April 21, 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 April 26, 2023: 4:00PM Open Meeting; 4:01PM Closed meeting pursuant to Government Code 54956.9(d)(1), Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155; 5:00PM 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, or on the Kaweah Delta Health Care District web page http://www.kaweahhealth.org.

KAWEAH DELTA HEALTH CARE DISTRICT
Mike Olmos, Secretary/Treasurer

Cindy Moccio

Cindy Moccio
Board Clerk / Executive Assistant to CEO

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

KAWEAH DELTA HEALTH CARE DISTRICT
BOARD OF DIRECTORS MEETING

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

Wednesday April 26, 2023

OPEN MEETING AGENDA {4:00PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
4. **APPROVAL OF THE CLOSED AGENDA – 4:01PM**
   - 4.1. **Conference with Legal Counsel** – 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
   - 4.2. **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*

4.3. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee —*Evelyn McEntire, Director of Risk Management*

4.4. **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*

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

4.6. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Daniel Hightower, MD, Vice Chief of Staff*

4.7. **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.

Action Requested – Approval of the April 26, 2023 closed meeting agenda.

5. ADJOURN

CLOSED MEETING AGENDA {4:01PM}

1. CALL TO ORDER

2. CONFERENCE WITH LEGAL COUNSEL – Existing Litigation – Pursuant to Government Code 54956.9(d)(1)

A. 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
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Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management

Mike Olmos – Zone I Secretary/Treasurer | *Lynn Havard Mirviss – Zone II Vice President* | *Garth Gipson – Zone III Board Member* | *David Francis – Zone IV President* | *Ambar Rodriguez – Zone V Board Member*

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3. **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

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

   Evelyn McEntire, Director of Risk Management

5. **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

6. **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

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

   Daniel Hightower, MD, Vice Chief of Staff

8. **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.

   Action Requested – Approval of the closed meeting minutes – March 22, 2023.

9. **ADJOURN**

OPEN MEETING AGENDA {5:00PM}

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

Mike Olmos – Zone I Secretary/Treasurer | *Lynn Havard Mirviss – Zone II Vice President* | *Garth Gipson – Zone III Board Member* | *David Francis – Zone IV President* | *Ambar Rodriguez – Zone V Board Member*

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4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.

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

6. **RECOGNITIONS** – *Mike Olmos*

   6.1. 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.

   6.2. 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.

   6.3. 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.

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.
   Daniel Hightower, MD, Vice Chief of Staff

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

   Recommended Action: Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provision al status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provision al status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff be approved or reappointed (as applicable), as attached, to the organized medical

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staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files.

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

Daniel Hightower, MD, Vice 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 Consent Calendar.

9.1. REPORTS

A. Physician Recruitment
B. Risk Management
C. Oncology Services
D. Strategic Plan

9.2. Approval of rejection of claim – Candace D. Nilo vs. Kaweah Health.

9.3. Approval of rejection of claim – Gail Robinson vs. Kaweah Delta Health Care District.

9.4. POLICIES – Administrative

A. AP.72 – Litigation, Handling Medical Records {Revised}
B. AP.84 – Mileage Reimbursement {Revised}
C. AP.139 – Suspected Illegal Substances {Revised}
D. AP.143 – Parking Citation Appeal {Revised}
E. AP.159 – Patient Property and Valuables {Revised}

9.5. POLICIES – Human Resources - as reviewed and recommended to be submitted to the Board on March 23, 2023.

A. HR.145 - Family Medical Leave Act {Revised}
B. HR.149 - Bereavement Leave {Revised}
C. HR.184 - Attendance & Punctuality {Revised}
D. HR.218 - Notification Requirements, Pre-Determination Process {Revised}
E. HR.234 - Paid Time Off {Revised}
F. HR.244 - Paid Family Leave {Revised}

9.6. Recommendation from the Medical Executive Committee on 04/2023.

A. Critical Care Core Privileges – Privileges in Critical Care, Pulmonary & Sleep Medicine.

Mike Olmos – Zone I Secretary/Treasurer | *Lynn Havard Mirviss – Zone II Vice President* | *Garth Gipson – Zone III Board Member* | *David Francis – Zone IV President* | *Ambar Rodriguez – Zone V Board Member*

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9.7. Approval of Resolution 2188 to Carolta Otero in recognition of her retirement from Kaweah Health with 36 years of service.

9.8. Approval of Western Alliance Bank Governament Agency / Municipality/Public Entity Resolution and Account Agreement.

9.9. Approval of the Kaweah Delta Health Care District dba Kaweah Health Graduate Medical Education diplomas certifying that the Kaweah Delta Health Care District duties for each residency has been fulfilled.

Anesthesiology
Tawny Ann Louie, DO
Garrett Morgan, DO
Sang Mun Park, DO
Van Nancy Trinh, DO

Emergency Medicine
Elvin Kenneth Diaz, DO
Inbal Sarah Epstein, MD
Jorge Garcia, MD
Jessi Crystina Hill, DO
Nancy Huynh, DO
Andrew Moss, MD
Richard Jong Hyun Nho, DO
Tamy Yesi Rojas, DO
Preya S. Sheth, MD
Brian Carter Strain, DO
Aaron Justin Thurman Wille, MD
Rachelle M. Yellin, DO

Family Medicine
Anuoluwapo Adediji, MD
Armando Jesus Cervantes, MD
Ivana Choudhury, DO
Mark Safwat Said, MD
Reshma Shiwdin, DO
Roxanne Talamayan-Pascua, MD
Catherine Julee Whitlach, MD

Psychiatry
Matthew Bonn, DO
Gursimran Singh Kehal, DO
Jeri Lynn Watson, DO
Reza John Emami, MD
Luis Cyrus Montes De Oca, DO
Sarah Lee, DO

Surgery
Brian Sang Chu, MD
Chih Cheng Lee, MD
Joshua Michael Szynkowski, MD

Prelim Surgery
Rukia Isabel Yosuf, MD

Transitional Year
Rosalie Cynda Ellis, DO
Nathaniel Adam Heldt, MD
Shubhika Jain, MD
Michael Corbin Lethin, DO
Kendra Q Lian, MD
Katherine Miotke, DO
Victoria Nguyen, DO
Jared Lee Olson, DO
James Quang Pham, MD
Vivek Attri Sharma, DO
Ethan Zee Sy, DO
Teagan Tran, DO

Fellowship
Michael Niechayev, MD - Ultrasound
Alfredo Guerrero, DO - Ultrasound

Mike Olmos – Zone I Secretary/Treasurer | *Lynn Havard Mirviss – Zone II Vice President* | *Garth Gipson – Zone III Board Member* | *David Francis – Zone IV President* | *Ambar Rodriguez – Zone V Board Member*

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10. **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.

    Mara Miller, Pharmacy Coordinator and James McNulty, Director Pharmacy Health System

11. **STRATEGIC PLAN - IDEAL WORK ENVIRONMENT** – Detailed review of Strategic Plan Initiative.

    Dianne Cox, Chief Human Resources Officer & Raleen Larez, Director of Employee Relations and Engagement

12. **PATIENT THROUGHPUT PERFORMANCE** - Review of patient throughput performance improvement progress report.

    Jag Batth, Chief Operating Officer

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

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

14. **BOARD BYLAWS –** Review and requested approval of the revised Kaweah Delta Health Care District Board of Directors Bylaws.

    Gary Herbst, Chief Executive Officer

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

    Action Requested – Approval of the April 26, 2023 Board of Directors Bylaws.

15. **REPORTS**

    15.1. Chief Executive Officer Report - Report relative to current events and issues.
    Gary Herbst, Chief Executive Officer

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

16. **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.

Mike Olmos – Zone 1 Secretary/Treasurer | *Lynn Havard Mirviss – Zone 2I Vice President* | *Garth Gipson – Zone 3 Board Member* | *David Francis – Zone 4 President* | *Ambar Rodriguez – Zone 5 Board Member*

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KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY APRIL 26, 2023

CLOSED MEETING SUPPORTING DOCUMENTS

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KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

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WEDNESDAY APRIL 26, 2023

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PAGES 9-83

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MARCH 22, 2023 AT 4:00PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Havard Mirviss, Gipson, Rodriguez & Olmos; G. Herbst, CEO; M. Manga, MD, Chief of Staff, K. Noeske, CNO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; D. Cox, Chief Human Resources Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

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

Director Francis entertained a motion to approve the agenda.

MMSC (Havard Mirviss/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 – ANTICIPATED LITIGATION –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) **–** 4 Cases - *Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*
- **CREDENTIALING -** Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 - *Monica Manga, MD Chief of Staff*
- **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee - *Monica Manga, MD Chief of Staff*
- **APPROVAL OF THE CLOSED MEETING MINUTES** – February 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 (Olmos/Rodriguez) to approve the March 22, 2023 closed agenda. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

ADJOURN - Meeting was adjourned at 4:01PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MARCH 22, 2023 AT 4:30PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 4:45PM by Director Francis.

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

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

OPEN MINUTES – Request approval of the open meeting minutes February 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 (Olmos/Havard Mirviss) to approve the open minutes from February 22, 2023. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

RECOGNITIONS

Presentation of Resolution 2184 to Mark Quesada in recognition as the Kaweah Health World Class Employee of the Month recipient – February 2023.

Presentation of Distinguished Physician Award Winners 2023- as nominated and voted on by nurses in shared decision making through the Professional Practice Council.

- Teacher: Samuel Matsuo, MD
- Professional Collaboration: Ashish Loomba, MD
- Communication: Lu Zhao, MD
- Compassionate Care: Christian Borberg, MD
- Patient Advocacy: Ankita Luthra, MD

Notation of Distinguished Physician Resident Award Winners 2023- as nominated and voted on by nurses in shared decision making through the Professional Practice Council {awards presented at a GME event}.

- Teacher: Eduardo Amezcua, MD
- Professional Collaboration: Matthew Bonn, DO
- Communication: Yusuf Sherzad, MD
- Compassionate Care: Alex Petrak, MD
- Patient Advocacy: Rubani Sidhu, MD

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 (Rodriguez/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 – *Monica Manga, MD, Chief of Staff*

- There are several performance improvement projects taking place.

CONSENT CALENDAR – Director Francis entertained a motion to approve the consent calendar. Director Olmos requested the removal of item 9.1D {Reports – Environment of Care} (copy attached to the original of these minutes and considered a part thereof.

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

MMSC (Havard Mirviss/Rodriguez) to approve the consent calendar with the removal item 9.1D {Reports – Environment of Care} and item 9.2 {Designation of administrator for Skilled Nursing Unit}. *This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis*

- 9.1D {Reports – Environment of Care} – Director Olmos inquired about infection prevention dashboard. It was noted that we are working with the staff to identify where

we have opportunities to improve areas of deficiency. Director Olmos noted his expectation is to put a system in place to hold the areas that are not compliant accountable. Director Francis inquired about supply storage, it appears that this is an ongoing issue.

- 9.2 Designation of Administration for Skilled Nursing Unit – Director Gipson requested clarification for this request. Mr. Herbst noted that we are required by regulatory requirements to name an administrator of our skilled nursing unit. This is not a new position.

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

MMSC (Olmos/Gipson) to approve item 9.1D {Reports – Environment of Care} and item 9.2 {Designation of Administrator for Skilled Nursing Unit. *This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis*

STRATEGIC PLAN – Empower Through Education – Detailed review of Strategic Plan Initiative (copy attached to the original of these minutes and considered a part thereof) - *Lori Winston, MD, FACEP, Chief Medical Education Officer, Designated Institutional Official & Lacey Jensen, Director of Clinical Education*

QUALITY REPORT – Fall Prevention – A review of the Kaweah Health fall prevention program metrics and action plans (copy attached to the original of these minutes and considered a part thereof) - *Emma Camarena, RN, Director of Nursing Practice*

QUALITY REPORT – Hand Off Communication – A review of key quality metrics and action plans related to enhanced hand off communication processes within Kaweah Health Medical Center (copy attached to the original of these minutes and considered a part thereof) - *Frank Martin, RN, Director of Trauma Program*

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

2021/2022 ANNUAL INSTITUTIONAL REVIEW BOARD – Graduate Medical Education annual institutional review and Institutional Statement of Commitment to Graduate Medical Education (copy attached to the original of these minutes and considered a part thereof) - *Lori Winston, MD, FACEP, Chief Medical Education Officer, Designated Institutional Official*

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/Rodriguez) Approval of the Institutional Statement of Commitment to Graduate Medical Education. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

BYLAWS & JOB DESCRIPTIONS – Discussion and proposal to incorporate all the current job descriptions "responsibilities" into the Bylaws and have them signed by the entire Board

annually as acknowledgement of the responsibilities and obligations as a member of the Kaweah Delta Health Care District Board of Directors.

- The Board agreed to incorporate the current job descriptions "responsibilities" into the Bylaws and for the new draft Bylaws to return to the Board for action at the April Board meeting.

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*

REPORTS

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

- The Medical Center is very busy, 96% occupancy. Respiratory season is coming to an end. We have a lot of capacity in critical care.
- Some events coming up – April 5th the annual Celebration of Life event at the Kaweah Park at 10:00AM. This Saturday is the Medical Staff spring fling - the Board is invited.
- We continue to engage with our federal and state legislators and we are feeling hopeful that there will be a one-time funding for California hospitals. We are continuing our efforts.

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

- No Report.

ADJOURN - Meeting was adjourned at 7:32PM

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 2185

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Wendy Parsons, RN, with the World Class Service Excellence Award for the Month of March 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 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 26th day of April 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

Wendy Parsons – March 2023 Employee of the Month

Comments: Wendy exemplifies world class care by going above and beyond for her patients and the staff on the unit EVERY single shift! She is a compassionate, reliable, and dedicated employee! The work she does is extraordinary because she is always looking for ways to improve and make the unit better with her roles of nurse and charge nurse. When Wendy is charge, we know we can always count on her with any concern or tough question we have. She will go out of her way to help us by making calls or researching until she finds the answer. She is an advocate for the patients and is always looking for ways to improve the quality of care they receive. There are a million good things I can say about Wendy, but something I will never get tired of saying is that, when times get tough and there's Erian RRT, code, or overwhelming shift, there is nobody I want more by side than Wendy!! The unit and Kaweah is truly blessed to have a such a wise and resourceful nurse who has strong values and always follows her heart. She is my role model.

RESOLUTION 2186

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

PASSED AND APPROVED this 26th day of April 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

Erin has always made herself available to her teams and her patients. Her dedication to patient care is evident in the way she makes herself available in any role she has. We have been fortunate to have Erin as a manager, educator and now as a medication safety specialist. Her love for neuro and cardiac helped tremendously during the pandemic when our neuro patients were admitted to CVICU, where the CVICU nurses were unsure what to do with all the neuroscience and neuro equipment. Erin was able to educate and help the CVICU RNs become experts at providing care for our neuro patients. She also worked diligently to develop processes and education for patients with COVID. Erin has excelled as the Med Safety RN, helping to improve ED BCMA to benchmark and elevating Heparin infusion practice, just to name a few. Erin helps empower the nurses to improve their practice by encouraging, educating and being present – people embrace changes due to her approach. Erin continues to pick up shifts in critical care where she finds opportunities for improvement in medication safety. She brings those issues forward and works with the med safety pharmacists to help improve practice for staff and improve patient care and outcomes. Erin has immense compassion and understanding for patients and the patient care team. Some of our best outcomes can be directly attributed to Erin's leadership, commitment and expertise –we are so grateful to have Erin on the team.

RESOLUTION 2187

WHEREAS, Crystal Clark, Data Reporting Manager has served as a dedicated staff member of Kaweah Delta Health Care District dba Kaweah Health for twenty-two years;

WHEREAS, the California Department of Health Care (DHCS) which oversees the Quality Incentive Pool (QIP) program whose statewide quality program participants include the District Municipal Public Hospitals (DMPHs) and Designated Public Hospitals (DPHs – all of the County and University of California Hospital systems), and;

WHEREAS, Ms. Clark was awarded the QIP MVP award by her colleagues from the DMPH and DPH acknowledging her commitment to further goals and driving the success of the QIP program.

WHEREAS, this recognition demonstrates how she exemplifies the component of the Kaweah Health Mission "Excellence is our focus".

NOW THEREFORE, BE IT RESOLVED, that the Board of Directors of the Kaweah Delta Health Care District on behalf of themselves, the Medical Center Staff, and the Community they represent, hereby extend their appreciation to Crystal Clark and in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND ADOPTED by unanimous vote of those present at a regular meeting of the Board of Directors of the Kaweah Delta Health Care District on the 26th day of April 2023.

_____

President, Kaweah Delta Health Care District

ATTEST:

_____

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

Physician Recruitment and Relations

Medical Staff Recruitment Report - April 2023

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

Date prepared: 4/19/2023

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

Valley Hospitalist Medical Group	
GI Hospitalist	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 Hospialist	1

Candidate Activity

#	Specialty	Group	Date Added	Current Status
1	EP Cardiology	Sequoia Cardiology Medical Group	1/27/2023	Initial phone call completed.
2	Orthopedic Trauma	Orthopaedic Associates Medical	11/14/2022	Offer being discussed
3	Rheumotology	Key Medical Associates	2/23/2023	Pending potential offer
4	EP Cardiology	Sequoia Cardiology Medical Group	3/30/2023	Pending initial phone call
5	Family Medicine	Key Medical Associates	3/17/2023	Pending initial phone call
6	General Surgery - Trauma	ACTS	2/28/2023	Pending initial phone call
7	Medical Oncology	Sequoia Oncology Medical Associates	9/27/2023	Site Visit: 10/21/22. Offer
8	Orthopedic Trauma	Orthopaedic Associates Medical	8/18/2022	Currently under review
9	General Surgery - Trauma	ACTS	3/27/2023	Currently under review
10	Cardiothoracic Surgery	Stanford	4/5/2023	Site visit pending dates
11	OB/GYN	Visalia OB/GYN	4/4/2023	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	Pediatric Hospitalist	Valley Children's	1/16/2023
4	Orthopedic - Trauma	Orthopaedic Associates	4/4/2023

Offer Accepted

#	Specialty	Group	Date Candidate Signed	Expected Start Date
1	Anesthesia Critical Care	Oak Creek Anesthesia	11/8/2022	ASAP
2	Intensivist	Central Valley Critical Care	1/20/2023	Summer 2023
3	Neonatology	Valley Children's	9/10/2022	Summer 2023
4	Neonatology	Valley Children's	12/1/2022	5/1/2023
5	Neonatology	Valley Children's	10/18/2022	Summer 2023
6	CRNA	Oak Creek Anesthesia	12/20/2022	ASAP
7	CRNA	Oak Creek Anesthesia	11/8/2022	ASAP
8	Anesthesia - General	Oak Creek Anesthesia	2/1/2023	
9	Hospitalist	Valley Hospitalist	3/15/202	Summer 2023
10	CRNA	Oak Creek Anesthesia	Pending	Summer 2023

BOD Risk Management Report – Open
1st Quarter 2023

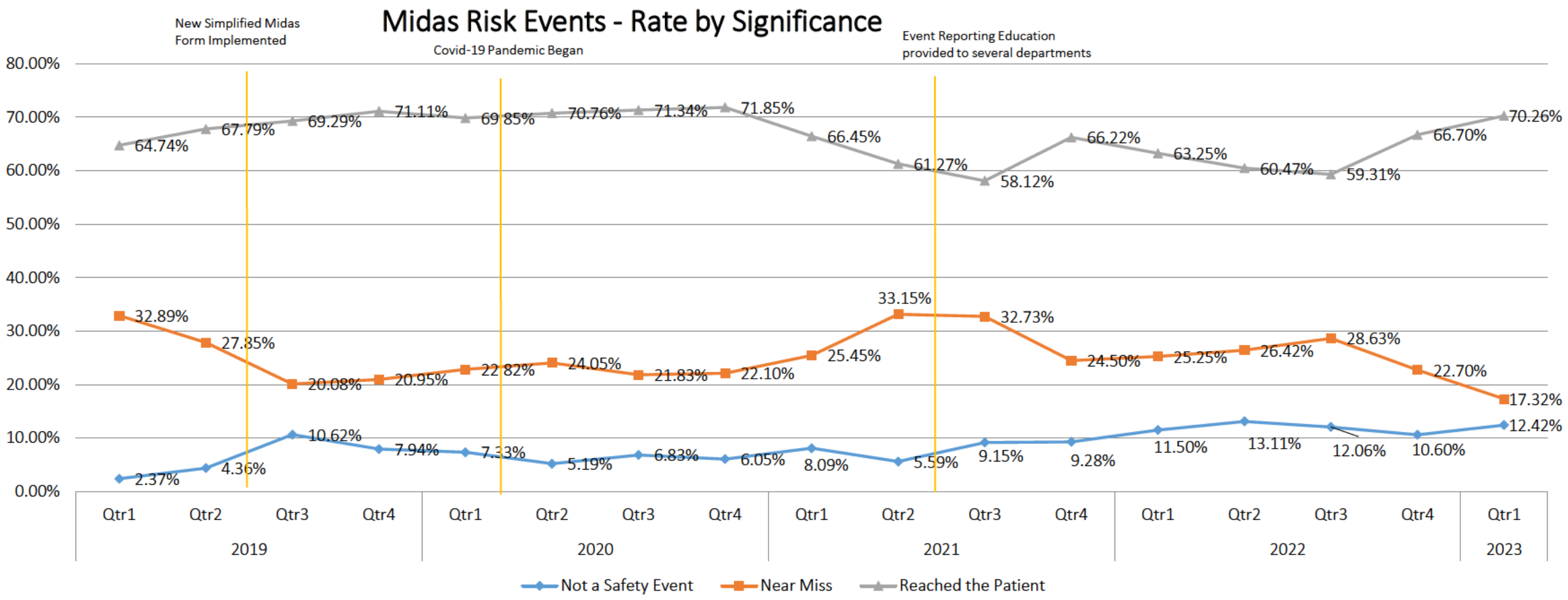
Evelyn McEntire, Director of Risk Management
559-624-5297/emcentir@kaweahhealth.org

Risk Management Goals

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

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

3. Reduce frequency and severity of claims.



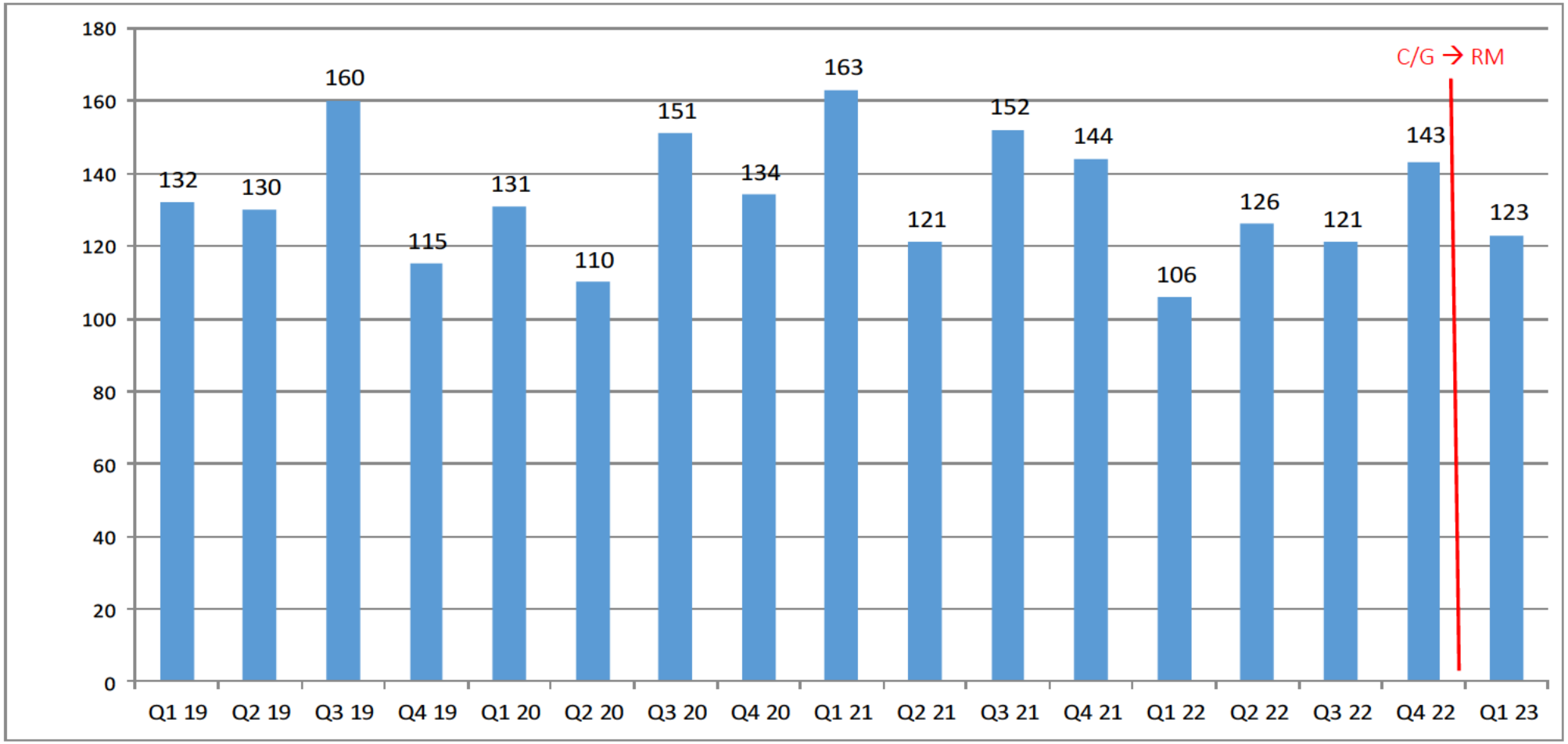
This graph represents the total number of Midas event reports submitted per quarter. They are also categorized by "Not a safety event," "Near miss," or "Reached the patient."

Goal: To increase the total number of event reports submitted by staff/providers while decreasing those events which reach the patient.

kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.

Complaints & Grievances
2019-2023

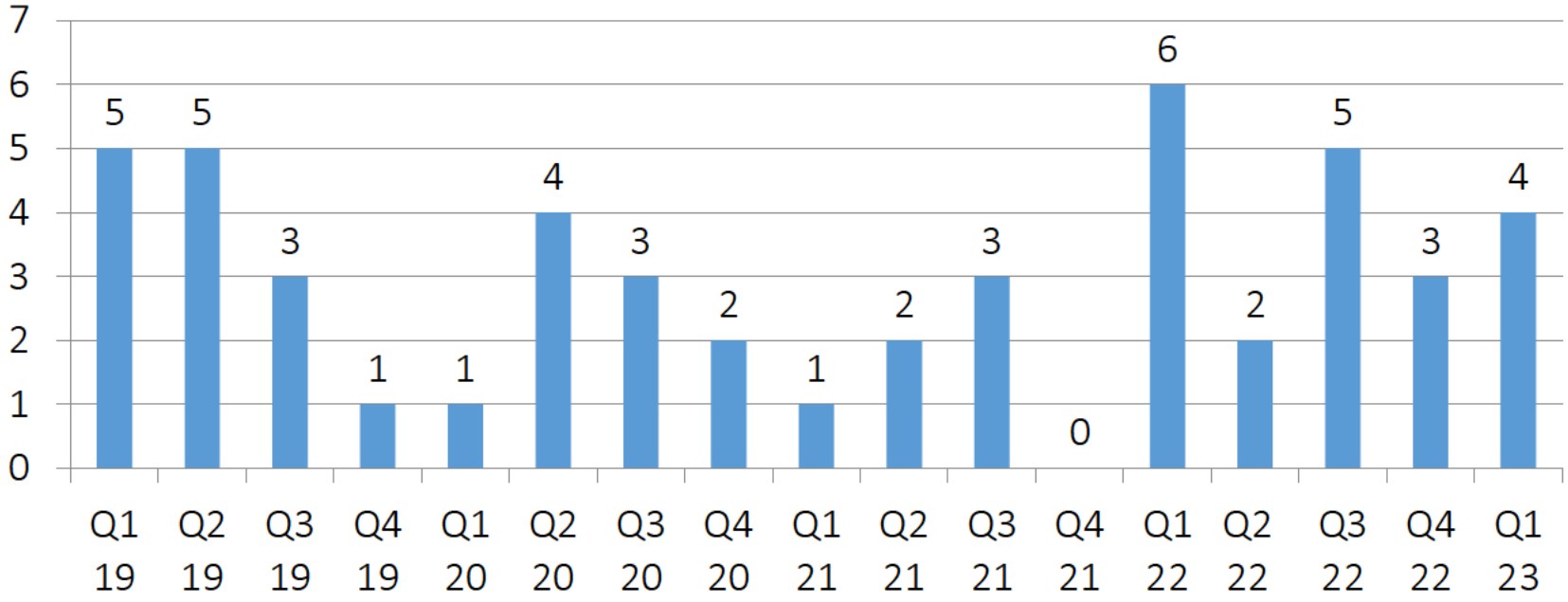


Trends:

- Clinical Care- Provider
- Clinical Care – Staff
- Communication - Staff

Claims

2019 - 2023



New Claims Received per Quarter

Total cases closed during 1st Quarter 2023 – (1) One

2023 REPORT TO THE BOARD OF DIRECTORS ONCOLOGY SERVICES

Radiation Oncology Services
Medical-Oncology 3South

Renee S Lauck, Director, Imaging & Radiation Oncology Services (559) 624-2345
Emma Mozier, MSN, RN, CNML Director of Medical Surgical Services (559) 624-2825
March 28, 2023

Summary of Joint Venture
Reported separately on financial Metrics report presented at finance property & Acquisition meeting.

Radiation Oncology
Radiation Oncology saw a decline in revenue in FY 22 with a projected increase for FY 23, as we begin ramping up our schedule.

FY 22 was a year of transition as we replaced one of our old linear accelerators. Radiation Oncology treatments were scheduled on one machine for just over 10 months. Our staff and physicians treated from 7 am to 8 pm M-F. During construction and the delivery process for equipment, we had several supply chain delays.

While our patient cases have increased from year to year, our treatments are down for each patient we see. For example, a patient previously may have received a 6-week course of treatment with daily radiation; they now receive a 3-week course of treatment. Physicians at SRCC are utilizing the latest protocols from the radiation therapy oncology group (RTOG), which is the gold standard in radiation oncology. We believe the lower patient treatment volume in FY 22 and the projected volume for FY 23 is due to several items, which include;

- Staffing and scheduling challenges working on one unit in late FY 22 and the first half of FY 23.
- Bundling of charges with CT simulation and IMRT cases. CT simulation is now bundled into the planning charge.

Indirect costs projected in FY 23 are up with associated depreciation for the new equipment as well as utility costs.

Hanford SRCC continues to struggle with volume. The insight is that there is a lack of surgeons at Adventist, in Hanford. We have not seen volume as in previous years when we worked with breast surgeons in Hanford. They have a breast surgeon from Fresno who is there twice a month.

We do believe the combined volume will be higher than 21,905 UOS, for FY 23.

Combined total for Visalia and Hanford	*FY 2021*	*FY 2022*	*Projected FY 23;*
• Patient Treatments	25,547	24,042	21,905
• Patient Cases	3147	3393	3429
• Net Revenue	$8,754,048	$7,699,292	$7,848,559
• Direct Cost	$6,603,510	$6,477,484	$6,287,387
• Contribution Margin	$2,150,538	$1,221,808	$1,561,172
• Indirect Cost	$8,778	$6,948	38,054
• Net Income	$2,141,760	$1,214,860	$1,523,118
• Net Revenue/Treatment	$325	$356	$358
• Direct Cost/Treatment	$258	$275	$287
• Contribution Margin/Treatment	$67	$81	$71

Radiation Oncology Operational Summary

Radiation Oncology Services Include;

- External radiation treatments for inpatients at KHMC and Adventist Hospital are treated at both locations. *80*% of radiation oncology volume is completed in Visalia.
- The bulk of our service is for outpatient care completed in Visalia and performed on the latest technology, the *Truebeam Linear Accelerators, exactrac and brainlab*. We started treating patients on our second Truebeam in December 2022. Our Brainlab system is the only one of its kind in the central valley.
- Comprehensive High Dose Radiation (HDR) program in Visalia for Breast and cervical cancer is taking place. Stereotactic Radiation Surgery program (**SRS**) is provided in coordination with our neurosurgery group. SRS is any cancer case where there is one lesion being treated.
- Stereotactic Body Radiation Therapy program (**SBRT**) has grown tremendously and includes cases for the treatment of two or more lesions. Volumes continue to increase for SRS/SBRT. These cases are highly complex while achieving great patient outcomes.
- ***SBRT/SRS cases***
    - FY 2020 73 cases
    - FY 2021 145 cases
    - FY 2022 118 cases (Down to one machine)
    - FY 2023 186 projected cases
- Thyroid I 131 studies completed as outpatients coordinated with Nuclear Medicine at Kaweah Health Diagnostic Center.
- Xofigo treatments for prostate cancer are currently coordinated with Nuclear Medicine at Kaweah Health Diagnostic Center
- SRCC Physician group refers patients to CT, MRI and PET/CT as well as sending patients for 3T MRI, which is not provided at Kaweah Health facilities at this time.

Challenges

- Department and new physician group have started new protocols with SRS and SBRT treatments with brainlab and exactrac system on the new Truebeam unit, which is taking some time to gain efficiencies as they learn the intricacies of the new equipment and programs.

- ***Volume challenges***
    - One of the medical oncologists in town was not seeing any patients with covid causing those patients to go out of town if not seen by medical oncologists at SRCC.
- ***FY 22-23 Staffing challenges***
    - Replaced 3 therapists late FY 22 and early FY 23. Fully staffed with radiation therapists at this time.
    - One of the greatest challenges faced in specialty areas is replacing long-term employees. It can take years to gain efficiency and knowledge when a long-term employee leaves. It often takes two people to replace what was done by one person, while they gain experience in specialty areas.
    - Lack of surgeons in Hanford has created a decline in volume as well as patients being treated in Visalia on the *TrueBeam*, due to the superior technology being better for some cancers.
    - Currently, we have two RN's looking to retire in spring FY 24 and August FY 25. It will be important to hire and train 3-6 months before they leave.
    - Currently, we have two radiation physicist positions posted with no applicants.

Quality/Performance Improvement Data

One of our objectives over the last two years was to reduce expenses, while building world-class service. While indirect expense is up with depreciation from new equipment, Direct expense is down by 3%.

- We continue to contract directly with one of our very experienced travelers to provide dosimetry service remotely. This assures we have a balance of new and experienced staff. Becoming an experienced dosimetrist can take five to ten years.

- SRCC is currently working with a consulting group to review billing and workflow for radiation therapy to assure we are billing and capturing revenue to the best of our ability. We hope to have a report in the next several months. This includes a review of our Stereotactic radiosurgery (SRS), Stereotactic Body Radiotherapy (SBRT) and High Dose Radiation (HDR) programs.

Policy, Strategic or Tactical Issues

Goals for the coming year will continue to include comprehensive marketing of cancer services and programs at SRCC.

Recommendations/Next Steps

In the coming year, we will continue to focus on efficiencies within the department along with quality of services in line with world-class cancer treatment.

Our lung nodule-screening program did not move forward this past year due to budget constraints. As we continue to monitor costs, we believe this program will benefit our patients and the community greatly. Once installed, we hope to move forward with the

development of a nurse navigator-led cancer program. This was put on hold as our facility works to capture volume on the new equipment. A program that includes a nurse navigator is a consistent theme in top cancer facilities. Our goal is to help all patients diagnosed with cancer navigate through the treatment process as well as capture those patients who may have an incidental finding on a CT. The idea is to keep our patients at Kaweah, versus being left on their own to coordinate care, which can not only be overwhelming after a cancer diagnosis, but often leads to traveling out of the area upon advice from others. We had anticipated starting earlier with the navigator position, but needed to have our lung screening program in place.

Approvals/Conclusions

FY 2022 was challenging with the delays in the installation of our TrueBeam, as well as the lack of volume at our Hanford location.

As we work with the consulting group to assess the increase in patient cases compared to the decrease in units of service, we hope to find some wins on the revenue side of our business. We will continue to focus on saving where we can while providing the best cancer treatments in the valley.

Our continued pursuit of exceptional world-class care is important to our staff and our physicians. SRCC radiation oncology is a special group of individuals that truly care for our patients and their families.

Although we have faced a challenging budget year, our teams believe we are improving what we do for the community. Our physicians are engaged in education to physicians and the community as well as growing our ability to be here for patients in and outside of Tulare and Kings Counties.

Radiation Oncology at SRCC is a program that is valued and a facility that provides exceptional care.

Medical Oncology 3South

Summary Issue/Service Considered

- Inpatient Oncology Services contribution margin is annualizing at about half of what it was FY20 to FY22, at just over $1 million. Volume and expenses played the largest role in that change, along with reimbursement. Net Revenue per case is down more than direct cost per case. The top payer is Medicare, whose payment rate is down slightly, but the cost is up significantly. Direct cost is up mostly due to registry nursing.
- Outpatient Oncology volume has been stable this FY. These cases are outpatient infusions in an acute care bed for treatment, then discharged, typically a few hours later. The contribution margin is about break even. The top payer is Medicare. Direct cost per case has been stable over the last 4 years.
- 3South (3S) leadership remains focused on charge nurse and staff development with specific attention to best practices to further improve the patient experience. We continue our chemo certification courses and able to graduate many RNs through the training.

- This year the 3S Unit-Based Council requested to install a bell to celebrate the end of a patient's treatment cycle. We've had a few patients ring it and has been a palpable moment of joy between the patients and the staff. One patient's special moment was published on social media and quite the hit!
- Continually working on recruitment and retention of quality and qualified nursing staff, and reducing contract labor. 3S is using Student Nurse Interns and Student Nurse Aides (RN students in various stages of their nursing school) as a RN recruitment method.
- Active surveillance of all quality measures with the greatest focus: Central Line Associated Blood Stream Infection (CLABSI) and Catheter-Associated Urinary Tract Infection (CAUTI). 3S team is actively engaged in discussing and finding solutions for any safety concerns they may have. Also focused on Falls, hospital-acquired pressure injuries- HAPI, and Hypoglycemia rates.
- A revised Comfort Focused Power Plan went live in early Spring 2022 and since then has been a great success in starting comfort treatment sooner. We've been able to continue to make slight changes in order to further benefit this fragile population.

Quality/Performance Improvement Data

CLINICAL QUALITY	Organization Wide			
	1Q22	2Q22	3Q22	4Q22
Central line associated blood stream infection (CLABSI)	0.0	0.0	0.0	0.0
Target	0.0	0.0	0.0	0.0
Catheter associated urinary tract infection (CAUTI)	0	0	1	0
Target	0.0	0.0	0.0	0.0
Falls/1000 pt days	0.38	0.00	0.00	0.00
Target	0.63	0.66	0.63	0.71
Injury Falls/1000 pt days	0.38	0.00	0.00	0.00
Target	0.63	0.66	0.63	0.71
Hypoglycemia (% Patient Days <70)	3.90	3.50	2.00	3.50
Target	3.80	3.90	3.90	3.90

3S continues to do daily GEMBA rounds for all Central Lines or Urinary Catheters. If any quality items our outstanding or missed, they are followed up on immediately. The unit continues to see great results because of this work. 3S has also implemented various initiatives to reduce falls and falls with injury. One of which is an audit by the unit secretary each shift, ensuring all patients at risk have their bed alarm. Staff have commented that they appreciate the extra set of eyes and support in this way. Hypoglycemia case reviews occur as information is known. We have seen improvement in this area with the support of the Clinical Nurse Specialist that reviews and supports our Diabetic population.

Policy, Strategic or Tactical Issues

- Outpatient chemotherapy treatments continue to be deferred to primary providers if able due to the ongoing need for inpatient beds. Some infusions have

continued but more specialized to bladder and multiday chemotherapy infusion treatments.

- Clinical and LOS performance are continually monitored. As barriers and themes are identified, the leaders work with the respective committee groups for support. Unit-based councils also discuss and brainstorm at the unit level to improve discharge processes, times, and follow-up. They have been a part of our Discharge By Noon initiative and other throughput focuses during this year. An interdisciplinary approach is in place to ensure collaboration in the inpatient process for patients receiving timely access to procedures, tests, and decisions.

Recommendations/Next Steps

- Maintain momentum to care and improve efficiency around throughput
- Continue to focus on quality and LOS initiatives to meet organizational goals.
- Focusing on employee engagement and safety culture feedback.
- Work with Human Resources, Clinical Education, and Advance Practice Nurses to onboard, support and train new and existing nurses to improve recruitment and retention.
- Promote active engagement of our physician partners to increase the efficiency of care and use of resources and services while patients are in our care.

Approvals/Conclusions

- Strive for overall quality outcomes and set goals to continue to improve. We still have opportunities to improve LOS as well as quality goals related to falls with injury and hypoglycemia.
- Leadership remains vigilant, reviewing budget reports and striving for financial strength within each department. This includes monitoring staff pay practices, supply management, and LOS.
- Leadership continues to work through employee engagement opportunities and provide support to frontline care staff. We value the team members and want to ensure they have the best environment to care for their patients.

KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - Inpatient Oncology

FY2023 Annualized

KEY METRICS - FY 2023 ANNUALIZED ON THE SEVEN MONTHS ENDED JANUARY 31, 2023

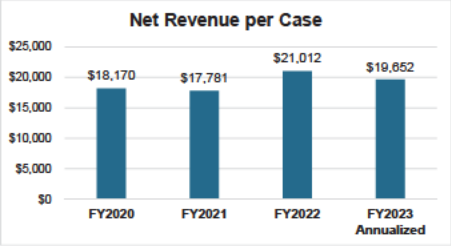
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
410	$8,051,627	$7,024,387	$1,027,240	($1,123,218)
▼ -21%	▼ -26%	▼ -20%	▼ -52%	▼ -165%

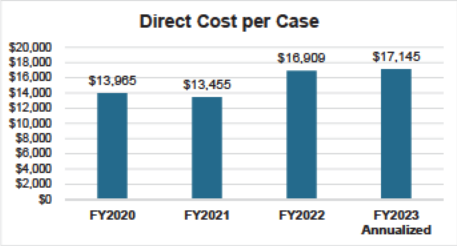
*Note Arrows represent the change from prior year and the lines represent the 4-year trend

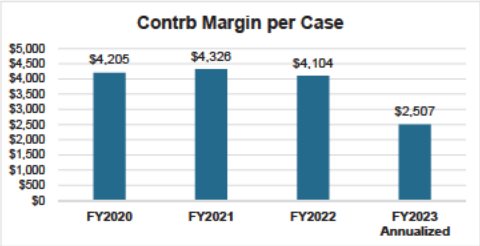
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023 Annualized		%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	583	513	517	410	▼	-21%	
Patient Days	3,591	2,744	3,168	2,669	▼	-16%	
ALOS	6.16	5.35	6.13	6.51	▲	6%	
GM LOS	4.09	4.26	4.19	4.07	▼	-3%	
Net Revenue	$10,593,152	$9,121,622	$10,863,408	$8,051,627	▼	-26%	
Direct Cost	$8,141,498	$6,902,425	$8,741,763	$7,024,387	▼	-20%	
Contribution Margin	$2,451,654	$2,219,196	$2,121,645	$1,027,240	▼	-52%	
Indirect Cost	$2,665,112	$2,196,957	$2,544,708	$2,150,459	▼	-15%	
Net Income	($213,458)	$22,239	($423,063)	($1,123,218)	▼	-165%	
Net Revenue per Case	$18,170	$17,781	$21,012	$19,652	▼	-6%	
Direct Cost per Case	$13,965	$13,455	$16,909	$17,145	▲	1%	
Contrb Margin per Case	$4,205	$4,326	$4,104	$2,507	▼	-39%	
Opportunity Days	2.07	1.08	1.93	2.44	▲	26%	

PER CASE TRENDED GRAPHS



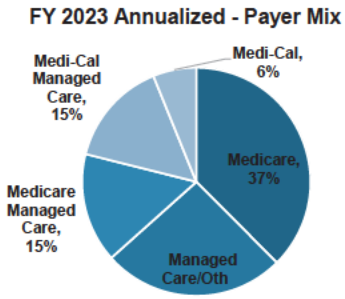


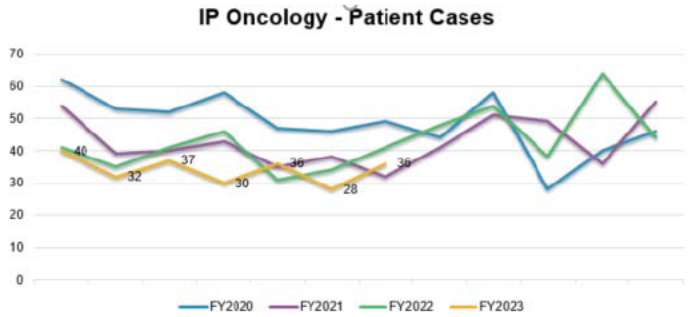


Note FY2023 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2020	FY2021	FY2022	FY2023 Annualized
Medicare	36%	40%	35%	37%
Managed Care/Other	21%	19%	19%	26%
Medicare Managed Care	16%	19%	24%	15%
Medi-Cal Managed Care	21%	19%	16%	15%
Medi-Cal	5%	3%	6%	6%





Selection criteria is the Inpatient Oncology Medical service line and malignant neoplasms from other service lines

KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - Outpatient Kaweah Medical Oncology

FY2023 Annualized

KEY METRICS - FY 2023 ANNUALIZED ON THE SEVEN MONTHS ENDED JANUARY 31, 2023

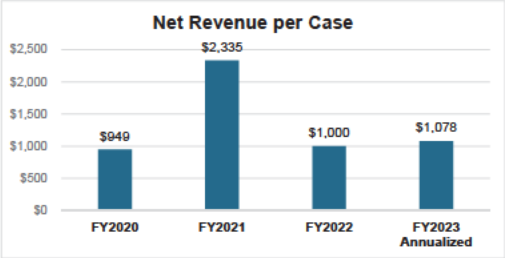
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
113	$121,956	$70,010	$51,947	$33,536
▲ 53%	▲ 65%	▲ 22%	▲ 209%	▲ 2704%

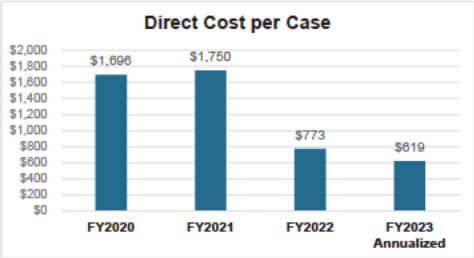
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

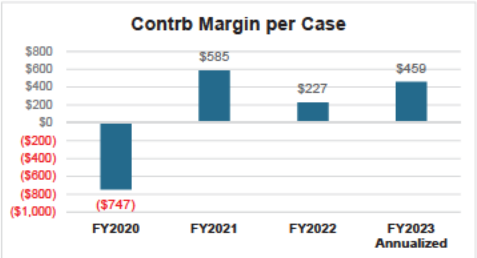
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	208	119	74	113	▲ 53%	
Net Revenue	$197,391	$277,922	$73,966	$121,956	▲ 65%	
Direct Cost	$352,811	$208,269	$57,181	$70,010	▲ 22%	
Contribution Margin	($155,420)	$69,653	$16,785	$51,947	▲ 209%	
Indirect Cost	$68,022	$41,353	$15,588	$18,411	▲ 18%	
Net Income	($223,442)	$28,300	$1,196	$33,536	▲ 2704%	
Net Revenue per Case	$949	$2,335	$1,000	$1,078	▲ 8%	
Direct Cost per Case	$1,696	$1,750	$773	$619	▼ -20%	
Contrb Margin per Case	($747)	$585	$227	$459	▲ 102%	

PER CASE TRENDED GRAPHS



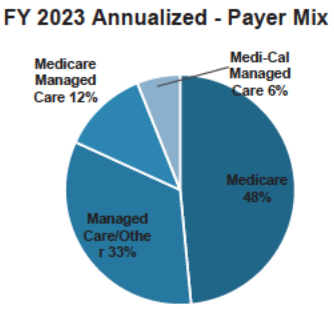


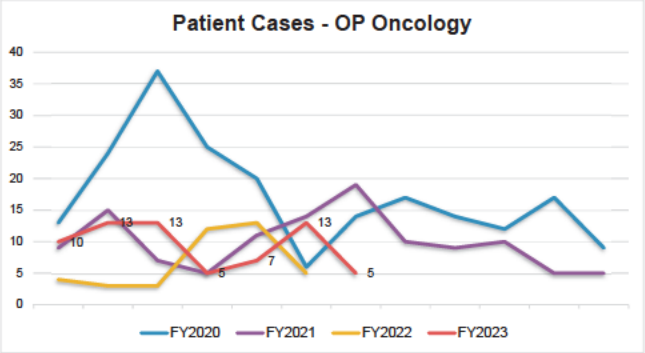


Note: FY2023 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2020	FY2021	FY2022	FY2023 Annualized
Medicare	39%	37%	32%	48%
Managed Care/Other	22%	24%	27%	33%
Medicare Managed Care	17%	18%	28%	12%
Medi-Cal Managed Care	4%	13%	12%	6%





Criteria : OP Service Line = Kaweah Medical Oncology

KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - SRCC Radiation Oncology Combined

FY2023 Annualized

KEY METRICS - FY 2023 ANNUALIZED ON THE SEVEN MONTHS ENDED JANUARY 31, 2023

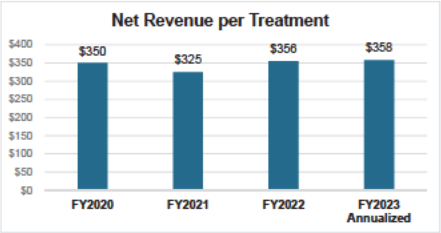
PATIENT TREATMENTS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
21,905	$7,848,559	$6,287,387	$1,561,172	$1,523,118
▼ -9%	▼ -8%	▼ -5%	▼ -20%	▼ -21%

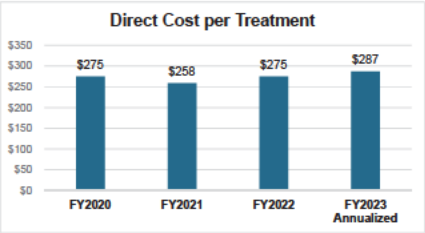
*Note Arrows represent the change from prior year and the lines represent the 4-year trend

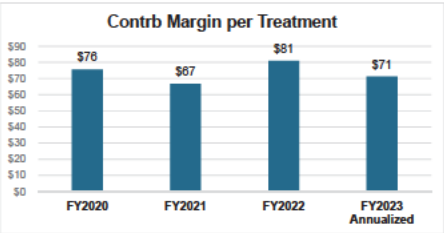
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Treatments	26,727	25,547	24,042	21,905 ▼	-9%	
Net Revenue	$9,358,600	$8,306,388	$8,548,882	$7,848,559 ▼	-8%	
Direct Cost	$7,339,506	$6,603,163	$6,601,804	$6,287,387 ▼	-5%	
Contribution Margin	$2,019,094	$1,703,225	$1,947,079	$1,561,172 ▼	-20%	
Indirect Cost	$22,946	$8,778	$9,083	$38,054 ▲	319%	
Net Income	$1,996,148	$1,694,447	$1,937,995	$1,523,118 ▼	-21%	
Net Revenue per Treatment	$350	$325	$356	$358 ▲	1%	
Direct Cost per Treatment	$275	$258	$275	$287 ▲	5%	
Contrb Margin per Treatment	$76	$67	$81	$71 ▼	-12%	

PER CASE TRENDED GRAPHS



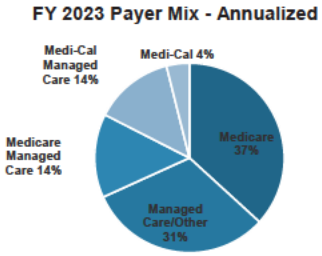


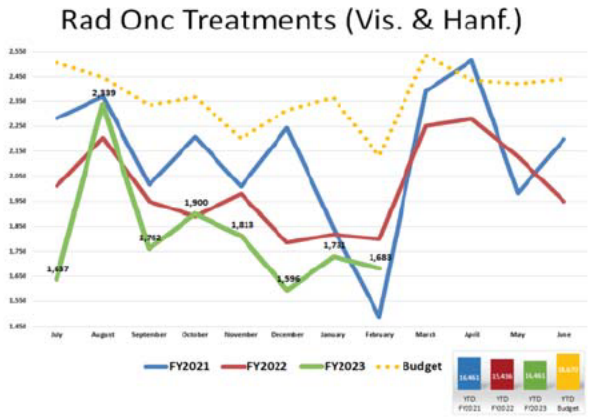


Note FY2023 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2020	FY2021	FY2022	FY2023 Annualized
Medicare	42%	39%	37%	37%
Managed Care/Other	31%	32%	31%	31%
Medicare Managed Care	13%	15%	16%	14%
Medi-Cal Managed Care	12%	12%	14%	14%
Medi-Cal	2%	2%	3%	4%





NOTE: SRCC Radiation Oncology expense includes $2 million in ease costs that a typical District department would not have.
The revenue related to the lease is shown elsewhere in the District financials.

Criteria OP encounter with Service Line1 SRCC - Radiation Oncology

KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - SRCC Radiation Oncology Visalia

FY2023 Annualized

KEY METRICS - FY 2023 ANNUALIZED ON THE SEVEN MONTHS ENDED JANUARY 31, 2023

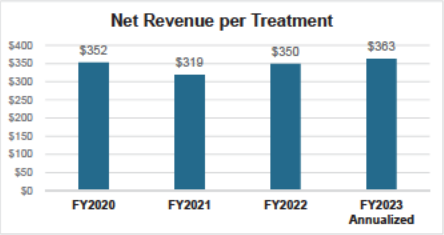
PATIENT TREATMENTS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
18,339	$6,653,775	$4,995,606	$1,658,170	$1,620,656
▼ -8%	▼ -4%	▼ -3%	▼ -7%	▼ -9%

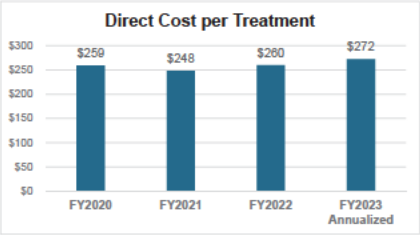
*Note Arrows represent the change from prior year and the lines represent the 4-year trend

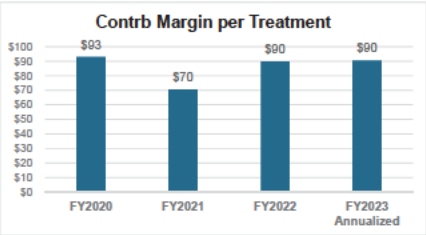
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Treatments	21,788	21,199	19,876	18,339	▼ -8%	
Net Revenue	$7,678,986	$6,753,278	$6,947,253	$6,653,775	▼ -4%	
Direct Cost	$5,652,731	$5,259,687	$5,162,340	$4,995,606	▼ -3%	
Contribution Margin	$2,026,255	$1,493,591	$1,784,914	$1,658,170	▼ -7%	
Indirect Cost	$22,458	$8,042	$9,066	$37,513	▲ 314%	
Net Income	$2,003,797	$1,485,549	$1,775,848	$1,620,656	▼ -9%	
Net Revenue per Treatment	$352	$319	$350	$363	▲ 4%	
Direct Cost per Treatment	$259	$248	$260	$272	▲ 5%	
Contrb Margin per Treatment	$93	$70	$90	$90	▲ 1%	

PER CASE TRENDED GRAPHS



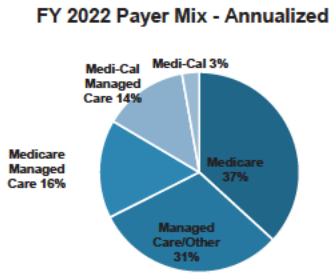


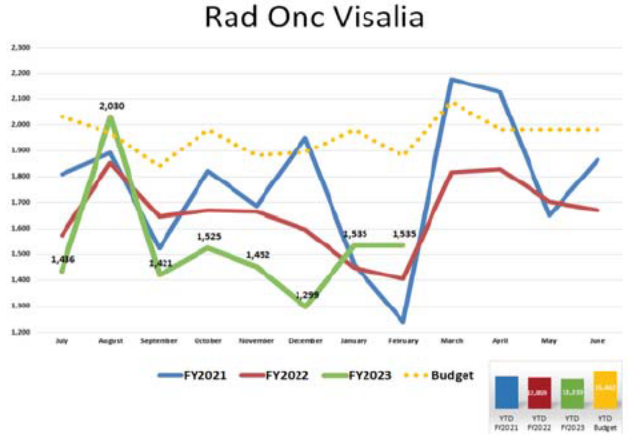


Note FY2022 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	41%	42%	38%	37%
Managed Care/Other	33%	31%	33%	31%
Medicare Managed Care	10%	12%	16%	16%
Medi-Cal Managed Care	13%	13%	11%	14%
Medi-Cal	2%	2%	3%	3%





NOTE: SRCC Radiation Oncology expense includes $2 million in lease costs that a typical District department would not have. The revenue related to the lease is shown elsewhere in the District financials.

OP encounter with Service Line1 SRCC - Radiation Oncology and Secondary Service Line Radiation Oncology Visalia

KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - SRCC Radiation Oncology Hanford

FY2023 Annualized

KEY METRICS - FY 2023 ANNUALIZED ON THE SEVEN MONTHS ENDED JANUARY 31, 2023

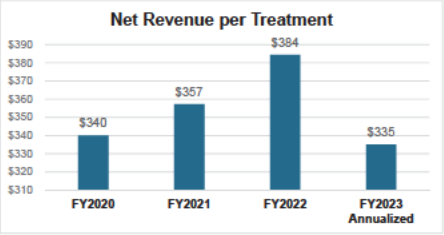
PATIENT TREATMENTS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
3,566	$1,194,784	$1,291,781	($96,997)	($97,538)
▼ -14%	▼ -25%	▼ -10%	▼ -160%	▼ -160%

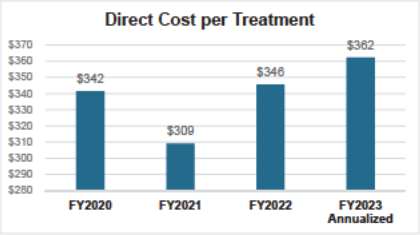
*Note Arrows represent the change from prior year and the lines represent the 4-year trend

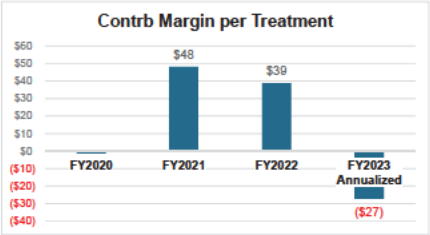
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Treatments	4,939	4,348	4,166	3,566 ▼	-14%	
Net Revenue	$1,679,614	$1,553,110	$1,601,629	$1,194,784 ▼	-25%	
Direct Cost	$1,686,776	$1,343,476	$1,439,464	$1,291,781 ▼	-10%	
Contribution Margin	($7,161)	$209,634	$162,165	($96,997) ▼	-160%	
Indirect Cost	$488	$736	$17	$540 ▲	2997%	
Net Income	($7,650)	$208,898	$162,147	($97,538) ▼	-160%	
Net Revenue per Treatment	$340	$357	$384	$335 ▼	-13%	
Direct Cost per Treatment	$342	$309	$346	$362 ▲	5%	
Contrb Margin per Treatment	($1)	$48	$39	($27) ▼	-170%	

PER CASE TRENDED GRAPHS



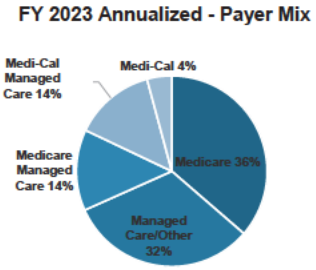


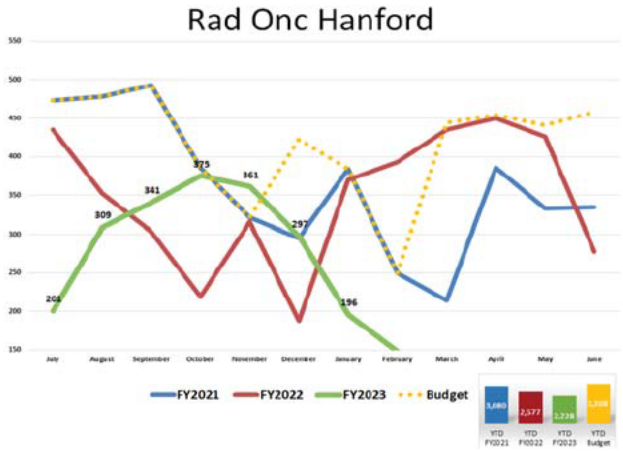


Note FY2023 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2020	FY2021	FY2022	FY2023 Annualized
Medicare	42%	43%	37%	36%
Managed Care/Other	31%	27%	30%	32%
Medicare Managed Care	16%	13%	16%	14%
Medi-Cal Managed Care	10%	17%	14%	14%
Medi-Cal	2%	1%	2%	4%





NOTE: SRCC Radiation Oncology expense includes $2 million in lease costs that a typical District department would not have. The revenue re ated to the lease is shown elsewhere in the District financials.

riteria OP encounter with Service Line1 SRCC - Radiation Oncology and Secondary Service Line Radiation Oncology Hanford

REPORT TO THE BOARD OF DIRECTORS

SRCC Medical Oncology

Lucile Gibbs, Medical Oncology Projects Director, (559) 624-3257 April 19th, 2023.

Summary Issue/Service Considered

SRCC Medical Oncology is a strategic member of the District's oncology service line. The District's oncology service line represents a continuum of shared medical and radiation services and programs provided by physicians, Kaweah Delta Health Care District (KDHCD), Adventist Medical Center – Hanford, and outside agencies through Sequoia Regional Cancer Center (SRCC), KDHCD acute inpatient and hospice outpatient programs, Cancer Registry, Tumor Board, Cancer Committee, and the American Cancer Society (ACS).

Quality/Performance Improvement Data

Medical Oncology: We have effectively managed through another year of the ongoing impact of the COVID-19 pandemic, the growing demand for telemedicine services, and the booming precision medicine market of medical oncology cancer services. We have positively navigated the persistent challenges in maintaining the same level of care as before the pandemic while enduring a continuous staffing shortage particularly in our business office.

We continued to utilize the most current releases of Generation 2 iKnowMed, one of the leading Medical Oncology Electronic Medical Record systems and the GE Centricity Practice Management System. We continue to be contracted with McKesson for pharmaceuticals and remain a reference site for McKesson utilizing their technology and services that includes Lynx Mobile, Generation 2 iKnowMed, and Clear Value Plus (CVP). We also remain committed to work conscientiously toward maximizing all of our pharmaceutical rebate opportunities.

In-Office Dispensing (IOD) specialty pharmacy allows the practice to routinely capitalize on the increased availability of oral oncolytics. During the past year we successfully migrated from the PharmaServ system to the Liberty system. We remain focused on maximizing convenience, access, and financial as well as educational support for patients who receive their oral chemotherapy medications as well as other therapeutic medications from our IOD. By dispensing from our IOD we are able to expedite patient access, reduce out-of-pocket expenses, and provide patients with a timely positive experience.

We successfully submitted our 2022 attestation for the Merit-based Incentive Payment System (MIPS), a Quality Reporting program for the Centers for Medicare and Medicaid (CMS), and for 2023 will continue to work with McKesson's iKnowMed team to achieve and report the results of our goals related to Quality, Advancing Care Information, and Improvement Activities.

During our ongoing recruiting and succession planning, we have identified a strong candidate that will most likely start in December of 2023.

We also continue to appreciate the positive logistical relationship with Radiation Oncology and Diagnostic Imaging. We are able to work collaboratively on the needs of our patients in a timely manner.

We also continue to use the DicksonOne temperature monitoring system for our medical grade refrigerators that house our pharmaceuticals.

Policy, Strategic or Tactical Issues

We continue to participate as a strategic member in the development of a multidisciplinary approach for medical oncology, radiation oncology, surgery, imaging, and genetic counseling, to provide responsive, orchestrated cancer treatment to patients in the Tulare and Kings Counties.

Focus on continued development of a strong regional presence in the medical oncology market in both Tulare and Kings Counties.

- Differentiate from competitors' medical oncology services available for patients. Focus on customer satisfaction, high quality service and the most advanced technology.
- Continue to support a seamless environment and optimize access for patients and physician.
- Maintain and nurture the "physician to physician" contact that has resulted in increased referrals in Tulare and Kings Counties.
- Improve efficiency of care and patient throughput.
- Continue to refine the patient care coordination, authorization, and financial assistance program function as well as monitor patient satisfaction.

Recommendations/Next Steps

1. Continue KDHCD Tumor Board including community education.
    - Continue to increase referral base in Hanford and surrounding areas.
    - Continue to increase "physician to physician" contact in Hanford.
2. Continue to monitor customer satisfaction.
    - Continue to develop and incorporate "Kaweah Care, Choose Kind" in order to increase patient, physician, and employee satisfaction in all areas of SRCC.
    - Continue to survey patients and families for current satisfaction and identify opportunities for improvement.
    - Continue to survey physicians and employees in order to identify opportunities for improvement.
3. Explore potential relationships with institutions.

Approvals/Conclusions

We will continue to work to address the strategic opportunities available to us and put into practice the various recommendations identified in this report. We will remain focused on providing maximum care for our patients and continue to work toward fully integrating our service line, creating and maintaining a seamless, high quality service and environment for our

patients, improving our regional presence, and attaining and preserving a meaningful profit margin.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2019 - FY2023 Annualized

SRCC Joint Venture

METRICS SUMMARY

	TOTAL						
MEDICAL ONCOLOGY	**FY2019**	**FY2020**	**FY2021**	**FY2022**	**FY2023 Annualized**	**%CHANGE FROM PRIOR YR**	
Management Services Revenue	$31,801,933	32,908,627	$34,625,494	$36,200,451	$39,291,228	▲	9%
Management Services Expenses	$31,775,110	32,787,423	$34,784,022	$35,908,998	$39,063,268	▲	9%
Net Income*	$26,823	121,205	($158,527)	$291,453	$227,960	▼	-22%
Partner(s) Share - Minority Interest	$14,753	66,663	($87,190)	$160,299	$125,378	▼	-22%
KDHCD Net Income	$12,070	$54,542	($71,337)	$131,154	$102,582	▼	-22%

	TOTAL						
RADIATION ONCOLOGY	**FY2019**	**FY2020**	**FY2021**	**FY2022**	**FY2023 Annualized**	**%CHANGE FROM PRIOR YR**	
Management Services Revenue	$8,831,513	10,013,663	$9,268,389	$8,552,346	$8,996,691	▲	5%
Management Services Expenses	$6,969,443	7,268,815	$6,628,973	$6,668,580	$6,295,611	▼	-6%
Net Income	$1,862,069	2,744,848	$2,639,416	$1,883,766	$2,701,080	▲	43%
Partner(s) Share - Minority Interest	$465,517	686,212	$659,854	$470,942	$675,270	▲	43%
KDHCD Net Income	$1,396,552	$2,058,636	$1,979,562	$1,412,825	$2,025,810	▲	43%

	TOTAL						
TKC	**FY2019**	**FY2020**	**FY2021**	**FY2022**	**FY2023 Annualized**	**%CHANGE FROM PRIOR YR**	
Lease Revenue	$1,891,412	1,945,488	$1,973,334	$2,058,535	$2,117,617	▲	3%
Lease Expenses	$1,038,253	1,008,890	$998,815	$978,474	$947,804	▼	-3%
Net Income	$853,159	936,598	$974,519	$1,080,061	$1,169,813	▲	8%
Partner(s) Share - Minority Interest	$213,290	234,150	$243,630	$270,015	$292,453	▲	8%
KDHCD Net Income	$639,869	$702,449	$730,889	$810,046	$877,360	▲	8%

	TOTAL						
COMBINED TOTAL	**FY2019**	**FY2020**	**FY2021**	**FY2022**	**FY2023 Annualized**	**%CHANGE FROM PRIOR YR**	
Total Revenue	$42,524,858	$44,867,778	$45,867,217	$46,811,332	$50,405,536	▲	8%
Total Expenses	$39,782,807	$41,065,128	$42,411,810	$43,556,052	$46,306,683	▲	6%
Net Income	$2,742,051	$3,802,650	$3,455,407	$3,255,280	$4,098,853	▲	26%
Partner(s) Share - Minority Interest	$693,560	$987,024	$816,294	$901,256	$1,093,101	▲	21%
KDHCD Net Income	$2,048,491	$2,815,626	$2,639,114	$2,354,024	$3,005,752	▲	28%

***Annual net income for SRCC -MO is guaranteed at $100,000. Loss at fiscal year end is due to timing differences as net income is earned on calendar year basis.**

FY 2023 Strategic Plan

Monthly Performance Report
April 26, 2023

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.

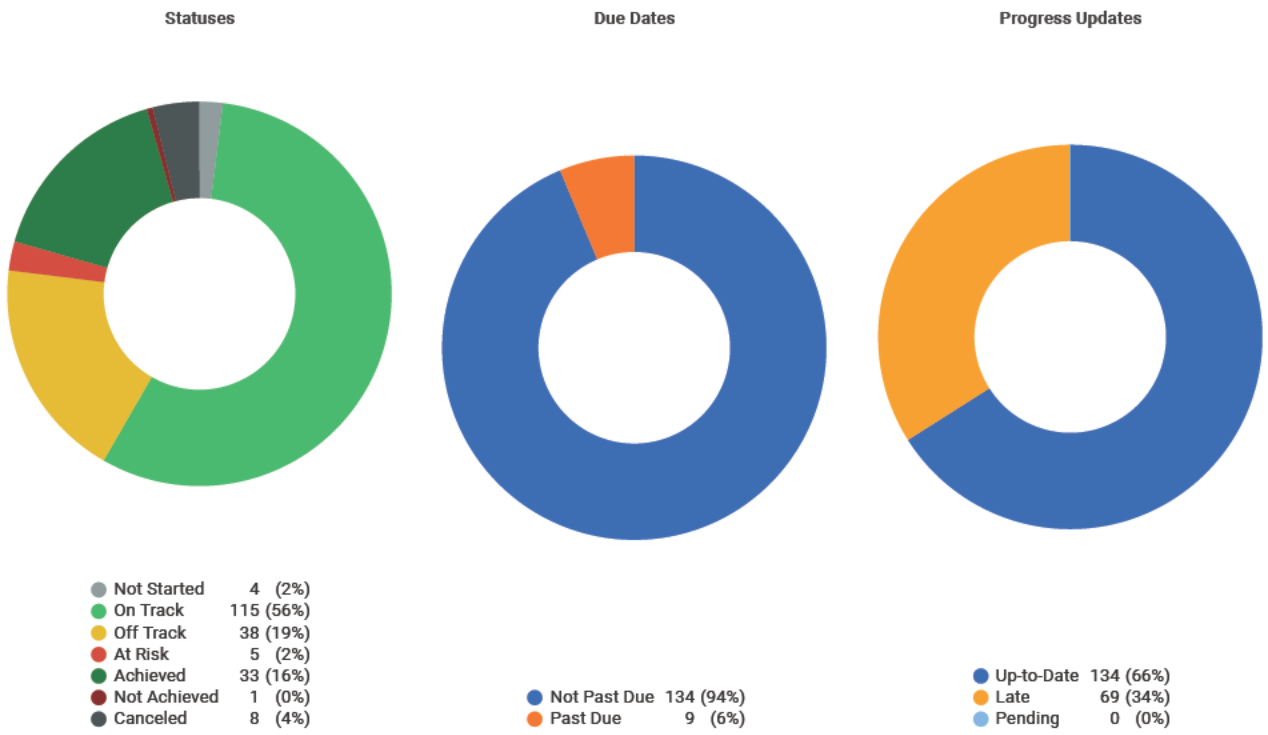
Empower through education.

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



Empower Through Education

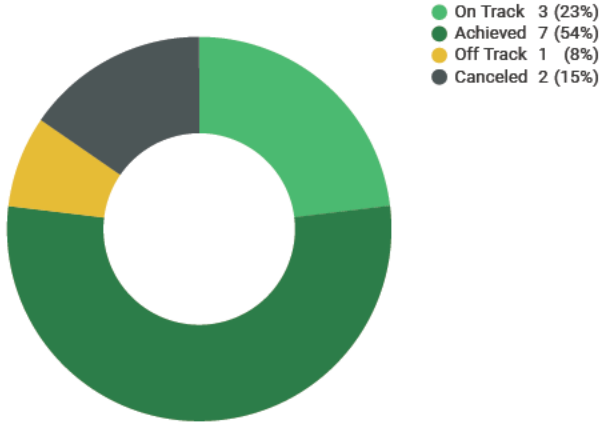
Champions: Lori Winston, MD and Lacey Jensen

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

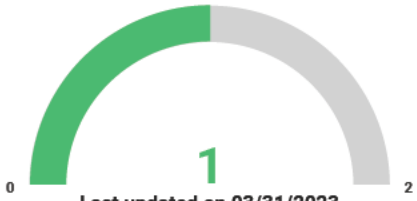
FY2023 Strategic Plan - Empower Through Education Strategies

#	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 Resi iency 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 qua ified 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

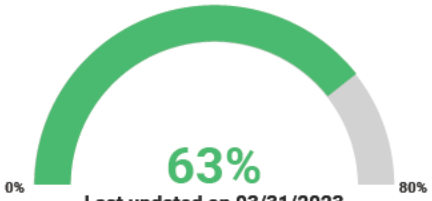


Launch interdisciplinary educational opportunitie...



Last updated on 03/31/2023
Move from baseline of 0 to target of 2

ACGME Faculty Development



Last updated on 03/31/2023
Move from baseline of 0% to target of 80%

Maintain quarterly Schwartz rounds

Last updated on 03/31/2023
Move from baseline of 0 to target of 4

Ideal Work Environment

Champions: Dianne Cox and Raleen Larez

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

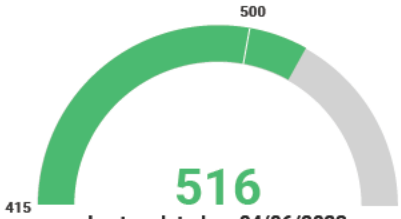
FY2023 Strategic Plan - Ideal Work Environment Strategies

#	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 dec ined with the pandemic. Kaweah Health re ies 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

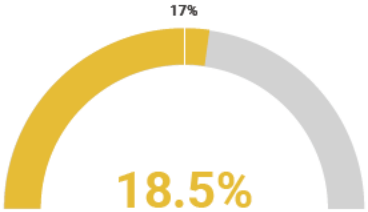
On Track 5 (71%)
At Risk 1 (14%)
Off Track 1 (14%)

Expand Volunteer Programs



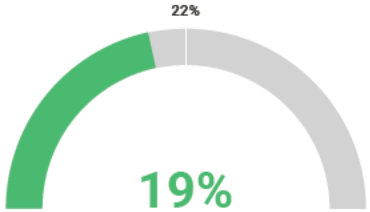
Last updated on 04/06/2023
Move from baseline of 415 to target of 500

Decrease overall KH turnover rate



Last updated on 04/06/2023
Stay below target of 17%

Decrease nursing turnover rate



Last updated on 04/06/2023
Stay below target of 22%

Strategic Growth and Innovation

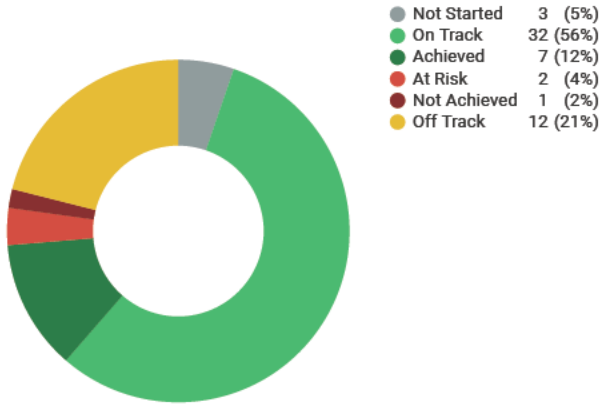
Champions: Marc Mertz and Ivan Jara

***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**.*

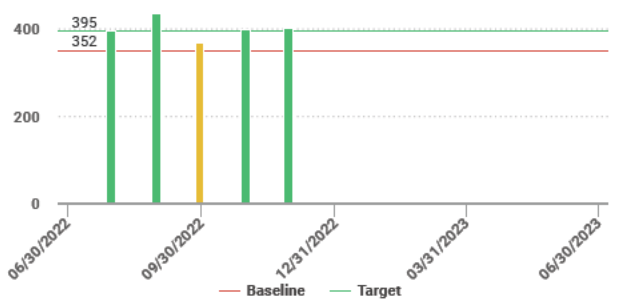
FY2023 Strategic Plan - Strategic Growth and Innovation Strategies

#	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 Faci ities	Update our faci ities 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	Off 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

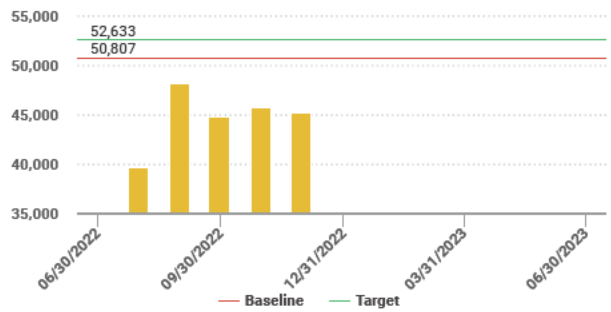


Perform 395 inpatient surgeries per month



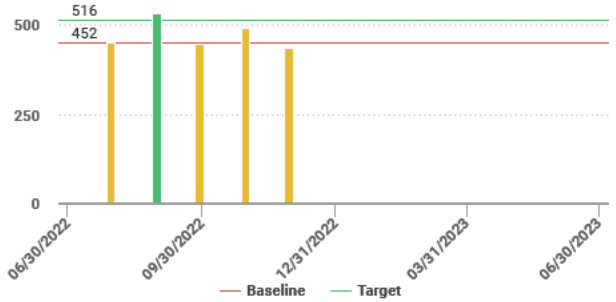
Showing data for: Jul 1, 2022 – Jun 30, 2023

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 Efficency and Effectiveness

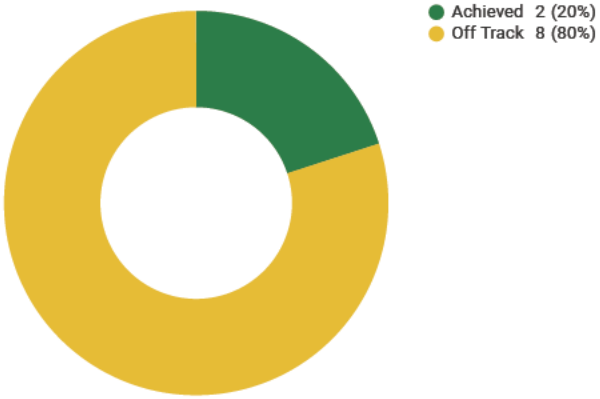
Champions: Jag Batth and Rebekah Foster

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

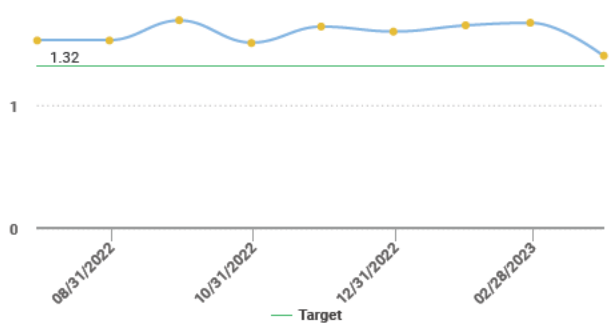
FY2023 Strategic Plan - Organization Efficiency and Effectiveness Strategies

#	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	Estab ish a process to identify revenue and cost savings opportunities across Kaweah Health.	On Track	Steve Bajari

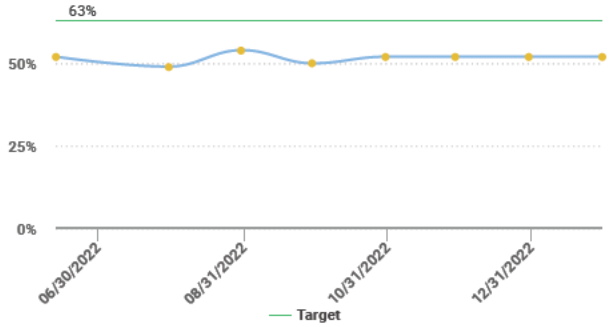
Objectives and Outcomes



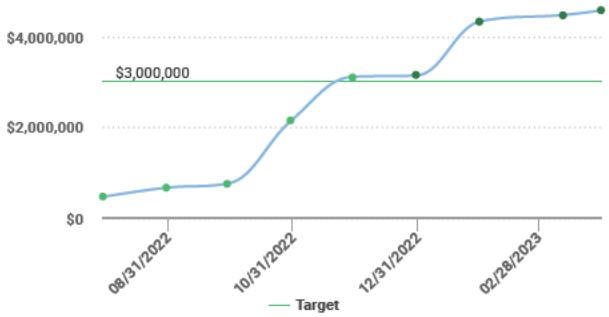
IP O:E Length of Stay in Days (lower better)



Overall OR Utilization (higher better)



Identified Cost Savings and Revenue Opportunities



Outstanding Health Outcomes

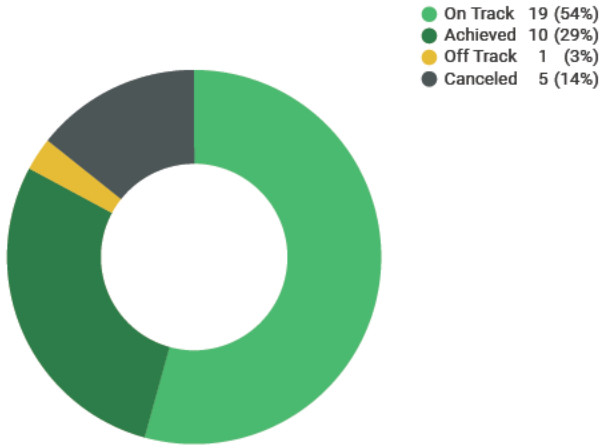
Champions: Dr. William Brien and Sonia Duran-Aguilar

***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 app ication 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 app ication 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 app ication 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 qua ity 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 C inics, SHWC and KHMG	On Track	Sonia Duran-Aguilar
5.7	Diabetes Management	Optimize inpatient glycemic management	On Track	Sonia Duran-Aguilar

Objectives and Outcomes



Team Rounds Rollout to Valley Hospitalist and AC...

