



August 23, 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, August 28, 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.
- 4:15PM 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](mailto: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](http://www.kaweahhealth.org)



## KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

**Wednesday August 28, 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 August 28, 2024, closed meeting agenda.*
5. **ADJOURN**

### CLOSED MEETING AGENDA {4:01PM}

1. **CALL TO ORDER**
2. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Pursuant to Subdivision (a) of Section 54956.9 of the Government Code.  
*Diaz vs. Kaweah Delta Health Care District*  
*Tulare County Superior Court Case No.: VCU297155*  
*Dianne Cox, Chief Human Resource Officer and Rachele Berglund, Legal Counsel*
3. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(1).  
*16 Cases vs. Kaweah Health Care District*  
*Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*

4. **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*

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

*Daniel Hightower, MD, Chief of Staff*

6. **APPROVAL OF THE CLOSED MEETING MINUTES** –[June 26, 2024](#), and the [July 24, 2024](#), closed meeting 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 June 26, 2024, and July 24, 2024, closed minutes.*

6. **ADJOURN**

## **OPEN MEETING AGENDA {4:15PM}**

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 [July 24, 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 July 24, 2024, open minutes.*

6. **RECOGNITIONS**

**6.1.** Presentation of [Resolution 2235](#) to Yajaira Madera Avonce in recognition as the Kaweah Health World Class Employee of the month – August 2024 – *Director Rodriguez*

**6.2.** Presentation of [Resolution 2236](#) to Gloria Lizardo, in recognition of her 44 years of service and retirement. – *Director Rodriguez*

6.3. Presentation of [Resolution 2237](#) to Jennifer Cawley in recognition of her 32 years of service and retirement. – *Director Rodriguez*

**7. INTRODUCTION – New Director**

7.1. Ben Savage, Radiation Oncology Services Manager

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 August 28, 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 August 28, 2024, Consent Calendar*

**9.1. REPORTS**

- A. [Physician Recruitment](#)
- B. Throughput
- C. Other Professional Service Reports:

C.1. [Renal Services](#)

**9.2. POLICIES**

**A. Administrative Policies**

- A.1. [AP31](#)- Physician Referral- Revised
- A.2. [AP69](#)- Requirement for Contracting with Outside Service Providers- Revised
- A.3. [AP138](#)- Use of Non-District Approved Medical Devices- Revised
- A.4. [AP141](#)- Credit and Collection Policy- Revised
- A.5. [AP148](#)- Grants- Revised

**B. Environment of Care**

- B.1. [EOC 2000](#)- Emergency Operations Plan- Revised

## 9.5. MEC

A. Privilege Form Revision – [APP-NP/PA](#)

10. [STROKE PROGRAM QUALITY REPORT](#)- A review of key quality indicators and action plans related to the care of the Stroke population. – *Cheryl Smit, RN-BC, BSN, Manager, Stroke & CME Programs and Sean Oldroyd, OD, Stroke Program Medical Director*

11. [FINANCIALS](#) – Review of the most current fiscal year financial results.  
*Malinda Tupper – Chief Financial Officer*

### 12. REPORTS

12.1. [Chief Executive Officer Report](#) - Report on current events and issues.  
*Gary Herbst, Chief Executive Officer*

12.2. [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. CONFERENCE WITH LEGAL COUNSEL – [EXISTING LITIGATION](#) – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2).  
*Ben Cripps, Chief Compliance Officer and Rachele Berglund, Legal Counsel*

7. ADJOURN

*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.*

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**Agenda item intentionally omitted**

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JULY 24, 2024, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; M. Manga; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer; D. Cox, Chief Compliance Officer; K. Noeske, Chief Nursing Officer; Paul Stefanacci, MD, Chief Medical & Quality 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 (Havard Mirviss/Rodriguez) to approve the open agenda. This was supported unanimously by those present. Vote: Yes - Havard Mirviss, Rodriguez, Olmos, Levitan and Francis*

**PUBLIC PARTICIPATION** – None.

Director Olmos asked for approval of the closed agenda.

*MMSC (Francis/Havard Mirviss) to approve the closed agenda. This was supported unanimously by those present. Vote: Yes - Havard Mirviss, Rodriguez, Olmos, Levitan 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 WEDNESDAY JULY 24, 2024, AT 4:30PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; D. Hightower, MD; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; J. Batth, Chief Operating Officer; D. Cox, Chief Human Resource Office; B. Cripps, Chief Compliance Officer; P. Stefanacci, MD, Chief Medical & Quality Officer; K. Noeske, Chief Nursing Officer; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 4:30 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, Levitan and Francis*

**PUBLIC PARTICIPATION** – None.

**CLOSED SESSION ACTION TAKEN:** None.

**OPEN MINUTES** – Requested approval of the open meeting minutes from June 18, 2024 and June 26, 2024.

**PUBLIC PARTICIPATION** – None.

*MMSC (Havard Mirviss/Francis) to approve the open minutes from June 18, 2024 and June 26, 2024.*

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

**RECOGNITIONS**

Director Havard Mirviss presented Resolution 2232 to Sonia Sanchez, in recognition as the Kaweah Health World Class Employee of the month – July 2024.

Director Havard Mirviss presented Resolution 2233 to Julio Sanchez, in recognition of his 43 years of service and retirement from Kaweah Health.

**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, MD, Chief of Staff*

- No report.

**Public Participation** – None.

Director Olmos requested a motion for the approval of the credentials report as presented July 24, 2024.

*MMSC (Levitan/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, Be it therefore resolved that the following medical staff, excluding Emergency Medicine Providers as highlighted on Exhibit A (copy attached to the original of these minutes and considered a part thereof), be approved or reappointed (as applicable), to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files . This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis*

**CONSENT CALENDAR** – Director Olmos entertained a motion to approve the July 24, 2024, consent calendar.

**PUBLIC PARTICIPATION** – None.

*MMSC (Francis/Havard Mirviss) to approve the July 24, 2024, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis*

**MEDICATION SAFETY REPORT** – A review of key quality measures and action plans associated with Kaweah Health's Medication Error Reduction Program. Copy attached to the original of the minutes and to be considered a part thereof.

*Mara Miller, PharmD BCPS, Medication Safety Coordinator*

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

*Malinda Tupper – Chief Financial Officer*

## **REPORTS**

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

**ADJOURN** - Meeting was adjourned at 5:38PM

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 2235**

**WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Yajaira Madera Avonce with the World Class Service Excellence Award for the Month of August 2024, for consistent outstanding performance, and,**

**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 congratulations to Sonia Sanchez for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.**

**PASSED AND APPROVED this 28th day of August 2024 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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



## **RESOLUTION 2236**

**WHEREAS, Gloria Lizardo, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 44 years of service; and,**

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

**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 appreciation to Gloria Lizardo for 44 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 28<sup>th</sup> day of August 2024 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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



## **RESOLUTION 2237**

**WHEREAS, Jennifer Cawley, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 32 years of service; and,**

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

**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 appreciation to Jennifer Cawley for 32 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 28<sup>th</sup> day of August 2024 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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

**Physician Recruitment and Relations**

*Medical Staff Recruitment Report - August 2024*

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

Date prepared: 8/16/2024

<b>Valley Children's Health Care</b>	
Maternal Fetal Medicine	2
Neonatology	1
Pediatric Cardiology	1
Pediatric Hospitalist	1

<b>Delta Doctors Inc.</b>	
Family Medicine	2
OB/GYN	1
Adult Psychiatry	1

<b>Key Medical Associates</b>	
Family Medicine/Internal Medicine	1
Gastroenterology	1
Pediatrics	1
Pulmonology	1
Rheumatology	1

<b>Orthopaedic Associates Medical Clinic, Inc.</b>	
Orthopedic Surgery (General)	1
Orthopedic Surgery (Hand)	1

<b>Sequoia Cardiology Medical Group</b>	
EP Cardiology	1

<b>Oak Creek Anesthesia</b>	
Anesthesia - General	1
Anesthesia - Cardiac	1

<b>Valley Hospitalist Medical Group</b>	
GI Hospitalist	1

<b>Mineral King Radiology Group</b>	
Diagnostic Radiology	1
Interventional Radiology	1

<b>Other Recruitment/Group TBD</b>	
Dermatology	2
Family Medicine	3
Gastroenterology	2
Neurology - Outpatient	1
Otolaryngology	2
Pediatrics	1
Pulmonology - Outpatient	1
General Cardiologist	1
Urology	3
CT Surgery	3

<b>Valley ENT</b>	
Audiology	1
Otolaryngology	1

**Physician Recruitment and Relations**  
**Medical Staff Recruitment Report - August 2024**

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kaweahhealth.org - (559) 624-5456  
 Date prepared: 8/16/2024

#	Specialty	Group	Date Added	Current Status
1	General Surgeon	TBD	8/13/2024	Currently under review
2	Occupational Medicine	TBD	8/13/2024	Currently under review
3	Occupational Medicine	TBD	8/13/2024	Currently under review
4	ENT	Valley ENT	8/13/2024	Currently under review
5	Critical Care Anesthesia	Oak Creek Anesthesia	8/13/2024	Currently under review
6	Cardiac Anesthesia	Oak Creek Anesthesia	8/13/2024	Currently under review
7	Diagnostic Radiology	Mineral King Radiology	8/1/2024	Currently under review
8	EP Cardiologist	TBD	7/8/2024	Currently under review
9	EP Cardiologist	TBD	7/8/2024	Currently under review
10	Pulmonologist	TBD	7/8/2024	Site Visit: 8/29/24
11	Pulmonologist	TBD	7/8/2024	Prescreen call pending
12	Occupation Medicine	TBD	7/8/2024	Currently under review
13	Pulmonology	TBD	6/21/2024	Currently under review
14	Family Medicine	TBD	6/21/2024	Currently under review
15	Family Medicine	TBD	6/21/2024	Currently under review
16	Orthopedic General Surgeon	Orthopaedic Associates Medical Clinic, Inc	6/12/2024	Currently under review
17	Vascular Surgery	South Valley Vascular	6/3/2024	Currently under review
18	Vascular Surgery	South Valley Vascular	5/15/2024	Site Visit: Scheduling
19	Intensivist	Sound Physicians	4/9/2024	Site Visit: 4/11/2024
20	ENT	Valley ENT	4/9/2024	Pending site visit dates
21	Pediatric Hospitalist	Valley Children's	4/4/2024	Site Visit: 4/8/2024
22	Gastroenterology	TBD	3/29/2024	Prescreen call pending
23	CT Cardiac Surgery	TBD	3/29/2024	Site Visit: 8/5/24
24	ENT	Valley ENT	3/29/2024	Currently under review
25	EP Cardiologist	TBD	3/29/2024	Prescreen call pending
26	Pediatric Hospitalist	Valley Children's	3/29/2024	Site Visit: 4/12/2024
27	Intensivist	Sound Physicians	3/29/2024	Site visit: 3/14/2024
28	OB/GYN	Visalia OB/GYN	3/29/2024	Currently under review
29	Orthopedic Hand Surgeon	Orthopaedic Associates Medical Clinic, Inc	2/2/2024	Leadership call pending
30	EP Cardiologist	TBD	2/2/2024	Site visit: Scheduling
31	EP Cardiology	TBD	9/11/2023	Currently under review
32	Family Medicine	TBD	6/21/2023	Currently under review

#	Specialty	Group	Offer Sent
1	Urology	Direct/1099	4/24/2024
2	Psychiatry	TBD	12/5/2023
3	Family Medicine	Direct/1099	11/7/2023
4	Vascular Surgery	South Valley Vascular	7/1/2024

#	Group	Offer Sent	Expected Start Date
1	Orthopedic Trauma	Orthopaedic Associates	9/1/2024
2	Hospice & Palliative Medicine	Independent	9/1/2024
3	Radiation Oncology	SROSI	9/1/2024
4	Medical Oncology	Sequoia Oncology Medical Associates	9/1/2024
5	Interventional Cardiology	Independent	9/1/2024
6	Intensivist	Sound Physicians	TBD
7	CRNA	Oak Creek Anesthesia	January 2025
8	CRNA	Oak Creek Anesthesia	January 2025
9	OBGYN	W2	Fall 2024
10	Dermatologist	Dinuba RHC	2/1/2025
11	Anesthesia - Cardiac	Oak Creek	10/1/2024

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Outpatient Dialysis Services

FY2024

### KEY METRICS - FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

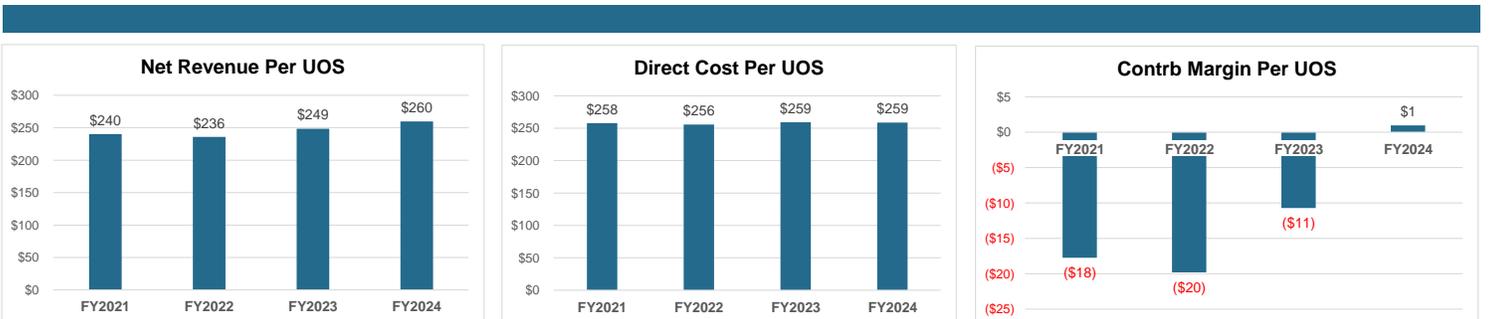


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	26,512	25,157	23,146	23,008	▼ -1%	
Net Revenue	\$6,370,680	\$5,937,832	\$5,753,770	\$5,976,149	▲ 4%	
Direct Cost	\$6,840,731	\$6,435,936	\$6,001,262	\$5,953,550	▼ -1%	
Contribution Margin	(\$470,051)	(\$498,104)	(\$247,492)	\$22,599	▲ 109%	
Indirect Cost	\$3,415,465	\$3,612,634	\$3,426,141	\$3,340,052	▼ -3%	
Net Income	(\$3,885,516)	(\$4,110,738)	(\$3,673,633)	(\$3,317,453)	▲ 10%	
Net Revenue Per UOS	\$240	\$236	\$249	\$260	▲ 4%	
Direct Cost Per UOS	\$258	\$256	\$259	\$259	▶ 0%	
Contrb Margin Per UOS	(\$18)	(\$20)	(\$11)	\$1	▲ 109%	

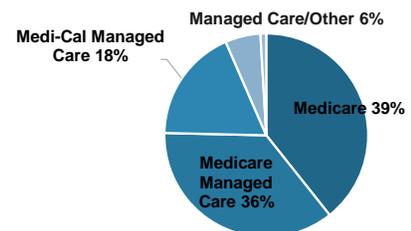
### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (Gross Revenue)

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	51%	50%	48%	39%
Medicare Managed Care	23%	25%	28%	36%
Medi-Cal Managed Care	16%	16%	17%	18%
Managed Care/Other	9%	7%	6%	6%
Medi-Cal	0%	1%	1%	1%
Medicare Combined	74%	75%	76%	75%

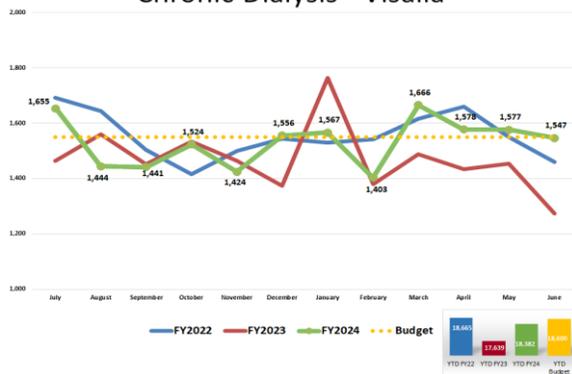
### FY 2024 Payer Mix



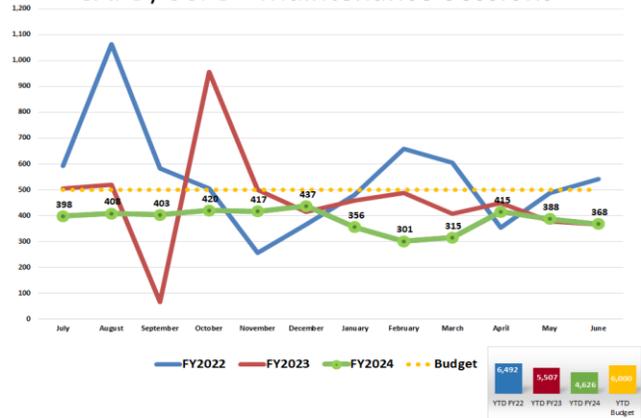
## Outpatient Dialysis Services

### STATISTIC GRAPHS

#### Chronic Dialysis - Visalia



#### CAPD/CCPD - Maintenance Sessions



**Notes:**

Source: Outpatient Service Line Reports

Criteria: Outpatient Service Lines Dialysis (includes CAPD and Hemodialysis)



<b>Policy Number:</b> AP31	<b>Date Created:</b> No Date Set
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration)	
<b>Physician Referral</b>	

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

**POLICY:** When requested to recommend and/or make a referral to a physician, Kaweah Delta Health Care District dba Kaweah Health staff will direct the requesting individual to the Kaweah Health website ([www.kaweahhealth.org](http://www.kaweahhealth.org)), PHYSICIANS tab. If the requestor does not have computer access, staff will provide the requesting individual with a list of applicable medical staff members of the applicable specialty or subspecialty.

During normal business hours, staff may direct the requesting individual to the medical staff office; after hours to PBX.

*"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."*

<b>Policy Number:</b> AP69	<b>Date Created:</b> 06/07/2007
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration)	
<b>Requirement for Contracting with Outside Service Providers</b>	

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

**POLICY:** Kaweah Delta Health Care District (herein after referred to as Kaweah Health) enters into contracts with various providers for services. A contract may be department, division and/or entity-specific or it may incorporate the entire Kaweah Health organization.

Each Executive Team Member and/or his/her designee/departmental owner through formal designation shall be responsible for monitoring, negotiating and executing contracts pertaining to their Division. All contracts shall be reviewed and executed according to the standard procedures outlined in this policy.

**REFERENCES:**

- AP96 Public Bidding of Construction Contracts
- AP156 Standard Purchasing Practices
- AP166 Competitive Bidding of Contracts
- AP167 Quote and Proposal Guidelines
- CP03 Physician Relationships

**Definitions:**

“Contract” means a contract, agreement, engagement letter, letter of understanding, statement of work, memorandum of understanding or other legal document which binds a third party to perform services on behalf of Kaweah Health.

“Contracted services affecting patient care” are defined as those contracted services for providing care, treatment and/or services to patients. These services provide both direct (e.g., temporary staffing) and indirect (e.g., interpreter services) patient care services; however, would not include contracted arrangements such as landscaping or other exclusively administrative services. The same level of care must be provided whether Kaweah Health provides these services directly or through contract services. Kaweah Health leadership must oversee the contracted service to make sure they are provided safely and efficiently in compliance with Centers for Medicare and Medicaid Services and The Joint Commission contracting requirements. The

“Quality Term” provision, as outlined in section F1 of this policy, is required for these types of agreements (See F1 – Quality Term)

“Goods” are defined as a purchase of equipment or disposable items that are used in the business of Kaweah Health. Included in this definition is the purchase of software license agreements that are independent of any software support agreement.

“Services” are defined as the furnishing of time and effort by a contractor that binds a third party to perform services on behalf of Kaweah Health.

“Protected Health Information (PHI)” is defined as any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; (ii) the provision of health care to an individual; (iii) the past, present, or future payment for the provision of health care to an individual; or (iv) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103,164.501. Protected Health Information includes Electronic Protected Health Information as defined above.

“Business Associate Agreement/Addendum” is defined as a legal document between a healthcare provider and a third party that will create, receive, maintain, or transmit Protected Health Information of our patients and/or employees.

**PROCEDURE:**

When an Executive Team Member or his/her designee is contemplating a new contract, the following steps shall be taken:

- I. **Items to consider** (see Flowchart in Exhibit A): Consider the economic implications of a contract arrangement or other alternatives that may be available. Economic consideration must be documented on the Contract Checklist Exhibit B.
  - A. Lease versus buy decision
  - B. In-house versus out-source decision
  - C. Administrative Policy AP96 “Public Bidding of Construction Contracts”
  - D. Administrative Policy AP156 “Standard Procurement Practices”
  - E. Administrative Policy AP166 “Competitive Bidding of Contracts”
  - F. Administrative Policy AP167 “Quote and Proposal Guidelines”

G. Compliance Policy CP03 “Physician Relationships”

II. **Determine when a contract is required (see Flowchart in Exhibit A):**

- A. Purchase of Goods: All purchases of goods must adhere to Kaweah Health Administrative Policy AP156 and a service contract is not required.
- B. Purchase of Services: Services includes but are not limited to general service agreements, independent contractor agreements and professional services. Any purchase of services must adhere to Kaweah Health Administrative Policy AP167.
  - 1. Services directly affecting patient care: A contract is required regardless of the cost.
  - 2. Services that do not directly affect patient care:
    - a) If the cost of the service being retained exceeds \$10,000 annually and has a contract service life greater than thirty (30) days, a contract is required.
    - b) If the cost of the service being retained is **LESS THAN \$10,000 BUT:**
      - (1) engages services from or to a physician (a contract is **REQUIRED** contact the Compliance Department. (Follow CP03)
      - (2) engages Information Technology (IT) services (will not require a contract but requires written pre-approval by the Chief Information Office (CIO)
      - (3) engages the services of an employee, contact HR.

III. **Determine if an Associate “Agreement” or “Addendum” (BAA) is required**

- A. A Business Associate Agreement is required if third party contracted services result in the creation, receipt, or transmission of PHI.
  - 1. Examples of when a BAA is required include, but are not limited to, claims processing or administration, data analysis, utilization review, quality assurance, patient safety activities, billing, benefit management, practice management, legal, actuarial, accounting, consulting, data aggregation, management services, administrative services, accreditation services or financial services.
  - 2. Note: The Business Associate rule does not apply to disclosures by Kaweah Health to a health care provider for the purpose of treating a patient. Furthermore, incidental contact and/or viewing (service or maintenance agreements) of PHI do not require the use of a BAA; as long as the incidental contact by the third party does not result in

the creation, receipt, or transmission of PHI. In situations where a third party may have incidental contact with PHI, a Confidentiality Statement may be used in place of a BAA.

3. For any modification requests to the Kaweah Health BAA template, contact the Compliance Department.
- B. A Business Associate Addendum is required when using the third party's contract [**NOT** the Kaweah Health contract template] unless the stand-alone Business Associate Agreement is utilized.

**IV. Determine if a Kaweah Health Contract Template should be used**

When negotiating contractual obligations with a third party, every effort should be made to utilize Kaweah Health's standard contract templates described below. In the event the contracted party refuses to use Kaweah Health's standard contract template, please refer to Section V. below. If terms are significantly different, the contract changes must be reviewed and approved by the responsible Executive Team Member. Contract templates, samples of standard language for general provisions and the contract checklist are located on Finance Online under Brain/ Mgmt Team/ Contracts/Contract forms.

- A. **The Independent Contractor template** – Contact the HR department. HR Department will regularly engage with Materials Management for contract maintenance, archiving, Annual Contracted Services Evaluation Checklist, etc.
- B. **The General Service template** - used when negotiating services to be provided to or from a third party – Contact the Materials Management department.
- C. **The Professional Service (Physician Contracts) Agreement template** - used when negotiating clinical services to be provided to or from a third party – Contact the Compliance department.
- D. **The Transfer Agreement template** - used when negotiating services to be provided by or for another health care entity for reciprocal inter-facility transfers – Contact Care Management / Materials Management. Care Management will regularly engage with Materials Management for contract maintenance, archiving, Annual Contracted Services Evaluation Checklist, etc.

**V. Determine what Language requirements must be included in the contract, if a District contract template is not use**

- A. Each contract must use Kaweah Health's legal name of "**Kaweah Delta Health Care District (herein after referred to as Kaweah Health)**", a local health care district organized and existing under the laws of the State of California, Health and Safety Code §§ 32000 *et seq.*," and the other party's full legal name.
- B. Responsibilities and services as well as compensation shall be specifically delineated with timing and processes clearly outlined.
- C. Insurance clause shall include:
  - 1. Other party's responsibilities to carry, at own costs, general liability insurance coverage in amounts of one million dollars (\$1,000,000.00) per occurrence and three million dollars (\$3,000,000.00) aggregate, workers compensation insurance, professional liability insurance, and unemployment insurance to protect against loss relating to their employees during the term of this agreement. Such policies must be obtained from a professional insurance carrier and provide for at least thirty (30) days prior written notice to District of cancellation or modification. If general liability coverage doesn't meet the one million/three million stated above, an exception must be discussed with the Director of Risk Management and approval by responsible Executive Team Member. If other party is self-insured, self-insured policy must state that the trust assets available must exceed the one million/three million limits of liability.
  - 2. That the third party will provide District with certificates of insurance before Effective Date of contract, when applicable.
  - 3. That the District is self-insured for both General and Professional Liability purposes. The self-insured program has been in place since 1977, is reviewed annually by a licensed actuary and is audited annually by its financial auditors. The trust assets available exceed the one million/three million limits of liability.
  - 4. That the District shall be named as an additional insured on worker's compensation and employer's liability policies.
- D. Term and termination clauses shall include:
  - 1. A set termination date rather than automatic renewal ("evergreen" clause);
  - 2. The ability to terminate without cause with 30-90 day notice;
  - 3. The ability to terminate for breach if breach is not cured within a specified number of days.
  - 4. **Exceptions** to the termination date includes agreements such as Transfer Agreements, Business Associate Agreements,

Hospice Facility Provider Agreements, and Ownership Agreements, such as Partnerships and Joint Ventures, and contracts satisfied by completion of a project obligation. Other exceptions to the termination date must be reviewed and approved by the responsible Executive Team Member.

- E. Indemnification clauses shall:
1. Only govern the services under contract;
  2. Not increase the District's liability beyond the value of the contract;
  3. Not limit the other party's liability to the dollar value of the contract, where possible; and
  4. Make each party responsible for the errors and omissions of their own employees.
- F. Other Specific language or provisions that must be included [if not using Kaweah Health contract templates] are described below in concept form. Specific language of each provision are located on Finance Online Contracting Module/Kaweah Health Required Language Template:
1. **Quality** – This standard applies to contracted agreements for providing care, treatment and/or services to patients. Contractor shall provide its services to Kaweah Health in accordance with high professional standards of care in the area and consistent with the quality standards of Kaweah Health as determined by the applicable oversight committee, applicable standards of TJC, and Kaweah Health's quality assurance/performance improvement programs and in compliance with all laws and regulations.
  2. **Waiver** – Any waiver granted by a party must be in writing to be effective and shall apply solely to the specific instance expressly stated.
  3. **Assignment** - Agreement cannot be transferred or encumbered by without the prior written consent of both parties.
  4. **Third Party Beneficiary Rights** – No other party can benefit from the contract.
  5. **Compliance with laws** – Each party will comply with all state, local and federal laws, ordinances, codes and regulations. In the event of any changes reasonable efforts to revise this Agreement to conform and comply with such changes will be made.

6. **Applicable Law; Venue** – All disputes will be heard in the Superior Court of the County of Tulare, Visalia Division, State of California. **Exceptions to this requirement must be reviewed and approved by the responsible Executive Team Member.**
  7. **Severability** – If the courts find a section of the contract legally invalid or unenforceable, the remainder of the Agreement shall not be affected.
  8. **Amendment** - The Agreement may be modified or amended only by mutual written agreement signed by all the parties.
  9. **Attorney fees** – If there is a dispute, the prevailing party shall be entitled to recover its reasonable attorneys’ fees and other costs incurred.
  10. **OIG Contracting Exclusion** - Contractor represents that neither it nor any of its officers, directors, employees, subcontractors or agents is on the General Services Administration’s list of parties excluded from federal procurement programs and is not debarred by the U.S. Food and Drug Administration.
  11. **The Joint Commission accreditation clause** - Must be included if the other party is accredited.
  12. **Access to Books and Records clause** - Must be included in every contract where the value of services equals or exceeds \$10,000 in a twelve (12) month period or when the contracted services directly affect patient care.
  13. **District Professional and Administrative on Responsibilities clause** – Must be included if the contract is a Consultant, Medical Director or Professional Services Contract.
- VI. Determine if contract checklist needs to be completed (Exhibit B): The contract checklist must be completed by department designee(s) for all contracts that are not prepared by Legal counsel and presented at time of contract signature to responsible Executive Team Member or his/her designee. Required documentation in contract packet also needs to include a current Certificate of Insurance and W-9.
- VII. Determine who has to review the contract before it is signed: Except for contracts prepared by Legal counsel, before a contract can be signed it must be reviewed by the following. **Approval must be acknowledged in the Contract Checklist.**
- A. **Special Review** – Prior to a contract being signed contracts must be reviewed and approved by appropriate personnel as described below;

1. Chief Information Officer or designee for agreements or purchases relating to IT systems, software, telecommunications or any other IT contract.
2. Chief Financial Officer or designee for agreements relating to equipment leases or rental agreements in excess of \$25,000.
3. Chief Human Resources Officer or designee for any of the following situations: all staffing and recruiting agreements, independent contractor agreements when the contractor performs work that is performed or could be performed by an employee, or any independent contractor agreement when the income reporting identifier is the contractor's Social Security number
4. Director of Risk Management for agreements that do not have Kaweah Health's approved standard insurance and indemnification language or by nature of the contract the responsible Executive believes could expose Kaweah Health to a high or unusual liability risk.
5. Responsible Executive for any third party contract that has terms and language that is significantly different from the Kaweah Health contract template.
6. Compliance Department for any Business Associate Agreement or Business Associate Addendum where Kaweah Health's standard template is not used or the standard template language is modified.

B. **Final Review – Contract draft and completed Contract Checklist** with all pertinent vendor selection documentation must be submitted for review to either the:

1. Director of Procurement and Logistics or Materials Manager/Contract Agent for preventative maintenance agreements or other non-physician related service contracts.
2. Compliance Department for physician related contracts.

VIII. Ensure appropriate signor(s) for a service contract and/or BAA Only after VII. above has been completed, the contract can be signed. All contracts MUST be signed by either 1) the Chief Executive Officer, or 2) an Executive of Kaweah Health, or their approved designee. A list of authorized Kaweah Health signors can be found on Finance Online under Brain/ Mgmt Team/ Contracts/Contract forms.

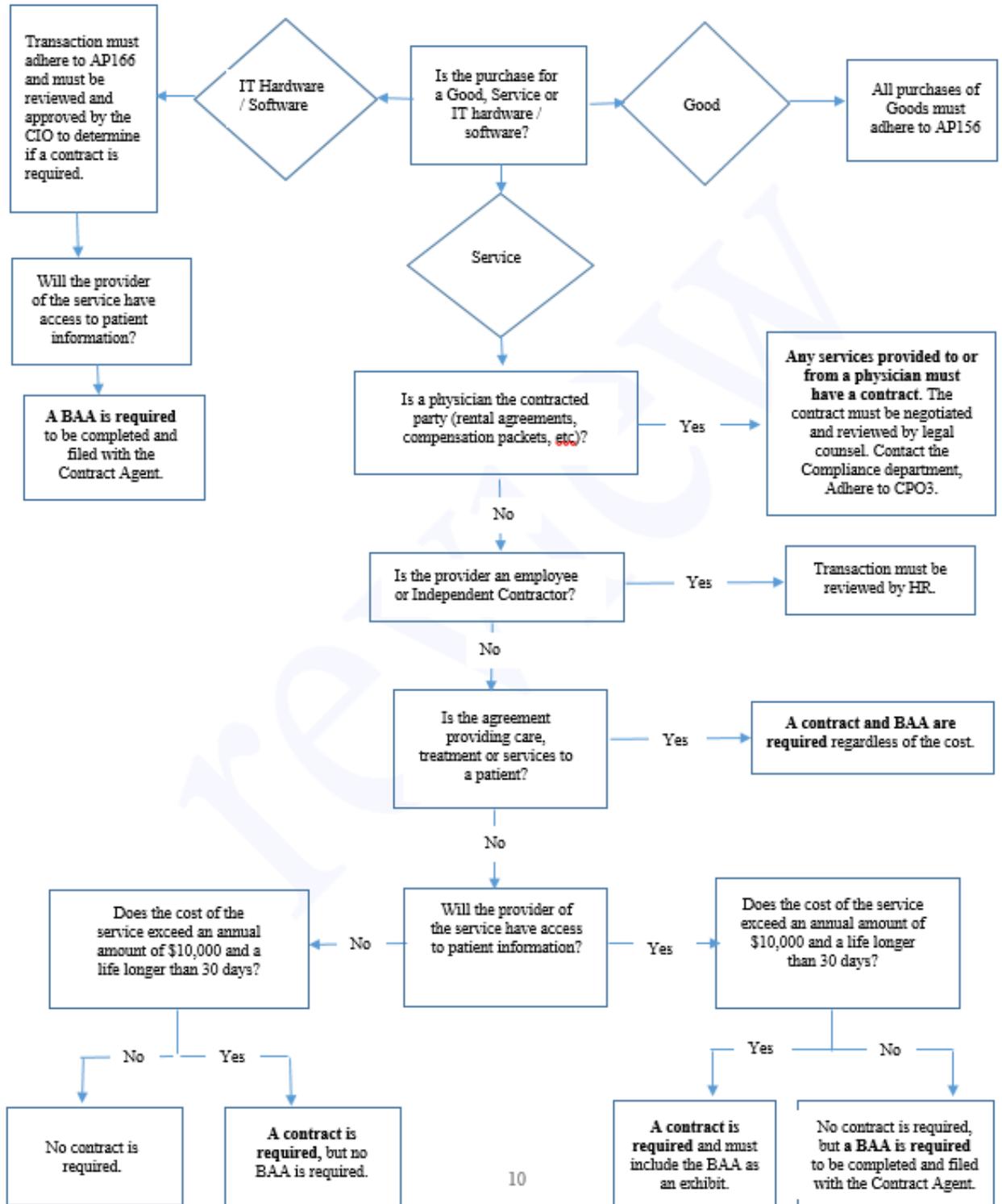
IX. Ensure executed contracts are submitted appropriately. Once Steps I. through VIII. have been completed, submit a copy of the fully executed contract along with the completed Contract Checklist and any other appropriate documentation [i.e. Certificate of Insurance, W-9] to the

Materials Manager/Contract Agent in the Materials Management Department (Non-physician contracts) or Compliance Department (Physician contracts) for retention. All contracts must be retained for a minimum of six (6) years. Failure to complete any of the above steps will result in delay or non-payment to the vendor.

- X. Annual Contracted Services Evaluation Checklist (Exhibit C). Each contract/agreement will need to be evaluated on an annual basis by a departmental owner/designee to ensure performance and quality standards are met on behalf of Kaweah Health. The Annual Contracted Services Evaluation Checklist evaluates both contracted services and the contract for such services, and is used to determine whether a particular contractor or third party is providing an expected and appropriate level of service. Answers to all questions should ideally be Y for Yes (unless they are not applicable). Any N for No responses need additional Comments to include if departmental owner/designee is comfortable continuing said contracted services until remedy or resolution is met. Annual Contracted Services Evaluation Checklists will be monitored and archived by the Materials Management team.



**EXHIBIT A**  
Contract Decision Tree



## EXHIBIT B KAWEAH HEALTH CONTRACT CHECKLIST

**\*\*Checklist is not required to be completed for contracts prepared by Legal counsel\*\***

New       Renewal/Re-negotiation – replaces contract # \_\_\_\_\_  Addendum

**Contracted Party:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Total Contract Cost:** \_\_\_\_\_

**Negotiated by (District Rep):** \_\_\_\_\_

**Responsible Executive Team Member:** \_\_\_\_\_

**Responsible Director:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Term Date:** \_\_\_\_\_ (if n/a indicate project, LLC, Assignment, etc)

**Contract Type: (select one)**

AP 166:

Materials & Supplies over \$25,000 lease or sold, no Medical Equipment,

Electronic Data Processing or Telecommunications Goods/Services (ISS);

AP 167: Other Professional Services (i.e. staffing, consulting, training, service contracts, services requiring license, certificate or registration under law)

**AP 166: (select one)**

Competitive bidding with lowest “qualified” bidder

ISS Only Exemption 1: Vendor selected is the only vendor that can provide goods/services that meet District’s needs

ISS Only Exemption 2: Immediate need in emergency and for protection of public health, welfare, or safety.

**AP 167: (select one)**

GPO Contract

Quotes (Greater than \$10,000 but less than \$100,000 annually)

RFP required (Greater than \$100,000 annual spend)

Sole Source

GPO Contract # (If applicable): \_\_\_\_\_

Two or more quotes are: \_\_\_\_\_

1. Vendor selected: \_\_\_\_\_

2. Why: \_\_\_\_\_  
\_\_\_\_\_

- Sole Source arrangement approved by RFP Committee – approval attached.
- RFP selection approved by RFP Committee – approval attached.

**Contract type:**

- General Service - \_\_\_\_\_ (Describe: Consulting, General Maintenance, etc)
- Professional Service (Clinical)  Independent Contractor
- Staffing  Transfer Agreement
- Property/Space Lease  Capital Lease/Purchase/Operating Lease
- Disposable Supply Purchase  Construction Service Agreement
- Information Systems (ISS Use Only)  Other \_\_\_\_\_

**Contract Document:**  Standard  Changes  Other Party document  
 As is  Addendum

Special Requirements: \_\_\_\_\_

**Language included: (\*must be present in every contract)**

- Quality \***
- Waiver\***  **Amendment\***
- Assignment\***  **Termination Date**
- Compliance with Laws\***  **Applicable Law; Venue\***
- Third Party Beneficiary Rights\***  **OIG Contracting Exclusion\***
- Severability\***  **JCAHO Clause** (If Other Party Is Accredited)
- Indemnification Clause\***  **Access to Records Clause** (If >\$10,000 in 12 months)
- Self-insured Clause\***  **Attorney fees\***
- District Professional & Administrative Responsibilities Clause** (If Contract is Consultant, Medical Director or Professional Service)
- Business Associate Agreement/Addendum** (If Other Party has access to identifiable health or demographic information, other than health care purposes)

**SPECIAL REVIEWS**

**Independent Contractor performing same duties of an employee or contractor using Social Security number as income reporting identifier :**

Approved by Chief HR Officer: \_\_\_\_\_  
Date: \_\_\_\_\_

**System/Software/Telecommunications/IS Technology:**

Approved by CIO: \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance Coverage provisions significantly changed:**

Approved by Risk Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Requirement for Contracting with Outside Service Providers

**Equipment Lease greater than \$25,000:**

Approved by CFO: \_\_\_\_\_

Date: \_\_\_\_\_

**Capital Lease/Equipment:**

Approved by CFO: \_\_\_\_\_

Date: \_\_\_\_\_

FINAL REVIEW AND CONTRACT SUBMISSION

**Director of Procurement and Logistics:**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

*OR*

**Materials Manager/Contract Agent:**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



**EXHIBIT C**

**Annual Contracted Services Evaluation Checklist**

***This checklist includes questions to ask to evaluate both contracted services and the contract for those services. Use it to determine whether a particular contractor is providing an expected and appropriate level of service. Answers***

Organization: Kaweah Health Dept/Unit + Cost Center: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Vendor (Name of Other Party): \_\_\_\_\_

Workday Strategic Sourcing Contract #: \_\_\_\_\_

Contracted Services: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

<b>Expectation, Communications, and Observations</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Comments</b>
Did the Vendor (Other Party) meet expectations regarding Customer Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Vendor (Other Party) meet expectations regarding quality of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the staff provided by the Vendor (Other Party) meet expectations regarding competency levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Vendor (Other Party) meet expectations regarding all applicable accreditation, state and federal requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Vendor (Other Party) meet expectations regarding all contractual obligations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Vendor (Other Party) meet expectations regarding all applicable performance metrics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**EXHIBIT A**



*"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: AP138	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)	
<b>Use of Non-District Approved Medical Devices</b>	

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

**POLICY:** Patients of Kaweah have the right to expect the highest quality in healthcare that we can provide. Kaweah Delta will provide staff with the best quality and most effective medical equipment and technology to care for patients.

The evaluation and acquisition of medical technology, equipment, and devices is performed through the combined efforts of the Capital Committee, Value Analysis Committees, and Clinical Engineering. These committees ensure for the following:

- Appropriateness
- Cost effectiveness
- Quality
- Accuracy
- Durability
- Preventive maintenance
- Quality control
- Consistency
- Assessment of inherent risks associated with the use

**At no time** shall Kaweah Delta staff members use any medical technology, equipment, or device purchased for their own use (utilizing personal funds) for the treatment, diagnosis, or therapy of a patient of Kaweah Delta. This includes, but is not limited to:

- Pulse oximeters
- Any equipment for monitoring blood pressure
- Any equipment for monitoring blood glucose
- Thermometers
- ECG Analysis

Staff shall discuss the need for particular medical technology, equipment, or device with his/her manager.

Failure to comply with the below referenced policies may result in application of the procedures contained in the Progressive Discipline Policy, HR-216, up to and including termination.

Reference: EOC 6001  
EOC 6015

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



Subcategories of Department Manuals  
not selected.

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)	
<b>Credit and Collection Policy</b>	

**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 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<sup>1</sup>;
  - v)** Causing a Patient’s arrest or obtaining a writ of body attachment<sup>2</sup>;
  - 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.

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<sup>1</sup> 26 C.F.R. § 1.501(r)-6(b)(iv)(C).

<sup>2</sup> 26 C.F.R. § 1.501(r)-6(b)(iv)(F).

- 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 KDHCDC must take to determine whether an individual is eligible for financial assistance under KDHCDC'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.<sup>3</sup> For submitted applications, these efforts must include a reasonable opportunity to correct an incomplete application and Reasonable Efforts to Notify.<sup>4</sup>
- 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.<sup>5</sup>
- 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

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<sup>3</sup> 26 C.F.R. § 1.501(r)-6(c)(2).

<sup>4</sup> 26 C.F.R. § 1.501(r)-6(c)(3).

<sup>5</sup> 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.<sup>6</sup>
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

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<sup>6</sup> 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 KDHCDC's control, KDHCDC will follow up as appropriate to facilitate resolution of the claim. If resolution does not occur after reasonable follow-up efforts, KDHCDC may bill the Patient or take other actions consistent with KDHCDC'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: KDHCDC 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: KDHCDC bills Uninsured or Self-Pay Patients for items and services provided by KDHCDC, using KDHCDC's Community Care Rate. All Patients receive a statement as part of KDHCDC's 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.<sup>7</sup> 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:

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<sup>7</sup> 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.<sup>8</sup> KDHCD complies with relevant federal and state laws and

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<sup>8</sup> Cal. Health & Safety Code § 127425(b).

regulations in the assignment of bad debt. KDHCDC 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, KDHCDC 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.<sup>9</sup>
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<sup>10</sup>; and
  - b. KDHCDC is unaware of any pending appeals for insurance coverage of services<sup>11</sup>; and
  - c. KDHCDC has made attempts to collect payment using reasonable collection efforts, such as mailing billing statements or making telephone calls. KDHCDC 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 150 days have passed since the first post-discharge billing statement for the most recent episode of care included in any billing aggregation<sup>12</sup>; and
  - d. KDHCDC 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<sup>13</sup>.

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<sup>9</sup> 26 C.F.R. § 1.501(r)-6(c)(2).

<sup>10</sup> Cal. Health & Safety Code § 127426(a).

<sup>11</sup> Cal. Health & Safety Code § 127426(a).

<sup>12</sup> 26 C.F.R. § 1.501(r)-6(c)(4)(ii).

<sup>13</sup> 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 sent<sup>14</sup>, and KDHCD has made reasonable efforts to determine whether the Patient is eligible for Financial Assistance.<sup>15</sup>
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.<sup>16</sup>
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.<sup>17</sup>

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<sup>14</sup> 26 C.F.R. § 1.501(r)–6(c)(4).

<sup>15</sup> 26 C.F.R. § 1.501(r)–6(a).

<sup>16</sup> 26 C.F.R. § 1.501(r)–6(c)(8)(ii).

<sup>17</sup> 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,<sup>18</sup> 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.<sup>19</sup> 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.<sup>20</sup> 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.
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.<sup>21</sup>
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.<sup>22</sup>
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.<sup>23</sup> 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

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<sup>18</sup> See FAP, Section VII.B. (p. 10)

<sup>19</sup> 26 C.F.R. § 1.501(r)-6(c)(5).

<sup>20</sup> 26 C.F.R. § 1.501(r)-6(c)(8)(ii).

<sup>21</sup> 26 C.F.R. § 1.501(r)-6(c)(6)(ii)

<sup>22</sup> 26 C.F.R. § 1.501(r)-6(c)(9).

<sup>23</sup> 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 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 KDHCDC's charity care eligibility criteria, the collection agency will refer the account back to KDHCDC to screen for charity care eligibility. KDHCDC 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. KDHCDC 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.<sup>24</sup>

## E. Collection Agencies:

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

1. The Collection Agency has a written agreement with KDHCDC which provides that the Collection Agency's performance of its functions shall adhere to the terms of KDHCDC'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 KDHCDC 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 KDHCDC has sent the required information described in IV.D.7 of this policy.<sup>25</sup>
3. All third-party payers have been properly billed, payment from a third-party payer is no longer pending, KDHCDC 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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<sup>24</sup> Cal. Health & Safety Code § 127425(d).

<sup>25</sup> 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.<sup>26</sup>
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.<sup>27</sup>

## **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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<sup>26</sup> Cal. Health & Safety Code § 127430.

<sup>27</sup> 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.<sup>28</sup>
  - 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.<sup>29</sup>

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<sup>28</sup> Cal. Health & Safety Code § 127425(f)(1).

<sup>29</sup> Cal. Health & Safety Code § 127425(f)(2)(A).

- 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.<sup>30</sup>

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<sup>30</sup> Cal. Health & Safety Code § 127425(f)(2)(B).

**Credit and Collection Policy**  
**Attachment A**

# 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 KDHC’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 KDHC’s website at:  
[kaweahdelta.org/documents/PDFs/FinancialAssistanceApp-\[english\].pdf](http://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
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](http://www.ftc.gov).

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

ClearPoint Credit Counselling: 800-750-2227 / [www.clearpoint.org](http://www.clearpoint.org)



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<b>Grants</b>	

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

**PURPOSE:** To ensure that the appropriate guidelines and procedures are followed when applying for, administering and closing grants, regardless of which Kaweah Delta Health Care District (dba Kaweah Health) department manages the grants.

**POLICY:** All grant requests will be prepared and submitted under the auspices of the Kaweah Health Foundation following the procedures outlined in this policy.

Kaweah Health and Kaweah Health Foundation by written agreement state that all grant funds awarded to the Foundation will be held by the Foundation and that Kaweah Health will implement the grant programs. The Foundation will reimburse Kaweah Health for appropriate grant expenditures after they are incurred.

**DEFINITION:** A “grant” is defined as: A funding commitment or contract that is received upon approval of the submitted “Application”, “Request for Proposal” (RFP), “Request for Application” (RFA), inquiry letter or other such request that includes, at a minimum, a reason for the request, how the funds will be used and the amount of funds requested.

A “match” is defined as a requirement on the part of the District and/or grant partners to provide in-kind services and/or dollars matching the requested grant amount or a portion of it.

**PROCEDURE:**

All grants, at a minimum, must be approved by the Chief of the requesting Department and the Director of the Foundation.

**Process for grants under \$50,000**

For a grant under \$50,000, the Director of the Kaweah Health Foundation has the authority to approve the grant request and submit it to the granting agency. The requesting department’s executive team member must approve the request and have the Grants Coordinator review/edit/assist in the completion of the application.

**Process for grants over \$50,000**

For grants over \$50,000, the Executive Team, at the recommendation of the Director of the Foundation, must approve the grant request. Minutes of the Executive Team meeting where approval is given are filed in the grant file

maintained at the Foundation. A summary of the grant program and a proposed budget range, including any match requirements, is presented to the Executive Team by the Chief of the department requesting submission of the grant.

### **Preparation and submission of grant applications for all District departments**

Upon receipt of the appropriate approvals as outlined above, the Chief of the requesting department will assign a staff person to work with the Grants Coordinator to complete the application, which may include the development of the proposed project, collection of data, development of the budget contract policy compliance, financial requirements and any other requirements of the granting agency.

The Grants Coordinator will complete the grant application in collaboration with the Chief and/or designated department staff. In some instances additional planning meetings may occur. Strategic Planning staff will be responsible for coordinating these strategic planning sessions and including other staff and/or agencies. Completion of the proposal will be reviewed by the Grants Coordinator and department staff. The Director of the Foundation will review the final application prior to submission.

The Grants Coordinator is responsible for submitting the grant application to the potential funder on time, with all pertinent and required information including a budget in a format established by the funder. The Chief and/or designee of the department submitting the proposed program for funding will receive a copy of the final grant application. The official version of the submitted grant application will be maintained in the grant file residing in the Foundation.

Drafts of grant application sections assigned to the departments and collaborating (outside) partners are due no later than 10 days prior to grant submission due date. If the draft is not provided by that time it may not be possible to submit the grant or the partner may not be included in the final grant application.

### **Grant acceptances / denials and grant contracts**

All notifications from the grantors of grant proposal acceptances or denials will be received by the Foundation. The Grants Coordinator will notify the department personnel, finance department staff and department Chief of the grantor's decision.

Once the grant contract is received by the Foundation, it will be reviewed by the Grants Coordinator, the Director of the Foundation, the department Chief, a finance department representative, and the grant program director. The Grants Coordinator will coordinate any questions or proposed edits (if allowed) to the grant contracts with the grantor. The final contract will be signed by the Director of the Foundation on behalf of the Foundation. AP.179 Bridge Policy for Federal Grants and Awards Management may be included in compliance policies for HRSA grants.

### **Education and training requirements for program managers**

Upon receipt of the grant, an orientation session will be provided by the Grants Coordinator and the Grant Analyst this session will review the grant contractual agreement, scope of work, budget, implementation process, necessary programmatic and fiscal documentation, subcontract process, if appropriate, and any other issue pertinent to the implementation of the particular grant.

## **Acquisition, management and disposal of equipment acquired with grant funds**

Unless a grant agreement states otherwise, all equipment acquired by the District for use in grant programs for which the Foundation reimburses the District is the property of the District.

## **Grant management and changes**

The responsibility of the implementation and management of a grant-funded project lies with the vice president of the department in which the program resides. At the discretion of the Chief, this responsibility can be delegated to a director, coordinator or a position specific to the grant.

All proposed budget or program changes must be approved by the Chief of the department where the grant is being implemented and the Grant Coordinator, Grant Analyst, or Director of the Foundation. Once this internal approval is given and documented, the request for changes can be submitted to the funding agency by the director in charge of program implementation.

All progress and final grant reports (both programmatic and budgetary) are to be prepared by in conjunction with both Foundation staff and grant program personnel. Reports must be reviewed by the Chief of that department and the Grant Analyst as evidenced by the signatures of these parties on the draft and/or final copies of the reports. All reports are expected to be submitted in accordance with the grantor's requirements.

A quarterly review of all District and Foundation grants is completed by the Executive Team. The Committee will meet quarterly to review the report in person or via email. If the meeting is held via email, it will be documented by a return email of a majority of committee members. Departmental personnel responsible for the grants may be called upon to present information and/or answer questions about their grants at these quarterly meetings of the Foundation Grants Committee.

## **Grant Expenditure Review and Payment Process (Responsibility of Development Coordinator)**

The reimbursement of all grant expenditures will comply with District reimbursement policies (see Administrative Policy Manual, AP 19) and any grant specific guidelines stated in the grant contract. All grant expenditures must have appropriate backup such as an invoice, receipt, etc. and any purchases from inventory will not be reimbursed. In the event of HRSA grants, Bridge Policy AP XX is included in the expenditure review and payment process.

A review of all grant expenses by the Director of the Foundation, Grant Analyst and Grants Coordinator is completed prior to submission to the District for reimbursement is required.

Proper expenditure of grant funds is the ultimate responsibility of the Chief of the department implementing the grant. At their discretion they may delegate a staff person (program coordinator or department director) in the department implementing the grant.

## **Employee Salaries and Benefits Reimbursed by Grants**

If a grant limits the dollar amount of total payroll reimbursement and a grant employee's full salary is not able to be reimbursed under the grant without a modification to the benefit percentage, the reason for modification should be clearly documented within the grant file.

District employee benefit percentages are established each year by the Finance Department. When the grant budgets are being created, this percentage will be used. It will be clear what the grant will pay for, determined by the grant guidelines, and any match that Kaweah Health is responsible to cover.

### **Grant Salary Information**

District personnel salary information is used both for grant writing and reporting purposes. Salary and benefits information is made available to personnel who are directly responsible for the management of grant activity and also to those who are responsible for the preparation of grant reporting. The Director of the Foundation ensures that all personnel who handle salary information are informed that they are expected to keep this information in the strictest confidence and are not to use this information for any other purpose other than grant-related business. If Executive Team salary information is needed, either the appropriate Chief or the Chief of Human Resources will provide this information.

### **Bioterrorism Grant Processes**

The funds for Bioterrorism grants are distributed through the Tulare County Health and Human Services Agency and are paid out to the grantees either through expense reimbursement or by the County making the purchases on behalf of the grantees. The policies and procedures outlined herein shall be followed in the case of Bioterrorism Grant funds with the following exceptions:

- A. Receive letter or e-mail from the County verifying the amount of grant funds.
- B. Complete non-stocks of order and have signed by Supervisor, Chief of the department and submit to the Foundation. Include all equipment costs, including shipping and tax. Must be signed that the Foundation will reimburse by (1) Director of the Foundation.
- C. Order from vendor through purchasing.
- D. The Foundation will bill the county based upon the non-stocks submitted.
- E. Grant analyst will reimburse the District once the items are received. This is tracked by approval of each item on the General Ledger report on the monthly performance report and then submitted to the Grant analyst.
- F. Copy the **D**Grant Coordinator on correspondence.

### **Grant Close-Out Processes**

Grant Analyst will contact all grantor agencies during the process of closing grants if any fund balances remain to determine what should be done with these balances, unless already specified in the agreement with the grantor agency. All correspondence with the grantor agencies should be documented and kept in the grant files. If contact with any of the grantor agencies is made by telephone, a request should be made to the contact person at such agencies to document via

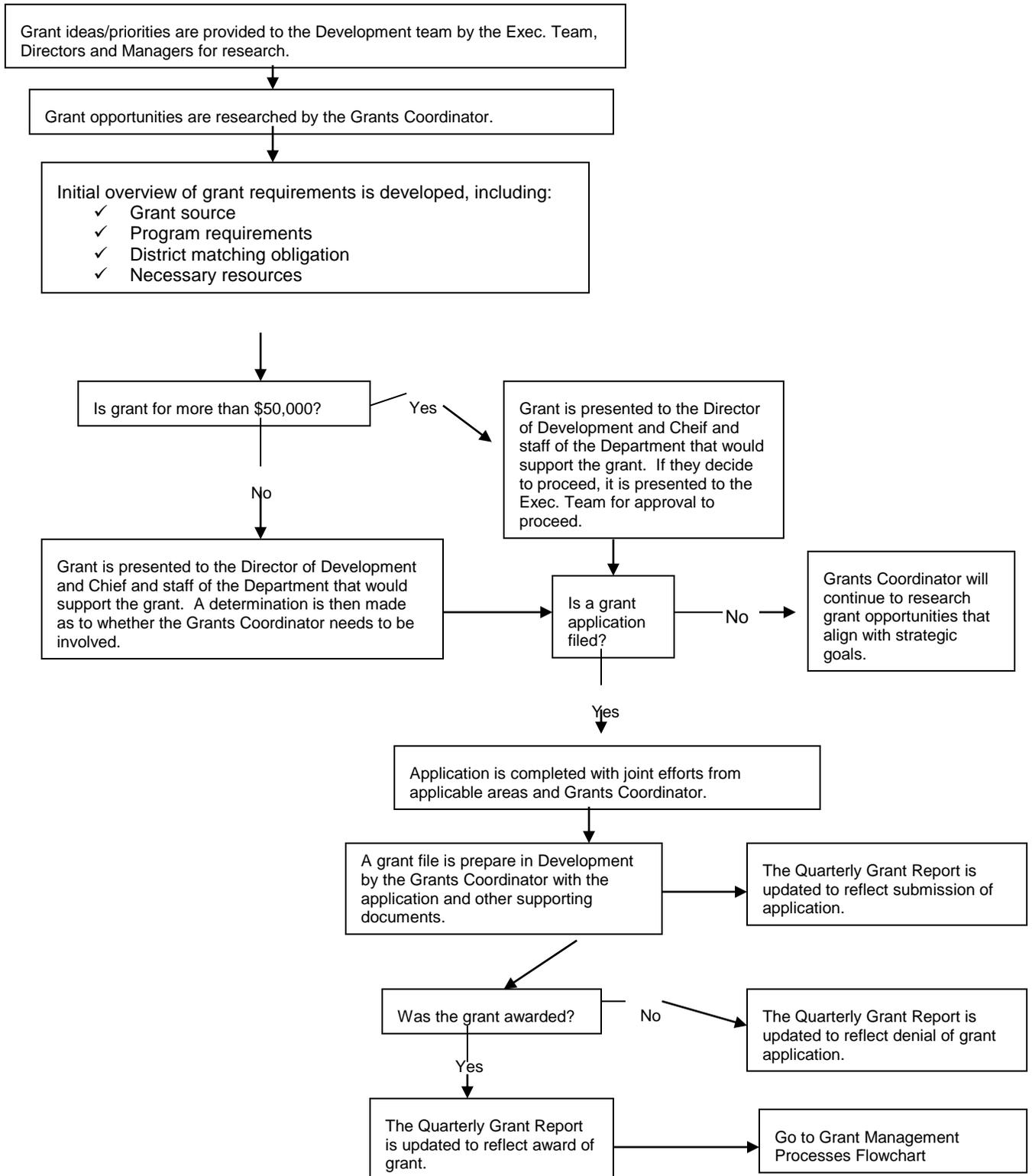
letter or email the agreement that was reached related to the remaining funds. If grantor gives permission to use the remaining funds, efforts should be made to use the funds as soon as possible for the uses the grantor specifies. If the grantor requests return of unused funds, the Grants Analyst will forward the request including all appropriate backup for the request, to the finance department so that refund check can be processed.

The Finance Department will post monthly interest to those grants requiring it. The Finance Department will be notified by the Grant analyst when grant funds are exhausted and/or a grant is closed to help avoid the continued accrual of interest.

At the conclusion of each grant the Grant Analyst will insure that a grant completion report containing a cost/benefit analysis is prepared within 30 days of grant completion utilizing the approved grant completion form. The Grant Analyst will compile all audit necessary paperwork including but not limited to payroll records, expense reports and equipment reimbursement records. The Grant Analyst will submit the grant completion report to the Director of the Foundation who will review it for completeness and then present it to the Kaweah Health Executive Team.

#### **HIPAA Compliance in Grant Reporting**

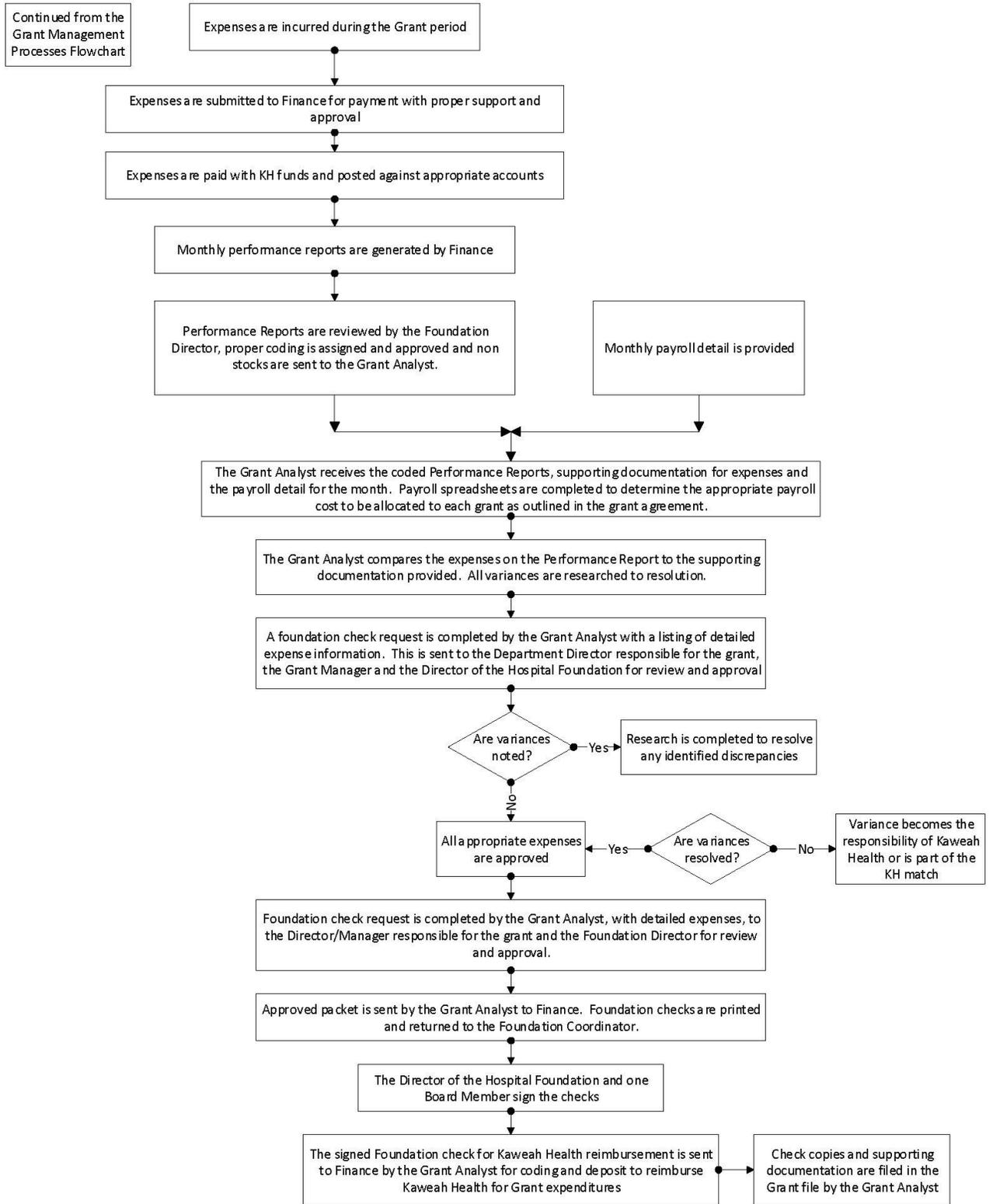
The Director of the Foundation and Grants Coordinator will review each grant before application is made to ensure that U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations are followed. All Development staff members must inform the Director of the Foundation of "informal" grant reporting requirements as well as formal grant reporting requirement.



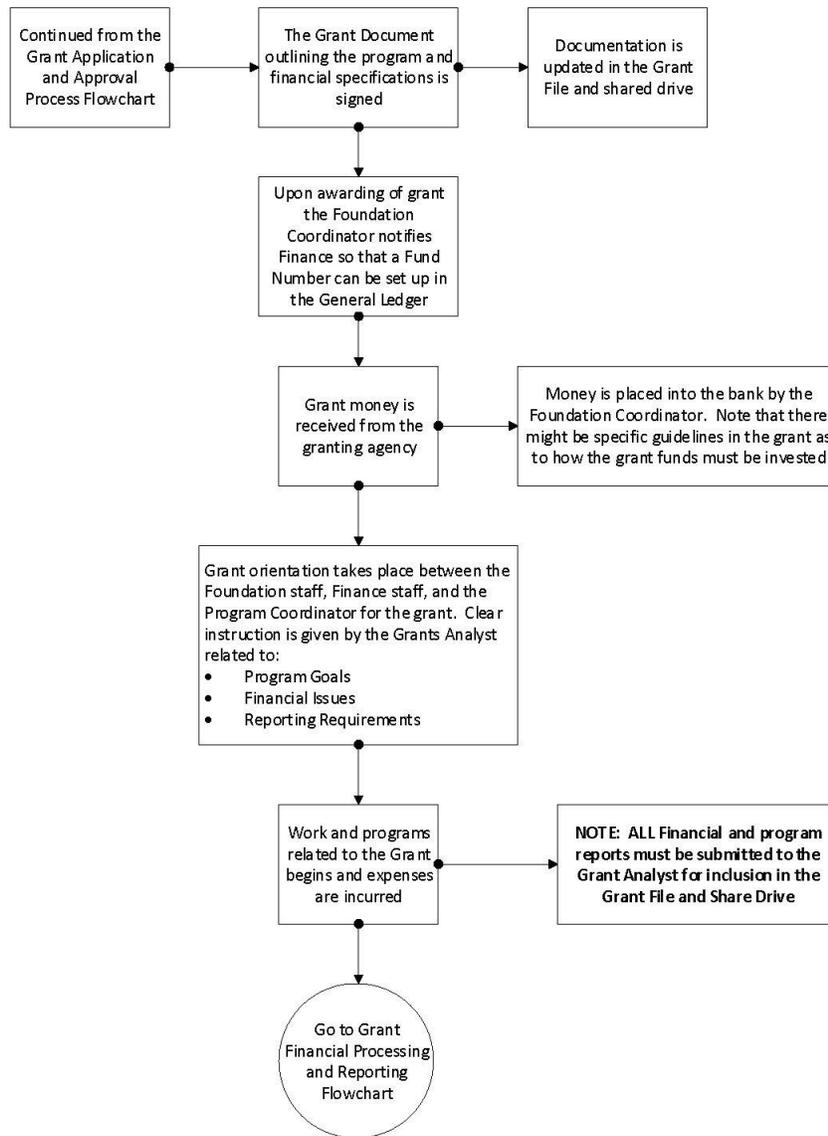
### Kaweah Health Hospital Foundation Grant Application and Approval Process



### Kaweah Health Hospital Foundation Grant Financial Processing and Reporting



### Kaweah Health Hospital Foundation Grant Management Processes



## Emergency Operations Plan

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# Emergency Operations Plan

## Emergency Operations Plan

### **Purpose**

Kaweah Delta Health Care District herein after referred to as Kaweah Health (KH) is committed to providing a healthy and safe environment for our patients, visitors and employees. This plan describes a comprehensive, organization-wide Emergency Management system that addresses KH's emergency management program and ensures an effective response to a variety of disasters.

The purpose of the **Emergency Operations Plan** is to define the program that Kaweah Health to respond effectively to events that pose an immediate danger to the health and safety of patients, staff, and visitors. The Emergency Operations Plan consists of a number of procedures designed to respond to those situations most likely to disrupt the normal operations of the hospital. Each response is designed to assure availability of resources for the continuation of patient care during an emergency. *An emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for KH's services.* The emergency may be natural, such as an earthquake, or human-made, or a combination of both.

Inherent in the Emergency Operations Plan, whenever possible, is the intent to collaborate with partnerships within the community, and with agencies having jurisdiction, such as the local fire, police, Department of Homeland Security, and County of Tulare.

This Emergency Operations Plan (EOP) has been developed so that Kaweah Health can effectively plan for, and respond to, emergencies in six critical areas:

- Communications
- Resources and Assets
- Safety and Security
- Staff Responsibilities
- Utilities Management
- Patient Clinical and Support Activities

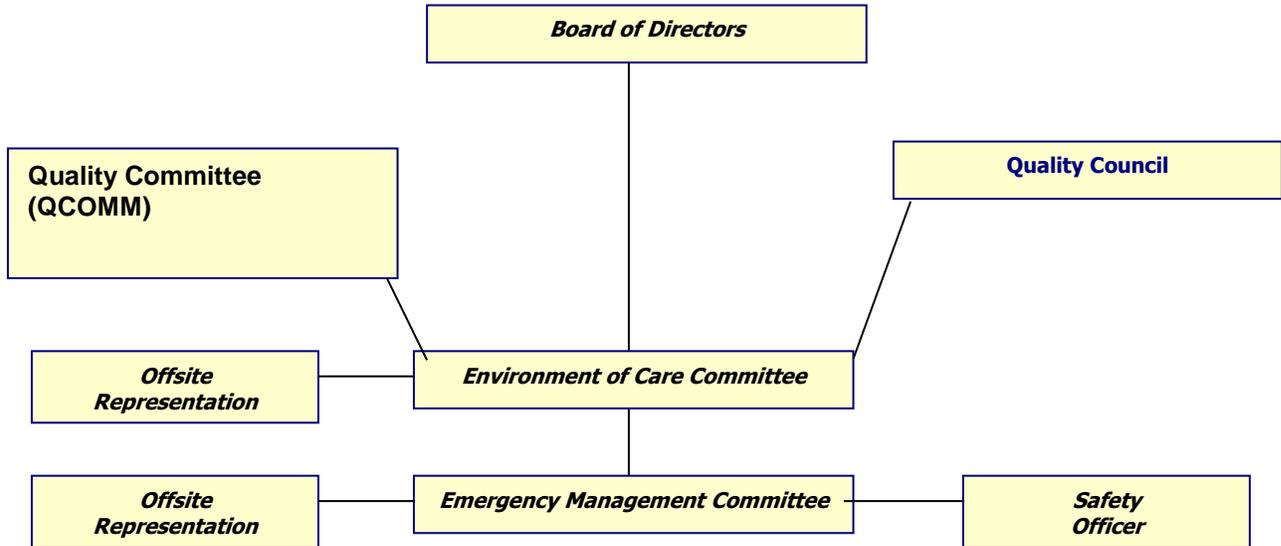
### **II. AUTHORITY**

The authority for the establishment of an Emergency Operations Plan is with TJC EM.01.01.01. The authority for overseeing and monitoring the Emergency Operations Plan is with the Environment of Care Committee, and Emergency Management Subcommittee, Title 22, California Code of Regulations, additionally requires a written disaster plan. The Emergency Operations plan is developed at the Emergency Management Subcommittee level, and approved at the *Environment of Care* Committee. The plan is a multi-disciplinary effort of leadership within the District, including medical staff review and input.

### **III. ORGANIZATION**

**Reporting Structure: following** represents how the Emergency Management program's reporting structure is organized:

**Organization – Emergency Management Reporting  
Kaweah Health**



**Responsibilities**

1. **The Board of Directors.** The Board of Directors receives regular reports of the activities of the Emergency Operations Plan and program from the Environment of Care Committee in the form of a quarterly report. The Board of Directors also provides support to facilitate the ongoing activities of the Emergency Operations Plan.
2. **Quality Committee (QCOMM).** This Council receives an annual report from the Environment of Care Committee, which includes information relating to the Emergency Operations Plan, and provides assistance as needed in the development of quality indicators.
3. **Quality Management Committee:** Reviews annually reports of Emergency Preparedness, which are a part of the Environment of Care Committee report. Medical Staff serves on the Emergency Management Committee.
4. **Environment of Care Committee and Emergency Management Committee.** The Environment of Care Committee works in collaboration with the Emergency Management Committee for managing all aspects of the Emergency Operations Plan and Program.
5. **Management.** Managers are responsible for orienting new personnel to the procedures of the department and, as appropriate, to job and task specific responsibilities for emergency management.
6. **Staff.** Individual personnel are responsible for learning and following job and task specific procedures for emergency response and for participation in emergency activities as appropriate to their jobs.

**IV. Objectives**

The primary goal and objective of the Emergency Operations Plan is to mitigate harm to life and property due to unforeseen circumstances. The plan is intended to identify risks to the organization and balance these risks against preparedness and mitigation strategies in place and to use information relating to this risk analysis in design, planning, implementation and evaluation of the overall plan. The Emergency Operations Plan comprehensively describes the District's approach to responding to

## Emergency Operations Plan

emergencies within the organization or in its community that would suddenly and significantly affect the need for the District's services, or its ability to provide those services. The plan addresses four phases of emergency management: mitigation, preparedness, response and recovery as they relate to the above six critical areas.

### **Broad objectives of the Emergency Operations plan include:**

- Identifying and assessing vulnerabilities and hazards, which may impact on the District.
- Strategic planning for emergency response
- Effectively managing disaster supplies and resources
- Exercising critical program elements
- Providing training and assessing staff knowledge

### **V. Scope**

The scope of this management plan applies to Kaweah Health, and any off site areas per KH license.

Each off site area is required to have a unit specific emergency plan that addresses the unique considerations of each area, including, but not limited to, initial emergency response. Offsite areas are monitored for compliance with this plan by Environment of Care committee members.

### **The hospital's leaders, including leaders of the medical staff, participate in planning activities prior to developing an Emergency Operations Plan.**

The District's leaders participate in planning activities at the Emergency Management Subcommittee. It is at this committee level that the *Hazard Vulnerability Analysis* is conducted, drill exercises are designed and planned, education relating to drill implementation is prepared, the inventory of organizational assets is developed and monitored, and activities relating KH's Hospital Incident Command Center are developed.

All activities that emanate from the Emergency Management Subcommittee are integrated into the Emergency Operations plan, and are brought forth to the *Environment of Care* Committee.

### **The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented.**

At the Emergency Management Subcommittee, in a multidisciplinary forum that includes medical staff involvement, the HVA is analyzed at least on an annual basis, or whenever experiences warrant additional review. Historical experience, geographical location, weather and climate conditions, local hazards, political conditions and populations served are factored into the analysis, and balanced against the District's mitigation strategies and preparedness activities. When the HVA is completed, collaboration with the local fire department, and other governmental or municipal agencies as applicable, occur to assist in defining priorities within the HVA and to ascertain capacities to support the needs of unexpected events. The HVA process is documented, and kept on file in the Emergency Management Subcommittee and *Environment of Care* minutes. The HVA is part of the routine agenda of the Emergency Management Subcommittee to keep members apprised of the current status, and to be easily accessible in the event changes are required. The HVA is kept current for each emergency management subcommittee meeting in order to determine how changing mitigation strategies may impact identified risks.

### **The hospital uses its hazard vulnerability analysis as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).**

During the HVA process, mitigation strategies are defined that reduce the risk of potential damages that might occur from an emergency situation. See **ATTACHMENT A - HAZARD VULNERABILITY ANALYSIS (detailed analysis)**. The top five hazards have been identified as follows:

HVA - 2023– Top 5 Risks

Event	Rationale
Epidemic/Emerging Infectious Disease 67%	An especially severe influenza pandemic could lead to high levels of illness, death, social disruption, and economic loss.
Chemical Exposure 56%	Pesticides are widely used in our agriculture areas.
Fog 56%	Central Valley fog is very heavy and there is a history of multi-vehicle (100+) accidents on local highways.
Mass Casualty (Hazmat) 56%	Pesticides are widely used in our agriculture areas.
Patient Surge 56%	Crisis across our state has increased the last year. Patient volume continues to increase not solely related to Covid 19.

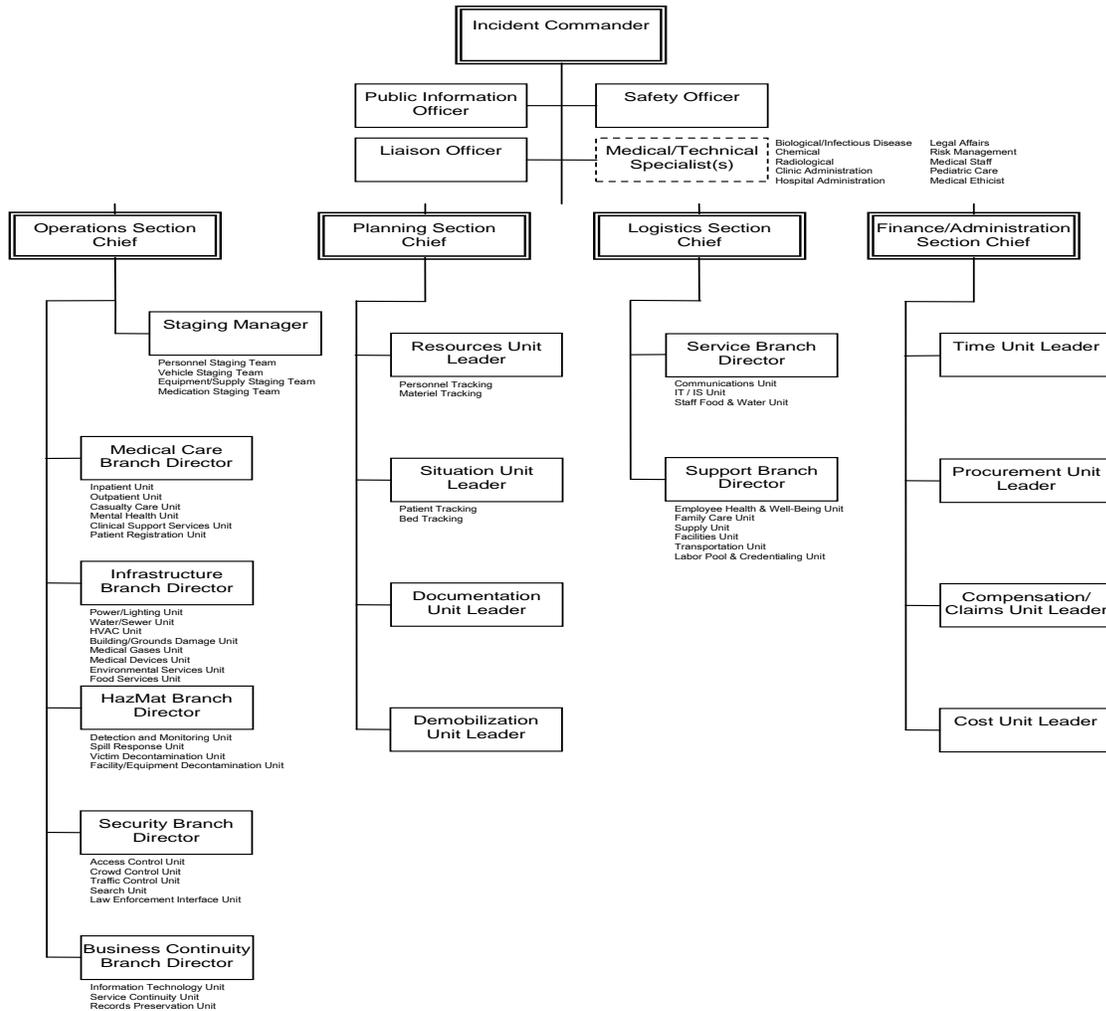
**The hospital uses its hazard vulnerability analysis as a basis for defining the preparedness activities that will organize and mobilize essential resources.**

The HVA is used as a planning tool in defining preparedness activities that will organize and mobilize essential resources. It is also used to determine what assets may be needed to augment emergency preparedness at KH, and what community partnerships may be invoked to strengthen response and or mitigation.

**The hospital’s incident command structure is integrated into and consistent with its community’s command structure.**

Kaweah Health uses the Hospital Incident Command System (HICS) as a scalable response to different types of emergencies. The District has adopted NIMS (National Incident Management System), and has integrated NIMS into pre-planning for disasters. Key personnel with the District are expected to respond to the Hospital Command Center if activated, and to assume functional responsibilities within the HICS command structure. HICS and NIMS training are required for staff that assumes leadership roles in the management of emergencies. HICS is compatible with an “all hazards approach” for the management of disasters, and is consistent with our local agencies having jurisdiction, such as the fire and police. HICS appointees are selected at the Emergency Management Subcommittee based upon parallel functions within their day-to-day job activities, and anticipated HICS response for a variety of scenarios. However, it is possible that a multiple number of employees can equally assume a HICS role due to the nature of standardized responses. For example, any member of the administrative team could be expected to assume the Incident Commander Role in the event pre-identified HICS appointees are unable to assume the Incident Commander role due to injury during a disaster or because he/she are not on site during the event. HICS education will apply to those individuals who could at any time assume a HICS role. At least annually HICS participants receive education/training relative to their role and anticipated responses during a drill or actual event. The education for HICS staff may be given “pre-drill”, with “anticipated actions” identified for the planned scenario. It should be noted that not all HICS appointees may be activated during a disaster due to the “scalability” of the command response, i.e., only those HICS positions that are essentially needed for the planned scenario or actual event should be activated. The chart below identifies how HICS is organized at Kaweah Health:

**Hospital Incident Command Structure\* Kaweah Health**



\* “Hospital Incident Command System Guidebook” – California Emergency Medical Services Authority, August 2014

**The hospital keeps a documented inventory of the resources and assets it has on site that may be needed during an emergency, including, but not limited to, personal protective equipment, water, fuel, and medical, surgical and medication-related resources and assets.** Kaweah Health maintains an inventory of assets and resources that are maintained on-site that could be used in the event of an emergency. The inventory includes, at a minimum, but is not necessarily limited to, the following:

- Two trailers with supplies and equipment
- Personal protective equipment
- Water
- Fuel
- Medical supplies
- Pharmaceuticals
- Food supplies

The inventory is assessed by the Emergency Management Committee on an ongoing basis. During an emergency, KH will monitor the quantities of assets and resources by using the inventory as a planning tool. The inventory will be updated daily by Materials Management, or “stakeholders” of information relating to supplies/equipment/services for the duration of the emergency, and thupdated

## Emergency Operations Plan

inventory communicated to the Hospital Command Center. See **ATTACHMENT B: INVENTORY OF ASSETS AND RESOURCES**.

### **The hospital's leaders, including leaders of the medical staff, participate in the development of the Emergency Operations Plan.**

The Emergency Operations Plan is developed as an outcome of pre-planning meetings at the Emergency Management Subcommittee. As members of the Emergency Management Subcommittee medical staff leadership participate in the development of the Emergency Operations Plan. Leadership within the Hospital Command Center will make decisions in an emergency. The EOP requires the Hospital Command Center to determine what specific response procedures are needed during an emergency, including the decision to continue operations if inventory supplies are used, and it is not imminent that re-stocking will occur. Response options may include minimizing operations or closure of operations. Relocation of patients and staff to an alternate care site may be another option. The Hospital Command Center may initiate collaboration with countywide Emergency Operations as needed when planning involves a loss or diminishing supplies, or when patients may need to be moved to an alternate care site. Other response options that will be determined at the Hospital Command Center may include staged or total evacuation.

### **The Emergency Operations Plan identifies the hospital's capabilities and establishes response procedures for when the hospital cannot be supported by the local community in the hospital's efforts to provide communications, resources and assets, security and safety, staff, utilities or patient care for at least 96 hours.**

In the event of a disaster and it is known that KH cannot be supported by the local community, an immediate assessment of the six critical areas will be initiated by the Hospital Command Center (communications, resources and assets such as food, fuel, water, linen, supplies and pharmaceuticals, staff security and utilities). The safety and security of patients will be assessed by managers and or lead personnel on every unit, and the security of the buildings will be assessed by the Security Branch Director and his appointed officers. The Infrastructure Branch Director will assess utilities, including power, HVAC, potable water and fuel. Patient clinical and support activities will be assessed when the District's infrastructure and resources are taxed. All managers will conduct bed availability and staffing needs for current patients, as well as for expected incoming patients if known. Hospital Command personnel will use the *Inventory of Organizational Assets* as a planning guide in determining resource needs and allocation, and whether or not conservation strategies will be initiated.

### **The hospital develops and maintains a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency.**

Kaweah Health has developed recovery strategies that will assist management in resumption of normal operations (**see Attachment C – "Manager's Recovery Guidelines"**). Within HICS are scenarios for various types of emergencies that include recovery guidelines, including which HICS participants are responsible for implementation.

### **The Emergency Operations Plan describes the processes for initiating and terminating the hospital's response and recovery phases of the emergency, including under what circumstances these phases are activated.**

The individual who assumes the Incident Commander role at KH has the authority to initiate and terminate the District's response and recovery phases of the emergency. The Emergency Operations Plan is activated when an unexpected or sudden event significantly disrupts KH's ability to provide care, or that results in a sudden and increased demand for services.

### **The Emergency Operations Plan identifies alternative care sites for care, treatment and services that meet the needs of its patients during emergencies.**

Alternate care sites have been identified as follows:

A. Alternate Care Site #1: Emergency Department Parking Lot (Tents)

## Emergency Operations Plan

B. Alternate Care Site #2: Kaweah Health Rehab Hospital

Phone number: 559-624-3700

C. Alternate Care Site #3: Kaweah Health Mental Health

Phone: 559-624-3322

D. Alternate Care Site #4: Kaweah Health South Campus

Phone: 559-624-6204

### **If the hospital experiences an actual emergency, the hospital implements its response procedures related to care, treatment and services for its patients.**

In the event of an actual emergency, Kaweah Health is prepared to respond using HICS to manage the event, which includes oversight of activities relating to the care, treatment and services for our patients. Activities relating to emergency management may include the establishment of a triage and/or decontamination area, deployment of staff, allocation of resources and equipment, monitoring of supplies and actions taken, and documentation of the event, if possible. Through the hazard vulnerability process, the KH is poised to respond to emergencies, fully activating HICS, which is scalable to the event.

Crisis standards of care guidelines can be used for disaster situations when district healthcare resources are overwhelmed during a declared Code Triage. The decision to initiate Crisis Standards of Care will only be implemented on the order of the Incident Commander. When Crisis Standards of Care are initiated; district policies may be temporarily suspended in order to provide the best possible care for the greatest number of patients when district resources are overwhelmed during disaster situations.

HICS Incident Response Guides, HICS Incident Planning Guides and HICS Job Action sheets identifies comprehensive potential actions or strategies the hospital may use during a disaster. These references are kept with our HICS Supplies and can be accessed from: <https://emsa.ca.gov/disaster-medical-services-division-hospital-incident-command-system>

### **As part of its Emergency Operations Plan, the organization prepares for how it will communicate during emergencies.**

#### Communications

How staff will be notified that emergency response procedures have been initiated.

When the Emergency Operations Plan is activated, the Command Center will establish mechanisms for initial and ongoing communication with staff. The type of emergency will determine the specific modes of communication. Various types of communications available are: District telephone systems, Cisco phones, two-way radios, cellular phones, electronic mail, fax, and runners. Key members of the Hospital Command Center, who have assumed a HICS role, will be notified upon activation of the Emergency Operations Plan. KH leadership will be notified via the Xmatters web based messaging system. HICS staff ordinarily reports to the Hospital Command Center (HCC) for an initial briefing regarding the nature of the emergent event. At this time the scope of the event and its anticipated impact on the organization is determined, as well as the need for the activation of other HICS personnel.

Notification of staff in various departments will be managed by the following: overhead page (main hospital, telephone (Digital Display on all Cisco phones), e-mail and runner. Off site areas: Telephone Display on all Cisco phones, areas without Cisco phones will be notified by call tree, two way radios, email, and fax.

Staff not on duty at the time of the emergency are notified (if necessary) through activation of department / unit call- back procedures. Other ways to notify staff are as follows:

1. The Communications Unit Leader will set up a message phone for incoming employee calls and broadcast this through local radio and television networks.

## Emergency Operations Plan

2. Staff should monitor the Emergency Alert System/Network. Notice to return to work may be announced over this radio service. It is the responsibility of the Communications Unit Leader to notify the Emergency Alert System of any facility needs and information.

3. Local Radio stations: the local radio stations have agreed to broadcast hospital information for employees. The Public Information Officer will take responsibility for notifying the radio stations and compiling the information to be broadcast. Employees and physicians can monitor the following station:

### **Emergency Alert System (EAS) Network: KMJ – 580**

The Hospital Command Center, throughout the duration of the emergency, will keep key response leaders apprised regarding the status of the emergency, the status of the organization, and any anticipated needs during the upcoming twenty-four hour period. Information will be provided to staff, from the Hospital Command Center, through various venues: by overhead page, e-mail, and through communication with managers and supervisors. Fax may be used for physicians.

How the hospital will communicate information and instruction and instruction to its staff and licensed independent practitioners during an emergency.

Staff in various departments and care areas on duty at the time of the emergency will be notified as follows, depending upon capability:

- By overhead page
- By telephone and or FAX if operating
- By email
- By runner
- By hand-held radios
- By combination of the above

Licensed Independent Practitioners who are within KH premises will be notified as above.

Licensed Independent Practitioners who may be in their private offices will be notified by telephone, by fax (if operating), by runners if they are located in close proximity to KH. The Public Information Officer will also be making announcement for Licensed Independent Practitioners through radio and television media.

Staff not on duty at the time of the emergency are notified (if necessary) through activation of department /unit call-back procedures. If phone service is disrupted, the following will be considered:

- Notify staff through public service announcements on local television and radio (e.g., KMJ through the Public Information Officer)
- Notify staff through announcements placed on the District's website and social media sites.

How the hospital will notify external authorities that the emergency response measures have been initiated.

Communication with various external authorities may occur as follows:

#### **Government Notification**

The Hospital Incident Commander will confirm with the declaring authority whether the hospital is on ACTIVATION status. The Medical Health Operational Area Coordinator (MHOAC) will be notified by the Liaison Officer the status of the District.

#### **Tulare County Public Health Emergency Preparedness (PHEP) Disaster and Mass Casualty Notification**

The District will activate communication with the County PHEP Duty Officer by way of telephone (624-7499), Email, and message services.

Notifications may be activated for the following reasons:

- 1) Provide situation reports to PHEP regarding our operational status.
- 2) Requests for any additional resources needed to support operations. This would include (but not limited to) supplies, medications, equipment, and appropriately trained care providers. Incident Commander (or designee)

## Emergency Operations Plan

will contact the Tulare County Public Health Emergency Preparedness Duty Officer to initiate a request.

How the hospital will communicate with external authorities during an emergency.

The District will activate communication with the external authorities by way of telephone, Emergency Department EMS Radio system, message services and Status-Net. If Status-Net is utilized, communications will be handled by a Mobile Intensive Care Nurse (MICN). A MICN is an Emergency Department RN that is certified by the Central California Emergency Medical Services Agency. They receive specialized training in emergency communications including use of the Status-Net system.

How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternate care sites

Patient Care providers will communicate with patients using routine methods, such as verbal, and though call light response. The PIO will establish processes to communicate pertinent information to patients and their families – including when patients are relocated to an alternative care site. Consistent with law and regulation and surrounding confidentiality of patient information, families may be apprised of the following:

- Verification that the patient is at the organization
- The general condition of the patient
- If the patient is going to be moved to an alternate care site, then the name, address, and specific care area of that site, as well as the anticipated timeframe for relocation.

How the hospital will communicate with the community or the media during an emergency

The Command Center will establish a Public Information Center for providing timely and accurate information to the public during a crisis or emergency situation. During an event, the Public Information Officer (PIO) will handle:

- Media and public inquiries;
- Emergency public information and
- Rumor monitoring and response;
- Media monitoring; and

Other functions required for coordinating, clearing with appropriate authorities, and disseminating accurate and timely information related to the incident, particularly regarding information on public health, safety and protection, and patient care and management issues. All media and community inquiries will be managed through the PIO. The effective use of the media to convey information during and following an incident is critical. The information provided to the public must include direction on what actions should and should not be taken, along with appropriate details about the incident and the actions being taken by the District. The PIO will work closely with the PIO at other community response agencies so that any contradictory or confusing messages coming from different sources can be avoided.

How the hospital will communicate with purveyors of essential supplies, services and equipment during an emergency.

The Logistics Section Chief and Operations Section Chief of the HICS Command Center will work collaboratively to assure that there is appropriate communication with vendors that may provide essential supplies, services, and equipment once emergency measures are initiated. Memorandums of understanding (MOU) may be invoked with key vendors to assure priority delivery and service to the organization during an emergency. For each vendor, the District has defined:

- Vendor contact information
- The type of critical supplies, equipment, and/or service that will be provided during an emergency

Emergency Operations Plan

See Vendor List Page 12

How the hospital will communicate with other healthcare organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structure and their command structure telephone numbers.

The Hospital Command Center will use normal methods of communication, e.g., phones (landlines and cellular), and email to communicate with other healthcare organizations, providing these services have not been interrupted. If communications have been interrupted, the Hospital Command Center will communicate to other healthcare facilities in our geographic area by Status Net through the County. At a minimum the following may be communicated to and from these healthcare organizations:

- Essential elements of the command structures and control centers for emergency responses
- Names and roles of individual(s) in their command structures and the telephone number of their command center.
- Resources and assets that could potentially be shared in an emergency response.
- If requested, and if in accordance with law and regulation, the names of patients and deceased individuals brought to the organization.

Names and individuals in other Hospital Command Centers are as follows:

Name of Hospital	Name of Emergency Coordinator	Number and email of Emergency Coordinator	Number of Hospital Command Center
Sierra View Medical Center	David Wittington	559-788-6008 dwhittington@sierra-view.com	559-791-3730
St. Agnes Medical Center, Fresno	Joseph Lopez Jami De Santiago	(559) 450-3721 559-450-2475 <a href="mailto:Joseph.lopez001@samc.com">Joseph.lopez001@samc.com</a> Jami.desantiago@samc.com	559-450-2475
Veterans Administration Hospital - Fresno	Fred Rodarte	559-225-6100 x5331 fred.rodarte@va.gov	
Kaiser Permanente Fresno Medical Center	Jaime E. Sutton	559-320-6230 Jamie.e.sutton@kp.org	559-448-2257
-Valley Children's Hospital	Ashely Ave	559-353-6227 aave@valleychildrens.org	559-353-8680
Community Regional Medical Center-Fresno	Aaron Dvoskin	559-231-7717	559-353-8680
Fresno Surgical Hospital	Julie Gresham	559-447-7316	559-431-8000
Adventist Health Tulare Adventist Health Hanford	Rick Durr	DurrJR@ah.org	559-240-2706

How the hospital will communicate with other healthcare organizations in its contiguous geographic area regarding the sources and assets that could be shared in an emergency response. Kaweah Health will communicate with the above healthcare organizations through landline, and or email with respect to the sharing of resources and assets; however, if communications have failed, the Liaison Officer will communicate through Emergency cell phones or satellite phone, using the County to facilitate communications between hospitals. Runners may be used as a last resort, if they are able to use their vehicles.

How the hospital will communicate the names of patients and the deceased with other healthcare organizations in its contiguous geographic area. Kaweah Health will communicate the names of the patients and the deceased with other healthcare organizations in its contiguous geographic area through normal communication channels if operational, only with an individual designated to be the Public Information Officer (PIO). If normal communications are not operating, the Liaison Officer, in coordination with the PIO, will transfer information to

## Emergency Operations Plan

the County through emergency cell phones, or satellite phone (including agencies having jurisdiction, such as the police and fire).

How and under what circumstances, the hospital will communicate information about patients to third parties (such as other healthcare organizations, the state health department, police and the FBI) The Public Information Officer will establish a plan to communicate pertinent patient information to third parties – including when patients are relocated to an alternative care site. Every attempt will be made to remain consistent with law and regulation surrounding patient confidentiality. The Public Information plan to communicate patient information will include minimally the following:

- Verification that the patient is at the medical center.
- The general condition of the patient
- If the patient is going to be moved to an alternate care site, including the name, address, and specific care area of that site, as well as the anticipated timeframe for relocation.

