



May 19, 2023

## NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Wednesday May 24, 2023: 4:00PM Open Meeting; 4:01PM Closed meeting pursuant to Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155; 4:30PM Open Meeting.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT

Mike Olmos, Secretary/Treasurer

A handwritten signature in cursive script that reads "Cindy Moccio".

Cindy Moccio

Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

Governing Board

Legal Counsel

Executive Team

Chief of Staff

[www.kaweahhealth.org](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 May 24, 2023**

## **OPEN MEETING AGENDA {4:00PM}**

### **1. CALL TO ORDER**

### **2. APPROVAL OF AGENDA**

**3. PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or [cmoccio@kaweahhealth.org](mailto:cmoccio@kaweahhealth.org) to make arrangements to address the Board.

### **4. APPROVAL OF THE CLOSED AGENDA – 4:01PM**

4.1. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case – *Rachele Berglund, Legal Counsel and Evelyn McEntire, Director of Risk Management*

4.2. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 7 Cases - *Rachele Berglund, Legal Counsel and Ben Cripps, Chief Compliance and Risk Officer*

4.3. **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Monica Manga, MD, Chief of Staff*

4.4. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Monica Manga, MD, Chief of Staff*

4.5. **Approval of the closed meeting minutes** – April 26, 2023.

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

*Action Requested – Approval of the May 24, 2023 closed meeting agenda.*

### **5. ADJOURN**

## CLOSED MEETING AGENDA {4:01PM}

1. **CALL TO ORDER**
2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case.  
*Rachele Berglund, Legal Counsel and Evelyn McEntire, Director of Risk Management*
3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 7 Cases.  
*Rachele Berglund, Legal Counsel and Ben Cripps, Chief Compliance and Risk Officer*
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.  
*Monica Manga, MD, Chief of Staff*
5. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.  
*Monica Manga, MD, Chief of Staff*
6. **APPROVAL OF THE CLOSED MEETING MINUTES** – April 26, 2023.  
**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.  
*Action Requested – Approval of the closed meeting minutes – [April 26, 2023](#).*
7. **ADJOURN**

## OPEN MEETING AGENDA {4:30PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or [cmoccio@kaweahhealth.org](mailto:cmoccio@kaweahhealth.org) to make arrangements to address the Board.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.

Wednesday, May 24, 2023

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Lynn Havard Mirviss  
– Zone II V

Mike Olmos – Zone I  
Secretary/Treasurer

Garth Gipson – Zone III  
Board Member

David Francis – Zone IV  
President

Ambar Rodriguez – Zone V  
Board Member

5. **OPEN MINUTES** – Request approval of the [April 26, 2023](#) open minutes.  
**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.  
*Action Requested – Approval of the open meeting minutes April 26, 2023 open board of directors meeting minutes.*
6. **RECOGNITIONS** – *Director Gipson*
  - 6.1. Presentation of [Resolution 2189](#) to Geraldine White, RN-PPS/MDS Coordinator, in recognition as the Kaweah Health World Class Employee of the Year recipient.
  - 6.2. Presentation of [Resolution 2190](#) to [Diana Saechao](#), Senior Consultant, in recognition as the Kaweah Health World Class Employee of the month – May 2023.
  - 6.3. Presentation of [Resolution 2191](#) to Rhonda Pendleton, CNA – OB Postpartum, in recognition of her retirement from Kaweah Health with 38 years of service.
  - 6.4. Presentation [Resolution 2192](#) in recognition of the Patient Safety Hero of the Year award to [Brian Hernandez Armenta](#) for exceptional work in patient safety.
  - 6.5. Presentation [Resolution 2193](#) in recognition of the Patient Safety Hero of the Year award to [Wendy Rodriguez Hernandez](#) for exceptional work in patient safety.
7. **CREDENTIALS** - Medical Executive Committee requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval.
8. **CHIEF OF STAFF REPORT** – Report relative to current Medical Staff events and issues.  
*Monica Manga, MD, Chief of Staff*
9. **CONSENT CALENDAR** - All matters under the Consent Calendar will be approved by one motion, unless a Board member requests separate action on a specific item.

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

*Action Requested – Approval of the May 24<sup>th</sup> Consent Calendar.*

**9.1. REPORTS**

- A. [Physician Recruitment](#)
- B. [Compliance](#)
- C. [Investment](#) (Semi-Annual)
- D. [Strategic Plan](#)

**9.2.** Approval of [rejection of claim](#) – Layne and Chad Borba vs. Kaweah Health.

**9.3. POLICIES** – Administrative

- A. Confidentiality Security and Integrity of Health Information – [AP.64](#) {Revised}

- B. Protocol for moves within Kaweah Delta Health Care District – [AP.83](#) {Revised}
- C. Visiting Regulations for Kaweah Delta Health Care District – [AP.119](#) {Rewrite}
- D. Tobacco Free Campus – Staff, Visitors & Patients – [AP.173](#) {Revised}

**9.4. Recommendation from the Medical Executive Committee on 05/2023.**

- A. [Privilege Form](#) – Nurse Practitioner / Physician Assistant
- B. [Privilege Form](#) – Family Medicine Privileges

**10. [QUALITY REPORT](#) – SEPSIS QUALITY FOCUS TEAM – Sepsis Management and Mortality Reduction Plan Review.**

*William Brien, MD, Chief Medical Officer/Chief Quality Officer*

**11. [STRATEGIC PLAN](#) - STRATEGIC GROWTH AND INNOVATION – Detailed review of Strategic Plan Initiative.**

*Marc Mertz, Chief Strategy Officer and Ivan Jara, Director of Outpatient Clinics*

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

*Keri Noeske, DNP – Chief Nursing Officer*

**13. REPORTS**

**13.1. [Chief Executive Officer Report](#) - Report relative to current events and issues.**

*Gary Herbst, Chief Executive Officer*

**13.2. [Board President](#) - Report relative to current events and issues.**

*David Francis, Board President*

**14. 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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**KAWEAH DELTA HEALTH CARE DISTRICT**

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY APRIL 26, 2023 AT 4:00PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Havard Mirviss, Gipson, Rodriguez & Olmos; G. Herbst, CEO; D. Hightower, MD, Vice Chief of Staff, K. Noeske, CNO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer D. Cox, Chief Human Resources Officer, R. Berglund, Legal Counsel; E. McEntire, Director of Risk Management; R. Salinas, Legal Counsel; and K. Davis, recording

The meeting was called to order at 4:02PM by Director Francis.

Director Francis entertained a motion to approve the agenda.

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

**PUBLIC PARTICIPATION** – None

**APPROVAL OF THE CLOSED AGENDA – 4:01PM**

- **Conference with Legal Counsel** – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) – *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
  - A. Rocha v KDHCD Case VCU288014
  - B. Martinez v KDHCD Case # VCU279163
  - C. Foster v KDHCD Case # VCU280726
  - D. Stanger v Visalia Medical Center Case # VCU284760
  - E. Whaley v KDHCD Case # VCU288850
  - F. Shipman v KDHCD Case # VCU287291
  - G. Franks v KDHCD Case # VCU290542
  - H. Burns-Nunez v KDHCD Case# VCU293109
  - I. Oney v KDHCD Case # VCU293813
  - J. Parnell v Kaweah Health Case # VCU292139
  - K. Johnson (Stanley) v KDHCD Case # VCU293243
  - L. Guadalupe Garcia-Torres; Crystal Lizarrga-Garcia; Jose Guadalupe Garcia-Gonzales vs. Kaweah Health Medical Center. Case number is VCU295082
- **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 4 Cases - *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee —*Evelyn McEntire, Director of Risk Management*
- **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case - *Rachele Berglund, Legal Counsel and Dianne Cox, Chief Human Resources Officer*
- **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, Vice Chief of Staff*

- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Daniel Hightower, MD, Vice Chief of Staff*
- **Approval of the closed meeting minutes** – March 22, 2023.

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

*MMSC (Havard Mirviss/Rodriguez) to approve the April 26, 2023 closed agenda. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis*

**ADJOURN** - Meeting was adjourned at 4:02PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY APRIL 26, 2023 AT 5:00PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Havard Mirviss, Gipson, Rodriguez & Olmos; G. Herbst, CEO; D. Hightower, MD, Vice Chief of Staff, K. Noeske, CNO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer D. Cox, Chief Human Resources Officer, R. Berglund, Legal Counsel; E. McEntire, Director of Risk Management; R. Salinas, Legal Counsel; and K. Davis, recording

The meeting was called to order at 5:02 PM by Director Francis.

Director Francis asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – Chad noted on Page 207 of the packet that the Back in Black initiative under contracting makes a direct impact on patient care. The contract speaking of Lassalle that there were 24% of patients that were affected in the termination of that contract.

**CLOSED SESSION ACTION TAKEN:** Approval the closed minutes from March 22, 2023.

**OPEN MINUTES** – Request approval of the open meeting minutes March 22, 2023.

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

*MMSC (Havard Mirviss/Gipson) to approve the open minutes from March 22, 2023. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis*

**RECOGNITIONS**

Presentation of Resolution 2185 to Wendy Parsons, RN - Charge Nurse – Medical/Surgical-3N, in recognition as the Kaweah Health World Class Employee of the Month recipient – March 2023.

Presentation of Resolution 2186 to Erin Miller, RN – Medication Safety Specialist, in recognition as the Kaweah Health World Class Employee of the Month recipient – April 2023.

Presentation of Resolution 2187 to Crystal Clark, Data Reporting Manager – Care Transformation Projects, in recognition of the Quality Incentive Pool (QIP) MVP Award acknowledging individuals for their commitment to furthering goals and driving success in the QIP program.

**CREDENTIALING** – Medical Executive Committee requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval.

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

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

*MMSC (Gipson/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, Gipson, Rodriguez, and Francis*

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

- No report.

**CONSENT CALENDAR** – Director Francis entertained a motion to approve the April 26, 2023 consent calendar.

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

*MMSC (Havard Mirviss/Gipson) to approve the April 26, 2023 consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis*

**QUALITY REPORT – MEDICATION SAFETY REPORT** – A review of Kaweah Health's safety program to proactively identify, mitigate and address potential medication errors. The Medication Error Reduction Program ("MERP") as required by the State of California (copy attached to the original of these minutes and considered a part thereof) - *Mara Miller, Pharmacy Coordinator and James McNulty, Director Pharmacy Health System*

**STRATEGIC PLAN - IDEAL WORK ENVIRONMENT** – Detailed review of Strategic Plan Initiative (copy attached to the original of these minutes and considered a part thereof) - *Dianne Cox, Chief Human Resources Officer & Raleen Larez, Director of Employee Relations and Engagement*

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

**FINANCIALS** – Review of the most current fiscal year financial results and budget and a progress review and projections relative to the Kaweah Health initiatives to decrease costs and improve cost efficiencies. (Copy attached to the original of these minutes and considered a part thereof) –

*Malinda Tupper – Chief Financial Officer; Kim Ferguson, Director of Reimbursement; Steve Bajari, Director of Procurement & Logistics; Frances Carrera, Director of Revenue*

**BOARD BYLAWS** – Review and requested approval of the revised Kaweah Delta Health Care District Board of Directors Bylaws (copy attached to the original of these minutes and considered a part thereof) - *Gary Herbst, Chief Executive Officer*

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

*MMSC (Gipson/Havard Mirviss) to approve the April 26, 2023 Board of Directors Bylaws. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis*

## **REPORTS**

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

- Mr. Herbst noted there is 50% occupancy in our critical care unit. Contracting labor has gone down to \$120 per hour and staffing has improved. Kaweah currently has nine Covid patients with zero in ICU or on respirators.
- There has been some attention in Sacramento in regards to healthcare. There is a Bill for relief of SB1953 to suspend indefinitely or for as long as there are financial challenges for hospitals. AB412 - District Hospital Loan Program passed on April 18<sup>th</sup> - 15 to 0. This bill will now go to the Assembly and will need a 2/3 vote. There are nine distressed hospitals in California and Kaweah is named as one of them.
- As of April 30<sup>th</sup> the relationship with Visalia Medical Clinic is to end at Midnight. Adventist wants to enter into a new agreement to keep computers, phones, and pharmacy as they are not ready for the transition but it was in our original term agreement that we already extended 30 days.

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

- None.

**ADJOURN** - Meeting was adjourned at 7:22PM

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

ATTEST:

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



## **RESOLUTION 2189**

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Geraldine White, RN, with the World Class Employee of the Year award 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 Geraldine for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 24<sup>th</sup> day of May 2023 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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



## **RESOLUTION 2190**

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Diana Saechao, with the World Class Service Excellence Award for the Month of May 2023, 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 Diana for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 24<sup>th</sup> day of May 2023 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

Diana Saechao, just been recognized by, Suzy Plummer on 4/28/2023

Comments: Diana came to Kaweah Health just over five years ago to take a leap of faith joining the newly developed internal consulting team. From day one, Diana was willing to take on any project, large or small, bring herself up to speed, and create meaningful professional relationships. In a short period of time she went from someone new to the organization in a brand new role to someone who was highly respected and sought after to work on projects. She has created not only a great reputation for herself and work she does, but also elevated our small team within the Organization. For those who know Diana, you know she is always professional, thorough, levelheaded and extremely committed to her work. She inspires me with her positive attitude and outlook, always seeing even the most difficult and complicated projects as a challenge and a learning opportunity. She is not scared to learn new things or to challenge herself and others to be the best. In the time she has been at Kaweah, Diana has been instrumental in projects ranging from standing up required COVID testing protocols and processes, working with our Population Health Team on a variety of projects and initiatives helping to secure funding and improve patient care, supporting development and reporting of the organization's strategic plan, and so many other projects that have helped to move Kaweah's mission and purpose forward. Diana exemplifies world class service in everything she does and in every interaction, she has with her colleagues, the Executive Team and the Board. We are so fortunate to have someone like Diana at Kaweah Health.

Diana Saechao, just been recognized by, Sonia Duran-Aguilar on 4/28/2023

Comments: I would like to nominate Diana Saechao for the Employee of the Month Award. Diana is worthy of this award for a plethora of reasons, all of which demonstrate her work ethic and world class service. As a Senior Project Consultant, Diana is well versed at keeping multiple high priority projects on track. All of the meetings she manages, schedules and supports are efficient and result in projects moving forward efficiently and that deadlines are met. One may say “that is the job, that is what she should be doing.” However, Diana goes above and beyond “the job”, is always present even when she is not and keeps everyone involved apprised of progress and risks should they arise. Diana is excellent at pivoting between many projects. I have had the pleasure of collaborating with Diana on several projects over the last 4 years to include Strategic Planning, Behavioral Health Grant, PRIME Transitions of Care Project, QIP, Health Homes and CalAIM Enhanced Care Management, Street Medicine and the list goes on and on. Knowing that Diana is providing project management support helps me feel highly confident we will achieve our goals and objectives and that the journey to the end goal will be the shortest possible. As a person, Diana is extremely kind, compassionate, supportive, professional and private. Her level of commitment to the teams she supports and the projects she takes ownership of are unmatched. She has been known to be in the ER with family, joining calls, manning the Go to meeting and taking notes. This is not asked of her, in fact it is discouraged, but as a person with extremely rigid work ethic, she shows up to get the job done. I consider Diana a Health Care Hero, while she is

not front and center providing care, she certainly does an amazing job at supporting leadership behind the scenes to get the projects done to refine workflows, improve processes that ultimately help Kaweah Health elevate the quality of the care provided in our health care facilities. For these reasons, I nominate Diana as she definitely exemplifies world class service.

Diana Saechao, just been recognized by, Keri Noeske on 5/1/2023

Comments: Diana is a consistent partner in every project and interaction. She is highly skilled, organized and extremely intelligent. I have worked with Diana for 6-7 years on a variety of projects. She approaches every project like it is the most important work she is doing. She helps team members achieve more and does so in a supportive and collaborative manner. Diana is skilled at project management because she listens to others and applies information she learns from one project to another. She is always ready to help with a new project, supports the teams she works with by being available and responsive and works to get the best out of others in a quiet and purposeful way, Kaweah is significantly more successful with Diana on the team.



**Kaweah Health™**

## **RESOLUTION 2191**

**WHEREAS, Rhonda Pendleton, CNA is retiring from duty at Kaweah Delta Health Care District after 38 years of service; and,**

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

**WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her excellence in caring and service,**

**NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Rhonda Pendleton for 38 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 24<sup>th</sup> day of May 2023 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

**ATTEST:**

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



**Kaweah Health™**

## **RESOLUTION 2192**

**WHEREAS, KAWEAH DELTA HEALTH CARE DISTRICT dba KAWAH HEALTH, is recognizing Brian Hernandez Armenta with the Patient Safety Hero of the Year award, and,**

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

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

**PASSED AND APPROVED this 24<sup>th</sup> day of May 2023 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

**ATTEST:**

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

## 2022 Patient Safety Hero of the Year Brian Hernandez Armenta

A panel of Patient Safety Experts (Quality Risk Committee) determines the Kaweah Health Hero of the Year. Our panel reviewed each monthly Good Catch Award Recipient from 2022 and scores them based on 4 criteria:

1. Scope of problem intervened on (1-10 scale); Rationale - bigger the scope, more impact on patient safety
2. Severity of problem intervened on (1-10 scale); Rationale - more severe has larger impact
3. Impact to District (1-10 scale); Rationale – will the intervention affect patients broadly across KDHCD? What level of impact will it make?
4. Degree of action taken (1-10 scale); Rationale - how “hard” was it for the staff to catch?

It's not always easy to speak up, but doing so can dramatically change the outcome for patients.

### **Brian Hernandez Armenta (Good Catch Award Winner July 2022)**

Emergency Department Mental Health Worker (Patient Access Registrar at the time of the Good Catch)

Having knowledge and awareness of stroke like symptoms is something all staff can do to help prevent long-term disability or even death for stroke victims. Brian Hernandez Armenta, who was a Patient Access Registrar at the time, was working in the registration areas of Acequia lobby when he took note of something that a patient was experiencing. He saw an abnormal symptom in the patients face and immediately thought about B.E. F.A.S.T. (**B**alance, **E**yes, **F**acial drooping, **A**rm Weakness, **S**peech difficulty, **T**ime). Having knowledge of this acronym used by the American Heart association as a way to detect a stroke, led Brian take immediate action. He first decided to take a closer look at the patient and noted that the left side of this patients' face was drooping. He then spoke to the patient and noted that his speech did not sound right when he spoke. He knew that these symptoms could indicate that a stroke might be developing. He also understood that the time factor was important to this patient's diagnosis and treatment. Brian hurried to find clinical staff in the emergency department that could take a closer look at the patient. The registration staff helped take the patient to the registered nurse and physician triage area. Brian was correct! The patient became a stroke alert and was immediately taken in for workup followed by treatment. We are very grateful for Brian's watchful eye during this busy times in ED. Brian made a difference in this patient's life because he did not hesitate to speak up for patient safety.



**Kaweah Health™**

## **RESOLUTION 2193**

**WHEREAS, KAWEAH DELTA HEALTH CARE DISTRICT dba KAWAH HEALTH, is recognizing Wendy Rodriguez Hernandez with the Patient Safety Hero of the Year award, 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 Wendy for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.**

**PASSED AND APPROVED this 24<sup>th</sup> day of May 2023 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

**ATTEST:**

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

# 2022 Patient Safety Hero of the Year

## Wendy Rodriguez-Hernandez

A panel of Patient Safety Experts (Quality Risk Committee) determines the Kaweah Health Hero of the Year. Our panel reviewed each monthly Good Catch Award Recipient from 2022 and scores them based on 4 criteria:

1. Scope of problem intervened on (1-10 scale); Rationale - bigger the scope, more impact on patient safety
2. Severity of problem intervened on (1-10 scale); Rationale - more severe has larger impact
3. Impact to District (1-10 scale); Rationale – will the intervention affect patients broadly across KDHCD? What level of impact will it make?
4. Degree of action taken (1-10 scale); Rationale - how “hard” was it for the staff to catch?

It’s not always easy to speak up, but doing so can dramatically change the outcome for patients

### **Wendy Rodriguez-Hernandez Security Officer- (Good Catch Award Winner - August 2022)**

When it comes to stroke all staff at Kaweah Health, have a role in recognizing stroke like symptoms and taking quick action so that the long-term impact of a stroke can be prevented. B.E. F.A.S.T. has become a recognizable acronym to all staff. Thus, when staff at Kaweah Health see a person who is experiencing **B**alance, **E**yes, **F**acial droop, **A**rm weakness, or **S**peech difficulty, there is an understanding that quick action is needed because **T**ime is of the essence. Development of a stroke is a medical emergency, resulting in a significant number of deaths in the US each year. Strokes also represent a major cause of disability. For this reason, early recognition of signs and symptoms of stroke is vital to ensure effective and potentially lifesaving treatment. Our GCA winner Wendy Rodriguez Hernandez, security officer was busy working at the entrance of the emergency department. She suddenly saw a patient who seemed to be having stroke like symptoms. She immediately found a registered nurse, told her what she had observed and asked her to assess this patient urgently. Because of her quick action, Wendy prevented delay in care for this patient. Because of Wendy’s actions, no time was lost in assessing this patient and working them up for what resulted in a confirmed stroke. Had Wendy not been so observant, the patient most likely would have spent extra time waiting, which would have delayed the care they received. Wendy is directly responsible for the positive outcome this patient experienced. Thank you Wendy for your role in keeping our patients safe.

**Physician Recruitment and Relations**

*Medical Staff Recruitment Report - May 2023*

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

Date prepared: 5/18/2023

Central Valley Critical Care Medicine	
Step-Down Hospitalist	2

Delta Doctors Inc.	
Family Medicine	2
OB/GYN	1

Key Medical Associates	
Dermatology	1
Endocrinology	1
Family Medicine/Internal Medicine	4
Gastroenterology	1
Pediatrics	1
Pulmonology	1
Rheumatology	1
APP - Primary Care	3

Sequoia Oncology Medical Associates Inc.	
Hematology/Oncology	1

Oak Creek Anesthesia	
Anesthesia - General/Medical Director	1
Anesthesia - Obstetrics	1
Anesthesia - Regional Pain	1

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

Sequoia Cardiology Medical Group	
EP Cardiology	1

Valley Hospitalist Medical Group	
GI Hospitalist	1

Valley ENT	
Audiology	1
Otolaryngology	1

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

Stanford Health Care	
Cardiothoracic Surgery	2

USC Urology	
Urology	3

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

Candidate Activity	#	Specialty	Group	Date Added	Current Status
	1	EP Cardiology	Sequoia Cardiology Medical Group	1/27/2023	Initial phone call completed.
	2	EP Cardiology	Sequoia Cardiology Medical Group	3/30/2023	Pending initial phone call
	3	General Surgery - Trauma	ACTS	2/28/2023	Pending initial phone call
	4	Medical Oncology	Sequoia Oncology Medical Associates	9/27/2022	Site Visit: 10/21/22. Offer pending
	5	Orthopedic Trauma	Orthopaedic Associates Medical	8/18/2022	Currently under review
	6	General Surgery - Critical Care	ACTS	3/27/2023	Currently under review
	7	Cardiothoracic Surgery	Stanford	4/5/2023	Site visit pending dates
	8	Cardiothoracic Surgery	Stanford	5/1/2023	Currently under review
	9	Cardiothoracic Surgery	Stanford	5/2/2023	Currently under review
	10	Hospitalist	Valley Hospitalist	5/3/2023	Pending offer
	11	Pediatric Hospitalist	Valley Children's	5/12/2023	Site Visit: 5/18/23
	12	Endocrinology	Delta Doctors	5/15/2023	Pending phone call
	13	Nuerology	Precision Psychiatry	5/15/2023	Currently under review
	14	Internal Medicine	Delta Doctors	4/21/2023	Currently under review

Offer Extended	#	Specialty	Group	Offer Sent
	1	Family Medicine	Direct 1099	3/21/2023
	2	Cardiothoracic Surgery	Stanford	3/23/2023
	3	Rheumatology	Key Medical Associates	5/5/2023

Offer Accepted	#	Specialty	Group	Date Candidate Signed	Expected Start Date
	1	Intensivist	Central Valley Critical Care	1/20/2023	Summer 2023
	2	Neonatology	Valley Childrer	9/10/2022	Summer 2023
	3	Neonatology	Valley Childrer	12/1/2022	Summer 2023
	4	Anesthesia - General	Oak Creek Anesthesia	2/1/2023	Summer 2023
	5	Hospitalist	Valley Hospitalist	3/15/202	Summer 2023
	6	CRNA	Oak Creek Anesthesia	Pending	Summer 2023
7	Orthopedic Trauma	Orthopaedic Associates	4/26/2023	Summer 2024	

# Compliance Program Activity Report – Open Session

February 2023 through April 2023

Ben Cripps, Chief Compliance & Risk Officer



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



# Education

## Live Presentations

- Compliance and Patient Privacy - Management Orientation
- Emergency Medicine Admin Rotation – Regulatory & Fair Market Value (FMV) Overview

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

- No Info Patient Directory
- Code of Conduct Poster Obligation to Report
- Compliance with Documentation

# Prevention & Detection

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

# Prevention & Detection

- **Patient Privacy Walkthrough** – Observation of regulatory signage and privacy practices throughout Kaweah Health; issues identified communicated to area management for follow-up and education.
- **User Access Privacy Audits** – Fairwarning daily monitoring of user access to identify potential privacy violations.
  - Kaweah Health Employees
  - Non-employee users
- **Office of Inspector General (OIG) Exclusion Attestations** – Quarterly monitoring of department OIG exclusion list review and attestations.
- **Medicare PEPPER Report Analysis** – Quarterly review of Medicare Inpatient PEPPER statistical reports to identify outlier and/or areas of risk; evaluate with Kaweah Health leadership quarterly at PEPPER Review meeting; Distribution of Rehabilitation, Hospice, Home Health, and Mental Health PEPPER Reports to leadership for evaluation.
- **COVID-19 Blanket Waivers** – Development of comprehensive tracking tool and correspondence with leadership to ensure compliance practices following the termination of each 1135 Blanket Waivers. Continued monitoring of the CMS COVID-19 temporary blanket waivers which provide health care providers with extra flexibilities required to respond to the COVID-19 pandemic.

# Oversight, Research & Consultation

## New

Medicare Promoting Interoperability Program – Antibiotic Use – Oversight to ensure compliance with new requirements established in the Final Rule effective January 1, 2024 relative to Antimicrobial Utilization using the National Healthcare Safety Network (NHSN) portal for data exchange with CMS. It was determined that a Module from Cerner, Ucern, may need to be purchased. Compliance will continue to provide oversight until project completion.

Tuberculosis (TB) Test UD Modifier – Research to determine if TB tests should be on the Not Covered Outpatient Drugs (NCODs) list because they have a 340B available for purchase opportunity. It was determined that a rebill of the Medi-Cal and Managed Care Plans is necessary to ensure notification that a discount was received upon purchase, and it is not necessary for Medi-Cal or Managed Care Plans to obtain a discount from the manufacturers. It was determined TB Tests have an available 340b purchase opportunity and should not be on the NCODs list.

COVID Test Urgent Cares – In December 2022, it was identified that patients were not billed for Covid tests in the Urgent Care Facilities. Due to the expiration of county-provided funding for Covid tests in March 2022, the cost of Covid tests became patient responsibility, but failed to be added to claims. Compliance is providing support to ensure affected claims are reprocessed for billing. Rebills have been completed.

# Oversight, Research & Consultation

## Ongoing

Fair Market Value (FMV) Oversight – Ongoing oversight and administration of physician payment rate setting and contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts.

# Licensing & Enrollment

## New

Licensing Applications – Forms preparation and submission of licensing application to the California Department of Public Health (CDPH); ongoing communication and follow-up regarding status of pending applications.

Enrollment – Forms preparation and submission of licensing application to CDPH, as well as Medicare and Medi-Cal Facility Payor Enrollment; ongoing communication and follow-up regarding status of pending applications.

- *Kaweah Health Medical Clinic – Ben Maddox*
- *Kaweah Health Cardiology Center – Tulare*
- *Center for Mental Wellness*
- *Hospice*
- *Skilled Nursing*
- *Kaweah Health Medical Clinic - Willow*
- *Neurosciences*

# Auditing & Monitoring

## Update

### CPT Psychotherapy Rural Health Clinics

**Situation:** CMS is required by the Social Security Act to ensure payment is made only for those medical services that are reasonable and necessary. A post-payment review was conducted by Compliance based on Comprehensive Error Rate Testing (CERT) contractor identified errors focusing on Psychotherapy CPT Codes 90837 (60 minutes) and 90832 (30 minutes) with patients.

**Assessment:** An internal review of twenty-five (25) randomly selected accounts containing Medicare Psychotherapy CPT codes for dates of service from January 2022 – September 2022 was conducted. The review noted a 68% compliance rate. Eight (8) accounts contained documentation on the proper CPT code; however, the billing statement inappropriately reflected a telehealth CPT Code (G2025). Procedure code G2025 is not to be used for psychotherapy telehealth visits. The eight (8) accounts coded with CPT G2025 inappropriately resulted in an underpayment and have been rebilled. The findings of the review have been shared with Patient Accounting, Coding, and Rural Health Clinic leadership for review.

**Recommendation:** Based on the findings, the Compliance Department noted a follow-up review shall be conducted in calendar year 2023. This issue has been referred to the Compliance Log for rebilling, monitoring, and corrective action.

# Auditing & Monitoring

## Update

### Noridian Cardiovascular Nuclear Medicine Probe

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

**Assessment:** A review of twenty-eight (28) randomly selected accounts for the period of November 9, 2022 through April 18, 2023 noted zero denials resulting in a compliance rate of 100%.