50%

Last updated on 02/28/2023

Met or Not Met: 100%

Meet QIP measure performance

10

Last updated on 02/05/2023

Meet the budget of 13 to maximum of 20: 13

Medicare Advantage STAR Rating for RHC/SHWC

3.5

Last updated on 02/28/2023

Target : 4

Patient and Community Experience

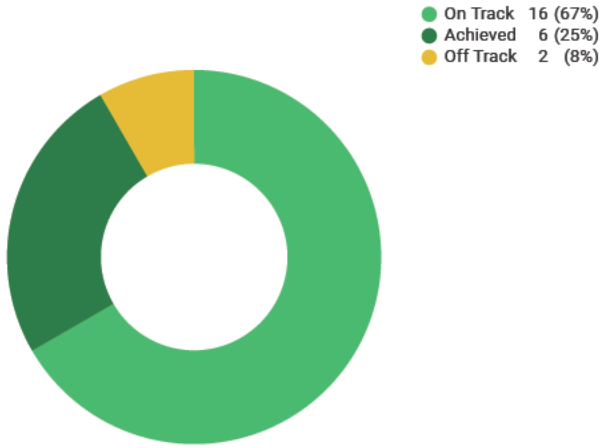
Champions: Keri Noeske and Deborah Volosin

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

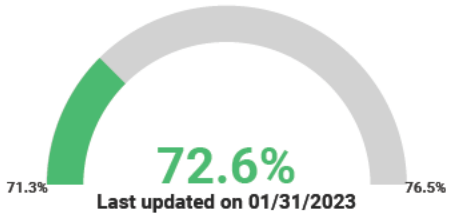
FY2023 Strategic Plan - Patient and Community Experience Strategies

#	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 de iver 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 de iver 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 de iver 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 de iver a world-class health care experience.	On Track	Keri Noeske

Objectives and Outcomes



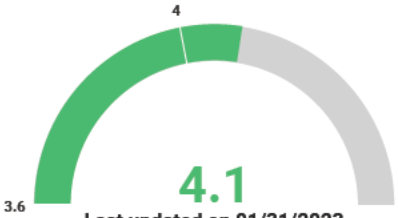
Achieve Overall Rating Goal on HCAHPS Survey



Last updated on 01/31/2023

Move from baseline of 71.3% to target of 76.5%

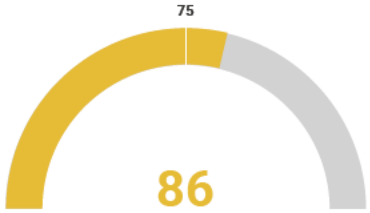
Achieve Patient Feedback Score Goal on ED Survey



Last updated on 01/31/2023

Move from baseline of 3.6 to target of 4

Decrease lost belongings by 25%



Last updated on 03/13/2023

Stay below target of 75

Kaweah Health
MORE THAN MEDICINE. LIFE.

April 26, 2023

Sent via Certified Mail No. 70183090000111593721
Return Receipt Required

Larry M. Lee
Law Offices Of Larry M. Lee
Attorney at Law
4236 W. Mineral King Ave.
Visalia,CA 93291

RE: Notice of Rejection of Claim of Candace D. Nilo vs. Kaweah Health

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on March 30, 2023, was rejected on its merits by the Board of Directors on April 26, 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

April 26, 2023

Sent via Certified Mail No. 70191120000065524210

Jonathan M. Genish
Stephen J. Wiard
Stephanie P. Chyorny
Blackstone Law, APC
8383 Wilshire Boulevard, Suite 745
Beverly Hills, CA 90211

RE: Notice of Rejection of Claim of Gail Robinson

Notice is hereby given that the claim which you presented to the Board of Directors of the Kaweah Delta Health Care District on April 18, 2023 was rejected on its merits by the Board of Directors April 26, 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,

Michael Olmos
Secretary/Treasurer
Kaweah Health Care District
Board of Directors

cc: Rachele Berglund
Herr Pedersen Berglund, Attorneys At Law LLP

Kaweah Health
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Hospital Admin

Policy Number: AP72	Date Created: No Date Set	
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet	
Approvers: Board of Directors (Administration)		
Litigation, Handling Medical Records		

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

POLICY:

I. Risk Management (RM) will maintain an ongoing database of records in active litigation.

II. Receipt of Subpoena for Medical Records will trigger Health Information Management (HIM) staff~~cle~~ recording original medical records to retain a master copy of records for ongoing litigation needs.

~~I. A log shall be kept by the Health Information Management (HIM) clerk recording original medical records that have been released. Medical records maintained in computerized media shall be "locked".~~

~~II. For any medical record where access has been limited, the electronic medical record shall indicate "Global Circulation File", "This shall be considered a Locked File". See Attachment A~~

~~III. Electronic Medical Records of litigation cases shall be "locked" by Medical Records personnel and shall not be released and/or recreated without authorization of the Director of Risk Management (RM) or the RM Coordinator, or in his/her absence, the Director of HIM.~~

~~IV. Access for review of a medical record identified as a "litigation medical record " shall be limited to documented caregivers. Physician access to the medical record is never limited.~~

~~V.~~III. The Director~~/Manager~~ of RM or the RM Coordinator shall be notified of all requests for information from litigated medical records.

~~VI. Risk Management will use this same medical record security procedure for cases that are not litigated but in which there is a claim or other issue requiring increased medical record security. The length of retention on these cases will be determined on a case by case basis.~~

PROCEDURE:

I. Risk Management receives lawsuit.

II. Risk Management Coordinator, ~~Administrative Assistant, Manager, or~~ Director (or designee) will notify HIM Manager, Lead, and designated Tech by email including patient name and medical record number within one business day.

III. HIM will complete archiving of the records for response to subpoena within three business days.

IV. Risk Management Coordinator~~, Manager,~~ and Director will be notified by HIM of any records requests for the held record.

~~I. To review any locked medical record:~~

~~Call the Risk Management Department (extension 5284) for an appointment.~~

~~A. Appointments to review locked files will be made between the hours of 8:00 a.m. and 4:00 p.m.~~

~~B. Caller must provide Director of Health Information Management or Risk Management with the authority as caregiver to access the medical record for any reason other than direct patient care.~~

approval

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Kaweah Delta
Health Care District
The Heart of Health

PATIENT NAME:
MEDICAL RECORD NUMBER:

GLOBAL CIRCULATING FILE

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PLEASE NOTIFY THE RISK MANAGEMENT COORDINATOR IN RISK MANAGEMENT AT KAWEAH DELTA HEALTH CARE DISTRICT AT 624-5284 PRIOR TO RELEASE OF ANY MEDICAL RECORDS ON THIS PATIENT.

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THE ORIGINAL MEDICAL RECORD IS LOCATED IN THE KDHCD HEALTH INFORMATION DEPARTMENT.

PLEASE NOTE: IF ADDITIONAL RECORDS ARE ADDED AFTER THE DATE BELOW, PLEASE GIVE THE ORIGINAL TO THE RISK MANAGEMENT DEPARTMENT.

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SIGNATURE

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DATE

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"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."

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Kaweah Health

Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP84	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	
Mileage Reimbursement	

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

POLICY: When it is necessary for an employee to utilize their personal vehicle to conduct Kaweah Delta Health Care~~d~~ District ~~(District)~~ business, expenses will be reimbursed ~~at~~ using the mileage reimbursement rate allowed by the Internal Revenue Service (IRS) multiplied by the miles traveled on District business. The mileage reimbursement rate allowed by the IRS is paid in lieu of actual costs for fuel, repairs and general wear and tear to personal vehicles. As such, no separate reimbursement should be claimed for these expenses from the District. Mileage reimbursement is based upon travel incurred "within the District's Service Area" or "outside the District's Service Area". District Service Area is defined as travel within Tulare or Kings County, State of California.

REFERENCES:
AP19 Travel and Other Business Expenses

PROCEDURE:

I. Mileage Calculation

A. Between District's Campuses: Mileage incurred traveling between the District's campuses will be reimbursed using the standard, pre-determined miles shown on the Intra-District Mileage Reimbursement Request Form located in ~~KD Central > Employees > e~~ HRONLINE>HR Online Employee Self Service> A/P Employee Reimbursement section~~ta.ble included in this policy.~~ Please support miles for travel between locations not included on the Intra-District form with a Google Map or equivalent. Mileage reimbursements will only be made in cases where a staff member is required to travel from the District campus to which they are normally assigned to another District campus for a specific business purpose. Mileage reimbursements will not be paid for travel between a staff member's home and any of the District's campuses. Travel between District campuses for personal business will not be reimbursed.

B. Within District's Service Area: The Mileage incurred traveling within the District's Service Area other than between District's campuses, as part of an employee's job duties such as physician recruitment, physician liaison,

attending meetings held at non-District locations related to District business, seminars, Home Health travel and Hospice travel, will be reimbursed using the same formDistrict's Mileage Log form (Please note the mileage in the bottom section of the form.Also found in KD Central) or Aan approved substitute mileage log form may be used.

C. Outside the District's Service Area: Mileage incurred traveling outside the District's Service Area as part of an employee's job duties such as conference travel will be reimbursed using a map document (such as a Google map) to support the traveled distance. The Outside District Mileage Reimbursement Form is also located in HR Online Employee Self Service > A/P Employee Reimbursement section. The starting point for mileage must be the staff member's employment campus.

II. Procedures and Required Documentation for Mileage Reimbursement

A. Departments with Daily Travel Requirements throughout the District's Service Area:

1. Certain staff members such as those in Home Health and Hospice travel on a daily basis as part of their job duties between campuses and throughout the District's Service Area. These staff members are responsible to maintain their mileage on either the KDH Mileage Log Form or a similar approved mileage log and adhered to Departmental policies relating to the submission of their mileage records and attestation.

2. At the end of each month the department's authorized signer is responsible to ensure mileage has been properly calculated in accordance with Section I "Mileage Calculation" in this policy. The authorized signer acknowledges review and approval of the mileage payment by signing the Mileage Reimbursement Reconciliation Form.

3. The authorized signer is responsible to ensure that the approved Mileage Reimbursement Reconciliation Form and mileage log are forwarded to Finance by the 7th of the following month in order to ensure payment to the staff member by the 10th of the following month.

B. All Other Mileage Reimbursement Requests:

1. Mileage incurred traveling between District campuses – The staff member will complete the Intra District Mileage Log Form as well as complete and sign the Mileage Reimbursement Reconciliation Form.

2. TrMileage incurred traveling within the District's Service Area – The staff member will complete the KDH Mileage Log Form or similar log as well as a completed Mileage Reimbursement Reconciliation rm.

3. Mileage incurred traveling outside the District's Service Area – Once travel is completed, the staff member will complete a map document (such as Google maps) to support the travel along with the Mileage Reimbursement Reconciliation Form.

4.1. No matter which travel log (Intra-District Mileage Log, KDH Mileage Log or similar log, or map), all forms along with the completed and signed Mileage Reimbursement Reconciliation Form must be

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forwarded to the staff member's authorized signer within 60 days after the first date of travel.

~~5.~~2. The authorized signer is responsible to ensure mileage has been correctly calculated in accordance to Section I "Mileage Calculation" in this policy and must acknowledge review and approval of the mileage payment. When appropriate, the authorized signer must ~~by~~ sign~~ing~~ the Mileage Reimbursement Reconciliation Form.

~~6.~~3. The authorized signor is responsible to ensure that the approved Mileage Reimbursement Reconciliation Form along with the supporting mileage log or map is forwarded to Finance for processing.

"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."

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Kaweah Delta Health Care District

Kaweah Health

EMPLOYEE MILEAGE LOG

Date of Submission _____ Month _____

Employee # _____

DATE	DESTINATION	BEGINNING MILEAGE	ENDING MILEAGE	TOTAL
			TOTAL	

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Kaweah Health

Kaweah Delta Health Care District

MILEAGE REIMBURSEMENT RECONCILIATION

Date of Submission _____ Month _____

Employee # _____

I attest that an approved mileage log or mileage table is included and that all travel is in accordance with District policies and procedures.

Employee Name _____

Employee Signature _____ Date _____

I attest that the travel has been reconciled by me or my designee and I have reviewed the travel accordingly. An approved mileage log, mileage table or map is included and all travel is in accordance with District policies and procedures.

Approver's Name _____

Approver's Signature_____ Date _____

Cost Center _____ Account charge_____ Total $_____

****FORWARD THIS COVER SHEET ALONG WITH APPROPRIATE MILEAGE LOG OR MAP TO FINANCE - ACCOUNTS PAYABLE. ONCE RECEIVED, THE REIMBURSEMENT WILL BE PROCESSED FOR PAYMENT ACCORDING TO DISTRICT POLICY.****

approval

Kaweah Health
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Administrative Manual:

Policy Number: AP139	Date Created: 09/14/2007
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Suspected Illegal Substances	

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

POLICY: The District is entrusted with the responsibility of providing quality health care and a safe, healthy and efficient working environment. This policy is intended to provide guidance on how to respond if suspected illegal substance or illegal items such as weapons are ~~is~~ discovered ~~i~~on the premises based on state and federal laws.

~~If District staff members accidentally find any unusual substances which they suspect might be illegal drugs, staff are to notify his/her~~their ~~manager, District Security, and Risk Management immediately.~~

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The patient should be informed that any belongings not sent home may be searched to remove any items that may be used in an unsafe or disruptive manner. District staff ~~can~~may~~not~~ search a patient's room or belongings to look for suspected illegal substances or illegal items~~, even if he/she may suspect the patient has an illegal substance in his/her possession~~ in an effort to keep patients, visitors and staff safe. Efforts should be made to accomplish the search in a consensual, non-forcible manner.

If staff members find any unusual substances which they suspect might be illegal drugs and/or illegal items, staff are to notify their manager, Hospital Security, and Risk Management immediately.

Marijuana is treated no differently than any other illegal substance based on the federal government's definition of controlled substances. ~~An exception may apply, except in~~ In a situation where ~~the case of~~ a patient has ~~with~~ a prescription for medical use of marijuana, contact Hospital Security. Security will collect the marijuana and will store in the security department safe for safekeeping. ~~the case needs to be escalated to the Risk Management Department who will be responsible to coordinate with the appropriate stakeholders for further evaluation.~~

If ~~District~~ staff suspect a patient may be receiving illegal substances brought in by family or visitors, it is appropriate to restrict visitation and/or make arrangements to ~~require a~~have ~~District~~ staff member, e.g.,

Security staff, be present during visitation. Consider establishing a Behavioral Plan (see Workplace Violence Zero Tolerance Toolkit).

This policy applies to all District areas ***except*** Mental Health which maintains its own policy and procedure.

DEFINITIONS:

1. Controlled Substance - The federal government defines a controlled substance as any of the substances listed in the schedules of the Controlled Substances Act of 1970 (CSA). The schedules are broken down into five categories:
   - Schedule I – These substances have no accepted medical use, are unsafe, and hold a high potential for abuse. Examples include heroin, LSD, marijuana, peyote, and ecstasy.
   - Schedule II – These narcotics and stimulants have a high potential for abuse and engender severe psychological or physical dependence. Examples include Dilaudid, methadone, Demerol, OxyContin, Percocet, morphine, opium, codeine, amphetamine (Dexedrine, Adderall), and methamphetamine
   - Schedule III – These are substances that have less potential for abuse but can still lead to moderate or low physical dependence and high psychological dependence. They include Vicodin, Tylenol/Codeine, Suboxone, ketamine, and anabolic steroids.
   - Schedule IV – These substances have a lower potential for abuse than Schedule III drugs, and include Xanax, Soma, Klonopin, Valium, Ativan, Versed, Restoril, and Halcion.
   - Schedule V – These are primarily preparations that contain limited quantities of narcotics, including cough syrups that contain codeine.
2. Illegal Substance – Illegal drugs are substances, which an individual, by law, is not allowed to possess, use or distribute.

PROCEDURE:

Kaweah Health Main Campus (Visalia)

I. Staff will notify Security ***before*** an intentional search of patient's belongings due to suspicion of suspected illegal substance or illegal item.

II. District staff will notify Security immediately if within the course of their work they accidentally find an unusual substance suspected illegal drugs or an illegal item: they suspect might be illegal drugs.

   A. Staff will provide the substance to Security staff.
   B. Security will notify the Visalia Police Department (VPD). (See Section II. E in the management of marijuana).
   C. Security will provide the substance to the VPD upon their arrival.
      1. The ***VPD will take possession*** of the illegal substance and process it per VPD policy.

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2. The VPD **may** write a crime report, recommend a complaint be filed by the District Attorney's office, and/or arrest the person from which the illegal substance was obtained.

D. Security will prepare a Security Department Incident Report and forward to Risk Management.

E. Cases involving patients in possession of recreational (California Proposition 64) or medicinal marijuana will be handled as property

1. The patient will be advised to make arrangement to have the marijuana be taken home. If not feasible, the Security Department will be contacted for an alternative storage.
2. The Security Department will collect the property and store it in the security department property safe until the patient is discharged. The same procedure will be followed when storing patient valuables. Security will store the marijuana property in a security property bag and will issue the property bag receipt to the patient. In cases where the patient is not conscious, the property receipt will be issued to the patient's nurse.

~~D.~~

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~~II.~~III. ~~District s~~Staff will complete an Occurrence Report. Substances should be described factually as they appear without making assumptions, e.g. a white, powdery substance should be documented as such.

~~III.~~IV. ~~District s~~Staff will notify Risk Management by telephone.

Outlying Kaweah ~~Delta~~ Health Campuses

I. When ~~District S~~staff find what they suspect to be illegal drugs, they will notify the city/town police department assigned to their area.
   A. Staff may take possession of suspected illegal drug(s) if safe to do so.
   B. Staff will provide the substance to the local police and/or direct the police to the person in possession of the suspected illegal substance.
      1. The ***police will take possession*** of the illegal substance and process it per police department policy.
      2. The police **may** write a crime report, recommend a complaint be filed by the District Attorney's office, and/or arrest the person from which the illegal substance was obtained.

II. ~~District s~~Staff will complete an Occurrence Report. Substances should be described factually as they appear without making assumptions, e.g. a white, powdery substance should be documented as such.

III. ~~District s~~Staff will notify Risk Management by telephone.

R~~ESOURCES~~EFERENCES:
https://www.deadiversion.usdoj.gov/21cfr/21usc/index.html. Title 21 United States Code (USC) Controlled Substances Act

approval

Controlled substance definition, http://criminal.findlaw.com/criminal-charges/what-is-a-controlled-substance.html

California Proposition 64 – The Adult Use of Marijuana Act

California Hospital Association Consent Manual, 2021.

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approval

Hospital Admin

Policy Number: AP143	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Parking Citation Appeal	

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

PURPOSE: To define the process for ~~persons wishing to~~ appealing Parking Citations issued by Kaweah Delta Health Care District (herein referred to as Kaweah Health) Security Officers.

POLICY: Disposition of parking citation appeals is conducted pursuant to California Vehicle Code 40215.

PROCEDURE: Appeals may be pursued sequentially at three different levels.

Administrative Review - First Level: Administrative Reviews - First Level reviews are conducted by ~~the~~ Security Services Management~~r~~ who will review written / documentary data. These requests are informal statements outlining why the citation should be dismissed, including copies of the documentation relating to the citation. The request for dismissal must be made in ~~person, by mail or telephone to~~writing via the Citation Contest Form (see Addendum A). The form (paper copy) can be picked up from the ~~Hospital~~ Security Department office in the Acequia Lobby and/or downloaded from the Parking Citation Service Center web site: https://www.paymycite.com/kdhcd). The completed form ~~can~~must be turned in to the security management office (Tel. 559-624-5591) or mailed to: Security Services Manager, Kaweah Delta Health Care District, 400 W. Mineral King, Visalia, Ca. 93291~~, Telephone (559) 624-5591~~. If the citation is upheld, ~~at this level~~ a letter will be mailed to the person who requested the Administrative Review. The letter will explain the process for ~~to~~ requesting an Administrative Hearing.

Administrative Hearing - Second Level: If the appellant wishes to pursue the matter beyond Administrative Review~~ - First Level~~, an Administrative Hearing~~ - Second Level~~ may be conducted in person or by written application, at the election of the appellant. The Chief Compliance and Risk Officer ~~A hospital Executive~~ (or Designee) ~~and Director of Facilities~~ will perform an independent ~~referee will~~ review of the administrative file, amendments, and/or testimonial material provided by the appellant and may conduct further investigation or follow-up on their own. If the appellant is unsuccessful in having the citation dismissed through ~~at~~ the Administrative Hearing~~ - Second Level~~, the appellant may appeal the citation to the Tulare County Superior Court. The Administrative Hearing Examiner will provide information explaining this process to the appellant.

Superior Court Review -Third Level: If the appellant wishes to pursue the matter beyond an Administrative Hearing- Second Level, a Superior Court Review may be presented in person by the appellant after an application for review and designated filing fees have been paid to the appropriate Court.

Time Requirements:
Administrative review or appearance before a hearing examiner will not be provided if the ~~violator~~ appellant does not adhere to the mandated time limits.

I. Requests for a~~n~~ Level One - Administrative Review must be postmarked within 21 days of issuance of the citation, or within 10 days of the mailing of the Notice of Delinquent Parking Violation.

II. Requests for a Level Two - Administrative Hearings must be postmarked within 15 days of the notification mailing of the results of the Administrative Review (Level One).

III. Requests for a Level Three - Superior Court Review~~appeal to the Court~~ must be made within 20 days of the mailing of the Administrative Hearing results.

IV. Registered owners of leased or rented vehicles may transfer responsibility for the violation to the lessee or renter of the vehicle at the time of the violation if the name, address, and driver's license number of the lessee / renter is provided to the processing agency within 30 days of the mail date of the delinquent notice.

Costs:

I. There is no cost for ~~an~~ the Administrative Review or Administrative Hearing.

II. Appellants must pay the full amount due for the citation, or provide satisfactory proof of their inability to pay, before receiving an Administrative review.

III. An appeal through Court requires prior payment of the filing costs including applicable court charges and fees. These costs will be reimbursed to the appellant in addition to any previously paid fines if appellant's liability is overruled by the Superior Court.

ADDENDUM:

A. Administrative Review: Citation Contest Form

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Hospital Admin

Policy Number: AP159	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Patient Personal Property and Valuables	

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Purpose: To establish a system for the custody and ~~safekeeping~~ tracking of patient personal property during a patient's stay at Kaweah Delta Health Care District (herein referred to as Kaweah Health) excluding the Kaweah Delta Mental Health Hospital (herein referred to as Kaweah Health Mental Hospital), which has a policy specific to its service area.

Definitions: Personal property – items or objects that belong to a patient and patients ~~are retained~~ keep in their possession during their hospital stay. ~~Examples include, but are not limited to:, clothing, , contacts, prosthetics, and assistive devices.~~

Valuables – personal property such as money, credit cards, ~~cell phones,~~ dentures, hearing aids, glasses, or jewelry, ~~, or that which would be considered a loss if misplaced~~.

Policy:

1. Patients should be actively ~~discouraged~~ encouraged to send ~~from bringing~~ personal property home~~to the hospital and/or retaining possession of personal property while admitted~~.

~~1.~~ Kaweah Health~~DHCD~~ is not responsible for any personal property brought into the hospital after admission.

2. As part of the patient's admission process, Patient Access staff will review the ~~r~~Release of R~~r~~esponsibility and ~~l~~Liability for ~~p~~Personal ~~p~~Property and ~~v~~Valuables ~~this policy~~ with the patient, ~~the patient's family,~~ and/or the patient's legal representative. ~~and~~ Upon request staff will provide them with a copy of the ***Patient~~'s~~ Personal Property and Valuables Policy.***

3. Patient Access staff will obtain ~~from~~ the patient's or ~~the~~ patient's legal representative's ~~initials~~ signature on the Conditions of Admission (COA) form indicating acknowledgment that the ~~policy~~ management of personal belongings has been explained to him or her.

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4. The RN and/or designee admitting the patient is responsible for making sure that the **Receipt for Disposition of Patient's Personal Property**Valuables/Belongings List is completed upon admission should the patient or patient's legal representative choose to keep valuables/belongings in the patient's possession.

   a. Money, jewelry and other valuables should be labeled and stored in~~ent to~~ the safe.

   b. Medications should be labeled and sent to P~~p~~harmacy.

   c. Weapons, drugs, and drug paraphernalia should be sent to S~~s~~ecurity Services.

   d. ~~a~~Assistive devices needed by the patient should be labeled and inventoried Examples include~~such as~~ dentures, glasses, hearing aids, and prosthetics.

   e. If a patient is not alert and oriented, the patient's property should be labeled and inventoried for tracking purposes.

   f. If a staff member takes possession of a patient's property, items collected from the patient should be inventoried and the patient or their legal representative should sign the inventory form. This is to acknowledge that the patient's items were labeled and inventoried correctly.

   ~~a. The inventory should be comprehensive, accurate and items should be described as they appear;~~

   ~~b. The patient or the patient's legal representative will sign and date the form acknowledging that the inventoried items are correct as listed;~~

   ~~c. A staff member will witness the signature;~~

   ~~d. The patient will be given the yellow copy of the form.~~

~~5. KDHCD is not responsible for any personal property brought into the hospital after the **Receipt for Disposition of Patient's Personal Property inventory** is completed at admission.~~

~~6. All patients or their legal representative are requested to sign a **"Release of Responsibility and Liability for Personal Property and Valuables Retained by Patient"** on Admission after the Receipt for Disposition of Patient's Personal Property has been completed and signed.~~

~~7.~~5. Kaweah Health may provide ~~a small~~ storage containers and/or "Personal Property" bags to patients ~~elect~~choosing to retain personal property at the bedside. This is a courtesy and does not constitute Kaweah Health's~~KDHCD~~ acceptance of responsibility for ~~the safety or location of the~~ retained items.

   ~~a. Patients will be encouraged to use the container for safekeeping of small items.~~

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~~b. KDHCD may provide a "Personal Property" bag for larger sized items retained by the patient.~~

~~8.~~6. It is the responsibility of the patient and/or the patient's ~~family~~ legal representative to make sure personal property such as dentures, glasses, and hearing aids are labeled and placed in ~~the~~ protective containers when not in use.

a. Kaweah Health will not be responsible for the loss or damage of such items.

~~9.~~7. Personal property will accompany the patient when transferred between units and Kaweah Health staff will make all reasonable efforts to assist the patient in moving these items upon transfer~~.~~.

~~10.~~8. Medications

a. Medications brought in by patients are to be ~~listed on the Patient's Admission Data Base and~~ sent home, unless the physician orders medication from home to be administered or kept in the service area. (Refer to District Policy CP-.66 Patient's Personal Medications).

b. A patient's personal medications will be secured by the hospital pharmacy if they cannot be returned to the family or legal representative (Refer to District Policy CP-.66 Patient's Personal Medications).

~~11.~~9. Valuables may be locked in the hospital's safe in accordance with CA Civil Code §1860.

a. Items should be placed in a Patient Belongings Envelope. Items should be described as they appear without making assumptions, e.g. a diamond ring should be documented as "yellow metal band and clear stone." ~~.~~ Any documentation of the property description should avoid indication of its value.

~~b. KDHCD is not liable for loss or damage to any valuable or personal property unless it was deposited in the safe, in accordance with policy and procedure.~~

~~c.~~b. The hospital statutory limit of liability for loss/damage to deposited items will be $500 ~~unless a written receipt is issued to the patient for a greater amount by an authorized hospital representative~~.

~~d.~~c. The hospital may release such deposited items to the patient's representative ~~designated on the Patient's Personal Property Receipt or the patient's spouse~~ if the patient is unable to personally retrieve personal property or valuables upon discharge.

~~12.~~10. At discharge, ~~: Nursing~~ staff should check the patient room to ensure personal property has gone home with the patient.

~~a.~~ Personal property left behind should be placed in a "Personal Property" Bag labeled with the patient's name ~~, address, phone number, a copy of the~~

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~~Personnel Property inventory list, if available,~~ and ~~submitted to the housekeeping department for storage~~ placed in the unit's storage area. ~~Valuables such as glasses, hearing aids, or dentures should be sent to the Patient Access Department for deposit into the safe. .~~

~~b.~~a. After ~~ninety~~ thirty (~~90~~30) days has elapsed and the items have not been retrieved, they will be donated to a charitable organization or discarded.

~~13.~~11. At discharge, items locked in the safe will be retrieved:

a. During business hours: the patient, patient's ~~family member or legal~~ legal representative will ~~go to~~contact Patient Access.

b. During non-business hours: the House Supervisor will be ~~called~~ contacted and will retrieve the Patient ~~Personal Property~~Belongings Envelope from the safe.

~~14. Patients and/or their personal representative must submit requests for reimbursement of lost or damaged property to KDHCD within 90 calendar days of the patient's discharge.~~

~~a. Reports of damaged or lost property should be made to the Risk Management department.~~

~~b. Risk Management will coordinate the investigation of property losses in collaboration with Patient Care Management and Security.~~

~~15. Whenweapons~~

12. ~~Whenever~~ a ~~S~~staff member discovers a weapon on a patient or visitor, they should immediately notify Security Services staff. Security Services staff are the only staff permitted to handle patient property related to weapons and/or firearms (Please refer to ~~Security~~ policy SEC 129 Emergency Department Weapons Inspection).

a. The ~~s~~Security Services staff will notify the shift lead or request a secondary Officer to assist with managing the weapon discovery.

1~~6~~23. The Kaweah Health Department where the loss/damage occurred ~~Risk Management~~ will determine liability in claims submitted for lost or damaged personal property. The Department will be responsible for completing an investigation. In situations where Kaweah Health is liable, the Department Leader shall be responsible for reimbursing the patient.

a. No ~~Promises~~ promises of reimbursement or replacement of lost or damaged property should ~~not~~ ever be made. ~~without approval of Risk Management.~~

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~~b. If liability has been accepted, the unit from which the loss occurred will be responsible for the payment of replacement costs.~~

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"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."

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Subcategories of Department Manuals not selected.

Policy Number: HR.145	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/22/2022
Approvers: Board of Directors (Administration)	

Family Medical Leave Act (FMLA) / California Family Rights Act (CFRA) Leave of Absence

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

POLICY:

To allow time off to elig ble employees. To establish a system to continue to receive compensation through accessible benefits, such as Extended Illness Bank (EIB), Paid Time Off (PTO), State Disability Insurance, and Workers' Compensation. To advise employees of their rights and responsibilities.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Kaweah Health will make reasonable accommodations for known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation he or she needs to perform the job. Kaweah Health will take steps to identify the barriers that make it difficult for the applicant or employee to perform his or her job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Health will meet the request.

NOTE: Due to coordination of information between departments and outside agencies, and the requirement that certain records be maintained to demonstrate compliance with State and Federal law, it is important that paperwork and documentation be completed and submitted to Human Resources in a timely manner by department heads and employees.

PROCEDURE:

This policy is based on the California Family Rights Act, as amended in 1993 (CFRA), and the Federal Family and Medical Leave Act of 1993 (FMLA), and is intended to provide eligible employees with all of the benefits mandated by these laws. However, in the event that these laws or the regulations implementing these laws are hereafter amended or modified, this policy may be amended or modified to conform with any change or clarification in the law.

1. Reason for Leave

Family leaves are subject to the eligibility requirements and rules set forth in this policy statement, and as provided by State and Federal regulations.

a. FMLA requires covered employers to provide up to 12 weeks of unpaid, job- protected leave to elig ble employees for the following reasons:

i. For incapacity due to pregnancy, prenatal medical care or childbirth;

ii. Leave taken for the birth, adoption or placement of a child for foster care must be concluded within 12 months immediately following the birth, adoption or placement. The minimum duration for such leave is two (2) weeks. However, leave for less than two (2) weeks can be taken on two occasions only. Kaweah Health has the right to approve intermittent leave. Under CFRA, bonding leave may be taken at the end of Pregnancy Disability Leave for up to 12 weeks, and concluded within 12 months immediately following the birth.

iii. To care for the employee's spouse, registered domestic partner, son or daughter, step son or daughter, or parent, step parent, grandparent, foster parent, adoptive parent, who has a serious health condition, including a son or daughter 18 years of age or older if the adult son or daughter has a disability as defined by the Americans with Disability Act (ADA); or

iv. For a serious health condition that makes the employee unable to perform the employee's job.

v. Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status deployed to a foreign country may use Leave to prepare for short-notice deployment, attend military events, arrange for childcare, address financial and legal arrangements, attend counseling sessions, and allow for rest, recuperation and post-deployment activities, among other events.

vi. A special leave entitlement is available that permits eligible employees to take up to 26 weeks of leave to care for a covered service member who is the spouse, son, daughter, parent, or next of kin. Certain conditions apply.

b. CFRA: In addition to the protections listed above, CFRA allows an employee to take up to 12 workweeks of unpaid protected leave during any 12-month period to bond with a new child of the employee or to take care for a designated person (any individual related by blood or whose association with the employee is the equivilant of a family member (one per 12-month period)), grandparent, grandchild, sibling, spouse, or domestic partner. If Kaweah Health employs both of the parents of a child, both are covered by this policy if eligibility requirements are met. Kaweah Health will grant a request by an eligible employee to take up to 12 workweeks of unpaid protected leave during any 12-month period due to a qualifying exigency related to the covered active duty or call to covered active duty of an employee's spouse, domestic partner, child, or parent in the Armed Forces of the United States. Leaves for this reason are, for the most part, covered under the FMLA, so these leaves may run concurrently

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with leave under the FMLA if the leave qualifies for protection under both laws.

c. A "serious health condition" is an illness, injury, impairment or physical or mental condition which involves:

   i. inpatient care (i.e., an overnight stay) in a medical care facility; or

   ii. continuing treatment by a health care provider for a condition that either
   prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

   iii. The continuing treatment may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may qualify.

2. Employee Eligibility

Family leave is available to employees who have worked at least 12 months for Kaweah Health and have worked more than 1,250 hours during the previous 12 months.

Leave Available

An employee may take up to twelve (12) weeks of leave during a 12-month period. A 12- month period begins on the date of an employee's first use of FMLA/CFRA leave. Successive 12- month periods commence on the date of an employee's first use of such leave after the preceding 12-month period has ended. FMLA and CFRA counts against the amount of Medical Leave available and vice versa.

a. If certified to be medically necessary, leave to care for a family member's serious health condition may be taken intermittently or the employee may request a reduced work schedule. See below for more information.

b. Leave taken for the birth, adoption or placement of a child for foster care must be concluded within 12 months immediately following the birth, adoption or placement. The minimum duration for such leave is two (2) weeks. However, leave for less than two (2) weeks can be taken on two occasions only. Kaweah Health has the right to approve intermittent leave. Under CFRA, bonding leave may be taken at the end of Pregnancy Disability Leave for up to 12 weeks, and concluded within 12 months immediately following the birth.

Employees with pregnancy-related disabilities may have the right to take a Pregnancy Disability Leave in addition to a Family

Leave.

3. Intermittent or Reduced Leave Schedule:

   a. If certified to be medically necessary, for self or leave to care for a family member's serious health condition may be taken intermittently or the employee may request a reduced work schedule. Increments of time may not be less than one hour.

   b. Employees requesting intermittent leave or a reduced work schedule may be requested to transfer to an alternate job position. Such a transfer will be to a job position better able to accommodate recurring periods of absence but which provides equivalent compensation and benefits.

   c. In any case, employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations.

   d. Leaves to care for a newborn child or a child placed for adoption of foster care may not be taken intermittently or on a reduced leave schedule under FMLA/CFRA.

   e. Exempt employees taking an intermittent or reduced leave will be paid for all hours actually worked. For example: An exempt employee is restricted to working three hours a day. The employee will be paid for three hours of productive time and five hours of PTO without impacting their exempt status. If the employee doesn't have PTO, the five hours will be unpaid.

   f. Accrued PTO hours are required to be used for intermittent leaves.

4. Notice, Certification and Reporting Requirements

   a. Timing:

      If the need for the leave is foreseeable, an employee must provide 30 days written notice prior to the requested start of the leave. When 30 days is not possible, the employee must provide notice as soon as practicable and generally must comply with Kaweah Health's normal call-in procedures.

      If the need for the leave is foreseeable due to a planned medical treatment or supervision, the employee must make a reasonable effort to schedule the treatment or supervision in order to avoid disruption to the operations of Kaweah Health.

   b. Certification:

      i. An employee requesting leave to care for a family member with a serious health condition must provide a health-care provider's certification that it is medically necessary for the employee to assist in caring for the family member with the serious health

condition. The certification must include the following:

1. The date on which the serious health condition commenced;

2. The probable duration of the condition;

3. An estimate of the amount of time that the health care provider believes the employee needs to care for the individual requiring the care; and

4. A statement that the serious health condition warrants the participation of a family member to provide care during a period of the treatment or supervision of the individual requiring care.

ii. Upon expiration of the time estimated by the health-care provider needed for the leave, Kaweah Health may require the employee to obtain recertification in accordance with the above requirements as certifications expire.

iii. In addition, an employee requesting an Intermittent Leave or reduced work schedule must provide a health-care provider's certification stating the following:

1. The date on which the treatment is expected to be given and the duration of the treatment.

2. That the employee's Intermittent Leave or reduced work schedule is necessary for the care of a spouse, child or parent with a serious health condition or that such leave will assist in the individual's recovery; and

3. The expected duration of the need for an Intermittent Leave or reduced work schedule.

iv. Department heads may not contact the employee's health care provider to obtain information on a leave. They are to refer any questions to Human Resources or Employee Health Services who may contact the provider.

c. Employee Periodic Reports:

During a leave, an employee must provide periodic reports regarding the employee's status to the department head and Human Resources, including any change in the employee's plans to return to work. Failure to provide updates may cause Kaweah Health to apply a voluntary resignation from employment.

During an approved Intermittent Leave, the employee must call their department head or designee and Human Resources each day or partial day that is requested as Intermittent Leave time.

5. Compensation During Leave:

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Refer to the pamphlet from the Employment Development Department (EDD) entitled "For Your Benefit: California's Program for the Unemployed" for more information. Also refer to the Paid Family Leave policy in the manual.

a. For a medical leave of absence longer than seven days which is to be coordinated with State Disability Insurance (SDI), or a Workers' Compensation leave of absence, accrued EIB hours are paid after 24 hours off. The initial three 24 hours are paid through accrued PTO, if available, at the employee's discretion. In the circumstance of an immediate hospitalization or surgery, an employee may be paid from accrued EIB from their first full day off. EIB must be used for coordination with SDI or Workers' Compensation Temporary Disability Payments; PTO time may be used only after all Extended Illness Bank (EIB) has been exhausted. Coordinated amounts will not exceed the regular amount of pay normally earned by the employee.

b. It is the employee's responsibility to notify Payroll of the amount they receive from SDI or Workers' Compensation to ensure the correct amount of EIB coordination.

c. Applying the EIB utilization guidelines, EIB may be used for Kin Care for the same eligible members noted on page one. Up to 50% of the annual EIB accrual can be used if the employee has worked a full 12 months; otherwise the utilization will be limited to 50% of the employee's accrued EIB. A maximum of 50% of accrued hours in a 12-month period may be utilized.

6. Benefit Accrual:

The employee will continue to accrue PTO and EIB as long as he/she is being paid by Kaweah Health (receiving a paycheck).

7. Merit Review Date:

The merit review date will be adjusted by the number of days of paid and/or unpaid leave of absence over eighty-four (84) days.

8. Benefits During Leave:

a. An employee taking leave will continue to receive coverage under Kaweah Health 's employee benefit plans for up to a maximum of four (4) months per 12-month period at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of such leave. Kaweah Health will continue to make the same premium contribution as if the employee had continued working.

b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and Kaweah Health, under the same conditions as existed prior to the leave, for a maximum period of four (4) months in a 12-month period.

c. If on paid status (utilizing PTO/EIB), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she

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is required to pay Kaweah Health his/her portion of the premiums while on a leave of absence for a total of four months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits.

d. In the case where Pregnancy Disability Leave (FMLA) combined with CFRA bonding leave applies, if an employee is on paid status (utilizing PTO/EIB), the employee may continue her normal premiums through payroll deduction. If on unpaid status, she is required to pay Kaweah Health her portion of the premiums monthly while on a leave of absence for a total of up to seven months; COBRA rules then apply.

e. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposes and as such, the employee may have to provide proof of insurability and will be subject to the pre-existing rules which apply at the time of the leave.

f. An employee may cancel his/her insurance(s) within 30 days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period. Cancellation must be done in writing to the Human Resources Department. The employee must reinstate coverage within 30 days of his/her return from work.

g. Group medical, dental, vision insurance coverage and the medical spending account will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.

h. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by Kaweah Health while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.

9. Reinstatement:

a. A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a medical leave of absence. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work.
Competency-related documentation must be completed within 2 weeks of the
employee's return. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job respons bilities and to observe all District policies, rules and procedures.

b. Under most circumstances, upon return from Family or Medical Leave, an employee will be reinstated to his or her previous position, or to an

equivalent job with equivalent pay, benefits, and other employment terms and conditions. However, an employee returning from a Family or Medical Leave has no greater right to reinstatement that if the employee had been continuously employed rather than on leave. For example, if an employee on Family and Medical Leave would have been laid off had he/she not gone on leave, or if and employee's position is eliminated during the leave, then the employee would not be entitled to reinstatement.

c. An employee's use of Family and Medical Leave will not result in the loss of any employment benefit that the employee earned or was entitled to before using Family or Medical Leave.

d. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related documentation must be completed within 2 weeks of the employee's return. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all District policies, rules and procedures.

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

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Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: HR.149	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	

Bereavement Leave

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

PURPOSE:

To allow employees who have experienced a death in the immediate family to take the time to make necessary arrangements and to observe a period of grieving.

POLICY:

All Full-Time and Part-Time Benefitted employees shall be granted paid bereavement time in the event of a death in their immediate family. As of January 1, 2023, an employee may take up to five shifts of bereavement leave upon the death of a qualifying family member, 24 hours of which will be paid under prior Kaweah Health Policy for employees who receive benefits (the remaining shifts would be unpaid or paid through accrued PTO). An employee is eligible for bereavement leave once they have been employhed for at least 30 days prior to the commencement of leave. A qualifying family member includes spouse, child, parent, sibling, grandparent, grandchild, domestic partner, or parent-in-law. The five shifts of bereavement leave do not need to be taken consecutively; they can be intermittent. The employee must complete the bereavement leave within three months of the family member's date of death. The employer may require that the employee provide documentation of the death of the family member including a death certificate, published obituary, funeral home, burial society, crematorium, religious institution, or governmental agency. The documentation, if requested by the employer, must be provided within 30 days of the first day of bereavement leave.

Deleted: Eligibility occurs on he date of hire. Unpaid bereavement time or use of accrued Paid Time Off may be granted to employees with prior approval of their Director or designee.¶

PROCEDURE:

1. Immediate family can be defined with the list below; however, there may be instances where a loss of a significant other or close relative would be considered. These instances will be left up to the discretion of each Director or Executive.

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Mother	Reg. Domestic Partner	Mother-in-law	Daughter-in-law
Father	Child	Father-in-law	Step Child
Sister	Grandchild	Sister-in-law	Step Parent
Brother	Grandparent	Brother-in-law	Step Brother
Spouse	Legal Guardian	Son-in-law	Step Sister
Miscarriage			

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2. The employee must notify their leader of the need for time off.

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3. For full-time and part-time employees, bereavement time is to be recorded via timekeeping: Bereavement pay up to 24 hours, PTO-Bereavement for the 25 hour through the 5th shift, Bereavement-No Pay if preferred. For Per-Diem or non-benefited employees, Bereavement time is coded as Bereavement-No Pay.

4. Where a pattern of use is established, documentation of death may be required. Failure to provide such documentation upon return to work may result in the leave being considered as an unauthorized absence without pay.

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

Deleted: <#>Full- ime and part- ime benefitted employees will be granted up to three consecu ive scheduled workdays off (up to 24 hours) with pay with the approval of management. Bereavement time may be delayed for a future date with a reasonable explanation for the delay and with the approval of management.¶

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Human Resources

Policy Number: HR.184	Date Created: No Date Set
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 10/26/2022
Approvers: Board of Directors (Administration)	

Attendance & Punctuality

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

POLICY:

Attendance and punctuality is important to Kaweah Health's mission to deliver high quality service to our patients and the community. It is each employee's responsibility to maintain a good attendance record. Regular attendance and promptness are considered part of an employee's essential job functions. Employees with excessive absenteeism may be subject to Progressive Discipline.

Employees with disabilities may be granted reasonable accommodation to assist them in meeting essential functions under any provision in this policy. In cases of disability, appropriate documentation from a healthcare provider is required. A Leave of Absence may be considered as a reasonable accommodation. Please refer to Leave of Absence and the Reasonable Accommodation Policy for more information.

All absences will be recorded on an attendance record (utilizing specific comments in the timekeeping system), which will be used to identify acceptable or unacceptable attendance patterns. The focus of this policy is on the frequency of absences and is to ensure reliability of employees to their work schedule and/or work requirements.

Employees are also expected to report to work punctually at the beginning of the scheduled shift and when returning from meals and breaks.

An employee who misrepresents any reason for taking time off may be subject to disciplinary action up to and including termination of employment. See HR.216 Progressive Discipline.

PROCEDURE:

Absenteeism is not being at work or attending a Kaweah Health paid workshop when scheduled unless the absence is protected by law.

The following number of occurrences, including full shift absences, tardies and leaving early, will be considered excessive and will be grounds for counseling and disciplinary action up to and including termination. During the new hire introductory period (see HR.37 Introductory Period), unacceptable attendance may result in the employee being placed in an advanced step of disciplinary action up to and including termination of employment.

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Occurrence:

- An occurrence is defined as a full day or consecutive days of unscheduled, unapproved, unprotected time off. If makeup time is authorized on the same day or within the week of the occurrence, the absence is still counted as an occurrence.

- For the purpose of this policy, a "tardy" results when an employee fails to report to their work area ready for work at the start of their shift or fails to return from lunch or break at the appropriate time.

- Two tardies or leaving early that have not been pre-approved count as one occurrence. One tardy and one time leaving early can also count as one occurrence, as well as two unscheduled events of leaving early will count as one occurrence.

- An employee is required to call in absences two hours prior to the start of their scheduled shift.

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- Please note that attendance and punctuality is considered an important factor of overall performance and will be considered in performance. As such, if an employee has or is to receive disciplinary actions other than attendance, the levels as noted below will escalate. The entire performance of an employee is considered when establishing levels and Kaweah Health may apply any level or immediate termination if warranted due to the circumstance.

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Number of Occurrences in a Rolling 12-Month Period

Counseling	*Occurrences*	*Introductory Period*
Verbal Warning	*4*	*4*
Level I Written Warning	*5*	*NA*
Level II Written Warning	*6*	
Level III Written Warning	*7*	
Termination	*8*	*5*

Pattern Absenteeism:

Employees will be considered to have a pattern of unscheduled absences if their absences tend to occur immediately before or after scheduled days off, before or after holidays or weekends, occur at regular intervals or on consistent days, occur immediately following disciplinary action, or occur on days that the employee requested off but were denied such request. Patterned absences will be considered misconduct and will be grounds for Progressive Discipline.

Absences not to be considered under this policy are noted below. Reasonable notice of these absences is requested and in some cases required. Progressive Discipline

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may apply where reasonable notice or requested proof of time off documentation is not provided.

a. Work-related accident/illness.

b. Pre-scheduled Paid Time Off (PTO).

c. Pre-scheduled personal time.

d. Time off to vote or for duty as an election official. This provision will be limited to federal and statewide elections exclusively and shall not be extended to include local, city or county elections. Employees requesting time off to vote will submit the request in writing. The request should state specifically why the employee is not able to vote during non-working hours. Unless otherwise agreed, this time must be taken at the beginning or ending of the employee's shift to minimize the time away from work.

e. Time off for adult literacy programs.

f. Time off if a victim of a crime, or if a family member is the victim of a crime, when they take time off following the crime. Protections are for an employee who is a victim of domestic violence, sexual assault, or stalking for taking time off from work for any specified purpose, including seeking medical attention, for injuries caused by the domestic violence, assault, or stalking and appearing in court pursuant to a subpoena. In addition, protections include taking time off from work to obtain or attempt to obtain any relief. Relief includes, but is not limited to, a temporary restraining order, restraining order, obtaining psychological counseling, engaging in safety planning, seeking other injunctive relief, and to help ensure the health, safety or welfare of the victim or their child. Furthermore, protections include if the employee provides certification that they were receiving services for injuries relating to the crime or abuse or if the employee was a victim advocate.

g. Time off to attend judicial proceedings as a victim of a crime, the family member, registered domestic partner or child of a registered domestic partner who is a victim of a crime. Victim means any person who suffers direct or threatened physical, psychological, or financial harm as a result of the commission or attempted commission of specified crime or their spouse, parent, child, sibling, or guardian.

h. Employees who enter uniformed military service of the Armed Forces of the United States for active duty or training.

i. Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation.

j. Time off of up to fourteen (14) days per calendar year for volunteer

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firefighter, reserve peace officer, or emergency rescue personnel training or duties.

k. Time off to attend school or child care activities for their children, grandchildren or guardians (limited to 40 hours per year not exceeding eight hours in any calendar month). Applies to children in grades 1 through 12 or in a licensed child care facility. Additional protections apply for required appearances after suspension of a child from school. Effective January 1, 2016, employees may take time off from work to find a school or a licensed child care provider and to enroll or re-enroll a child, and time off to address child care provider or school emergencies.

l. Bereavement time related to Policy.

m. Jury Duty or Witness Duty.

n. Leaves pursuant to legislative requirements Family and Medical Leave Act of 1993 (FMLA); California Family Rights Act of 1991 (CFRA); Pregnancy Disability Leave (PDL); Organ and Bone Marrow Donation Leave; and Workers' Compensation (WC).

o. Kin Care: Kin Care authorizes eligible employees to use up to one-half (½) of the Extended Illness Bank (EIB) that they accrue annually, in a rolling 12 months, to take time off to care for a sick family member. Employees who accrue EIB are eligible for Kin Care. Employees who are not eligible for EIB are not eligible for Kin Care. No more than one-half of an employee's EIB accrual in a rolling 12- month period can be counted as Kin Care. For example, for full-time employees this would mean no more than 24 hours can be utilized as Kin Care in a rolling 12-month period. An employee must have EIB available to use on the day of the absence for that absence to be covered under Kin Care. An employee who has exhausted his/her EIB and then is absent to care for a sick family member cannot claim that absence under Kin Care. Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, parents, parents-in-law, siblings, grandchildren and grandparents. A Leave of Absence form does not need to be submitted unless the employee will be absent and use sick leave for more than three continuous workdays. In addition, an employee taking Kin Care does not need to submit a doctor's note or medical certification. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note.

Absence for Religious Observation

Kaweah Health will attempt to accommodate employees requesting absence for religious observation, however, in certain circumstances accommodation may not be possible or reasonable.

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Notification of Late Arrival

An employee is required to call in absences two hours prior to the start of their scheduled shift.

Schedules

a. Employees are scheduled to work during specified hours. Unless approved by management, those hours may not be adjusted to accommodate early or late arrival or departure.

b. Employees who arrive for work early may not leave before the end of their scheduled work period unless authorized to do so by their management. Employees may be subject to discipline for incurring unauthorized overtime by reporting to work prior to their scheduled start time. Employees who arrive for work late may not remain on duty beyond the regular scheduled work time to make up the lost time unless authorized to do so by their management. Employees who are absent without approval but are allowed to makeup time will continue to be subject to disciplinary action for lack of reliability.

c. Employees are only paid for actual hours worked.

d. Employees may not shorten the normal workday by not taking or by combining full meal periods and rest break periods and may not leave before the end of their scheduled shift without the authorization of a supervisor.

e. Any employee who leaves Kaweah Health premises during work hours must notify and obtain approval from management and/or their designee prior to departure. Employees must clock out and in for their absence.

f. Employees are to give advanced notice for cancellation of any class or program in which they are enrolled, whether voluntary or mandatory. Advanced notice for cancellation defined as the following:
    1. If class is on Tuesday through Friday, cancel the day before by 8:00am. EXAMPLE: Class is Wednesday at noon- must cancel before Tuesday 8:00 am.
    2. If class is on Monday, cancel prior to 23:59 on Saturday
    3. Classes need to be cancelled through our Learning Management System (LMS)
    4. If the employee cannot cancel in our LMS or they are past the defined time for advanced notice, the employee must contact their manager via phone or email letting them know they cannot attend.

g. Employees must be on time.

h. Failure to give advance notice may count as an occurrence under the Attendance Policy HR.184. Refer to Progressive Discipline policy HR 216.

i. Employees who are absent from work for three days and have not contacted their department manager or supervisor will be assumed to have voluntarily terminated their employment. Employees who are

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absent from work without authorization and without providing proper notification to management may be considered to have abandoned their job and will be terminated from employment.

j. Weekend Makeup Policy – Employees who call in on weekends may be required to make up weekend shifts missed.[1[1]] Weekend shifts will be scheduled for makeup on a successive schedule at the discretion of the scheduling coordinator/supervisor per staffing needs.

k. Holiday Makeup Policy – Employees who call in on a [2[2]]holiday will be required to work another holiday or an extra weekend shift at the discretion of the scheduling coordinator/supervisor per staffing needs.

Loitering

Kaweah Health employees may not arrive to work greater than thirty (30) minutes prior to the start of their shift and may not remain within Kaweah Health facilities greater than thirty (30) minutes beyond the end of their shift without specific purpose and/or authorization to do so.

Clocking

Employees should not clock in, may not begin work before the start of their scheduled shift and must discontinue work and clock out at the conclusion of their scheduled shift, unless instructed otherwise by their management. Employees may not work off-the- clock, including use of electronic communication.

Further information regarding this policy is available through your department manager or the Human Resources Department

[1[1]] Weekend shift starts Fridays at 1800 and ends Mondays at 0600

[2[2]] Holiday is from 1800 the day before the holiday and ends 0600 the morning after the holiday

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

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Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: HR.218	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 06/28/2021
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	

Notification Requirements, Pre-Determination Process and Appeal Process for Involuntary Termination, Suspension without Pay for More Than Five Days and Demotion

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

POLICY:

Employees of the Kaweah Health by statute serve at the pleasure of the Board of Directors (see Health and Safety Code Section 32121(h)). When an employee who has passed his/her six (6) month introductory period is informed of his/her involuntary termination, suspension of five days or more or demotion, the employee will be provided the opportunity for a pre-determination review of a Notice of Intent, written notice of the pre-determination review process, and the Kaweah Health post-determination review and appeal process. This specific policy does not apply to residents enrolled in the Kaweah Health Graduate Medical Education (GME) program. Residents must refer to the Resident Handbook outlining the guidelines that must be used as their exclusive remedy for appealing reviewable actions.

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The purpose of a pre-determination review is to provide employees the opportunity to appeal before a decision is made to terminate, demote, or suspend for more than five (5) days.

Nothing in this policy should be interpreted as modifying or diminishing in any way the Kaweah Health right to terminate or discipline an employee "at will" that is for any reason which the Kaweah Health considers to be sufficient in its sole discretion.

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DEFINITIONS:

I. Pre-Determination Review: A meeting in which an employee is given the opportunity to respond to a Notice of Intent by submitting a written and/or verbal statement to an appointed Reviewer. If the employee chooses to respond, the Reviewer has the responsibility to recommend whether the proposed action should be upheld, overturned, or modified. An employee may wish to provide a verbal response prior to a final decision being made and submit a written summary explaining why there is a belief the proposed discipline is not warranted in advance of the meeting with the reviewer.

II. Reviewer: Except as otherwise noted, the "Reviewer" shall be a

Chief or other executive appointed by the Chief of Human Resources.

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III. Post-Determination Review: Appeal process after the pre-determination review.

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PROCEDURE:

I. Initial Notice of Intent

If an employee who has passed the initial six (6) month introductory period, is subject to termination, suspension for more than five (5) days or demotion, the management of the employee, or the Chief of Human Resources or designee, shall cause to be served on the employee a written notice ("Notice of Intent"). The following is a recommended list of the items that should be contained in this document, but no Notice of Intent will be invalid if it does not contain all of the items on this list. The purpose of the document is to provide the employee with an outline of the proposed action along with a fair summary of the reasons for taking the action:

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A. the proposed action (i.e., termination, suspension for more than five (5) days or demotion) and the effective date of the proposed action;

B. the reasons supporting the proposed action;

C. a summary of the facts upon which the charges are based;

D. notification that the employee is entitled to a pre-determination meeting to respond, either orally or in writing, to a review ("pre-determination review"). The Pre-determination Reviewer ("Reviewer") will be appointed by the Chief of Human Resources or his/her designee.

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E. the name of the Reviewer and his/her contact information; and

F. notification that the proposed action will become final and that the employee will waive his/her rights to a pre-determination review and a post-determination hearing of the matter if the employee does not contact the Reviewer by 4:00 p.m. of the next working day after service of such notice. A form to be used for such notice will be provided by Human Resources. "Working day" as used herein shall mean any day, Monday through Friday, holidays excluded.

G. The provisions contained in Section F are advisory and within the sole discretion of the District. The Kaweah Health failure to comply with any of the provisions of this Section shall not invalidate any disciplinary action taken.

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II. Effective Date

The Notice of Intent as described in this document shall become effective when:

A. The employee has been served with a copy of the notice specified above and has failed to contact the assigned Reviewer to schedule a review of the proposed action, by 4:00 p.m. of the next working day after service of the notice; or,

B. The employee contacts the assigned Reviewer, the Chief of Human Resources or his/her designee or the Director of his/her Department and explicitly states he/she does not want to schedule a pre-determination review of the proposed action; or,

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C. The employee properly requests a pre-determination review and the Reviewer issues a written recommendation after the pre-determination meeting in which he/she recommends upholding the proposed demotion, suspension or termination and the employee does not request a post-determination hearing with a Hearing Officer, or;

D. The employee properly requests and obtains a post-determination hearing where the Hearing Officer upholds the decision of the Reviewer and the employee does not request a review by the CEO; or

E. The employee properly requests and obtains appellate review by the CEO and he/she upholds the decision of the Reviewer.

III. Arranging the Pre-determination Meeting

A. The Notice of Intent will identify the Reviewer and provide the Reviewer's contact information. It will advise the employee that he/she may respond directly to the Reviewer, either orally or in writing, and will set out the time limit within which the response should be submitted. The Notice of Intent will also advise the employee how he/she can contact the Reviewer to arrange a meeting.

B. If the employee wishes to meet, it is his/her responsibility to contact the Reviewer and arrange the meeting; the meeting should be scheduled no later than three (3) calendar days following the date of the request.

C. As an alternative to a meeting, an employee may submit a written response. The Reviewer may disregard an untimely response.

D. If it occurs, the pre-determination meeting will be informal. The Reviewer will lead the meeting. The employee may provide such evidence or information as he/she wishes and tell his/her side of the story. After the meeting, the Reviewer will recommend whether the proposed action should be upheld, modified, or revoked. Matters related to the Reviewer's recommendation are addressed in Part IV, below.

E. On occasion, employees may request that a scheduled pre-

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determination meeting date be extended, or that the standard pre-determination response period be increased. Although the Reviewer may grant or deny these requests, he/she should consult with Human Resources prior to doing so. Since employees may be on leave with pay during the pre-determination period, it is important to consider the stated need for the extension, along with the financial implications of the request, before issuing a decision.

IV. Recommendations for Conducting the Pre-determination Meeting

PREPARATION FOR THE MEETING:

The Reviewer should read the Notice of Intent, supporting documents, this Policy, Kaweah Health policies and procedures relating to the intended action, and any written response submitted by the employee and any documents the employee has submitted.

At the meeting, the Reviewer will: Introduce all persons present[1]; explain the purpose of the meeting; explain that, upon completing the meeting, he/she will consider the information provided and then make a recommendation to uphold, modify, or revoke the proposed action;
explain that his/her recommendations, if any, are not binding, but are simply recommendations that may be accepted or rejected by the District.

The Reviewer should then invite the employee to respond to the charges and advise that the employee's response may be submitted in writing, if the employee desires, or a combination of verbal and written responses. The Reviewer should allow the employee to present all relevant facts and arguments including documents.

The pre-determination meeting is not a formal hearing and there will be no witnesses testifying under oath. If the employee believes there are other employees who can support his/her facts/arguments, he/she may, with the permission of the Reviewer, bring them to the meeting and ask that they be heard. Such oral statements are in the discretion of the Reviewer. The Reviewer may limit the number of "witnesses" or place time limitations on the length of such verbal statements.

Neither the Kaweah Health nor the employee shall have the right to be represented by counsel or any other person not an employee of the District. The employee, in his/her discretion, may bring a current Kaweah Health employee to support him/her at the meeting.

It is often helpful to invite the Manager/Supervisor initiating the action to sit in on a pre-determination meeting for the purpose of providing clarification.

[1] The Reviewer may request the attendance and assistance of a member of Human Resources staff at the meeting

However, the attendance of any person is at the sole discretion of the Reviewer. The Reviewer may ask questions of the Manager/Supervisor or allow the employee to ask questions of the Manager/Supervisor. Such questioning, however, should be

permitted only if the Reviewer finds it of value.

AFTER THE PRE-DETERMINATION MEETING

After the meeting, the Reviewer evaluates all of the information. If the Reviewer concludes that additional information is needed, he/she will contact the Chief of Human Resources or his/her designee for advice and assistance.

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After reviewing all of the documentation and information, the Reviewer evaluates whether in his/her judgment there is a reason to believe the employee engaged in the conduct charged and whether the proposed action is appropriate. The Reviewer may confer with the Manager/Supervisor who initiated the action. If this evaluation involves policy issues, the Chief of Human Resources or his/her designee should be consulted. Depending on the results of his/her evaluation, the Reviewer then makes a recommendation to uphold, modify, or revoke the proposed action.

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The Reviewer will prepare his/her written recommendation within three (3) working days of the meeting or such longer time as is necessary. The letter will be hand delivered to the employee during a final meeting with their manager and the Human Resources representative. If the employee refuses to attend the final meeting, the letter will be sent to the employee by regular and certified mail.

PAY STATUS

In most cases, the employee will continue to remain on pay status until the review process is completed and the action is implemented, implemented in modified form, or revoked.

Requesting a Hearing

An employee may appeal the Reviewer's recommendation supporting substantial action (demotion, suspension of more than five (5) days, termination) by submitting a request for appeal to the Chief of Human Resources or his/her designee. The employee's written request for appeal must be received no later than five (5) calendar days from the date of the document containing the final action. The five (5) calendar days requirement applies even if the letter with the Reviewer's recommendation is delivered by mail.

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If an employee properly submits a written request for a hearing, it shall be scheduled no later than ten (10) working days following the date of the request by the employee. The ten (10) working day time period may be extended by

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the Chief of Human Resources or his/her designee at the request of the employee or the District, upon a showing of good cause, provided that the Kaweah Healthshall have no obligation to pay back wages beyond the ten (10) day period in the event the proposed termination, suspension of five (5) days or more or the demotion is overturned by the Hearing Officer or if the extension is at the request of the employee. The hearing shall be set for the earliest mutually agreeable date, which shall not be more than thirty (30) calendar days from the date the request for a hearing was received. The hearing shall be an informal evidentiary hearing attended by the Chief of Human Resources or his/her designee and by the employee. The hearing shall be presided over by the Personnel Hearing Officer (who serves by appointment of the Board of Directors), or by a Hearing Officer chosen from a panel pre- approved by the Kaweah Health Board of Directors and mutually agreed upon by the parties.

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At the hearing, both the Kaweah Health and the employee shall have the right to counsel, the right to call and examine witnesses for or against either party, the right to offer appropriate documentary evidence, the right to a reasonable continuance upon a showing of good cause, and all other procedural due process rights applicable to administrative proceedings. Strict rules of evidence shall not apply and the Hearing Officer shall have the discretion to determine what evidence shall be admitted and what weight shall be given to the admitted evidence. At all proceedings before the Hearing Officer, the Kaweah Health shall provide, at the expense of the District, the services of a certified shorthand reporter. The Kaweah Health shall have the burden of proving by a preponderance of the evidence that the termination, suspension for more than five (5) days or demotion was for good cause. At the conclusion of the hearing the matter will be submitted to the Hearing Officer for decision.

The decision of the Hearing Officer shall be in writing and ordinarily shall be rendered no later than five (5) calendar days from submission of the matter for decision. The decision of the Hearing Officer shall be filed with the Chief of Human Resources or his/her designee who shall promptly serve a copy of the decision on the employee or his/her counsel, if any. The decision shall be effective immediately upon filing of the decision with the Chief of Human Resources or designee, unless the employee properly complies with the requirements for appellate review.

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The decision of the Hearing Officer shall be a recommendation to the Chief Executive Officer. The Hearing Officer may recommend to uphold, overrule or modify the proposed action.

VI. The Chief Executive Officer's Decision (Appellate Review)

Any party affected by the decision of the Hearing Officer shall have the right to a review by the Chief Executive Officer. Written notice of appeal, including the basis (or bases) for the appeal, must be filed with the Chief of Human Resources or his/her designee no later than three (3) calendar days following

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service of the decision of the Hearing Officer on the party requesting the appeal. Failure to file written notice of appeal within said three (3) calendar day time limit shall constitute a waiver of appeal rights. The Chief Executive Officer shall review and consider the recommendation of the Hearing Officer. After reviewing the recommendation of the Hearing Officer, the Chief Executive Officer in his/her sole discretion may decide to uphold, revoke or modify the proposed action.

Any party seeking the Chief Executive Officer's review of the decision must obtain, at the appellant's own expense, two copies of a transcript of the proceedings held before the Hearing Officer. Failure to file such transcripts with the Chief of Human Resources or his/her designee at least two (2) working days prior to the date set for appellate review shall constitute a waiver of the appeal.

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The appellate review by the Chief Executive Officer shall be scheduled no later than ten (10) calendar days following the date of the receipt by the Chief of Human Resources or his/her designee of the request for appellate review, or as soon thereafter as it can be scheduled taking into consideration the availability of the Chief Executive Officer and/or the transcript of the hearing. The Chief Executive Officer shall apply the independent judgment test in reviewing the decision of the Hearing Officer. The appellee shall have five (5) working days to prepare and file a written response to the appeal. The Chief Executive Officer, at his/her discretion, may determine whether or not he/she would like to receive any additional oral or written argument. The Chief Executive Officer shall not be empowered to receive new or additional evidence.

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The Chief Executive Officer shall affirm, modify, or reverse the decision of the Hearing Officer, and shall file with the Chief of Human Resources or his/her designee his/her written decision within two (2) working days following the conclusion of the appellate review.

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The decision of the Chief Executive Officer shall become effective immediately upon filing the decision with the Chief of Human Resources or his/her designee.

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The decision of the Chief Executive Officer shall constitute the final administrative proceeding which must be exhausted by either party before seeking judicial review, if any.

Note: If the subject matter of the original Notice of Intent included or involved the Chief Executive Officer in a way that might prejudice the employee in this matter, the final review will exclude the Chief Executive Officer and the President of the Board of Directors of Kaweah Delta Health Care Kaweah Health will act as the final reviewer.

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Service of any notice, decision, or any other matter required to be served under these provisions shall be deemed served on the same day it is personally served upon the party to be served, or on the third (3rd) calendar day following deposit in the United States mail of the material to be served, certified mail, return receipt requested, addressed to the last known address of the party to be served.

This policy shall not extend to employees during their initial introductory period (i.e., less than six months of employment).

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

Deleted: *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.*¶

Kaweah Delta Health Care District

Human Resources

Policy Number: HR.234	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 06/28/2021
Approvers: Board of Directors (Administration)	

Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014

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

POLICY:

Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Workplace Act of 2014 – Paid Sick Leave (PSL) benefits are offered to all employees as defined in this policy. PTO is offered to full-time and part-time eligible employees for leisure, celebration of holidays, short-term illness and other personal needs. EIB is offered to full-time and part-time eligible employees for extended illness and Kin Care. Private Home Care staff, temporary staff/interims and Per Diem staff are not eligible for PTO or EIB but are eligible for Paid Sick Leave (PSL) as defined in this policy. Excessive occurrences of unapproved time off may result in disciplinary action. See Policy HR.184 Attendance and Punctuality.

PROCEDURE:

Eligibility and Accrual for PTO and EIB

Full-time and benefited part-time employees are eligible to receive PTO and EIB. If an eligible employee is changed to a non-eligible status, the PTO and EIB time accrual will cease. The employee will receive a lump-sum payment for all accrued PTO paid at 100% of their hourly rate of pay prior to the status change. During the non-eligible status, the employee will accrue PSL.

If a non-eligible employee is changed to an eligible status, the employee begins accruing PTO and EIB as of the first pay period in which the status change became effective; PSL accrual will cease. At no time will an employee accrue PTO and EIB as well as PSL. An employee accrues either PTO and EIB or PSL.

The rate of PTO and EIB accrual received is based on qualified service hours. Qualified service hours which count toward the accrual rate include the following: regular hours worked (non-overtime), Education Reduced Shift, Flex Time Off, PTO FMLA, PTO unscheduled, PTO/PSL, PTO Sick/Pregnancy, PTO Holiday, PTO/Workers Compensation, Sitter Pay, Sleep Pay, PTO hours, bereavement hours, jury duty hours, training/workshop hours, orientation hours, and mandatory dock hours. Neither EIB nor PTO accruals will be earned while employees are being paid EIB

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hours.

Eligibility and Accrual for PSL

PSL eligible employees include Per-Diem, Private Home Care, and Part-Time non-benefit eligible employees. PSL eligible employees will accrue at the rate of one hour per every 30 hours worked (.033333 per hour); accrual begins as of the first pay period. A new employee is entitled to use PSL beginning on the first day of employment. Employees are limited to 24 hours of use of accrued time in each 12-month rolling period. PSL will carry over to the following calendar year not to exceed 48 hours of accrual in any calendar year.

Description	Service Hours	Approximate Yrs. of Service required to obtain this rate	**Earned 1st Pay Period:** Accrual (8 & 10hrs up to 80 eligible hrs a pp) (12hrsup to 72 eligible hrs a pp)	**Earned at 520 Eligible Hours of Employment:** Additional Accrual earned on up to 72 eligible hours a pp.
8hr, 10hr, FT & PT Staff	0	5 years	.038461 (80) – Accrual rate during first 90 days in eligible status	.051282 (96hrs)
8hr, 10hr, FT & PT Staff	10400	5 – 10 years	.057692 (120)	.051282 (96hrs)
8hr, 10hr, FT & PT Staff	20800	10+ years	.076923 (160)	.051282 (96hrs)
12hr FT & PT Staff	0	5 years	.038461 (72)	.051282 (96hrs)
12hr FT & PT Staff	9360	5 – 10 years	.057692 (108)	.051282 (96hrs)
12hr FT & PT Staff	18720	10+ years	.076923 (144)	.051282 (96hrs)

Maximum Accruals

The Maximum PTO accrual allowed is 400 hours. The accrual will cease once the maximum accrual is reached until PTO hours are used or cashed out. The maximum EIB accrual is 2000 hours; the maximum PSL accrual is 48 hours in a calendar year. No Payment is made for accrued EIB or PSL time when employment with Kaweah Health ends for any reason.

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Requesting, Scheduling, and Access to PTO, EIB and PSL

Routine unpaid time off is not allowed. Any requests for unpaid time should be considered only on a case-by-case basis taking into consideration the need for additional staffing to replace the employee and other departmental impacts. It is the responsibility of management to monitor compliance. Employees should be aware that unpaid time off could potentially affect their eligibility for benefits.

Any request for PTO time, whether for traditional holiday, for vacation time, or otherwise must be approved in advance by management. Management will consider the employee's request as well as the needs of the department. In unusual circumstances, management may need to change the PTO requests of employees based upon the business and operational needs of Kaweah Health. In such situations, Kaweah Health is not responsible for costs employees may incur as a result of a change in their scheduled PTO time.

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Unscheduled time off will be paid using accrued PTO.

AB 1522 Healthy Workplace Healthy Families Act of 2014

An employee may utilize up to 24 hours of PTO or PSL in a rolling 12-month periodfor the following purposes:

a) Diagnosis, care, or treatment of an existing health condition, or preventative care for, an employee or an employee's family member, as defined as employee's parent, child, spouse, registered domestic partner,grandparent, grandchild, and siblings.

b) "Family Member" means any of the following:
   i. A child, which for purposes of this policy means a biological, adopted or foster child, stepchild, legal ward, or a child to whomthe employee stands in loco parentis; this definition of child is applicable regardless of age or dependency status.
   ii. A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registereddomestic partner, or a person who stood in loco parentis when the employee was a minor child.
   iii. A spouse
   iv. A registered domestic partner
   v. A grandparent
   vi. A grandchild
   vii. A sibling

c) For an employee who is a victim of domestic violence, sexual assault_or stalking, as specified.

There is no cash out provision for the PSL accrual, including upon termination of employment or with a status change to a benefit eligible position. However, if an

employee separates from Kaweah Health and is rehired within one year, previously accrued and unused PSL will be reinstated.

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PSL and PTO time shall be utilized at a minimum of 1-hour increments and no more than the length of the employee's shift.

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PTO and PSL time taken under this section is not subject to the ProgressiveDiscipline Policy HR.216.

Time Off Due To Extended Illness

Employees who are absent due to illness for more than three (3) consecutive work days should notify their manager and contact the Human Resources Department to determine if they are eligible for a leave of absence. Accrued EIB can be utilized for an approved continuous leave of absence beyond 24 hours and on the first day of surgery in an acute-care or outpatient surgery center or inpatient admission to the hospital.

Employees who are absent due to illness for more than seven (7) consecutivedays should file a claim for California State Disability Insurance. Claim forms are available in Human Resources. State Disability payments will be supplemented with any accrued EIB time by the Payroll Department, and PTO at the employee's request.

Employees who are absent with an Intermitenet Leave under FMLA/CFRA are required to use accured PTO for their absenses, at no less than one hour and no more than the regular length of the shift.

Time Off Due to Kin Care

Kin Care allows eligible employees to use up to one-half (1/2) of the Extended Illness Bank (EIB) that they accrue annually in a rolling 12 months to take time off to care for a sick family member. Only employees who accrue EIB are eligible for Kin Care. No more than one-half of an employee's EIB accrual in a rolling 12-month period can be counted as Kin Care. For example, for full-time employees this would mean no more than 24 hours can be utilized as Kin Carein a rolling 12-month period. An employee must have EIB available to use on the day of the absence for that absence to be covered under Kin Care. An employee who has exhausted his/her EIB and then is absent to care for a sick family member cannot claim that absence under Kin Care. Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, "child" means a biological, foster, or adopted child, a stepchild, a legal ward, a child of a domestic partner, or a childor a person standing in loco parentis, parents, parents-in-law, siblings, grandchildren and grandparents. A Leave of Absence form does not need to be submitted unless the employee will be absent and use sick leave for more than three continuous workdays. In addition, an employee taking Kin Care does not need to submit a doctor's note or medical certification. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a

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doctor's note.

EIB time taken under this section to care for an immediate family member isnot subject to the Progressive Discipline Policy HR.216.

Holidays

Kaweah Health observes 72 holiday hours each year. Eligible employees may be scheduled a day off and will be paid provided adequate accrual exists within their PTO bank account for each observed holiday. Time offfor the observance of holidays will always be in accordance Kaweah Healthneeds.

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1. New Year's Day (January 1st)
2. President's Day (Third Monday in February)
3. Memorial Day (Last Monday in May)
4. Independence Day (July 4th)
5. Labor Day (First Monday in September)
6. Thanksgiving Day (Fourth Thursday in November)
7. Day after Thanksgiving Day (Friday following Thanksgiving)
8. Christmas Day (December 25th)
9. Personal Day

Business departments and/or non-patient care areas will typically be closed in observance of the noted holidays. Where this is the case, employees assignedto and working in these departments will be scheduled for a day off on the day the department is closed. Employees affected by department closures for holidays should maintain an adequate number of hours within their PTO banksto ensure that time off is with pay.

In the first 90 days of employment, benefit eligible employees who have not accrued sufficient PTO to cover holidays may be paid and their PTO accrualbank will go into the negative, until accrual is earned back in successive payperiods, unless otherwise specified by the employee.

In business departments and/or non-patient care areas, holidays, which fall on Saturday, will typically be observed on the Friday proceeding the actual holiday and holidays, which fall on Sunday, will be observed on the Monday following the actual holiday.

Employees who work hours on some of these holidays may be eligible forholiday differential. For more information of eligibility, see policy HR.75 Differential Pay-Shift, Holiday, and Weekend.

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

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Kaweah Delta Health Care District

Human Resources

Policy Number: HR.244	Date Created: No Date Set
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/21/2020
Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Paid Family Leave	

Deleted: Not Approved Yet

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

Policy:
Paid Family Leave (PFL) is a type of unemployment compensation paid to employees who have a wage loss when they take time off from work for up to eight (8) weeks to care for a seriously ill family member, bond with a new child or for a qualifying exigency related to the covered active duty or call to covered active duty of an individual's specified family member in the Armed Forces of the United States. To be eligible for California PFL benefits for bonding, employees must have welcomed a new child into the family in the past 12 months either through birth, adoption, or foster care placement. Specified family members qualifying for the exigency related to active duty are: the individual's spouse, domestic partner, child, or parent in the Armed Forces of the United States. This benefit provides compensation through accrued Paid Time Off (PTO), Extended Illness Bank (EIB) and California sponsored Paid Family Leave (PFL).

NOTE: Due to coordination of information between departments and outside agencies, and the requirement that certain records be maintained to demonstrate compliance with State and Federal law, it is important that paperwork and documentation be completed and submitted to Human Resources in a timely manner by department leadership and employees.

Procedure:
This policy is based on the California Paid Family Leave (PFL) and is intended to provide eligible employees with all of the benefits mandated by the State of California Employment Development Department. However, in the event that these laws or the regulations implementing these laws are hereafter amended or modified, this policy may be amended or modified to conform with any change or clarification in the law.

1. <u>Reason for Leave:</u>

   May be eligible under FMLA and CFRA please refer to the Family Medical Leave of Absence Policy.

2. Employee Eligibility:

   a) Have paid into State Disability Insurance, (noted as "CASDI"on paystubs) in the past 5 to 18 months.

   b) This benefit applies to all employees regardless of length of service. If an employee does not also qualify for a leave under the FMLA or CFRA guidelines, a Personal Leave of Absence may apply upon the manager's discretion. Please review HR.148 Personal Leave Policy.

3. Compensation Available:

   Refer to the Notice to Employees from the Employment Development Department (EDD) for more information.

   a. Employees may use 24 hours of EIB/Kin (see policy HR.234 PTO/EIB) and/or PTO starting day one at integration with State Disability Insurance or Paid Family Leave.

   b. An employee may be paid up to eight (8) weeks of leave during a 12-month period. A 12-month period begins on the date of an employee's first use of PFL leave. Successive 12-month periods commence on the date of an employee's first use of such compensation after the preceding 12-month period has ended. If eligible, PFL runs concurrent with FMLA and CFRA Leaves of Absence.

4. Certification:
   Refer to the Family Medical Leave of Absence Policy in the Manual.

5. Periodic Reports:
   Refer to the Family Medical Leave of Absence Policy in the Manual.

6. Benefits During Leave:
   Refer to the Family Medical Leave of Absence Policy in the Manual.

7. Reinstatement:
   Refer to the Family Medical Leave of Absence Policy in the Manual.

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Deleted: <#>Applying the Extended Illness Bank (EIB) utilization guidelines, EIB/Kin may be used to attend to the illness of a child, parent, spouse, grandparent, grandchild, sibling, registered domestic partner or parent-in-law. Up to 50% of the annual EIB accrual can be used if the employee has worked a full 12 months; otherwise¶
the utilization will be limited to 50% of the employee's annual annual accrued EIB. A maximum of 50% of accrued hours in a 12-month period may be utilized. This is referred to as "Kin Care."¶

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

responsibility to review and understand all Kaweah Delta Policies and Procedures."

