Income	\$845,925	\$921,813	\$1,008,730	\$929,354	▼ -8%	
Net Revenue per Visit	\$504	\$512	\$531	\$505	▼ -5%	
Direct Cost per Visit	\$148	\$164	\$165	\$166	▲ 1%	
Contrb Margin per Visit	\$356	\$348	\$367	\$339	▼ -7%	

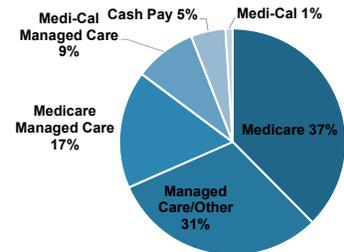
TRENDED GRAPHS



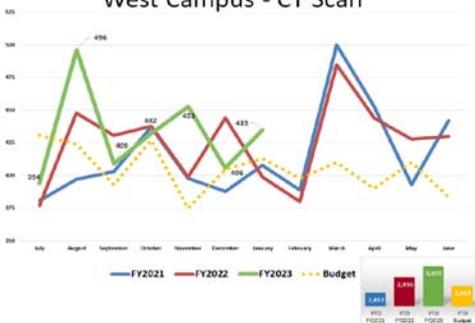
PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Medicare	39%	37%	37%	37%
Managed Care/Other	34%	35%	33%	31%
Medicare Managed Care	15%	15%	16%	17%
Medi-Cal Managed Care	10%	9%	9%	9%
Cash Pay	2%	2%	3%	5%
Medi-Cal	1%	1%	1%	1%

FY 2023 Payer Mix Annualized



West Campus - CT Scan



Note: All visits with a primary service of Radiology and secondary service of CT Scan KDIC. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department).

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022

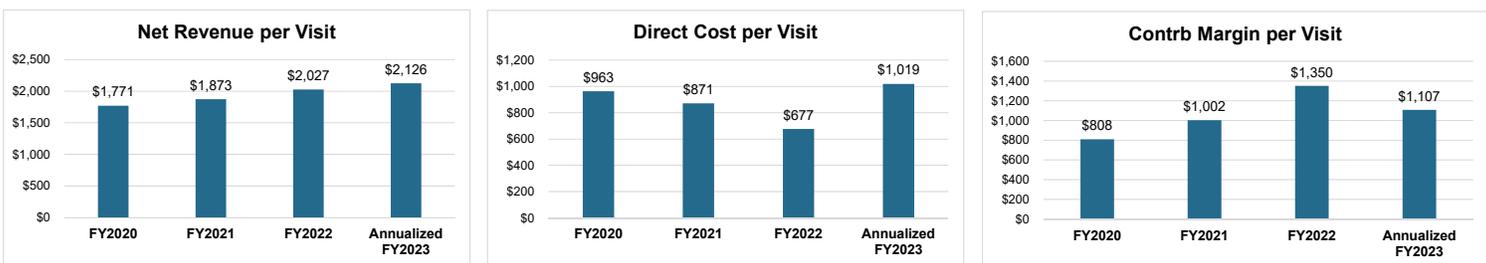


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	831	868	1,196	1,060	-11%	
Net Revenue	\$1,471,979	\$1,625,998	\$2,424,819	\$2,253,578	-7%	
Direct Cost	\$800,130	\$756,182	\$809,854	\$1,080,496	33%	
Contribution Margin	\$671,850	\$869,816	\$1,614,964	\$1,173,082	-27%	
Indirect Cost	\$118,805	\$112,642	\$166,077	\$230,780	39%	
Net Income	\$553,045	\$757,174	\$1,448,887	\$942,302	-35%	
Net Revenue per Visit	\$1,771	\$1,873	\$2,027	\$2,126	5%	
Direct Cost per Visit	\$963	\$871	\$677	\$1,019	51%	
Contrb Margin per Visit	\$808	\$1,002	\$1,350	\$1,107	-18%	

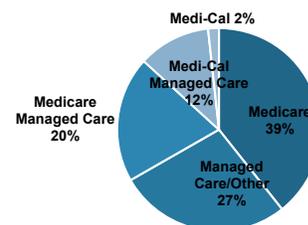
TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Medicare	47%	44%	42%	39%
Managed Care/Other	24%	25%	25%	27%
Medicare Managed Care	15%	17%	17%	20%
Medi-Cal Managed Care	13%	12%	15%	12%
Medi-Cal	2%	2%	1%	2%

FY 2023 Payer Mix Annualized



Note: All visits with a primary service of Radiology and secondary service of PET Scan KDIC. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Emergency C. There is one exception: Pet Scan activity in the Cardiology Clinic has been included in this report. This business represents approximately 100 visits per year.

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022

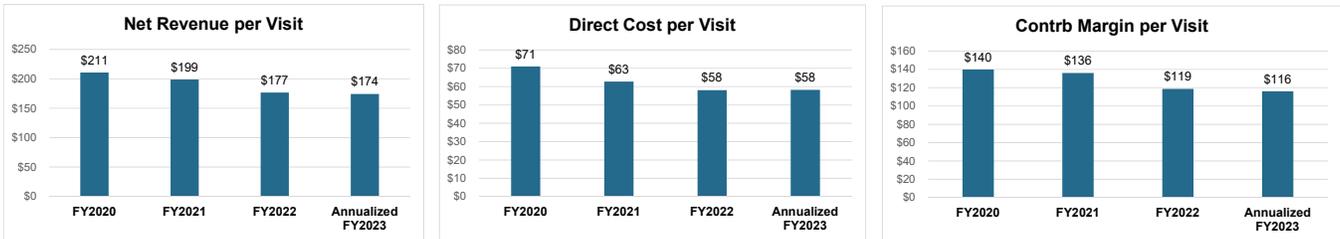


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	5,496	6,686	6,751	6,792	▲ 1%	
Net Revenue	\$1,157,886	\$1,328,834	\$1,192,171	\$1,183,594	▼ -1%	
Direct Cost	\$389,872	\$419,541	\$391,791	\$395,484	▲ 1%	
Contribution Margin	\$768,014	\$909,293	\$800,379	\$788,110	▼ -2%	
Indirect Cost	\$222,672	\$192,587	\$191,503	\$198,332	▲ 4%	
Net Income	\$545,342	\$716,707	\$608,876	\$589,778	▼ -3%	
Net Revenue per Visit	\$211	\$199	\$177	\$174	▼ -1%	
Direct Cost per Visit	\$71	\$63	\$58	\$58	▶ 0%	
Contrb Margin per Visit	\$140	\$136	\$119	\$116	▼ -2%	

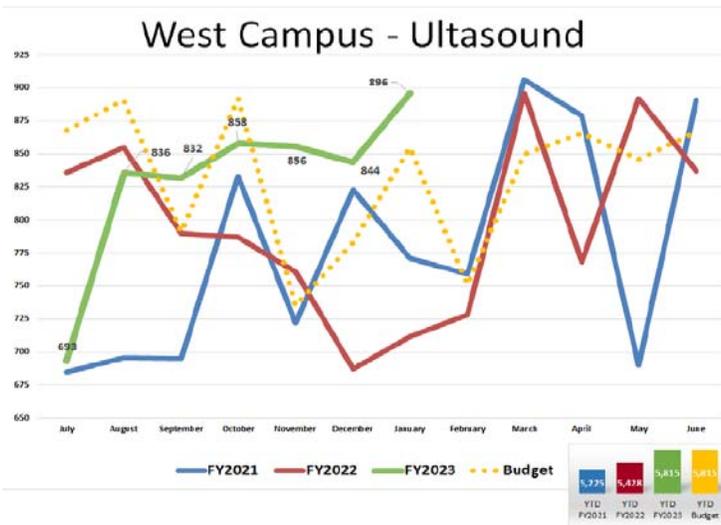
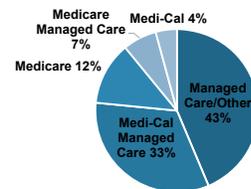
TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Managed Care/Other	52%	49%	42%	43%
Medi-Cal Managed Care	20%	27%	34%	33%
Medicare	16%	13%	11%	12%
Medicare Managed Care	6%	6%	6%	7%
Medi-Cal	6%	5%	6%	4%

FY 2023 Payer Mix Annualized



Note: All visits with a primary service of Radiology and secondary service of Ultrasound KDIC. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, ED).

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022

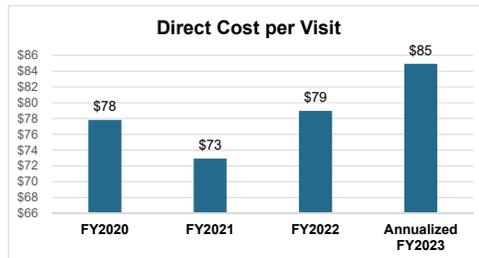
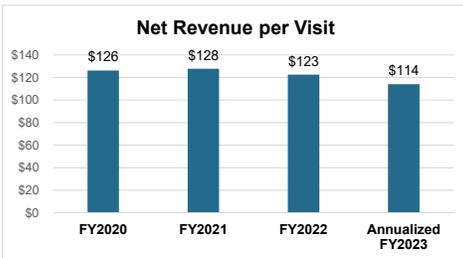


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

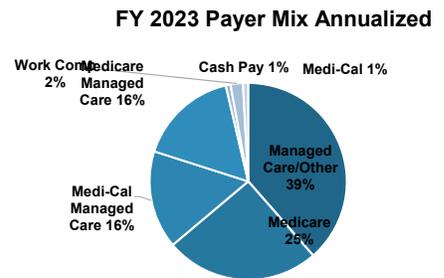
METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	9,163	9,059	9,859	9,500	▼ -4%	
Net Revenue	\$1,156,262	\$1,157,131	\$1,208,097	\$1,083,800	▼ -10%	
Direct Cost	\$713,059	\$660,597	\$778,550	\$806,894	▲ 4%	
Contribution Margin	\$443,203	\$496,533	\$429,547	\$276,906	▼ -36%	
Indirect Cost	\$526,029	\$453,794	\$495,868	\$507,564	▲ 2%	
Net Income	(\$82,826)	\$42,740	(\$66,321)	(\$230,658)	▼ -248%	
Net Revenue per Visit	\$126	\$128	\$123	\$114	▼ -7%	
Direct Cost per Visit	\$78	\$73	\$79	\$85	▲ 8%	
Contrb Margin per Visit	\$48	\$55	\$44	\$29	▼ -33%	

TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Managed Care/Other	43%	44%	43%	39%
Medicare	27%	26%	25%	25%
Medi-Cal Managed Care	14%	14%	15%	16%
Medicare Managed Care	12%	13%	14%	16%
Medi-Cal	1%	1%	1%	1%
Work Comp	1%	1%	2%	2%
Cash Pay	1%	1%	1%	1%



Note: All visits with a primary service of Radiology and secondary of Diagnostic Imaging KDIC. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Emergenc

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022



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

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	1,681	1,137	786	830	▲ 6%	
Net Revenue	\$374,661	\$485,285	\$486,840	\$468,734	▼ -4%	
Direct Cost	\$149,670	\$148,953	\$128,425	\$148,442	▲ 16%	
Contribution Margin	\$224,991	\$336,333	\$358,415	\$320,292	▼ -11%	
Indirect Cost	\$68,310	\$64,109	\$49,065	\$56,172	▲ 14%	
Net Income	\$156,680	\$272,223	\$309,350	\$264,120	▼ -15%	
Net Revenue per Visit	\$223	\$427	\$619	\$565	▼ -9%	
Direct Cost per Visit	\$89	\$131	\$163	\$179	▲ 9%	
Contrb Margin per Visit	\$134	\$296	\$456	\$386	▼ -15%	

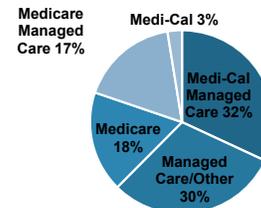
TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Medi-Cal Managed Care	47%	38%	29%	32%
Managed Care/Other	19%	26%	32%	30%
Medicare	14%	24%	25%	18%
Medicare Managed Care	4%	4%	8%	17%
Medi-Cal	15%	7%	4%	3%
Cash Pay	1%	1%	2%	1%

FY 2023 Payer Mix Annualized



Note: All visits with a primary service of Radiology and secondary service of Ultrasound Downtown Campus. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Ur...

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022

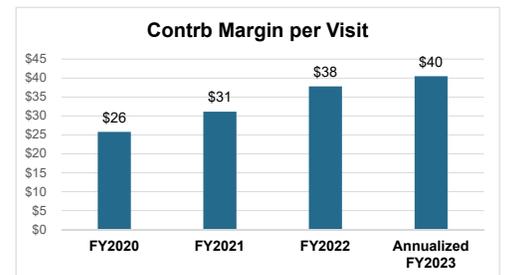
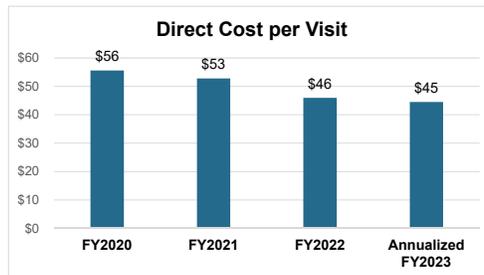
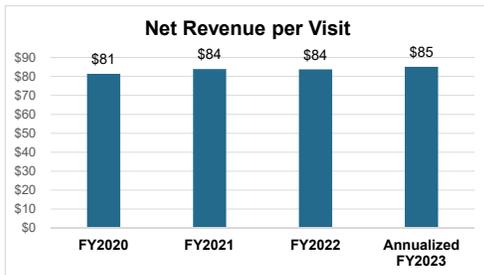


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	7,041	6,680	7,953	9,500	▲ 19%	
Net Revenue	\$572,774	\$560,485	\$666,121	\$807,720	▲ 21%	
Direct Cost	\$391,333	\$352,684	\$365,483	\$423,058	▲ 16%	
Contribution Margin	\$181,441	\$207,801	\$300,638	\$384,662	▲ 28%	
Indirect Cost	\$194,566	\$175,779	\$175,779	\$198,086	▲ 13%	
Net Income	(\$13,124)	\$32,022	\$124,859	\$186,576	▲ 49%	
Net Revenue per Visit	\$81	\$84	\$84	\$85	▲ 2%	
Direct Cost per Visit	\$56	\$53	\$46	\$45	▼ -3%	
Contrb Margin per Visit	\$26	\$31	\$38	\$40	▲ 7%	

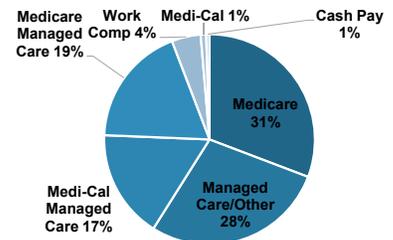
TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Medicare	32%	29%	29%	31%
Managed Care/Other	30%	31%	31%	28%
Medi-Cal Managed Care	20%	20%	18%	17%
Medicare Managed Care	13%	14%	16%	19%
Work Comp	4%	4%	5%	4%
Medi-Cal	1%	1%	1%	1%
Cash Pay	1%	1%	1%	1%

FY 2023 Payer Mix Annualized



Note: All visits with a primary service of Radiology and secondary service of Outreach Img South Campus. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urger

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Imaging Services - Nuclear Medicine Downtown Campus

FY2023 Annualized

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022

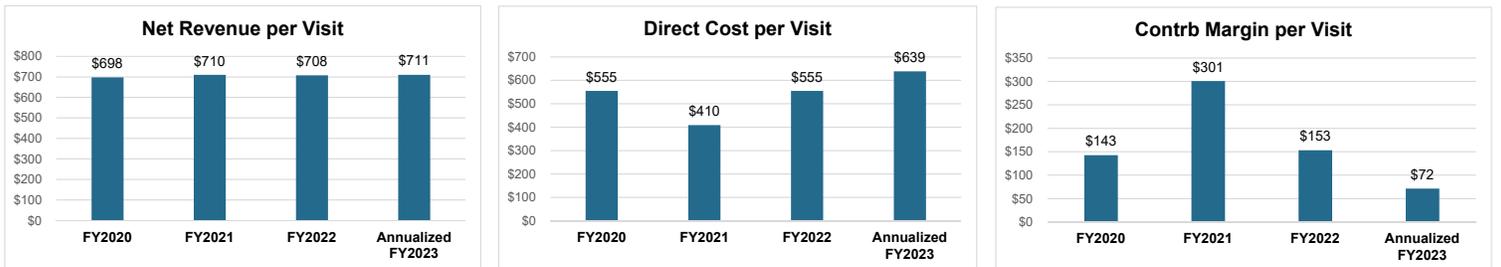


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	906	822	882	1,020	▲ 16%	
Net Revenue	\$632,410	\$583,993	\$624,825	\$724,928	▲ 16%	
Direct Cost	\$502,959	\$336,628	\$489,617	\$651,746	▲ 33%	
Contribution Margin	\$129,451	\$247,365	\$135,208	\$73,182	▼ -46%	
Indirect Cost	\$229,562	\$183,044	\$200,341	\$210,986	▲ 5%	
Net Income	(\$100,111)	\$64,321	(\$65,132)	(\$137,804)	▼ -112%	
Net Revenue per Visit	\$698	\$710	\$708	\$711	▶ 0%	
Direct Cost per Visit	\$555	\$410	\$555	\$639	▲ 15%	
Contrb Margin per Visit	\$143	\$301	\$153	\$72	▼ -53%	

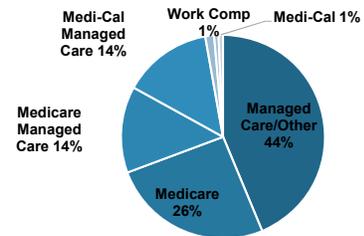
TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Managed Care/Other	45%	48%	40%	44%
Medicare	30%	28%	25%	26%
Medicare Managed Care	11%	11%	16%	14%
Medi-Cal Managed Care	12%	11%	18%	14%
Cash Pay	1%	1%	1%	1%
Work Comp	0%	0%	0%	1%
Medi-Cal	1%	2%	1%	1%

FY 2023 Payer Mix Annualized



Note: All visits with a primary service of Radiology and secondary service of NM Downtown Campus. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, E

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022

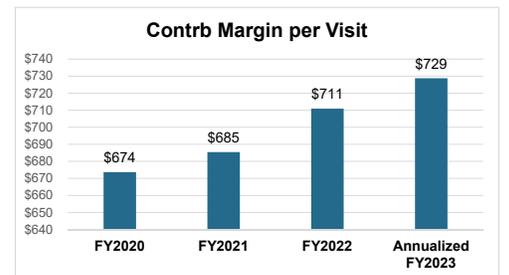
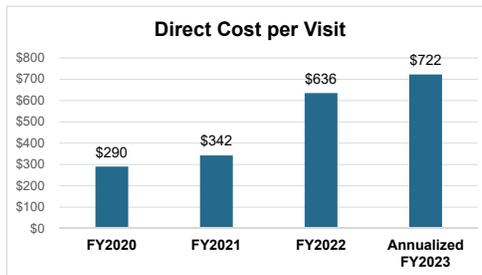
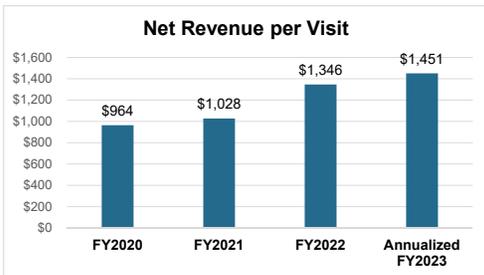


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	192	202	224	218	▼ -3%	
Net Revenue	\$185,075	\$207,627	\$301,602	\$316,366	▲ 5%	
Direct Cost	\$55,731	\$69,175	\$142,356	\$157,504	▲ 11%	
Contribution Margin	\$129,344	\$138,452	\$159,246	\$158,862	▶ 0%	
Indirect Cost	\$26,542	\$24,450	\$28,202	\$37,352	▲ 32%	
Net Income	\$102,803	\$114,002	\$131,043	\$121,510	▼ -7%	
Net Revenue per Visit	\$964	\$1,028	\$1,346	\$1,451	▲ 8%	
Direct Cost per Visit	\$290	\$342	\$636	\$722	▲ 14%	
Contrb Margin per Visit	\$674	\$685	\$711	\$729	▲ 3%	

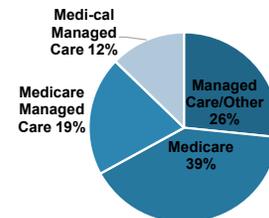
TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

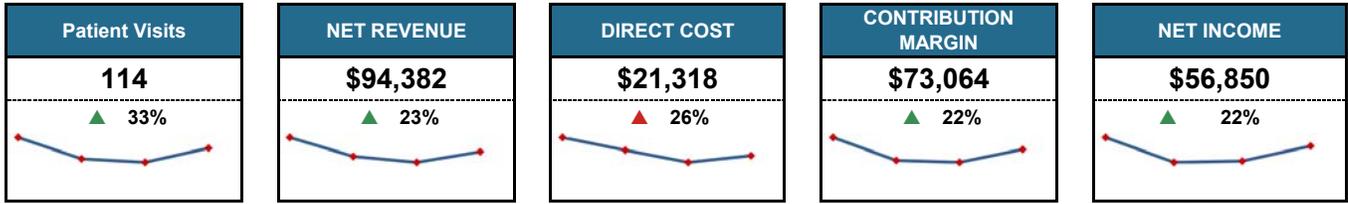
PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Managed Care/Other	34%	34%	33%	26%
Medicare	36%	36%	36%	39%
Medicare Managed Care	13%	13%	17%	19%
Medi-cal Managed Care	14%	13%	12%	12%
Medi-Cal	2%	2%	1%	3%
Cash Pay	1%	1%	2%	1%

FY 2023 Payer Mix Annualized



Note: All visits with a primary service of Radiology and secondary service of CT Scan Downtown Campus. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022



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

METRICS SUMMARY - 4 YEAR TREND

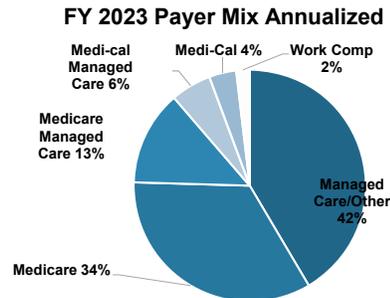
METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	135	93	86	114	▲ 33%	
Net Revenue	\$118,622	\$86,579	\$76,546	\$94,382	▲ 23%	
Direct Cost	\$33,303	\$24,908	\$16,870	\$21,318	▲ 26%	
Contribution Margin	\$85,319	\$61,671	\$59,676	\$73,064	▲ 22%	
Indirect Cost	\$22,598	\$15,864	\$12,943	\$16,214	▲ 25%	
Net Income	\$62,720	\$45,807	\$46,733	\$56,850	▲ 22%	
Net Revenue per Visit	\$879	\$931	\$890	\$828	▼ -7%	
Direct Cost per Visit	\$247	\$268	\$196	\$187	▼ -5%	
Contrb Margin per Visit	\$632	\$663	\$694	\$641	▼ -8%	

TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Managed Care/Other	51%	46%	44%	42%
Medicare	22%	22%	19%	34%
Medicare Managed Care	7%	10%	12%	13%
Medi-cal Managed Care	19%	17%	17%	6%
Medi-Cal	0%	2%	0%	4%
Work Comp	1%	2%	7%	2%



Note: All visits with a primary service of Radiology and secondary service line of MRI Downtown Campus. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent C

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Imaging Services - Diagnostic Imaging Downtown Campus

FY2023 Annualized

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022

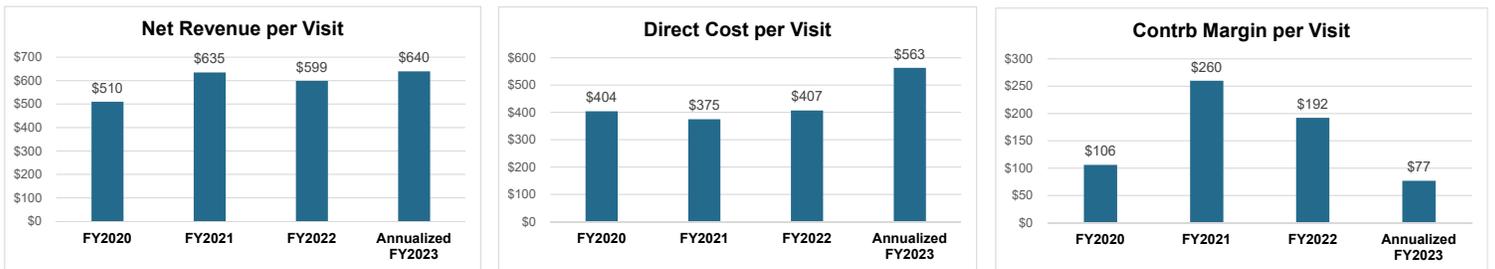


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	307	229	244	256	▲ 5%	
Net Revenue	\$156,716	\$145,529	\$146,266	\$163,806	▲ 12%	
Direct Cost	\$124,096	\$85,948	\$99,339	\$144,102	▲ 45%	
Contribution Margin	\$32,620	\$59,581	\$46,928	\$19,704	▼ -58%	
Indirect Cost	\$46,799	\$33,409	\$32,617	\$46,832	▲ 44%	
Net Income	(\$14,179)	\$26,172	\$14,310	(\$27,128)	▼ -290%	
Net Revenue per Visit	\$510	\$635	\$599	\$640	▲ 7%	
Direct Cost per Visit	\$404	\$375	\$407	\$563	▲ 38%	
Conrb Margin per Visit	\$106	\$260	\$192	\$77	▼ -60%	

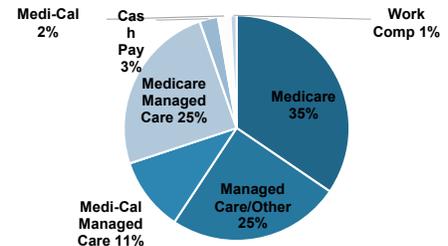
TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Medicare	32%	33%	30%	35%
Managed Care/Other	38%	39%	40%	25%
Medi-Cal Managed Care	12%	8%	14%	11%
Medicare Managed Care	12%	16%	13%	25%
Cash Pay	2%	1%	1%	3%
Medi-Cal	1%	1%	1%	2%
Work Comp	2%	1%	0%	1%

FY 2023 Payer Mix Annualized



Note: All visits with a primary service of Radiology and secondary service of Diag Img DT Campus. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Em

Outpatient Imaging Services - *Diagnostic Imaging UCC Demaree (Walk-in Radiology)*

KEY METRICS - FY 2023 BASED ON THE SIX MONTHS ENDED DECEMBER 31, 2022

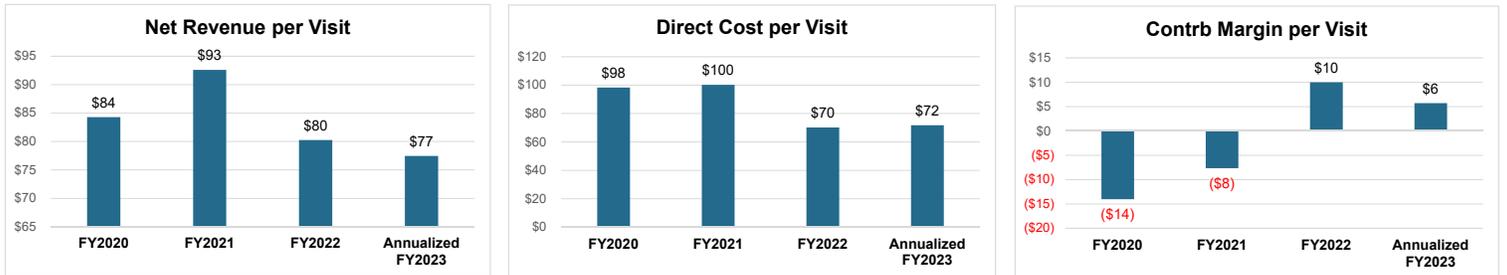


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	Annualized FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	446	388	317	364	▲ 15%	
Net Revenue	\$37,599	\$35,924	\$25,439	\$28,198	▲ 11%	
Direct Cost	\$43,860	\$38,891	\$22,268	\$26,120	▲ 17%	
Contribution Margin	(\$6,262)	(\$2,967)	\$3,171	\$2,078	▼ -34%	
Indirect Cost	\$15,086	\$17,017	\$9,301	\$10,572	▲ 14%	
Net Income	(\$21,348)	(\$19,984)	(\$6,131)	(\$8,494)	▼ -39%	
Net Revenue per Visit	\$84	\$93	\$80	\$77	▼ -3%	
Direct Cost per Visit	\$98	\$100	\$70	\$72	▲ 2%	
Contrb Margin per Visit	(\$14)	(\$8)	\$10	\$6	▼ -43%	

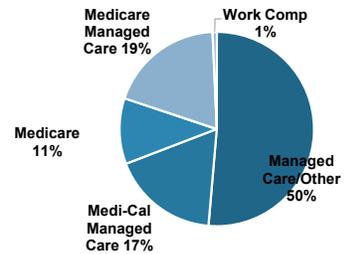
TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2020	FY2021	FY2022	Annualized FY2023
Managed Care/Other	43%	49%	50%	50%
Medi-Cal Managed Care	24%	24%	25%	17%
Medicare	20%	14%	11%	11%
Medicare Managed Care	9%	12%	11%	19%
Work Comp	2%	0%	0%	1%
Work Comp	2%	0%	0%	1%

FY 2023 Payer Mix Annualized



Note: All visits with a primary service of Radiology and secondary service of Dig Img UCC Demaree. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Car



**Kaweah Delta
Health Care District**

ADMINISTRATIVE POLICY MANUAL



Kaweah Health
MORE THAN MEDICINE. LIFE.

Effective Date: 04/14/14	Policy #: AP.38
Supersedes Policy Dated: 12/12/11	Date Last Reviewed:

POLICY MANUALS

*** TEMPLATES AVAILABLE ON Policy Tech ***

POLICY: Written statements of Kaweah Delta Health Care District (~~"Kaweah Delta"~~) "Kaweah Delta Health Care District herein after referred to as Kaweah Health" policies and procedures are found in several manuals that are reviewed, approved, and published by the Kaweah ~~Delta-Health~~ Administration and/or Board of Directors on a regular schedule. Among these are;

- A. Administrative Policy Manual
- B. Human Resources Policy Manual
- C. Compliance Program Policy Manual
- D. Environment of Care Manual
- D. Infection Prevention Policy Manual
- E. Patient Care/Nursing Services Manual
- F. Medical Staff Order Sets & Protocols
- G. Manuals for specific department and/or services within the organization

All policies and procedures will reflect the use of the best evidence to support decision-making and will be written, revised, or deleted from the applicable policy manuals in accordance with the procedure illustrated below.

Any staff member, in collaboration with their manager and/or director, may write a new policy or make changes to an existing policy.

Policies and procedures will be reviewed *at least* every three years.

Prior to the review of an existing policy or the creation of a new policy, the policy owner will evaluate the ongoing need for the policy in accordance with the criteria defined below.

PROCEDURE:

- I. Definition and Maintenance of Policy and Procedure Manuals
 - A. **Administrative Policy Manual:** Policies are written statements that have no direct involvement in clinical patient care issues but which are inter-departmental in nature. Policy maintenance is the responsibility of Kaweah [DeltaHealth](#) Administration.
 - B. **Human Resources Policy Manual:** Policies are written statements providing information and direction in the management of individuals employed by Kaweah [DeltaHealth](#). Policy maintenance is the responsibility of the Human Resources Department.
 - C. **Compliance Program Policy Manual:** Policies are written statements that have no direct involvement in clinical patient care issues but which are inter-departmental in nature. Policy maintenance is the responsibility of Kaweah [DeltaHealth](#) Compliance Program in conjunction with the Audit and Compliance Board Committee.
 - D. **Environment of Care Manual:** Policies describe Kaweah [DeltaHealth](#)'s management plans regarding safety, security, hazardous materials and waste management, emergency preparedness, and life safety. Policy maintenance is the responsibility of the Safety Officer, delegated to the Environment of Care Committee.
 - E. **Infection Prevention Policy Manual:** Policies ensure patient and employee safety through evidence based practice and regulatory guidelines. Policy maintenance is the responsibility of the Infection Prevention designee in conjunction with the Infection Prevention Committee.
 - F. **Patient Care/Nursing Services Manual:** Policies and procedures contained within this manual may be specific to as few as two departments, services, or disciplines, or may provide direction to every department within Kaweah [DeltaHealth](#) responsible for the provision of patient care. Policy maintenance is the responsibility of the Chief Nurse Officer, delegated to the Patient Care Policy and Procedures Committee. Policies that repeat information found in Kaweah [DeltaHealth](#) approved reference texts should be archived.
 - G. **Medical Staff Order Sets and Protocols:** Maintenance of physician pre-printed order sets and protocols is the responsibility of the Chief Medical and Quality Officer, delegated to the Orders Review Committee.

- H. **Department or Service Specific Manuals:** Policy maintenance is the responsibility of the Department Director/Manager of each department maintaining a Departmental Policy Manual. The department director is responsible to ensure that department policies do not duplicate or conflict with Kaweah [DeltaHealth](#) policies. Department policies should exist only for those topics in which department practice varies from Kaweah [DeltaHealth](#) practice for regulatory reasons or because of the specific clinical or operational demands of the department. Policies that repeat information in approved reference texts should be archived.
- II. New, Revised, Reviewed and/or deletions to Existing Policy Manuals Shall be administered per policy BOD.8, [Promulgation of Kaweah Delta Health Care District Procedures](#)
- A. Guidelines regarding policy development and review:
1. Review and confirm current need for the policy. Archive policies that are now redundant or no longer required.
 2. Before developing a new policy, confirm that a policy is appropriate. Policies and procedures are required when there is a need for consistency in day-to-day operational activities. They provide clarity for accountability issues or activities that are of critical importance such as health and safety, legal liabilities, regulatory requirements or issues that have serious consequences. Policies- outline general rules and expectations for the behavior and decision making of staff.
 3. If the policy requires consistent implementation of specific actions, then the procedure portion should provide the reader with a clear and easily understood plan of action required to carry out or implement the policy.
- B. Policy development and revisions will be completed within the Policy Management -software. Assigned reviewers and approvers will complete those tasks within the software. In order to ensure that changes made during the review and revision process are visible to the Board of Directors/designee, document owners will decline changes that are not approved, and leave all approved changes in place, but don't "accept" them, as this would turn off the track changes in the document.
- C. For policy submission to the Board of Directors/designee for approval, the policy owner will submit a policy submission summary (Appendix C.1 & C.2) no less than ten days prior to the Board meeting and e-mail it with all revised and new policies for Board review and request for approval. Policies that are reviewed with no changes (reviewed) or deleted do not need to be sent with the policy submission summary. If there are too many policies to e-mail the policies can be delivered on a thumb drive to the office of the Board Clerk to download. Upon Board approval, the approval status will be updated in Policy Tech by the Board Clerk.

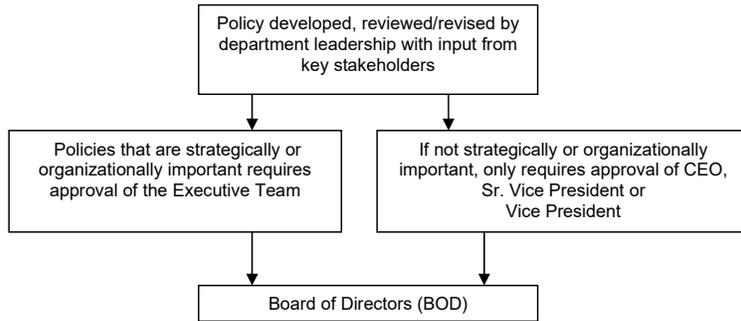
- D. For Department Manuals for approval, the policy owner will submit a policy submission summary to the ~~Sr. Vice President~~Vice President~~Chief of their service line~~ or designated approver as a guideline for use when approving. The Policy Submission Summary should include the listing of all policies being submitted for initial approval (new), policies being revised (revised), reviewed with no changes (reviewed) and deleted, in that order on the policy submission summary. For each new or revised policy, the name and phone number for the staff member responsible for the policy should be included on the policy submission summary.

approval

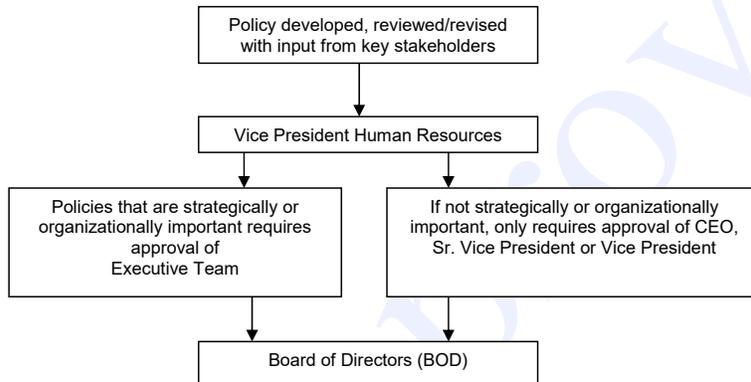
flowchart to be updated to include Compliance Policy approval process

Formatted: Highlight

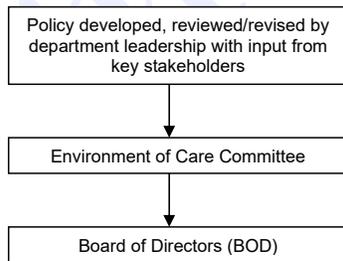
D. **Administrative Policy Manual**



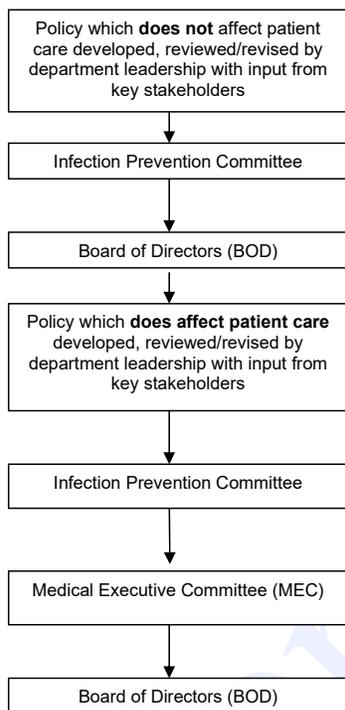
E. **Human Resource Policy Manual**



F. **Environment of Care Manual**



G. **Infection Prevention Policy Manual**



H. **Patient Care/Nursing Services and Department or Service Specific Policy Manuals**

1. Policy/Procedure Format

- a. A specific format has been adopted for policies and procedures. This policy is a non- inclusive example of the adopted format.

- (1) All policies [with the exception of Human Resources policies](#) must include the following language:

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 bi-ethical circumstances may provide sound reasons for

alternative approaches; even though they are not described in this document.

(2) Human Resources Policies will include the following language on each Human Resources policy:

“Responsibility for the review and revision of this Policy is assigned to the Vice President of Human Resources. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Delta will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board meeting. It is the employee’s responsibility to review and understand all Kaweah Delta Policies and Procedures”.

(2)(3) Evidence Based Practice (EBP):

- (a) “Use of EBP is based on the belief that science is the ideal source of knowledge underlying clinical decisions” (Stevens & Ledbetter as cited in Schoenfelder, 2007, p. 7).
 - (b) Policies and procedures will demonstrate the use of the best clinical evidence (i.e., disciplined research and/or professional nursing organization standards) through citation of appropriate references in a format that identifies the source for readers and enables them to locate the information. Refer to <http://citationcenter.net/index.php5> for automated assistance.
- b. Any policy/procedure submitted which is incomplete, lacking information necessary for processing, or submitted in a format other than that which has been adopted for these policies, will be returned to its originator until compliance is met.

2. Committee Review

- a. Nursing policies and procedures will be reviewed for compliance with standards of nursing care and nursing practice. All policies and procedures affecting clinical outcomes and medical practice must be reviewed and approved by appropriate physician leadership.

- b. The author (or their designee) must present the policy/procedure at the committee meeting.
 - c. The Patient Care Policy/Procedure Committee, along with the author of the policy, will determine the level and content of staff education needed and who is responsible for staff education, as part of the policy approval process.
 3. Submission of Policy/Procedure for Committee Review
 - a. All policies submitted for committee review must be processed via PolicyTech 6 business days prior to the next scheduled committee meeting. Policies submitted after that date will be reviewed at the next scheduled meeting.
 - b. Complete Policy Submission Summary (see Appendix C.1 & C.2)
 4. Approval Process
 - a. Patient Care Policy Manual (see Appendix A)
 - b. Department or Service Specific Manuals (see Appendix B.1 & B.2)
 5. Routing Process
 - a. Patient Care Policy Manual (see Appendix A)
 - b. Department or Service Specific Manuals (see Appendix B.1 & B.2)
 6. Non-approval Notification
 - a. If a policy is not approved the recording secretary will communicate the reasons for rejection to the policy owner.
 7. Temporary Approval
 - a. Occasionally, because of change of practice or regulation, it becomes necessary to implement a policy more quickly than it is possible for it to move through all approving bodies. The Chief Nursing Officer (or designee) may grant temporary policy approval, in concert with the Chief of Staff (Chief of Staff approval required only if policy directly affects patient care). When granted, the policy will be valid for ninety days (90) or until the end of the third month from the date of signature by these individuals.

- b. Policies granted temporary approval will:
 - (1.) Have clear indication on the policy’s front page that the policy is temporary and next review date will be set for 90 days in Policy Tech. contain a “valid through” date.
 - (2.) Type the letter “T” after the policy number to indicate that it is a temporary policy. (Example PC.154T) By adding the “T” this will enable the revised document to continue processing through appropriate approval committees.
 - (3.) Once revised policy is approved and published, archive the temporary version of the policy.

- c. Policy owner is responsible for development and dissemination of temporary policy communication and education plans.

8. ~~Deletion~~ Archival of Policies/Procedures

Policies/Procedures that need to be deleted go through the same approval process as for development or revision of a policy or procedure. (See Flow Diagram) in the Patient Care Manual, policies/procedures that are recommended by the owner for archival will be placed on the agenda of the Patient Care Policy Committee and if approved, the document will be archived. A notice of archival will be included in the Consent Agenda for any remaining committees.

Formatted: Font color: Red

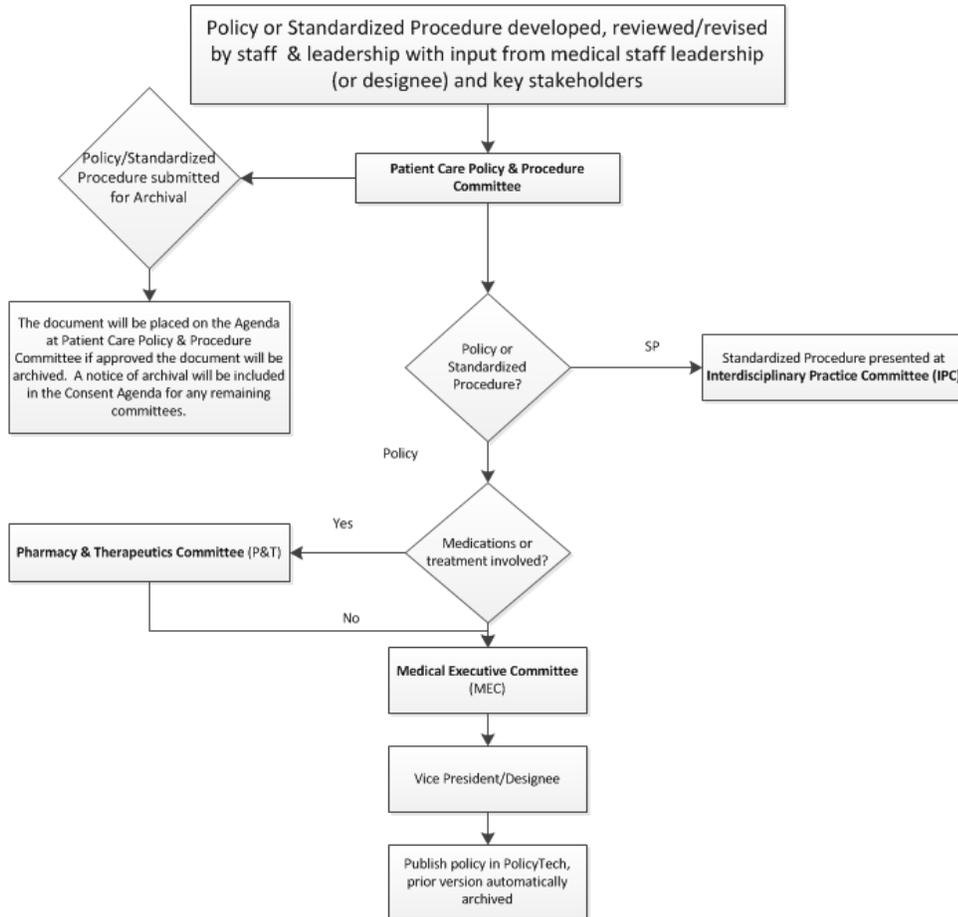
Formatted: Font color: Red

I. **Medical Staff Order Sets and Protocols:**

- 1. Order sets and protocols will demonstrate the use of best clinical evidence (i.e. disciplined research and/or professional medical organization).
 - a. The sponsor (i.e. medical, medical staff department chair, or district department director as appropriate or designee) will work with subject matter experts, stakeholders, and Information System Services (ISS) to design and build content in Computerized Physician Order Entry (CPOE) prior to submission to the Orders Review Committee (ORC).
 - b. ORC Review: Physician order sets and protocols.
 - (1.) Physician pre-printed order sets and protocols will be reviewed for compliance with evidence-based clinical practice and medical standards of care.

- (2.) The sponsor (or their designee) presents the order set or protocol at the ORC meeting.
 - (3.) The ORC will recommend the level and content of staff education needed and who is responsible for staff education, as part of the approval process. Sponsor (or designee) submission of orders or protocol change requests:
 - (4.) Submit all orders and protocol change requests to the IS Orders Analyst or Chief Clinical Information Officer using the Introduction, Situation, Background, Assessment, Recommendation, Questions (ISBARQ) Change Request form (Appendix E)
- c. Approval Process – See Appendix D
- d. ISBARQ Change Request Form Process – See Appendix E
- e. Non-approval Notification
- (1) If order set or protocol is not approved the orders analyst will communicate the reasons for rejection to the order set sponsor.
- f. Temporary Approval
- (1) Occasionally, because of change of practice or regulation, it becomes necessary to implement an order set or protocol more quickly than it is possible for it to move through all approving bodies. The Chair of Pharmacy & Therapeutics, Chief of Staff, Chief Nursing Officer and Pharmacy Director (or designee) may grant temporary order set or protocol approval. The order set or protocol will be placed on the next monthly ORC, P&T, MEC, and Board upcoming agendas for approval.
 - (2) Development and dissemination of temporary policy communication and education plans for order sets or protocols will represent a collaborative effort between Clinical Education, Quality and Patient Safety RN-Clinical Analyst, ISS orders team and order set/protocol sponsor.
- g. Removal of Order Sets and Protocols
- Order sets and protocols may be removed by the sponsor of that order set/protocol in concert with the Department Chair.

Patient Care Policy Manual



Patient Care Policy Manual

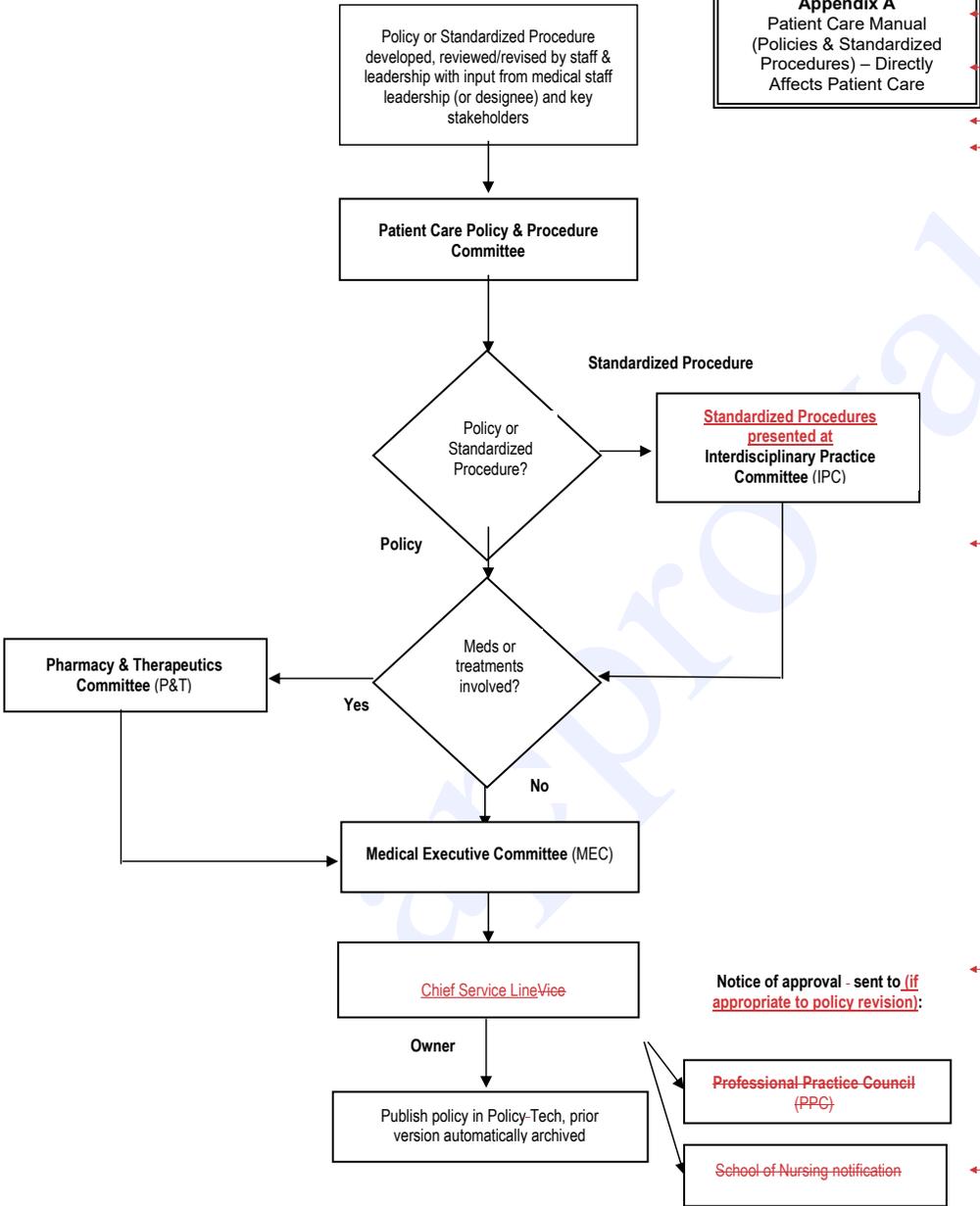
Appendix A
Patient Care Manual
(Policies & Standardized
Procedures) – Directly
Affects Patient Care

Formatted: Left, Tab stops: Not at -1"

Formatted: Left, Tab stops: Not at -1"

Formatted: Indent: Left: 0", Tab stops: Not at -1"

Formatted: Normal, Tab stops: Not at -1"

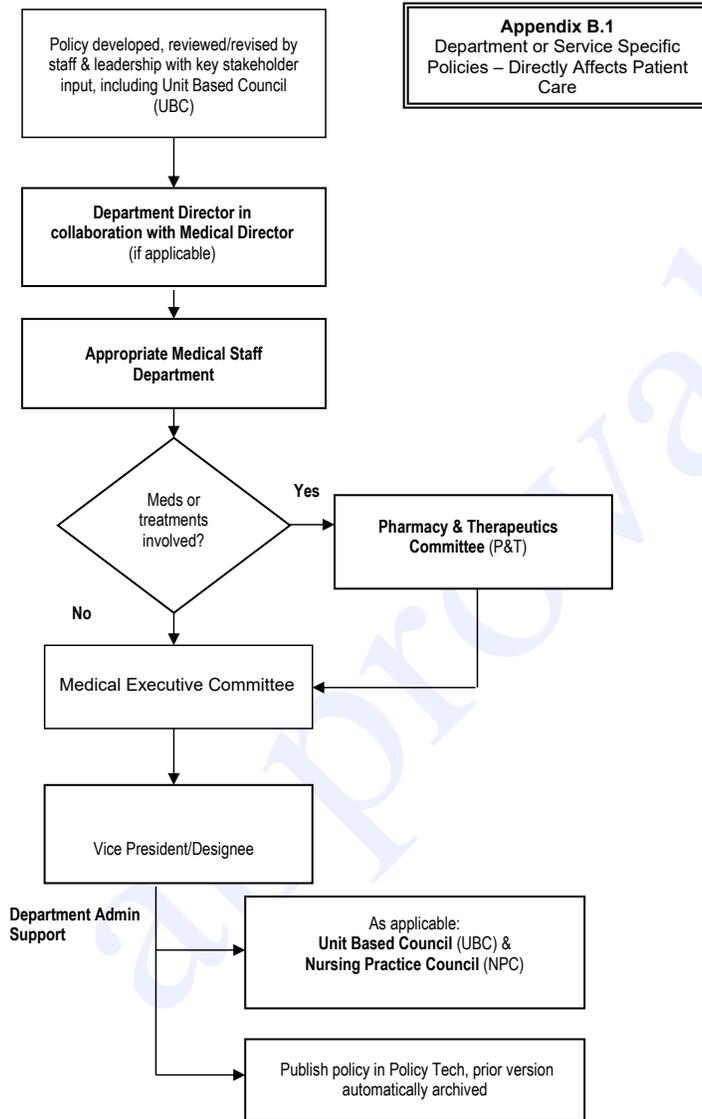


Formatted: Centered

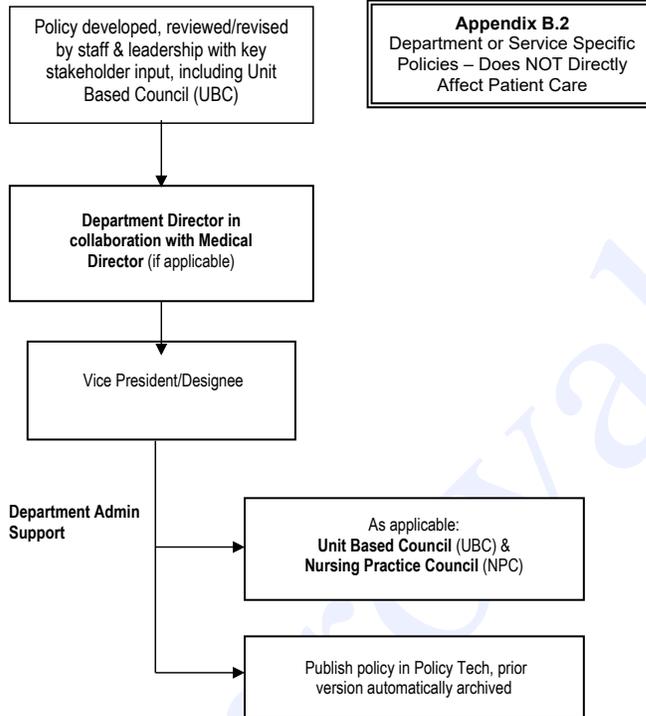
Formatted: Left

Formatted: Left

Department or Service Specific Manuals



Department or Service Specific Manuals (continued)



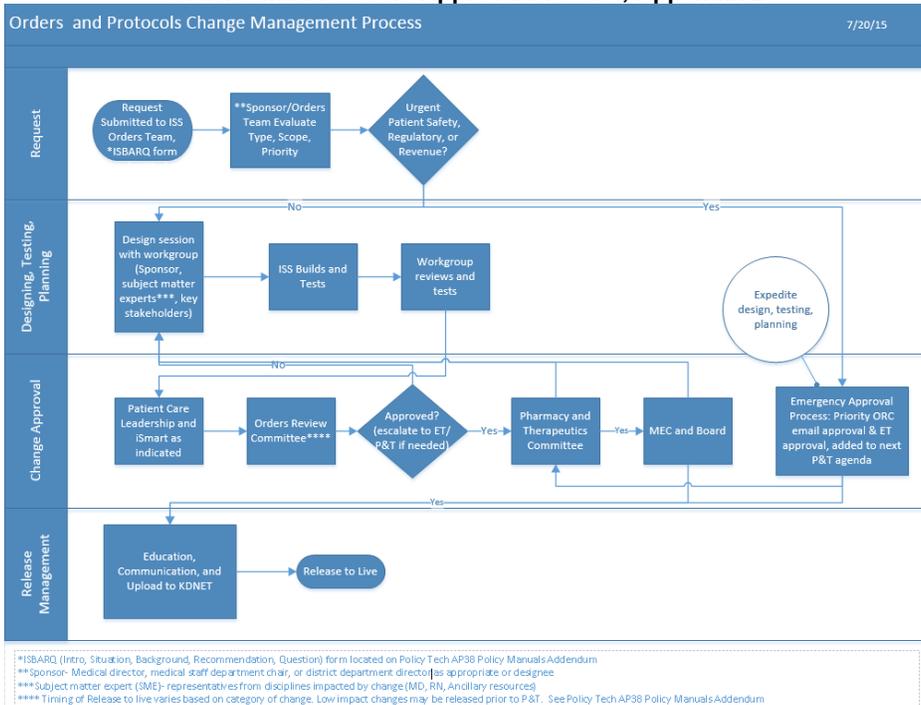
Appendix C.2

Policy Submission Summary
(Multiple Committee Review)

Date:			
Manual Name:			
Support Staff Name:			
Routed To: (Select appropriate departments/committees)		Date Approved:	
<input type="checkbox"/> Department Director			
<input type="checkbox"/> Medical Director			
<input type="checkbox"/> Medical Staff Department			
<input type="checkbox"/> Pharmacy & Therapeutics			
<input type="checkbox"/> Medical Executive Committee			
<input type="checkbox"/> Vice President/Designee			
Policy/Procedure Title	#	Status (New, Revised, Reviewed or Deleted)	Name and Phone # of person who wrote new policy or revised an existing policy

Approved

Orders and Protocols Approval Process, Appendix D



Appendix E

ISBARQ
[Title of Change Requested]
[Date]

Introduction:

[Your contact info, title, etc]

Situation:

[Problem and/or change requested]

Background:

Requested by:

Justification: [literature support, patient safety risk, etc]

Assessment

Category of Change Requested: [Patient Safety, Regulatory, Enhancement, etc]

Description of issues the changes will resolve and implications:

Suggested changes to order sets: [summary of changes]

Recommended Communication/Education for affected disciplines (nursing, physicians, pharmacy, etc.: [Monthly education bundle, essential information, nursing unit huddles, etc]

Recommendation

[Specific bulleted Recommendation – e.g., approve the changes, approve design, including screenshots if appropriate]

Questions:

[Contact information again]

References:

Schoenfelder, D. P. (2007). Simply the best: Teaching gerontological nursing students to teach evidence-based practice. *Journal of Gerontological Nursing*, 33(8), 6-11.

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."

approval



Policy Number: AP48	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Care and Referral of Patient Presenting with Unstable Behavioral Health Conditions	

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

POLICY: The District will provide for protective care and appropriate referral for those patients presenting with unstable behavioral health conditions and/or patients that develop unstable behavioral health symptoms while hospitalized at the Medical Center.

PROCEDURE:

- I. Upon assessing a patient admitted to the Medical Center who exhibits signs or symptoms of a behavioral health condition, care providers will communicate their observation to the patient’s physician for appropriate medical treatment. The attending physician can order a mental health/psychiatric assessment from the Psychiatric Assessment and Triage Team (PAT) or a psychiatric consultation from a psychiatrist at Kaweah Delta Mental Health (KDMHH), see Policy & Procedure CP.81 Mental Health Assessment and Triage Service.
- II. The Social Worker will be used for consultation with staff for care of the patient and referral to the appropriate medical provider and/or agency.
- III. Staff will utilize the KDMHH PAT Team for crisis intervention when necessary. Please refer to Policy & Procedure CP.81 Mental Health Assessment and Triage Service if the KDMHH PAT is not available..
- IV. For these patients admitted to the Emergency Department, refer to Emergency Department policy and Policy & Procedure CP.81 Mental Health Assessment and Triage Service.

Cross Reference

CP.81 Mental Health Assessment and Triage Service

"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."

Approval



Policy Number: AP77	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
On-Call Physician Per Diem Process	

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

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

PROCEDURE:

- I. Kaweah Health Medical Staff taking Call Coverage responsibilities shall be compensated with a per diem stipend associated with their call coverage category. The Call Coverage per diem stipend shall be applicable for each day of the year call coverage is provided by an eligible specialty or subspecialty physician on call.
- II. The Emergency Call Coverage Schedule shall be published on AMION. The call schedule shall be established by the respective specialties/Departments on the Call Schedule. The Medical Staff Office shall provide support concerning the AMION call schedule as needed.
- III. The start and end time for each Call Coverage period shall be defined by each specialty or subspecialty in collaboration with Kaweah Delta Leadership.

Once the call schedule is published, physicians making any changes in call coverage assignments are responsible for contacting the representative of their call group 48 hours in advance who shall immediately [revise the AMION schedule or](#) notify the Medical Staff Office of said changes, ~~in writing,~~ [who will immediately revise the AMION schedule.](#)

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

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

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

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



Policy Number: AP98	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Compliance with EMTALA	

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

Purpose: To describe the Emergency Medical Treatment and Active Labor Act (EMTALA) obligations. To define EMTALA policies and procedures for Medical Staff and Kaweah ~~Delta~~ Health Care District ("~~Kaweah Delta~~Health hereinafter "~~District~~") employees.

Policy: Policy Application

- A. **Compliance:** It is the policy of ~~the District~~ ~~Kaweah~~ ~~Delta~~Health to comply with ~~the~~ EMTALA ~~regulation~~ obligations. These ~~regulations~~ ~~policies~~ are mandated by Section 1867 of the Social Security Act, as amended, and regulations adopted in 1994, and the California hospital licensing laws governing the provision of emergency services and care.
- B. **Non-Discrimination.** The Hospital will provide emergency services and care without regard to an individual's race, ethnicity, national origin, citizenship, age, sex, sexual orientation, preexisting medical condition, physical or mental handicap, insurance status, economic status or ability to pay for medical services, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient.
- B. **Enforcement:** The Centers for Medicare and Medicaid Services (CMS) and the Office of the Inspector General (OIG) of the U.S. Department of Health and Human Services are responsible for the enforcement of EMTALA. Violations of EMTALA may be reported to other federal and state agencies and to The Joint Commission. The California Department of Public Health ~~(CDPH)~~ is responsible for the enforcement of state hospital licensing laws.
- C. **Sanctions:** Failure to comply with EMTALA may result in termination ~~by CMS~~ of ~~the District's~~ ~~Kaweah~~ ~~Delta's~~Health's participation in the Medicare and Medicaid programs, as well as civil monetary penalties imposed by the OIG for both ~~the District~~ ~~Kaweah~~ ~~Delta~~Health and physicians ~~of up to \$50,000~~. Failure to comply with state laws on emergency services is subject to a licensing enforcement action as well as possible fines imposed by the state for both ~~Kaweah~~ ~~Delta~~Health ~~the District~~ and its Medical Staff. A violation of EMTALA or the state laws

Formatted: Justified

Formatted: Justified

Formatted: Justified

governing emergency services is subject to injunctive relief and civil lawsuits for damages.

Scope of EMTALA and Definitions

- A. **Definitions:** (See Attachment A) Definitions of key EMTALA terms are attached to this policy.
- B. **Application to Kaweah Delta Health the District:** EMTALA is applicable to anyone who comes to the Emergency Department. (See Appendix A, Definition F “Comes to the Emergency Department”)
- C. **Application to Physicians:** EMTALA is applicable to any physician who is responsible for the examination, treatment, or transfer of an individual, including a physician on-call for the care of such an individual.
- D. **Dedicated Emergency Departments.** ~~The District~~ Kaweah Delta Health has determined that the following departments ~~of the District~~ are dedicated ~~e~~Emergency ~~d~~Departments:
- (1) Emergency Department;
 - (2) Labor & Delivery.
- E. **Where EMTALA Does Not Apply.** EMTALA does not apply to the following:
- (1) An outpatient during the course of his or her encounter (even if the outpatient develops an emergency medical condition while receiving outpatient services and is taken to the dedicated ~~e~~Emergency ~~d~~Department for further examination and treatment);
 - (2) An inpatient (including inpatients who are “boarded” in the dedicated ~~e~~Emergency ~~D~~epartment waiting for an available bed);
 - (3) An individual who presents to any ~~Kaweah Health Delta~~ off-campus department ~~of the District~~ that is not a dedicated ~~e~~Emergency ~~D~~epartment;
 - (4) An individual who presents to a ~~r~~Rural ~~h~~Health ~~e~~Clinic, ~~U~~rgent ~~C~~are ~~C~~enter, ~~S~~killed ~~N~~ursing ~~f~~acility or ~~h~~ome ~~H~~health ~~a~~gency owned or operated by ~~Kaweah Health Delta~~; ~~the District~~, whether located on-campus or off-campus, ~~or~~ a private physician’s office, or other ambulatory care clinic that participates separately in the Medicare program;
 - (5) Restaurants, private residences, shops or other non-medical facilities that are not part of ~~Kaweah Delta Health the District~~.
- F. **Resources:** ~~The District~~ Kaweah Health Delta must use its available resources, including on-call physicians, to provide ongoing evaluation and stabilizing treatment as required by law and may not transfer a patient for care when such care is within ~~Kaweah Health’s Delta’s the~~

Formatted: Justified

Formatted: Justified

~~District's~~ scope of services, the clinical expertise and privileges of the medical staff, and ~~Kaweah Health Delta the District's~~ facilities.

III. General Policies

- A. **Signage:** ~~The District~~Kaweah DeltaHealth shall post signs conspicuously in lobbies, waiting rooms, admitting areas, and treatment rooms where examination and treatment occurs. The sign shall be in the form required by CMS that specifies the rights of individuals to examination and treatment for emergency medical conditions and indicates that Kaweah DeltaHealth ~~the District~~ participates in the Medi-Cal program. Signs shall also state the name, address and telephone for the State Department of Health Services. Signs shall be posted in the Emergency Department and Labor and Delivery.
- B. **Central Log:** Each Kaweah DeltaHealth ~~eD~~dedicated eEEmergency ~~eD~~Department ~~of the District~~ that provides medical screening examinations shall maintain a central log. The log will record the names of patients who present for emergency services whether the person refused treatment, was refused treatment by Kaweah DeltaHealth ~~the District~~, or whether the patient was transferred, admitted and treated, stabilized and transferred or discharged. Each ~~eD~~dedicated eEEmergency ~~De~~partment shall establish its own central log policy and procedure for including additional information in the log, timely recording of log entries, and the maintenance and expedited retrieval of completed logs.
- C. **On-Call Response:** ~~The District~~Kaweah DeltaHealth shall maintain a schedule list of on-call physicians available who are on-call to respond come to the District to consult or provide treatment necessary to stabilize a patient with an emergency medical condition. On-call physician responsibilities to respond, examine, and treat emergency patients are defined in the Medical Staff Bylaws and/or within the Physician On-Call Agreement. The Emergency Department shall be prospectively aware of physicians who are on-call to the Department. The notification of an on-call physician shall be documented in the medical record and any failure or refusal of an on-call physician to respond to call shall be reported to the Medical Staff Office and the Executive Team Member/Vice President/Chief Medical Officer.
- D. **Maintenance of Records:** Medical records and other records (such as transfer logs, on-call lists and changes to the on-call list and central logs) shall be maintained in accordance with Kaweah DeltaHealth's District record-retention policies, but not less than five years.
- E. **Disputes:** The Risk Management Director, the Chief Compliance & Risk and Privacy Officer and the Executive Team Member/Chief Medical Officer/Vice President, or the on-call Administrator shall be notified immediately by the Director or Medical Director of the Emergency Department in the event of any concern over emergency services to a patient, or a dispute with another hospital regarding a

patient transfer or a concern about ~~the District's~~ compliance with EMTALA.

- F. **Reporting EMTALA Violations:** If Kaweah DeltaHealth has a reason to believe it has received a patient whose transfer was not in accordance with the EMTALA requirements (Physician to Physician acceptance, appropriate documentation of condition prior to transfer, consent, etc.), The DistrictKaweah DeltaHealth must report the concern to CMS, or the California Department of Public Health, within 72 hours, if the District has a reason to believe it has received a patient whose transfer was not in accordance with the EMTALA requirements. (Physician to Physician acceptance, appropriate documentation of condition prior to transfer, consent, etc.)
1. ~~All Kaweah DeltaHealth District~~ personnel who believe that an EMTALA violation has occurred shall complete an Occurrence Report and report the violation to Risk Management and to Compliance immediately. If the Director of Risk Management and/or the Chief Compliance & Risk and Privacy Officer ~~Director of Compliance~~ are not available, the on-call Administrator should be notified immediately.
 2. The Risk Management Director will convene a meeting (this may be via conference call) with the Executive Team Member/Chief Medical Officer/Vice President, the Medical Director of the Emergency Department, the Director of the Emergency Department, the Chief Compliance & Risk Officer and the Director of Performance ImprovementQuality & Patient Safety to determine if there was an actual reportable EMTALA violation.
 3. The ~~Vice President of Medical Affairs~~Executive Team Member/Chief Medical Officer and the Director of Risk Management will present the facts of a potential reportable EMTALA violation to the Chief Executive Officer (CEO) prior to reporting the violation.
 4. As a courtesy, tThe CEO (or designee) may telephone the CEO (or designee) of the hospital alleged to have violated EMTALA for clarification of the facts, to make the CEO aware of the EMTALA concern, and to give the CEO an opportunity to ~~rebut~~provide additional information.
 5. If after reviewing all of the facts, Kaweah DeltaHealth believes an EMTALA violation may have~~is confirmed~~, the CEO may~~will~~ send a letter to the violating hospital. The Kaweah DeltaHealth Director of Risk Management (CEO and or designee) will submit a report of the EMTALA violation to the appropriate governmental enforcement agency.
- G. **Retaliation:** ~~The District~~Kaweah DeltaHealth shall not retaliate, penalize, or take adverse action against any Medical Staff member or

~~Kaweah DeltaHealth District~~ employee for reporting violations of EMTALA or state laws to a governmental enforcement agency.

IV. Medical Screening Examination

- A. **Policy:** A medical screening examination must be offered to any individual presenting for examination or treatment of a medical condition. The examination must be provided within the capabilities of ~~the District~~Kaweah DeltaHealth, including the availability of on-call physicians. The examination must be the same appropriate screening examination that ~~the District~~Kaweah DeltaHealth would perform on any individual with similar signs and symptoms, regardless of the individual's ability to pay for medical care.
- B. **Scope:** A medical screening examination is the process required to reach, within reasonable clinical confidence, the point at which it can be determined whether an emergency medical condition does or does not exist. The scope of the examination must be tailored to the presenting complaint and the medical history of the patient. The process may range from a simple examination (such as a brief history and physical) to a complex examination that may include laboratory tests, MRI or diagnostic imaging, lumbar punctures, other diagnostic tests and procedures, and the use of on-call physicians.
- C. **Comparison with Triage:** Triage is not equivalent to a medical screening examination. Triage merely determines the "order" in which patients will be seen, not the presence or absence of an emergency medical condition.
- D. **Continuous Monitoring:** The medical screening examination is a continuous process reflecting ongoing monitoring in accordance with an individual's needs. Monitoring will continue until the individual is stabilized or appropriately transferred. Reevaluation of a patient must occur prior to discharge or transfer.
- E. **Personnel Qualified to Perform Medical Screening Examinations:** The categories of persons qualified to perform emergency medical examinations shall be defined in the Medical Staff Rules and Regulations.
- F. **Department Policies:** Each ~~D~~department ~~of the District~~ that provides emergency services shall adopt policies and procedures describing the content of the medical screening examination in the ~~d~~Department and documentation of patient records, and conduct ongoing in-service training of department personnel. In addition, each on-campus and off-campus department shall adopt policies for handling patient emergencies, including communication with the hospital emergency department and movement of the patient to the emergency department or transfer to another hospital, and conduct in-service training of department personnel.

V. Patient Registration

- A. **Policy:** ~~The District~~Kaweah Delta~~Health~~ shall not delay providing a medical screening examination or delay necessary stabilizing treatment in order to inquire about an individual's method of payment or insurance status.
- B. **Patient Registration:** Routine registration information may be obtained prior to the medical screening examination as long as it does NOT delay the screening examination or necessary treatment. Under California law, the hospital's areas that are identified as emergency departments **may not** inquire as to the patient's ability to pay prior to providing the medical screening examination and necessary stabilizing treatment.
- C. **Prior Authorization:** ~~The District~~Kaweah Delta~~Health~~ may not request prior authorization for emergency services (including the medical screening examination) before a qualified the District provider has conducted the medical screening examination or initiated stabilizing treatment for a patient with an emergency medical condition.

VI. Transfer of Patients with an Emergency Medical Condition

- A. **Policy:** ~~The District~~Kaweah Delta~~Health~~ may not transfer any patient to another hospital with an unstabilized emergency medical condition (includes a pregnant patient having contractions, a patient with severe pain, a psychiatric disturbance or symptoms of substance abuse) unless the patient requests the transfer or a physician certifies that the medical benefits reasonably expected from the provision of treatment at the receiving facility outweigh the risks to the patient from the transfer. ~~The District~~A qualified provider must provide additional examination and treatment as may be required to stabilize the emergency medical condition.
- B. **Requirements for Transfer:** A patient with an unstabilized emergency medical condition may be transferred to another facility only if ~~the District complies with all~~ of the following standards have been met without exception:
1. ~~The District~~Kaweah Delta~~Health~~ provides medical treatment within its capacity to minimize the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; the medical record shall reflect the vital signs and condition of the patient at the time of the transfer;
 2. The receiving hospital has available space and qualified personnel for treatment of the patient; and the receiving hospital and the receiving physician have agreed to accept the patient and provide appropriate medical treatment;
 3. ~~The District~~Kaweah Delta~~Health~~ sends to the receiving facility all medical records (or copies thereof) available at the time of

transfer related to the emergency condition of the patient, including:

- a. records related to the patient's emergency condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests, and vital signs at the time of transfer; other records (including pending test results or records not available at the time of transfer) must be forwarded as soon as practicable after the transfer;
 - b. the patient's informed written consent to transfer or the physician's certification (or copy thereof); and
 - c. the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment.
4. The transfer is effected using proper personnel and equipment, as well as necessary and medically appropriate life support measures.
- C. **Transfers for Off-Site Tests:** If a patient who has or may have an emergency medical condition is transferred to another facility for a test with the intention of the patient returning to ~~the District~~ [Kaweah Delta Health](#) after the test, the ~~District shall effect an appropriate transfer shall occur~~ in accordance with EMTALA standards.
- D. **Department Policies:** Each department that transfers patients with emergency medical conditions to other facilities shall adopt policies describing the procedures for the transfer of patients, and documentation of the transfer, and conduct ongoing in-service training of department personnel.
- E. **Disputes:** The treating physician is responsible to determine whether a patient is stabilized or stable for transfer, and the mode of transportation for the transfer.

VII. Patient Refusal of Emergency Services or Transfer

- A. **Policy:** ~~Under EMTALA, t~~he patient retains the right to refuse necessary stabilizing treatment and further medical examination, as well as a transfer to another facility.
- B. **Refusal of Medical Screening Examination:** If a patient leaves ~~District~~ [areas of the facility](#) that are identified as emergency departments before receiving a medical screening examination, either with or without notice to staff of his/her departure, staff should document the circumstances and reasons (if known) for the patient's departure and the time of departure. Staff should make reasonable efforts to encourage all patients presenting for emergency services to remain for their medical screening examination.
- C. **Refusal of Further Examination or Stabilizing Treatment:** If a patient who has received a medical screening refuses to consent to

further examination or stabilizing treatment, ~~the District~~ Kaweah Delta Health must offer the examination and treatment to the patient, inform the patient of the risks and benefits of the examination and treatment and request that the patient sign a form that he/she has refused further examination or treatment. (See Attachment B)

- D. **Refusal of a Transfer:** If a patient refuses ~~to~~ consent to a transfer, Kaweah Delta Health ~~the District~~ must inform the patient of the risks and benefits to the patient of the transfer and request that the patient sign a form that he/she has refused the transfer. (See Attachment B)
- E. **Discharge Against Medical Advice (AMA):** If a patient refuses ~~to~~ accept treatment or a transfer, staff will document in the progress notes the offered treatment, a summary of the risks and benefits described to the patient regarding the refused treatment or transfer. The patient will be requested to sign an AMA form. (See Attachment C)

VIII. Acceptance of Patient Transfers

- A. **Policy:** ~~The District has the obligation~~ Kaweah Delta Health will ~~to~~ accept an appropriate transfer of a patient with an unstabilized emergency medical condition who requires specialized capabilities or ~~facilities, if facilities if~~ Kaweah Delta Health ~~the District~~ has the capacity to treat the individual.
- B. **Documentation:** Each department that is contacted to accept emergency patient transfers shall have policies and procedures for receiving inquiries from other hospitals, including documentation of calls, the names (if known) and conditions of patients, the outcomes of the calls and the reasons if ~~the District~~ Kaweah Delta Health refuses to accept the transfer.

IX. Performance Improvement

Monitoring EMTALA compliance is a responsibility of ~~the District~~ Kaweah Delta Health Administration, Compliance Department, the Medical Staff Organization, department heads, Performance Improvement and the Risk Management Department. ~~The District~~ Kaweah Delta Health shall adopt a monitoring program to evaluate the conduct of the medical screening examinations, patient transfers and compliance with on-call obligations. Corrective action and in-service training will be initiated when appropriate.

ATTACHMENT "A"

EMTALA DEFINITIONS

A. **Appropriate Transfer** – ~~A means a T~~transfer of an individual with an emergency medical condition that is implemented in accordance with EMTALA standards.

Formatted: Font: Not Bold

B. **Campus** – ~~The means the~~ buildings, structures and public areas of the Hospital that are located on ~~District Kaweah DeltaHealth~~ property.

Formatted: Font: Not Bold

C. **Capability** – ~~The~~ means the physical space, equipment, staff, supplies and services (e.g., surgery, intensive care, pediatrics, obstetrics and psychiatry), including ancillary services available at ~~the District Kaweah DeltaHealth~~.

Formatted: Font: Not Bold

D. **Capacity** – ~~Kaweah is defined as Kaweah DeltaHealth's means the~~ ability of the ~~District~~ to accommodate an individual requesting or needing examination or the treatment of a transferred individual. Capacity encompasses the number and availability of qualified staff, beds, equipment and ~~the District's~~ past practices of accommodating additional individuals in excess of its occupancy limits.

Formatted: Font: Not Bold

E. **Central Log** – ~~A means a~~ log maintained by ~~Kaweah DeltaHealth the District on~~ each individual who comes to its dedicated emergency department(s) or any ~~Kaweah DeltaHealth location facility on the District~~ property seeking emergency assistance, and the disposition of each individual.

Formatted: Font: Not Bold

F. **Comes to the Emergency Department** – ~~An means an~~ individual who —
(1) Presents ~~to a Kaweah DeltaHealth at the District's d~~dedicated emergency ~~d~~Department and ~~requests~~ or

Formatted: Level 1, Indent: Left: 0.5", First line: 0"

has a request made on his or her behalf for examination or treatment for a medical condition, or a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs examination or treatment for a medical condition;

Formatted: Indent: Left: 0.5", First line: 0"

(2) Presents ~~to any other Kaweah DeltaHealth Facility on District property~~ other than a dedicate ~~d~~emergency

Formatted: Level 1, Indent: Left: 0.5", First line: 0"

department, and requests or has a request made on his or her behalf for examination or treatment for what may be an emergency medical condition, or a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs emergency examination or treatment;-

(3) Is in a ground or air ambulance owned and operated by ~~the District Kaweah DeltaHealth~~ for the purposes of examination or treatment for a medical condition at ~~Kaweah DeltaHealth's the~~

Formatted: Indent: Left: 0.5", First line: 0"

~~District's~~ dedicated emergency department, unless the ambulance is operated (i) under communitywide EMS protocols that direct the ambulance to transport the individual to another facility (e.g., the closest available facility); or (ii) at the direction of a physician is not employed or affiliated with ~~the DistrictKaweah DeltaHealth~~; or
 (4) Is in a non-~~DistrictKaweah DeltaHealth~~ owned ground or air ambulance that is on ~~DistrictKaweah DeltaHealth~~ Property for presentation for examination or treatment for a medical condition at ~~the DistrictKaweah DeltaHealth's~~ dedicated emergency department.

Formatted: Indent: Left: 0.5", First line: 0.04"

Formatted: Level 1, Indent: Left: 0.5", First line: 0.04"

G. Dedicated Emergency Department ~~Any means any of~~ Department of ~~the DistrictKaweah DeltaHealth~~,

Formatted: Font: Not Bold

(whether located on ~~DistrictKaweah DeltaHealth~~ property or off-campus) that meets any one of the following requirements:

- (1) It is licensed under applicable state law as an emergency room or emergency department; or
- (2) It is held out to the public (by name, posted signs, advertising or other means) as a place that provides care for *emergency medical conditions* on an urgent basis without requiring a previously scheduled appointment; or
- (3) During the immediately preceding calendar year, it provided (based on a representative sample) at least one-third of all its outpatient visits for the treatment of *emergency medical conditions* on an urgent basis without requiring a previously scheduled appointment.

Formatted: Indent: Left: 0.5", First line: 0"

H. Department of ~~the DistrictKaweah DeltaHealth~~ ~~A means a DistrictKaweah DeltaHealth~~ facility or department that

Formatted: Font: Not Bold

provides services under the name, ownership, provider number and financial and administrative control of ~~the DistrictKaweah DeltaHealth~~. For purposes of EMTALA, a department of ~~the DistrictKaweah DeltaHealth~~ does not include a skilled nursing facility, home health agency, rural health clinic, free-standing ambulatory surgery center, urgent care center, private physician office or any other provider or entity that participates in the Medicare program under a separate provider number.

I. EMTALA ~~The means the~~ Emergency Medical Treatment and Active Labor Act codified in §§1866 and 1867 of the Social Security Act (42 U.S.C. §1395dd), and the regulations and interpretive guidelines adopted by CMS thereunder. EMTALA is also referred to as the "patient anti-dumping" law.

Formatted: Font: Not Bold

J. Emergency Medical Condition ~~means:~~

- (1) A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
 - i. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious

- jeopardy;
 - ii. Serious impairment to bodily functions; or
 - iii. Serious dysfunction of any bodily organ or part; or
- (2) With respect to a pregnant woman who is having contractions:
- i. When there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - ii. The transfer may pose a threat to the health or safety of the woman or the unborn child.

K. Hospital (~~DistrictKaweah~~ ~~DeltaHealth~~) ~~– A means a~~ hospital that has entered into a Medicare provider agreement, including a critical access or rural primary care hospital.

Formatted: Font: Not Bold

L. Hospital (~~DistrictKaweah~~ ~~DeltaHealth~~) **Property** ~~– The means the~~ entire main Hospital campus, including areas and structures that are located within 250 yards of the main buildings, and any other areas determined on an individual case basis by the CMS regional office, to be part of the main Hospital's campus. Hospital property includes the parking lots, sidewalks, and driveways on the main Hospital campus.

Formatted: Font: Not Bold

M. Inpatient ~~– An means an~~ individual who is admitted to the Hospital for bed occupancy for purposes of receiving inpatient services with the expectation that he/she will remain at least overnight and occupy a bed, even though the individual may be later discharged or transferred to another facility and does not actually use a Hospital bed overnight.

Formatted: Font: Not Bold

N. Labor ~~– The means the~~ process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman is in true labor unless a physician certifies that, after a reasonable period of observation, the woman is in false labor.

Formatted: Font: Not Bold

O. Medical Screening Examination ~~– The means the~~ process required to determine, within reasonable clinical confidence, whether an individual who comes to the emergency department has an emergency medical condition or is in labor. The medical screening examination is an ongoing process, including monitoring of the individual, until the individual is either stabilized or transferred.

Formatted: Font: Not Bold

P. Off-Campus ~~– The means the~~ buildings, structure and public areas of ~~the~~ ~~DistrictKaweah~~ ~~DeltaHealth~~ that are located off-site of the main Hospital property.

Formatted: Font: Not Bold

Q. On-Call List ~~– The means the~~ list of physicians who are "on-call" after the initial medical screening examination to provide further evaluation and/or treatment necessary to stabilize an individual with an emergency medical condition.

Formatted: Font: Not Bold

R. **Outpatient** – ~~An~~ ~~means an~~ individual who has begun to receive outpatient services as part of an encounter, other than an encounter that triggers the EMTALA obligations. An “encounter” is a direct personal contact between an outpatient and a physician or qualified medical person who is authorized by State law to order or furnish Hospital services for the diagnosis or treatment of the outpatient.

Formatted: Font: Not Bold

S. **Physician** – ~~means~~: (i) a doctor of medicine or osteopathy; (ii) a doctor of dental surgery or dental medicine; (iii) a doctor of podiatric medicine; or (iv) a doctor of optometry, each acting within the scope of his or her respective licensure and clinical privileges.

T. **Physician Certification** – ~~The~~ ~~means the~~ written certification by the treating physician ordering a transfer and setting forth, based on the information available at the time of transfer, that the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual and, in the case of a woman in labor, to the unborn child, from effecting the transfer.

Formatted: Font: Not Bold

U. **Qualified Medical Person** – ~~A~~ ~~means a~~ healthcare professional other than a physician who:

Formatted: Font: Not Bold

- (i) is licensed or certified by the state in which ~~the~~ ~~DistrictKaweah~~ ~~DeltaHealth~~ is located;
- (ii) practices in a category of health professionals that has been designated by ~~the~~ ~~DistrictKaweah~~ ~~DeltaHealth~~ and the medical staff bylaws, rules and regulations, to perform medical screening examinations;
- (iii) has demonstrated current competence in the performance of medical screening examinations within his or her health profession; and
- (iv) as applicable, performs the medical screening examination ~~in~~ ~~in~~ accordance with protocols, standardized procedures or other policies as may be required by law or ~~DistrictKaweah~~ ~~DeltaHealth~~ policy. A qualified medical person may include registered nurses, nurse practitioners, nurse midwives, psychiatric social workers, psychologists and physician assistants.

V. **Signage** – ~~The~~ ~~means the~~ signs posted by ~~the~~ ~~DistrictKaweah~~ ~~DeltaHealth~~ in its dedicated emergency department(s) and in a place or places likely to be noticed by all individuals entering the dedicated emergency department(s) (including waiting room, admitting area, entrance and treatment areas), that inform individuals of their rights under EMTALA.

Formatted: Font: Not Bold

W. **Stabilized** – ~~With~~ ~~means with~~ respect to an emergency medical condition, ~~that~~ no

Formatted: Font: Not Bold

material deterioration of the condition is likely within reasonable medical probability, to result from or occur during the transfer of the individual from the ~~DistrictKaweah DeltaHealth~~ or in the case of a woman in labor, that the woman delivered the child and the placenta. An individual will be deemed stabilized if the treating physician has determined, within reasonable clinical confidence, that the emergency medical condition has been resolved. As applied to labor, medical and psychiatric patients, stabilized means the following:

(1) ~~Women in Labor - The -Stabilization means the~~ delivery of the child and the placenta.

(2) **Individuals with Emergency Medical Conditions.**

(a) ~~Transfer - -Stabilization means that~~No material deterioration of patient's condition is likely, within reasonable medical probability, to result from or occur during the transfer or discharge. An emergency medical condition is considered stabilized when the emergency medical condition is resolved.

(b) ~~Discharge: - -Stabilization means that t~~The treating physician has determined, within reasonable clinical confidence, that the individual has reached the point where his or her continued care, including diagnostic work-up and/or treatment, may be reasonably performed on an outpatient basis or a later inpatient basis so long as the individual is given a plan for appropriate follow-up care with the discharge instructions.

(3) **Psychiatric Conditions - -Stabilization means that the**The individual is protected and prevented from injuring himself/herself or others.

X. ~~To Stabilize - With -means- with~~ respect to an emergency medical condition, to either provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from the Hospital or, in the case of a woman in labor, that the woman has delivered the child and the placenta.

Y. ~~Transfer - The -means the~~ movement (including the discharge) of an individual outside ~~the DistrictKaweah DeltaHealth~~ at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) ~~the DistrictKaweah DeltaHealth~~, but does not include the movement of an individual who has been declared dead or who leaves the ~~DistrictKaweah DeltaHealth~~ against medical advice or without being seen.

Z. ~~Triage - A -means a~~ process to determine the order in which individuals will be provided a medical screening examination. For purposes of EMTALA, triage is not a medical screening examination and does not determine the presence or

Formatted: Level 1

Formatted: Level 1, Indent: Left: 1", First line: 0"

Formatted: Level 1, Indent: Left: 1", First line: 0"

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Indent: Left: 0.5", First line: 0"

Formatted: Level 1, Indent: Left: 0.5", First line: 0"

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Compliance with EMTALA

14

absence of an emergency medical condition in areas that are identified as emergency departments.

approval

Attachment B

Kaweah Delta Health Care District

400 West Mineral King Ave. • Visalia, CA 93291-6263 • (559) 624-2000

TRANSFER SUMMARY

PATIENT NAME: _____ ENCOUNTER #: _____
 DATE OF TRANSFER: _____ RECEIVING FACILITY: _____
 TRANSFERRING PHYSICIAN: _____ RECEIVING PHYSICIAN: _____
 RECEIVING ADMINISTRATOR / AGENT AUTHORIZING TRANSFER & TIME: _____
 PRIMARY DIAGNOSIS: _____
 REASON(S) FOR TRANSFER: SPECIALIZED SERVICES REQUIRED PATIENT REQUEST

CHARGE NURSE SECTION
(must be completed prior to transfer)

- Physician Certification has been completed and signed. *(All Transfers)*
(Reason must be specific to this patient and transfer, such as requires specialty burn unit)
- Risks and benefits have been explained to the patient and documented in the patient's medical record. *(All Transfers)*
(Risks & Benefits must be specific to this patient and transfer)
- Physician's Authorization for Transfer has been completed and signed. *(All Transfers)*
- Patient Request for Transfer has been completed and signed. *(Every Patient Requested Transfer)*
- Patient Transfer Acknowledgment has been completed and signed. *(All Transfers except Patient Request)*
- Refusal of Transfer has been completed and signed when applicable. *(Every Transfer Refusal)*

TRANSPORTATION ARRANGEMENTS

Ground Transport Provider Name: _____
 Air Transport Provider Name: _____
 Other Time Contacted: _____ Transport Team briefed: YES NO
 OXYGEN: (canula/mask) _____ L/min **ADDITIONAL ORDERS:** _____
 IV Solution (specify) @ _____ cc/min _____
 Vital Signs X _____ Enroute. (minimum one) _____
 PHYSICIAN SIGNATURE: _____, M.D. _____

Discharge Time:				Information Sent:		
Vital Signs:	Pulse	Resp.	Temp	Admission Face Sheet	Sent	N/A
Charge Nurse Signature:				ER Medical Record		
				Nurses Notes & Vital Signs		
				X-rays		
				Lab Results		
Destination Arrival Time:				Prehospital Care Report		
Vital Signs:	Pulse	Resp.	Temp	Signed Physician's Certification form		
Accepting Nurse Signature:				Signed Pt. Acknowledgment Form		
				Signed Patient Request Form		
				Clothing/Valuables		



Attachment B

Kaweah Delta Health Care District
400 West Mineral King Ave. • Visalia, CA 93291-6283 • (559) 624-2000

**PATIENT TRANSFER REQUEST
& ACKNOWLEDGMENT**

PATIENT NAME: _____ ENCOUNTER #: _____
DATE OF TRANSFER: _____ RECEIVING FACILITY: _____
REASON(S) FOR TRANSFER: SPECIALIZED SERVICES REQUIRED PATIENT REQUEST

PATIENT TRANSFER REQUEST

This is to certify that I, (name of patient) _____, a patient who has received services at Kaweah Delta Hospital am being transferred at my or my legal representative's request. I acknowledge that I have been informed of the risks and consequences potentially involved in the transfer and the possible benefits of continuing treatments at this hospital, the alternatives, if any, to the transfer I am requesting, and the obligation of this hospital to provide further examination and treatment, within its available staff and facilities, as required to stabilize my medical condition. I hereby release the attending physician, any other physicians involved in my care, Kaweah Delta Hospital, and its agents and employees, from all responsibility for any ill effects which may result from the transfer or delay involved in the transfer. I hereby authorize Kaweah Delta Hospital to release any medical information regarding my recent care and treatment to the Receiving Facility.

I understand the risks and consequences potentially involved in this transfer request to be: _____

I have reviewed and understand the risks and consequences as defined on the Physician's Certification form.

I am requesting this transfer because: _____

- Personal Preference
- My Private M.D. Practices at Receiving Facility
- Other _____

Patient or Legal Representative Signature: _____ Time: _____ A.M./P.M.

