



December 13, 2024

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, November 15, 2024:

- 4:00PM Open meeting to approve the closed agenda.
- 4:01PM Closed meeting pursuant to Government Code 54956.8, Government Code 54956.9(d)(1), Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155.
- 4:45PM Open meeting.

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.

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 near the Mineral King entrance.

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/Executive Offices) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 or email: kedavis@kaweahhealth.org, or on the Kaweah Delta Health Care District web page <http://www.kaweahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT

David Francis, Secretary/Treasurer

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

Kelsie Davis

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 December 18, 2024 {Regular Meeting}

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 jurisdiction of the Board are requested to identify themselves at this time.
4. **APPROVAL OF THE CLOSED AGENDA – 4:01PM**
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 December 18, 2024, closed meeting agenda.
5. **ADJOURN**

CLOSED MEETING AGENDA {4:01PM}

1. **CALL TO ORDER**
2. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Pursuant to Government Code 54956.9(d)(1).
 - A. Martinez (Santillan) v KDHCD Case # VCU279163
 - B. Burns-Nunez v KDHCD Case# VCU293109
 - C. Oney v KDHCD Case # VCU293813
 - D. Parnell v Kaweah Health Case # VCU292139
 - E. Newport v KDHCD Case # VCU295708
 - F. Vanni v KDHCD Case # VCU299235
 - G. M. Vasquez v KHCD Case # VCU297964
 - H. Borba v KDHCD Case # VCU301816
 - I. Apkarian-Souza v KDHCD Case # VCU303650
 - J. Pendleton v KDHCD Case #VCU305571

Wednesday December 18, 2024

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Mike Olmos – Zone I
President

Lynn Havard Mirviss – Zone II
Vice President

Dean Levitan, MD – Zone III
Board Member

David Francis – Zone IV
Secretary-Treasurer

Ambar Rodriguez – Zone V
Board Member

- K. Rhodes v. Kaweah Case #VCU306460
- L. Negrete v. Kaweah Case #VCU309437
- M. Garcia v. Kaweah Case #VCU310326
- N. LaRumbe-Torres v. Kaweah Case #VCU313564

Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel

3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956(d)(2) – 1 Case

Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel

4. **REPORT INVOLVING TRADE SECRETS {HEALTH AND SAFETY CODE 32106}** – Discussion will concern a proposed new services/programs – estimated date of disclosure is April 2025.

Gary Herbst, Chief Executive Officer & Marc Mertz, Chief Strategy Officer

5. **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.

Daniel Hightower, MD, Chief of Staff

6. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.

Daniel Hightower, MD Chief of Staff

7. **APPROVAL OF THE CLOSED MEETING MINUTES** – [November 21, 2024](#), and [November 22, 2024](#), closed meeting minutes.

8. **ADJOURN**

OPEN MEETING AGENDA {4:45PM}

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 jurisdiction of the Board are requested to identify themselves at this time.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the [November 21, 2024](#), and [November 22, 2024](#), 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 November 21, 2024, and November 22, 2024, open minutes.

6. RECOGNITIONS

6.1. Presentation of [Resolution 2246](#) to Daniel Watson in recognition as the Kaweah Health World Class Employee of the month – December 2024 – *Director Francis*

6.2. Presentation of [Resolution 2247](#) to Connie Garza in recognition of her service and retirement at Kaweah Health. – *Director Francis*

7. INTRODUCTIONS

7.1. New Director (s) – Scott Baker and Nancy Hungarland

7.2. Team of the Month – Patient Access – Precert/Benefits Team

8. 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.

Daniel Hightower, MD, Chief of Staff

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 December 18, 2024, medical staff credentials report.

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

Daniel Hightower, MD, Chief of Staff

10. 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 December 18, 2024, Consent Calendar.

9.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Throughput](#)
- D. [Environment of Care](#)
- E. [Long Term Care](#): Subacute, TCS, TCS Ortho
- F. [Infusion Center](#)

9.2. POLICIES

A. Administrative Policies

A.1. [AP27](#)- Use of District name and/or stationery - Revised

A.2. [AP02](#)- Conditions of Admissions – Revised

- A.3. [AP141](#)- Credit and Collection Policy – Revised
- A.4. [AP123](#)- Financial Assistance Program Full Charity and Partial Discount Programs- Revised

B. Human Resource Policies

- B.1. [HR.13](#) Anti-Harassment and Abusive Conduct- Revised
- B.2. [HR.80](#) Docking Staff - Revised
- B.3. [HR.12](#) Equal Employment Opportunity - Revised
- B.4. [HR.70](#) Meal Periods, Rest Breaks and Breastfeeding and/or Lactation Accommodation - Revised
- B.5. [HR.14](#) Non-English/Limited English Speaking and/or Hearing Impaired Individuals – Non Discrimination (three-year renewal; no update) – Revised
- B.6. [HR.46](#) Orientation of Kaweah Health Personnel - Revised
- B.7. [HR.234](#) Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workforce, Health Families Act of 2014- Revised
- B.8. [HR.47](#) Professional Licensure and Certification - Revised
- B.9. [HR.216](#) Progressive Discipline - Revised
- B.10. [HR.72](#) Standby and Callback - Revised
- B.11. [EH.06](#) Work Related Injury and Illness and Workers’ Comp - Revised

C. Environment of Care Policies

- C.1. [EOC 5000](#) Fire Prevention- Revised

9.5. MEC

- A. Privilege Form Revision – [Emergency Medicine](#)

9.6. CLAIMS

- A. Rejection of Claim Letter- [Daleyza Isquierdo. Erika Meza. David Isquierdo](#)

- 10. [RENAL SERVICES](#)- A review of key performance indicators and actions associated with care of Dialysis services. *Amy Baker, Director of Specialty Clinics*
- 11. [STRATEGIC PLANNING –IDEAL ENVIRONMENT](#)- Detailed review of Strategic Plan Initiative. *Hannah Mitchel, Director of Organizational Development & Dianne Cox, Chief Human Resource Officer*
- 12. [EMPLOYEE 401\(K\) PLAN & FISCAL YEAR 2025 BUDGET](#) – To approve an amendment/adjustment to the Board-approved budget for fiscal year 2024-25 to increase the employer match to the employee 401(k) plan from 50% to 100% for the plan year ending December 31, 2024. *Dianne Cox, Chief Human Resource Officer and Gary Herbst – Chief Executive Officer*
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 401(k) and 457b amendments and resolutions.
- 13. [FINANCIALS](#) – Review of the most current fiscal year financial results.
Malinda Tupper – Chief Financial Officer

14. REPORTS

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

Gary Herbst, Chief Executive Officer

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

Mike Olmos, Board President

CLOSED MEETING AGENDA IMMEDIATELY FOLLOWING THE OPEN SESSION

1. CALL TO ORDER

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

Gary Herbst, Chief Executive Officer and Rachele Berglund, Legal Counsel

3. ADJOURN

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Agenda item intentionally omitted

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD THURSDAY NOVEMBER 21, 2024, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss & Rodriguez; G. Herbst, CEO; D. Hightower, Chief of Staff; M. Tupper, CFO; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer; D. Cox, Chief Human Resource Officer; P. Stefanacci, Chief Medical & Quality Officer; R. Gates, Chief Population Health Officer; M. Mertz, Chief Strategy Officer; K. Noeske, Chief Nursing Officer; L. Winston, Chief Institutional Officer; R. Berglund, Legal Counsel; and K. Davis, recording

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

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

Director Olmos asked for approval of the closed agenda.

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

ADJOURN - Meeting was adjourned at 4:01PM

Mike Olmos, President

Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer

Kaweah Delta Health Care District Board of Directors

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD THURSDAY NOVEMBER 21, 2024, AT 5:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss & Rodriguez; G. Herbst, CEO; D. Hightower, Chief of Staff; M. Tupper, CFO; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer; D. Cox, Chief Human Resource Officer; P. Stefanacci, Chief Medical & Quality Officer; R. Gates; Chief Population Health Officer; M. Mertz, Chief Strategy Officer; K. Noeske, Chief Nursing Officer; L. Winston, Chief Institutional Officer; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 5:00 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – Mr. Tom Culter came forward and addressed the board.

CLOSED SESSION ACTION TAKEN: approval of the closed meeting minutes from October 23, 2024.

OPEN MINUTES – Requested approval of the open meeting minutes from October 23, 2024.

PUBLIC PARTICIPATION – None.

MMSC (Havard Mirviss/Francis) to approve the open minutes from October 23, 2024.

This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez and Francis.

RECOGNITIONS- Victor Madrigal, Resolution 2242. Alma Cruse, Resolution 2243. Ambar Rodriguez, Resolution 2244. New Interim Director, Rebecca Piche and Teams of the Month: Employee Pharmacy and Marketing Department.

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.

CHIEF OF STAFF REPORT – Report relative to current Medical Staff events and issues – *Daniel Hightower, Chief of Staff*

- No report.

Public Participation – None.

Director Olmos requested a motion for the approval of the November 21, 2024, credentials report as presented and the recommendation regarding applicant A104053.

MMSC (Francis/Havard Mirviss) 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, 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, Rodriguez and Francis

CONSENT CALENDAR – Director Olmos pulled two items from the consent calendar. Item 9.2.A.2 and 9.6.B. Item 9.2.A.2 will need to be corrected and come back before the board. Director Olmos entertained a motion to approve the November 21, 2024, consent calendar without the two items.

PUBLIC PARTICIPATION – None.

MMSC (Francis/Havard Mirviss) to approve the November 21, 2024, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, and Francis.

CONSENT CALENDAR – Director Olmos asked for approval of 9.6.B. whereas we grant the application for leave to present late claim for Jacqueline and Daniel Moreno and give notice of rejection of claim of Jacqueline and Daniel Moreno.

PUBLIC PARTICIPATION – None.

MMSC (Havard Mirviss/Francis) to approve the pulled item of 9.6.B., that was pulled from November 21, 2024, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, and Levitan.

LEAPFROG FALL 2024 SAFETY GRADE REVIEW – A review of the Fall 2024 Safety Grade performance and action plans. Copy attached to the original of the minutes and to be considered a part thereof.

STRATEGIC PLAN- STRATEGIC GROWTH AND INNOVATION – A detailed review of strategic plan initiative. Copy attached to the original of the minutes and to be considered a part thereof.

FINANCIALS – Review of the most current fiscal year financial results. Copy attached to the original of these minutes and considered a part thereof.

REPORTS

Chief Executive Officer Report - Report relative to current events and issues – Gary Herbst, CEO
Board President- None – Mike Olmos, Board President

ADJOURN - Meeting was adjourned at 6:59PM

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

ATTEST:

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

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD FRIDAY NOVEMBER 22, 2024, AT 9:00AM IN THE EXECUTIVE OFFICE CONFERENCE ROOM – 305 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss; G. Herbst; R. Berglund, Legal Counsel; M. Mertz; D. Volosin; and K. Davis, recording

The meeting was called to order at 9:00am by Director Olmos.

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

Director Olmos asked for approval of the Special Closed agenda – 9:01am.

Public Participation- None.

MMSC (Havard Mirviss/Francis) to approve the Special Closed agenda. This was supported unanimously by those present. Vote: Yes - Havard Mirviss, Olmos and Francis

ADJOURN - Meeting was adjourned at 9:01am

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

ATTEST:

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



RESOLUTION 2246

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Daniel Watson with the World Class Service Excellence Award for the Month of December 2024, 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 Daniel Watson for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 18th day of December 2024 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

**Secretary/Treasurer
Kaweah Delta Health Care District**



RESOLUTION 2247

WHEREAS, Connie Garza, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 30 years of service; and,

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her loyal service and devotion to duty;

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her 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 appreciation to Connie Garza for 30 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 18th day of December 2024 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

**Secretary/Treasurer
Kaweah Delta Health Care District**

Physician Recruitment Board Report - Physician Group Targets

December 2024

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

December Board Report Narrative:

We have signed Physician Recruitment Agreements Dr. Kevin Cowan, General Surgeon. Dr. Cowan graduated from Kaweah Health's Surgery Residency in 2022. He will be joining a local surgeon's practice and is expected to start in October of 2025.

The Physician Recruitment team met with the Kaweah Health Family Medicine Residents on December 4th. The discussion focused on opportunities with Kaweah Health and breaking down compensation expectations and options.

Board Report - Physician Recruitment - Dec 2024

	Specialty	Group	Phase	Expected Start Date
1	Cardiothoracic Surgery	TBD	Site Visit	
2	General Surgery	TBD	Site Visit	
3	Cardiothoracic Surgery	TBD	Screening	
4	Cardiothoracic Surgery	TBD	Screening	
5	Cardiothoracic Surgery	TBD	Screening	
6	ENT	Valley ENT	Screening	
7	Family Medicine	KH Faculty MG	Screening	
8	Family Medicine	TBD	Screening	
9	Family Medicine	TBD	Screening	
10	Gastroenterology	TBD	Screening	
11	General Surgery	TBD	Screening	
12	General Surgery	TBD	Screening	
13	General Surgery	TBD	Screening	
14	General Surgery	TBD	Screening	
15	OBGYN	TBD	Screening	
16	Orth Surgeon (Hand)	Orthopedic Assoc	Screening	
17	Psychiatry	TBD	Screening	
18	Pulmonology	Sound/ 1099 - KH Direct	Screening	
19	Rheumatology	TBD	Screening	
20	Neurology	TBD	Screening	
21	Neurology	TBD	Screening	
22	Neurology	TBD	Screening	
23	Rheumatology	TBD	Offer Extended	
24	Anesthesia (CRNA)	Oak Creek	Offer Accepted	04/01/25
25	Anesthesia (CRNA)	Oak Creek	Offer Accepted	04/01/25
26	Anesthesia (CRNA)	Oak Creek	Offer Accepted	01/01/25
27	Anesthesia (CRNA)	Oak Creek	Offer Accepted	01/01/25
28	Cardiothoracic Surgery	1099 - KH Direct	Offer Accepted	01/05/25
29	Dermatology	1099 - KH Direct	Offer Accepted	02/01/25
30	General Surgery	TBD	Offer Accepted	10/20/25
31	Ped Hospitalist	Valley Childrens	Offer Accepted	10/14/24
32	Pulmonology	1099 - KH Direct	Offer Accepted	04/15/25
33	Urology	1099 - KH Direct	Offer Accepted	03/01/25
34	Neonatology	Valley Childrens	Offer Accepted	
35	Cardiology (EP)	TBD	Leadership Call	
36	Family Medicine	TBD	Leadership Call	
37	Family Medicine	TBD	Leadership Call	
38	Family Medicine	TBD	Leadership Call	
39	Gastroenterology	TBD	Leadership Call	
40	General Surgery	TBD	Leadership Call	
41	General Surgery	TBD	Leadership Call	
42	General Surgery	TBD	Leadership Call	
43	PM&R	TBD	Leadership Call	
44	Pulmonology	TBD	Leadership Call	
45	Hand Surgeon	Orthopedic Assoc	Leadership Call	
46	Pediatrics	TBD	Leadership Call	
47	Cardiology (EP)	TBD	Applied	
48	Cardiology (EP)	TBD	Applied	

	Specialty	Group	Phase	Expected Start Date
49	Cardiology (EP)	TBD	Applied	
50	Occ Med	TBD	Applied	
51	Occ Med	TBD	Applied	
52	Occ Med	TBD	Applied	
53	Anesthesia General	Oak Creek	Applied	
54	EP Cardiology	TBD	Applied	



FY 2025 Strategic Plan

Monthly Performance Report
Dec 18, 2024



kaweahhealth.org



Kaweah Health

MORE THAN MEDICINE. LIFE

54/400

Kaweah Health Strategic Plan: Fiscal Year 2025

Our Mission

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

Our Vision

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

Our Pillars

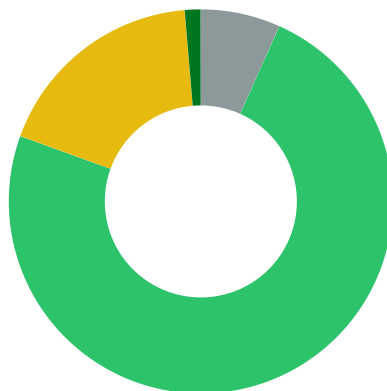
*Achieve outstanding community health.
Deliver excellent service.
Provide an ideal work environment.
Empower through education.
Maintain financial strength.*

Our Five Initiatives

*Ideal Environment
Strategic Growth and Innovation
Outstanding Health Outcomes
Patient Experience and Community Engagement
Physician Alignment*

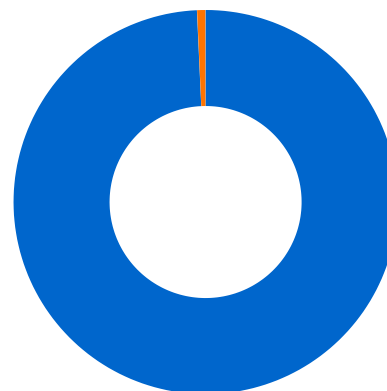
Kaweah Health Strategic Plan FY2025 Overview

Statuses



● Not Started 10 (7%)
● On Track 110 (74%)
● Off Track 27 (18%)
● Achieved 2 (1%)

Due Dates



● Not Past Due 139 (99%)
● Past Due 1 (1%)

Progress Updates



● Up-to-Date 105 (73%)
● Late 38 (27%)
● Pending 0 (0%)

Ideal Environment

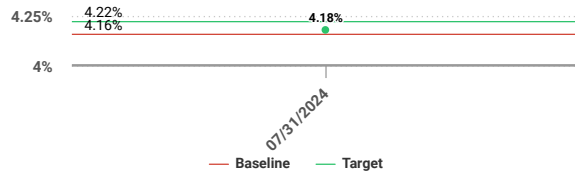
Champions: Dianne Cox and Hannah Mitchell

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

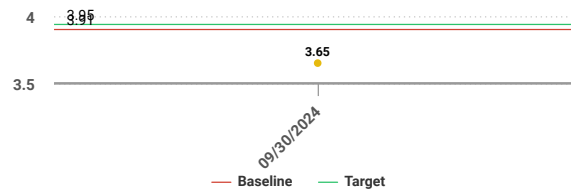
FY2025 Strategic Plan - Ideal Environment Strategies

#	Name	Description	Status	Assigned To	Last Comment
1.1	Integrate Kaweah Care Culture	Integrate Kaweah Care culture into the various aspects of the organization.	On Track	Dianne Cox	<p>The Kaweah Care Steering Committee and its subcommittees are dedicated to embedding the Kaweah Care culture throughout the organization.</p> <p>Employee Engagement and Experience: We have planned a year-round calendar of exciting events to boost employee engagement and synergy, along with recognizing achievements through Starlight awards and Team Pyramid awards.</p> <p>Ideal Practice Environment Committee: Our focus is on enhancing the provider experience by improving the environment, systems, and overall culture.</p> <p>Patient Engagement and Experience Committee: We work on service recovery, patient navigation, managing lost belongings, improving customer service, enhancing the environment, and ensuring timely communication and transitions.</p>
1.2	Ideal Practice Environment	Ensure a practice environment that is friendly and engaging for providers, free of practice barriers.	On Track	Dianne Cox	<p>We have initiated several efforts aimed at enhancing provider experience:</p> <p>Team Rounding: Brief team rounding (60-90 seconds per room) involving a physician, RN, and case manager to streamline communication and improve patient care.</p> <p>Dedicated Workspaces: Will be establishing workstations in key locations including 5T, the library, and various hospital areas. Restoration/remodeling of the Medical Staff lounge, female locker room, and surgery spaces to better support provider needs.</p>
1.3	Growth in Nursing School Partnerships	Increase the pool of local RN candidates with the local schools to increase RN cohort seats and increase growth and development opportunities for Kaweah Health Employees	On Track	Dianne Cox	<p>We have formed partnerships with local high schools for the Career Technical Education program, including Visalia Unified, Cutler, Orosi, Hanford West, Tulare Joint Union, and Lindsay.</p> <p>Additionally, we are rolling out several initiatives: a Leadership Academy, an Emerging Leaders Program, Charge Nurse Development, and Mentorship and Succession Planning. A comprehensive calendar has been created to support and schedule all upcoming learning events.</p>

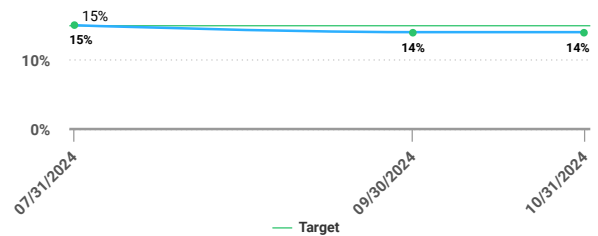
Employee Engagement Survey Score Greater Than 4.2%



Physician and APP Engagement Survey Score Greater Than 3.95%



Decrease Overall Turnover Rate (< 15%)



Strategic Growth and Innovation

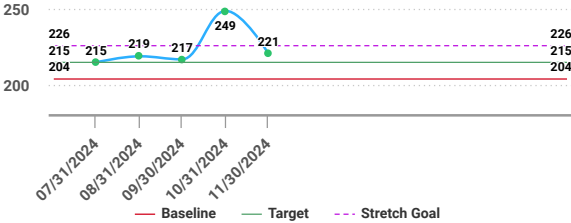
Champions: Jag Batth and Kevin Bartel

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

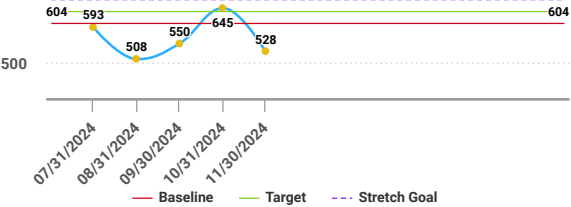
FY2025 Strategic Plan - Strategic Growth and Innovation Strategies

#	Name	Description	Status	Assigned To	Last Comment
2.1	Grow Targeted Surgery/Procedure Volumes	Grow volumes in key service lines, including Orthopedics, Endoscopy, Urology and Cardio Thoracic services.	Off Track	Kevin Bartel	Only 1 of the 4 surgical volume goals (orthopedic) was met for November 2024. All others were off track due for varying reasons. Urology is still limited primarily by lack of consistent USC subspecialist presence (no subspecialist cases performed in September), provider vacation in November and limited on-call coverage. Cardiothoracic surgeries continue to see a dramatic decrease in elective volume primarily driven by service line decisions to change affiliated partnerships, with recruitment ongoing to backfill for CTS surgeons.
2.2	Expand Clinic Network	Strategically expand and enhance the existing clinic network to increase access at convenient locations for the community.	On Track	Ivan Jara	We continue to evaluate and pursue growth opportunities through recruitment, acquisitions, new locations, quality initiatives, state/federal programs, and a team-based care model. All areas currently have active projects supporting the expansion of the clinic network.
2.3	Innovation	Implement and optimize new tools and applications to improve the patient experience, communication, and outcomes.	On Track	Jag Batth	Two areas where we continue to make progress are neurology telehealth and the implementation of online lab scheduling through Clockwise. We are currently evaluating two different vendors for the telehealth platform. Meanwhile, the online lab scheduling system is tentatively set to go live between late January and early February 2025. Lastly, the SENA consulting engagement has been approved by the Executive Team.
2.4	Enhance Health Plan Programs	Improve relationships with health plans and community partners and participate in local/state/federal programs and funding opportunities to improve overall outcomes for the community.	On Track	Sonia Duran-Aguilar	Monthly meetings with MCPs to discuss CalAIM and quality remain underway. Work underway to complete PATH CITED Round 4 application due March 7th 2025.
2.5	Explore Organizational Affiliations and Partnerships	Pursue organizational affiliations and partnerships.	On Track	Marc Mertz	We continue to evaluate opportunities and benefits available from partnering with other organizations.

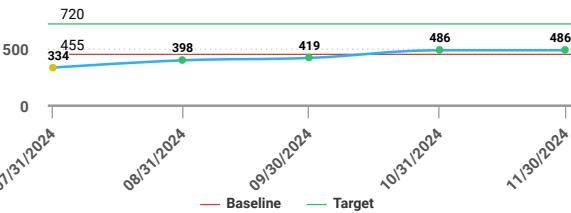
Perform 215 Orthopedic Surgery Cases Per Month



Perform 636 Endoscopy Cases Per Month



Increase Enrollment to 720 Lives in Enhanced Care Management



Outstanding Health Outcomes

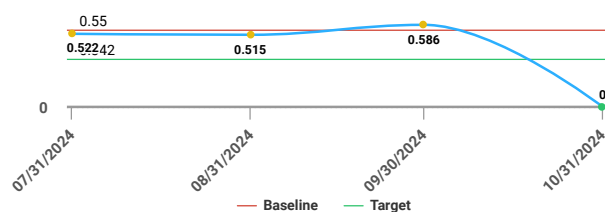
Champions: Dr. Paul Stefanacci and Sandy Volchko

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

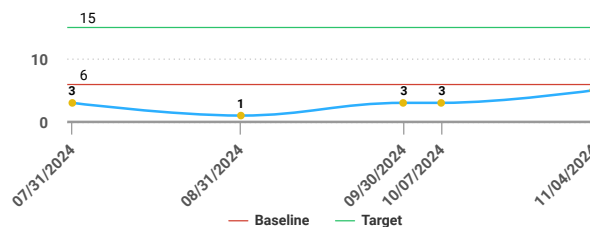
FY2025 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To	Last Comment
3.1	Standardized Infection Ratio (SIR)	Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services	Off Track	Sandy Volchko	Six strategies in progress to reduce Healthcare Acquired Infections (HAI): Reducing Line Utilization through Multidisciplinary Rounds in ICU and implementation of a Standardized Procedure to remove Indwelling urinary catheters; Reducing MRSA and HAIs through CHG skin decolonization, nasal decolonization, effective cleaning practices, improving hand hygiene compliance.
3.2	Sepsis Bundle Compliance (SEP-1)	Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.	On Track	Sandy Volchko	Multidisciplinary team identified root causes of non-compliance and is executing several strategies to address such as order set and documentation enhancements.
3.3	Mortality and Readmissions	Reduce observed/expected mortality through the application of standardized best practices.	On Track	Sandy Volchko	Best Practice Team members reconfigured, key performance indicators revised for each population and improvement strategy planning in process.
3.4	Quality Improvement Program (QIP) Reporting	Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.	Off Track	Sonia Duran-Aguilar	QIP reporting for Performance Year 7 (CY 2024) currently underway with Population Health Data Team and BI Development team collaborating on updating all QIP reports to reflect the Measure Specifications as outlined in the QIP Reporting Manual. Kaweah will report on 15 QIP measures for CY 2024.
3.5	Health Equity	Identify health disparities that improve affordable access to care by enhancing care coordination and more effective treatment through healthy living.	On Track	Sonia Duran-Aguilar	Monthly Health Equity Committee Meeting in place. Identification of disparities for Population of Focus (Pregnant Persons) remains underway. Discussion of focus on Maternal/Child Outcomes disparities.
3.6	Inpatient Diabetes Management	Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.	On Track	Sandy Volchko	An inpatient diabetes management team has been established to focus on optimizing diabetes care for patients using Glucomander (GM), aiming to reduce hypoglycemia rates to or below SHM benchmarks for both critical and non-critical patients, and to minimize recurrent hypoglycemia in these settings to meet or fall below SHM benchmarks. For clinical scenarios where GM is not suitable for managing glycemic excursions, non-Glucomander power plans are utilized.

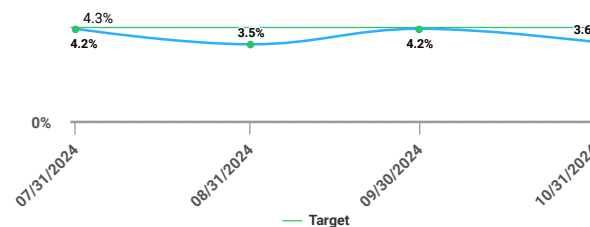
Decrease Standardized Infection Ratio (SIR) CAUTI to < 0.401



Meet or exceed 15 QIP measures in 2024



Hypoglycemia in Critical Care Patients (< 4.3%)



Patient Experience and Community Engagement

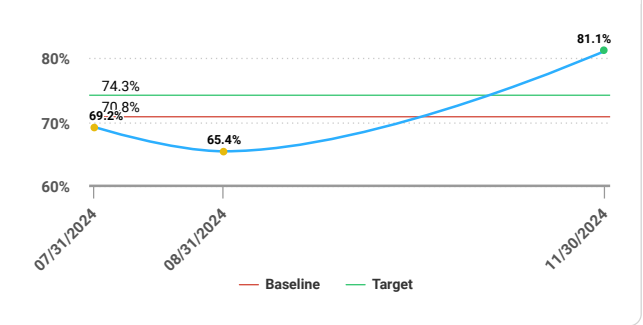
Champions: Keri Noeske and Deborah Volosin

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

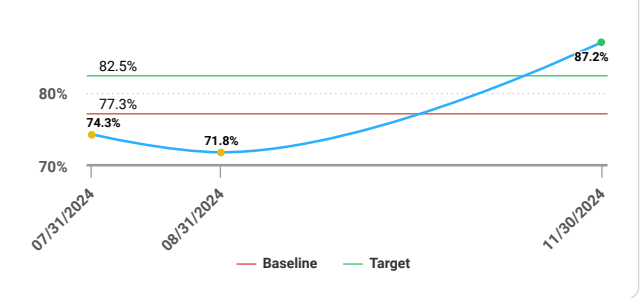
FY2025 Strategic Plan - Patient Experience and Community Engagement Strategies

#	Name	Description	Status	Assigned To	Last Comment
4.1	Highlight World-Class Service/Outcomes (Hospitality Focus)	Develop strategies that give our health care team the tools they need to deliver a world-class health care experience. We aim to be in the 90th percentile over the next three years.	On Track	Keri Noeske	Paper maps have been updated and given to the patient access teams at the front desks of both hospital entrances. There is new signage throughout the main hospital and new signage will be going up in parking lots in Winter/Spring of 2025. The community group will be coming back on campus in January and will re-evaluate patient wayfinding. We exceeded our goal for Best Image/Reputation in July (28.7), August (28.7), September (29.8), and October (31.1) of 2024.
4.2	Increase Compassionate Communication	To reach the 50th percentile in physician and nursing communication and responsiveness of staff on the HCAHPS survey.	On Track	Keri Noeske	Compassionate Communication modules were rolled out to clinical staff in Fall of 2024. We will continue to look for opportunities to make compassionate communication top of mind as we prioritize the patient experience initiative.
4.3	Enhancement of Systems and Environment	To create a secure, warm and welcoming environment for patients and the community.	On Track	Keri Noeske	Patient Access teams are working on customer service initiatives to ensure that all family members guests of patients feel welcomed when they enter our facilities.
4.4	Community Engagement	To provide an environment where community members and patients are able to assist staff in co-designing safe, high quality, and world-class care and services.	On Track	Deborah Volosin	The Community Advisory Councils continue to meet and provide feedback and work on projects and initiatives. (Health Equity Survey review, QR Code for ED waiting room and patient rooms, Lost & Found initiatives, etc.)

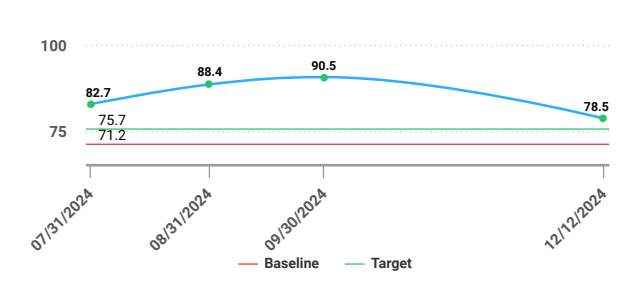
Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve a 82.5 in Nursing Communication Inpatient Score



Achieve a score of 75.7 in the Cleanliness of Clinic Environment



Physician Alignment

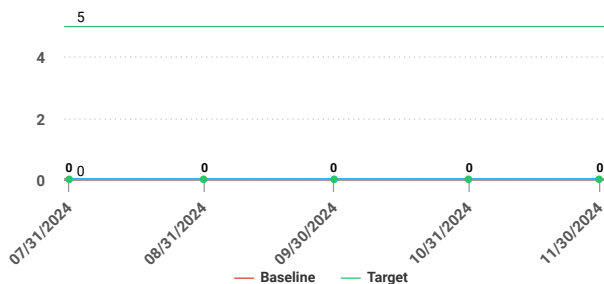
Champions: Ryan Gates and JC Palermo

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

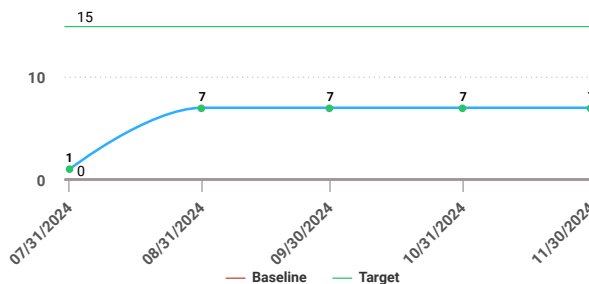
FY2025 Strategic Plan -Physician Alignment - Strategies

#	Name	Description	Status	Assigned To	Last Comment
5.1	Recruit Providers	Develop a recruitment strategy and employment options for physicians that will assist with recruitment of providers to support community needs and Kaweah Health's growth.	On Track	JC Palermo	The Physician Recruitment Strategy Committee has been meeting twice a month. We have established new processes, guidelines, and are having regular strategy discussions about practice locations. The team will continue to meet to ensure we are utilizing our resources as strategically as possible.
5.2	Physician Alignment and Practice Support	Develop services and opportunities that improve alignment with and support for contracted and affiliated physician practices.	On Track	Ryan Gates	The MSO agreement has been reviewed and approved. A meeting with the MSO vendor and interested medical groups was held on 12/11/24. The Friendly PC has been incorporated and we have obtained a federal employer ID number. A request has been submitted to the state of California Medical Board to authorize the Friendly PC to employ physicians.

Recruit 5 Primary Care Physicians



Recruit 15 Specialty Providers

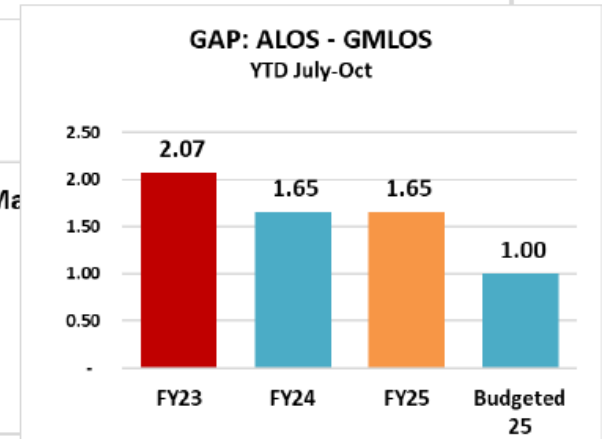
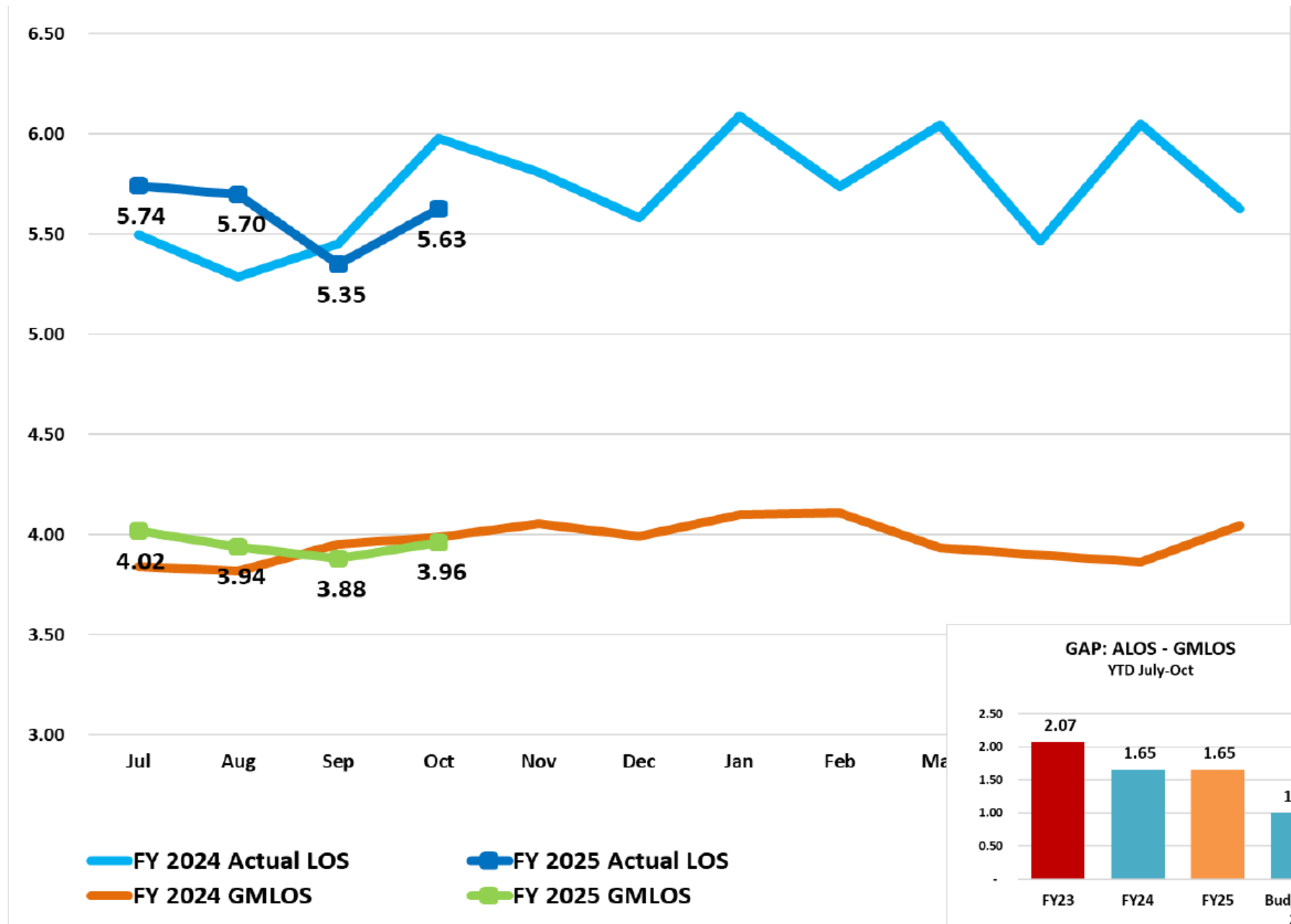


Throughput Steering Committee November 2024



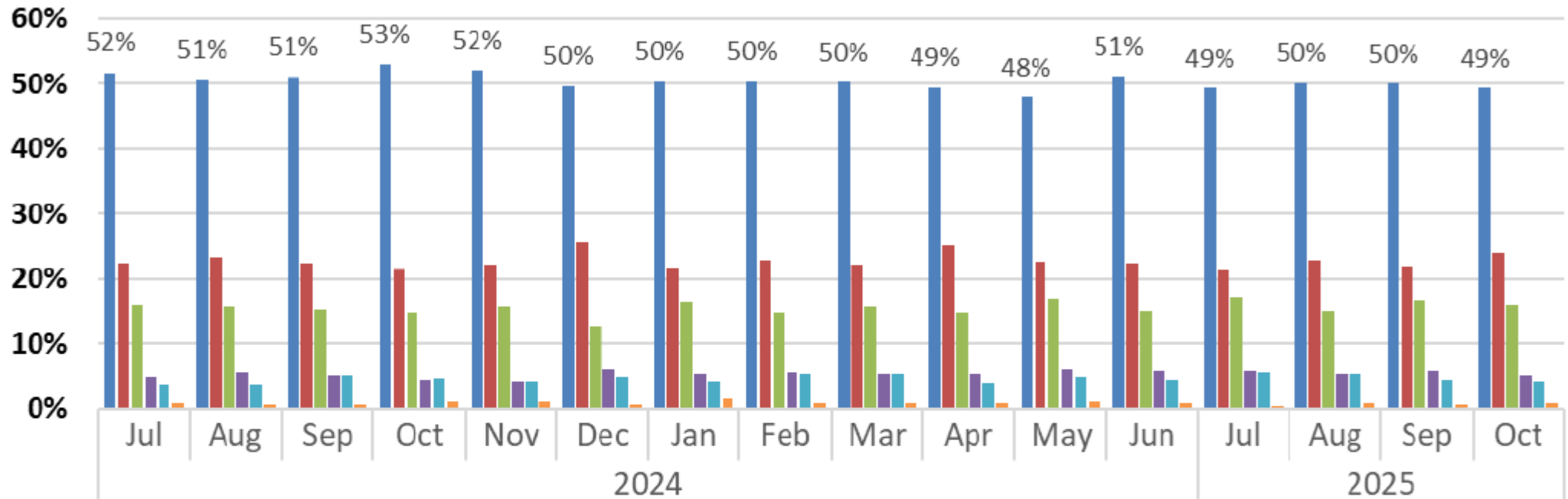
kaweahhealth.org

Average Length of Stay versus National Average (GMLOS)



Average Length of Stay Distribution

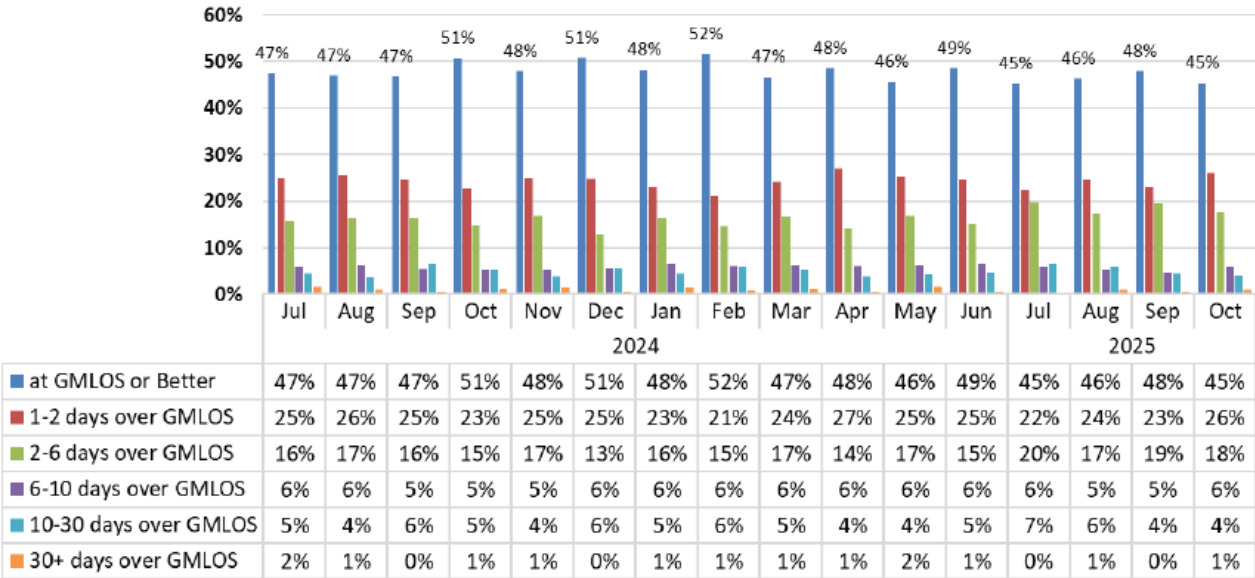
FY25 Overall LOS Distribution



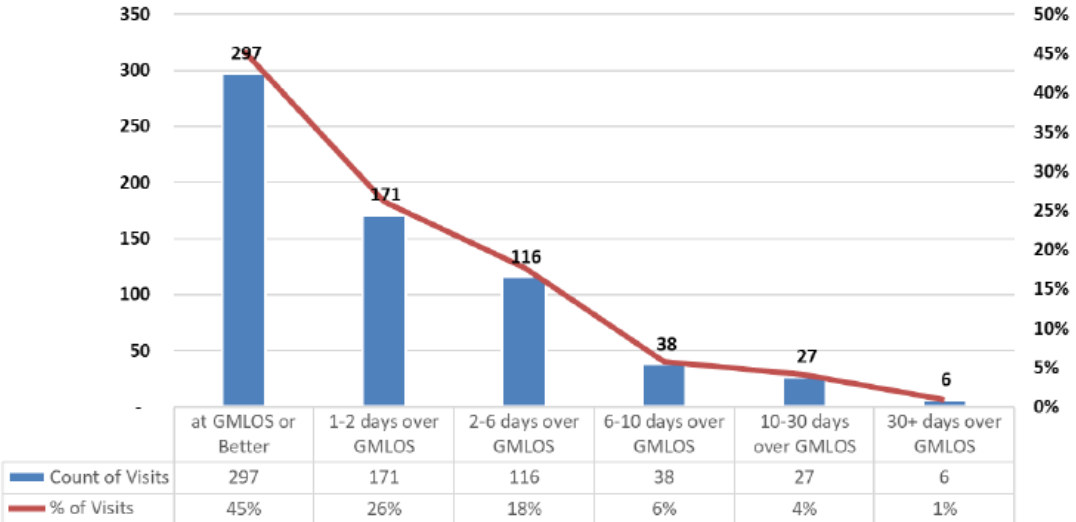
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
at GMLOS or Better	52%	51%	51%	53%	52%	50%	50%	50%	50%	49%	48%	51%	49%	50%	50%	49%
1-2 days over GMLOS	23%	23%	23%	21%	22%	26%	22%	23%	22%	25%	23%	22%	21%	23%	22%	24%
2-6 days over GMLOS	16%	16%	15%	15%	16%	13%	16%	15%	16%	15%	17%	15%	17%	15%	17%	16%
6-10 days over GMLOS	5%	6%	5%	5%	4%	6%	6%	6%	5%	5%	6%	6%	6%	6%	6%	5%
10-30 days over GMLOS	4%	4%	5%	5%	4%	5%	4%	5%	5%	4%	5%	5%	6%	6%	5%	4%
30+ days over GMLOS	0.9%	0.8%	0.6%	1.1%	1.2%	0.7%	1.5%	1.0%	0.9%	0.9%	1.2%	0.8%	0.5%	0.8%	0.6%	0.9%

LOS Distribution

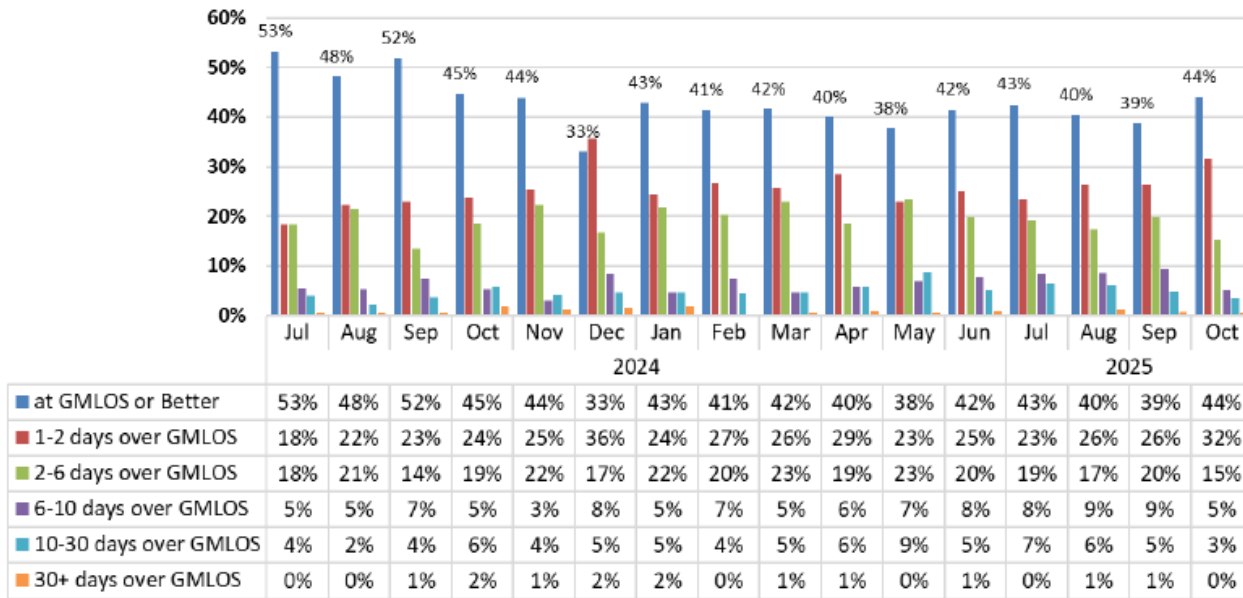
FY25 Hospitalist LOS Distribution



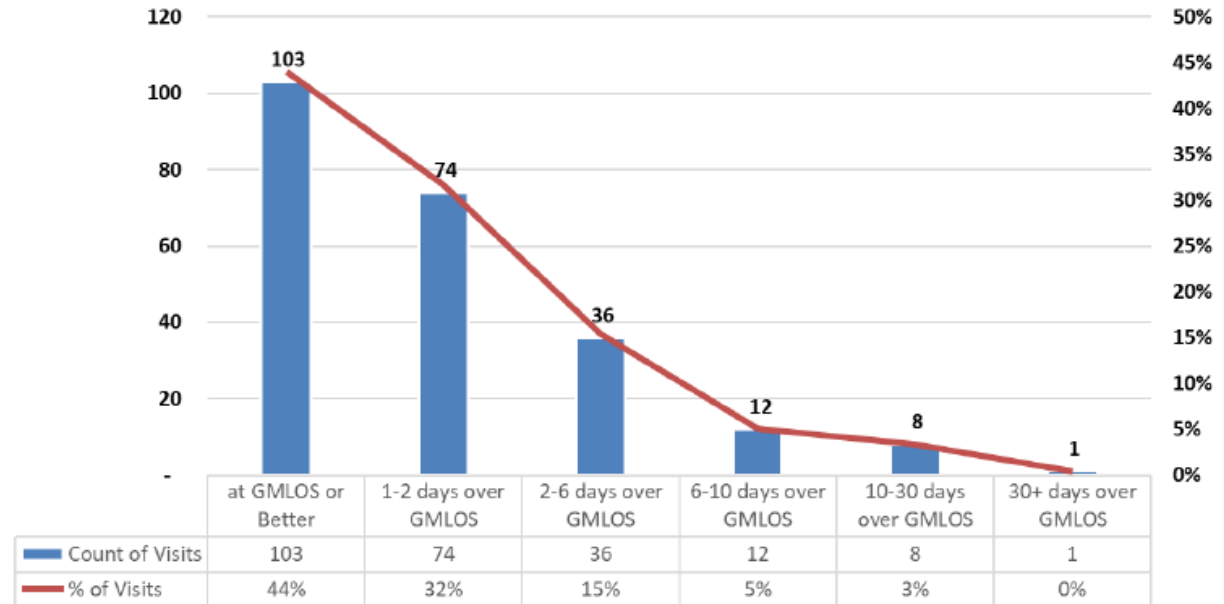
Oct FY25 Hospitalist LOS Distribution



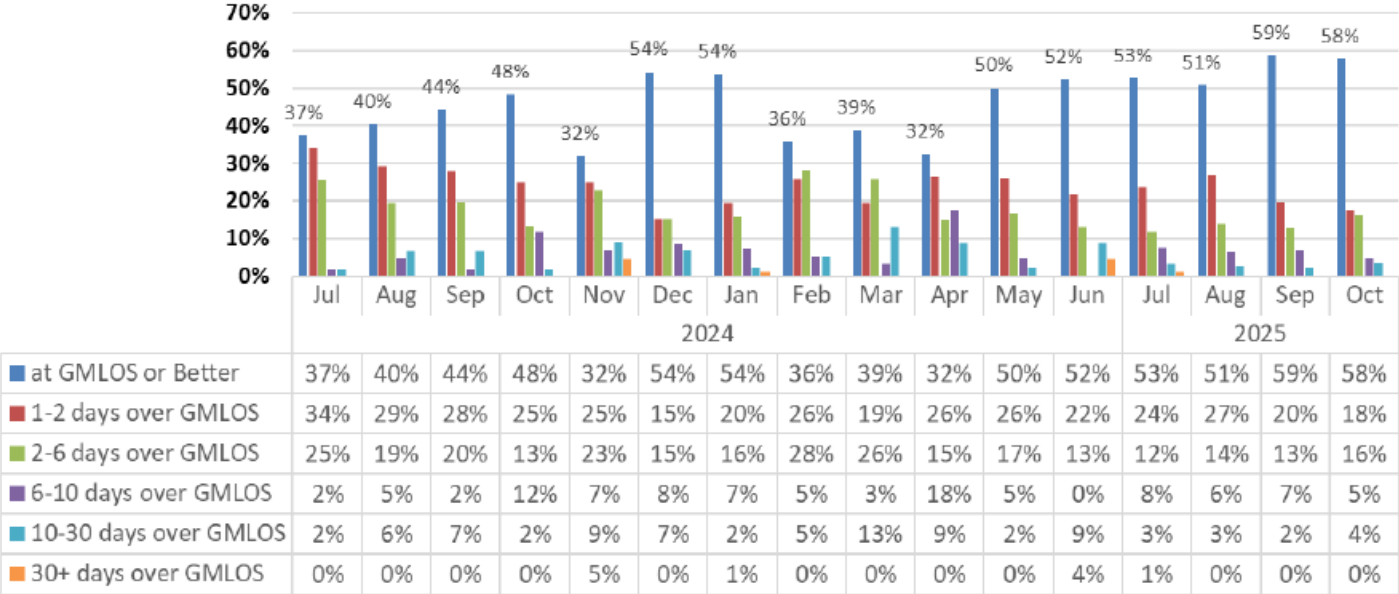
FY25 FHCN LOS Distribution



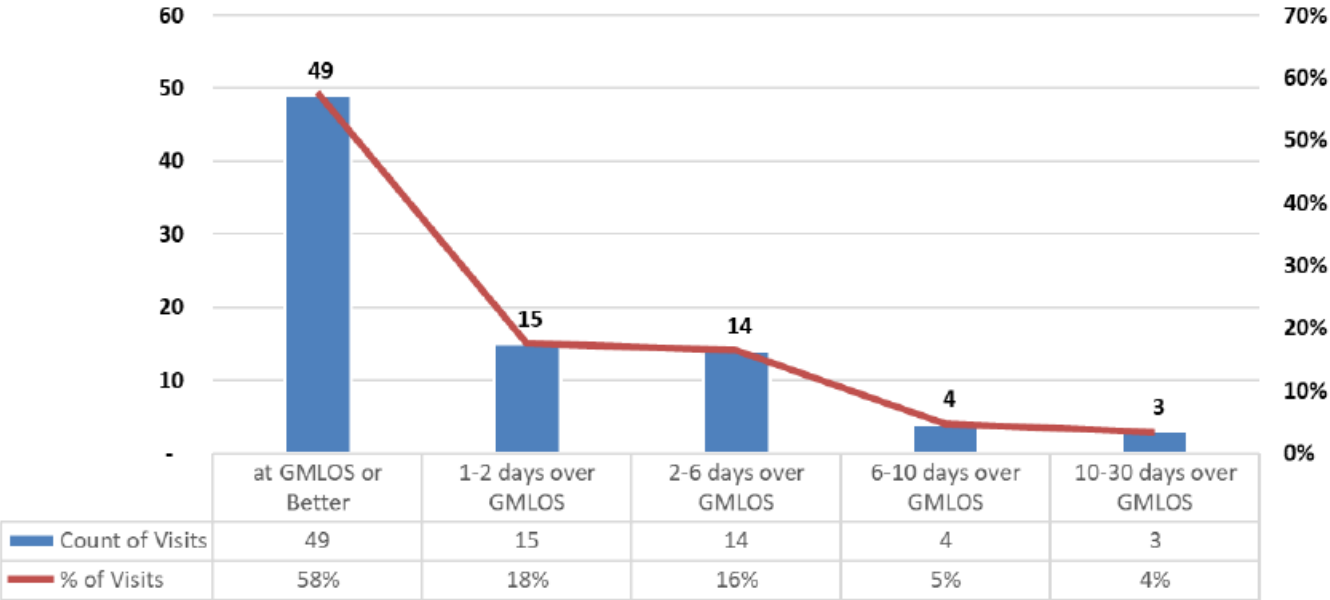
Oct FY25 FHCN LOS Distribution



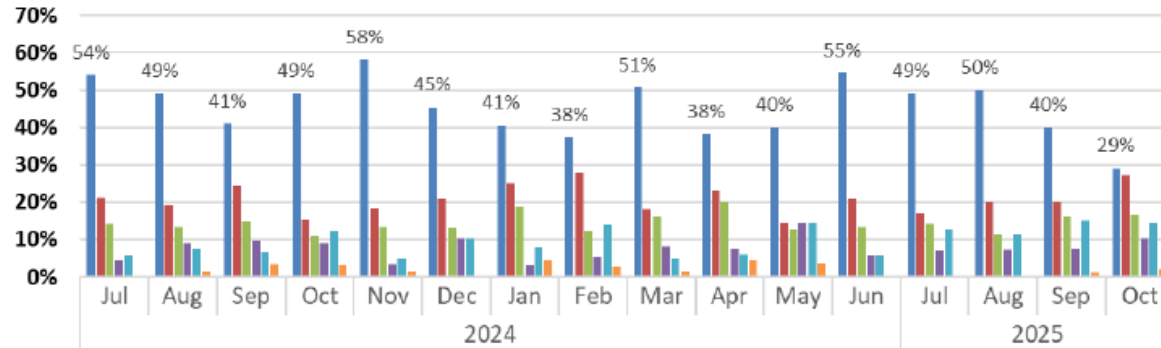
FY25 Humana-Key Medical LOS Distribution



Oct FY25 Humana-Key Medical LOS Distribution

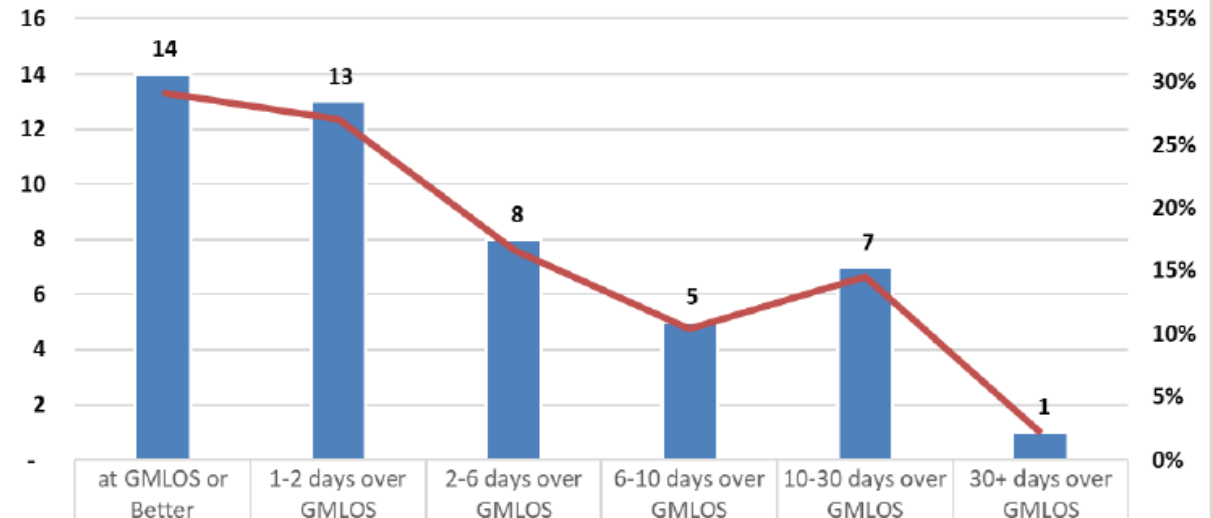


FY24 ACTSS LOS Distribution



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
at GMLOS or Better	54%	49%	41%	49%	58%	45%	41%	38%	51%	38%	40%	55%	49%	50%	40%	29%
1-2 days over GMLOS	21%	19%	25%	15%	18%	21%	25%	28%	18%	23%	15%	21%	17%	20%	20%	27%
2-6 days over GMLOS	14%	13%	15%	11%	13%	13%	19%	13%	16%	20%	13%	13%	14%	11%	16%	17%
6-10 days over GMLOS	5%	9%	10%	9%	3%	10%	3%	6%	8%	8%	15%	6%	7%	7%	8%	10%
10-30 days over GMLOS	6%	7%	7%	12%	5%	10%	8%	14%	5%	6%	15%	6%	13%	11%	15%	15%
30+ days over GMLOS	0%	1%	3%	3%	2%	0%	5%	3%	2%	5%	4%	0%	0%	0%	1%	2%

Oct FY25 ACTSS LOS Distribution



	at GMLOS or Better	1-2 days over GMLOS	2-6 days over GMLOS	6-10 days over GMLOS	10-30 days over GMLOS	30+ days over GMLOS
Count of Visits	14	13	8	5	7	1
% of Visits	29%	27%	17%	10%	15%	2%

Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

Age Group

(All)

Behavioral Health

(All)

Metric	Patient Type	Definition	Goal	Baseline**	Discharge Date				
					6/1/2024				10/31/2024
Observation Average Length of Stay (Obs ALOS) <i>(Lower is better)*</i>	Overall	Average length of stay (hours) for observation patients	36	39.84	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024
					41.13	38.28	35.96	40.66	38.09
Inpatient Average Length of Stay (IP ALOS) <i>(Lower is better)*</i>	Overall	Average length of stay (days) for inpatient discharges	5.64	5.69	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024
					5.67	5.80	5.73	5.35	5.68
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	1.45	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024
					1.41	1.45	1.46	1.39	1.43
Discharges*					Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024
	Inpatient	Count of inpatient discharges	N/A	1,361	1,314	1,455	1,381	1,298	1,355
	Observation	Count of observation discharges	N/A	779	814	746	750	749	770
	Overall	Count of inpatient and observation discharges	N/A	2,139	2,128	2,201	2,131	2,047	2,125

*All metrics above exclude Mother/Baby encounter data

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

**Baseline calculation: Previous 6-month rolling median or average based on the metric's calculation

Performance Scorecard

Leading Performance Metrics – Emergency Department

Metric	Patient Type	Definition	Goal	Baseline**	Check In Date and Time				
					6/1/2024 12:00:00 AM	10/31/2024 11:59:59 PM			
ED Boarding Time <i>(Lower is better)*</i>	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	150	227	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024
					303	405	198	199	164
	Observation	Median time (minutes) for admission order written to check out for observation patients	150	284	311	422	328	193	219
	Overall	Median time (minutes) for admission order written to check out for inpatient and observation patients	150	229	303	406	201	198	166
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	476	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024
					596	723	434	411	281
ED Length of Stay (ED LOS) <i>(Lower is better)*</i>	Discharged	Median ED length of stay (minutes) for discharged patients	214	297	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024
					297	317	290	296	295
	Inpatient	Median ED length of stay (minutes) for admitted patients	500	681	766	909	632	666	589
	Observation	Median ED length of stay (minutes) for observation patients	500	676	781	876	660	645	583
	Overall	Median ED length of stay (minutes) for admitted and discharged patients	N/A	344	351	372	329	341	338
ED Visits*	Discharged	Count of ED visits for discharged patients	N/A	6,441	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024
					6,436	6,567	6,454	6,272	6,251
	Inpatient	Count of ED Visits for admitted patients	N/A	1,199	1,213	1,280	1,215	1,146	1,179
	Observation	Count of ED Visits for observation patients	N/A	408	427	383	378	378	407
	Overall	Count of ED visits	N/A	8,049	8,076	8,230	8,047	7,796	7,837

*All metrics above exclude Mother/Baby encounter data.

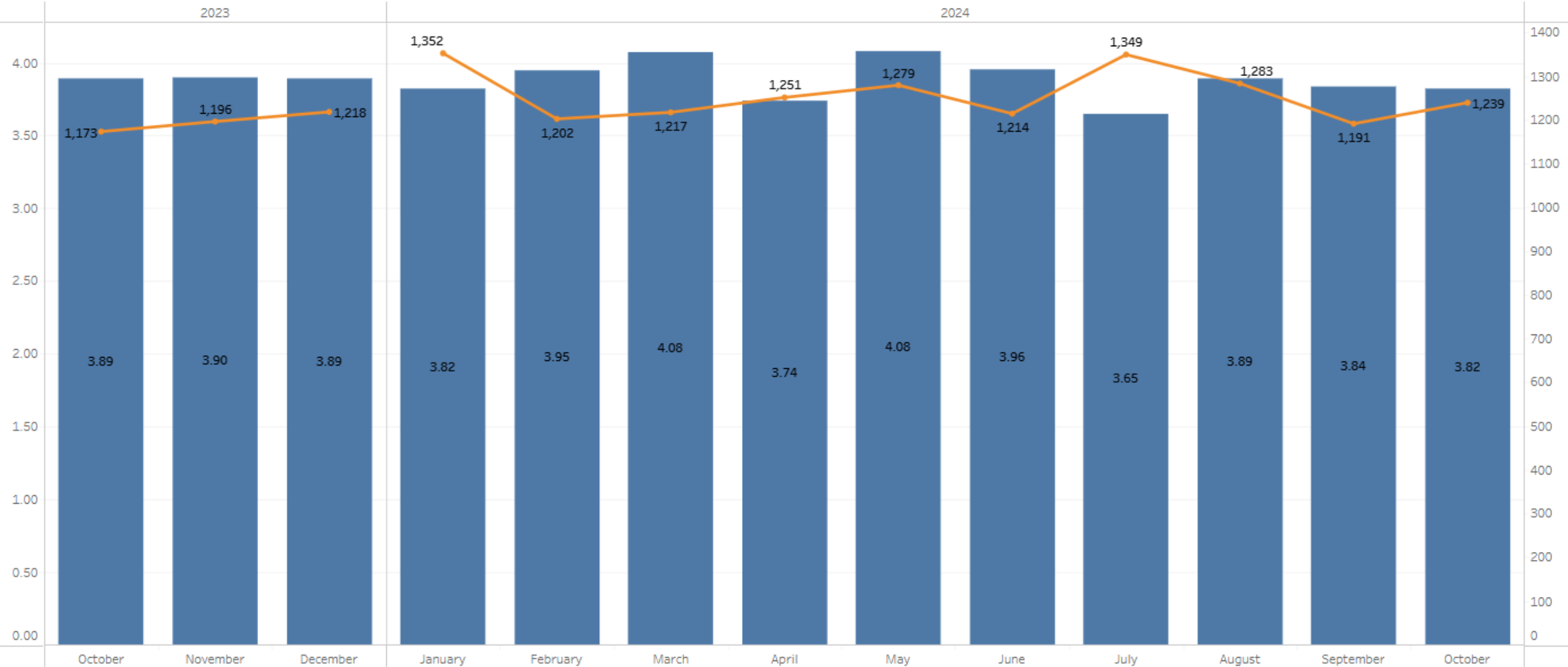
**Baseline calculation: Previous 6-month rolling median or average based on the metric's calculation

Average Length-of-Stay (hours) for Observation Patients

Unit Group	Loc Nurse Unit	Month of Discharge Date												
		Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024
Med/Surg	KHMC 1E Emergency Room Overflow	09.16	09.77	11.22	14.33	14.38	13.34	13.28	14.03	16.22	14.70	13.88	08.80	07.51
	KHMC 2N Medical Surgical	47.42	52.01	39.14	51.32	39.75	35.84	39.87	112.29	42.53	66.14	42.48	43.40	51.41
	KHMC 2S Medical Surgical	40.72	41.62	44.65	49.80	41.95	40.11	46.28	39.53	43.15	42.68	38.32	43.06	36.46
	KHMC 3N Medical Surgical	61.59	55.34	52.06	32.57	54.71	48.41	49.72	52.66	70.00	35.64	33.80	45.99	39.91
	KHMC 3S Medical Surgical	84.22	33.00	45.76	64.47	75.11	44.16	149.79	45.75	50.86	47.08	43.62	49.36	49.85
	KHMC 4N Medical Surgical	47.78	60.22	48.67	99.47	67.24	58.81	63.68	60.43	46.97	37.32	39.63	56.66	51.28
	KHMC 4S Medical Surgical	51.94	78.22	63.30	79.60	29.08	76.31	39.51	44.32	65.02	88.55	44.27	36.20	45.83
	KHMC 14 Medical Surgical	32.33	36.59	44.47	61.53	53.62	70.96	59.48	36.00	44.01	31.14	29.65	53.78	48.12
	KHMC BP Broderick Pavilion	28.00	26.51	27.37	29.18	30.51	31.10	28.28	30.09	26.62	27.97	26.44	31.71	28.70
	KHMC PE Pediatrics	16.97	20.38	27.07	18.69	20.20	19.92	21.64	21.32	28.46	19.36	22.69	22.14	21.67
ICU	KHMC 3W ICCU			69.45	63.10				67.77					
	KHMC 15 ICCU			19.38						28.75	30.30		54.27	
	KHMC CV Intensive Care	16.89	34.62	70.57	117.40	01.65		34.85		38.97	31.95	26.94	38.48	28.85

Inpatient Average Discharge Order to Discharge Time (Hours)

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



Observed-to-Expected Length of Stay

Unit Group	Loc Nurse Unit	Month of Discharge Date												
		Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24
Med/Surg	KHMC 1E Emergency Room ..	0.31	0.23	0.36	0.34	0.46	0.33	0.36	0.28	0.31	0.37	0.29	0.30	0.32
	KHMC 2N Medical Surgical	1.54	1.49	1.35	1.52	1.53	1.54	1.62	1.78	1.37	1.56	1.59	1.58	1.49
	KHMC 2S Medical Surgical	0.73	0.75	0.98	1.16	0.95	0.85	0.87	0.82	0.69	0.88	0.95	0.87	0.83
	KHMC 3N Medical Surgical	1.44	1.42	1.44	1.70	1.55	1.56	1.66	1.44	1.80	1.44	1.47	1.43	1.30
	KHMC 3S Medical Surgical	2.18	1.46	1.69	1.40	1.59	1.80	1.69	1.81	1.69	1.61	1.72	1.53	1.77
	KHMC 4N Medical Surgical	1.44	1.39	1.42	1.94	1.36	1.62	1.23	1.70	1.42	1.51	1.52	1.34	1.32
	KHMC 4S Medical Surgical	1.53	2.28	1.91	1.58	1.54	1.83	1.35	2.06	1.80	2.17	1.56	1.80	1.83
	KHMC 14 Medical Surgical	1.38	1.52	1.34	1.75	1.43	1.50	1.55	1.38	1.32	1.51	1.78	1.46	1.39
	KHMC BP Broderick Pavilion	0.70	0.62	0.82	1.00	0.71	0.74	0.65	0.76	0.84	0.80	1.42	0.96	0.97
	KHMC PE Pediatrics	0.67	0.72	0.73	1.01	0.96	0.65	0.78	0.76	0.60	0.77	0.66	0.81	0.73
ICU	KHMC 3W ICCU	4.21	1.56	1.56	1.32	2.14	1.18	0.99	1.85	1.73	1.61	1.18	1.53	1.59
	KHMC 15 ICCU	1.13	0.95	0.98	1.27	1.37	3.13	1.17	1.33	0.95	1.35	1.02	1.03	1.20
	KHMC CV Intensive Care	0.91	0.77	1.00	1.23	0.61	1.09	1.40	1.08	1.40	0.83	0.73	1.17	0.84
	KHMC IC Intensive Care	0.78	0.95	0.97	1.23	1.05	1.01	1.03	2.23	1.00	0.75	1.34	0.73	1.07
Grand Total		1.52	1.44	1.40	1.50	1.40	1.55	1.41	1.58	1.41	1.45	1.46	1.39	1.43

Unit Group	Loc Nurse Unit	Month of Discharge Date				Month of..	Running Sum of O/E LOS
		Jun 24	Jul 24	Aug 24	Sep 24		
Med/Surg	KHMC 1E Emergency Room ..	0.31	0.37	0.29	0.30	0.32	0.23 1.70
	KHMC 2N Medical Surgical	1.37	1.56	1.59	1.58	1.49	
	KHMC 2S Medical Surgical	0.69	0.88	0.95	0.87	0.83	
	KHMC 3N Medical Surgical	1.80	1.44	1.47	1.43	1.30	
	KHMC 3S Medical Surgical	1.69	1.61	1.72	1.53	1.77	
	KHMC 4N Medical Surgical	1.42	1.51	1.52	1.34	1.32	
	KHMC 4S Medical Surgical	1.80	2.17	1.56	1.80	1.83	
	KHMC 14 Medical Surgical	1.32	1.51	1.78	1.46	1.39	
	KHMC BP Broderick Pavilion	0.84	0.80	1.42	0.96	0.97	
	KHMC PE Pediatrics	0.60	0.77	0.66	0.81	0.73	
ICU	KHMC 3W ICCU	1.73	1.61	1.18	1.53	1.59	
	KHMC 15 ICCU	0.95	1.35	1.02	1.03	1.20	
	KHMC CV Intensive Care	1.40	0.83	0.73	1.17	0.84	
	KHMC IC Intensive Care	1.00	0.75	1.34	0.73	1.07	
Grand Total		1.41	1.45	1.46	1.39	1.43	

Patient Throughput Updates –October 2024

Update	Next Steps
<p>Patient Progression:</p> <ul style="list-style-type: none">Discharge Lounge open and successfully taking patients. Increasing each month with patient bed hours saved.Discharge nurse is also very successful. 13-18 patients discharged per day and 4-6 pts discharged by noon just through her efforts.	<p>Patient Progression:</p> <ul style="list-style-type: none">Working with the team to identify LOS barriers and will start working through workflow for those areas. List attached.Hired second TS, currently working on standardized forms and processes.TS to work through Diagnostic and procedural delays by creating standardized processes for escalation. Also, will create re-pat for tertiary accepted pts back to originating facility.Working on CM and CMA barriers to DC.Conferring with payers on auth processes for DC to PACPsWorking with PACPs on accepting and reason for not, timely auth submittal.
<p>ED to Inpatient Admission Process:</p> <ul style="list-style-type: none">Implementation of staffing by demand matrix for the ED RNsInitiating RN:RN hand-off, mitigating delays (sent to Clin ED for essential info flier for implementation)ED launch point auto update with bed status with Cap-man go liveinitiation of the RN:RN hand off guiding principals has been implemented.Work with ED and 1E teams to develop workflow for transporting pts to floor in a timely manner instead of waiting for transport.Dr TU educating on process for “Request to Admit” will only be put in after contact initiated with admitting Doc. This will ensure the start time is consistent on each pt admit.Data for overuse of CT, indicates 36% of pts received CT vs 40% nst average.	<p>ED to Inpatient Admission Process:</p> <ul style="list-style-type: none">Have identified that reports from Capman do not seem to be correct. Working with Nancy Palsgaard and Jerry Martin to create accurate reports to analyze for baseline data on order to bed times, bed assign to actual arrival on unit times.Tease data out to include census color, day of the week, staffing trends.Ensure admitting providers are putting in orders timely, analyze processes for decision to admit
<p>Observation Program:</p> <ul style="list-style-type: none">Observation dashboard ready for use 10/2023. September power plan usage 47.45% (highest since go live 12/2023)PCP follow up process and resources finalizedMedical observation patients are prioritized for placement on 2SObservation Powerplan updates went live 11/28/23: education to providers sent 11/27, Emma presented at Valley Hospitalist meeting 11/21, attended Department of Critical Care, Pulmonary Medicine & Adult Hospitalist meeting 12/18 to educate as wellOutpatient appointment (NM Lexi, Treadmill, Holter, PCP) process implemented 6/3/24, 1st patient completed NM LexiScan on 7/12 (discharged 7/10)	<p>Observation Program:</p> <ul style="list-style-type: none">Outpatient appointment process optimization: consider expanding the providers that are includedCollaborate with radiology on MRI/CT delaysEvaluate EEG outpatient appointment processEvaluate a targeted afternoon discharge round huddle on 2SOngoing optimization of observation dashboard
<p>Tests and Treatments:</p> <ul style="list-style-type: none">CT turnaround times in the ED met goalDecrease in Biofire usage by adhering to order setIncremental improvement in reducing PT orders at the medical	<p>Tests and Treatments:</p> <ul style="list-style-type: none">Working with ISS to get additional insight with order set utilization to address opportunities with test and treatmentsPlan to retire the Blood Utilization C/T Ratio metric and replace it with a metric that more closely aligns with recommended blood practicesStaffing for clinical lab and follow up with stat order adheres

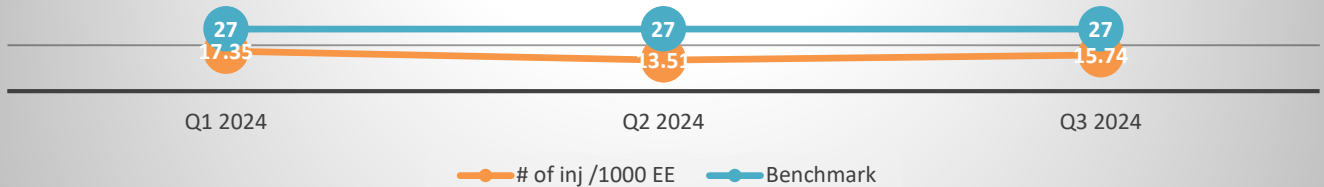
**Environment of Care
2nd Quarter Report
July 1, 2024 through September 30, 2024
Presented by
Maribel Aguilar, Safety Officer
maaguila@kaweahhealth.org
559-624-2381**



Performance Standard: Our goal for 2024 is to maintain a safety record that is better than the national benchmark for workplace injuries and illnesses. To achieve this, we are planning to implement new processes that focus on reducing workplace injuries, keeping track of injury trends by department and type, and improving awareness of potential risks. Our Workers Compensation Program will be providing educational opportunities that align with the most common types of injuries in each department.

Status: Goal met

Injuries/1000 Employees vs National Benchmark



Evaluation:

- 62 OSHA Recordable Injuries in Q3
- 330 COVID 19 claims, 9 Work Comp
- Provided ergo evaluations Q3
- 15 Sharps Exposure in Q3

Type of Injury	Q1	Q2	Q3	Q4	Total '24	Annualized '24	Totals '23
Total Incidents	170	133	158		461	615	537
COVID 19 +	188	64	330		582	776	991
OSHA Recordable	51	48	62		161	215	323
Lost time cases	38	35	36		109	145	182
Strain/Sprain	49	37	41		127	169	104
Sharps Exp.	16	20	15		51	68	69
# of Employees (EE) end of QTR	4943	4998	5093				

Plan for Improvement:

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

- Providing Managers and Directors with quarterly notifications of Work Injury Reports (WIR), which will contain up-to-date year-to-date information.
- Offering education through quick reference guides that can be posted in break rooms, Mandatory Annual Training (MAT) and/or education provided by clinical education or ancillary departments.
- Conducting follow-ups with managers to identify prevention opportunities and/or process changes and policy reviews. The investigation and follow-up may include photos, videos, and interviews of witnesses and managers.
- Increasing Sharps education in General Orientation by Infection Prevention and Manager Orientation by EHS. Demonstrating the correct sharps activation in new hire physicals with all employees handling sharps.
- Utilizing Physical Therapist Aide in Employee Health for Ergo evaluations. Evaluating for proper body mechanics to prevent injury, stretching exercises, and equipment recommendations to ensure safety with our jobs.
- Working with Infection Prevention to track exposures and outbreaks amongst Health Care Workers in 2024.

OSHA recordable injuries and illnesses are as follows:

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

Total Incidents include First Aid and Report Only

Infection Prevention
Component:

Performance Standard:

INFECTION PREVENTION
HAZARD ROUNDS

Weekly EOC Hazard Rounds 2024 Infection Prevention Goal:

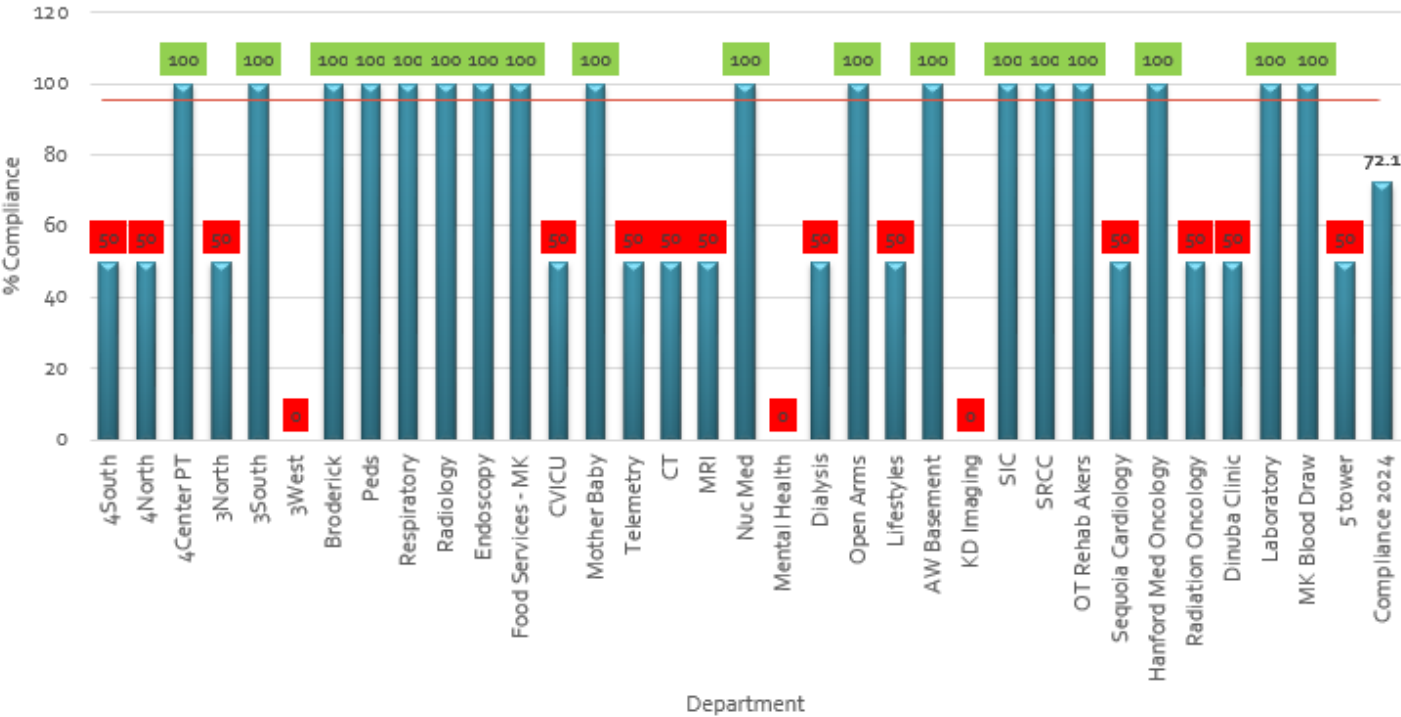
Will audit for presence of medical supplies, devices and/or medication within 3 feet on either side of sinks present in patient care areas, including outpatient care clinical settings. If present, the audit result is considered a fallout. If not present, the audit result is considered a success.

Goal: 100% compliance (no fallouts).
Status: Goal not met

Evaluation:

Q3 2024 Compliance Rate: **71%**. **Goal not met.**
33 departments surveyed for Q3 2024. 10 departments were observed out of compliance with medical supplies, devices and/or medication stored within 3 feet on either side of sinks in Q3. The same units were surveyed Q3 and Q1, overall 2024 compliance for these units 72.1% - Q1&Q3 depicted below.

Q1 & Q3 2024 Compliance



Plan for Improvement:

- Methods to mitigate these events from occurring:
1. Eliminate clutter/storage of supplies, devices, medication within 3 feet on either side of a patient care sink.
 2. Install an approved hard plastic barrier that prevents water exposure to medical supplies, devices and/or medication that are present within 3 feet on either side of patient care sinks.
 3. "Tip-of-the-day" and "One-Page-Wonder" distributed to unit leaders in advance of audits and each time fallout is observed.
 4. Infection Prevention and Facilities rounded all inpatient units in Q3. Recommendations for area splashguards developed. Facilities working with unit leaders to install splash guards in recommended areas.

Safety

Third Quarter 2024

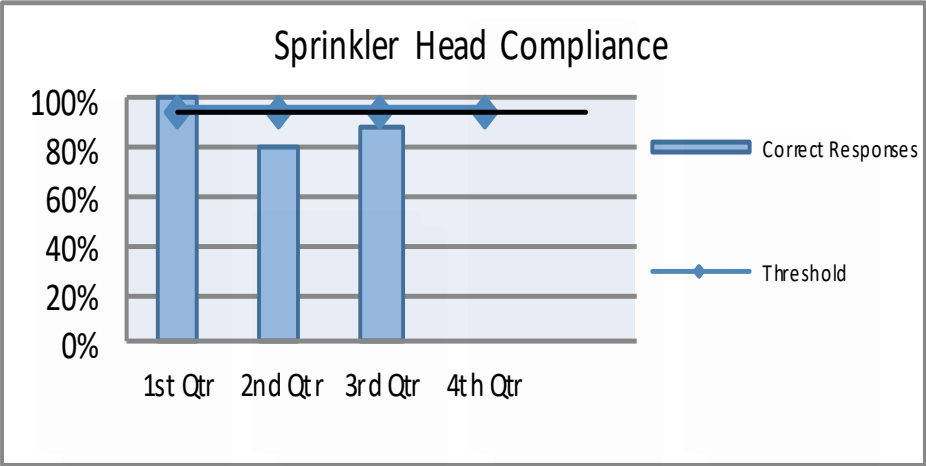
Performance Standard: During hazardous surveillance rounding, sprinkler heads will be monitored for damage, corrosion, foreign material, and paint.

Goal 100% compliance

Status: Goal **not met** for 3rd Quarter 2024

Evaluation:

Eighty four departments were surveyed in the 3rd quarter. Of those departments 10 were found to have foreign material, which resulted in an 88% compliance rate.



Detailed Plan for Improvement:

Environmental Services (EVS) work orders were placed at the time the issue was identified. Findings were sent to EVS leaders at the time of survey. Will continue to work with EVS as issue are identified.

Safety Management (Risk Management)

Third Quarter 2024

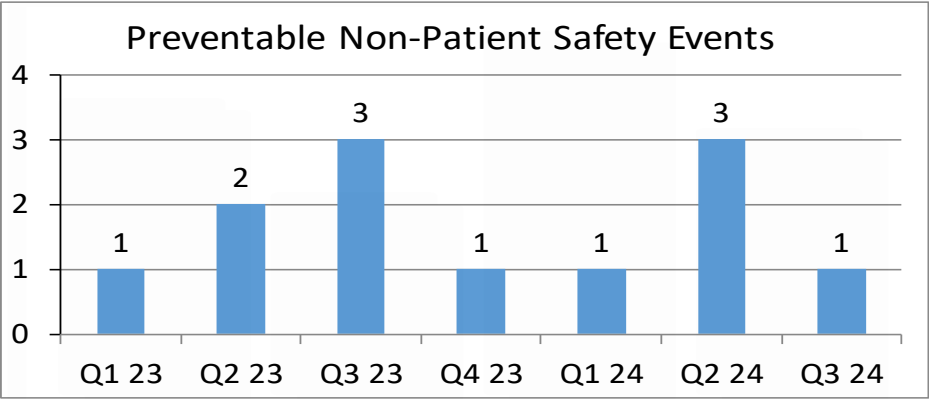
Performance Standard: Reports of preventable non-patient safety related events in a KDHC facility.

Goal: Will decrease by two (2) events or more when compared to 2023

Status: Goal Met

Evaluation:

In 3rd Qtr. 2024, We identified one preventable safety event. Visitor slipped and fell after the floor was mopped by staff. Visitor declined medical treatment and left the facility in stable condition.



Plan for Improvement:

EVS confirmed that at the time of incident wet floor signs were posted and dry mop was used for excess water.

Utilities Management

Third Quarter 2024

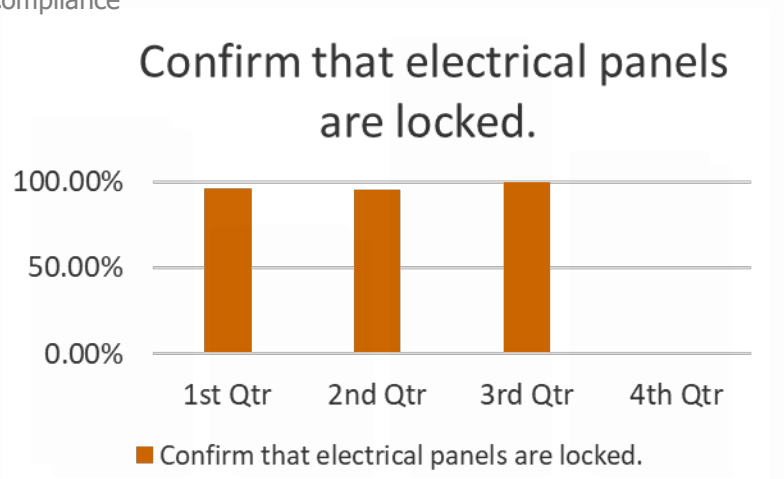
Performance Standard: Inspections will be performed during EOC rounds to confirm that electrical panels are locked.

Goal: 100% Compliance

Status: Goal Met

Evaluation:

45 Departments or buildings were surveyed in the 3rd quarter. No electrical panels were found unlocked, this resulted in 100 % compliance rate.



Detailed Plan for Improvement:

We are searching for a universal surface mount panel lock that is keyless and self latching.

Utilities Management

Third Quarter 2024

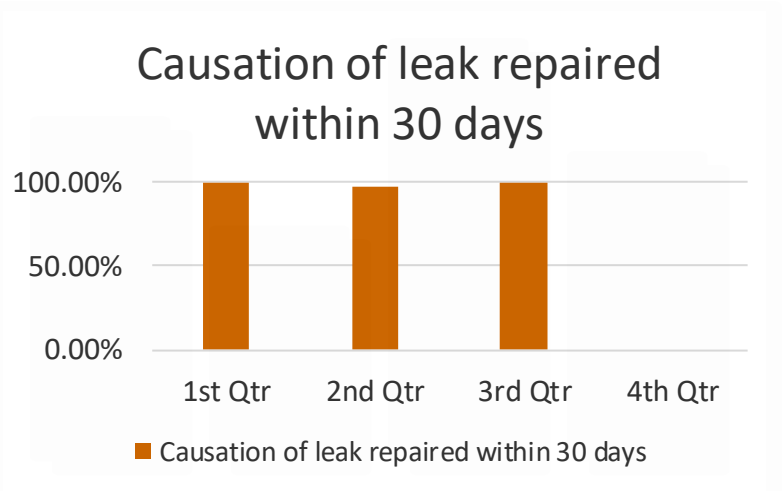
Performance Standard: Inspections will be performed during EOC rounds to identify any ceiling tiles that are damaged/stained. The expectation is staff that work in the area have placed a Facilities Maintenance work order and the Goal is to correction of causation within 30 days of work order being placed.

Goal: 100% Compliance

Status: Goal Met

Evaluation:

45 Departments or buildings were surveyed in the 3rd quarter. Three damages ceiling tiles (not leak relate) were documented. The correction of causation of 3 were repaired within 30 days of work order being placed. This resulted in 100% compliance rate.



Detailed Plan for Improvement:

Damage ceiling tiles (not from a leak) were replaced, causation of damage unknown.

Security Management

Third Quarter 2024

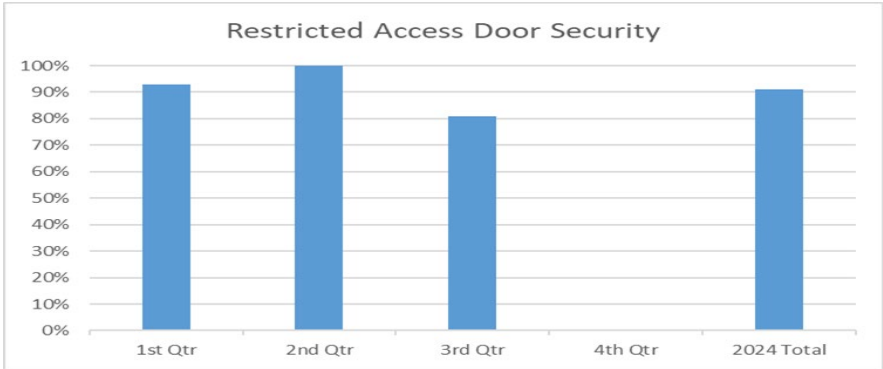
Performance Standard: During hazardous surveillance rounding, units will be evaluated for authorized personnel doors/exit only door accessibility to the public

Goal: 100% Compliance with doors not accessible to the public.

Status: Goal Not Met

Evaluation:

Fifty-two (52) departments were surveyed in the 3rd quarter. In all departments surveyed ten had authorized personnel only doors found accessible to the public, which resulted in an 81% compliance rate.



Plan for Improvement:

Security staff will continue to follow up with Department Leadership of areas with restricted accesses found unsecure to identify causes and partner to identify solutions. Explore addition/ removal of signage to restricted access doors where appropriate.

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

Third Quarter 2024

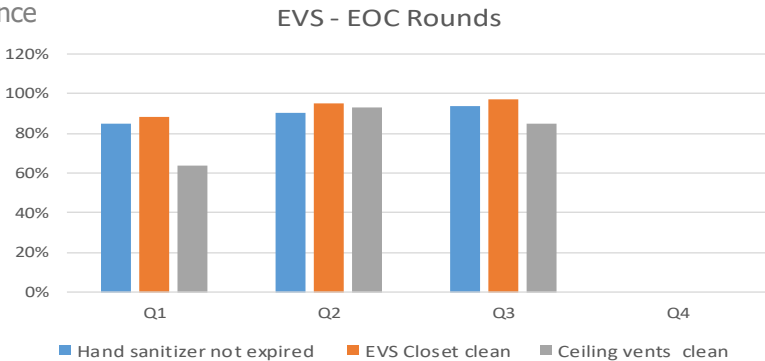
Performance Standard: During EOC rounds, as applicable, the following is evaluated: hand sanitizer not expired; EVS closets are clean; ceiling vents are clean.

Goal: 100% Compliance

Status: Goal Not Met

Evaluation:

1. Hand Sanitizer not expired: 44/47 = 94% (**Not Met**)
2. EVS Closets clean: 30/31 = 97% (**Not Met**)
3. Ceiling vents clean: 40/47 = 85% (**Not Met**)



Detailed Plan for Improvement:

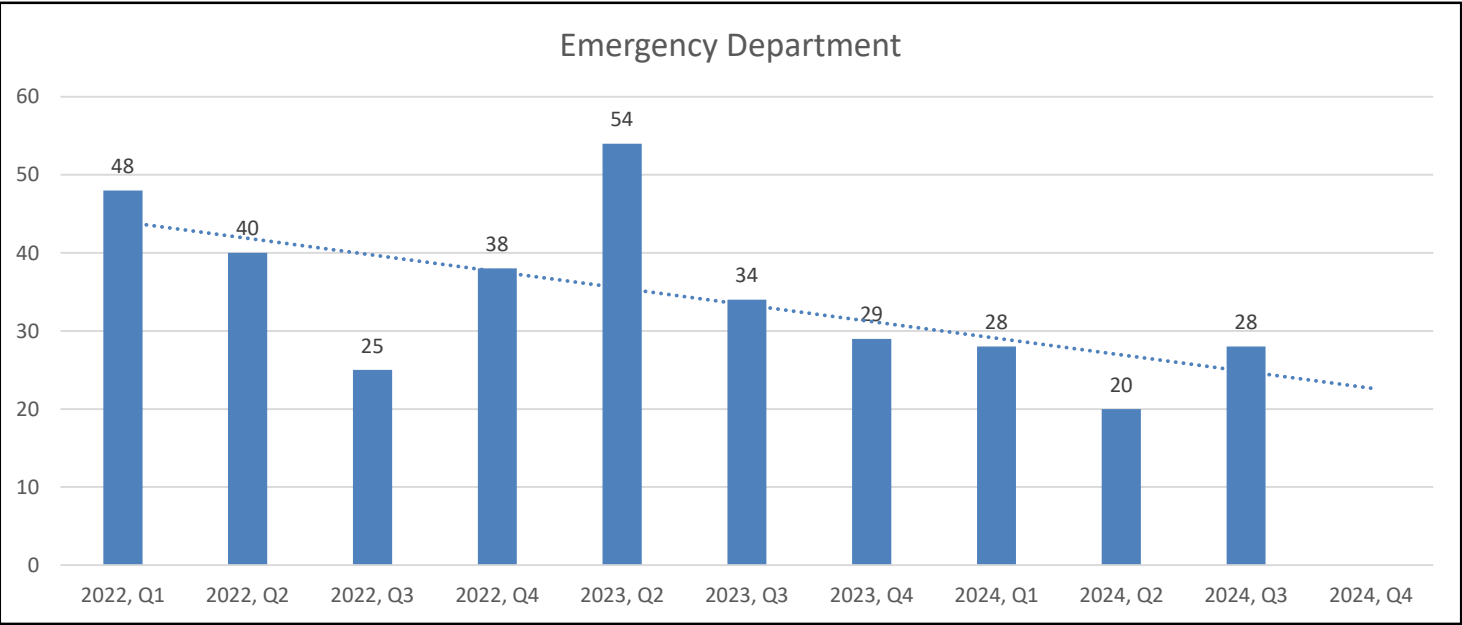
Director re-educated EVS Managers on completing EOC rounding logs in a standardized manner (completed by 5/1/24). Electronic system (RLDatix) has gone live and we're able to record data real-time and also retrieve reports. We have seen an improvement in recording of findings by EVS Leadership as shown by the increase in all denominators over the last 2 quarters. Hand sanitizer and EVS closets clean are above 90% and are showing a positive trend when compared to prior quarters, while ceiling vents clean slightly dropped. We will continue to closely monitor through:

EVS Leadership to proactively monitor areas routinely while completing departmental rounds (ongoing).
EVS Managers to coach staff in non-compliant areas and also recognize compliance as appropriate.



Workplace Violence Report
Safety Department
2024, 3rd Quarter

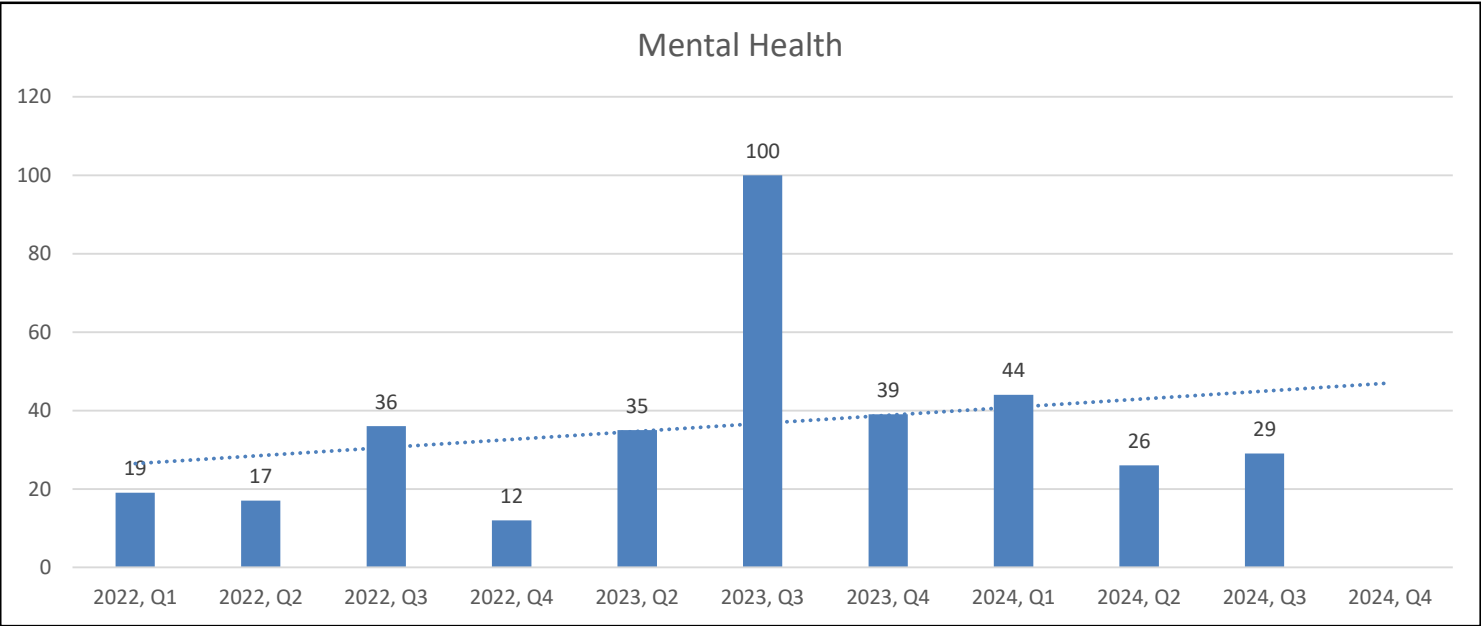
Year/Qtr	2 North	2 South	2 West-ICU	3 North	3 South	3 Tower-CV ICU	3 West	4 North	4 South	4 Tower	5 Tower	ASC	Acequia Lobby	Cafeteria	CT	ED	Exeter Clinic	Finance Bldg	Hospice	KKC	Labor & Delivery	Lindsay Clinic
2022, Q1	5	1	1	9	3	0	2	3	1	2	1	0	0	0	0	48	0	0	1	1	0	0
2022, Q2	0	4	0	5	2	0	0	0	3	1	0	0	0	0	0	40	0	0	0	0	0	0
2022, Q3	0	1	2	13	2	0	4	5	2	7	6	2	0	0	0	25	0	0	0	0	0	0
2022, Q4	5	3	0	10	9	0	2	2	3	2	3	0	0	0	0	38	0	0	0	0	4	0
Total 2022	10	9	3	37	16	0	8	10	9	12	10	2	0	0	0	151	0	0	1	1	4	0
2023, Q1	1	1	0	1	4	2	2	1	1	1	0	0	3	1	1	34	0	0	0	0	0	0
2023, Q2	6	0	0	3	2	2	0	1	2	2	1	0	1	0	0	54	0	0	0	0	0	0
2023, Q3	2	0	1	2	3	0	0	0	4	1	2	0	0	0	0	34	0	0	0	0	0	0
2023, Q4	3	1	1	4	0	1	1	8	7	7	5	0	0	0	0	29	0	0	0	0	1	0
Total 2023	12	2	2	10	9	5	3	10	14	11	8	0	4	1	1	151	0	0	0	0	1	0
2024, Q1	1	5	1	0	6	0	1	9	3	3	0	0	0	0	0	28	0	0	0	0	1	0
2024, Q2	↑1	↑1	↑0	↓4	5	0	↑0	↓2	↓10	4	↓1	0	0	↑0	0	↑20	0	0	0	0	0	0
2024, Q3	↑6	↑3	↑3	↓2	5	0	↑5	↓1	↓6	4	↓0	0	0	↑1	0	↑28	0	0	0	0	0	0
2024, Q4																						
Total 2024	8	9	4	6	16	0	6	12	19	11	1	0	0	1	0	76	0	0	0	0	1	0



NOTES:
4South Unit staff in process of receiving CPI, Nonviolent Crisis Intervention training. This goal will be completed 12/06/24. Chaplain Services is another group that has been added to the list of department required to receive CPI training.