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Privileges in Critical Care, Pulmonary & Sleep Medicine

Name: _____

Please Print

CRITICAL CARE CORE PRIVILEGES

Education & Training: M.D. or D.O. and Successful completion of an ACGME or AOA accredited program in the relevant medical specialty **AND** Successful completion of an accredited fellowship in critical care medicine and/or current subspecialty certification or active participation in the examination process leading to subspecialty certification in critical care medicine by the ABMS or AOA Boards within the timeframe determined by the certifying board
Current Clinical Competence: Documentation of provision of inpatient care to at least fifty (50) patients in the CCU over the past 24 months or completion of residency or clinical fellowship within the past 12 months.
OR *CA licensed physicians involved in their 2nd or 3rd year Critical Care Fellowship Program

Renewal Criteria: Minimum 60 cases required in the past two years **AND** Maintain current certification or active participation in the examination process leading to certification in Critical Care Medicine by the ABMS or AOA Board.
FPPE Requirement: Minimum of 8 of the following cases reviewed concurrently or retrospectively. to include: 5 diverse admissions & 2 flexible therapeutic bronchoscopies.

Request	Procedure	Approve
☐	**Privileges include:** Privileges to evaluate, diagnose, perform history and physical exam, provide treatment or consultation (may include telehealth) to patients 14 years of age and older, with multiple organ dysfunction and in need of critical care **AND** • Airway management, including intubation • Arterial puncture and cannulation • Cardiopulmonary resuscitation • Cardioversion and defibrillation • Central venous and pulmonary artery catheter insertion • Flexible ~~therapeutic~~ bronchoscopy (excluding biopsies) with established Airway (Endotracheal/Tracheostomy) • Lumbar puncture • Needle and tube thoracostomy • Paracentesis • Thoracentesis • Tracheostomy/cricothyroidotomy, emergency • Transthoracic Echocardiography • Swan Ganz Catheters	☐
☐	Admitting Privileges (Must request and maintain inpatient contact volume for Courtesy or Active Staff Status)	☐

ADVANCED PRIVILEGES
(Must meet the criteria for Critical Care Core Privileges)

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
☐	Flexible bronchoscopy (excluding biopsies) without an established Airway (Endotracheal/Tracheostomy)	Documentation of 5 procedures in the last 2 years.	5 procedures in the last 2 years.	Minimum of 3 cases concurrently	☐

PULMONARY CORE PRIVILEGES

Education & Training: M.D. or D.O. and Successful completion of an ACGME or AOA-accredited fellowship in pulmonary medicine. **AND** ACLS Certification unless boarded in Critical Care **AND** Current certification or active participation in the examination process leading to certification in Pulmonary Disease OR Critical Care by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine within the timeframe determined by the certifying board
Current Clinical Competence: Documentation of provision of inpatient care to at least fifty (50) patients over the past 24 months or completion of residency or clinical fellowship within the past 12 months.
OR *CA licensed physicians involved in their 2nd or 3rd year Pulmonary Fellowship Program

Renewal Criteria: Minimum 50 cases required in the past two years **AND** Maintenance of certification or active participation in the examination process leading to certification in Pulmonary Disease OR Critical Care by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine **AND** ACLS Certification unless boarded in Critical Care.
FPPE Requirements: Minimum of 5 diverse admissions concurrently or retrospectively (Critical Care Core can be counted)

Request	Procedure	Approve
☐	**Core Privileges include:** Evaluate, diagnose, consult, perform history and physical exam, and provide treatment and consultation (may include telehealth) to patients with disorders chest or thorax **AND** • Airway Management, including intubation • Arterial puncture and cannulation • Central venous and pulmonary artery catheter insertion • Flexible diagnostic bronchoscopy with Transbronchial biopsies • Inhalation challenge studies • Pulmonary function testing interpretation • Thoracentesis and related procedures • Flexible diagnostic bronchoscopy with Endobronchial biopsies	☐

☐	Admitting Privileges (Must request and maintain inpatient contact volume for Courtesy or Active Staff Status)	☐

~~ADVANCED PRIVILEGES~~
~~(Must meet the criteria for Pulmonary Core Privileges)~~

~~Request~~	~~Procedure~~	~~Initial Criteria~~	~~Renewal Criteria~~	~~FPPE~~	~~Approve~~
☐	~~Flexible diagnostic bronchoscopy with Transbronchial biopsies~~	~~Documentation of 5 procedures in the last 2 years.~~	~~5 procedures in the last 2 years.~~	~~Minimum of 3 cases concurrently~~	☐
☐	~~Flexible diagnostic bronchoscopy with Endobronchial biopsies~~	~~Documentation of 5 procedures in the last 2 years.~~	~~5 procedures in the last 2 years.~~	~~Minimum of 3 cases concurrently~~	☐

SLEEP MEDICINE CORE PRIVILEGES

Education & Training: M.D. or D.O. and Successful completion of an ACGME or AOA-accredited fellowship in sleep medicine, **AND** ACLS Certification unless boarded in Critical Care **AND/OR** Current sub-specialty certification or active participation in the examination process leading to certification within the time frame determined by the certifying board in Sleep Medicine by the by the relevant ABMS board or completion of a CAQ by the relevant AOA board. Current certification by the AASM is acceptable for applicants who became certified prior to 2007.
Current Clinical Competence: Documentation of provision of care to at least fifty (50) patients over the past 24 months or completion of residency or clinical fellowship within the past 12 months.
Renewal Criteria: Minimum of 50 cases required in the past two years **AND** Maintenance of certification or active participation in the process leading to certification in Sleep Medicine **OR** completion of a CAQ by the relevant AOA board. Current certification by the AASM is acceptable for applicants who became certified prior to 2007 **AND** Documentation of 10 Cat I or II CME hours in sleep medicine.
FPPE Requirements: Minimum of 3 cases reviewed concurrently or retrospectively

Request	Procedure	Approve
☐	**Core Privileges include:** Evaluate, diagnose, consult, perform history and physical exam, and provide treatment (may include telehealth) to patients presenting with conditions or sleep disorders **AND** • Actigraphy • Home/ambulatory testing • Maintenance of wakefulness testing • Monitoring with interpretation of EKGs, electroencephalograms, electro-oculographs, electromyographs, flow, oxygen saturation, leg movements, thoracic and abdominal movement, and CPAP/BI-PAP tritration • Multiple sleep latency testing • Oximetry • Sleep log interpretation	☐
☐	Admitting Privileges (Must request and maintain inpatient contact volume for Courtesy or Active Staff Status)	☐

ADVANCED PRIVILEGES
(Must meet the criteria for Sleep Medicine Core Privileges)

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
☐	Polysomnography (including sleep stage scoring)	Documentation of 400 in the last 2 years.	400 in the last 2 years.	Minimum of 20 cases concurrently	☐

ADDITIONAL PRIVILEGES
(Must also meet the Criteria Above)

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
☐	Administration of Moderate Sedation	Successful completion of Kaweah Health sedation exam	Successful completion of Kaweah Health sedation exam	None	☐
☐	Percutaneous tracheostomy	Documentation of training and 10 procedures in the last 2 years	Minimum of 5 cases required in last 2 years	5 direct observation	☐
☐	Fluoroscopy Privileges	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	☐

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 Critical Care, Pulmonology, Adult Hospitalist Medicine Chairman *Date*

RESOLUTION 2188

WHEREAS, Carolta Otero, is retiring from duty at Kaweah Delta Health Care District after 36 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 Carlota Otero for 36 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 26th day of April 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

Institution Name and Address

Western Alliance Bank
3033 West Ray Road
Chandler, AZ 85226

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Ownership of Account

The specified ownership will remain the same for all accounts:

☐ Government Agency ☐ Municipality
☒ Public Entity ☐ Other:_____

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: 94-1534475

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined by the IRS); and
4. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Exemptions from FATCA reporting code (if any) _____

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. IRS Form W-9 Instructions are available upon request.

X _____ _____
Signature **Date**

Account Description	Account Number
Public Funds Interest Checking	8939732038

Owner/Account Holder Information

Account Holder	Kaweah Delta Health Care District
Account Title	Kaweah Delta Health Care District
EIN	941534475
Phone	(559) 624-5536
Physical Address	400 W Mineral King AveVisalia, CA 93291-6237 United States of America
Mailing Address (if different)	Kaweah Delta Health Care District 400 W Mineral King Ave Visalia CA 93291-6237

Signature(s)

The undersigned officers or employees of the Entity ("Authorized Signers") authorize Western Alliance Bank[1] to investigate credit and employment history and obtain reports from consumer reporting agency (ies) on them as individuals. Except as otherwise provided by law or other documents, each of the Authorized Signers is authorized to make withdrawals from the account(s). The Authorized Signers personally and as, or on behalf of, the account owner(s) agree to the terms of and acknowledge receipt of the Deposit Account Agreement and Disclosures, Privacy Policy and all other relevant account disclosures and fee schedules (collectively "Account Agreement").

AUTHORIZED SIGNERS(S):

X _____
Gary K Herbst

X _____

X _____

X _____

X _____

X _____

X _____

X _____

[1]Alliance Bank of Arizona, Bank of Nevada, Bridge Bank, First Independent Bank, and Torrey Pines Bank are divisions of Western Alliance Bank. Member FDIC.

I, the undersigned Official of the Government Agency, Municipality, or Public Entity ("Entity") named above, HEREBY CERTIFY that Entity is organized and existing under and by virtue of the laws of the state or jurisdiction where it is located, with its principal office at: Kaweah Delta Health Care District, and that Entity has filed the required assumed business name listings with the appropriate governmental entities and agrees to provide Bank with evidence of such filings, upon request.

Account Holder (complete and correct name of Entity): Kaweah Delta Health Care District
Excluding the name of the Entity, the following is a list of all assumed business or trade names under which the Entity does business:

_____

I/We FURTHER CERTIFY that at a meeting of the governing body of the Entity duly and regularly called and held on 04/26/2023, at which a quorum was present and voting, the following resolutions were adopted and appear in the minutes of that meeting and have not been rescinded or modified:

RESOLVED, that Western Alliance Bank[1] ("Bank") at any one or more of its offices or branches, be and it hereby is designated as a depository for the funds of this Entity, which may be withdrawn on checks, drafts, advices of debit, notes or other orders for the payment of monies bearing the signature of any one (1) of the following Authorized Signers identified on page 1 ("Agents"), whose names are shown below:

Agent Name and Title	*Agent Name and Title*
Gary K Herbst CEO	

Bank shall be and is authorized to honor and pay the same whether or not they are payable to bearer or to the individual order of any Agent or Agents signing the same.

BE IT FURTHER RESOLVED, that any **one (1)** of the Agents may now and in the future enter into any such agreements, and perform other such other acts as they deem reasonably necessary to carry out the provisions of the Account Agreement with Bank, and those agreements will bind the Entity, such authority will include but not be limited to, the following:

1. Any one of such named Agents are authorized and empowered to act as Authorized Signer, execute and bind the Entity to the terms and conditions of the Account Agreement and supporting documents (including but not limited to fee schedules) as to accounts opened in the Entity's name now and in the future.
2. The signature of an Agent named on this resolution is conclusive evidence of their evidence of their authority to act on behalf of the Entity. Any one of such named Agents is authorized to endorse all checks, drafts, notes and other items payable to or owned by this Entity for deposit with Bank, or for collection or discount by Bank; and to accept drafts and other items payable at Bank. Bank is hereby directed to accept and pay without further inquiry any item drawn against any of the Entity's accounts with Bank bearing the signature or signatures of Agents, as authorized above, even though drawn or endorsed to the order of any Agent signing or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to the Agent's personal account, and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such item or proceeds of the item.
3. Any one of the Agents may enter into a lease for the purpose of renting, maintaining, accessing and terminating a safe deposit box with Bank.
4. Any one of the Agents are further authorized and empowered to execute such other agreements now and in the future, including, but not limited to, special depository and service agreements including but not limited to, arrangements regarding the manner, conditions, or purposes for which funds, checks, or items of the Entity may be deposited, collected, or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of these resolutions (each respectfully "Other Documents" and "Other Acts").
5. All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Entity with Bank prior to adoption of this resolution are hereby ratified, approved and confirmed.
6. The Entity acknowledges and agrees that Bank may furnish at its discretion automated access devices to Agents to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
7. The Entity acknowledges and agrees that Bank may rely on alternative signature and verification codes issued to or obtained from an Agent. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with Bank, personal identification numbers (PIN), and digital signatures. Bank shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.
8. The Entity acknowledges that the Account Agreement and Other Documents may be amended or supplemented by Bank from time to time and are incorporated herein by this reference; and that by entering into the Account Agreement and continuing to use Bank's products and services, the Entity agrees to any and all such amendments or supplements.
9. The authority hereby conferred upon the above named Agents shall be and remain in full force and effect until written notice of any amendment or revocation thereof has been received and recorded by Bank. Any and all prior resolutions adopted by the Board of Directors of the Entity and certified to Bank as governing the operation of this Entity's account(s), are in full force and effect, until Bank receives and acknowledges an express written notice of its revocation, modification, or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Bank, establishing the authority for such changes. Entity shall indemnify and hold Bank harmless from any loss it suffered or any liability it incurred by it in continuing to act in accordance with this resolution. Any such notice shall not affect any items in process at the time notice is given.

I FURTHER CERTIFY that the persons named occupy the positions set forth opposite their respective names and signatures; that the signatures set forth as Authorized Signer(s) on page 1 are the genuine signatures of the identified persons; that the foregoing Resolutions now stand of record on the books of the Entity; and that they are in full force and effect and have not been modified in any manner whatsoever.

Note: In case the Official is designated by the foregoing resolutions as one of the signing officers, this certificate should also be signed by a second Officer or Director of the Entity.

IN TESTIMONY WHEREOF, I have subscribed my name to this document and affixed the seal of the Entity on 04/26/2023 **(date).**

X _____ X _____

Official — Co-Official

Print Name: David Francis, Board President — Print Name: Michael Olmos, Board Secretary/Treasurer

CORPORATE SEAL

[1]Alliance Bank of Arizona, Bank of Nevada, Bridge Bank, First Independent Bank, and Torrey Pines Bank are divisions of Western Alliance Bank. Member FDIC.

Kaweah Health Medication Error Reduction Plan

MARA MILLER, PHARMD BCPS
MEDICATION SAFETY COORDINATOR

JAMES MCNULTY, PHARMD
DIRECTOR OF PHARMACY

MARCH 2023

Health and Safety Code 1339.63 – Medication Error Reduction Plan (MERP)

MERP is condition of licensure for all general acute care hospitals

- Triannual, unannounced survey; Last surveyed September 2018

MERP requirements:

- Evaluate and assess each of the 11 processes or systems associated with medication use
- Annual review to assess effectiveness
- Modification when weaknesses or deficiencies are identified
- Technology use and how it is expected to reduce medication-related errors
- System or process to proactively identify actual or potential medication errors
- Multidisciplinary process to analyze medication-related errors and to make changes to procedures and systems
- External medication error alerts are incorporated and used to modify processes and systems

Select Kaweah Health MERP Goals

PRESCRIBING	COMPOUNDING	ADMINISTRATION
• Prevent anticoagulant prescribing errors • Prevent IV potassium phosphate ordering errors (Achieved October 2022)	• Prevent parenteral nutrition prep errors by requiring mixing verification with improved image documentation. (Achieved July 2022)	• Improve Barcode Medication Administration (BCMA) rates in the ED • Improve BCMA scanning for acute care units (Achieved October 2022)
PRESCRIBER ORDER COMMUNICATION	DISPENSING	EDUCATION
• Prevent errors when selecting the order frequency of "every 24 hours" (Achieved April 2022)	• Prevent ipilimumab dispensing errors (Achieved December 2022)	• Improve staff knowledge of the critical care transfer process
	DISTRIBUTION	MONITORING
PRODUCT LABELING	• Prevent medications from being tubed inappropriately (Achieved October 2022)	• Prevent potassium administration to patients that are hyperkalemic (Achieved July 2022)
• Standardize auxiliary label placement for intravenous infusions (Achieved January 2019)		USE
PACKAGING AND NOMENCLATURE		• Increase use of smart pump dose error reduction software use. • Evaluate implementation of RFID Emergency Trays (Achieved March 2021)
• Decrease the risk of “wrong medication” errors by removing patient specific barcodes		

Identification of Potential Medication-Related Errors at Kaweah Health

Internal	External

• Prospective identification
  • Practice observations
  • Process evaluations
  • Self-assessments
• Retrospective identification
  • Adverse Drug Events reporting and evaluation
  • Annual trends analysis of all reported events
  • Trigger drug reports
	• Institute of Safe Medicine Practice Safety Briefs, Action Agendas and Best Practice Recommendations
	• Professional organization guidelines and best practice recommendations
	• Joint Commission Sentinel Alerts Events
	• FDA Med Watch Alerts

Medication Safety Quality Focus Team (MSQFT) Oversees the Kaweah Health MERP

Multidisciplinary committee

- Nursing, medical Staff, Pharmacy, Quality, Risk Management and Informatics

MERP review approved quarterly and annually

- Modifications are approved by the committee at these reviews and as needed
- Assesses the use of technology utilized to achieve desired outcomes

Adverse Drug Event committee reviews all reported medication-related events and recommendations for system or process improvement reported to the MSQFT

External medication error reports utilized by MSQFT to assess need for changes to Kaweah Health systems and processes

FY 2023 Strategic Plan

Ideal Work Environment
April 26, 2023

Ideal Work Environment - Employee Retention

Champions: Human Resources

Problem / Goals & Objectives

Problem Statement:

Kaweah Health has experienced an increase in turnover since mid-2020 creating challenges in recruitment and retention.

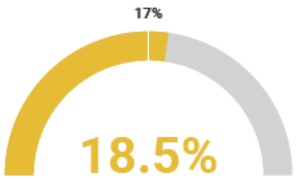
Goals and Objectives:

Kaweah Health is focused on retention of employees through measuring employee engagement, competitive compensation benefits, and partnerships with local schools (high schools, colleges).

Plan

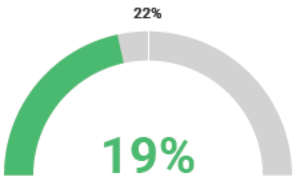
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.1	Decrease overall KH turnover rate	07/01/2022	06/30/2023	Dianne Cox	Off Track	The rol ing 12 months overall turnover rate is at 21.3% with per diems and 18.5% without per diems. We predict that local economic conditions, in addition to market adjustments for some positions and an increase in minimum wage should positively impact turnover and result in fewer resignations.
2.1.1.1	Decrease nursing turnover rate	07/01/2022	06/30/2023	Dianne Cox	On Track	The rol ing 12 months nursing turnover rate is at 24.2% with per diems and 19% without per diems. We have made progress in reducing trave ing nurses and contract rates. Will continue to reduce through the end of the fiscal year.
2.1.1.2	Decrease new hire turnover rate	07/01/2022	06/30/2023	Dianne Cox	At Risk	The rol ing 12 months new hire turnover rate is at 20.4% with per diems and 18.8% without per diems. Will further study the new hire turnover to identify trends.
2.1.2	Retention Committee Initiatives	07/01/2022	06/30/2023	Dianne Cox	On Track	The Retention Committee has met multiple times and identified a number of opportunities that might positively impact retention. A major focus of the committee will be a revamp of the PTO program that will go live with the implementation of Workday in July 2023.
2.1.3	Monitor Competitive Compensation Benefits	07/01/2022	06/30/2023	Dianne Cox	On Track	Updated wage data has been obtained from CHA. Therapies, OT, PT and ST, have recently received market adjustments and RNs, LVNs and LPTs will be receiving one this month. Many other employees will see an adjustment due to the increase of minimum wage. In addition, we were able to keep employee share of benefits costs flat for calendar year 2023.

Decrease overall KH turnover rate



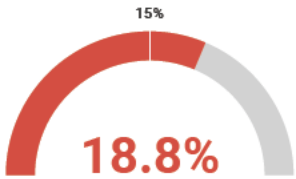
Last updated on 04/06/2023
Stay below target of 17%

Decrease nursing turnover rate



Last updated on 04/06/2023
Stay below target of 22%

Decrease new hire turnover rate



Last updated on 04/06/2023
Stay below target of 15%

Ideal Work Environment - Kaweah Health Team Works Well Together Champions: Human Resources

Problem / Goals & Objectives

Problem Statement:

There is a need to continue to a ign the efforts of all Kaweah Health teams to ensure world class service.

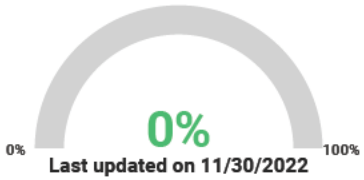
Goals and Objectives:

Continue to focus on creating team synergy, interdisciplinary alignment, and team work; and measure that success through Lifecycle Work Environment surveys.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1	Develop workplans for identified units to address low scores related to communication between shifts	07/01/2022	06/30/2023	Hannah Mitchell	On Track	Identification and action plan development will begin in the first quarter of 2023 with completion of action plans for all identified units by 6/30/2023.
2.2.2	Different departments work well together at Kaweah Health (Physician Engagement Survey)	07/01/2022	06/30/2023	Raleen Larez (Deleted)	On Track	This initiative was first identified within the May 2021 Physician and Employment Engagement Surveys as a need to work together as teams with joint professiona ism and respect. We will measure our progress in May 2024. The focus on improvement to date has been with building closer partnerships with our providers through Executive collaboration and improved medical staff responsiveness to concerns by staff and leadership responsiveness to medical staff concerns. We believe that the restructure of the medical staff governance as well as Dr. William Brian joining us as CMO/CQO will continue to further our work.

Action Plan Completion Rate for Identified Units-Communication Between Shifts



Last updated on 11/30/2022

Move from baseline of 0% to target of 100%

Ideal Work Environment - Expand Volunteer Programs

Champions: Kent Mishler, Kelly Pierce

Problem / Goals & Objectives

Problem Statement:

Kaweah Health needs to promote a strong volunteer program in order to secure a future workforce.

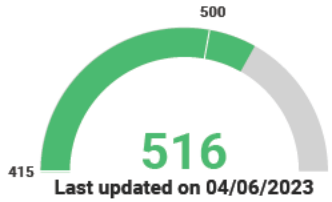
Goals and Objectives:

Increase the number of active volunteers (high school students and young adults) engaged with Kaweah Health year over year.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.1	Expand Volunteer Programs	07/01/2022	06/30/2023	Dianne Cox	On Track	Between 7/1/22 and 11/30/22 we had 293 volunteers donating hours and expect this to be at 300 by January. Since January 2022, we have had over 450 volunteers donate hours. We expect this number to increase as the spring and summer months see the highest number of volunteers. We are also noting a significant increase in volunteer hours from 656 in November 2021 to 1,678 in November 2022. We have onboarded 93 new volunteers since January 1.

Expand Volunteer Programs



Last updated on 04/06/2023

Move from baseline of 415 to target of 500

Throughput Steering Committee

Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

Discharge Date: 11/1/2022 – 3/31/2023

Metric	Patient Type	Definition	Goal	Jan - Nov '21 Baseline (Monthly Average or Median)	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Observation Average Length of Stay (Obs ALOS) *(Lower is better)*	**Overall**	Average length of stay (hours) for observation patients	**37.9**	**44.01**	48.38	69.39	62.43	48.66	53.44
Inpatient Average Length of Stay (IP ALOS) *(Lower is better)*	Non-COVID	Average length of stay (hours) for inpatient discharges	**N/A**	**5.62**	6.09	5.89	6.04	6.50	5.38
	COVID		**N/A**	**10.63**	7.94	11.74	11.58	10.22	8.66
	Overall		**5.64**	**6.31**	6.17	6.35	6.48	6.72	5.54
Inpatient Observed-to-Expected Length of Stay *(Lower is better)*	**Overall**	Observed LOS / geometric mean length of stay for inpatient discharges	**1.32**	**1.48**	1.64	1.60	1.65	1.67	1.40
% of Discharges Before 12 PM *(Higher is better)*	**Overall**	% of Inpatient & Observation discharged before 12 PM	**35%**	**11.5%**	9.9%	11.7%	11.3%	12.5%	9.5%
Discharges	Inpatient-Non-COVID	Count of non-COVID IP discharges	**N/A**	**1,264**	1,138	1,185	1,129	1,072	1,288
	Inpatient-COVID	Count of COVID IP discharges	**N/A**	**197**	49	102	97	67	62
	Observation	Count of observation discharges	**N/A**	**307**	361	341	380	319	418

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

Performance Scorecard

Leading Performance Metrics – Emergency Department

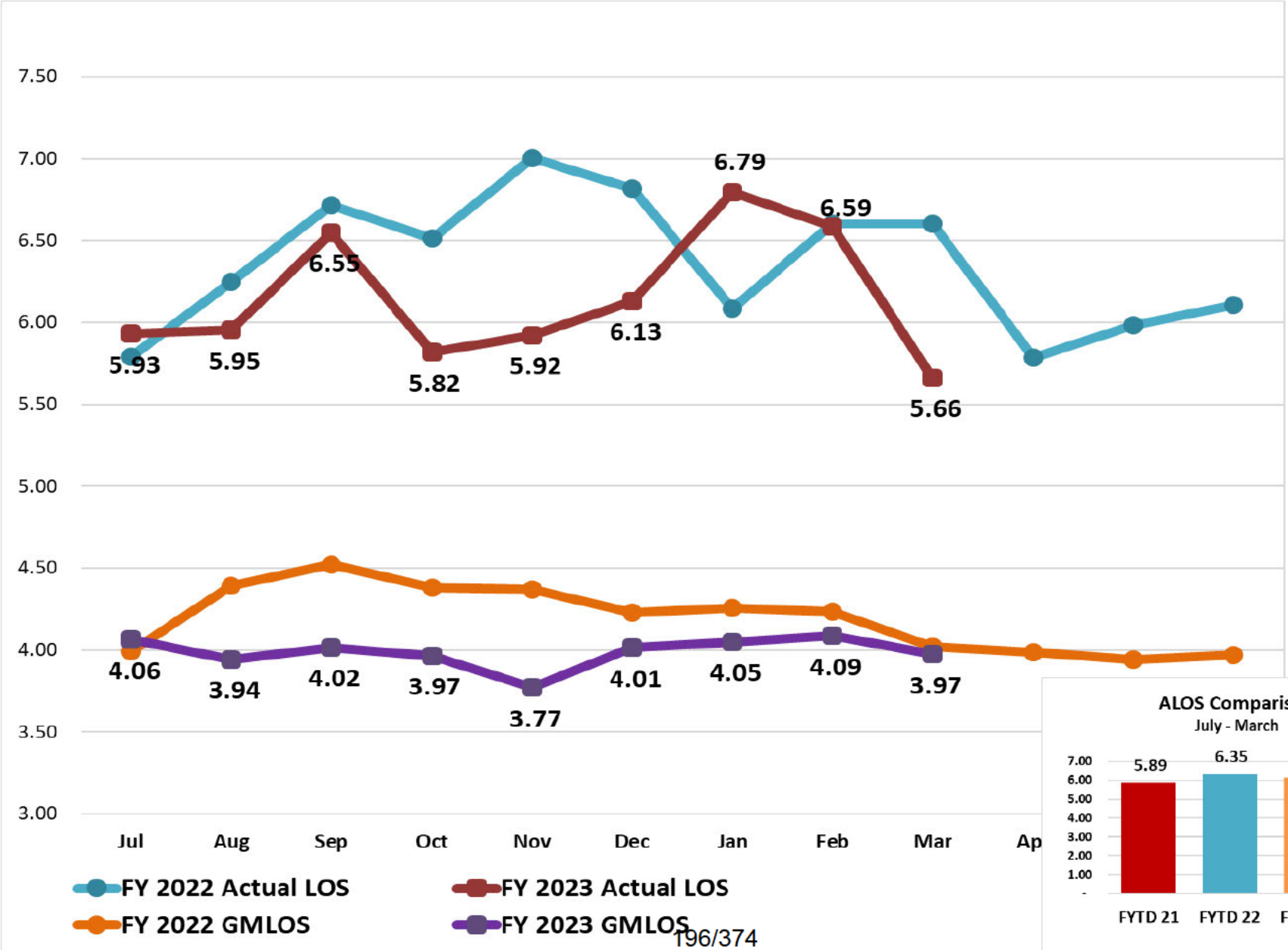
Check In Date and Time: 11/1/2022 12:00:00 AM – 3/31/2023 11:59:59 PM

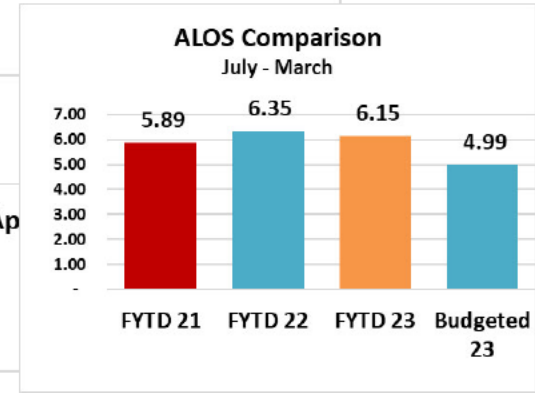
Metric	Patient Type	Definition	Goal	Jan - Nov '21 Baseline (Monthly Average or Median)	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
ED Boarding Time *(Lower is better)*	Observation	Count of observation discharges	**259**	**304**	236	607	330	294	224
	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	**287**	**338**	368	624	460	343	199
	Overall	Median time (minutes) for admission order written to check out for inpatients and observation patients	**286**	**336**	240	610	335	298	223
ED Admit Hold Volume *(Lower is better)*	**Overall >4 Hours**	Count of patients (volume) with ED boarding time ≥ 4 hours	**N/A**	**640**	519	824	630	590	534
ED Average Length of Stay (ED ALOS) *(Lower is better)*	Discharged	Median ED length of stay (minutes) for discharged patients	**214**	**268**	271	273	272	278	266
	Inpatients	Median ED length of stay (minutes) for admitted inpatients	**612**	**720**	655	1,060	767	711	631
	Obsrevation	Median ED length of stay (minutes) for observation patients	**577**	**679**	686	1,199	880	743	625
	Overall	Median ED length of stay (minutes) for admitted and discharged patients	**N/A**	**347**	333	358	343	347	332
ED Visits	Discharged	Count of ED visits for discharged patients	**N/A**	**3,998**	4,454	4,269	4,541	4,212	4,639
	Inpatient	Count of ED Visits for admitted patients	**N/A**	**1,216**	1,097	1,149	1,105	1,032	1,186
	Obsrevation	Count of ED Visits for observation patients	**N/A**	**380**	367	359	401	316	399
	Overall	Count of ED visits	**N/A**	**5,594**	5,918	5,777	6,047	5,560	6,224

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

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

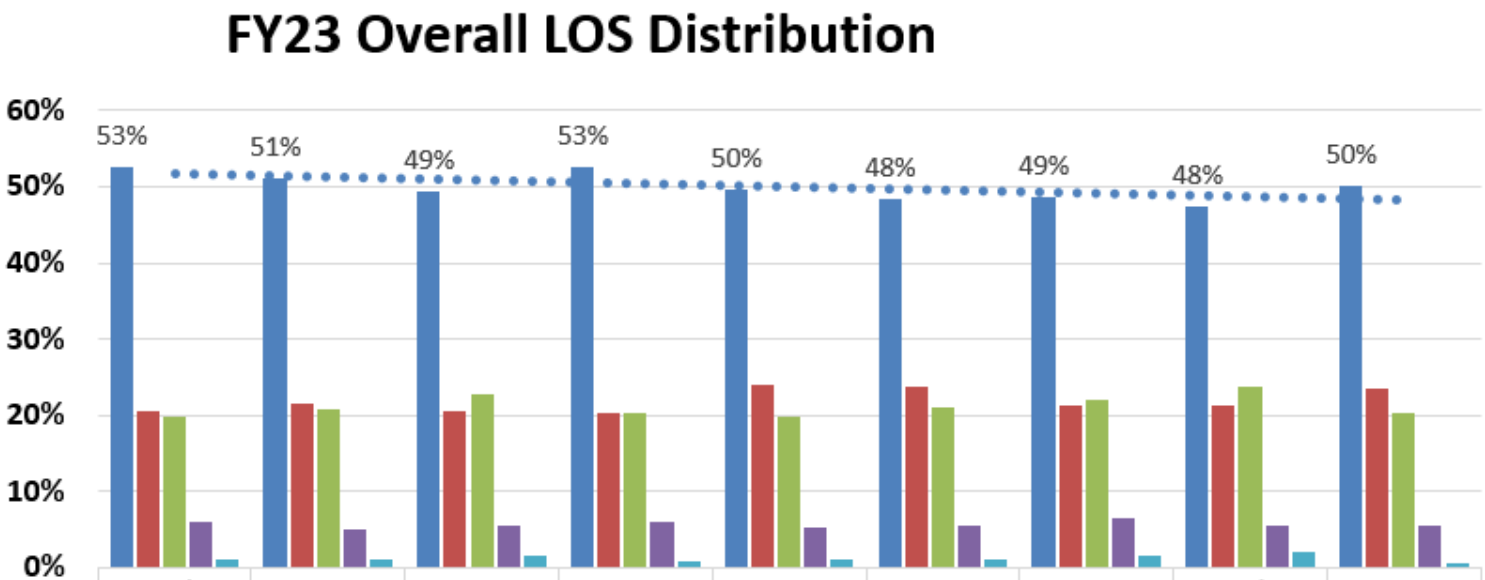
Average Length of Stay versus National Average (GMLOS)





Average Length of Stay Distribution

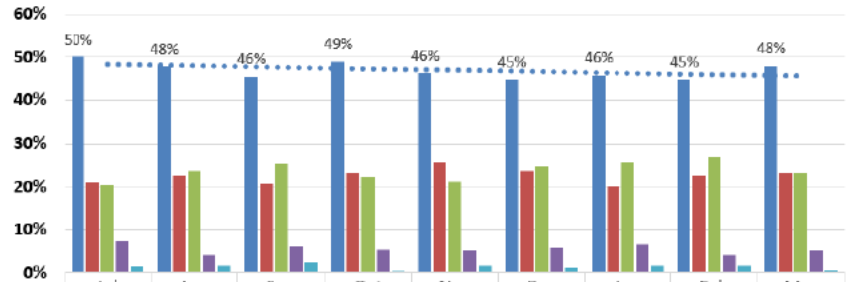
Overall



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
					2023				
at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	48%	50%
1-2 days over GMLOS	20%	22%	20%	20%	24%	24%	21%	21%	24%
2-10 days over GMLOS	20%	21%	23%	20%	20%	21%	22%	24%	20%
10-30 days over GMLOS	6%	5%	6%	6%	5%	6%	6%	6%	5%
30+ days over GMLOS	1%	1%	2%	1%	1%	1%	2%	2%	0%

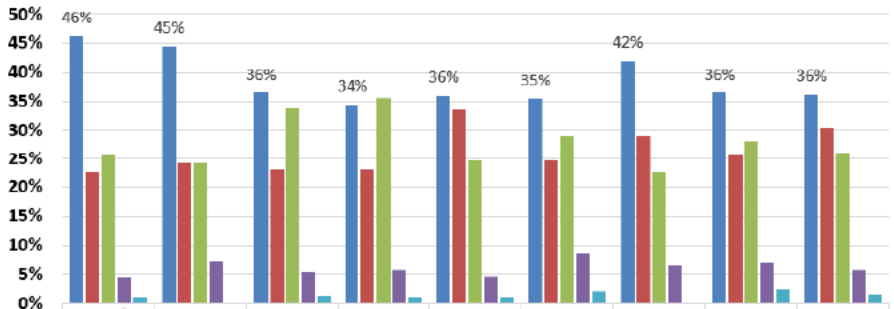
LOS Distribution

Hospitalist



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
					2023				
at GMLOS or Better	50%	48%	46%	49%	46%	45%	46%	45%	48%
1-2 days over GMLOS	21%	23%	21%	23%	26%	24%	20%	23%	23%
2-10 days over GMLOS	20%	24%	25%	22%	21%	24%	26%	27%	23%
10-30 days over GMLOS	7%	4%	6%	5%	5%	6%	7%	4%	5%
30+ days over GMLOS	1%	2%	2%	0%	2%	1%	2%	2%	1%

FHCN



	Jul*	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
					2023				
at GMLOS or Better	46%	45%	36%	34%	36%	35%	42%	36%	36%
1-2 days over GMLOS	23%	24%	23%	23%	34%	25%	29%	26%	30%
2-10 days over GMLOS	26%	24%	34%	36%	25%	29%	23%	28%	26%
10-30 days over GMLOS	4%	7%	5%	6%	4%	9%	6%	7%	6%
30+ days over GMLOS	1%	0%	1%	1%	1%	2%	0%	2%	1%

Patient Throughput Updates – March 2023

Update	Next Steps
Patient Progression: • New tracking sheet to monitor throughput supervisor rounding and input for discharges • Identified discharge lounge space and staffing needs, D/C Nurse is a key component of the discharge lounge, completion date is the end of May.	Patient Progression: • 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. • Throughput Supervisors working on staff orientation education. Will roll out in ongoing orientation as well as in staff meetings routinely
ED to Inpatient Admission Process: • Excellent results with ED performance metrics scorecard. 3 month trend of improving boarding time and ED Average LOS. • Initiating RN:RN hand-off, mitigating delays (sent to Clin ED for essential info flier for implementation) • ED launch point auto update with bed status with Cap-man go live	ED to Inpatient Admission Process: • Meeting with ISS, providers, and case management leadership to determine who/timing of inpatient orders in Cerner • Determining the timing of Work with ED and 1E teams to develop a workflow for transporting pts to floor in a timely manner instead of waiting for transport.
Transfer Center Operations: 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.	Transfer Center Operations: • Leadership subgroup to meet to discuss the challenges with CapMan and the impact on current operations. • 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.
Long Stay Committee: • Streamlined long stay committee to meet once weekly • Have gotten 50 long stay patients out since first of February. 2 pts at 195 and 190 days.	Long Stay Committee: • Continue to work through weekly meeting format, focus with case management on patients here 7 days beyond the GMLOS • Develop a tool/criteria outlining when patients shall be moved to the complex CM Team • Using OneDrive to track complex patients vs excel spreadsheet
Patient Placement: • Finalize patient placement matrix & communicated plan to all stakeholders. • Implemented phase 1 of patient placement matrix (by DRG). • Will review again in 6 months to look at additional matrix for providers. • Working with ISS to determine how to provide the ongoing analytics for data review. Still waiting for data review.	Patient Placement: • Finalize off-service metrics. • Implement phase 2 of patient placement matrix (place patients by provider group/service line). • Optimize outpatient service line. • Finalize metric monitoring process and analysis.
Observation Program: • Slight increase in hours in March, with LOS increasing to 53 hours • Continuing to cohort patients on 2S • Valley Hospitalist group with two primary hospitalists assigned to obs unit • Case management leadership working through the move to CM gate keeping the LOC order for admission	Observation Program: • Suggest evaluation of all throughput initiatives and prioritize work. • Set meeting with VHMG, FHCN, Humana on key expectations related to the observation unit. • Evaluating power plan and function to optimize use in Obs unit • Establish metrics and associated reports (based on prior decisions on admitting providers)

Operation Back in Black Updates

Operation Back in Black

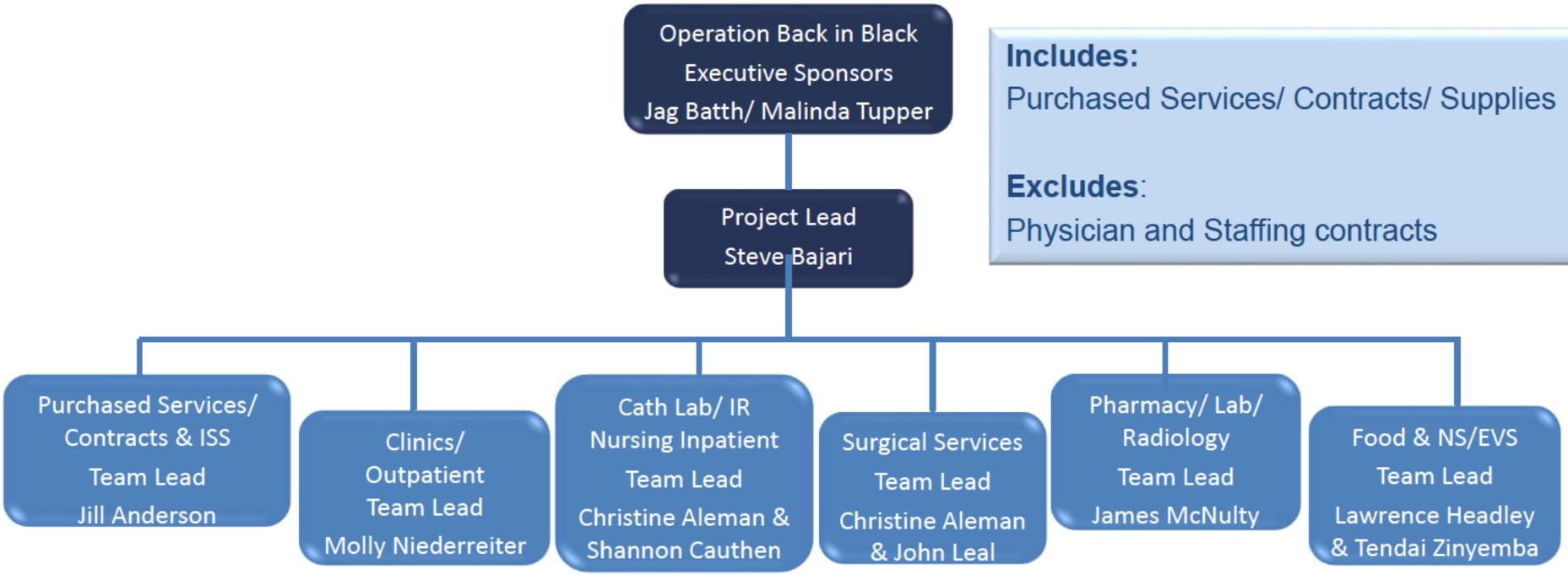
Status Update

Steve Bajari

Director of Procurement & Logistics

Steering Committee

Overall Goal: $4 Million in Savings



Includes:
Purchased Services/ Contracts/ Supplies

Excludes:
Physician and Staffing contracts

Completed Savings November

OBB Teams	# Completed Projects	FY23 Savings $$	Annual Savings $$
Purchased Services	12	$ 618,766	$ 849,519
Outpatient/Clinics	15	$ 81,335	$ 94,137
Cath Lab/IR/Inpatient	17	$ 1,133,323	$ 1,526,988
Surgical Services	7	$ 136,450	$ 237,127
Pharmacy/Radiology/Laboratory	9	$ 928,600	$ 928,600
Food & Nutrition Services/EVS	2	$ 349,567	$ 349,567
Total	**62**	**$ 3,248,041**	**$ 3,985,938**

Team Initiative Totals	Total	Target	% of Target
FY23 Savings	**$3,248,041**	**$ 4,000,000**	**81%**

Completed Savings April

OBB Teams	# Completed Projects	FY23 Savings $$	Annual Savings $$
Purchased Services	23	$ 1,765,881	$ 2,282,000
Outpatient/Clinics	16	$ 85,648	$ 104,887
Cath Lab/IR/Inpatient	31	$ 1,347,796	$ 1,901,208
Surgical Services	19	$ 907,660	$ 1,796,345
Pharmacy/Radiology/Laboratory	14	$ 1,683,965	$ 1,770,348
Food & Nutrition Services/EVS	6	$ 517,388	$ 719,079
Total	**109**	**$ 6,308,338**	**$ 8,573,867**

Team Initiative Totals	Total	Target	% of Target
FY23 Savings	**$6,308,338**	**$ 4,000,000**	**158%**

Why and How

- This is what we do – but on steroids
- The financial story is real
- Support at all levels
- Communication

Example

Topical Skin Adhesive

Kaweah Health
MORE THAN MEDICINE. LIFE.

Active Projects

OBB Team	Annual Savings $$	# Active Projects
Purchased Services	$ 53,820	6
Outpatient	$ -	0
Cath Lab/IR/Inpatient	$ 152,300	5
Surgical Services	$ 508,499	8
Pharmacy/Radiology/Laboratory	$ 704,435	8
Food & Nutrition Services/ EVS	$ -	1
TOTAL	**$ 1,419,054**	**28**

Goal

- **Complete $500,000 by June 30**

Save Money

With No Negative Impact on Patient Care

Health Plan Contracting

Goal: Increase Revenue **$12 Million**

Update: All contracts completed annual additional revenue **$15 million**

Top 7 contracts - Update

- All completed and renewed

Additional Contracting Activity

- 4 Hospital contracts completed
- 7 Physician/Professional contracts completed
- 4 Mental Health contracts completed
- 5 Ancillary contracts – pending
- 1 Terminated contract
- 3 Termination notices sent (renewed 2 contracts)

Cost Savings

- 2 KD Employee health plan direct agreement (pending)
- Both Mcal contract terms will reduce denials and time for case management team. (completed)

Underpayments

Goal: Underpayment Collections of **$3.5 Million**

Update: Collections of **$5.75 Million** **(as of 4/15/2023)**

Projected to end FY23 at **$6.5 Million**

Pathway to Success

- Reimbursement Team
  - We've had a complete team for just over a year and have developed the "right" team members.
- Resolved several long standing claim issues through aggressive follow up & contract negotiations
- Developed a stringent timeline for resolution both internally and externally
- Leveraged Department of Managed Healthcare (DMHC) provider complaint process
  - Submitted 3 large claim issues and currently pending DMHC outcome
  - Trigger audits of the health plans and their payment practices
  - Utilizing the All Plan Letter sent to health plans in April by DMHC as a friendly reminder of their payment obligations
- Weekly claim resolution meeting
  - Forum for any team member (including patient accounting) to bring difficult claim issues, denial issues or health plan delays to the group for assistance in resolution.

Revenue Cycle - Initiatives

Original goal $2.5M and Current projection $5.4M

- **Patient Financial Services (Billing & Collections)**
  - Cash
  - Denials
- **Patient Access (Registration, Scheduling, Insurance Verification, Financial Counselors)**
  - Up- Front Collection
  - Self-Pay Focus

Revenue Cycle Results by Initiative

Operation Back in Black
Dept: Revenue Cycle

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	FY 2023
PATIENT ACCOUNTING Cash Goal	$46,080,353	$54,484,169	$47,220,178	$49,034,520	$47,785,501	$47,660,830	$49,812,027	$46,380,588	$51,692,168	**$440,150,334**
Actual Cash	**$47,670,030**	**$55,706,000**	**$46,879,895**	**$46,388,188**	**$47,083,270**	**$53,015,984**	**$50,297,125**	**$46,783,987**	**$52,061,318**	**$445,885,797**
Over by 300K (or more)	$1,589,677	$1,221,832	($340,283)	($2,646,332)	($702,231)	$5,355,154	$485,098	$403,399	$369,150	**$5,735,462**

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	FY 2023
SCHEDULING UPFRONT COLLECTION Goal	$85,766	$95,402	$92,345	$76,290	$144,933	$159,933	$174,933	$189,933	$204,933	**$1,224,467**
Actual Collections	**$44,331**	**$115,508**	**$83,748**	**$129,933**	**$157,701**	**$120,650**	**$185,300**	**$189,381**	**$255,824**	**$1,282,375**
Difference month to month	($41,435)	$20,106	($8,597)	$53,643	$12,768	($39,283)	$10,367	($552)	$50,891	**$57,908**

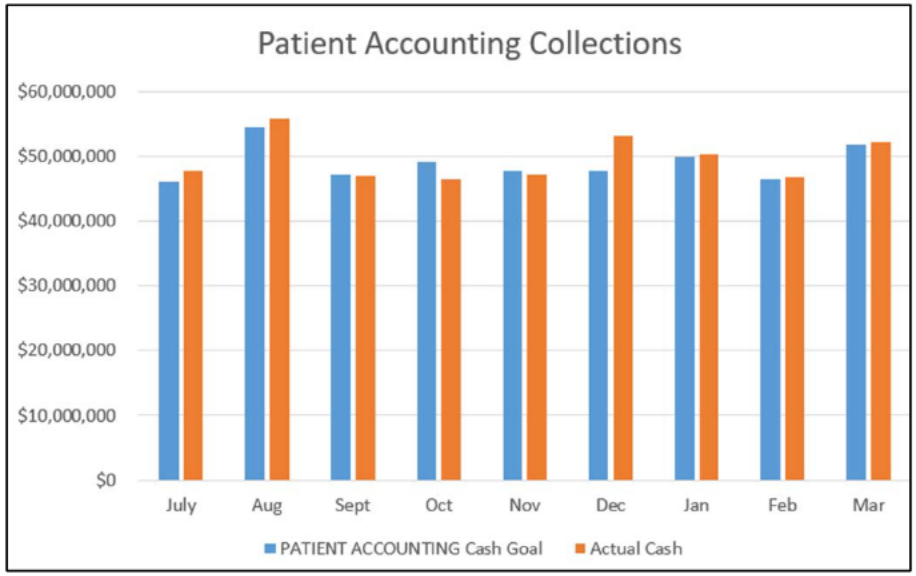
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	FY 2023
EMERGENCY DEPT COLLECTION Goal	$8,380	$7,361	$5,680	$6,741	$11,741	$16,741	$21,741	$26,741	$31,741	**$136,866**
Actual Collections	**$3,623**	**$4,435**	**$7,595**	**$11,058**	**$31,339**	**$39,620**	**$25,080**	**$24,820**	**$23,924**	**$171,494**
Difference month to month	($4,757)	($2,926)	$1,915	$4,317	$19,598	$22,879	$3,339	($1,921)	($7,817)	**$34,628**

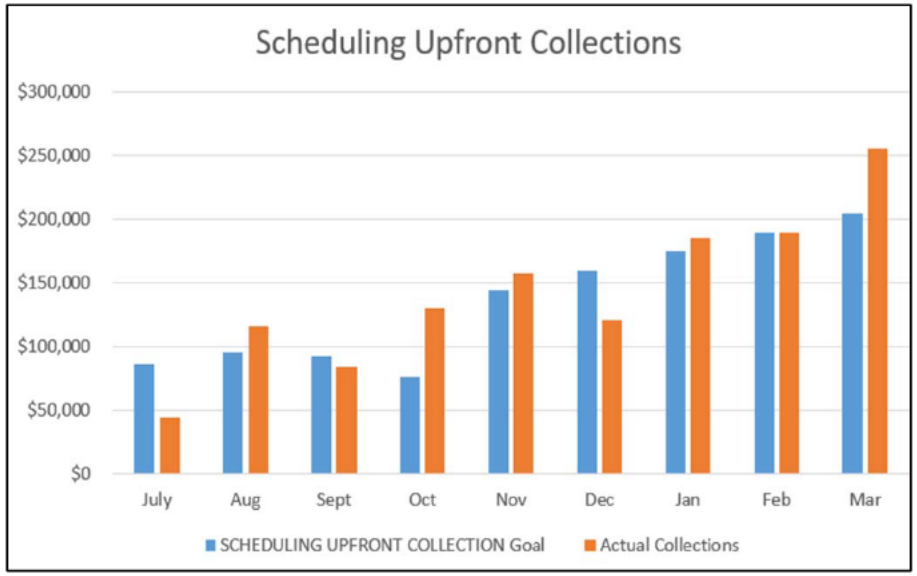
FINANCIAL COUNSELING COLLECTION Goal	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	FY 2023
Goal 860K FY 2023	$71,667	$71,667	$71,667	$71,667	$71,667	$71,667	$71,667	$71,667	$71,667	**$645,000**
Estimated Collections	**$133,634**	**$53,878**	**$48,319**	**$36,981**	**$28,825**	**$82,463**	**$121,621**	**$58,646**	**$44,850**	**$609,218**
Difference month to month	$61,967	($17,789)	($23,348)	($34,685)	($42,842)	$10,797	$49,955	($13,021)	($26,817)	**($35,782)**

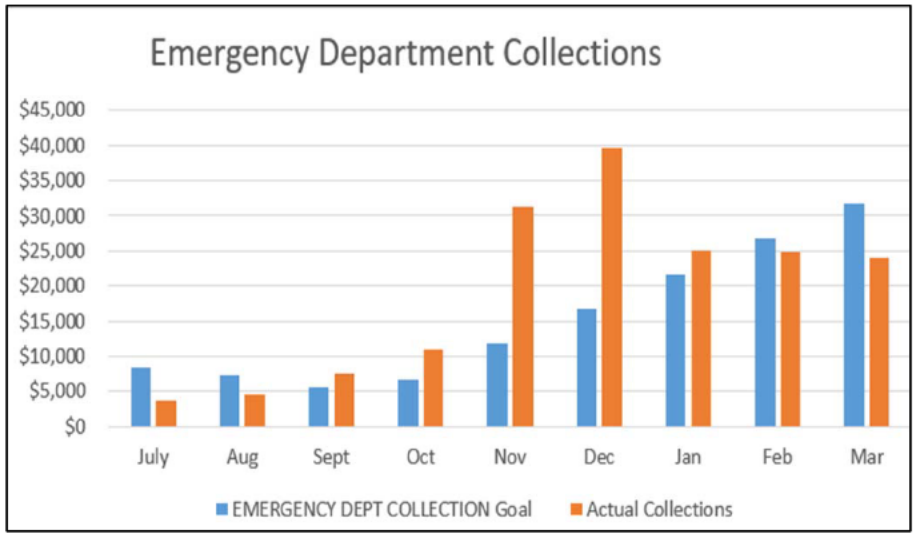
IMAGING COLLECTION Goal	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	FY 2023
Goal 670K FY 2023	$55,833	$55,833	$55,833	$55,833	$55,833	$55,833	$55,833	$55,833	$55,833	**$502,500**
Estimated Collections	**$38,110**	**$78,898**	**$124,218**	**$141,316**	**$118,656**	**$157,590**	**$169,126**	**$162,946**	**$204,146**	**$1,195,006**
Difference month to month	($17,723)	$23,065	$68,385	$85,483	$62,823	$101,757	$113,293	$107,113	$148,313	**$692,506**

Total Back In Black Initiative Amount	**$6,484,722**

Revenue Cycle - Initiatives







Revenue Cycle Contribution on Target

- Patient Accounting Collections- Overage $5.7 Million
- Scheduling Upfront Collections- Overage $58,000
- Emergency Department Collections- Overage $$34,700
- Imaging Collections- Overage $692,500

AR Reduction Goal

Area/Team	Total AR	Percentage Volume	Reduction Goal	Monthly Reduction Goal
Commercial Team	203,381,312	49%	32,531,074	2,168,738
MediCal/ MediCal Managed Team	115,528,946	28%	18,478,988	1,231,933
Medicare Team	70,465,739	17%	11,271,076	751,405
Clinic (Professional) Team	15,624,429	4%	2,499,145	166,610
Urgent Care Team	11,642,009	3%	1,862,153	124,144
Total	**416,642,436**	**100%**	**66,642,436**	**4,442,829**

AR Goal	$350,000,000
Reduction Percentage	16%
Reduction in Dollars	$66,642,436
Monthly Reduction in Dollars	$4,442,829

- 15 month AR reduction goal
- Reduce the AR by 16% ($66 Million)
- Goals setting for each Team

AR Reduction Strategy

1. **Operational strategies- 15**
   - Standardize workflows to be more efficient

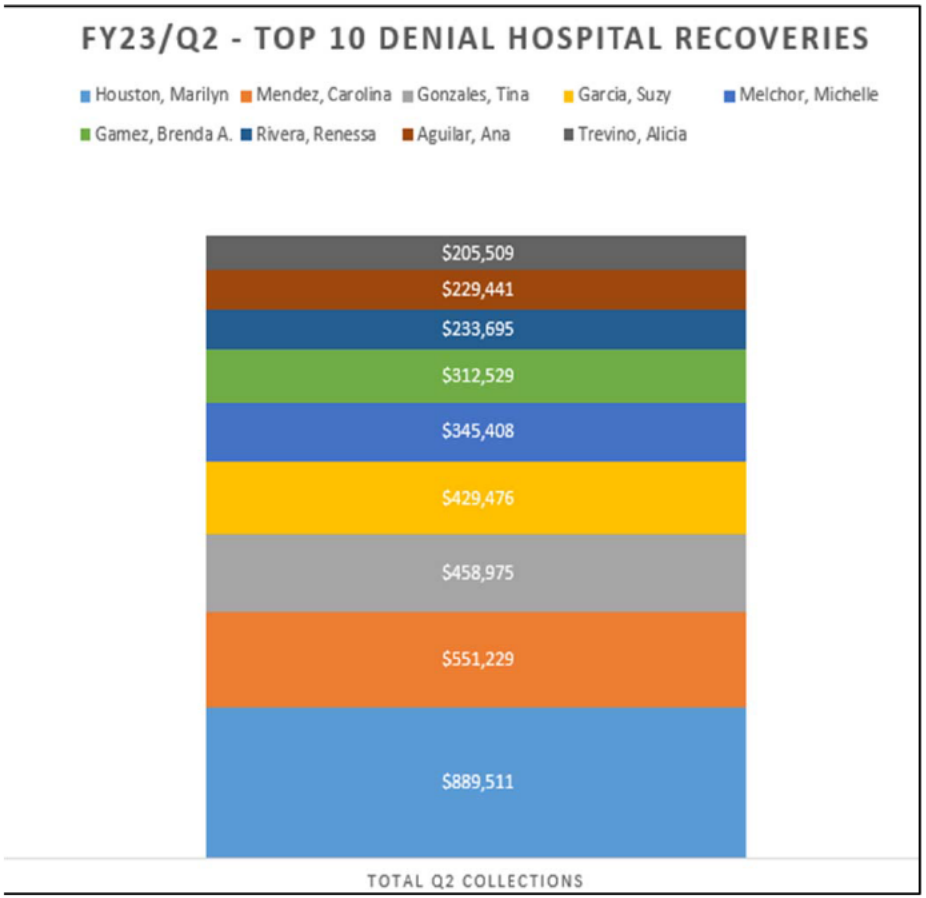
2. **Supervisor specific strategies based by payer/ location- 16**
   - Unfair payment practices reporting to DMHC

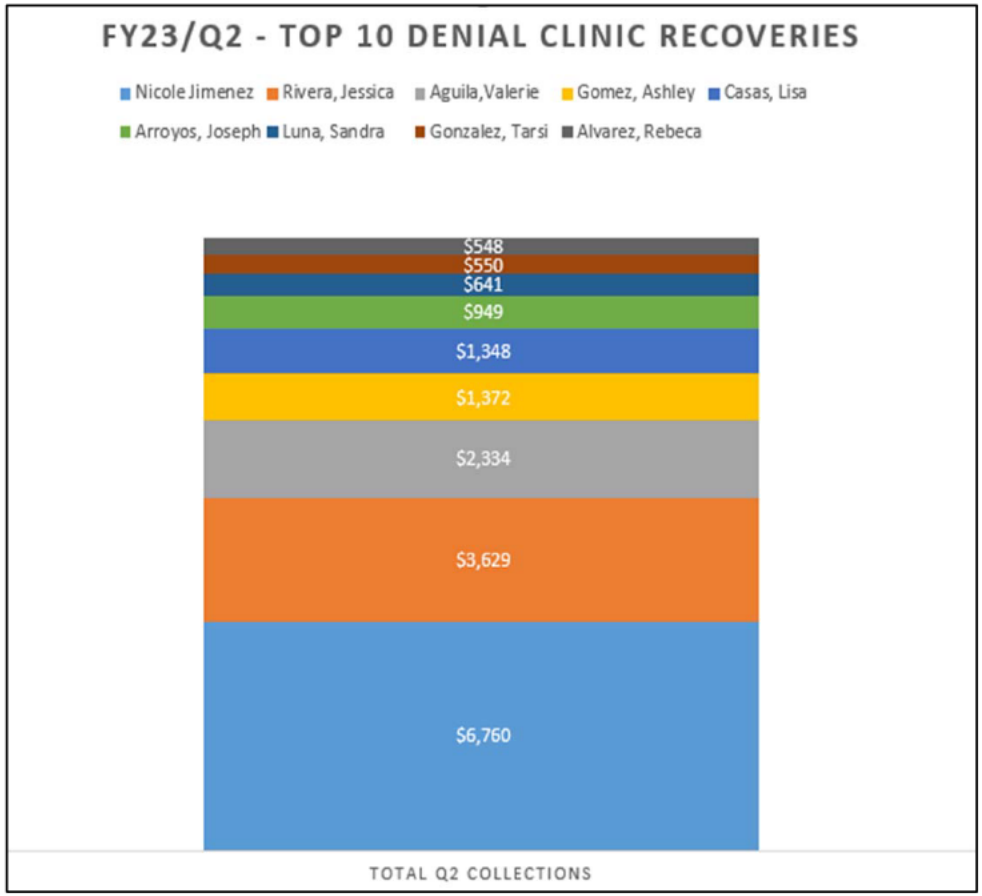
3. **Productivity- Daily hourly by employee to capture volume**
   - Accountability

03/05-03/11	Weekdays Hours																								
	Mon											Mon Total	Tues												Tues Total
User	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM		6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	
Employee 1			4	3	4	5	1	13	12	2	3	47			6	10	1	6	3	8		12	4		50
Employee 2			4	10	12	5	3	8	8	5	18	73			9	5	8	5	2	4		12	14	2	61
Employee 3	1	2	14	1	2	12	1	5	9	6	1	54		8	2	2	8	5	2	7	1	21	2		58
Employee 4	5	4	8	4	6	3	8	6	12	4		60	4	8	7	10	7	5	10	11		6			68
Employee 5		18	17	10	9	4		1	2			61		8	5	3	9	11	7	12		12			67
Grand Total	6	24	47	28	33	29	13	33	43	17	22	295	4	24	29	30	33	32	24	42	1	63	20	2	304

AR Reduction Strategy

4. Measuring success of employee productivity





Questions?

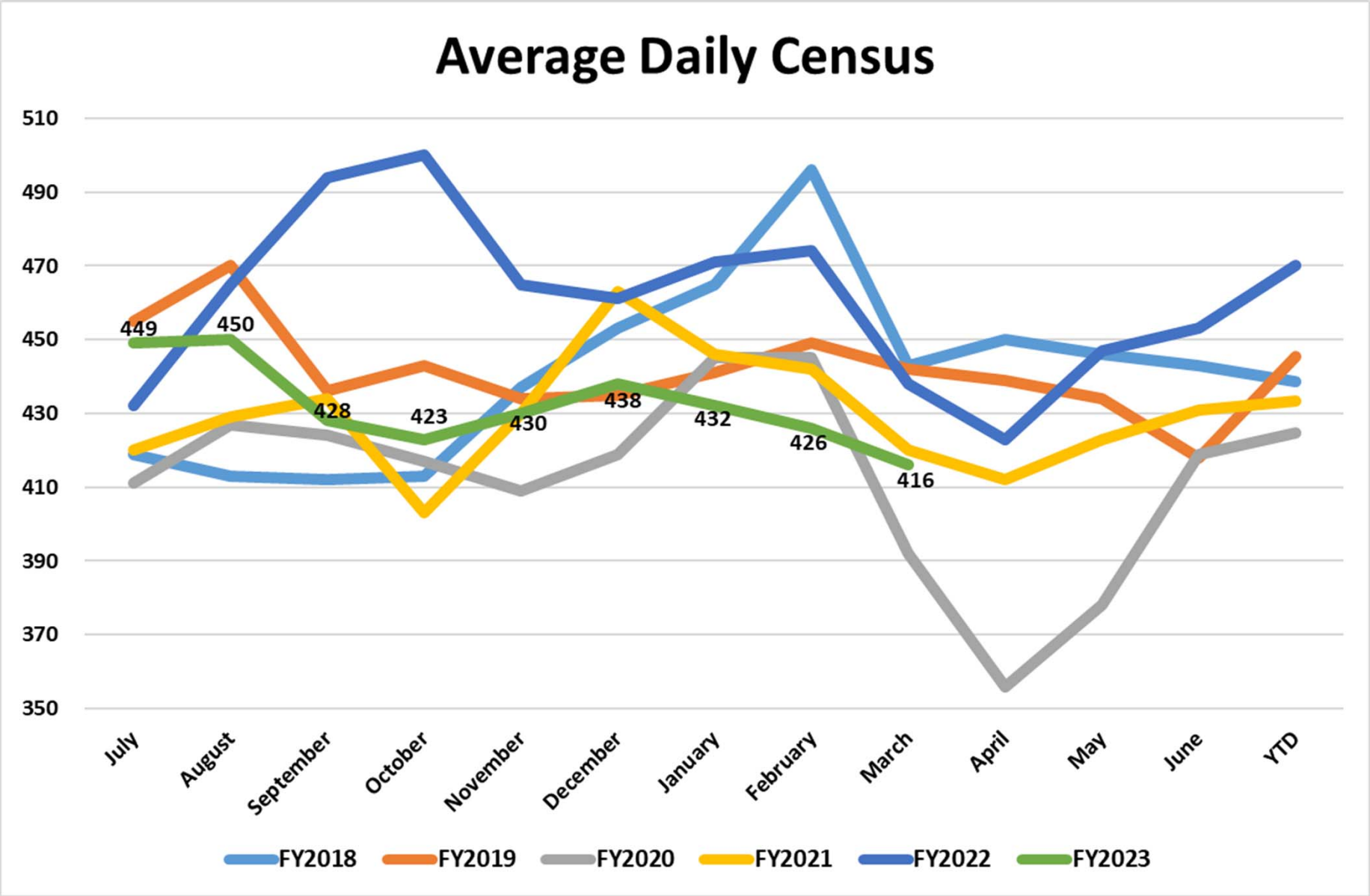
Thank you and have a Great day!!

CFO Financial Report

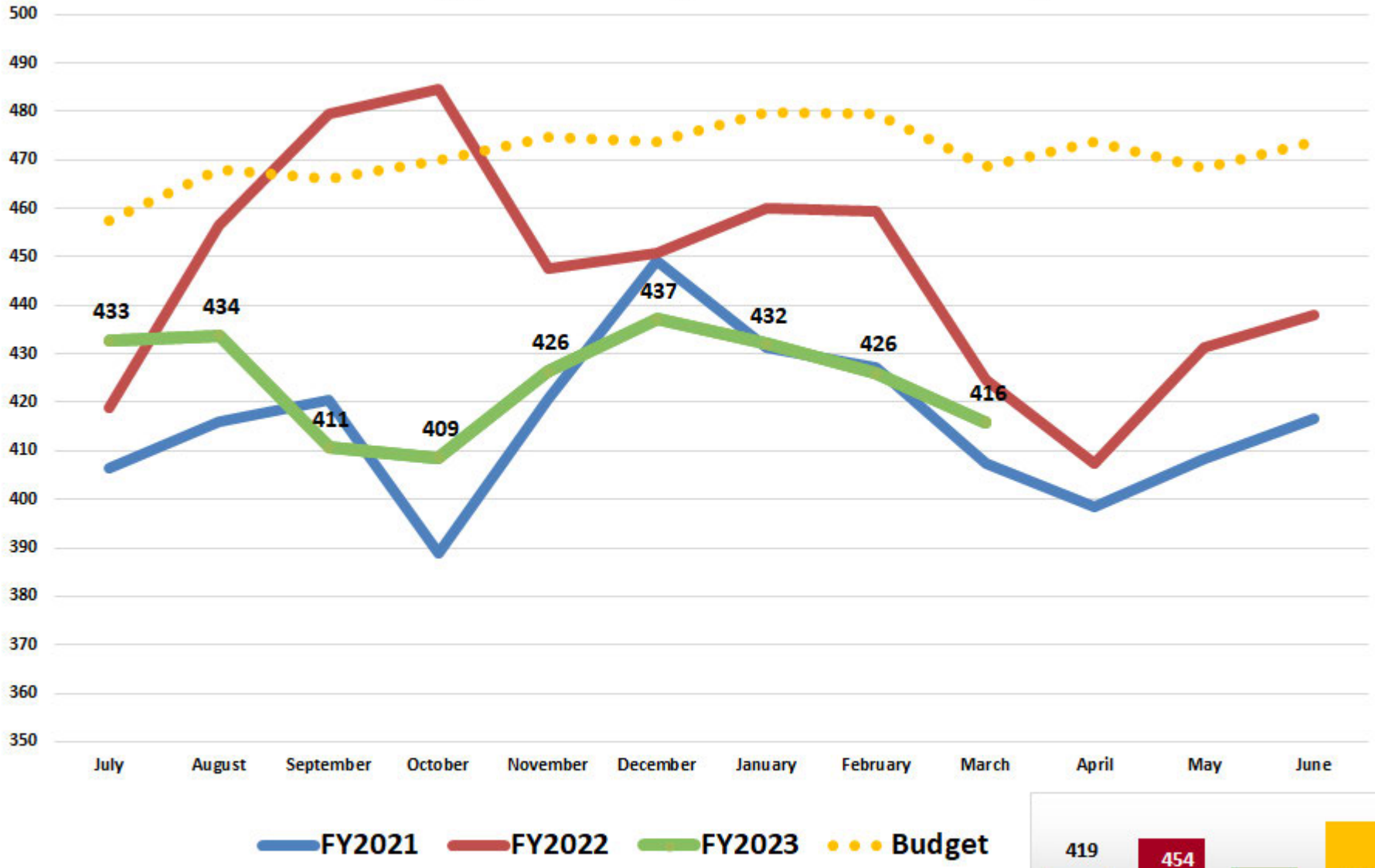
Month Ending March 2023

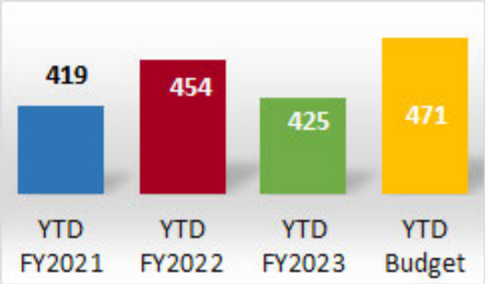
kaweahhealth.org

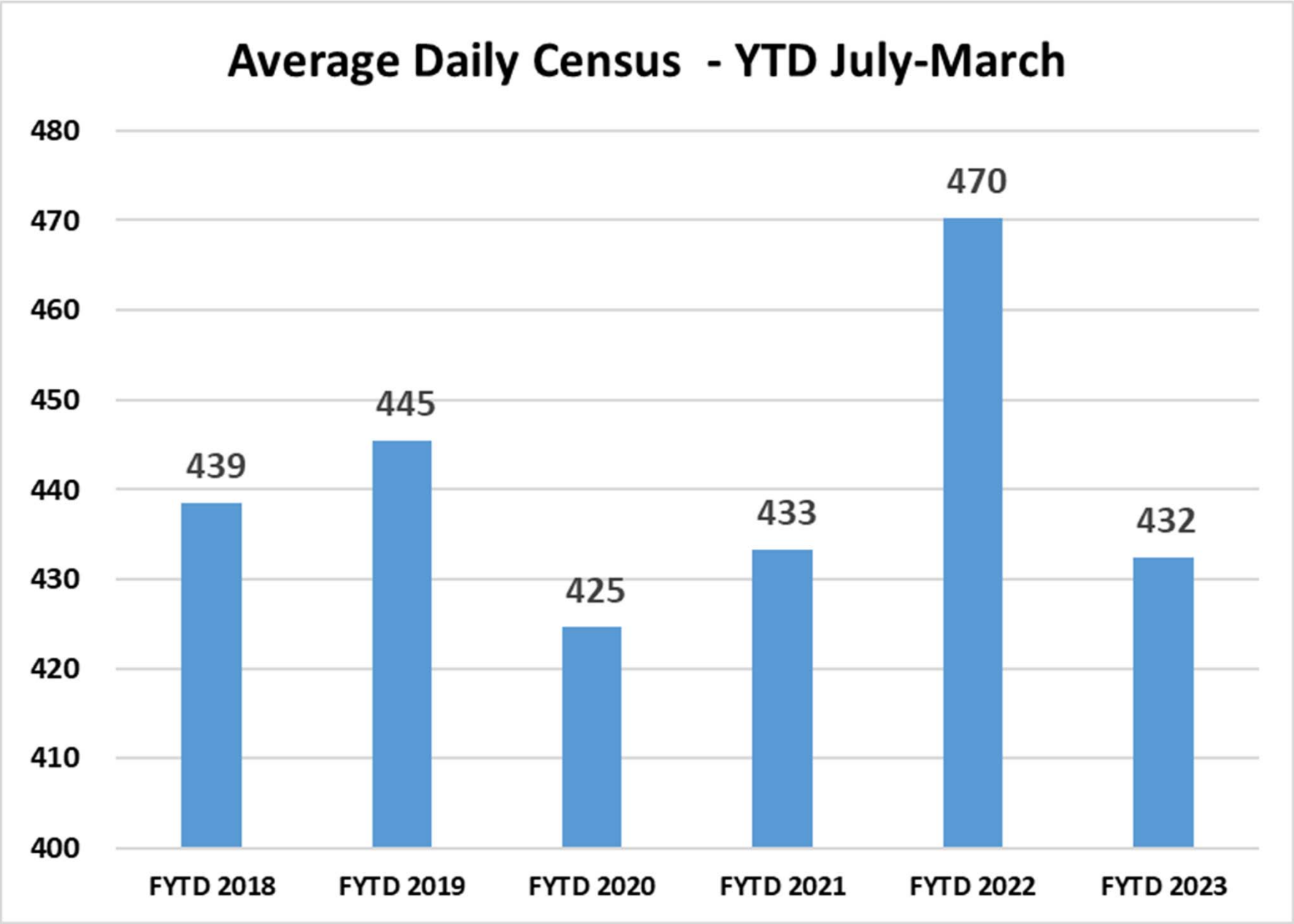
Kaweah Health
MORE THAN MEDICINE. LIFE.