The emergency operations plan describes the following: How the hospital will communicate with identified alternate care sites.

Depending on the nature, scope, and duration of the emergency, the Hospital Command Center will establish periodic communication with designated alternate care sites. The first choice of communication will be landline, cellular phone and e-mail. If these forms of communication are disrupted, runners will be dispatched from the Labor Pool to send and retrieve information if it is safe to do so. The purpose of communication will be to:

- Apprise alternate care sites as to the status of the organization, its operational capability, and the anticipated need for assistance.
- Determine the status of the alternate care site(s), their operational capability, and their ability to receive patients should it become necessary.

The hospital establishes backup systems and technologies for the communication activities Kaweah Health has established the following as back-up communications in the event normal lines of communication are inoperable:

- Hand-held radios are available for internal communication between the Command Center and key patient care and other areas throughout the District.
- Runners can be dispatched from the Labor Pool to transmit information
- Cellular phones can be used for communication with external agencies.
- Radio communication between the Emergency Department and the EMS agency through the Emergency Department EMS Radio system
- Email and Internet capability is available in all sites of care.

The hospital implements the components of its emergency operations plan that require advance preparation to support communications during an emergency.

Through various activities, KH participates in advance preparation to support communications during an emergency. These include, but are not limited to:

- Maintenance of communication equipment (e.g., hand-held radios)
- Practice with alternate communications during drill exercises (e.g., hand-held radios, HAM radio, activation of runners)
- Practice with downtime procedures relative to email and internet capabilities (e.g., during routine service repairs and or equipment maintenance, electrical shut-downs)

### **AS PART OF ITS COMMUNICATION PLAN, KH MAINTAINS THE NAMES AND CONTACT INFORMATION OF THE FOLLOWING**

Staff, physicians and other licensed practitioners, other hospitals and critical access hospital volunteers, entities providing services under arrangement, relevant federal, state, tribal, regional, and local emergency preparedness staff, other sources of assistance. The district, in the Incident Command Center, hold a listing pertinent phone numbers for disaster events.

## Emergency Operations Plan

The hospital operations plan describes the following: Process for communicating information about the general condition and location of patients under the organizations care to public and private entities assisting with disaster

Kaweah Health will activate communication with external authorities by way of telephone and via fax if required. If systems are compromised runners will be assigned to assist in such communication.

Process in the event of an evacuation to release patient information to family, patient representative, or others responsible for the care of the patient.

The PIO will establish a process to communicate pertinent information to patients and their families. During evacuation, the hospital command center will appoint an individual from each floor to gather patient information and have available for family or patient representative.

The hospital maintains documentation of completed and attempted contact with the local, state, tribal, regional, and federal emergency preparedness officials in its service area.

Kaweah Health participated on a quarterly basis in planning meetings with Tulare County Public Health Emergency Preparedness program and with Central California Healthcare Coalition.

### **The Emergency Operations Plan included a continuity of operations strategy that covers: A succession plan that lists who replaces key leaders during an emergency.**

KH follows an administration chain of command structure. The house supervisor is the first point of contact for all district emergencies. They are supported by the Director on call and administrator on call. See policy DM 2228 Continuity of Operations and Recovery.

### **The hospital has procedures for requesting an 1135 waiver for care and treatment at an alternate care site.**

When the district has initiated their Incident Command Center and the President declares a disaster or emergency under the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency the liaison officer will submit a request to operate under a 1135 waiver for care and treatment at an alternate care site. See policy DM 2227 Request to Operate under CMS 1135 Waiver.

### **The Emergency Operations Plan describes a means to shelter patients, staff and volunteers on site who remain in the facility.**

The district will utilize all available office space to accommodate patient, staff and volunteers on site who remain in the facility. This includes all district properties in the surrounding areas.

### **As part of its Emergency Operations Plan, the [organization] prepares for how it will manage resources and assets during emergencies.**

#### **Resources and Assets**

The emergency operations plan describes how the hospital will obtain and replenish medications, medical supplies, and non-medical related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of medication caches that may be stockpiled by the hospital, its affiliates, or local, state or federal resources. The Operations Chief and Staging Manager will coordinate with Pharmacy and Materials Management the initial delivery of supplies, equipment and pharmaceuticals upon activation of a CODE TRIAGE ACTIVATION. Prioritization will be given to those areas either immediately impacted by the emergency, or are likely to be so.

Carts containing pre-positioned pharmaceuticals, supplies, and equipment, will be sent to designated staging areas. The contents of the carts will be rotated out on a regular basis to assure that inventory does not expire. Equipment designated for pre-positioning is included in the organization's medical equipment inventory and is maintained in accordance with pre-established preventive maintenance requirements.

Ongoing replenishment of supplies, equipment and pharmaceuticals.

## Emergency Operations Plan

For the duration of the emergency – including response and recovery phases – the Operations Section Chief and Staging Manager are responsible for monitoring the inventory of supplies (including personal protective equipment), equipment, and pharmaceuticals in the various care areas. Replenishment from storage areas (Central Supply, Storeroom, etc) will occur on an as needed basis.

A general inventory of supplies (including personal protective equipment), equipment and pharmaceuticals will be taken in their respective storage areas on at least a daily basis (or more frequently if necessary) for the duration of the emergency. Remaining inventory shall be measured against the rate of consumption that is occurring as a result of the emergency. When existing inventory of critical supplies (including personal protective equipment), equipment, and/or pharmaceuticals are in danger of reaching insufficient levels, then contingency plans with outside vendors will be implemented. See Vendor List below:

Type of Service	Name of Vendor	Telephone Number
<b>AIR/GAS</b>	Airgas- Act# 3441851	800-336-4004
<b>BOILER</b>	California Boiler	625-5151
	R.F Mcdonald	498-6949
<b>BOTTLED WATER</b>	Pepsi Cola US Food Service	559-485-5050 1-800-682-1228
<b>HVAC</b>	American Air	651-1776
	Grants A/C	734-7361
	Brott Mechanical, Inc	688-7571
<b>GENERATORS</b>	Quinn Engine System	896-4040
<b>HAZARDOUS MATERIALS</b>	Atlas Environmental Healthwise Services	860-8871 834-3333
<b>FUEL</b>	Valley Pacific	7328381
<b>PNEUMATIC CONTROLS/ENERGY MANAGEMENT</b>	Trane Summit Siemens Bldg Systems	271-4625 276-2600
<b>PNEUMATIC TUBE SYSTEM 4" AND 6"</b>	Swisslog/Translogic	800-525-1841
<b>ELECTRICIANS</b>	American	651-1776
<b>EQUIPMENT SUPPLY</b>	Grainger	635-2524
	Fastenal	739-2620
	McMaster Carr	562-692-5911
<b>FIRE ALARMS</b>	Siemens Inc Central Cal Electronics	559-276-2600 559-485-1254
<b>MEDICAL SUPPLIES</b>	Cardinal Healthcare	909-605-0900
<b>NURSE CALL SYSTEM</b>	Central Cal Electronics	485-1254
<b>PHARMACIES</b>	AmeriSource Bergen	800-635-4907
<b>PLUMBERS</b>	Robert Marks	625-8038
	American Air	651-1176
	Parker & Parker	625-4020
<b>SECURITY</b>	AAA Security	594-5600
<b>RESPIRATORY CARE SERVICES</b>	Certified Medical Testing	1800-243-5427
<b>MEDICAL GASES</b>	AirgasVisalia Branch Direct Line: After hours: Tim Solis (Medical Specialist): (916) 870-3380 Airgas Visalia 525 N. Burke St. Visalia, CA 93292 Account #3441851	559-733-3443

If emergency replenishment from outside vendors is not feasible, the community-wide EOC should be contacted to facilitate access to, and distribution of, stockpiled supplies, equipment, and pharmaceuticals. Other healthcare organizations in the immediate geographical location should also be contacted to see if necessary supplies, equipment, and pharmaceuticals could be made available.

## Emergency Operations Plan

### Ongoing replenishment of non-medical supplies

For the duration of the emergency – including response and recovery phases –

Logistics Section Chief and the Infrastructure Branch Director in coordination with Materials Management are responsible for monitoring the non-medical supply inventory. These supplies include, but are not necessarily limited to:

- Food
- Water
- Linen
- Fuel for Emergency Power Generators
- Fuel for Vehicles

A general inventory of non-medical supplies will be taken in their respective storage areas on at least a daily basis (or more frequently if necessary) for the duration of the emergency. Remaining inventory shall be measured against the rate of consumption that is occurring as a result of the emergency. When existing inventory of critical non-medical supplies are in danger of reaching insufficient levels, and then contingency plans with outside vendors will be implemented.

### Sustainability of operations without external support

It is possible that the nature, scope, and duration of the emergency may preclude outside agencies, vendors, authorities, or other vital entities from assisting the organization in a timely manner. Outside assistance may not be available for up to 96 hours following initiation of the Emergency Operations Plan.

Kaweah Health has designed its operations so that it can be self-sufficient for a designated time frame depending on resources and assets being affected. The table below summarizes the organization's ability to be self-sufficient in key areas. Hours of self-sufficiency is based on the following:

- The average amount of resource or asset within the organization at any given time.
- The estimated consumption of the resource or asset based on maximum capacity of patients and staff.

Resource or Asset	Hours Self Sufficient
1. Potable Water	168 with water conservation plan*
2. Food	168 with food rationing and dry food plan**
3. Fuel for Emergency Generators	96+
4. Pharmaceuticals – Analgesics / Narcotics	96+ with Cache supplies from local EOC
5. Pharmaceuticals – Broad Spectrum Antibiotics	96+ with Cache supplies from local EOC

Surgeries	Emergency Only Sterilization sent off site
Dialysis Patients	Diverted to other facilities ( Clinic Patients)
In Patients	Sponge bath with “wipettes” Hand washing with alcohol gel
All Staff	Hand washing with alcohol gel
All Staff/Patients	Consume bottled drinks-try to limit to no more than 2 quarts per day; ration plan is implemented by Food/Nutritional Care Services
Toilets	If able to flush, flush after 3 <sup>rd</sup> usage. If unable to flush, insert plastic bags into toilets, and seal when finished; EVS to remove to terminal waste collection area
Generators	Can run for approximately 7 days depending upon load usage.

## Emergency Operations Plan

HVAC System	Heating and air circulation on E-Power, cooling- bring in fans as needed.	
<b>*Food Supply – Patients Employees/MD/s, Other</b>	4 day supply for 1,000 total people per day, which includes patients, employees, physicians, & visitors  Disaster menu established for 7 days	Meets 168-Hour sustainability: if food supplies begin to diminish, food-rationing plan will go into effect (e.g., 2 meals per day with snacks). <b>We will use food from cold sources first (refrigerator and freezers), then change to dry supplies.</b>

### Food and Nutrition Services Disaster Plan

1. Food and Nutrition Services Director or designee will communicate with the Command Center regarding staffing, supplies, kitchen conditions and any expected deliveries that may require security clearance.
2. Emergency call lists will be activated.
3. Temporary off-site kitchen when needed
  - a. South Campus = 1633 S. Court Avenue
  - b. West Campus (Rehab Hospital) = 840 S. Akers St. Visalia, CA
4. The 96- hours disaster food and supplies are stored at Creekside. The key is labeled #1.
5. When food items for the same day are prepared, use when possible. If not, use the cold disaster menus located in the Chef's office.
6. Utilize the 2-day Cold Disaster Menu first then the Meals for All for 5 days.
7. There is a supply of perishable and non-perishable foods in the department refrigerators, freezers and storeroom. This food should be used first and utilized to feed staff.
8. An inventory of available foods should be completed as soon as possible. If utilities are down:
  - a. Use perishable foods (refrigerated and frozen) first, then fresh food, then canned food.
    - i. Please note:
      1. Utilize dry stores with shortest shelf life i.e bread, rolls
      2. A full freezer will hold temperature for 48 hours if the door remains closed.
      3. A refrigerator will hold temperature safely for about 4 hours if the door remains closed.
    - b. Per Engineering, no equipment is attached to the emergency power.
    - c. Three (3) emergency electrical sockets are available. Location: by the gas shut off valve, behind the supplement storage area and dry storage area.
    - d. Lighting is limited. Use lanterns located in the Chef's office. Battery is in Chef's office.
9. Using the most current diet sheets identify patients and their diets. This information can be used to plan the amount and type of foods to be sent to the nursing units and to write meal identifier tickets
10. Meals for patients will be assembled in the kitchen using supplies from kitchen (dry and cold storage areas) using the disaster menu. Meals will be placed in paper bags for delivery to the nursing units.
11. Additional personnel will be required to assemble and deliver meals. Use 3 people to deliver meals and remove garbage. In addition, 4 -5 people will be required to assemble meals for patients and staff. 2 – 3 cooks will be needed to prepare the foods.

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12. When the dish machine is not functional, the “3 sink method” method of cleaning and sanitizing is required. The first sink shall contain a dish/pot detergent solution for removing food debris. The second sink shall contain clean water for rinsing. The third sink shall contain a sanitizing solution of Quaternary Ammonium Sanitizer (Oasis 146) and water after soaking in sanitizing solution for 1 minute, remove items and allow to air dry.

If critical assets and resources have neared depletion levels, and there is no anticipated assistance from external sources in the near future, then the Command Center will need to make a determination as to whether or not operational capability can be sustained. Possible actions include:

- Continuing current operational capability based on anticipated assistance from external sources
- Curtailing or modifying selected operational capability
- Closing and evacuating the facility(s)

Decisions involving curtailment, modification, or halting of operational capability will be made by the highest-ranking administrator in conjunction with the County of Tulare.

The emergency operations plan describes how the hospital will share resources and assets with other health care organizations within the community, and outside for the community if necessary. Kaweah Health will share assets and resources with other local hospitals if needed. Within community, assets and resources will likely be shared with:

Name of Hospital	Name of Emergency Coordinator	Number and email of Emergency Coordinator	Number of Hospital Command Center
Valley Children’s Hospital	Ashley Ave	559-353-9227 <a href="mailto:Aave@valleychildrens.org">Aave@valleychildrens.org</a>	559-353-8680
Sierra View Medical Center	David Whittington	dwhittington@sierra-view.com	559-799-6008
St. Agnes Hospital, Fresno	Joseph Lopez	(559) 450-3721	559-450-2475
Kaiser Permanente Fresno Medical Center	Jamie E. Sutton	5593206230	559-448-2257

The emergency operations plan will describe how the hospital will monitor quantities of its resources and assets during and Pharmacy, Food/Nutritional Services, and Materials Management, at the onset of any emergency, will determine the current quantities of medications, food/water, supplies, and linens. Daily usage will be measured against the current available quantities. If it is determined that the rate of usage/consumption is greater than expected replenishment, local resources will be accessed. If necessary, conservation measures will go into effect as stated above. If it is determined KH can no longer support the care, treatment and services for the patients, a decision will be made by the Incident Commander to transfer and or evacuate patients.

The emergency operations plan will describe arrangements for transporting some or all patients, their medications, supplies, equipment and staff to an alternate care site when the environment cannot support care, treatment. Also included are the arrangements for transferring pertinent information, including essential clinical and medication-related information with patients moving to alternate care sites. The Planning Section Chief, Security Branch Director, and the Patient Tracking Manager are responsible for coordinating the transfer and transporting of patients to alternate care sites should KH need to be evacuated. An EMS Strike Team(s) would be requested through the Central California EMS Agency Duty

## Emergency Operations Plan

Officer. This would include transporting the patient's medication, necessary equipment and supplies, as well as pertinent clinical and medication-related information.

A tracking system will be implemented that notes at least the following:

- The patient's name
- The patient's medical record or other identification number
- The disposition of the patient (where the patient was sent to)
- Whether or not family was notified (attempts should be made to notify family prior to transfer)
- Whether or not the patient's medical record was sent. At least copies of the H&P, operative reports, current medications (including last dose given), and most recent care records should be sent.
- When the patient was transferred
- When the patient arrived at the receiving facility and where the patient was placed
- When report was given on the patient to the receiving facility, and to whom the report on the patient was given.

Patients will be assessed to determine if they need to be transported by BLS or ALS as appropriate to their clinical condition. If necessary, qualified hospital staff will accompany the patient.

The hospital implements the components of its emergency operations plan that require advance preparation to provide for resources and assets during emergencies. One function of the Emergency Management Subcommittee is to plan in advance, and in an ongoing fashion, an inventory of organizational assets and resources relating to emergency preparedness. This effort is a multi-disciplinary process, with monthly meetings that are driven by a standard agenda. The inventory is modified as new assets and resources are accumulated, and revised as quantities may be used during drills and or actual events.

### **As part of its Emergency Operations Plan, the medical center prepares for how it will manage security and safety during an emergency**

#### Security and Safety

##### Description for internal security and safety

Upon initiation of Code Triage Activation, the Hospital Command Center will determine the need to activate the Security Branch Director position of HICS. This decision is based on the nature, scope, anticipated duration, and likely impact of the emergency on the safety of persons and the security of the facility. The *Job Action Sheet* for the Security Branch Director provides guidelines for the individual who assumes the role. Access control and hospital shutdown will be of primary importance.

##### Coordination of security activities with community agencies.

It may become necessary to supplement internal security efforts with assistance from external law enforcement agencies, based upon the nature of the incident. The decision to request assistance from such agencies will be made by the Incident Commander based on incoming information, and the scope of the event. The Security Branch Director will work in coordination with the Operations Section Chief when coordinating with outside community agencies.

Once a decision is made to integrate with external law enforcement agencies, the Security Branch Manager will coordinate with a designated lead officer(s) of the agency having jurisdiction, and agree on the following issues:

- Incident Command
- Integration of Law Enforcement into Organization Operations
- Decision Making
- Rules of Engagement for Crowd Control
- Chain of Custody

Law enforcement will prevail, with consideration given to specific Kaweah Health concerns that may arise.

##### Management of hazardous material and waste

## Emergency Operations Plan

During emergencies, when the structural integrity of the building may be impacted, for example, due to an earthquake or internal flood, the Safety Officer, in conjunction with Facilities staff, will assess all areas that contain hazardous materials to determine if there are any spillages as follows:

- Above ground diesel storage tank located at ISS
- Above ground diesel storage tank located at Facilities Plant
- Above ground diesel storage tank located in Acequia Wing Basement
- Laboratory located in Mineral King Basement
- Hazardous Materials Waste Storage Area located North of the Ambulance Bay (in dumpster enclosure)
- Surgery Soiled Utility Room
- OB Surgery Soiled Utility Room
- Environmental Services Chemical Storage Room located in West Basement
- Kitchen, 1<sup>st</sup> floor Mineral King Wing
- Laundry Area

If any spillages are determined, the area will be cordoned, with staff evacuated. The SDS for the spilled material will be obtained. If a spill kit can be safely used, this will be the procedural response. If the nature of the spilled material poses risk to the employee or the building, an outside hazardous materials response team will be called. In the interim, the areas will be cordoned, with staff evacuated. Any staff member that has experienced signs and symptoms relating to an exposure will be escorted to the Emergency Department for treatment. The Safety Officer will work in coordination with the outside hazardous materials response team.

### Radioactive, biological and chemical isolation/decontamination

Kaweah Health has staff that is trained for decontamination response, including decontamination equipment. The Emergency Department follows district policies and has procedures for decontamination, which includes the care of the patient while minimizing risk to employees. Primary goals for emergency department personnel in handling a contaminated patient include termination of exposure to the patient, patient stabilization, and patient treatment, while not jeopardizing the safety of district emergency facilities and personnel. Termination of exposure can best be accomplished by removing the patient from the area of exposure and by removing contaminants from the patient.

Personnel must first address life-threatening issues and then decontamination and supportive measures if a radioactive exposure occurs. Priority is given to the ABC with simultaneous contamination reduction. Once life-threatening matters have been addressed, emergency department personnel can then direct attention to thorough decontamination, secondary patient assessment, and identification of materials involved. If a chemical exposure has occurred, decontamination occurs first, and then emergency management of the patient.

**Personal Protective Equipment.** Any staff member providing patient care to a contaminated patient must wear the appropriate personal protective wear. Decontamination must occur outside of the Emergency Department by staff that are trained specifically for decontamination response within KH. Should large-scale decontamination be required, HICS will be activated, with specific response guidelines implemented by staff that assumes HICS positions.

### Control of entrance into and out of the medical center during an emergency

It is likely that access to the organization's facility(s), and movement within the facility(s), will need to be monitored and controlled for the duration of the emergency. Upon activation of the Code Triage Activation, the following may occur:

- 1) Entrances to the Hospital will be staffed by Security or designated personnel through the Labor Pool. Visitors and other non-hospital personnel will be instructed to proceed to designated areas (DM 2225 Security Lockdown of Entry Doors). If necessary, entrances and exits will be locked down to prevent ingress or egress as warranted.
- 2) Movement by visitors and other non-hospital personnel will be restricted to a minimum. If visitors need to move beyond designated areas, they will be identified and their intended location within the facility will be ascertained.
- 3) Appropriate staff will be assigned to monitor vehicular access to the facility(s) and assure that access to the Emergency Department and other designated staging areas is unimpeded.

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The Operations Section Chief and/or Security Branch Manager will assume responsibility for managing the aforementioned activities.

Control of movement of individuals with the health care facility during an emergency, including control of vehicular access.

It is likely that access to the facilities in Kaweah Health, and movement within the facility, will need to be monitored and controlled for the duration of the emergency. Upon activation of the Code Triage, the following may occur, and will be under the responsibility of the Security Branch Director:

- Entrances to the facilities in Kaweah Health will be staffed by Security or designated personnel through the Labor Pool. Visitors and other non-hospital personnel will be instructed to proceed to designated areas. If necessary, entrances and exits will be locked down to prevent ingress or egress as warranted.
- Movement by visitors and other non-hospital personnel will be restricted to a minimum. If visitors need to move beyond designated areas, they will be identified and their intended location within the facility will be determined.
- Vehicular access to the facilities in Kaweah Health will be monitored by Security, including access to the Emergency Department and other designated staging areas is unimpeded.

Advance preparation for security and safety during and emergency

Security and safety issues are regularly addressed at the Emergency Management Subcommittee, and various aspects are periodically rehearsed during pre-planned drills, which are designed and implemented through the Emergency Management Subcommittee.

### **The medical center prepares for the management of staff during an emergency.**

Roles and responsibilities for staff during emergencies

Roles and Responsibilities of staff for communications, resources and assets, safety and security, utilities and patient management begin at the Emergency Management Subcommittee through the HICS structure appointments, through the careful monitoring of the KH's inventory of organizational assets, and through ongoing assessment of risk and mitigation strategies when assessing hazard vulnerabilities. Drills are designed with specific objectives relating to functional responsibilities of staff during exercises based upon risk to the District. Integrated into drill planning are resource and asset allocation and utilization. These activities are preplanned during ongoing Emergency Management Subcommittee meetings. These activities additionally support ongoing training for staff that may include other types of learning, such as new hire orientation, annual re-training, and pre-drill training.

Staff roles and responsibilities in an emergency are largely determined by the priority emergencies identified as a result of the HVA, as well as the reporting relationships in the command and control operations of the organization.

Depending on the nature, scope, and durations of the emergency, staff may be asked to assume specific duties and responsibilities other than those normally noted in their position description. This most likely will involve assuming a HICS job function. In this case, the Job Action Sheet for that specific job function defines the staff person's role and responsibilities. Staff roles and responsibilities are identified in at least the following key areas with respect to the Job Action Sheet:

- Communications
- Resources and Assets
- Safety and Security
- Utilities
- Clinical Activities

In addition, staff roles and responsibilities may be further identified as it relates to unit-specific planning, policies and procedures and specific competencies.

All staff have – at a minimum – the following responsibilities relative to the above mentioned areas:

- To communicate situational needs, observations, operational status, and issues in a clear, concise, and timely manner to the appropriate individual(s) or entity(s).

## Emergency Operations Plan

- To conserve resources and assets and utilize said resources and assets appropriately
- To be aware of, and maintain, the safety and security of themselves, their patients and the environment in which care, treatment, and service are rendered.
- To appropriately utilize and conserve utilities, and to report disruption or failure of utilities to the appropriate individual(s) or entity(s) in a timely manner.
- To assure that clinical activities are carried out in accordance with accepted standards of care, and in a safe and efficacious manner.

Staff are minimally trained relative to the codes for activation of the Emergency Operations Plan, and where to report for assignment. In addition, specific training is required for staff in accordance with the National Incident Command System (NIMS) as follows:

Staff Role	NIMS Based Training
<ul style="list-style-type: none"> <li>• Personnel likely to be involved as initial responders</li> </ul>	<ul style="list-style-type: none"> <li>• ICS-100: Introduction to ICS or equivalent</li> <li>• FEMA IS-700: NIMS, An Introduction</li> </ul>
<ul style="list-style-type: none"> <li>• Personnel likely to function as Unit / Care Area Supervisors or Specialists in HICS</li> </ul>	<ul style="list-style-type: none"> <li>• ICS-100: Introduction to ICS or equivalent</li> <li>• ICS-200: Basic ICS or equivalent</li> <li>• FEMA IS-700: NIMS, An Introduction</li> </ul>
<ul style="list-style-type: none"> <li>• Personnel likely to function as Managers, Unit Leaders, and Branch Directors in HICS</li> </ul>	<ul style="list-style-type: none"> <li>• ICS-100: Introduction to ICS or equivalent</li> <li>• ICS-200: Basic ICS or equivalent</li> <li>• FEMA IS-700: NIMS, An Introduction</li> </ul>
<ul style="list-style-type: none"> <li>• Personnel likely to function as the Incident Commander, PIO, Safety Officer, Liaison Officer or Section Chief in HICS</li> </ul>	<ul style="list-style-type: none"> <li>• ICS-100: Introduction to ICS or equivalent</li> <li>• ICS-200: Basic ICS or equivalent</li> <li>• FEMA IS-700: NIMS, An Introduction</li> <li>• FEMA IS-800.A: National Response Plan (NRP), An Introduction*</li> </ul> <p>* NOTE: Personnel whose primary responsibility is emergency management must complete this training.</p>

### Managing staff support activities during and emergency

Depending on the nature, scope, and duration of the emergency, the Hospital Command Center will establish mechanisms to meet the needs of staff. Such mechanisms include, but are not necessarily limited to:

- Housing
- Transportation
- Communication
- Food and Water
- Stress Debriefing
- Child/Elder Care

If possible, unoccupied inpatient care areas of the facility will be converted into sleep rooms for staff and their children, including elder care. If unoccupied patient care areas are not available, unoccupied general areas may be converted into dormitory style housing with cots, blankets, etc.

It may be necessary to transport staff to the facility from a remote location. If so, a collection point will be determined, and staff reporting to the facilities in Kaweah Health will be instructed to meet there.

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Coordination with local transportation companies (bus, taxis, etc) will be used to transport staff to the facilities in Kaweah Health as needed. Chaplains and Social Workers shall be made available to staff on an as needed basis to cope with the stress of the emergency. The Logistics Section Chief and the Support Branch Director are responsible for implementing processes necessary to meet the needs of staff as noted above.

The Service Branch Director will coordinate with the Infrastructure Director to assure that adequate amounts of food and water are supplied to staff. Communications will include landlines, cell phones, E-mail, or runners and bull horn if normal communications are not operating.

Depending on the nature, scope, and duration of the emergency, it may be possible to share resources and assets with other healthcare organizations both within and outside the community.

These assets and resources include, but are not necessarily limited to:

- Personnel
- Beds
- Transportation
- Linen
- Fuel
- Personal Protective Equipment
- Medical Equipment and Supplies

All licensed staff coming to work at the District will need competencies assessed by Human Resources and Nursing. If personnel from the District are going to be shared with another facility, staff will be apprised of the following information:

- The location and type of facility that they are being sent to
- The type of care, treatment, and service they are being asked to provide
- The expected duration of the assignment
- The contact information at the receiving organization.

Staff will be instructed to wear their identification badges. If possible, copies of pertinent documents such as licensure, competencies, etc. will be made and given to staff to take with them. An accurate record will be maintained of who went where and how long they stayed.

For equipment and supplies, an accurate inventory will be maintained of what was sent to other facilities and when, so that appropriate reimbursement can occur.

If resources and assets are to be shared outside of the organization's geographic service area, then the Liaison Officer will coordinate efforts from Kaweah Delta Health Care District with the County Emergency Operations Center.

The identification of licensed independent practitioners, staff, authorized volunteers The role of licensed independent practitioners (LIP') as well as designated allied health practitioners (AHP') is to render medical evaluation and care during the emergency within the scope of their competence and privileges granted unto them by the medical staff. LIP's and AHP's are responsible for reporting to the Physician Labor Pool. Staff and physicians are responsible for wearing their name badges during the emergency period. In addition, staff assigned to specific roles and responsibilities during the emergency (e.g. HICS positions) will be identified with color-coded vests.

Initial and ongoing training relevant to their emergency response role is provide to all staff, volunteers, and individual providing on-site services. Staff demonstrate knowledge in drills and exercises and critique activity.

### **Preparation /Management of Utilities during an Emergency EP 2-9**

Alternate means of provision of electricity, water for consumption and essential care activities, equipment/sanitary purposes, fuel, medical gas,/vacuum systems, and essential utilities (vertical/horizontal transport, heating and cooling systems, steam for sterilization)

Complementing the efforts to meet the medical care needs of the patients and protecting the staff will be the maintenance of overall facility operations. This responsibility primarily rests with the Infrastructure Branch in the Operations Section. The responsibilities include maintaining the normal

## Emergency Operations Plan

operational capability of the facility including power and lighting, water, HVAC, medical gases, and building/grounds, increasing capacities when patient surge requirements dictate; and identifying and fixing utility service-delivery failures. The acquisition of equipment parts or outside contractors will be coordinated with the Support Branch.

The Infrastructure Branch Director is also responsible for assuring that there is an alternate means of meeting essential utilities when normal supply mechanisms are compromised or disrupted. At a minimum, this means identifying alternate providers both within and outside the local community, and invoking memoranda of understanding for priority delivery and supply during an emergency. A summary of the key utility and alternate means / providers is as follows:

Essential Utility	Alternate Means of Provision
<ul style="list-style-type: none"> <li>Electricity-power and lighting</li> </ul>	Self-Generation
<ul style="list-style-type: none"> <li>Water for Consumption and Essential care Activities</li> </ul>	<p><b>Arrowhead – Memorandum of Understanding on file for priority delivery.</b></p> <p>Water Conservation Plan will be implemented (page 12) if quantities begin to diminish before water deliveries can occur. See Disaster Policy 2216, Water Systems Failure/Disruption.</p>
<ul style="list-style-type: none"> <li>Water Needed for Equipment &amp; Sanitary Purposes</li> </ul>	<p>Water for Equipment: If water supplies diminish and equipment is no longer able to be supported, a decision will be made by the Incident Commander to divert patients, evacuate patients and close operations.</p> <p>Water for Sanitary Purposes: If water supplies diminish before replenishment can occur, water conservation will be implemented (page 13).</p>
<ul style="list-style-type: none"> <li>Medical Gases/Air</li> </ul>	3000 Gallon bulk oxygen storage is available, which will provide oxygen for 7-10 days, depending upon usage; plus, we have a 500-gallon back-up tank, which will provide approximately one day of usage.(Downtown Campus).
<ul style="list-style-type: none"> <li>Heating, Ventilation &amp; Air Conditioning</li> </ul>	Loss of HVAC will be dependent upon seasonal requirements. Windows will be opened if we are experiencing high heat, with cooling measures instituted (extra water consumption, cold trays, no blankets). If it is winter, extra blankets will be obtained, warm tray menu will go into effect. In both cases, if the HVAC loss is sustained for greater than four hours, patients will go on divert until the HVAC issue is resolved. If the HVAC loss results in adverse effects for patient and staff, a decision to close operations and evacuate patients will be made by the Incident Commander.
<ul style="list-style-type: none"> <li>Steam for Sterilization</li> </ul>	If there is no water for steam sterilization, instruments will be sent to an outside vendor for sterilization, and or an adjacent hospital with whom we have made arrangements.
<ul style="list-style-type: none"> <li>Fuel required for building operations,</li> </ul>	Conservation plan will be put in place and

generators and essential transport that the hospital would typically provide.	memorandum of understandings will be invoked for fuel.
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### Management of Patients during Emergencies

Patient scheduling, triage, assessment, management of clinical

When the Emergency Operations Plan is initiated, and for the duration of the emergency event, the Hospital Command Center will implement processes relating to the following:

- Triage of Patients
- Scheduling of Patients
- Assessment and Treatment of Patients
- Admission, Transfer, Discharge, and, if necessary, evacuation of patients

Within HICS, there are job action sheets that outline the specific duties and responsibilities of the Section Chiefs, Branch Directors and Unit Leaders relative to the above. In addition, the following general guidelines will apply:

**Triage of Patients Done by Emergency Department MICN or Emergency Medicine Attending Physician. May also be delegated to an Emergency Medicine Resident as designated by the Emergency Medicine Attending Physician**

If disaster involves Trauma Patients, then Triage of trauma patients may be delegated to a Trauma Surgeon Attending Physician (or Surgical Resident designated by the Surgical Attending Physician)

***During an emergency, victims of an internal or external disaster will be triaged to determine their necessary level of care, including subspecialty needs, and any needs for secondary procedures.***

Patients will be assigned to one of the following triage categories utilizing the START and Jump START triage system:

- Immediate Treatment area
- Delayed Treatment area
- Minor Treatment area
- Deceased or Expectant area

Patients whose clinical needs fall outside of the scope of services or ability of KH to care for them will be promptly identified and transferred to a healthcare facility equipped to provide appropriate care.

### Scheduling of Patients

Depending on the nature, scope, and duration of the emergency, non-urgent tests, procedures, diagnostic studies, and care appointments may need to be delayed or canceled. When possible, patients will be notified of any delay or cancellation and when routine service is expected to resume. A record will be maintained of any cancellations so that patients can be contacted at the conclusion of the emergency to have their medical care needs met.

### Admitting Patients

Admissions during an emergency will be limited to the following:

- Emergency Department Patients
- Disaster Victims
- Pregnant Patients in Labor
- Critically Ill Persons

Non-disaster and/or emergency admissions will be screened to determine their necessity for admission. Routine admissions may be resumed if authorized by the Command Center. Patient admissions will follow normal procedure as much as possible.

### Potential Discharge & Transfer of Patients

Patients housed on the various care units will be evaluated for possible transfer or discharge in the event that it becomes necessary to release selected existing patients in order to make room for more seriously injured patients. Patients will be classified for transfer or discharge as follows:

- Patients that can be safely discharged to the care of relatives or friends.

## Emergency Operations Plan

- Patients that can be safely transferred to another medical care facility. (NOTE: Critical Care Units will identify patients who can be transferred to a nursing floor)

### Evacuation of Patients

If the nature, scope, and/or duration of the emergency is such that KH can no longer support care, treatment, or service, then it may become necessary to evacuate part or all of the facility(s).

The decision to evacuate shall be made by the Incident Commander in collaboration with the Section Chiefs within the Command Center. If necessary, communication will also occur with the County Emergency Operations Center, Central California Emergency Medical Services Agency, and the Department of Health Services.

The order to evacuate a given area is based on the safety of remaining in that area as compared to the risk of moving the patient population in question. Familiarity with several types of evacuation is necessary for all hospital personnel. Specific plans must be worked out within individual departments. Evacuation must take into consideration the number and types of patients, as well as alternative means of life support and cessation of invasive procedures when possible and considering the available resources at the disposal of the staff at the time the evacuation is to take place. There are generally four types of evacuation. Each may be a separate and complete operation or all may have to be used in successive stages if circumstances dictate. (KH DM2810)

**Partial Evacuation.** Partial evacuation is removing the patient(s) and staff from a dangerous area to one of safety within the Hospital. The area being vacated will be marked as *unsafe* by Security. Once the area has been cleared of patients and staff, the area will remain off limits until repaired or cleared of the danger by the local agency having jurisdiction.

**Horizontal Evacuation.** Horizontal evacuation is the removal of all patients laterally by bed, wheelchair, stretcher or other type of transport, to an adjacent protected area. The patients in immediate danger are removed first, including those that might be separated from safety if fire or other danger enters the corridor. Ambulatory patients are moved next. Contrary to some opinions, panic is never caused by helpless people. Ambulatory patients are to be instructed to line up outside of their rooms forming a chain by holding hands and following the lead staff member. All rooms are to be carefully checked for stragglers, looking particularly in all closets, under the bed and in the bathrooms. Each room door, after it is checked, is to be sealed with tape in such a manner that each room door cannot be opened without breaking the seal. Once in the evacuation area, patients must be rechecked to see that no one is missing.

**Total Evacuation.** In the hospital, patients will be evacuated to the nearest evacuation collection point outside of the hospital, with the goal to transfer to either: an alternate care site near the premises, or Kaweah Health. Patients requiring ventilator support will need special assistance during evacuation and must be moved with caution. In the event of total failure, electrical systems and building integrity, ventilator dependent patients will be maintained with manual support using a bag valve tube or mask. The order to evacuate is made by the person in the highest authority at the time of the disaster. Coordination with the Central California EMS Agency will be necessary to request an EMS Strike Team(s) & EMS Disaster Medical Support Units.

### Clinical services for vulnerable populations

Special consideration will be given to vulnerable patient populations, including but not necessarily limited to, the following:

- Pediatric Patients
- Geriatric Patients
- Disabled Patients
- Patients with a Serious Chronic Medical Condition
- Patients with Addictions

Staff, within their scope of practice, in the various care areas will be required to identify vulnerable patients and their specific care needs. These will be noted in their plan of care and communicated to other care providers as warranted by the patient's condition and circumstances. Each patient identified will be escorted by a patient care provider.

### Patient hygiene and sanitation needs

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Technical specialist experts (e.g., Infection Control) will be appointed by the Incident Commander to be responsible for assuring that patient and staff hygiene and sanitation needs are met during the emergency. The following will be considered:

- All non-essential environmental cleaning services will be discontinued and resources reallocated to patient care and treatment areas, as well as staff mobilization areas.
- Central Supply will re-supply personal hygiene articles such as toothbrushes, toothpaste, shaving articles, feminine hygiene articles, soap, and alcohol based hand gel or foam.
- If necessary, arrangements will be made to bring in additional portable restrooms to handle increases in-patient, visitor, and staff volumes.
- Waterless bath packets can be procured to allow for personal hygiene in a waterless environment.

### Patient mental health needs

The mental and emotional needs of patients will be monitored by chaplains and social workers within the District. If it is feasible during the event, psychiatrists and clinical psychologists will be requested to assist as needed. Nurses will be requested to provide psycho-social support as needed, within their scope of practice, to patients exhibiting emotional or mental duress during the emergency.

### Mortuary services

If morgue services become unable to accommodate increasing fatalities, the following actions will be taken:

- The County Emergency Operations and Public Health Department will be contacted to provide temporary morgue services such as an environmentally controlled trailer.
- Local mortuaries will additionally be contacted to arrange for direct transport of deceased individuals to the mortuary.
- If the County local mortuaries are not available, body bags will be used to protect each expired patient, and stacked until other arrangements can be made.

### Documentation and tracking of patients clinical information

Documentation will occur per normal protocol throughout the emergency. Each patient is provided with a unique clinical record identifier (i.e., a medical record number or account number). All clinical information about the patient will be noted on forms or other documentation tools with the patient's name and assigned number. In addition, the location of the receiving facility or alternate site shall be documented. If normal documentation procedures have been disrupted because of the emergency, then downtime or designated alternate procedures will be used.

### **During disasters, the medial center may grant disaster privileges to volunteer licensed independent practitioners.**

The granting of disaster privileges

**Definitions.** Volunteer practitioners include:

- Licensed independent practitioner: physicians (M.D, or D.O.), podiatrist (DPM), dentist or oral maxillofacial surgeon (DDS, DMD), Psychologist.
- Physician Assistants and Advanced practice registered nurses (NP and PA)

**Authority for granting privileges.** During disaster(s) in which the emergency management plan has been activated and the hospital is unable to meet immediate patient needs, the chief executive officer/designee and/or chief of staff/designee has the option to grant privileges during a disaster. The responsible individual is not required to grant privileges to any individual and is expected to make such decisions on a case-by-case basis in accordance with the needs of the hospital and its patients, and on the qualifications of its volunteer practitioners. The medical staff oversees the professional performance of volunteer licensed independent practitioners, either by direct observation, mentoring or clinical record review.

Once the immediate disaster situation is under control, the privileges are terminated. Additionally, privileges granted during a disaster may be terminated at any time without any reason or cause.

## Emergency Operations Plan

Termination of privileges granted in a disaster does not entitle the individual to a hearing or other due process.

The procedure for granting disaster privileges include the following processes:

1. The individual being given privileges during a disaster (applicant) must:
  - A. Complete the privilege form: This form includes the applicant's statement that he/she is licensed, the license number, the state issuing the license and his/her area of specialty.
  - B. Present a valid government issued photo identification issued by a state or federal agency, e.g., driver's license or passport, and at least one of the following:
    - A current picture hospital ID card that clearly identifies professional designation
    - A current license to practice
    - Primary source verification of the license
    - Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or MRC, ESAR-VHP, or other recognized state or federal organizations or groups
    - Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state or municipal entity)
    - Identification by current hospital or medical staff member(s) who possesses personal knowledge regarding volunteer's ability to act as a licensed independent practitioner during a disaster
2. The CEO/designee and/or the chief of staff/designee may grant privileges during a disaster.
3. Medical staff coordination is accomplished by the chief of staff/designee who will assign physicians to appropriate areas.
4. The privilege form shall be forwarded as soon as possible to the medical staff office to immediately verify as much information as possible, including verification of licensure, hospital affiliation, National Practitioner Data Bank and OIG query. A record of this information will be retained by the medical staff office. Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. In the extraordinary circumstances that primary source verification cannot be completed in 72 hours (for example, no means of communication or a lack of resources), it is expected that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and an attempt to rectify the situation as soon as possible. Primary source verification of licensure would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster privileges.
5. The CEO/designee, in consultation with the chief of staff/designee, makes a decision (based on information obtained regarding the professional practice of the volunteer) within 72 hours related to the continuation of the disaster privileges initially granted.
6. To ensure oversight of the professional performance of volunteer licensed independent practitioners:
  - a. If medical staff members are available, concurrent mentoring will occur; the volunteer will be paired with a current member of the medical staff. Should medical staff members not be available due to the extent of the disaster, practitioner-specific outcome data will be collected when conducting record reviews after the disaster situation is resolved.
  - b. Staff and patient satisfaction surveys will be conducted to assess care provided by volunteer practitioners.

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1. Any information gathered that is not consistent with that provided by the individual must be referred to the chief of staff/designee immediately, who will determine any additional necessary action. A physician's privileges approved during a disaster will be immediately terminated in the event that any information received through the verification process indicates any adverse information or suggests the person is not capable of rendering services in an emergency.
2. Each physician will be required to wear a hospital badge signifying that the volunteer is authorized.

**Disaster Clinical/Privilege/Practice Prerogative Approval Form.** A *Disaster Clinical Privilege /Practice Prerogative Approval* form will be completed for each volunteer, which includes unique identifying information about the volunteer, such as specialty, office address, phone number license/certification/registration number and expiration date, driver's license or passport number, date of birth, social security number, name of professional liability insurance carrier and limits of liability, etc.

**Primary Source Verification.** Kaweah Health personnel involved in the credentialing process will use the appropriate licensing/certification/registration on-line and print verification if possible:

- o Medical Board of California: [www.medbd.ca.gov](http://www.medbd.ca.gov) (for MDs, DPMs and PAs)
- o California Osteopathic Medical Board: [www.ombc.ca.gov](http://www.ombc.ca.gov) (for D.O.s)
- o California Board of Registered Nursing: [www.rn.ca.gov](http://www.rn.ca.gov) (for RNs, NPs)
- o Board of Behavioral Sciences: [www.bbs.ca.gov](http://www.bbs.ca.gov) (for MFCC's, and LCSWs)
- o California Psychology Board: [www.psychboard.ca.gov](http://www.psychboard.ca.gov) (for clinical psychologists)

If computer access is not available, a copy of the practitioner's license/certification/registration and driver's license or other identification will be made and attached to the *Disaster Privilege/Prerogative Approval* form. If a copier is not available, the hospital representative will perform a visual verification of the above documents, and document such verification. If primary source verification cannot be accomplished at the time of initial credentialing, it must be performed as soon as the immediate situation is under control, and completed no later than 72 hours from the time the volunteer presented to the hospital. In extraordinary circumstances when primary source verification cannot be completed, the following must be documented:

- o Why primary source verification could not be performed in the required timeframe
- o Evidence of a demonstrated ability to continue to provide adequate care, treatment and services, and
- o An attempt to rectify the situation as soon as possible.

Medical Staff Services shall query the National Practitioner Data Bank and other sources as needed per *Temporary Privilege* policy for purposes of an important patient care need as soon as the emergency situation has been contained. Primary source verification is not required if the volunteer has not provided care, treatment and services under the disaster privileges.

**Identification.** Practitioners granted disaster privileges shall be issued a temporary badge or sticker to allow staff to readily identify these individuals. Badges should contain the volunteer's name, specialty or AHP category, and a notation stating, "practicing with disaster privileges".

**Oversight.** If possible, the practitioner should be paired with a medical staff member and should act only under the direct supervision of a medical staff, AHP, or hospital employee, as appropriate, to observe or mentor the volunteer. If partnering is not possible, oversight will be conducted by medical record review. Based on the oversight, the Chief Executive Officer or Chief of Staff or their designees have the authority to determine if the granted disaster privileges should continue. Disaster privileges may be terminated at any time without any stated reason or cause. The declaration by the CEO or designee, which the emergency is over will automatically terminate all emergency privileges. Termination of disaster privileges shall not afford hearing rights under the Medical Staff Bylaws or any other authority.

**The medical center may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification or registration.**

**Granting Privileges.** When the disaster plan has been implemented, and the immediate needs of the patients cannot be met, KH may implement a modified credentialing and privileging process for eligible volunteer practitioners and or allied health practitioners. A process is in place, which provides safeguards to assure volunteer practitioners are competent to provide safe and adequate care, treatment and services. This section applies to individuals that are not licensed independent practitioners (i.e., individuals who are required by law and regulation to have a license, certificate or registration to practice their profession, such as registered nurses, licensed vocational nurses, MFCC's, LCSWs and Clinical Psychologists).

**Assignment of Disaster Privileges.** The Chief Executive Officer or Chief of Staff or their designees have the authority to grant disaster privileges. Designees for the CEO include the COO and CNO. Designees for the Chief of Staff include the Vice Chief of Staff, Secretary-Treasurer, or any Department Chairperson. The responsible individual is not required to grant privileges to any individual and is expected to make decisions on a case-by-case basis. The procedure for granting disaster privileges include the following processes:

- Current picture hospital ID card
- Current license to practice
- Primary source verification of the license
- Identification that the individual is a member of a Disaster Medical Assistance Team (DMAT) or MRC, ESAR-VHP, or other recognized state or federal organization or group
- Identification indicating that the individual has been granted authority to render patient care treatment and services in disaster circumstances, such authority having been granted by a federal, state or municipal entity
- Identification by current hospital or medical staff member(s) who possess personal knowledge regarding the volunteer's ability to act as a licensed independent practitioner during a disaster

**Primary Source Verification.** Kaweah Health personnel involved in the credentialing process will use the appropriate licensing/certification/registration on-line and print verification if possible:

- California Board of Registered Nursing: [www.rn.ca.gov](http://www.rn.ca.gov) (for RNs, NPs)
- Board of Behavioral Sciences: [www.bbs.ca.gov](http://www.bbs.ca.gov) (for MFCC's, and LCSWs)
- California Psychology Board: [www.psychboard.ca.gov](http://www.psychboard.ca.gov) (for clinical psychologists)

If computer access is not available, a copy of the practitioner's license/certification/registration and driver's license or other identification will be made and attached to the *Disaster Privilege/Prerogative Approval* form. If a copier is not available, the hospital representative will perform a visual verification of the above documents, and document such verification. If primary source verification cannot be accomplished at the time of initial credentialing, it must be performed as soon as the immediate situation is under control, and completed no later than 72 hours from the time the volunteer presented to the hospital. In extraordinary circumstances when primary source verification cannot be completed, the following must be documented:

- Why primary source verification could not be performed in the required timeframe
- Evidence of a demonstrated ability to continue to provide adequate care, treatment and services, and
- An attempt to rectify the situation as soon as possible.

Primary source verification is not required if the volunteer has not provided care, treatment and services under the disaster privileges.

**Identification. Volunteer practitioners** granted disaster privileges shall be issued a temporary badge or sticker to allow staff to readily identify these individuals. Badges should contain the volunteer's name, specialty or AHP category, and a notation stating, "practicing with disaster privileges".

**Oversight.** If possible, the voluntary practitioners should be paired with a staff member who is similar licensed, and should act only under their direct supervision as appropriate, who will observe or mentor the volunteer. If partnering is not possible, oversight will be conducted by medical record

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review. Based on the oversight, the Chief Executive Officer or Chief of Staff or their designees have the authority to determine if the granted disaster privileges should continue. Disaster privileges may be terminated at any time without any stated reason or cause. The declaration by the CEO or designee, which the emergency is over will automatically terminate all emergency privileges.

### **Evaluation of the effectiveness of emergency management planning activities**

On an annual basis, at the Environment of Care Committee, KH will conduct an annual review of the effectiveness of emergency management planning activities. This review will be forwarded to senior leadership for review. The annual review will include the following processes:

- The Objectives of the Emergency Operations Plan will be evaluated as follows: The intent of the objectives will be reviewed to determine if still relevant and applicable, and if change or modification is required.
- The Scope of the Emergency Operations Plan will be evaluated as follows: Planning activities will be reviewed to determine if modifications are required due to changes within the District, its structure, the patient population served, community planning partners or other factors that may have an impact on disaster response to emergencies.
- The *Hazard Vulnerability Analysis* will be reviewed to determine if risks, preparedness and mitigation strategies have changed or altered to lower or increase overall probability of defined risks.
- The *Inventory of Organizational Assets* will be reviewed to determine if resources and assets relating to emergency preparedness have been changed, or require change.

### **Evaluation of the effectiveness of the Emergency Operations Plan**

Kaweah Health conducts exercises to assess the effectiveness of the Emergency Operations Plan at least twice a year, stressing the limits of the plan to support assessment of preparedness and performance. The design of exercises will reflect likely disasters, and will test the District's ability to respond to emergencies, and to provide care, treatment and services under stressed situations. Off-site areas classified as business occupancy (as defined by the *Life Safety Code*) will conduct one such drill a year.

Influx of patients, escalating event and community participation. At least one drill a year conducted by the District will include an influx of simulated patients, and one drill will simulate an escalating event in which the surrounding community is unable to support the hospital. This portion of the drill may be conducted separately or in conjunction with a community wide drill, or tabletop exercise. One exercise will be conducted in participation with the County and or State of California.

Evaluation of drills: Exercises will incorporate likely scenarios as identified on Kaweah Health's *Hazard Vulnerability Analysis*, with an evaluation tool used that monitors and assesses staff response to handling of communications, resources and assets, security, staff, utilities and patients. An individual(s) will be selected whose sole responsibility during exercises is to monitor performance. Opportunities for improvement will be addressed during debriefing by a multidisciplinary process, which includes independent practitioners, and documented, with a final evaluation completed at the Emergency Management Subcommittee. It will be the responsibility of the Emergency Management Subcommittee members to follow-through with documented deficiencies, with information provided to the Environment of Care Committee. Identified deficiencies are expected to be resolved prior to the next planned exercise, with interim measures put in place until final modifications are made. Subsequent exercises reflect modifications made and or interim measures identified.



-Description	Quantities/Descriptions	96 Hour Sustainability and Critical Asset	Individual Responsible Phone
<b>Accommodations – Employees/Families</b>	Kaweah Health Kids Child Care Center will accommodate childcare during a disaster. The rationale was to offer support/care to employees during a disaster, letting them know that their children could remain close by if no other accommodations could be made for them. Individuals to oversee setting up the accommodations, assuming childcare responsibility would be appointed from the Hospital Command Center.		Kaweah Kids Director 624-2471
<b>Alternate Care Site</b>	Alternate Care Site #1: Emergency Department Parking Lot (Tents) Surge Tent Policy #DM 2226 Alternate Care Site #2: Kaweah Health Rehab Hospital Phone: 559-624-3700 Alternate Care Site #3: Kaweah Health Mental Health Phone: 559-624-3322 Alternate Care Site #4: KH South Campus Phone: 559-624-6204 Emergency Room Triage Area- Acequia Wing Conference Room		Safety Dept. 624-2381
<b>Bulk Oxygen Storage</b>	3000 Gallon bulk oxygen storage, which will provide oxygen for 7-10 days, depending upon usage; plus, we have a 500 gallon back-up tank, which will provide approximately one day of usage	3000 gallon will provide oxygen for 7-10 days. 500 gallon will provide approximately 1 day use.	Maintenance Director 624-2327
<b>*Communications – Alternate types</b>	<p><b>Districtwide</b></p> <ul style="list-style-type: none"> <li>• HT 1250 Radios, charger, battery and clips.</li> <li>• Xmatter messaging available for Leadership and employees</li> <li>• Emergency cell phones available at each campus</li> <li>• Text Messaging</li> <li>• Landlines throughout the medical center</li> <li>• Runners</li> <li>•</li> </ul> <p><b>Emergency Department</b></p> <ul style="list-style-type: none"> <li>• StatusNet911: Multi-Agency Emergency Communication System capable of communicating with all area regional hospitals &amp; EMS Dispatch Centers</li> <li>• Kenwood TK-2140 hand portable radio capable of communicating with all area regional hospitals &amp; EMS Dispatch Centers.</li> <li>• Two Motorola MIP 5000 radios with Hospital Emergency Administrative Radio System, Hospital Med Channels &amp; EMS Dispatch Centers.</li> <li>• Dedicated MICN Laptop &amp; Cellular Broadband Card. This laptop is equipped with the StatusNet &amp; Hospital Paging systems.</li> </ul> <p>Dedicated EMS Communications Cellular Phone.</p>	<p><b>-Hand-held radios available at each campus</b></p> <p><b>-Emergency cell phones available at each campus</b></p> <p><b>-Runners available via Labor Pool.</b></p> <p><b>-PBX (on emergency power) will extend to 96 hour sustainability if not damaged.</b></p>	Communications Manager 624-2280
<b>Cots</b>	20 sleeping cots are available in Disaster trailers		Safety Dept. 624-2381

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<b>Decontamination Shower</b>	Emergency Department – 1 built in shower with 500 gallon waste water containment tank. 1 Portable decon shower + 2 portable decon shower stored in decon trailer.		Safety Dept. 624-2381
<b>Education Plan – Decontamination</b>	Employees trained on 10.2021		Safety Dept. 624-2381
<b>Emergency Operations Plan</b>	Revised approved by BOD 2020		Safety Dept. 624-2381
<b>Emergency Equipment Inventory and Location</b>	See Attached Emergency Equipment Inventory Equipment located in Lab Basement Cage, Trailers at CHC, Trailer at Warehouse and 515 W. Willow.		Safety Dept. 624-2381
<b>Food Plan - Disaster</b>	We will utilize food from cold sources first (refrigerators & freezers), then change to dry supplies	We will utilize food from cold sources first (refrigerators & freezers), then change to dry supplies	Director Nutritional Services 624-5081
<b>Food Supply – Patients, Employees/MDs, other</b>	In the event of a disaster existing food inventories will be utilized to feed patients, staff, others. Menus will be adjusted to utilize (on-hand at the time) food supplies. Typically enough food is on site to feed 800-1,000 people per day for 3 – 4 days.	If food supplies begin to diminish, "Memos of Understanding" (M.O.U.s) are in place with Costco & Smart & Final to procure supplies as needed. Emergency plans have also been set up with US Foods & Sysco.	Director Nutritional Services 624-5081
<b>*Fuel</b>	4000 gallon tank located on premises; however, usually the tank has approximately 3600 gallons of diesel fuel available		Maintenance Director 624-2327
<b>Generator-portable</b>	3 available		Maintenance Director 624-2327
<b>HEPA Filters</b>	5 available		Maintenance Director 624-2327
<b>Letters of Agreement</b> • Cardinal Health • Professional Hospital Supply • Medline • Sysco (Food)	LOA for Cardinal Health – priority delivery agreement LOA for PHS – priority delivery agreement LOA for Medline – priority delivery agreement Agreements with local vendors	Cardinal has agreed to deliver from alternate sites. If Cardinal cannot deliver we have agreements with secondary suppliers. If those suppliers cannot deliver we have agreements with local vendors	624-2596

<p><b>Water – For All</b></p>	<p>Cal-Water Management Team has placed a back-up engine tied to a water pump that supplies water to the main campus. So in the event of a major power failure they will be able to provide water to our main campus.</p> <p><b>Secondary Plan:</b> Nutritional Services has Emergency Water Plans for KH, West Campus and South Campus to provide water for 4 days. Emergency Water is stored in Nutritional Services Storage Areas.</p> <p><b>Water Conservation Strategies</b></p> <table border="1" data-bbox="520 337 1339 1036"> <tr> <td>Surgeries</td> <td>Emergency only Sterilization sent off site</td> </tr> <tr> <td>Dialysis Patients</td> <td>Diverted to other facilities</td> </tr> <tr> <td>In Patients</td> <td>Sponge bath with “wipettes” Hand washing with alcohol gel</td> </tr> <tr> <td>All Staff</td> <td>Hand washing with alcohol gel</td> </tr> <tr> <td>All Staff/Patients</td> <td>Consume bottled drinks-try to limit to no more than 2 quarter per day; ration plan is implemented by Nutrition Services</td> </tr> <tr> <td>Toilets</td> <td>If able to flush, flush after 3<sup>rd</sup> usage. If unable to flush, insert plastic bags into toilets, and seal when finished. EVS to remove to terminal waste collection area</td> </tr> <tr> <td>Sinks</td> <td>Affix signs: “Do Not Use”</td> </tr> <tr> <td>Chillers</td> <td>This is only affected if boilers can no longer run.</td> </tr> <tr> <td>Boilers</td> <td>Season will determine heating and or chilling needs.</td> </tr> <tr> <td>Generators</td> <td>Can run for approximately 7 days depending upon load usage.</td> </tr> <tr> <td>HVAC</td> <td>Heating and air circulation on E-Power, cooling- bring in fans as needed.</td> </tr> </table>	Surgeries	Emergency only Sterilization sent off site	Dialysis Patients	Diverted to other facilities	In Patients	Sponge bath with “wipettes” Hand washing with alcohol gel	All Staff	Hand washing with alcohol gel	All Staff/Patients	Consume bottled drinks-try to limit to no more than 2 quarter per day; ration plan is implemented by Nutrition Services	Toilets	If able to flush, flush after 3 <sup>rd</sup> usage. If unable to flush, insert plastic bags into toilets, and seal when finished. EVS to remove to terminal waste collection area	Sinks	Affix signs: “Do Not Use”	Chillers	This is only affected if boilers can no longer run.	Boilers	Season will determine heating and or chilling needs.	Generators	Can run for approximately 7 days depending upon load usage.	HVAC	Heating and air circulation on E-Power, cooling- bring in fans as needed.	<p>168 hours sustainability with water conservation measures if needed</p> <p>Meets 96 hour sustainability with power by cogeneration plant.</p>	<p>Maintenance Director 624-2327</p>
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<p><b>Linens</b></p>	<p>24-hour supply on hand</p> <p>Daily deliveries</p> <p>Linens Conservation Plan will need to go into effect if there is interference with deliveries:</p> <ul style="list-style-type: none"> <li>○ Bed Bath every 3<sup>rd</sup> day</li> <li>○ Change linen every 3<sup>rd</sup> day if not soiled; clean chux daily <ul style="list-style-type: none"> <li>○ Use alcohol gel or wipes for hand washing</li> <li>○ Whenever possible use wipes instead of wash cloths</li> </ul> </li> <li>○ Change hospital gowns every 3<sup>rd</sup> day unless soiled; encourage use of personal sleeping attire if at the hospital <ul style="list-style-type: none"> <li>○ Agreement in place with Mission Linen</li> </ul> </li> </ul>	<p>Agreement in place with Mission Linen a local firm</p>	<p>EVS Director 624-2380</p>																						

Emergency Operations Plan

<b>Hazard Vulnerability Completed – Top Five Hazards – revised 2023</b>	2023 HVA- Top 5 Risks		Safety 624-2381
	Event	Rational	
	Epidemic/Emerging Infectious Disease 78%	An especially severe influenza pandemic could lead to high levels of illness, death, social disruption, and economic loss.	
	Chemical Exposure 56%	Pesticides are widely used in our agriculture areas.	
	Fog 56%	Central Valley fog is very heavy and there is a history of multi-vehicle (100+) accidents on local highways.	
	Mass Casualty (HazMat) 56%	Pesticides are widely used in our area.	
Patient Surge 56%	Crisis across our state has increased the last year. Patient volume continues to increase not solely related to Covid 19.		
<b>Isolation Rooms – Negative Pressure</b>	Total Number of Isolation Rooms: 17		Director – House Supervision 624-2642
<b>Licensed Beds</b>	270 Unspecified General Acute Care 89 Perinatal Services 41 Intensive Care 23 Intensive Care Newborn Nursery 12 Pediatric Services 45 Rehabilitation Center at KDRH		Director – House Supervision 624-2642
<b>Personal Protective Equipment</b>	Mask – respirator TB – 14 cases (210 masks per case) in Materials 85 cases (210 masks per case) in Emergency Supplies		
<b>*Pharmacy Meds on Supply</b>	Pharmacy Cache from the State: two chem. Packs (1) for approximately 450 (1) for hospital, servicing 1000 employees Can request syringes from Tenet Cache and/or obtain from local sister hospital		Pharmacy Director 624-2470
		Can reach 96-hour sustainability with access to Tenet Cache and from other Tenet hospitals.	

**Pharmacy Chem Pack contents**

**Emergency Services: Treatment Capacity 454 Patients  
EMS Chempack Contents\***

Can reach 96-hour sustainability with Pharmacy Chem Pack contents

Emergency Operations Plan

Drug/Dosage Form/Device	NDC/Product #	Number of units/box
Antidote Treatment-Nerve Agent Auto-Injector (ATNAA)	11704-777-01	200
Atropine Sulfate 0.4 mg/ml 20 ml vial	63323-234-20	100
Pralidoxime 1 gm 20 ml vial	60977-141-01	276
Diazepam 5 mg/ml Auto Injector	6505-01-274-0951	150
Diazepam 5 mg/ml 10 ml vial	0409-3213-02	25
Sterile H2O Inj 20 ml	0409-4887-20	100
Atropen 0.5 mg*	11704-104-01	144
Atropen 1 mg*	11704-105-01	144

\*KH has 2 Chempacks on the Medical Center premises; each Chempack is designed to treat 454 patients.

**Pharmacy Supplies**

Our hospital pharmacies disaster drug procurement plan is outlined in Pharmacy Manual 6.25.0. We have an established plan that was developed in conjunction with our primary drug distributor (AmeriSourceBergen). We have a list of medications that would be available for use in the event of a disaster. In the event of a disaster, we would notify the distributor of such an event and processes put in place to assure drug procurement based on the pre-developed drug list is executed. Per our Disaster Recovery Plan with our distributor, they will obtain assistance from local Emergency Services companies, the CA Office of Emergency Services, local law enforcement agencies, private contractors, the media, and military organizations. These agencies will be used to transport product overland or via helicopter if necessary.

Can reach 96-hour sustainability with our Disaster Recovery Plan

Pharmacy Director  
624-2470

**Surge Capacity Plan**

Surge Capacity Plan in place; key issues addressed:

- o Census Saturation Plan AP. 114 in place
- o Identification of Isolation Rooms with Negative Pressure Availability of Infection Control Nurses x24 hours/7 days week
- o Bio-Safety Level 2 rating for Microbiology Laboratory, and is capable of testing for: influenza A&B antigens, RSV antigen, C. diffile toxin, E coli 0157, VRE and MRSA, routine cultures and anti-microbial susceptibilities, fungus and yeast isolation/identification. The Clinical Lab is equipped to rule out bio-terrorism organisms and rare and unusual organisms. The lab is able to refer specimens to reference labs and Tulare County Public Health Department.

Director – House Supervision  
624-2642  
Safety  
624-2381

Emergency Operations Plan

	<ul style="list-style-type: none"> <li>o (3) month supply of small regular size Tecol N-95 respirators; high risk departments have designated fit-testers who can fit test employees if needed; N-95 respirators may be able to be accessed from Tulare County cache</li> <li>o Pharmacy – Disaster Drug Procurement Plan in conjunction with our primary drug distributor based on pre-developed drug list.</li> <li>o Employee/family accommodations will be made available as needed</li> </ul>		Safety 624-2381												
<b>Tents</b>	Have two tents available for use		Director 624-2327												
<b>*Security – Ways to Increase</b>	Security Staff is in-house. We have a current contract with Triple A Security for additional security staff if needed in an emergency.	Can reach 96 hours sustainability with In- house staff and contract with Triple A Security.	Security Manager 624-5591												
<b>*Staffing hours – Ways to increase</b>	<table border="1"> <thead> <tr> <th>Priority</th> <th>Strategy</th> </tr> </thead> <tbody> <tr> <td>One</td> <td>Adapt staffing ratios to need. Each of the designated patient care levels (critical, complex/ critical, basic, and supportive) will require different staffing ratios.</td> </tr> <tr> <td>Two</td> <td>8-hour shifts may be changed to 12-hour shifts.</td> </tr> <tr> <td>Three</td> <td>Prioritize tasks so only essential patient care tasks are provided by staff.</td> </tr> <tr> <td>Four</td> <td> <ul style="list-style-type: none"> <li>• Use media to contact volunteer healthcare workers.</li> <li>• Acquire staff through established MOUs and partnerships with other sister facilities.</li> <li>• Consider alternate labor sources such as MRCs, Community Emergency Response Teams (CERTs), etc., through County</li> </ul> </td> </tr> <tr> <td>Five</td> <td>Consider flexing scope of practice of staff to provide necessary care with available staff (when authorized by the Governor during a declared state of emergency to allow flexed scope of practice).</td> </tr> </tbody> </table>	Priority	Strategy	One	Adapt staffing ratios to need. Each of the designated patient care levels (critical, complex/ critical, basic, and supportive) will require different staffing ratios.	Two	8-hour shifts may be changed to 12-hour shifts.	Three	Prioritize tasks so only essential patient care tasks are provided by staff.	Four	<ul style="list-style-type: none"> <li>• Use media to contact volunteer healthcare workers.</li> <li>• Acquire staff through established MOUs and partnerships with other sister facilities.</li> <li>• Consider alternate labor sources such as MRCs, Community Emergency Response Teams (CERTs), etc., through County</li> </ul>	Five	Consider flexing scope of practice of staff to provide necessary care with available staff (when authorized by the Governor during a declared state of emergency to allow flexed scope of practice).	Can reach 96-hour sustainability with our Staffing Strategies.	House Supervisor 624-2642
	Priority	Strategy													
	One	Adapt staffing ratios to need. Each of the designated patient care levels (critical, complex/ critical, basic, and supportive) will require different staffing ratios.													
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<b>Staffing – Physicians &amp; Resident Physicians</b>	Must report to the Physician Labor Pool		Medical Staff Director 624-2358												
<b>Ventilators</b>	33 total ventilators plus 3 in storage which will be on preventive maintenance inventory and kept maintained for emergencies		Director Respiratory Services 624-2417												

<b>Decontamination Shower</b>	Emergency Department – 1 built in shower with 500 gallon waste water containment tank. 1 Portable decon shower + 2 portable decon shower stored in decon trailer.	
<b>Equipment – Bioterrorism – located in of the County provided trailer.</b>		
	55 Gal. Containment Drums w/ dollies	4
	Don-It Post Decon Personal Privacy Kits – Adult – 20 per case	7 cs
	3M Nickel Batteries	5
	4'X100' Safety Fence	3
	Boxes Nitril Gloves (LG)	10
	Boxes Nitril Gloves (MD)	10 bx
	Boxes Nitril Gloves (SM)	10
	Case Gatorade Mix	1
	Casualty Manager shelter	1
	Container 2 buckets, brush and sponges	1
	Cooling Vests	23
	Decon Tent	1
	Don-It Personal Privacy Kit (Adult)	16
	Don-It Personal Privacy Kit (Youth)	8
	Don-It Post Decon Personal Privacy Kits – Child – 20 per case	4 cs
	Extraction Litters	4

Emergency Operations Plan

	Hard Hats	4
	Hazorb Booms	7
	Honda 10,000 Generator	1
	Honda 3000 Generator with Tele Lite Kit	2
	hoses	3
	Igloo 10 gallon water jug	1
	Igloo Ice Chest (40 QT)	1
	Level B Suits	5
	Level B Suits (M)	5
	Level D Suits (LG)	25
	Manometer	1
	Minute Man Heppa	1
<b>Equipment – Bioterrorism – located in of the County provided trailer (at South Campus) 1633 S. Court St. Visalia, Ca 93292</b>		
	Model Pelair 24,000 Portable air conditioner	2
	On Scene Bio Protective Kit (XL)	320
	On Scene Bio-Tec Kit (2XL)	400
	On Scene Bio-Tech Kit (2XL)	582
	PAPR FR-57 Filters (cases)	9
	Pig Spill Blocker Dikes	4
	Pop-Up Tent	2
	Powered Air Purifying Respirators (PAPR) –	26
	Quick Shade Instant Canopy (10'X10')	2
	Quick Shade Instant Canopy (10X10)	2

Emergency Operations Plan

	Rubbermaid 5 Drawer Tool Box	1
	Rubbermaid Cart (grey)	1
	Safety Vests- Orange	1
	Safety Vests w/ White Reflectors	11
	Safety vests-Green	3
	Spill Berm Rub Orange	2
	System CPF 3 Keppler Suits (LG)	2
	Tool Box	1
	Traffic Cones	10
	Traffic Delineators	11
	Red Helmets(10)	10
	Caution Tape and Hazard Tape ( <i>tub</i> )	1
	Tyvek Coverall (XL)	25
	Tyvex Coverall White (2X)	25
	Tyvex Coverall White (3X)	25
	Used Air Filters (Practice)	14
	Wrench Set	1
<b>Equipment – Warehouse 240 South Dunsworth, Visalia Ca</b>	Clean Air RX Air 3000 Air Purifier	1
	Generator Cord	1
	Mintie 1000V Hepa	2
	Mintie ECU 2 Bundle	1
	OmniAire 1000 V (Hepa Air Units)	2
	Poly Pad	1
	Pressure Kit	1
	Star Heater	1
	Don-It Personal Privacy Kit	

Emergency Operations Plan

<b>Equipment- Decon Trailer</b>	3M 10 Unit battery Charger (PAPR)	2
	3M Battery Packs	15
	5 Unit Charging Stations	3
	Asbestos Vac	1
	Bar Code Reader	2
	Booties (10LG)	1 cs
	Booties (6-SM/6-2XL)	1 cs
	Booties (8XL)	1 cs
	Booties (9 Med)	1 cs
	Non Researchable PAPR Batteries (26)	1 bx
	Bull Horns	2
	Cases 3M Cartridges of filters (6 each)	15 cs
	Chemical Tape (20 rolls)	2 bx.
	Communication Radio Batteries	20
	Decon Suits (2XL)	12
	Decon Suits (3XL)	33
	Decon Suits (L)	6
	Decon Suits (Med)	6
	Decon Suits (XL)	18
	EPV 200 Ventilator	3
	Green Duffle Bags	2 bag
	Level B Suits ( XL)	18
	Level B Suits (3XL)	6
	Level B Suits (L)	34

Emergency Operations Plan

	Level B Suits (M)	6
	Level D Suits (LG)	25
	Level D Suits (XL)	9
	Lithium Mag Disposable batteries	5
	Modular ECU 2 Tent	1
	Multi casualty triage kit	1
	Nickel Cadmium Batteries	3
	Orange Duffle Bags	1bag
	PAPR bags with unit and filters	22
	PAPR Cartridges	117cs
	Personal belongings bags	2 bx
	Phillips Heart Start Defibrillators	2
<b>Equipment- 515 Building</b>	Pocket Hand Held Computers	2
	Portable Decon Shower	3
	Portable Suction Units	9
	Power Heart AED 3 Defibrillators	2
	Pre and Post Decon Bags (Small/Med)	2 bx
	Pre and Post Decon Bags (Youth).	1 bx
	Radiation Detector	1
	Radio Chest Packs	10
	Rubber Gloves (Size 7)	12
	Rubber Gloves (Size11)	12
	Scissors	33
	Spinal Immobilization Board	12
	Steel Toe Boots (1-Size 8, 3- Size 10)	1
	Steel Toe Boots (Size 10 Green)	3
	Steel Toe Boots (Size 11 Orange)	3

Emergency Operations Plan

	Steel Toe Boots (Size 12 Orange)	3
	Steel Toe Boots (Size 6 Green)	2
	Steel Toe Boots (Size 7 Orange)	3
	Steel Toe Boots (Size 7 Orange)	4
	Steel Toe Boots (Size 8 Green)	8
	Steel Toe Boots (Size 8 Orange)	7
	Steel Toe Boots (Size 9 Green)	3
	Stereoscopes	13
	Clipboards (suite case)	1
<b>Equipment – Evacuation</b>	<ul style="list-style-type: none"> <li>• Stryker evacuation chair at staff elevator landings on the 3<sup>rd</sup> and 4<sup>th</sup> floors.</li> </ul>	

**ATTACHMENT C**

**Manager’s Recovery Guidelines (Recovery Checklist Post Disaster)**

**Manager’s Recovery Guidelines**

<b>Damage Assessment</b>	<b>Staff Requirements</b>	<b>Equipment Requirements</b>	<b>Document Requirements</b>	<b>Other</b>
<b>Assess patient safety post incident.</b>	Assess current capacity of staff and possible overtime hours.	Assess equipment for operational status	<b>Document requirements are critical to financial recovery.</b>	Data safety: whenever possible, data in your computer(s) should be on back up files
<b>Assess employee safety post incident</b>	Determine if staffing needs were met, and if additional staff was utilized, or overtime was used.	Identify what alternates to current equipment can be used.	Document hours worked by staff during the incident, and post incident and until the incident is declared resolved.	
<b>Assess area safety to determine where it is safe to move</b>	Ensure staff hours worked during the incident are disaster-coded properly to the disaster cost center.	Notify Biomed for equipment needs.	Photograph damages to building and equipment. Contact photography or departments with digital cameras , videos (Engineering)	
<b>Complete Damage Assessment in your area. If damage has occurred, obtain photographs of the area—preferably by camera or digital camera. Keep as part of records; originals to the Cost Officer with date, time, location, contact person.</b>		Document all rental usage. Try to rent as opposed to purchase as rental fees are more easily recoverable, than purchase fees.	Maintain files for P.O.’s relating to rental of equipment needs, or purchase of supplies relating to the incident. If in doubt, write “PO-Emergency Incident”, and the P.O.’s will be evaluated at a later date. Originals to Cost Officer	
<b>Make copy of completed <i>Damage Assessment form</i> and maintain in your records</b>		Photograph damaged equipment. Originals to Cost Officer: date, time, location, contact person.	All food/nutrition/supply need to be documented as distributed during the disaster to determine cost of nutritional deliveries for patients, staff, visitors.	
<b>Bring <i>Damage Assessment form</i> to the Command Post</b>				
<b>Be on the alert for other damages that may occur (eg., noticeable structural or non-structural damages from after shocks post earthquake).</b>				<b>NOTE:</b> Ensure all disaster worked hours, purchased or rented services or equipment or supplies are coded to the Disaster Cost Center—obtained from Payroll or Purchasing.
<b>Document any new damages on a second <i>Damage Assessment form</i> and bring to the Command Post.</b>				

<b>DESCRIPTION</b>	<b>YES</b>	<b>NO</b>
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## Emergency Operations Plan

<b>A. Damage Assessment Form</b> 1. Area assessed for visual damages using <i>Damage Assessment Form</i> . If an earthquake occurred, and there are "aftershocks", area must be re-assessed using the same form, and resent to the Command Post.	<b>If Yes, describe major damages: (use separate pages if necessary)</b>	
<b>B. Staff Requirements</b> 1, Were staff requirements assessed?	<b>If Yes, describe how many staff personnel were required and what job codes:</b>	
2, Are hours worked by staff being charged to the Disaster Cost Center?	<b>Cost Center being used on timecard is:</b>	
<b>C. Equipment Requirements</b> 1. Identify what type of equipment is being purchased or rented for the disaster. Rent whenever possible.	<b>If Yes, identify type of equipment, quantity, duration of rental and cost per unit. Copies of all P.O.'s to the Cost Officer.</b>	
<b>D. Document Requirements</b>		
1. Have you photographed the area?	<b>If Yes, ensure photograph and copies are maintained; original to Cost Officer. If "No", request immediate Photography Services.</b>	
2 Have you maintained copies of all P.O's related to the Disaster?	<b>If Yes, copies of all P.O's to the Cost Officer. If you are unsure if the P.O. is related to the disaster, note your concerns on a separate piece of paper attached to the P.O.</b>	
3 If involved with Food Services, have you itemized all food services related to the care of victims, families, staff, etc., during the time of the disaster?	<b>If Yes, copies of all P.O's to the Cost Officer. If you are unsure if the P.O. is related to the disaster, note your concerns on a separate piece of paper attached to the P.O</b>	
4. Have you itemized all P.O's during the disaster.	<b>If Yes, copies of all P. O's to the Cost Officer. If you are unsure if the P.O. is related to the disaster, note your concerns on a separate piece of paper attached to the P.O.</b>	
<b>E. Other</b> Any other itemizations should be stated on a separate page, and attached.	<b>If Yes, state all itemizations on a separate page and attach. If more space is required, categorize each entry with letters and numbers on this page (EG. A1, D2, etc. )</b>	
<b>F. Consequential Events.</b> Were there any consequential events as a result of this disaster?	<b>If yes, describe on a separate page, using an UOR, and attach.</b>	
<b>Business Loss.</b> Were services closed as a result of this incident?	<b>If yes, state what services were closed, with best estimate of loss of revenue. Identify in detail on a separate piece of paper, with heading entitled "Business Loss", and bundle with other information, sending to Cost Officer. Identify your name, department and phone number.</b>	



## Appendix A

### Procedures for specific areas of high risk as determined by hazard vulnerability analysis:

#### Epidemic/Highly Infectious Disease

Procedure:

- a. Determine how many patients have been infected. Ensure implementation of surge plan, proper triage and infection precautions
- b. Anticipate an increased need for medical supplies, antivirals, IV fluids and pharmaceuticals, oxygen, ventilators, suction equipment, respiratory protection/PPE, and respiratory therapists, transporters and other personnel
- c. Conduct disease surveillance, including number of affected patients/personnel
- d. Continue isolation activities as needed
- e. Consult with infection control for disinfection requirements for equipment and facility
- f. Continue patient management activities, including patient cohorting, patient/staff/visitor medical care issues.

#### Chemical Exposure, External

In the event of a chemical incident where patients are being brought into the facility the following measures will be taken:

- a. Notify Administration, House Supervisor, Hospital Safety Officer, Security and Emergency Department Nurse Manager.
- b. Determine area of decontamination and staging.
- c. See DM 2211 Decontamination plan for more detailed information
- d. Consider HICS activation

#### Fog

In times where fog is too dense and staff are unable to report to work the following steps shall be taken.

- a. Notify Administration, House Supervisor, Hospital Safety Officer, and Security
- b. Gather information regarding staff shortage
- c. Begin call back procedures
- d. Consider cancelling elective procedures
- e. Begin discharging patients as appropriate

#### Mass Casualty (Haz Mat)

In the event we experience a large scale haz mat incident and we experience high number of casualties.

- a. Notify Administration, House Supervisor, Hospital Safety Officer, Security and Emergency Department Nurse Manager.

## Emergency Operations Plan

- b. Security to secure a perimeter around the area to keep people out of the area.
- c. Notify Visalia Haz Mat Team to assist. .
- d. Consider activating HICS.

## **Patient Surge (See Census Saturation Plan AP114)**

- a) Notify Administration, House Supervisor, Hospital Safety Officer, Security and Emergency Department Nurse Manager.
- b) A census saturation meeting will be held at the discretion of the House Supervisor, and will include the Directors who have leadership responsibility for the nursing units with the greatest census/acuity impact. This meeting will occur at 11:00 a.m. and can be canceled as determined by the House Supervisor.
- c) Bed status may be reassessed and communicated every 2-4 hours by the House Supervisor or their designee as needed.
- d) If it is determined that the Census Crisis is to persist past 12 hours, the CNO or Chief Operating Officer(COO) may be asked to attend the bed meeting.
- e) Nursing Directors, Chief Medical Officer (CMO), Chief of Staff or Medical staff designee or any other stakeholders determined to be appropriate for the event may be included. The purpose will be to review the inpatient activity and to assist in decision making to provide relief for the ED and/or surgery, cath lab services.
  - a. Chief of Staff or Medical Staff designee determines need to cancel procedures.
  - b. If procedures cancellation is required, affected medical staff members are contracted by the Chief of Staff and/or the CMO along with the patients effected.
- f) The House Supervisor and/or Nursing Director on call will open an identified patient Discharge Lounge as needed to house discharged adult patients while they wait for their private transportation home.