Year/Qtr	Mental Health	MK Lobby	Mother-baby	MRI	PACU	PBX-Operator	Parking Lot	Peds	Public Area	Rehab Hospital	Respiratory	SSB	Specialty Clinic	Sub-Acute, S. Campus	TLC	UCC, S. Court	Visalia Dialysis	Visalia SRCC	West Campus	X-Ray	Total
2022, Q1	19	0	0	0	0	0	0	1	0	0	0	0	0	2	2	1	0	0	0	0	103
2022, Q2	17	0	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0	0	0	75
2022, Q3	36	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	108
2022, Q4	12	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	95
Total 2022	84	0	0	0	0	0	2	1	0	0	0	0	0	4	2	1	1	1	2	0	381
2023, Q1	39	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1	0	0	0	0	96
2023, Q2	35	0	1	2	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	115
2023, Q3	100	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	152
2023, Q4	39	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	109
Total 2023	213	1	1	2	0	2	5	0	0	2	0	0	0	0	1	1	0	0	0	0	472
2024, Q1	44	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	103
2024, Q2	26	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	76
2024, Q3	29	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	95
2024, Q4																					0
Total 2024	99	0	0	0	0	0	3	0	0	0	0	1	1	0	0	0	0	0	0	0	274

10% increase

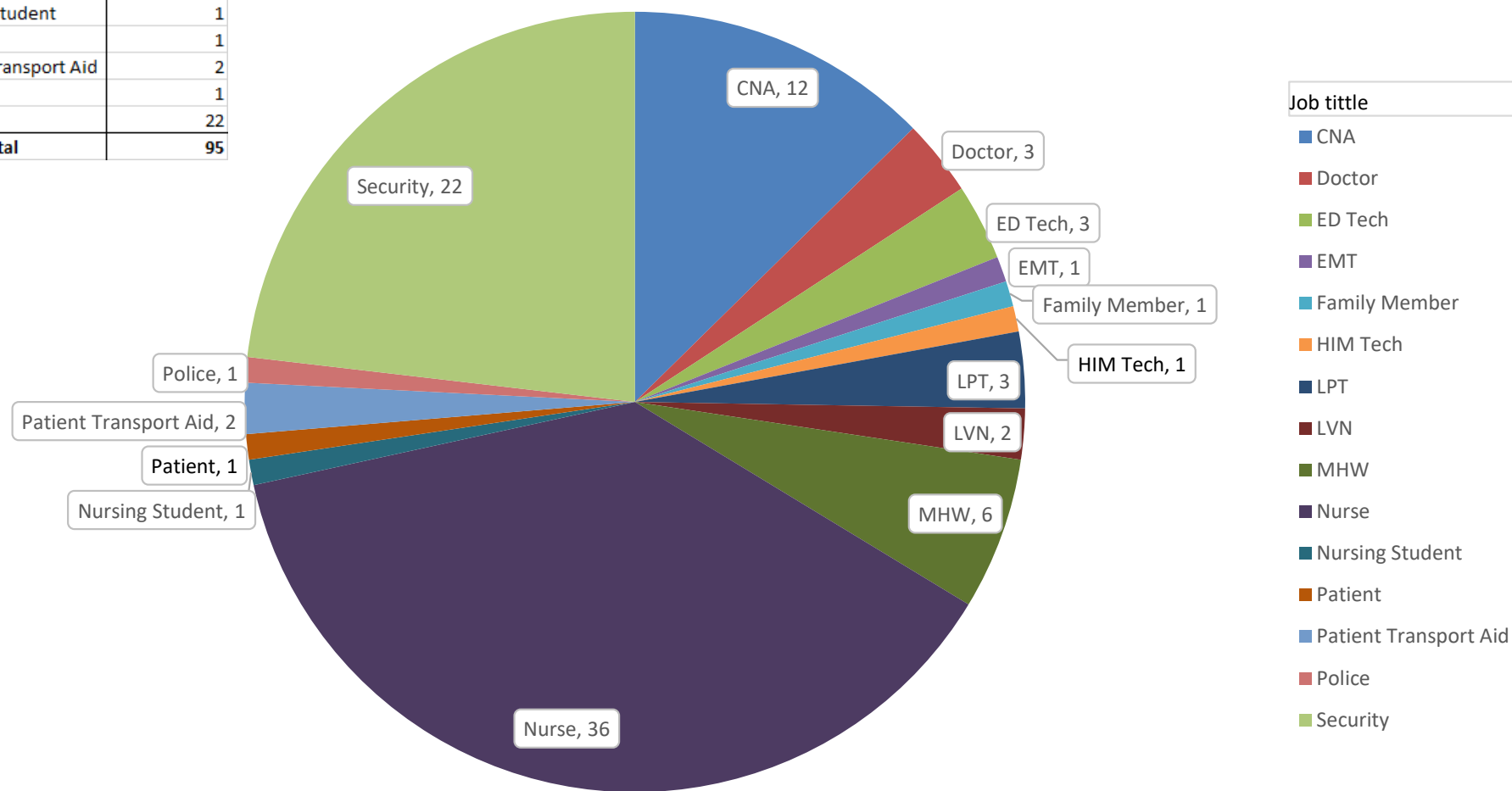


25% increase

NOTES:
The Mental Health Clinical Educator is scheduled to attend CPI Instructor class October 21-24 (2024). MH CPI Instructor will support the District's CPI program and will focus on WPV initiatives at Acute Psych Hospital.

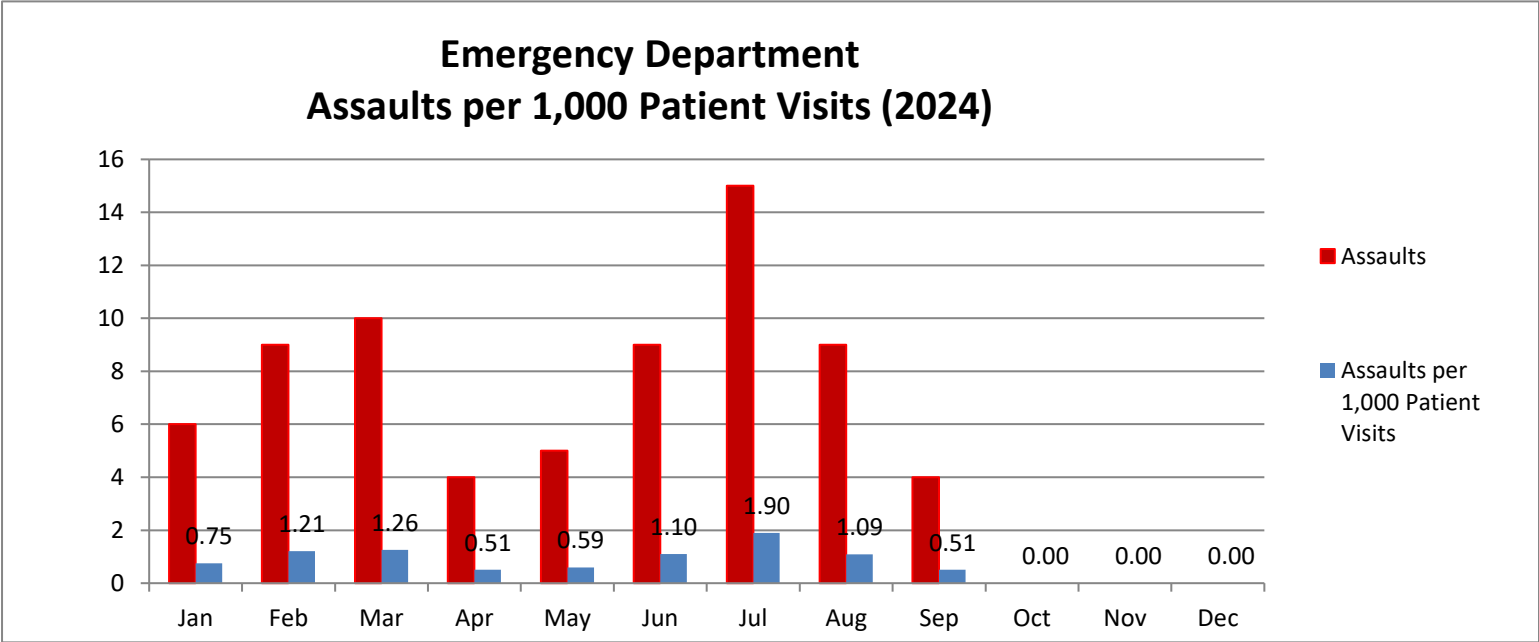
Victim Type	Count
CNA	12
Doctor	3
ED Tech	3
EMT	1
Family Member	1
HIM Tech	1
LPT	3
LVN	2
MHW	6
Nurse	36
Nursing Student	1
Patient	1
Patient Transport Aid	2
Police	1
Security	22
Grand Total	95

Workplace Violence Report 2024, 3rd Quarter - Victim Type / Count

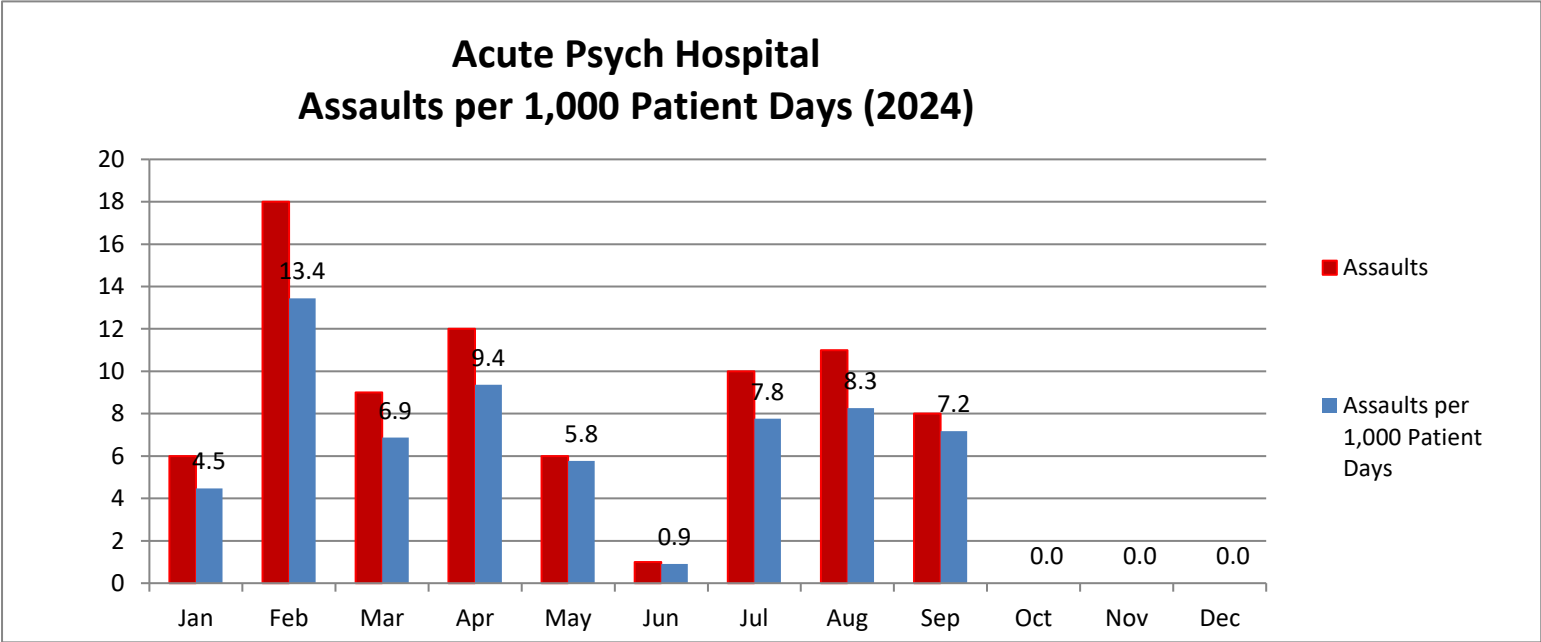


EMERGENCY DEPARTMENT

YR 2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Patient Days	8,035	7,430	7,921	7,898	8,416	8,161	7,884	8,259	7,875			
Assaults	6	9	10	4	5	9	15	9	4			
Assaults per 1,000 Patient Visits	0.75	1.21	1.26	0.51	0.59	1.10	1.90	1.09	0.51	#DIV/0!	#DIV/0!	#DIV/0!



MENTAL HEALTH												
YR 2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Patient Days	1,340	1,339	1,311	1,281	1,039	1,098	1,288	1,331	1,114			
Assaults	6	18	9	12	6	1	10	11	8			
Assaults per 1,000 Patient Days	4.5	13.4	6.9	9.4	5.8	0.9	7.8	8.3	7.2	#DIV/0!	#DIV/0!	#DIV/0!



EOC Component: Medical Equipment Preventive Maintenance (PM) Compliance

Performance Standard:

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

Performance Standard:

<2% Total of High Risk Devices to be Missing for Preventative Maintenance per quarter

Evaluation:

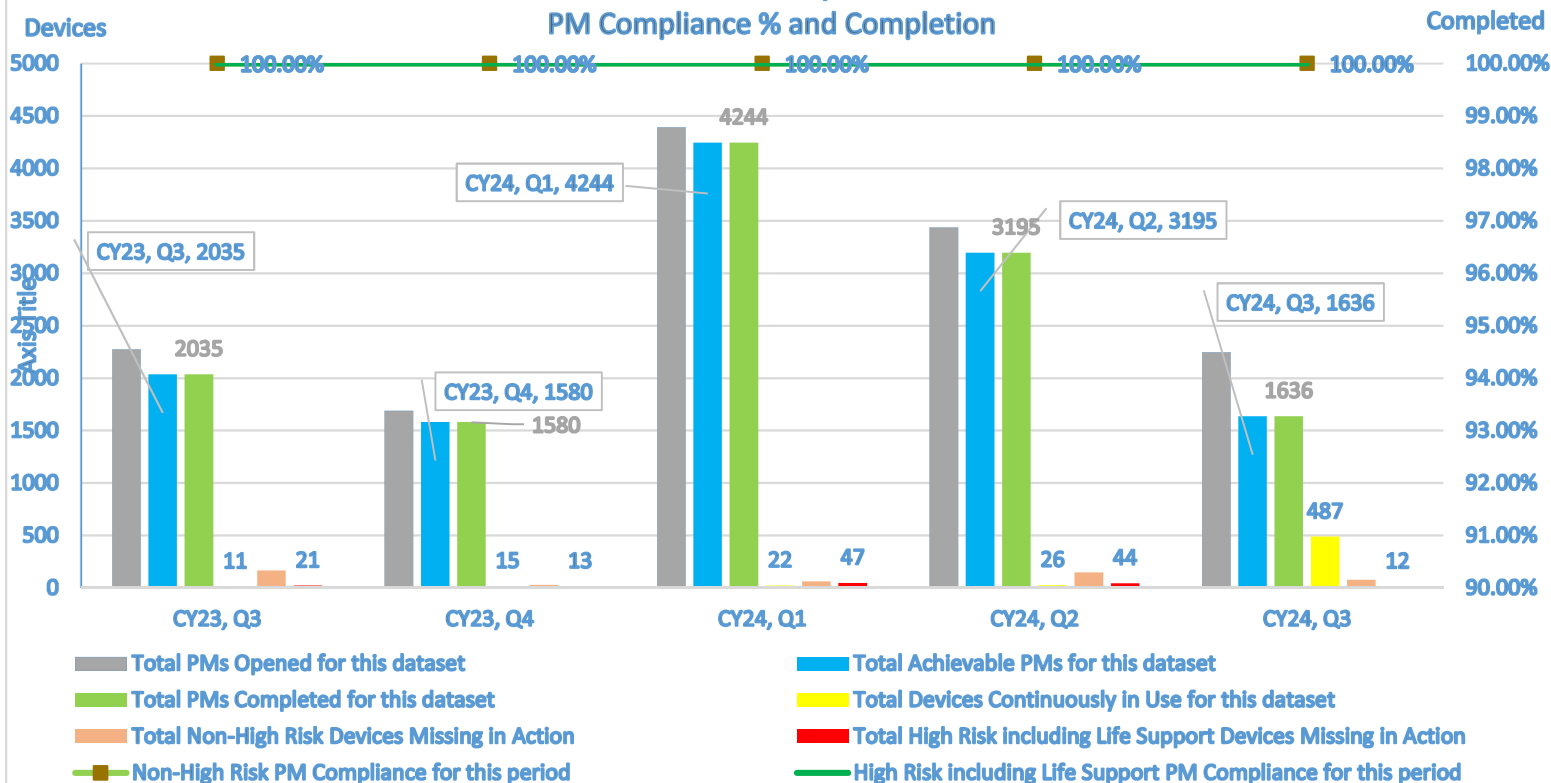
For the reporting quarter, **CY 2024, Q3 (Jul-Sep)**, Medical Device count available to receive Preventive Maintenance is **1636** and all of those devices received Preventive Maintenance. All Medical Devices this Quarter received PM or were marked as In Use or Missing in Action (MIA) as defined by policy.

PM Compliance for Non-High Risk Devices is 100% and **meets** the 100% Compliance Goal.

PM Compliance for High Risk Including Life Support Devices is 100% and **meets** the 100% Compliance Goal.

Performance Improvement Goal: Total High Risk Devices MIA count is 12 for the Quarter. Total HRiLS MIA devices as % of total HRiLS inventory is 0.95%. Goal **met**.

CY 2023 thru 2024
Clinical Engineering
Quarterly
PM Compliance % and Completion



Calander Year 2024	Quarter 3			Q3 Total
Category	Jul-24	Aug-24	Sep-24	CY24, Q3
Total PMs Opened for this dataset	1005	220	1020	2245
Total Administrative Closures for this dataset	22	5	7	34
Total Devices Continuously in Use for this dataset	3	1	483	487
Total Non-High Risk Devices Missing in Action	40	0	36	76
Total High Risk including Life Support Devices Missing in Action	4	2	6	12
Total Achievable PMs for this dataset	936	212	488	1636
Total PMs Completed for this dataset	936	212	488	1636
Total PMs Not Completed	0	0	0	0
Total PM Compliance	100.00%	100.00%	100.00%	100.00%
Non-High Risk PM Compliance for this period	100.00%	100.00%	100.00%	100.00%
High Risk including Life Support PM Compliance for this period	100.00%	100.00%	100.00%	100.00%

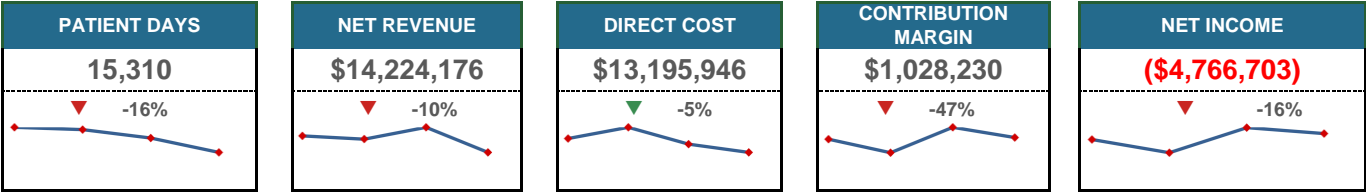
Plan for Improvement: Funds for Passive RFID tags have been approved for FY25. Work will begin in Q4 of CY24 on final vendor selection and defining which High Risk including Life Support medical devices will have these tags applied. Application of the RFID tags is expected to start in CY25 Q1. This system will help reduce the number of HRiLS Medical Devices that were non-locatable by the Clinical Engineering Department and have not been reported by Kaweah Health employees as located with an overdue PM date.

KAWEAH HEALTH ANNUAL BOARD REPORT
Subacute and Transitional Care Services

FY2024

Note: Includes patients at the Subacute and TCS Short Stay Unit at West Campus (older years include TCS).

KEY METRICS -- FY 2024



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

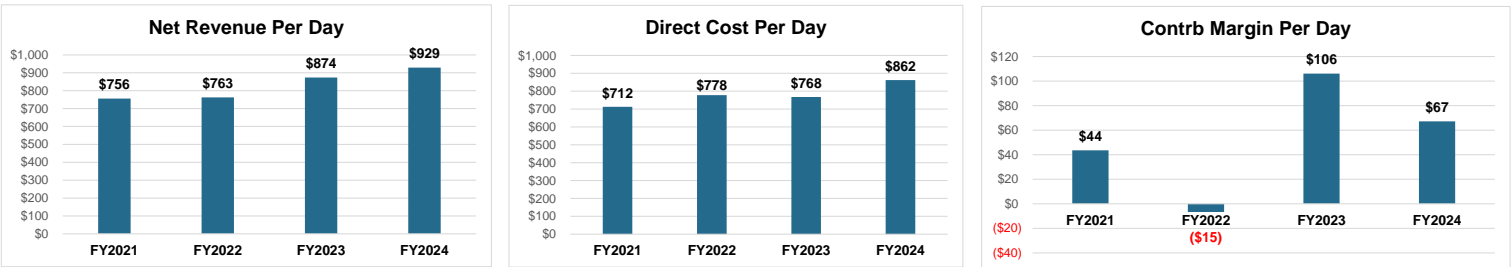
METRICS BY SERVICE LINE - FY 2024

SERVICE LINE	PATIENT DAYS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Inpatient Subacute	11,176	\$11,426,337	\$9,850,109	\$1,576,228	(\$2,207,492)
Transitional Care Ortho	4,134	\$2,797,839	\$3,345,837	(\$547,998)	(\$2,559,211)
Transitional Care Services	0	\$0	\$0	\$0	\$0
Long Term Care Totals	15,310	\$14,224,176	\$13,195,946	\$1,028,230	(\$4,766,703)

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Days	20,221	19,782	18,134	15,310	▼ -16%	
Net Revenue	\$15,287,373	\$15,084,083	15,843,266	\$14,224,176	▼ -10%	
Direct Cost	\$14,406,303	\$15,380,928	13,919,538	\$13,195,946	▼ -5%	
Contribution Margin	\$881,070	(\$296,845)	1,923,728	\$1,028,230	▼ -47%	
Indirect Cost	\$6,294,423	\$6,570,405	6,020,600	\$5,794,933	▼ -4%	
Net Income	(\$5,413,353)	(\$6,867,250)	(4,096,872)	(\$4,766,703)	▼ -16%	
Net Revenue Per Day	\$756	\$763	\$874	\$929	▲ 6%	
Direct Cost Per Day	\$712	\$778	\$768	\$862	▲ 12%	
Contrb Margin Per Day	\$44	(\$15)	\$106	\$67	▼ -37%	

GRAPHS



Notes:
Source: Inpatient Service Line Reports

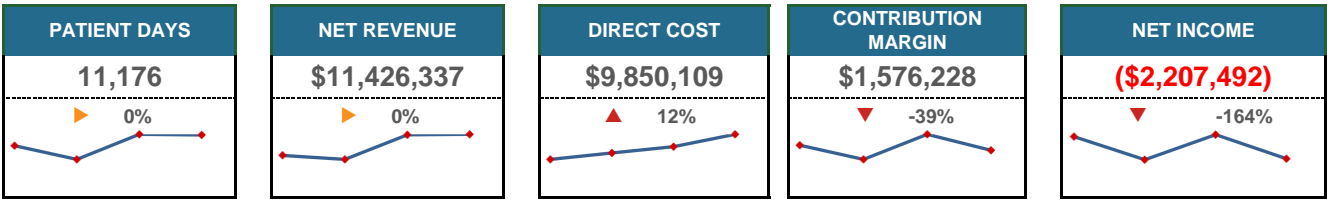
KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

Subacute Services - South Campus

Note: Includes all patients at the Subacute South Campus location.

KEY METRICS -- FY 2024

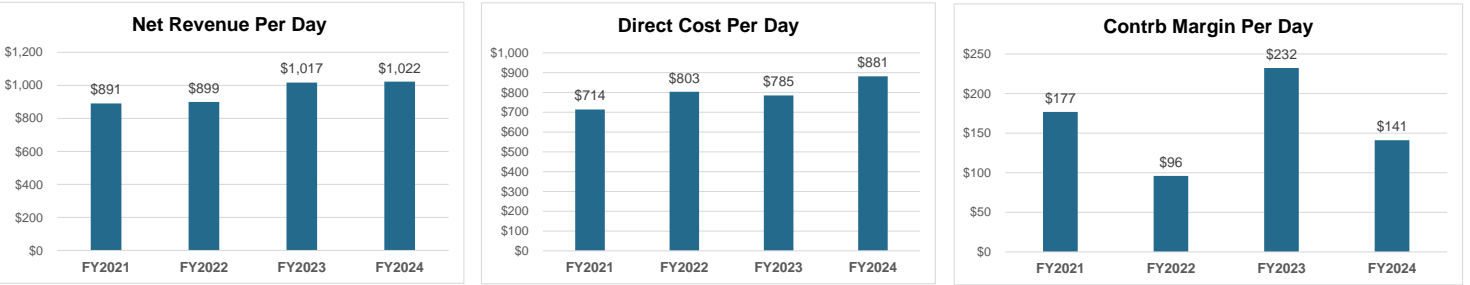


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Days	10,785	10,281	11,198	11,176	0%	
Net Revenue	\$9,604,494	\$9,247,195	11,389,883	\$11,426,337	0%	
Direct Cost	\$7,697,598	\$8,260,716	8,789,359	\$9,850,109	12%	
Contribution Margin	\$1,906,896	\$986,479	2,600,524	\$1,576,228	-39%	
Indirect Cost	\$2,859,522	\$3,253,827	3,438,010	\$3,783,720	10%	
Net Income	(\$952,626)	(\$2,267,348)	(837,486)	(\$2,207,492)	-164%	
Net Revenue Per Day	\$891	\$899	\$1,017	\$1,022	1%	
Direct Cost Per Day	\$714	\$803	\$785	\$881	12%	
Contrb Margin Per Day	\$177	\$96	\$232	\$141	-39%	

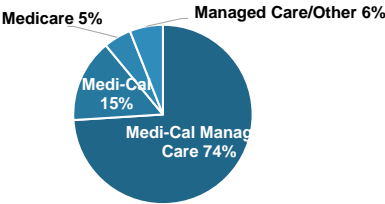
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	9%	9%	15%	74%
Medi-Cal	78%	76%	74%	15%
Medicare	1%	4%	5%	5%
Managed Care/Other	1%	8%	6%	6%

FY 2024 PAYER MIX



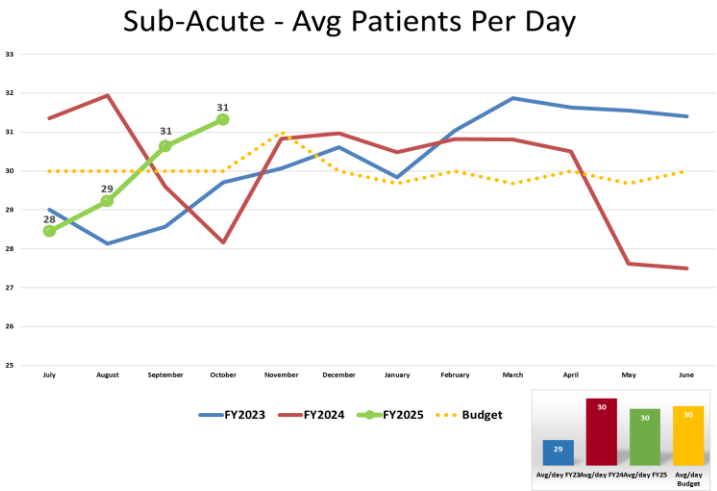
KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

Subacute Services - South Campus

Note: Includes all patients at the Subacute South Campus location.

KEY METRICS -- FY 2024



Source: Inpatient Service Line Report, Sub-Acute -Avg Patients Per Day slide
Selection criteria: EntylID = KHSA - Kaweah Health Subacute facility, excluding Exeter Rural Health Clinic visits.

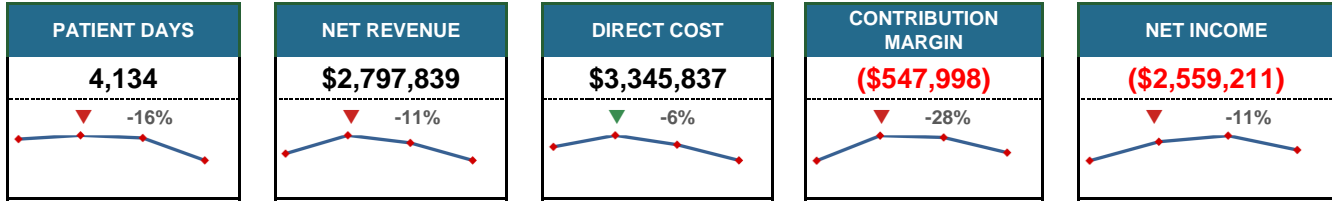
KAWEAH HEALTH ANNUAL BOARD REPORT

Transitional Care Services Orthopedics - West Campus

Note: All patients at the Transitional Care Services West Campus location.

FY2024

KEY METRICS -- FY 2024

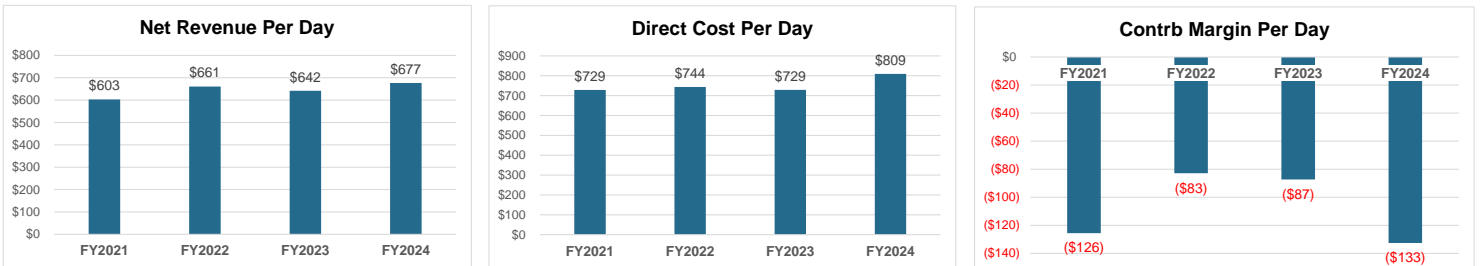


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Days	4,868	4,997	4,907	4,134	▼ -16%	
Net Revenue	\$2,935,900	\$3,302,097	\$3,148,988	\$2,797,839	▼ -11%	
Direct Cost	\$3,547,141	\$3,716,299	\$3,577,431	\$3,345,837	▼ -6%	
Contribution Margin	(\$611,241)	(\$414,202)	(\$428,443)	(\$547,998)	▼ -28%	
Indirect Cost	\$2,137,410	\$2,002,148	\$1,877,946	\$2,011,213	▲ 7%	
Net Income	(\$2,748,651)	(\$2,416,350)	(\$2,306,389)	(\$2,559,211)	▼ -11%	
Net Revenue Per Day	\$603	\$661	\$642	\$677	▲ 5%	
Direct Cost Per Day	\$729	\$744	\$729	\$809	▲ 11%	
Contrb Margin Per Day	(\$126)	(\$83)	(\$87)	(\$133)	▼ -52%	

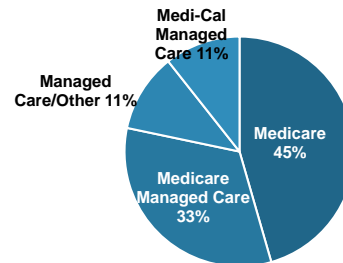
PER CASE TRENDING GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	53%	48%	46%	45%
Medicare Managed Care	23%	27%	36%	33%
Managed Care/Other	10%	9%	9%	11%
Medi-Cal Managed Care	9%	8%	6%	11%

FY 2024 PAYER MIX



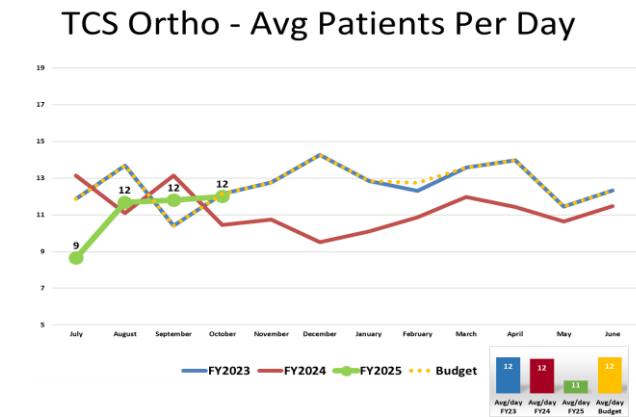
KAWEAH HEALTH ANNUAL BOARD REPORT

Transitional Care Services Orthopedics - West Campus

Note: All patients at the Transitional Care Services West Campus location.

FY2024

KEY METRICS -- FY 2024



Source: Inpatient Service Line Report, Transitional Care Services - Avg Patients Per Day stats slide

Selection criteria: EntyID = KDSN - Kaweah Delta Skilled Nursing/Transitional Care Services West

patients having a room charge in department 6587.

REPORT TO THE BOARD OF DIRECTORS

Outpatient Infusion Center

Kevin Bartel, DPT Director of Surgical Service Lines
Contact: 559-624-3441 (office)

Board Meeting: December 19, 2024

Summary Issue/Service Considered

The outpatient Infusion Center continues to serve the organization and community as an integral service provider for patients who require infused medications, medication injections, central line care and central line lab draws. The Infusion Center services a large portion of patients who have chronic conditions that require regularly-infused medications for a variety of diagnoses. Blood transfusions, hydration and antibiotic therapy make up the rest of the patient population cared for at the clinic.

The Infusion Center collaborates with the Sequoia Regional Cancer Center's medical oncology team, which recently came under the hospital license, to coordinate care and infusions for cancer patients as most chemotherapy medications are required to be infused in facilities specifically licensed for chemotherapy and by nursing staff that are chemo certified.

Patients are referred to the Infusion Center by both community physicians (primary and specialty care) and Kaweah facilities (ED and medical center). Care and medication preparation is carefully coordinated with our Kaweah pharmacy team to ensure appropriate availability of medications for treatment administration.

Quality/Performance Improvement Data

The Infusion Center department is tracking and addressing several initiatives related to quality and performance improvement:

- **Policy and Workflow Alignment:** Full and ongoing review of all Infusion Center policies by department RN Manager and Director
 - Revisions to ensure procedures/policies follow evidence-based practices
 - Future work to ensure alignment of policies and workflows with SRCC
- **Efficiency and Waste:** Modified patient scheduling workflow to build in redundancies of confirmation for visit attendance with an emphasis on high-cost medications, in efforts to reduce instances of wasted medications related to patient no-shows:
 - In FY24, there were 4 instances of wasted high-cost medications – two due to patient having COVID and unable to receive care at our clinic, and two due to patient having to be taken to the ED
 - All 4 instances occurred in the first 6 months of FY24, zero instances occurred in the final 6 months of FY24
- **Medication Safety:** the percentage of infusions provided using the available “guardrails” system adds a layer of safety in ensuring medications are administered at the correct rates and duration (versus a “basic” infusion, which is an open system where the clinician can input their own volumes/rates/duration).

- Percentage of medication infusions that utilize the “guardrail” system has averaged 98.97% over the past 6 months (versus an average of 89% utilization in the prior 6 months). The organizational goal is to be above 95%.
- **Patient Safety:** Hand hygiene compliance utilizing BioVigil tracking with patient care in the department, with an organizational compliance goal of >97.5%.
 - Infusion Center clinical staff recorded an average of 97.73% compliance for FY2024 for utilizing proper hand hygiene when the opportunity was required
 - The Infusion Center department was twice awarded in FY2024 as being a top department at Kaweah for monthly compliance with BioVigil

Policy, Strategic or Tactical Issues

Operational and financial highlights for FY2024:

- **Volume:** FY24 patient visit volume increased 4% from FY23 up 13% from FY21.
 - Efforts to expand our Infusion Center capacity was completed in February 2024, increasing chair capacity from 7 to 13 chairs overall, an 85% increase in volume capacity
 - Existing barriers to filling this new capacity are related to limited pharmacy staff and resources to adequately support the additional medication mixing & preparation for our Infusion Center treatments
- **Contribution Margin:** FY24 CM was \$3.3 million, up 3% from FY23
 - FY24 CM per visit was \$1,429, which is a 1% decrease from FY23
 - This is driven by increased direct costs (up 6% from FY23), which outpaced increases seen in Net revenue (up 5% from FY23)
 - Increases in direct costs were attributable to increased drug expense and labor expense (hiring of an additional coordinator and wage increases) in FY24
- **Payer mix:** Remained stable in FY24 compared with FY23, with Medicare (41%) and Managed Care (35%) being the highest volume payers for the service
- **Access:** Infusion Center remains closed on weekends due mostly to low demand and need for services; this is continually assessed in how the clinic can optimally provide hours of operation that meet the demand of the referral volume and volume of “outpatient in a bed” patients that are seen on the weekend at the hospital to receive their infusion treatments.
- **Physician Leadership:** Established a Medical Director Agreement (MDA) with Vituity to allocate medical director oversight for the Infusion Center, with key responsibilities that include:
 - Participate in the development of specific outpatient ED treatment plans and access pathways for patients to receive care at the Infusion Center
 - Ensure proper adherence to organizational policies, procedures and regulatory compliance
 - Assist with program development and outreach of services

Recommendations/Next Steps

- Frequent assessment of existing medication ordering and tracking workflow related to patient confirmation of visit attendance
 - Ensure effective collaboration and communication with pharmacy team to reduce instances of wasted high-cost medications
- Continue to optimize our staffing and scheduling practices to accept and treat all blood transfusion patients (to avoid this care being administered in the ED)

- With recently added expansion and increased capacity within the Infusion center, establish a plan and timeline for how pharmacy staff and resources can increase to effectively support the additional patient volume at the Infusion Center
- Assess pharmacy labor cost allocated to the Infusion Center service in efforts to appropriately associated this expense to the department (currently, no pharmacy labor expense is applied to the Infusion Center department). This would provide a more accurate representation of service contribution margin, taking into consideration all resources and cost associated with delivering care at the Infusion Center
- When volume expansion opportunities allow, engage in strategic marketing efforts to increase community and referring physician awareness of infusion center services

Approvals/Conclusions

The Infusion Center remains a highly valuable service for Kaweah and the community. Clinical and support teams remain focused on providing exceptional quality care for our patients, continually adding new medications and treatment options to the repertoire of care so that patients' needs can be best met. The Infusion Center continues to provide a very strong contribution margin for Kaweah, with opportunities in the coming year(s) to grow the service line with its expanded access and Kaweah's expanding clinic network. The Infusion Center has the support of Kaweah leaders to see this growth occur in FY25 and beyond.

KAWEAH HEALTH ANNUAL BOARD REPORT

Infusion Center

FY2024

KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024



METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Visits	2,058	2,280	2,238	2,325	▲ 4%	
Net Revenue	\$11,756,247	\$10,740,337	\$11,471,557	\$12,074,706	▲ 5%	
Direct Cost	\$7,729,059	\$7,529,072	\$8,243,241	\$8,752,622	▲ 6%	
Contribution Margin	\$4,027,188	\$3,211,265	\$3,228,316	\$3,322,084	▲ 3%	
Indirect Cost	\$1,288,651	\$1,483,475	\$1,257,983	\$1,843,486	▲ 47%	
Net Income	\$2,738,537	\$1,727,790	\$1,970,333	1,478,598	▼ -25%	
Net Revenue Per Visit	\$5,712	\$4,711	\$5,126	\$5,193	▲ 1%	
Direct Cost Per Visit	\$3,756	\$3,302	\$3,683	\$3,765	▲ 2%	
Contrb Margin Per Visit	\$1,957	\$1,408	\$1,443	\$1,429	▼ -1%	

Per Visit TRENDED GRAPHS



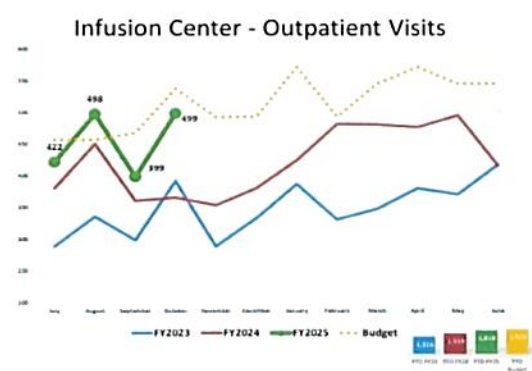
PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	43%	44%	41%	41%
Managed Care/Other	30%	31%	35%	35%
Medicare Managed Care	10%	10%	12%	13%
Medi-Cal Managed Care	15%	14%	10%	11%
Combined Medicare	54%	53%	53%	54%

FY 2024 Payer Mix - Based on Visits



KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024



Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line is Infusion Center

Policy Number: AP27	Date Created: Not Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Set
Approvers: Board of Directors (Administration)	
Use of district name, logo and/or stationery	

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

POLICY: Use of Kaweah Delta Health Care District's name, logo and stationery is restricted for official District business.

Use of business names for Kaweah Delta Health Care District (doing business as Kaweah Health) divisions and programs is limited to the list approved by the District board on July 14, 2008 and those subsequently approved by the Executive Team. The complete list including logos, required taglines, and logo use requirements is attached to this document {Exhibit A}.

PROCEDURE:

- I. Use of Name
 - A. Unless specifically authorized to do so, staff members are not to publicly or privately present a point of view as being that of Kaweah Health.
 - B. Unless specifically authorized to do so, staff members are not to speak with members of the media holding themselves out to be representatives of or speakers for the Health Care District. Any media requests should be forwarded to Kaweah Health's Media Relations Department.
 - C. Requests to create a social media account using a business name for a Kaweah Health program or division requires prior approval by the Kaweah Health Marketing and Media Relations Department. The approval process is:
 1. Submit a request to the Marketing and Media Relations Department
 2. Meet all of the stated Marketing and Media Relations Department's requirements for establishment of the social media account
 3. Agree to an annual audit to ensure that all social media accounts in are in compliance with requirements
 - D. Unless specifically authorized to do so, staff members are not to speak with members of the media holding themselves out to be representatives of or speakers for Kaweah Health. Any media requests

should be forwarded to Kaweah Health's Marketing and Media Relations Department.

- E. Requests to create a social media account using a business name for a Kaweah Health program or division requires prior approval by the Kaweah Health Marketing and Media Relations Department. The approval process is:

1. Submit a request to the Marketing and Media Relations Department
2. Meet all of the stated Marketing and Media Relations Department's requirements for establishment of the social media account
3. Agree to an annual audit to ensure that all social media accounts in are in compliance with requirements

- F. Any and all websites that use a Kaweah Health business name must be coordinated through the Marketing and Media Relations Department.

- G. Requests to use any name other than those on the approved list will follow this procedure:

1. Submit the proposed name to the Marketing and Media Relations Department for approval.
2. If approved, Marketing and Media Relations will submit the proposed name to the Chief Strategy Officer.
3. If approved, the Chief Strategy Officer will take the proposal to the Executive Team for consideration.
4. If approved by the Executive Team, the requested name may be used in Marketing and internal materials with the approved logo and required tagline(s).

USE OF KAWEAH HEALTH BRANDING/LOGO, DEPARTMENT AND SERVICE LINE LOGOS, AND USE OF STATIONERY

Use of Logo

One of Kaweah Health's primary strengths is its orchestrated approach to meeting the health care needs of our communities. While we are a structurally complex organization with many departments, service lines and locations, all entities are united by a common mission, a shared vision, and the same five pillars.

It is important that we:

- Guide the public perception that we are a unified body working in harmony for their benefit.
- Maintain a readily recognized brand.

Having various logomarks, symbols, fonts, logotypes, naming, and divergent graphic styles for various entities undermine these objectives. This is true for any organization. The most basic principles of branding teach us that consistency is the foundation of a solid brand, and that individual preferences are cracks in that foundation. The Journey to World Class demands that we, at the very least, follow the most basic tenets of professional branding.

Kaweah Health not permit departments and/or service lines to have their own unique logomarks or wordmarks.

The Solution

While Kaweah Health does not allow hospital departments and service lines to represent themselves with their own unique logomarks or wordmarks, the Kaweah Health logo may be combined with the name of a secondary entity (as shown in the examples below) for specific uses.



These logo-plus-entity name treatments are only allowed on:

- Signage
- Promotional merchandise
- Apparel, such as pens, bags, jackets, non-workwear polo shirts, T-shirts and other giveaway items.

Important

Creation of these logo/name lockups is to be handled through the Kaweah Health Marketing and Media Relations Department. Generating identities from within individual departments is strictly prohibited.

For more information or additional samples, please go to KaweahHealthBrand.org/other resources

Stationery

II. Use of Stationery

- A. Use of Kaweah Health stationery by any staff member is limited to purposes of official business within the scope of the duties and responsibilities of that individual.
- B. All correspondence addressed to government officials, particularly indicates a point of view for or against legislation, rules, or regulation, must be approved by the Chief Executive Officer prior to mailing.
- C. No materials including, letterhead, flyers, promotional items, etc. should be sent to print without approval from the chain of command listed above.

There is only one approved version of the Kaweah Health letterhead and envelope. Stationery systems do not use service line lockups. Instead, these applications use the service line designation in text, as shown in the sample below.



"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."



Revised Service Line
Logos24 0919_rv2.pc





Policy Number: AP02	Date Created: Not Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 02/29/2024
Approvers: Board of Directors (Administration)	
Conditions of Admissions	

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

POLICY:

The “Conditions of Admission,” has two primary functions:

1. To document the patient’s consent to hospitalization and routine services provided thereby;
2. To document financial responsibility for payment of hospital charges for services rendered.

The “Conditions of Admission” form also documents the relationship between the patient and the hospital with regard to several other important matters: release of information, nursing care/health care training personnel, personal belongings.

~~As a general rule, the form should be signed by the patient (and/or other appropriate party) upon admission, or as soon thereafter as possible. However, California law requires that emergency services and care be rendered without first questioning the patient (or any other person) as to his or her ability to pay.~~ All facility admissions require the Conditions of Admission (COA) to be signed by the patient or his/her authorized representative at the time of each hospital outpatient visit or inpatient admission encounter. For hospital outpatient visits in which recurring services are performed, the COA shall be signed at the initial visit of the recurring service and again within 90-day increments throughout the course of the recurring service.

DEFINITIONS:

1. **Recurring Services:** Repetitive outpatient treatments ordered by a practitioner for the treatment of a specific medical condition or diagnosis for a defined period of time.

PROCEDURE:

- I. The Patient Access Services (PAS) Registrar shall be responsible for making every attempt to obtain consent by getting proper signatures upon presentation for services.
- II. The PAS Registrar will utilize the COA (Conditions of Admission) script to describe the signing of the COA process to the patient.
- III. The PAS Registrar will be responsible for explaining the document to the patient and must be prepared to answer any questions regarding signing

the COA.

- a) The Registrar will explain the purpose of obtaining the patient's signature on COA, which is for consent and treatment authorization and accepting financial responsibility.
 - b) The Registrar will inform the patient of the release of information section of the COA and obtain the patient's signature in the appropriate section; either authorizing release of the information or to request the information not be released.
 - c) The Registrar will inform the patient of the assignment of insurance or health plans benefits to hospital-based physicians and obtain the patient's signature authorizing this assignment.
- IV. If the patient is unable to sign a written signature, the Registrar will obtain a verbal consent from the patient or family member and complete the Telephone/Verbal Consent section of the Conditions of Admission. The Registrar will sign as the witness to the verbal consent and have another hospital employee serve as the second witness to the consent and sign as such. (See PAC02 - Who May Give Consent).
- V. The PAS Registrar will document that the COA was signed (in the Patient Notes section) by using the PA Notes function located in the Patient Management System.
- VI. If the PAS Registrar is unable to obtain the signature, it shall be documented on the COA. The Registrar must also note this under the PA Notes function that the signature was not obtained by using the PA Notes function located in the Patient Management System.
- VII. For patients whose COA remains unsigned upon arrival to the nursing unit, the nursing personnel should contact the Patient Access Services Department when the patient is able or available to sign. The Registrar will then go to the patient's room to have the document signed. The Registrar will document in PA Notes when the COA was signed.
- VIII. The completed COA will be scanned by the PAS registrar into EDM for global viewing in the patient EHR.
- IX. Refer to Patient Care Manual policy: Informed Consent Verification (See PR.05).

"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: AP141	Date Created: No Date Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Credit and Collection Policy	

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

I. Purpose

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

II. Scope

The Credit and Collection Policy applies to all patients who receive services through any of the licensed hospital facilities operated by KDHCD. This policy also applies to any collection agency working on behalf of KDHCD, including entities to which KDHCD sells or refers a Patient's debt. Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians (other than physician specialists on staff or with KDHCD hospital privileges who are called into the emergency department), anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a KDHCD bill. This policy does not create an obligation for KDHCD to pay for such physicians' or other medical providers' services. In California, Health and Safety Code section 127450 *et seq.* requires an emergency physician who provides emergency services in a hospital to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level.

III. Definitions

A. Collection Agency is any entity engaged by KDHCD to pursue or collect payment from Patients.

B. Community Care Rate means the amount KDHCD would receive for services under its contract with commercial insurance.

C. Extraordinary Collection Actions (ECAs) are any collection activities, as defined by the IRS, that healthcare organizations may take against an individual to obtain payment for care only after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. ECAs include any of the following:

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

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

E. Financial Assistance refers to Full Charity Care and Partial Charity Care, as those terms are defined in the Finance Assistance Policy.

¹ 26 C.F.R. § 1.501(r)-6(b)(iv)(C).

² 26 C.F.R. § 1.501(r)-6(b)(iv)(F).

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

G. Insured Patient means an individual whose hospital bill is fully or partially eligible for payment by a third-party payer.

H. Patient includes the individual who receives services at KDCHD. For purposes of this policy, Patient also includes any person financially responsible for their care, also referred to as Guarantor.

I. Reasonable Efforts to Determine Eligibility are actions KDHCD must take to determine whether an individual is eligible for financial assistance under KDHCD's Financial Assistance Policy. These must include making a determination of presumptive eligibility as described in the FAP at Section III.A, and if the determination is less than Full Charity Care, providing adequate notice of an opportunity to apply for Full Charity Care and a reasonable period of time to do so.³ For submitted applications, these efforts must include a reasonable opportunity to correct an incomplete application and Reasonable Efforts to Notify.⁴

J. Reasonable Efforts to Notify At a minimum, reasonable efforts include providing individuals with written and verbal notifications about the FAP and how to complete the FAP application, with reasonable opportunity to do so before initiating any ECA.⁵

K. Reasonable Payment Plan means monthly payments that are not more than 10 percent of a Patient's family income for a month, excluding deductions for essential living expenses. "Essential living expenses" means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

L. Reasonable Time as used in this policy is a period of at least 30 days. That period may be extended for good cause. Situations that may merit an extension of time to act may include language access barriers, the need for disability accommodations, a Patient's or Patient's family member's continuing illness, or other obstacles specific to a Patient's circumstances.

M. Uninsured Patient or "Self-Pay Patient" means a Patient who does not have third party insurance, Medi-Cal, or Medicare, and who does not have a compensable injury for

³ 26 C.F.R. § 1.501(r)-6(c)(2).

⁴ 26 C.F.R. § 1.501(r)-6(c)(3).

⁵ 26 C.F.R. § 1.501(r)-6(c)(3)-(c)(4).

purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by KDHCD.

IV. Policies and Procedures

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

A. Insurance Billing:

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

⁶ 42 U.S.C. § 1396a(n)(3)(B); Welf. & Inst. Code § 14019.4.

collecting the Medi-Cal Share of Cost after screening for eligibility for Financial Assistance.

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

B. Patient Billing:

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

C. Financial Assistance:

1. KDHCD notifies individuals that financial assistance is available to eligible individuals by doing the following:

⁷ Cal. Health & Safety Code § 127420(b).

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

D. Collection Practices:

- 1. KDHCD and its contracted Collection Agency(ies) undertake reasonable efforts to collect amounts due for services received by pursuing reimbursement from insurers and other sources. These efforts include assistance with applications for possible private and government program coverage. If any balance remains after payment by third-party payers, before considering any ECA, KDHCD will evaluate each Patient for Full Charity Care or Partial Charity Care consistent with its Financial Assistance Policy, for care received from KDHCD and incurred at any time during which the Patient was eligible for Financial Assistance under the FAP.
- 2. KDHCD pursues payment for debts owed for health care services provided by KDHCD according to KDHCD policies and procedures. All KDHCD procedures for assignment to collection/bad debt and application of a reasonable payment plan are applicable to all KDHCD Guarantors/Patients.⁸ KDHCD complies with relevant federal and state laws and

⁸ Cal. Health & Safety Code § 127425(b).

regulations in the assignment of bad debt. KDHCD is entitled to pursue reimbursement from third-party liability settlements or other legally responsible parties.

3. Prior to engaging in any ECA, and after normal collection efforts have not produced regular payments of a reasonable amount and the Patient has not completed a Financial Assistance application, complied with requests for documentation, or is otherwise nonresponsive to the application process, KDHCD or any Collection Agency acting on its behalf shall make reasonable efforts to presumptively determine whether a Patient is eligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third party data.⁹
4. All Patient account balances that meet the following criteria are eligible for placement with a Collection Agency:
 - a. At least ~~150~~180 days have passed since the first post-discharge billing statement was mailed to the Patient, or for billing statements that include any billing aggregation, at least ~~150~~180 days have passed since the most recent episode of care¹⁰; and
 - b. KDHCD is unaware of any pending appeals for insurance coverage of services¹¹; and
 - c. KDHCD has made attempts to collect payment using reasonable collection efforts, such as mailing billing statements or making telephone calls. KDHCD will mail four (4) Guarantor statements after the date of discharge from outpatient or inpatient care, with a final 30-day notice appearing on the fourth Guarantor statement, warning the account may be placed with a collection agency, and alerting the Guarantor that at least ~~158~~0 days have passed since the first post-discharge billing statement for the most recent episode of care included in any billing aggregation¹²; and
 - d. KDHCD has made reasonable efforts to presumptively determine whether a Patient is ~~in~~eligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third party data; and
 - e. Placement for collection has been approved by the Director of Revenue Cycle¹³.

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⁹ 26 C.F.R. § 1.501(r)-6(c)(2).

¹⁰ Cal. Health & Safety Code § 127426(a).

¹¹ Cal. Health & Safety Code § 127426(a).

¹² 26 C.F.R. § 1.501(r)-6(c)(4)(ii).

¹³ Cal. Health & Safety Code § 127425(a).

5. ECAs, including placement of an account with a collection agency, may not commence until 30 days after the final notice has been sent¹⁴, and KDHCD has made reasonable efforts to determine whether the Patient is eligible for Financial Assistance.¹⁵
6. Accounts with a "Return Mail" status are eligible for collection assignment after good faith efforts have been documented and exhausted, including outbound phone calls and a reasonable search for a corrected address, and all other requirements of this section have been met.
7. KDHCD and any Collection Agency acting on its behalf will suspend ECAs when a completed Financial Assistance Application, including all required supporting documentation, is received and until such time as a determination regarding the Financial Assistance Application has been made. Prior to resuming collection efforts on accounts found ineligible for full Charity Care, KDHCD will send the Patient: (i) written notification of the basis for the finding and the amount of assistance given if any, (ii) a billing statement showing any balance still owed by the Patient and the date payment is due, and (iii) if found eligible for only Partial Charity Care, instructions as to how the Patient may obtain information regarding the amounts generally billed (AGB) for their care. Collection efforts may then resume after the Patient has been given a reasonable time to pay the balance or enter into a reasonable payment plan.¹⁶
8. If any Patient account previously placed with a Collection Agency is subsequently found eligible for financial assistance, KDHCD and any Collection Agency acting on its behalf will pursue all reasonable measures to reverse prior collection efforts for debt that was 1) incurred for care received from KDHCD during the previous 8 months; or 2) incurred at any time at which the patient was eligible for Financial Assistance under this policy. These reasonable measures include but are not limited to measures to vacate any judgment against the Patient, lift any levy or lien on the Patient's property, and remove from the Patient's credit report any adverse information previously reported to a consumer reporting agency or credit bureau.
9. If a Patient account previously placed with a Collection Agency is subsequently found eligible for Partial Charity Care with a remaining balance due, the account will be returned to KDHCD for payment or negotiation of an interest-free reasonable payment plan. The account will not be re-referred to any Collection Agency unless the Patient refuses to participate in a reasonable payment plan, or until a patient has failed to make payments under a reasonable payment plan for at least 90 days and KDHCD has made reasonable efforts to contact the patient by phone and in writing, giving notice that the extended payment plan may become inoperative.¹⁷

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¹⁴ 26 C.F.R. § 1.501(r)-6(c)(4).

¹⁵ 26 C.F.R. § 1.501(r)-6(a).

¹⁶ 26 C.F.R. § 1.501(r)-6(c)(8)(ii).

¹⁷ Cal. Health & Safety Code § 127425(g)

10. KDHCD and any Collection Agency acting on its behalf will suspend ECAs if an incomplete Financial Assistance Application is received and until a complete application has been submitted and a determination of eligibility is made, including resolution of any review or appeal of that determination,¹⁸ or the Patient has failed to respond to requests for additional information and/or documentation within a reasonable period of time to respond to such requests. If a Patient submits an incomplete application, a written notice will be sent to the Patient that (i) describes the missing information/documentation required for a complete application, and (ii) includes contact information for a KDHCD employee or office where the Patient may obtain further information about the policy and assistance in applying.¹⁹ KDHCD and any Collection Agency acting on its behalf must provide Patients with a reasonable timeframe (at least 30 days from notifying the Patient) to submit any missing information/documentation before resuming collection efforts.²⁰ If the Patient fails to provide the requested missing information/ documentation in a timely manner, KDHCD and any Collection Agency working on its behalf will make reasonable efforts to presumptively determine whether the Patient is eligible for Financial Assistance based on the information already provided, prior eligibility for Financial Assistance, or the use of third-party data.

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11. KDHCD and any Collection Agency acting on its behalf does not base any FAP eligibility determination on any information obtained from Patients under duress or through the use of coercive practices, such as delaying or denying treatment until a Patient provides information.²¹

12. KDHCD and any Collection Agency acting on its behalf does not seek any Patient's waiver of their right to apply for Financial Assistance or to receive Financial Assistance application information.²²

13. KDHCD and any Collection Agency acting on its behalf does not use in collection activities any information obtained from a Patient during the eligibility process for Financial Assistance.²³ Nothing in this section prohibits the use of information obtained by KDHCD or Collection Agency independently of the eligibility process for Financial Assistance.

14. Patient accounts at a Collection Agency may be recalled and returned to KDHCD at the discretion of KDHCD and/or according to state or federal laws and regulations. KDHCD may choose to work the accounts to resolution with the Guarantor/Patient or third party as needed, or place the account with another Collection Agency in full compliance

¹⁸ See FAP, Section VII.B. (p. 10)

¹⁹ 26 C.F.R. § 1.501(r)-6(c)(5).

²⁰ 26 C.F.R. § 1.501(r)-6(c)(8)(ii).

²¹ 26 C.F.R. § 1.501(r)-6(c)(6)(ii)

²² 26 C.F.R. § 1.501(r)-6(c)(9).

²³ Cal. Health & Safety Code § 127405(e)(3).

with these requirements. An account that has been placed with an outside collection agency can be considered for charity care at any time in accordance with KDHC's charity care policy. When, during the collection process, a patient asserts they cannot afford to pay the debt, has failed to make previously agreed upon extended payments, or is otherwise identified by the collection agency as meeting KDHC's charity care eligibility criteria, the collection agency will refer the account back to KDHC to screen for charity care eligibility. KDHC will undertake reasonable efforts to gather eligibility information from the patient. If, after such reasonable efforts, the patient fails or refuses to provide required information, the account will be referred back to the collection agency.

15. KDHC will not report adverse information to a credit agency or pursue a civil action until after it has referred an account to a Collection Agency in conformity with this Credit and Collection Policy.²⁴

E. Collection Agencies:

KDHC may refer Patient accounts to a Collection Agency subject to the following conditions:

1. The Collection Agency has a written agreement with KDHC which provides that the Collection Agency's performance of its functions shall adhere to the terms of KDHC's Financial Assistance Policy, this Credit and Collection Policy, the Hospital Fair Pricing Act (Health and Safety Code sections 127400 *et seq.*), and 26 U.S.C. § 501(r) and its implementing regulations, 26 C.F.R. § 1.501(r) *et seq.*, including the definition of "reasonable payment plan."
2. The Collection Agency has processes in place to identify Patients who may qualify for Financial Assistance, communicate the availability and details of the Financial Assistance Policy to these Patients, and refer Patients who are seeking Financial Assistance back to KDHC Patient Financial Services. The Collection Agency shall suspend ECAs during any period after a completed Financial Assistance Application is pending, or an incomplete application is received and KDHC has sent the required information described in IV.D.7 of this policy.²⁵
3. All third-party payers have been properly billed, payment from a third-party payer is no longer pending, KDHC is unaware of any pending insurance payment appeals, and the remaining debt is the financial responsibility of the Patient. A Collection Agency will not bill a Patient for any amount that a third-party payer is obligated to pay.

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²⁴ Cal. Health & Safety Code § 127425(d).

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

4. The Collection Agency sends every Patient a Notice of Rights, included as Attachment A, with each document sent indicating that the commencement of collection activities may occur.²⁶
5. At least 150 days has passed since KDHCD sent the initial bill to the Patient on the account.
6. The Patient is not negotiating a reasonable payment plan, making payments under a reasonable payment plan as defined above, or making regular partial payments of a reasonable amount.²⁷

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F. Judicial Collection Actions:

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

1. The Collection Agency shall assess a Patient or guarantor's ability to pay by reviewing, at a minimum, a current credit report for the Patient, if available, and reliable sources of publicly available information for Patients with little or no credit history, or a third party electronic review of Patient information.
2. When the Collection Agency has determined that legal action is appropriate and criteria for Extraordinary Collection Actions have been met, the Agency will forward a written request to the Director of Revenue Cycle, who must approve it prior to any legal action. The request must contain relevant particulars of the account, including:
 - a. Documentation that the Collection Agency has complied with all applicable provisions of this policy, KDHCD's Financial Assistance Policy and all applicable laws and regulations; and
 - b. A copy of the Collection Agency's documentation that led it to believe the Patient or guarantor has an income greater than 600% of the federal poverty level and would not qualify for Full or Partial Charity Care, or, that the Patient was approved for Partial Charity Care and has failed or refused to make payments under a reasonable payment plan.

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²⁶ Cal. Health & Safety Code § 127430.

²⁷ Cal. Health & Safety Code § 127425(e).

3. In cases where no Financial Assistance application is received by KDHCD, one additional attempt to inform the patient of KDHCD's Financial Assistance Policy and the opportunity to apply for assistance will be made before legal action is initiated. In addition to sending the patient a final correspondence, an additional attempt to contact the patient by phone will be made. If the Patient asks to apply for assistance, an application will be sent and no ECAs will be initiated until the application is received and processed, or an additional 30 days have passed without a complete or incomplete application being received.
4. The Director of Revenue Cycle will authorize each individual legal action in writing, after verifying that KDHCD and/or the Collection Agency working on its behalf has made legally sufficient reasonable efforts to determine the individual is eligible for Financial Assistance. This authority cannot be delegated to any other person. A copy of the signed authorization for legal action will be maintained in the Patient account file.
5. In no case will the Collection Agency be allowed to file a legal action as a last resort to motivate a Patient to pay when the Collection Agency has no information as to the Patient's income relative to the federal poverty level and eligibility for financial assistance.
6. If subsequent to a judgment being entered against any Patient for any unpaid balance, KDHCD or any Collection Agency working on its behalf receives information indicating the Patient would qualify for financial assistance under KDHCD's FAP, or, if the judgment is for a balance outstanding after Partial Charity Care is approved and the Patient has refused to make payments under a reasonable payment plan, the following shall apply:
 - a. Neither KDHCD nor any assignee which is an affiliate or subsidiary of KDHCD shall use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.²⁸
 - b. A Collection Agency which is not an affiliate or subsidiary of KDHCD may use the following measures to enforce judgment only under the following conditions:
 - i. Wage Garnishment: The Collection Agency must file a noticed motion with the applicable Court, supported by a declaration identifying the basis for which the Agency believes that the Patient has the ability to make payments on the judgment under the wage garnishment, including, if available, information about probable future medical expenses based on the current condition of the Patient, and other financial obligations of the Patient.²⁹

²⁸ Cal. Health & Safety Code § 127425(f)(1).

²⁹ Cal. Health & Safety Code § 127425(f)(2)(A).

~~—Sale of Patient's primary residence: The Collection Agency may not notice or conduct a sale of the Patient's primary residence during the life of the Patient or the Patient's spouse, or during the period a child of the Patient is a minor, or a child of the Patient who has attained the age of majority is unable to take care of themselves and resides in the dwelling as their primary residence.³⁰~~

³⁰ ~~Cal. Health & Safety Code § 127425(f)(2)(B).~~

Credit and Collection Policy
Attachment A

KAWEAH HEALTH

NOTICE OF FINANCIAL RIGHTS

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

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

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

Hospital Bill Complaint Program

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

Help Paying Your bill

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There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

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

ATTENTION

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If you need help in your language, please call 559-470-0016 or visit us at the Kaweah Health Medical Center, located at 305 West Acequia Avenue, in Visalia, California 93291 near the corner of Floral and Acequia. Go to the front desk in the Acequia Lobby and ask to speak with someone in Patient Financial Services. Our office is open Monday through Thursday from 8:00 AM – 5:00 PM and Friday from 8:00 AM – 12:00 PM.

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

NOTICE OF FINANCIAL RIGHTS

State and federal law requires hospitals to offer financial assistance to uninsured Patients and Patients with high medical debt who have low to moderate incomes. You may be eligible for free care or have your bill for medically necessary care reduced if you meet any of these criteria: (1) are receiving government benefits; (2) are uninsured; (3) have medical expenses in the past 12 months that exceed 10% of your Family income; (4) meet Federal Poverty Income Guidelines based on your gross household income (before deductions and taxes) and family size (see charts below); or (5) are in bankruptcy or have recently completed bankruptcy. All patients have the right to apply for financial assistance under KDHCD's policy. To apply for financial assistance, you must request an application in one of the following ways:

- in person from the Acequia Lobby at the corner of Floral and Acequia, 305 West Acequia Avenue in Visalia, California 93291;
- over the phone by calling Patient Financial Services at (559) 470-0016 or (559) 624-4200 and selecting option 5; or
- by downloading an application from KDHCD's website at: kaweahdelta.org/documents/PDFs/FinancialAssistanceApp-english.pdf.

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

Family Size*	Monthly	Annual
<u>1</u>	<u>\$2,5102,082</u>	<u>\$30,12024,980</u>
<u>2</u>	<u>\$3,4072,818</u>	<u>\$40,88033,820</u>
<u>3</u>	<u>\$4,3032,555</u>	<u>\$51,64042,660</u>
<u>4</u>	<u>\$5,2004,292</u>	<u>\$62,40051,500</u>
<u>5</u>	<u>\$6,0975,028</u>	<u>\$73,16060,340</u>
<u>6</u>	<u>\$6,9935,765</u>	<u>\$83,92069,180</u>
<u>7</u>	<u>\$7,8906,502</u>	<u>\$94,68078,020</u>
<u>8</u>	<u>\$8,7877,238</u>	<u>\$105,44086,860</u>

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

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

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

Free credit counseling services may be available from local nonprofit agencies.
ClearPoint Credit Counselling: 800-750-2227 / www.clearpoint.org

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

<u>Family Size*</u>	<u>Monthly</u>	<u>Annual</u>
<u>1</u>	<u>\$7,530</u> 6,245	<u>\$90,360</u> 74,940
<u>2</u>	<u>\$10,220</u> 8,455	<u>\$122,640</u> 101,460
<u>3</u>	<u>\$12,910</u> 10,665	<u>\$154,920</u> 127,980
<u>4</u>	<u>\$15,600</u> 12,875	<u>\$187,200</u> 154,500
<u>5</u>	<u>\$18,290</u> 15,084	<u>\$219,480</u> 181,020
<u>6</u>	<u>\$20,980</u> 17,295	<u>\$251,760</u> 207,540
<u>7</u>	<u>\$23,670</u> 19,504	<u>\$284,040</u> 234,060
<u>8</u>	<u>\$26,360</u> 21,715	<u>\$316,320</u> 260,580

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

State and federal law requires debt collectors to treat you fairly and prohibits debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 am or after 9:00 pm. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (1-877-382-4357) or online at www.ftc.gov.

Free credit counseling services may be available from local nonprofit agencies.

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

I. Purpose:

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

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II. Scope

The Credit and Collection Policy applies to all patients who receive services through any of the licensed hospital facilities operated by KDHCD. This policy also applies to any collection agency working on behalf of KDHCD, including entities to which KDHCD sells or refers a Patient's debt. Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians (other than physician specialists on staff or with KDHCD hospital privileges who are called into the emergency department), anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a KDHCD bill. This policy does not create an obligation for KDHCD to pay for such physicians' or other medical providers' services. In California, Health and Safety Code section 127450 et seq. requires an emergency physician who provides emergency services in a hospital to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level.

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III. Definitions

A. Collection Agency is any entity engaged by KDHCD to pursue or collect payment from Patients.

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B. Community Care Rate means the amount KDHCD would receive for services under its contract with commercial insurance.

C. Extraordinary Collection Actions (ECAs) are any collection activities, as defined by the IRS, that healthcare organizations may take against an individual to obtain payment for care only after reasonable efforts have been made to determine

whether the individual is eligible for financial assistance. ECAs include any of the following:

- i) Any action to obtain payment from a Patient that requires a legal or judicial process, including without limitation the filing of a lawsuit;
- ii) Selling a Patient's debt to KDHCDC to another party, including without limitation to a Collection Agency;
- iii) Reporting adverse information about a Patient to a consumer credit reporting agency or credit bureau;
- iv) Attaching or seizing a bank account or any other personal property;
- v) Causing a Patient's arrest or obtaining a writ of body attachment;
- vi) Wage garnishment;
- vii) Lien on a residence or other personal or real property;
- viii) Foreclosure on real or personal property;
- ix) Delay or denial of medically necessary care based on the existence of an outstanding balance for prior service(s); or
- x) Obtaining an order for examination.

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

E. Financial Assistance refers to Full Charity Care and Partial Charity Care, as those terms are defined in the Finance Assistance Policy.

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

G. Insured Patient means an individual whose hospital bill is fully or partially eligible for payment by a third party payer.

H. Patient includes the individual who receives services at KDCHD. For purposes of this policy, Patient also includes any person financially responsible for their care, also referred to as Guarantor.

I. Reasonable Efforts to Determine Eligibility are actions KDCHD must take to determine whether an individual is eligible for financial assistance under KDCHD's Financial Assistance Policy. These must include making a determination of presumptive eligibility as described in the FAP at Section III.A, and if the determination is less than Full Charity Care, providing adequate notice of an opportunity to apply for Full Charity Care and a reasonable period of time to do so. For submitted applications, these efforts must include a reasonable opportunity to correct an incomplete application and Reasonable Efforts to Notify.

J. Reasonable Efforts to Notify At a minimum, reasonable efforts include providing individuals with written and verbal notifications about the FAP and how to complete the FAP application, with reasonable opportunity to do so before initiating any ECA.

K. Reasonable Payment Plan means monthly payments that are not more than 10 percent of a Patient's family income for a month, excluding deductions for essential living expenses. "Essential living expenses" means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

L. Reasonable Time as used in this policy is a period of at least 30 days. That period may be extended for good cause. Situations that may merit an extension of time to act may include language access barriers, the need for disability accommodations, a Patient's or Patient's family member's continuing illness, or other obstacles specific to a Patient's circumstances.

M. Uninsured Patient or "Self-Pay Patient" means a Patient who does not have third party insurance, Medi-Cal, or Medicare, and who does not have a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by KDCHD.

IV. Policies and Procedures

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

A. Insurance Billing:

1. Obtaining Coverage Information: KDCHD makes reasonable efforts to obtain information from Patients about whether private or public health insurance or

sponsorship may fully or partially cover the services rendered by KDHCD to the Patient. However, it is the Patient's responsibility to know their insurance benefits and coverage. With the exception of emergency care, all required referral(s) or authorizations must be secured prior to receiving services. If the Patient has questions regarding their financial responsibility or coverage of services at KDHCD, they can contact their insurance company in advance of services as appropriate.

2. Billing Third Party Payers: KDHCD shall diligently pursue all amounts due from third party payers, including but not limited to contracted and non-contracted payers, indemnity payers, liability and auto insurers, and government program payers that may be financially responsible for a Patient's care. KDHCD bills all applicable third-party payers based on information provided by or verified by the Patient or their representative. Upon receiving proof of Qualified Medicare Beneficiary (QMB) or Medi-Cal eligibility (including but not limited to a copy of the Medi-Cal card or the Patient's date of birth and either a Medi-Cal ID number or Social Security number), KDHCD must bill exclusively to Medicare or Medi-Cal, and not the Patient, during periods of active QMB or Medi-Cal eligibility.

3. Billing Medi-Cal Recipients: If the State Medi-Cal Eligibility System indicates a Patient with active Medi-Cal coverage also has other health coverage, and sufficient information is not available to bill that other health coverage, KDHCD will contact the patient in an attempt to get the necessary information. If the Patient indicates they do not in fact have other health coverage or cannot access necessary information, KDHCD will refer the Patient to their local Medi-Cal office or legal services office for further assistance. Except as authorized by law, KDHCD will not refer for collection an account with active Medi-Cal coverage at the time of service. This section shall not prevent KDHCD from billing a Medi-Cal patient for non-covered services, such as elective services, or from collecting the Medi-Cal Share of Cost after screening for eligibility for Financial Assistance.

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

B. Patient Billing:

1. Billing Insured Patients: KDHCD bills Insured Patients for the Patient Responsibility amount as indicated in the third-party Explanation of Benefits (EOB) and as directed by the third-party payer.

2. Billing Uninsured or Self-Pay Patients: KDHCD bills Uninsured or Self-Pay Patients for items and services provided by KDHCD, using KDHCD's Community Care Rate. All Patients receive a statement as part of KDHCD's

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normal billing process that is compliant with and subject to KDHCDC's Financial Assistance Policy. If a Patient has no health insurance coverage, it is KDHCDC's responsibility to provide a written notice to a Patient that they may be eligible for public or private insurance, and an application for Medi-Cal or other state- or county-funded health coverage programs, no later than discharge for admitted Patients and as soon as possible for Patients receiving emergency or outpatient care. Please refer to the KDHCDC Financial Assistance Policy for more information.

3. Dispute Resolution with Patients/Guarantors: If a Patient/Guarantor disagrees with the account balance, the Patient/Guarantor may request the account balance be researched and verified prior to account assignment to a Collection Agency. The Patient/Guarantor may apply for Financial Assistance at any time. When a Patient/Guarantor has submitted an application for Financial Assistance, KDHCDC will not assign an account to a Collection Agency before reaching a final eligibility determination. The referral of accounts for which an incomplete application for Financial Assistance has been received will be handled as outlined below.

C. Financial Assistance:

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

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KDHCD Financial Assistance Policy that contains information about the availability of KDHCD's Financial Assistance policy, eligibility criteria, and the contact information for a KDHCD employee or office where the Patient may apply for assistance or obtain further information about the policy.

D. Collection Practices:

1. KDHCD and its contracted Collection Agency(ies) undertake reasonable efforts to collect amounts due for services received by pursuing reimbursement from insurers and other sources. These efforts include assistance with applications for possible private and government program coverage. If any balance remains after payment by third party payers, before considering any ECA, KDHCD will evaluate each Patient for Full Charity Care or Partial Charity Care consistent with its Financial Assistance Policy, for care received from KDHCD and incurred at any time during which the Patient was eligible for Financial Assistance under the FAP.
2. KDHCD pursues payment for debts owed for health care services provided by KDHCD according to KDHCD policies and procedures. All KDHCD procedures for assignment to collection/bad debt and application of a reasonable payment plan are applicable to all KDHCD Guarantors/Patients. KDHCD complies with relevant federal and state laws and regulations in the assignment of bad debt. KDHCD is entitled to pursue reimbursement from third-party liability settlements or other legally responsible parties.
3. Prior to engaging in any ECA, and after normal collection efforts have not produced regular payments of a reasonable amount and the Patient has not completed a Financial Assistance application, complied with requests for documentation, or is otherwise nonresponsive to the application process, KDHCD or any Collection Agency acting on its behalf shall make reasonable efforts to presumptively determine whether a Patient is eligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third party data.
4. All Patient account balances that meet the following criteria are eligible for placement with a Collection Agency:
 - a. At least 150 days have passed since the first post-discharge billing statement was mailed to the Patient, or for billing statements that include any billing aggregation, at least 150 days have passed since the most recent episode of care ; and
 - b. KDHCD is unaware of any pending appeals for insurance coverage of services ; and
 - c. KDHCD has made attempts to collect payment using reasonable collection efforts, such as mailing billing statements or making telephone calls. KDHCD will mail four (4) Guarantor statements after the date of discharge from outpatient or inpatient care, with a final 30 day notice appearing on the

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fourth Guarantor statement, warning the account may be placed with a collection agency, and alerting the Guarantor that at least 150 days have passed since the first post-discharge billing statement for the most recent episode of care included in any billing aggregation; and

d. KDHCD has made reasonable efforts to presumptively determine whether a Patient is ineligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third-party data; and

e. Placement for collection has been approved by the Director of Revenue Cycle.

5. ECAs, including placement of an account with a collection agency, may not commence until 30 days after the final notice has been sent, and KDHCD has made reasonable efforts to determine whether the Patient is eligible for Financial Assistance.

6. Accounts with a "Return Mail" status are eligible for collection assignment after good faith efforts have been documented and exhausted, including outbound phone calls and a reasonable search for a corrected address, and all other requirements of this section have been met.

7. KDHCD and any Collection Agency acting on its behalf will suspend ECAs when a completed Financial Assistance Application, including all required supporting documentation, is received and until such time as a determination regarding the Financial Assistance Application has been made. Prior to resuming collection efforts on accounts found ineligible for full Charity Care, KDHCD will send the Patient: (i) written notification of the basis for the finding and the amount of assistance given if any, (ii) a billing statement showing any balance still owed by the Patient and the date payment is due, and (iii) if found eligible for only Partial Charity Care, instructions as to how the Patient may obtain information regarding the amounts generally billed (AGB) for their care. Collection efforts may then resume after the Patient has been given a reasonable time to pay the balance or enter into a reasonable payment plan.

8. If any Patient account previously placed with a Collection Agency is subsequently found eligible for financial assistance, KDHCD and any Collection Agency acting on its behalf will pursue all reasonable measures to reverse prior collection efforts for debt that was 1) incurred for care received from KDHCD during the previous 8 months; or 2) incurred at any time at which the patient was eligible for Financial Assistance under this policy. These reasonable measures include but are not limited to measures to vacate any judgment against the Patient, lift any levy or lien on the Patient's property, and remove from the Patient's credit report any adverse information previously reported to a consumer reporting agency or credit bureau.

9. If a Patient account previously placed with a Collection Agency is subsequently found eligible for Partial Charity Care with a remaining balance due, the account will be returned to KDHCD for payment or negotiation of an interest free

reasonable payment plan. The account will not be re-referred to any Collection Agency unless the Patient refuses to participate in a reasonable payment plan, or until a patient has failed to make payments under a reasonable payment plan for at least 90 days and KDHCDC has made reasonable efforts to contact the patient by phone and in writing, giving notice that the extended payment plan may become inoperative.

10. KDHCDC and any Collection Agency acting on its behalf will suspend ECAs if an incomplete Financial Assistance Application is received and until a complete application has been submitted and a determination of eligibility is made, including resolution of any review or appeal of that determination, or the Patient has failed to respond to requests for additional information and/or documentation within a reasonable period of time to respond to such requests. If a Patient submits an incomplete application, a written notice will be sent to the Patient that (i) describes the missing information/documentation required for a complete application, and (ii) includes contact information for a KDHCDC employee or office where the Patient may obtain further information about the policy and assistance in applying. KDHCDC and any Collection Agency acting on its behalf must provide Patients with a reasonable timeframe (at least 30 days from notifying the Patient) to submit any missing information/documentation before resuming collection efforts. If the Patient fails to provide the requested missing information/ documentation in a timely manner, KDHCDC and any Collection Agency working on its behalf will make reasonable efforts to presumptively determine whether the Patient is eligible for Financial Assistance based on the information already provided, prior eligibility for Financial Assistance, or the use of third-party data.

11. KDHCDC and any Collection Agency acting on its behalf does not base any FAP eligibility determination on any information obtained from Patients under duress or through the use of coercive practices, such as delaying or denying treatment until a Patient provides information.

12. KDHCDC and any Collection Agency acting on its behalf does not seek any Patient's waiver of their right to apply for Financial Assistance or to receive Financial Assistance application information.

13. KDHCDC and any Collection Agency acting on its behalf does not use in collection activities any information obtained from a Patient during the eligibility process for Financial Assistance. Nothing in this section prohibits the use of information obtained by KDHCDC or Collection Agency independently of the eligibility process for Financial Assistance.

14. Patient accounts at a Collection Agency may be recalled and returned to KDHCDC at the discretion of KDHCDC and/or according to state or federal laws and regulations. KDHCDC may choose to work the accounts to resolution with the Guarantor/Patient or third party as needed, or place the account with another Collection Agency in full compliance with these requirements. An account that has been placed with an outside collection agency can be considered for charity care at any time in accordance with KDHCDC's charity

care policy. When, during the collection process, a patient asserts they cannot afford to pay the debt, has failed to make previously agreed upon extended payments, or is otherwise identified by the collection agency as meeting KDHC's charity care eligibility criteria, the collection agency will refer the account back to KDHC to screen for charity care eligibility. KDHC will undertake reasonable efforts to gather eligibility information from the patient. If, after such reasonable efforts, the patient fails or refuses to provide required information, the account will be referred back to the collection agency.

15. KDHC will not report adverse information to a credit agency or pursue a civil action until after it has referred an account to a Collection Agency in conformity with this Credit and Collection Policy.

E.— Collection Agencies:

KDHC may refer Patient accounts to a Collection Agency subject to the following conditions:

1. The Collection Agency has a written agreement with KDHC which provides that the Collection Agency's performance of its functions shall adhere to the terms of KDHC's Financial Assistance Policy, this Credit and Collection Policy, the Hospital Fair Pricing Act (Health and Safety Code sections 127400 et seq.), and 26 U.S.C. § 501(r) and its implementing regulations, 26 C.F.R. § 1.501(r) et seq., including the definition of "reasonable payment plan."
2. The Collection Agency has processes in place to identify Patients who may qualify for Financial Assistance, communicate the availability and details of the Financial Assistance Policy to these Patients, and refer Patients who are seeking Financial Assistance back to KDHC Patient Financial Services. The Collection Agency shall suspend ECAs during any period after a completed Financial Assistance Application is pending, or an incomplete application is received and KDHC has sent the required information described in IV.D.7 of this policy.
3. All third party payers have been properly billed, payment from a third party payer is no longer pending, KDHC is unaware of any pending insurance payment appeals, and the remaining debt is the financial responsibility of the Patient. A Collection Agency will not bill a Patient for any amount that a third-party payer is obligated to pay.
4. The Collection Agency sends every Patient a Notice of Rights, included as Attachment A, with each document sent indicating that the commencement of collection activities may occur.
5. At least 150 days has passed since KDHC sent the initial bill to the Patient on the account.

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6. The Patient is not negotiating a reasonable payment plan, making payments under a reasonable payment plan as defined above, or making regular partial payments of a reasonable amount.

F. Judicial Collection Actions:

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

1. The Collection Agency shall assess a Patient or guarantor's ability to pay by reviewing, at a minimum, a current credit report for the Patient, if available, and reliable sources of publicly available information for Patients with little or no credit history, or a third party electronic review of Patient information.

2. When the Collection Agency has determined that legal action is appropriate and criteria for Extraordinary Collection Actions have been met, the Agency will forward a written request to the Director of Revenue Cycle, who must approve it prior to any legal action. The request must contain relevant particulars of the account, including:

a. Documentation that the Collection Agency has complied with all applicable provisions of this policy, KDHCDC's Financial Assistance Policy and all applicable laws and regulations; and

b. A copy of the Collection Agency's documentation that led it to believe the Patient or guarantor has an income greater than 600% of the federal poverty level and would not qualify for Full or Partial Charity Care, or, that the Patient was approved for Partial Charity Care and has failed or refused to make payments under a reasonable payment plan.

3. In cases where no Financial Assistance application is received by KDHCDC, one additional attempt to inform the patient of KDHCDC's Financial Assistance Policy and the opportunity to apply for assistance will be made before legal action is initiated. In addition to sending the patient a final correspondence, an additional attempt to contact the patient by phone will be made. If the Patient asks to apply for assistance, an application will be sent and no ECAs will be initiated until the application is received and processed, or an additional 30 days have passed without a complete or incomplete application being received.

4. The Director of Revenue Cycle will authorize each individual legal action in writing, after verifying that KDHCDC and/or the Collection Agency working on its behalf has made legally sufficient reasonable efforts to determine the individual is eligible for Financial Assistance. This authority cannot be delegated to any

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other person. A copy of the signed authorization for legal action will be maintained in the Patient account file.

5. In no case will the Collection Agency be allowed to file a legal action as a last resort to motivate a Patient to pay when the Collection Agency has no information as to the Patient's income relative to the federal poverty level and eligibility for financial assistance.

6. If subsequent to a judgment being entered against any Patient for any unpaid balance, KDHCD or any Collection Agency working on its behalf receives information indicating the Patient would qualify for financial assistance under KDHCD's FAP, or, if the judgment is for a balance outstanding after Partial Charity Care is approved and the Patient has refused to make payments under a reasonable payment plan, the following shall apply:

a. Neither KDHCD nor any assignee which is an affiliate or subsidiary of KDHCD shall use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.

b. A Collection Agency which is not an affiliate or subsidiary of KDHCD may use the following measures to enforce judgment only under the following conditions:

i. Wage Garnishment: The Collection Agency must file a noticed motion with the applicable Court, supported by a declaration identifying the basis for which the Agency believes that the Patient has the ability to make payments on the judgment under the wage garnishment, including, if available, information about probable future medical expenses based on the current condition of the Patient, and other financial obligations of the Patient.

ii. Sale of Patient's primary residence: The Collection Agency may not notice or conduct a sale of the Patient's primary residence during the life of the Patient or the Patient's spouse, or during the period a child of the Patient is a minor, or a child of the Patient who has attained the age of majority is unable to take care of themselves and resides in the dwelling as their primary residence.

Credit and Collection Policy
Attachment A

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NOTICE OF FINANCIAL RIGHTS

State and federal law requires hospitals to offer financial assistance to uninsured Patients and Patients with high medical debt who have low to moderate incomes. You may be eligible for free care or have your bill for medically necessary care reduced if

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~~you meet any of these criteria: (1) are receiving government benefits; (2) are uninsured; (3) have medical expenses in the past 12 months that exceed 10% of your Family income; (4) meet Federal Poverty Income Guidelines based on your gross household income (before deductions and taxes) and family size (see charts below); or (5) are in bankruptcy or have recently completed bankruptcy. All patients have the right to apply for financial assistance under KDHCD's policy. To apply for financial assistance, you must request an application in one of the following ways:~~

- ~~• in person from the Acequia Lobby at the corner of Floral and Acequia, 305 West Acequia Avenue in Visalia, California 93291;~~
- ~~• over the phone by calling Patient Financial Services at (559) 470-0016 or (559) 624-4200 and selecting option 5; or~~
- ~~• by downloading an application from KDHCD's website at: kaweahdelta.org/documents/PDFs/FinancialAssistanceApp-english.pdf.~~

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

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Family Size*	Monthly	Annual
1	\$2,082	\$24,980
2	\$2,818	\$33,820
3	\$3,555	\$42,660
4	\$4,292	\$51,500
5	\$5,028	\$60,340
6	\$5,765	\$69,180
7	\$6,502	\$78,020
8	\$7,238	\$86,860

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

Family Size*	Monthly	Annual
1	\$6,245	\$74,940
2	\$8,455	\$101,460
3	\$10,665	\$127,980
4	\$12,875	\$154,500
5	\$15,084	\$181,020
6	\$17,295	\$207,540
7	\$19,504	\$234,060
8	\$21,715	\$260,580

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

~~State and federal law requires debt collectors to treat you fairly and prohibits debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact~~

~~you before 8:00 am or after 9:00 pm. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (1-877-382-4357) or online at www.ftc.gov.~~

~~Free credit counseling services may be available from local nonprofit agencies.~~

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

Purpose: ~~Kaweah Delta Health Care District (KDHCD) provides high quality health care services to our patients. Patients may have a financial responsibility related to services received at KDHCD and must make arrangements for payment to KDHCD either before or after services are rendered. Such arrangements may include payment by an insurance plan, including coverage programs offered through the federal and state government. Payment arrangements may also be made directly with the patient, subject to the payment terms and conditions of KDHCD.~~

~~Emergency patients will always receive all medically necessary care within the scope of resources available at KDHCD, to assure that their medical condition is stabilized prior to consideration of any financial arrangements.~~

~~The Credit and Collection Policy establishes the guidelines, policies and procedures for use by KDHCD personnel in evaluating and determining patient payment arrangements. This policy is intended to establish fair and effective means for collection of patient accounts owed to KDHCD. The Credit and Collection Policy is to be used in conjunction with the Patient Access Policy, which describes practices used during the inpatient admitting and outpatient registration processes. The Patient Access Policy creates a linkage between information collected from patients at the front of the revenue cycle, and the billing and collections activities of the Patient Financial Services department.~~

~~In addition, other KDHCD policies such as the Financial Assistance Policy which contains provisions for full charity care and discounted partial charity care will be considered by KDHCD personnel when establishing payment arrangements for each specific patient or their guarantor.~~

Scope: ~~The Credit and Collection Policy will apply to all patients who receive services at KDHCD. This policy defines the requirements and processes used by the KDHCD Patient Financial Services department when making payment arrangements with individual patients or their account guarantors. The Credit and Collection Policy also specifies the standards and practices used by KDHCD for the collection of debts arising from the provision of services to patients at KDHCD. The Credit and Collection Policy acknowledges that some patients may have special payment arrangements as defined by an insurance contract to which KDHCD is a party, or in accordance with KDHCD conditions of~~

~~participation in state and federal programs. KDHCD endeavors to treat every patient or their guarantor with fair consideration and respect when making payment arrangements.~~

~~All requests for payment arrangements from patients, patient families, patient financial guarantors, physicians, KDHCD staff, or others shall be addressed in accordance with this policy.~~

Policy: ~~— All patients who receive care at KDHCD must make arrangements for payment of any or all amounts owed for KDHCD services rendered in good faith by KDHCD. KDHCD reserves the right and retains sole authority for establishing the terms and conditions of payment by individual patients and/or their guarantor, subject to requirements established under state and federal law or regulation.~~

General Practices: ~~—~~

- ~~1. KDHCD and the patient share responsibility for timely and accurate resolution of all patient accounts. Patient cooperation and communication is essential to this process. KDHCD will make reasonable, cost effective efforts to assist patients with fulfillment of their financial responsibility.~~
- ~~2. Healthcare services at KDHCD are available to all those who may be in need of necessary services. To facilitate financial arrangements for persons who may be of low or moderate income, both those who are uninsured or underinsured, KDHCD provides the following special assistance to patients as part of the routine billing process:~~
 - ~~a. For uninsured patients, a written statement of charges for services rendered by KDHCD is provided in a summary of services format which shows the patient a synopsis of all charges by the department in which the charges arose. Upon patient request, a complete itemized statement of charges will be provided;~~
 - ~~b. Patients who have third party insurance will be provided a summary statement clearly showing the amount of payment expected from, or paid by insurance and any or all amounts due and payable by the patient. Upon patient request, a complete itemized statement of charges will be provided;~~
 - ~~c. A written request that the patient inform KDHCD if the patient has any health insurance coverage, Medicare, Healthy Families, Medi-Cal or other form of insurance coverage;~~
 - ~~d. A written statement informing the patient or guarantor that they may be eligible for Medicare, Healthy Families, Medi-Cal, California Children's Services Program, or the KDHCD Financial Assistance Program;~~

- e. ~~A written statement indicating how the patient may obtain an application for the Medi-Cal, Healthy Families Program or other appropriate government coverage program;~~
 - f. ~~If a patient is uninsured, an application to the Medi-Cal, Healthy Families Program or other appropriate government assistance program will be provided prior to discharge from KDHCDC;~~
 - g. ~~A KDHCDC representative is available at no cost to the patient to assist with applications relevant to government assistance programs;~~
 - h. ~~A written statement regarding eligibility criteria and qualification procedures for full charity care and/or discount partial charity care under the KDHCDC Financial Assistance Program. This statement shall include the name and telephone number of KDHCDC personnel who can assist the patient or guarantor with information about and an application for the KDHCDC Financial Assistance Program.~~
3. ~~The KDHCDC Patient Financial Services department is primarily responsible for the timely and accurate collection of all patient accounts. Patient Financial Services personnel work cooperatively with other KDHCDC departments, members of the Medical Staff, patients, insurance companies, collection agencies and others to assure that timely and accurate processing of patient accounts can occur.~~
4. ~~Accurate information provides the basis for KDHCDC to correctly bill patients or their insurer. Patient billing information should be obtained in advance of KDHCDC services whenever possible so that verification, prior authorization or other approvals may be completed prior to the provision of services. When information cannot be obtained prior to the time of service, KDHCDC personnel will work with each patient or their guarantor to assure that all necessary billing information is received by KDHCDC prior to the completion of services.~~

Procedure:—

1. ~~Each patient account will be assigned to an appropriate Patient Financial Services representative based upon the type of account payer and current individual staff workloads. The Patient Financial Services Director or designee will periodically review staff workloads and may change or adjust the process or specific assignment of patient accounts to assure timely, accurate and cost effective collection of such accounts.~~
2. ~~Once a patient account is assigned to a Patient Financial Services representative, the account details will be reviewed to assure accuracy and completeness of information necessary for the account to be billed.~~

- ~~3. If the account is payable by the patient's insurer, the initial bill will be forwarded directly to the designated insurer. KDHC Patient Financial Services personnel will work with the patient's insurer to obtain any or all amounts owed on the account by the insurer. This will include calculation of contracted rates or other special arrangements that may apply. Once payment by the insurer has been determined by KDHC, any residual patient liability balance, for example a patient co-payment or deductible amount, will be billed directly to the patient. Any or all patient balances are due and payable within 2130 days from the date of this first patient billing.~~
- ~~4. If the account is payable only by the patient, it will be classified as a private pay account. Private pay accounts may potentially qualify for government coverage programs, financial aid under the KDHC Financial Assistance Policy, or the KDHC Community Rate Program. Patients with accounts in private pay status should contact a Patient Financial Services representative to obtain assistance with qualifying for one or more of these options.~~
- ~~5. In the event that a patient or patient's guarantor has made a deposit payment over \$5.00, or other partial payment for services and subsequently is determined to qualify for full charity care or discount partial charity care, all amounts paid which exceed the payment obligation, if any, as determined through the Financial Assistance Program process, shall be refunded to the patient with interest. Deposit payments or other partial payment for services under \$4.99 will be refunded with no interest accrual. Any overpayment due to the patient under this obligation may not be applied to other open balance accounts or debt owed to KDHC by the patient or family representative. Any or all amounts owed shall be reimbursed to the patient or family representative within a reasonable time period. Such interest shall begin to accrue on the first day that the patient or guarantor's payment obligation is determined through the Financial Assistance Program process. Interest payments on overpayments \$5.00 or greater shall be accrued at 10 Percent (10%) per annum.~~
- ~~6. All private pay accounts may be subject to a credit history review. Any private pay patient who has applied for the KDHC Financial Assistance Program will not have a credit history review performed as an element of Financial Assistance Program qualification. KDHC will use a reputable, nationally based credit reporting system for the purposes of obtaining the patient or guarantor's historical credit experience.~~

~~KDHC offers patients a payment plan option when they are not able to settle the account in one lump sum payment. Payment plans are established on a case-by-case basis through consideration of the total amount owed by the patient to KDHC and the patient's or patient family representative's financial circumstances. Payment~~

~~plans generally require a minimum monthly payment based on the size of the patient balance. For minimum balance and corresponding plan term see table 1.0 below, of an amount such that the term of the payment plan term shall not exceed twelve (12) months. This minimum monthly payment amount shall be determined by dividing the total outstanding patient liability balance by 12. Payment plans exceeding 2412 months may be permitted for patients on a case-by-case basis who have an above average patient liability. Payment plans are free of any interest charges or set up fees. Some situations, such as patients qualified for partial financial assistance, may necessitate special payment plan arrangements based on negotiation between KDHCDC and patient or their representative. Such payment plans may be arranged by contacting a KDHCDC Patient Financial Services representative, and receiving approval from management. Once a payment plan has been approved, any failure to pay in accordance with the plan terms will constitute a plan default. It is the patient or guarantor's responsibility to contact the KDHCDC Patient Financial Services department if circumstances change and payment plan terms cannot be met.~~

7. _____

Balance Size:

<u>From</u>	<u>To</u>	<u>Max # of Pymts</u>
<u>\$0</u>	<u>\$200</u>	<u>4</u>
<u>\$201</u>	<u>\$500</u>	<u>5</u>
<u>\$501</u>	<u>\$1,000</u>	<u>6</u>
<u>\$1,001</u>	<u>\$2,500</u>	<u>10</u>
<u>\$2,501</u>	<u>\$5,000</u>	<u>15</u>
<u>>\$5,001</u>		<u>24</u>

*Minimum payment accepted = \$50/mo.

1. ~~Patient account balances in private pay status will be considered past due after 2130 days from the date of initial billing unless arrangements have been made with Patient Accounting. Accounts may be advanced to collection status according to the following schedule:~~
 - a. ~~Any or all private pay account balances where it is determined by KDHCDC that the patient or guarantor provided fraudulent, misleading or purposely inaccurate demographic or billing information may be considered as advanced for collection immediately upon such a determination by KDHCDC. Any such account will be reviewed and approved for advancement by the Patient Financial Services Director or her/his designee;~~
 - b. ~~Any or all private pay account balances where no payment has been received, and the patient has not communicated with KDHCDC within 1200 days of initial billing and a minimum of one bill showing details at the Summary of Services level and two~~

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- ~~cycle statements have been sent to the patient or guarantor. Any such account will be reviewed and approved for advancement by the Patient Financial Services Director or her/his designee;~~
- ~~c. Any or all other patient accounts, including those where there has been no payment within the past 1200 days, may be forwarded to collection status when:~~
- ~~i. Notice is provided to the patient or guarantor that payments have not been made in a timely manner and the account will be subject to collection 30 days from the notice date;~~
 - ~~ii. The patient or guarantor refuses to communicate or cooperate with KDHCD Patient Financial Services representatives; and~~
 - ~~iii. The Patient Financial Services Director or their/her/his management designee has reviewed the account prior to forwarding it to collection status.~~
- ~~2. Patient accounts will not be forwarded to collection status when the patient or guarantor makes reasonable efforts to communicate with KDHCD Patient Financial Services representatives and makes good faith efforts to resolve the outstanding account. The KDHCD Patient Financial Services Director or their/her/his designee will determine if the patient or guarantor are continuing to make good faith efforts to resolve the patient account and may use indicators such as: application for Medi-Cal, Healthy Families or other government programs; application for the KDHCD Financial Assistance Program; regular partial payments of a reasonable amount; negotiation of a payment plan with KDHCD and other such indicators that demonstrate the patient's effort to fulfill their payment obligation.~~
- ~~3. After 30 days or anytime wWhen an account otherwise becomes past due and subject to internal or external collection, KDHCD will provide every patient with written notice in the following form:~~
- ~~a. "State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov."~~
 - ~~b. Non-profit credit counseling services may be available in the area. Please contact the KDHCD Patient Financial Services if you~~

~~need more information or assistance in contacting a credit counseling service.~~

- ~~4. For all patient accounts where there is no 3rd party insurer and/or whenever a patient provides information that he or she^{they} may have high medical costs, the Patient Financial Services representative will assure that the patient has been provided all elements of information as listed above in number 2, parts (a) through (h). This will be accomplished by sending a written billing supplement with the first patient bill. The Patient Financial Services representative will document that the billing supplement was sent by placing an affirmative statement in the "notes" section of the patient's account.~~
- ~~5. For all patient accounts where there is no 3rd party insurer and/or whenever a patient provides information that he or she^{they} may have high medical costs, KDHCDC will not report adverse information to a credit reporting agency or commence any civil action prior to 150 days after initial billing of the account. Furthermore, KDHCDC will not send an unpaid bill for such patients to an external collection agency unless the collection agency has agreed to comply with this requirement.~~
- ~~6. If a patient or guarantor has filed an appeal for coverage of services in accordance with Health & Safety Code Section 127426, KDHCDC will extend the 150-day limit on reporting of adverse information to a credit reporting agency and/or will not commence any civil action until a final determination of the pending appeal has been made.~~
- ~~7. KDHCDC will only utilize external collection agencies with which it has established written contractual agreements. Every collection agency performing services on behalf of KDHCDC must agree to comply with the terms and conditions of such contracts as specified by KDHCDC. All collection agencies contracted to provide services for or on behalf of KDHCDC shall agree to comply with the standards and practices defined in the collection agency agreement; including this Credit and Collection Policy, the KDHCDC Financial Assistance Policy and all legal requirements including those specified in Health & Safety Code Section 127420 et seq.~~
- ~~8. KDHCDC and/or its external collection agencies will not use wage garnishments or liens on a primary residence without an order of the court. Any or all legal action to collect an outstanding patient account by KDHCDC and/or its collection agencies must be authorized and approved in advance, in writing by the KDHCDC Director of Patient Financial Services. Any such legal action must conform to the requirements of Health & Safety Code Section 127420 et seq.~~
- ~~9. KDHCDC, its collection agencies, or any assignee may use any or all legal means to pursue reimbursement, debt collection and any~~

~~enforcement—remedy from third-party liability settlements, tortfeasors, or other legally responsible parties. Such actions shall be conducted only with the prior written approval of the KDHCD director of patient financial services or the chief financial officer.~~

- ~~10. KDHCD, its collection agencies, or any assignee will not “balance bill” patients for amounts that health plans or capitated payors are obligated to pay. If a health plan or capitated payor submits a payment to KDHCD for lower than the amount billing, KDHCD will not directly bill the patient for the difference if the health plan is obligated to pay contractually.~~

~~“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.”~~



Administrative Manual:

Policy Number: AP123	Date Created: No Date Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Malinda Tupper (Chief Financial Officer)	
Financial Assistance Program Full Charity and Partial Discount Programs	

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

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

Kaweah Health, like all California acute care hospitals, must comply with Health & Safety Code Sections 127400 et seq., including requirements for written policies providing charity care to financially-qualified patients. Kaweah Health operates a non-profit hospital and, therefore, Kaweah Health must also comply with 26 U.S.C. § 501(r) and its implementation regulations, 26 C.F.R. § 1.501(r), et seq., including requirements related to billing and collections practices for financially-qualified patients. This policy is intended to meet such legal obligations and provides for charity care to patients who financially qualify under the terms and conditions of the Kaweah Health Financial Assistance Program.