Average Daily Census
510
490
470
450
430
410
390
370
350
449
450
428
423
430
438
432
426
416
July
August
September
October
November
December
January
February
March
April
May
June
YTD
FY2018
FY2019
FY2020
FY2021
FY2022
FY2023

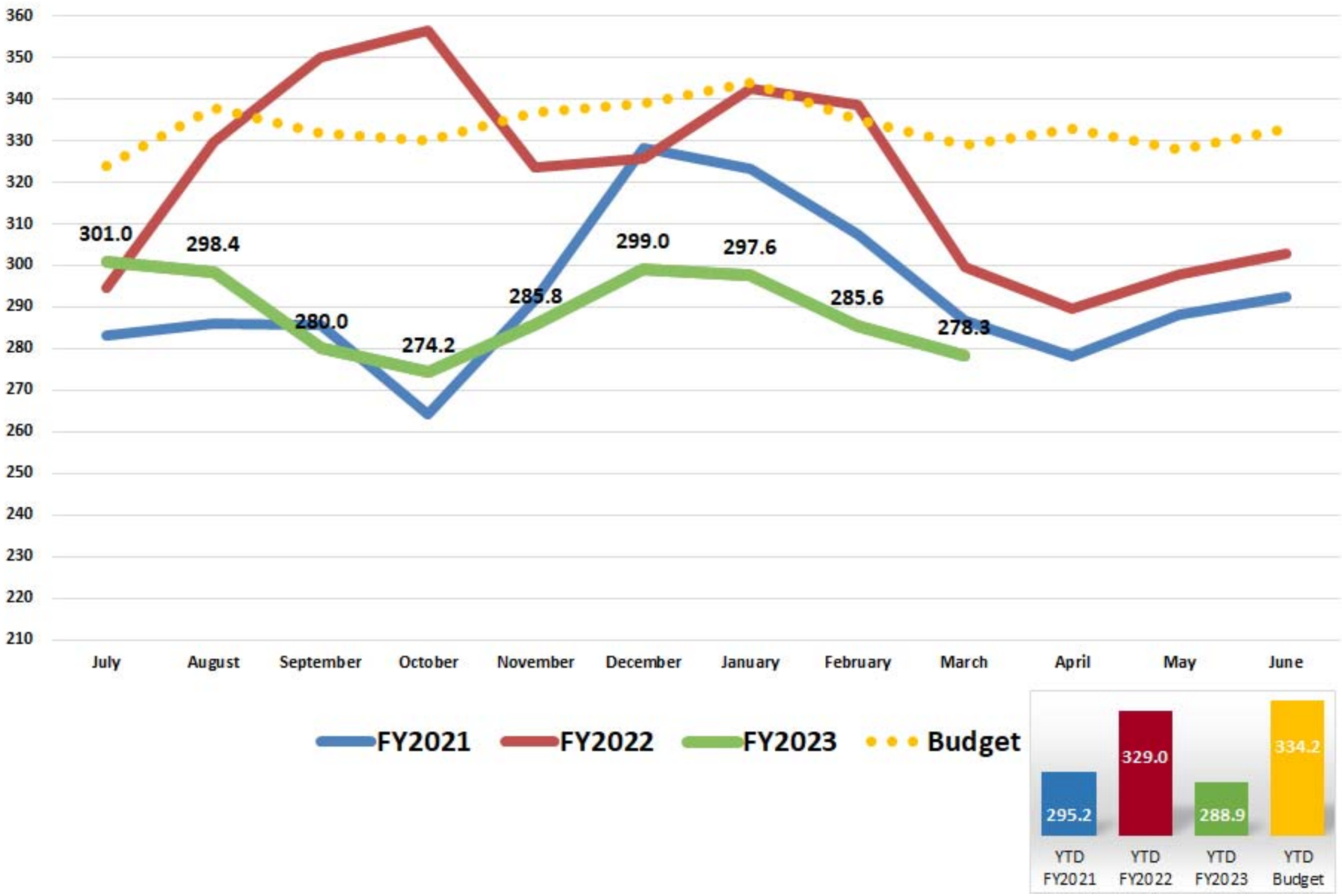
Average Daily Census w/o TCS



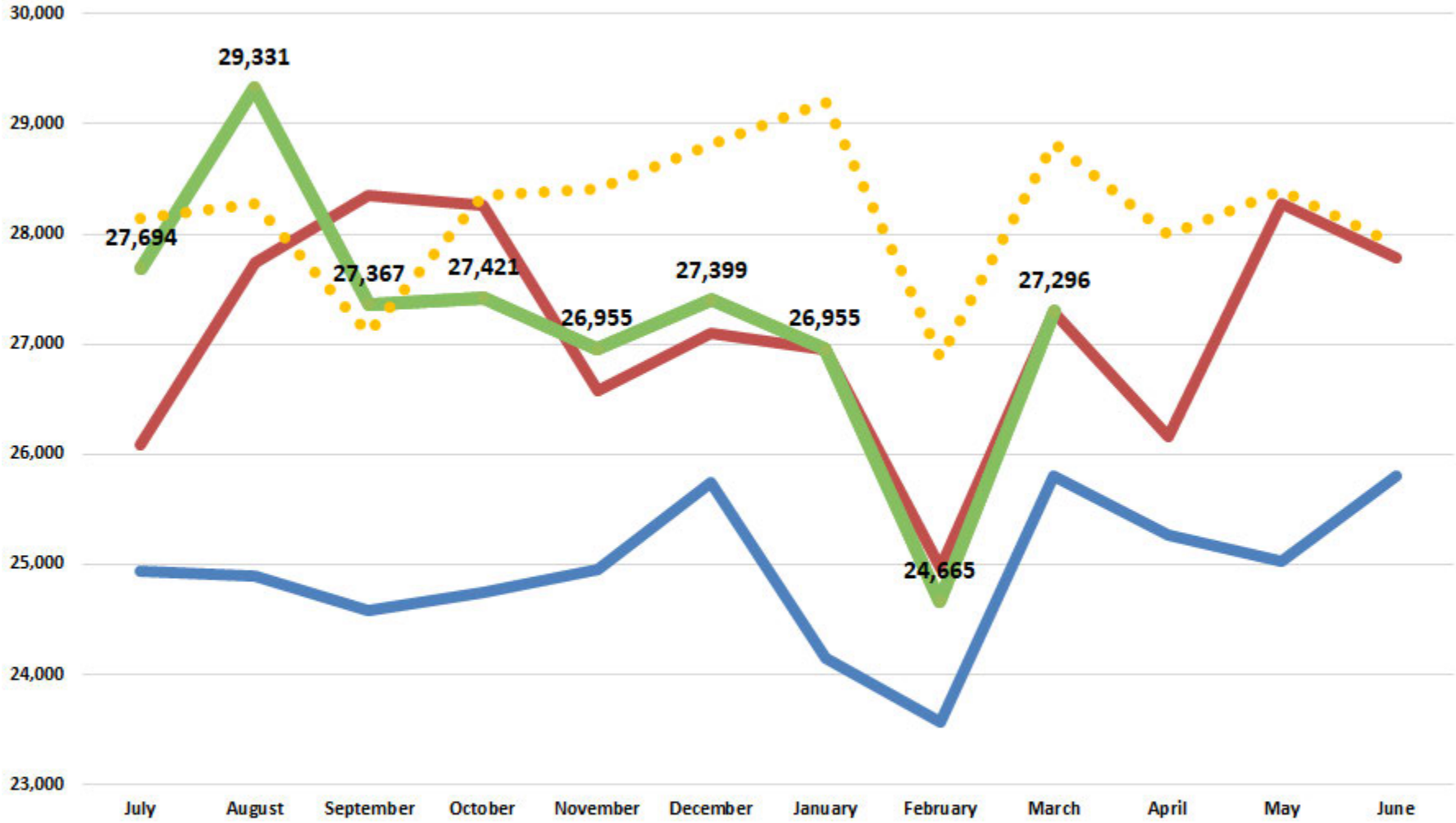


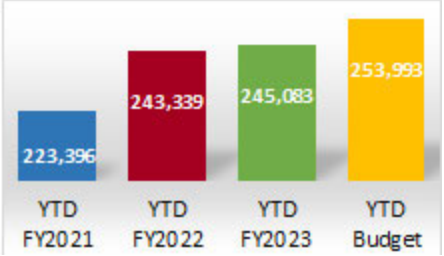

Average Daily Census - YTD July-March
480
470
460
450
440
430
420
410
400
439
445
425
433
470
432
FYTD 2018
FYTD 2019
FYTD 2020
FYTD 2021
FYTD 2022
FYTD 2023

Medical Center (Avg Patients Per Day)

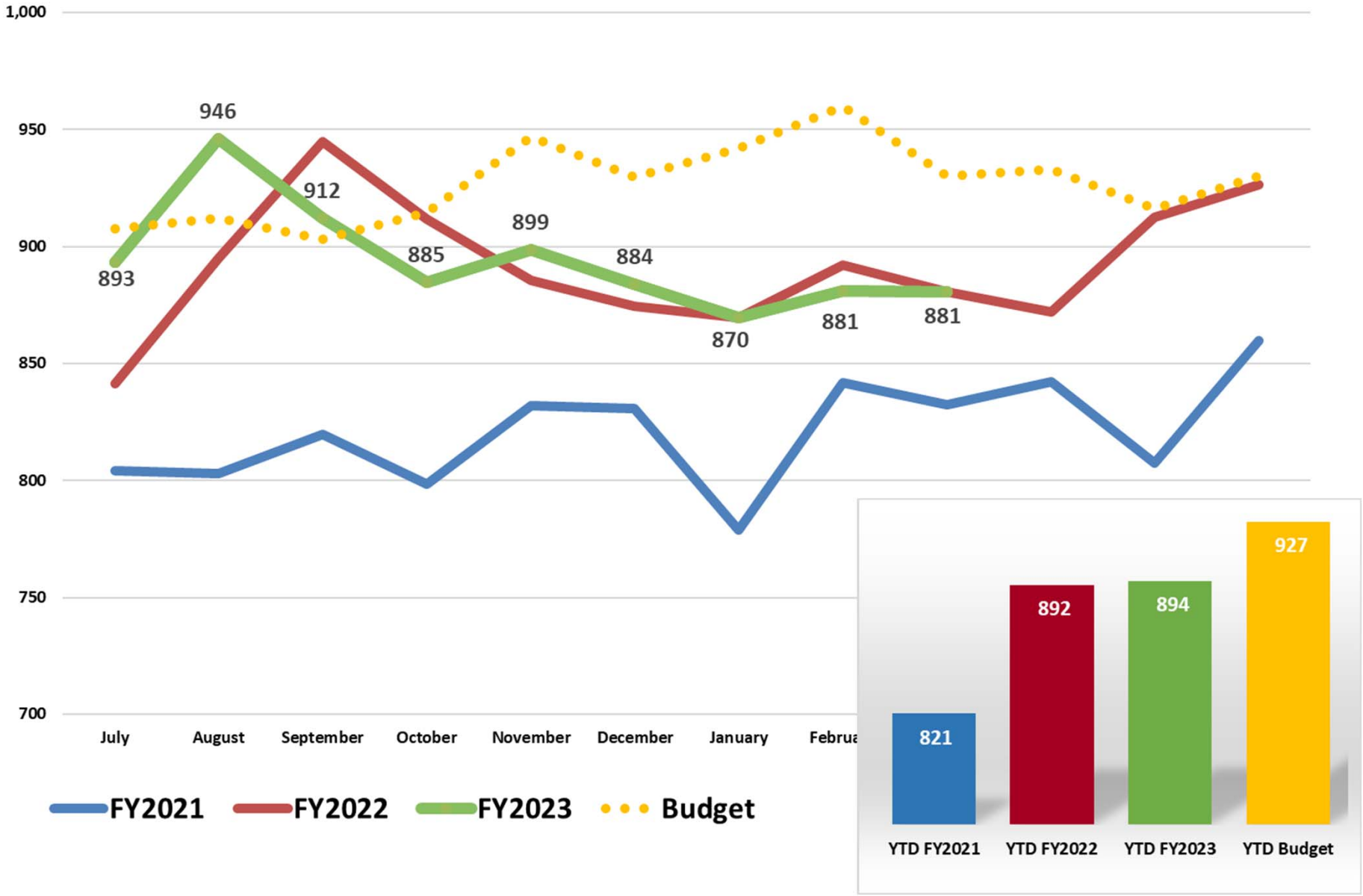


Adjusted Patient Days

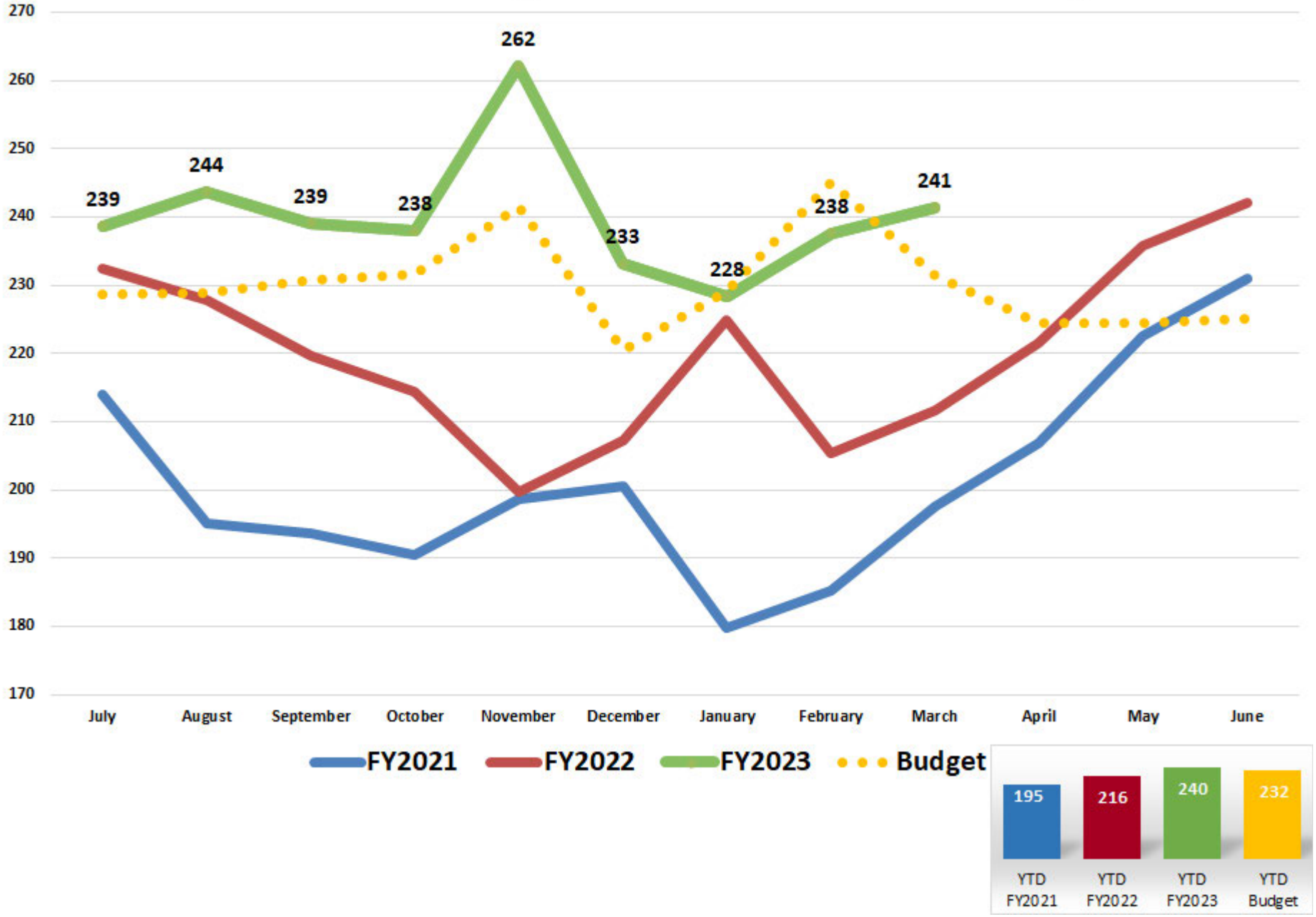




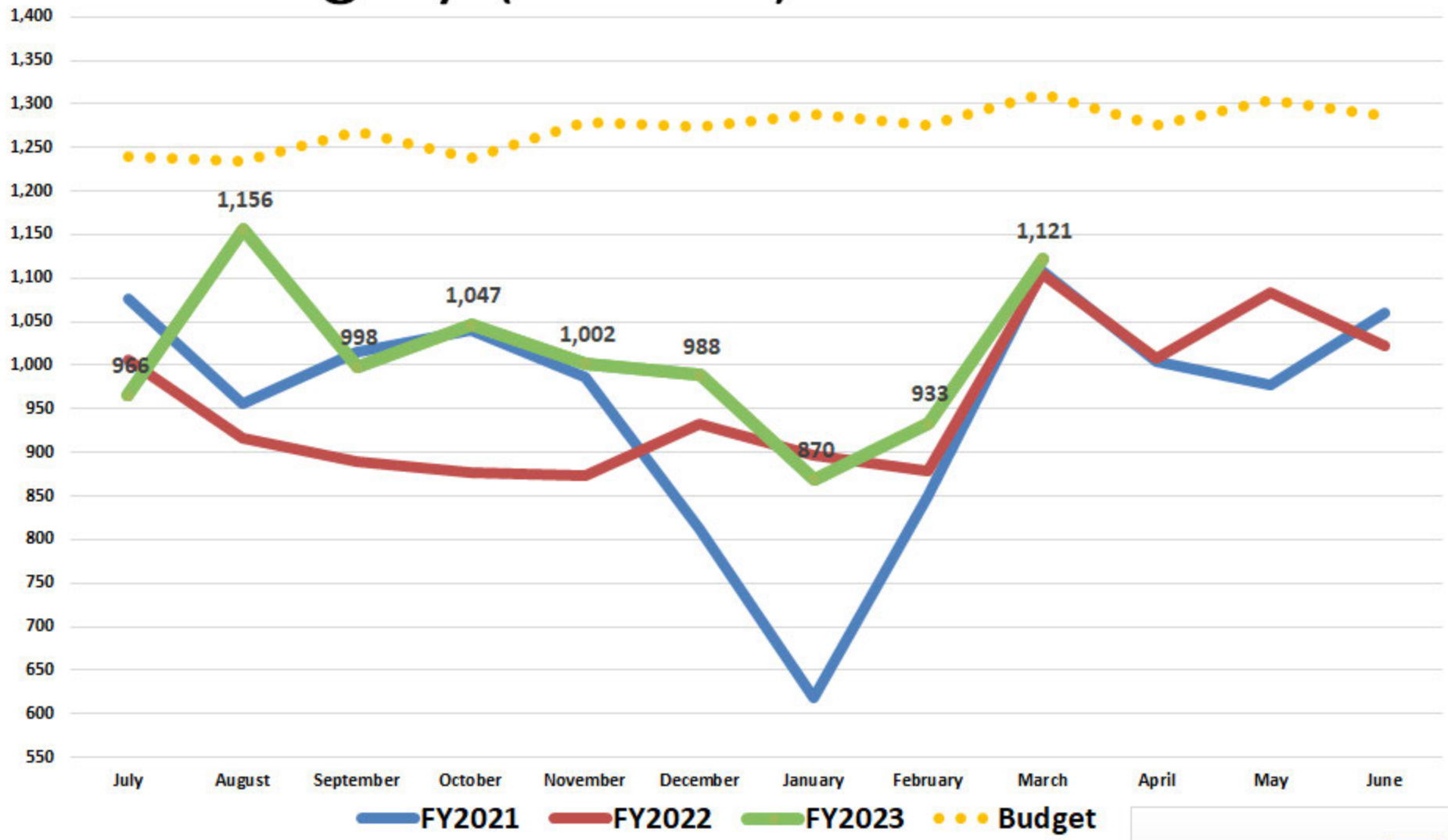
Adjusted Patient Days Per Day

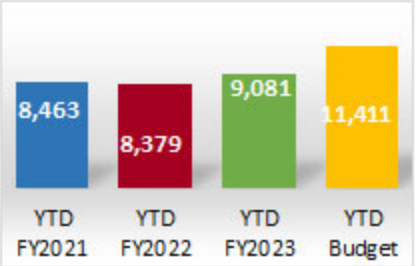


ED - Avg Treated Per Day

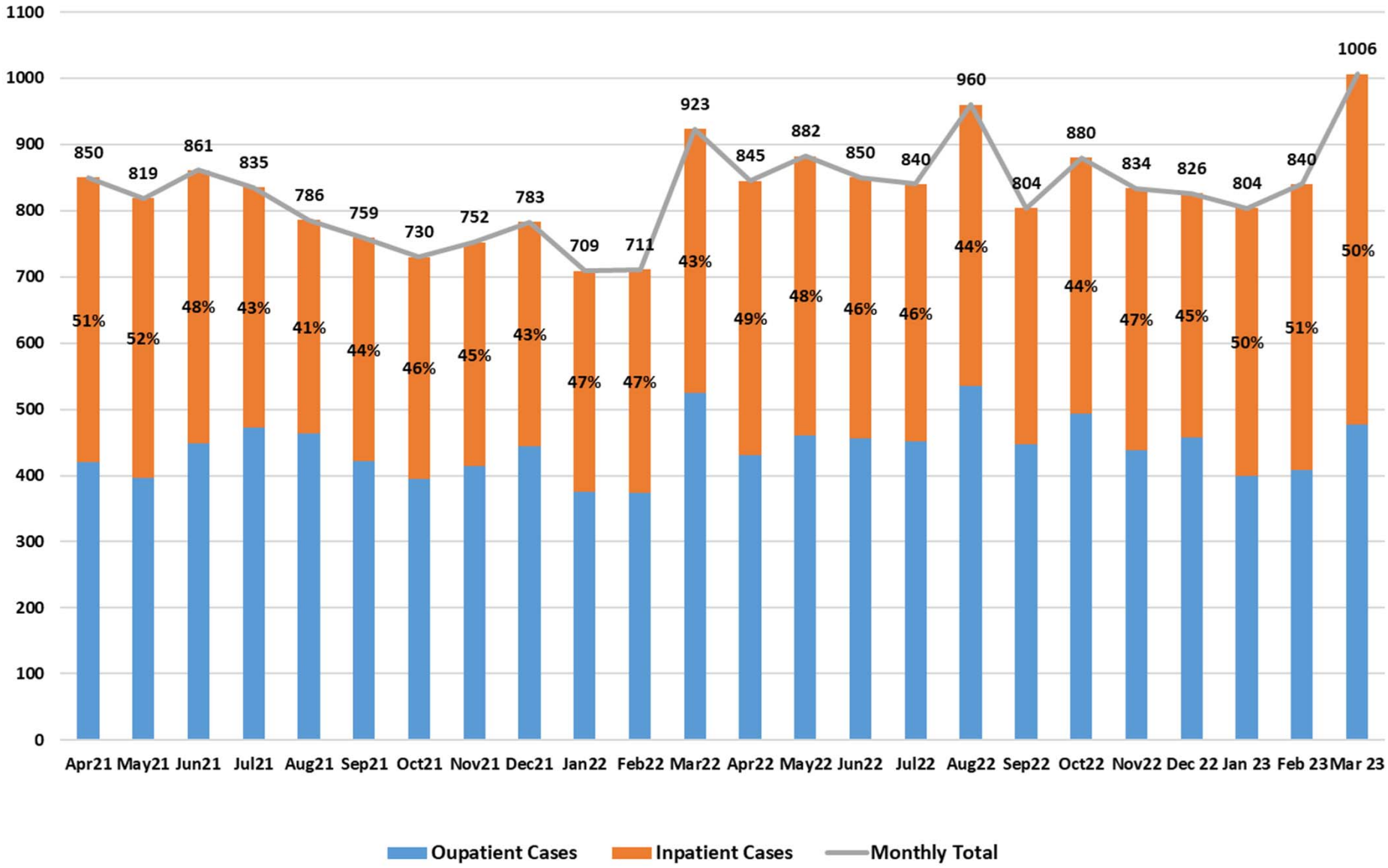


Surgery (IP & OP) – 100 Min Units





Surgery Cases (IP & OP)



GME Family Medicine Clinic Visits

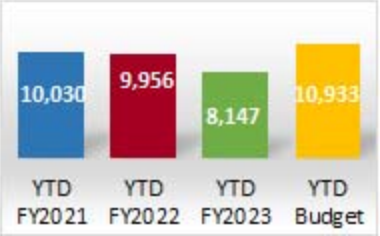
1,400
1,200
1,000
800
600
400
200
0

July August September October November December January February March April May June

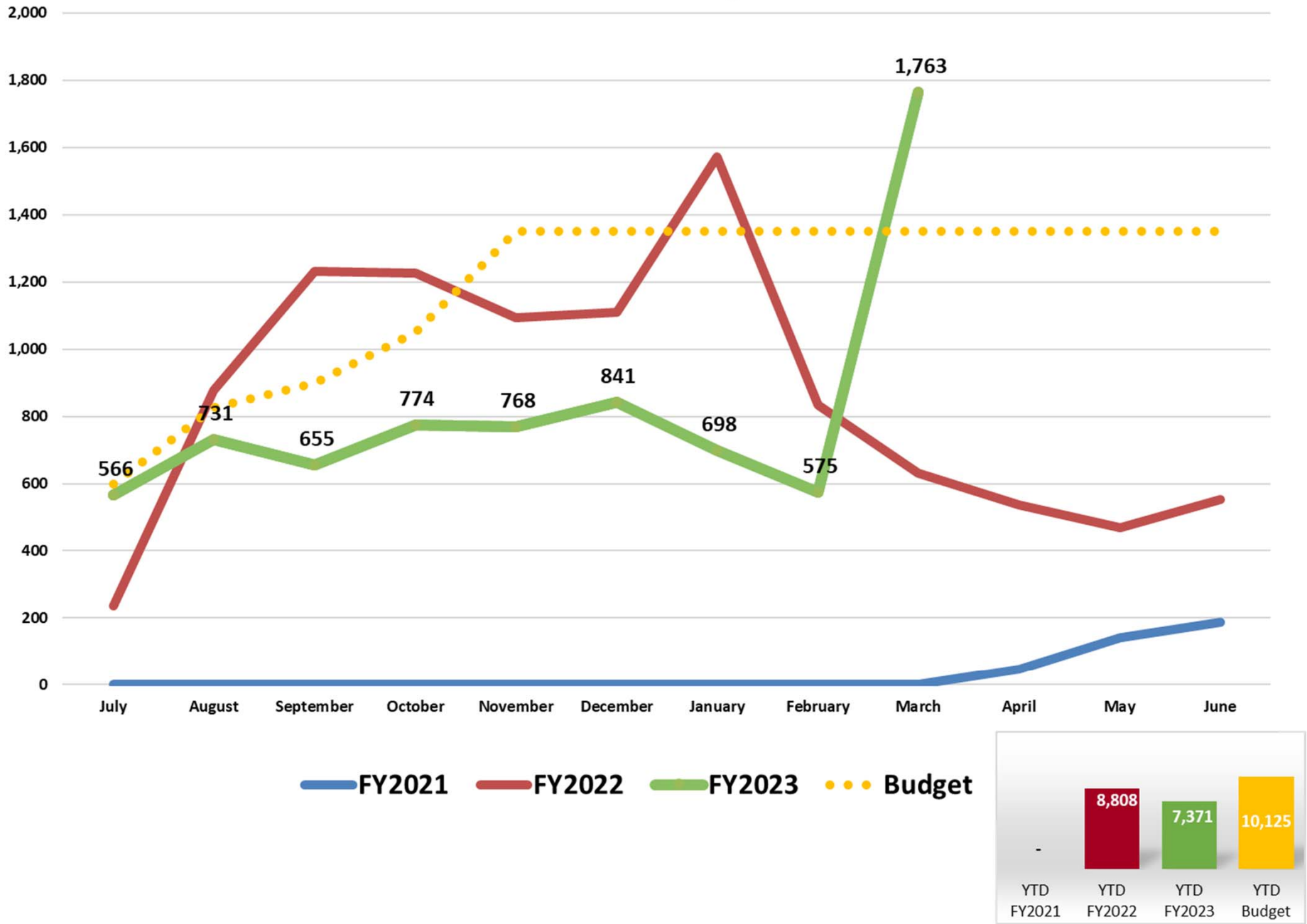
871 1,111 1,003 1,089 1,037 1,066 942 893 135

Shift to new location in RHC Tulare

FY2021 FY2022 FY2023 Budget



RHC Tulare - Registrations



Statistical Results – Fiscal Year Comparison (Mar)

	Actual Results			Budget	Budget Variance	
	Mar 2022	Mar 2023	% Change	Mar 2023	Change	% Change
Average Daily Census	**438**	**416**	**(4.9%)**	**483**	**(67)**	**(13.8%)**
KDHCD Patient Days:						
Medical Center	9,292	8,627	(7.2%)	9,901	(1,274)	(12.9%)
Acute I/P Psych	1,246	1,408	13.0%	1,560	(152)	(9.7%)
Sub-Acute	842	988	17.3%	957	31	3.2%
Rehab	509	596	17.1%	632	(36)	(5.7%)
TCS-Ortho	364	421	15.7%	427	(6)	(1.4%)
TCS	410	0	(100.0%)	563	(563)	(100.0%)
NICU	445	410	(7.9%)	425	(15)	(3.5%)
Nursery	462	455	(1.5%)	513	(58)	(11.3%)
Total KDHCD Patient Days	**13,570**	**12,905**	**(4.9%)**	**14,978**	**(2,073)**	**(13.8%)**
Total Outpatient Volume	**47,895**	**43,431**	**(9.3%)**	**48,146**	**(4,715)**	**(9.8%)**

Statistical Results – Fiscal Year Comparison (Jul-Mar)

	Actual Results			Budget	Budget Variance	
	FYTD 2022	FYTD 2023	% Change	FYTD 2023	Change	% Change
Average Daily Census	**467**	**432**	**(7.4%)**	**484**	**(52)**	**(10.8%)**
KDHCD Patient Days:						
Medical Center	90,103	79,173	(12.1%)	88,287	(9,114)	(10.3%)
Acute I/P Psych	10,560	11,805	11.8%	13,948	(2,143)	(15.4%)
Sub-Acute	7,529	8,182	8.7%	8,071	111	1.4%
Rehab	4,365	4,897	12.2%	5,083	(186)	(3.7%)
TCS-Ortho	3,108	3,481	12.0%	3,719	(238)	(6.4%)
TCS	3,586	2,115	(41.0%)	4,645	(2,530)	(54.5%)
NICU	4,060	4,186	3.1%	3,975	211	5.3%
Nursery	4,570	4,531	(0.9%)	4,962	(431)	(8.7%)
Total KDHCD Patient Days	**127,881**	**118,370**	**(7.4%)**	**132,690**	**(14,320)**	**(10.8%)**
Total Outpatient Volume	**425,894**	**388,447**	**(8.8%)**	**425,552**	**(37,105)**	**(8.7%)**

Other Statistical Results – Fiscal Year Comparison (Mar)

	Actual Results				Budget	Budget Variance	
	Mar 2022	Mar 2023	Change	% Change	Mar 2023	Change	% Change
Adjusted Patient Days	**27,296**	**27,485**	**189**	**0.7%**	**28,833**	**(1,348)**	**(4.7%)**
Outpatient Visits	**47,895**	**43,431**	**(4,464)**	**(9.3%)**	**48,146**	**(4,715)**	**(9.8%)**
Endoscopy Procedures (I/P & O/P)	466	670	204	**43.8%**	575	95	**16.5%**
ED Total Registered	6,624	7,553	929	**14.0%**	7,172	381	**5.3%**
Home Health Visits	3,204	3,482	278	**8.7%**	3,116	366	**11.7%**
OB Deliveries	343	364	21	**6.1%**	375	(11)	**(2.9%)**
RHC Registrations	10,744	11,374	630	**5.9%**	10,497	877	**8.4%**
Radiology/CT/US/MRI Proc (I/P & O/P)	16,835	17,294	459	**2.7%**	16,506	788	**4.8%**
Surgery Minutes-General & Robotic (I/P & O/P)	1,178	1,181	3	**0.3%**	1,165	16	**1.4%**
O/P Rehab Units	21,763	21,433	(330)	**(1.5%)**	21,107	326	**1.5%**
Physical & Other Therapy Units	19,420	19,041	(379)	**(2.0%)**	19,180	(139)	**(0.7%)**
Cath Lab Minutes (IP & OP)	321	308	(13)	**(4.0%)**	409	(101)	**(24.7%)**
KHMG RVU	37,709	35,548	(2,161)	**(5.7%)**	36,694	(1,146)	**(3.1%)**
Radiation Oncology Treatments (I/P & O/P)	2,251	2,104	(147)	**(6.5%)**	2,604	(500)	**(19.2%)**
Dialysis Treatments	1,616	1,487	(129)	**(8.0%)**	1,541	(54)	**(3.5%)**
Hospice Days	4,433	3,828	(605)	**(13.6%)**	4,283	(455)	**(10.6%)**
Infusion Center	430	348	(82)	**(19.1%)**	425	(77)	**(18.1%)**
Urgent Care - Demaree	3,280	2,303	(977)	**(29.8%)**	2,500	(197)	**(7.9%)**
Urgent Care - Court	4,692	3,214	(1,478)	**(31.5%)**	5,334	(2,120)	**(39.7%)**

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

	Actual Results				Budget	Budget Variance	
	FY 2022	FY 2023	Change	% Change	FY 2023	Change	% Change
Adjusted Patient Days	**243,373**	**245,476**	**2,103**	**0.9%**	**253,954**	**(8,478)**	**(3.3%)**
Outpatient Visits	**425,894**	**388,447**	**(37,447)**	**(8.8%)**	**425,552**	**(37,105)**	**(8.7%)**
Endoscopy Procedures (I/P & O/P)	4,432	4,937	505	**11.4%**	5,414	(477)	**(8.8%)**
ED Total Registered	60,047	66,563	6,516	**10.9%**	63,504	3,059	**4.8%**
Surgery Minutes –General & Robotic (I/P & O/P)	8,866	9,652	786	**8.9%**	10,314	(662)	**(6.4%)**
Home Health Visits	25,043	27,196	2,153	**8.6%**	27,100	96	**0.4%**
OB Deliveries	3,459	3,514	55	**1.6%**	3,521	(7)	**(0.2%)**
Physical & Other Therapy Units	157,805	160,280	2,475	**1.6%**	169,569	(9,289)	**(5.5%)**
Radiology/CT/US/MRI Proc (I/P & O/P)	147,283	148,475	1,192	**0.8%**	145,994	2,481	**1.7%**
Cath Lab Minutes (IP & OP)	2,865	2,814	(51)	**(1.8%)**	3,577	(763)	**(21.3%)**
O/P Rehab Units	175,223	169,363	(5,860)	**(3.3%)**	176,482	(7,119)	**(4.0%)**
Dialysis Treatments	13,993	13,478	(515)	**(3.7%)**	13,869	(391)	**(2.8%)**
Radiation Oncology Treatments (I/P & O/P)	17,687	16,565	(1,122)	**(6.3%)**	20,918	(4,353)	**(20.8%)**
KHMG RVU	313,811	292,490	(21,321)	**(6.8%)**	344,338	(51,848)	**(15.1%)**
RHC Registrations	96,842	89,229	(7,613)	**(7.9%)**	87,408	1,821	**2.1%**
Hospice Days	38,478	32,705	(5,773)	**(15.0%)**	38,331	(5,626)	**(14.7%)**
Infusion Center	3,615	3,004	(611)	**(16.9%)**	3,644	(640)	**(17.6%)**
GME Clinic visits	9,956	8,147	(1,809)	**(18.2%)**	10,852	(2,705)	**(24.9%)**
Urgent Care - Demaree	33,768	25,340	(8,428)	**(25.0%)**	22,830	2,510	**11.0%**
Urgent Care - Court	53,988	37,223	(16,765)	**(31.1%)**	36,201	1,022	**2.8%**

Trended Financial Comparison (000's)

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD
Operating Revenue										
Net Patient Service Revenue	**$52,368**	**$54,965**	**$48,168**	**$54,432**	**$56,706**	**$53,217**	**$51,048**	**$49,325**	**$55,391**	**$475,622**
Supplemental Gov't Programs	5,042	5,042	4,943	5,410	5,494	5,060	6,065	6,064	7,967	51,086
Prime Program	743	743	743	743	743	743	743	743	3,935	9,876
Premium Revenue	5,901	5,927	5,972	5,943	5,784	6,780	6,336	7,251	6,985	56,879
Management Services Revenue	2,932	3,797	3,313	2,733	3,559	3,277	3,294	2,897	3,149	28,951
Other Revenue	3,495	2,164	2,334	2,462	2,161	2,594	3,315	2,302	3,509	24,335
Other Operating Revenue	18,113	17,672	17,304	17,291	17,741	18,452	19,753	19,257	25,545	171,128
Total Operating Revenue	**70,480**	**72,636**	**65,471**	**71,722**	**74,446**	**71,668**	**70,800**	**68,581**	**80,937**	**646,750**
Operating Expenses										
Salaries & Wages	29,176	29,435	28,455	29,473	26,929	28,727	28,050	26,583	29,016	255,845
Contract Labor	5,864	7,124	7,067	5,941	4,393	3,550	2,199	2,967	2,467	41,574
Employee Benefits	6,279	5,563	3,636	5,212	5,155	5,828	6,612	6,074	5,423	49,781
Total Employment Expenses	**41,319**	**42,122**	**39,158**	**40,626**	**36,477**	**38,105**	**36,862**	**35,624**	**36,907**	**347,200**
Medical & Other Supplies	9,593	11,666	11,642	11,523	11,358	10,632	10,396	10,376	11,548	98,734
Physician Fees	8,892	9,585	8,814	9,859	9,645	8,276	8,564	8,596	9,737	81,967
Purchased Services	2,937	1,120	1,556	1,349	1,328	1,576	1,540	1,184	1,445	14,036
Repairs & Maintenance	2,237	2,486	2,516	2,542	2,460	2,365	2,230	2,302	2,614	21,752
Utilities	715	999	1,061	942	881	806	841	703	878	7,825
Rents & Leases	510	540	537	552	566	553	228	22	165	3,673
Depreciation & Amortization	2,657	2,650	2,640	2,651	2,693	2,680	3,172	3,848	3,180	26,172
Interest Expense	589	589	589	590	658	701	610	620	609	5,554
Other Expense	1,631	2,013	1,825	1,510	1,759	1,834	1,945	1,980	1,945	16,442
Humana Cap Plan Expenses	4,404	3,831	3,777	2,680	3,454	3,372	3,674	3,596	4,798	33,585
Management Services Expense	2,921	3,660	3,370	2,707	3,371	3,317	3,058	3,257	3,284	28,945
Total Other Expenses	**37,087**	**39,139**	**38,324**	**36,904**	**38,173**	**36,110**	**36,257**	**36,484**	**40,204**	**338,680**
Total Operating Expenses	**78,406**	**81,261**	**77,483**	**77,530**	**74,650**	**74,216**	**73,119**	**72,108**	**77,111**	**685,880**
Operating Margin	**($7,926)**	**($8,625)**	**($12,011)**	**($5,809)**	**($204)**	**($2,547)**	**($2,319)**	**($3,527)**	**$3,826**	**($39,130)**
Stimulus Funds	$97	$0	$0	$0	$0	$0	$190	$0	$0	$287
Operating Margin after Stimulus	**($7,829)**	**($8,625)**	**($12,011)**	**($5,809)**	**($204)**	**($2,547)**	**($2,129)**	**($3,527)**	**$3,826**	**($38,843)**
Non-Operating Revenue (Loss)	455	326	(3,901)	452	150	2,901	1,350	834	538	3,106
Excess Margin	**($7,374)**	**($8,299)**	**($15,912)**	**($5,357)**	**($54)**	**$354**	**($779)**	**($2,693)**	**$4,364**	**($35,738)**

FY 23 Quarterly Comparison (000's) with Projection

	Quarter 1	Quarter 2	Quarter 3	Projected Quarter 4	Total
Operating Revenue					
Net Patient Service Revenue	**$155,501**	**$164,355**	**$155,765**	**$157,763**	**$633,384**
Supplemental Gov't Programs	15,027	15,964	20,095	18,195	69,281
Prime Program	2,228	2,228	5,420	2,222	12,097
Premium Revenue	17,800	18,507	20,573	18,960	75,840
Management Services Revenue	10,042	9,569	9,341	10,209	39,160
Other Revenue	7,993	7,217	9,126	7,991	32,327
Other Operating Revenue	53,089	53,484	64,555	57,576	228,705
Total Operating Revenue	**208,589**	**217,839**	**220,320**	**215,339**	**862,088**
Operating Expenses					
Salaries & Wages	87,067	85,129	83,650	89,648	345,494
Contract Labor	20,056	13,885	7,633	3,432	45,006
Employee Benefits	15,477	16,194	18,110	16,503	66,285
Total Employment Expenses	**122,599**	**115,208**	**109,393**	**109,583**	**456,784**
Medical & Other Supplies	32,901	33,513	32,326	31,809	130,549
Physician Fees	27,291	27,779	26,897	23,842	105,809
Purchased Services	5,613	4,254	4,163	4,938	18,968
Repairs & Maintenance	7,239	7,367	7,146	7,251	29,002
Utilities	2,775	2,628	2,422	2,608	10,433
Rents & Leases	437	522	415	458	1,831
Depreciation & Amortization	9,079	9,157	10,200	9,479	37,915
Interest Expense	1,783	1,965	1,839	1,862	7,449
Other Expense	5,469	5,103	5,870	6,338	22,780
Humana Cap Plan Expenses	12,012	9,506	12,068	6,906	40,492
Management Services Expense	9,951	9,396	9,599	10,209	39,154
Total Other Expenses	**114,549**	**111,189**	**112,945**	**105,701**	**444,383**
Total Operating Expenses	**237,148**	**226,397**	**222,336**	**215,284**	**901,166**
Operating Margin	**($28,559)**	**($8,558)**	**($2,017)**	**$56**	**($39,078)**
Stimulus Funds/FEMA	$97	$0	$190	$12,628	$12,915
Operating Margin after Stimulus	**($28,462)**	**($8,558)**	**($1,827)**	**$12,684**	**($26,163)**
Nonoperating Revenue (Loss)	(3,120)	3,503	2,722	-	3,106
Excess Margin	**($31,581)**	**($5,055)**	**$896**	**$12,684**	**($23,057)**

Projected Q4 Impacts (000's)

Q4 Initiatives (000's)	
$1,425	Renegotiated Payer Contracts and Reduction in Elective Medi-Cal Surgery
$1,397	Continued Reduction in Contract Labor by Month(70FTEs - 55FTEs - 40FTEs)
$750	Supplies
$3,480	KHMG ($660/month plus impact on closing)
$12,628	FEMA
$19,680	**Total Q4 Anticipated Impacts**

March Financial Comparison (000's)

	Actual Results		Budget	Budget Variance	
	Mar 2022	Mar 2023	Mar 2023	Change	% Change
Operating Revenue					
Net Patient Service Revenue	**$52,555**	**$55,391**	**$57,680**	**($2,289)**	**(4.0%)**
Other Operating Revenue	16,609	25,545	18,800	6,745	35.9%
Total Operating Revenue	**69,164**	**80,937**	**76,480**	**4,456**	**5.8%**
Operating Expenses					
Employment Expense	37,920	36,907	38,702	(1,795)	(4.6%)
Other Operating Expense	38,491	40,204	38,081	2,123	5.6%
Total Operating Expenses	**76,412**	**77,111**	**76,784**	**328**	**0.4%**
Operating Margin	**($7,247)**	**$3,826**	**($303)**	**$4,129**	
Stimulus Funds	9,345	0	230	(230)	
Operating Margin after Stimulus	**$2,098**	**$3,826**	**($73)**	**$3,899**	
Non Operating Revenue (Loss)	(9,815)	538	371	167	
Excess Margin	**($7,717)**	**$4,364**	**$298**	**$4,066**	

Operating Margin %	**(10.5%)**	**4.7%**	**(0.4%)**
OM after Stimulus%	**3.0%**	**4.7%**	**(0.1%)**
Excess Margin %	**(11.2%)**	**5.4%**	**0.4%**
Operating Cash Flow Margin %	**(5.8%)**	**9.4%**	**4.1%**

YTD (July-Mar) Financial Comparison (000's)

	Actual Results FYTD Jul-Mar		Budget FYTD	Budget Variance	FYTD
	FYTD2022	FYTD2023	FYTD2023	Change	% Change
Operating Revenue					
Net Patient Service Revenue	**$478,079**	**$475,622**	**$504,784**	**($29,162)**	**(5.8%)**
Other Operating Revenue	157,287	171,129	165,150	5,978	3.6%
Total Operating Revenue	**635,366**	**646,750**	**669,934**	**(23,184)**	**(3.5%)**
Operating Expenses					
Employment Expense	325,025	347,200	342,576	4,624	1.3%
Other Operating Expense	326,604	338,680	337,138	1,542	0.5%
Total Operating Expenses	**651,628**	**685,880**	**679,714**	**6,166**	**0.9%**
Operating Margin	**($16,262)**	**($39,130)**	**($9,780)**	**($29,350)**	
Stimulus Funds	16,555	287	1,997	(1,710)	
Operating Margin after Stimulus	**$293**	**($38,843)**	**($7,783)**	**($31,060)**	
Nonoperating Revenue (Loss)	(4,130)	3,106	3,261	(155)	
Excess Margin	**($3,838)**	**($35,738)**	**($4,523)**	**($31,215)**	

Operating Margin %	**(2.6%)**	**(6.1%)**	**(1.5%)**
OM after Stimulus%	**0.0%**	**(6.0%)**	**(1.2%)**
Excess Margin %	**(0.6%)**	**(5.5%)**	**(0.7%)**
Operating Cash Flow Margin %	**2.0%**	**(0.8%)**	**3.2%**

March Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Mar 2022	Mar 2023	% Change	Mar 2023	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$52,555**	**$55,391**	**5.4%**	**$57,680**	**($2,289)**	**(4.0%)**
Supplemental Gov't Programs	5,192	7,967	53.5%	5,257	2,709	51.5%
Prime/QIP Program	667	3,935	490.3%	757	3,178	420.0%
Premium Revenue	5,772	6,985	21.0%	6,813	172	2.5%
Management Services Revenue	2,988	3,149	5.4%	3,478	(329)	(9.5%)
Other Revenue	1,990	3,509	76.3%	2,495	1,014	40.7%
Other Operating Revenue	16,609	25,545	**53.8%**	18,800	6,745	35.9%
Total Operating Revenue	**69,164**	**80,937**	**17.0%**	**76,480**	**4,456**	**5.8%**
Operating Expenses						
Salaries & Wages	30,503	29,016	(4.9%)	30,106	(1,090)	(3.6%)
Contract Labor	1,299	2,467	90.0%	2,414	53	2.2%
Employee Benefits	6,119	5,423	(11.4%)	6,182	(758)	(12.3%)
Total Employment Expenses	**37,920**	**36,907**	**(2.7%)**	**38,702**	**(1,795)**	**(4.6%)**
Medical & Other Supplies	11,180	11,548	3.3%	10,824	724	6.7%
Physician Fees	9,045	9,737	7.6%	9,451	286	3.0%
Purchased Services	1,304	1,445	10.8%	1,680	(235)	(14.0%)
Repairs & Maintenance	2,251	2,614	16.1%	2,560	54	2.1%
Utilities	723	878	21.5%	563	315	55.8%
Rents & Leases	515	165	(68.1%)	531	(367)	(69.0%)
Depreciation & Amortization	2,583	3,180	23.1%	2,834	347	12.2%
Interest Expense	671	609	(9.2%)	611	(2)	(0.3%)
Other Expense	2,019	1,945	(3.7%)	2,160	(215)	(9.9%)
Humana Cap Plan Expense	5,196	4,798	(7.7%)	3,432	1,367	39.8%
Management Services Expense	3,003	3,284	9.3%	3,436	(153)	(4.4%)
Total Other Expenses	**38,491**	**40,204**	**4.4%**	**38,081**	**2,123**	**5.6%**
Total Operating Expenses	**76,412**	**77,111**	**0.9%**	**76,784**	**328**	**0.4%**
Operating Margin	**($7,247)**	**$3,826**		**($303)**	**$4,129**	
Stimulus Funds	9,345	0		230	(230)	
Operating Margin after Stimulus	**$2,098**	**$3,826**		**($73)**	**$3,899**	
Nonoperating Revenue (Loss)	(9,815)	538		371	167	
Excess Margin	**($7,717)**	**$4,364**		**$298**	**$4,066**	

YTD Financial Comparison (000's)

	Actual Results FYTD Jul-Mar			Budget FYTD	Budget Variance	FYTD
	FYTD2022	FYTD2023	% Change	FYTD2023	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$478,079**	**$475,622**	**(0.5%)**	**$504,784**	**($29,162)**	**(5.8%)**
Supplemental Gov't Programs	54,472	51,086	(6.2%)	46,470	4,617	9.9%
Prime/QIP Program	8,618	9,876	14.6%	6,689	3,186	47.6%
Premium Revenue	48,491	56,879	17.3%	59,196	(2,316)	(3.9%)
Management Services Revenue	27,174	28,951	6.5%	30,740	(1,788)	(5.8%)
Other Revenue	18,530	24,335	31.3%	22,056	2,279	10.3%
Other Operating Revenue	157,287	171,129	**8.8%**	165,150	5,978	3.6%
Total Operating Revenue	**635,366**	**646,750**	**1.8%**	**669,934**	**(23,184)**	**(3.5%)**
Operating Expenses						
Salaries & Wages	263,676	255,846	(3.0%)	266,360	(10,514)	(3.9%)
Contract Labor	21,189	41,573	96.2%	21,546	20,027	93.0%
Employee Benefits	40,160	49,781	24.0%	54,670	(4,888)	(8.9%)
Total Employment Expenses	**325,025**	**347,200**	**6.8%**	**342,576**	**4,624**	**1.3%**
Medical & Other Supplies	100,064	98,734	(1.3%)	94,924	3,810	4.0%
Physician Fees	80,666	81,967	1.6%	82,306	(339)	(0.4%)
Purchased Services	13,217	14,035	6.2%	14,832	(797)	(5.4%)
Repairs & Maintenance	21,450	21,752	1.4%	22,980	(1,229)	(5.3%)
Utilities	6,611	7,825	18.4%	6,631	1,194	18.0%
Rents & Leases	4,550	1,374	(69.8%)	5,398	(4,024)	(74.6%)
Depreciation & Amortization	23,635	28,436	20.3%	25,502	2,934	11.5%
Interest Expense	5,196	5,586	7.5%	5,398	189	3.5%
Other Expense	15,343	16,442	7.2%	19,097	(2,656)	(13.9%)
Humana Cap Plan Expense	29,771	33,585	12.8%	29,699	3,887	13.1%
Management Services Expense	26,101	28,945	10.9%	30,370	(1,426)	(4.7%)
Total Other Expenses	**326,604**	**338,680**	**3.7%**	**337,138**	**1,542**	**0.5%**
Total Operating Expenses	**651,628**	**685,880**	**5.3%**	**679,714**	**6,166**	**0.9%**
Operating Margin	**($16,262)**	**($39,130)**		**($9,780)**	**($29,350)**	
Stimulus Funds	16,555	287		1,997	(1,710)	
Operating Margin after Stimulus	**$293**	**($38,843)**		**($7,783)**	**($31,060)**	
Nonoperating Income						
Nonoperating Revenue (Loss)	(4,130)	3,106		3,261	(155)	
Excess Margin	**($3,838)**	**($35,738)**		**($4,523)**	**($31,215)**	

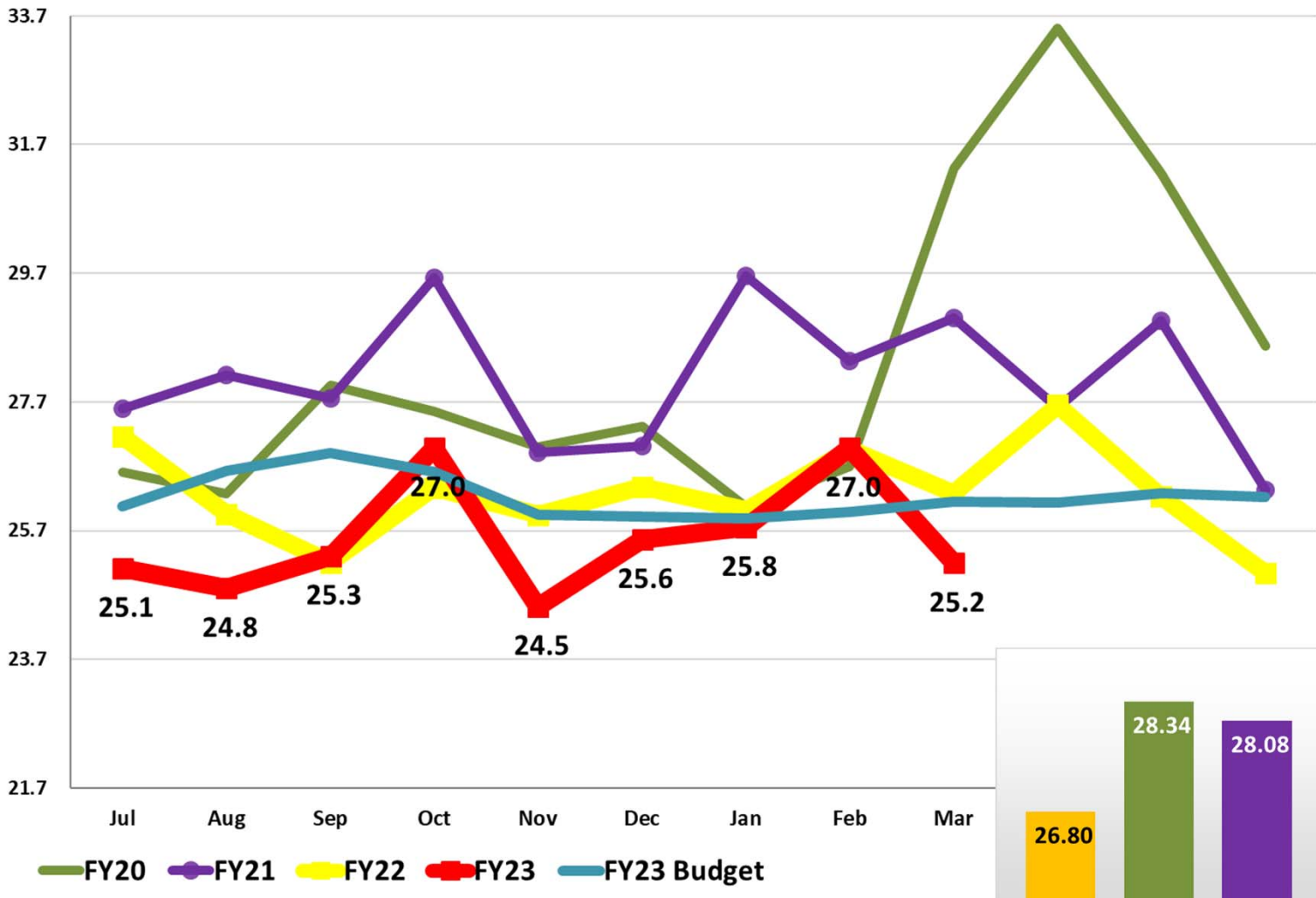
Kaweah Health Medical Group
Fiscal Year Financial Comparison (000's)

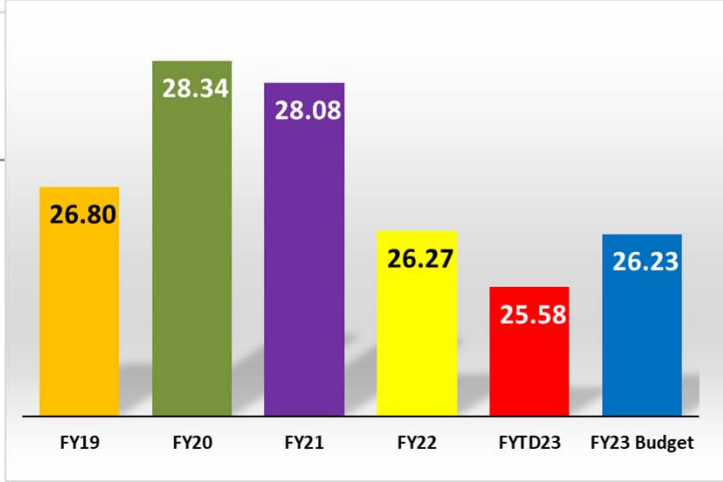
	Actual Results FYTD July – Mar			Budget FYTD	Budget Variance	FYTD
	Mar 2022	Mar 2023	% Change	Mar 2023	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$35,849**	**$36,294**	**1.2%**	**$39,799**	**($3,505)**	**(8.8%)**
Other Revenue	1,262	542	(57.0%)	888	(346)	(38.9%)
Other Operating Revenue	1,262	542	**(57.0%)**	888	(346)	(38.9%)
Total Operating Revenue	**37,111**	**36,837**	**(0.7%)**	**40,688**	**(3,851)**	**(9.5%)**
Operating Expenses						
Salaries & Wages	8,825	8,943	1.3%	9,941	(998)	(10.0%)
Employee Benefits	1,376	1,786	29.8%	2,039	(253)	(12.4%)
Total Employment Expenses	**10,201**	**10,729**	**5.2%**	**11,980**	**(1,251)**	**(10.4%)**
Medical & Other Supplies	4,741	5,529	16.6%	5,402	127	2.4%
Physician Fees	21,970	21,069	(4.1%)	22,979	(1,910)	(8.3%)
Purchased Services	758	743	(2.0%)	819	(76)	(9.3%)
Repairs & Maintenance	1,633	1,679	2.8%	2,093	(414)	(19.8%)
Utilities	336	442	31.5%	398	44	11.0%
Rents & Leases	1,894	256	(86.5%)	1,995	(1,739)	(87.1%)
Depreciation & Amortization	582	2,287	293.1%	579	1,708	294.8%
Interest Expense	1	21	2762.2%	0	21	0.0%
Other Expense	969	836	(13.7%)	1,367	(530)	(38.8%)
Total Other Expenses	**32,883**	**32,862**	**(0.1%)**	**35,633**	**(2,771)**	**(7.8%)**
Total Operating Expenses	**43,084**	**43,591**		**47,613**		
Stimulus Funds	0	0		0		
Excess Margin	**($5,973)**	**($6,754)**		**($6,926)**		
Excess Margin %	**(16.1%)**	**(18.3%)**		**(17.0%)**		

Month of March- Budget Variances

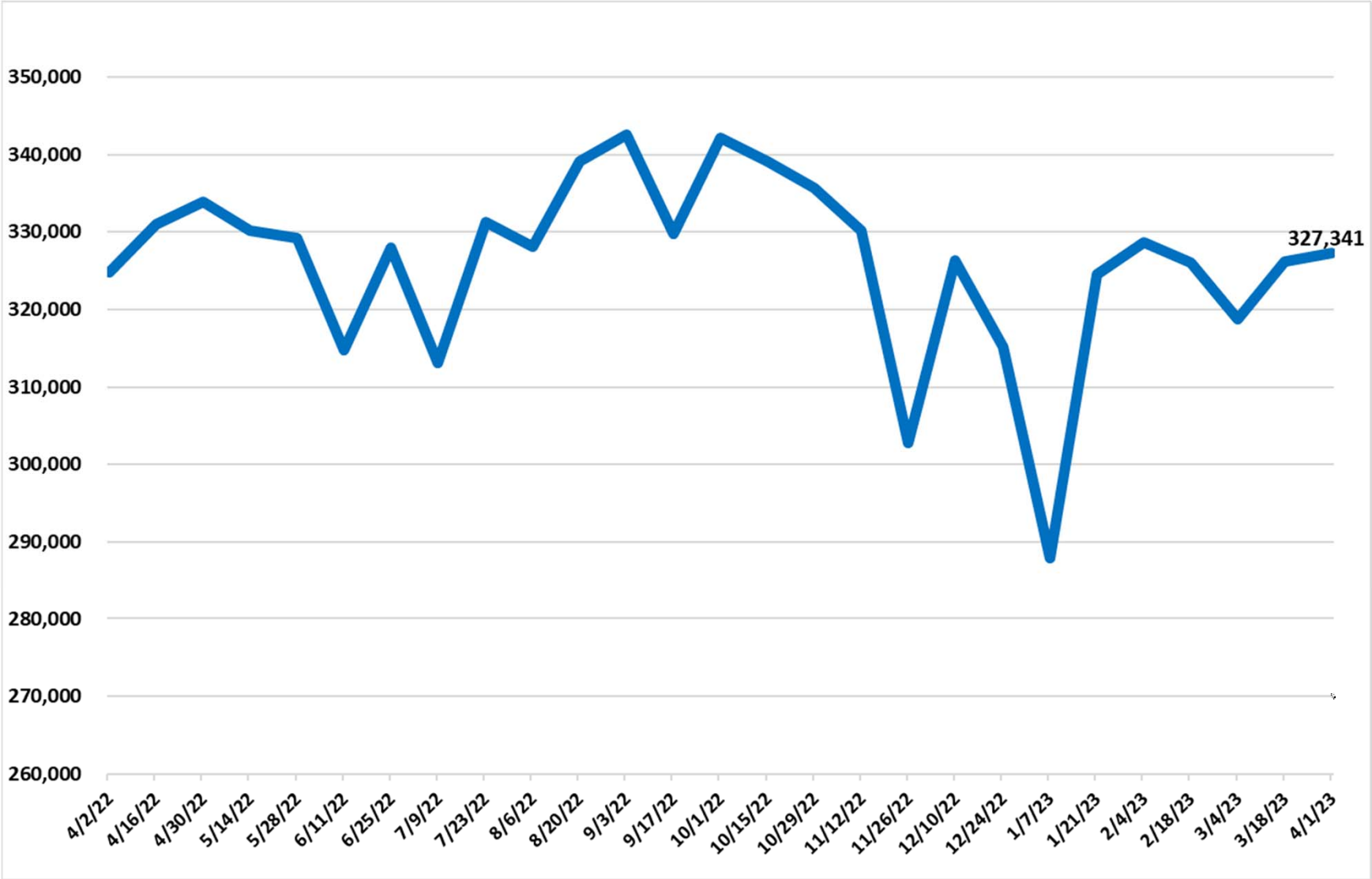
- **Closure of the Transitional Care Service Unit on Court Street**. Beginning in November, we stopped accepting patients at our TCS South location. This ramp down represents approximately $274K less in net patient revenue and $367K less in direct costs, which is a $93K positive net bottom line impact for March. FY23 savings from closing the unit is approximately $465K.
- **Net Patient Revenues:** Net patient revenue was under budget by $2.3M or 4.0% in March. The decrease was due to lower patient volume than budgeted. Inpatient days were 13.8% under budget due to lower than expected volume in the downtown campus, acute psychiatric campus and the closure of TCS. This decrease was offset by an adjustment of $3.5M in additional net patient revenue. [redacted]
- **Supplemental Gov't Programs**: In March we recorded additional revenue due to the impact of two reconciliations (true-ups). One was related to our fee for service program FY21 for $1.55M and the other was related to our rate range program for $355K.
- **Prime QIP:** In March, an additional $3.2M was recorded due to a true up of funding earned through the Program Year 5 Quality Improvement Program. (QIP)
- **Employment expenses**: Both salary and wages were under budget primarily due to the lower volumes and operation back in black initiatives.
- **Humana Cap Plan Expense**: In March, third party claims for our capitated Medicare Advantage program was higher than anticipated.

Productivity: Worked Hours/Adjusted Patient Days

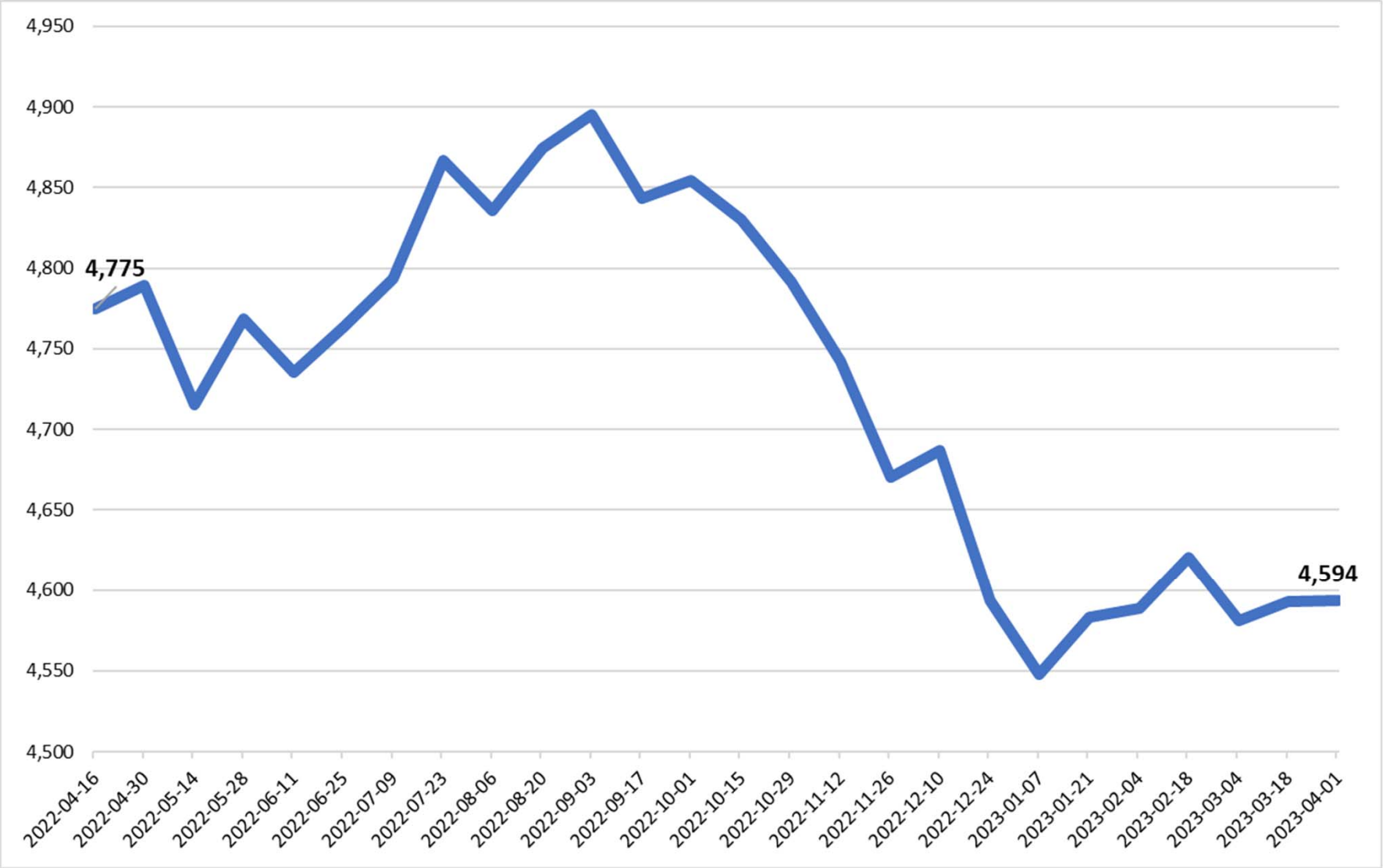




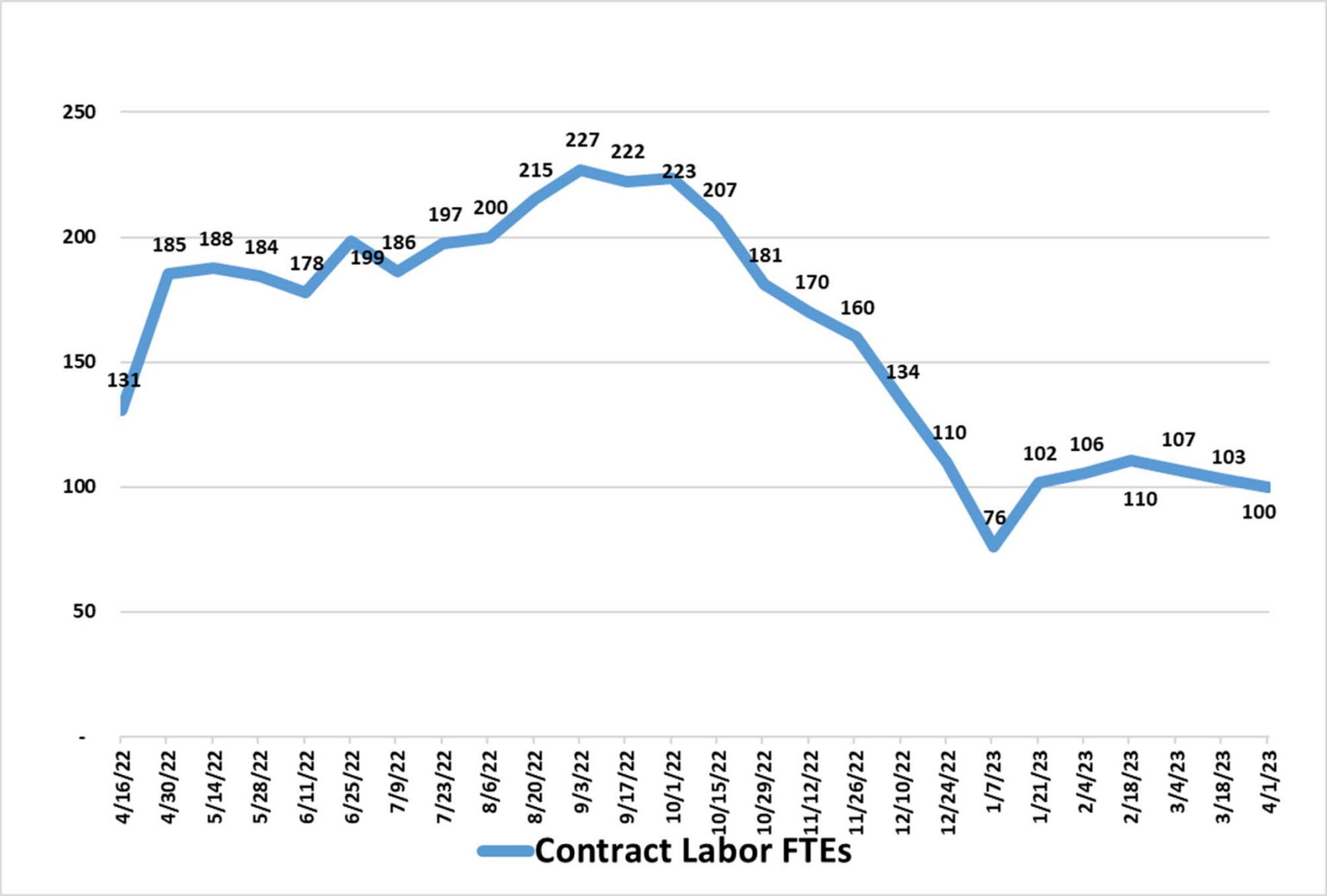
Productive Hours



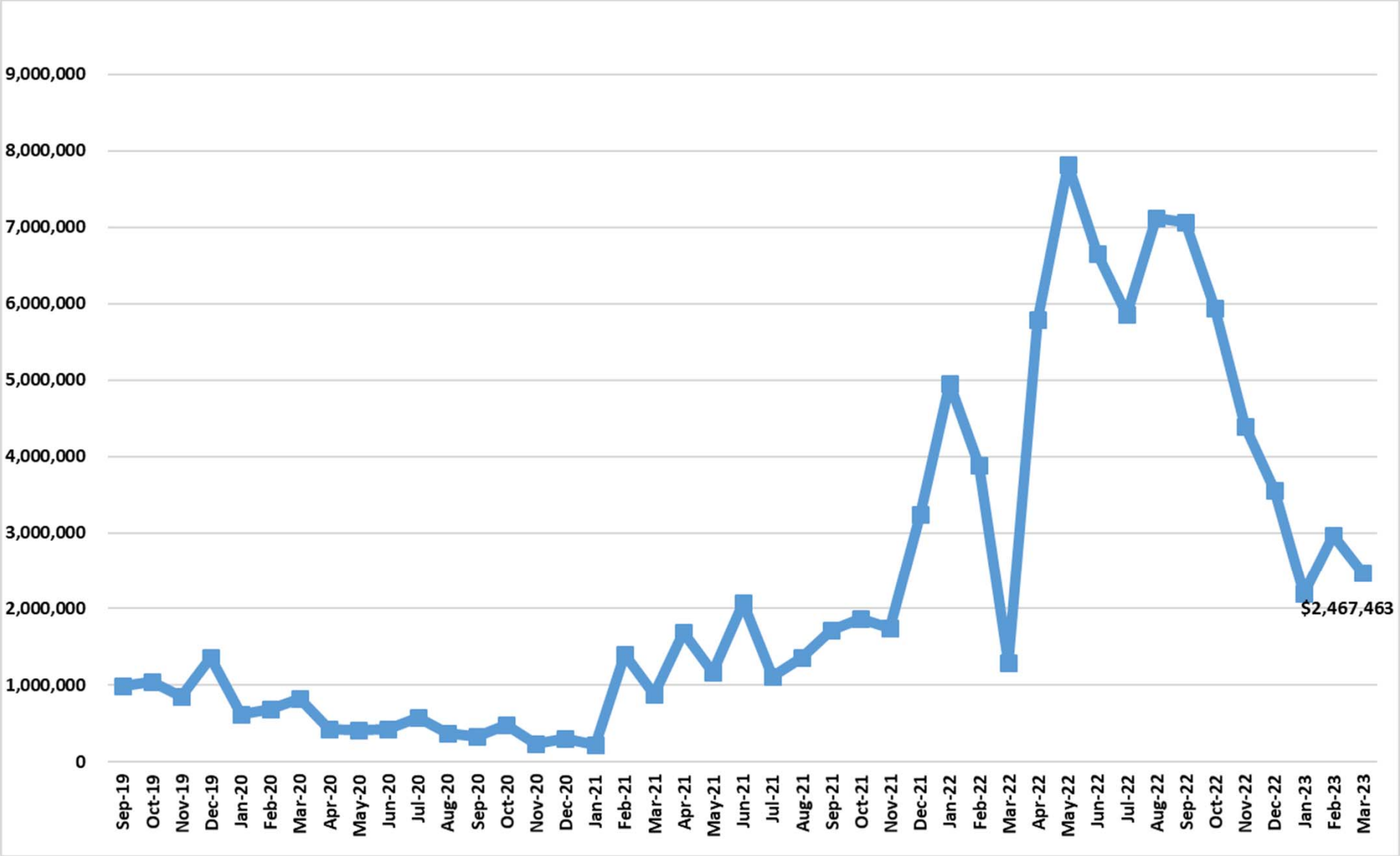
Trended FTEs: Productive & Nonproductive Hours



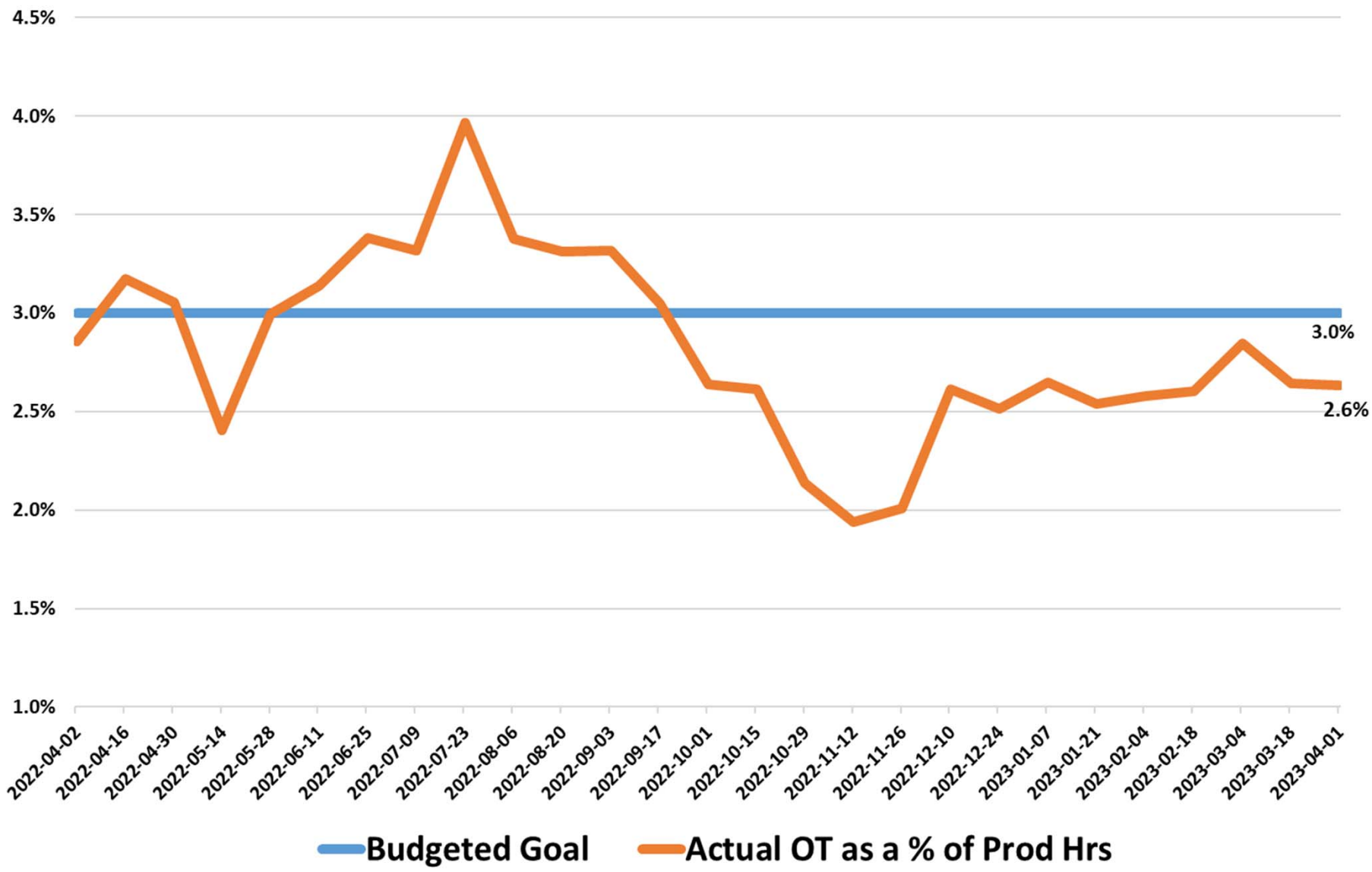
Contract Labor Full Time Equivalents (FTEs)

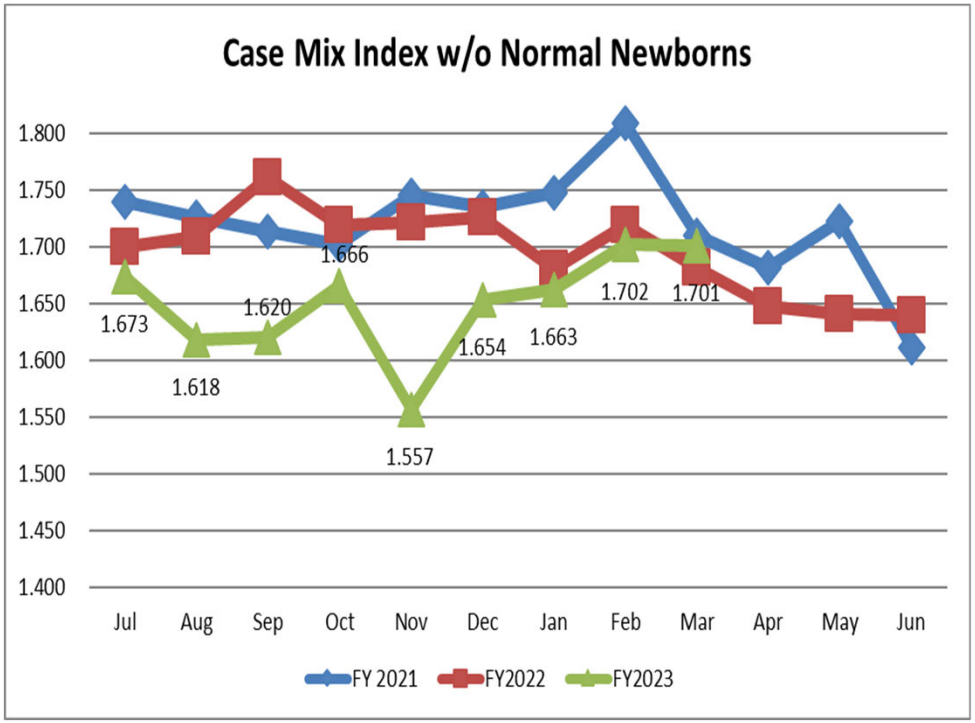


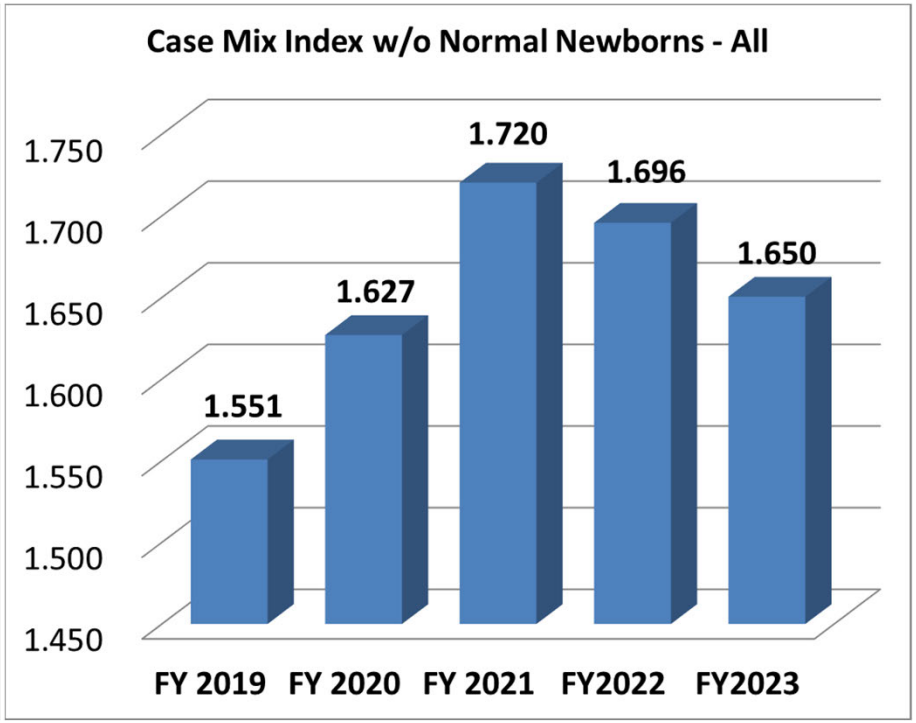
Contract Labor Expense

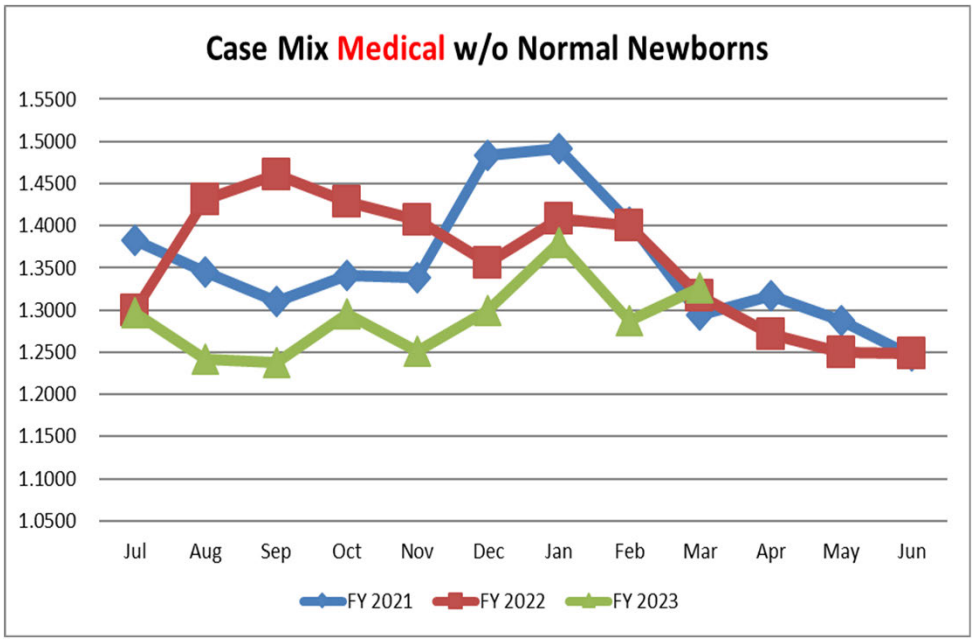


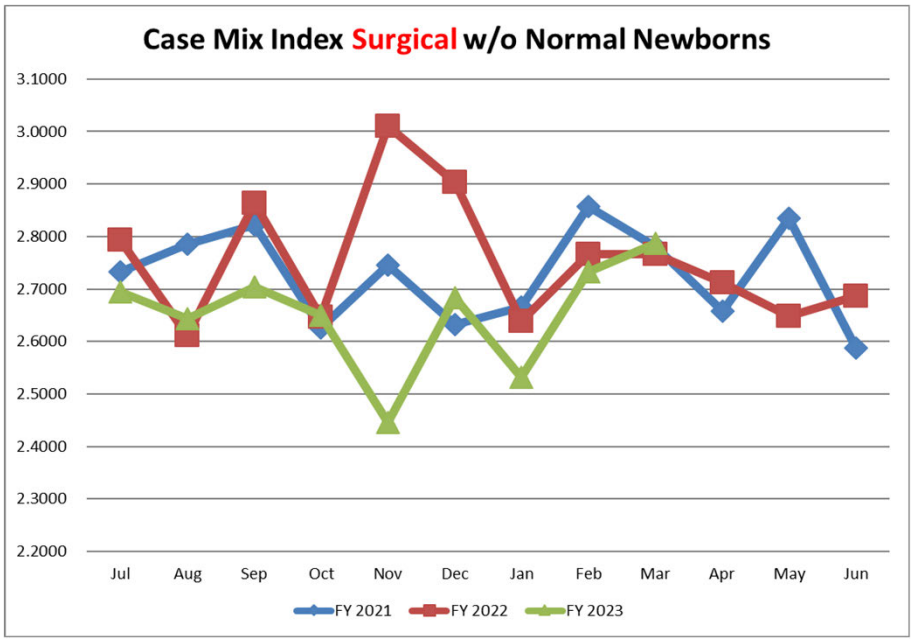
Overtime as a % of Productive Hours and $




Case Mix Index w/o Normal Newborns
1.800
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.400
1.673
1.618
1.620
1.666
1.557
1.654
1.663
1.702
1.701
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2021
FY2022
FY2023


Case Mix Index w/o Normal Newborns - All
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.551
1.627
1.720
1.696
1.650
FY 2019
FY 2020
FY 2021
FY2022
FY2023


Case Mix Medical w/o Normal Newborns
1.5500
1.5000
1.4500
1.4000
1.3500
1.3000
1.2500
1.2000
1.1500
1.1000
1.0500
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2021
FY 2022
FY 2023