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*

**NURSE PRACTITIONER / PHYSICIAN ASSISTANT**

<b>Initial Criteria</b>				
<p><b>Physician Assistant:</b> Completion of an ARC-PA approved program; Current certification by the NCCPA (<i>Obtain certification within one year of completion of PA program or granting of privileges</i>); Current licensure to practice as a PA by the California Physician Assistant Board; <b>OR</b></p> <p><b>Nurse Practitioner:</b> Completion of an advanced nursing program accredited by the Commission of Collegiate of Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) with emphasis on the NP's specialty area; current certification by the ANCC or AANP (<i>Obtain certification within one year of completion of Masters/Doctorate program</i>); <b>AND</b></p> <p><b>Certifications:</b> BLS or ACLS and full schedule California DEA; Emergency Medicine: ACLS &amp; PALS (Must obtain within 12 months of hire)</p> <p><b>Current Clinical Experience:</b> Documentation of patient care for 100 patients in the past two years OR completion of NP/PA training program within the last 12 months. <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage &amp; Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted <b>AND</b> Completion of an Implicit Bias Training prior to or within 30 days of privilege granted</p> <p><b>Renewal Criteria:</b> Documentation of patient care for 100 patients in the past 24 months AND maintenance of current certification by NCCPA, ANCC, or AANP (For PA's granted privileges prior to March 2016 that are not certified by the NCCPA: Must provide 100 CMEs within the last 2 year period, 50 of which must be category I, as defined by the NCCPA for Certification); <b>AND</b> full schedule DEA license; <b>AND</b> Urgent Care: BLS OR ACLS; Emergency Medicine: ACLS&amp; PALS <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage &amp; Hypertensive Disorder in Pregnancy Education Modules within the last 24 months <b>AND</b> Completion of an Implicit Bias Training within the last 24 months</p> <p><b>FPPE:</b> A minimum of 5 cases by Direct Observation and Retrospective Chart Review at the supervising physician's discretion.</p>				
Request	<b>GENERAL CORE PRIVILEGES</b>			Approve
	Includes procedures on the following list and such other procedures that are extensions of the same techniques and skills (may include telehealth):			
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Application of traction; simple and/or superficial foreign body removal</li> <li>• Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures</li> <li>• Apply/remove cast; diagnosis/treatment and strapping of sprains; splinting and reduction of fractures and dislocations;</li> <li>• Assess, work up and perform differential diagnosis by means of H&amp;P, medical decision making, laboratory and/or other studies, ECG's and diagnostic imaging</li> <li>• Counsel and instruct patients, families, and caregivers as appropriate</li> <li>• Direct care as specified by medical staff-approved protocols; Make daily rounds on hospitalized patients, as appropriate; Initiate appropriate referrals;</li> </ul>	<ul style="list-style-type: none"> <li>• Implement palliative care and end-of-life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions</li> <li>• Implement therapeutic intervention for specific conditions when appropriate</li> <li>• Insert and remove nasogastric tube; provide tracheostomy care</li> <li>• Order and initial interpretation of diagnostic testing and therapeutic modalities;</li> <li>• Pelvic examinations, including pap smears, and IUD removal</li> <li>• Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses; insertion of packing</li> <li>• Perform History &amp; Physical/ MSE;</li> <li>• Perform other emergency treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Prescribe &amp; Administer medications per formulary of designated certifying board</li> <li>• Record progress notes;</li> <li>• Removal of drains, sutures, staples, &amp; packing</li> <li>• Remove arterial catheters, central venous catheters, chest tubes;</li> <li>• Short-term and indwelling urinary bladder catheterization; venous punctures for blood sampling, cultures, and IV catheterization; superficial surgical procedures</li> <li>• Laceration repair (not requiring plastics intervention); nasal packing; excision of simple skin lesion; removal of impacted cerumen; nail trephination &amp; removal; excision of thrombosed hemorrhoids;</li> <li>• Tonometry / Wood's &amp; Slit Lamp exam of the eye</li> <li>• Write Discharge Summaries and Instructions, as appropriate</li> </ul>	<input type="checkbox"/>
<b>POPULATION:</b>				
<input type="checkbox"/>	Adult: Patients >18 years of age			<input type="checkbox"/>
<input type="checkbox"/>	Pediatric: Well newborn up to 18 years of age			<input type="checkbox"/>
<b>SETTING:</b>				
<input type="checkbox"/>	Acute Care Services for Inpatients at a Kaweah Health facility			<input type="checkbox"/>
<input type="checkbox"/>	<b>Emergency Medicine Additional Core Privileges:</b> <ul style="list-style-type: none"> <li>• Direct care per Emergency Medicine protocol (i.e. Tintinalli's edition)</li> <li>• Point of Care Ultrasound</li> <li>• Replacement of PEG tubes</li> <li>• Insert and remove oralgastric tube</li> <li>• Intraosseous Line insertion with EZ-10</li> <li>• Perform other emergency treatment per protocol (i.e. Tintinalli's edition)</li> </ul>			<input type="checkbox"/>
<input type="checkbox"/>	<b>Outpatient Services</b> at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: ___Dinuba ___Exeter ___Lindsay ___Tulare ___Woodlake ___KHMC - Willow ___Dialysis Clinic ___Hospice ___Specialty Clinic ___Wound Care Center ___Cardiology Center ___Neuroscience Center ___KHMC - Ben Maddox ___KHMC - Plaza ___Urgent Care - Court Street ___Urgent Care - Demaree ___SRCC			<input type="checkbox"/>

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*

<b>ADVANCED PRIVILEGES</b>					
Initial FPPE is deemed to have been satisfied based on successful completion of a preceptorship at Kaweah Health within 6 months prior to the grant of clinical privileges					
Request	Procedure	Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Arthrocentesis & Joint Aspiration	2 in the last 2 years.	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Biopsy of the cervix	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Bronchoscopy	20 procedures in the last 2 years	10 procedures in the last 2 years	Minimum of 5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Cerebral Spinal Fluid (CSF Shunt Tap)	2 in the last 2 years	1 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Colposcopy	Documentation of training and 10 procedures in the last 2 years.	10 procedures in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Complex Wound Care (Wound debridement, application of skin substitutes, complicated management and wound biopsy) (Wound Care Center Only)	20 procedures in the last 2 years	20 procedures in the last 2 years	First 2 concurrent cases	<input type="checkbox"/>
<input type="checkbox"/>	Endometrial Biopsy	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal Intubation	10 in the last 2 years	8 in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Hospice: Rounding on home-bound patients enrolled in KDHCDC Hospice Services	Initial Criteria for Core Privileges	20 patient contacts in the last 2 years.	2 concurrent or retrospective chart reviews.	<input type="checkbox"/>
<input type="checkbox"/>	Hyperbaric Oxygen Therapy Pre-requisite: Hyperbaric Course approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) (Wound Care Center Only)	Completion of 40 hour Hyperbaric Course <b>and</b> documentation of 20 cases in the last 2 years.	20 procedures <b>AND</b> documentation of 10 CME in wound care/hyperbaric medicine in the last 2 years	2 direct observation & 2 retrospective chart reviews	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of Arterial Lines	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of central venous access or dialysis catheters	5 in the last 2 years	5 in the last 2 years	Minimum of 2 -any site concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of Chest Tubes	5 in the last 2 years	5 in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Joint Injection	Documentation of training and 5 procedures in the last 2 years (Use of Sim Lab acceptable for up to 2)	2 procedures in the last 2 years (Sim Lab procedures not accepted)	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Laceration Repair – Complex and Layered	3 in the last 2 years	3 in the last 2 years	3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar Puncture	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Myelogram	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Nephrology: Changing dry weight, checking declots (Dialysis Centers Only)	Initial Criteria for Core Privileges	20 nephrology patient contacts in the last 2 years	2 concurrent or retrospective chart reviews.	<input type="checkbox"/>
<input type="checkbox"/>	Nexplanon insertion	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*

<b>ADVANCED PRIVILEGES - CONTINUED</b>					
FPPE requirement waived if provider has successfully completed training (preceptorship) at Kaweah Health within the last 6 months					
Request	Procedure	Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	OB Care: Prenatal and post-partum care	Documentation of training and 20 prenatal/ post-partum cases in the last 2 years. <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted <b>AND</b> Completion of an Implicit Bias Training prior to or within 30 days of privilege granted	20 prenatal/ post-partum cases in the last 2 years. <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months <b>AND</b> Completion of an Implicit Bias Training within the last 24 months	2 concurrent or retrospective chart reviews.	<input type="checkbox"/>
<input type="checkbox"/>	OB ultrasonography: Evaluation of fetal presentation, number, confirmation of cardiac activity, position and placental placement	Completion of Basic Obstetric Ultrasound course in limited U/S and 10 in the last 2 years.	10 in the last 2 years.	3 concurrent and/or retrospective chart reviews	<input type="checkbox"/>
<input type="checkbox"/>	Orthopedic Advanced Privileges to include Open fracture superficial closure – loose approximation of open fracture closure under direct supervision (prior to definitive surgical closure by the surgeon in the OR) and the following procedures: ___ Joint Injection & Arthrocentesis <del>___ Fracture Reduction</del> <del>___ Dislocation Reduction</del> ___ Hematoma and Digital Blocks	5 Joint Injections or Arthrocentesis in the last 2 years <del>AND 5 Fracture Reductions in the last 2 years</del> <del>AND 3 Dislocation reductions in the last 2 years</del> AND 3 (including 1 of each) Hematoma and Digital Blocks in the last 2 years	15 procedures in the last 2 years	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Paracentesis (may or may not include the use of ultrasound guidance)	5 in the last 2 years	5 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Paragard and Mirena IUD insertion	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Perform pharmacological and non-pharmacological stress tests	10 in the last 2 years	10 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Placement of External Ventricular Drainage Device	3 in the last 2 years	3 the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Placement of Intracranial Monitoring Devices	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Radiation Oncology: Assist with simulations; high dose rate brachytherapy, intravenous radioactive therapy, oral radioactive administration and astatium beta-irradiation application	A minimum of 3-month training period with a radiation oncologist OR previous experience.	10 in the last 2 years	A minimum of 10 (including Core) concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Radiologic procedures to include CT, Fluoroscopy, and Ultrasound of deep & superficial organs and organ systems (including aspirations, biopsies, drainages, or injections)	25 in the last 2 years	25 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Removal of Intra-Aortic Balloon Pump	5 in the last 2 years	<del>5</del> 2 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Removal of Intra-cardiac lines or temporary Epicardial Pacer Wires	2 in the last 2 years	<del>2</del> 1 in the last 2 years	2 concurrent	<input type="checkbox"/>

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please Print*

<b>ADVANCED PRIVILEGES - CONTINUED</b>					
FPPE requirement waived if provider has successfully completed training (preceptorship) at Kaweah Health within the last 6 months					
Request	Procedure	Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Replacement of tracheostomy tubes >1 month since time of tracheostomy	5 in the last 2 years	5 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Surgical Assistant ( <i>may not perform opening and/or closing surgical procedures at or below the fascia on a patient under anesthesia without the personal presence of a supervising physician and surgeon</i> ).	10 in the last 2 years	10 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	5 in the last 2 years	5 in the last 2 years	Minimum of 2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Tilt Table	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Uncomplicated Ventilator Management	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Urology Advanced Privileges to include: __ Urodynamics __ PTNS (percutaneous tibial nerve stimulation) __ Cystoscopy __ Cystoscopy with stent removal	10 Urodynamics cases in the last 2 years AND 10 PTNS cases in the last 2 years AND 5 Cystoscopy cases in the last 2 years AND 6 Cystoscopy cases with stent removal in the last 2 years	10 in the last 2 years	A minimum of 1 concurrent	<input type="checkbox"/>

<b>ADDITIONAL PRIVILEGES</b>					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	None	<input type="checkbox"/>
<input type="checkbox"/>	Image-guided techniques as an adjunct to privileged procedures	Documentation of training and 10 procedures in the last 2 years.	10 procedures in the last 2 years.	None	<input type="checkbox"/>
<input type="checkbox"/>	Administration of Moderate Sedation	Successful completion of Kaweah Health sedation exam	Successful completion of Kaweah Health sedation exam	None	<input type="checkbox"/>

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*
**Acknowledgment of Practitioner:**

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

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

 \_\_\_\_\_  
*Advanced Practice Provider Signature* *Date*

 \_\_\_\_\_  
*Supervising/Collaborating Physician Signature* *Date*
**DEPARTMENT CHAIR SIGNATURE(S) :**

 \_\_\_\_\_  
*Department of Cardiovascular Services* *Date*

 \_\_\_\_\_  
*Department of Critical Care, Pulmonary & Adult Hospitalist* *Date*

 \_\_\_\_\_  
*Department of Emergency Medicine* *Date*

 \_\_\_\_\_  
*Department of Family Medicine* *Date*

 \_\_\_\_\_  
*Department of Internal Medicine* *Date*

 \_\_\_\_\_  
*Department of OB/GYN* *Date*

 \_\_\_\_\_  
*Department of Pediatrics* *Date*

 \_\_\_\_\_  
*Department of Psychiatry & Neurosciences* *Date*

 \_\_\_\_\_  
*Department of Radiology* *Date*

 \_\_\_\_\_  
*Department of Surgery* *Date*

# Stroke Quality Focus Team Report

Quality Council Report  
August 2024

Cheryl Smit, BSN, RN, Stroke Program Manager  
Sean Oldroyd, DO Stroke Program Medical Director



[kaweahhealth.org](http://kaweahhealth.org)



# 2024 Quality Priority: In-House Stroke Alert

**Goal/Objective: Structure RRT & In-House Stroke Alert process to ensure optimal outcomes for in-house stroke patients**

## 2024 PLAN

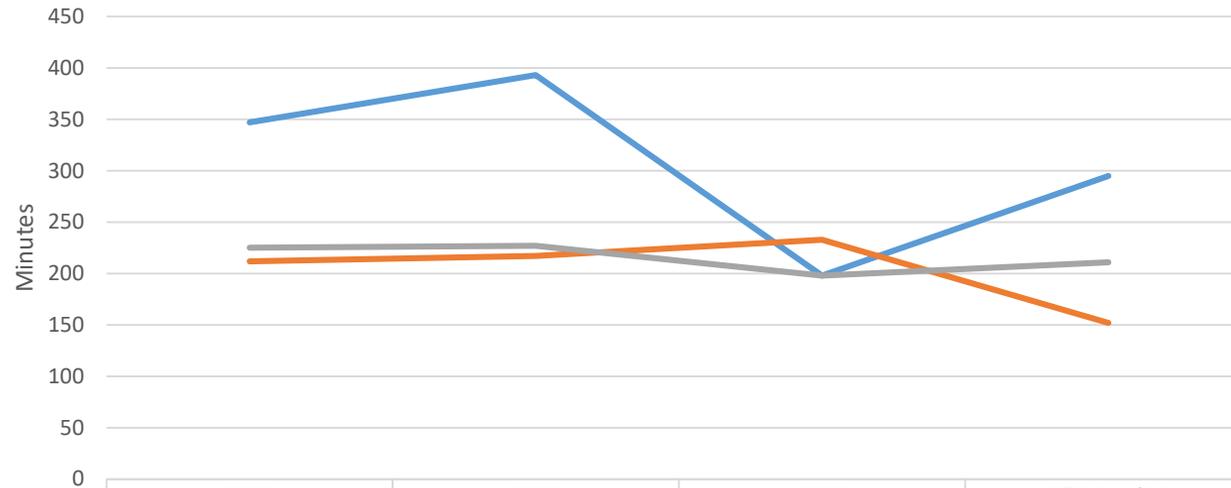
- Standardized communication tools that mitigate delays in early recognition and timely management
- Utilize scripting tool for RRT RNs to clearly describe patient status to the neurologist during in-house stroke alerts (August 2024)
- Stroke Committee to review gaps in process/care (September 2024)
- Define roles and expectations of all key stakeholders (November 2024)
- Train acute care RNs and RRT RNs on stroke identification/ assessment, in-house stroke alert process, and chain of command (November 2024)
- Acute care practitioner and neurology education on the in-house stroke alert process, their role in the process and chain of command (November 2024)

## Measures of Success:

- Rate of complete and accurate documentation for all in-house stroke alert cases
  - Develop enhanced measures to monitor process (August 2024)
  - Target of 100% compliance (November 2024)

# Current Performance: Transfers to Other Acute Care Facilities

Transfers to Other Acute Care Facilities



Patients who had:	2021	2022	2023	YTD June'24
Hemorrhage	347	393	198	295
IV Thrombolytic	212	217	233	152
Large Vessel Occlusion	225	227	198	211

## 2024 GOAL

Transfer times below TJC goal of 120 minutes or less

*Time is Brain: Expedited transfers improve patient outcomes*

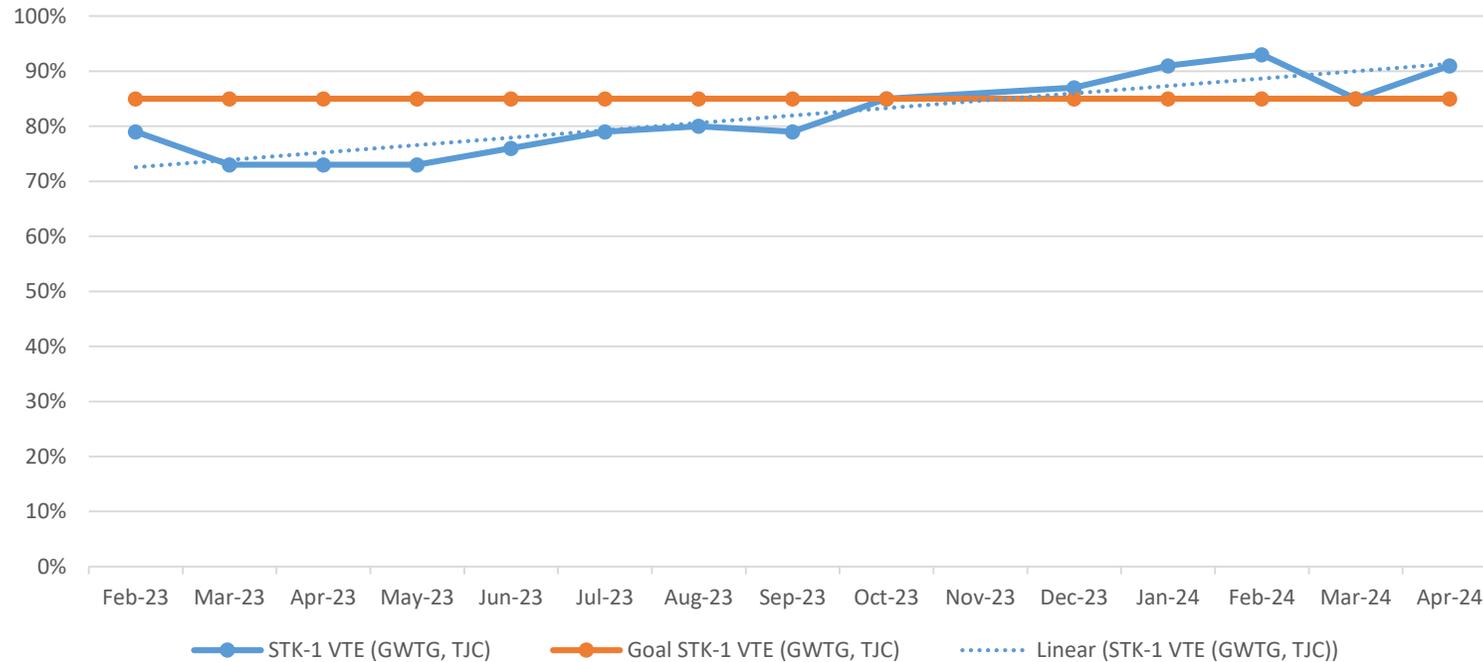
## 2024 PLAN

### High Level Action Plan

- ED Stroke Alert Committee reviews each case to identify if below action plans have been effective and determine if further action is needed to address process and care gaps (ongoing)
- Education given to ED providers, ED staff, and transfer center staff (ongoing)
- Re-designed Ischemic/Hemorrhagic Transfer Guide and process (May 2024)
- Transfer partnership with CRMC/Fresno as the first transfer option, followed by USC/Keck (May 2024)
- Ongoing collaboration with CRMC and other receiving facilities, EMS, and Air Methods (Skylife) to expedite transfers
- Evaluating strategies for identification of hemorrhagic stroke patient when a patient is outside the 24 stroke alert window (population that has longest transfer time)

# Current Performance: STK 1 VTE Prophylaxis

STK-1 Documentation of VTE Prophylaxis



## 2024 PLAN

### High Level Action Plan

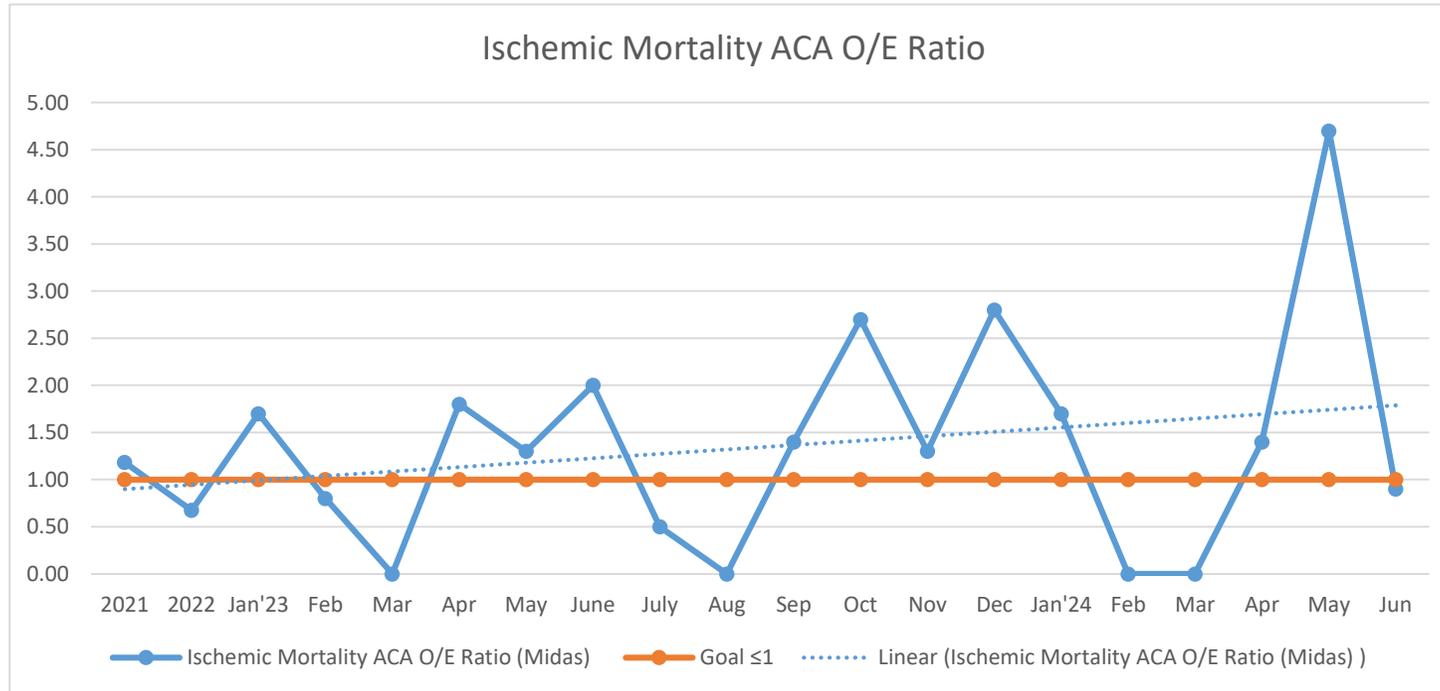
- Medical Surgical Non IV Thrombolytic and TIA admission PowerPlans prompt the provider to select the most appropriate VTE prophylaxis (January 2024)
- Nursing unit verification process established to ensure SCDs are in place (August 2024)
- VTE prophylaxis education with focus on SCD placement is included in nursing competencies/annual stroke education (April-June 2024)

## 2024 GOAL

VTE Prophylaxis rate exceeds the TJC goal of 85%

*Mechanical prophylaxis is an evidenced-based strategy that prevents dangerous blood clots from forming*

# Current Performance: Ischemic Mortality O:E Ratio



## 2024 PLAN

### High Level Action Plan

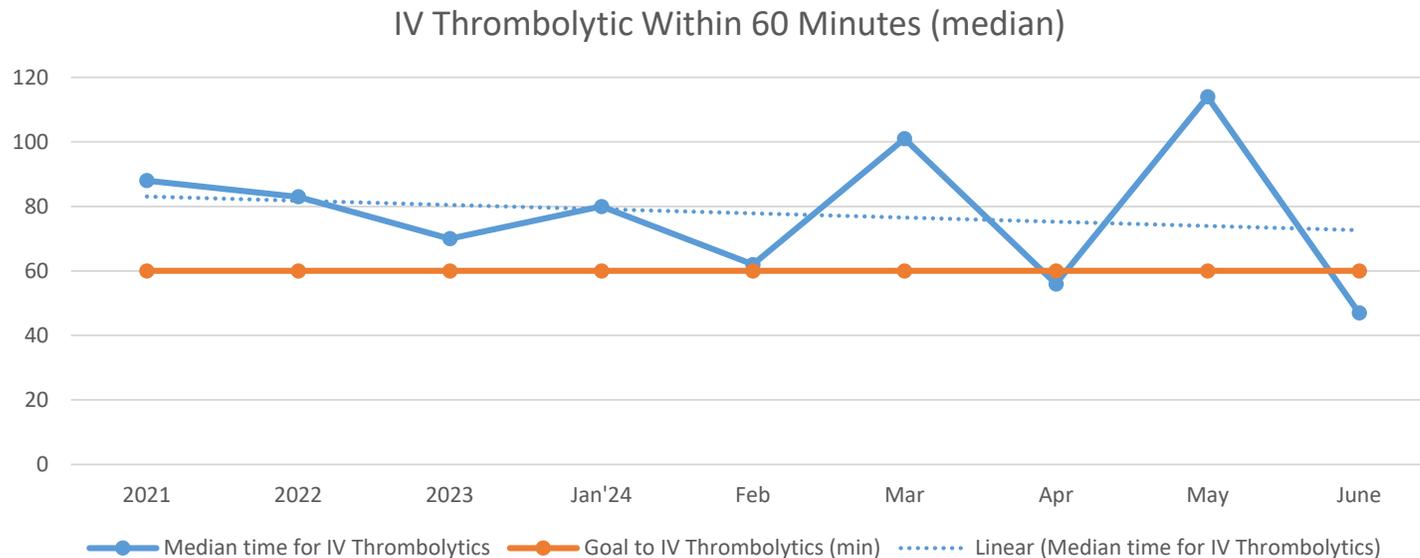
- Plan to develop a format and structure for Stroke/Neurology M&M Conferences (December 2024)
- Stroke Committee review of each case to identify potential actionable gaps in process/care related to mortality and length of stay (September 2024)
- Identification of potential ACTIONABLE gaps in care related to mortality and length of stay (September 2024)

## 2024 GOAL

Ischemic stroke mortality expected to be below an O:E ratio of 1.0

*M&M's provide a venue for the Identification of potential ACTIONABLE gaps in care*

# Current Performance: Door to IV thrombolytic



## 2024 GOAL

The median time for IV thrombolytic administration will be given within 60 minutes on eligible patients with stretch goal of 45 minutes

*The decision to administer IV thrombolytics must be made quickly and is based on timely communication with family members*

## 2024 PLAN

### High Level Action Plan

- Developed EMS info card for timely family communication when administering IV thrombolytics (September 2024)
- ED Stroke Alert Committee reviews each case to evaluate effectiveness of QI strategies and identify process and care gaps (ongoing)
- Mock stroke alert training for ED staff and Stroke Team Leads (ongoing)

# Primary Stroke Re-certification

**Goals/Objectives:** Successful Primary Stroke Re-Certification survey

*Survey window November 30, 2024 – February 28, 2025*

## Survey Preparation Plan

Education and strong care team partnerships enhance stroke awareness and communication.

Early recognition and timely evidenced based care results in the best outcomes for stroke patients.

- Verification of knowledge and execution of evidenced-based processes for stroke care
- Mandatory RN annual stroke education and competencies for stroke core units (April – June 2024)
- Annual ED provider stroke alert training with >85% compliance (May 2024)
- Staff education and competency files of members are up to date and validated by leaders in key areas, such as physicians, nursing, pharmacists (September 2024)
- ED and stroke core unit tracers (mock surveys) to validate knowledge and competence of all staff in patient care areas (September 2024)
- Develop strategies and timeline to ensure all staff members are familiar with relevant standards and expectations (September 2024)

## Measure of Success:

Successful recertification without major deficiencies or recommendations (February 2025)

Staff competency files have all required elements listed by The Joint Commission, with a target of 100% compliance (November 2024)

# Stroke Program Accomplishments and Initiatives

## Accomplishments:

- Improved door to transfer times for IV thrombolytic patients with large vessel occlusion by 35% from 2023 to 2024
- Improved STK-1 VTE compliance by 15% from 2023 to 2024 YTD (January-April)
- Developed a scripting tool for RRT RNs to clearly describe patient status to the neurologist during in-house stroke alerts
- Successfully collaborate with the GME Program on multiple stroke-related quality improvement projects, including MRI compatibility of implantable devices, VTE prophylaxis, and TIA order set revisions
- Meets or exceeds the benchmarks for Achievement (7/7) and Quality (6/6) Measures in the American Heart Association's Get with the Guidelines registry (January-April 2024)
- Meets or exceeds the benchmark for Overall Diabetes Cardiovascular Initiative Composite Score in the American Heart Association's Get with the Guidelines registry (January-April 2024)
- Meets or exceeds the benchmarks for Primary Stroke Certification (8/8) through The Joint Commission (January-April 2024)

## Initiatives:

- Stroke Alert Process Change: Have increased the "last known well time" window from 16 hours to 24 hours. Studies have shown benefits in treating large vessel occlusion patient within a larger window of time
- In-House Stroke Alert Process: Current review of the in-house stroke process by defining roles and expectations of all key stakeholders. Developing enhanced measures to monitor processes.
- Preparation for Primary Stroke Re-Certification: Re-certification survey window: Nov 30, 2024 - Feb 28, 2025. Certification cycle: 2 year

## How has this been achieved?

Multidisciplinary team awareness & engagement

Ongoing collegial discussion of fall out events in monthly Stroke and ED Stroke Alert Committees

# Questions?



[kaweahhealth.org](http://kaweahhealth.org)



# Abbreviations Used During this Presentation

TJC = The Joint Commission

AHA/ASA = American Heart Association; American Stroke Association

GWTG = Get with the Guidelines

EMS = Emergency Medical Services

ED = Emergency Department

ICU = Intensive Care Unit

TIA = Transient Ischemic Attack

Dc = Discharge

rt-PA or Tenecteplase = thrombolytic therapy “clot busting medication”

CT/CTA = Computed tomography scan/computed tomography angiography

LVO = Large vessel occlusion

CMS = Centers for Medicare and Medicaid Services

VTE = Venous thromboembolism

NIHSS = National Institutes of Health Stroke Scale

RRT = Rapid Response Team

STL = Stroke Team Lead

SCD=Sequential Compression Devices

EMR = Electronic Medical Record

# CFO Financial Report

## Month Ending July 2024



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# Summary Payer Volumes

	Patient Cases				Patient Cases %			
	2021	2022	2023	2024	2021	2022	2023	2024
<b>Inpatient</b>	28,429	28,871	27,642	28,011	5.2%	4.9%	4.9%	5.0%
Medi-Cal Managed Care	8,035	8,526	8,697	9,377	28.3%	29.5%	31.5%	33.5%
Mgd. Care/Other	6,491	6,767	6,392	6,308	22.8%	23.4%	23.1%	22.5%
Medicare	6,843	6,496	6,040	5,961	24.1%	22.5%	21.9%	21.3%
Medicare Managed Care	2,799	2,990	3,028	3,464	9.8%	10.4%	11.0%	12.4%
Medi -Cal	3,828	3,714	3,132	2,504	13.5%	12.9%	11.3%	8.9%
Cash Pay	237	216	206	273	0.8%	0.7%	0.7%	1.0%
Work Comp	122	113	89	86	0.4%	0.4%	0.3%	0.3%
Tulare County	74	49	58	38	0.3%	0.2%	0.2%	0.1%
<b>Outpatient</b>	519,107	561,971	533,043	537,641	94.8%	95.1%	95.1%	95.0%
Mgd. Care/Other	177,346	185,404	172,184	181,778	34.2%	33.0%	32.3%	33.8%
Medi-Cal Managed Care	156,264	186,681	169,767	160,578	30.1%	33.2%	31.8%	29.9%
Medicare	100,404	96,954	94,444	98,404	19.3%	17.3%	17.7%	18.3%
Medicare Managed Care	46,715	51,196	60,088	66,691	9.0%	9.1%	11.3%	12.4%
Medi -Cal	24,835	23,907	22,977	15,206	4.8%	4.3%	4.3%	2.8%
Cash Pay	10,345	14,440	9,596	9,028	2.0%	2.6%	1.8%	1.7%
Work Comp	3,197	3,389	3,987	5,956	0.6%	0.6%	0.7%	1.1%
<b>Grand Total</b>	<b>547,536</b>	<b>590,842</b>	<b>560,685</b>	<b>565,652</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

# Service Line Payer Volume Report

	Patient Cases				Patient Cases %			
<b>Inpatient</b>	2021	2022	2023	2024	2021	2022	2023	2024
Medi-Cal	11,863	12,240	11,829	11,881	41.7%	42.4%	42.8%	42.4%
Medicare	9,642	9,486	9,068	9,425	33.9%	32.9%	32.8%	33.6%
	<b>21,505</b>	<b>21,726</b>	<b>20,897</b>	<b>21,306</b>	<b>75.6%</b>	<b>75.3%</b>	<b>75.6%</b>	<b>76.1%</b>
Inpt %	5.2%	4.9%	4.9%	5.0%				
	Patient Cases				Patient Cases %			
<b>Outpatient</b>	2021	2022	2023	2024	2021	2022	2023	2024
Medi-Cal	181,099	210,588	192,744	175,784	34.9%	37.5%	36.2%	32.7%
Medicare	147,119	148,150	154,532	165,095	28.3%	26.4%	29.0%	30.7%
	<b>328,218</b>	<b>358,738</b>	<b>347,276</b>	<b>340,879</b>	<b>63.2%</b>	<b>63.8%</b>	<b>65.1%</b>	<b>63.4%</b>

# Service Line Summary Volume Report

	Patient Cases				Patient Cases %			
	2021	2022	2023	2024	2021	2022	2023	2024
<b>Inpatient</b>	28,429	28,871	27,642	28,011	5.2%	4.9%	4.9%	5.0%
<b>Kaweah Health Medical Center</b>	25,422	25,893	24,765	25,550	89.4%	89.7%	89.6%	91.2%
Medi-Cal Managed Care	7,841	8,308	8,443	9,110	30.8%	32.1%	34.1%	35.7%
Mgd. Care/Other	6,147	6,422	6,089	6,020	24.2%	24.8%	24.6%	23.6%
Medicare	6,132	5,799	5,369	5,454	24.1%	22.4%	21.7%	21.3%
Medicare Managed Care	2,554	2,689	2,729	3,200	10.0%	10.4%	11.0%	12.5%
Medi -Cal	2,408	2,368	1,852	1,415	9.5%	9.1%	7.5%	5.5%
Cash Pay	234	212	205	271	0.9%	0.8%	0.8%	1.1%
Work Comp	106	95	78	80	0.4%	0.4%	0.3%	0.3%
<b>Kaweah Health Mental Health Hospital</b>	1,479	1,416	1,369	1,210	5.2%	4.9%	5.0%	4.3%
Medi -Cal	1,016	974	971	848	68.7%	68.8%	70.9%	70.1%
Medicare	178	172	150	124	12.0%	12.1%	11.0%	10.2%
Mgd. Care/Other	163	161	130	120	11.0%	11.4%	9.5%	9.9%
Medicare Managed Care	44	58	58	78	3.0%	4.1%	4.2%	6.4%
Tulare County	74	49	58	38	5.0%	3.5%	4.2%	3.1%
Medi-Cal Managed Care	2			2	0.1%	0.0%	0.0%	0.2%
Work Comp	1		2		0.1%	0.0%	0.1%	0.0%
<b>Kaweah Health Rehabilitation Hospital</b>	406	466	549	521	1.4%	1.6%	2.0%	1.9%
Medicare	143	190	258	218	35.2%	40.8%	47.0%	41.8%
Mgd. Care/Other	81	91	92	106	20.0%	19.5%	16.8%	20.3%
Medi-Cal Managed Care	81	87	112	91	20.0%	18.7%	20.4%	17.5%
Medicare Managed Care	55	57	51	73	13.5%	12.2%	9.3%	14.0%
Medi -Cal	38	29	28	25	9.4%	6.2%	5.1%	4.8%
Work Comp	6	10	8	6	1.5%	2.1%	1.5%	1.2%
Cash Pay	2	2		2	0.5%	0.4%	0.0%	0.4%

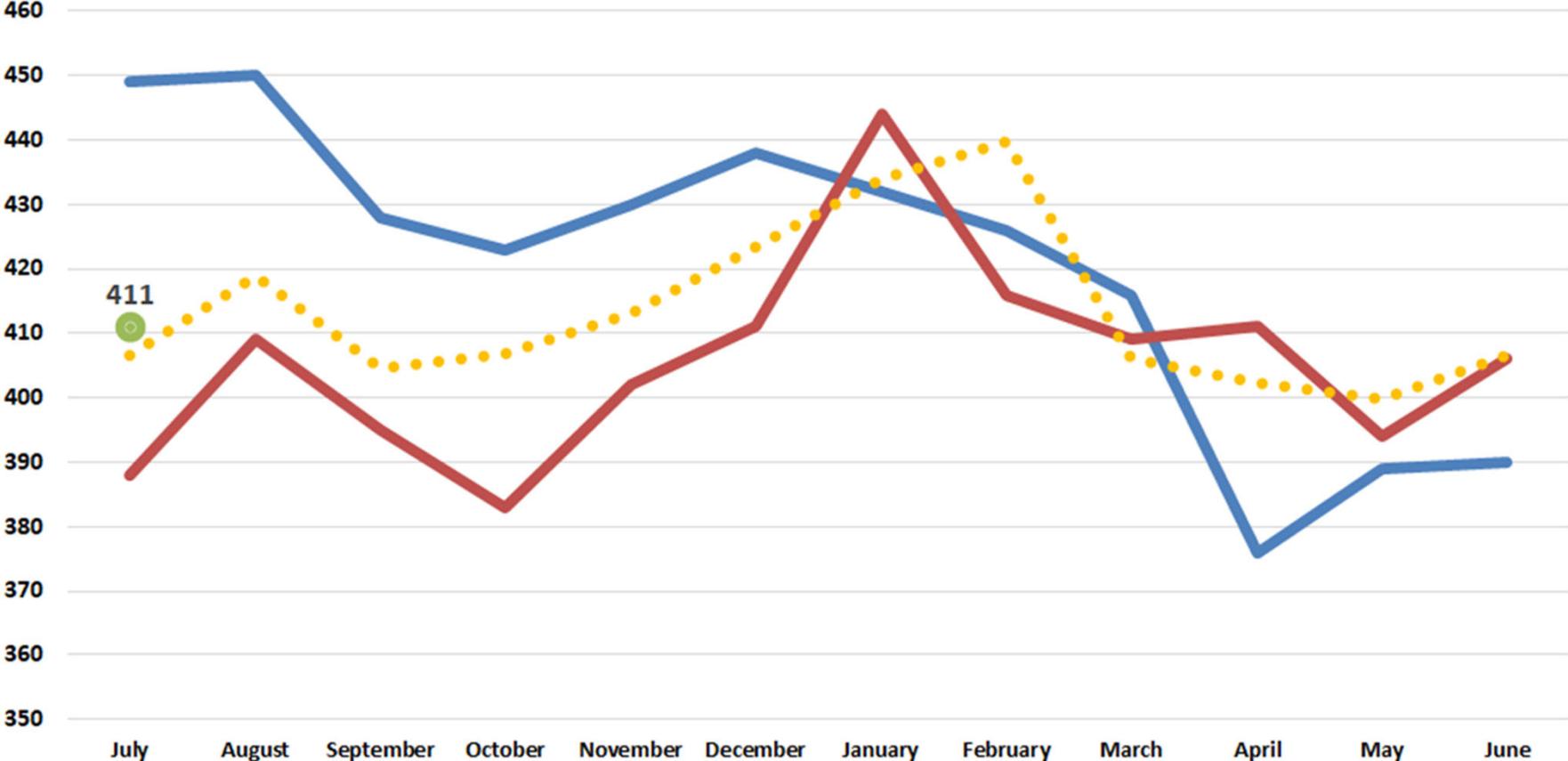
# Service Line Payer Volume Report

	Patient Cases				Patient Cases %			
	2021	2022	2023	2024	2021	2022	2023	2024
<b>Inpatient</b>	28,429	28,871	27,642	28,011	5.2%	4.9%	4.9%	5.0%
<b>Kaweah Health Subacute Unit</b>	383	371	386	389	1.3%	1.3%	1.4%	1.4%
Medi -Cal	295	282	261	214	77.0%	76.0%	67.6%	55.0%
Medi-Cal Managed Care	35	34	83	143	9.1%	9.2%	21.5%	36.8%
Mgd. Care/Other	45	27	31	25	11.7%	7.3%	8.0%	6.4%
Medicare Managed Care		7		5	0.0%	1.9%	0.0%	1.3%
Medicare	5	18	11	2	1.3%	4.9%	2.8%	0.5%
Work Comp	3	3			0.8%	0.8%	0.0%	0.0%
<b>Kaweah Health Transitional Care Unit</b>	370	345	151		1.3%	1.2%	0.5%	0.0%
Medicare Managed Care	63	75	41		17.0%	21.7%	27.2%	
Work Comp	1				0.3%	0.0%	0.0%	
Mgd. Care/Other	22	34	16		5.9%	9.9%	10.6%	
Medi-Cal Managed Care	46	66	27		12.4%	19.1%	17.9%	
Medi -Cal	51	33	11		13.8%	9.6%	7.3%	
Medicare	187	137	56		50.5%	39.7%	37.1%	
<b>Kaweah Health TCS Ortho Unit</b>	369	380	422	341	1.3%	1.3%	1.5%	1.2%
Medicare	198	180	196	163	53.7%	47.4%	46.4%	47.8%
Medicare Managed Care	83	104	149	108	22.5%	27.4%	35.3%	31.7%
Mgd. Care/Other	33	32	34	37	8.9%	8.4%	8.1%	10.9%
Medi-Cal Managed Care	30	31	32	31	8.1%	8.2%	7.6%	9.1%
Medi -Cal	20	28	9	2	5.4%	7.4%	2.1%	0.6%
Work Comp	5	5	1		1.4%	1.3%	0.2%	0.0%
Cash Pay			1		0.0%	0.0%	0.2%	0.0%

# Service Line Payer Volume Report

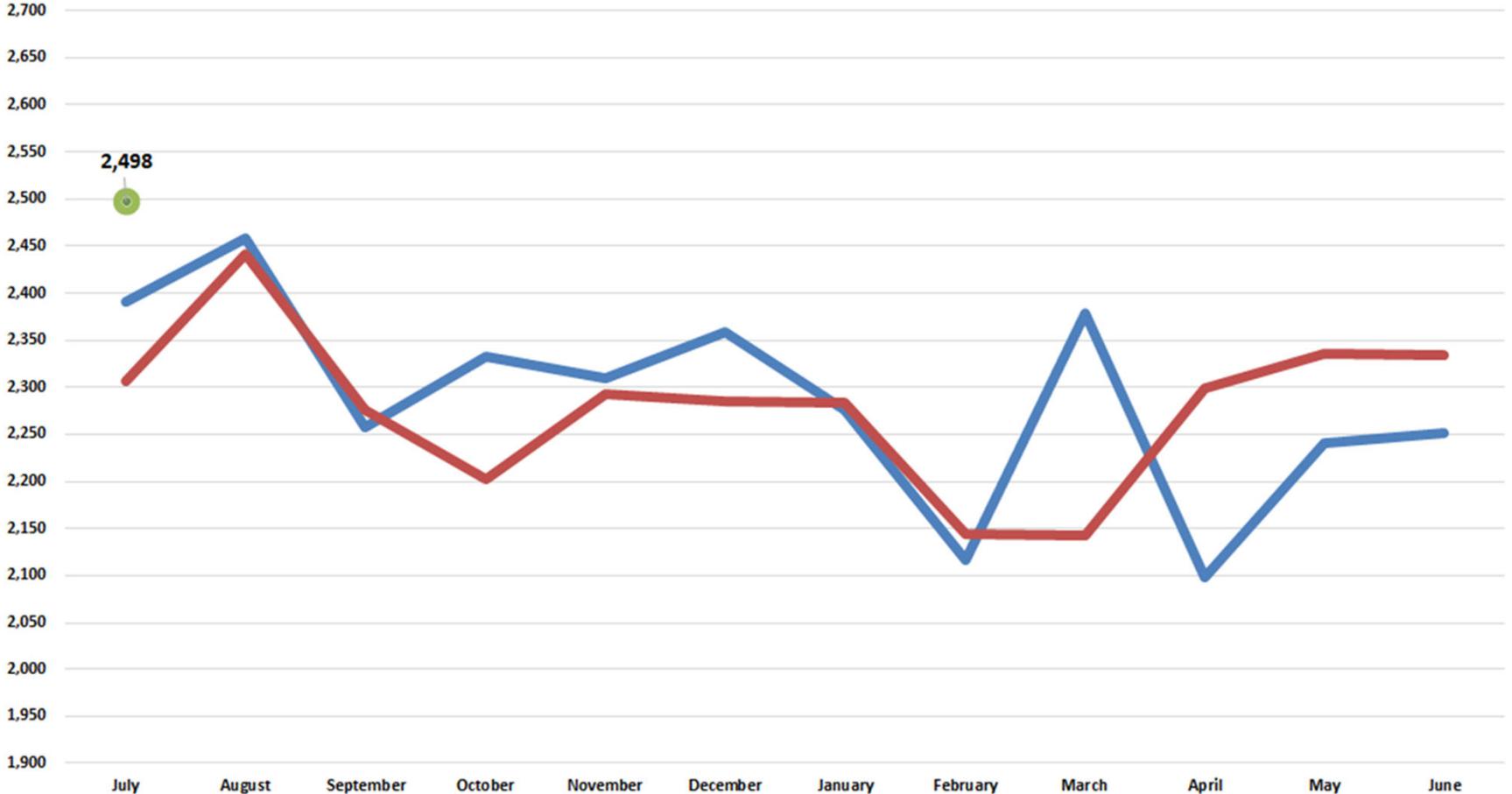
	Patient Cases				Patient Cases %			
	2021	2022	2023	2024	2021	2022	2023	2024
<b>Outpatient</b>	519,107	561,971	533,043	537,641	94.8%	95.1%	95.1%	95.0%
<b>Kaweah Health Outpatient Services</b>	385,302	422,161	400,932	400,615	74.2%	75.1%	75.2%	74.5%
Mgd. Care/Other	148,013	155,500	145,363	148,793	38.4%	36.8%	36.3%	37.1%
Medi-Cal Managed Care	102,370	124,151	110,763	99,032	26.6%	29.4%	27.6%	24.7%
Medicare	78,151	78,652	77,616	79,902	20.3%	18.6%	19.4%	19.9%
Medicare Managed Care	35,318	38,685	45,120	50,888	9.2%	9.2%	11.3%	12.7%
Medi -Cal	10,014	10,994	9,838	8,100	2.6%	2.6%	2.5%	2.0%
Cash Pay	8,259	10,816	8,267	7,967	2.1%	2.6%	2.1%	2.0%
Work Comp	3,176	3,363	3,965	5,933	0.8%	0.8%	1.0%	1.5%
Tulare County	1				0.0%	0.0%	0.0%	0.0%
<b>Kaweah Health Rural Health Clinic</b>	133,805	139,810	132,111	137,026	25.8%	24.9%	24.8%	25.5%
Medi-Cal Managed Care	53,894	62,530	59,004	61,546	40.3%	44.7%	44.7%	44.9%
Mgd. Care/Other	29,333	29,904	26,821	32,985	21.9%	21.4%	20.3%	24.1%
Medicare	22,253	18,302	16,828	18,502	16.6%	13.1%	12.7%	13.5%
Medicare Managed Care	11,397	12,511	14,968	15,803	8.5%	8.9%	11.3%	11.5%
Medi -Cal	14,821	12,913	13,139	7,106	11.1%	9.2%	9.9%	5.2%
Cash Pay	2,086	3,624	1,329	1,061	1.6%	2.6%	1.0%	0.8%
Work Comp	21	26	22	23	0.0%	0.0%	0.0%	0.0%

# Average Daily Census

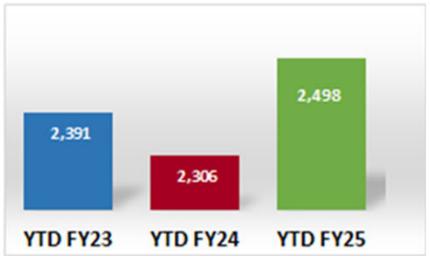


449	388	411	407
Avg/day FY23	Avg/day FY24	Avg/day FY25	Avg/day Budget

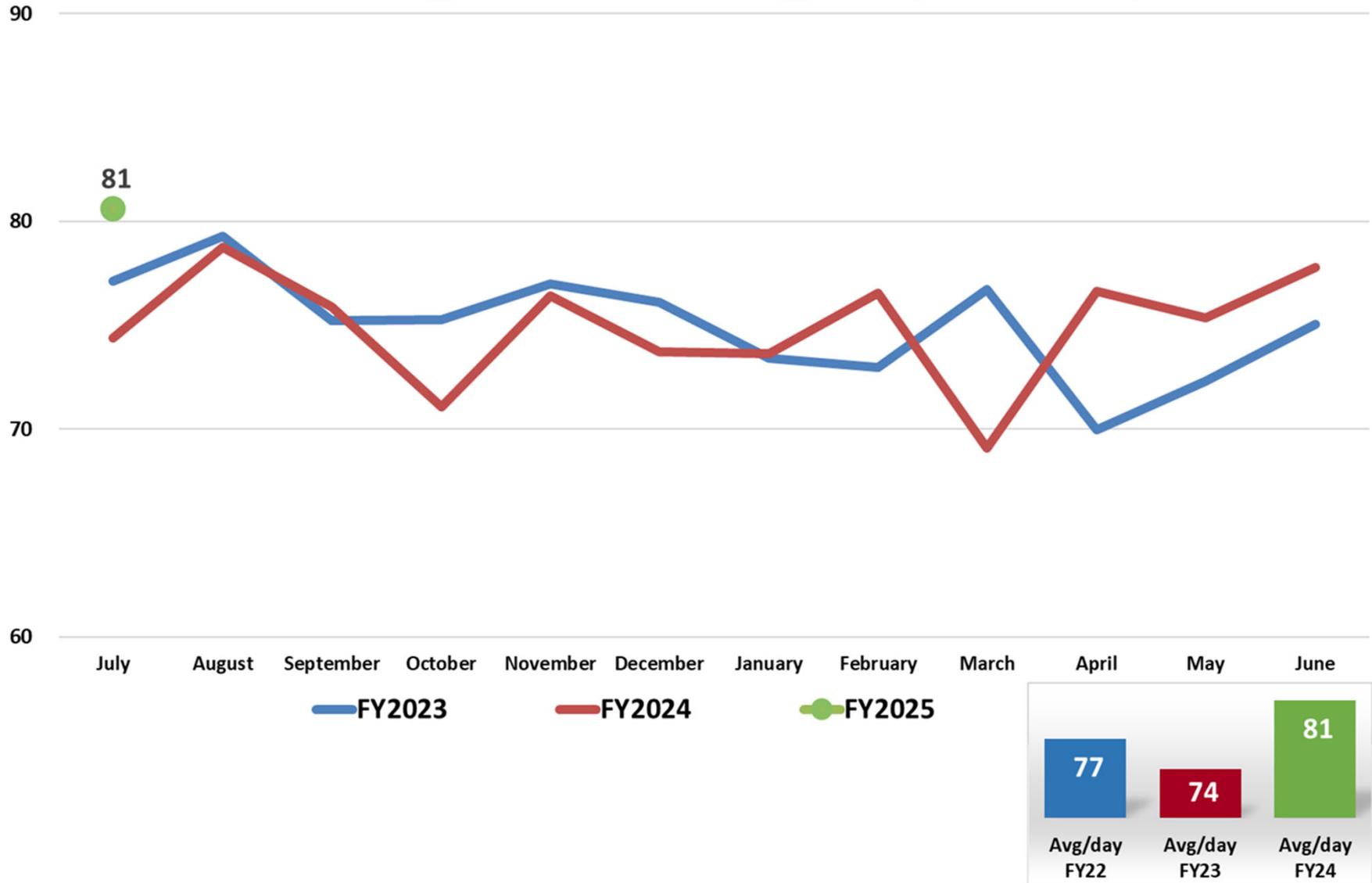
# Discharges



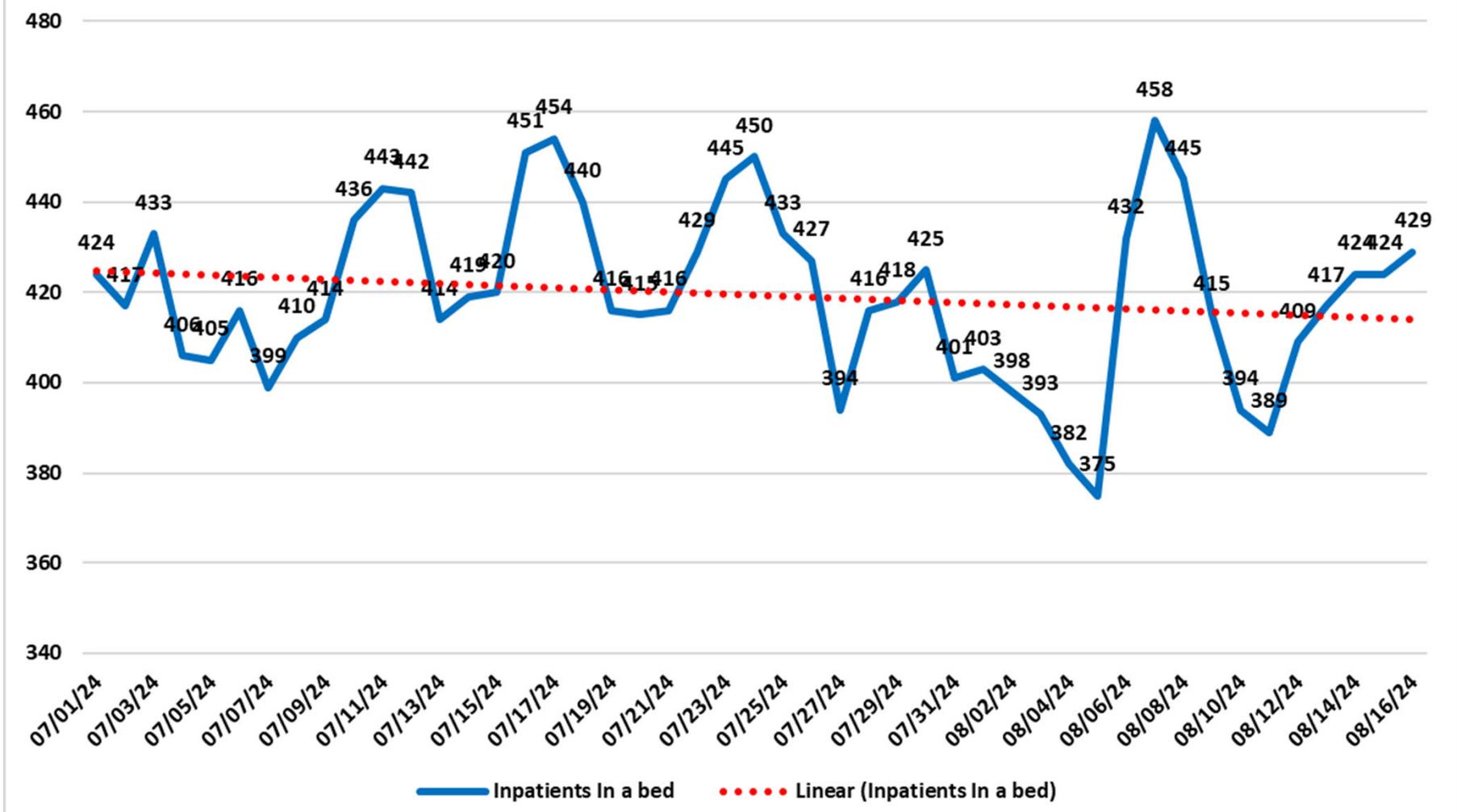
— FY2023   
 — FY2024   
 —● FY2025



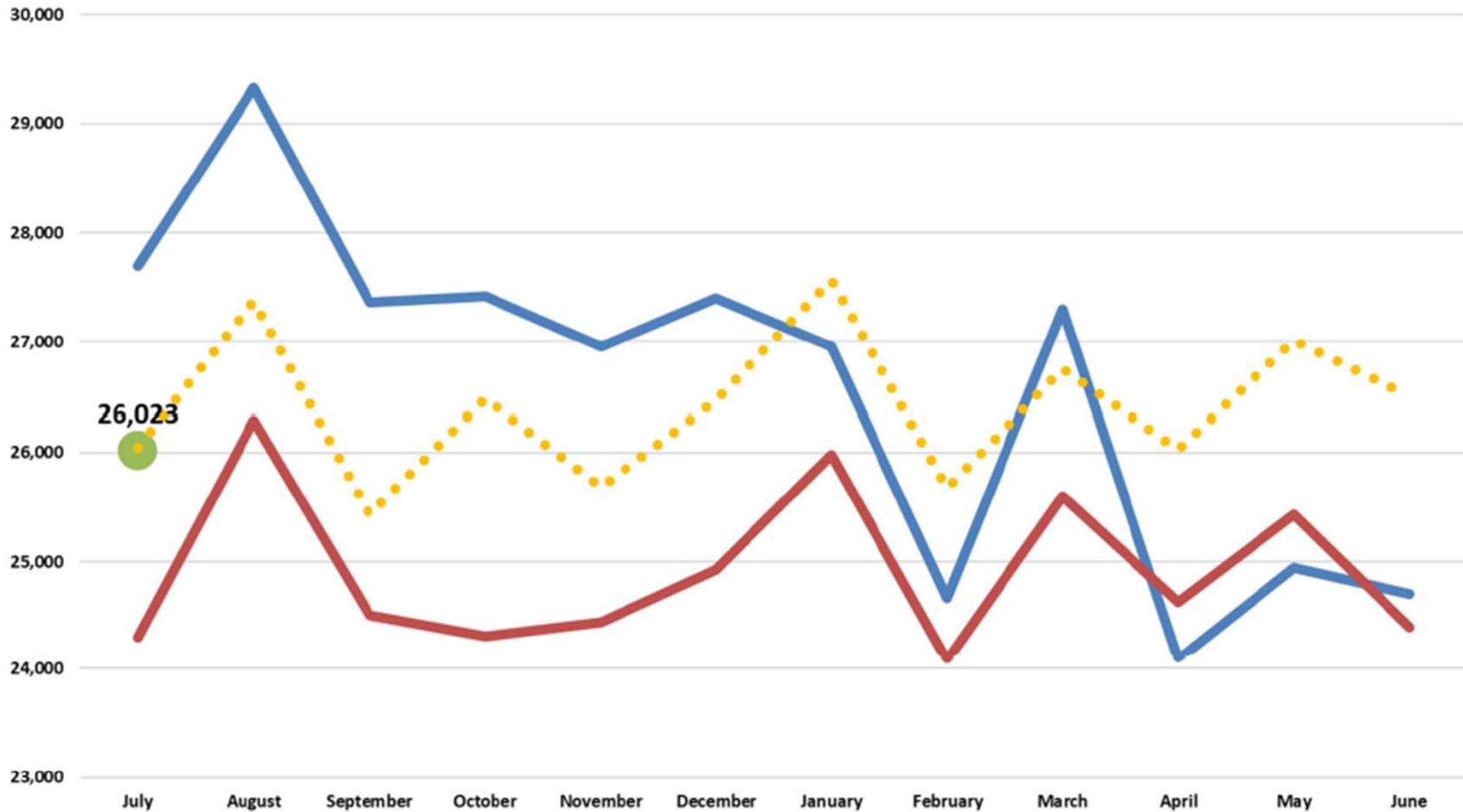
# Average Discharges per day



# Trended Patients in a Bed



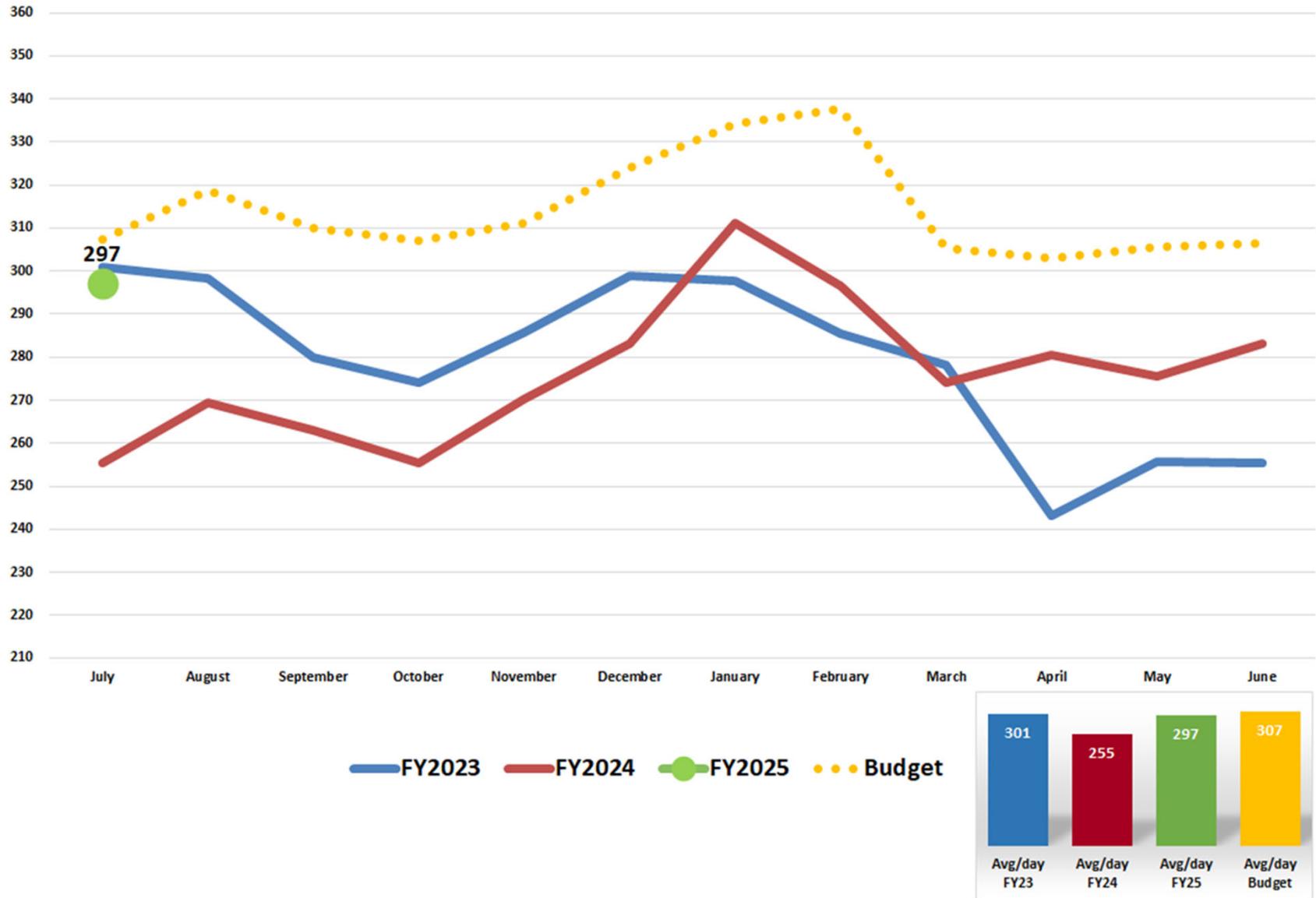
# Adjusted Patient Days



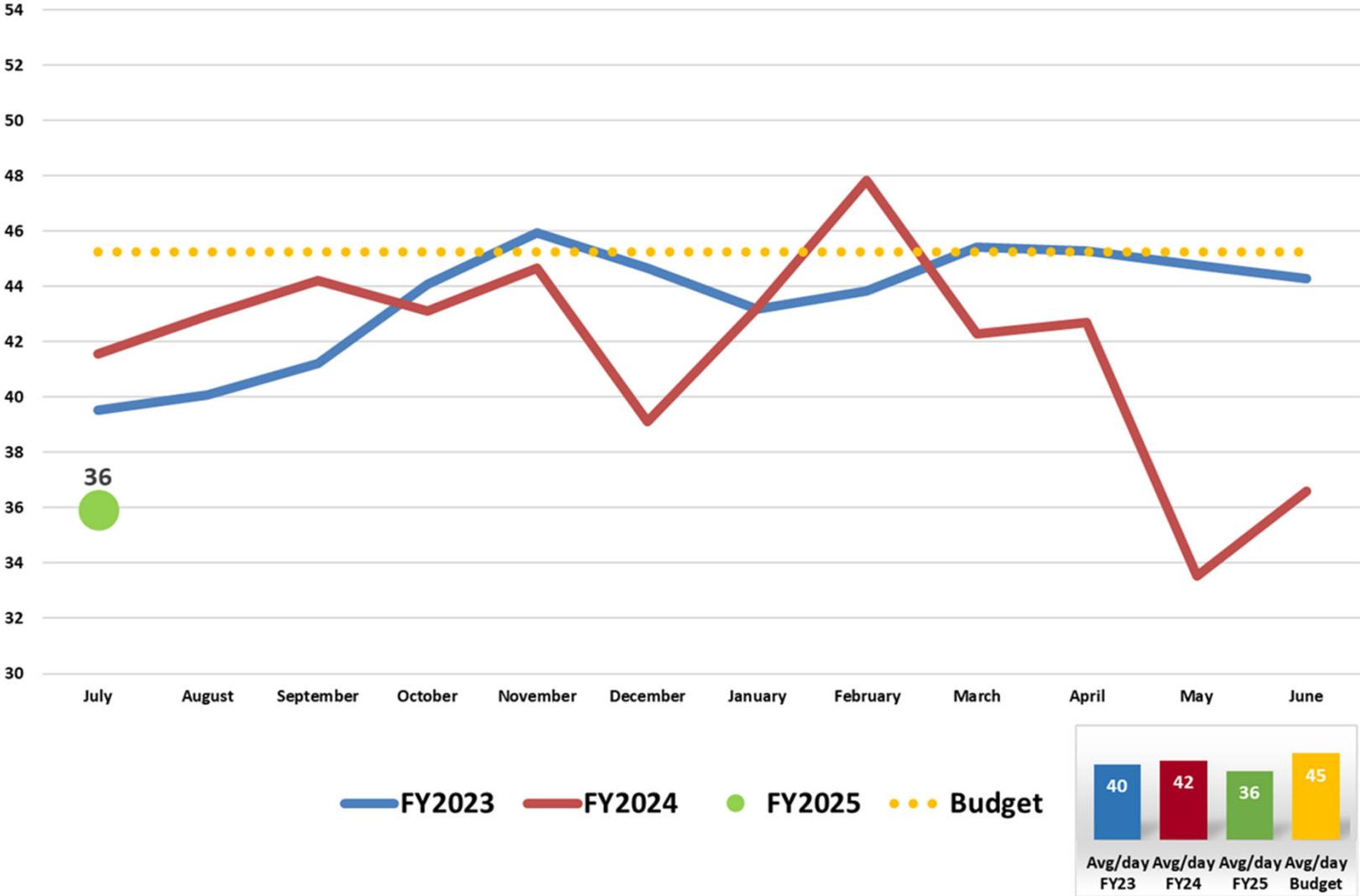
— FY2023   
 — FY2024   
 —● FY2025   
 ⋯ Budget



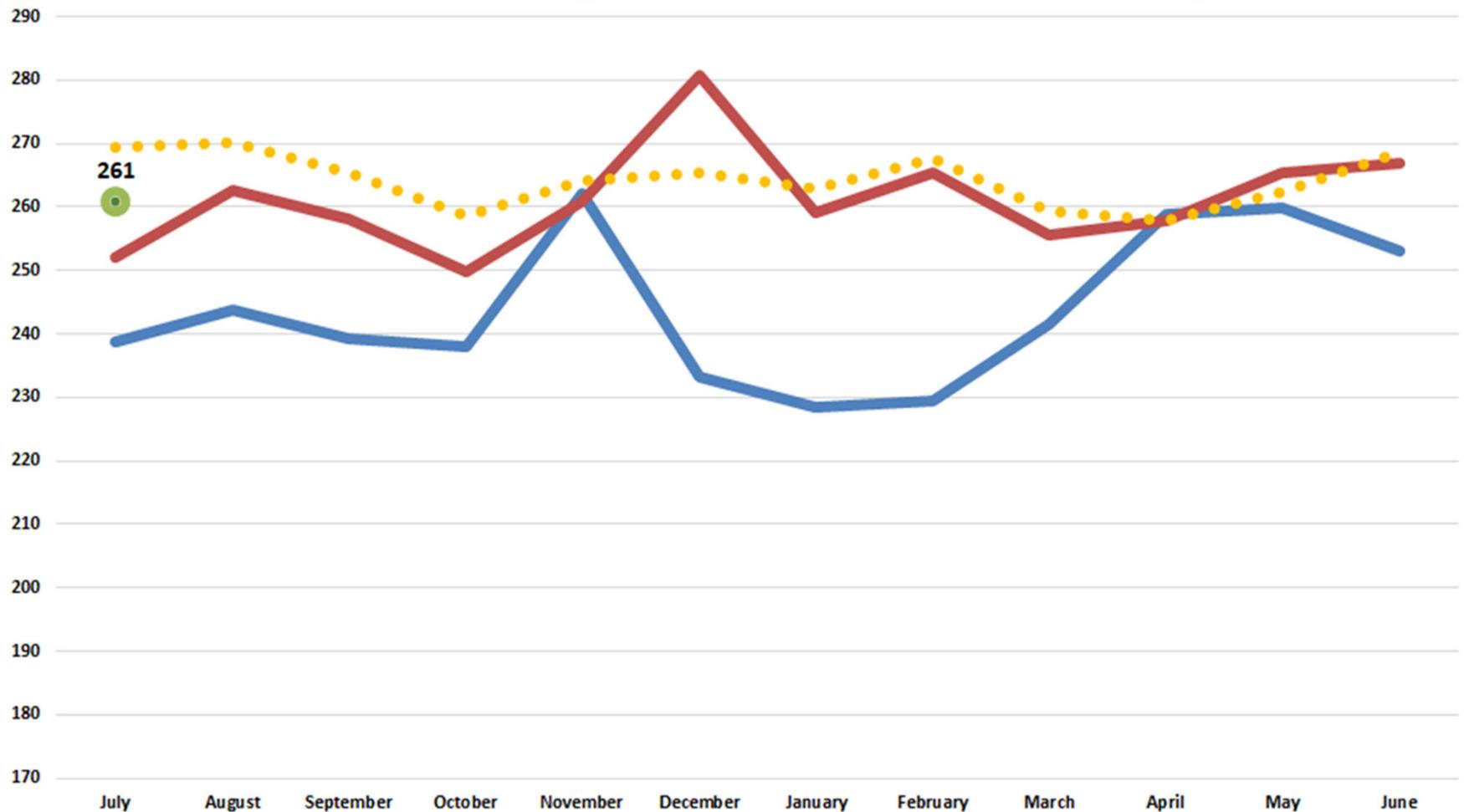
# Medical Center (Avg Patients Per Day)



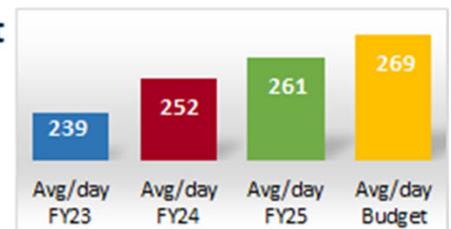
# Acute I/P Psych (Avg Patients Per Day)



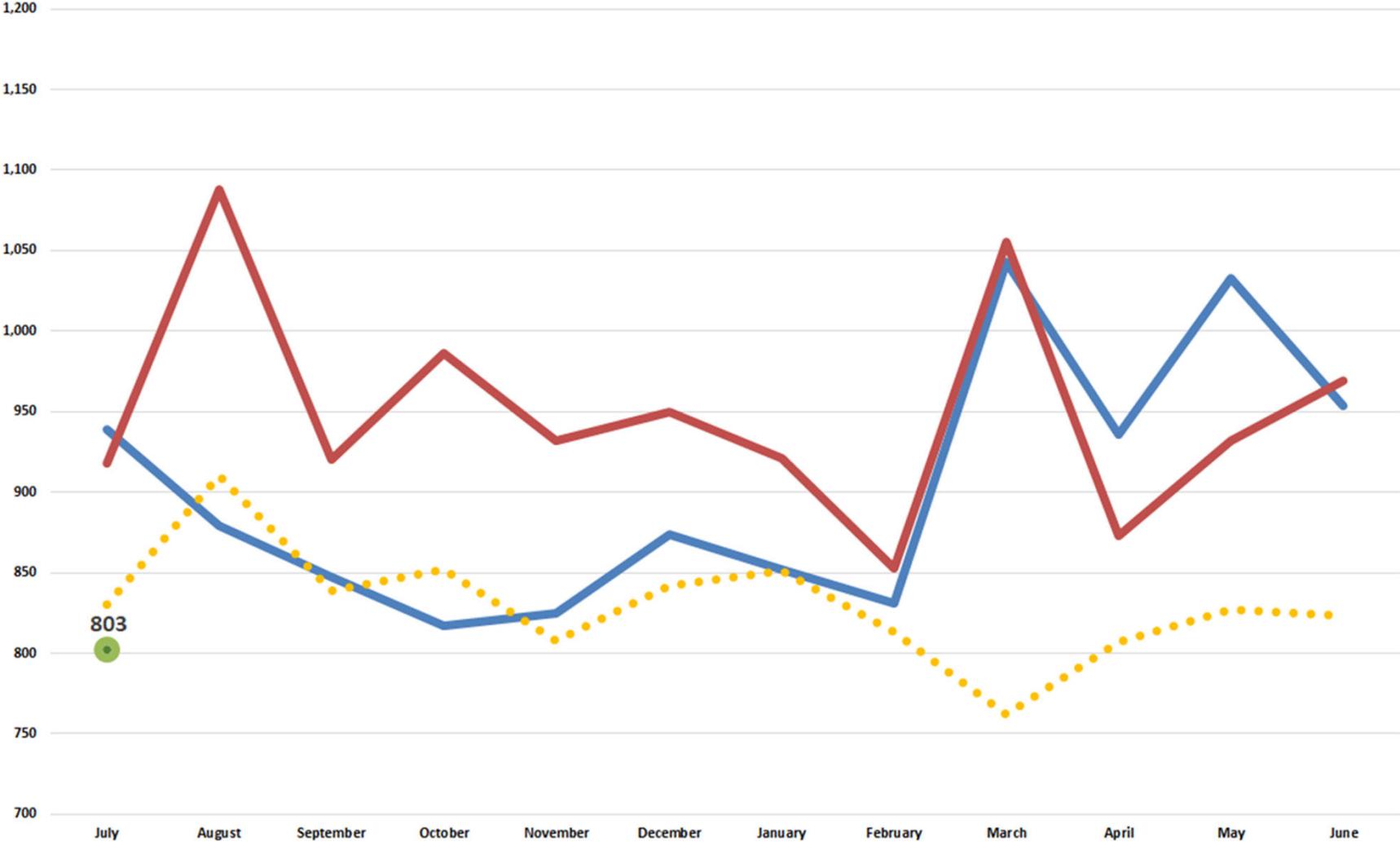
# ED - Avg Treated Per Day



—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



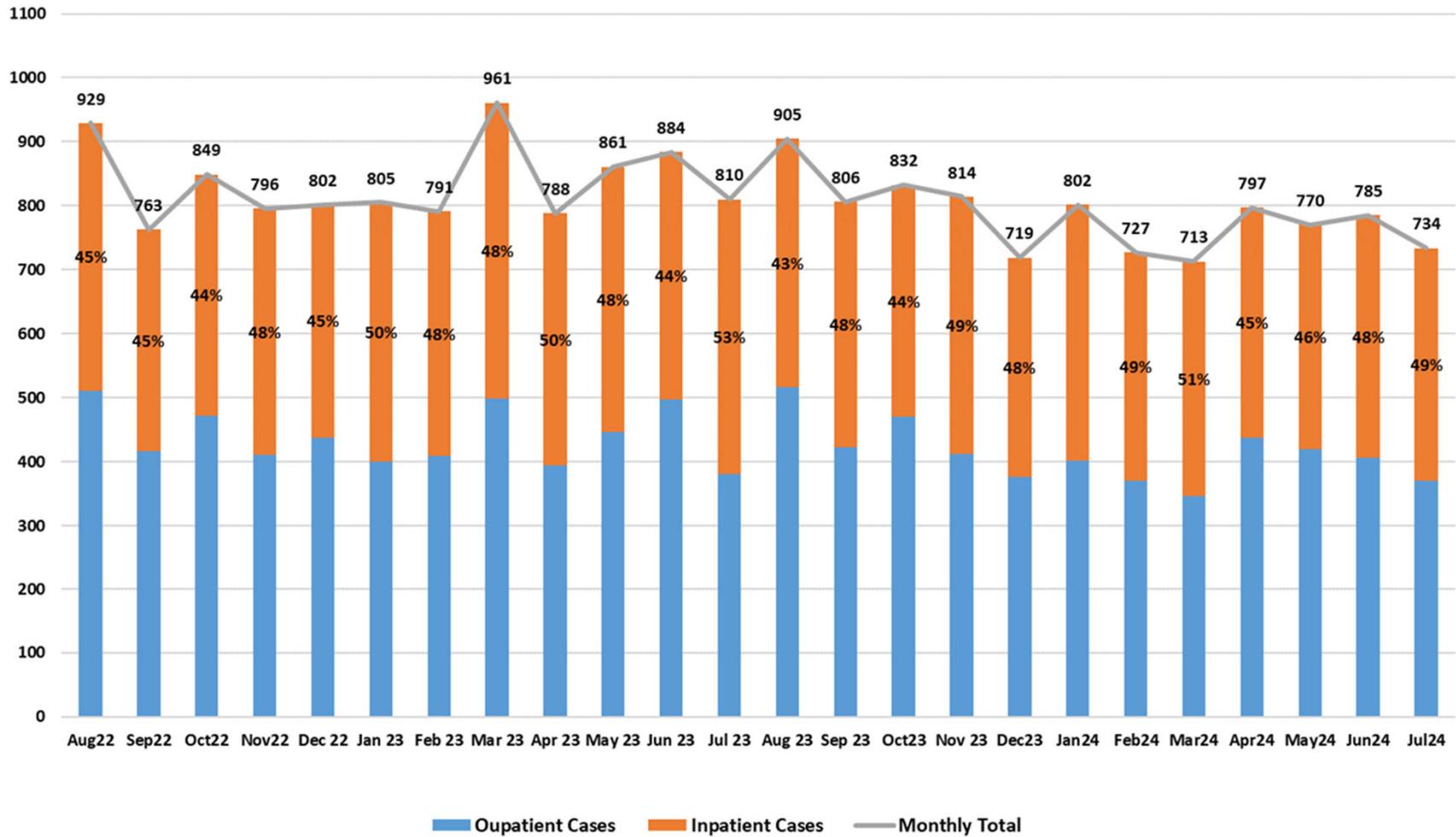
# Surgery (IP & OP) – 100 Min Units



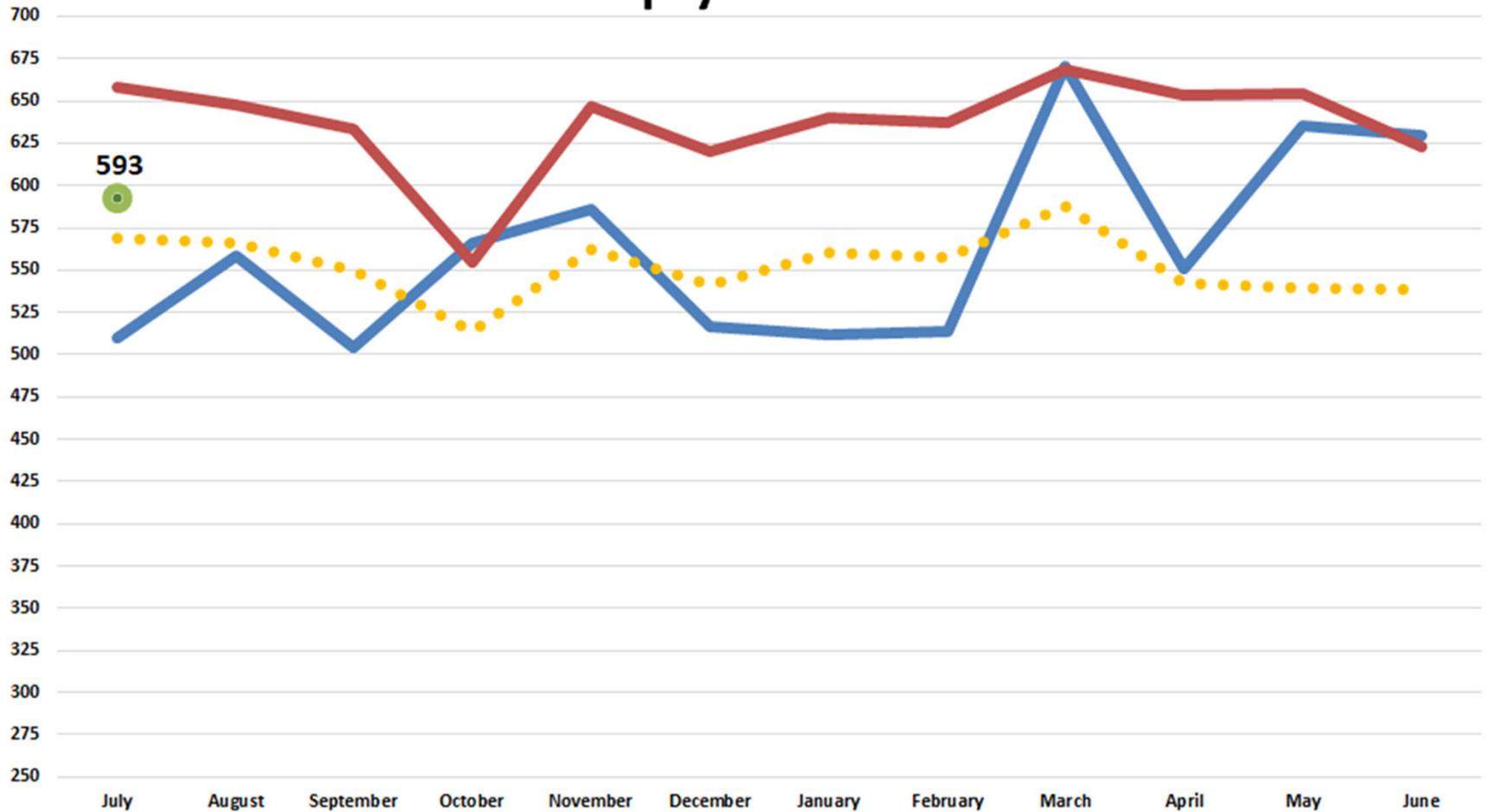
— FY2023   
 — FY2024   
 ● FY2025   
 ●●● Budget



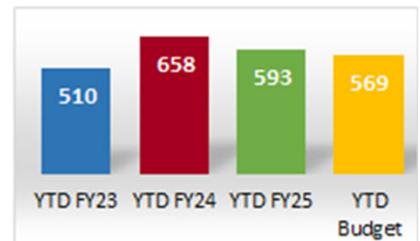
# Surgery Cases (IP & OP)



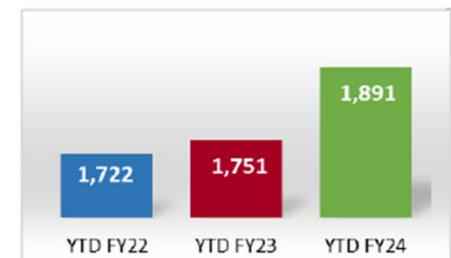
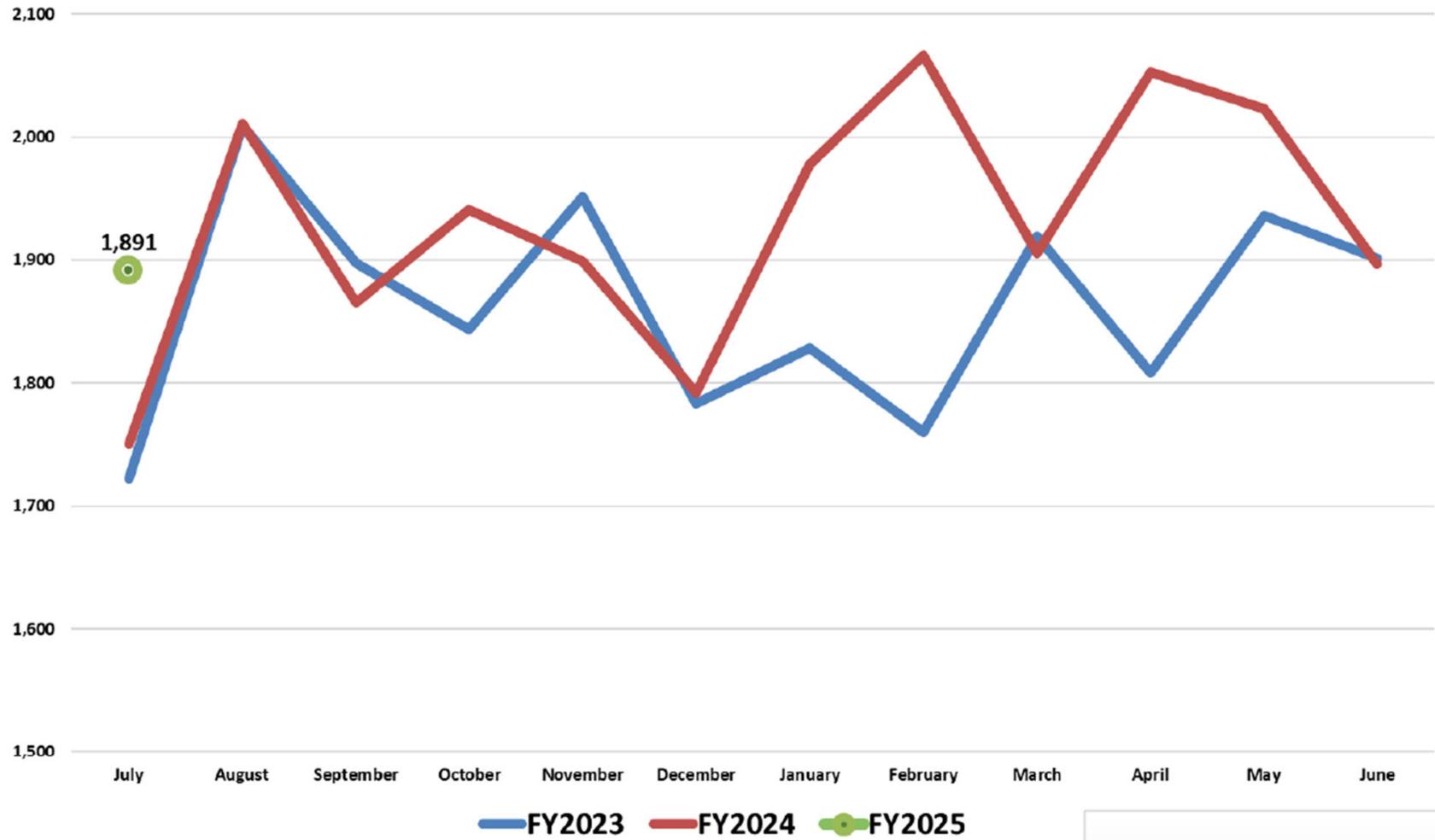
# Endoscopy Procedures



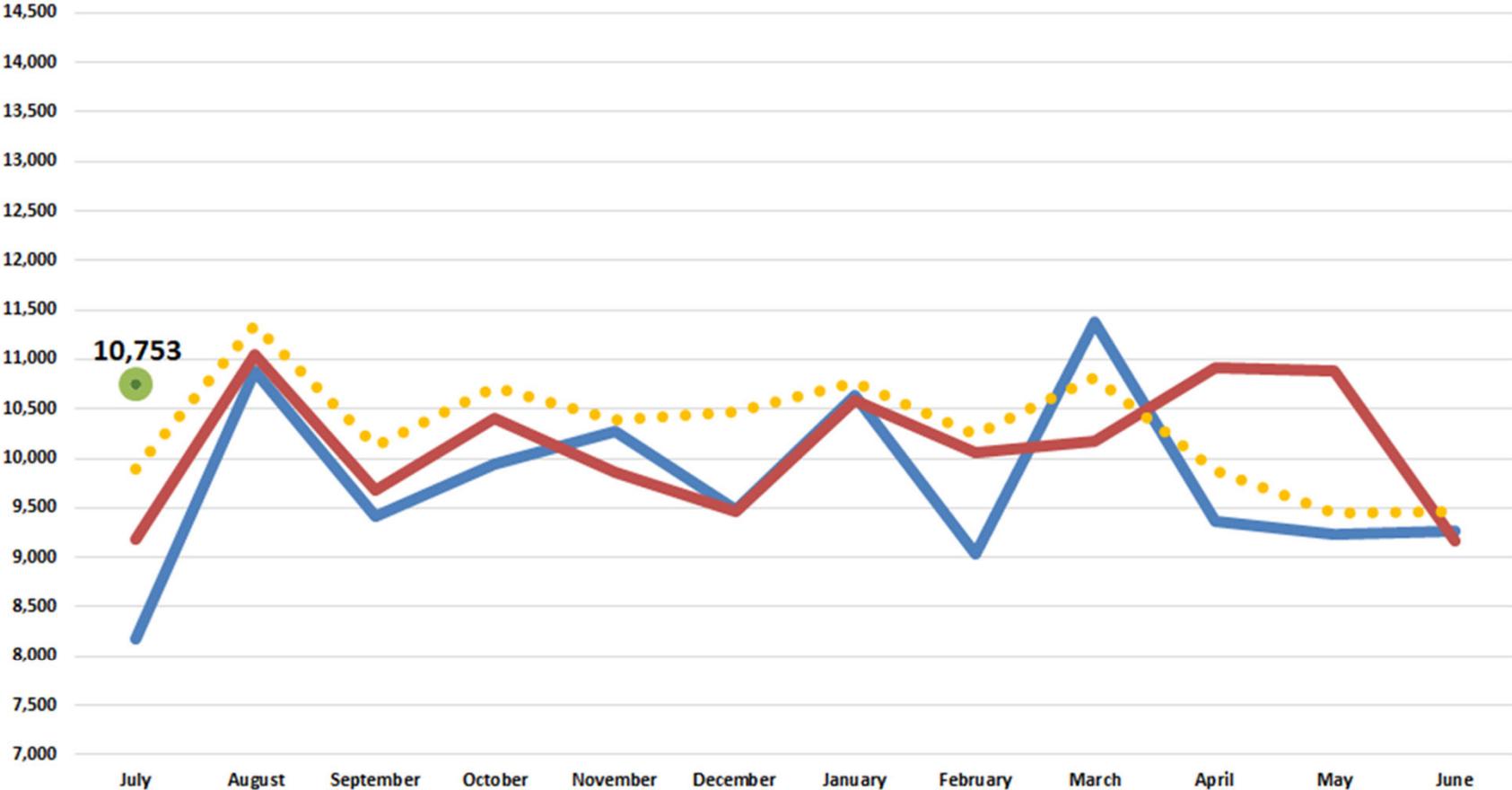
— FY2023   
 — FY2024   
 ● FY2025   
 ●●● Budget



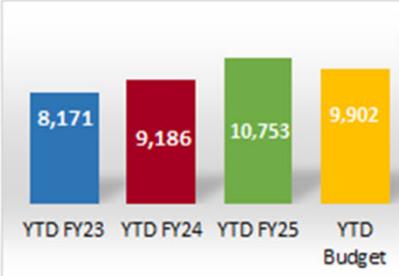
# Outpatient Registrations Per Day



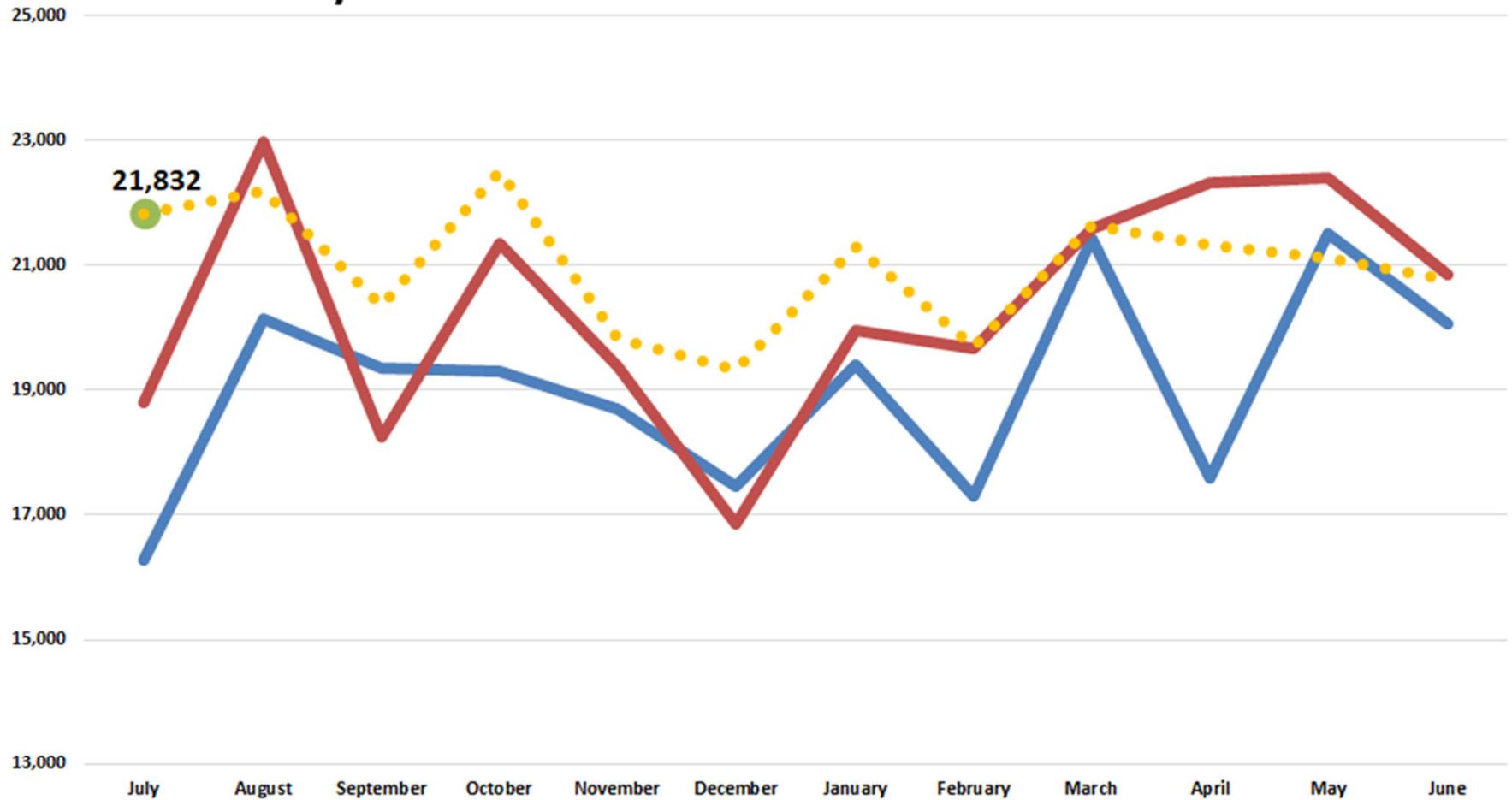
# Rural Health Clinics Registrations



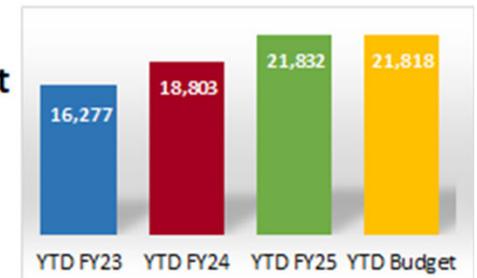
— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



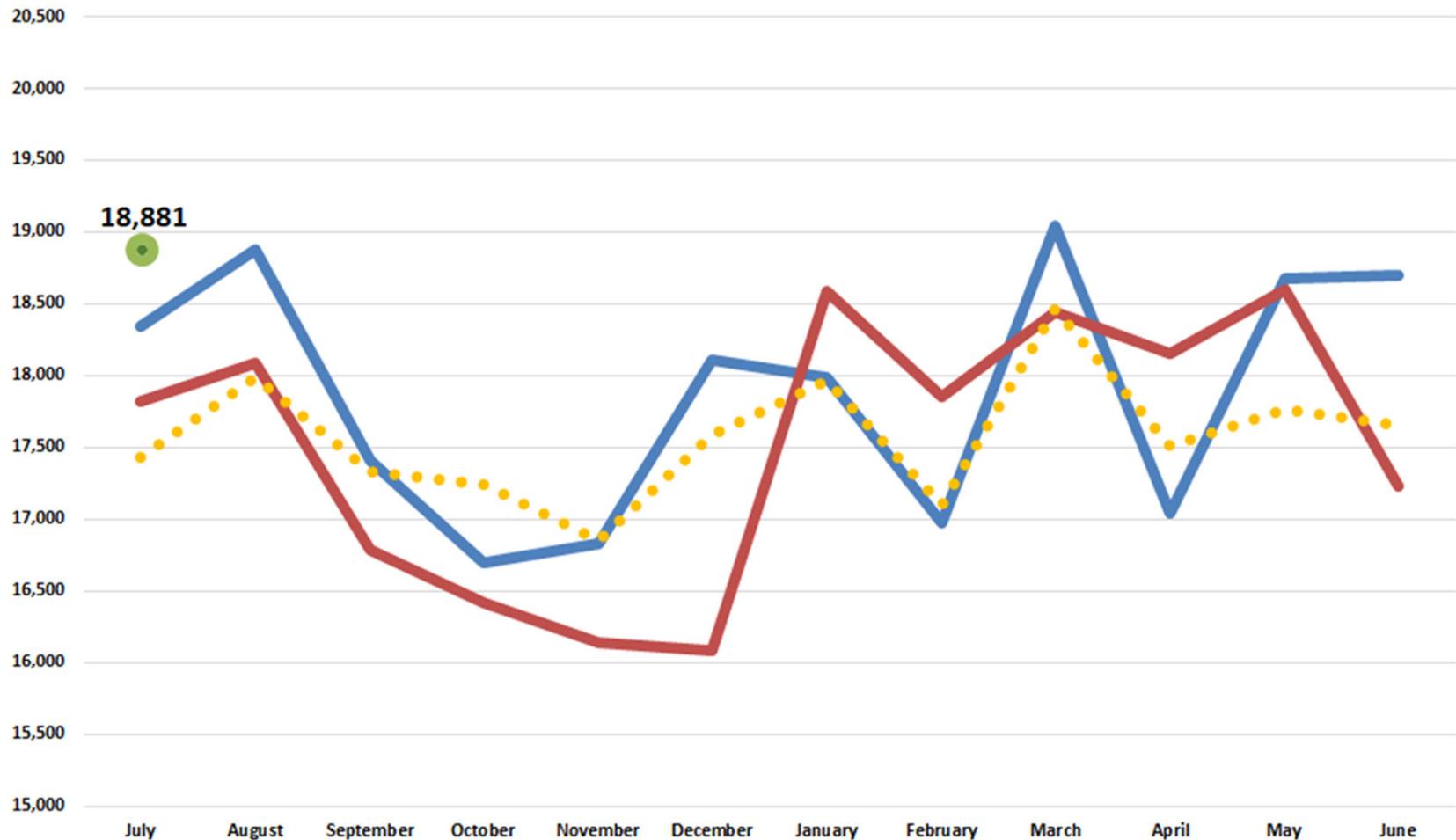
# All O/P Rehab Svcs Across District



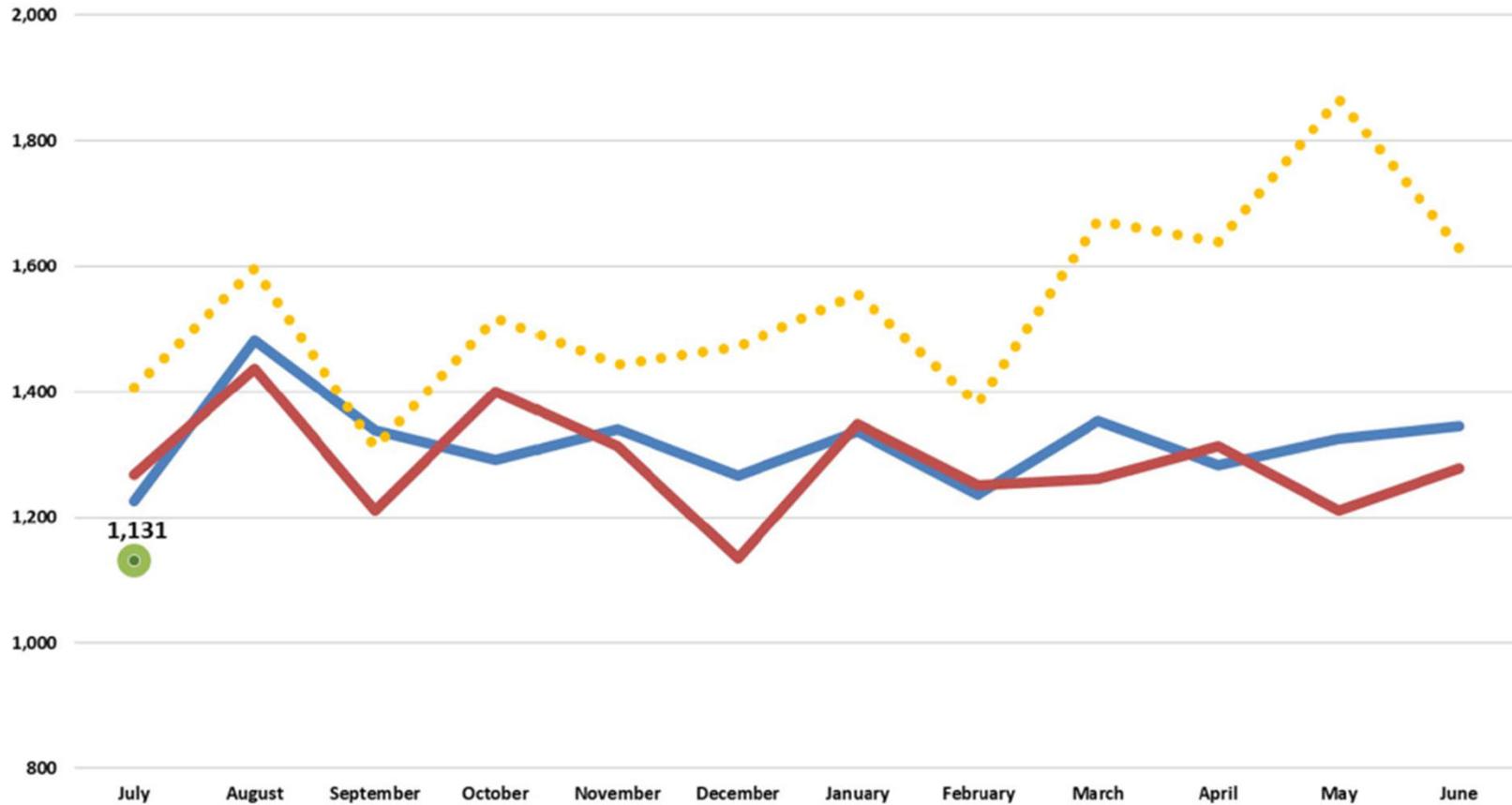
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



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



# Medical Oncology



— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



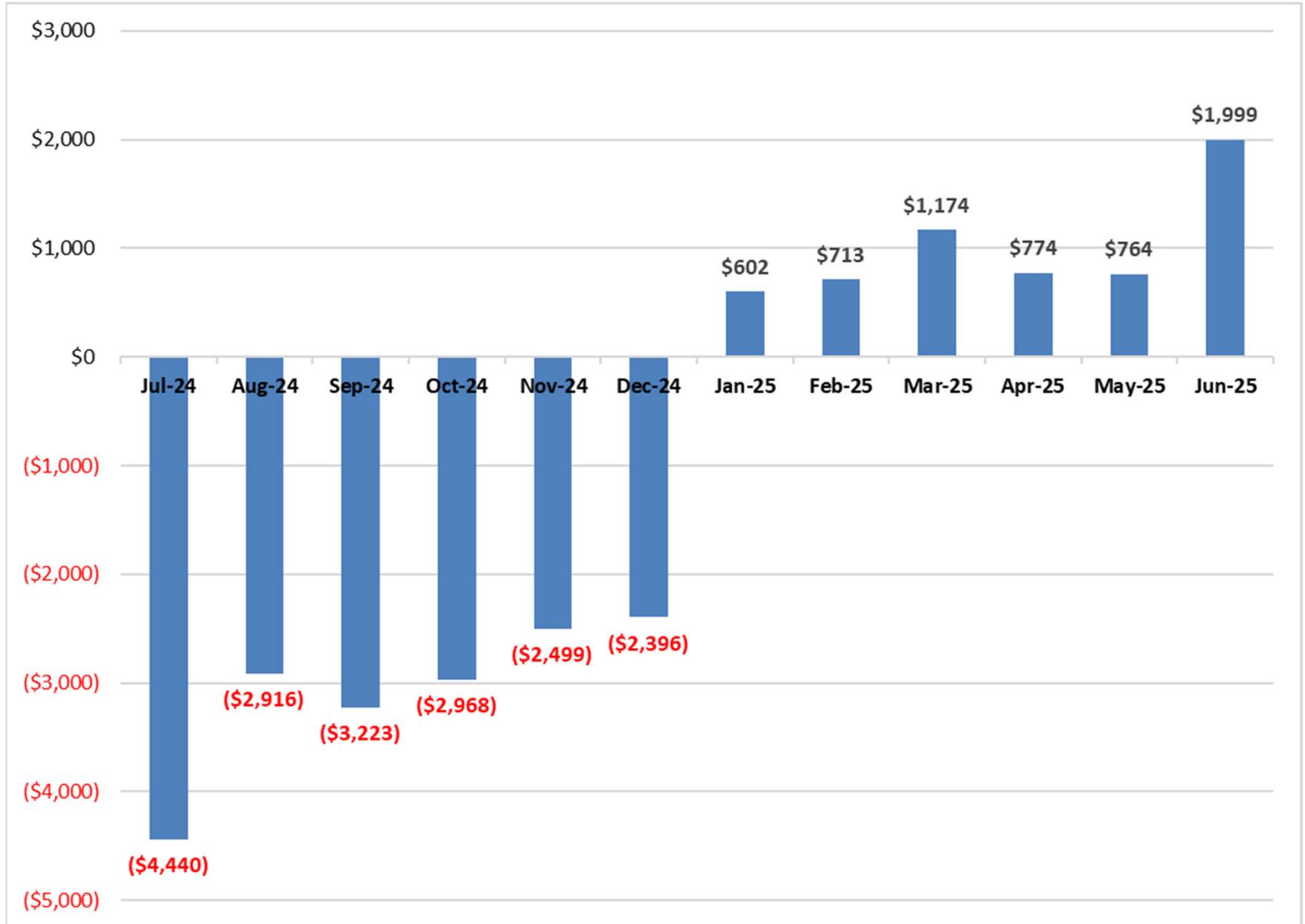
## Statistical Results – Fiscal Year Comparison (July)