If signed by other than patient, indicate relationship: _____

Witness Signature: _____

PATIENT TRANSFER ACKNOWLEDGMENT

I understand that I have a right to receive medical screening, examination, and evaluation by a physician, or other appropriate personnel, without regard to my ability to pay, prior to any transfer from Kaweah Delta Hospital and that I have a right to be informed of the reasons for any transfer. I acknowledge that I have received medical screening, examination, and evaluation by a physician, or other appropriate personnel, and have been informed of the reasons for my transfer. I hereby authorize Kaweah Delta Hospital to release any medical information regarding my recent care and treatment to the Receiving Facility.

Patient or Legal Representative Signature: _____ Time: _____ A.M./P.M.

If signed by other than patient, indicate relationship: _____

Witness Signature: _____

Should you have any complaints concerning the services you have received from Kaweah Delta Hospital, you may contact:
Mr. Lindsay Mann, CEO
Kaweah Delta Health Care District
400 W. Mineral King Ave.
Visalia, CA 93291
(559) 624-2000
California Department of Health Services
Licensing and Certification
7170 N. Financial Dr., Ste. 110
Fresno, CA 93720
(559) 437-1500



MEDICAL RECORD



Attachment B

Kaweah Delta Health Care District

400 West Mineral King Ave. • Visalia, CA 93291-6263 • (559) 624-2000

PHYSICIAN'S CERTIFICATION & AUTHORIZATION

I, (name of physician) _____, the undersigned physician, have examined and evaluated (name of patient) _____ . Encounter #: _____

Based on this examination, the information available to me at this time, and the reasonable risks and benefits to the patient, I have concluded for the reasons which follow that, as of the time of transfer, the medical benefits reasonably expected from the provision of treatment at another facility outweigh any increased risks to the patient and, if pregnant, to the patient's unborn child, from effecting the transfer. I believe, within reasonable medical probability, the transfer will not create a material deterioration in, or jeopardy to, the medical condition or expected chances for recovery of the patient or, if pregnant, of the patient's unborn child.

SUMMARIZE SPECIFIC MEDICAL REASON FOR TRANSFER (if not indicated below): _____

- | | |
|---|---|
| <input type="checkbox"/> Neurosurgical Intervention/care required | <input type="checkbox"/> Pediatric specialty services/intensive care required |
| <input type="checkbox"/> Burn Center care required (To Stabilize & Treat) | <input type="checkbox"/> Psychiatric care required |
| <input type="checkbox"/> Microsurgery/re-implantation services required | <input type="checkbox"/> Patient or legal representative request for transfer |

SUMMARY OF **RISKS** EXPLAINED TO PATIENT (if not indicated below): _____

Check all **RISKS** that apply and have been explained to the patient:

- | | | |
|---|---|---|
| <input type="checkbox"/> Airway: potential for obstruction or need for intubation | <input type="checkbox"/> Seizure Activity | <input type="checkbox"/> MVA |
| <input type="checkbox"/> Breathing: increased dyspnea to possible arrest | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Worsing of Condition |
| <input type="checkbox"/> Circulation: increased bleeding or loss of blood | <input type="checkbox"/> Loss of limb or life | |

SUMMARY OF **BENEFITS** EXPLAINED TO PATIENT (if not indicated below): _____

Check all **BENEFITS** that apply and have been explained to the patient: (the availability of)

- | | |
|---|---|
| <input type="checkbox"/> Surgical specialty services: _____ | <input type="checkbox"/> Optimize potential |
| <input type="checkbox"/> Pediatric Specialty services; trauma, ICCU, NICU | |
| <input type="checkbox"/> Burn specialists | |

Physician Signature: _____

PHYSICIAN AUTHORIZATION FOR TRANSFER

- The patient's emergency medical condition has been **stabilized** such that within reasonable medical probability, no medical deterioration in the condition or expected chances of recovery of the patient are likely to result from or occur during transfer.
- The patient's emergency medical condition has **NOT** been stabilized. (Check A, B or C)
- (A) The patient requests transfer. Complete "Patient Request for Transfer" form
 - (B) A legally-responsible person acting on the patient's behalf requests transfer. Complete "Patient Request for Transfer"
 - (C) Based on the reasonable risks and benefits to the patient, and based upon the information available at the time of patient's examination, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the patient and, if pregnant, to the patient's unborn child from effecting the transfer. Document risks & benefits explained to patient and/or representative above. Physician's Certification above.

(Mode of Transportation & Personnel)

- | | |
|--|--|
| <input type="checkbox"/> EMT Unit | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Paramedic Unit | <input type="checkbox"/> Registered Nurse / MICN |
| <input type="checkbox"/> Air Medical Transport | <input type="checkbox"/> Respiratory Therapist |
| | <input type="checkbox"/> Others |

Physician Signature: _____



MEDICAL RECORD

Attachment C

Kaweah Delta Health Care District

400 West Mineral King - Visalia, CA 93291-6263 559.624.2000

LEAVING HOSPITAL AGAINST MEDICAL ADVICE

Name of Hospital: _____

Patient's Name: _____

I am voluntarily leaving the hospital against the advice of Dr. _____ and a representative of the hospital administration.

I have been told by the doctor about the risks and consequences involved in leaving the hospital at this time, the benefits of continued treatment and hospitalization, and the alternatives, if any, to continued treatment and hospitalization.

I hereby release the doctor, any other doctors involved in my care, the hospital and its employees and agents from all responsibility for any injury or ill effects which may result from this action.

I understand that the doctor named above and other doctors who provide services to me are not employees or agents of the hospital. They are independent medical practitioners.

Date: _____ Time: _____ A.M./P.M.

Signature: _____
(patient/parent/conservator/guardian)

If signed by other than patient, indicate relationship: _____

Witness: _____

I declare that I have personally explained to the patient the risk and consequences involved in leaving the hospital at this time, the benefits of continued treatment and hospitalization, and the alternatives, if any, to continued treatment and hospitalization.

Remarks: _____

Date: _____ Time: _____ A.M./P.M.

Signature: _____
(physician)

Original: Medical Records
Copy to: Patient

Reviewed 7/99
Revised 10/06

Leaving Hospital Against
Medical Advice
PAGE1 of 1



"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."

approval



Subcategories of Department Manuals
not selected.

Policy Number: AP120	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Executive Team A	
Insufficient Fund Checks (Returned Checks)	

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

POLICY: Kaweah ~~Health -Delta Health Care District (Kaweah Delta)~~ will account for all returned unpaid items in a standard manner and in accordance with California Civil Code (CCC) Section 1719 Part 3 – Obligations Imposed by Law.

PROCEDURE:

- I. All items returned unpaid by ~~the District~~Kaweah Health ~~-Delta's~~ bank will initially be processed by a designated Finance staff member.
- II. Returned unpaid items will be classified as:
 - A. ~~Insufficient Funds -1st time (NSF-1) – Checks returned unpaid for the first time are automatically re-deposited by the bank. These checks are not returned to the District. due to non-sufficient funds in customer's bank account. Checks unpaid for the first time are automatically re-deposited by the bank. These checks are not returned to the District.~~
 - B. ~~Insufficient Funds 2nd time (NSF 2) – Checks processed by the bank for a second time and returned unpaid for a second time. After the second failed attempt to process the bank will physically return these checks to the District for resolution and handling.~~
 - ~~C.~~B. Unable to Locate (UTL) – Checks returned unpaid because the bank cannot locate the account ~~of the drawer of the check.~~
 - ~~D.~~C. Stale Dated (SD) – Checks returned unpaid because the check date is past the time allowed ~~to cash it against the drawer's account.~~
 - ~~E.~~D. Closed – Checks returned unpaid because the ~~drawer~~ account is closed.
 - ~~F.~~E. Stopped – Checks returned unpaid because ~~the drawer has placed a "Stop Payment" order on the check~~has been placed..
 - ~~G.~~F. Refer to Maker (RTM) – Checks returned unpaid for various reasons, i.e. check was made out to another party, drawer account is in bankruptcy proceedings, etc.
- III. All departments that receive cash payments, both patient and non-patient related must have a policy and procedure in place to properly account for all returned items.
- IV. All returned items will be accessed a minimum service charge of twenty-five dollars (\$25) plus additional costs pursuant to CCC 1719.3.

- V. Pursuant to CCC 1719.3, a notice must be placed in a conspicuous location indicating the service charge to be assessed for NSF checks.

"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."

Approval



Policy Number: AP122	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Interpreter Services	

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

PURPOSE:

- A. To define the communication system that is used for patients who are Limited English Proficient (LEP) or who are deaf or hard of hearing (hearing impaired). Such a system will include appropriate “auxiliary aids” and/or language interpretation services to ensure effective communication between patients and staff during critical health services or treatment situations.
- B. To provide guidelines for coordinating timely response to meeting the assessed special language needs of individual patients, their designated representative, guardian or next of kin.
- C. To comply with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act of 1964 and Health and Safety Code of California

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

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

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

POLICY: It is the policy of Kaweah Delta Health Care District (KDHCD) to provide, to the extent possible, the use of qualified interpreters or assistive devices whenever a language or communication barrier exists. For patients that are minors or incapacitated, the preferred language of the patient’s parent(s) guardian, or surrogate decision-maker will also be determined. The Bill of Rights for People with Limited English Skills will be provided orally or in a written format. The patient will be informed of

the availability of free ~~interpretive interpreter~~ services. If the patient still chooses to use a family member or friend who volunteers to interpret, then a Waiver of Interpreter Services will be initiated and entered into the patient ~~file~~ medical record.

- A. KDHCDC recognizes that individuals and Health Care Providers must be able to communicate effectively. When language barriers exist between providers and patients, the quality of information is diminished and the outcome of the patient encounter may be unsatisfactory. This may lead to decreased patient compliance and increased potential for medical errors and misdiagnosis.

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

- B. It is the policy of KDHCDC to provide equal access to and equal participation in healthcare activities for persons who are visually impaired, deaf or hard-of-hearing as well as for persons with Limited English Proficiency (LEP). KDHCDC provides communication aids and services at no cost to the patient during their course of care. It is the policy of KDHCDC to use qualified interpreters (certified, certificated or trained ~~or certificated~~) during critical health services or treatment situations. Qualified Sign Language interpreters are also available.
- C. Effective communication is important in every area of hospital communication, but KDHCDC prioritizes the most careful attention to effective communication in the provision of medical, nursing and ancillary services, where patient safety, medical error, and ability to understand treatment options are affected. The following types of encounters and procedures which are performed by providers who do not speak the primary language spoken by the patient/surrogate decision-maker, and which require the use of healthcare interpreter services, including, but not limited to:
- a. Providing clinic and emergency medical services;
 - b. Obtaining medical histories;
 - c. Explaining any diagnosis and plan for medical treatment;
 - d. Discussing any mental health issues or concerns;
 - e. Explaining any change in regimen or condition;
 - f. Explaining any medical procedures, tests or surgical interventions;
 - g. Explaining patient rights and responsibilities;
 - h. Explaining the use of seclusion or restraints;
 - i. Obtaining informed consent;
 - j. Providing medication instructions and explanation of potential side effects;
 - k. Explaining discharge plans;

- l. Discussing issues at patient and family care conferences and/or health education sessions;
 - m. Discussing Advanced Directives;
 - n. Discussing end of life decisions; and,
 - o. Obtaining financial and insurance information.

- D. Interpreter Services are available 24 hours a day, 7 days a week and are free of charge to the patient. Interpreter Services can be made available in a variety of ways, depending on the specific needs of the patient. (See "Procedure" for additional information.)
- E. All employees shall be instructed about interpretation services during their orientation program and on an ongoing basis as appropriate.
- F. The patient's preferred language is to be noted in the patient's medical record and plan of care. This will be determined by asking, "In what language do you prefer to discuss your health care?" This is regardless of whether the patient speaks English fluently or uses another language to communicate.
- G. The policy of KDHCDC shall be to provide all patients and surrogate decision-makers requiring language assistance with medical care information in their preferred language. LEP patients/surrogate decision-makers shall be advised of their right to have interpreter services provided within a reasonable time, at no charge to them.
- H. A patient is not required or expected to use friends or family members as interpreters because the use of such individuals may result in breach of confidentiality and reluctance from the patient to reveal personal information critical to the services to be provided. Should an LEP patient/patient representative insist upon the use of a friend or family member to be her/his interpreter, KDHCDC needs to first ensure that the patient understands that interpreter services are legally guaranteed and free of charge. The Office of Civil Rights (OCR) Policy Guidance states that the hospital may proceed, provided that the use of such a person does not compromise the effectiveness or confidentiality of the patient, and provided that the offer and the patient's wishes are documented in the patient's file. KDHCDC personnel shall ensure that the patient signs the "Waiver of Interpreter Services" showing they have refused a hospital-provided interpreter (see attached form).
- I. Patient/families are to be made aware of the bilingual resources available in the following ways:
 - a. Signage/postings
 - i. Multilingual notices are to be placed in conspicuous locations informing patients of available bilingual services and how to access them. These notices shall also contain the telephone number where patients can file complaints about interpretation services.

Each notice shall also include a TTY number for the hearing impaired. (See attached notices in English/Spanish.)

- ii. Notices shall be posted in conspicuous areas around the facility including, but not limited to, the emergency room and major entrances, admitting areas and lobbies.
 - iii. Educational and vital documents and materials shall also be translated to Spanish and be made available to Spanish only speaking patients, as this population comprises at least 5% of KDHC patient population.
- J. It will be the policy of KDHC to translate and make available all Vital Documents in Threshold Languages. The translation of other hospital written materials in Frequently Encountered or other languages shall be at the discretion of the issuing staff. Vital Documents that are not produced in a written translation shall be verbally translated to the patient or surrogate decision-maker. The provision of oral translation of all Vital Documents to patients shall be documented and documentation shall become a part of the medical record.
- a. Prior to the assignment of work to a translator, the Interpreter Services Department will provide a Materials Review process for all materials that are to be translated into Spanish to ensure:
 - i. Appropriate reading level for the target population;
 - ii. Plain language will be used. The language is simple and clear;
 - iii. Messages and illustrations are culturally appropriate;
 - iv. Document prints clearly in black and white if it will be posted on the internet for public download
 - b. The KDHC Interpreter Services Department will translate all Spanish translations, unless they are unable to meet indicated timelines. All requests for translations in any language will be routed through the Interpreter Services Department. Approved agencies may be used by the Interpreter Services Department to provide translation of patient information or education.
 - c. The Interpreter Services Department will review all translations returned by approved translation agencies before translations are returned to the department for duplication and/or distribution.
 - d. The Interpreter Services Department will assist the Marketing Department with the Spanish translation of forms, signs, pamphlets, etc. for display or distribution by KDHC. (See Policy #: AP.18)

PROCEDURE

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

and how to access an interpreter.

II. Patient Identification

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

III. Inform Patients of their Right to Have Interpreter Services

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

IV. Patient Wristbands

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

V. The Health Care Interpreter Network (HCIN)

- a. Simply dial 8989.
- b. Available 24 hours a day to assist with video and phone Interpretation via any KDHCD telephone, mobile phone or video phone.
- ~~c. Procedures are outlined on KDCentral under Department/Interpreter Services/Health Care Interpreter Network.~~
- ~~d.c. _____ If you are asked for your Access Code, it is 841263.~~

VI. Requesting an Interpreter

- a. Staff must utilize the appropriate interpreter for explanations of

tests/procedures, surgery, to obtain informed consent, and to give critical instructions.

- b. If the staff person determines that an “in person” interpreter is required, he/she may contact the Interpreter Services Department at Ext. 2501, 5981, 5902);
- c. A Language Resource Assistant (LRA) may also be called and is listed under KNet/Directories/Interpreter Directory.
- d. Necessary emergency care will not be withheld pending the arrival of interpreter services.
- e. All necessary contact numbers ~~and access codes for the direct contact of~~ contracted interpreter services shall be available to Emergency Room staff and in KDCentral.

VII. Hearing Impaired Patients

- a. American Sign Language Services are available by using the HCIN video phones located throughout the hospital and outlying facilities.
- b. Call the Interpreter Services Department at Ext. 5981, 5902, or 2501 for assistance.
- c. TTY Machines are available through PBX or the Information Desk as well as facilities throughout the District. Please follow the operating instructions.
 - i. Plug the AC adapter into the nearest electrical outlet, connect to phone line and turn the power on.
 - ii. Pick up the headset of the telephone and dial 1-800-735-2929 or 9-711.
 - iii. Place the headset onto the TTY machine
 - iv. Patient may begin using the keyboard.

VIII. Documentation:

~~a. The Staff person utilizing the qualified provider of healthcare interpreting or device will document the encounter in the patient's medical record.~~

- ~~1. Method (Face to face, Telephone, Video)~~
- ~~2. Date and time~~

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

IX. Waiver of Interpreter Services

- a. If after a patient has been informed of their right to receive free interpreter services, the patient insists upon the use of a friend of

family member, then the Waiver of Interpreter Services will be completed and signed by the patient.

X. Qualified Providers of Healthcare Interpreting

a. Certified Medical Interpreters:

i. These English/Spanish speaking interpreters are obtained from the KDHCDC Interpreter Services Department. These interpreters have achieved either a CHI credential from the Certification Commission for Healthcare Interpreters or a CMI credential from the National Board of Certification for Medical Interpreters.

Formatted

Formatted: No underline

a. Certificated Medical Interpreters:

i. These English/Spanish speaking interpreters are obtained from the KDHCDC Interpreter Services Department and have been trained as interpreters.

b. Language Resource Assistants:

- i. A list of staff is available on the KNet service system under Directories/ Interpreter Directory.
- ii. These bilingual staff members have indicated a willingness to interpret and have been tested and qualified for their ability to do so at the general or clinical/advanced level. (See Policy # HR.17).
- ~~iii. Currently, only English/Spanish and English/Lahu bilingual staff is listed. They are classified at the general or clinical level. (See Policy # HR.17).~~

Formatted: Indent: Left: 1.25", No bullets or numbering

c. Contracted Interpreter Services

XI. VIDATAK EZ Board

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

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

Definition of Terms

Non-English or Limited English Proficiency (LEP)

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

Communication Barrier

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

Deaf

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

Hard of Hearing “person with hearing loss”, Hearing Impaired

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

Qualified Sign Language (ASL – American Sign Language) Interpreter:

A person who is fluent in sign language and is trained and proficient in the skill and ethics of interpreting and who is knowledgeable about the specialized terms and concepts that need to be interpreted for purposes of ensuring effective communication.

Healthcare Interpreter

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

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

Translator

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

Language Resource Assistant (LRA)

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

General - \$ ~~2.50-00~~ (~~fifty cent~~~~two dollars~~) for each 15 minute increment
Clinical/Advanced - \$ ~~14.00~~ (~~one dollar~~~~four dollars~~) for each 15 minute increment

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

Auxiliary Aids

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

Contracted Services

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

Attachments:

Waiver of Interpreter Services
Availability of Interpreter/Para Obtener un Intérprete
Available Languages from contracted services

See Administrative Policy AP.18

Kaweah Delta Health Care District

400 W. Mineral King • Visalia, CA 93277-6263 • 559 624 2000

WAIVER OF INTERPRETER SERVICES

I, _____ (Patient's name) have been informed of my right to receive free interpreter services from Kaweah Delta Health Care District. I understand that I am entitled to these services at no cost to me or my family.

I am choosing to provide my own interpreter at this time. To the best of my knowledge, this person is 18 years old or over. This person will act as my interpreter from ___/___/___ to ___/___/___. The name of my interpreter is:

NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP TO PATIENT: _____

I understand I can withdraw this waiver at any time and request the services of an interpreter at no cost. I also understand that this waiver does not give permission for any interpreter to act as my Authorized Representative.

This form was translated to me orally in _____ and I understand it.

Yo, _____ (nombre del paciente) he sido informado de mi derecho a recibir los servicios gratuitos de tener interprete de Kaweah Delta Health Care District. Entiendo que tengo derecho a que se presten servicios gratuitos de interpretación para mí o mis familiares.

He decidido proveer mi propio intérprete en este momento. A mi mejor saber y entender, esta persona es mayor de 18 años. Esta persona me brindará servicios desde el _____ (fecha inicial) hasta el _____ (fecha final). El nombre de mi intérprete es:

NOMBRE: _____

Formatted: Spanish (Mexico)

DOMICILIO: _____

Formatted: Spanish (Mexico)

TELÉFONO: _____

Formatted: Spanish (Mexico)

RELACIÓN AL PACIENTE: _____

Formatted: Spanish (Mexico)

Entiendo que podré revocar esta renuncia en cualquier momento y solicitar los servicios de un intérprete sin cargo alguno.

También entiendo que esta renuncia no autoriza a ningún intérprete a actuar como mi representante autorizado.

Este formulario fue traducido para mí y entiendo su contenido.

Signature / Firma del paciente	Date / Fecha
--------------------------------	--------------

Signature of Interpreter / Firma del intérprete	Date / Fecha
Signature of Staff Person / Firma del proveedor de servicios	Date / Fecha

Label

WAIVER OF INTERPRETER SERVICES

Page 1 of 2

CVBF #934 Rev. 11/07



Kaweah Delta Health Care District

400 W. Mineral King • Visalia, CA 93277-6263 • 559 624 2000

WAIVER OF INTERPRETER SERVICES

Bill of Rights for People with Limited English Skills

Even if you do not speak English well, you have the right:

- To get help from an interpreter who can translate English into your language. This service is free to you and your family;
- To be treated with courtesy and respect;
- To be treated in a way that is sensitive to your ethnic and cultural needs;
- To obtain services without facing discrimination, abuse or harassment;
- To get information about health care services in your language;
- To be part of the process of assessing your health and putting together a plan for your health services;
- To be told in your language what could happen if you accept services or refuse them;
- To raise concerns you have about the services you receive;
- To be told in your language about how to make a complaint about healthcare providers; To be told in your language about your rights and responsibilities when using services;
- To be told in your language about laws and policies a health-care provider must follow;
- To have your health care records kept confidential.

Declaración de derechos para personas con conocimiento limitado del idioma inglés

Aunque no hable bien el idioma inglés, usted tiene derecho a:

- Recibir ayuda de un intérprete que pueda traducir del inglés a su idioma. Este servicio es gratuito para usted y su familia;



Policy Number: AP144	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Currency Verification	

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

Purpose: To ensure Kaweah Delta Health Care District does not fall victim to counterfeiting scams.

Policy: It is the policy of Kaweah Delta Health Care District that all areas collecting cash will carefully examine the paper currency and utilize a counterfeit detection pen or other counterfeit detection tools for currency denominations over twenty dollars.

Procedure:

- I. All areas that collect cash will utilize ~~the approved~~ counterfeiting pens ~~by the Patient Financial Services Department~~.
 - a. Counterfeit detection pens are ~~also~~ available from Office Depot ~~com~~ and processed through the District's ~~office~~ supply order process.
- II. ~~A counterfeit detection pen, on D~~ denominations over twenty dollars, ~~will be used will need to be checked with a counterfeit detection pen.~~
 - a. Light mark: bill passes (color: yellow highlighter)
 - b. ~~Dark mark: bill is suspected a possible counterfeit (color: black sharpie)-~~
b.
- III. ~~Currency in any amount that seems suspicious should be examined by holding a bill up to the light to see features that only real currency possesses such as watermarks and security threads or by using the counterfeit pen.~~
- IV. ~~If a counterfeit bill(s) is suspected suspicious, notification to a unit Supervisor should is be notified immediately required.~~
- V. III. The Supervisor ~~shall will~~ review the suspected currency:-
 - a. If the Supervisor feels the currency is counterfeit, they must not accept the currency.
 - b. ~~Return T~~ the potential counterfeit currency ~~will be returned~~ to the customer. ~~Advise and t~~ the customer ~~should be advised~~ to take their currency to their local bank or police station.
 - a. ~~Document the denomination of the currency returned to the customer.~~

Formatted: Numbered + Level: 2 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Tab after: 0.75" + Indent at: 0.75"

Formatted: Indent: Left: 0.75", No bullets or numbering

Formatted: Numbered + Level: 1 + Numbering Style: I, II, III, ... + Start at: 1 + Alignment: Left + Aligned at: 0" + Tab after: 0.5" + Indent at: 0.5"

Formatted: Numbered + Level: 2 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Tab after: 0.75" + Indent at: 0.75"

c.

— Patient Accounting Supervisor will be notified by the Finance department when

IV. VI. The District's Cash Applications Supervisor/Manager shall be notified of any instances of counterfeit currency; a counterfeit bill(s) is identified by the banking institution. The Supervisor will:

- a. Identify the treasury bag number
- b. Review the treasury bag and identify the patient account
- c. Reverse the payment posted on the patient account
- d. Contact the patient to notify of payment reversal via phone, followed by a courtesy letter
- e. Document the conversation with patient and the information provided by the banking institution
- f. Scan the letter and any information provided by the banking institution to the patient's account

Formatted: Indent: Left: 0.75", No bullets or numbering

Formatted: Numbered + Level: 1 + Numbering Style: I, II, III, ... + Start at: 1 + Alignment: Left + Aligned at: 0" + Tab after: 0.5" + Indent at: 0.5"

Formatted: Right: 0.06", Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Tab after: 0.75" + Indent at: 0.75"

"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."

approved

Policy Number: AP146	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Executive Team A	
Cash Control	

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

PURPOSE: To define responsibilities regarding cash control throughout ~~the District.~~Kaweah Health.

POLICY: It is the policy of Kaweah ~~Health Delta Health Care District~~ to ensure that all cash, checks, and credit card transactions are accounted for and applied appropriately to the patient accounts; or general ledger system for non-patient related payments. This policy is established to protect ~~the District.~~Kaweah Health, its patients and staff. These controls pertain to all areas of Kaweah Health.~~the District.~~

PROCEDURE:

- I. Dual Custody/Segregation of Duties
 - a. Responsibilities will be divided amongst staff members who accept or handle payments so that one individual does not have sole responsibility or control of payments. Dual custody must be maintained whenever possible to reduce the opportunity for robbery, theft, or missing payments.
 - b. The following protocols must be followed when dealing with any type of payment:
 - i. A second employee must be present during each cash drawer count.
 - ii. A second employee must be present when a ~~District.~~Kaweah Health safe is open.
 - iii. Cash drawers may not be shared amongst individuals who accept payments.
 - iv. Employees are not ~~allowed~~ to void payments that they personally accepted. Only Managers can void these transactions.
 - c. In areas of ~~the District.~~Kaweah Health where dual custody or segregation of duties is not possible, increased monitoring will occur which includes:
 - i. Monthly reviews of assigned cash drawers by the department Manager/~~Coordinator~~Supervisor.
 - ii. These reviews must be documented and available upon request by Internal Audit and Patient Financial Services.

II. Currency Verification

- a. In all instances, verification of currency in accordance with the Currency Verification policy, AP 144.

III. Authorization of Employees to Accept Payments

- a. Leadership can submit a request through HR Online to grant security access to the current payment system for authorized employees.
- b. Each employee must complete cash controls training and testing via HR Online, prior to obtaining authorization to accept payments.

IV. Security of Keys, Passwords and Safe Combinations

- a. Employees accepting payments are required to sign an agreement form, which states they will not share safe combinations, keys or passwords with other staff members.
- b. A blank copy of the agreement is available on the KDNET in the Cash Control section of Department Policies.
- c. When an employee separates from the organization, their Director or Manager will ensure to revoke the employee's system access and passwords, in a timely manner and collect all keys to cash boxes, drawers or cash rooms. If keys are uncollectable, locks must be re-keyed to safeguard District Kaweah Health assets and safe combinations will change in a timely manner when an employee with the combination separates the facility.

V. Physical Security of Cash Drawers and Payments

- a. All payments received in the Kaweah Health District must be placed in a lockable cash drawer immediately after receipt.
 - i. Each cash drawer must be locked and secured at all times.
 - ii. The key to the cash drawers should be limited to the individual the drawer is assigned to
 - iii. If a cash drawer is inside a locked file cabinet or office, personnel who have keys to the cash drawer should not have keys to the file cabinet or office.
 - iv. Cash drawers shall not be shared amongst individuals concurrently. Failure to adhere to this protocol may result in disciplinary action.

VI. Security of Drop Safes

- a. Working security cameras are installed and monitored in areas where safes are located.
- b. If a security risk has been identified by members of Leadership, additional security cameras are installed
 - i. If a security camera is not available, the safe must be located in a high traffic area for visibility.
 - ii. If the safe is located in a closed room or office, the individual with the combination to the safe must not have a key to the room or be allowed unsupervised access to the room

VII. Transportation of Kaweah Health District Funds

- a. Locked security bags are to be used at all times when transporting money from one area to another.
- b. All designated safe locations will utilize the Courier Service to transport monies to Patient Access (Main Hospital).
 - i. A [Patient Financial Service \(PFS\)](#) staff member will pick up all drops from Patient Access each business day.
 - ii. A security guard will accompany the PFS staff member when returning from Patient Access.
 - iii. Staff members are not allowed to transport funds in their own vehicle, unless required by a special circumstance which will be documented by Leadership

VIII. Frequency of Deposits

- a. Each department should prepare and drop deposits on a daily basis.
- b. Departments who do not receive payments on a daily basis are required to prepare a drop as often as payments are collected.

IX. Safe Drop Logs

- a. Each designated safe area will maintain logs documenting the money drop to track each drop made.
 - i. Logs must accompany the safe drops deposits transported via Courier service.
 - ii. Instructions on completing the safe drop log is located on the KDNET in the Cash Controls section of Department Policies.
- b. A witness must verify each drop made in a safe and both witnesses must initial in the appropriate area of the drop log.
- c. A witness must verify each drop taken from the safe by a courier or PFS staff member and both witnesses must initial in the appropriate area of the drop log.

X. Change Funds

- a. All locations will utilize a local bank when requesting monetary change. The amount taken to the [bank, bank](#) should be verified by two witnesses and reconciled to the amount when returning back from the bank.

XI. Notifications

- a. Communication should occur immediately when one of the following instances occur:
 - i. Changes in the courier schedule
 - ii. An absence of personnel whose absence will impact cash controls or delay drops
 - iii. A missed pick-up from a courier
 - iv. Cash or other payments have been identified as missing
 - v. Suspicion of inappropriate cash handling activities
 - vi. At the Department Director's discretion.

- b. If a cash drawer has a shortage or overage, staff should notify their Leadership immediately. Failure to adhere to this process may result in disciplinary action.

XII. Reconciliation, Reviews and Audits

- a. Finance will complete monthly bank reconciliations related to deposits processed by Kaweah Health, ~~the District~~
- b. Directors or Managers will randomly review cash drawers and audit at least quarterly.
- c. In areas without dual custody, these reviews must occur monthly. These reviews must be documented and available upon request by Internal Audit department and PFS.
- c. Cash receipt processes are subject to a routine review by the Internal Audit department or PFS.

XIII. Returns and Refunds

- a. If a patient payment has the incorrect information, (Account number, patient name, payment amount, etc.) a staff member must void the receipt and reissue a new receipt to the patient. Staff members cannot complete a void and will submit a request to their immediate Supervisor/Manager for that transaction. Reference to the incorrect receipt provided to the patient, with the issuance of the new receipt.
- b. If a refund is due on a purchased product, the employee shall follow their Department's specific policy regarding returns and refunds. The Department Director is responsible for developing formal guidelines on how the refunds and returns are reported.

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

Policy Number: AP160	Date Created: 12/19/2013
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Mobile Device (cellular phone, smartphone, tablet, laptop) and Mobile Voice & Data Services	

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

POLICY: When an individual's job duties require the use of a mobile device including a cellular phone, smartphone, tablet or laptop to conduct Kaweah Delta Health Care District herein after referred to as Kaweah Health, Kaweah HealthDelta business, the following procedure shall apply.

PROCEDURE:

I. Only those individuals with a justifiable need, as determined by the department Director, and as approved by the Director of ISS Technical Services, shall use Kaweah HealthDelta issued or personal mobile devices (phone, smartphone, tablet, laptop) and mobile voice & data services (text, data) for the purpose of conducting Kaweah HealthDelta business.

II. Only those individuals with a justifiable need which includes the use of their own personal mobile device(s) and service(s) away from Kaweah HealthDelta work area(s) to conduct Kaweah HealthDelta business, as determined by the department Director, shall receive a monthly stipend for use of their personal phone.

A list of eligible employees will be submitted by the Director at the end of each month to Payroll and will be paid on the employee's first paycheck the following month. The list must include the employee's ID number and name. Leaders/Administrative Assistants will use the Cell Phone Reimbursement Screen in HROnline to add employees that are approved for the monthly stipend. The current stipend is \$23 per month. This will be a non-taxable stipend.

III. Limited exceptions will apply to provide Kaweah HealthDelta-owned mobile devices. Individuals using Kaweah HealthDelta-owned mobile devices agree to sign and abide by an "Equipment Use and Security Agreement" at the time they are issued a mobile device. This will be recorded by ISS and is subject to change.

IV. Cellular phones (hardware and service) are not provided for individual use by Kaweah HealthDelta unless deemed appropriate by the Director of ISS Technical Services. ISS will maintain ownership and operations of such devices.

V. Mobile devices are to be requested by Kaweah HealthDelta leaders in HROnline system. The system access request "Laptop TAB" should be used.

VI. Mobile phones shall not be used while driving unless hands free capability is utilized, and if the individual does not have a hands free capability, they need to pull safely to the side of the road to place a call. This policy is in adherence with SB 1613 which prohibits the use of cellular phones while operating a vehicle unless hands free capability is utilized.

"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah HealthDelta will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah HealthDelta Policies and Procedures."

POLICY: ~~When an individual's job duties require the use of a mobile device including a cellular phone, smartphone, tablet or laptop to conduct Kaweah Delta Health Care District (Kaweah Delta) business, the following procedure shall apply.~~

PROCEDURE:

- ~~I. Only those individuals with a justifiable need, as determined by the department Director, shall use Kaweah Delta issued or personal mobile devices (phone, smartphone, tablet, laptop) and mobile voice & data services (text, data) for the purpose of conducting Kaweah Delta business.~~
- ~~II. Only those individuals with a justifiable need which includes the use of their own personal mobile device(s) and service(s) away from Kaweah Delta work area(s) to conduct Kaweah Delta business, as determined by the department Director, shall receive a monthly stipend for use of their personal phone.~~
- ~~III. Limited exceptions will apply to provide Kaweah Delta owned mobile devices. Individuals using Kaweah Delta owned mobile devices agrees to sign and abide by an "Equipment Use and Security Agreement" at the time they are issued a mobile device. This will be recorded by ISS and is subject to change.~~
- ~~IV. Cellular phones (hardware and service) are not provided for individual use by Kaweah Delta unless deemed appropriate by the Director of ISS Technical Services. ISS will maintain ownership and operations of such devices.~~
- ~~V. Mobile devices are to be requested by Kaweah Delta leaders in HROnline system. The system access request "Laptop TAB" should be used.~~
- ~~VI. Mobile phone shall not be used while driving unless hands free capacity is utilized, and if the individual does not have a hands free capability, they need to pull safely to the side of the road to place a call. This policy is in adherence with SB 1613 which prohibits the use of cellular phones while operating a vehicle unless hand free capability is utilized.~~

"Responsibility for the review and revision of this Policy is assigned to the Vice President Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Delta will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and

will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Delta Policies and Procedures."

Approval



Subcategories of Department Manuals not selected.

Policy Number: AP161	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Workplace Violence Prevention Program	

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

PURPOSE:

1. To provide guidance on appropriate responses to all violence or threats of violence that may affect Kaweah Health (KH) workplace in any significant way. This policy and procedures applies, but is not limited to, employees, physicians, residents, patients, visitors, contract and temporary workers, vendors and other individuals, who are either on KH property or otherwise involved with KH operations in any way.
2. To heighten the safety of every individual in the workplace and to recognize that everyone must share in the responsibility of preventing and responding to threats of violence and actual workplace violence. Cooperation, adherence to and support of this policy and procedure by everyone, both management and non-management, are essential.
3. To recognize that a safe environment is fundamental to a productive and positive workplace, and that both physical and psychological safety are integral factors in providing patients with the quality health treatment and services to which KH has been entrusted.

POLICY: KH strictly forbids any behavior or threat of behavior which is inconsistent with the purpose of this policy, or which may constitute a violation of law or public policy. Once the potential for violent behavior has been established, KH will act immediately to minimize and diffuse such behavior. All employees bear a responsibility to report any potentially violent situation or individual to his/her manager, the Risk Management Department, Human Resources, Security and/or when applicable, the Police Department (or other appropriate law enforcement agency). The District will strictly abide by applicable statutes, laws and regulations regarding work place safety and security.

DEFINITIONS:

“Environment of Care” (EOC):
The physical and social environment within which services are provided for patients within the District and off site areas.

Workplace:

Formatted: Underline

Formatted: Underline

Formatted: Indent: Left: 0.06", First line: 0"

Formatted: Underline

Formatted: Indent: Left: 0"

Any location, either temporary or permanent, where an employee performs any work-related duty. This includes, but is not limited to, the buildings and surrounding perimeters, including the parking lots, field locations, alternate work locations, and travel to and from work assignments.

Formatted: Indent: Left: 0", First line: 0"

Workplace Violence:

Workplace violence means any act of violence or threat of violence that occurs at the work site. The term workplace violence does not include lawful acts of self-defense or defense of others.

Formatted: Indent: Left: 0"

Formatted: Left, Indent: Left: 0", First line: 0", Right: 0.7", Space Before: 0.7 pt, Line spacing: Exactly 12 pt, No widow/orphan control, Hyphenate, Don't allow hanging punctuation, Don't adjust space between Latin and Asian text, Don't adjust space between Asian text and numbers, Tab stops: Not at -1" + -0.5" + 0" + 0.5" + 1" + 1.5" + 2" + 2.5" + 3" + 3.5" + 4" + 4.5" + 4.76" + 5"

Formatted: Indent: Left: 0", First line: 0"

Formatted: Underline

Formatted: Indent: Left: 0", First line: 0"

(A) *The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury;*

~~(B)~~ *An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury;*

~~(B)~~

(C) *Four workplace violence types:*

Formatted: Indent: Left: 0", Hanging: 0.38"

Formatted: Indent: Left: 0.38", Hanging: 0.19"

1. *"Type 1 violence" means workplace violence committed by a person who has no legitimate business at the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime.*
2. *"Type 2 violence" means workplace violence directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services.*
3. *"Type 3 violence" means workplace violence against an employee by a present or former employee, supervisor, or manager.*
4. *"Type 4 violence" means workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.*

Imminent/Actual:

Any act or speech threatening or committing assaultive behavior including, but not limited to, any physical contact or menacing behavior which would lead a reasonable person to believe that he/she is in danger of violence and or harm.

Formatted: Indent: Left: 0", First line: 0"

Formatted: Indent: Left: 0", First line: 0", Tab stops: -1", Left + -0.5", Left + 0", Left + 0.5", Left + 1", Left + 1.5", Left + 2", Left + 2.5", Left + 3", Left + 3.5", Left + 4", Left + 4.5", Right + 4.76", Left + 5", Left + Not at 6.5"

Formatted: Underline

Formatted: Underline

Formatted: Indent: Left: 0", First line: 0"

Formatted: Underline

Formatted: Underline

Formatted: Indent: Left: 0", First line: 0"

Potential Violence:

A potentially violent situation or individual includes but is not limited to:

- verbal harassment or threats perceived by a reasonable person occur as a prelude to assaultive behavior;
- a domestic dispute spills over into the work place;
- a restraining order has been obtained by an employee against another person;
- an employee is the victim of a stalker;
- an altercation occurs between persons on the premises;
- when gang activity spills over into the work place;

Formatted: Indent: Left: 0.19", Tab stops: Not at 0" + 0.5" + 1" + 1.5" + 1.75" + 2.5" + 2.75" + 3" + 3.5" + 4" + 4.5" + 4.76" + 5"

Formatted: Indent: Left: 0.19", Tab stops: Not at 0" + 0.5" + 1" + 1.5" + 1.75" + 2.5" + 2.75" + 3" + 3.5" + 4" + 4.5" + 4.76" + 5"

- when an assaultive or potentially assaultive patient is admitted.

Assault:

An unlawful attempt, coupled with a present ability, to commit a violent injury on the person of another.

Battery:

Any willful and unlawful use of force or violence upon the person of another.

COMPLIANCE

Implement procedures to obtain the active engagement of employees in developing, implementing, and reviewing the Workplace Violence Prevention Plan, including their participation in identifying, evaluating, and correcting workplace violence hazards, designing, and implementing training, and reporting and investigating workplace violence incidents. A copy of the plan is available to any employee at any time on KH's Policy Tech System.

PROCEDURES: See Workplace Violence Checklists on Pages ~~11-12~~10-12.

RESPONSIBILITIES:

Responsibilities for employees include, but are not limited to:

I. Employees:

To immediately report concerns or observed incidents of violence to his/her supervisor or in the absence of such supervisor, to Security, the Risk Management Department, Human Resources or any manager, and when applicable, to the Police Department (or other appropriate law enforcement agency). Patient Family Services can be reached by dialing Ext. 5633 for information on referral so. Follow Administrative Policy .10, Occurrence Reporting Process to complete the Occurrence Reporting form and submit to Risk Management for investigation. The Occurrence Report must be submitted before end of shift.

A. Employees who have reason to believe they, or others, may be victimized by a violent act sometime in the future, at the workplace or as a direct result of their employment with the Kaweah Health, are to inform their supervisor immediately. The supervisor will immediately inform the Risk Management Department, Security Department, Human Resources and his or her Director or Vice President. The manager will work with the employee to complete a Workplace Violence Incident Report and, if indicated, contact local law enforcement officials. The Employee cannot be retaliated against for seeking assistance and intervention from emergency services or law enforcement when a violent incident occurs.

B. Employees who have signed and filed a restraining order, temporary or permanent, against an individual due to a potential act of violence, who would be in violation of the order by coming near them at work, will immediately supply a copy of the signed order to their supervisor. The

Formatted: Indent: Left: 0", First line: 0"

Formatted: Underline

Formatted: Underline

Formatted: Indent: Left: 0", First line: 0"

Formatted: Underline

Formatted: Indent: Left: 0", First line: 0"

Formatted: Indent: Left: 0"

Formatted: Font: Bold

supervisor will provide copies to Human Resources. Human Resources or designee will contact Security, local law enforcement officials, and others as appropriate.

II. Management

To immediately take action to prevent violence by reporting any potential violence to Security, Human Resources, or Risk Management, and when applicable, to the Police Department (or other appropriate law enforcement agency). Patient Family Services can be reached by dialing Ext. 5633 for information on referral sources.

III. Security Department

To assess any immediate or imminently violent situation and respond as appropriate based upon that a follow-up written investigation will be part of all assessments, and this report will be routed to Risk Management and, to Human Resources. If Security cannot diffuse the situation, or perceives the situation escalating, the Police Department (or other appropriate law enforcement agency) must be notified immediately. Other responsibilities include:

- A. Keeping records of all violent acts, including location, time of day and actions ~~taken; identifying~~ taken; identifying trends, and using the information collected to develop action plans that may be needed;
- B. Reporting findings to the *Environment of Care* Committee on a quarterly basis;
- C. Ensuring at least annually, a security risk assessment is completed that identifies workplace security factors that have been shown to contribute to the risk of violence in the workplace. The risk assessment should include the review of access points, barrier placement between patients and providers, escape routes, location of panic alarms, security staffing ratios, security operational practices, the need for escort services or "buddy systems" when walking at night, camera surveillance and use of protective equipment by Security;
- D. Reporting data to Human Resources;
- E. Knowing when and how to implement access control to the organization;
- F. Ensuring the *Security Management Plan*, EOC 3000 is current and addresses measures taken to protect personnel, patients and visitors from aggressive or violent behavior.

IV. Human Resources

- A. Work in collaboration with Security and management to ensure communication linkages remain open;
- B. Ensure a written *Illness and Injury Prevention Program* is in effect that addresses the following:
 - a. Safe and healthy work practices, which includes non-engagement with threats and physical actions that create a security hazard to others;
 - b. A system of communication with employees that includes a method employees can use to inform the employer of security hazards at the worksite;
 - c. Periodic inspections that includes identification of security hazards;
 - d. Procedures for investigating occupational injuries and/ or exposures;

- e. Procedures for communicating to employees the outcome of the investigation and any action plan to be taken;
 - f. Procedures for correcting unsafe conditions, work practices, work procedures including workplace security hazards with attention to procedures for protecting employees from physical retaliation for reporting threats;
 - g. Ensuring no retaliation of any kind will be taken against anyone who reports acts or threats of violence, or who participates in any action or investigation related to such complaints;
 - h. Training and instruction regarding how to recognize workplace security hazards, how to recognize "triggers" for violence, measures to prevent workplace assaults and what to do when an assault occurs, including emergency actions and post emergency procedures, and actions to take to diffuse a situation.
- C. Provision of Emergency Department and Security staff with continuing education relating to security;
- D. Provision of post-event trauma counseling to employees who are the victim of violence in order to reduce the short and long term physical and emotional effects of the incident;
- E. Ensuring reductions in force, terminations and disciplinary actions such as suspensions are carried out in a manner that is designed to minimize a violent eruption;
- F. Ensuring policies and procedures are consistently and fairly applied;
- G. Ensuring any fatalities, illnesses and injuries that result from violence are reported to the Occupational Safety and Health Administration (OSHA) immediately and recorded on the OSHA log, and completing the required supplementary forms.

Formatted: Indent: Left: 1", No bullets or numbering, Tab stops: Not at 1.07"

Formatted: Indent: Left: 0.75", Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.25" + Indent at: 1.5"

Formatted: Indent: Left: 0.75", Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.25" + Indent at: 1.5"

Formatted: Indent: Left: 0.5", Tab stops: 0.75", Left + Not at 1" + 1.5"

WORKPLACE VIOLENCE PREVENTION TEAM: The Workplace Violence Prevention team is designated to assess the vulnerability to workplace violence and reach agreement on preventive action to be taken. The team reports through the Environment of Care Committee and is responsible for:

- Responsible for implementing the Workplace Violence Plan;
- Assessing the vulnerability of workplace violence at KH and reaching agreement on preventive actions to be taken;
- Recommending/implementing employee training programs on workplace violence;
- Implementing plans for responding to acts of violence;
- Communicating internally with employees.

Formatted: Space Before: 0 pt, After: 0 pt

Formatted: Font color: Auto

The WVP Team is composed of the following members:

- ✓ Employee Health Manager
- ✓ Employee Relations Coordinator

Formatted: Indent: Left: 0.5", Space Before: 0 pt, After: 0 pt, No bullets or numbering

- ✓ *Human Resources Directors*
- ✓ *Organization Development Director*
- ✓ *Security Manager*
- ✓ *Facilities/Physical Plant Director*
- ✓ *Nursing Supervision Director*
- ✓ *Emergency Department Director*
- ✓ *Behavioral Health Director*
- ✓ *Outpatient Clinics Director*
- ✓ *Home Health Director*
- ✓ *Diagnostic Imaging Director*
- ✓ *Pharmacy Director*
- ✓ *Medical Staff Director*
- ✓ *Contracting Officer*
- ✓ *Vendor Management*
- ✓ *Marketing/Communications Director*
- ✓ *Compliance Officer*
- ✓ *Risk Management Director*
- ✓ *Environmental Services Director*
- ✓ *Safety Officer*
- ✓ *Executive Liaison (Human Resources-VP)*
- ✓ *CUSP Team Leaders*

ACTIVE ENGAGEMENT OF EMPLOYEES IN DEVELOPING, IMPLEMENTING AND EVALUATING THE WVP PLAN

At a minimum one employee from each high risk department and CUSP Team Leaders will actively participate in developing, implementing and reviewing the WVP plan.

Formatted: Indent: Left: 0"

LAW ENFORCEMENT INVOLVEMENT

The Security Manager and/or the Director of Risk Management ~~Facilities~~ will maintain collaborative involvement and partnership with local police department.

Proactive business relationships are maintained with Visalia Police District 1 and District 2 Commanders through quarterly meetings, formal committee meetings attendance (with invitation) or requests for incident review.

TRAINING AND INSTRUCTION:

Kaweah Health shall be responsible for ensuring that all employees, including managers, supervisors and contractors are provided training and instruction on general workplace safety practices. Department Directors shall be responsible for ensuring that all employees, including managers and supervisors, are provided training and instructions on job specific workplace security practices.

General workplace violence and security training and instruction include, but are not limited to, the following:

- Explanation of the Workplace Violence Prevention Program including

- measures for reporting any violent acts or threats of violence.
- Recognition of workplace security hazards including the risk factors associated with the four types of violence.
- Measures to prevent workplace violence, including procedures for reporting workplace security hazards or threats.
- Ways to defuse hostile or threatening situations.
- Measures to summon others for assistance.
- Employee routes of escape.
- Notification to law enforcement when a criminal act may have occurred.
- Emergency medical care provided in the event of any violent act upon an employee.
- Post-event trauma counseling for those employees desiring such assistance.

Training and instruction is conducted at minimum at new hire orientation, annually or when laws or procedures change.

Workplace security training and instruction includes, but is not limited to, the following:

- Techniques for recognizing the potential for violence.
- Preventive measures to reduce the threat of workplace violence, including procedures for reporting workplace security hazards.
- In addition, specific instructions shall be provided to all employees regarding workplace security hazards unique to their job assignment.
- ~~Non-Violent~~ Non-Violent Crisis Intervention training is required within 60 days of hire for employees in high-risk areas and those whose assignment is to respond to alarms or other notifications of violent incidents or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior. Refresher classes are also required, every 12 months.
- How employees will document and communicate to other employees (including between shifts and units) information regarding conditions that may increase the potential for workplace violence incidents.

Formatted: Indent: Left: 0.28", Hanging: 0.22", Space Before: 0 pt, After: 0 pt

Formatted: Indent: Left: 0.28", Hanging: 0.22"

Managers and Supervisors shall be trained to:

- Ensure that employees are not placed in assignments that compromise safety and in methods and procedures which will reduce the security hazards.
- Respond compassionately towards co-workers when an incident does occur.
- Ensure that employees follow safe work practices and receive appropriate training to enable them to do this.
- Reinforce the Work Place Violence Prevention Program, promote safety and security, and ensure employees receive additional training as the need arises.

Formatted: Indent: Left: 0.25", Hanging: 0.25", Space Before: 0 pt, After: 0 pt

Workplace Violence Response Team

Employees whose job duties include responding to alarms or other notifications of violent incidents will receive additional, interactive training that is specific to confronting or controlling persons exhibiting aggressive or violent behaviors.

These team members will receive the highest level of Crisis Intervention Training.

1. Nursing Supervision
2. All Department Managers/Asst. Managers, Directors
3. Charge Staff
4. Security Department
5. Facilities/Maintenance Department
6. Clinical Engineering
7. PFS/Case Management

Formatted: Indent: Left: 0.25", Tab stops: Not at 0"

PROCEDURES FOR IDENTIFYING POTENTIAL TYPE 2 VIOLENCE

- Behavior Dysfunction
- Developmentally Delayed
- Domestic Violence
- Forensic Patient (Jail/Corrections/in-Custody Prisoner)
- Gang Affiliation
- Intoxication (drugs or alcohol)
- Mental Illness with Aggressive Tendencies

Procedures to Identify and evaluate patient-specific risk factors

We have a process in place to evaluate patient-specific risk factors which can include:

1. Patient mental status and conditions that may cause the patient to be non-responsive to instruction or behave unpredictably, disruptively, uncooperatively, or aggressively.
2. A patient's treatment and medication status, type, and dosage, as its known to the health care facility and employees.
3. A patient's history of violence, as is known to the health facility and employees.
4. Any disruptive or threatening behavior displayed by patient.

Formatted: Indent: Hanging: 0.31", Tab stops: Not at 0.5"

Formatted: Indent: Left: 0.19", Hanging: 0.31", Tab stops: Not at 0.5"

Violence Risk Screening

Violence is a complex social interaction, characterized by an inability to cooperate and negative emotions, that may include nonverbal, verbal, and physical behavior that is threatening or harmful to others or property.

Using a standardized evidence-based tool which assists in the prediction of violent behavior, screening will be used for all children aged 10 and over and all adult patients at the point of entry to Kaweah Health [Medical Center \(KDHC\)](#), inpatient/outpatient services, Kaweah Health Rehabilitation Hospital, Sub-acute and Transitional Care Services, and Urgent Cares.

On admission to inpatient units or at the beginning of outpatient services and as needed for behavioral changes:

1. Patients will be observed for potential ~~of~~-risk to harm ~~of~~-others by licensed nursing staff using the Broset violence checklist.

2. If the licensed nursing staff determines the patient is at risk for harm to others, an indicator will be activated to alert staff of potential risk.
3. [Follow violence interventions as appropriate \(See attached toolkit\).](#)

Incidents That Must be Reported

1. An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustained an injury. For the purpose of this reporting requirement, a “dangerous weapon” means an instrument capable of inflicting death or serious bodily injury.
2. The use of physical force against an employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in injury, psychological trauma, or stress, regardless of whether the employee sustains an injury. For the purpose of determining whether an incident must be reported, “injury” means an incident which results in one or more of the following:
 - a. Death- Any occupational injury that results in death, regardless of the time between injury and death. (Title 8, California Code of Regulations, Section 14300.46);
 - b. One or more days away from work (which includes the day the injury occurred);
 - c. Restricted work or transfer to another job. Restricted work occurs when, as a result of the work related injury, the employer keeps the employee from performing on or more of the routine functions of the job, or from working the full workday that he or she would otherwise have been scheduled to work; or a licensed health care professional recommends the employee not perform one or more of the routine functions of the job, or not work the full workday. A “routine function” is a work activity that the employee regularly performs at least once a week. [Title 8, California Code of Regulations, Section 14300.7(b)(4)];
 - d. Medical treatment beyond first aid. “Medical treatment” means the management and care of a patient to combat disease or disorder. For the purpose of the law, medical treatment does not include:
 - Visits to a licensed health care professional solely for observatory or counseling;
 - The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils); or
 - First aid
 - e. Loss of consciousness, regardless of the length of time the employee remains unconscious.
 - f. A significant injury diagnosed by a licensed health care professional. In the context of workplace violence, this could be a fractured or cracked toe or rib, or a punctured eardrum. Most significant injuries that must be reported will involve one of the categories above (death, days away from work, medical treatment beyond first aid, or loss of consciousness)

Formatted: Indent: Left: 0.5"

Formatted: Indent: Hanging: 0.25", Tab stops: Not at 0.5"

Formatted: Indent: Left: 0.25", Hanging: 0.25", Tab stops: Not at 0.5"

Formatted: Indent: Hanging: 0.25", Tab stops: Not at 0.5"

Formatted: Indent: Left: 0.25", Hanging: 0.25", Tab stops: Not at 0.5"

[Title 8, California Code of Regulations, Section 14300.7] If the employee reports psychological trauma or stress as a result of the use of physical force by a patient, visitor, employee or other individual at the worksite, the incident must be reported, even if there is no physical injury.

References:

Title 8; California Code of Regulations (CCR) §3203

Health and Safety Code 1257.7

Assembly Bill 508

http://www.dir.ca.gov/dosh/dosh_publications/worksecurity.html

The Joint Commission – *Environment of Care Standards*,

approval

WORKPLACE VIOLENCE CHECKLIST

Purpose: To provide a safe and secure healthcare environment for patients, visitors, volunteers, physicians and employees. Also, to assist employees in managing and/or de-escalating the situation.

Note: If the situation involves a weapon, immediately notify PBX and announce "Code Silver and Location".

Formatted: Indent: Left: 0", Hanging: 0.81"

STAFF RESPONSE

In a violent or imminently violent situation:

- Call Security at Ext 44
- Provide the District operator with the following information:
 - Code Gray or Code Silver.
 - State your name, where you are and where the incident is occurring and if weapons are involved.

Formatted: Indent: Left: 0.56"

(Code Silver)

Formatted: Indent: Hanging: 0.25"

- Description and number of suspects.
- Number and location of hostages.
- Number and type of weapons involved.
- Within the limits of personal safety, clear the area and limit access to area and to patient as much as possible.
- Immediately notify your manager or immediate supervisor and the House Supervisor.
- Seek shelter, protecting patients as able.
- Complete an occurrence report and send to Risk Management.

Formatted: Indent: Left: 0.5", No bullets or numbering

In a potentially violent situation:

- Call Security, Ext 44.
- Clear the area as able.
- Complete an occurrence report and send to Risk Management.

MANAGER

In a violent or imminently violent situation:

- Call Security at Ext 44.
- Provide the District operator with the following information:
 - Code Gray or Code Silver.
 - State your name, where you are and where incident is occurring and if weapons are involved.

Formatted: Indent: Left: 0.56"

(Code Silver)

- Description and number of suspects.
- Number and location of hostages.
- Number and type of weapons involved.
- Clear the area and limit access to area and to patient as much as possible.
- Complete an occurrence report and send to Risk Management.

Formatted: Indent: Left: 0.5", No bullets or numbering

In a potentially violent situation:

- Call Security, Ext 44.
- Notify Human Resources if an employee is involved.
- Complete and occurrence report and send to Risk Management.

Formatted: Indent: Left: 0.5", No bullets or numbering

SECURITY

In a violent or imminently violent situation:

- Respond to reported situation and assess for (1) type of violence. (2) Threat of physical danger and the need for police assistance.
- Manage the incident in accordance with Security Department policy and procedures.
- Follow-up with investigation and written security incident report.

In a potentially violent situation:

- If the situation permits, consult with Supervisor/Lead Office in Security to determine the appropriate action to take
- Follow up with investigation, provide written incident report.

Formatted: Indent: Left: 0.5", No bullets or numbering

Reporting Responsibilities:

- Any act of assault or battery that results in injury or involves the use of a firearm or other dangerous weapon against any on-duty personnel SHALL be reported to the local police department within 72 hours of the incident.
- Any other act of assault or battery against any on-duty personnel MAY be reported to the local police department within 72 hours of the incident.

Formatted: Indent: Left: 0.5", No bullets or numbering

SECURITY SERVICES MANAGER

Violent or imminently violent situation:

- Once a reported incident is stabilized, follow up with Risk Management, Human Resources and the manager of the department affected by the incident.

Formatted: Indent: Left: 0.5", No bullets or numbering

Potentially violent situation:

- If the situation permits, conduct meeting with Risk Management, Human Resources and ~~the other~~ appropriate management to determine the proper appropriate action to take.

Formatted: Indent: Left: 0.5", No bullets or numbering

Note: When notified by the Security Officer on the scene that a "Code Gray" is in progress, Security will send back up support as needed.

HUMAN RESOURCES

In a violent or imminently situation:

- If the situation permits, verify with Security or ~~other~~ appropriate management, the assessment of the injury or threat to the employee.

- Jointly with Security and Department Manager, assess the need to remove and/or reassign the employee to a more secure work area.*



In a potentially violent situation:

- Consult with Risk Management, Security and Department Manager to determine the appropriate action to take.*
- Maintain documentation of all actions taken, and maintain in Human Resources.*



RISK MANAGEMENT

In a violent or imminently, or potentially violent situation:

- Use Follow routine risk management process for all imminently violent events.*

REPORTING RESPONSIBILITIES- EMPLOYEE VICTIM

Employee Health

- If an employee reports to Employee Health with an injury related to an incident of violence, after treatment has been rendered, the Employee Health personnel has a duty to report the incident to the local police department (-verify with Security to determine if the incident has been reported).*



Emergency Department

- When you hear PBX announce "Code Silver, All Clear," or "Code Grey" All Clear", return to your normal work duties, unless other wise directed.*
- In the event Employee Health is closed, the Emergency Department has the same duty to report to the police department any injury to an employee which was sustained due to an incident of violence. Verify with security to determine if the incident has been reported.*
- ~~In the event Employee Health is closed, the Emergency Department has the same duty to report to the police department any injury to an employee which was sustained due to an incident of violence. Verify with security to determine if the incident has been reported.~~*

—

Formatted: Font: Bold

Formatted: Indent: Left: 0.5", No bullets or numbering

Formatted: Font: Bold

Formatted: Indent: Left: 0.5", No bullets or numbering

Formatted: Indent: Left: 0.5", No bullets or numbering

Formatted: Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Indent: Left: 0.5"

Formatted: Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

"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."

approval



Policy Number: AP163	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Photography and Video Recording of Patients and Staff	

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

Purpose: To establish a policy and procedure for the photographing, video or audio recording of patients and to prevent the improper use of recording or filming devices and improper observation of patients, visitors, volunteers, physicians and employees.

Policy:

I. Kaweah ~~Delta-Health Care District (Kaweah Delta)~~ will protect the privacy of patients, visitors, volunteers, physicians and employees with respect to photography and video and audio recording, and to release such information only in accordance with the written permission of the patient or as permitted by law.

II. Secretly photographing, filming, recording, or observing an individual or Kaweah ~~Delta-Health~~ facilities is strictly prohibited. Individuals suspected of this activity must be immediately reported to Security and/or Risk Management or Compliance (as necessary). Individuals involved in such behavior may be subject to criminal charges pursuant to California Penal Code § 632, legal action, and other actions deemed necessary by Kaweah ~~Delta-Health~~ Leadership or Administration. Due to the sensitive nature of patient information, Kaweah ~~Delta-Health~~ employees and care providers must follow the guidelines and procedures outlined below before allowing, or prior to, photographing, video or audio recording, or otherwise imaging patients, visitors, or employees.

III. PHOTOGRAPHY OR VIDEO RECORDING FOR TREATMENT OF MEDICAL CONDITION AND HOSPITAL OPERATIONS: The Conditions of Admission (COA) and Verification of Informed Consent to Surgery provides consent for photography of a medical or surgical condition, and use of the pictures, for purposes of diagnosis, treatment, and other hospital operations including peer review, education, and training programs conducted by Kaweah ~~Delta-Health~~ and the Medical Staff. No separate consent or authorization for photography or video recording is required for treatment and/or operations purposes.

- Photographs and/or video and recordings used for medical documentation are considered health care records and will be retained and released in accordance with applicable regulations and Kaweah ~~Delta-Health~~ policies. Refer to AP.107 Patient Privacy Use and Disclosure of Patient Information,

AP.04 Access and Release of Protected Health Information (PHI), and AP.75 Records Retention and Destruction.

- For wound care photography, refer to Patient Care Policy CP.87 Wound Photography.
- Video recording of trauma resuscitation cases are obtained for the purposes of peer review, education and training, refer to ED.11004 Resuscitation Videotaping Policy in the Emergency Department
- Documentation of abuse and/or neglect
 - In cases of actual or suspected abuse and/or neglect clinical photography by authorized personnel (medical staff involved in the treatment of the abuse and/or neglect) may be used for medical documentation purposes.
 - Authorization from the patient or other person(s) present in an exam room or other area of the clinic is not required prior to such documentation.
 - Images and/or recordings for documentation of abuse and/or neglect are not normally maintained as part of the patient's medical record unless the images are used for medical treatment purposes.
 - Images and/or recordings obtained may be released to authorized representatives of an investigating agency and/or pursuant to a subpoena or court order.

IV. PHOTOGRAPHY OR VIDEO RECORDING OF PATIENT BY KAWEAH ~~DELTA~~HEALTH: Specific consent shall be obtained from the patient or legally authorized representative prior to photographing or video/audio recording the patient except in cases of treatment (above), abuse, and/or neglect (above), emergencies, or law enforcement purposes. The "Consent to Take Photographs, Video and Audio Recordings and Release" (see attached) must be completed, signed, and placed in the patient's medical record.

- Patients reserve the right to refuse consent and to rescind consent for use up until a reasonable time before the film or photograph is used. At any time, patients have the right to request ending of filming or photography.
- Photography and filming for Marketing purposes, refer to AP.06 – Public Relations, Marketing, and Media Relations.

V PHOTOGRAPHY OR VIDEO RECORDING OF PATIENT BY FAMILY/FRIENDS: Photography or video recording of a patient taken by the patient's family or friend may be permitted if the patient does not object, is not prohibited by/on the patient care unit, and is not disruptive to the staff or other patients. The use of photography and video recording by family/friends is strictly prohibited in the Emergency Department and Kaweah ~~Delta~~Health Mental Health Hospital.

- OBSTETRICAL PATIENTS: Photography and video recording is prohibited during delivery until the newborn is deemed stable by the physician.

VI. PHOTOGRAPHY OR VIDEO RECORDING OF EMPLOYEES BY PATIENT/FAMILY: Photography video recording of Kaweah ~~Health~~Delta employees is prohibited without prior expressed consent of the employee and Department

Management. Kaweah ~~Delta-Health~~ employees must be informed of the nature and purpose of the filming/photography prior to consent.

- Photographs or video/audio recordings of Kaweah ~~Health Delta~~ employees providing treatment is strictly prohibited.

VII. If a Kaweah ~~Delta-Health~~ employee becomes aware of inappropriate photograph or video/audio recording of a patient and/or employee, the employee must notify the patient and/or visitor that their conduct is in violation of Kaweah ~~Delta Health~~ policy and California Law, and that the images/video must be removed. Confirmation of deletion is required. If the patient and/or visitor refuses to delete the video/image, Security and/or Risk Management or Compliance must be notified. Security will provide the patient and/or visitor the opportunity to delete the image/video while providing documentation citing the California Penal Code: Invasion of Privacy [630-638.55]. If the patient and/or visitor continues to refuse, Security may contact law enforcement.

VIII. BODY WORN CAMERAS: Body worn cameras by law enforcement officials **must be turned off** in patient care areas unless the use is directly related to a specific patient encounter where the officials are actively involved and the patient's provider/care team is aware and has approved the use.

Allowable uses for body worn cameras:

- Called into action (e.g. hands-on restraint, evidence collection, altercation)
- Conducting an official interview with a patient in a private room (with appropriate notification and consent)
- An attempt to capture a spontaneous crime or attempted criminal activity on the premises

Impermissible uses for body worn cameras:

- During medical or psychological evaluations by a clinician or similar profession, or during treatment
- During interviews conducted related to sexual assaults, child abuse, domestic violence and other sensitive cases

IX. Images and recordings by law enforcement officials are the property of the law enforcement agency and are not under the direction of the responsibility of Kaweah ~~DeltaHealth~~. For this reason, the images/information stored on the camera or device are not considered protected health information and therefore not subject to patient privacy rights. Nevertheless, law enforcement shall use caution to avoid recording persons other than intended subject(s).

EXCEPTIONS TO THIS POLICY: Kaweah ~~Delta-Health~~ Security Department duties including, but not limited to, video surveillance, photography, and audio records.

"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."

CONSENT TO TAKE PHOTOGRAPHS, VIDEO AND AUDIO RECORDINGS AND RELEASE

I hereby consent to be photographed, videotape recorded, and/or audio recorded by Kaweah ~~Delta~~ Health ~~Care-Distric~~ on or about the _____ day of _____, 20____, and:

Please mark all that apply:

___ I consent to allowing these photographs, and/or recordings to be used by Kaweah ~~Delta-Health-Care District~~ for teaching, medical education and research purposes, including release within the hospital to individuals, to groups, to the general public, to the news media, or to other publishers. I hereby authorize the modification or retouching of such photographs and waive any right to inspect or approve the finished product as it may appear to be used.

___ I hereby authorize the release of photographs and/or recordings to my attorneys. I understand that the aforementioned photographs and/or recordings may be presented as evidence in court.

___ I hereby authorize the release of photographs and/or recordings to agencies, including law enforcement agencies, requesting such photographs and/or recording for documentation of my medical condition and treatment. I understand that the aforementioned photographs and/or recordings may be presented as evidence in court.

___ I grant permission to release and/or publish the factual details concerning my case, either separately or in connection with the photographs taken of me.

___ I agree to be identified by name.

___ I shall not be identified by name.

I authorize _____ to take photographs of me.
(Agency, Lawyer, Kaweah ~~Delta-Health-Care District, etc~~)

By this consent, I expressly release from liability all personnel of Kaweah ~~Delta-Health-Care District~~, the attending physician(s), as well as their successors and assignees and all persons acting under their permission or authority.

Signature of Patient: _____
Date

Printed Name of Patient: _____
Date

Signature of legally authorized representative: _____
Date

Printed Name of legally authorized representative: _____
Date

Printed Name of KDHCD Representative: _____
Date

Signature of KDHCD Representative: _____
Date

Provider Name: _____ Date: _____
Please Print

CERTIFIED REGISTERED NURSE ANESTHETIST

CERTIFIED REGISTERED NURSE ANESTHESIST					
Initial Criteria					
<p>Education: Master of Registered Nursing Degree. Current licensure as an Advanced Nurse Practitioner in the state of California.</p> <p>Formal Training: Successful completion of a nurse anesthesia educational program accredited by the AANA, CANAEP; Certification by the CCNA or recertification by the Council on Recertification; Current active licensure to practice professional nursing or advanced practice nursing in the nurse anesthetist category by the State of California Board of Nursing.</p> <p>Certifications: ACLS or equivalent certification AND current certification by NBCRNA</p> <p>Clinical Experience: Documentation of patient care for 250 patients in an acute care setting in the past two years OR certification within the last 12 months</p> <p>Renewal Criteria: Documentation of patient care for 250 patients in the past 24 months AND Maintenance of current certification by NBCRNA AND ACLS or equivalent certification</p> <p>FPPE: A minimum of Six (6) cases representative of privileges requested (3- Direct Observation; 3- Retrospective Review)</p>					
ADULT AND ADOLESCENT CORE PRIVILEGES					
Request	Procedure				Approve
<input type="checkbox"/>	<ul style="list-style-type: none"> • Performance of H&P; • Assessment of, consultation for (may include telehealth), and preparation of patients for anesthesia; Clinical management of cardiac & pulmonary resuscitation; • Evaluation of respiratory function and application of respiratory therapy; • Monitoring and maintenance of normal physiology during the perioperative period; • Relief and prevention of pain during and following surgical, obstetrical, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, and regional anesthesia • Diagnosis and treatment of acute, chronic, and cancer-related pain • Ultrasound guided regional nerve blocks • Management of critically ill patients; • Treatment of patients for pain management (excluding chronic pain management) • Post anesthesia care and discharge 				<input type="checkbox"/>
OBSTETRIC CORE PRIVILEGES					
<p>Clinical Experience: A minimum of 3 labor epidurals AND 3 spinals in the past two years</p> <p>Renewal Criteria: A Minimum of 15 obstetric cases required in the past two years.</p> <p>FPPE: A Minimum of 3 labor epidurals AND 3 spinals with direct observation</p>					
Request	Procedure				Approve
<input type="checkbox"/>	<ul style="list-style-type: none"> • Performance of H&P • All types of neuraxial analgesia (including epidural, spinal, combined spinal, and epidural analgesia) and different methods of maintaining analgesia such as bolus, continuous infusion, and patient-controlled epidural analgesia • Anesthetic management of both spontaneous and operative vaginal delivery, retained placenta, cervical dilation, and uterine curettage, as well as postpartum tubal ligation, cervical cerclage, and assisted reproductive endocrinology interventions • Consultation (may include telehealth) and management for pregnant patients requiring non-obstetric surgery • General anesthesia for cesarean deliver 				<input type="checkbox"/>
PEDIATRIC CORE PRIVILEGES					
<ul style="list-style-type: none"> • Performance of H&P • Consultation (may include telehealth) for medical and surgical patients • Interpretation of laboratory results • Management of normal perioperative fluid therapy and massive fluid and/or blood loss • Management of children requiring general anesthesia for elective and emergent surgery for a wide variety of surgical conditions, including neonatal surgical emergencies, and congenital disorders • Management of normal and abnormal airways 					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Patients under 5 years of age	Pediatric subspecialty training or equivalent experience and current PALS certification and at least 10 pediatric procedures in the last 2 years	A Minimum of 10 pediatric cases required in the past two years AND maintenance of PALS certification.	2 retrospective or concurrent reviews with a minimum of one direct observation	<input type="checkbox"/>
<input type="checkbox"/>	Patients 5 years and older	PALS certification and at least 10 pediatric procedures in the last 2 years	A Minimum of 5 pediatric cases required in the past two years AND maintenance of PALS certification.	2 retrospective or concurrent reviews with a minimum of one direct observation	<input type="checkbox"/>

Provider Name: _____ Date: _____
Please Print

Acknowledgment of Practitioner:

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

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) I may participate in the Kaweah Health Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.
- (c) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Advanced Practice Provider Signature

Date

Department of Anesthesiology Chairman Signature

Date



FY 2023 Strategic Plan

Outstanding Health Outcomes

February 22, 2023



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

Outstanding Health Outcomes - Standardized Infection Ratio (SIR) Champions: Sandy Volchko

Problem / Goals & Objectives

Problem Statement:

Healthcare acquired infections (HAIs) such as CAUTI, CLABSI and MRSA are often preventable complications of hospitalization. HAIs impact patient outcomes such as length of stay, can lead to death, and also increase costs of care.

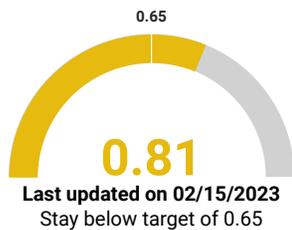
Goals and Objectives:

Reduce HAIs to the national 50th percentile in FYTD23 as reported by the Centers for Medicare and Medicaid Services

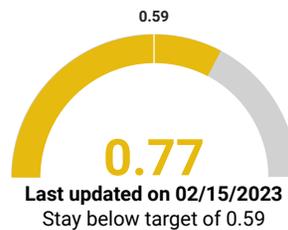
Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.1	CAUTI, CLABSI, MRSA Quality Focus Teams	07/01/2022	06/30/2023	Sandy Volchko	On Track	
5.1.2	Daily catheter and central line Gemba rounds	07/01/2022	06/30/2023	Sandy Volchko	On Track	
5.1.3	Culture of culturing	07/01/2022	06/30/2023	Sandy Volchko	On Track	
5.1.4	TPN Utilization	07/01/2022	06/30/2023	Sandy Volchko	Canceled	No longer a primary root cause of HAI
5.1.5	Bio-Vigil	07/01/2022	06/30/2023	Sandy Volchko	On Track	
5.1.6	MRSA Decolonization	07/01/2022	06/30/2023	Sandy Volchko	On Track	
5.1.7	Standardized Infection Ratio (SIR) CAUTI (CMS data FYTD)	07/01/2022	06/30/2023	Sandy Volchko	Off Track	Data through December '22
5.1.8	Standardized Infection Ratio (SIR) CLABSI (CMS data FYTD)	07/01/2022	06/30/2023	Sandy Volchko	Off Track	Data through December '22
5.1.9	Standardized Infection Ratio (SIR) MRSA (CMS data FYTD)	07/01/2022	06/30/2023	Sandy Volchko	At Risk	Data through December '22

SIR CAUTI (CMS data - FYTD) ...



SIR CLABSI (CMS data - FYTD) ...



SIR MRSA (CMS data - FYTD) ...



Outstanding Health Outcomes - Sepsis Bundle Compliance (SEP-1)

Champions: Sandy Volchko

Problem / Goals & Objectives

Problem Statement:

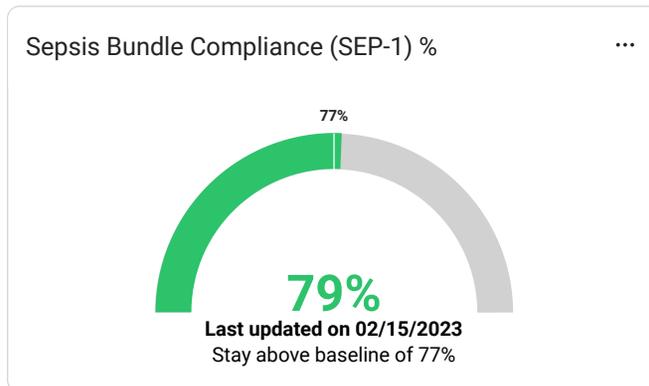
Non-compliance with SEP-1 bundle can lead to less than optimal outcomes for patients, such as increased mortality rates. SEP-1 is publically reported on CareCompare.gov and impacts public perception of care provided.

Goals and Objectives:

Increase SEP-1 bundle compliance to overall 77% compliance rate for FY23 through innovative improvement strategies based on root causes

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.2.1	SEPSIS Coordinators	07/01/2022	06/30/2023	Sandy Volchko	Achieved	
5.2.2	SEPSIS Alerts-Required MD notifications	07/01/2022	06/30/2023	Sandy Volchko	On Track	
5.2.3	Quality Focus Team-RCAs/Fall out review	07/01/2022	06/30/2023	Sandy Volchko	On Track	
5.2.4	Sepsis Bundle Compliance (SEP-1) % FYTD	07/01/2022	06/30/2023	Sandy Volchko	On Track	Data through November '22



Outstanding Health Outcomes - Mortality and Readmissions Champions: Sandy Volchko

Problem / Goals & Objectives

Problem Statement:

Mortality and readmission rates for Heart Failure (HF), Pneumonia (PN), Chronic Obstructive Pulmonary Disease (COPD), and Acute Myocardial Infarction (AMI) are higher than desired rates.

Goals and Objectives:

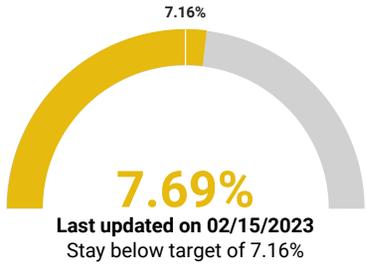
Reduce observed/expected mortality, through application of standardized best practices.

Plan

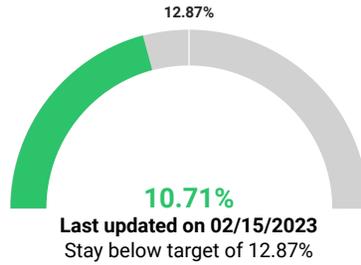
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.3.1	Enhanced diagnosis specific workgroups/committees	07/01/2022	06/30/2023	Sandy Volchko	On Track	
5.3.2	Standardized care based on evidence	07/01/2022	06/30/2023	Sandy Volchko	On Track	
5.3.3	Expand palliative medicine	07/01/2022	06/30/2023	Sandy Volchko	On Track	
5.3.4	Hospital Readmissions % AMI (CMS data FYTD)	07/01/2022	06/30/2023	Sandy Volchko	Off Track	FYTD through December '22
5.3.5	Hospital Readmissions % COPD (CMS data FYTD)	07/01/2022	06/30/2023	Sandy Volchko	On Track	FYTD through December '22
5.3.6	Hospital Readmissions % HF (CMS data FYTD)	07/01/2022	06/30/2023	Sandy Volchko	On Track	FYTD through December '22
5.3.7	Hospital Readmissions % PN Viral/Bacterial (CMS data FYTD)	07/01/2022	06/30/2023	Sandy Volchko	On Track	FYTD through December '22
5.3.8	Decrease Mortality Rates AMI FYTD	07/01/2022	06/30/2023	Sandy Volchko	On Track	FYTD through December '22
5.3.9	Decrease Mortality Rates COPD FYTD	07/01/2022	06/30/2023	Sandy Volchko	On Track	FYTD through December '22
5.3.10	Decrease Mortality Rates HF FYTD	07/01/2022	06/30/2023	Sandy Volchko	At Risk	FYTD through December '22
5.3.11	Decrease Mortality Rates PN Bacterial FYTD	07/01/2022	06/30/2023	Sandy Volchko	On Track	FYTD through December '22
5.3.12	Decrease Mortality Rates PN Viral FYTD	07/01/2022	06/30/2023	Sandy Volchko	On Track	FYTD through December '22

Outstanding Health Outcomes - Mortality and Readmissions **Champions: Sandy Volchko**

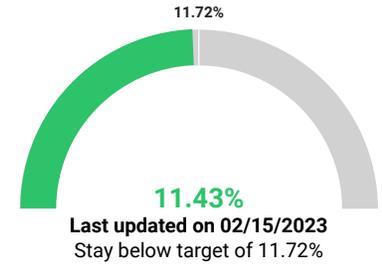
Hospital Readmissions % AMI (CMS data - FYTD) ...



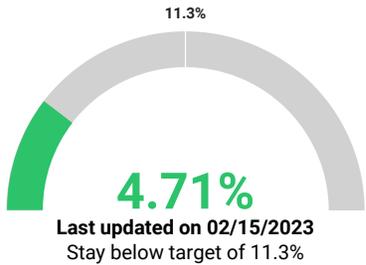
Hospital Readmissions % COPD (CMS data - FYTD) ...



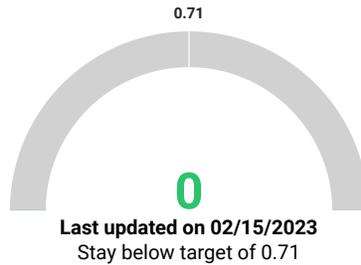
Hospital Readmissions % HF (CMS data - FYTD) ...



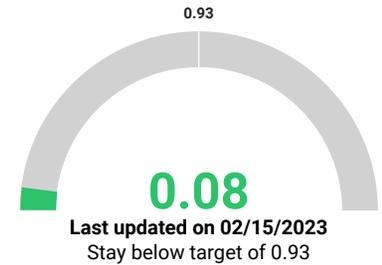
Hospital Readmissions % PN Viral/Bacterial (CM... ...



Decrease Mortality Rates AMI FYTD ...



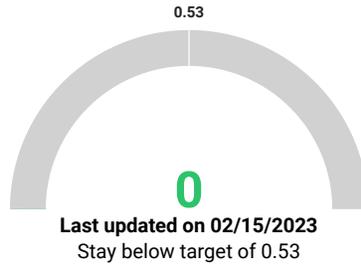
Decrease Mortality Rates COPD FYTD ...



Decrease Mortality Rates HF FYTD ...



Decrease Mortality Rates PN Bacterial FYTD ...



Decrease Mortality Rates PN Viral FYTD ...



Outstanding Health Outcomes - Team Round Implementation

Champions: Dr. Lori Winston and Emma Mozier

Problem / Goals & Objectives

Problem Statement:

Lack of clear communication between care providers create suboptimal work environment and can lead to increased length of stay, readmissions, and untoward patient health outcomes.

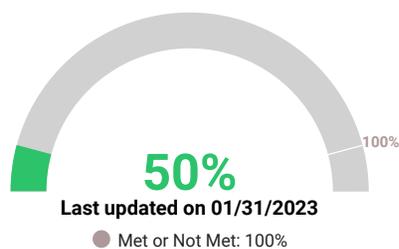
Goals and Objectives:

To design and pilot team rounds to improve work environment, patient care and outcomes by enhancing coordination of care, communication, and culture among the health care team.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.4.1	Multidisciplinary rounding	07/01/2022	06/30/2023	Lori Winston	On Track	Dr. Said will be rounding with doctors to ensure team rounds is running as planned.
5.4.2	Explore the opportunity to develop as a Quality Improvement project to measure metrics for the unit including patient satisfaction, length of stay, adverse events, etc	07/01/2022	06/30/2023	Lori Winston	Achieved	A dashboard has been developed.
5.4.3	Develop brief documentation of the daily event	07/01/2022	06/30/2023	Lori Winston	Achieved	A Team Rounds checklist has been developed.
5.4.4	Identify expansion plan to more patient care units and physician groups	07/01/2022	06/30/2023	Lori Winston	Achieved	Expansion plan in place. Will roll out implementation with ACTS team.
5.4.5	Roll out to Primary Care physician groups and Acute Care Trauma and Surgical Services (ACTSS) on med surge units.	07/01/2022	06/30/2023	Lori Winston	On Track	ACTS roll out pending. Patient distribution data is being developed to identify the specialties on floors. Data will help determine the volume between hospitalist vs ACTS on 3N, and then will decide when the begin the next phase.

Roll out to Primary Care physician groups and Acute Care Trauma and Surgical Services (ACTSS) on med surge... ⋮



Outstanding Health Outcomes - Quality Improvement Program (QIP) Reporting

Champions: Sonia Duran-Aguilar

Problem / Goals & Objectives

Problem Statement:

DHCS and CMS have removed allowances for manual data extraction and reporting for the Quality Incentive Pool (QIP) Program. Kaweah Health needs to improve capture of quality data codes to aid in achieving QIP performance.

Goals and Objectives:

Quality Incentive Pool (QIP): achieve > 50th percentile across all 20 quality measures for Kaweah Health eligible patients.

Plan

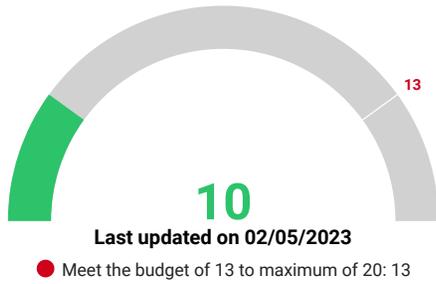
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.5.1	Create Population Health Quality Data Coder Team	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Achieved	Population Health Quality Data Coders (2FTEs) added to team September. By October 2022, Pop Health Data Coding team was conducting 100% provider note chart review for SHWC and 5 RHCs and adding quality data codes tied to QIP measures. These efforts will push performance in the right direction. Health Plans (Anthem BC and HealthNet) have confirmed they are receiving codes.
5.5.2	Identify Key Stakeholders for Quality Improvement Documentation & Coding Workgroup	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Achieved	Quality data codes continue to be added to claims and are successfully getting to the MCPs and impacting HEDIS performance. These activities have not resulted in an increase in denials. Will continue to monitor.
5.5.3	Prioritize QDCs required for 20 QIP measures	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Achieved	
5.5.4	Collaborate with CDI to educate MD/APP re: documentation requirements	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Canceled	Outpatient CDI department resources reduced. Pop Health team to collaborate with clinic ops leadership to identify optimal education plan. During Calendar Year Outpatient CDI provided education to providers on 3 QIP measures.
5.5.5	Collaborate with HIM, Revenue Integrity, ISS to increase QDC capture	01/01/2022	12/31/2022	Sonia Duran-Aguilar	Achieved	QDC are being added by Population Health Quality Data Coders with expansion of additional codes in 2023. Ongoing work with HIM, Revenue Integrity and ISS to ensure that capture is reflected in reporting and denials do not increase.
5.5.6	Completion of HealtheAnalytics Fall Out Worklists for 20 QIP Measures	01/01/2022	12/31/2022	Sonia Duran-Aguilar	On Track	18 QIP HABO Worklists have been completed 4 worklists pending completion 1 cancelled 0 not started Due date pushed out to 6/30/2023 as DHCS PY 5 reporting takes priority
5.5.7	Completion of QIP HealtheAnalytics Performance Dashboards	01/01/2022	12/31/2022	Sonia Duran-Aguilar	On Track	Advance Directive HealtheAnalytics Dashboard completed.
5.5.8	Meet 13 of 20 QIP measure performance - PY5	01/01/2022	12/31/2022	Sonia Duran-Aguilar	On Track	Cozeva Performance Dashboard (proxy) shows performance of 5 measures by end of December 2022. Cerner HealtheAnalytics Dashboard shows Advance Directive Measure met for 2022. Caveat -population is not strictly QIP assigned population and therefore true performance per QIP manual for DHCS submission may be slightly higher or lower.

Outstanding Health Outcomes - Quality Improvement Program (QIP) Reporting

Champions: Sonia Duran-Aguilar

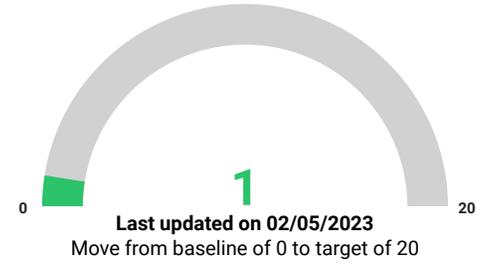
Meet 13 of 20 QIP Performance Measures - PY5

...



Completion of QIP HealtheAnalytics Performance Dashboards

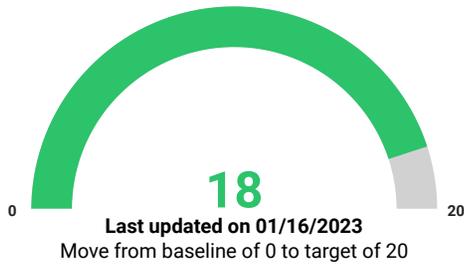
...



Showing data for: Jul 1, 2022 – Jun 30, 2023

Completion of HealtheAnalytics Fall Out Worklists for 20 QIP Measures

...



Showing data for: Jul 1, 2022 – Jun 30, 2023

Outstanding Health Outcomes - HUMANA Medicare Advantage (MA)

Champions: Ryan Gates

Problem / Goals & Objectives

Problem Statement:

Kaweah Health needs to manage over 1,500 HUMANA Medicare Advantage (MA) assigned lives in the Rural Health Clinics and maintain a 4 STAR Medicare Advantage Rating.

Goals and Objectives:

Improve annual assessment of Hierarchical Chronic Conditions (HCCs) and closing quality gaps to maintain a 4 STAR Medicare Advantage Rating.

Complete $\geq 80\%$ HCC reassessment/PAF visit completion rate for HUMANA MA Lives assigned to Kaweah Health Rural Health Clinics, SHWC and KHMG.

Plan

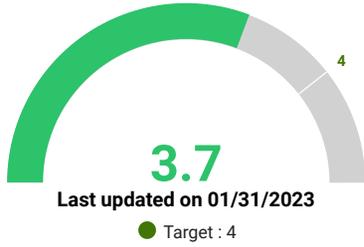
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.6.1	Improve annual assessment of Hierarchical Chronic Conditions (HCCs) and closing quality gaps through:	07/01/2022	06/30/2023	Sonia Duran-Aguilar	On Track	Kaweah Health RHCs + SHWC HCC Coded 0.734.
5.6.2	Medicare Advantage STAR Rating for RHC and SHWC	07/01/2022	06/30/2023	Sonia Duran-Aguilar	On Track	STAR Score rounds up to 4 STARS
5.6.3	% PAF Completion in RHC and SHWC	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Off Track	100 more PAFs were completed from 2021 to 2022, however patient population grew thus diluting PAF % performance for 2022.
5.6.4	% HCC Reassessment in RHC and SHWC	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Off Track	
5.6.5	Medicare Advantage STAR Rating for Humana lives - KHMG	07/01/2022	06/30/2023	Sonia Duran-Aguilar	On Track	Gaps dropped from 7710 to 7583 Stars remain at 4.0 HCC improved from 0.568 to 0.586 Coded RAF improved from 0.932 to 0.952 Patients slightly increased from 2456 to 2462
5.6.6	% PAF Completion in KHMG	07/01/2022	06/30/2023	Sonia Duran-Aguilar	At Risk	Gaps dropped from 7710 to 7583 Stars remain at 4.0 HCC improved from 0.568 to 0.586 Coded RAF improved from 0.932 to 0.952 Patients slightly increased from 2456 to 2462
5.6.7	% HCC Reassessment in KHMG	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Off Track	Gaps dropped from 7710 to 7583 Stars remain at 4.0 HCC improved from 0.568 to 0.586 Coded RAF improved from 0.932 to 0.952 Patients slightly increased from 2456 to 2462

Outstanding Health Outcomes - HUMANA Medicare Advantage (MA)

Champions: Ryan Gates

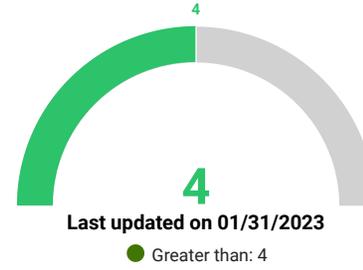
Star Rating RHC and SHWC

...



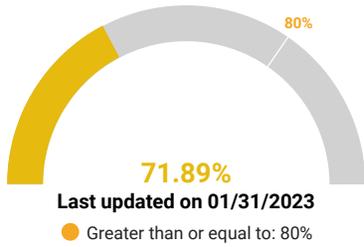
Star Rating KHMG

...



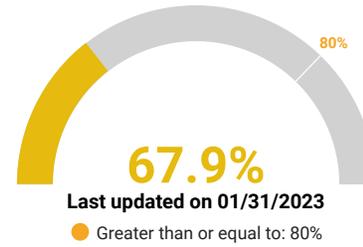
Humana % HCC Reassessment RHCs/SHWC

...



Humana % HCC Reassessment KHMG

...