Case Mix Index Surgical w/o Normal Newborns
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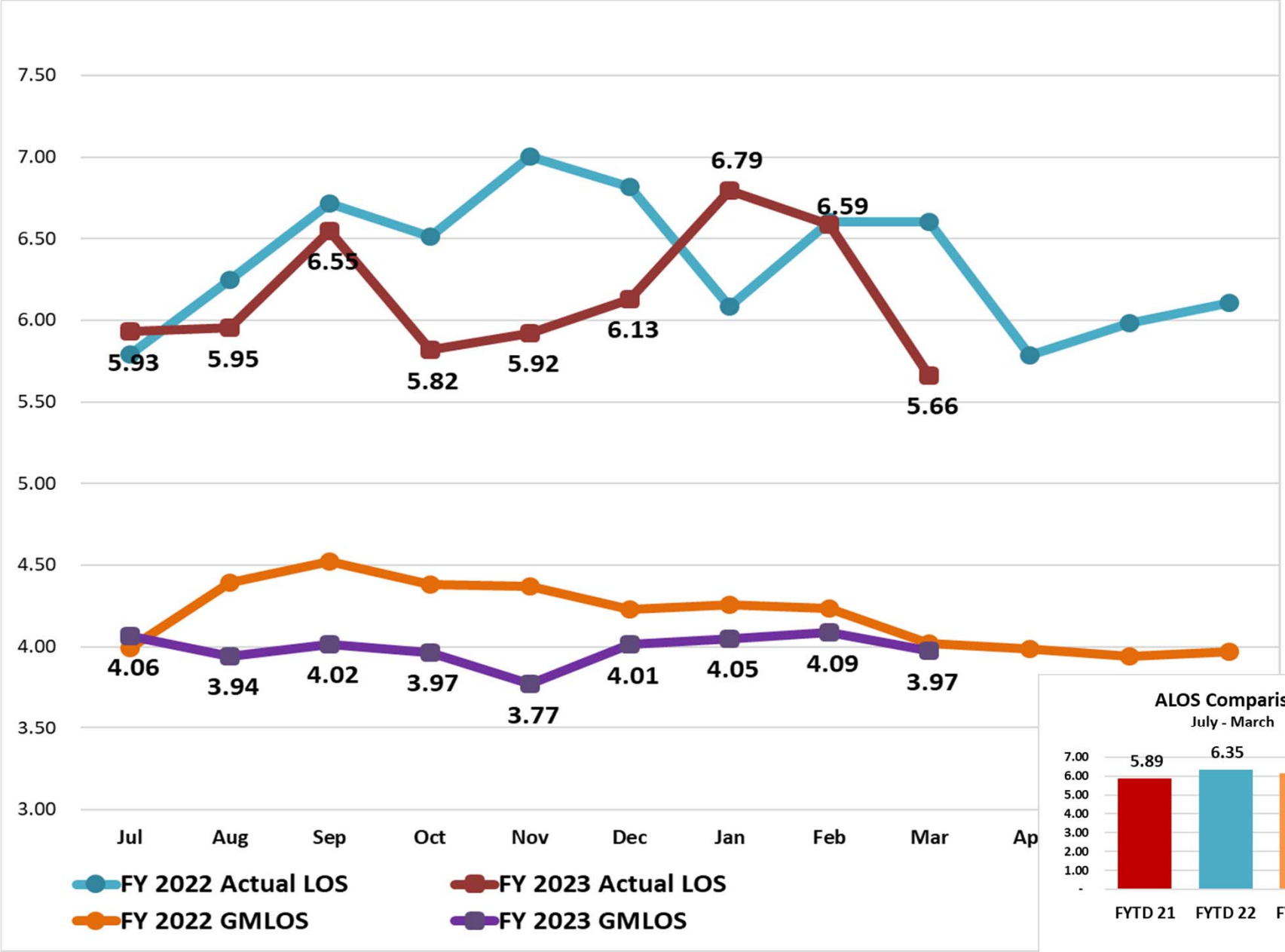
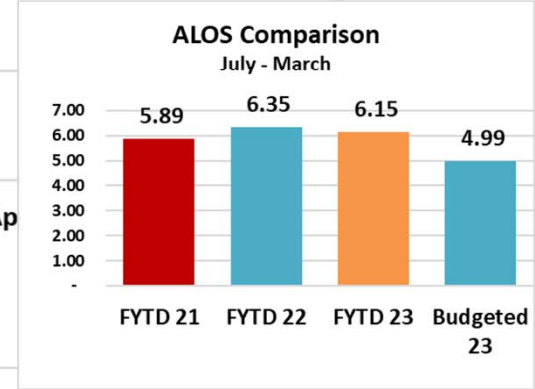
3.0000
2.9000
2.8000
2.7000
2.6000
2.5000
2.4000
2.3000
2.2000
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2021
FY 2022
FY 2023

Average Length of Stay versus National Average (GMLOS)



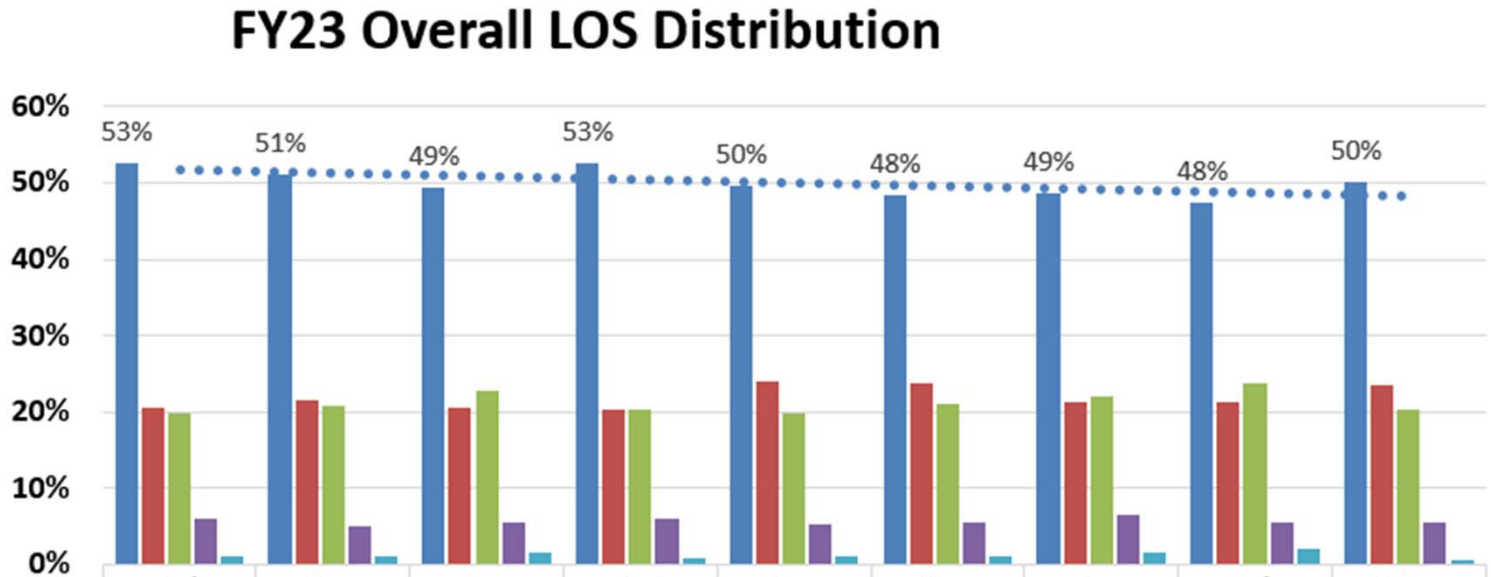


Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients		
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP
Feb-21	6.73	4.37	2.36	5.64	4.01	1.63
Mar-21	5.76	4.07	1.69	5.04	3.92	1.12
Apr-21	5.40	3.98	1.42	5.22	3.89	1.33
May-21	5.57	4.00	1.57	5.34	3.92	1.42
Jun-21	5.76	3.90	1.86	5.68	3.88	1.80
Jul-21	5.79	3.99	1.80	5.69	3.94	1.75
Aug-21	6.25	4.39	1.86	5.95	4.05	1.90
Sep-21	6.72	4.52	2.20	5.89	4.08	1.81
Oct-21	6.51	4.38	2.13	5.34	4.00	1.34
Nov-21	7.00	4.37	2.63	5.75	3.95	1.80
Dec-21	6.82	4.23	2.59	6.12	3.98	2.14
Jan-22	6.08	4.26	1.82	5.96	3.96	2.00
Feb-22	6.61	4.23	2.38	5.86	3.83	2.03
Mar-22	6.61	4.02	2.59	5.68	3.89	1.79
Apr-22	5.78	3.99	1.79	5.66	3.98	1.68
May-22	5.98	3.94	2.04	5.62	3.88	1.74
Jun-22	6.11	3.97	2.14	5.62	3.88	1.74
Jul-22	5.93	4.06	1.87	5.65	3.90	1.75
Aug-22	5.95	3.94	2.01	5.61	3.83	1.78
Sep-22	6.53	4.01	2.52	6.29	3.94	2.35
Oct-22	5.81	3.96	1.85	5.60	3.90	1.70
Nov-22	5.91	3.77	2.14	5.85	3.73	2.12
Dec-22	6.13	4.01	2.12	5.68	3.92	1.76
Jan-23	6.80	4.05	2.75	6.28	3.94	2.34
Feb-23	6.63	4.09	2.54	6.42	4.04	2.38
Mar-23	5.66	3.97	1.69	5.53	3.92	1.61
Average	**6.05**	**4.14**	**1.90**	**5.56**	**3.96**	**1.60**

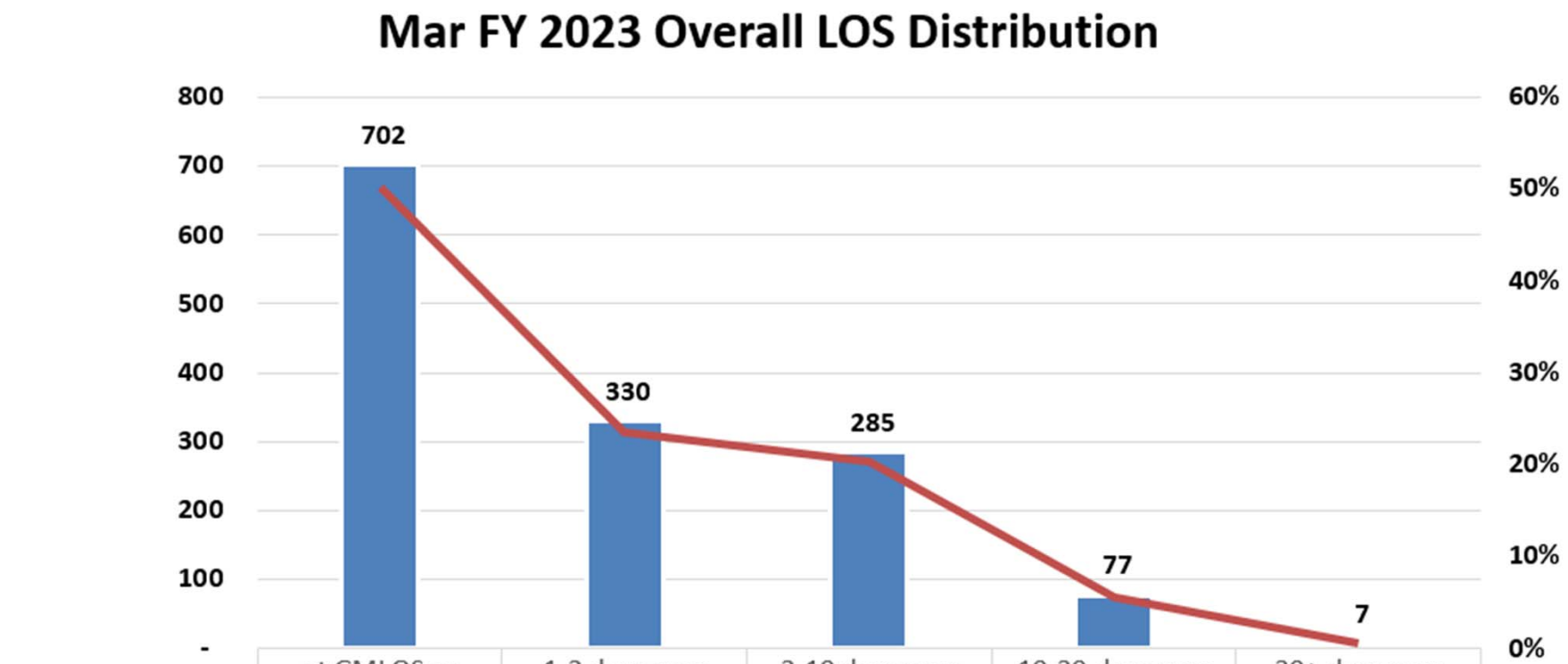
Average Length of Stay Distribution

Overall



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
					2023				
at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	48%	50%
1-2 days over GMLOS	20%	22%	20%	20%	24%	24%	21%	21%	24%
2-10 days over GMLOS	20%	21%	23%	20%	20%	21%	22%	24%	20%
10-30 days over GMLOS	6%	5%	6%	6%	5%	6%	6%	6%	5%
30+ days over GMLOS	1%	1%	2%	1%	1%	1%	2%	2%	0%

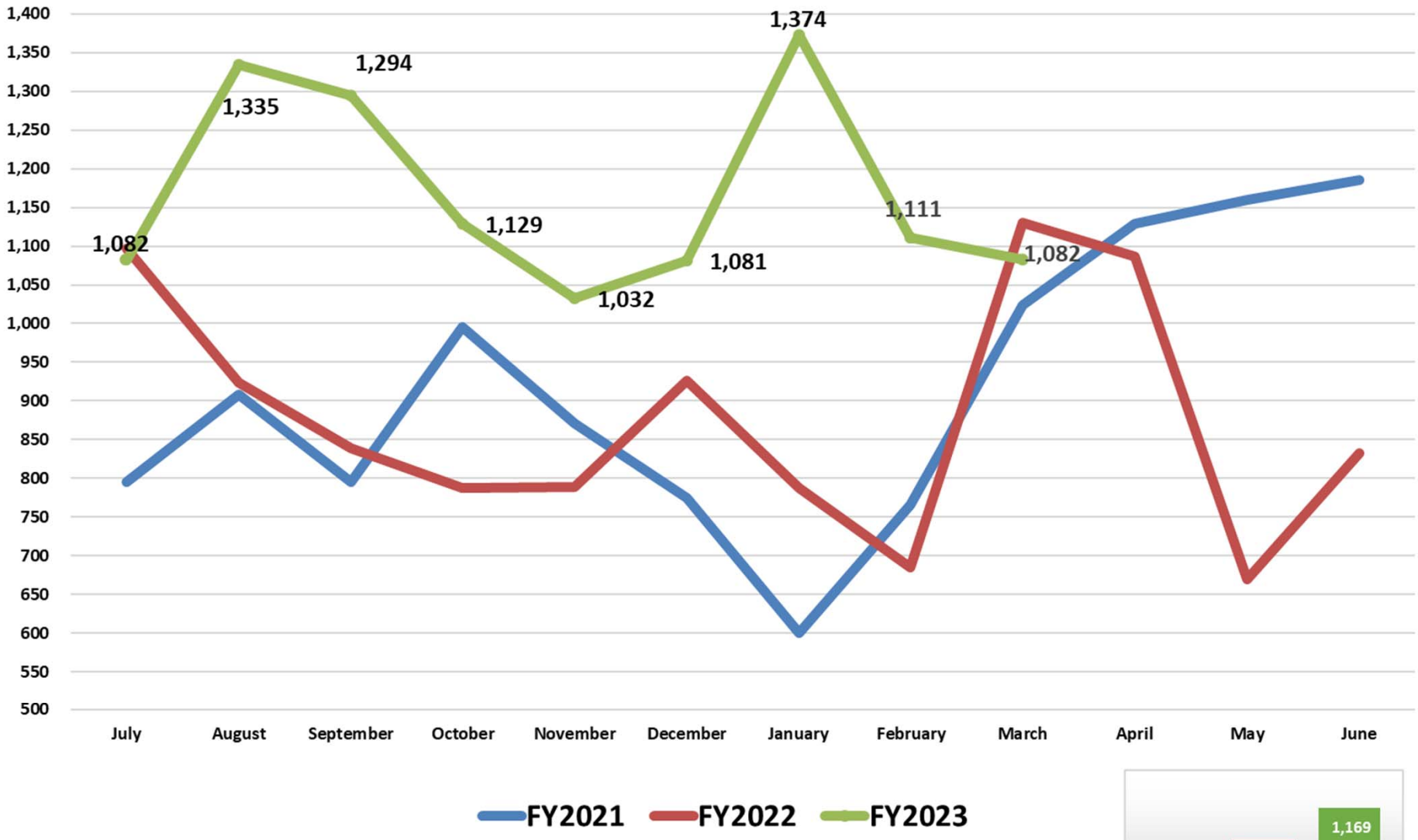
Average Length of Stay March Distribution

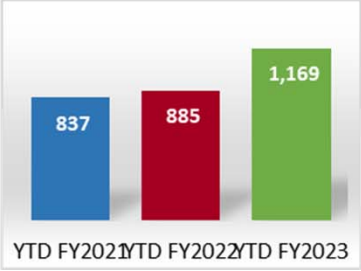


	at GMLOS or Better	1-2 days over GMLOS	2-10 days over GMLOS	10-30 days over GMLOS	30+ days over GMLOS
Count of Visits	702	330	285	77	7
% of Visits	50%	24%	20%	5%	0%

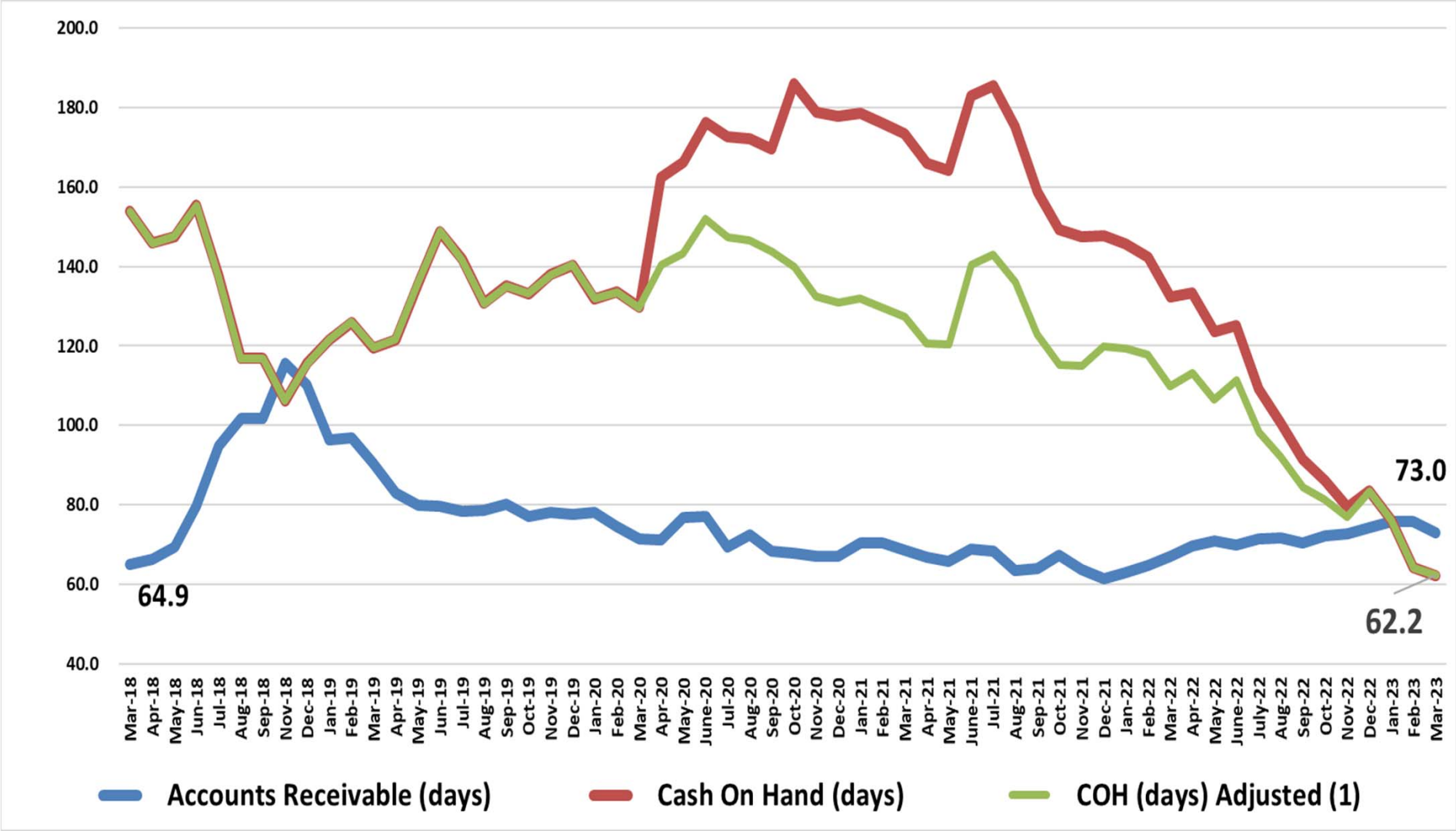
Opportunity Cost of Reducing LOS to National Average - $82M FY22

Observation Days





Trended Liquidity Ratios



(1) Adjusted for Medicare accelerated payments and the deferral of employer portion of FICA as allowed by the CARES act.

KAWEAH DELTA HEALTH CARE DISTRICT

RATIO ANALYSIS REPORT

MARCH 31, 2023

	Current Month Value	Prior Month Value	June 30, 2022 Audited Value	2021 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	3.8	3.8	2.0	1.4	**1.7**	1.6
Accounts Receivable (days)	73.0	75.7	69.4	48.3	**48.3**	47.5
Cash On Hand (days)	62.2	64.1	117.3	341.3	**268.4**	206.5
Cushion Ratio (x)	8.2	8.5	17.4	52.4	**31.5**	19.9
Average Payment Period (days)	38.1	35.9	61.8	97.6	**86.4**	94.0
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	70.2%	72.4%	128.3%	323.4%	**220.4%**	170.1%
Debt-To-Capitalization	33.0%	33.4%	31.3%	20.6%	**29.1%**	36.3%
Debt-to-Cash Flow (x)	(49.5)	(12.6)	7.2	2.1	**2.6**	3.3
Debt Service Coverage	(0.2)	(1.0)	1.4	9.6	**6.0**	4.5
Maximum Annual Debt Service Coverage (x)	(0.2)	(0.9)	1.4	8.2	**5.5**	3.9
Age Of Plant (years)	12.8	12.7	12.3	10.8	**12.4**	13.5
PROFITABILITY RATIOS						
Operating Margin	(6.1%)	(7.6%)	(4.3%)	4.1%	**3.1%**	2.2%
Excess Margin	(5.5%)	(7.1%)	(2.9%)	8.1%	**6.7%**	4.8%
Operating Cash Flow Margin	(.8%)	(2.2%)	1.0%	9.6%	**8.8%**	7.5%
Return on Assets	(5.7%)	(7.3%)	(2.8%)	5.8%	**4.9%**	3.9%

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED INCOME STATEMENT (000's)

FISCAL YEAR 2022 & 2023

	Operating Revenue			Operating Expenses									
Fiscal Year	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense	Operating Expenses Total	Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
2022													
Jul-21	51,502	15,035	66,537	32,678	7,922	9,596	15,217	65,413	1,124	582	1,706	1.7%	2.5%
Aug-21	49,714	16,024	65,737	33,434	8,527	13,004	15,414	70,379	(4,642)	990	(3,651)	(7.1%)	(5.5%)
Sep-21	57,879	15,513	73,391	38,332	7,736	11,942	17,438	75,448	(2,056)	(388)	(2,445)	(2.8%)	(3.3%)
Oct-21	55,674	15,592	71,266	36,627	9,674	11,714	17,386	75,402	(4,136)	732	(3,403)	(5.8%)	(4.7%)
Nov-21	54,846	22,162	77,008	33,634	10,261	10,623	15,629	70,146	6,862	7,129	13,991	8.9%	16.6%
Dec-21	51,115	21,796	72,911	37,366	9,479	10,687	15,532	73,064	(153)	2,057	1,904	(0.2%)	2.5%
Jan-22	56,862	17,469	74,331	38,931	9,210	10,913	15,143	74,197	134	568	702	0.2%	0.9%
Feb-22	47,933	17,525	65,458	36,102	8,812	10,406	15,848	71,168	(5,710)	787	(4,924)	(8.7%)	(7.4%)
Mar-22	52,555	16,609	69,164	37,920	9,045	11,180	18,266	76,412	(7,247)	(470)	(7,717)	(10.5%)	(11.2%)
Apr-22	49,729	23,436	73,165	40,828	8,829	10,685	17,410	77,752	(4,588)	(568)	(5,156)	(6.3%)	(7.1%)
May-22	56,673	18,552	75,225	40,040	9,329	11,914	17,162	78,445	(3,220)	(436)	(3,656)	(4.3%)	(4.9%)
Jun-22	51,040	23,102	74,142	50,244	9,413	8,179	19,349	87,186	(13,044)	126	(12,918)	(17.6%)	(17.4%)
2022 FY Total	**$ 635,520**	**$ 222,815**	**$ 858,335**	**$ 456,137**	**$ 108,238**	**$ 130,842**	**$ 199,795**	**$ 895,011**	**$ (36,676)**	**$ 11,108**	**$ (25,568)**	**(4.3%)**	**(2.9%)**
2023													
Jul-22	52,368	18,113	70,480	41,319	8,892	9,593	18,601	78,406	(7,926)	552	(7,374)	(11.2%)	(10.4%)
Aug-22	54,965	17,672	72,637	42,122	9,585	11,666	17,888	81,261	(8,623)	326	(8,297)	(11.9%)	(11.4%)
Sep-22	48,168	17,304	65,472	39,158	8,814	11,642	17,869	77,483	(12,010)	(3,901)	(15,911)	(18.3%)	(25.8%)
Oct-22	54,432	17,291	71,723	40,625	9,859	11,523	15,522	77,529	(5,807)	452	(5,355)	(8.1%)	(7.4%)
Nov-22	56,706	17,741	74,447	36,477	9,645	11,358	17,171	74,650	(203)	150	(53)	(0.3%)	(0.1%)
Dec-22	53,217	18,452	71,670	38,105	8,276	10,632	17,203	74,216	(2,546)	2,901	355	(3.6%)	0.5%
Jan-23	51,048	19,753	70,801	36,862	8,564	10,396	17,296	73,118	(2,317)	1,540	(777)	(3.3%)	(1.1%)
Feb-23	49,325	19,257	68,582	35,624	8,596	10,376	17,510	72,106	(3,524)	834	(2,690)	(5.1%)	(3.9%)
Mar-23	55,391	25,545	80,937	36,907	9,737	11,548	18,919	77,111	3,826	538	4,364	4.7%	5.4%
2023 FY Total	**$ 475,622**	**$ 171,129**	**$ 646,750**	**$ 347,200**	**$ 81,967**	**$ 98,734**	**$ 157,980**	**$ 685,880**	**$ (39,130)**	**$ 3,393**	**$ (35,738)**	**(6.1%)**	**(5.5%)**
FYTD Budget	**504,784**	**167,147**	**671,931**	**342,576**	**82,306**	**94,924**	**159,908**	**679,714**	**(7,783)**	**3,261**	**(4,523)**	**(1.2%)**	**(0.7%)**
Variance	**$ (29,162)**	**$ 3,981**	**$ (25,181)**	**$ 4,624**	**$ (339)**	**$ 3,810**	**$ (1,928)**	**$ 6,166**	**$ (31,347)**	**$ 132**	**$ (31,215)**		
Current Month Analysis													
Mar-23	**$ 55,391**	**$ 25,545**	**$ 80,937**	**$ 36,907**	**$ 9,737**	**$ 11,548**	**$ 18,919**	**$ 77,111**	**$ 3,826**	**$ 538**	**$ 4,364**	**4.7%**	**5.4%**
Budget	**57,680**	**19,030**	**76,710**	**38,702**	**9,451**	**10,824**	**17,807**	**76,784**	**(73)**	**371**	**298**	**(0.1%)**	**0.4%**
Variance	**$ (2,289)**	**$ 6,515**	**$ 4,226**	**$ (1,795)**	**$ 286**	**$ 724**	**$ 1,112**	**$ 328**	**$ 3,899**	**$ 167**	**4,066**		

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2022 & 2023

Fiscal Year	Patient Days	ADC	Adjusted Patient Days	I/P Revenue %	DFR & Bad Debt %	Net Patient Revenue/ Ajusted Patient Day	Personnel Expense/ Ajusted Patient Day	Physician Fees/ Ajusted Patient Day	Supply Expense/ Ajusted Patient Day	Total Operating Expense/ Ajusted Patient Day	Personnel Expense/ Net Patient Revenue	Physician Fees/ Net Patient Revenue	Supply Expense/ Net Patient Revenue	Total Operating Expense/ Net Patient Revenue
2022														
Jul-21	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%	15.4%	18.6%	127.0%
Aug-21	14,421	465	27,742	52.0%	77.3%	1,792	1,205	307	469	2,537	67.3%	17.2%	26.2%	141.6%
Sep-21	14,836	495	28,344	52.3%	75.0%	2,042	1,352	273	421	2,662	66.2%	13.4%	20.6%	130.4%
Oct-21	15,518	501	28,267	54.9%	75.8%	1,970	1,296	342	414	2,667	65.8%	17.4%	21.0%	135.4%
Nov-21	13,969	466	26,571	52.6%	74.8%	2,064	1,266	386	400	2,640	61.3%	18.7%	19.4%	127.9%
Dec-21	14,305	461	27,106	52.8%	76.4%	1,886	1,378	350	394	2,695	73.1%	18.5%	20.9%	142.9%
Jan-22	14,611	471	26,955	54.2%	74.3%	2,109	1,444	342	405	2,753	68.5%	16.2%	19.2%	130.5%
Feb-22	13,263	474	24,973	53.1%	75.8%	1,919	1,446	353	417	2,850	75.3%	18.4%	21.7%	148.5%
Mar-22	13,570	438	27,296	49.7%	76.7%	1,925	1,389	331	410	2,799	72.2%	17.2%	21.3%	145.4%
Apr-22	12,698	423	26,159	48.5%	77.0%	1,901	1,561	338	408	2,972	82.1%	17.8%	21.5%	156.4%
May-22	13,858	447	28,283	49.0%	74.6%	2,004	1,416	330	421	2,774	70.7%	16.5%	21.0%	138.4%
Jun-22	13,603	453	27,788	49.0%	77.5%	1,837	1,808	339	294	3,137	98.4%	18.4%	16.0%	170.8%
2022 FY Total	**168,040**	**460**	**325,602**	**51.6%**	**75.9%**	**1,952**	**1,401**	**332**	**402**	**2,749**	**71.8%**	**17.0%**	**20.6%**	**140.8%**
2023														
Jul-22	13,910	449	27,688	50.2%	75.6%	1,891	1,492	321	346	2,832	78.9%	17.0%	18.3%	149.7%
Aug-22	13,865	447	29,148	47.6%	76.4%	1,886	1,445	329	400	2,788	76.6%	17.4%	21.2%	147.8%
Sep-22	12,768	426	27,367	46.7%	77.4%	1,760	1,431	322	425	2,831	81.3%	18.3%	24.2%	160.9%
Oct-22	13,119	423	27,421	47.8%	75.7%	1,985	1,482	360	420	2,827	74.6%	18.1%	21.2%	142.4%
Nov-22	12,904	430	26,955	47.9%	74.6%	2,104	1,353	358	421	2,769	64.3%	17.0%	20.0%	131.6%
Dec-22	13,587	438	27,686	49.1%	76.2%	1,922	1,376	299	384	2,681	71.6%	15.6%	20.0%	139.5%
Jan-23	13,396	432	27,042	49.5%	77.5%	1,888	1,363	317	384	2,704	72.2%	16.8%	20.4%	143.2%
Feb-23	11,916	426	24,665	48.3%	76.3%	2,000	1,444	349	421	2,923	72.2%	17.4%	21.0%	146.2%
Mar-23	12,905	416	27,485	47.0%	76.1%	2,015	1,343	354	420	2,806	66.6%	17.6%	20.8%	139.2%
2023 FY Total	**118,370**	**432**	**245,476**	**48.2%**	**76.2%**	**1,938**	**1,414**	**334**	**402**	**2,794**	**73.0%**	**17.2%**	**20.8%**	**144.2%**
FYTD Budget	**132,690**	**484**	**253,954**	**52.2%**	**75.2%**	**1,988**	**1,349**	**324**	**374**	**2,769**	**67.9%**	**16.3%**	**18.8%**	**134.7%**
Variance	**(14,320)**	**(52)**	**(8,478)**	**(4.0%)**	**1.0%**	**(50)**	**65**	**10**	**28**	**25**	**5.1%**	**0.9%**	**2.0%**	**9.6%**

Current Month Analysis

Mar-23	**12,905**	**416**	**27,485**	**47.0%**	**76.1%**	**2,015**	**1,343**	**354**	**420**	**2,806**	**66.6%**	**17.6%**	**20.8%**	**139.2%**
Budget	**14,978**	**483**	**28,833**	**51.9%**	**75.0%**	**2,001**	**1,342**	**328**	**375**	**2,794**	**67.1%**	**16.4%**	**18.8%**	**133.1%**
Variance	**(2,073)**	**(67)**	**(1,348)**	**(5.0%)**	**1.2%**	**15**	**1**	**26**	**45**	**12**	**(0.5%)**	**1.2%**	**2.1%**	**6.1%**

KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED STATEMENTS OF NET POSITION (000's)

	Mar-23	Feb-23	Change	% Change	Jun-22 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	$ 631	$ 431	$ 201	46.57%	$ 21,693
Current Portion of Board designated and trusted assets	41,381	21,174	20,207	95.43%	14,121
Accounts receivable:					
Net patient accounts	142,727	143,581	(854)	-0.59%	135,946
Other receivables	42,950	49,045	(6,095)	-12.43%	27,575
	185,677	192,626	(6,949)	-3.61%	163,521
Inventories	13,620	13,546	73	0.54%	14,025
Medicare and Medi-Cal settlements	88,665	86,057	2,608	3.03%	58,593
Prepaid expenses	14,567	13,792	774	5.61%	13,050
Total current assets	344,542	327,627	16,915	5.16%	285,004
NON-CURRENT CASH AND INVESTMENTS - less current portion					
Board designated cash and assets	140,972	145,810	(4,838)	-3.32%	266,148
Revenue bond assets held in trust	0	0	(0)	-19.20%	8
Assets in self-insurance trust fund	995	962	33	3.39%	1,040
Total non-current cash and investments	141,967	146,773	(4,806)	-3.27%	267,197
INTANGIBLE RIGHT TO USE LEASE, net of accumulated amortization	11,418	11,509	(90)	-0.79%	14,376
CAPITAL ASSETS					
Land	17,542	17,542	-	0.00%	17,542
Buildings and improvements	427,746	427,096	650	0.15%	425,542
Equipment	332,886	331,941	944	0.28%	325,209
Construction in progress	23,382	21,238	2,145	10.10%	15,620
	801,556	797,817	3,739	0.47%	783,912
Less accumulated depreciation	483,024	480,408	2,616	0.54%	459,744
	318,532	317,409	1,123	0.35%	324,168
Property under capital leases - less accumulated amortization	(1,353)	(461)	(892)	193.58%	0
Total capital assets	317,179	316,948	231	0.07%	324,168
OTHER ASSETS					
Property not used in operations	1,546	1,550	(4)	-0.27%	1,584
Health-related investments	3,963	3,939	24	0.61%	4,620
Other	13,397	13,398	(1)	-0.01%	12,511
Total other assets	18,905	18,887	18	0.10%	18,715
Total assets	834,012	821,743	12,268	1.49%	909,460
DEFERRED OUTFLOWS	34,074	34,111	(37)	-0.11%	34,410
Total assets and deferred outflows	**$ 868,085**	**$ 855,855**	**$ 12,231**	**1.43%**	**$ 943,870**

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED STATEMENTS OF NET POSITION (000's)

	Mar-23	Feb-23	Change	% Change	Jun-22
					(Audited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	$ 28,514	$ 26,272	$ 2,242	8.53%	$ 62,542
Accrued payroll and related liabilities	53,056	49,995	3,061	6.12%	70,913
Long-term debt, current portion	9,846	9,846	-	0.00%	11,759
Total current liabilities	91,416	86,113	5,303	6.16%	145,214
LEASE LIABILITY, net of current portion	12,538	12,537	1	0.01%	14,677
LONG-TERM DEBT, less current portion					
Bonds payable	239,558	239,564	(7)	(0.00%)	239,618
Capital leases	-	-	-	#DIV/0!	0
Notes payable	17,745	17,745	-	0.00%	7,895
Total long-term debt	257,302	257,309	(7)	(0.00%)	247,512
NET PENSION LIABILITY	44,973	43,540	1,433	3.29%	39,789
OTHER LONG-TERM LIABILITIES	30,468	30,192	276	0.92%	30,968
Total liabilities	436,698	429,691	7,007	1.63%	478,161
NET ASSETS					
Invested in capital assets, net of related debt	53,257	53,052	205	0.39%	68,426
Restricted	35,208	38,320	(3,111)	(8.12%)	31,905
Unrestricted	342,922	334,792	8,131	2.43%	365,378
Total net position	431,388	426,164	5,224	1.23%	465,709
Total liabilities and net position	**$ 868,085**	**$ 855,855**	**$ 12,231**	**1.43%**	**$ 943,870**

Statistical Report
March 2023

kaweahhealth.org

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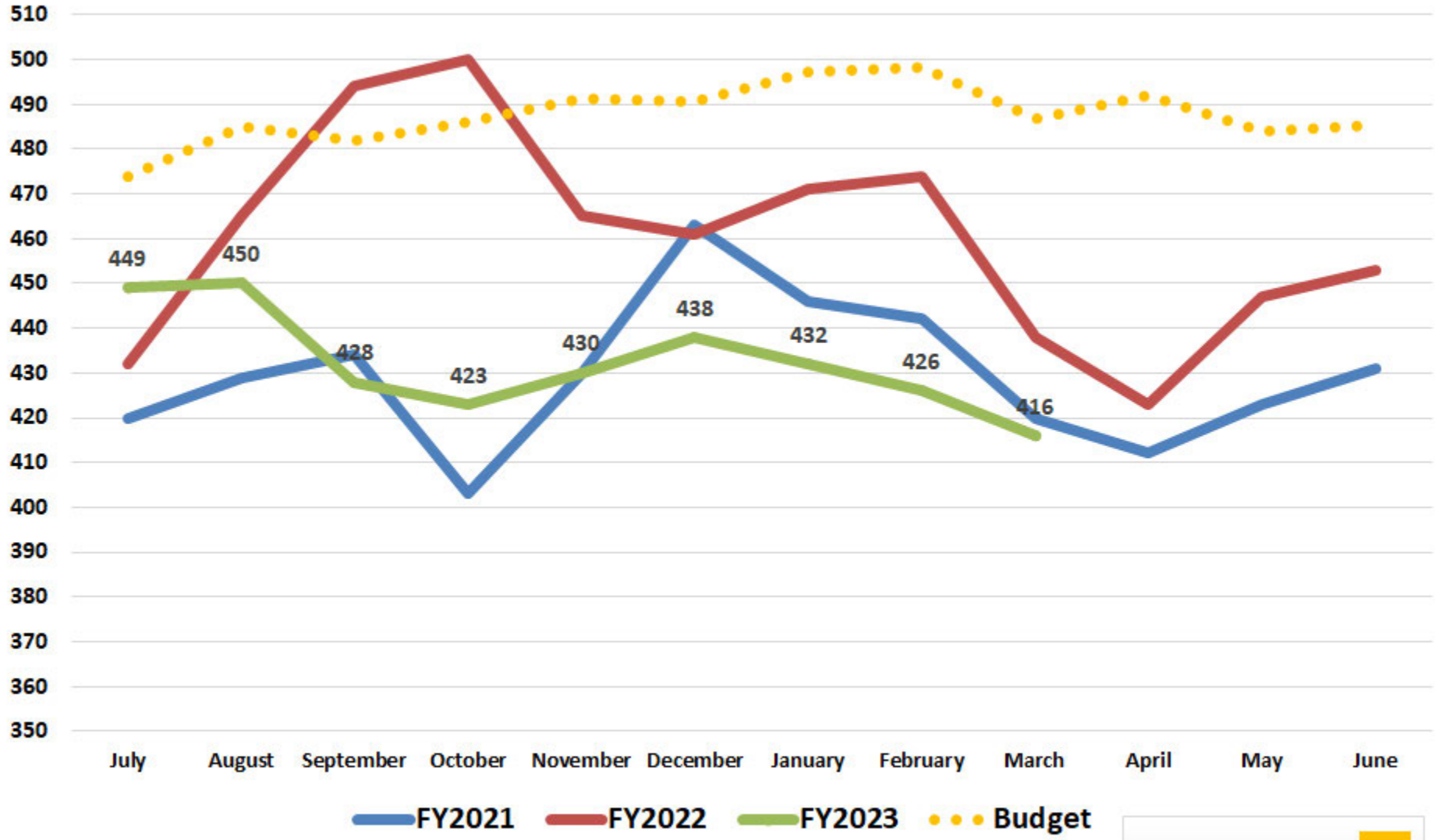
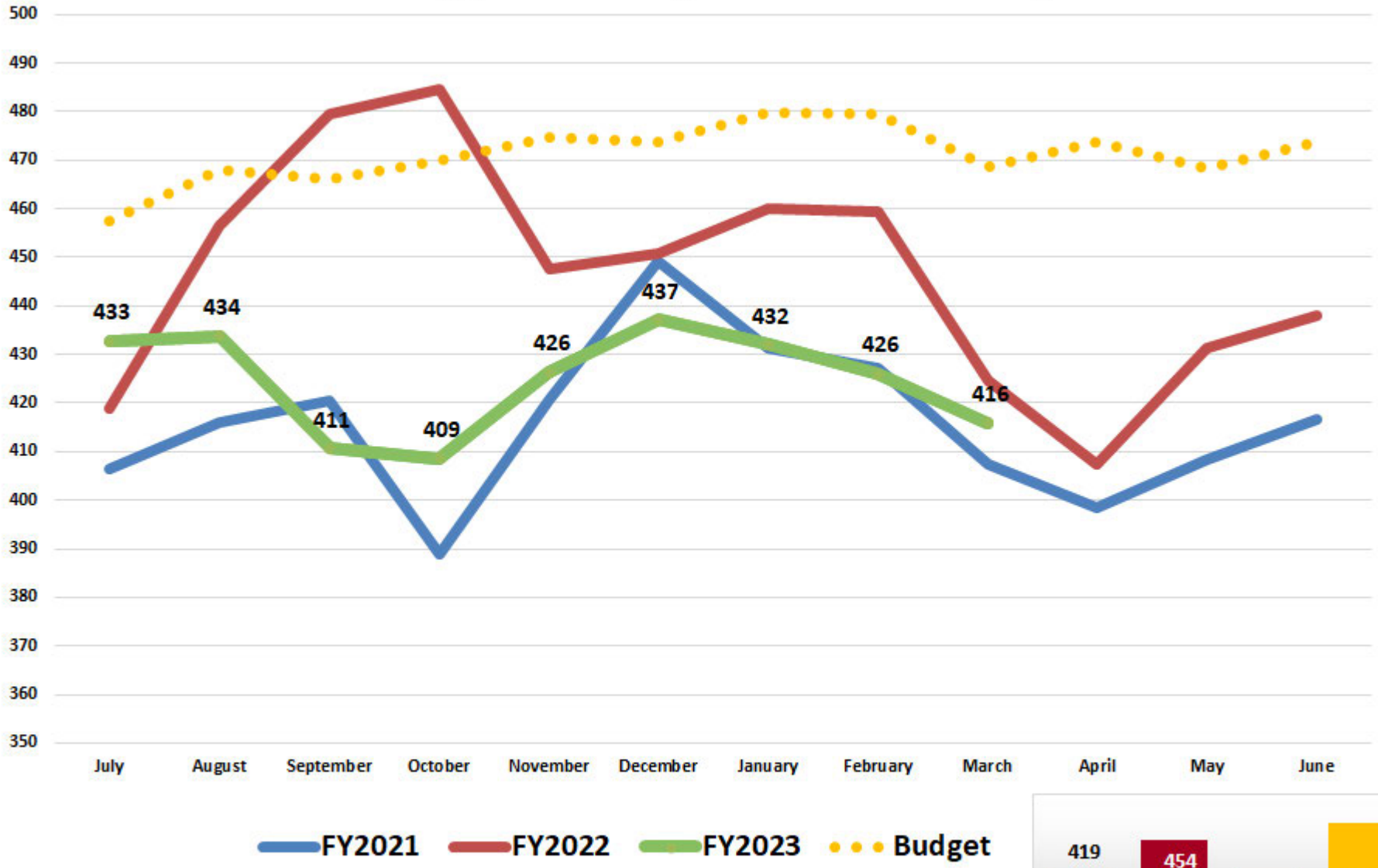
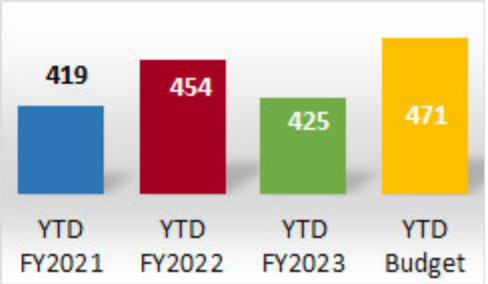
Average Daily Census



Average Daily Census w/o TCS





Admissions

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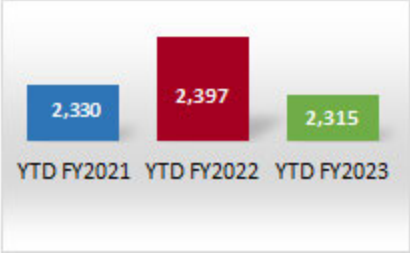
2,500
2,450
2,400
2,350
2,300
2,250
2,200
2,150
2,100
2,050
2,000
1,950
1,900
2,404
2,428
2,249
2,328
2,354
2,362
2,238
2,144
2,330
July
August
September
October
November
December
January
February
March
April
May
June
FY2021
FY2022
FY2023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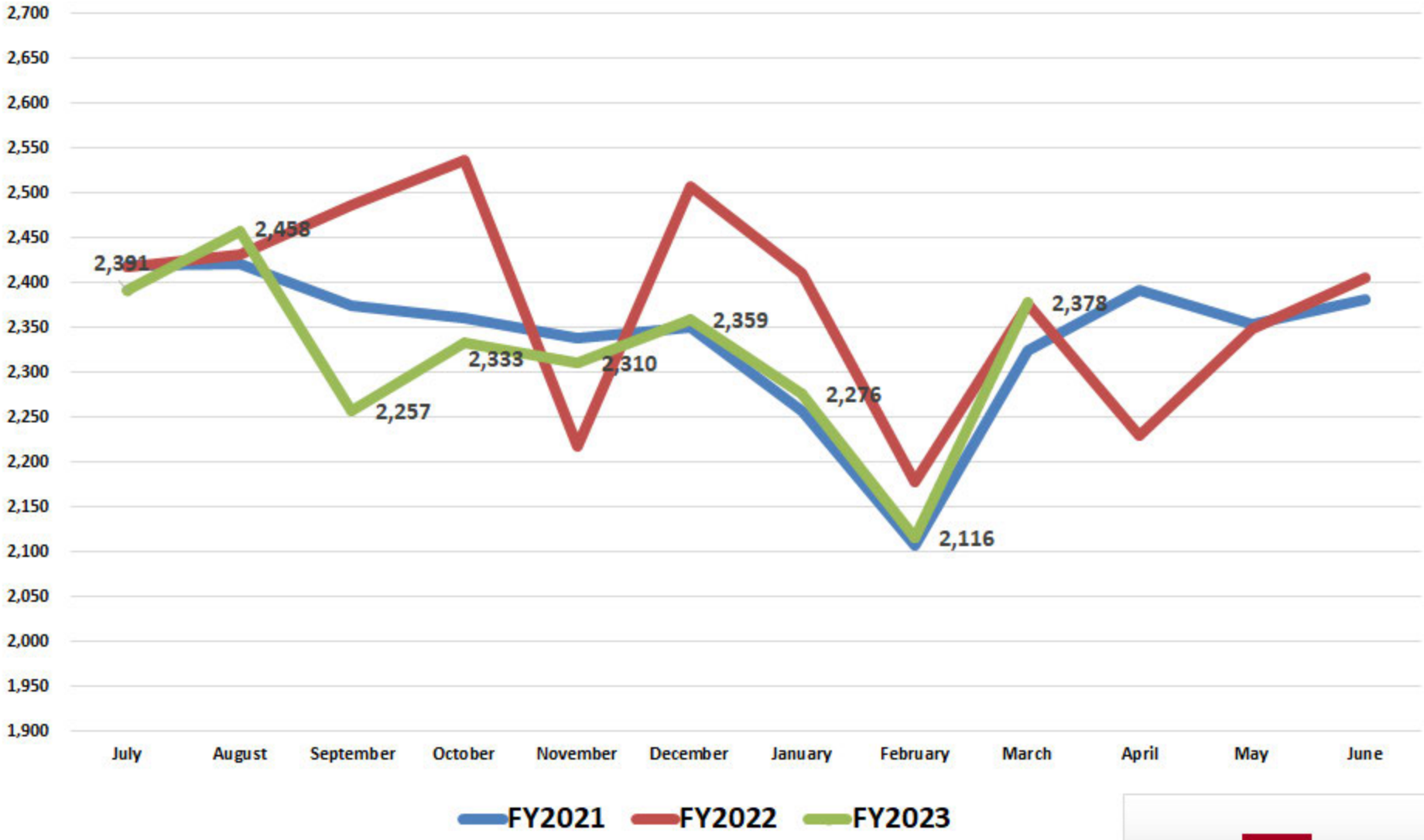
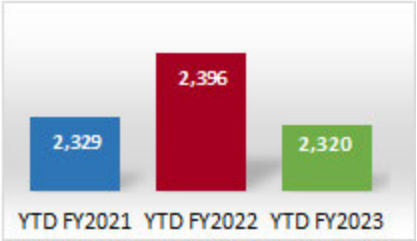
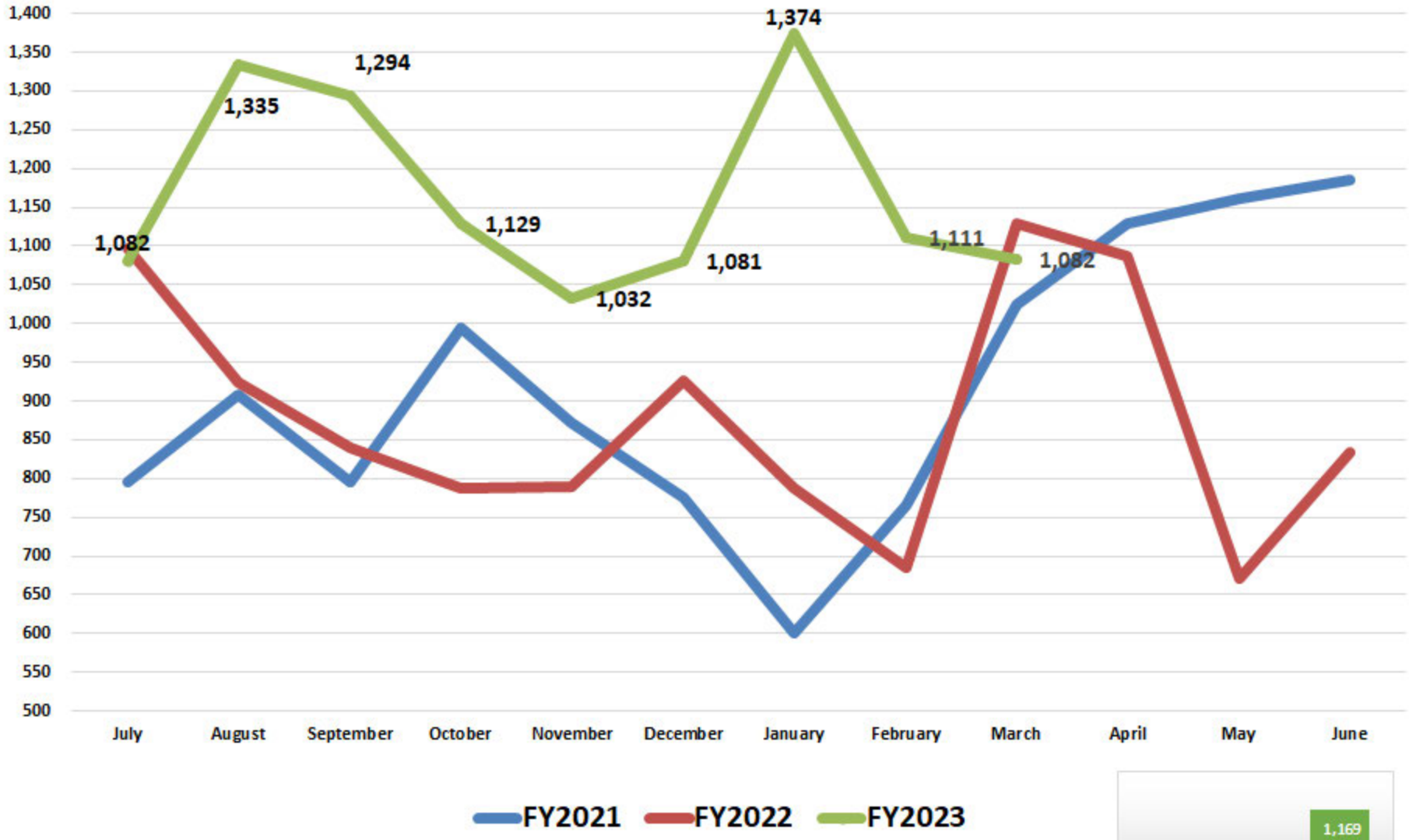
2,397
2,315
YTD FY2021
YTD FY2022
YTD FY2023

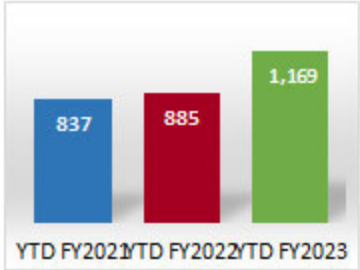
Discharges


2,700
2,650
2,600
2,550
2,500
2,450
2,400
2,350
2,300
2,250
2,200
2,150
2,100
2,050
2,000
1,950
1,900
July
August
September
October
November
December
January
February
March
April
May
June
2,391
2,458
2,257
2,333
2,310
2,359
2,276
2,116
2,378
FY2021
FY2022
FY2023

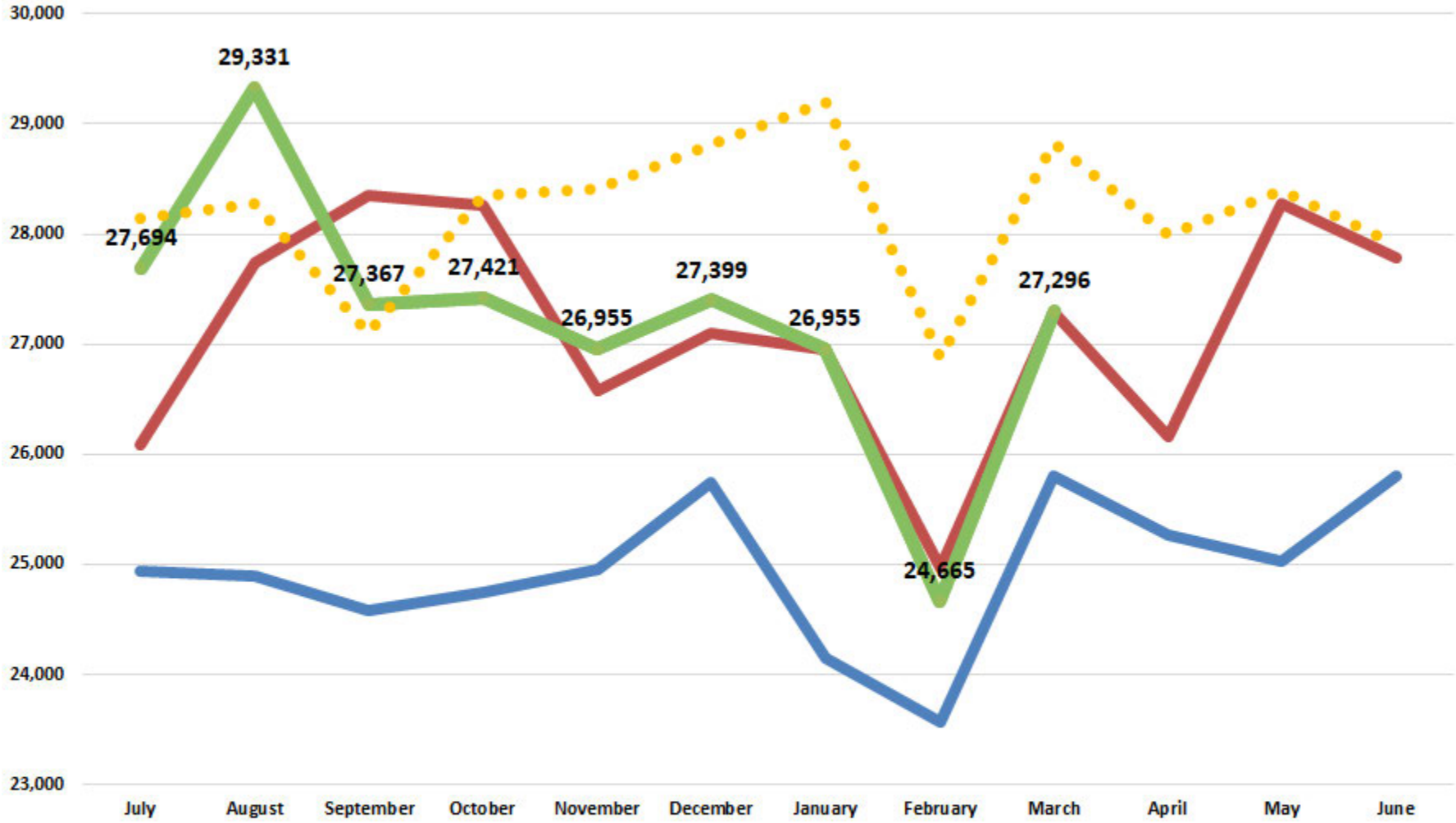

2,329
2,396
2,320
YTD FY2021
YTD FY2022
YTD FY2023

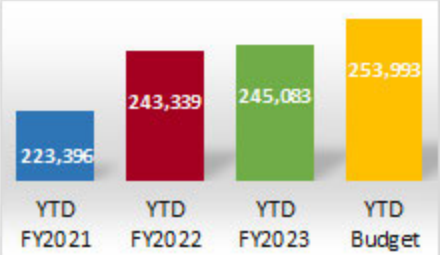
Observation Days



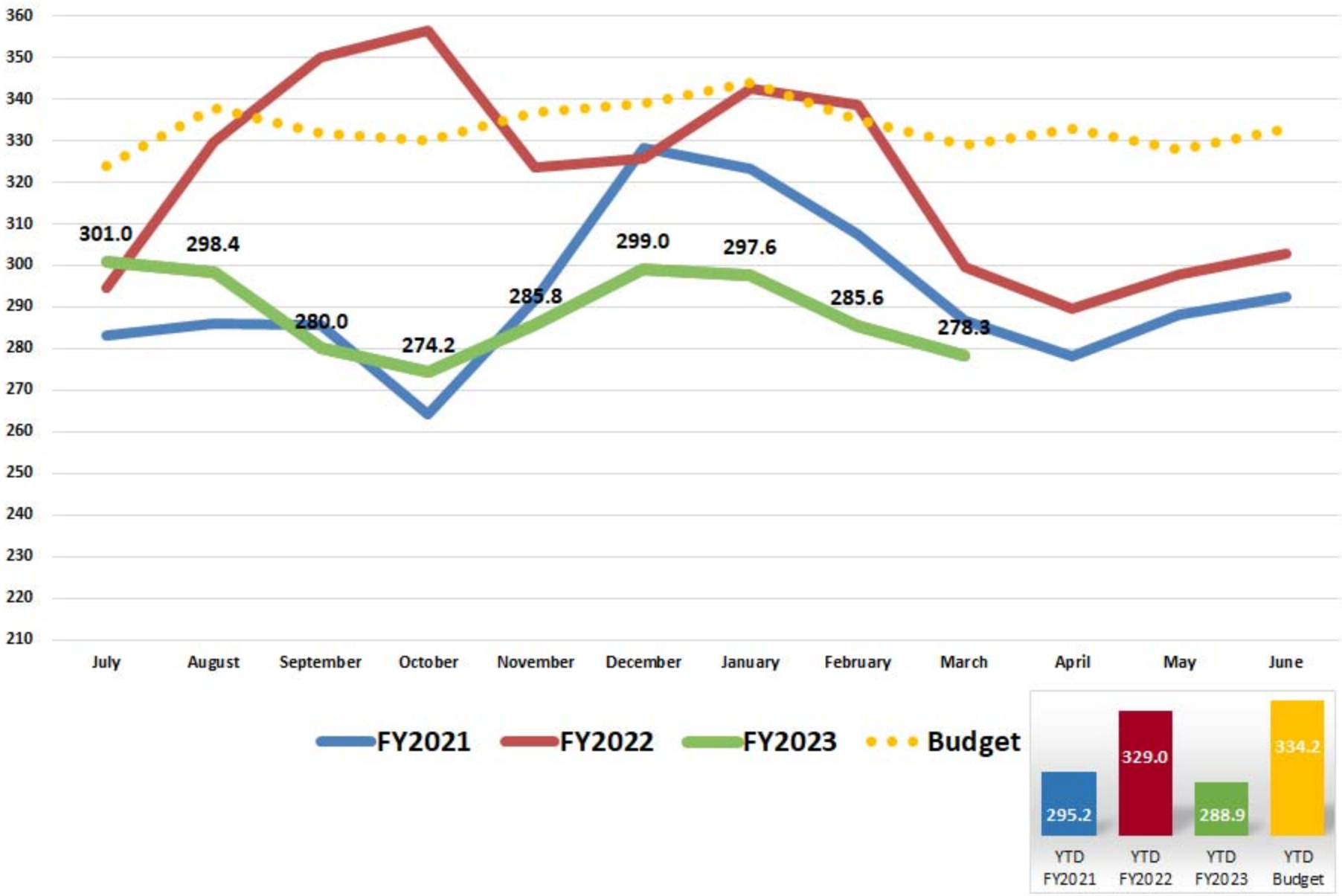


Adjusted Patient Days

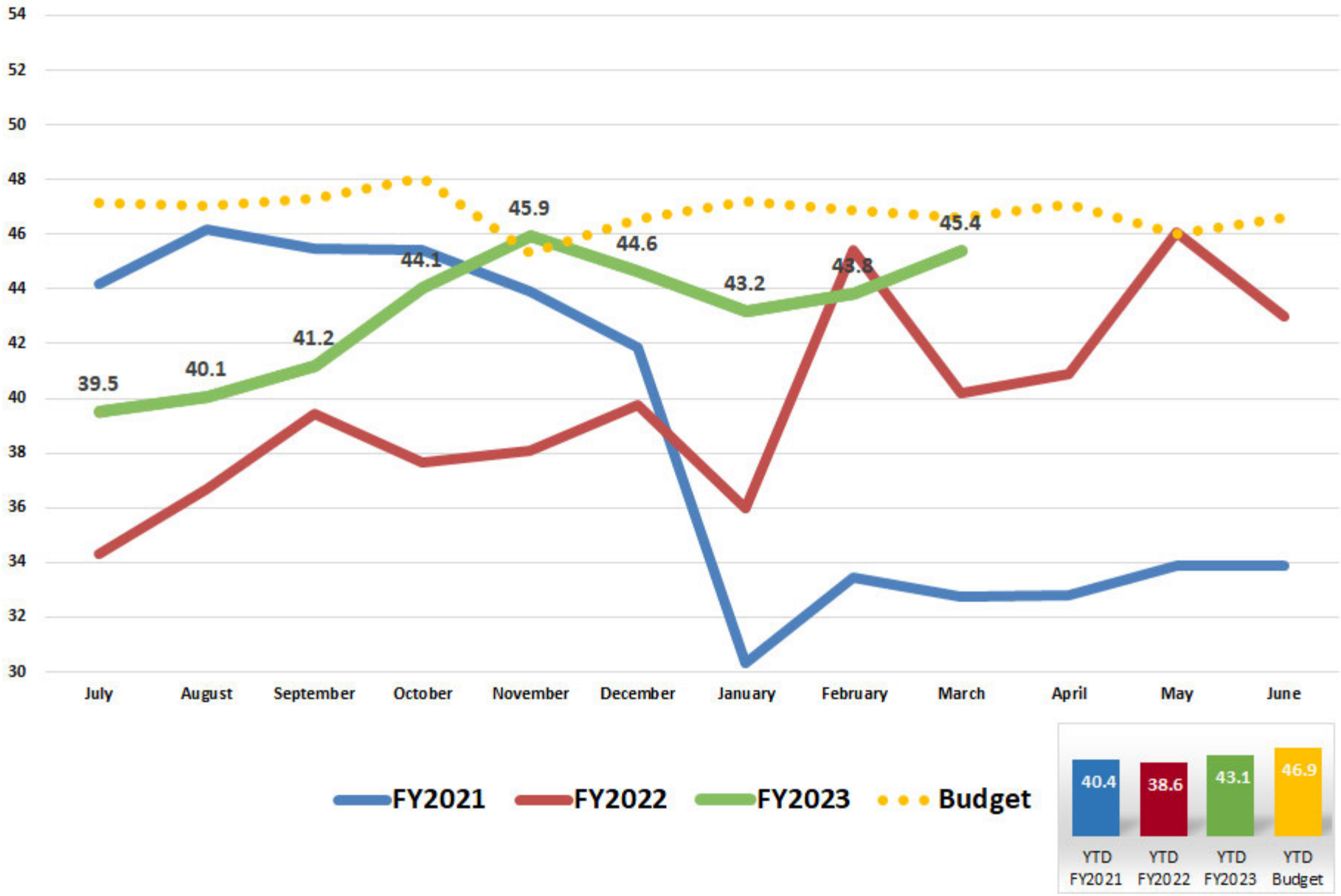




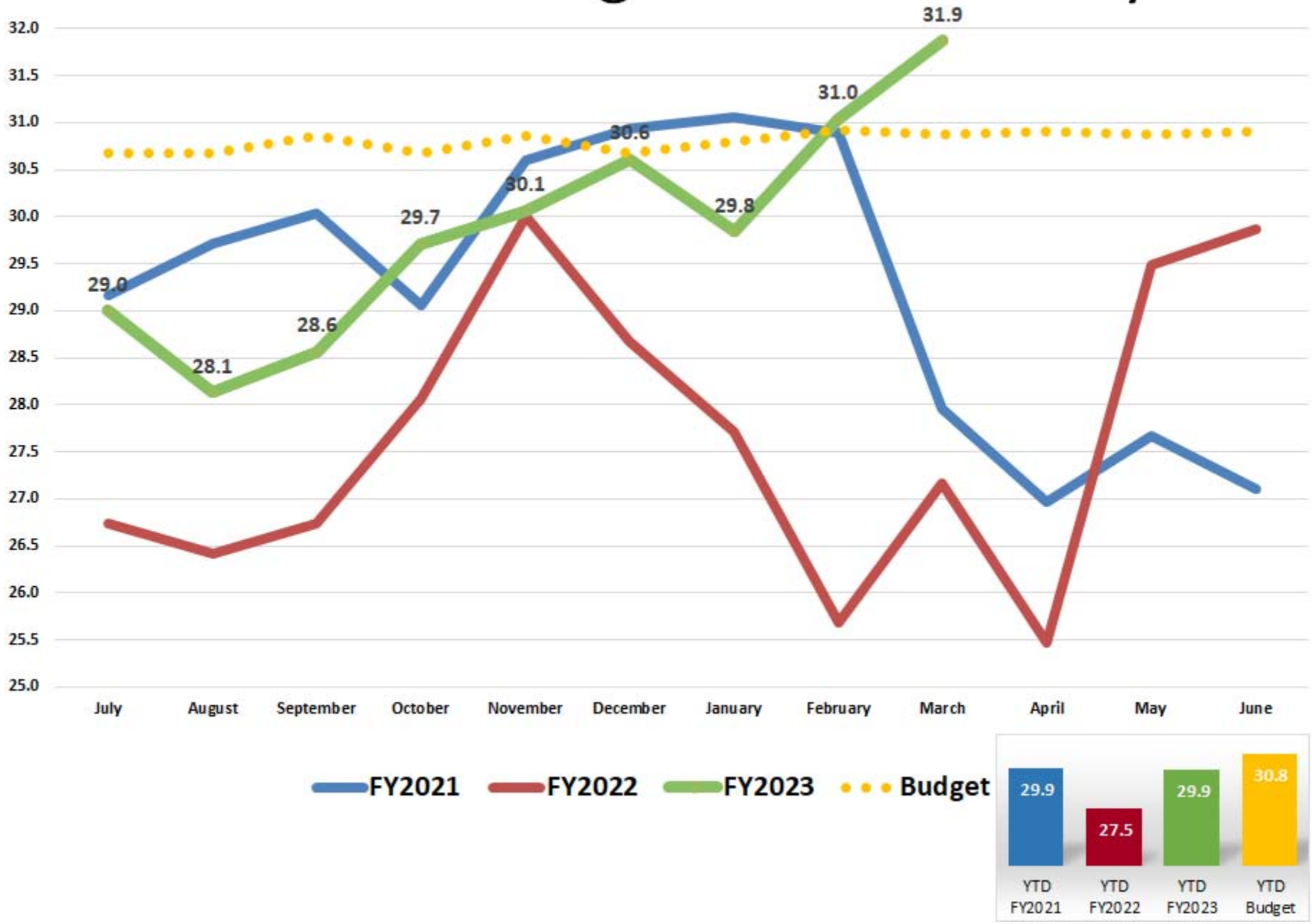
Medical Center (Avg Patients Per Day)



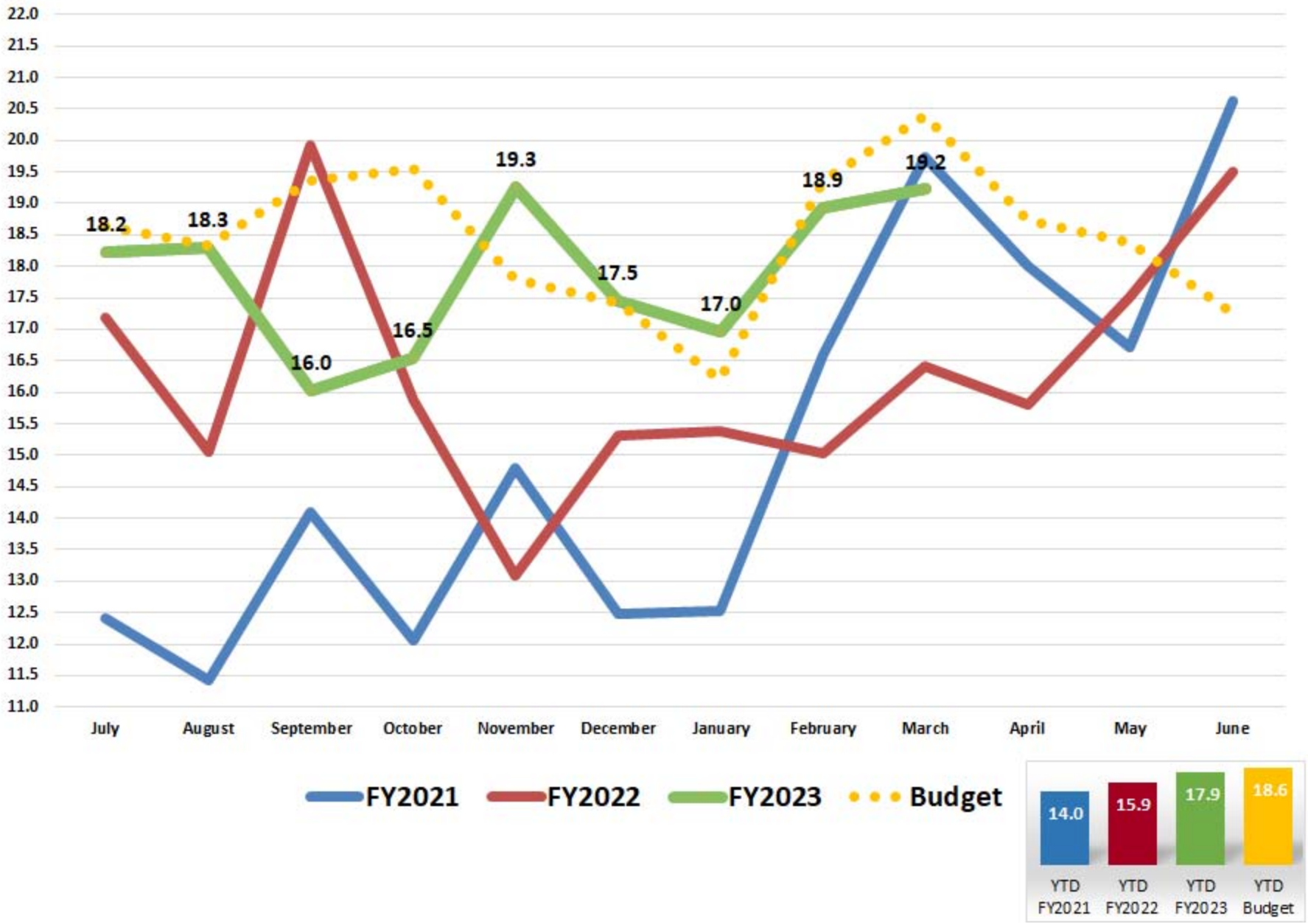
Acute I/P Psych (Avg Patients Per Day)



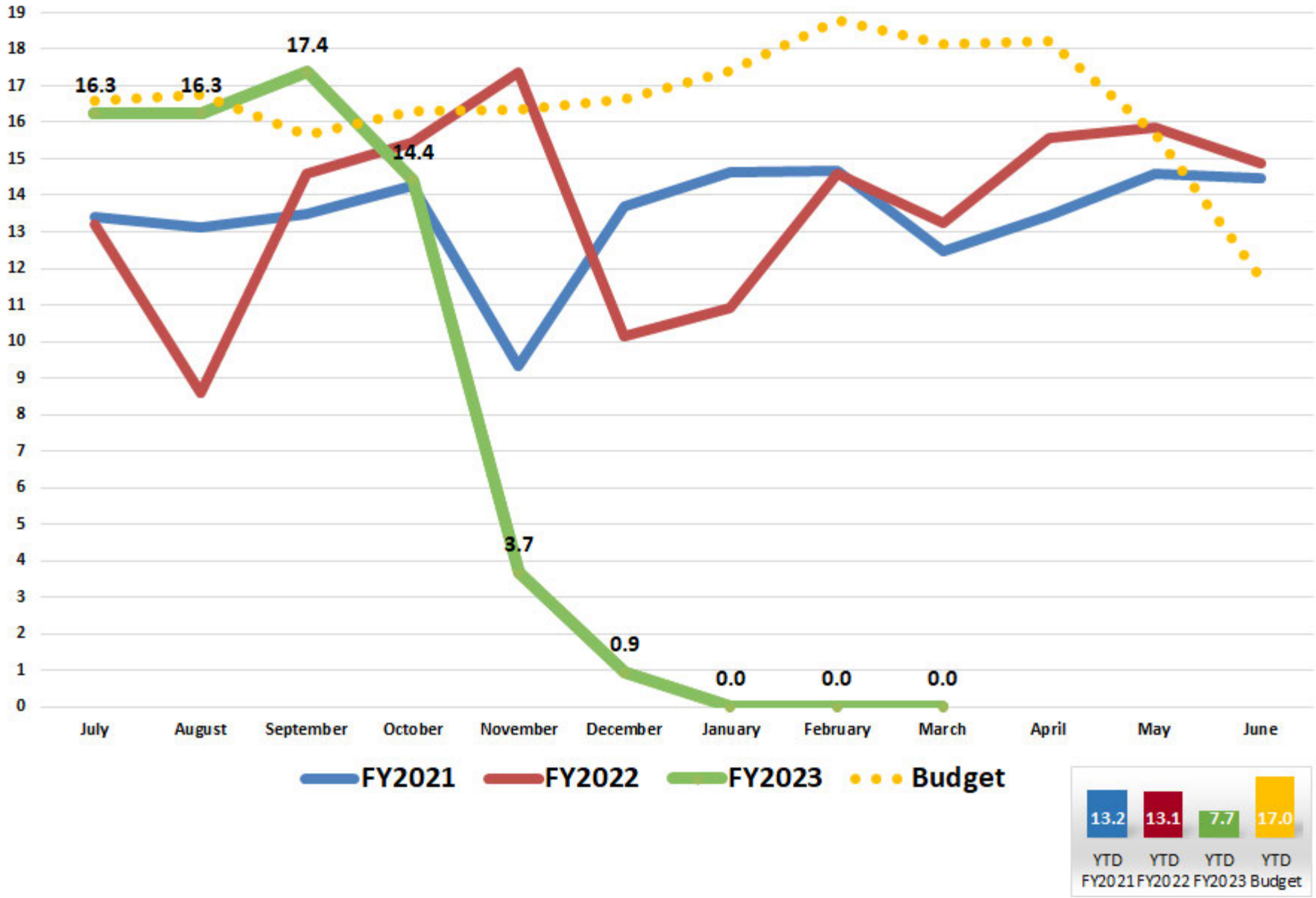
Sub-Acute - Avg Patients Per Day



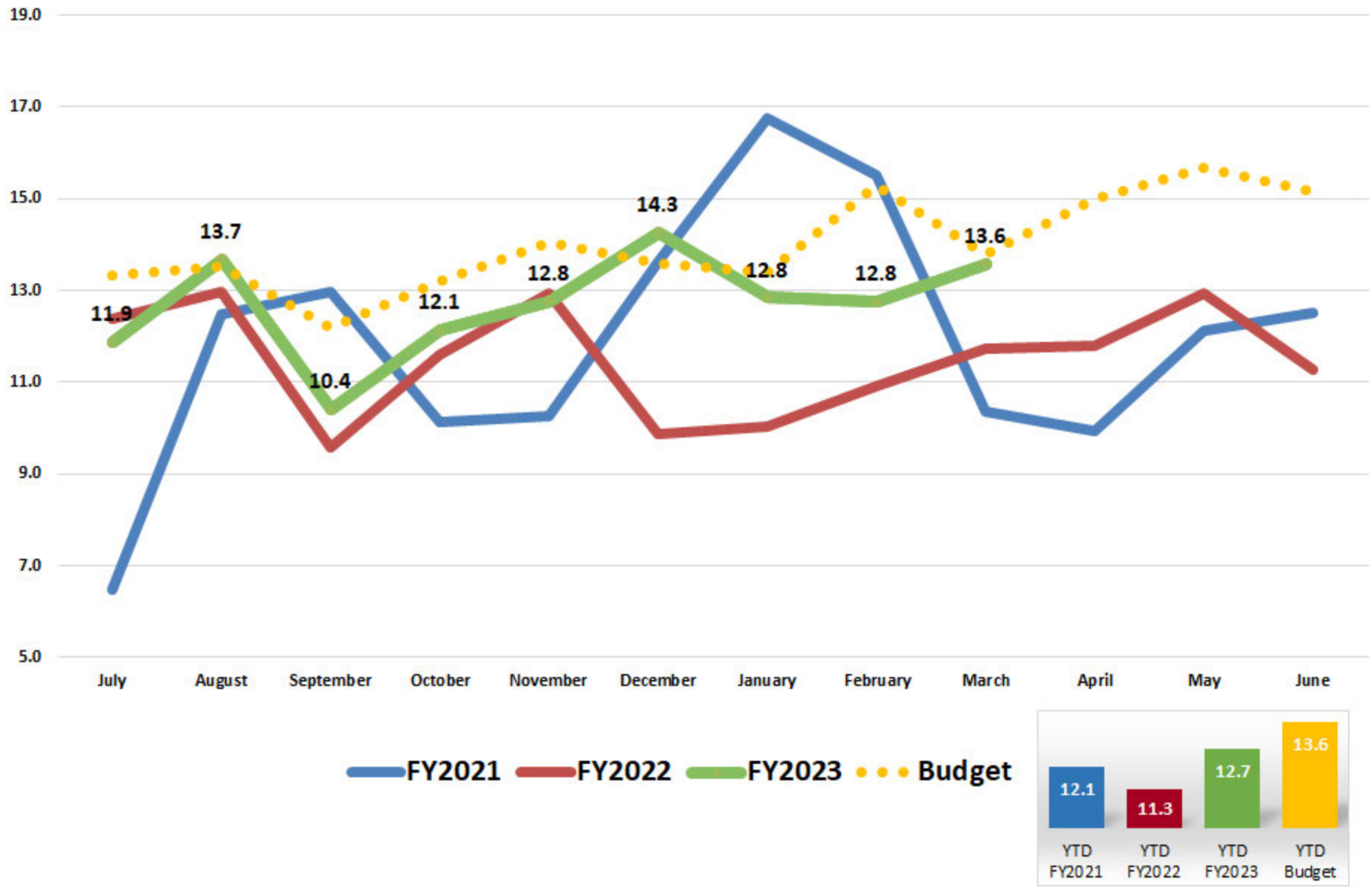
Rehabilitation Hospital - Avg Patients Per Day