	Actual Results			Budget	Budget Variance	
	Jul 2023	Jul 2024	% Change	Jul 2024	Change	% Change
<b>Average Daily Census</b>	<b>388</b>	<b>411</b>	<b>5.9%</b>	<b>407</b>	<b>4</b>	<b>1.1%</b>
<b>KDHCD Patient Days:</b>						
Medical Center	7,916	9,207	16.3%	8,408	799	9.5%
Acute I/P Psych	1,288	1,114	(13.5%)	1,403	(289)	(20.6%)
Sub-Acute	972	882	(9.3%)	930	(48)	(5.2%)
Rehab	521	480	(7.9%)	546	(66)	(12.1%)
TCS-Ortho	407	268	(34.2%)	368	(100)	(27.2%)
NICU	443	376	(15.1%)	450	(74)	(16.4%)
Nursery	485	412	(15.1%)	500	(88)	(17.6%)
<b>Total KDHCD Patient Days</b>	<b>12,032</b>	<b>12,739</b>	<b>5.9%</b>	<b>12,605</b>	<b>134</b>	<b>1.1%</b>
<b>Total Outpatient Volume</b>	<b>54,281</b>	<b>58,621</b>	<b>8.0%</b>	<b>61,660</b>	<b>(3,039)</b>	<b>(4.9%)</b>

# Other Statistical Results – Fiscal Year Comparison (July)

	Actual Results				Budget	Budget Variance	
	Jul 2023	Jul 2024	Change	% Change	Jul 2024	Change	% Change
<b>Adjusted Patient Days</b>	<b>24,306</b>	<b>26,023</b>	<b>1,717</b>	<b>7.1%</b>	<b>26,047</b>	<b>(24)</b>	<b>(0.1%)</b>
<b>Outpatient Visits</b>	<b>54,281</b>	<b>58,621</b>	<b>4,340</b>	<b>8.0%</b>	<b>61,660</b>	<b>(3,039)</b>	<b>(4.9%)</b>
Radiation Oncology Treatments (I/P & O/P)	1,643	1,991	348	21.2%	1,639	352	21.5%
RHC Registrations	9,186	10,753	1,567	17.1%	9,902	851	8.6%
O/P Rehab Units	18,803	21,832	3,029	16.1%	21,818	14	0.1%
Radiology/CT/US/MRI Proc (I/P & O/P)	17,013	19,091	2,078	12.2%	17,509	1,582	9.0%
Infusion Center	381	422	41	10.8%	457	(35)	(7.7%)
Home Health Visits	2,799	3,021	222	7.9%	3,128	(107)	(3.4%)
Physical & Other Therapy Units	17,817	18,881	1,064	6.0%	17,430	1,451	8.3%
OB Deliveries	388	409	21	5.4%	399	10	2.5%
ED Total Registered	7,884	8,303	419	5.3%	8,351	(48)	(0.6%)
Cath Lab Minutes (IP & OP)	370	352	(18)	(4.9%)	259	93	35.9%
Dialysis Treatments	1,655	1,529	(126)	(7.6%)	1,757	(228)	(13.0%)
Endoscopy Procedures (I/P & O/P)	658	593	(65)	(9.9%)	569	24	4.2%
Hospice Days	3,858	3,455	(403)	(10.4%)	3,839	(384)	(10.0%)
Surgery Minutes-General & Robotic (I/P & O/P)	966	851	(115)	(11.9%)	889	(38)	(4.3%)
Urgent Care - Court	2,925	2,160	(765)	(26.2%)	2,969	(809)	(27.2%)
Urgent Care - Demaree	1,823	1,005	(818)	(44.9%)	1,900	(895)	(47.1%)

# Trended FY25 Budgeted Operating Margin (000's)



## July Financial Comparison (000's)

	Comparison to Budget - Month of July				Comparison to Prior Year - Month of July			
	Budget July-2024	Actual July-2024	\$ Change	% Change	Actual July-2023	Actual July-2024	\$ Change	% Change
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$51,794	\$50,866	(\$928)	-1.8%	\$45,479	\$50,866	\$5,387	10.6%
Supplemental Gov't Programs	\$7,285	\$7,693	\$408	5.3%	\$6,383	\$7,693	\$1,310	17.0%
Prime Program	\$792	\$792	\$0	0.0%	\$822	\$792	(\$30)	-3.8%
Premium Revenue	\$7,547	\$7,107	(\$440)	-6.2%	\$7,931	\$7,107	(\$824)	-11.6%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$3,278	\$0	(\$3,278)	#DIV/0!
Other Revenue	\$4,409	\$3,895	(\$514)	-13.2%	\$2,748	\$3,895	\$1,147	29.5%
Other Operating Revenue	\$20,033	\$19,487	(\$546)	-2.8%	\$21,161	\$19,487	(\$1,674)	-8.6%
<b>Total Operating Revenue</b>	<b>\$71,826</b>	<b>\$70,353</b>	<b>(\$1,474)</b>	<b>-2.1%</b>	<b>\$66,640</b>	<b>\$70,353</b>	<b>\$3,713</b>	<b>5.3%</b>
<b>Operating Expenses</b>								
Salaries & Wages	\$31,493	\$31,568	\$76	0.2%	\$28,217	\$31,568	\$3,351	10.6%
Contract Labor	\$1,474	\$918	(\$555)	-60.5%	\$1,630	\$918	(\$712)	-77.5%
Employee Benefits	\$5,908	\$5,778	(\$131)	-2.3%	\$6,327	\$5,778	(\$550)	-9.5%
<b>Total Employment Expenses</b>	<b>\$38,875</b>	<b>\$38,264</b>	<b>(\$610)</b>	<b>-1.6%</b>	<b>\$36,175</b>	<b>\$38,264</b>	<b>\$2,090</b>	<b>5.5%</b>
Medical & Other Supplies	\$15,275	\$14,820	(\$454)	-3.1%	\$13,026	\$14,820	\$1,794	12.1%
Physician Fees	\$7,185	\$7,061	(\$124)	-1.8%	\$7,034	\$7,061	\$26	0.4%
Purchased Services	\$1,817	\$1,581	(\$235)	-14.9%	\$1,416	\$1,581	\$165	10.5%
Repairs & Maintenance	\$2,082	\$1,664	(\$417)	-25.1%	\$2,191	\$1,664	(\$526)	-31.6%
Utilities	\$919	\$874	(\$45)	-5.1%	\$759	\$874	\$114	13.1%
Rents & Leases	\$154	\$124	(\$30)	-24.1%	\$93	\$124	\$32	25.4%
Depreciation & Amortization	\$3,302	\$3,160	(\$142)	-4.5%	\$2,824	\$3,160	\$336	10.6%
Interest Expense	\$608	\$609	\$1	0.2%	\$586	\$609	\$24	3.9%
Other Expense	\$2,268	\$1,964	(\$304)	-15.5%	\$1,678	\$1,964	\$286	14.6%
Humana Cap Plan Expenses	\$3,766	\$3,953	\$187	4.7%	\$3,872	\$3,953	\$82	2.1%
<b>Total Other Expenses</b>	<b>\$37,375</b>	<b>\$35,811</b>	<b>(\$1,564)</b>	<b>-4.4%</b>	<b>\$33,478</b>	<b>\$35,811</b>	<b>\$2,333</b>	<b>6.5%</b>
<b>Total Operating Expenses</b>	<b>\$76,249</b>	<b>\$74,075</b>	<b>(\$2,174)</b>	<b>-2.9%</b>	<b>\$69,652</b>	<b>\$74,075</b>	<b>\$4,423</b>	<b>6.0%</b>
<b>Operating Margin</b>	<b>(\$4,423)</b>	<b>(\$3,722)</b>	<b>\$700</b>		<b>(\$3,013)</b>	<b>(\$3,722)</b>	<b>(\$709)</b>	
Stimulus/FEMA	\$0	\$0	\$0		\$1,610	\$0	(\$1,610)	
<b>Operating Margin after Stimulus/FEMA</b>	<b>(\$4,423)</b>	<b>(\$3,722)</b>	<b>\$700</b>		<b>(\$1,403)</b>	<b>(\$3,722)</b>	<b>(\$2,319)</b>	
Nonoperating Revenue (Loss)	\$658	\$1,190	\$532		\$617	\$1,190	\$572	
<b>Excess Margin</b>	<b>(\$3,765)</b>	<b>(\$2,533)</b>	<b>\$1,233</b>		<b>(\$785)</b>	<b>(\$2,533)</b>	<b>(\$1,747)</b>	

# FYTD July 23-July 24 : Trended Financial Information (000's)

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Patient Service Revenue	\$45,479	\$49,531	\$47,195	\$47,502	\$48,225	\$48,629	\$49,472	\$49,778	\$54,365	\$51,284	\$52,509	\$54,906	\$50,866
Other Revenue	\$21,161	\$22,458	\$21,039	\$21,928	\$21,261	\$20,979	\$24,379	\$22,470	\$19,194	\$25,720	\$27,433	\$23,867	\$19,487
<b>Total Operating Revenue</b>	<b>\$66,640</b>	<b>\$71,989</b>	<b>\$68,234</b>	<b>\$69,431</b>	<b>\$69,486</b>	<b>\$69,608</b>	<b>\$73,851</b>	<b>\$72,248</b>	<b>\$73,559</b>	<b>\$77,004</b>	<b>\$79,942</b>	<b>\$78,773</b>	<b>\$70,353</b>
Employee Expense	\$36,176	\$37,019	\$35,180	\$38,961	\$37,597	\$37,268	\$37,645	\$37,074	\$41,984	\$38,077	\$38,990	\$36,919	\$38,264
Other Operating Expense	\$33,478	\$34,922	\$33,204	\$31,579	\$33,162	\$32,981	\$35,742	\$36,449	\$33,382	\$36,864	\$37,539	\$35,001	\$35,811
<b>Total Operating Expenses</b>	<b>\$69,654</b>	<b>\$71,941</b>	<b>\$68,384</b>	<b>\$70,540</b>	<b>\$70,759</b>	<b>\$70,249</b>	<b>\$73,388</b>	<b>\$73,523</b>	<b>\$75,367</b>	<b>\$74,941</b>	<b>\$76,530</b>	<b>\$71,920</b>	<b>\$74,075</b>
<b>Net Operating Margin</b>	<b>(\$3,014)</b>	<b>\$48</b>	<b>(\$150)</b>	<b>(\$1,110)</b>	<b>(\$1,273)</b>	<b>(\$641)</b>	<b>\$464</b>	<b>(\$1,275)</b>	<b>(\$1,807)</b>	<b>\$2,063</b>	<b>\$3,413</b>	<b>\$6,853</b>	<b>(\$3,722)</b>
Stimulus/FEMA	\$1,610	\$1,610	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,603)	(\$1,603)	\$0
NonOperating Income	\$617	\$602	\$626	\$665	\$578	\$5,057	\$969	\$618	\$1,781	\$550	\$847	\$1,177	\$1,190
<b>Excess Margin</b>	<b>(\$787)</b>	<b>\$2,259</b>	<b>\$477</b>	<b>(\$444)</b>	<b>(\$695)</b>	<b>\$4,416</b>	<b>\$1,433</b>	<b>(\$657)</b>	<b>(\$26)</b>	<b>\$2,613</b>	<b>\$2,657</b>	<b>\$6,426</b>	<b>(\$2,533)</b>

## Profitability

Operating Margin %	(4.5%)	0.1%	(0.2%)	(1.6%)	(1.8%)	(0.9%)	0.6%	(1.8%)	(2.5%)	2.7%	4.3%	8.7%	(5.3%)
Operating Margin %excl. Int	(3.6%)	0.9%	0.7%	(0.7%)	(1.0%)	(0.1%)	1.4%	(0.9%)	(1.6%)	3.7%	5.0%	9.6%	(4.4%)
Operating EBIDA	\$395	\$3,493	\$3,265	\$2,340	\$2,111	\$2,732	\$3,957	\$1,994	\$1,628	\$5,507	\$7,184	\$11,028	\$46
Operating EBIDA Margin	0.6%	4.9%	4.8%	3.4%	3.0%	3.9%	5.4%	2.8%	2.2%	7.2%	9.0%	14.0%	0.1%

## Liquidity Indicators

Day's Cash on Hand	84.2	84.7	83.3	83.7	81.1	83.5	81.4	79.0	74.7	91.0	86.8	106.1	97.4
Day's in Accounts Receivable	72.6	74.6	76.6	79.1	78.4	77.6	72.5	71.0	70.1	65.3	66.4	64.4	64.0
Unrestricted Funds (000's)	\$181,339	\$185,762	\$182,518	\$183,138	\$178,653	\$183,624	\$179,987	\$176,827	\$168,012	\$204,886	\$196,344	\$340,319	\$231,724

## Debt & Other Indicators

Debt Service Coverage (MAD)	1.62	2.57	2.54	2.37	2.23	2.67	2.71	2.06	2.01	2.40	2.50	2.80	0.60
Discharges (Monthly)	2,306	2,442	2,276	2,203	2,293	2,285	2,283	2,144	2,142	2,299	2,299	2,334	2,498
Adj Discharges (Case mix adj)	7,504	7,884	7,580	7,417	7,743	7,344	7,228	7,111	6,827	7,226	7,616	7,438	8,455
Adjusted patient Days (Mo.)	24,306	26,289	24,516	24,321	24,447	24,965	25,976	24,096	25,597	24,634	25,435	24,398	26,023
Cost/Adj Discharge	\$9.3	\$9.1	\$9.0	\$9.5	\$9.1	\$9.6	\$10.2	\$10.3	\$11.0	\$10.4	\$10.0	\$9.7	\$8.8
Compensation Ratio	80%	75%	75%	82%	78%	77%	76%	74%	77%	74%	74%	67%	75%

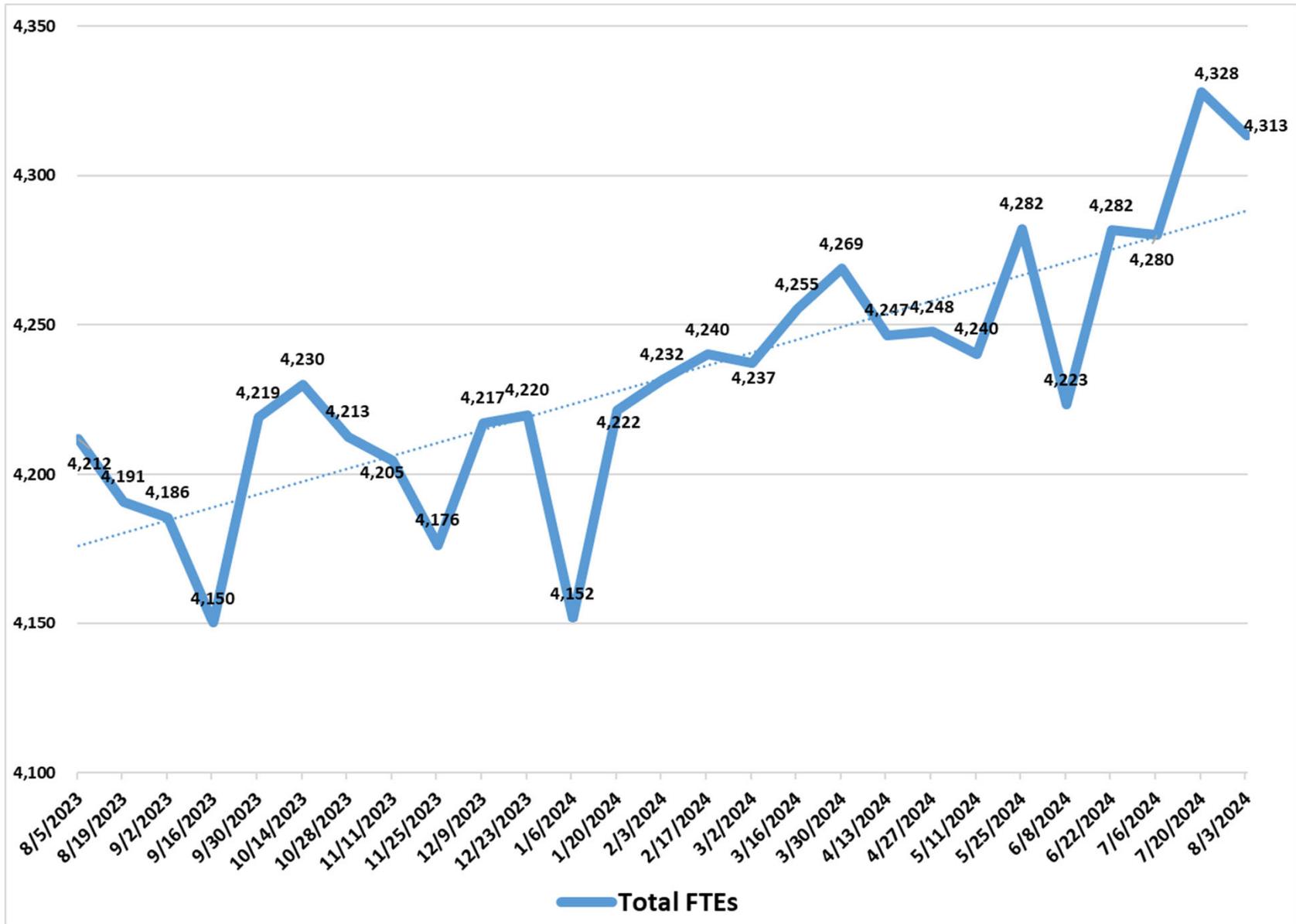
# Month of July - Budget Variances

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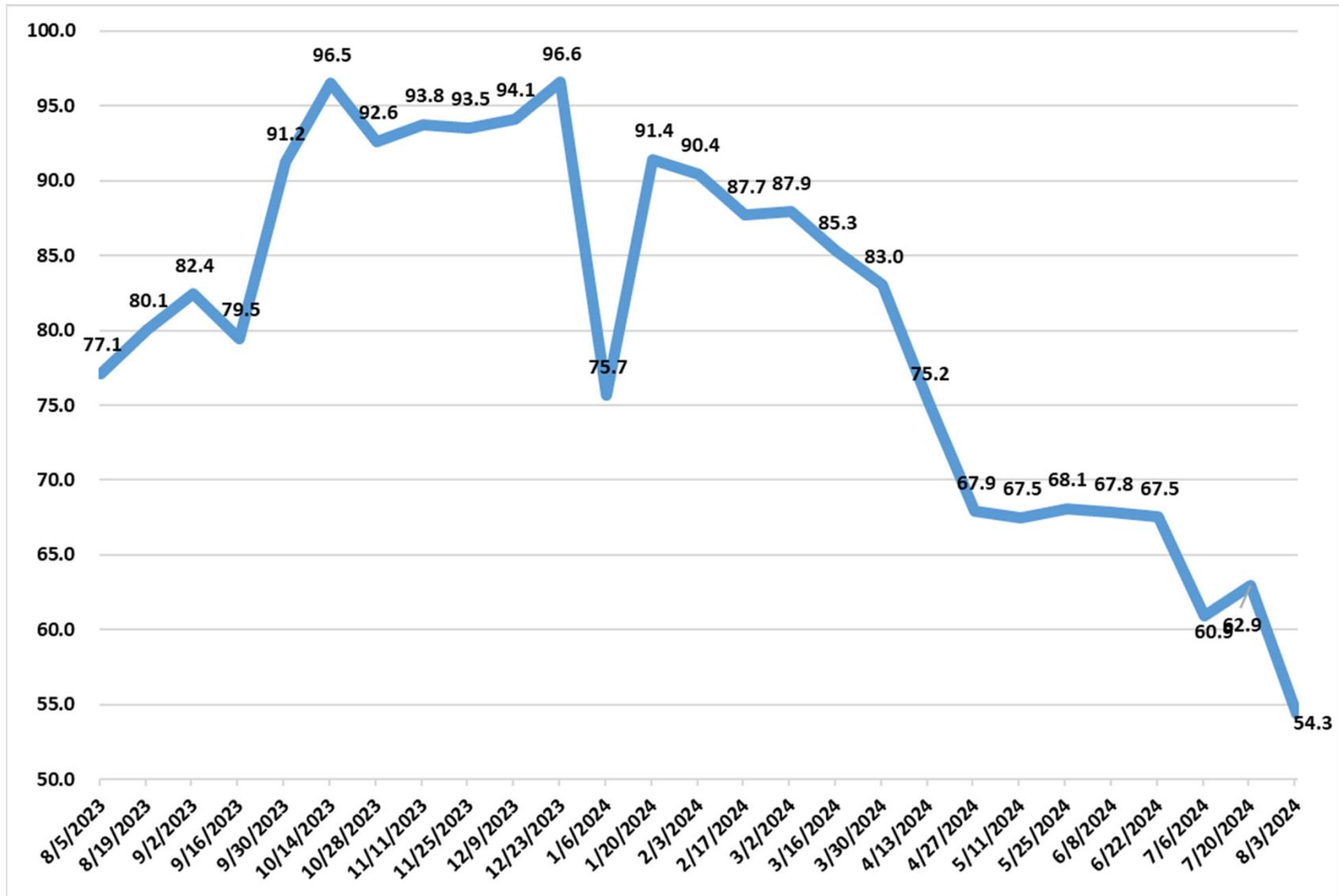
Overall July's FY25 actual results were very close to budget. Actual operating revenues were 1.8% under budget and operating expenses were 2.9% under budget. July's operating margin was \$700K better than budget.

- **Net Patient Service Revenue:** In July, net patient revenue was slightly under budget by \$928K (1.8%) due to overall volumes and patient mix.
- **Other Revenue:** The negative \$514K variance in other revenue in July is due to slightly less revenue relating to the SRCC medical oncology related retail pharmacy revenue.
- **Employment Expenses:** The positive \$610K (1.6%) variance is due to a lower use of contract labor than expected.
- **Medical & Other Supply Expense:** The positive \$454K (3.1%) variance is due to pharmacy cost being lower than budget due to Medical Oncology infusion and retail pharmacy volume being lower than anticipated.

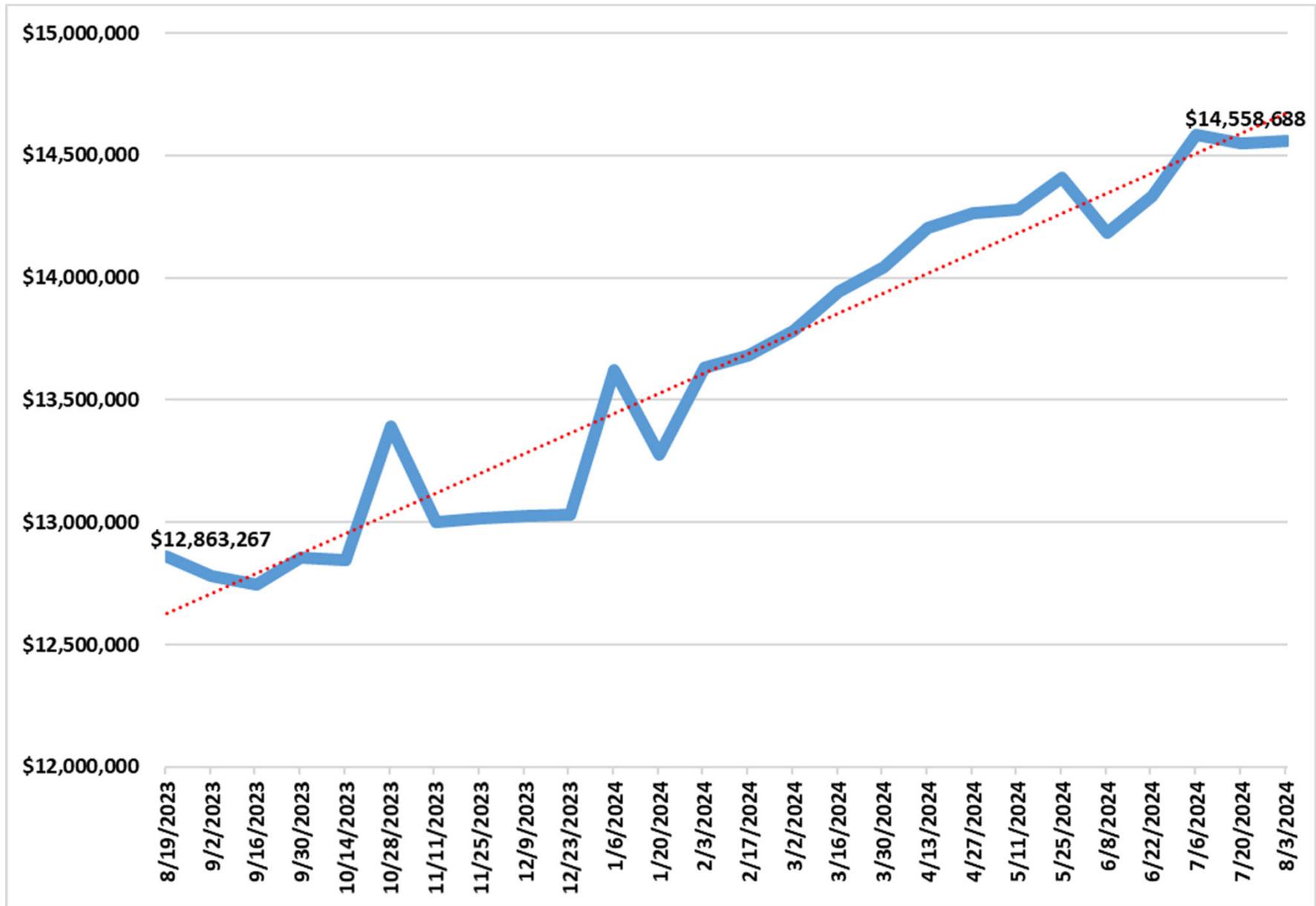
# Total FTEs (includes Contract Labor)



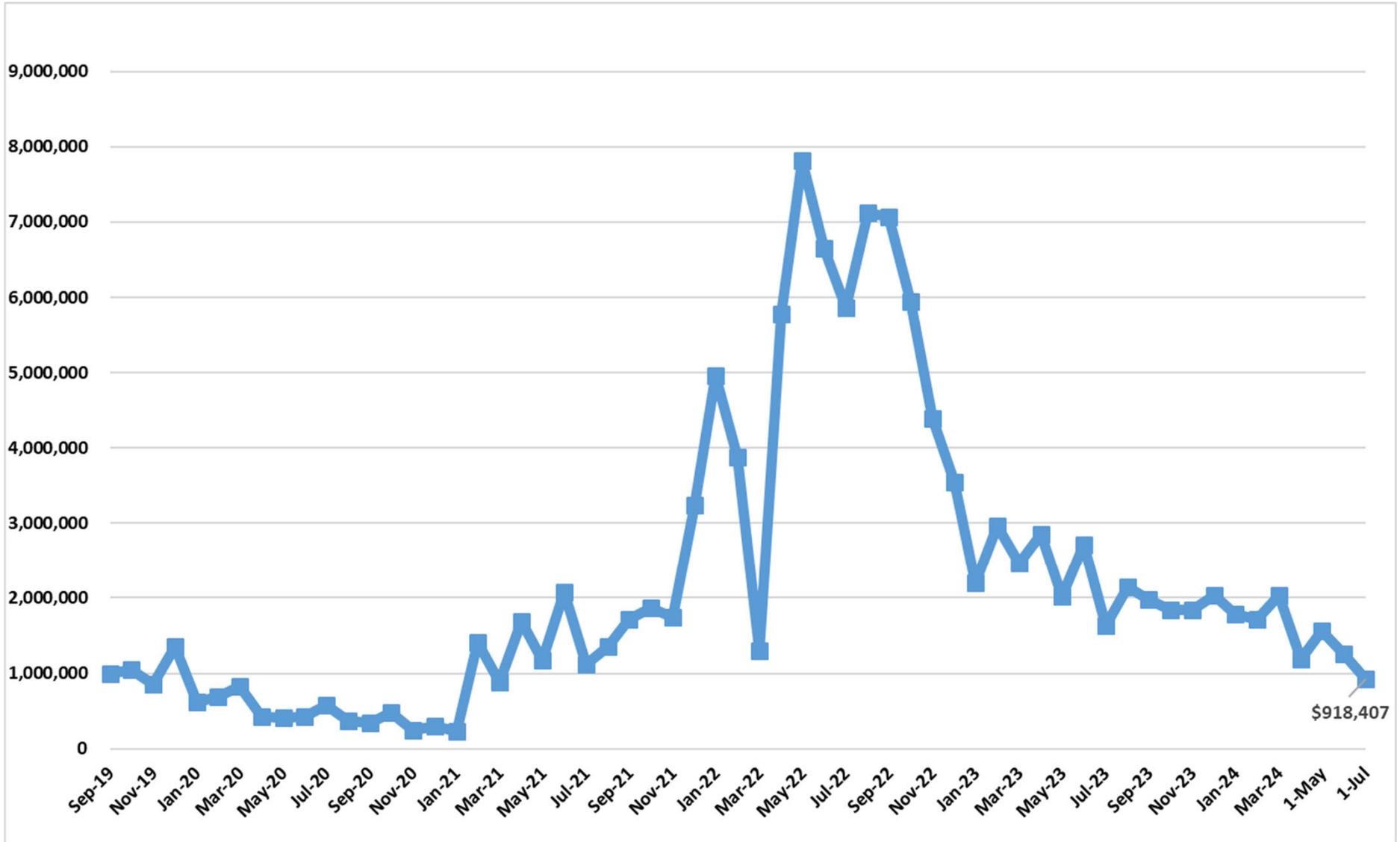
# Contract Labor Full Time Equivalents (FTEs)



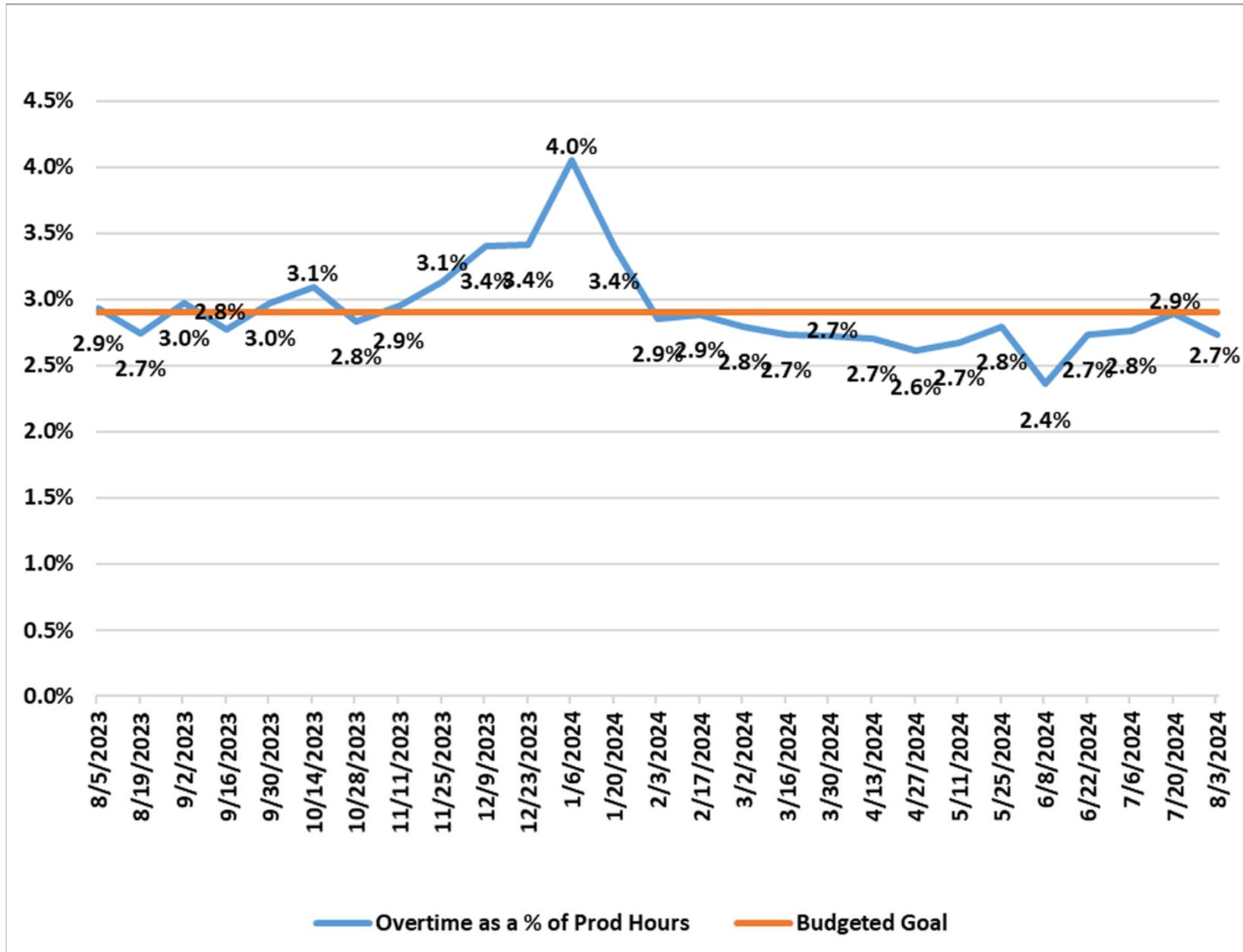
# Total Payroll: excludes contract labor and PTO cash out



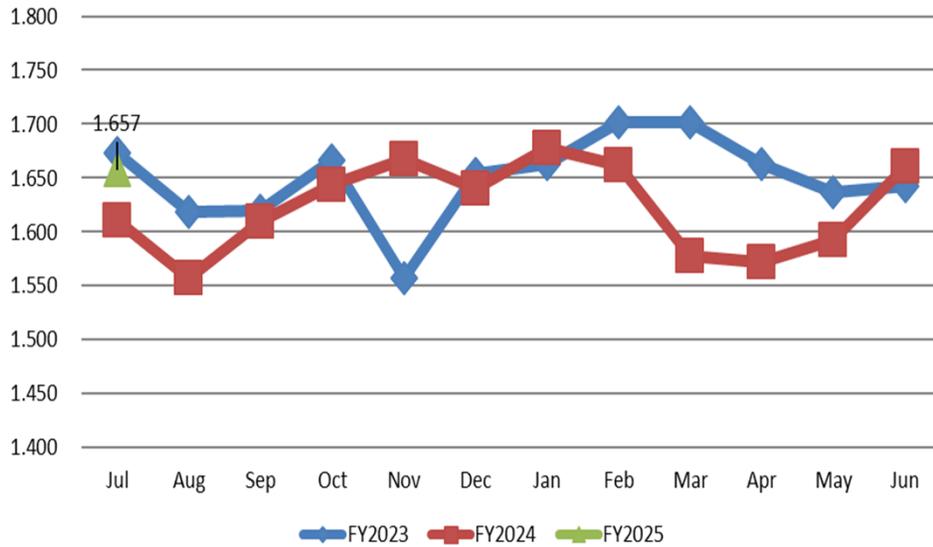
# Contract Labor Expense



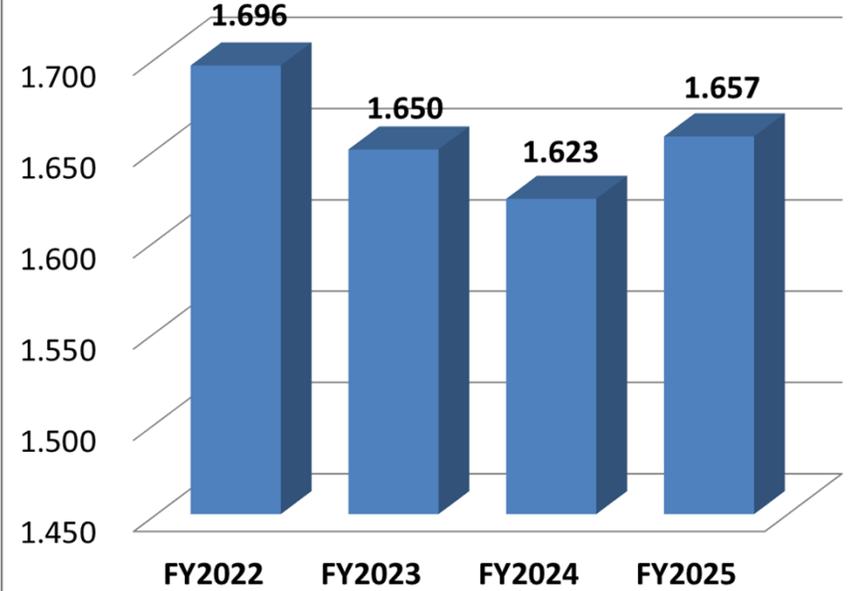
# Overtime as a % of Productive Hours



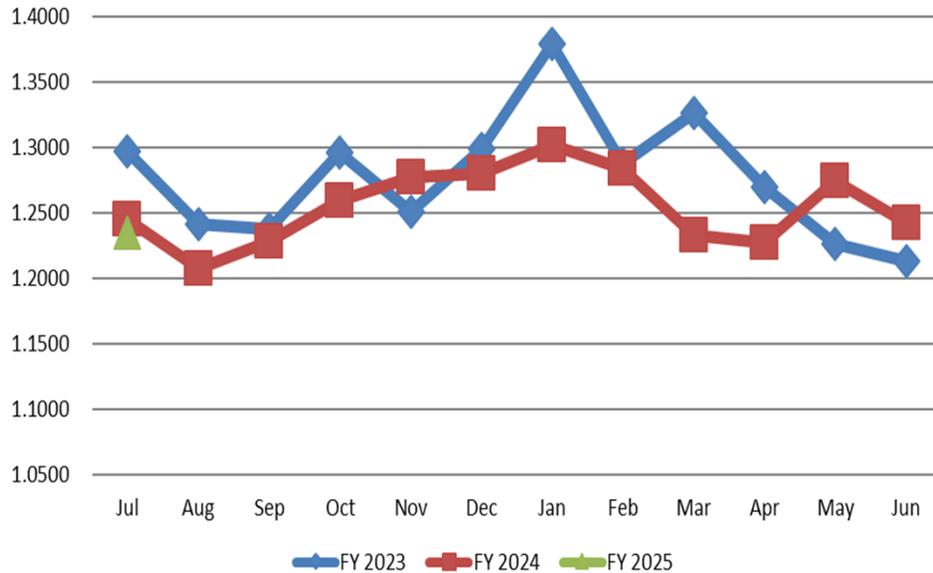
**Case Mix Index w/o Normal Newborns**



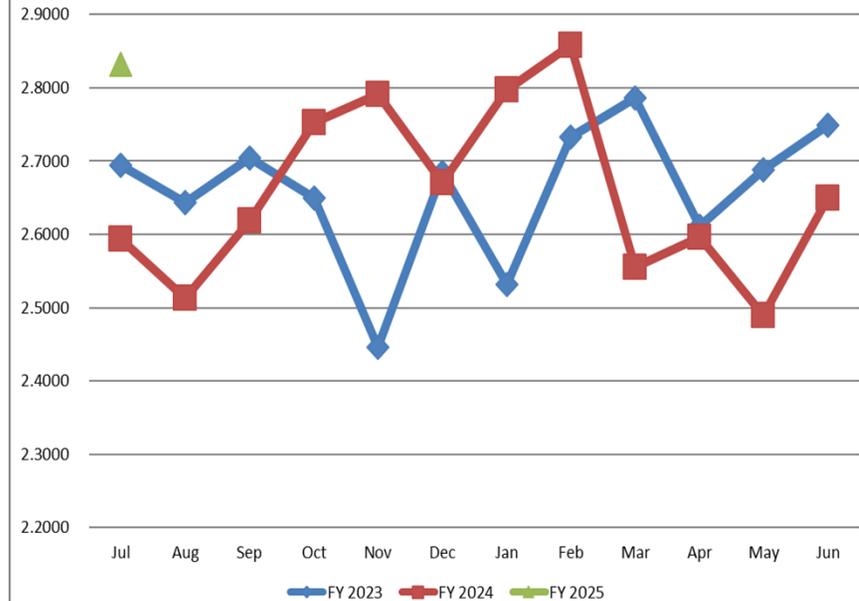
**Case Mix Index w/o Normal Newborns - All**



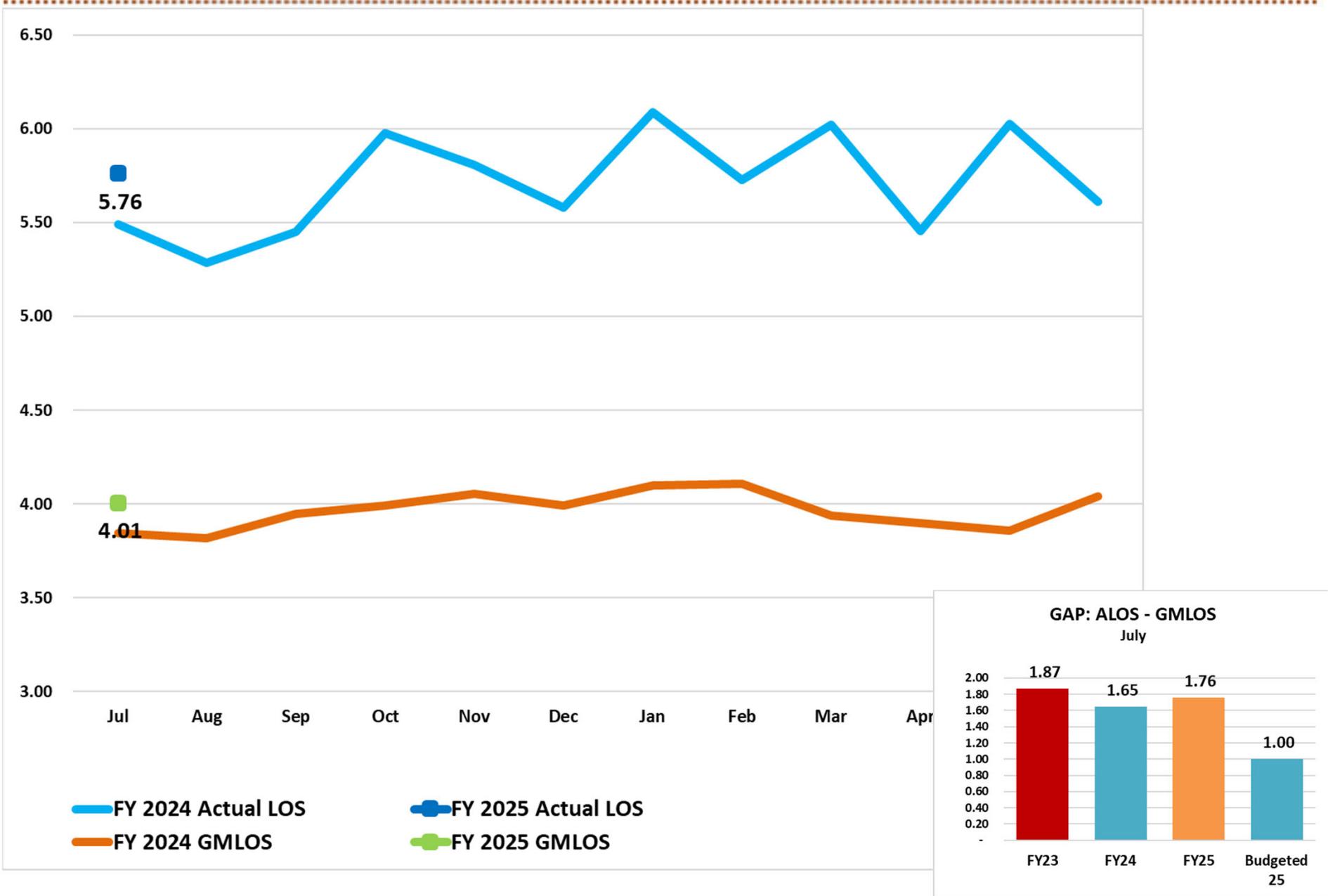
**Case Mix **Medical** w/o Normal Newborns**



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



# Average Length of Stay versus National Average (GMLOS)

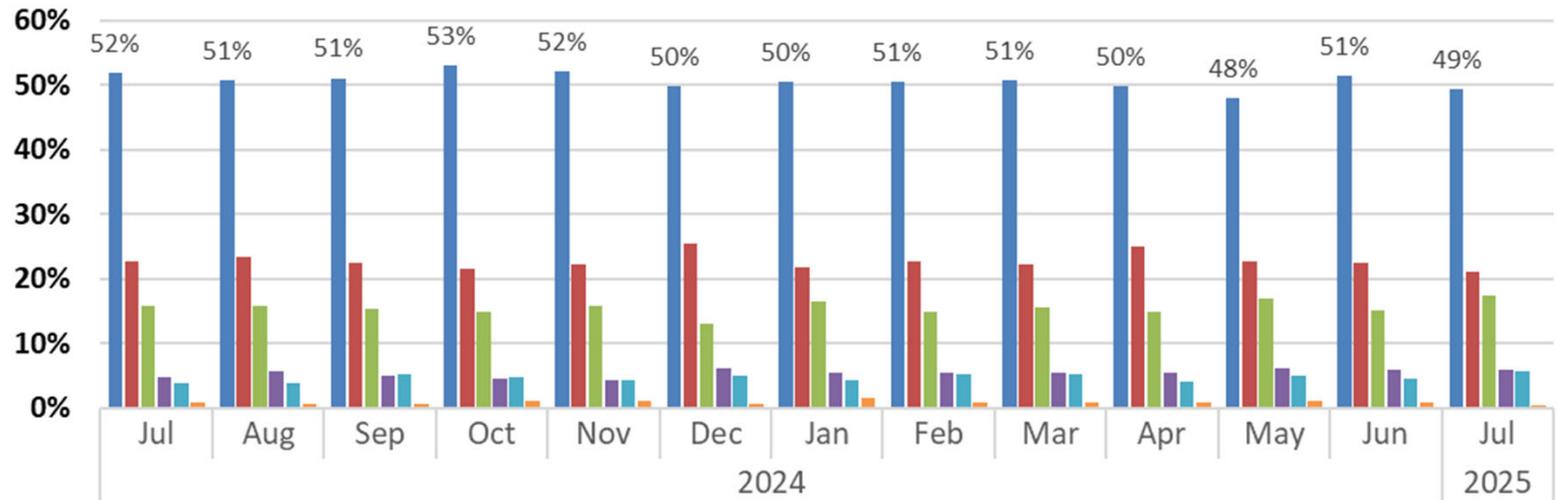


# Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients		
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP
Jul-22	5.93	4.06	1.87	5.66	3.90	1.76
Aug-22	5.96	3.94	2.02	5.62	3.82	1.80
Sep-22	6.57	4.02	2.55	6.32	3.95	2.37
Oct-22	5.84	3.98	1.86	5.63	3.91	1.72
Nov-22	5.94	3.78	2.16	5.88	3.74	2.14
Dec-22	6.14	4.02	2.12	5.69	3.92	1.77
Jan-23	6.82	4.06	2.76	6.30	3.95	2.35
Feb-23	6.56	4.09	2.47	6.36	4.04	2.32
Mar-23	5.69	3.99	1.70	5.56	3.93	1.63
Apr-23	5.34	3.99	1.35	5.06	3.94	1.12
May-23	5.37	3.94	1.43	5.14	3.91	1.23
Jun-23	5.39	3.90	1.49	5.33	3.86	1.47
Jul-23	5.49	3.84	1.65	5.47	3.82	1.65
Aug-23	5.28	3.82	1.47	5.22	3.78	1.44
Sep-23	5.45	3.95	1.50	5.40	3.91	1.48
Oct-23	5.98	3.99	1.98	5.93	3.97	1.96
Nov-23	5.81	4.05	1.76	5.61	4.02	1.59
Dec-23	5.58	3.99	1.59	5.56	3.96	1.60
Jan-24	6.09	4.10	1.99	5.95	4.08	1.87
Feb-24	5.73	4.11	1.62	5.74	4.09	1.65
Mar-24	6.02	3.94	2.08	5.93	3.90	2.03
Apr-24	5.45	3.89	1.56	5.37	3.89	1.48
May-24	6.03	3.86	2.17	5.95	3.85	2.10
Jun-24	5.61	4.04	1.57	5.57	4.03	1.54
Jul-24	5.76	4.01	1.75	5.61	3.98	1.63
	<b>5.84</b>	<b>3.97</b>	<b>1.87</b>	<b>5.67</b>	<b>3.92</b>	<b>1.75</b>

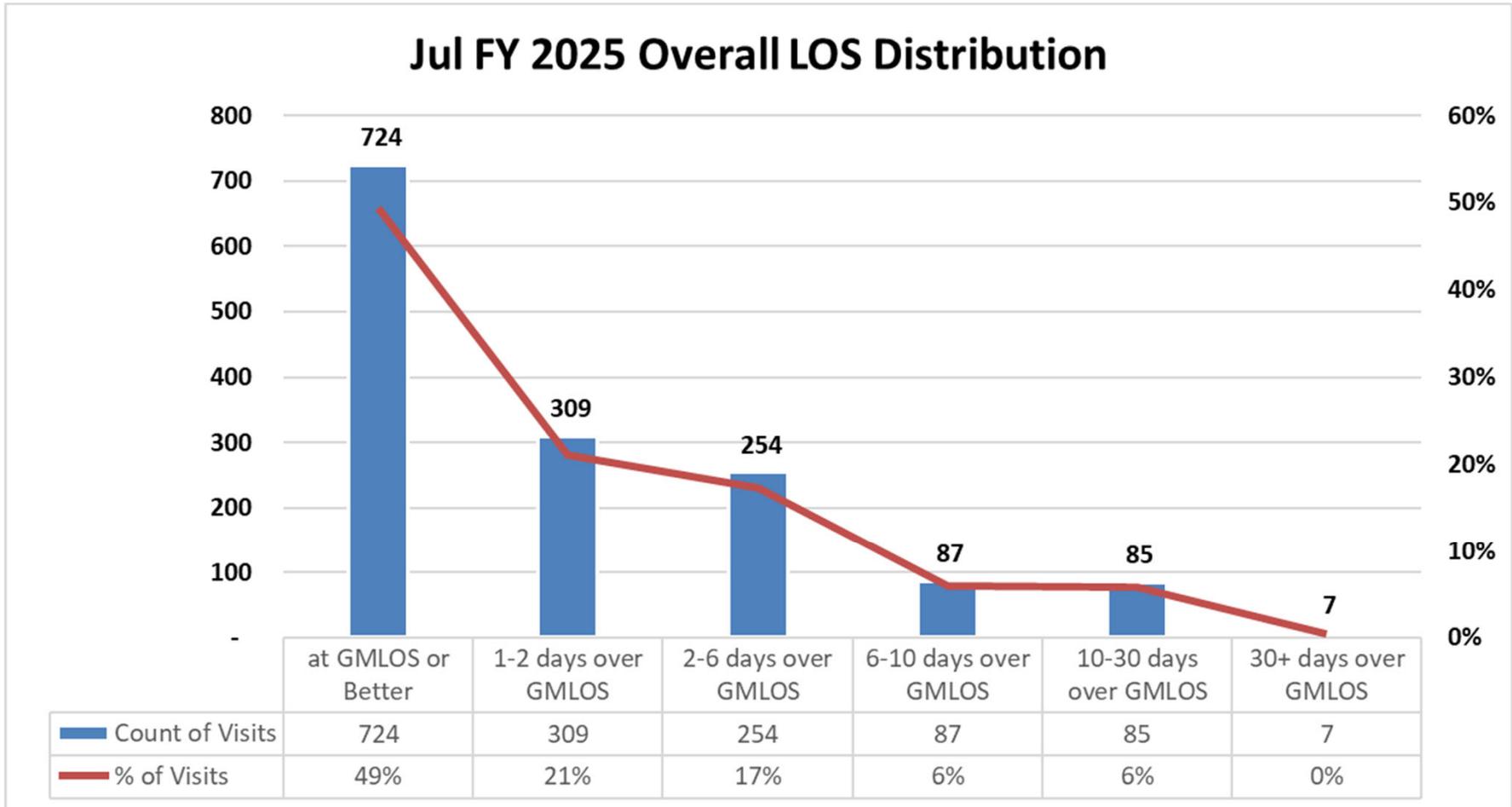
# Average Length of Stay Distribution

## FY25 Overall LOS Distribution

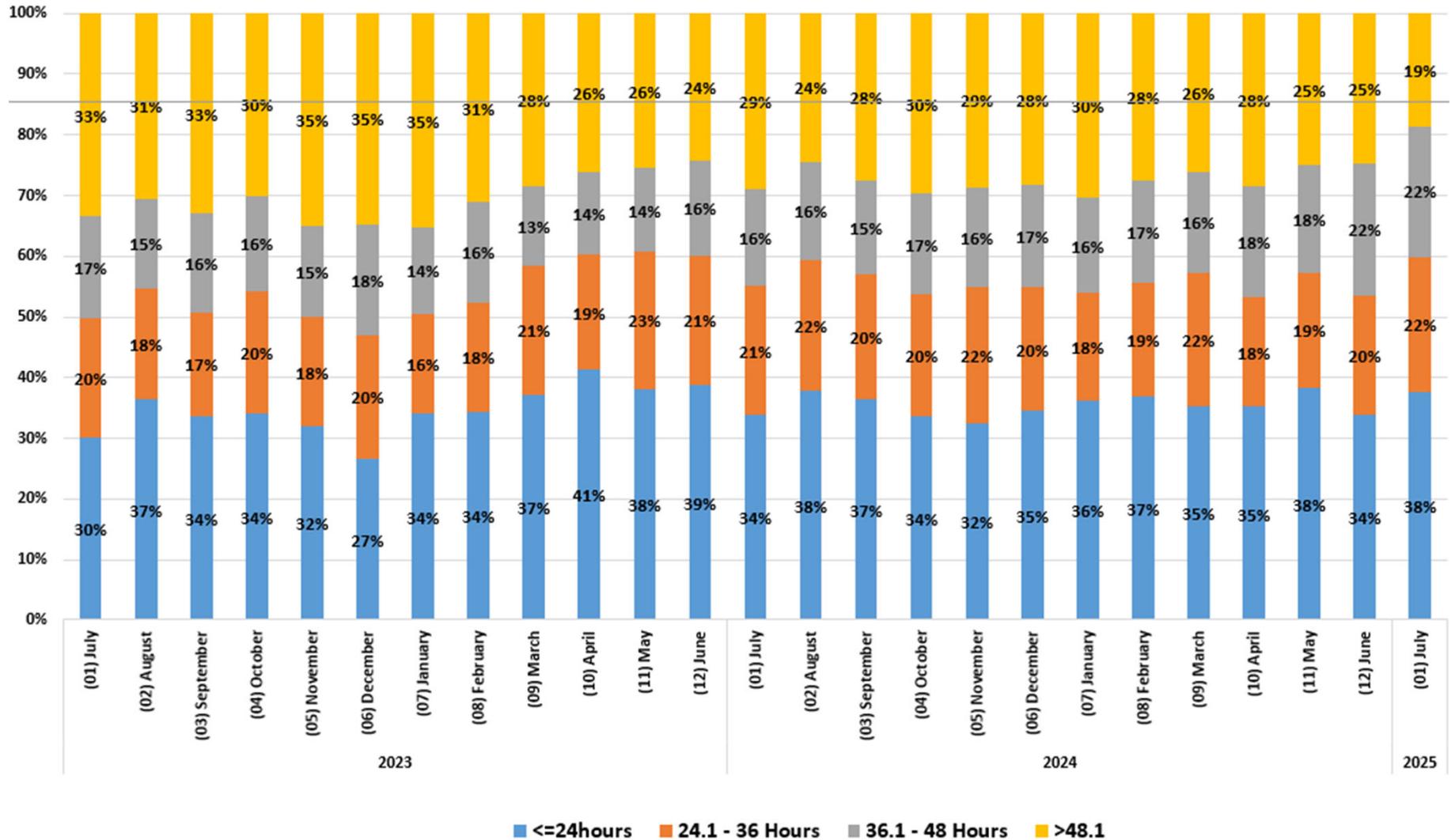


■ at GMLOS or Better	52%	51%	51%	53%	52%	50%	50%	51%	51%	50%	48%	51%	49%
■ 1-2 days over GMLOS	23%	23%	23%	22%	22%	26%	22%	23%	22%	25%	23%	22%	21%
■ 2-6 days over GMLOS	16%	16%	15%	15%	16%	13%	16%	15%	16%	15%	17%	15%	17%
■ 6-10 days over GMLOS	5%	6%	5%	5%	4%	6%	6%	6%	5%	5%	6%	6%	6%
■ 10-30 days over GMLOS	4%	4%	5%	5%	4%	5%	4%	5%	5%	4%	5%	5%	6%
■ 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%

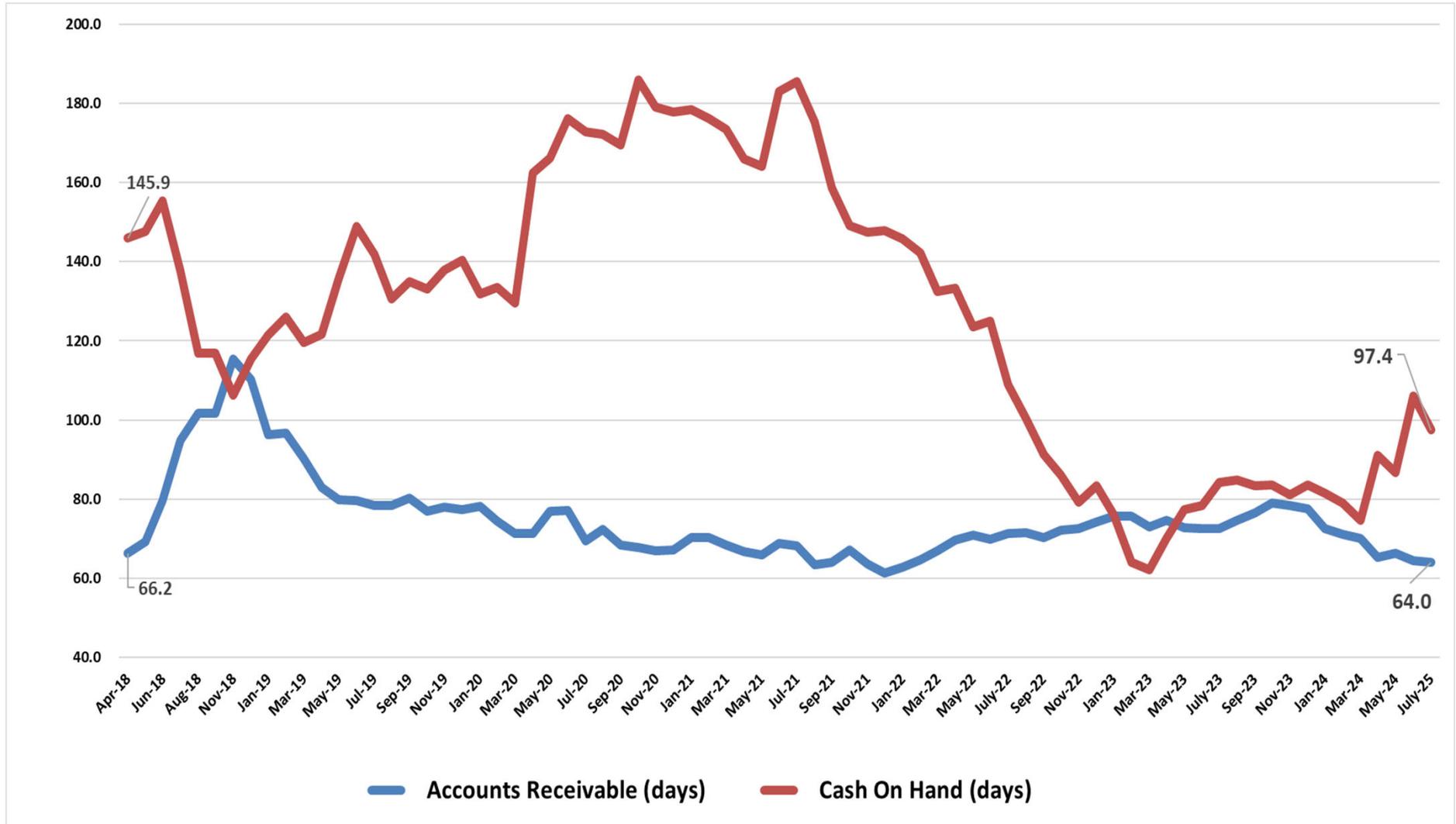
# Length of Stay Distribution



# Monthly Discharges of Observation Patients by their Length of Stay



# Trended Liquidity Ratios



# Ratio Analysis Report

	June 30,			2022 Moody's		
	Current	Prior	2024	Median Benchmark		
	Month	Month	Unaudited	Aa	A	Baa
	Value	Value	Value			
<b>LIQUIDITY RATIOS</b>						
Current Ratio (x)	2.5	2.4	2.4	1.5	<b>1.8</b>	1.7
Accounts Receivable (days)	64.0	64.4	64.4	48.7	<b>48</b>	43.8
Cash On Hand (days)	97.4	106.1	106.1	276.5	<b>206.5</b>	157.6
Cushion Ratio (x)	10.1	10.8	10.8	44.3	<b>24.9</b>	17.3
Average Payment Period (days)	49.9	54.6	54.6	79	<b>66.7</b>	68.1
<b>CAPITAL STRUCTURE RATIOS</b>						
Cash-to-Debt	99.8%	107.6%	107.6%	259.9%	<b>173.7%</b>	128.6%
Debt-To-Capitalization	34.8%	32.9%	34.7%	23.4%	<b>31.8%</b>	37.5%
Debt-to-Cash Flow (x)	18.1	3.6	3.6	2.8	<b>3.6</b>	5
Debt Service Coverage	0.7	3.5	3.5	6.1	<b>4.5</b>	2.8
Maximum Annual Debt Service Coverage (x)	0.6	2.8	2.8	5.9	<b>3.8</b>	2.4
Age Of Plant (years)	13.8	13.3	13.3	11.4	<b>12.8</b>	13.7
<b>PROFITABILITY RATIOS</b>						
Operating Margin	(5.3%)	0.4%	0.4%	1.5%	<b>0.1%</b>	(2.1%)
Excess Margin	(3.5%)	2.0%	2.0%	4.8%	<b>2.7%</b>	(.3%)
Operating Cash Flow Margin	0.1%	5.7%	5.7%	6.1%	<b>5.6%</b>	3.6%
Return on Assets	(3.5%)	2.0%	2.0%	3.3%	<b>1.9%</b>	(.3%)

# Consolidated Statements of Net Position (000's)

	Jul-24	Jun-24
	<b>(Unaudited)</b>	
<b>ASSETS AND DEFERRED OUTFLOWS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 8,454	\$ 20,643
Current Portion of Board designated and trusted assets	12,500	13,919
Accounts receivable:		
Net patient accounts	133,645	138,856
Other receivables	21,626	25,412
Inventories	155,271	164,268
Medicare and Medi-Cal settlements	13,564	13,738
Prepaid expenses	85,434	77,210
Total current assets	11,691	8,398
<b>NON-CURRENT CASH AND INVESTMENTS -</b>	286,913	298,176
less current portion		
Board designated cash and assets	206,659	211,916
Revenue bond assets held in trust	19,401	19,326
Assets in self-insurance trust fund	483	482
Total non-current cash and investments	226,544	231,724
<b>INTANGIBLE RIGHT TO USE LEASE,</b>	10,542	10,480
net of accumulated amortization		
<b>INTANGIBLE RIGHT TO USE SBITA,</b>	11,782	12,153
net of accumulated amortization		
<b>CAPITAL ASSETS</b>		
Land	20,544	20,544
Buildings and improvements	428,209	428,209
Equipment	334,385	334,316
Construction in progress	24,111	15,683
	807,248	798,752
Less accumulated depreciation	514,552	512,107
	292,696	286,645
<b>OTHER ASSETS</b>		
Property not used in operations	1,482	1,485
Health-related investments	1,600	1,637
Other	17,110	17,120
Total other assets	20,191	20,242
Total assets	848,668	859,419
<b>DEFERRED OUTFLOWS</b>	36,607	37,845
Total assets and deferred outflows	<b>\$ 885,275</b>	<b>\$ 897,264</b>

# Consolidated Statements of Net Position (000's)

	Jul-24	Jun-24
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 30,410	\$ 33,886
Accrued payroll and related liabilities	57,297	61,037
SBITA liability, current portion	4,146	4,146
Lease liability, current portion	2,123	2,123
Bonds payable, current portion	10,374	12,585
Notes payable, current portion	9,850	9,850
Total current liabilities	114,200	123,627
<b>LEASE LIABILITY, net of current portion</b>	8,706	8,636
<b>SBITA LIABILITY, net of current portion</b>	5,377	5,846
<b>LONG-TERM DEBT, less current portion</b>		
Bonds payable	214,707	214,713
Notes payable	20,750	20,750
Total long-term debt	235,457	235,463
<b>NET PENSION LIABILITY</b>	49,280	49,236
<b>OTHER LONG-TERM LIABILITIES</b>	36,397	36,107
Total liabilities	449,417	458,914
<b>NET ASSETS</b>		
Invested in capital assets, net of related debt	67,616	66,425
Restricted	50,875	52,030
Unrestricted	317,368	319,895
Total net position	435,859	438,350
Total liabilities and net position	<b>\$ 885,275</b>	<b>\$ 897,264</b>

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
July 31, 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		4.23	Various		20,552,371	
CAMP		5.43	CAMP		54,157,805	
Allspring		4.91	Money market		320,516	
PFM		4.91	Money market		69,727	
PFM	1-Aug-24	0.70	Municipal	San Juan Ca	195,000	
Allspring	16-Aug-24	2.02	MTN-C	Exxon Mobil	1,320,000	
Allspring	13-Sep-24	0.60	MTN-C	Caterpillar Finl Mtn	500,000	
Allspring	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	650,000	
PFM	1-Nov-24	0.57	Municipal	Mississippi ST	300,000	
Allspring	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	600,000	
Allspring	6-Dec-24	2.15	MTN-C	Branch Banking Trust	1,300,000	
Allspring	15-Dec-24	1.00	U.S. Govt Agency	US Treasury Bill	550,000	
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	
PFM	7-Feb-25	1.88	MTN-C	National Rural Mtn	125,000	
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	
PFM	15-Apr-25	2.70	MTN-C	Home Depot Inc	65,000	
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	
PFM	25-May-25	3.33	U.S. Govt Agency	FHLMC	849,225	
Allspring	1-Jun-25	0.92	Municipal	Connecticut ST	400,000	
PFM	1-Jun-25	1.35	MTN-C	Honeywell	400,000	
PFM	1-Jun-25	3.15	MTN-C	Emerson Electric Co	265,000	
PFM	3-Jun-25	0.80	MTN-C	Amazon Com Inc	445,000	
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	
PFM	1-Jul-25	1.26	Municipal	Florida ST	600,000	
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	
PFM	15-Aug-25	0.62	ABS	Kubota Credit	21,190	
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	260,404	
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	15-Sep-25	0.36	ABS	John Deere Owner	45,389	
PFM	15-Sep-25	3.88	MTN-C	Abbott Laboratories	195,000	
Allspring	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000	
Allspring	25-Sep-25	0.98	MTN-C	Bk of America	1,300,000	
Allspring	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000	
Allspring	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000	
PFM	17-Nov-25	0.56	ABS	Kubota Credit	46,504	
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000	
PFM	15-Dec-25	0.00	ABS	Carmax Auto Owner	6,584	
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	1,395,000	
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	12-Feb-26	0.86	MTN-C	Goldman Sachs	205,000	
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	17-Feb-26	0.00	ABS	Carmax Auto Owner	38,036	
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	
PFM	30-Mar-26	2.90	MTN-C	State Street Corp	420,000	
Allspring	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000	
PFM	31-Mar-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	2-Apr-26	3.38	MTN-C	Bank of America	250,000	
PFM	19-Apr-26	3.50	MTN-C	Bank of America	295,000	
Allspring	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	1,435,000	
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000	
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000	
PFM	31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000	
PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	172,260	
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	

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
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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	107,659
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	1,000,000
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	15-Jan-27	1.95	MTN-C	Target Corp	330,000
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	519,644
PFM	15-Apr-27	2.50	MTN-C	Home Depot Inc	220,000
Allspring	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	970,000
PFM	30-Apr-27	0.50	U.S. Govt Agency	US Treasury Bill	250,000
PFM	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	800,000
PFM	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	255,514
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	500,000
PFM	31-Aug-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Allspring	1-Oct-27	4.66	Municipal	San Francisco Ca	1,000,000
PFM	31-Oct-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Allspring	15-Nov-27	5.49	ABS	Nissan Auto Lease	500,000
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	200,000
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer	310,000
Allspring	18-Jan-28	5.66	ABS	Mercedes Benz Auto	1,000,000
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
PFM	17-Apr-28	5.00	MTN-C	Bank of America	525,000
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	437,007
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	540,000
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	1.38	U.S. Govt Agency	US Treasury Bill	500,000
PFM	16-Jan-29	4.60	MTN-C	Chase Issuance Trust	490,000

**KAWEAH DELTA HEALTH CARE DISTRICT  
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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	1,260,000	
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	
Allspring	30-Apr-29	4.63	U.S. Govt Agency	US Treasury Bill	1,000,000	
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	4.75	MTN-C	Home Depot Inc	95,000	
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	1-May-27	5.41	MTN-C	Goldman Sachs	220,000	
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	400,000	
						\$ 197,101,857

	<u>Maturity Date</u>	<u>Yield</u>	<u>Investment Type</u>		<u>G/L Account</u>	<u>Amount</u>	<u>Total</u>
<b><u>Self-insurance trust</u></b>							
Wells Fargo Bank			Money market		110900	1,312,186	
Wells Fargo Bank			Fixed income - L/T		152300	557,784	
							1,869,971
<b><u>2015A revenue bonds</u></b>							
US Bank			Principal/Interest payment fund		142110	366,112	
							366,112
<b><u>2015B revenue bonds</u></b>							
US Bank			Principal/Interest payment fund		142110	716,693	
							716,693
<b><u>2017C revenue bonds</u></b>							
US Bank			Principal/Interest payment fund		142110	1,175,589	
							1,175,589
<b><u>2020 revenue bonds</u></b>							
Signature Bank			Project Fund			-	
US Bank			Principal/Interest payment fund		142110	294,312	
							294,312
<b><u>2022 revenue bonds</u></b>							
US Bank			Principal/Interest payment fund		142110	520,316	
							520,316
<b><u>2014 general obligation bonds</u></b>							
CAMP			Interest Payment fund		152440	354,107	
							354,107
<b><u>Master Reserve fund</u></b>							
US Bank					142102	(1,220,137)	
US Bank					142103	20,621,208	
							19,401,072
<b><u>Operations</u></b>							
Wells Fargo Bank		0.16	Checking	100100	100100	(2,534,185)	
Wells Fargo Bank		0.16	Checking	100500	100500	8,631,619	
							6,097,434
<b><u>Payroll</u></b>							
Wells Fargo Bank		0.16	Checking		100200	(207,981)	
Wells Fargo Bank		0.16	Checking	Flexible Spending	100300	764,215	
Wells Fargo Bank		0.16	Checking	HSA	100300	(39,510)	
Bancorp			Checking	Bancorp	100300	1,374,247	
							1,890,972
							7,988,406
							<b>Total investments</b>
							<b>\$ 229,788,434</b>

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
July 31, 2024**

**Kaweah Delta Medical Foundation**

Wells Fargo Bank	Checking	100100		<u>\$ 7,435</u>
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**Sequoia Regional Cancer Center**

Wells Fargo Bank	Checking	100500	99,828	<u>\$ 99,828</u>
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**Kaweah Delta Hospital Foundation**

Central Valley Community Checking	Investments	100100	562,106	
Various	S/T Investments	142200	4,949,275	
Various	L/T Investments	142300	12,769,650	
Various	Unrealized G/L	142400	3,261,838	
			\$ 21,542,869	

**Summary of board designated funds:**

**Plant fund:**

Uncommitted plant funds	\$ 150,855,775		142100	
Committed for capital	14,402,908		142100	
	165,258,683			
GO Bond reserve - L/T	1,992,658		142100	
401k Matching	5,395,220		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	5,625,000		112900	
Workers compensation - L/T	15,278,000		113900	
	20,903,000			
	\$ 197,101,857			

**Investment summary by institution:**

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	\$ 1,374,247	0.6%		1,374,247	0.7%
CAMP	54,157,805	23.6%		54,157,805	26.4%
Local Agency Investment Fund (LAIF)	20,552,371	8.9%		20,552,371	10.0%
CAMP - GOB Tax Rev	354,107	0.2%	354,107	-	0.0%
Allspring	59,634,905	26.0%	1,869,971	57,764,934	28.2%
PFM	59,756,756	26.0%		59,756,756	29.1%
Western Alliance	250,000			250,000	0.1%
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	8,484,130	3.7%		8,484,130	4.1%
US Bank	22,474,094	9.8%	22,474,094	-	0.0%
<b>Total investments</b>	<b>\$ 229,788,434</b>	<b>100.0%</b>	<b>\$ 24,698,172</b>	<b>205,090,262</b>	<b>100.0%</b>

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
July 31, 2024**

<u>Investment summary of surplus funds by type:</u>		<u>Investment Limitations</u>
Negotiable and other certificates of deposit	\$ 3,000,021	61,527,000 (30%)
Checking accounts	7,988,406	
Local Agency Investment Fund (LAIF)	20,552,371	75,000,000
CAMP	54,157,805	
Medium-term notes (corporate) (MTN-C)	38,617,000	61,527,000 (30%)
U.S. government agency	66,261,636	
Municipal securities	6,715,000	
Money market accounts	390,244	41,018,000 (20%)
Commercial paper	-	51,273,000 (25%)
Asset Backed Securities	7,407,780	41,018,000 (20%)
Supra-National Agency	-	61,527,000 (30%)
	<u>\$ 205,090,262</u>	

<u>Return on investment:</u>	
<b>Current month</b>	<u><u>4.26%</u></u>
<b>Year-to-date</b>	<u><u>4.26%</u></u>
<b>Prospective</b>	<u><u>3.33%</u></u>
<b>LAIF (year-to-date)</b>	<u><u>4.52%</u></u>
<b>Budget</b>	<u><u>2.82%</u></u>

<u>Fair market value disclosure for the quarter ended Jun 30, 2024 (District only):</u>	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(3,245,641)
Change in unrealized gain (loss) on investments (income statement effect)	\$ -	-

<u>Investment summary of CDs:</u>	
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>

<u>Investment summary of asset backed securities:</u>	
Ally Auto Rec	\$ 195,000
American Honda Mtn	145,000
BMW Vehicle Owner	1,195,000
Fifth Third Auto	385,000
Capital One Prime	255,514
Carmax Auto Owner	736,524
GM Finl con Auto Rec	110,000
Honda Auto	350,000
Honda Auto Rec Own	107,659
Hyundai Auto	115,000
Hyundai Auto Rec	1,000,000
John Deere Owner	1,045,389
Kubota Credit	67,694
Mercedes Benz Auto	1,200,000
Nissan Auto Lease	500,000
	<u>\$ 7,407,780</u>

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**July 31, 2024**

**Investment summary of medium-term notes (corporate):**

Abbott Laboratories	\$	195,000
Adobe Inc		225,000
Amazon Com Inc		445,000
American Express		1,470,000
American Express Co		595,000
Air products		295,000
Astrazeneca		165,000
Astrazeneca LP		265,000
Bank of America		1,644,000
Bank New York Mtn		1,000,000
Bk of America		1,300,000
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		1,320,000
Cisco Sys		485,000
Citibank N A		1,535,000
Cooperatieve CD		400,000
Cummins INC		195,000
Daimler Trucks		325,000
Deere John Mtn		770,000
Emerson Electric Co		265,000
Exxon Mobil		1,320,000
Ford CR Auto Owner		1,575,000
GM Finl Consumer		1,000,000
Goldman Sachs		425,000
Harley Davidson		500,000
Home Depot Inc		880,000
Honeywell		585,000
Hormel Food Corp		115,000
IBM Corp		640,000
John Deere Mtn		620,000
JP Morgan		1,515,000
Lockheed Martin		203,000
Morgan Stanley		1,280,000
National Rural Mtn		285,000
Natixis Ny		405,000
Paccar Financial Mtn		255,000
Pepsico inc		280,000
Procter Gamble Co		1,300,000
State Street Corp		1,755,000
Target Corp		1,230,000
Texas Instrs		370,000
Toyota Motor		1,400,000
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
	<b>\$</b>	<b>38,617,000</b>

**Investment summary of U.S. government agency:**

Federal National Mortgage Association (FNMA)	\$	4,040,000
Federal Home Loan Bank (FHLB)		525,000
Federal Home Loan Mortgage Corp (FHLMC)		9,131,636
US Treasury Bill		52,565,000
	<b>\$</b>	<b>66,261,636</b>

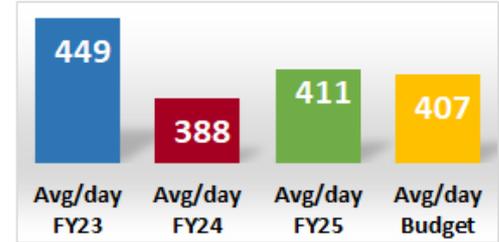
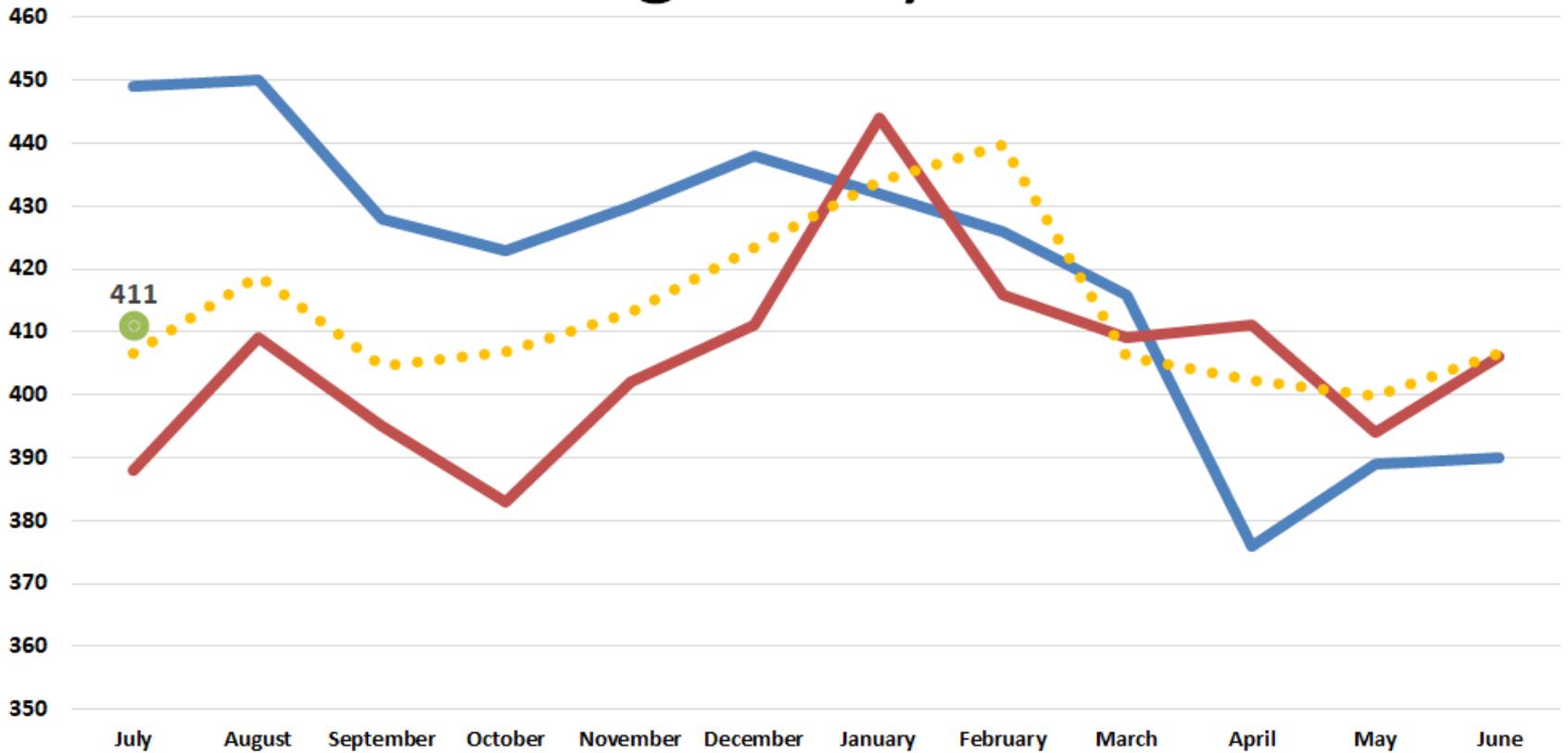
**Investment summary of municipal securities:**

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
Florida ST		600,000
Los Angeles Ca		270,000
Massachusetts St		1,000,000
Mississippi ST		300,000
San Diego County		300,000
San Francisco Ca		1,000,000
San Juan Ca		385,000
Santa Cruz Ca		400,000
University Calf Ca		185,000
Wisconsin ST		-
	<b>\$</b>	<b>6,715,000</b>

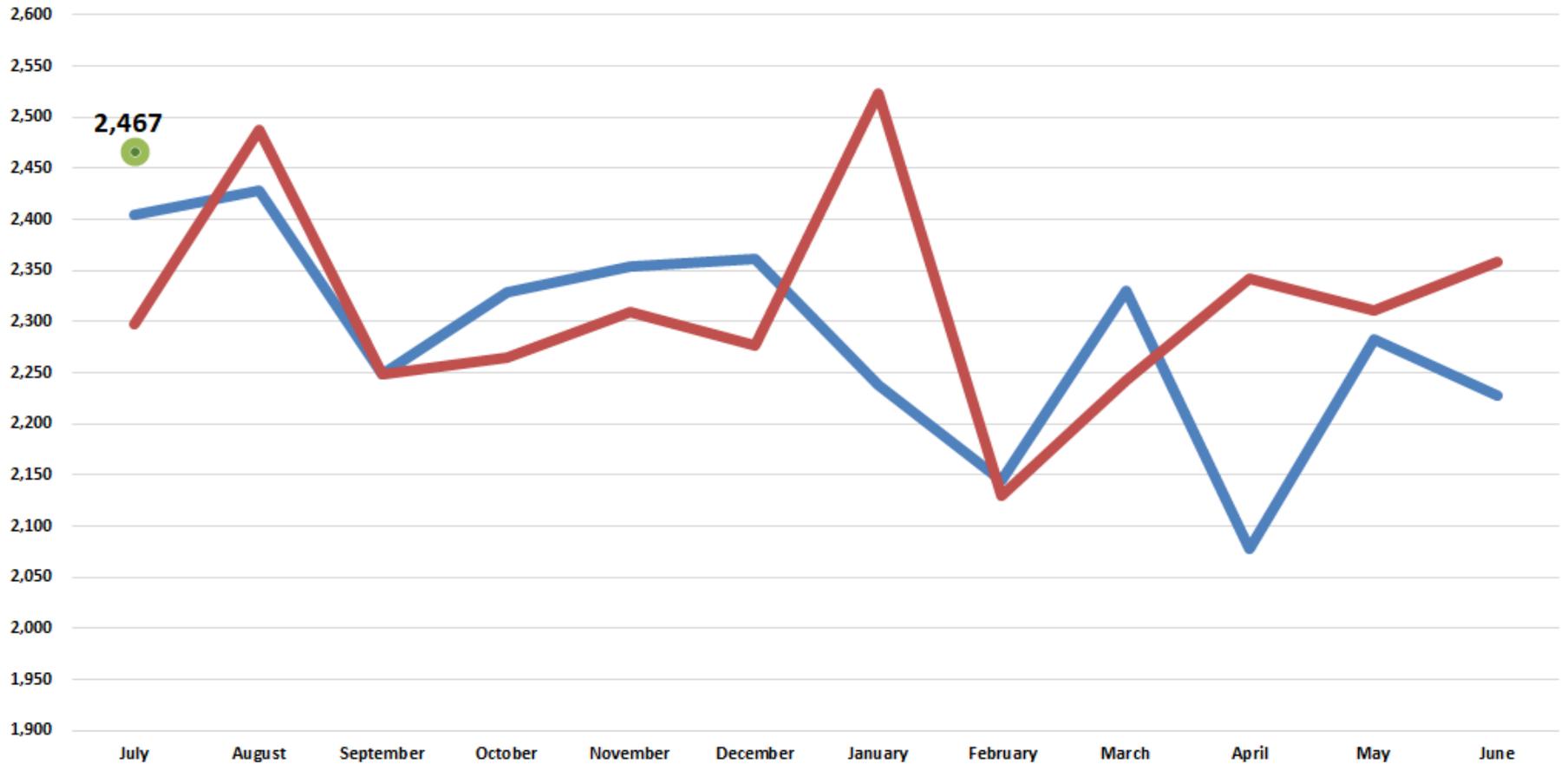
# Statistical Report

## July 2024

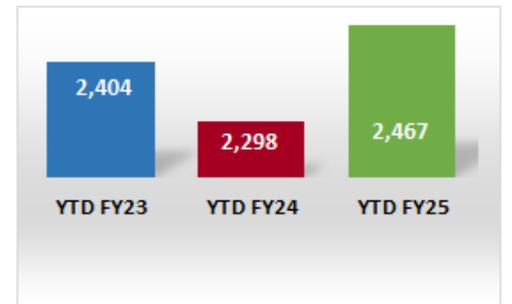
# Average Daily Census



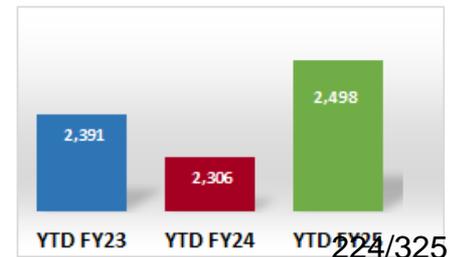
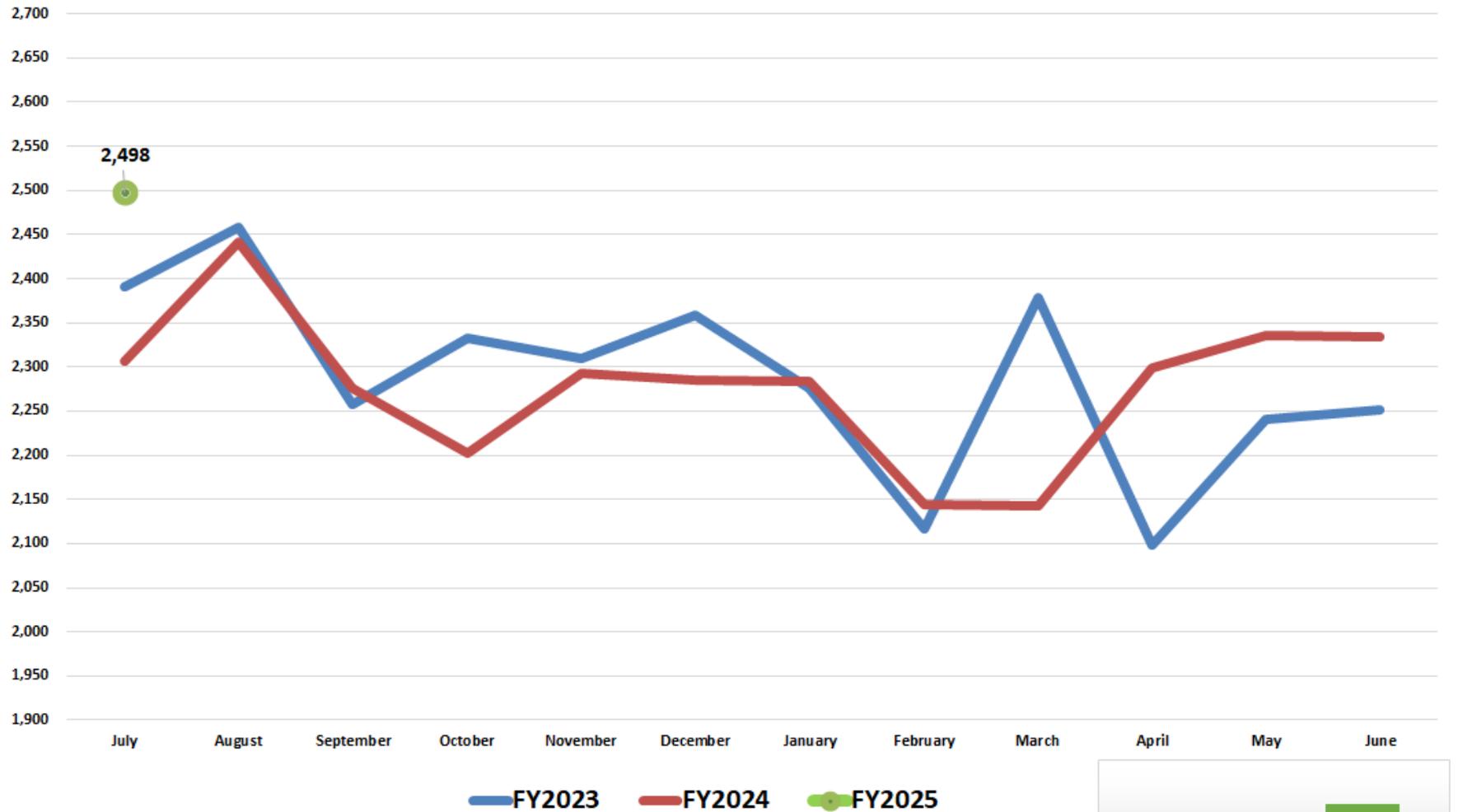
# Admissions