Outstanding Health Outcomes - Inpatient Diabetes Management

Champions: Keri Noeske and Emma Camarena

Problem / Goals & Objectives

Problem Statement:

Lack of standardized management of inpatient diabetes

Goals and Objectives:

Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.7.1	Review IP Diabetes Management data (AMION)	07/01/2022	06/30/2023	Sonia Duran-Aguilar	On Track	Ongoing evaluation of the data to determine if a diabetes management team is needed to manage the patients.
5.7.2	Identify IP metrics	07/01/2022	06/30/2023	Sonia Duran-Aguilar	On Track	Received guidance from Research Dept on how to utilize information collected. Meeting is scheduled with the Pharmacy team to discuss process for introducing a new service line.
5.7.3	Identify benchmarks for Time to Target	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Achieved	No established benchmark
5.7.4	Identify benchmarks Hypoglycemic Events	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Achieved	Using SHM Benchmarks. Noncritical Care: 3.9% patient days less than 70mg/dL. Critical Care: 4.3% patient days less than 70mg/dL.
5.7.5	Monitor ongoing LOS data to explore potential impact of IP DM Management team on DM LOS	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Canceled	Not trackable. Removed from the Plan in October
5.7.6	Improve Time to Target	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Canceled	Removed from the Plan in October
5.7.7	Reduce Hypoglycemic events	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Canceled	Removed from the Plan in October
5.7.8	Validate Cost Savings	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Not Started	Will assess in CY2023 if there is bandwidth for the operational and finance teams to review the potential cost savings. Currently, no impact to quality outcomes or work at this time.
5.7.9	Identify key responsibilities of DM team	07/01/2022	06/30/2023	Sonia Duran-Aguilar	Achieved	<ul style="list-style-type: none"> • Provide daily focus on the development and maintenance of the Diabetes Care Model in partnership with key stakeholders • Review and monitor metrics using KH length of Stay data, Glucometrics and Society of Hospital Medicine (SHM) benchmarks • The Advance Nursing Practice Team partners with GME leadership and medical staff to foster collaboration and improvement • Respond to needs of nursing and medical staff with goals to Improve knowledge and skillset of nursing, pharmacist and medical staff through education, training, consultative services. • Inpatient Glycemic Management team (APN and Endocrinologist) <ul style="list-style-type: none"> o Help to optimize difficult to manage patients (i.e. Renal, recurrent hypoglycemia, insulin resistant, hyperglycemia >300, poor nutritional status) o Reduce rates of inpatient hypoglycemia/hyperglycemia to or below SHM benchmark o Reduce preventable readmissions of high-risk patients with diabetes o Partner with key stakeholders to improve perioperative glycemic management o Conduct clinical case review for outlier cases



FY 2023 Strategic Plan

Organizational Efficiency &
Effectiveness

February 22, 2023



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

Organization Efficiency and Effectiveness - Patient Throughput and Length of Stay Champions: Rebekah Foster, Throughput Steering Committee

Problem / Goals & Objectives

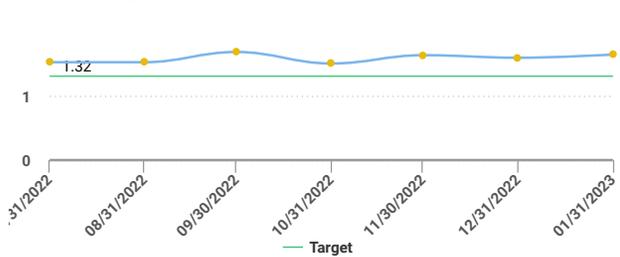
Problem Statement: Kaweah Health needs to improve length of stay metrics throughout Inpatient areas, the Emergency Department and for Observation patients.

Goals and Objectives: With focused efforts of the Throughput initiative teams, reduce Inpatient observed to expected length of stay of 1.32, reduce average length of stay in the Emergency Department to 612 minutes, and reduce average length of stay for observation patients to 37.9 hours.

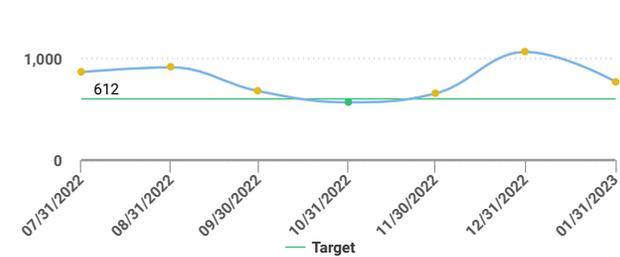
Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1	Using the various committees established through the work of Kaweah Health and the Chartis Group, focus work efforts on initiatives and actions to improve throughput and length of stay.				Off Track	
4.1.1.1	Inpatient Observed to Expected Length of Stay	07/01/2022	06/30/2023	Rebekah Foster	Off Track	Saw another 22 long stay patients discharged in January, one with a LOS of over 408 days.
4.1.1.2	Emergency Department (IP) Average Length of Stay	07/01/2022	06/30/2023	Rebekah Foster	Off Track	ED LOS is trending down. Fewer admit holds in the ED throughout the month of January.
4.1.1.3	Observation Patient Average Length of Stay	07/01/2022	06/30/2023	Rebekah Foster	At Risk	Trending down from December. But still working with physicians to discharge patients in observation status in a timely manner

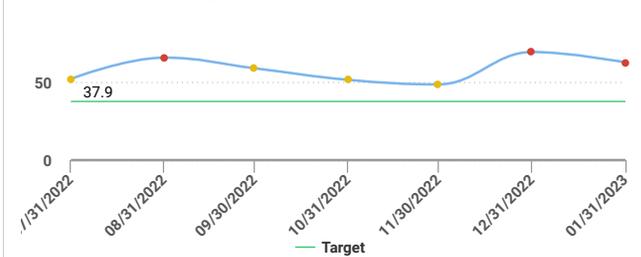
IP O:E Length of Stay In Days (lower better)



ED (IP) Length of Stay in Minutes (lower better)



Observation Length of Stay In Hours (lower better)



Organization Efficiency and Effectiveness - Operating Room Efficiency/Capacity

Champions: Jag Bath and Christine Aleman

Problem / Goal & Objectives

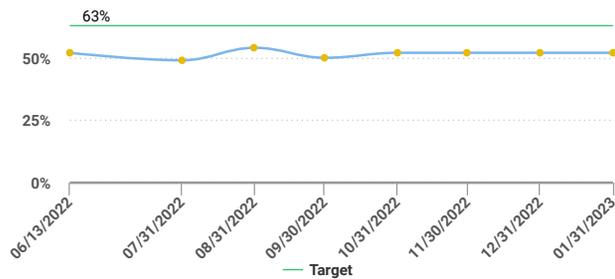
Problem Statement: Kaweah Health needs to improve Operating Room efficiency, build capacity and increase utilization to meet surgery volume demands.

Goals and Objectives: Through the work of the OR Solutions and Governance Committees, improve overall OR utilization to 63%, improve OR block utilization to 55%, reduce daily first case delay minutes to 25.11 per day, and reduce physician wait time between cases to 73 minutes.

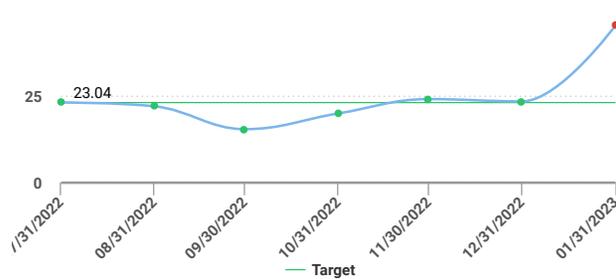
Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1	Overall OR Utilization	07/01/2022	06/30/2023	Christine Aleman	Off Track	This data reflects performance in November 2022. Efforts are underway to obtain data for December 2022 and January 2023.
4.2.2	OR Block Utilization	07/01/2022	06/30/2023	Christine Aleman	Off Track	This data reflects performance in November 2022. Efforts are underway to obtain data for December 2022 and January 2023.
4.2.3	Daily First Case Delays	07/01/2022	06/30/2023	Christine Aleman	At Risk	Continue with transparency with first case delays. Individual follow-up with surgeons who are consistently delayed.
4.2.4	Reduce physician wait time	07/01/2022	06/30/2023	Christine Aleman	On Track	Collaborate with surgeons, anesthesia and staff to identify root causes of surgeon wait time. Identified issues are addressed on a daily basis.

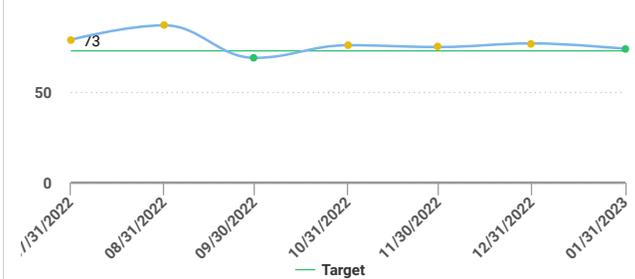
Overall OR Utilization (higher better)



First Case Delays in Minutes (lower better)



Wait Time Between Cases -Minutes (lower better)



Organization Efficiency and Effectiveness - Supply Management and Standardization Champion: Steve Bajari, Back in Black Workgroups

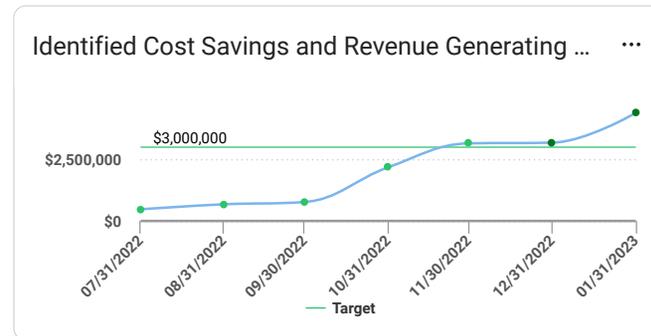
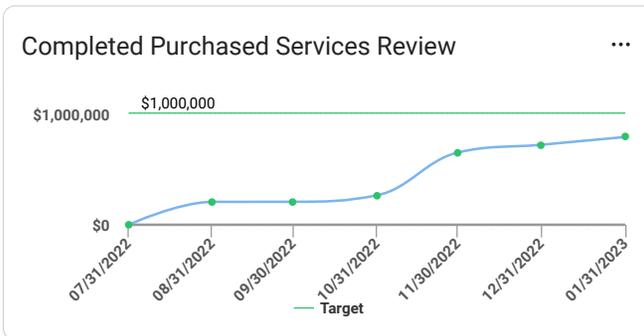
Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to develop and implement processes to identify and implement revenue and cost saving opportunities across the organization.

Goals and Objectives: To complete a focused purchases services review and identify \$1,000,000 in cost savings. Implement work groups to identify and realize cost saving and revenue generating opportunities for a net savings/increase in revenue of \$4,000,000.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.1	Completed Purchased Services Review	07/01/2022	06/30/2023	Steve Bajari	On Track	18 projects completed through January.
4.3.2	Identified Cost Savings and Revenue Generating Opportunities	07/01/2022	06/30/2023	Steve Bajari	Achieved	70 projects completed through January. This equates to \$5,933,145 of annualized savings. We currently have another \$450,000 of annual savings that will be completed in Feb/Mar.



Throughput Steering Committee



kaweahhealth.org



Leading Performance Metrics – Inpatient & Observation

Metric	Patient Type	Definition	Goal	Jan - Nov '21 Baseline (Monthly Average or Median)	Discharge Date				
					9/1/2022				1/31/2023
Observation Average Length of Stay (Obs ALOS) <i>(Lower is better)</i>	Overall	Average length of stay (hours) for observation patients	37.9	44.01	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
					58.69	51.44	48.38	69.40	62.58
Inpatient Average Length of Stay (IP ALOS) <i>(Lower is better)</i>	Non-COVID		N/A	5.62	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
	COVID	Average length of stay (hours) for inpatient discharges	N/A	10.63	6.47	5.73	6.09	5.89	6.04
	Overall		5.64	6.31	10.38	13.50	7.94	11.74	11.58
					6.72	5.95	6.17	6.35	6.48
Inpatient Observed-to-Expected Length of Stay <i>(Lower is better)</i>	Overall	Observed LOS / geometric mean length of stay for inpatient discharges	1.32	1.48	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
					1.69	1.51	1.64	1.60	1.65
% of Discharges Before 12 PM <i>(Higher is better)</i>	Overall	% of Inpatient & Observation discharged before 12 PM	35%	11.5%	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
					14.6%	14.0%	10.5%	11.7%	11.3%
Discharges	Inpatient-Non-COVID	Count of non-COVID IP discharges	N/A	1,264	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
	Inpatient-COVID	Count of COVID IP discharges	N/A	197	1,097	1,165	1,138	1,185	1,129
	Observation	Count of observation discharges	N/A	307	76	34	49	102	97
					Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
					380	394	361	340	381

*O/E LOS to be updated to include cases with missing DRG when available

Leading Performance Metrics – Emergency Department

Metric	Patient Type	Definition	Goal	Jan - Nov '21 Baseline (Monthly Average or Median)	Check In Date and Time				
					9/1/2022 12:00:00 AM				1/31/2023 11:59:59 PM
ED Boarding Time <i>(Lower is better)</i>	Observation	Count of observation discharges	259	304	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
					274	184	236	607	331
	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	287	338	263	277	368	624	460
	Overall	Median time (minutes) for admission order written to check out for inpatients and observation patients	286	336	274	190	240	610	335
ED Admit Hold Volume <i>(Lower is better)</i>	Overall >4 Hours	Count of patients (volume) with ED boarding time \geq 4 hours	N/A	640	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
					550	407	519	824	636
ED Average Length of Stay (ED ALOS) <i>(Lower is better)</i>	Discharged	Median ED length of stay (minutes) for discharged patients	214	268	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
					260	270	271	273	272
	Inpatients	Median ED length of stay (minutes) for admitted inpatients	612	720	677	568	655	1,060	770
	Observation	Median ED length of stay (minutes) for observation patients	577	679	759	624	686	1,199	880
Overall	Median ED length of stay (minutes) for admitted and discharged patients	N/A	347	317	329	333	358	343	
ED Visits	Discharged	Count of ED visits for discharged patients	N/A	3,998	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
					4,502	4,549	4,454	4,269	4,541
	Inpatient	Count of ED Visits for admitted patients	N/A	1,216	1,036	1,064	1,097	1,149	1,112
	Observation	Count of ED Visits for observation patients	N/A	380	378	400	367	359	401
Overall	Count of ED visits	N/A	5,594	5,916	6,013	5,918	5,777	6,054	

*O/E LOS to be updated to include cases with missing DRG when available

Source: Encounter Data Excludes: Mother/Baby, Behavioral Health, and Pediatrics

Discharges Before Noon by Nurse Unit

Unit Group	Loc Nurse Unit	Month of Discharge Date												
		Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23
Med/Surg	KHMC 1E Emergency Room ...	17.8%	22.1%	19.1%	20.7%	19.4%	18.5%	23.7%	22.2%	22.8%	15.0%	12.5%	16.2%	15.1%
	KHMC 2N Medical Surgical	7.2%	11.7%	11.6%	12.0%	11.1%	12.4%	14.8%	17.5%	14.8%	19.6%	15.9%	11.4%	13.2%
	KHMC 2S Medical Surgical	12.1%	9.7%	8.8%	8.7%	13.3%	12.2%	13.4%	11.5%	9.2%	12.9%	5.0%	4.8%	4.5%
	KHMC 3N Medical Surgical	9.1%	9.4%	15.7%	12.3%	16.7%	13.1%	13.1%	20.8%	17.2%	15.1%	10.7%	13.6%	10.8%
	KHMC 3S Medical Surgical	10.7%	15.5%	8.1%	9.9%	9.2%	12.2%	10.1%	12.6%	13.4%	11.9%	8.6%	7.6%	12.0%
	KHMC 4N Medical Surgical	8.0%	7.6%	3.1%	7.2%	7.7%	4.3%	8.0%	7.2%	9.6%	9.6%	5.8%	5.2%	7.3%
	KHMC 4S Medical Surgical	4.7%	7.0%	7.1%	6.6%	11.7%	12.2%	8.3%	11.1%	16.5%	9.1%	9.0%	13.8%	12.8%
	KHMC 14 Medical Surgical	6.8%	4.9%	6.2%	10.1%	8.6%	5.0%	6.1%	5.5%	7.0%	8.2%	4.5%	8.7%	7.9%
	KHMC BP Broderick Pavilion	15.5%	20.7%	21.1%	19.0%	25.0%	26.2%	24.2%	30.0%	28.8%	18.9%	21.2%	18.8%	18.7%
	KHMC PE Pediatrics		21.4%	42.9%	50.0%	28.6%	11.1%	15.4%						
ICU	KHMC 3W ICCU	18.9%	35.3%	10.8%	21.4%	20.6%	26.7%	14.3%	15.2%	9.1%	31.4%	17.2%	20.0%	18.2%
	KHMC 15 ICCU	17.5%	9.1%	21.3%	18.9%	8.1%	15.5%	16.2%	13.4%	12.5%	14.8%	9.1%	15.2%	11.8%
	KHMC CV Intensive Care	35.9%	13.2%	10.0%	10.3%	23.1%	8.8%	8.3%	8.3%	17.2%	35.0%	33.3%	13.6%	13.5%
	KHMC IC Intensive Care	24.3%	22.9%	27.3%	29.0%	23.1%	26.3%	22.6%	27.3%	21.4%	8.7%	22.2%	34.6%	18.2%

Discharges Before Noon by Nurse Unit Calendar Year

Unit Group	Loc Nurse Unit	Discharge Date	
		2022	2023
Med/Surg	KHMC 1E Emergency Room Overflow	20.0%	15.1%
	KHMC 2N Medical Surgical	13.4%	13.2%
	KHMC 2S Medical Surgical	9.9%	4.5%
	KHMC 3N Medical Surgical	14.0%	10.8%
	KHMC 3S Medical Surgical	10.7%	12.0%
	KHMC 4N Medical Surgical	6.8%	7.3%
	KHMC 4S Medical Surgical	9.9%	12.8%
	KHMC 14 Medical Surgical	6.9%	7.9%
	KHMC BP Broderick Pavilion	22.7%	18.7%
	KHMC PE Pediatrics	17.7%	
ICU	KHMC 3W ICCU	20.1%	18.2%
	KHMC 15 ICCU	14.2%	11.8%
	KHMC CV Intensive Care	17.5%	13.5%
	KHMC IC Intensive Care	24.4%	18.2%

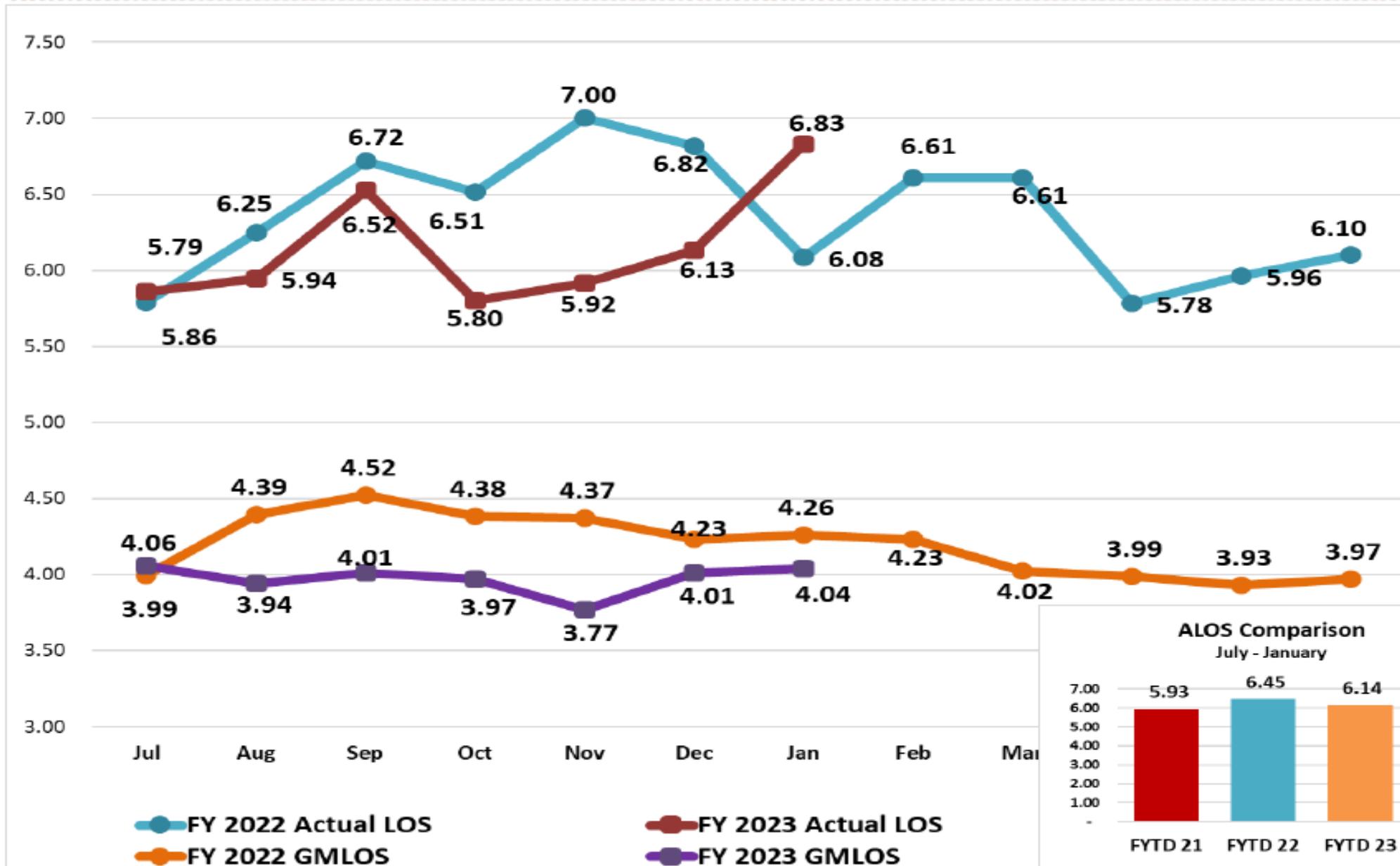
Discharges Before Noon by Month

Month of Disch Dt Tm	Discharge Date	
	2022	2023
January	11.2%	11.0%
February	13.0%	
March	11.5%	
April	11.7%	
May	13.5%	
June	13.0%	
July	13.1%	
August	15.0%	
September	14.4%	
October	13.9%	
November	10.1%	
December	11.1%	

Discharges Before Noon by Calendar Year

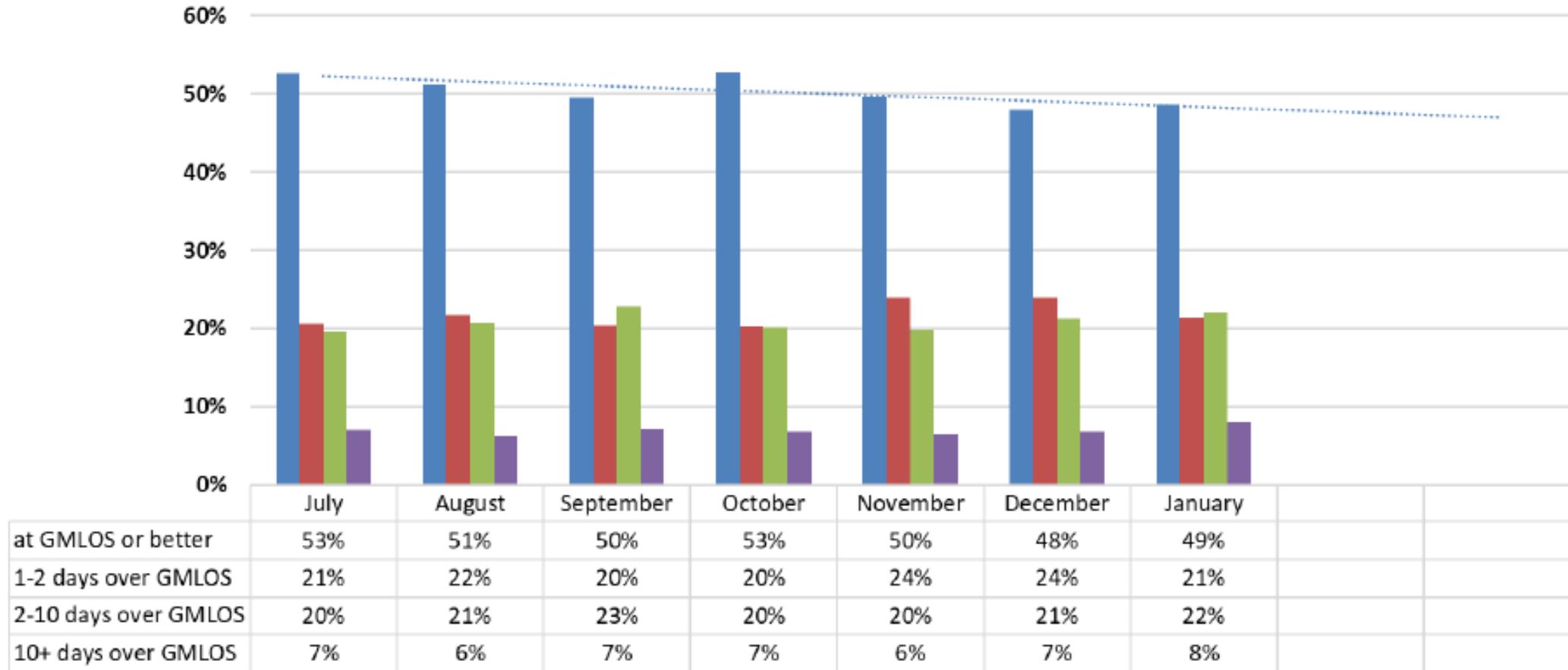
Year of Discharge Date	Discharge Date	
	2022	2023
2022	12.7%	
2023		11.0%

Average Length of Stay versus National Average (GMLOS)



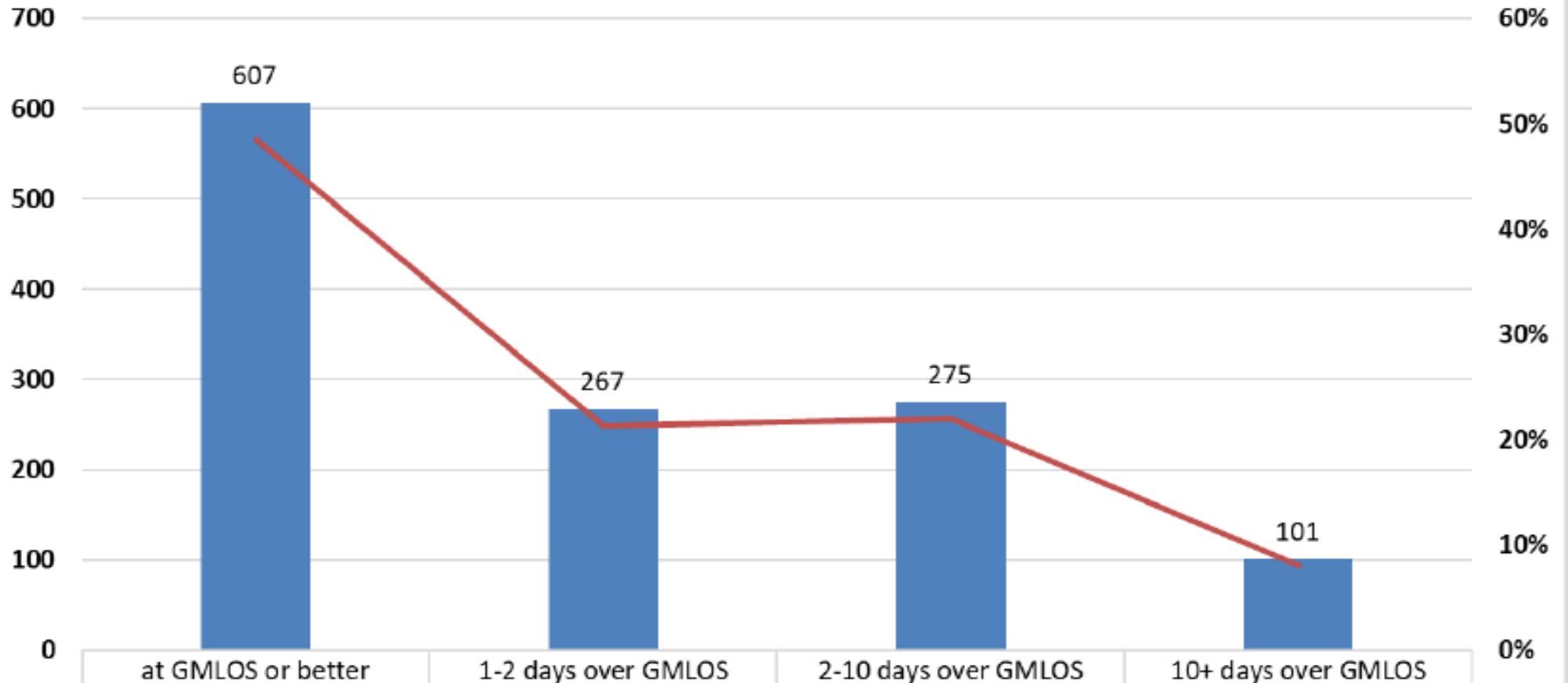
LOS Distribution

FY23 Overall LOS Distribution



LOS Distribution

January FY 2023 Overall LOS Distribution - 1250 Discharges



Patient Throughput Updates – February 2023

Update	Next Steps
<p>Patient Progression: Partnering with community SNF partners to facilitate smoother discharge to facilities. Tracking discharge barriers and interventions. Full staffing for case management team members, increased weekend staffing. Identified cases of patients who admit from home and discharge to SNF, see longer LOS with these patients (10-12 days). Discharge by Noon – not much change – implement discharge lounge.</p>	<p>Patient Progression: Implement a discharge lounge location and staffing to move patients from acute care beds. Case reviews – patients who admitted from home and discharging to SNF – look for opportunities for home with home health discharge. Develop education on identifying right level of discharge care based on case reviews and long stay committee. Review therapy services thresholds for recommending discharge to SNF or Rehab and assess for home with home health opportunities. Better use of anticipated discharge date in team rounds – connect with hospitalist team on expectation for use.</p>
<p>ED to Inpatient Admission Process: Staffing by demand for nursing in place. Capacity manager system allows for closer tracking in one system of patient movement. Handoff principles in place and focus by charge nurses on patient movement when beds assigned.</p>	<p>ED to Inpatient Admission Process: Developing surge plans to move patients to inpatient beds as ready when transport services not available. Using capacity manager data to track bed clean and ready to patient movement to unit for feedback to teams on patient movement. Admission order disposition – move from ED providers to admitting providers. Admission coordination – Medical staff subcommittee working on transition from ED to Inpatient and Consulting providers.</p>
<p>Transfer Center Operations: Transfer back agreements required for transfers in for higher level of care – finalizing forms. High census through respiratory season delayed or limited ability to accept transfers.</p>	<p>Transfer Center Operations: Develop process to identify and track patients who transferred in to discharge back to sending facility when appropriate. Educate specialty groups on higher level of care expectations and accepting patient transfers to our care.</p>
<p>Long Stay Committee: Two meetings weekly – address long stay patients and prevent complex patients from becoming long term. Success with discharges of patients with complex needs in January. Patients discharged with greater than 30 day LOS accounted for 1.2 day gap in LOS.</p>	<p>Long Stay Committee: Refine weekly format for meetings for efficiencies. Bring education and opportunities learned to case management team for application in future cases. Developing a tool to track progress and improvements in handling long stay cases.</p>
<p>Patient Placement: Phase 1 of patient placement matrix in place. Monitoring impact, ISS developing reports for analytics.</p>	<p>Patient Placement: Review in six months for appropriateness and adjustments as needed based on patient demands. Implement phase 2 – place patients by provider group or service line.</p>
<p>Observation Program: LOS has increased – need focused efforts on Observation program goals. 2South moved to observation unit, still educating and adapting to patient care changes. Radiology changes in prioritization of observation patients for tests and procedures.</p>	<p>Observation Program: New data report available to break down patient types. Working to develop clinical data report on LOS opportunities in orders and procedures. Engaging medical staff in creating nurse driven protocols. Review observation program structure with medical staff leaders to create more efficiencies in care – determine how to intervene in opportunities as identified.</p>

Kaweah Delta Health Care District Bylaws

Article I The District and Its Mission

- Section 1** Kaweah Delta Health Care District dba Kaweah Health is a community venture, operating under the authority granted through the California Health and Safety Code as a health care district. The purpose of the District is to provide quality health care within defined areas of expertise. It is the intent of the District that no person shall be denied emergency admission or emergency treatment based upon ability to pay. It is further the intent of the District that no person shall be denied admission or treatment based upon race, color, national origin, ethnic, economic, religious or age status or on the basis of sexual preference. The medical welfare of the community and its particular health needs will be fulfilled to the capacity of the District's financial limitations.
- Section 2** Kaweah Delta Health Care District operates under the authority of California Code for a health care district. {California Health & Safety Code – Division 23 – Hospital Districts – Sections 32000-32492} As such, Kaweah Delta Health Care District is publicly owned and operates as a non-profit entity.
- Section 3** As permitted by law, the District may, by resolution of the Board, conduct any election by all-mailed ballots pursuant to Division 4 (commencing with Section 4,000) of the California Elections Code.
- Section 4** The Mission of Kaweah Delta Health Care District is; Health is our passion. Excellence is our focus. Compassion is our promise.
- Section 5** The Vision of Kaweah Delta Health Care District is: To be your world-class healthcare choice, for life.
- Section 6** The Pillars of Kaweah Delta Health Care District are:
1. Achieve outstanding community health
 2. Deliver excellent service
 3. Provide an ideal work environment
 4. Empower through education
 5. Maintain financial strength
- Section 7** The mission, vision, and pillars of the District support the safety and quality of care, treatment, and service. {Joint Commission Standard LD.02.01.01}
- Section 8** The Code of Conduct of Kaweah Delta Health Care District is a commitment to ethical and legal business practices, integrity, accountability, and excellence. The Code is a founding document of the Compliance Program, developed to express Kaweah Health's understanding and obligation to comply with all applicable laws and regulations. {Joint Commission Standard LD.04.01.01}

Article II The Governing Body

Section 1 The Governing Body of the Kaweah Delta Health Care District is a Board of Directors constituted by the five (5) publicly elected directors, who are elected by zone, each for four (4) year terms, with two (2) being elected on staggered terms and three (3) being elected two (2) years later on staggered terms. {Health and Safety Code 32100} The election of the directors is to conform with the applicable California Code. {Government Code 1780} This publicly elected Governing Body is responsible for the safety and quality of care, treatment, and services, establishes policy, promotes performance improvement, and provides for organizational management and planning {Joint Commission Standard LD.1.10}:-

Section 2 The Governing Body, in accordance with applicable California Code, adopts the Bylaws of the organization.

Section 3 The principal office of Kaweah Delta Health Care District is located at Kaweah Health Medical Center - Acequia Wing, Executive Offices, 400 West Mineral King Avenue, Visalia, CA 93291. Correspondence to the Board should be addressed to the Board of Directors at this address. Kaweah Health also maintains a Web site at www.kaweahhealth.org. All noticed meeting agendas and supporting materials for Board meetings and Board committee meetings can be obtained at www.kaweahhealth.org/About-Us/Board-of-Directors.

Section 4 The duties and the responsibilities of the Governing Body are:

PRIMARY RESPONSIBILITY - This Board's primary responsibility is to develop and follow the organization's mission statement, which leads to the development of specific policies in the four key areas of:

- A. Quality Performance
- B. Financial Performance
- C. Planning Performance
- D. Management Performance

The Board accomplishes the above by adopting specific outcome targets to measure the organization's performance. To accomplish this, the Board must:

- 1) Establish policy guidelines and criteria for implementation of the mission. The Board also reviews the mission statements of any subsidiary units to ensure that they are consistent with the overall mission.
- 2) Evaluate proposals brought to the Board to ensure that they are consistent with the mission statement. Monitor programs and activities of the hospital and subsidiaries to ensure mission consistency.
- 3) Periodically review, discuss, and if necessary, amend the mission statement to ensure its relevance.

- A. **QUALITY PERFORMANCE RESPONSIBILITIES** - This Board has the final moral, legal, and regulatory responsibility for everything that goes on in the organization, including the quality of services provided by all individuals who perform their duties in the organization's facilities or under Board sponsorship. To exercise this quality oversight responsibility, the Board must:
- 1) Understand and accept responsibility for the actions of all physicians, nurses, and other individuals who perform their duties in the organization's facilities.
 - 2) Review and carefully discuss quality reports that provide comparative statistical data about services, and set measurable policy targets to ensure continual improvement in quality performance.
 - 3) Carefully review recommendations of the Medical Staff regarding new physicians who wish to practice in the organization and be familiar with the termination and fair hearing policies.
 - 4) Reappoint individuals to the Medical Staff using comparative outcome data to evaluate how they have performed since their last appointment.
 - 5) Appoint physicians to governing body committees and seek physician participation in the governance process to assist the Board in its patient quality-assessment responsibilities.
 - 6) Fully understand the Board's responsibilities and relationships with the Medical Staff and maintain effective mechanisms for communicating with them.
 - 7) Regularly receive and discuss malpractice data reflecting the organization's experience and the experience of individual physicians who have been appointed to the Medical Staff.
 - 8) Adopt a Performance Improvement Plan and Risk Management Plan for the District and provide for resources and support systems to ensure that the plans can be carried out.
 - 9) Regularly receive and discuss data about the Medical Staff to assure that future staffing will be adequate in terms of ages, numbers, specialties, and other demographic characteristics.
 - 10) Ensure that management reviews and assesses the attitudes and opinions of those who work in the organization to identify strengths, weaknesses, and opportunities for improvement.
 - 11) Monitor programs and services to ensure that they comply with policies and standards relating to quality.
 - 12) Take corrective action when appropriate and necessary to improve quality performance.
- B. **FINANCIAL PERFORMANCE RESPONSIBILITIES** - This Board has the ultimate responsibility for the financial soundness of the organization. To accomplish this the Board must:

- 1) Annually review and approve the overall financial plans, budgets {Joint Commission Standard LD.04.01.03}, and policies for implementation of those plans and budgets on a short and long-term basis. The plan must include and identify in detail the objective of, and the anticipated sources of financing for each anticipated capital expenditure:
 - 2) Approve an annual audited financial statement prepared by a major accounting firm and presented directly to the Board of Directors.
 - 3) Approve any specific expenditure in excess of \$75,000, which is not included in the annual budget.
 - 4) Approve financial policies, plans, programs, and standards to ensure preservation and enhancement of the organization's assets and resources.
 - 5) Monitor actual performance against budget projections and review and adopt ethical financial policies and guidelines.
 - 6) Review major capital plans proposed for the organization and its subsidiaries.
- C. PLANNING PERFORMANCE RESPONSIBILITIES - The Board has the final responsibility for determining the future directions that the organization will take to meet the community's health needs. To fulfill this responsibility, the Board must:
- 1) Review and approve a comprehensive strategic plan and supportive policy statements.
 - 2) Develop long term capital expenditure plans as a part of its long range strategic planning.
 - 3) Determine whether or not the strategic plan is consistent with the mission statement.
 - 4) Assess the extent to which plans meet the strategic goals and objectives that have been previously approved.
 - 5) Periodically review, discuss, and amend the strategic plan to ensure its relevance for the community.
 - 6) Regularly review progress towards meeting goals in the plan to assess the degree to which the organization is meeting its mission.
 - 7) Annually meet with the leaders of the Medical Staff to review and analyze the health care services provided by Kaweah Health and to discuss long range planning for Kaweah Health.
- D. MANAGEMENT PERFORMANCE RESPONSIBILITIES - The Board is the final authority regarding oversight of management performance by our Chief Executive Officer. To exercise this authority, the Board must:
- 1) Oversee the recruitment, employment, and regular evaluations of the performance of the Chief Executive Officer.
 - 2) Evaluate the performance of the CEO annually using goals and objectives agreed upon with the CEO at the beginning of the evaluation cycle.

- 3) Communicate regularly with the CEO regarding goals, expectations, and concerns.
 - 4) Periodically survey CEO at comparable organizations to assure the reasonableness and competitiveness of our compensation package.
 - 5) Periodically review management succession plans to ensure leadership continuity.
 - 6) Ensure the establishment of specific performance policies which provide the CEO with a clear understanding of what the Board expects, and ensure the update of these policies based on changing conditions.
- E. The Board is also responsible for managing its own governance affairs in an efficient and successful way. To fulfill this responsibility, the Board must:
- 1) Members of the governing body are elected by the public and, accordingly, are judged on their individual performance by the electorate.
 - 2) Maintain written conflict-of-interest policies that include guidelines for the resolution of existing or apparent conflicts of interest. {Board of Directors policy BOD.05 – Conflict of Interest}
 - 3) Participate both as a Board and individually in orientation programs and continuing education programs both within the organization and externally. As such, the District shall reimburse reasonable expenses for both in-state and out-of-state travel for such educational purposes. {Board Of Directors policy BOD.06 – Board Reimbursement for Travel and Service Clubs} {Health and Safety Code 32103}
 - 4) Periodically review Board structure to assess appropriateness of size, diversity, committees, tenure, and turnover of officers and chairpersons.
 - 5) Assure that each Board member understands and agrees to maintain confidentiality with regard to information discussed by the Board and its committees.
 - 6) Assure that each Board member understands and agrees to adhere to the Brown Act ensuring that Board actions be taken openly, as required, and that deliberations be conducted openly, as required.
 - 7) Adopt, amend, and, if necessary, repeal the articles and bylaws of the organization.
 - 8) Maintain an up-to-date Board policy manual, which includes specific policies covering oversight responsibilities in the area of quality performance, financial performance, strategic planning performance, and management performance.
 - 9) Review Kaweah Health’s Mission, Vision & Pillar statements every two years.

Section 5 The Board of Directors of the Kaweah Delta Health Care District shall hold regular meetings at a meeting place within the jurisdiction of the Kaweah Delta Health Care District on the fourth Wednesday of each month, as determined by the Board of Directors each month. {Health and Safety Code 32104}

The Board of Directors of the Kaweah Delta Health Care District may hold a special meeting of the Board of Directors as called by the President of the Board or in his/her absence the Vice President. In the absence of these officers of the Board a special meeting may be called by a majority of the members of the Board. A special meeting requires a 24-hour notice before the time of the meeting. {Government Code 54956}

Meetings of the Board of Directors shall be noticed and held in compliance with the applicable California Code for Health Care Districts. {The Ralph M. Brown Act - Government Code 54950}

Sections 32100.2 and 32106 of the Health and Safety Code of the State of California, as amended, indicate the attendance and quorum requirements for members of the Board of Directors of any health care district in the State of California. For general business the Board may operate under the rules of a small committee, however, upon the request of any member of the Governing Body immediate implementation of the Standard Code of Parliamentary Procedure (Roberts Rules of Order) shall be adopted for the procedure of that meeting.

Section 6 The President of the Board of Directors shall appoint the committees of the Board and shall appoint the Chairperson and designate the term of office in a consistent and systematic approach. All committees of the Governing Body shall have no more than two (2) members of the Governing Body upon the committee and both Board members shall be present prior to the Board committee meeting being called to order. All committees of the Governing Body shall serve as extensions of the Governing Body and report back to the Governing Body for action.

The President of the Board of Directors may appoint, with concurrence of the Board of Directors, any special committees needed to perform special tasks and functions for the District.

Any special committee shall limit its activities to the task for which it was appointed, and shall have no power to act, except as specifically conferred by action of the Board of Directors.

The Chief of Staff shall be notified and shall facilitate Medical Staff participation in any Governing Board Committee that deliberates the discharge of Medical Staff responsibility.

The standing committees of the Governing Body are:

A. Academic Development

The members of this committee shall consist of two (2) Board members, Chief Executive Officer (CEO), Director of Graduate Medical Education,

Director of Pharmacy, and any other members designated by the Board President.

This committee will provide Board direction and leadership for the Graduate Medical Education Program, the Pharmacy Residency Program, and achievement of Kaweah Health's foundational Pillar "Empower through Education".

B. Audit and Compliance

The members of this committee shall consist of two (2) Board members (Board President or Secretary/Treasurer shall be a standing member of this committee), CEO, Chief Financial Officer (CFO), Chief Compliance and Risk Officer, Internal Audit Manager, Compliance Manager, legal counsel, and any other members designated by the Board President. The Committee will engage an outside auditor, meet with them pre audit and post audit, and review the audit log of the Internal Audit Manager. The Committee will examine and report on the manner in which management ensures and monitors the adequacy of the nature, extent and effectiveness of compliance, accounting and internal control systems. The Committee shall oversee the work of those involved in the financial reporting process including the Internal Audit Manager and the outside auditors, to endorse the processes and safeguards employed by each. The Committee will encourage procedures and practices that promote accountability among management, ensuring that it properly develops and adheres to a compliant and sound system of internal controls, that the Internal Audit Manager objectively assesses management's accounting practices and internal controls, and that the outside auditors, through their own review, assess management and the Internal Audit Manager's practices. This committee shall supervise all of the compliance activities of the District, ensuring that Compliance and Internal Audit departments effectively facilitate the prevention, detection and correction of violations of law, regulations, and/or District policies. The Chief Compliance and Risk Officer will review and forward to the full Board a written Quarterly Compliance Report.

This committee, on behalf of the Board of Directors, shall be responsible for overseeing the recruitment, employment, evaluation and dismissal of the Chief Compliance and Risk Officer. These responsibilities shall be performed primarily by the CEO and/or the CEO's designees, but final decisions on such matters shall rest with this committee, acting on behalf of the full Board.

C. Community-Based Planning

The members of this committee shall consist of two (2) Board members {Board President or Secretary/Treasurer shall be a standing member of this committee}, CEO, Chief Strategy Officer, Facilities Planning Director and any other members designated by the Board President as they deem appropriate to the topic(s) being considered: community leaders including but not limited to City leadership, Visalia Unified School District

(VUSD) leadership, College Of the Sequoias leadership, County Board of Supervisors, etc.

The membership of this committee shall meet with other community representatives to develop appropriate mechanisms to provide for efficient implementation of current and future planning of the organization's facilities and services and to achieve mutual goals and objectives.

D. Finance / Property, Services & Acquisitions

The members of this committee shall consist of two (2) Board members - (Board President or Secretary/Treasurer will be a standing member of this committee), CEO, CFO, Chief Strategy Officer, Facilities Planning Director, and any other members designated by the Board President.

This committee will oversee the financial health of the District through careful planning, allocation and management of the District's financial resources and performance. To oversee the construction, improvement, and maintenance of District property as well as the acquisition and sale of property which is essential for the Health Care District to carry out its mission of providing high-quality, customer-oriented, and financially-strong healthcare services.

E. Governance & Legislative Affairs

The members of this committee shall consist of two (2) Board members {Board President or the Board Secretary/Treasurer}, CEO and any other members designated by the Board President. Committee activities will include: reviewing Board committee structure, calendar, bylaws and, planning the bi-annual Board self-evaluation, and monitor conflict of interest. Legislative activities will include: establishing the legislative program scope & direction for the District, annually review appropriation request to be submitted by the District, effectively communicating and maintaining collegial relationships with local, state, and nationally elected officials.

F. Human Resources

The members of this committee shall consist of two (2) Board members, CEO, Chief Human Resources Officer, Chief Nursing Officer (CNO) and any other members designated by the Board President. This committee shall review and approve all personnel policies. This committee shall annually review and recommend changes to the Salary and Benefits Program, the Safety Program and the Workers' Compensation Program. This committee will annually review the workers compensation report, competency report & organizational development report.

G. Information Systems

The members of this committee shall consist of two (2) Board members, CEO, CFO, CNO, Chief Information Officer (CIO), Medical Director of Informatics, and any other members designated by the Board President.

This committee shall supervise the Information Systems projects of the District.

H. Marketing and Community Relations

The members of this committee shall consist of two (2) Board members and CEO, Chief Strategy Officer, Marketing Director, and any other members designated by the Board President.

This committee shall oversee marketing and community relations activities in the District in order to increase the community's awareness of available services and to improve engagement with the population we serve. Additionally, create a brand that builds preference for Kaweah Health in the minds of consumers and creates a public image that instills trust, confidence, and is emblematic of Kaweah Health's mission and our vision to become "world-class". Further develops and fosters a positive perception that will attract the highest caliber of employees and medical staff

I. Patient Experience

The members of this committee shall consist of two (2) Board members and Chief Human Resources Officer, Director of Patient Experience, Director of Emergency Services, and any other members designated by the Board President.

This committee will work with the patient experience team and leadership to develop a patient experience strategy to ensure that patient experiences are meeting the Mission and Vision of Kaweah Health and its foundational Pillar "Deliver excellent service".

J. Quality Council

The members of this committee shall consist of two (2) Board members, CEO or designate, , CNO, Chief Quality Officer (CQO), Chief of the Medical Staff, chair of the Professional Staff Quality Committee (Prostaff), Medical Directors of Quality and Patient Safety, Director of Quality and Patient Safety, Director of Risk Management, and members of the Medical Staff as designated by the Board.

This committee shall review and recommend approval of the annual Quality Improvement (QI) plan and Patient Safety plans to the Board of Directors, determine priorities for improvement, monitor key outcomes related to Quality Focus Team activities, evaluate clinical quality, patient safety, and patient satisfaction, monitor and review risk management activities and outcomes, evaluate the effectiveness of the performance improvement program, foster commitment and collaboration between the District and Medical Staff for continuous improvement, and review all relevant matters related to Quality within the institution, including Performance Improvement, Peer Review, Credentialing/Privileging and Risk Management.

K. Strategic Planning

The members of this committee shall consist of two (2) Board members, CEO, Chief Strategy Officer, other Executive Team members, Medical Staff Officers, Immediate past Chief of Staff along with other members of the Medical Staff as designated by the Board and the CEO.

This committee shall review the budget plan, review the strategic plan and organize objectives, review changes or additions to service lines.

The Strategic Planning Committee will provide oversight and forward to the full Board the following reports:

1. Review of the Strategic Plan Annually
2. Strategic Plan initiatives progress and follow-up bi-monthly to full Board.

L. Independent Committees

The following independent committees may have Board member participation.

1. Cypress Company, LLC
2. Graduate Medical Education Committee (GMEC)
3. Joint Conference
4. Kaweah Health Medical Group
5. Kaweah Health Hospital Foundation
6. Quail Park {All entities}
7. Retirement Plans' Investment Committee
8. Sequoia Integrated Health, LLC
9. Sequoia Surgery Center, LLC
10. Sequoia Regional Cancer Center – Medical & Radiation, LLC
11. Tulare Kings Cancer (TKC) Development, LLC
 - The Board President shall serve as General Manager for TKC Development, LLC.
12. 202 W. Willow – Board of Owners
13. Central Valley Health Care Alliance - JPA

M. Medical Affairs

- 1) A member of the Board, as appointed by the President, shall also serve on the following Medical Staff Committees:
 - a) Joint Conference Committee - This committee shall regularly meet to discuss current issues/concerns with Medical Staff, Board, and Administration.
 - b) Credentials Committee - The Board shall participate in this committee to observe the Medical Staff process.

Section 7 The Governing Body Bylaws:

The Governing Body Bylaws and any changes thereto may be adopted at any regular or special meeting by a legally constituted quorum of the Governing Body. All portions of Governing Body Bylaws must be in compliance with applicable California Code, which is the ruling authority.

Any member of the Governing Body may request a review for possible revision of the Bylaws of the organization.

The Chief Executive Officer and the Governing Body shall review the Bylaws and recommend appropriate changes every year.

Section 8 Members of the Governing Body shall annually sign a job description which outlines the duties and responsibilities of the Governing Body members including but not limited to adherence to the Board conflict of interest policy {Board of Directors policy - BOD5 – Conflict of Interest}, confidentiality, and the Brown Act.

Section 9 Members of the Governing Body are publicly elected. The members of the Governing Body are expected to participate actively in the functions of the Governing Body and its committees and to serve the constituency who elected them. Notwithstanding any other provision of law, the term of any member of the board of directors shall expire if he or she is absent from three consecutive regular meetings, or from three of any five consecutive meetings of the board and the board by resolution declares that a vacancy exists on the board. {Health and Safety Code 32100.2}

Section 10 The Chief Executive Officer shall provide an orientation program to all newly elected members of the Governing Body. {Board of Directors policy – BOD1 – Orientation of a New Board Member} All members of the Board of Directors shall be provided with current copies of the District Bylaws and the Medical Staff Bylaws and any revisions of these Bylaws.

Section 11 All members of the Governing Body shall be provided with a copy of the Bylaws which govern the Board of Directors, a job description for the District Governing Body and the Board President or Individual Board Member as applicable.

Article III Officers of the Board

Section 1 The offices of President, Vice President, and Secretary/Treasurer shall be selected at the first regular meeting in December of a non-election year of the District. To hold the office of President, Vice President, or Secretary/Treasurer, a Board member must have at least one year of service on the Board of Directors. These officers shall hold office for a period of two (2) years or until the successors have been duly elected (or in the case of an unfulfilled term, appointed) and qualified. The officer positions shall be by election of the Board itself.

Section 2 The duties and responsibilities of the Governing Body President are:

- A. Keep the mission of the organization at the forefront and articulates it as the basis for all Board action.
- B. Understand and communicate the roles and functions of the Board, committees, Medical Staff, and management.
- C. Understand and communicate individual Board member, Board leader, and committee chair responsibilities and accountability.

- D. Act as a liaison between the Board, management, and Medical Staff.
- E. Plan agendas.
- F. Preside over the meetings of the Board.
- G. Preside over or attend other Board, Medical Staff, and other organization meetings.
- H. Enforce Board and hospital bylaws, rules, and regulations (such as conflict of interest and confidentiality policies).
- I. Appoint Board committee chairs and members in a consistent and systematic approach.
- J. Act as a liaison between and among other Boards in the healthcare system.
- K. Direct the committees of the Board, ensuring that the committee work plans flow from and support the hospital and Board goals, objectives, and work plans.
- L. Provide orientation for new Board members and arrange continuing education for the Board.
- M. Ensure effective Board self-evaluation.
- N. Build cohesion among the leadership team of the Board President, CEO, and Medical Staff leaders.
- O. Lead the CEO performance objective and evaluation process.

Section 3 The duties and responsibilities of the Governing Body Vice President are:

- A. The Vice President shall act as President in the absence of the President or the Secretary/Treasurer in the absence of the Secretary/Treasurer, and so acting shall have all the responsibility and authority of that position.

Section 4 The Secretary/Treasurer shall act as the Secretary for the Board of Directors of Kaweah Delta Health Care District and in so doing shall:

- A. maintain minutes of all meetings of the Board of Directors;
- B. be responsible for the custody of all records and for maintaining records of the meetings;
- C. be assured that an agenda is prepared for all meetings.

Section 5 The Secretary/Treasurer shall be custodian of all funds of Kaweah Delta Health Care District as well as the health care facilities operated by the District. The Secretary/Treasurer shall assure that administration is using proper accounting systems; that this is a true and accurate accounting of the transactions of the District; that these transactions are recorded and accurate reports are regularly reported to the Board of Directors. The Secretary/Treasurer in conjunction with the Board Audit and Compliance Committee shall see that a major accounting firm provides ongoing overview and scrutiny of the fiscal assets of the District,

and shall further assure that an annual audit is prepared by a major accounting firm and presented directly to the Board of Directors.

Article IV The Medical Staff

Section 1 The Governing Body shall appoint the Medical Staff composed of licensed physicians, surgeons, dentists, podiatrists, clinical psychologists, and all Allied Health Practitioners (including Physician Assistants, Nurse Practitioners and Nurse Midwives) duly licensed by the State of California. {Health and Safety Code of the State of California, Section 32128} The Governing Body, upon consideration of the recommendations of the Medical Staff coming from the Medical Executive Committee, through the Credentials Committee, affirms or denies appointment and privileges to the Medical Staff of Kaweah Delta Health Care District in accordance with the procedure for appointment and reappointment of medical staff as provided by the standards of the Joint Commission on Accreditation of Healthcare Organizations. {Joint Commission Standard MS.01.01.01} The Board of Directors shall reappoint members to the Medical Staff every two (2) years, as set forth in the Medical Staff Bylaws. The Governing Body requires that an organized Medical Staff is established within the District and that the Medical Staff submits their Bylaws, Rules and Regulations and any changes thereto, to the Governing Body for approval.

Section 2 Members of the Medical Staff are eligible to run in public election for membership on the Governing Body in the same manner as other individuals.

Section 3 All public meetings of the Governing Body may be attended by members of the Medical Staff. The Chief of Staff of Kaweah Delta Health Care District shall be notified and invited to each regular monthly meeting of the Governing Body and the Chief of Staff's input shall be solicited with respect to matters affecting the Medical Staff.

Section 4 The Chief of Staff of Kaweah Delta Health Care District shall be invited to all meetings of the Governing Body at which credentialing decisions are made concerning any member of the Medical Staff of Kaweah Health Medical Center or at which quality assurance reports are given concerning the provision of patient care at Kaweah Health Medical Center. Quality assurance reports shall be made to the Board periodically. Credentialing decisions shall be scheduled on an as-needed basis. The Chief of Staff shall be encouraged to advise the Board on the content and the quality of the presentations, and to make recommendations concerning policies and procedures, the improvement of patient care and/or the provision of new services by the District.

Annually, the Governing Body shall meet with leaders of the Medical Staff to review and analyze the health care services provided by the District and to discuss long range planning as noted in Article II, Section 4, Item C7.

Section 5 The District has an organized Medical Staff that is accountable to the Governing Body. {Joint Commission Standard LD.01.05.01} The organized Medical Staff

Executive Committee shall make recommendations directly to the Governing Body for its approval. Such recommendations shall pertain to the following:

- A. the structure of the Medical Staff;
- B. the mechanism used to review credentials and delineate clinical privileges;
- C. individual Medical Staff membership;
- D. specific clinical privileges for each eligible individual;
- E. the organization of the performance improvement activities of the Medical Staff as well as the mechanism used to conduct, evaluate, and revise such activities;
- F. the mechanism by which membership on the Medical Staff may be terminated;
- G. the mechanism for fair hearing procedures.

Section 6 The Governing Body shall act upon recommendations concerning Medical Staff appointments, re-appointments, termination of appointments, and the granting or revision of clinical privileges within 120 days following the regular monthly meeting of the Governing Body at which the recommendations are presented through the Executive Committee of the organized Medical Staff.

Section 7 The Governing Body requires that only a member of the organized Medical Staff with admitting privileges at Kaweah Health Medical Center may admit a patient to Kaweah Health Medical Center and that such individuals may practice only within the scope of the privileges granted by the Governing Body and that each patient's general medical condition is the responsibility of a qualified physician of the Medical Staff.

Section 8 The Governing Body requires that members of the organized Medical Staff and all Allied Health Practitioners (including Physician Assistants, Nurse Practitioners and Nurse Midwives) maintain current professional liability insurance with approved carriers and in the amounts of \$1,000,000/\$3,000,000 (per occurrence / annual aggregate) or such other amounts as may be established by the Governing Body by resolution.

Section 9 The Governing Body holds the Medical Staff responsible for the development, adoption, and annual review of its own Medical Staff Bylaws, Rules and Regulations that are consistent with Kaweah Health policy, applicable codes, and other regulatory requirements. Neither the Medical Staff nor The Governing Body may make unilateral amendments to the Medical Staff Bylaws or the Medical Staff Rules and Regulations.

The Medical Staff Bylaws and the Rules and Regulations adopted by the Medical Staff, and any amendments thereto, are subject to, and effective upon, approval of the Governing Body, such approval not to be unreasonably withheld.

Section 10 The Medical Staff is responsible for establishing the mechanism for the selection of the Medical Staff Officers, Medical Staff Department Chairpersons, and Medical Staff Committee Chairpersons.

This mechanism will be included in the Medical Staff Bylaws.

- Section 11** The Governing Body requires the Medical Staff and the Management to review and revise all department policies and procedures as often as needed. Such policies and procedures must be reviewed at least every three (3) years.
- In adherence with Title 22, {70203} Policies relative to medical service {those preventative, diagnostic and therapeutic measures performed by or at the request of members of the organized medical staff} shall be approved by the governing body as recommended by the Medical Staff.
- In adherence with Title 22, {70213} Nursing Service Policies for patient care shall be developed, maintained and implemented by nursing services; policies which involve the Medical Staff shall be reviewed and approved by the Medical Staff prior to implementation.
- Section 12** Individuals who provide patient care services (other than District staff members), but who are not subject to the Medical Staff privilege delineation process, shall submit their credentials to the Interdisciplinary Practice Committee of the Medical Staff which shall, via the Executive Committee, transmit its recommendations to the Governing Body for approval or disapproval.
- Section 13** The quality of patient care services provided by individuals who are not subject to Medical Staff privilege delineation process, shall be included as a portion of the District's Performance Improvement program.
- Section 14** The Governing Body specifies that under the privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA), the Medical Staff and the District are in an Organized Health Care Arrangement (OHCA). The OHCA is a clinically integrated care setting in which individuals receive health care from more than one provider and the providers hold themselves out to the public as participating in a joint arrangement. The Medical Staff is in an OHCA with the District for care provided at District facilities. This joint arrangement is disclosed to the patients in the Notice of Privacy Practices given to patients when they access care at any of the District's facilities.

Article V Joint Committees

- Section 1** The President of the Governing Body or a member of the Board appointed by the President shall participate, along with the CEO, in the Joint Conference Committee, which is a committee of the Medical Staff. This committee shall serve as a systematic mechanism for communication between members of the Governing Body, Administration, and members of the Medical Staff. Specifically, issues which relate to quality of patient care shall be regularly addressed. Additionally, other matters of communication which are of importance to maintaining a sound working relationship between the Governing Body and the Medical Staff shall be discussed. The minutes, if any, shall be kept by the organized Medical Staff under the direction of its President. The proceedings and records of this committee are protected by Section 1157 of the evidence Code.

Article VI Chief Executive Officer

- Section 1** The Governing Body shall be solely responsible for appointment or dismissal of the Chief Executive Officer. {Board of Directors policy – BOD2 – Chief Executive Officer (CEO) Transition}
- Section 2** The Governing Body shall assure that the Chief Executive Officer is qualified for their responsibilities through education and/or experience. {Board of Directors policy – BOD3 – Chief Executive Officer (CEO) Criteria}
- Section 3** The Chief Executive Officer shall act on behalf of the Governing Body in the overall management of the District.
- Section 4** In the absence of the Chief Executive Officer, an Executive Team member designated by the Chief Executive Officer or by the President of the Governing Body shall assume the responsibilities of this position. The Governing Body retains final authority to name the person to act during the absence or incapacity of the Chief Executive Officer.
- Section 5** Annually the Governing Body shall meet in Executive session to monitor the performance of the Chief Executive Officer. The conclusions and recommendations from this performance evaluation will be transmitted to the Chief Executive Officer by the Governing Body.
- Section 6** The Chief Executive Officer shall select, employ, control, and have authority to discharge any employee of the District other than any individual with the title or equivalent function of a member of the Executive Team or Board Clerk. Employment of new personnel shall be subject to budget authorization granted by the Board of Directors.
- Section 7** The Chief Executive Officer shall organize, and have the authority to reorganize the administrative structure of the District, below the level of CEO, subject to the limitations set forth in in Section 6 above. The District’s organizational chart shall reflect that the Chief Compliance and Risk Officer has direct, solid-line reporting relationships to the Board (functional) and to the CEO (administrative).
- Section 8** The Chief Executive Officer shall report to the Board at regular and special meetings all significant items of business of Kaweah Delta Health Care District and make recommendations concerning the disposition thereof.
- Section 9** The Chief Executive Officer shall submit regularly, in cooperation with the appropriate committee of the Board, periodic reports as required by the Board.
- Section 10** The Chief Executive Officer shall attend all meetings of the Board when possible and shall attend meetings of the various committees of the Board when so requested by the committee chairperson.
- Section 11** The Chief Executive Officer shall serve as a liaison between the Board and the Medical Staff. The Chief Executive Officer shall cooperate with the Medical Staff and secure like cooperation on the part of all concerned with rendering professional service to the end that patients may receive the best possible care.

- Section 12** The Chief Executive Officer shall make recommendations concerning the purchase of equipment and supplies and the provision of services by the District, considering the existing and developing needs of the community and the availability of financial and medical resources.
- Section 13** The Chief Executive Officer shall keep abreast and be informed of new developments in the medical and administrative areas of hospital administration.
- Section 14** The Chief Executive Officer shall oversee the physical plants and ground and keep them in a good state of repair, conferring with the appropriate committee of the Board in major matters, but carrying out routine repairs and maintenance without such consultation.
- Section 15** The Chief Executive Officer shall supervise all business affairs such as the records of financial transactions, collections of accounts and purchase and issuance of supplies, and be certain that all funds are collected and expended to the best possible advantage.
- Section 16** The Chief Executive Officer shall supervise the preservation of the permanent medical records of the District and act as overall custodian of these records.
- Section 17** The Chief Executive Officer shall keep abreast of changes in applicable laws and regulations and shall insure that a District compliance program, appropriate educational programs, and organizational memberships are in place to carry out this responsibility.
- Section 18** The Chief Executive Officer shall be responsible for assuring the organization's compliance with applicable licensure requirements, laws, rules, and regulations, and for promptly acting upon any reports and/or recommendations from authorized agencies, as applicable.
- Section 19** The Chief Executive Officer will ensure that the business of the Health Care District is conducted openly and transparently, as required by law.
- Section 20** The Chief Executive Officer will oversee the activities of the Health Care District's community relations committees to ensure meaningful participation of community members and communication of the input and recommendation from the committee to the Board and to organization's management.
- Section 21** The Chief Executive Officer shall perform any special duties assigned or delegated to them by the Board.

Article VII The Health Care District Guild

- Section 1** The Governing Body recognizes the Kaweah Delta Health Care District Guild in support of the staff and patients of the District.
- Section 2** The Chief Executive Officer is charged with effecting proper integration of the Guild within the framework of the organization.

Article VIII Performance Improvement (PI)

- Section 1** The Governing Body requires that the Medical Staff and the Health Care District staff implement and report on the activities and mechanisms for monitoring and evaluating the quality of patient care, for identifying and resolving problems, and for identifying opportunities to improve patient care within the District.
- Section 2** The Governing Body, through the Chief Executive Officer, shall support these activities and mechanisms.
- Section 3** The Governing Body shall adopt a Performance Improvement Plan and Risk Management Plan for the District and shall provide for resources and support systems to ensure that the plans can be carried out.
- Section 4** The Governing Body requires that a complete and accurate medical record shall be prepared and maintained for each patient; that the medical record of the patient shall be the basis for the review and analysis of quality of care. The Governing Body holds the organized Medical Staff responsible for self-governance with respect to the professional work performed in the hospital and for periodic meetings of the Medical Staff to review and analyze at regular intervals their clinical experience. Results of such review will be reported to the Governing body at specific intervals defined by the Board.
- Section 5** The quality assurance mechanisms within any of the District’s facilities shall provide for monitoring of patient care processes to assure that patients with the same health problem are receiving the same level of care within the District.

Article IX Conflict of Interest

- Section 1** The Administration Policy Manual of Kaweah Delta Health Care District and the Board of Directors Policy Manual has a written Conflict of Interest Policy {Administrative Policy AP23 and Board of Directors Policy BOD5}, which requires the completion and filing of a Conflict of Interest Statement disclosing financial interests that may be materially affected by official actions and provides that designated staff members must disqualify themselves from acting in their official capacity when necessary in order to avoid a conflict of interest. The requirements of this policy are additional to the provisions of Government Code § 87100 and other laws pertaining to conflict of interest; and nothing herein is intended to modify or abridge the provisions of the policies of Kaweah Delta Health Care District which apply to:
- A. members of the Governing Body,
 - B. the executive staff,
 - C. employees who hold designated positions identified in Exhibit “A” of the District Conflict of Interest Code.
- Section 2** Each member of the Governing Body, specified executives, and designated employees must file an annual Conflict of Interest Statement as required by California Government Code – Section 87300-87313.

Section 3 The Board shall assess the adequacy of its conflict-of-interest/confidentiality policies and procedures {Board of Directors Policy - BOD5 - and Administrative Policy 23 – Conflict of Interest} at least every two years.

Article X Indemnification of Directors, Officers, and Employees

Section 1 Actions other than by the District. The District shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any proceeding (other than an action by or in the right of the District to procure a judgment in its favor) by reason of the fact that such person is or was a director, officer or employee of the District, against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with such proceeding if that person acted in good faith and in a manner that the person reasonably believed to be in the best interest of the District and, in the case of a criminal proceeding, had no reasonable cause to believe the conduct of that person was unlawful. The termination by any proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in the manner that the person reasonably believed to be in the best interests of the District person's conduct was unlawful.

Section 2 Actions by the District. The District shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending, or completed action by or in the right of the District to procure a judgment in its favor by reason of the fact that such person is or was a director, officer, or employee of the District, against expenses actually and reasonably incurred by such person in connection with the defense or settlement of that action, if such person acted in good faith, in a manner such person believed to be in the best interest of the District and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under a similar circumstance.

No indemnification shall be made under this Section:

- A. with respect to any claim, issue or matter as to which such person has been adjudged to be liable to the District in their performance of such person's duty to the District, unless and only to the extent that the court in which that proceeding is or was pending shall determine upon application that, in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for the expenses which the court shall determine;
- B. of amounts paid in settling or otherwise disposing of a threatened or pending action, with or without court approval;
- C. of expenses incurred in defending a threatened or pending action that is settled or otherwise disposed of without court approval.

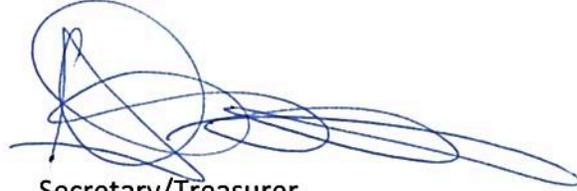
- Section 3** Successful defense by director, officer, or employee. To the extent that a director, officer or employee of the District has been successful on the merits in defense of any proceeding referred to in Section 1 or Section 2 of this Article X, or in defense of any claim, issue or matter therein, the director, officer or employee shall be indemnified as against expenses actually and reasonably incurred by that person in connection therewith.
- Section 4** Required approval. Except as provided in Section 3 of this Article, any indemnification under this Article shall be made by the District only if authorized in the specific case, upon a determination that indemnification of the officer, director or employee is proper in the circumstances because the person has met the applicable standard of conduct set forth in Sections 2 and 3 of this Article X, by one of the following:
- A. a majority vote of a quorum consisting of directors who are not parties to the proceeding; or
 - B. the court in which the proceeding is or was pending, on application made by the District or the officer, director or employee, or the attorney or other person rendering services in connection with the defense, whether or not such other person is opposed by the District.
- Section 5** Advance of expenses. Expenses incurred in defending any proceeding may be advanced by the District before the final disposition of the proceeding upon receipt of an undertaking by or on behalf of the officer, director or employee to repay the amount of the advance unless it shall be determined ultimately that the officer, director or employee is entitled to be indemnified as authorized in this Article.
- Section 6** Other contractual rights. Nothing contained in this Article shall affect any right to indemnification to which persons other than directors and officers of this District may be entitled by contract or otherwise.
- Section 7** Limitations. No indemnification or advance shall be made under this Article except as provided in Section 3 or Section 4, in any circumstance where it appears:
- A. that it would be inconsistent with the provision of the Articles, a resolution of the Board, or an agreement in effect at the time of accrual of the alleged cause of action asserted in the proceeding in which the expenses were incurred or other amounts were paid, which prohibits or otherwise limits indemnification; or
 - B. that it would be inconsistent with any condition expressly imposed by a court in approving a settlement.
- Section 8** Insurance. If so desired by the Board of Directors, the District may purchase and maintain insurance on behalf of any officer, director, employee or agent of the corporation, insuring against any liability asserted against or incurred by the director, officer, employee or agent in that capacity or arising out of the person's status as such, whether or not the District would have the power to indemnify the person against that liability under the provisions of this Article.

If any article, section, sub-section, paragraph, sentence, clause or phrase of these Bylaws is for any reason held to be in conflict with the provisions of the Health and Safety Code of the State of California, such conflict shall not affect the validity of the remaining portion of these Bylaws.

These Bylaws for Kaweah Delta Health Care District are adopted, as amended, this 27th day of April, 2022.



President
Kaweah Delta Health Care District



Secretary/Treasurer
Kaweah Delta Health Care District



**Kaweah Delta Health Care District dba Kaweah Health
Board of Directors
Job Description: Board President**

1. Keep the mission of the organization at the forefront and articulates it as the basis for all Board action.
2. Understands and communicates the roles and function of the Board, committees, medical staff, and management.
3. Understands and communicates individual Board member, Board leader, and committee chair responsibilities and accountability.
4. Acts as a liaison between the Board, management, and medical staff.
5. Plans agendas.
6. Presides over the meetings of the Board.
7. Presides over or attends other Board, medical staff, and other organization meetings.
8. Enforces Board and hospital bylaws, rules, and regulations (such as conflict of interest and confidentiality policies).
9. Appoints Board committee chairs and members in a consistent and systematic approach.
10. Acts as a liaison between and among other Boards in the healthcare system.
11. Establishes Board goals and objectives and translates them into annual work plans.
12. Directs the committees of the Board, ensuring that the committee work plans flow from and support the hospital and Board goals, objectives, and work plans.
13. Provides orientation, training, and mentorship for new Board members.
14. Arranges continuing education for the Board.
15. Builds cohesion among the leadership team of the Board President, CEO, and medical staff leaders.
16. Leads the CEO performance objective and evaluation process.
17. Plans for Board leadership succession.

President, Board of Directors
Kaweah Delta Health Care District

Date

01/01/202201/25/2023

**Kaweah Delta Health Care District dba Kaweah Health
Board of Directors
Job Description: Board Vice President**

In addition to meeting all of the responsibilities of a member of the Board, the Board Vice President understands the responsibilities of the Board President (chair) and the Secretary/Treasurer and is available to perform these duties in the Chair's or Secretary/Treasurer's absence.

Vice President, Board of Directors
Kaweah Delta Health Care District

Date

Kaweah Delta Health Care District dba Kaweah Health Board of Directors Job Description: Hospital Board of Directors

PRIMARY RESPONSIBILITY - This Board's primary responsibility is to develop and follow the organization's mission statement, which leads to the development of specific policies in the four key areas of:

1. Quality Performance
2. Financial Performance
3. Planning Performance
4. Management Performance

The Board accomplishes the above by adopting specific outcome targets to measure the organization's performance. To accomplish this, the Board must:

- Establish policy guidelines and criteria for implementation of the mission. The Board also reviews the mission statements of any subsidiary units to ensure that they are consistent with the overall mission.
- Evaluate proposals brought to the Board to ensure that they are consistent with the mission statement. Monitor programs and activities of the hospital and subsidiaries to ensure mission consistency.
- Periodically review, discuss, and if necessary amend the mission statement to ensure its relevance.

QUALITY PERFORMANCE RESPONSIBILITIES - This Board has the final moral, legal, and regulatory responsibility for everything that goes on in the organization, including the quality of services provided by all individuals who perform their duties in our facilities or under Board sponsorship. To exercise this quality oversight responsibility, the Board must:

- Understand and acknowledge responsibility for the actions of all physicians, nurses, and other individuals who perform their duties in the organization's facilities.
- Review and carefully discuss quality reports that provide comparative statistical data about services, and set measurable policy targets to ensure continual improvement in quality performance.
- Carefully review recommendations of the medical staff regarding new physicians who wish to practice in the organization and are familiar with the termination and fair hearing policies.
- Reappoint individuals to medical staff using comparative outcome data to evaluate how they have performed since their last appointment.
- Appoint physicians to governing body committees and seek physician participation in the governance process to assist the Board in its patient quality-assessment responsibilities.
- Fully understand the Board's responsibilities and relationships with the medical staff and maintain effective mechanisms for communicating with them.
- Regularly receive and discuss malpractice data reflecting the organization's experience and the experience of individual physicians who have been appointed to the medical staff.

- The governing body shall adopt a Performance Improvement Plan and Risk Management Plan for the District and shall provide for resources and support systems to ensure that the plans can be carried out.
- Regularly receive and discuss data about medical staff to assure that future staffing will be adequate in terms of ages, numbers, specialties, and other demographic characteristics.
- Ensure that management reviews and assesses the attitudes and opinions of those who work in the organization to identify strengths, weaknesses, and opportunities for improvement.
- Monitor programs and services to ensure that they comply with policies and standards relating to quality.
- Take corrective action when appropriate and necessary to improve quality performance.

FINANCIAL PERFORMANCE RESPONSIBILITIES - Our Board has ultimate responsibility for the financial soundness of the organization. To accomplish this we:

- Annually review and approve the overall financial plans, budgets, and policies for implementation of those plans and budgets on a short and long term basis. The plan must include and identify in detail the objective of, and the anticipated sources of financing for each anticipated capital expenditure:
- Approve an annual audited financial statement prepared by a major accounting firm and presented directly to the Board of Directors.
- Approve any specific expenditure in excess of \$75,000, which is not included in the annual budget
- Approve financial policies, plans, programs, and standards to ensure preservation and enhancement of our assets and resources.
- Monitor actual performance against budget projections and review and adopt ethical financial policies and guidelines.
- Review major capital plans proposed for the organization and its subsidiaries.
- Approve all contracts, whether directly, or by authority delegated to a committee or to the Chief Executive Officer or his designee(s)

PLANNING PERFORMANCE RESPONSIBILITIES - The Board has the final responsibility for determining the future directions that the organization will take to meet the community's health needs. To fulfill this responsibility, the Board must:

- Review and approve a comprehensive strategic plan and supportive policy statements.
- Develop long term capital expenditure plans as a part of its long range strategic planning.
- Determine whether or not the strategic plan is consistent with the mission statement.
- Assess the extent to which plans meet the strategic goals and objectives that have been previously approved.
- Periodically review, discuss, and amend the strategic plan to ensure its relevance for the community.
- Regularly review progress toward meeting goals in the plan to assess the degree to which the organization is meeting its mission.

- Annually, the governing body shall meet with the leaders of the Medical Staff to review and analyze the health care services provided by the District and to discuss long range planning for the District.

MANAGEMENT PERFORMANCE RESPONSIBILITES - The Board is the final authority regarding oversight of management performance by our Chief Executive Officer and support staff. To exercise this authority, the Board must:

- Recruit, employ, and regularly evaluate the performance of our Chief Executive Officer.
- Evaluate the performance of the CEO annually using goals and objectives agreed upon with the CEO at the beginning of the evaluation cycle.
- Communicate regularly with the CEO regarding goals, expectations, and concerns.
- Periodically survey CEO employment arrangements at comparable organizations to assure the reasonableness and competitiveness of our compensation package.
- Periodically review management succession plans to ensure leadership continuity.
- Establish specific performance policies which provide the CEO with a clear understanding of what the Board expects, and update these policies based on changing conditions.

The Board is also responsible for managing its own governance affairs in an efficient and successful way. To fulfill this responsibility, the Board must:

- Members of the governing body are elected by the public and, accordingly, are judged on their individual performance by the electorate.
- Maintain written conflict-of-interest policies that include guidelines for the resolution of existing or apparent conflicts of interest.
- Participate both as a Board and individually in orientation programs and continuing education programs both within the organization and externally. As such, the District shall reimburse reasonable expenses for both in-state and out-of-state travel for such educational purposes.
- Periodically review Board structure to assess appropriateness of size, diversity, committees, tenure, and turnover of officers and chairpersons.
- Assure that each Board member understands and agrees to maintain confidentiality with regard to information discussed by the Board and its committees.
- Assure that each Board member understands and agrees to adhere to the Brown Act ensuring that Board actions be taken openly and that deliberations be conducted openly.
- Adopt, amend, and if necessary repeal the articles and bylaws of the organization.
- Maintain an up-to-date Board policy manual, which includes specific policies covering oversight responsibilities in the area of quality performance, financial performance, strategic planning performance, and management performance.
- To review the District’s Mission, Vision & Pillars statements every two years.

Board of Directors
Kaweah Delta Health Care Directors

Date

Kaweah Delta Health Care District dba Kaweah Health Board of Directors Job Description: Individual Board Member

As Boards of directors have basic collective responsibilities, Board members are also entrusted with individual responsibilities as a part of Board membership. The obligations of Board service are considerable; they extend well beyond any basic expectations of attending meetings. Individual Board members are expected to meet higher standards of personal conduct on behalf of their organization than what is usually expected of other types of volunteers.

Yet, despite all these “special” responsibilities, Board members as individuals have no special privileges, prerogatives, or authority; they must meet in formal session to negotiate and make corporate decisions. The undertaking of serving as a Board member is a complex one indeed.

Considering the complexities of Board membership, a clear statement of individual Board member responsibilities adapted to the organization’s needs and circumstances can service many purposes including clarifying expectation before candidate’s files for a seat that is up for election on the Kaweah Delta Board of Directors.

GENERAL EXPECTATIONS

- Knowing the organization’s mission, purposes, goals, policies, programs, services, strengths, and needs.
- Performing the duties of Board membership responsibly and conforming to the level of competence expected from Board members as outlined in the duties of care, loyalty, and obedience as they apply to nonprofit Board members.
- Serving in leadership positions and undertaking special assignments willingly and enthusiastically.
- Avoiding prejudiced judgments on the basis of information received from individuals and urging those with grievances to follow established policies and procedures through their supervisors. (All matters of potential significance should be called to the attention of the executive and the Board’s elected leader as appropriate.)
- Following trends in the organization’s field of interest.
- Bringing good will and a sense of humor to the Board’s deliberations.

MEETINGS

- Preparing for and participating in Board and committee meetings, including appropriate organizational activities.
- Asking timely and substantive questions at Board and committee meetings consistent with the Board member’s conscience and convictions, while at the same time supporting the majority decision on issues decided by the Board.
- Maintaining confidentiality of the Board’s executive sessions, and speaking for the Board or organization only when authorized to do so.
- Suggesting agenda items periodically for Board meetings; review and approval, of committee meeting agendas, by the committee chair to ensure that significant, policy-related matters are addressed.

RELATIONSHIP WITH STAFF

- Counseling the chief executive as appropriate and supporting him or her through often difficult relationships with groups or individuals.
- Avoiding asking for special favors of the staff, including special requests for extensive information, without at least prior consultation with the chief executive, Board or appropriate committee chairperson.

AVOIDING CONFLICTS

- Serving the organization as a whole rather than any special interest group or constituency. Regardless of whether or not the Board member was invited to fill a vacancy reserved for a certain constituency or organization, his/her first obligation is to avoid any preconception that he/she “represents” anything but the organization’s best interests.
- Avoiding even the appearance of a conflict of interest that might embarrass the Board or the organization; disclosing any possible conflicts to the Board in a timely fashion.
- Maintaining independence and objectivity and doing what a sense of fairness, ethics, and personal integrity dictate, even though not necessarily being obliged to do so by law, regulation, or custom.
- Never accepting (or offering) favors or gifts from (or to) anyone who does business with the organization.
- The Board shall assess the adequacy of its conflict-of-interest/confidentiality policies and procedures at least every two years.

FIDUCIARY RESPONSIBILITIES

- Exercising prudence with the Board in the control and transfer of funds.
- Faithfully reading and understanding the organization’s financial statements and otherwise helping the Board fulfill its fiduciary responsibility.

Board of Directors
Kaweah Delta Health Care District

Date

CFO Financial Report

Month Ending January 2023

Kaufman Hall - National Update January 2023

Key Takeaways

1. Hospital margins end year in difficult shape.

Despite modest margin improvements in November and December, suggesting a positive trendline heading into the new year, 2022 was the worst financial year since the start of the pandemic. Approximately half of U.S. hospitals finished the year with a negative margin as growth in expenses outpaced revenue increases.

2. Financial pressures driven by labor expenses.

Hospitals faced prolonged increases in labor expenses last year. The increases were driven in part by a competitive labor market, as well as hospitals needing to rely on more expensive contract labor to meet staffing demands. Increased lengths of stay due to a decline in discharges also negatively affected hospital margins.

3. Outpatient settings see increased volume.

The front door of the hospital continues to shift away from the emergency department. Hospitals experienced increased outpatient volumes, including in surgical settings.

4. Success in 2023 tied to learning lessons of '22.

Expense pressures are unlikely to recede in 2023. Hospitals that embrace better workforce management strategies, secure more stable supply lines, and more effectively negotiate with payers are likely to have better financial years in 2023. Hospitals should also leverage their outpatient footprint and improve relationships with post-acute settings to maximize current patient volume trends.

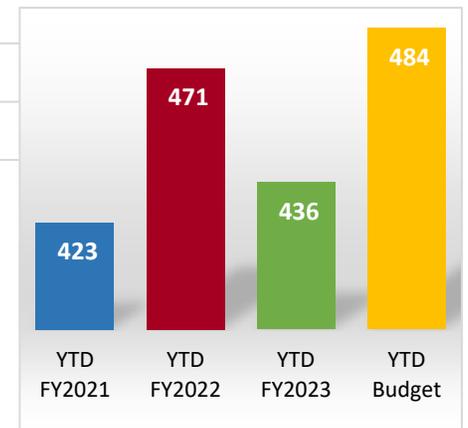
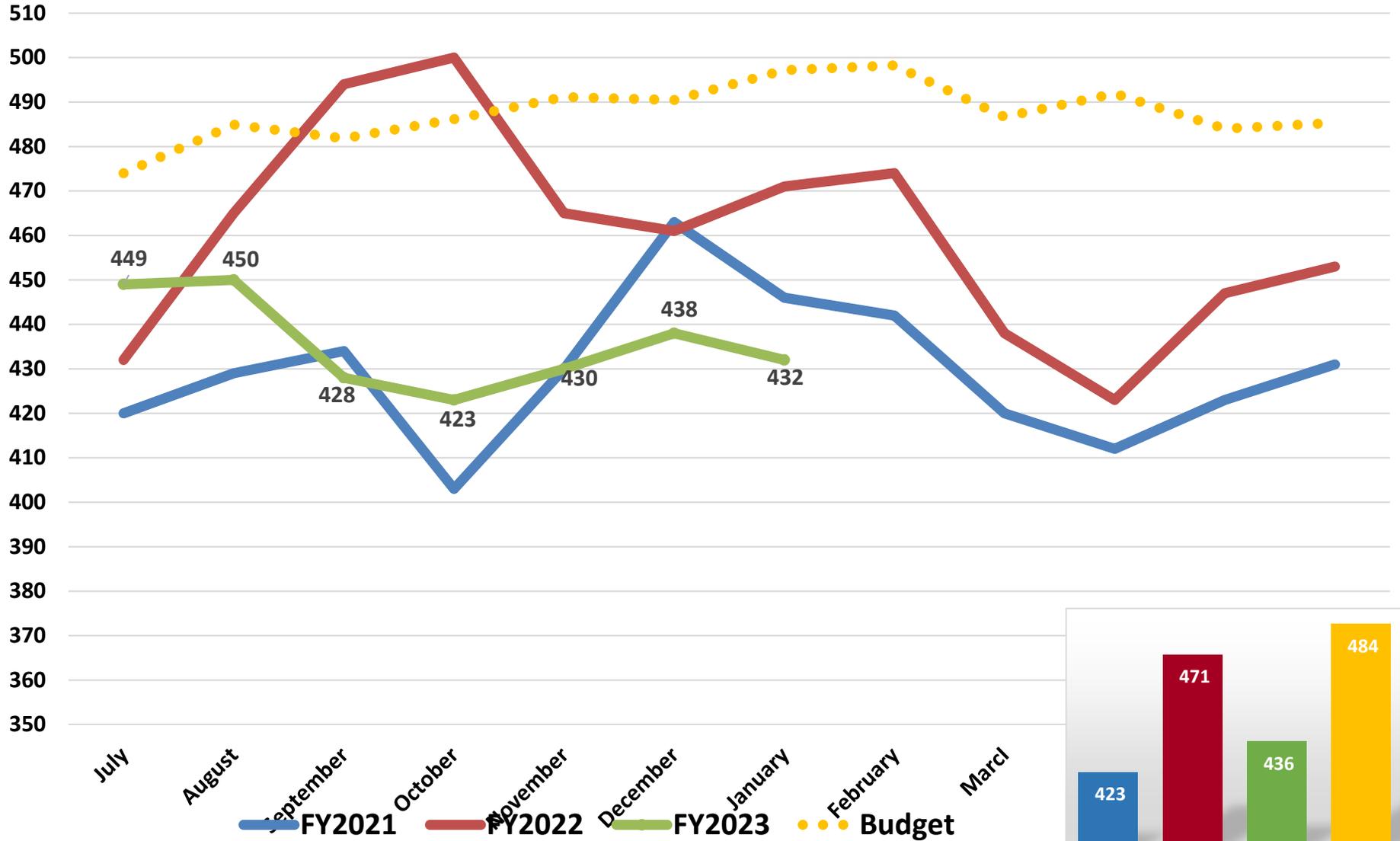
Public Health Emergency Ending May 11, 2023

A statement issued by the Office of Management and Budget (OMB) announced the public health emergency (PHE) and the COVID-19 national emergency will both end on May 11, 2023. The distinction for these two emergency declarations is related to the issuing party (government agency vs. presidential administration) and length of declaration period (90 days vs. one year). The temporary flexibilities that have been implemented specifically for the PHE that may see future guidance changes with the end of the PHE.