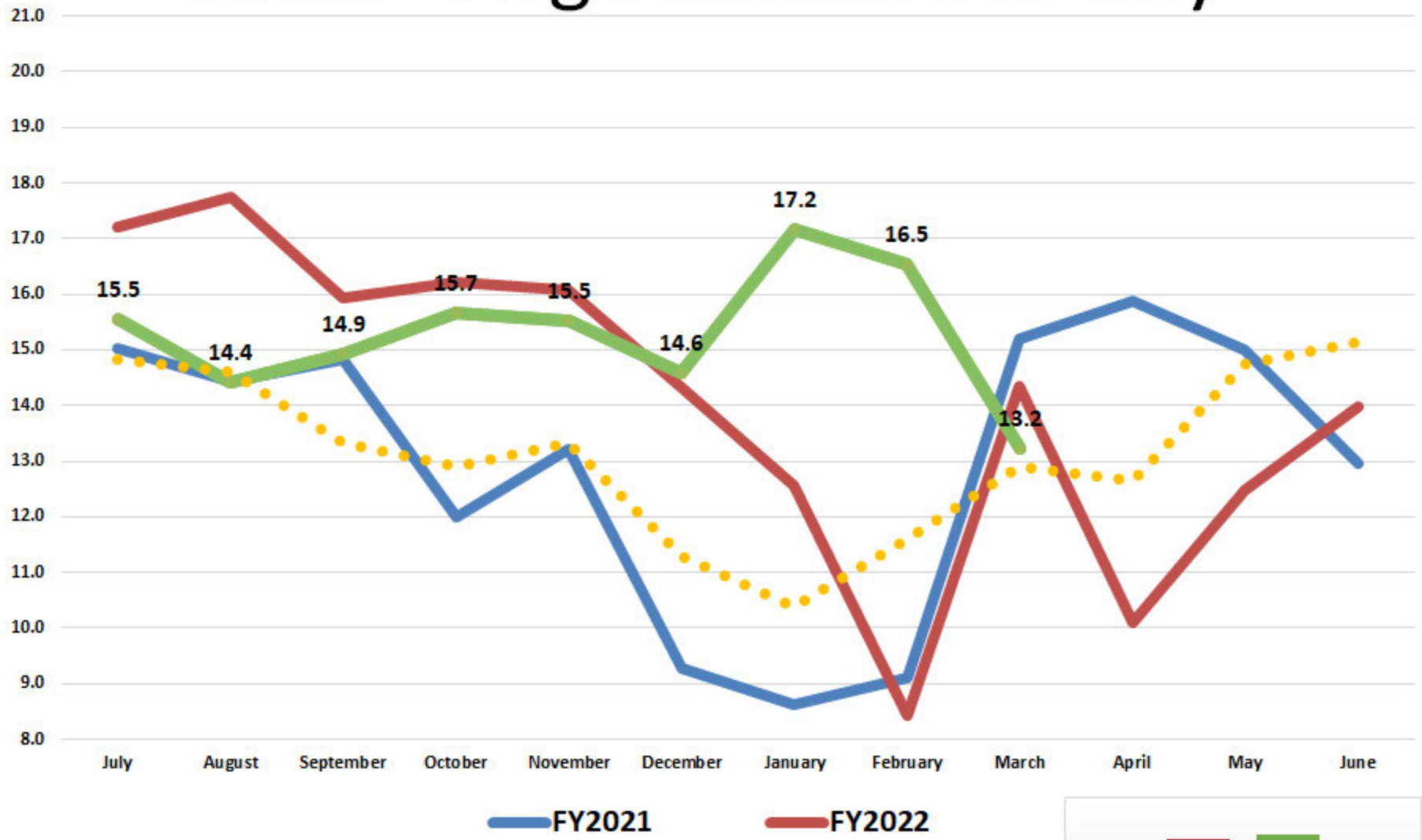
Transitional Care Services (TCS) - Avg Patients Per

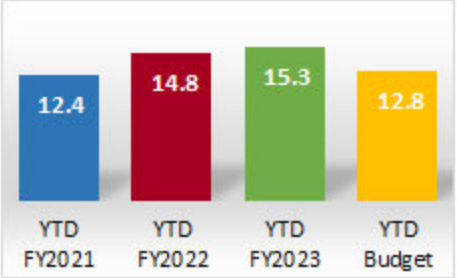


TCS Ortho - Avg Patients Per Day

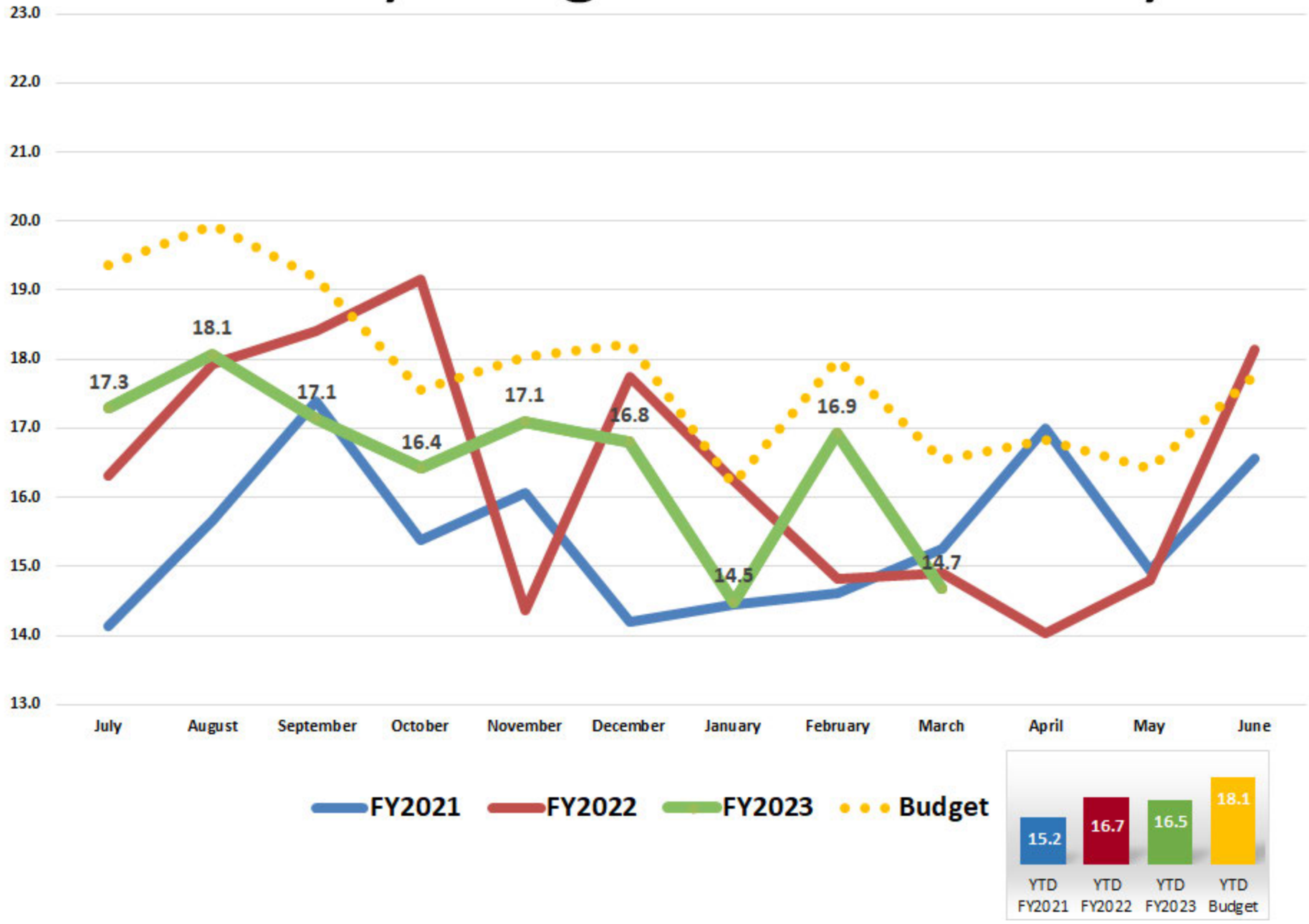


NICU - Avg Patients Per Day

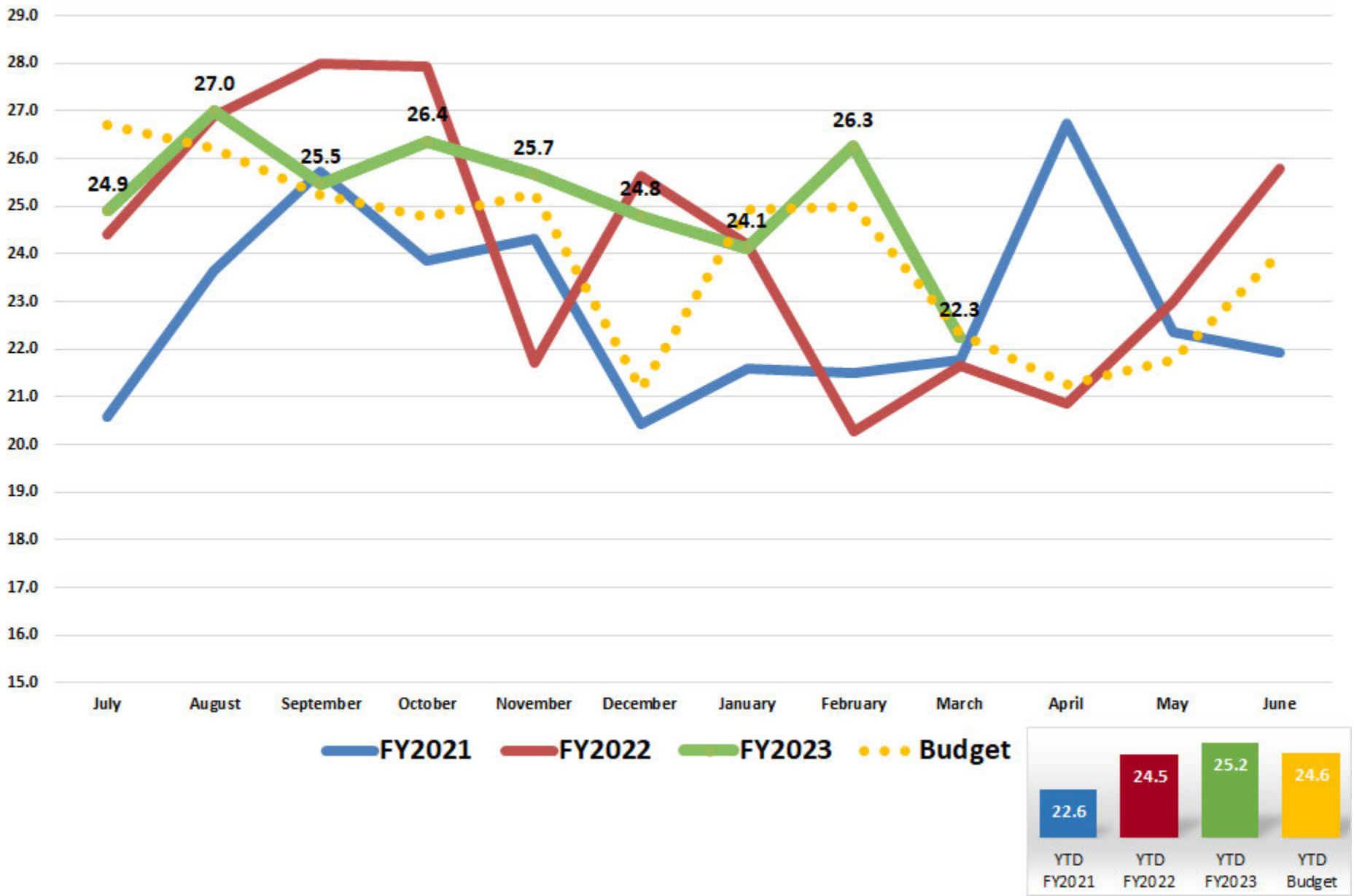




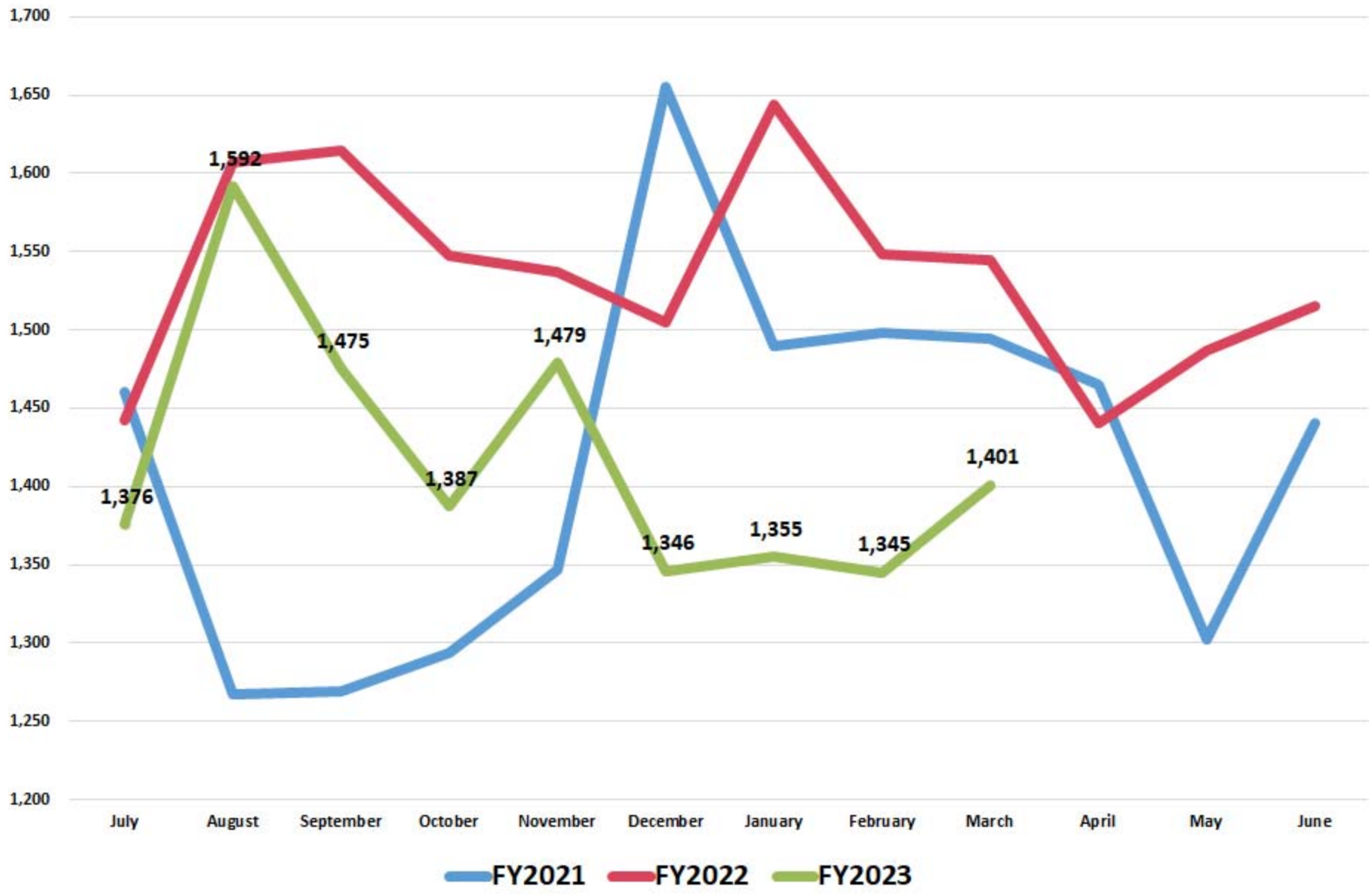
Nursery - Avg Patients Per Day



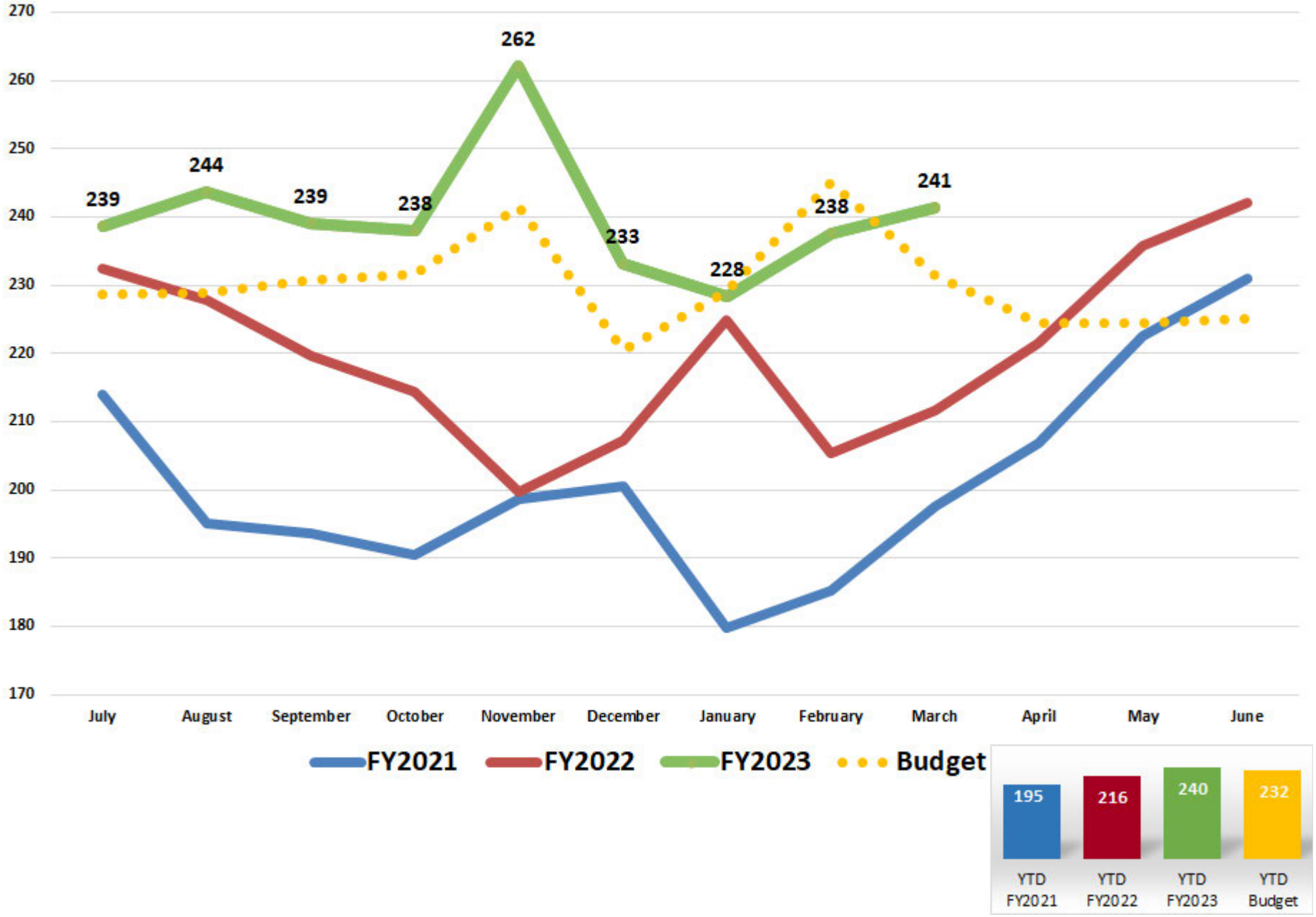
Obstetrics - Avg Patients Per Day



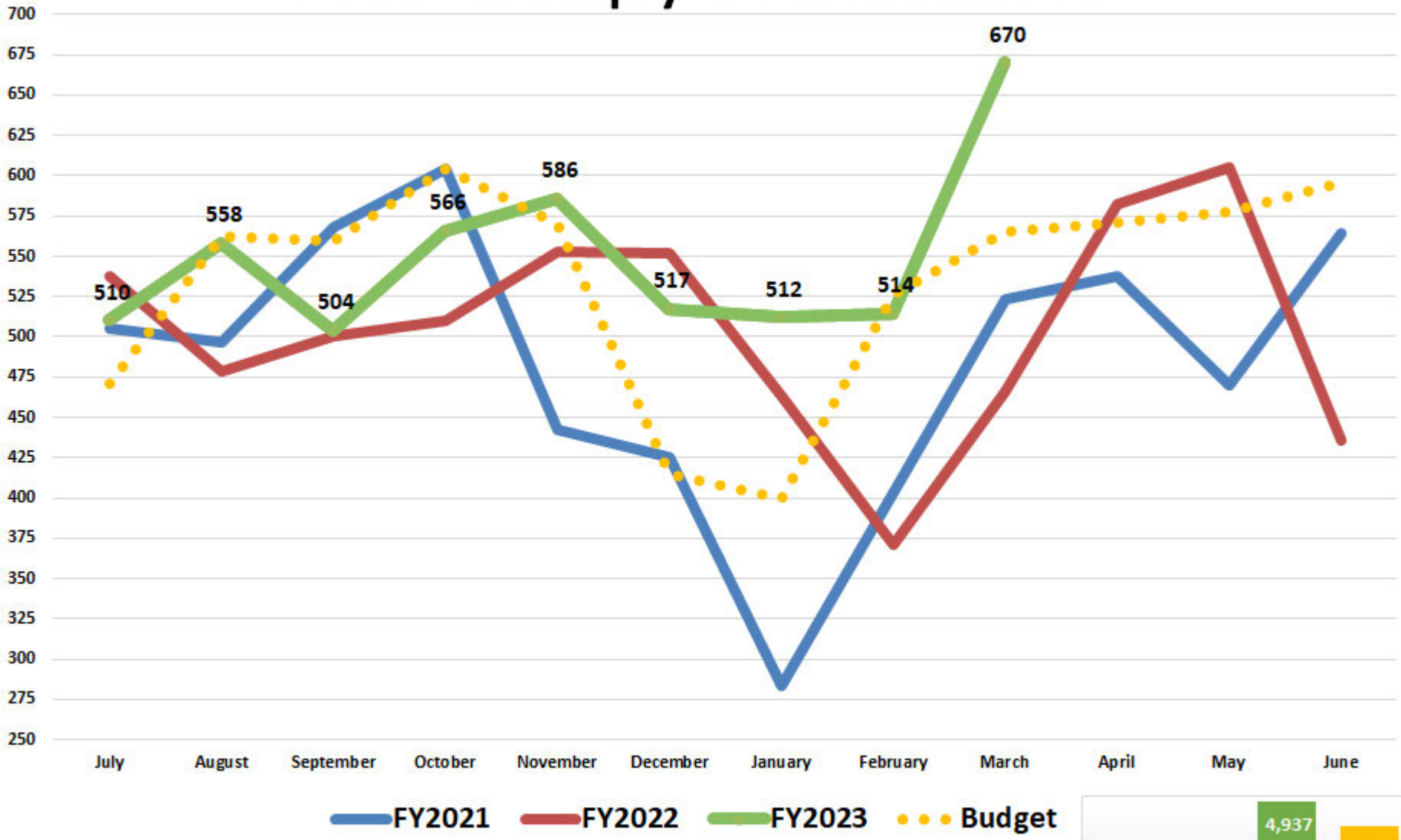
Outpatient Registrations Per Day

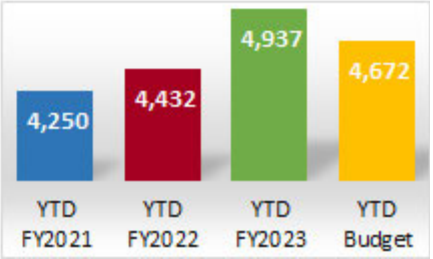


ED - Avg Treated Per Day

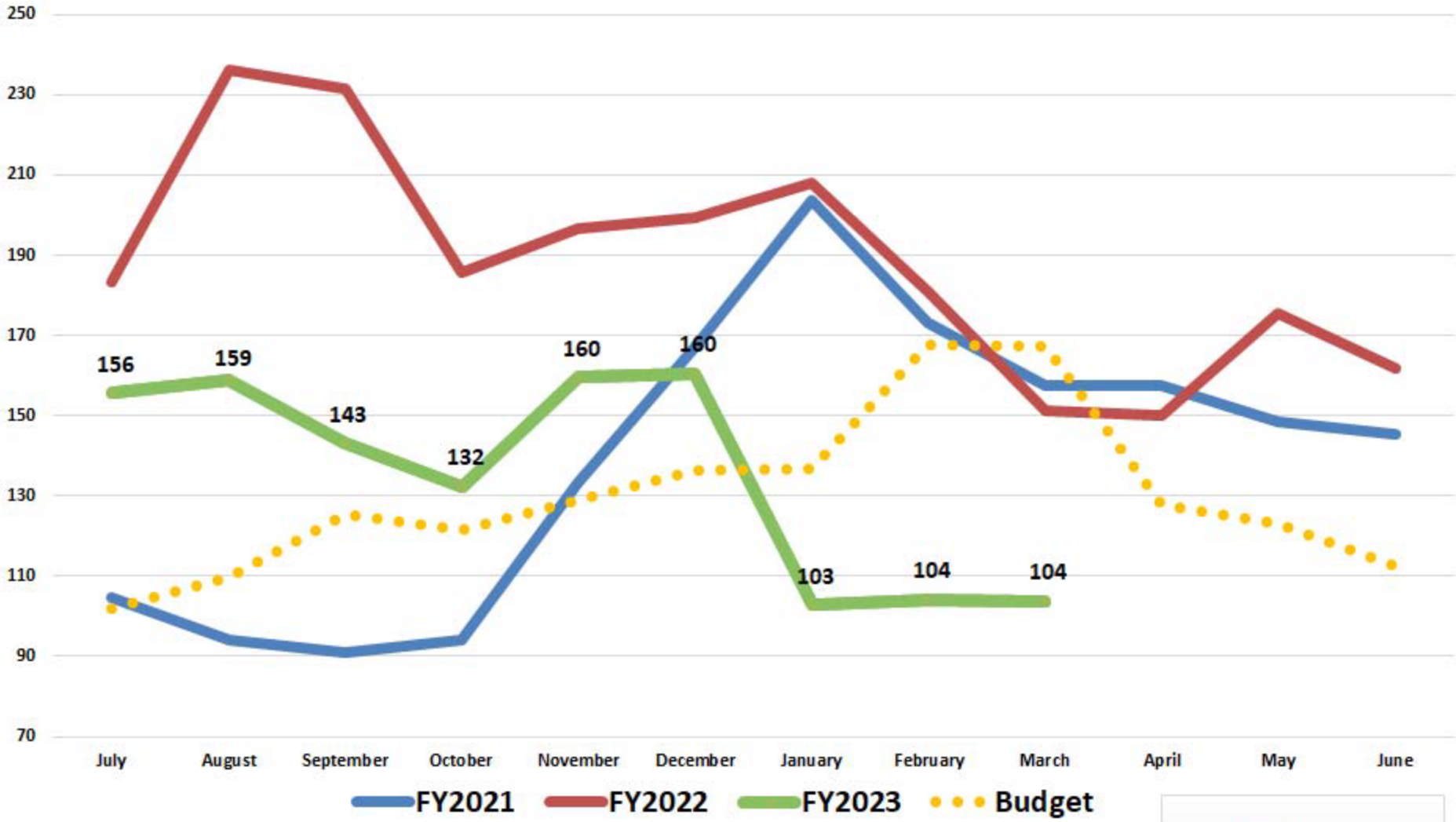


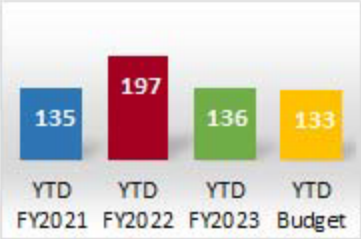
Endoscopy Procedures



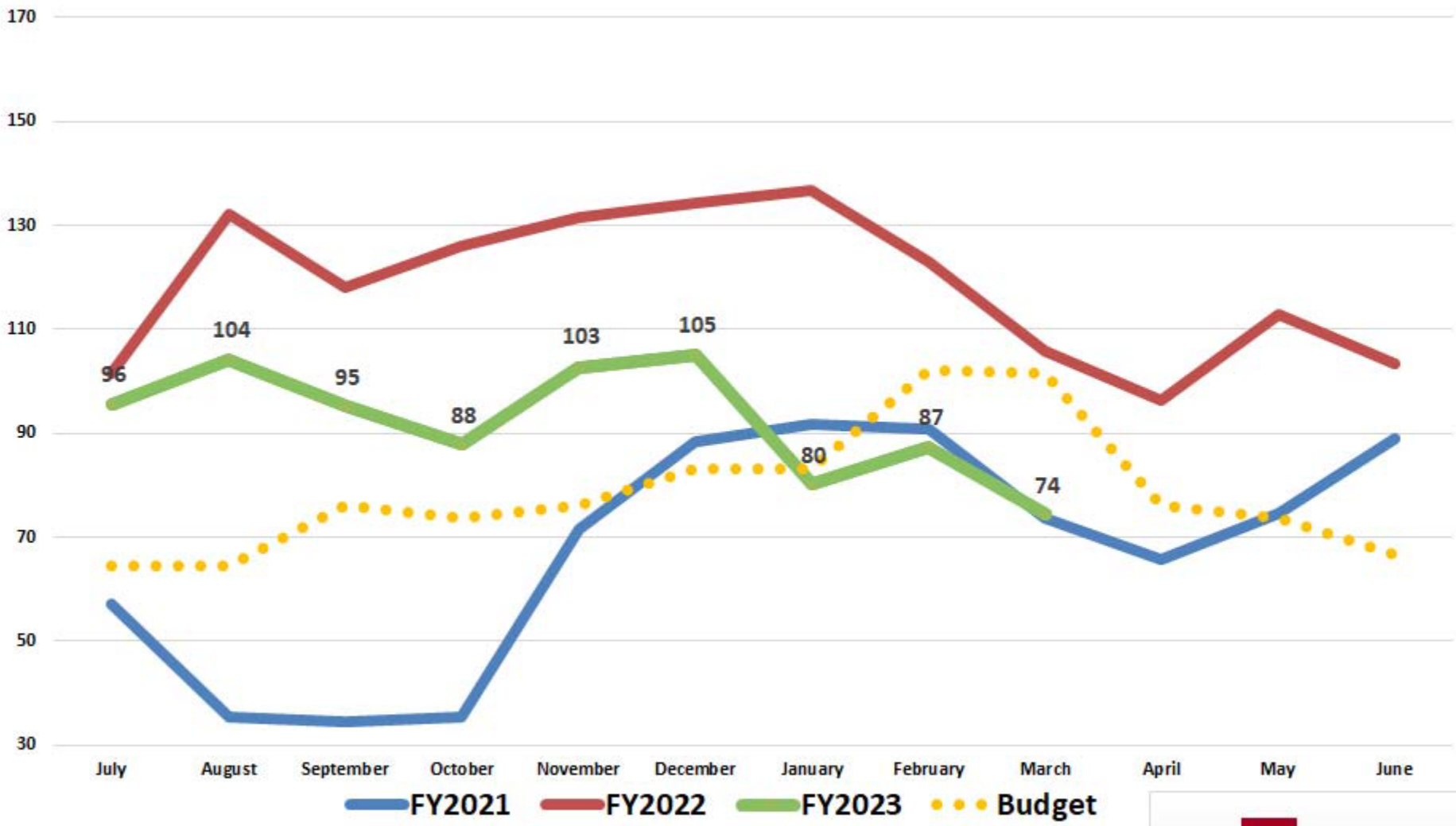


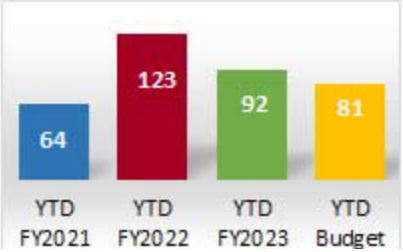
Urgent Care – Court Avg Visits Per Day



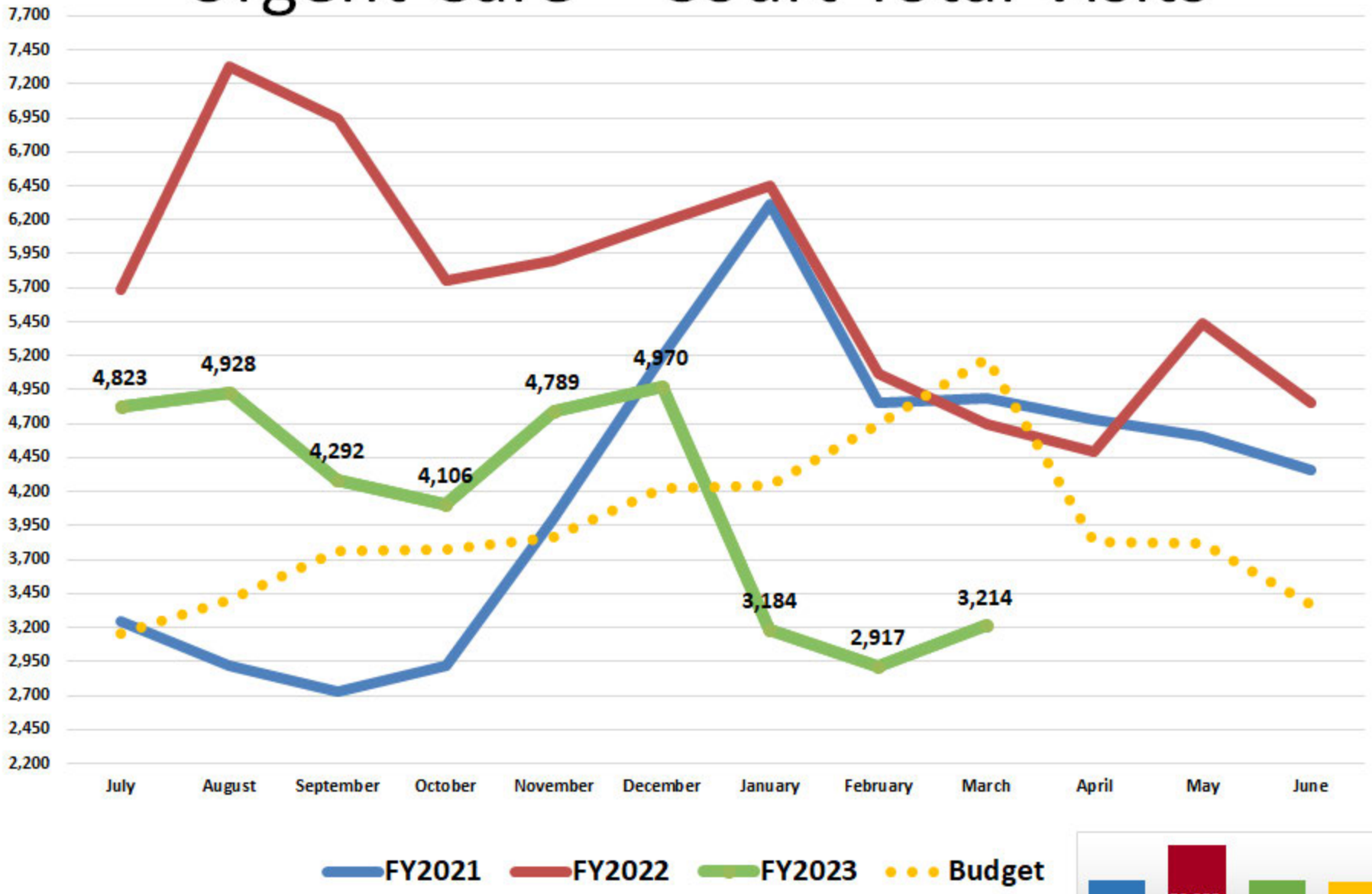


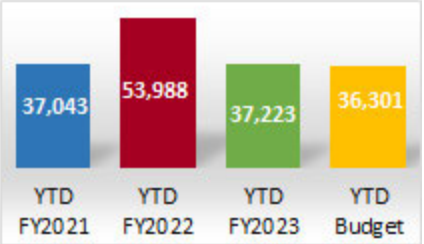
Urgent Care – Demaree Avg Visits Per Day





Urgent Care – Court Total Visits





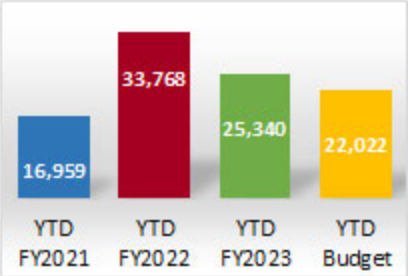
Urgent Care – Demaree Total Visits

4,500
4,250
4,000
3,750
3,500
3,250
3,000
2,750
2,500
2,250
2,000
1,750
1,500
1,250
1,000
750

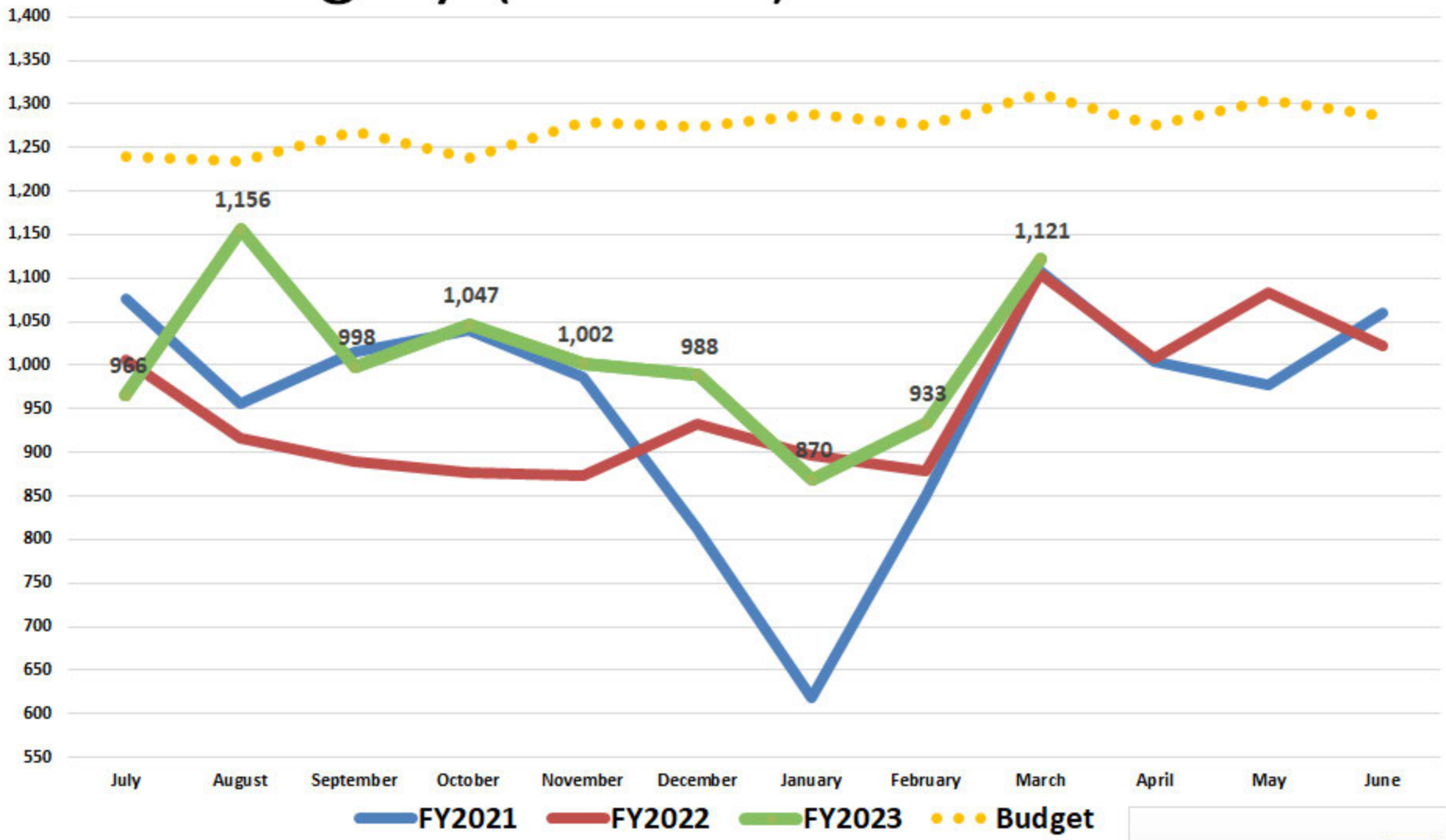
2,967 3,226 2,854 2,722 3,082 3,257 2,484 2,445 2,303

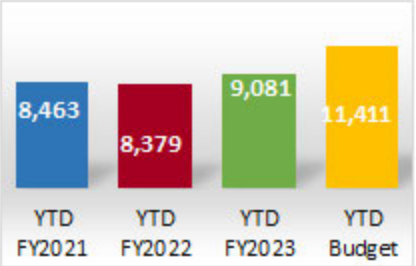
July August September October November December January February March April May June

FY2021 FY2022 FY2023 Budget

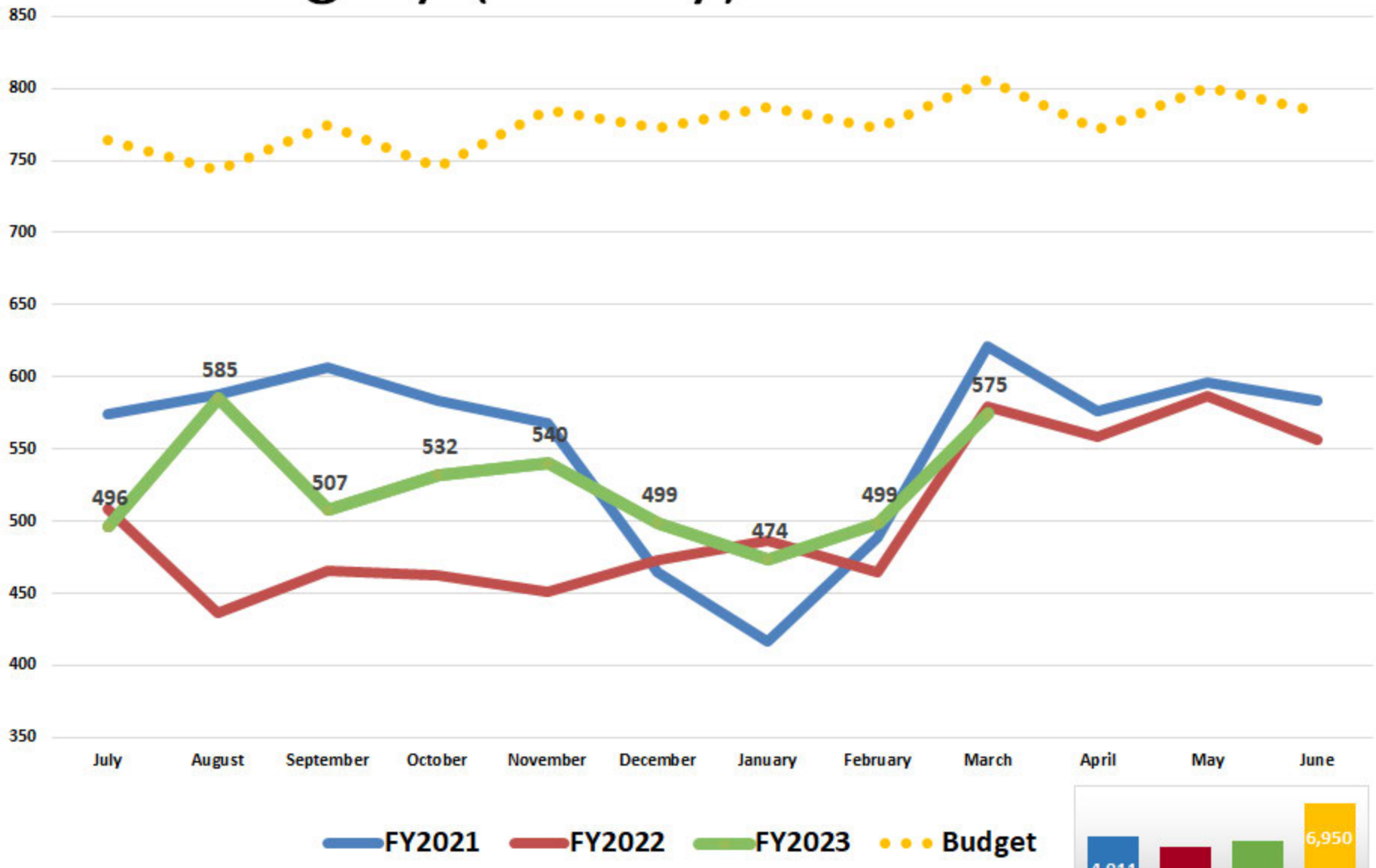


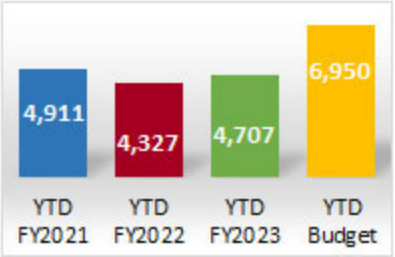
Surgery (IP & OP) – 100 Min Units



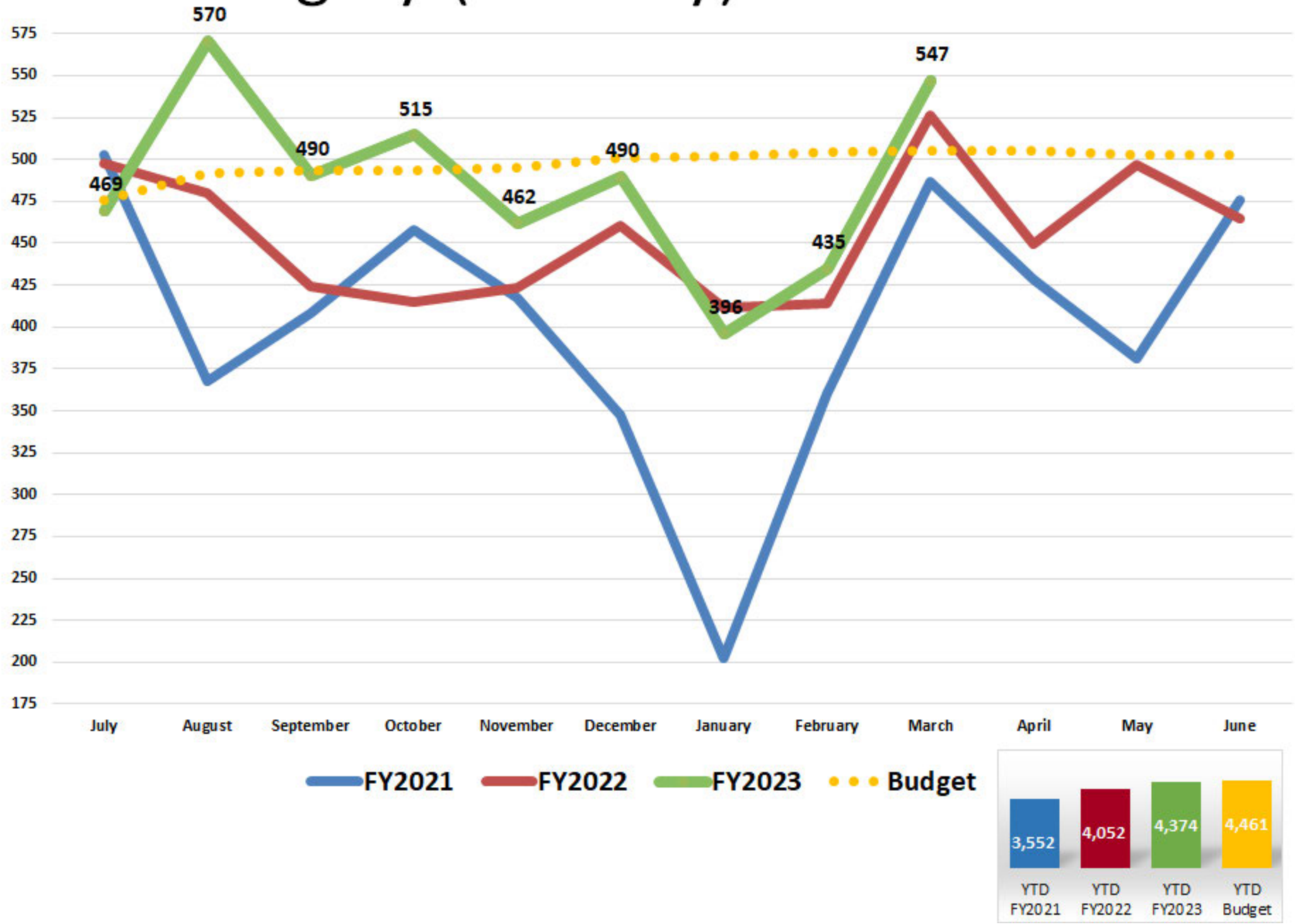


Surgery (IP Only) - 100 Min Unit

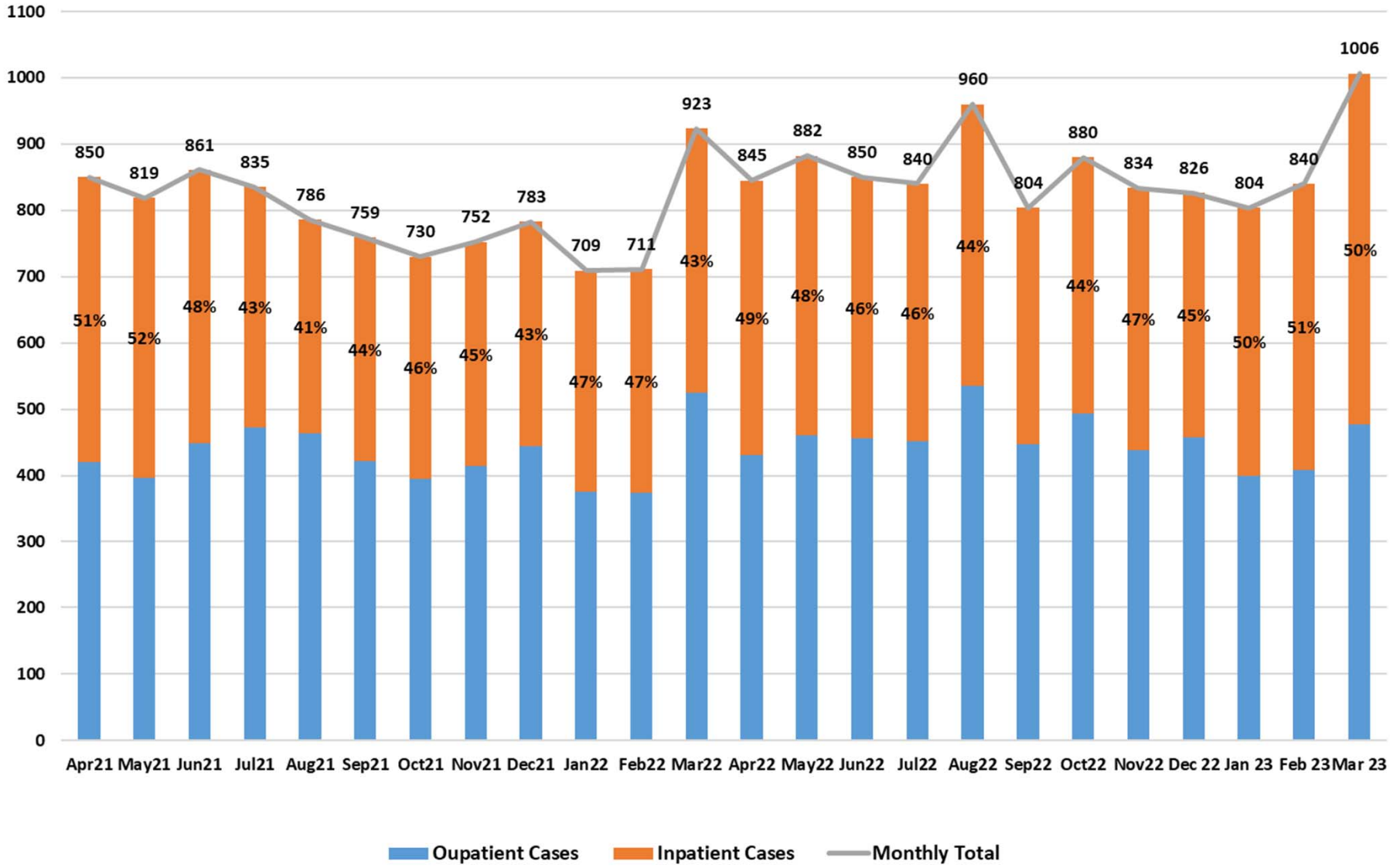




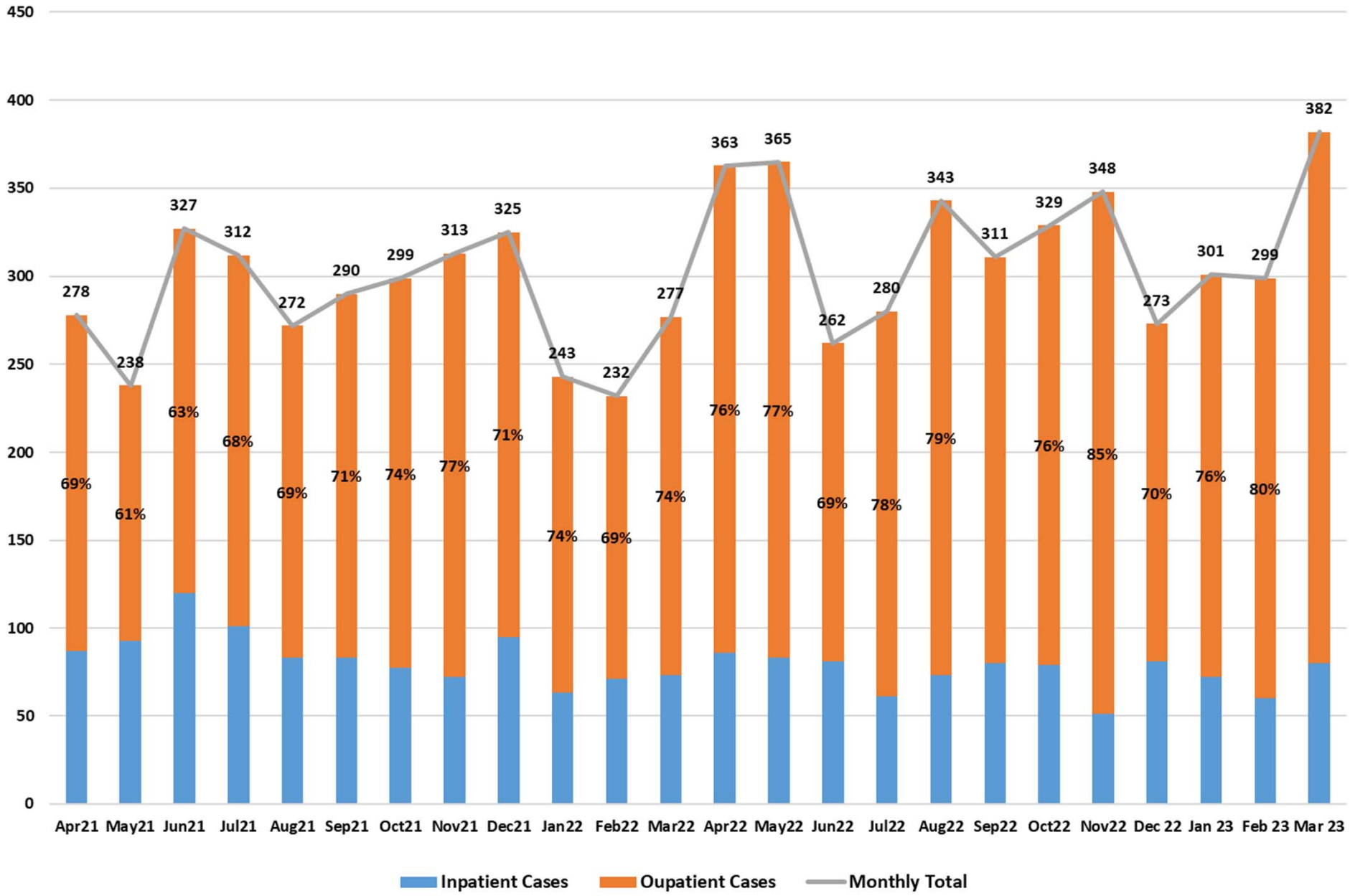
Surgery (OP Only) - 100 Min Units



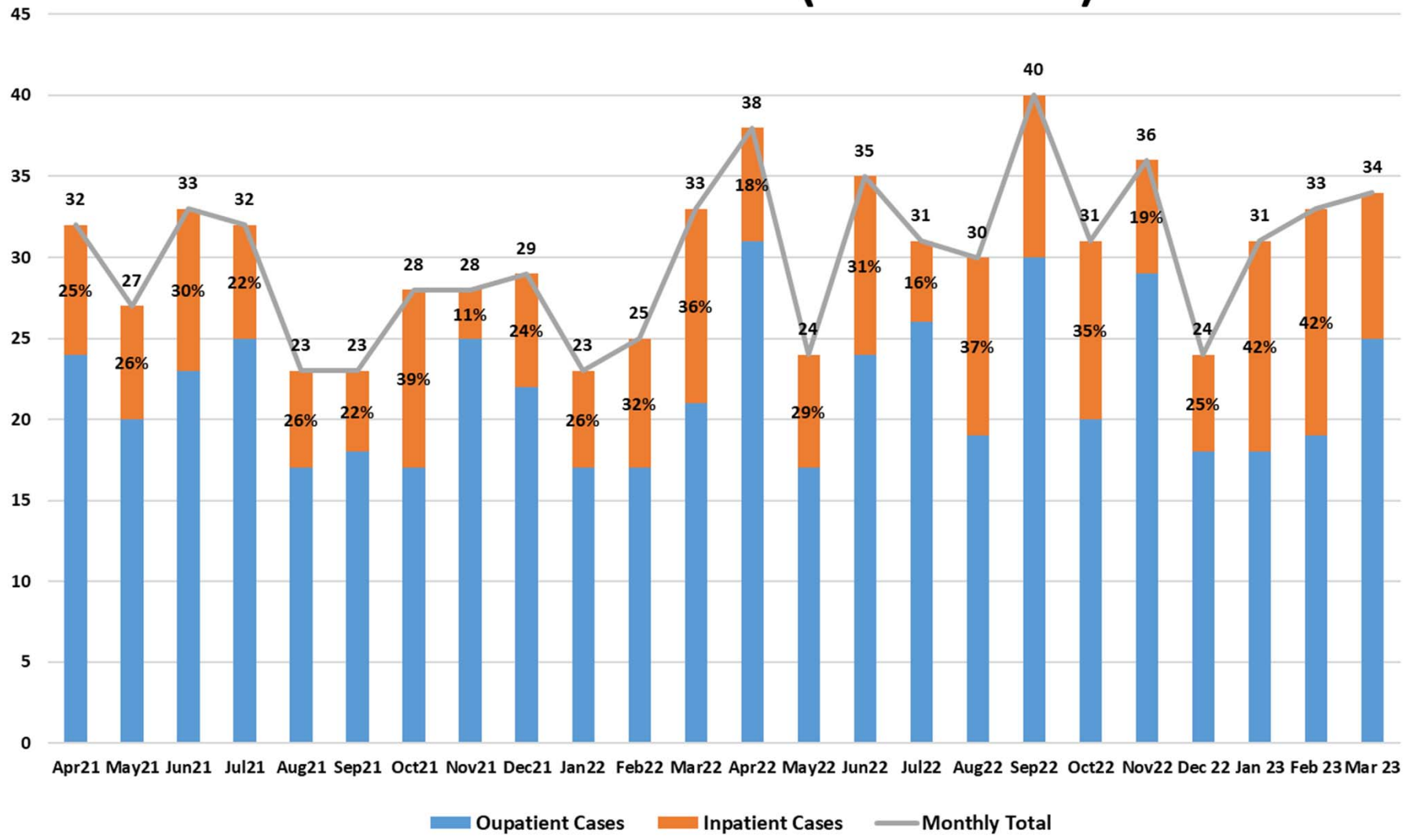
Surgery Cases (IP & OP)

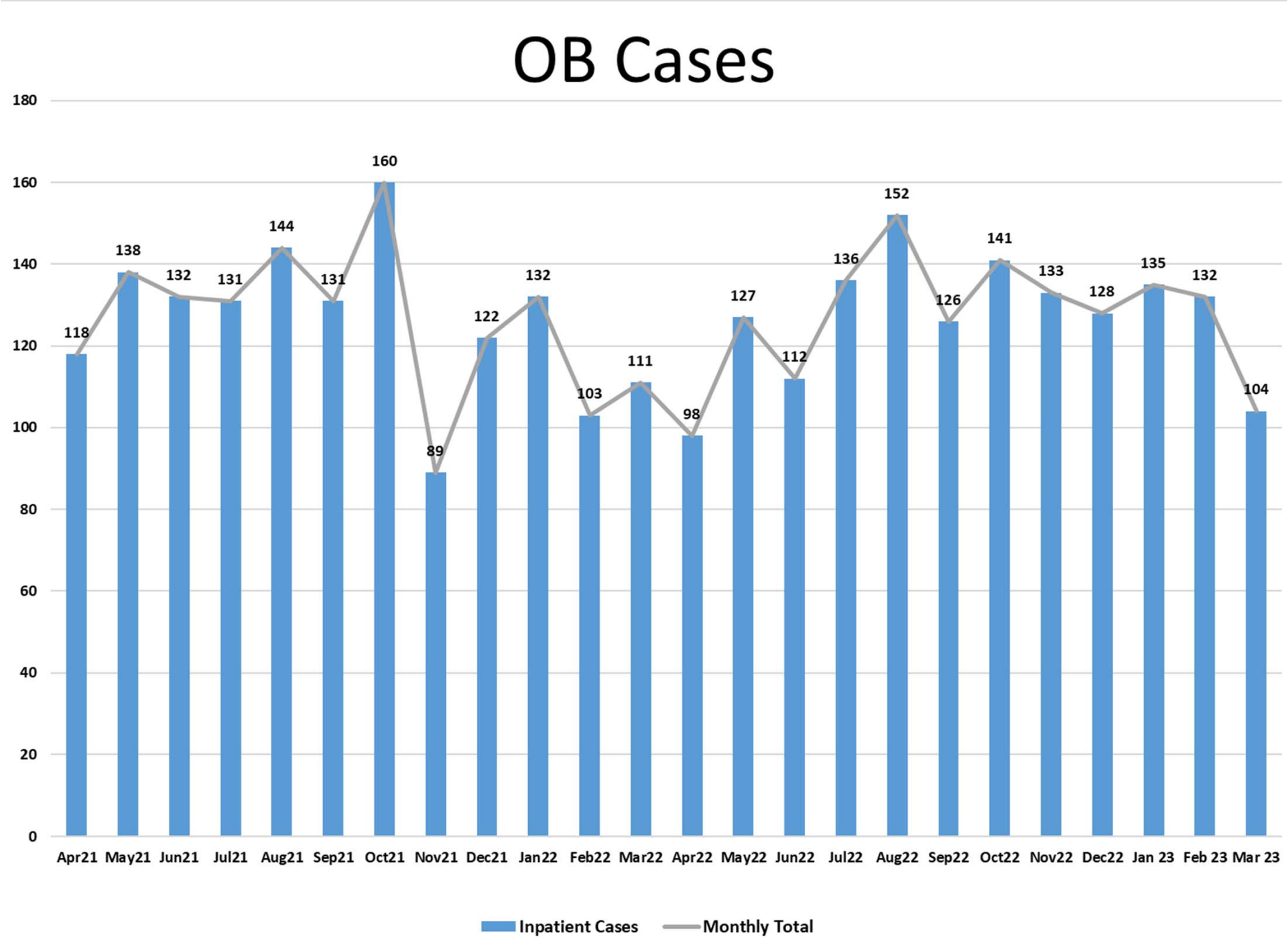


Endo Cases (Endo Suites)

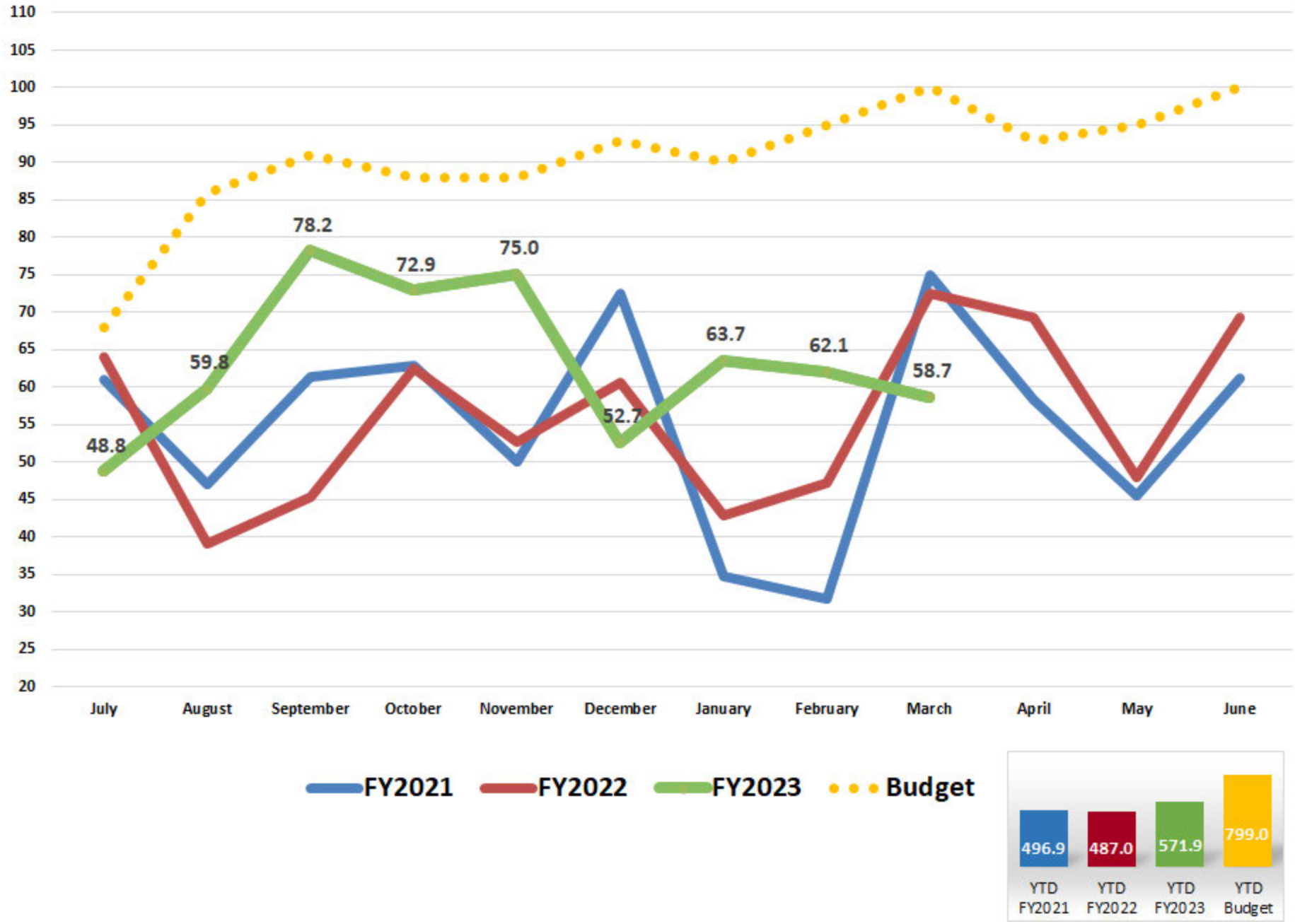


Robotic Cases (IP & OP)

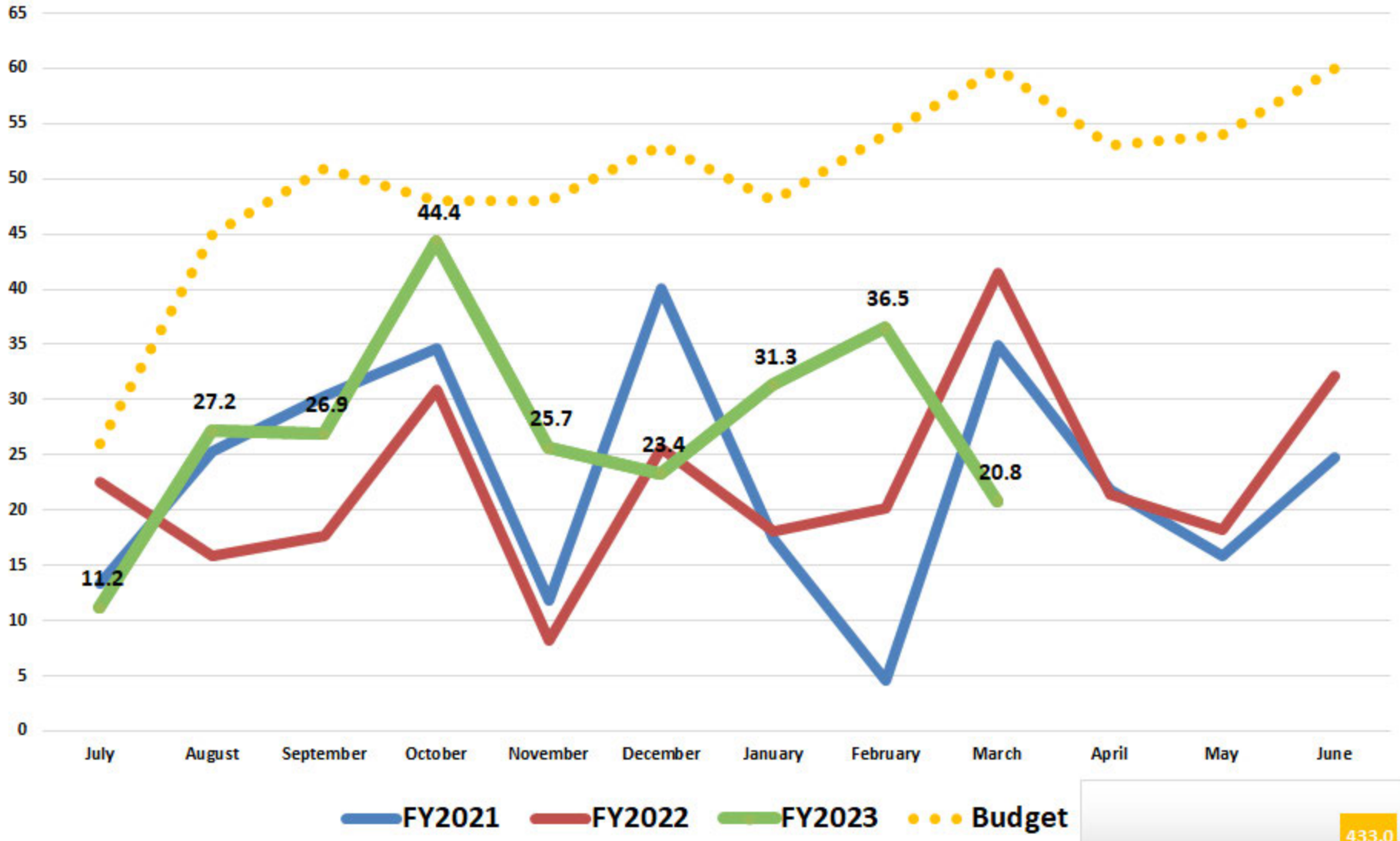



OB Cases
180
160
140
120
100
80
60
40
20
0
118
138
132
131
144
131
160
89
122
132
103
111
98
127
112
136
152
126
141
133
128
135
132
104
Apr21
May21
Jun21
Jul21
Aug21
Sep21
Oct21
Nov21
Dec21
Jan22
Feb22
Mar22
Apr22
May22
Jun22
Jul22
Aug22
Sep22
Oct22
Nov22
Dec22
Jan 23
Feb 23
Mar 23
Inpatient Cases
Monthly Total

Robotic Surgery (IP & OP) - 100 Min Units

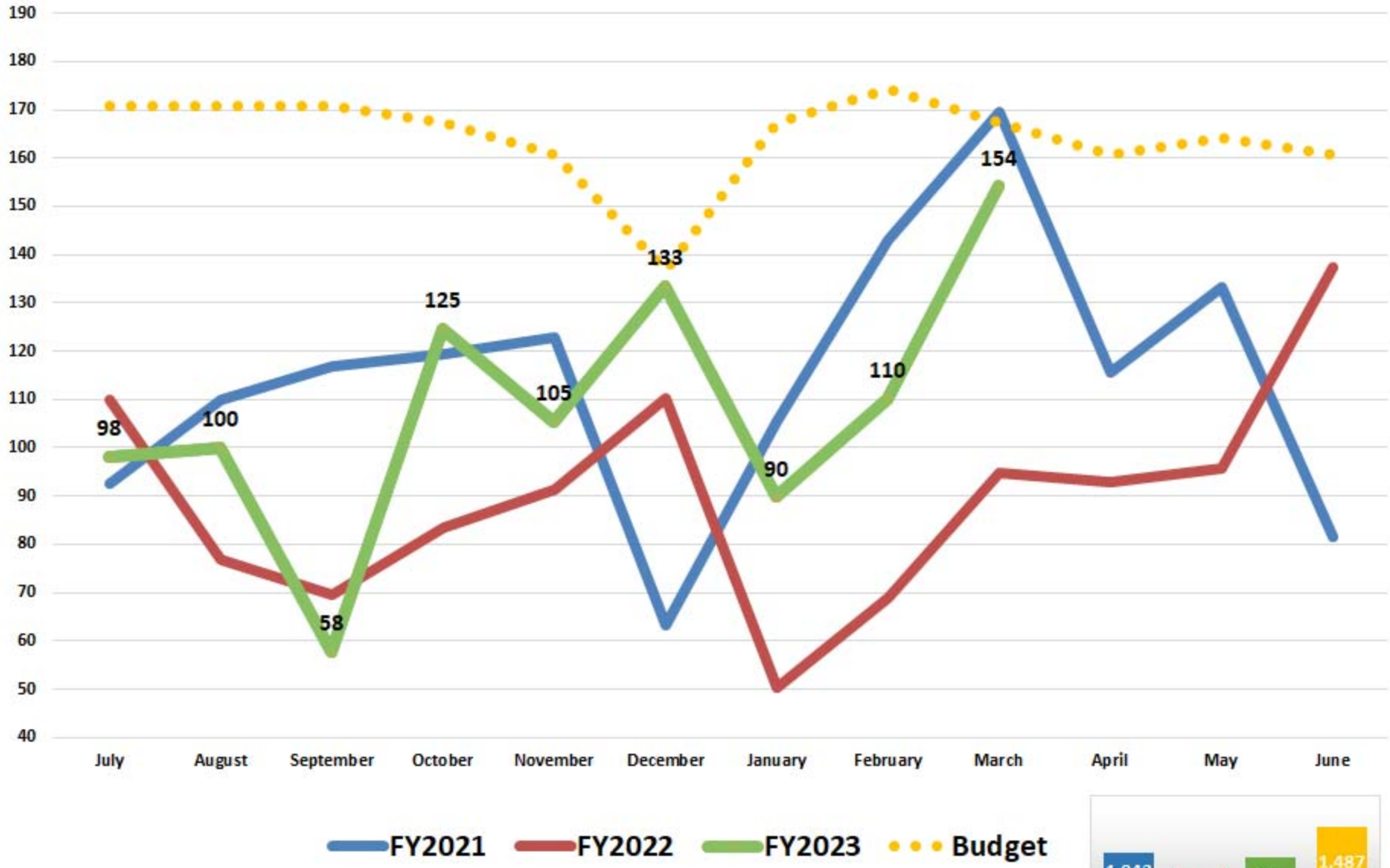


Robotic Surgery Minutes (IP Only)

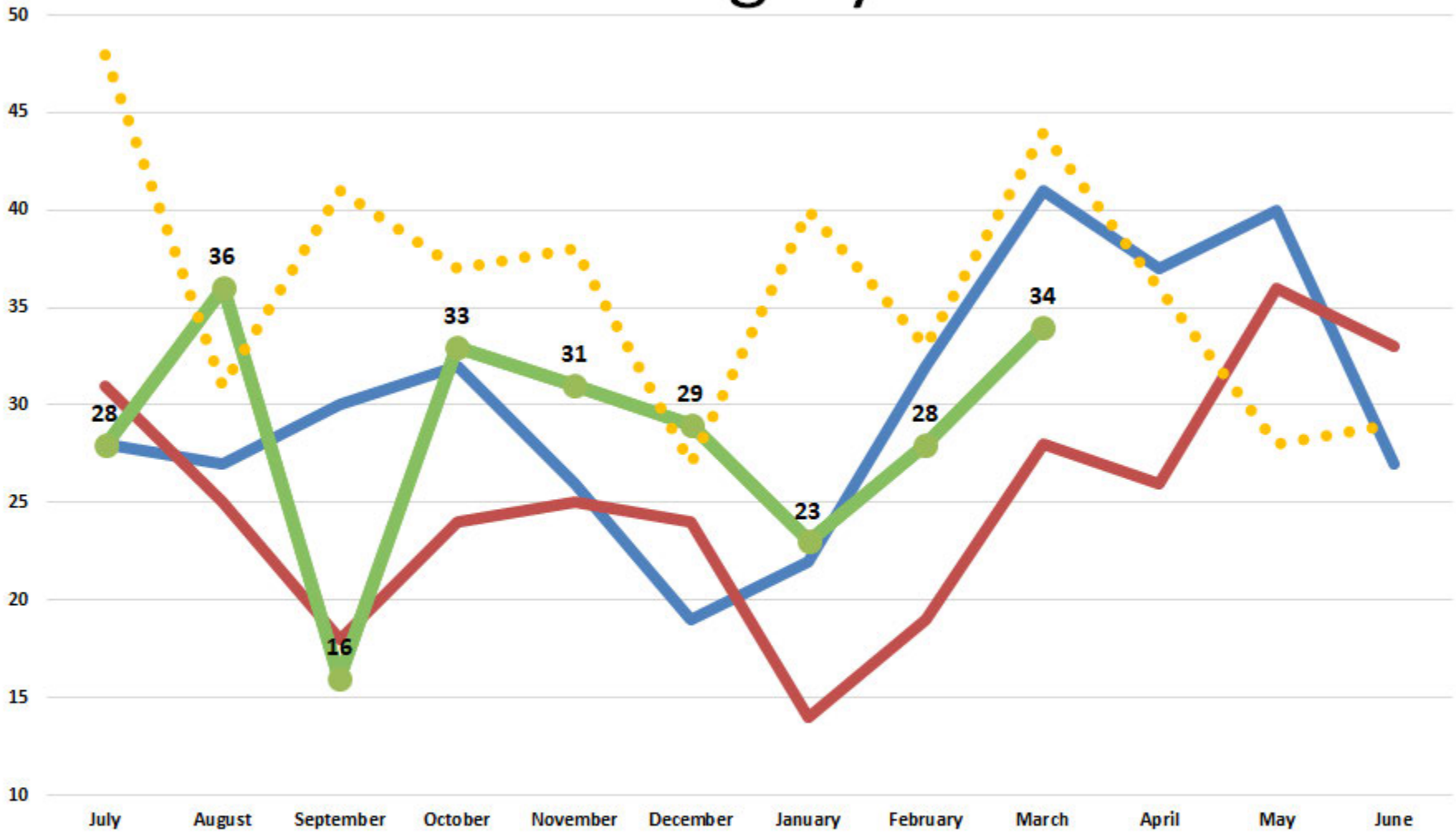


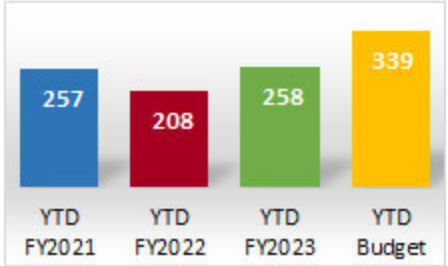
Robotic Surgery Minutes (OP Only)

Cardiac Surgery - 100 Min Units

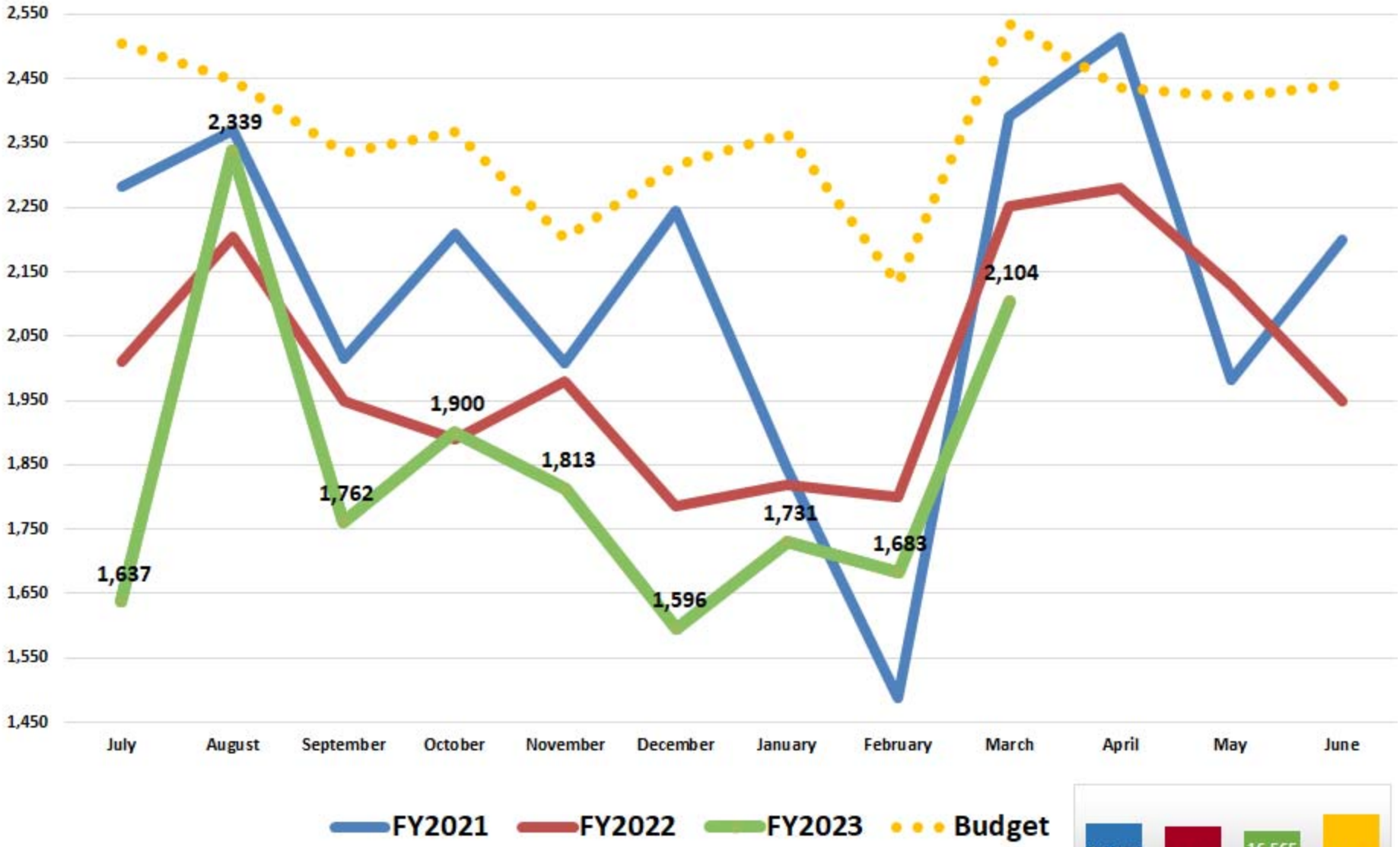


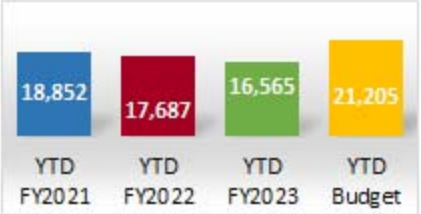
Cardiac Surgery Cases



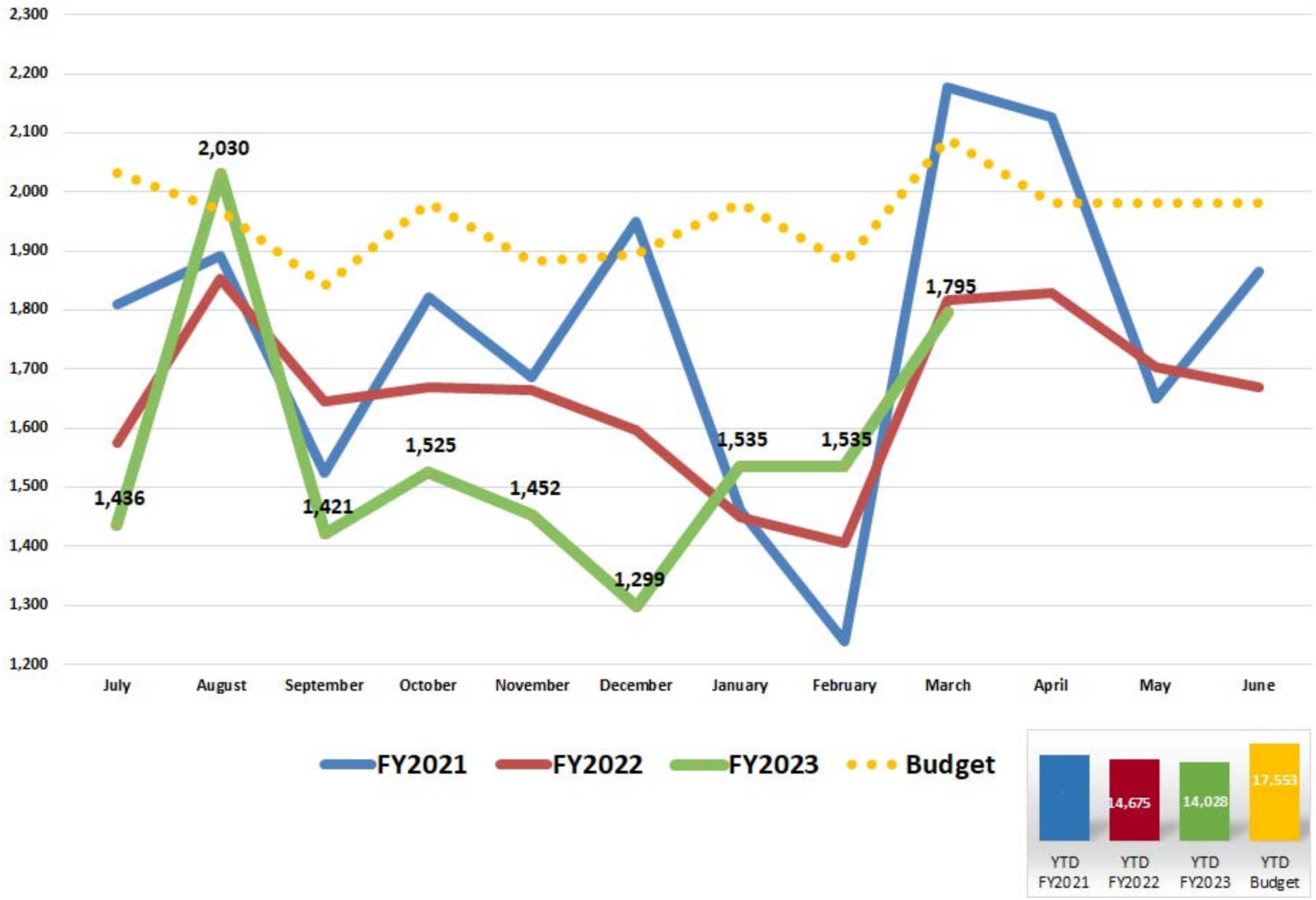


Rad Onc Treatments (Vis. & Hanf.)