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

II. Definitions:

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

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

C. Community Care Rate means the amount Kaweah Health would receive for services under its contract with Blue Cross.

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

E. Financially Qualified Patients are eligible for assistance under this policy for care covered by the policy without regard to whether the patient has applied for assistance under the policy² and includes any of the following:

i) Self-Pay Patients³ are:

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

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

² 26 C.F.R. §§ 1-501(r)-1(b)(15)

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

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

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

iii) **High Medical Cost Patients**⁴ are patients:

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

F. High medical costs⁵ are defined as annual out-of-pocket medical costs incurred at Kaweah Health that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing. The high medical costs incurred by the patient that exceed 10 percent of the Patient's Family Income in the prior 12 months, or annual out-of-pocket medical expenses incurred in the prior twelve (12) months that exceed 10% of the Patient's Family income.

G. Patient's Family⁶ is defined as follows:

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

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

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

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

of the parent or caretaker relative, dependent children of the patient's parents or caretaker relatives if those children are disabled.

III. Policy and Procedures:

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

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

Charity care will be based on income and family size as defined by Federal Poverty Income Guidelines and the attached sliding scales.⁸ Kaweah Health will also actively assist an individual in pursuing alternate sources of payment from third parties. Those individuals or families who qualify for alternative programs and services within the community but refuse to take advantage of them will not be covered by this policy. These actions are intended to allow Kaweah Health to provide the maximum level of necessary charity services within the limits of respective resources.

Charity care provided by this policy are available for medically necessary care.⁹ Charity is generally not available for non-medically necessary procedures. However, in certain cases an exception may be made. Exceptions require approval by administration. Specialized, high-cost services (i.e., experimental procedures, etc.) requiring charity care are

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

⁸ Cal. Health & Safety Code §§ 127405(a)(1)(A), (b).

⁹ 26 C.F.R. § 1-501(r)-4(b)(1)(i).

also subject to the review of administration prior to the provision of service.

A. Identification of Applicant

Kaweah Health makes reasonable efforts to presumptively determine whether a patient is eligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third-party data to identify Financially Qualified Patients.¹⁰

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

B. How to Apply

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

The Kaweah Health standardized application form will be available in both English and Spanish, and any other language deemed necessary by the methods discussed in Section VIII, below, and shall be available in any Registration or Patient Accounting area, as well as on the Kaweah Health website.¹¹ For patients who speak a language other than English or Spanish, or who need other accessibility accommodations, Kaweah Health will provide appropriate accommodations, language assistance services, and application assistance free of charge.

C. Full Charity Care

A full write-off of all balances due from a patient, whether the patient is insured, underinsured or self-pay, shall be granted to those financially qualified patients whose family income is up to 200% of the most recent Federal Poverty Guidelines.

Kaweah Health presumes qualified for full charity care any patient who can provide proof that they are eligible for or in a public benefits program

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

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

such as CalWORKS, CalFresh, SSI/SSP, Medicare Savings Program, WIC, or general assistance/general relief.

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

D. Partial Charity Care:

Partial Charity Care will be granted to Financially Qualified Patients earning between 201% and 600% of the Federal Poverty Level based on the most recent Federal Poverty Guidelines.¹² For these patients, expected payment for services will be limited to the amount Kaweah Health would have received from Medicare or Medi-Cal, whichever is greater, and then adjusted by the percentages defined on the attached sliding scales.¹³

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

E. Governmental Assistance

Kaweah Health makes all reasonable efforts to determine whether medical care would be either fully or partially paid for under other private or public health insurance. Consideration will be given to coverage offered through private health insurance, Medi-Cal, Medicare, California Children's Services, the California Health Benefit Exchange (Covered California), or other state- or county-funded programs designed to provide health coverage.¹⁴

¹² Cal. Health & Safety Code § 127405(a)(1)(A).

¹³ Cal. Health & Safety Code § 127405(d).

¹⁴ Cal. Health & Safety Code § 127420(a).

Kaweah Health provides an application for the Medi-Cal program or other state- or county-funded health coverage programs to patients identified as being potentially eligible for Medi-Cal or any other third-party coverage. This application is provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care.¹⁵

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

IV. Eligibility Criteria:

A. General Guidelines:

1. Kaweah Health determines eligibility for financially qualified patients in accordance with this policy and applicable state and federal laws.
2. Kaweah Health will not defer, deny, or require payment before providing medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under Kaweah Health's Financial Assistance Policy.¹⁶
3. Financially Qualified Patients, as defined above, or any patient who indicates the financial inability to pay a bill for a medically necessary service is screened for charity care.
4. Information obtained during the application process for financial assistance may not be used in the collection process, either by Kaweah Health, or by any collection agency engaged by Kaweah Health, except that such information, if independently obtained, may be used by Kaweah Health or any collection agency engaged by Kaweah Health independently of the eligibility process for charity care.¹⁷
5. A patient's status or claims with respect to worker's compensation, automobile insurance, or other insurance, including potential payments from pending litigation or third-party liens related to the incident of care, may be taken into consideration when evaluating the patient's eligibility for charity care or discount payments.
6. Emergency physicians providing emergency services in Kaweah Health are required to provide discounts to financially qualified patients whose family incomes are at or below 400 percent of the Federal

¹⁵ Cal. Health & Safety Code § 127420(b)(4).

¹⁶ 26 C.F.R. § 1.501(r)-6(b)(1)(iii).

¹⁷ Cal. Health & Safety Code § 127405(c)(3).

Poverty Guidelines.¹⁸ At the patient's request, Kaweah Health will advise patients to apply for charity care to the physician's billing company upon the patient's receipt of a bill for services from that billing company. This statement shall not be construed to impose any additional responsibilities upon Kaweah Health.

B. Eligibility Guidelines

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

1. Patient Income

The Federal Poverty Guidelines as established by Health and Human Services will be used to determine annual income guidelines and limits.¹⁹

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

Earnings for the purposes of determining eligibility will be based on the lower of either the patient's projected annual family income or the patient's family current income level at the time of application for financial assistance.²⁰

The applicant may be asked to provide acceptable income verification, such as recent payroll stubs, tax returns, or other items or verification.²¹ If the patient is unemployed or does not receive payroll stubs, a written statement of need must be provided by the patient or the patient's representative attesting to their income and employment status as part of their financial assistance application.

¹⁸ Cal. Health & Safety Code § 127452(a)

¹⁹ Cal. Health & Safety Code § 127405(b).

²⁰ *C.f.* Cal. Welf. & Inst. Code § 14005.65.

²¹ Cal. Health & Safety Code § 127405(c)(1).

2. Patient Assets

~~Only certain assets and resources may be considered when determining eligibility for charity care. Retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans will not be considered as available resources to pay Kaweah Health bills.²² Furthermore, the first ten thousand dollars (\$10,000) of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first ten thousand dollars (\$10,000) be counted in determining eligibility.²³~~

23. Other Sources of Payment for Services Rendered

The appropriate amount of charity care is determined in relation to the amounts due after applying all other sources of payment. Kaweah Health provides applications for other sources of payment, such as Medi-Cal, if requested by the patient, or if the patient does not indicate coverage by a third-party payor or requests a discounted price or charity care.²⁴

C. Patients without Housing

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

D. Special Circumstances

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

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

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²² Cal. Health & Safety Code §§ 127405(e), (e)(2)

²³ Cal. Health & Safety Code § 127405(e).

²⁴ Cal. Health & Safety Code § 127420(b)(4).

V. Timelines

A. Eligibility Period

Eligibility for charity care may be determined at any time Kaweah Health is in receipt of information regarding a patient's family income and financial situation.²⁵ While it is preferred that such patients be screened upon admission, they may be screened at any time, including throughout any third-party collections process.

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

B. Time Requirements for Charity Care Eligibility Determination

Every effort is made to determine a patient's eligibility for charity care as soon as possible. While it is desirable to determine the amount of charity care for which the patient is eligible as close to the time of service as possible, there is no limit on the time when an application or the eligibility determination is made. A determination will be postponed while insurance or other sources of payment are still pending.

The timeframe to make a decision on an application will be extended if the patient has a pending appeal for coverage of the services, until a final determination of that appeal is made.²⁶ The patient shall make a reasonable effort to communicate with Kaweah Health about the progress of any pending appeals.

For purposes of this section, "pending appeal" includes any of the following:²⁷

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

²⁵ Cal. Health & Safety Code § 127405(e)(4).

²⁶ Cal. Health & Safety Code § 127426(a).

²⁷ Cal. Health & Safety Code § 127426(c).

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

In some cases, a patient eligible for charity care may not have been identified prior to initiating external collection action. Accordingly, Kaweah Health requires its collection agencies to comply fully with all pertinent state and federal laws and regulations, with this policy on charity care, and with Kaweah Health's Credit and Collection Policy.²⁸ This will allow the agency to report amounts that they have determined to be uncollectible due to the inability to pay in accordance with Kaweah Health's charity care eligibility guidelines.

VI. Partial Charity Care Discount Payment Plans

Kaweah Health will make available reasonable, no-interest payment plans for patients qualifying for Partial Charity Care under this policy.²⁹ The plan will be individually negotiated between the patient and Kaweah Health based on the rates outlined in Section III.D. ("Partial Charity Care"), above.³⁰ A reasonable payment plan means monthly payments cannot exceed more than ten percent of a patient's family income for a month after deductions for essential living expenses, as defined in Section II above³¹.

In the event a Financially Qualified Patient still has a remaining balance after payment has been received from third-party payers and an application for financial assistance has been processed, expected payment for services will be based on the attached sliding scales.

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

If a patient defaults in making regular payments, Kaweah Health makes reasonable efforts to contact the patient by phone and in writing, giving notice that the extended payment plan may become inoperative.³² An attempt at renegotiating the payment plan will be done at the request of the patient or their guarantor. Kaweah Health initiates collection efforts

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

²⁹ Cal. Health & Safety Code § 127425(i).

³⁰ Cal. Health & Safety Code § 127405(b).

³¹ Cal. Health & Safety Code § 127400(i).

³² Cal. Health & Safety Code § 127425(i).

only after reasonable efforts to contact the patient have failed and after 90 days of non-payment. Kaweah Health does not report adverse information to a credit-reporting bureau until the extended payment plan has been declared inoperative.

VII. Patient Finance Processes

E. Who can grant Charity Care Eligibility

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

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

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

B. Review of Decision

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

In the event of a dispute prior to an eligibility determination, a patient may seek review from the Patient Accounting Supervisor, Revenue Cycle Manager or Director of Revenue Cycle.³³

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

The review process shall consist of these level of management:

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

³³ Cal. Health & Safety Code § 127405(a)(1)(A).

C. External Collections

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

Kaweah Health will only send patient accounts to a collection agency when the collection agency agrees to adhere to all state and federal laws pertaining to fair collection of debt, as well as to those pertaining to charity and discount care.³⁴ That includes the Kaweah Health Financial Assistance Policy, the Kaweah Health Credit and Collection Policy, the California Hospital Fair Pricing Act, the Rosenthal Fair Debt Collection Practices Act, the federal Fair Debt Collection Practices Act, and the tax regulations at 26 C.F.R. §§ 1.501©-1, et seq.

An account that has been placed with an outside collection agency can be considered for charity care at any time in accordance with Kaweah Health's charity care policy. When, during the collection process, a patient asserts they cannot afford to pay the debt, has failed to make previously agreed upon extended payments, or is otherwise identified by the collection agency as meeting Kaweah Health's charity care eligibility criteria, the collection agency will refer the account to Kaweah Health to screen for charity care eligibility. Kaweah Health will undertake reasonable efforts to gather eligibility information from the patient. If, after such reasonable efforts, the patient fails or refuses to provide required information, the account will be referred back to the collection agency.

If a patient is approved for Financial Assistance under this policy, Kaweah Health and any collection agencies acting on its behalf shall assess the patient's financial status over the previous 8 months to determine eligibility for charity care. Kaweah Health will reimburse financially qualified patients for the amount actually paid, if any, in excess of the amount due for debt related to care received from Kaweah Health. Any payments made during the previous 8 months when the patient would have been financially eligible for full charity care shall be considered payments ~~is~~ "in excess of the amount due," and shall be reimbursed. If the patient is eligible for partial charity care, any outstanding balance the patient owes will be reduced according to the sliding scale terms of partial charity care. Any payments the patient made while eligible for partial charity care will be reassessed using the

³⁴ 26 C.F.R. § 1-501(r)-6(c)(10).

same sliding scale amount; any amount the patient paid in excess of the partial charity care amount due in that month shall be reimbursed. Payments made for debt related to care received from Kaweah Health at a time when the patient was not eligible for Financial Assistance shall not be reimbursed.

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

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

D. Recordkeeping

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

E. Application of Policy

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

VIII. Public Notice and Posting

Kaweah Health widely publicizes this policy in a manner that is reasonably calculated to reach, notify and inform those patients in our communities who are most likely to require financial assistance.³⁵

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

Kaweah Health accommodates all significant populations that have limited English proficiency (LEP)³⁶ by translating this policy, the application form, and the plain language summary³⁷ of this policy into the primary language(s) spoken by each LEP language group that constitutes the lesser of 1,000 individuals or five percent of the community served by Kaweah Health, or the population likely to be affected or encountered by Kaweah Health. Kaweah Health will make further efforts to publicize this policy in languages other than English as appropriate and consistent with requirements under the law.³⁸

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

Availability of Policy and Application

1. Kaweah Health makes this policy, applications for assistance, and the plain language summary of this policy, as well as other important information about the availability of financial assistance, widely available on the Kaweah Health website.
2. Kaweah Health makes paper copies of this policy, the application for assistance under this policy, and the plain language summary of the policy available upon request and without charge, both by mail and in public locations in the hospital facility, including, at a minimum, in the emergency department, admissions areas, and billing department.

Posted Notices³⁹

1. Kaweah Health posts notices in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, such as the emergency department, billing office, admitting office, and hospital outpatient service settings.
2. Posted notices are in English and Spanish and in a manner consistent with all applicable federal and state laws and regulations.
3. Posted notices contain the following information:
 - a. A plain language statement indicating that Kaweah Health has a financial assistance policy for low-income uninsured or underinsured patients who may not be able to pay their bill and that this policy provides for full or partial charity care write-off or a discount payment plan.

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

³⁷ 26 C.F.R. § 1-501(r)-1(b)(24).

³⁸ Cal. Health & Safety Code § 127410(a).

³⁹ Cal. Health & Safety Code § 127410(b).

- b. A Kaweah Health contact phone number that the patient can call to obtain more information about the policy and about how to apply for assistance.
- c. The internet address for the Health Consumer Alliance (<https://healthconsumer.org>) and a statement there are organizations that will help the patient understand the billing and billing process.
- d. A statement explaining that for patients who speak a language other than English or Spanish or who have other accessibility needs, Kaweah Health will provide language assistance services and accessibility accommodations free of charge.

4. Kaweah Health sets up conspicuous public displays⁴⁰ (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about the policy in public locations in Kaweah Health facilities, including, at a minimum, the emergency department, admissions areas, billing office, and other outpatient settings.

Written Notices⁴¹

1. Kaweah Health provides all written notices in the language spoken by the patient, as required by applicable state and federal law.
2. Upon admission or discharge, Kaweah Health provides to every patient a written, plain language summary of the Kaweah Health Financial Assistance Policy that contains information about the availability of Kaweah Health's charity care policy, eligibility criteria, and the contact information for a Kaweah Health employee or office where the patient may apply or obtain further information about the policy. If any patient is not admitted, the written notice will be provided when patient leaves the facility. If the patient leaves the facility without receiving the written notice, Kaweah Health will mail the notice to the patient within 72 hours of providing services.⁴²
3. Kaweah Health includes a conspicuous written notice on all billing statements that notifies and informs patients about the availability of financial assistance under this policy and includes the telephone number of the office or department which can provide information about the policy and application process, and the direct Web site address (or URL)⁴³ where copies of this policy, the application form, and the plain language summary of this policy may be obtained.⁴⁴

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

⁴¹ Cal. Health & Safety Code § 127410(a).

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

⁴³ 26 C.F.R. § 1-501(r)-4(b)(5).

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

4. With each billing statement sent to uninsured patients, Kaweah Health provides a clear and conspicuous notice that contains all of the following:⁴⁵

- a. A statement of charges for services rendered by Kaweah Health.
- b. A request that the patient inform Kaweah Health if the patient has health insurance coverage, Medicare, Medi-Cal, or other coverage.
- c. A statement that, if the patient does not have health insurance coverage, the patient may be eligible for Medicare, Healthy Families Program, Medi-Cal, coverage offered through the California Health Benefit Exchange, California Children's Services program, other state- or county-funded health coverage, or charity care.
- d. A statement indicating how patients may obtain applications for the programs identified in paragraph (c) above.
- e. A referral to a local consumer assistance center housed at legal services offices.⁴⁶
- f. Information regarding applications for assistance under this policy, including the following:
 - i. A statement that indicates that if the patient lacks, or has inadequate, insurance, and meets certain low- and moderate-income requirements, the patient may qualify for discounted payment or charity care.
 - ii. The name and telephone number of a hospital employee or office from whom or which the patient may obtain information about the hospital's discount payment and charity care policies, and how to apply for that assistance.⁴⁷

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

⁴⁶ Cal Health & Safety Code § 127420(b)(4).

⁴⁷ Cal Health & Safety Code § 127420(b)(5).

Agenda item intentionally omitted

Human Resources

Policy Number: HR.80	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 2/28/2024
Approvers: Board of Directors (Administration)	
Docking Staff	

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

POLICY:

The fluctuating workload and census inherent in hospitals and health care may occasionally cause the need for a reduced workforce. When this situation occurs, non-exempt personnel may have their hours reduced in accordance with this policy. Exempt staff are not normally included in the docking rotation. Each department's management will be responsible for recommending and implementing sound staffing decisions in accordance with Kaweah Health's goals for effective resource management. Employees who report to work, are not provided any work, and are subsequently docked are guaranteed one (1) hour of pay.

PROCEDURE:

At times the workload or census may require that employees who are scheduled to work but indicated to dock be put on Standby. In these cases employees will stay on Standby until called back into work or subsequently docked until their shift ends. Employees will not have the right to refuse Standby for regularly scheduled shifts. Pay for Standby and Callback will be in accordance with policy entitled STANDBY AND CALLBACK PAY (HR. 72). Additionally, docked time will be documented in the timekeeping system to allow appropriate application of hours.

Each department establishes a plan for docking that sets out the criteria by which decisions for docking are made, utilizing the prioritization noted below. When docking is indicated, the determination of which employees will be scheduled for docking will be made by the department leader or designee.

In certain units/departments when volumes are low, employees scheduled to work will be called with a new start time for their shift. Refusal to accept the change in the start time may count as an attendance occurrence. Employees may use the PTO Mandatory Dock or Mandatory Dock-No Pay pay code for the hours missed in order to accrue PTO and EIB within policy limits.

- II. Mandatory dock time will be applied in the following order
 - A. Overtime shifts
 - B. Employees who volunteer to be docked

- C. Per Diem
- D. Part-Time Staff
- E. Full-Time Staff

Docking Staff

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Docking Staff

Prior to mandatory docking employees, leaders may ask if any employee wishes to take time off rather than work the shift or remainder of the shift.

If no employee desires time off, then leaders will apply the mandatory dock time as it meets the functional needs of the department.

To ensure fairness, each department will rotate their employees through docking procedures as appropriate to their staffing needs.

Timekeeping

Timekeeping is noted as PTO Mandatory Dock or Mandatory Dock/No Pay.

Dock hours are applied to:

- A. Hours required to maintain employee benefits eligibility.
- B. Accruals earned each pay period,
- C. Qualified service hours used to compute what level Paid Time Off accrual is earned.

Department management who routinely dock employees will review staffing needs. Those who are actively recruiting to fill vacancies within their department will analyze the need for extra staff and, when not justified, will notify Human Resources if it is determined that a current vacancy should not be posted or if a full-time opening should be changed to part-time or per-diem.

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

Agenda item intentionally omitted

Policy Number: HR.70	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 10/23/24
Approvers: Board of Directors (Administration)	
Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation	

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

PURPOSE:

It is important that Kaweah Health employees receive their meal periods and rest breaks. These assist staff in attending to personal matters as well as downtime. Kaweah Health will facilitate meal periods and rest breaks by relieving employees of duties for specified amounts of time. In addition, Kaweah Health will provide rest and recovery periods related to heat illness for occupations that may be affected by same (i.e. Maintenance employees who work outdoors). Kaweah Health supports new mothers who desire to express milk for their infants while at work. Kaweah Health will provide the use of a room, or other location to the nursing mothers work area for expressing milk.

MEAL PERIOD POLICY AND PROCEDURE:

For non-exempt employees working more than five hours per day, including 8-, 9-, or 10-hour shift employees, Kaweah Health will provide, and employees are expected to take a 30-minute duty-free meal period. The meal period will be scheduled to start within the first five hours of each shift, i.e. the meal period must start before the end of the fifth hour in the shift. An employee who works routinely six hours or less per day may voluntarily choose to waive the meal period in writing.

For non-exempt employees working more than ten hours per day, including 12-hour shift employees, Kaweah Health will provide, and employees are expected to take a second 30-minute duty-free meal period; this meal period must start before the end of the tenth hour of the shift. Employees working more than ten hours, but less than twelve hours may choose to waive, in writing, one of the two meal periods provided. If one of the two meal periods is waived, the single meal period will be scheduled approximately in the middle of the workday as practicable. An employee working more than 12 hours is authorized and expected to take a third 30-minute meal period.

Meal periods will be made available and provided by Kaweah Health Leaders; it is each employee's responsibility to ensure that they are taking appropriate meal periods as set forth in the policy. 30-minute uninterrupted meal periods are to be scheduled. On rare occasions, an employee may request to delay their meal period. Kaweah Health retains the right to set work schedules, including meal periods and rest break schedules.

Meal periods will be unpaid only if the employee is relieved of all duty for at least 30 minutes and the employee is not interrupted during the meal period with work-related requests. Non-exempt employees may leave the organization premises during meal periods, but are to notify their supervisor if they do leave, and inform them when they return.

Employees who are not provided a 30- minute meal period of uninterrupted time in a timely manner as described are entitled to one hour of pay at their regular rate of pay (pay code MPRB1hour). An employee who is not provided with a meal period according to policy must, complete a time adjustment sheet by the end of the current pay period and notify their leader. The leader will authorize payment of premium pay in the timekeeping system. Note that if the employee voluntarily delays their meal period, no additional pay of one hour will be paid.

In particular circumstances and based solely on the nature of the work, and with the approval of Human Resources, a revocable On-Duty Meal Period Agreement can be completed by the employee and Kaweah Health. This typically applies when there are few employees in a department or night shift is limited.

The beginning and end of each meal period must be accurately recorded on the time card or timekeeping system.

MEAL PERIOD WAIVER

Employee or Kaweah Health may revoke a signed "Meal Period Waiver" at any time providing at least one day's advance notice in writing to Human Resources and their manager. Otherwise the waiver will remain in effect until revoked.

REST BREAK POLICY AND PROCEDURE:

By way of this policy, non-exempt employees are also authorized, permitted, and expected to take a 10-minute rest break for every four hours of work or major fraction thereof. Employees must work at least 3.5 hours to be entitled to a rest break. Rest breaks should be taken in the middle of each 4- hour period in so far as it is practicable. These rest breaks are authorized by Kaweah Health; but it is each employee's responsibility to ensure that they are taking appropriate rest breaks.

Rest breaks are considered paid time, and employees do not clock out and clock in for taking such breaks. Leaving the organization premises is not permitted during a rest break.

If for some reason, an employee's rest break is not authorized or permitted, the employee will be entitled to one hour of pay at their regular rate of pay. An employee who is not authorized or permitted to take a rest break according to policy must complete a time adjustment sheet by the end of the current pay period and notify their leader. Only one premium payment per day will be paid for missing one or more rest breaks.

ADDITIONAL INFORMATION:

An employee may be entitled to no more than two hours of premium pay per day (one for a meal period that was not provided and one for one or more rest breaks that were not authorized or permitted). Employees are required to submit time adjustment sheets by the end of the current pay period for the missed or interrupted meal break or unauthorized rest break listing the reason or reasons for a missed or shortened meal period or a missed rest break.

Employees may not shorten the normal workday by not taking or combining breaks, nor may employees combine rest breaks and meal periods for an extended break or meal period

Non-Exempt employees are entitled to rest breaks as follows:

- **Less Than 3.5 Hours:** An employee who works less than three-and-a-half is not entitled to a rest break.

- 3.5 Hours or More: An employee who works three-and-a-half hours or more is entitled to one ten-minute rest period.
- More than 6 Hours: An employee who works more than six hours is entitled to two ten-minute rest periods, for a total of 20 minutes of resting time during their shift.
- More than 10 Hours: An employee who works more than ten hours is entitled to three ten-minute rest periods, for a total of 30 minutes of resting time during their shift.
- An employee is entitled to another ten-minute rest period every time they pass another four-hour, or major fraction thereof, milestone.

How Many Meal Breaks Must be Taken:

- 5 Hours or Less: An employee who works five hours or less is not entitled to a meal break.
- More than 5 Hours: An employee who works more than five hours is entitled to one 30- minute meal break.
- More than 10 Hours: An employee who works more than ten hours is entitled to a second 30-minute meal break.

BREASTFEEDING AND/OR LACTATION ACCOMMODATION

Kaweah Health is compliant with the Pregnant Workers Fairness Act (PWFA) requirements and the Providing Urgent Maternal Protections for Nursing Mothers Act (PUMP Act). Kaweah Health will provide a reasonable amount of break time to allow an employee to express breast milk for that employee's infant child. The break time will run concurrently, if possible, with any rest break or meal period time already provided to the nursing mother. If it is not possible for the break time that is already provided to the employee, the break time shall be unpaid.

Kaweah Health will make reasonable efforts to provide the nursing mother with the use of a room or other location in close proximity to their work area for the nursing mother to express milk in private. If a refrigerator cannot be provided, Kaweah Health may provide another cooling device suitable for storing milk, such as a lunch cooler.

There are several designated lactation rooms that may be found throughout Kaweah Health. Their locations are the following:

- a) Mineral King Wing, 1st Floor MK lobby by Lab Station
- b) Mineral King Wing, 2nd Floor on the left heading to ICU
- c) Mineral King Wing, 3rd Floor on the left just past the stairwell
- d) Acequia Wing, Mother/Baby Department
- e) Support Services Building, 3rd Floor, (Computer available)
- f) South Campus, next to Urgent Care Lobby
- g) Imaging Center/Breast Center Office (Computer available)
- h) Mental Health Hospital, Breakroom Suite
- i) Visalia Dialysis, Conference Room, (Computer available)
- j) Exeter Health Clinic, Family Practice Department, (Computer available)
- k) Woodlake Health Clinic, (Computer available)
- l) Dinuba Health Clinic, (Computer available)
- m) Lindsay Health Clinic, (Computer available)
- n) Rehabilitation Hospital, next to Outpatient Speech Therapy Office

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

Agenda item intentionally omitted

Policy Number: EOC 5000	Date Created: 06/01/2009
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Manager)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Fire Prevention Management Plan	

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

I. OBJECTIVES

The objectives of the Management Plan for Fire Prevention Life Safety at Kaweah Delta Health Care District (KDHCD) herein after referred to as Kaweah Health (KH) are to provide an environment wherein patient care can be safely administered; to provide a fire safe *environment of care* to protect patients, personnel, visitors and property from fire and the products of combustion, and to provide for the safe construction and use of building and grounds in accordance with applicable codes and regulations for the State of California.

II. SCOPE

The scope of this management plan applies to **all buildings within Kaweah Health**

Each off site area is required to have a unit-specific fire plan that addresses the unique considerations of the environment, including, but not limited to, building evacuation requirements. Off-site areas are monitored for compliance with this plan during routine environmental surveillance by Environment of Care (EOC) committee members.

It is the responsibility of the Safety Officer to assess and document compliance with the Fire Prevention Plan for the off-site areas, using an environmental surveillance checklist.

III. AUTHORITY

The authority for overseeing and monitoring the fire prevention management plan and program lies with the *Environment of Care* Committee, whose members will ensure that fire prevention activities are identified, monitored and evaluated, and will also ensure that regulatory activities are monitored and enforced, as necessary.

IV. RESPONSIBILITIES

KH Leadership have varying levels of responsibility and work together in the management of fire risks as identified below:

Board of Directors: The Board of Directors supports the Fire Prevention Management Plan through review and feedback, if applicable, of the quarterly and annual *Environment of Care* reports and endorsing budget support.

Professional Staff Quality Committee/PROSTAFF: Reviews the annual *Environment of Care* report from the *Environment of Care* Committee, providing feedback, if necessary.

Quality Council: Reviews annual *Environment of Care* report from the *Environment of Care* Committee and provides broad direction in the establishment of performance monitoring standards relating to fire prevention and fire risks.

Administrative Staff: Administrative staff provides active representation during the *Environment of Care* Committee meetings and sets an expectation of accountability for compliance with the Fire Prevention Program.

Environment of Care Committee: *Environment of Care* Committee members review and approve the quarterly *Environment of Care* reports, which contain a Fire Prevention component and oversee any issues relating to the overall fire prevention program.

Directors and Department Managers: Support the Fire Prevention Management Program by:

1. Reviewing and correcting deficiencies identified through the hazard surveillance process that relate to fire risks
2. Communicating recommendations from the *Environment of Care* Committee to affected staff in a timely manner.
3. Developing education programs within each department that ensure compliance with the policies of the Fire Prevention Management Program.
4. Supporting all required employee fire prevention education and training to include a disciplinary policy for employees who fail to meet the expectations.
5. Serving as a resource for staff on matters of fire prevention.

Employees: Employees of KH are required to participate in the Fire Prevention Life Safety Management program by:

1. Completing required fire prevention education.
2. Participating in fire drills
3. Reporting any observed or suspected unsafe conditions to his or her department manager as soon as possible after identification that may pose a fire risk.

Medical Staff: Medical Staff will support the Fire Prevention Management Program by abiding by the District's policies and procedures relating to fire prevention and Life Safety.

V. MANAGEMENT OF FIRE RISKS

KH has multiple processes in place that minimize the potential for harm from fire, smoke and other products of combustion, they include, but are not limited to:

1. This written plan serves to identify the overall components of the *Management Plan for Fire Prevention and Life Safety*.
2. Life Safety policies and procedures, which include an overall fire response plan for all staff
3. Fire Drills: Fire drills are performed per code to test staff response relating to the overall fire plan and to keep staff trained through rehearsal.
4. Procedures for testing, inspection and maintenance: Procedures are in place to ensure fire equipment testing and suppression equipment are properly tested, inspected and maintained.

5. Risk Assessment: Risk assessment for life safety includes ongoing hazard surveillance, *the Interim Life Safety Assessment* process, loss audits, regulatory, insurer and accreditation surveys.
6. Performance Standards: Performance standards are in place, based upon risk to the medical center, and monitored quarterly.
7. Education: Education and training of staff, physicians, temporary workers, students and volunteers is in place.
8. Testing, Inspection and maintenance: Testing, inspection and maintenance of fire extinguishing and suppression equipment, and fire alarm systems is in place.
9. *Statement of Conditions*: A Statement of Conditions is in place and is current. The deemed responsibility for the Statement of Conditions lies, jointly, with the Safety Office and the Facilities Director.

Reviewing Proposed Acquisitions:

To minimize the risks associated with flammable products brought into KH, a process is in place for the review of proposed acquisitions of bedding, window draperies, furnishings, decorations, wastebaskets and other equipment and materials. KH has all "requests for purchases" submitted to Facilities for review. The materials are acquired or approved through Facilities and Purchasing, and ensures:

1. Product(s) meets smoke and flame-resistant standards
2. Waste baskets are of noncombustible materials, or other approved material
3. Flame resistant coating and covering are maintained to retain their effectiveness
4. Attention is given to heat-generating combustible material and placement of equipment close to heat sources.

Staff will acquire samples and/or specification to assure that they have Class A rating (flame spread 0-25 and smoke development of 0-450) or rating such as Plenum, Fire rated per material. Staff will proceed with acquisition only when approved specifications are met, and are responsible for maintaining the specifications on file for each acquisition. Furniture purchased for the hospital meets state technical bulletin requirements, which requires a rating tag be attached to each article of furniture.

All materials within the hospital shall meet federal, state and local requirements for system construction, and treating and testing by approved testing agencies. Records of all materials shall be maintained on the hospital premises in the form of independent test laboratory reports, i.e., tags, or construction documentation.

These items include, but are not limited to:

<u>Item</u>	<u>Verification</u>
Finish materials	Independent Test Report
Low Voltage Wire	UL Smoke Rating/Independent Test
Construction Materials	Approved As-Builts
Furniture (State bulletins)	Test Report/Tags
Bedding/Curtains	Test report/Tags/Treat
Decorations	Test report/Tags/Treat
Holiday Trees	Office of State Fire Marshal Tag/Treat
Waste Baskets (similar items)	Location/Material/Approved

Contractors:

All contractors, before starting work at KH, are responsible for adhering to the following criteria.

1. All equipment installed in the facility (high and low voltage) will be listed and approved by an independent testing lab (approved by the State of California).
2. All components will be hospital grade.
3. Modifications to existing equipment cannot be made without written approval of the KH (re-certification may be required).
4. All finish material will be approved and meet code requirements.
5. All furniture will meet state bulletin requirements for sprinkled and non-sprinkled areas.
6. All construction will meet federal/state and local requirements.
7. Contractors will become familiar with KH's Fire Procedures.
8. Contractors are to act in a professional manner, and to maintain proper identification and demonstrate respect for patient privacy and confidentiality.

Before initiation of a construction project, interim life safety measures (ILSM) will be assessed by the safety department, and an Infection Control permit will be issued. Ongoing ILSM's are the responsibility of the Safety Officer. A policy is in place that identifies in detail the ILSM process, including individuals who are responsible for implementation.

Newly constructed and existing environments of care are designed and maintained to comply with the *Life Safety Code*.

To minimize the potential for harm from fire, when newly constructed and existing environment of care are designed, only licensed architects are used, who oversee the process of subcontractors, who are independently licensed and bonded. Local, state and federal regulations are followed.

Exceptions to this are made on an case by case basis, by the Facilities Department, in conjunction with authorized personnel ensuring that all applicable regulations, codes and standards are followed.

Other Methods in Place to minimize the potential for harm from Fire, Smoke and other Products of Combustion include the following:

1. Fire/Smoke Doors: All doors are held open only by approved devices, i.e. electromagnetic or electromechanical. At NO TIME may doors be propped open with doorstops or other devices not connected to the fire alarm system.
2. General Environment: All areas of KH are kept clean and orderly. Trash is removed regularly from designated holding areas.
3. Portable Electric Equipment: All plugs must be grounded. Extension cords must comply with the extension cord policy. Equipment must be in good operating condition.
4. Smoking: "No Smoking" regulations are strictly enforced, policy HR.193.
5. Ventilation Hoods: Ventilation hoods are cleaned on a regular basis, to code, to prevent buildup. The automatic fire extinguishing systems are properly charged and inspected and all nozzles securely fastened.

6. Storage Areas: Every attempt is made to arrange stock in an orderly fashion, with a minimum of eighteen (18) inches below the sprinkler heads and a minimum of twenty four (24) inches below the ceiling in non-sprinkled areas.
7. Aisles: Aisles between storage shelves are at least three feet apart. No storage is permitted within thirty-six (36) inches in front of electrical panels. Combustible materials shall not be stored in electrical rooms.
8. Space Heaters: Portable space heating devices shall be prohibited in all District areas, with the following exception: Approved portable space heating devices may be allowed in **non-patient care areas** as long as they conform to the following:
 - Heating elements of such devices do not exceed 212 degrees Fahrenheit (NFPA 101[®], 2000 Edition, §19.7.8)
 - Required for medical or extreme necessity
 - Approval of the Director of Facilities, Clinical Engineering and Chief Operating Officer
 - The heating device must be equipped with a tip over shut off
 - The heater shall not be plugged into a surge protector or extension cord
9. Flammable Liquids: (Such as acetone, alcohol, benzene, and ether) limit the amount on hand to a minimum working supply. If possible, keep in metal container. Where safety cabinets or storage rooms are available, keep these materials in them and maintain the door to such storage in the closed position. No smoking, open flame or sparking device shall be allowed around flammable liquids or compressed gas. Oxygen and nitrous oxide shall not be stored with flammable gases, such as cyclopropane and ethylene, or with flammable liquids.
10. Electrical Hazards: Report promptly any frayed, broken or overheated extension cords or electrical equipment. Do not operate light switches, or connect or disconnect equipment where any part of your body is in contact with metal fixtures or is in water. Specially built equipment is in use in the operating and delivery rooms to eliminate electric sparks, and to control static electricity.
11. Acids: All concentrated or corrosive acids must be handled with extreme care. Avoid storing these materials on high shelves, or in locations where they are likely to be spilled or the containers broken. Organic acids and inorganic acids shall not be stored together. Any spillage shall be immediately diluted or neutralized and cleaned up.

Minimization of risk to patients who smoke:

See policy HR.193 "Tobacco Free Campus."

Maintaining free and unobstructed access to all exits:

Surveillance activities allow *Environment of Care* Committee members to monitor compliance with *Life Safety Code* requirements, including maintaining free and unobstructed access to all exits. Should an exit need to be obstructed for some reason (i.e. construction, renovation, etc.) an ILSM assessment will be made before the exit path is impeded and Interim Life Safety Measures will be put into place.

The District has a written fire response plan:

See policy EOC.5002 "Fire Response Plan."

Specific roles and responsibilities of Staff, Licensed Independent Practitioners (LIPs) and Volunteers in preparing for building evacuation:

Specific roles and responsibilities of staff, LIPs and volunteers in preparing for building evacuation are integrated into new-hire orientation and annual safety training, the information is also discussed during fire drills.

The District conducts fire drills:

1. Fire drills are conducted quarterly on all shifts in each building defined by the *Life Safety Code* as the following:
 - Ambulatory Health Care Occupancy
 - Health Care Occupancy
2. Fire drills are conducted annually in all free standing buildings classified as a business occupancy as defined by the *Life Safety Code*.
3. At least 50% of fire drills are unannounced at KH facilities.
4. Staff and who work in buildings where patients are housed or treated participate in fire drills

Note: Staff participate in fire drills in all areas of the hospital, with the exception of those who cannot leave patient care during the time of a drill.

5. KH critiques fire drills to evaluate fire safety equipment, fire safety-building features, and staff response to fire.
 - The evaluation is documented and reported to the *Environment of Care* on a quarterly basis.
 - Fire drills are critiqued post drill to identify deficiencies and opportunities for improvement.

The District maintains fire safety equipment and fire safety building features:

The following types of equipment or features exist within the District, with the following maintenance, testing and inspection requirements in place. All tests and/or inspections are documented and maintained in the Facilities Department.

1. At least quarterly, KH tests supervisory signal devices (except valve tamper switches).
 - a. Note: Supervisor signals include the following: control valves; pressure supervisor; pressure tank, pressure supervisory for a dry pipe, steam pressure; water level supervisor signal initiating device; water temperature supervisory; and room temperature supervisory.
2. Every six months, KH tests valve tamper switches and water flow devices.
3. Every 12 months, KH tests duct detectors, , heat detectors, manual fire alarm boxes and smoke detectors.

4. Every 12 months, KH tests visual and audible fire alarms, including speakers and door releasing devices on the inventory.
5. Every quarter, KH tests fire alarm equipment for notifying off-site fire responders.
6. Every week, KH tests diesel fire pumps under no-flow conditions.
7. Every week, KH inspects electric motor driven fire pumps under no-flow conditions.
8. Every month, KH tests electric motor driven fire pumps under no-flow conditions.
9. Every 12 months KH tests main drains at system low point or at all system risers.
10. Every quarter, KH inspects all fire department water supply connections.
11. Every 12 months, KH tests fire pumps under flow conditions.
12. Every 5 years, KH conducts water-flow tests for standpipe systems.
13. Every 6 months, KH inspects any automatic fire-extinguishing systems in a kitchen.
14. Every 12 months, KH tests carbon dioxide and other gaseous automatic fire-extinguishing systems.
15. At least monthly, KH inspects portable fire extinguishers.
16. Every 12 months, KH performs maintenance on portable fire extinguishers.
17. KH operates fire and smoke dampers one year after installation and then at least every 6 years to verify that they fully close.
18. Every 12 months, KH tests automatic smoke-detection shutdown devices for air-handling equipment.
19. Every 12 months, KH tests sliding and rolling fire doors for proper operation and full closure.
20. Every 12 months, KH tests and inspects door assemblies.
21. Every month, KH tests elevators with fire fighters' emergency operations.
22. Every month, KDHCD inspects fire sprinkler gauges and valve tamper switches.

Monitoring Conditions in the Environment:

Kaweah Health establishes a process for continually monitoring, internally reporting, and investigating fire safety management problems, deficiencies and failures.

Through the *Environment of Care* Committee structure, the above elements are reported and investigated on a routine basis by managerial or administrative staff, with oversight by the committee. Minutes and agendas are kept for each *Environment of Care* meeting and filed in Performance Improvement.

Patient Safety: Periodically there may be an *Environment of Care* issue that has impact on the safety of our patients relating to life safety and or fire prevention. This may be determined from *Sentinel Event* surveillance, environmental surveillance, patient safety standards or consequential actions identified through the risk management process. When a patient-safety issue relating to life safety or fire prevention emerges, it is the responsibility of the Safety Officer or designee to bring forth the issue through the patient safety process.

Annual Evaluation of the Fire Prevention Management Plan:

On an annual basis *Environment of Care* Committee members evaluate the Fire Prevention Life Safety Management Plan, as part of a risk assessment process. Validation of the plan occurs to ensure contents of each plan support ongoing activities within the District.

Based upon findings, goals and objectives will be determined for the subsequent year.

A report will be written and forwarded to the Board of Directors.

The annual evaluation will include a review of the following:

1. Objectives: The objective of the Fire Prevention Management plan will be evaluated to determine continued relevance for the District (i.e., the following questions will be asked; was the objective completed? Did activities support the objective of the plan? If not, why not? What is the continuing plan? Will this objective be included in the following year? Will new objective(s) be identified? Will specific goals be developed to support the identified objective?)
2. The scope: The following indicator will be used to evaluate the effectiveness of the scope of the Fire Prevention Life Safety Management Plan: the targeted population for the management plan will be evaluated (e.g., did the scope of the plan reach employee populations in throughout the entire District?)
3. Performance Standards: Specific performance standards for the Fire Prevention Life Safety Management Plan will be evaluated, with plans for improvement identified as needed.

Performance standards will be monitored for achievement.

Thresholds will be set for the performance standard identified. If a threshold is not met, an analysis will occur to determine the reasons and actions will be identified to reach the identified threshold in the subsequent quarter.

4. Effectiveness: The overall effectiveness of the objectives, scope and performance standards will be evaluated, with recommendations made to continue monitoring, add new indicators, if applicable, or take specific actions for ongoing review.

The District analyzes identified Environment Of Care issues:

Environment of care issues relating to Life Safety and/or fire prevention are identified and analyzed through the *Environment of Care* Committee with recommendations made for resolution.

It is the responsibility of the *Environment of Care* Committee chairperson to establish an agenda, set the meetings, coordinate the meeting and ensure follow-up occurs where indicated.

Quarterly *Environment of Care* reports are communicated to Performance Improvement, PROSTAFF and the Board of Directors.

Priority Improvement Project:

At least annually, a performance improvement project may be selected by the *Environment of Care* Committee members. The priority improvement activity is based upon ongoing performance monitoring and identified risk within the environment. Based upon risk assessment, a priority improvement project may be related to Life Safety or Fire Prevention issues.

Improvement of the Environment of Care:

Performance standards are identified monitored and evaluated that measure effective outcomes in the area of fire prevention management.

Performance standards are also identified for Safety, Security, Hazardous Materials, Emergency Management, Medical Equipment management and Utilities management.

The standards are approved and monitored by the *Environment of Care* Committee with appropriate actions and recommendations made. Whenever possible, the *environment of care* is changed in a positive direction by the ongoing monitoring and changes in actions that promote an improved performance.

"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."

Credentials Committee Review Form
New or Existing Delineation of Privilege

When submitting requests for changes to current delineation of privileges or the creation of a new delineation of privileges please follow the following directions:

Please submit completed form along with supporting documentation to MedStaff@KaweahHealth.org

Date of request:	10/8/2024	
Submitted by:	John Hipskind/Khoa Tu (Chair)	
Which Department does this form affect?	Emergency Medicine	
Delineation of privilege form:		
Is this request for:	<input checked="" type="checkbox"/> Revision to current form <input type="checkbox"/> Request for a new delineation of privileges	
Is this request for:	<input checked="" type="checkbox"/> Physicians <input type="checkbox"/> Graduate Medical Education <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Advanced Nurse Practitioners <input type="checkbox"/> Other Advanced Health Professionals (Specify: _____)	

Education/Training	<ol style="list-style-type: none"> 1. Remove Grandfather clause for Board Certification. Confirmed, no longer needed as no one is currently on staff operating under this clause. Going forward Board Certification is required. 2. Remove basic and advanced life support certifications. All EM Trained physicians meet these criteria via post grad training and Board Certification requirements.
Core Privileges	<ol style="list-style-type: none"> 3. Move Emergency Ultrasound CORE application to the Core Privileges section. Documentation provided from the COBCEP supporting EUS is recognized as a core privileges and included in Residency Training Programs. (Letter attached)

Prepared on behalf of Dr. Khoa Tu.

Privileges in Emergency Medicine

Name: _____
Please Print

EMERGENCY MEDICINE PRIVILEGES - INITIAL CRITERIA					
Education: M.D. or D.O. and successful completion of an ACGME or AOA accredited residency/fellowship in emergency medicine AND Current certification or active participation in the examination process leading to certification in Emergency Medicine by the ABEM or AOBEM, with certification obtained within 5 years of completion of residency. (Physicians on staff prior to 2015, not fulfilling the Emergency Board Certification requirement, are grandfathered in under their specialty-Board Certification.) Certifications: Proof of completion of an ATLS course for Emergency Medicine Board Certified physicians and current ATLS certification for Emergency-Medicine Board eligible physicians. Current Initial Clinical Criteria: A minimum of 1 year of continuous, full time experience in an emergency department, to include completion of the final year of residency training. AND Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted AND Completion of an Implicit Bias Training prior to or within 30 days of privilege granted. FPPE Requirement: Concurrent and/or retrospective review of the first 5 cases. Renewal Criteria: Minimum of 600 hours in an Emergency Department required in the past two years AND Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months AND Completion of an Implicit Bias Training within the last 24 months.					
CORE PRIVILEGES					
Request	Procedure	Approve			
<input type="checkbox"/>	Core Privileges include: <ul style="list-style-type: none"> Medical Screening Examination (MSE): Assess, work up and perform differential diagnosis by means of H&P, medical decision making, laboratory and/or other studies (may include telehealth), ECG's and diagnostic imaging; Provide services necessary to ameliorate minor illnesses or injuries; AND stabilizing treatment to patients who present with major illnesses or injuries and determine whether more definitive services are necessary. Administration of Moderate/Deep Procedural Sedation including but not limited to the following agents: Propofol, Ketamine & Etomidate. Emergency/Point of Care Ultrasound (Core) May perform any necessary procedures to stabilize and diagnose patient including but not limited to: <ul style="list-style-type: none"> Airway management, including intubation Arterial puncture and cannulation Cardiopulmonary resuscitation Cardioversion and defibrillation Central venous and pulmonary artery catheter insertion Lumbar puncture Needle and tube thoracostomy Paracentesis Thoracentesis Tracheostomy/cricothyroidotomy, emergency Delivery of Newborn Please reference EMS clinical privilege white paper for complete list of procedures that are approved for the Emergency Physician <p><i>Privileges do not include admitting privileges, long-term care of patients on an inpatient basis, or the performance of scheduled elective procedures.</i></p>	<input type="checkbox"/>			
ADDITIONAL PRIVILEGES					
Request	Procedure	Initial Criteria	Renewal	FPPE	Approve
<input type="checkbox"/>	Emergency Ultrasound, Core-applications: Aorta, Trans-Thoracic-Echocardiography, EFAST, DVT, Pregnancy, Biliary, Urinary tract, Soft-Tissue/Musculoskeletal, Bowel, Ocular and procedural guidance	1) Board Certified in Emergency Medicine OR board eligible and actively pursuing Certification 2) 1) Completion of an ACGME/ AOA approved residency- training program that included training specific to point of- care ultrasound within the past 2 years, OR 3) 1) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation. If training was completed more than 2 years ago for (#2 or- #3), documentation required for a minimum of 25 point of- care ultrasound exams in the past 2 years or a total of 150- ultrasounds if seeking global ultrasound privileges.	Maintain EM- Board- Certification	2 reviewed exams per- each- application Not required- for Accredited ACGME EM residency- within last 2- years.	<input type="checkbox"/>

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<input type="checkbox"/>	Emergency Ultrasound, Advanced applications. (Check request) <input type="checkbox"/> Scrotal US for torsion/flow/mass <input type="checkbox"/> Adnexal US for mass/flow/torsion <input type="checkbox"/> Transcranial	1) Board Certified in Emergency Medicine <i>OR</i> 2) Completion of an ACGME/AOA approved residency training program that included training specific to point of care ultrasound <i>OR</i> an EM Ultrasound Fellowship, <i>OR</i> 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation. AND documentation of 25 successful procedures for each application requested.	5 procedures per application in 2 years	2 Reviewed exams per each application	<input type="checkbox"/>
<input type="checkbox"/>	Hyperbaric Oxygen Therapy	Document completion of a training program in hyperbaric oxygen therapy (HBOT) of a minimum of 40 hours, approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) AND 10 dives in the last 2 years.	Documentation of 20 dives in the last 2 years.	Direct observation of the first two cases with concurrent chart review	<input type="checkbox"/>
<input type="checkbox"/>	Trans Esophageal Echocardiography (TEE). Limited to use during CPR or in intubated patients when TTE does not provide adequate views	1) Completion of an ACGME or AOA approved residency training program that included training specific to TEE, <i>OR</i> 2) Credentialed in TTE and; 3) Completion of 2 or more hours of TEE specific CME, didactics, or web based resources AND 10 TEE exams A maximum of 5 out of the 10 may be simulation	25 procedures in the past 2 years of which up to 15 may be done in SimLab.	2 direct and or over reads, at the discretion of the proctor.	<input type="checkbox"/>
<input type="checkbox"/>	Wound Care: Surgical debridement of wounds, transcutaneous oximetry interpretation, complicated wound management, local and regional anesthesia, wound biopsy and preparation of wound bed and application of skin substitute	Meets initial criteria for core and documentation of a minimum of 20 procedures in the last two years.	Documentation of 5 procedures in the last 2 years.	Direct observation of the first 3 cases.	<input type="checkbox"/>

Acknowledgment of Practitioner:

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

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

Name: _____
Print

Signature: _____
Applicant *Date*

Signature: _____
Department of Emergency Medicine Chair *Date*



November 8, 2024

Lori Danielle Winston, M.D.
146 High Sierra Drive
Exeter, CA 93221

(36622)

Dear Dr. Winston:

The American Board of Emergency Medicine (ABEM) defines the board certification standards for the specialty of Emergency Medicine, including the use of Emergency Ultrasound (EUS) by emergency physicians. EUS should be a core privilege for all ABEM-certified or board eligible emergency physicians in good standing in all United States hospitals. At a minimum, certification by ABEM or AOBEM supersedes the need for any additional certifications sometimes requested/required for medical staff privileges, such as the use of ultrasound to perform: the Focused Assessment with Sonography in Trauma (FAST) (right and left upper abdominal quadrants; cardiac; and suprapubic images); determine the presence of cardiac activity and/or pericardial effusion; or, assist with placement of a central venous access catheter.

EUS is an important part of the care of emergency department patients and is comprised of a set of applications used to diagnose life-threatening conditions; assist in resuscitation management; and improve patient safety with certain invasive procedures, such as central line insertion. EUS is comparable to other procedures performed by ABEM- and AOBEM-certified physicians including endotracheal intubation, reduction of fractures and dislocations, and wound repair.

EUS education is the mainstay in all Accreditation Council of Graduate Medical Education (ACGME)-accredited Emergency Medicine (EM) residency programs. In fact, many programs have distinct rotations dedicated to EUS in addition to its routine use in the emergency department setting.

The EM Milestones are a matrix of the knowledge, skills, abilities, attitudes, and experiences that should be acquired during specialty training in EM. EUS is one of 23 Milestones and is comparable to Milestones for airway management and procedural sedation that are assessed for each resident throughout training. Competency is demonstrated after a resident has performed a minimum of 150 goal-directed focused ultrasound examinations in bedside diagnostic evaluation of emergency medical conditions and resuscitation. Graduates commonly exceed this number of examinations during their training.

The Model of the Clinical Practice of Emergency Medicine (EM Model) is the foundational document for designing an Emergency Medicine residency curriculum <https://www.abem.org/public/resources/em-model>. EUS is an expected competency for a resident graduating from an ACGME-accredited EM residency program. The EM Model is also the document upon which ABEM bases the content of its initial certification and continuous certification examinations. EM residency training and ABEM and AOBEM certification examinations are more rigorous than continuing education courses.

An ABEM-certified physician has successfully passed a secure, comprehensive written examination that includes questions about ultrasonography. If the physician successfully passes the written examination, the physician must then take an oral examination. The ABEM oral certification examination is a highly reliable test that requires the physician to demonstrate how he or she appropriately incorporates EUS into emergency care.

Moreover, the ABEM continuous certification process is rigorously designed professional development programs pertaining to core content critical to the practice of emergency medicine and the above noted ultrasound examinations.

ABEM-certified physicians who are active in the ABEM continuous certification program should not be required to obtain additional certification for EUS. While it is understood that there may be varying levels of EUS depending on exposure during residency and/or years of clinical practice, emergency departments should implement a credentialing system that tailors to the needs of its emergency physicians. Emergency Medicine organizations provide high-quality opportunities for continuous professional development in EUS when desired.

Emergency Ultrasound is a required skill for Emergency Medicine residency graduates. EUS is separate and distinct from the Focused Practice designation in Advanced Emergency Medicine Ultrasonography (AEMUS) that distinguishes emergency physicians with expertise in research, teaching, and advanced image interpretation and acquisition beyond the standard of care EUS skills.

Summary

ABEM- and AOBEM-certified physicians who are participating in a continuous certification program and are in good standing should not be required to undertake any additional credentialing requirements for the use of EUS.

Sincerely,

Lewis S. Nelson, M.D., M.B.A.
President
Association of Academic Chairs of Emergency Medicine

Jonathan S. Jones, M.D.
President
American Academy of Emergency Medicine

Leah B. Colucci, M.D., M.S.
President
American Academy of Emergency Medicine-Resident Student Association

Ramon W. Johnson, M.D., M.B.A.
President
American Board of Emergency Medicine

Aisha T. Terry, M.D., M.P.H.
President
American College of Emergency Physicians

Brandon Lewis, D.O., M.B.A.
President
American College of Osteopathic Emergency Physicians

Eric Appelbaum, D.O.
Chair
American Osteopathic Board of Emergency Medicine

Jessica Smith, M.D.
President
Council of Residency Directors in Emergency Medicine

Blake Denley, M.D.
President
Emergency Medicine Resident Association

Wendy C. Coates, M.D.
President
Society for Academic Emergency Medicine



December 18, 2024

**Sent via Certified Mail No.
9589071052700415215348
Return Receipt Required**

Erika Meza and David
Isquierdo
c/o Lyndsie Russell, ESQ.
Miles, Sears & Eanni
2844 Fresno Street
Fresno, CA 93721

**RE: Notice of Rejection of Claim of Daleyza Isquierdo. Erika Meza. David Isquierdo vs.
Kaweah Delta Health Care District.**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on November 27, 2024, was rejected on its merits by the Board of Directors on December 18, 2024.

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

David Francis
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

QUALITY & PATIENT SAFETY PRIORITY

Renal Services Quality Report

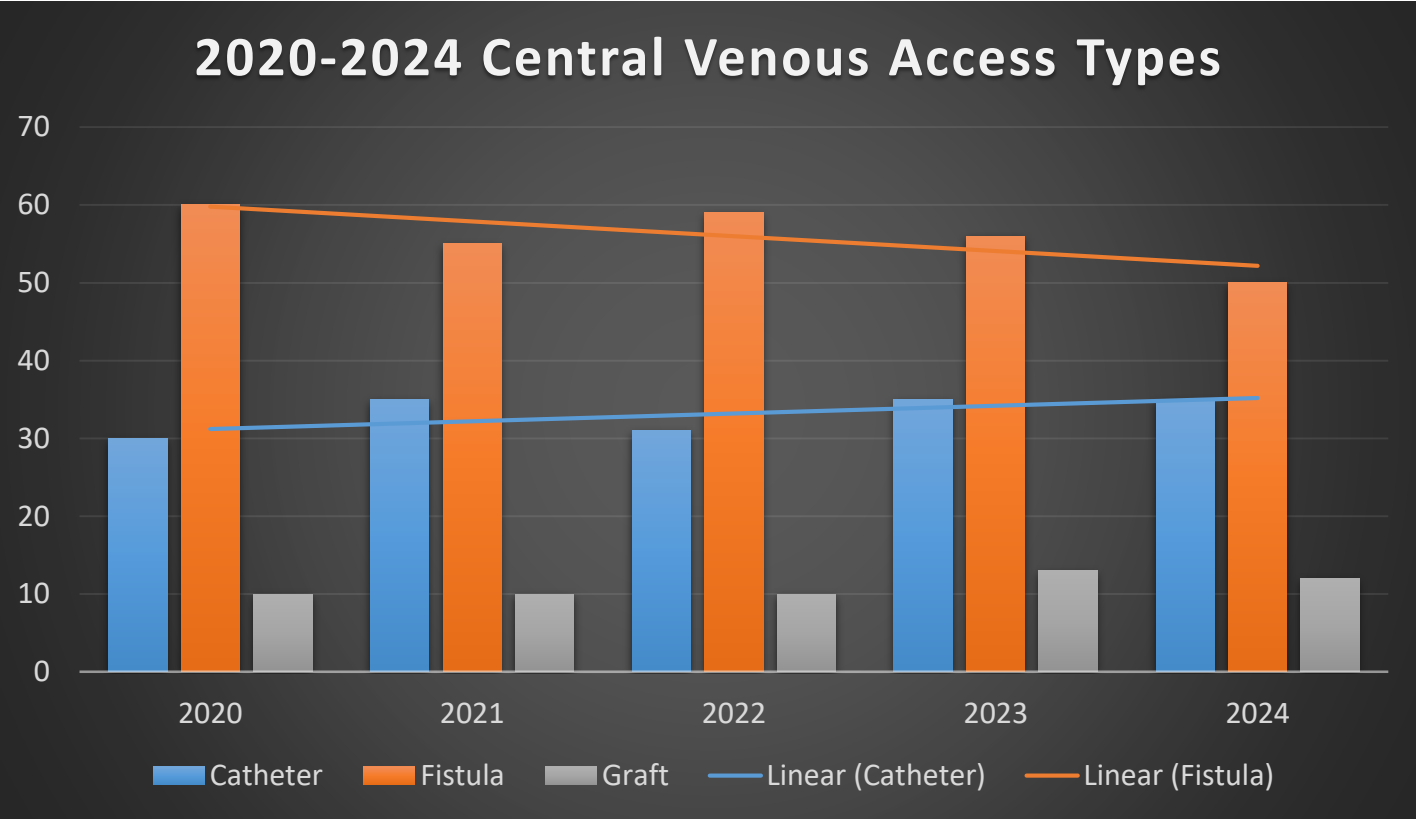
Quality Committee Report

December 2024



kaweahhealth.org

Renal Services Quality Report: Central Venous Access Management



Central Venous Access Management

High Level Action Plan CY 2025

- Increase number of patients with arteriovenous fistula 70%
- Decrease the number of patients with central venous catheter (CVC)
- Decrease number of patients with CVC greater than 90 days- Goal: 10.7%

Patients who use an arteriovenous fistula (AVF) have an increased median life expectancy. These patients have a life expectancy that exceeds the secondary patency of arteriovenous grafts and central venous catheters. In this subset of patients, AVF remains the best hemodialysis option.

Arteriovenous Fistula Remains the Best Hemodialysis Access Choice for Some Elderly Patients, Pastor, M. Chris et al. Journal of Vascular Surgery, Volume 68, Issue 3e82. September 2018

Renal Services Quality Report: Central Venous Access Management



KH Dialysis Central Venous Access Management

		Target	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Mar 2024	May2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024	Rolling 12M Av
Percent of patients with CVC			32.24	33.1	33.31	34.2	35.8	29.7	33.1	37.85	36.7	38.36	37	37.6	34.91
Percent of patients with AV Fistula	70%		54.83	53.5	53.17	52.4	51.9	52.8	49.24	50	49.2	49.6	51.6	51.1	51.61
Percent of patients with CVC >90 days	10%		23.38	23.62	23.8	27.8	30.5	29	25.75	25.3	27.6	27.9	31.4	33	27.42

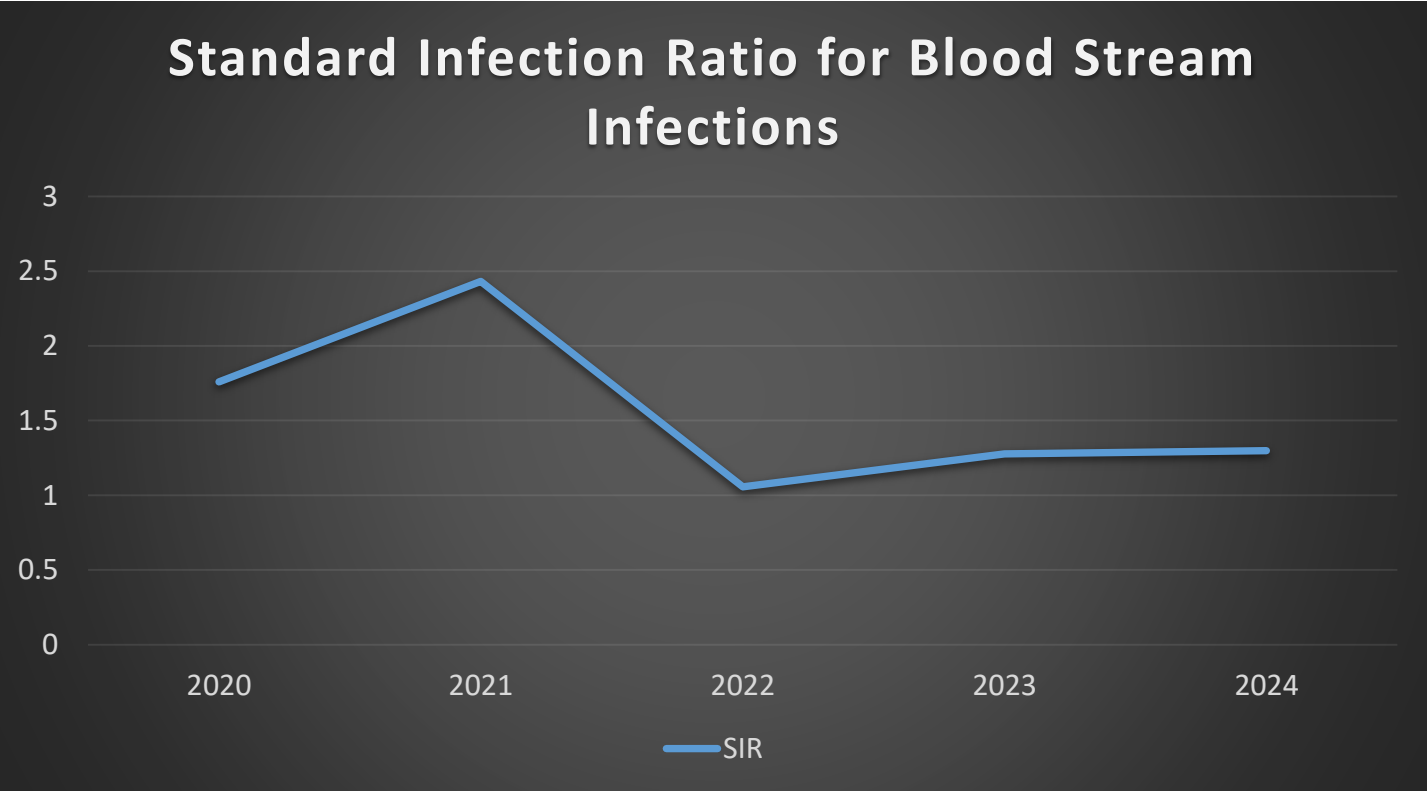
Targeted Opportunities (why goal not achieved in most recent month)

- 1. Lack of appointment availability for vascular access providers
- 2. Lack of Interventional Radiology availability for vascular providers
- 3. Patient refusal, which is multifactorial, can be related to knowledge deficit

Renal Services Quality Report: Central Venous Access Management

CURRENT IMPROVEMENT ACTIVITIES	EXPECTED COMPLETION DATE	BARRIERS/UPDATES
Efficient referral process - The clinical coordinator/ access manager has established an efficient workflow to speed up the vascular access referral process. New patients are referred immediately upon admission to Kaweah Health Dialysis Clinic.	December 2025	This process generally takes longer than 90 days due to high volume of patients seeing vascular surgeons.
Patient Education on the benefits of AVF Providing education to the patient with regard to the many advantages of an AVF or AVG as opposed to a CVC. We are currently exploring new methods of providing patient education such as educational videos that play throughout the day on the dialysis center televisions.	May 2025	Working with Marketing department to create content of video.

Renal Services Quality Report: Central Venous Access Management



Blood Stream Infection Reduction High Level Action Plan CY 2025

- Goal of zero bloodstream infections

Preventing bloodstream infections in outpatient hemodialysis ensures patient safety. Closely monitoring infection trends allows us to identify areas of improvement and implement interventions to reduce infection rates. This helps improve patient outcomes and maintain compliance with regulatory standards and quality care.

Renal Services Quality Report: Central Venous Access Management



KH Dialysis Central Venous Access Management

														Rolling
	Target	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Mar 2024	May2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024	12M Av
NHSN Blood Stream Infection Ratio	0	2.303	2.026	2.039	0	0	0	0	0.836	2.489	1.886	0	3.888	1.28
Actual Number of Blood Stream Infections	0	2	2	2	0	0	0	0	1	3	2	0	4	1.3

Targeted Opportunities (why goal not achieved in most recent month)

- 1. Biovigil Compliance
- 2. Staff Accountability to following standards of care

Renal Services Quality Report: Central Venous Access Management

CURRENT IMPROVEMENT ACTIVITIES	EXPECTED COMPLETION DATE	BARRIERS/UPDATES
Biovigil Compliance: The nurse manager reviews Biovigil reports with staff as needed to address missed opportunities, low participation, and/or high exception rates.	December 2025	Staff reports lack of consistency in device triggering a fallout. Working with vendor to ensure devices working appropriately.
Infection Prevention Audit: Monthly observations of vascular access care. The charge nurses and nurse manager will make every attempt to address fallouts immediately as education in the moment helps to provide added insight with regard to process fallouts.	December 2025	Staff continue to skip key elements of best practice standards.

Thank you

Live with passion.

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



Ideal Environment

Strategic Plan Update

December 2024



kaweahhealth.org



Ideal Environment

Areas of Focus

**Kaweah Care
Culture**

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

**Ideal Practice
Environment**

Kaweah Care Culture

Work Plan (Tactics)

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.1	Continue development of the Kaweah Care Culture.	07/01/2024	06/30/2025	Dianne Cox	On Track	Kaweah Care Steering Committee began in September 2023 meeting monthly, includes subcommittees of Employee Engagement and Experience, Ideal Practice Environment Committee, and Patient Engagement and Experience Committee.
1.1.2	Improve and ensure appropriate, effective and consistent communication throughout Kaweah Health to leaders, employees, physicians, and advanced practice providers.	07/01/2024	06/30/2025	Dianne Cox	On Track	<p>Standardizing talking points and communication methods. Cascading monthly Leadership Meeting presentation with bullets, continue bi-weekly virtual Executive Team Employee Huddles, mandatory department and unit staff meetings/huddles and communication boards and our intranet site, Compass.</p> <p>Leadership meetings are now held in person.</p> <p>Streamlined leadership team meeting notes for cascading.</p> <p>Evaluations include:</p> <ul style="list-style-type: none">- Employees in my unit/department make every effort to deliver safe, error-free care.- Employees in my unit/department follow proper procedures for patient care/customer service
1.1.3	Address Compensation and Benefits.	07/01/2024	06/30/2025	Dianne Cox	On Track	<p>The executive team evaluating the employee benefits plan for CY2025. Market adjustments for base pay and minimum wage will continue into FY2025 to ensure competitive pay for retention and recruitment.</p> <p>Monitor impact of AB525 on recruitment and retention throughout FY25.</p>

Kaweah Care Culture

Work Plan (Tactics)

- Kaweah Care Steering Subcommittees
 - Community and Patient Experience and Engagement
 - Employee Experience and Engagement
 - Physician Experience and Engagement
- Return of in-person Leadership Team Meetings and streamlined cascading notes
- Continued market review of compensation and adjustments where applicable
- New medical benefits plan administrator with more advanced resources
- New Kaweah Engagement & Enrichment Program (KEEP)
- Reviewing engagement survey results and action planning
- Cascading goals around safety, patient care, and customer service
- Kaweah Care Pulse Re-survey December 2024 and Work Environment Pulse June 2025



Kaweah Care Culture

Performance Measures (Outcomes)

- Decrease overall KH Turnover Rate to meet CHA statewide statistics
 - Goal: < 15%
 - 9/30/24: 14%
- Decrease Direct Patient Care RN Turnover Rate to meet CHA statewide statistics
 - Goal: < 17%
 - 10/8/24: 17%
- Decrease New Hire Turnover Rate (leaving <6 months)
 - Goal: < 20%
 - 9/30/24: 15%



Expand Kaweah Health University & Growth in School Partnerships

Work Plan (Tactics)

Description: Increase the pool of local RN candidates with the local schools to increase RN cohort seats and increase development opportunities for our employees

Work Plan (Tactics)						
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.3.1	Continue to build partnerships with local colleges and universities for nursing programs; expand into other educational programs beyond nursing for KH employees.	07/01/2024	06/30/2025	Dianne Cox	On Track	<p>Have established partnerships with COS, Unitek, SJVC for registered nursing, Tulare Adult Schools for LVN, and Porterville College for surgical techs. Working on expanding to an apprenticeship model in early 2025 for the COS Traditional RN Program.</p> <p>Expanded partnerships beyond nursing. Established partnerships with other schools and colleges, to enroll Fresno City College for imaging, CSUF for therapists, and Gurnick for nuclear medicine.</p> <p>Established partnerships with additional high schools: Lindsay High school, John J Cairns High School, Visalia Charter Independent Study (VCIS), University Prep High school (UPHS). Early 2025 we will be welcoming students from Porterville High School. Assisting Exeter with the establishment of a CTE Program for Health Careers.</p>
1.3.2	Monitor the graduation and retention of staff who completed the COS part-time RN program with partial Kaweah sponsorship.	07/01/2024	06/30/2025	Dianne Cox	On Track	Successfully onboarded 12 of 13 graduates of the first COS part-time program in Spring 2024.
1.3.3	Monitor success and retention of employees in cohorts in process: COS part-time program; Unitek in January 2024, September 2024 expected, January 2025 expected; SJVC RN program in August 2024.	07/01/2024	06/30/2025	Dianne Cox	On Track	
1.3.4	Expand Kaweah Health University.	07/01/2024	06/30/2025	Hannah Mitchell	On Track	<p>Implement leadership academy, emerging leaders program, charge nurse development, mentorship and succession planning initiatives:</p> <ul style="list-style-type: none">• Subject Matter Expert Lunch and Learn Series launched in October• FY25 Leader Learning Path incorporated into Leadership Team Meetings and launched in October• Charge Nurse Conference to support development schedule for March 2025• Leadership Academy has two cohorts scheduled for FY25 (first is in progress) and Emerging Leaders has three to four (second in progress)

Expand Kaweah Health University & Growth in School Partnerships

Work Plan (Tactics)

- Leader Learning Path incorporated into Leadership Team Meetings
- Subject Matter Expert (SME) Leader Lunch & Learn Series
- On the horizon
 - Management and Clinical Mandatory Annual Training
 - Charge Nurse Curriculum > Charge Nurse Conference
 - Kaweah Health University Compass Hub
 - Learning paths with certificates of completion for key skills
 - Campus Free Little Libraries



Expand Kaweah Health University & Growth in School Partnerships

Work Plan (Tactics)

Kaweah Health's Nursing Education Pathway

Powered by Unitek College

Congratulations to the SPRING 2025 Class



Desiree Abila
Patient Account
Specialist



Serina Aguilar
Patient Account
Specialist



Erene Elaiho-Gonzalez
Patient Account
Specialist



Ashley Espinosa
CNA-4South



Melissa Espinoza
LVN Ben Maddox Clinic



Terence Galutira
CNA-4South



Melissa Gonzalez
Referral Specialist



Elizabeth Gutierrez
MA-Dinuba Clinic



Angelica Magallon
Transport Dispatcher



Joshua Marquez
Certified Dialysis Tech



Caira Martin
PCA-Homecare



Anthony Moll
HUC-3North

- 5th Cohort of Kaweah Health's Nursing Education Pathway Powered by Unitek College
- Other school partnerships include
 - College of the Sequoia Year Round Program
 - College of the Sequoia Advanced Placement LVN > RN Program
 - San Joaquin Valley College RN Program
 - Porterville Adult School Surgical Tech Program
 - Gurnick Academy Nuclear Medicine Program
 - Fresno City College Radiology Program

Volunteers

FY25 Data as of 12/1

- Total hours for FYTD 21,038
 - Compared to 15,286 same time frame last year
- 520 total number of volunteers that have given hours FYTD
 - 240 high school students
 - 200 ages 18 - 30
 - 80 ages 31 - 92
- 265 new volunteers onboarded for FY25
- 100 additional new pending the onboarding process completion



Ideal Practice Environment

Work Plan (Tactics)

Description: Ensure a practice environment that is friendly and engaging for physicians and advanced practice providers, free of practice barriers.

Work Plan (Tactics)						
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.1	Improve Physician and Advanced Practice Provider Retention and Wellness.	07/01/2024	06/30/2025	Dianne Cox	On Track	Various initiatives to improve create an ideal practice environment: team rounds, enhancing the workspaces (surgery locker room, med staff lounge, library, and physician work areas), onboarding and mentoring programs, and Cerner system optimization to improve efficiency.
1.2.2	Work with a team of physicians, advanced practice providers, and leaders on identified goals and initiatives to reach improved scores.	07/01/2024	06/30/2025	Dianne Cox	On Track	Focus on team rounds, dedicated workspace, onboarding/mentoring, and Cerner optimization
1.2.3	Develop Dyad Leadership Training Curriculum for Operational Directors, Division Chiefs and Medical Staff Service Line Directors.	07/01/2024	06/30/2025	Dianne Cox	Not Started	On Hold

Ideal Practice Environment

Work Plan (Tactics)

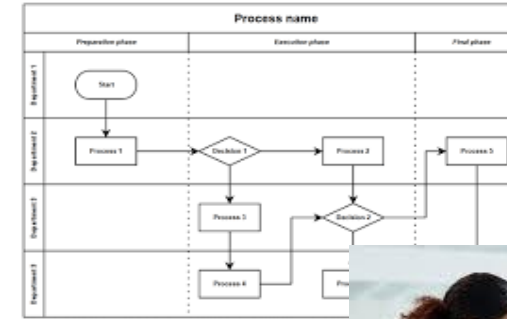
- Workspace Enhancement
 - Surgeon Locker Rooms and Lounge, and Physician Lounge
 - Medical Resource Center (Library)
- Dedicated Workspace
 - Medical Center Workstations
 - Clinic Workstation on Wheels (WOW)
- KDHub Optimization
 - Computer Access Optimization
 - Cerner Connect Messaging
 - Informatics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



Ideal Practice Environment

Work Plan (Tactics)

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

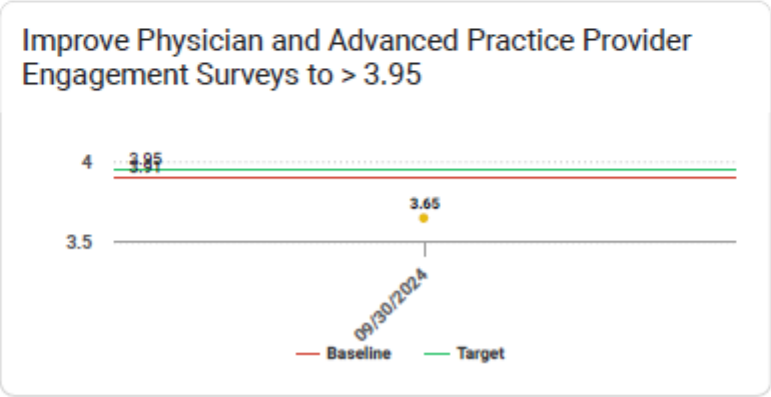


Ideal Practice Environment

Performance Measures (Outcomes)

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.4	Improve Physician and Advanced Practice Provider Engagement Surveys to > 3.95	07/01/2024	06/30/2025	Dianne Cox	Off Track	



MEMORANDUM

TO: Kaweah Delta Health Care District Board of Directors
FROM: Dianne Cox, Chief Human Resources Officer
RE: Plan Amendments Employees' Salary Deferral Plan 401(k)
DATE: December 11, 2024

The purpose of this Memorandum is to familiarize the Board of Directors about In-plan Roth conversions, and optional provisions allowed under SECURE Act 2.0.

Amendment Overview

- **In-Plan Roth Conversions** – the plan will be amended to allow for the conversion of pre-tax amounts to Roth without requiring a distributable event. This will allow participants of any age to convert amounts to Roth within the plan, while continuing to track withdrawal restrictions, such as age 59.5. This allows younger participants to take advantage of tax diversification opportunities. If a participant converts balances to Roth, they will be required to pay ordinary income tax on the converted balance. Once a conversion takes place, it cannot be undone.
- **SECURE 2.0 Act Optional Provisions**
 - **Increase the force-out balance from \$5,000 to \$7,000** - A minimum balance force-out, also known as a mandatory cash-out, is a provision in many 401(k) plans that allows employers to force out small account balances when an employee leaves the company.
 - **Allow spousal beneficiaries to elect a longer life expectancy period** - Spousal beneficiaries of inherited retirement accounts have the option to elect a longer life expectancy period for required minimum distributions (RMDs). These changes provide more flexibility and potential tax benefits for surviving spouses managing inherited retirement accounts.
 - **Allow a higher catch-up limit for participants ages 60-63** - Starting in 2025, participants aged 60 to 63 will benefit from an increased catch-up contribution limit for their retirement plans. The catch-up contribution limit for participants in this age group will be the greater of \$10,000 or 150% of the regular catch-up contribution limit, which is \$11,250 for 2025. The limit will be indexed for inflation after 2025, ensuring it keeps pace with the cost of living. This change aims to help those nearing retirement age to boost their savings significantly during their final working years.

These provisions will be added to the plan as of the effective date stated in the Board Resolution. The amendment needs to be signed by **12/31/2024**.

- **Employer Match** – The Plan Document now defines Employer Matching Contributions as discretionary from year to year. This permits KDHCD the ability to define the Matching Contribution Formula each year to align with business strategies. Each year, the Board must approve the Matching Contribution for the Plan. The Matching Contribution for the January 1, 2024 – December 31, 2024, will be determined by the Board at the December 2024 meeting.

Suggested Action and Next Steps

Approve the addition of In-plan Roth conversions, increasing the force-out balance, allowing spousal beneficiaries to elect a longer life expectancy period, increasing the catch-up contribution limit for participants 60-63, and determine the employer match formula for participants of the Employees' Salary Deferral Plan (separate Board agenda item).

**RESOLUTION 2248
OF THE BOARD OF DIRECTORS OF
KAWEAH DELTA HEALTH CARE DISTRICT
AMENDING THE EMPLOYEES' SALARY DEFERRAL PLAN**

WHEREAS the Board of Directors (the "Board") of the Kaweah Delta Health Care District (the "District") adopted the Kaweah Delta Health Care District Employees' Salary Deferral Plan, as amended and restated effective June 1, 2022 (the "Plan"); and

WHEREAS the District desires to amend the Plan document to reflect the following:

In-plan Roth conversions will amend the Plan to allow In-plan conversions of traditional, pretax money to Roth without requiring a distributable event effective January 1, 2025.

Increase force-out limit will amend the Plan's force-out limit for terminated participants from \$5,000 to \$7,000 effective April 1, 2024.

Life expectancy period will amend the Plan to allow a spouse who is the sole designated beneficiary to elect to be treated as the employee for RMD purposes effective January 1, 2024.

Catch-up Contributions will amend the Plan providing a higher limit for participants 60-63 years of age effective January 1, 2025.

WHEREAS the District desires to define the Rules for determining the Matching Contribution Formula for the January 1, 2024 – December 31, 2024, Plan Year to reflect the following:

- The Matching Contribution will be based on the number of Years of Service a Participant has per the definition of Years of Service for the purpose of the Matching Contribution and the formula for each Year of Service tier has a separate limit above which Salary Deferrals and Roth Deferrals will not be matched. Matching Contributions are subject to a specific definition of Plan Compensation. Kaweah Delta Health Care District staff will need to check the definitions of the specific Plan Compensation applicable to Matching Contributions. The Match Contribution Formula is outlined in the following table:

Years of Service	Matching Contribution	Maximum Matching Salary Deferral and Roth Deferral Contribution
1-2	50%	3% of Compensation
3-5	50%	4% of Compensation

6-10	50%	5% of Compensation
11 or more	50%	6% of Compensation

NOW, THEREFORE, BE IT RESOLVED, that an authorized officer be and hereby is directed and authorized to the Amend the plan which is attached hereto.

This Resolution is adopted by the Board of Directors of Kaweah Delta Health Care District at a duly constituted meeting held on the 18TH of December 2024.

KAWEAH DELTA HEALTH CARE DISTRICT

Secretary/Treasurer, Kaweah Delta Health Care District

ATTEST:

Board Member
Kaweah Delta Health Care
District and of the Board of
Directors, thereof

**RESOLUTION 2248
OF THE BOARD OF DIRECTORS OF
KAWEAH DELTA HEALTH CARE DISTRICT
AMENDING THE EMPLOYEES' SALARY DEFERRAL PLAN**

WHEREAS the Board of Directors (the "Board") of the Kaweah Delta Health Care District (the "District") adopted the Kaweah Delta Health Care District Employees' Salary Deferral Plan, as amended and restated effective June 1, 2022 (the "Plan"); and

WHEREAS the District desires to amend the Plan document to reflect the following:

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Life expectancy period will amend the Plan to allow a spouse who is the sole designated beneficiary to elect to be treated as the employee for RMD purposes effective January 1, 2024.

Catch-up Contributions will amend the Plan providing a higher limit for participants 60-63 years of age effective January 1, 2025.

WHEREAS the District desires to define the Rules for determining the Matching Contribution Formula for the January 1, 2024 – December 31, 2024, Plan Year to reflect the following:

- The Matching Contribution will be based on the number of Years of Service a Participant has per the definition of Years of Service for the purpose of the Matching Contribution and the formula for each Year of Service tier has a separate limit above which Salary Deferrals and Roth Deferrals will not be matched. Matching Contributions are subject to a specific definition of Plan Compensation. Kaweah Delta Health Care District staff will need to check the definitions of the specific Plan Compensation applicable to Matching Contributions. The Match Contribution Formula is outlined in the following table:

Years of Service	Matching Contribution	Maximum Matching Salary Deferral and Roth Deferral Contribution
1-2	100%	3% of Compensation
3-5	100%	4% of Compensation
6-10	100%	5% of Compensation
11 or more	100%	6% of Compensation

NOW, THEREFORE, BE IT RESOLVED, that an authorized officer be and hereby is directed and authorized to the Amend the plan which is attached hereto.

This Resolution is adopted by the Board of Directors of Kaweah Delta Health Care District at a duly constituted meeting held on the 18th day of December 2024.

KAWEAH DELTA HEALTH CARE DISTRICT

Secretary/Treasurer, Kaweah Delta Health Care District

ATTEST:

Board Member
Kaweah Delta Health Care
District and of the Board of
Directors, thereof

MEMORANDUM

TO: Kaweah Delta Health Care District Board of Directors
FROM: Dianne Cox, Chief Human Resources Officer
RE: Amendments Kaweah Delta Health Care District 457(b) Deferred Compensation Plan
DATE: December 11, 2024

The purpose of this Memorandum is to familiarize the Board of Directors about In-plan Roth conversions, and optional provisions allowed under SECURE Act 2.0.

Amendment Overview

- **In-Plan Roth Conversions** – the plan will be amended to allow for the conversion of pre-tax amounts to Roth without requiring a distributable event. This will allow participants of any age to convert amounts to Roth within the plan, while continuing to track withdrawal restrictions, such as age 59.5. This allows younger participants to take advantage of tax diversification opportunities. If a participant converts balances to Roth, they will be required to pay ordinary income tax on the converted balance. Once a conversion takes place, it cannot be undone.
- **SECURE 2.0 Act Optional Provisions**
 - **Increase the force-out balance from \$5,000 to \$7,000** - A minimum balance force-out, also known as a mandatory cash-out, is a provision in many governmental 457(b) plans that allows employers to force out small account balances when an employee leaves the company.
 - **Allow spousal beneficiaries to elect a longer life expectancy period** - Spousal beneficiaries of inherited retirement accounts have the option to elect a longer life expectancy period for required minimum distributions (RMDs). These changes provide more flexibility and potential tax benefits for surviving spouses managing inherited retirement accounts.
 - **Allow a higher catch-up limit for participants ages 60-63** - Starting in 2025, participants aged 60 to 63 will benefit from an increased catch-up contribution limit for their retirement plans. The catch-up contribution limit for participants in this age group will be the greater of \$10,000 or 150% of the regular catch-up contribution limit, which is \$11,250 for 2025. The limit will be indexed for inflation after 2025, ensuring it keeps pace with the cost of living. This change aims to help those nearing retirement age to boost their savings significantly during their final working years.
 - **Eliminate first of the month requirement for deferral elections** - The “first day of the month” requirement for deferral elections in governmental 457(b) plans has been eliminated. This change, effective for tax years beginning after December 29, 2022, allows participants in these plans to make deferral election changes at any time before the compensation being deferred becomes available. This update aligns governmental 457(b) plans with other types of retirement plans, making it easier for participants to adjust their contributions without waiting for the start of a new month.



These provisions will be added to the plan as of the effective date stated in the Board Resolution. The amendment needs to be signed by **12/31/2024**.

Suggested Action and Next Steps

Approve the addition of In-plan Roth conversions, increasing the force-out balance, allowing spousal beneficiaries to elect a longer life expectancy period, increasing the catch-up contribution limit for participants 60-63, and eliminating the first of the month requirement for deferral elections for participants of the 457(b) Deferred Compensation Plan.

**RESOLUTION 2249
OF THE BOARD OF DIRECTORS OF
KAWEAH DELTA HEALTH CARE DISTRICT
AMENDING THE KAWEAH HEALTH CARE DISTRICT 457(B) DEFERRED COMPENSATION
PLAN**

WHEREAS the Board of Directors (the “Board”) of the Kaweah Delta Health Care District (the “District”) adopted the Kaweah Delta Health Care District 457(b) Deferred Compensation Plan as amended effective January 1, 2022 (the “Plan”); and

WHEREAS the District desires to amend the Plan document to reflect the following:

In-plan Roth conversions will amend the Plan to allow In-plan conversions of traditional, pretax money to Roth without requiring a distributable event effective January 1, 2025.

Force-out limit will amend the Plan’s force-out limit for terminated participants from \$5,000 to \$7,000 effective April 1, 2024.

Life expectancy period will amend the Plan to allow a spouse who is the sole designated beneficiary to elect to be treated as the employee for RMD purposes effective January 1, 2024.

Catch-up Contributions will amend the Plan providing a higher limit for participants 60-63 years of age effective January 1, 2025.

Eligibility will amend the Plan removing the first of the month requirement for deferral elections effective July 1, 2023.

NOW, THEREFORE, BE IT RESOLVED, that an authorized officer be and hereby is directed and authorized to Amend the plan which is attached hereto.

This Resolution is adopted by the Board of Directors of Kaweah Delta Health Care District at a duly constituted meeting held on the 18th day of December 2024.