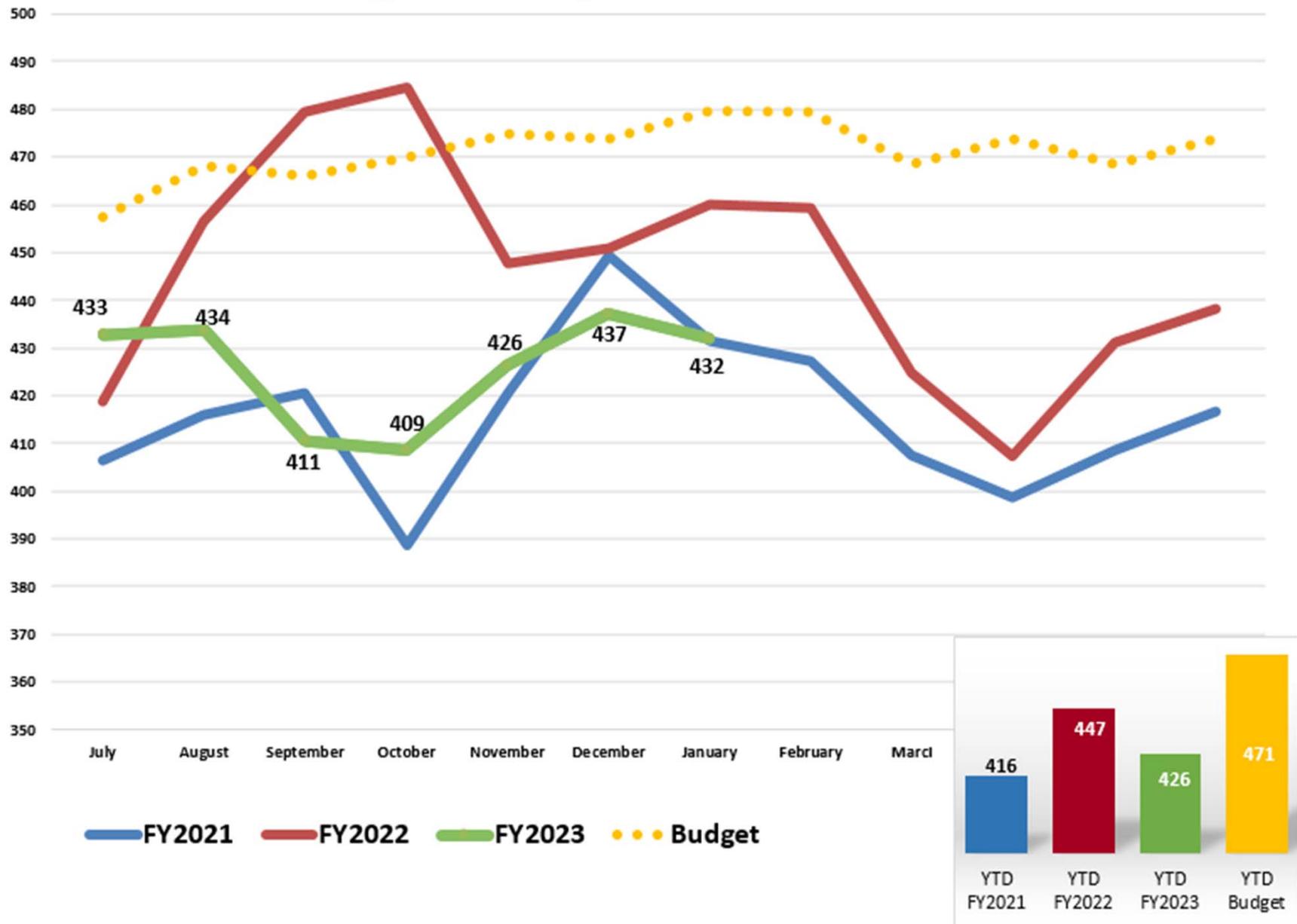
Some Impacts on Kaweah Health

- Impact on **FMAP** (Federal Medical Assistance Percentages): Due to the end of the Public Health Emergency, the amount of federal match for Medicaid administrative activities will decrease throughout this calendar year. It is scheduled to decline 5 percentage points in April-June 2023, 2.5 percentage points for July – September 2023 and then fall to 1.5 percentage points for October-December 2023
- Impact of **removal of 2% Medicare Sequestration**: 1% reduction April 1, 2022, 2% July 1 2022.
- Impact on **scheduled DSH Cuts if not delayed** past October 1, 2023. Currently DHCS is estimating the reduction at 45%
- Impact of removal of **20% additional inpatient Medicare Reimbursement**: depends on COVID volume
- Impact of removal of **10% additional inpatient Medi-Cal Reimbursement for SNF**: depends on COVID volume
- Changes in Telehealth: unknown impact at this time

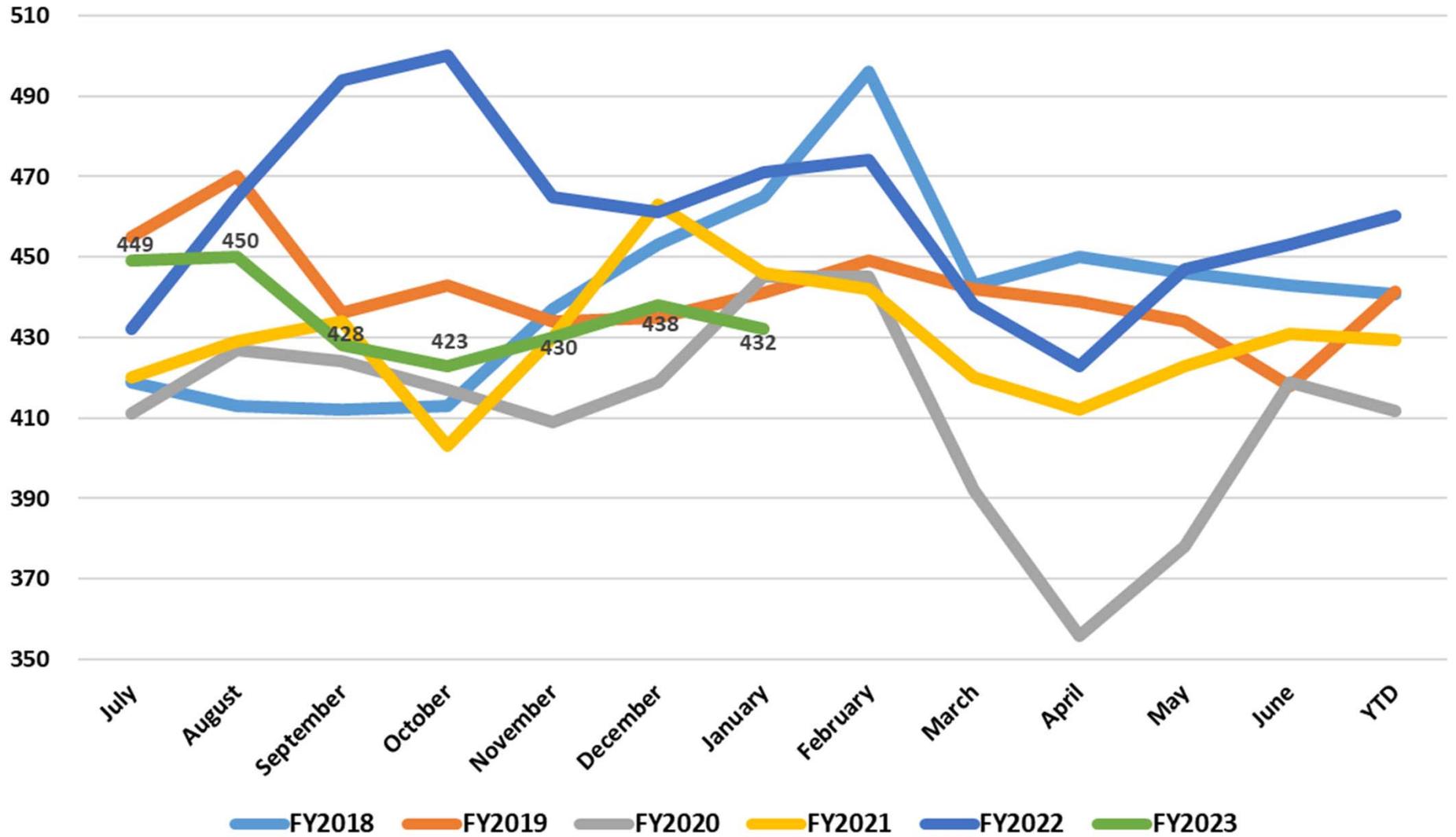
Average Daily Census



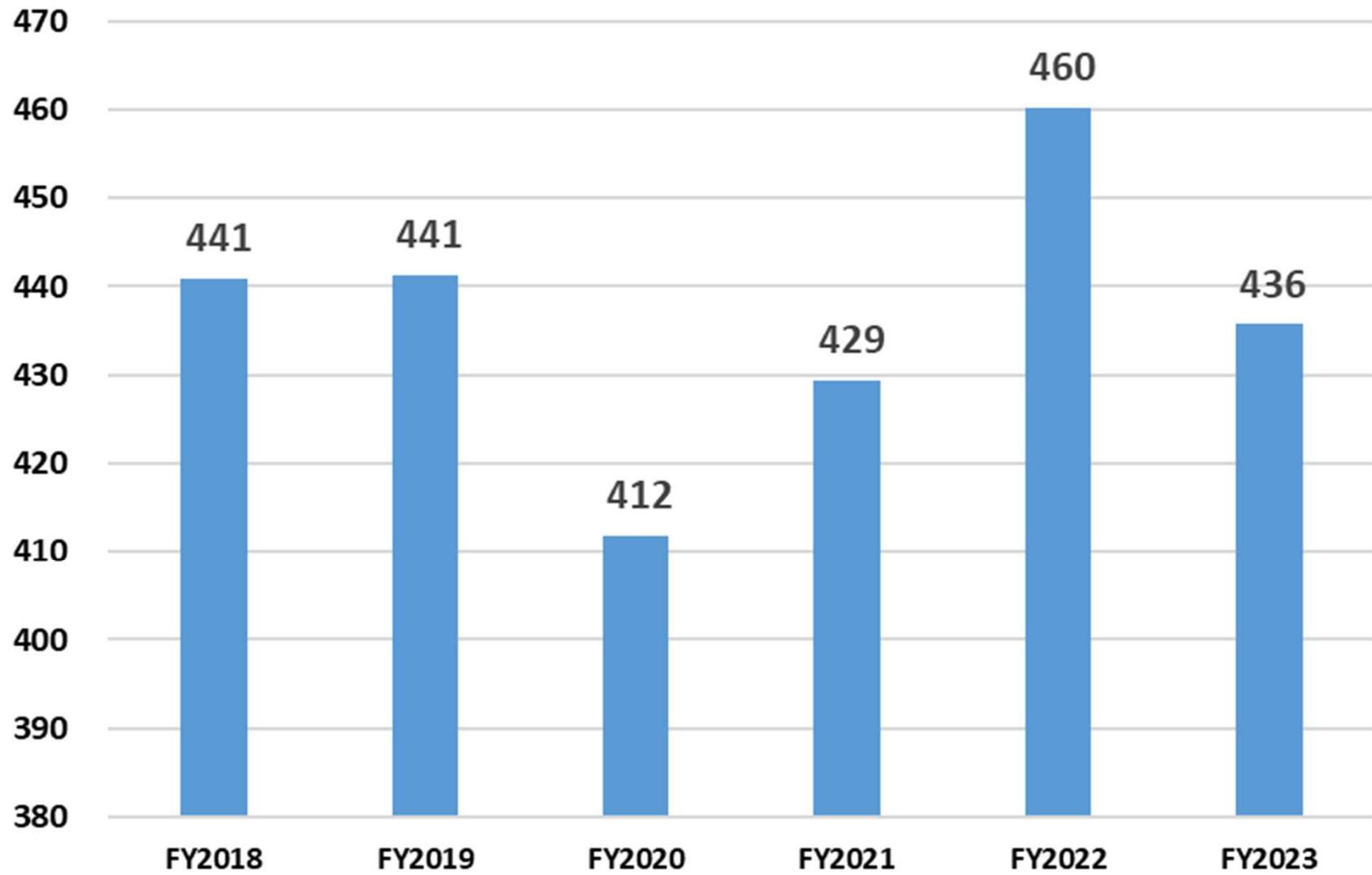
Average Daily Census w/o TCS



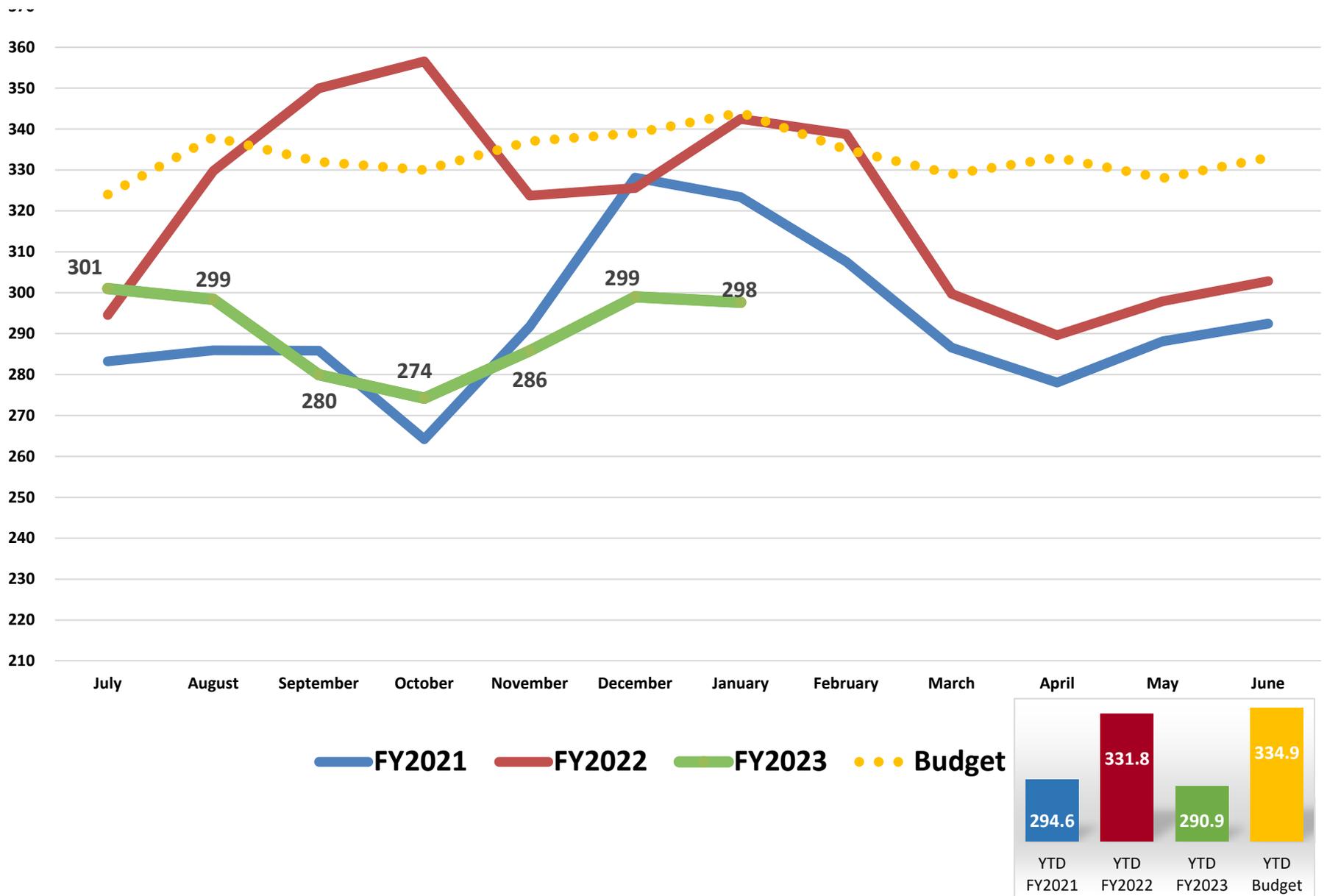
Average Daily Census



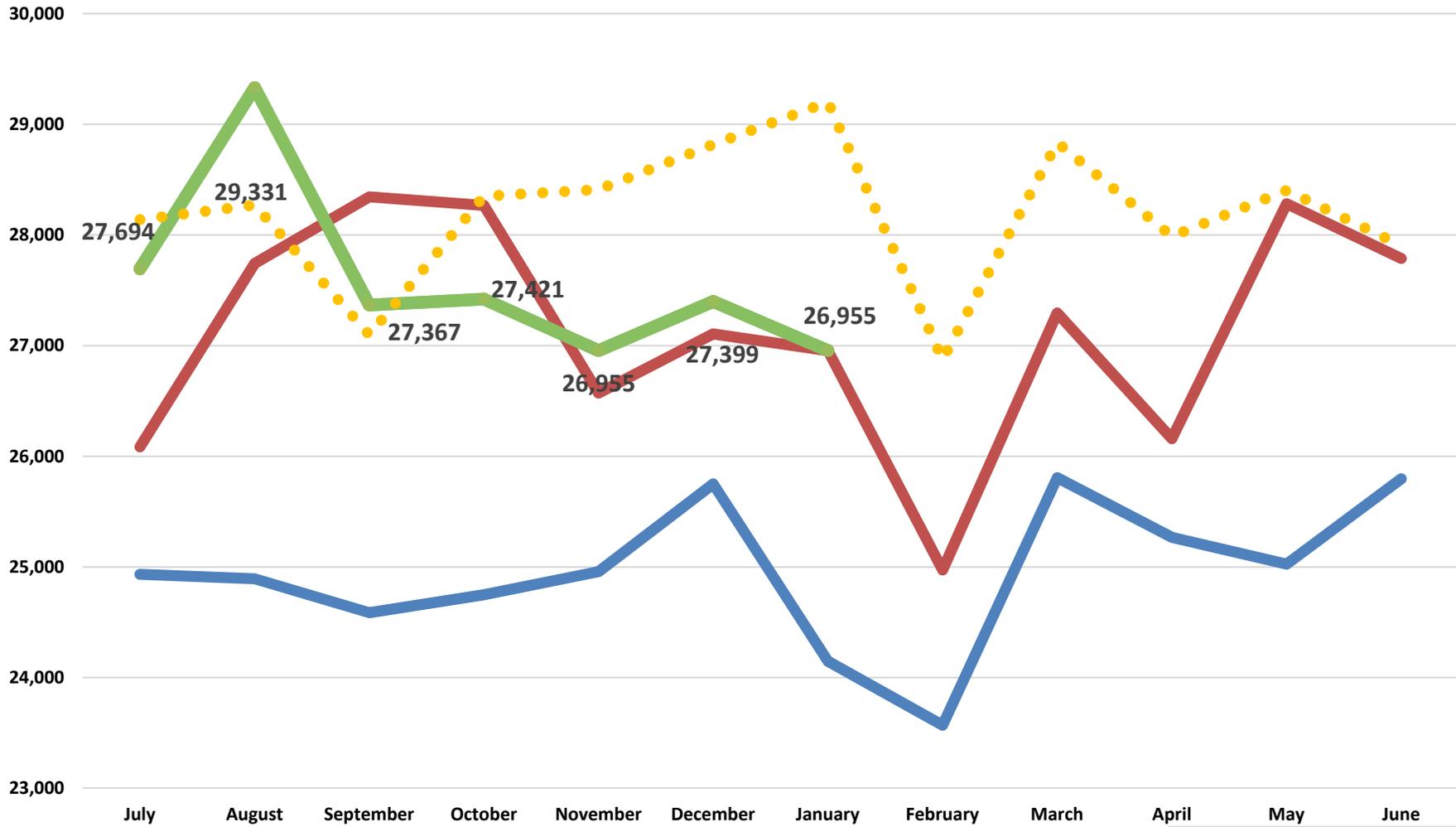
Average Daily Census



Medical Center (Avg Patients Per Day)



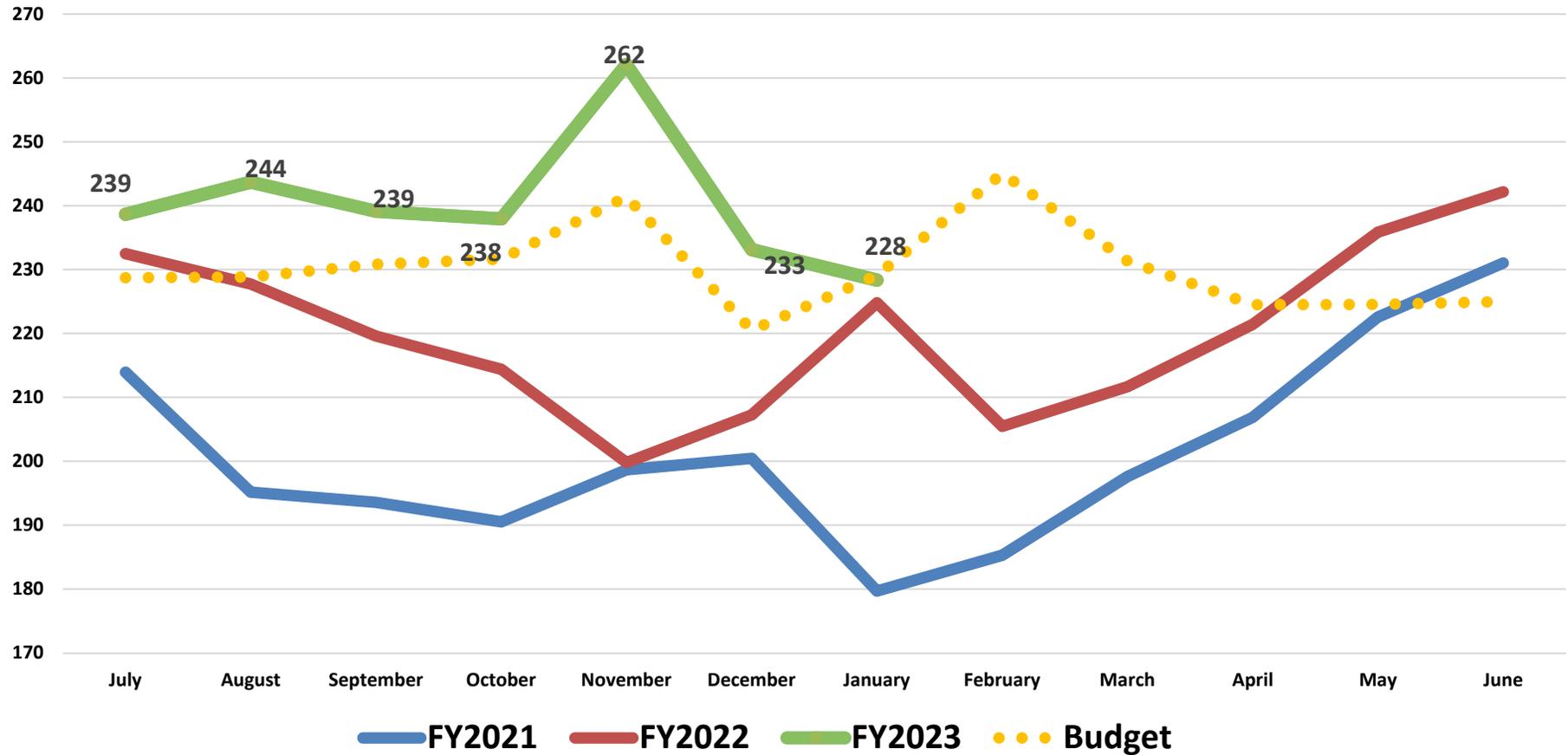
Adjusted Patient Days



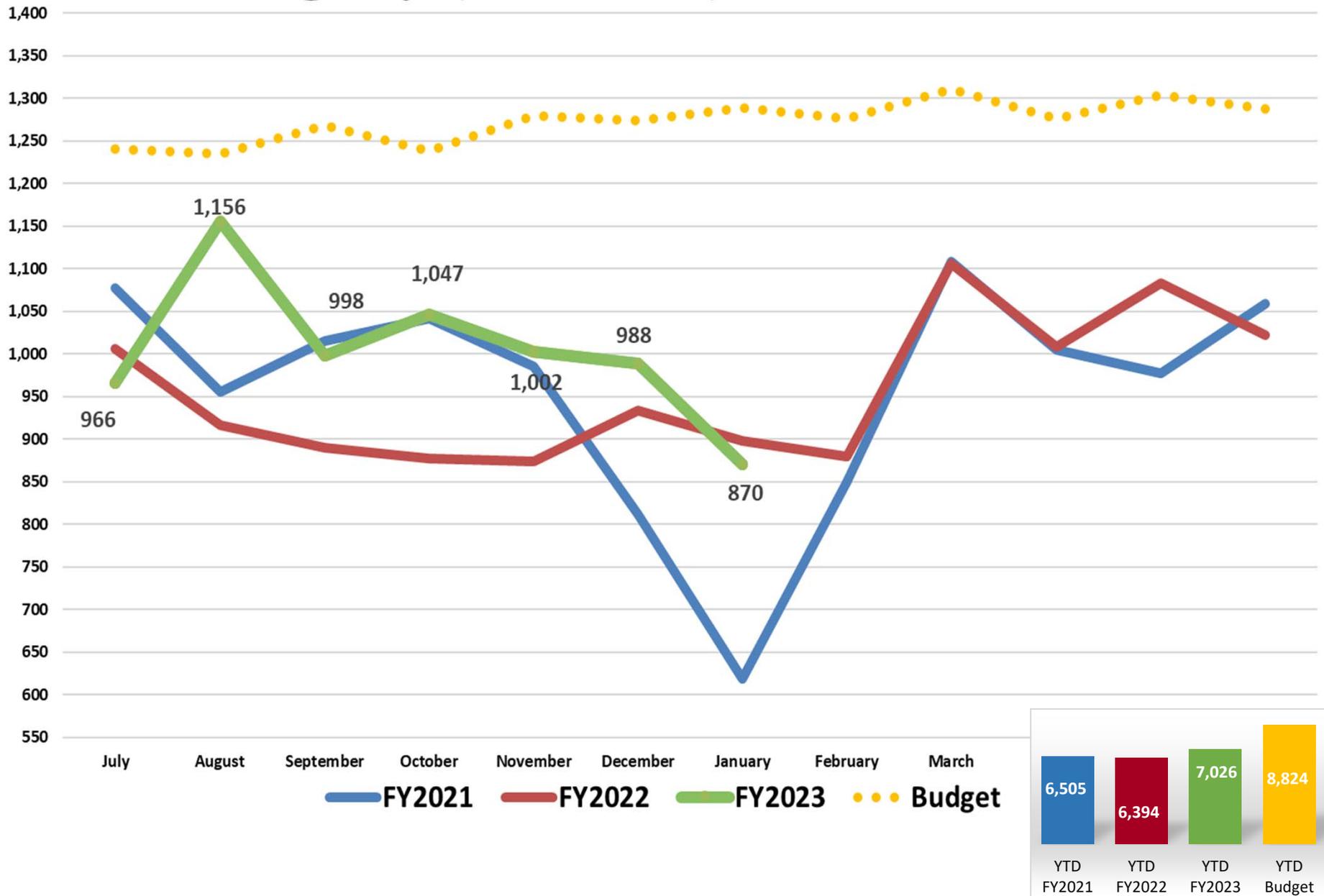
— FY2021
 — FY2022
 — FY2023
 ●●● Budget



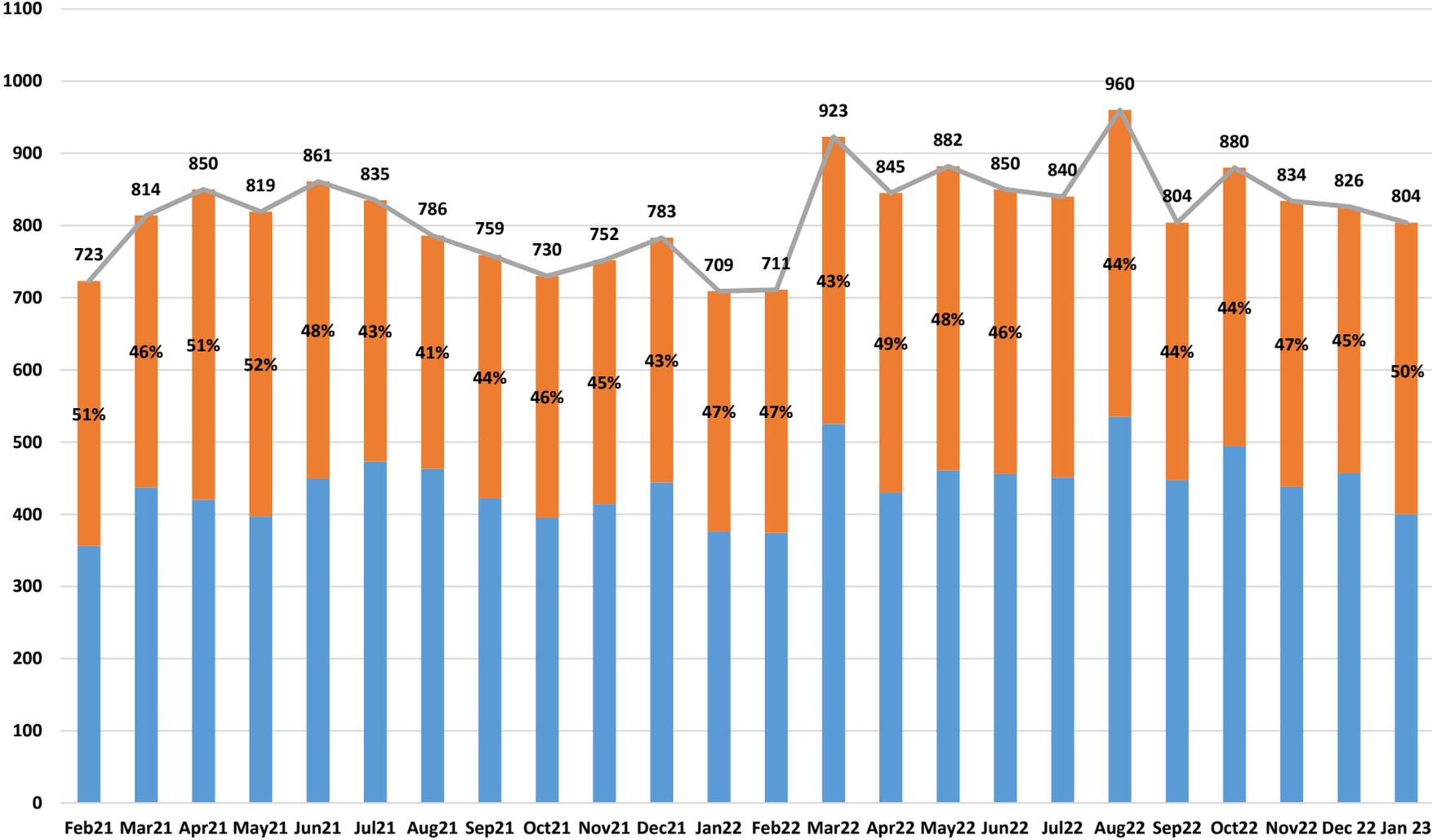
Emergency Dept – Avg Treated Per Day



Surgery (IP & OP) – 100 Min Units



Surgery Cases (IP & OP)



■ Oupatient Cases
 ■ Inpatient Cases
 — Monthly Total

Statistical Results – Fiscal Year Comparison (Jan)

	Actual Results			Budget	Budget Variance	
	Jan 2022	Jan 2023	% Change	Jan 2023	Change	% Change
Average Daily Census	471	432	(8.3%)	494	(62)	(12.5%)
KDHCD Patient Days:						
Medical Center	10,617	9,227	(13.1%)	10,428	(1,201)	(11.5%)
Acute I/P Psych	1,116	1,339	20.0%	1,581	(242)	(15.3%)
Sub-Acute	859	925	7.7%	955	(30)	(3.1%)
Rehab	477	526	10.3%	502	24	4.8%
TCS-Ortho	311	398	28.0%	415	(17)	(4.1%)
TCS	338	0	(100.0%)	540	(540)	(100.0%)
NICU	389	532	36.8%	380	152	40.0%
Nursery	504	449	(10.9%)	502	(53)	(10.6%)
Total KDHCD Patient Days	14,611	13,396	(8.3%)	15,303	(1,907)	(12.5%)
Total Outpatient Volume	50,964	42,005	(17.6%)	48,146	(6,141)	(12.8%)

Statistical Results – Fiscal Year Comparison (Jul-Jan)

	Actual Results			Budget	Budget Variance	
	FYTD 2022	FYTD 2023	% Change	FYTD 2023	Change	% Change
Average Daily Census	470	435	(7.4%)	483	(48)	(9.9%)
KDHCD Patient Days:						
Medical Center	71,326	62,550	(12.3%)	69,166	(6,616)	(9.6%)
Acute I/P Psych	8,042	9,170	14.0%	10,932	(1,762)	(16.1%)
Sub-Acute	5,968	6,325	6.0%	6,248	77	1.2%
Rehab	3,435	3,771	9.8%	3,909	(138)	(3.5%)
TCS-Ortho	2,438	2,703	10.9%	2,864	(161)	(5.6%)
TCS	2,767	2,115	(23.6%)	3,556	(1,441)	(40.5%)
NICU	3,379	3,313	(2.0%)	3,250	63	1.9%
Nursery	3,693	3,602	(2.5%)	3,945	(343)	(8.7%)
Total KDHCD Patient Days	101,048	93,549	(7.4%)	103,870	(10,321)	(9.9%)
Total Outpatient Volume	334,655	307,356	(8.2%)	333,919	(26,563)	(8.0%)

Other Statistical Results – Fiscal Year Comparison (Jan)

	Actual Results				Budget	Budget Variance	
	Jan 2022	Jan 2023	Change	% Change	Jan 2023	Change	% Change
Adjusted Patient Days	26,955	27,042	86	0.3%	29,199	(2,157)	(7.4%)
Outpatient Visits	50,964	42,005	(8,959)	(17.6%)	48,146	(6,141)	(12.8%)
Home Health Visits	2,448	3,256	808	33.0%	3,116	140	4.5%
Dialysis Treatments	1,530	1,764	234	15.3%	1,541	223	14.5%
Endoscopy Procedures (I/P & O/P)	463	512	49	10.6%	558	(46)	(8.2%)
O/P Rehab Units	17,897	19,391	1,494	8.3%	20,140	(749)	(3.7%)
Physical & Other Therapy Units	16,669	17,989	1,320	7.9%	19,180	(1,191)	(6.2%)
Radiology/CT/US/MRI Proc (I/P & O/P)	16,029	16,433	404	2.5%	16,604	(171)	(1.0%)
ED Total Registered	7,105	7,142	37	0.5%	7,102	40	0.6%
Cath Lab Minutes (IP & OP)	334	333	(1)	(0.3%)	406	(73)	(18.0%)
Surgery Minutes-General & Robotic (I/P & O/P)	940	933	(7)	(0.7%)	1,165	(232)	(19.9%)
Infusion Center	393	387	(6)	(1.5%)	401	(14)	(3.5%)
OB Deliveries	390	371	(19)	(4.9%)	390	(19)	(4.9%)
Radiation Oncology Treatments (I/P & O/P)	1,820	1,731	(89)	(4.9%)	2,327	(596)	(25.6%)
GME Clinic visits	1,025	942	(83)	(8.1%)	1,252	(310)	(24.8%)
KHMG RVU	33,927	30,910	(3,017)	(8.9%)	38,293	(7,383)	(19.3%)
RHC Registrations	12,051	10,643	(1,408)	(11.7%)	10,360	283	2.7%
Hospice Days	4,538	3,617	(921)	(20.3%)	4,300	(683)	(15.9%)
Urgent Care - Demaree	4,238	2,484	(1,754)	(41.4%)	2,700	(216)	(8.0%)
Urgent Care - Court	6,448	3,184	(3,264)	(50.6%)	3,903	(719)	(18.4%)

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

	Actual Results				Budget	Budget Variance	
	FY 2022	FY 2023	Change	% Change	FY 2023	Change	% Change
Adjusted Patient Days	191,068	193,292	2,225	1.2%	198,243	(4,951)	(2.5%)
Outpatient Visits	334,655	307,356	(27,299)	(8.2%)	333,919	(26,563)	(8.0%)
Surgery Minutes-General & Robotic (I/P & O/P)	6,762	7,475	713	10.5%	7,991	(516)	(6.5%)
ED Total Registered	47,585	52,295	4,710	9.9%	49,471	2,824	5.7%
Home Health Visits	19,300	20,894	1,594	8.3%	21,034	(140)	(0.7%)
Endoscopy Procedures (I/P & O/P)	3,595	3,753	158	4.4%	4,277	(524)	(12.3%)
Physical & Other Therapy Units	122,523	124,258	1,735	1.4%	133,049	(8,791)	(6.6%)
Radiology/CT/US/MRI Proc (I/P & O/P)	115,686	115,757	71	0.1%	114,102	1,655	1.5%
OB Deliveries	2,809	2,784	(25)	(0.9%)	2,805	(21)	(0.7%)
Dialysis Treatments	10,834	10,611	(223)	(2.1%)	10,787	(176)	(1.6%)
O/P Rehab Units	135,826	130,634	(5,192)	(3.8%)	137,077	(6,443)	(4.7%)
Cath Lab Minutes (IP & OP)	2,285	2,194	(91)	(4.0%)	2,770	(576)	(20.8%)
Radiation Oncology Treatments (I/P & O/P)	13,637	12,778	(859)	(6.3%)	16,065	(3,287)	(20.5%)
KHMG RVU	242,996	225,324	(17,672)	(7.3%)	268,696	(43,372)	(16.1%)
GME Clinic visits	7,827	7,119	(708)	(9.0%)	8,452	(1,333)	(15.8%)
RHC Registrations	75,759	68,818	(6,941)	(9.2%)	66,863	1,955	2.9%
Hospice Days	30,077	25,620	(4,457)	(14.8%)	29,765	(4,145)	(13.9%)
Infusion Center	2,847	2,325	(522)	(18.3%)	2,793	(468)	(16.8%)
Urgent Care - Demaree	27,043	20,592	(6,451)	(23.9%)	17,730	2,862	16.1%
Urgent Care - Court	44,230	31,092	(13,138)	(29.7%)	26,021	5,071	19.5%

Trended Financial Comparison (000's)

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	YTD
Operating Revenue								
Net Patient Service Revenue	\$52,368	\$54,965	\$48,168	\$54,432	\$56,706	\$53,217	\$51,048	\$370,904
Supplemental Gov't Programs	5,042	5,042	4,943	5,410	5,494	5,060	6,065	37,055
Prime Program	743	743	743	743	743	743	743	5,198
Premium Revenue	5,901	5,927	5,972	5,943	5,784	6,780	6,336	42,643
Management Services Revenue	2,932	3,797	3,313	2,733	3,559	3,277	3,294	22,905
Other Revenue	3,495	2,164	2,334	2,462	2,161	2,594	3,315	18,525
Other Operating Revenue	18,113	17,672	17,304	17,291	17,741	18,452	19,753	126,327
Total Operating Revenue	70,480	72,637	65,472	71,723	74,447	71,670	70,801	497,231
Operating Expenses								
Salaries & Wages	29,176	29,435	28,455	29,473	26,929	28,727	28,050	200,247
Contract Labor	5,864	7,124	7,067	5,941	4,393	3,550	2,199	36,139
Employee Benefits	6,279	5,563	3,636	5,212	5,155	5,828	6,612	38,284
Total Employment Expenses	41,319	42,122	39,158	40,625	36,477	38,105	36,862	274,669
Medical & Other Supplies	9,593	11,666	11,642	11,523	11,358	10,632	10,396	76,810
Physician Fees	8,892	9,585	8,814	9,859	9,645	8,276	8,564	63,634
Purchased Services	2,937	1,120	1,556	1,349	1,328	1,576	1,540	11,406
Repairs & Maintenance	2,237	2,486	2,516	2,542	2,460	2,365	2,230	16,835
Utilities	715	999	1,061	942	881	806	841	6,244
Rents & Leases	510	540	537	552	566	553	425	3,683
Depreciation & Amortization	2,657	2,650	2,640	2,651	2,693	2,680	2,978	18,949
Interest Expense	589	589	589	590	658	701	607	4,322
Other Expense	1,631	2,013	1,825	1,510	1,759	1,834	1,945	12,517
Humana Cap Plan Expenses	4,404	3,831	3,777	2,680	3,454	3,372	3,674	25,191
Management Services Expense	2,921	3,660	3,370	2,707	3,371	3,317	3,058	22,404
Total Other Expenses	37,087	39,139	38,324	36,904	38,173	36,110	36,256	261,993
Total Operating Expenses	78,406	81,261	77,483	77,529	74,650	74,216	73,118	536,662
Operating Margin	(\$7,926)	(\$8,623)	(\$12,010)	(\$5,807)	(\$203)	(\$2,546)	(\$2,317)	(\$39,433)
Stimulus Funds	\$97	\$0	\$0	\$0	\$0	\$0	\$190	\$287
Operating Margin after Stimulus	(\$7,829)	(\$8,623)	(\$12,010)	(\$5,807)	(\$203)	(\$2,546)	(\$2,127)	(\$39,146)
Nonoperating Revenue (Loss)	455	326	(3,901)	452	150	2,901	1,350	1,733
Excess Margin	(\$7,374)	(\$8,297)	(\$15,911)	(\$5,355)	(\$53)	\$355	(\$777)	(\$37,412)

Jan Financial Comparison (000's)

	Actual Results		Budget	Budget Variance	
	Jan 2022	Jan 2023	Jan 2023	Change	% Change
Operating Revenue					
Net Patient Service Revenue	\$56,862	\$51,048	\$55,800	(\$4,752)	(8.5%)
Other Operating Revenue	17,469	19,753	18,771	982	5.2%
Total Operating Revenue	74,331	70,801	74,571	(3,770)	(5.1%)
Operating Expenses					
Employment Expense	38,931	36,862	38,904	(2,042)	(5.2%)
Other Operating Expense	35,266	36,256	37,424	(1,169)	(3.1%)
Total Operating Expenses	74,197	73,118	76,329	(3,211)	(4.2%)
Operating Margin	\$134	(\$2,317)	(\$1,758)	(\$559)	
Stimulus Funds	0	190	255	(65)	
Operating Margin after Stimulus	\$134	(\$2,127)	(\$1,503)	(\$624)	
Non Operating Revenue (Loss)	568	1,350	371	979	
Excess Margin	\$702	(\$777)	(\$1,131)	\$355	

Operating Margin %	0.2%	(3.0%)	(2.4%)
OM after Stimulus%	0.2%	(3.0%)	(2.0%)
Excess Margin %	0.9%	(1.1%)	(1.5%)
Operating Cash Flow Margin %	4.6%	1.8%	2.3%

YTD (July-Jan) Financial Comparison (000's)

	Actual Results FYTD Jul-Jan		Budget FYTD	Budget Variance	FYTD
	FYTD2022	FYTD2023	FYTD2023	Change	% Change
Operating Revenue					
Net Patient Service Revenue	\$377,591	\$370,905	\$393,475	(\$22,570)	(5.7%)
Other Operating Revenue	123,152	126,326	128,505	(2,179)	(1.7%)
Total Operating Revenue	500,743	497,231	521,981	(24,749)	(4.7%)
Operating Expenses					
Employment Expense	251,002	274,669	268,215	6,454	2.4%
Other Operating Expense	253,046	261,994	262,627	(634)	(0.2%)
Total Operating Expenses	504,048	536,663	530,842	5,821	1.1%
Operating Margin	(\$3,306)	(\$39,431)	(\$8,862)	(\$30,570)	
Stimulus Funds	7,117	287	1,767	(1,480)	
Operating Margin after Stimulus	\$3,811	(\$39,144)	(\$7,095)	(\$32,050)	
Nonoperating Revenue (Loss)	4,992	1,733	2,567	(833)	
Excess Margin	\$8,804	(\$37,411)	(\$4,528)	(\$32,883)	

Operating Margin %	(0.7%)	(7.9%)	(1.7%)
OM after Stimulus%	0.8%	(7.9%)	(1.4%)
Excess Margin %	1.7%	(7.5%)	(0.9%)
Operating Cash Flow Margin %	3.8%	(3.3%)	2.9%

January Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Jan 2022	Jan 2023	% Change	Jan 2023	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$56,862	\$51,048	(10.2%)	\$55,800	(\$4,752)	(8.5%)
Supplemental Gov't Programs	4,383	6,065	38.4%	5,257	807	15.4%
Prime/QIP Program	3,285	743	(77.4%)	757	(14)	(1.9%)
Premium Revenue	5,272	6,336	20.2%	6,813	(477)	(7.0%)
Management Services Revenue	2,536	3,294	29.9%	3,478	(183)	(5.3%)
Other Revenue	1,993	3,315	66.4%	2,466	850	34.5%
Other Operating Revenue	17,469	19,753	13.1%	18,771	982	5.2%
Total Operating Revenue	74,331	70,801	(4.7%)	74,571	(3,770)	(5.1%)
Operating Expenses						
Salaries & Wages	29,407	28,050	(4.6%)	30,204	(2,153)	(7.1%)
Contract Labor	4,958	2,199	(55.6%)	2,511	(312)	(12.4%)
Employee Benefits	4,566	6,612	44.8%	6,189	423	6.8%
Total Employment Expenses	38,931	36,862	(5.3%)	38,904	(2,042)	(5.2%)
Medical & Other Supplies	10,913	10,396	(4.7%)	10,332	64	0.6%
Physician Fees	9,210	8,564	(7.0%)	9,099	(535)	(5.9%)
Purchased Services	1,261	1,540	22.1%	1,682	(143)	(8.5%)
Repairs & Maintenance	2,324	2,230	(4.0%)	2,560	(330)	(12.9%)
Utilities	753	841	11.6%	650	191	29.4%
Rents & Leases	528	425	(19.6%)	629	(204)	(32.5%)
Depreciation & Amortization	2,614	2,978	13.9%	2,834	144	5.1%
Interest Expense	655	607	(7.3%)	611	(3)	(0.6%)
Other Expense	2,110	1,945	(7.8%)	2,161	(216)	(10.0%)
Humana Cap Plan Expense	2,327	3,674	57.9%	3,432	242	7.0%
Management Services Expense	2,570	3,058	19.0%	3,436	(378)	(11.0%)
Total Other Expenses	35,266	36,256	2.8%	37,424	(1,169)	(3.1%)
Total Operating Expenses	74,197	73,118	(1.5%)	76,329	(3,211)	(4.2%)
Operating Margin	\$134	(\$2,317)		(\$1,758)	(\$559)	
Stimulus Funds	0	190		255	(65)	
Operating Margin after Stimulus	\$134	(\$2,127)		(\$1,503)	(\$624)	
Nonoperating Revenue (Loss)	568	1,350		371	979	
Excess Margin	\$702	(\$777)		(\$1,131)	\$355	

YTD Financial Comparison (000's)

	Actual Results FYTD Jul-Jan			Budget FYTD	Budget Variance	FYTD
	FYTD2022	FYTD2023	% Change	FYTD2023	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$377,591	\$370,905	(1.8%)	\$393,475	(\$22,570)	(5.7%)
Supplemental Gov't Programs	43,701	37,055	(15.2%)	36,463	592	1.6%
Prime/QIP Program	7,285	5,198	(28.6%)	5,249	(51)	(1.0%)
Premium Revenue	36,145	42,643	18.0%	45,569	(2,925)	(6.4%)
Management Services Revenue	21,276	22,905	7.7%	24,120	(1,215)	(5.0%)
Other Revenue	14,744	18,525	25.6%	17,104	1,421	8.3%
Other Operating Revenue	123,152	126,516	2.6%	128,505	(2,179)	(1.7%)
Total Operating Revenue	500,743	497,421	(0.7%)	521,981	(24,749)	(4.7%)
Operating Expenses						
Salaries & Wages	205,876	200,246	(2.7%)	208,513	(8,266)	(4.0%)
Contract Labor	16,008	36,139	125.8%	16,846	19,293	114.5%
Employee Benefits	29,119	38,284	31.5%	42,857	(4,573)	(10.7%)
Total Employment Expenses	251,002	274,669	9.4%	268,215	6,454	2.4%
Medical & Other Supplies	78,478	76,810	(2.1%)	73,995	2,815	3.8%
Physician Fees	62,809	63,634	1.3%	63,743	(109)	(0.2%)
Purchased Services	10,401	11,406	9.7%	11,638	(232)	(2.0%)
Repairs & Maintenance	16,611	16,835	1.3%	17,896	(1,061)	(5.9%)
Utilities	5,152	6,244	21.2%	5,417	827	15.3%
Rents & Leases	3,510	3,683	4.9%	4,218	(535)	(12.7%)
Depreciation & Amortization	18,418	18,949	2.9%	19,835	(886)	(4.5%)
Interest Expense	3,854	4,322	12.1%	4,235	86	2.0%
Other Expense	11,592	12,517	8.0%	14,984	(2,467)	(16.5%)
Humana Cap Plan Expense	21,958	25,191	14.7%	22,835	2,356	10.3%
Management Services Expense	20,263	22,404	10.6%	23,831	(1,427)	(6.0%)
Total Other Expenses	253,046	261,994	3.5%	262,627	(634)	(0.2%)
Total Operating Expenses	504,048	536,663	6.5%	530,842	5,821	1.1%
Operating Margin	(\$3,306)	(\$39,431)		(\$8,862)	(\$30,380)	
Stimulus Funds	7,117	287		1,767	(1,480)	
Operating Margin after Stimulus	\$3,811	(\$39,144)		(\$7,095)	(\$32,050)	
Nonoperating Income						
Nonoperating Revenue (Loss)	4,992	1,733		2,567	(833)	
Excess Margin	\$8,804	(\$37,411)		(\$4,528)	(\$32,883)	

Kaweah Health Medical Group

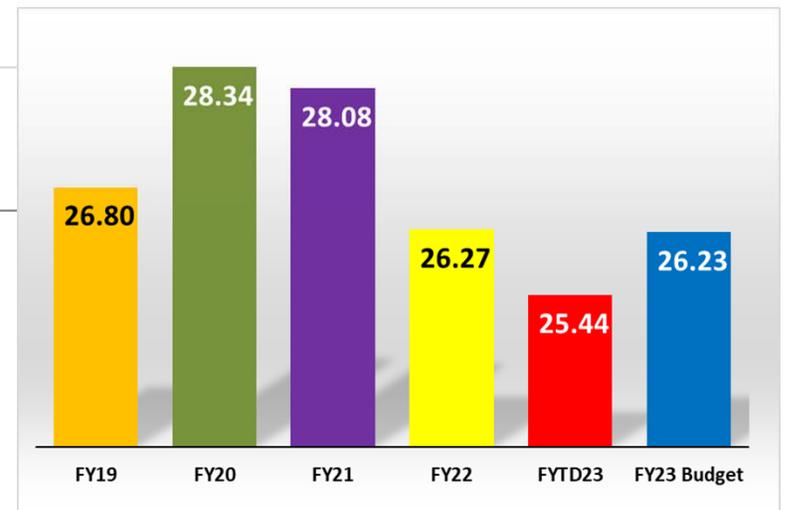
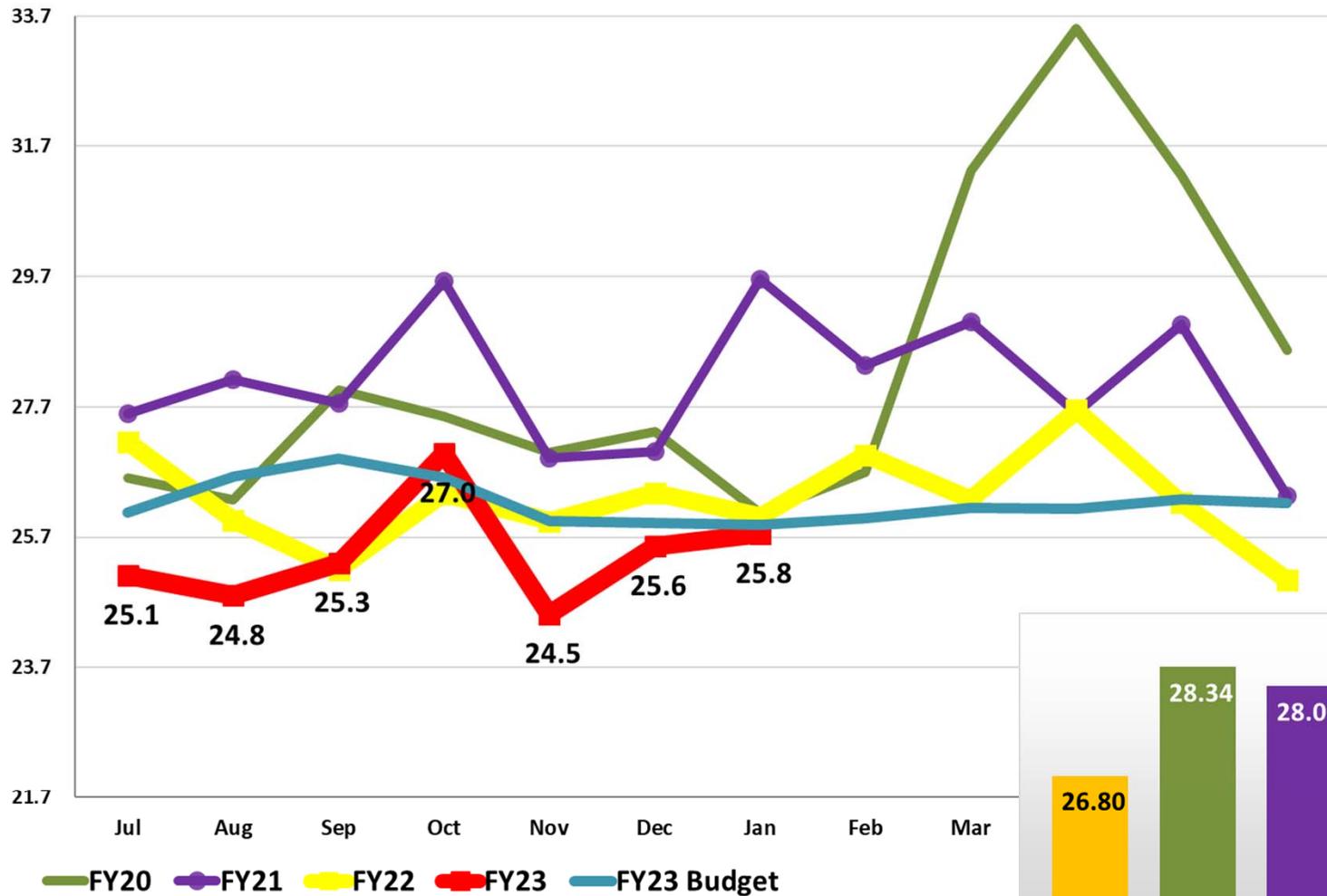
Fiscal Year Financial Comparison (000's)

	Actual Results FYTD July – Jan			Budget FYTD	Budget Variance	FYTD
	Jan 2022	Jan 2023	% Change	Jan 2023	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$28,110	\$28,119	0.0%	\$30,710	(\$2,591)	(8.4%)
Other Revenue	1,050	452	(56.9%)	697	(245)	(35.1%)
Other Operating Revenue	1,050	452	(56.9%)	697	(245)	(35.1%)
Total Operating Revenue	29,160	28,571	(2.0%)	31,407	(2,836)	(9.0%)
Operating Expenses						
Salaries & Wages	6,747	6,970	3.3%	7,750	(779)	(10.1%)
Employee Benefits	994	1,386	39.4%	1,589	(202)	(12.7%)
Total Employment Expenses	7,741	8,356	8.0%	9,338	(982)	(10.5%)
Medical & Other Supplies	3,833	4,425	15.4%	4,150	274	6.6%
Physician Fees	17,087	16,112	(5.7%)	17,595	(1,482)	(8.4%)
Purchased Services	582	579	(0.5%)	643	(63)	(9.8%)
Repairs & Maintenance	1,243	1,310	5.4%	1,629	(318)	(19.6%)
Utilities	275	348	26.6%	337	11	3.2%
Rents & Leases	1,463	1,592	8.8%	1,552	40	2.6%
Depreciation & Amortization	461	394	(14.4%)	451	(56)	(12.5%)
Interest Expense	1	0	(100.0%)	0	0	0.0%
Other Expense	772	663	(14.2%)	1,073	(410)	(38.2%)
Total Other Expenses	25,717	25,423	(1.1%)	27,429	(2,006)	(7.3%)
Total Operating Expenses	33,458	33,779	1.0%	36,767	(2,987)	(8.1%)
Stimulus Funds	0	0	0.0%	0	0	0.0%
Excess Margin	(\$4,297)	(\$5,208)	(21.2%)	(\$5,360)	\$152	2.8%
Excess Margin %	(14.7%)	(18.2%)		(17.1%)		

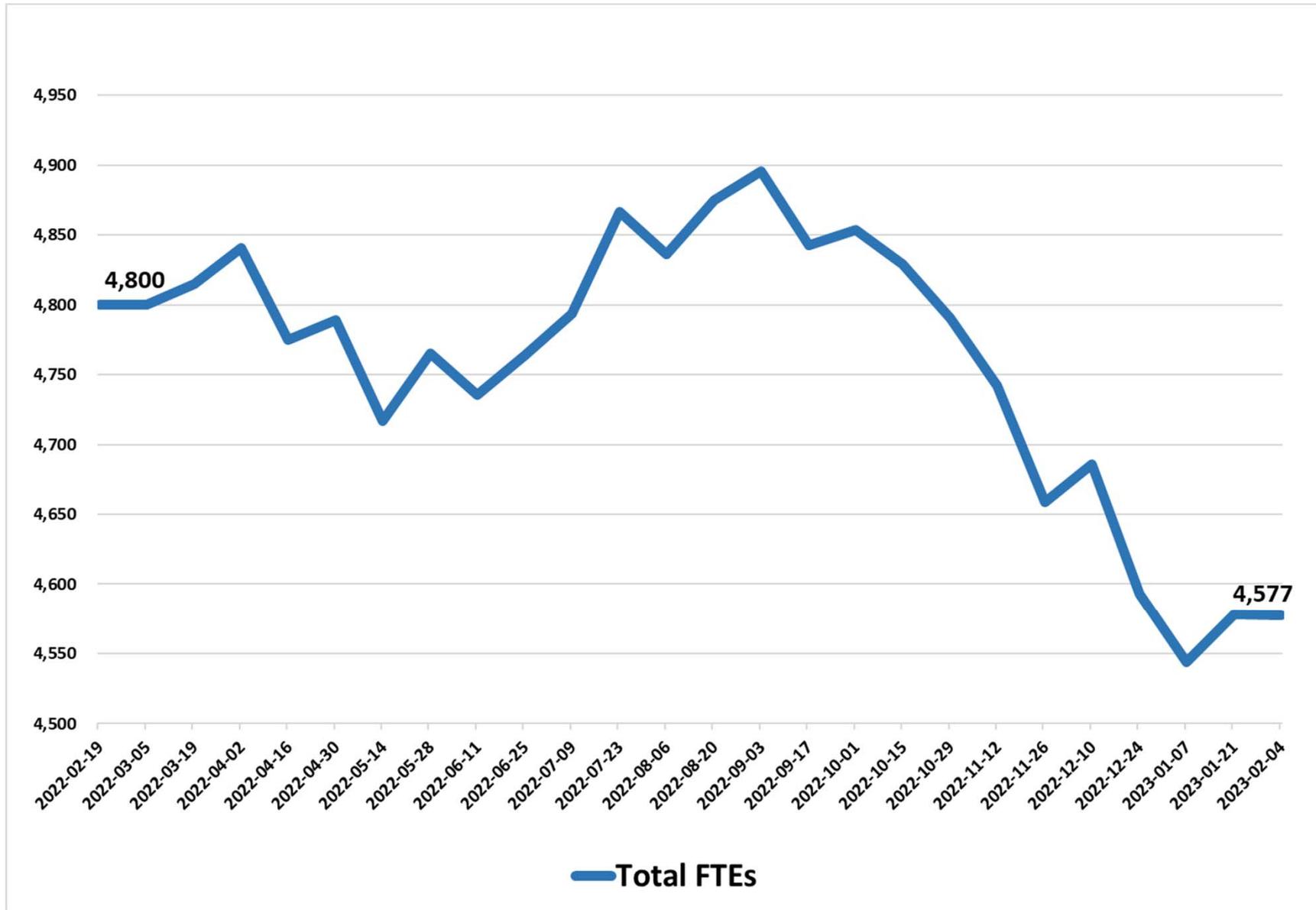
Month of January - Budget Variances

- **Closure of the Transitional Care Service Unit on Court Street.** Beginning in November, we stopped accepting patients at our TCS South location. This ramp down represents approximately \$278K less in net patient revenue and \$418K less in direct costs, which is a \$140K positive net bottom line impact for January and approximately \$500K positive net impact for November - January.
- **Net Patient Revenues:** Net patient revenue was under budget by \$4.8M or 8.5% in January. The decrease was due to lower patient volume than budgeted. Inpatient days were 12.5% under budget primarily due to the downtown campus and the closure of TCS. In addition, outpatient equivalent days were 7.4% under budget in the majority of our services.
- **Salaries and Contract Labor:** Both Salary and wages and contract labor were under budget primarily due to the lower volumes and operation back in black initiatives.
- **Utilities:** In January and throughout FY23, we have experienced higher costs of gas and electricity. Our gas expense exceeded budget by \$128.5K and our electricity by \$57.8K in January. We are working through final negotiations with our gas provider to reduce these escalating expenses.
- **Humana Third Party Claims:** Humana Third party claims continue to be over budget with an unfavorable variance of \$242K in January.

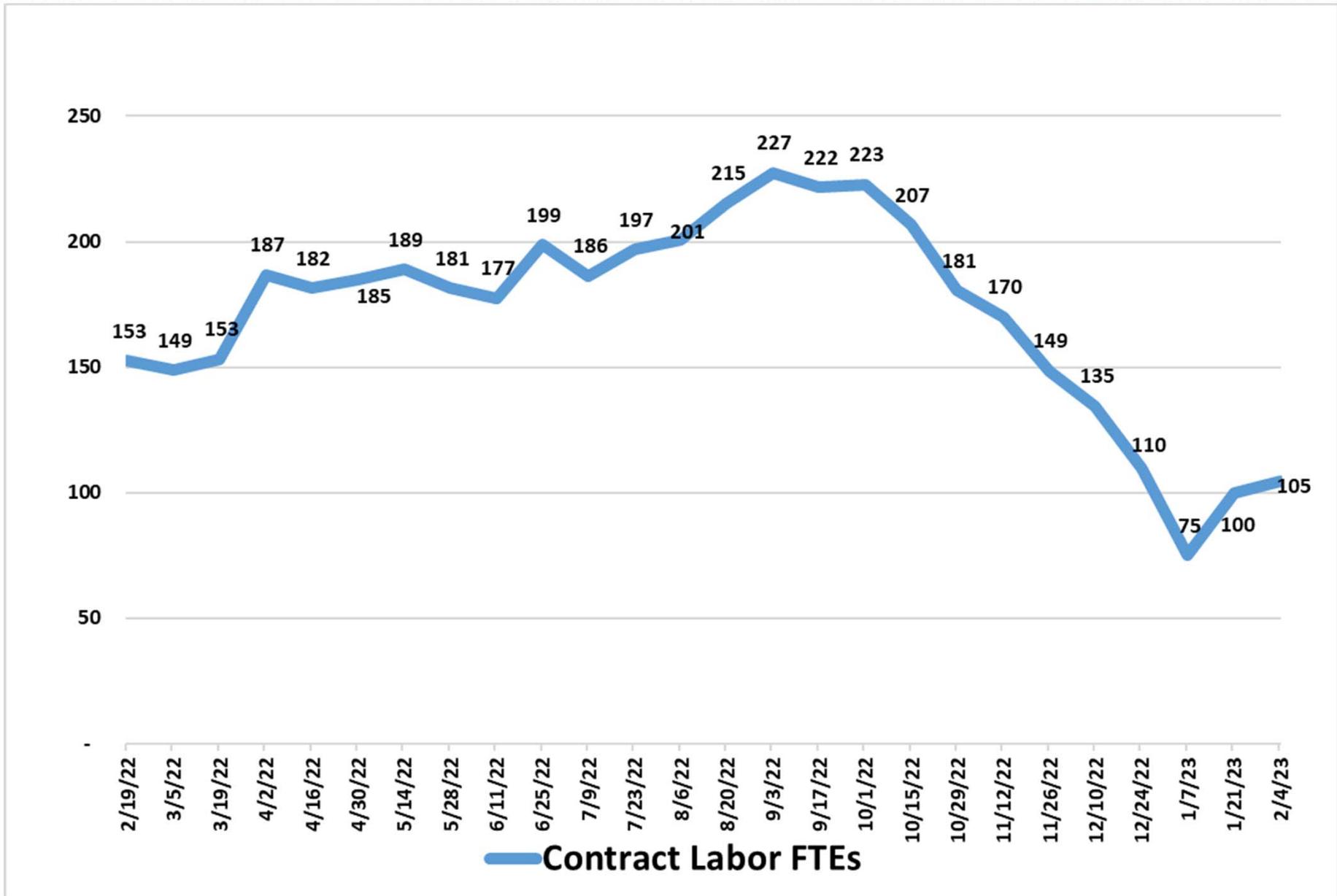
Productivity: Worked Hours/Adjusted Patient Days



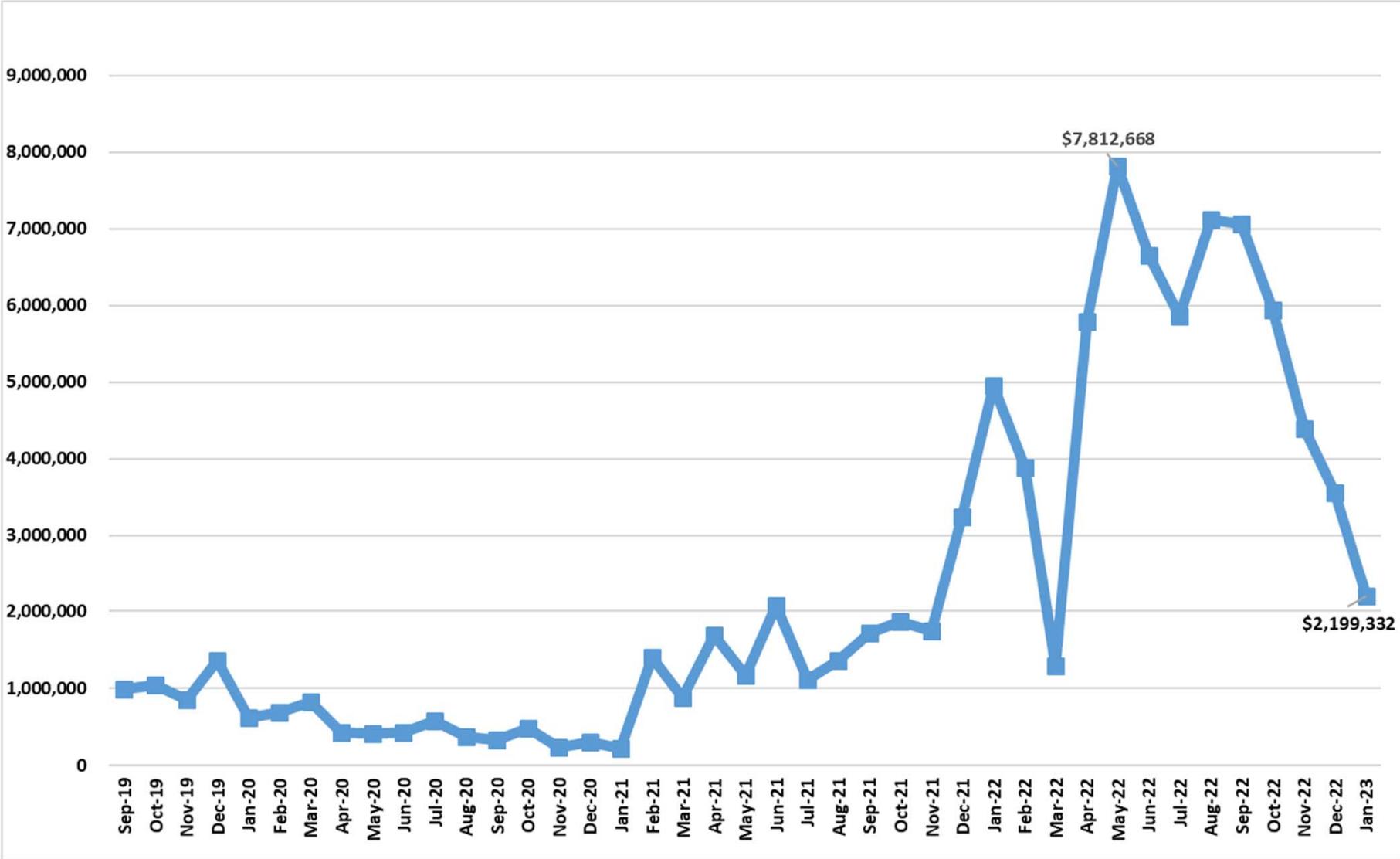
Trended FTEs: Productive & Nonproductive Hours



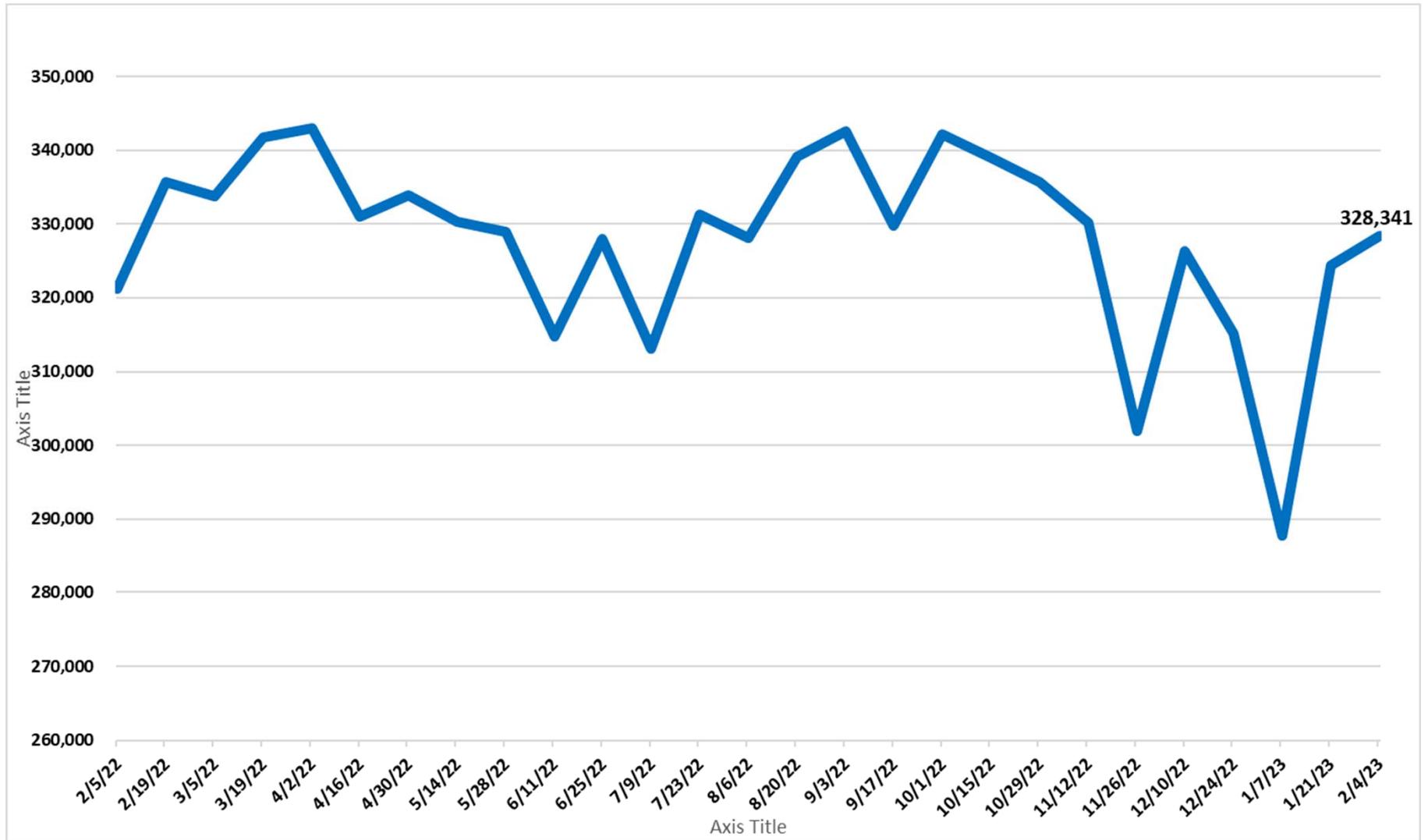
Contract Labor Full Time Equivalents (FTEs)



Contract Labor Expense

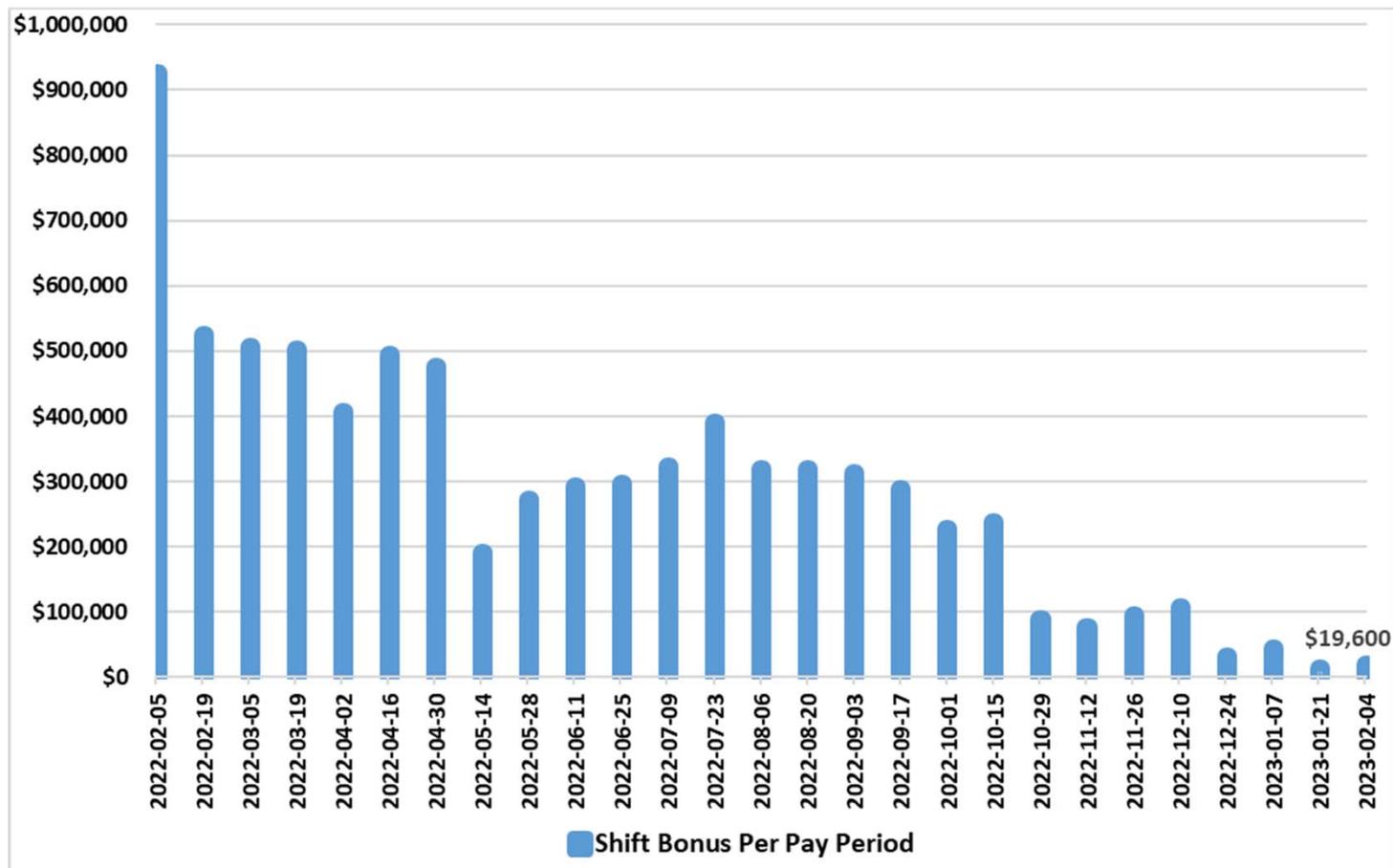


Productive Hours

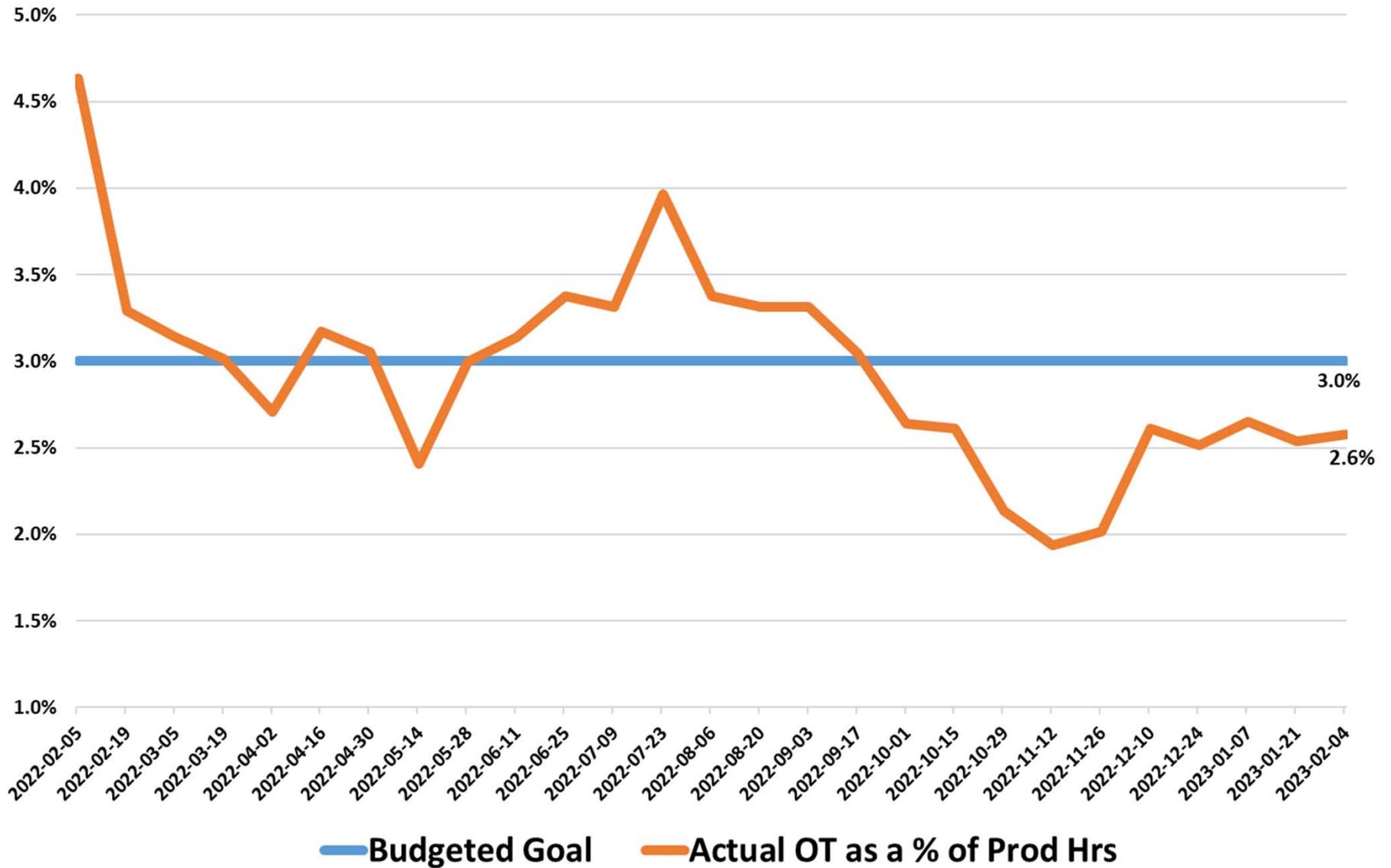


Bonus: Shift & \$7 for 7th

\$ Impact from new pay initiative 7th shift for \$7					
	2023-02-04	2023-01-21	2023-01-07	2022-12-24	Annualized
Additional Pay	\$ 139,965	\$ 142,072	\$ 122,999	\$ 106,693	\$ 3,639,093
# of Staff Participating	213	216	187	156	
Average \$ per person	\$ 657	\$ 658	\$ 658	\$ 684	



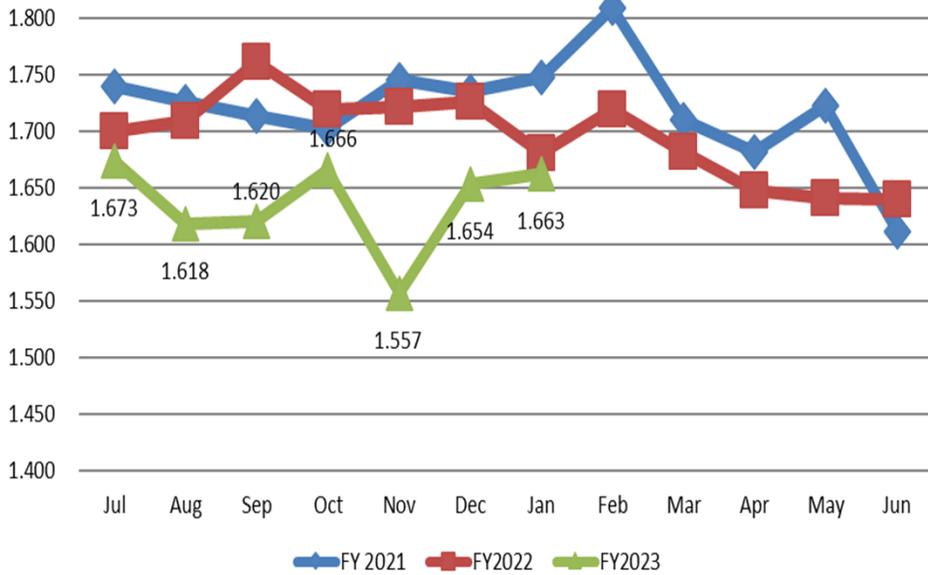
Overtime as a % of Productive Hours and \$



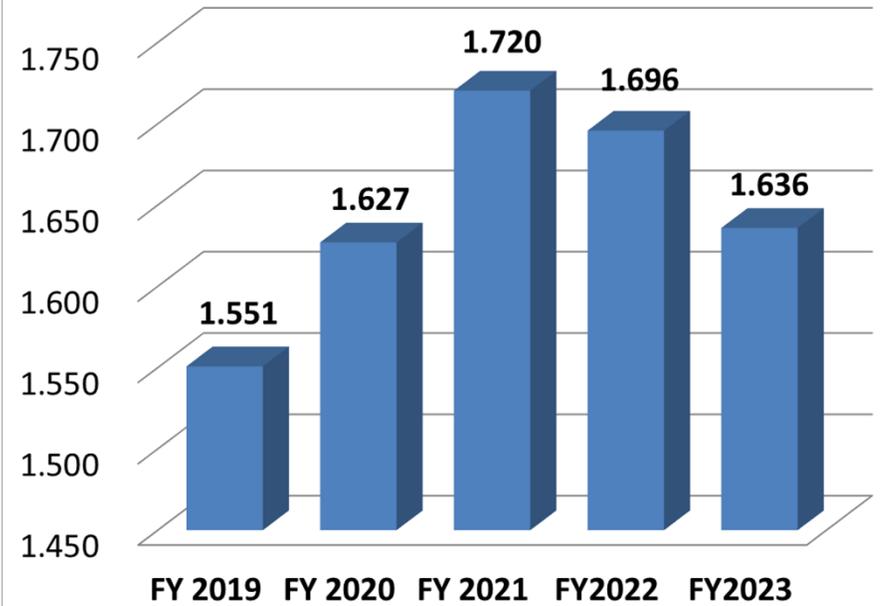
Overtime Biweekly Expense



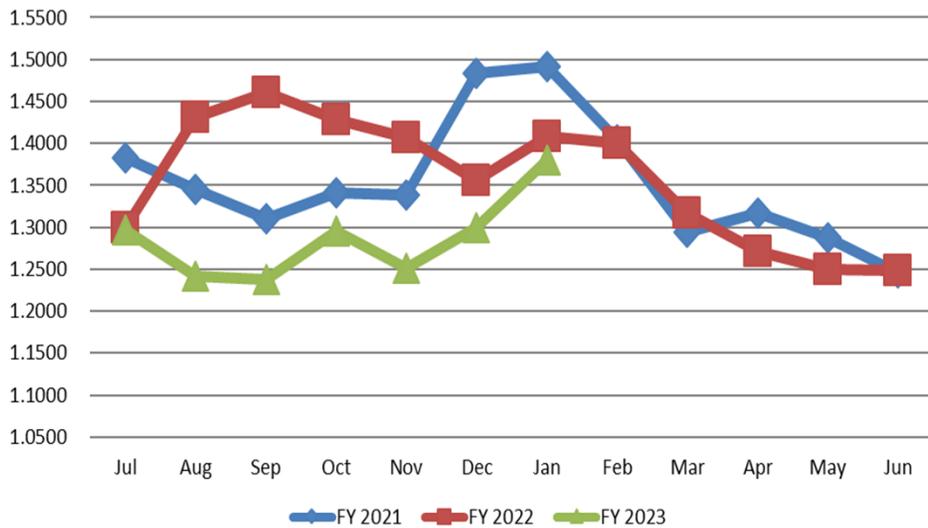
Case Mix Index w/o Normal Newborns



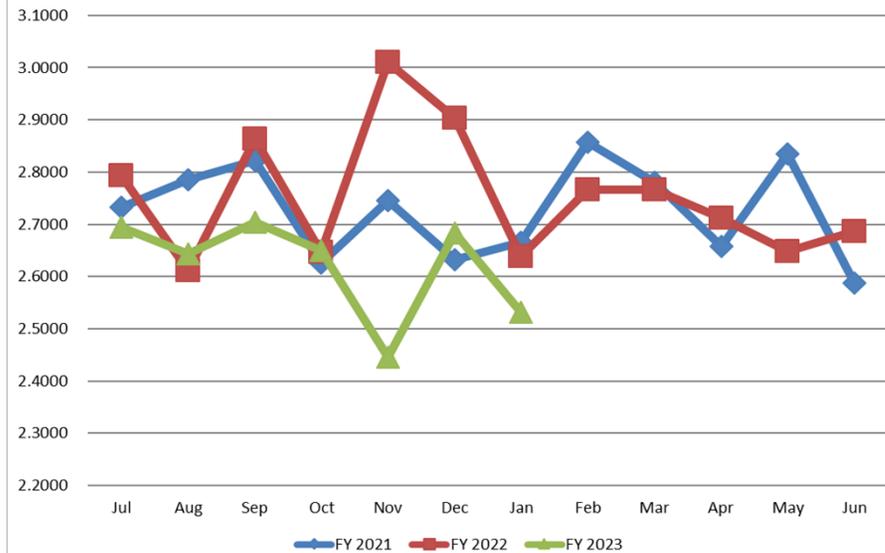
Case Mix Index w/o Normal Newborns - All



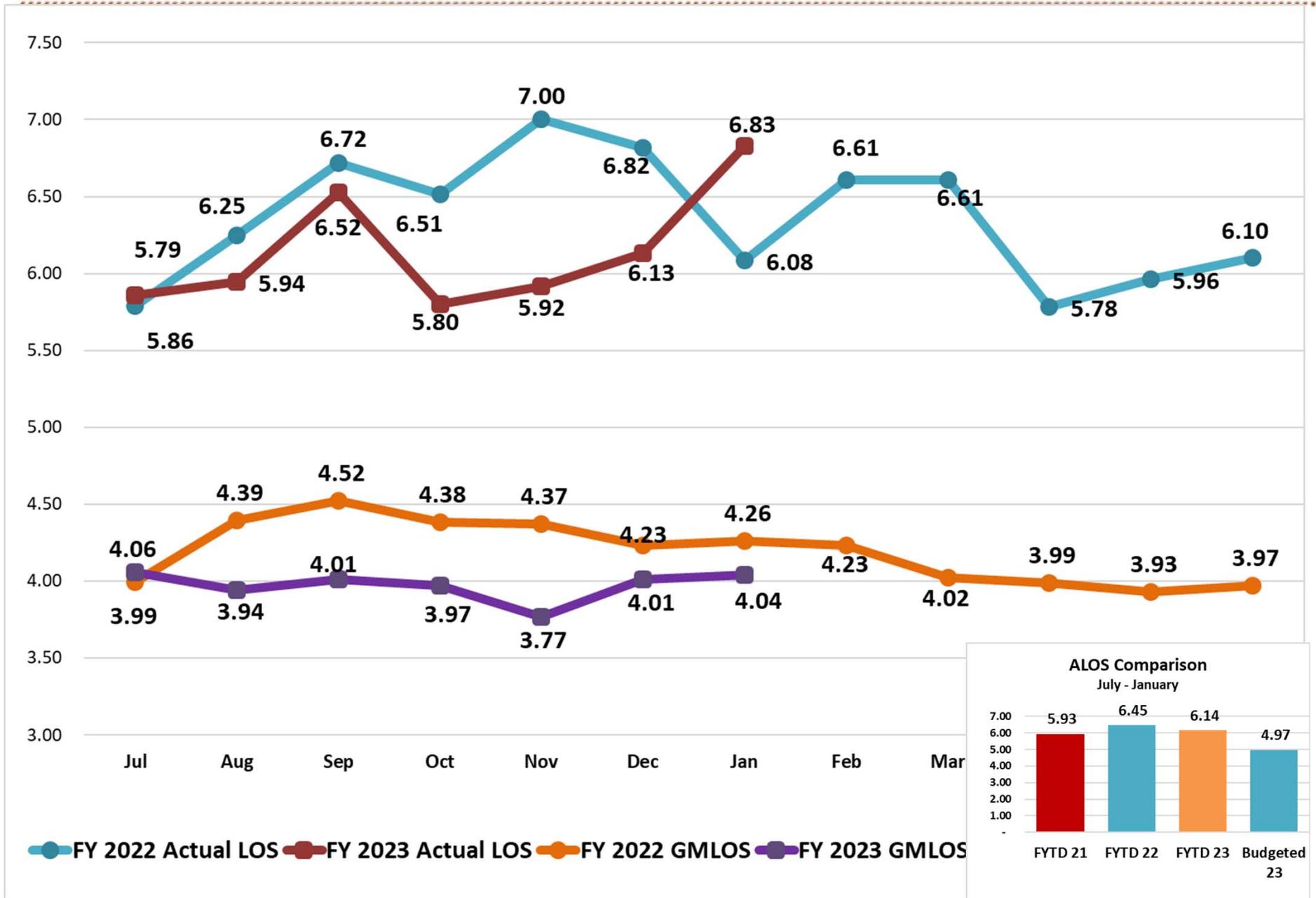
Case Mix **Medical w/o Normal Newborns**



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



Average Length of Stay versus National Average (GMLOS)



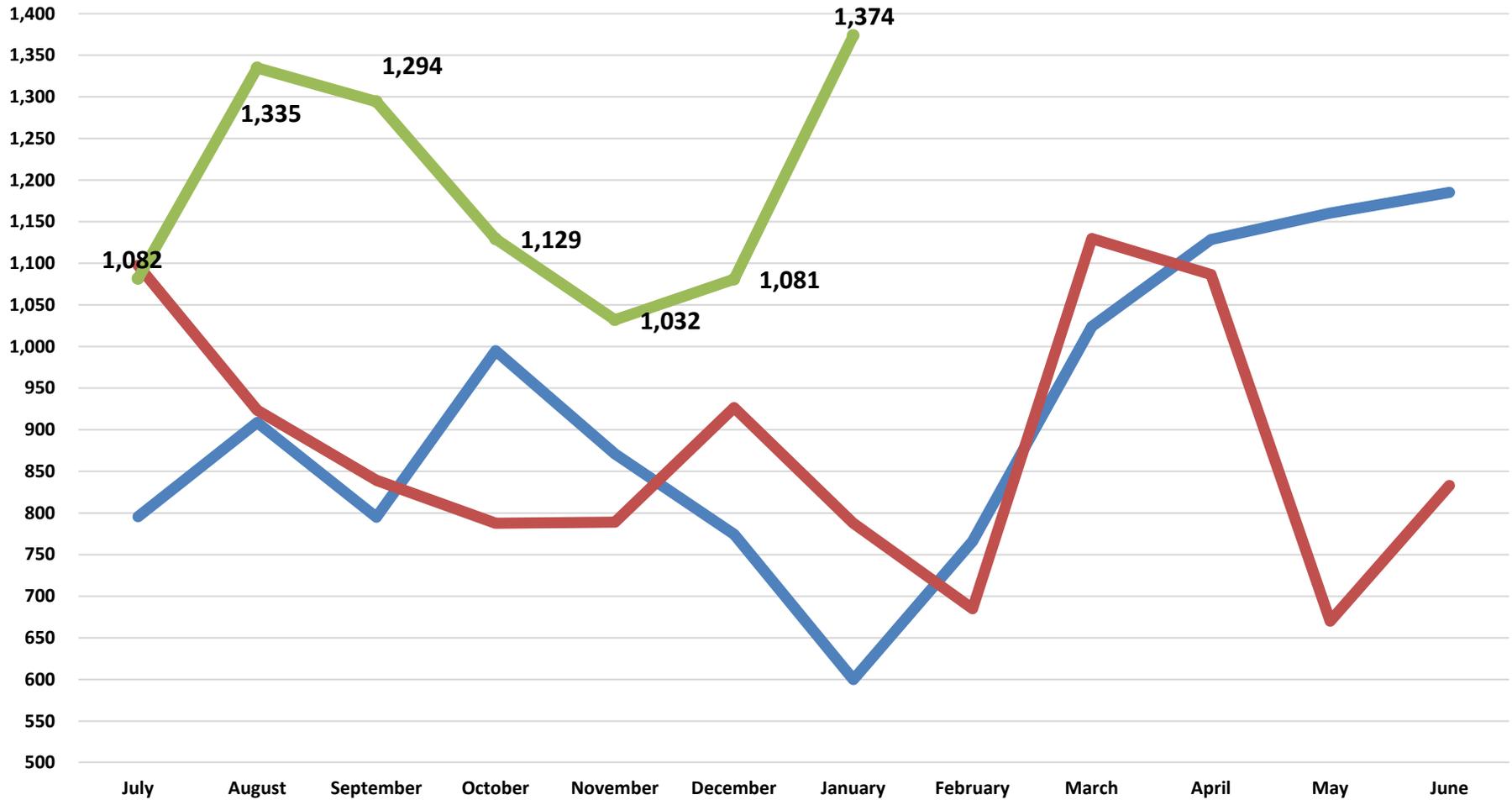
Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients			Gap Diff	%
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP		
Mar-20	5.20	4.04	1.16	5.17	4.03	1.14	0.02	2%
Apr-20	5.30	4.25	1.05	5.20	4.17	1.03	0.02	1%
May-20	5.25	4.16	1.09	4.74	4.06	0.68	0.40	37%
Jun-20	5.61	4.11	1.50	4.98	3.95	1.03	0.47	31%
Jul-20	5.61	4.32	1.29	5.01	4.05	0.96	0.33	25%
Aug-20	5.70	4.23	1.47	5.00	3.95	1.05	0.42	28%
Sep-20	5.93	4.17	1.76	5.33	4.00	1.33	0.43	24%
Oct-20	5.21	4.09	1.12	4.98	3.98	1.00	0.12	10%
Nov-20	5.66	4.21	1.45	5.40	4.07	1.33	0.12	8%
Dec-20	6.32	4.50	1.82	5.16	3.97	1.19	0.63	34%
Jan-21	7.07	4.72	2.35	5.61	4.15	1.46	0.90	38%
Feb-21	6.73	4.37	2.36	5.64	4.01	1.63	0.73	31%
Mar-21	5.76	4.07	1.69	5.04	3.92	1.12	0.57	34%
Apr-21	5.40	3.98	1.42	5.22	3.89	1.33	0.09	7%
May-21	5.57	4.00	1.57	5.34	3.92	1.42	0.15	10%
Jun-21	5.76	3.90	1.86	5.68	3.88	1.80	0.06	3%
Jul-21	5.79	3.99	1.80	5.69	3.94	1.75	0.05	3%
Aug-21	6.25	4.39	1.86	5.95	4.05	1.90	(0.04)	-2%
Sep-21	6.72	4.52	2.20	5.89	4.08	1.81	0.39	18%
Oct-21	6.51	4.38	2.13	5.34	4.00	1.34	0.79	37%
Nov-21	7.00	4.37	2.63	5.75	3.95	1.80	0.83	32%
Dec-21	6.82	4.23	2.59	6.12	3.98	2.14	0.45	17%
Jan-22	6.08	4.26	1.82	5.96	3.96	2.00	(0.18)	-10%
Feb-22	6.61	4.23	2.38	5.86	3.83	2.03	0.35	15%
Mar-22	6.61	4.02	2.59	5.68	3.89	1.79	0.80	31%
Apr-22	5.78	3.99	1.79	5.66	3.98	1.68	0.11	6%
May-22	5.96	3.93	2.03	5.60	3.87	1.73	0.30	15%
Jun-22	6.10	3.97	2.13	5.62	3.88	1.74	0.39	18%
Jul-22	5.86	4.06	1.80	5.64	3.89	1.75	0.05	3%
Aug-22	5.94	3.94	2.00	5.61	3.82	1.79	0.21	11%
Sep-22	6.52	4.01	2.51	6.27	3.94	2.33	0.18	7%
Oct-22	5.80	3.97	1.83	5.59	3.91	1.68	0.15	8%
Nov-22	5.92	3.77	2.15	5.85	3.74	2.11	0.04	2%
Dec-22	6.13	4.01	2.12	5.68	3.92	1.76	0.36	17%
Jan-23	6.83	5.01	1.82	6.30	3.92	2.38	(0.56)	-31%
Average	6.04	4.18	1.86	5.51	3.96	1.55	0.31	17%

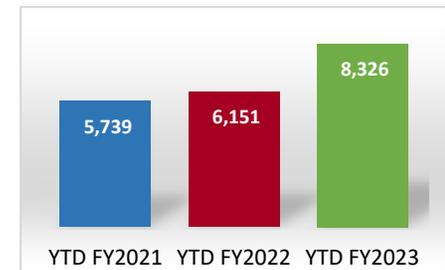
Opportunity Cost of Reducing LOS to National Average - \$82M FY22



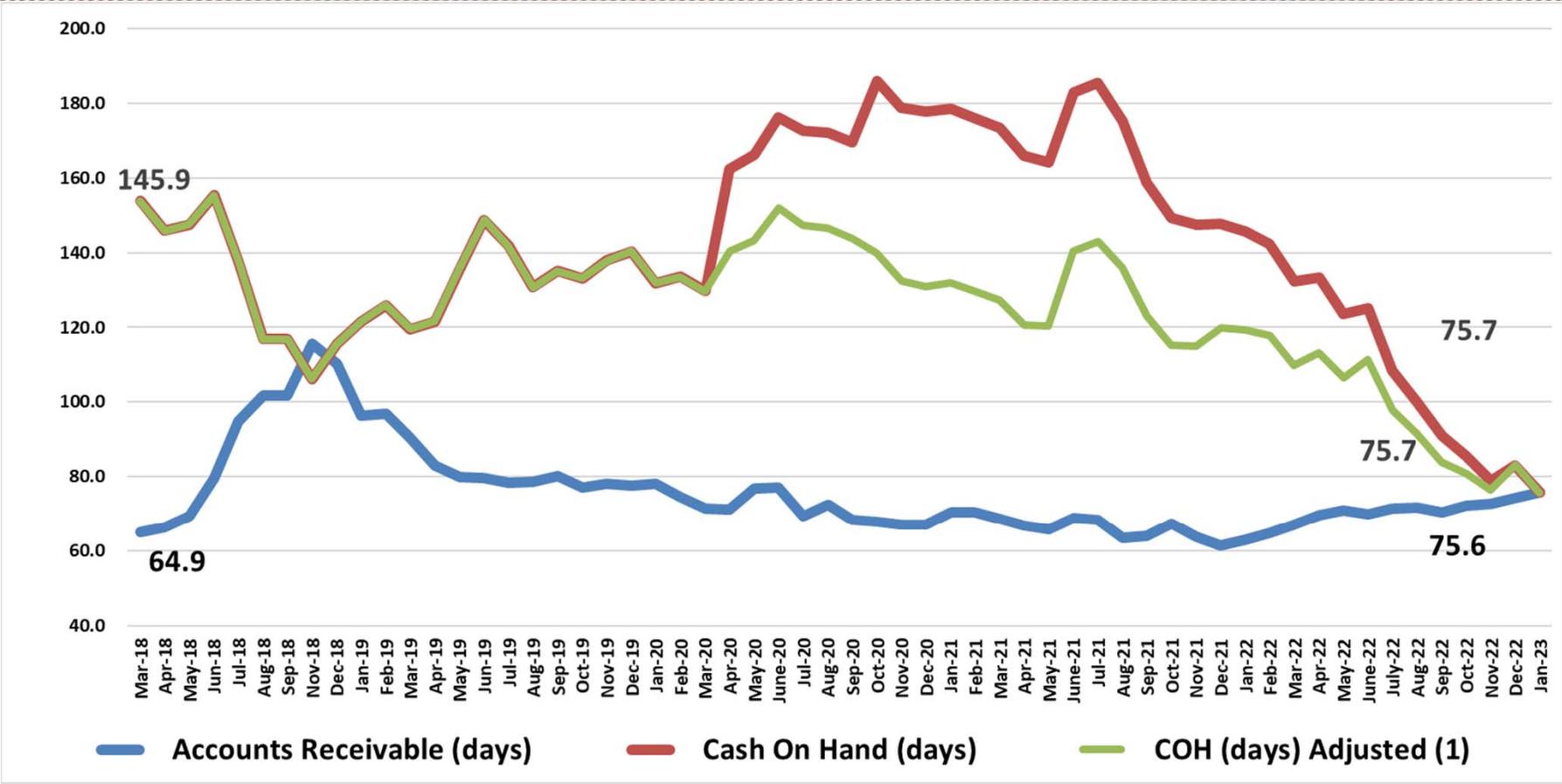
Observation Days



— **FY2021**
 — **FY2022**
 — **FY2023**



Trended Liquidity Ratios



(1) Adjusted for Medicare accelerated payments and the deferral of employer portion of FICA as allowed by the CARES act.