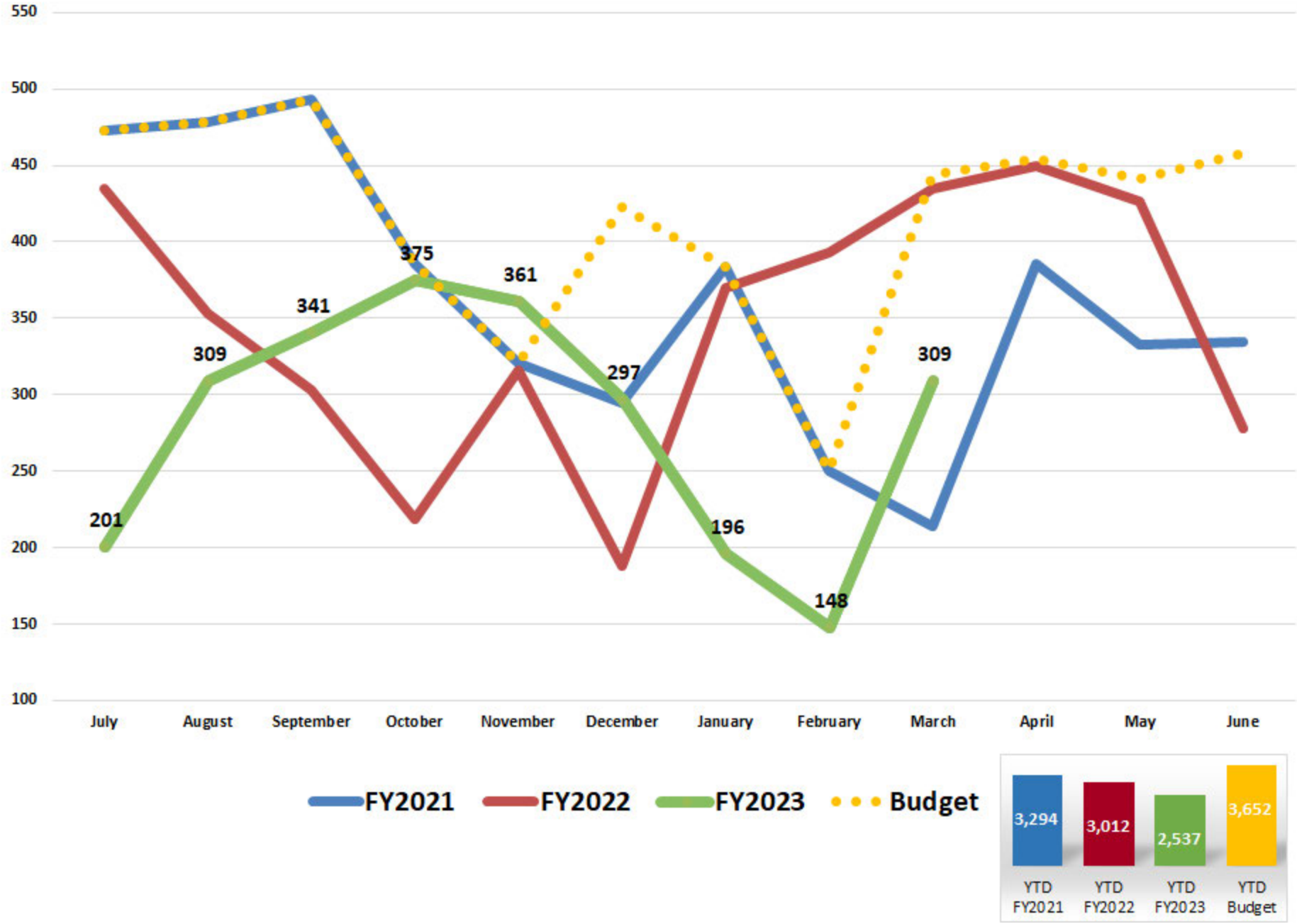




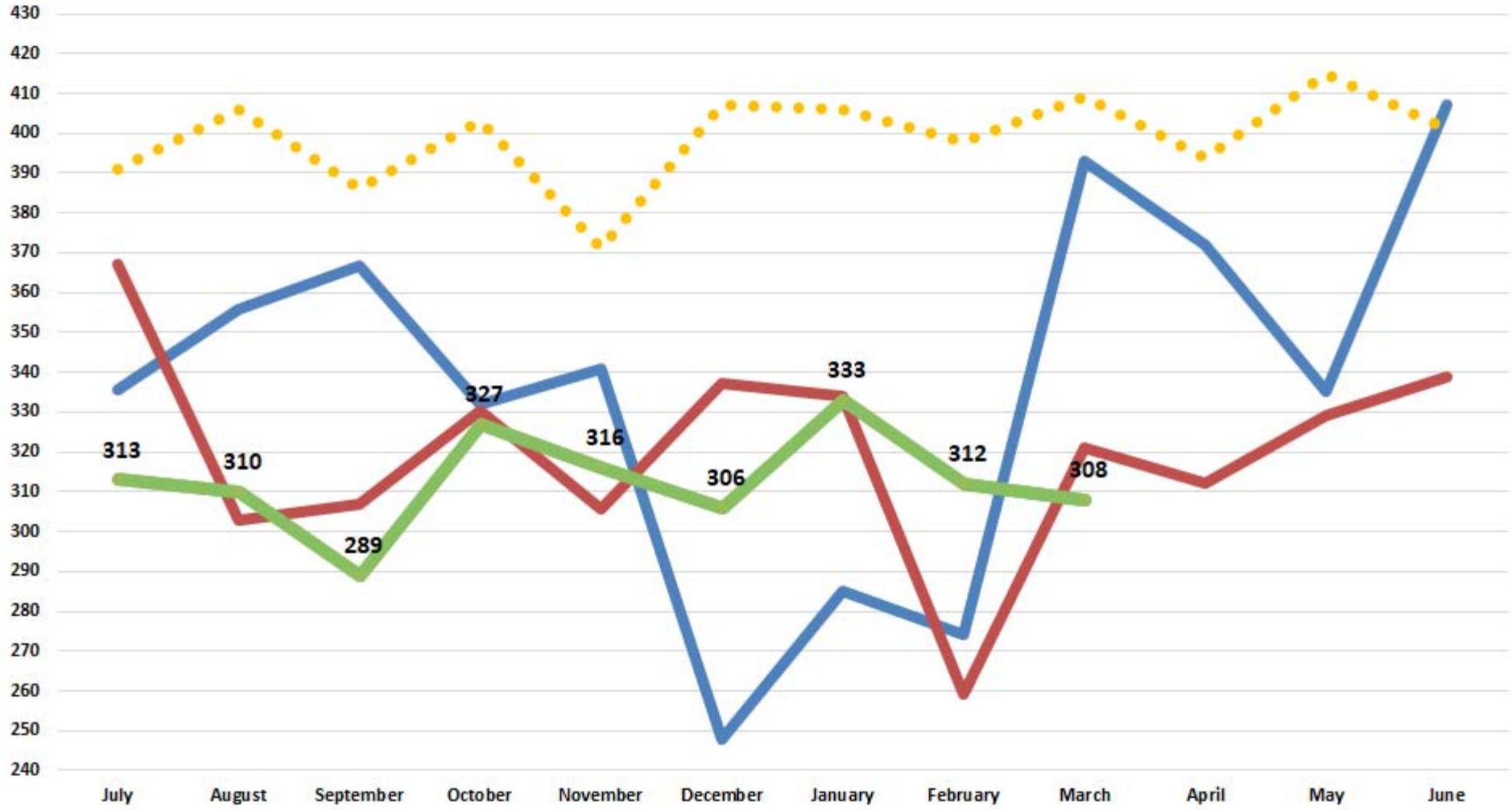
Rad Onc Visalia



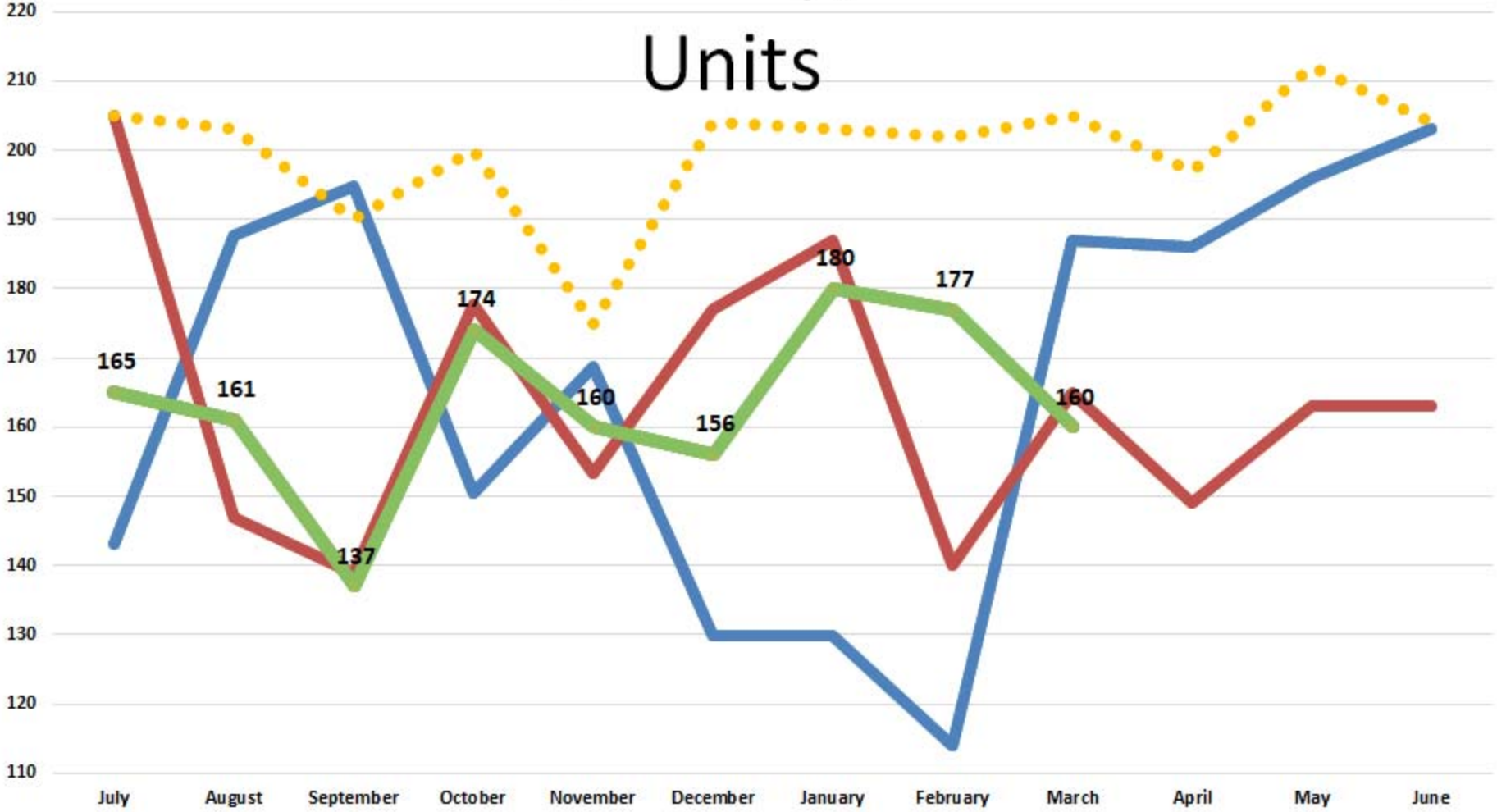
Rad Onc Hanford



Cath Lab (IP & OP) – 100 Min Units



Cath Lab (IP Only) – 100 Min Units



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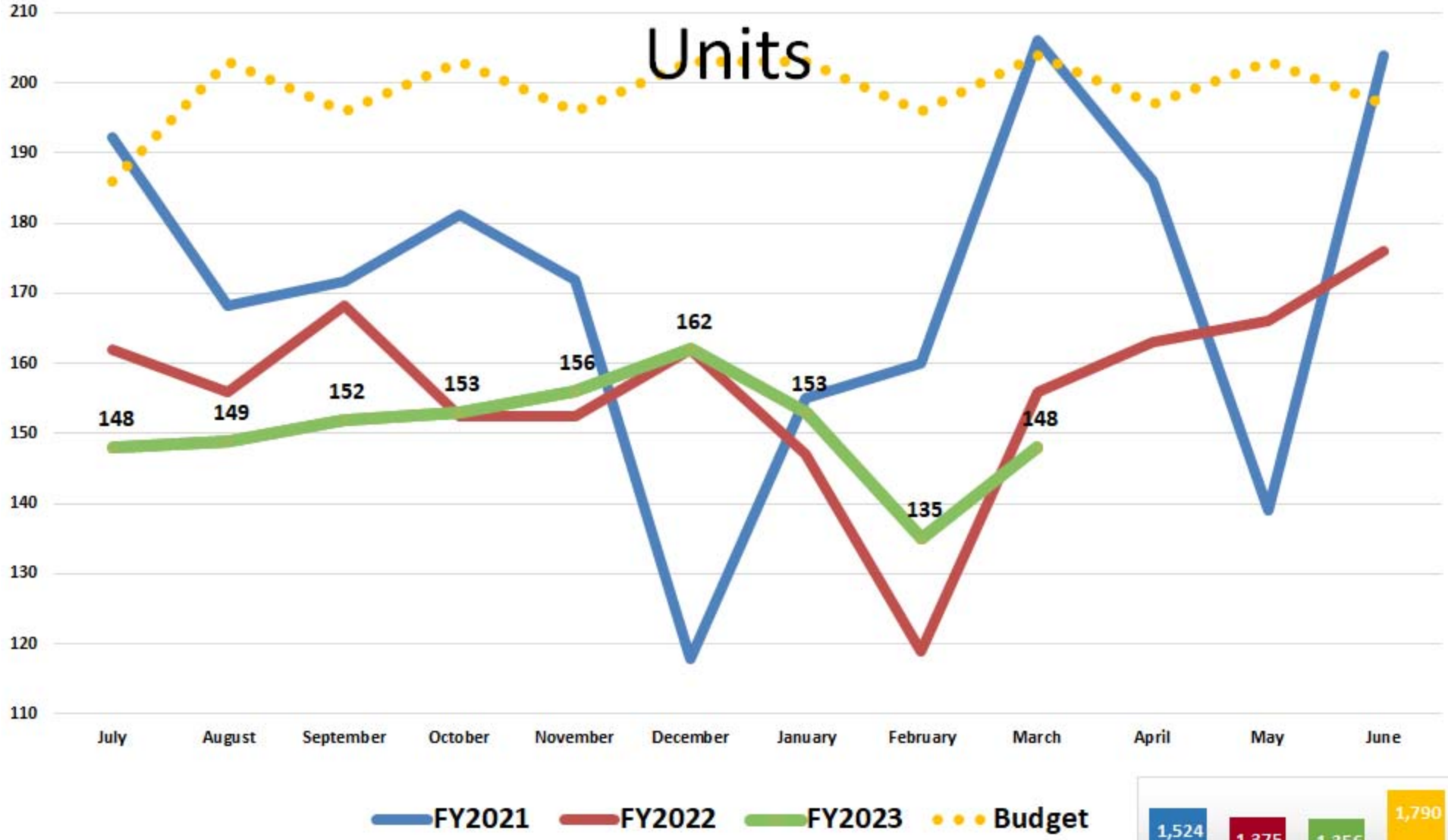
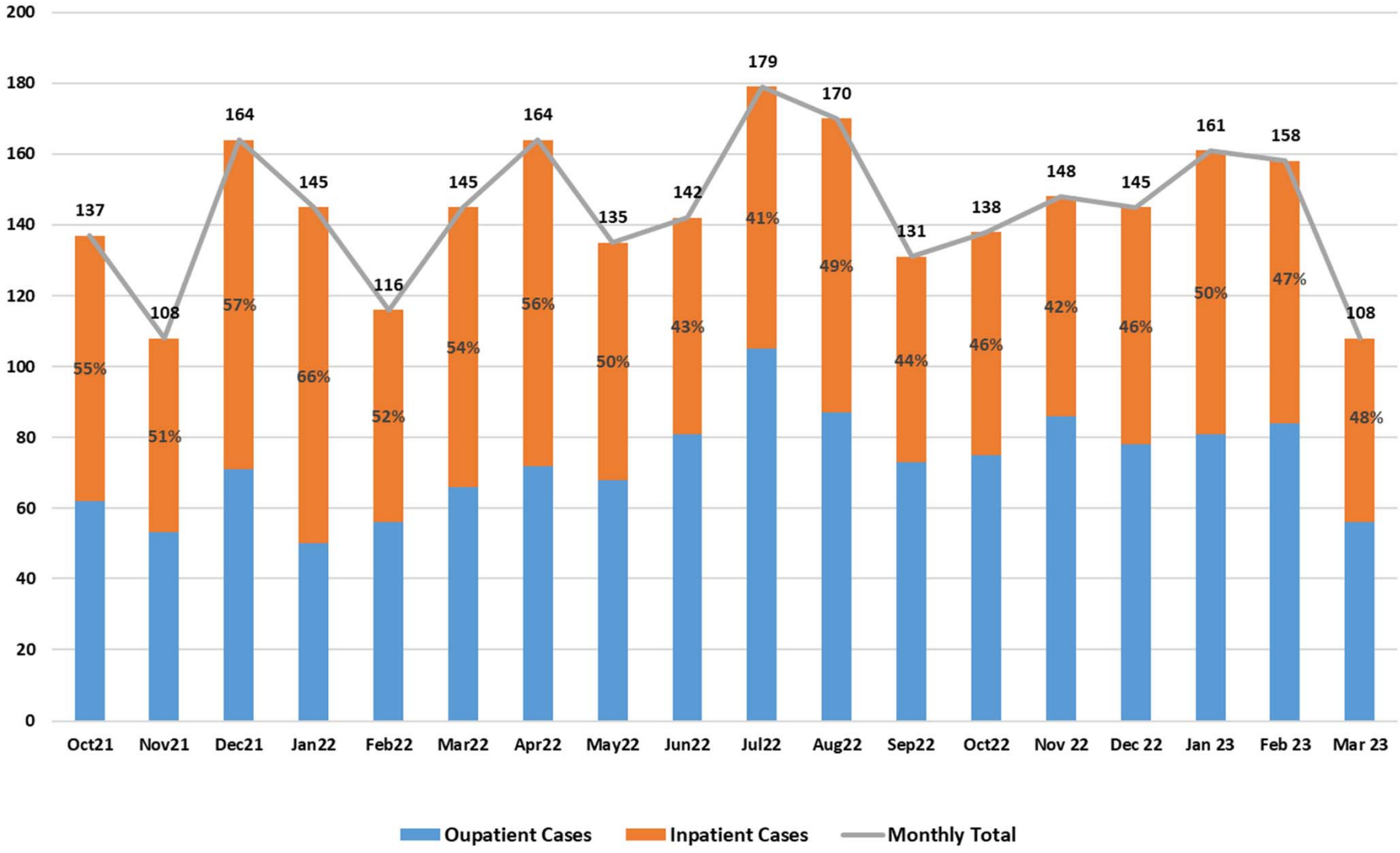
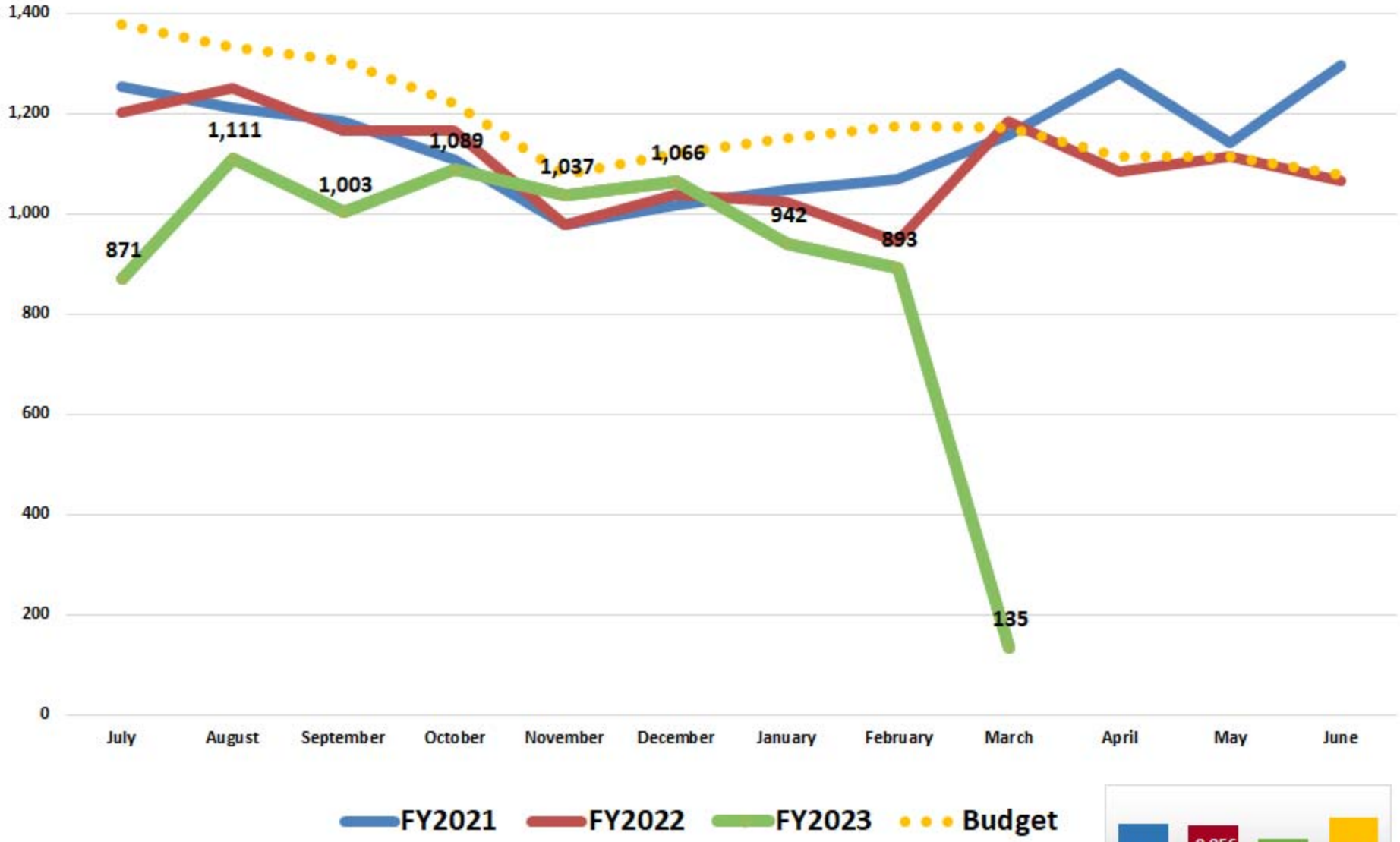
Cath Lab (OP Only) – 100 Min Units

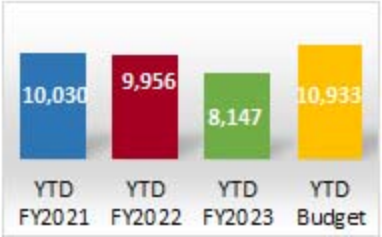


Cath Lab Patients (HP & OP)

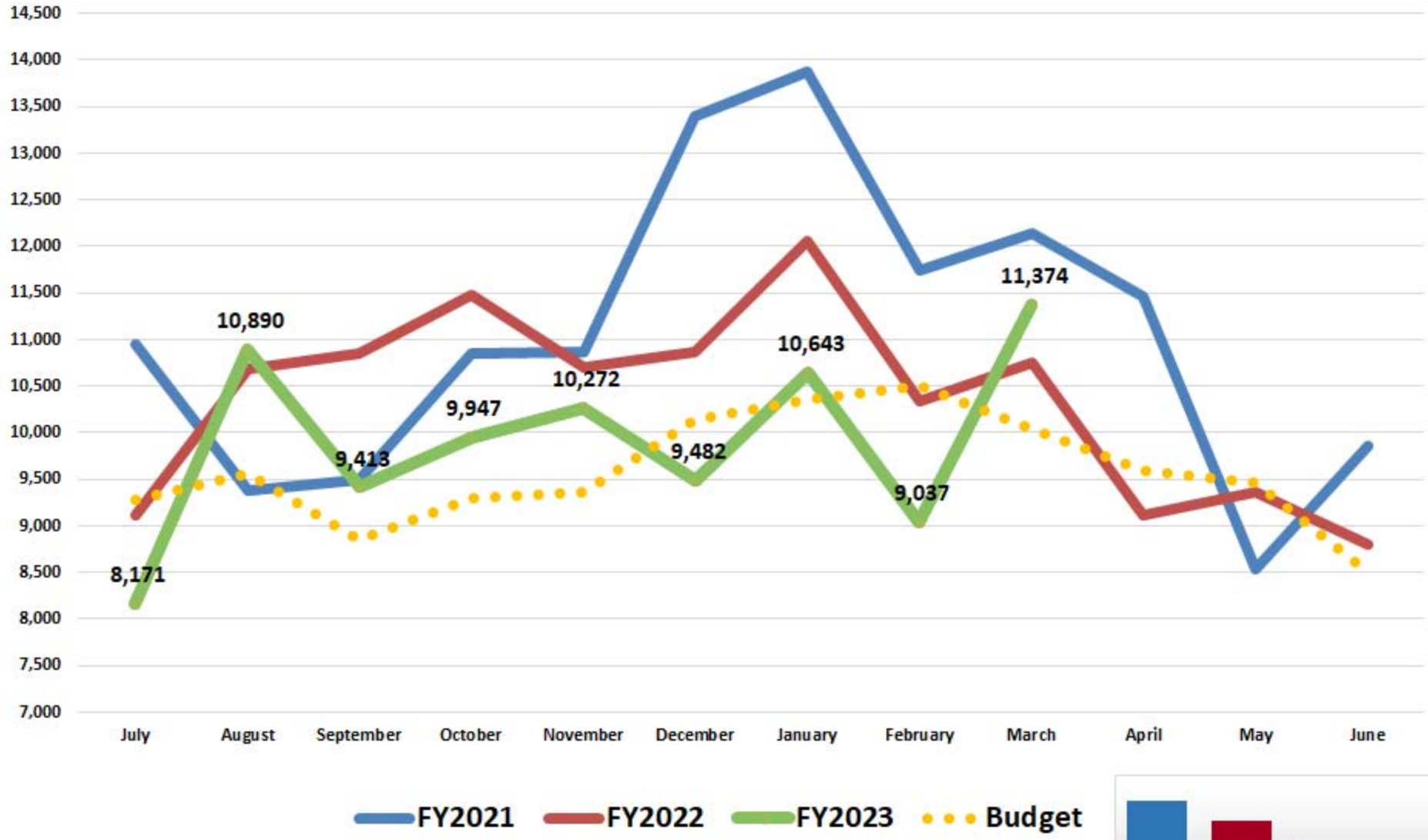


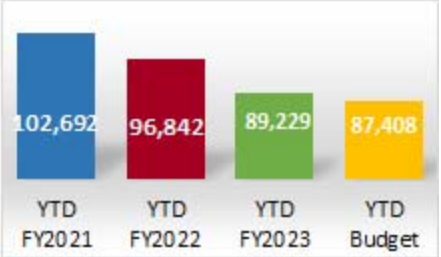
GME Family Medicine Clinic Visits



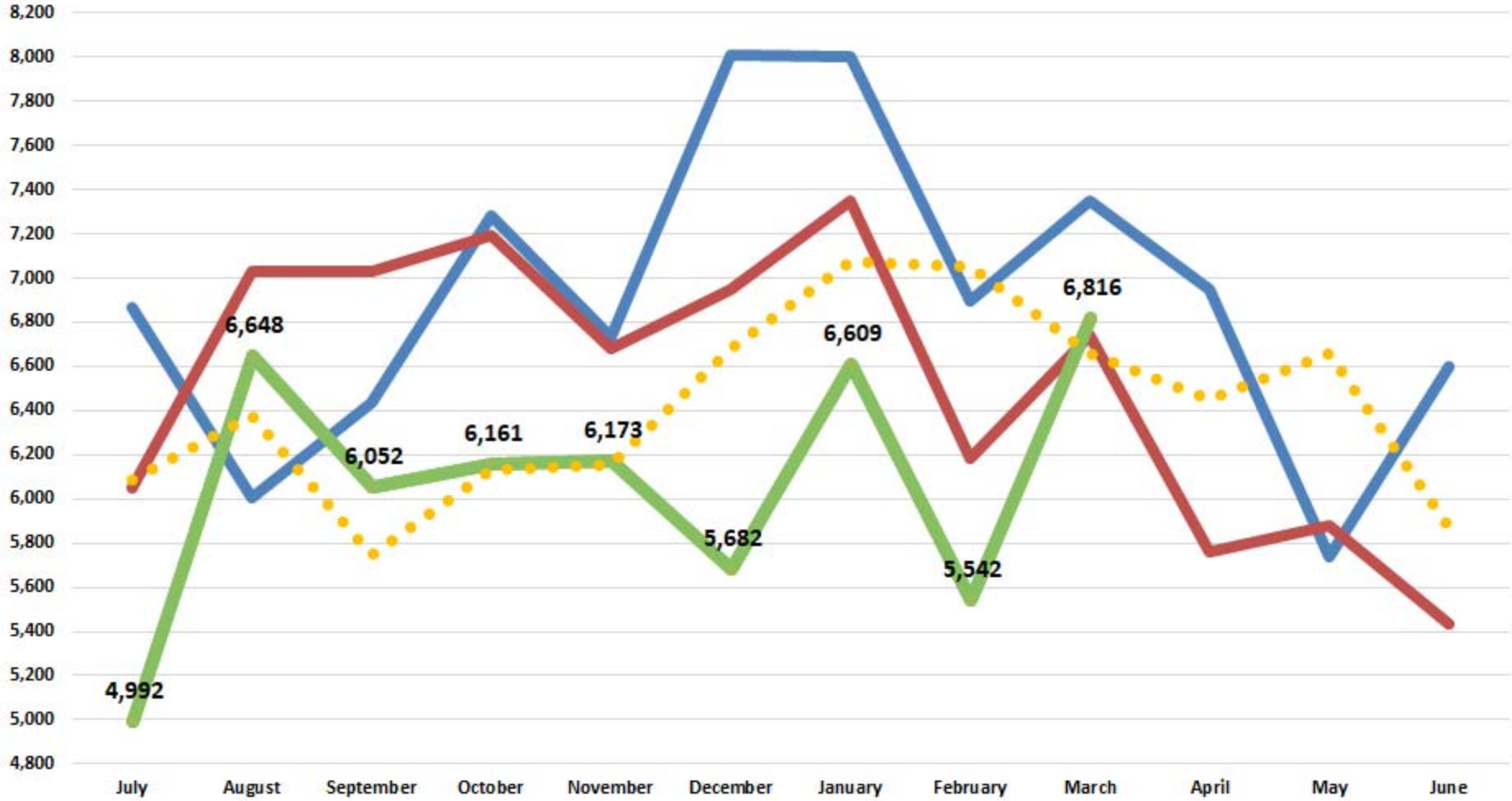


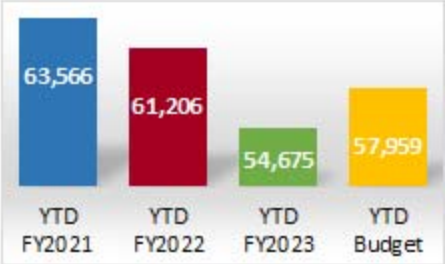
Rural Health Clinics Registrations



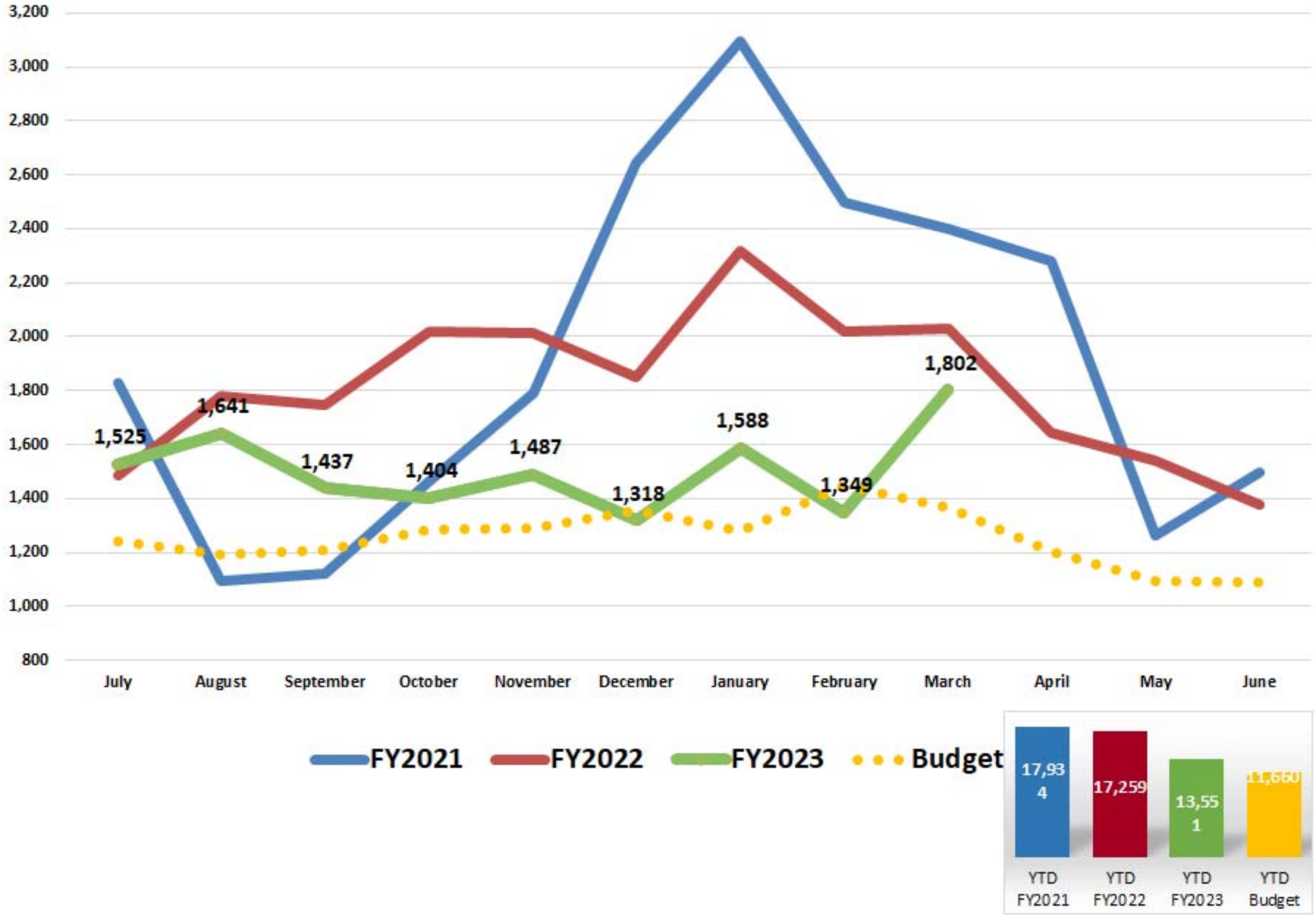


RHC Exeter - Registrations

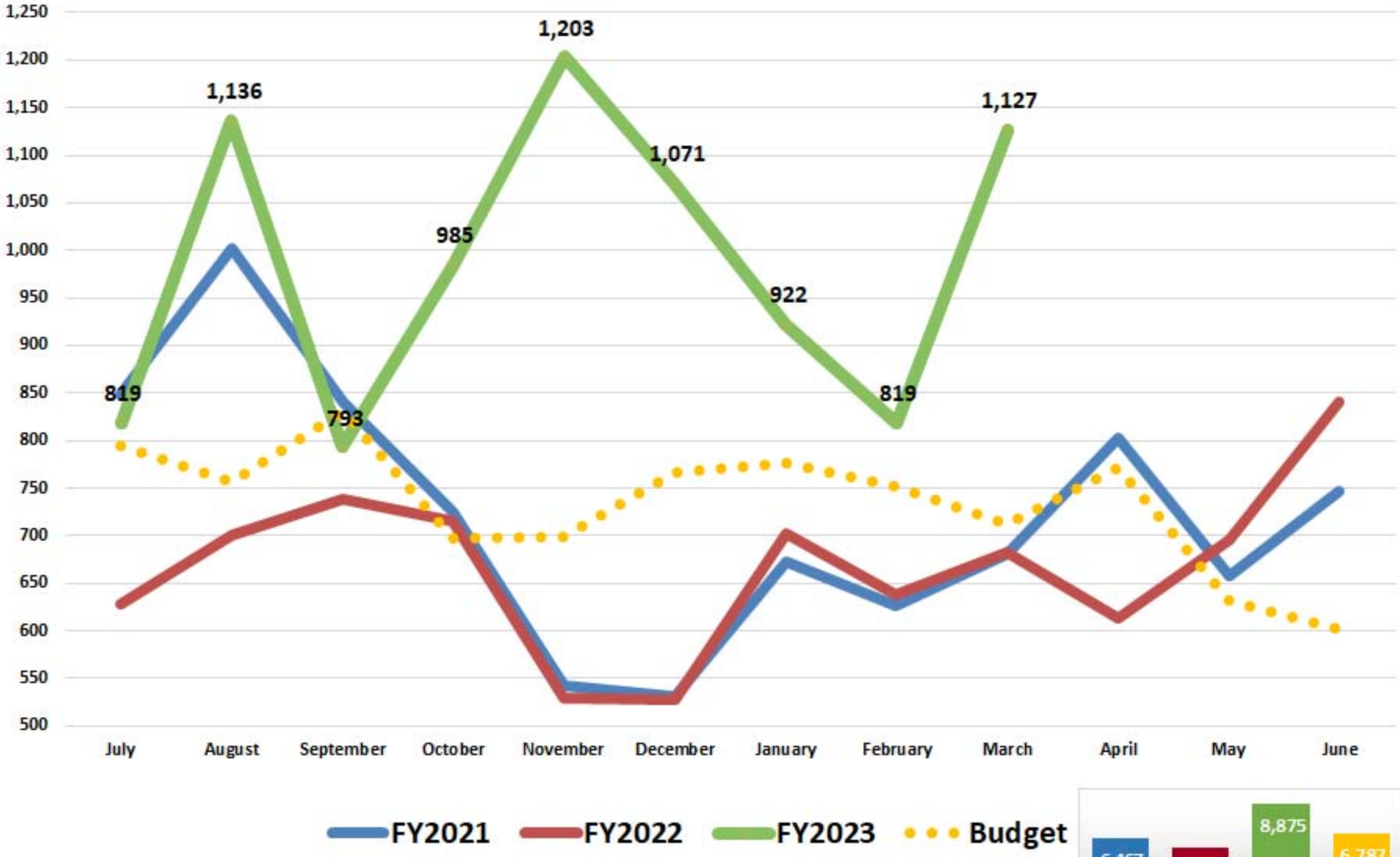


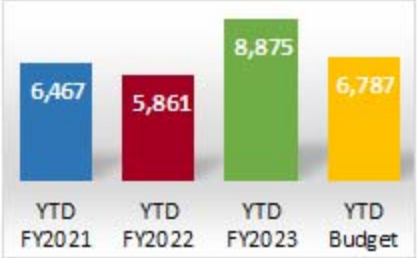


RHC Lindsay - Registrations

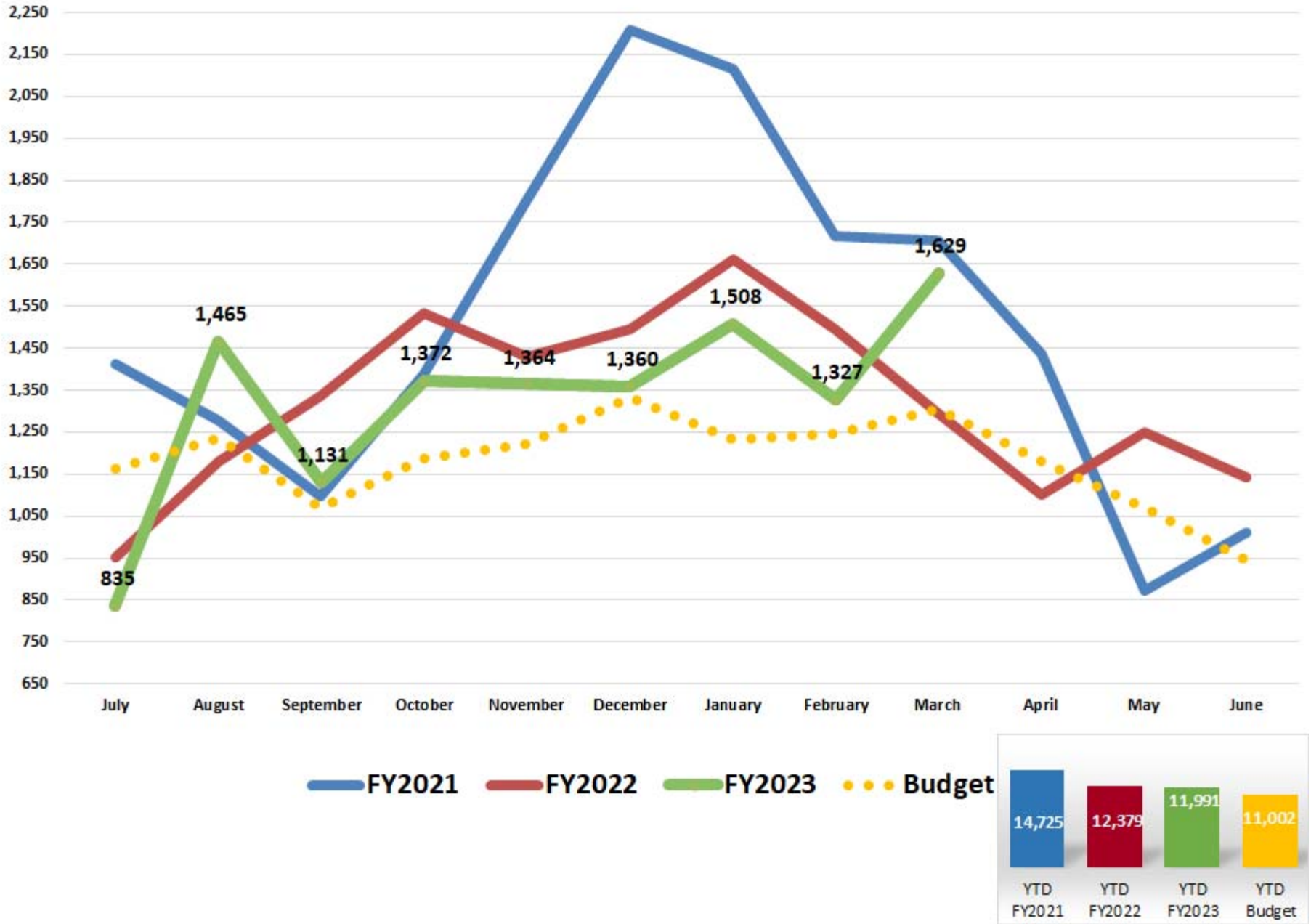


RHC Woodlake - Registrations

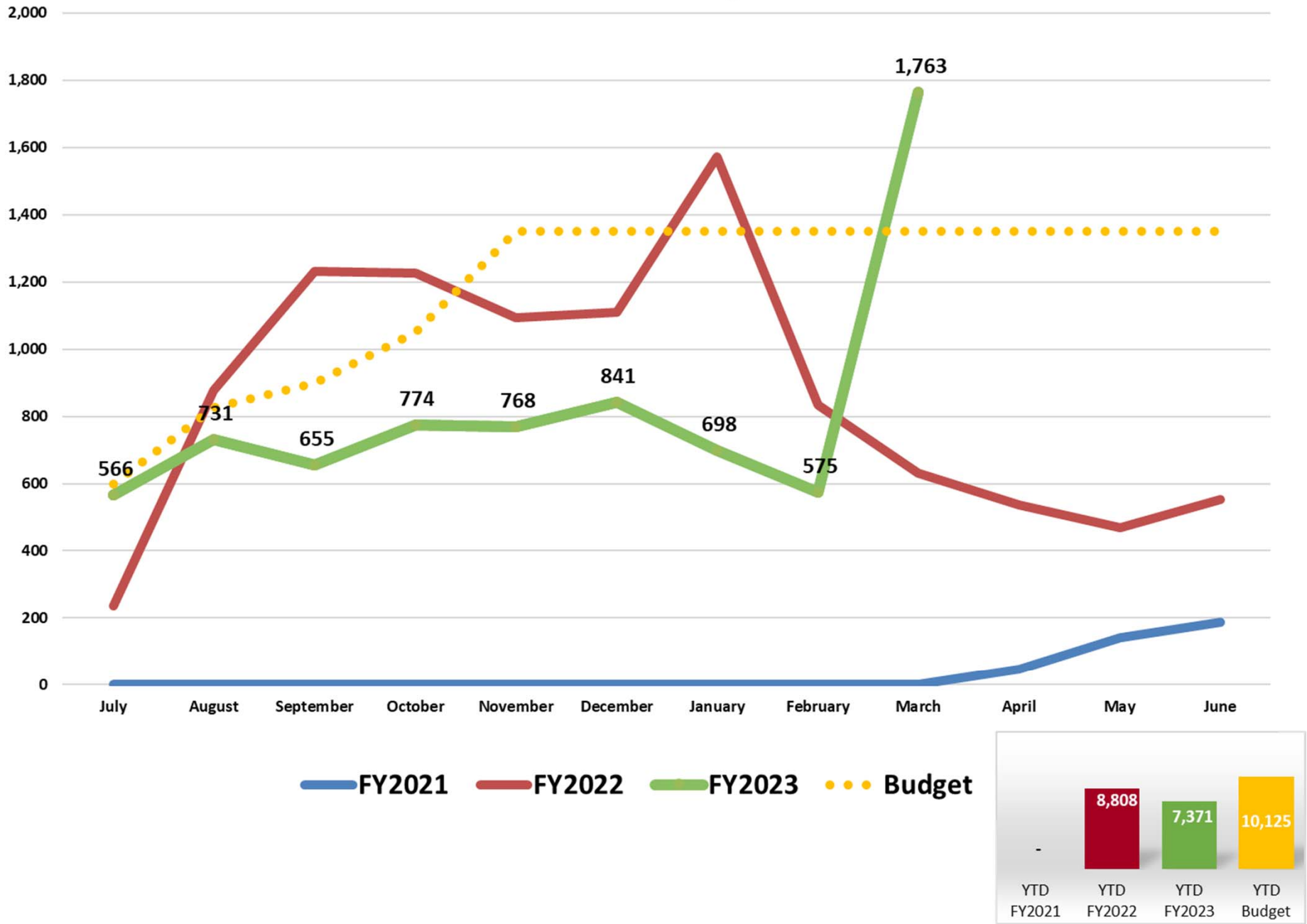




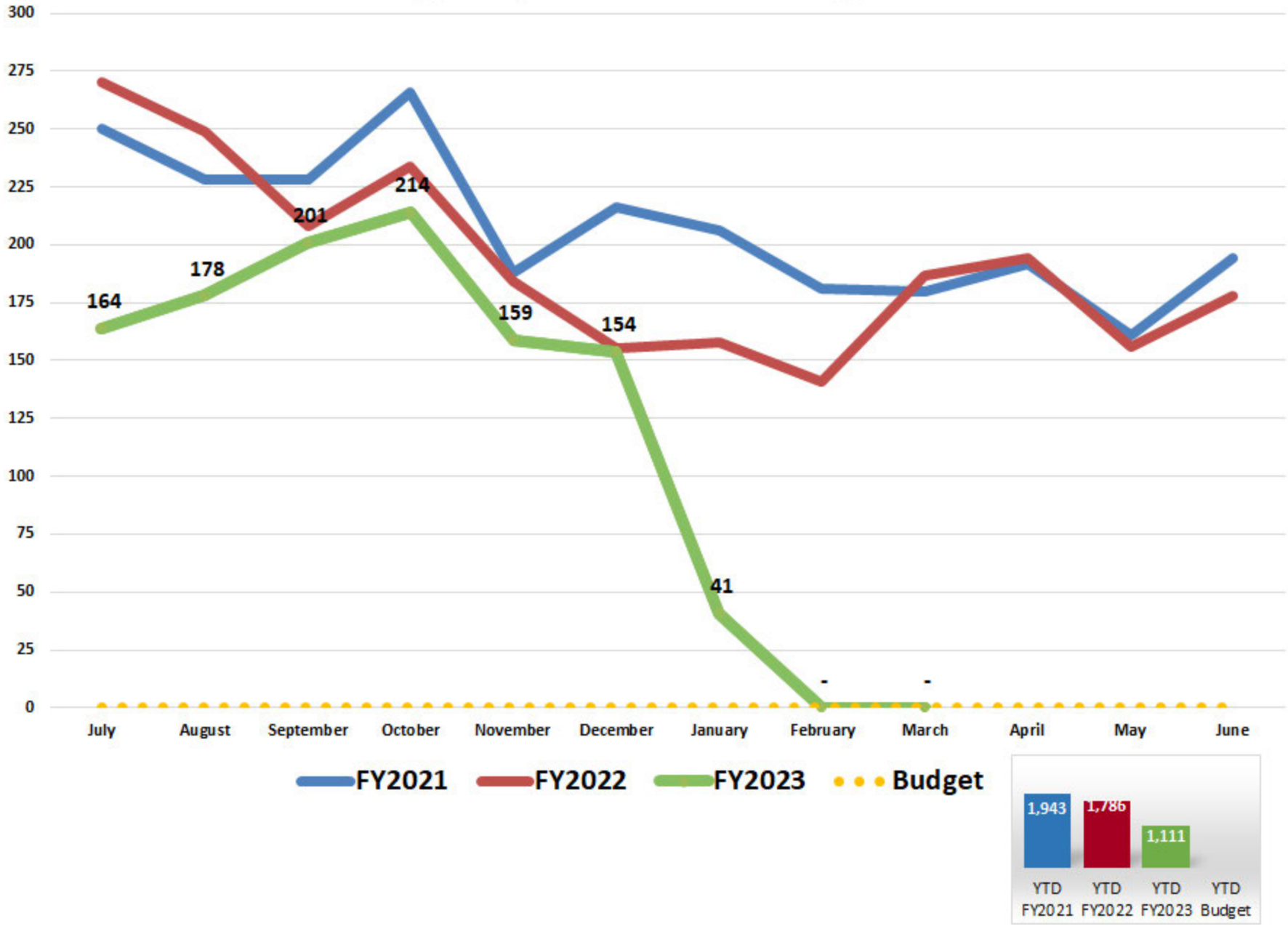
RHC Dinuba - Registrations



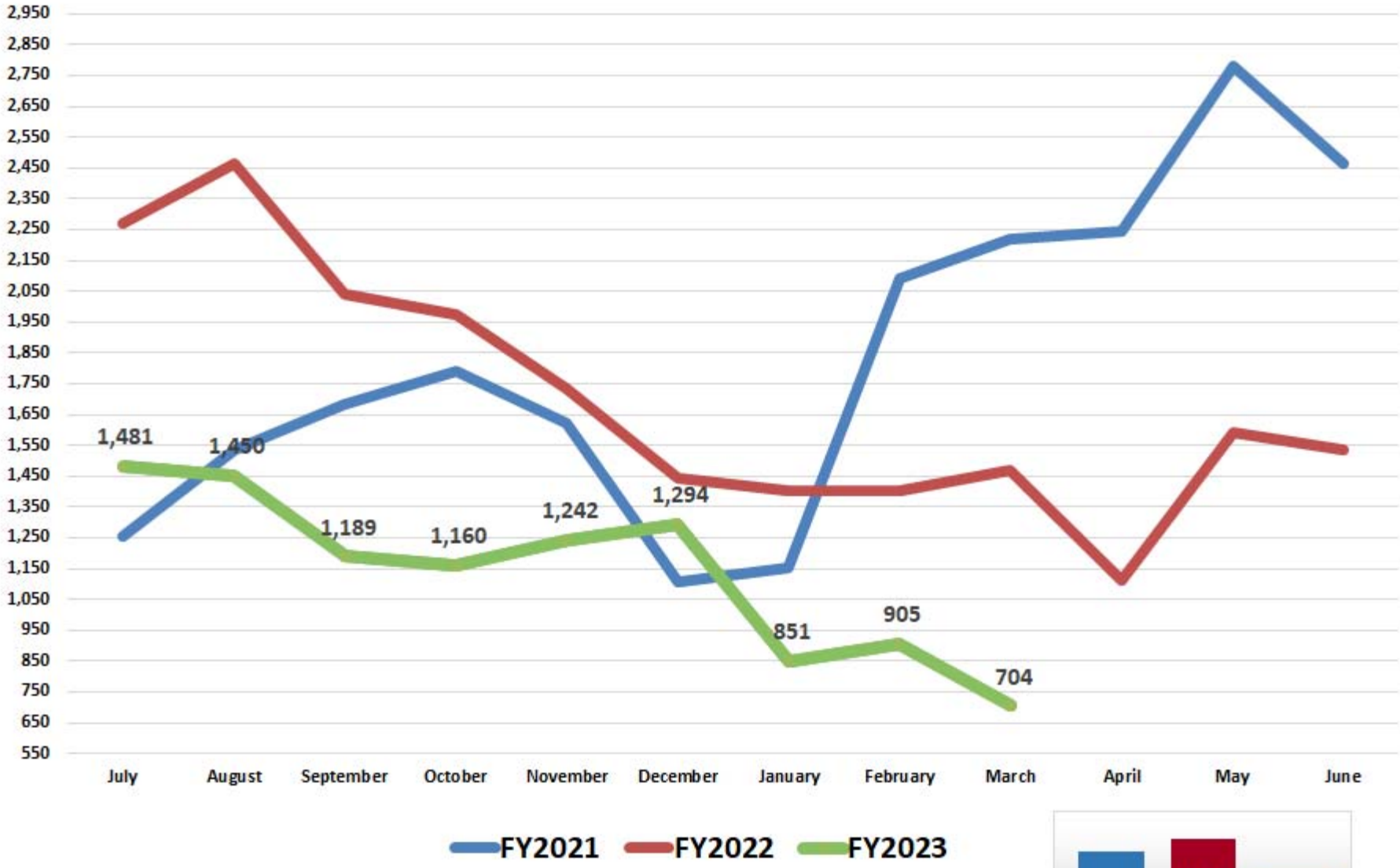
RHC Tulare - Registrations

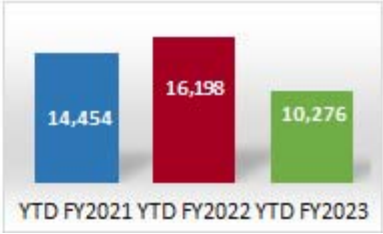


Neurosurgery Clinic Registrations

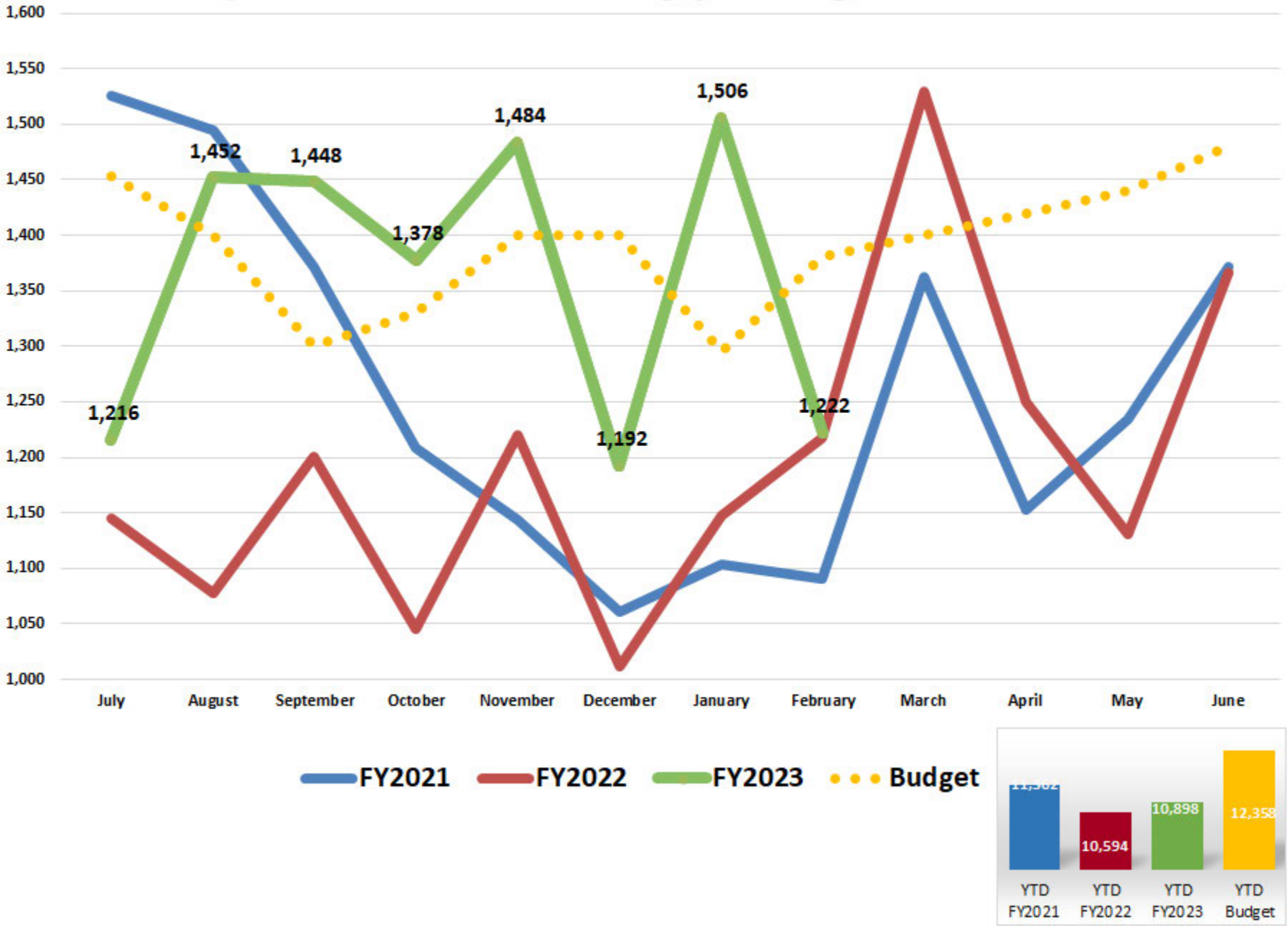


Neurosurgery Clinic - wRVU's

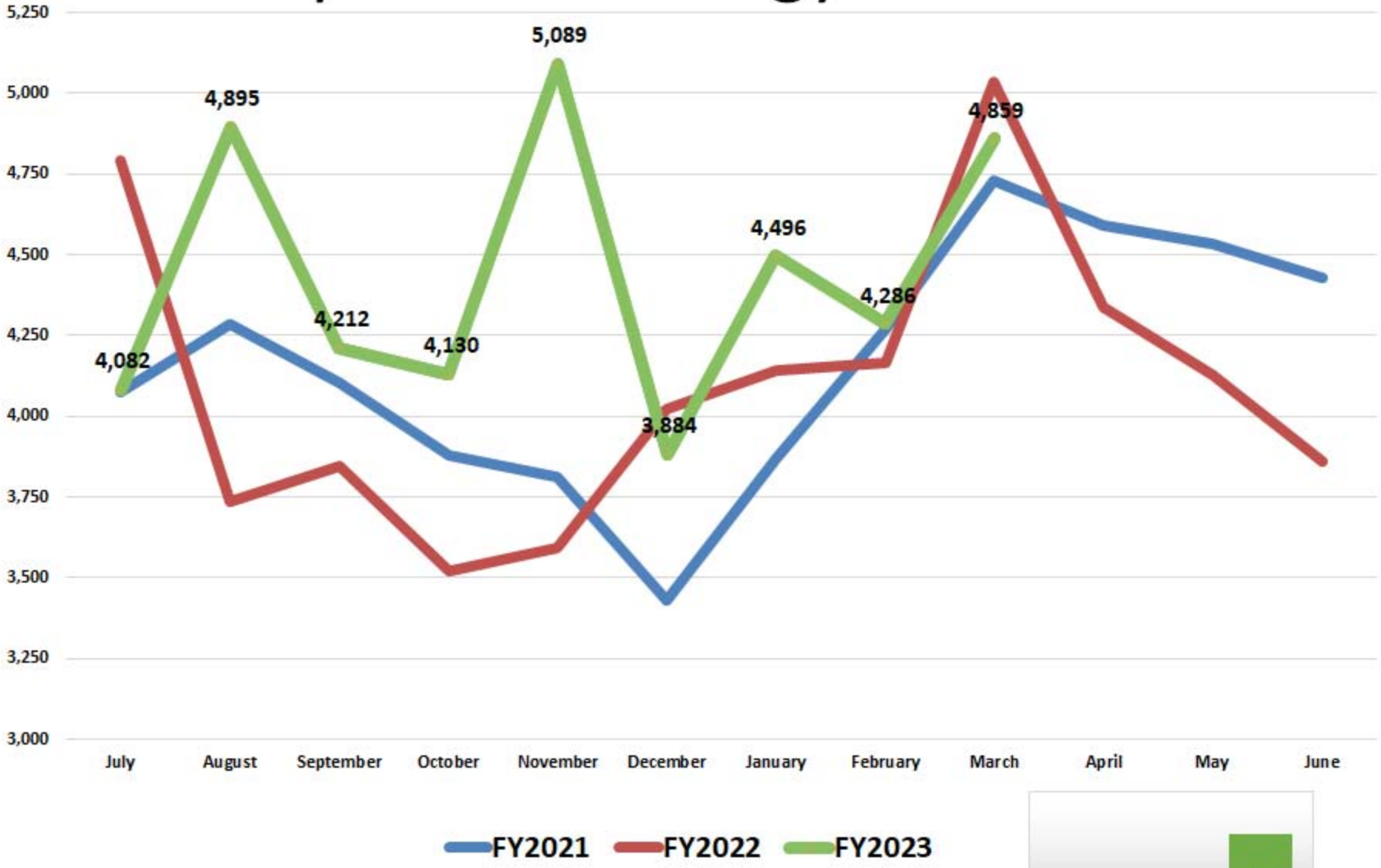


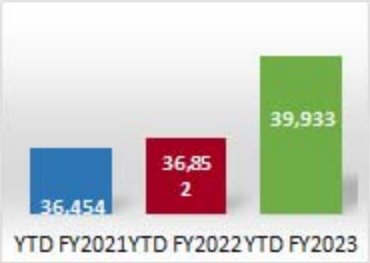


Sequoia Cardiology Registrations

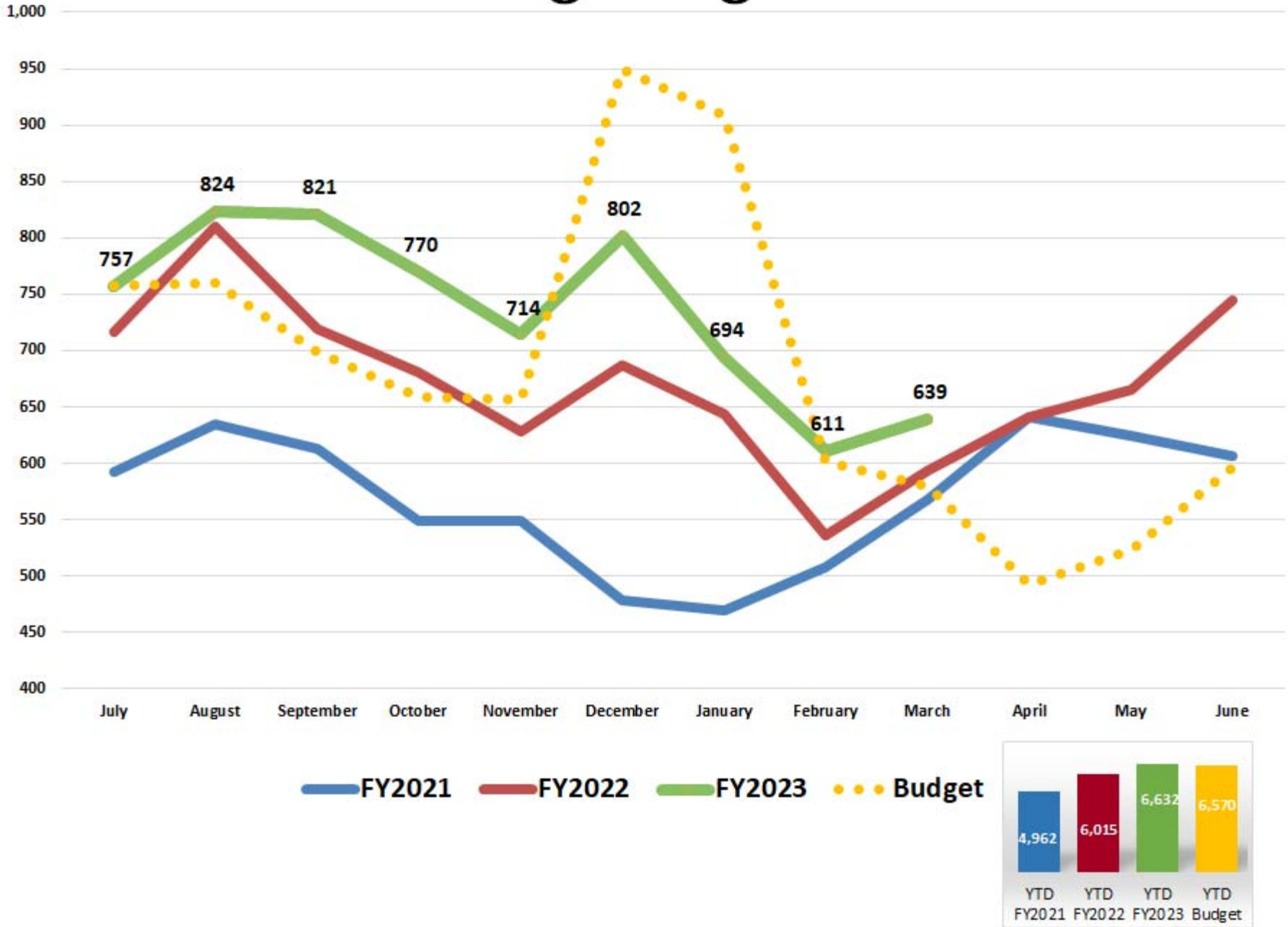


Sequoia Cardiology - wRVU's

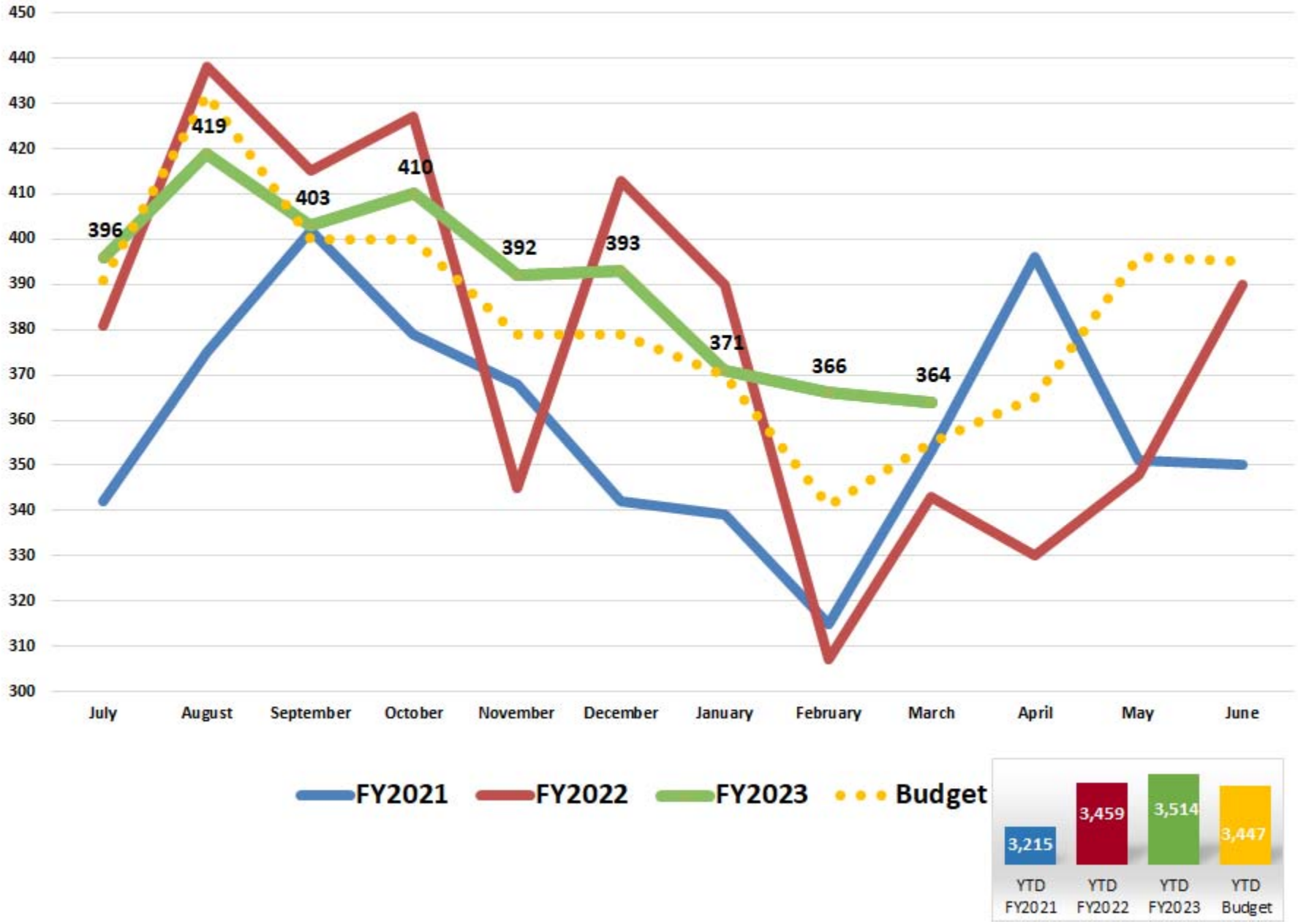




Labor Triage Registrations



Deliveries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360
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330
320
310
300
396
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403
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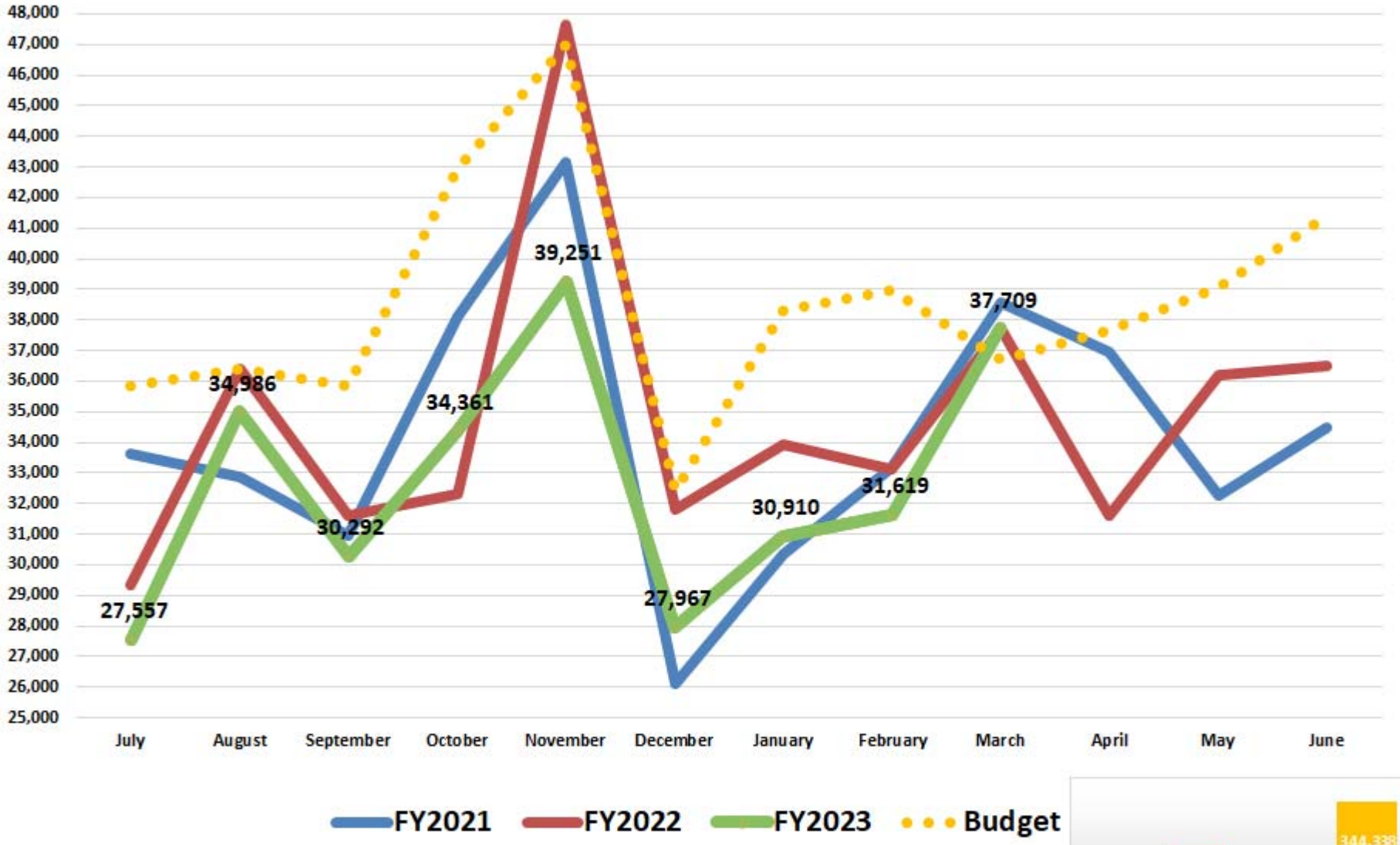
393
371
366
364
July
August
September
October
November
December
January
February
March
April
May
June
FY2021
FY2022
FY2023
Budget
3,215
3,459
3,514
3,447
YTD FY2021
YTD FY2022
YTD FY2023
YTD Budget