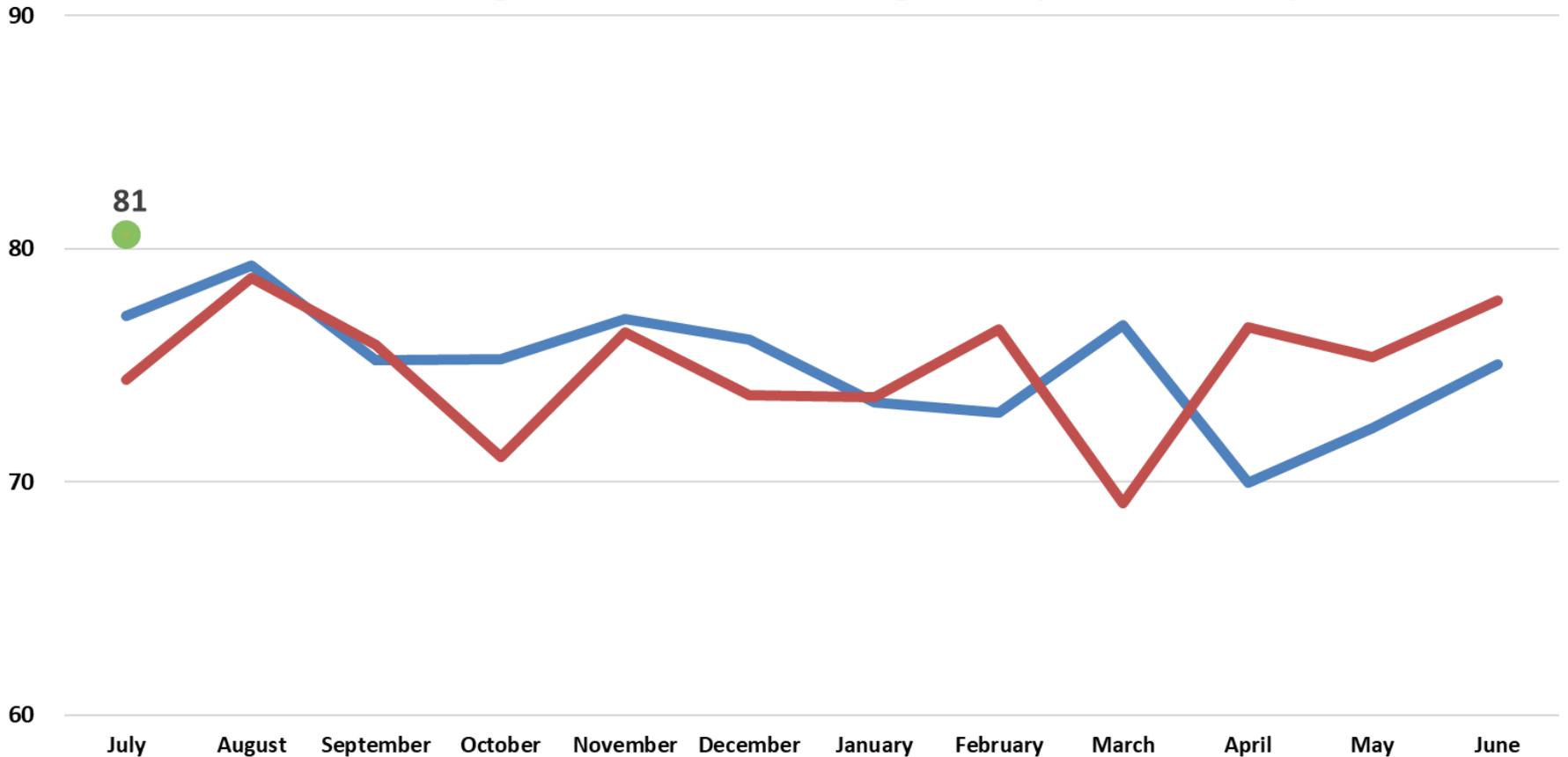
— FY2023 — FY2024 — FY2025



# Discharges



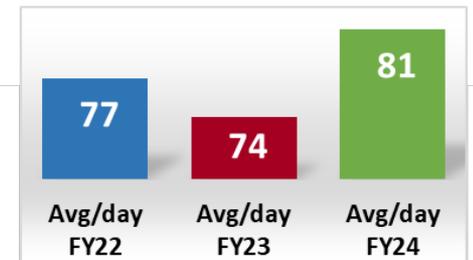
# Average Discharges per day



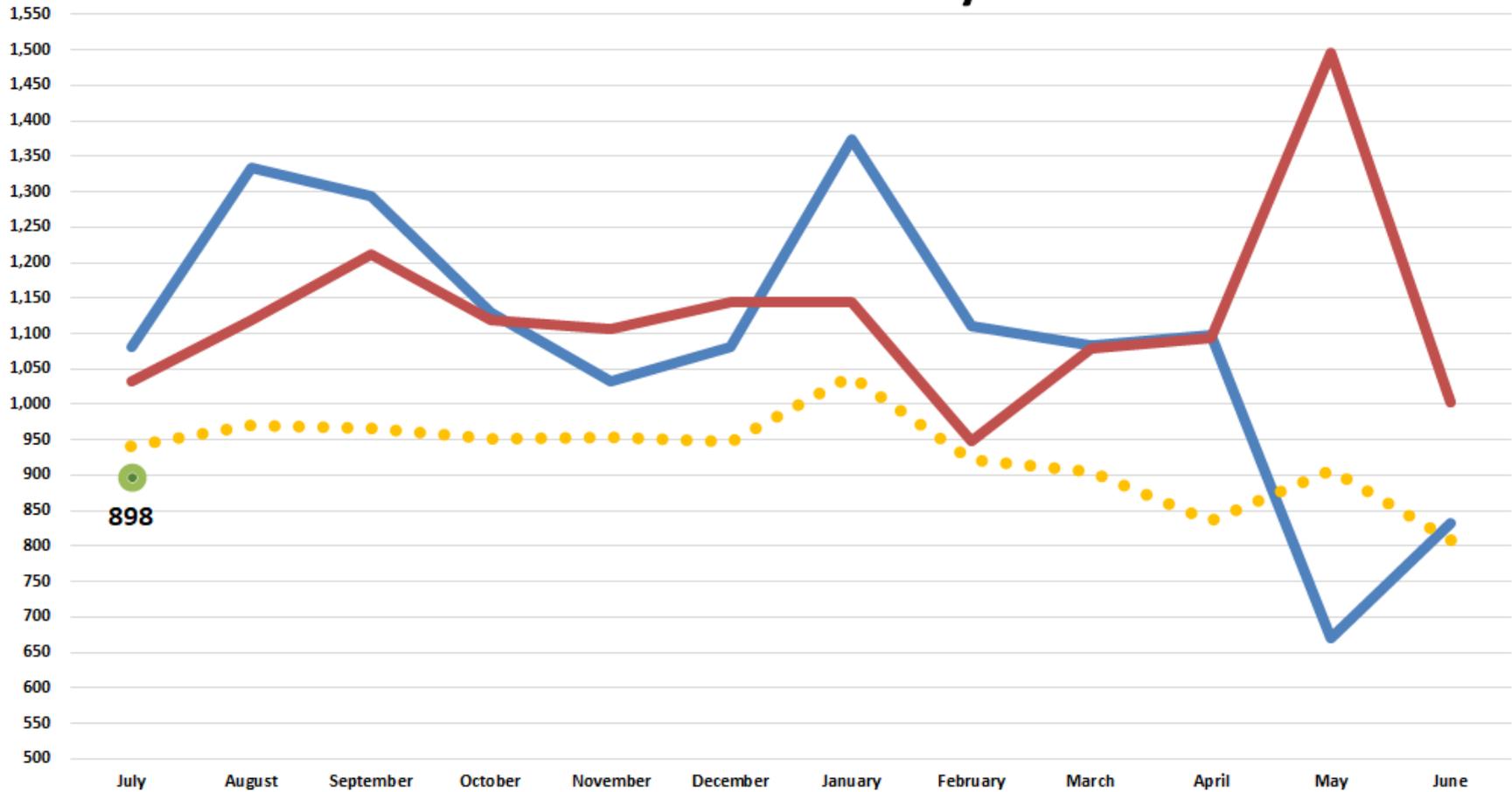
— FY2023

— FY2024

● FY2025



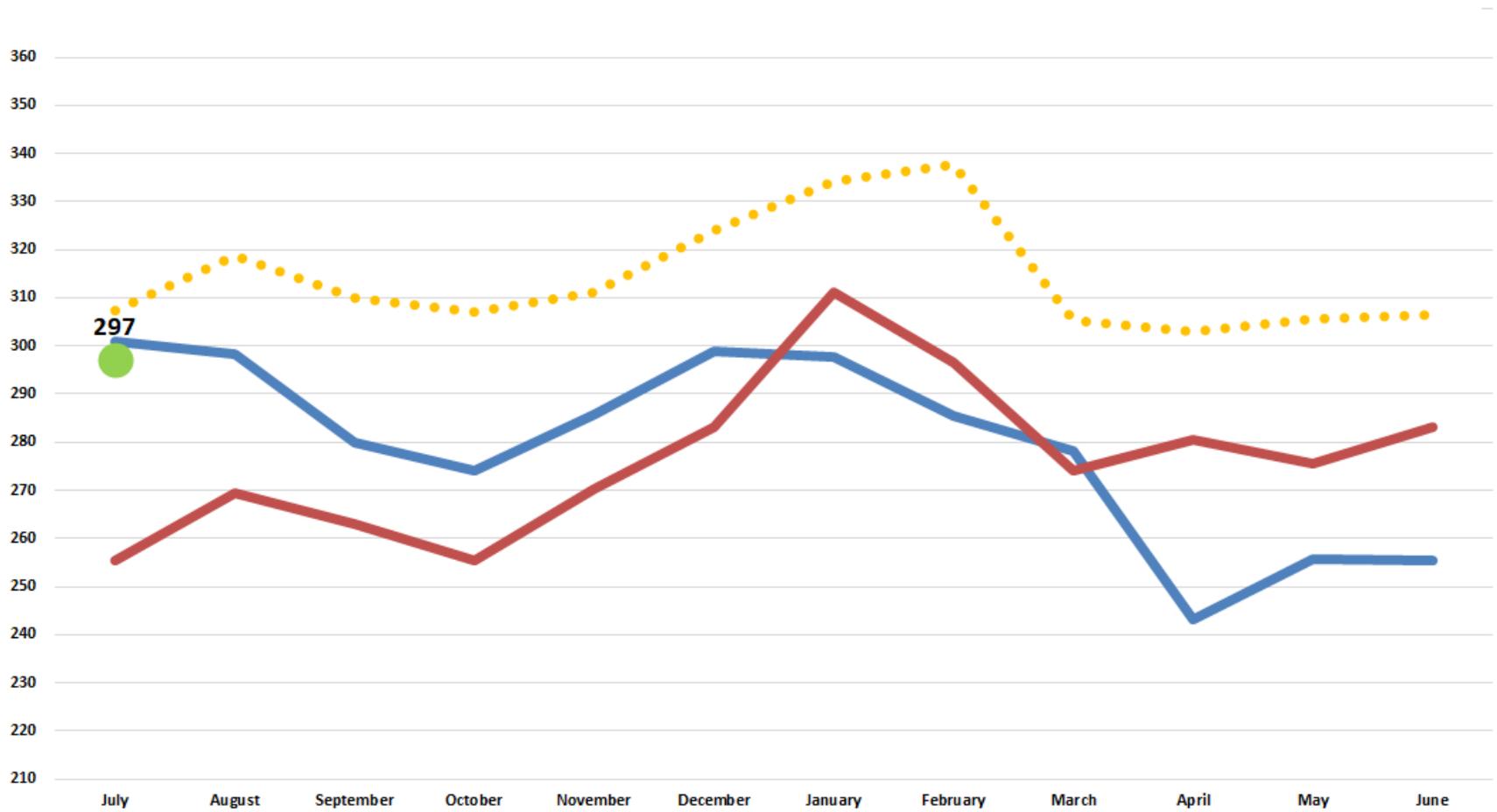
# Observation Days



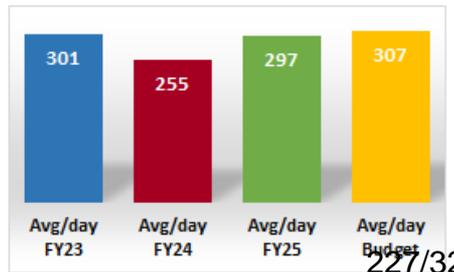
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



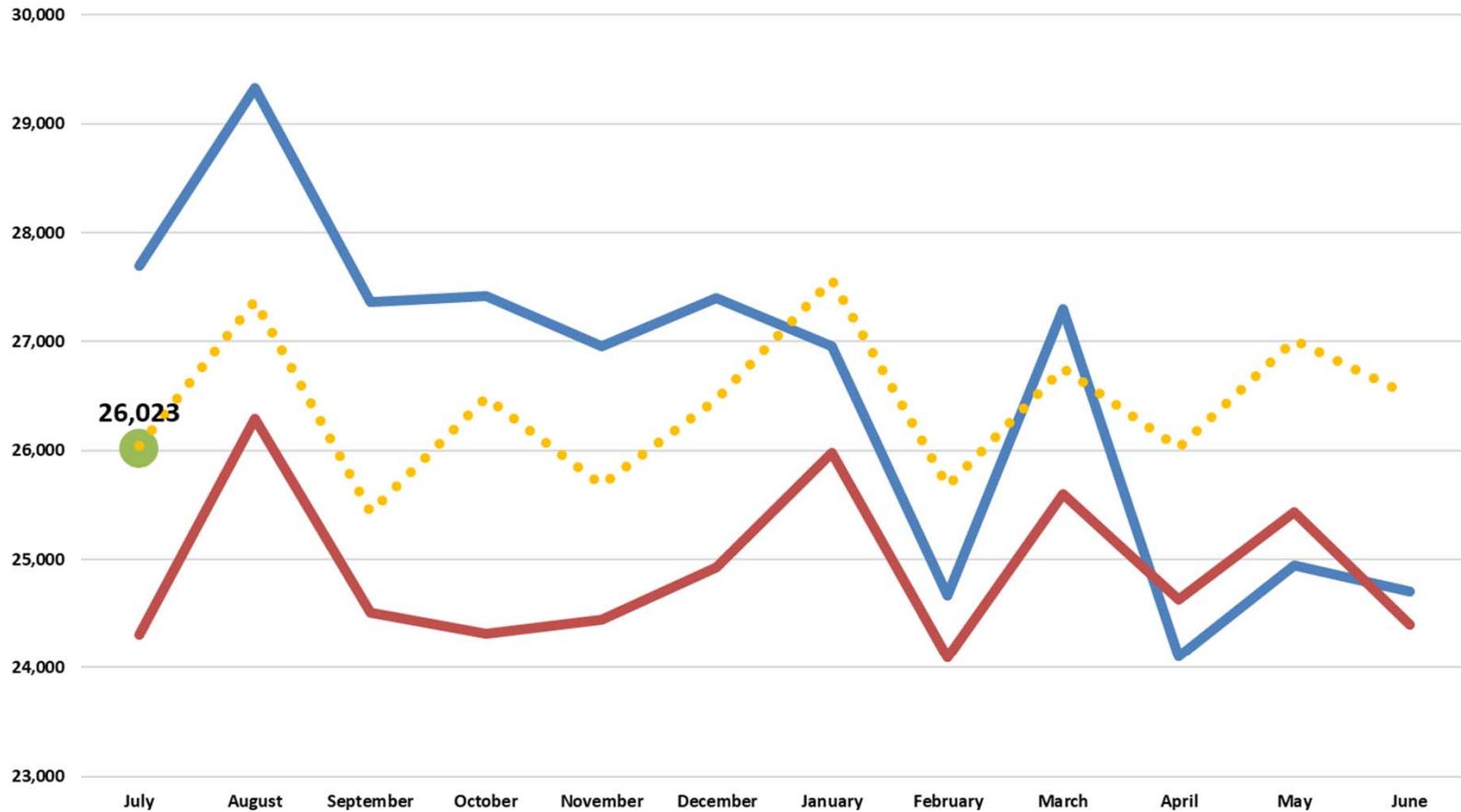
# Medical Center (Avg Patients Per Day)



— FY2023   
 — FY2024   
 ● FY2025   
 ●●● Budget



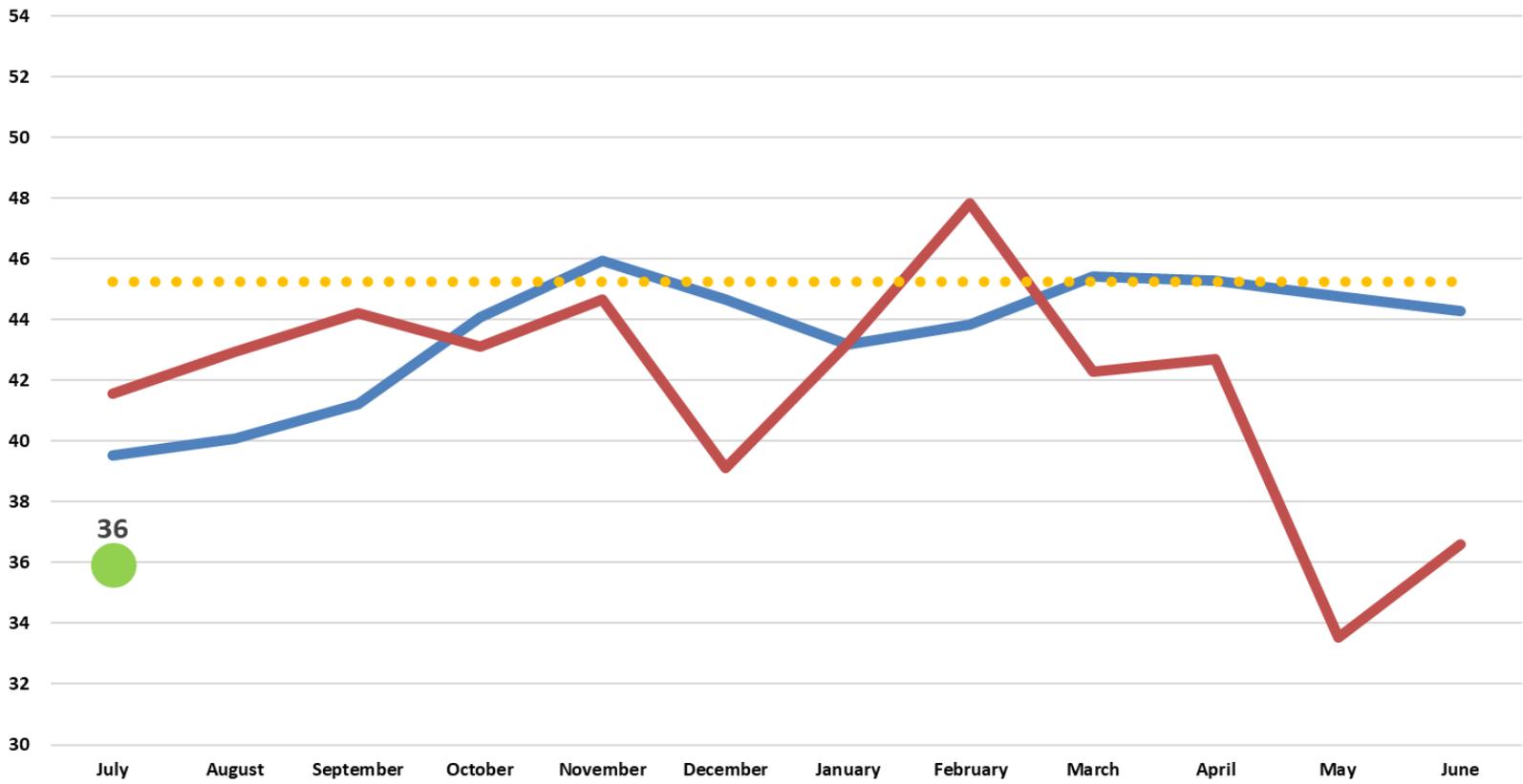
# Adjusted Patient Days



— FY2023   
 — FY2024   
 —● FY2025   
 ⋯ Budget



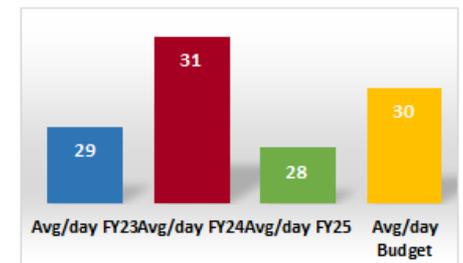
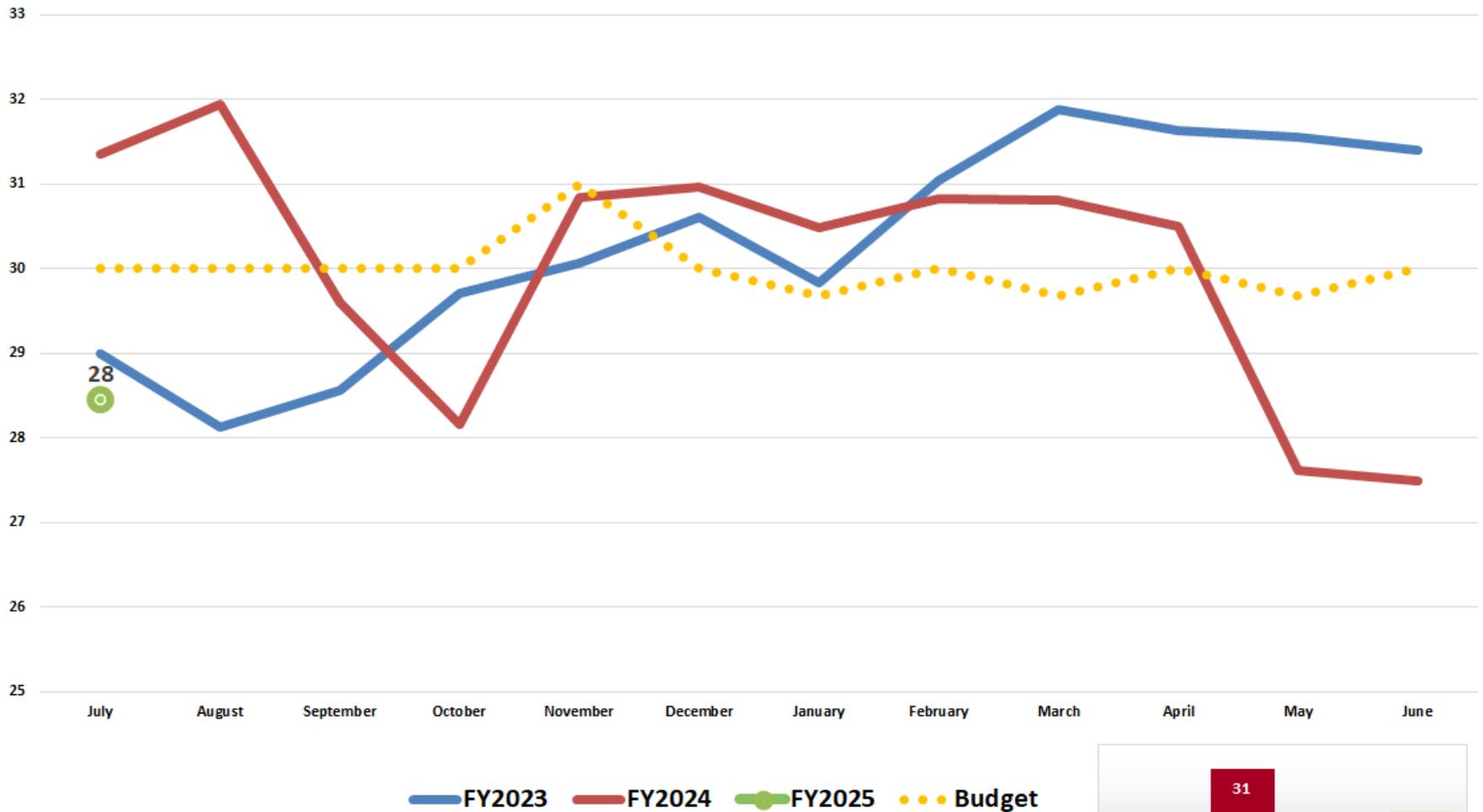
# Acute I/P Psych (Avg Patients Per Day)



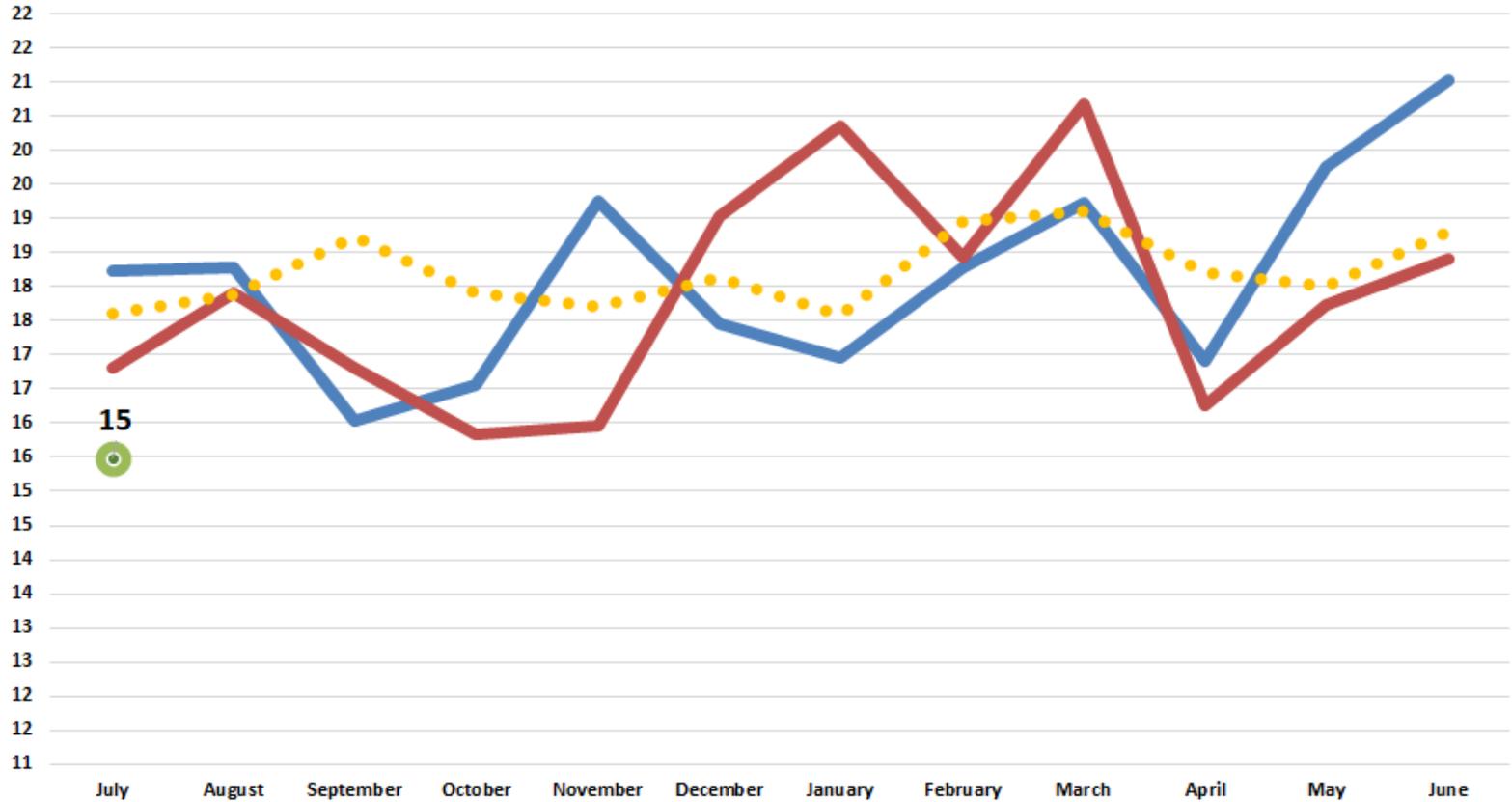
— FY2023   
 — FY2024   
 ● FY2025   
 ●●● Budget

40	42	36	45
Avg/day FY23	Avg/day FY24	Avg/day FY25	Avg/day Budget

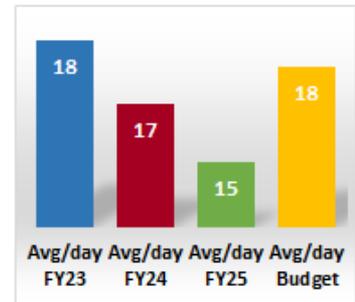
# Sub-Acute - Avg Patients Per Day



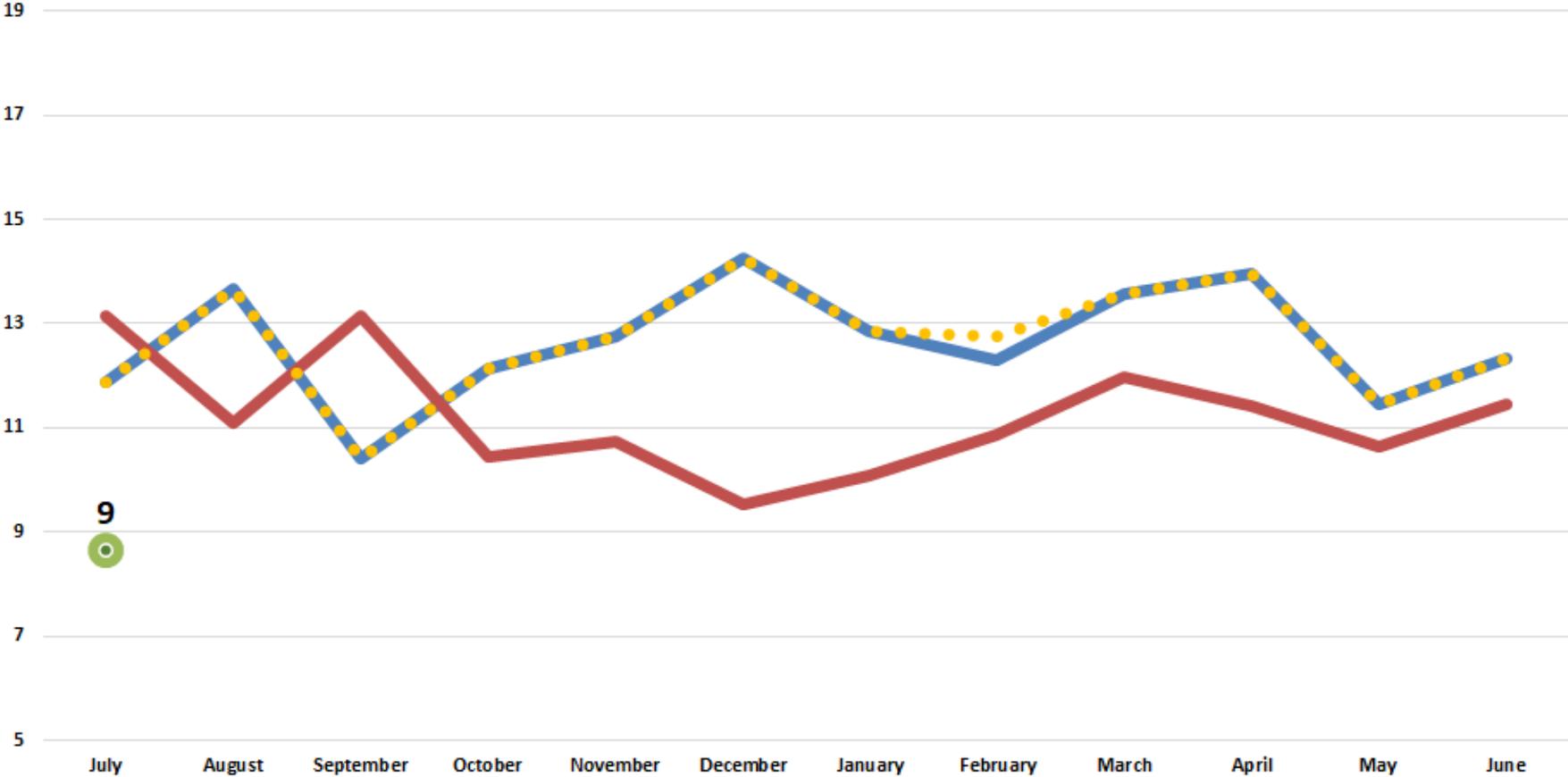
# Rehabilitation Hospital - Avg Patients Per Day



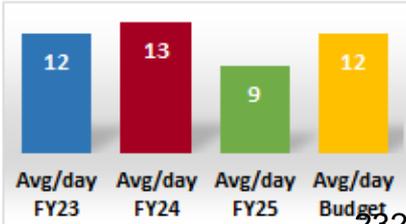
— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



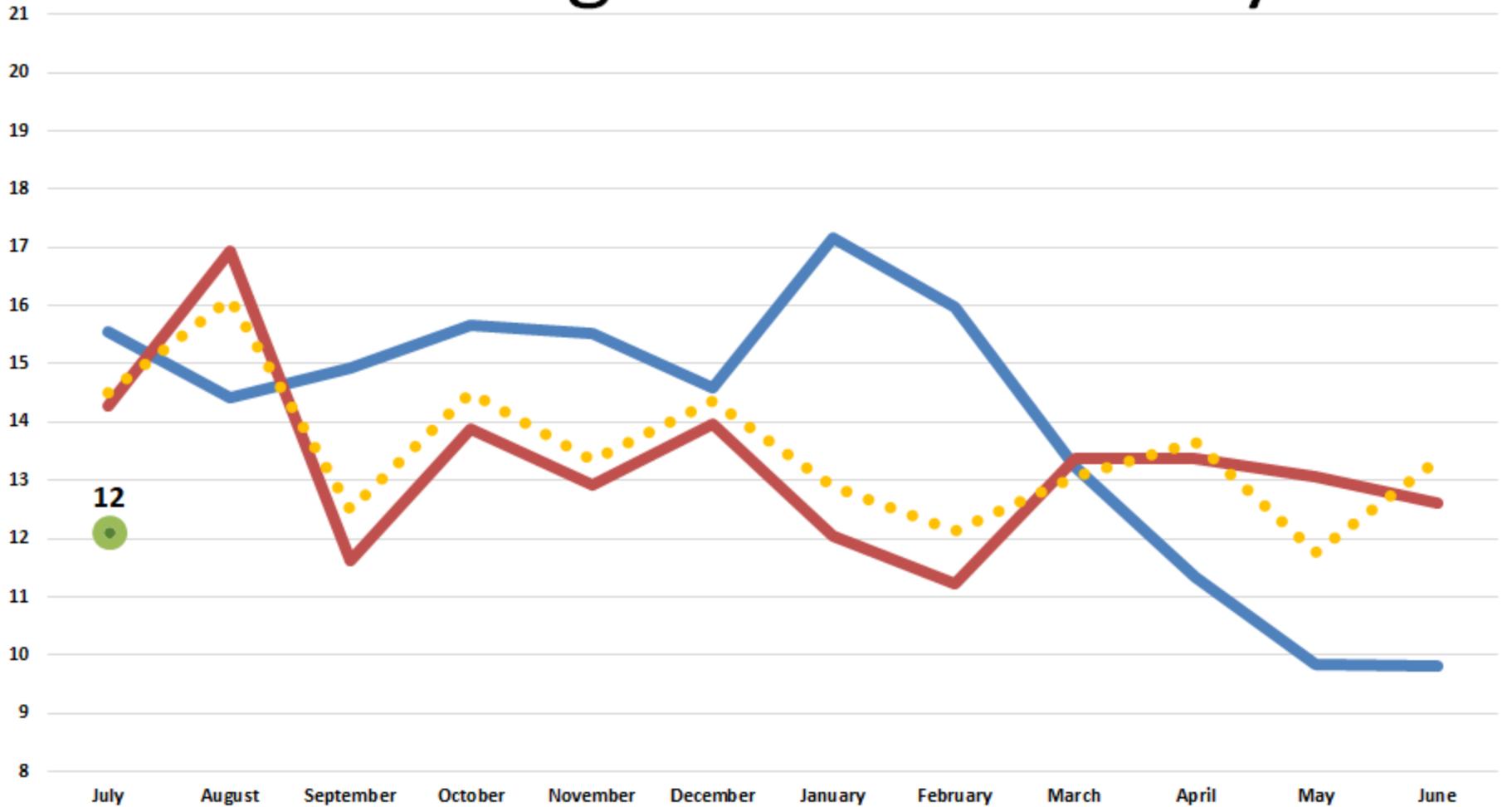
# TCS Ortho - Avg Patients Per Day



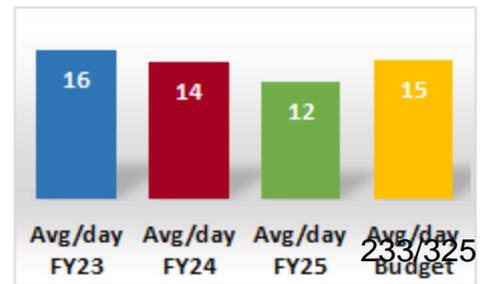
—●— FY2023  
 —●— FY2024  
 —●— FY2025  
 ●●● Budget



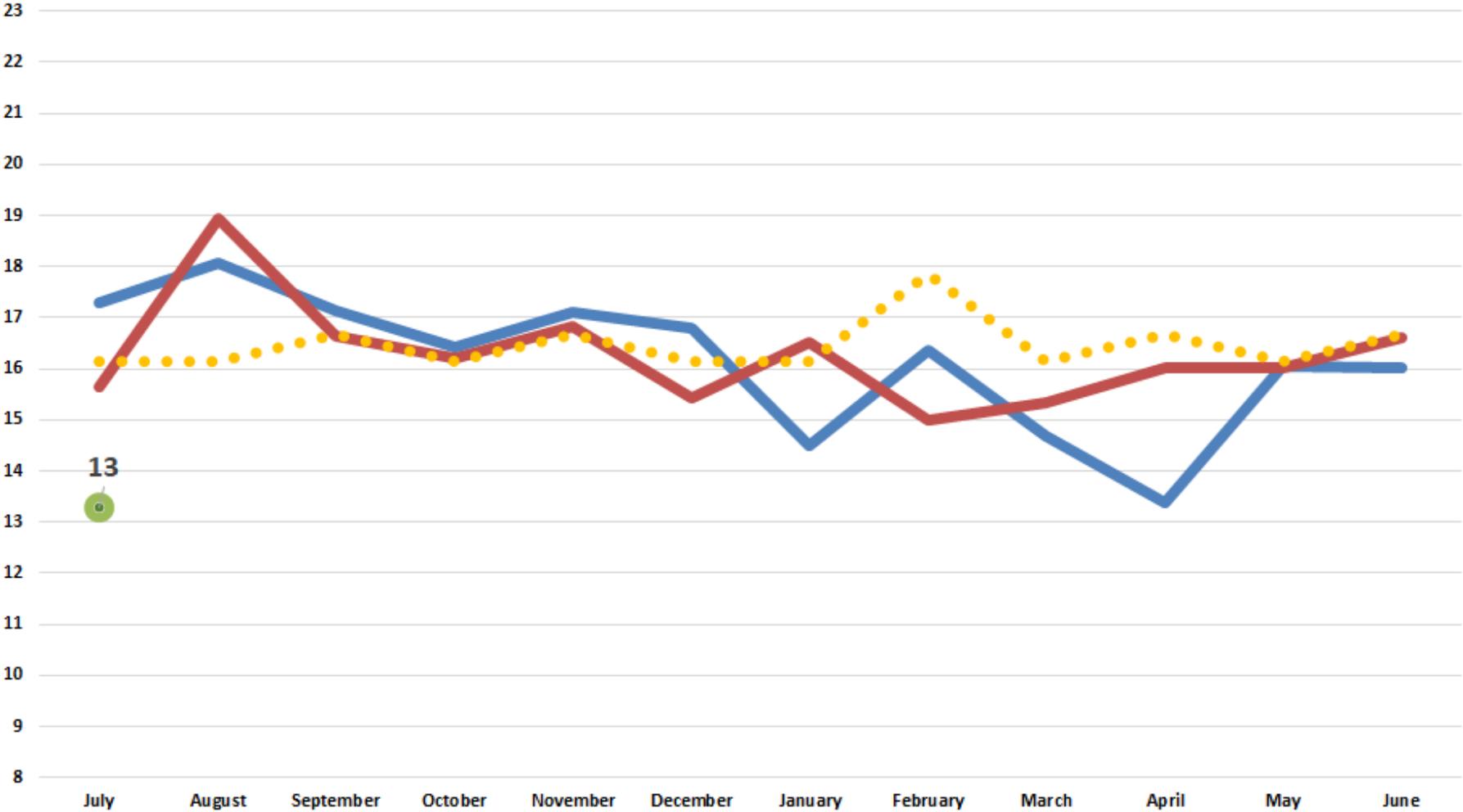
# NICU - Avg Patients Per Day



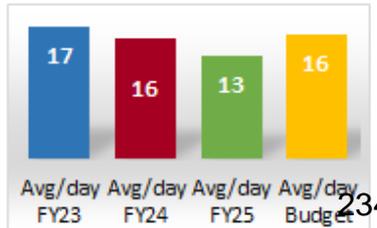
— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



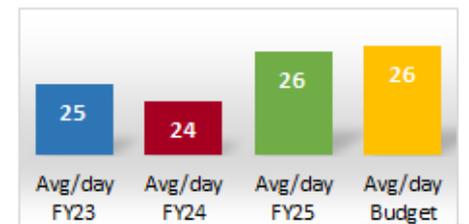
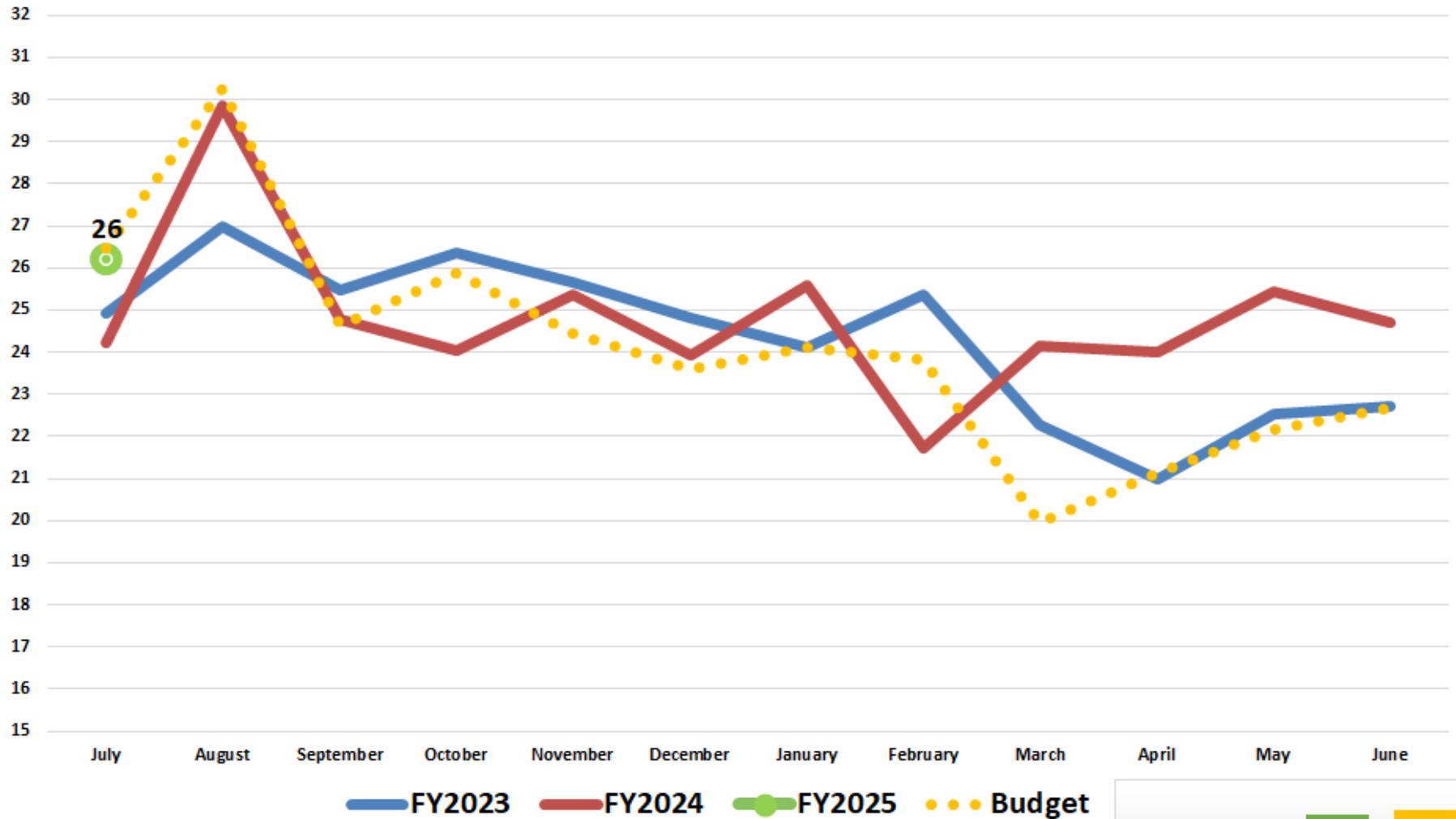
# Nursery - Avg Patients Per Day



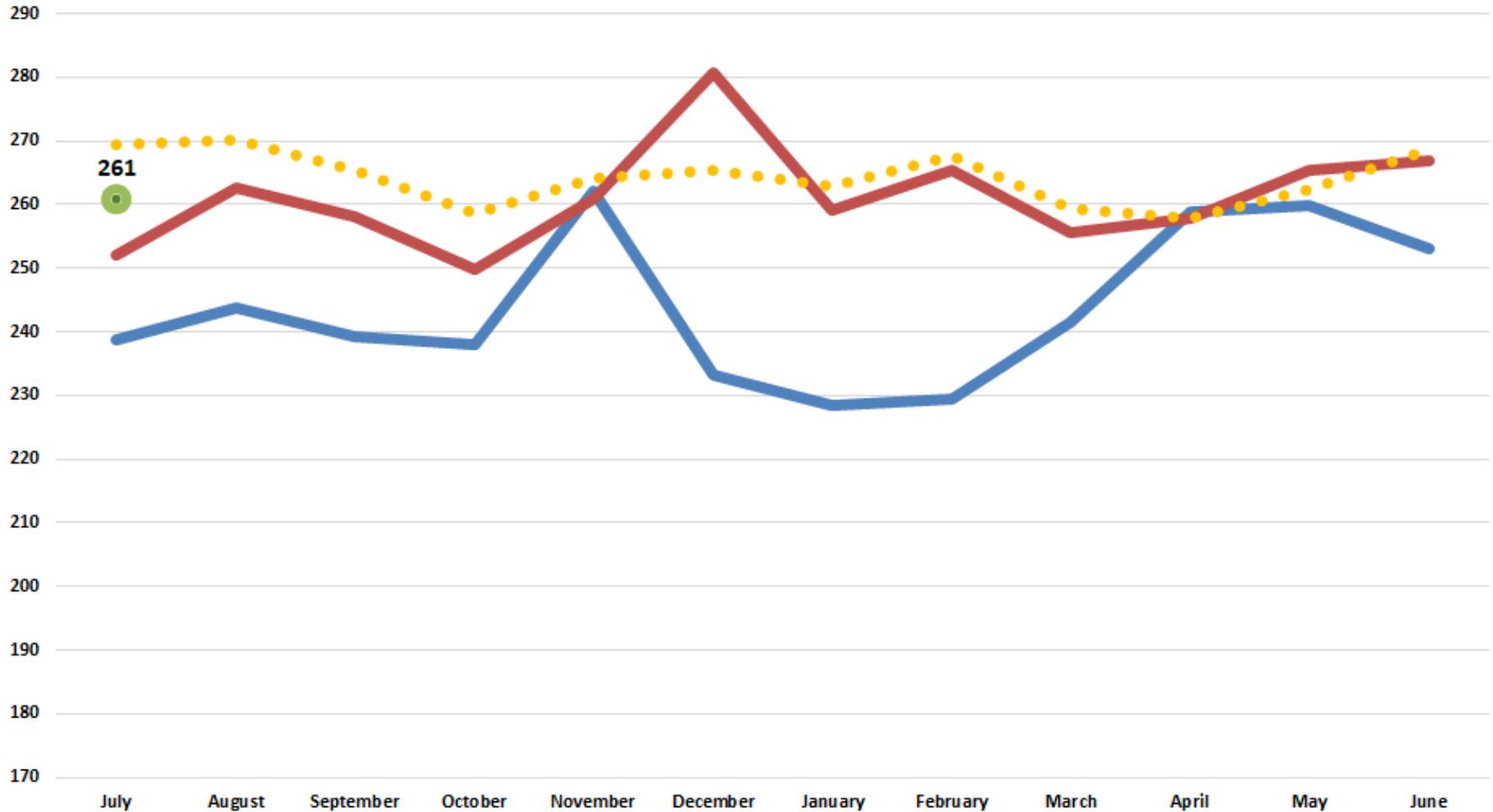
— **FY2023**  
 — **FY2024**  
 —●— **FY2025**  
 ●●● **Budget**



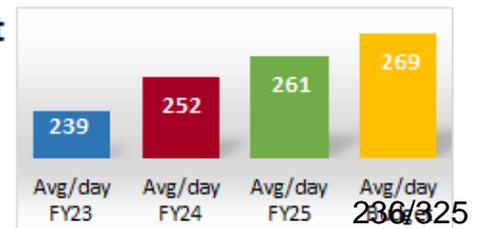
# Obstetrics - Avg Patients Per Day



# ED - Avg Treated Per Day

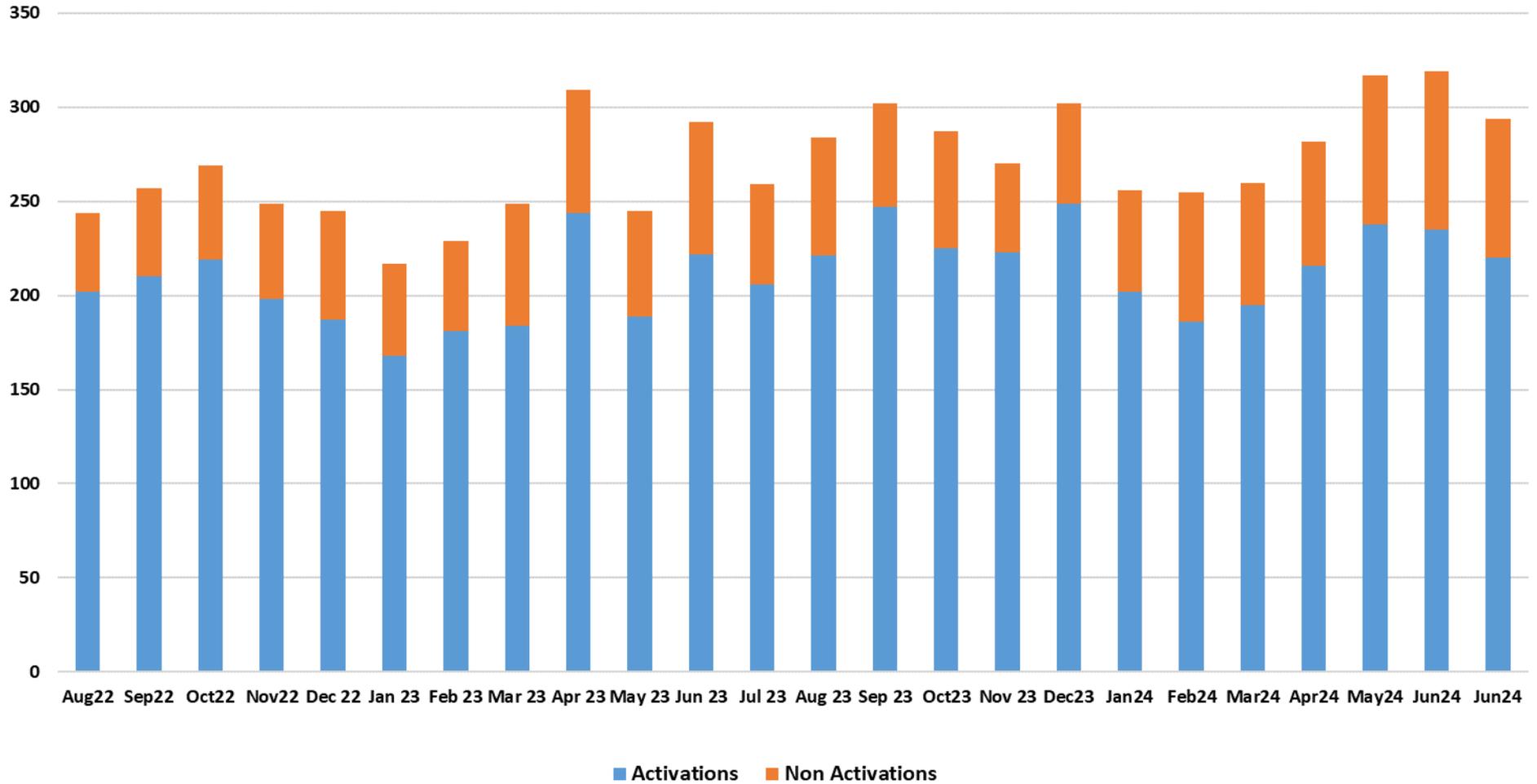


—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●●● Budget

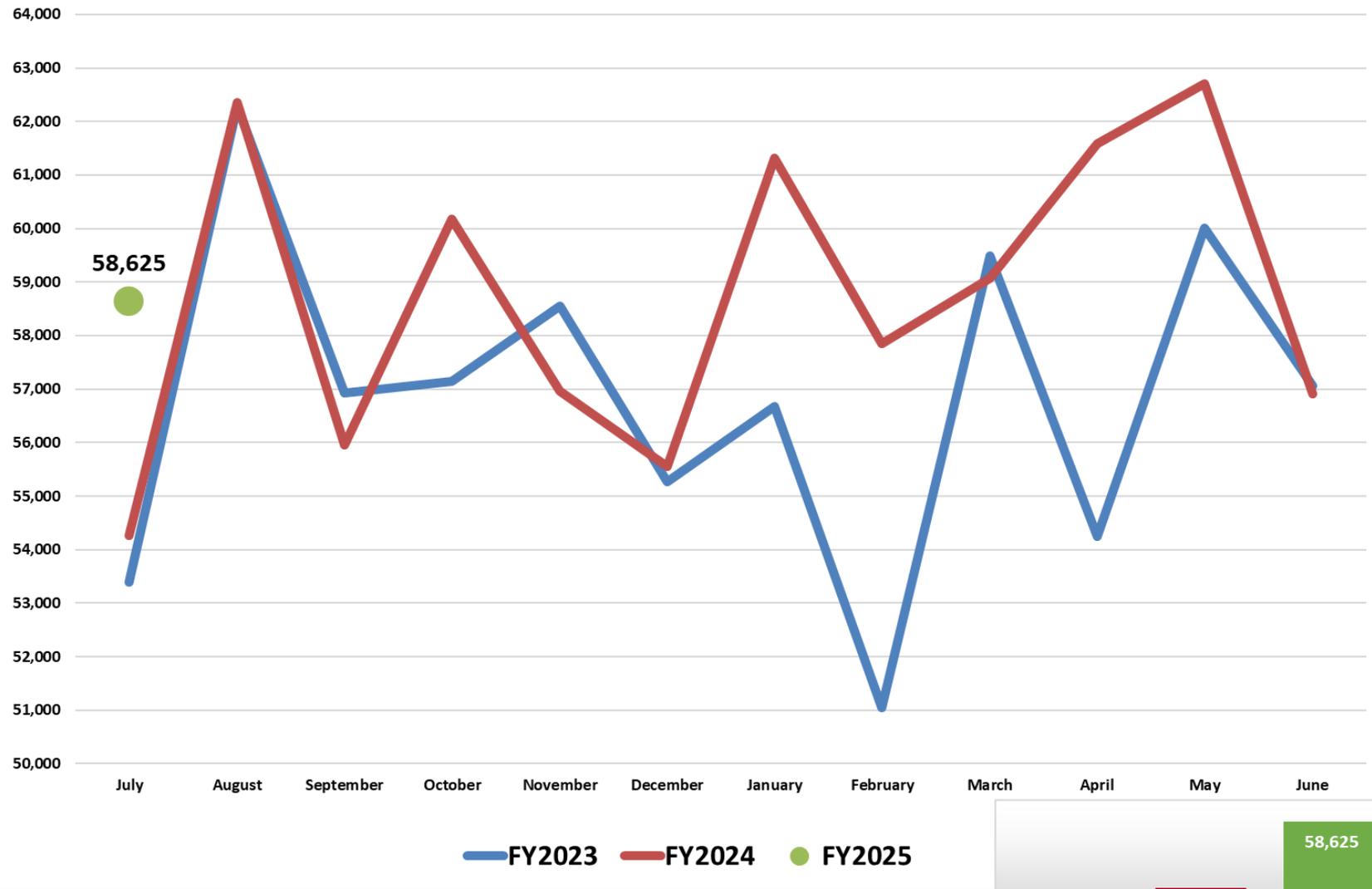


236/25

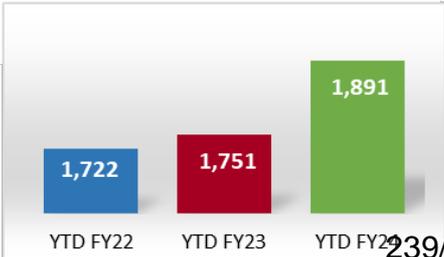
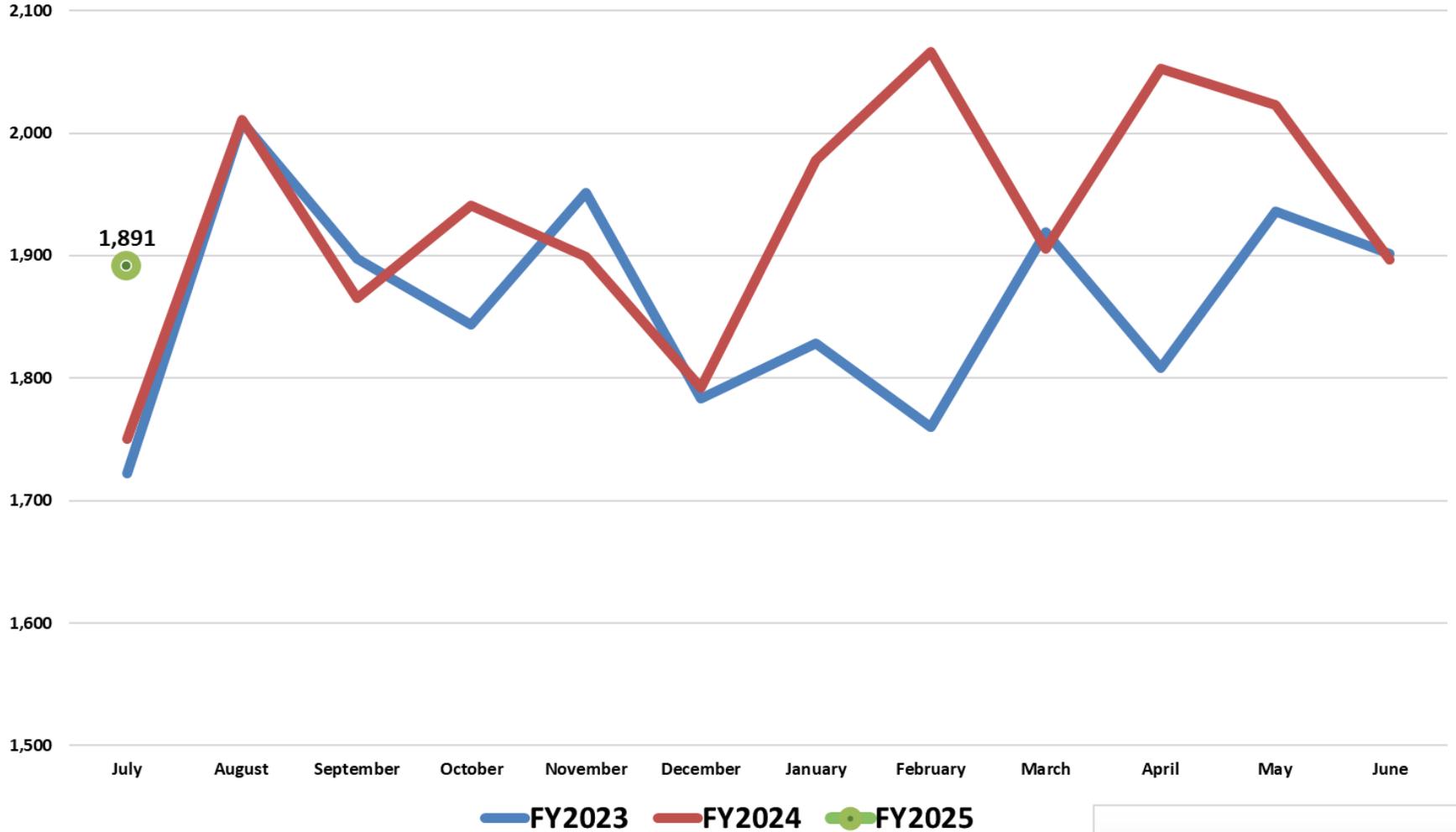
# Trauma Activations & Non Activations



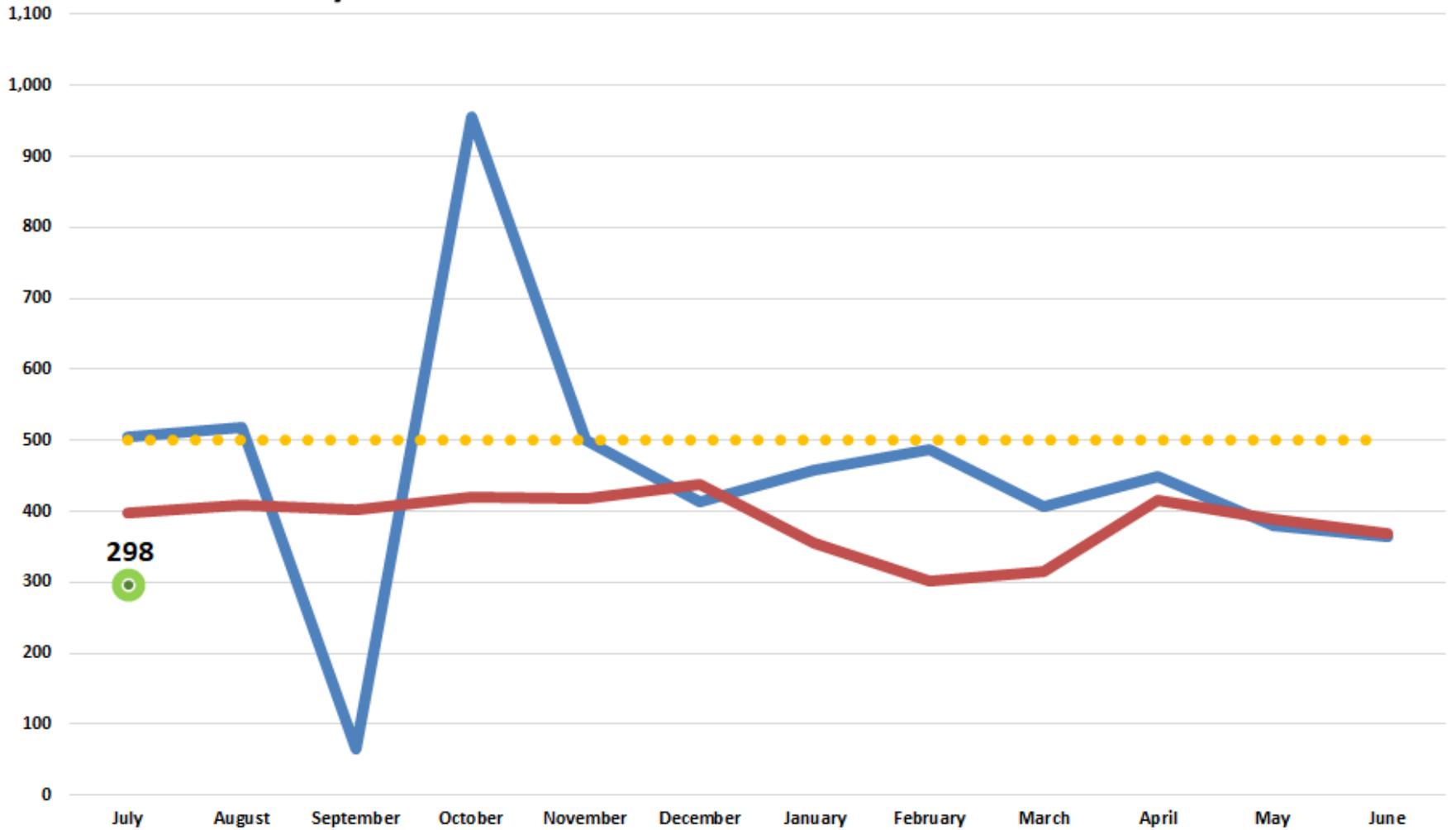
# Outpatient Registrations



# Outpatient Registrations Per Day



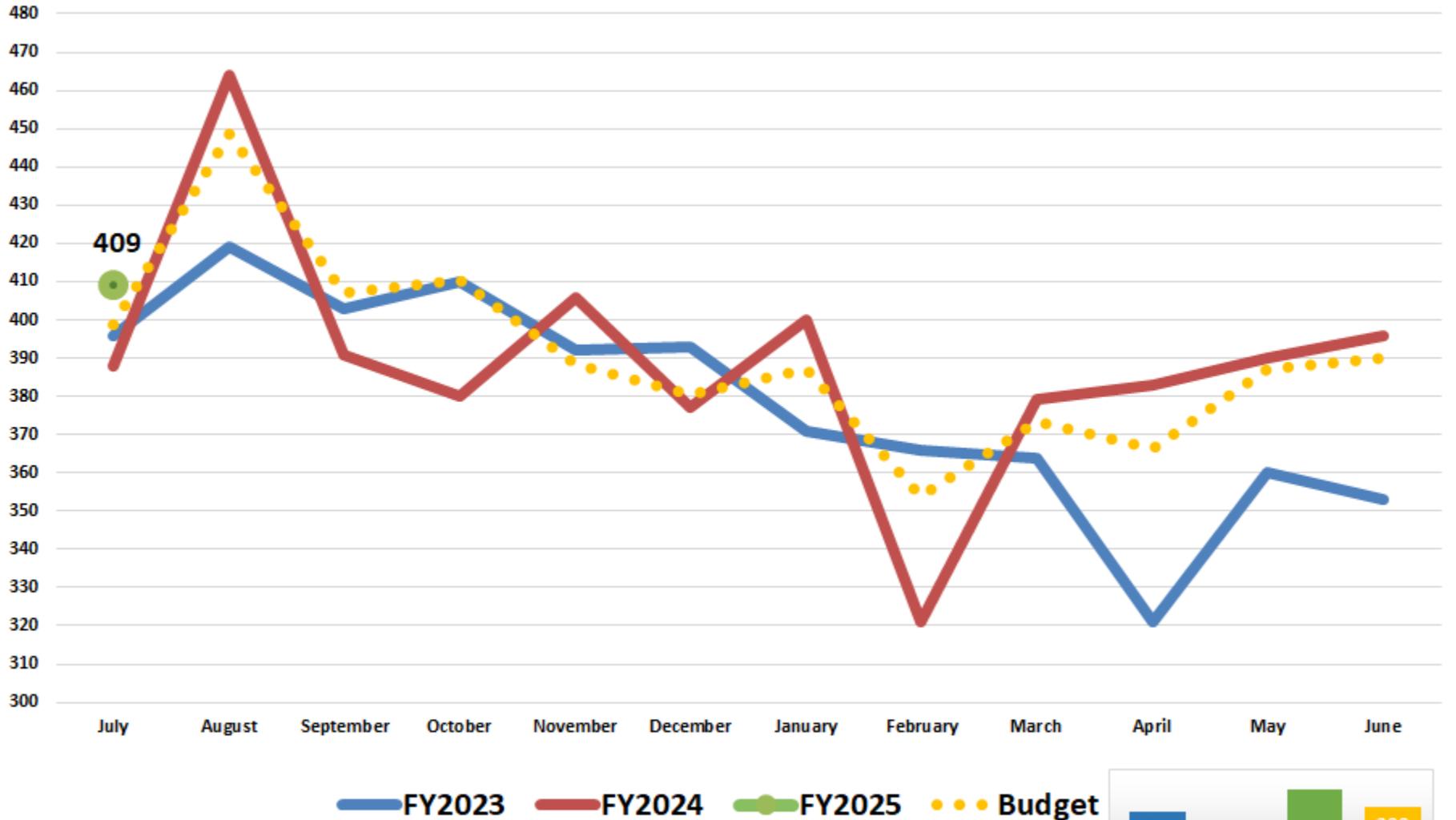
# CAPD/CCPD - Maintenance Sessions



—● FY2023   
 —● FY2024   
 —● FY2025   
 ●● Budget

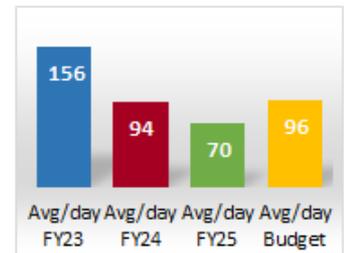
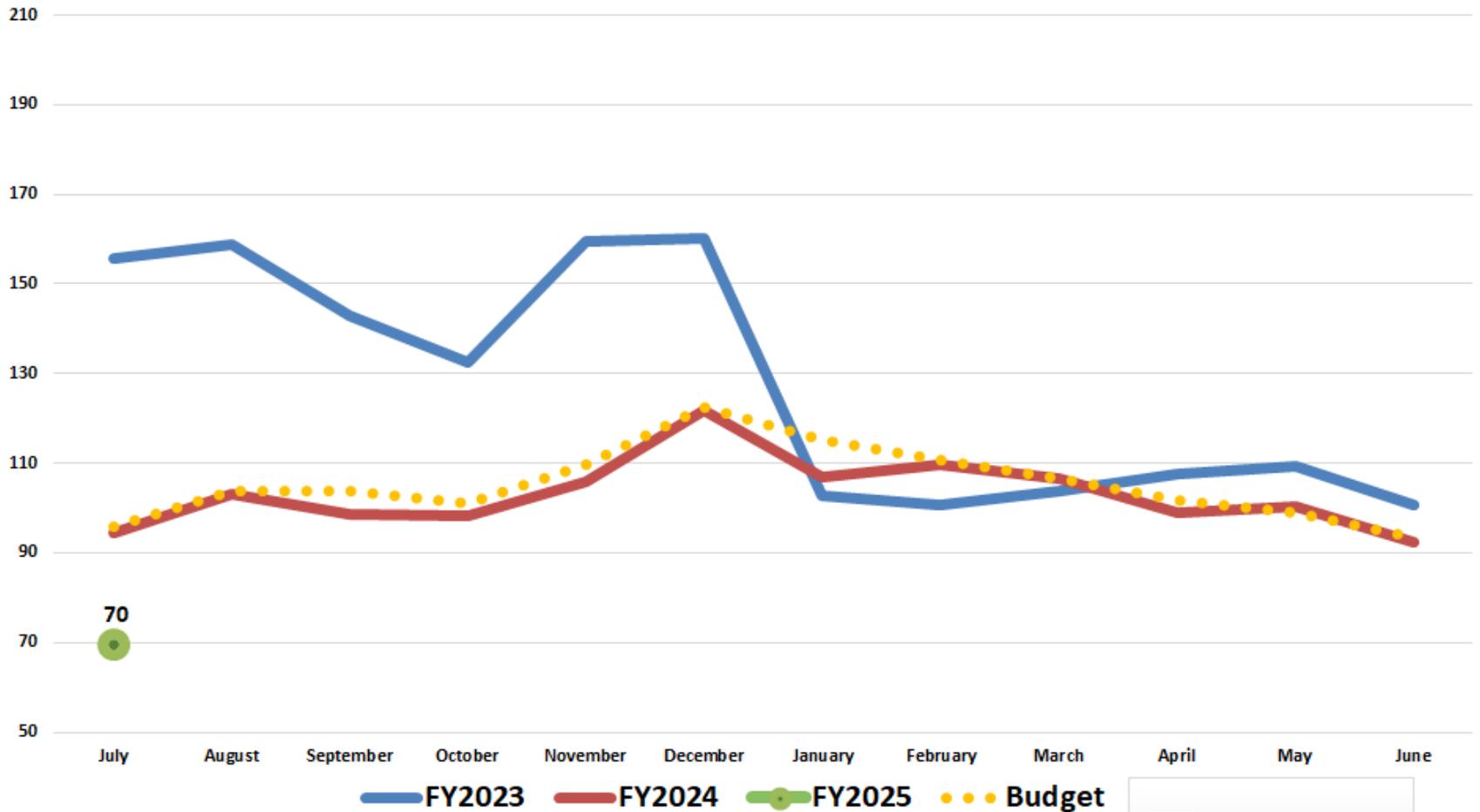


# Deliveries

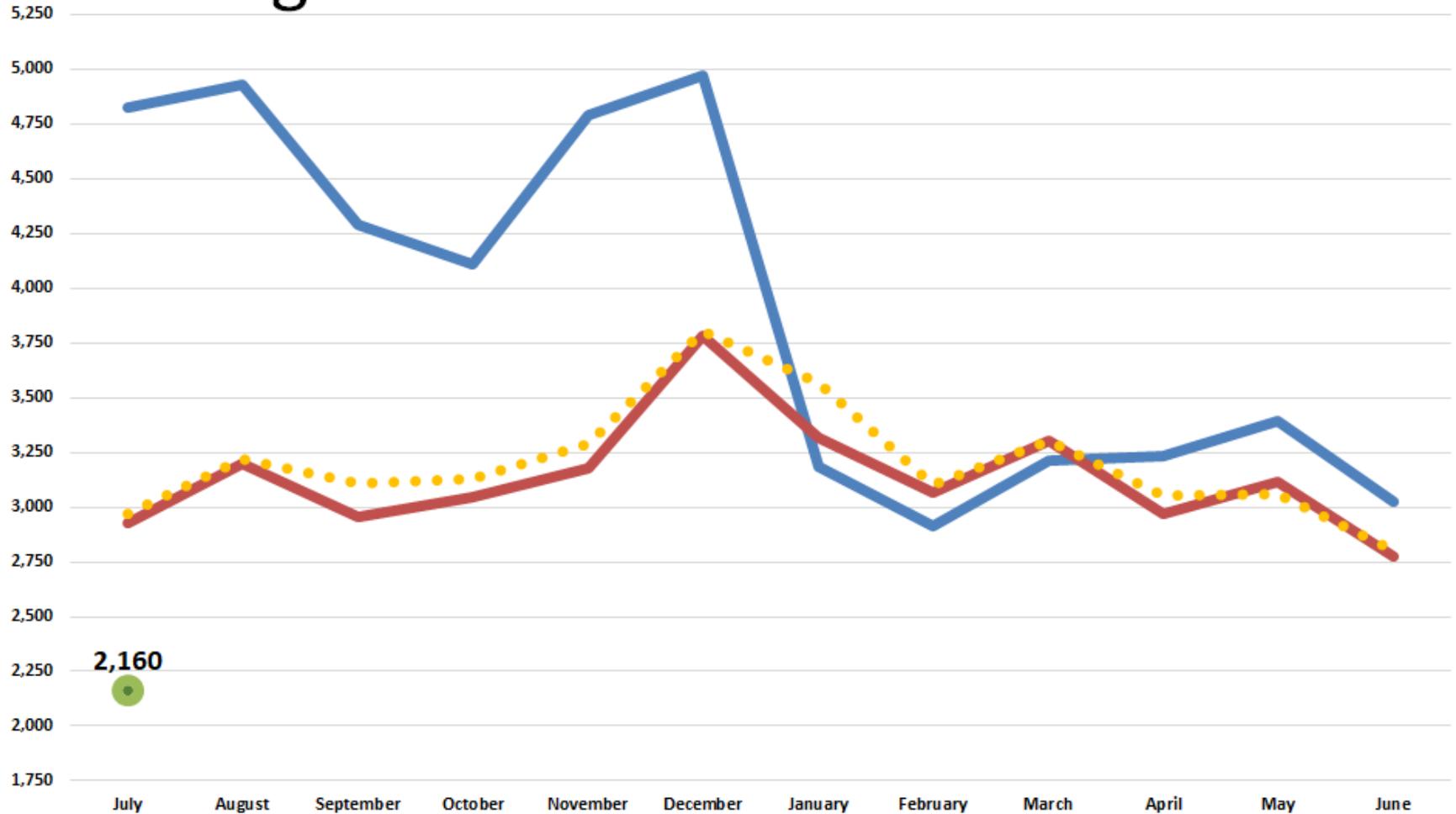


396	388	409	399
YTD FY23	YTD FY24	YTD FY25	YTD Budget

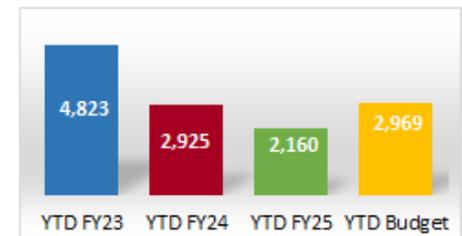
# Urgent Care – Court Avg Visits Per Day



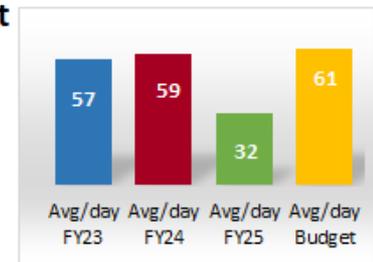
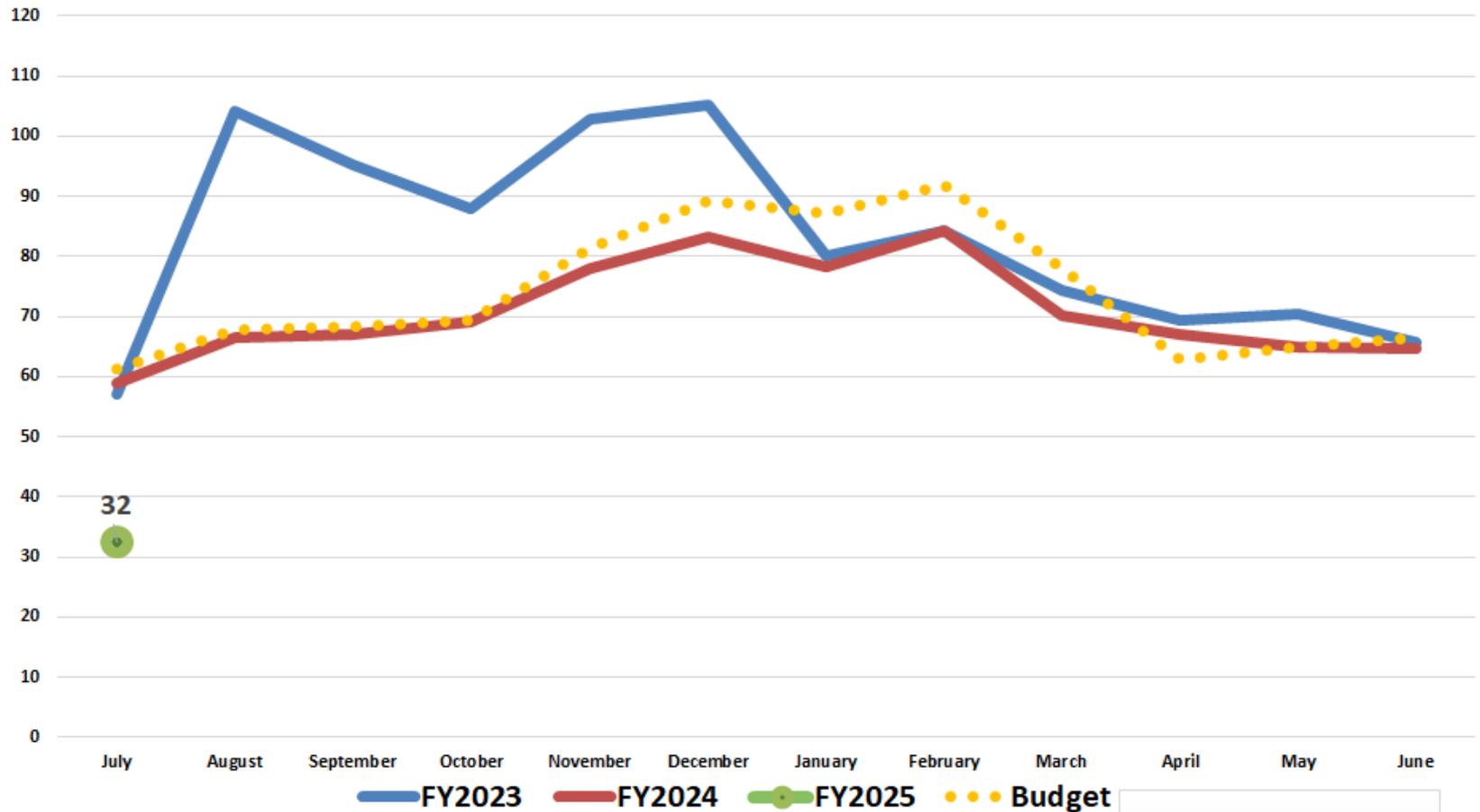
# Urgent Care – Court Total Visits



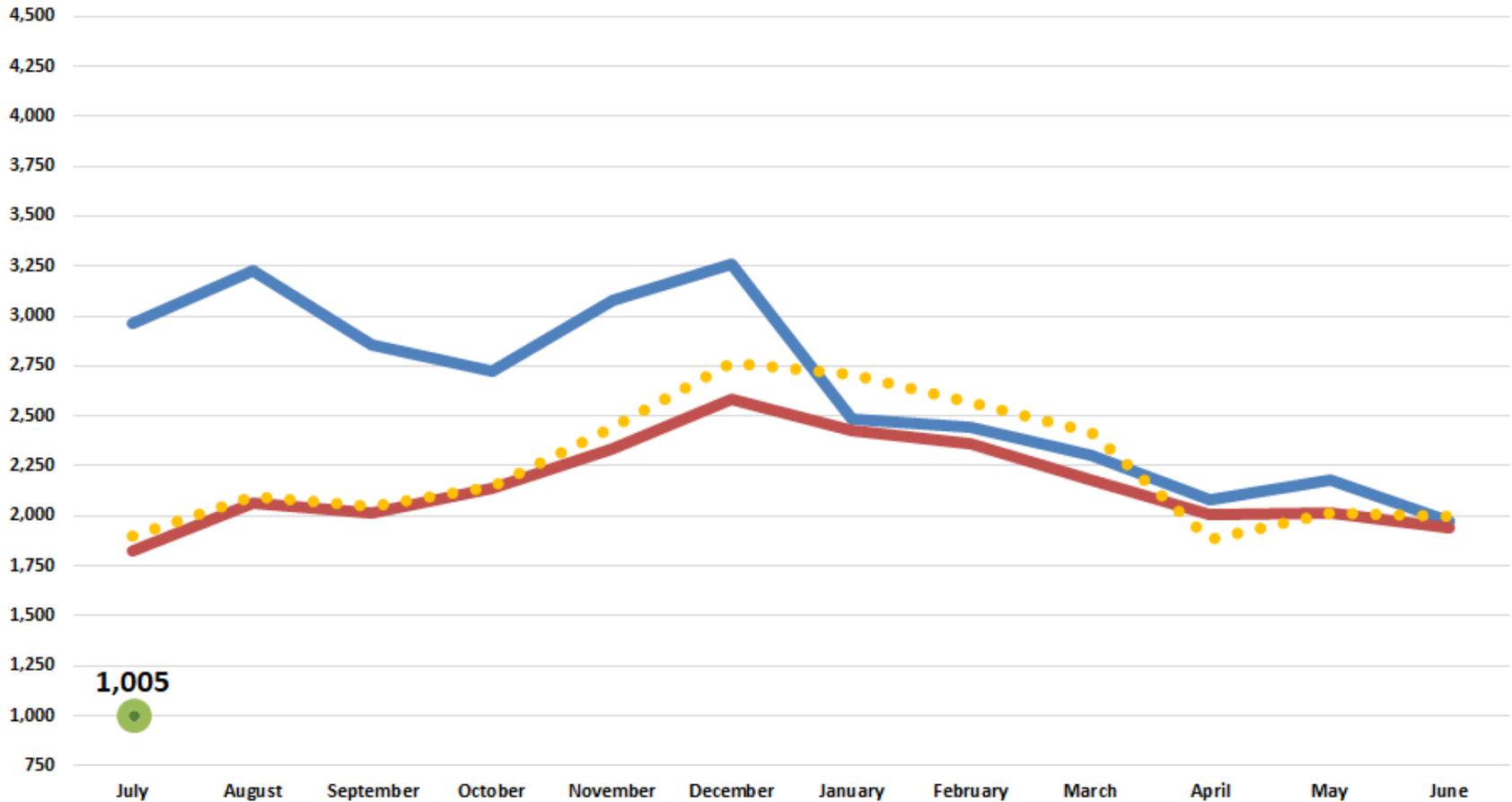
— FY2023   
 — FY2024   
 —● FY2025   
 ●● Budget



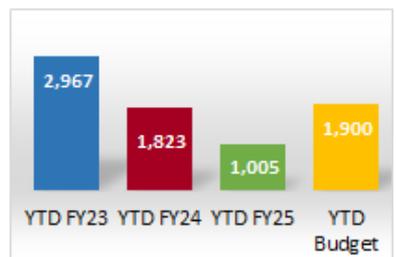
# Urgent Care – Demaree Avg Visits Per Day



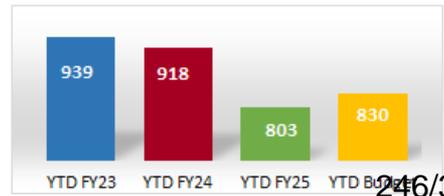
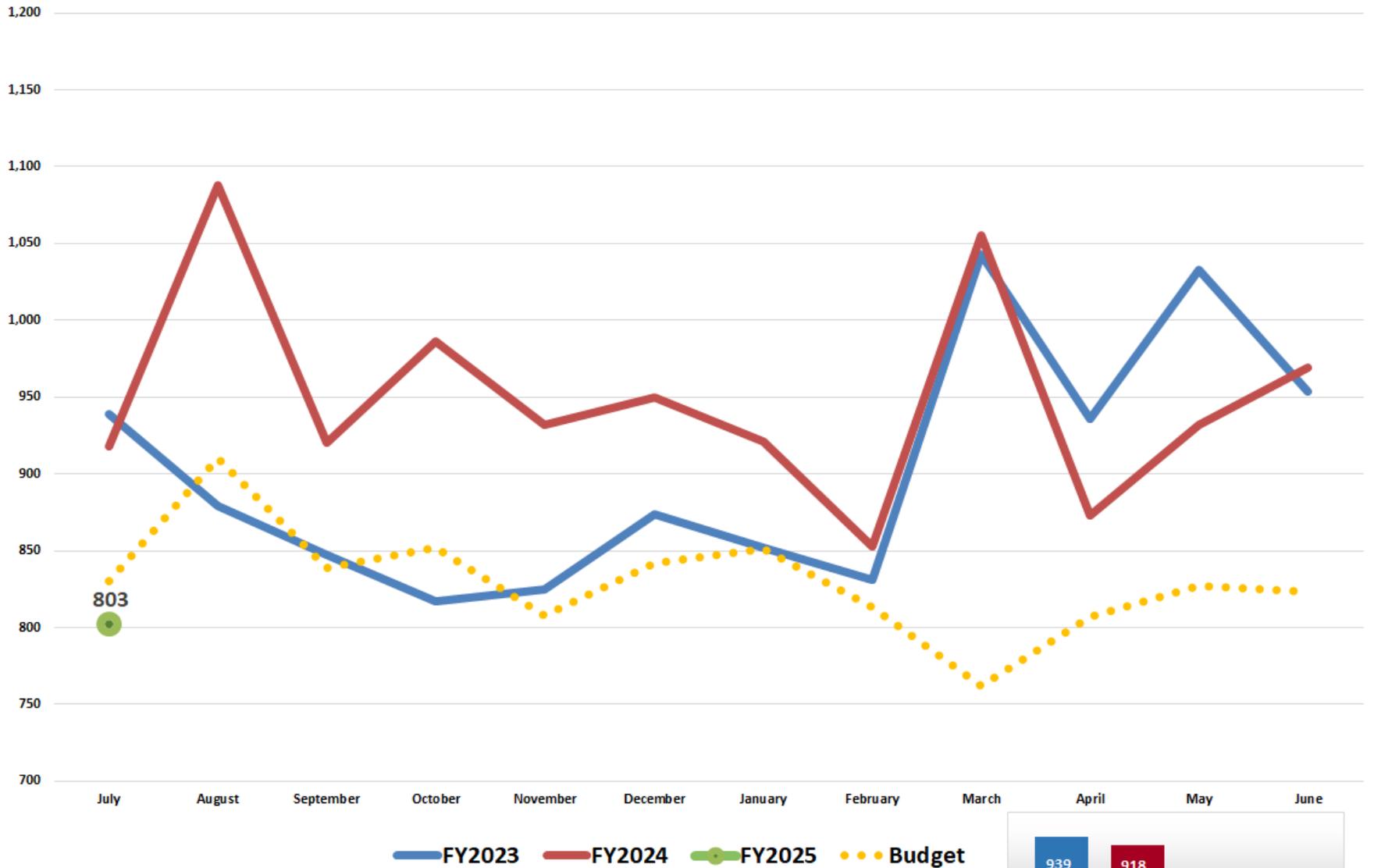
# Urgent Care – Demaree Total Visits



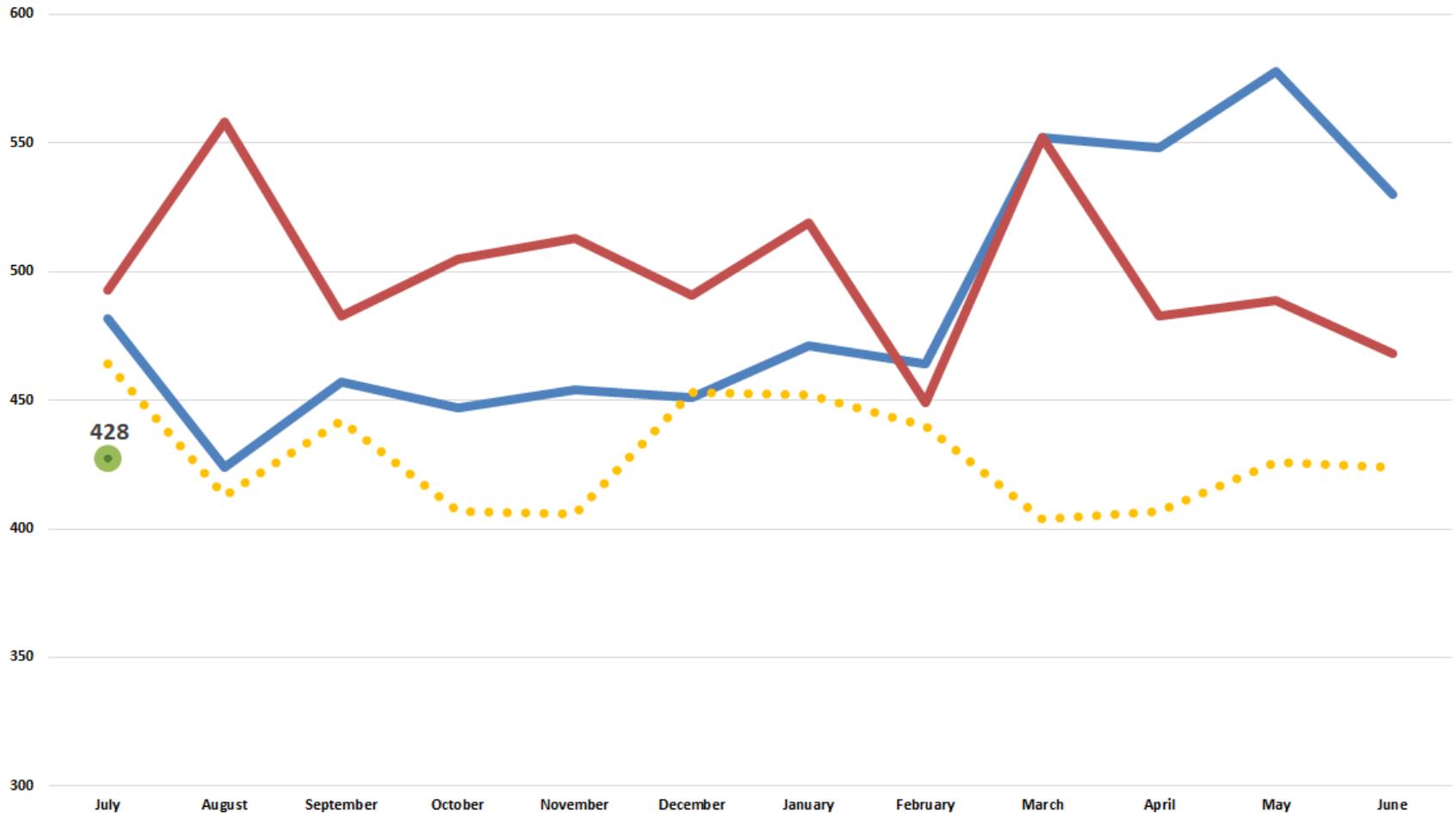
— FY2023   
 — FY2024   
 ● FY2025   
 ●●● Budget



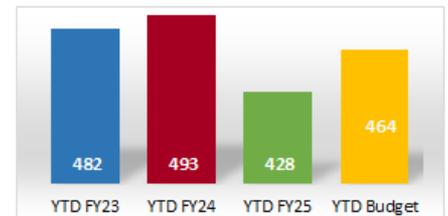
# Surgery (IP & OP) – 100 Min Units



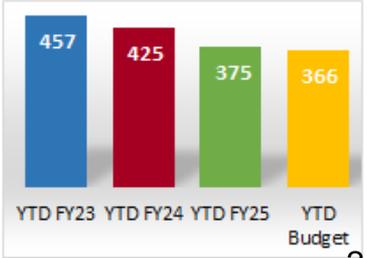
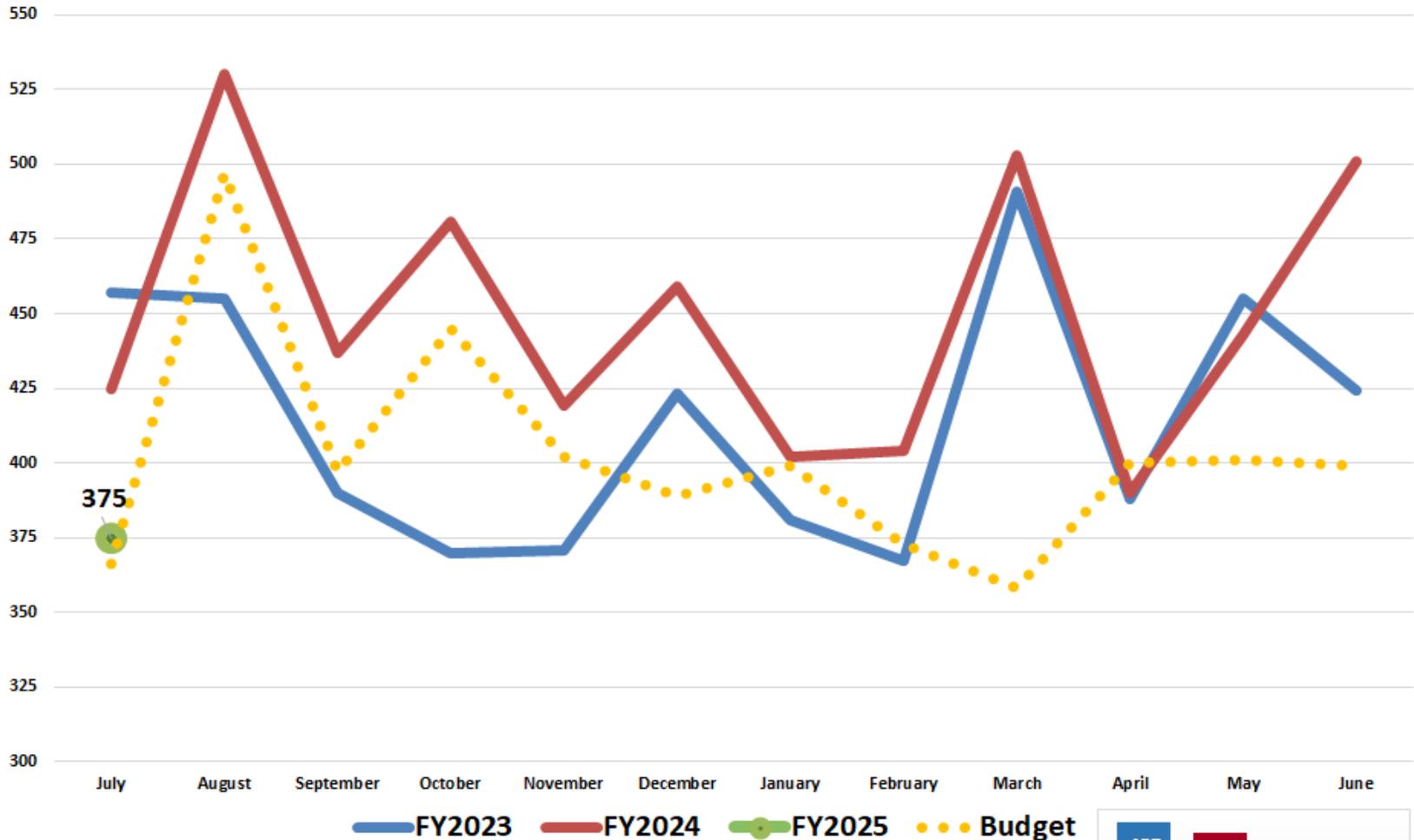
# Surgery (IP Only) - 100 Min Unit