KAWEAH DELTA HEALTH CARE DISTRICT

Secretary/Treasurer, Kaweah Delta Health Care District

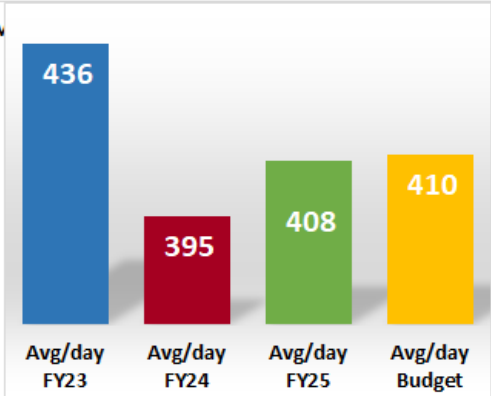
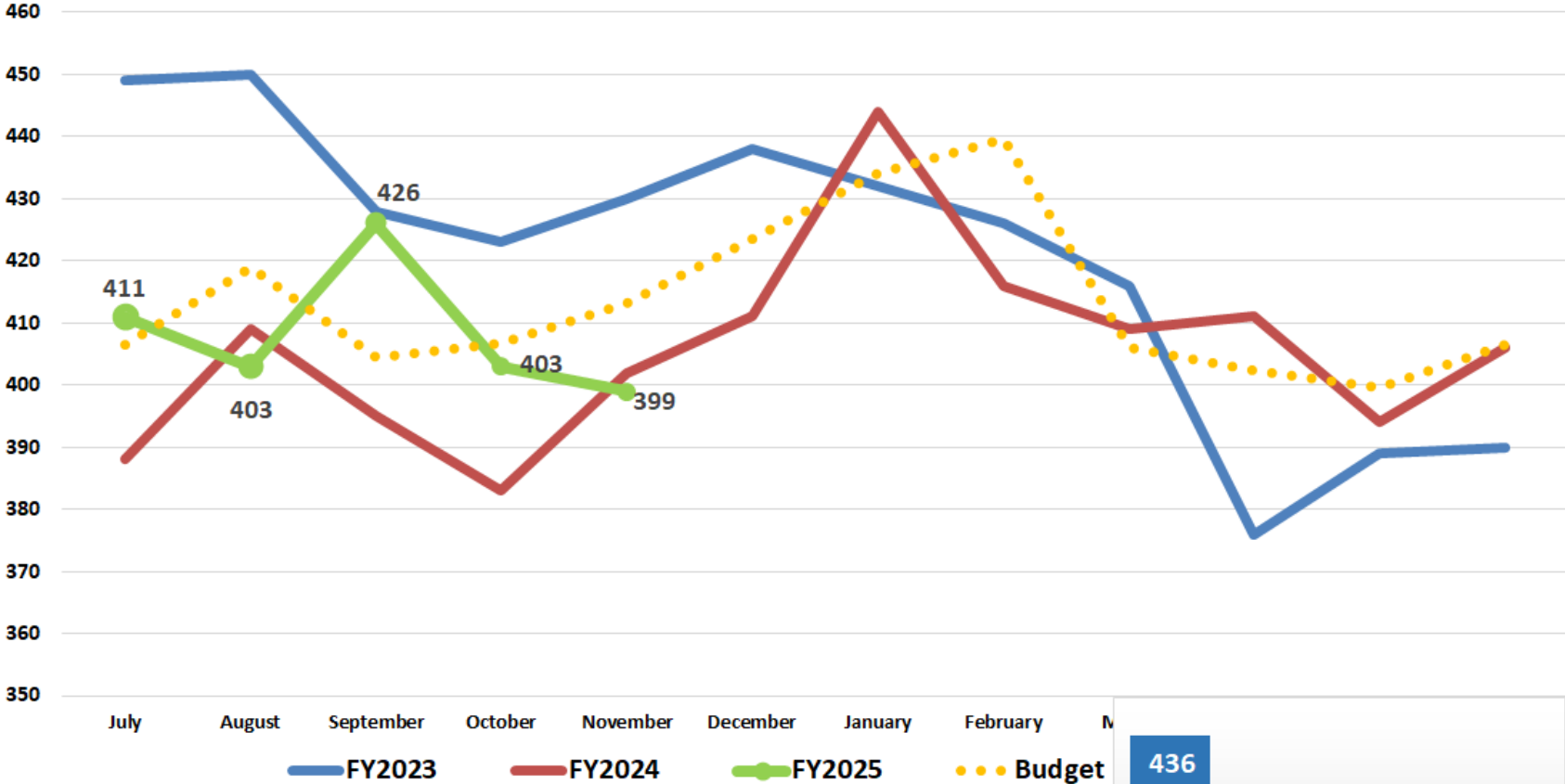
ATTEST:

Board Member
Kaweah Delta Health Care
District and of the Board of Directors, thereof

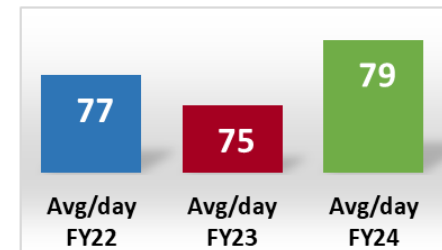
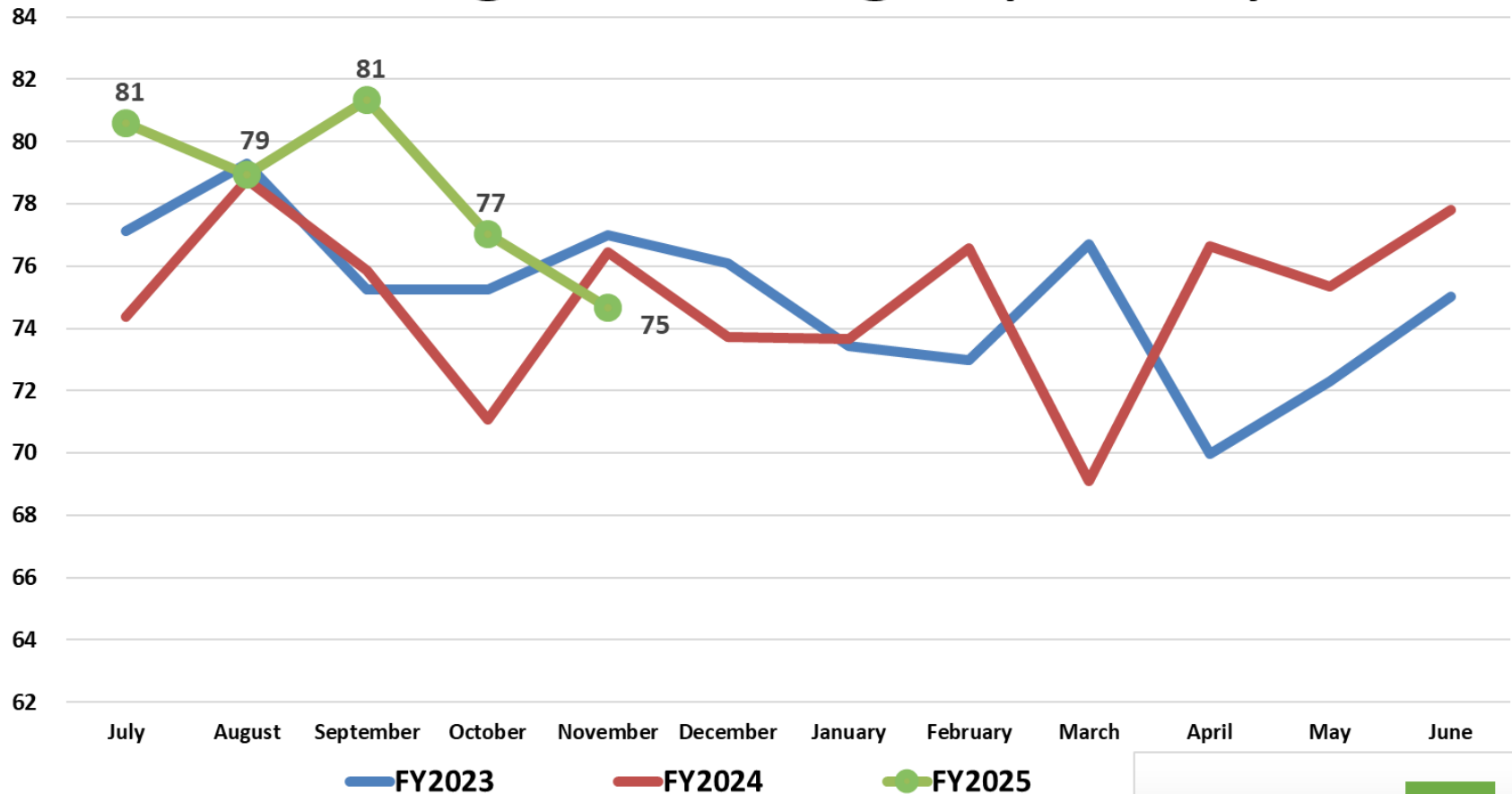
CFO Financial Report

Month Ending November 2024

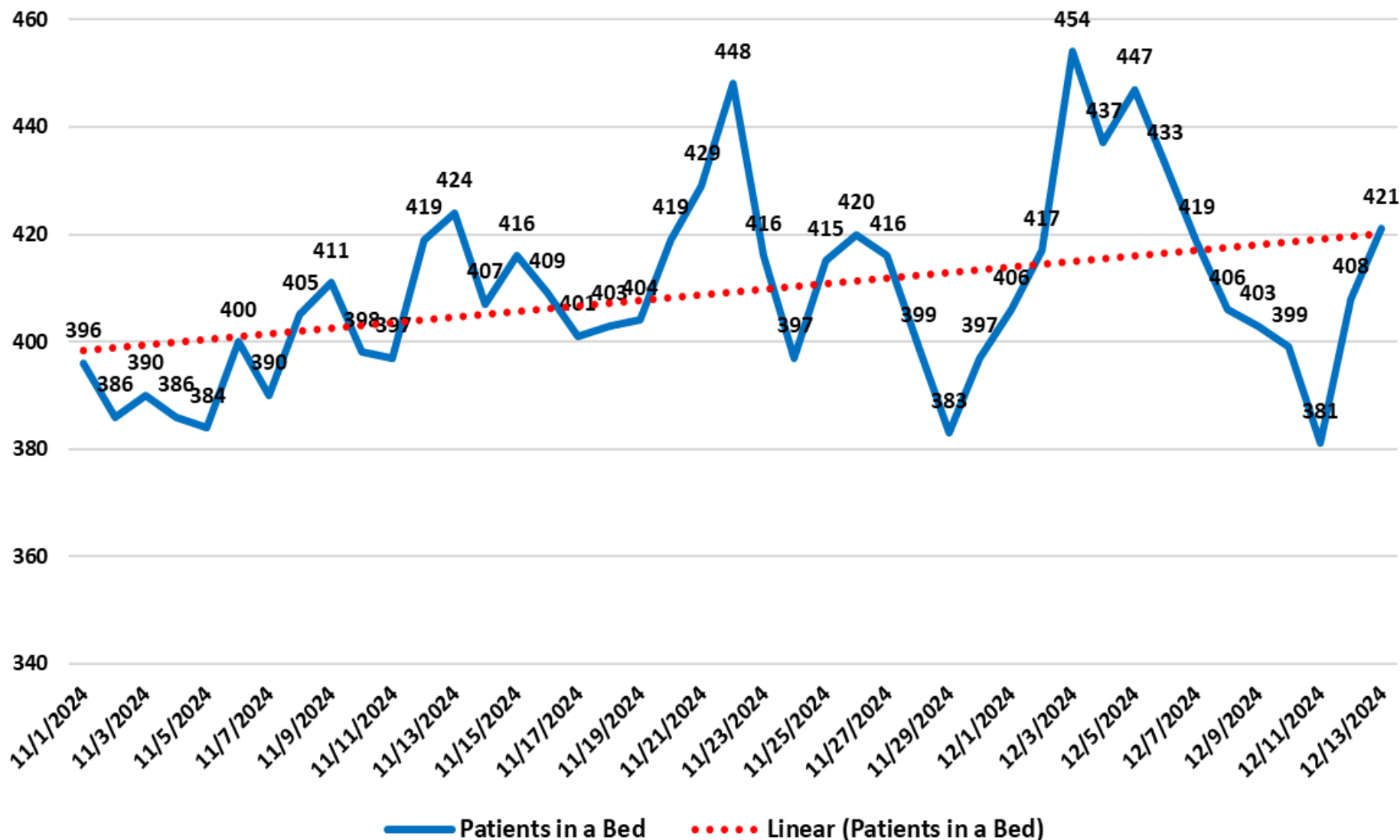
Average Daily Census



Average Discharges per day



Patients in a Bed



Statistical Results – Fiscal Year Comparison (Nov)

Actual Results			Budget	Budget Variance	
Nov 2023	Nov 2024	% Change	Nov 2024	Change	% Change

Average Daily Census	402	399	(0.7%)	413	(14)	(3.4%)
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KDHCD Patient Days:

Medical Center	8,110	8,071	(0.5%)	8,295	(224)	(2.7%)
Acute I/P Psych	1,340	1,094	(18.4%)	1,358	(264)	(19.4%)
Sub-Acute	925	940	1.6%	930	10	1.1%
Rehab	479	565	18.0%	531	34	6.4%
TCS-Ortho	322	380	18.0%	383	(3)	(0.8%)
NICU	388	427	10.1%	400	27	6.8%
Nursery	505	495	(2.0%)	500	(5)	(1.0%)

Total KDHCD Patient Days	12,069	11,972	(0.8%)	12,397	(425)	(3.4%)
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Total Outpatient Volume	56,970	54,960	(3.5%)	59,671	(4,711)	(7.9%)
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Statistical Results – Fiscal Year Comparison (Jul-Nov)

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

Average Daily Census	395	408	3.4%	410	(2)	(0.4%)
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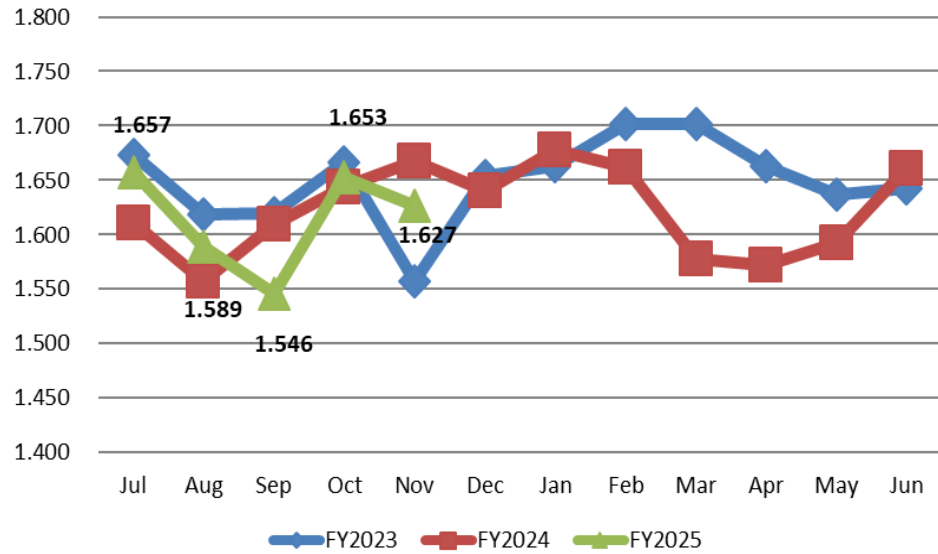
KDHCD Patient Days:

Medical Center	40,184	42,849	6.6%	41,904	945	2.3%
Acute I/P Psych	6,621	5,641	(14.8%)	6,925	(1,284)	(18.5%)
Sub-Acute	4,648	4,618	(0.6%)	4,620	(2)	(0.0%)
Rehab	2,550	2,854	11.9%	2,748	106	3.9%
TCS-Ortho	1,791	1,736	(3.1%)	1,863	(127)	(6.8%)
NICU	2,135	2,187	2.4%	2,175	12	0.6%
Nursery	2,578	2,587	0.3%	2,500	87	3.5%

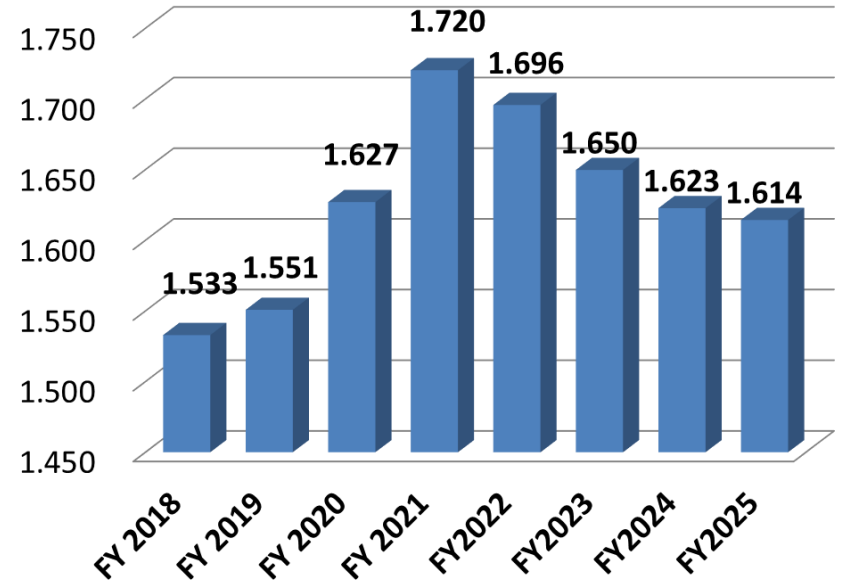
Total KDHCD Patient Days	60,507	62,472	3.2%	62,735	(263)	(0.4%)
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Total Outpatient Volume	289,713	298,004	2.9%	304,323	(6,319)	(2.1%)
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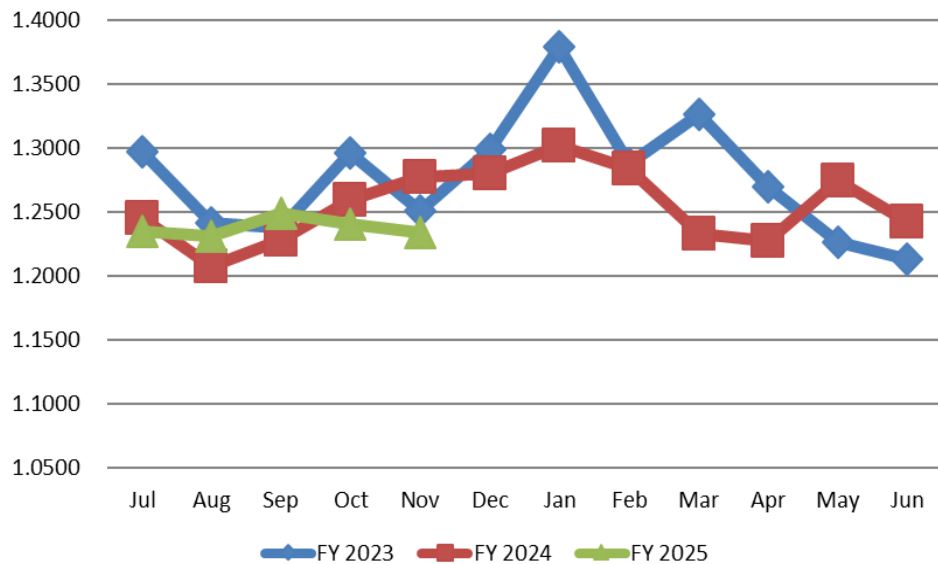
Case Mix Index w/o Normal Newborns



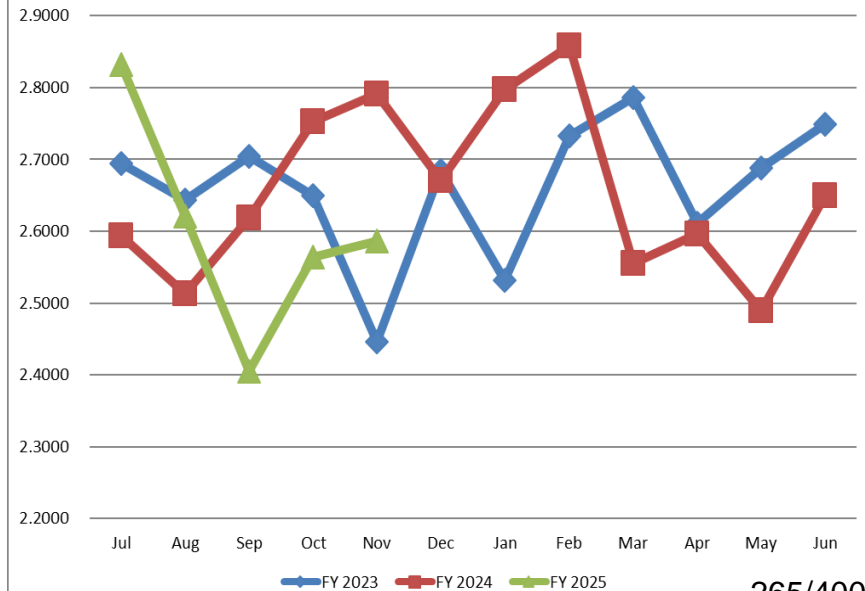
Case Mix Index w/o Normal Newborns - All



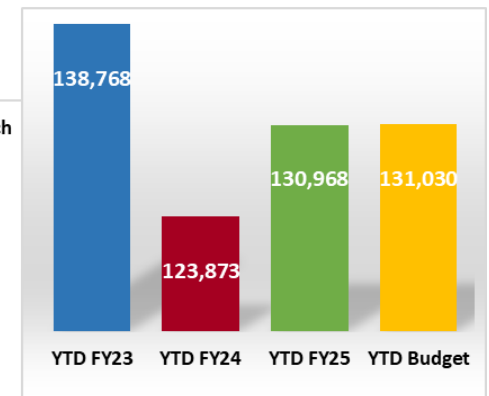
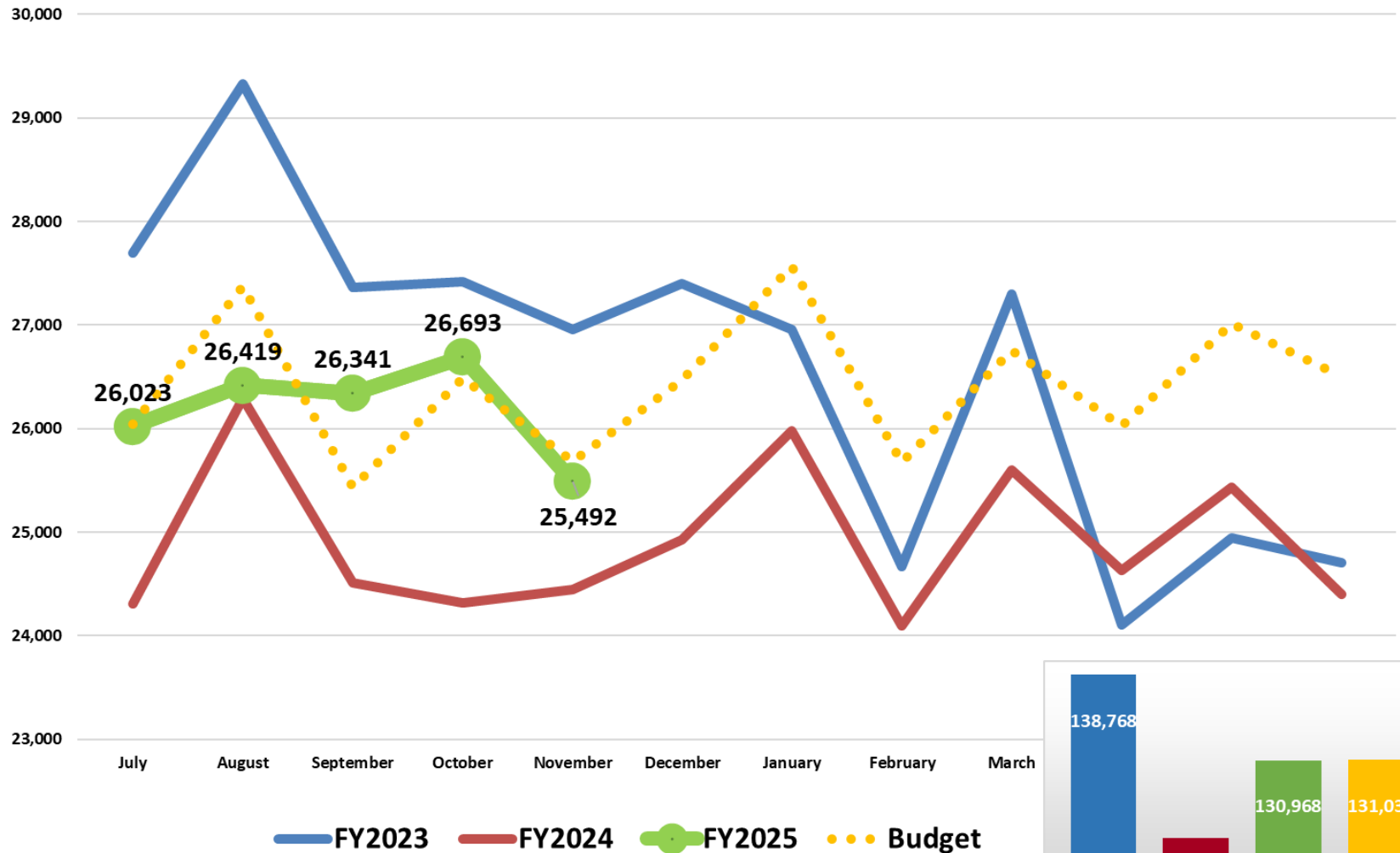
Case Mix **Medical** w/o Normal Newborns



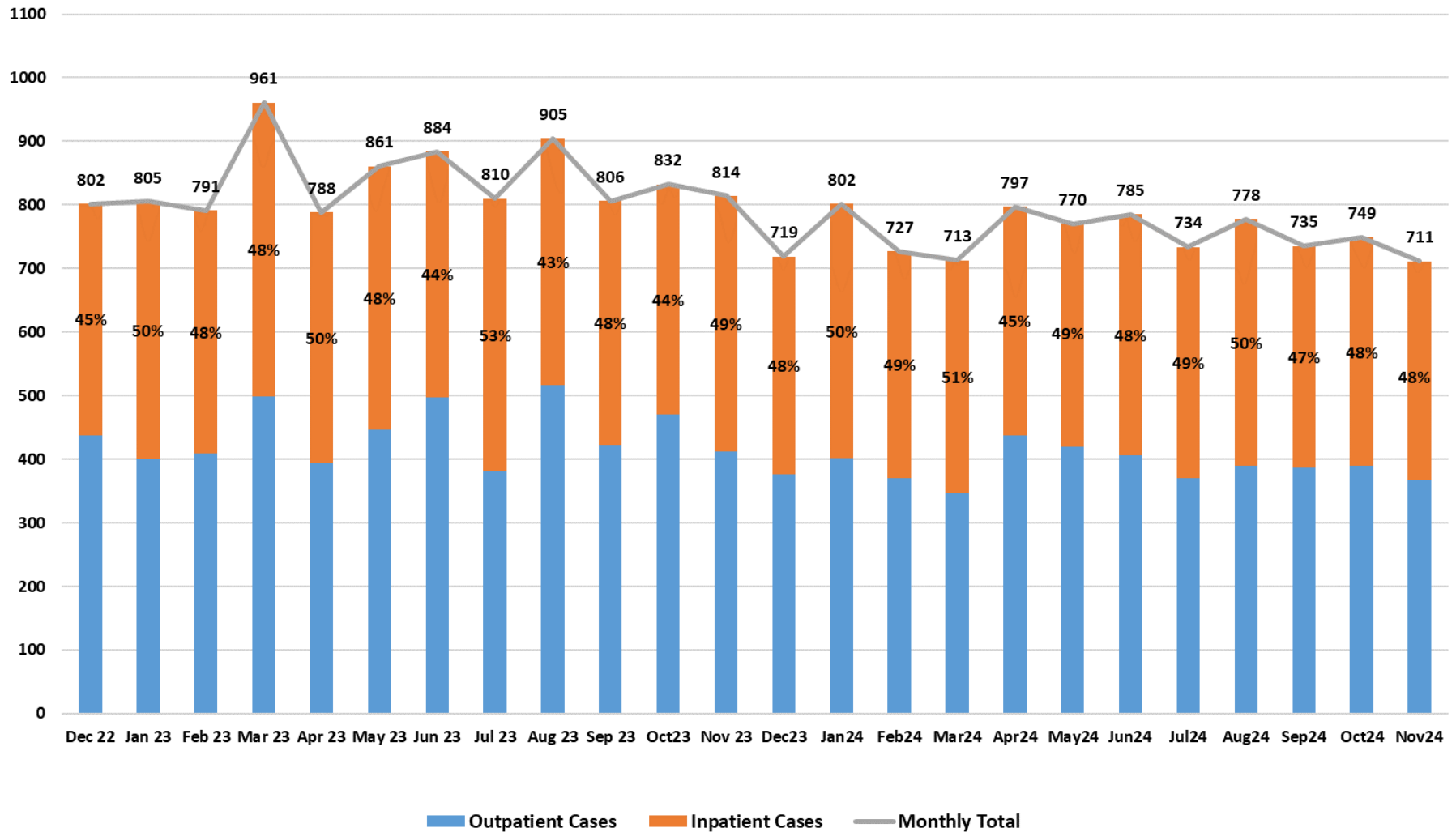
Case Mix Index **Surgical** w/o Normal Newborns



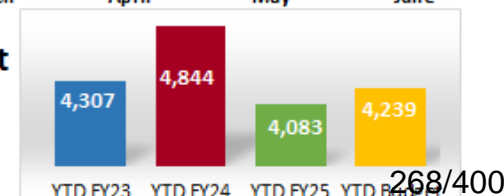
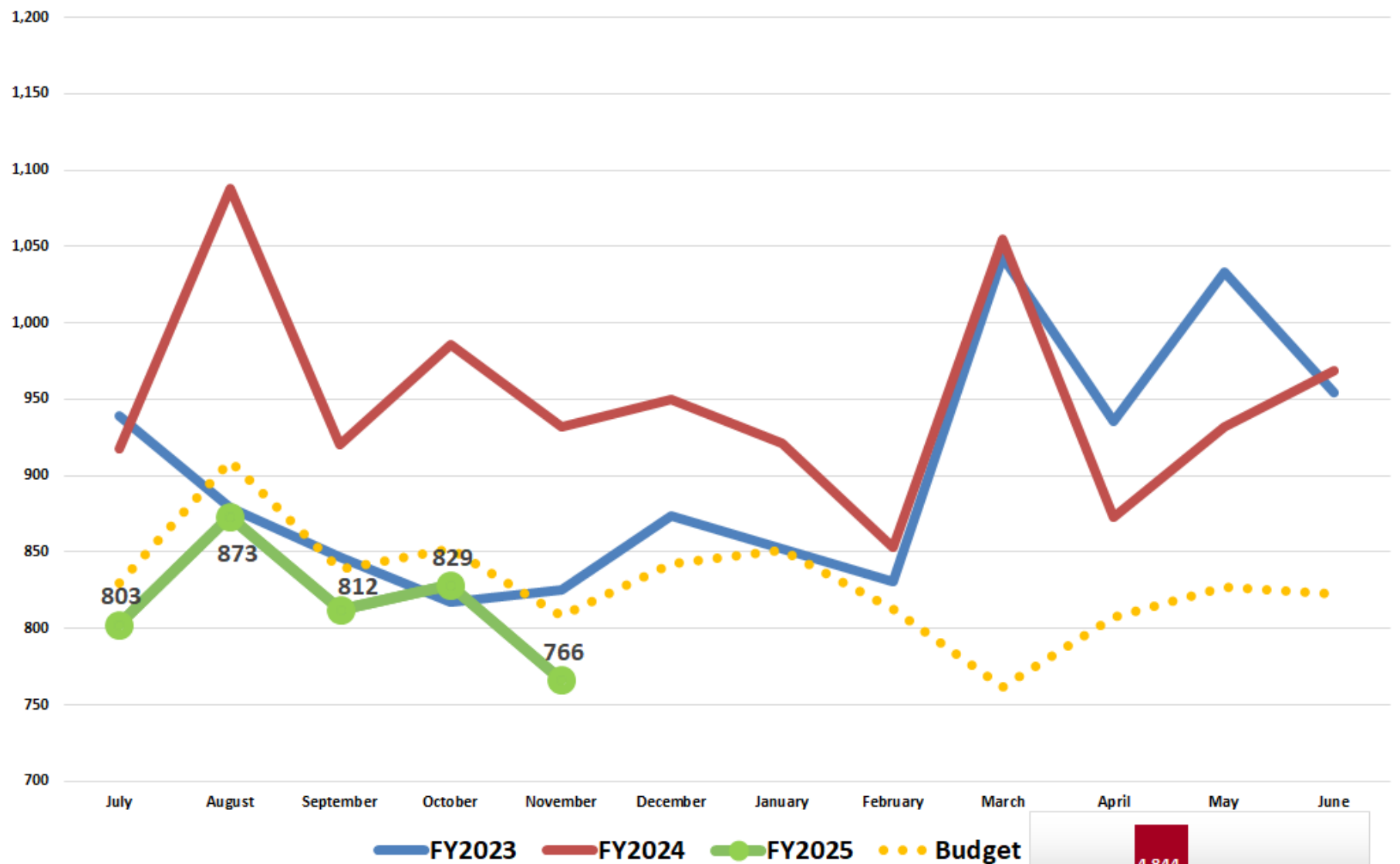
Adjusted Patient Days



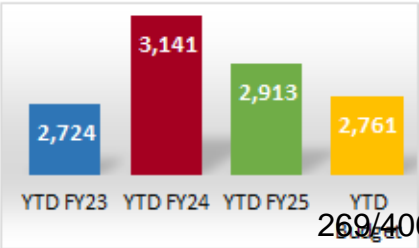
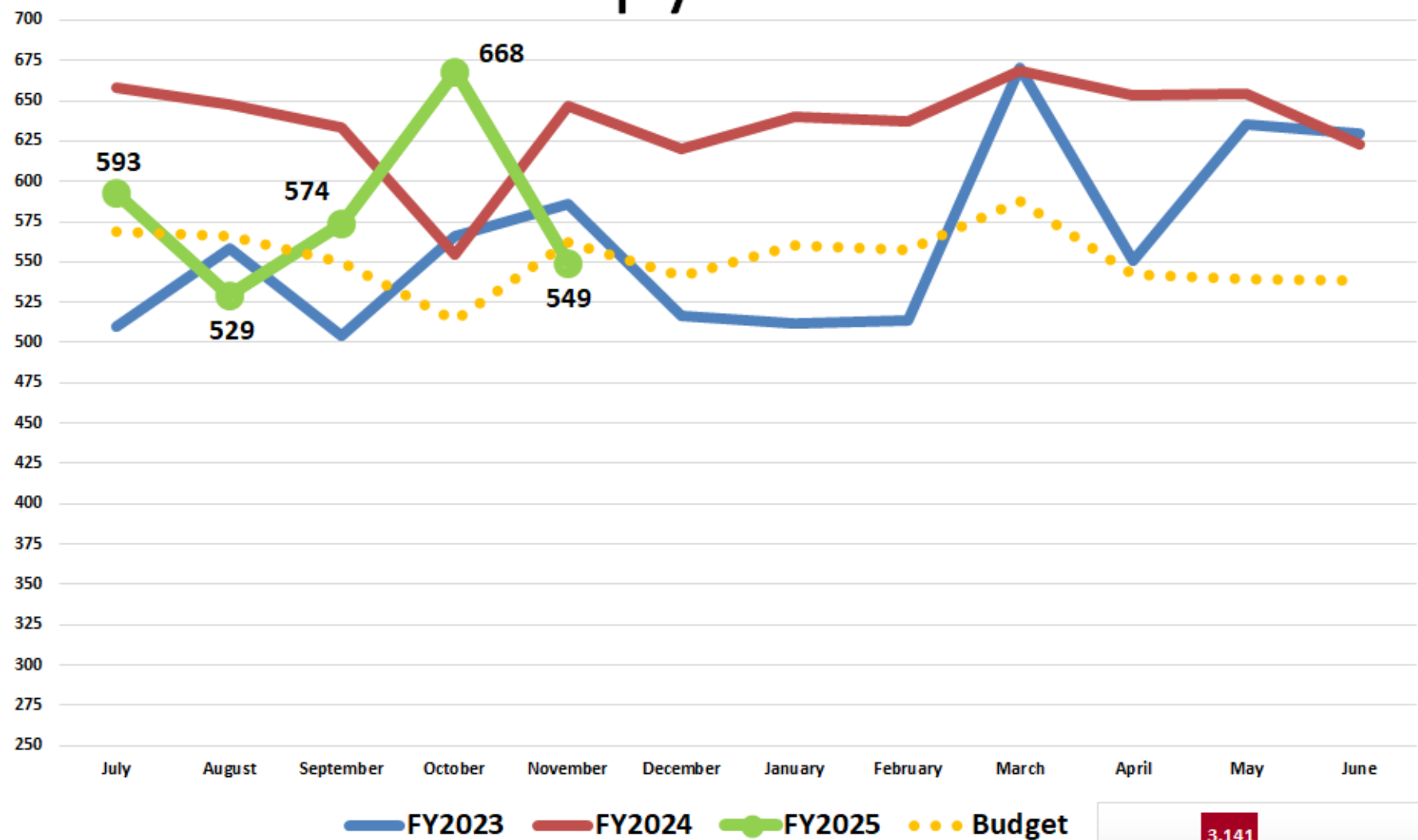
Surgery Cases (IP & OP)



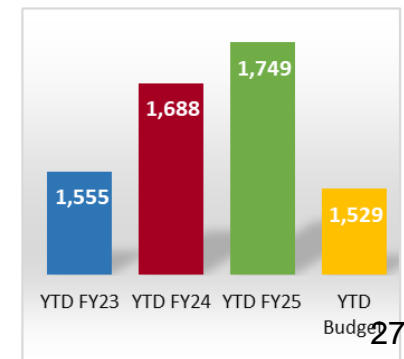
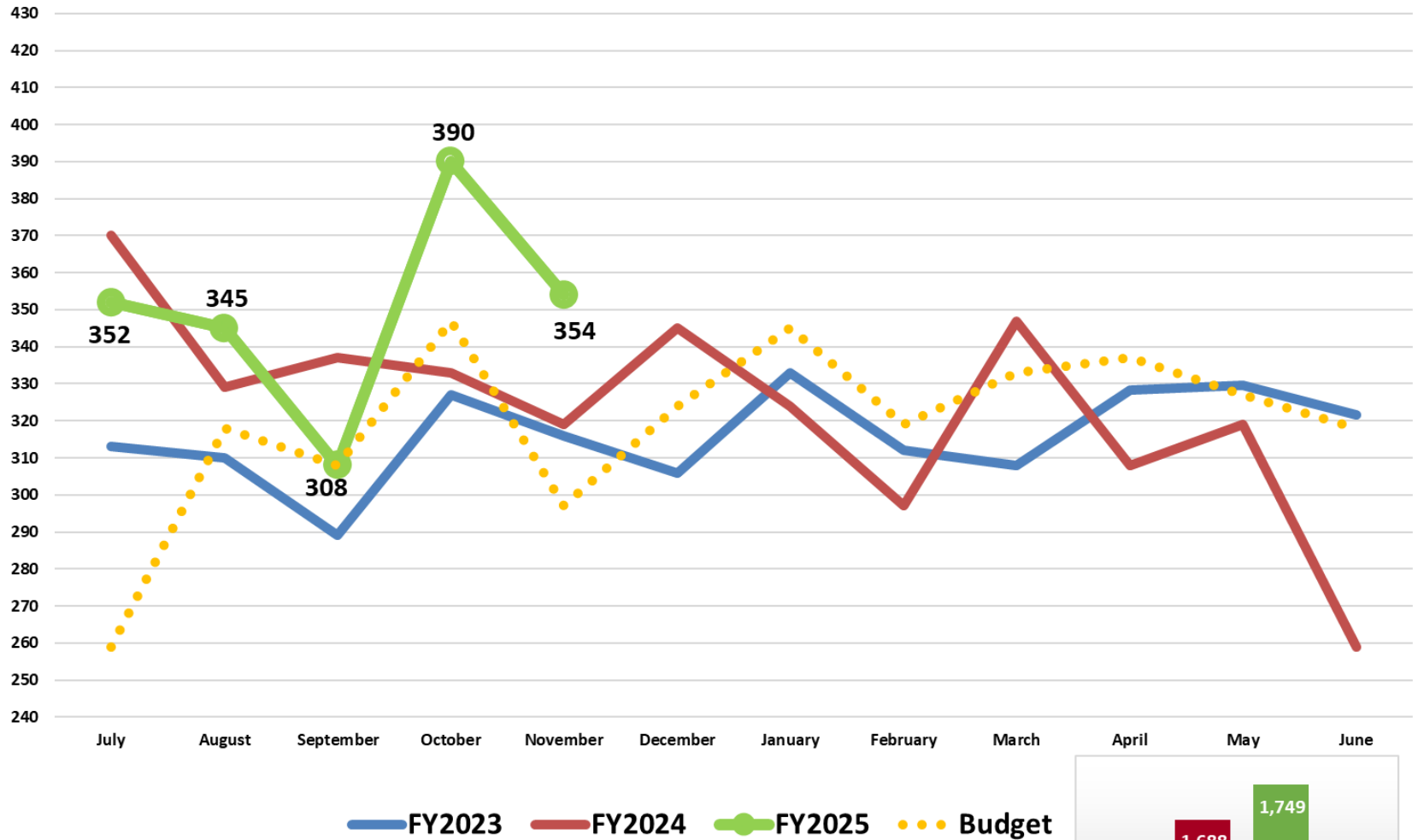
Surgery (IP & OP) – 100 Min Units



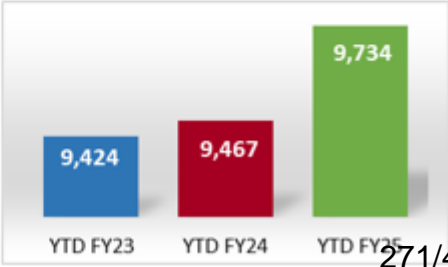
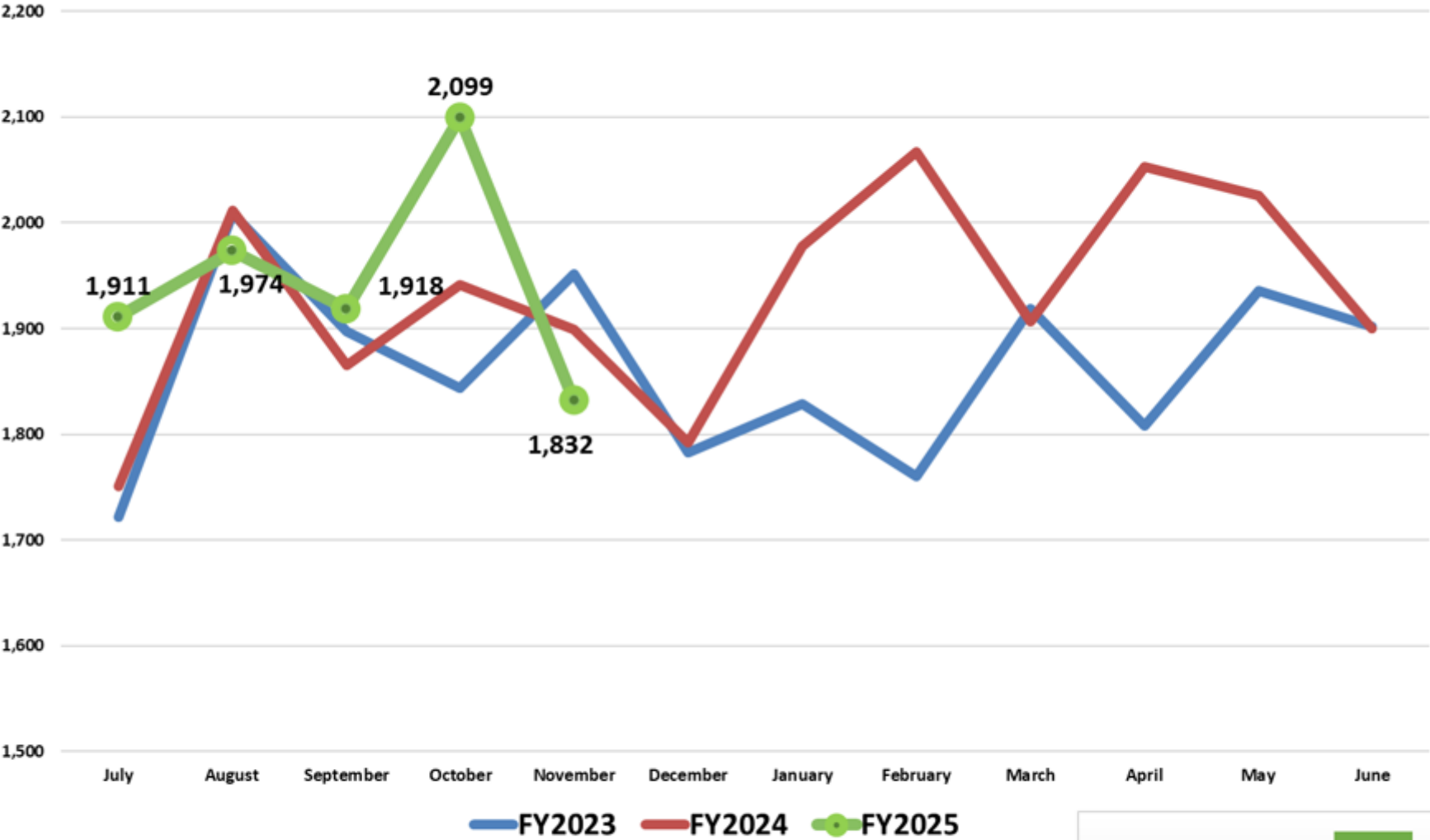
Endoscopy Procedures



Cath Lab (IP & OP) – 100 Min Units



Outpatient Registrations Per Day



Other Statistical Results – Fiscal Year Comparison (Nov)

	Actual Results				Budget	Budget Variance	
	Nov 23	Nov 24	Change	% Change	Nov 24	Change	% Change
Rural Health Clinics Registrations	11,637	12,841	1,204	10.3%	12,288	553	4.5%
RHC Exeter - Registrations	5,760	6,309	549	9.5%	6,108	201	3.3%
RHC Lindsay - Registrations	1,596	1,751	155	9.7%	1,787	(36)	(2.0%)
RHC Woodlake - Registrations	1,104	1,397	293	26.5%	1,087	310	28.5%
RHC Dinuba - Registrations	1,351	1,294	(57)	(4.2%)	1,405	(111)	(7.9%)
RHC Tulare - Registrations	1,826	2,090	264	14.5%	1,900	190	10.0%
Urgent Care – Court Total Visits	3,176	2,546	(630)	(19.8%)	3,290	(744)	(22.6%)
Urgent Care – Demaree Total Visits	2,339	1,591	(748)	(32.0%)	2,442	(851)	(34.8%)
KH Medical Clinic - Ben Maddox Visits	634	826	192	30.3%	1,100	(274)	(24.9%)
KH Medical Clinic - Plaza Visits	0	244	244	0.0%	609	(365)	(59.9%)
KH Medical Willow Clinic Visits	0	148	148	0.0%	575	(427)	(74.3%)
KH Cardiology Center Visalia Registrations	1,435	1,469	34	2.4%	1,531	(62)	(4.1%)
KH Mental Wellness Clinic Visits	259	318	59	22.8%	370	(52)	(14.1%)
Urology Clinic Visits	311	231	(80)	(25.7%)	497	(266)	(53.5%)
Wound Care Visits	932	1,023	91	9.8%	1,800	(777)	(43.2%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Nov 23	YTD Nov 24	Change	% Change	YTD Nov 23	Change	% Change
Rural Health Clinics Registrations	59,564	68,289	8,725	14.6%	62,175	6,114	9.8%
RHC Exeter - Registrations	30,190	32,467	2,277	7.5%	31,537	930	3.0%
RHC Lindsay - Registrations	8,408	9,449	1,041	12.4%	8,461	988	11.7%
RHC Woodlake - Registrations	5,117	6,609	1,492	29.2%	5,677	932	16.4%
RHC Dinuba - Registrations	6,390	7,807	1,417	22.2%	6,802	1,005	14.8%
RHC Tulare - Registrations	9,459	11,957	2,498	26.4%	9,700	2,257	23.3%
Urgent Care – Court Total Visits	15,301	11,578	(3,723)	(24.3%)	15,719	(4,141)	(26.3%)
Urgent Care – Demaree Total Visits	10,378	7,130	(3,248)	(31.3%)	10,642	(3,512)	(33.0%)
KH Medical Clinic - Ben Maddox Visits	3,982	4,266	284	7.1%	5,650	(1,384)	(24.5%)
KH Medical Clinic - Plaza Visits	0	1,370	1,370	0.0%	2,815	(1,445)	(51.3%)
KH Medical Willow Clinic Visits	0	803	803	0.0%	2,355	(1,552)	(65.9%)
KH Cardiology Center Visalia Registrations	7,105	7,959	854	12.0%	7,694	265	3.4%
KH Mental Wellness Clinic Visits	1,321	1,538	217	16.4%	1,750	(212)	(12.1%)
Urology Clinic Visits	1,388	1,649	261	18.8%	2,732	(1,083)	(39.6%)
Wound Care Visits	5,347	3,562	(1,785)	(33.4%)	8,050	(4,488)	(55.7%)

Other Statistical Results – Fiscal Year Comparison (Nov)

	Actual Results				Budget	Budget Variance	
	Nov 23	Nov 24	Change	% Change	Nov 24	Change	% Change
All O/P Rehab Svcs Across District	19,374	18,905	(469)	(2.4%)	19,824	(919)	(4.6%)
Physical & Other Therapy Units (I/P & O/P)	16,142	17,775	1,633	10.1%	16,859	916	5.4%
Radiology - CT - All Areas	4,494	4,319	(175)	(3.9%)	4,503	(184)	(4.1%)
Radiology - MRI - All Areas	797	800	3	0.4%	828	(28)	(3.4%)
Radiology - Ultrasound - All Areas	2,644	2,837	193	7.3%	2,540	297	11.7%
Radiology - Diagnostic Radiology	9,448	9,205	(243)	(2.6%)	9,401	(196)	(2.1%)
Radiology – Main Campus	14,919	14,632	(287)	(1.9%)	14,871	(239)	(1.6%)
Radiology - Ultrasound - Main Campus	2,097	2,213	116	5.5%	1,988	225	11.3%
West Campus - Diagnostic Radiology	1,075	1,074	(1)	(0.1%)	993	81	8.1%
West Campus - CT Scan	472	448	(24)	(5.1%)	471	(23)	(5.0%)
West Campus - MRI	370	383	13	3.5%	384	(1)	(0.3%)
West Campus - Ultrasound	547	624	77	14.1%	552	72	13.1%
West Campus - Breast Center	1,717	1,512	(205)	(11.9%)	1,720	(208)	(12.1%)
Med Onc Visalia Treatments	1,314	844	(470)	(35.8%)	1,353	(509)	(37.6%)
Rad Onc Visalia Treatments	1,486	1,339	(147)	(9.9%)	1,443	(104)	(7.2%)
Rad Onc Hanford Treatments	216	239	23	10.6%	250	(11)	(4.2%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Nov 23	YTD Nov 24	Change	% Change	YTD Nov 23	Change	% Change
All O/P Rehab Svcs Across District	100,748	103,750	3,002	3.0%	106,693	(2,943)	(2.8%)
Physical & Other Therapy Units (I/P & O/P)	85,265	92,640	7,375	8.6%	86,856	5,784	6.7%
Radiology - CT - All Areas	22,726	23,051	325	1.4%	22,898	153	0.7%
Radiology - MRI - All Areas	4,177	4,385	208	5.0%	4,345	40	0.9%
Radiology - Ultrasound - All Areas	13,047	15,144	2,097	16.1%	13,194	1,950	14.8%
Radiology - Diagnostic Radiology	46,777	47,298	521	1.1%	47,461	(163)	(0.3%)
Radiology – Main Campus	74,208	76,411	2,203	3.0%	75,088	1,323	1.8%
Radiology - Ultrasound - Main Campus	10,134	11,823	1,689	16.7%	10,254	1,569	15.3%
West Campus - Diagnostic Radiology	5,414	5,606	192	3.5%	5,451	155	2.8%
West Campus - CT Scan	2,358	2,380	22	0.9%	2,406	(26)	(1.1%)
West Campus - MRI	1,834	2,089	255	13.9%	2,013	76	3.8%
West Campus - Ultrasound	2,913	3,321	408	14.0%	2,940	381	12.9%
West Campus - Breast Center	8,441	8,544	103	1.2%	8,547	(3)	(0.0%)
Med Onc Visalia Treatments	6,633	5,337	(1,296)	(19.5%)	6,831	(1,494)	(21.9%)
Rad Onc Visalia Treatments	7,157	7,725	568	7.9%	7,276	449	6.2%
Rad Onc Hanford Treatments	1,398	1,342	(56)	(4.0%)	1,231	111	279.400

Other Statistical Results – Fiscal Year Comparison (Nov)

	Actual Results				Budget	Budget Variance	
	Nov 23	Nov 24	Change	% Change	Nov 24	Change	% Change
ED - Avg Treated Per Day	261	248	(13)	(5.1%)	264	(16)	(6.2%)
Surgery (IP & OP) – 100 Min Units	932	766	(166)	(17.8%)	808	(42)	(5.2%)
Endoscopy Procedures	647	549	(98)	(15.1%)	562	(13)	(2.3%)
Cath Lab (IP & OP) - 100 Min Units	319	354	35	11.0%	297	57	19.2%
Cardiac Surgery Cases	25	18	(7)	(28.0%)	31	(13)	(41.9%)
Deliveries	406	385	(21)	(5.2%)	388	(3)	(0.8%)
Clinical Lab	235,701	232,573	(3,128)	(1.3%)	239,737	(7,163)	(3.0%)
Reference Lab	5,322	4,028	(1,294)	(24.3%)	5,078	(1,050)	(20.7%)
Dialysis Center - Visalia Visits	1,424	1,503	79	5.5%	1,757	(254)	(14.5%)
Infusion Center - Outpatient Visits	354	396	42	11.9%	494	(98)	(19.8%)
Hospice Days	3,406	3,471	65	1.9%	3,702	(231)	(6.2%)
Home Health Visits	3,229	2,731	(498)	(15.4%)	3,108	(377)	(12.1%)
Home Infusion Days	20,182	22,249	2,067	10.2%	21,190	1,059	5.0%

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Nov 23	YTD Nov 24	Change	% Change	YTD Nov 23	Change	% Change
ED - Avg Treated Per Day	257	254	(3)	(1.1%)	266	(12)	(4.4%)
Surgery (IP & OP) – 100 Min Units	4,844	4,083	(761)	(15.7%)	4,239	(156)	(3.7%)
Endoscopy Procedures	3,141	2,913	(228)	(7.3%)	2,761	152	5.5%
Cath Lab (IP & OP) - 100 Min Units	1,688	1,749	61	3.6%	1,529	220	14.4%
Cardiac Surgery Cases	135	124	(11)	(8.1%)	175	(51)	(29.1%)
Deliveries	2,029	2,092	63	3.1%	2,053	39	1.9%
Clinical Lab	1,160,238	1,214,047	53,809	4.6%	1,218,419	(4,372)	(0.4%)
Reference Lab	28,415	34,073	5,658	19.9%	12,941	21,132	163.3%
Dialysis Center - Visalia Visits	7,488	7,552	64	0.9%	8,785	(1,233)	(14.0%)
Infusion Center - Outpatient Visits	1,913	2,214	301	15.7%	2,414	(200)	(8.3%)
Hospice Days	18,783	17,431	(1,352)	(7.2%)	18,879	(1,448)	(7.7%)
Home Health Visits	15,484	14,438	(1,046)	(6.8%)	16,095	(1,657)	(10.3%)
Home Infusion Days	116,098	113,006	(3,092)	(2.7%)	114,424	(1,418)	(1.2%)

November Financial Summary (000's)

Comparison to Budget - Month of November

	Budget Nov-2024	Actual Nov-2024	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$51,977	\$54,496	\$2,519	4.6%
Other Operating Revenue	\$20,059	\$19,868	(\$190)	-1.0%
Total Operating Revenue	\$72,036	\$74,364	\$2,329	3.1%
Operating Expenses				
Employment Expenses	\$37,614	\$41,051	\$3,437	8.4%
Other Expenses	\$36,924	\$34,872	(\$2,052)	-5.9%
Total Operating Expenses	\$74,538	\$75,923	\$1,385	1.8%
Operating Margin	(\$2,502)	(\$1,559)	\$944	
Stimulus/FEMA	\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	(\$2,502)	(\$1,559)	\$944	
Nonoperating Revenue (Loss)	\$661	\$905	\$243	
Excess Margin	(\$1,841)	(\$654)	\$1,187	

Year to Date Financial Summary (000's)

Operating Revenue

Net Patient Service Revenue

Other Operating Revenue

Total Operating Revenue

Operating Expenses

Employment Expenses

Other Expenses

Total Operating Expenses

Operating Margin

Stimulus/FEMA

Operating Margin after Stimulus/FEMA

Nonoperating Revenue (Loss)

Excess Margin

Comparison to Budget - YTD November				
Budget YTD Nov-2024	Actual YTD Nov-2024	\$ Change	% Change	
\$264,036	\$266,617	\$2,581	1.0%	
\$100,877	\$98,762	(\$2,115)	-2.1%	
\$364,913	\$365,379	\$466	0.1%	
\$192,595	\$197,538	\$4,943	2.5%	
\$188,341	\$181,362	(\$6,979)	-3.8%	
\$380,936	\$378,900	(\$2,036)	-0.5%	
(\$16,024)	(\$13,521)	\$2,502		
\$0	\$0	\$0		
(\$16,024)	(\$13,521)	\$2,502		
\$3,295	\$9,082	\$5,787		
(\$12,728)	(\$4,440)	\$8,289		

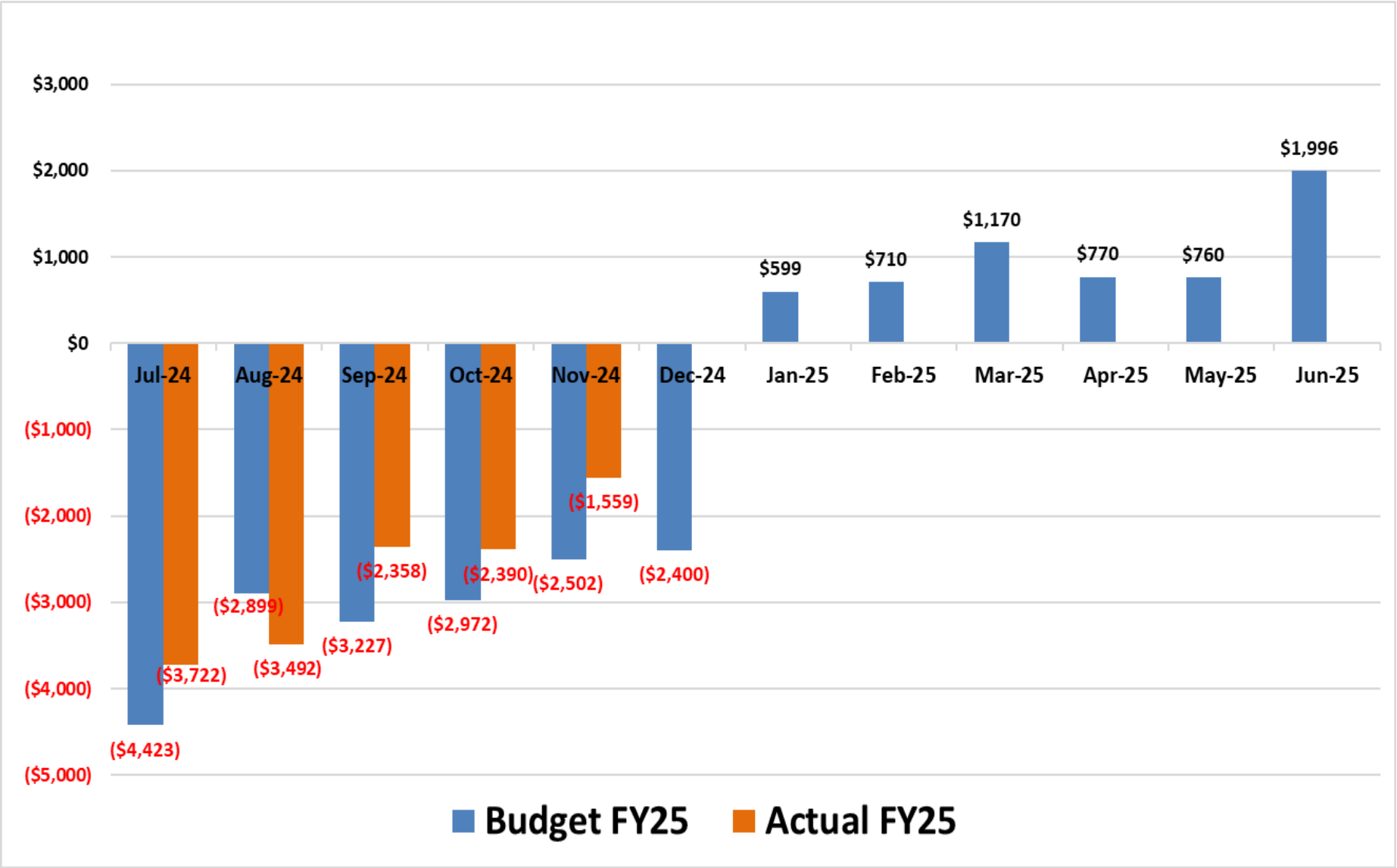
November Financial Comparison (000's)

	Comparison to Budget - Month of November				Comparison to Prior Year - Month of November			
	Budget Nov-2024	Actual Nov-2024	\$ Change	% Change	Actual Nov-2023	Actual Nov-2024	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$51,977	\$54,496	\$2,519	4.6%	\$48,225	\$54,496	\$6,271	11.5%
Supplemental Gov't Programs	\$7,311	\$8,236	\$925	11.2%	\$7,199	\$8,236	\$1,037	12.6%
Prime Program	\$792	\$792	\$0	0.0%	\$822	\$792	(\$30)	-3.8%
Premium Revenue	\$7,547	\$7,120	(\$427)	-6.0%	\$6,716	\$7,120	\$404	5.7%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$3,271	\$0	(\$3,271)	0.0%
Other Revenue	\$4,409	\$3,721	(\$688)	-18.5%	\$3,253	\$3,721	\$467	12.6%
Other Operating Revenue	\$20,059	\$19,868	(\$190)	-1.0%	\$21,261	\$19,868	(\$1,393)	-7.0%
Total Operating Revenue	\$72,036	\$74,364	\$2,329	3.1%	\$69,486	\$74,364	\$4,878	6.6%
Operating Expenses								
Salaries & Wages	\$30,887	\$31,622	\$735	2.3%	\$27,985	\$31,622	\$3,637	11.5%
Contract Labor	\$1,286	\$1,778	\$492	27.7%	\$1,838	\$1,778	(\$59)	-3.3%
Employee Benefits	\$5,442	\$7,651	\$2,209	28.9%	\$7,775	\$7,651	(\$124)	-1.6%
Total Employment Expenses	\$37,614	\$41,051	\$3,437	8.4%	\$37,597	\$41,051	\$3,454	8.4%
Medical & Other Supplies	\$15,119	\$13,429	(\$1,690)	-12.6%	\$12,509	\$13,429	\$919	6.8%
Physician Fees	\$7,185	\$7,159	(\$26)	-0.4%	\$6,500	\$7,159	\$659	9.2%
Purchased Services	\$1,758	\$1,945	\$187	9.6%	\$1,465	\$1,945	\$480	24.7%
Repairs & Maintenance	\$2,070	\$1,975	(\$96)	-4.9%	\$2,167	\$1,975	(\$193)	-9.8%
Utilities	\$887	\$1,024	\$137	13.4%	\$852	\$1,024	\$171	16.7%
Rents & Leases	\$154	\$90	(\$63)	-70.2%	\$122	\$90	(\$32)	-35.5%
Depreciation & Amortization	\$3,302	\$3,258	(\$43)	-1.3%	\$2,780	\$3,258	\$479	14.7%
Interest Expense	\$589	\$593	\$4	0.7%	\$604	\$593	(\$11)	-1.8%
Other Expense	\$2,216	\$1,759	(\$457)	-26.0%	\$2,322	\$1,759	(\$563)	-32.0%
Humana Cap Plan Expenses	\$3,645	\$3,641	(\$4)	-0.1%	\$3,840	\$3,641	(\$199)	-5.5%
Total Other Expenses	\$36,924	\$34,872	(\$2,052)	-5.9%	\$33,162	\$34,872	\$1,710	4.9%
Total Operating Expenses	\$74,538	\$75,923	\$1,385	1.8%	\$70,759	\$75,923	\$5,164	6.8%
Operating Margin	(\$2,502)	(\$1,559)	\$944		(\$1,273)	(\$1,559)	(\$285)	
Stimulus/FEMA	\$0	\$0	\$0		\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	(\$2,502)	(\$1,559)	\$944		(\$1,273)	(\$1,559)	(\$285)	
Nonoperating Revenue (Loss)	\$661	\$905	\$243		\$578	\$905	\$327	
Excess Margin	(\$1,841)	(\$654)	\$1,187		(\$695)	(\$654)	\$41	

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

	Comparison to Budget - YTD November				Comparison to Prior Year - YTD November			
	Budget YTD Nov-2024	Actual YTD Nov-2024	\$ Change	% Change	Actual YTD Nov-2023	Actual YTD Nov-2024	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$264,036	\$266,617	\$2,581	1.0%	\$237,932	\$266,617	\$28,685	10.8%
Supplemental Gov't Programs	\$37,137	\$38,378	\$1,241	3.2%	\$32,730	\$38,378	\$5,649	14.7%
Prime Program	\$3,959	\$3,959	\$0	0.0%	\$4,108	\$3,959	(\$149)	-3.8%
Premium Revenue	\$37,736	\$36,814	(\$922)	-2.5%	\$38,182	\$36,814	(\$1,368)	-3.7%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$16,450	\$0	(\$16,450)	0.0%
Other Revenue	\$22,044	\$19,610	(\$2,435)	-12.4%	\$16,377	\$19,610	\$3,233	16.5%
Other Operating Revenue	\$100,877	\$98,762	(\$2,115)	-2.1%	\$107,847	\$98,762	(\$9,085)	-9.2%
Total Operating Revenue	\$364,913	\$365,379	\$466	0.1%	\$345,779	\$365,379	\$19,600	5.4%
Operating Expenses								
Salaries & Wages	\$157,162	\$159,026	\$1,863	1.2%	\$140,974	\$159,026	\$18,052	11.4%
Contract Labor	\$6,921	\$6,913	(\$8)	-0.1%	\$9,461	\$6,913	(\$2,548)	-36.9%
Employee Benefits	\$28,511	\$31,599	\$3,088	9.8%	\$34,497	\$31,599	(\$2,898)	-9.2%
Total Employment Expenses	\$192,595	\$197,538	\$4,943	2.5%	\$184,932	\$197,538	\$12,606	6.4%
Medical & Other Supplies	\$77,867	\$70,431	(\$7,436)	-10.6%	\$64,772	\$70,431	\$5,659	8.0%
Physician Fees	\$35,924	\$36,424	\$500	1.4%	\$31,893	\$36,424	\$4,531	12.4%
Purchased Services	\$8,966	\$7,963	(\$1,003)	-12.6%	\$8,004	\$7,963	(\$42)	-0.5%
Repairs & Maintenance	\$10,386	\$10,582	\$196	1.9%	\$10,687	\$10,582	(\$105)	-1.0%
Utilities	\$5,079	\$4,719	(\$360)	-7.6%	\$4,626	\$4,719	\$93	2.0%
Rents & Leases	\$769	\$663	(\$106)	-16.0%	\$760	\$663	(\$98)	-14.7%
Depreciation & Amortization	\$16,509	\$15,949	(\$560)	-3.5%	\$14,101	\$15,949	\$1,848	11.6%
Interest Expense	\$3,003	\$2,956	(\$47)	-1.6%	\$3,002	\$2,956	(\$46)	-1.6%
Other Expense	\$11,251	\$10,293	(\$958)	-9.3%	\$10,067	\$10,293	\$226	2.2%
Humana Cap Plan Expenses	\$18,589	\$21,384	\$2,795	13.1%	\$18,432	\$21,384	\$2,952	13.8%
Total Other Expenses	\$188,341	\$181,362	(\$6,979)	-3.8%	\$166,345	\$181,362	\$15,017	8.3%
Total Operating Expenses	\$380,936	\$378,900	(\$2,036)	-0.5%	\$351,277	\$378,900	\$27,623	7.3%
Operating Margin	(\$16,024)	(\$13,521)	\$2,502		(\$5,498)	(\$13,521)	(\$8,023)	
Stimulus/FEMA	\$0	\$0	\$0		\$3,220	\$0	(\$3,220)	
Operating Margin after Stimulus/FEMA	(\$16,024)	(\$13,521)	\$2,502		(\$2,278)	(\$13,521)	(\$11,243)	
Nonoperating Revenue (Loss)	\$3,295	\$9,082	\$5,787		\$3,088	\$9,082	\$5,993	
Excess Margin	(\$12,728)	(\$4,440)	\$8,289		\$810	(\$4,440)	(\$5,250)	

Budget and Actual Fiscal Year 2025: Trended Operating Margin (000's)



Status of FEMA Projects

FEMA Project Title	Process Step	Obligation Date	Best Available Cost	Best Available Federal Share Cost (90%)	Payments Received To Date
P1- Door Screeners/Temperature Scan (12/1/21-6/30/22)	Obligated	2/6/2023	\$190,721	\$190,721	\$190,721
P3- Medical Facility Infection Control (1/1/21-6/30/22)	Obligated	4/3/2023	\$187,351	\$187,351	\$187,351
P4- PPE (1/1/22-6/30/22)	Obligated	4/3/2023	\$134,926	\$134,926	\$134,926
P7- Diagnostic Testing for Employees (7/2/22-5/11/23)	Obligated	2/8/2024	\$15,150	\$13,635	\$13,635
P2- Contract Labor & Overtime, part 1 (4/1/20-6/30/22)	Obligated	11/27/2024	\$33,202,760	\$33,202,760	
P5- Contract Labor & Overtime, part 2 (7/2/22-5/11/2023)	Obligated	11/27/2024	\$16,132,516	\$14,519,264	
P8- Diagnostic Testing for Patients (7/2/22-5/11/23)	Obligated	11/21/2024	\$606,825	\$546,143	
Management Costs (5% B projects)	Submitted 12/13/24		\$2,523,512	\$132,927	
Total			\$52,993,762	\$48,927,728	\$526,634

November 2023-2024 : Trended Financial Information (000's)

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	FY 2025
Patient Service Revenue	\$49,472	\$49,778	\$54,365	\$51,284	\$52,509	\$49,876	\$50,866	\$53,450	\$51,648	\$56,157	\$54,496	\$266,617
Other Revenue	\$24,379	\$22,470	\$19,194	\$25,720	\$27,433	\$30,206	\$19,487	\$20,024	\$19,142	\$20,242	\$19,868	\$98,762
Total Operating Revenue	\$73,851	\$72,248	\$73,559	\$77,004	\$79,942	\$80,082	\$70,353	\$73,474	\$70,790	\$76,398	\$74,364	\$365,379
Employee Expense	\$37,645	\$37,074	\$41,984	\$38,077	\$38,990	\$32,059	\$38,264	\$39,058	\$37,671	\$41,494	\$41,051	\$197,538
Other Operating Expense	\$35,742	\$36,449	\$33,382	\$36,864	\$37,539	\$37,520	\$35,811	\$37,908	\$35,477	\$37,294	\$34,872	\$181,362
Total Operating Expenses	\$73,388	\$73,523	\$75,367	\$74,941	\$76,530	\$69,579	\$74,075	\$76,965	\$73,148	\$78,788	\$75,923	\$378,900
Net Operating Margin	\$464	(\$1,275)	(\$1,807)	\$2,063	\$3,413	\$10,503	(\$3,722)	(\$3,492)	(\$2,358)	(\$2,390)	(\$1,559)	(\$13,521)
Stimulus/FEMA	\$0	\$0	\$0	\$0	(\$1,603)	(\$1,603)	\$0	\$0	\$0	\$0	\$0	\$0
NonOperating Income	\$969	\$618	\$1,781	\$550	\$847	\$1,213	\$1,190	\$896	\$4,720	\$1,371	\$905	\$9,082
Excess Margin	\$1,433	(\$657)	(\$26)	\$2,613	\$2,657	\$10,113	(\$2,533)	(\$2,596)	\$2,362	(\$1,019)	(\$654)	(\$4,440)

Profitability												
Operating Margin %	0.6%	(1.8%)	(2.5%)	2.7%	4.3%	13.1%	(5.3%)	(4.8%)	(3.3%)	(3.1%)	(2.1%)	(3.7%)
Operating Margin %excl. Int	1.4%	(0.9%)	(1.6%)	3.7%	5.0%	14.1%	(4.4%)	(4.0%)	(2.5%)	(2.4%)	(1.3%)	(2.9%)
Operating EBIDA	\$3,957	\$1,994	\$1,628	\$5,507	\$7,184	\$14,749	\$46	\$239	\$1,457	\$1,348	\$2,293	\$5,383
Operating EBIDA Margin	5.4%	2.8%	2.2%	7.2%	9.0%	18.4%	0.1%	0.3%	2.1%	1.8%	3.1%	1.5%

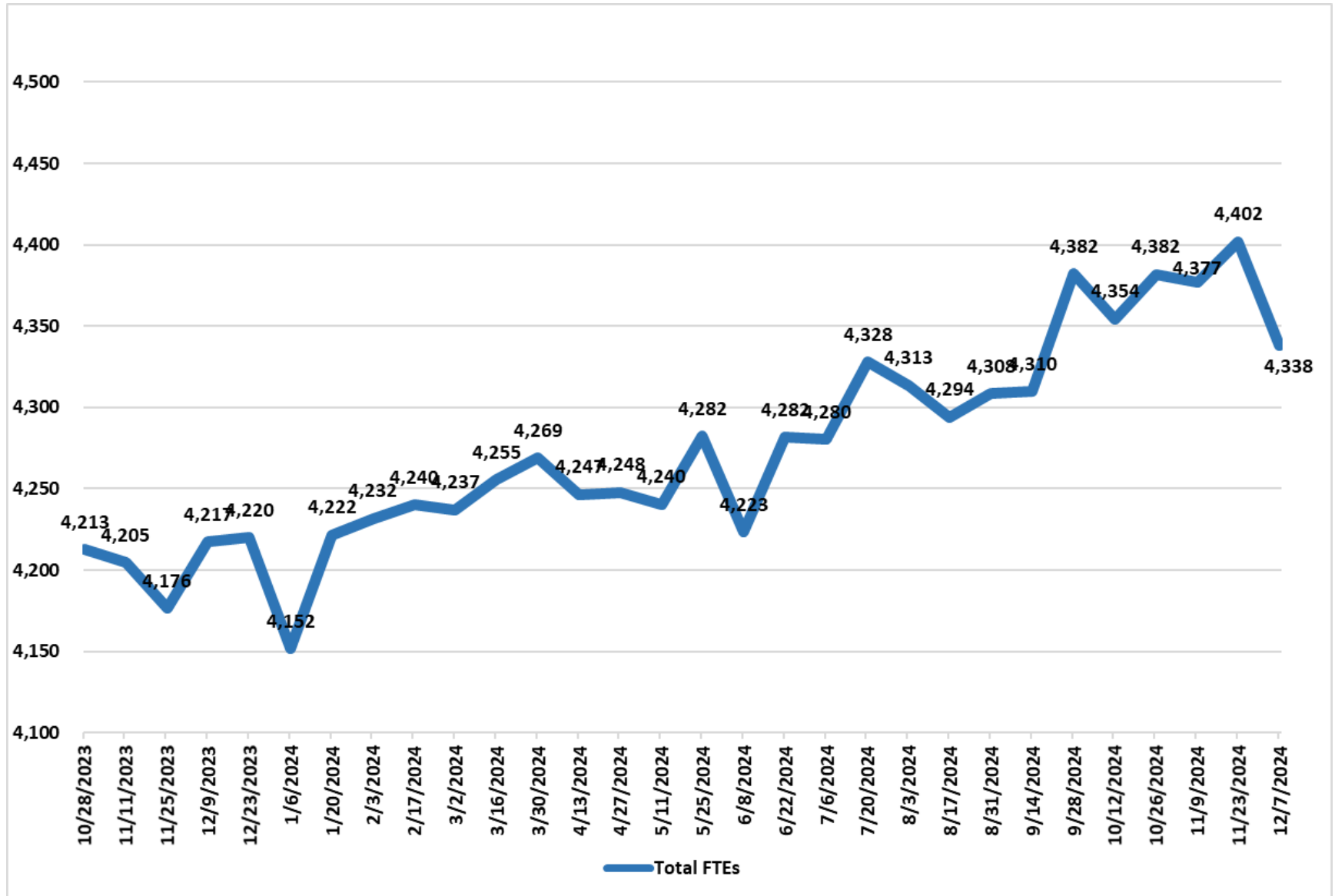
Liquidity Indicators												
Day's Cash on Hand	81.4	79.0	74.7	91.0	86.8	106.1	97.4	89.8	91.9	88.4	78.9	78.9
Day's in Accounts Receivable	72.5	71.0	70.1	65.3	66.4	64.4	64.0	68.5	71.0	68.3	66.9	66.9
Unrestricted Funds (000's)	\$179,987	\$176,827	\$168,012	\$204,886	\$196,335	\$237,246	\$219,800	\$209,641	\$214,303	\$207,507	\$187,057	\$187,057

Debt & Other Indicators												
Debt Service Coverage (MAD\$)	2.71	2.06	2.01	2.40	2.50	2.80	0.70	0.50	1.40	1.80	1.50	1.50
Discharges (Monthly)	2,283	2,144	2,142	2,299	2,299	2,334	2,498	2,447	2,440	2,388	2,240	2,403
Adj Discharges (Case mix adj)	7,228	7,111	6,827	7,226	7,616	7,438	8,455	8,215	7,779	8,441	7,760	40,650
Adjusted patient Days (Mo.)	25,976	24,096	25,597	24,634	25,435	24,398	26,023	26,419	26,419	26,693	25,492	26,209
Cost/Adj Discharge	\$10.2	\$10.3	\$11.0	\$10.4	\$10.0	\$9.4	\$8.8	\$9.4	\$9.4	\$9.3	\$9.8	\$9.3
Compensation Ratio	76%	74%	77%	74%	74%	64%	75%	73%	73%	74%	75%	74%

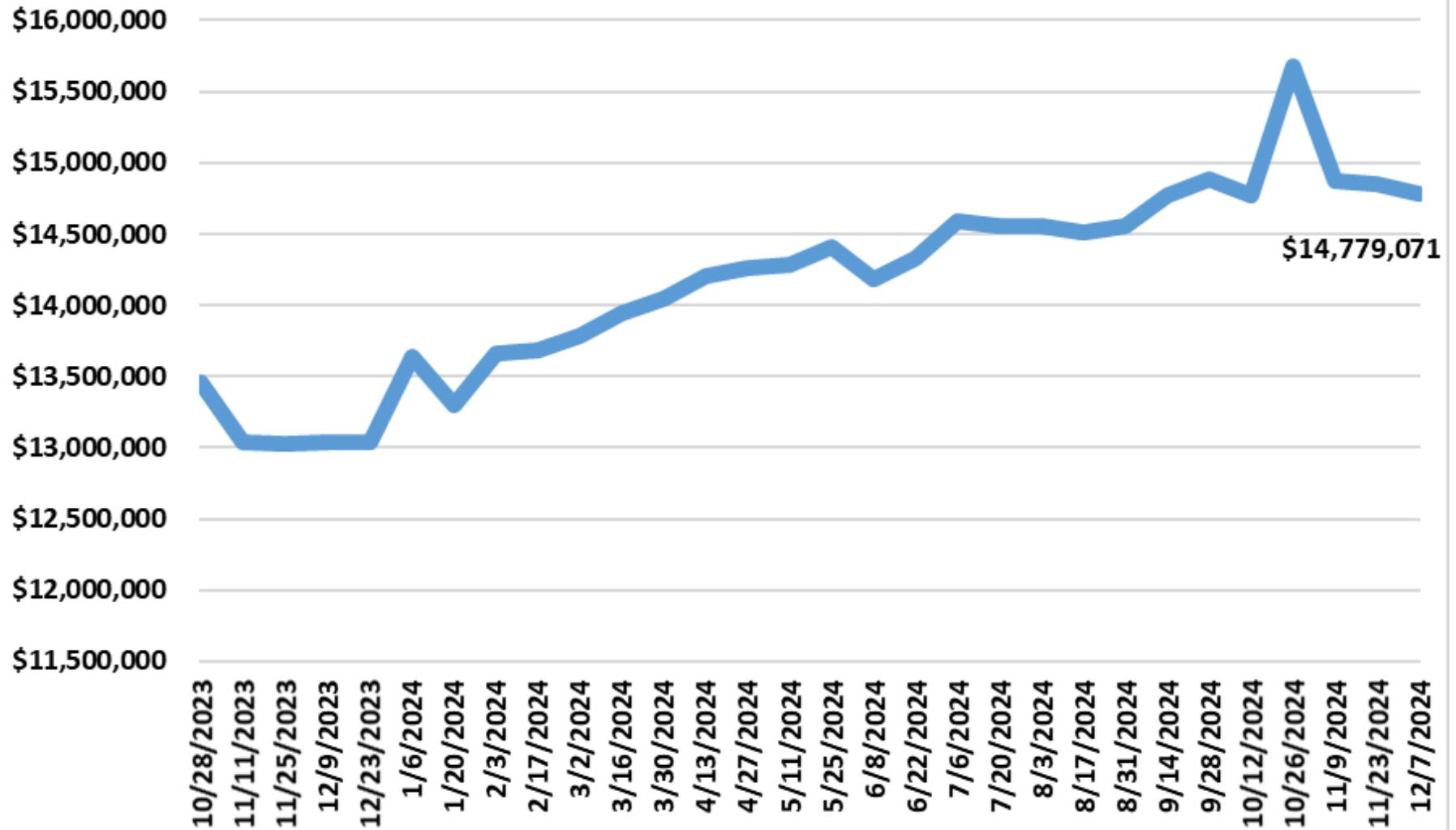
Month of November - Budget Variances

- **Supplemental Gov't Program Revenue:** The favorable \$925k variance is due to unanticipated Medi-Cal DSH additional funding related to FY21.
- **Other Revenue:** The unfavorable \$688K variance in other revenue in November is due to less than anticipated revenue relating to the SRCC Medical Oncology related retail pharmacy revenue.
- **Contract Labor:** The unfavorable variance of \$492K is due to an unexpected increase need in contract labor primarily in ICCU and the ED.
- **Employee Benefits:** The higher than expected costs of \$2.2M is primarily due to higher than expected employee health insurance pharmacy claims and a timing issue in our vacation expenses.
- **Medical & Other Supply Expense:** The favorable \$2.7M variance is due to pharmacy cost being lower than budget due to Medical Oncology infusion and retail pharmacy volume being lower than anticipated.
- **Other Expenses:** The favorable variance of \$457K is mainly related to reclassification of expenses to other categories.

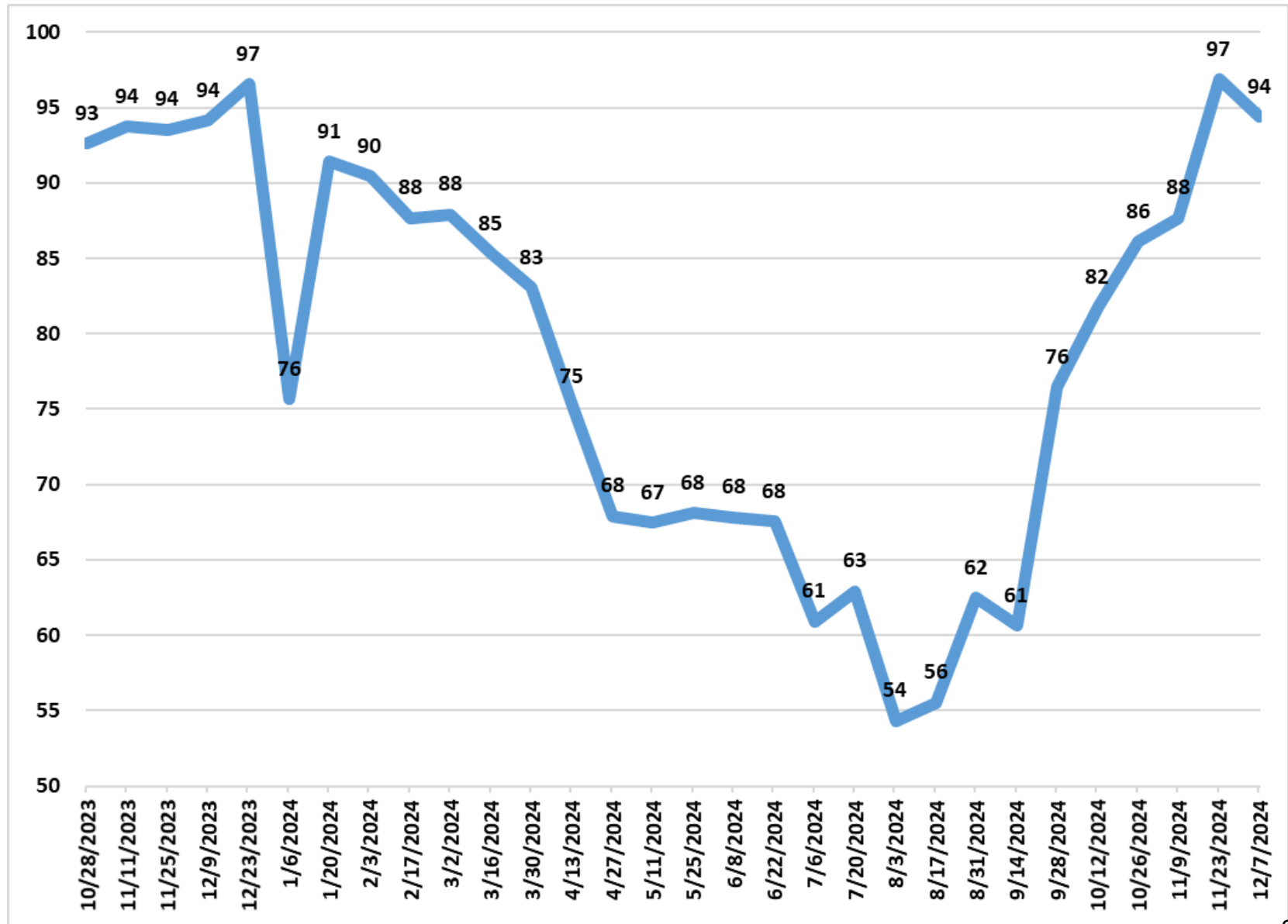
Total FTEs (includes Contract Labor)



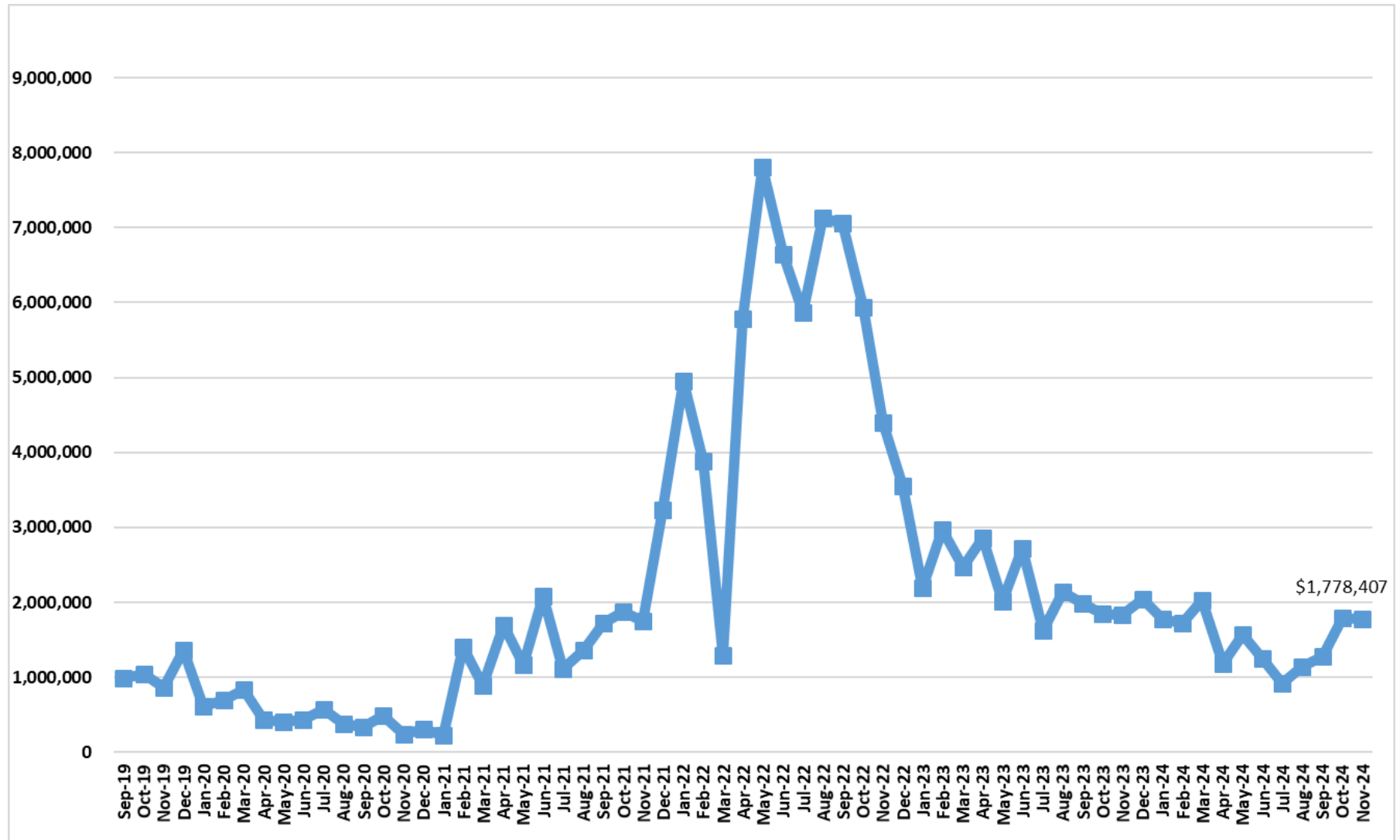
Total Payroll: excludes contract labor and PTO cash out



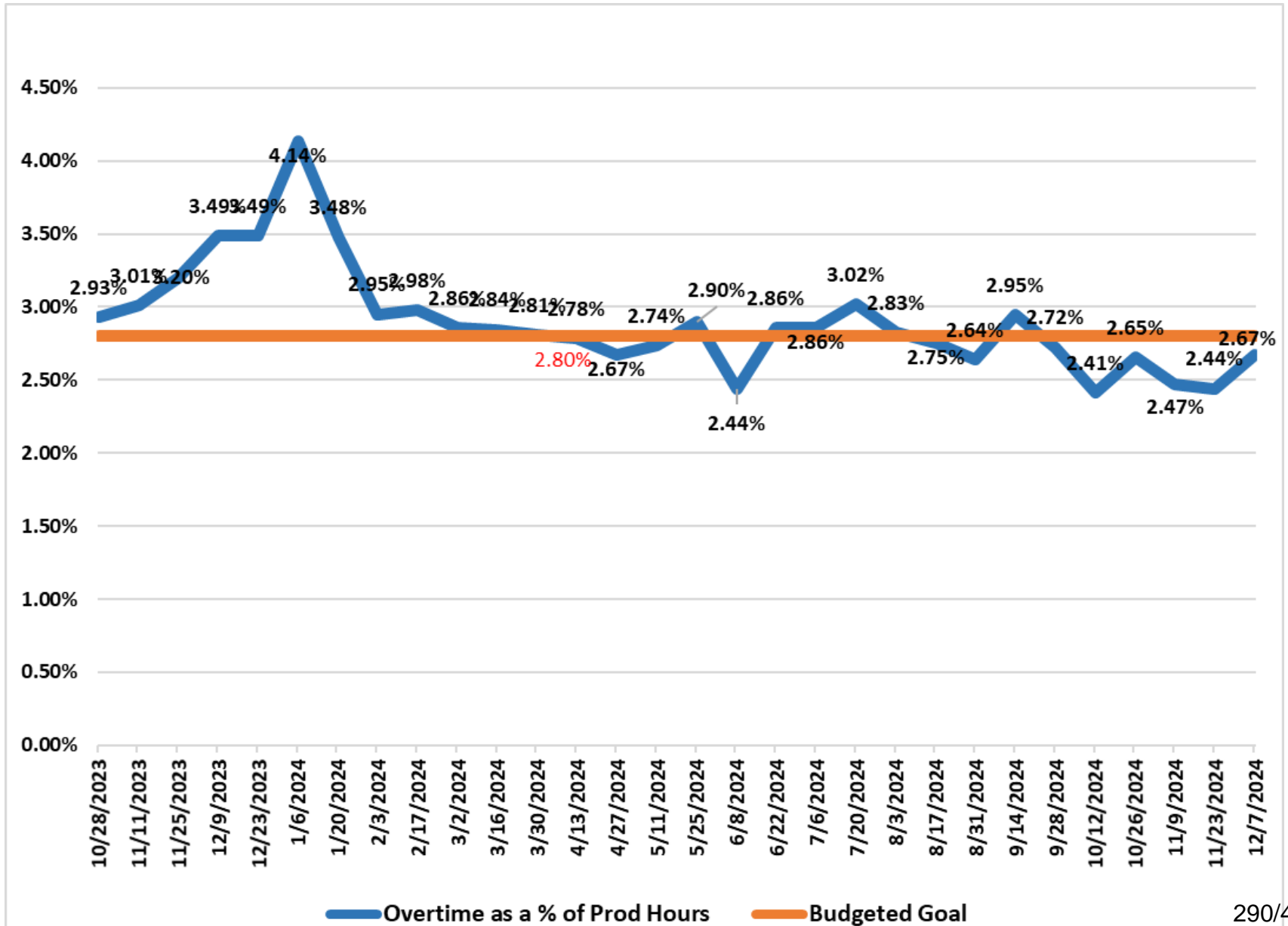
Contract Labor Full Time Equivalents (FTEs)



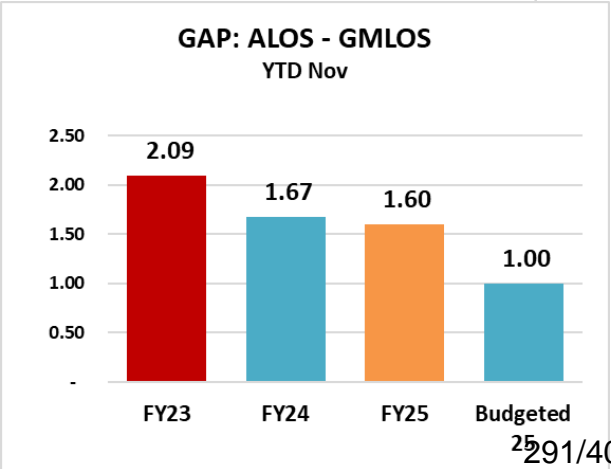
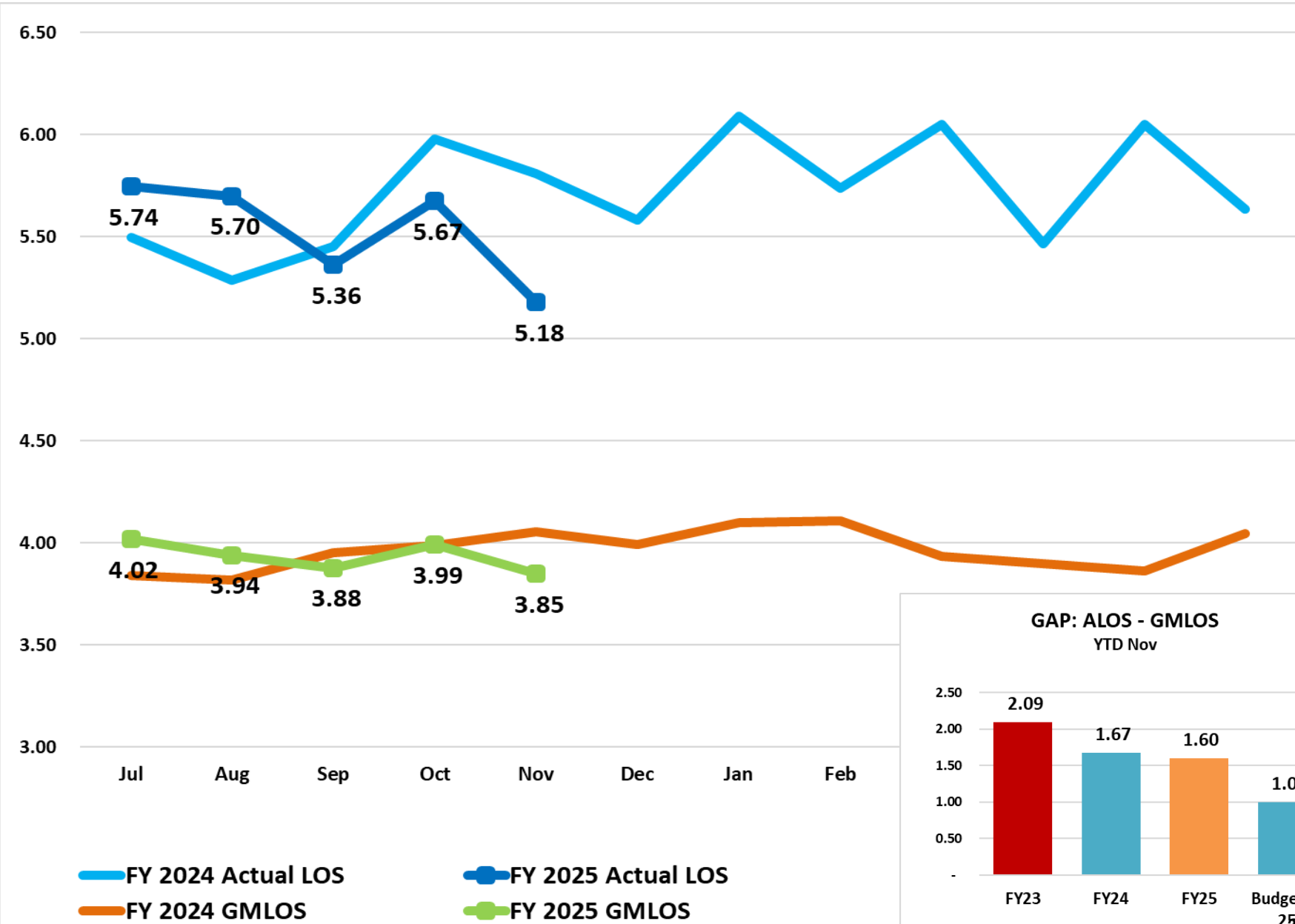
Contract Labor Expense



Overtime as a % of Productive Hours



Average Length of Stay versus National Average (GMLOS)

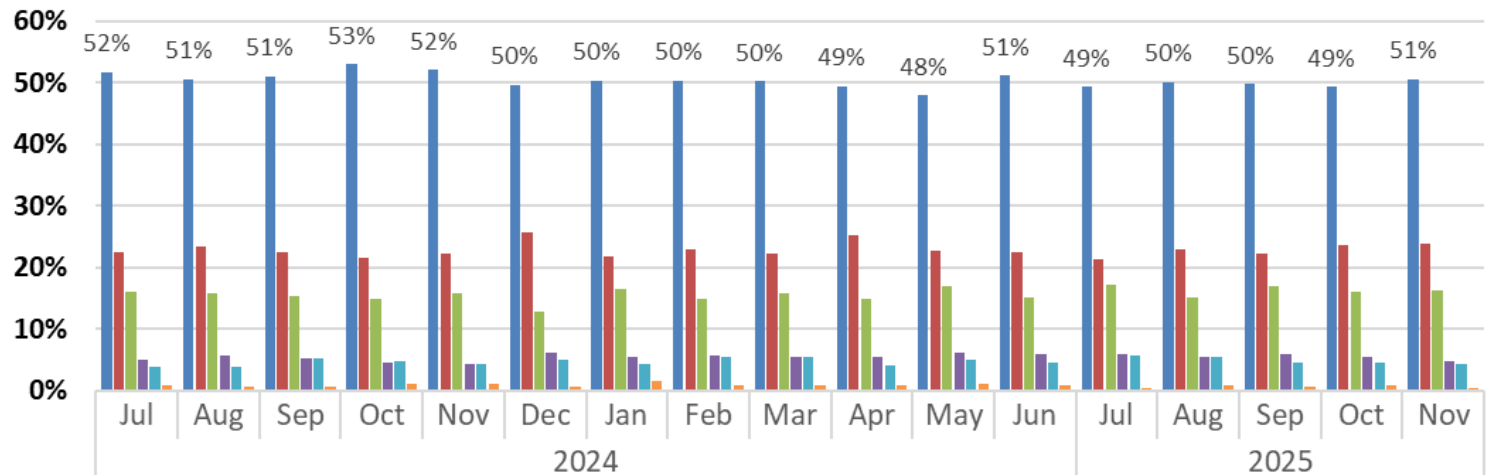


Average Length of Stay versus National Average (GMLOS)

	ALOS	GMLOS	GAP
Nov-22	5.95	3.78	2.17
Dec-22	6.14	4.02	2.12
Jan-23	6.82	4.06	2.76
Feb-23	6.56	4.09	2.47
Mar-23	5.69	3.99	1.70
Apr-23	5.35	3.99	1.36
May-23	5.37	3.94	1.43
Jun-23	5.39	3.90	1.49
Jul-23	5.50	3.84	1.66
Aug-23	5.29	3.82	1.47
Sep-23	5.45	3.95	1.50
Oct-23	5.98	3.99	1.99
Nov-23	5.81	4.05	1.76
Dec-23	5.58	3.99	1.59
Jan-24	6.09	4.10	1.99
Feb-24	5.74	4.11	1.63
Mar-24	6.05	3.94	2.11
Apr-24	5.47	3.90	1.57
May-24	6.05	3.86	2.18
Jun-24	5.63	4.05	1.58
Jul-24	5.74	4.02	1.73
Aug-24	5.70	3.94	1.76
Sep-24	5.36	3.88	1.48
Oct-24	5.67	3.99	1.68
Nov-24	5.18	3.85	1.33
	5.53	3.94	1.60

Average Length of Stay Distribution

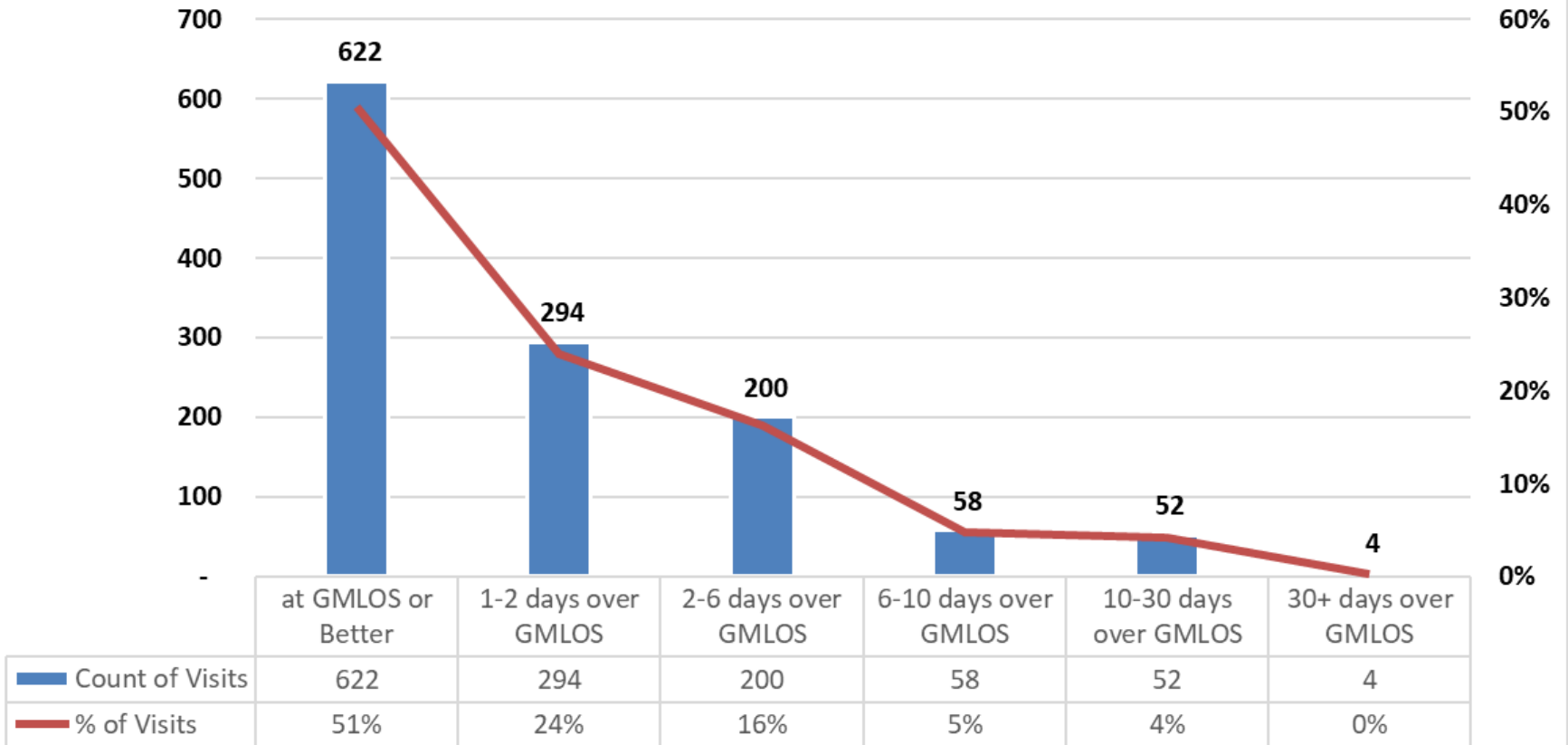
FY25 Overall LOS Distribution



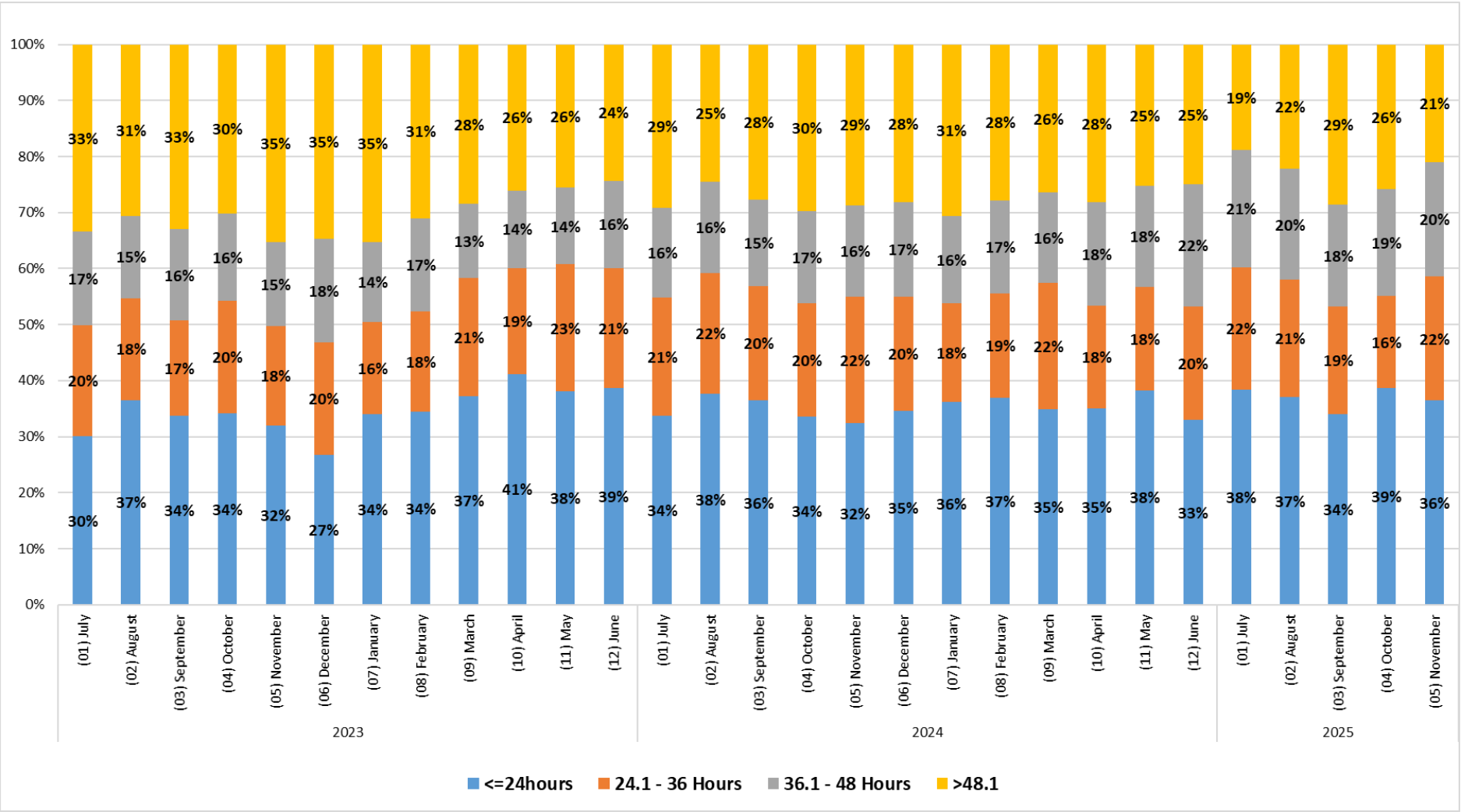
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
at GMLOS or Better	52%	51%	51%	53%	52%	50%	50%	50%	50%	49%	48%	51%	49%	50%	50%	49%	51%
1-2 days over GMLOS	23%	23%	23%	21%	22%	26%	22%	23%	22%	25%	23%	22%	21%	23%	22%	24%	24%
2-6 days over GMLOS	16%	16%	15%	15%	16%	13%	16%	15%	16%	15%	17%	15%	17%	15%	17%	16%	16%
6-10 days over GMLOS	5%	6%	5%	5%	4%	6%	6%	6%	5%	5%	6%	6%	6%	6%	6%	5%	5%
10-30 days over GMLOS	4%	4%	5%	5%	4%	5%	4%	5%	5%	4%	5%	5%	6%	6%	5%	5%	4%
30+ days over GMLOS	0.9%	0.8%	0.6%	1.1%	1.2%	0.7%	1.5%	1.0%	0.9%	0.9%	1.2%	0.8%	0.5%	0.8%	0.6%	0.9%	0.3%