KAWEAH DELTA HEALTH CARE DISTRICT

RATIO ANALYSIS REPORT

JANUARY 31, 2022

	Current Month Value	Prior Month Value	June 30, 2022 Audited Value	2021 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	3.5	3.0	2.0	1.4	1.7	1.6
Accounts Receivable (days)	75.6	74.3	69.4	48.3	48.3	47.5
Cash On Hand (days)	75.7	83.0	117.3	341.3	268.4	206.5
Cushion Ratio (x)	10.0	11.1	17.4	52.4	31.5	19.9
Average Payment Period (days)	36.4	43.4	61.8	97.6	86.4	94.0
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	85.6%	94.9%	128.3%	323.4%	220.4%	170.1%
Debt-To-Capitalization	33.2%	33.1%	31.3%	20.6%	29.1%	36.3%
Debt-to-Cash Flow (x)	(7.4)	(6.0)	7.2	2.1	2.6	3.3
Debt Service Coverage	(1.7)	(2.0)	1.4	9.6	6.0	4.5
Maximum Annual Debt Service Coverage (x)	(1.6)	(2.0)	1.4	8.2	5.5	3.9
Age Of Plant (years)	14.9	15.0	12.3	10.8	12.4	13.5
PROFITABILITY RATIOS						
Operating Margin	(7.9%)	(8.7%)	(4.3%)	4.1%	3.1%	2.2%
Excess Margin	(7.9%)	(8.6%)	(2.9%)	8.1%	6.7%	4.8%
Operating Cash Flow Margin	(3.3%)	(4.1%)	1.0%	9.6%	8.8%	7.5%
Return on Assets	(8.0%)	(8.6%)	(2.8%)	5.8%	4.9%	3.9%

KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED INCOME STATEMENT (000's)
FISCAL YEAR 2022 & 2023

Fiscal Year	Operating Revenue			Operating Expenses								Operating Income	Non- Operating Income	Net Income	Operating Margin %	Excess Margin
	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense	Operating Expenses Total								
2022																
Jul-21	51,502	15,035	66,537	32,678	7,922	9,596	15,217	65,413	1,124	582	1,706	1.7%	2.5%			
Aug-21	49,714	16,024	65,737	33,434	8,527	13,004	15,414	70,379	(4,642)	990	(3,651)	(7.1%)	(5.5%)			
Sep-21	57,879	15,513	73,391	38,332	7,736	11,942	17,438	75,448	(2,056)	(388)	(2,445)	(2.8%)	(3.3%)			
Oct-21	55,674	15,592	71,266	36,627	9,674	11,714	17,386	75,402	(4,136)	732	(3,403)	(5.8%)	(4.7%)			
Nov-21	54,846	22,162	77,008	33,634	10,261	10,623	15,629	70,146	6,862	7,129	13,991	8.9%	16.6%			
Dec-21	51,115	21,796	72,911	37,366	9,479	10,687	15,532	73,064	(153)	2,057	1,904	(0.2%)	2.5%			
Jan-22	56,862	17,469	74,331	38,931	9,210	10,913	15,143	74,197	134	568	702	0.2%	0.9%			
Feb-22	47,933	17,525	65,458	36,102	8,812	10,406	15,848	71,168	(5,710)	787	(4,924)	(8.7%)	(7.4%)			
Mar-22	52,555	16,609	69,164	37,920	9,045	11,180	18,266	76,412	(7,247)	(470)	(7,717)	(10.5%)	(11.2%)			
Apr-22	49,729	23,436	73,165	40,828	8,829	10,685	17,410	77,752	(4,588)	(568)	(5,156)	(6.3%)	(7.1%)			
May-22	56,673	18,552	75,225	40,040	9,329	11,914	17,162	78,445	(3,220)	(436)	(3,656)	(4.3%)	(4.9%)			
Jun-22	51,040	23,102	74,142	50,244	9,413	8,179	19,349	87,186	(13,044)	126	(12,918)	(17.6%)	(17.4%)			
2022 FY Total	\$ 635,520	\$ 222,815	\$ 858,335	\$ 456,137	\$ 108,238	\$ 130,842	\$ 199,795	\$ 895,011	\$ (36,676)	\$ 11,108	\$ (25,568)	(4.3%)	(2.9%)			
2023																
Jul-22	52,368	18,113	70,480	41,319	8,892	9,593	18,601	78,406	(7,926)	552	(7,374)	(11.2%)	(10.4%)			
Aug-22	54,965	17,672	72,637	42,122	9,585	11,666	17,888	81,261	(8,623)	326	(8,297)	(11.9%)	(11.4%)			
Sep-22	48,168	17,304	65,472	39,158	8,814	11,642	17,869	77,483	(12,010)	(3,901)	(15,911)	(18.3%)	(25.8%)			
Oct-22	54,432	17,291	71,723	40,625	9,859	11,523	15,522	77,529	(5,807)	452	(5,355)	(8.1%)	(7.4%)			
Nov-22	56,706	17,741	74,447	36,477	9,645	11,358	17,171	74,650	(203)	150	(53)	(0.3%)	(0.1%)			
Dec-22	53,217	18,452	71,670	38,105	8,276	10,632	17,203	74,216	(2,546)	2,901	355	(3.6%)	0.5%			
Jan-23	51,048	19,753	70,801	36,862	8,564	10,396	17,296	73,118	(2,317)	1,540	(777)	(3.3%)	(1.1%)			
2023 FY Total	\$ 370,905	\$ 126,326	\$ 497,231	\$ 274,669	\$ 63,634	\$ 76,810	\$ 121,550	\$ 536,663	\$ (39,431)	\$ 2,020	\$ (37,411)	(7.9%)	(7.5%)			
FYTD Budget	393,475	130,272	523,748	268,215	63,743	73,995	124,890	530,842	(7,095)	2,567	(4,528)	(1.4%)	(0.9%)			
Variance	\$ (22,570)	\$ (3,946)	\$ (26,516)	\$ 6,454	\$ (109)	\$ 2,815	\$ (3,339)	\$ 5,821	\$ (32,337)	\$ (546)	\$ (32,883)					
Current Month Analysis																
Jan-23	\$ 51,048	\$ 19,943	\$ 70,991	\$ 36,862	\$ 8,564	\$ 10,396	\$ 17,296	\$ 73,118	\$ (2,127)	\$ 1,350	\$ (777)	(3.0%)	(1.1%)			
Budget	55,800	19,026	74,826	38,904	9,099	10,332	17,994	76,329	(1,503)	371	(1,131)	(2.0%)	(1.5%)			
Variance	\$ (4,752)	\$ 917	\$ (3,835)	\$ (2,042)	\$ (535)	\$ 64	\$ (698)	\$ (3,211)	\$ (624)	\$ 979	\$ 355					

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2022 & 2023

Fiscal Year	Patient Days	ADC	Adjusted	I/P Revenue %	DFR &	Net Patient	Personnel	Physician	Supply	Total	Personnel	Physician	Supply	Total
			Patient Days		Bad Debt %	Revenue/ Adjusted Patient Day	Expense/ Adjusted Patient Day	Fees/ Adjusted Patient Day	Expense/ Adjusted Patient Day	Expense/ Adjusted Patient Day	Expense/ Net Patient Revenue	Fees/ Net Patient Revenue	Expense/ Net Patient Revenue	Operating Expense/ Net Patient Revenue
2022														
Jul-21	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%	15.4%	18.6%	127.0%
Aug-21	14,421	465	27,742	52.0%	77.3%	1,792	1,205	307	469	2,537	67.3%	17.2%	26.2%	141.6%
Sep-21	14,836	495	28,344	52.3%	75.0%	2,042	1,352	273	421	2,662	66.2%	13.4%	20.6%	130.4%
Oct-21	15,518	501	28,267	54.9%	75.8%	1,970	1,296	342	414	2,667	65.8%	17.4%	21.0%	135.4%
Nov-21	13,969	466	26,571	52.6%	74.8%	2,064	1,266	386	400	2,640	61.3%	18.7%	19.4%	127.9%
Dec-21	14,305	461	27,106	52.8%	76.4%	1,886	1,378	350	394	2,695	73.1%	18.5%	20.9%	142.9%
Jan-22	14,611	471	26,955	54.2%	74.3%	2,109	1,444	342	405	2,753	68.5%	16.2%	19.2%	130.5%
Feb-22	13,263	474	24,973	53.1%	75.8%	1,919	1,446	353	417	2,850	75.3%	18.4%	21.7%	148.5%
Mar-22	13,570	438	27,296	49.7%	76.7%	1,925	1,389	331	410	2,799	72.2%	17.2%	21.3%	145.4%
Apr-22	12,698	423	26,159	48.5%	77.0%	1,901	1,561	338	408	2,972	82.1%	17.8%	21.5%	156.4%
May-22	13,858	447	28,283	49.0%	74.6%	2,004	1,416	330	421	2,774	70.7%	16.5%	21.0%	138.4%
Jun-22	13,603	453	27,788	49.0%	77.5%	1,837	1,808	339	294	3,137	98.4%	18.4%	16.0%	170.8%
2022 FY Total	168,040	460	325,602	51.6%	75.9%	1,952	1,401	332	402	2,749	71.8%	17.0%	20.6%	140.8%
2023														
Jul-22	13,910	449	27,688	50.2%	75.6%	1,891	1,492	321	346	2,832	78.9%	17.0%	18.3%	149.7%
Aug-22	13,865	447	29,148	47.6%	76.4%	1,886	1,445	329	400	2,788	76.6%	17.4%	21.2%	147.8%
Sep-22	12,768	426	27,367	46.7%	77.4%	1,760	1,431	322	425	2,831	81.3%	18.3%	24.2%	160.9%
Oct-22	13,119	423	27,421	47.8%	75.7%	1,985	1,482	360	420	2,827	74.6%	18.1%	21.2%	142.4%
Nov-22	12,904	430	26,955	47.9%	74.6%	2,104	1,353	358	421	2,769	64.3%	17.0%	20.0%	131.6%
Dec-22	13,587	438	27,686	49.1%	76.2%	1,922	1,376	299	384	2,681	71.6%	15.6%	20.0%	139.5%
Jan-23	13,396	432	27,042	49.5%	77.5%	1,888	1,363	317	384	2,704	72.2%	16.8%	20.4%	143.2%
2023 FY Total	93,549	435	193,292	48.4%	76.2%	1,919	1,421	329	397	2,776	74.1%	17.2%	20.7%	144.7%
FYTD Budget	103,870	483	198,243	52.4%	75.2%	1,985	1,353	322	373	2,746	68.2%	16.2%	18.8%	134.9%
Variance	(10,321)	(48)	(4,951)	(4.0%)	1.0%	(66)	68	8	24	30	5.9%	1.0%	1.9%	9.8%
Current Month Analysis														
Jan-23	13,396	432	27,042	49.5%	77.5%	1,888	1,363	317	384	2,704	72.2%	16.8%	20.4%	143.2%
Budget	15,303	494	29,199	52.4%	75.5%	1,911	1,332	312	354	2,823	69.7%	16.3%	18.5%	136.8%
Variance	(1,907)	(62)	(2,158)	(2.9%)	2.0%	(23)	31	5	31	(119)	2.5%	0.5%	1.8%	6.4%

KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED STATEMENTS OF NET POSITION (000's)

	Jan-23	Dec-22	Change	% Change	Jun-22 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 2,377	\$ 15,856	\$ (13,479)	-85.01%	\$ 21,693
Current Portion of Board designated and trusted assets	19,776	19,103	673	3.52%	14,121
Accounts receivable:					
Net patient accounts	144,491	145,179	(688)	-0.47%	135,946
Other receivables	29,564	30,123	(559)	-1.86%	27,575
	174,055	175,303	(1,247)	-0.71%	163,521
Inventories	13,776	14,139	(363)	-2.57%	14,025
Medicare and Medi-Cal settlements	77,172	72,131	5,041	6.99%	58,593
Prepaid expenses	16,316	15,755	560	3.55%	13,050
Total current assets	303,471	312,286	(8,816)	-2.82%	285,004
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	172,056	178,281	(6,226)	-3.49%	266,148
Revenue bond assets held in trust	0	2	(1)	-84.26%	8
Assets in self-insurance trust fund	960	957	3	0.31%	1,040
Total non-current cash and investments	173,015	179,239	(6,224)	-3.47%	267,197
INTANGIBLE RIGHT TO USE LEASE,	14,086	14,376	(291)	-2.02%	14,376
net of accumulated amortization					
CAPITAL ASSETS					
Land	17,542	17,542	-	0.00%	17,542
Buildings and improvements	427,096	425,932	1,164	0.27%	425,542
Equipment	331,097	325,195	5,902	1.81%	325,209
Construction in progress	19,140	25,304	(6,164)	-24.36%	15,620
	794,876	793,974	902	0.11%	783,912
Less accumulated depreciation	477,794	475,181	2,613	0.55%	459,744
	317,082	318,793	(1,711)	-0.54%	324,168
Property under capital leases -					
less accumulated amortization	(403)	(346)	(58)	16.67%	0
Total capital assets	316,679	318,447	(1,768)	-0.56%	324,168
OTHER ASSETS					
Property not used in operations	1,554	1,558	(4)	-0.27%	1,584
Health-related investments	3,916	3,872	45	1.15%	4,620
Other	13,175	13,182	(7)	-0.06%	12,511
Total other assets	18,645	18,612	33	0.18%	18,715
Total assets	825,896	842,962	(17,066)	-2.02%	909,460
DEFERRED OUTFLOWS	34,149	34,186	(37)	-0.11%	34,410
Total assets and deferred outflows	\$ 860,044	\$ 877,148	\$ (17,103)	-1.95%	\$ 943,870

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED STATEMENTS OF NET POSITION (000's)

	Jan-23	Dec-22	Change	% Change	Jun-22 (Audited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	\$ 28,681	\$ 44,874	\$ (16,193)	-36.09%	\$ 62,542
Accrued payroll and related liabilities	49,004	50,784	(1,780)	-3.50%	70,913
Long-term debt, current portion	9,846	9,846	-	0.00%	11,759
Total current liabilities	87,531	105,503	(17,973)	-17.04%	145,214
LEASE LIABILITY, net of current portion	14,473	14,677	(204)	-1.39%	14,677
LONG-TERM DEBT, less current portion					
Bonds payable	239,571	239,578	(7)	0.00%	239,618
Capital leases	(13)	(13)	-	0.00%	0
Notes payable	17,745	17,745	-	0.00%	7,895
Total long-term debt	257,303	257,309	(7)	0.00%	247,512
NET PENSION LIABILITY	42,106	40,673	1,433	3.52%	39,789
OTHER LONG-TERM LIABILITIES	29,855	29,514	341	1.16%	30,968
Total liabilities	431,268	447,676	(16,408)	-3.67%	478,161
NET ASSETS					
Invested in capital assets, net of related debt	52,809	54,605	(1,796)	-3.29%	68,426
Restricted	37,447	36,884	563	1.53%	31,905
Unrestricted	338,521	337,982	538	0.16%	365,378
Total net position	428,777	429,471	(695)	-0.16%	465,709
Total liabilities and net position	\$ 860,044	\$ 877,148	\$ (17,103)	-1.95%	\$ 943,870

Operation Back in Black Updates

Updates on Forecast

OPERATION
BACK IN
BLACK



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



Kawah Health[™]
MORE THAN MEDICINE. LIFE.

Projected FY23 FY24 Financials with Operation Back in Black Initiatives

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	FY23	FY24
Net Patient Service Revenue	\$47,307,305	\$52,813,858	\$51,167,140	\$53,380,256	\$51,733,538	\$627,307,174	\$623,661,439
Supplemental Gov't Programs	\$5,498,709	\$6,007,499	\$5,837,902	\$6,007,499	\$5,837,902	\$66,244,508	\$73,054,826
Prime/QIP Program	\$683,587	\$756,828	\$732,414	\$756,828	\$732,417	\$8,860,183	\$8,860,183
Premium Revenue	\$6,091,889	\$6,091,889	\$6,091,889	\$6,091,889	\$6,091,889	\$73,102,665	\$0
Management Services Revenue	\$3,141,269	\$3,477,833	\$3,365,645	\$3,477,833	\$3,365,647	\$39,733,246	\$39,733,246
Other Revenue	\$2,457,337	\$2,724,628	\$2,632,135	\$2,722,589	\$2,636,193	\$31,984,794	\$30,814,375
Operating Revenue Total	\$65,180,095	\$71,872,534	\$69,827,124	\$72,436,894	\$70,397,586	\$847,232,571	\$776,124,069
Salaries & Wages	(\$25,122,947)	(\$27,386,003)	(\$25,643,491)	(\$26,502,610)	(\$25,592,328)	(\$330,493,681)	(\$310,314,006)
Contract Labor	(\$1,849,379)	(\$1,971,218)	(\$1,809,272)	(\$1,789,218)	(\$1,698,218)	(\$45,256,487)	(\$20,378,616)
Employee Benefits	(\$4,751,261)	(\$5,226,834)	(\$4,736,629)	(\$4,906,834)	(\$4,736,629)	(\$62,641,794)	(\$63,941,806)
Medical & Other Supplies	(\$9,582,369)	(\$10,518,814)	(\$10,209,628)	(\$10,405,110)	(\$10,145,924)	(\$127,671,433)	(\$121,720,307)
Physician Fees	(\$8,481,781)	(\$8,481,781)	(\$8,481,781)	(\$8,481,781)	(\$8,481,781)	(\$106,042,634)	(\$73,129,421)
Purchased Services	(\$1,513,963)	(\$1,680,078)	(\$1,632,439)	(\$1,679,912)	(\$1,625,422)	(\$19,537,943)	(\$18,518,873)
Humana Cap Plan Expense	(\$3,598,742)	(\$3,598,742)	(\$3,598,742)	(\$3,598,742)	(\$3,598,742)	(\$43,184,900)	-
Repairs & Maintenance	(\$2,405,035)	(\$2,405,035)	(\$2,405,035)	(\$2,405,035)	(\$2,405,035)	(\$28,860,423)	(\$26,519,760)
Utilities	(\$891,960)	(\$891,960)	(\$891,960)	(\$891,960)	(\$891,960)	(\$10,703,515)	(\$10,691,707)
Rents & Leases	(\$648,943)	(\$531,218)	(\$599,160)	(\$493,660)	(\$695,635)	(\$6,651,302)	(\$6,786,726)
Depreciation & Amortization	(\$2,706,959)	(\$2,706,959)	(\$2,706,959)	(\$2,706,959)	(\$2,706,959)	(\$32,483,505)	(\$29,402,997)
Interest Expense	(\$551,592)	(\$610,690)	(\$590,990)	(\$610,690)	(\$590,998)	(\$7,276,694)	(\$7,240,591)
Other Expense	(\$1,953,134)	(\$2,160,237)	(\$2,090,468)	(\$2,159,438)	(\$2,088,272)	(\$22,968,403)	(\$21,762,145)
Management Services Expense	(\$3,141,269)	(\$3,477,833)	(\$3,365,645)	(\$3,477,833)	(\$3,365,647)	(\$39,232,326)	(\$39,816,657)
Operating Expenses Total	(\$67,199,335)	(\$71,647,401)	(\$68,762,199)	(\$70,109,781)	(\$68,623,550)	(\$883,005,041)	(750,223,613)
Net Operating Income	(\$2,019,240)	\$225,134	\$1,064,925	\$2,327,114	\$1,774,036	(\$35,772,470)	\$25,900,456
Nonoperating Income Total	(\$12,488)	(\$31,863)	(\$25,406)	(\$31,863)	(\$25,402)	\$1,606,243	(\$1,908,042)
Net Income	(\$2,031,727)	\$193,271	\$1,039,520	\$2,295,251	\$1,748,634	(\$34,166,228)	\$23,992,414

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
 January 31, 2023

Board designated funds	Maturity		Investment Type	G/L Account	Amount	Total
	Date	Yield				
LAIF		2.55	Various		183,792	
CAMP		4.56	CAMP		3,572,826	
PFM		2.63	Money market		1,104,581	
Allspring		2.63	Money market		406,093	
Torrey Pines Bank	5-Mar-23	0.35	CD	Torrey Pines Bank	3,064,300	
PFM	17-Mar-23	0.59	CD	Credit Suisse Ag CD	665,000	
Allspring	8-Apr-23	0.30	Municipal	Foothill Ca	850,000	
PFM	3-Jun-23	0.80	MTN-C	Amazon Com Inc	445,000	
PFM	1-Jul-23	1.09	Municipal	Port Auth NY	245,000	
PFM	5-Jul-23	0.70	MTN-C	John Deere Mtn	230,000	
Allspring	1-Aug-23	0.58	Municipal	Palomar Ca	700,000	
Allspring	1-Aug-23	0.68	Municipal	Upper Santa Clara	1,100,000	
PFM	13-Nov-23	0.54	MTN-C	Bristol Myers Squibb	280,000	
PFM	24-Nov-23	0.25	Supra-National Agenc	Intl Bk	1,265,000	
PFM	25-Nov-23	3.06	U.S. Govt Agency	FHLMC	383,920	
PFM	4-Dec-23	0.25	U.S. Govt Agency	FHLMC	595,000	
Allspring	1-Jan-24	2.12	Municipal	New York ST	585,000	
PFM	15-Jan-24	0.13	U.S. Govt Agency	US Treasury Bill	810,000	
PFM	23-Jan-24	3.50	MTN-C	PNC Financial	395,000	
PFM	25-Jan-24	0.40	ABS	BMW Auto Leasing LLC	64,903	
Allspring	2-Feb-24	0.35	MTN-C	Paccar Financial Mtn	1,000,000	
Allspring	8-Feb-24	0.35	MTN-C	National Rural	1,400,000	
PFM	29-Feb-24	2.38	U.S. Govt Agency	US Treasury Bill	220,000	
PFM	7-Mar-24	3.25	MTN-C	Unilever Capital	200,000	
Allspring	18-Mar-24	0.75	MTN-C	Schwab Charles	1,625,000	
PFM	18-Mar-24	0.75	MTN-C	Schwab Charles	90,000	
Allspring	22-Mar-24	0.75	MTN-C	Verizon	730,000	
PFM	25-Mar-24	3.35	U.S. Govt Agency	FNMA	204,870	
PFM	5-Apr-24	0.73	MTN-C	Morgan Stanley	230,000	
PFM	15-Apr-24	3.70	MTN-C	Comcast Corp	395,000	
Allspring	26-Apr-24	0.50	MTN-C	Bank of Ny Mtn	1,000,000	
PFM	26-Apr-24	0.50	MTN-C	Bank of Ny Mtn	170,000	
PFM	30-Apr-24	2.00	U.S. Govt Agency	US Treasury Bill	1,285,000	
Allspring	1-May-24	0.36	Municipal	Wisconsin ST	1,320,000	
Allspring	1-May-24	0.43	Municipal	Wisconsin ST	500,000	
Allspring	12-May-24	0.45	MTN-C	Amazon Com Inc	875,000	
PFM	12-May-24	0.45	MTN-C	Amazon Com Inc	250,000	
Allspring	15-May-24	0.58	Municipal	University Ca	1,000,000	
PFM	15-May-24	0.55	MTN-C	JP Morgan	195,000	
PFM	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	950,000	
PFM	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	425,000	
PFM	20-May-24	0.00	ABS	GM Fin Auto Lease	278,230	
PFM	24-May-24	3.75	MTN-C	HSBC USA Inc	415,000	
PFM	28-May-24	0.70	MTN-C	Astrazeneca LP	300,000	
Allspring	1-Jun-24	0.59	Municipal	Orange Ca	500,000	
Allspring	1-Jun-24	0.64	Municipal	Torrance Ca	1,450,000	
Allspring	15-Jun-24	0.52	Municipal	Louisiana ST	500,000	
PFM	15-Jun-24	0.25	U.S. Govt Agency	US Treasury Bill	865,000	
Allspring	1-Jul-24	0.63	Municipal	El Segundo Ca	510,000	
Allspring	1-Jul-24	5.00	Municipal	Los Angeles Calif Ca	1,500,000	
PFM	1-Jul-24	1.96	Municipal	Arizona ST	675,000	
PFM	1-Jul-24	2.00	Municipal	Connecticut ST	150,000	
PFM	1-Jul-24	0.62	Municipal	Wisconsin ST	470,000	
PFM	15-Jul-24	0.00	MTN-C	Nissan Auto	30,934	
PFM	30-Jul-24	2.40	MTN-C	US Bancorp	415,000	
PFM	1-Aug-24	0.51	Municipal	Maryland ST	355,000	
PFM	1-Aug-24	2.05	Municipal	San Diego Ca Community	80,000	
PFM	1-Aug-24	0.70	Municipal	San Juan Ca	195,000	
PFM	1-Aug-24	2.02	Municipal	Tamalpais Ca Union	305,000	
PFM	9-Aug-24	0.75	ABS	American Honda Mtn	190,000	
PFM	12-Aug-24	0.75	ABS	BMW US Cap LLC	120,000	
PFM	12-Aug-24	0.75	ABS	BMW US Cap LLC	220,000	
PFM	12-Aug-24	0.63	MTN-C	Unilever Capital	100,000	
PFM	15-Aug-24	2.30	MTN-C	Honeywell	330,000	
PFM	15-Aug-24	2.15	MTN-C	Paccar Financial Mtn	210,000	
Allspring	16-Aug-24	2.02	MTN-C	Exxon Mobil	1,320,000	
PFM	30-Aug-24	1.75	MTN-C	Walt Disney Co	760,000	
PFM	30-Aug-24	0.63	MTN-C	Deere John Mtn	85,000	
Allspring	13-Sep-24	0.60	MTN-C	Caterpillar Fini Mtn	500,000	
PFM	14-Sep-24	0.61	MTN-C	Nestle Holdings	640,000	
PFM	23-Sep-24	0.50	Supra-National Agenc	Inter Amer Bk	870,000	
PFM	30-Sep-24	1.50	U.S. Govt Agency	US Treasury Bill	425,000	
PFM	15-Oct-24	0.70	ABS	Toyota Auto Recvcs	104,201	
PFM	18-Oct-24	0.37	ABS	Honda Auto	169,489	
PFM	24-Oct-24	2.10	MTN-C	Bank of NY	150,000	
PFM	25-Oct-24	0.00	ABS	BMW Vehicle Owner	42,942	
PFM	25-Oct-24	0.85	MTN-C	Bank of Ny Mtn	390,000	
PFM	30-Oct-24	0.78	MTN-C	Citigroup Inc	445,000	
Allspring	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	650,000	
PFM	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	1,500,000	
PFM	1-Nov-24	0.57	Municipal	Mississippi ST	300,000	
Allspring	8-Nov-24	2.15	MTN-C	Caterpillar Fini Mtn	600,000	
PFM	8-Nov-24	2.15	MTN-C	Caterpillar Fini Mtn	850,000	
PFM	30-Nov-24	1.50	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	5-Dec-24	4.02	MTN-C	JP Morgan	1,050,000	
Allspring	6-Dec-24	2.15	MTN-C	Branch Banking Trust	1,300,000	
Allspring	15-Dec-24	1.00	U.S. Govt Agency	US Treasury Bill	550,000	
PFM	15-Dec-24	0.00	ABS	Hyundai Auto	79,192	
Allspring	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000	

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
January 31, 2023**

PFM	7-Jan-25	1.63	U.S. Govt Agency	FNMA	1,510,000
Allspring	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000
PFM	10-Jan-25	1.38	Supra-National Agenc	Cooperatieve	440,000
Allspring	15-Jan-25	1.13	U.S. Govt Agency	US Treasury Bill	3,300,000
Allspring	21-Jan-25	2.05	MTN-C	US Bank NA	1,400,000
Allspring	24-Jan-25	1.76	MTN-C	Goldman Sachs	725,000
PFM	25-Jan-25	0.53	U.S. Govt Agency	FHLMC	37,030
PFM	7-Feb-25	1.88	MTN-C	National Rural Mtn	125,000
PFM	12-Feb-25	1.50	U.S. Govt Agency	FHLMC	1,000,000
PFM	13-Feb-25	1.80	MTN-C	Toyota Motor	420,000
PFM	14-Feb-25	1.75	MTN-C	Novartis Capital	425,000
PFM	20-Feb-25	0.00	MTN-C	Verizon Owner	216,437
Allspring	7-Mar-25	2.13	MTN-C	Deere John Mtn	550,000
PFM	10-Mar-25	2.13	MTN-C	Roche Holding Inc	730,000
PFM	15-Mar-25	0.00	ABS	Carmax Auto Owner	97,135
Allspring	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000
PFM	1-Apr-25	3.25	MTN-C	General Dynamics	395,000
PFM	14-Apr-25	0.50	U.S. Govt Agency	FHLB	1,340,000
PFM	15-Apr-25	2.70	MTN-C	Home Depot Inc	65,000
PFM	22-Apr-25	0.63	U.S. Govt Agency	FNMA	1,530,000
PFM	25-Apr-25	3.50	MTN-C	Bank of NY	425,000
Allspring	1-May-25	0.74	Municipal	San Diego County	300,000
PFM	1-May-25	0.98	MTN-C	Citigroup Inc	440,000
PFM	11-May-25	1.13	MTN-C	Apple, Inc	655,000
Allspring	15-May-25	2.75	U.S. Govt Agency	US Treasury Bill	980,000
PFM	15-May-25	0.93	Municipal	University Calf Ca	185,000
PFM	25-May-25	3.33	U.S. Govt Agency	FHLMC	855,000
Allspring	1-Jun-25	0.92	Municipal	Connecticut ST	400,000
PFM	1-Jun-25	1.35	MTN-C	Honeywell	220,000
PFM	1-Jun-25	3.15	MTN-C	Emerson Electric Co	265,000
PFM	1-Jun-25	1.35	MTN-C	Honeywell	180,000
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	725,000
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	275,000
Allspring	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000
PFM	17-Jun-25	0.50	U.S. Govt Agency	FNMA	1,800,000
Allspring	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000
PFM	1-Jul-25	1.26	Municipal	Florida ST	600,000
PFM	1-Jul-25	0.77	Municipal	Wisconsin ST	440,000
Allspring	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000
PFM	21-Jul-25	0.50	ABS	GM Financial	100,000
PFM	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	520,000
PFM	31-Jul-25	0.25	U.S. Govt Agency	US Treasury Bill	185,000
Allspring	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000
PFM	1-Aug-25	0.77	Municipal	Los Angeles Ca	335,000
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000
PFM	15-Aug-25	3.10	MTN-C	Colgate Palmolive	140,000
PFM	15-Aug-25	0.78	ABS	Carmax Auto Owner	135,727
PFM	15-Aug-25	0.62	ABS	Kubota Credit	195,000
Allspring	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000
Allspring	15-Sep-25	0.36	ABS	John Deere Owner	555,765
PFM	15-Sep-25	0.00	ABS	Hyundai Auto	166,517
PFM	15-Sep-25	3.88	MTN-C	Abbott Laboratories	195,000
Allspring	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000
PFM	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	835,000
Allspring	25-Sep-25	0.98	MTN-C	Bk of America	1,300,000
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
PFM	17-Nov-25	0.56	ABS	Kubota Credit	165,000
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	1,200,000
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	1,350,000
PFM	15-Dec-25	0.00	ABS	Carmax Auto Owner	97,929
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	445,000
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	950,000
PFM	31-Dec-25	2.63	U.S. Govt Agency	US Treasury Bill	2,000,000
PFM	31-Jan-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	6-Feb-26	1.75	MTN-C	State Street Corp	350,000
Allspring	6-Feb-26	1.75	MTN-C	State Street Corp	650,000
PFM	12-Feb-26	0.86	MTN-C	Goldman Sachs	205,000
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	17-Feb-26	0.00	ABS	Carmax Auto Owner	259,110
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	30-Mar-26	2.90	MTN-C	State Street Corp	420,000
Allspring	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000
PFM	31-Mar-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	2-Apr-26	3.38	MTN-C	Bank of America	250,000
PFM	19-Apr-26	3.50	MTN-C	Bank of America	295,000
Allspring	25-Apr-26	3.91	MTN-C	Wells Fargo co	800,000
Allspring	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,900,000
Allspring	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	450,000
Allspring	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,875,000
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	435,000
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000
PFM	31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000
Allspring	15-Jun-26	0.91	ABS	Carmax Auto Owner	1,750,000
PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	550,000

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
January 31, 2023

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
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	750,000
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	240,000
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	8-Jul-26	3.05	MTN-C	Walmart INC	205,000
PFM	20-Jul-26	0.00	ABS	Honda Auto Rec Own	130,000
PFM	24-Jul-26	4.41	MTN-C	Bank of NY Mtn	55,000
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	280,000
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	600,000
Allspring	20-Aug-26	5.40	ABS	GM Fin Atmbl Lease	1,365,000
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000
Allspring	15-Sep-26	2.44	MTN-C	Ford Credit	1,750,000
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,210,000
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	1-Oct-26	2.95	MTN-C	JP Morgan	415,000
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000
PFM	4-Nov-26	0.02	MTN-C	American Express Co	445,000
PFM	15-Nov-26	3.55	MTN-C	Lockheed Martin	203,000
Allspring	16-Nov-26	0.90	MTN-C	American Express Cr	1,750,000
PFM	16-Nov-26	0.00	ABS	Capital One Multi	640,000
Allspring	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	1,100,000
Allspring	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	900,000
PFM	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	200,000
PFM	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Dec-26	1.25	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Dec-26	1.25	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	8-Jan-27	2.35	MTN-C	American Honda Mtn	220,000
PFM	11-Jan-27	1.70	MTN-C	Deere John Mtn	220,000
Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000
PFM	15-Jan-27	1.95	MTN-C	Target Corp	115,000
PFM	15-Jan-27	1.95	MTN-C	Target Corp	215,000
Allspring	31-Jan-27	1.50	U.S. Govt Agency	US Treasury Bill	650,000
Allspring	31-Jan-27	1.50	U.S. Govt Agency	US Treasury Bill	750,000
PFM	1-Feb-27	2.15	MTN-C	Adobe Inc	220,000
PFM	10-Feb-27	0.83	U.S. Govt Agency	FHLB	710,000
PFM	27-Mar-27	2.75	MTN-C	Nike Inc	215,000
Allspring	31-Mar-27	2.50	U.S. Govt Agency	US Treasury Bill	1,280,000
Allspring	31-Mar-27	2.50	U.S. Govt Agency	US Treasury Bill	550,000
Allspring	31-Mar-27	2.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	15-Apr-27	0.00	ABS	Carmax Auto Owner	600,000
PFM	15-Apr-27	2.50	MTN-C	Home Depot Inc	220,000
Allspring	30-Apr-27	2.88	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	2.88	U.S. Govt Agency	US Treasury Bill	800,000
PFM	10-May-27	4.00	MTN-C	Northern Tr Corp Sr	250,000
Allspring	15-May-27	7.10	ABS	Capital One Multi	1,750,000
PFM	15-May-27	2.38	U.S. Govt Agency	US Treasury Bill	925,000
PFM	15-May-27	1.70	MTN-C	IBM Corp	230,000
PFM	15-May-27	3.70	MTN-C	Unitedhealth Group	85,000
Allspring	17-May-27	3.32	MTN-C	Discover Card Exe	1,750,000
PFM	17-May-27	4.14	ABS	Capital One Prime	265,000
PFM	17-May-27	2.39	MTN-C	American Express Co	655,000
PFM	17-May-27	0.00	MTN-C	Discover Card Exe	305,000
PFM	19-May-27	3.15	MTN-C	PNC Financial	215,000
PFM	19-May-27	3.15	MTN-C	Truist Financial Mtn	240,000
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St	1,000,000
PFM	31-Jul-27	2.75	U.S. Govt Agency	US Treasury Bill	1,675,000
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000
PFM	5-Aug-27	3.75	MTN-C	Intel Corp	420,000
PFM	9-Sep-27	3.95	MTN-C	Walmart INC	420,000
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	200,000
PFM	1-Dec-27	4.55	MTN-C	Amazon Com Inc	390,000
PFM	31-Dec-27	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Jan-28	3.38	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	15-Sep-28	0.00	MTN-C	Discover Card Exe	495,000
PFM	20-Jul-32	0.00	ABS	Toyota Lease Owner	161,507
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	500,000

\$

169,765,430

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
January 31, 2023**

	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
<u>Self-insurance trust</u>						
Wells Fargo Bank			Money market	110900	1,312,186	
Wells Fargo Bank			Fixed income - L/T	152300	1,096,954	2,409,140
<u>2015A revenue bonds</u>						
US Bank			Principal/Interest payment fund	142115	231,852	231,852
<u>2015B revenue bonds</u>						
US Bank			Principal/Interest payment fund	142116	701,264	
US Bank			Project Fund	152442	73	701,337
<u>2017C revenue bonds</u>						
US Bank			Principal/Interest payment fund	142118	5,552,912	5,552,912
<u>2020 revenue bonds</u>						
Signature Bank			Project Fund	152446	177	
US Bank			Principal/Interest payment fund	142113	646,781	646,958
<u>2014 general obligation bonds</u>						
LAIF			Interest Payment fund	152440	2,860,328	2,860,328
<u>Operations</u>						
Wells Fargo Bank	0.16		Checking	100000	(2,363,542)	
Wells Fargo Bank	0.16		Checking	100500	3,062,350	698,808
<u>Payroll</u>						
Wells Fargo Bank	0.16		Checking	100100	(125,151)	
Wells Fargo Bank	0.16		Checking Flexible Spending	100201	719,498	
Wells Fargo Bank	0.16		Checking HSA	100200	7,375	
Wells Fargo Bank			Checking Resident Fund	100205	1,140	
Bancorp			Checking Bancorp	100202	(67,490)	1,234,180
					535,372	
Total investments					\$	183,402,138
<u>Kaweah Delta Medical Foundation</u>						
Wells Fargo Bank			Checking	100050		\$ 120,843
<u>Sequoia Regional Cancer Center</u>						
Wells Fargo Bank			Checking	100535	533,996	\$ 533,996
<u>Kaweah Delta Hospital Foundation</u>						
VCB Checking			Investments	100501	464,362	
Various			S/T Investments	142200	7,505,360	
Various			L/T Investments	142300	12,121,165	
Various			Unrealized G/L	142400	(129,837)	\$ 19,961,049

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
January 31, 2023**

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$ 101,043,746	142100
Committed for capital	<u>42,273,791</u>	142100
	143,317,537	
GO Bond reserve - L/T	1,992,658	142100
401k Matching	(60)	142100
Cost report settlement - curre	2,135,384	142104
Cost report settlement - L/T	<u>1,312,727</u>	142100
	3,448,111	
Development fund/Memorial fund	104,184	112300
Workers compensation - curre	5,625,000	112900
Workers compensation - L/T	<u>15,278,000</u>	113900
	20,903,000	
	<u>\$ 169,765,430</u>	

	Total Investments	%	Trust Accounts	Surplus Funds	%
Investment summary by institution:					
Bank of New York	\$ -	0.0%	0	-	0.0%
Bancorp	\$ (67,490)	0.0%		(67,490)	0.0%
Cal Trust	-	0.0%		-	0.0%
CAMP	3,572,826	1.9%		3,572,826	2.1%
Local Agency Investment Fund (LAIF)	183,792	0.1%		183,792	0.1%
Local Agency Investment Fund (LAIF) - GOB Tax Rev	2,860,328	1.6%	2,860,328	-	0.0%
Local Agency Investment Fund (LAIF) - Kresge Foundation	-	0.0%	-	-	0.0%
AIG	-	0.0%	-	-	0.0%
Royal Bank of Canada	-	0.0%	-	-	0.0%
Merrill Lynch	-	0.0%	-	-	0.0%
Wells Fargo Advisors	-	0.0%	-	-	0.0%
Allspring	81,601,857	44.5%	2,409,140	79,192,717	46.3%
PFM	81,342,655	44.4%		81,342,655	47.6%
Torrey Pines Bank	3,064,300	1.7%		3,064,300	1.8%
Wells Fargo Bank	3,710,810	2.0%		3,710,810	2.2%
Prudential Bache	-	0.0%		-	0.0%
Bank of the Sierra	-	0.0%		-	0.0%
Bank of the Sierra - CDARS	-	0.0%		-	0.0%
UMB	-	0.0%	-	-	0.0%
Valley Business Bank	-	0.0%		-	0.0%
Visalia Community Bank	-	0.0%		-	0.0%
Signature Bank	177	0.0%	177	-	0.0%
US Bank	7,132,883	3.9%	7,132,883	-	0.0%
Union Bank	-	0.0%		-	0.0%
WestAmerica Bank	-	0.0%		-	0.0%
Banco Pop	-	0.0%		-	0.0%
Total investments	<u>\$ 183,402,138</u>	<u>100.0%</u>	<u>\$ 12,402,528</u>	<u>170,999,610</u>	<u>100.0%</u>

Investment summary of surplus funds by type:

		Investment Limitations
Negotiable and other certificates of deposit	\$ 3,729,300	51,300,000 (30%)
Checking accounts	1,234,180	
Local Agency Investment Fund (LAIF)	183,792	75,000,000
Cal Trust	-	
CAMP	3,572,826	
Medium-term notes (corporate) (MTN-C)	48,960,371	51,300,000 (30%)
U.S. government agency	79,620,820	
Municipal securities	19,160,000	
Money market accounts	1,510,673	34,200,000 (20%)
Commercial paper	-	42,750,000 (25%)
Asset Backed Securities	10,452,647	34,200,000 (20%)
Supra-National Agency	<u>2,575,000</u>	51,300,000 (30%)
	<u>\$ 170,999,610</u>	

Return on investment:

Current month	<u>1.26%</u>
Year-to-date	<u>0.68%</u>
Prospective	<u>1.54%</u>
LAIF (year-to-date)	<u>1.75%</u>
Budget	<u>1.65%</u>

Fair market value disclosure for the quarter ended December 31, 2022 (District only):

	Quarter-to-date	Year-to-date
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(10,703,742)
Change in unrealized gain (loss) on investments (income statement effect)	\$ 1,444,742	(2,359,623)

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
 January 31, 2023

Investment summary of CDs:

Credit Suisse Ag CD	\$	665,000
Dnb Bank Asa Ny CD		-
Torrey Pines Bank		3,064,300
	\$	<u>3,729,300</u>

Investment summary of asset backed securities:

American Honda Mtn	\$	190,000
BMW Vehicle Owner		42,942
BMW Auto Leasing LLC		64,903
BMW US Cap LLC		340,000
Capital One Multi		2,390,000
Capital One Prime		265,000
Carmax Auto Owner		3,489,901
GM Fin Atmbl Lease		1,365,000
Gm Fin Auto Lease		278,230
Gm Financial		100,000
Honda Auto		169,489
Honda Auto Rec Own		130,000
Hyundai Auto		245,709
John Deere Owner		555,765
Kubota Credit		360,000
Mercedes Benz Auto		200,000
Toyota Auto Recvs		104,201
Toyota Lease Owner		161,507
	\$	<u>10,452,647</u>

Investment summary of medium-term notes (corporate):

Abbott Laboratories	\$	195,000
Adobe Inc		220,000
Amazon Com Inc		1,960,000
American Express Co		1,100,000
American Express Cr		1,750,000
American Honda Mtn		220,000
Apple, Inc		655,000
Astrazeneca LP		565,000
Bank of America		545,000
Bank of NY		575,000
Bank of NY Mtn		1,615,000
Bk of America		1,300,000
Branch Banking Trust		1,300,000
Bristol Myers Squibb		280,000
Caterpillar Firil Mtn		2,170,000
Citigroup Inc		885,000
Colgate Palmolive		140,000
Comcast Corp		395,000
Deere John Mtn		855,000
Discover Card Exe		2,550,000
Emerson Electric Co		265,000
Exxon Mobil		1,320,000
Ford Credit		1,750,000
General Dynamics		395,000
Goldman Sachs		930,000
Home Depot Inc		285,000
Honeywell		730,000
HSBC USA Inc		415,000
IBM Corp		640,000
Intel corp		420,000
John Deere Mtn		730,000
JP Morgan		2,660,000
Lockheed Martin		203,000
Morgan Stanley		230,000
National Rural		1,400,000
National Rural Mtn		125,000
Nestle Holdings		640,000
Nike Inc		215,000
Nissan Auto		30,934
Northern Tr Corp Sr		250,000
Novartis Capital		425,000
Paccar Financial Mtn		1,210,000
PNC Financial		610,000
Procter Gamble Co		1,300,000
Roche Holding Inc		730,000
Schwab Charles		1,715,000
State Street Corp		1,420,000
Target Corp		1,230,000
Toyota Motor		1,820,000
Truist Financial Mtn		240,000
Unilever Capital		300,000
Unitedhealth Group		85,000
US Bancorp		415,000
US Bank NA		1,400,000
Verizon		730,000
Verizon Owner		216,437
Walmart INC		625,000
Walt Disney Co		780,000
Wells Fargo co		800,000
	\$	<u>48,960,371</u>

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$	8,544,870
Federal Home Loan Bank (FHLB)		2,575,000
Federal Home Loan Mortgage Corp (FHLMC)		6,475,950
US Treasury Bill		62,025,000
	\$	<u>79,620,820</u>

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
January 31, 2023

Investment summary of municipal securities:

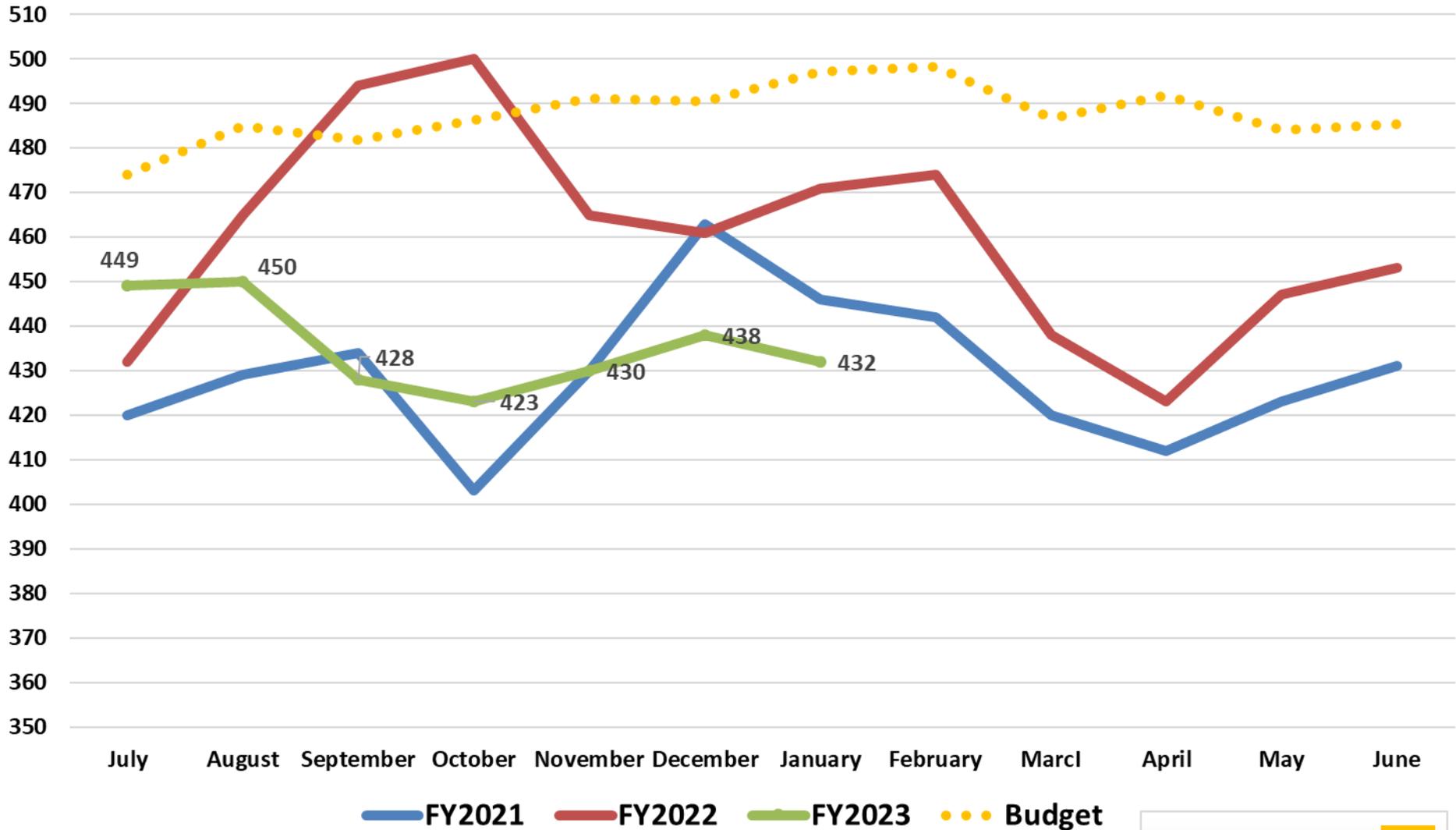
Arizona ST	\$	675,000
Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
Connecticut ST		550,000
El Segundo Ca		510,000
Florida ST		600,000
Foothill Ca		850,000
Los Angeles Ca		605,000
Los Angeles Calif Ca		1,500,000
Louisiana ST		500,000
Maryland ST		355,000
Massachusetts St		1,000,000
Mississippi ST		300,000
New York ST		585,000
Orange Ca		500,000
Palomar Ca		700,000
Port Auth NY		245,000
San Diego Ca Community		80,000
San Diego County		300,000
San Juan Ca		385,000
Santa Cruz Ca		400,000
Tampaipais Ca Union		305,000
Torrance Ca		1,450,000
University Ca		1,000,000
University Calif Ca		185,000
Upper Santa Clara		1,100,000
Wisconsin ST		2,730,000
	\$	<u>19,160,000</u>

Investment summary of Supra-National Agency:

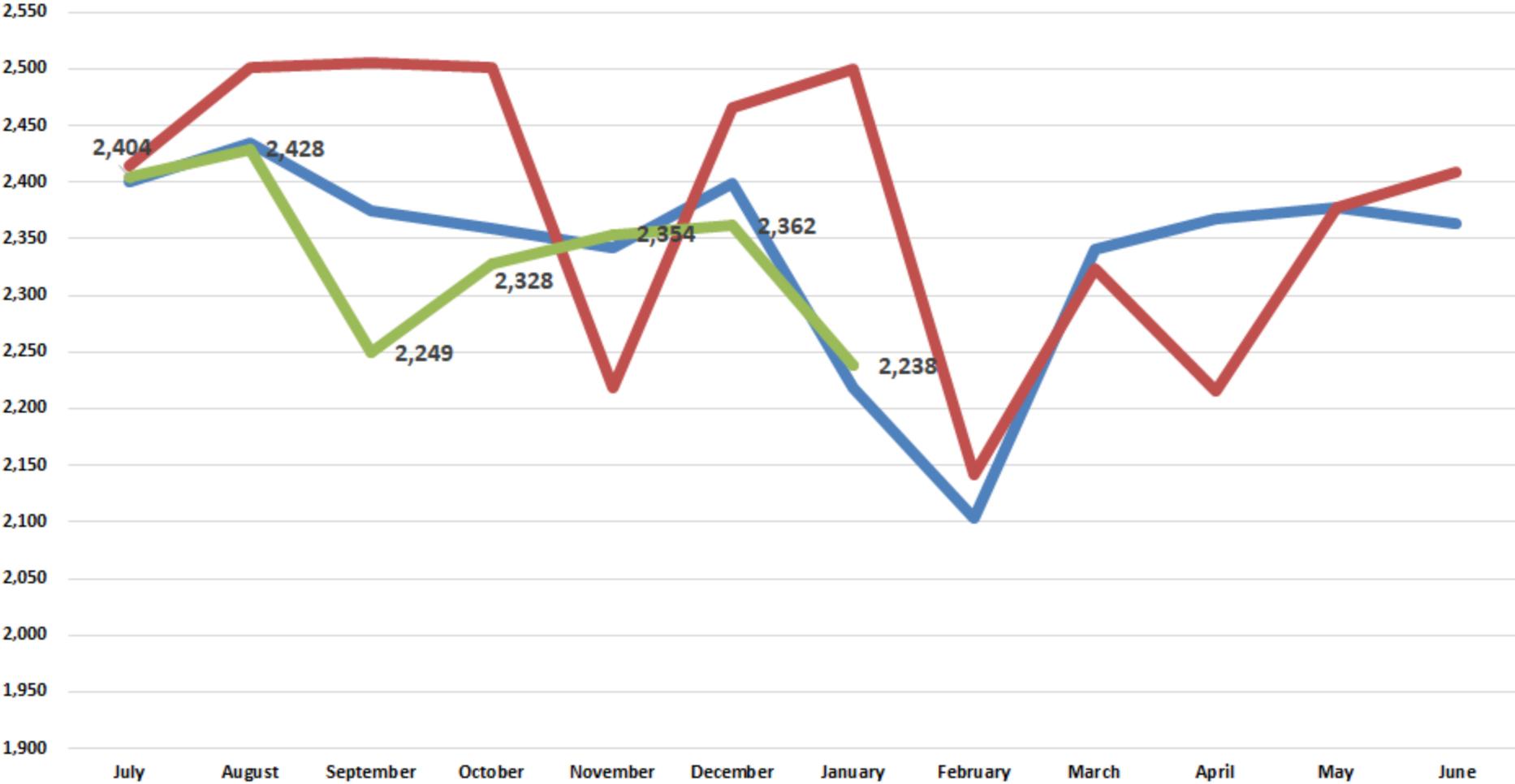
Cooperative	\$	440,000
Inter Amer Bk		870,000
Intl Bk		1,265,000
	\$	<u>2,575,000</u>

Statistical Report January 2023

Average Daily Census



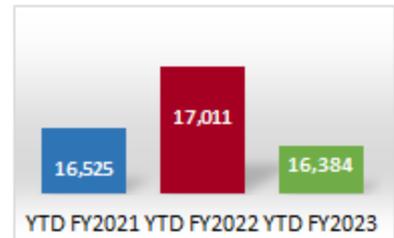
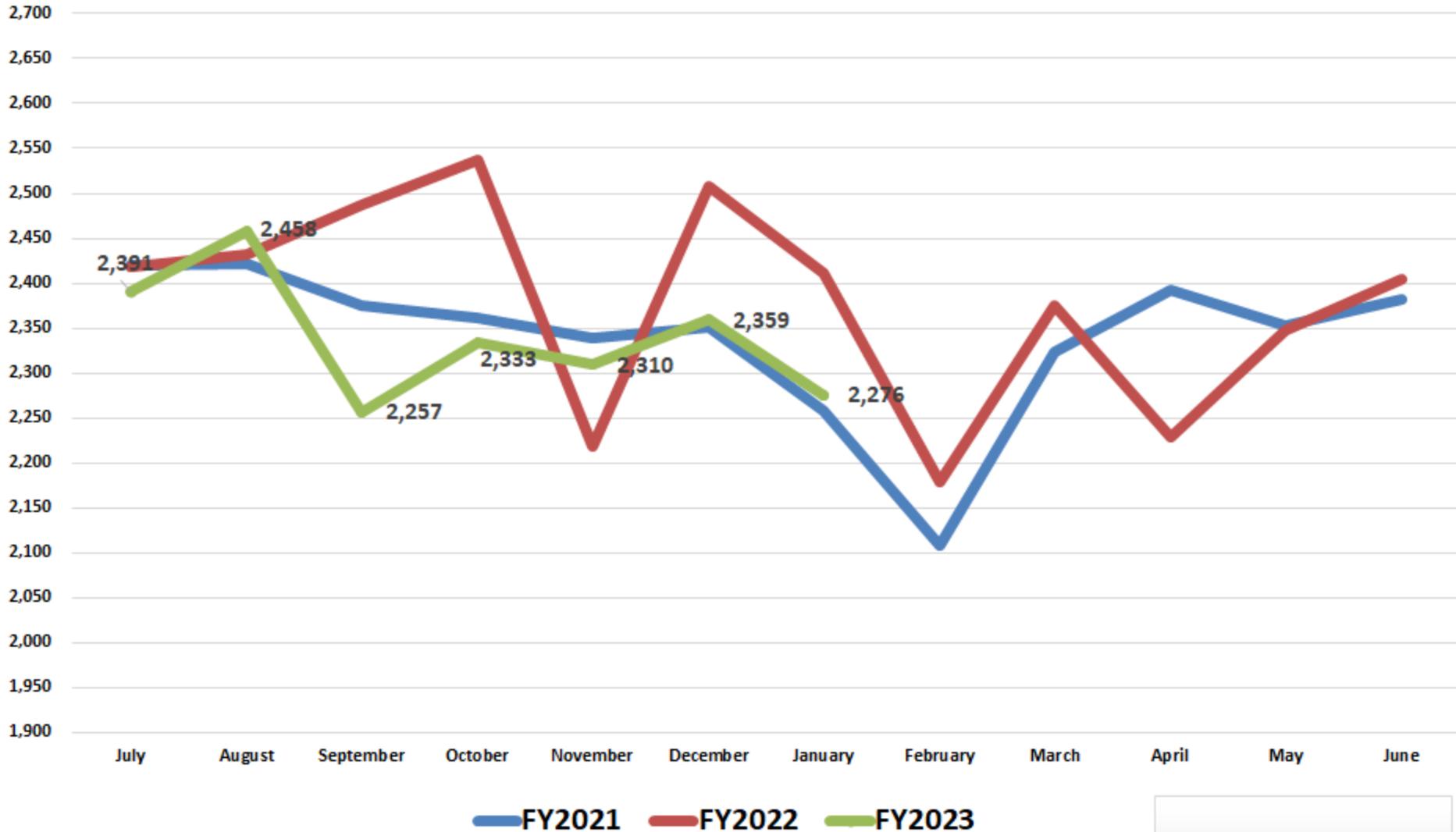
Admissions



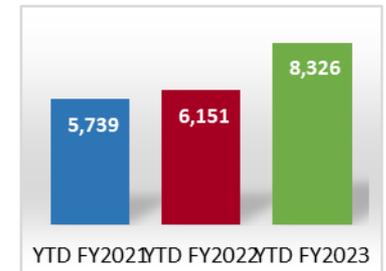
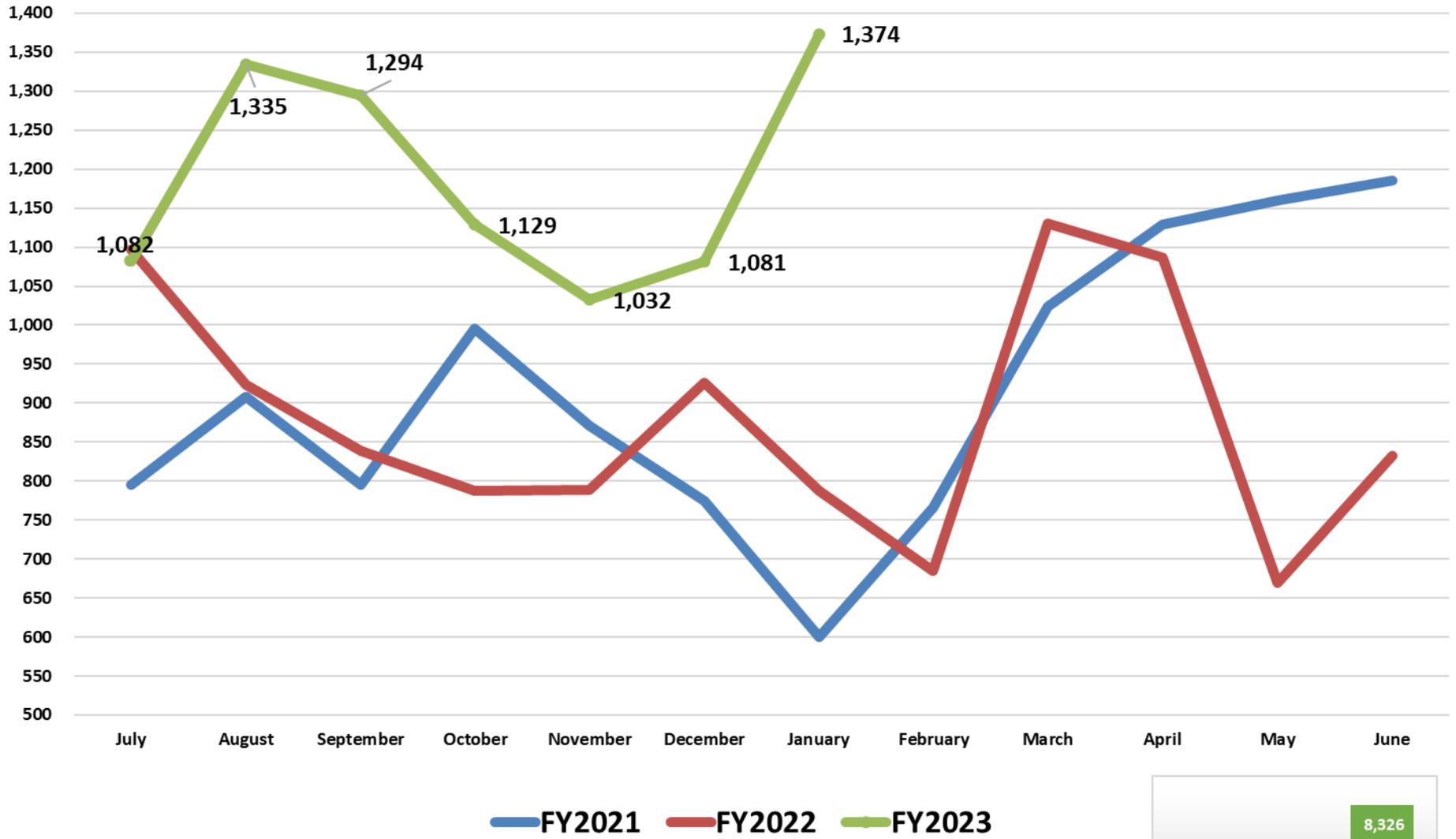
— **FY2021**
— **FY2022**
— **FY2023**



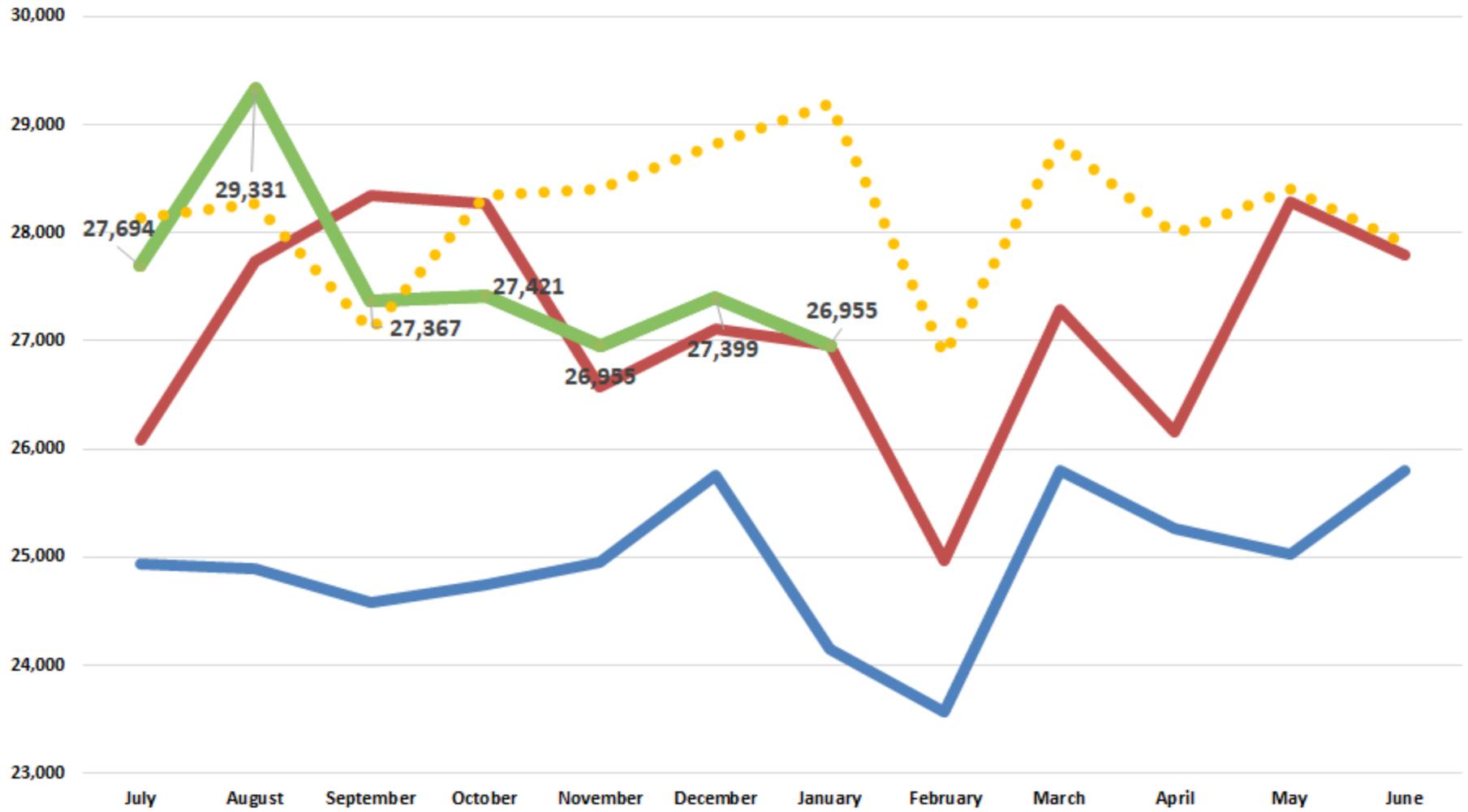
Discharges



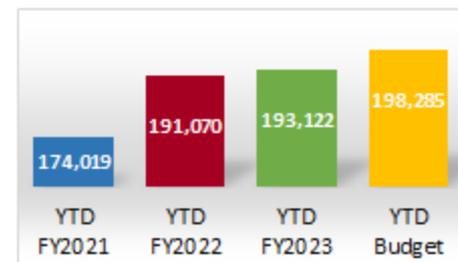
Observation Days



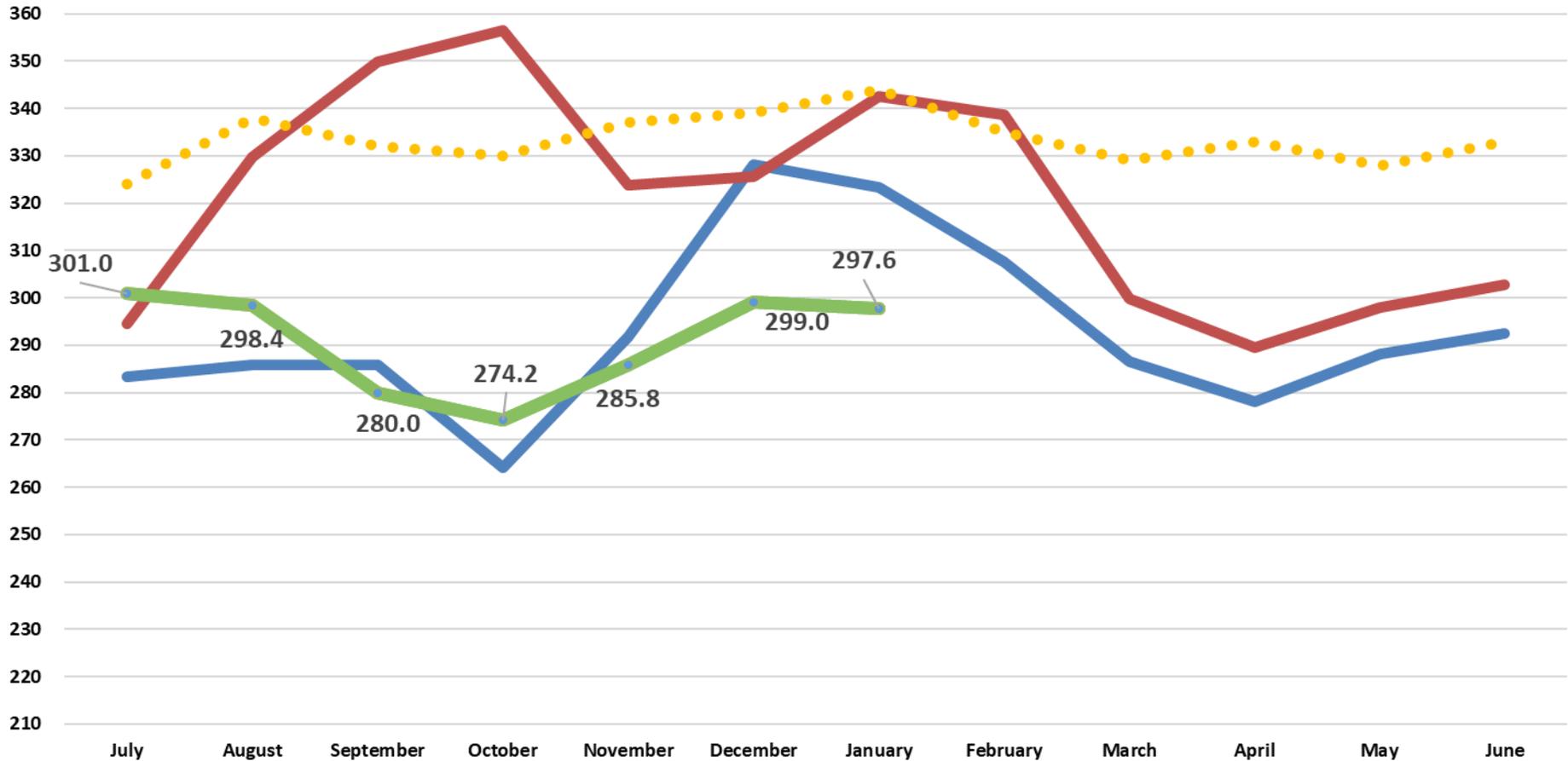
Adjusted Patient Days



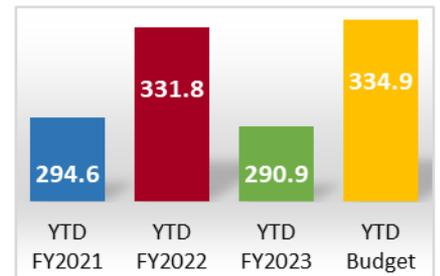
— FY2021
 — FY2022
 — FY2023
 ●●● Budget



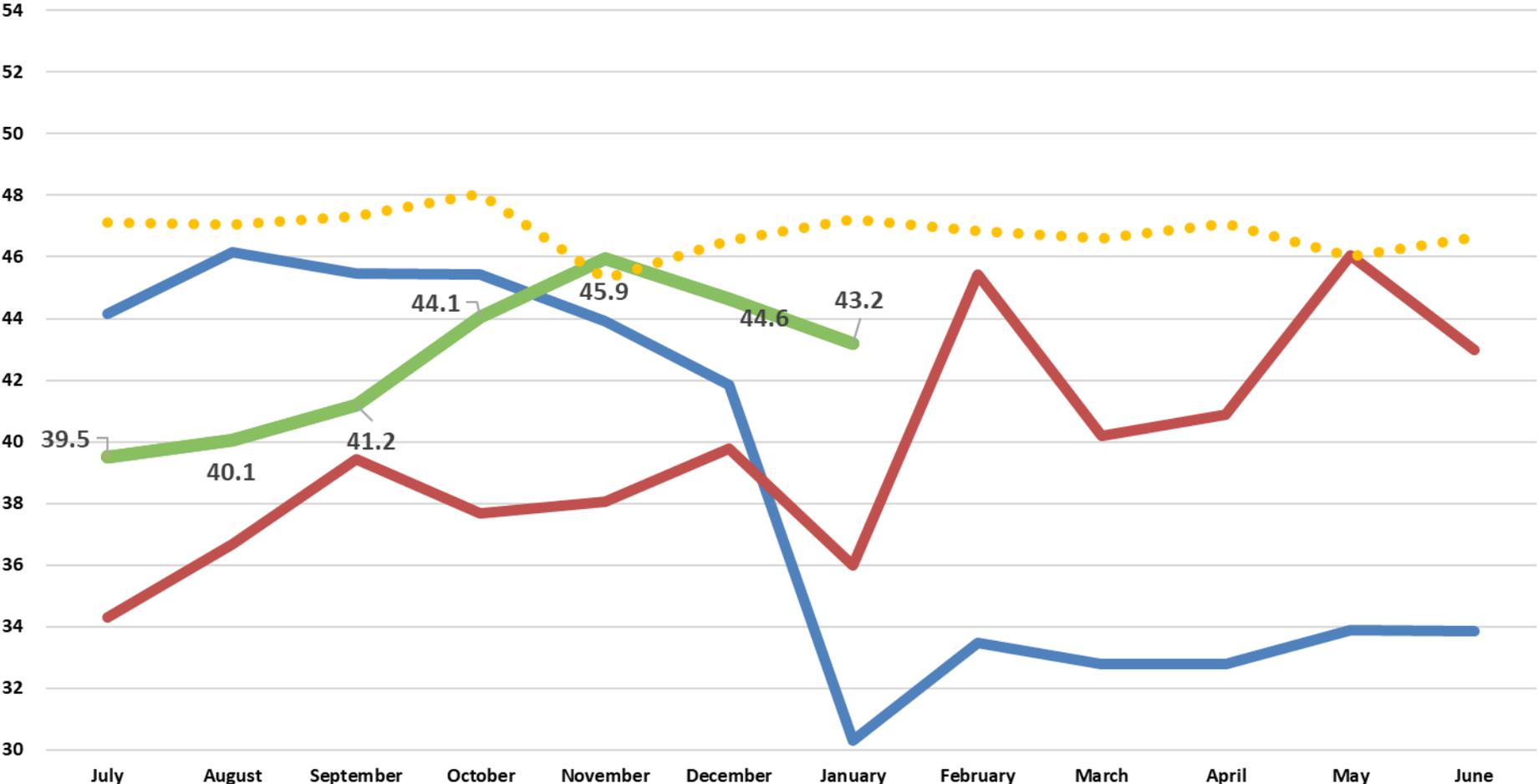
Medical Center (Avg Patients Per Day)



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



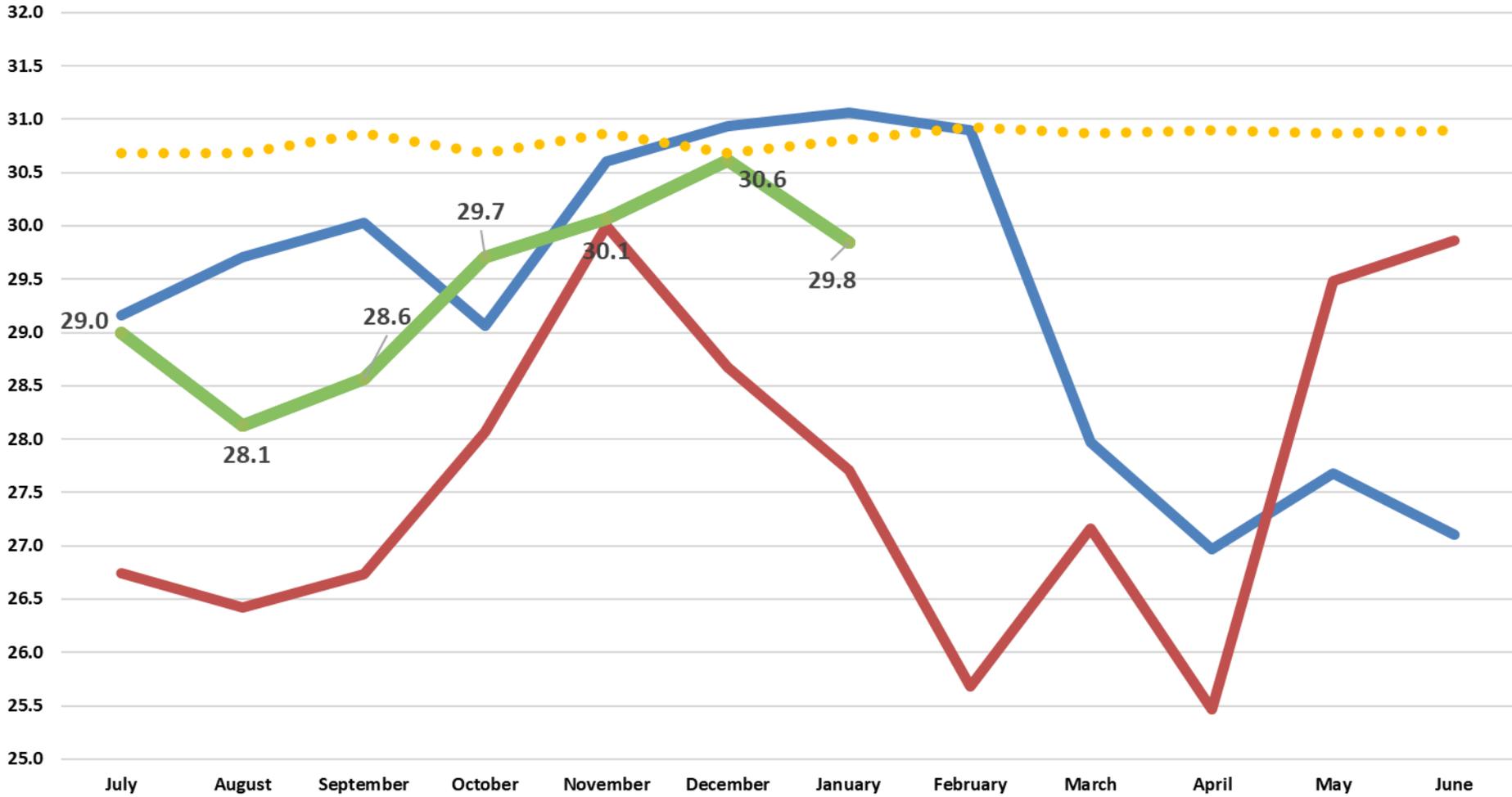
Acute I/P Psych (Avg Patients Per Day)



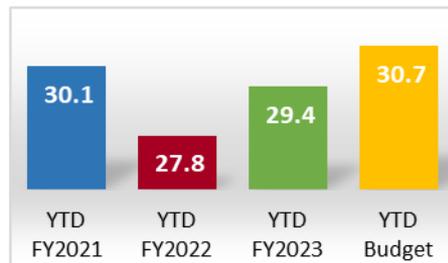
— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**

42.5	37.4	42.7	47.0
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

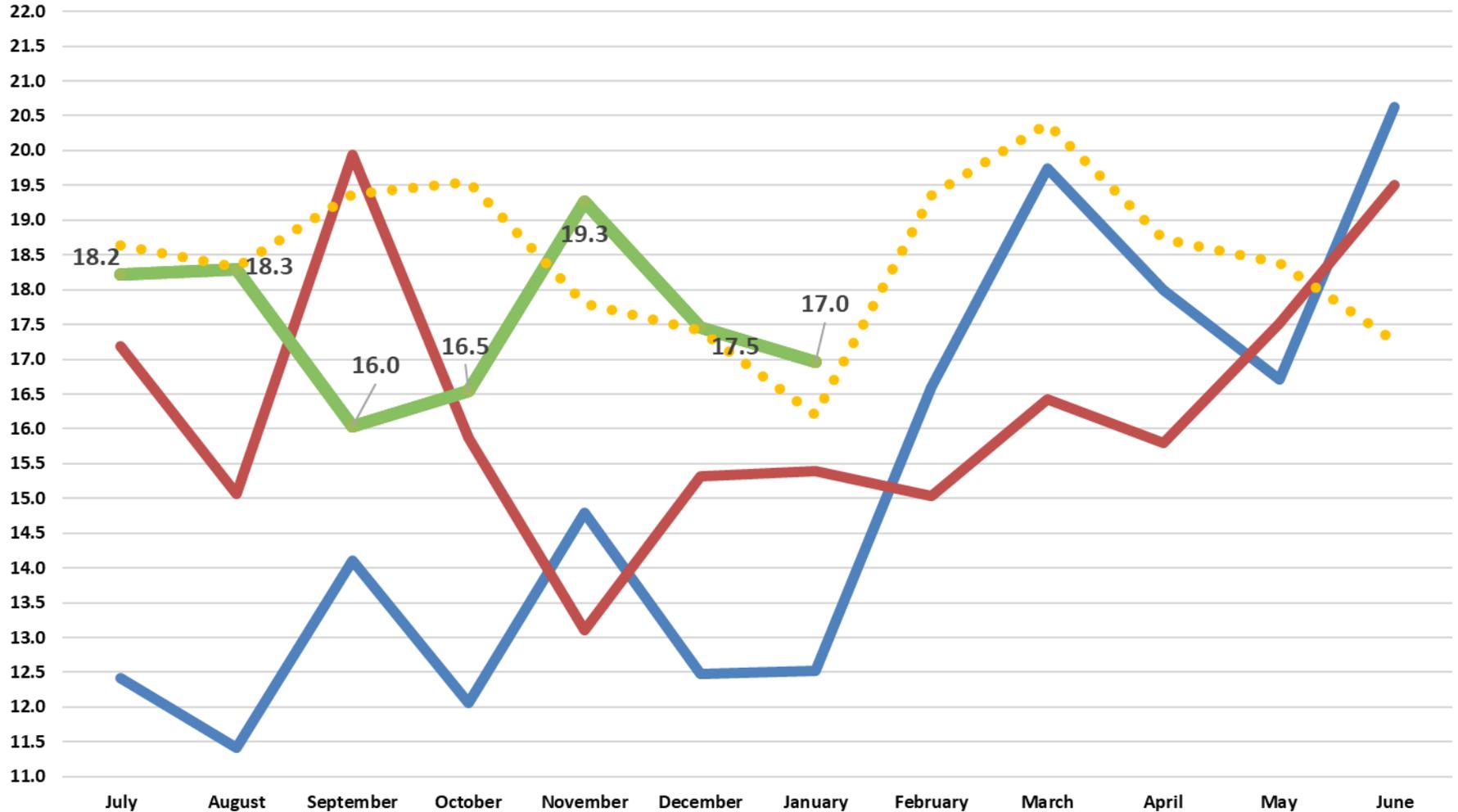
Sub-Acute - Avg Patients Per Day



— FY2021
 — FY2022
 — FY2023
 ●●● Budget



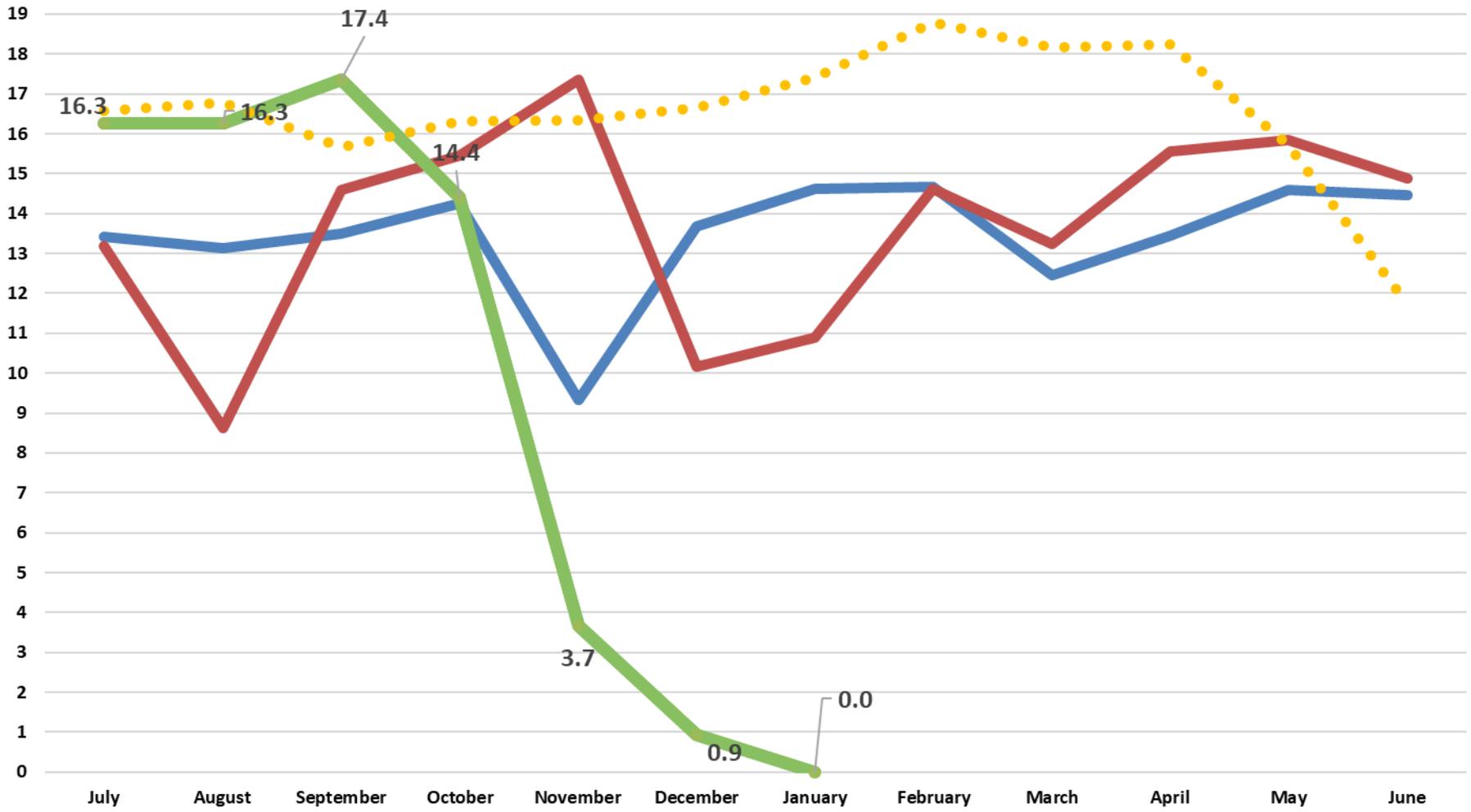
Rehabilitation Hospital - Avg Patients Per Day



— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**

12.8	16.0	17.5	18.2
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

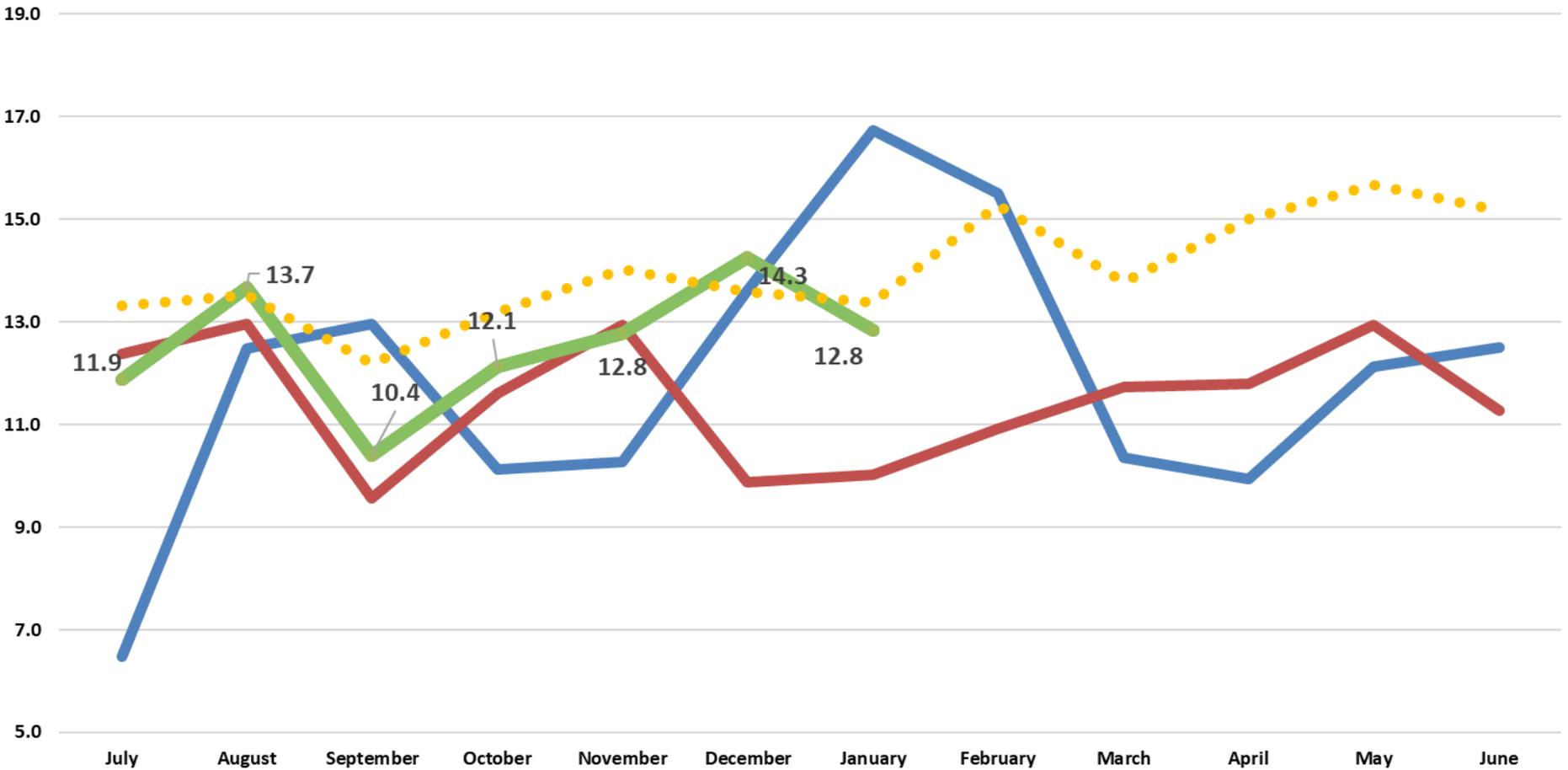
Transitional Care Services (TCS) - Avg Patients Per Day



— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**

13.1	12.9	9.8	16.5
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

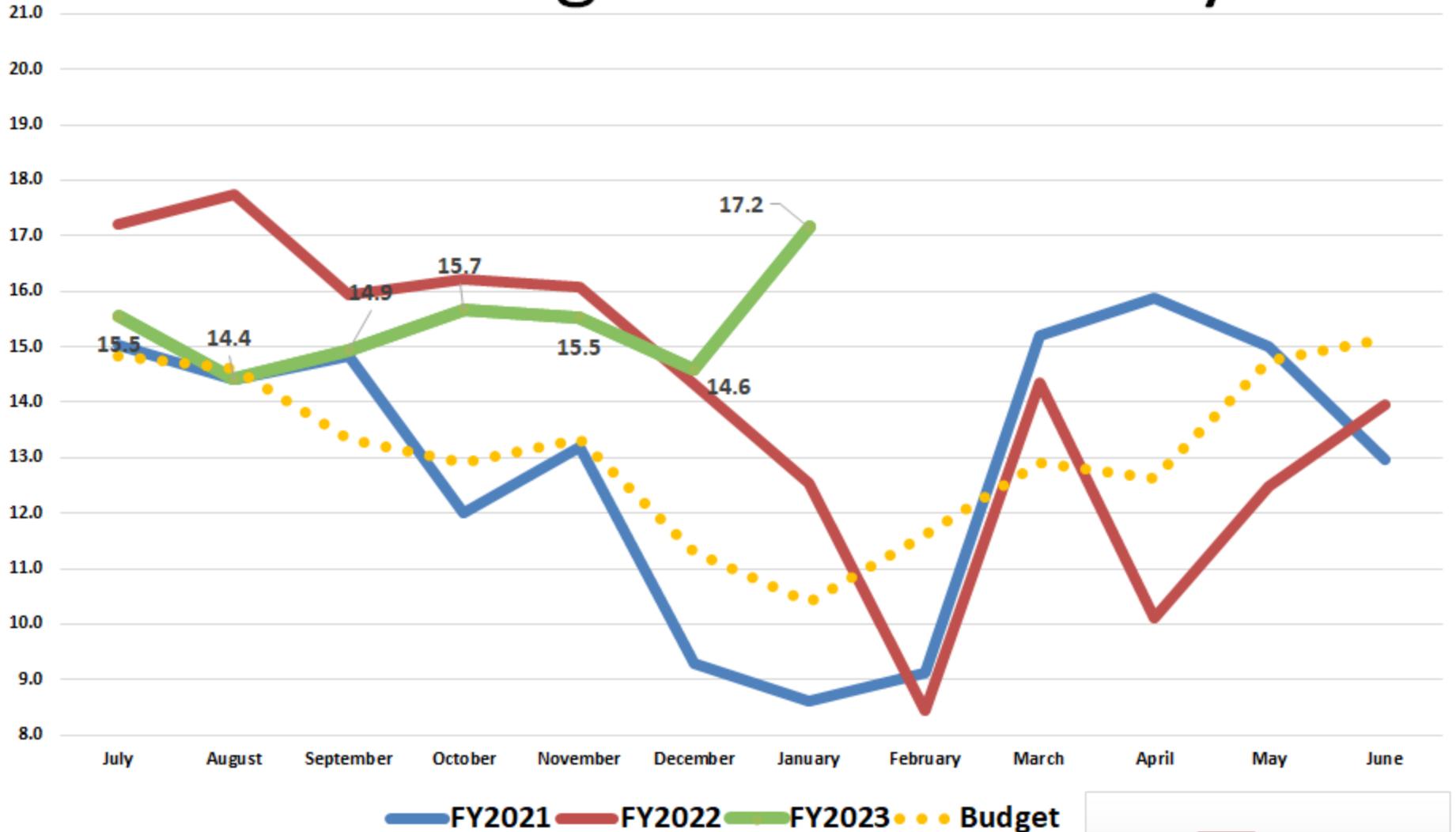
TCS Ortho - Avg Patients Per Day



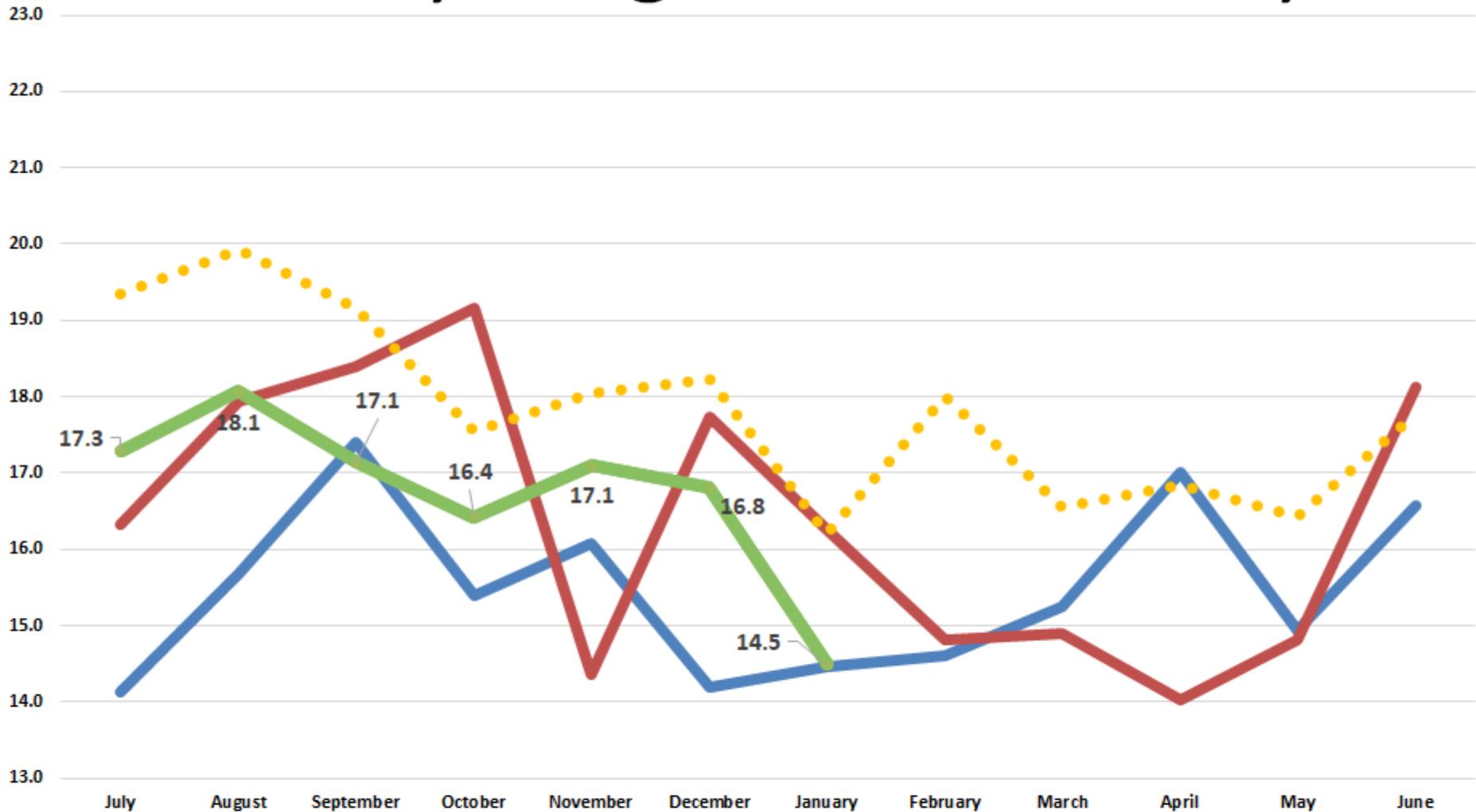
— FY2021
 — FY2022
 — FY2023
 ●●● Budget



NICU - Avg Patients Per Day



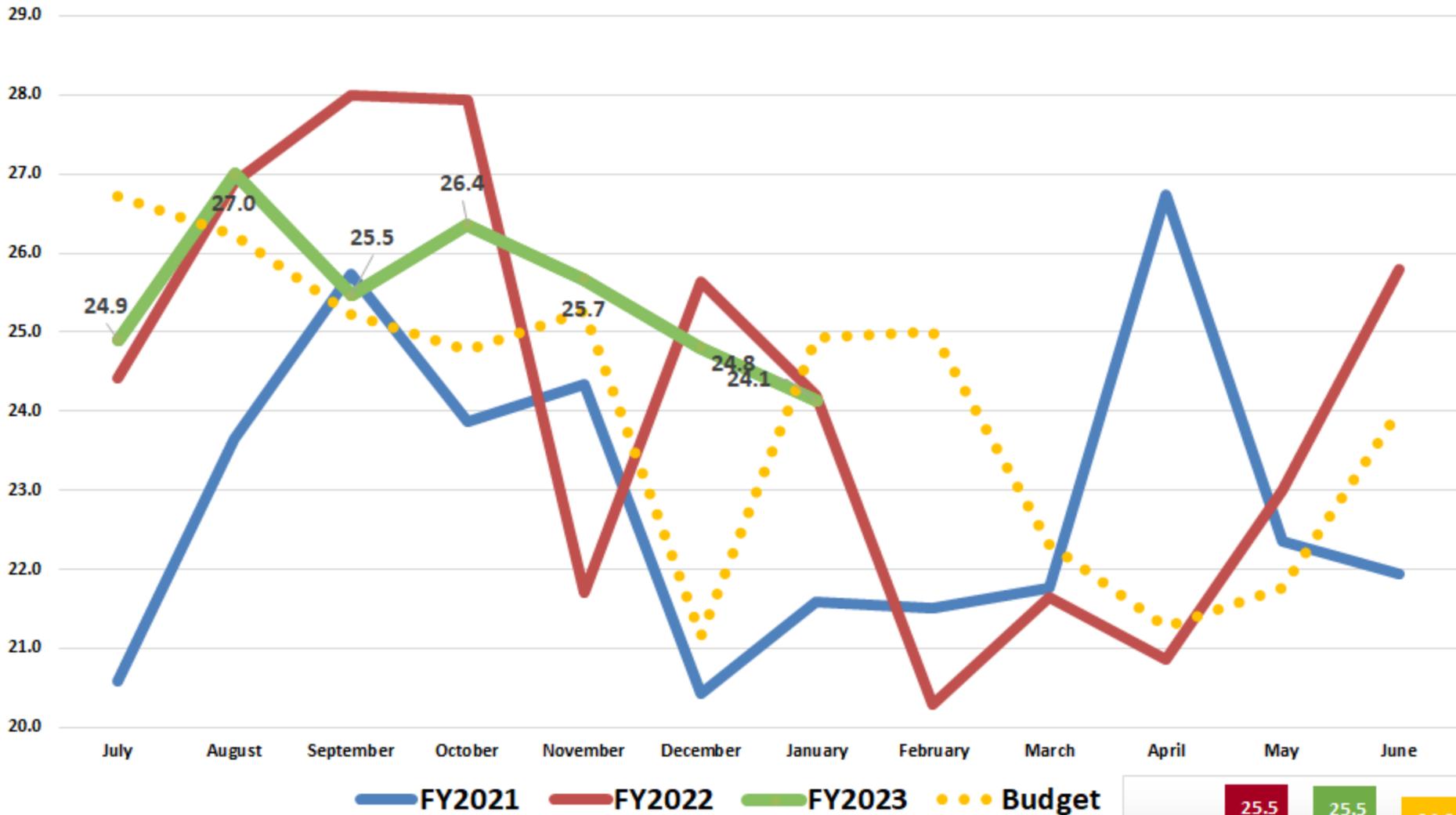
Nursery - Avg Patients Per Day



— FY2021
 — FY2022
 — FY2023
 ●●● Budget

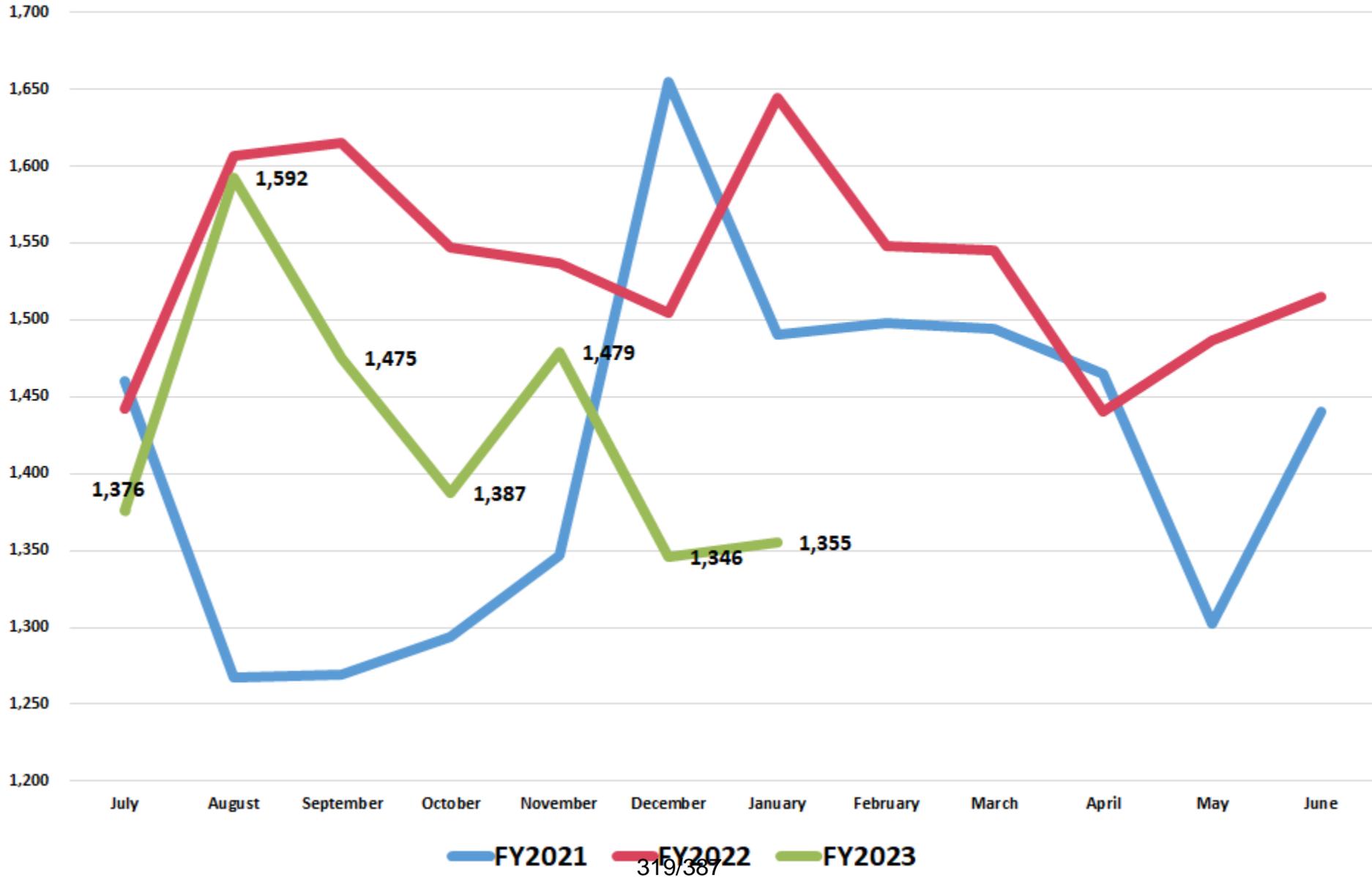


Obstetrics - Avg Patients Per Day

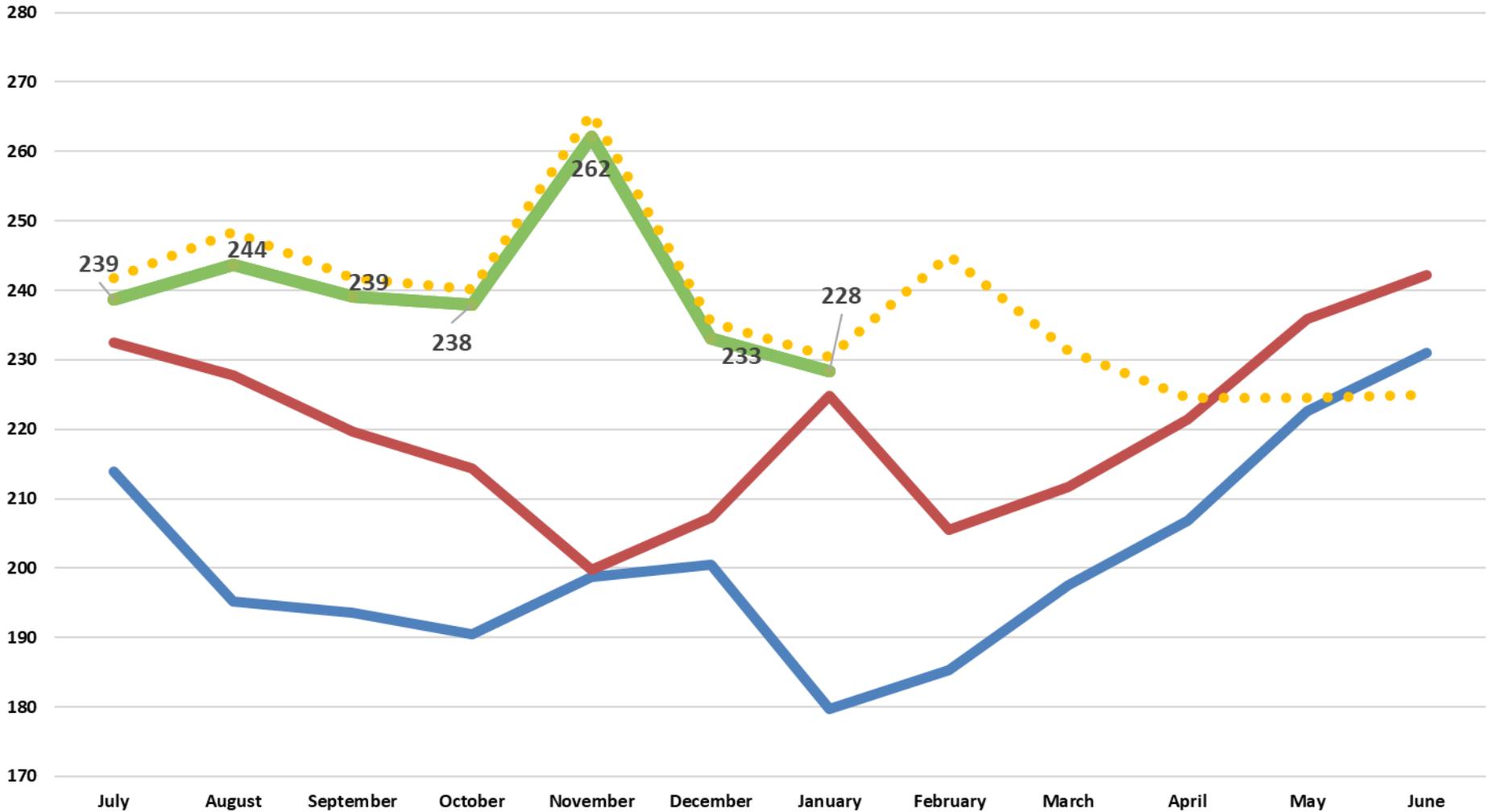


22.9	25.5	25.5	24.9
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

Outpatient Registrations Per Day

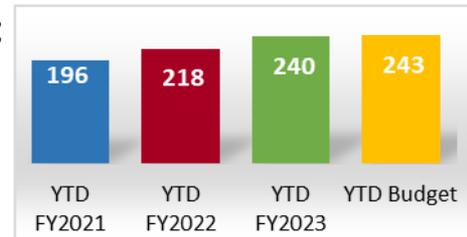


ED - Avg Treated Per Day

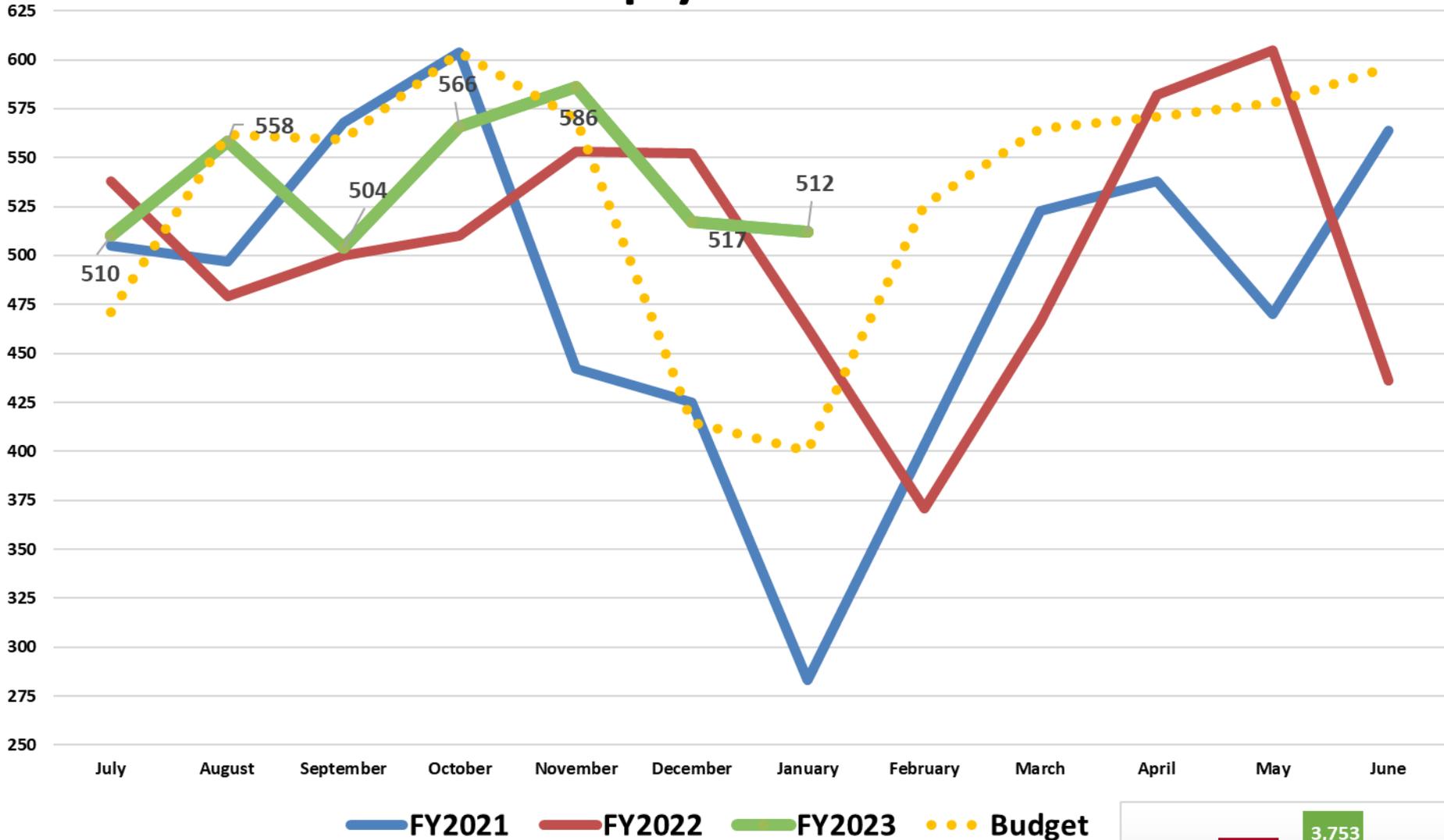


— FY2021
 — FY2022
 — FY2023
 ••• Budget

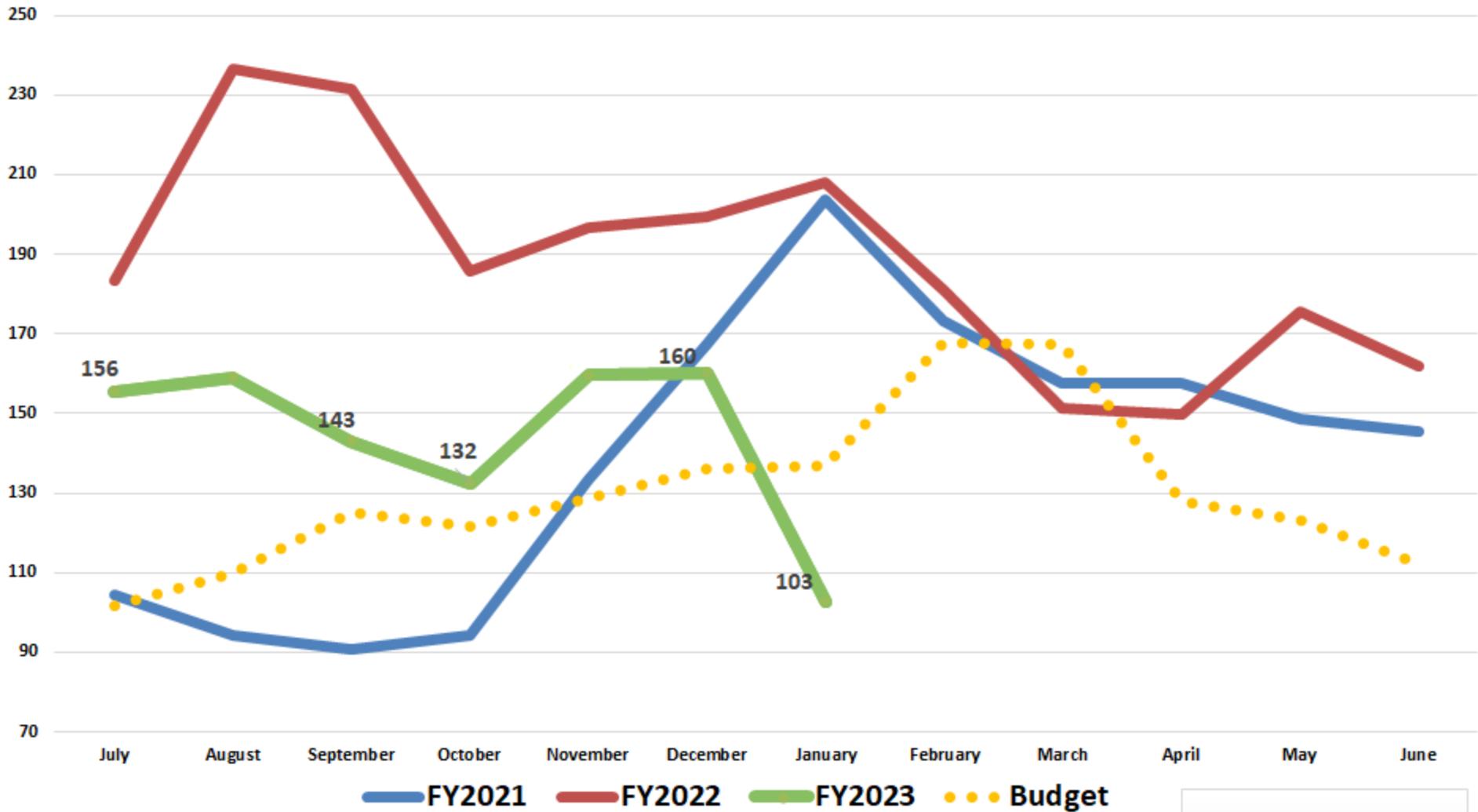
320/387



Endoscopy Procedures

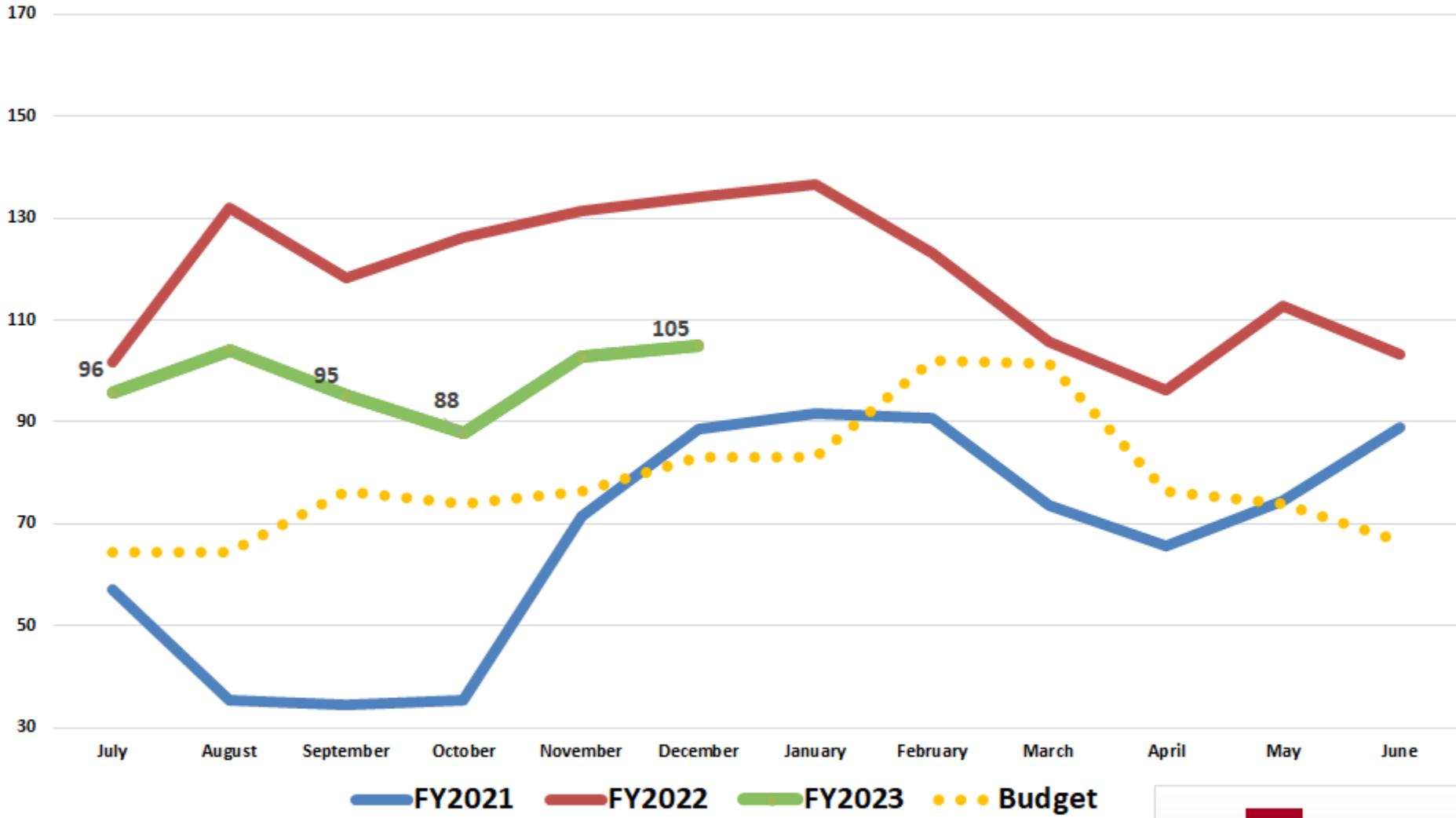


Urgent Care – Court Avg Visits Per Day

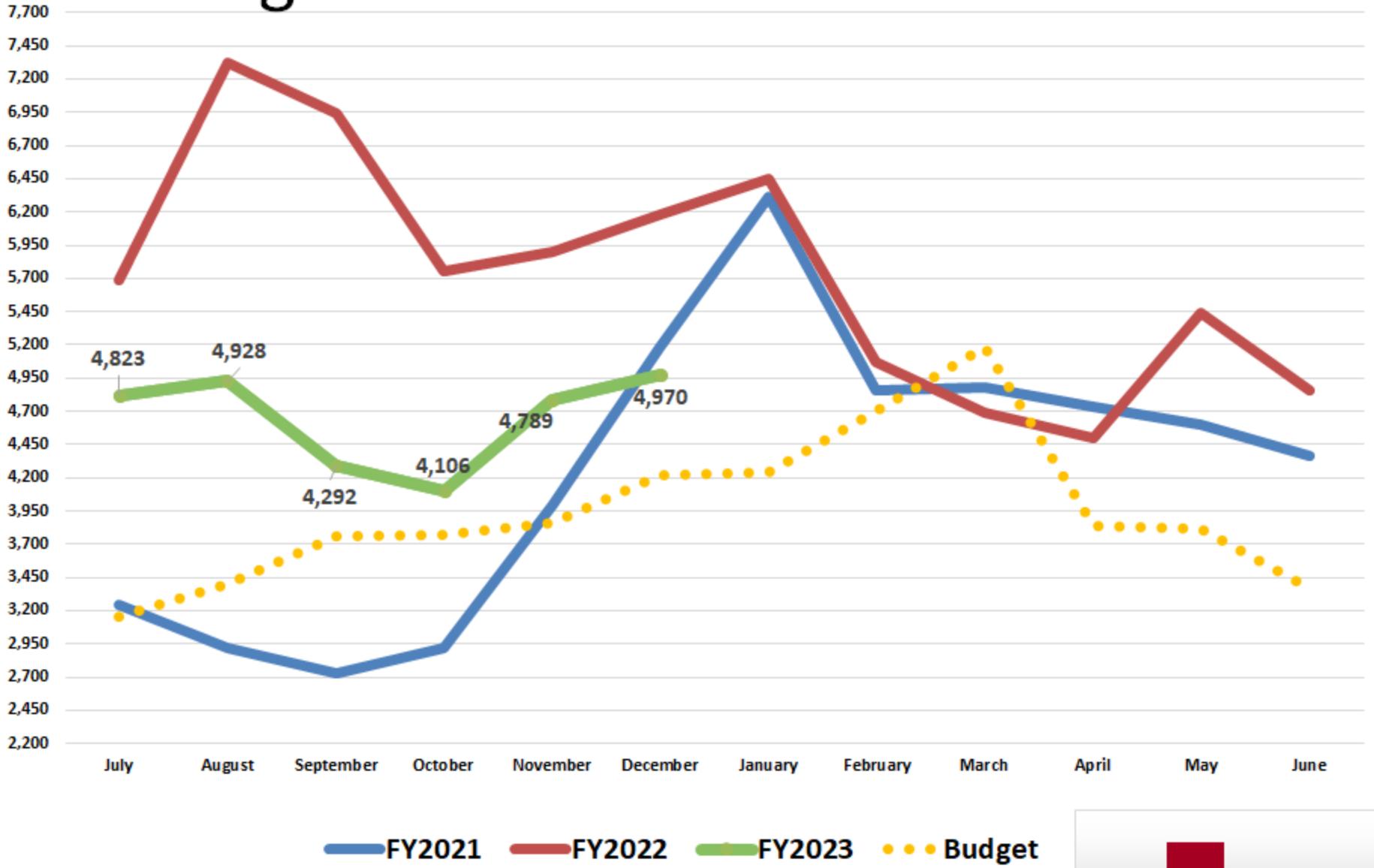


127	206	145	123
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

Urgent Care – Demaree Avg Visits Per Day

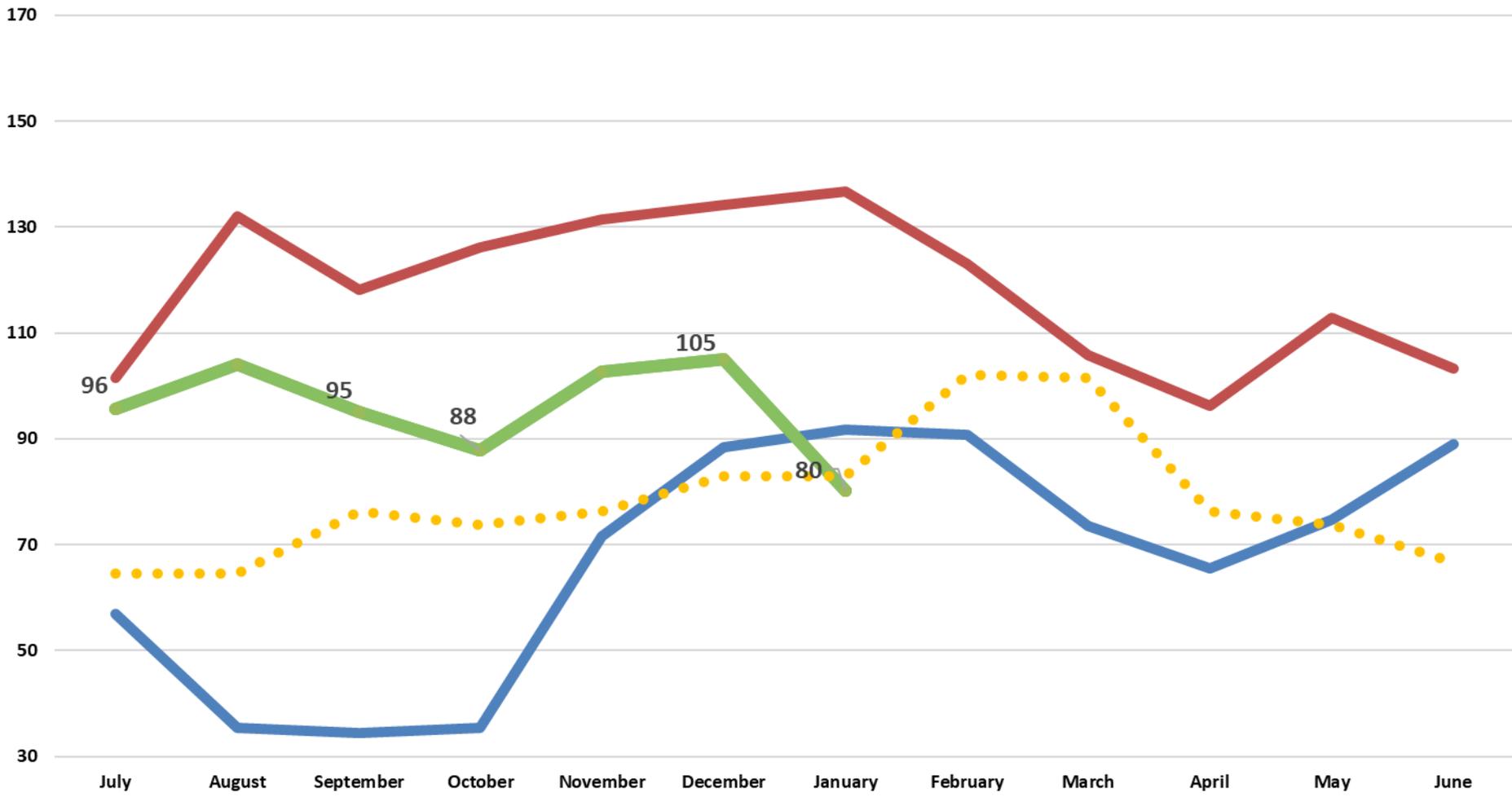


Urgent Care – Court Total Visits

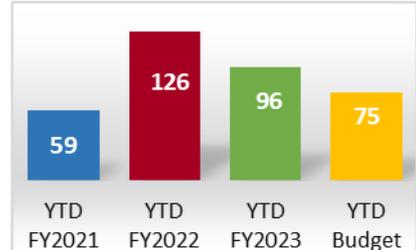


27,306	44,230	27,908	26,421
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

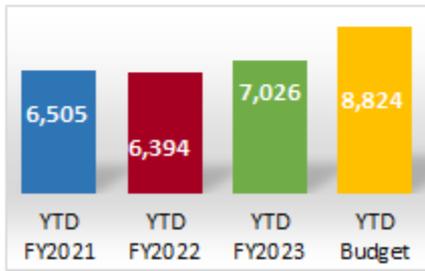
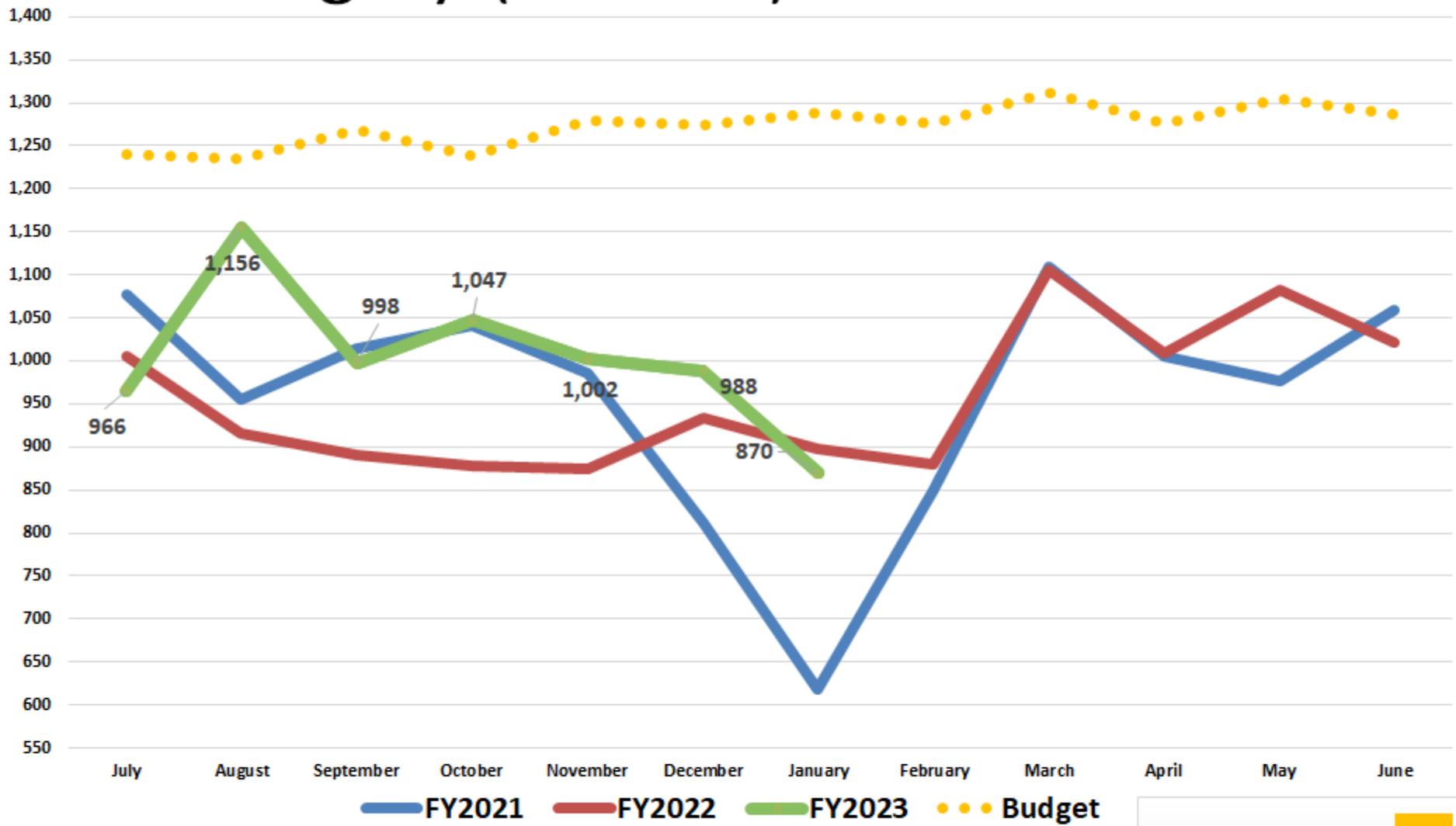
Urgent Care – Demaree Avg Visits Per Day



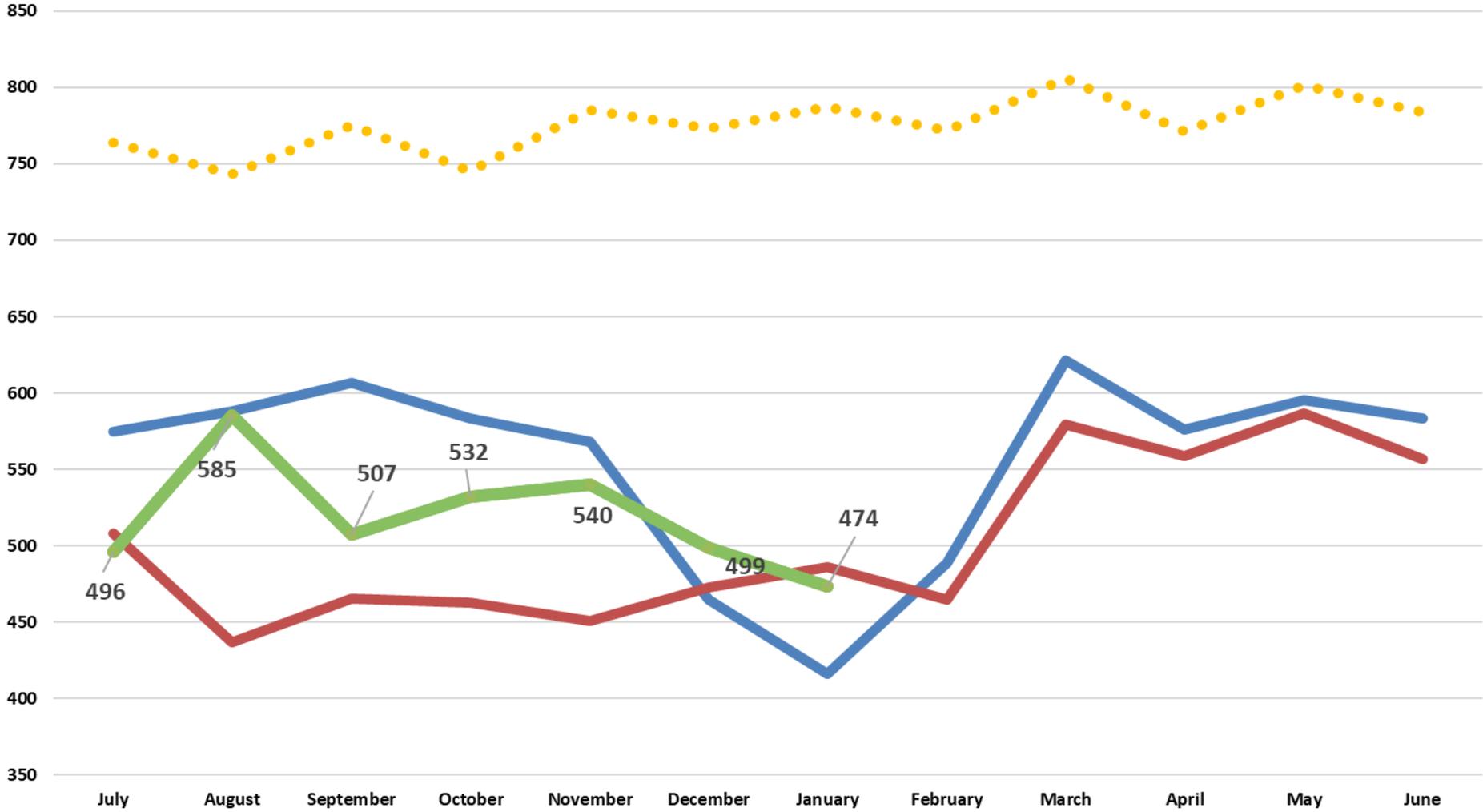
—●— **FY2021**
 —●— **FY2022**
 —●— **FY2023**
 ●●● **Budget**



Surgery (IP & OP) – 100 Min Units

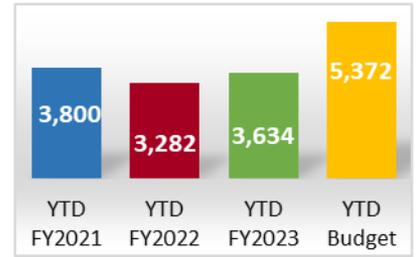


Surgery (IP Only) - 100 Min Unit

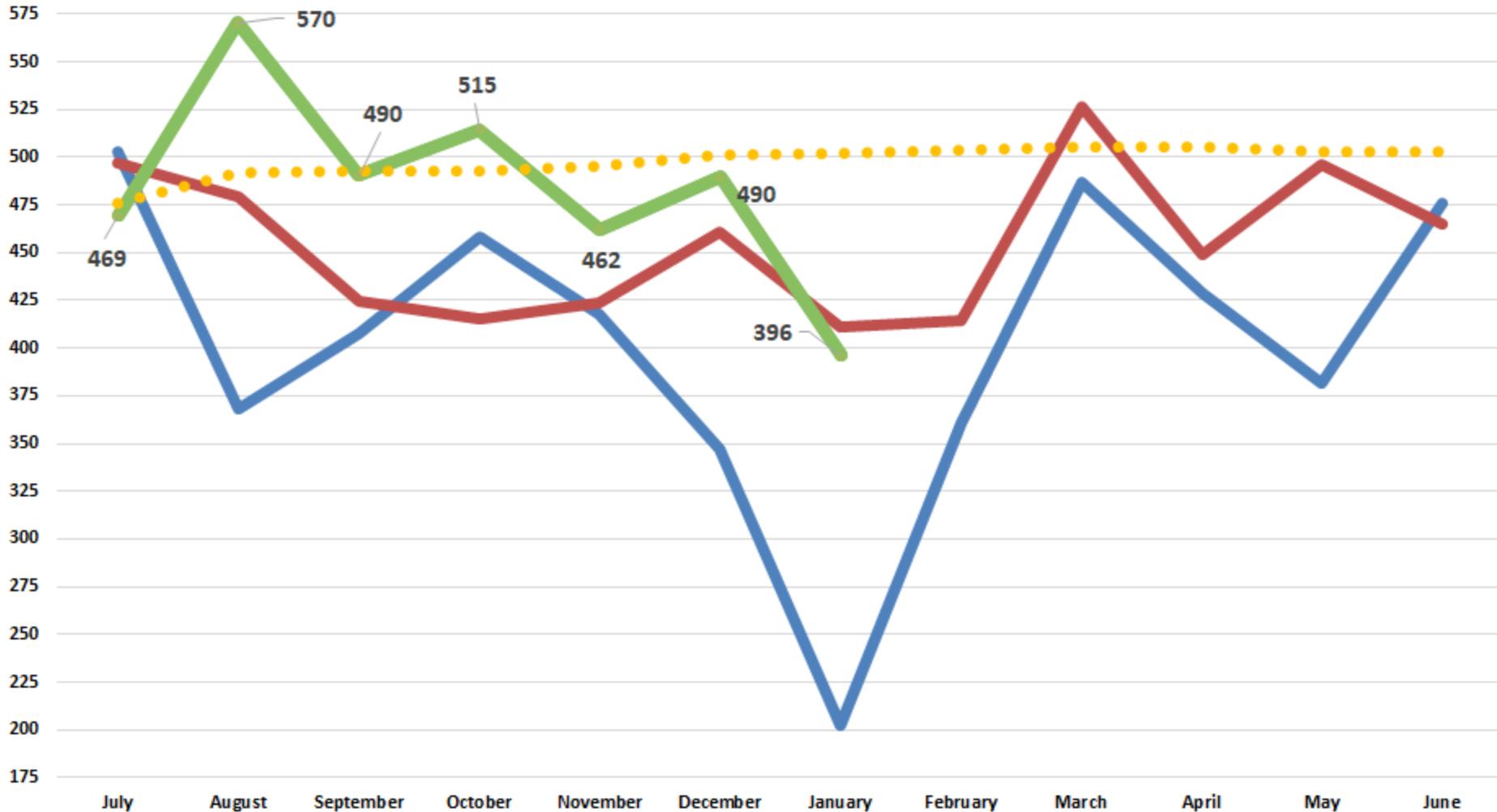


— FY2021
 — FY2022
 — FY2023
 ●●● Budget

327/387



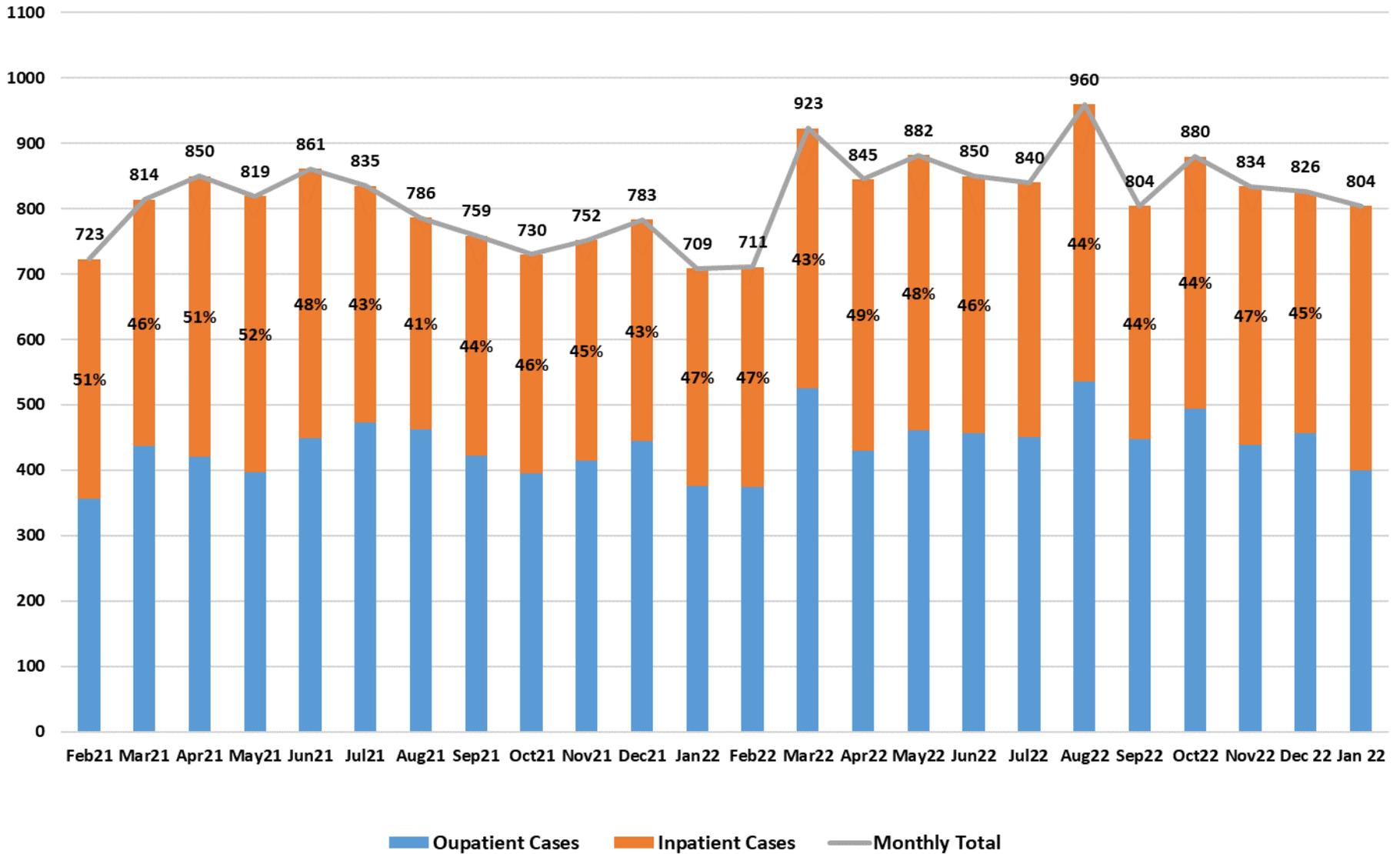
Surgery (OP Only) - 100 Min Units



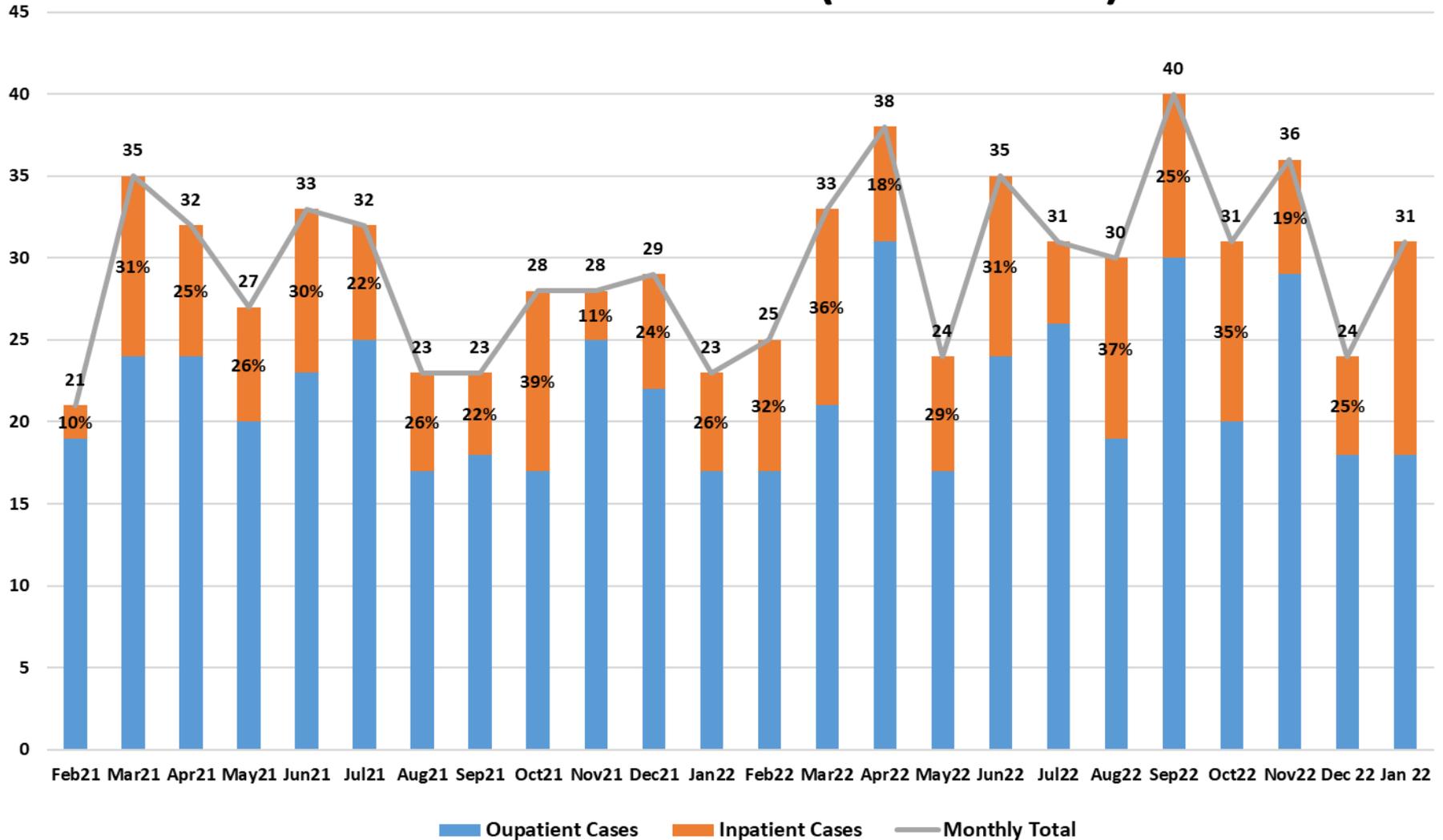
— FY2021
 — FY2022
 — FY2023
 ●●● Budget

2,704	3,112	3,392	3,452
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

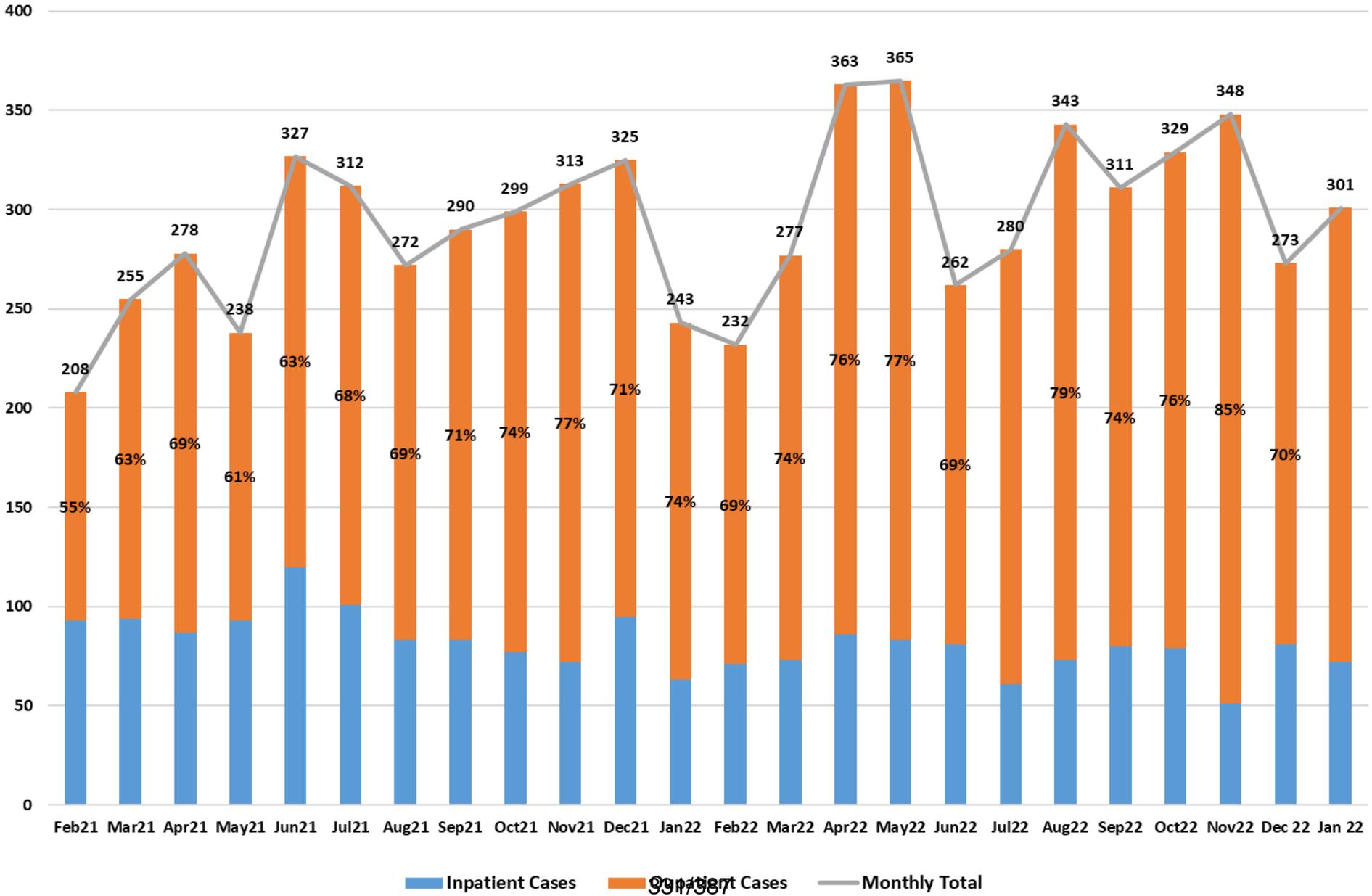
Surgery Cases (IP & OP)



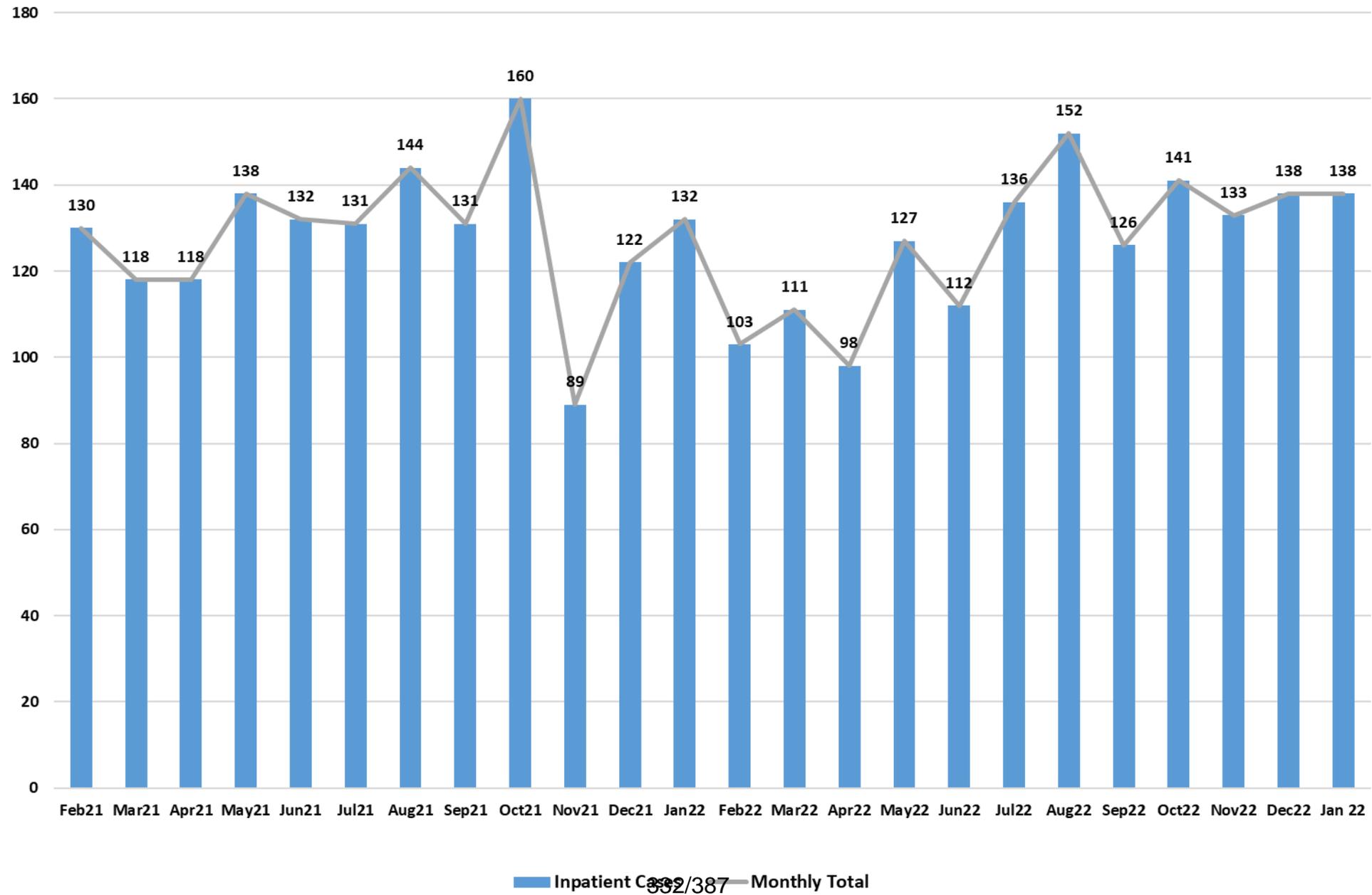
Robotic Cases (IP & OP)



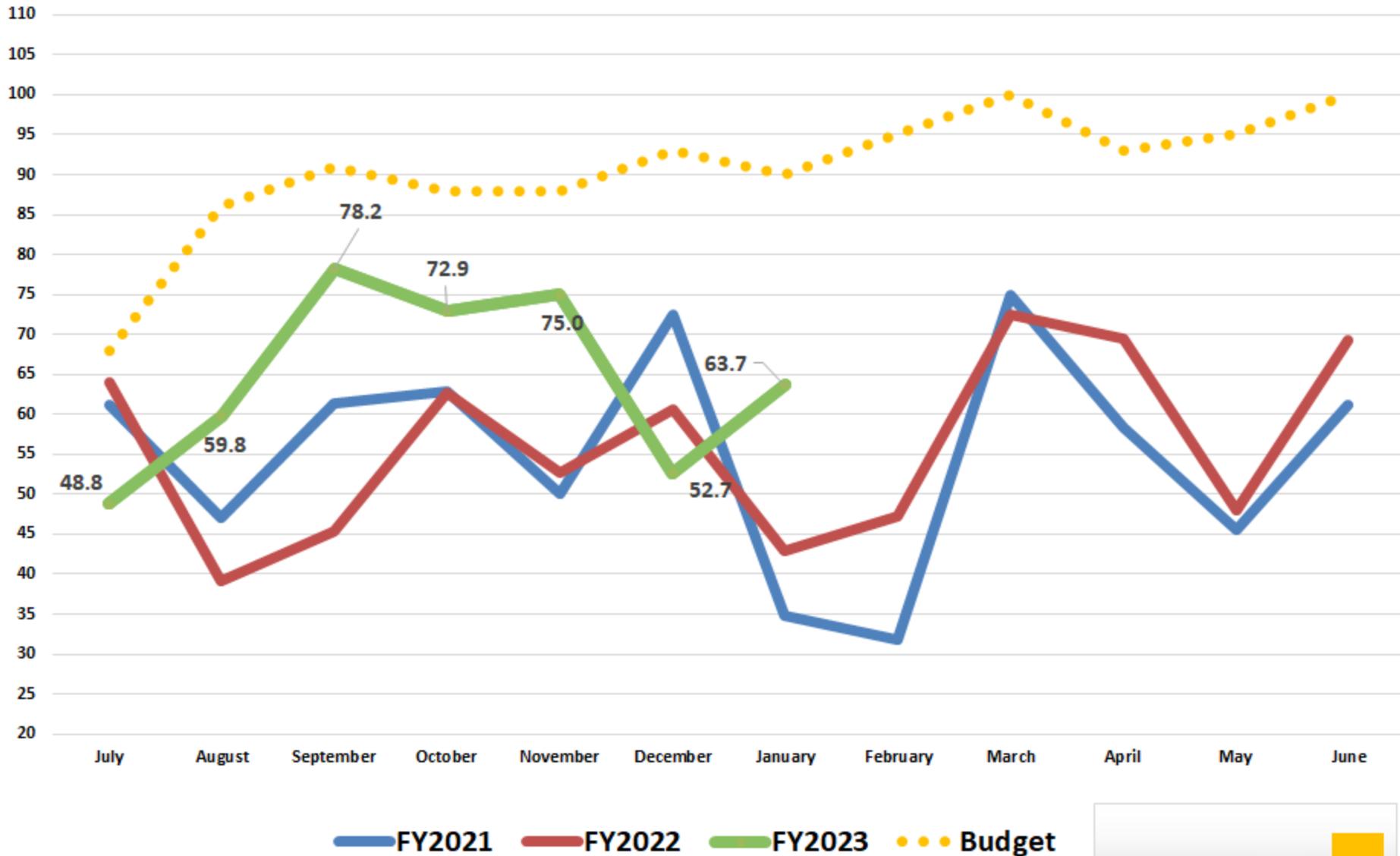
Endo Cases (Endo Suites)



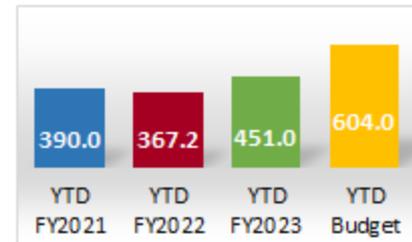
OB Cases



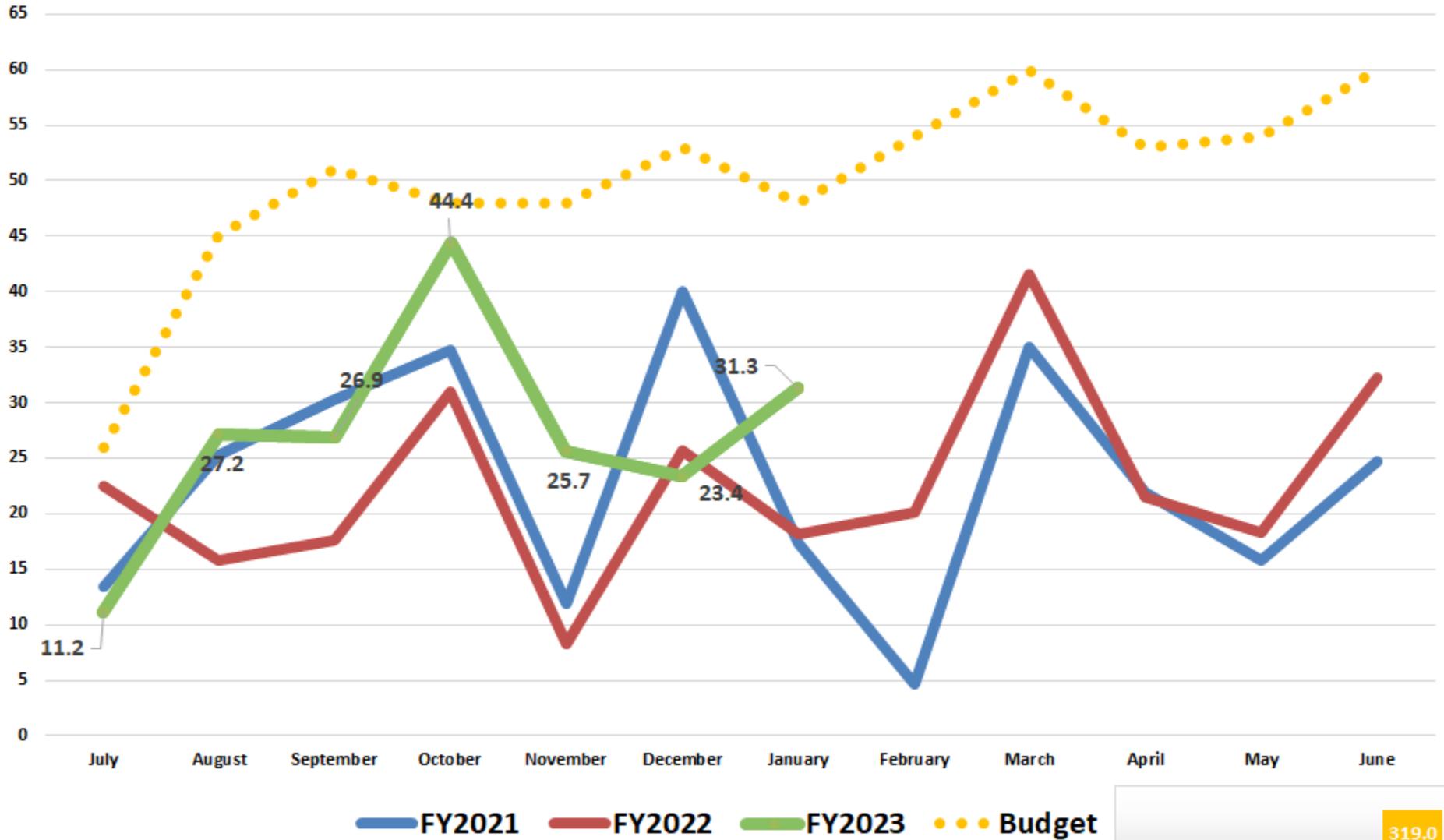
Robotic Surgery (IP & OP) - 100 Min Units



— FY2021
 — FY2022
 — FY2023
 ●●● Budget

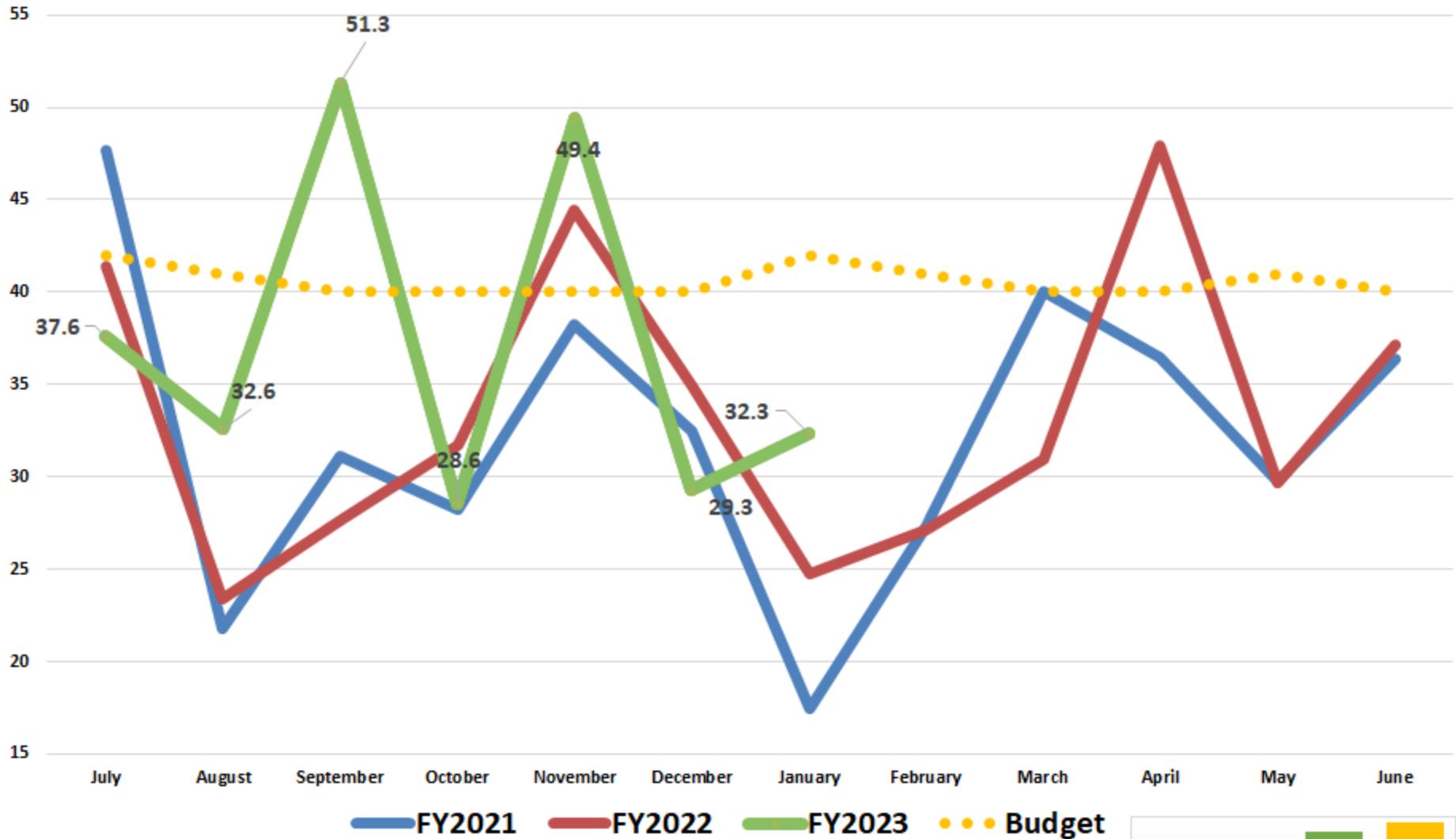


Robotic Surgery Minutes (IP Only)



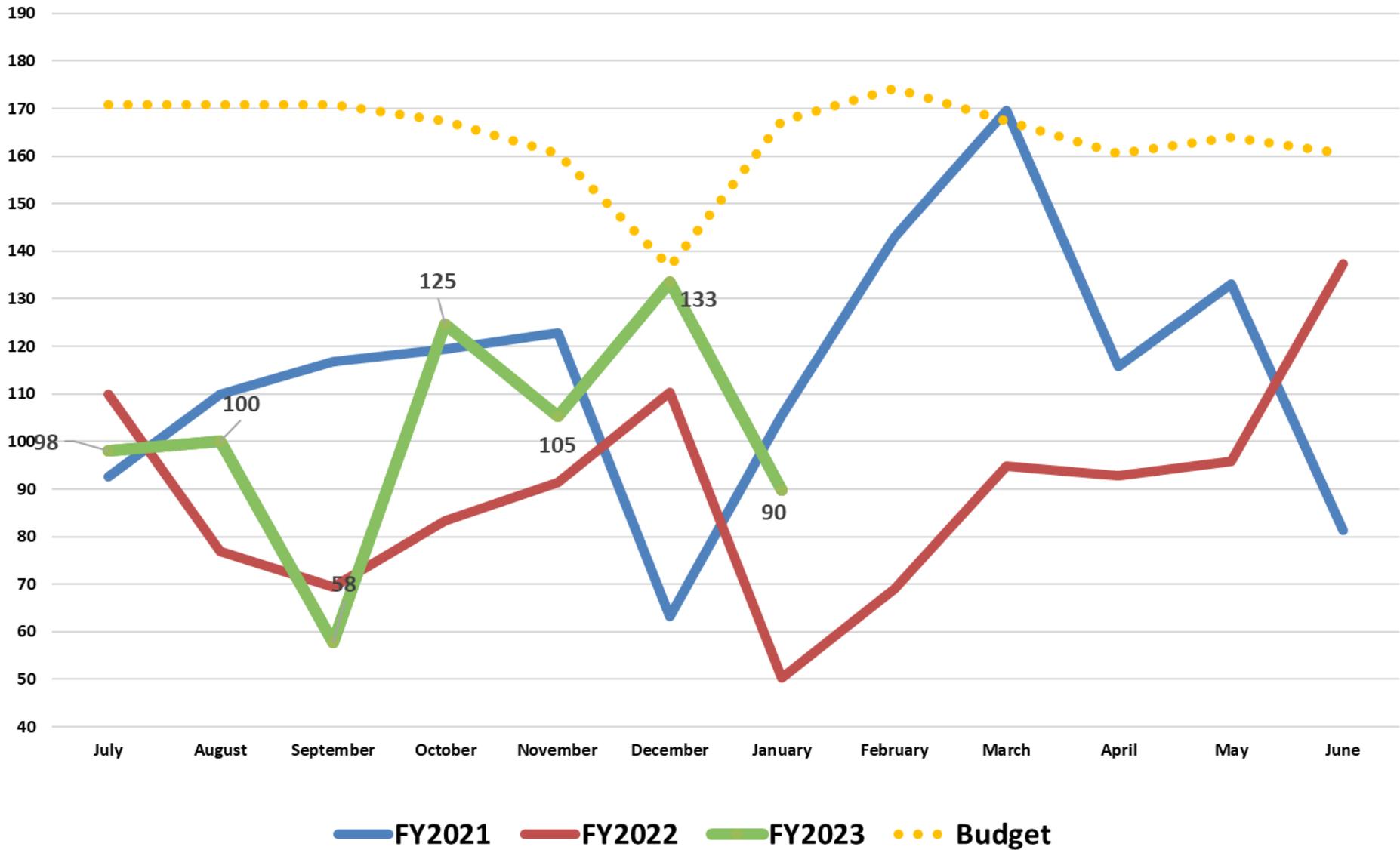
173.0	138.9	190.0	319.0
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

Robotic Surgery Minutes (OP Only)

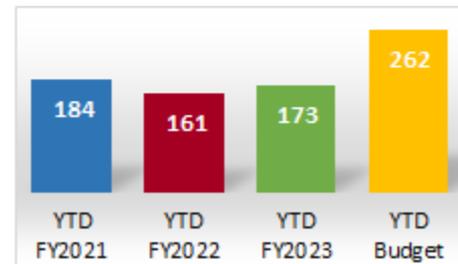
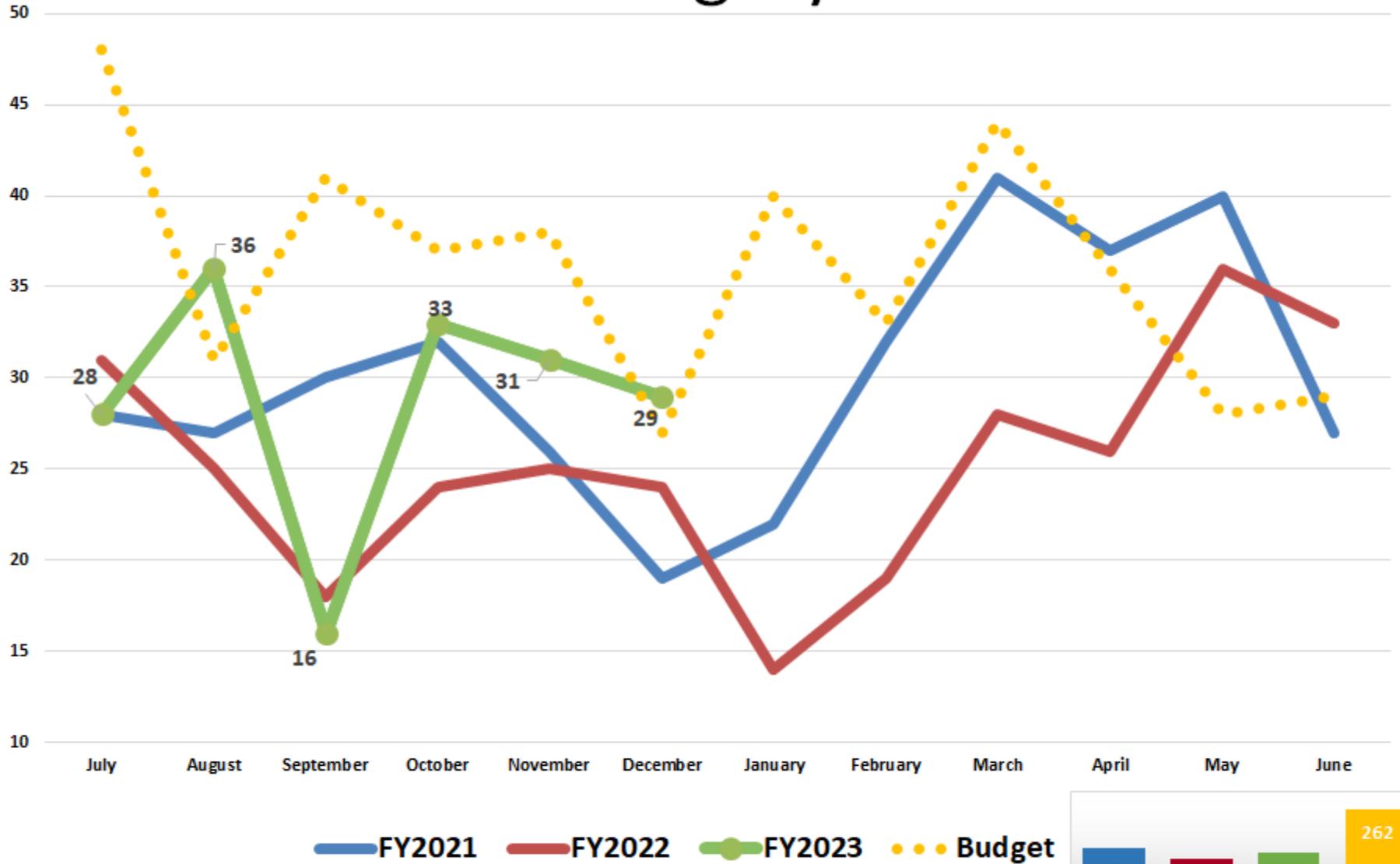


217.1	228.4	261.0	285.0
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

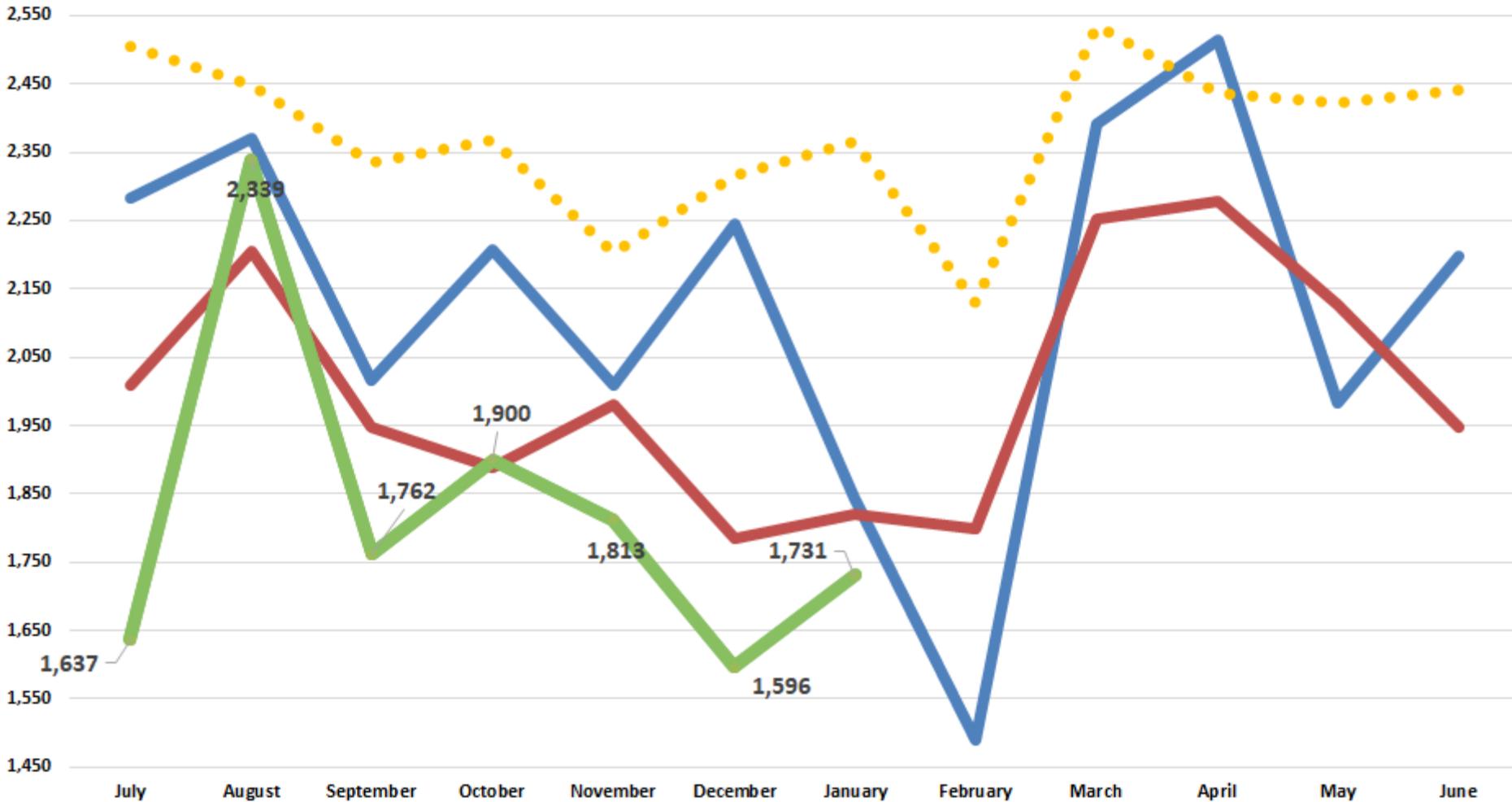
Cardiac Surgery - 100 Min Units



Cardiac Surgery Cases



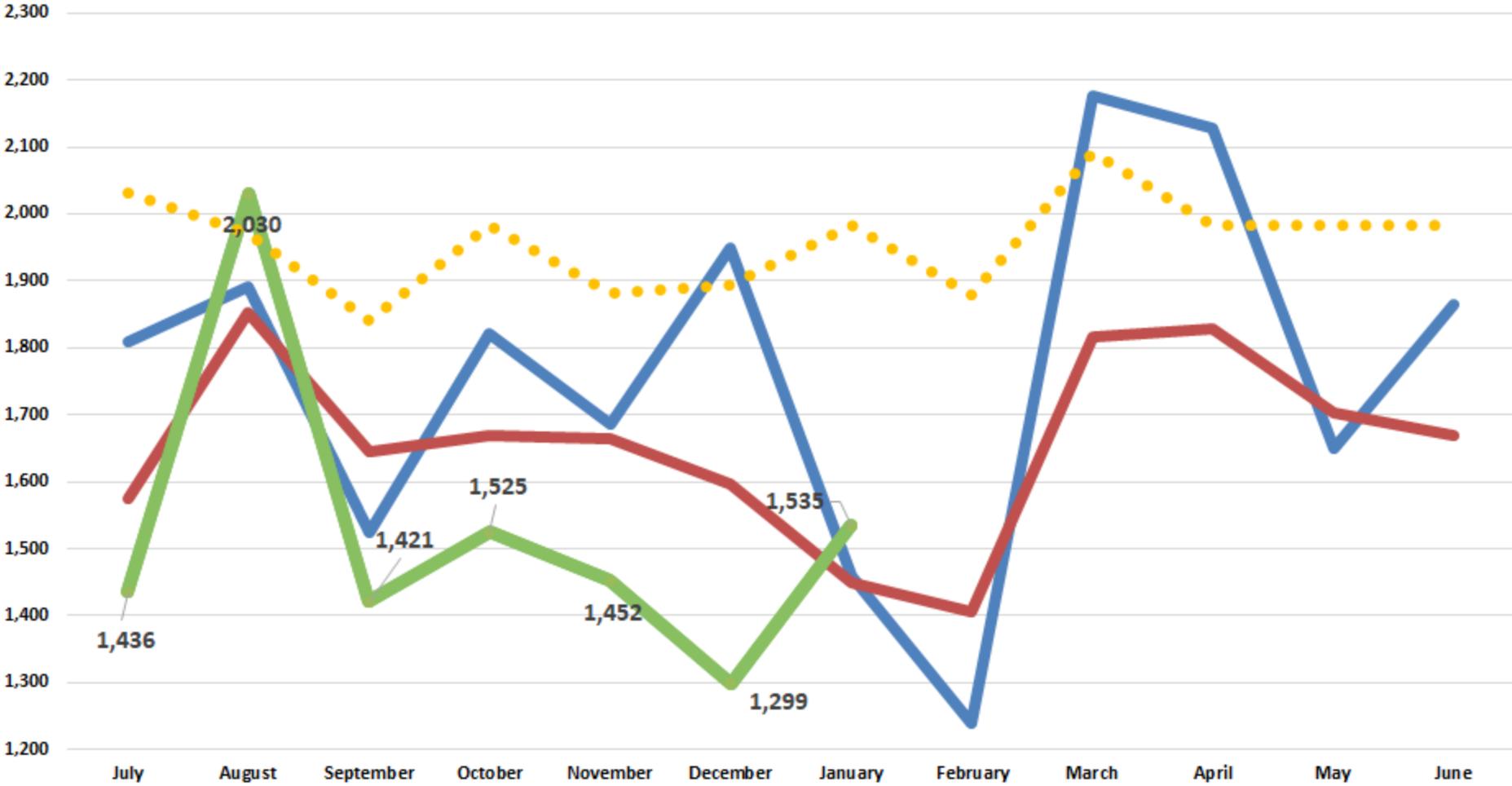
Rad Onc Treatments (Vis. & Hanf.)