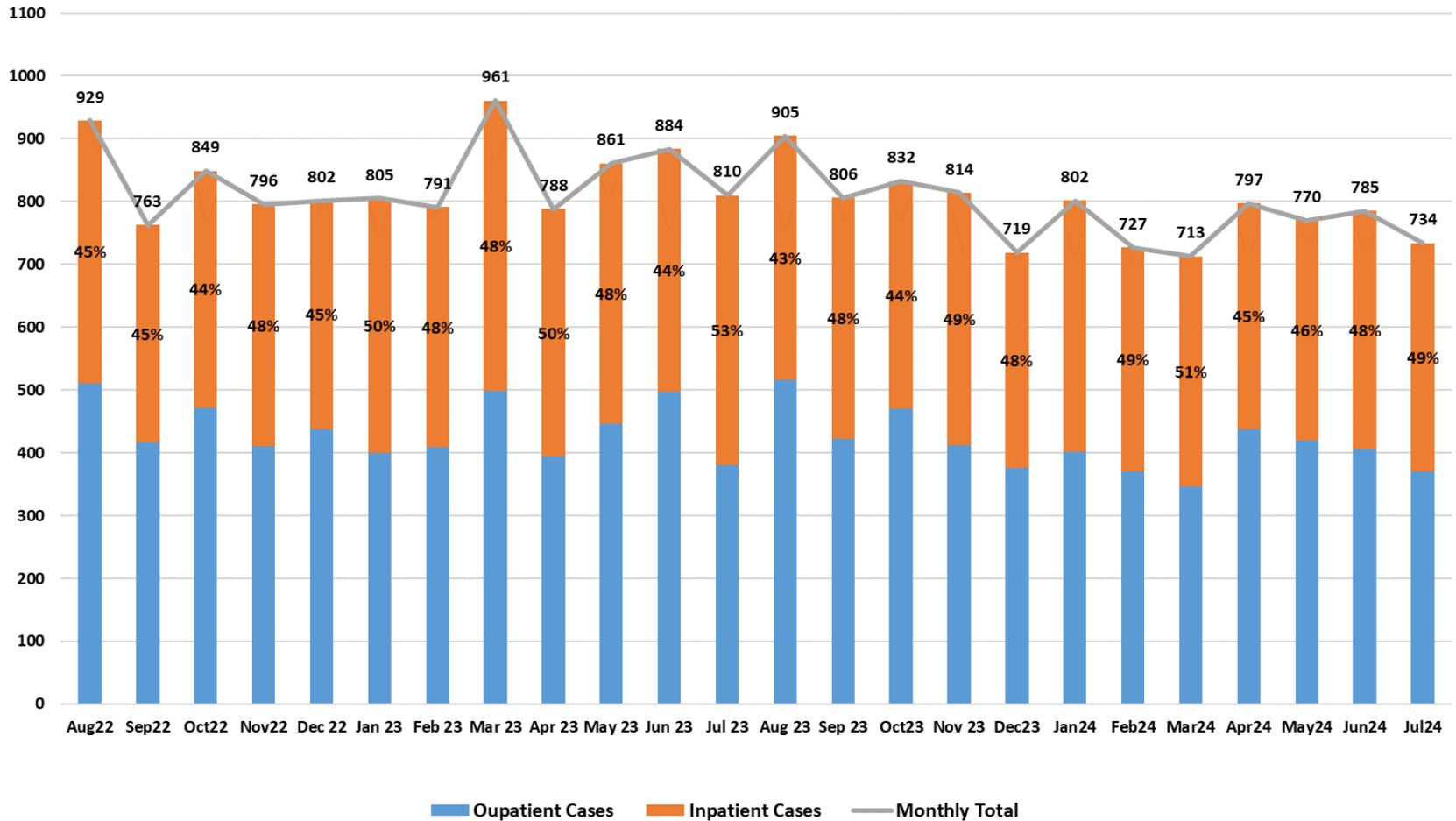
— FY2023 — FY2024 —●— FY2025 ●●● Budget



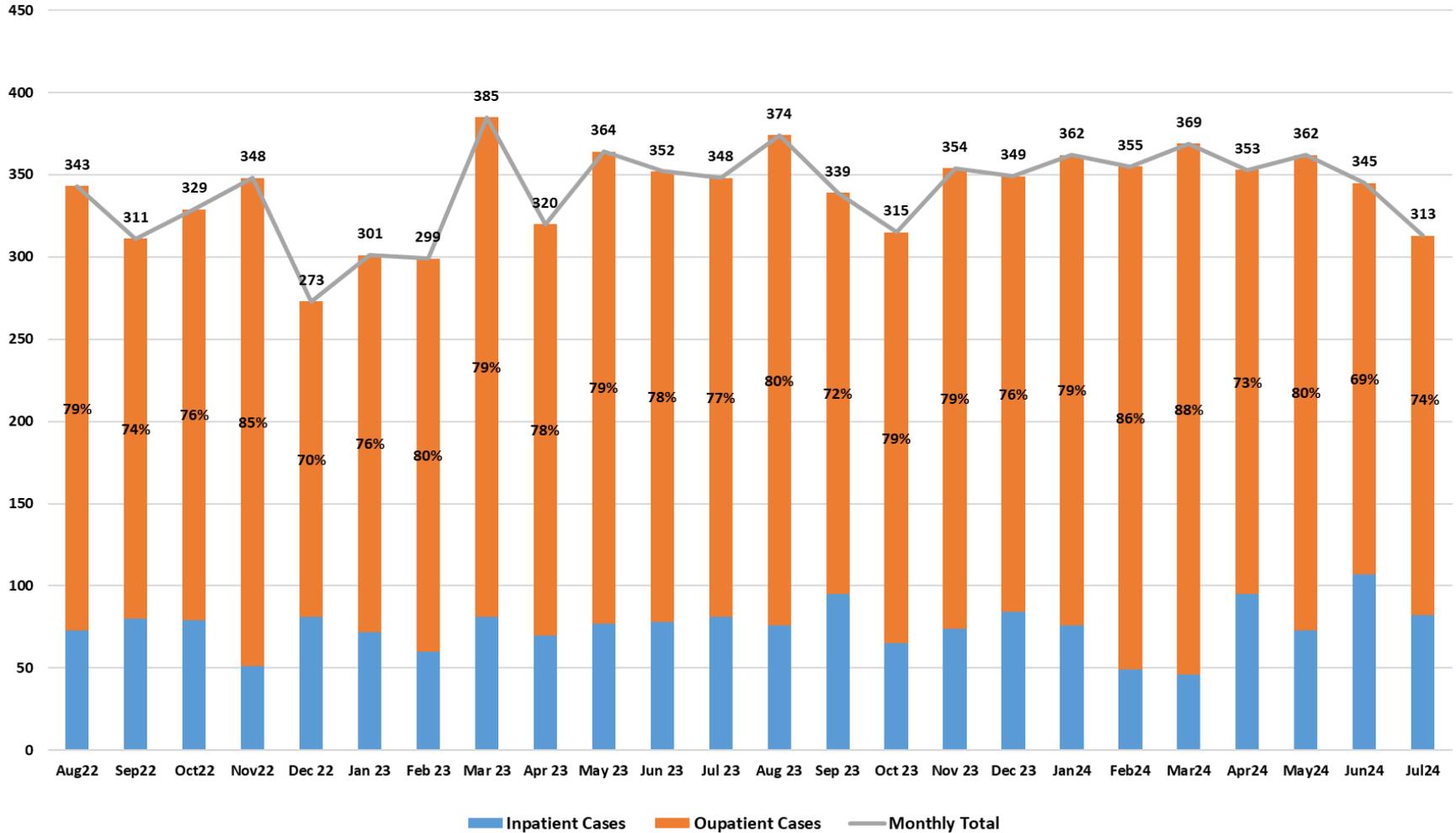
# Surgery (OP Only) - 100 Min Units



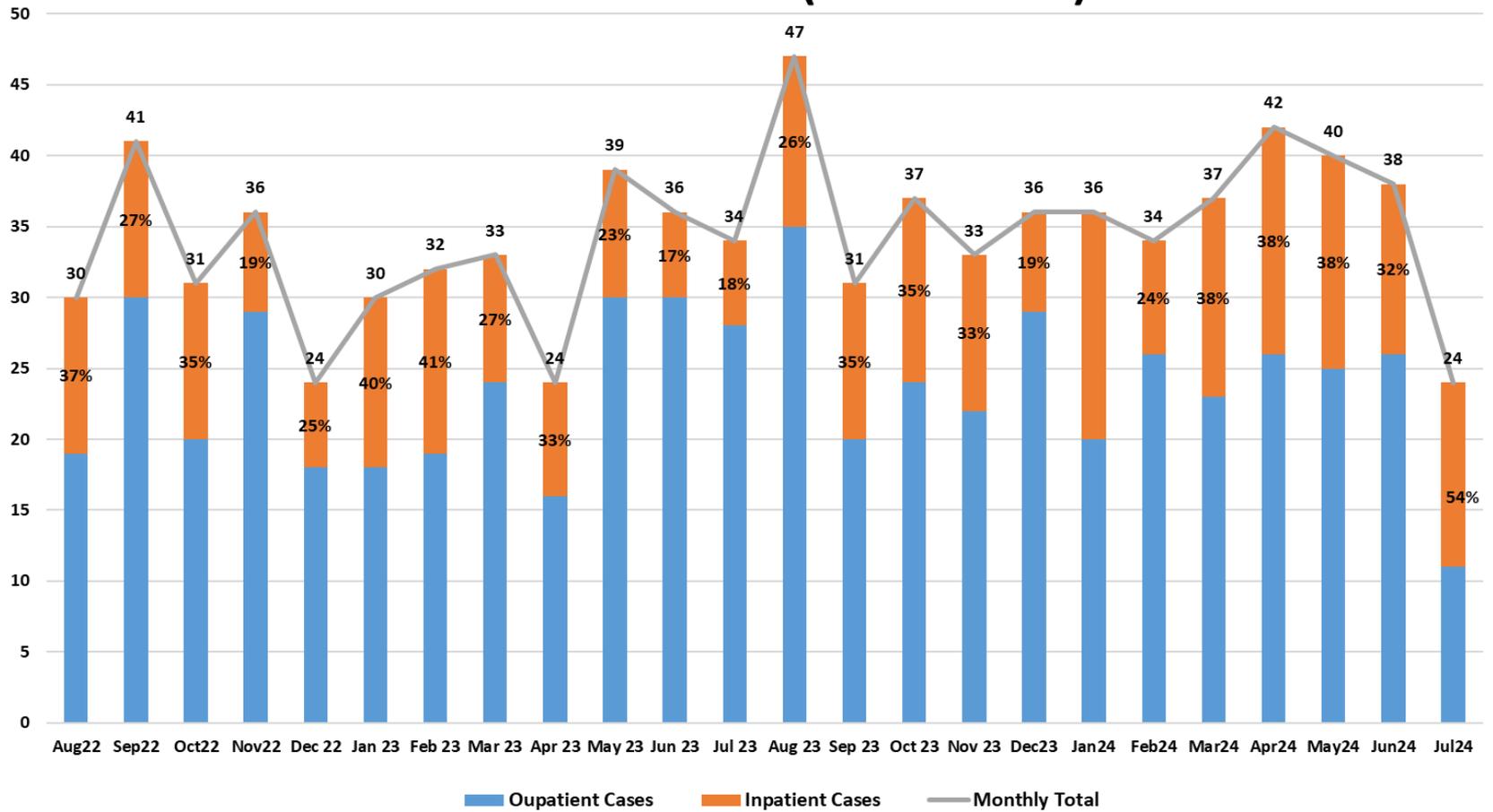
# Surgery Cases (IP & OP)



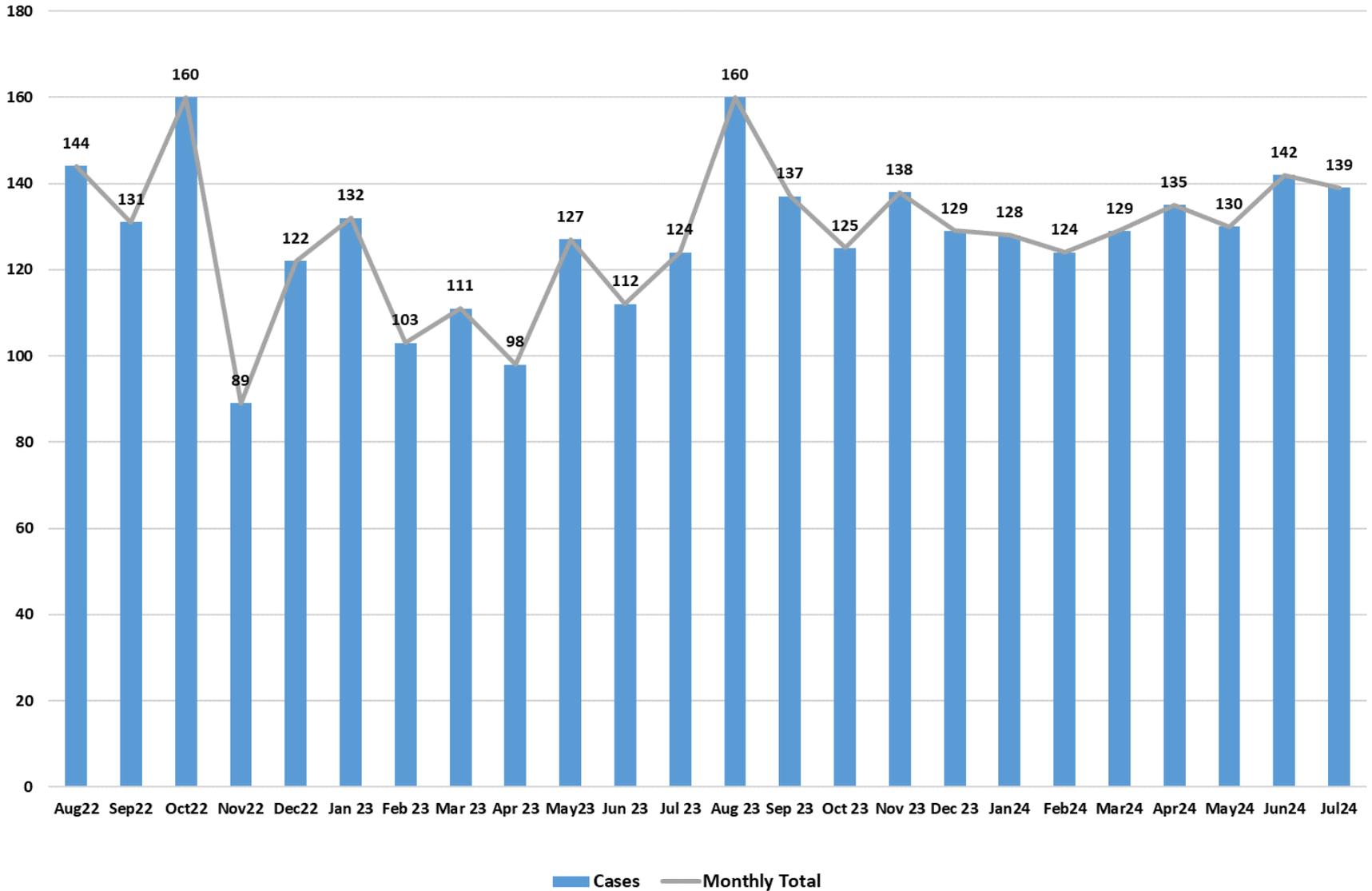
# Endo Cases (Endo Suites)



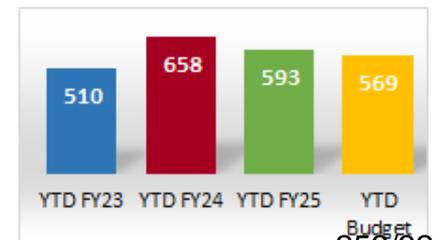
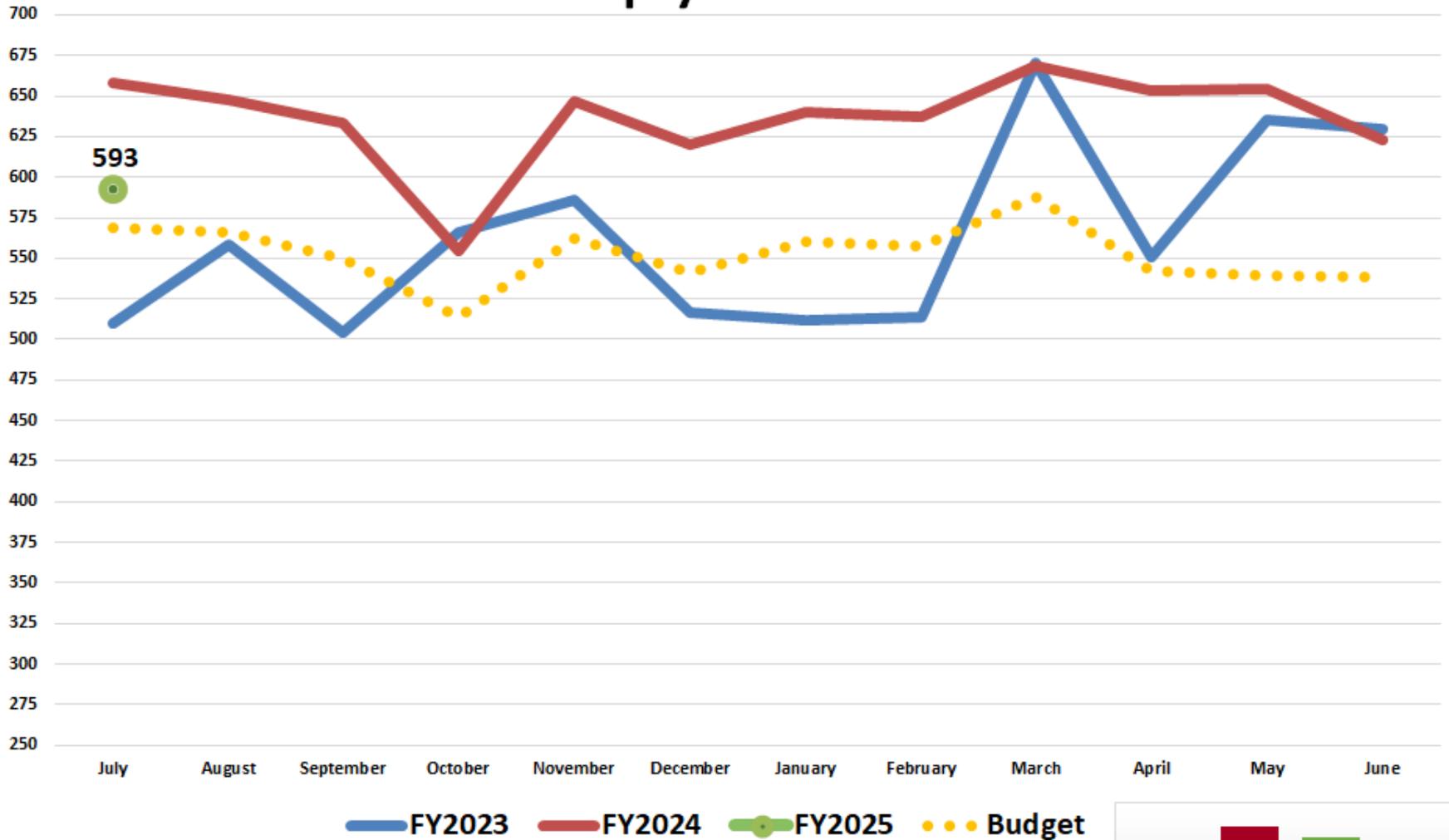
# Robotic Cases (IP & OP)



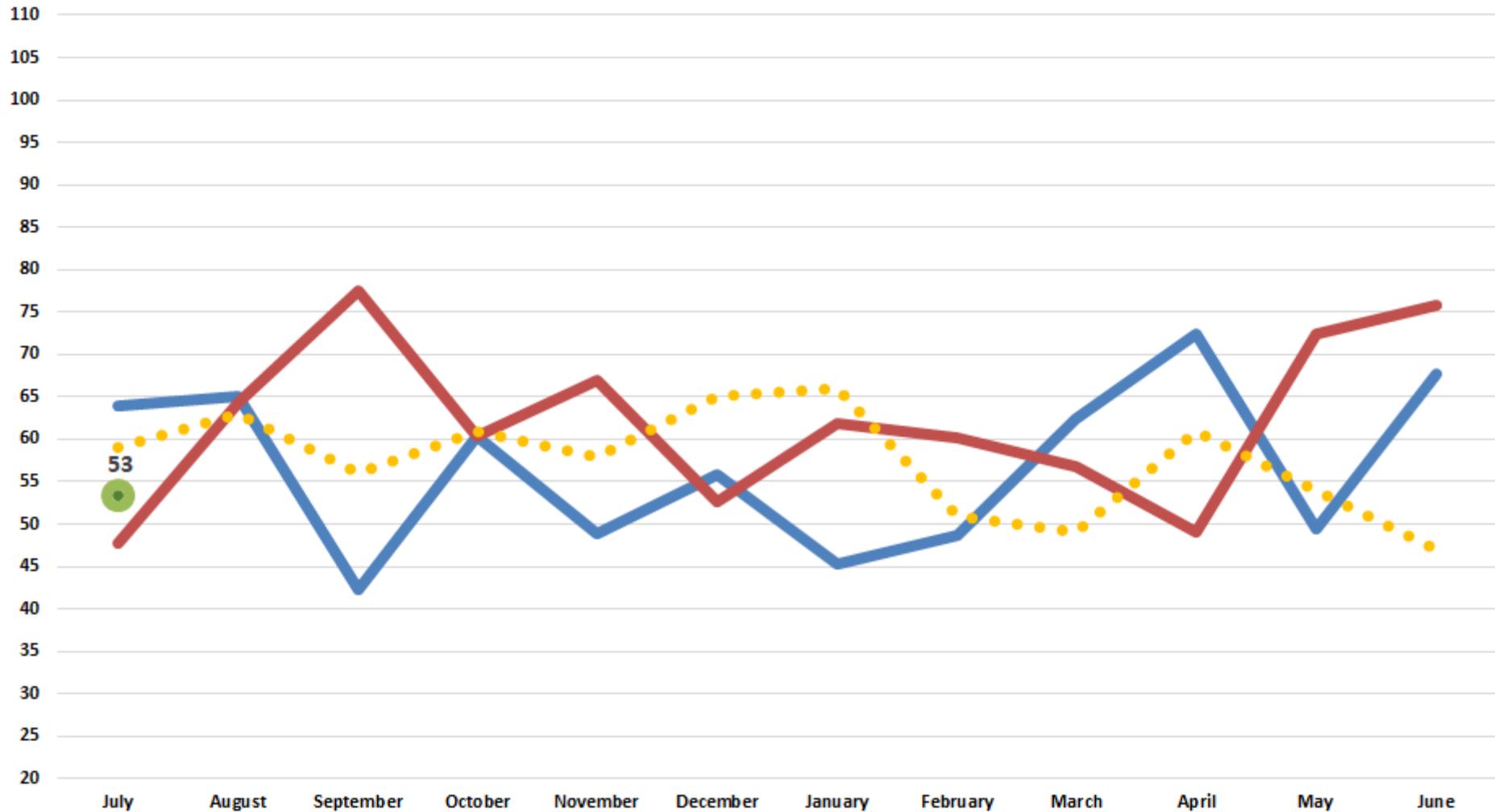
# OB Cases



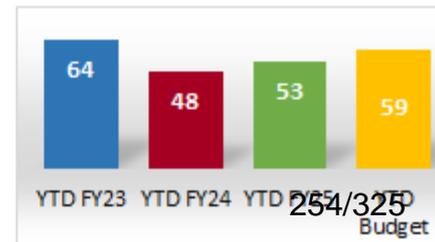
# Endoscopy Procedures



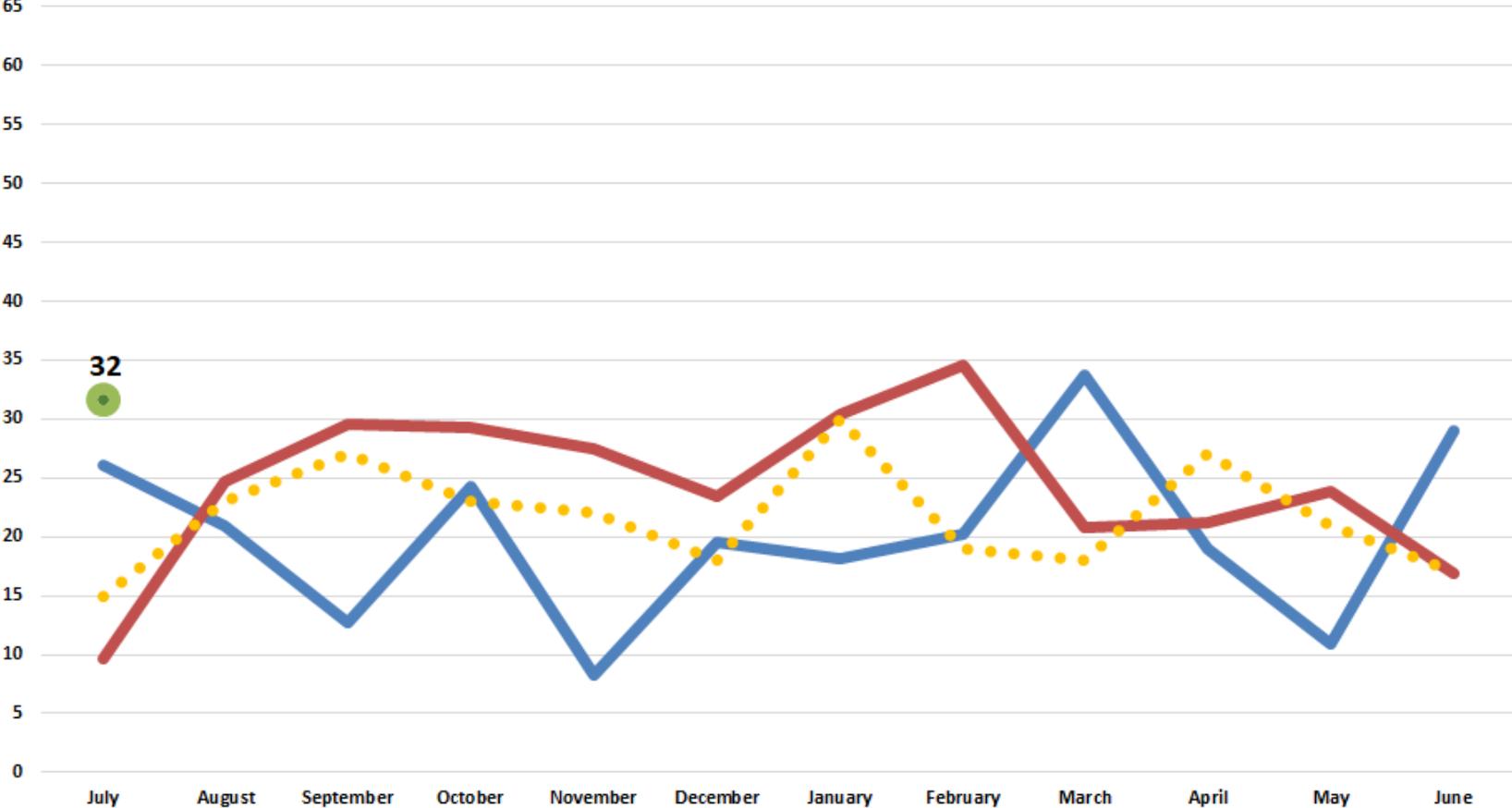
# Robotic Surgery (IP & OP) - 100 Min Units



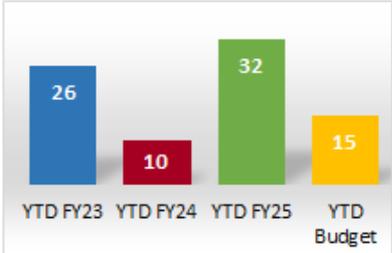
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



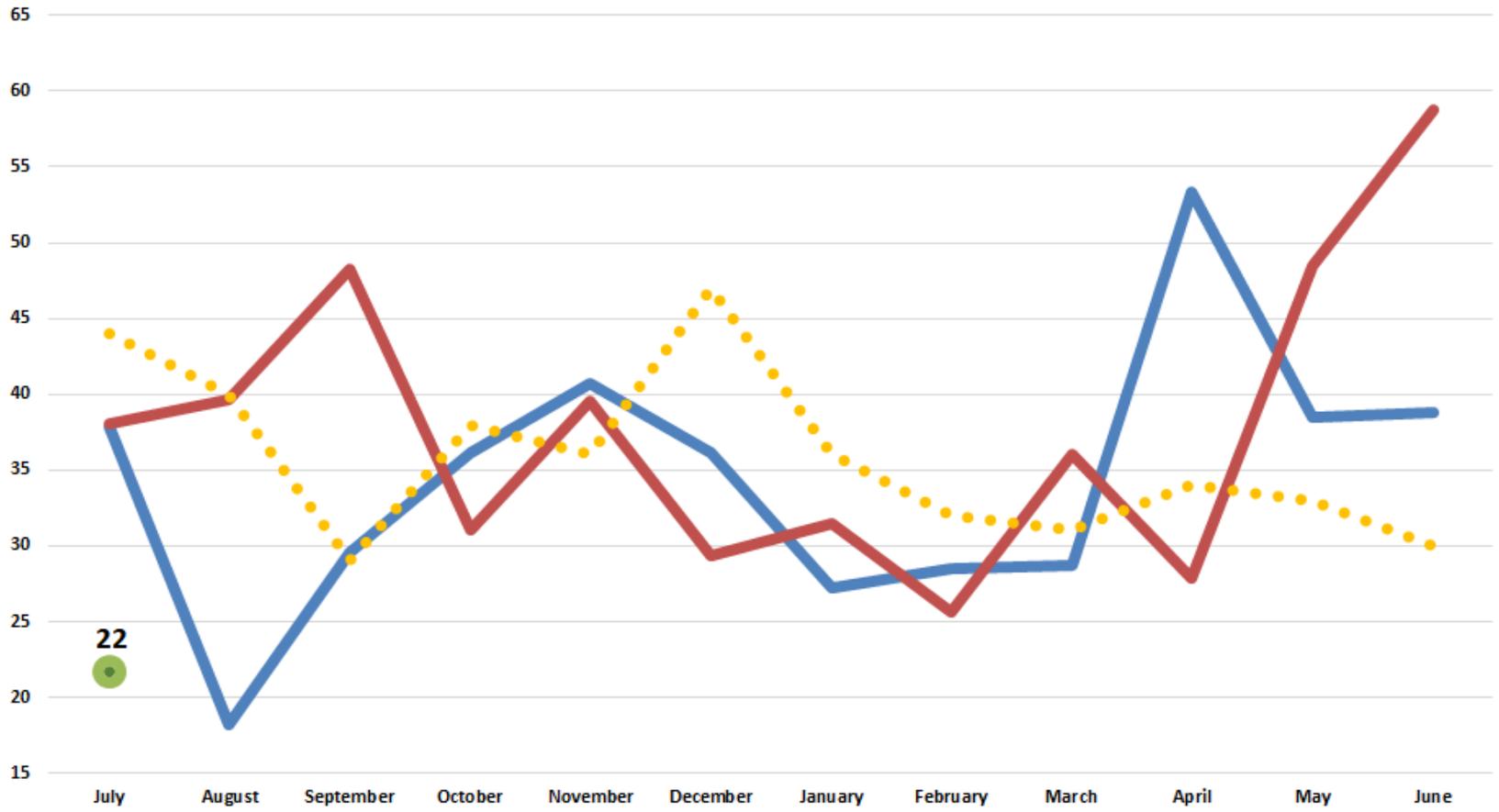
# Robotic Surgery Minutes (IP Only)



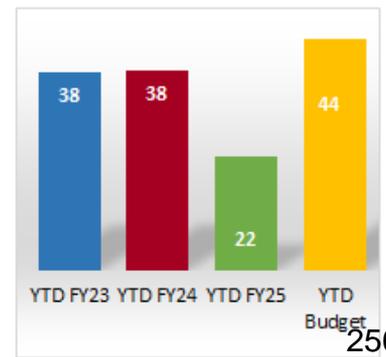
—● FY2023   
 —● FY2024   
 —● FY2025   
 ●●●● Budget



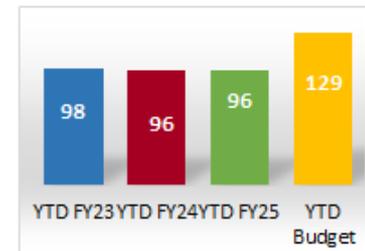
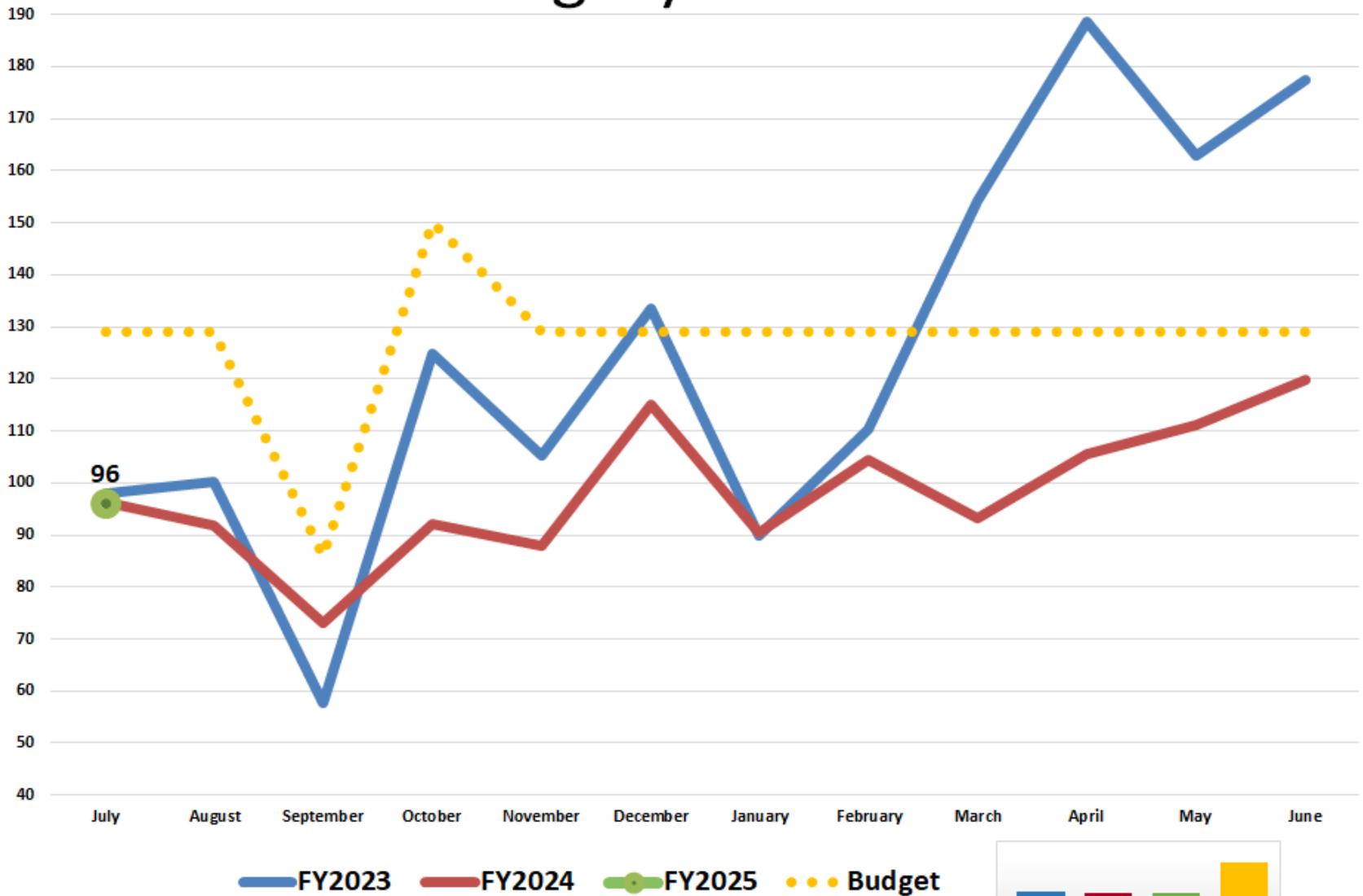
# Robotic Surgery Minutes (OP Only)



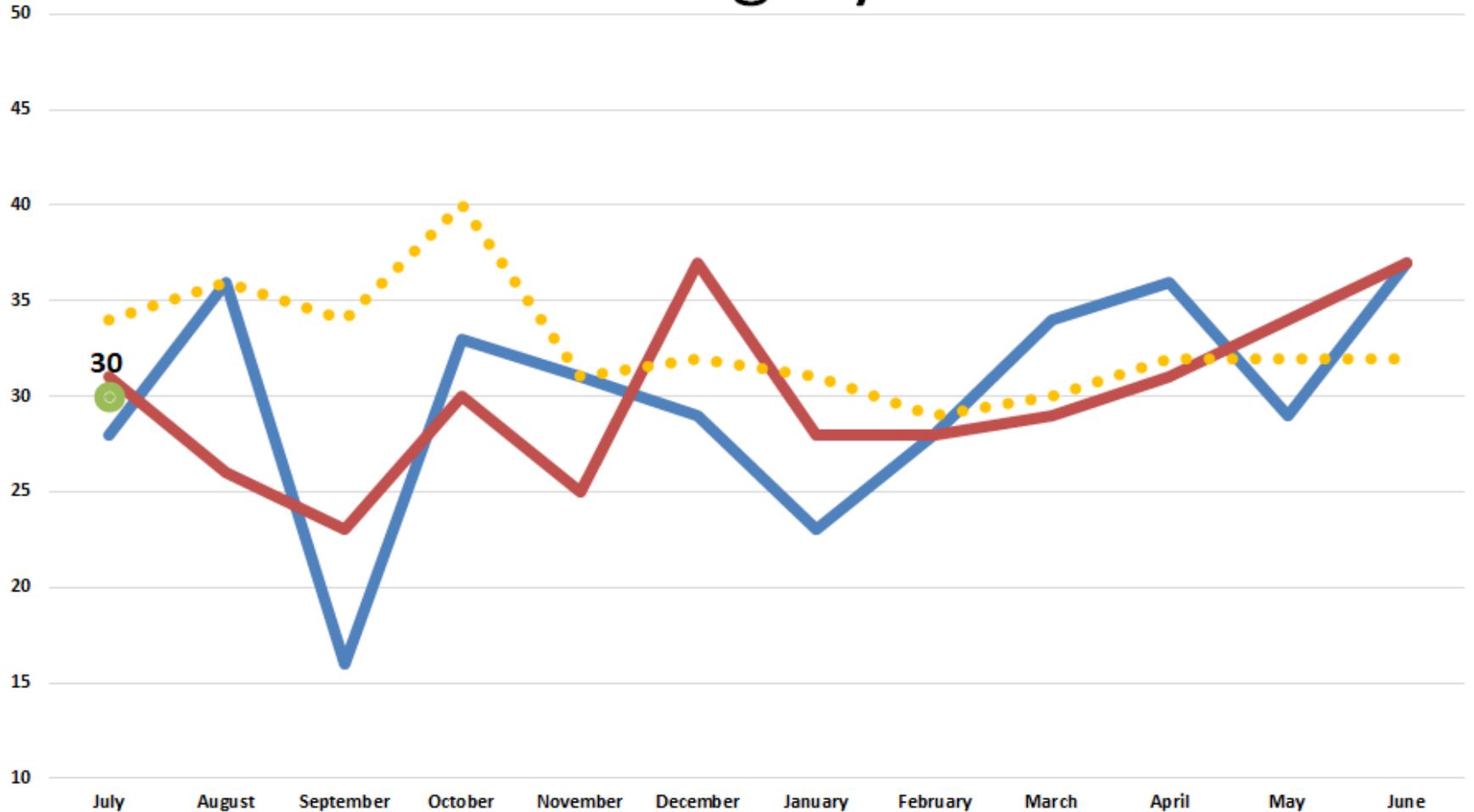
— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



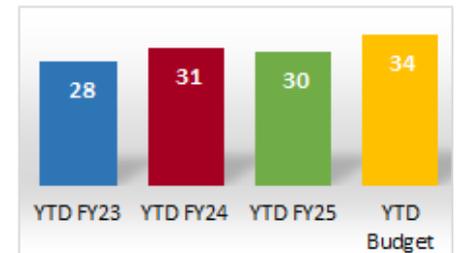
# Cardiac Surgery - 100 Min Units



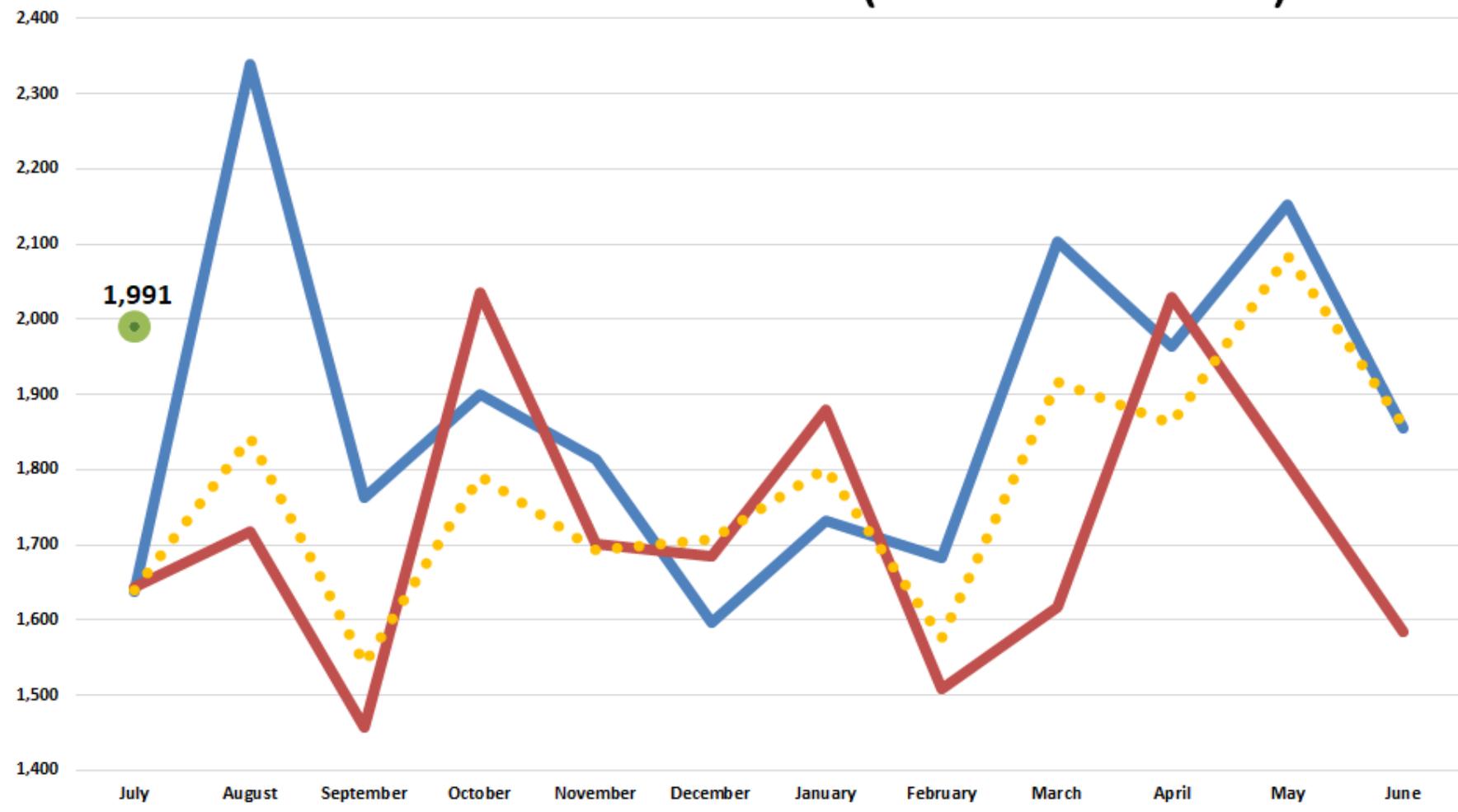
# Cardiac Surgery Cases



— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



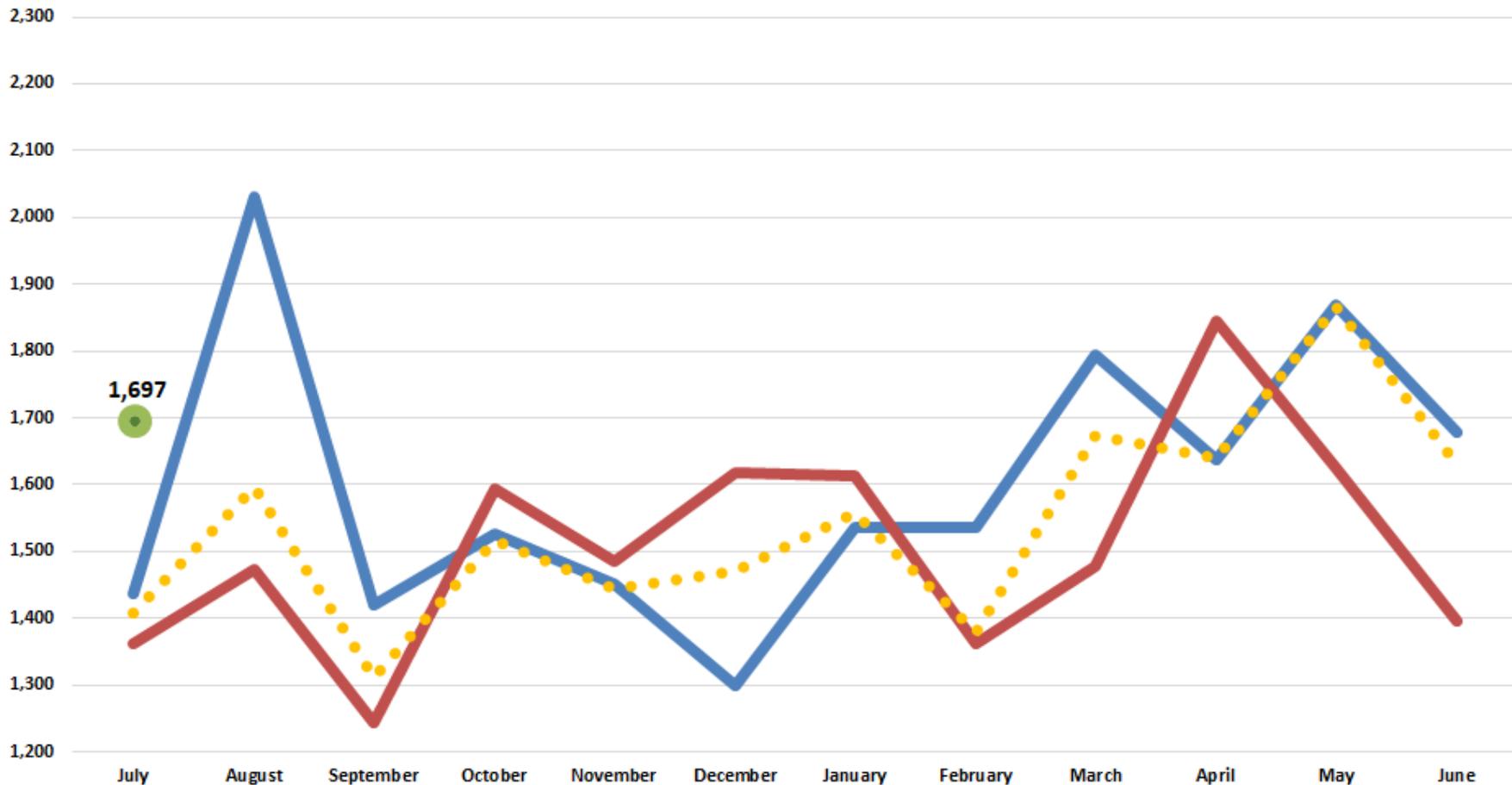
# Rad Onc Treatments (Vis. & Hanf.)



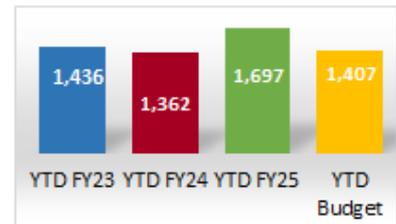
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

1,637	1,643	1,991	1,639
YTD FY23	YTD FY24	YTD FY25	YTD Budget

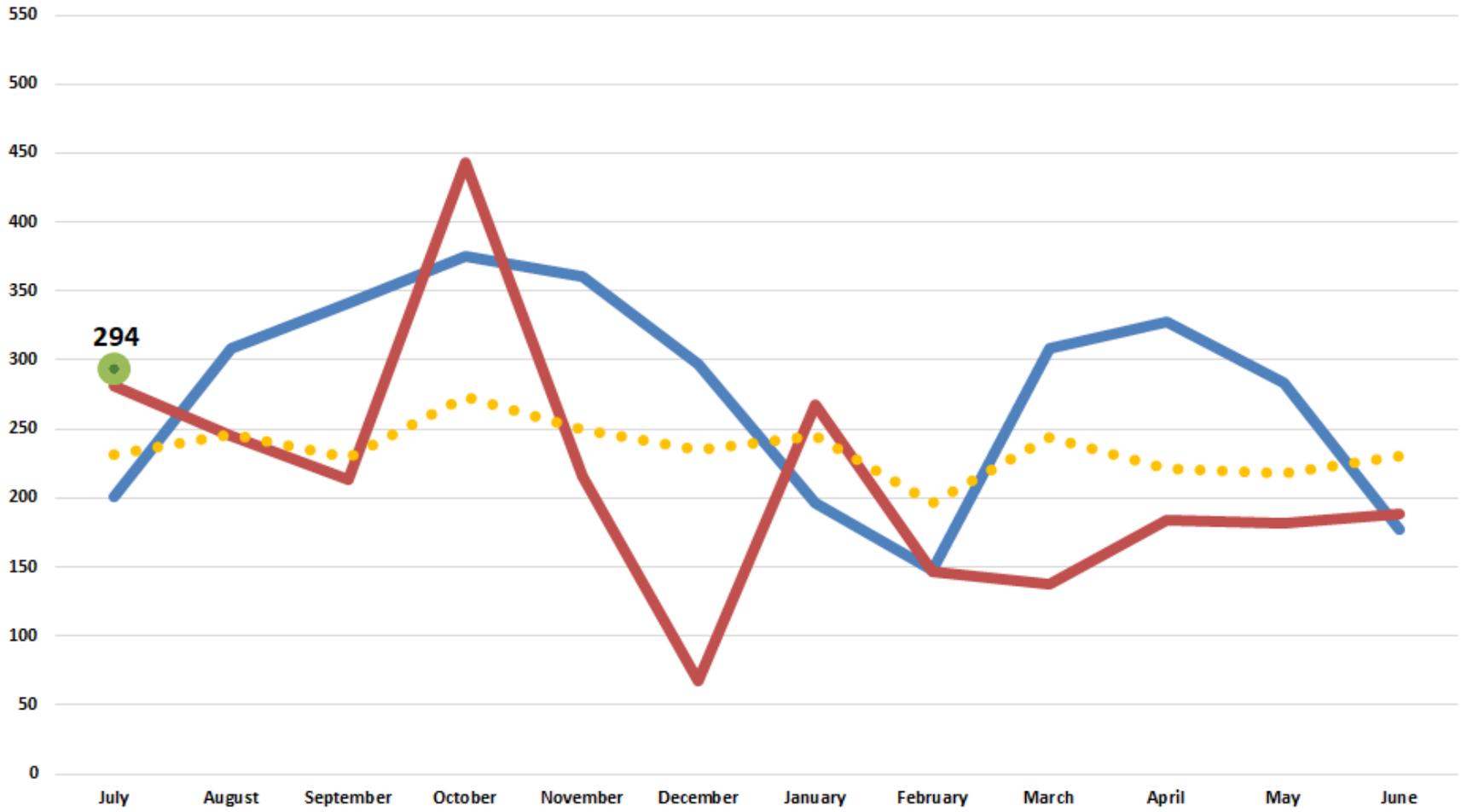
# Rad Onc Visalia



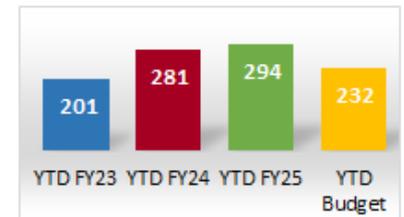
—● FY2023   
 —● FY2024   
 —● FY2025   
 ●●● Budget



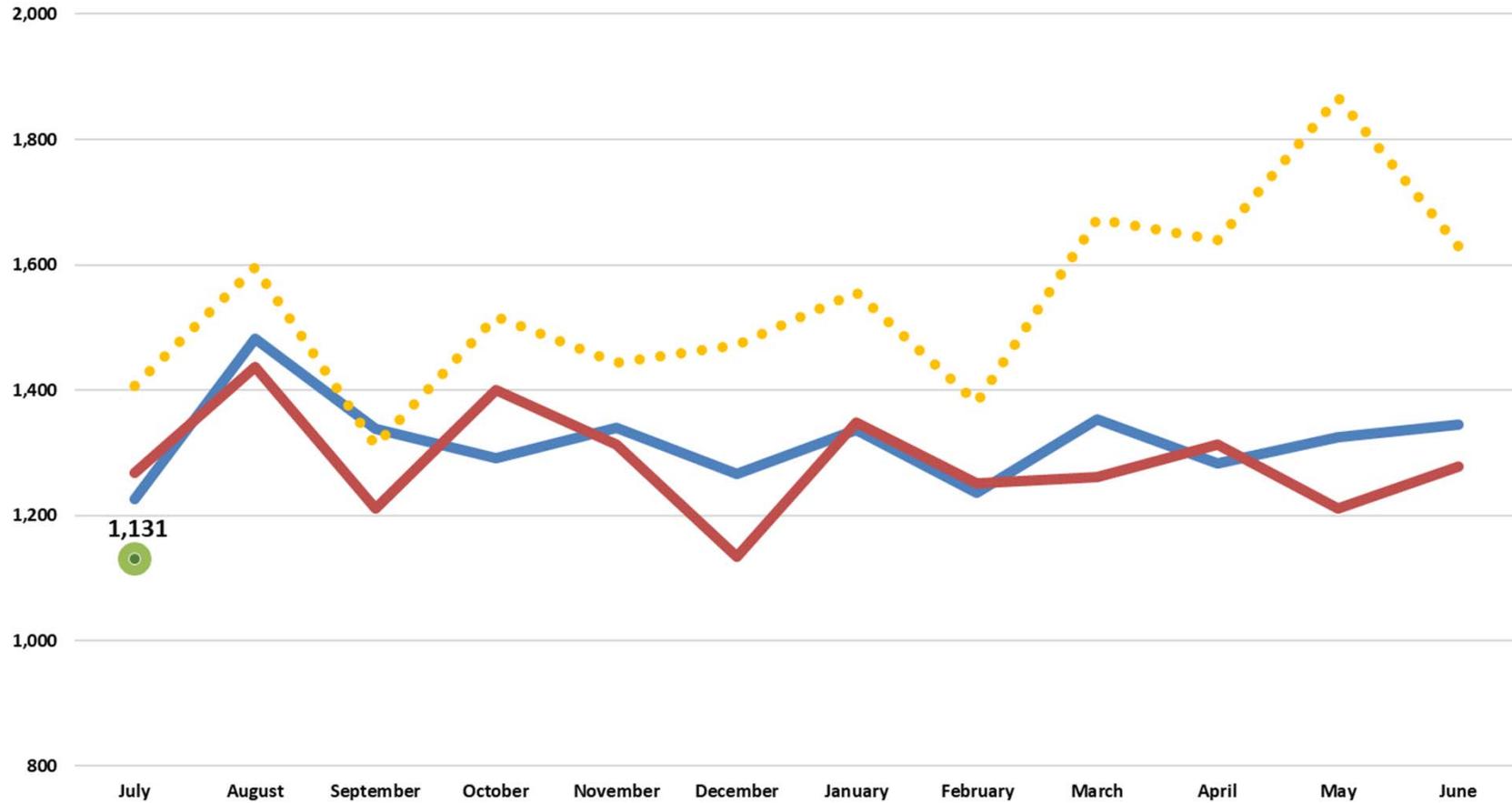
# Rad Onc Hanford



—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



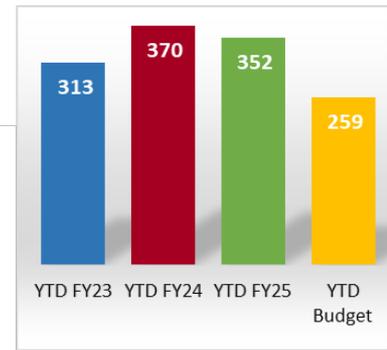
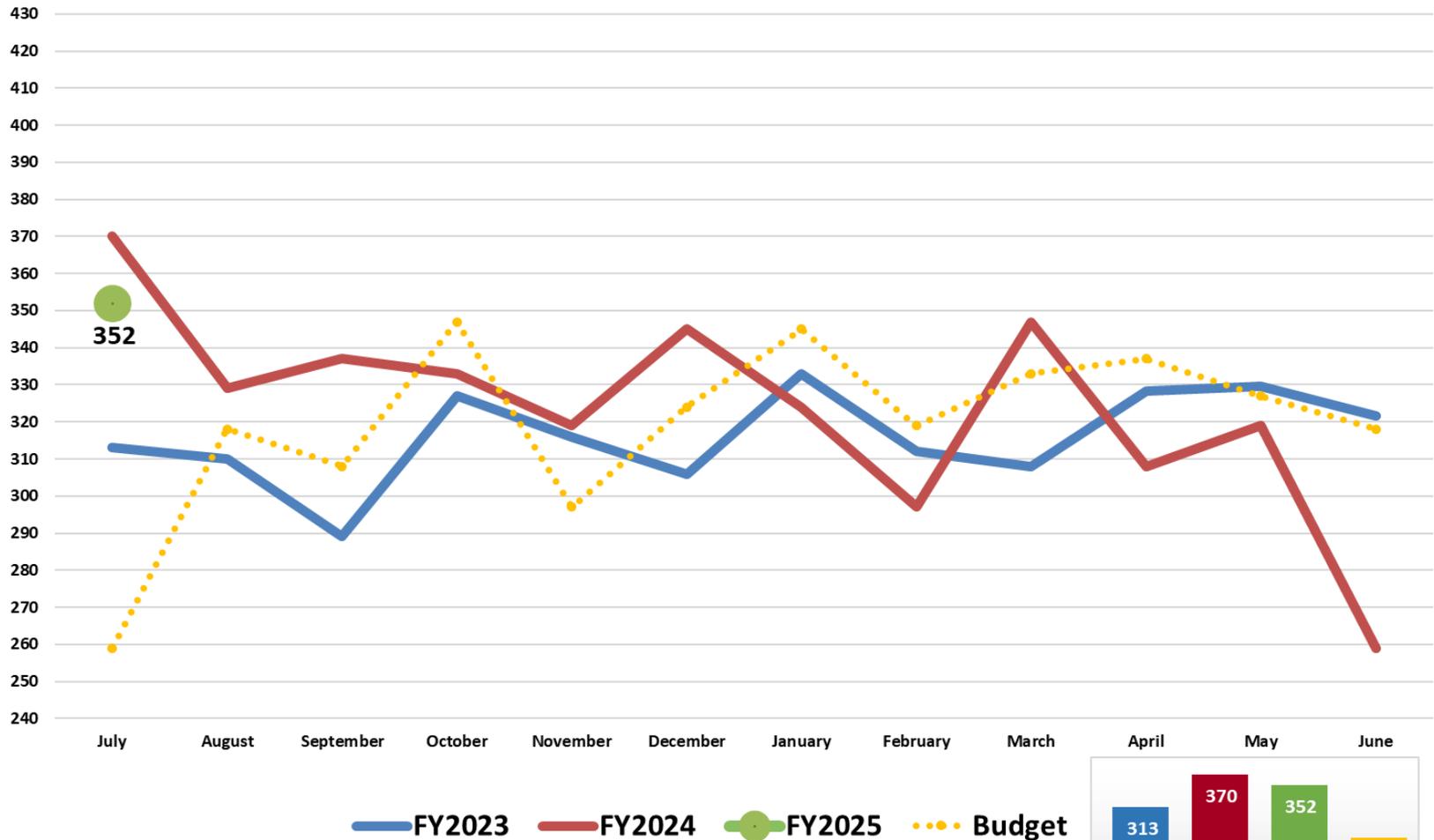
# Medical Oncology



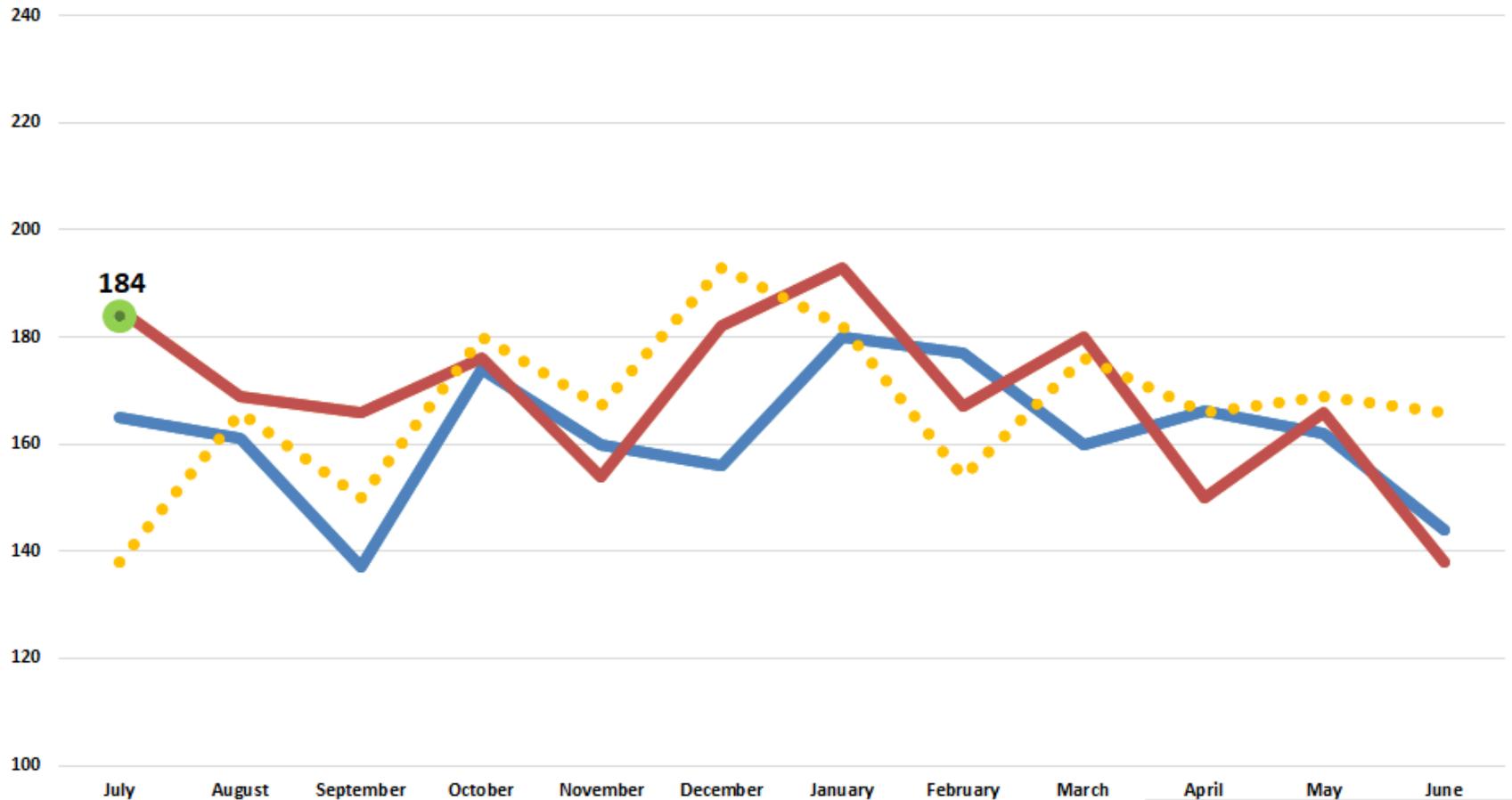
— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



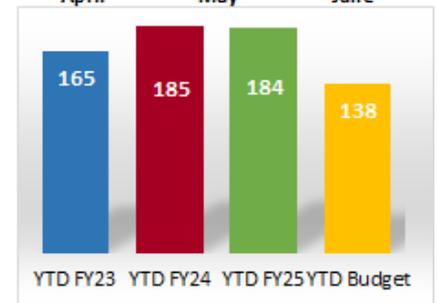
# Cath Lab (IP & OP) – 100 Min Units



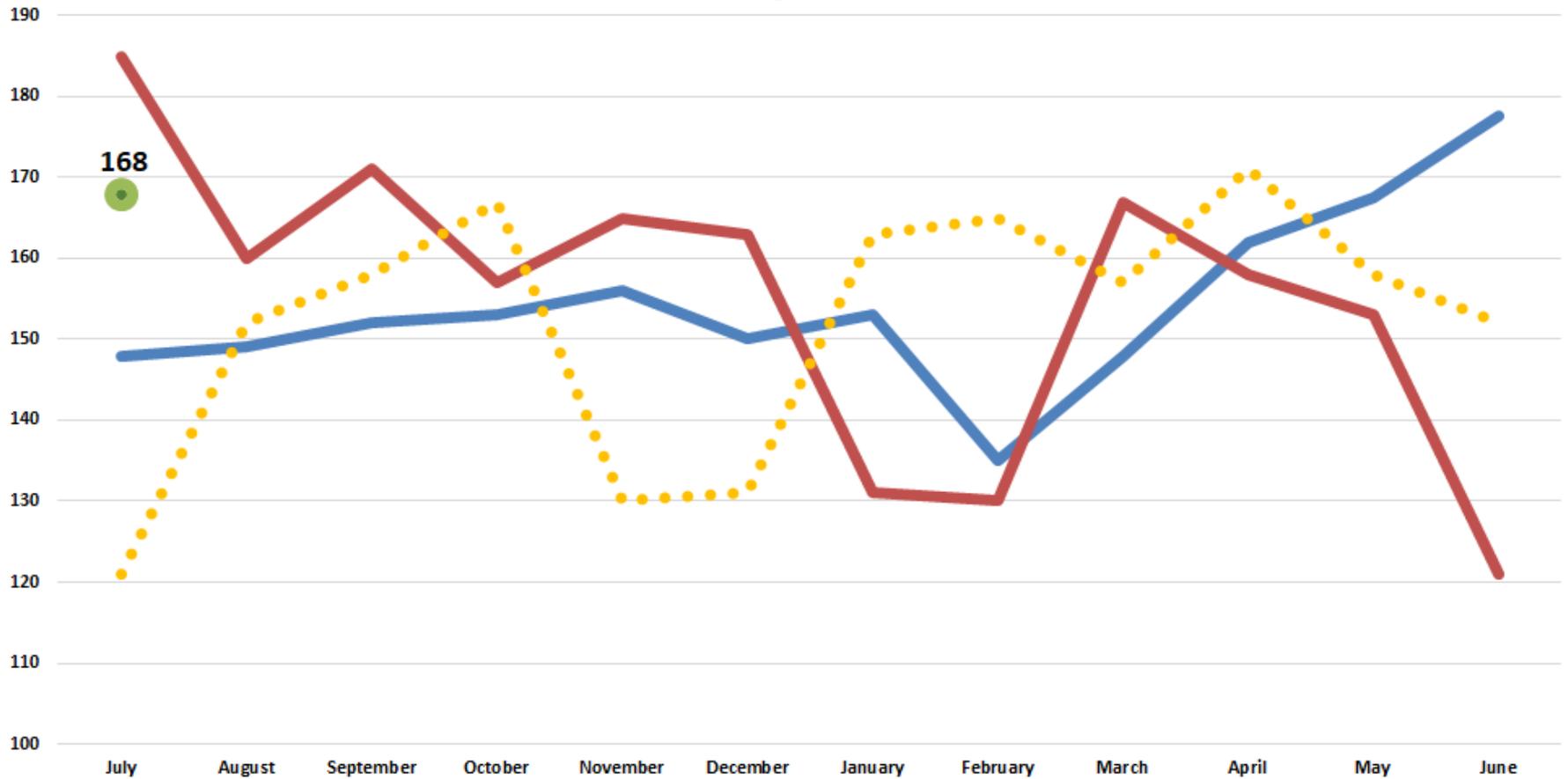
# Cath Lab (IP Only) – 100 Min Units



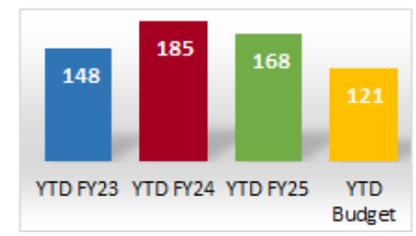
— FY2023   
 — FY2024   
 —● FY2025   
 ●● Budget



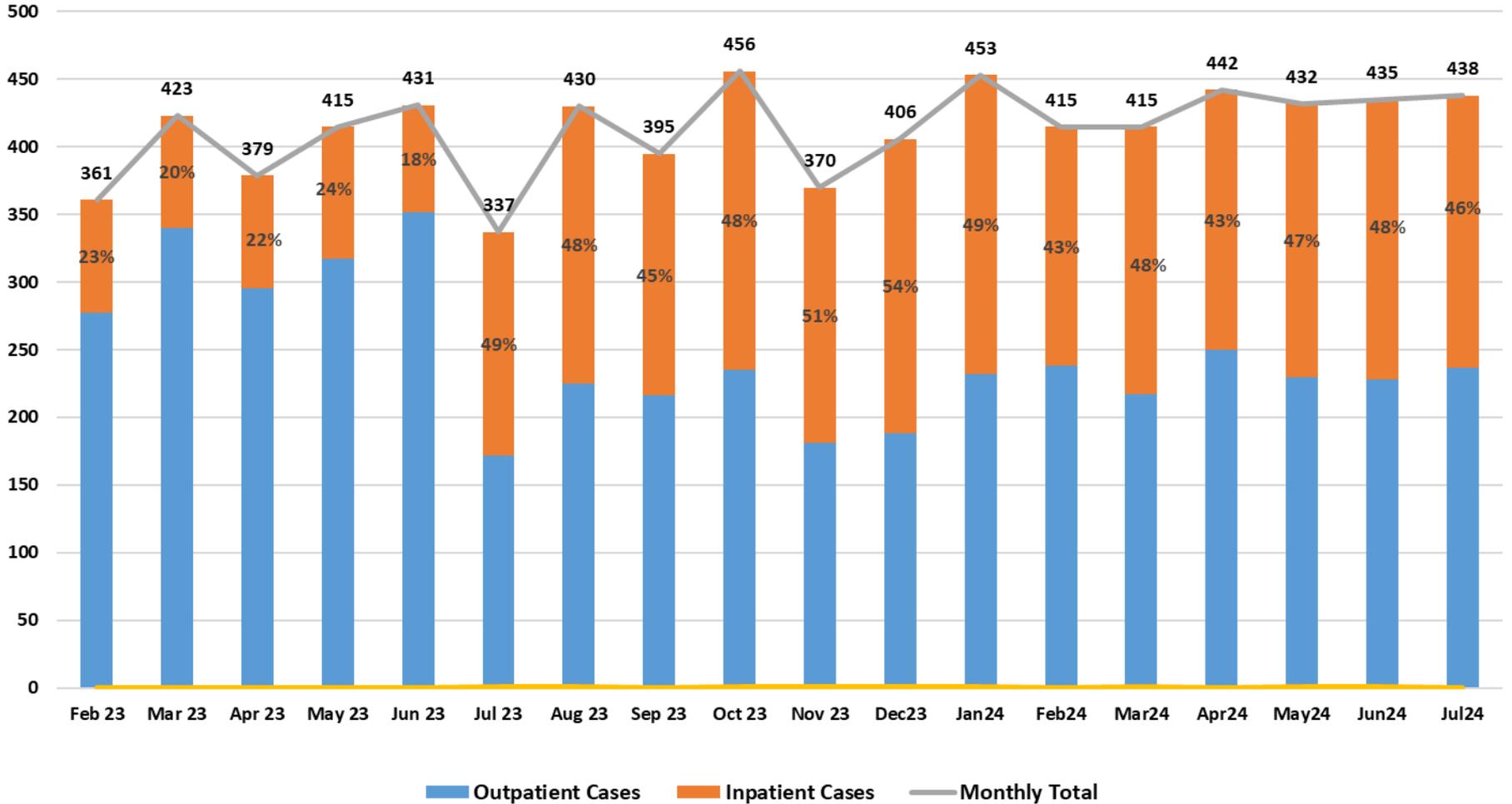
# Cath Lab (OP Only) – 100 Min Units



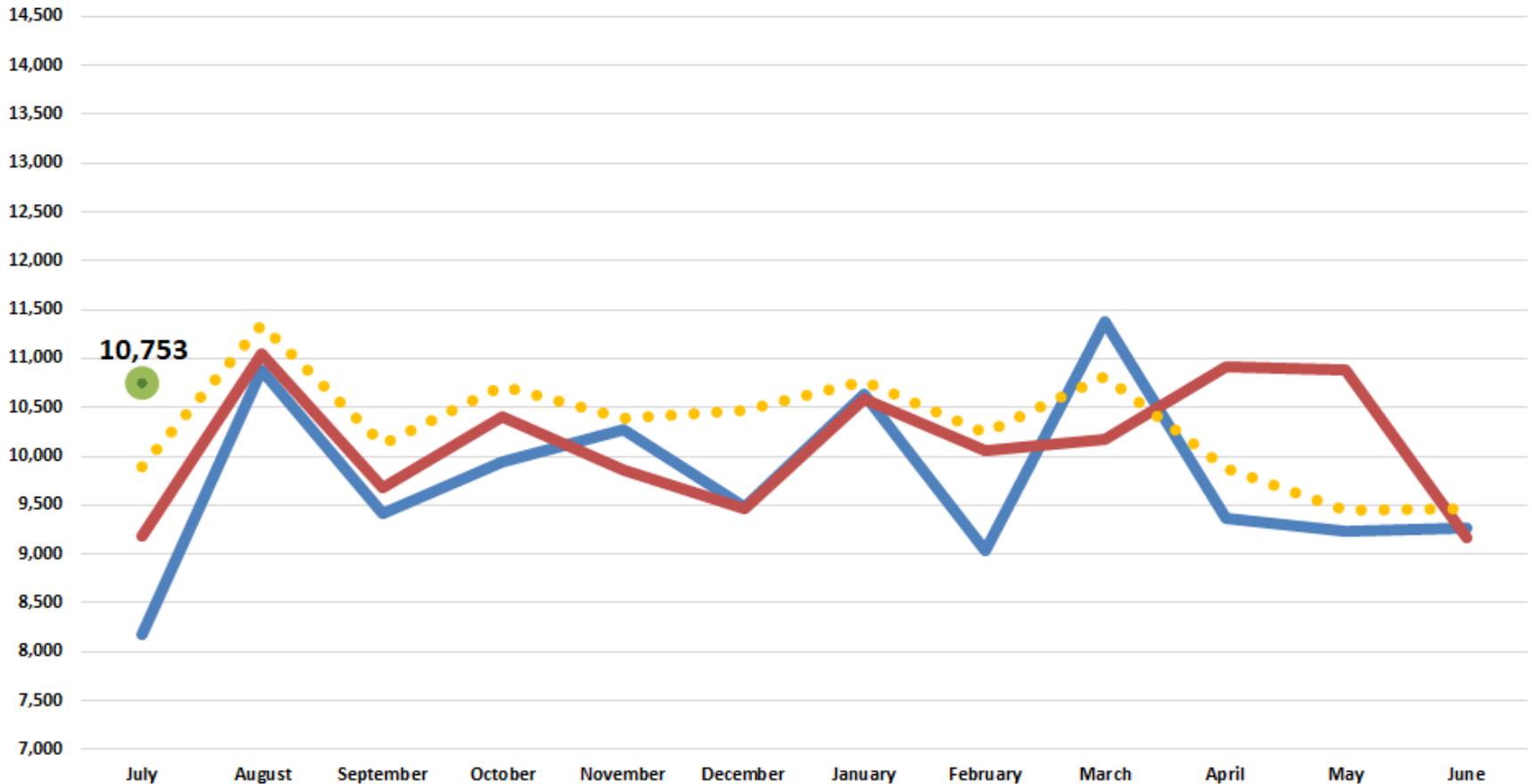
— FY2023   
 — FY2024   
 ● FY2025   
 ●● Budget



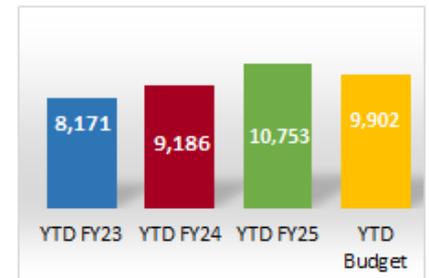
# Cath Lab Patients (IP & OP)



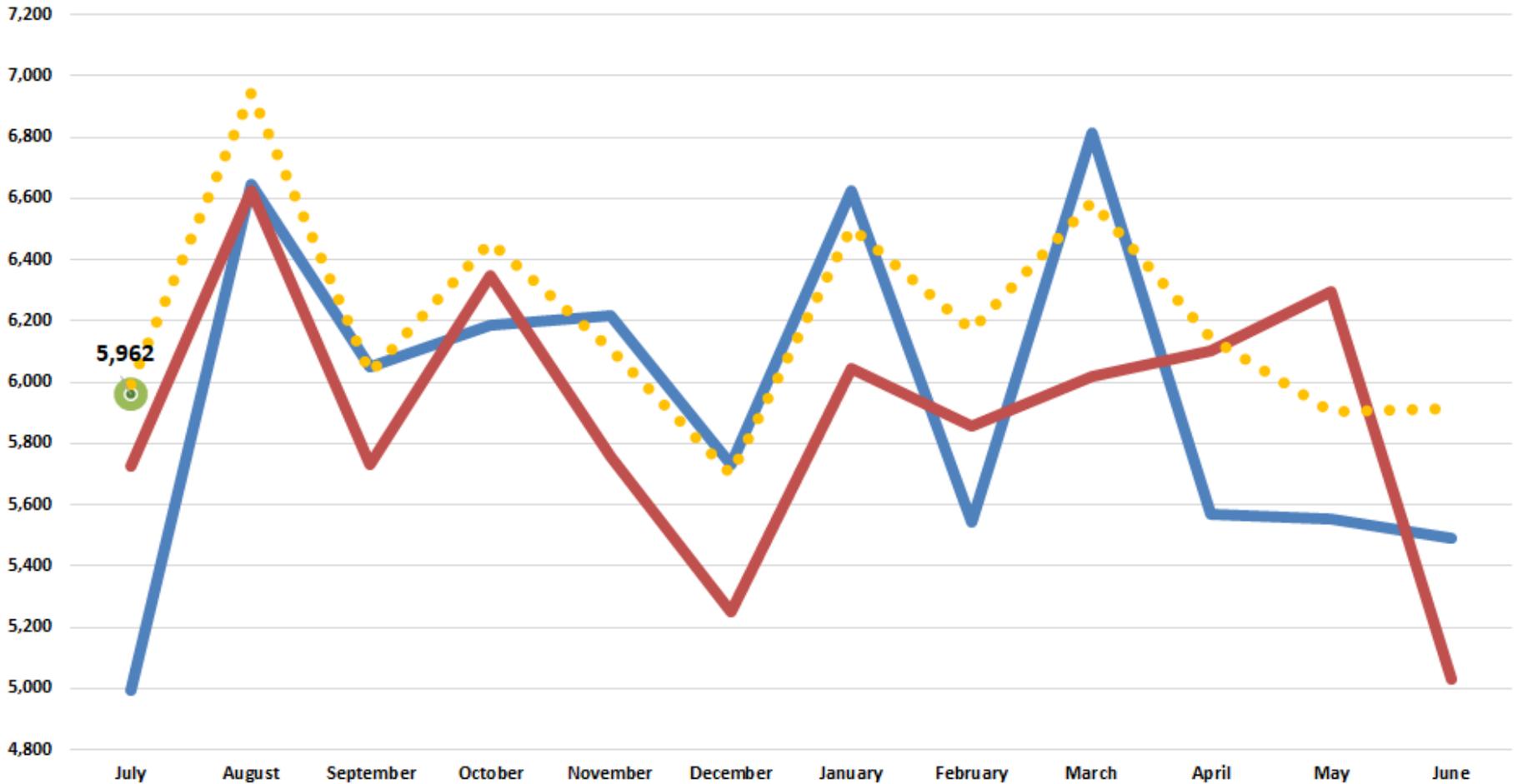
# Rural Health Clinics Registrations



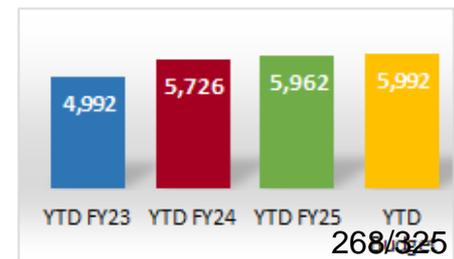
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 —●— FY2025   
 ●●● Budget



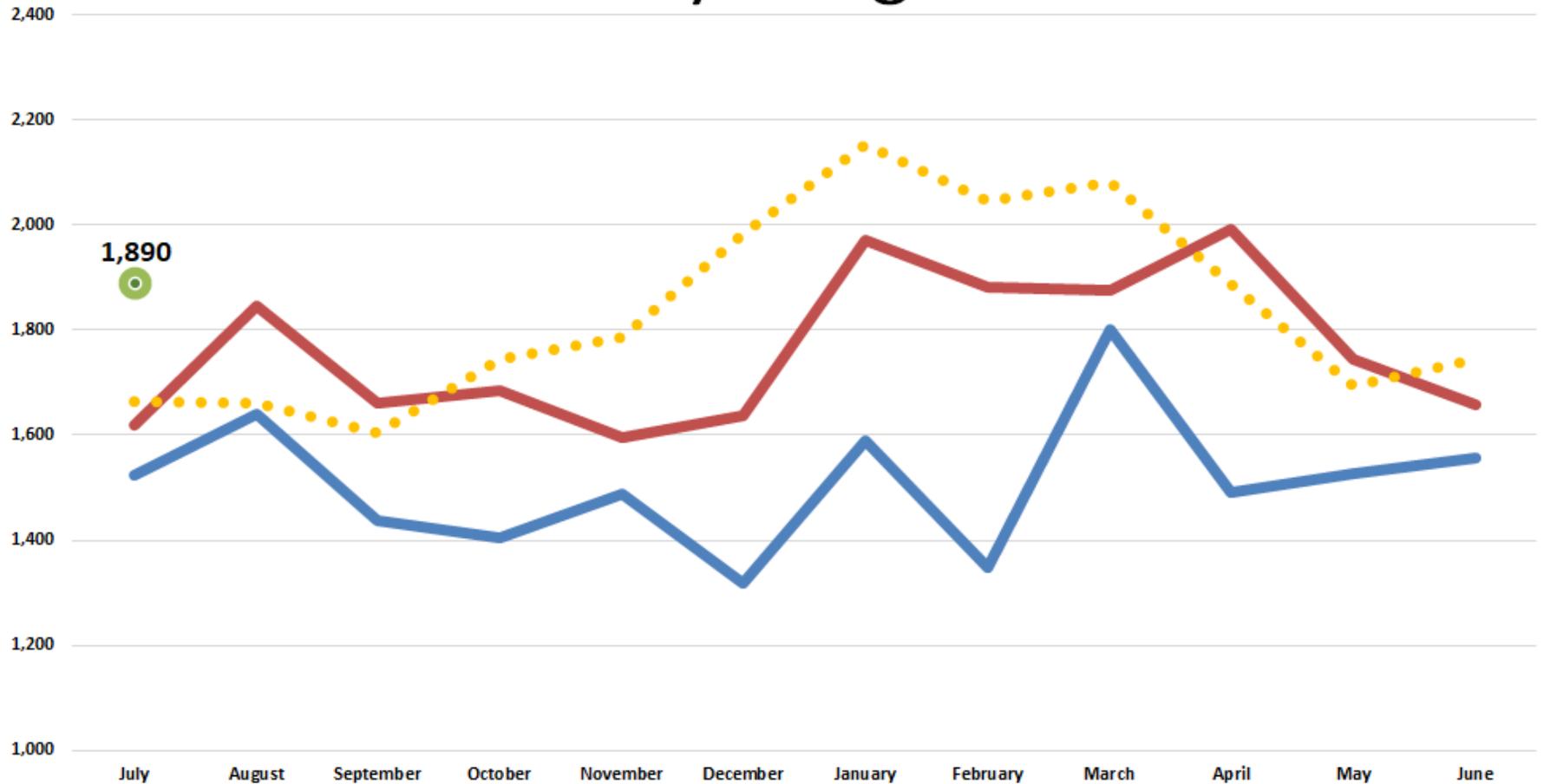
# RHC Exeter - Registrations



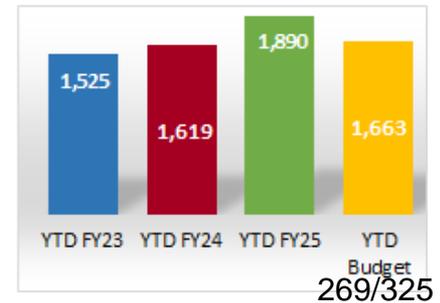
— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



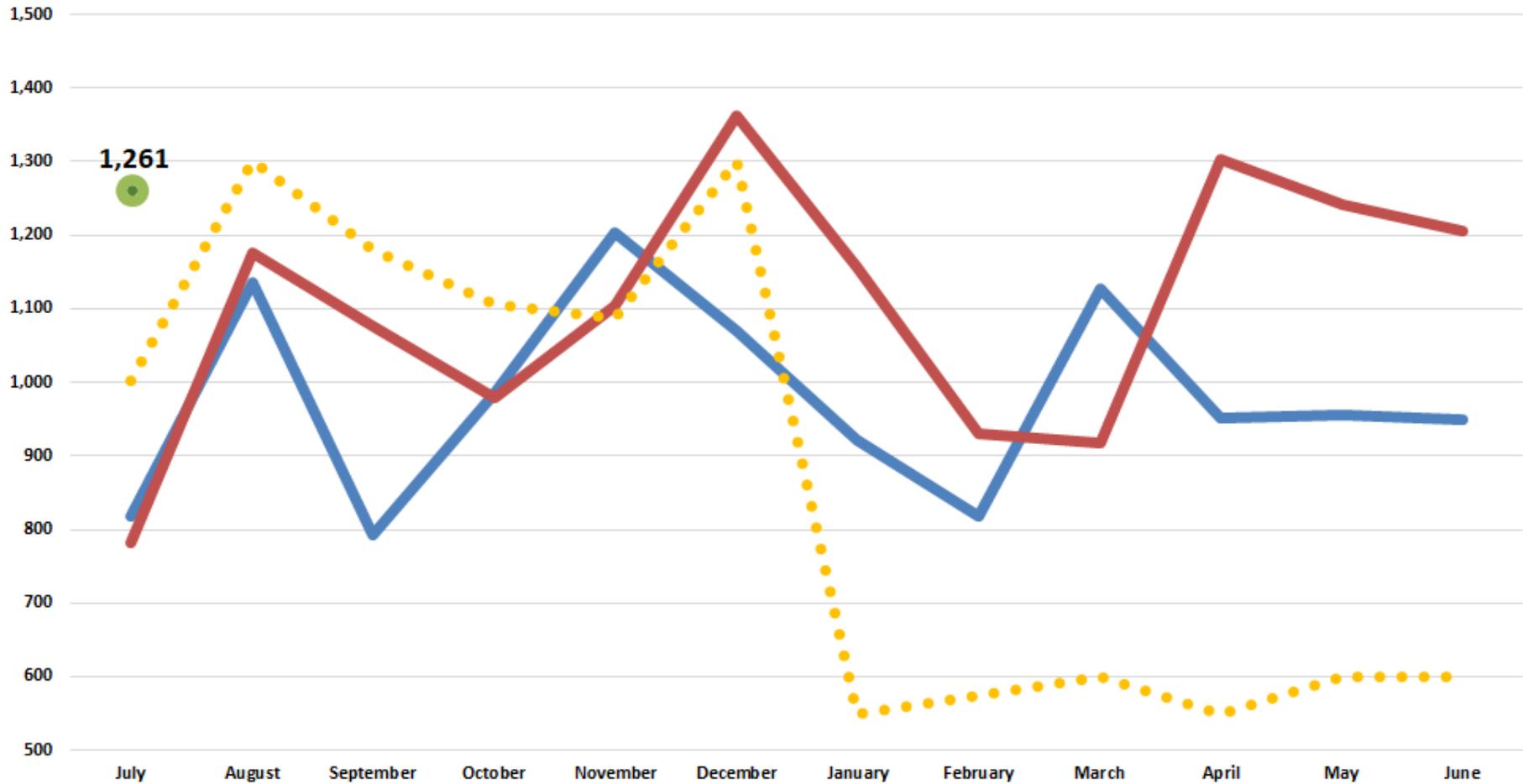
# RHC Lindsay - Registrations



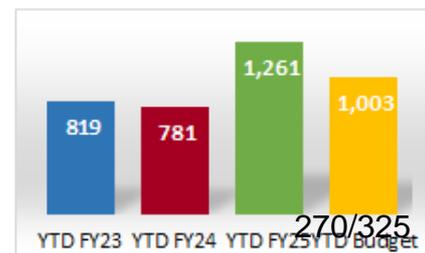
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



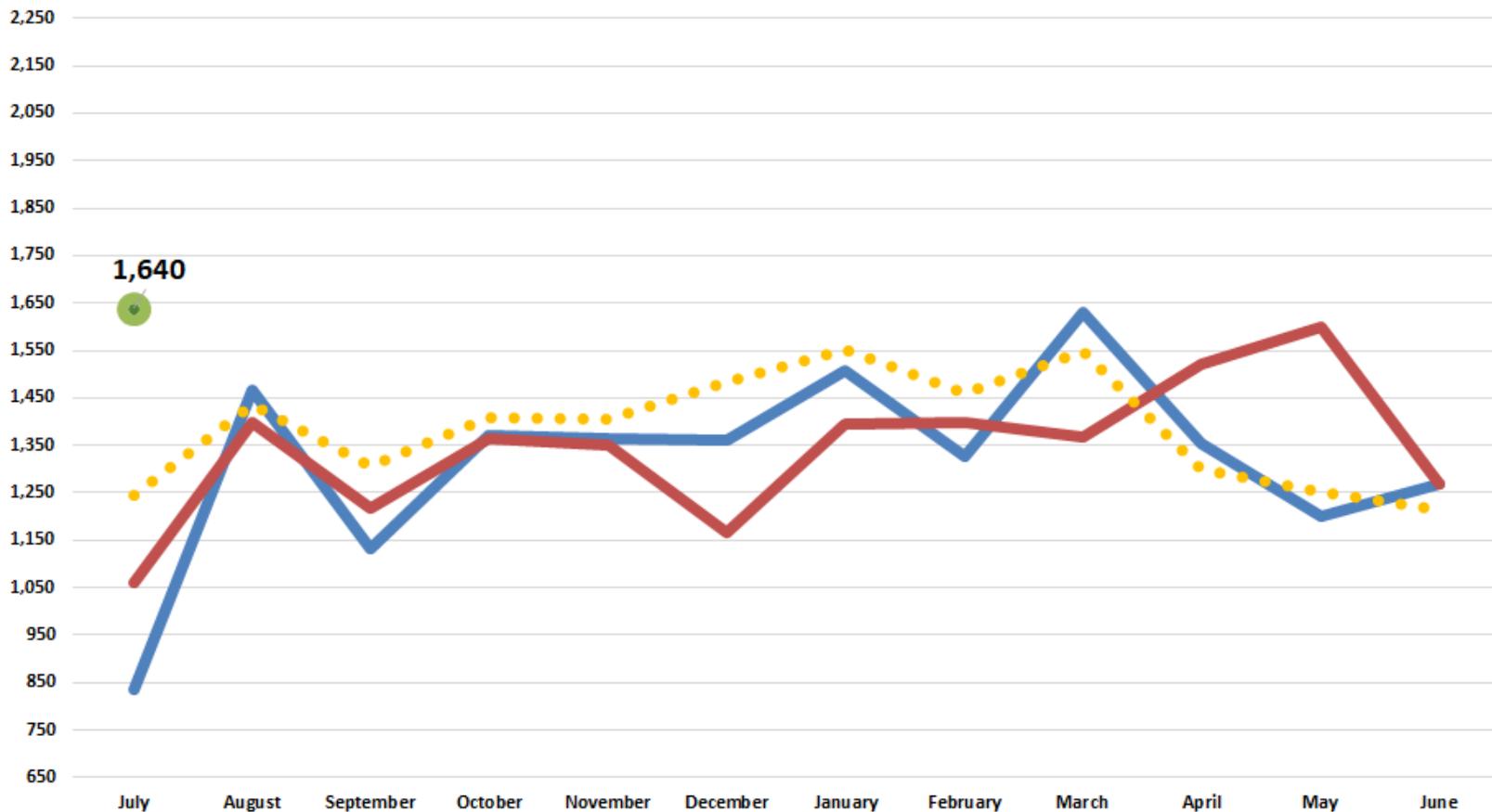
# RHC Woodlake - Registrations



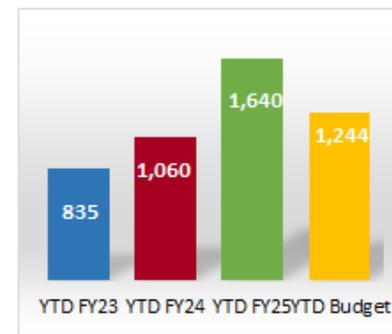
— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget



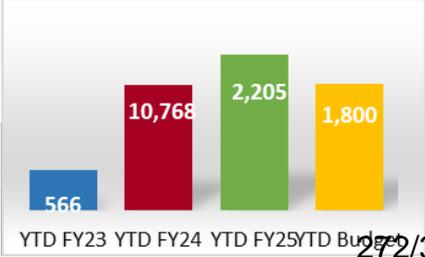
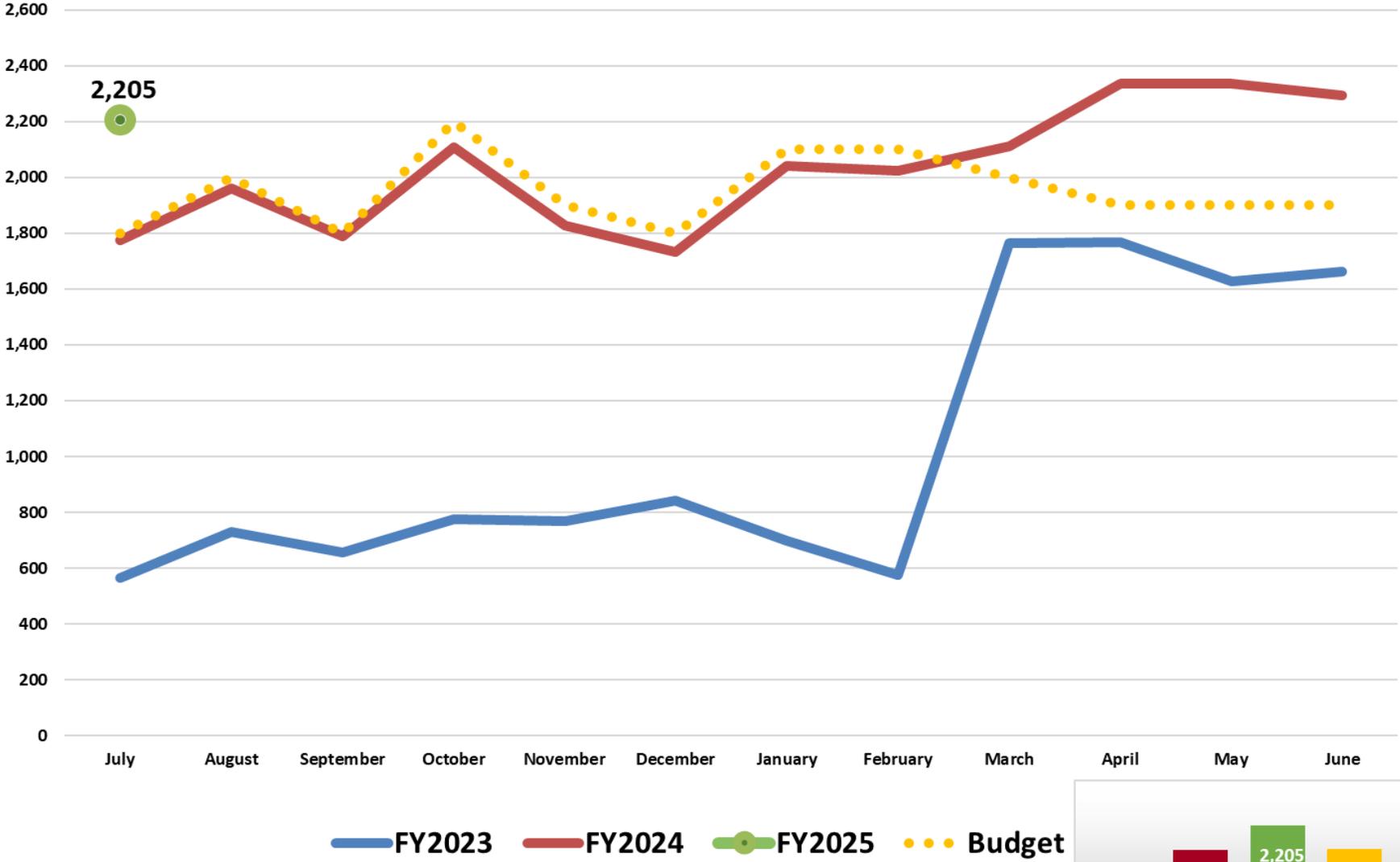
# RHC Dinuba - Registrations