Length of Stay Distribution

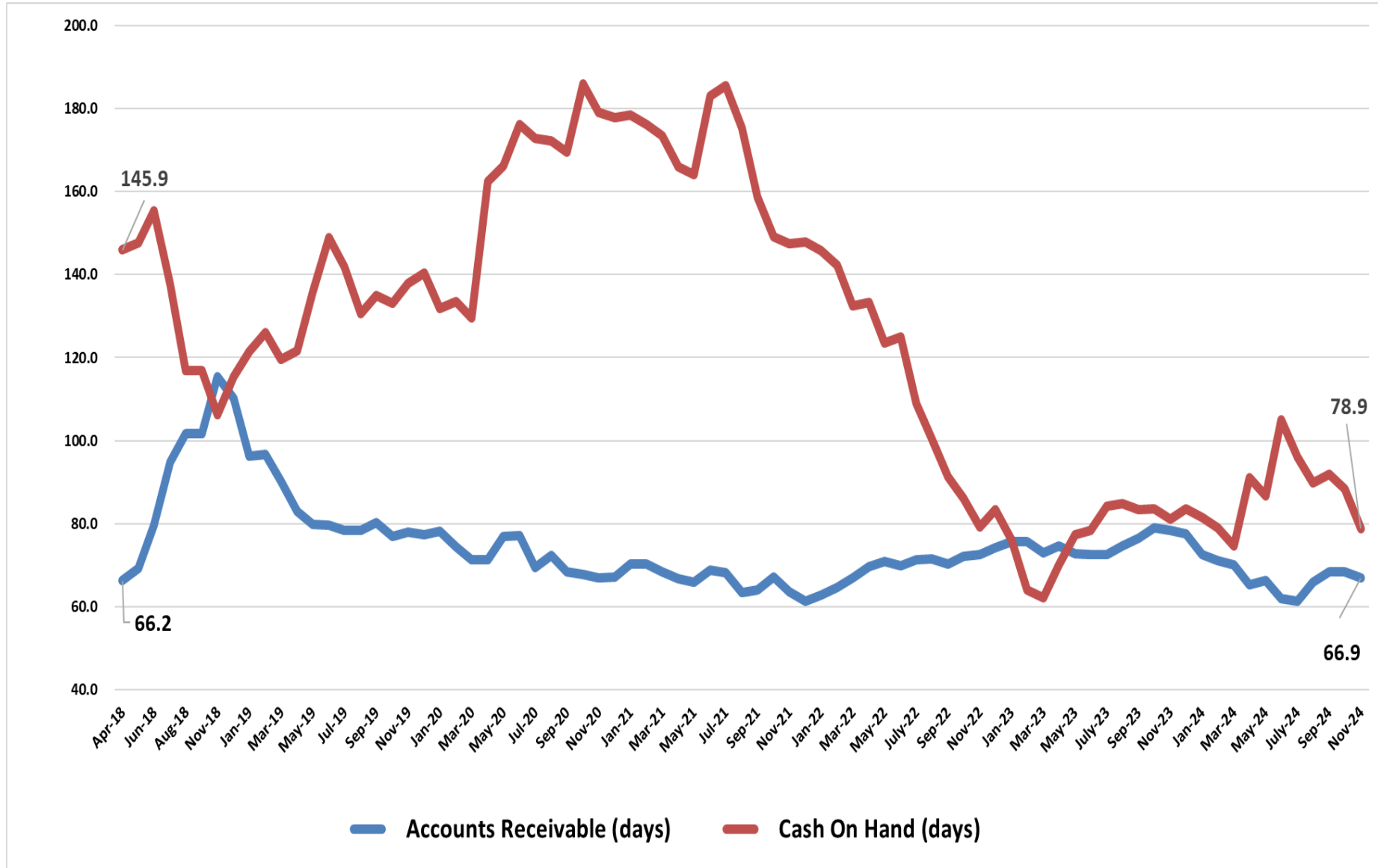
Nov FY 2025 Overall LOS Distribution



Monthly Discharges of Observation Patients by their Length of Stay



Trended Liquidity Ratios



Ratio Analysis Report

	Nov Value	Oct Value	June 30, 2024 Audited Value	2023 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.6	2.5	2.3	1.7	1.8	1.7
Accounts Receivable (days)	66.9	68.3	61.9	47.8	47.7	47.8
Cash On Hand (days)	78.9	88.4	105.1	273.9	188.4	134.1
Cushion Ratio (x)	8.5	9.4	10.7	44.7	24.2	16.6
Average Payment Period (days)	52.8	55.1	58.6	70.9	62.7	64.0
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	83.8%	93.4%	106.3%	271.7%	164.5%	131.0%
Debt-To-Capitalization	35.3%	35.2%	34.5%	22.5%	31.1%	35.0%
Debt-to-Cash Flow (x)	6.9	7.2	3.4	2.4	3.6	6.9
Debt Service Coverage	1.8	1.4	3.7	6.7	4.5	2.1
Maximum Annual Debt Service Coverage (x)	1.5	1.8	2.9	6.8	3.8	1.9
Age Of Plant (years)	13.7	13.8	13.3	11.1	12.8	13.9
PROFITABILITY RATIOS						
Operating Margin	(3.7%)	(4.1%)	0.8%	2.1%	0.5%	(2.3%)
Excess Margin	(1.2%)	(1.3%)	2.4%	5.5%	2.7%	(.9%)
Operating Cash Flow Margin	1.5%	1.1%	6.1%	6.7%	5.5%	3.0%
Return on Assets	(1.2%)	(1.3%)	2.4%	3.9%	2.4%	(.7%)

Consolidated Statements of Net Position (000's)

	Nov-24	Jun-24
	(Audited)	
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 5,734	\$ 19,412
Current Portion of Board designated and trusted assets	18,999	14,944
Accounts receivable:		
Net patient accounts	136,403	133,806
Other receivables	46,807	25,023
	183,211	158,829
Inventories	14,753	13,738
Medicare and Medi-Cal settlements	98,524	82,755
Prepaid expenses	9,469	8,403
Total current assets	330,689	298,082
NON-CURRENT CASH AND INVESTMENTS -		
less current portion		
Board designated cash and assets	174,008	210,518
Revenue bond assets held in trust	22,393	19,326
Assets in self-insurance trust fund	741	827
Total non-current cash and investments	197,142	230,671
INTANGIBLE RIGHT TO USE LEASE,	13,572	10,464
net of accumulated amortization		
INTANGIBLE RIGHT TO USE SBITA,	10,613	12,153
net of accumulated amortization		
CAPITAL ASSETS		
Land	17,542	17,542
Buildings and improvements	428,721	428,209
Equipment	335,595	334,316
Construction in progress	24,292	22,757
	806,151	802,825
Less accumulated depreciation	523,427	512,148
	282,725	290,676
OTHER ASSETS		
Property not used in operations	4,470	4,487
Health-related investments	2,129	2,676
Other	17,248	17,120
Total other assets	23,848	24,283
Total assets	858,588	866,329
DEFERRED OUTFLOWS	14,731	15,283
Total assets and deferred outflows	\$ 873,319	\$ 881,611

Consolidated Statements of Net Position (000's)

	Nov-24	Jun-24
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 33,909	\$ 41,096
Accrued payroll and related liabilities	62,351	62,382
SBITA liability, current portion	4,146	4,146
Lease liability, current portion	2,248	2,248
Bonds payable, current portion	12,754	12,585
Notes payable, current portion	9,850	9,850
Total current liabilities	125,258	132,306
LEASE LIABILITY, net of current portion	11,600	8,477
SBITA LIABILITY, net of current portion	5,065	5,846
LONG-TERM DEBT, less current portion		
Bonds payable	212,300	214,713
Notes payable	20,750	20,750
Total long-term debt	233,050	235,463
NET PENSION LIABILITY	21,446	21,226
OTHER LONG-TERM LIABILITIES	38,096	36,256
Total liabilities	434,516	439,574
NET ASSETS		
Invested in capital assets, net of related debt	60,240	66,112
Restricted	61,604	52,733
Unrestricted	316,959	323,192
Total net position	438,803	442,037
Total liabilities and net position	\$ 873,319	\$ 881,611

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
November 30, 2024

<u>Board designated funds</u>	<u>Maturity Date</u>	<u>Yield</u>	<u>Investment Type</u>	<u>G/L Account</u>	<u>Amount</u>	<u>Total</u>
LAIF		4.43	Various		9,773,060	
CAMP		4.87	CAMP		30,016,722	
Allspring		4.25	Money market		459,083	
PFM		4.25	Money market		305,012	
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	
Allspring	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000	
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	7-Mar-25	2.13	MTN-C	Deere John Mtn	550,000	
American Business Bank	20-Mar-25	4.50	CD	American Business Bank	235,500	
CalPrivate Bank	20-Mar-25	4.50	CD	CalPrivate Bank	235,500	
Citizens National Bank of Texas	20-Mar-25	4.50	CD	Citizens National Bank of Texas	235,500	
Community Bank of the Day	20-Mar-25	4.50	CD	Community Bank of the Day	203,034	
East West Bank	20-Mar-25	4.50	CD	East West Bank	235,500	
Farmers Bank and Trust Company	20-Mar-25	4.50	CD	Farmers Bank and Trust Company	235,500	
Frontier Bank of Texas	20-Mar-25	4.50	CD	Frontier Bank of Texas	235,500	
Optus Bank	20-Mar-25	4.50	CD	Optus Bank	198,863	
Poppy Bank	20-Mar-25	4.50	CD	Poppy Bank	235,500	
Republic Bank	20-Mar-25	4.50	CD	Republic Bank	206,240	
St. Louis Bank	20-Mar-25	4.50	CD	St. Louis Bank	235,500	
Willamette Valley Bank	20-Mar-25	4.50	CD	Willamette Valley Bank	235,500	
Optus Bank	27-Mar-25	4.50	CD	Optus Bank	22,383	
Western Alliance - CDARS	31-Mar-25	4.50	CD	Western Alliance	250,000	
Allspring	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000	
Allspring	1-May-25	0.74	Municipal	San Diego County	300,000	
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	
Allspring	1-Jun-25	0.92	Municipal	Connecticut ST	400,000	
Allspring	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000	
Allspring	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000	
Allspring	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000	
Allspring	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000	
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000	
Allspring	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000	
PFM	25-Aug-25	3.75	U.S. Govt Agency	FHLMC	259,926	
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000	
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	14,069	
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000	
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	1,000,000	
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	28-Feb-26	2.50	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000	
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	21-Apr-26	4.75	MTN-C	Morgan Stanley	1,000,000	
Allspring	25-Apr-26	3.91	MTN-C	Wells Fargo co	800,000	
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000	
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000	
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	
PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	96,270	
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	990,000	
Allspring	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000	
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000	
PFM	7-Jul-26	5.25	ABS	American Honda Mtn	145,000	
PFM	8-Jul-26	3.05	MTN-C	Walmart INC	205,000	
PFM	17-Jul-26	5.08	MTN-C	Cooperatieve CD	400,000	
PFM	20-Jul-26	0.00	ABS	Honda Auto Rec Own	74,893	
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	880,000	
PFM	7-Aug-26	5.45	MTN-C	Wells Fargo Bank Na	545,000	
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000	
PFM	18-Sep-26	5.61	MTN-C	Natixis Ny	405,000	
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	2,210,000	
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
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	1-Nov-26	4.76	Municipal	California St Univ	125,000	
PFM	4-Nov-26	0.02	MTN-C	American Express Co	445,000	
PFM	13-Nov-26	5.60	MTN-C	National Rural Mtn	160,000	
PFM	15-Nov-26	3.55	MTN-C	Lockheed Martin	203,000	
Allspring	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	2,000,000	
Allspring	4-Dec-26	5.49	MTN-C	Citibank N A	1,000,000	
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	26-Feb-27	4.80	MTN-C	Cisco Sys	260,000	
PFM	15-Mar-27	6.03	MTN-C	Daimler Trucks	325,000	
PFM	18-Mar-27	4.99	MTN-C	State Street Corp	335,000	
PFM	25-Mar-27	3.22	U.S. Govt Agency	FHLMC	575,000	
PFM	30-Mar-27	4.80	MTN-C	Hormel Food Corp	115,000	
PFM	15-Apr-27	0.00	ABS	Carmax Auto Owner	394,568	
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	

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
November 30, 2024

PFM	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	800,000
PFM	13-May-27	5.00	MTN-C	Paccar Financial Mtn	95,000
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
PFM	17-May-27	4.14	ABS	Capital One Prime	195,552
Allspring	21-May-27	5.41	MTN-C	Goldman Sachs	1,100,000
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St	1,000,000
PFM	26-Jul-27	4.60	MTN-C	Blackrock Funding	185,000
PFM	30-Jul-27	4.65	MTN-C	Honeywell	185,000
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000
PFM	15-Aug-27	2.25	U.S. Govt Agency	US Treasury Bill	190,000
PFM	31-Aug-27	0.50	U.S. Govt Agency	US Treasury Bill	1,140,000
Allspring	15-Sep-27	5.93	MTN-C	Bank of America	1,100,000
Allspring	1-Oct-27	4.66	Municipal	San Francisco Ca	1,000,000
PFM	8-Oct-27	4.35	MTN-C	Toyota Motor	130,000
PFM	31-Oct-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Allspring	15-Nov-27	4.60	MTN-C	Caterpillar Finl Mtn	1,000,000
Allspring	15-Nov-27	5.49	ABS	Nissan Auto Lease	500,000
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	173,996
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer	310,000
PFM	15-Jan-28	4.10	MTN-C	Mastercard	130,000
Allspring	18-Jan-28	5.66	ABS	Mercedes Benz Auto	1,000,000
PFM	7-Feb-28	3.44	MTN-C	Bank New York Mellon Mtn	300,000
Allspring	16-Feb-28	4.47	MTN-C	GM Finl Consumer	1,000,000
PFM	18-Feb-28	5.41	ABS	Honda Auto	350,000
PFM	25-Feb-28	0.00	ABS	BMW Vehicle Owner	95,000
PFM	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	17-Apr-28	0.00	ABS	Hyundai Auto	115,000
Allspring	22-Apr-28	5.57	MTN-C	JP Morgan	1,100,000
PFM	30-Apr-28	3.50	U.S. Govt Agency	US Treasury Bill	750,000
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill	600,000
PFM	15-May-28	0.00	ABS	Ally Auto Rec	195,000
PFM	15-May-28	4.87	MTN-C	American Express Co	150,000
PFM	15-May-28	4.79	MTN-C	Bank of America	180,000
PFM	15-May-28	5.23	MTN-C	Ford CR Auto Owner	160,000
PFM	26-May-28	5.50	MTN-C	Morgan Stanley	280,000
PFM	31-May-28	3.63	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	16-Jun-28	5.59	ABS	GM Finl con Auto Rec	110,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	530,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	435,825
PFM	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn	120,000
PFM	25-Jul-28	4.19	U.S. Govt Agency	FNMA	515,995
PFM	15-Aug-28	5.69	MTN-C	Harley Davidson	500,000
PFM	15-Aug-28	5.90	ABS	Fifth Third Auto	385,000
PFM	25-Aug-28	0.00	U.S. Govt Agency	FHLMC	545,000
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC	545,000
PFM	15-Sep-28	5.23	MTN-C	American Express	445,000
PFM	15-Sep-28	5.16	MTN-C	Chase Issuance Trust	435,000
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC	410,000
PFM	25-Sep-28	0.00	U.S. Govt Agency	FHLMC	535,000
PFM	29-Sep-28	5.80	MTN-C	Citibank N A	535,000
PFM	30-Sep-28	4.63	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	25-Oct-28	5.80	MTN-C	Bank New York Mtn	1,000,000
PFM	25-Oct-28	0.00	U.S. Govt Agency	FHLMC	200,000
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC	300,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	775,000
Allspring	15-Nov-28	4.98	MTN-C	Bank of America	394,000
PFM	25-Nov-28	0.00	U.S. Govt Agency	FHLMC	280,000
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC	325,000
PFM	25-Dec-28	0.00	U.S. Govt Agency	FHLMC	315,000
PFM	31-Dec-28	3.75	U.S. Govt Agency	US Treasury Bill	1,200,000
PFM	31-Dec-28	1.38	U.S. Govt Agency	US Treasury Bill	500,000
PFM	16-Jan-29	4.60	MTN-C	Chase Issuance Trust	490,000
PFM	31-Jan-29	4.60	MTN-C	Paccar Financial Mtn	160,000
PFM	8-Feb-29	4.60	MTN-C	Air products	295,000
PFM	8-Feb-29	4.60	MTN-C	Texas Instrs	370,000
PFM	15-Feb-29	4.94	MTN-C	Wells Fargo Card	560,000
PFM	20-Feb-29	4.90	MTN-C	Cummins INC	195,000
PFM	22-Feb-29	4.90	MTN-C	Bristol Myers Squibb	200,000
Allspring	26-Feb-29	5.18	ABS	BMW Vehicle Owner	1,100,000
PFM	26-Feb-29	4.85	MTN-C	Cisco Sys	225,000
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca	165,000
PFM	28-Feb-29	4.25	U.S. Govt Agency	US Treasury Bill	750,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	50,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	220,000
Allspring	15-Mar-29	0.00	abs	John Deere Owner	1,000,000
Allspring	15-Mar-29	5.38	ABS	Hyundai Auto Rec	1,000,000
PFM	25-Mar-29	5.18	U.S. Govt Agency	FHLMC	315,000
Allspring	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	225,000
PFM	4-Apr-29	4.80	MTN-C	Adobe Inc	225,000
Allspring	15-Apr-29	5.59	MTN-C	Ford CR Auto Owner	1,000,000
PFM	15-Apr-29	5.59	MTN-C	Ford CR Auto Owner	415,000
PFM	25-May-29	4.72	U.S. Govt Agency	FHLMC	460,000
Allspring	31-May-29	4.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	20-Jun-29	5.98	MTN-C	Verizon Master Trust	1,000,000
Allspring	25-Jun-29	4.75	MTN-C	Home Depot Inc	500,000
PFM	25-Jun-29	0.00	U.S. Govt Agency	FHLMC	200,000
PFM	25-Jun-29	4.75	MTN-C	Home Depot Inc	95,000
PFM	30-Jun-29	3.25	U.S. Govt Agency	US Treasury Bill	2,030,000
PFM	15-Jul-29	4.76	MTN-C	Ford CR Auto Owner	360,000
Allspring	16-Jul-29	4.65	MTN-C	American Express	1,025,000
PFM	17-Jul-29	4.50	MTN-C	Pepsico inc	280,000
PFM	25-Jul-29	4.54	U.S. Govt Agency	FHLMC	515,000
PFM	25-Jul-29	4.62	U.S. Govt Agency	FHLMC	410,000

KAWEAH DELTA HEALTH CARE DISTRICT
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Allspring	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	750,000	
PFM	6-Aug-29	4.84	MTN-C	Citibank N A	295,000	
PFM	9-Aug-29	4.55	MTN-C	Toyota Motor	195,000	
PFM	14-Aug-29	4.20	MTN-C	Eli Lilly Co	65,000	
PFM	16-Aug-29	4.27	ABS	GM Finl con Auto Rec	155,000	
PFM	18-Sep-29	3.80	MTN-C	Novartis Capital	365,000	
PFM	25-Sep-29	4.79	U.S. Govt Agency	FHLMC	345,000	
Allspring	30-Sep-29	3.50	U.S. Govt Agency	US Treasury Bill	950,000	
PFM	4-Oct-29	4.05	MTN-C	Accenture Capital	195,000	
PFM	1-May-27	5.41	MTN-C	Goldman Sachs	220,000	
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	285,000	
PFM			ABS	Hyundai Auto Rec	195,000	
						\$ 160,411,993

	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
<u>Self-insurance trust</u>						
Wells Fargo Bank			Money market	110900	967,173	
Wells Fargo Bank			Fixed income - L/T	152300	779,112	
						1,746,284
<u>2015A revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	1,088,968	
						1,088,968
<u>2015B revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	2,096,326	
						2,096,326
<u>2017C revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	3,201,571	
						3,201,571
<u>2020 revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	612,751	
						612,751
<u>2022 revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	1,522,086	
						1,522,086
<u>2014 general obligation bonds</u>						
CAMP			Interest Payment fund	152440	2,194,327	
						2,194,327
<u>Master Reserve fund</u>						
US Bank				142102	(726,520)	
US Bank				142103	23,119,575	
						22,393,055
<u>Operations</u>						
Wells Fargo Bank		0.16	Checking	100100	100100	(1,983,288)
Wells Fargo Bank		0.16	Checking	100500	100500	6,541,187
						4,557,899
<u>Payroll</u>						
Wells Fargo Bank		0.16	Checking	100200	100200	(224,384)
Wells Fargo Bank		0.16	Checking	100300	100300	997,120
Wells Fargo Bank		0.16	Checking	100300	100300	15,905
						788,642
						5,346,540
Total investments						\$ 200,613,900

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
November 30, 2024**

Kaweah Delta Medical Foundation

Wells Fargo Bank	Checking	100100		\$ (1,470)
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Sequoia Regional Cancer Center

Wells Fargo Bank	Checking	100500	148,508	\$ 148,508
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Kaweah Delta Hospital Foundation

Central Valley Community Checking	Investments	100100	364,368	
Various	S/T Investments	142200	5,006,411	
Various	L/T Investments	142300	12,973,705	
Various	Unrealized G/L	142400	3,772,342	
				\$ 22,116,826

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$ 112,049,996	142100		
Committed for capital	15,767,088	142100		
	127,817,084			
GO Bond reserve - L/T	1,992,658	142100		
401k Matching	9,423,956	142100		
Cost report settlement - current	2,135,384	142104		
Cost report settlement - L/T	1,312,727	142100		
	3,448,111			
Development fund/Memorial fund	104,184	112300		
Workers compensation - current	5,180,000	112900		
Workers compensation - L/T	12,446,000	113900		
	17,626,000			
	\$ 160,411,993			

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
CAMP	30,016,722	15.0%		30,016,722	18.1%
Local Agency Investment Fund (LAIF)	9,773,060	4.9%		9,773,060	5.9%
CAMP - GOB Tax Rev	2,194,327	1.1%	2,194,327	-	0.0%
Allspring	59,008,083	29.4%	1,746,284	57,261,799	34.5%
PFM	58,614,107	29.2%		58,614,107	35.4%
Western Alliance	250,000			250,000	0.2%
American Business Bank	235,500			235,500	0.1%
CalPrivate Bank	235,500			235,500	0.1%
Citizens National Bank of Texas	235,500			235,500	0.1%
Community Bank of the Day	203,034			203,034	0.1%
East West Bank	235,500			235,500	0.1%
Farmers Bank and Trust Company	235,500			235,500	0.1%
Frontier Bank of Texas	235,500			235,500	0.1%
Optus Bank	221,247			221,247	0.1%
Poppy Bank	235,500			235,500	0.1%
Republic Bank	206,240			206,240	0.1%
St. Louis Bank	235,500			235,500	0.1%
Willamette Valley Bank	235,500			235,500	0.1%
Wells Fargo Bank	7,092,824	3.5%		7,092,824	4.3%
US Bank	30,914,756	15.4%	30,914,756	-	0.0%
Total investments	\$ 200,613,900	100.0%	\$ 34,855,367	165,758,533	100.0%

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
November 30, 2024

<u>Investment summary of surplus funds by type:</u>		<u>Investment Limitations</u>
Negotiable and other certificates of deposit	\$ 3,000,021	49,728,000 (30%)
Checking accounts	5,346,540	
Local Agency Investment Fund (LAIF)	9,773,060	75,000,000
CAMP	30,016,722	
Medium-term notes (corporate) (MTN-C)	37,157,000	49,728,000 (30%)
U.S. government agency	66,786,746	
Municipal securities	5,620,000	
Money market accounts	764,095	33,152,000 (20%)
Commercial paper	-	41,440,000 (25%)
Asset Backed Securities	7,294,349	33,152,000 (20%)
Supra-National Agency	-	49,728,000 (30%)
	<u>\$ 165,758,533</u>	

Return on investment:

Current month	<u>3.31%</u>
Year-to-date	<u>3.55%</u>
Prospective	<u>3.08%</u>
 LAIF (year-to-date)	 <u>4.53%</u>
Budget	<u>2.82%</u>

Fair market value disclosure for the quarter ended Sep 30, 2024 (District only):

	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(534,683)
Change in unrealized gain (loss) on investments (income statement effect)	\$ (3,204,575)	(3,204,575)

Investment summary of CDs:

American Business Bank	\$ 235,500
CalPrivate Bank	235,500
Citizens National Bank of Texas	235,500
Community Bank of the Day	203,034
East West Bank	235,500
Farmers Bank and Trust Company	235,500
Frontier Bank of Texas	235,500
Poppy Bank	235,500
Republic Bank	206,240
St. Louis Bank	235,500
Willamette Valley Bank	235,500
Optus Bank	221,247
Western Alliance	250,000
	<u>\$ 3,000,021</u>

Investment summary of asset backed securities:

Ally Auto Rec	\$ 195,000
American Honda Mtn	145,000
BMW Vehicle Owner	1,195,000
Fifth Third Auto	385,000
Capital One Prime	195,552
Carmax Auto Owner	490,837
GM Finl con Auto Rec	265,000
Honda Auto	350,000
Honda Auto Rec Own	74,893
Hyundai Auto	115,000
Hyundai Auto Rec	1,195,000
John Deere Owner	1,000,000
Kubota Credit	14,069
Mercedes Benz Auto	1,173,996
Nissan Auto Lease	500,000
	<u>\$ 7,294,349</u>

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
November 30, 2024

Investment summary of medium-term notes (corporate):

Accenture Capital	\$	195,000
Adobe Inc		225,000
American Express		1,470,000
American Express Co		595,000
Air products		295,000
Astrazeneca		165,000
Astrazeneca LP		265,000
Bank of America		2,219,000
Bank New York Mellon Mtn		300,000
Bank New York Mtn		1,000,000
Blackrock Funding		455,000
Bp Cap Mkts Amer		310,000
Branch Banking Trust		1,300,000
Bristol Myers Squibb		200,000
Chase Issuance Trust		925,000
Caterpillar Finl Mtn		1,220,000
Cisco Sys		485,000
Citibank N A		1,830,000
Cooperative CD		400,000
Cummins INC		195,000
Daimler Trucks		325,000
Deere John Mtn		770,000
Eli Lilly Co		65,000
Ford CR Auto Owner		1,935,000
GM Finl Consumer		1,000,000
Goldman Sachs		1,320,000
Harley Davidson		500,000
Home Depot Inc		815,000
Honeywell		185,000
Hormel Food Corp		115,000
IBM Corp		640,000
John Deere Mtn		620,000
JP Morgan		1,515,000
Lockheed Martin		203,000
Mastercard		130,000
Morgan Stanley		1,280,000
National Rural Mtn		160,000
Natixis Ny		405,000
Novartis Capital		365,000
Paccar Financial Mtn		255,000
Pepsico inc		280,000
Procter Gamble Co		1,300,000
State Street Corp		1,335,000
Target Corp		900,000
Texas Instrs		370,000
Toyota Motor		1,725,000
Unitedhealth Group		85,000
US Bank NA		1,400,000
Verizon Master Trust		1,000,000
Walmart INC		205,000
Wells Fargo Bank Na		545,000
Wells Fargo Card		560,000
Wells Fargo co		800,000
	<u>\$</u>	<u>37,157,000</u>

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$	4,015,995
Federal Home Loan Bank (FHLB)		525,000
Federal Home Loan Mortgage Corp (FHLMC)		9,750,751
US Treasury Bill		52,495,000
	<u>\$</u>	<u>66,786,746</u>

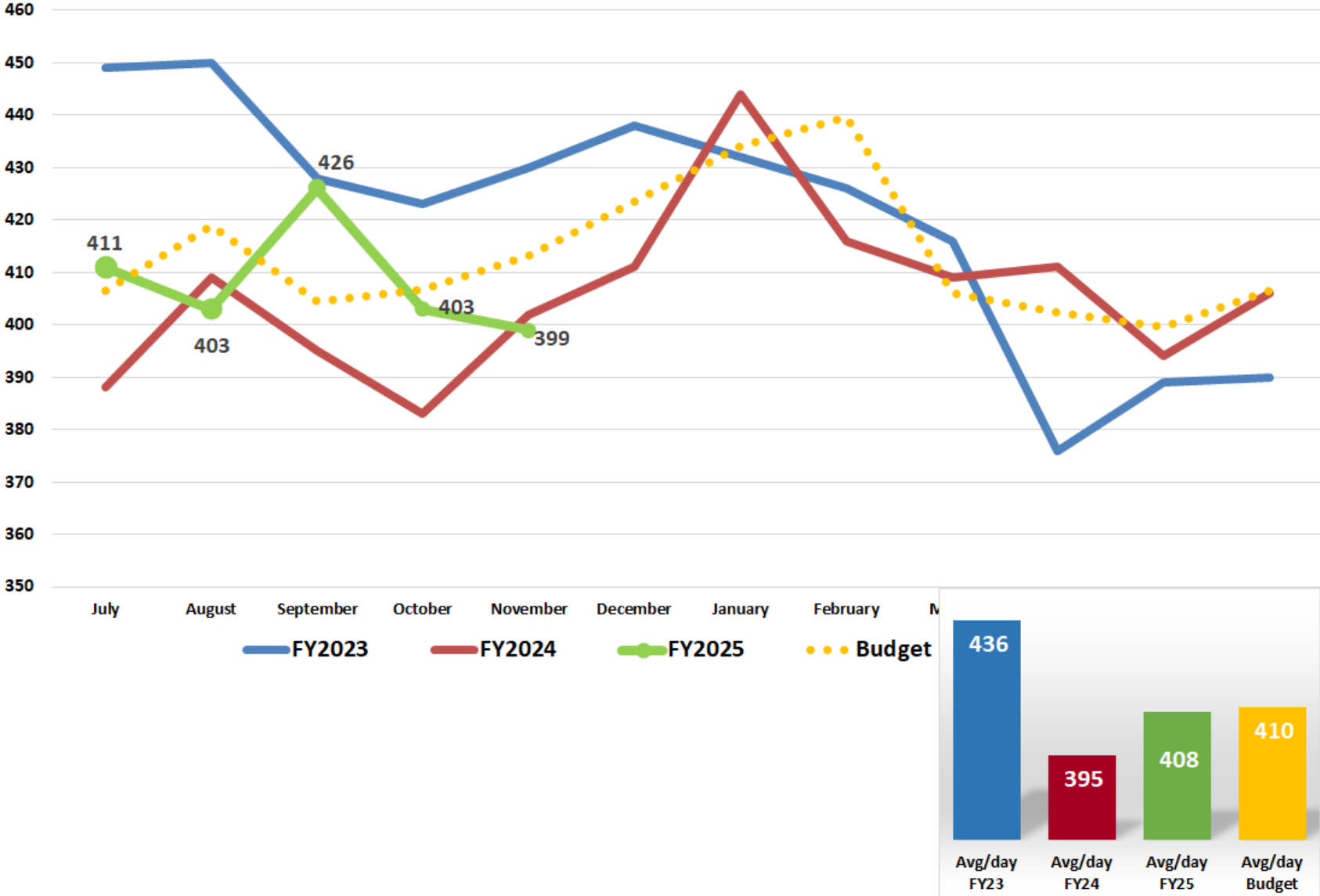
Investment summary of municipal securities:

Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
California St Univ		125,000
Connecticut ST		400,000
Los Angeles Ca		270,000
Massachusetts St		1,000,000
San Diego County		300,000
San Francisco Ca		1,000,000
San Juan Ca		190,000
Santa Cruz Ca		400,000
University Calif Ca		185,000
	<u>\$</u>	<u>5,620,000</u>

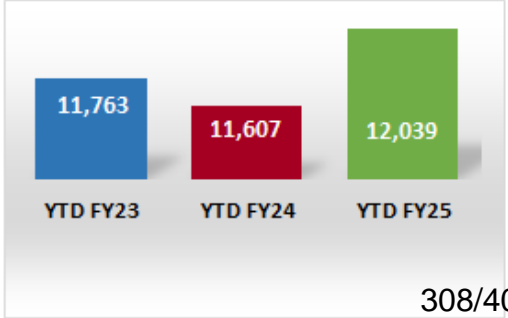
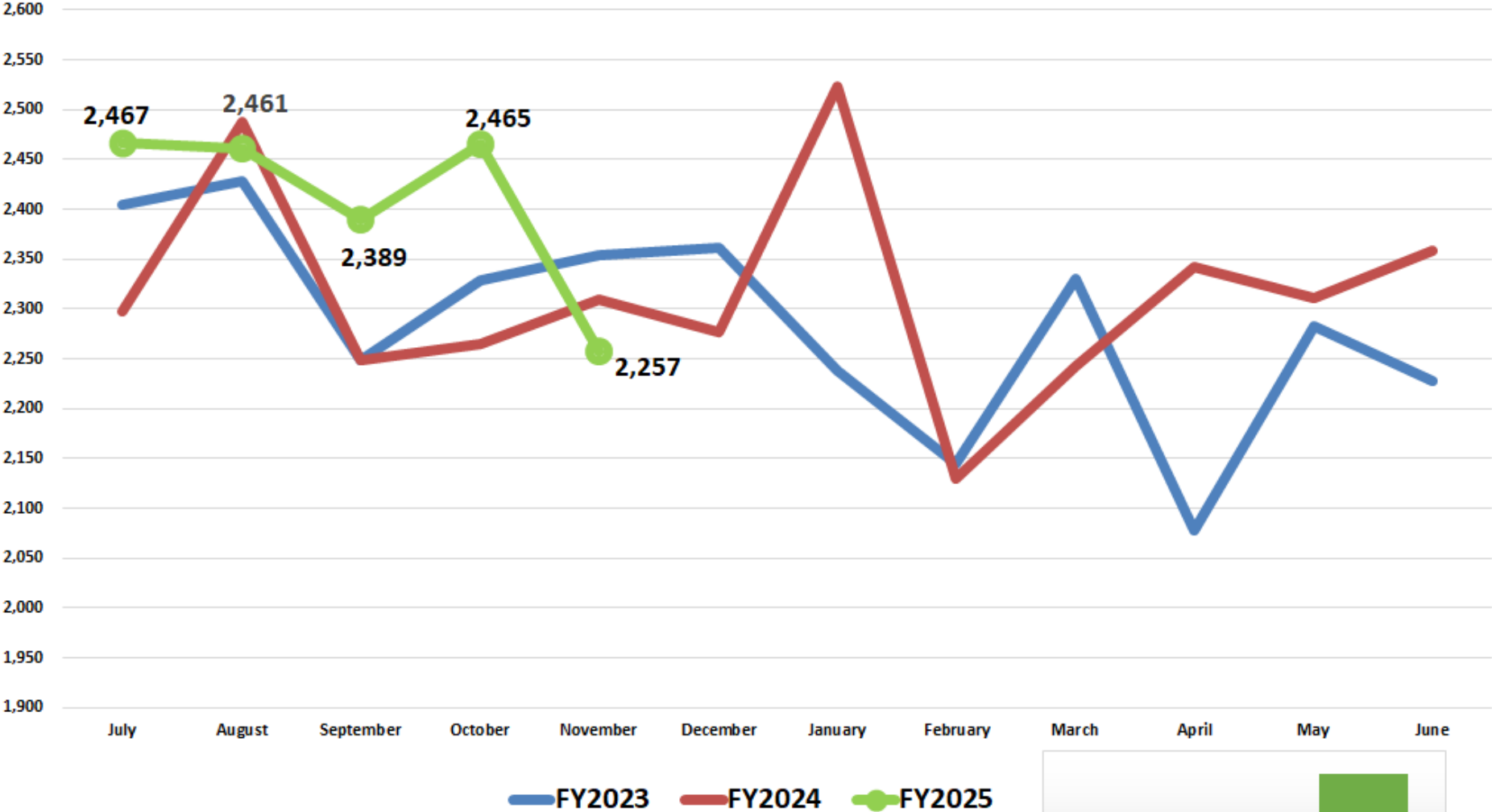
Statistical Report

November 2024

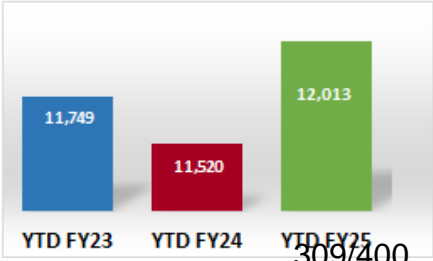
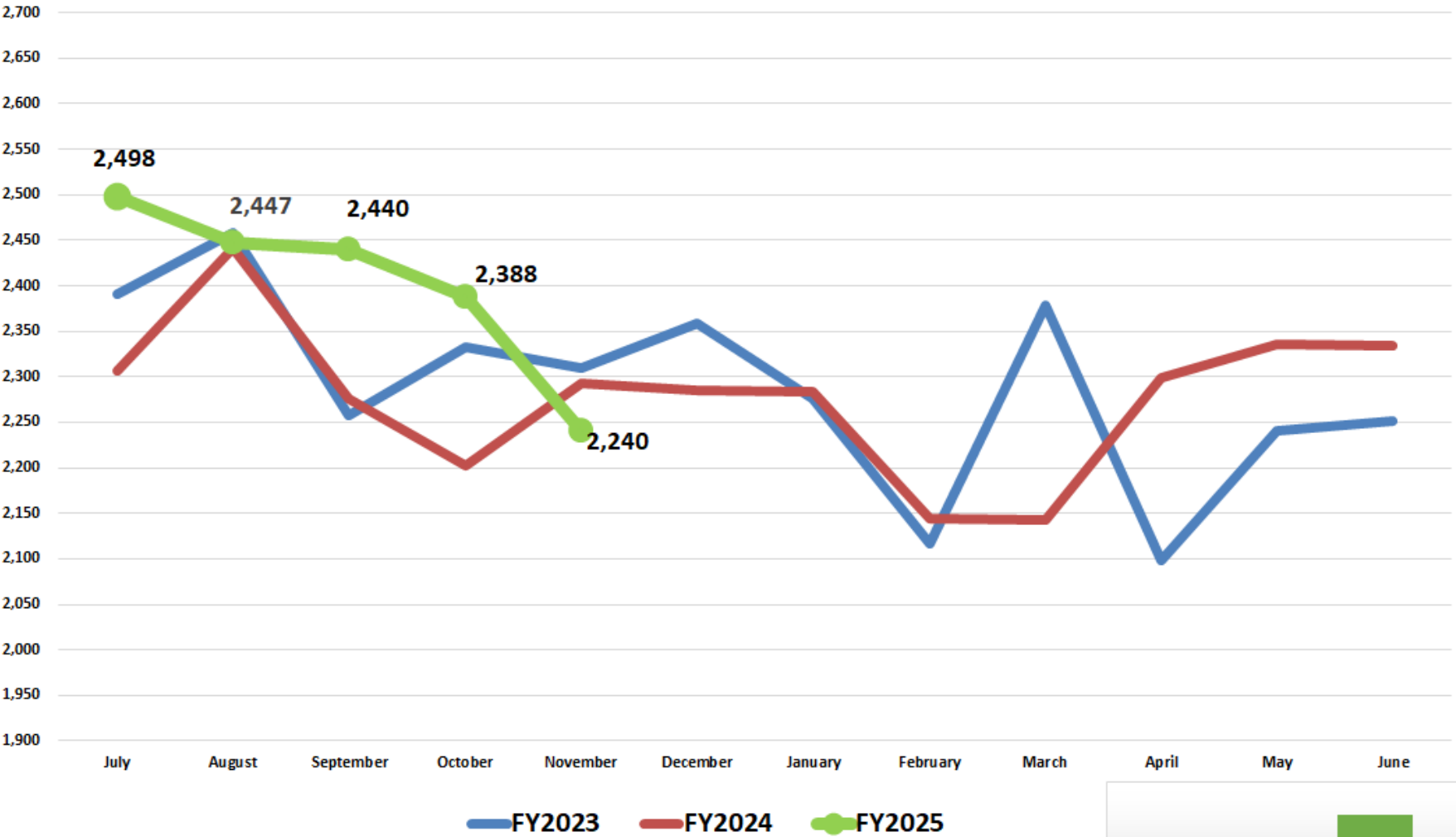
Average Daily Census



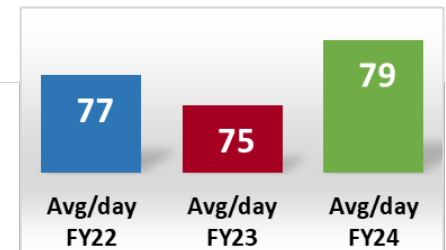
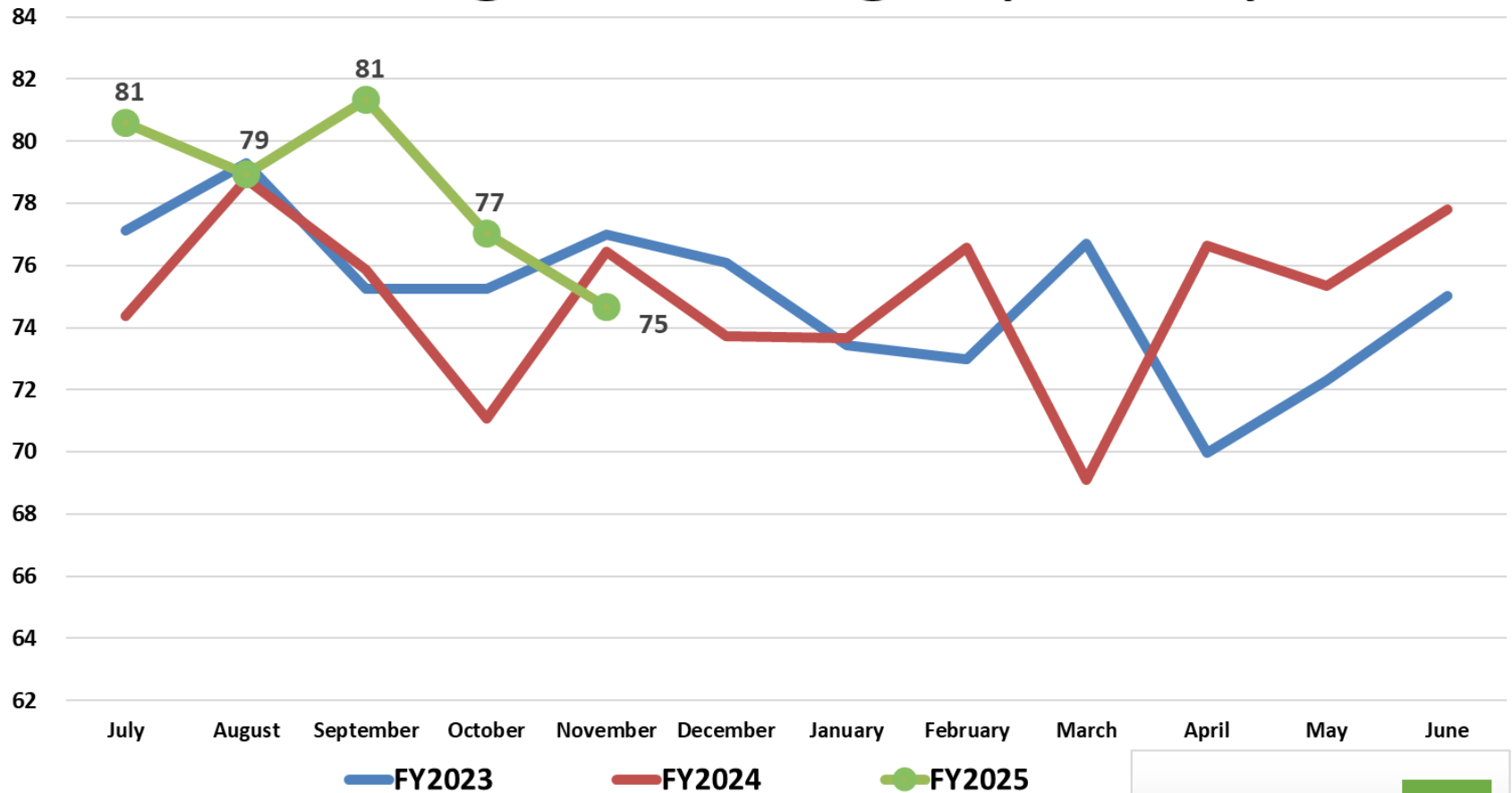
Admissions



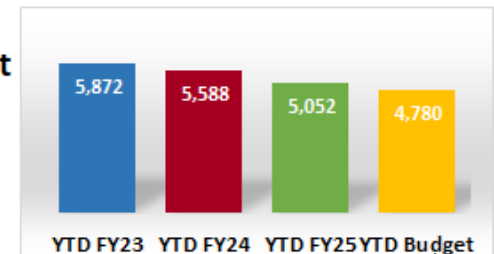
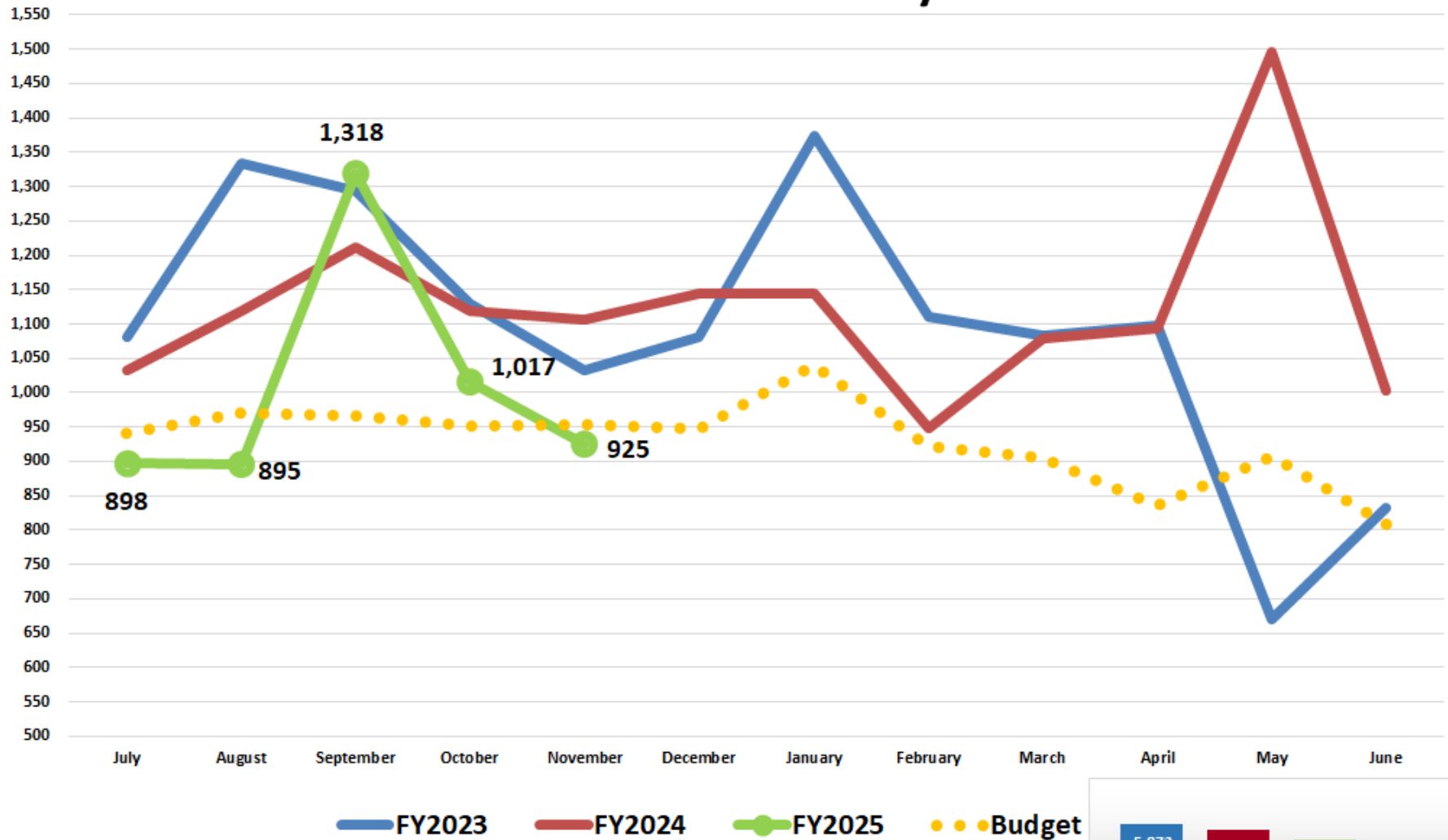
Discharges



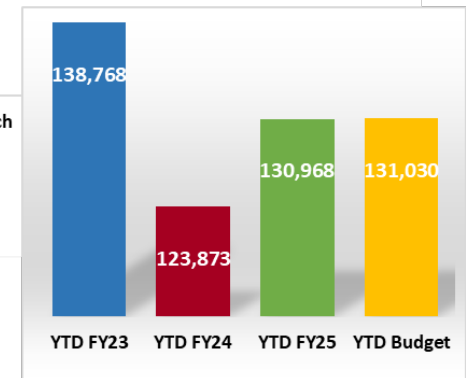
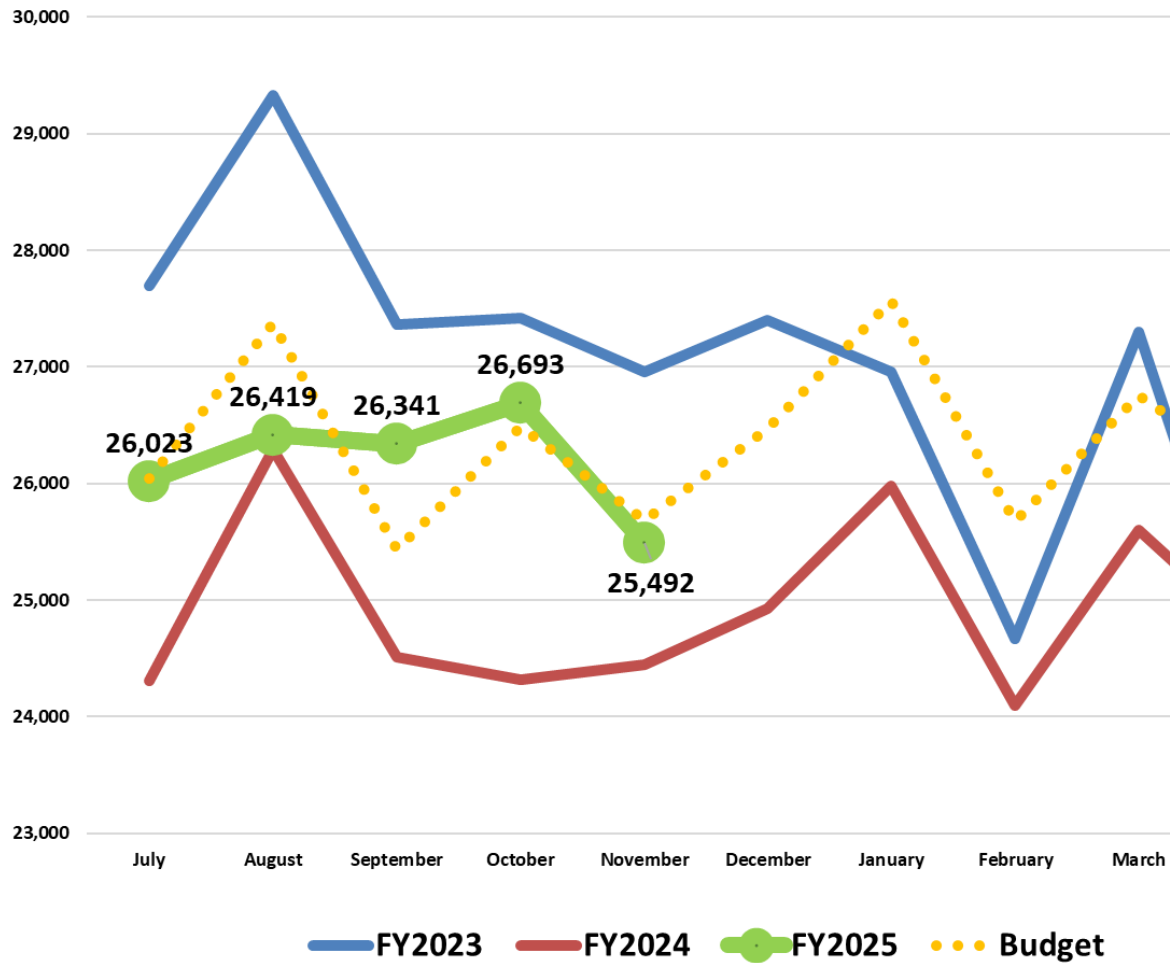
Average Discharges per day



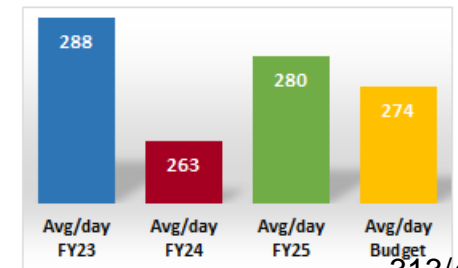
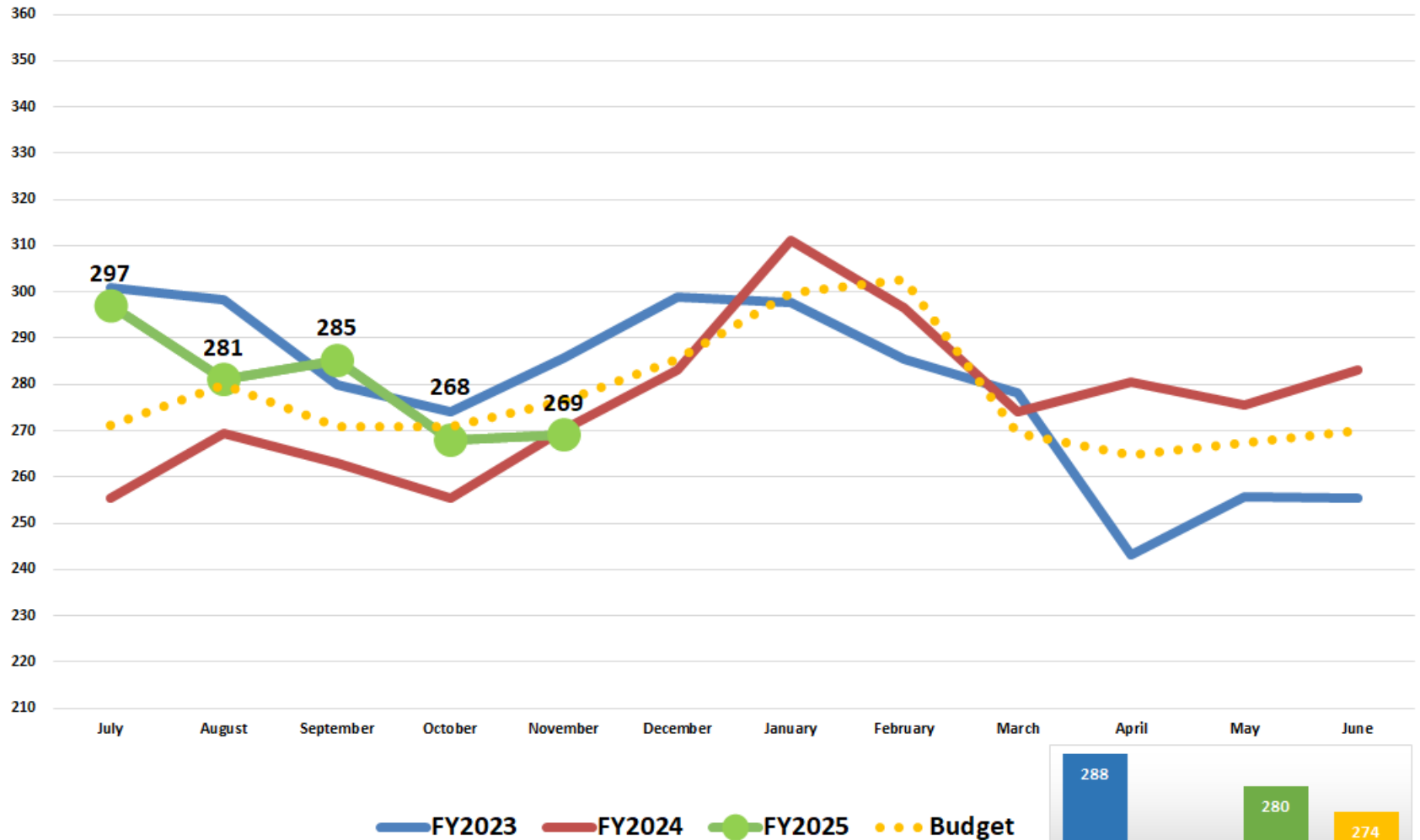
Observation Days



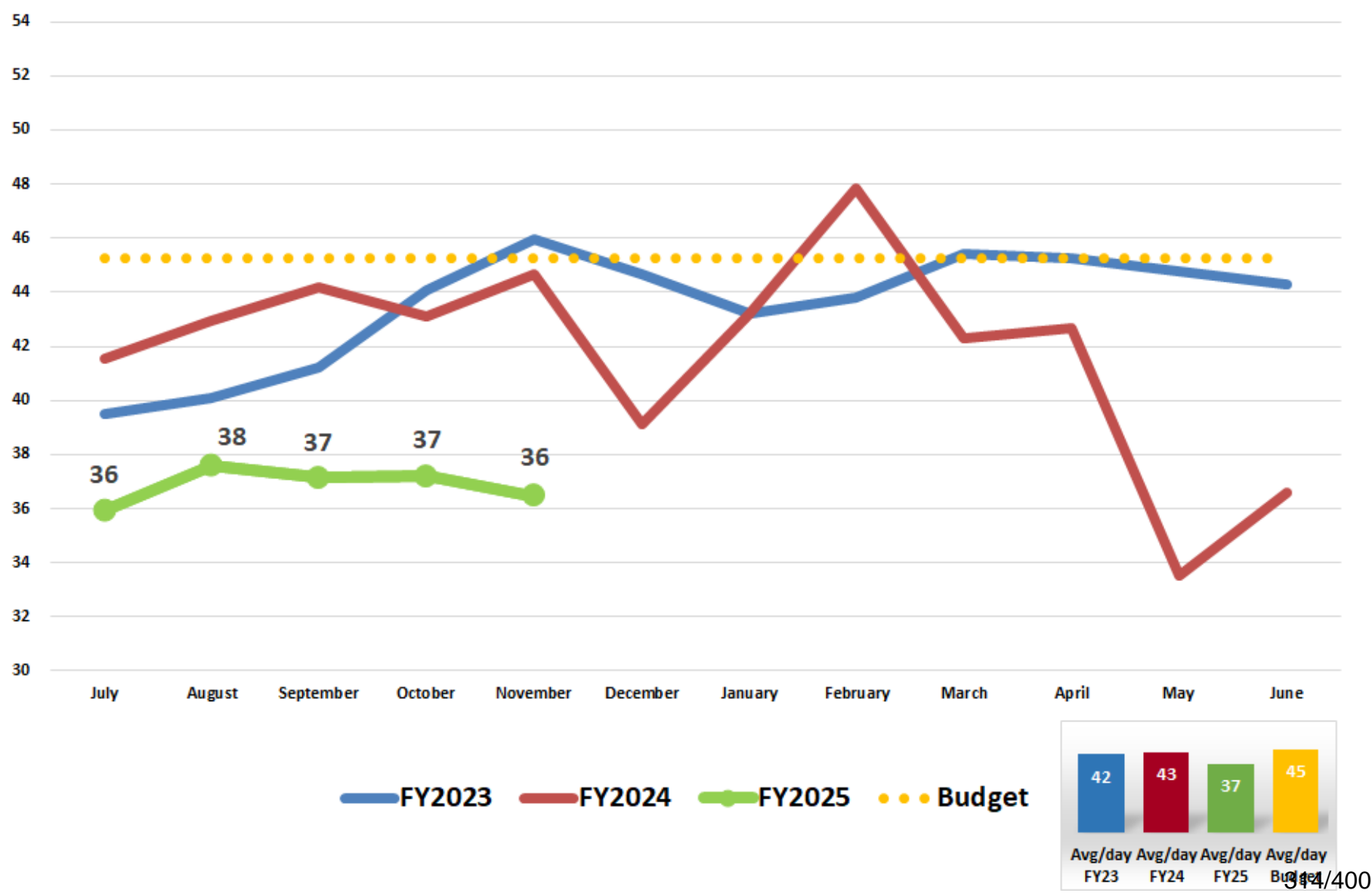
Adjusted Patient Days



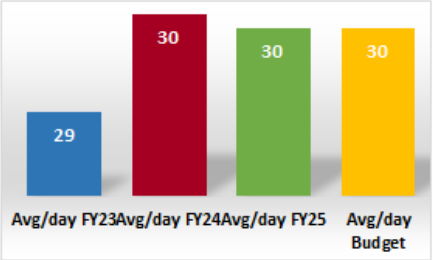
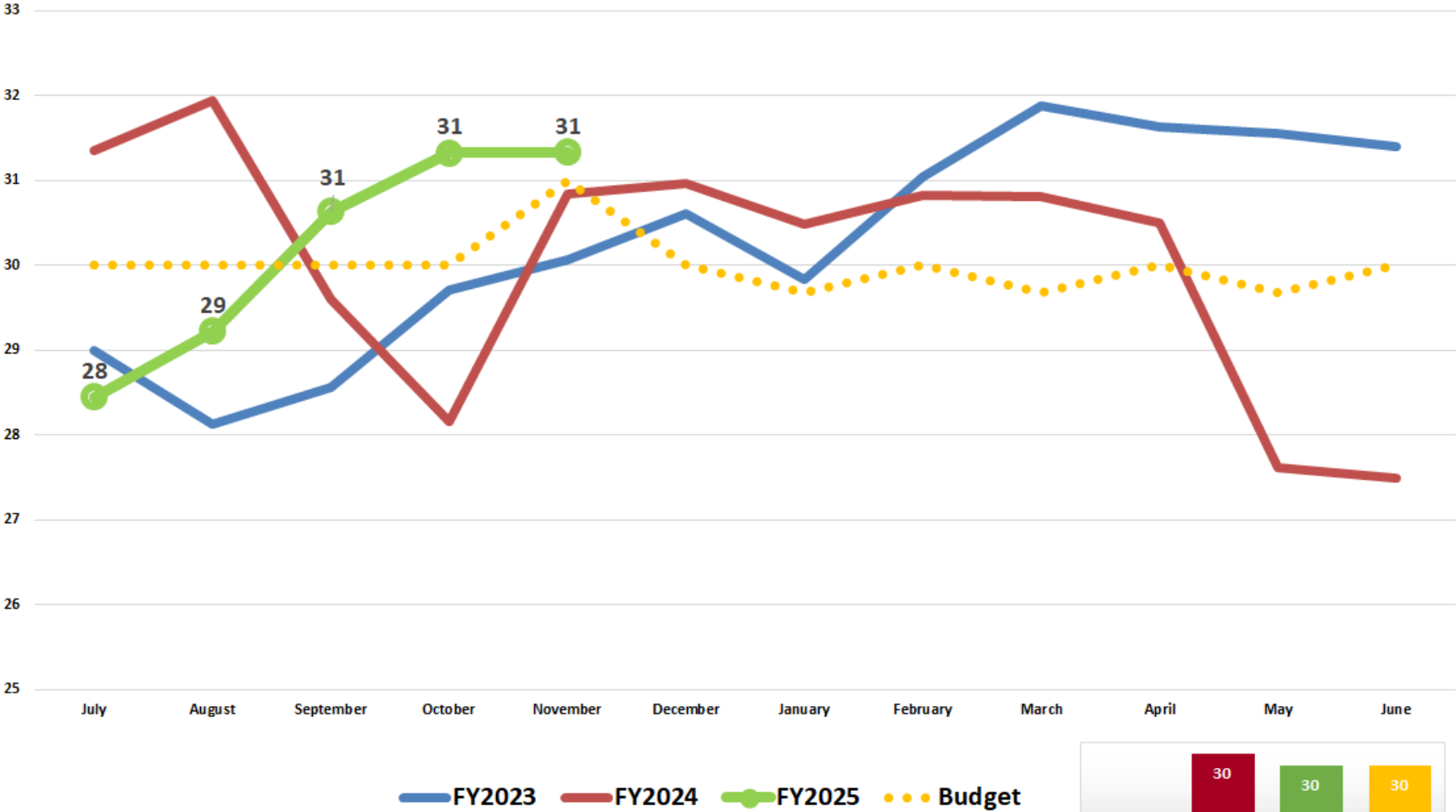
Medical Center (Avg Patients Per Day)



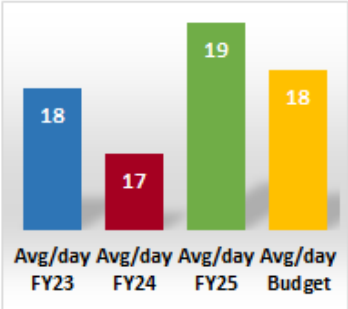
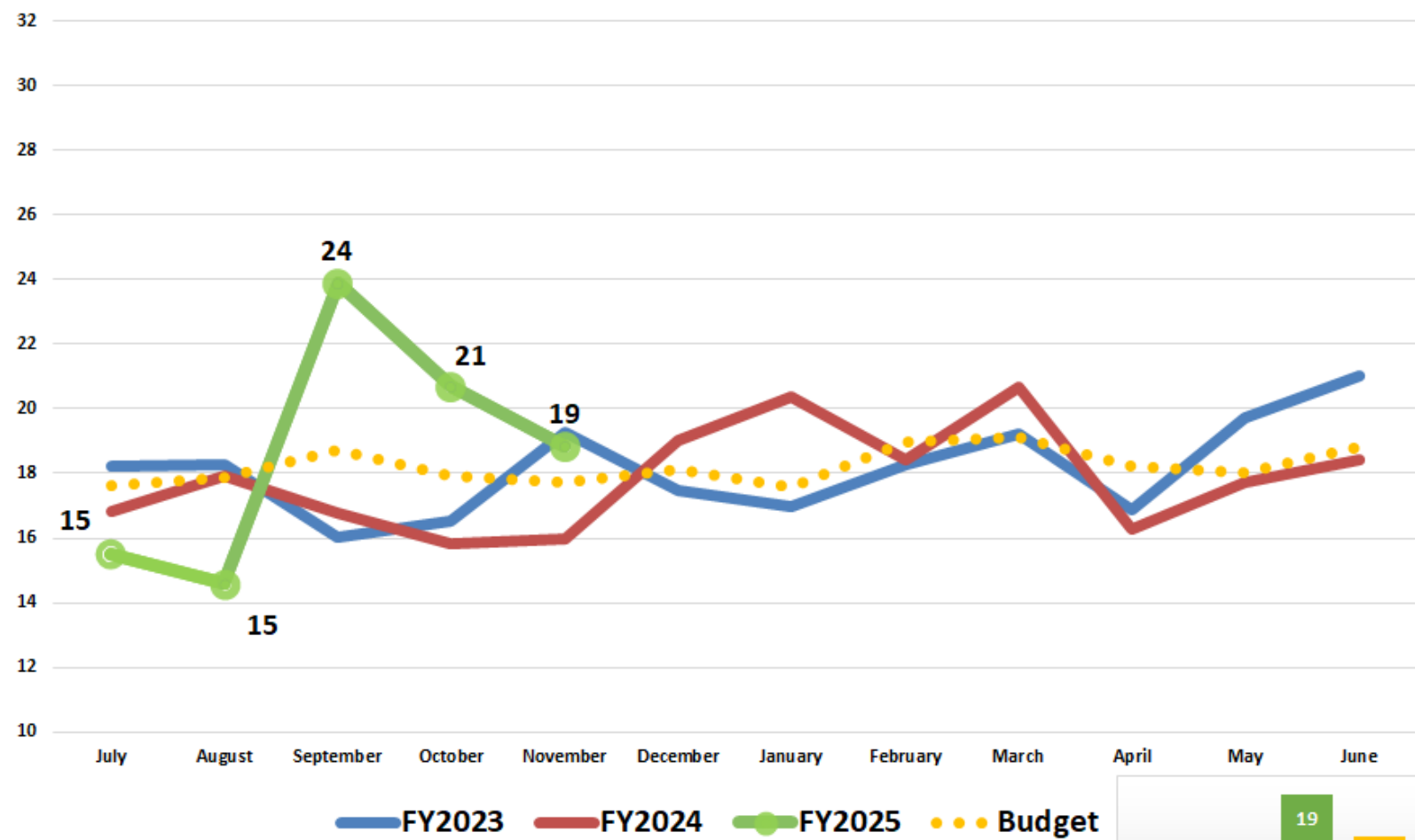
Acute I/P Psych (Avg Patients Per Day)



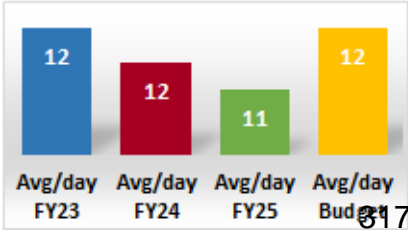
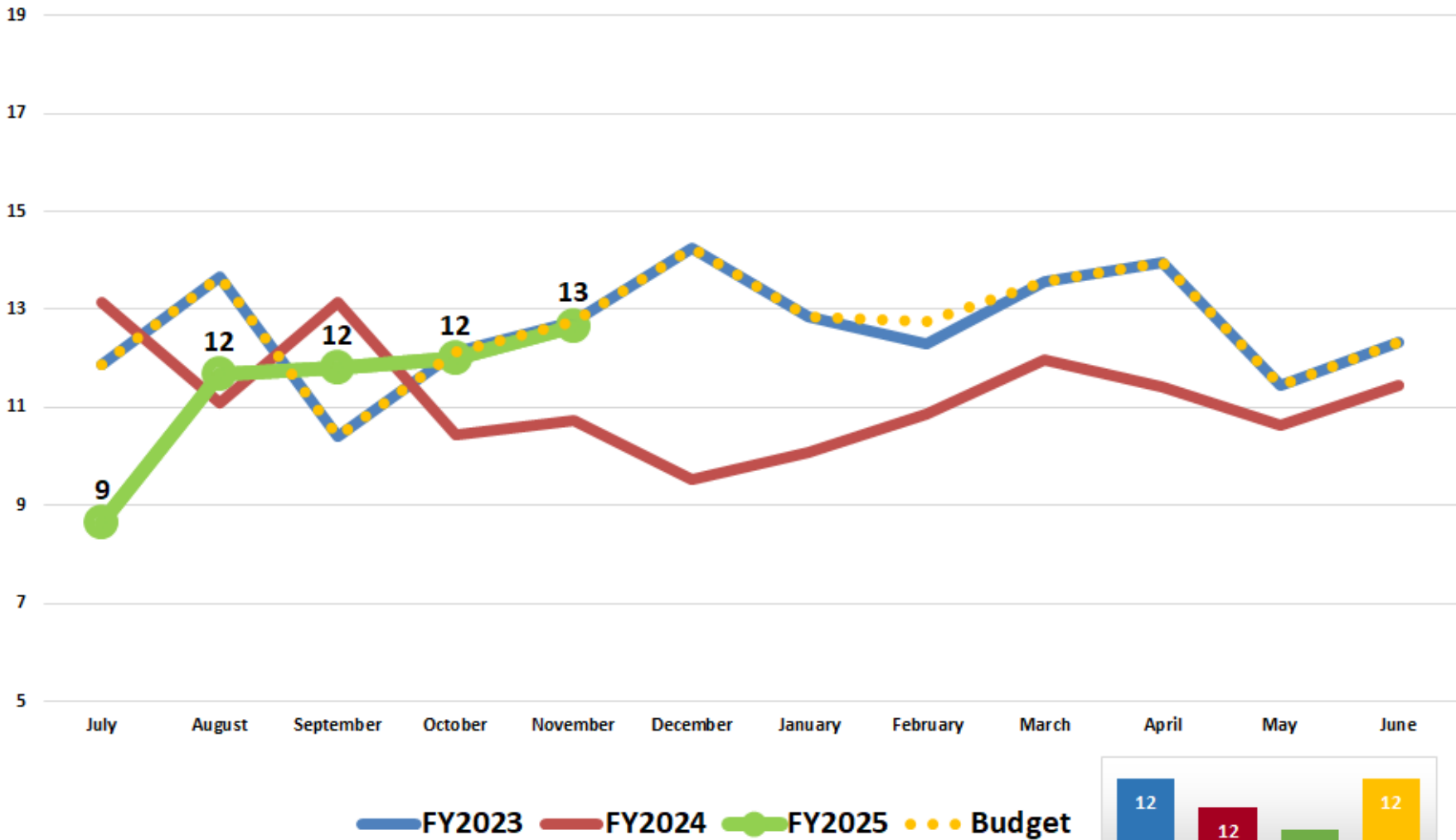
Sub-Acute - Avg Patients Per Day



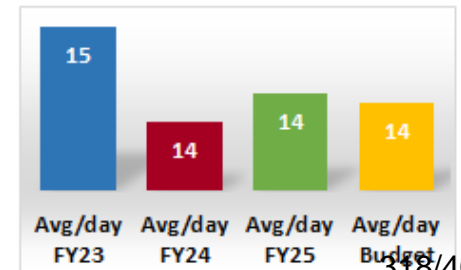
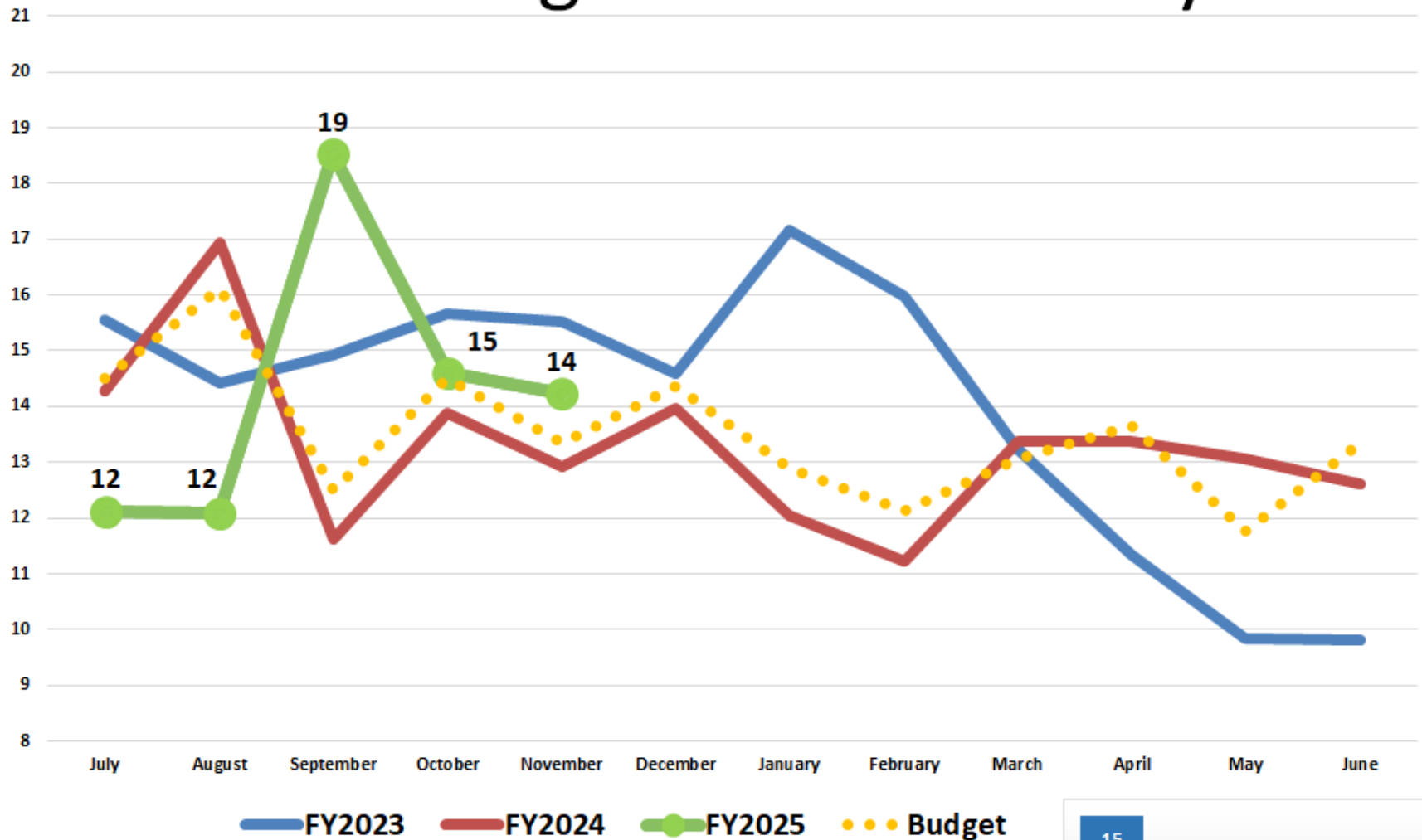
Rehabilitation Hospital - Avg Patients Per Day



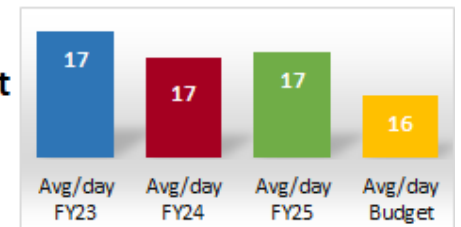
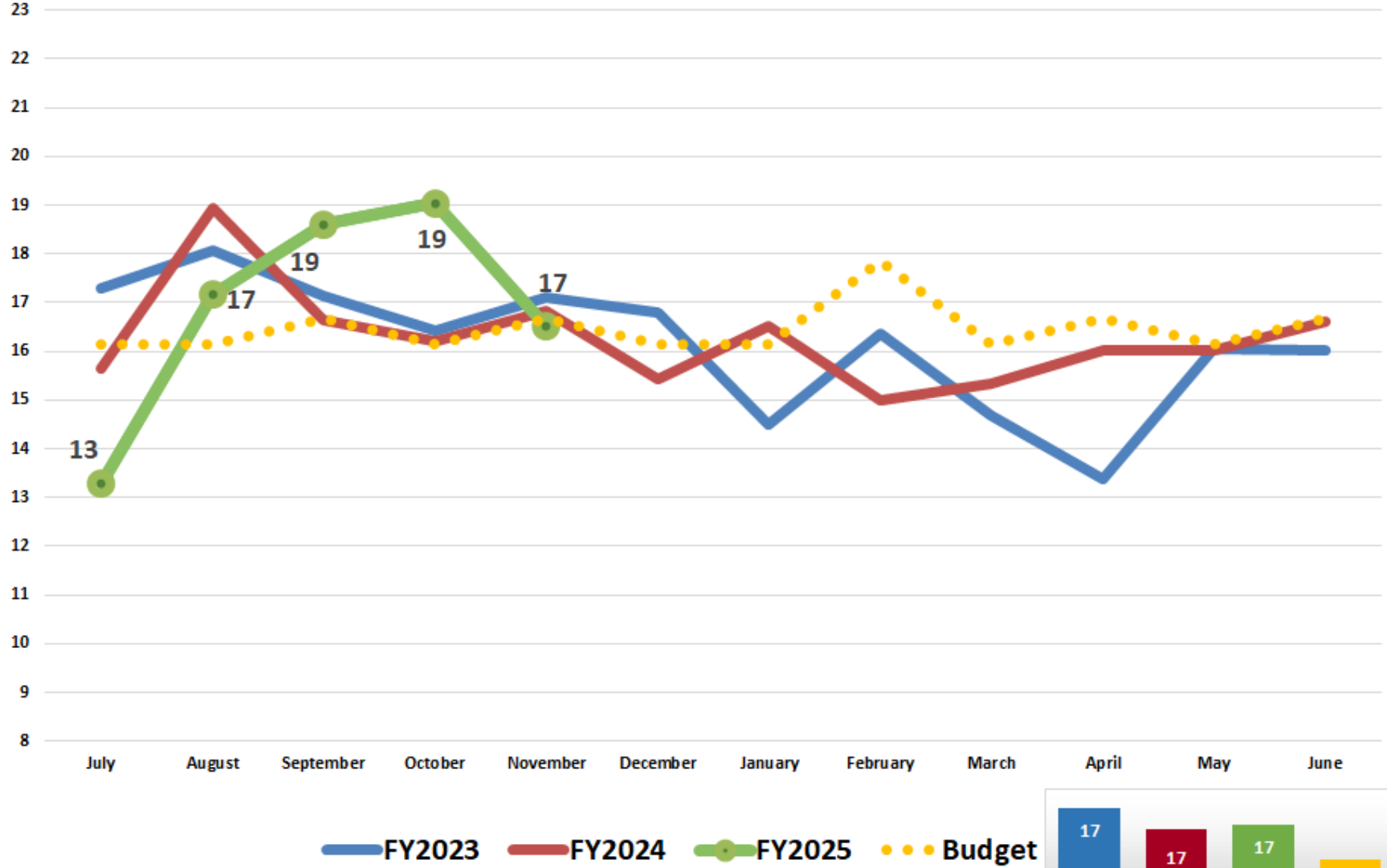
TCS Ortho - Avg Patients Per Day



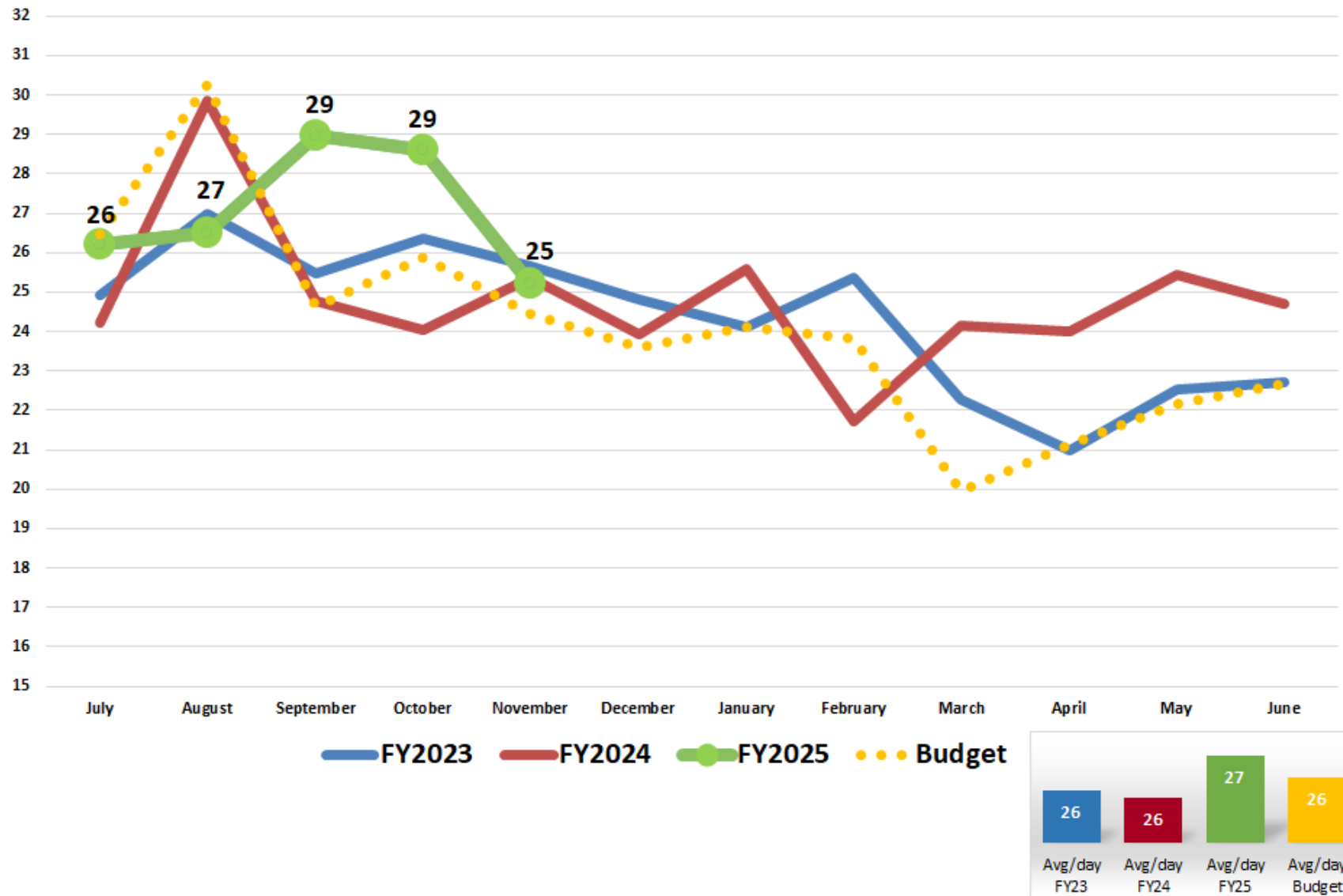
NICU - Avg Patients Per Day



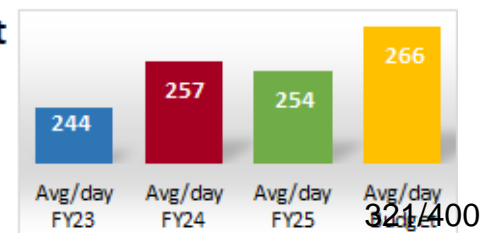
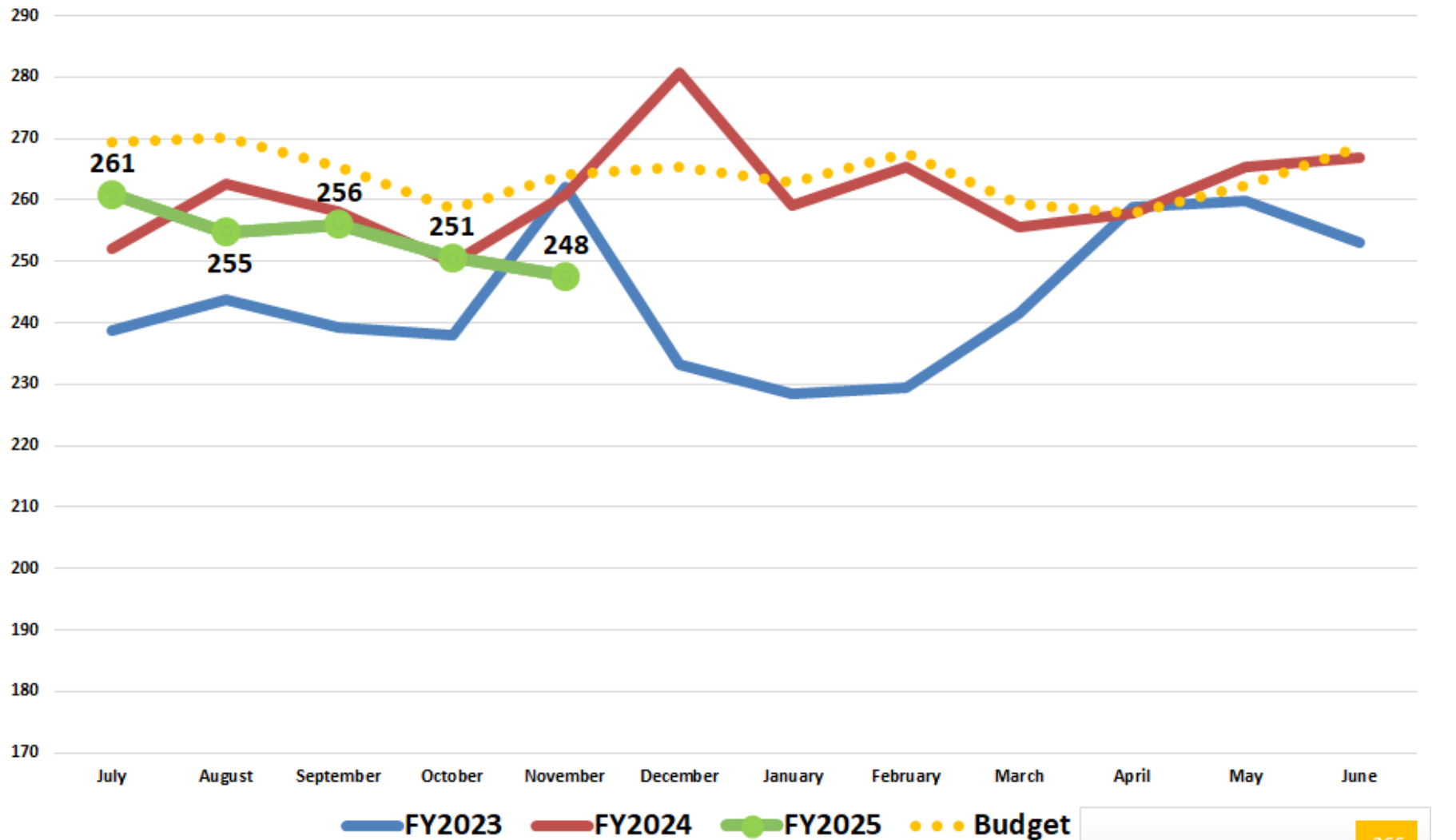
Nursery - Avg Patients Per Day



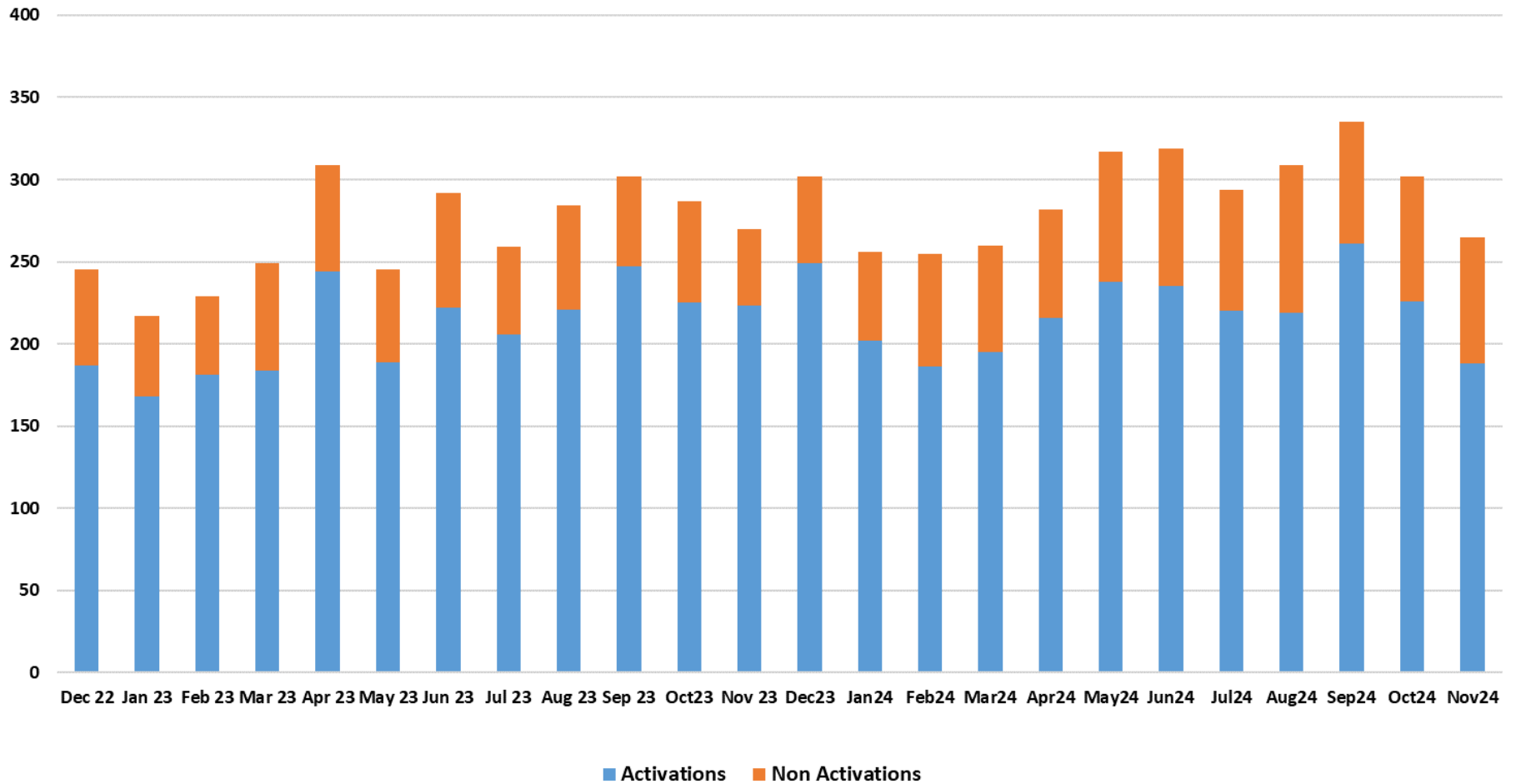
Obstetrics - Avg Patients Per Day



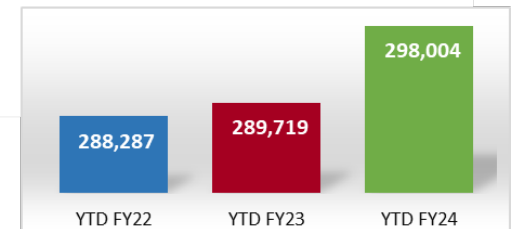
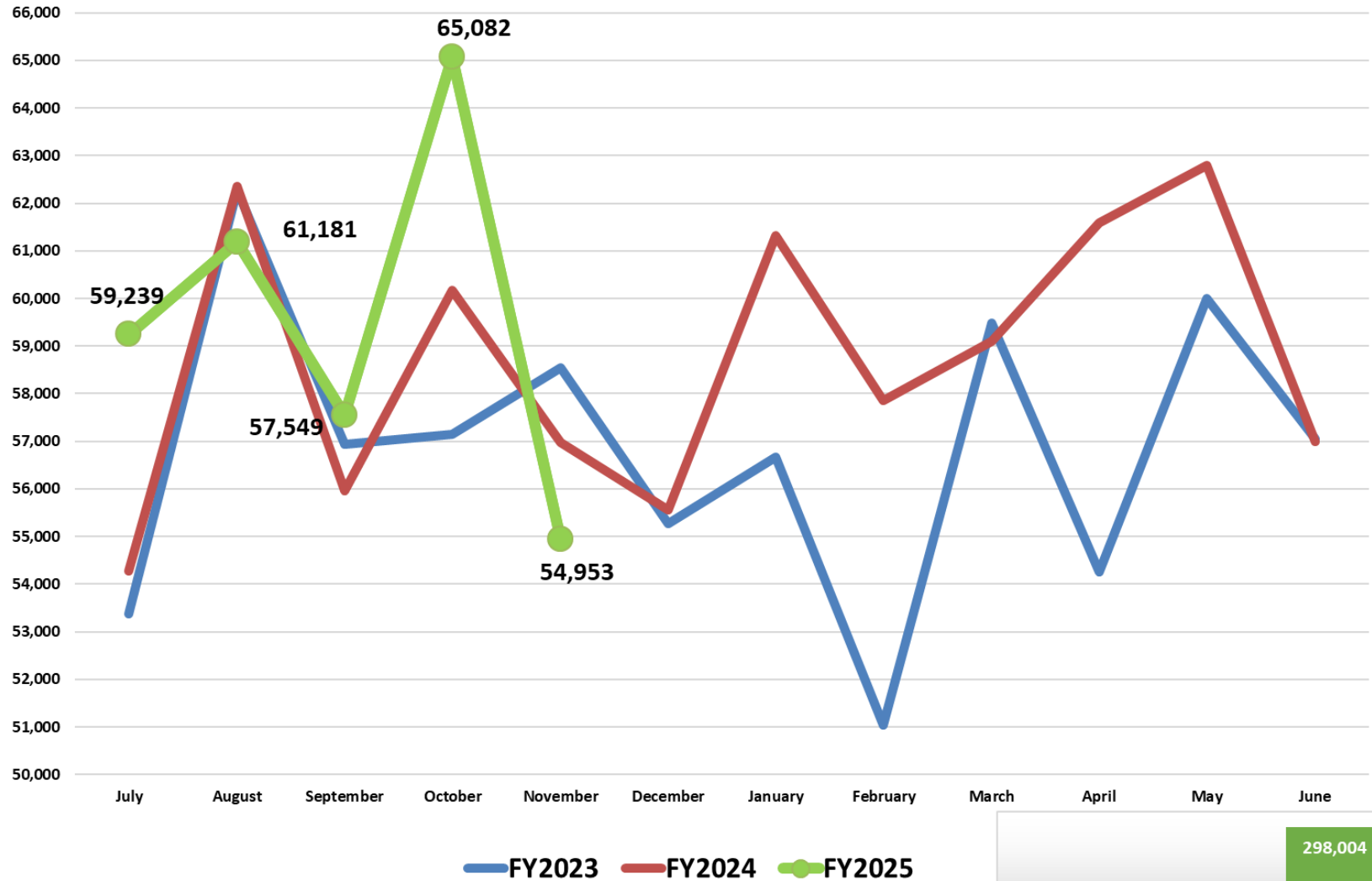
ED - Avg Treated Per Day



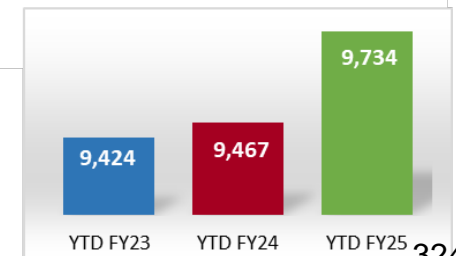
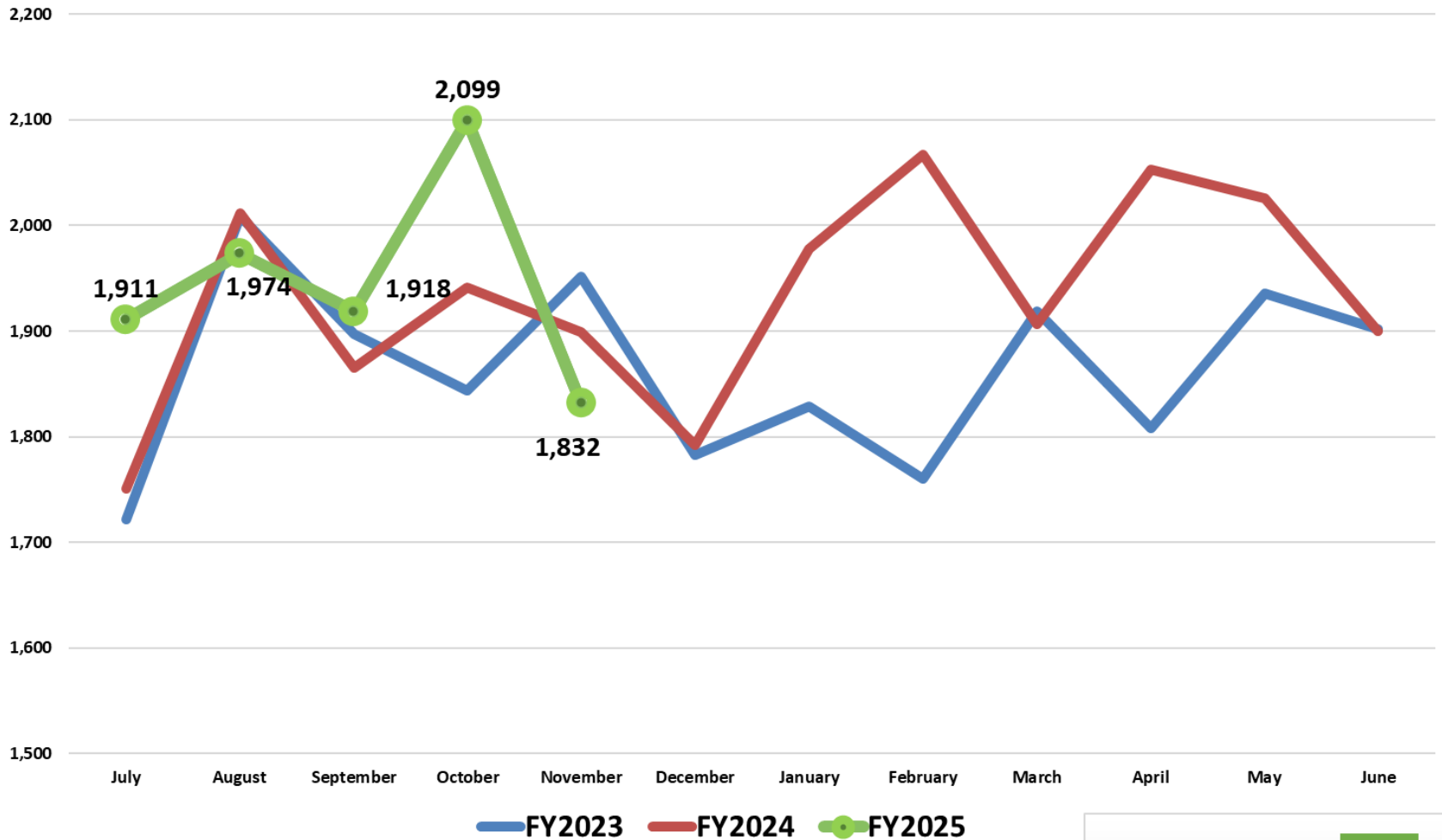
Trauma Activations & Non Activations



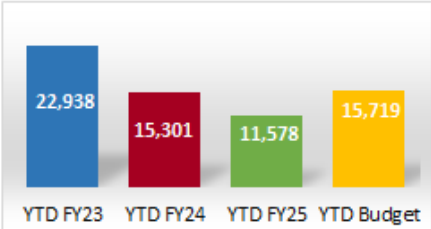
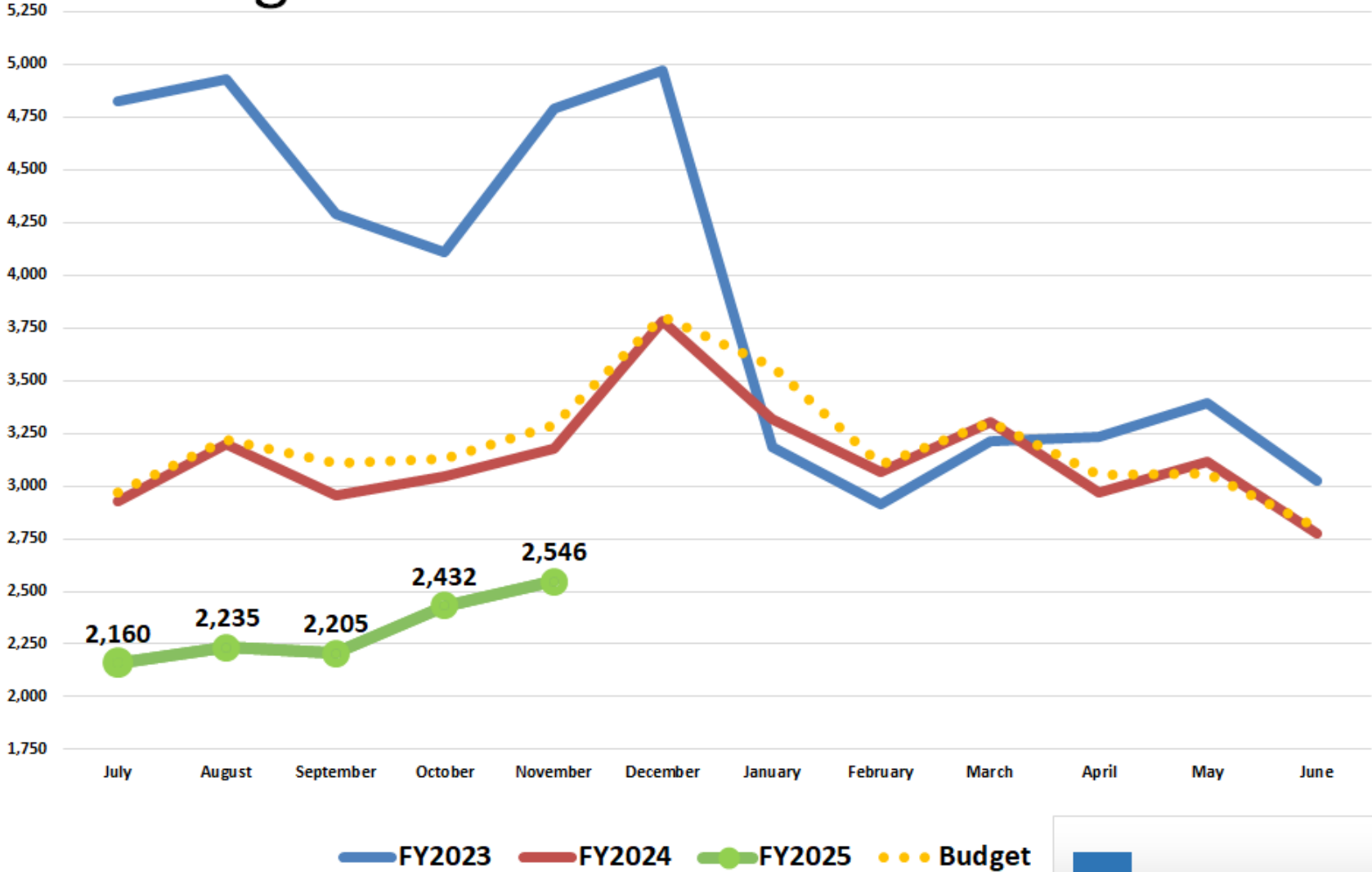
Outpatient Registrations