— FY2021
 — FY2022
 — FY2023
 ●●● Budget

14,972	13,637	12,778	16,540
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

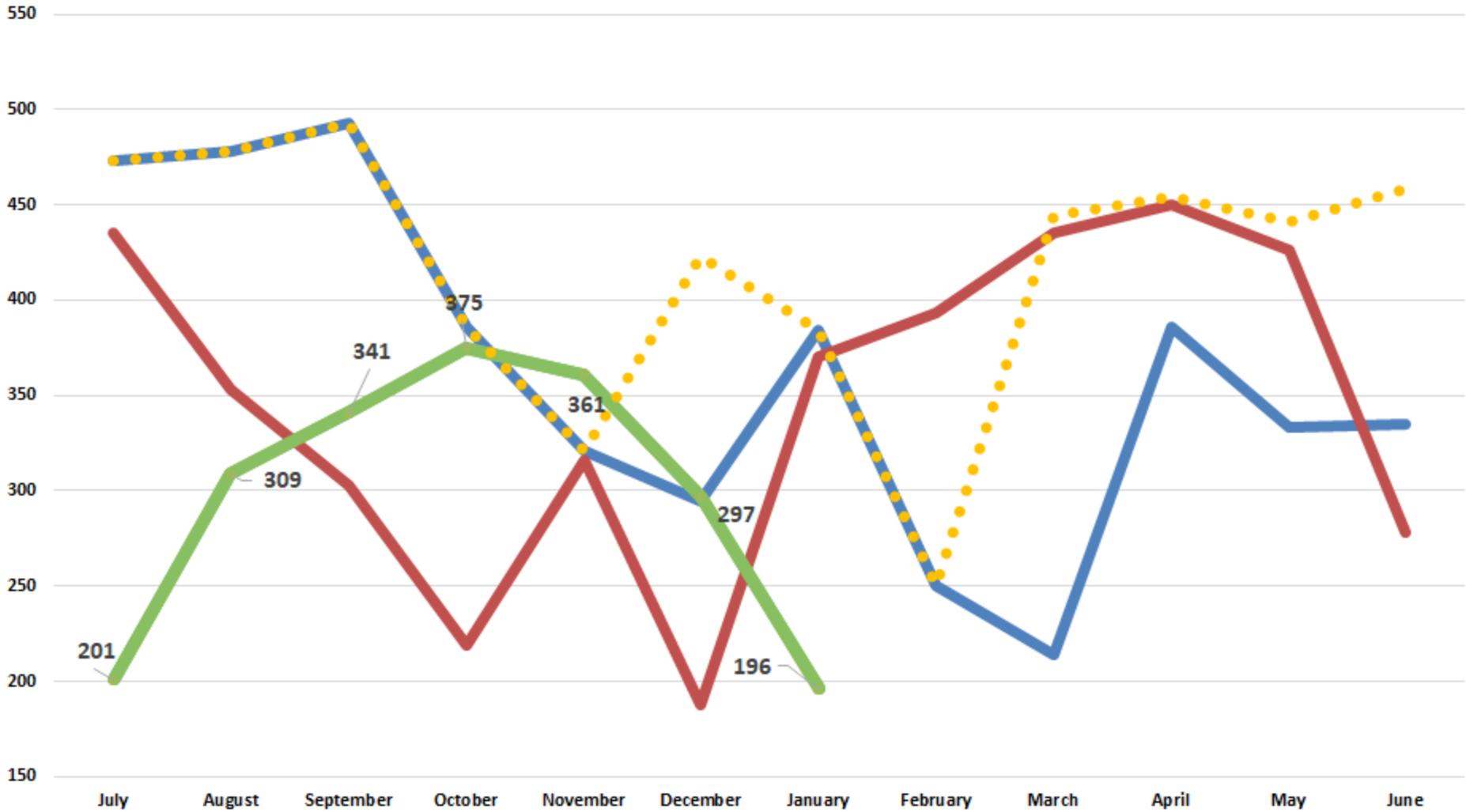
Rad Onc Visalia



— FY2021
 — FY2022
 — FY2023
 ●●● Budget



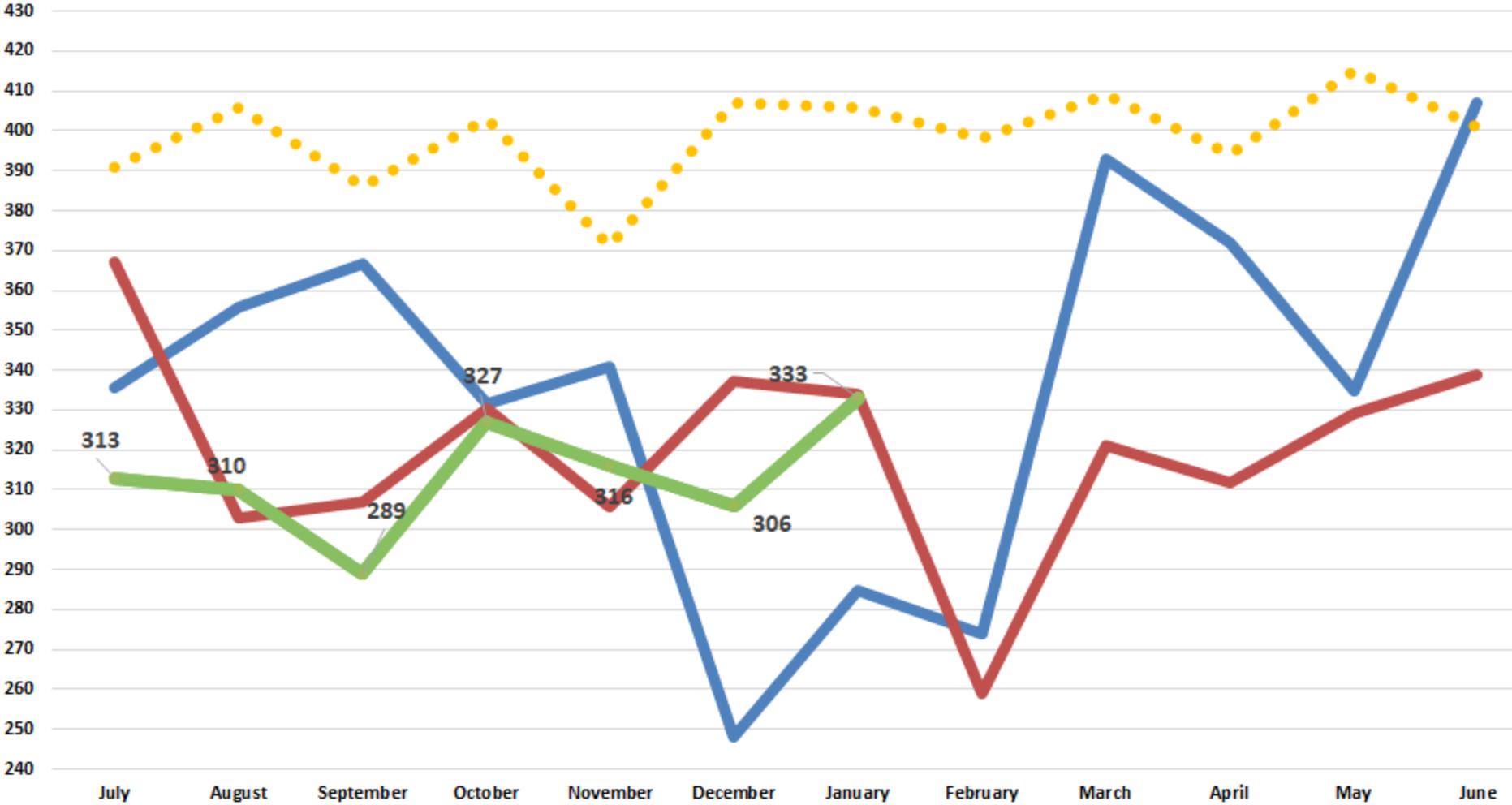
Rad Onc Hanford



— FY2021
 — FY2022
 — FY2023
 ●●● Budget



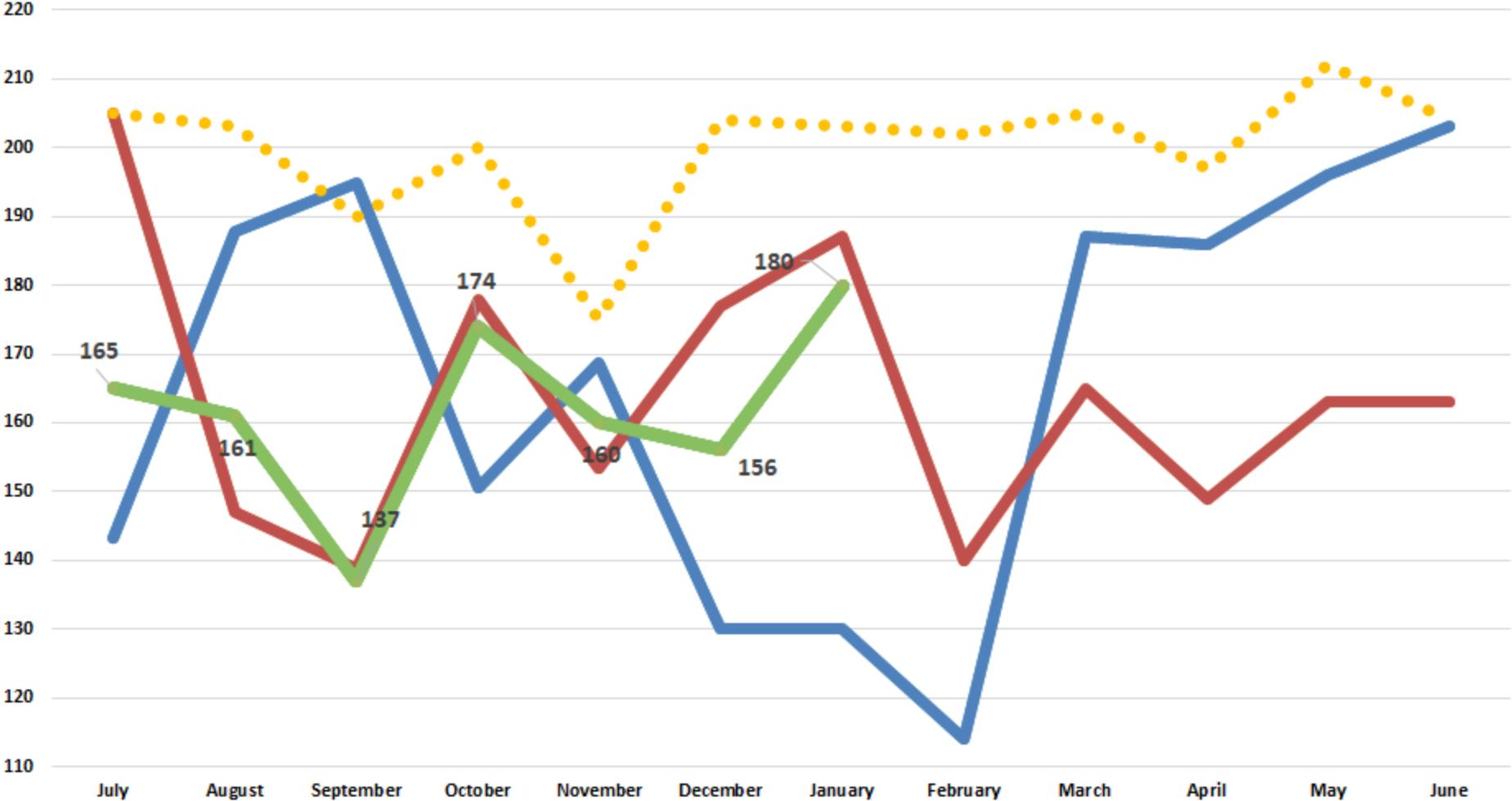
Cath Lab (IP & OP) – 100 Min Units



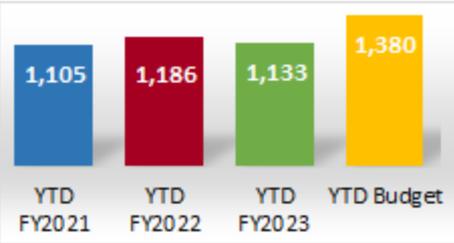
— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**

2,263	2,285	2,194	2,770
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

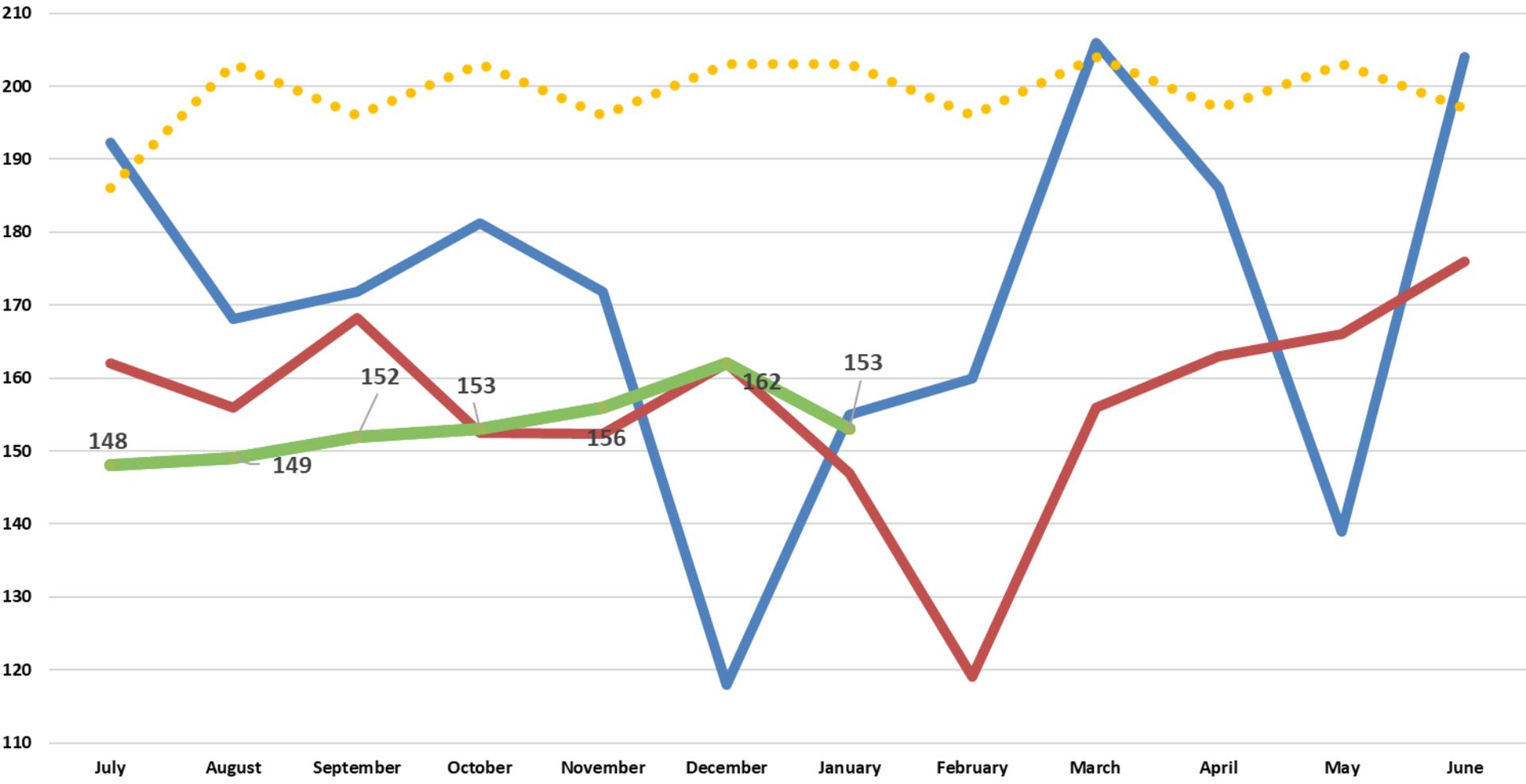
Cath Lab (IP Only) – 100 Min Units



— FY2021
 — FY2022
 — FY2023
 ●●● Budget



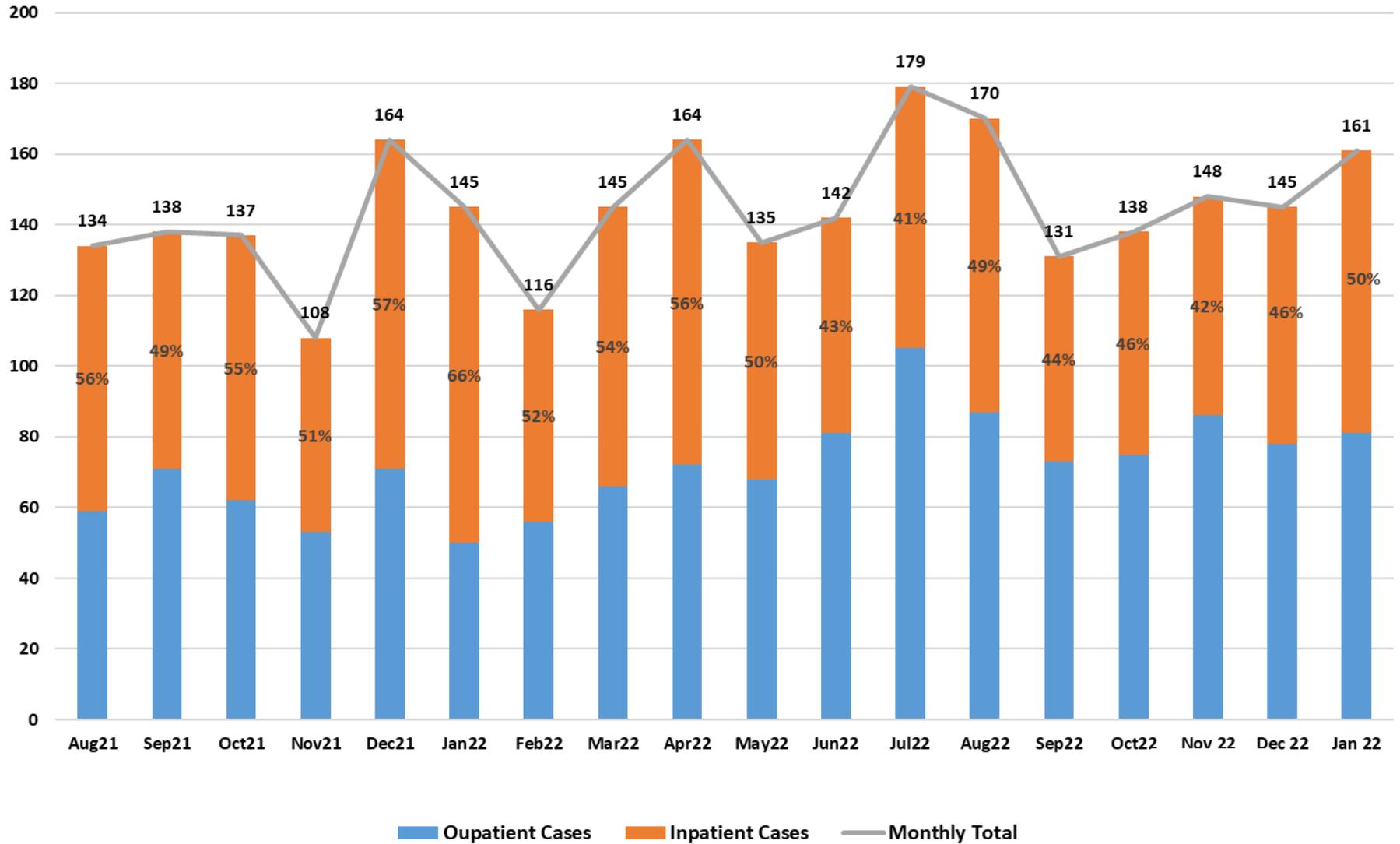
Cath Lab (OP Only) – 100 Min Units



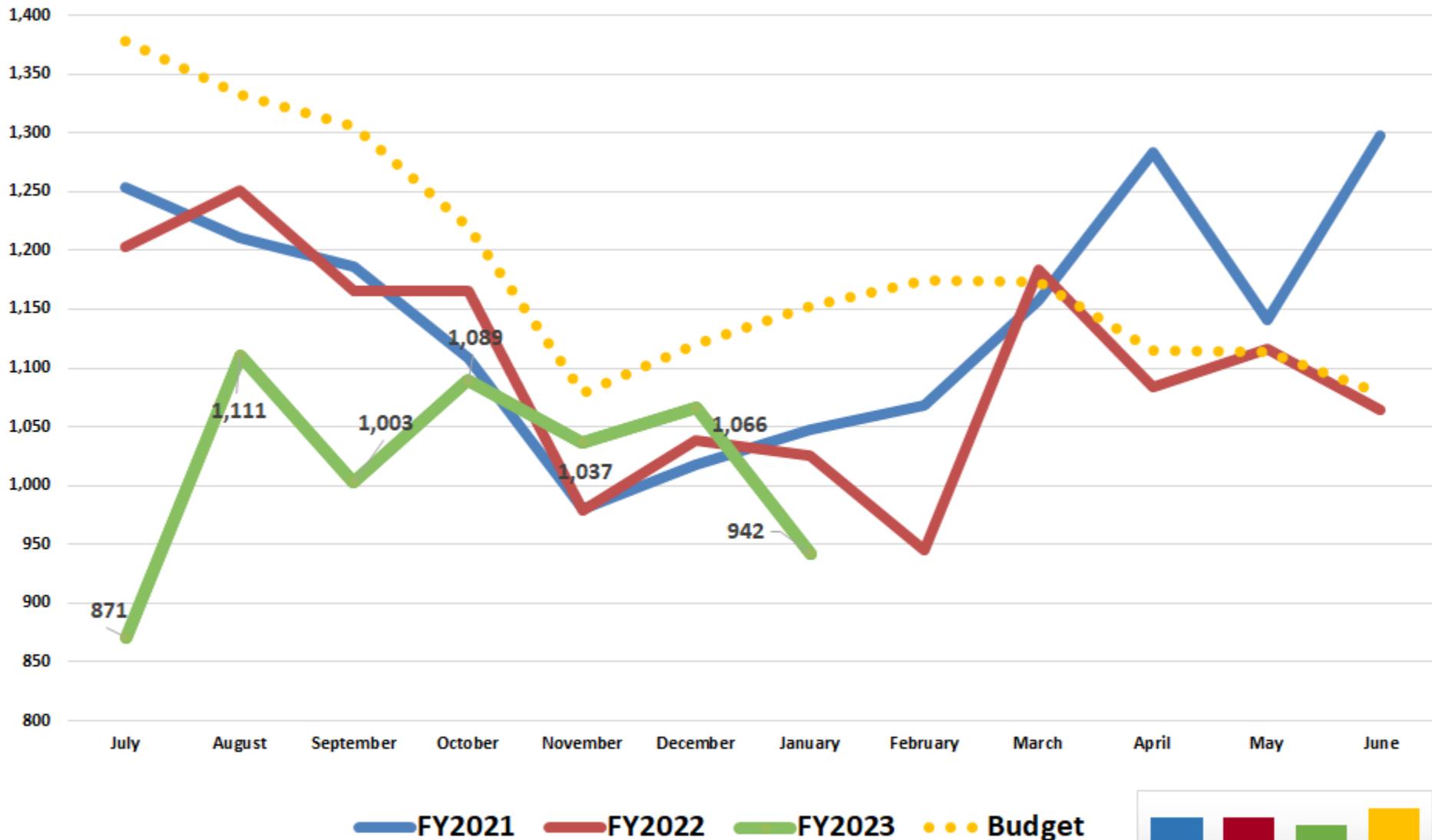
— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**



Cath Lab Patients (HP & OP)

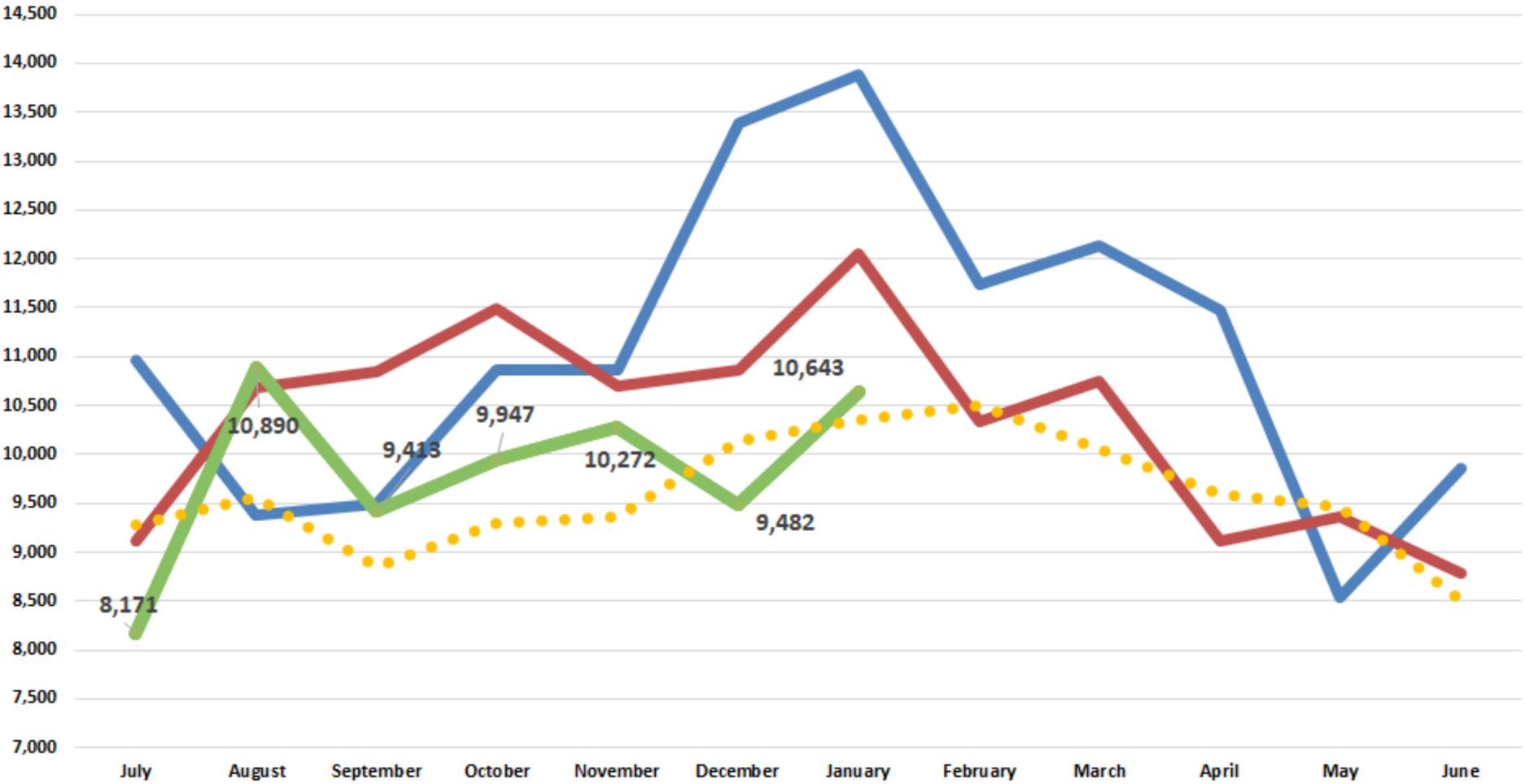


GME Family Medicine Clinic Visits

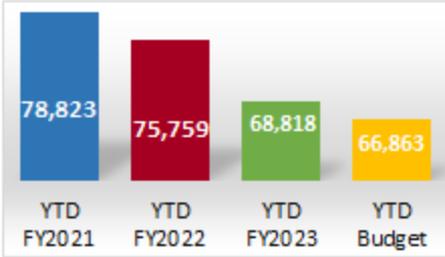


7,804	7,827	7,119	8,585
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

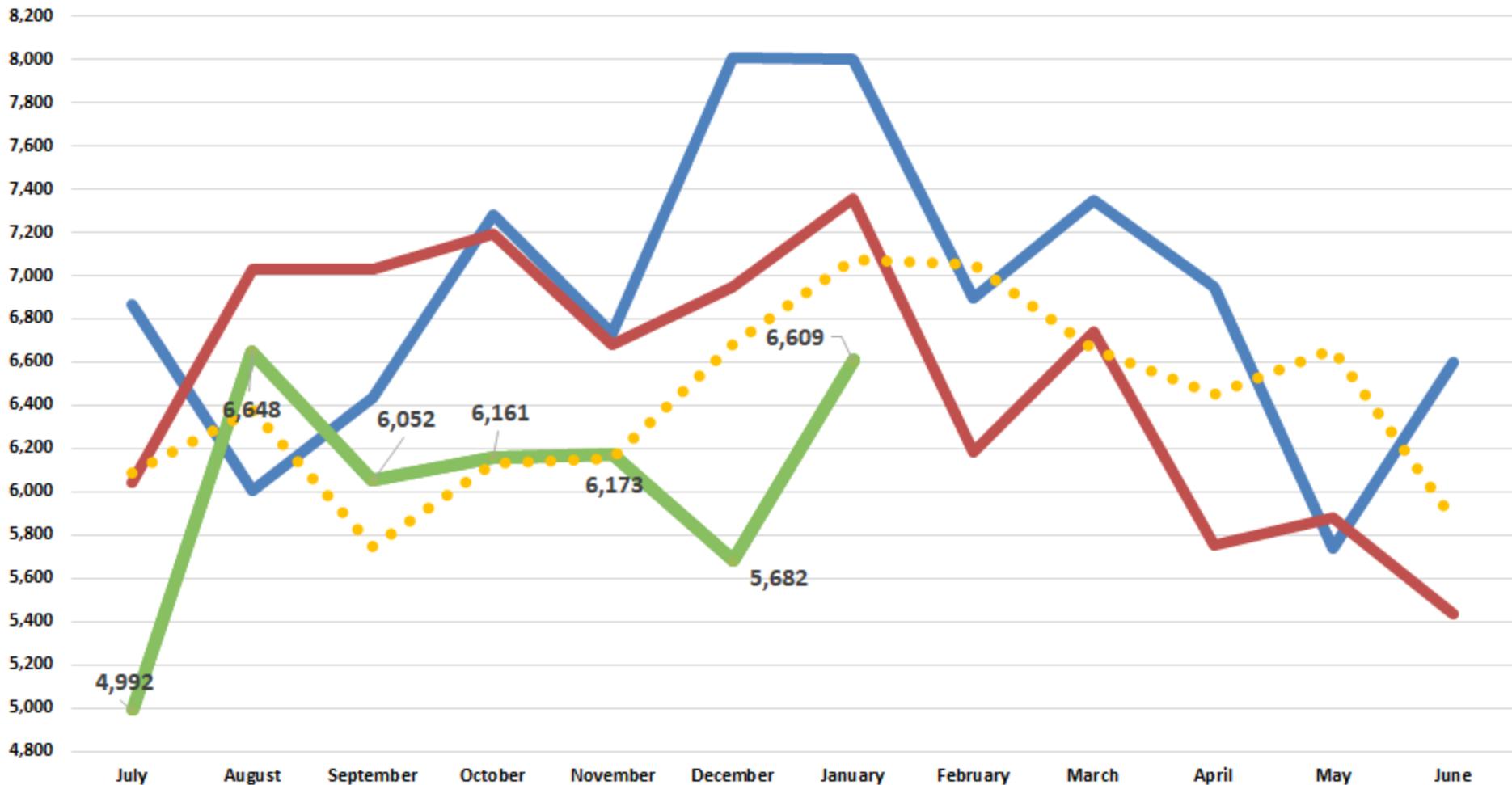
Rural Health Clinics Registrations



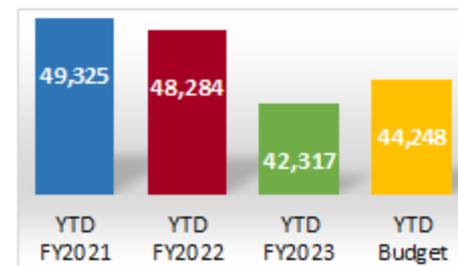
— FY2021
 — FY2022
 — FY2023
 ●●● Budget



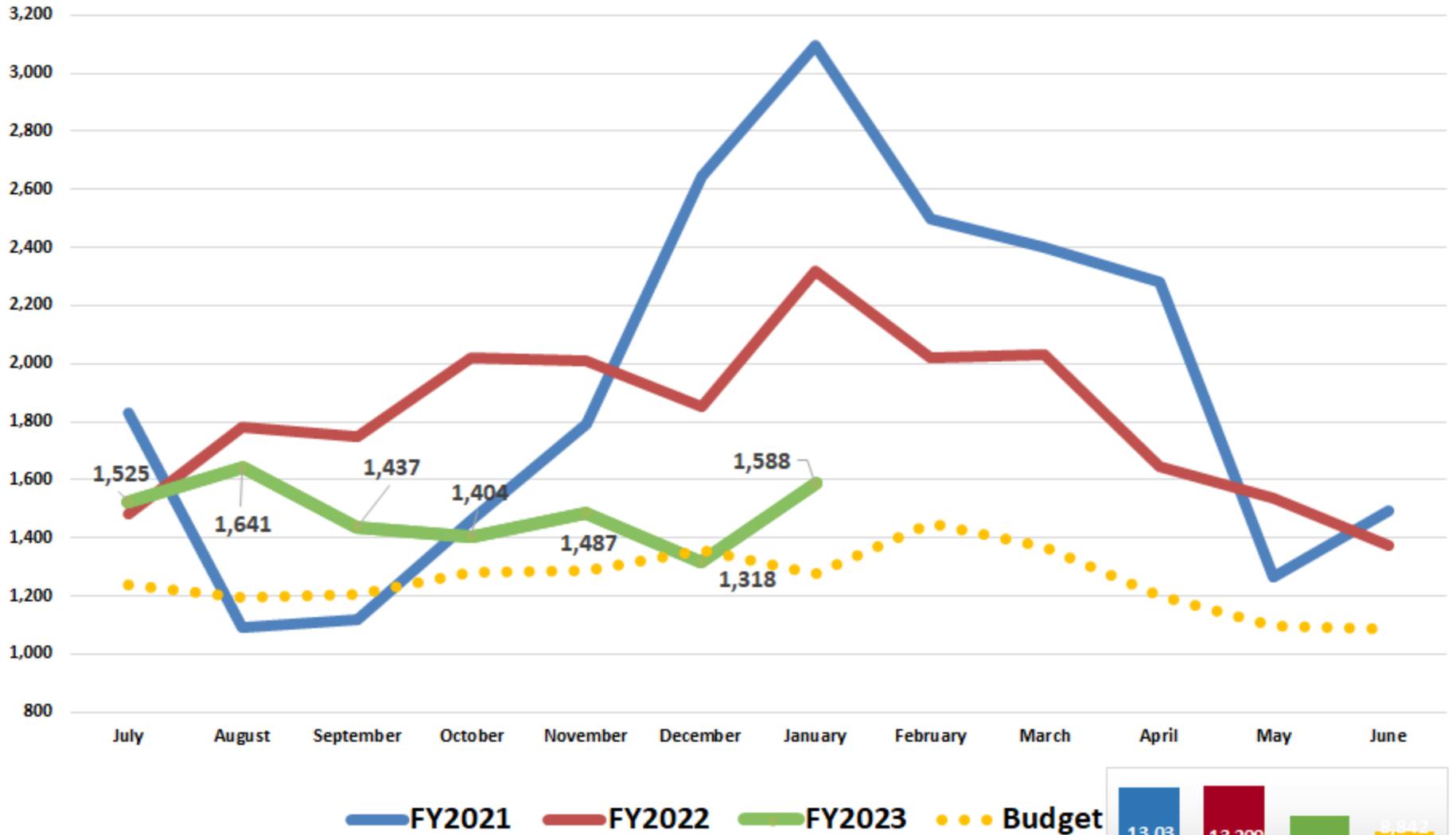
RHC Exeter - Registrations



— FY2021
 — FY2022
 — FY2023
 ●●● Budget

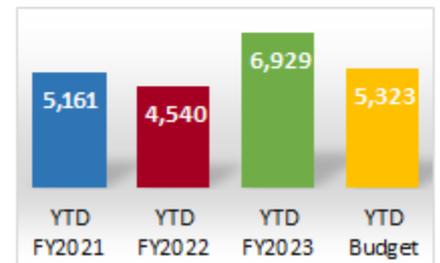
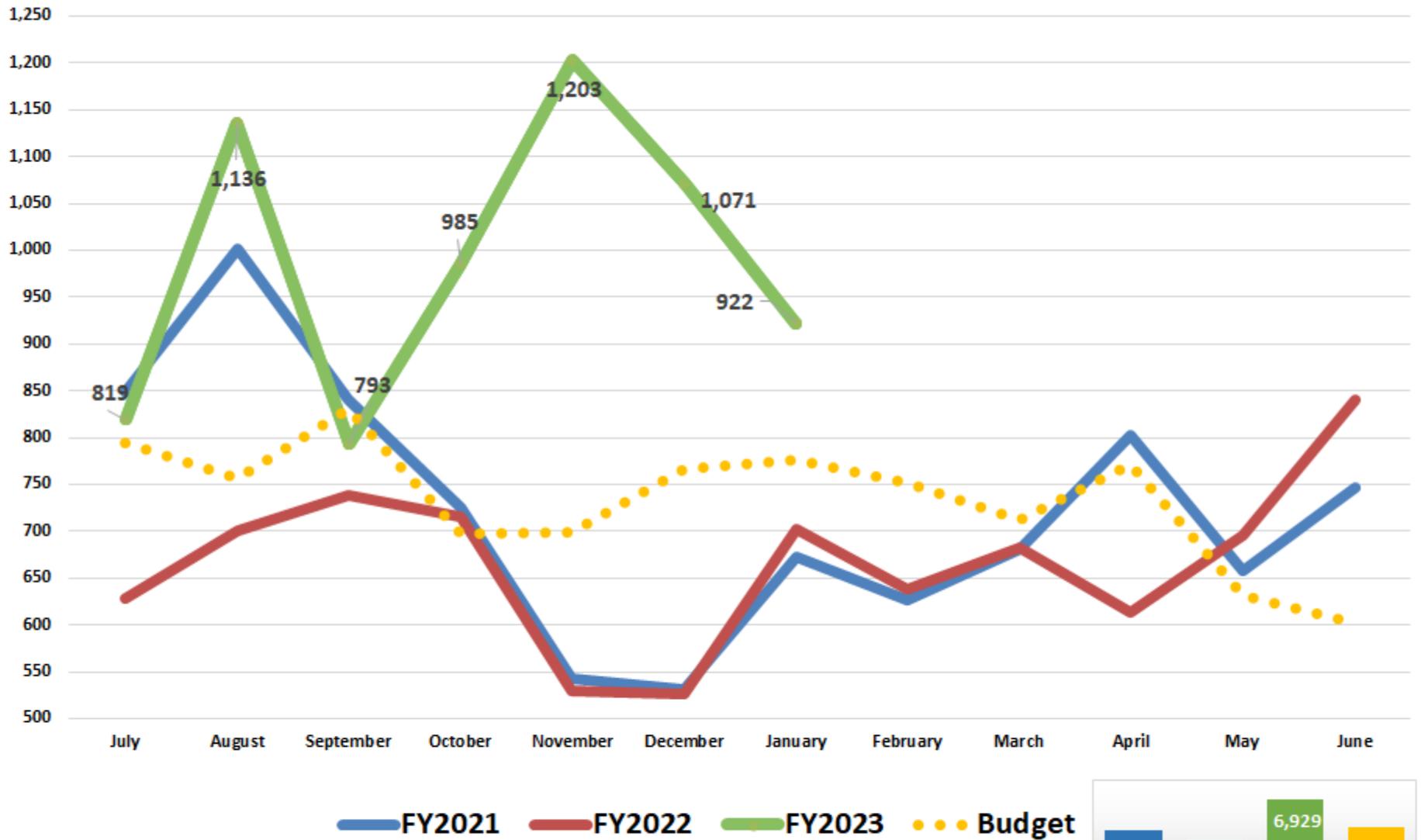


RHC Lindsay - Registrations

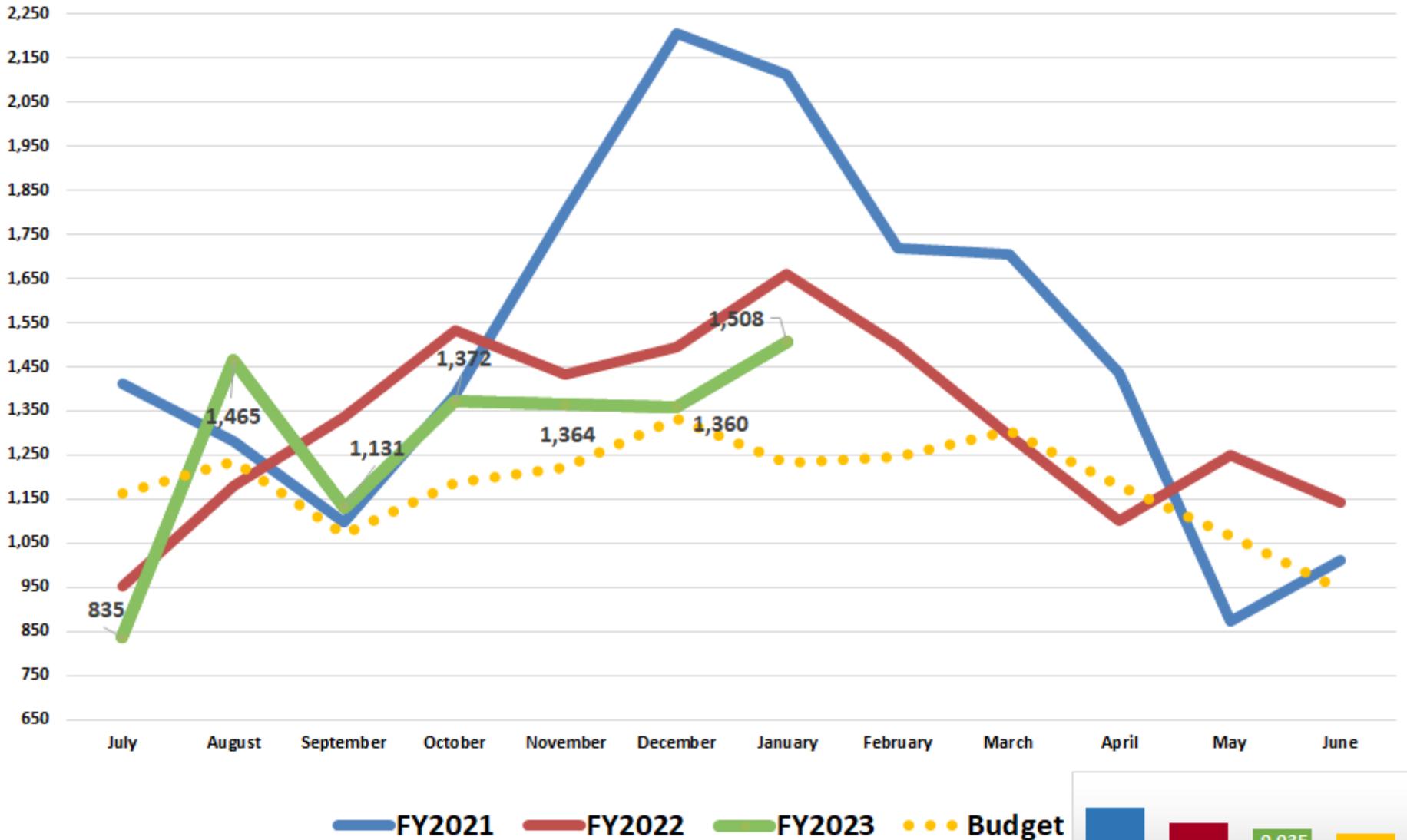


13,035	13,209	10,400	8,842
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

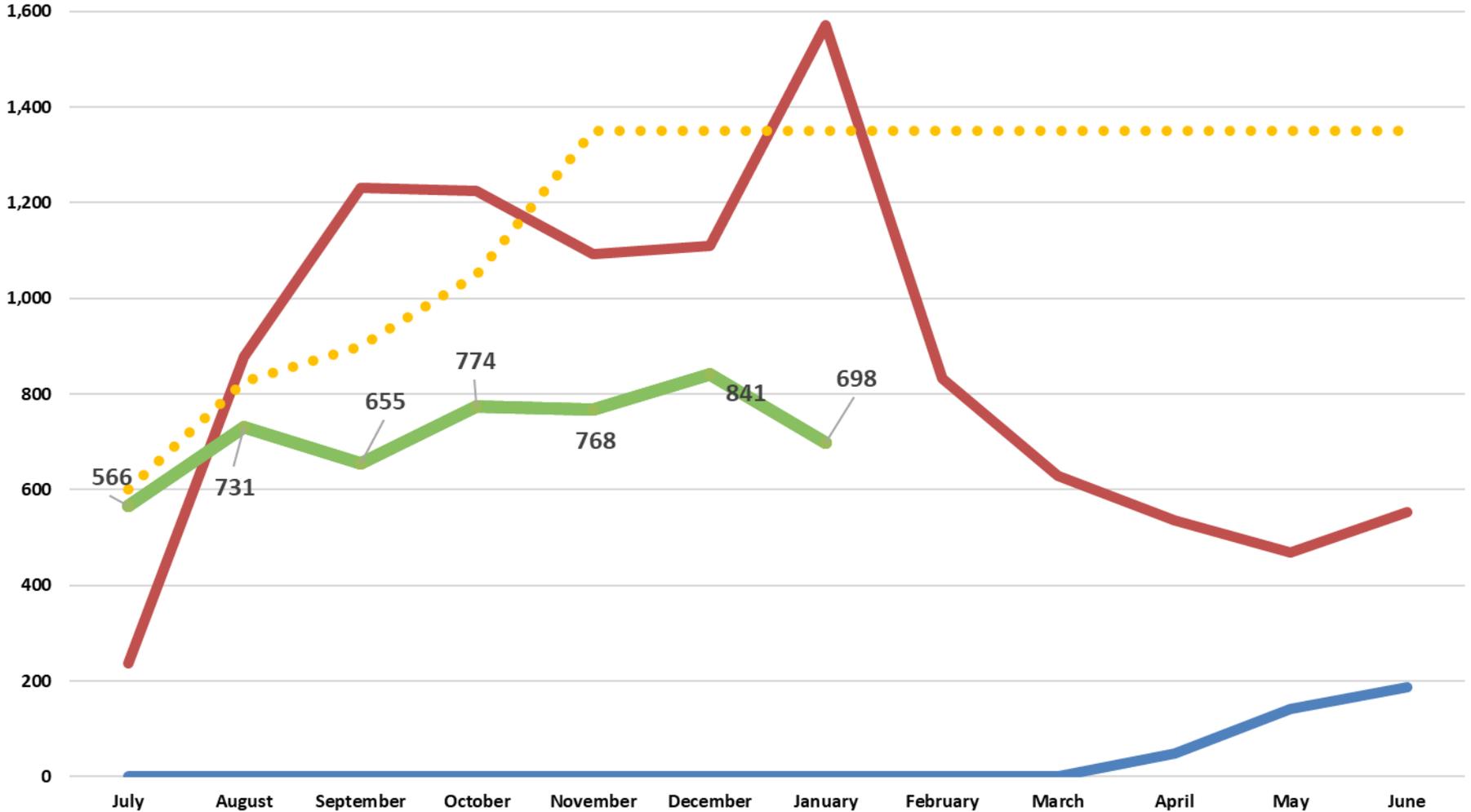
RHC Woodlake - Registrations



RHC Dinuba - Registrations



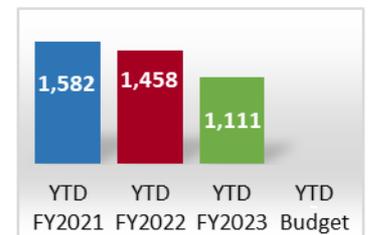
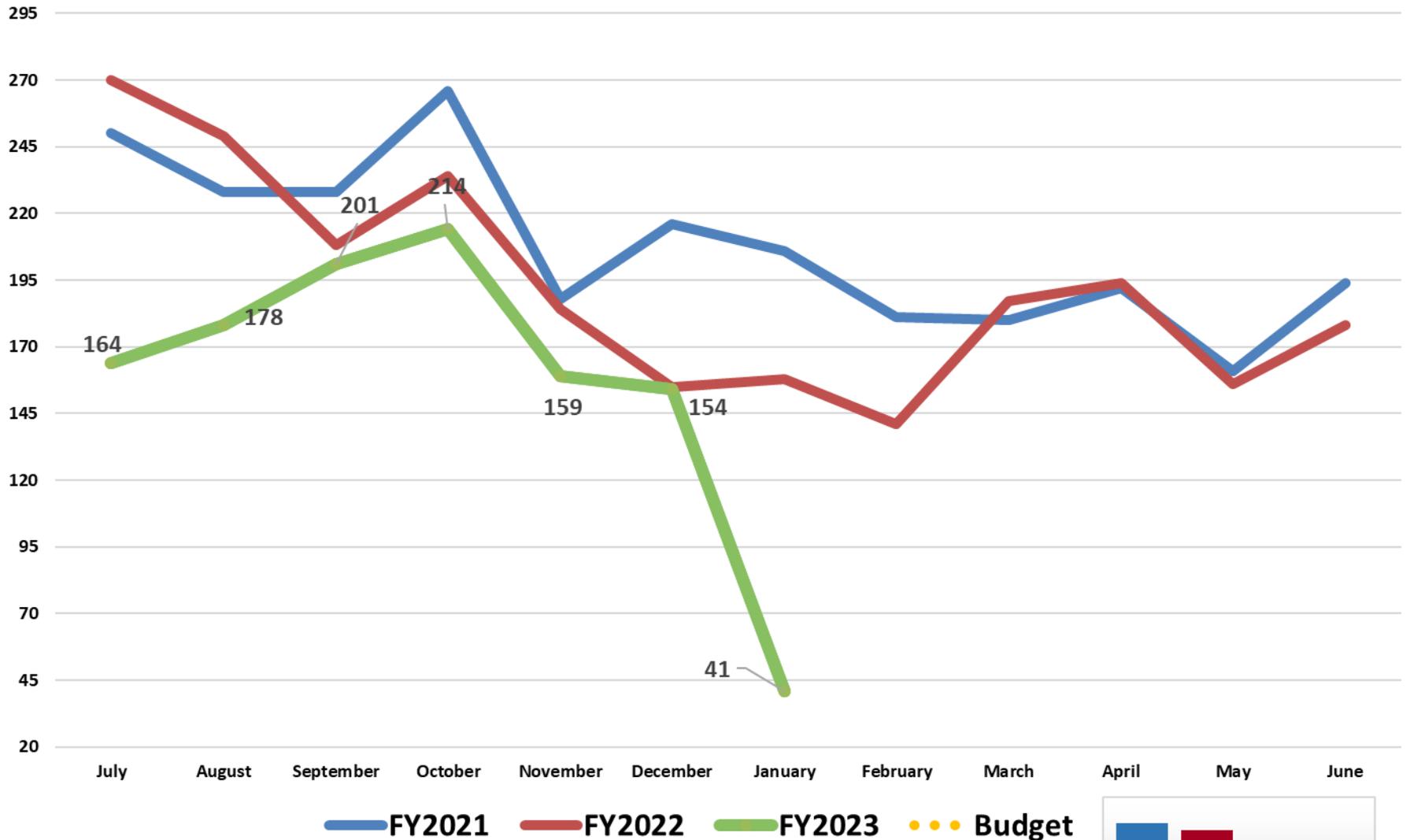
RHC Tulare - Registrations



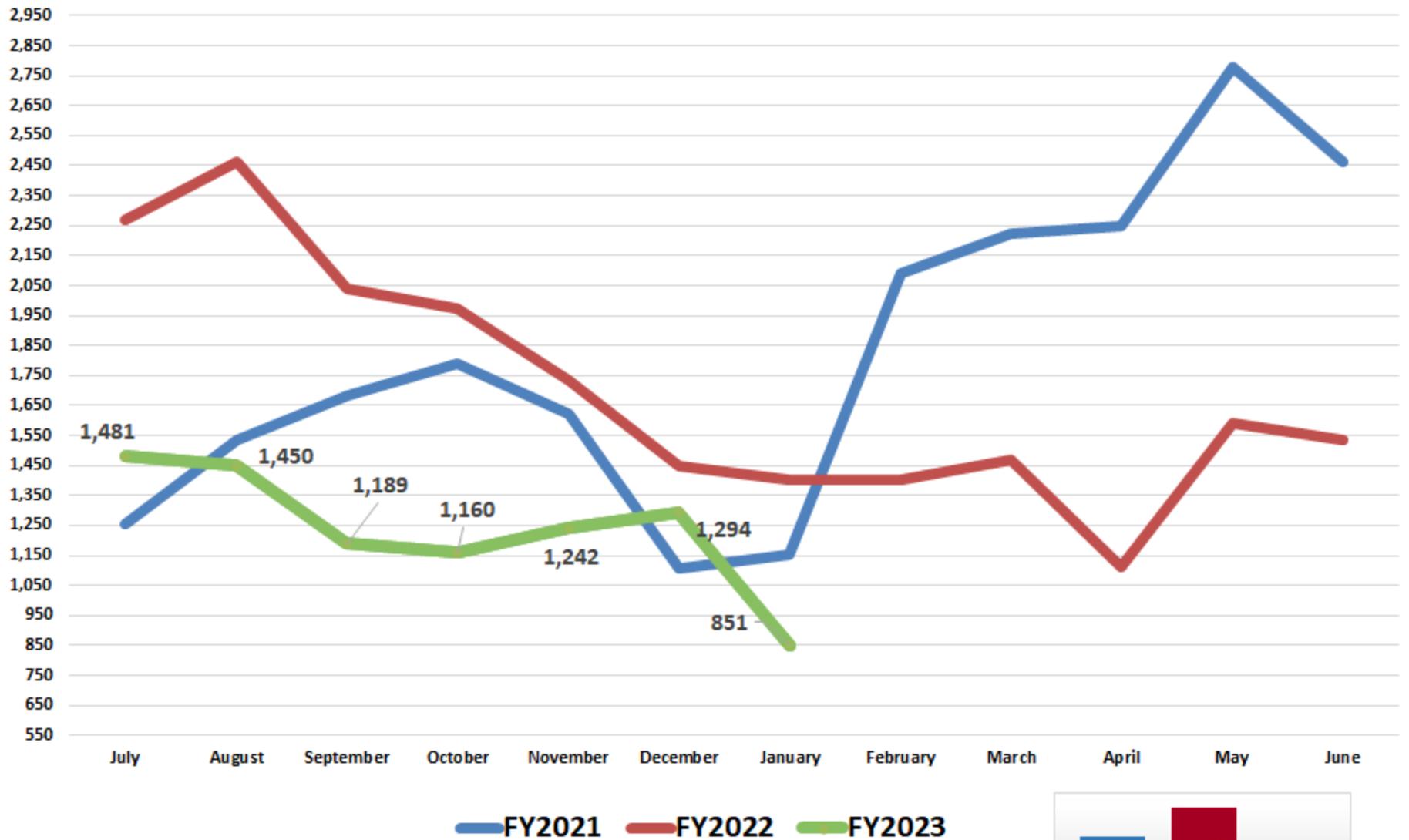
— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**

-	7,345	5,033	7,425
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

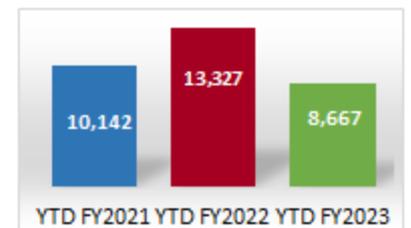
Neurosurgery Clinic Registrations



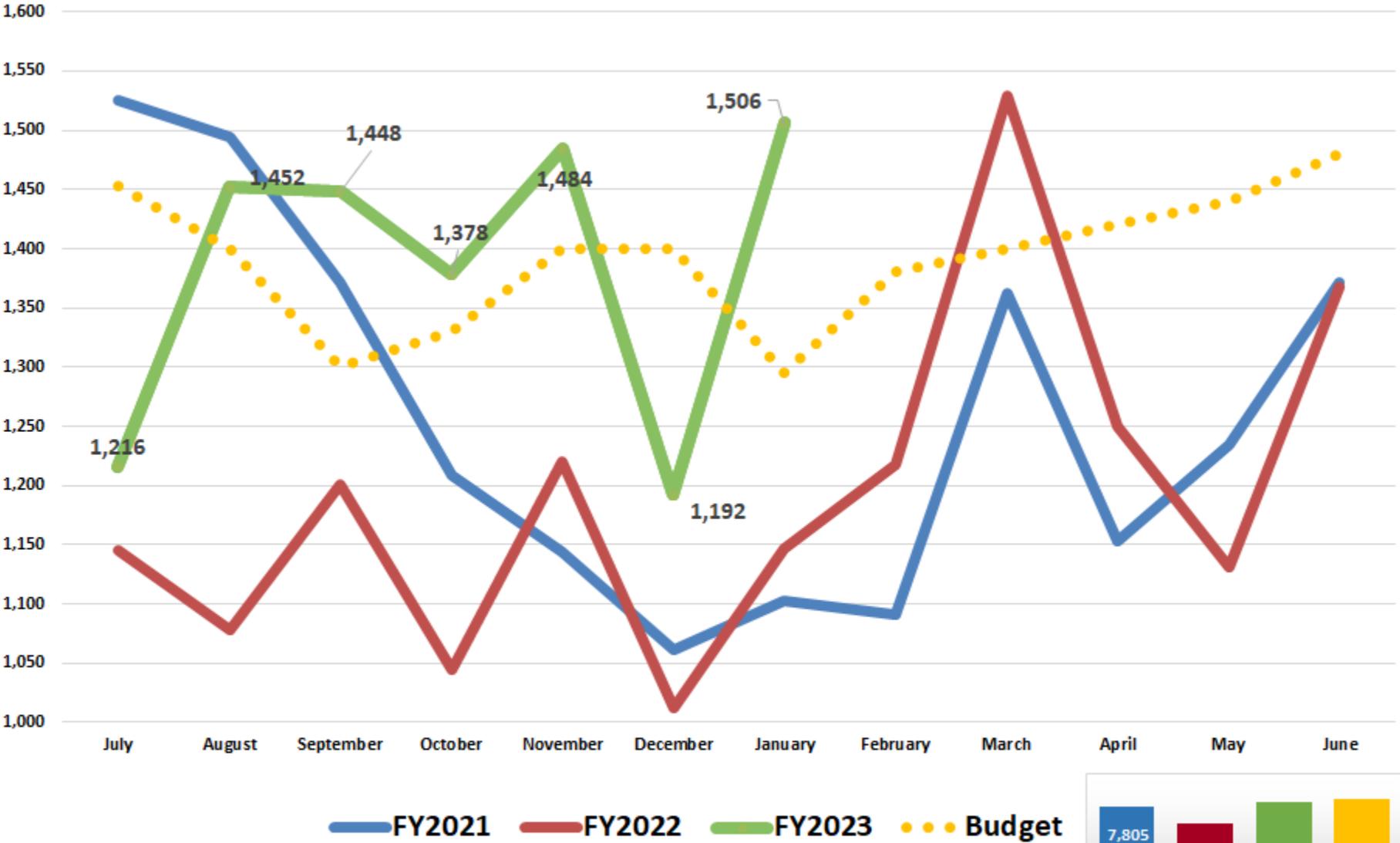
Neurosurgery Clinic - wRVU's



353/387

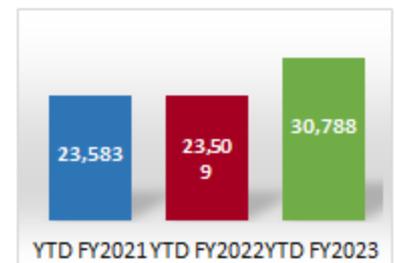
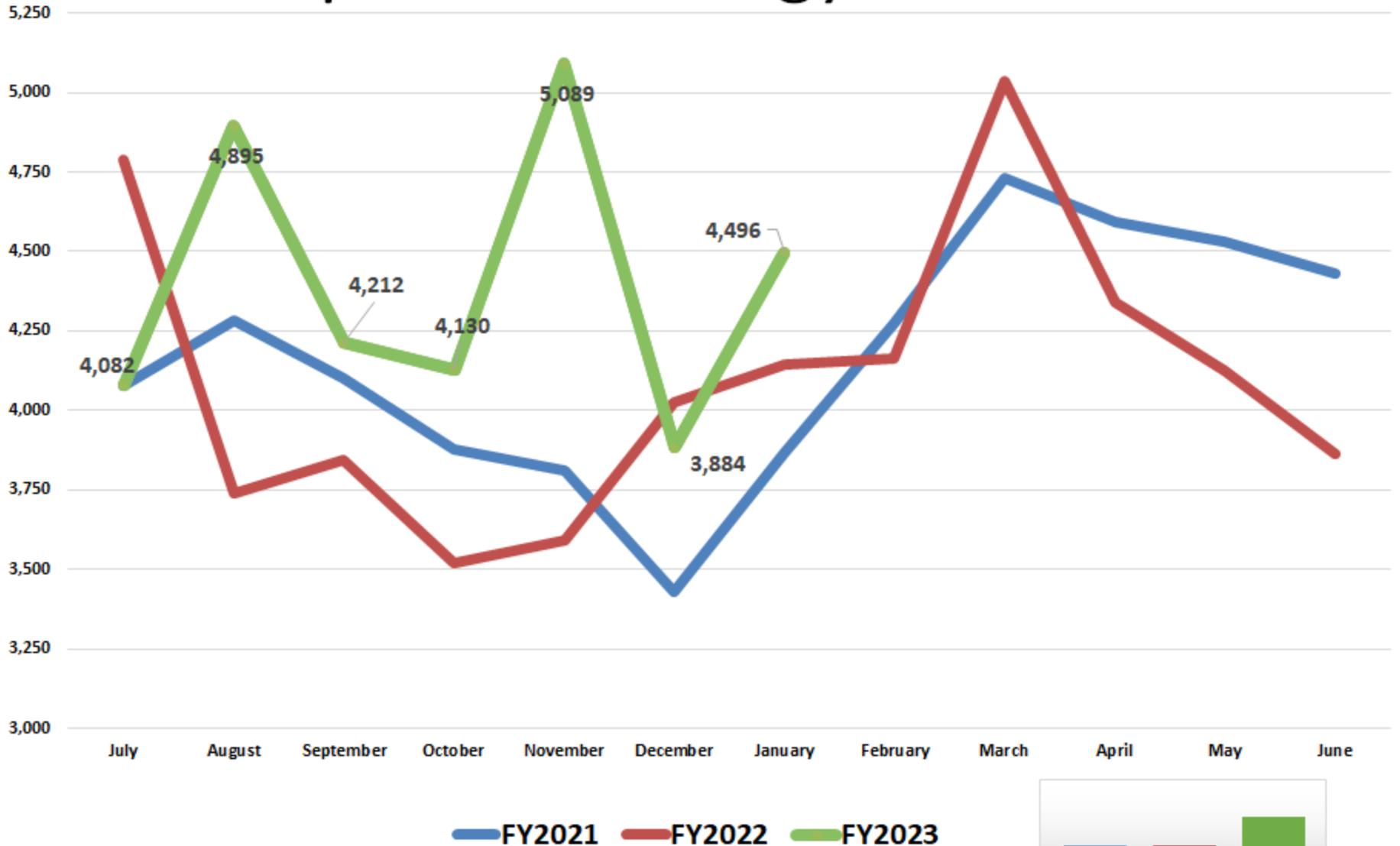


Sequoia Cardiology Registrations

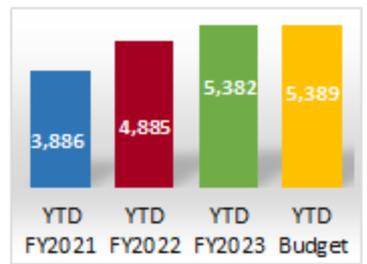
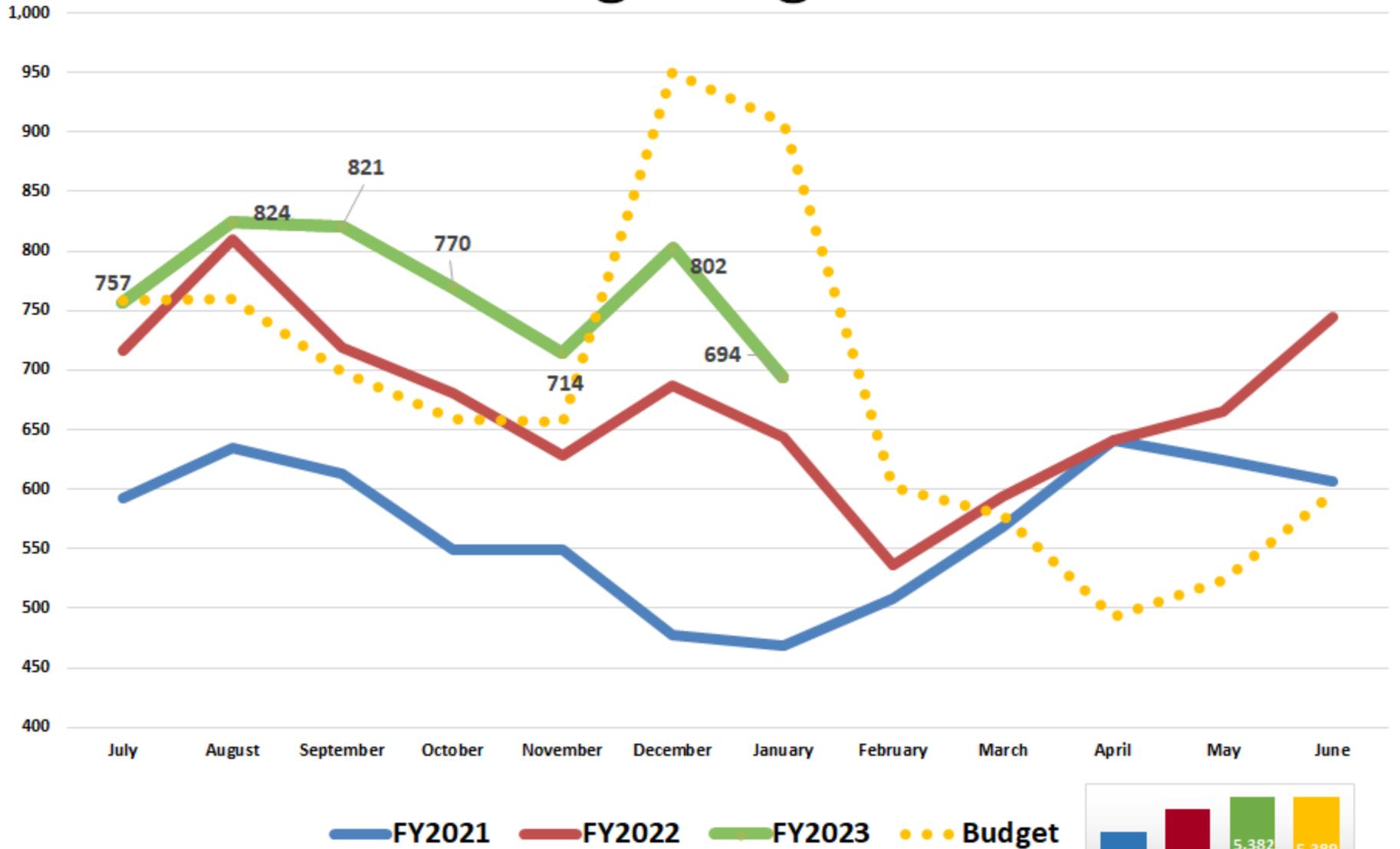


7,805	6,701	8,170	8,283
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

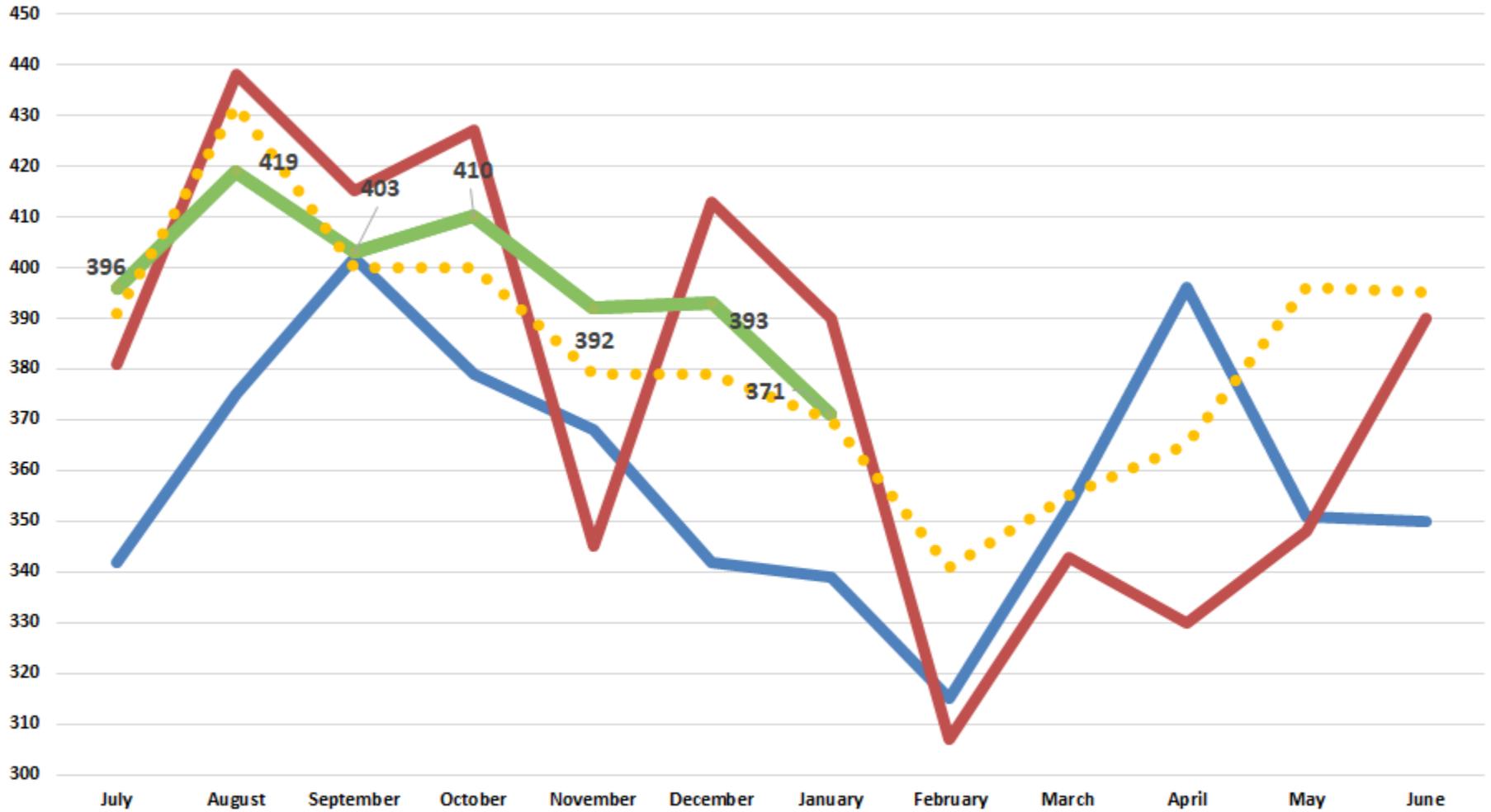
Sequoia Cardiology - wRVU's



Labor Triage Registrations



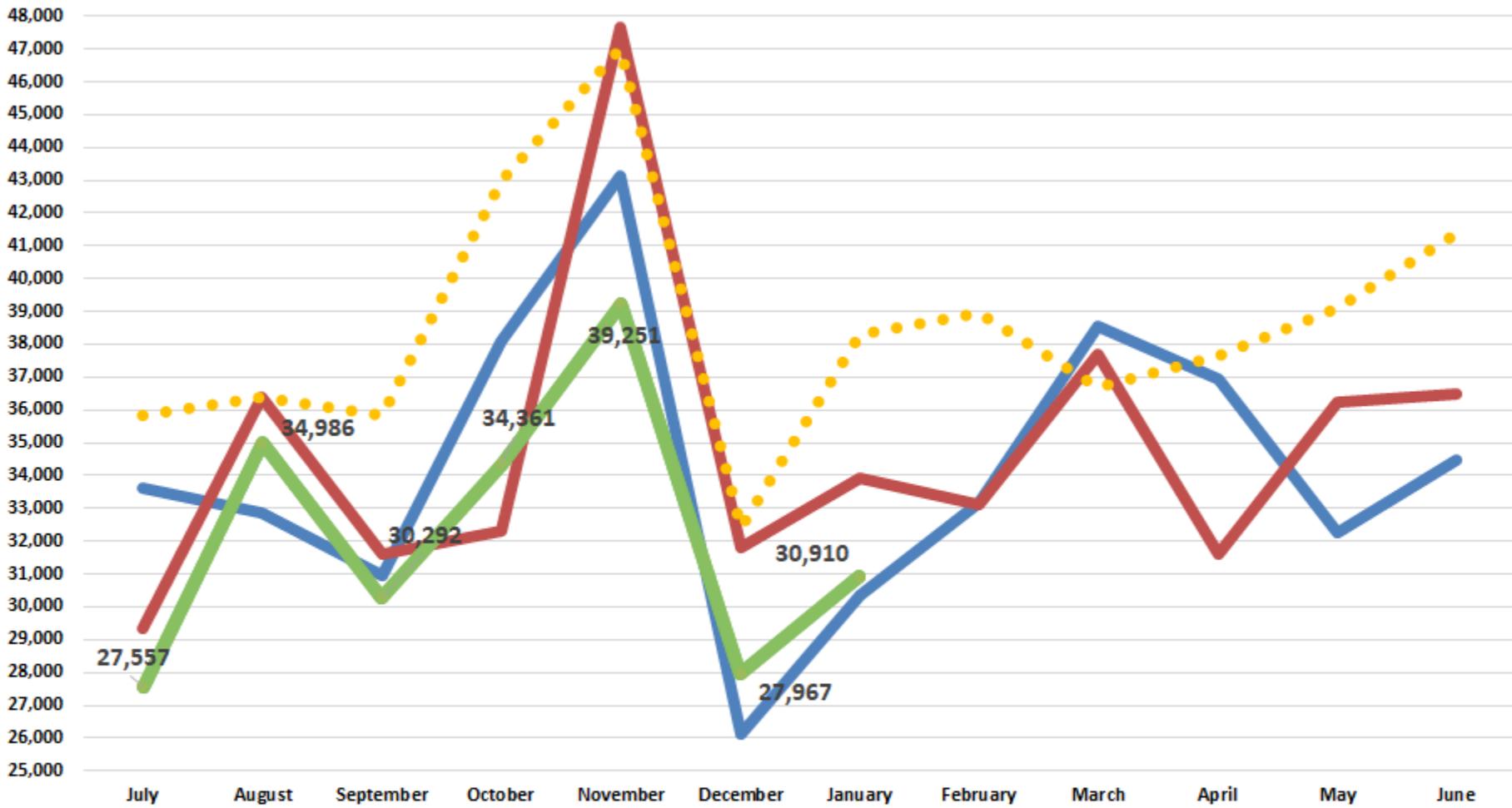
Deliveries



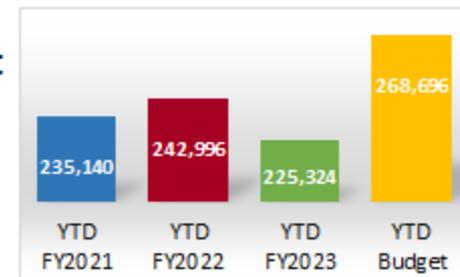
■ FY2021
 ■ FY2022
 ■ FY2023
 ●●● Budget

2,547	2,809	2,784	2,751
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

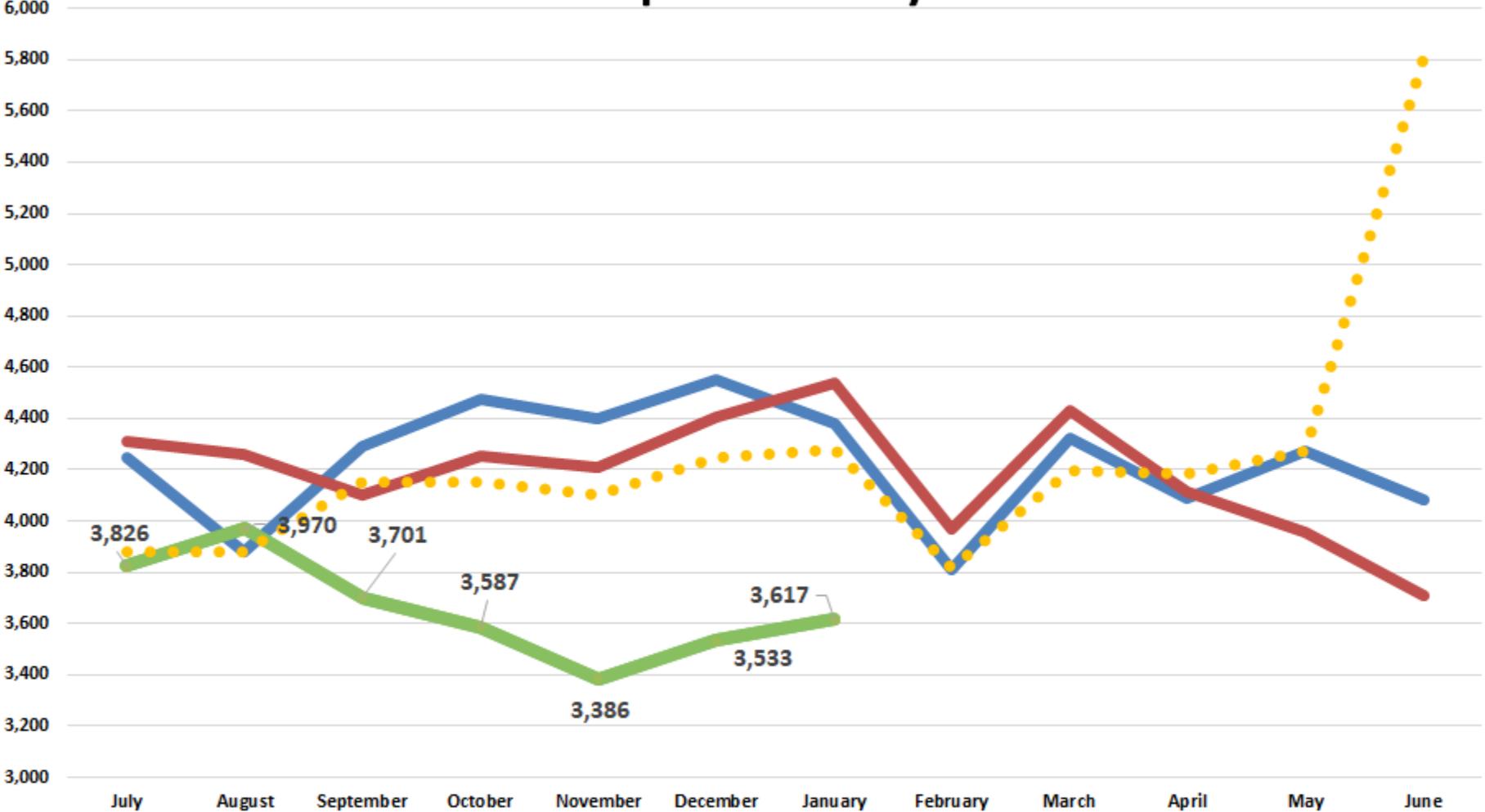
KHMG RVU's



— FY2021
 — FY2022
 — FY2023
 ●●● Budget



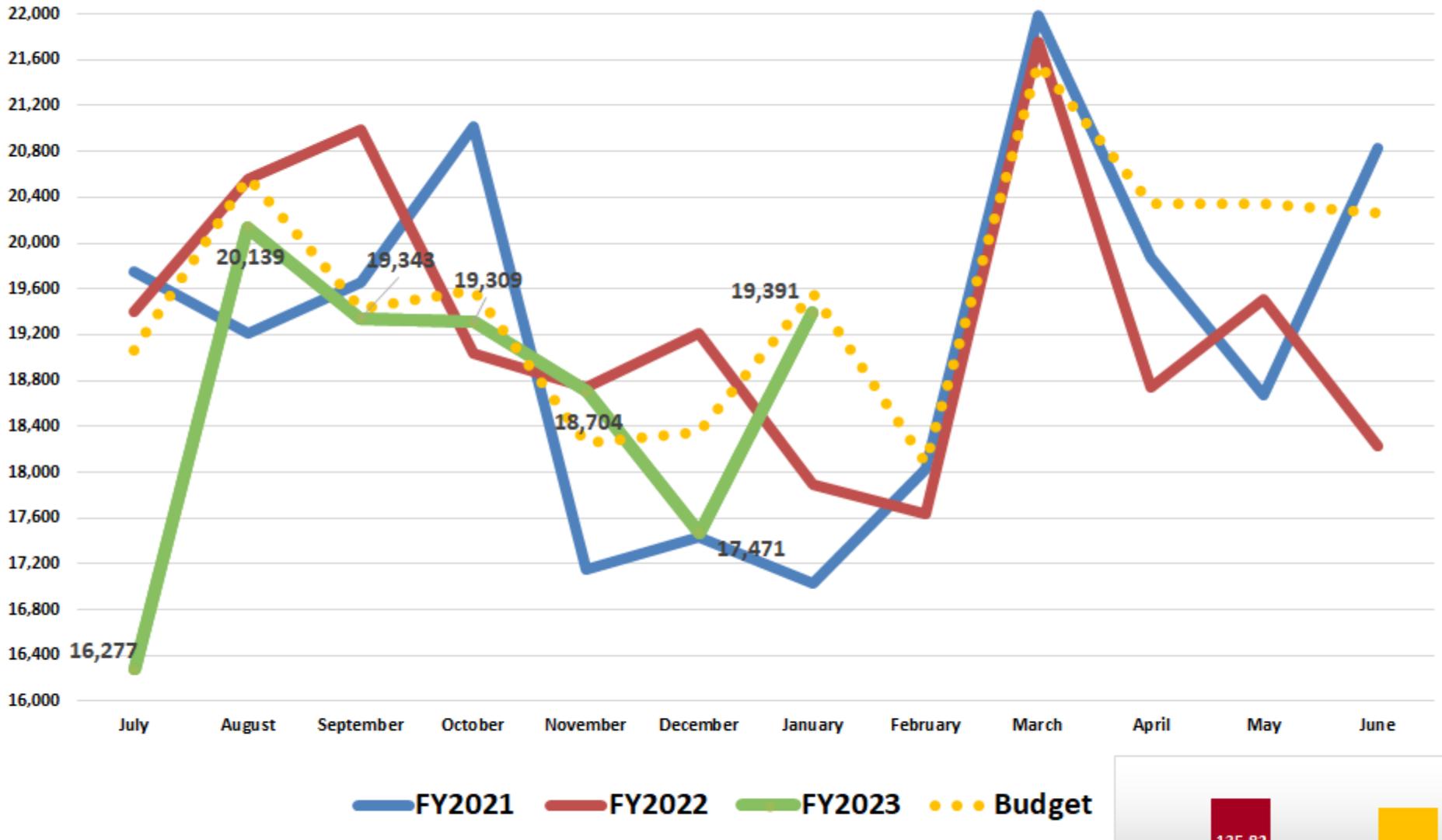
Hospice Days



— FY2021
 — FY2022
 — FY2023
 ●●● Budget

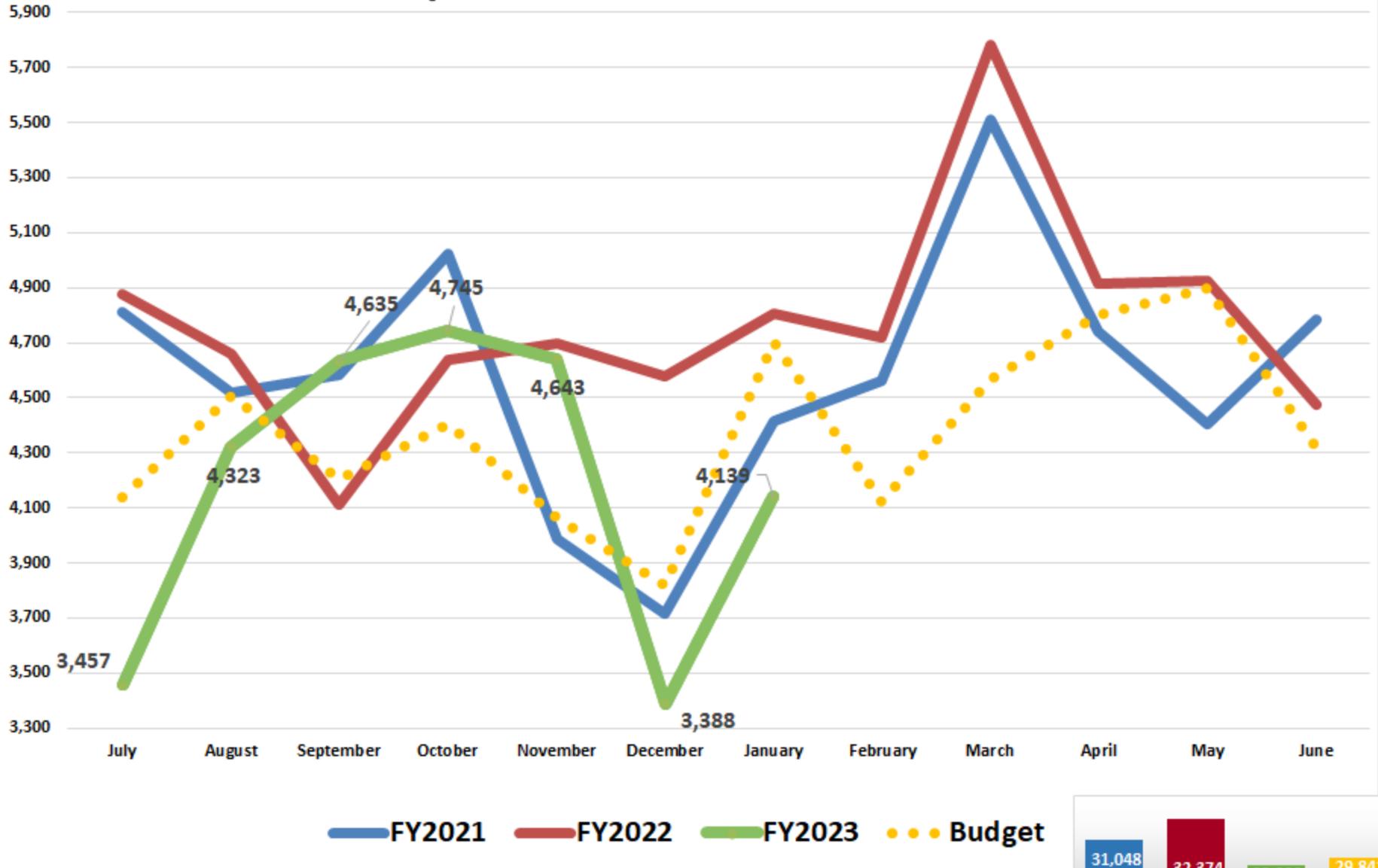
30,226	30,077	25,620	28,687
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

All O/P Rehab Svcs Across District



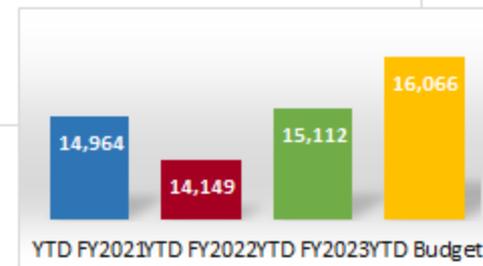
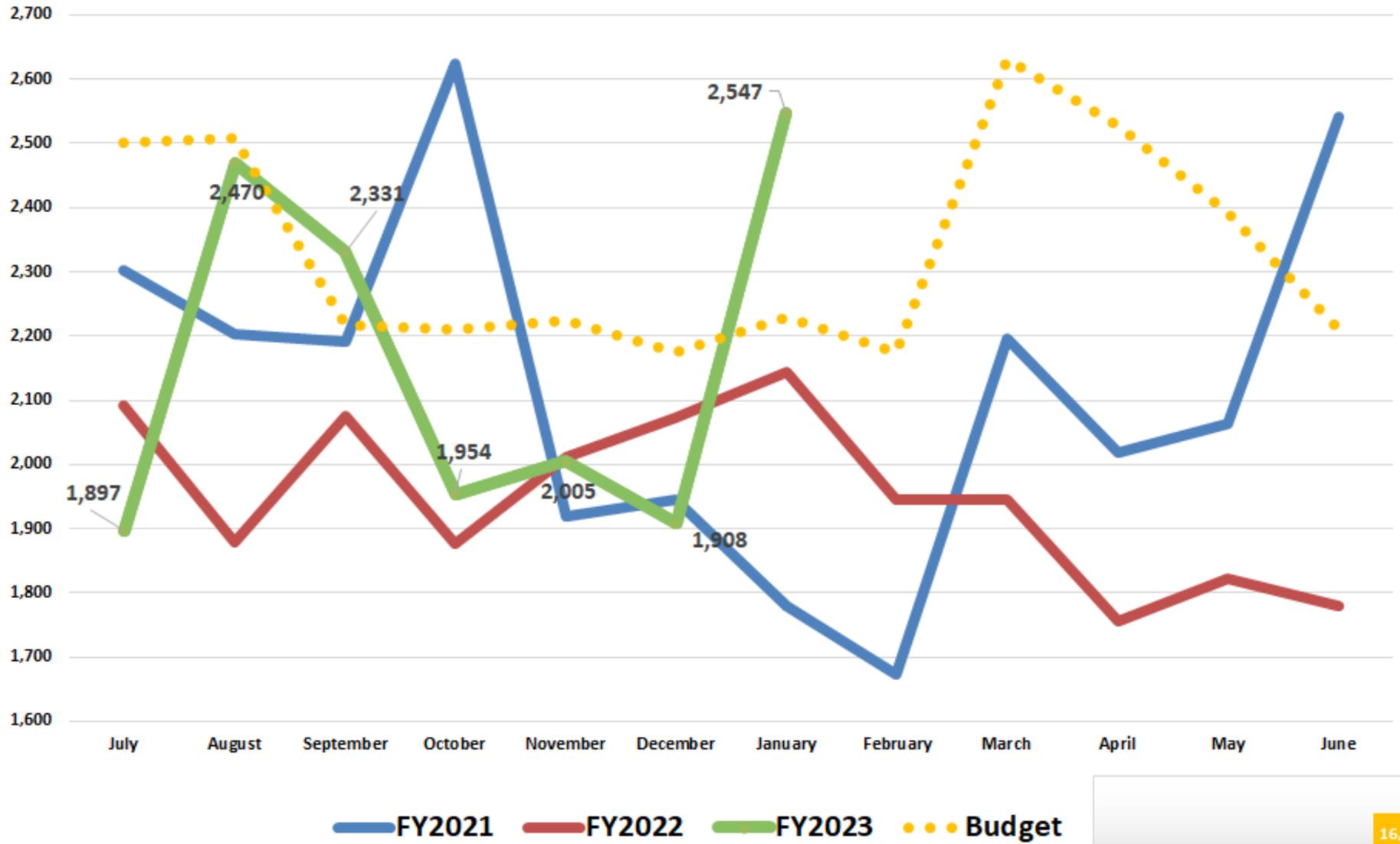
131,236	135,826	130,634	134,824
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