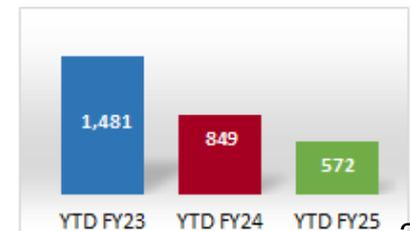
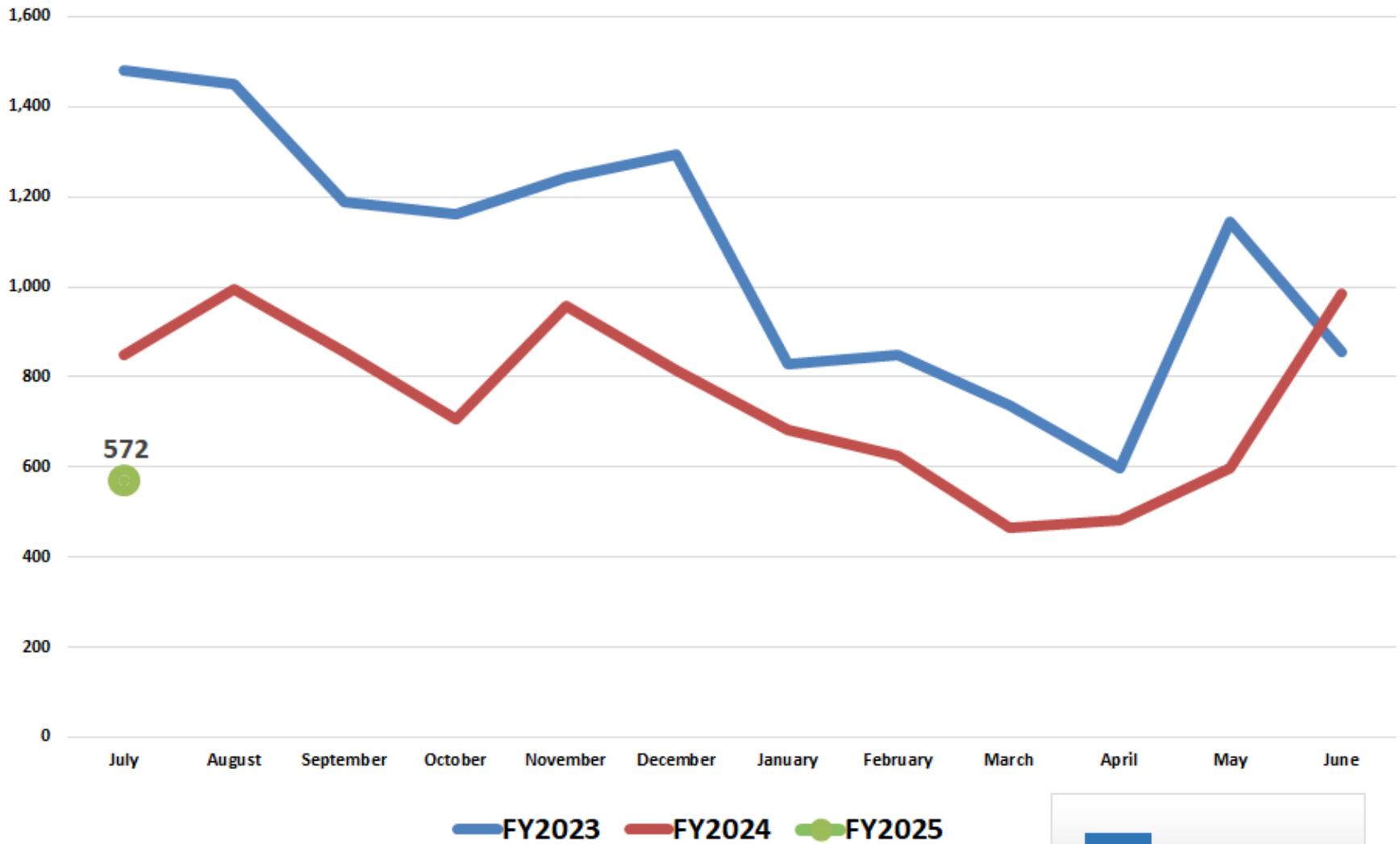
— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget



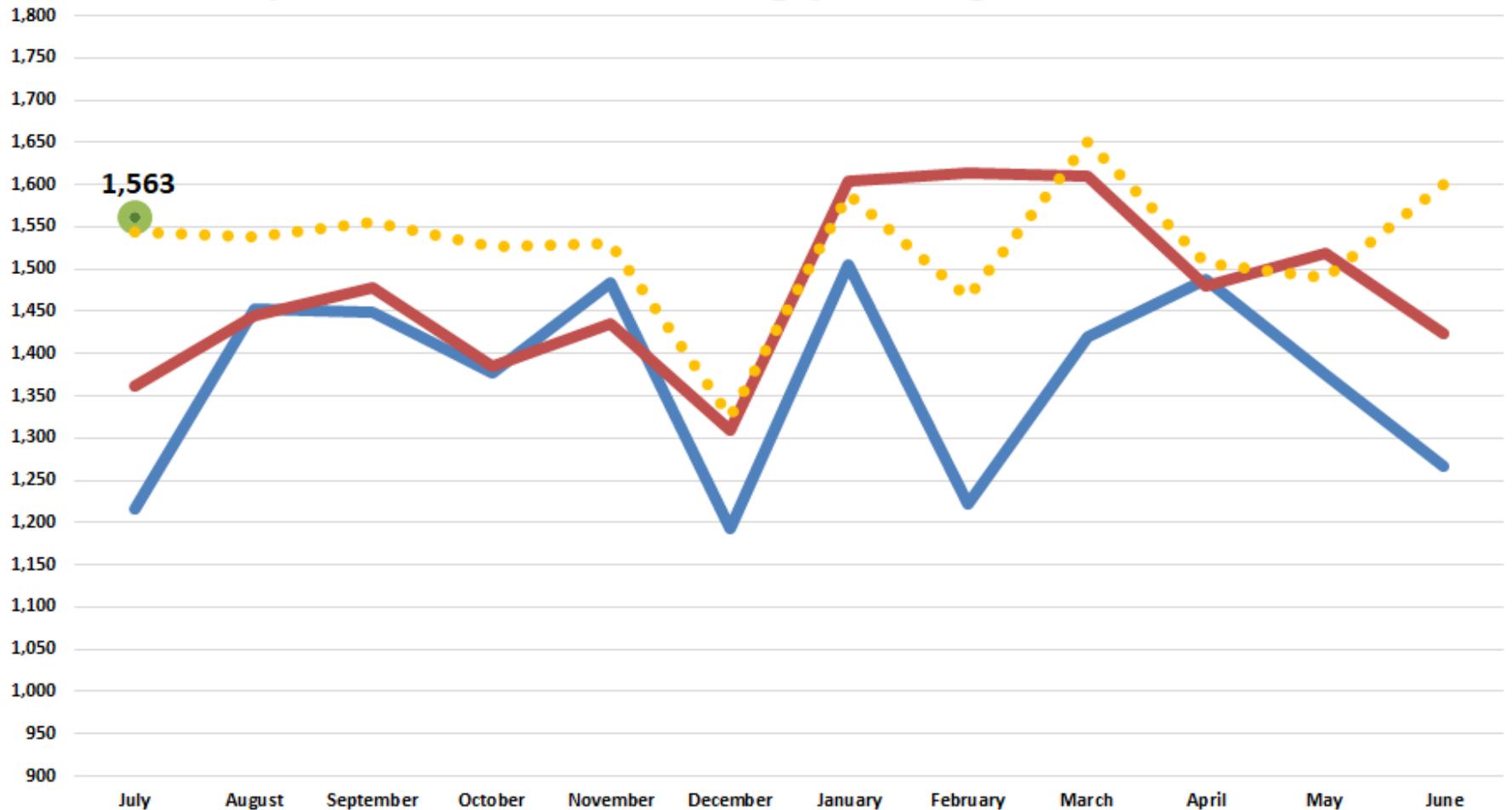
# RHC Tulare - Registrations



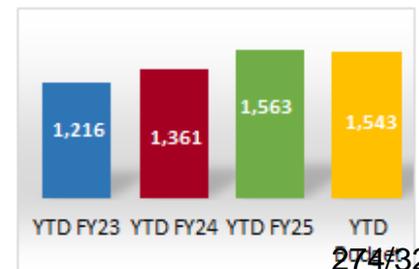
# Neurosurgery Clinic - wRVU's



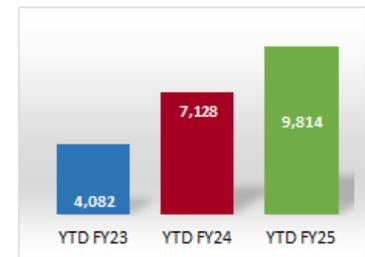
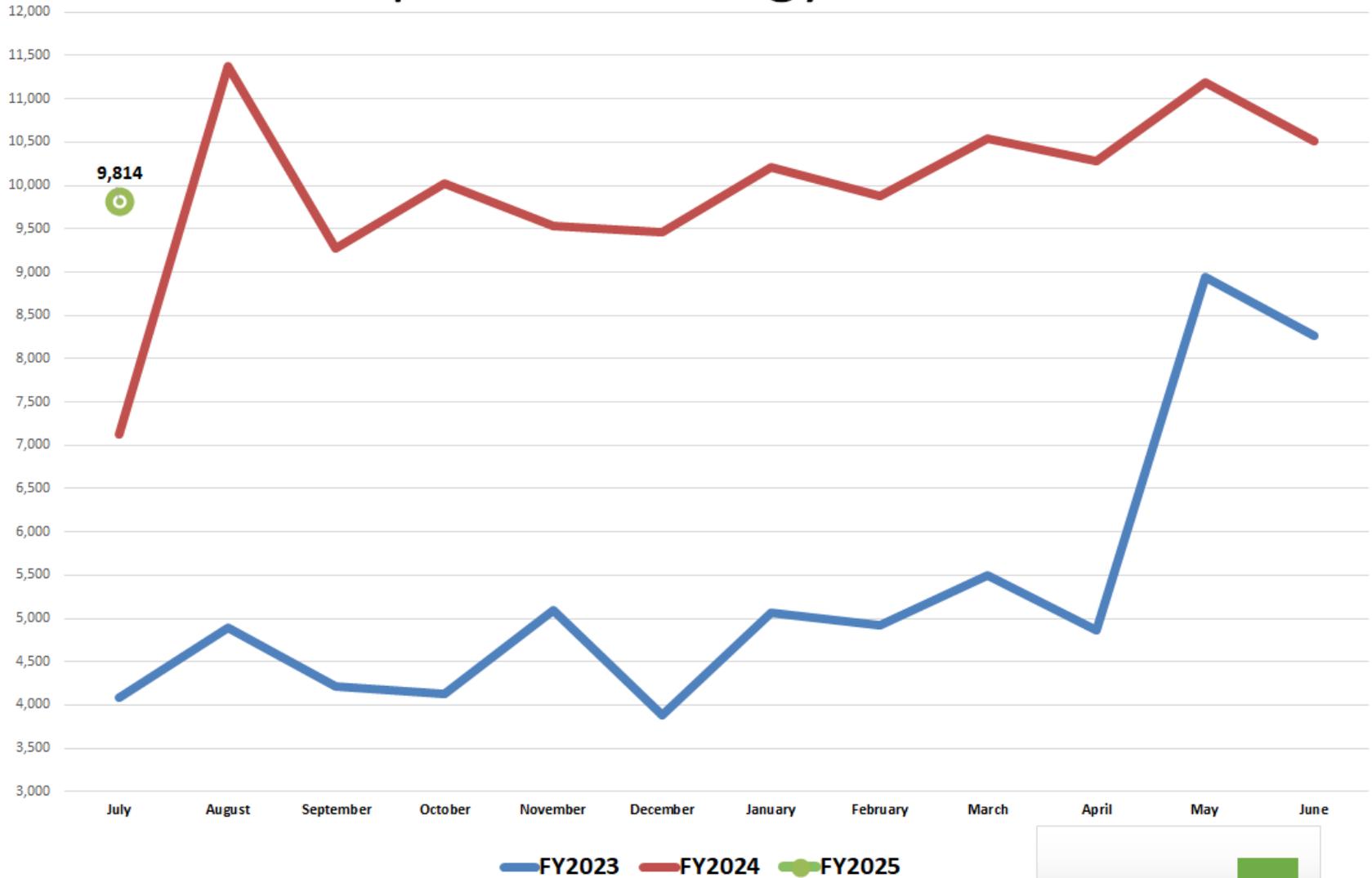
# Sequoia Cardiology Registrations



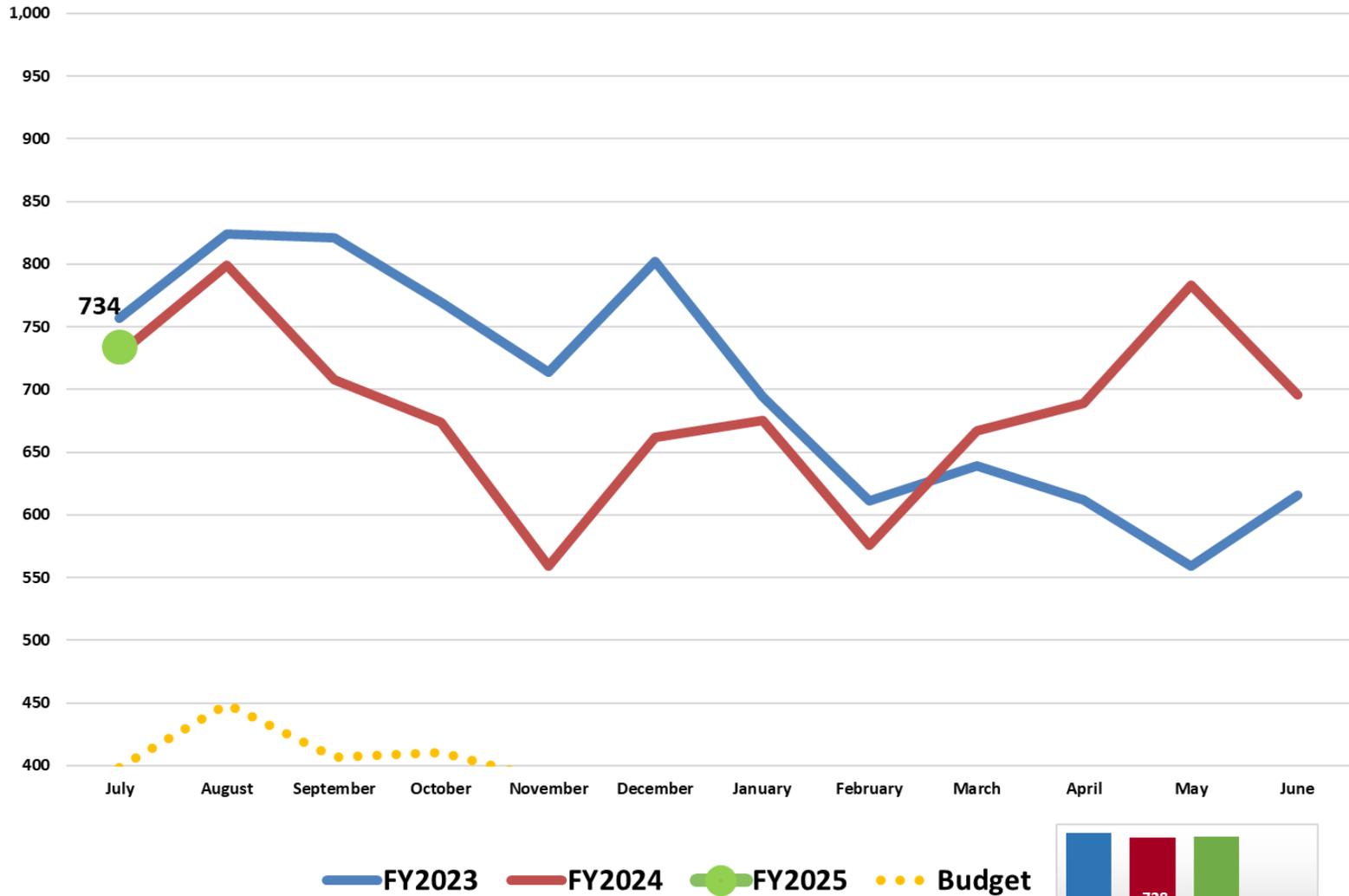
—●— FY2023   
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 —●— FY2025   
 ●●● Budget



# Sequoia Cardiology - wRVU's

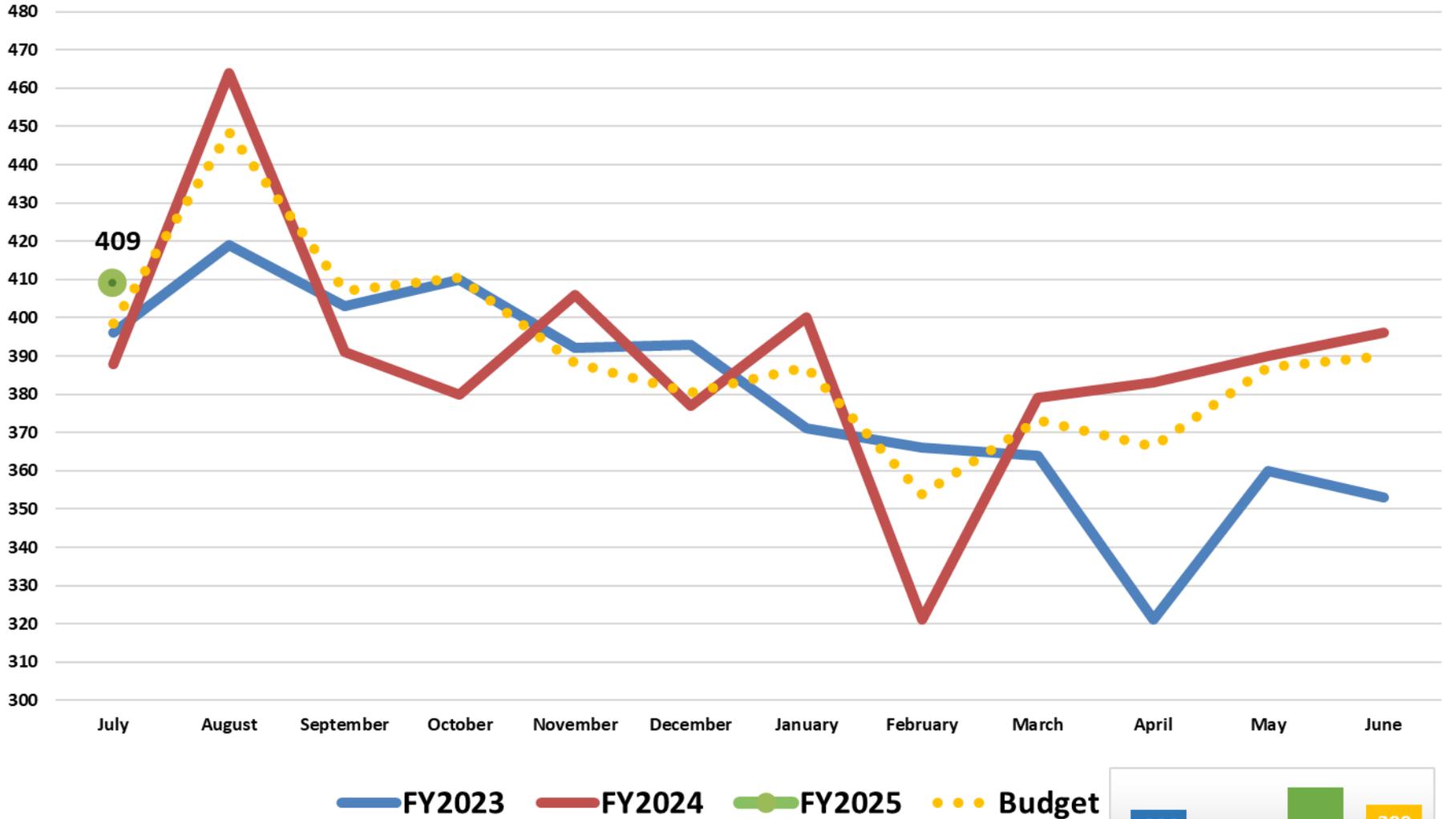


# Labor Triage Registrations



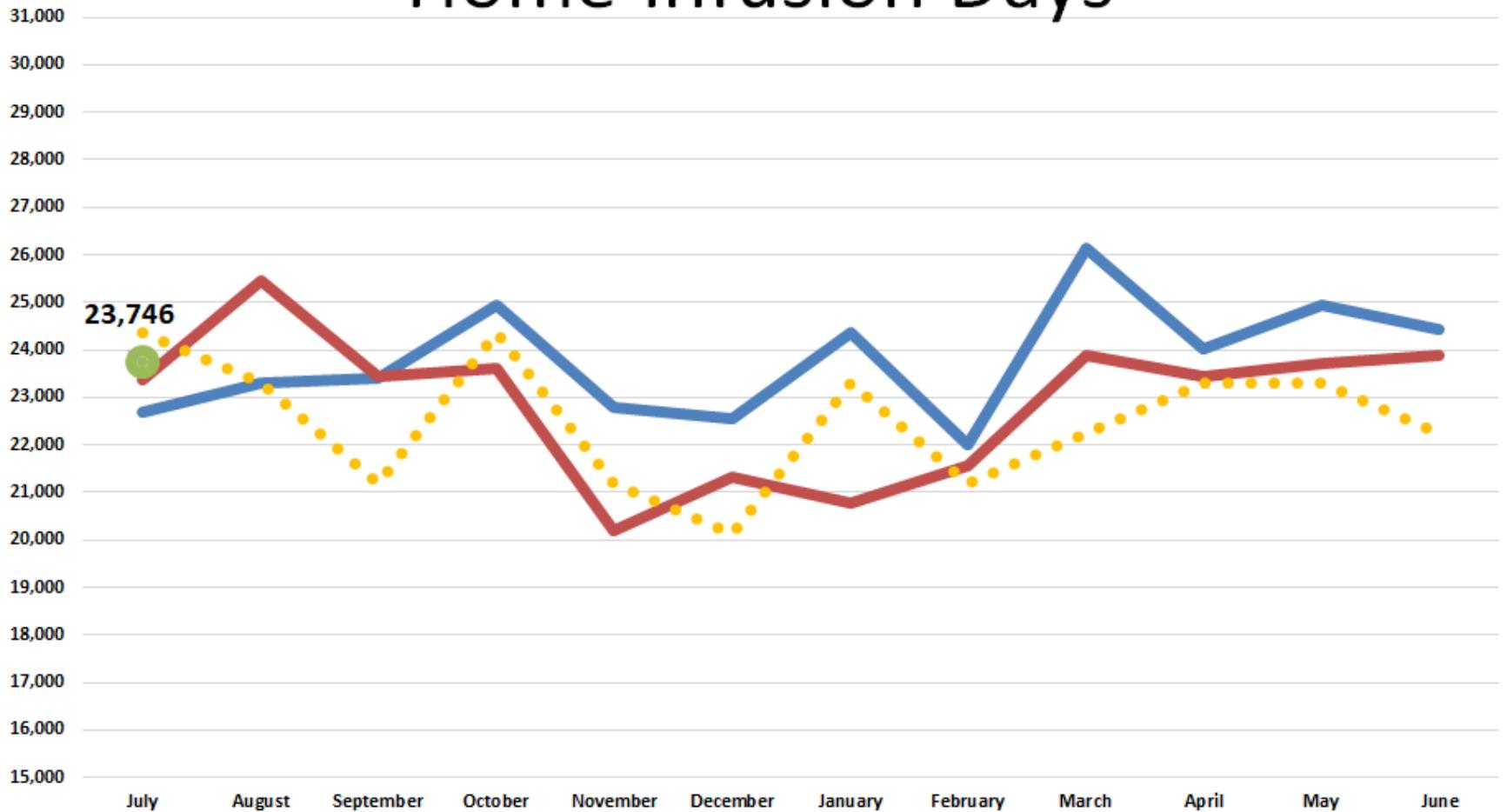
757	728	734	399
YTD FY23	YTD FY24	YTD FY25	YTD Budget

# Deliveries

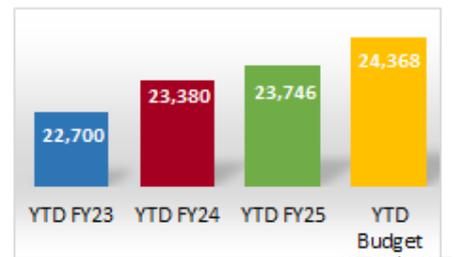


396	388	409	399
YTD FY23	YTD FY24	YTD FY25	YTD Budget
			277/325

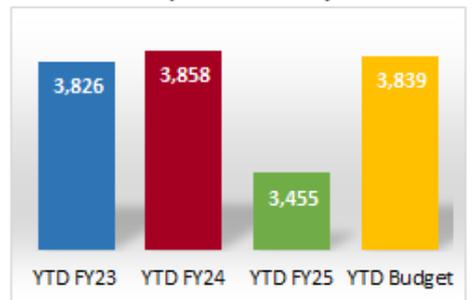
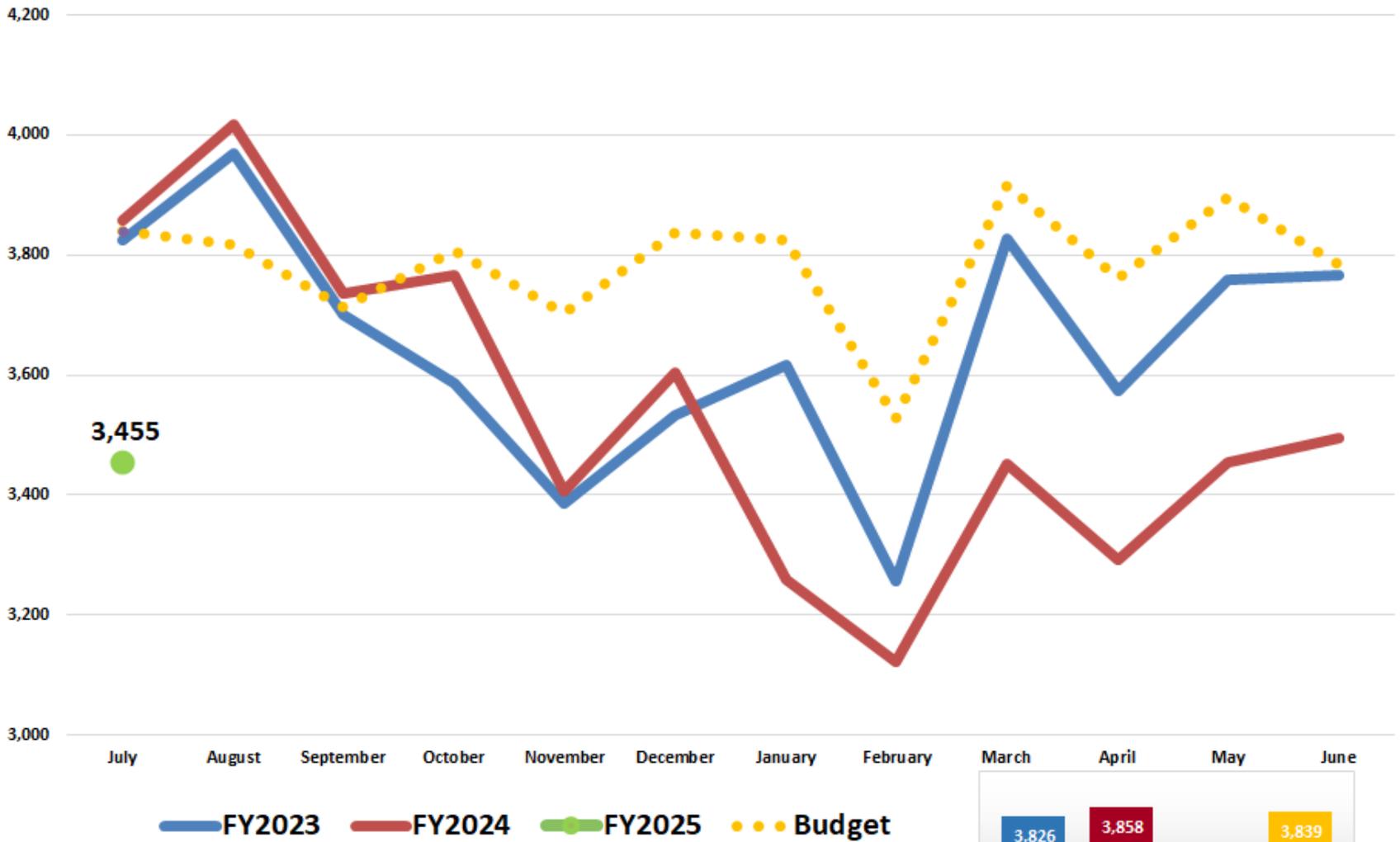
# Home Infusion Days



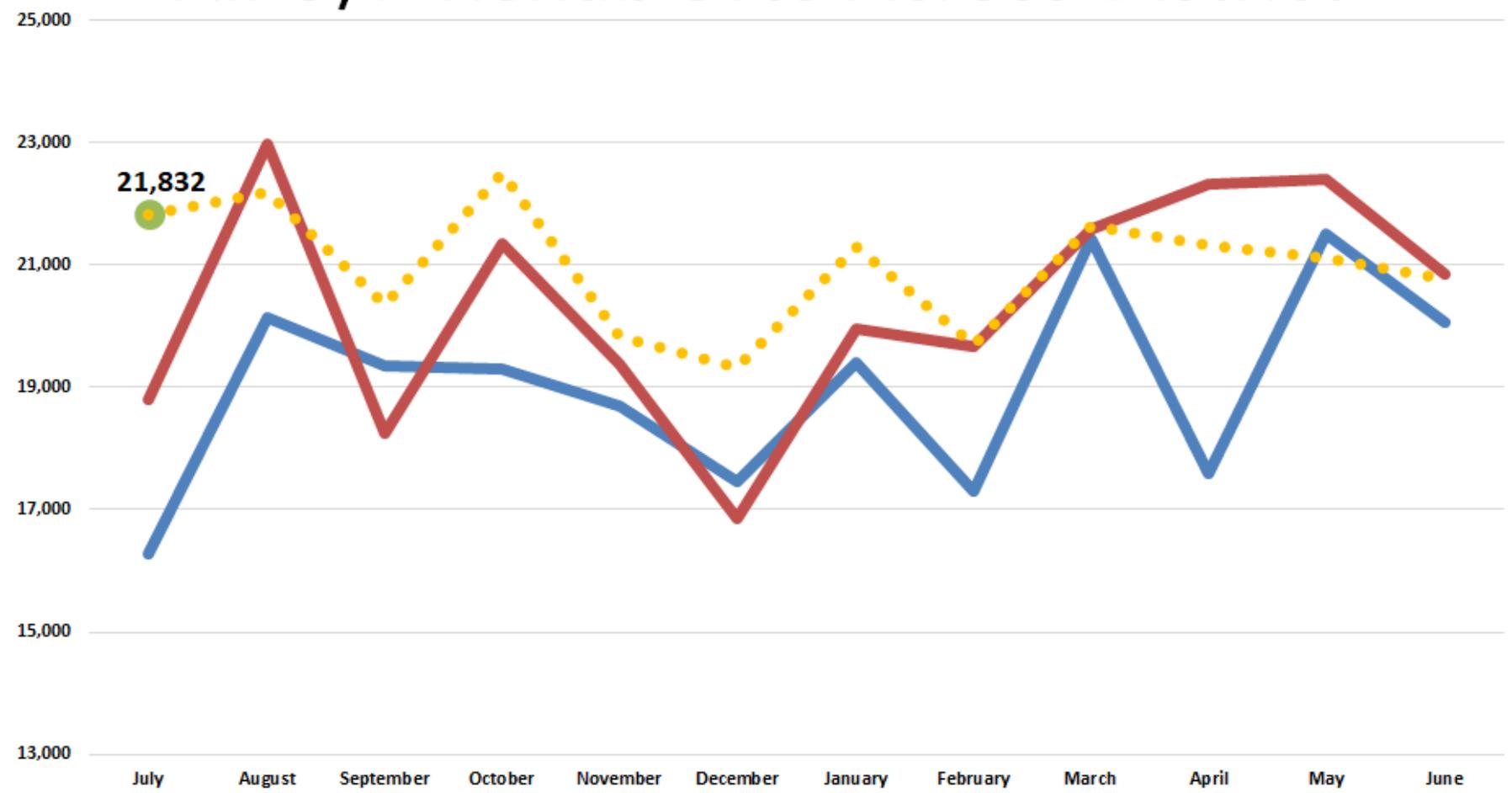
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



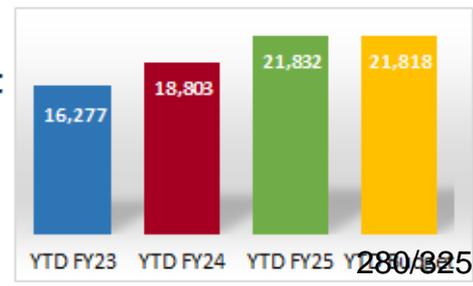
# Hospice Days



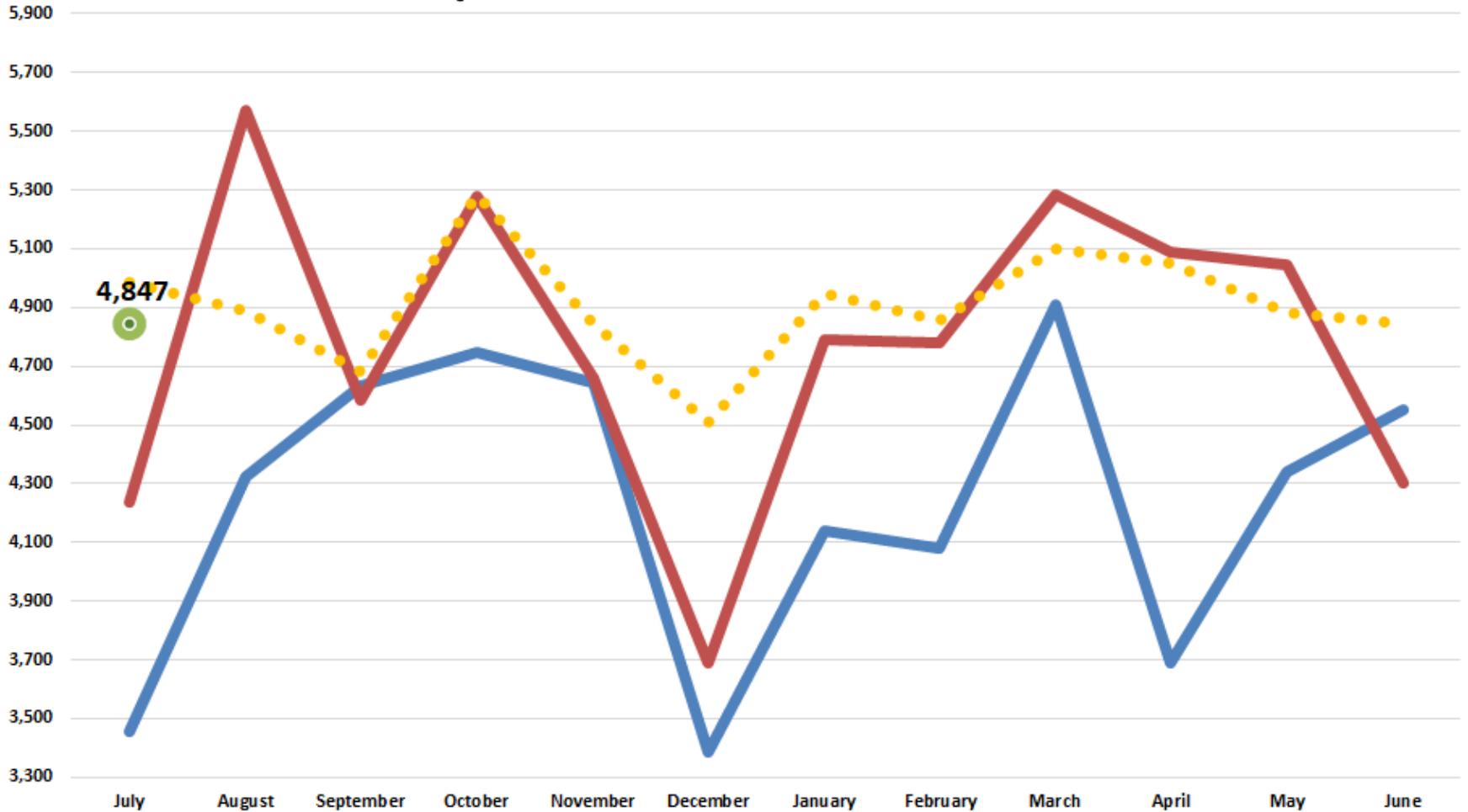
# All O/P Rehab Svcs Across District



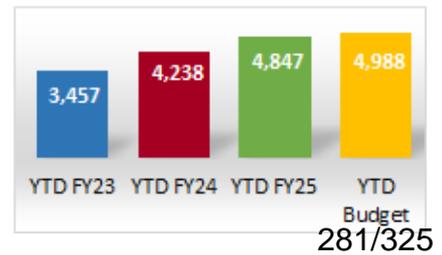
—●— FY2023   
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 ●●● Budget



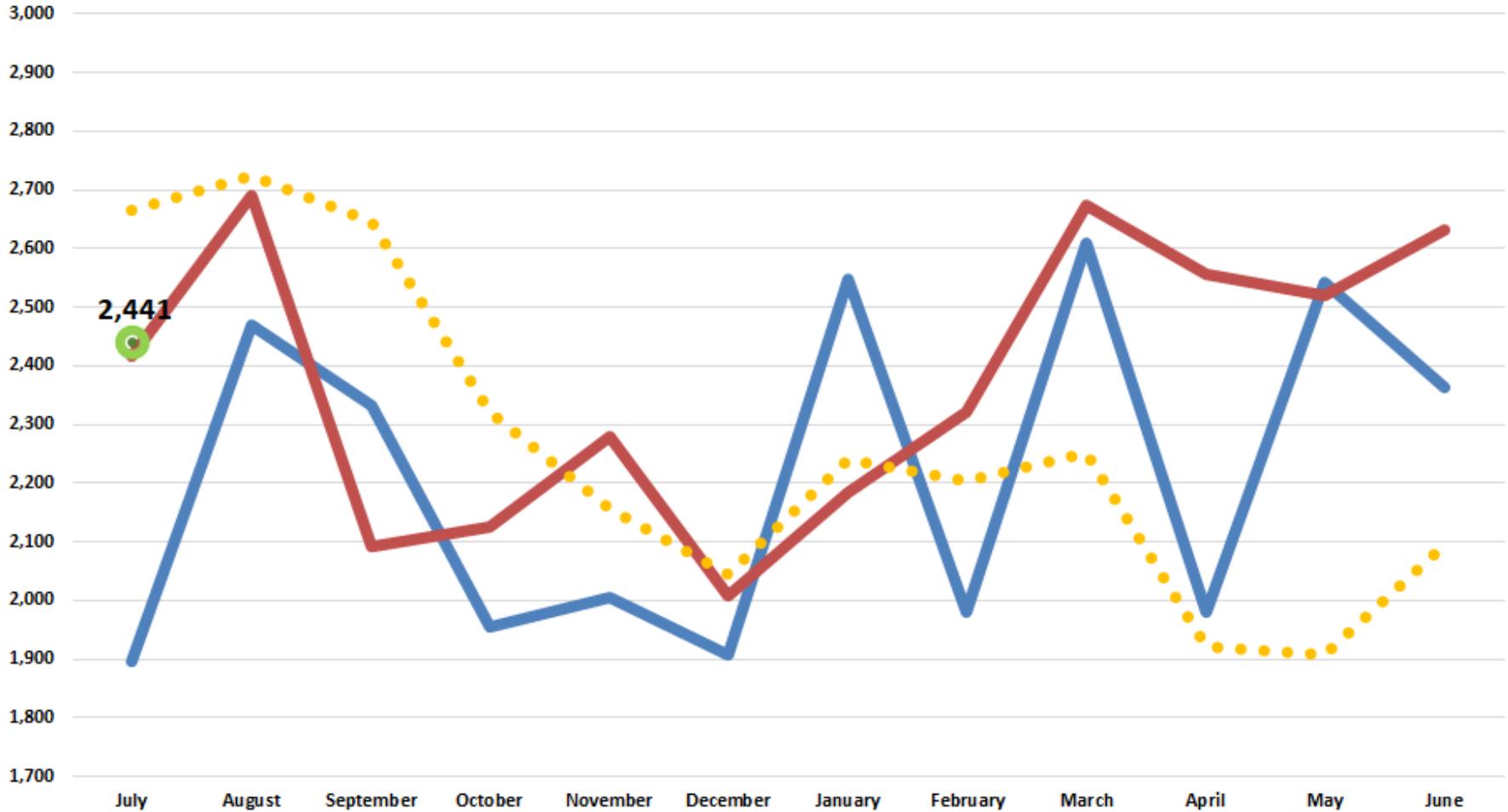
# O/P Rehab Services



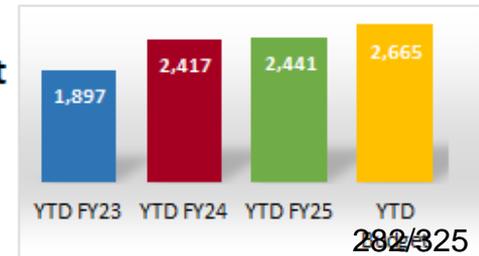
— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget



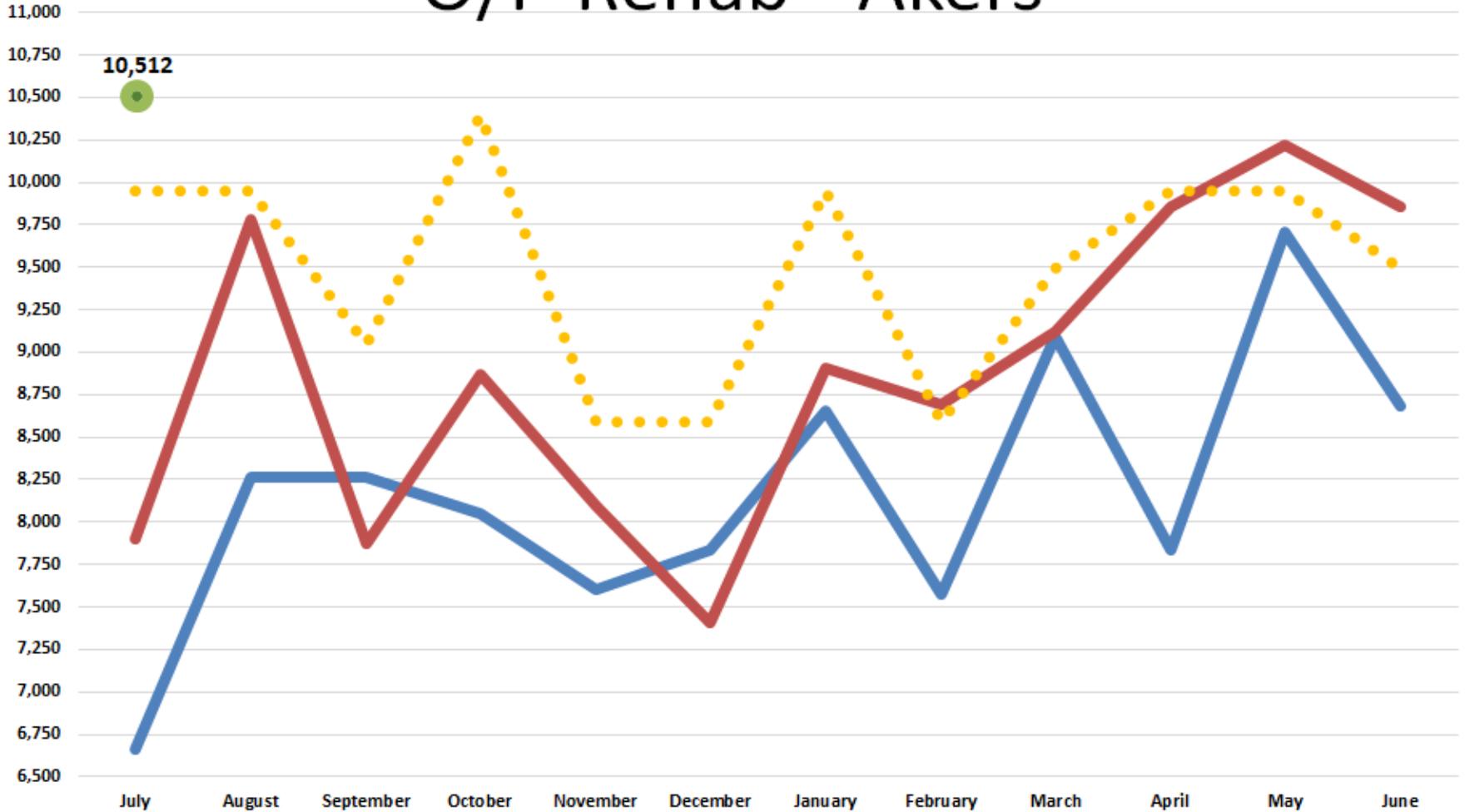
# O/P Rehab - Exeter



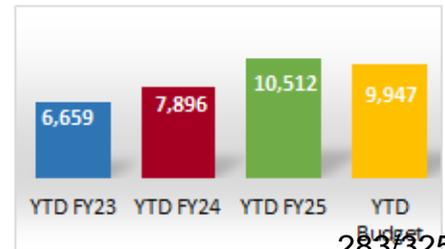
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 ●●● Budget



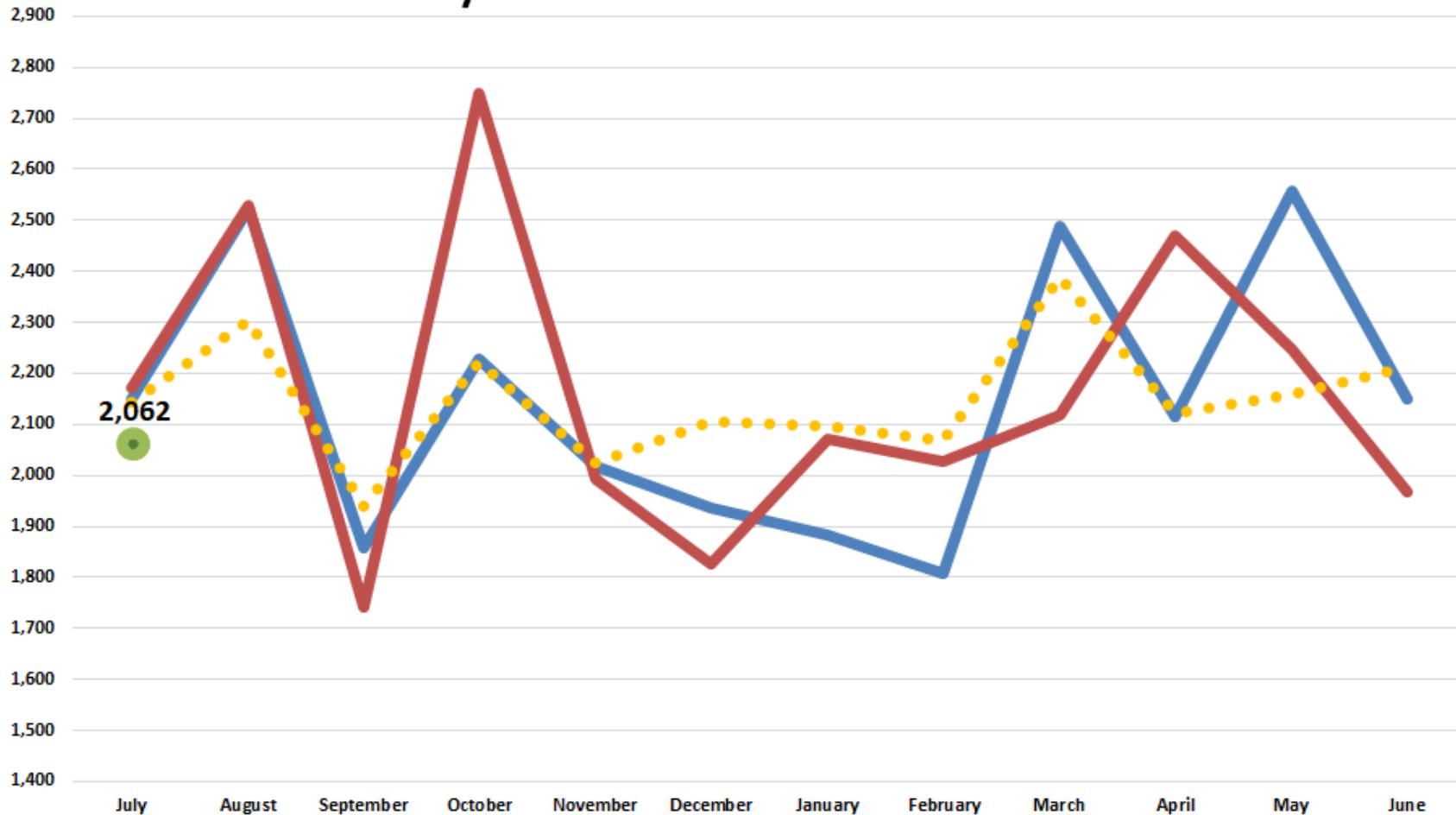
# O/P Rehab - Akers



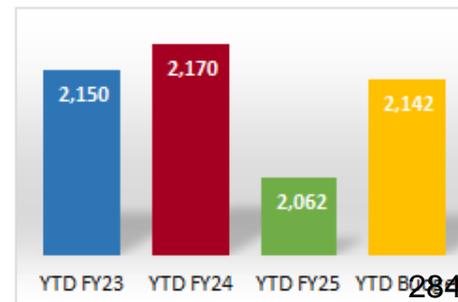
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 ●●● Budget



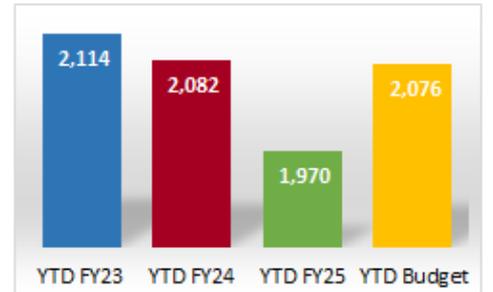
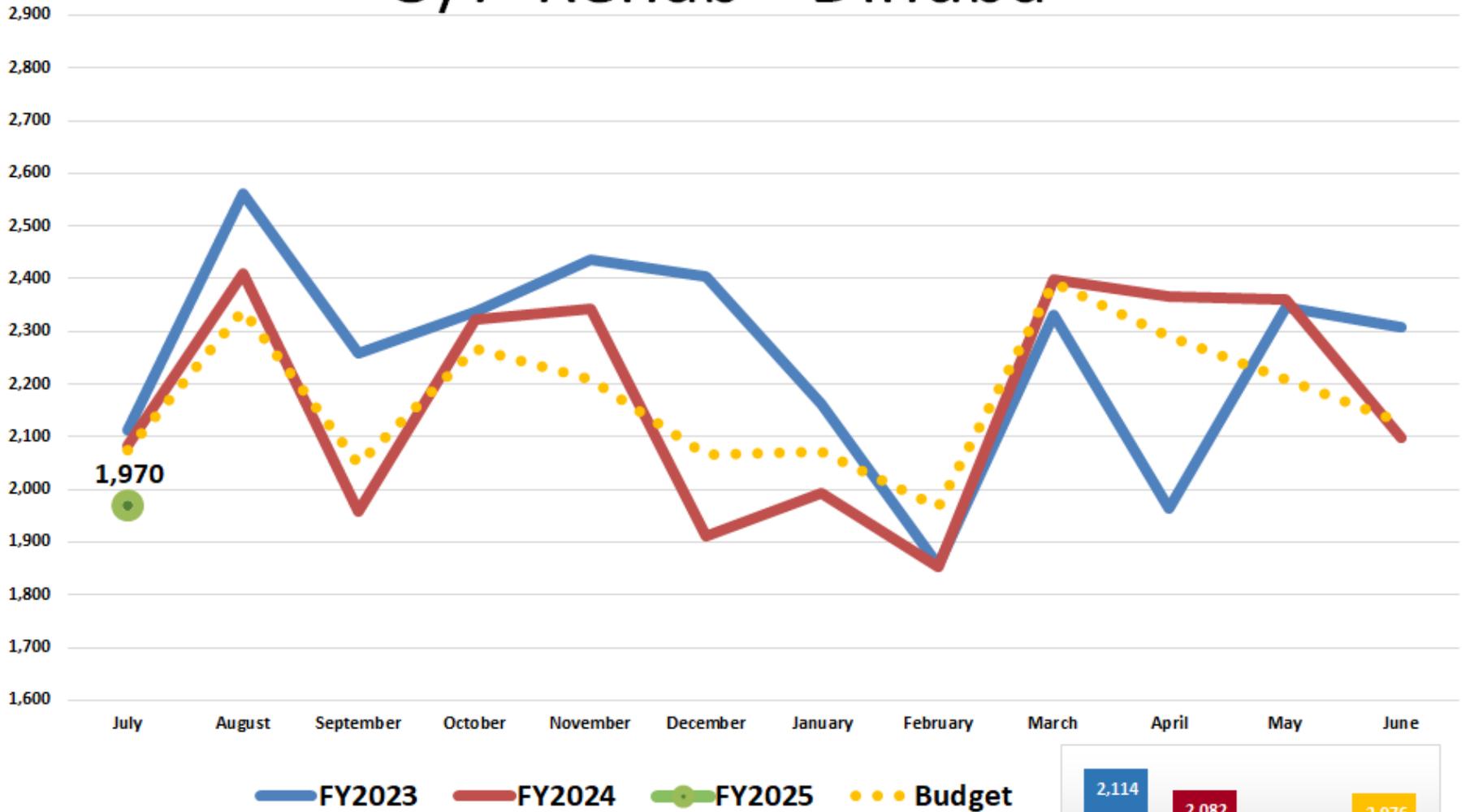
# O/P Rehab - LLOPT



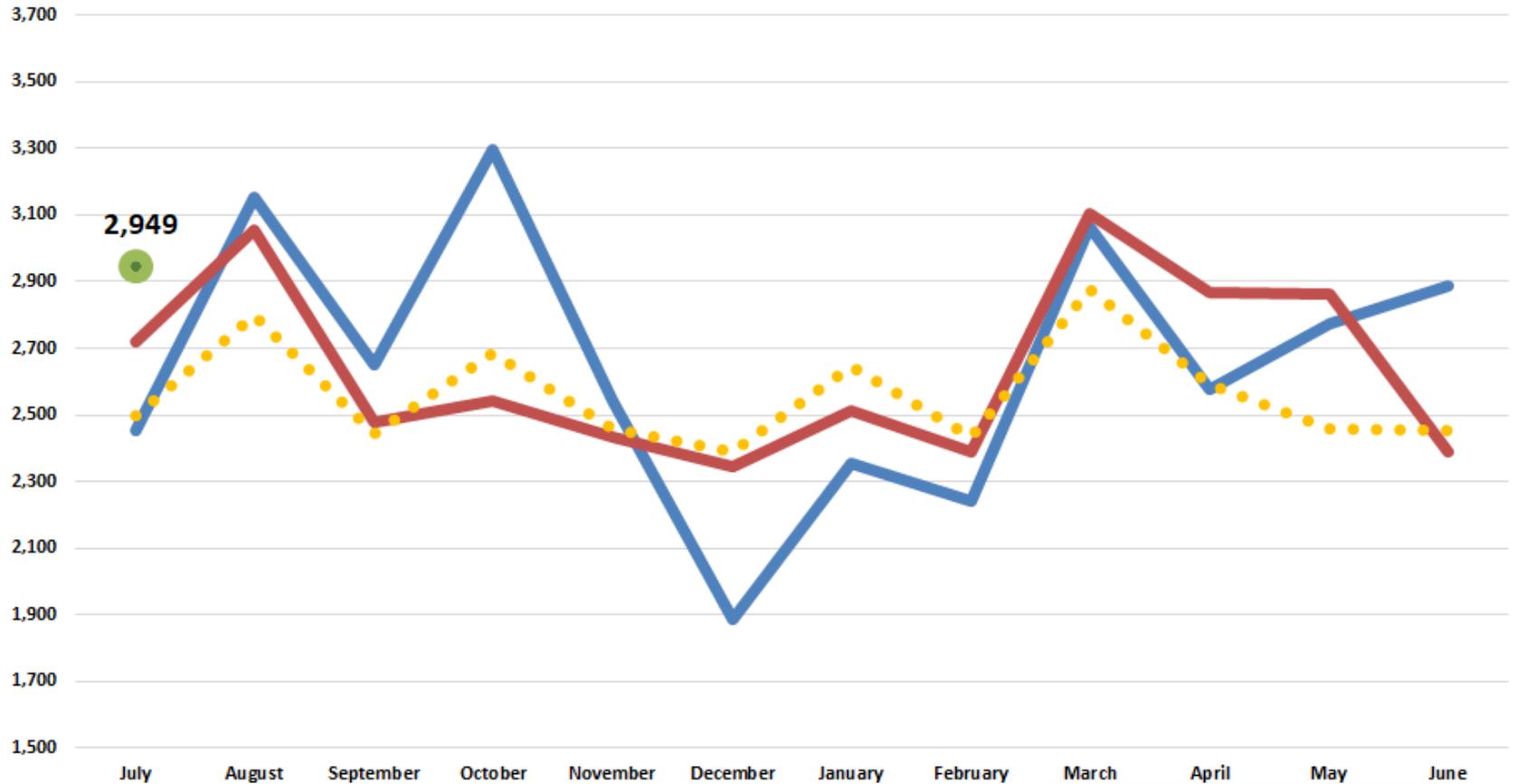
— FY2023   
 — FY2024   
 — FY2025   
 ⋯ Budget



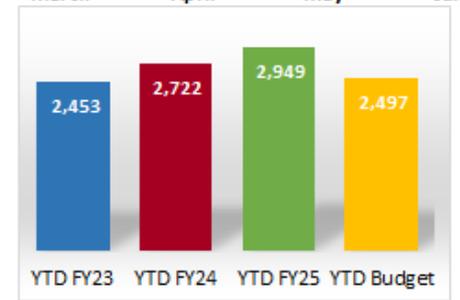
# O/P Rehab - Dinuba



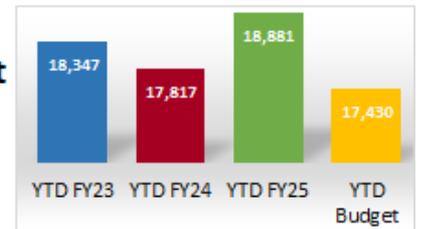
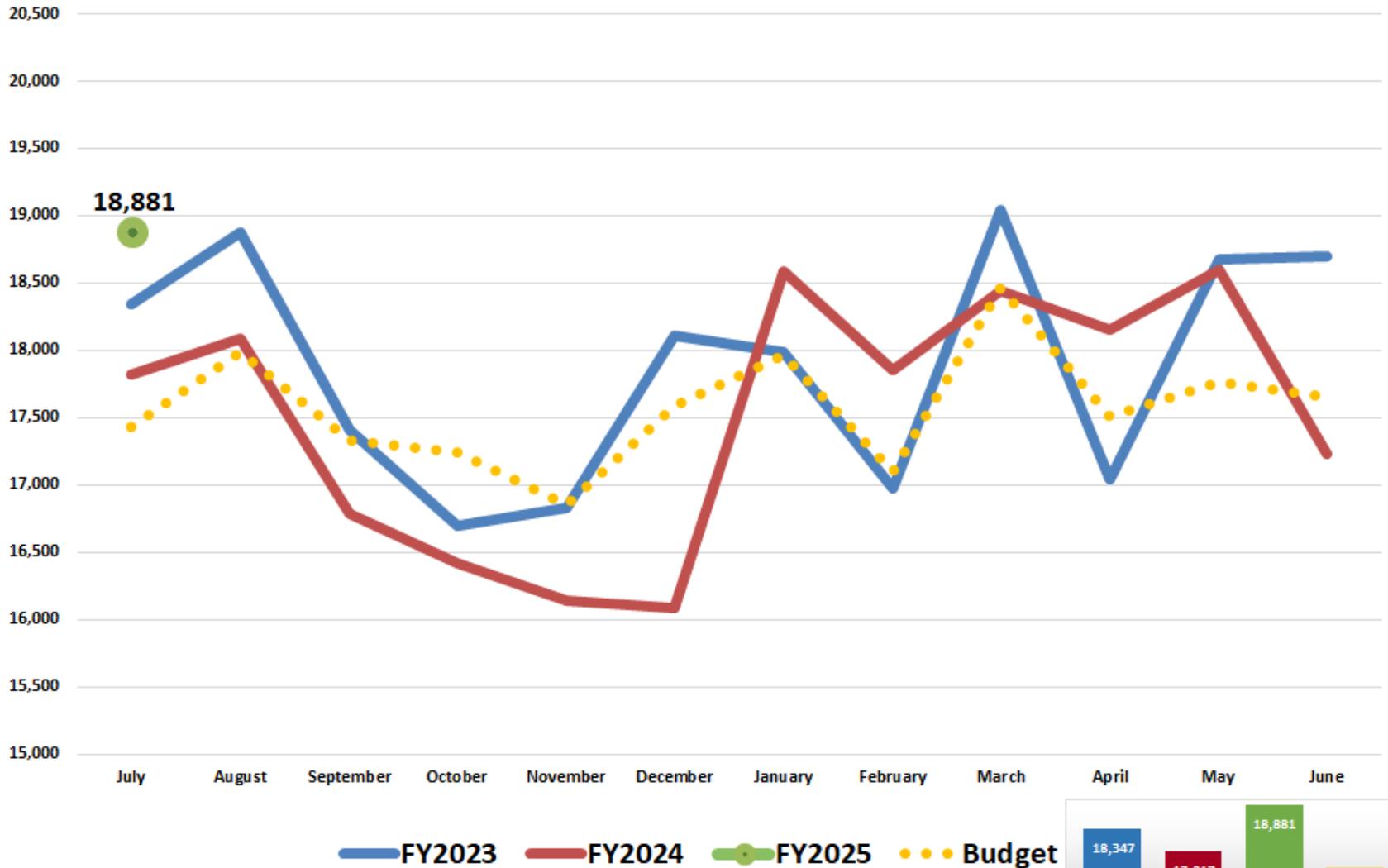
# Therapy - Cypress Hand Center



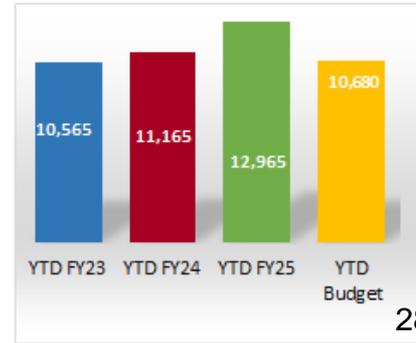
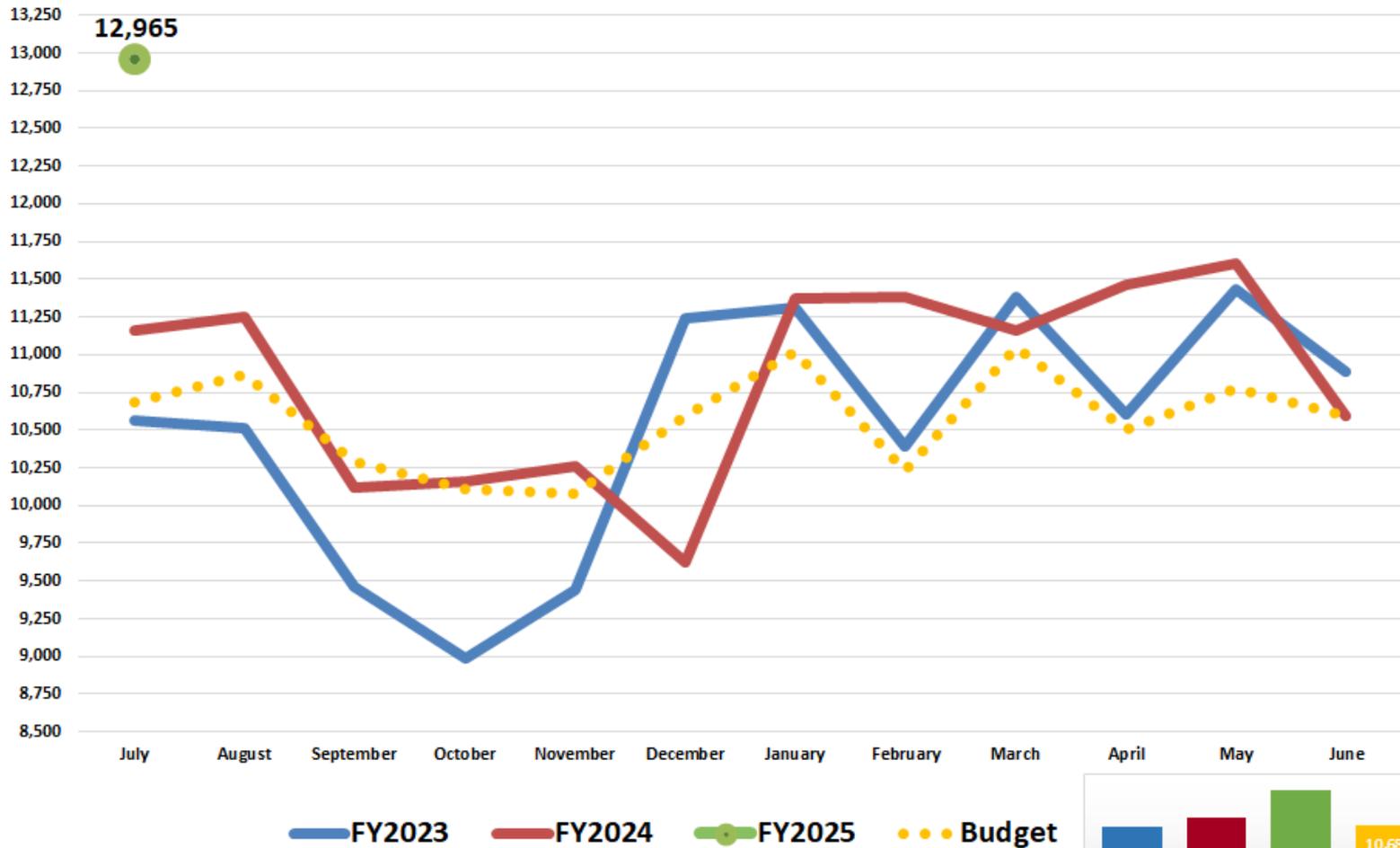
— FY2023   
 — FY2024   
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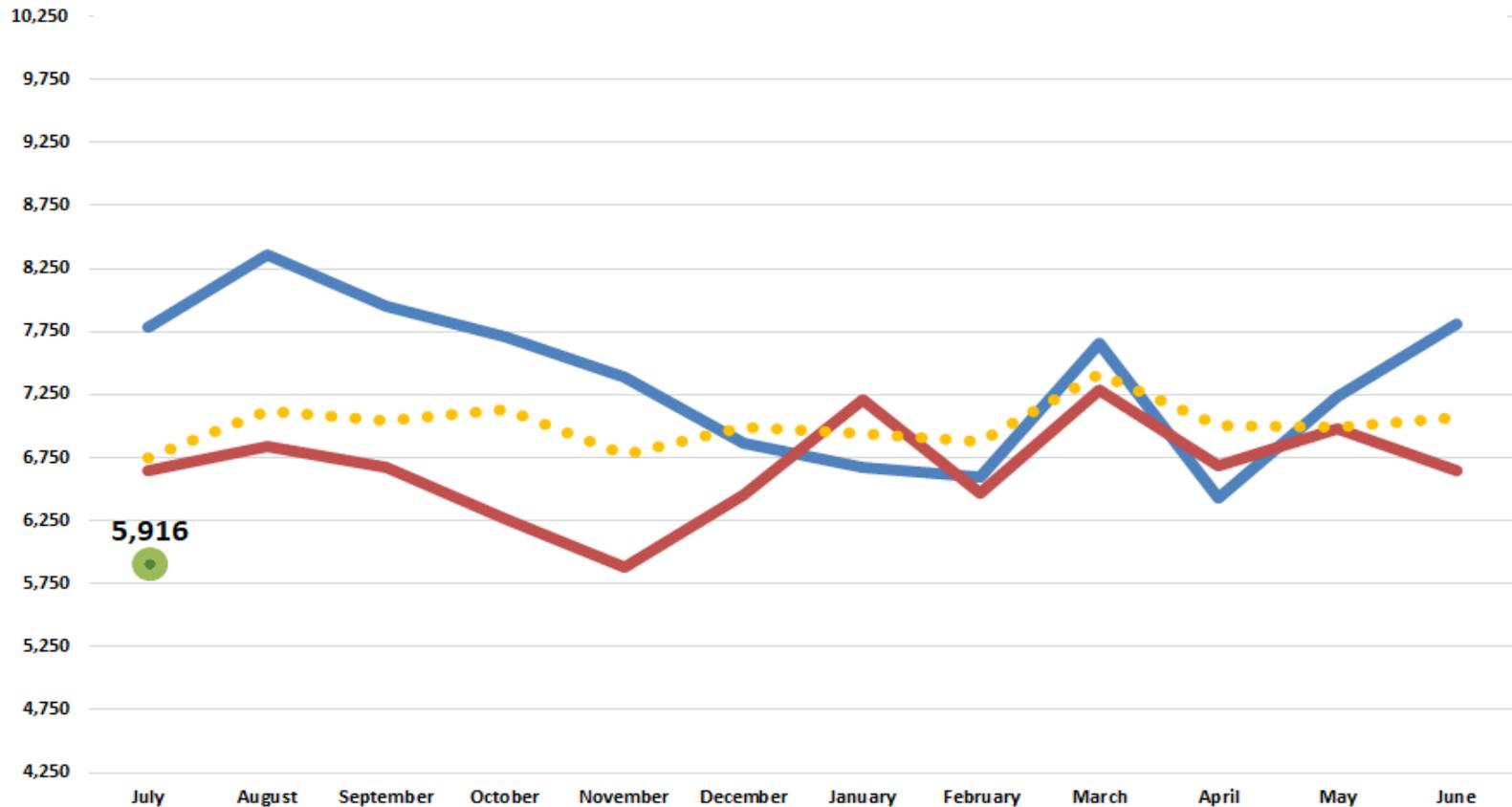
# Physical & Other Therapy Units (I/P & O/P)



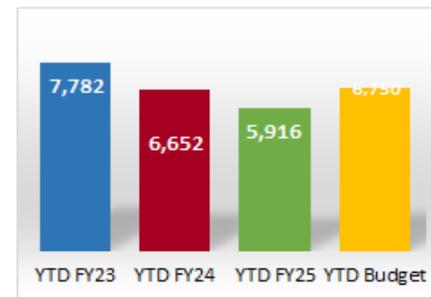
# Physical & Other Therapy Units (I/P & O/P)-Main Campus



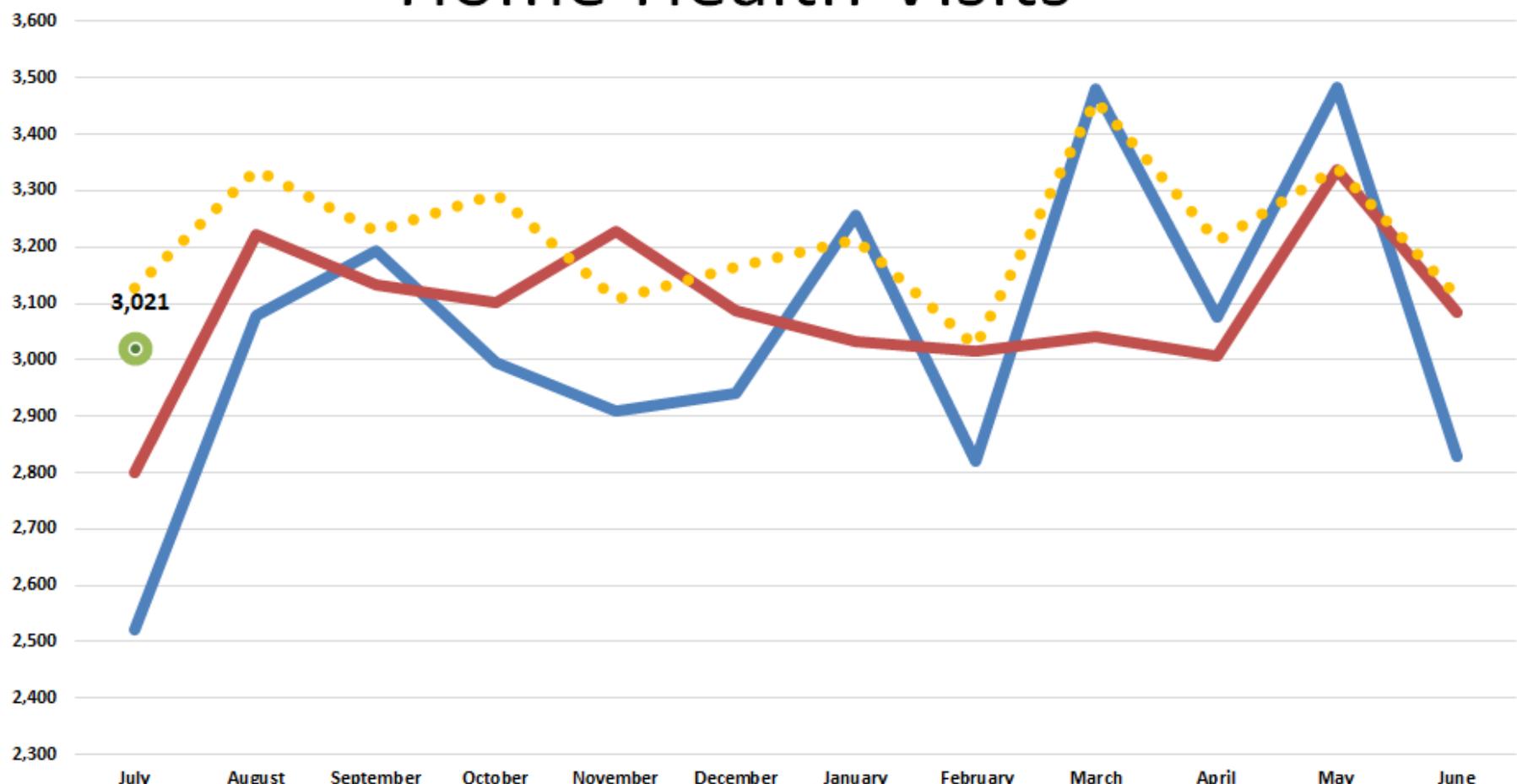
# Physical & Other Therapy Units (I/P & O/P)- KDRH & South Campus



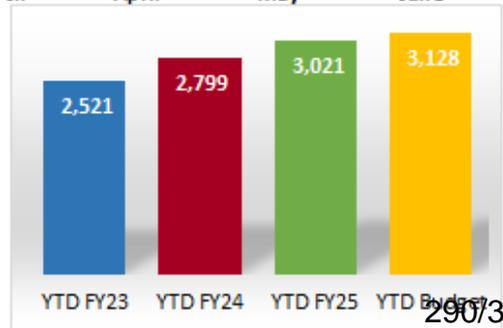
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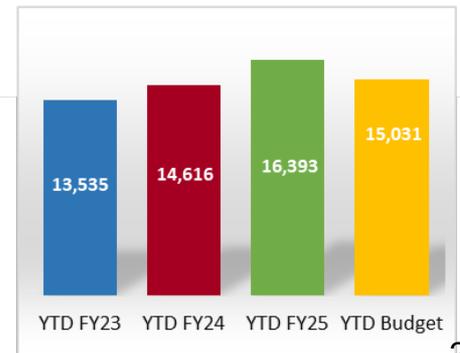
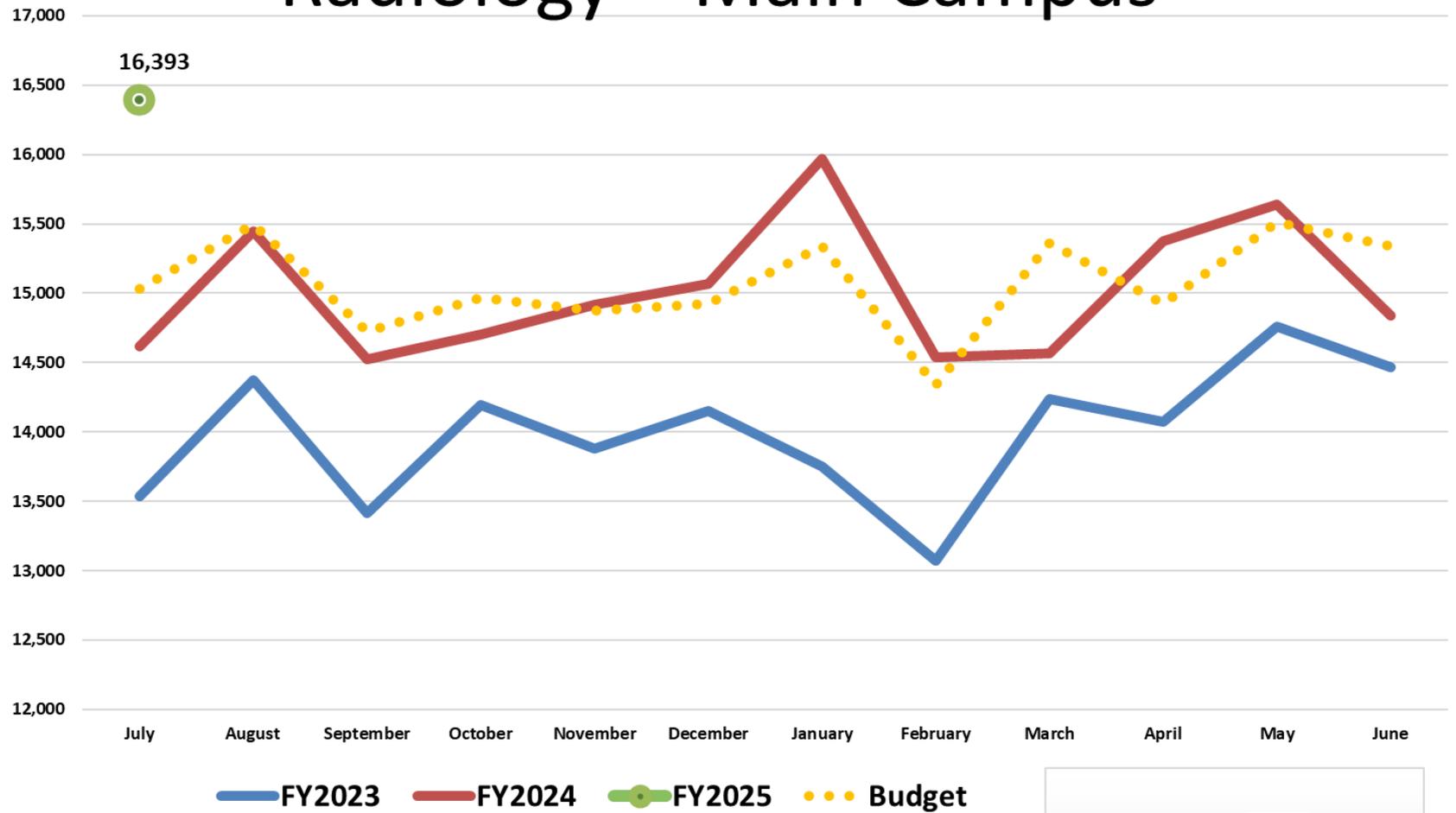
# Home Health Visits



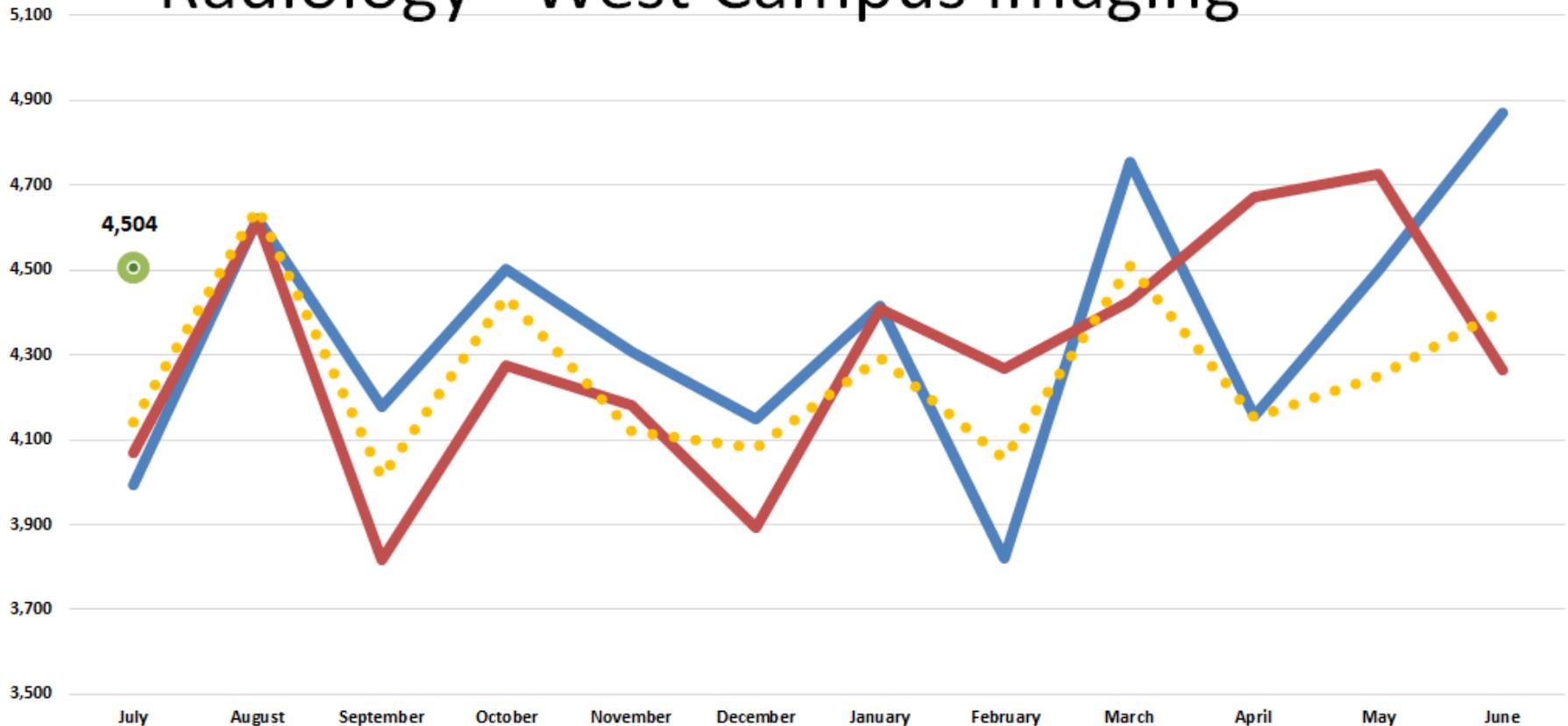
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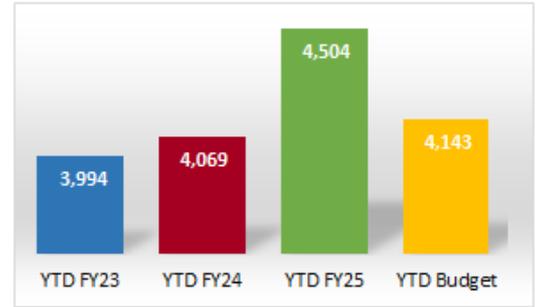
# Radiology – Main Campus



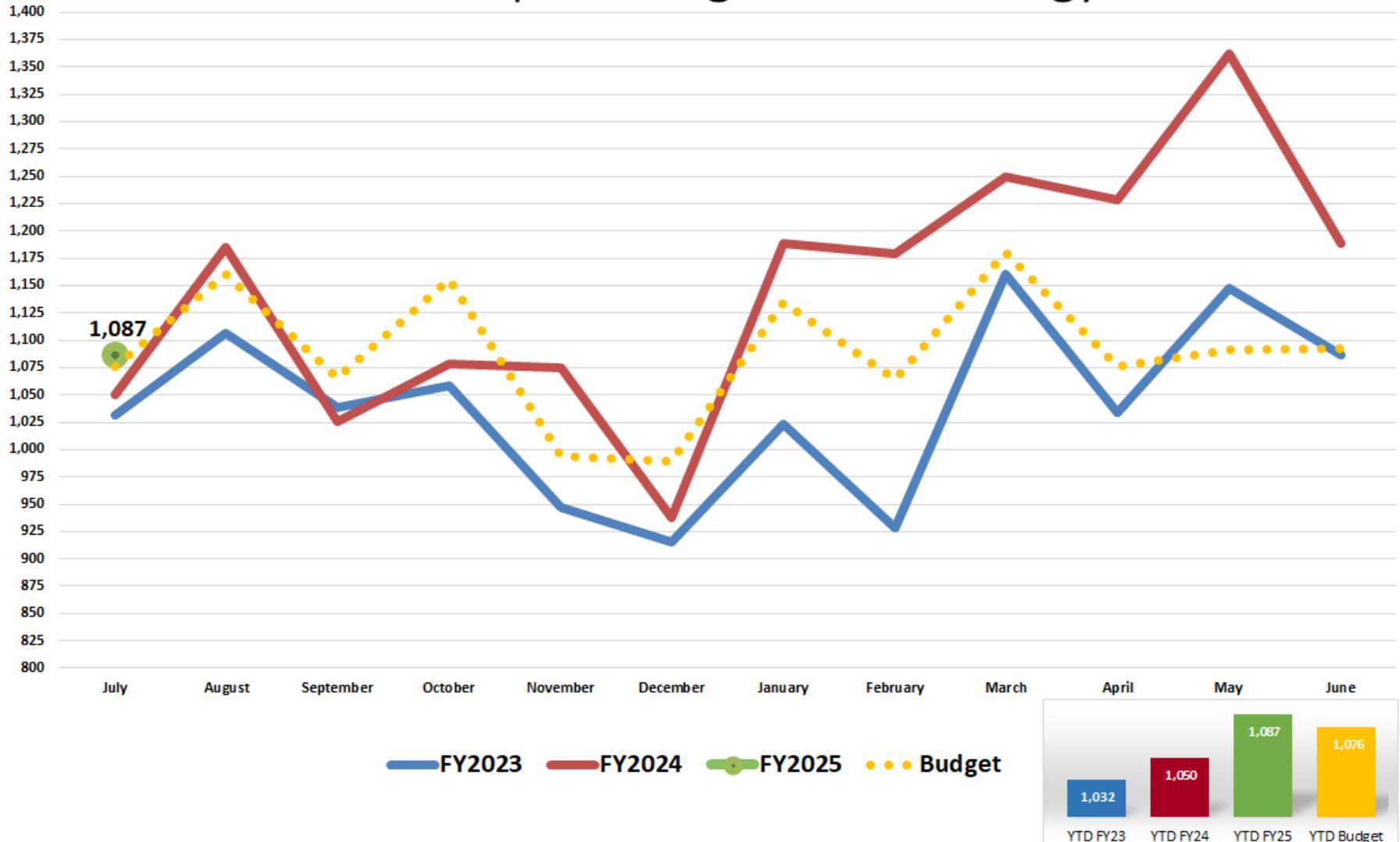
# Radiology - West Campus Imaging



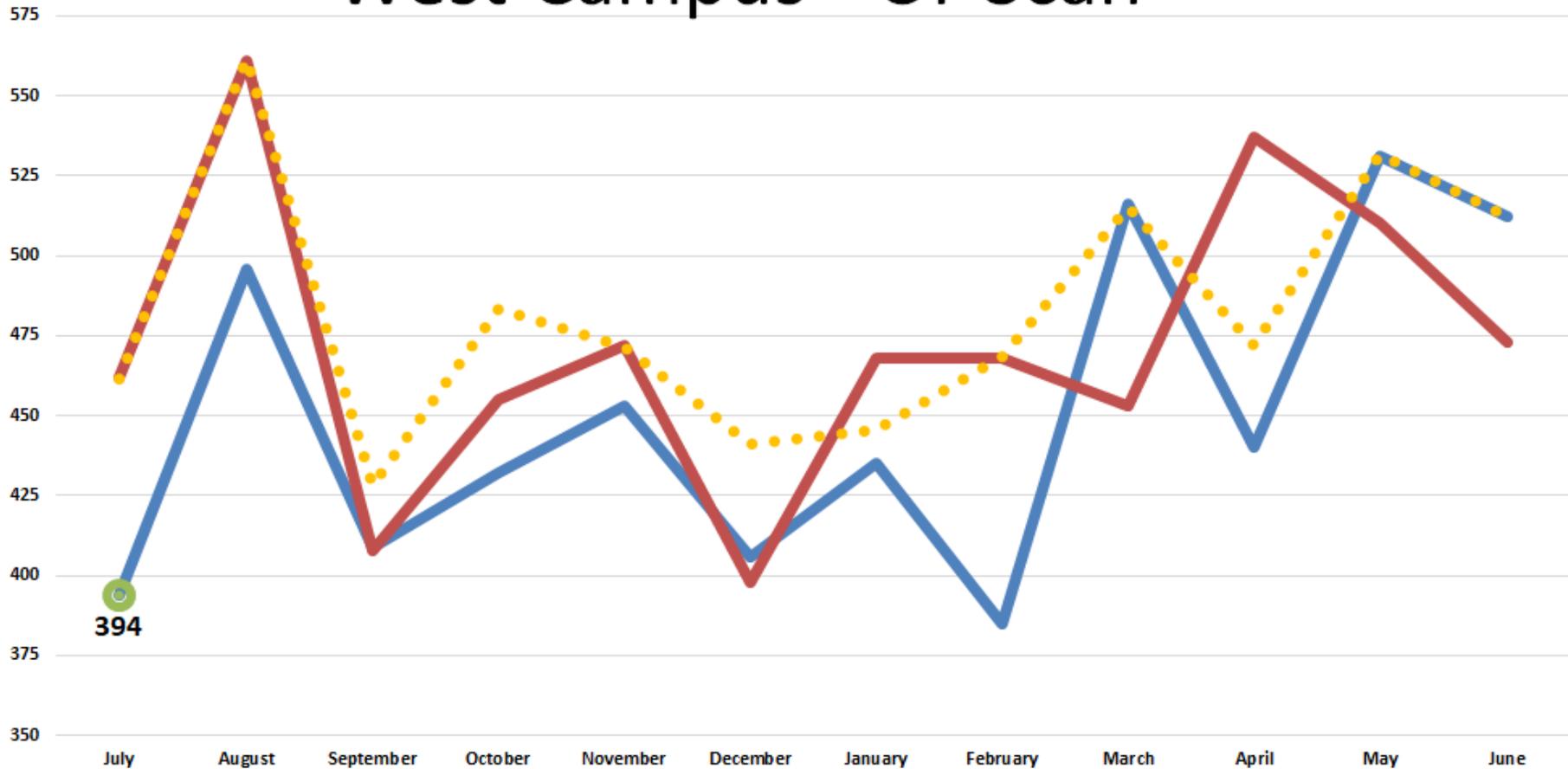
— FY2023    
 — FY2024    
 —●— FY2025    
 ●●● Budget



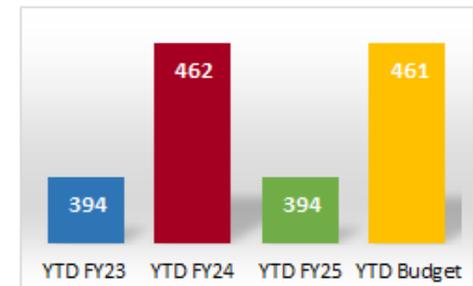
# West Campus - Diagnostic Radiology



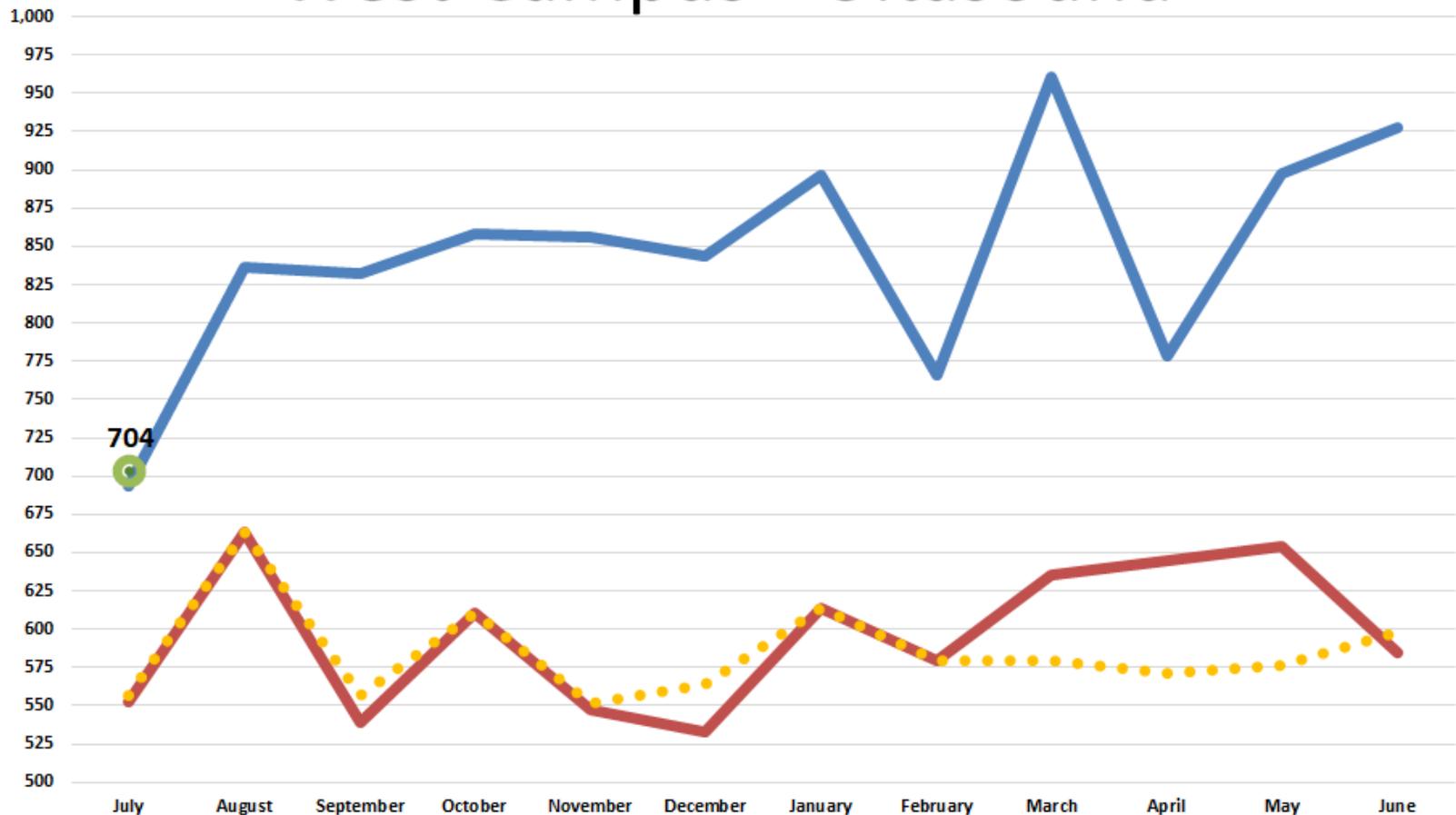
# West Campus - CT Scan



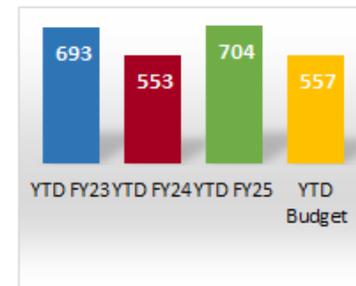
—●— FY2023   
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 ●● Budget