**Recommendation:** [Noridian has closed this audit. Based on the findings, no further assessment is required at this time.](#)

# Auditing & Monitoring

## Update

### Noridian Targeted Probe and Educate (TPE) Upper Gastrointestinal Endoscopy

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

**Assessment:** A review of twenty-two (22) randomly selected accounts for the period of December 14, 2022 through April 21, 2023 identified one (1) claim denial resulting in a payment compliance rate of 95.4%.

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

# Projects

## New

### Privacy Rule, HIPAA Review, and Gap Analysis Development

**Situation:** The Health Insurance Portability and Accountability Act (HIPAA) was signed into law in 1996, and many changes have taken place over the last two decades. With advancements in technology, changes in the environment of care and an increased desire for ease of access to information, the Privacy Rule and HIPAA have evolved to meet the current landscape. In December 2020, The Department of Health and Human Services (HHS) issued a notice of Proposed Rulemaking that detailed several proposed changes expected to be signed into law in 2023.

**Assessment:** The Compliance Program is conducting a thorough review of the HIPAA Privacy Rule at both a federal and state level to assess organizational compliance with all elements. A gap analysis will be generated to identify areas of opportunity within the organization's policies and procedures. The results of the HIPAA Privacy Rule review and gap analysis will be used to identify risk areas of opportunity to ensure compliance with state and federal laws. Policies and procedures will be amended as deficiencies are identified, as well as projected changes to take place based on the notice of Proposed Rulemaking. The review and analysis are expected to be completed by June 2023.

**Outcome:** Not known at this time.

# Projects

## Update

### Compliance Program Effectiveness Tool

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

**Assessment:** The effectiveness tool is used to identify potential gaps and risks within a compliance program. The Compliance Program Effectiveness Assessment has been completed.

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

# Projects

## Update

### Business Associate Agreement Validation

**Situation:** Review, validation and collection of Business Associate Agreements (BAA) within the Compliance 360 Contract Database System. A BAA is defined as a legal document between a healthcare provider and a third party vendor who creates, receives, maintains, or transmits Protected Health Information (PHI) of our patients on our behalf. BAAs are crucial in protecting the privacy of our patients and protecting the organization against liability in the event of a breach of PHI committed by a Business Associate.

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

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

# The pursuit of healthiness



# Oversight for Governing Boards: Compliance Program Expectations

May 2023

Ben Cripps, Chief Compliance & Risk Officer



# 7 Elements of an Effective Compliance Program

1. Policies & Procedures; Code of Conduct
2. Oversight - Chief Compliance [and Risk] Officer; Audit and Compliance Committee, Board of Directors
3. Effective Training & Education
4. Ongoing Auditing & Monitoring; Periodic Evaluation of Program Effectiveness
5. Anonymous Reporting Mechanism; No Retaliation
6. Program promoted and enforced consistently – Appropriate incentives – Appropriate disciplinary measures
7. Respond promptly to detected offenses with corrective action

# Fundamental Duties of Directors

A Director has three basic duties:

- ❑ Duty of Loyalty
- ❑ Duty of Care
- ❑ Duty of Obedience

This means a Director must perform his/her duties:

- ❑ In good faith
- ❑ In a manner he/she reasonably believes to be in the best interests of the corporation, and
- ❑ With the care an ordinarily prudent person would exercise under similar circumstances

A Director can reasonably rely on information presented by officers, employees, legal counsel, accountants and other experts, unless he/she knows such reliance is unwarranted.

# Resources Available For Compliance Program Benchmarking

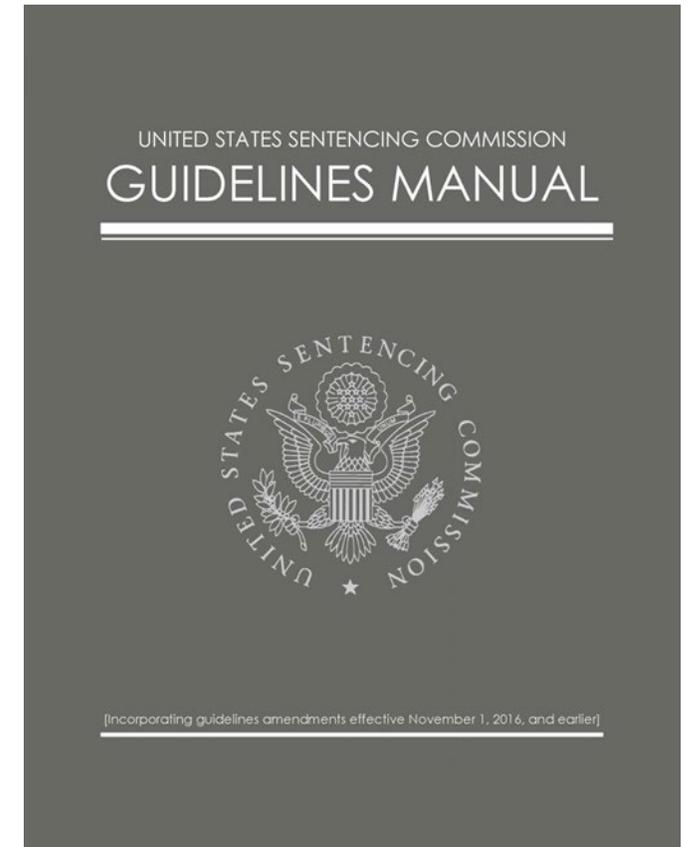
There are many resources available for Boards to utilize in the benchmarking of their organization. A few of the most widely recognized compliances resources include:

- ❑ **The Federal Sentencing Guidelines (Guidelines):** The Guidelines “offer incentives to organizations to reduce and ultimately eliminate criminal conduct by providing a structural foundation from which an organization may self-police its own conduct through an effective compliance and ethics program. “
- ❑ **OIG’s voluntary compliance program guidance documents:** Developed by the Office of Inspector General (OIG) to encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations, and program requirements.
- ❑ **OIG Corporate Integrity Agreements (CIAs):** CIAs impose specific structural and reporting requirements to promote compliance with Federal health care program standards at entities that have resolved fraud allegations. Review of CIAs may be used as baseline assessment tools for Boards and management in determining what specific functions may be necessary to meet the requirements of an effective compliance program.

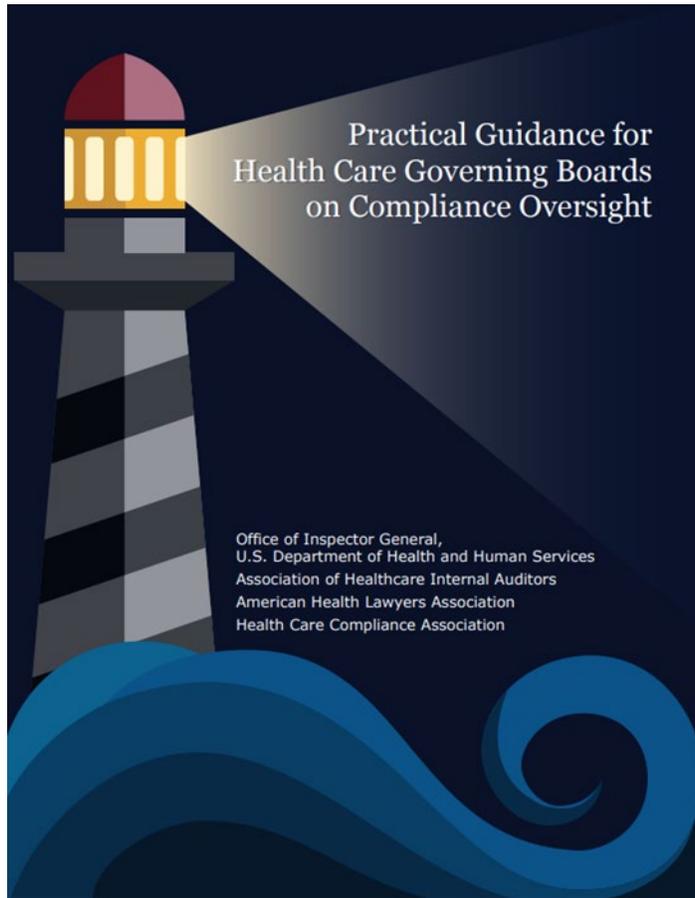
# Federal Sentencing Guidelines

“The organization’s governing authority shall be knowledgeable about the content and operation of the compliance and ethics program and shall exercise reasonable oversight with respect to the implementation and effectiveness of the compliance and ethics program.”

- Federal Sentencing Guidelines, “ Sentencing of Organizations” at Sec. 8B2.1(b)(2)(A)



# 2015 Practical Guidance for Healthcare Governing Boards



Addresses issues relating to the Board’s oversight and review of compliance – Expectations – Roles and responsibilities – Issue reporting – Regulatory risk – Accountability

“A critical element of effective oversight is the process of asking the right questions of management to determine the adequacy and effectiveness of the organization’s compliance program, as well as the performance of those who develop and execute that program, and to make compliance a responsibility for all levels of management.”

# Department of Justice Guidance

## 3 Fundamental Questions

1. Is the Program Well-Designed?
2. Is the Program Being Implemented Effectively?
3. Does the Program Work in Practice?



“[A critical factor] in evaluating any program are whether the program is adequately designed for maximum effectiveness in preventing and detecting wrongdoing by employees and whether corporate management is enforcing the program or is tacitly encouraging or pressuring employees to engage in misconduct.”

# Compliance Program Benchmarking

## **Kaweah Health Process:**

The Kaweah Health Compliance Program was established in accordance with OIG Compliance Program Guidance. The seven elements of an effective Compliance program as outlined by the OIG is the foundation by which the Kaweah Health Compliance Program operates. Rachele Berglund, Kaweah Health attorney, provides substantive expertise with respect to regulatory matters and is a valued member of the Audit and Compliance Committee, as well as Ben Cripps, Chief Compliance and Risk Officer. Rachele is often consulted for regulatory guidance and to assist the Board in fulfilling its oversight responsibilities. Ben Cripps oversees the compliance program for the organization.

## **Opportunities:**

A more consistent review of current Corporate Integrity Agreements in place and conducting risk analysis based on review findings to ensure compliant processes are in place within our organization.

To collaborate with the Board to review OIG guidance and develop analysis to ensure the scope and adequacy of our compliance program, in regard to size and complexity of our organization.

# Risk Assessment Process

## Risk Management Process

- Methodology used to identify, analyze, and address particular risks?
- Information or metrics collected and used to help detect the type of misconduct in question.

## Risk-Tailored Resource Allocation

- Does the company devote a disproportionate amount of time to policing low-risk areas instead of high-risk areas?
- Does the company give greater scrutiny, as warranted, to high-risk transactions (for instance, a large-dollar contract with a government agency in a high-risk country) than more modest and routine hospitality and entertainment?

## Updates and Revisions

- Is the risk assessment current and subject to periodic review?
- Have there been any updates to policies and procedures in light of lessons learned?
- Do these updates account for risks discovered through misconduct or other problems with the compliance program?

# Identifying and Auditing Potential Risk Areas

## Expectation:

Compliance requires monitoring of organizational activities that are vulnerable to fraud, waste and abuse, as well as other violations. Examples of high-risk activities, include:

- Referral relationships and arrangements
- Revenue Cycle
- Specific areas of concern: upcoding, false claims, medical necessity
- Privacy Rule / HIPAA Compliance
- Quality-related matters

Both internal and external resources are deployed in the risk identification process:

- Internal Sources: Employee reports, compliance hotline, internal audits, claim denials
- External Sources: Medicare claim reviews (RAC's, TPE's, CERT's), OIG-issued guidance, professional organization publications

## Kaweah Health Process:

Kaweah Health relies on a number of resources to develop an annual audit plan, prioritized by risk. Resources such as claim denials, employee reports, Medicare claim reviews, internal service-line audits, and OIG Guidance is used to generate a list of high-priority audit topics. An annual audit risk assessment is conducted to determine the order and necessity of each audit. The audit plan is dynamic and reassessed as new risks are identified. Each topic is assessed with a risk score and completed in order of highest risk. Audits are conducted internally within the compliance department as well as outsourced to third-party auditors. Results are shared with service-line leaders and are treated as attorney-client privilege (when appropriate). Results of audits with accompanying corrective action plans are shared quarterly with the Board during the Audit and Compliance Committee meeting.

## Opportunities:

Opportunity exists to include the Board in the audit risk assessment process to allow for the review of criteria and input regarding prioritization and generation of audit topic. Opportunity exists to provide more thorough education to Board regarding high-risk areas that require audits and desired outcomes for each.

# Roles and Relationships

## Expectation:

The Committee/Board Charter should include a process to ensure that the Board has access to relevant corporate information. To operate effectively, the compliance, legal, and internal audit functions should also have access to appropriate and relevant corporate information and resources. The formal charter document should be approved by the Audit Committee of the Board.

Boards should evaluate and assess how management works together to address risk, including the following considerations:

- Identifying compliance risks
- Investigating compliance risks and avoiding duplication of effort
- Identifying and implementing appropriate corrective actions and decision-making
- Communicating between the various functions throughout the process.

## Kaweah Health Process:

The Kaweah Health Audit and Compliance Committee Mission and Purpose serves as the Committee/Board Charter. The document outlines the oversight responsibility for compliance risks, corrective actions, decision making and obligations to fulfill the Compliance Program requirements. The Charter also provides the Chief Compliance and Risk Officer the unencumbered access to the company's information to conduct investigations. The Audit and Compliance Committee Mission and Purpose is presented and approved by the Board annually.

## Opportunities:

Opportunity exists to better outline the specific role of the Compliance, Legal and Internal Audit functions separately as well as where each of the functions overlap to ensure the Board's awareness and comfort of each responsibility when addressing compliance matters.

# Reporting to the Board

## Expectation:

The Board should expect to receive regular updates regarding the management and execution of the compliance program, mitigation of risks, and implementation of corrective action plans. Separately, additional updates should include involvement from key leaders responsible for audit, compliance, human resources, legal, quality, and information technology. Updates should also include:

- Reporting of internal and external investigations
- Results of internal and external audits
- Hotline/Anonymous call activity
- Allegations of material fraud or senior management misconduct
- Management exceptions to the organization's code of conduct
- Suspected violations along with updates regarding the execution of remedial efforts.

**Executive Sessions:** Executive sessions, which exclude senior management, shall be scheduled regularly to encourage direct communication amongst compliance, legal, and internal audit leaders. Implementing a regular cadence of executive sessions will reduce suspicion when a special meeting is called to order.

## Kaweah Health Process:

The Compliance Department tracks various measurable elements within compliance program dashboard. The Board is made aware of pertinent compliance activities during the quarterly Audit and Compliance Committee meeting. Investigations surrounding non-compliance are reported and addressed with the board, as well as corrective action plans and risk mitigation strategies. Executive sessions are held with the Board between compliance and legal representatives periodically.

## Opportunities:

Opportunity exists to develop a Compliance Program scorecard to measure the effectiveness of each measure, as well as work collaboratively with compliance program leaders to develop objectives based on trending data. A heightened focus on Board involvement and decision-making surrounding corrective action plans for non-compliance and risk mitigation strategies remain an opportunity.

# Commitment by Senior and Middle Management

## Conduct at the Top

- How have senior leaders, through their words and actions, encouraged or discouraged compliance?
- What concrete actions have they taken to demonstrate leadership in the company's compliance and remediation efforts?
- How have they modelled proper behavior to subordinates?
- Have managers tolerated greater compliance risks in pursuit of new business or greater revenues?
- Have managers encouraged employees to act unethically to achieve a business objective, or impeded compliance personnel from effectively implementing their duties?

## Shared Commitment

- What actions have senior leaders and middle-management stakeholders taken to demonstrate their commitment to compliance or compliance personnel, including their remediation efforts?
- Have they persisted in that commitment in the face of competing interests or business objectives?

## Oversight

- What compliance expertise has been available on the board of directors?
- Have the board of directors and/or external auditors held executive or private sessions with the compliance and control functions?
- What types of information have the board of directors and senior management examined in their exercise of oversight in the area in which the misconduct occurred?

# Encouraging Accountability and Compliance

It is the responsibility of the entire organization to uphold a culture of ethical conduct and compliance. In an effort to promote awareness and recognize each individual's contribution to an overall compliant organization, the Board shall encourage compliance-related assessments throughout the employment cycle. Through a system of defined compliance goals and objectives against which performance may be measured and incentivized, organizations can effectively communicate the message that everyone is ultimately responsible for compliance.

Governing Boards are incentivized by the Government to self-disclose compliance failures. One example of this incentive is the "60 Day Rule". Providers enrolled in Medicare or Medicaid are required to report and refund any overpayments within 60 days from the date when the overpayment is identified, or within 60 days of the date when any corresponding cost report is due. Failure to comply with this regulation can result in False Claims Act or civil monetary liability. Boards should be comfortable with the organization's policies for complying with the 60 Day Rule.

Organizations that discover a violation and self-disclose timely realize certain benefits, such as:

- Faster resolution of the case; the average OIG self-disclosure is resolved in less than one year;
- Lower payment; OIG settles most self-disclosure cases for 1.5 times damages rather than double or treble damages and penalties under the False Claims Act;
- Exclusion release as part of settlement with no CIA or other compliance obligations.

Boards should gain comfort around the organization's culture to encourage employees of all levels to raise compliance questions, concerns and complaints without fear of retaliation. The Board should understand management's approach regarding employee inquiries, as well as the organization's response to identified compliance matters and self-disclosure to Federal and State Government.

# Encouraging Accountability and Compliance (continued)

## **Kawah Health Process:**

As outlined in policy CP.01, Compliance Program Administration, upholding a culture of compliance is the responsibility of each employee, agent, and Medical Staff member. Matters of suspected wrongdoing and non-compliance are required to be reported to leadership, the compliance department, or the anonymous compliance line, without fear of retaliation or retribution. All matters are investigated in accordance with policy CP.05, Compliance and Privacy Issues Investigation and Resolution. Kaweah Health employees are required to receive annual compliance education to ensure understanding of a compliant culture and the obligation to report any suspected non-compliance. Kaweah Health follows federal and state guidelines pertaining to self-disclosure of identified billing errors and overpayments. All investigations regarding suspected non-compliance are shared with the board quarterly, including findings and corrective action plans (when necessary).

## **Opportunities:**

Opportunity exists for compliance elements to be implemented into employee job descriptions as well as annual performance evaluations of employees within the organization. Doing so will establish a set of defined compliance goals and objectives which may be measured and increase accountability amongst all levels of the organization. Opportunity exists to educate the board on handling of internal compliance matters, including the steps of the investigation rather than solely sharing results, and to engage the Board for input regarding measurable compliance metrics and expectations of employees, agents and Medical Staff members.

# Conclusion

- ❑ Health care Boards should stay abreast of the ever-changing regulatory landscape that govern the organization.
- ❑ Boards should remain knowledgeable of emerging risks, as well as the role and function of the organization's compliance program to mitigate and respond to each matter.
- ❑ Boards should encourage a level of compliance accountability across the organization, and ensure appropriate resources for the compliance oversight responsibilities, and ultimately protect patients and public funds.

# Does the Program Work in Practice

## Continuous Improvement and Sustainability

- Actual implementation of controls in practice will necessarily reveal areas of risk and potential adjustment.
- Survey of employees to gauge the compliance culture and evaluate the strength of controls.
- Conducting periodic audits to ensure that controls are functioning well.
- How often has the company updated its risk assessments and reviewed its compliance policies, procedures, and practices?
- Has the company undertaken a gap analysis to determine if particular areas of risk are not sufficiently addressed in its policies, controls, or training?
- What steps has the company taken to determine whether policies/procedures/practices make sense for particular business segments/subsidiaries?

## Periodic Testing

- Internal Audit
- Control Testing
- Evolving Updates

**DOES THE PROGRAM WORK IN PRACTICE?** – In evaluating whether a particular compliance program works in practice, prosecutors should consider revisions to corporate compliance programs in light of lessons learned.

# Resources

Corporate Responsibility and Corporate Compliance: A Resource for Health Care Boards of Directors. Office of the Inspector General, US Department of Health and Human Services and the American Health Lawyers Association. 2004.

Practical Guidance for Health Care Governing Boards and Compliance Oversight. Office of the Inspector General, US Department of Health and Human Services, Association of Healthcare Internal Auditors, American Health Lawyers Association and Health Care Compliance Association. April 2015.

# The pursuit of healthiness



***KAWEAH DELTA HEALTH CARE DISTRICT  
FINANCE DIVISION MEMORANDUM***

**TO:** Finance Committee, Board of Directors, Chief Executive Officer and Executive Team

**FROM:** Jennifer Stockton, Director of Finance (ext. #5536) and Malinda Tupper, Chief Financial Officer (ext. #4065)

**DATE:** May 16, 2023

**SUBJECT: Semi-annual Investment Report**

Each month the Board of Directors receives an investment report depicting the specific investments held by the District including the nature, amount, maturity, yield, and investing institution. On a semi-annual basis, the District's Chief Financial Officer is required to review the District's investment policy with the Board, to discuss our compliance with that policy, to review the purpose of our various investment funds and to report on the performance, quality and risk profile of our current portfolio. At the Board's request, fulfillment of this requirement is hereby made by means of this written report and accompanying schedules.

The purpose of this report is to assure the Board that the following primary objectives have been satisfied with respect to its fiduciary responsibility for the sound and prudent management of the District's monetary assets:

- 1) The Board of Directors understands and approves of the District's investment policy and is confident that management has effectively complied with this policy.
- 2) Management has effectively established appropriate funds and managed investments in a manner that safeguards the District's assets, meets the ongoing liquidity needs of the District and provides necessary funds for the various projects and budgets approved and adopted by the Board.
- 3) Within the constraints of the investment policy and the funding needs of the District, management effectively maximizes its return on investments to meet the income expectations adopted by the Board as part of the annual budget.
- 4) The acceptance/approval of this report includes the semi-annual review and approval of the investment policy (and any changes proposed) as well as the delegation of authority contained within the policy.**

For the purpose of assessing performance relative to each of these objectives, this written report describes and evaluates each of the following documents accompanying this report and demonstrates achievement of the stated objectives.

### **General Deposit and Investment Policy**

The District's current investment policy reflects strict compliance with the California Government Code (Code) sections 53600 through 53686 which govern the investment of surplus funds by governmental entities of the State of California, including political subdivisions thereof. **At December 31, 2022, the District's investment portfolio complies with all reporting and investment provisions of this policy.**

### **Statement of Purpose Guidelines District Funds**

This document describes the various funds established by the District for the purpose of setting aside cash and investments for specific uses. The establishment of these funds (other than revenue or general obligation bond proceeds) is entirely at the discretion of the Board and are not mandated or controlled by any third-party or regulatory agency.

### **Summary of Investment Funds**

This document depicts the carrying value, equal to cost, of investments held at December 31, 2022 in each of the various funds established by the District. As indicated in this report, the District's total adjusted surplus funds at December 31, 2022 were \$201.9 million. The following table depicts the District's adjusted surplus funds over the past four years; the number of days cash on hand, a measure of liquidity; and the District's average daily operating expenses (excluding depreciation expense), the denominator used in the calculation of the liquidity measure; and the percent increase in each year over the prior year:

	<b>December 31, 2022</b>	<b>December 31, 2021</b>	<b>December 31, 2020</b>	<b>December 31, 2019</b>
Adjusted Surplus Funds	\$201,873,000	\$332,543,000	\$368,679,000	\$282,626,000
Days Cash on Hand	83.4	147.8	177.7	141.5
Average Daily Operating Expenses (excluding depreciation expense)	\$2,420,000	\$2,250,000	\$2,075,000	\$1,997,000
Percent Increase in Daily Expenses	7.6%	8.4%	3.9%	4.5%
Days Cash on Hand Benchmarks:				
Moody's "A" Rated Hospitals	268.4 Days			
Revenue Bond Covenants	90 Days			

As illustrated in the above table, as of December 31, 2022 the District's liquidity ratio (days cash on hand) fell short of the covenant amount required by the District's revenue bond indentures, which is reported and measured for covenant compliance as of fiscal year end (June 30). Total surplus funds have experienced a 28.6% decrease from December 31, 2019 to December 31, 2022, and the number of days cash on hand has decreased 41.1% from 2019 due to the increase in the average daily operating expenses amount. The primary reason for the increase in total surplus funds from 2019 to 2020 was the \$84.3 million in Medicare Advanced Payments in calendar year 2020. Approximately \$27.4 million of the

advanced payments had been repaid by December 31, 2021 and the total amount was repaid by December 31, 2022. The repayment of these funds, the decline in the market value of our fixed income portfolio, and operating losses incurred during fiscal years 2022 and 2023 contributed to the further decline in surplus funds as of December 31, 2022.

Given the District's current average daily operating expense total of \$2.4 million, achievement of the Moody's "A"-rated hospitals' days cash on hand benchmark of 268.4 would require approximately \$447.8 million of additional cash resources.

The District's surplus funds investment portfolio is separated into two different categories including short-term funds and long-term funds. The District's short-term funds included investment in the Local Agency Investment Fund (LAIF) and California Asset Management Program (CAMP). The annual yields for LAIF and CAMP were 1.06 % and 1.80%, respectively, for the year ended December 31, 2022. The District's long-term portfolio is managed by PFM Asset Management (PFM) and Allspring (formerly Wells Capital Management). The twelve-month total return of the portfolio managed by PFM was (4.99%) , net of fees, while the twelve-month total return of the portfolio managed by Wells Cap was (5.13%), net of fees. Both the Allspring and the PFM portfolios performed better than the benchmark of (5.37%) for the period. The benchmark for the managed portfolios is a custom index including 70% of the Merrill Lynch 1-5 year US Treasury Index and 30% of the Merrill Lynch 1-5 year A-AAA Corporate Index. The benchmark does include security types that the District is not allowed to purchase and that because of their nature tend to carry higher yields. These include foreign issuers and private placement securities. As of December 31, 2022, the District's investment portfolio had a weighted average prospective yield of 1.50%. The District's targeted rate of return of .92% was used to project interest income in the District's Annual Budget for the fiscal year. The prospective yield excludes market value fluctuations that are included in the total return figures noted above.

### **Investment Summary by Institution**

This document depicts the amount of District investments held by various financial institutions as of December 31, 2022. In each case, the financial institution may be the issuer of an investment security, the custodian of securities, or the investment advisor managing the securities.

### **Investment Summary of Surplus Funds by Type**

This document depicts the amount of District funds invested into the various categories of investments permitted by the District's investment policy and the Code, as well as the percentage of total surplus funds invested in each category and the corresponding limitation established by the Code for compliance measurement.

### **Investment Summary of Surplus Funds by Maturity**

This document depicts the amount of District funds maturing each year over the five-year investment time horizon permitted by the District's investment policy. The measurement period for each year commences on January 1 and runs to December 31. The purpose of this schedule is to assess the overall liquidity of the District's portfolio, which has a weighted average maturity of 2.87 years at December 31, 2022.

### **Investment Summary of Surplus Fund's Unrealized Gains and Losses**

All investment summaries referenced above include the cost of investments and do not reflect current market values. This document depicts the status of securities with respect to unrealized gains and losses at December 31, 2022. The District measures and records an adjustment to reflect the current

fair market value of its total investment portfolio each quarter. The unrealized loss on the District's surplus fund portfolio at December 31, 2022 was \$10.6 million.

Kaweah Delta Health Care District  
General Deposit and Investment Policy

**Scope**

This policy sets forth the deposit and investment policy governing all District funds and related transactions and investment activity. This policy does not apply to the Employer Retirement Plan Trust. Bond proceeds shall be invested in securities permitted by the applicable bond documents. If the bond documents are silent as to the permitted investments, bond proceeds will be invested in the securities permitted by this Policy. Notwithstanding the other provisions of this Policy, the limitations (credit quality, percentage holdings, etc.) listed elsewhere in this Policy do not apply to bond proceeds. With the exception of permitted investment requirements, all other provisions of this policy will apply to the investment of bond proceeds to the degree they do not conflict with the requirements of the applicable bond documents.

**Goals and Objectives**

**Legal Compliance:** All District deposits and investments shall be in compliance with sections 53600 through 53686 of the California Government Code (Code) for local agencies. This policy sets forth certain additional restrictions which may exceed those imposed by the Code.

**Prudence:** The District Board of Directors (Board) and any persons authorized to make investment decisions on behalf of the District are trustees and therefore fiduciaries subject to the prudent investor standard. When managing District investment activities, a trustee shall act with care, skill, prudence and diligence under the circumstances then prevailing, including, but not limited to, the general economic conditions and the anticipated needs of the District, that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of like character and with like aims, to safeguard the principal and maintain the liquidity needs of the District.

**Goals:** In order of priority, trustee goals shall be:

- 1) Safety - The principal of the portfolio will be preserved by investing in high quality securities and by maintaining diversification of securities to include various types, issuers and maturities. Investments will be limited to those allowed by the Code as outlined in the permitted investments section below. Due to the complexity of various investment options and the volatility of market conditions, the trustee may seek professional advice in making decisions in order to optimize investment selections.

The trustee will also monitor the ongoing credit rating of selected investments by reference to monthly investment statements and council with investment advisors.

- 2) Liquidity - The portfolio will be managed to ensure sufficient liquidity to meet routine and non-routine budgeted cash flow requirements as well as provide for unanticipated cash needs. Based upon these needs, investments with appropriate maturity dates will be selected. Generally, these investments will be held to maturity once purchased unless called by the issuer. Securities may be sold prior to maturity under the following circumstances: 1) A security with declining credit may be sold early to minimize loss of principal. 2) A security trade would improve the quality, yield, or target duration in the portfolio. 3) Liquidity needs of the portfolio require that the security be sold.
- 3) Rate of Return - The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk constraints and liquidity needs. Performance will be measured by the ability to meet the targeted rate of return, which will equal or exceed the average return earned on the District's investment in the State of California Local Agency Investment Funds.