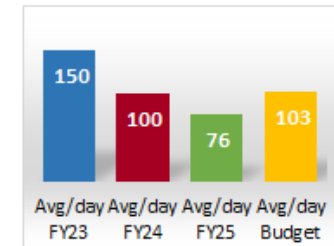
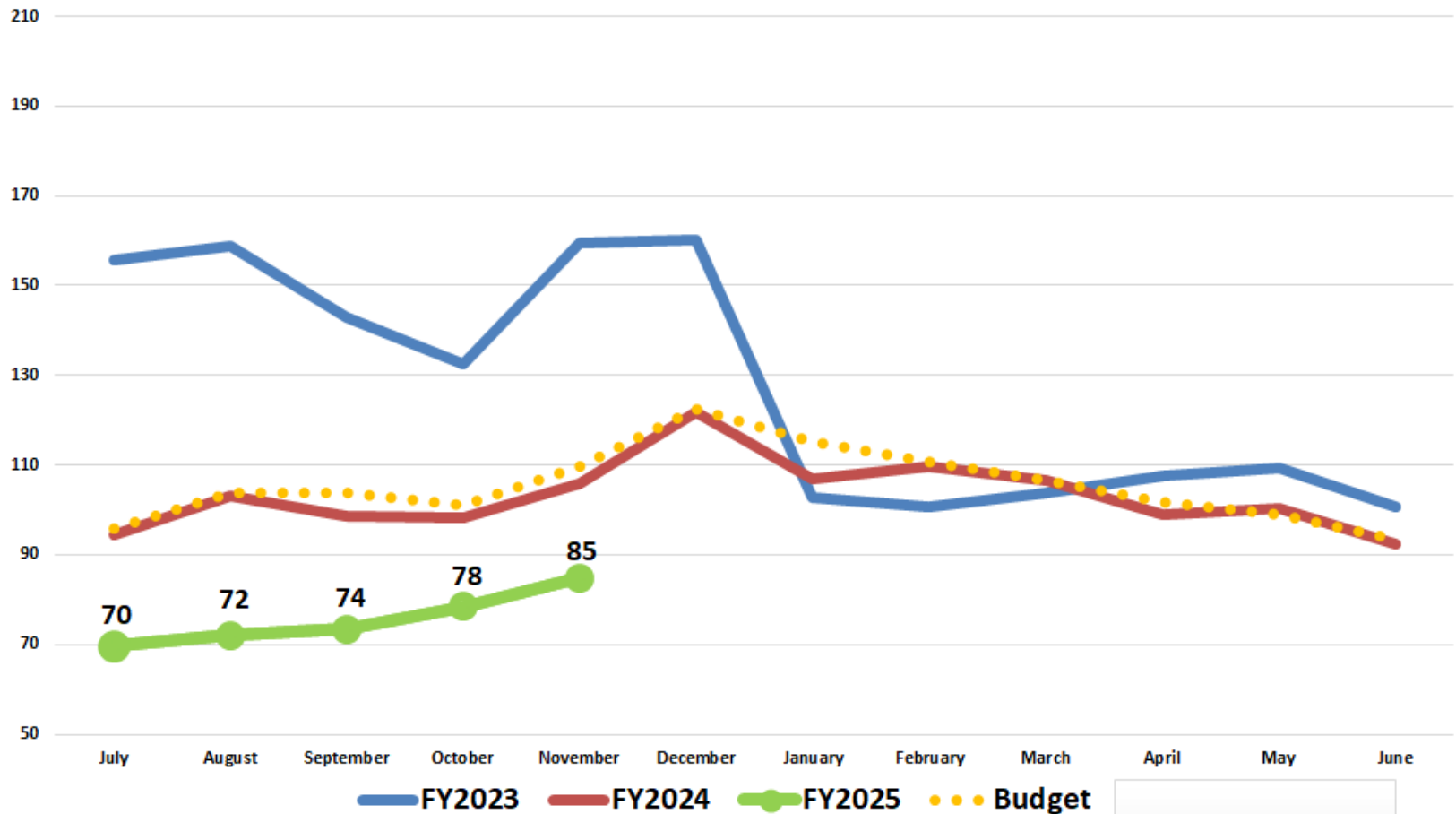
Outpatient Registrations Per Day



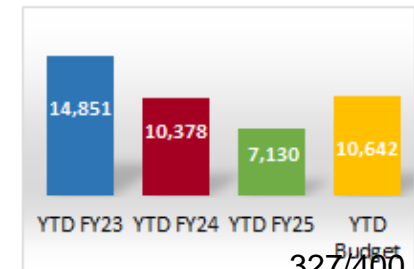
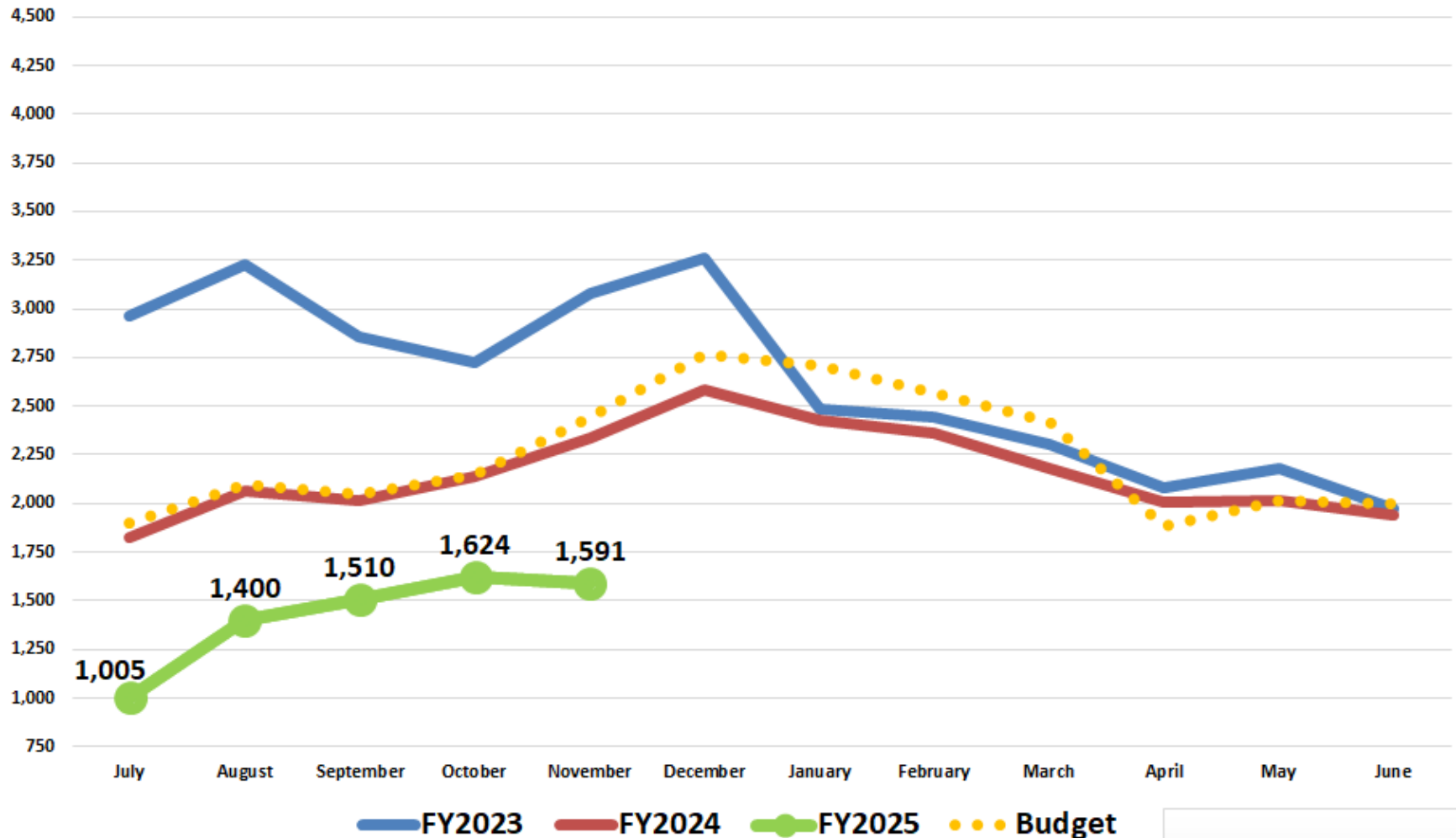
Urgent Care – Court Total Visits



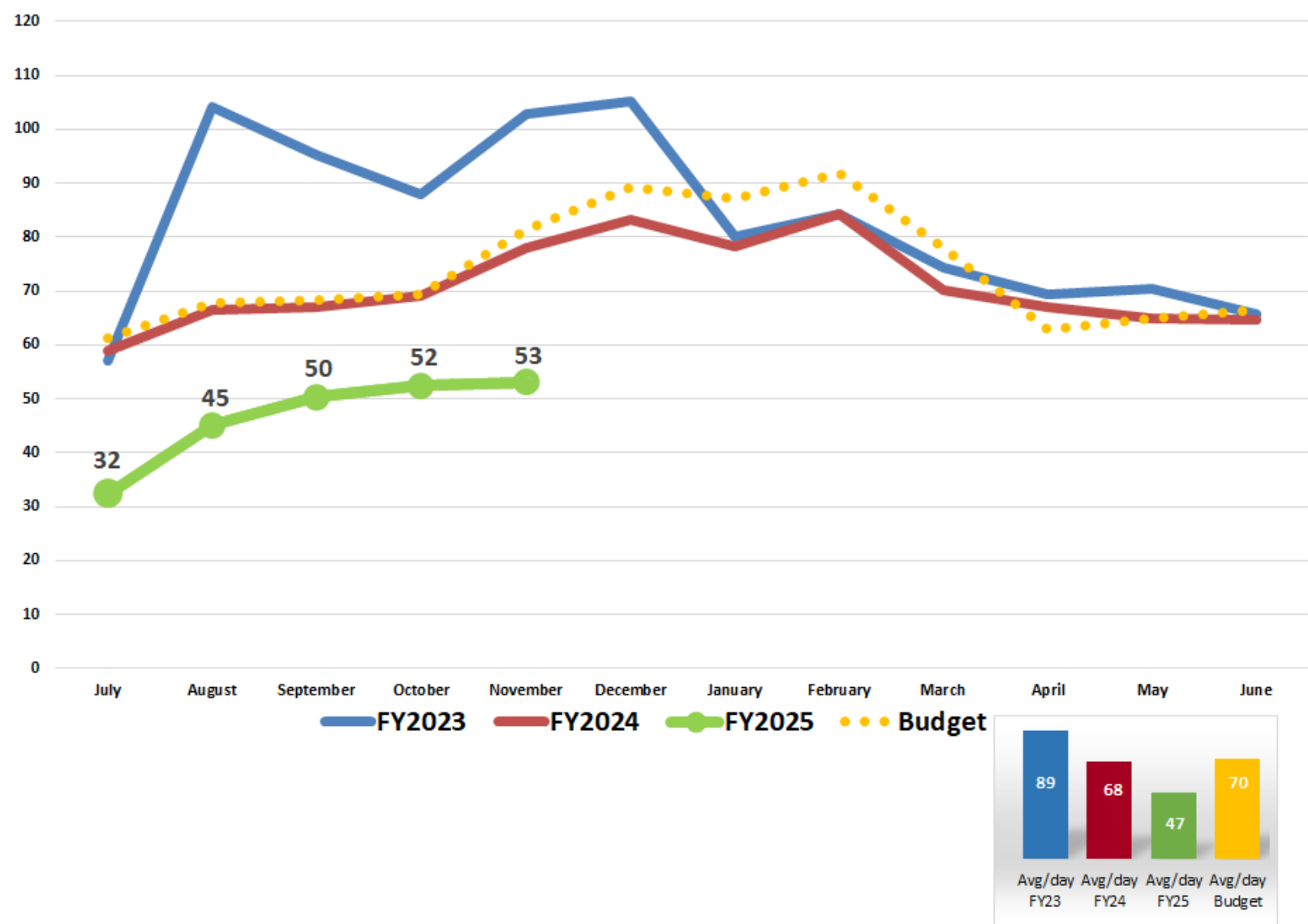
Urgent Care – Court Avg Visits Per Day



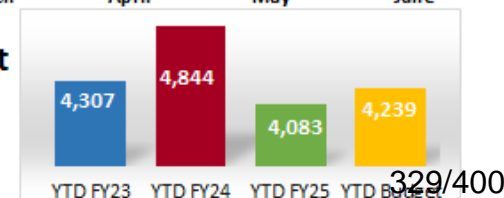
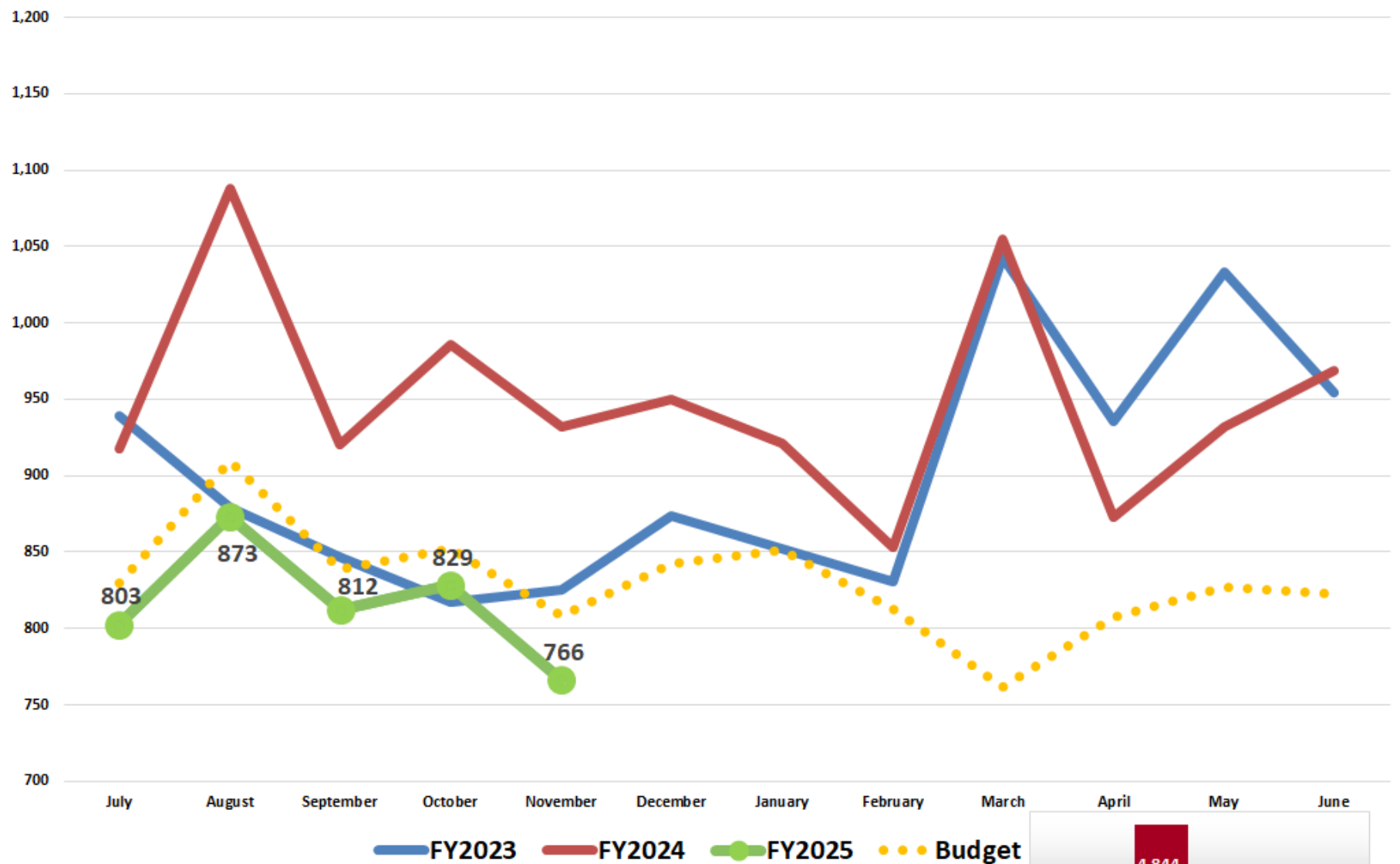
Urgent Care – Demaree Total Visits



Urgent Care – Demaree Avg Visits Per Day

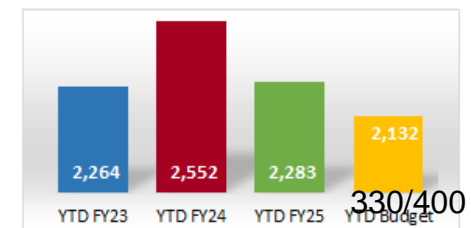
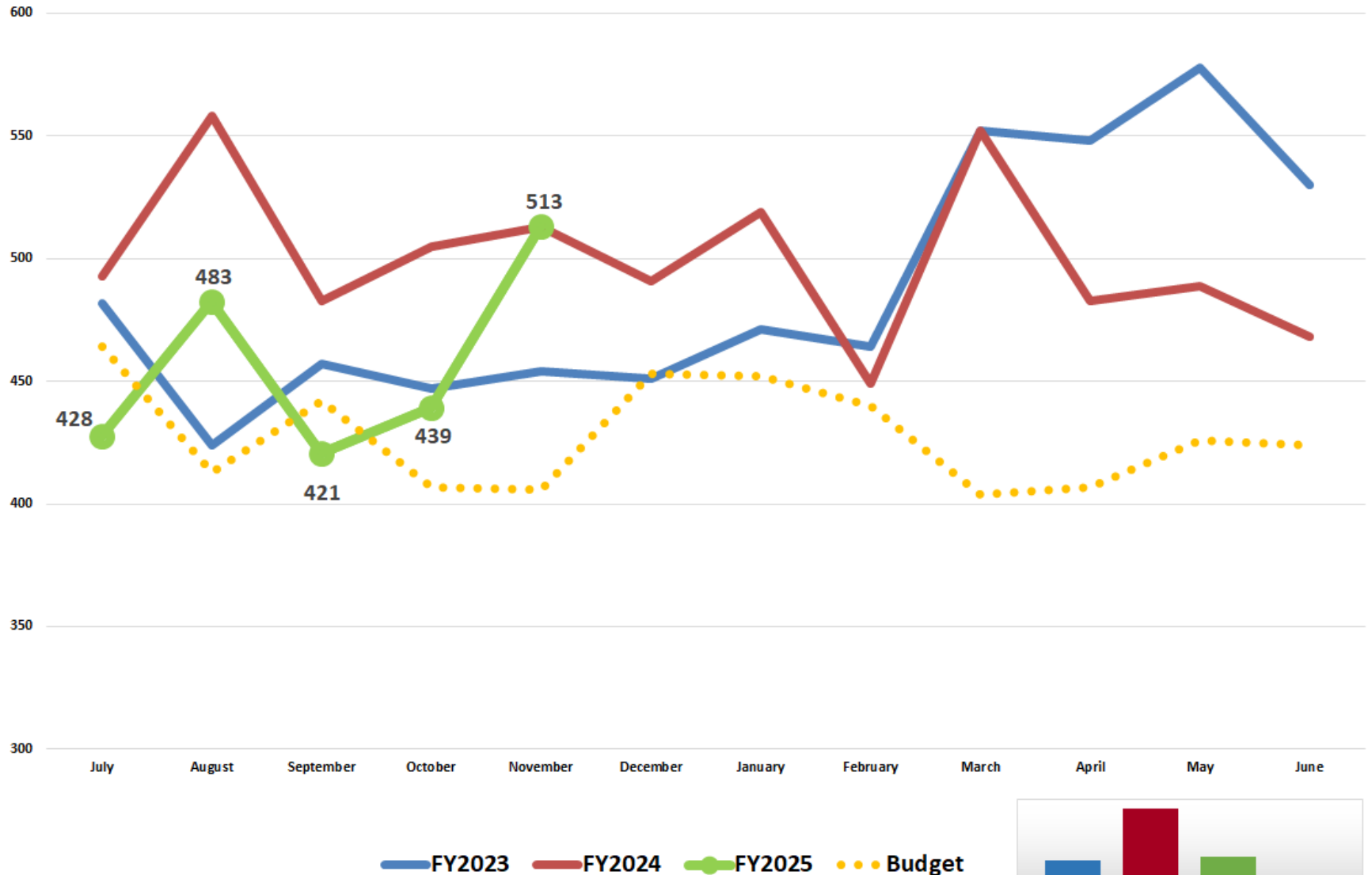


Surgery (IP & OP) – 100 Min Units

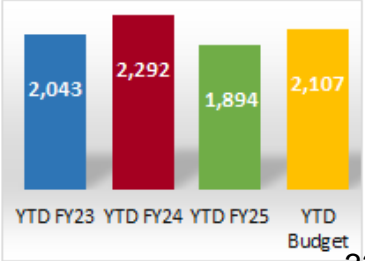
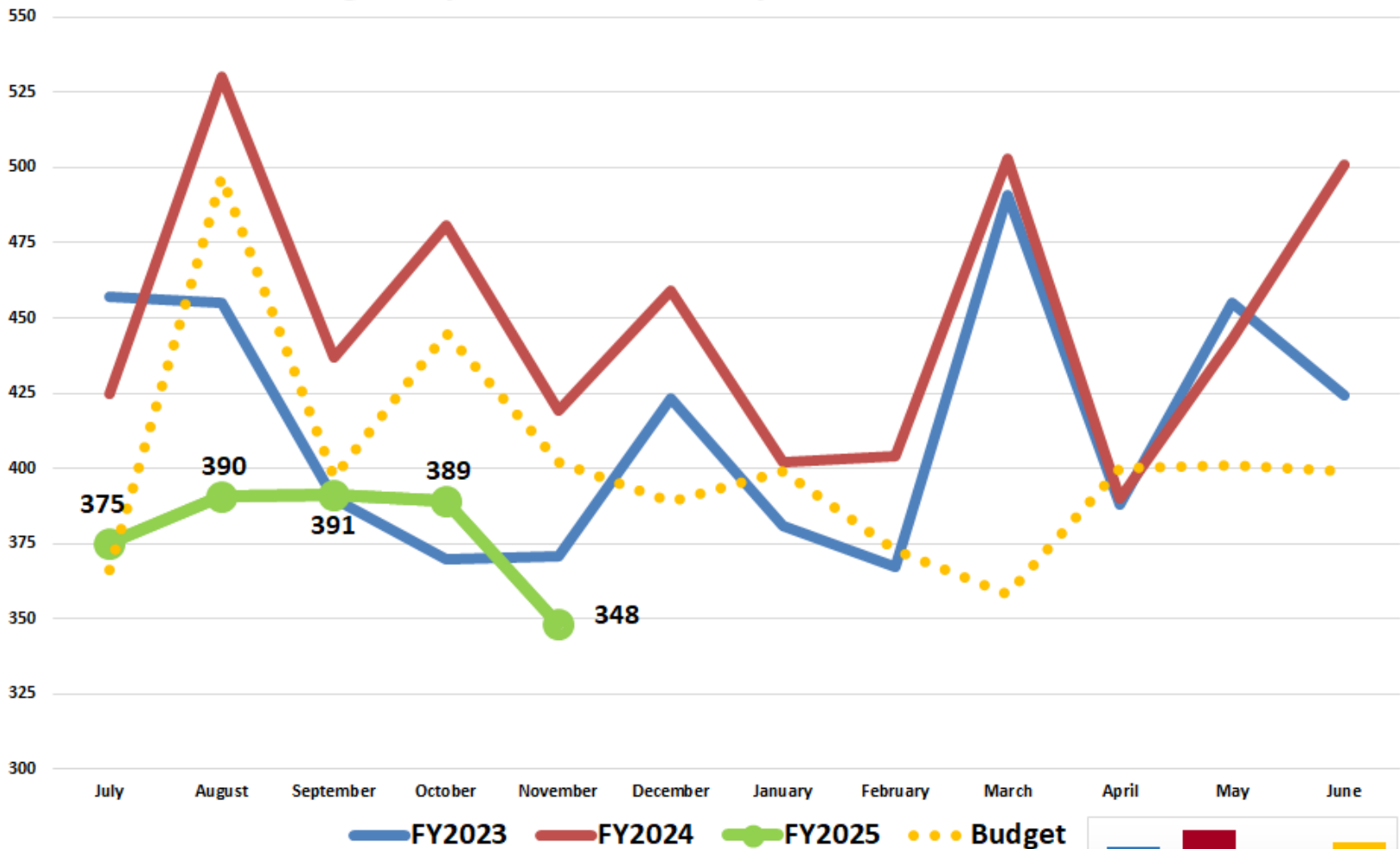


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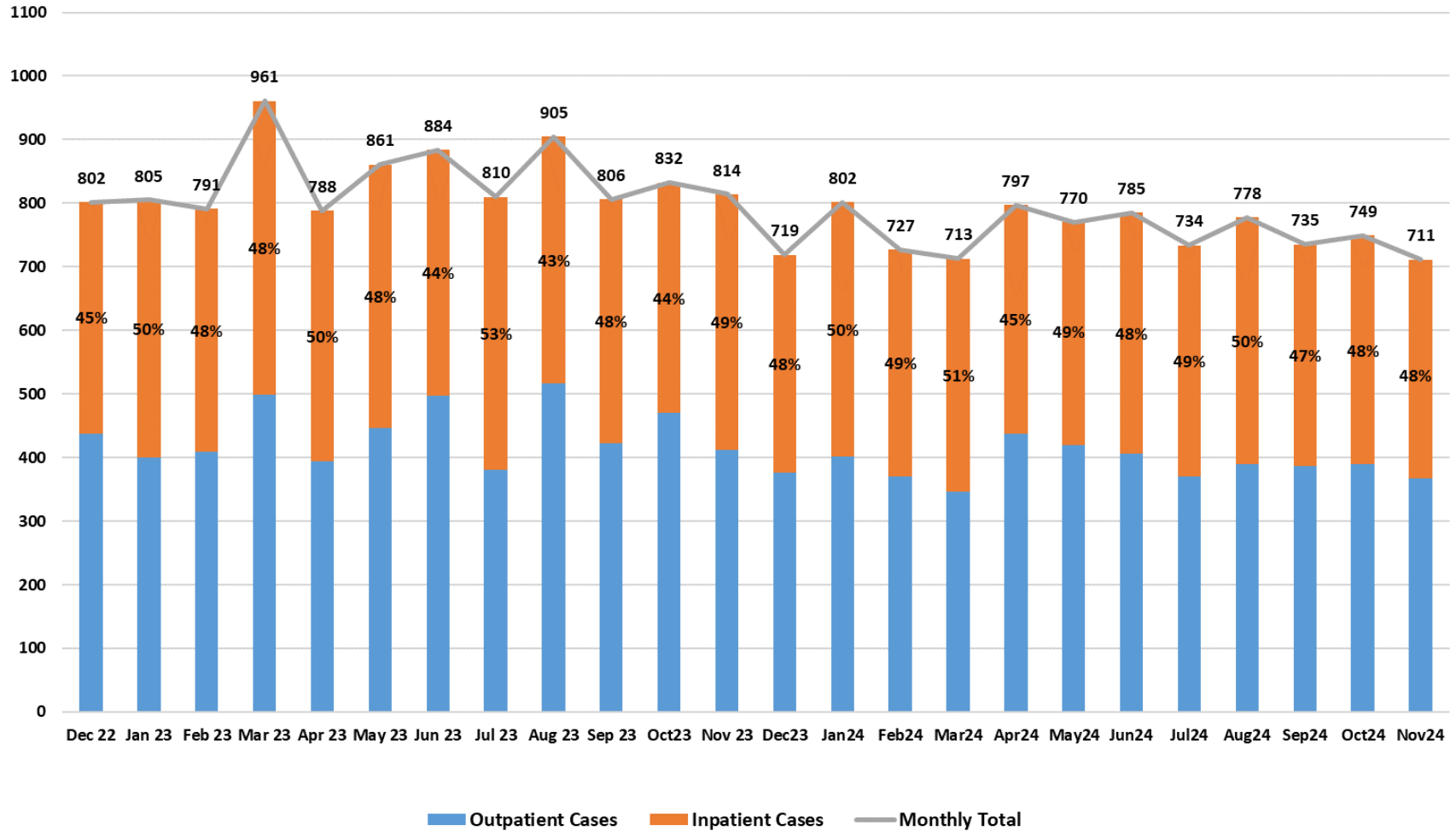
Surgery (IP Only) - 100 Min Unit



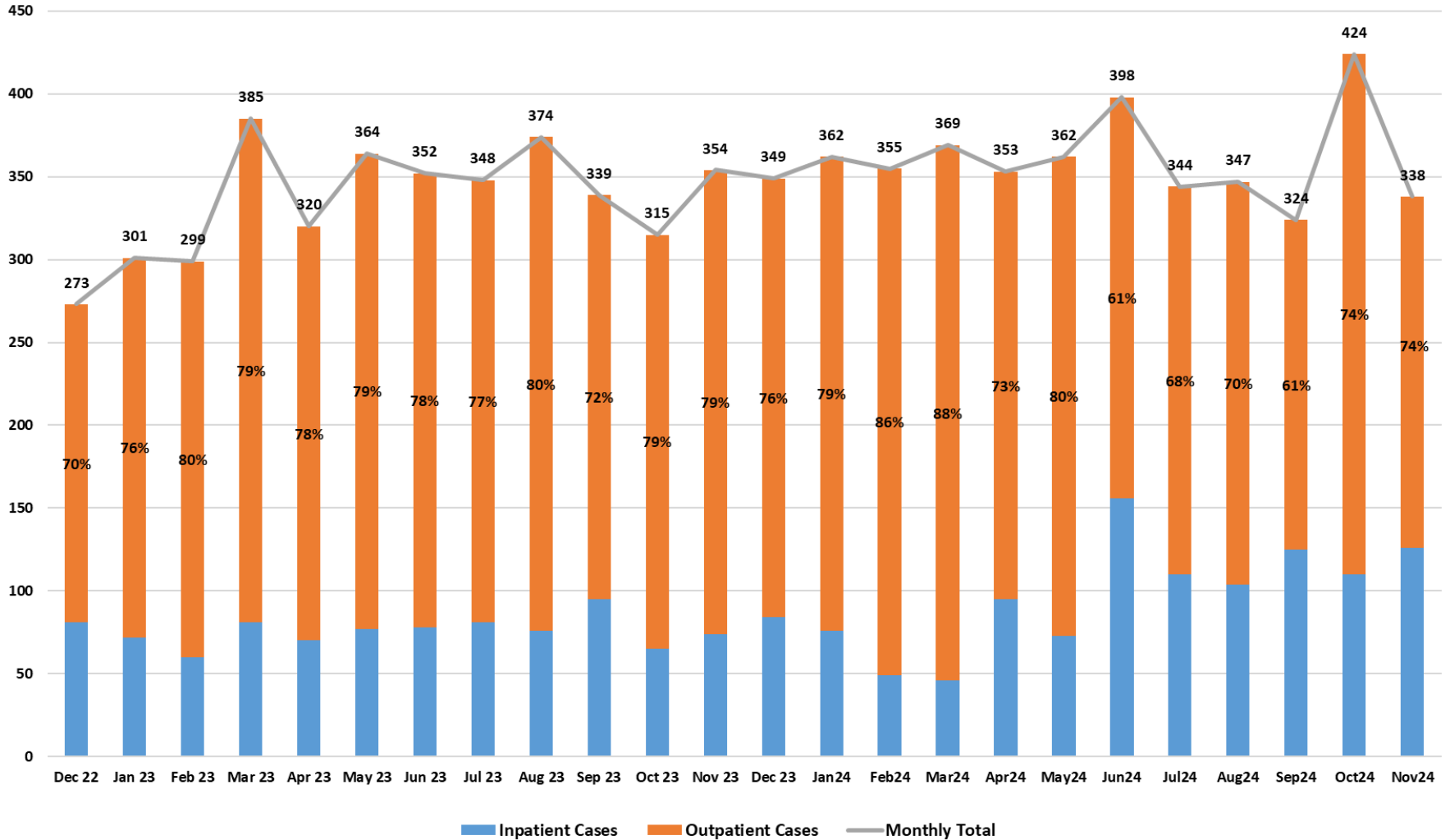
Surgery (OP Only) - 100 Min Units



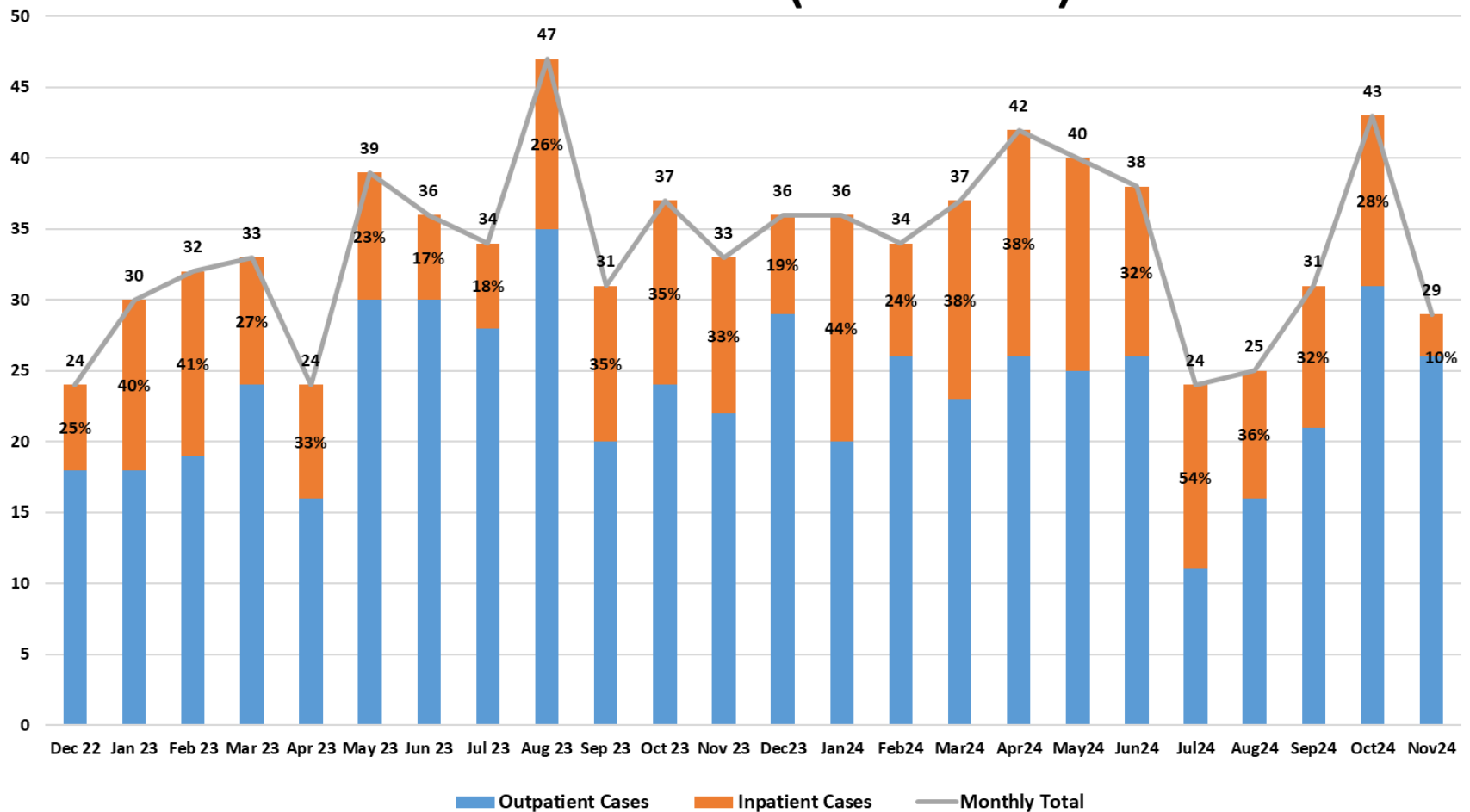
Surgery Cases (IP & OP)



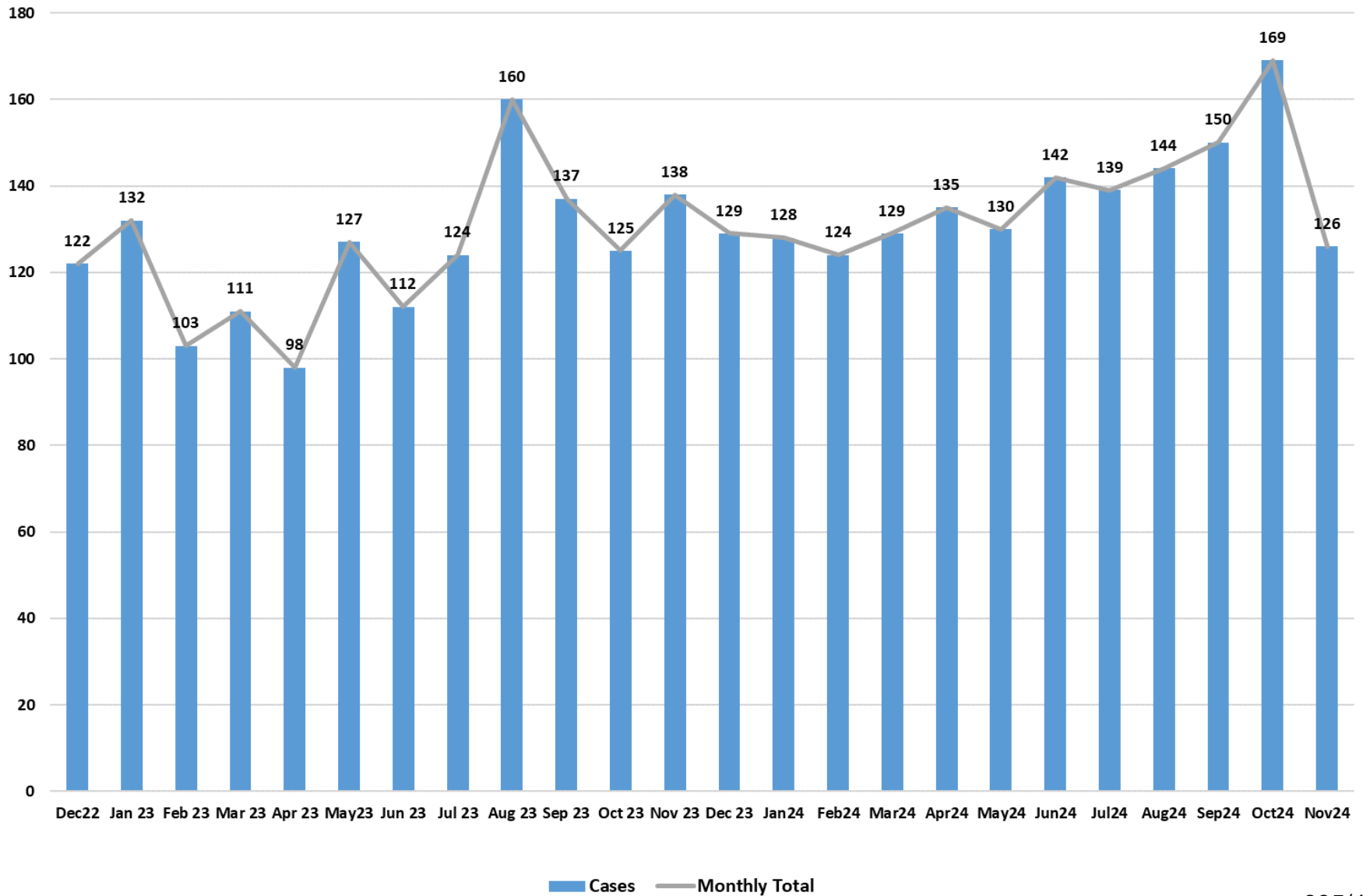
Endo Cases (Suites A & B and OR)



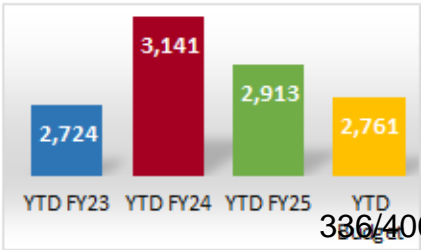
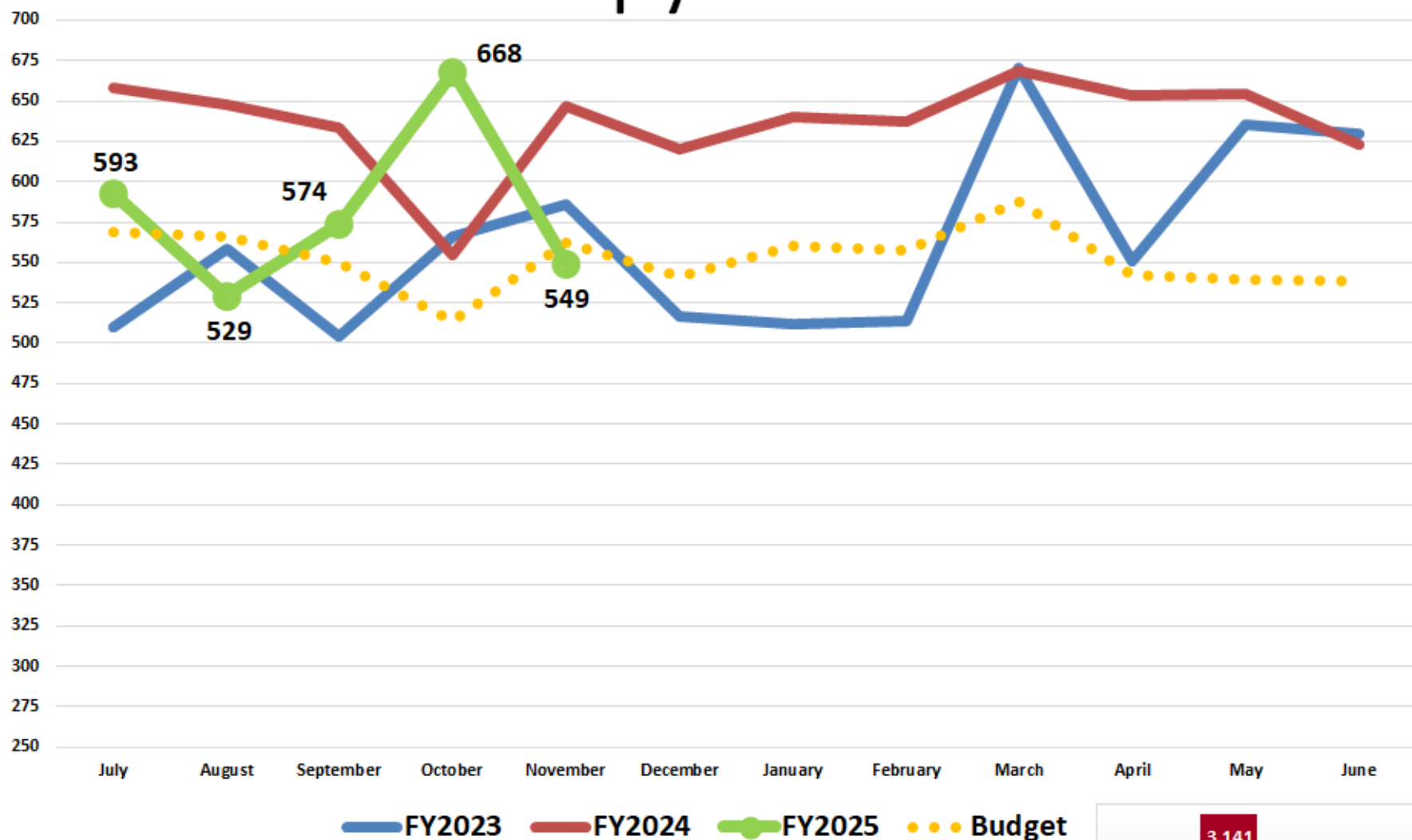
Robotic Cases (IP & OP)



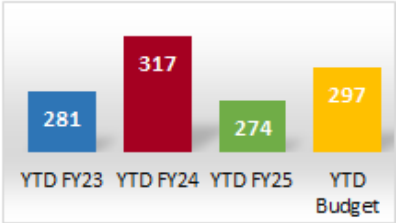
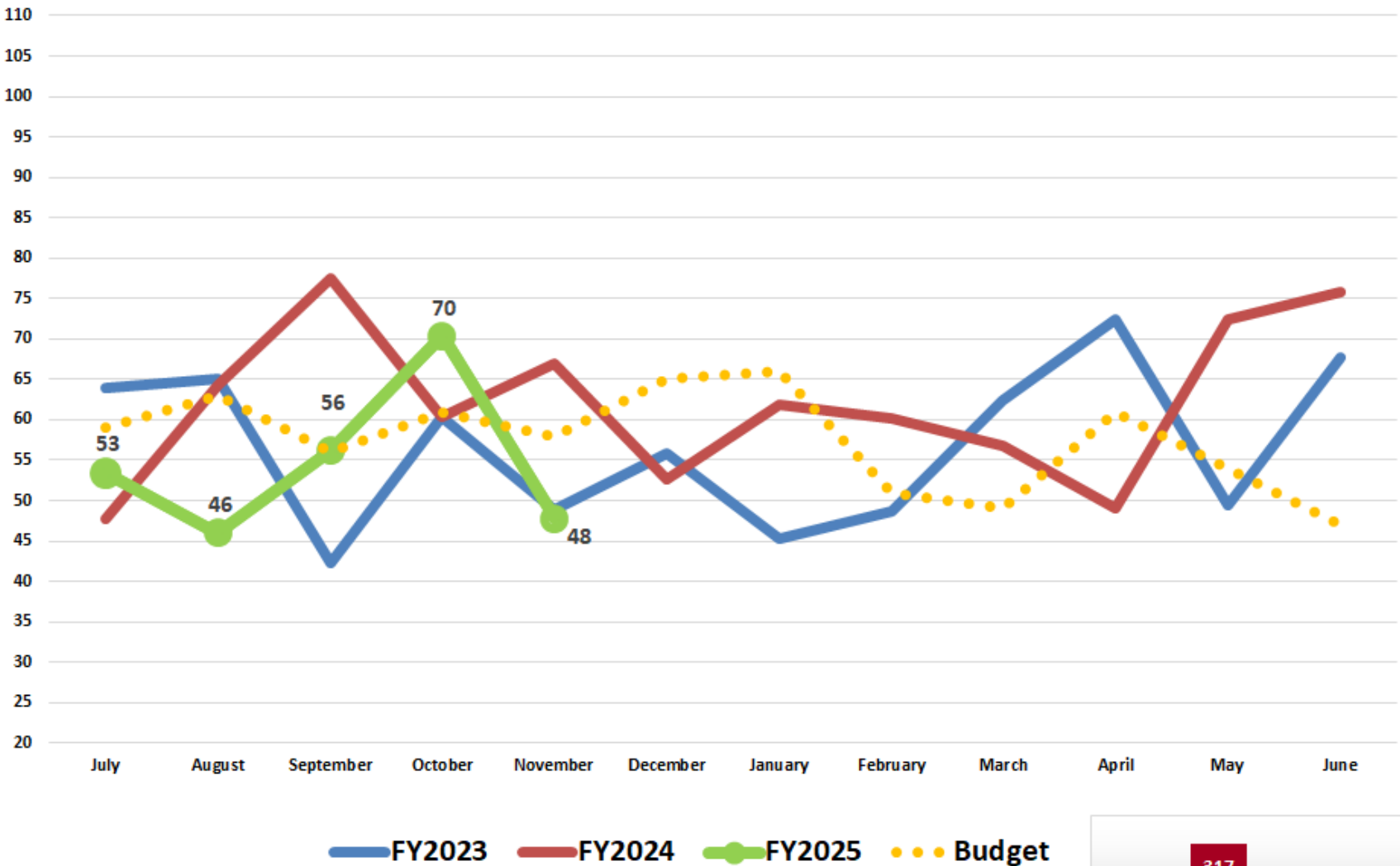
OB Cases



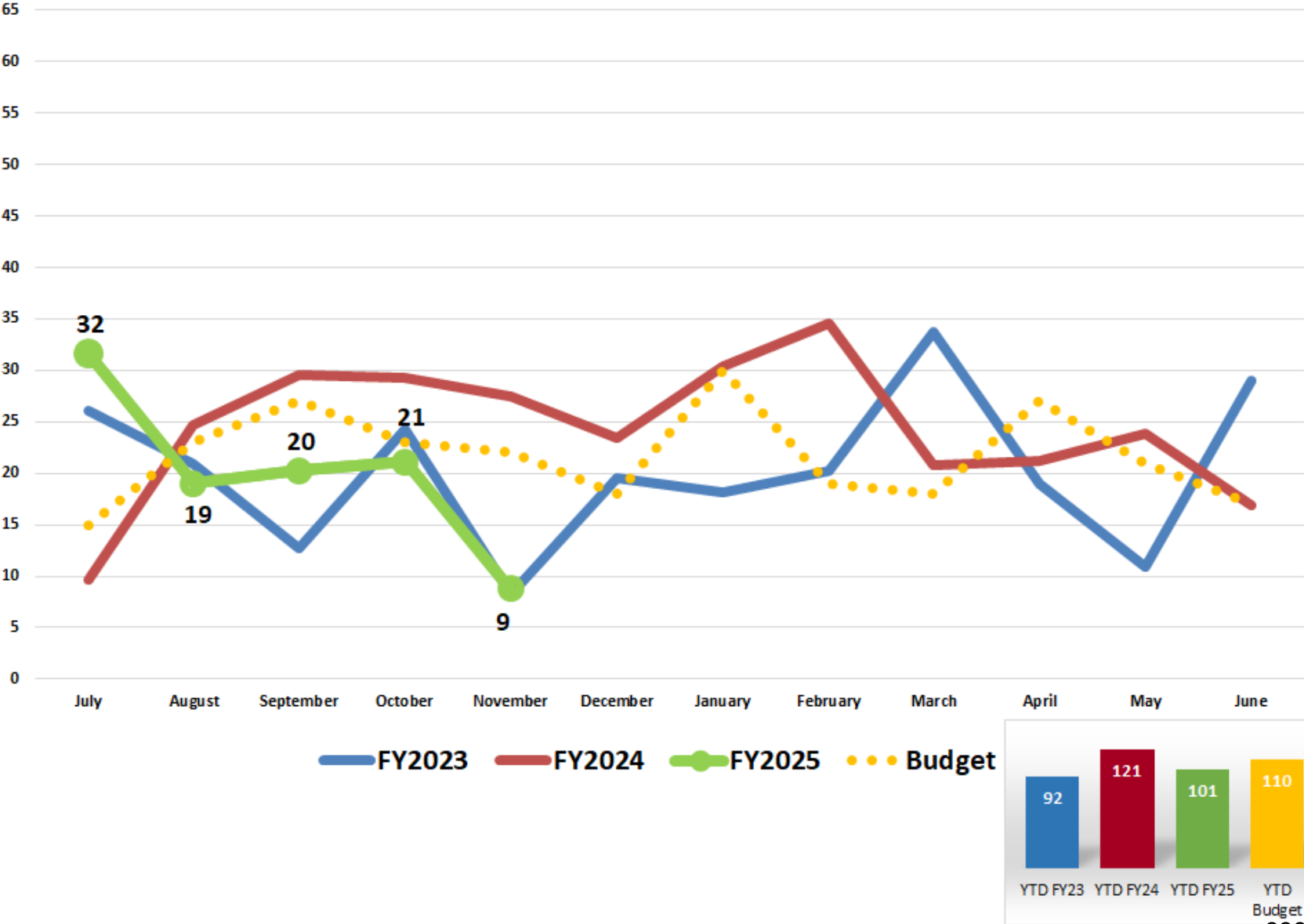
Endoscopy Procedures



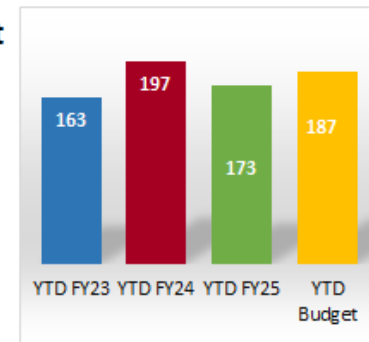
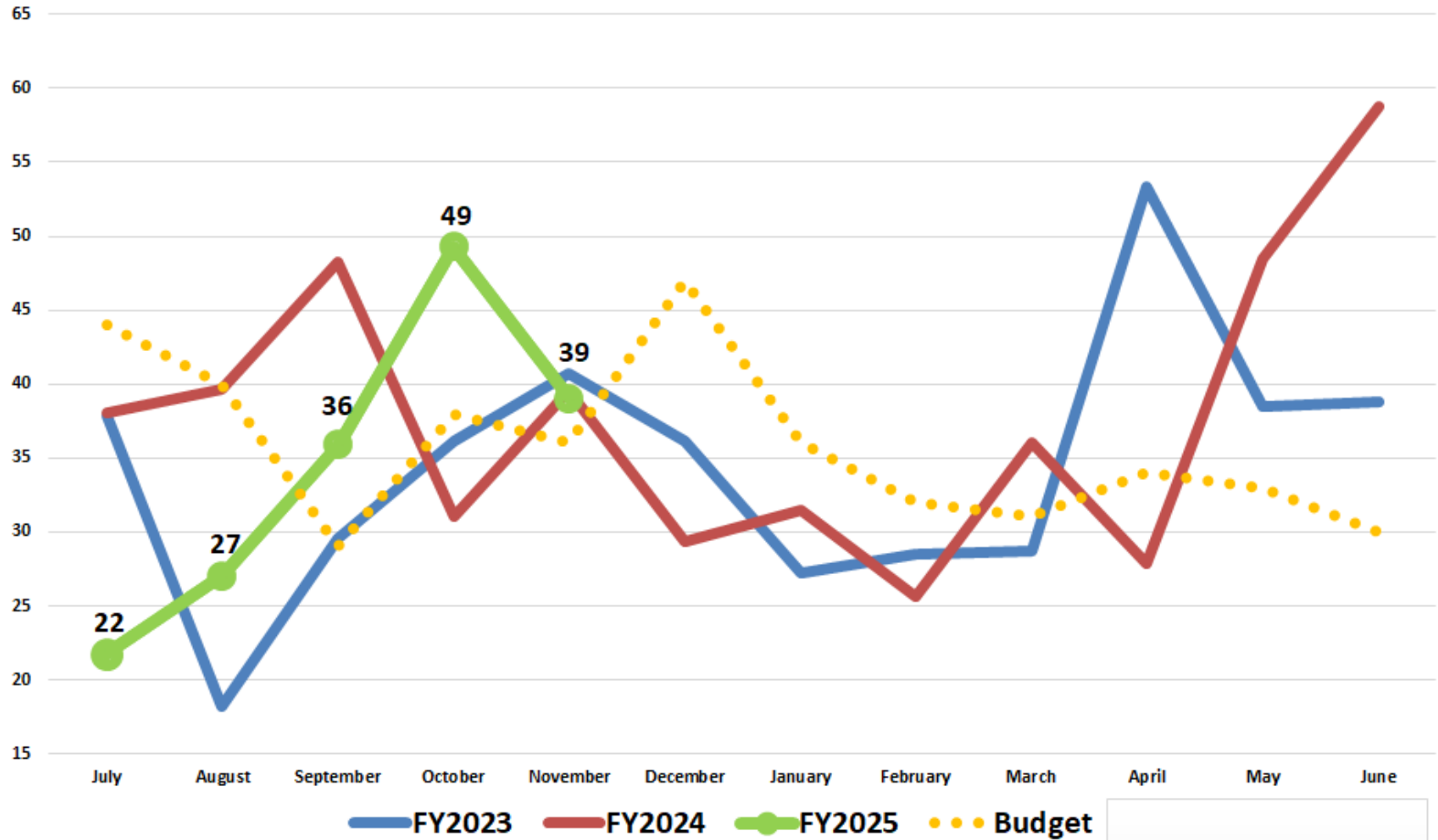
Robotic Surgery (IP & OP) - 100 Min Units



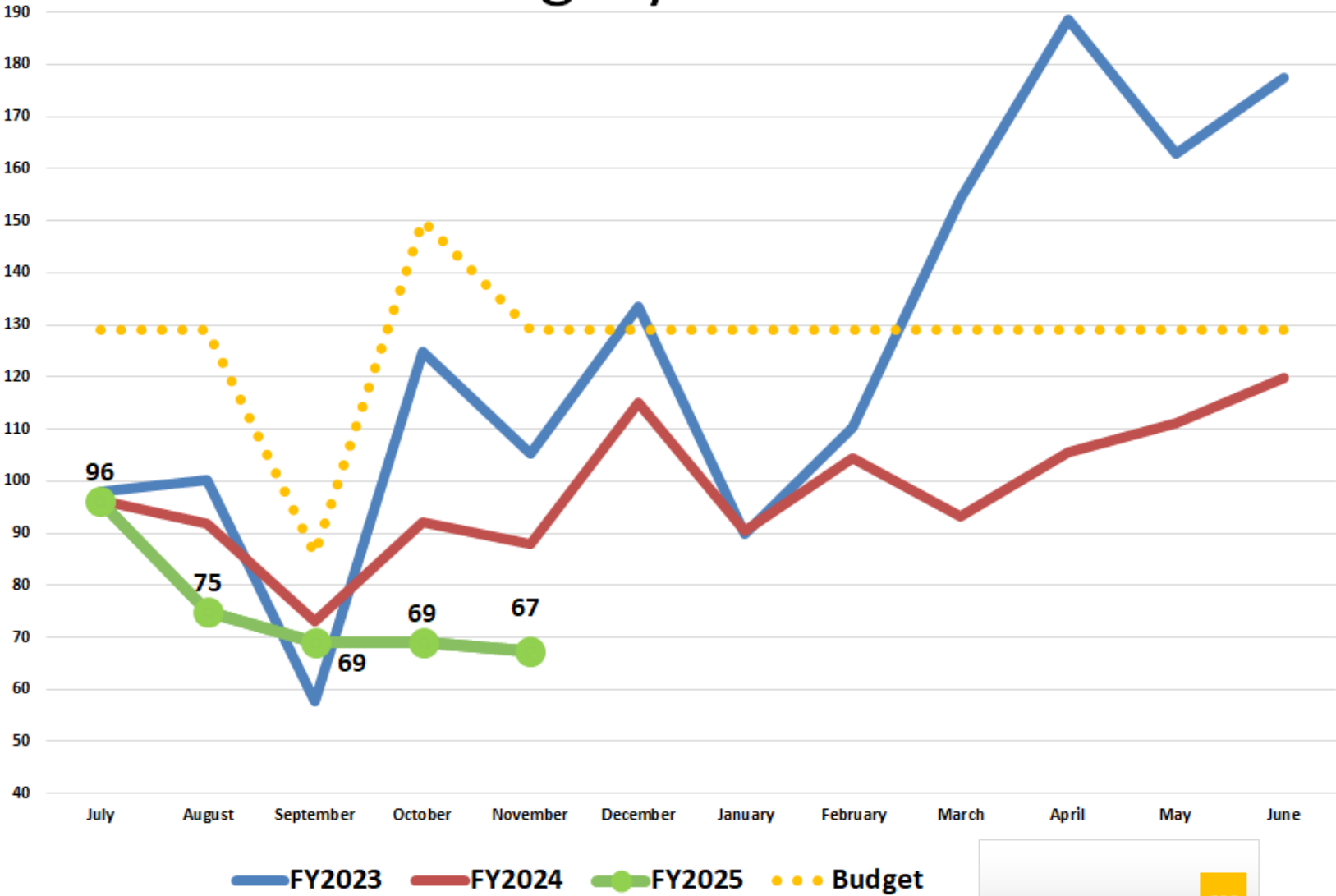
Robotic Surgery Minutes (IP Only)



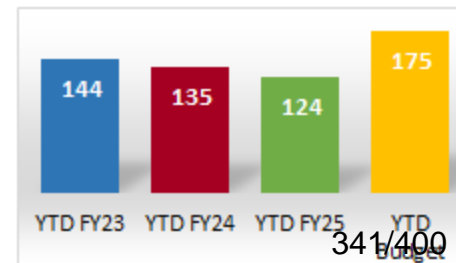
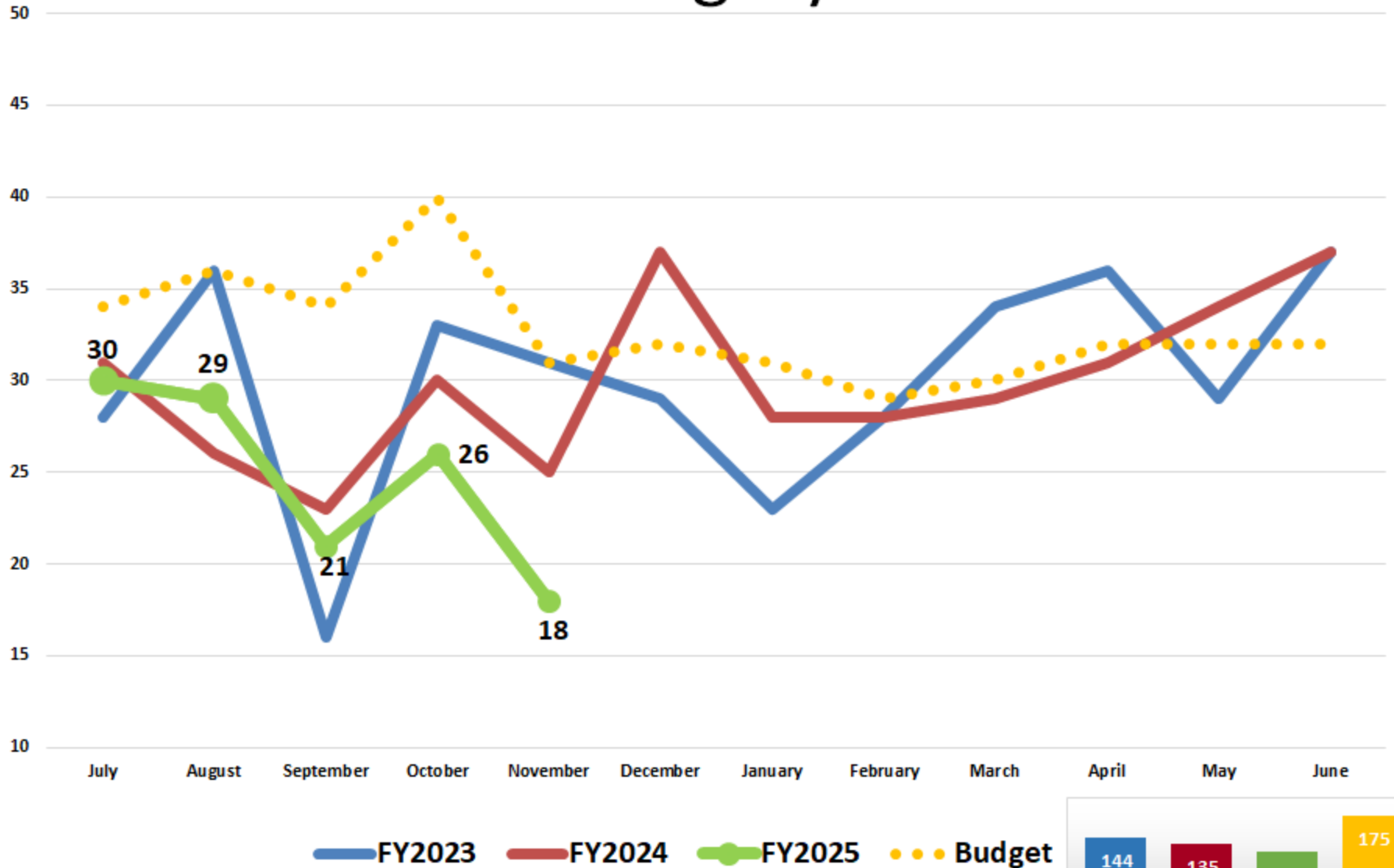
Robotic Surgery Minutes (OP Only)



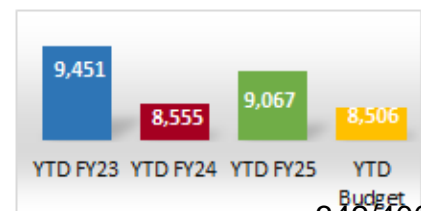
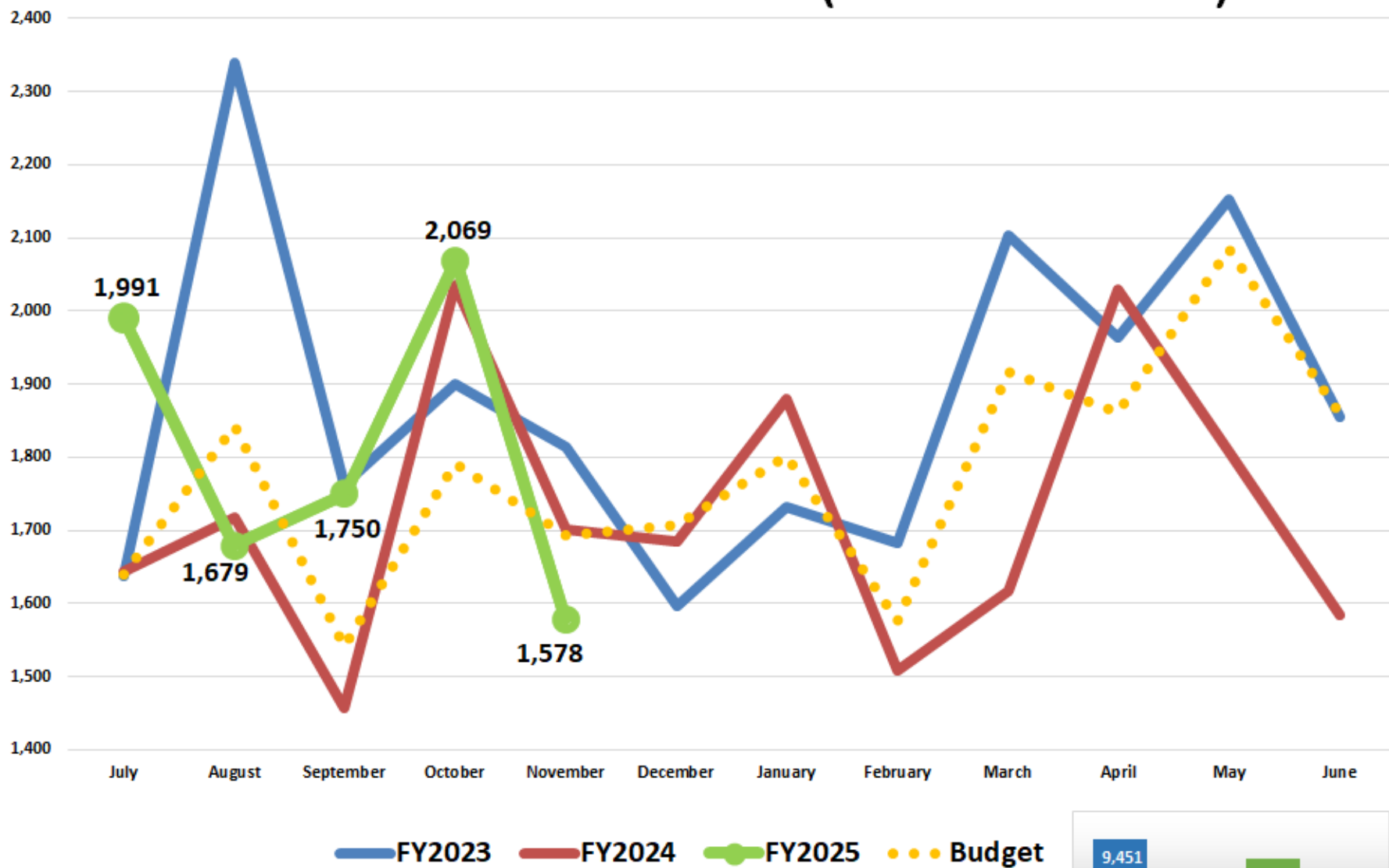
Cardiac Surgery - 100 Min Units



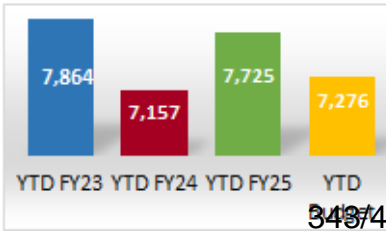
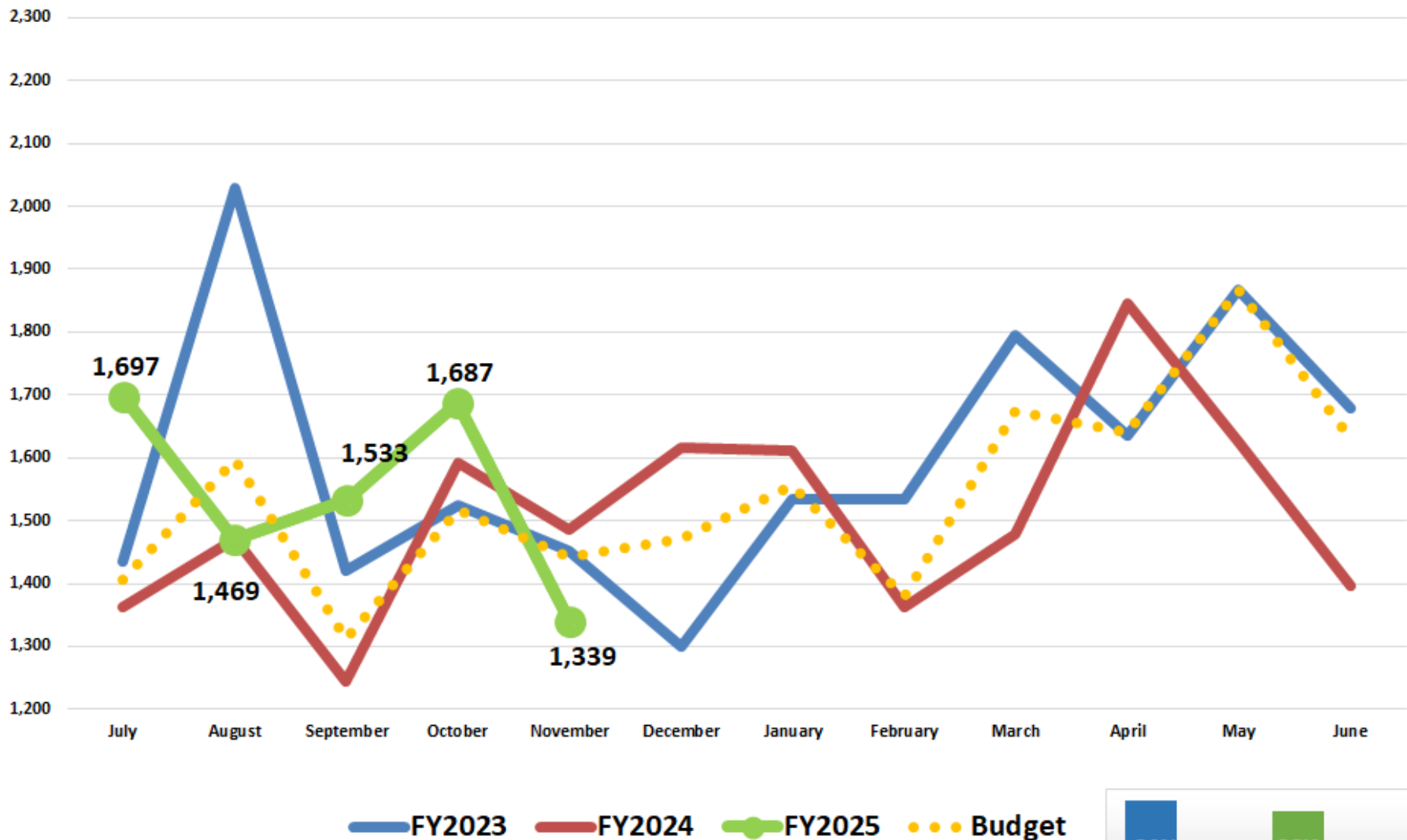
Cardiac Surgery Cases



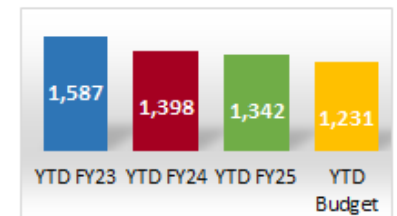
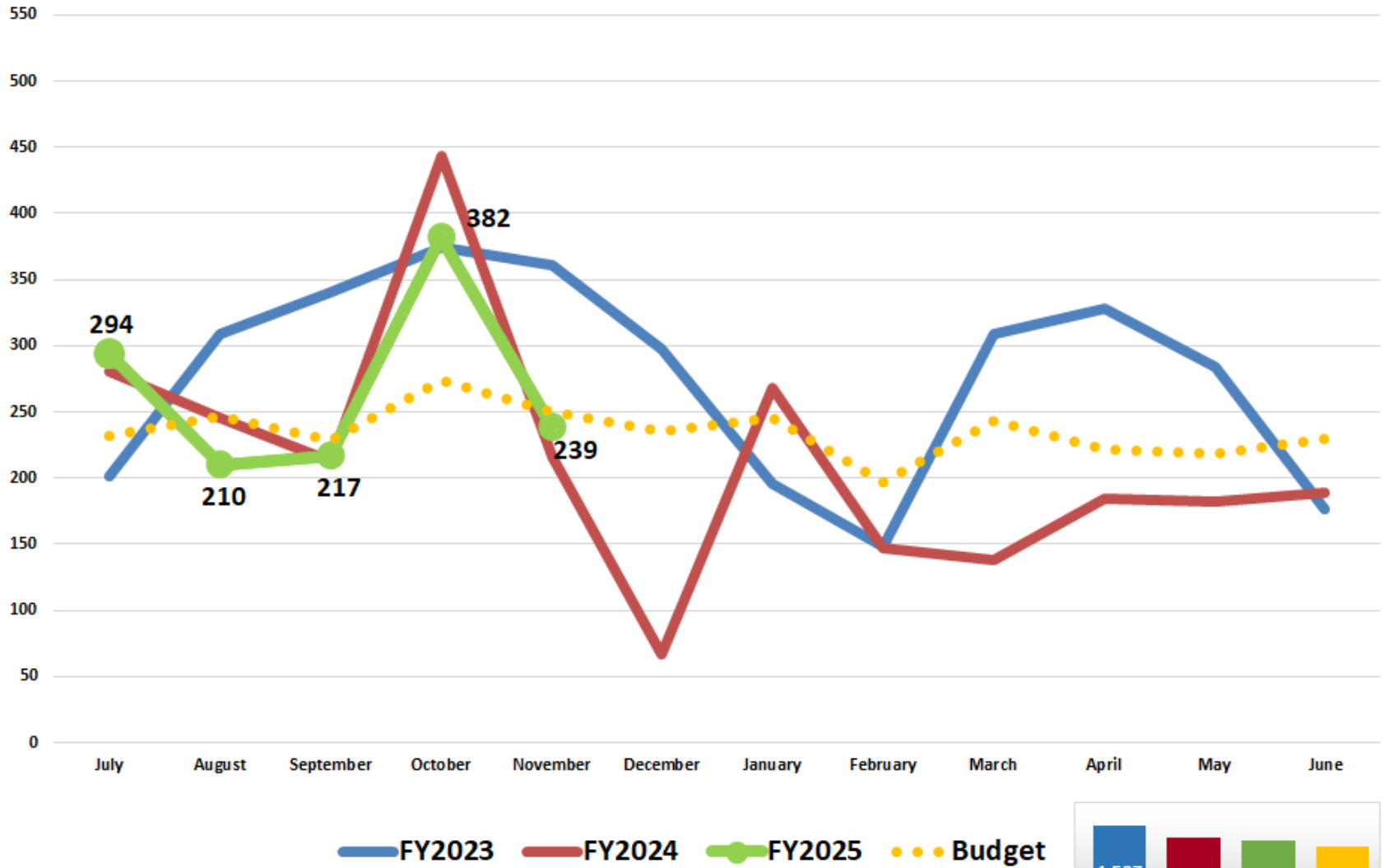
Rad Onc Treatments (Vis. & Hanf.)



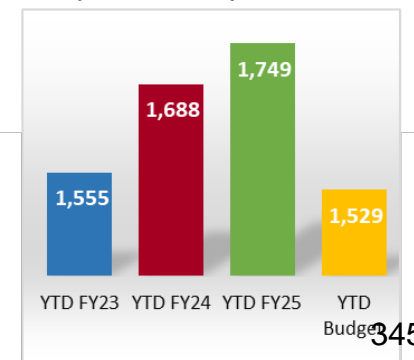
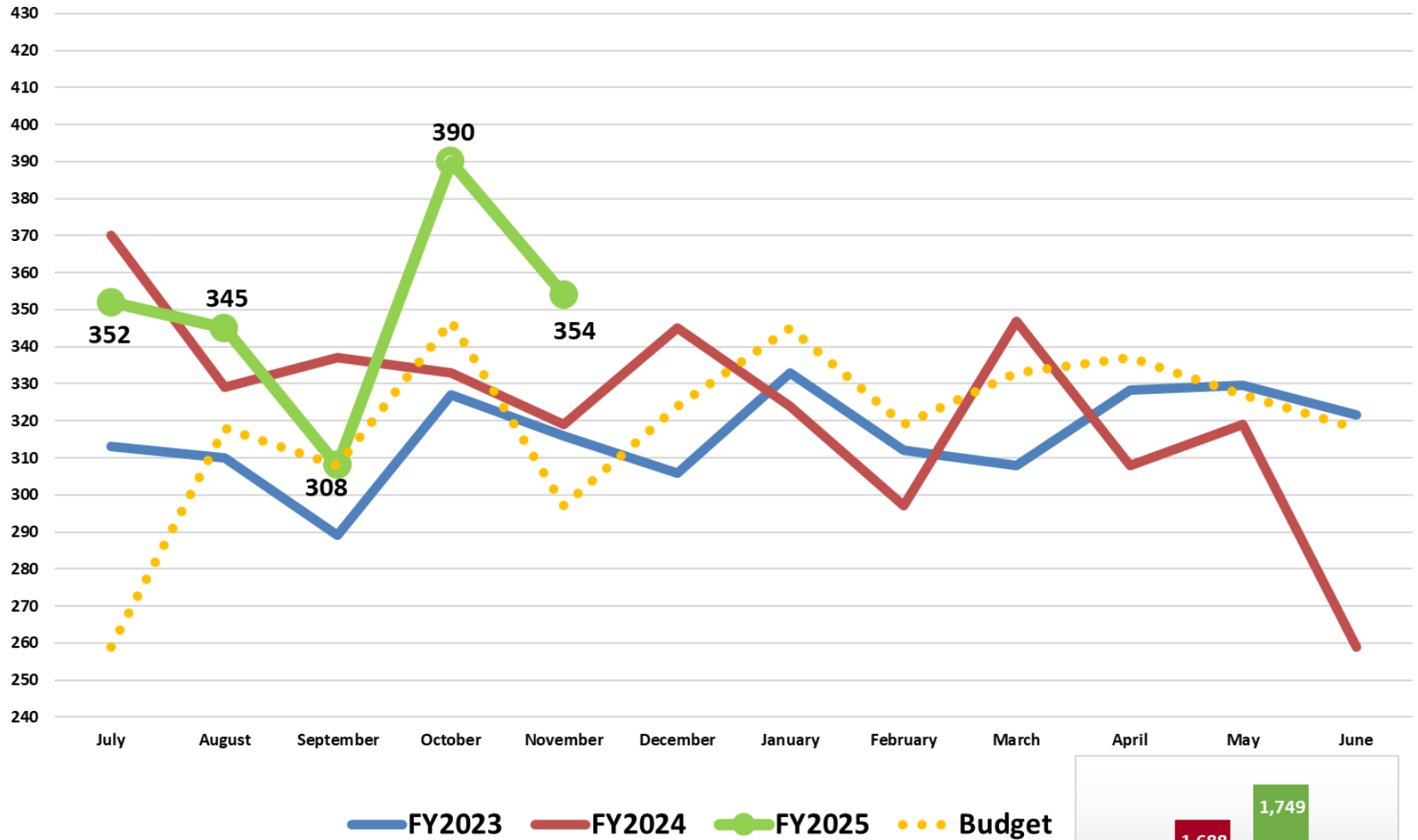
Rad Onc Visalia



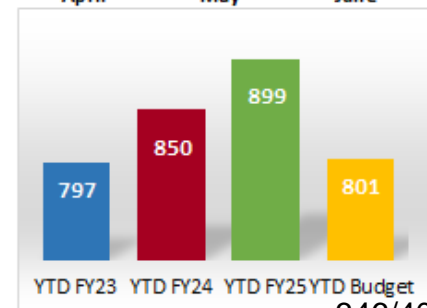
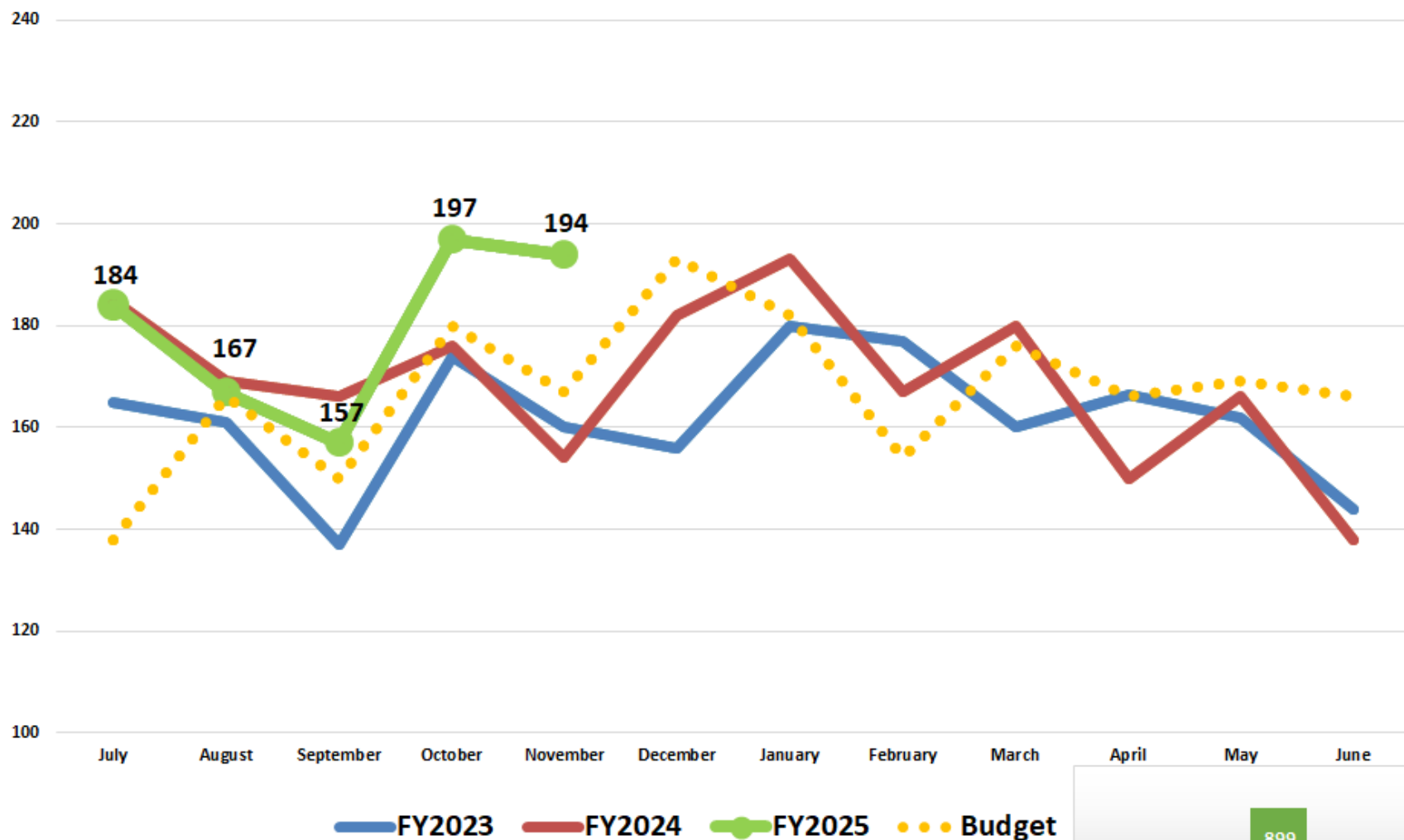
Rad Onc Hanford



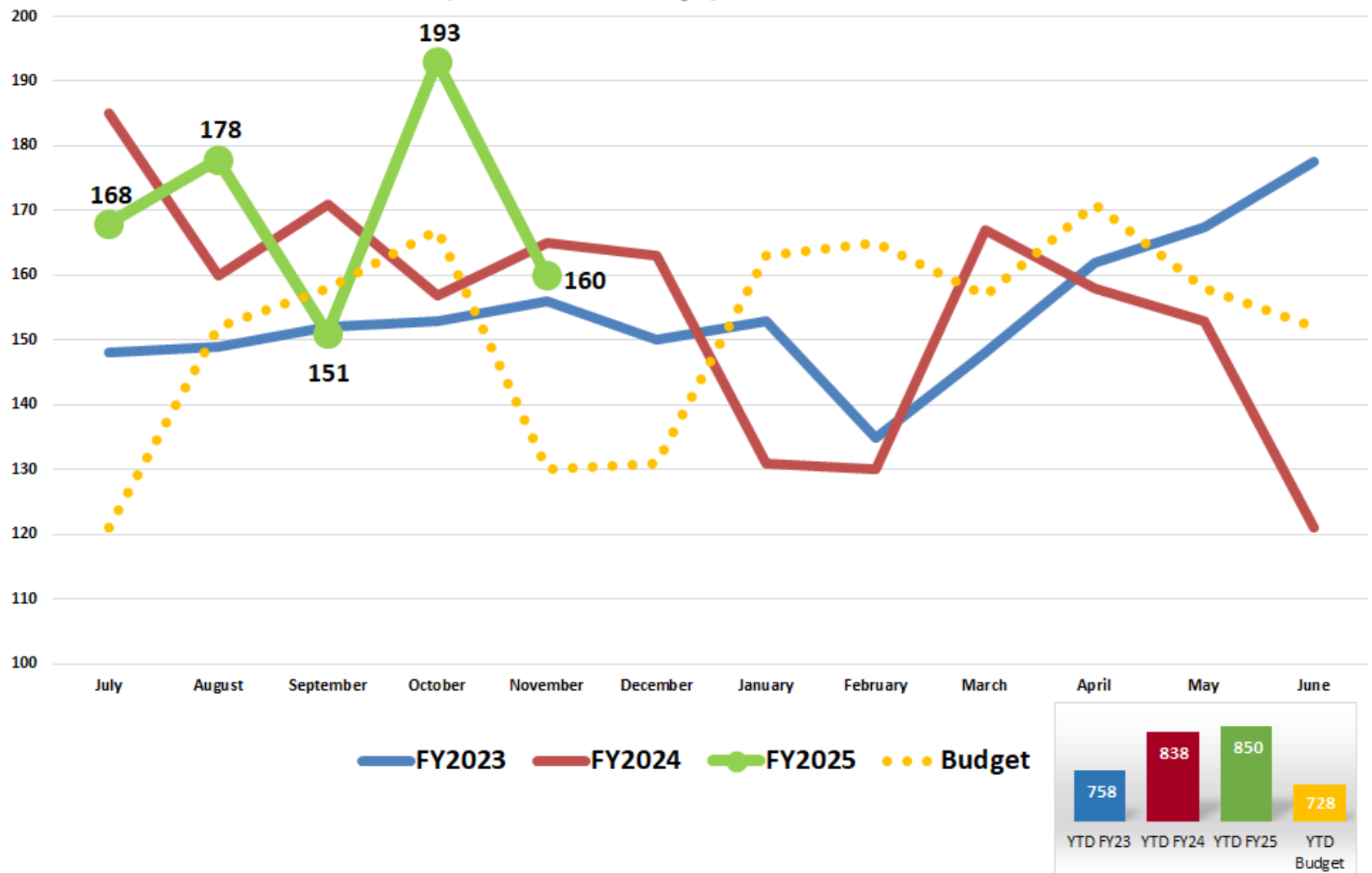
Cath Lab (IP & OP) – 100 Min Units



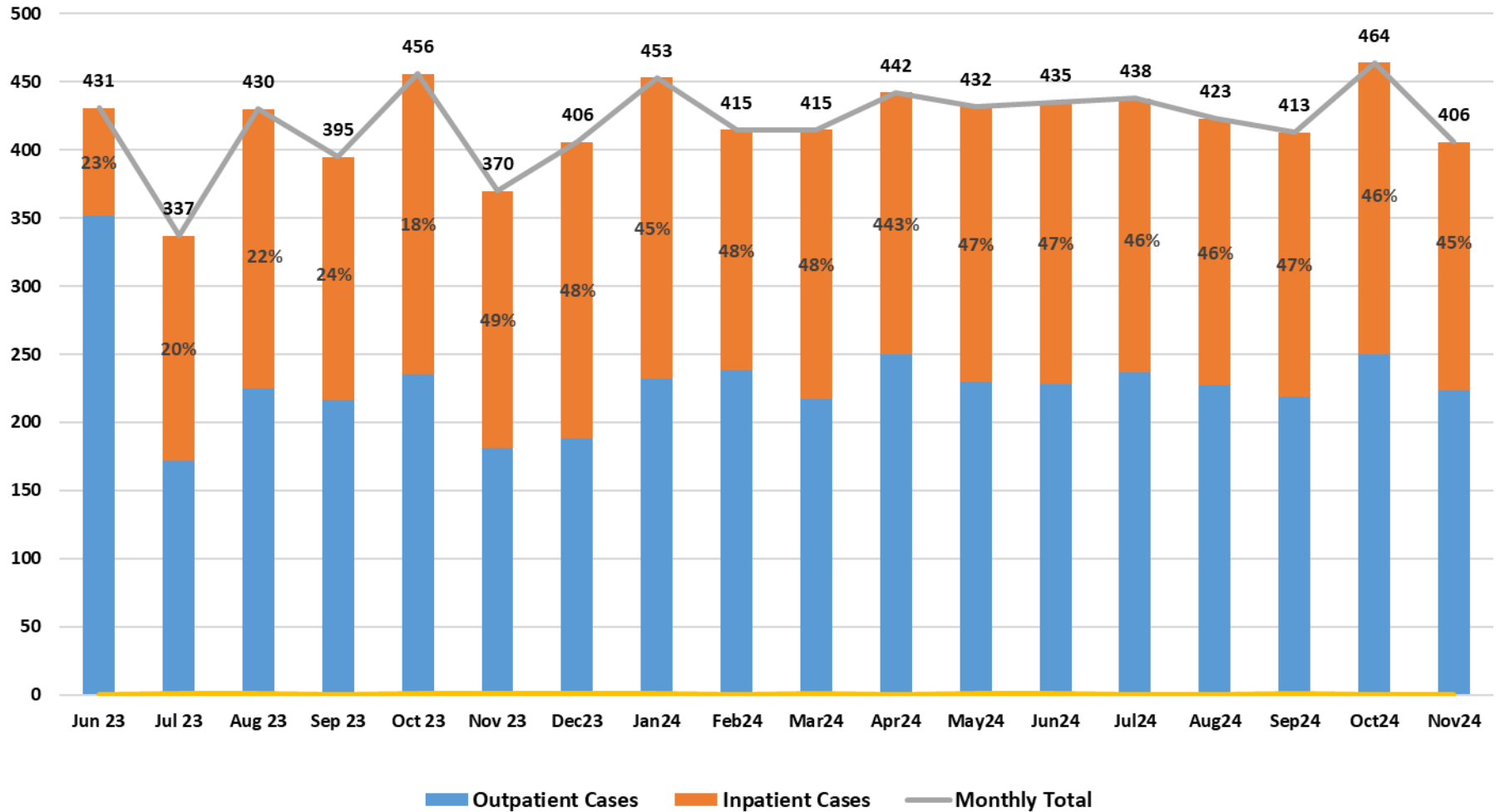
Cath Lab (IP Only) – 100 Min Units



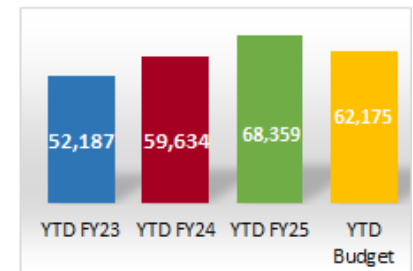
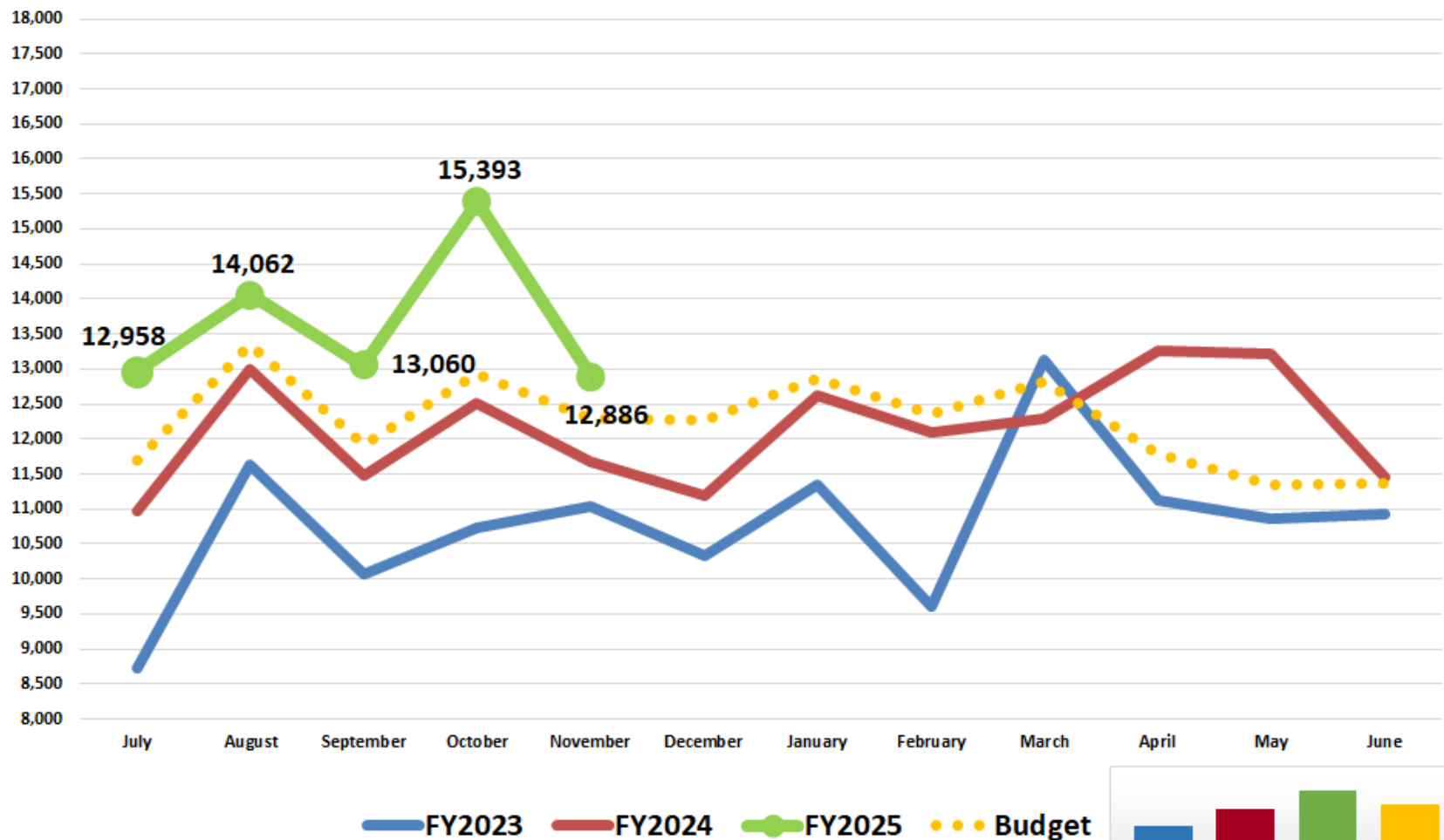
Cath Lab (OP Only) – 100 Min Units



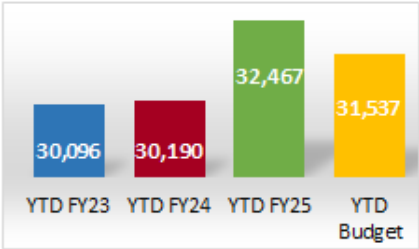
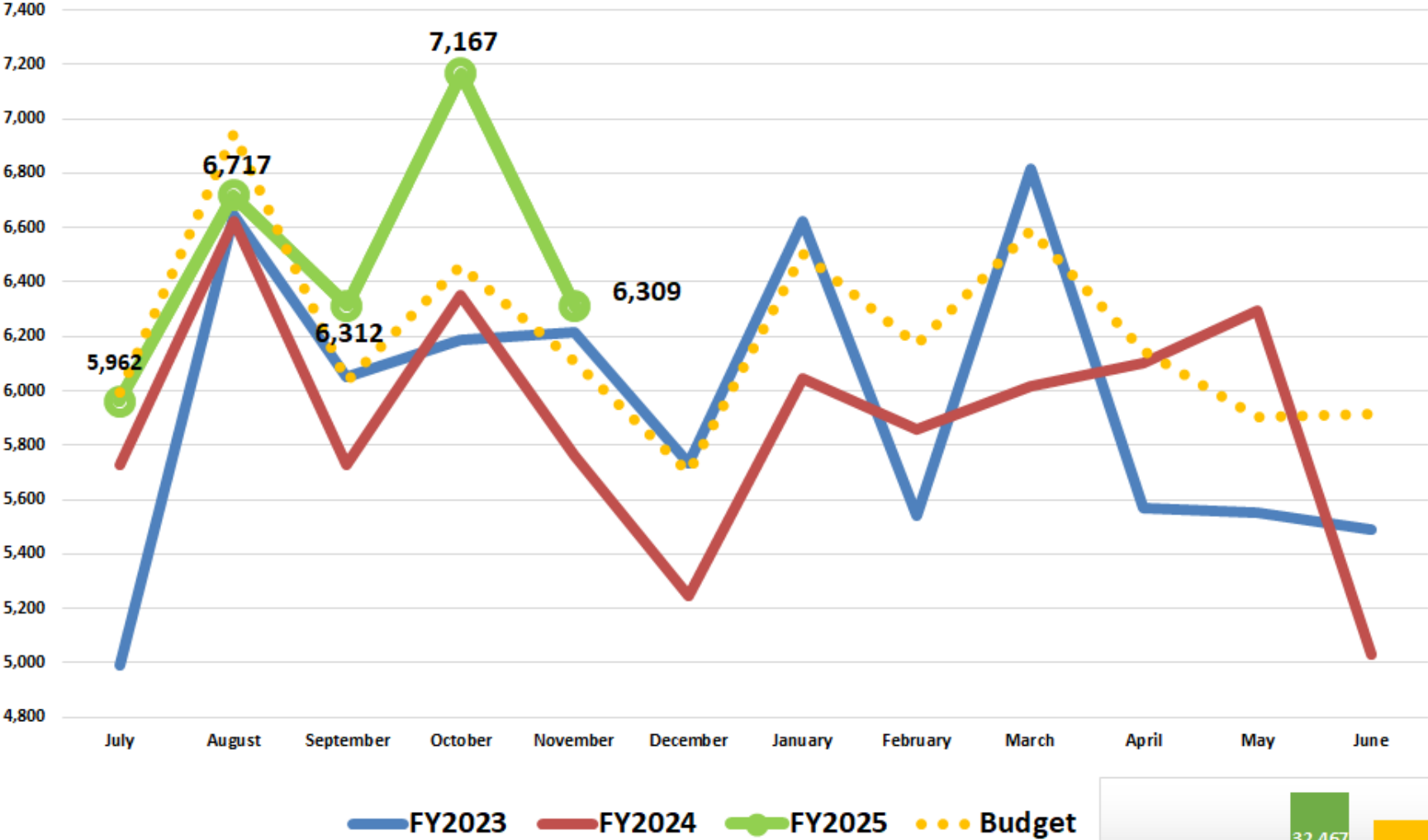
Cath Lab Patients (IP & OP)