O/P Rehab Services

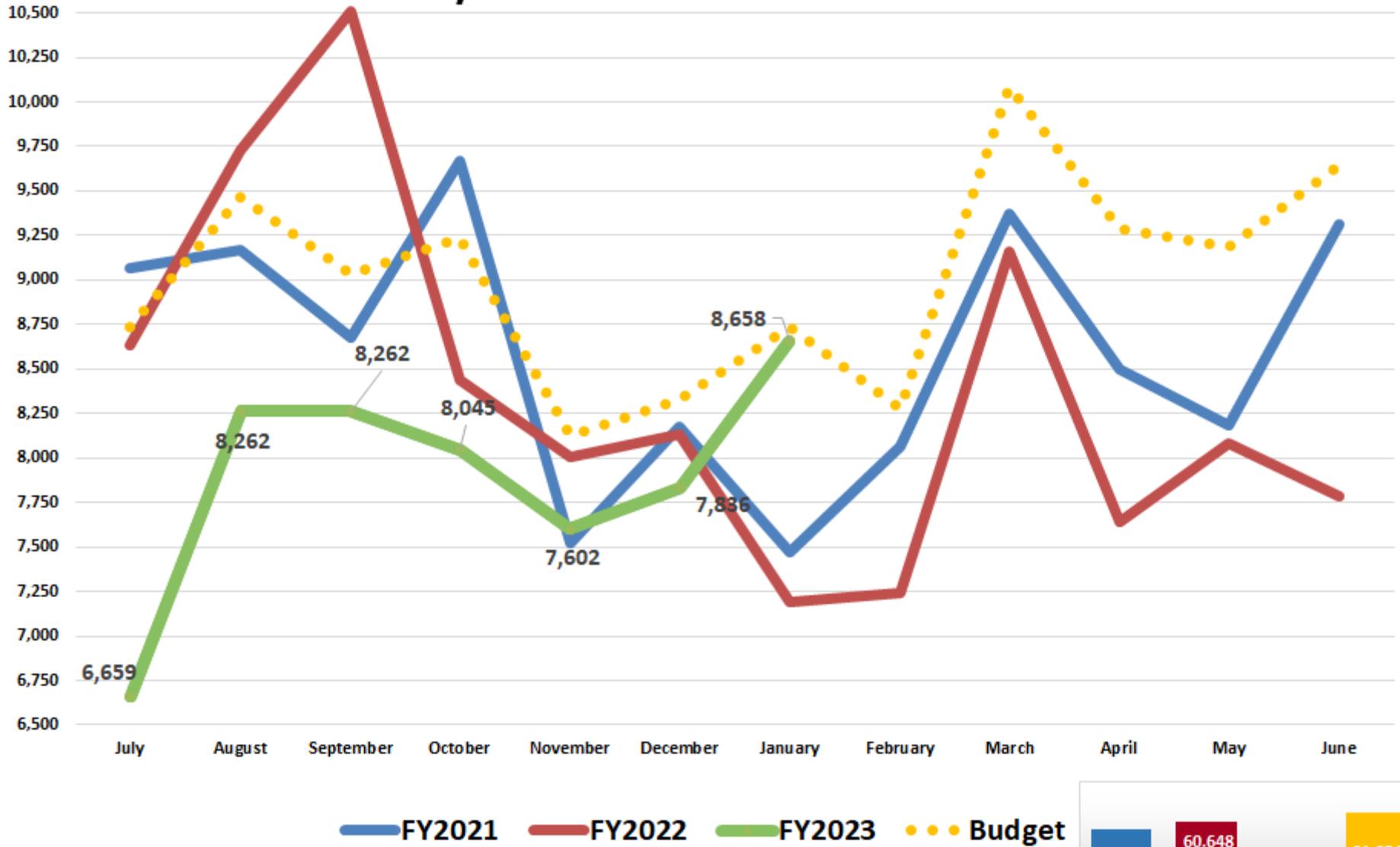


31,048	32,374	29,330	29,841
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

O/P Rehab - Exeter

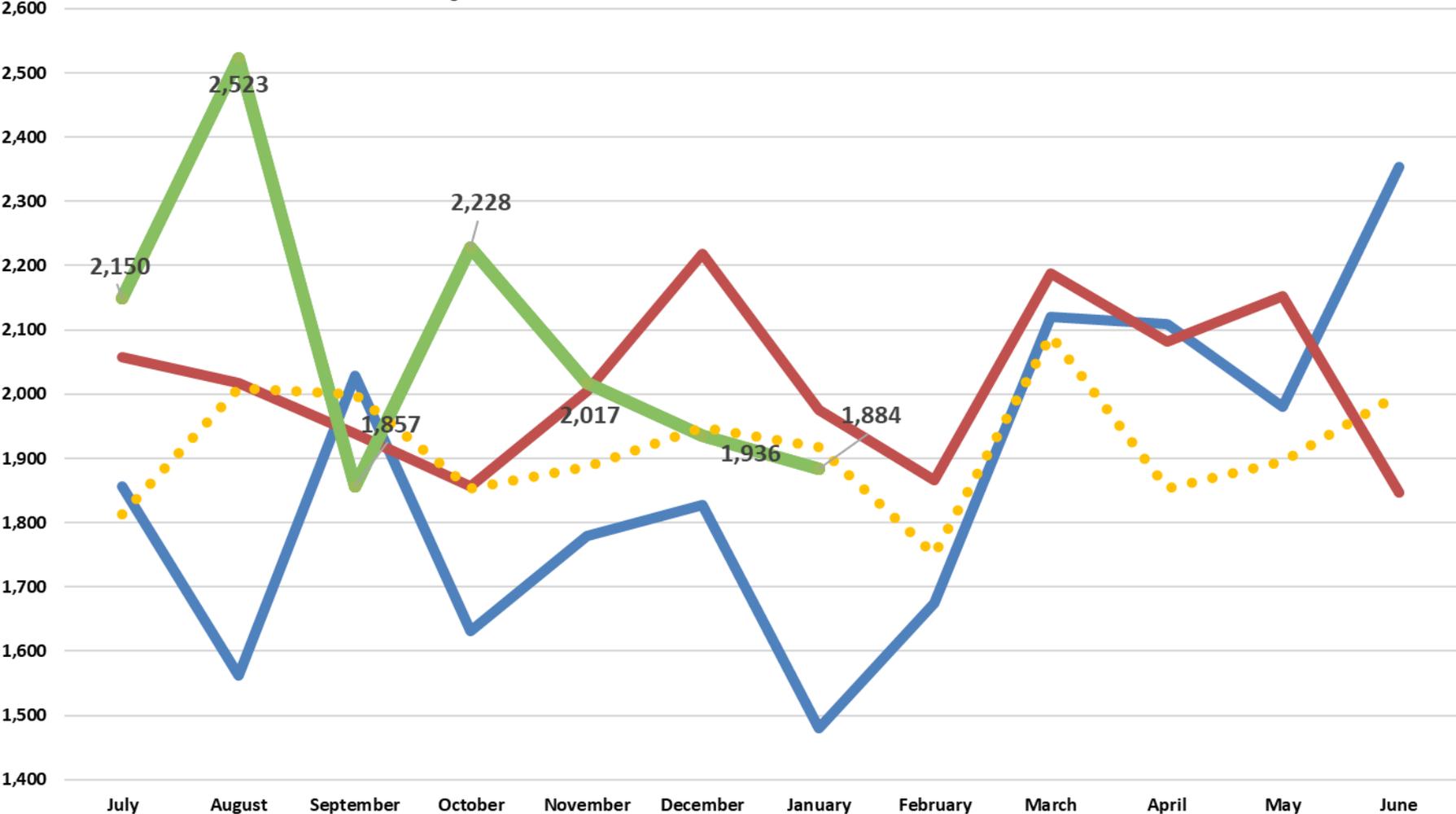


O/P Rehab - Akers



59,749	60,648	55,324	61,654
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

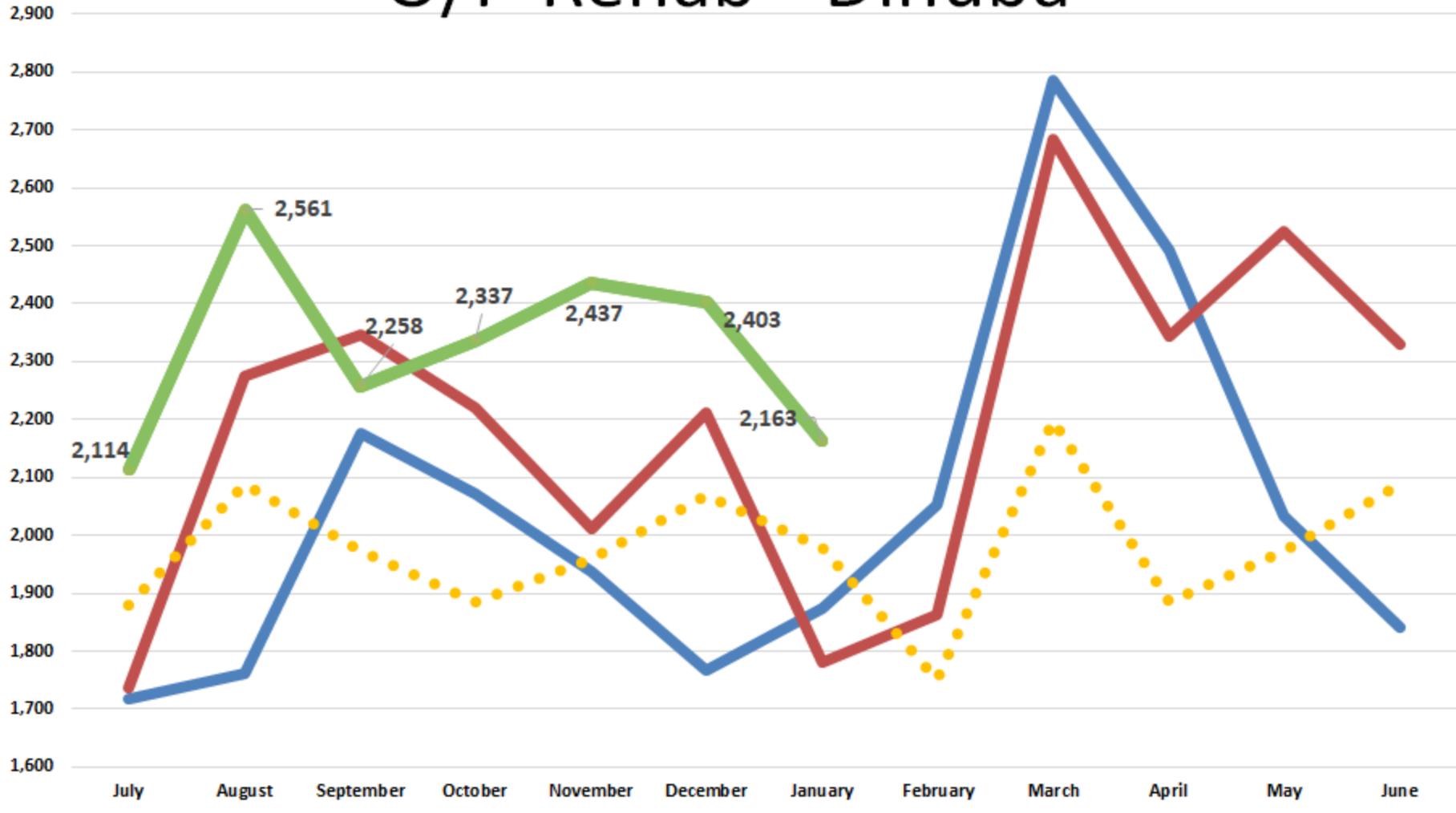
O/P Rehab - LLOPT



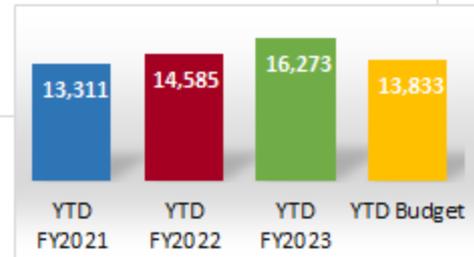
— **FY2021**
 — **FY2022**
 — **FY2023**
 ••• **Budget**

12,164	14,070	14,595	13,430
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

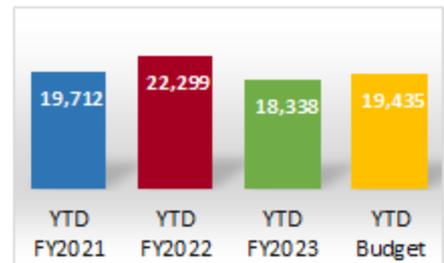
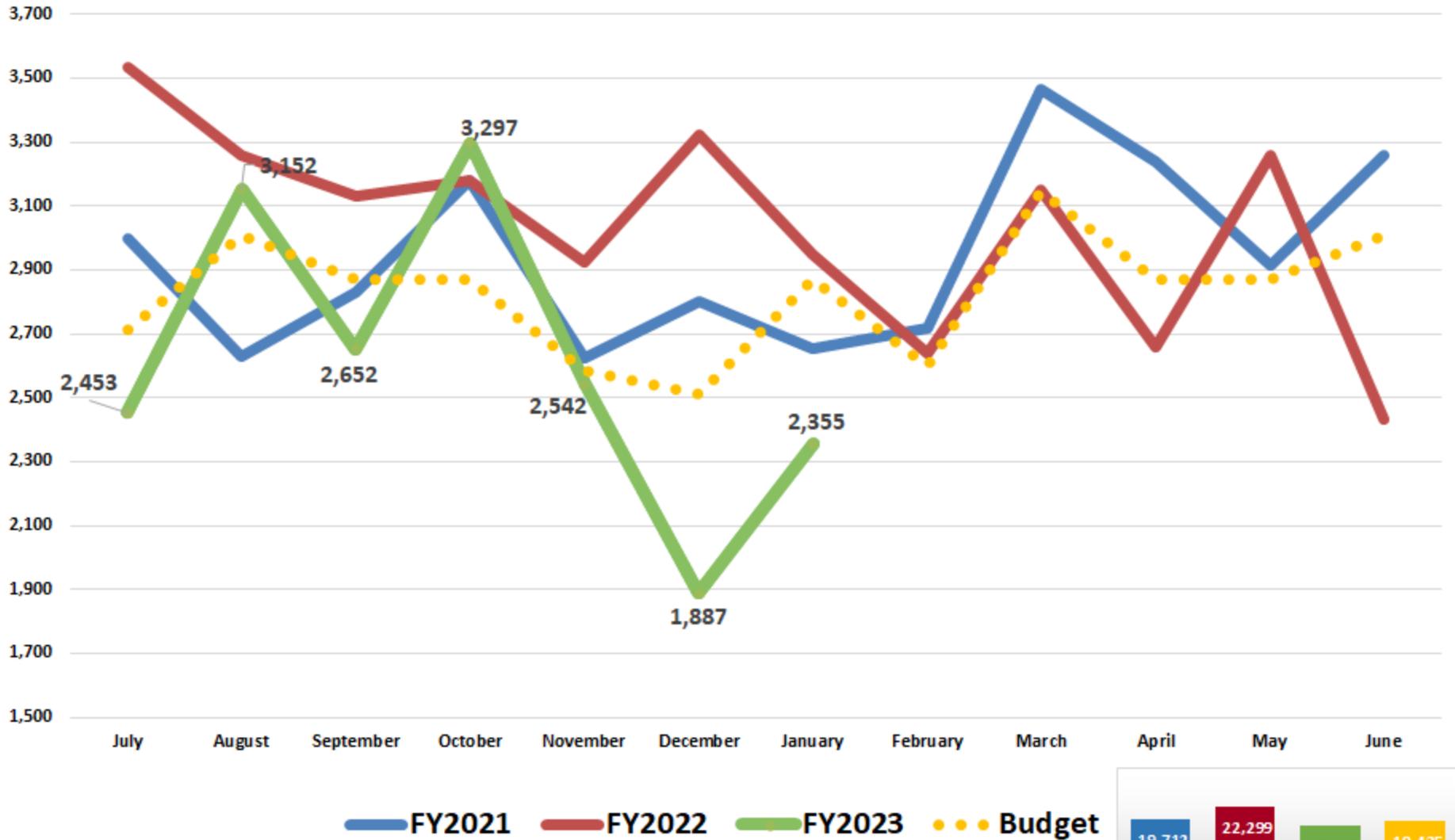
O/P Rehab - Dinuba



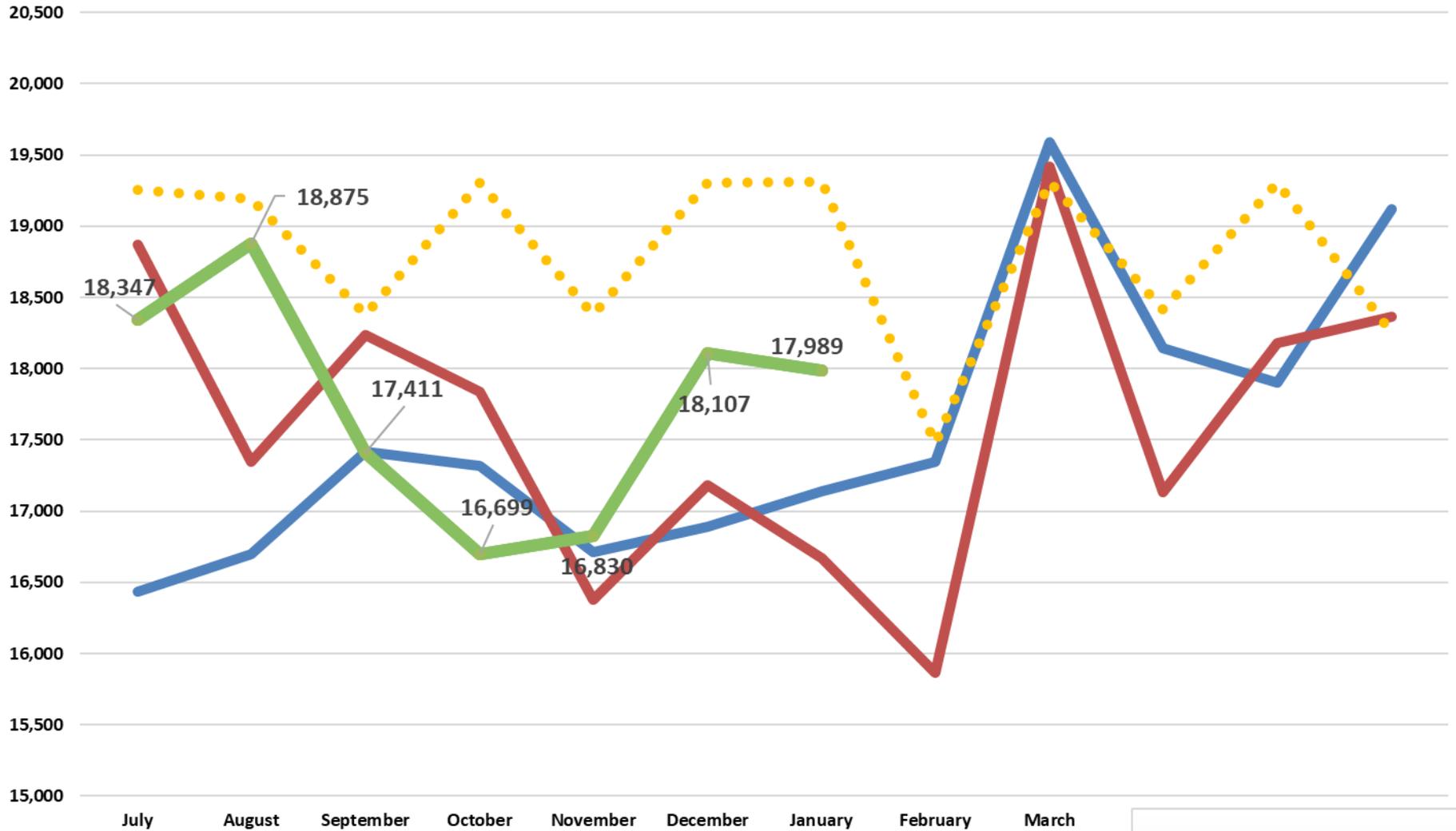
— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**



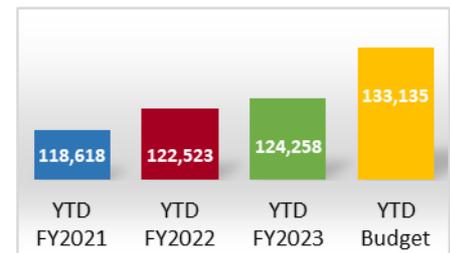
Therapy - Cypress Hand Center



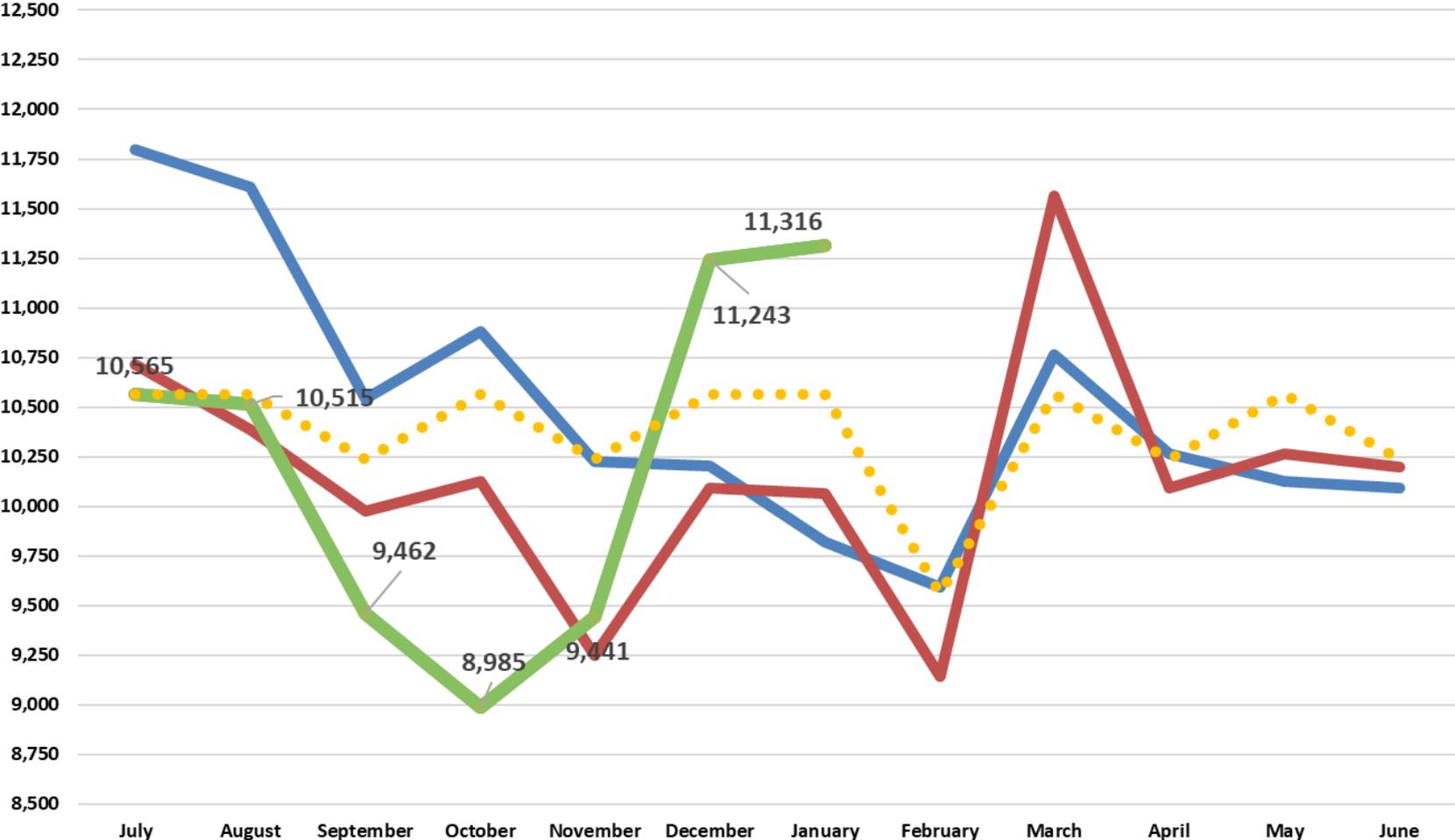
Physical & Other Therapy Units (I/P & O/P)



— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**



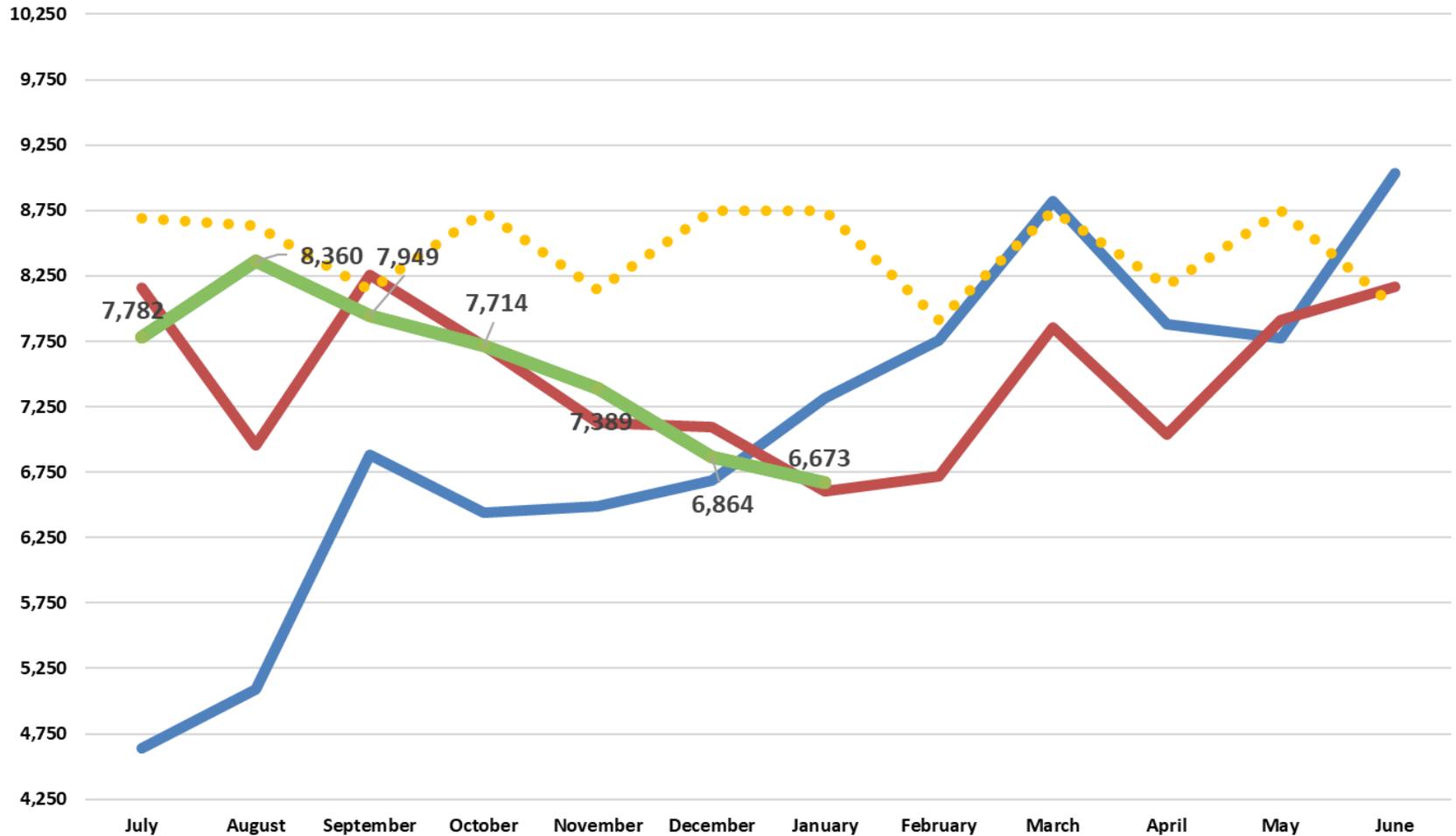
Physical & Other Therapy Units (I/P & O/P)-Main Campus



— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**

75,076	70,609	71,527	73,298
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

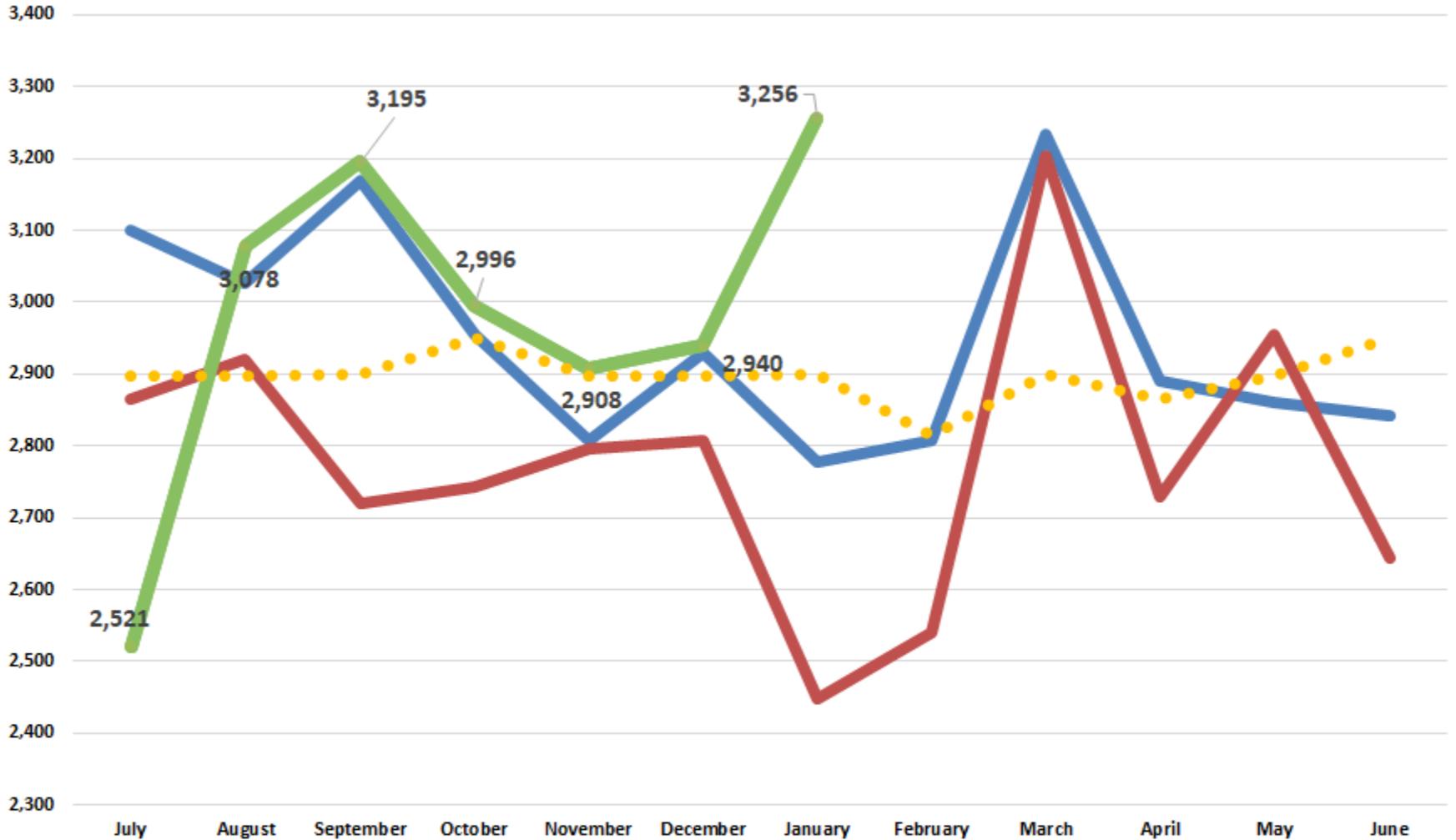
Physical & Other Therapy Units (I/P & O/P)- KDRH & South Campus



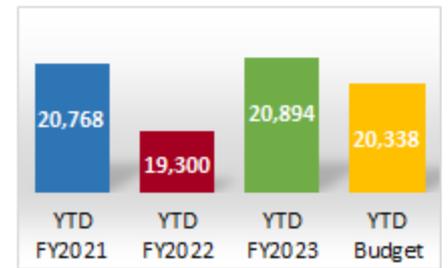
— FY2021
 — FY2022
 — FY2023
 ••• Budget



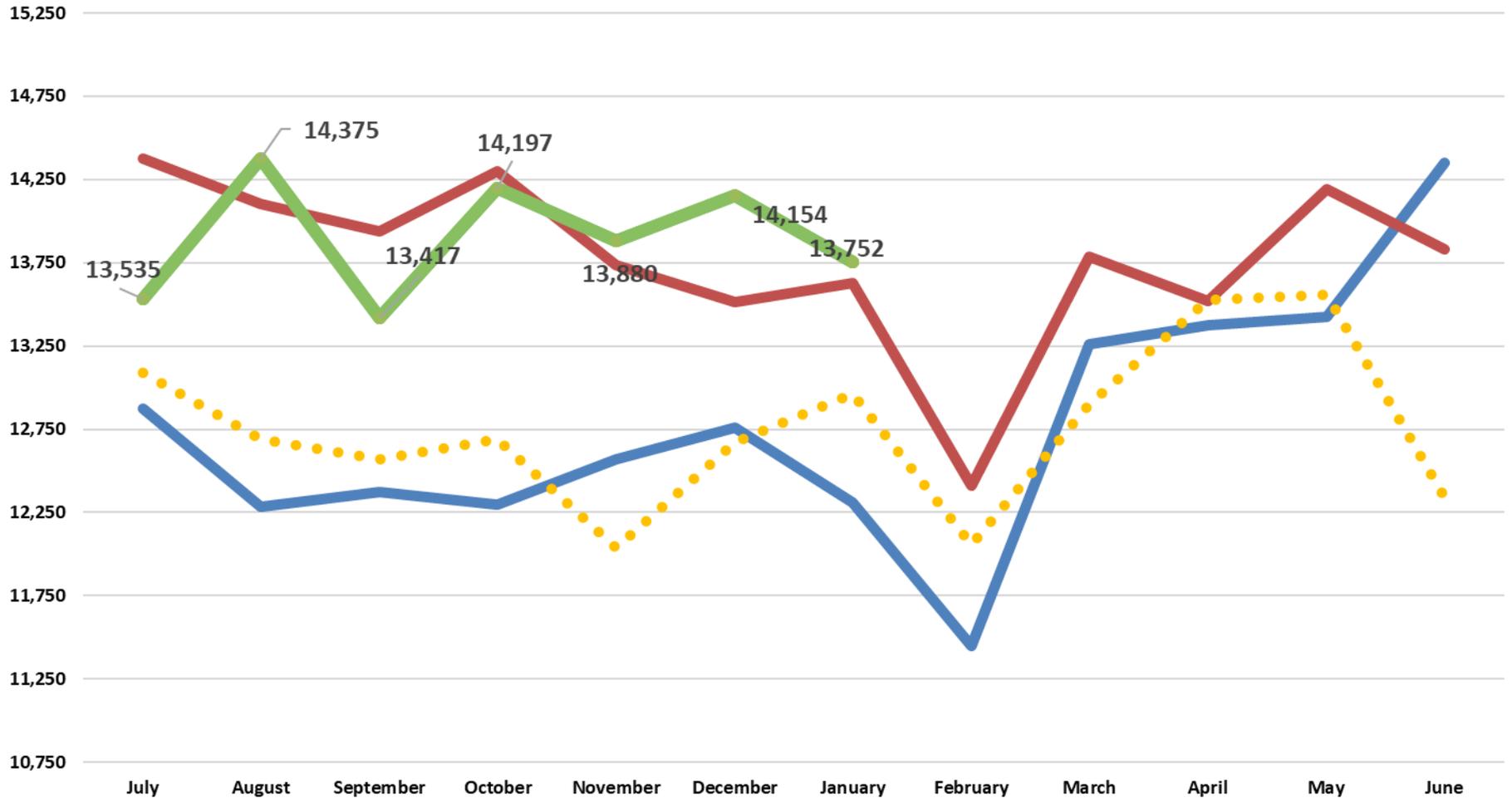
Home Health Visits



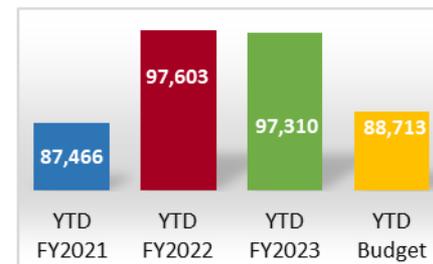
— FY2021
 — FY2022
 — FY2023
 ●●● Budget



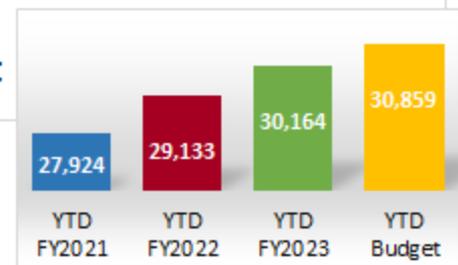
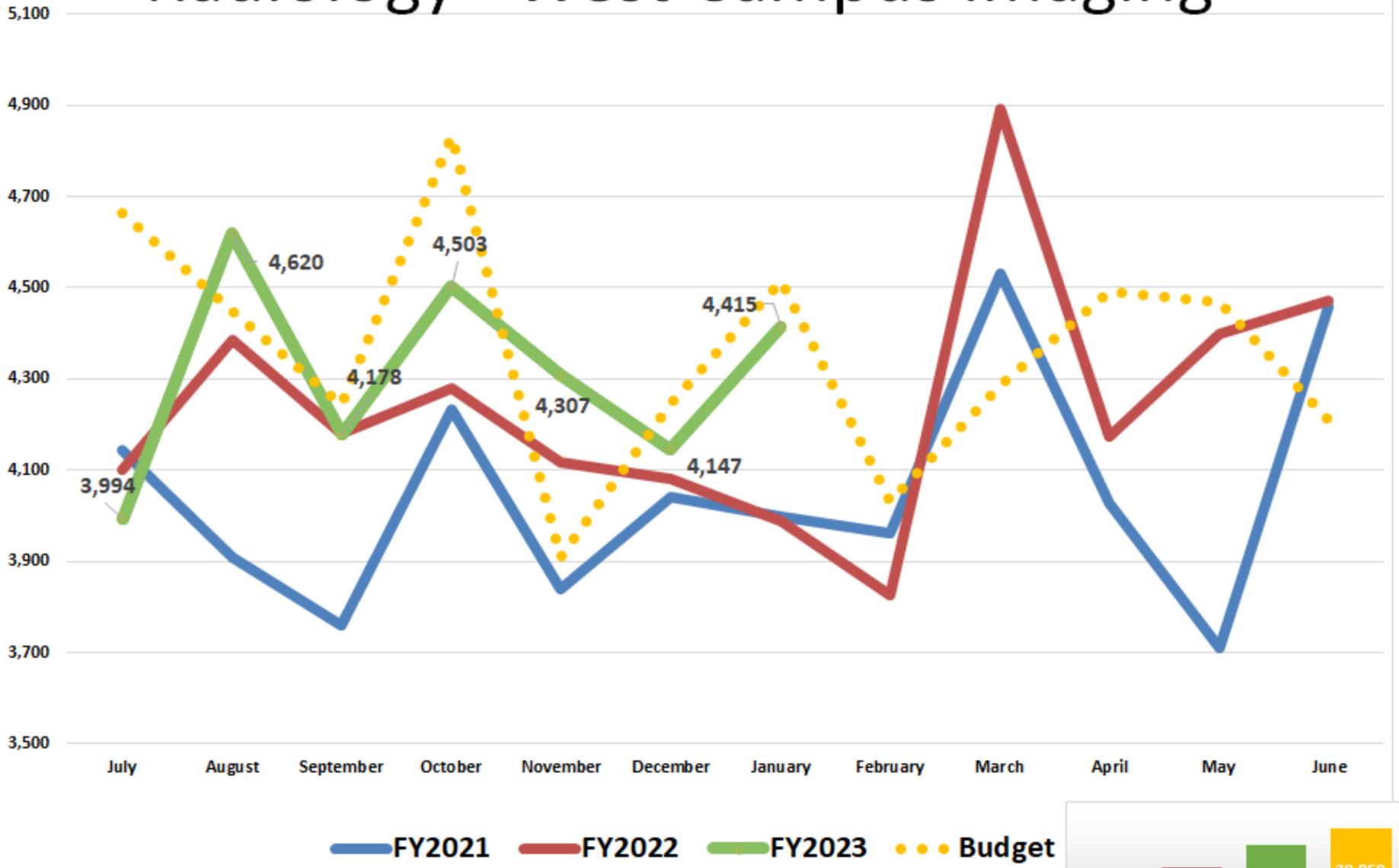
Radiology – Main Campus



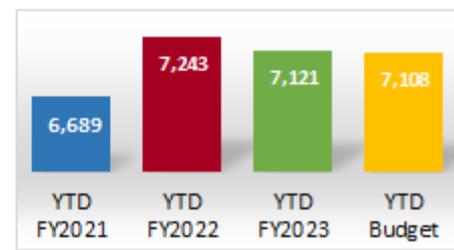
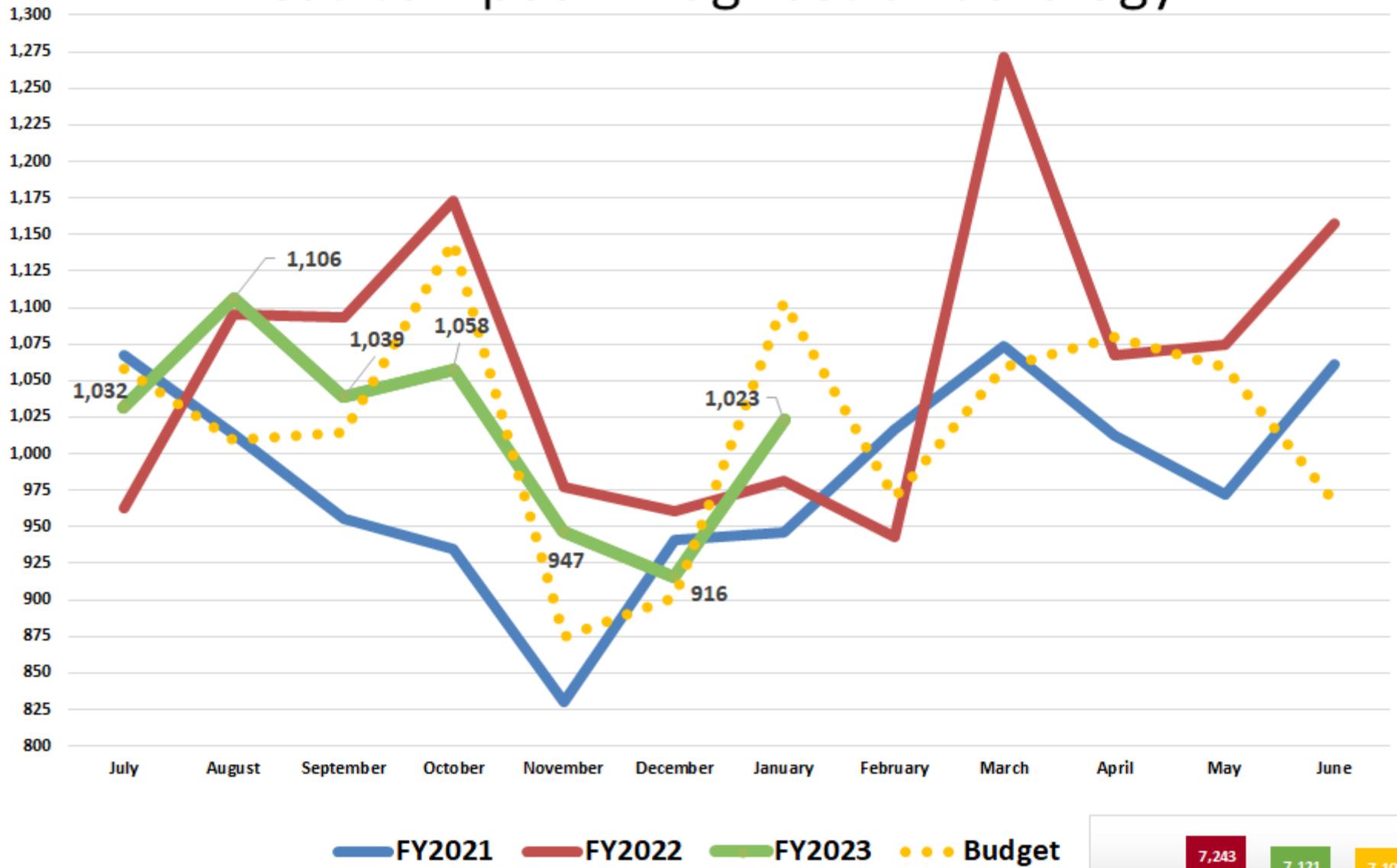
— **FY2021**
 — **FY2022**
 — **FY2023**
 ••• **Budget**



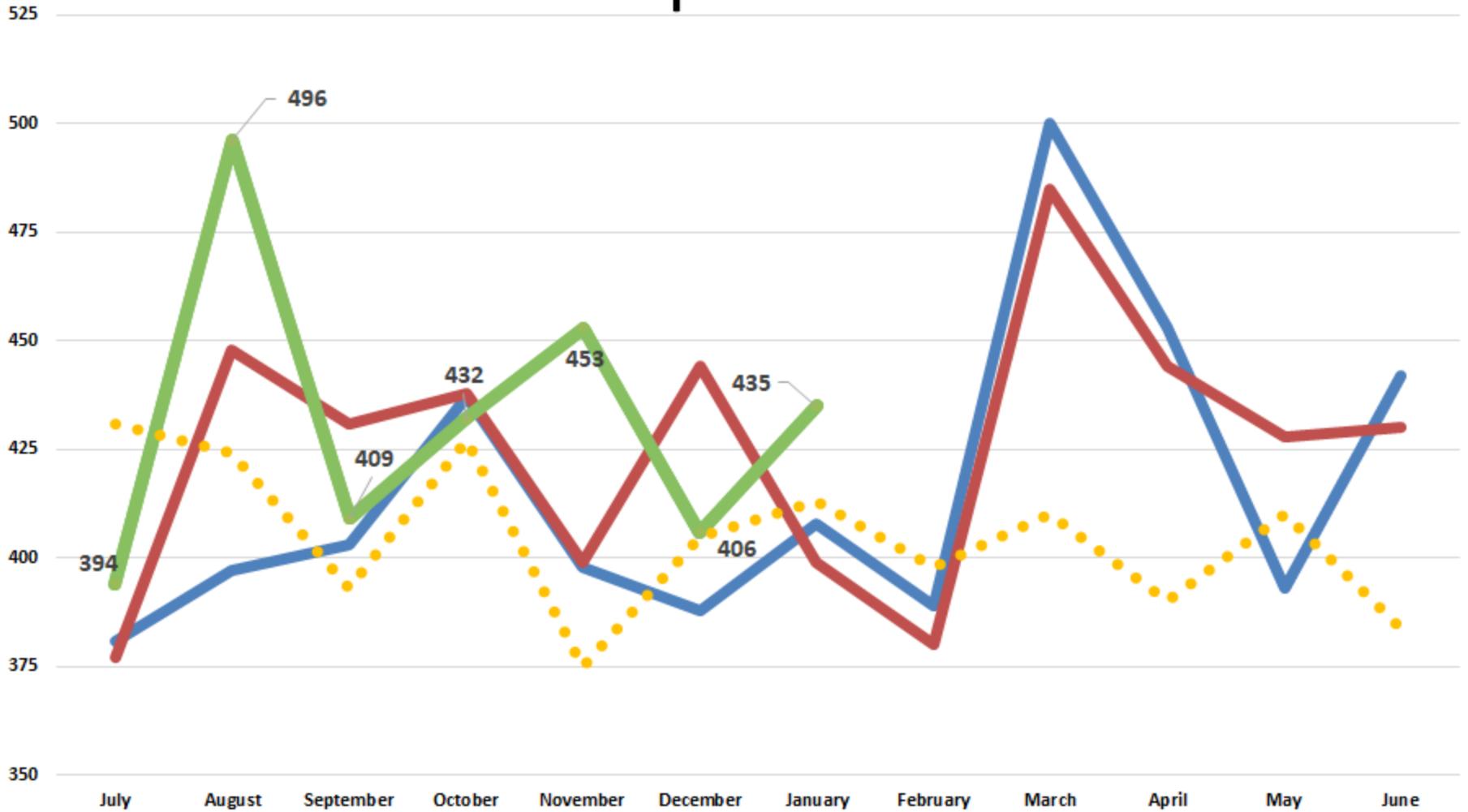
Radiology - West Campus Imaging



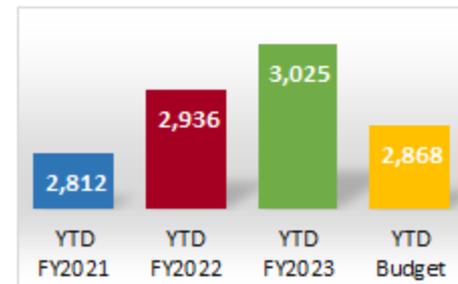
West Campus - Diagnostic Radiology



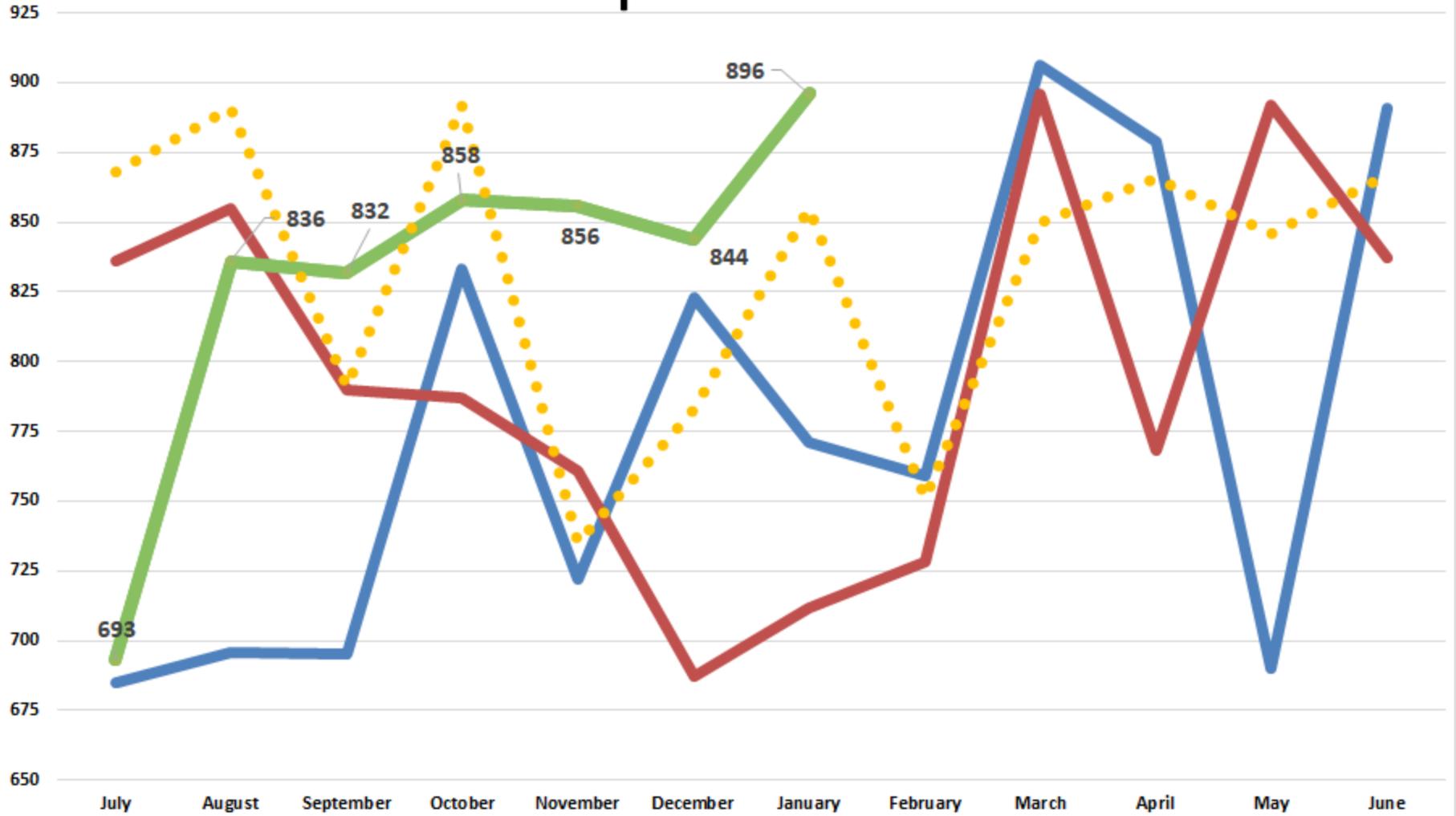
West Campus - CT Scan



— FY2021
 — FY2022
 — FY2023
 ●●● Budget



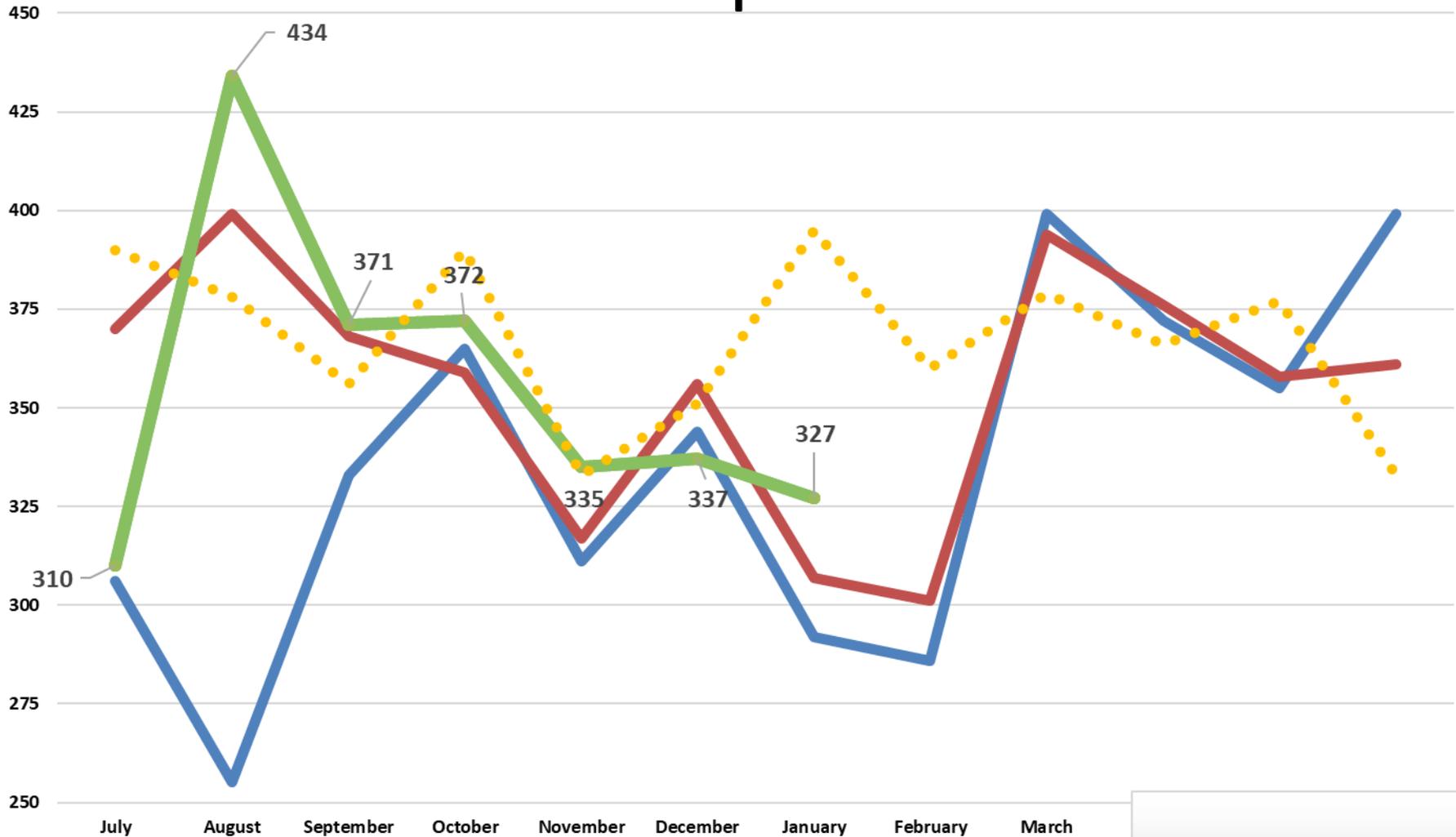
West Campus - Ultrasound



— FY2021
 — FY2022
 — FY2023
 ●●● Budget

5,225	5,428	5,815	5,815
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

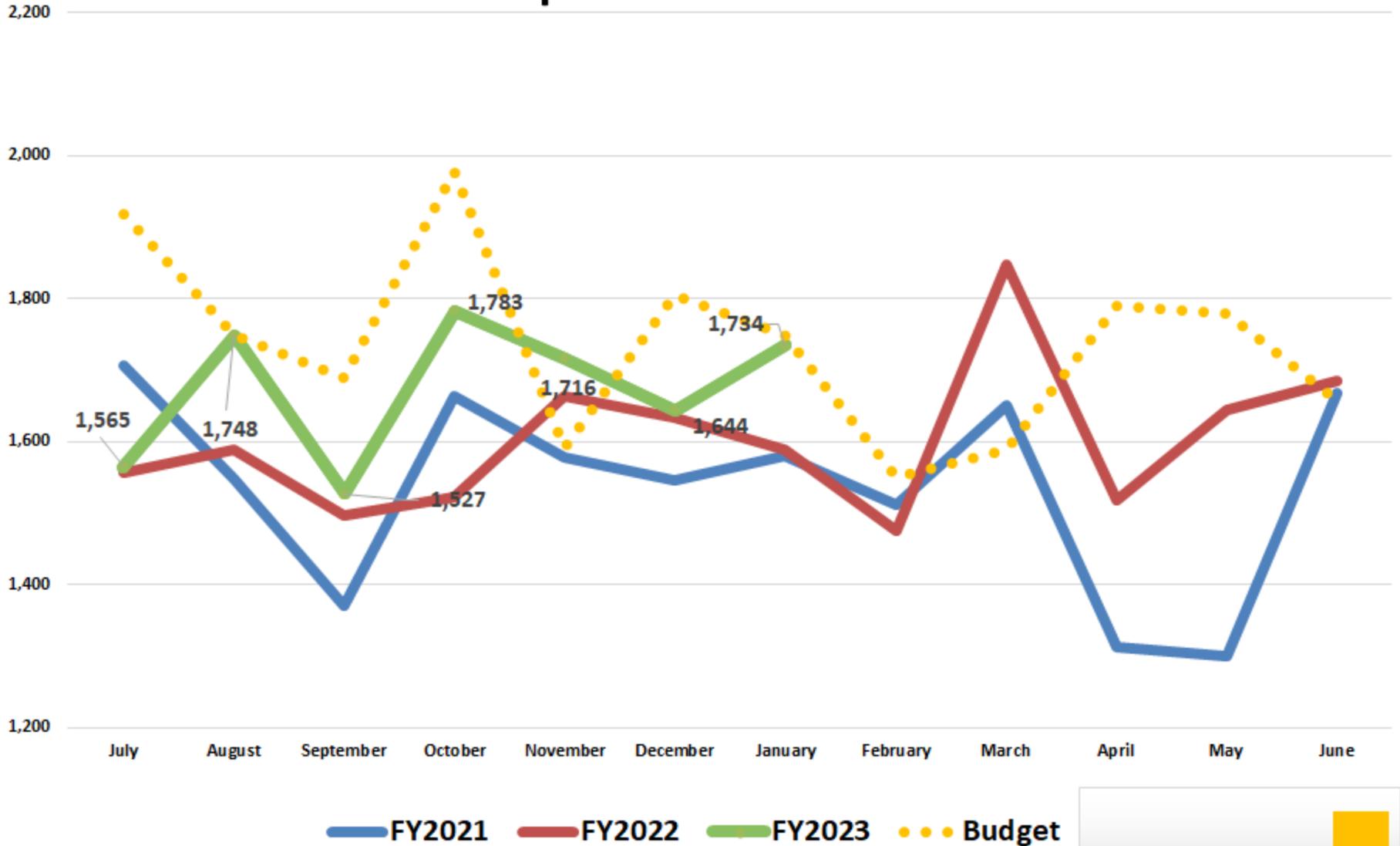
West Campus - MRI



— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**

2,206	2,476	2,486	2,593
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

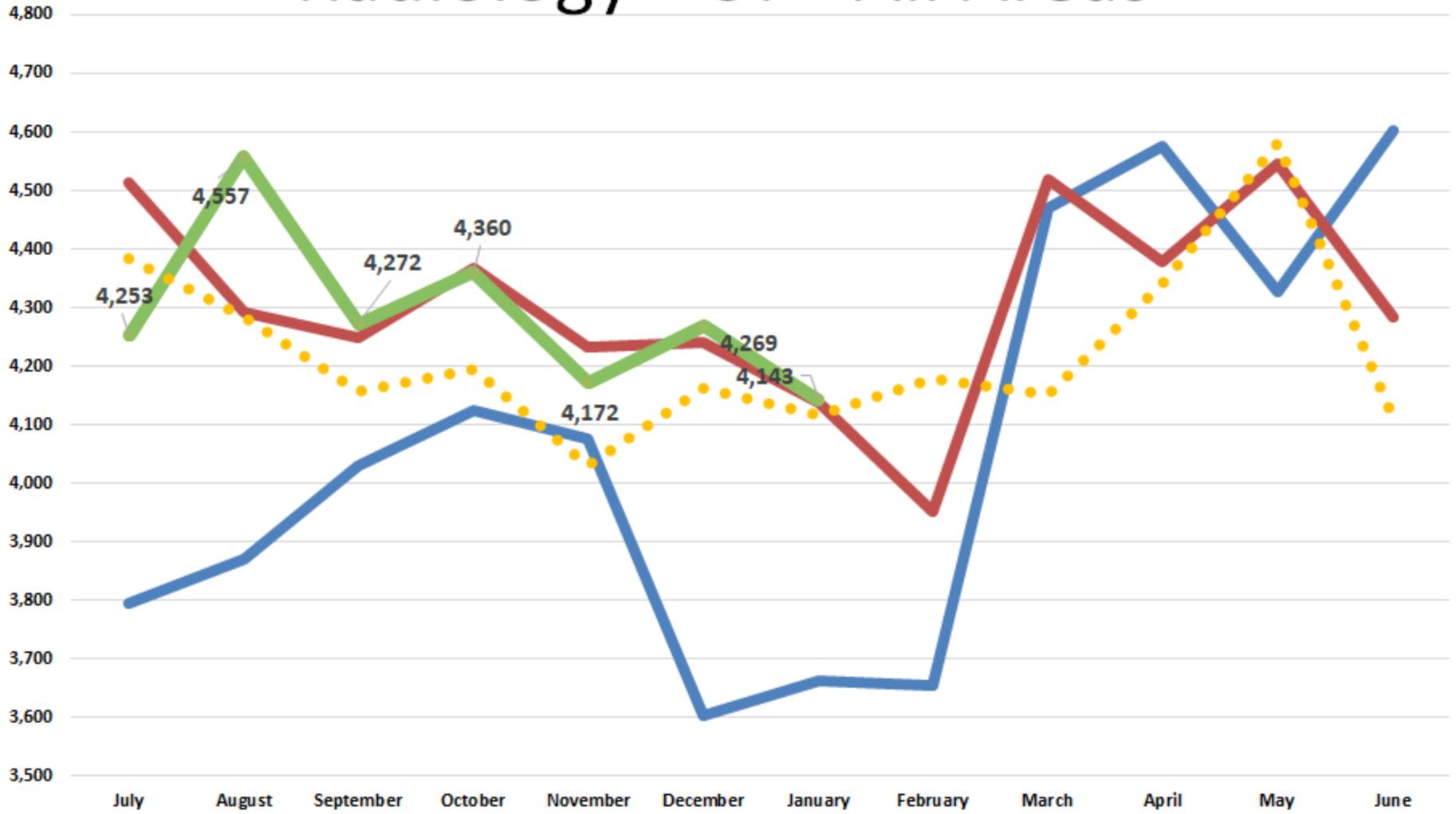
West Campus - Breast Center



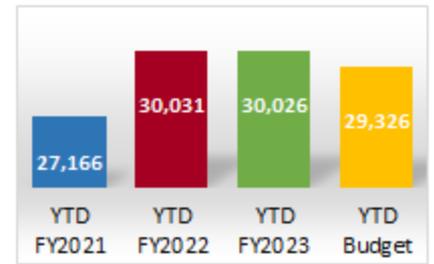
— FY2021
 — FY2022
 — FY2023
 ●●● Budget

10,992	11,050	11,717	12,475
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

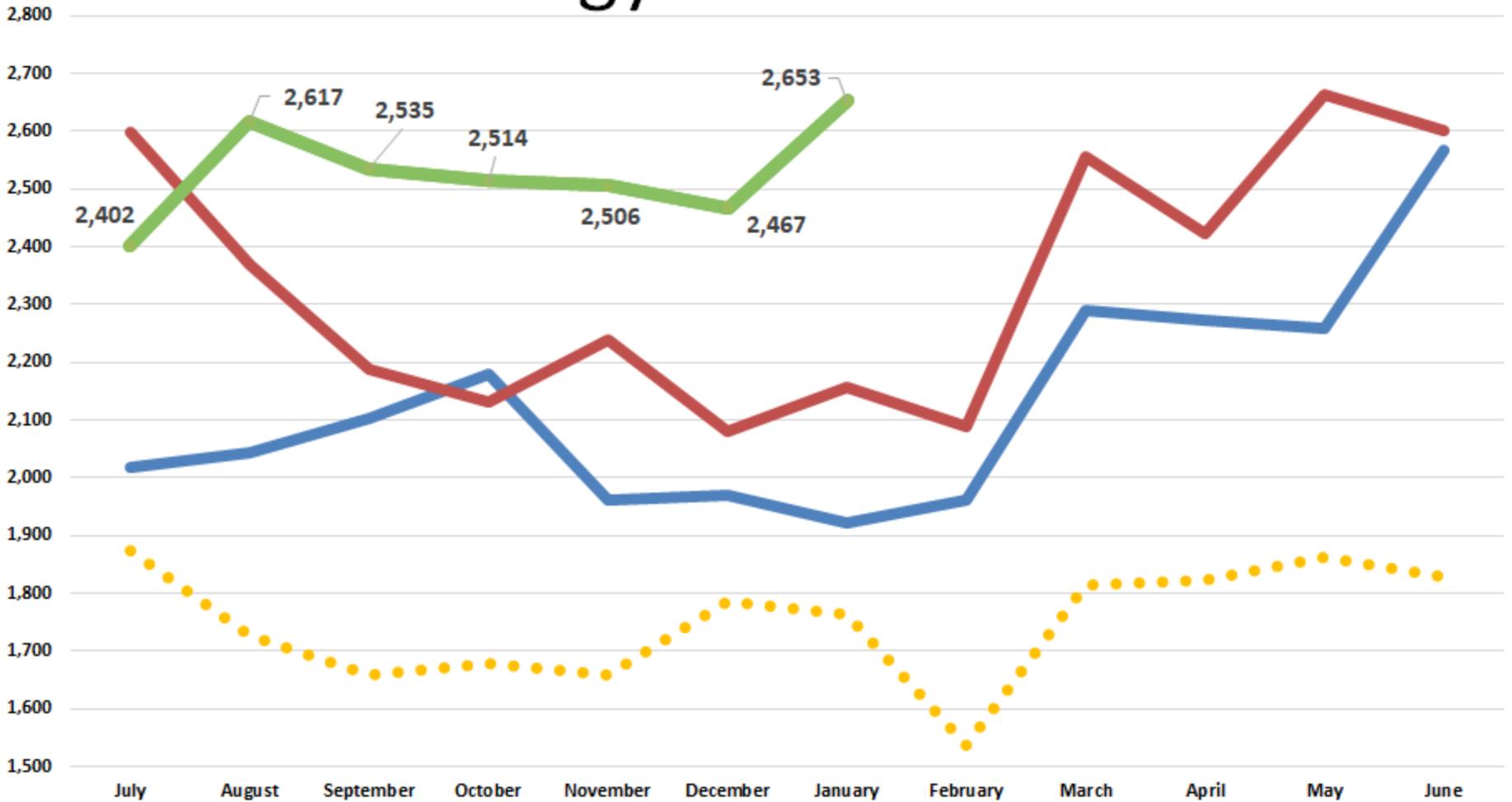
Radiology - CT - All Areas



— FY2021
 — FY2022
 — FY2023
 ●●● Budget



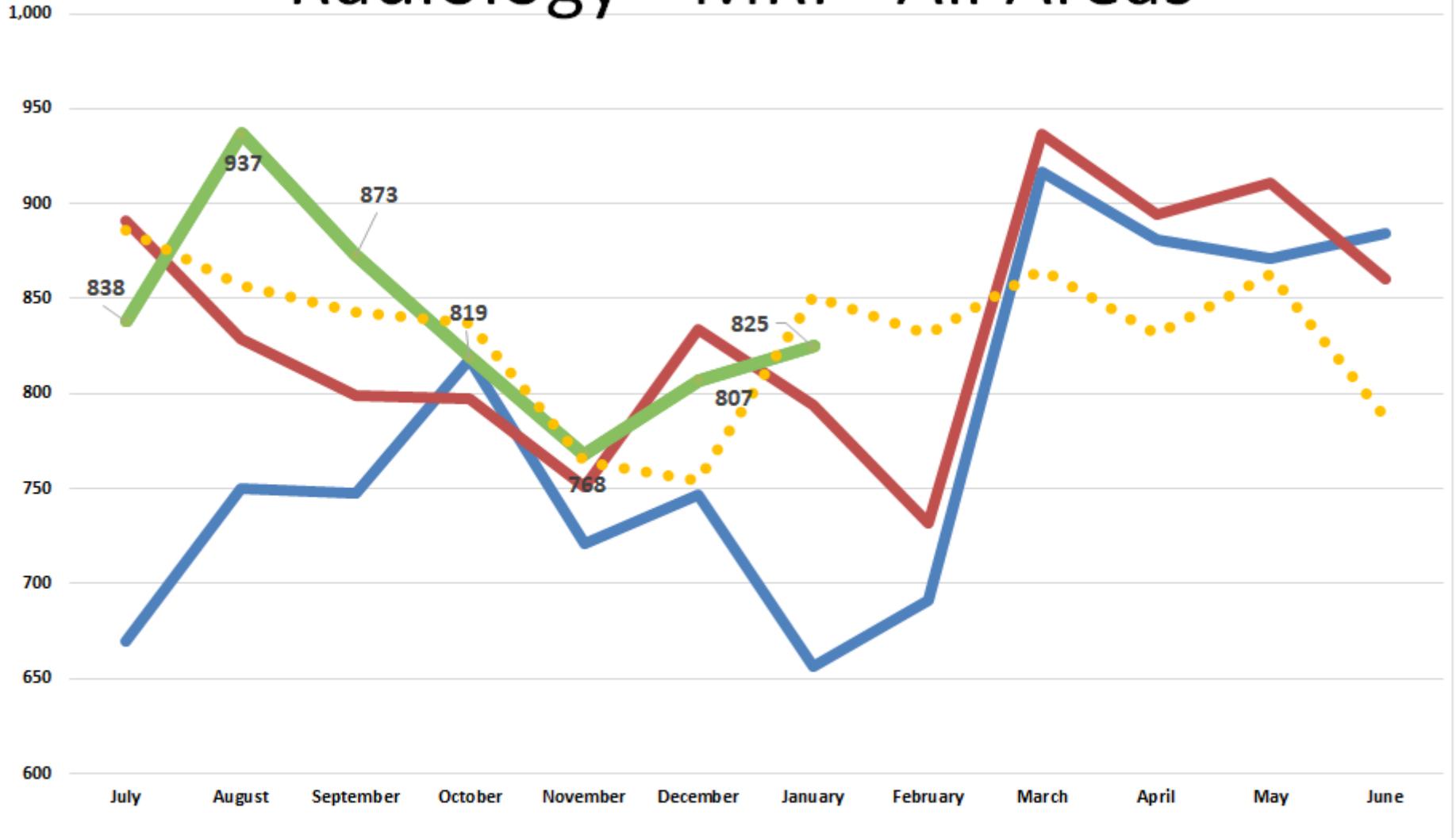
Radiology - Ultrasound - All Areas



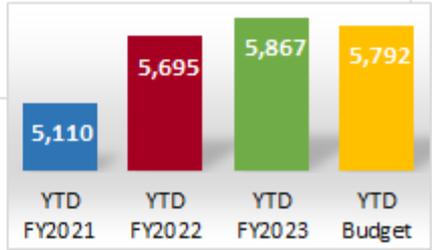
— FY2021
 — FY2022
 — FY2023
 ●● Budget

14,196	15,760	17,694	12,143
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

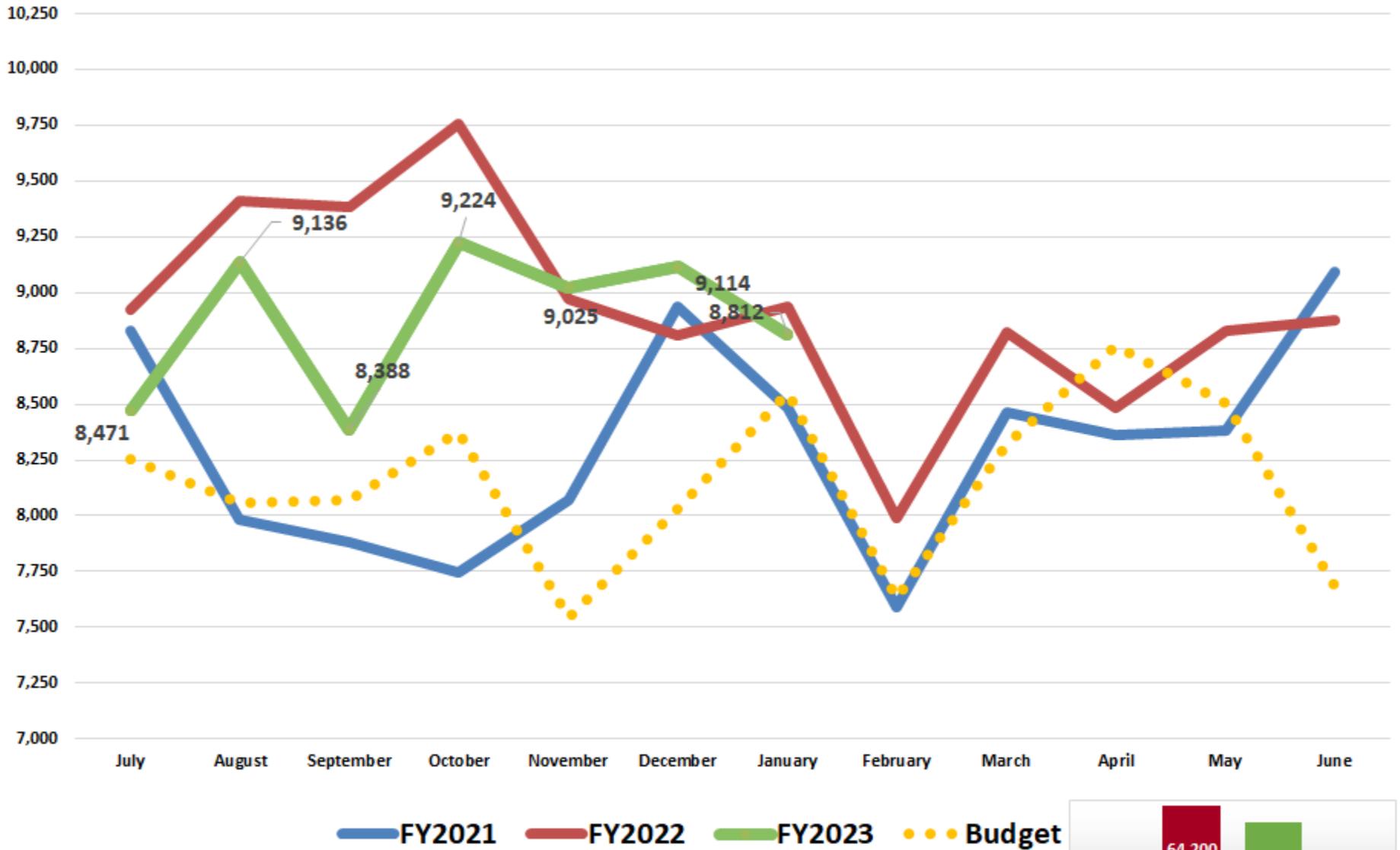
Radiology - MRI - All Areas



■ FY2021
 ■ FY2022
 ■ FY2023
 ●● Budget



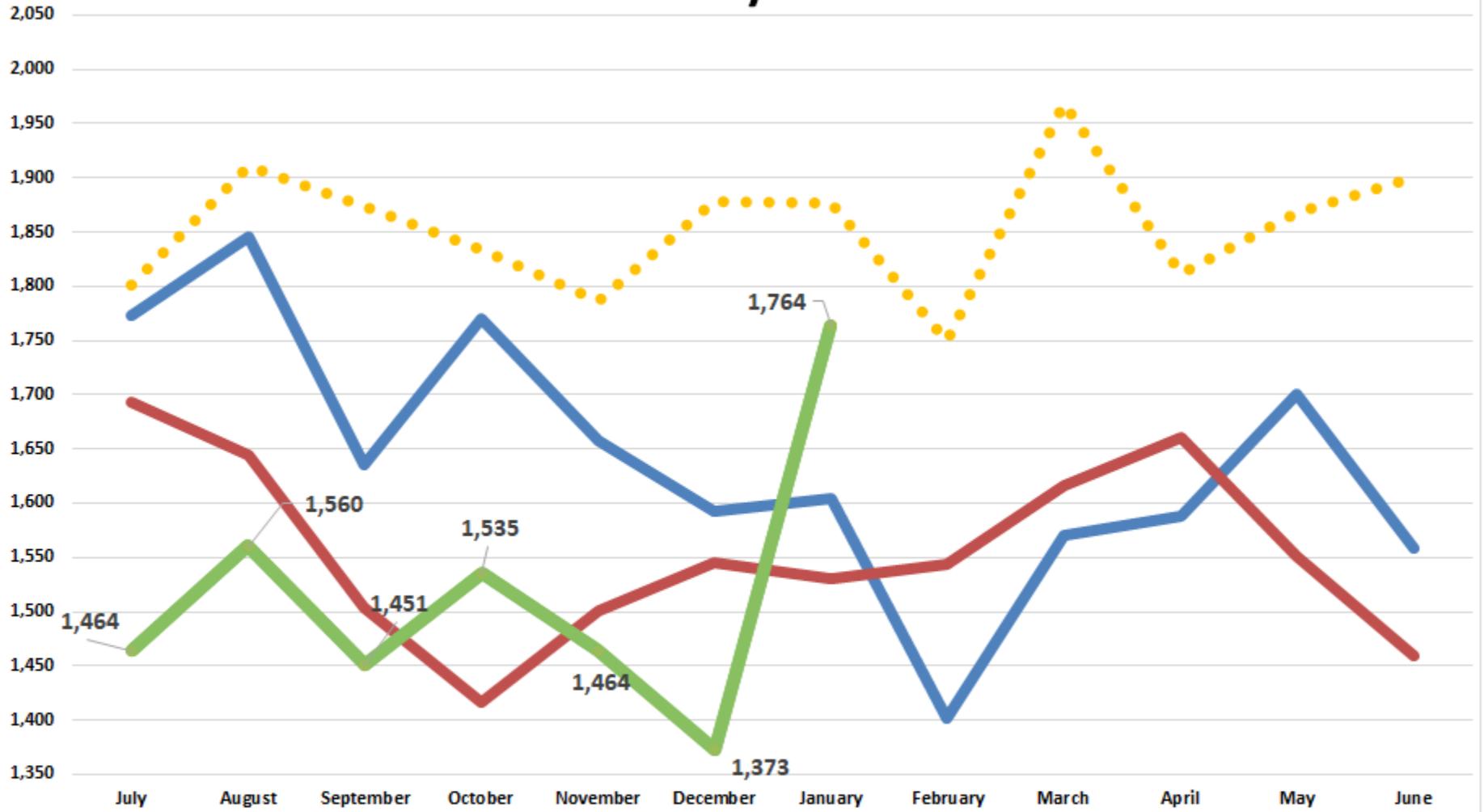
Radiology Modality - Diagnostic



— FY2021
 — FY2022
 — FY2023
 ●●● Budget

57,926	64,200	62,170	56,889
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

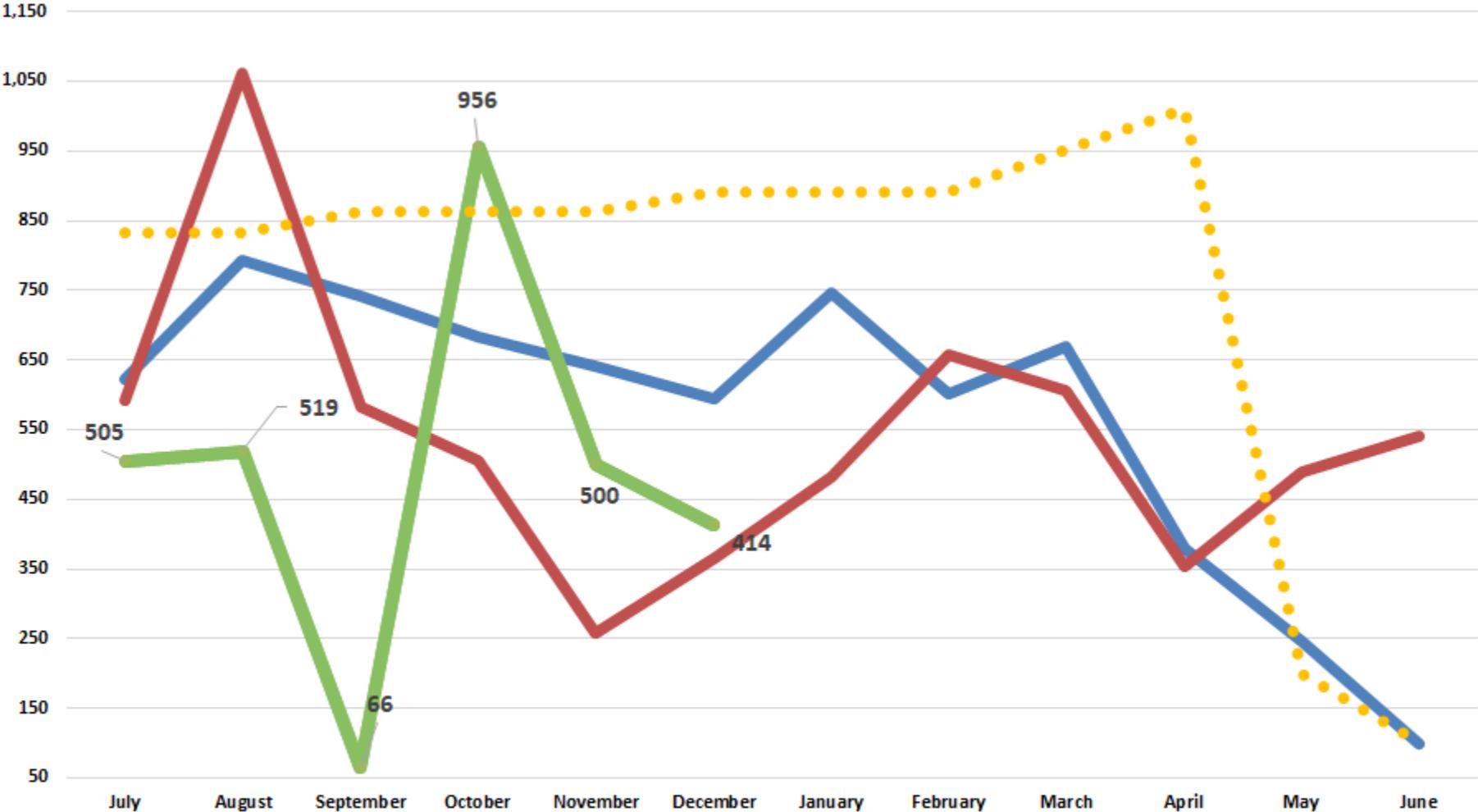
Chronic Dialysis - Visalia



— FY2021
 — FY2022
 — FY2023
 ●●● Budget



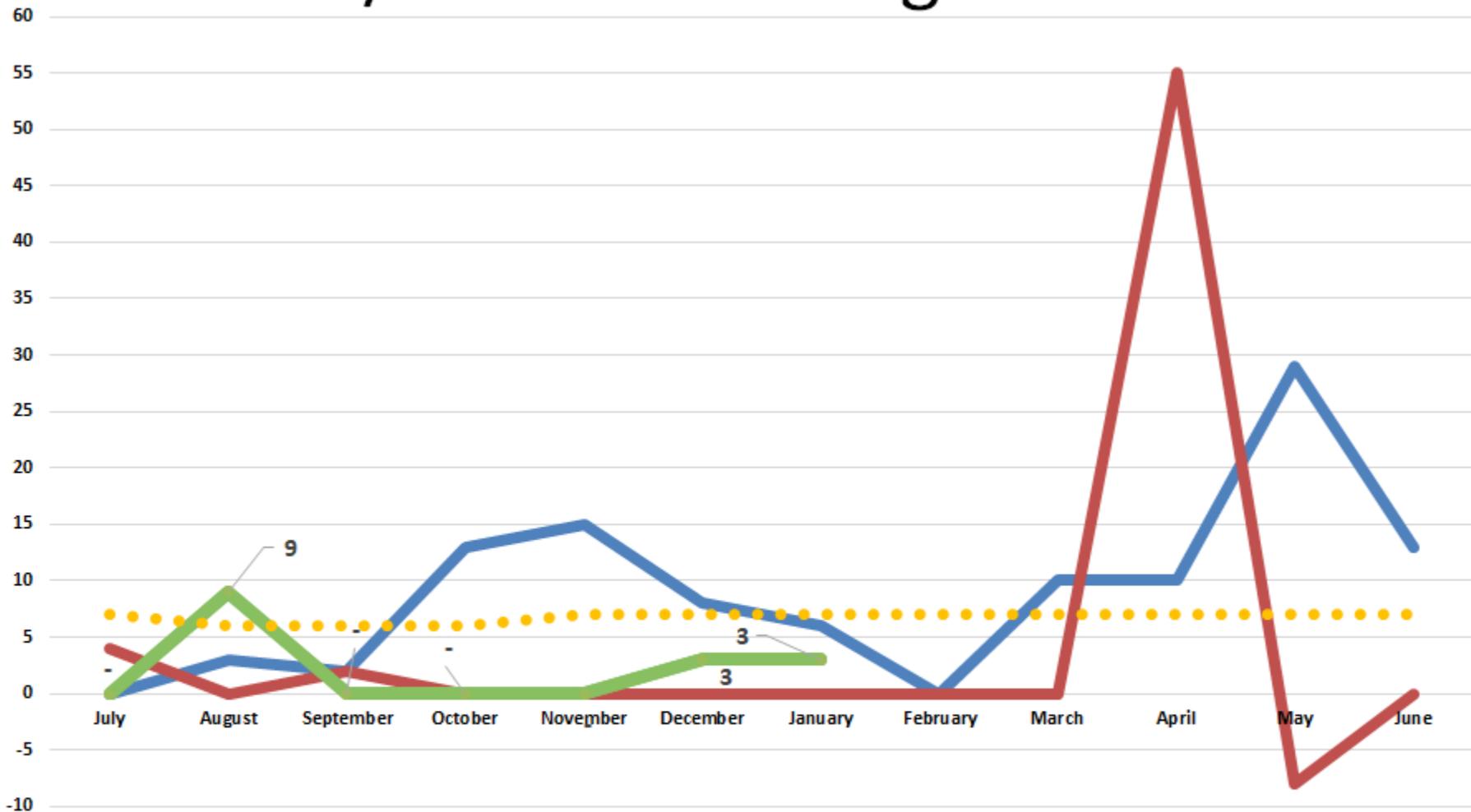
CAPD/CCPD - Maintenance Sessions



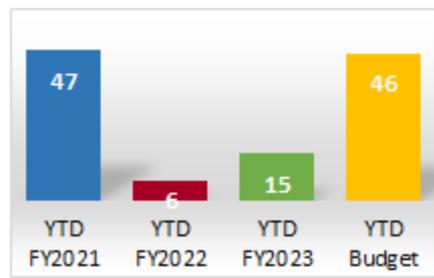
— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**

4,822	3,846	2,960	6,032
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

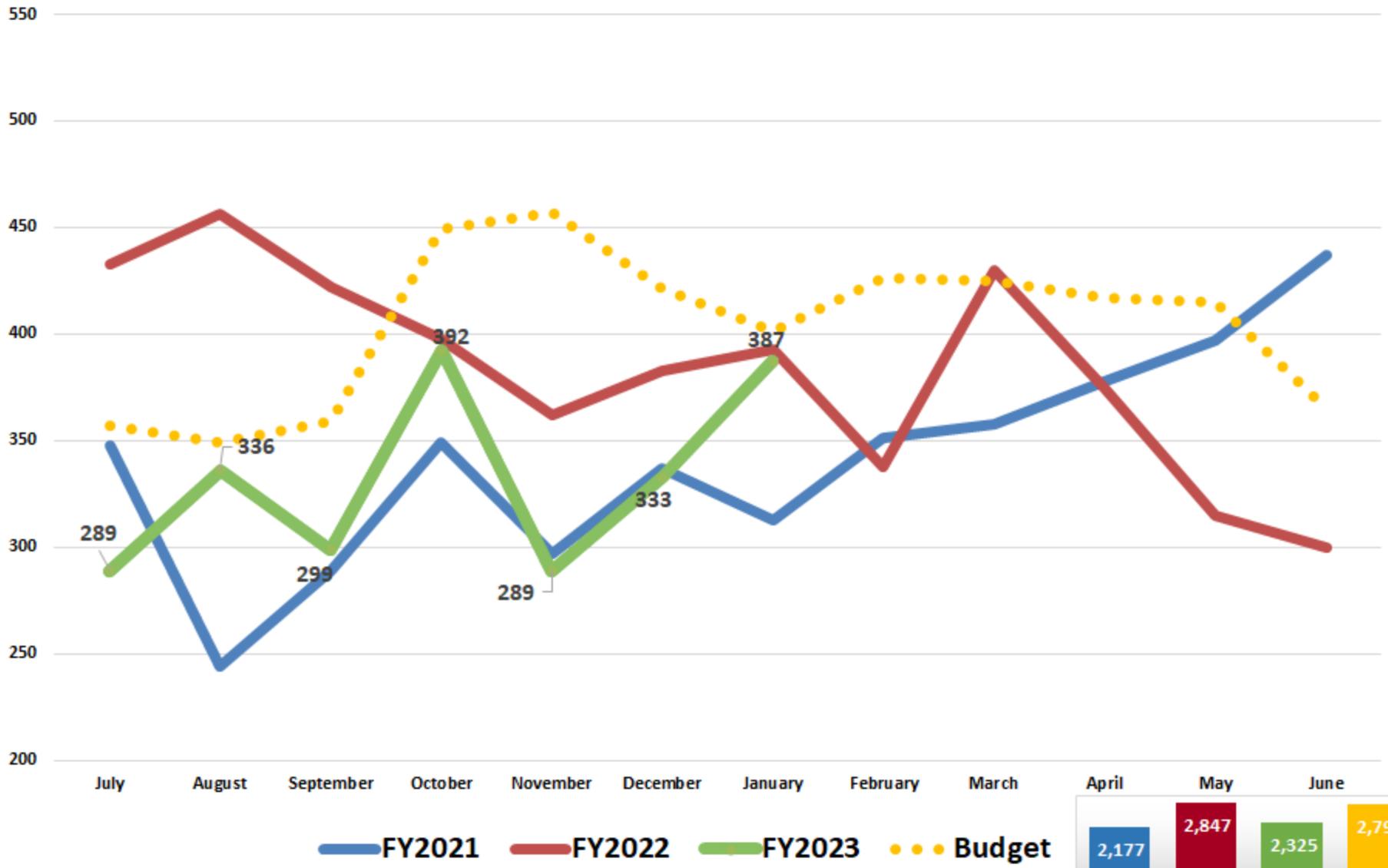
CAPD/CCPD - Training Sessions



— FY2021
 — FY2022
 — FY2023
 ●●● Budget



Infusion Center - Outpatient Visits



385/387

April	May	June
2,177	2,847	2,325
YTD FY2021	YTD FY2022	YTD FY2023
		2,793
		YTD Budget