### **Safekeeping**

District investments not purchased directly from the issuer shall be purchased either from an institution licensed by the State as a broker-dealer or from a member of a federally-regulated securities exchange, a national or state-chartered bank, a federal or state association or from a brokerage firm designated as a primary government dealer by the Federal Reserve Bank. Investments purchased in a negotiable, bearer, registered or nonregistered format shall be delivered to the District by book entry, physical delivery or third party custodial agreement. The transfer of securities to the counterparty bank's customer book entry account may be used for book entry delivery. A counterparty bank's trust or separate safekeeping department may be used for the physical delivery of the security if the security is held in the District's name.

**Authorized Financial Dealers and Institutions:** If the District utilizes an external investment adviser, the adviser may be authorized to transact with its own Approved Broker/Dealer List on behalf of the District. In the event that the investment advisor utilizes its own Broker/Dealer List, the advisor will perform due diligence for the brokers/dealers on its Approved List.

**Internal Controls:** The Chief Financial Officer is responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the District

are protected from loss, theft or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived and (2) the valuation of costs and benefits requires estimates and judgments by management.

**Delivery vs. Payment:** All trades where applicable will be executed by delivery vs. payment (DVP) to ensure that securities are deposited in an eligible financial institution prior to the release of funds. Securities will be held by a third-party custodian as evidenced by safekeeping receipts.

### **Ethics and Conflicts of Interest**

Officers and employees involved in the investment process shall refrain from personal business activity that could conflict with the proper execution and management of the investment program, or that could impair their ability to make impartial decisions. Employees and investment officials shall disclose any material interests in financial institutions with which they conduct business. They shall further disclose any personal financial/investment positions that could be related to the performance of the investment portfolio. Employees and officers shall refrain from undertaking personal investment transactions with the same individual with whom business is conducted on behalf of the District.

### **Delegation of Authority**

The Board hereby delegates its authority to invest District funds, or to sell or exchange purchased securities, to the Treasurer for a one-year period, who shall thereafter assume full responsibility for those transactions until the delegation of authority is revoked or expires. The Board may renew the delegation of authority each year. The responsibility for day-to-day management (including the investment of funds, and selling or exchanging of purchased securities) of District investments is hereby delegated by the Board, and the Treasurer, to the Chief Financial Officer (CFO).and/or their designee subject to compliance with all reporting requirements and the prudent investor standard. The District may engage the services of one or more external investment managers to assist in the management of the investment portfolio in a manner consistent with the Districts' objectives. Such external managers will be granted the discretion to purchase and sell investment securities in accordance with the Investment Policy.

### **Reporting**

The Treasurer or CFO shall annually submit a statement of investment policy to the Board summarizing the District's investment activities and demonstrating compliance with this

policy and the Code. The Treasurer or CFO shall submit monthly reports to the Board detailing each investment by amount, type, issuer, maturity date, and rate of return, and reporting any other information requested by the Board. The monthly reports shall also summarize all material non-routine investment transactions and demonstrate compliance of the portfolio with this policy and the Code, or delineate the manner in which the portfolio is not in compliance. Any concerns regarding the District's ability to maintain sufficient liquidity to meet current obligations shall be disclosed in the monthly reports.

**Performance Standards:** The investment portfolio will be managed in accordance with the parameters specified within this policy. The portfolio should obtain a market average rate of return during a market/economic environment of stable interest rates. A series of appropriate benchmarks shall be established against which portfolio performance shall be compared on a regular basis.

### **Deposits**

All District deposits shall be maintained in banks having full-service operations in the State of California. Deposits are defined as working funds needed for immediate necessities of the District. Deposits in any depository bank shall not exceed the shareholders' equity of that bank. The Treasurer shall be responsible for the safekeeping of District funds and shall enter into a contract with any qualified depository making the depository responsible for securing the funds deposited. All District deposits shall be secured by eligible securities as defined by section 53651 of the Code and shall have a market value of at least 10 percent in excess of the total amount deposited. The Treasurer may waive security for the portion of any deposits insured pursuant to federal law and any interest which subsequently accrues on federally-insured deposits.

### **Permitted Investments**

Sinking funds or surplus funds not required for immediate needs of the District shall be invested in authorized investments as defined in Code section 53601 and may be further limited by this policy. No investment shall be made in any security having a term remaining to maturity exceeding five years at the time of investment unless the Board has granted express authority to make the investment no less than three months prior to the investment. Certain investments are limited by the Code and this policy as to the percent of surplus funds which may be invested. Investments not expressly limited by the Code or this policy may be made in a manner which maintains reasonable balance between investments in the portfolio.

Authorized investments are limited to the following:

- (a) Investment in the State of California Local Agency Investment Fund up to the maximum investment allowed by the State.
- (b) United States Treasury notes, bonds, bills or certificates of indebtedness, or those for which the faith and credit of the United States are pledged for the payment of principal and interest.
- (c) Registered State warrants or treasury notes or bonds of this State, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled or operated by the State or a department, board, agency or authority of the State.
- (d) Federal agency or United States government-sponsored enterprise obligations, participations, or other instruments, including those issued by or fully guaranteed as to principal and interest by federal agencies or United States government-sponsored enterprises.
- (e) Bills of exchange or time drafts drawn on and accepted by a commercial bank, otherwise known as bankers' acceptances. Purchases of bankers' acceptances may not exceed 180 days maturity or 40 percent of surplus funds. However, no more than 30 percent of surplus funds may be invested in bankers' acceptances of any one commercial bank.
- (f) Commercial paper of prime quality of the highest ranking or of the highest letter and numerical rating as provided for by a nationally recognized statistical rating organization (NRSRO).. Eligible paper is further limited to issuing corporations organized and operating within the United States and having total assets exceeding five hundred million dollars (\$500,000,000) and is rated in a rating category of "A" or its equivalent or higher rating for the issuer's debt, other than commercial paper, if any, as provided for by an NRSRO. Purchases of eligible commercial paper may not exceed 270 days maturity nor represent more than 10 percent of the outstanding paper of an issuing corporation. Purchases of commercial paper may not exceed 25 percent of surplus funds.
- (g) Negotiable certificates of deposit issued by a nationally or state-chartered bank, a savings association or a federal association, a state or federal credit union, or by a federally licensed or state-licensed branch of a foreign bank. For purposes of this section, negotiable certificates of deposit do not come within Article 2 (commencing with Section 53630), except that the amount so invested shall be subject to the limitations of Section 53638. The legislative body of a local agency

and the treasurer or other official of the local agency having legal custody of the moneys are prohibited from investing local agency funds, or funds in the custody of the local agency, in negotiable certificates of deposit issued by a state or federal credit union if a member of the legislative body of the local agency, or a person with investment decision making authority in the administrative office manager's office, budget office, auditor-controller's office, or treasurer's office of the local agency also serves on the board of directors, or any committee appointed by the board of directors, or the credit committee or the supervisory committee of the state or federal credit union issuing the negotiable certificates of deposit. Purchases of all types of certificates of deposit may not exceed 30 percent of surplus funds.

- (h) Investments in repurchase agreements or reverse repurchase agreements of any securities authorized by this policy when the term of the agreement does not exceed one year. The market value of securities underlying a repurchase agreement shall be valued at 102 percent or greater of the funds borrowed against those securities and the value shall be adjusted no less than quarterly. Reverse repurchase agreements shall meet all conditions and requirements set forth in Code section 53601.
- (i) Medium-term notes, defined as all corporate and depository institution debt securities with a maximum of five years maturity, issued by corporations organized and operating within the United States or by depository institutions licensed by the United States or any state and operating within the United States. Notes eligible for investment shall be rated in a rating category of "A" or its equivalent or better by an NRSRO. Purchases of medium-term notes may not exceed 30 percent of surplus funds.
- (j) Any mortgage passthrough security, collateralized mortgage obligation, mortgage-backed or other pay-through bond, equipment lease-backed certificate, consumer receivable passthrough certificate, or consumer receivable-backed bond. Securities eligible for investment under this subdivision shall be rated in a rating category of "AA" or its equivalent or better by an NRSRO and have a maximum remaining maturity of five years or less. Purchases of collateralized mortgage obligations may not exceed 20 percent of surplus funds.
- (k) Shares of beneficial interest issued by diversified management companies that invest in securities and obligations as authorized by section 53601 or that are money market funds registered with the Securities and Exchange Commission under the Investment Act of 1940, and that have attained the highest ranking or the highest letter and numerical rating provided by not less than two NRSROs.

Purchases of shares of beneficial interest may not exceed 20 percent of surplus funds, and no more than 10 percent of surplus funds may be invested in shares of beneficial interest of any one mutual fund.

- (l) Bonds issued by Kaweah Delta Health Care District, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by Kaweah Delta Health Care District.
- (m) Bonds, notes, warrants, or other evidences of indebtedness of any local agency within this state, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by the local agency, or by a department, board, agency, or authority of the local agency.
- (n) Registered treasury notes or bonds of any of the other forty-nine United States in addition to California, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by a state or by a department, board, agency, or authority of any of the other forty-nine United States, in addition to California.
- (p) Shares of beneficial interest issued by a joint powers authority (JPA) organized pursuant to Section 6509.7 that invests in the securities and obligations authorized under Section 53601 subdivisions (a) to (q), inclusive. Each share shall represent an equal proportional interest in the underlying pool of securities owned by the JPA. The JPA issuing the shares shall have retained an investment adviser registered or exempt from registration with the Securities and Exchange Commission, with not less than five years of experience investing in the authorized securities, and having assets under management in excess of five hundred million dollars.
- (q) United States dollar denominated senior unsecured unsubordinated obligations issued or unconditionally guaranteed by the International Bank for Reconstruction and Development, International Finance Corporation, or Inter-American Development Bank, with a maximum remaining maturity of five years or less, and eligible for purchase and sale within the United States. Investments under this subdivision shall be rated in a rating category of "AA" or its equivalent or better by an NRSRO and shall not exceed 30 percent of surplus funds.

### **Policy Considerations**

This policy shall be reviewed on an annual basis. Any changes must be approved by the Chief Financial Officer and any other appropriate authority, as well as the individual(s) charged with maintaining internal controls.

**Kaweah Delta Health Care District  
STATEMENT OF PURPOSE GUIDELINES  
DISTRICT FUNDS**

**Operating Accounts:**

General operating funds to meet current and future operating obligations.

**Self-Insurance Trust Fund:**

Self-insurance fund established for potential settlement of general, professional and public liability claims. All earnings remain in the fund. Disbursements are allowed for payment of claims, legal fees, or by approval of the Board of Directors. Whenever possible, District operating funds or other funds will be used to meet such liabilities.

**2012 Revenue Bond Fund:**

The purpose of this fund is to hold and disburse the District's 2012 Revenue Bond principal and interest payments made by the District pending disbursement by the trustee bank.

**2015A Revenue Bond Fund:**

The purpose of this fund is to hold and disburse the District's 2015A Revenue Bond principal and interest payments made by the District pending disbursement by the trustee bank.

**2015B Revenue Bond Fund:**

The purpose of this fund is to hold and disburse the District's 2015B Revenue Bond proceeds for various projects and to hold principal and interest payments made by the District pending disbursement by the trustee bank.

**2017A/B Revenue Bond Fund:**

The purpose of this fund is to hold and disburse the District's 2017 A and B Revenue Bond principal and interest payments made by the District pending disbursement by the trustee bank.

**2017 C Revenue Bond Fund:**

The purpose of this fund is to hold and disburse the District's 2017 C Revenue Bond principal and interest payments made by the District pending disbursement by the trustee bank.

**2020 Revenue Bond Fund:**

The purpose of this fund is to hold and disburse the District's 2020 Revenue Bond proceeds for various projects and to hold principal and interest payments made by the District pending disbursement by the trustee bank.

**2014 General Obligation Bond Fund:**

The purpose of this fund is to hold and disburse the District's 2014 General Obligation Bond principal and interest payments made by the District pending disbursement by the trustee bank.

**Plant Fund:**

The primary purpose of this fund is to retain investments for funded depreciation. In addition, funds for special capital projects and Board-designated projects which may include real property, unbudgeted capital equipment, etc. are retained in the fund. Disbursements are made for such special capital projects and for replacement capital items at the Board's discretion.

**Cost Report Settlement Fund:**

Account established to set aside sufficient funds to settle Federal and State cost reports due to the substantial nature of potential settlements.

**Development Fund:**

Accumulated reserves set aside from special projects, activities and memorials to be used as seed money for research, community service, or service development at the specific direction of the Board.

**Workers' Compensation Liability Fund:**

Funds available for possible settlement or payment of employee work-related medical claims, suits or judgments, or legal fees. Whenever possible, District operating funds or other funds will be used to meet such liabilities.

**General Obligation Bond Reserve Fund:**

The purpose of this fund is to hold funds set aside to establish a reserve account in the amount recommended by the County of Tulare.

Kaweah Delta Health Care District  
**SUMMARY OF INVESTMENT FUNDS**  
 December 31, 2022

	Investment Amount (Cost)	
	December 31, 2022	December 31, 2021
<b><u>Trust Accounts</u></b>		
Self-Insurance Trust Fund	\$ 2,404,000	\$ 3,316,000
2012 Revenue Bond Fund	-	2,321,000
2014 General Obligation Bond Fund	3,590,000	1,524,000
2015A Revenue Bond Fund	179,000	175,000
2015B Revenue Bond Fund	358,000	12,023,000
2017A/B Revenue Bond Fund	-	465,000
2017C Revenue Bond Fund	4,797,000	2,191,000
2020 Revenue Bond Fund	546,000	11,147,000
<b><u>Operating Accounts</u></b>	13,322,000	4,178,000
<b><u>Board Designated Funds</u></b>		
<b>Plant Fund</b>		
Committed for Capital Expenditure	\$27,896,000	
Uncommitted	121,460,000	
	<hr/>	<hr/>
<b>General Obligation Bond Reserve</b>	1,993,000	1,993,000
<b>Cost Report Settlement Fund</b>	3,448,000	3,448,000
<b>Development Fund</b>	104,000	104,000
<b>Workers' Compensation Liability Fund</b>	20,903,000	20,903,000
	<hr/>	<hr/>
<b>Total Board Designated Funds</b>	175,804,000	290,706,000
	<hr/>	<hr/>
<b>Total Investments</b>	<b>\$ 201,000,000</b>	<b>\$328,046,000</b>
	<hr/>	<hr/>
<b>Kaweah Health Medical Group Funds</b>	<b>\$2,011,000</b>	<b>\$9,351,000</b>
	<hr/>	<hr/>
<b>Sequoia Regional Cancer Center Funds</b>	<b>\$2,000</b>	<b>\$228,000</b>
	<hr/>	<hr/>
<b>Kaweah Health Hospital Foundation</b>	<b>\$20,188,000</b>	<b>\$19,480,000</b>
	<hr/>	<hr/>

Kaweah Delta Health Care District  
**SUMMARY OF INVESTMENT FUNDS**  
 December 31, 2022

	December 31, 2022	December 31, 2021	December 31, 2020	December 31, 2019
<b>Total Surplus Funds</b>	<b>\$189,125,000</b>	\$294,884,000	\$339,370,000	\$258,426,000
<b>Add:</b> Kaweah Health Medical Group	<b>2,011,000</b>	9,351,000	2,692,000	2,340,000
Sequoia Regional Cancer Ctr.	<b>2,000</b>	228,000	397,000	345,000
KH Foundation	<b>20,188,000</b>	19,480,000	16,730,000	16,464,000
Adjustment to record fair market value (FMV)	<b>(10,096,000)</b>	7,938,000	8,400,000	3,930,000
Accrued Investment Earnings	<b>643,000</b>	662,000	1,090,000	1,121,000
<b>Adjusted Surplus Funds</b>	<b>\$201,873,000</b>	<b>\$332,543,000</b>	<b>\$368,679,000</b>	<b>\$282,626,000</b>
<b>Daily Operating Expenses (excluding depreciation expense )</b>	<b>\$2,420,000</b>	\$2,250,000	\$2,075,000	\$1,997,000
<b>Percent Increase</b>	<b>7.6%</b>	8.4%	3.9%	4.5%
<b>Days Cash on Hand (Actual - consolidated financial statements)</b>	<b>83.4</b>	147.8	177.7	141.5
<b>Benchmark:</b>				
Moody's "A" Rated Hospitals (2021)	<b>268.4</b>			
Cash spread to "A" rating	<b>\$447,800,000</b>			
<b>Surplus portfolio return (includes FMV adjustment) :</b>				
12-Months Ended :				
LAIF	<b>1.06%</b>	0.28%	1.17%	2.32%
CAMP	<b>1.80%</b>	0.06%	0.72%	
Total Return:				
Long-Term (PFM - net of fees)	<b>-4.99%</b>	-0.92%	4.66%	4.80%
Long-Term (Allspring - net of fees)	<b>-5.13%</b>	-0.90%	4.44%	4.51%
Benchmark (70% ML 1-5 Treasury, 30% ML US Corp A-AAA)	<b>-5.37%</b>	-0.96%	4.63%	4.84%
Prospective Yield of Portfolio (No FMV)	<b>1.50%</b>	0.85%	1.07%	2.06%
Fiscal Year Budget (No FMV)	<b>0.92%</b>	1.03%	1.65%	2.28%

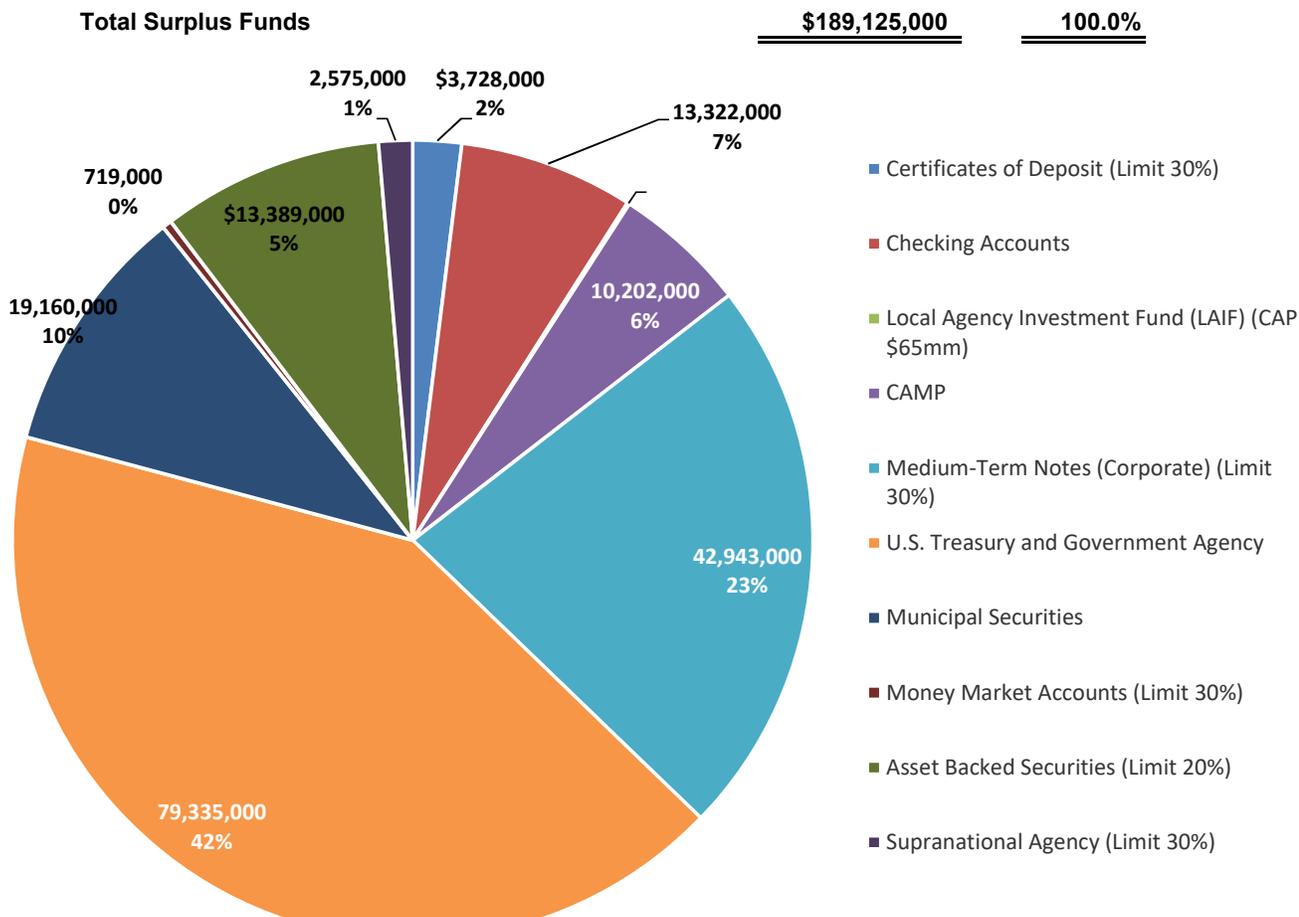
**Note: All investment balances included in the attached investment summaries are stated at the cost value and do not reflect current fair market values. Please refer to the Investment Summary of Unrealized Gains and Losses for current market values.**

Kaweah Delta Health Care District  
 INVESTMENT SUMMARY BY INSTITUTION  
 December 31, 2022

	Investment Amount (Cost)	
	December 31, 2022	December 31, 2021
US Bank (Bond Trustee)	\$ 5,880,000	\$ 17,695,000
Local Agency Investment Fund (LAIF)	3,774,000	74,999,000
PFM Asset Management (Manager) - US Bank Custodian	80,911,000	87,743,000
Allspring (Manager) - US Bank Custodian	79,040,000	91,349,000
Allspring (SITF)	2,404,000	3,317,000
CAMP (Managed by PFM)	10,202,000	26,953,000
Bancorp (FSA)	0	47,000
Torrey Pines CD (CD Placement GO Refinance)	3,063,000	3,053,000
Signature Bank (2020 Bonds)	0	10,626,000
Wells Fargo Bank (Operating accounts)	15,726,000	12,264,000
<b>Total Investments</b>	<b>201,000,000</b>	<b>328,046,000</b>
Less Trust Accounts	(11,875,000)	(33,162,000)
<b>Total Surplus Funds</b>	<b>\$189,125,000</b>	<b>\$294,884,000</b>
<b><u>Kaweah Health Medical Group</u></b>		
Wells Fargo Bank	<b>\$2,011,000</b>	<b>\$9,351,000</b>
<b><u>Sequoia Regional Cancer Center</u></b>		
Wells Fargo Bank	<b>\$2,000</b>	<b>\$228,000</b>
<b><u>Kaweah Health Hospital Foundation</u></b>		
Central Valley Community Bank	\$497,000	\$929,000
Various Short-Term and Long-Term Investments	19,691,000	18,551,000
	<b>\$20,188,000</b>	<b>\$19,480,000</b>

Kaweah Delta Health Care District  
**INVESTMENT SUMMARY OF SURPLUS FUNDS BY TYPE**  
 December 31, 2022

	Investment Amount (Cost)	%	\$ or % Limit
Certificates of Deposit	\$3,728,000	2.0%	30.0%
Checking Accounts	13,322,000	7.0%	
Local Agency Investment Fund (LAIF)	184,000	0.1%	\$75 mm
CAMP	10,202,000	5.4%	
Medium-Term Notes (Corporate)	42,943,000	22.7%	30.0%
U.S. Treasury and Government Agency	79,335,000	41.9%	
Municipal Securities	19,160,000	10.1%	
Money Market Accounts	719,000	0.4%	20.0%
Commercial Paper	0	0.0%	25.0%
Asset Backed Securities	16,957,000	9.0%	20.0%
Supranational Agency	2,575,000	1.4%	30.0%
<b>Total Surplus Funds</b>	<b>\$189,125,000</b>	<b>100.0%</b>	

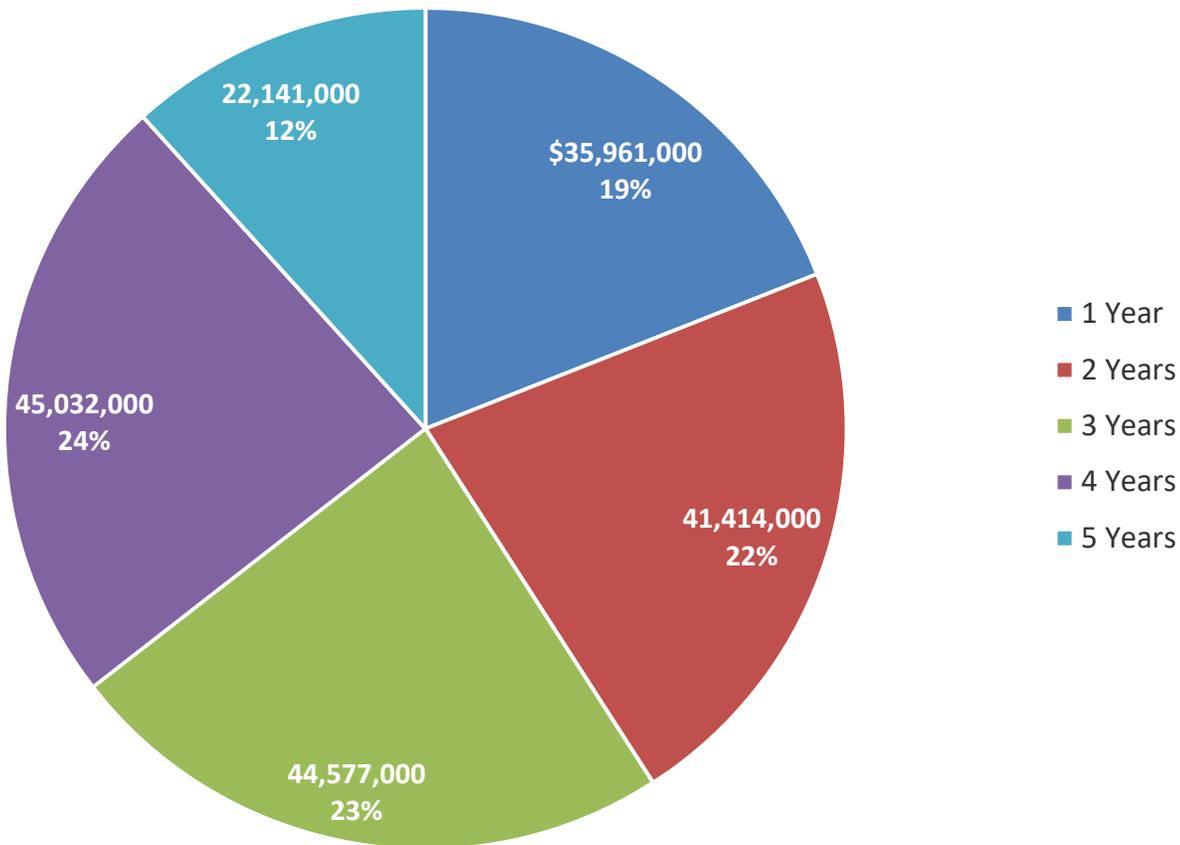


**Kaweah Delta Health Care District**  
**INVESTMENT SUMMARY OF SURPLUS FUNDS BY MATURITY**  
 December 31, 2022

	<b>Investment Amount (Cost)</b>	<b>%</b>
<b>1 Year</b>	\$35,961,000	19.0%
<b>2 Years</b>	41,414,000	21.9%
<b>3 Years</b>	44,577,000	23.5%
<b>4 Years</b>	45,032,000	23.8%
<b>5 Years</b>	<u>22,141,000</u>	<u>11.7%</u>
<b>Total Surplus Fund Investments</b>	<b><u>\$ 189,125,000</u></b>	<b><u>100.0%</u></b>

**Weighted Average Maturity**

**2.87 Years**



Kaweah Delta Health Care District  
**INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES**  
December 31, 2022

Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
<b>Negotiable Certificate of Deposits:</b>					
CREDIT SUISSE AG	03/17/2023	\$ 665,000	\$ 665,000	\$ 656,954	\$ (8,047)
		<b>\$ 665,000</b>	<b>\$ 665,000</b>	<b>\$ 656,954</b>	<b>\$ (8,047)</b>
<b>Medium-Term Notes (Corporate):</b>					
BRISTOL MYERS SQUIBB CO	11/13/2023	\$ 280,000	\$ 280,000	\$ 269,752	\$ (10,248)
PNC FINANCIAL SERVICES	01/23/2024	395,000	400,353	389,142	(11,211)
PACCAR FINANCIAL CORP	02/02/2024	1,000,000	999,579	951,250	(48,329)
NATIONAL RURAL UTIL COOP	02/08/2024	1,400,000	1,397,203	1,328,208	(68,995)
MERCK CO INC	03/07/2024	405,000	405,021	395,673	(9,348)
UNILEVER CAPITAL CORP	03/07/2024	200,000	205,021	196,254	(8,767)
SCHWAB CHARLES CORP	03/18/2024	1,625,000	1,624,674	1,544,351	(80,323)
SCHWAB CHARLES CORP	03/18/2024	90,000	89,982	85,533	(4,449)
VERIZON COMMUNICATIONS INC	03/22/2024	730,000	729,982	692,536	(37,446)
MORGAN STANLEY	04/05/2024	230,000	230,086	226,702	(3,384)
COMCAST CORP	04/15/2024	395,000	408,768	388,980	(19,788)
BANK OF NY MELLON CORP	04/26/2024	1,000,000	999,531	943,650	(55,881)
BANK OF NY MELLON CORP	04/26/2024	170,000	169,920	160,421	(9,500)
AMAZON COM INC	05/12/2024	875,000	874,421	824,163	(50,258)
AMAZON COM INC	05/12/2024	250,000	249,834	235,475	(14,359)
UNITEDHEALTH GROUP INC	05/15/2024	195,000	194,929	183,983	(10,947)
HSBC USA INC	05/24/2024	415,000	414,988	406,891	(8,098)
ASTRAZENECA FINANCE LLC L P	05/28/2024	300,000	299,990	282,750	(17,240)
JOHN DEERE CAPITAL CORP	06/07/2024	230,000	229,862	216,161	(13,702)
US BANCORP	07/30/2024	415,000	414,897	398,956	(15,941)
AMERICAN HONDA FIN CORP	08/09/2024	190,000	189,931	177,623	(12,308)
BMW US CAP LLC EXTND IAM	08/12/2024	340,000	340,085	317,023	(23,062)
UNILEVER CAP CORP	08/12/2024	100,000	100,000	93,665	(6,335)
HONEYWELL INTERNATIONAL	08/15/2024	330,000	336,585	316,833	(19,752)
PACCAR FINANCIAL CORP	08/15/2024	210,000	212,774	200,401	(12,373)
EXXON MOBIL CORPORATION	08/16/2024	1,320,000	1,320,000	1,262,686	(57,314)
WALT DISNEY COMPANY THE	08/30/2024	780,000	778,955	743,636	(35,318)
DEERE JOHN CAPITAL CORP	09/10/2024	85,000	84,969	79,319	(5,650)
CATERPILLAR FINL SVCS	09/13/2024	500,000	499,614	466,415	(33,199)
NESTLE HLDGS INC	09/14/2024	640,000	640,000	596,582	(43,418)
BANK OF NY MELLON CORP	10/24/2024	150,000	150,252	143,003	(7,250)
BANK NEW YORK MELLON CORP	10/25/2024	390,000	389,847	363,219	(26,628)
CITIGROUP INC SR NT	10/30/2024	445,000	445,000	426,381	(18,619)
CATERPILLAR FINL SERVICE	11/08/2024	600,000	599,791	572,436	(27,355)
CATERPILLAR FINL SERVICE	11/08/2024	850,000	850,725	810,951	(39,774)
JPMORGAN CHASE CO	12/05/2024	1,050,000	1,087,245	1,034,334	(52,911)
BRANCH BANKING TRUST	12/06/2024	1,300,000	1,299,157	1,235,897	(63,260)
JOHN DEERE CAPITAL CORP	01/09/2025	500,000	499,943	474,630	(25,313)
US BANK NA CINCINNATI	01/21/2025	1,400,000	1,438,156	1,324,834	(113,322)
GOLDMAN SACHS GROUP INC	01/24/2025	725,000	725,000	693,934	(31,066)
NATIONAL RURAL UTIL COOP FIN	02/07/2025	125,000	124,997	117,221	(7,776)
TOYOTA MOTOR CREDIT CORP	02/13/2025	420,000	419,619	394,666	(24,954)
NOVARTIS CAPITAL CORP	02/14/2025	425,000	434,987	400,554	(34,433)
DEERE JOHN CAPITAL CORP	03/07/2025	550,000	549,828	520,416	(29,413)
ROCHE HOLDINGS INC	03/10/2025	730,000	730,000	691,120	(38,880)
GENERAL DYNAMICS CORP	04/01/2025	395,000	416,263	382,739	(33,524)
HOME DEPOT INC	04/15/2025	65,000	64,915	62,290	(2,625)
BANK NEW YORK MELLON CORP	04/25/2025	425,000	424,954	411,426	(13,529)
CITIGROUP INC	05/01/2025	440,000	440,264	412,034	(28,230)
APPLE INC	05/11/2025	655,000	656,305	603,026	(53,279)
EMERSON ELECTRIC CO	06/01/2025	265,000	279,415	255,850	(23,565)
HONEYWELL INTERNATIONAL INC	06/01/2025	400,000	397,277	369,776	(27,501)
JPMORGAN CHASE CO	06/01/2025	1,000,000	1,000,944	932,150	(68,794)
AMAZON COM INC SR NT	06/03/2025	445,000	444,927	406,356	(38,571)
COLGATE PALMOLIVE CO SR	08/15/2025	140,000	139,888	135,432	(4,456)
ABBOTT LABORATORIES	09/15/2025	195,000	209,977	191,153	(18,825)
BK OF AMERICA CORP	09/25/2025	1,300,000	1,300,000	1,196,494	(103,506)
PROCTER GAMBLE CO	10/29/2025	1,300,000	1,298,810	1,165,931	(132,879)
LOCKHEED MARTIN CORP	01/15/2026	203,000	217,579	197,194	(20,385)
STATE STR CORP	02/06/2026	1,000,000	999,955	930,620	(69,335)
GOLDMAN SACHS GROUP INC	02/12/2026	205,000	205,301	185,365	(19,936)
STATE STREET CORP	03/30/2026	420,000	422,030	399,437	(22,593)
BANK OF AMERICA CORP	04/02/2026	250,000	250,000	238,760	(11,240)
BANK OF AMERICA CORP	04/19/2026	295,000	307,623	281,530	(26,093)
WELLS FARGO CO	04/25/2026	800,000	800,000	777,528	(22,472)
IBM CORP	05/15/2026	410,000	439,592	390,103	(49,489)
ASTRAZENECA FINANCE LLC L P	05/28/2026	265,000	265,258	235,932	(29,326)
TOYOTA MTR CR CORP	06/18/2026	1,400,000	1,397,741	1,236,844	(160,897)
WALMART INC	07/08/2026	205,000	211,168	197,130	(14,038)
BANK NEW YORK MELLON CORP	07/24/2026	55,000	55,000	54,162	(838)
CATERPILLAR FINL SVCS	09/14/2026	220,000	217,507	194,170	(23,337)
JP MORGAN CHASE CO	10/01/2026	415,000	433,197	387,041	(46,155)
AMERICAN EXPRESS CO SR	11/04/2026	445,000	444,427	394,332	(50,094)
AMERICAN HONDA FINANCE	01/08/2027	220,000	209,321	199,714	(9,607)
DEERE JOHN CAPITAL CORP	01/11/2027	220,000	214,920	196,174	(18,746)
TARGET CORP	01/15/2027	900,000	898,758	817,011	(81,747)
TARGET CORP	01/15/2027	330,000	329,965	299,571	(30,395)
ADOBE INC	02/01/2027	220,000	209,135	200,224	(8,911)
NIKE INC	03/27/2027	215,000	207,443	200,806	(6,637)
HOME DEPOT INC SR NT	04/15/2027	220,000	212,234	202,440	(9,794)
NORTHERN TR CORP SR NT	05/10/2027	250,000	251,463	244,190	(7,273)

**Kaweah Delta Health Care District**  
**INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES**  
**December 31, 2022**

Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
IBM CORP	05/15/2027	230,000	212,669	202,030	(10,639)
UNITEDHEALTH GROUP INC	05/15/2027	85,000	84,960	82,221	(2,738)
PNC FINANCIAL SERVICES	05/19/2027	215,000	210,176	200,761	(9,416)
TRUIST FINL CORP FR	08/03/2027	240,000	212,515	202,318	(10,197)
INTEL CORP	08/05/2027	420,000	419,561	403,486	(16,076)
WALMART INC	09/09/2027	420,000	420,967	414,200	(6,768)
AMAZON COM INC	12/01/2027	390,000	391,465	388,705	(2,760)
		<b>\$ 42,943,000</b>	<b>\$ 43,092,375</b>	<b>\$ 40,457,261</b>	<b>\$ (2,635,114)</b>

**Municipal Securities:**

PORT AUTH N Y N J TAXABLE	07/01/2023	\$ 245,000	\$ 245,000	\$ 240,649	\$ (4,351)
FOOTHILL DE ANZA CA CMNTY COLLEGE	08/01/2023	850,000	850,000	830,467	(19,533)
PALOMAR CA CMNTY COLLEGE DIST	08/01/2023	700,000	700,000	684,999	(15,001)
UPPER SANTA CLARA VY JT PWRS A	08/01/2023	1,100,000	1,100,000	1,077,164	(22,836)
NEW YORK ST THRUWAY AUTH REF SER M	01/01/2024	585,000	585,000	570,258	(14,742)
WISCONSIN ST REF TAXABLE GO	05/01/2024	1,320,000	1,320,000	1,248,482	(71,518)
WISCONSIN ST GEN FD ANNUAL	05/01/2024	500,000	500,000	472,730	(27,270)
UNIVERSITY CA REVS TAXABLE	05/15/2024	1,000,000	1,000,000	945,560	(54,440)
ORANGE CA PENSION OBLIG TAXABLE	06/01/2024	500,000	500,000	470,820	(29,180)
TORRANCE CA JT PWRS FING AUTH LEASE	06/01/2024	1,450,000	1,450,000	1,364,450	(85,550)
LOUISIANA ST HWY IMPT REV	06/15/2024	500,000	500,000	469,090	(30,910)
LOS ANGELES CALIF UNI SCH DIST	07/01/2024	1,500,000	1,582,530	1,550,415	(32,115)
EL SEGUNDO CALIF PENSION OBLIG	07/01/2024	510,000	510,000	479,114	(30,886)
ARIZONA ST TRANSPRTN BRD HIGHWAY	07/01/2024	675,000	675,000	650,322	(24,678)
CONNECTICUT ST TAXABLE GO BDS 2020 A	07/01/2024	150,000	150,000	144,393	(5,607)
WISCONSIN ST TRANSN REV TAXABLE REF	07/01/2024	470,000	470,000	443,097	(26,903)
MARYLAND ST TAXABLE GO LOC LN FACS	08/01/2024	355,000	354,961	332,731	(22,230)
SAN DIEGO CA CMNTY CLE DIST REF SER	08/01/2024	80,000	80,000	76,826	(3,174)
SAN JUAN CALIF UNI SCH DIST TAXABLE	08/01/2024	195,000	195,000	182,908	(12,092)
TAMALPAIS CA UNION HIGH SCH DIST	08/01/2024	305,000	305,000	292,785	(12,215)
MISSISSIPPI ST TAXABLE GO REF BDS	11/01/2024	300,000	300,000	278,940	(21,060)
BAY AREA TOLL AUTH CA TOLL BRDG REV	04/01/2025	250,000	250,000	230,813	(19,188)
SAN DIEGO CNTY CA WTR AUTH TAXABLE	05/01/2025	300,000	300,000	273,675	(26,325)
UNIVERSITY CALIF REVS TAXABLE GEN	05/15/2025	185,000	185,000	169,676	(15,324)
CONNECTICUT ST TAXABLE GO BDS 2021 A	06/01/2025	400,000	400,000	366,460	(33,540)
FLORIDA ST BRD ADMIN FIN CORP REV	07/01/2025	600,000	600,369	550,890	(49,479)
WISCONSIN ST TRANSN REV TAXABLE REF	07/01/2025	440,000	440,000	400,488	(39,512)
SANTA CRUZ CALIF MET TRAN DISTSALES	08/01/2025	400,000	400,000	375,308	(24,692)
LOS ANGELES CALIF CMNTY COLLEGE DIST	08/01/2025	335,000	335,000	302,910	(32,090)
SAN JUAN CA UNI SCH DIST REF	08/01/2025	190,000	190,000	171,903	(18,098)
ANAHEIM CA PUB FING AUTH LEASE	07/01/2026	1,000,000	998,630	896,760	(101,870)
LOS ANGELES CA UNI SCH DIST GO	07/01/2026	270,000	270,000	241,345	(28,655)
MASSACHUSETTS ST SPL OBLIG REV	07/15/2027	1,000,000	1,000,000	962,780	(37,220)
ALAMEDA CNTY CA TAXABLE GO BDS 2022	08/01/2027	500,000	500,000	474,145	(25,855)
		<b>\$ 19,160,000</b>	<b>\$ 19,241,489</b>	<b>\$ 18,223,353</b>	<b>\$ (1,018,136)</b>

**U.S. Treasury and Government Agency:**

F N M A	07/10/2023	\$ 1,710,000	\$ 1,709,362	\$ 1,669,901	\$ (39,462)
F H L M C MULTICLASS MTG PARTN	11/25/2023	384,436	392,736	378,073	(14,663)
F H L M C M T N	12/04/2023	595,000	594,819	570,331	(24,487)
U S TREASURY NOTE	01/15/2024	810,000	809,409	772,327	(37,082)
U S TREASURY NOTE	02/29/2024	220,000	219,624	214,269	(5,355)
F N M A GTD R E M I C PASS THRU	03/25/2024	208,149	211,062	203,830	(7,232)
U S TREASURY NOTE	04/30/2024	1,285,000	1,280,676	1,239,819	(40,856)
U S TREASURY NOTE	05/15/2024	1,375,000	1,387,344	1,334,616	(52,728)
U S TREASURY NOTE	06/15/2024	865,000	863,045	811,820	(51,226)
U S TREASURY NOTE	09/30/2024	425,000	432,512	403,567	(28,945)
U S TREASURY NOTE	10/31/2024	650,000	647,327	615,849	(31,478)
U S TREASURY NOTE	10/31/2024	1,500,000	1,497,111	1,421,190	(75,921)
U S TREASURY NOTE	11/30/2024	1,000,000	995,100	946,250	(48,850)
U S TREASURY NOTE	12/15/2024	550,000	550,284	514,767	(35,517)
U S TREASURY NOTE	12/31/2024	1,000,000	1,001,203	949,220	(51,983)
F N M A	01/07/2025	1,510,000	1,508,054	1,426,406	(81,647)
U S TREASURY NOTE	01/15/2025	3,300,000	3,289,900	3,088,206	(201,694)
F H L M C MULTICLASS MTG PARTN	01/25/2025	37,879	37,878	37,193	(685)
F H L M C	02/12/2025	1,000,000	1,011,000	942,280	(68,720)
FEDERAL HOME LOAN BKS	04/14/2025	1,340,000	1,336,961	1,231,540	(105,421)
F N M A DEB	04/22/2025	1,530,000	1,528,545	1,405,672	(122,873)
U S TREASURY NOTE	05/15/2025	980,000	982,045	945,014	(37,031)
F H L M C MULTICLASS MTG PARTN	05/25/2025	855,000	859,369	828,076	(31,293)
F N M A	06/17/2025	2,000,000	1,997,962	1,819,820	(178,142)
F N M A	06/17/2025	1,800,000	1,798,166	1,637,838	(160,328)
U S TREASURY NOTE	06/30/2025	350,000	349,710	317,065	(32,645)
F H L M C M T N	07/21/2025	1,500,000	1,496,183	1,357,425	(138,758)
F H L M C M T N	07/21/2025	520,000	518,677	470,574	(48,103)
U S TREASURY NOTE	07/31/2025	185,000	183,172	166,940	(16,232)
F N M A	08/25/2025	1,500,000	1,496,278	1,352,835	(143,443)
FEDERAL HOME LOAN BKS	09/04/2025	525,000	524,154	472,558	(51,596)
F H L M C M T N	09/23/2025	750,000	748,767	674,910	(73,857)
F H L M C M T N	09/23/2025	835,000	833,628	751,400	(82,228)
U S TREASURY NOTE	10/31/2025	770,000	766,919	688,519	(78,401)
U S TREASURY NOTE	11/30/2025	2,550,000	2,550,383	2,280,848	(269,535)
U S TREASURY NOTE	11/30/2025	500,000	493,954	447,225	(46,729)
U S TREASURY NOTE	12/31/2025	2,000,000	2,115,488	1,912,500	(202,988)
U S TREASURY NOTE	12/31/2025	1,395,000	1,378,740	1,246,725	(132,015)
U S TREASURY NOTE	01/31/2026	1,000,000	989,380	889,730	(99,650)

**Kaweah Delta Health Care District**  
**INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES**  
**December 31, 2022**

Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
U S TREASURY NOTE	02/15/2026	1,000,000	1,025,266	924,840	(100,426)
U S TREASURY NOTE	02/28/2026	1,500,000	1,495,300	1,336,590	(158,710)
U S TREASURY NOTE	03/31/2026	675,000	673,002	604,996	(68,006)
U S TREASURY NOTE	03/31/2026	1,000,000	998,756	896,290	(102,466)
U S TREASURY NOTE	04/30/2026	5,225,000	5,206,856	4,670,889	(535,967)
U S TREASURY NOTE	04/30/2026	1,435,000	1,398,070	1,282,818	(115,252)
U S TREASURY NOTE	05/31/2026	1,200,000	1,255,480	1,122,840	(132,640)
U S TREASURY NOTE	05/31/2026	1,000,000	998,370	891,840	(106,530)
U S TREASURY NOTE	06/30/2026	1,850,000	1,860,263	1,654,307	(205,956)
U S TREASURY NOTE	06/30/2026	990,000	965,874	885,278	(80,596)
U S TREASURY NOTE	07/31/2026	880,000	865,028	777,594	(87,433)
U S TREASURY NOTE	08/31/2026	1,000,000	979,112	885,430	(93,682)
U S TREASURY NOTE	09/30/2026	2,210,000	2,191,625	1,962,325	(229,300)
U S TREASURY NOTE	09/30/2026	1,000,000	990,895	887,930	(102,965)
U S TREASURY NOTE	10/31/2026	800,000	796,363	715,528	(80,835)
U S TREASURY NOTE	11/30/2026	2,000,000	1,997,964	1,794,620	(203,344)
U S TREASURY NOTE	11/30/2026	2,200,000	2,149,979	1,974,082	(175,897)
U S TREASURY NOTE	12/31/2026	2,000,000	1,953,850	1,791,020	(162,830)
U S TREASURY NOTE	01/31/2027	1,400,000	1,391,905	1,263,990	(127,915)
FEDERAL HOME LOAN BKS	02/10/2027	710,000	641,999	616,202	(25,797)
U S TREASURY NOTE	03/31/2027	3,330,000	3,306,814	3,124,872	(181,942)
U S TREASURY NOTE	04/30/2027	970,000	970,532	919,230	(51,302)
U S TREASURY NOTE	04/30/2027	250,000	225,619	215,265	(10,354)
U S TREASURY NOTE	04/30/2027	800,000	793,279	758,128	(35,151)
U S TREASURY NOTE	05/15/2027	925,000	904,956	862,387	(42,569)
U S TREASURY NOTE	07/31/2027	1,675,000	1,664,246	1,584,768	(79,479)
		\$ 79,335,463	\$ 79,088,328	\$ 72,841,188	\$ (6,247,140)
<b>Asset-backed Securities:</b>					
NISSANN AUTO LEASE	10/16/2023	\$ 2,083	\$ 2,083	\$ 2,080	\$ (3)
BMW AUTO LEASING LLC	01/25/2024	84,479	84,478	83,796	(682)
TOYOTA LEASE OWNER TR	04/22/2024	186,276	186,264	183,959	(2,305)
GM FIN AUTO LEAS TR	05/20/2024	319,694	319,671	315,391	(4,280)
NISSAN AUTO REC TR	07/15/2024	37,548	37,548	37,235	(313)
TOYOTA AUTO RECV TR	10/15/2024	118,116	118,114	116,225	(1,889)
HONDA AUTO RECEIVABLES OWNER	10/18/2024	188,092	188,087	183,982	(4,104)
BMW VEH OWNER TR 2020 A	10/25/2024	50,489	50,489	49,827	(661)
HYUNDAI AUTO RECV TR	12/15/2024	91,986	91,982	90,834	(1,148)
VERIZON OWNER TRUST	02/20/2025	255,581	255,556	251,732	(3,824)
CARMAX AUTO OWNER TRUST	03/15/2025	108,680	108,676	107,029	(1,647)
GM FINANCIAL AUTOMOBILE LEASING	07/21/2025	100,000	99,998	94,838	(5,160)
CARMAX AUTO OWNER TRUST	08/15/2025	145,706	145,696	141,654	(4,043)
KUBOTA CREDIT OWNER TRUST	08/15/2025	195,000	194,986	185,250	(9,736)
JOHN DEERE OWNER TRUST	09/15/2025	597,459	597,424	576,870	(20,554)
HYUNDAI AUTO REC TR	09/15/2025	177,536	177,529	171,693	(5,836)
KUBOTA CR OWN TR	11/17/2025	165,000	164,997	154,914	(10,084)
CARMAX AUTO OWNER TR	12/15/2025	103,889	103,882	100,427	(3,455)
CARMAX AUTO OWN	02/17/2026	274,523	274,498	264,176	(10,322)
CARMAX AUTO OWNER TRUST	06/15/2026	1,750,000	1,669,417	1,626,275	(43,142)
CARMAX AUTO OWNER TRUST	06/15/2026	550,000	549,955	522,412	(27,543)
HONDA AUTO REC OWN TR	07/20/2026	130,000	129,994	127,231	(2,763)
GM FIN ATMBL LEASE TR	08/20/2026	1,365,000	1,364,925	1,334,479	(30,446)
FORD CREDIT FLOORPLAN MASTER	09/15/2026	1,750,000	1,736,324	1,674,295	(62,029)
DISCOVER CARD EXE NT	09/15/2026	495,000	494,915	460,385	(34,531)
AMERICAN EXPRESS CR ACC	11/16/2026	1,750,000	1,666,105	1,623,825	(42,280)
CAPITAL ONE MULTI TR	11/16/2026	640,000	639,996	597,536	(42,460)
CARMAX AUTO OWNER TRUST	04/15/2027	600,000	599,988	588,192	(11,796)
CAPITAL ONE MULTI ASSET	05/15/2027	1,750,000	1,749,367	1,701,875	(47,492)
DISCOVER CARD EXE	05/17/2027	1,750,000	1,737,793	1,690,938	(46,856)
AMERICAN EXPRESS CREDIT	05/17/2027	655,000	654,886	635,815	(19,071)
CAPITAL ONE PRIME AT	05/17/2027	265,000	264,984	258,868	(6,116)
DISCOVER CARD EXE	05/17/2027	305,000	304,978	294,706	(10,272)
		\$ 16,957,136	\$ 16,765,584	\$ 16,248,743	\$ (516,841)
<b>Supra-National Agency</b>					
INTERNATIONAL BANK M T N	11/24/2023	\$ 1,265,000	\$ 1,264,188	\$ 1,215,931	\$ (48,257)
INTER AMERICAN DEVEL BK	09/23/2024	870,000	869,629	810,466	(59,163)
COOPERATIEVE CENTRALE RAIFFEIS	01/10/2025	440,000	439,122	410,727	(28,395)
		\$ 2,575,000	\$ 2,572,939	\$ 2,437,123	\$ (135,816)



Kaweah Health Medical Center

# FY 2023 Strategic Plan

## Monthly Performance Report

### May 24, 2023



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

## Kaweah Health Strategic Plan: Fiscal Year 2023

### Our Mission

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

### Our Vision

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

### Our Pillars

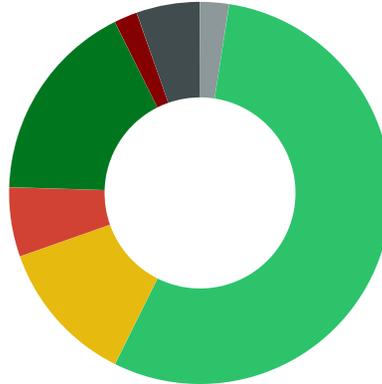
- Achieve outstanding community health.
- Deliver excellent service.
- Provide an ideal work environment.
- Empower through education.
- Maintain financial strength.

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

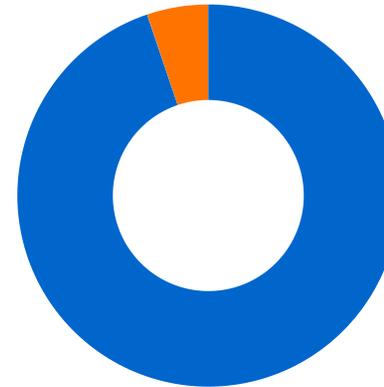
- [Empower Through Education](#)
- [Ideal Work Environment](#)
- [Strategic Growth and Innovation](#)
- [Organization Efficiency and Effectiveness](#)
- [Outstanding Health Outcomes](#)
- [Patient and Community Experience](#)

### Kaweah Health Strategic Plan FY2023 Overview

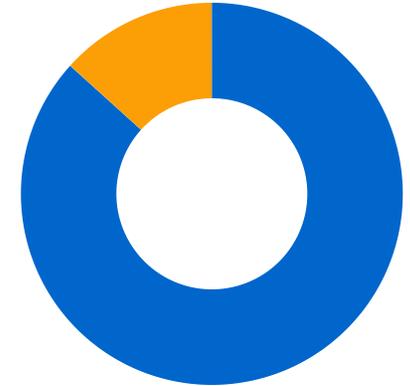
Statuses



Due Dates



Progress Updates



● Not Started	5 (2%)
● On Track	112 (55%)
● Off Track	25 (12%)
● At Risk	12 (6%)
● Achieved	35 (17%)
● Not Achieved	4 (2%)
● Canceled	11 (5%)

● Not Past Due	128 (95%)
● Past Due	7 (5%)

● Up-to-Date	176 (87%)
● Late	27 (13%)
● Pending	0 (0%)

Empower Through Education

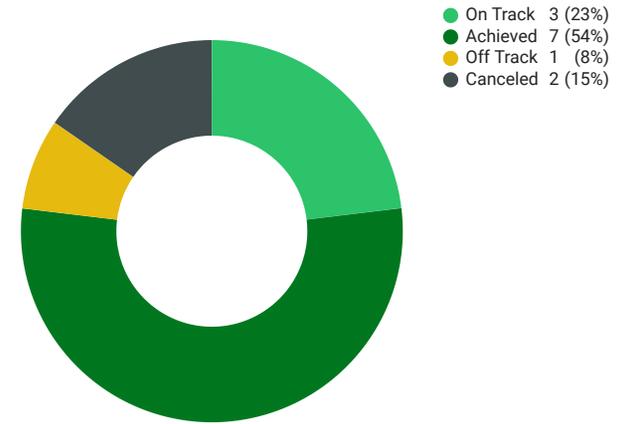
Champions: Lori Winston, MD and Lacey Jensen

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

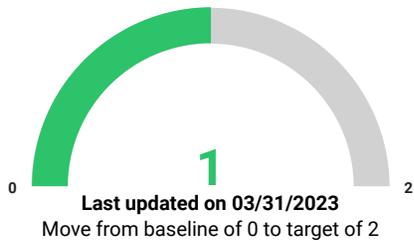
FY2023 Strategic Plan - Empower Through Education Strategies

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

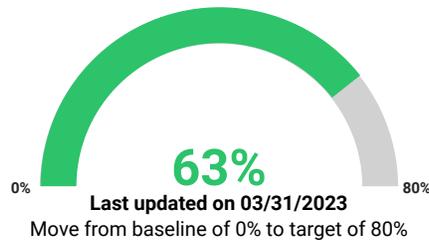
Objectives and Outcomes



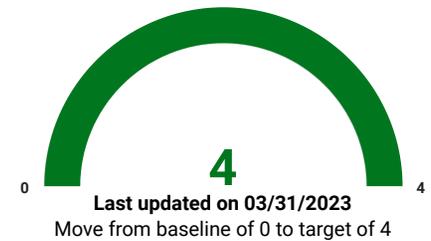
Launch interdisciplinary educational opportunitie... ...



ACGME Faculty Development ...



Maintain quarterly Schwartz rounds ...