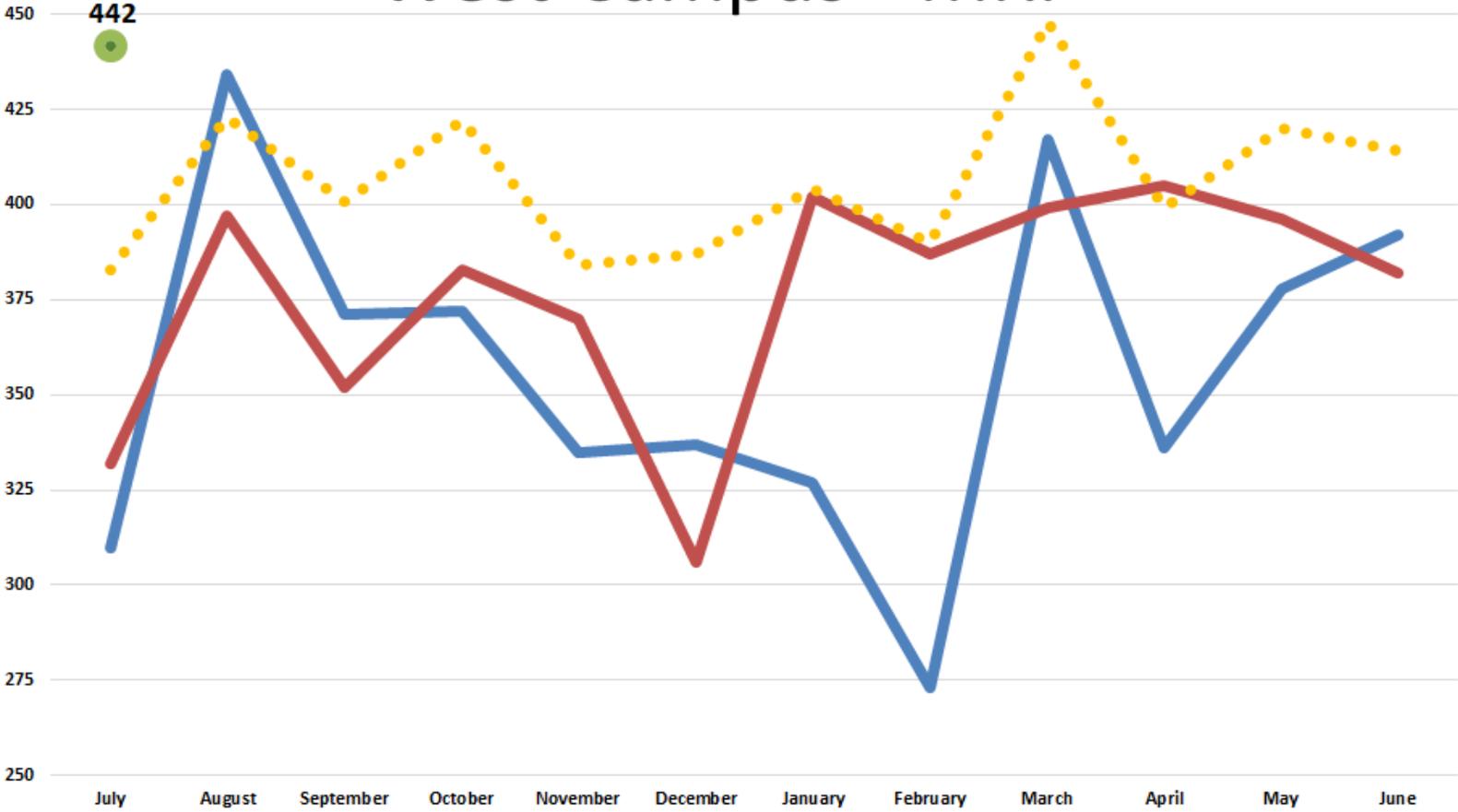
# West Campus - Ultrasound



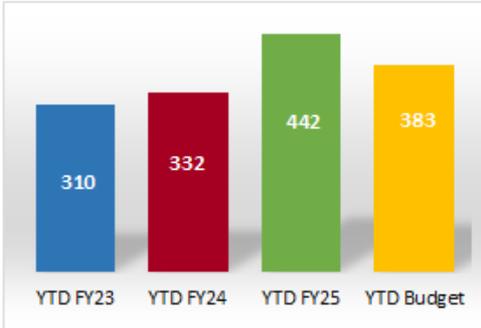
— FY2023   
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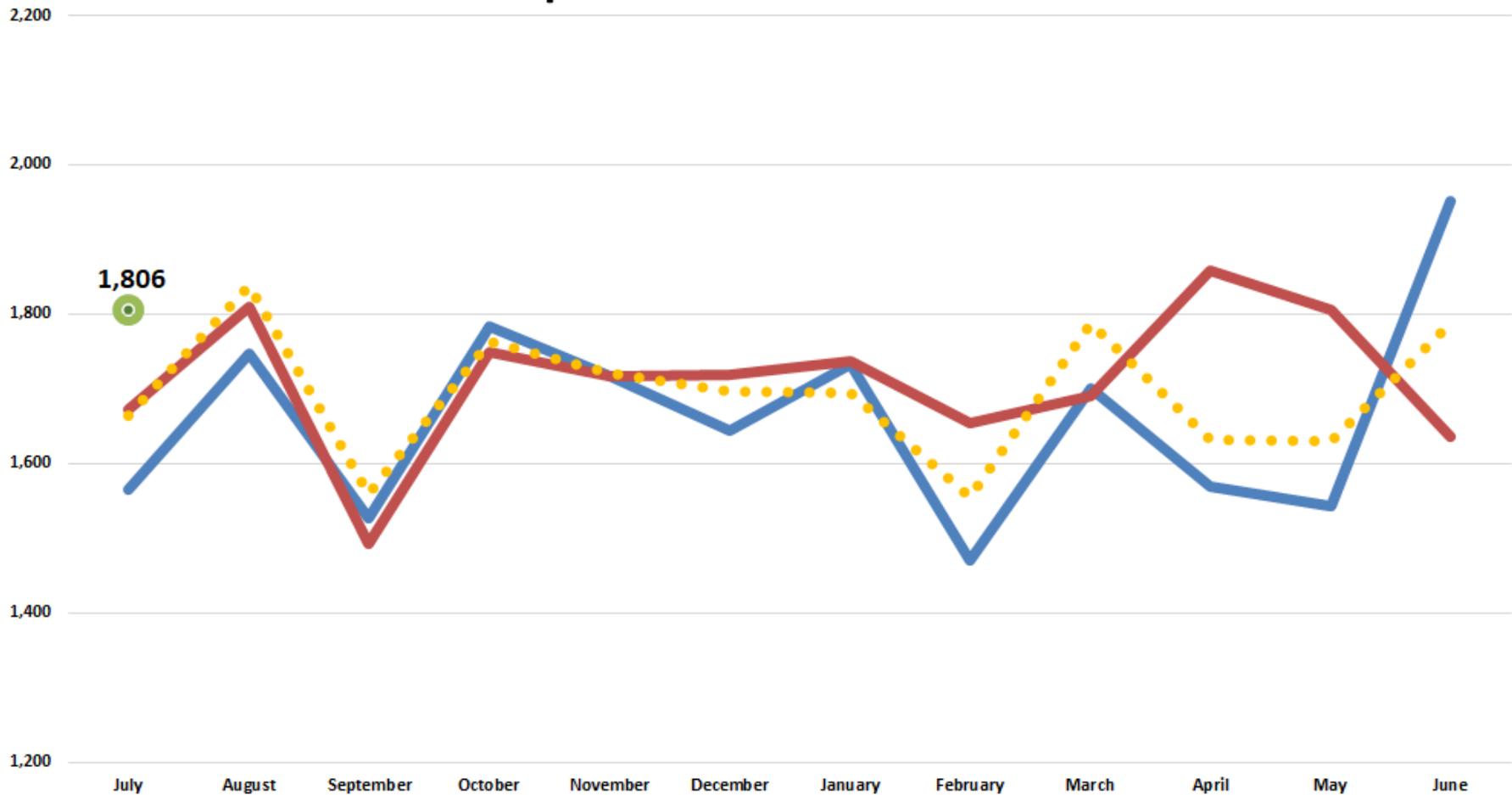
# West Campus - MRI



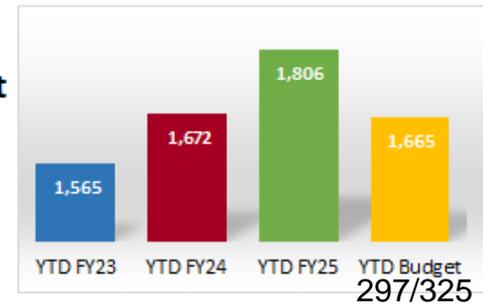
— FY2023   
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 ●●● Budget



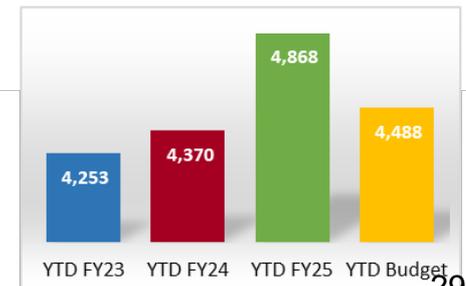
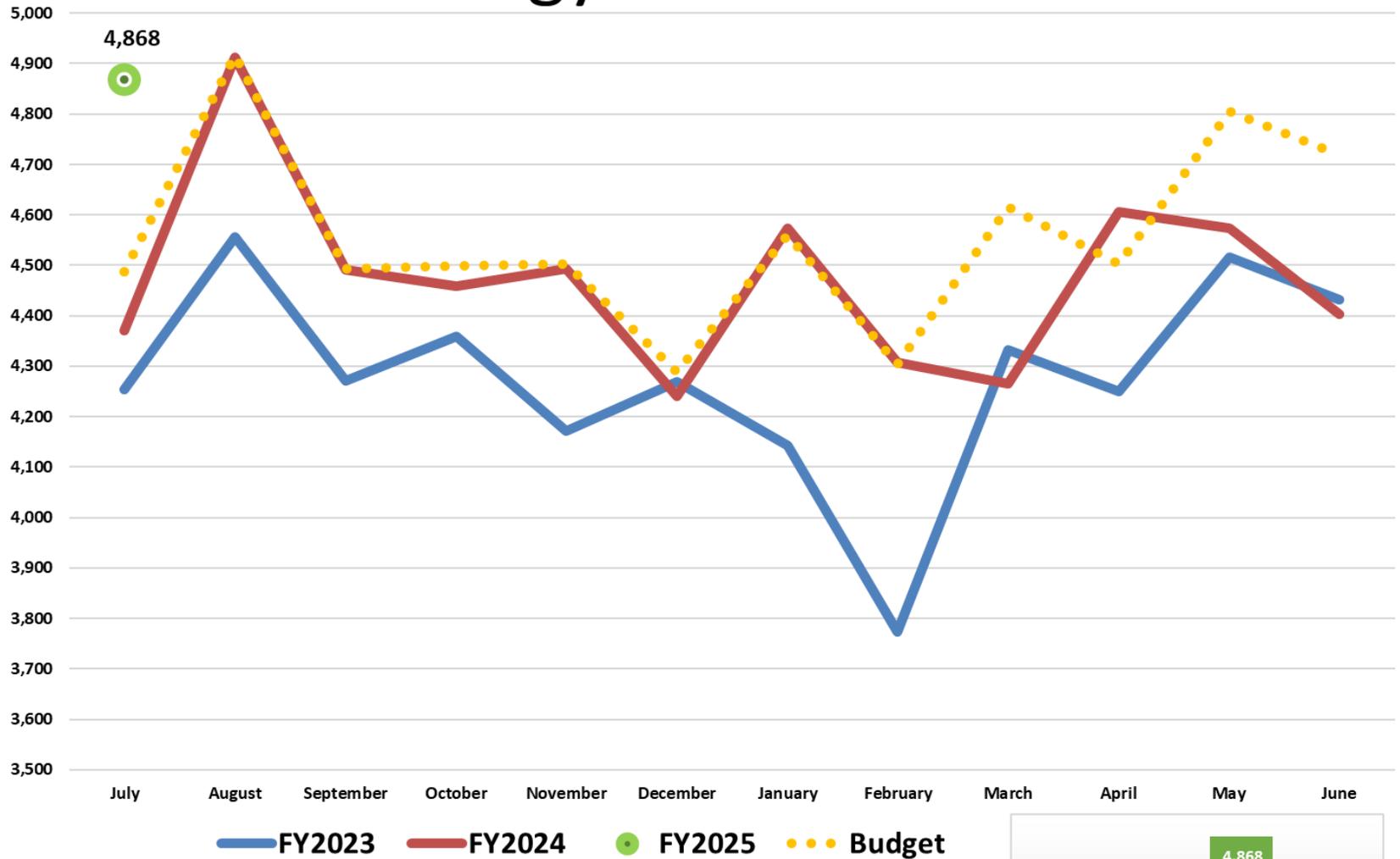
# West Campus - Breast Center



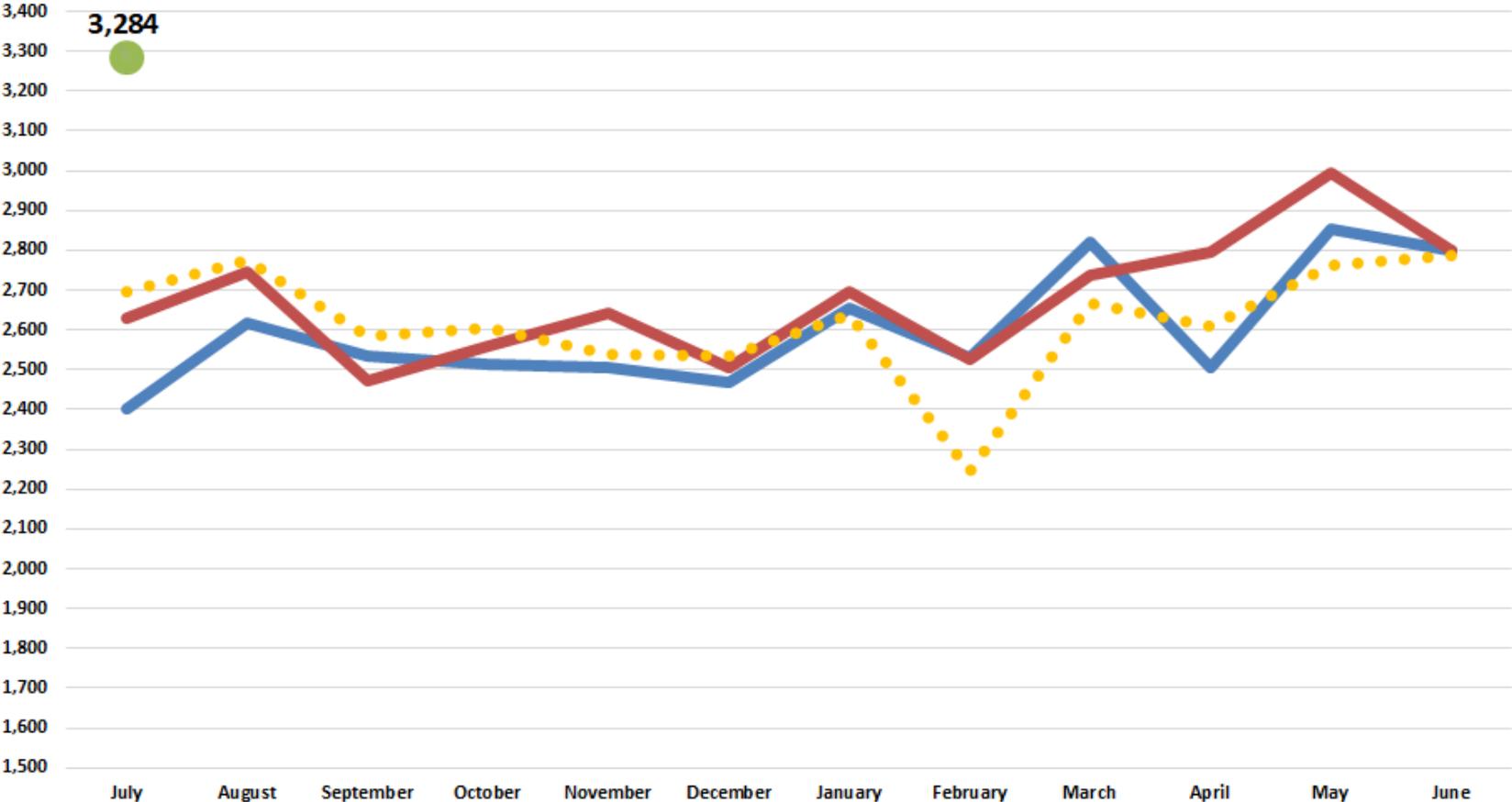
— FY2023   
 — FY2024   
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 ●●● Budget



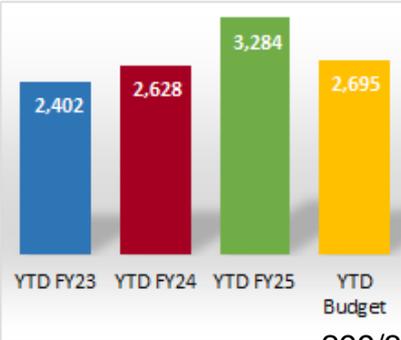
# Radiology - CT - All Areas



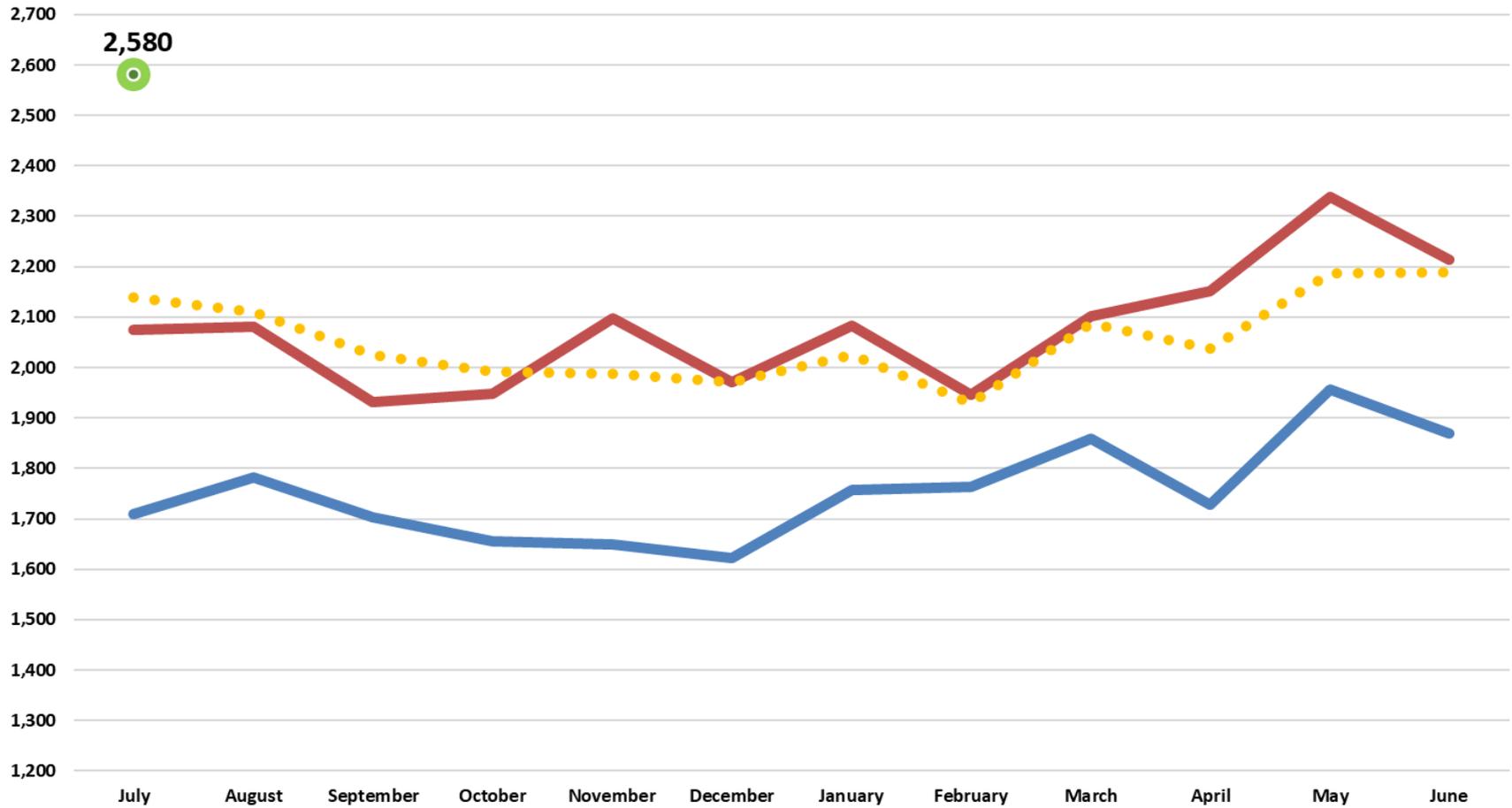
# Radiology - Ultrasound - All Areas



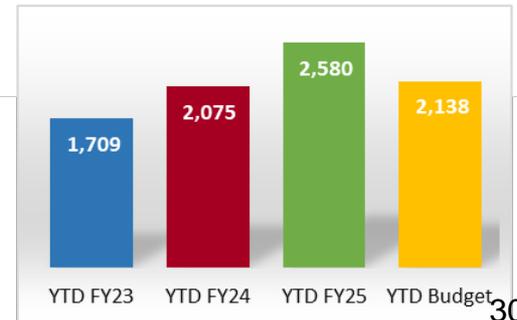
— FY2023   
 — FY2024   
 ● FY2025   
 ●●● Budget



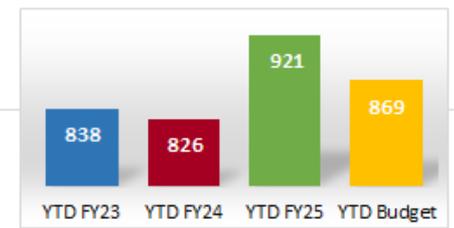
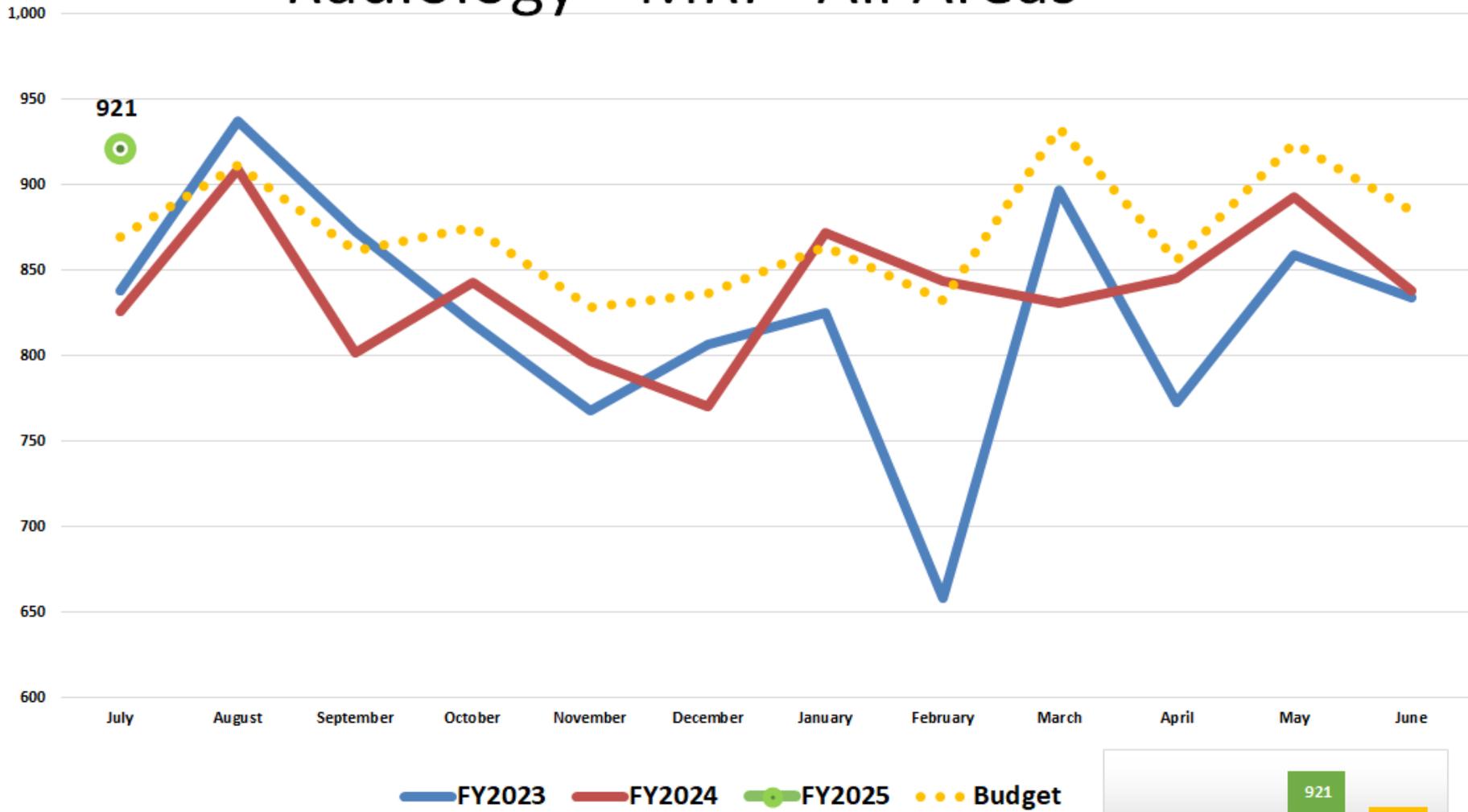
# Radiology - Ultrasound - Main Campus



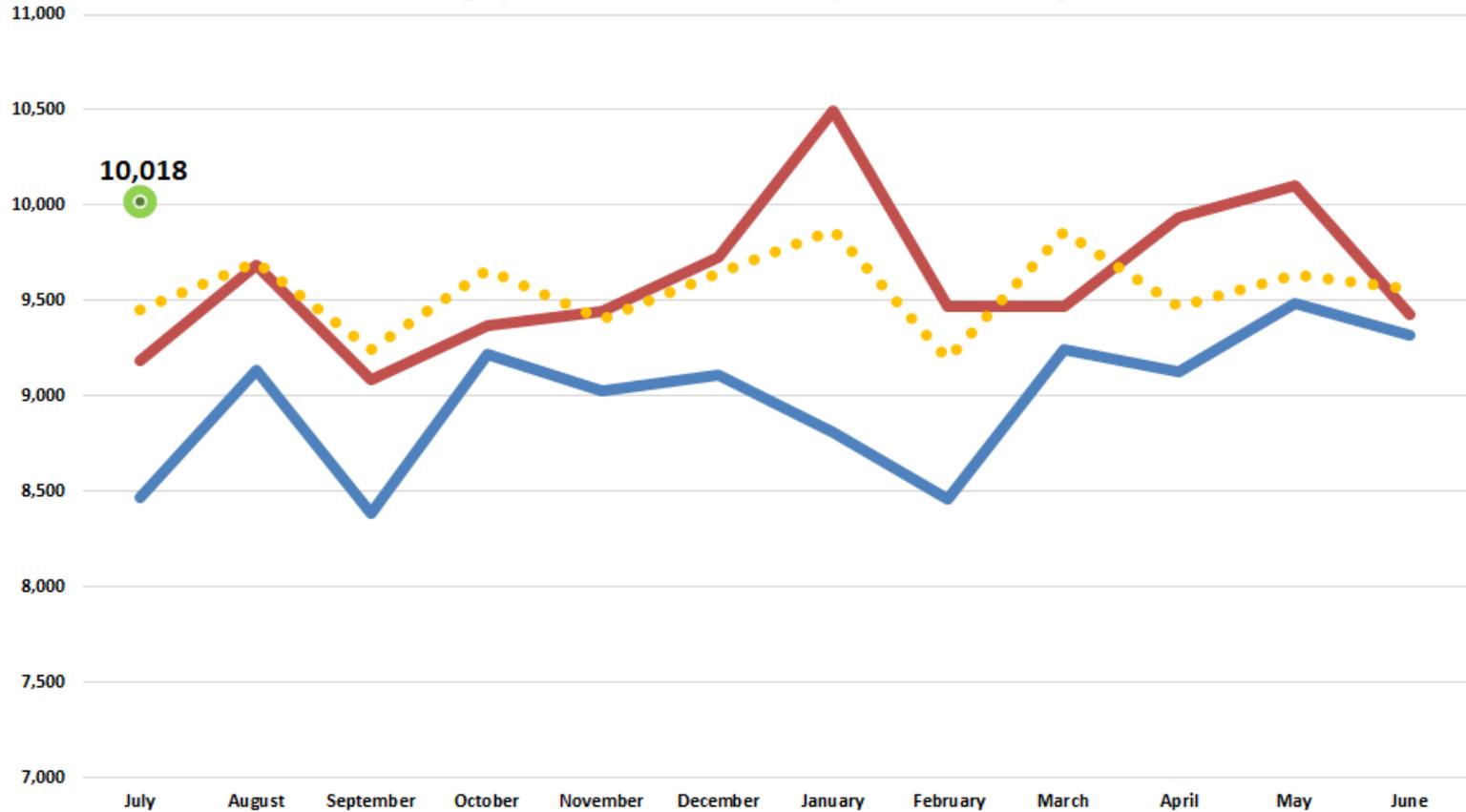
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 —●— Budget



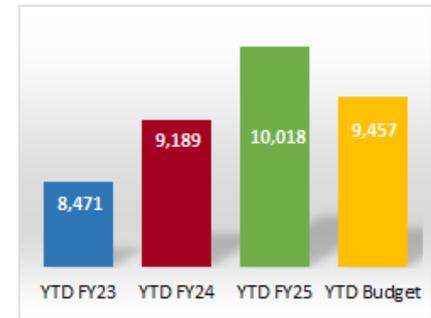
# Radiology - MRI - All Areas



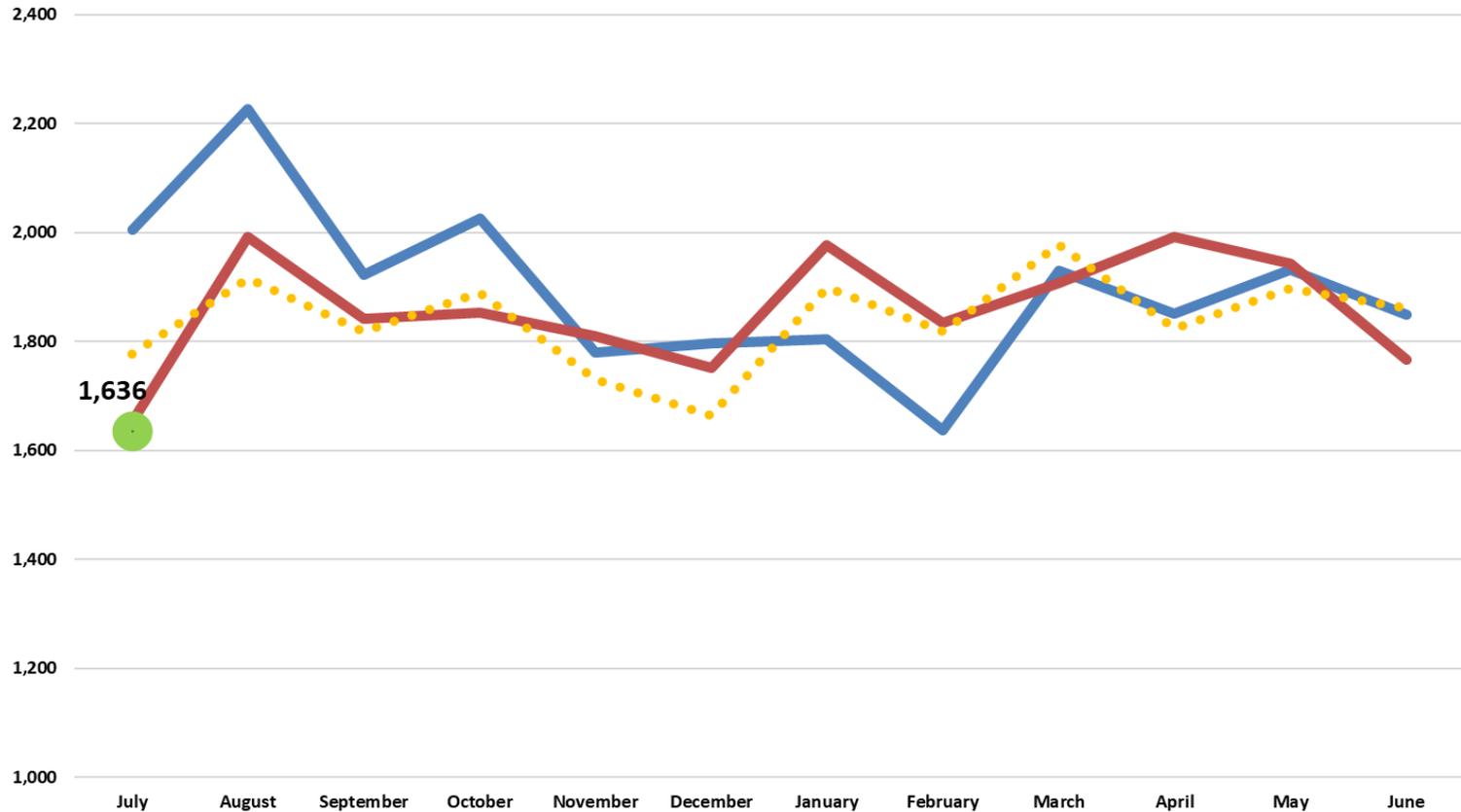
# Radiology Modality - Diagnostic



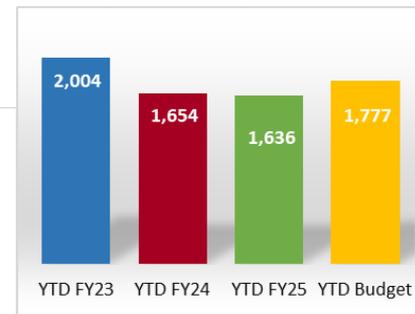
— FY2023   
 — FY2024   
 ● FY2025   
 ●●● Budget



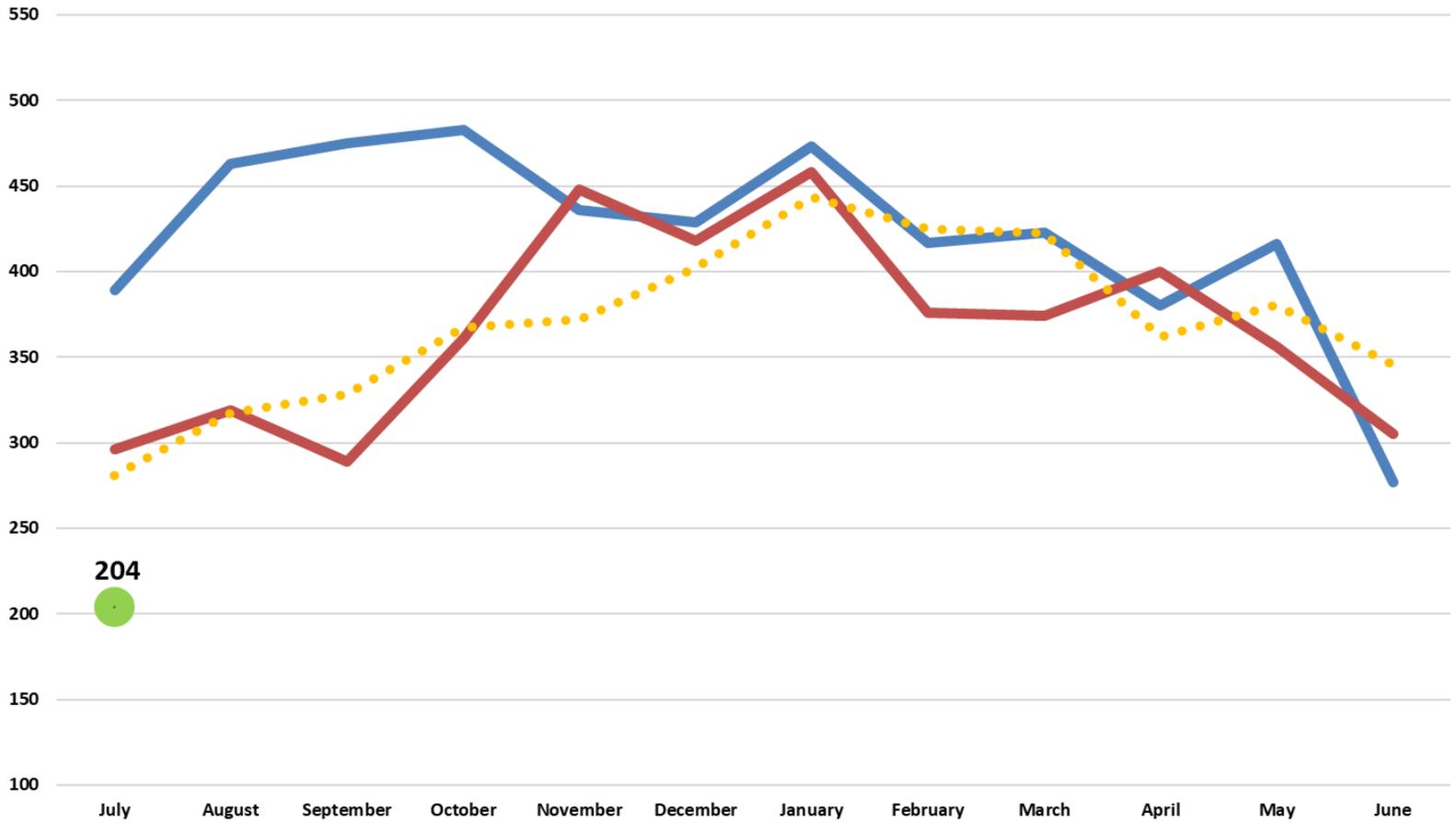
# Radiology - UC Court/South Campus



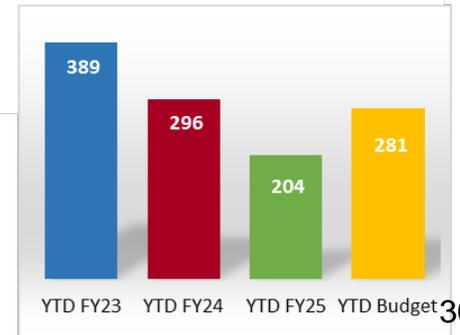
—● FY2023   
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 ●●● Budget



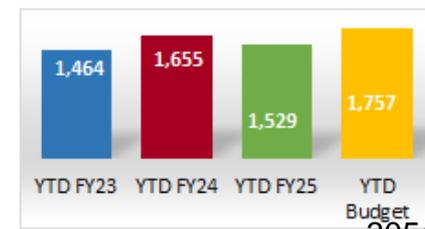
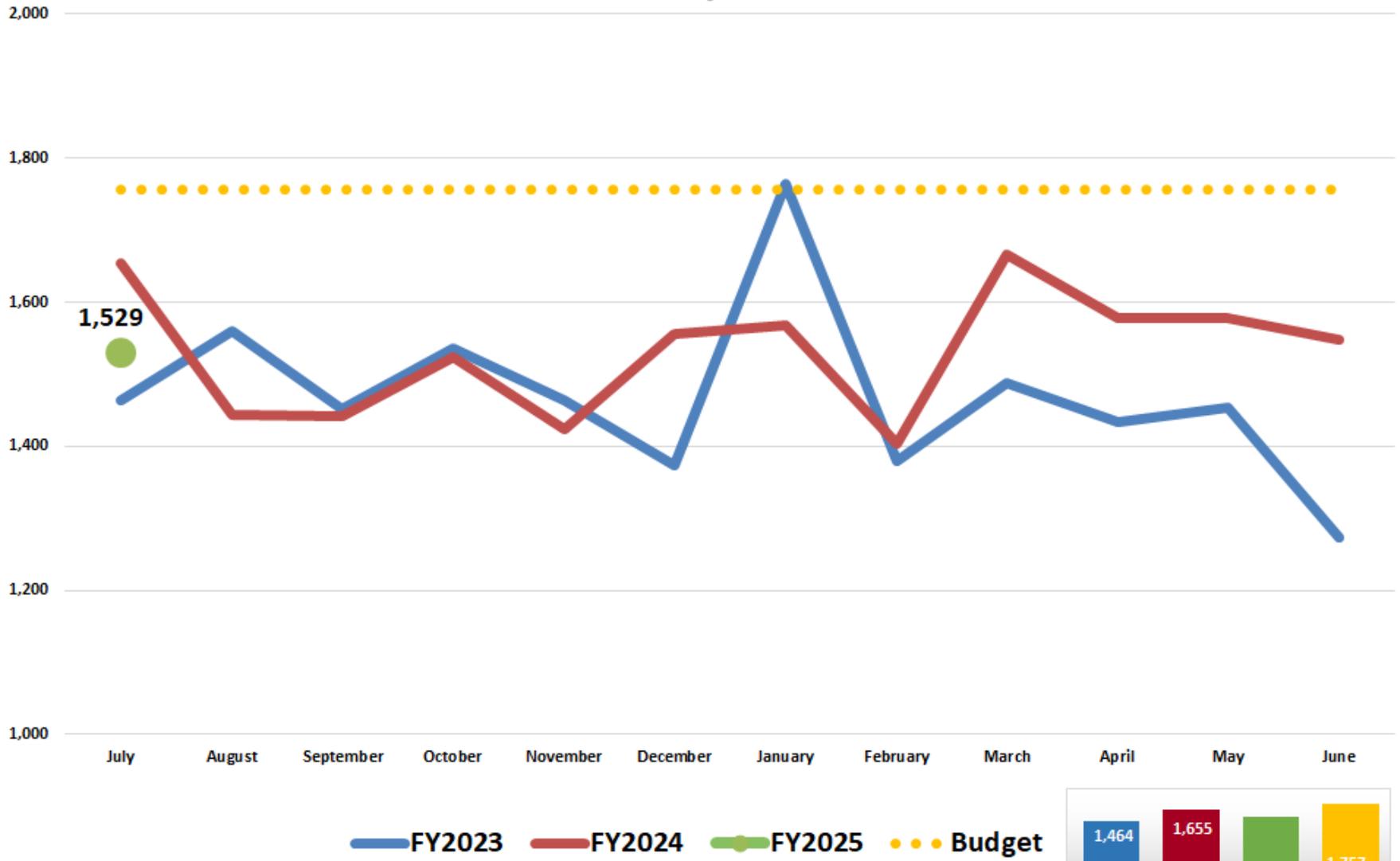
# Radiology - UC Demaree/North Campus



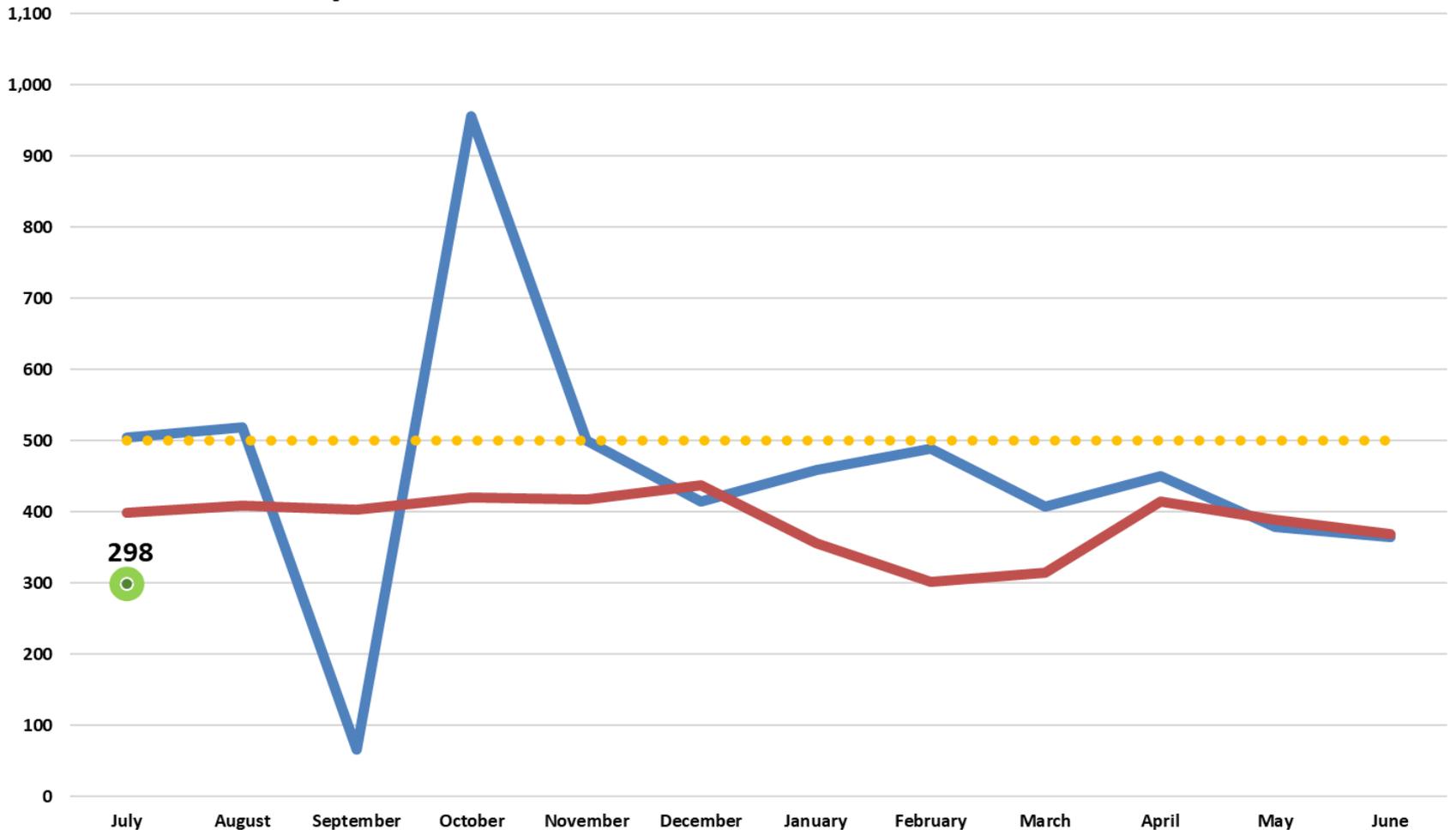
— FY2023   
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 ● FY2025   
 ●●● Budget



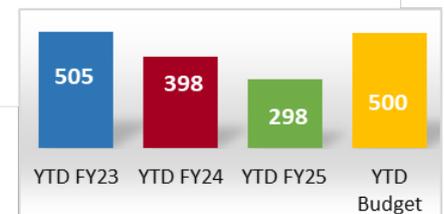
# Chronic Dialysis - Visalia



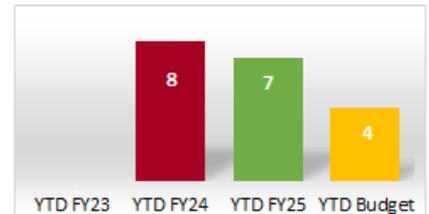
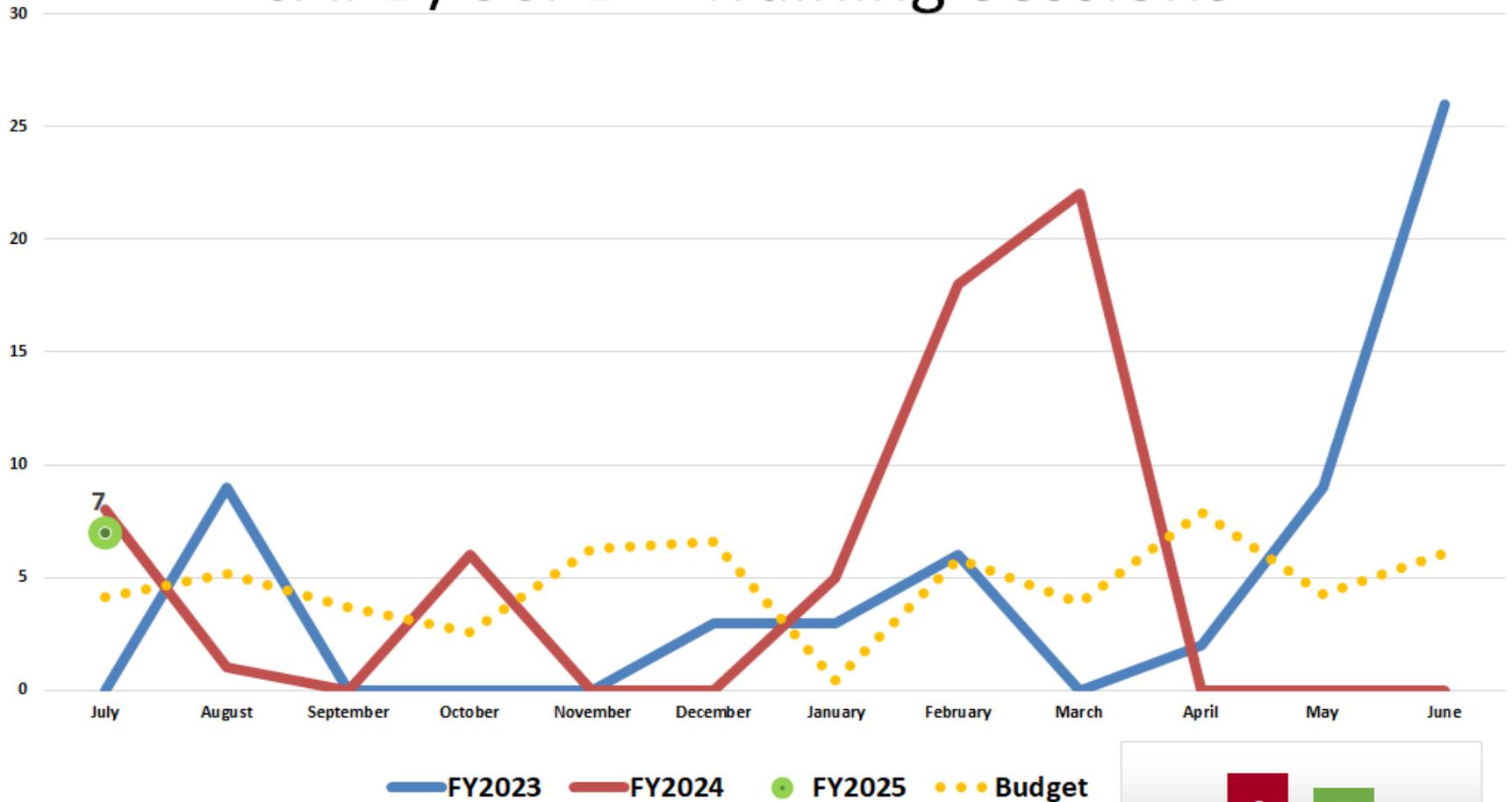
# CAPD/CCPD - Maintenance Sessions



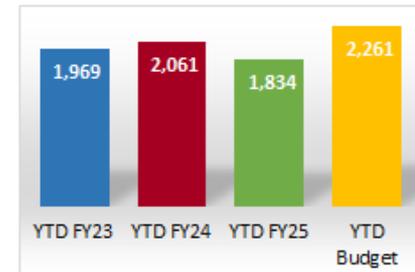
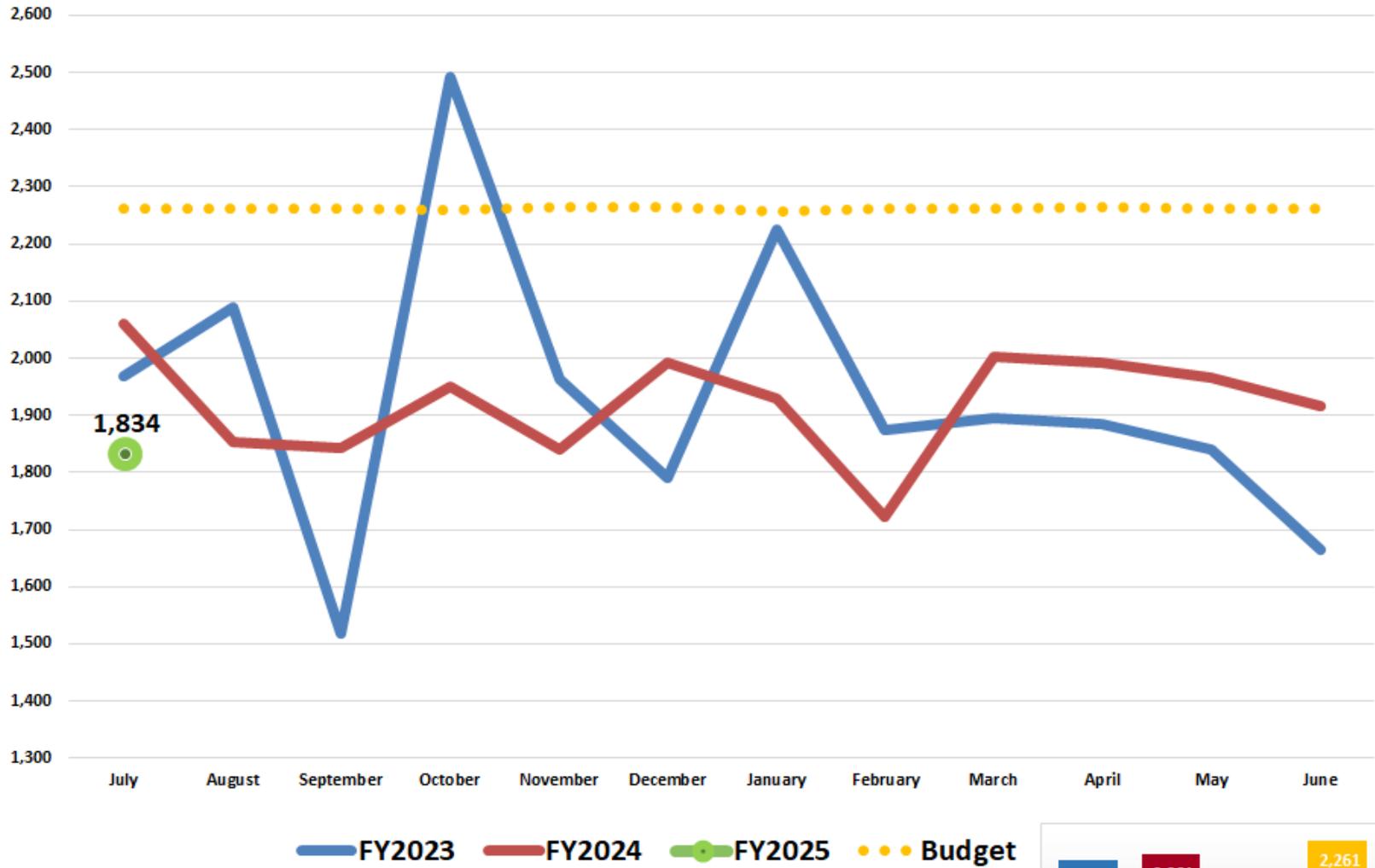
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



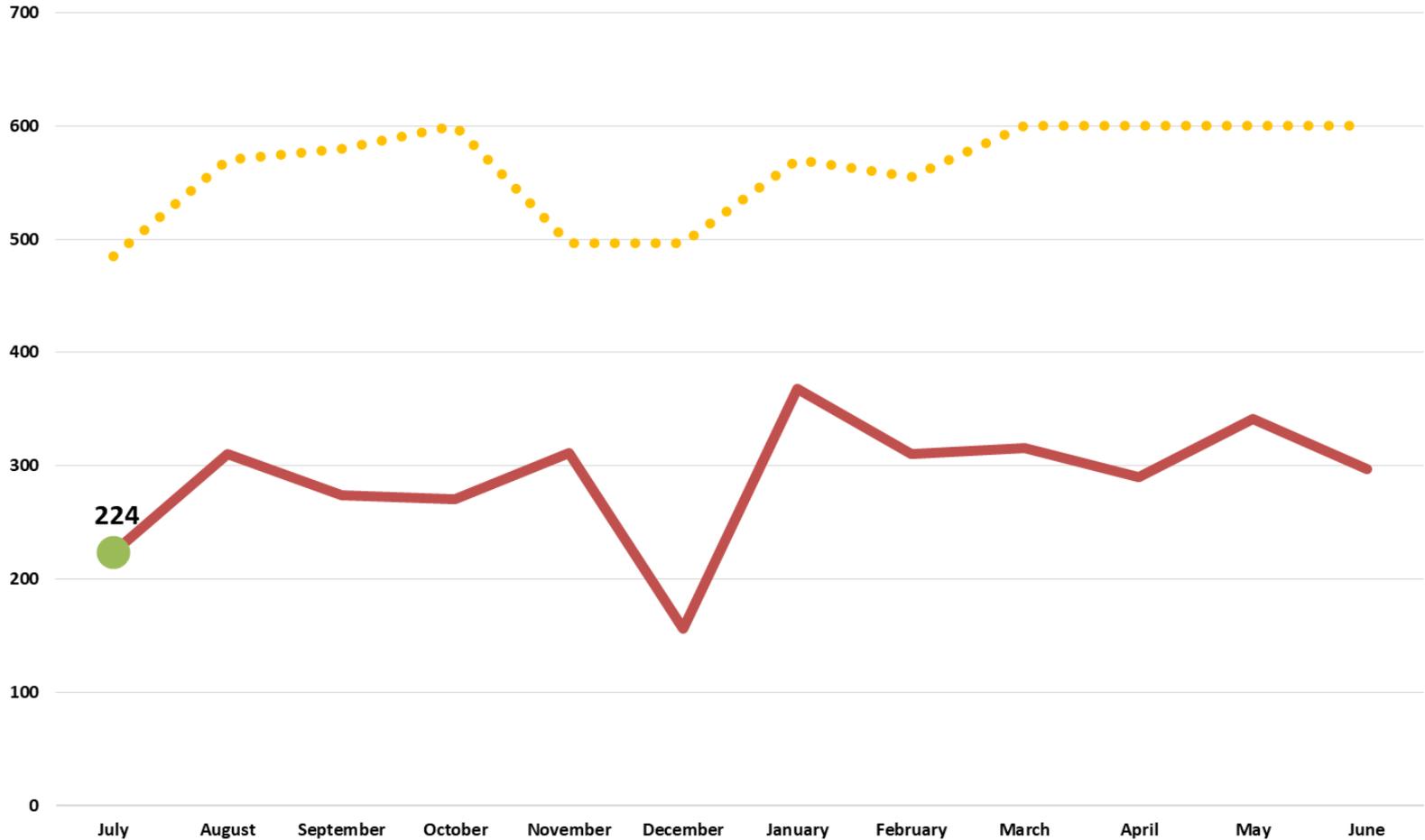
# CAPD/CCPD - Training Sessions



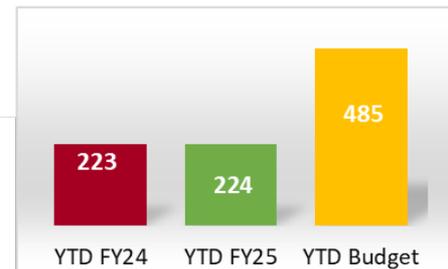
# All CAPD & CCPD



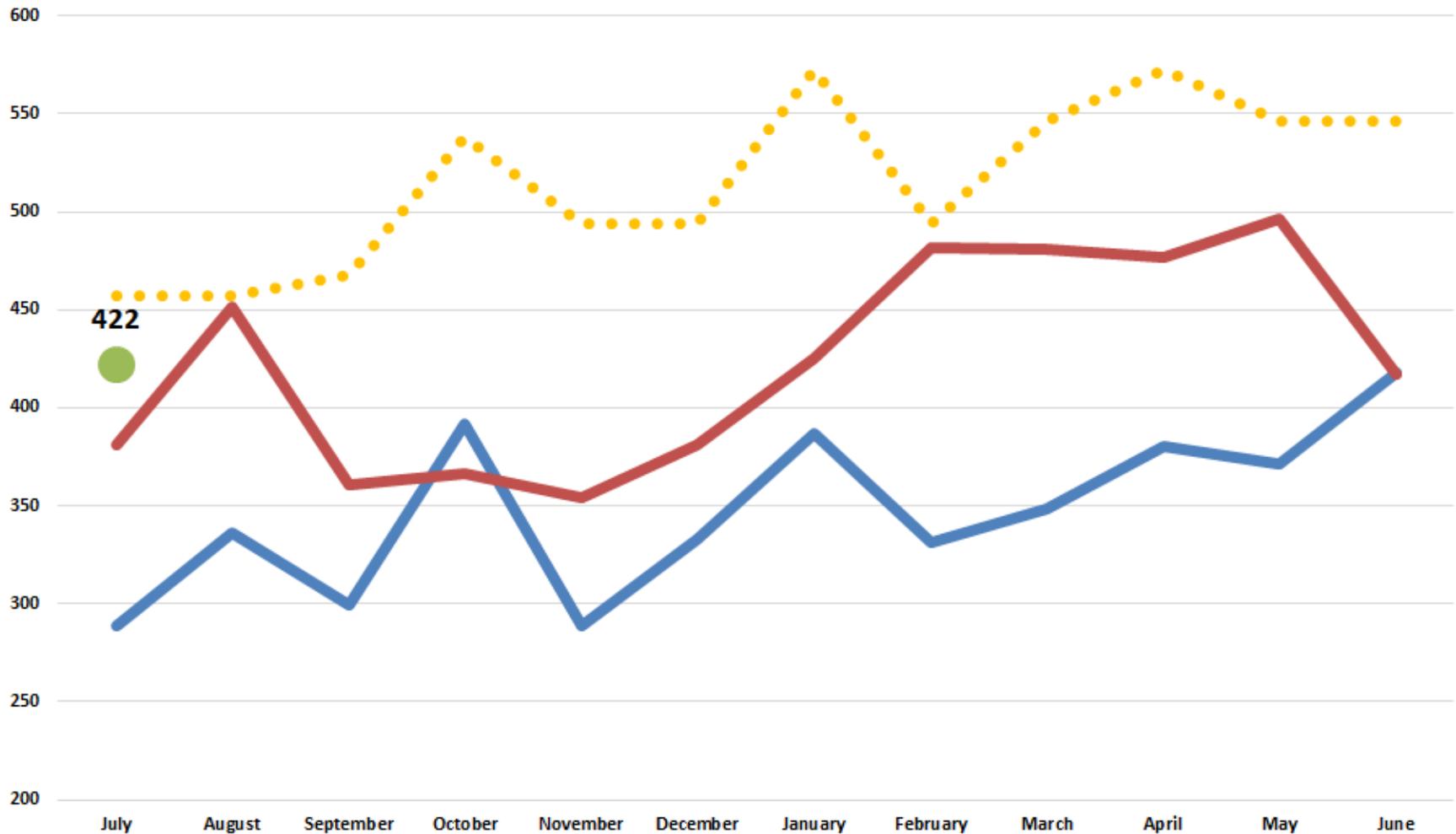
# Urology Clinic Visits



**FY2024**    **FY2025**    **Budget**



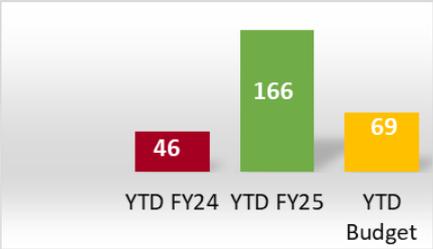
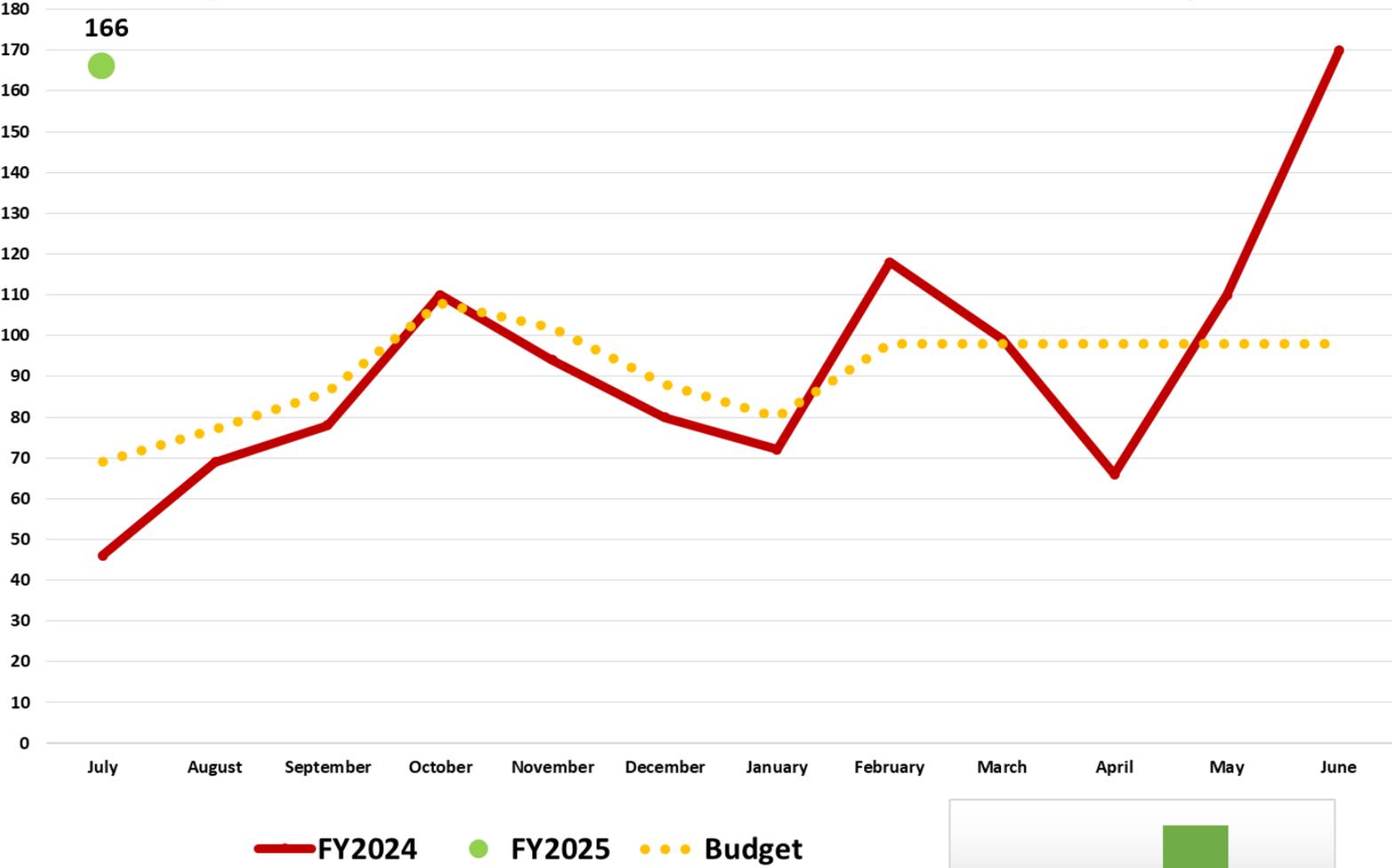
# Infusion Center - Outpatient Visits



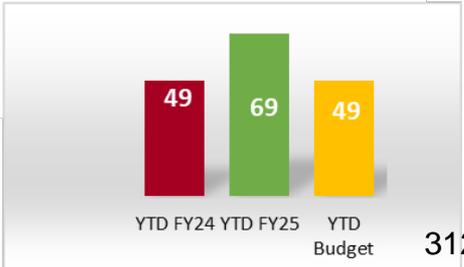
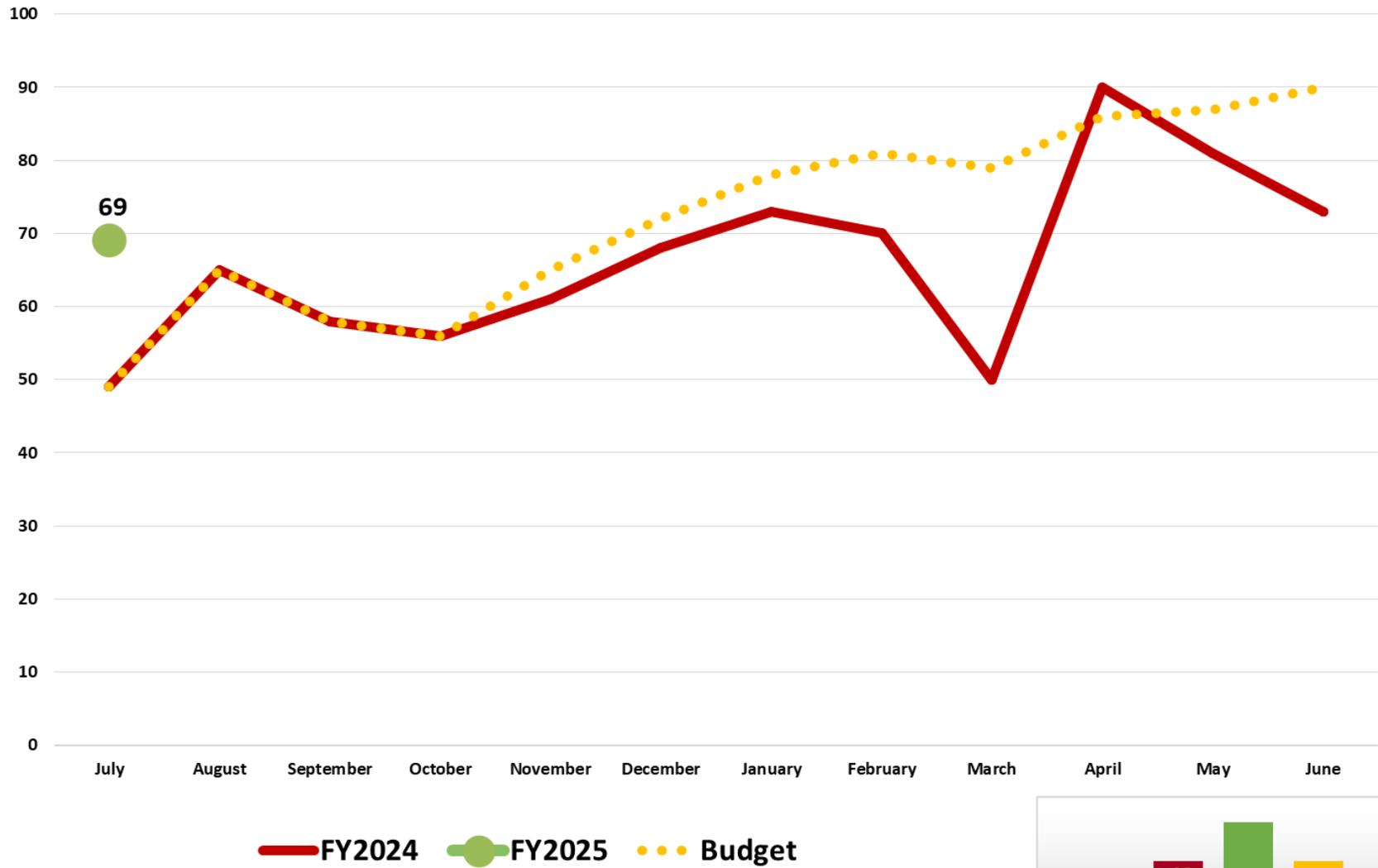
— FY2023   
 — FY2024   
 ● FY2025   
 ●●● Budget

289	381	422	457
YTD FY23	YTD FY24	YTD FY25	YTD Budget

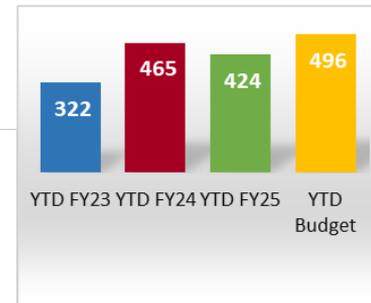
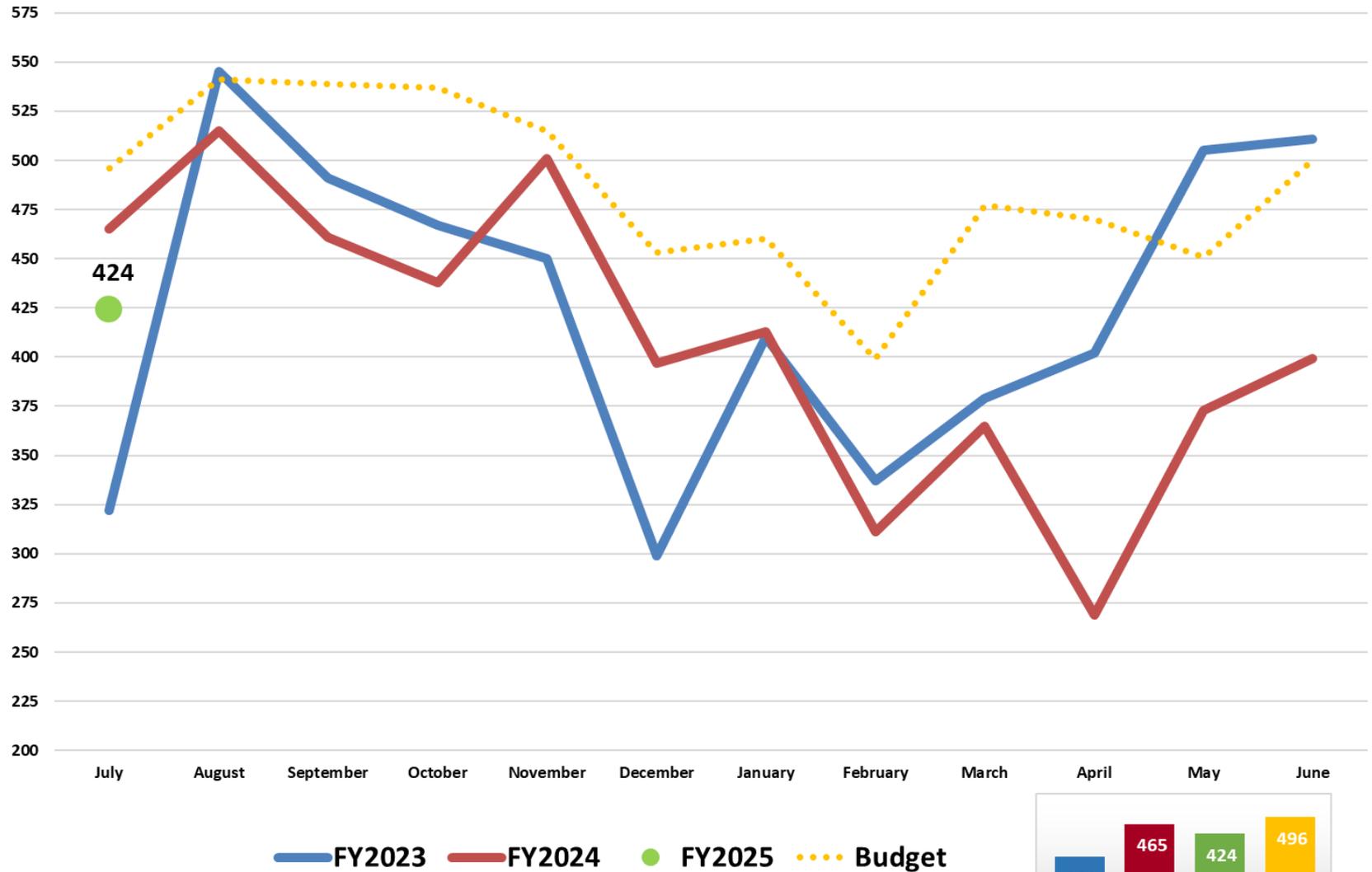
# Open Arms House - Patient Days



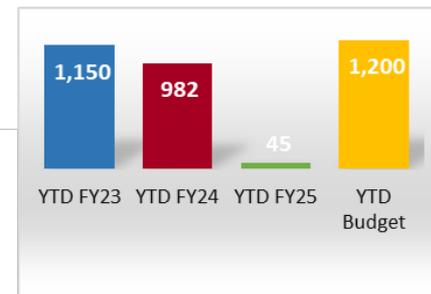
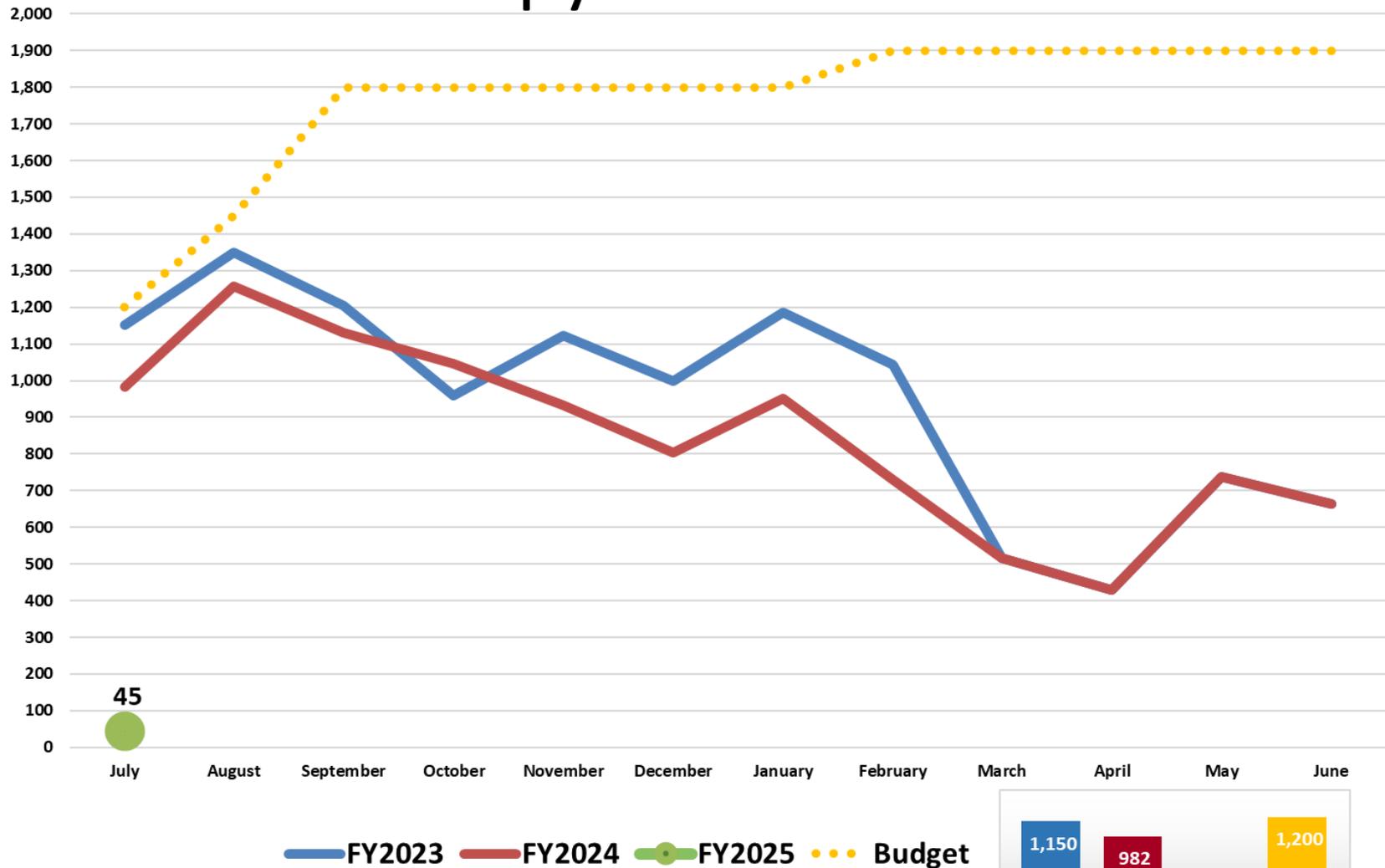
# Cardiothoracic Surgery Clinic - Visits



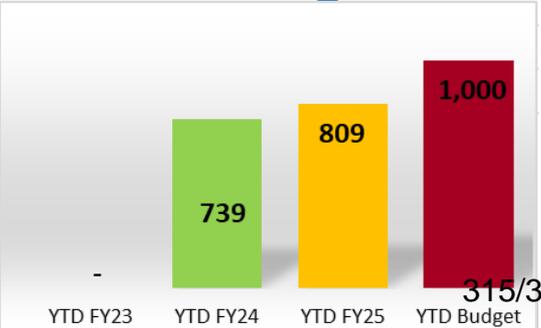
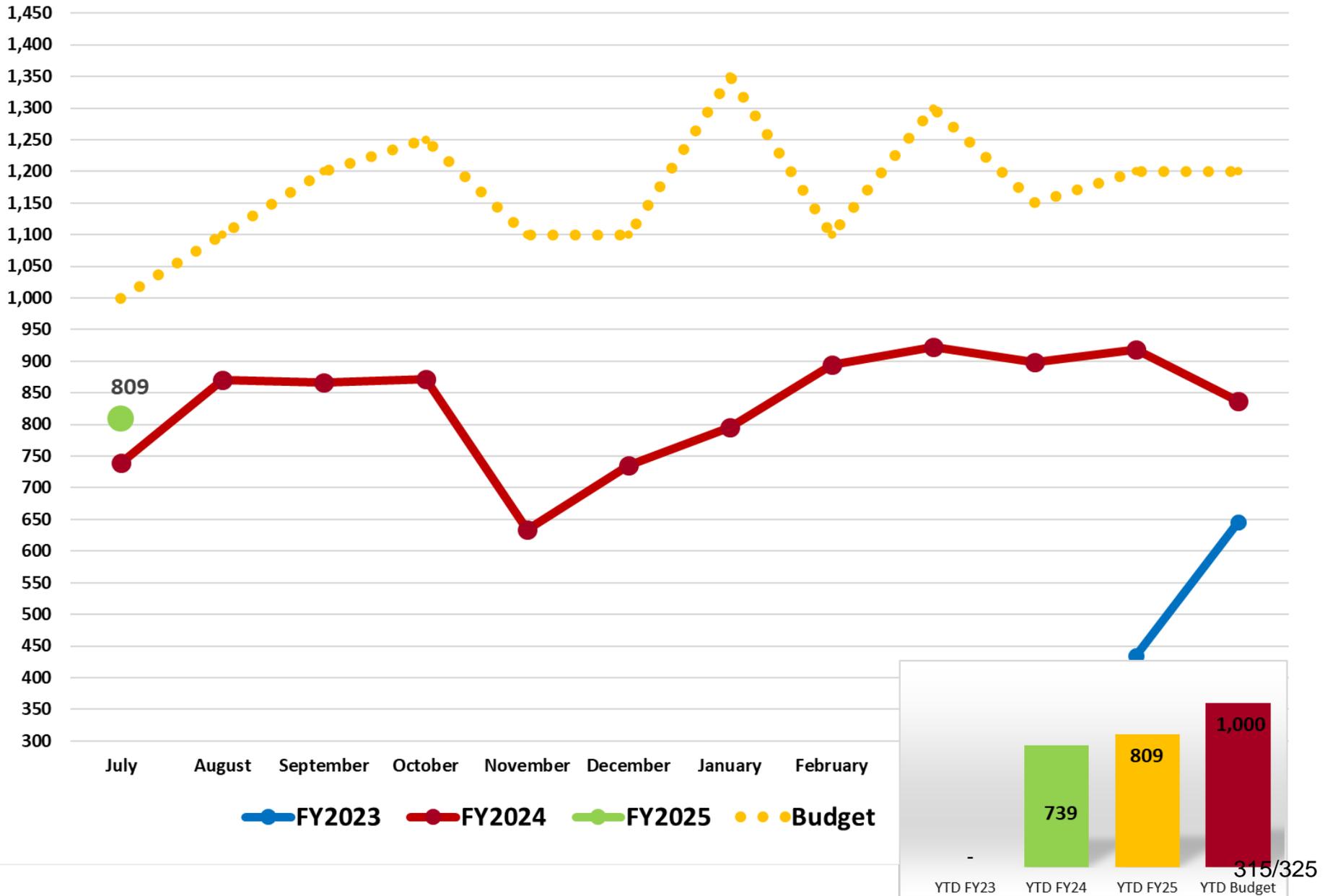
# Cardiac Rehabilitation



# Therapy-Wound Care

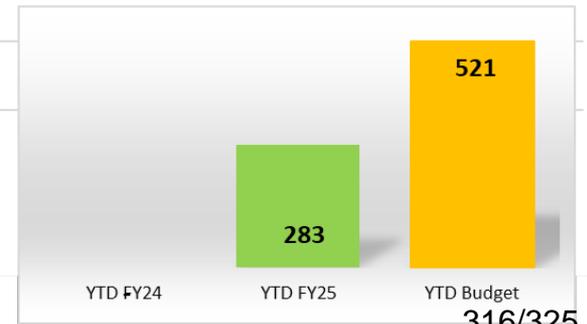
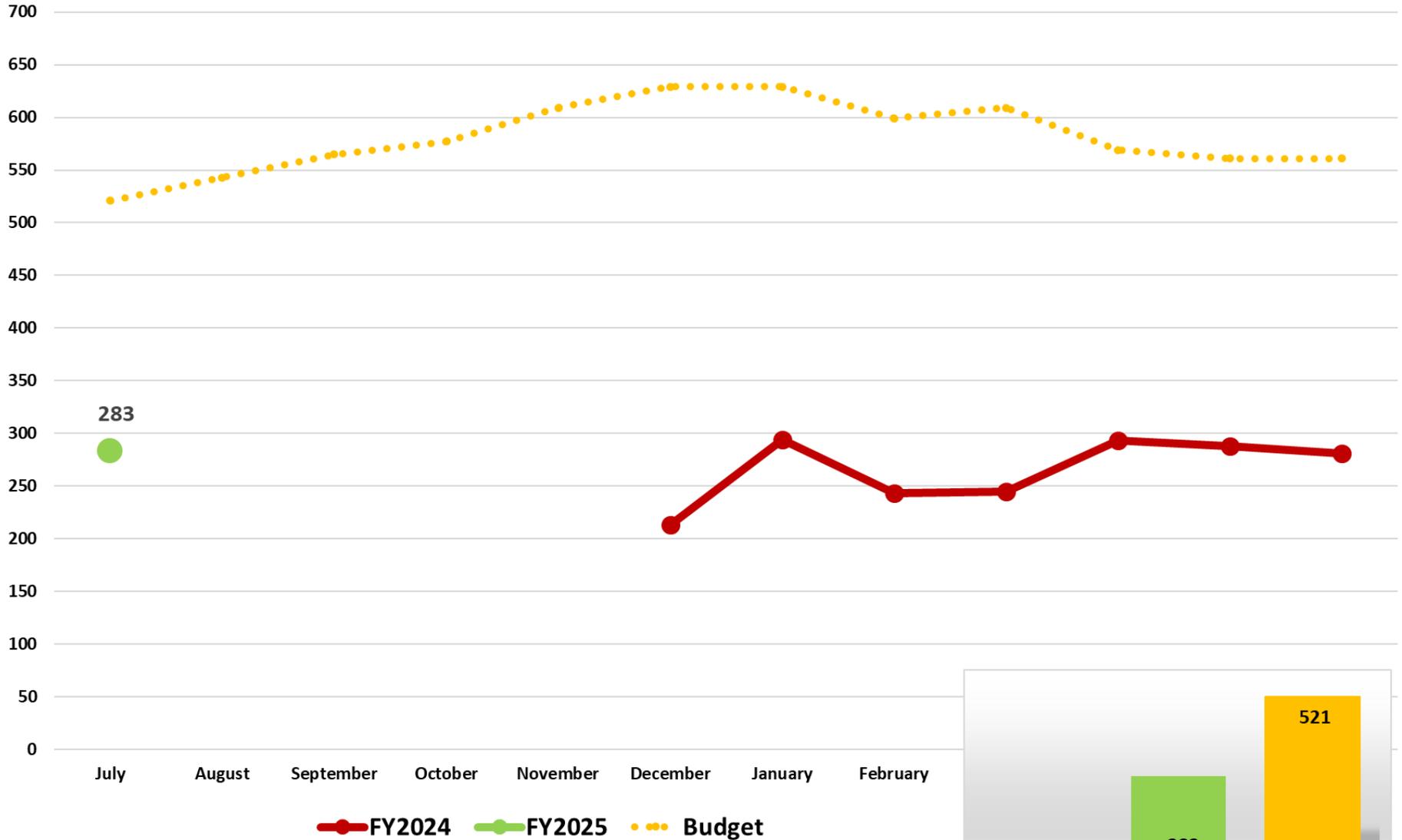


# KH Medical Clinic - Ben Maddox

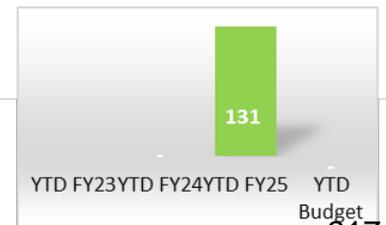
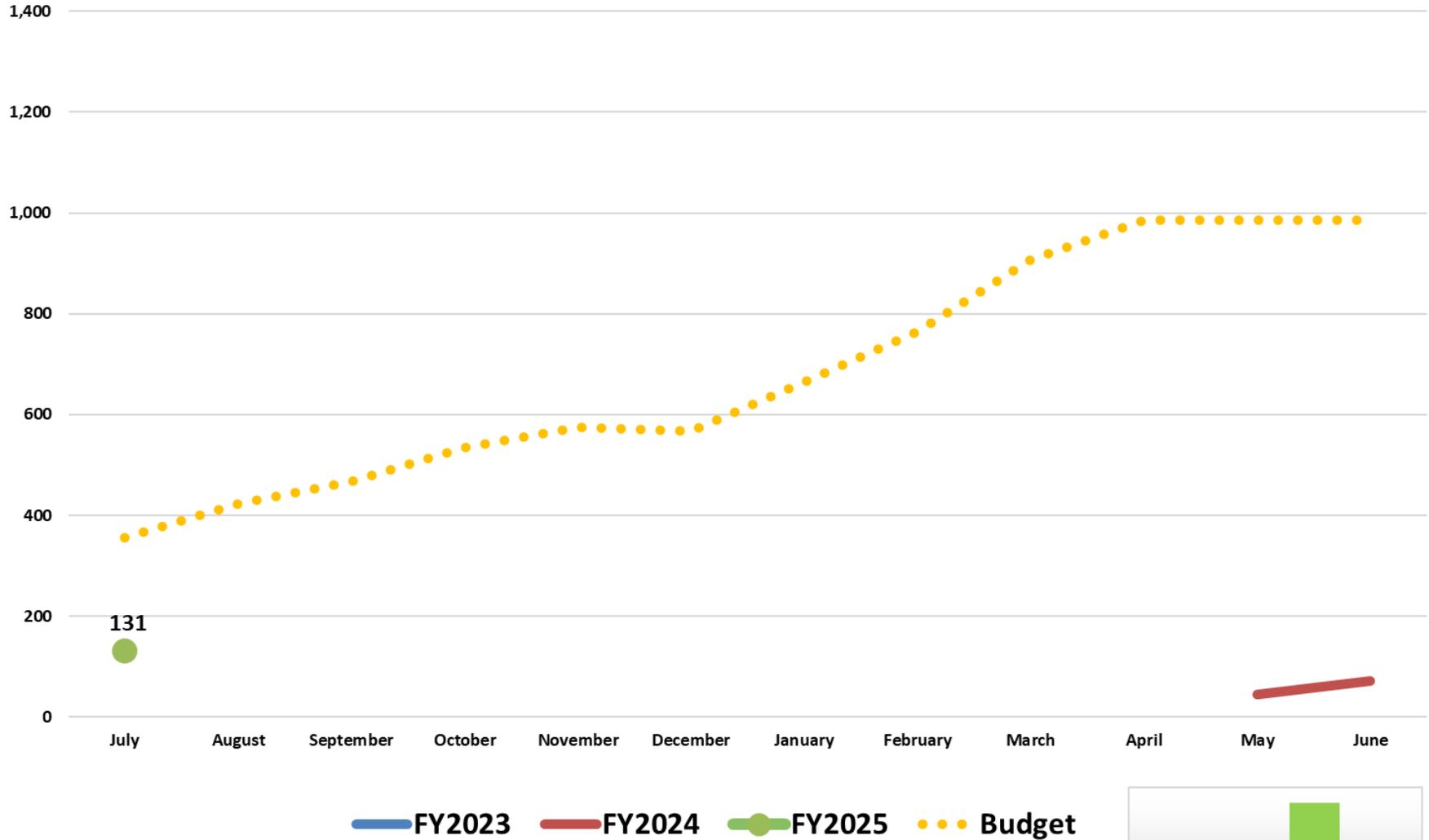


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# KH Medical Clinic - Plaza



# KH Willow Clinic



**Agenda item intentionally omitted**