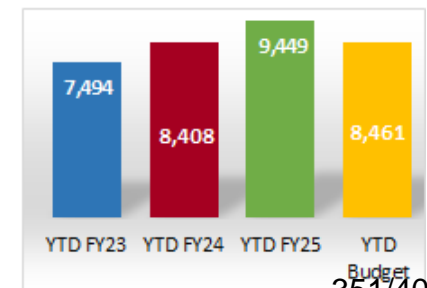
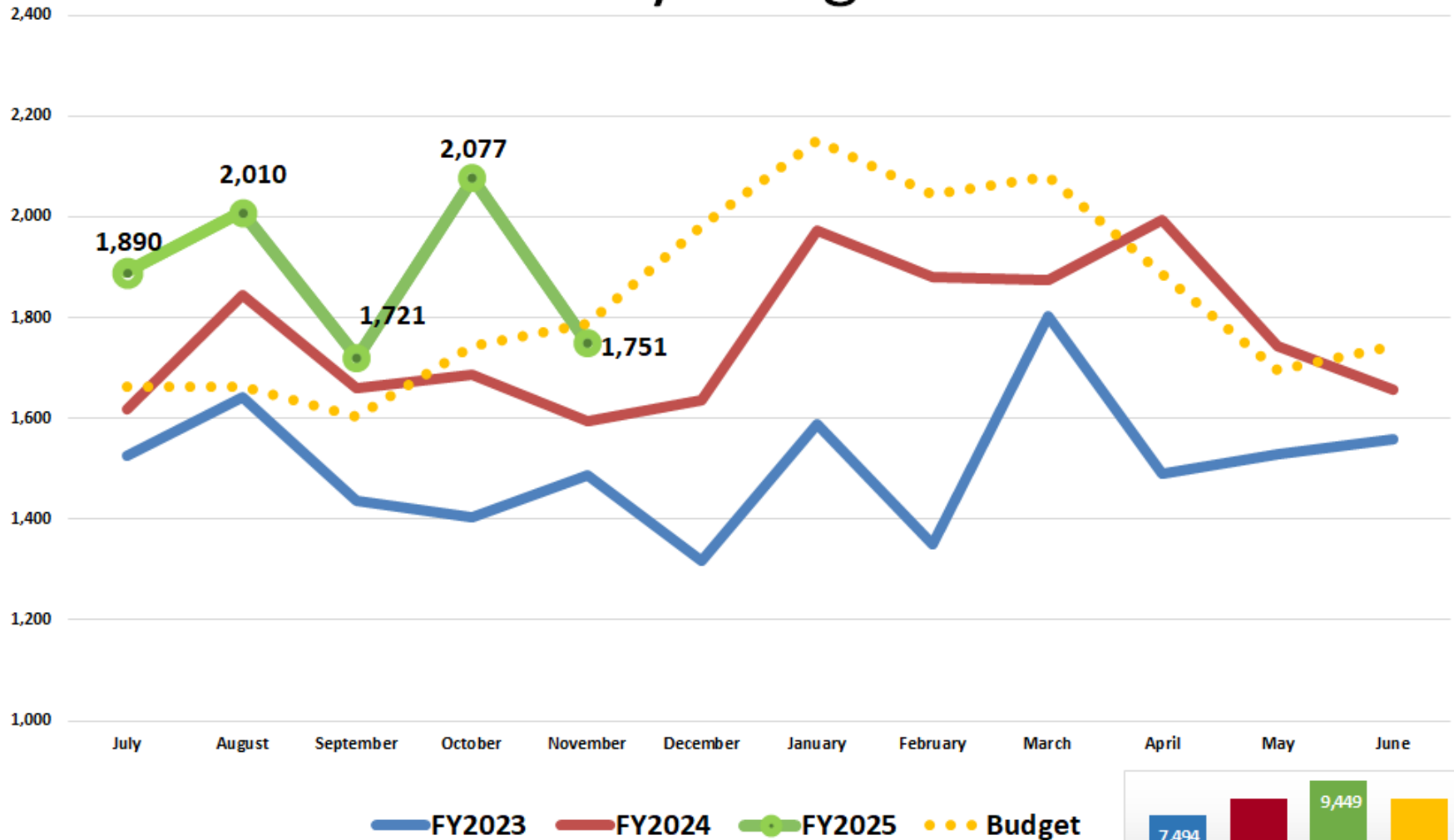
Rural Health Clinics Registrations



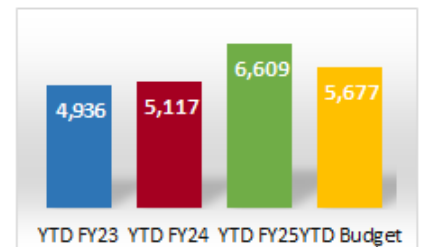
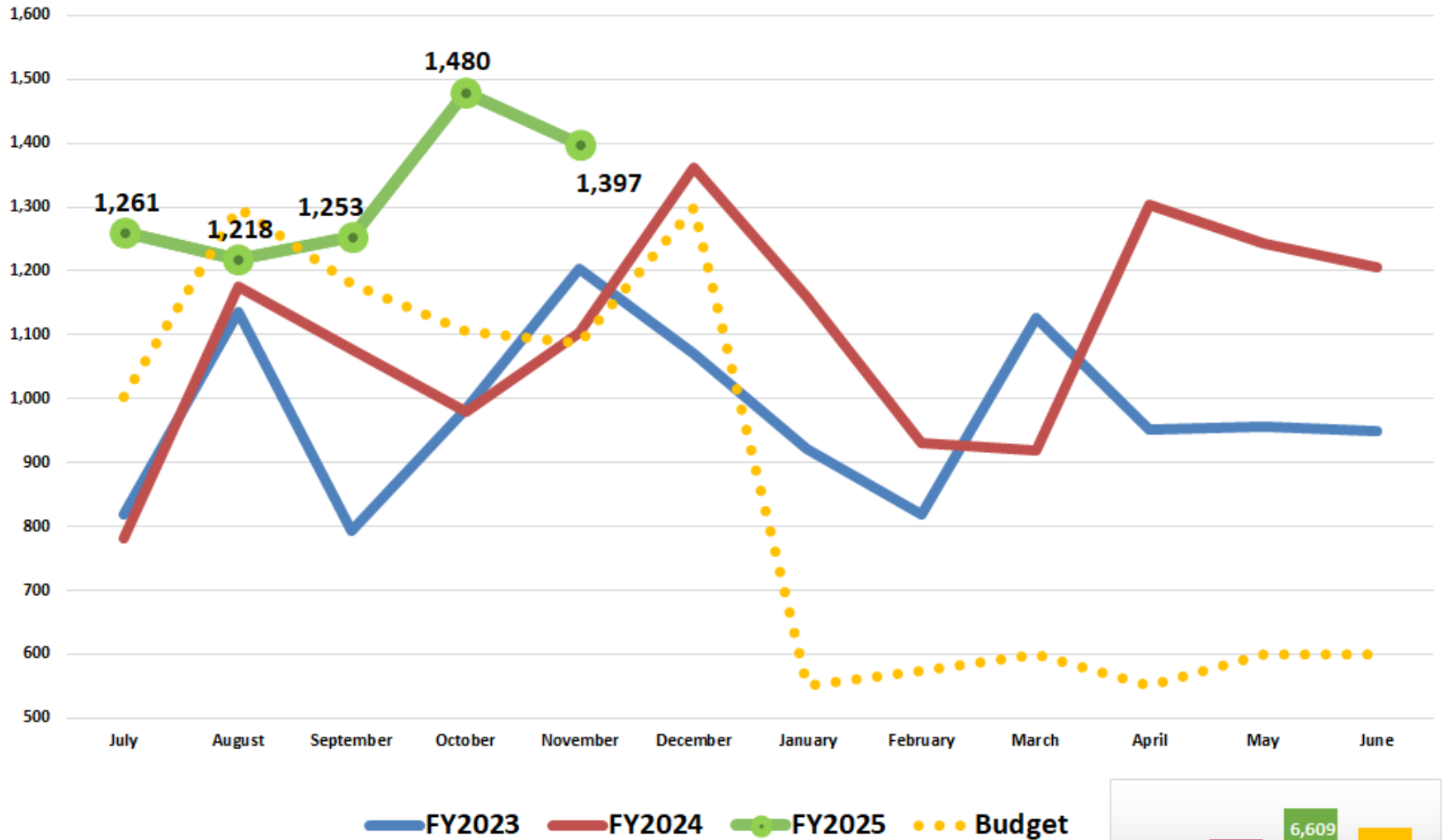
RHC Exeter - Registrations



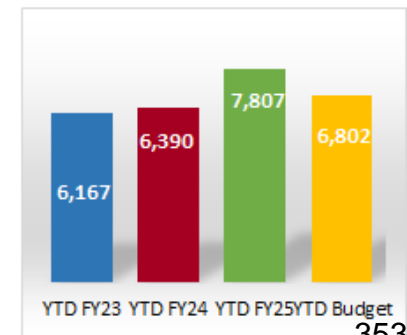
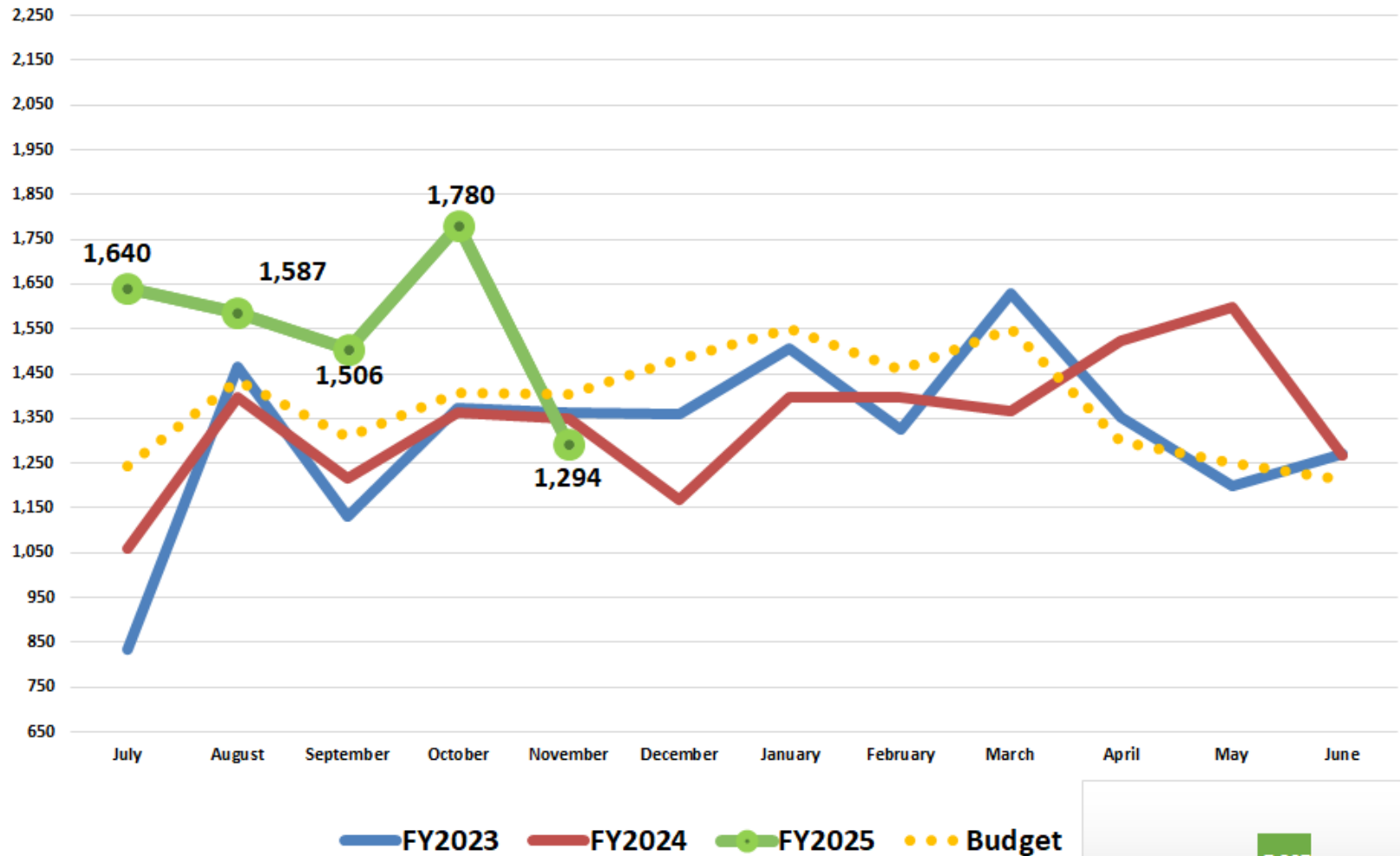
RHC Lindsay - Registrations



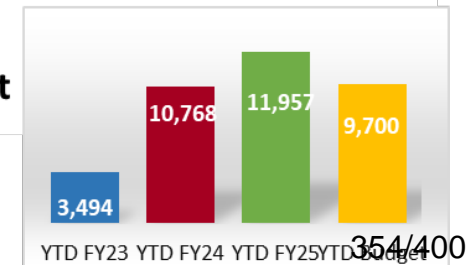
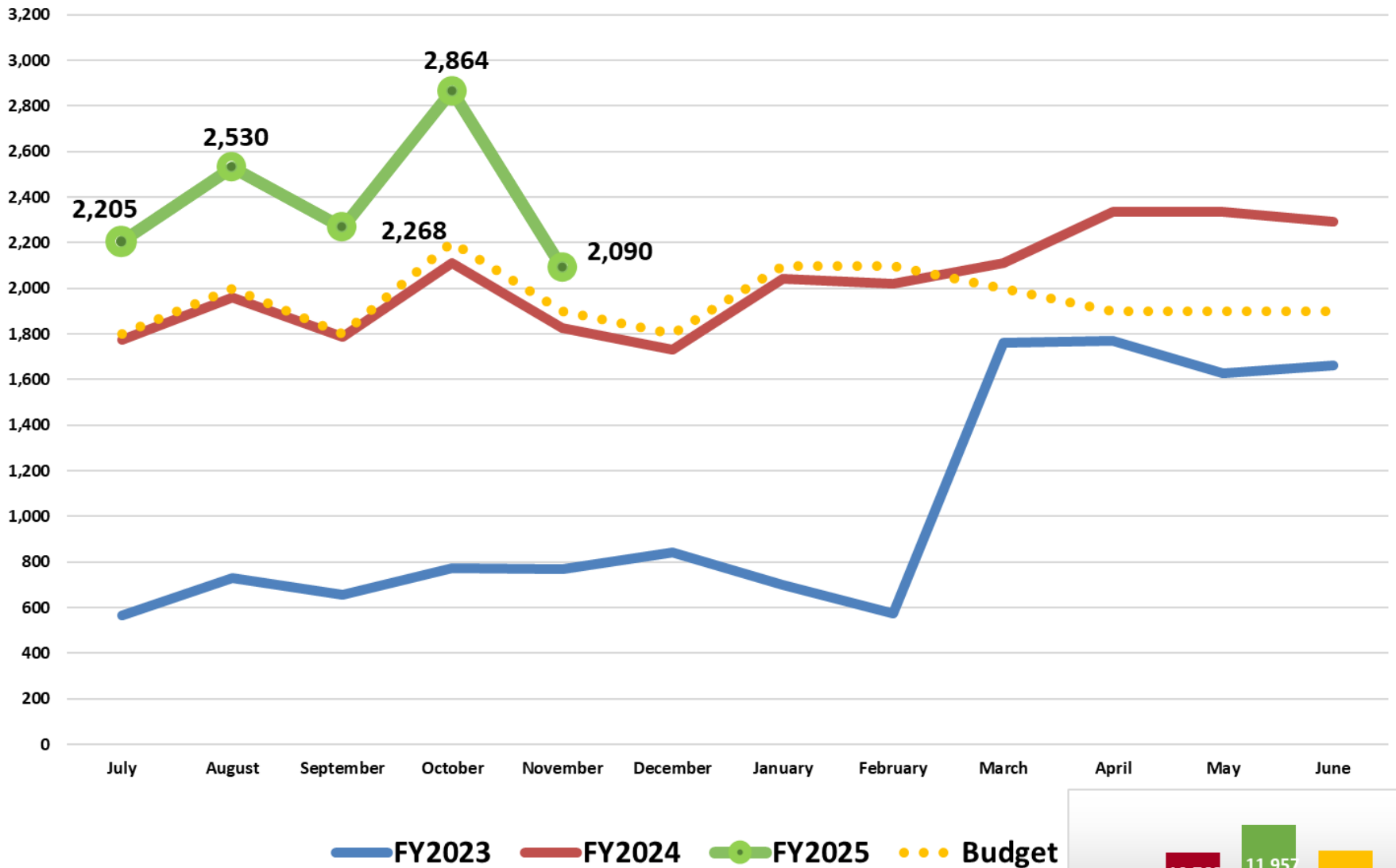
RHC Woodlake - Registrations



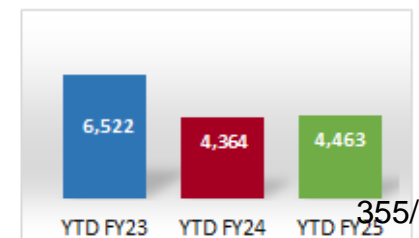
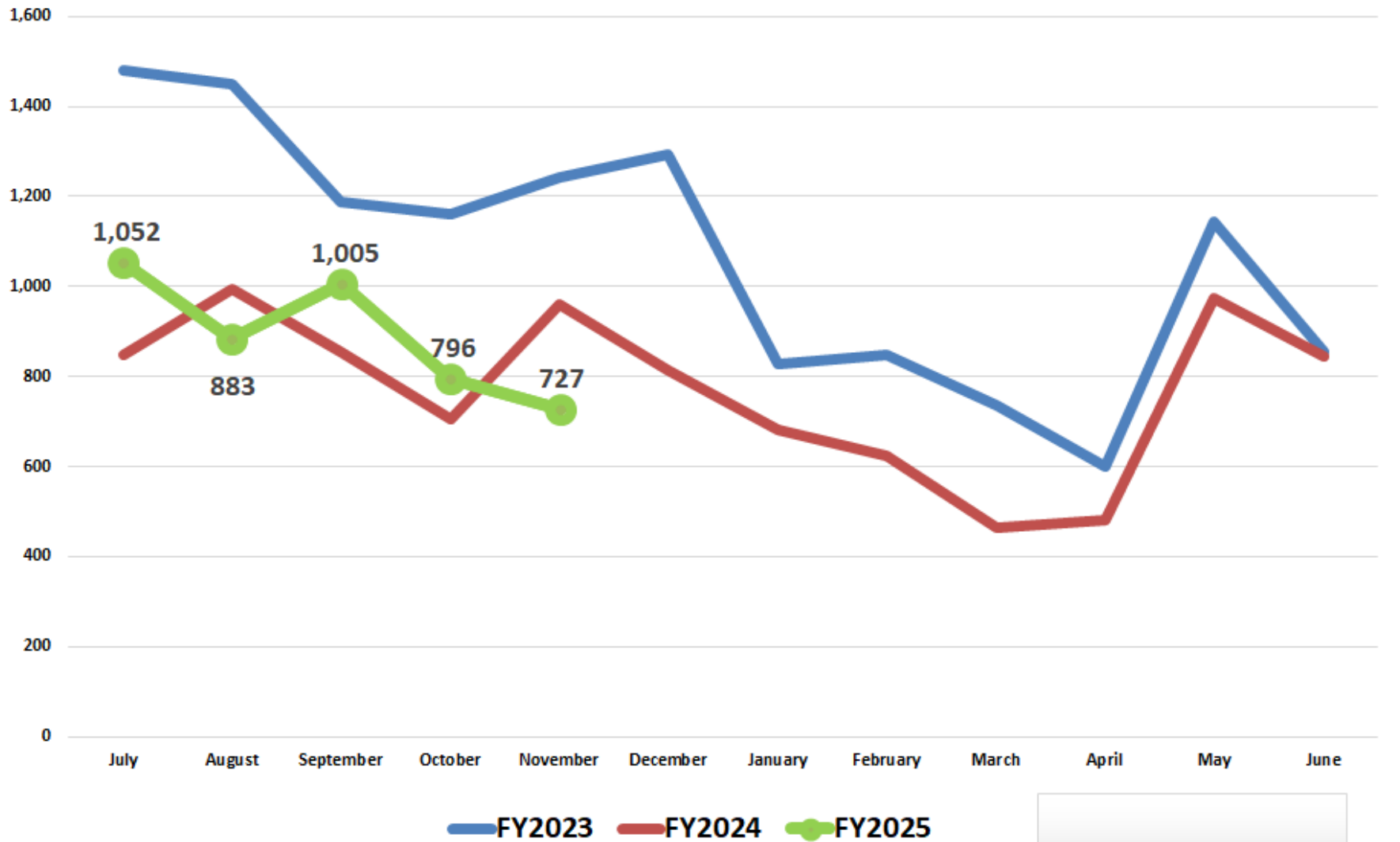
RHC Dinuba - Registrations



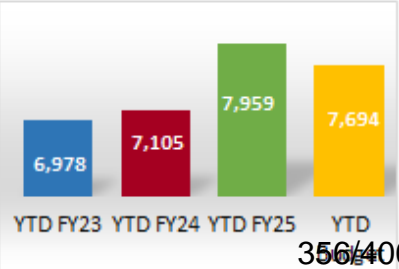
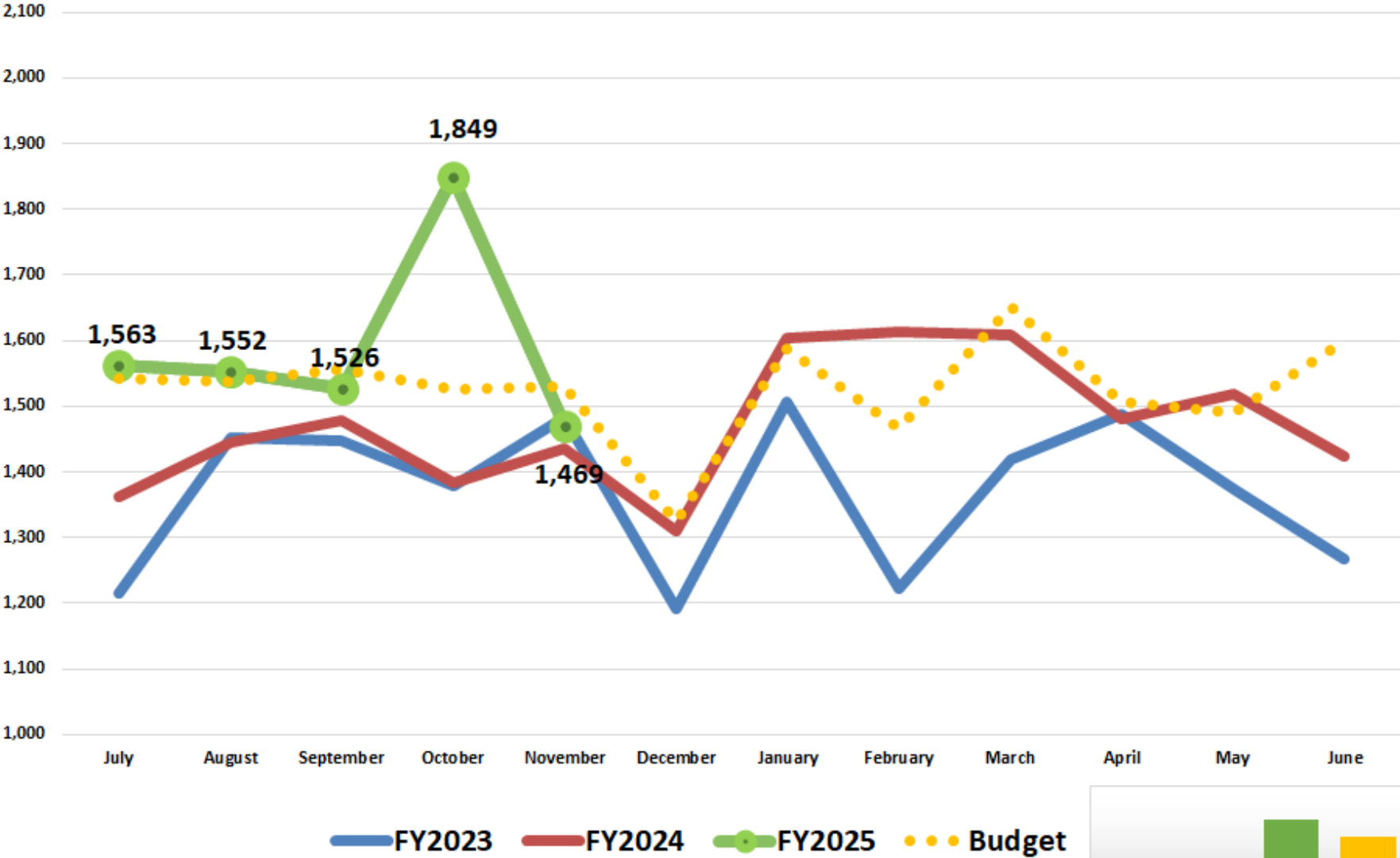
RHC Tulare - Registrations



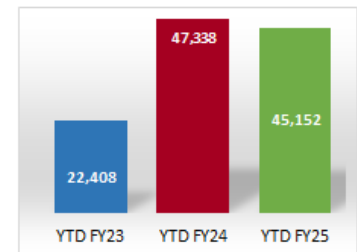
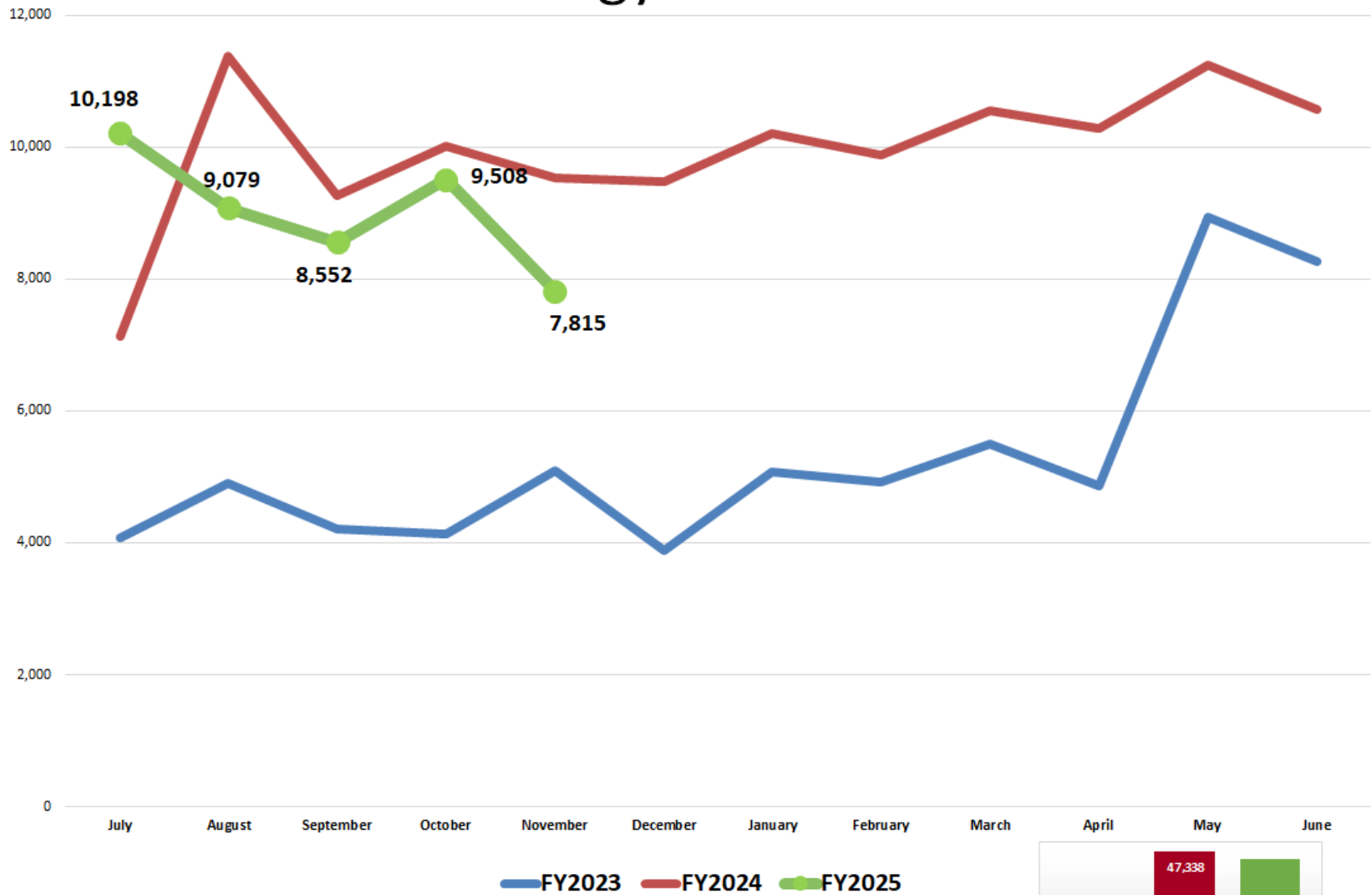
Neurosurgery Clinic - wRVU's



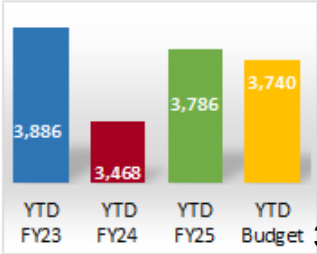
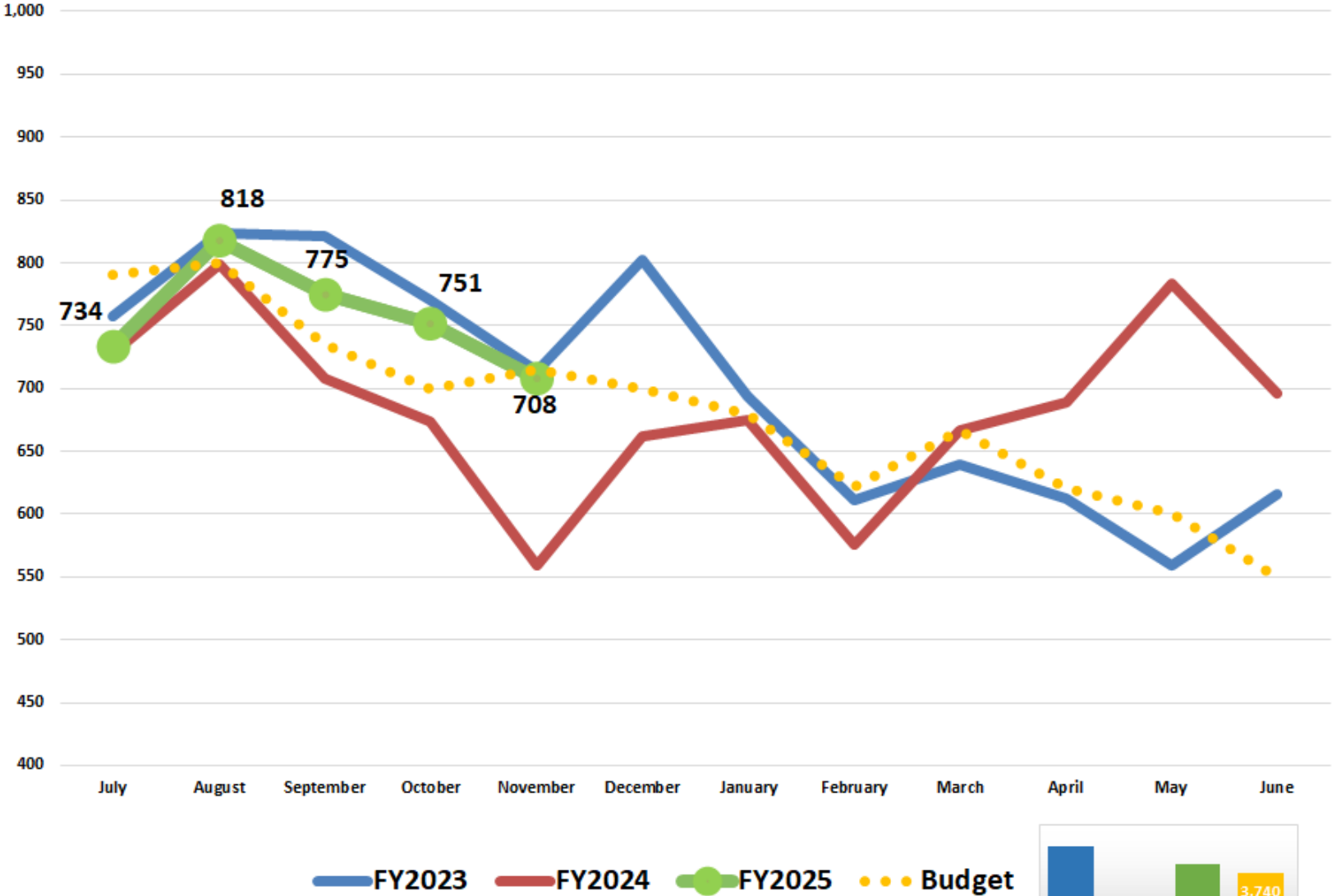
KH Cardiology Center Registrations



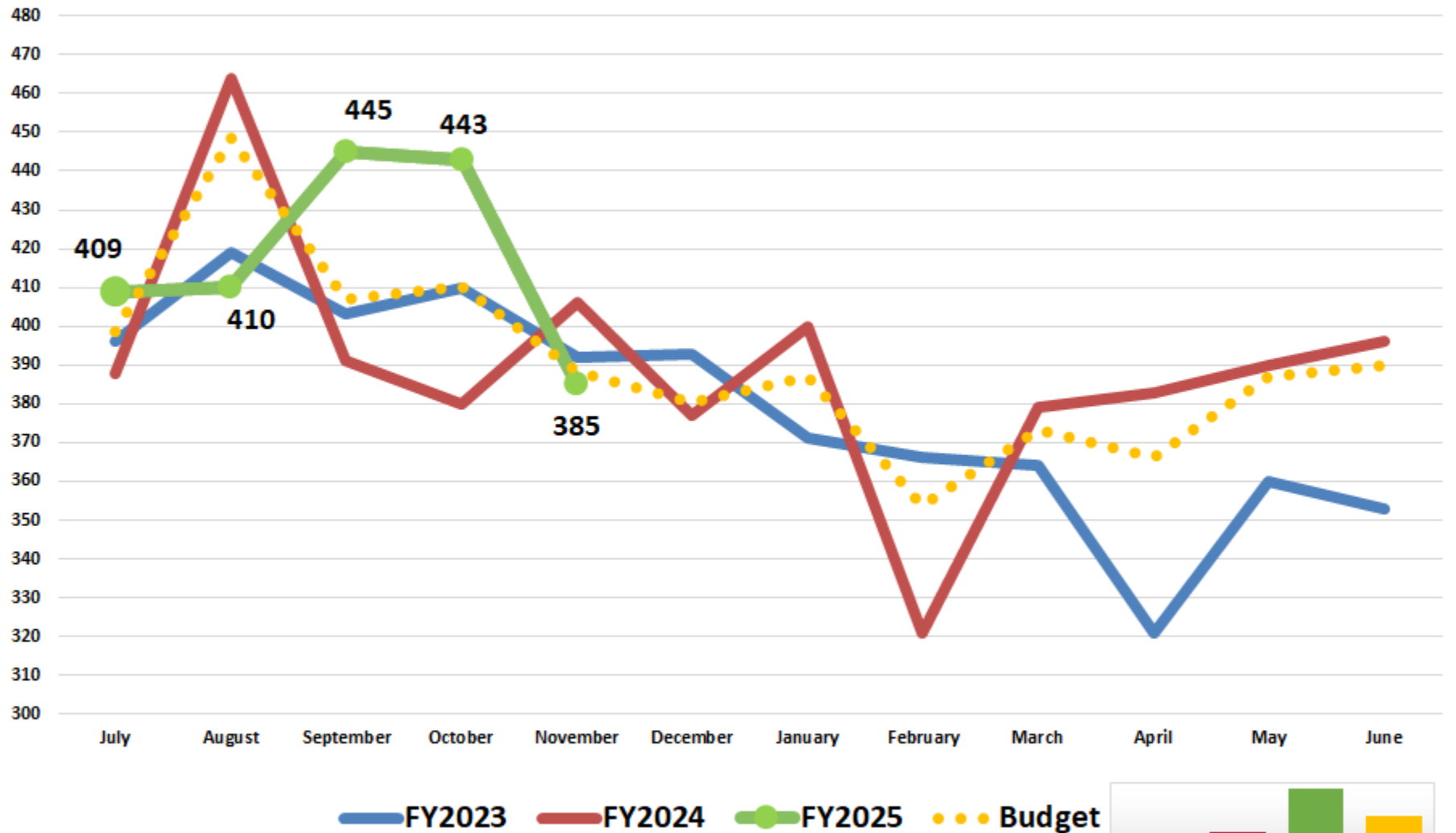
KH Cardiology Center - wRVU's



Labor Triage Registrations



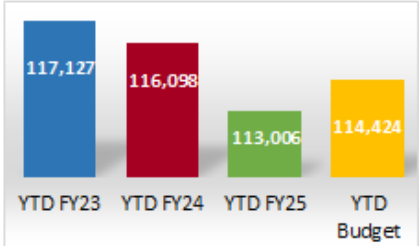
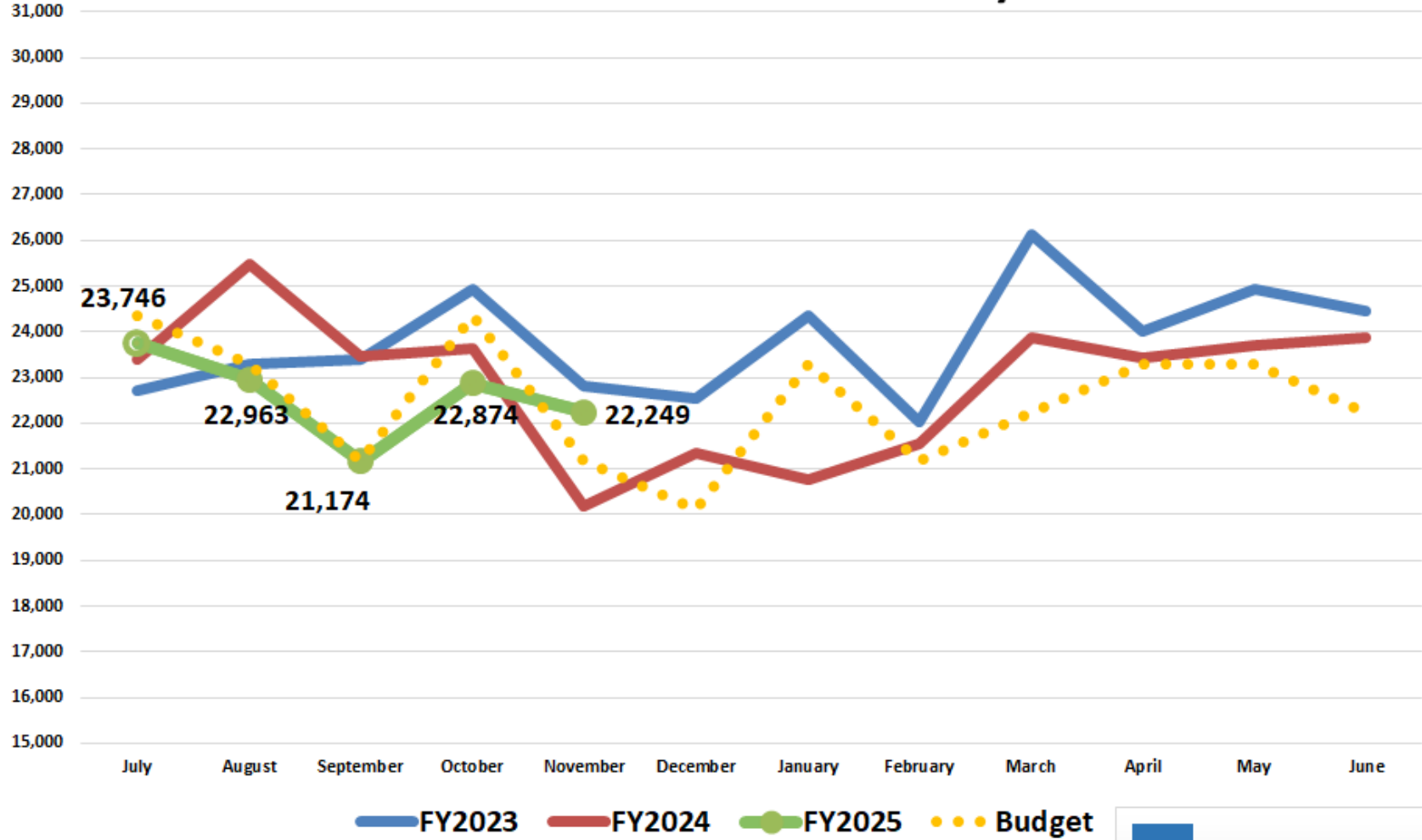
Deliveries



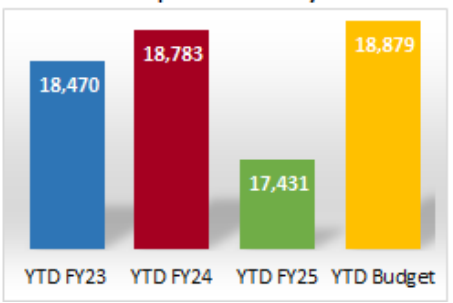
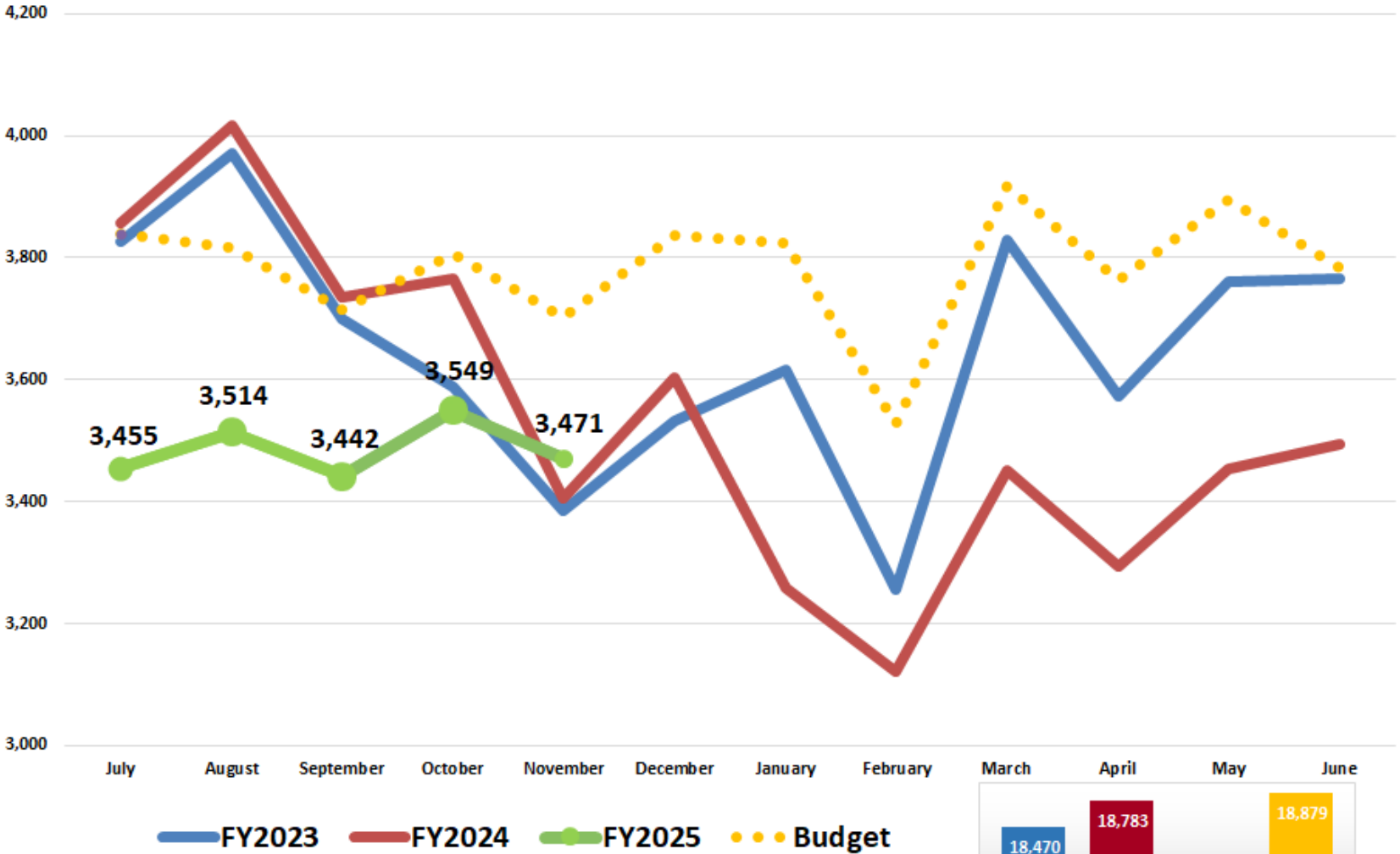
2,020	2,029	2,092	2,053
YTD FY23	YTD FY24	YTD FY25	YTD Budget

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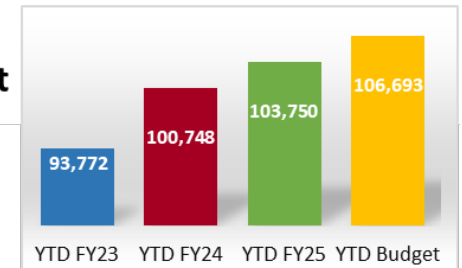
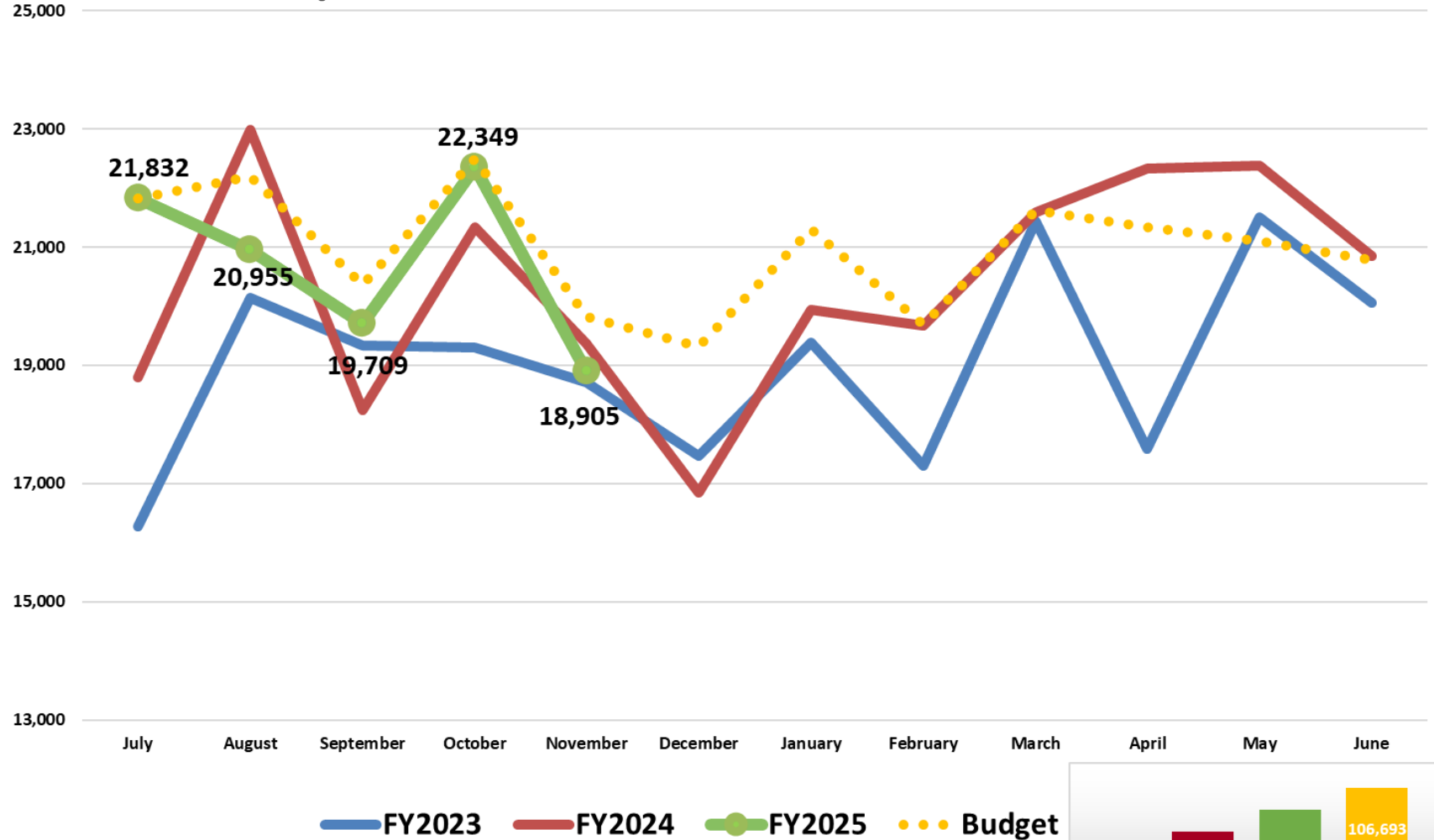
Home Infusion Days



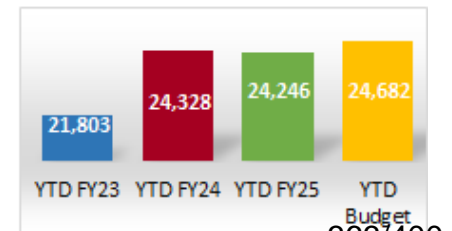
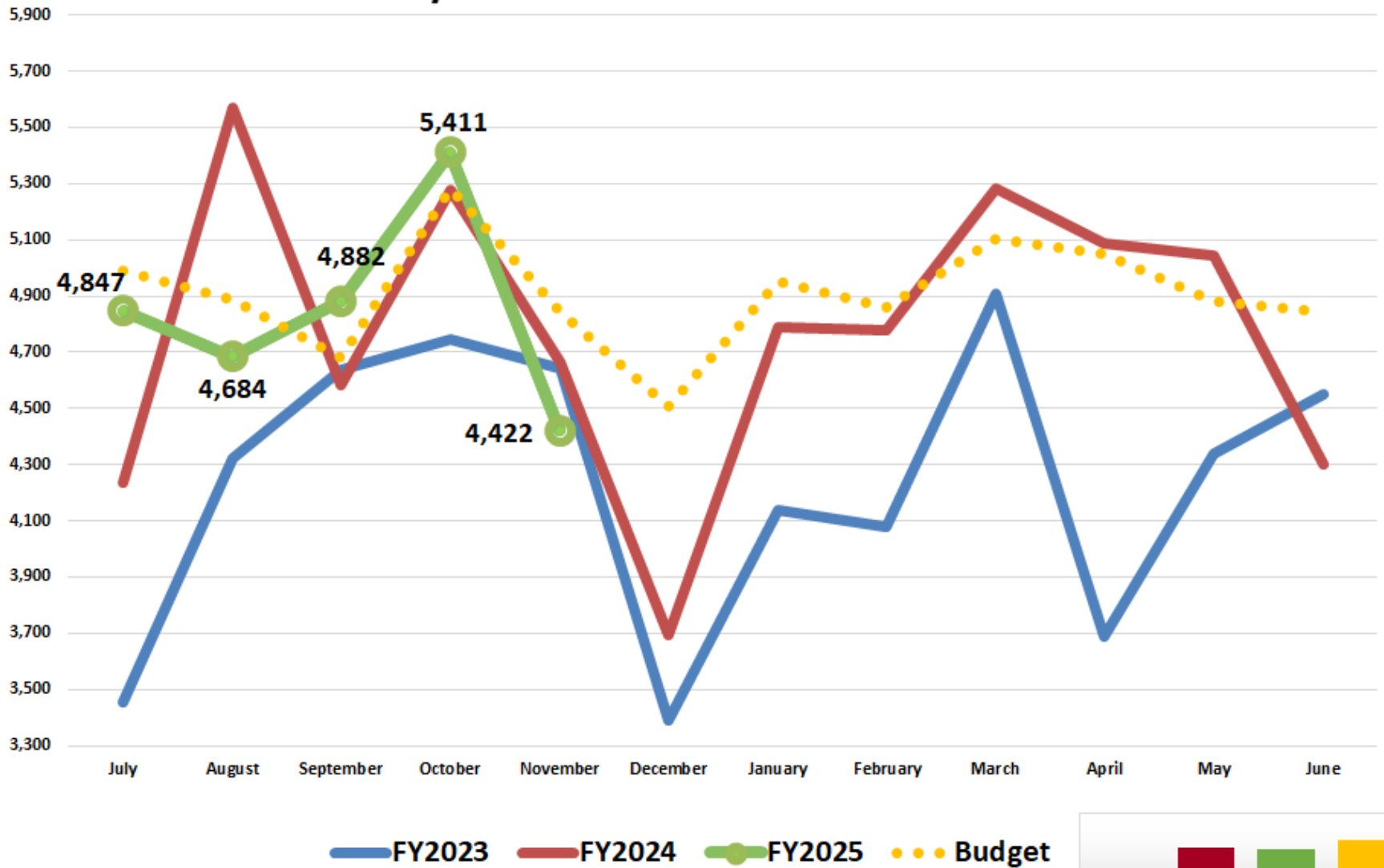
Hospice Days



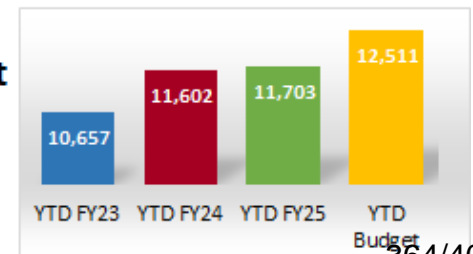
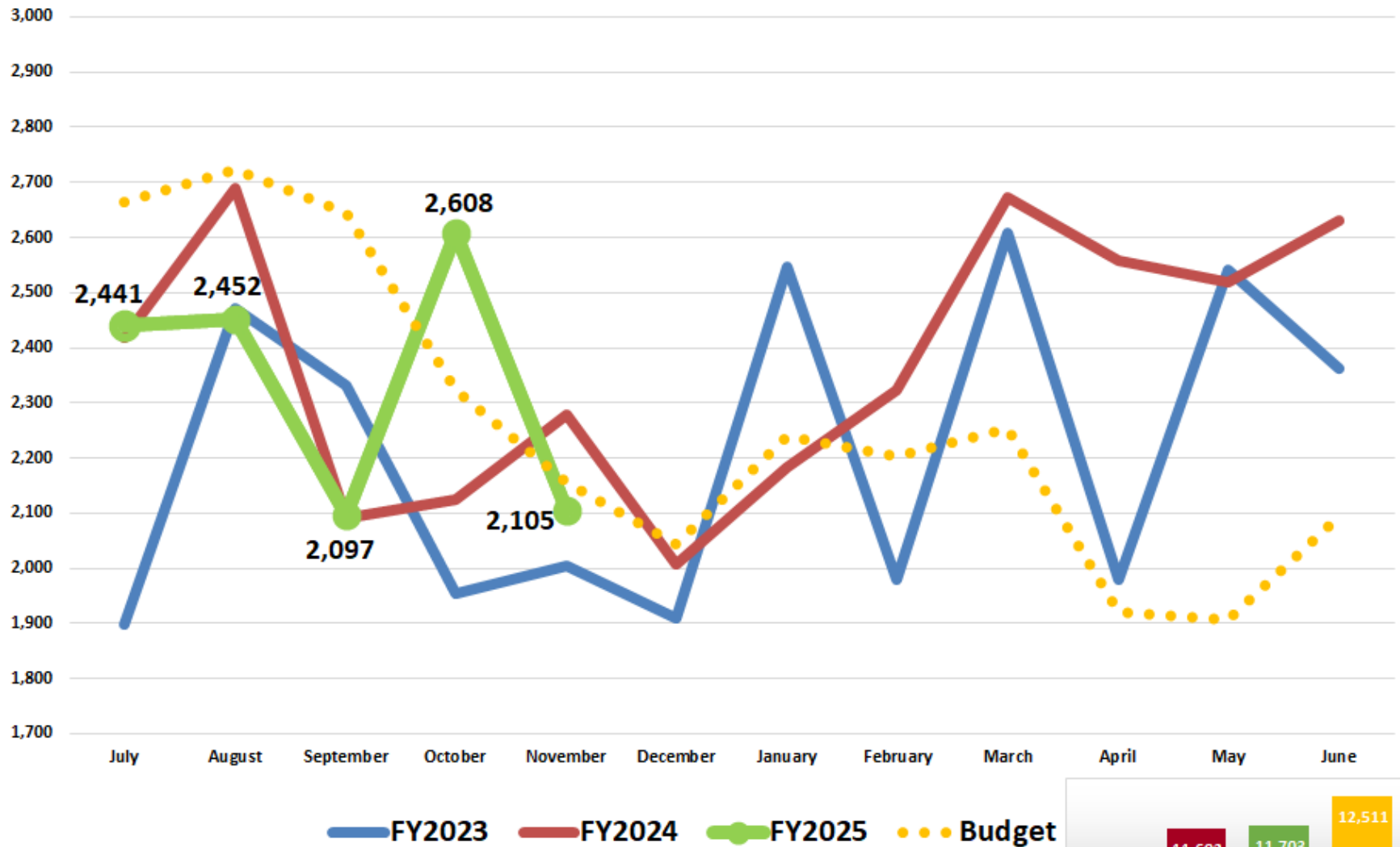
All O/P Rehab Svcs Across District



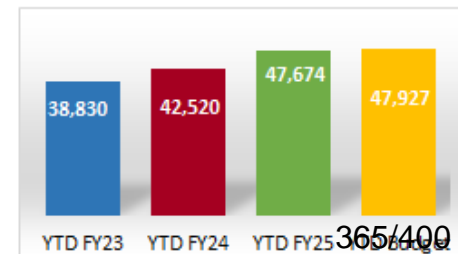
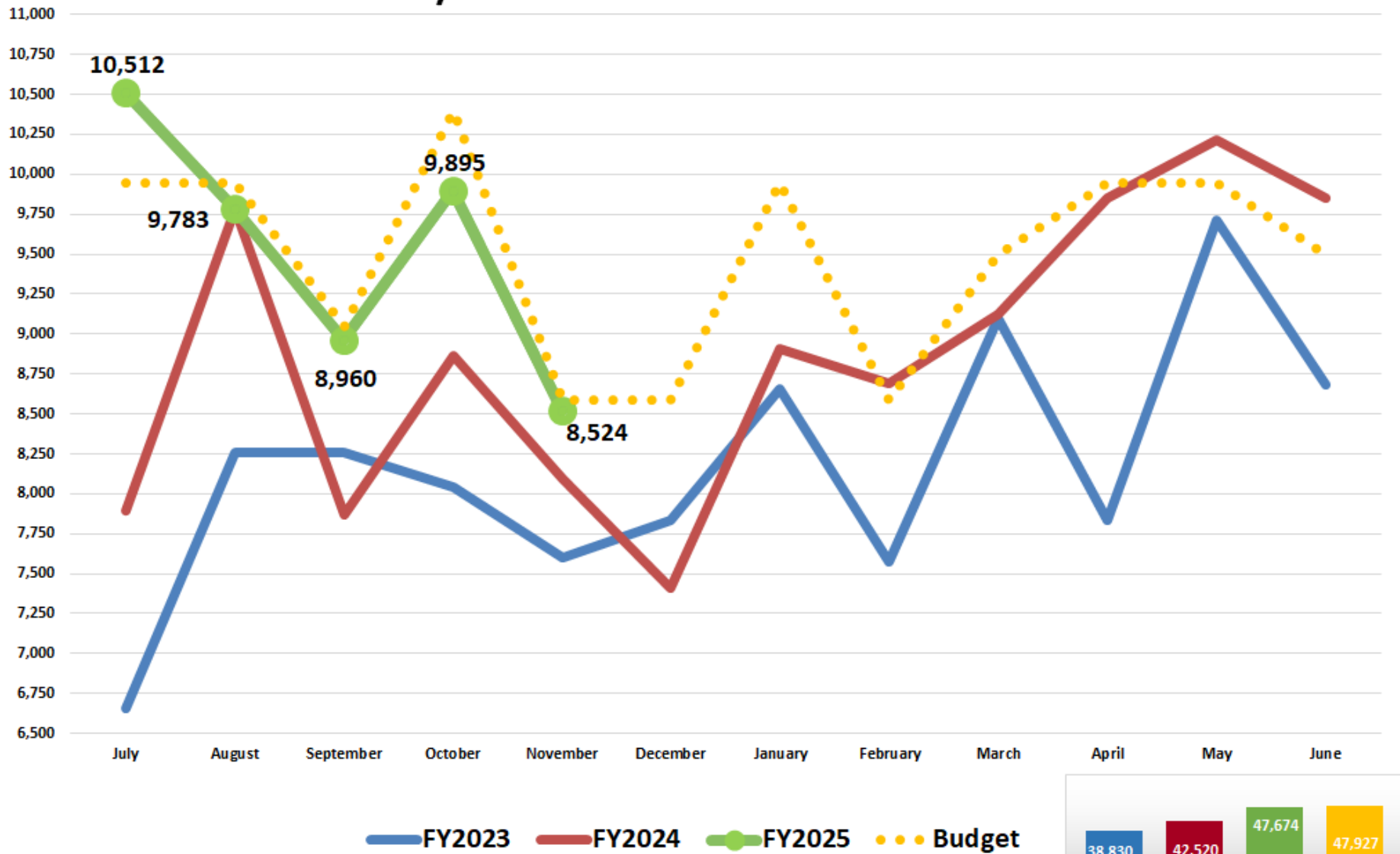
O/P Rehab Services



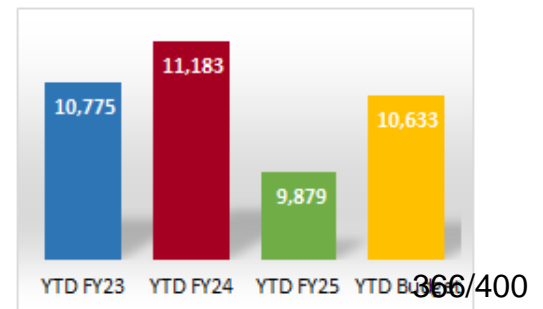
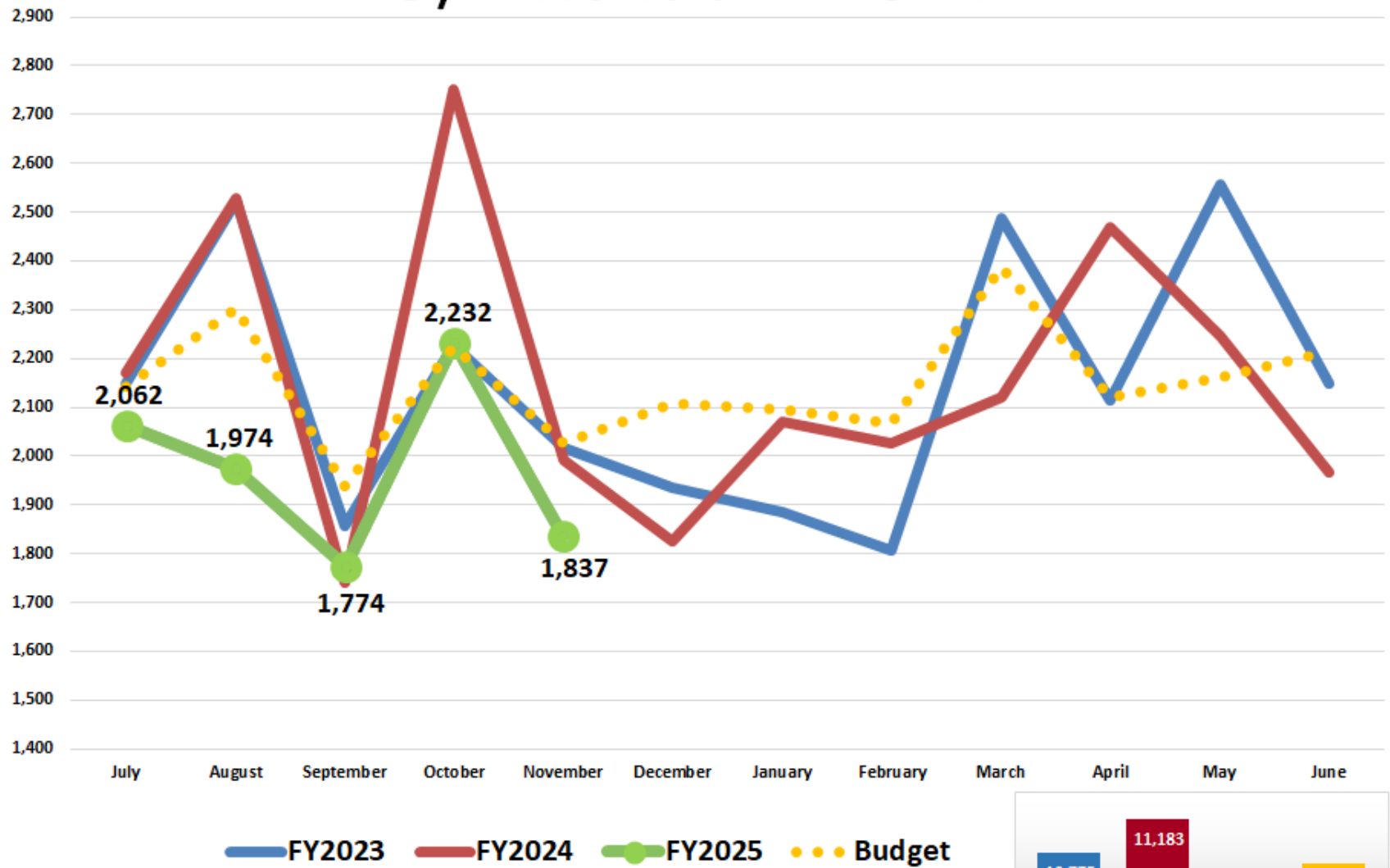
O/P Rehab - Exeter



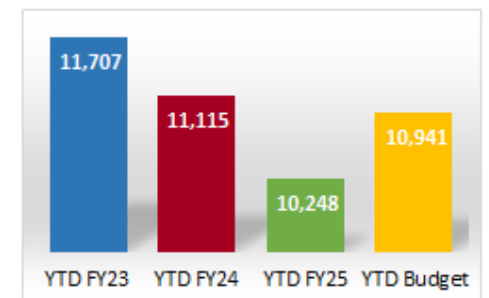
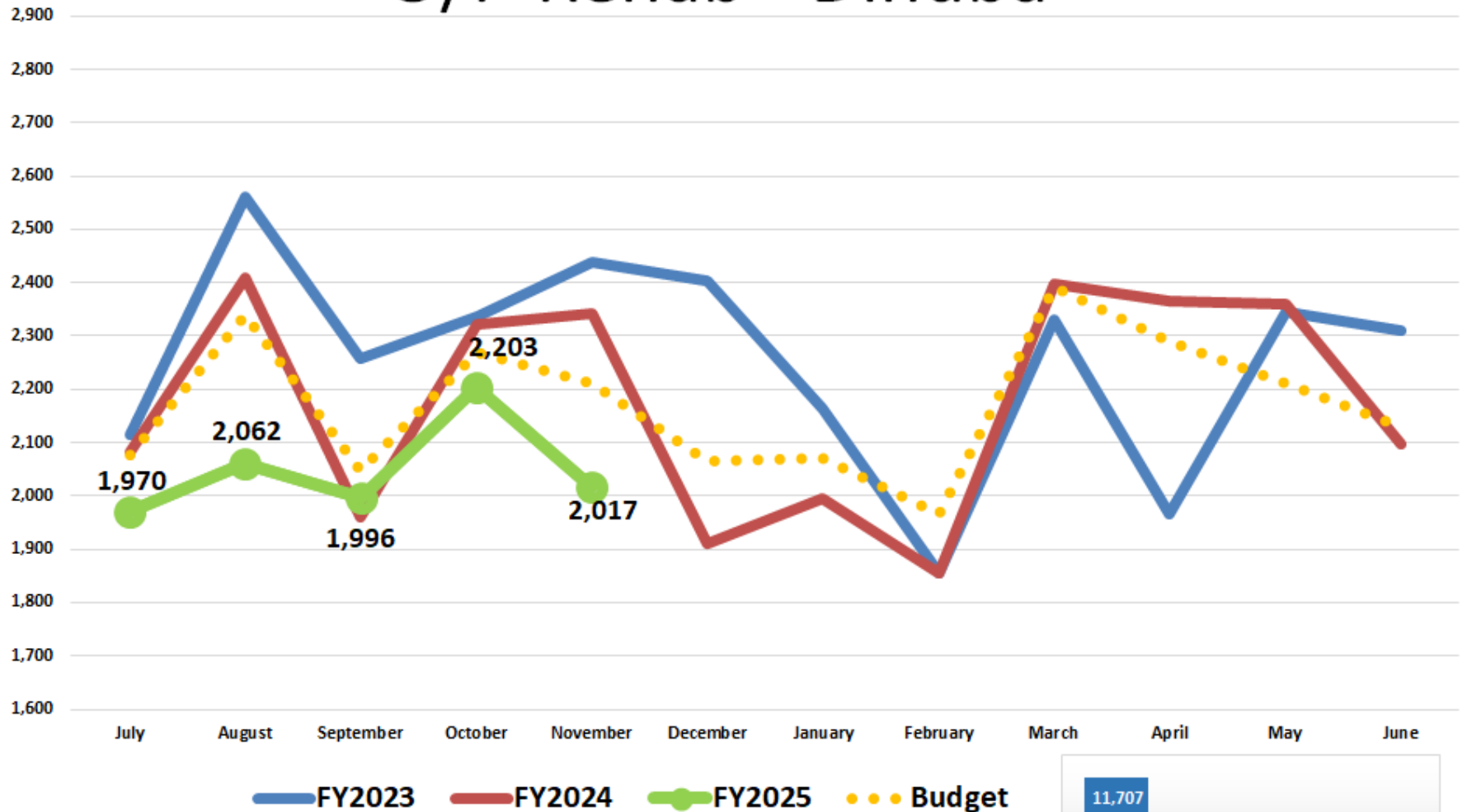
O/P Rehab - Akers



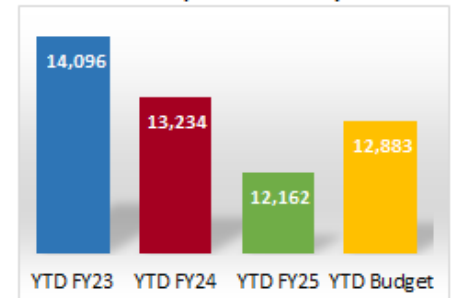
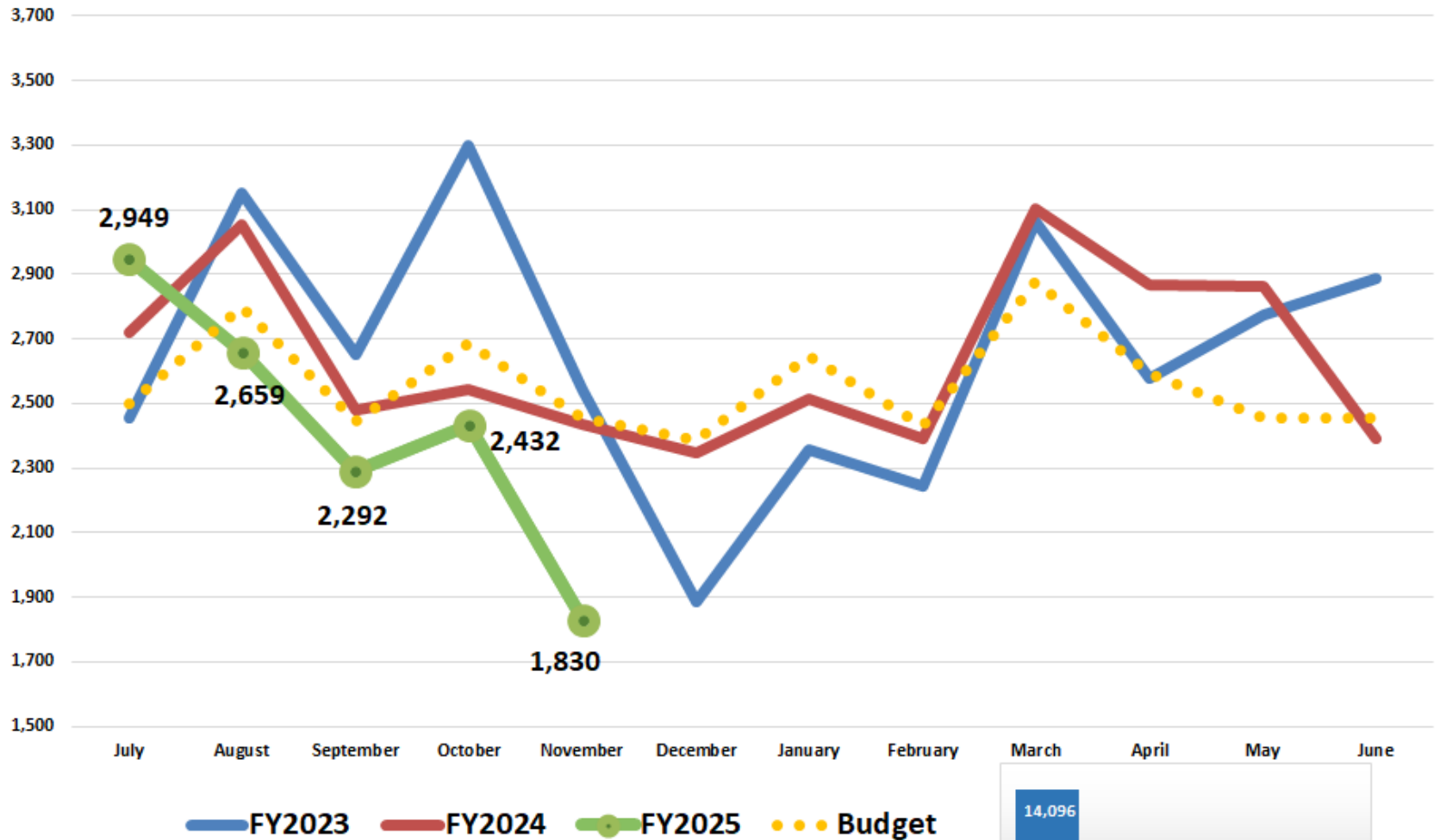
O/P Rehab - LLOPT



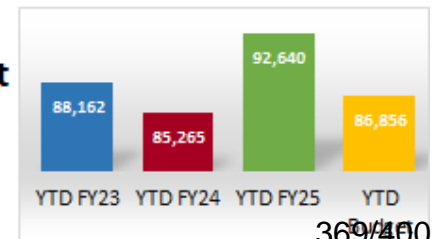
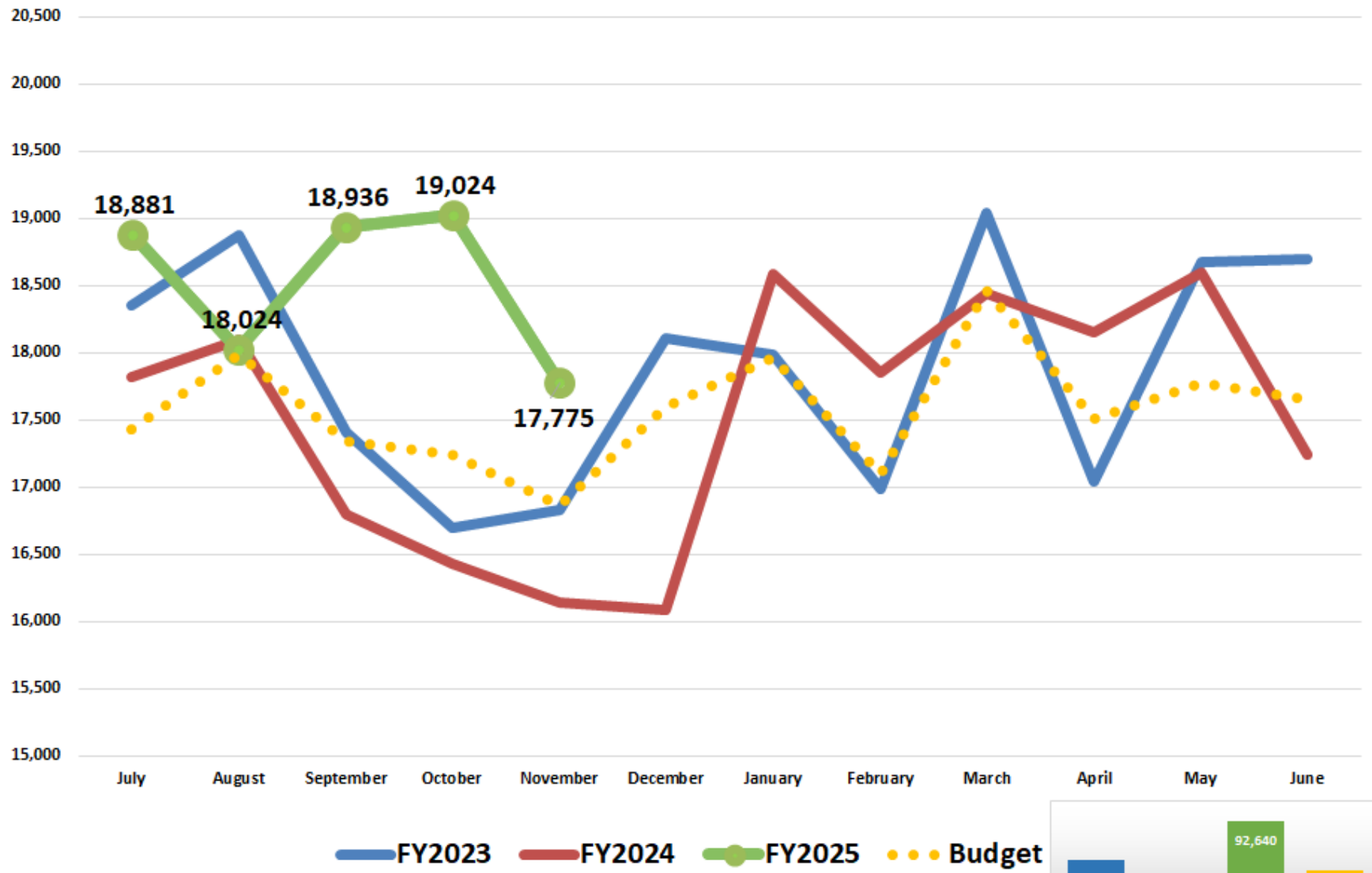
O/P Rehab - Dinuba



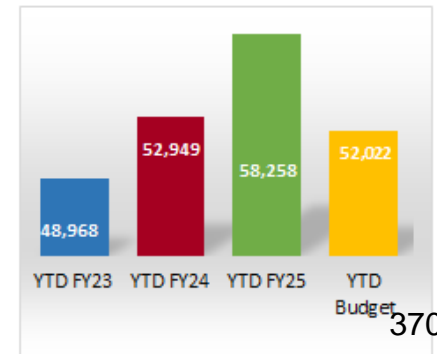
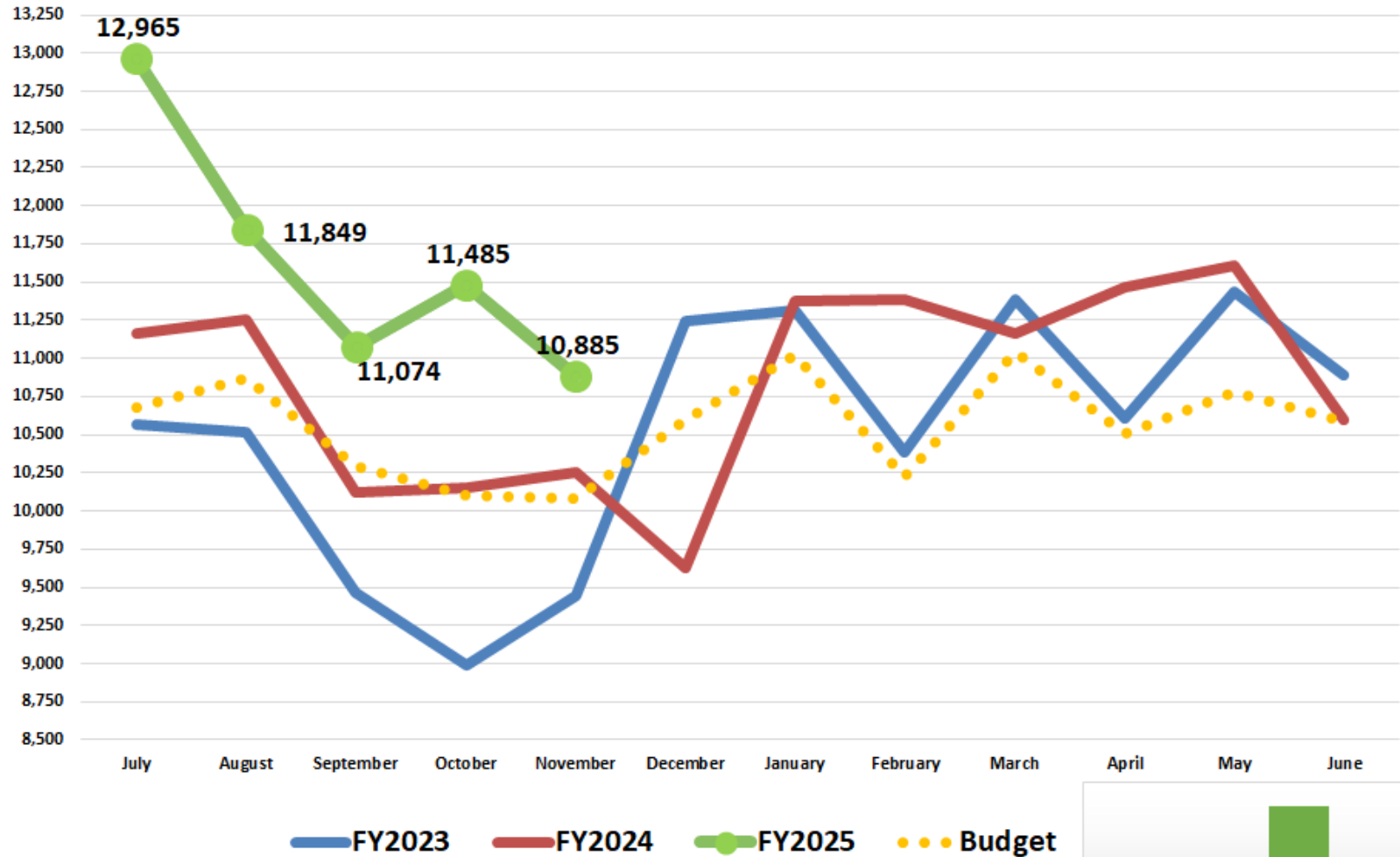
Therapy - Cypress Hand Center



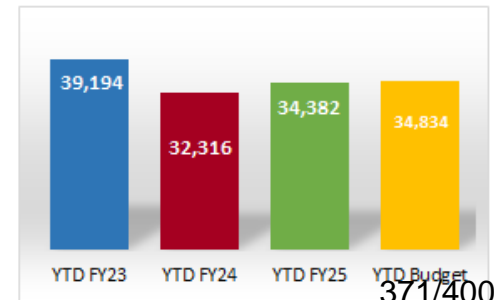
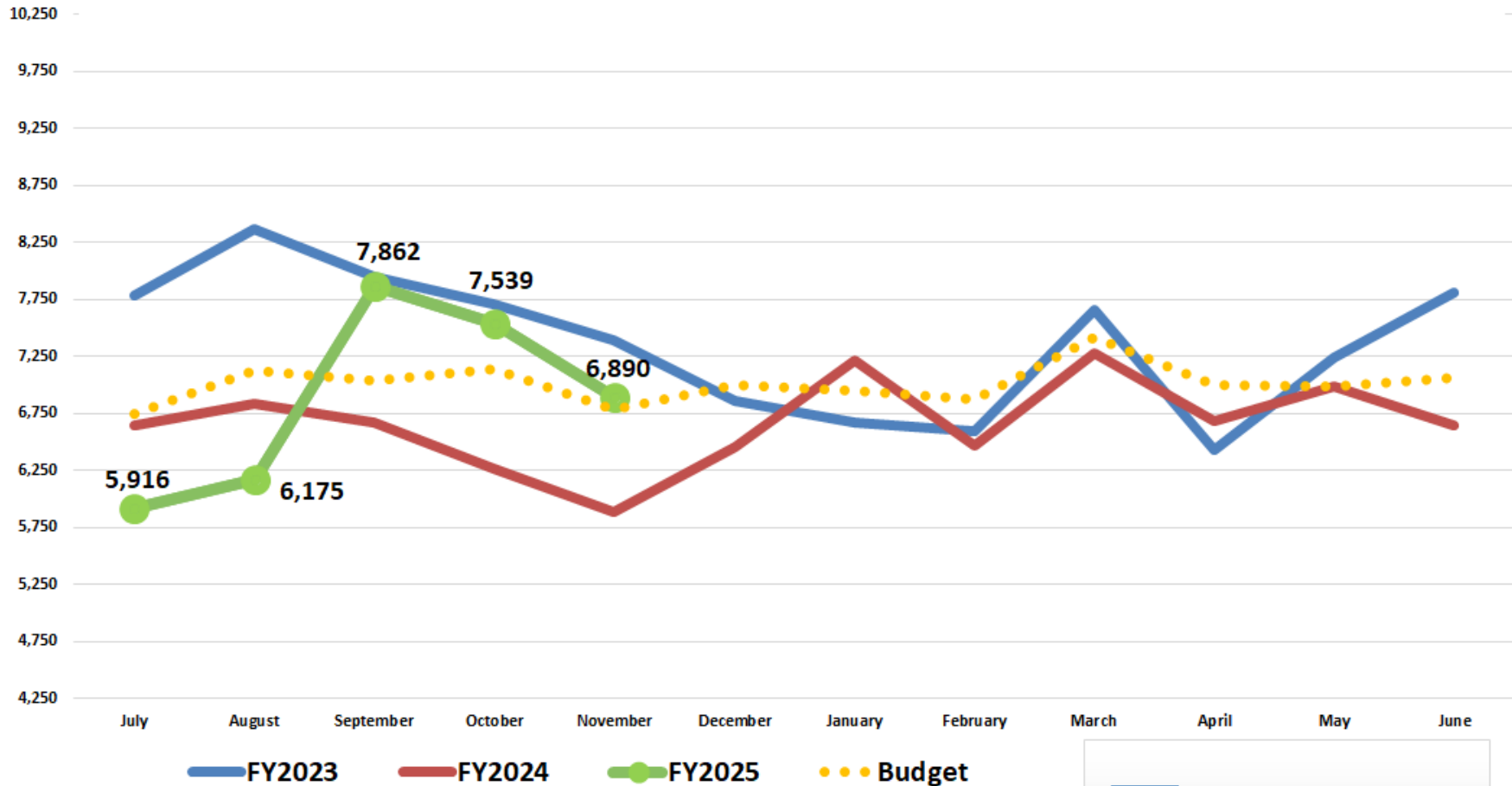
Physical & Other Therapy Units (I/P & O/P)



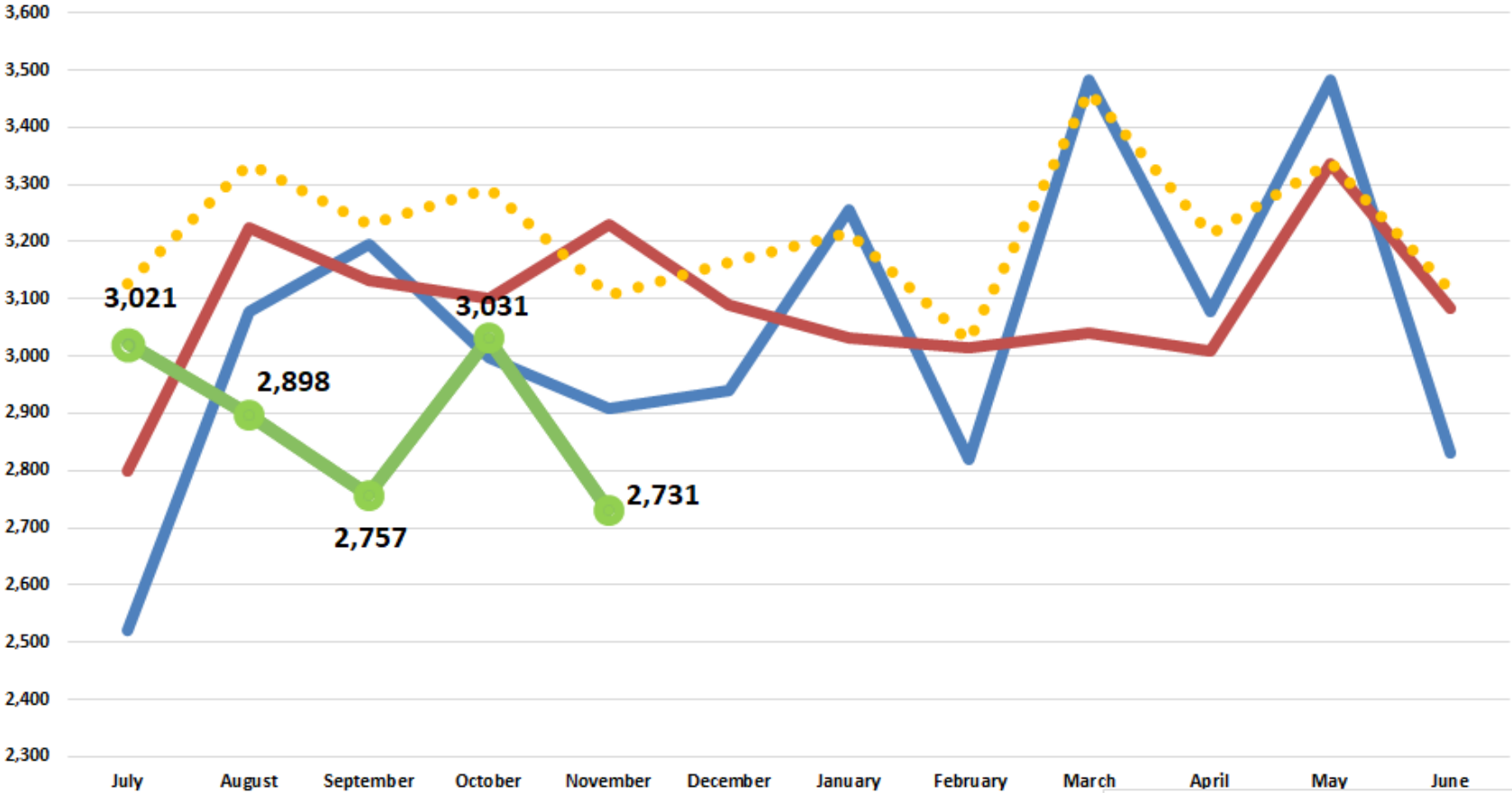
Physical & Other Therapy Units (I/P & O/P)-Main Campus



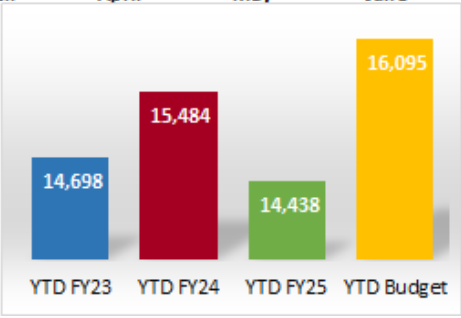
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



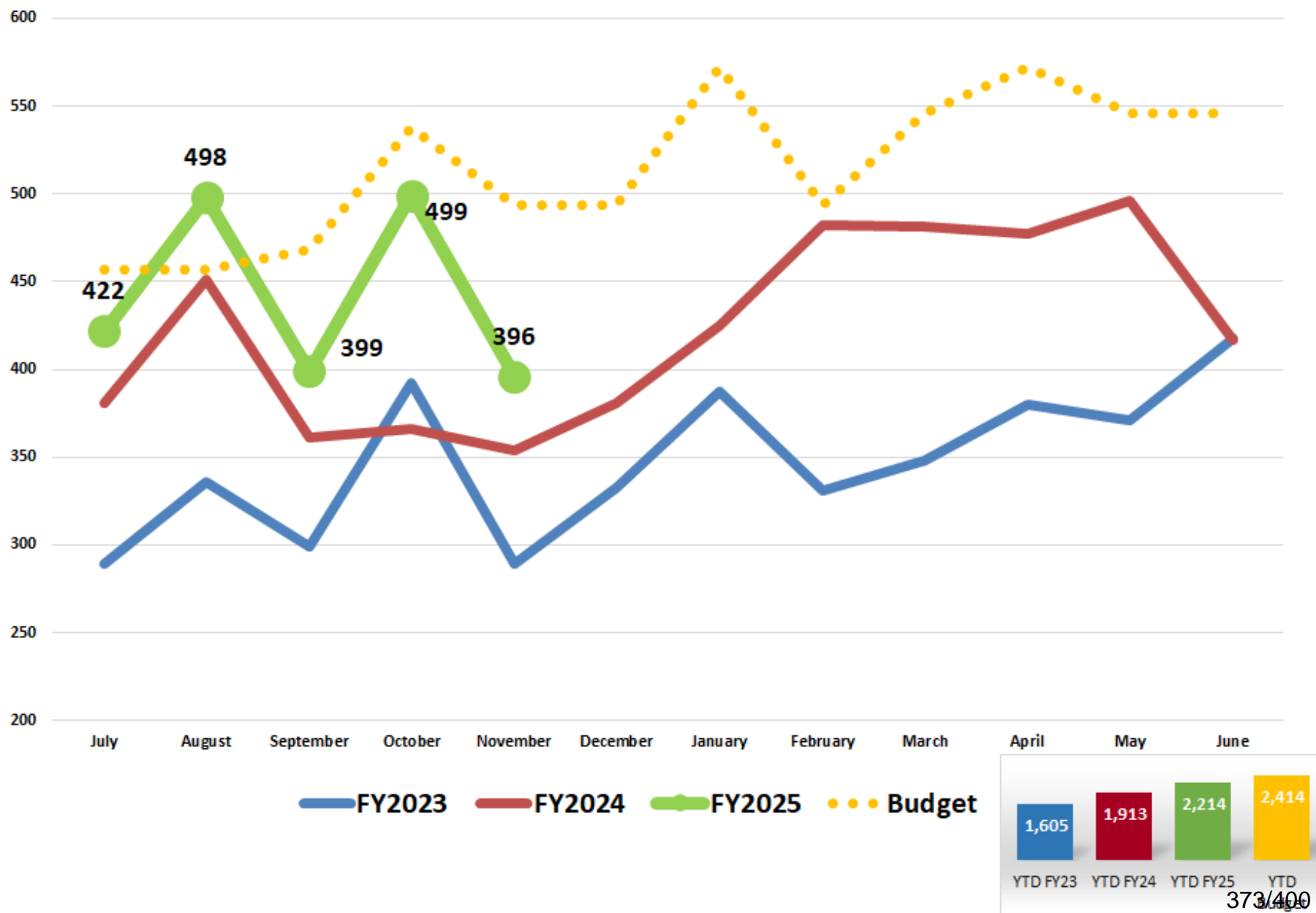
Home Health Visits



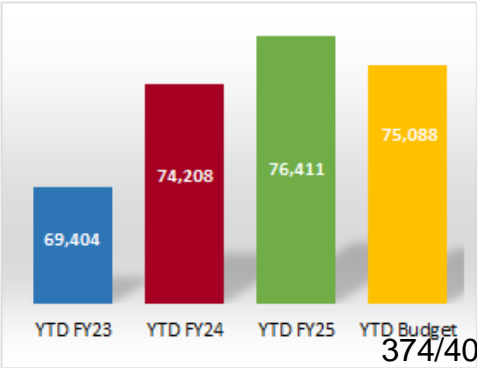
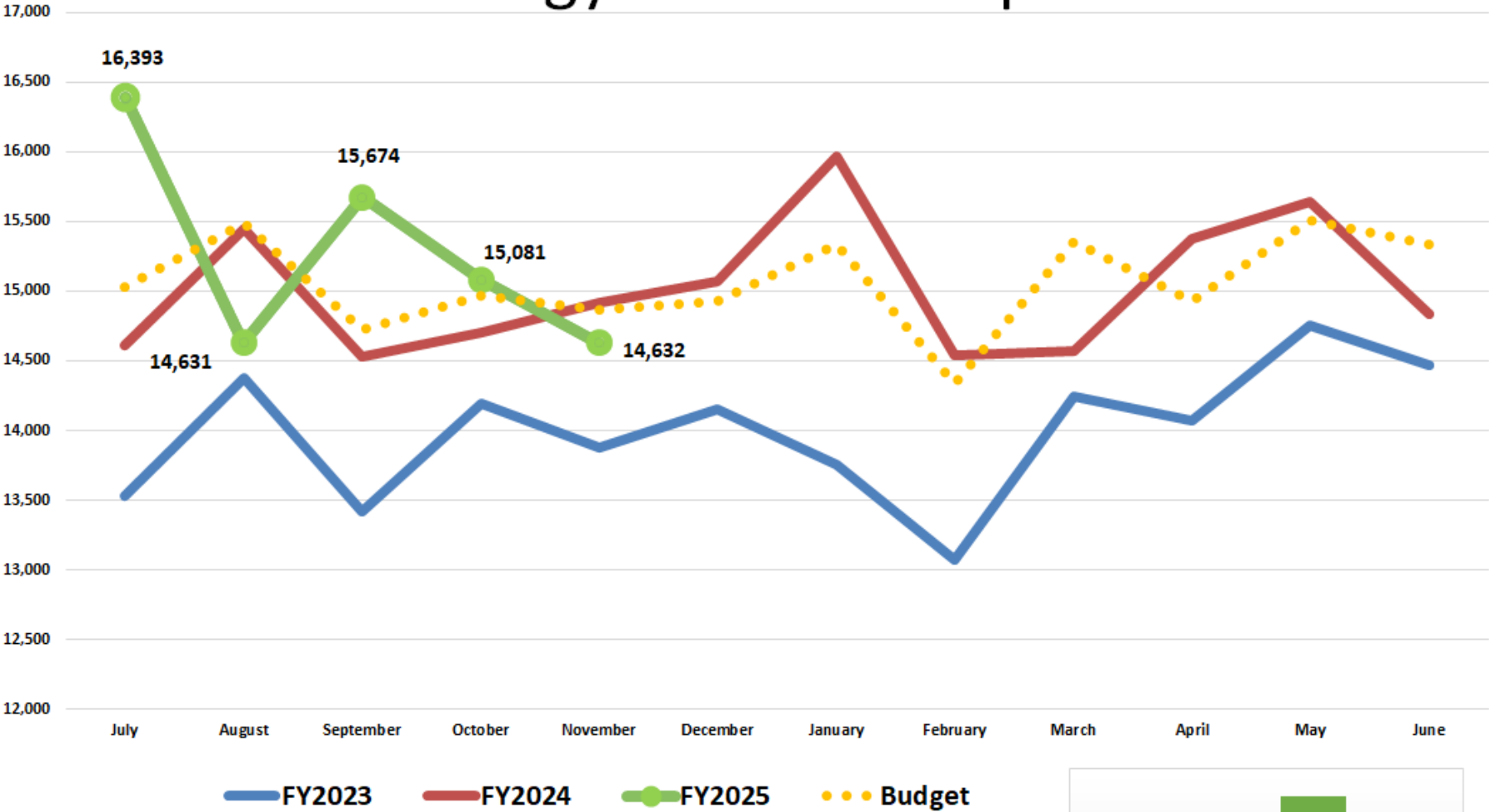
FY2023 FY2024 FY2025 Budget