Ideal Work Environment

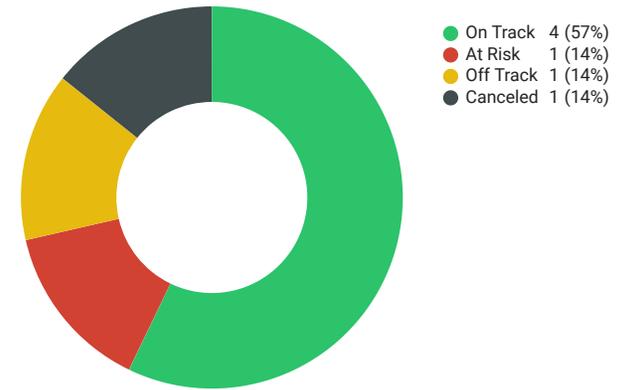
Champions: Dianne Cox and Raleen Larez

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

FY2023 Strategic Plan - Ideal Work Environment Strategies

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

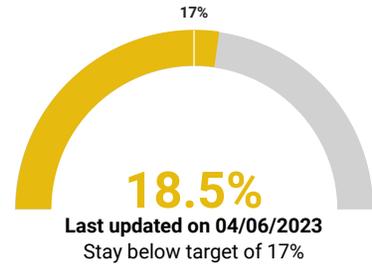
Objectives and Outcomes



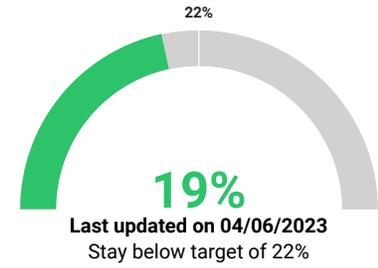
Expand Volunteer Programs



Decrease overall KH turnover rate



Decrease nursing turnover rate



## Strategic Growth and Innovation

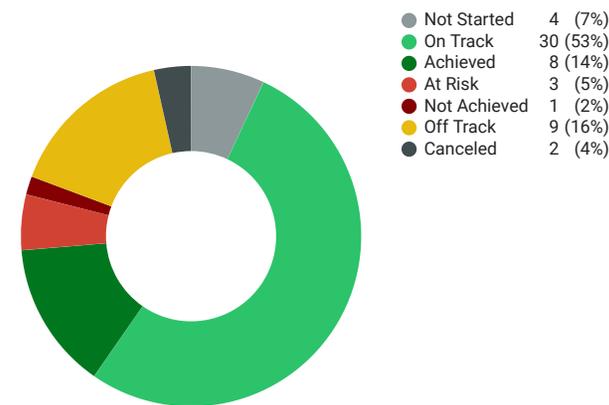
### Champions: Marc Mertz and Ivan Jara

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

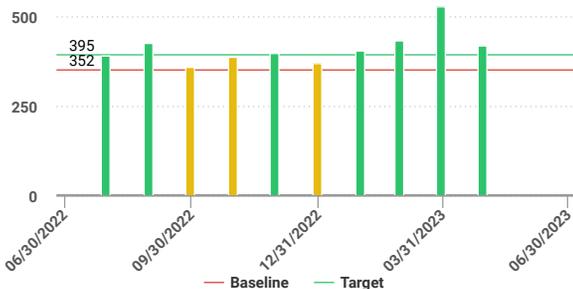
#### FY2023 Strategic Plan - Strategic Growth and Innovation Strategies

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

#### Objectives and Outcomes

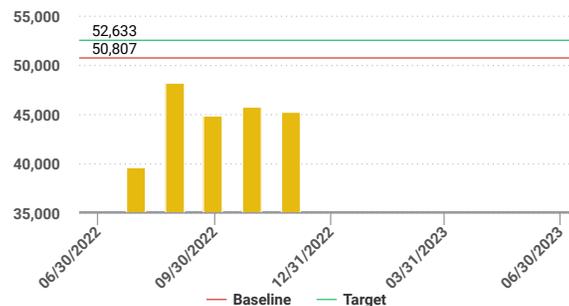


#### Perform 395 inpatient surgeries per month



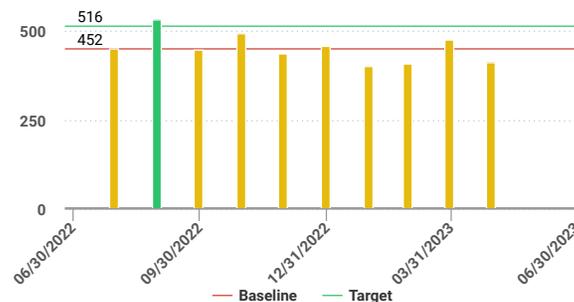
Showing data for: Jul 1, 2022 - Jun 30, 2023

#### See 52,633 ambulatory visits per month



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

#### Perform 516 monthly outpatient surgeries



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

## Organizational Efficiency and Effectiveness

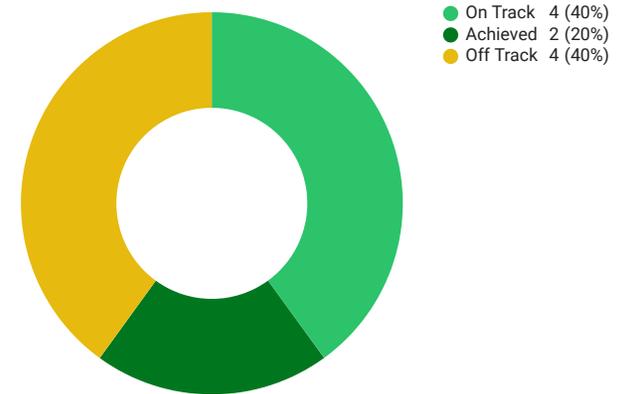
Champions: Jag Batth and Rebekah Foster

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

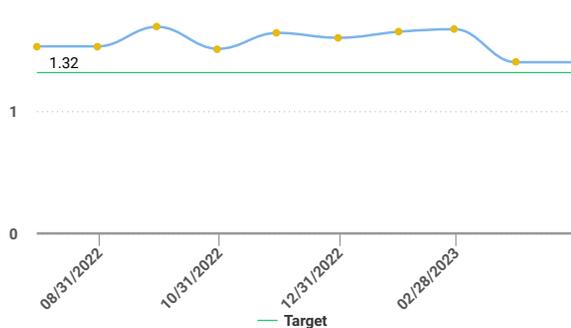
FY2023 Strategic Plan - Organization Efficiency and Effectiveness Strategies

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

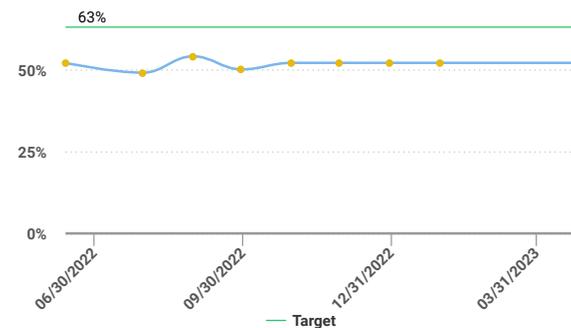
Objectives and Outcomes



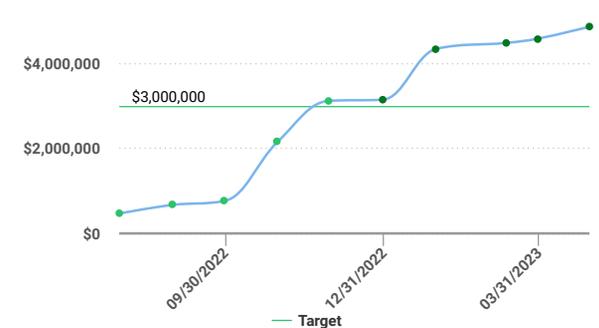
IP O:E Length of Stay in Days (lower better)



Overall OR Utilization (higher better)



Identified Cost Savings and Revenue Opportunities



Outstanding Health Outcomes

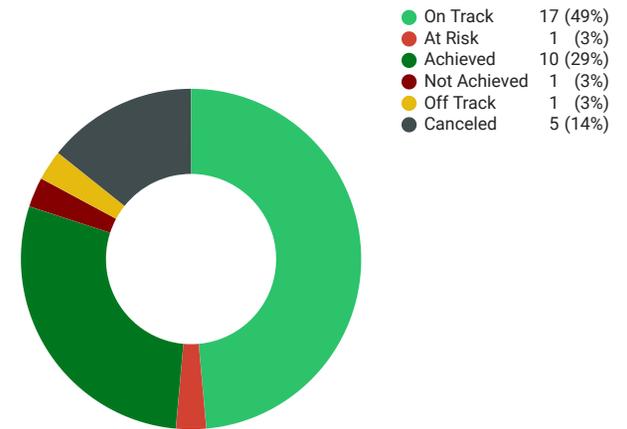
Champions: Dr. William Brien and Sonia Duran-Aguilar

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

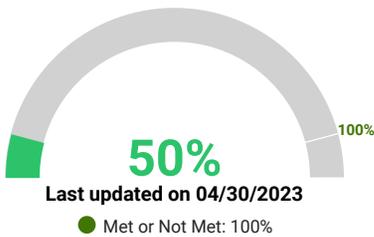
FY2023 Strategic Plan - Outstanding Health Outcomes Strategies

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

Objectives and Outcomes



Team Rounds Rollout to Valley Hospitalist and ACTSS



Meet QIP measure performance



Medicare Advantage STAR Rating for RHC/SHWC



Patient and Community Experience

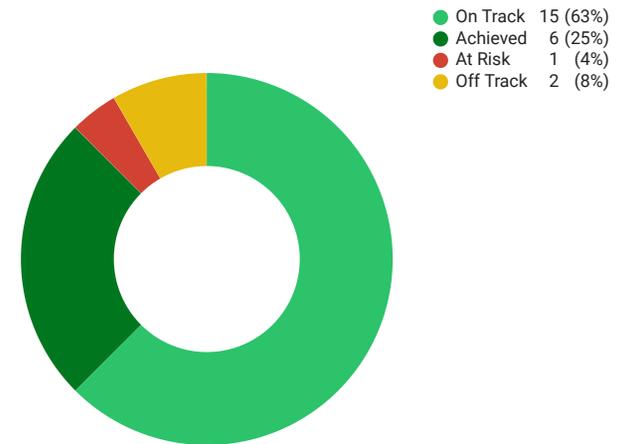
Champions: Keri Noeske and Deborah Volosin

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

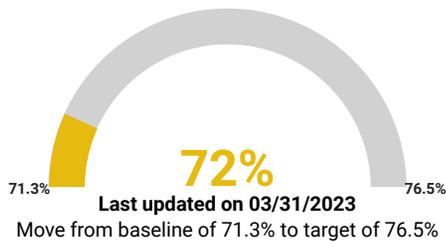
FY2023 Strategic Plan - Patient and Community Experience Strategies

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

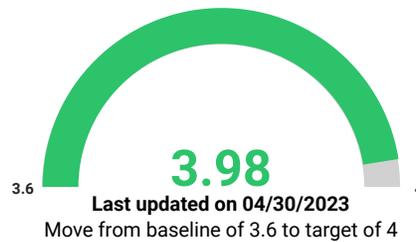
Objectives and Outcomes



Achieve Overall Rating Goal on HCAHPS Survey



Achieve Patient Feedback Score Goal on ED Survey



Decrease lost belongings by 25%





May 24, 2023

**Sent via Certified Mail No.  
70201290000129797660  
Return Receipt Required**

Robert D. Bassett.,  
Esq., Quinlan, Kershaw &  
Fanucchi  
2125 Merced Street  
Fresno, Ca 93721

**RE: Notice of Rejection of Claim of Layne and Chad Borba vs. Kaweah Delta Health  
Care District**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on May 8, 2023, was rejected on its merits by the Board of Directors on May 24, 2023

**WARNING**

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

Sincerely,

Mike Olmos  
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

Policy Number: AP64	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Confidentiality Security and Integrity of Health Information</b>	

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

**PURPOSE:** To ensure the confidentiality, integrity, and availability of all Protected Health Information/electronic-Protected Health Information (PHI/e-PHI) Kaweah ~~Delta Health Care District (Kaweah Delta)~~ creates, receives, maintains or transmits; identify and protect against reasonably anticipated threats to the security or integrity of the information; protect against reasonably anticipated, impermissible uses or disclosures; and ensure compliance by Kaweah ~~Delta's Health's~~ workforce.

**DEFINITIONS:**

- “Health Care Provider” is any individual rendering direct or indirect care to a patient.
- “Confidentiality” is maintaining privileged information except and unless the disclosure of such information is to another individual connected with Kaweah Delta Health who is able to demonstrate a need-to- know.
- “Security” is the act of maintaining safety against adverse contingencies or breach.
- “Integrity” is incorruptibility; moreover, procedures which safeguard against the compromise of the data.
- “Health Information” is patient information gathered during examination or treatment from any media.

**POLICY:**

Patient Protected Health Information (PHI) is confidential and shall only be accessed and/or released in accordance with Kaweah Delta Health policy and State and Federal laws governing release of information.

- I. The medical record and all patient identifiable medical, fiscal, social, or personal information, whether on paper or other media, is the property of Kaweah Delta Health and may only be removed by court order, subpoena, appropriate approval, or in compliance with statute.
- II. Access to PHI/patient identifiable information shall be granted by job title or function to the minimum level of access necessary to perform the required job and/or to provide patient care.
- III. Access to PHI a neighbor, co-worker, or friend/family member's medical record for personal use is strictly prohibited.
- IV. When possible, users should avoid access to ~~If access to the medical record of a~~

neighbor, co-worker, friend/family member, or individual with ~~employee's~~ the users same last name ~~to is required to~~ fulfill their one's job duties.

- A. In the event the user is unable to delegate access, the employee user must inform their manager and the Compliance department at [compliance@kaweahhealthkdhd.org](mailto:compliance@kaweahhealthkdhd.org) of the access ~~before~~ prior to the end of ~~theirene's~~ shift.

~~III.V.~~ Access to computerized patient information PHI shall be governed by a minimum of two (2) levels of security: User ID and password.

~~IV.VI.~~ User ID assignment shall be controlled by:

- a. Protocols and requirements for each system
- b. Administrator of each system

~~V.VII.~~ Notifications of any staff employeemember who resigned or is discharged are distributed to the appropriate system administrator. Only in the event of an immediate termination, HR will contact the Help Desk and the Administrator of the Day (AOD) will call or email system administrators.

~~VI.VIII.~~ Passwords shall be changed periodically following Policy ISS.003 Password Guidelines

~~VII.IX.~~ Individuals accessing patient information shall refrain from discussing patient related information except in the context and course of providing health care for the patient or other necessary information from inappropriate disclosure. (Reference Progressive Discipline Policy HR.216 for failure to comply.)

~~VIII.X.~~ Release of patient information on any media to a Kaweah Delta-Health health care provider involved in the care of the patient shall be authorized without further patient ~~consult~~ consent.

~~IX.XI.~~ Telephone requests from outside Kaweah Health Delta for patient information shall be honored only for immediate patient care purposes in bona fide emergencies via a call-back procedure to verify the legitimacy of the requester.

~~X.XII.~~ PHI shall be secured against loss, destruction, unauthorized intrusion, corruption, or damage. A written disaster recovery plan which includes contingencies for theft, vandalism, loss of critical data, provision of emergency power, fire, and flood shall be in effect for all forms of medical information. (Reference ISS Disaster Recovery Manual/Information Security Policy ISS.001)

~~XI.XIII.~~ Unauthorized or unlawful disclosures of PHI ~~Conversation regarding any patient or their health information~~ shall not be tolerated at KDHGDKaweah Health. Authorized disclosures should be limited to the ~~Only the~~ minimum information necessary ~~amount of information required~~ to fulfill their job duties. ~~in the performance of an employee's duty should be shared with others involved in the patient's care.~~

~~XII.XIV.~~ If the patient is the employee and the employee wants copies of his/her own record, an authorization must be completed in the Health Information Management (HIM) Department and access/copies provided by HIM. It is inappropriate for employees to access their own health records within the ~~on~~ Kaweah Delta-Health electronic medical record (e.g. Cerner or other like systems) ~~computing resources~~. Each time the employee wants to view or receive

copies of their medical records, they can do so by accessing the patient portal. Alternatively, an authorization request for the release of information may ~~must~~ be completed in the HIM department. (Reference [Access and Release of Protected Health Information AP.04](#))

~~XIII.XV.~~ \_\_\_\_\_ Violations of this policy are subject to disciplinary action up to, and including, termination. (Reference [Progressive Discipline Policy HR.216](#))

*"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: AP83	Date Created: 12/01/2001
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Protocol for Moves Within Kaweah Delta Health Care District</b>	

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

**POLICY:** This policy applies to ~~District~~ Kaweah DeltaHealth moves for individual staff or groups that involve the relocation of computer equipment, removal or relocation of office furniture, repainting, flooring repair or replacement, supplies, and other services necessary. Moves must be accomplished in an organized, cost effective and timely manner, while providing good customer service for ~~District~~ Kaweah DeltaHealth staff.

**PROCEDURE:**

1. ~~A request to~~ To move an individual or a group from one office or work area to another, a Request for New or Additional Space/Office form must be forwarded to the Facilities Planning Director, ~~with a completed 'Move Request Form'~~ (form attached to this policy).
  - ~~1.1 The 'Move Request Form' identifies selected departments who must sign the form to acknowledge the request.~~
  - ~~1.2 The 'Move Request Form' identifies items of work necessary to complete the move satisfactorily.~~
2. The Facilities Planning Director will forward the Request for New or Additional Space/Office form ~~bring forward move move requests to~~ to the Facilities and Property Committee for review and approval.
3. If approved, an Approved Moves Number will be assigned and a Moves Request Form will be ~~the approval will be~~ e-mailed to the requesting department Director, Once the Moves Request form is completed, ~~and~~ a copy will be sent to the EVS Manager, the Facilities Manager, the IT Services Delivery Manager, and the ISS Project Analyst. ~~The request will be assigned an Approved Move Number.~~ If disapproved, the requesting department Director will be notified.
  - 1.1 The 'Move Request Form' identifies selected departments who must sign the form to acknowledge the request.
  - 1.2 The 'Move Request Form' identifies items of work necessary to complete the move satisfactorily.
4. Once approved, the requesting department will be responsible to submit maintenance work orders, ISS service requests, EVS service requests, and any

other related services necessary for the move. Work orders and service requests must refer to the Approved Move Number.

5. To maintain an organized and efficient support delivery process, service departments responding to move-related work orders and service requests must verify that the move is approved.

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**KAWEAH HEALTH**  
**REQUEST FOR NEW OR ADDITIONAL SPACE/OFFICE**

Director Requesting: \_\_\_\_\_ Dept. No. \_\_\_\_\_  
Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
VP Executive Team Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Detail the needs being addressed by this Request:  
*(Please include number of employees, number of offices/cubicles, etc.)*

Preferred location for the new space:

Please forward completed form to the Executive Assistant to ~~Vice President~~ the Chief Strategy Officer

**Facilities & Space Committee Approval**

- Yes (Once approved, you will be assigned a Move # and the Moves Request form.)
- No

**KAWEAH ~~DELTA HEALTH CARE DISTRICT~~ POLICY AP83  
MOVE REQUEST FORM**

Director Requesting : \_\_\_\_\_ Dept No. \_\_\_\_\_

Director Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Details of Move**

How many staff is/are moving: \_\_\_\_\_

Name(s) of staff moving: \_\_\_\_\_

**Moving From:** Unit/Rm # \_\_\_\_\_ Floor \_\_\_\_\_ Building \_\_\_\_\_

**Moving To:** Unit/Rm # \_\_\_\_\_ Floor \_\_\_\_\_ Building \_\_\_\_\_

Briefly explain reason(s) for moving: \_\_\_\_\_

**ISS SERVICES REQUIRED** (check box, which applies):

- Computer move
- Printer/copier/fax move
- Telephones and/or other IT hardware move
- New phone/data outlet(s), how many \_\_\_\_\_

**Acknowledged by ISS Technical Services, signature required:**

ISS Director or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**MAINTENANCE SERVICES REQUIRED** (check box, which applies):

- New power outlet(s); how many: \_\_\_\_\_
- Furniture move (relocation or removal); describe furniture: \_\_\_\_\_
- Vinyl flooring /carpet; please check if \_\_\_\_\_ repair or \_\_\_\_\_ replacement
- Repainting
- Door keys; how many \_\_\_\_\_

**Acknowledged by Facilities Maintenance, signature required:**

Maintenance Director or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

- EVS clean up required.

**Acknowledged by EVS Department, signature required:**

EVS Director or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

***PLEASE FORWARD THIS FORM, WITH REQUIRED SIGNATURES, TO THE FACILITIES PLANNING DIRECTOR FOR REVIEW AND APPROVAL. THANK YOU.***

Approved  Not Approved Date: \_\_\_\_\_ **APPROVED MOVE NUMBER** \_\_\_\_\_

approval

<b>Policy Number:</b> AP119	<b>Date Created:</b> Not Set
<b>Document Owner:</b> Cindy Moccio (Board Clerk/Exec Assist-CEO)	<b>Date Approved:</b> Not Set
<b>Approvers:</b> Board of Directors (Administration)	
<b>Visiting Regulations for Kaweah Delta Health Care District</b>	

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

**PURPOSE:** Visitor access guidelines balance the needs of all patients for privacy and rest, the environment needed by the medical staff and hospital staff to carry out their work, and everyone’s need for safety and security with the presence of family or friends with the patient during the health care admission. In extenuating circumstances, exceptions to this policy may be considered by the Nurse Manager, House Supervisor or designee.

**POLICY:**

- I. These regulations apply to all acute care areas of Kaweah Health Medical Center. Skilled Nursing (SNF V.2), Mental Health Hospital (MH.154) and Acute Rehabilitation (PR.04) have policies which are specific to those respective clinical areas.
- II. General visiting hours are 9:00a.m. to 9:00p.m. Critical Care and Intermediate Critical Care department visiting hours are 10:00am-5:00pm and 7:00pm-9:00pm. All visitors must enter via designated locations and receive a visitor sticker each day.
- III. Visitor Expectations
  - A. Generally patients are not permitted overnight visitors unless exceptions granted but the Unit Manager, House Supervisor, or designee. This may include situations but not limited to: support for a cognitive/mental disorder, end of life, change in level of care, deteriorating condition, and major surgery with high risk of death.
    1. If a sleeping chair is available, it will be provided for the approved overnight visitor(s).
  - B. An interpreter designated by family may stay at the bedside of patients, if necessary for continuity of care.
  - C. Patients can request “no visitors” at any time. A sign will be posted on the door of the patient’s room to that effect. (AP.49 No Information No Presence in Facility Patient Status)

- D. It is suggested that no more than two (2) visitors be in a patient's room at one time as a limiting guideline. The nurse has the ability to allow more or less if it is in the patient's best interest, or at the request of a patient or physician.
    - 1. Other visitors must go to public lobby areas by the visitor elevator, in the main lobby, or in the cafeteria to wait. An adult must accompany children (15 and younger) at all times.
  - E. Staff may request that visitors leave the room while they provide patient care or if visitors are interfering with the treatment or rest of any patient. Nursing staff may also ask any visitor to leave the patient care area if the visitor is being loud or disruptive in anyway.
  - F. Children under 12 years of age are not allowed to visit unless cleared by the Unit Leader, House Supervisor or designee.
    - 1. For the health of all patients and staff, once authorized, the visit should be as brief as possible and the visitor should be directed to stay in the patient room.
  - G. Cell phones are prohibited in posted areas (such as but not limited to Emergency Room, Mental Health Hospital, during deliver of a newborn) and during patient care. Where allowed, cell phones and pagers are to be on vibrate/silent mode. For full details on use of cell phones, photography, video recording reference policy AP163 "Photography and Video Recording of Patients and Staff".
  - H. Eating is allowed only in the public dining areas and, with the patient's permission, in the patient's room.
- IV. Patients in Neonatal Intensive Care Unit, Post-partum, Pediatrics and Labor Delivery are allowed overnight visitors – details by location below. If the patient or guardian desires, this can be different people and different times. Those authorized to remain will be issued a visitor sticker which must be visibly displayed.
- A. For pediatric patients, the parents and/or primary care takers will be issued two orange wristbands for twenty-four (24) hour access.
  - B. For Labor and Delivery two visitors will be issued pink arm bands for (24) hour access.
  - C. For Post-partum patients, one support person will be issued a yellow armband for 24 hour access. Visiting hours for up to four visitors at one time are designated from 9:00am – 11:00am and 4:00pm-6:00pm daily.
  - D. For Neonatal Intensive Care Unit patients, two parents and/or primary caretakers will be issued green armbands for (24) hour access.

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<b>Policy Number:</b> AP173	<b>Date Created:</b> 12/01/2014
<b>Document Owner:</b> Cindy Moccio (Board Clerk/Exec Assist-CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration)	
<b>Tobacco Free Campus: Staff, Visitors &amp; Patients</b>	

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

**PURPOSE:**

~~KDHCD (Kaweah Delta Health Care District)~~Kaweah Health, its Medical Staff, Executive Team, and Board of Directors are committed to the promotion of quality health-care which includes the prevention of disease. Tobacco use is one of the common causes of preventable disease. Besides endangering the health of the Tobacco user, it adversely affects those around the user. We are therefore committed to provide a safe and healthy environment for our patient’s, visitors and staff. To establish and maintain the safest possible environment in which to deliver such care, ~~KDHCD~~Kaweah Health campus buildings, property, parking lots and operated vehicles are tobacco free. ~~KDHCD~~Kaweah Health is dedicated to maintaining a tobacco free campus environment. This policy is established to minimize adverse health effects to patients, visitors, physicians, volunteers and employees; to reduce risk of fire for all of the above; to promote health and serve as a community role model; and to enhance employee productivity and reduce health care costs.

**Policy:**

Effective January 1<sup>st</sup>, 2015 Kaweah ~~Delta~~ Health ~~Care District (KDHCD)~~ policy applies to all tobacco/smoking products including cigarettes, electronic cigarettes, cigars, pipes, herbal tobacco products and chewing tobacco. Tobacco/Smoking use is prohibited in all facilities used by the organization including leased buildings, vehicle spaces, parking garage and system owned, leased or operated vehicles. Tobacco use is prohibited anywhere on the system campuses. There are no designated smoking areas.

This policy applies to all employees, patients, Medical Staff and Allied Health Members, students, contracted personnel, volunteers, visitors, and vendors of ~~KDHCD~~Kaweah Health.

**Definitions:**

Smoking is defined as holding a lighted cigar, cigarette, pipe, or other lighted smoking device. Use of electronic cigarette, cigar, or pipe-like devices of any type is also considered smoking.

**PROCEDURE GUIDELINES:**

- I. Communication of the policy will be by signage at campus entrances, building entrances, parking areas and reminders from staff when necessary. Job applicants will be notified of the policy upon application and during orientation.
- II. All patients who are admitted to KDHCD's Kaweah Health's facilities will be informed of KDHCD's Kaweah Health's Tobacco Free Campus policy. Patients will not be permitted to use Tobacco products/Smoke while under KDHCD's Kaweah Health's care. Patients should not leave the facility to use Tobacco/Smoke and if they do they are leaving against Hospital advice.
- III. This policy applies to all persons while on KDHCD-Kaweah Health property. Employees found to be in violation of this policy will be subject to progressive discipline per policy up to and including termination.
- IV. All staff members will be responsible with enforcement of this policy. Staff should courteously inform any person using Tobacco/Smoking they are in violation of the policy. Education, including Scripting, will be provided to all KDHCD-Kaweah Health employee's to assist with enforcement of this policy.
- V. If the individual refuses to stop using Tobacco/Smoking, DO NOT get into an argument, notify security to escort the individual from the premises.
- VI. Security will make all reasonable efforts to enforce this policy and has full authority to intervene with Staff, Patients and visitors. Security will request those persons using Tobacco/Smoking to leave KDHCD-Kaweah Health premises and escort the individual off KDHCD-Kaweah Health premises.
- VII. KDHCD-Kaweah Health will assist with compliance by sponsoring smoking cessation programs and providing smoking cessation education materials.
- VIII. Persistent non-compliance with this policy should be directed to the following personnel:
  - A. Managers
  - B. Directors
  - C. HR Director
  - D. Chief Medical Officer
  - E. Executive Team member
- IX. Patients in long term care facilities (Called Residents) who were there prior to January 1, 2015 are exempt from this policy. They must only use Tobacco/Smoke in designated areas. Residents admitted on or after January 1<sup>st</sup>, 2015 must adhere to the new policy and must be informed upon admission.

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

**NURSE PRACTITIONER / PHYSICIAN ASSISTANT**

 Assignment:  ICU  ICCU  Cardiac Services  Through-Put  OB/GYN  Pediatric  Psychiatry  Radiology

 Adult Hospitalists  Surgery  Orthopedic  Neurosurgery  Family Medicine  Internal Medicine  Employee Health  
 KHMC – Ben Maddox

<b>Initial Criteria</b>		
<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>		
<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 advanced nursing program</i> ); <b>AND</b>		
<b>Additional Certifications:</b> BLS or ACLS and full schedule California DEA		
<b>Clinical Experience:</b> Documentation of patient care for 50 patients in the past two years OR completion of training program within the last 12 months		
<b>Renewal Criteria:</b> Documentation of patient care for 50 patients in the past 2 years <b>AND</b> 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> current BLS or ACLS and full schedule California DEA		
<b>FPPE:</b> A minimum of 5 cases by Direct Observation and Retrospective Chart Review at the supervising physician's discretion.		
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>• Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures</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> <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>• Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses;</li> <li>• Perform History &amp; Physical/ MSE;</li> <li>• Perform other emergency treatment</li> <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>• Write Discharge Summaries and Instructions</li> </ul>	<input type="checkbox"/>
<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"/>
<input type="checkbox"/>	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth:  ___Dinuba ___Exeter ___Lindsay ___Tulare ___Woodlake ___KHMC - Willow ___Dialysis Clinic ___Hospice ___Specialty Clinic ___Wound Care Center ___Cardiology Center ___Neuroscience Center ___KHMC - Ben Maddox	<input type="checkbox"/>
<b>ADVANCED INPATIENT PRIVILEGES</b>		

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

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"/>	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"/>	Endotracheal tube placement	10 in the last 2 years	8 in the last 2 years	Minimum of 3	<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 & Removal of central venous access or dialysis catheters	5 in the last 2 years	5 in the last 2 years	Minimum of 2 -any site	<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	<input type="checkbox"/>
<input type="checkbox"/>	<a href="#">Joint Injection</a>	<a href="#">Documentation of training and 5 procedures in the last 2 years (Use of Sim Lab acceptable for up to 2)</a>	<a href="#">2 procedures in the last 2 years (Sim Lab procedures not accepted)</a>	<a href="#">A minimum of 1</a>	<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"/>	Paracentesis	5 in the last 2 years	5 in the last 2 years	5 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"/>	Radiologic procedures <a href="#">to include CT, Fluoroscopy, and Ultrasound of deep ^ superficial organs and organ systems (including aspirations, biopsies, drainages, or injections) <del>the genitourinary and gastrointestinal tracts</del></a>	<u>25</u> in the last 2 years	<u>25</u> 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	5 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	2 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Remove & reinsert PEG tube	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>
<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	<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"/>

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

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<input type="checkbox"/>	Uncomplicated Ventilator Management	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<b>ADVANCED OUTPATIENT PRIVILEGES</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"/>	Colposcopy	Documentation of training and 10 procedures in the last 2 years.	10 procedures in the last 2 years.	A minimum of 1	<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"/>	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"/>	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	<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"/>	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 30 days of privilege granted <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"/>	Paragard and Mirena IUD insertion/removal	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1	<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	<input type="checkbox"/>
<input type="checkbox"/>	Pelvic examinations, including pap smears	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1	<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	<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	<input type="checkbox"/>
<input type="checkbox"/>	Perform pharmacological and non-pharmacological stress tests	10 procedures in the last 2 years	10 in the last 2 years	2 concurrent	<input type="checkbox"/>

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_  
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<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)	<input type="checkbox"/>
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ADDITIONAL PRIVILEGES					
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"/>	<u>Image-guided techniques as an adjunct to privileged procedures</u>	<u>Documentation of training and 10 procedures in the last 2 years.</u>	<u>10 procedures in the last 2 years.</u>	<u>None</u>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Administration of Moderate Sedation</u>	<u>Successful completion of Kaweah Health sedation exam</u>	<u>Successful completion of Kaweah Health sedation exam</u>	<u>None</u>	<input type="checkbox"/>

### Acknowledgment of Practitioner:

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

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

\_\_\_\_\_  
*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 Family Medicine* \_\_\_\_\_  
*Date*

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

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

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

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

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

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

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

<b>FAMILY MEDICINE PRIVILEGES</b>					
<p><b>Education: M.D. or D.O. and</b> successful completion of an ACGME or AOA accredited residency/fellowship in Family Medicine <b>AND</b> current certification or active participation in the examination process leading to Board Certification in Family Medicine by the ABFM or AOBFM,. Board certification must be obtained within the timeframe determined by the certifying board.</p> <p><b>Initial Criteria:</b> Documentation of a minimum of 50 adult, pediatric, and/or GYN patient contacts within the last 2 years, depending on privileges requested or completion of residency or clinical fellowship within the past 12 months.</p> <p><b>Renewal Criteria:</b> Maintain current certification or active participation in the examination process leading to certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine and documentation of a minimum of 24 adult and/or pediatric, patient contacts within the last 2 years, depending on privileges requested.</p> <p><b>FPPE:</b> Minimum 5 admissions with 3 different diagnoses from the following: GI/ ; Abdominal; Cardiac; Pulmonary; Neurology; Endocrinology            Outpatient Only - Chart review of 5 diverse diagnoses</p>					
Request	FAMILY MEDICINE CORE PRIVILEGES	Approve			
<input type="checkbox"/>	<p><b>Core Privileges include:</b> the ability to perform H&amp;P, evaluate diagnose, treat and provide consultation (may include telehealth) to patients of all ages (including the care of the normal newborn as well as the uncomplicated premature infant born at or after 37 weeks of gestation), with a wide variety of illnesses, diseases, injuries, and functional disorders of organ systems; <b>AND</b> the following procedures and other procedures that are extensions of the same techniques and skills:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Arthrocentesis and joint injection</li> <li>Breast cyst aspiration</li> <li>Cervical biopsy and polypectomy</li> <li>Culdocentesis Cryosurgery/cautery for benign disease</li> <li>Endometrial biopsy excision/biopsy of vulvar lesions</li> <li>Management of burns, superficial and partial thickness</li> <li>Excision of cutaneous and subcutaneous lesions, tumors, and nodules</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Incision and drainage of abscesses and Bartholin duct cyst or marsupialization</li> <li>Injection bursa or trigger point</li> <li>Insertion and removal of intrauterine devices</li> <li>Management of uncomplicated, minor, closed fractures and uncomplicated dislocations</li> <li>Nail Trephination</li> <li>Performance of local anesthetic techniques</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Performance of needle biopsies</li> <li>Performance of simple skin biopsies</li> <li>Peripheral nerve blocks</li> <li>Placement of anterior and posterior nasal hemostatic packing</li> <li>Preliminary reading of diagnostic tests</li> <li>Removal of foreign bodies from the vagina</li> <li>Removal of a nonpenetrating foreign body from the eye, nose or ear</li> <li>Suturing of uncomplicated lacerations</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>Arthrocentesis and joint injection</li> <li>Breast cyst aspiration</li> <li>Cervical biopsy and polypectomy</li> <li>Culdocentesis Cryosurgery/cautery for benign disease</li> <li>Endometrial biopsy excision/biopsy of vulvar lesions</li> <li>Management of burns, superficial and partial thickness</li> <li>Excision of cutaneous and subcutaneous lesions, tumors, and nodules</li> </ul>	<ul style="list-style-type: none"> <li>Incision and drainage of abscesses and Bartholin duct cyst or marsupialization</li> <li>Injection bursa or trigger point</li> <li>Insertion and removal of intrauterine devices</li> <li>Management of uncomplicated, minor, closed fractures and uncomplicated dislocations</li> <li>Nail Trephination</li> <li>Performance of local anesthetic techniques</li> </ul>	<ul style="list-style-type: none"> <li>Performance of needle biopsies</li> <li>Performance of simple skin biopsies</li> <li>Peripheral nerve blocks</li> <li>Placement of anterior and posterior nasal hemostatic packing</li> <li>Preliminary reading of diagnostic tests</li> <li>Removal of foreign bodies from the vagina</li> <li>Removal of a nonpenetrating foreign body from the eye, nose or ear</li> <li>Suturing of uncomplicated lacerations</li> </ul>	<input type="checkbox"/>
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<input type="checkbox"/>	Privileges to Admit patients to Kaweah Health Acute Care Facilities	<input type="checkbox"/>			
<input type="checkbox"/>	Outpatient Services at a Kaweah Health facility to include Medical exam, evaluate, diagnose and treat patients of all ages; pre & post-natal care; and core procedures as appropriate to the outpatient setting and may include telehealth. <b>Prerequisite: Contract for Outpatient Clinical services with Kaweah Delta Health Care District.</b>  Please identify location: ___Dinuba ___Exeter ___Lindsay ___Tulare ___Woodlake ___KHMC – Willow ___Specialty Clinic ___Dialysis Clinic ___Urgent Care – Court ___Urgent Care – Demaree ___ KHMC - Ben Maddox	<input type="checkbox"/>			
<b>FAMILY MEDICINE – INPATIENT ACUTE REHABILITATION CORE PRIVILEGES</b>					
<p><b>Initial Criteria:</b> Documentation of having served as attending rehabilitation physician for at least 24 patients in the last 2 years</p> <p><b>Renewal Criteria:</b> Admission or management of 24 acute rehabilitation patients in the last 2 years and a Minimum of 10 hrs of physical medicine and rehabilitation CME and documentation of compliance to all IRF regulations validated by Medical Director</p> <p><b>FPPE:</b> 3 Retrospective chart reviews</p>					
Request	FAMILY MEDICINE- INPATIENT ACUTE REHABILITATION CORE PRIVILEGES	Approve			
<input type="checkbox"/>	<p><b>Inpatient Acute Rehabilitation Core Privileges include:</b> complete required post admission physician evaluation and overall plan of care within required time frames; Face to face visits with each patient at least three days per week to assess patient medically and functionally as well as to modify the course of treatment as needed; Facilitate weekly team conferences and family conferences;</p> <p>*Applicant is familiar with and agrees to abide by all CMS Inpatient Rehabilitation Facility (IRF) regulations and to collaborate with contracted rehabilitation services physician group in regards to admission criteria, after hours and weekend coverage, and specialist consultation as needed.</p>	<input type="checkbox"/>			
<b>FAMILY MEDICINE - OBSTETRICS PRIVILEGES</b>					
<p><b>Initial Criteria:</b> Documentation of two months of obstetrical rotation during family medicine residency, with 40 patients delivered; <b>AND</b> Current neonatal resuscitation program certification <b>AND</b> Documentation of the performance of at least 20 deliveries in the past 24 months <b>OR</b> completion of training in the past 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 the performance of at least 20 deliveries in the past 24 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 within the last 24 months</p> <p><b>FPPE:</b> 3 vaginal deliveries, to include operative deliveries (included but not limited to vacuum) and 3 degree repairs. Invasive procedures require direct observation.</p>					

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

Request	<b>FAMILY MEDICINE- OBSTETRICS CORE PRIVILEGES</b>			Approve								
<input type="checkbox"/>	<p><b>Inpatient Obstetric</b> privileges for family physicians include the ability to perform an H&amp;P, evaluate (may include telehealth), and manage female patients with normal-term pregnancy with an expectation of non-complicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery, including medical diseases that are complicating factors in pregnancy (with consultation) and other procedures that are extensions of the same techniques and skills:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Amniotomy;</li> <li>Augmentation of labor</li> <li>Dilation and curettage, including suction and postpartum;</li> <li>Excision of vulvar lesions at delivery;</li> <li>External and internal fetal monitoring;</li> <li>Induction of labor with consultation and pitocin management;</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Initial management of postpartum hemorrhage;</li> <li>Manual removal of placenta, post delivery</li> <li>Normal spontaneous vaginal delivery of a full-term vertex presentation, including ante- and postpartum care;</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Oxytocin challenge testing;</li> <li>Postpartum endometritis; Pudendal anesthesia;</li> <li>Repair of episiotomy, including; lacerations/extensions;</li> <li>Repair of vaginal and cervical lacerations;</li> <li>Vacuum-assisted delivery</li> </ul> </td> </tr> </table> <p><u>The Family Medicine physician must document in the electronic medical record consultation with a back-up Obstetrician for admitted patients for the following required consultations. The record of the consult being discussed with the OB should be placed in the chart by the FM provider. The OB provider will document the consult at their discretion.</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li><u>Pregnancy &gt; 42 weeks and not in labor.</u></li> <li><u>Chronic hypertension, gestational hypertension, pre-eclampsia or eclampsia.</u></li> <li><u>Any gravely ill patient.</u></li> <li><u>First stage of labor longer than 24 hours.</u></li> <li><u>Pre-term admission (less than 36 weeks) with obstetrical complications.</u></li> <li><u>Failure to progress (one of the following):</u> <ol style="list-style-type: none"> <li><u>Secondary arrest of dilatation on latent phase (cervix &lt;4cm; 8 hr labor without appreciable progress).</u></li> <li><u>Secondary arrest of dilatation in active phase (cervix &gt;4cm and no dilatation for 4 hr).</u></li> <li><u>Secondary arrest of descent.</u></li> </ol> </li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li><u>Second stage of labor &gt; 2 hr, &gt;3 hr with epidural</u></li> <li><u>Significant postpartum hemorrhage.</u></li> <li><u>2 nd or 3 rd trimester non-cervicitis antepartum bleeding.</u></li> <li><u>Persistent, significant variable or late decelerations not remedied by oxygen or position change.</u></li> <li><u>All inductions of labor &lt;40 weeks.</u></li> <li><u>Premature rupture of the membranes greater than 24 hours or with fever &gt; 100.4F</u></li> <li><u>Retained placenta requiring general anesthetic.</u></li> <li><u>IUGR or macrosomia.</u></li> <li><u>Polyhydramnios/oligohydramnios</u></li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li><u>Suspected chorioamnionitis or documented fever complicating labor of 100.4F or greater without an obvious source.</u></li> <li><u>Postpartum fever 100.4F or persisting over 48 hours after delivery.</u></li> <li><u>Non-reassuring fetal heart rate tracing.</u></li> <li><u>Instrumented delivery, other than outlet.</u></li> <li><u>Rh Isoimmunization.</u></li> <li><u>Hyperthyroidism. Active hepatitis.</u></li> <li><u>Epilepsy.</u></li> <li><u>Severe anemia (hct &lt;25).</u></li> <li><u>Gynecologic cancers</u></li> </ul> </td> </tr> </table> <p><u>The Family Medicine physician shall obtain formal consultation, and the consultant will decide whether the pregnancy management will be by joint management or a physician with OB/GYN privileges:</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>A. Initial Prenatal Factors:</u></p> <ol style="list-style-type: none"> <li><u>Anticipated Trial of Labor after Cesarean</u></li> <li><u>Multiple pregnancy</u></li> <li><u>Insulin dependent diabetes</u></li> <li><u>Chronic hypertension requiring medication during pregnancy</u></li> <li><u>Renal failure</u></li> <li><u>Heart disease, Class 2 or greater</u></li> <li><u>Hyperthyroidism, poorly controlled</u></li> <li><u>Rh Isoimmunization with prior preterm delivery, significant neonatal jaundice or neonatal transfusion</u></li> <li><u>Isoimmune thrombocytopenia</u></li> <li><u>Active lupus or other collagen vascular disease</u></li> </ol> </td> <td style="width: 50%; vertical-align: top;"> <p><u>B. 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<b>ADVANCED FAMILY MEDICINE-OBSTETRICS PRIVILEGES</b>					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	<p><b>C-Section (Advanced Privilege) – for</b></p> <ul style="list-style-type: none"> <li>scheduled repeat term pregnancy;</li> <li>failed vaginal birth after cesarean section; breech or transverse presentation &gt; 34 weeks;</li> <li>nonreassuring fetal heart tracings;</li> <li>failure to progress (outside criteria)</li> </ul> <p><i>Must have arrangements for Back-up with an Active member of the Department of OB/GYN.</i></p>	Completion of 1 year additional focused fellowship training in OB within previous 2 years <b>OR</b> training and current experience similar in scope and depth <b>AND</b> 25 c-sections in the last 2 years	Documentation of 10 c-sections in the last 2 years	A minimum of 2 procedures under direct observation	<input type="checkbox"/>
<input type="checkbox"/>	Forceps Delivery	Documentation of 10 procedures in the last 2 years	Documentation of 5 procedures in the last 2 years	Minimum of 5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Dilation and curettage, incomplete abortion	Documentation of 5 procedures in the last 2 years	3 procedures in the last 2 years	1 concurrent	<input type="checkbox"/>

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

<input type="checkbox"/>	OB Ultrasound: Evaluation of fetal presentation, number, confirmation of cardiac activity, position and placental location.	Training in residency or documentation of 10 procedures 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	Documentation of 10 procedures 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 within the last 24 months	3 concurrent and/or retrospective	<input type="checkbox"/>
<input type="checkbox"/>	Tubal Ligation	Documentation of 10 procedures in the last 2 years	5 procedures in the last 2 years	1 concurrent	<input type="checkbox"/>

**ADVANCED FAMILY MEDICINE PRIVILEGES**

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Abdominal Paracentesis	Documentation of 5 procedures in the last 2 years	Documentation of 5 procedures in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Arterial Line Placement	Documentation of 5 procedures in the last 2 years	5 procedures in the last 2 years	3 under direct observation	<input type="checkbox"/>
<input type="checkbox"/>	Chest Tube Placement	Documentation of 5 procedures in the last 2 years	Documentation of 5 procedures in the last 2 years	Minimum of 3	<input type="checkbox"/>
<input type="checkbox"/>	Colonoscopy	Documentation of 10 procedures in the last 2 years	Minimum of 10 procedures in the last 2 years.	Minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Colposcopy	Documentation of 10 procedures in the last 2 years	Documentation of 5 procedures in the last 2 years	Minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Circumcision	Documentation of 5 procedures in the last 2 years OR co-management of a minimum of 5 patients with a physician possessing the privilege. (Use of Sim lab acceptable)	5 procedures in the last 2 years.	1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic Ultrasound: <input type="checkbox"/> Aorta <input type="checkbox"/> Ocular <input type="checkbox"/> Biliary <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Cardiac <input type="checkbox"/> Urinary Tract <input type="checkbox"/> DVT <input type="checkbox"/> Pulmonary <input type="checkbox"/> Musculoskeletal	Documentation of a minimum of 25 point of care ultrasound (POCUS) exams for each application in the last 2 years. (Use of Sim lab acceptable for up to 15)	Documentation of a minimum of 25 POCUS exams for each application in the last 2 years. (Use of Sim lab acceptable for up to 15)	2 exams per each application	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal Tube placement - Adult	Documentation of 10 procedures in the last 2 years and current ACLS	Documentation of 8 procedures in the last 2 years and current ACLS (Use of Sim lab acceptable)	Minimum of 3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal Tube placement – Pediatric (does not include neonatal)	Documentation of 10 procedures in the last 2 years and current PALS	Documentation of 8 procedures in the last 2 year and current PALS (Use of Sim lab acceptable)	Minimum of 3	<input type="checkbox"/>
<input type="checkbox"/>	4 <sup>th</sup> degree laceration repair	Documentation of 5 procedures in the last 2 years (Use of Sim lab acceptable)	2 procedures in the last 2 years (Use of Sim lab acceptable)	None	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar Puncture	Documentation of 3 procedures in the last 2 years	Documentation of 3 procedures in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Sigmoidoscopy	Documentation of 60 procedures in the last 2 years	60 procedures in the last 2 years.	Minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	Documentation of 5 procedures in the last 2 years	Documentation of 5 procedures in the last 2 years	Minimum of 2 concurrent	<input type="checkbox"/>

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

<input type="checkbox"/>	Uncomplicated Ventilator Management	Documentation of 5 procedures in the last 2 years or current ACLS.	Documentation of 5 procedures in the last 2 years or current ACLS	1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Vasectomy	Documentation of 5 procedures in the last 2 years OR co-management of a minimum of 5 patients with a physician possessing the privilege (Use of Sim lab acceptable)	3 procedures in the last 2 years	1 under direct observation	<input type="checkbox"/>
<input type="checkbox"/>	Venous Central Line Placement	Documentation of 5 procedures in the last 2 years	5 procedures in the last 2 years	2 under direct observation	<input type="checkbox"/>

**ADDITIONAL PRIVILEGES**

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Supervision of a technologist using fluoroscopy 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"/>	Administration of Moderate Sedation	Successful completion of Kaweah Health sedation exam	Successful completion of Kaweah Health sedation exam	None	<input type="checkbox"/>

**Acknowledgment of Practitioner:**

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

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

Signature: \_\_\_\_\_  
*Applicant* *Date*

Signature: \_\_\_\_\_  
*Department of Family Medicine Chair* *Date*

# Sepsis Update

William W. Brien MD

Chief Medical and Quality Officer

May 18, 2023



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



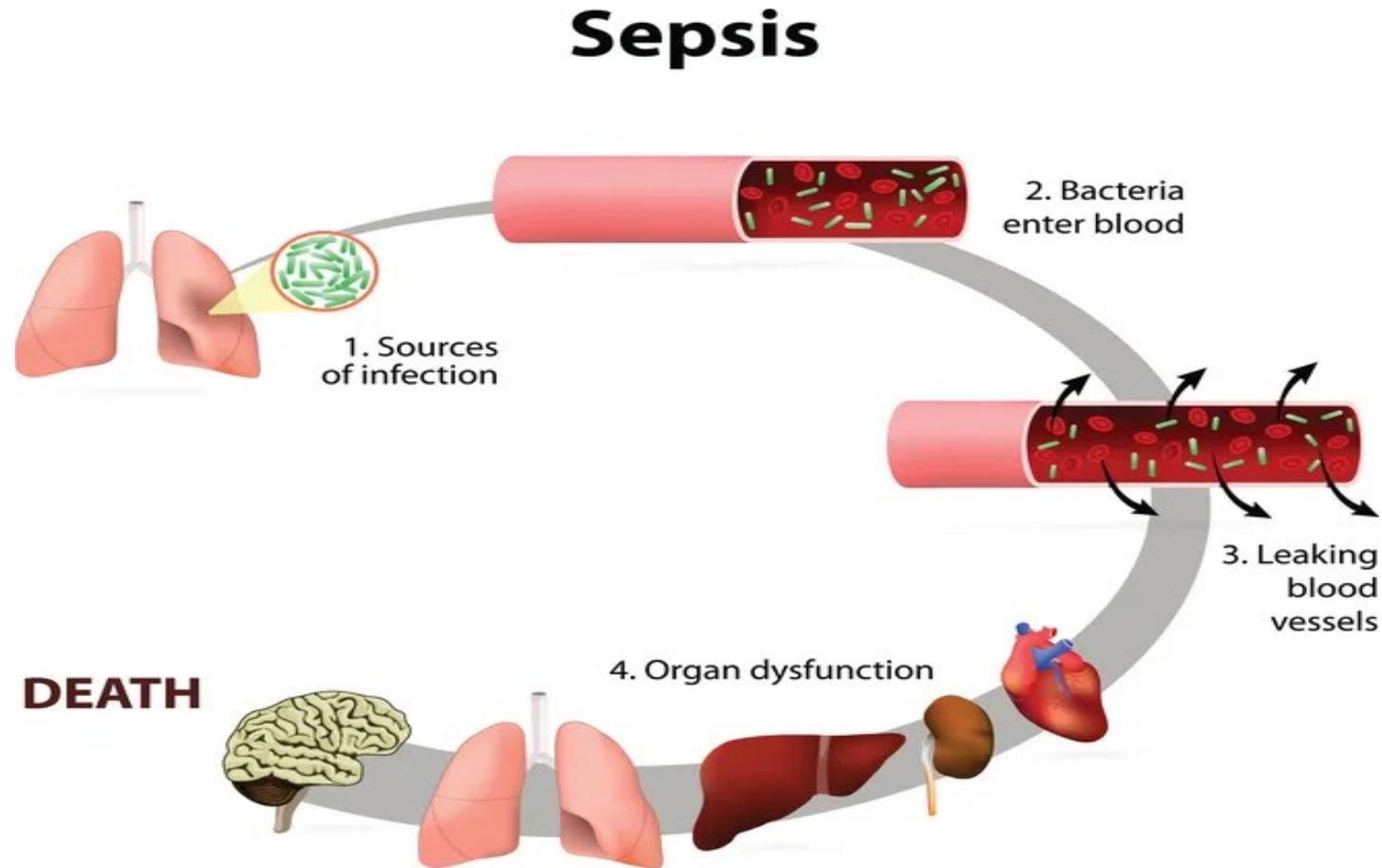
# Sepsis

- Definitions
- Facts regarding sepsis
- Center for Medicare/Medicaid Services (CMS) core measure
- Clinical studies and factors in reducing sepsis mortality
- Kaweah Health Data on Sepsis
- Rapid cycle (6 week) process improvement plan
- Questions

# What is Sepsis?

- Serious condition from harmful microorganisms in blood or tissues & the body's response to them, potentially leading to malfunctioning of various organs, shock, & death.
- 3 stages of sepsis
  - 1-Systemic Inflammatory Response Syndrome (SIRS)-↑ or↓ Temp,↑ respiratory rate, ↑ heart rate, ↑ or↓ WBC & **known** or **suspected** infection
  - 2-Severe Sepsis- when acute organ dysfunction begins ie. ↓ Urine Output, altered mental status, ↓ platelets, abdominal pain, difficulty breathing, ↓ heart function leading to ↓ organ blood flow
  - 3-Septic shock- hypotension despite fluid use, perfusion abnormalities, ↑ lactate levels

# Sepsis



# Sepsis Facts

- Sepsis Mortality incidence
  - Mild sepsis 7 to 15%
  - Severe sepsis 10 to 30%
    - Only 61% survive 5 years
  - Septic shock 30 to 44%
- CDC—2021—1.7 million sepsis cases & 270,000 deaths
- Even with early treatment sepsis kills 1 in 5 people
- Most expensive condition in US hospitals- cost \$23.7 Billion/year

# Sepsis facts



6% of hospitalizations are due to sepsis & 35% of all in-hospital deaths are due to sepsis.



Mortality overall increases by 8% for every hour antibiotic treatment is delayed



~80% of sepsis deaths could be prevented with rapid diagnosis & treatment

# CMS Core Measure SEP-1

- Severe sepsis & septic shock management bundle—focus on timely sepsis **recognition** & early **intervention** with life saving therapies
- Bundle—includes blood cultures, lactate levels, antibiotics, fluid bolus, vasopressors for fluid-refractory hypotension, reevaluation of volume status
- Involves minimum sets of action required by 3 & 6 hour time points
- Time zero—the last sign of severe sepsis (documentation of **suspected** infection,  $\geq 2$  SIR criteria and organ dysfunction w/in 6 hour window
- Time zero is often adjusted “gamed” to meet the CMS measurement

## Severe Sepsis

- Lactate
- Blood Cx
- Antibiotic(s)

- Repeat lactate if >2



## Septic Shock *(in addition to those above)*

- Bolus 30ml/kg crystalloid

- Pressors if MAP < 65
- Document response



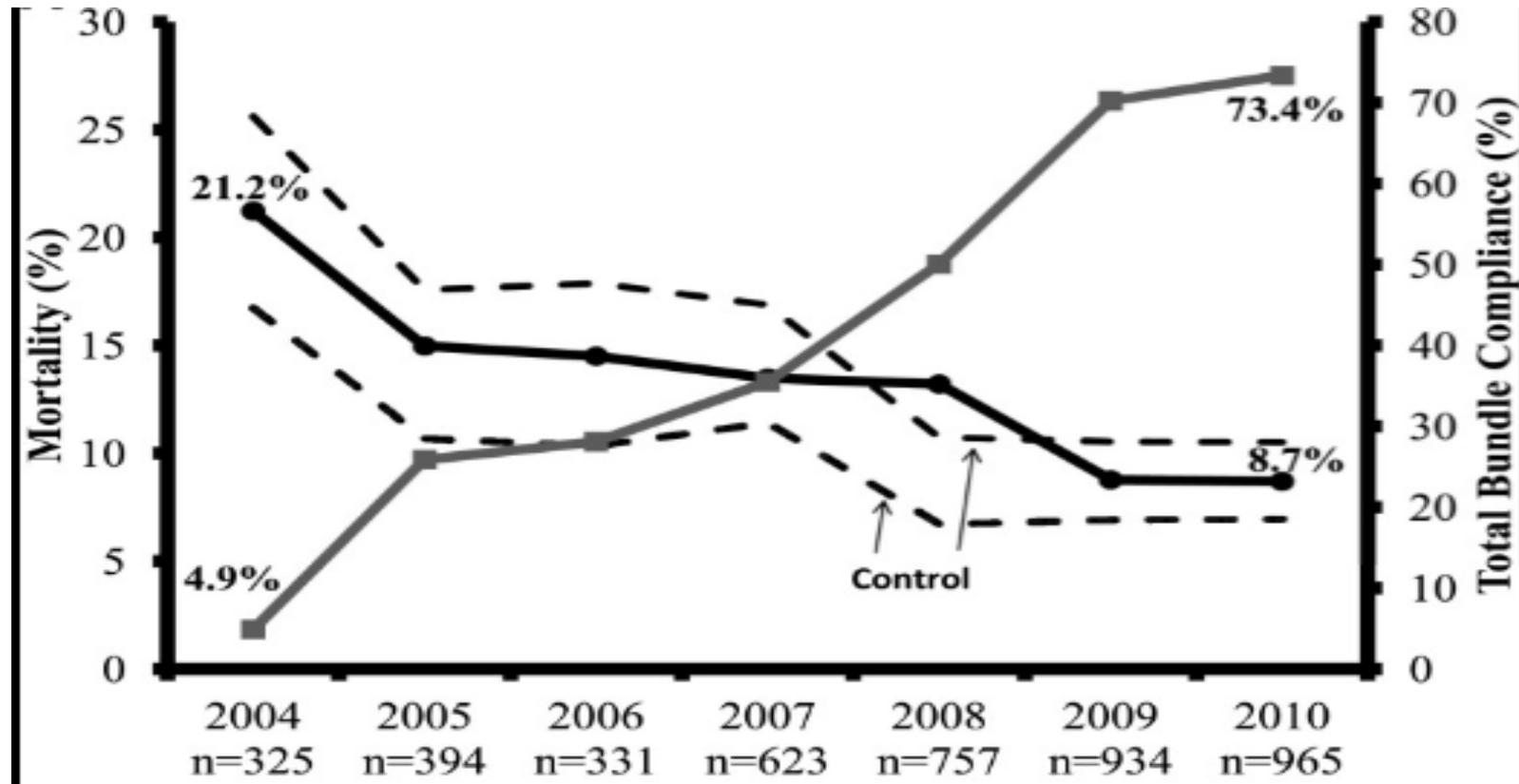
*Hours*

# Multicenter implementation of a severe sepsis and septic shock treatment bundle

Miller et al. Am J Respir. Critical Care Med. 1:188, 2013 Intermountain Health

- 4,329 adult subjects with severe sepsis or septic shock admitted to study ICUs from the emergency department
- January 2004 and December 2010
- Overall hospital mortality was 12.1% over 6 years
  - declining from 21.2% in 2004 to 8.7% in 2010.
  - All-or-none total bundle compliance increased from 4.9% - 73.4% simultaneously.
  - Mortality declined from 21.7% in 2004 to 8.7%.