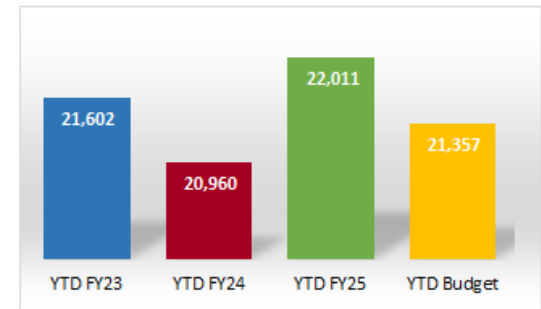
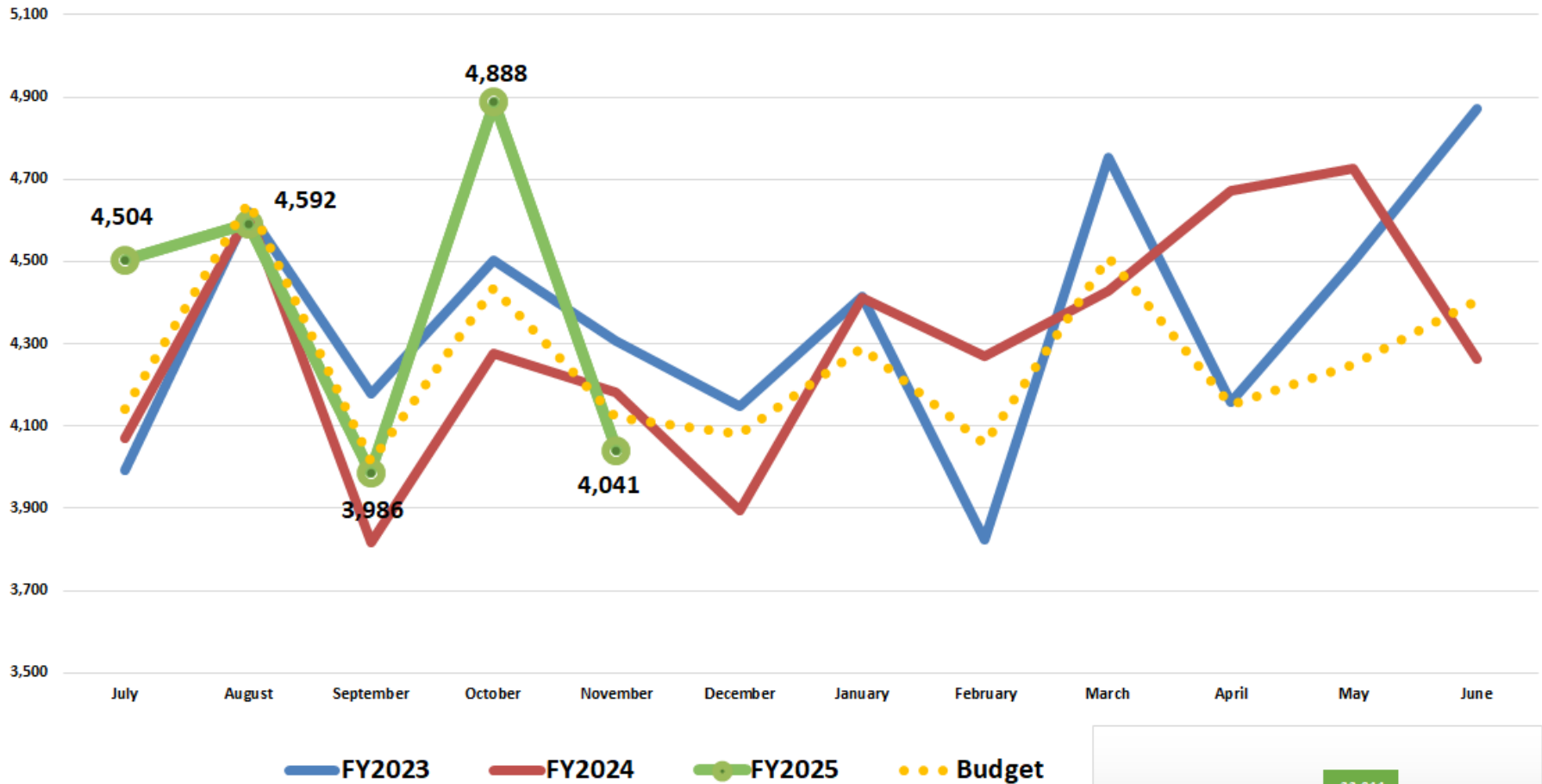
Infusion Center - Outpatient Visits



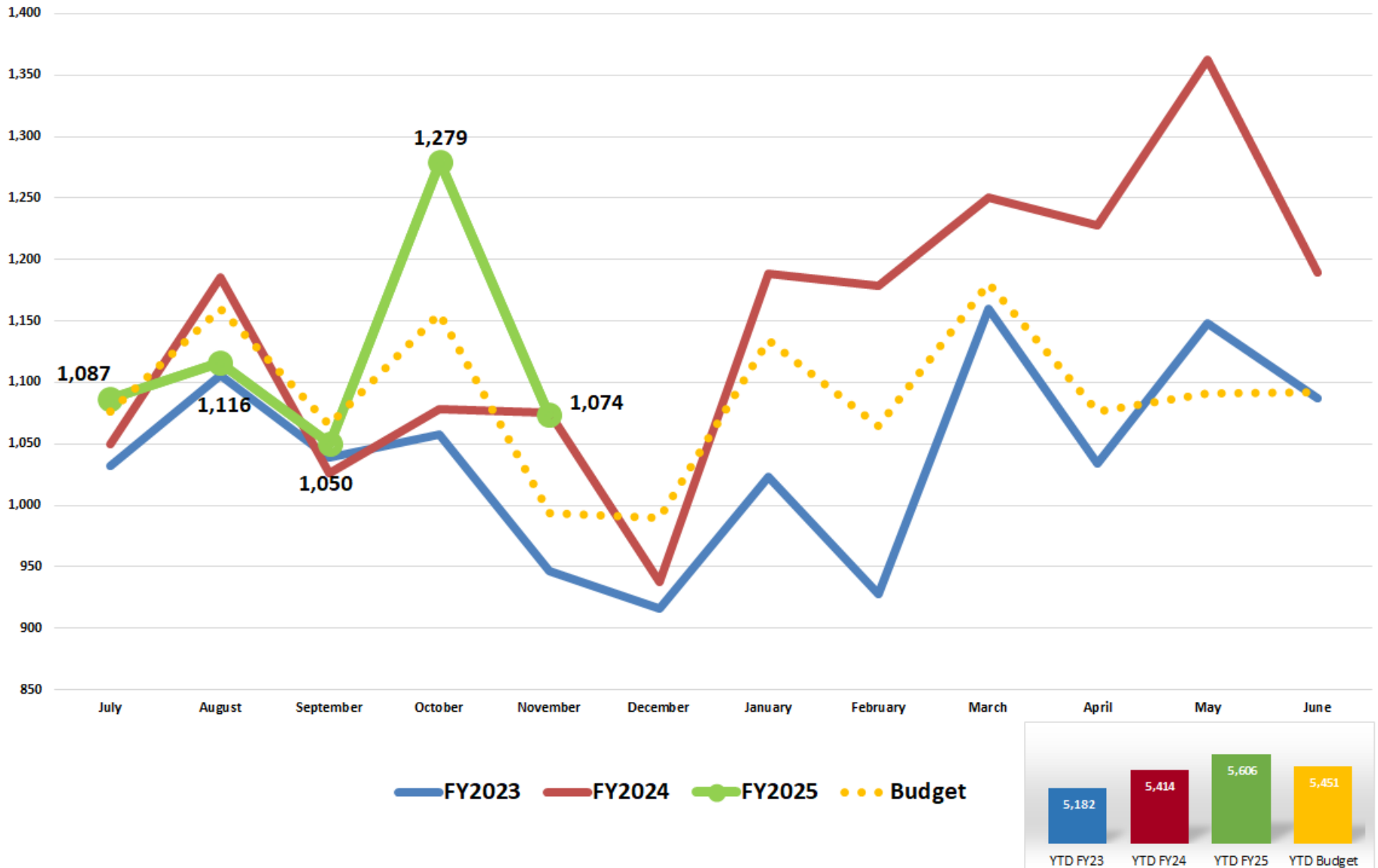
Radiology – Main Campus



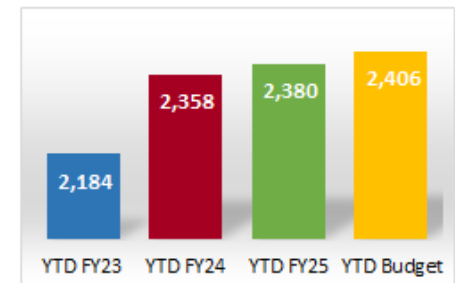
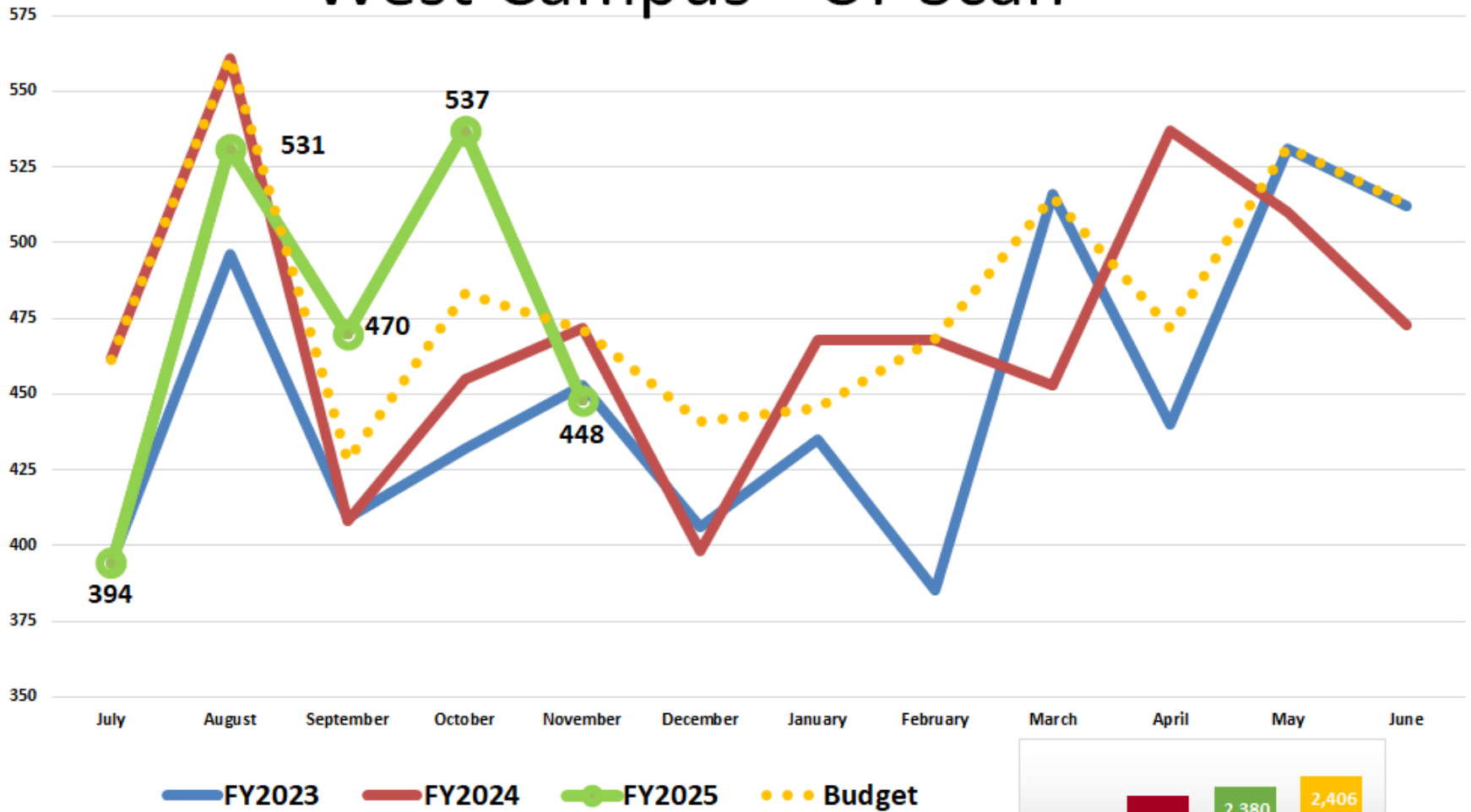
Radiology - West Campus Imaging



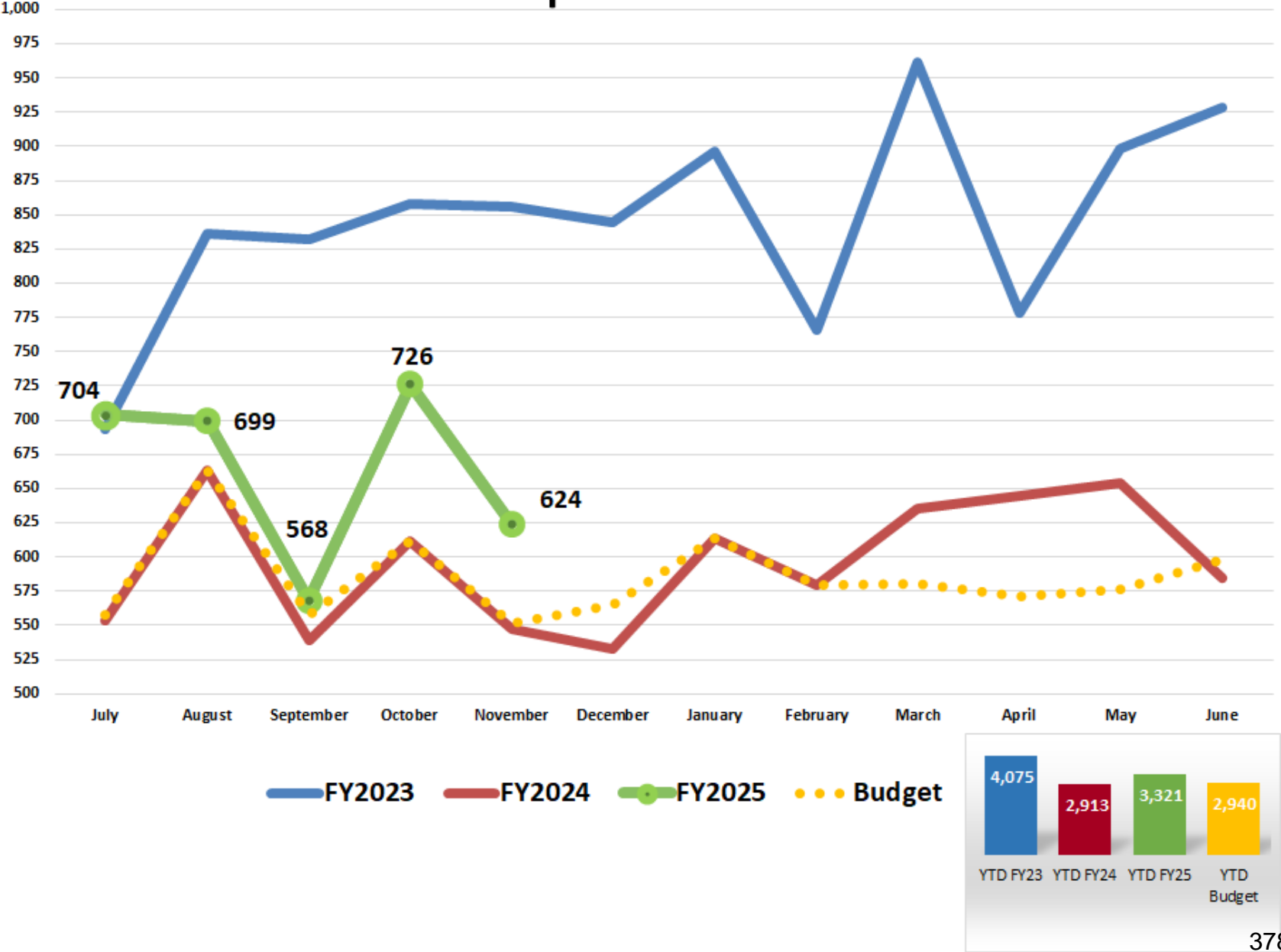
West Campus - Diagnostic Radiology



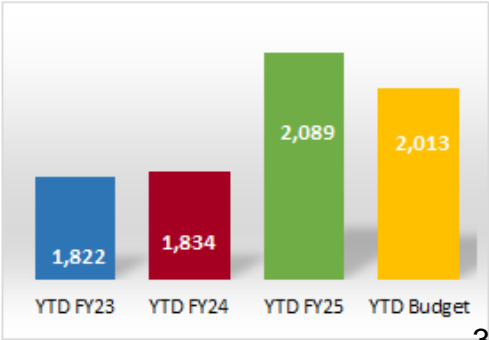
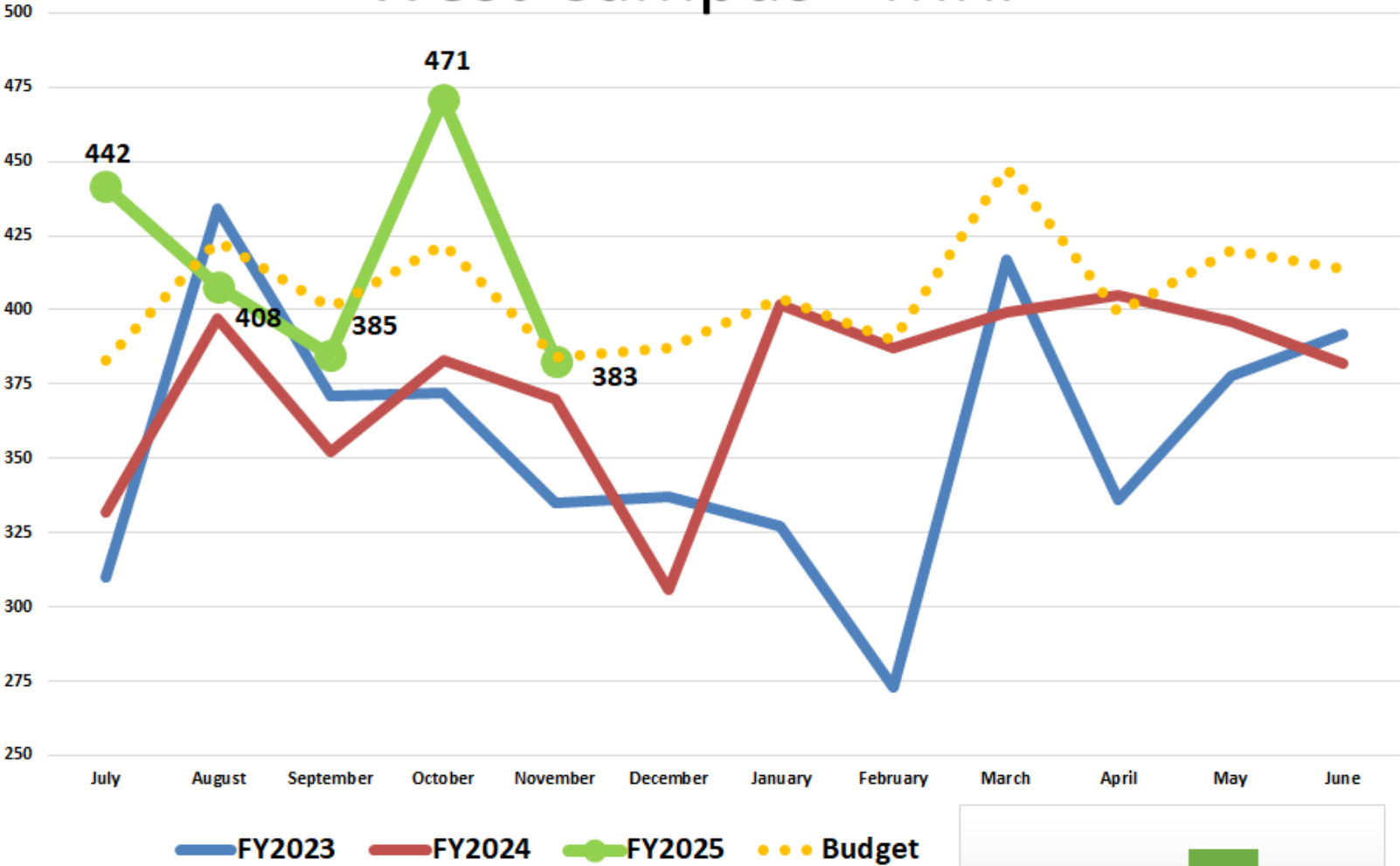
West Campus - CT Scan



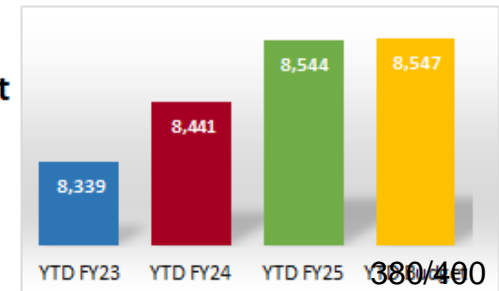
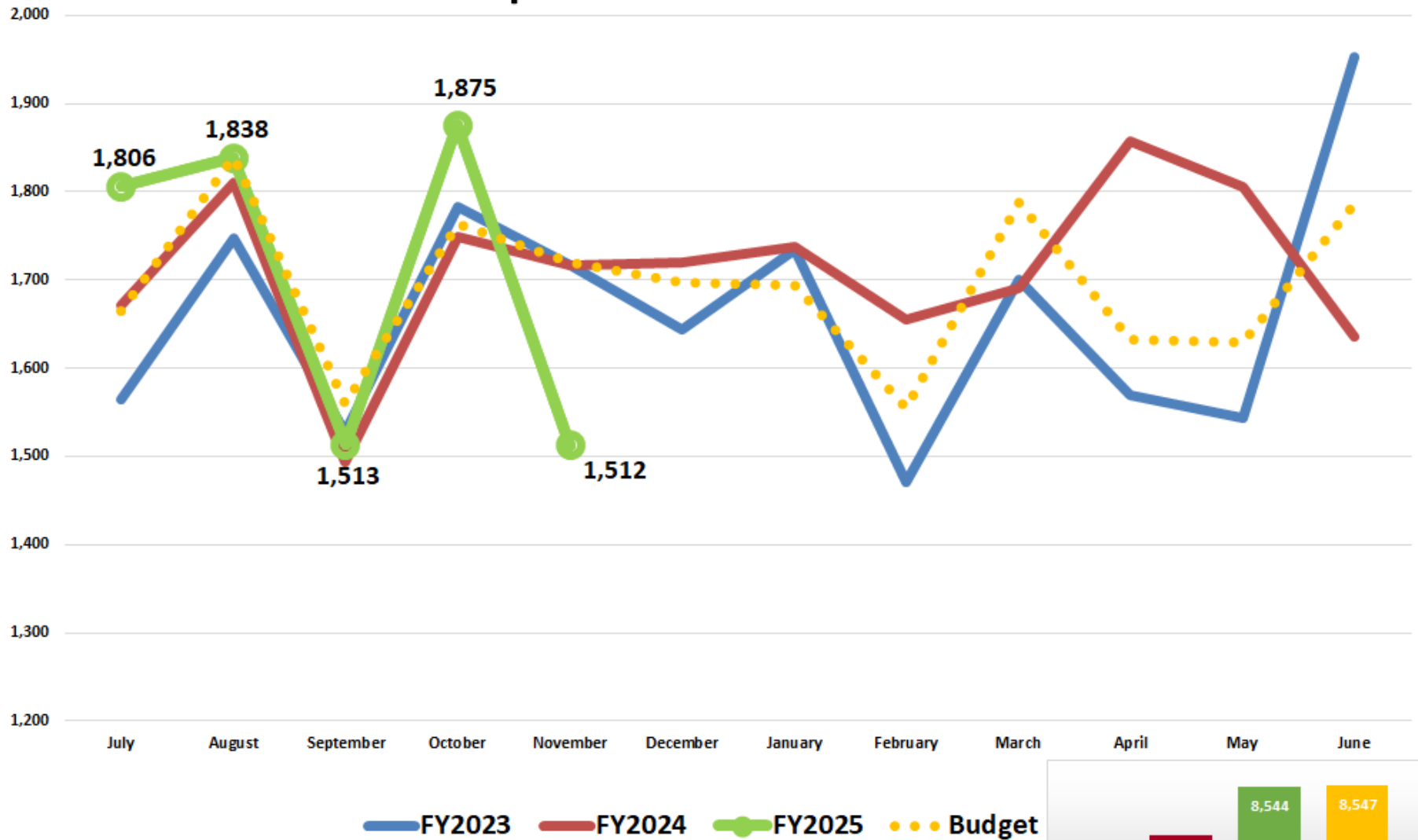
West Campus - Ultrasound



West Campus - MRI

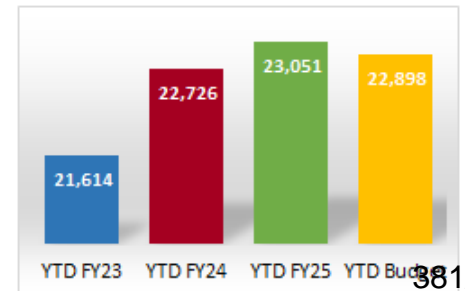
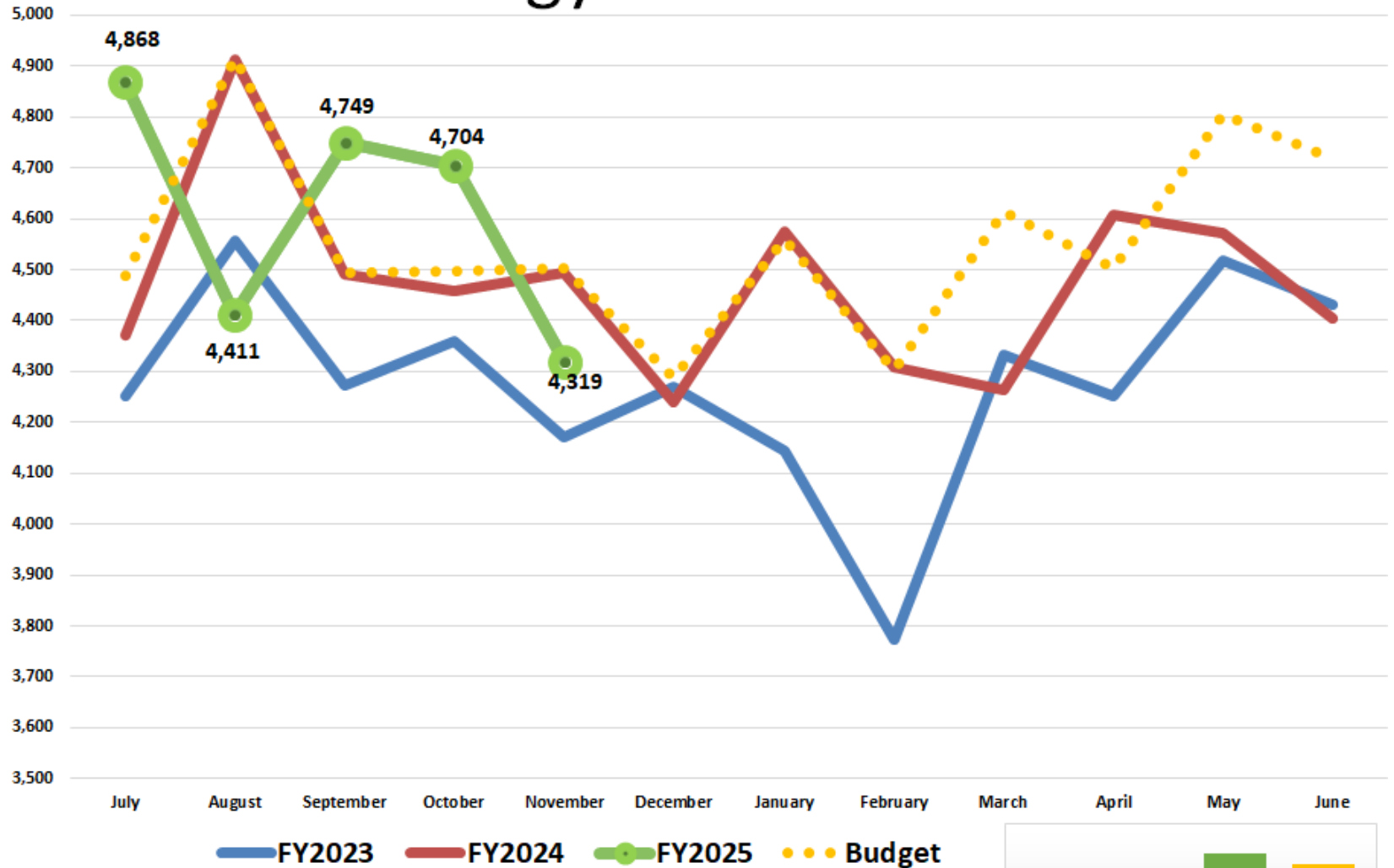


West Campus - Breast Center

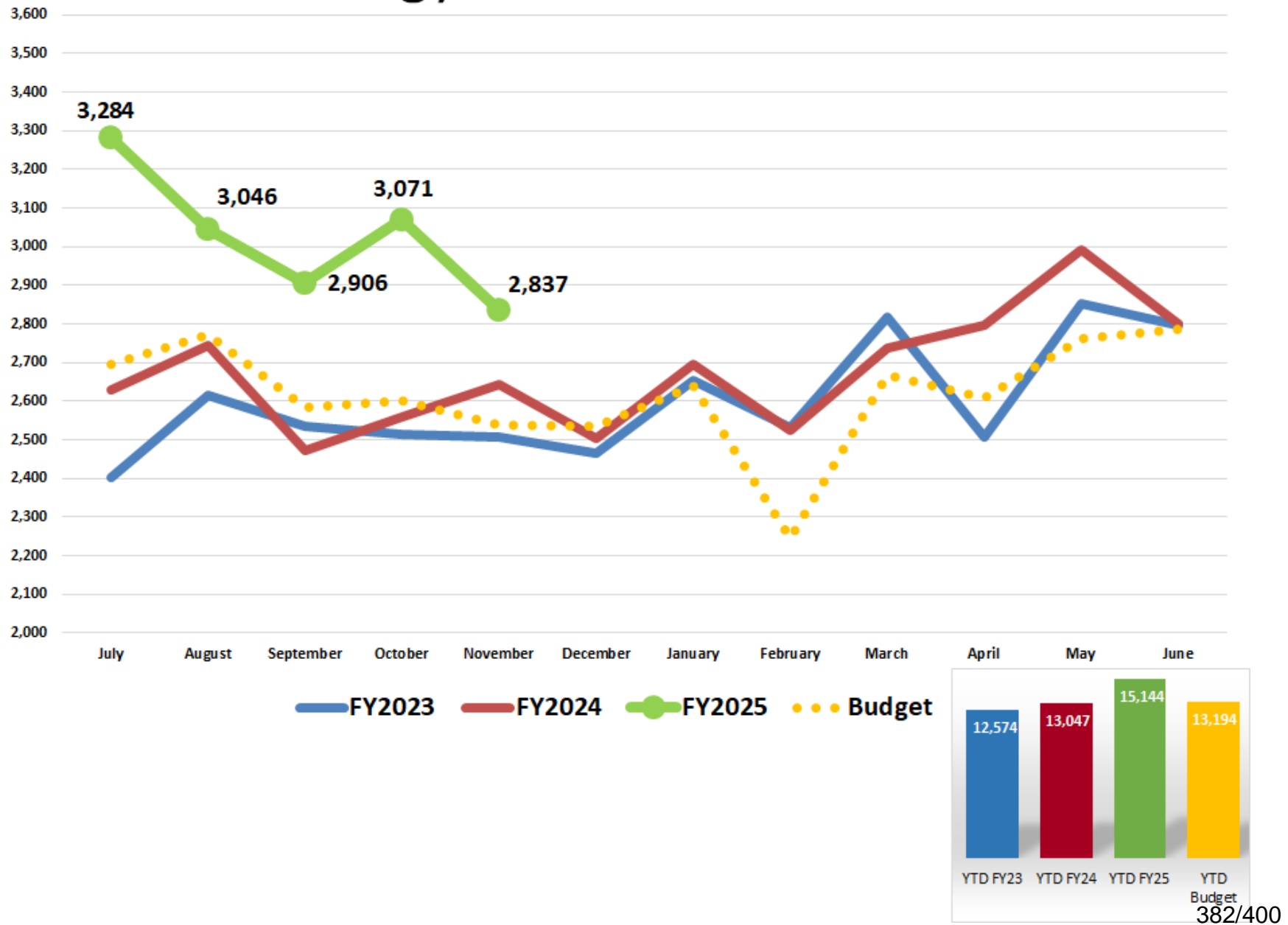


380/400

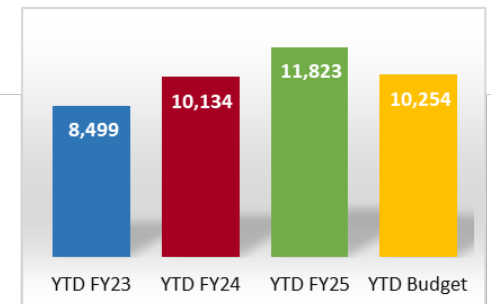
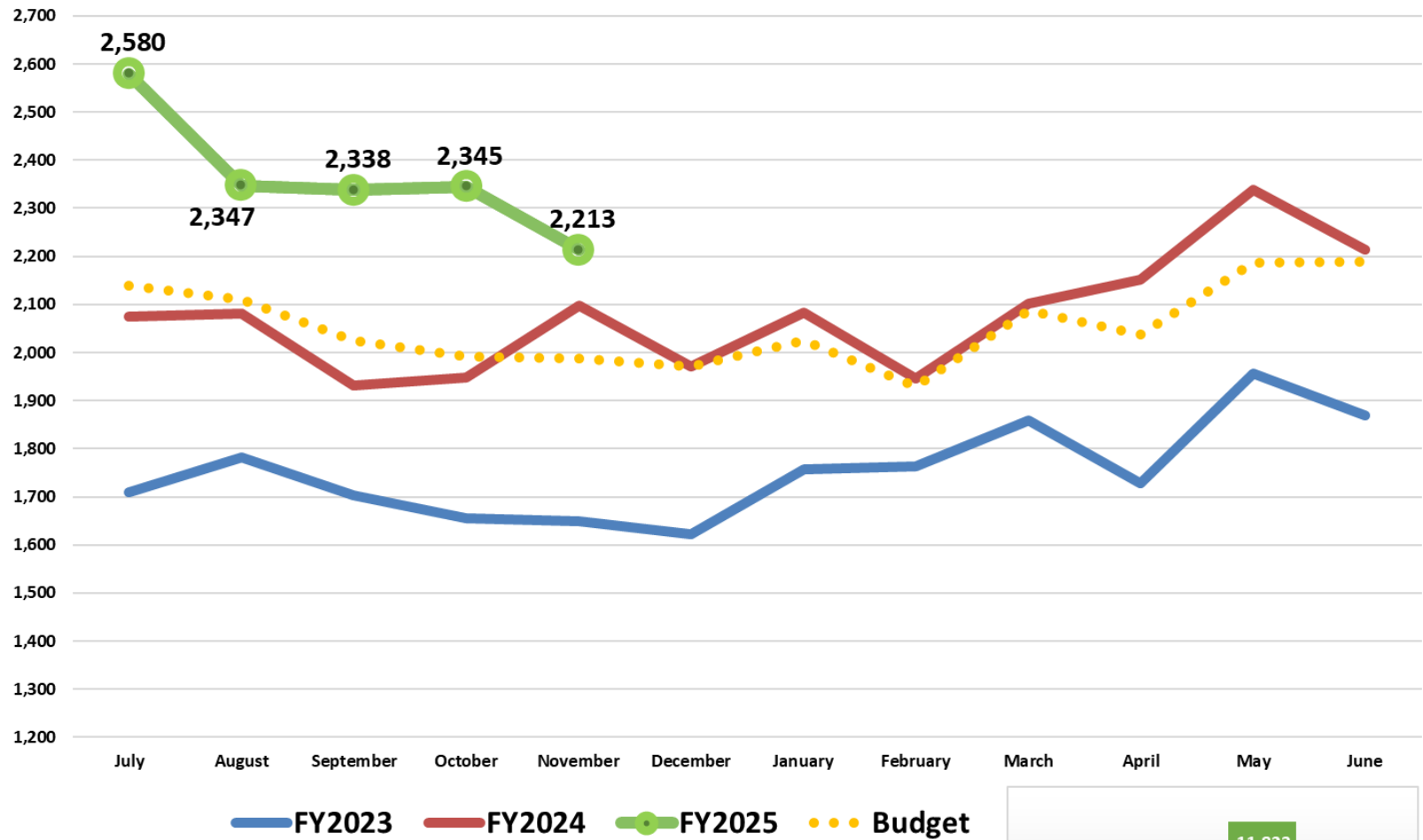
Radiology - CT - All Areas



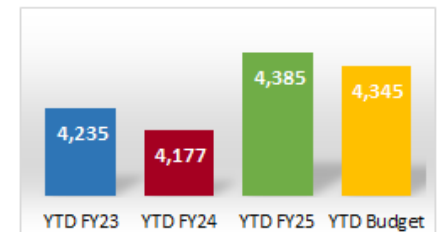
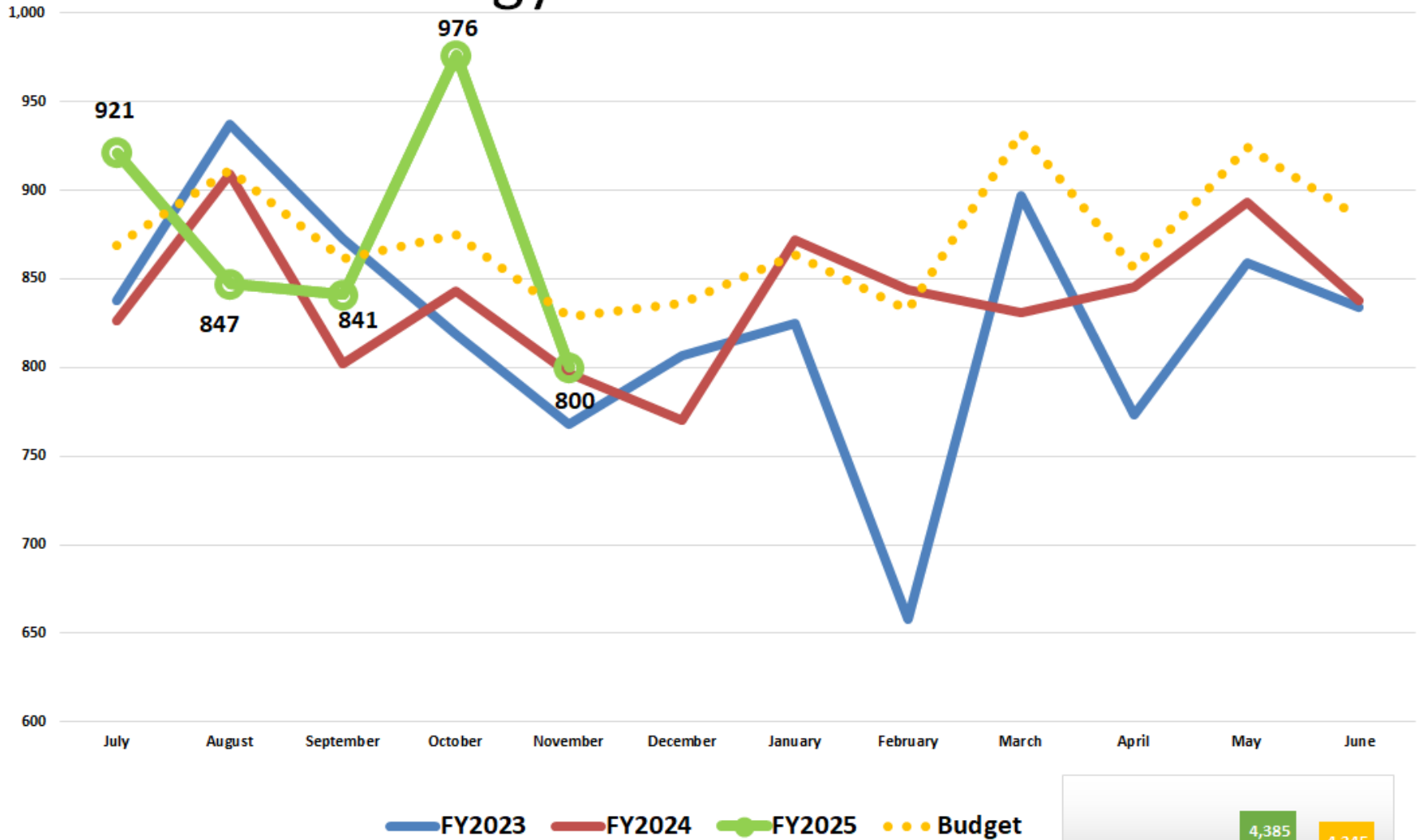
Radiology - Ultrasound - All Areas



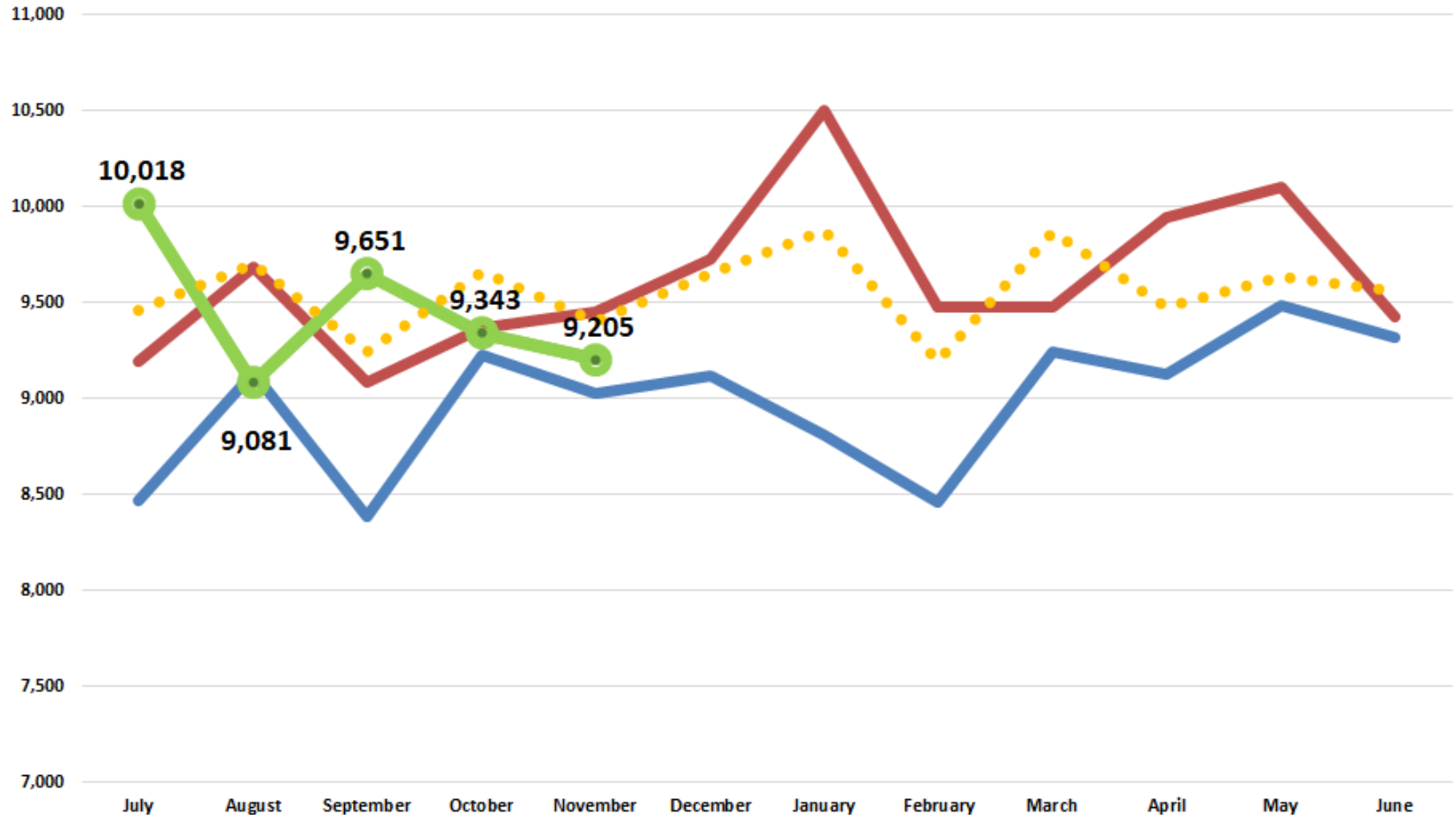
Radiology - Ultrasound - Main Campus



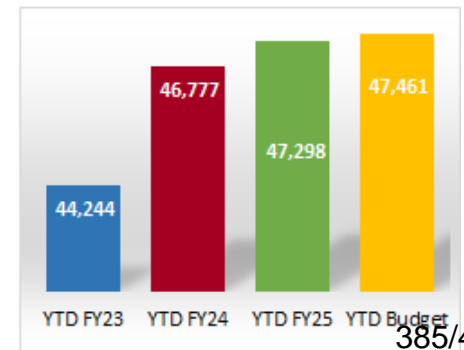
Radiology - MRI - All Areas



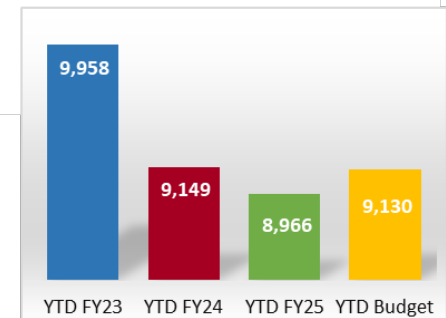
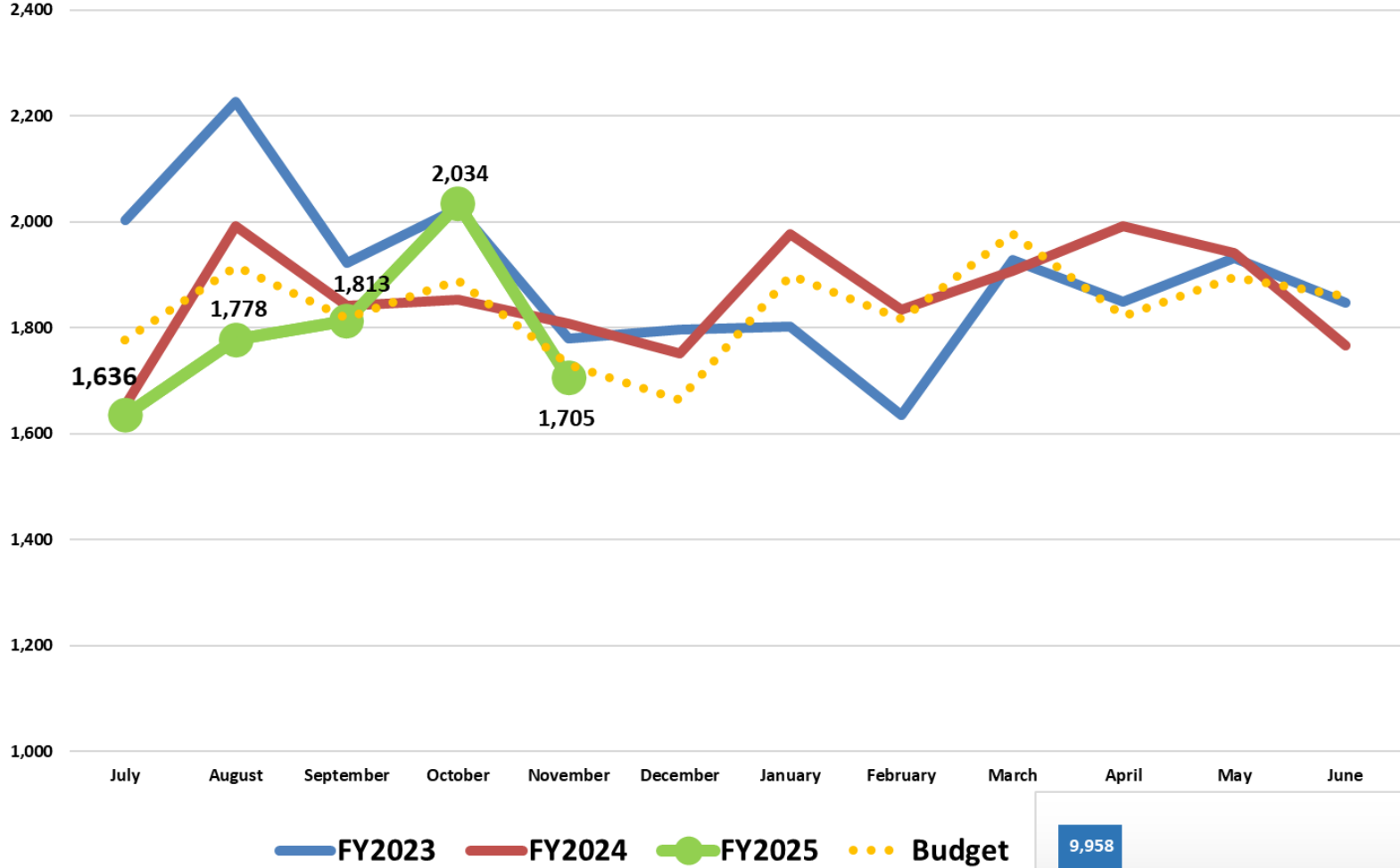
Radiology Modality - Diagnostic



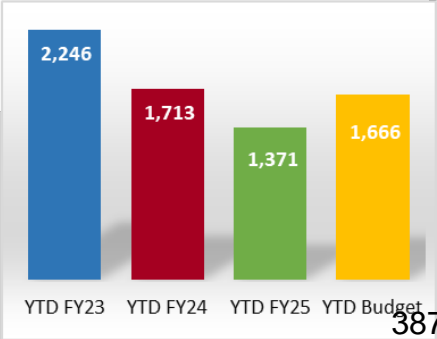
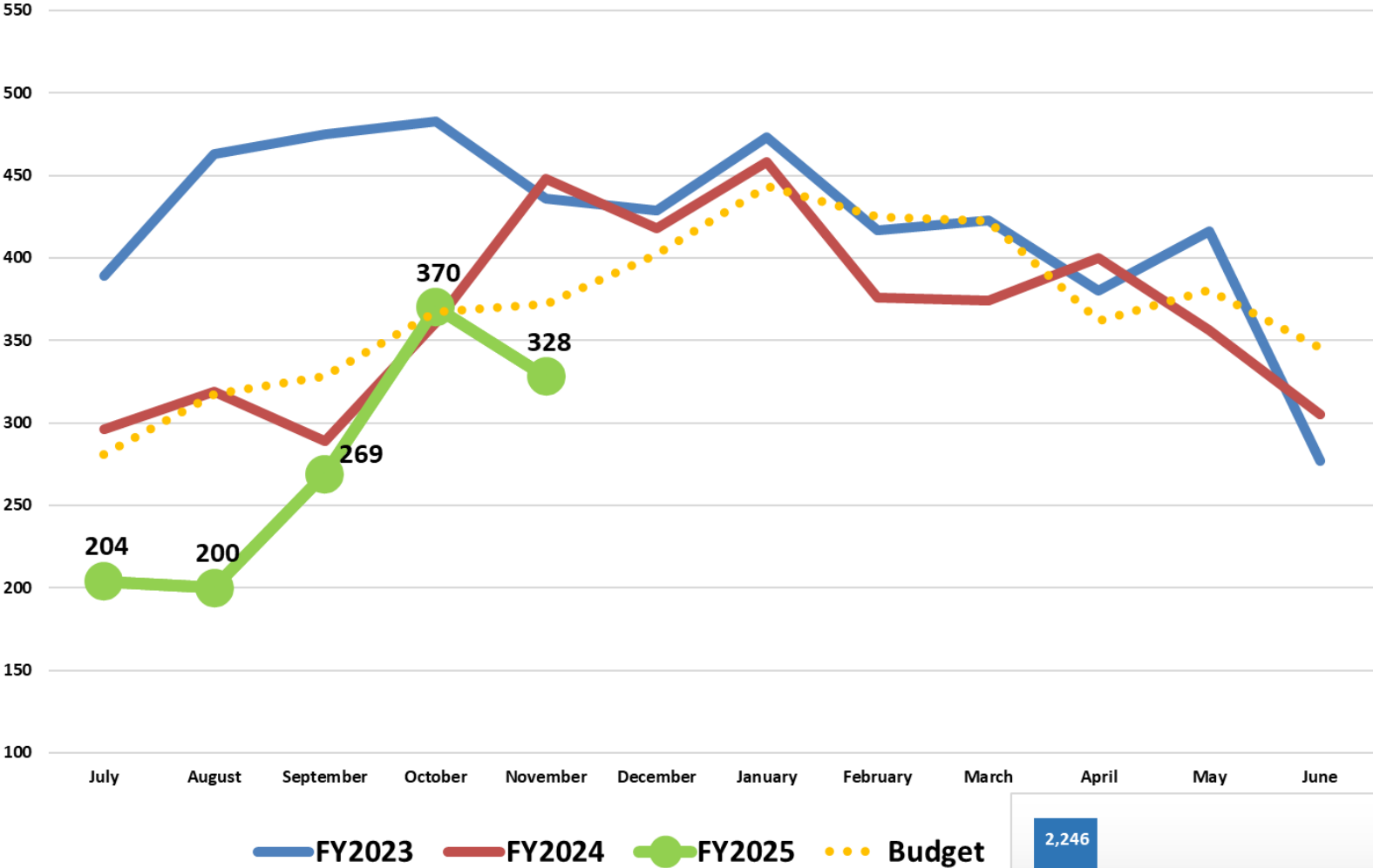
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



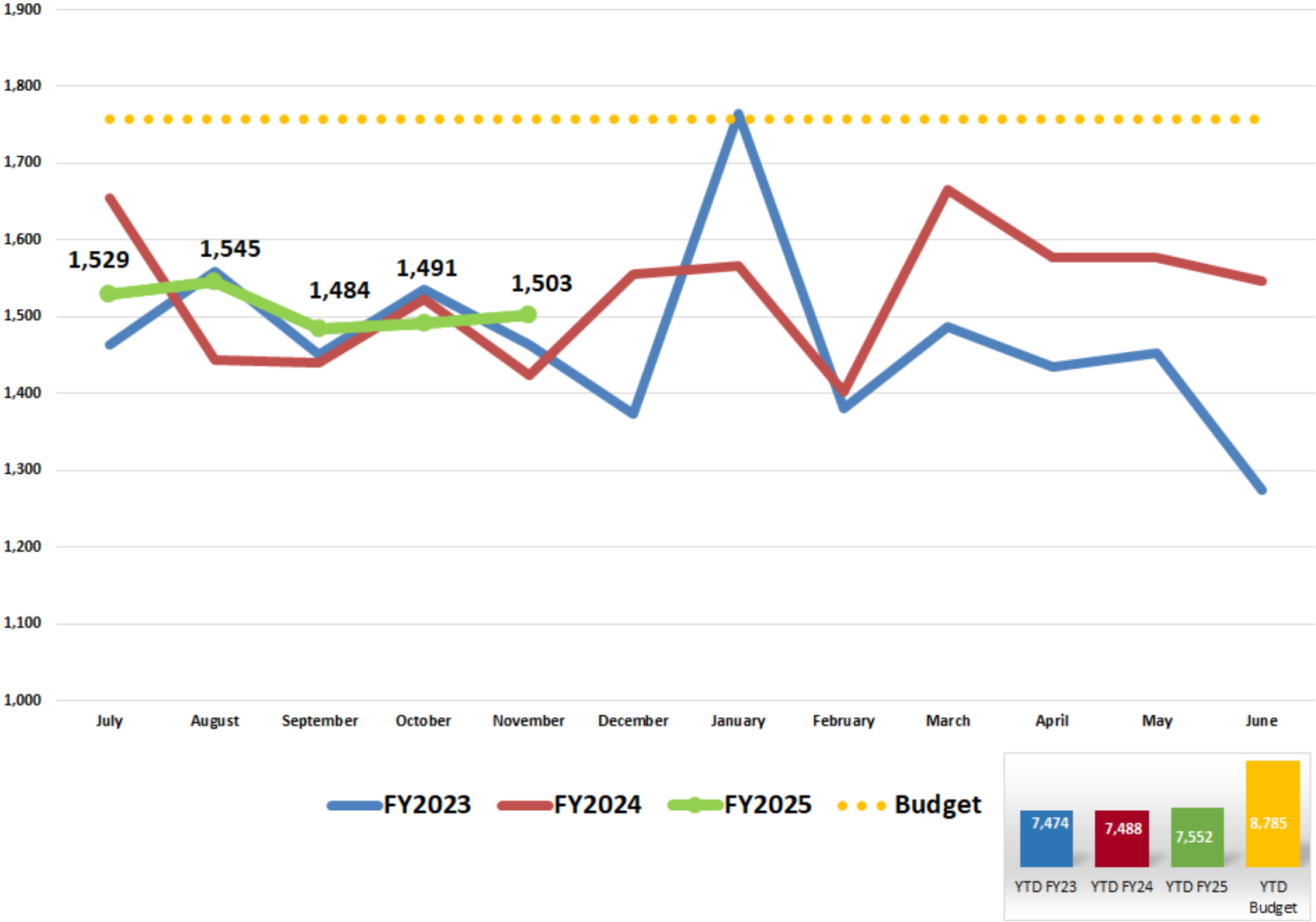
Radiology - UC Court/South Campus



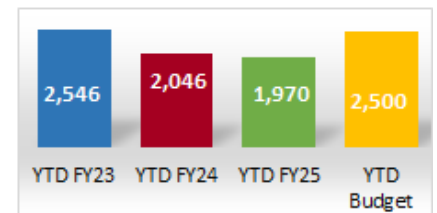
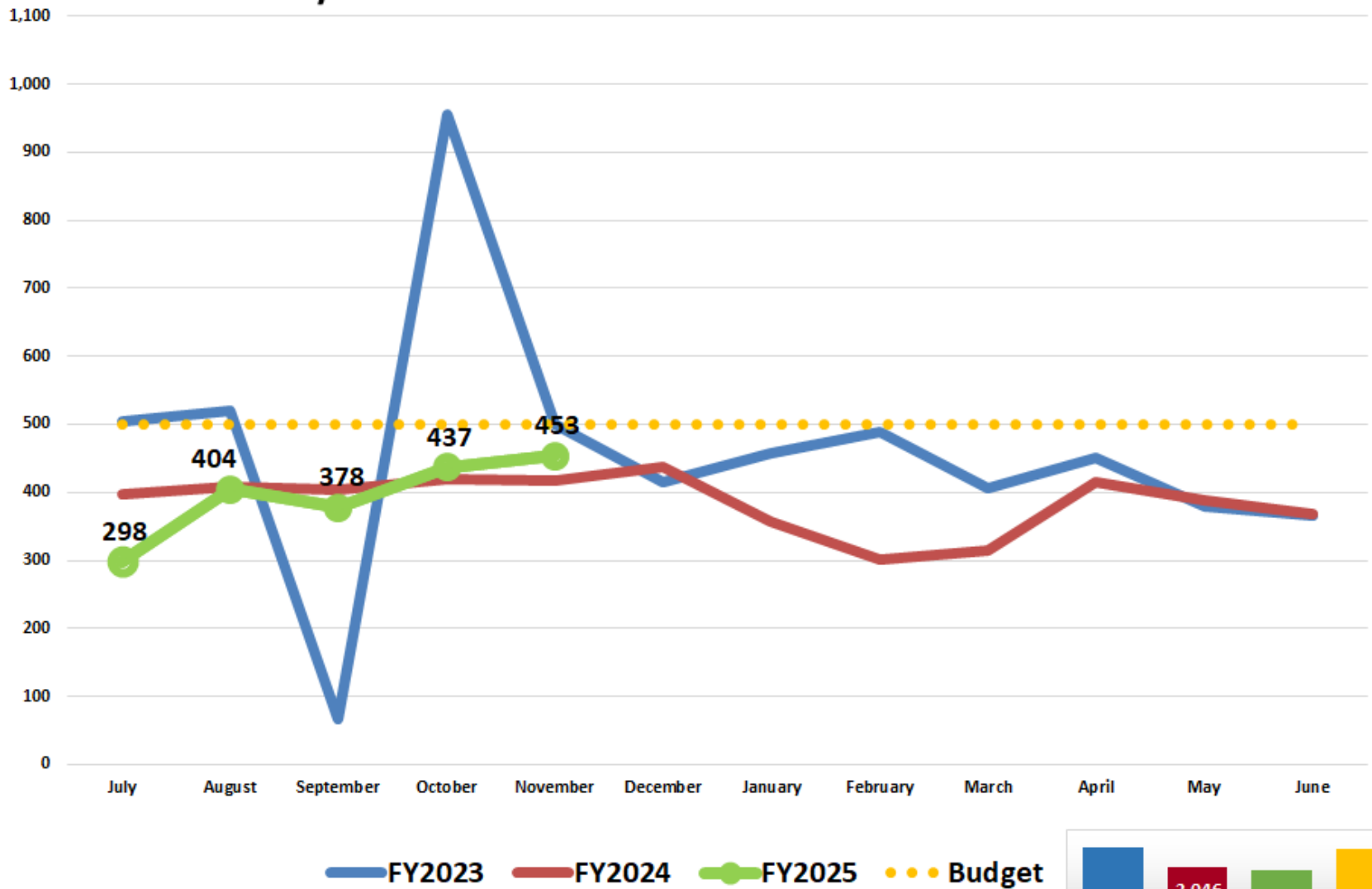
Radiology - UC Demaree/North Campus



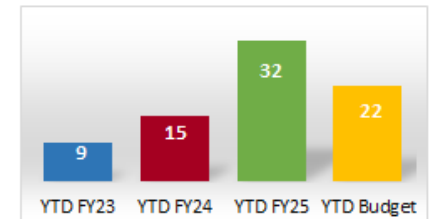
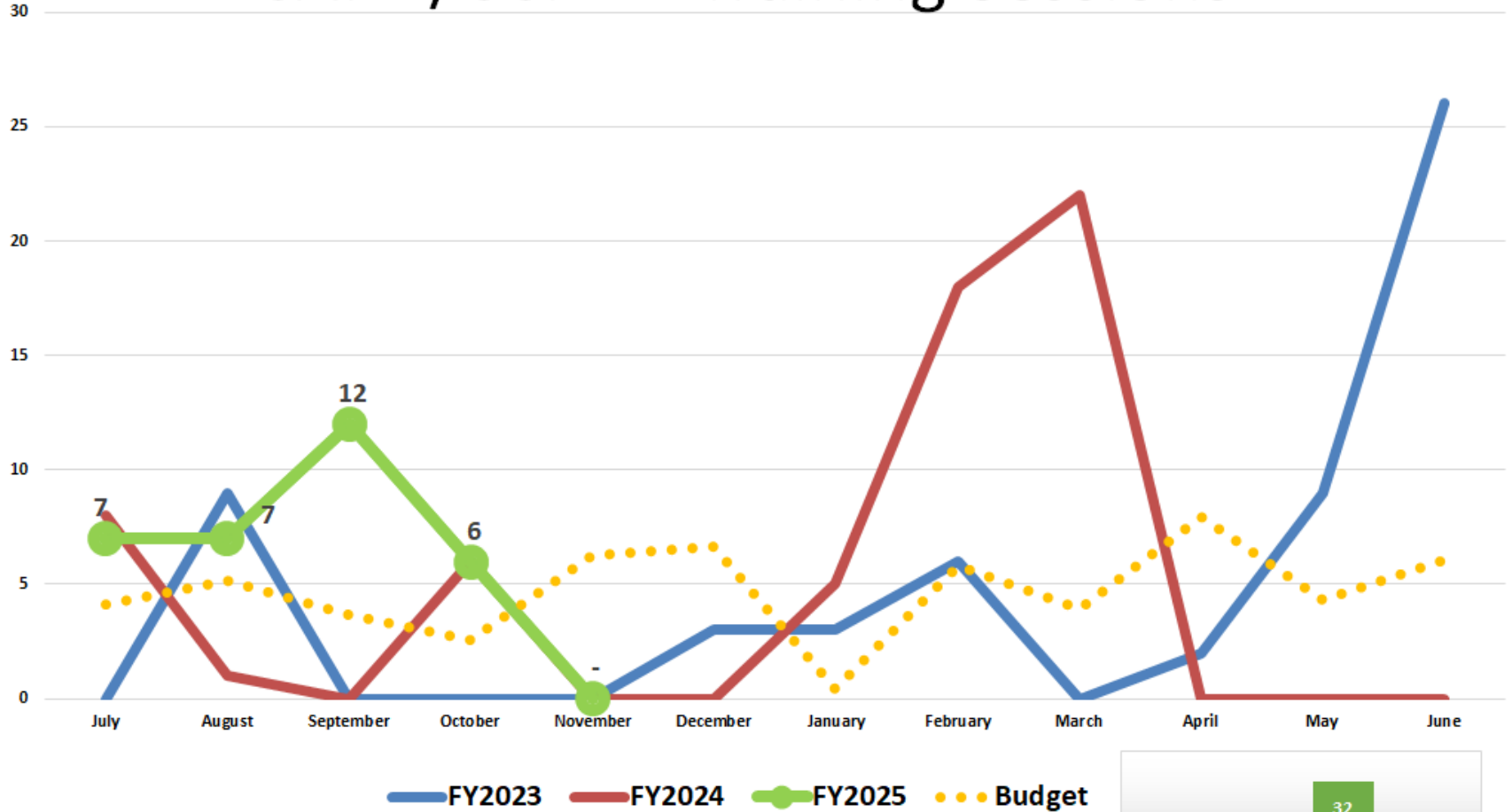
Chronic Dialysis - Visalia



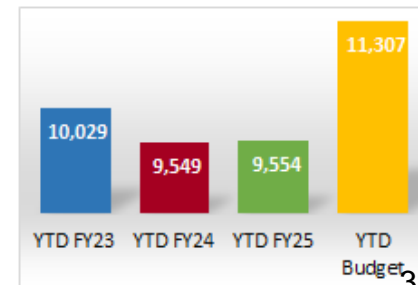
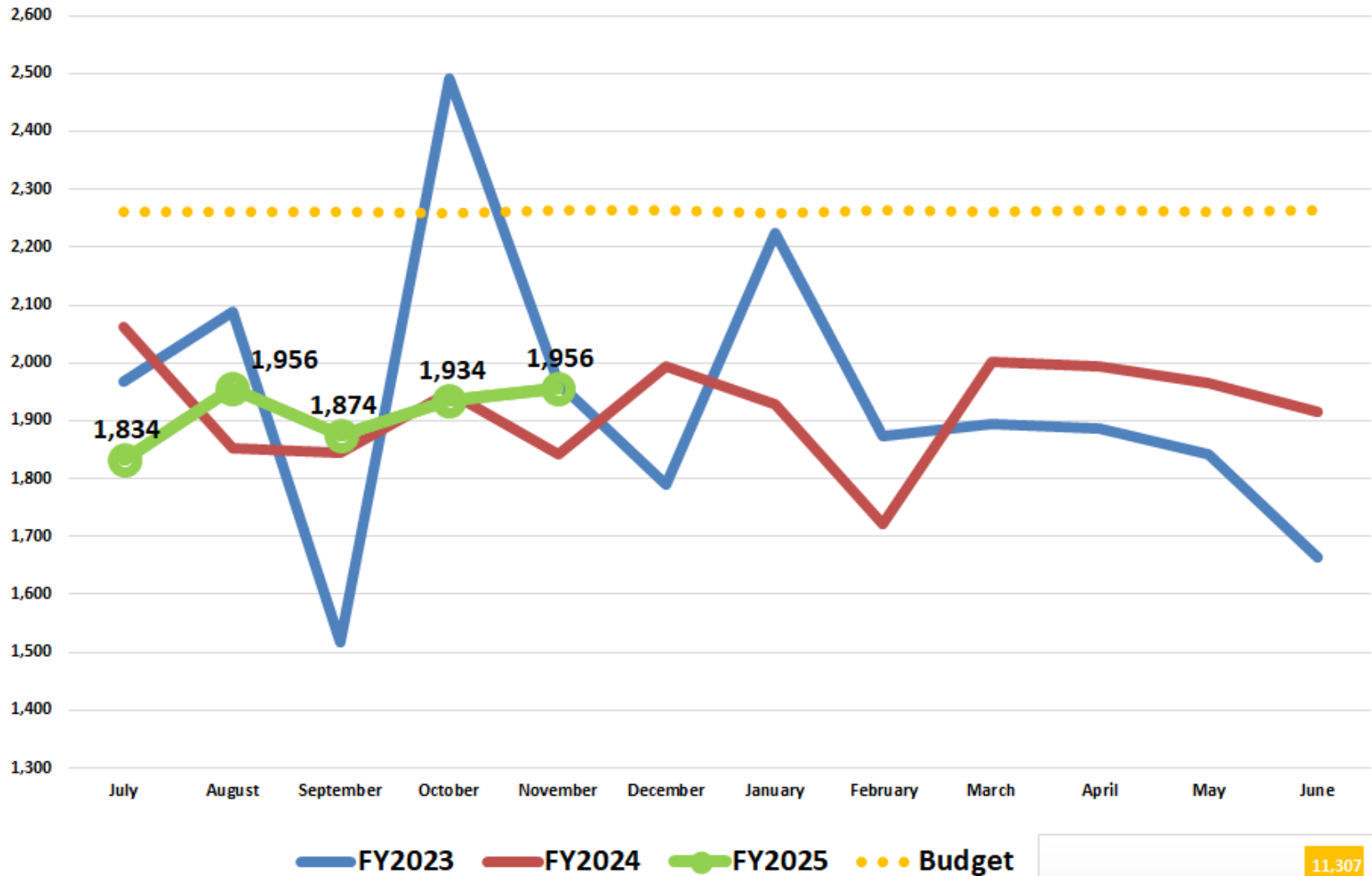
CAPD/CCPD - Maintenance Sessions



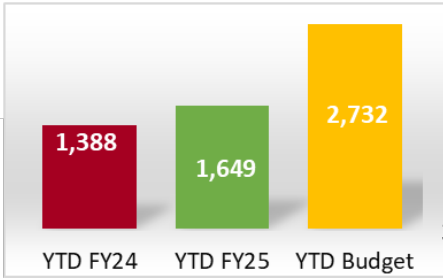
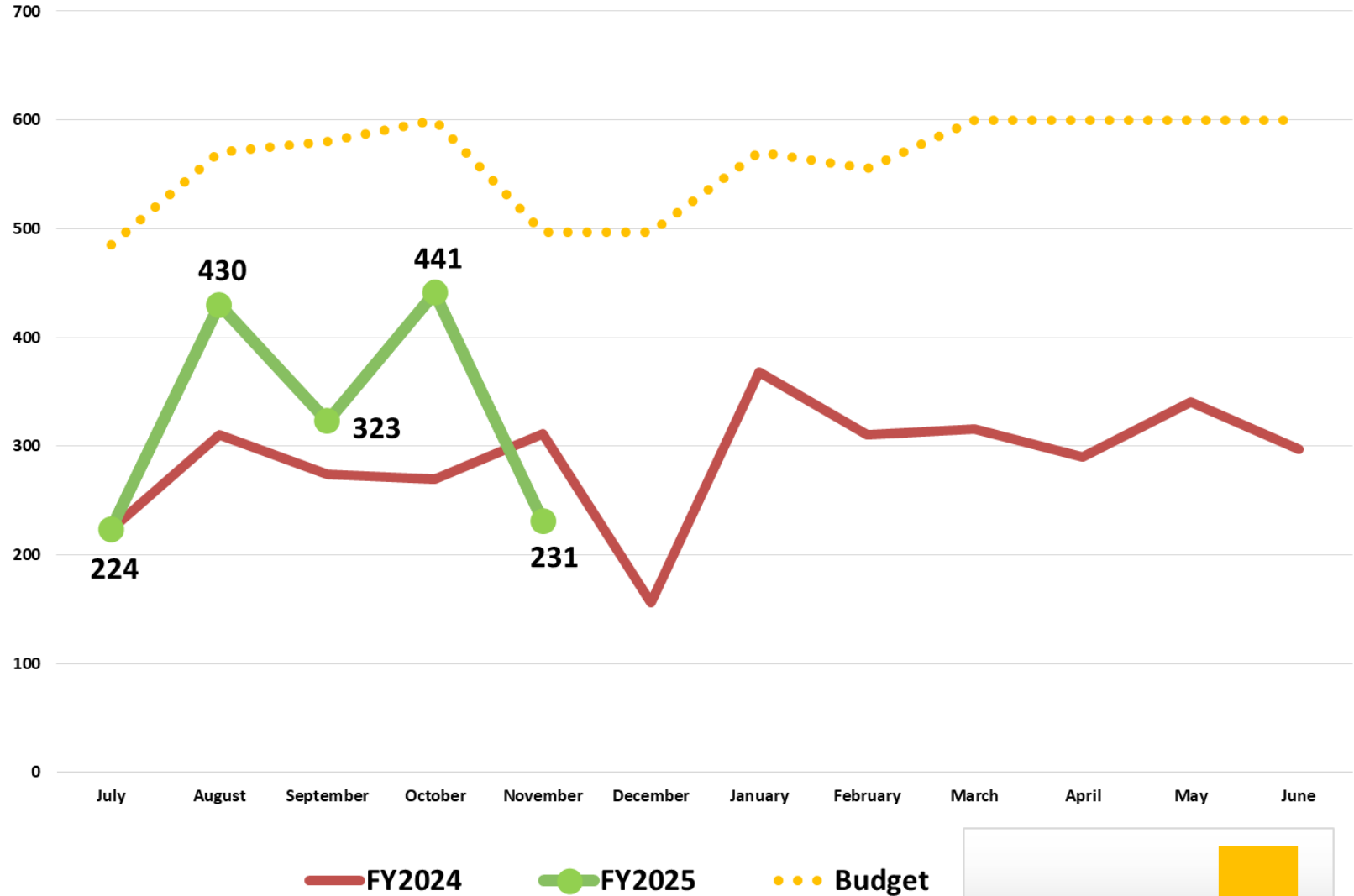
CAPD/CCPD - Training Sessions



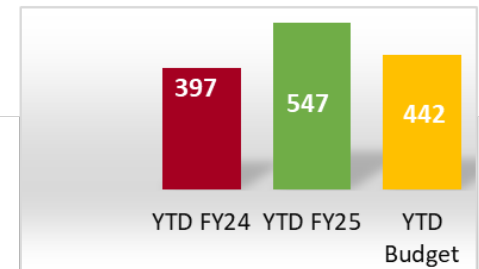
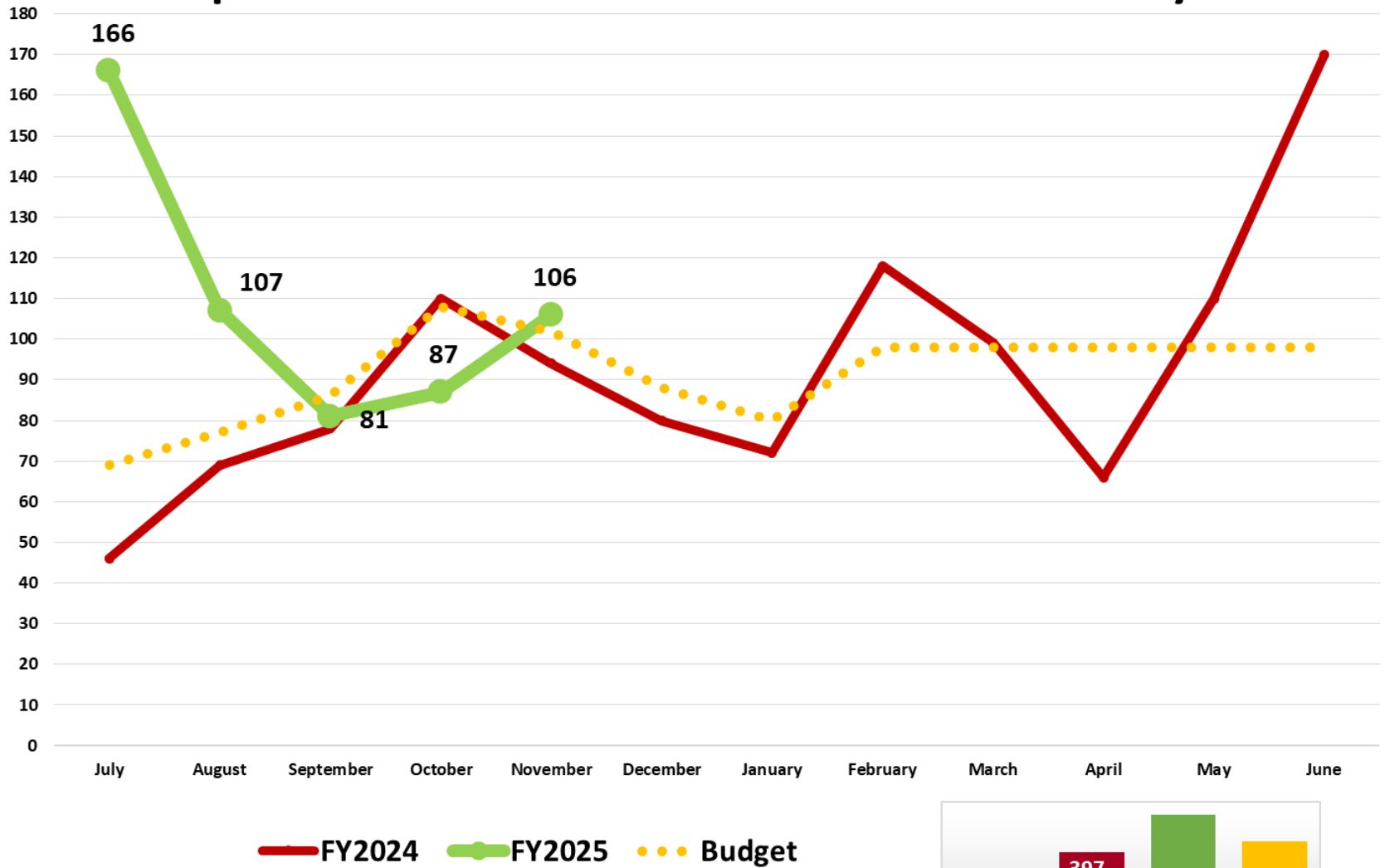
All CAPD & CCPD



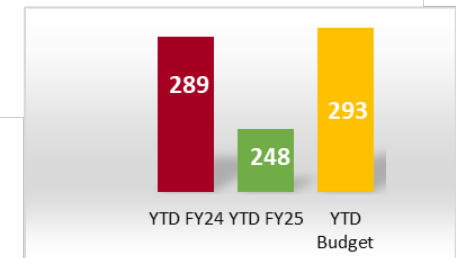
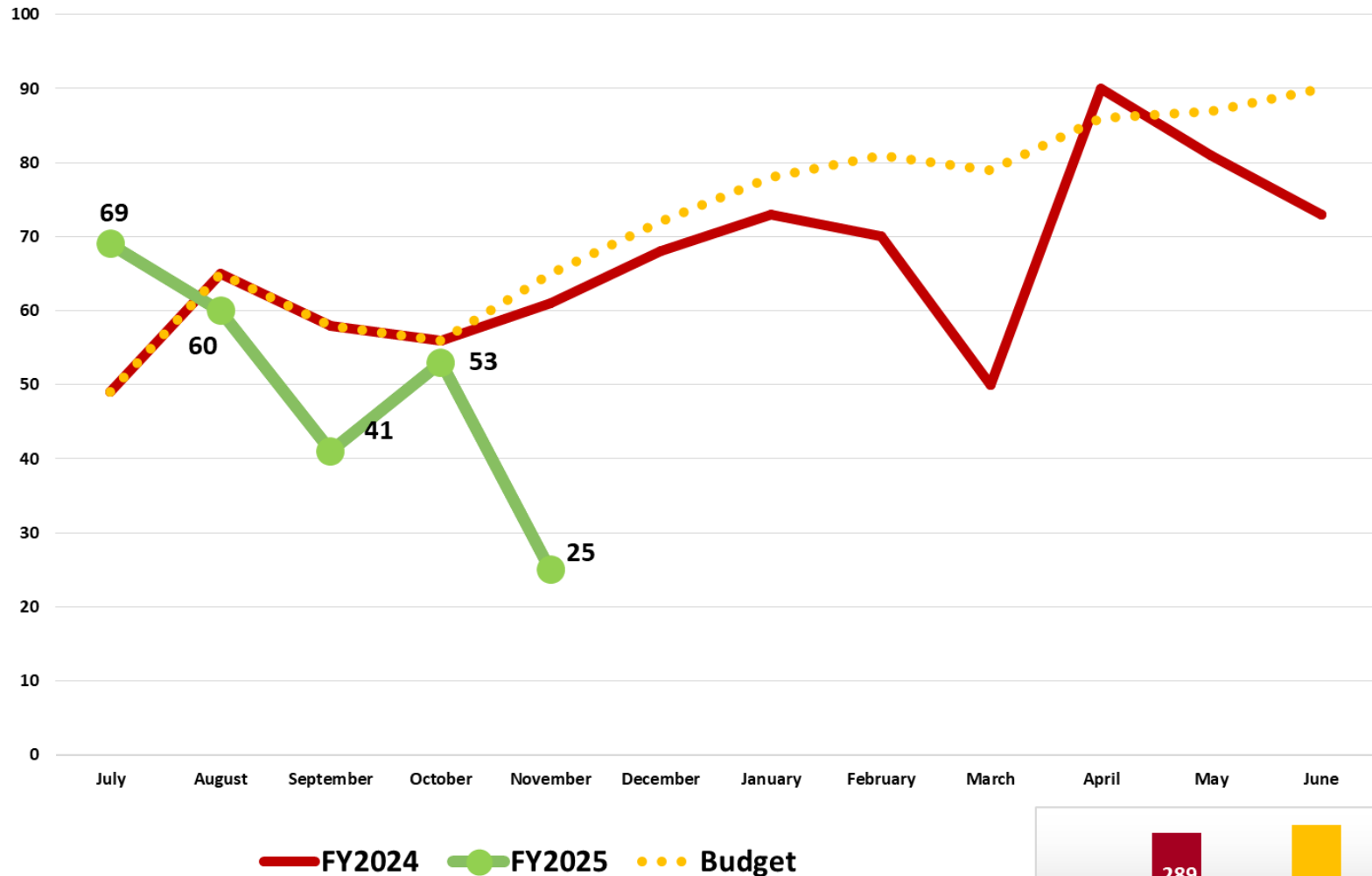
Urology Clinic Visits



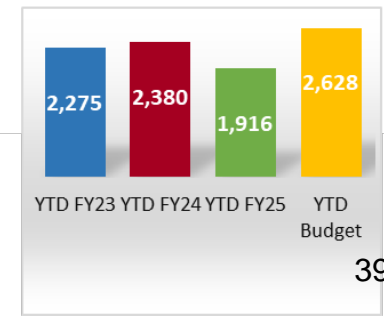
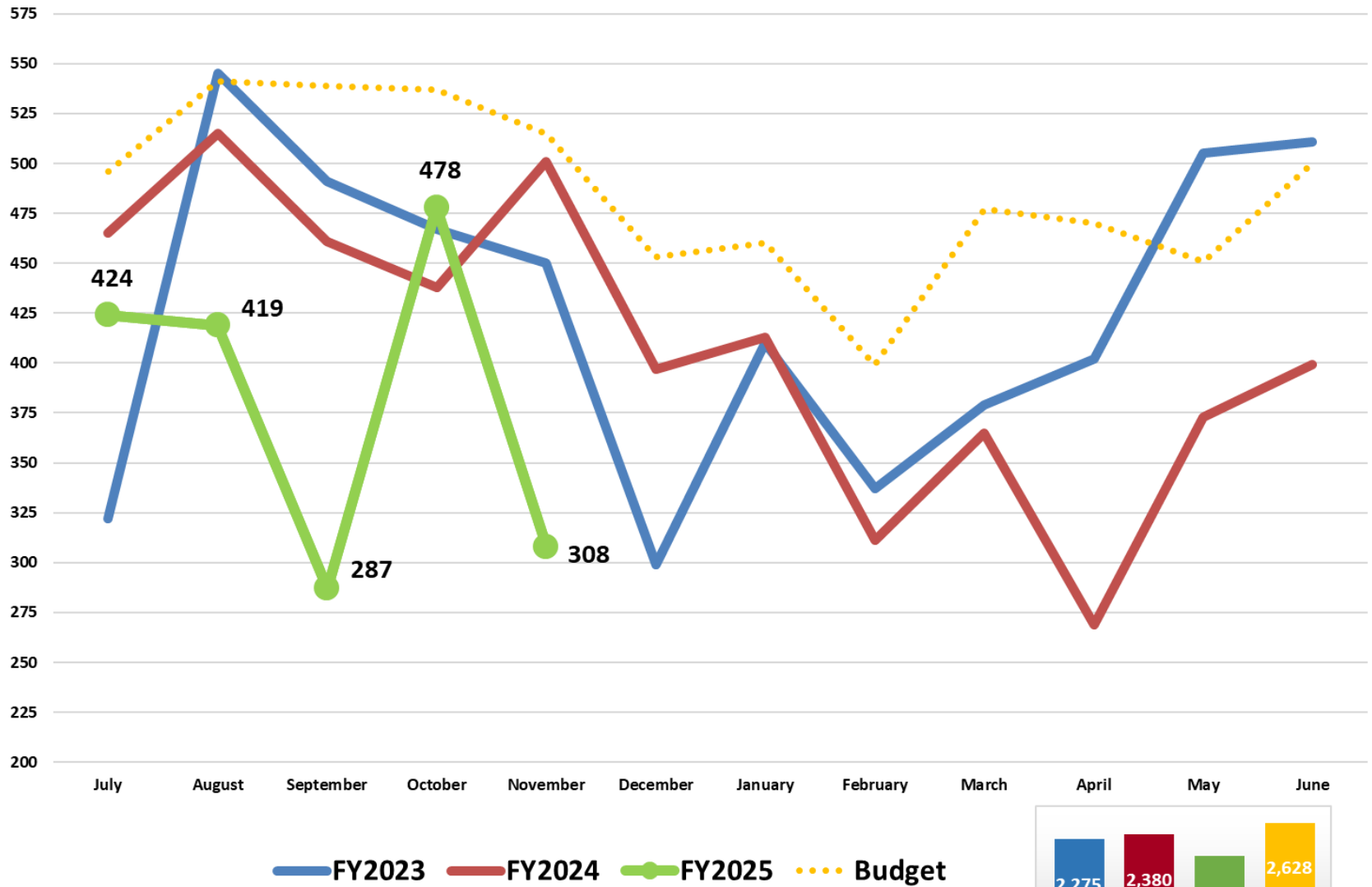
Open Arms House - Patient Days



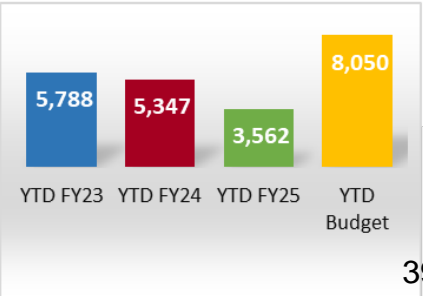
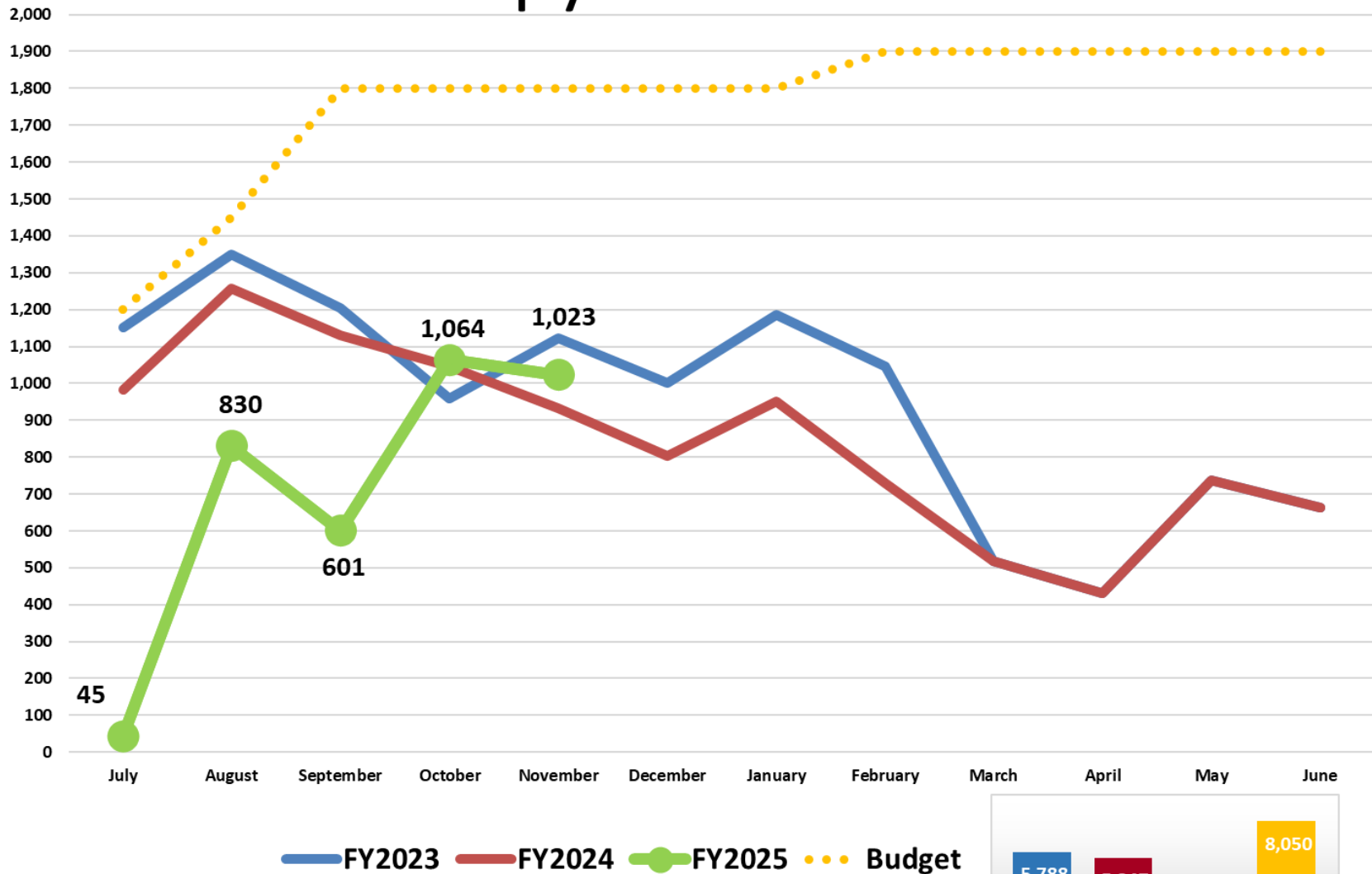
Cardiothoracic Surgery Clinic - Visits



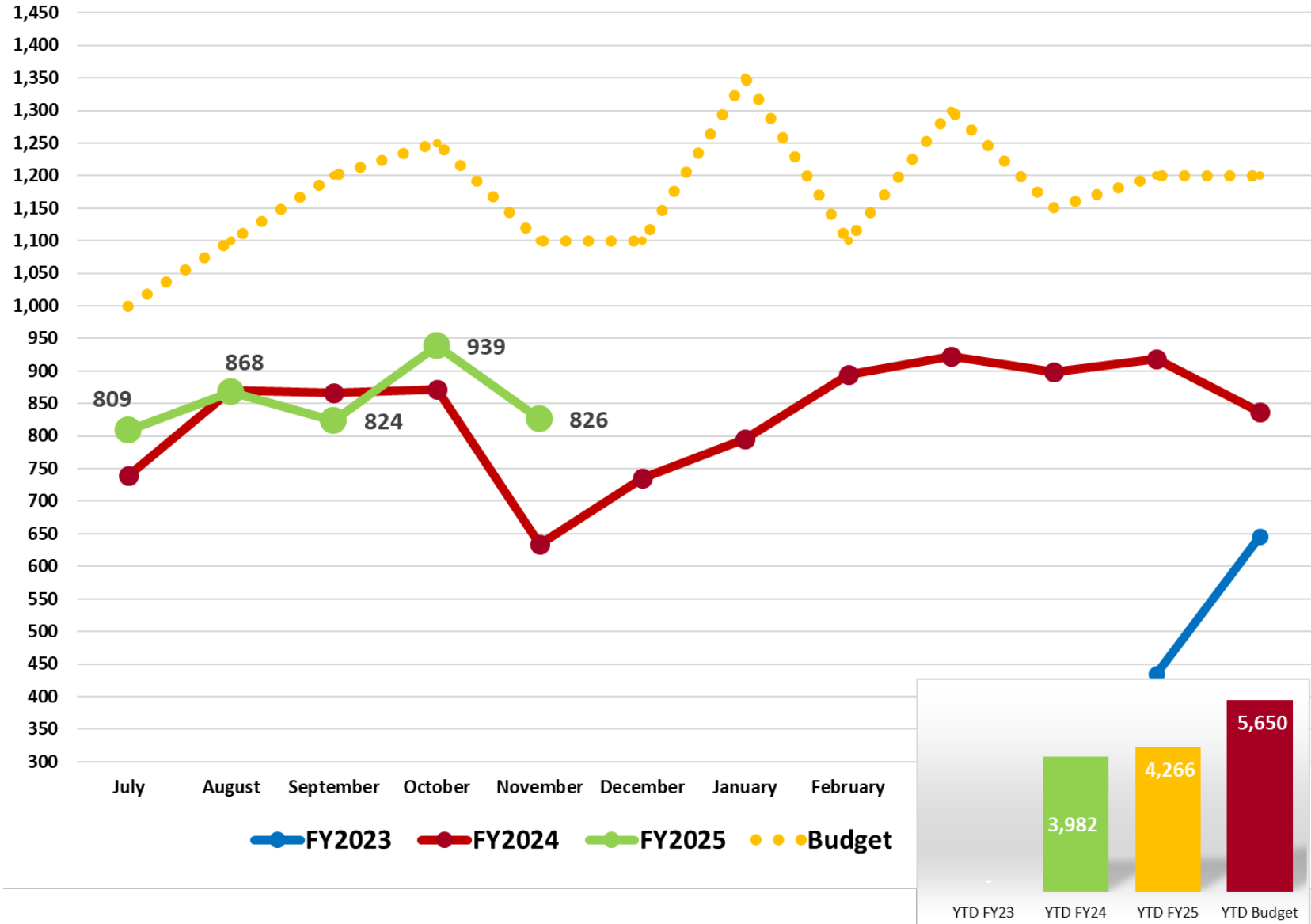
Cardiac Rehabilitation



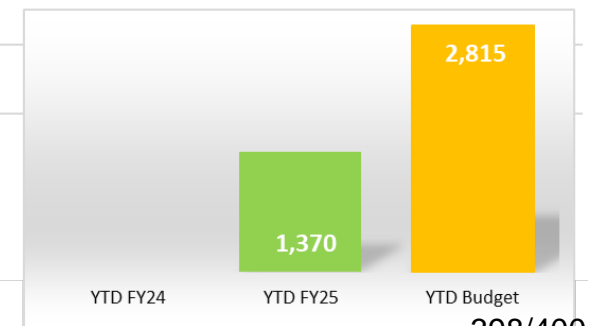
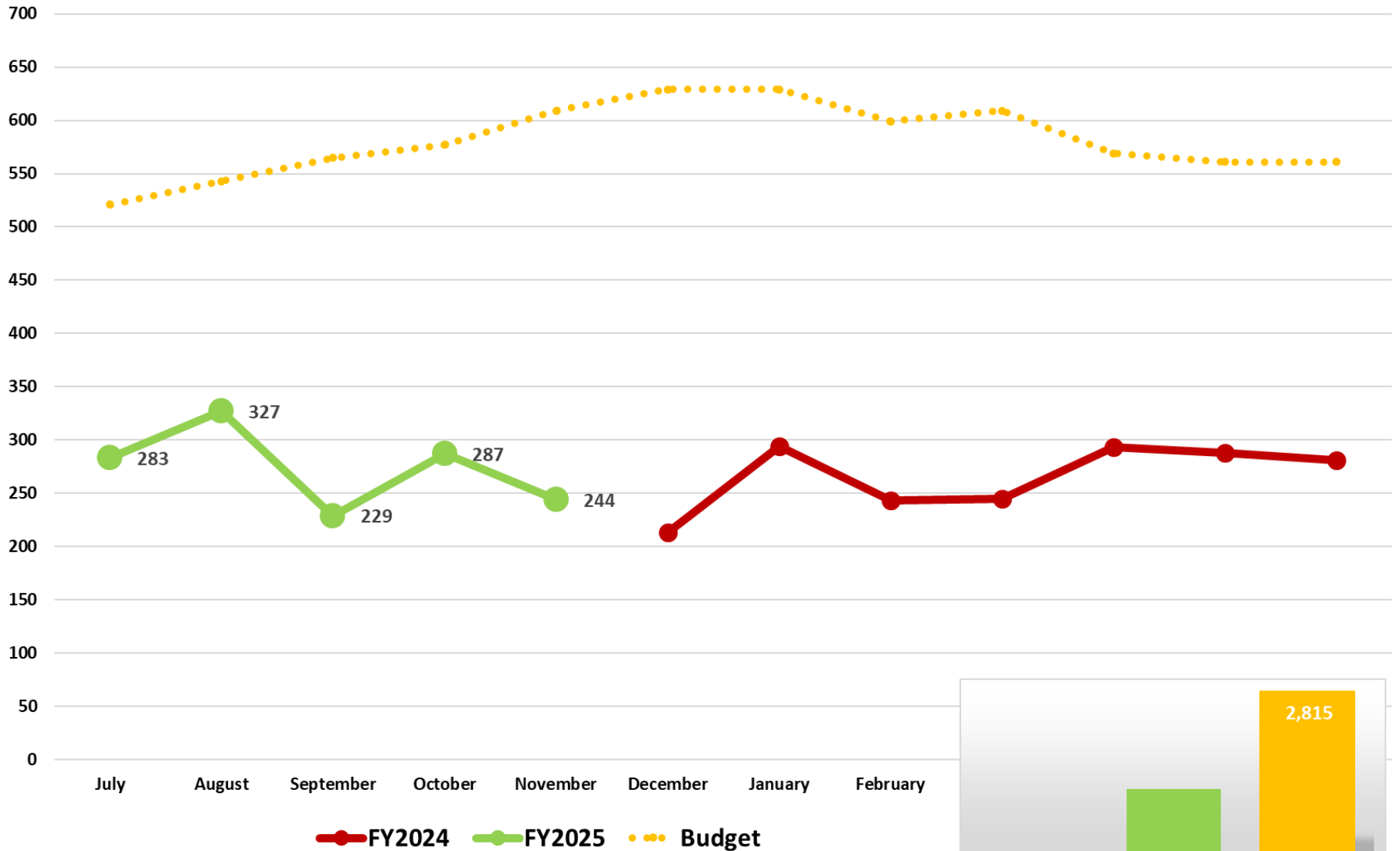
Therapy-Wound Care



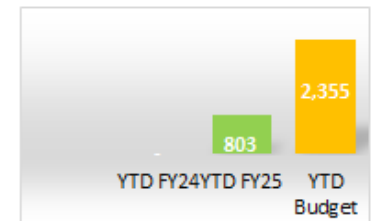
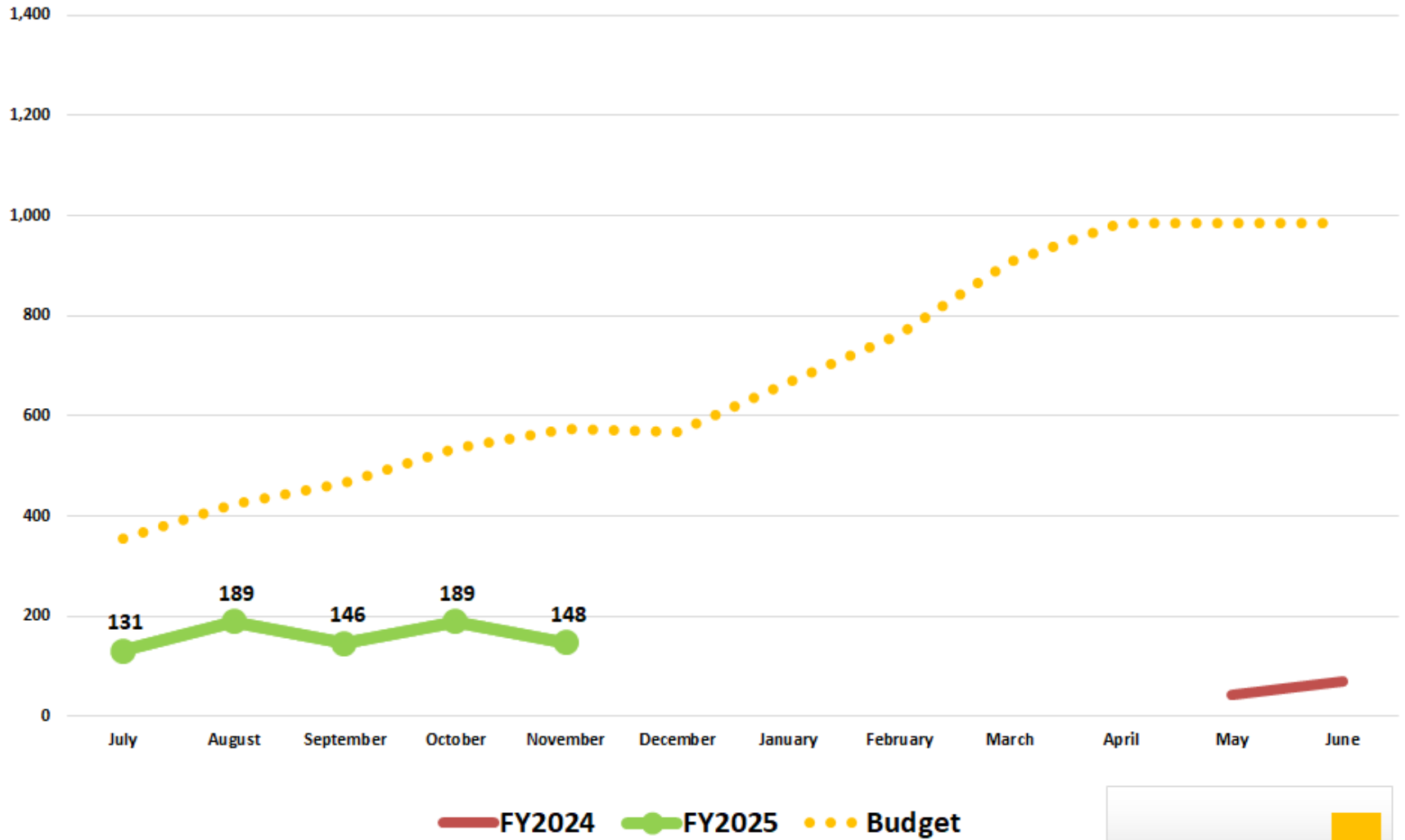
KH Medical Clinic - Ben Maddox



KH Medical Clinic - Plaza



KH Willow Clinic



Medical Oncology