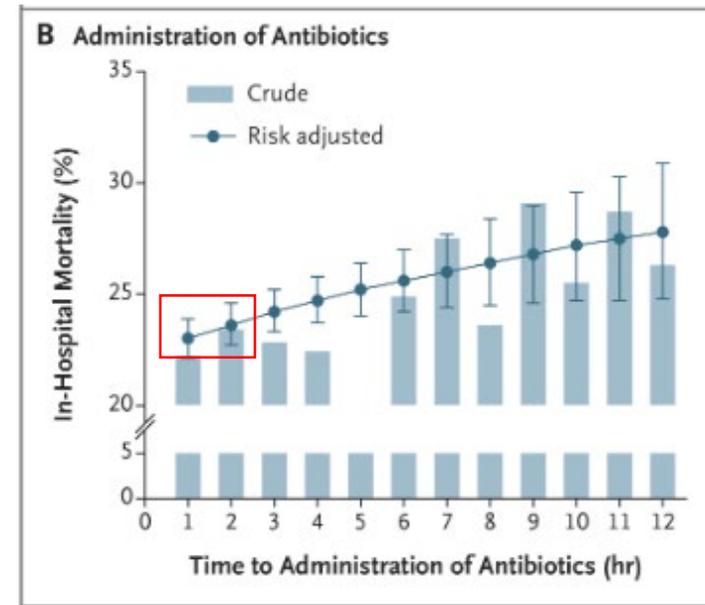
# Total Bundle Compliance & Mortality



# Time to treatment & mortality during mandated emergency care for sepsis

Seymour, CW et al NEJM 376, 2017

- NY State Department of Health 2014 to 2016—185 hospitals—49,331 patients
- Median time to completion of 3 hour bundle—1.3 hours
- Median time to antibiotic administration—0.95 hours (<1 hr)
- Median time to completion of fluid bolus—2.56 hours
- Results-antibiotics between 3-12 hrs. after bundle initiation-14% higher odds ratio of in-hospital death



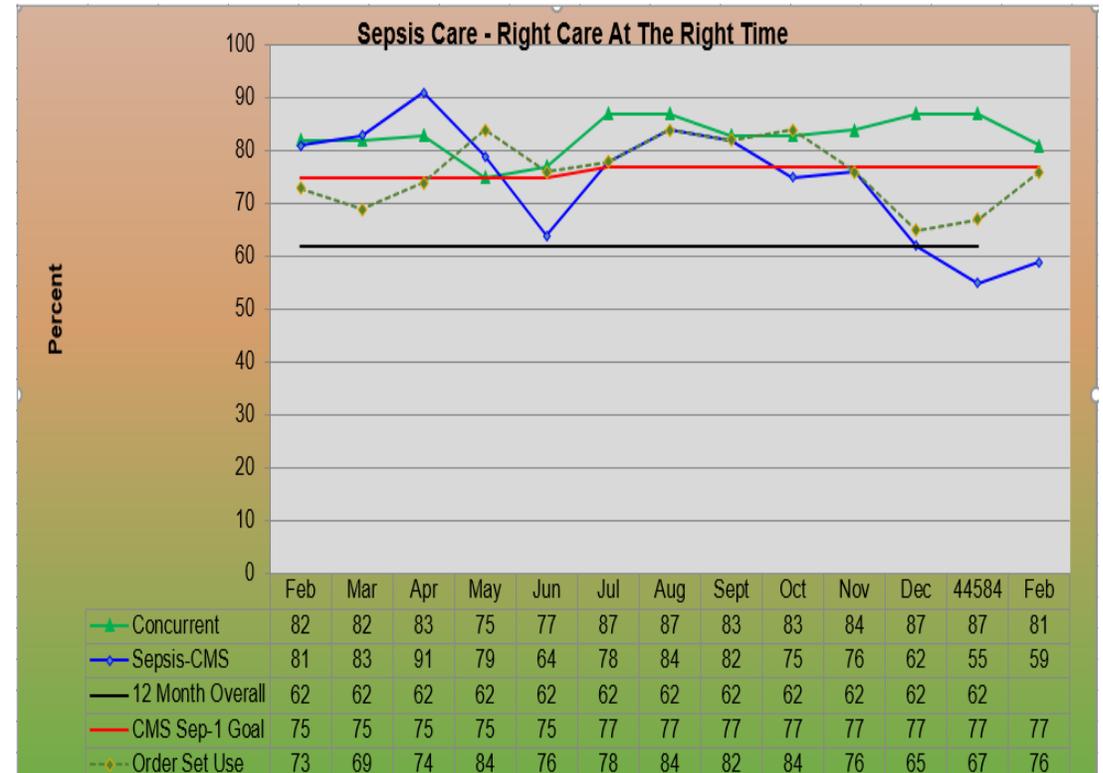
# Hour-1 bundle adherence was associated with reduction of in-hospital mortality among patient with sepsis in Japan

Umemura, Y et. Al J pone 2022

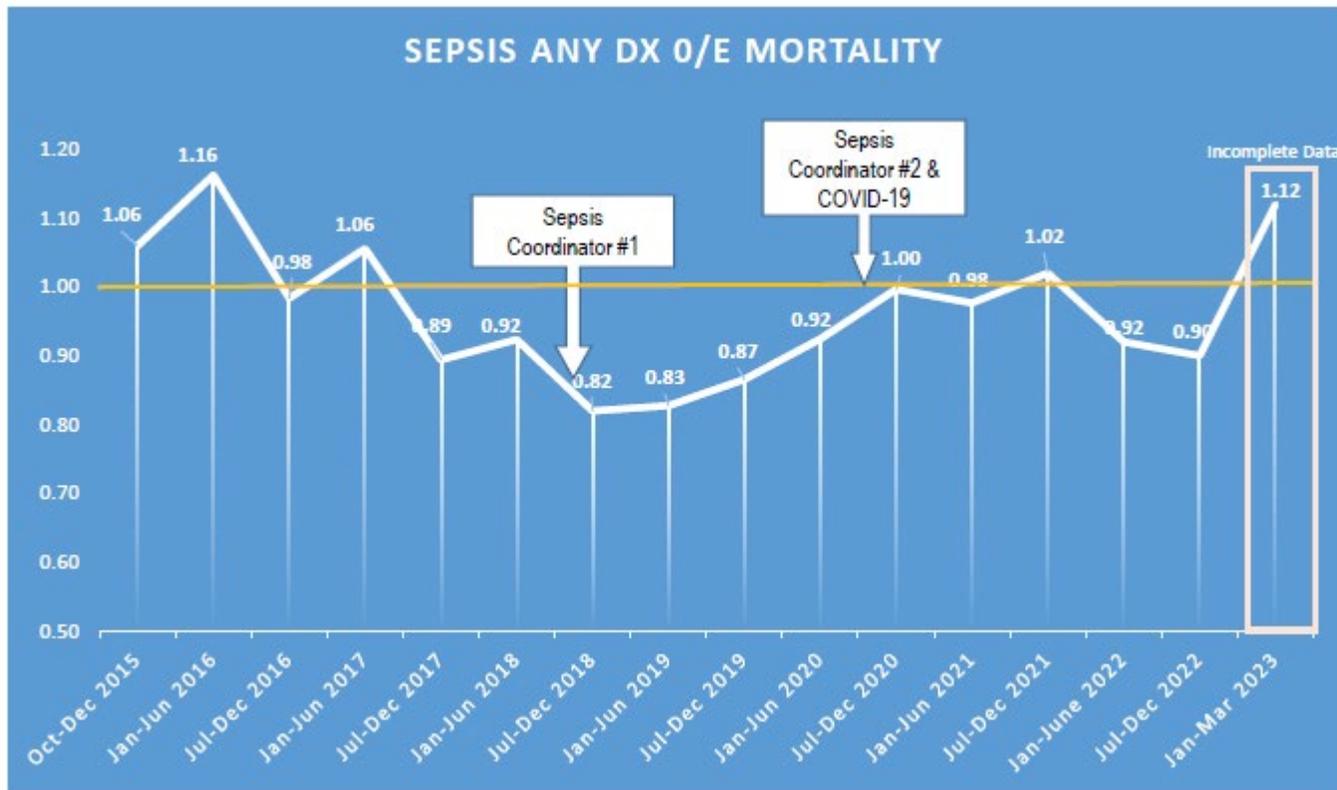
- Multicenter trial, 17 ICU's, tertiary hospitals
- 178 patients—89 bundle compliant (BC). 89 non-bundle compliant (NBC)
- Risk adjusted mortality rates
- Bundle compliance = **all components within 1 hour.**
- BC 18% mortality; NBC 30.3% mortality
- Delay in broad spectrum antibiotics had **greatest** impact on increased mortality

# Kaweah Health Sepsis Dashboard

- 2023 SEP-1 CMS Bundle Compliance—72%
- 3 hr. SEP-1 bundle compliance—78%
- % blood cultures drawn 95%
- % lactic acid drawn 98%
- % antibiotics administered 92%
- % fluid resuscitation completed 84%



# Sepsis Any Diagnosis - Outcomes Observed/Expected (o/e) Mortality



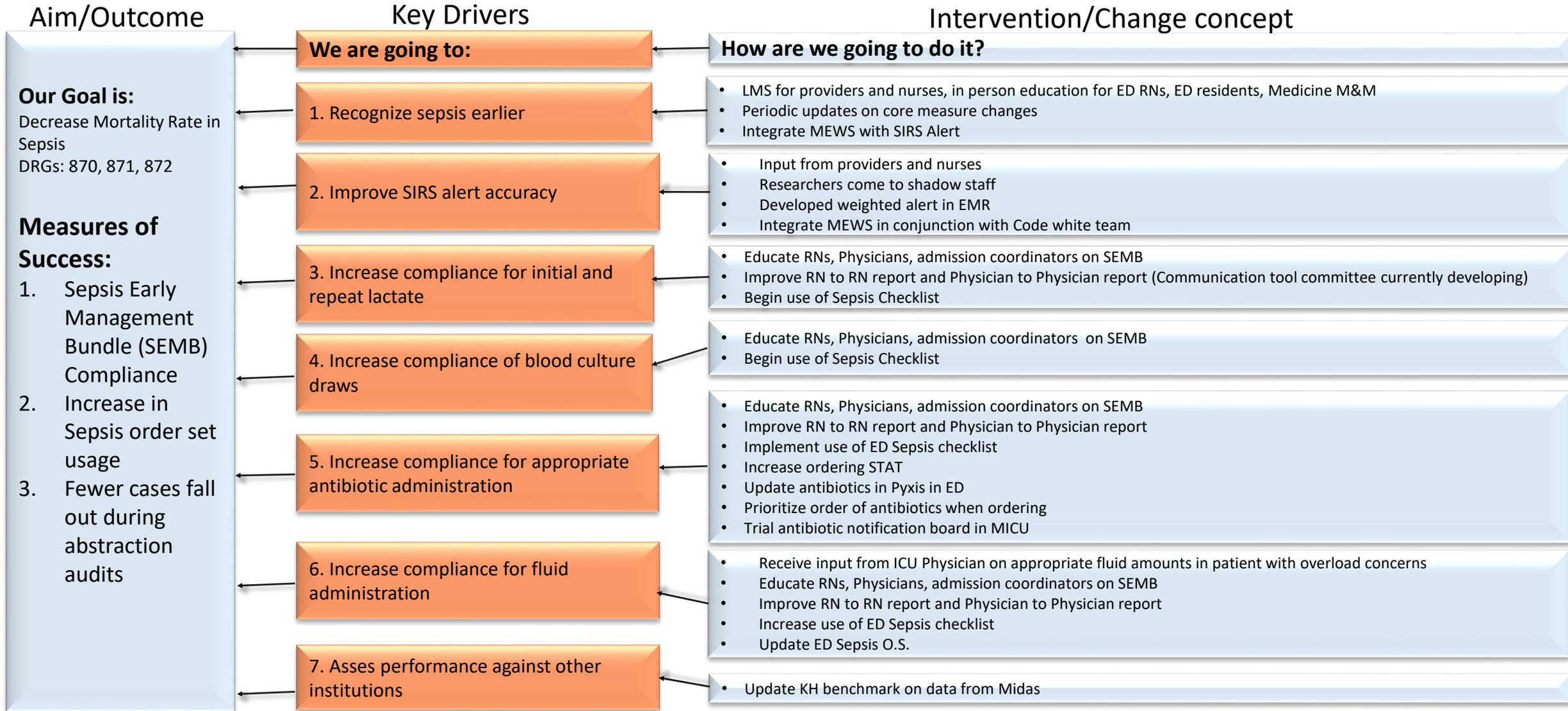
- Goal  $\leq 1.0$  which indicates that at least expected deaths do not exceed actual (*Lower ratio is better*)
- Best performing facilities have o/e ratios significantly lower than 1.0 (i.e. 0.6)
- Significant change in how sepsis mortality is measured since o/e mortality includes septic patients with COVID-19 dx starting in 2020, but does risk adjust for COVID
- Sepsis o/e mortality is not a direct comparison pre and post pandemic
- Despite COVID-19 patient inclusion, o/e mortality remains at  $\leq 1.0$

Source: Midas Risk Model v4

# What do we, at KH need to improve Sepsis Care?

- Current data to access current performance—**completed**
- Identify a need to change—**completed**
- Team approach with willing leaders & participants—**completed**
- Learn from others success to achieve better outcomes (EBM)—**completed**
- Change focus from regulatory reporting to patient care/outcomes—**completed**
- Develop an action plan—Aim—key drivers—interventions—measure—**completed**
  - Minimize variability & make it simple—**in progress**
  - Create checklists, respond to SIRS alerts, recheck regularly—**in progress**
- Perform “test of change” —identify unintended consequences—adjust if needed
- Educate & regularly re-educate to avoid drift
- Create Accountability around performance

# SEPSIS INITIATIVE



Questions?

Thank you to the Quality  
Focus Team, Emergency  
Department Leadership &  
Sepsis Coordinators

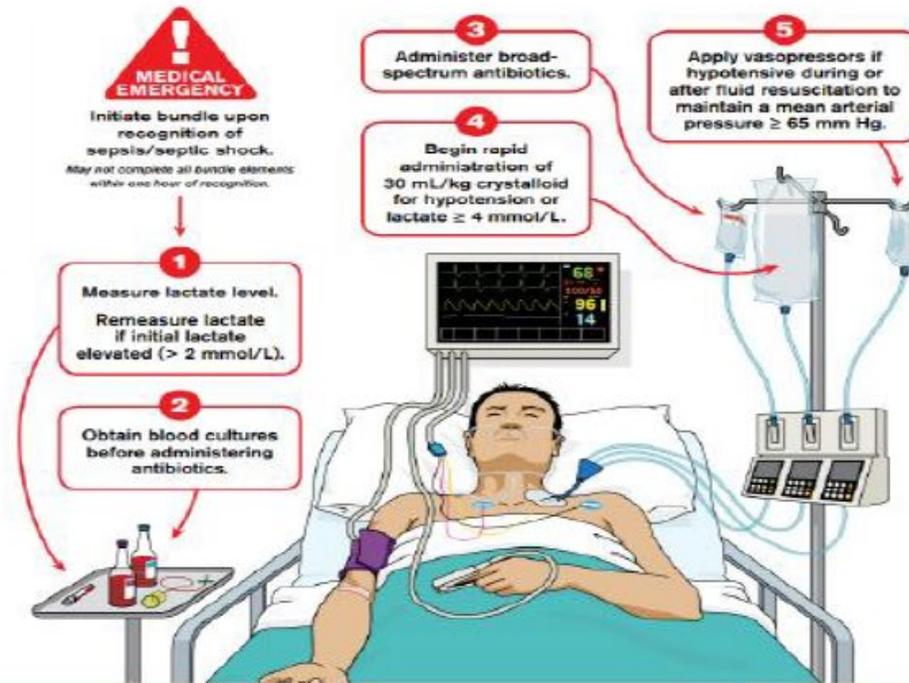
# Appendix

- Example of Education material
- Definition of Lactate
- Abbreviations

# The Way We Reduce Morbidity and Mortality

## Hour-1 Bundle Initial Resuscitation for Sepsis and Septic Shock

Surviving Sepsis Campaign



Lactate w  
Reflex

Blood  
Culture(s)

ABX

IVF  
w/ exam

Vasopressor

**HOURLY-1 BUNDLE: INITIAL RESUSCITATION FOR SEPSIS AND SEPTIC SHOCK:**

- 1) **Measure lactate level.\***
- 2) **Obtain blood cultures before administering antibiotics.**
- 3) **Administer broad-spectrum antibiotics.**
- 4) **Begin rapid administration of 30mL/kg crystalloid for hypotension or lactate  $\geq 4$  mmol/L.**
- 5) **Apply vasopressors if hypotensive during or after fluid resuscitation to maintain a mean arterial pressure  $\geq 65$  mm Hg.**

\*Remeasure lactate if initial lactate elevated ( $> 2$  mmol/L).

Surviving Sepsis Campaign

1. **\*Act quickly upon sepsis & septic shock recognition**
2. **Minimize time to treatment - sepsis & septic shock are medical emergencies**
3. **Monitor closely for response to interventions**
4. **Communicate sepsis status in hand-offs**

\*All elements of the Hour-1 bundle may or may not be completed in the first hour after sepsis recognition

## HOUR-1 BUNDLE: INITIAL RESUSCITATION FOR SEPSIS AND SEPTIC SHOCK:

- 1) Measure lactate level.\*
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- 3) Administer broad-spectrum antibiotics.
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# Surviving Sepsis Campaign

1. **\*Act quickly upon sepsis & septic shock recognition**
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*\*All elements of the Hour-1 bundle may or may not be completed in the first hour after sepsis recognition*

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

# When and how do I screen for sepsis?

- ❖ Completed for adult patients 18 years and older (any age for OB population):
  - ❖ ED – routine screening at triage, when pt roomed, and PRN (until pt discharged or admitted)
  - ❖ Inpatient units – routine screening every shift (8hr) and PRN, upon admission/and within 3 hours prior to discharge from hospital
- ❖ Sepsis surveillance is part of the routine nursing assessment
  - ❖ Goal to conduct sepsis surveillance with each interaction, just like MI and Stroke
  - ❖ At least once per shift document in the sepsis screening tool located in HealthLink. Document within 1-120 minutes of most recent vital signs and no more than 6 hours after physical assessment

# Serum Lactate Levels

- Serum (blood) lactate levels are elevated in sepsis when there is insufficient blood circulation to adequate metabolism because of sepsis. Increase levels reflect the change from aerobic to anaerobic (lack of oxygen) metabolism and can reflect shock status (higher is worse)
- Simply patients with sepsis have poorer organ flow, less oxygen to the tissues, increase production of lactic acid or decreased clearance of lactic acid due to liver dysfunction

# Abbreviations

- SIRS = Systemic Inflammatory Response Syndrome
- SEP-1 = Severe sepsis & septic shock management bundle
- MEWS = modified early warning systems
- EBM = evidence based medicine
- ABX = antibiotics
- IVF = intravenous fluid
- MICU = medical intensive care unit
- M & M = morbidity and morality conference
- Blood Cx = blood cultures

# Definition of Diagnosis Related Groups

- DRG 870 - SEPTICEMIA OR SEVERE SEPSIS WITH mechanical ventilation (MV) >96 HOURS OR Peripheral Extracorporeal Membrane Oxygenation (ECMO)
- DRG 871 - SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH Major Complication or Co-morbidity
- DRG 872 - SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT Major Complication or co-morbidity

# SIRS Criteria 2 or more of:

- Temperature  $>38$  or  $<36$  degrees Celsius
- Heart rate  $>90$ /minute
- Respiratory rate  $>20$ /min or PaCO<sub>2</sub>  $<32$  mm
- White blood cell count  $> 12,000$  or  $> 10\%$  band form (immature cells)
- Criteria for severe sepsis includes: 2 of the above and 1 of the below
  - Systolic blood pressure  $<90$  mm Hg or Mean arterial pressure  $<65$  mm Hg or lactate  $>2$  mmole/liter (after initial fluid bolus)
  - INR  $>1.5$  or a PTT  $>60$  seconds (blood clotting impairment)
  - Bilirubin  $>34$  Umole/L (liver function)
  - Urine output  $<5$  ml/kg/hour for 2 hours (kidney function)
  - Creatinine  $>177$  Umole/liter (kidney function)
  - Platelets  $<100,000$  (hematologic function)
  - SpO<sub>2</sub>  $<90\%$  on room air



Kaweah Health Medical Center

# FY 2023 Strategic Plan

## Strategic Growth and Innovation

May 24, 2023



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

## Strategic Growth and Innovation - Recruit and Retain Providers Champions: JC Palermo

### Problem / Goals & Objectives

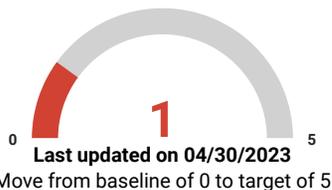
**Problem Statement:** Tulare and Kings Counties are underserved based on the ratio of physicians to the population.

**Goals and Objectives:** Recruit 20 new physicians (15 specialists and 5 primary care) to the market during FY2024, explore the development of a Management Services Organization to support existing and new physicians and focus on recruitment of existing Residents.

### Plan

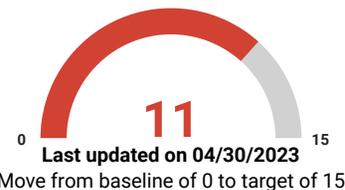
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.1	Recruit new primary care physicians to work in ambulatory settings in our community.	07/01/2022	06/30/2023	JC Palermo	At Risk	Recruitment of Pediatrician for Ben Maddox. Currently speaking with multiple FM physicians.
3.1.2	Emphasize recruitment of key specialty physicians consistent with the Board-approved recruitment plan (not a complete list): Cardiothoracic surgeons, Urology, Gastroenterology, Pulmonary outpatient, Women's health clinic/program, Neurology	07/01/2022	06/30/2023	JC Palermo	At Risk	CT, Urology, and Pulmonary discussions continue with partner organizations.
3.1.3	Open the Kaweah Health/USC Urology clinic and services	07/01/2022	09/30/2022	Marc Mertz	Achieved	The urology clinic has been licensed and opened for patient care on October 11th
3.1.4	Monitor the market for opportunities to acquire medical practices that support unmet community needs or the organization's growth strategy, including working with health plans to identify practices needing support	07/01/2022	06/30/2023	Marc Mertz	On Track	KH is coordinating our recruitment and succession planning efforts with Key Medical Group and other local medical groups. We are actively planning for the transition of VMC to a new partner.
3.1.5	Work with Community Advisory Committees to launch resident host family program and resident welcome reception				Achieved	Program launched with 2022 incoming residents. We are expanding the program to include visiting medical students
3.1.6	Engage our residents early on regarding career opportunities in our community	07/01/2022	06/30/2023	JC Palermo	At Risk	We were unable to established early connections with residents due to changes in leadership. An educational program is currently being developed and will be deployed at the beginning of FY24.
3.1.7	Launch the enhanced physician onboarding program	01/01/2023	06/30/2023	JC Palermo	Not	Unable to accomplish with leadership changes. Will assess for FY24.

#### Recruit new primary care physicians to work in a... ...



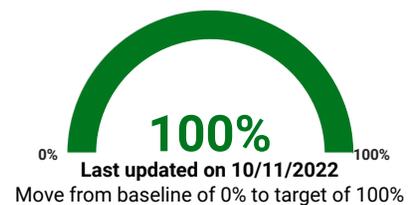
Showing data for: Jul 1, 2022 – Jun 30, 2023

#### Emphasize recruitment of key specialty physician... ...



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

#### Open the Kaweah Health/USC Urology clinic ...



## Strategic Growth and Innovation - Grow Inpatient Volumes

Champions: Jag Batth, Marc Mertz, JC Palermo, Marketing and Social Media

### Problem / Goals & Objectives

**Problem Statement:**

In the last year, Kaweah Health’s market share has declined in the PSA and SSA.

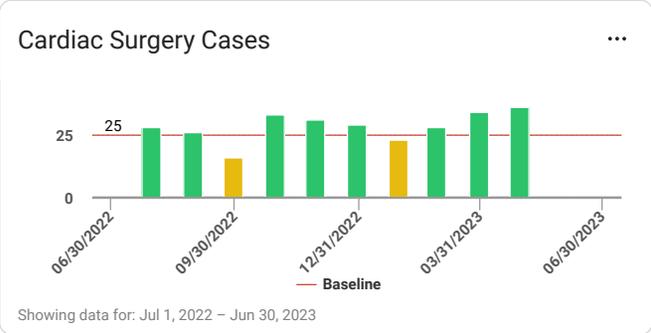
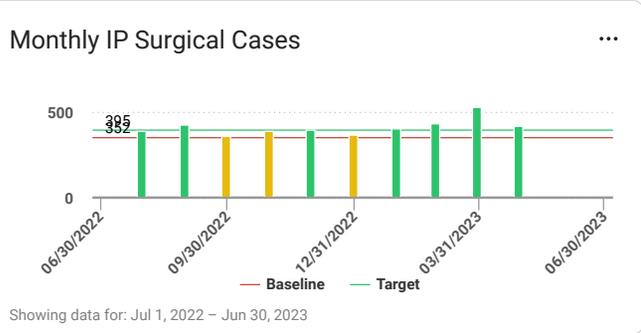
**Goals and Objectives:**

Grow our inpatient volumes, particularly the surgical cases, with an emphasis on key service lines and our expanded service area.

### Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.1	Reopen two ORs on the 2nd floor of Mineral King	07/01/2022	12/31/2022	Christine Aleman	On Track	Evaluating feasibility of using the 2 ORs for outpatient endoscopy.
3.2.7	Expand endoscopy access	07/01/2022	12/31/2022	Christine Aleman	Off Track	MAC volume has stayed around 39%. Case volume is lower due to a physician being on unexpected leave. We have a lot of open block time throughout the week.
3.2.2	Increase IP surgical volumes to 395/month through promotion of services and physicians via marketing, social media, and physician liaisons	07/01/2022	06/30/2023	Christine Aleman	On Track	Marketing, Social Media, and Physician Relations are coordinating efforts to promote key services the community and regional physicians.
3.2.2.1	Cardiac Surgery Cases	07/01/2022	06/30/2023	Kassie Wu	On Track	
3.2.3	Growth in key service lines (e.g. cardiac surgery, orthopedics, vascular, general surgery, urology, women’s health, and more.)	07/01/2022	06/30/2023	JC Palermo	On Track	We continue to see growth in cases across most major service lines.
3.2.4	Add new services (e.g. bariatrics, electrophysiology, etc.)	07/01/2022	06/30/2023	Marc Mertz	On Track	In active discussions with the Department of Cardiology regarding recruitment of an EP physicians, and discussions have restarted regarding development of bariatric surgery capabilities.
3.2.5	Conduct feasibility analysis and design process for conversion of inpatient rehab beds to skilled nursing beds	07/01/2022	06/30/2023	Jag Batth	On Track	Jag evaluating facility requirements with Kevin Morrison
3.2.6	Expand urology services and ED call coverage	07/01/2022	06/30/2023	Marc Mertz	On Track	Dr. Rosenberg is fulltime in the new clinic and working in the hospital. Dr. Ford has rejoined the call schedule and December had more call coverage than we have had since early 2020. Dr. Gill has surgical cases scheduled at Kaweah in January.
3.2.9	Enhance the mother/baby experience with concierge-level services	07/01/2022	06/30/2023	Keri Noeske	Canceled	These services were not pursued or implemented this year. FY21 total deliveries was 3,611. FY22 total deliveries was 3,789. FY24 through April totaled 3,835 total deliveries. The service line continues to grow without the concierge services offering. Will evaluate in future for potential implementation if financially feasible. s.
3.2.8	Collaborate with Valley Children’s Hospital on opportunities to increase KH pediatric volumes				On Track	We met with VCH leaders in October to discuss a variety of alignment opportunities.

Strategic Growth and Innovation - Grow Inpatient Volumes (Continued)



## Strategic Growth and Innovation - Grow Outpatient Volumes

Champions: Ivan Jara, Ryan Gates, & Marc Mertz

### Problem / Goals & Objectives

**Problem Statement:**

The ambulatory market has become significantly more competitive. Kaweah Health needs to ensure that we have a comprehensive outpatient network that is convenient to patients.

**Goals and Objectives:**

Increase access to outpatient care in locations that are convenient to our community.

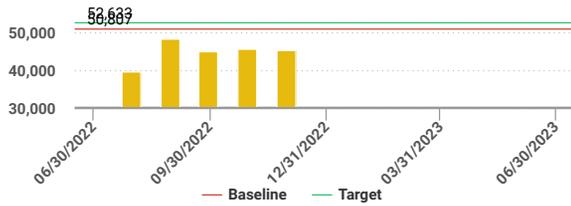
### Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.1	See 52,633 ambulatory visits per month	07/01/2022	06/30/2023	Kassie Wu	Off Track	
3.3.2	Perform 516 monthly outpatient surgeries	07/01/2022	06/30/2023	Christine Aleman	Off Track	September is typically a lower month for surgery. The overall volume is higher than in 2021 and below our highest in September 2020.
3.3.3	Open the Industrial Park clinic location (primary care and walk-in care)	01/01/2023	09/01/2023	Marc Mertz	On Track	Construction progress is ahead of schedule. Expected open date is September 1st. We are in discussions with experienced occupational medicine providers and leaders. We are also meeting with Industrial Park companies.
3.3.4	Develop an outpatient psychiatry clinic for pediatric and adult patients	01/01/2023	04/30/2023	Marc Mertz	Achieved	Center for Mental Wellness has opened
3.3.5	Develop the child/adolescent crisis stabilization unit (CSU) in partnership with the Tulare County	07/01/2022	06/30/2023		On Track	Kaweah has closed on the building in downtown Visalia. Payment from State grant is pending. We are designing renovations now. Negotiations with the Country regarding rates. Opening likely in early 2024
3.3.6	Review 2020 Census data, when available, to identify underserved rural communities				Not Started	Pending HCAI data
3.3.7	Expansion of SRCC services and equipment (2nd TrueBeam w/ BrainLab) and the growth of oncology market share in Tulare and Kings Counties	07/01/2022	01/31/2023	Marc Mertz	Achieved	We received CDPH authorization to patients on Nov. 8th. Patient schedule opens 11/14
3.3.8	SRCC perform 2,353 units of service/month	07/01/2022	06/30/2023	Kassie Wu	On Track	
3.3.9	Comprehensive marketing and promotion campaigns for our locations and services				On Track	Finalizing a new community perception campaign for launch in August
3.3.1 0	Finalize the Sequoia Gateway development plan, including facilities, services, funding, timing, and partnerships	07/01/2022	06/30/2023	Marc Mertz	On Track	Have started initial discussions with potential physician partners as well as local developers.
3.3.1 1	Behavioral health expansion, including adding providers in RHC, launch of the new child and adolescent fellowship, development of pediatric crisis stabilization unit (CSU), expansion of tele-psych, and application for grant funds to develop an adult CSU	07/01/2022	06/30/2023	Ivan Jara	On Track	C&A fellowship received full accreditation; CSU in development; therapy services expanding in RHCs; Tulare County did not support development of an adult CSU so those plans have been placed on hold/cancelled.
3.3.1 2	Evaluate the feasibility of expanding outpatient pharmacy services, to potentially include additional retail locations, home delivery, delivery to clinics, and support of telehealth encounters	07/01/2022	04/30/2023	Jag Bath	On Track	Jag and his team are evaluating the feasibility.

Strategic Growth and Innovation - Grow Outpatient Volumes (Continued)

See 52,633 ambulatory visits per month

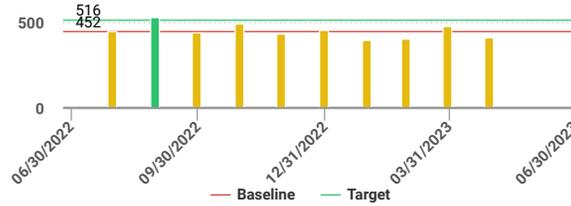
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Showing data for: Jul 1, 2022 - Jun 30, 2023

Perform 516 monthly outpatient surgeries

...



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

SRCC perform 2,353 units of service/month

...



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

Open 2nd TrueBeam w/ BrainLab

...



## Strategic Growth and Innovation - Modernize our Facilities

Champions: Kevin Morrison

### Problem / Goals & Objectives

**Problem Statement:**

A number of Kaweah Health's facilities are either aged or no longer have the capacity to serve our patients and/or employees.

**Goals and Objectives:**

Update our facilities to create a better patient experience and to provide our employees and medical staff with a better work environment.

### Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.4.1	Complete master facility plan for replacement of Mineral King wing, including conceptual design, cost estimates, and financing strategy. Engage employees, the medical staff, and the community throughout the process	07/01/2022	06/30/2023	Marc Mertz	Off Track	Master facility planning process is on hold due to current financial challenges. Pending AB 869 could provide seismic replacement relief for Kaweah.
3.4.2	Continue advocacy efforts to improve SB1533 and other laws, as well as to seek support or relief regarding Kaweah Health's facility needs and challenges	07/01/2022	06/30/2023	Marc Mertz	On Track	Kaweah is participating in DHLF, CHA, and our own advocacy efforts- including meeting with State and Federal representatives.
3.4.3	Develop long-term modernization plan for outpatient facilities, including KHMG, Court Street, Exeter, Woodlake, and Lindsay	07/01/2022	06/30/2023	Marc Mertz	Not Started	Work has not officially started, as priorities have been focused elsewhere. The team is evaluating certain buildings and their long-term use/needs.
3.4.4	Add conference rooms space to downtown campus- Acequia Wing and Support Services Building	07/01/2022	03/31/2023	Marc Mertz	Off Track	Acequia 2nd floor (new respiratory therapy space, conference rooms, and GME lounge) plans have been approved by state. Construction is expected to start this summer. SSB 3rd floor is pending space planning and staff space requirements.
3.4.5	Renovate Mineral King lobby and café	07/01/2022	03/31/2023	Marc Mertz	Off Track	Plans have been approved by the state. Construction timing has not been confirmed yet. Ambrosia Cafe will reopen temporarily in May 2023..
3.4.6	Evaluate solar, recycling, and other alternative energy opportunities	07/01/2022	06/30/2023	Marc Mertz	Off Track	Planning to add 2 EV chargers in physician lot. Working with City to add chargers to Acequia structure.

## Strategic Growth and Innovation - Improve Community Engagement

Champions: Deborah Volosin, Laura Florez-McCusker, & Karen Tellalain

### Problem / Goals & Objectives

**Problem Statement:**

Kaweah Health needs to continue to increase its engagement with our community.

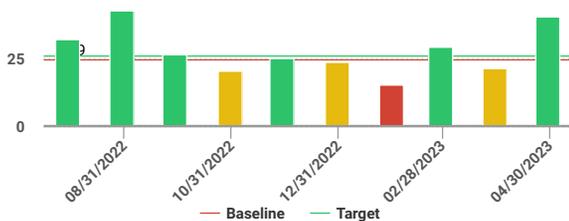
**Goals and Objectives:**

Continue and expand our efforts to engage our community so that we can better serve their health and wellness needs, and to gain the community's insights and support regarding our initiatives. Seek ways to expand our current reach and gain more widespread feedback and outreach.

### Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.5.1	Continue to meet with Community Advisory Councils and Ambassador groups to gain community and employee insights and support	07/01/2022	06/30/2023	Marc Mertz	On Track	Meetings continue each month. Deborah and Marc are exploring ways to increase participation and engagement.
3.5.2	Revitalize Community Engagement program with new membership, new Councils, and a new onboarding program	07/01/2022	06/30/2023	Marc Mertz	On Track	18 new members have been successfully oriented and added to the advisory groups.
3.5.4	Explore ways to collaborate on modernization efforts with other health care districts, Central Valley Healthcare Alliance, and the County of Tulare	08/01/2022	06/30/2023	Marc Mertz	On Track	Gary has been very actively speaking with the County, DHLF, CHA, as well as Federal and State representatives.
3.5.3	Launch comprehensive community engagement campaign regarding the need to replace the Mineral King wing through focus groups, town halls, the website, social media, and other media to gain support	08/01/2022	06/30/2024	Marc Mertz	Canceled	Because we have no plans to proceed with a bond, this initiative has been canceled.
3.5.5	Form a new community leadership group to focus on advocating for the hospital modernization effort				Not Started	
3.5.6	Restart Speakers Bureau				Achieved	Community Engagement has scheduled multiple presentations and is working with clubs/organizations on additional presentations.
3.5.7	Kick off a new Foundation fundraising campaign				Achieved	Modernization 2.0 has been approved by the Foundation Board and has launched with promotional videos and brochures. Liz is meeting with

Best Image and Reputation Score



New Members in Community Engagement (Quart...)



Strategic Growth and Innovation - Innovation

Champions: Doug Leeper, Malinda Tupper, Ryan Gates, & Marc Mertz

Problem / Goals & Objectives

**Problem Statement:**

To be successful in a dynamic and challenging healthcare industry, Kaweah Health must find new ways of doing things and approaching problems.

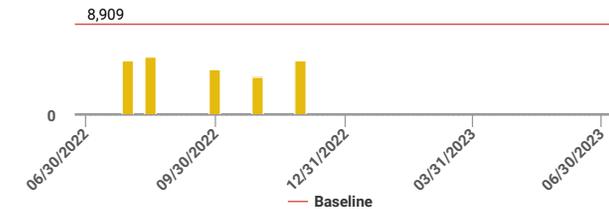
**Goals and Objectives:**

Create, develop, and implement new processes, systems, or services, with the aim of improving efficiency, effectiveness, or competitive advantage.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.6.1	Form a committee to explore the organization's enhanced data analytic needs and capabilities and provide the ET and BOD with recommendations regarding technology, software, staffing, and process needs.	10/01/2022	06/30/2023	Marc Mertz	Not Started	
3.6.2	Continue the analysis and planning for a hospital-at-home service	07/01/2022	06/30/2023	Marc Mertz	On Track	CMS waiver was extended by another 2 years. We are actively pursuing opportunities to introduce hospital (and perhaps SNF) at home services.
3.6.3	Launch comprehensive telehealth services, including the American Well platform. Provide telehealth services directly to patients, to employers, and to schools resulting in 8,909 telehealth visits per month.	07/01/2022	06/30/2023	Ivan Jara	Off Track	American Well selected as telehealth platform and funded via grant
3.6.4	Patient Navigation Steering Committee to initiate a multi-year process to develop a patient navigation center for scheduling all services across the organization including patient navigator positions to coordinate patient appointments and to respond to referring physicians' requests/referrals	07/01/2022	06/30/2023	Ivan Jara	On Track	WELL Health App has launched (appointment reminders, text capabilities, outreach campaigns), SingleComm has launched (call center software), Valer will launch during early FY24 (prior auth platform).
3.6.5	Closely monitor changes in the ambulatory care market and develop strategies to compete, or partner, with market disruptors such as Amazon, Wal-Mart, CVS, Walgreens, telehealth providers, and others	07/01/2022	06/30/2023	Marc Mertz	On Track	
3.6.6	Explore alternative funding opportunities to enable Kaweah Health to provide community health	10/01/2022	06/30/2023	Marc Mertz	Off Track	These efforts were placed on hold this year to focus on other

Monthly Telehealth Visits



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

Strategic Growth and Innovation - Expand Health Plan & Community Partnerships

Champions: Ivan Jara, Ryan Gates, & Marc Mertz

Problem / Goals & Objectives

**Problem Statement:**

Healthcare delivery and reimbursement is shifting from a fee-for-service model to a value-based model that rewards the maintenance of population health. Health systems must adapt and change their delivery model accordingly.

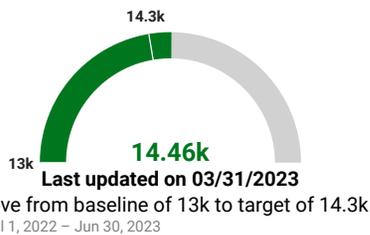
**Goals and Objectives:**

Improve and strengthen relationships with health plans, community partners, and participate in local/state/federal programs and funding opportunities to improve access, quality, and outcomes for the community.

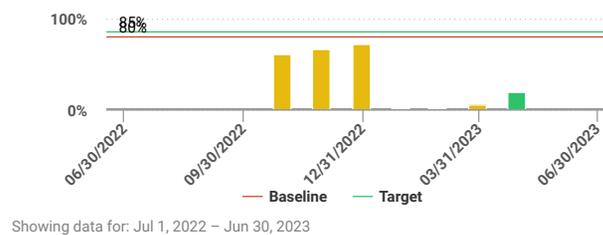
Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.7.1	Increase Humana membership through joint marketing	07/01/2022	06/30/2023	Ivan Jara	Achieved	Members numbers provided by Brandi Guinn
3.7.2	Grow and expand programs to facilitate assessment of HCC coding and closing quality gaps	07/01/2022	06/30/2023	Ivan Jara	On Track	HCC score 0.824. Quality Gaps - 7,830
3.7.3	Invest in technology and resources that improve the accuracy of annual coding, assessment, and documentation to improve quality, generate savings and increase capitated revenue	07/01/2022	06/30/2023	Ivan Jara	On Track	Increased support to quality data coding team
3.7.4	Expand Enhanced Care Management (ECM) enrollment and integration through deployment of community care coordinators	07/01/2022	06/30/2023	Ivan Jara	On Track	Transition to Fee For Service improved program sustainability.
3.7.5	Identify sustainable program opportunities aligned with strategic goals and seek IPP funding to support implementation	07/01/2022	06/30/2023	Ivan Jara	On Track	Incentive Payment Program funds were secured to improve infrastructure and capacity to grow Enhanced Care Management and Community Supports program. Funding supported staffing and EHR billing enhancements.
3.7.6	Collaborate with Anthem and HealthNet on quality and innovation programs to improve outcomes for Medi-Cal population	07/01/2022	06/30/2023	Ivan Jara	On Track	Continue to collaborate with both Medi-Cal health plans on quality initiatives.
3.7.7	Collaborate with the Tulare County on housing/homelessness initiatives	07/01/2022	06/30/2023	Ivan Jara	On Track	Partnership with PC Hope Housing Navigation Center. Housing Transition Navigation Services and Housing Tenancy and Sustaining Services. Continued Bi-weekly meetings with Tulare County.

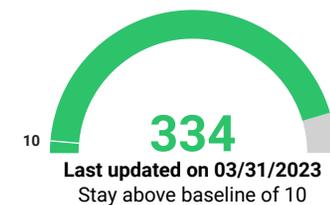
Increase Humana membership



Annual Assessment of Humana MA Open HCCs



Enhanced Care Management Growth



# Throughput Steering Committee

May 2023



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

# Performance Scorecard

## Leading Performance Metrics – Inpatient & Observation

Metric	Patient Type	Definition	Goal	Baseline (Monthly Average or Median)	Discharge Date				
					12/1/2022 to 4/30/2023				
<b>Observation Average Length of Stay (Obs ALOS)</b> <i>(Lower is better)</i>	<b>Overall</b>	Average length of stay (hours) for observation patients	<b>36</b>	<b>53.81</b>	<b>Dec 2022</b>	<b>Jan 2023</b>	<b>Feb 2023</b>	<b>Mar 2023</b>	<b>Apr 2023</b>
					<b>69.39</b>	<b>62.43</b>	<b>48.66</b>	<b>53.44</b>	<b>41.46</b>
<b>Inpatient Average Length of Stay (IP ALOS)</b> <i>(Lower is better)</i>	<b>Overall</b>	Average length of stay (days) for inpatient discharges	<b>5.64</b>	<b>6.10</b>	<b>Dec 2022</b>	<b>Jan 2023</b>	<b>Feb 2023</b>	<b>Mar 2023</b>	<b>Apr 2023</b>
					<b>6.35</b>	<b>6.48</b>	<b>6.72</b>	<b>5.54</b>	<b>5.45</b>
<b>Inpatient Observed-to-Expected Length of Stay</b> <i>(Lower is better)</i>	<b>Overall</b>	Observed LOS / geometric mean length of stay for inpatient discharges	<b>1.32</b>	<b>1.56</b>	<b>Dec 2022</b>	<b>Jan 2023</b>	<b>Feb 2023</b>	<b>Mar 2023</b>	<b>Apr 2023</b>
					<b>1.60</b>	<b>1.65</b>	<b>1.67</b>	<b>1.40</b>	<b>1.40</b>
<b>Discharges</b>	Inpatient	Count of inpatient discharges	<b>N/A</b>	<b>1,230</b>	<b>Dec 2022</b>	<b>Jan 2023</b>	<b>Feb 2023</b>	<b>Mar 2023</b>	<b>Apr 2023</b>
	Observation	Count of observation discharges	<b>N/A</b>	<b>371</b>	<b>1,287</b>	<b>1,226</b>	<b>1,139</b>	<b>1,350</b>	<b>1,190</b>
	<b>Overall</b>	Count of inpatient and observation discharges	<b>N/A</b>	<b>1,601</b>	<b>343</b>	<b>383</b>	<b>320</b>	<b>422</b>	<b>394</b>
					<b>1,630</b>	<b>1,609</b>	<b>1,459</b>	<b>1,772</b>	<b>1,584</b>

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

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

\*Baseline calculation - previous 6 months

# Performance Scorecard

## Leading Performance Metrics – Emergency Department

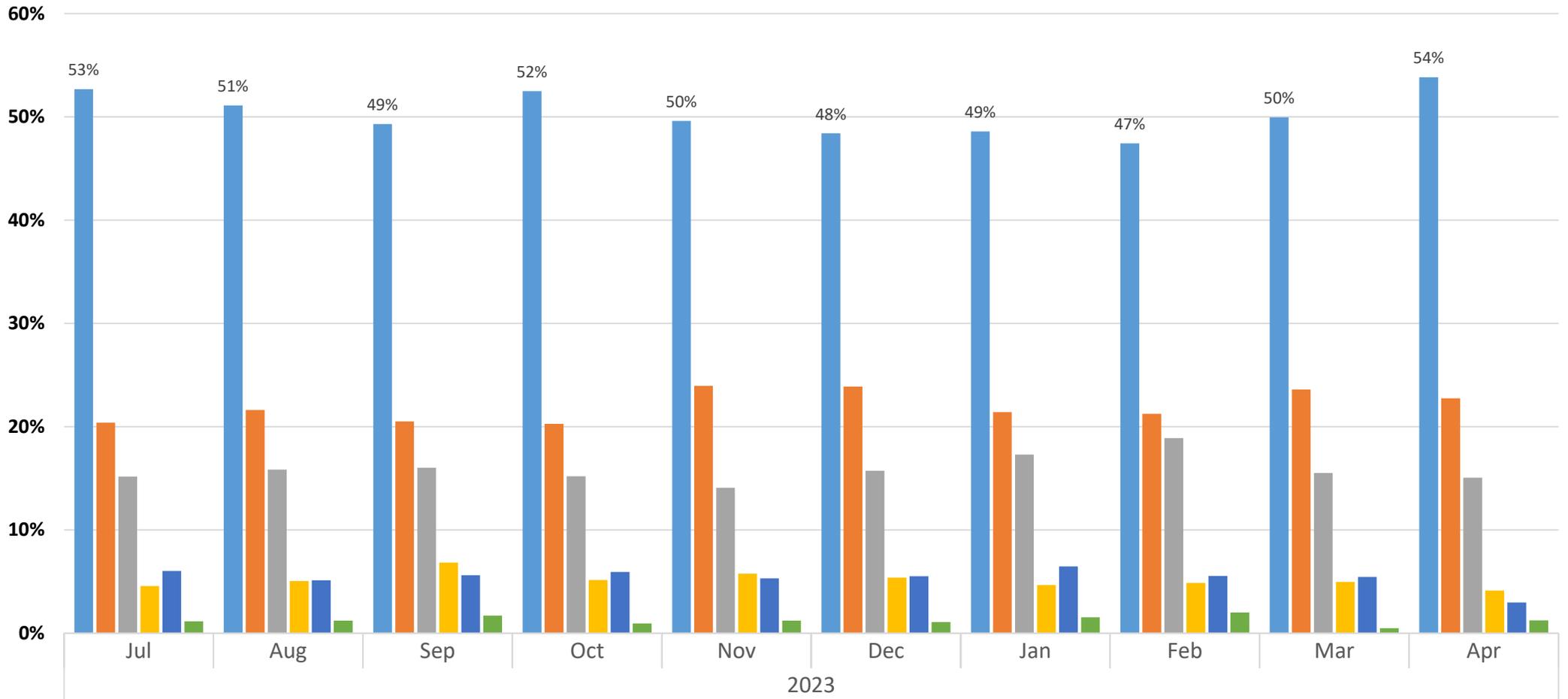
Metric	Patient Type	Definition	Goal	Baseline (Monthly Average or Median)	Check In Date and Time 12/1/2022 12:00:00 AM to 4/30/2023 11:59:59 PM				
					Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023
<b>ED Boarding Time</b> <i>(Lower is better)</i>	Observation	Count of observation discharges	<b>259</b>	<b>247</b>					
	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	<b>287</b>	<b>297</b>	<b>607</b>	<b>330</b>	<b>294</b>	<b>224</b>	<b>124</b>
	<b>Overall</b>	Median time (minutes) for admission order written to check out for inpatients and observation patients	<b>286</b>	<b>248</b>	<b>610</b>	<b>335</b>	<b>298</b>	<b>223</b>	<b>124</b>
<b>ED Admit Hold Volume Overall &gt;4 Hours</b> <i>(Lower is better)</i>		Count of patients (volume) with ED boarding time $\geq$ 4 hours	<b>N/A</b>	<b>539</b>	<b>824</b>	<b>630</b>	<b>590</b>	<b>532</b>	<b>137</b>
<b>ED Average Length of Stay (ED ALOS)</b> <i>(Lower is better)</i>	Discharged	Median ED length of stay (minutes) for discharged patients	<b>214</b>	<b>270</b>	<b>273</b>	<b>272</b>	<b>278</b>	<b>266</b>	<b>265</b>
	Inpatients	Median ED length of stay (minutes) for admitted inpatients	<b>612</b>	<b>677</b>	<b>1,060</b>	<b>767</b>	<b>711</b>	<b>628</b>	<b>492</b>
	Obsrevation	Median ED length of stay (minutes) for observation patients	<b>577</b>	<b>696</b>	<b>1,199</b>	<b>880</b>	<b>743</b>	<b>625</b>	<b>488</b>
	<b>Overall</b>	Median ED length of stay (minutes) for admitted and discharged patients	<b>N/A</b>	<b>336</b>	<b>358</b>	<b>343</b>	<b>347</b>	<b>331</b>	<b>312</b>
<b>ED Visits</b>	Discharged	Count of ED visits for discharged patients	<b>N/A</b>	<b>4,509</b>	<b>4,269</b>	<b>4,541</b>	<b>4,212</b>	<b>4,639</b>	<b>4,941</b>
	Inpatient	Count of ED Visits for admitted patients	<b>N/A</b>	<b>1,104</b>	<b>1,149</b>	<b>1,105</b>	<b>1,032</b>	<b>1,181</b>	<b>1,057</b>
	Obsrevation	Count of ED Visits for observation patients	<b>N/A</b>	<b>377</b>	<b>359</b>	<b>401</b>	<b>316</b>	<b>399</b>	<b>420</b>
	<b>Overall</b>	Count of ED visits	<b>N/A</b>	<b>5,990</b>	<b>5,777</b>	<b>6,047</b>	<b>5,560</b>	<b>6,219</b>	<b>6,418</b>

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

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

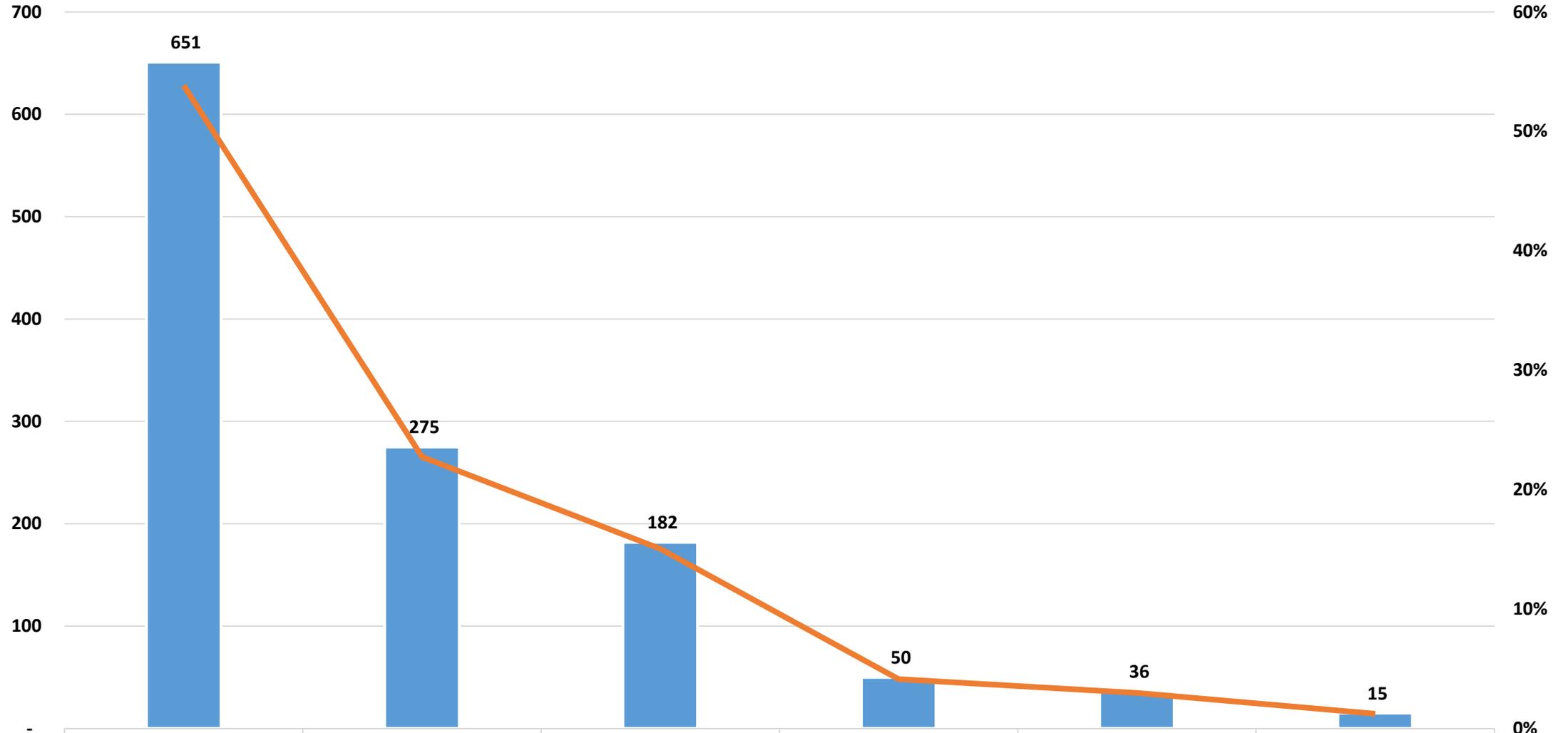
\*Baseline calculation - previous 6 months

# FY23 Overall LOS Distribution



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
at GMLOS or Better	53%	51%	49%	52%	50%	48%	49%	47%	50%	54%
1-2 days over GMLOS	20%	22%	21%	20%	24%	24%	21%	21%	24%	23%
2-6 days over GMLOS	15%	16%	16%	15%	14%	16%	17%	19%	16%	15%
6-10 days over GMLOS	5%	5%	7%	5%	6%	5%	5%	5%	5%	4%
10-30 days over GMLOS	6%	5%	6%	6%	5%	6%	6%	6%	5%	3%
30+ days over GMLOS	1%	1%	2%	1%	1%	1%	2%	2%	0%	1%

# Apr FY 2023 Overall LOS Distribution



Count of Visits  
% of Visits

at GMLOS or Better	651	275	182	50	36	15
	54%	23%	15%	4%	3%	1%

## Patient Throughput Updates –April 2023

Update	Next Steps
<p><b>Patient Progression:</b></p> <ul style="list-style-type: none"> <li>• New tracking sheet to monitor throughput supervisor rounding and input for discharges.</li> <li>• Permanent location found in ED old intake triage area. Flooring will be completed May 15<sup>th</sup>.</li> <li>• Next SNF Quarterly meeting June 1, 2023 held at Lindsay Gardens</li> <li>• Throughput Supervisors are back to work this last month after flexing to cover HS on NOCs for the last 2 months.</li> </ul>	<p><b>Patient Progression:</b></p> <ul style="list-style-type: none"> <li>• Continue to focus on patients here 1-10 days over LOS and work with physicians on utilizing outpatient services for patients instead of keeping them here.</li> <li>• Throughput Supervisors working on staff orientation education. Will roll out in ongoing orientation as well as in staff meetings routinely</li> <li>• Pending staffing committee approval for discharge lounge positions. Committee meets 5/17/23 for approval.</li> </ul>
<p><b>ED to Inpatient Admission Process:</b></p> <ul style="list-style-type: none"> <li>• Implementation of staffing by demand matrix for the ED RNs</li> <li>• Initiating RN:RN hand-off, mitigating delays (sent to Clin ED for essential info flier for implementation)</li> <li>• ED launch point auto update with bed status with Cap-man go live</li> <li>• initiation of the RN:RN hand off guiding principals has been implemented.</li> </ul>	<p><b>ED to Inpatient Admission Process:</b></p> <ul style="list-style-type: none"> <li>• Work with ED and 1E teams to develop workflow for transporting pts to floor in a timely manner instead of waiting for transport.</li> <li>• Work on data capture from capman for time bed assignment received clean and ready bed to time pt arrives on unit.</li> <li>• Report was requested for CapMan Metrics on March 16<sup>th</sup>. Still not assigned – SD-280288.</li> </ul>
<p><b>Long Stay Committee:</b></p> <ul style="list-style-type: none"> <li>• Have gotten 55 long stay patients out month of April. Longest stay was 137 days.</li> <li>• Last 2 observation patients (273 days and 153 days) should be discharged by this meeting.</li> <li>• Now hold throughput huddle on Wednesday on ALL patients over their GMLOS. Hold with all CM and PFS teams for each unit.</li> </ul>	<p><b>Long Stay Committee:</b></p> <ul style="list-style-type: none"> <li>• Continue to work through weekly meeting format</li> <li>• Develop reporting tools to track progress</li> </ul>

## Patient Throughput Updates – April 2023

Update	Next Steps
<p><b>Patient Placement:</b></p> <ul style="list-style-type: none"> <li>No Update – Monitoring patient placement by diagnosis.</li> </ul>	<p><b>Patient Placement:</b></p>
<p><b>Observation Program:</b></p> <ul style="list-style-type: none"> <li>2South admitting most observation patients being admitted</li> <li>4/25/23 Met with key admitting providers (VHMG, FHCN, Humana) and establish function of Observation Unit. Gained support and their partnership as we move forward.</li> <li>5/5/23 Met with ED Medical Director and ED Resident Program Director to review collaborative needs when admitting observation pts</li> </ul>	<p><b>Observation Program:</b></p> <ul style="list-style-type: none"> <li>Tracy Salsa to work with Cheryl Clark on stress test and echo optimization for observation patient</li> <li>Finalize Power Plan Changes and submit for change to ISS</li> <li>When order sets ready for review, schedule another meeting with VHMG, FHCN, Humana on changes and also review process when there are differences in opinion about admitting or not with ED</li> <li>Case mgmt. leadership provide resources to ED physicians</li> <li>Go live date established of CM and admitting provider entering status order</li> <li>Create data dashboard</li> </ul>
<p><b>ED Care Model Redesign</b></p> <ul style="list-style-type: none"> <li><b>Weekly meetings to evaluate workflows. Spaghetti diagrams to streamline workflows. Committee members engagement: Providers, NSG leadership, Frontline staff</b></li> <li>Design an ED surge plan independent of hospital surge plan</li> <li>Education on ED workflows, ED surge plan</li> <li>Go-live changes in intake and zone 1 4/17/2023</li> </ul>	<p><b>ED Care Model Redesign</b></p> <ul style="list-style-type: none"> <li>Monthly check-in with the ED workflow and process group, encouraging the team to bring up concerns and pain points to help streamline the new process</li> <li>Evaluations and audits on proper escalation of surge plan usage.</li> </ul>
<p><b>Transfer Center Operations:</b></p> <ul style="list-style-type: none"> <li>Continued issue with reports out of CapMan, continue to work with ISS, but it has become a very manual process to get correct data out of the system.</li> </ul>	<p><b>Transfer Center Operations:</b></p> <ul style="list-style-type: none"> <li>Mtg with ISS 5/24/23 to go over issues with CapMan.</li> <li>Work with physician leadership to share statistics and education to various groups on cost of denying transfers, and sending transfers out to other facilities when we can service the patients needs here.</li> </ul>