KHMG RVU's


48,000
47,000
46,000
45,000
44,000
43,000
42,000
41,000
40,000
39,000
38,000
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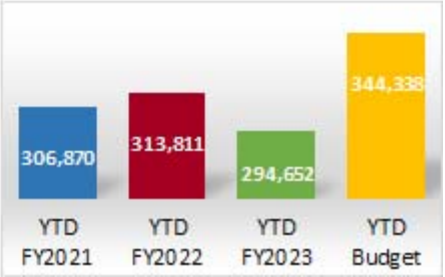
27,557
34,986
30,292
34,361
39,251
27,967
30,910
31,619
37,709
July
August
September
October
November
December
January
February
March
April
May
June
FY2021
FY2022
FY2023
Budget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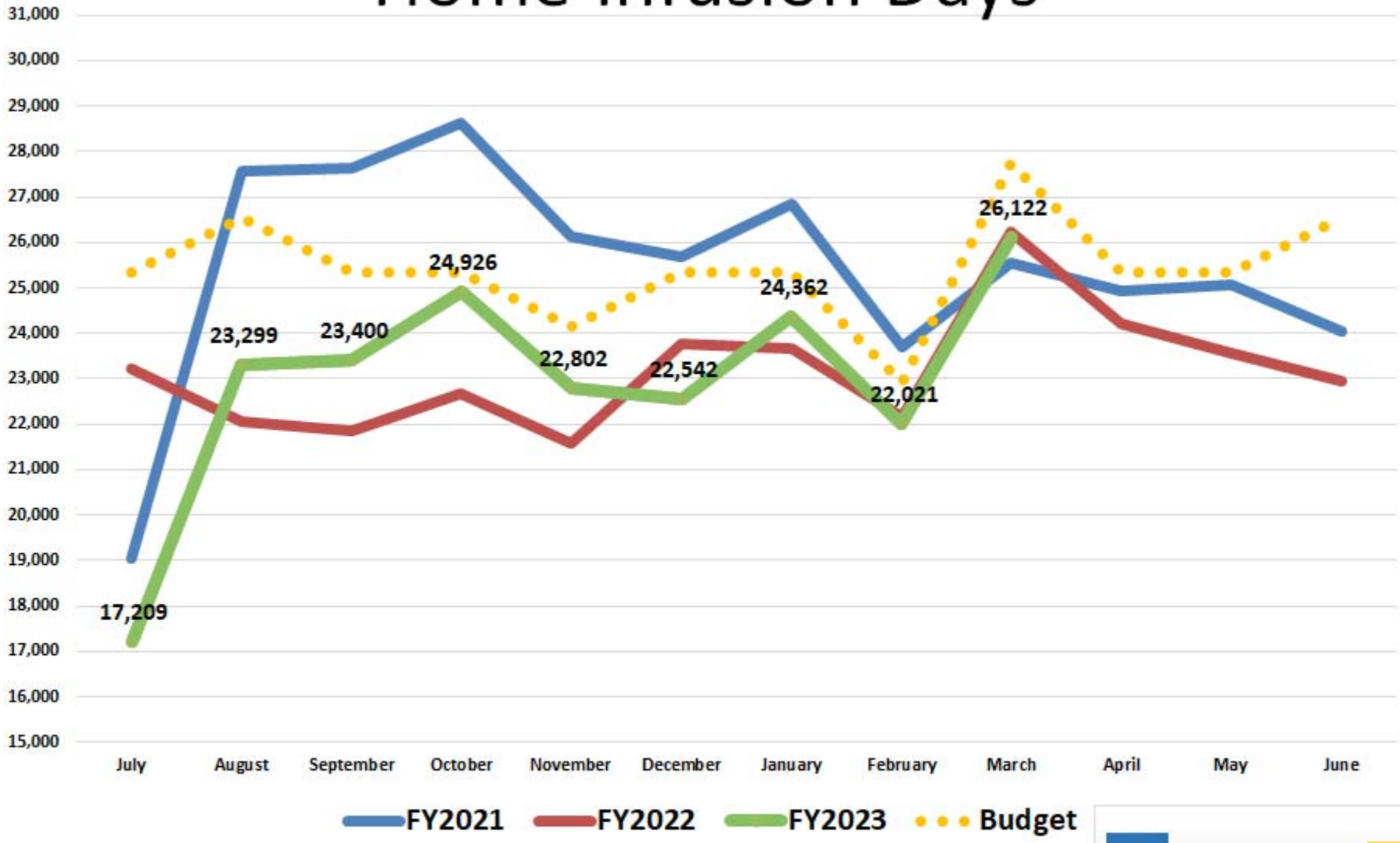
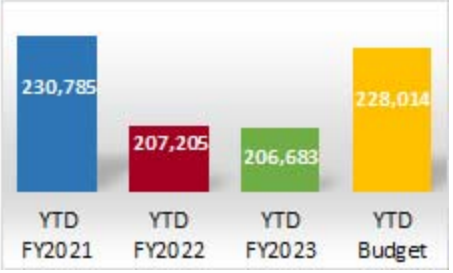
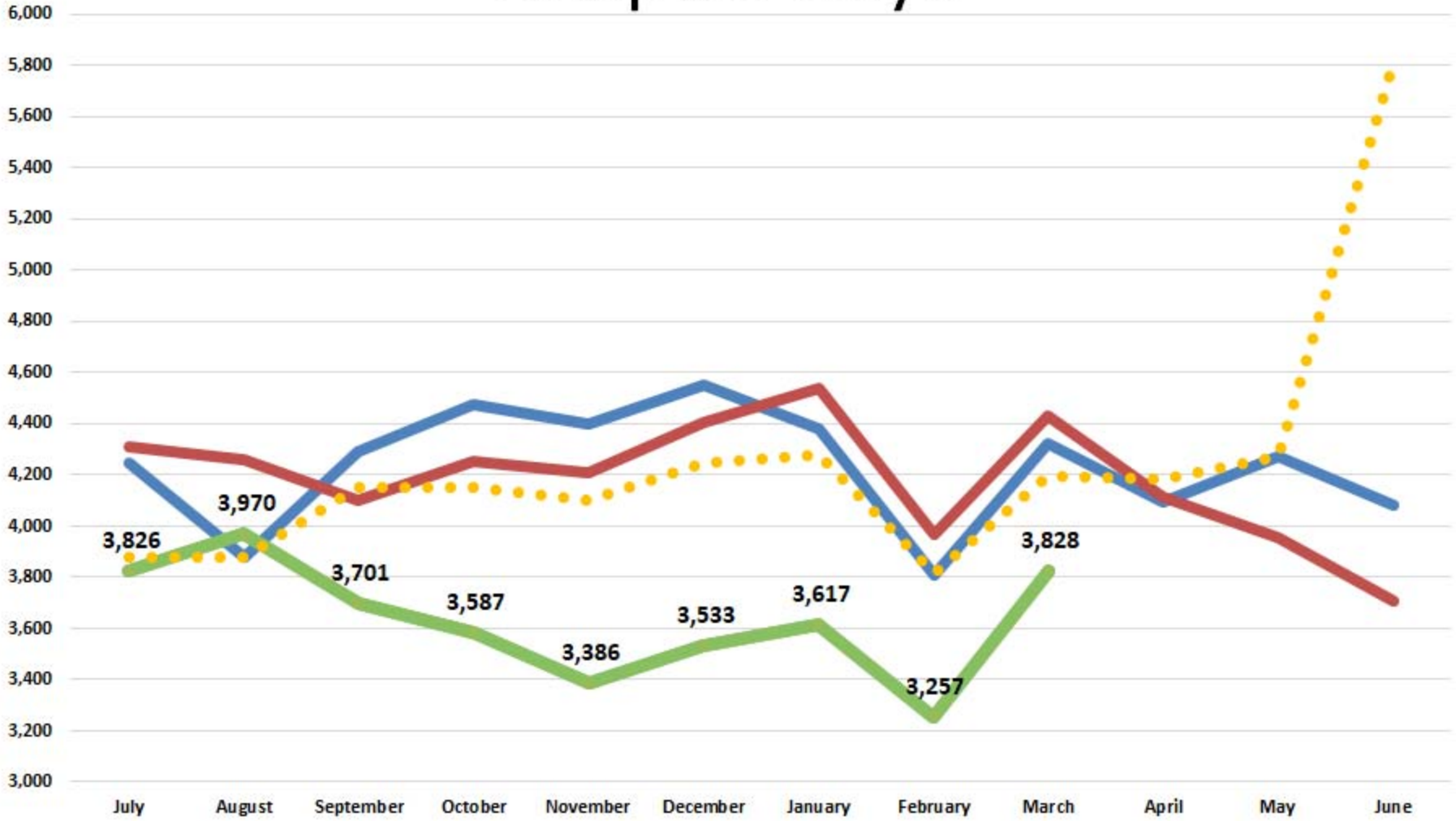
313,811
294,652
344,338
YTD FY2021
YTD FY2022
YTD FY2023
YTD Budget

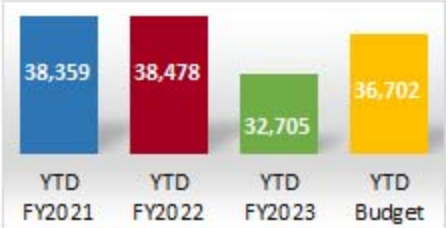
Home Infusion Days



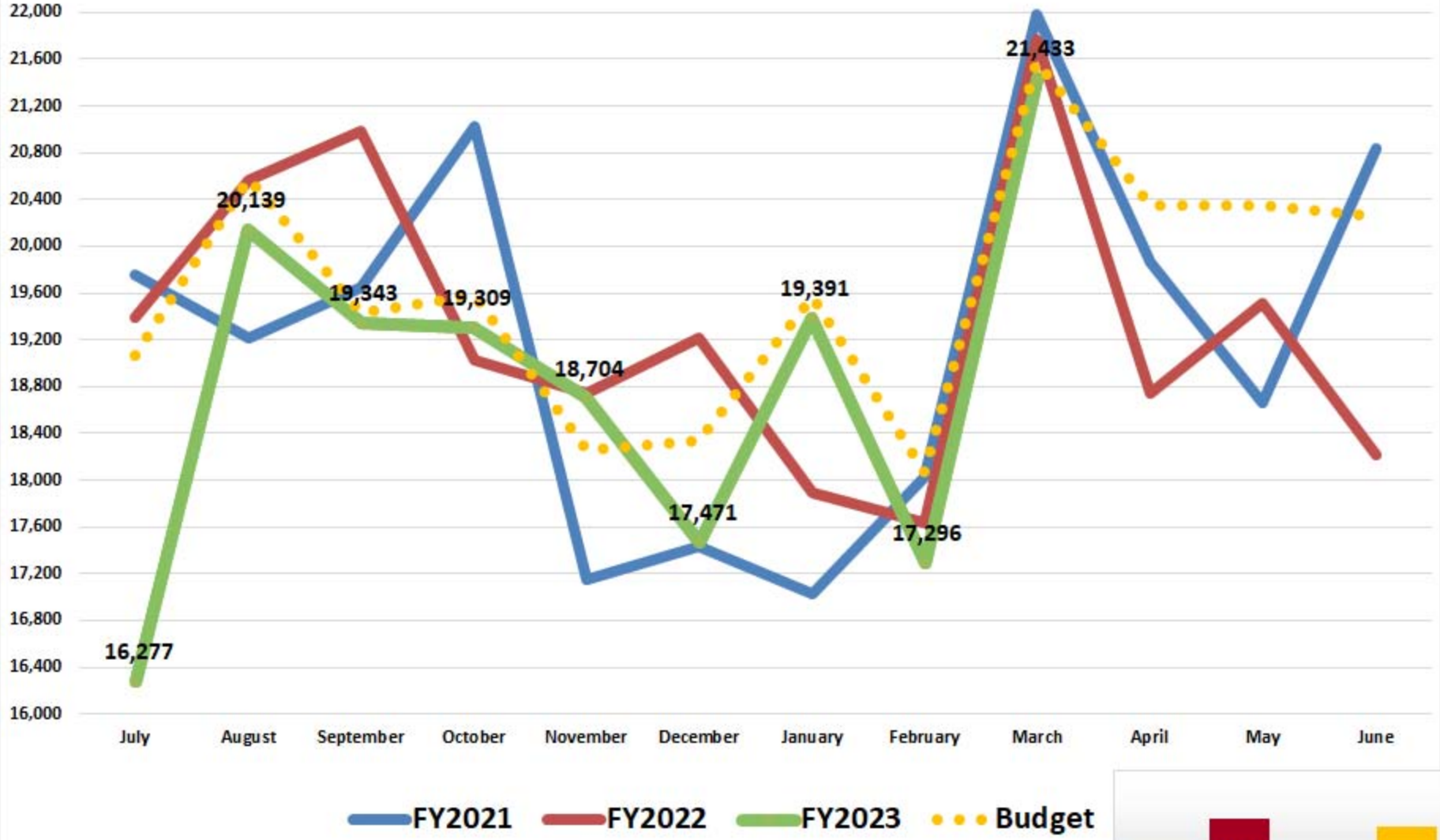


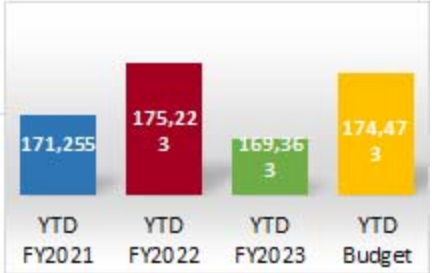
Hospice Days





All O/P Rehab Svcs Across District





O/P Rehab Services

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5,700
5,500
5,300
5,100
4,900
4,700
4,500
4,300
4,100
3,900
3,700
3,500
3,300

3,457
4,323
4,635
4,745
4,643
3,388
4,139
4,080
4,910

July August September October November December January February March April May June

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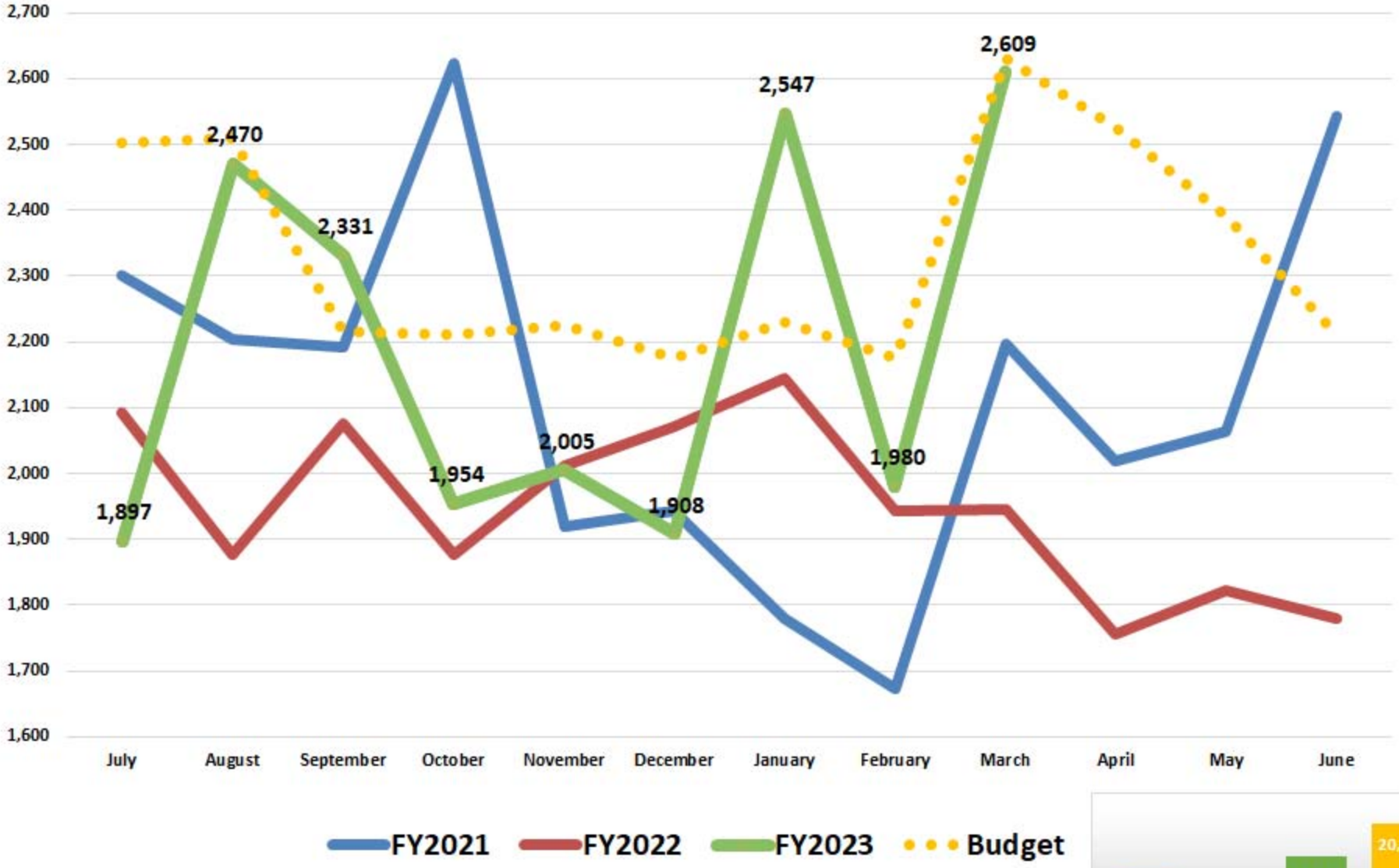
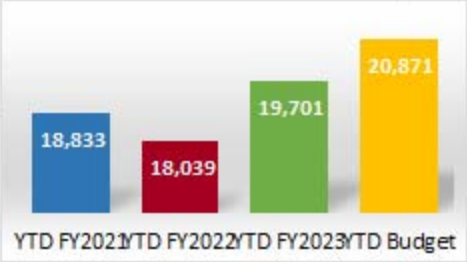
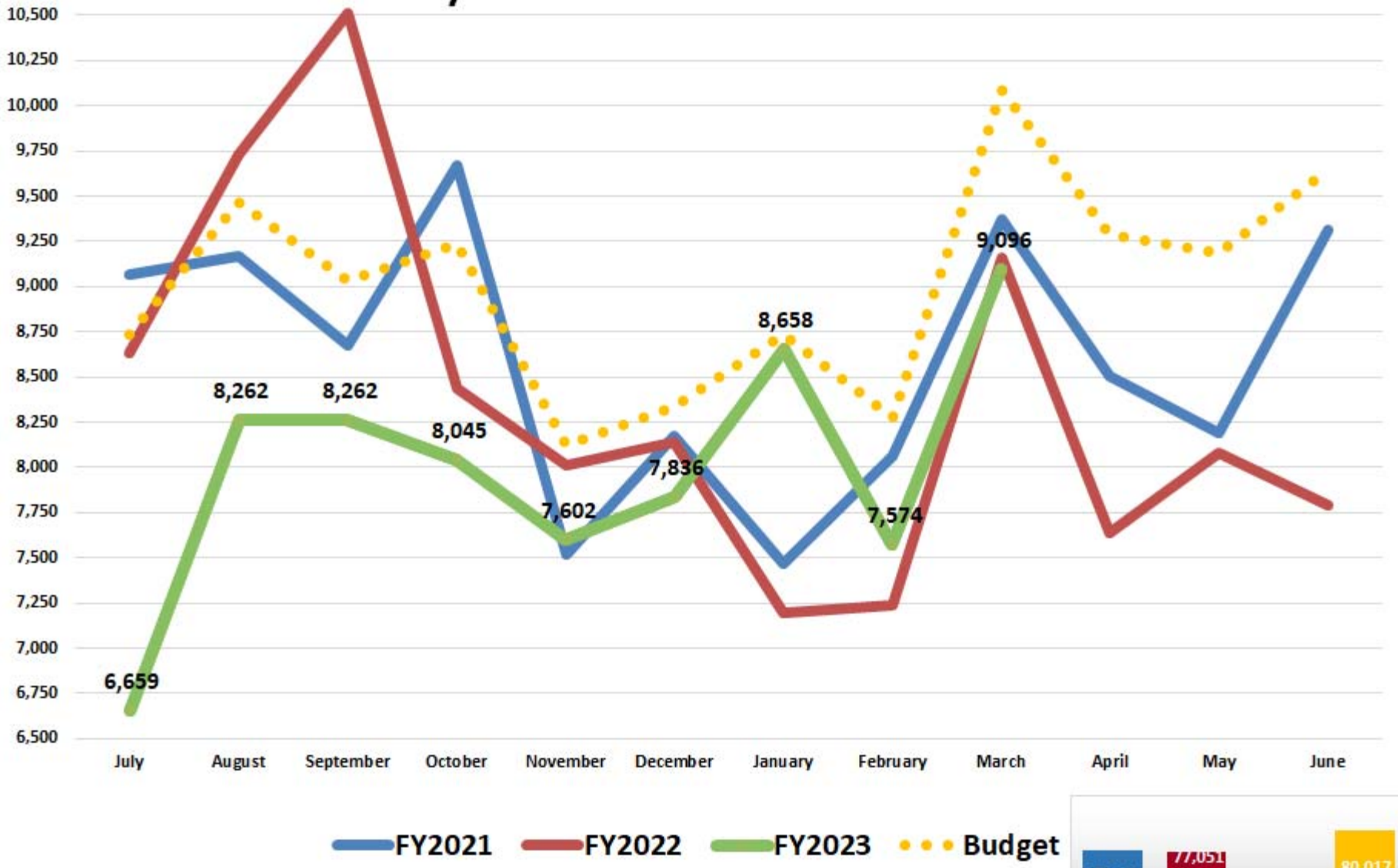
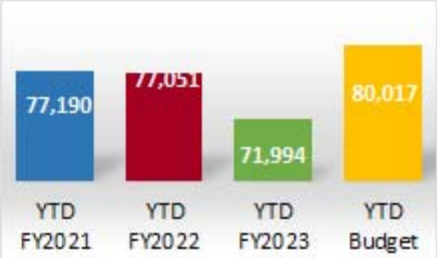
O/P Rehab - Exeter



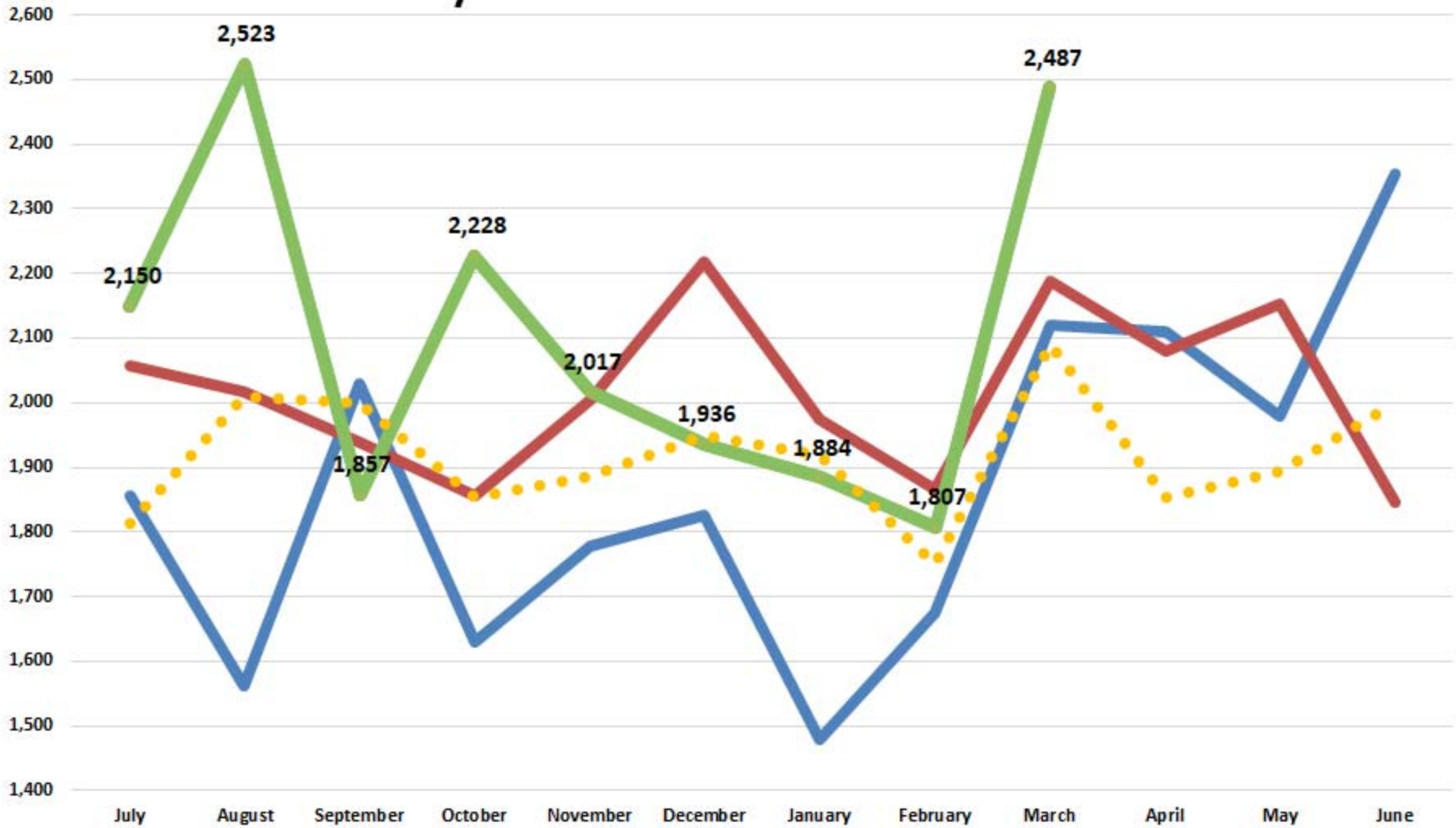


O/P Rehab - Akers





O/P Rehab - LLOPT



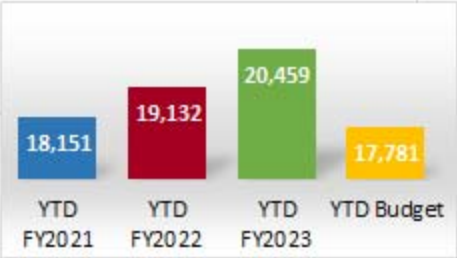
O/P Rehab - Dinuba

2,900
2,800
2,700
2,600
2,500
2,400
2,300
2,200
2,100
2,000
1,900
1,800
1,700
1,600

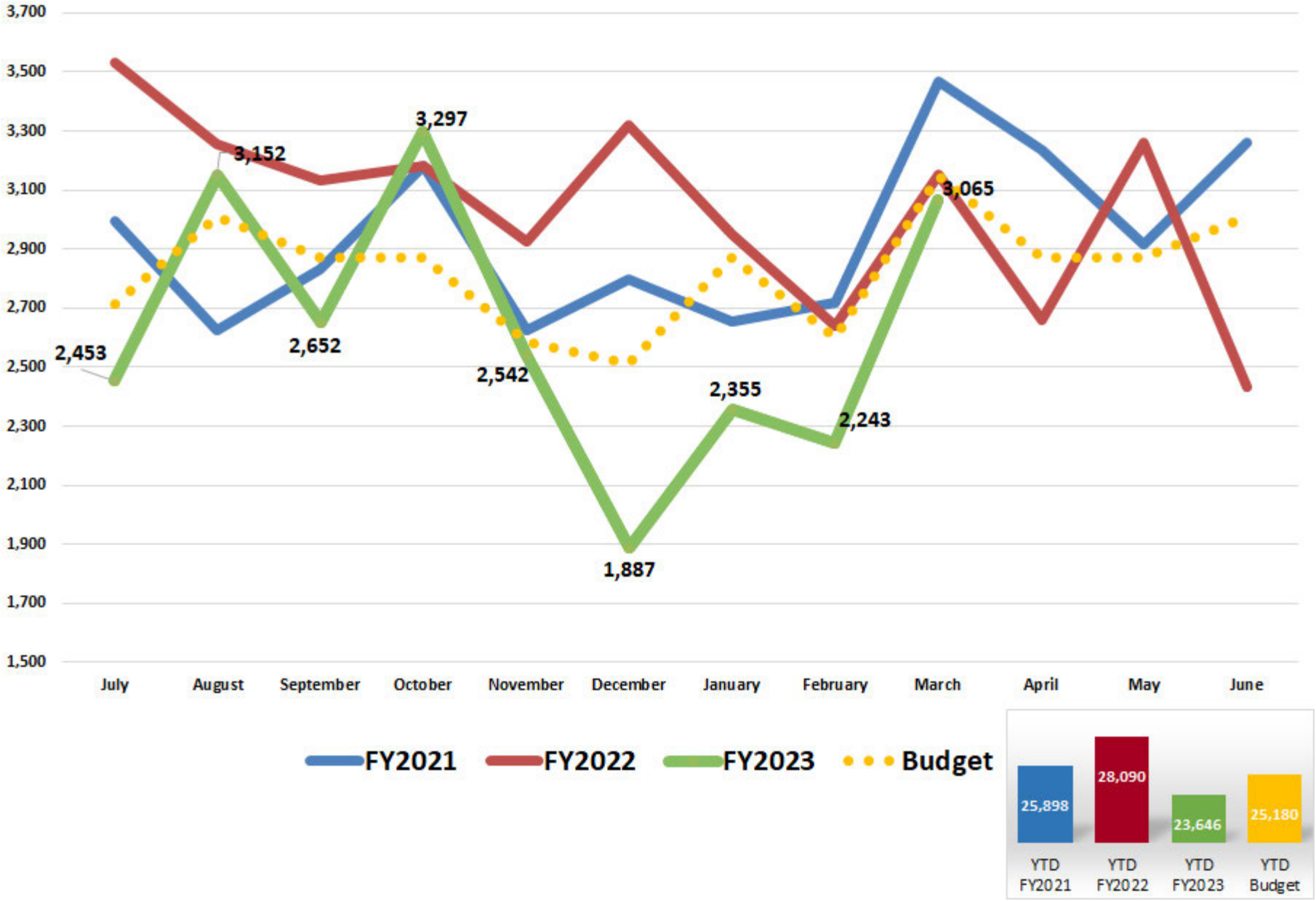
2,114 2,561 2,258 2,337 2,437 2,403 2,163 1,855 2,331

July August September October November December January February March April May June

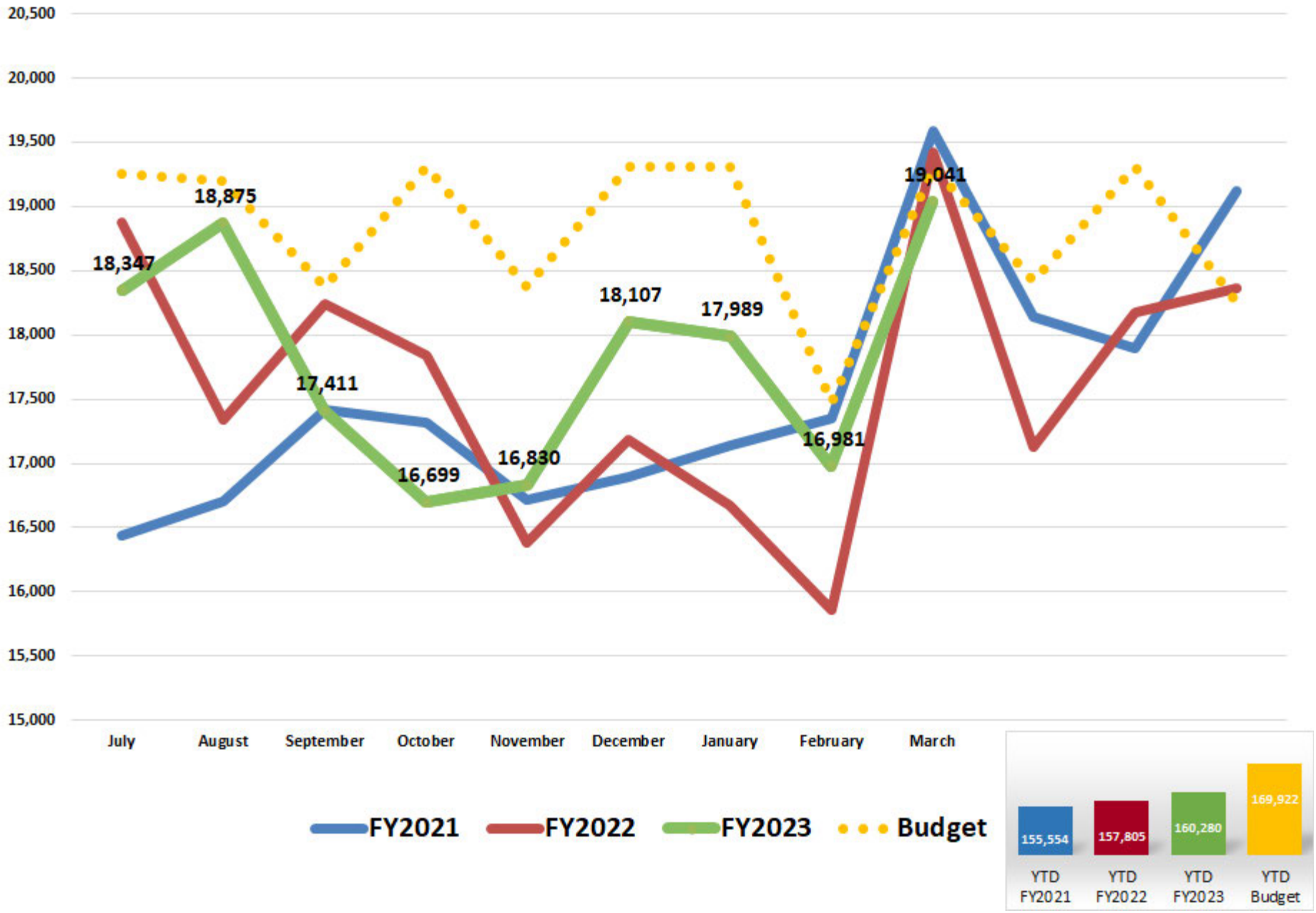
FY2021 FY2022 FY2023 Budget



Therapy - Cypress Hand Center

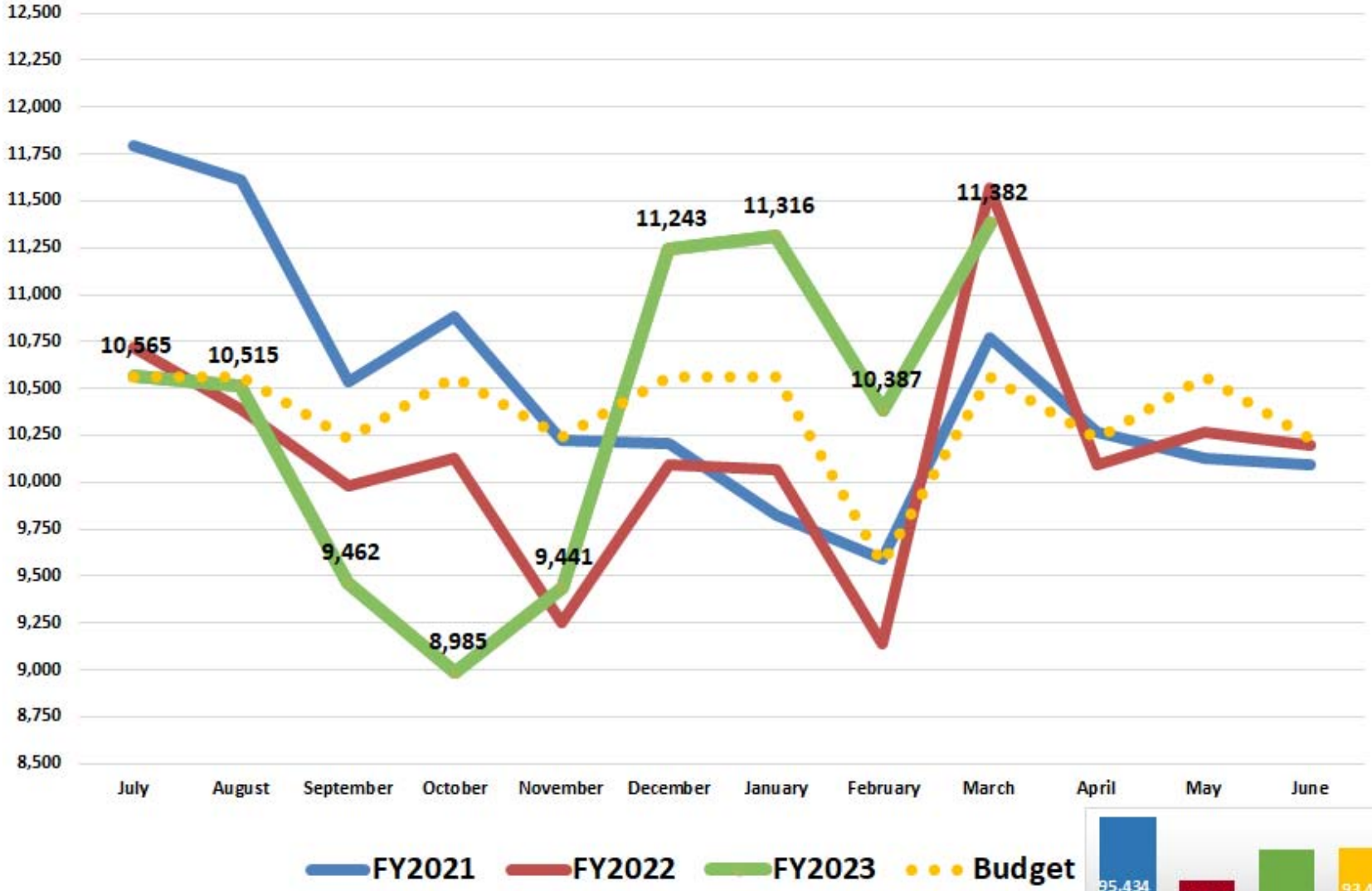


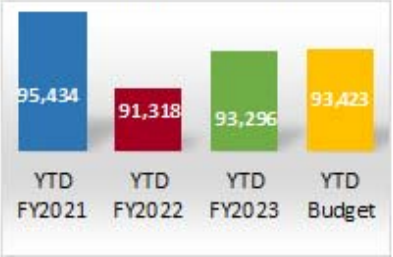
Physical & Other Therapy Units (I/P & O/P)



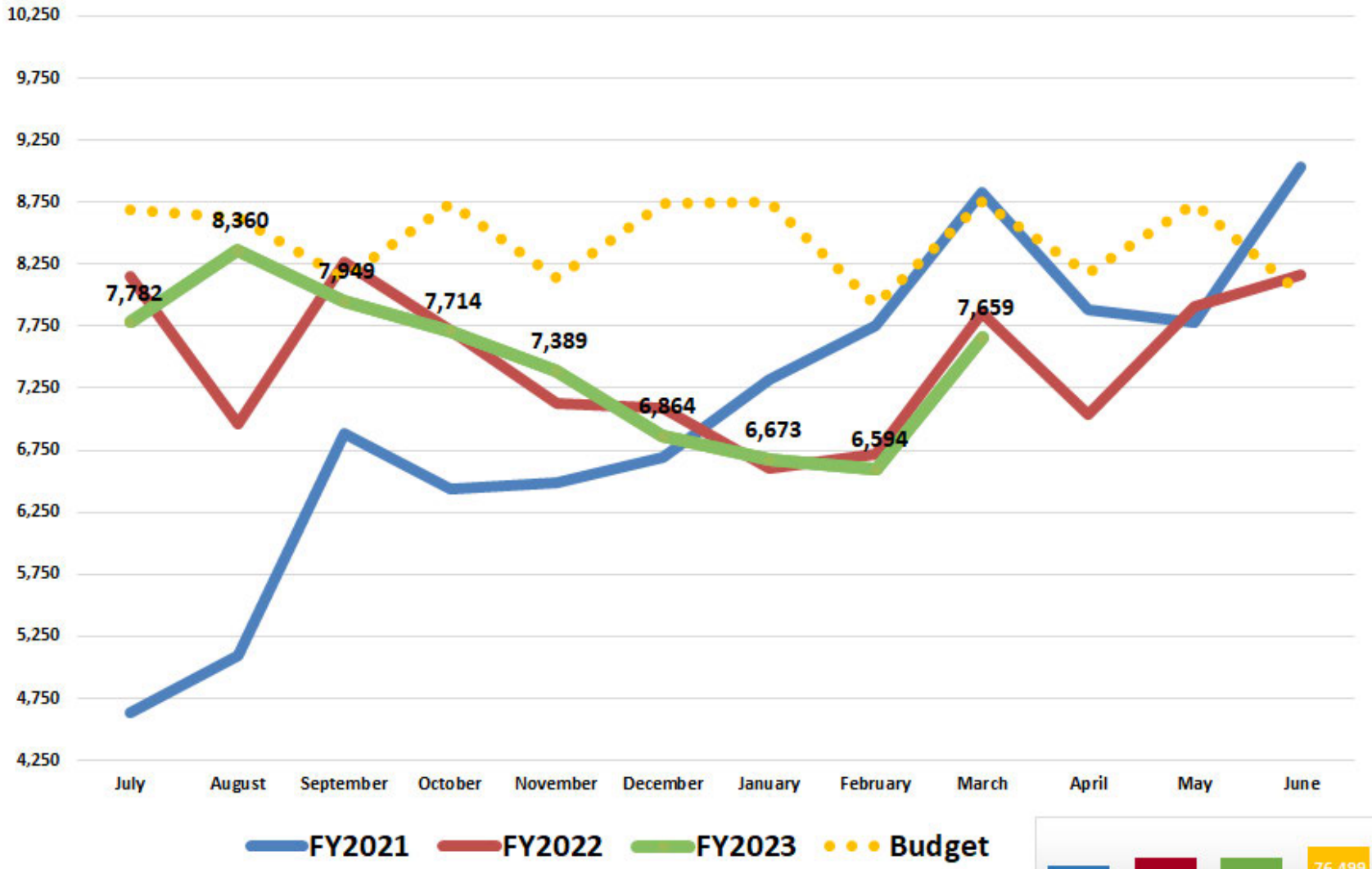
Physical & Other Therapy Units

(I/P & O/P)-Main Campus

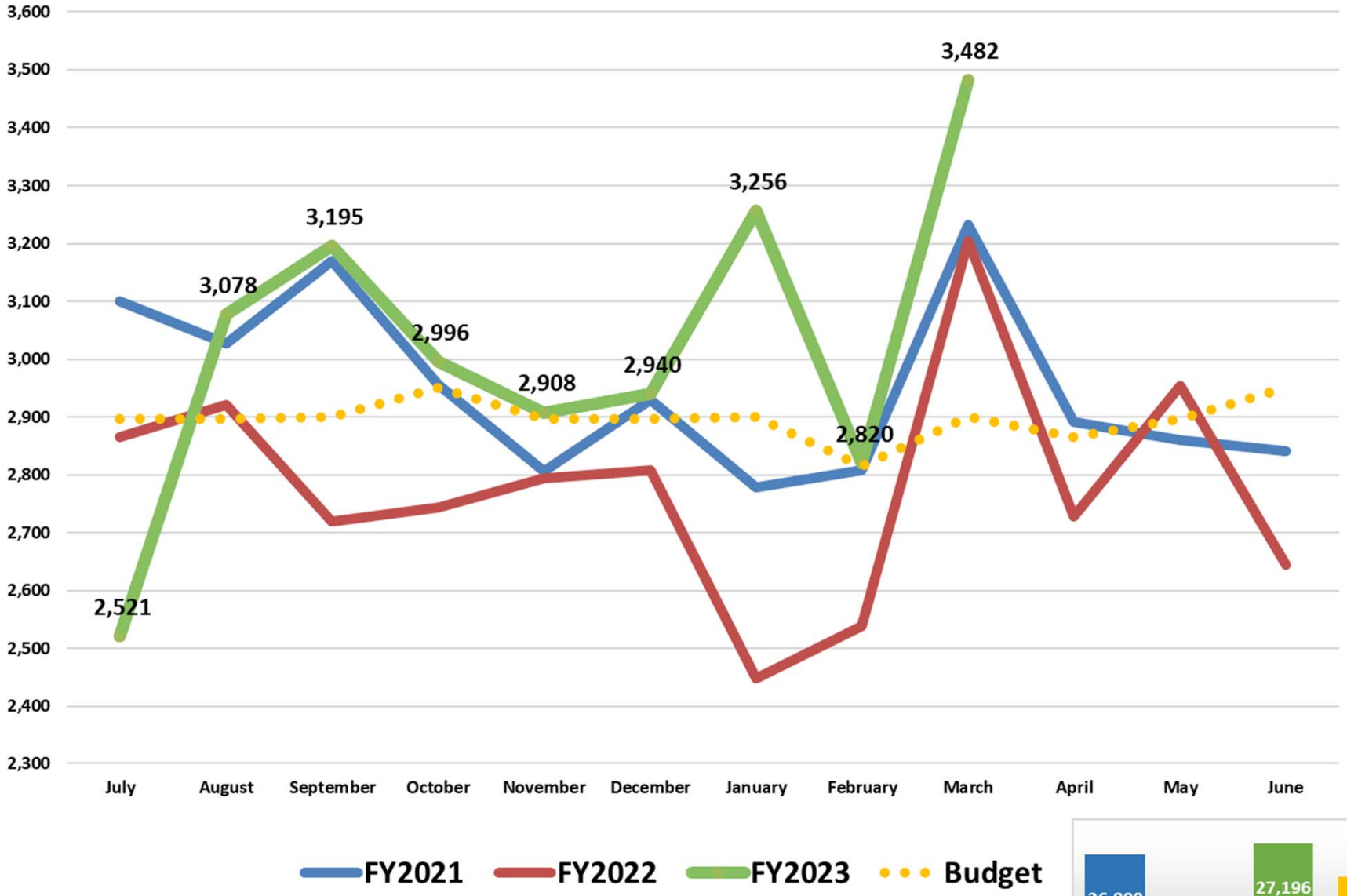


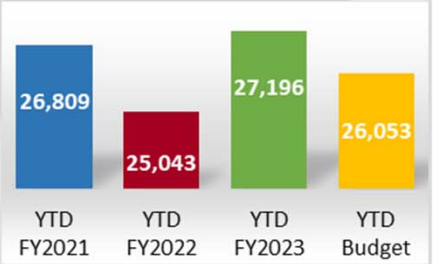


Physical & Other Therapy Units (I/P & O/P)- KDRH & South Campus



Home Health Visits





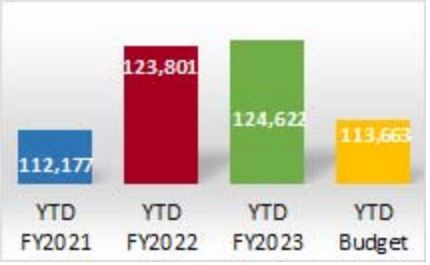
Radiology – Main Campus

15,250
14,750
14,250
13,750
13,250
12,750
12,250
11,750
11,250
10,750

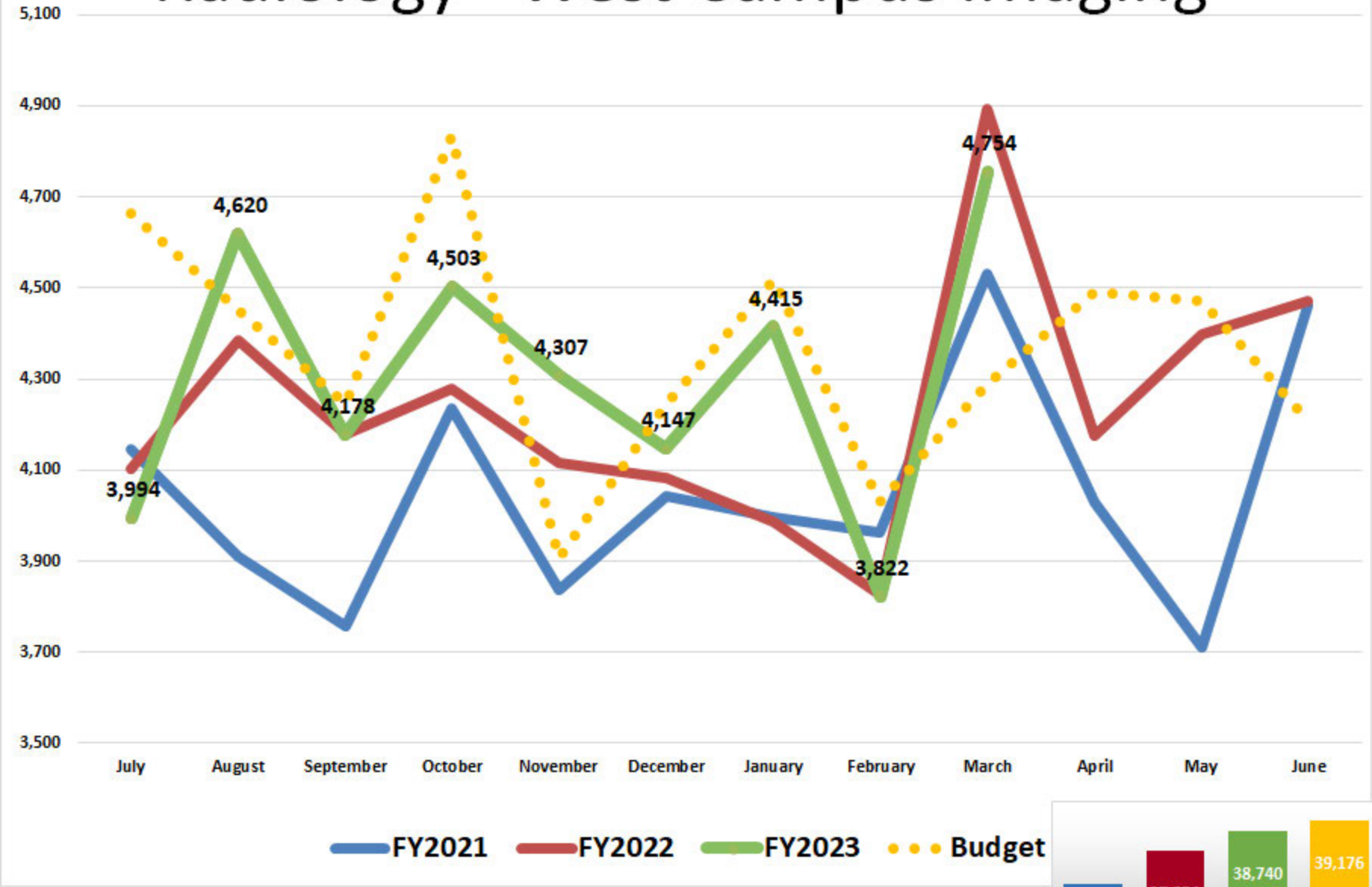
13,535 14,375 13,417 14,197 13,880 14,154 13,752 13,072 14,240

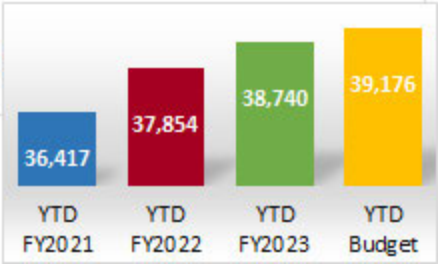
July August September October November December January February March April May June

FY2021 FY2022 FY2023 Budget

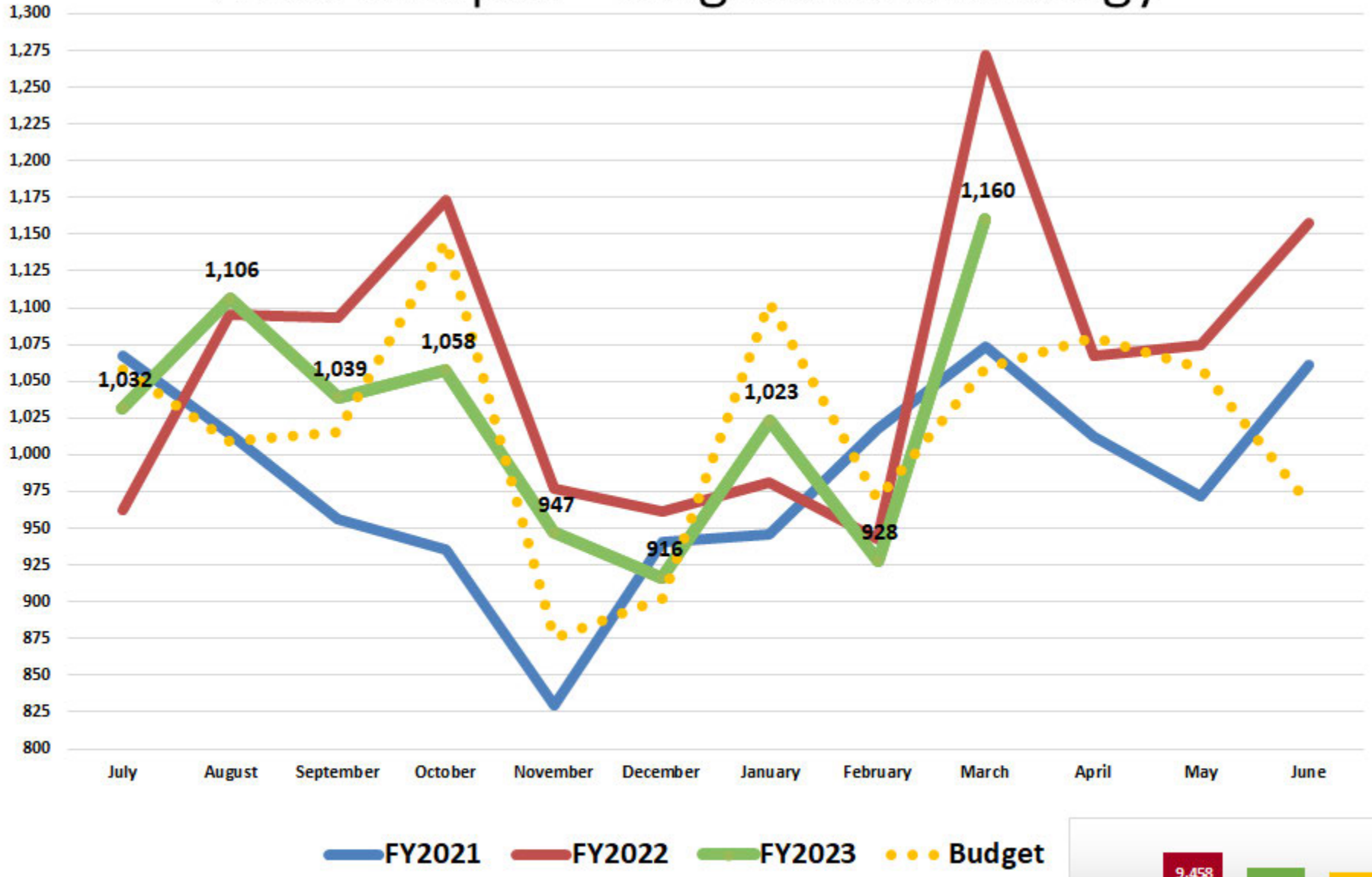


Radiology - West Campus Imaging

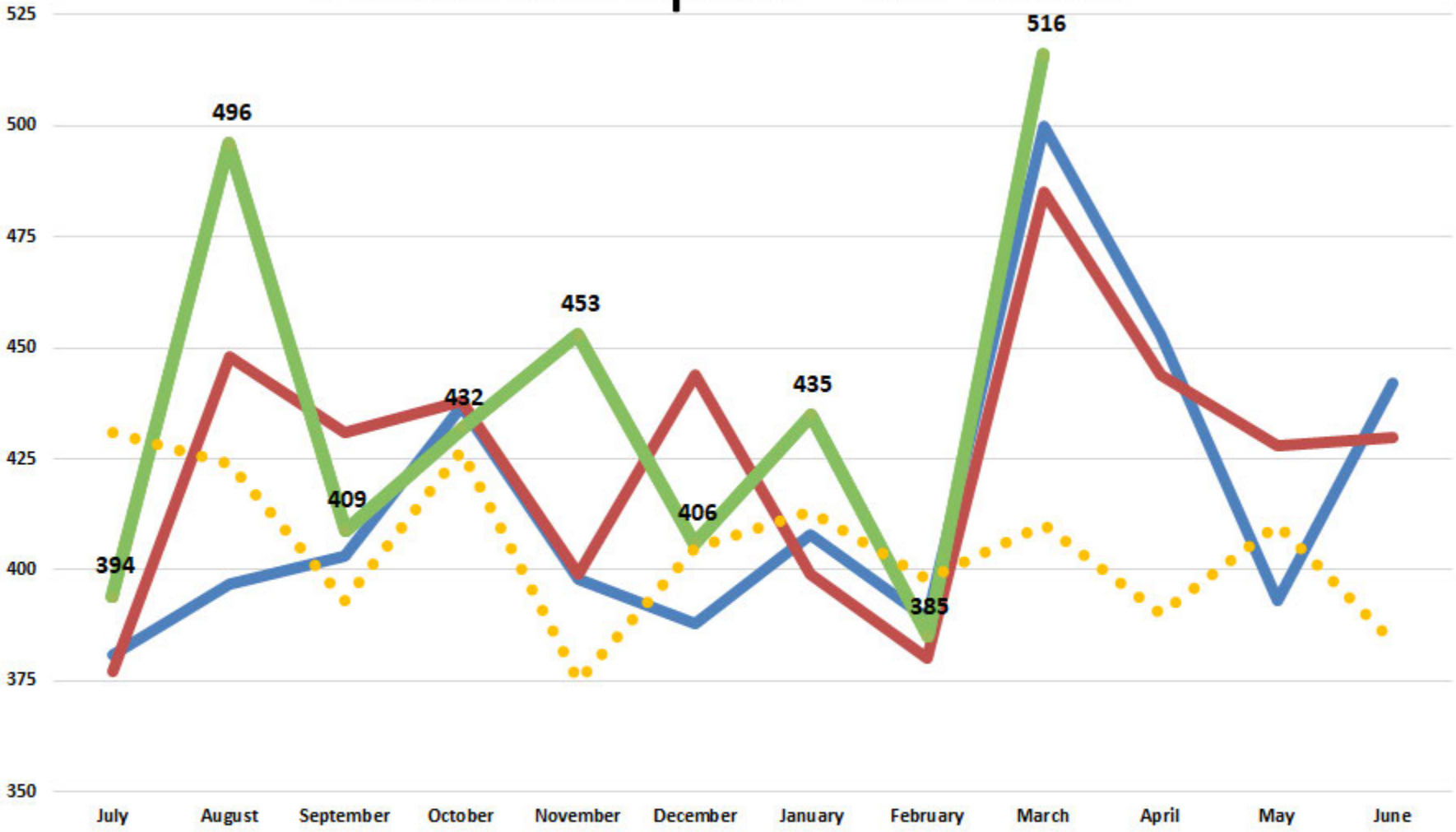


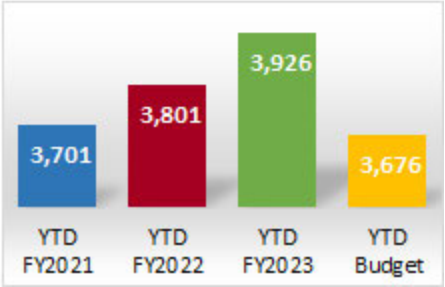


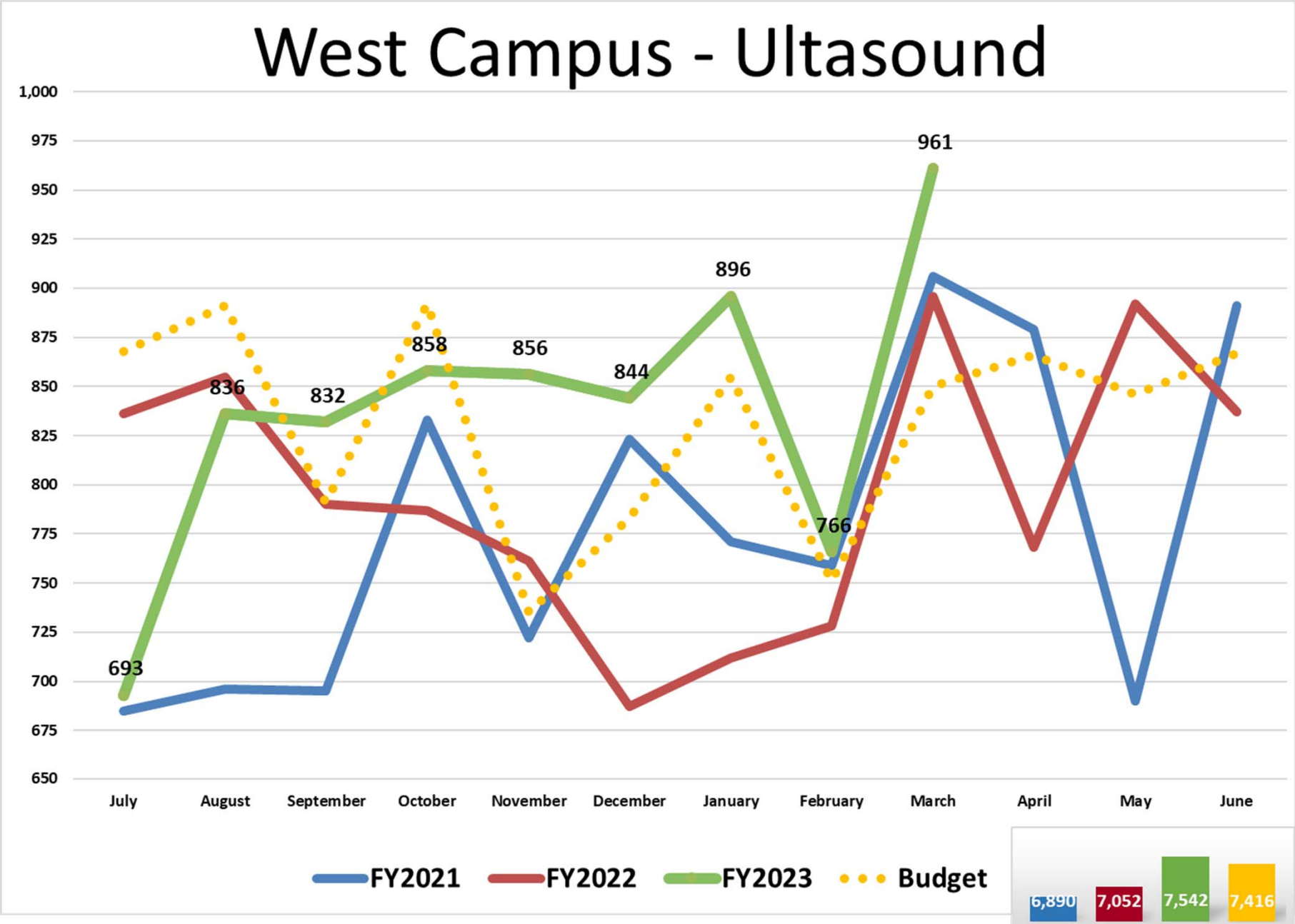
West Campus - Diagnostic Radiology



West Campus - CT Scan






West Campus - Ultasound
1,000
975
950
925
900
875
850
825
800
775
750
725
700
675
650
693
836
832
858
856
844
896
766
961
July
August
September
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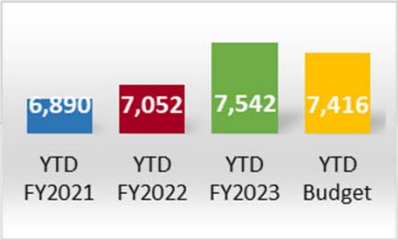
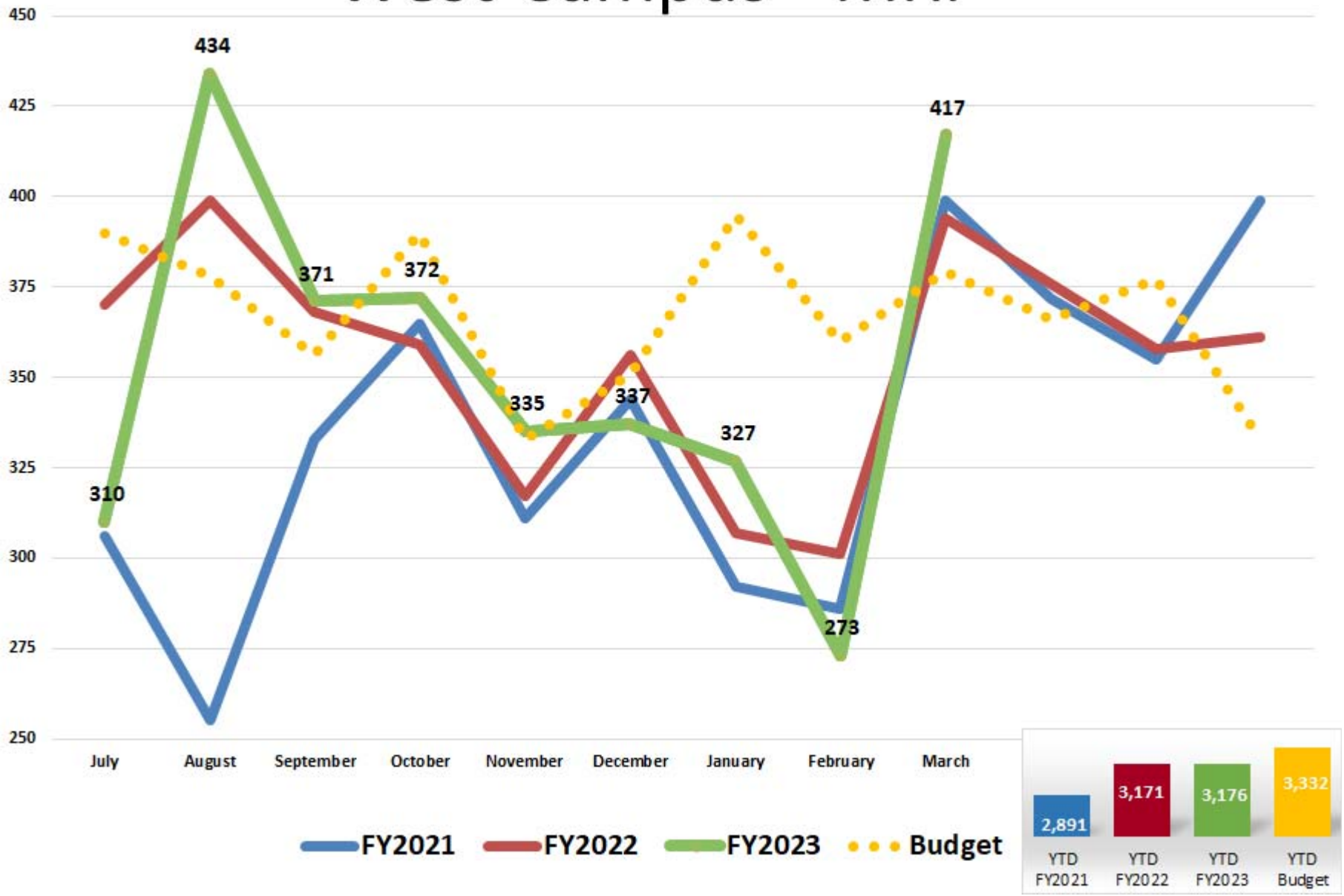
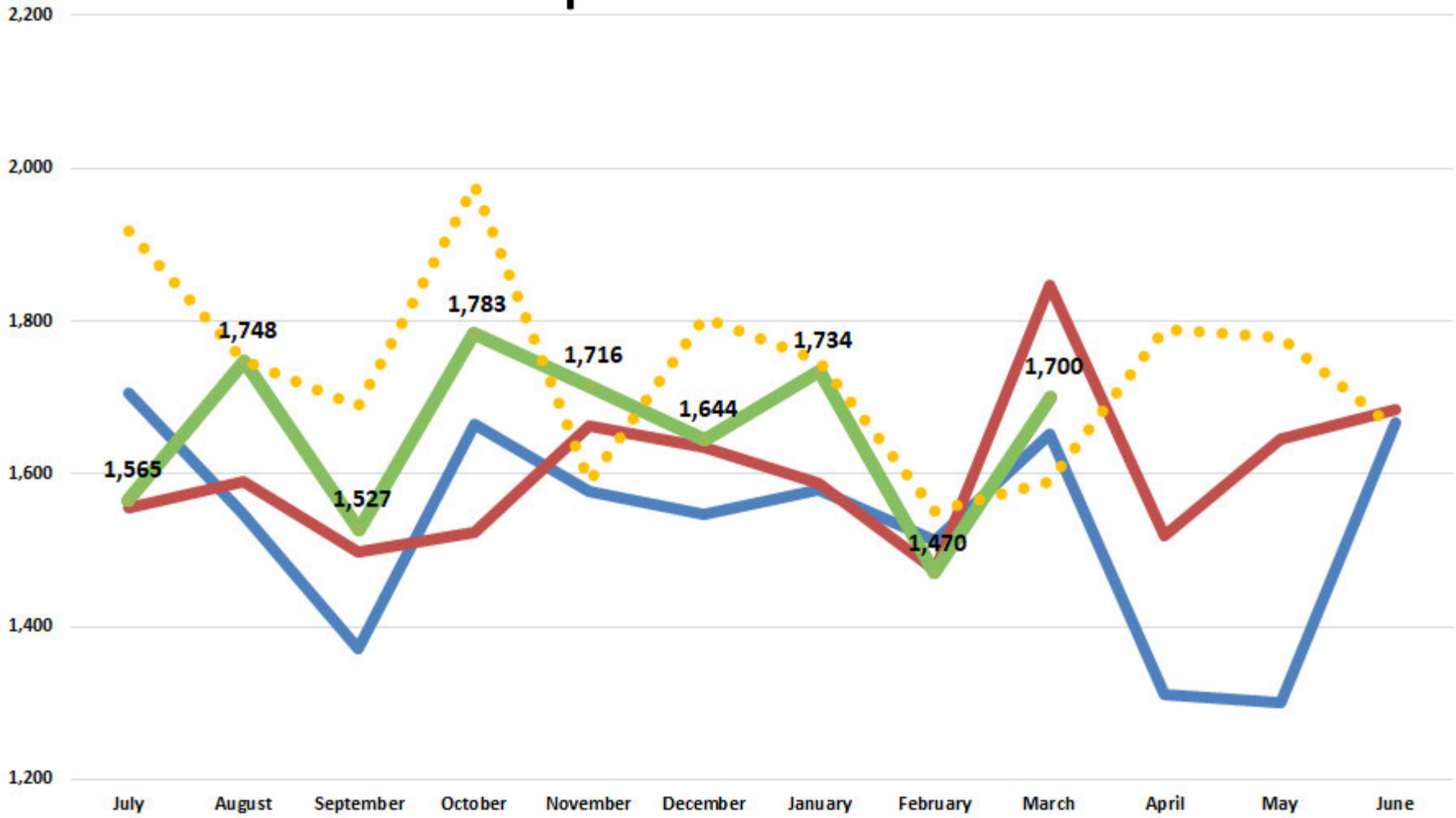
May
June
FY2021
FY2022
FY2023
Budget

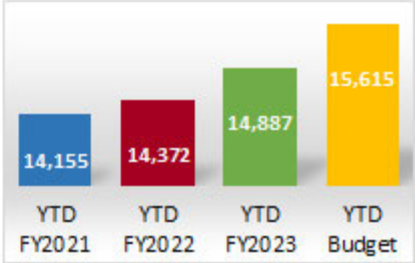

6,890
7,052
7,542
7,416
YTD FY2021
YTD FY2022
YTD FY2023
YTD Budget

West Campus - MRI

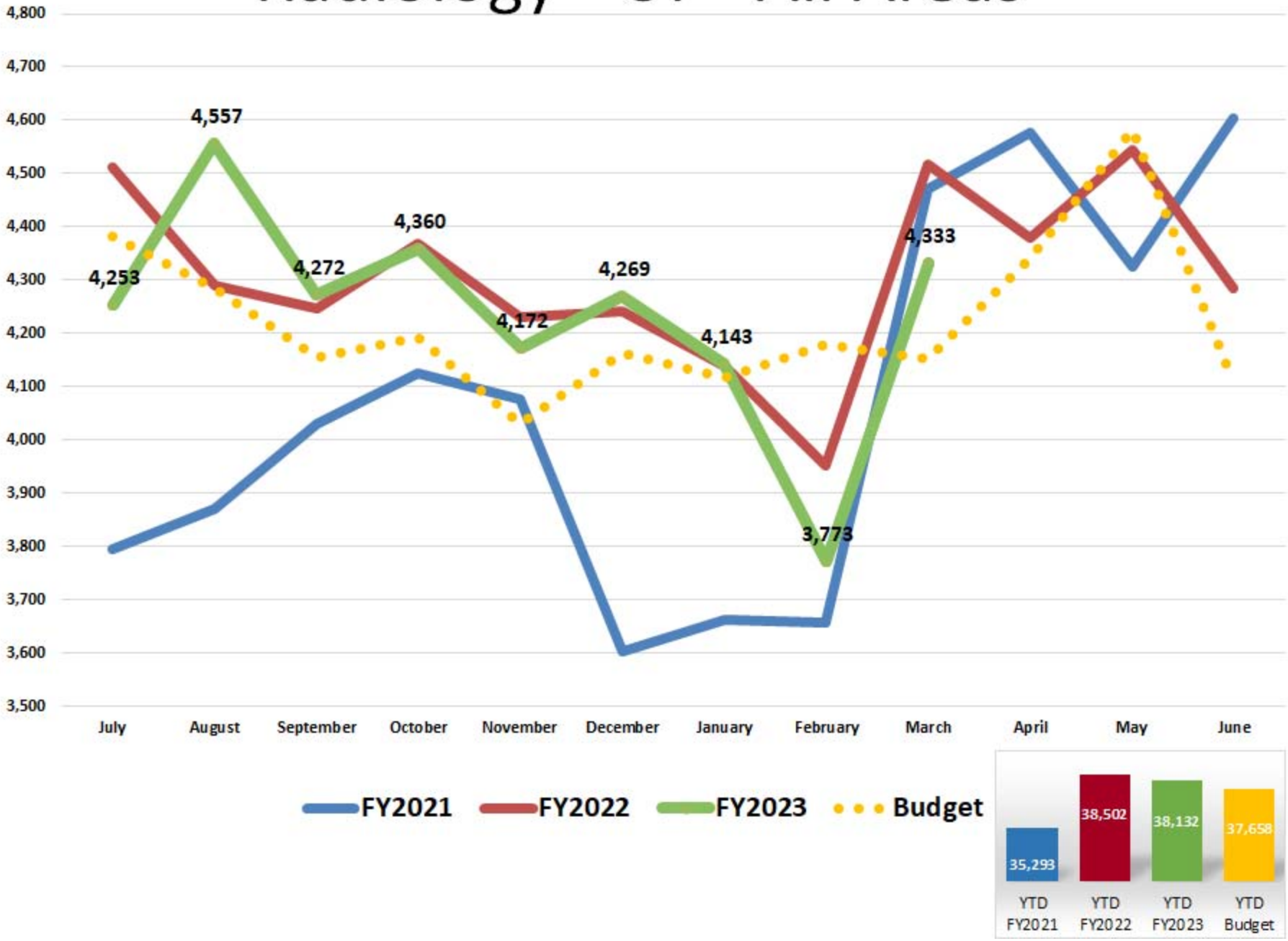


West Campus - Breast Center

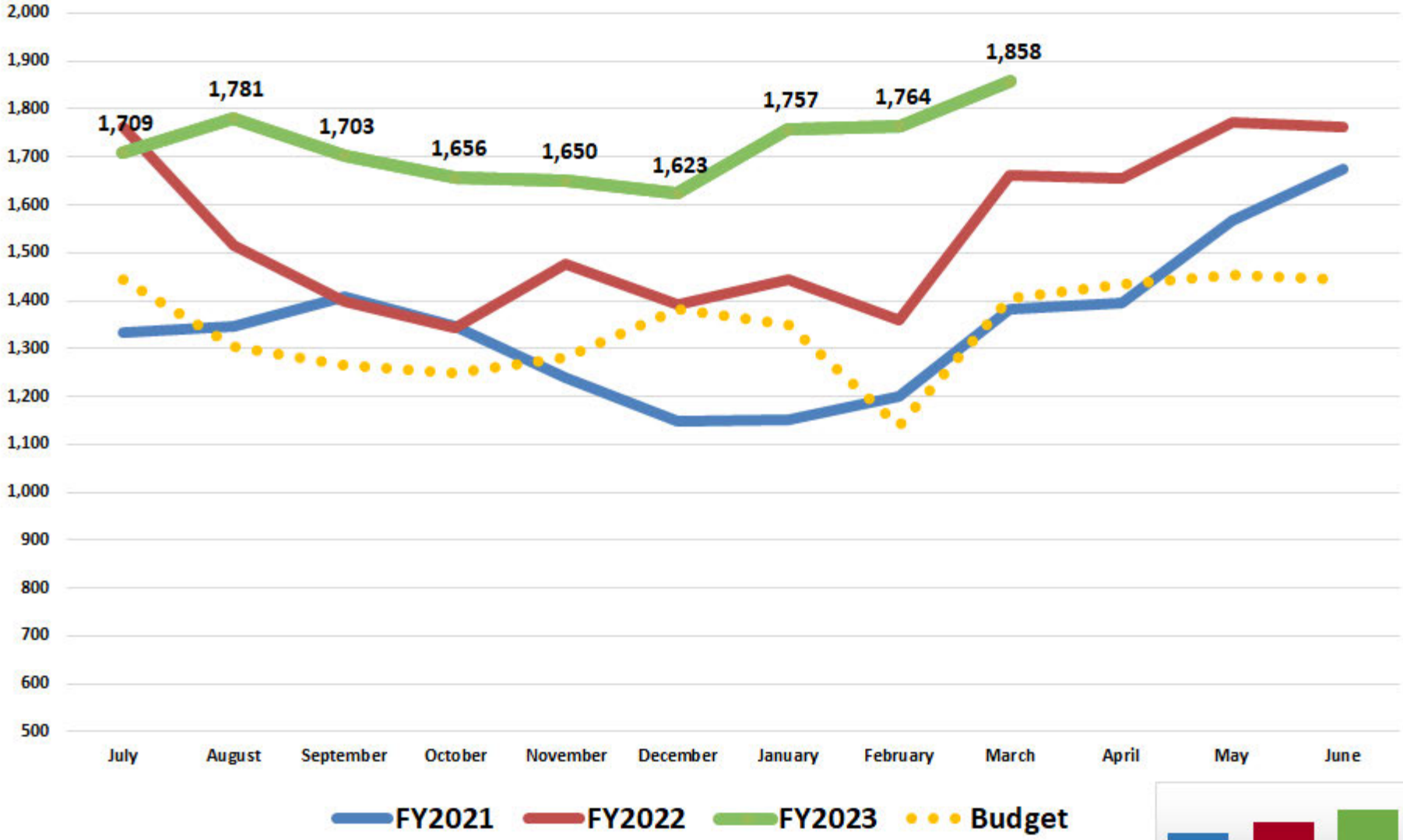




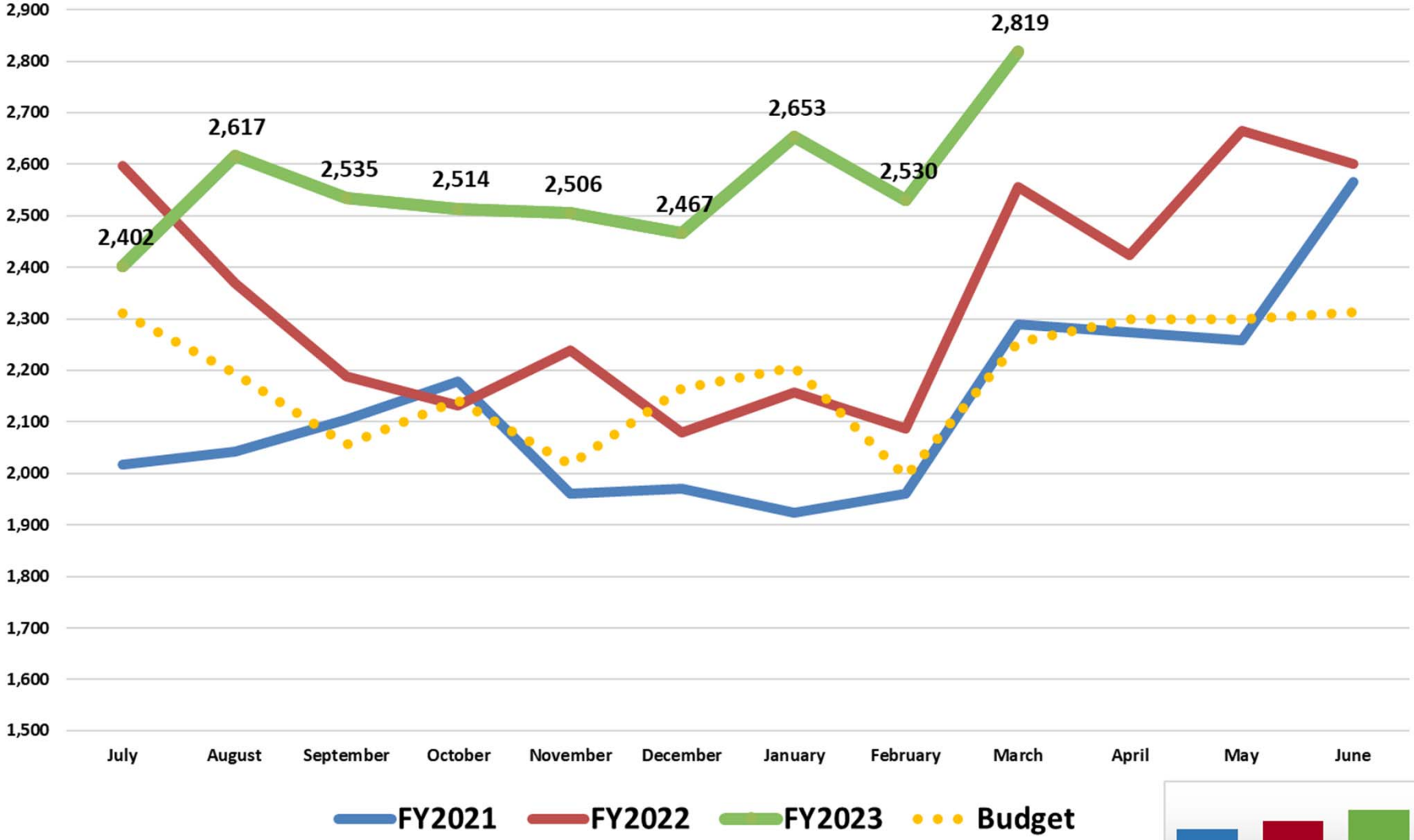
Radiology - CT - All Areas

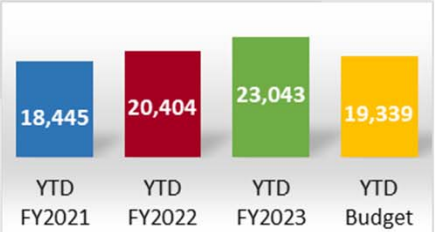


Radiology - Ultrasound - Main Campus



Radiology - Ultrasound - All Areas





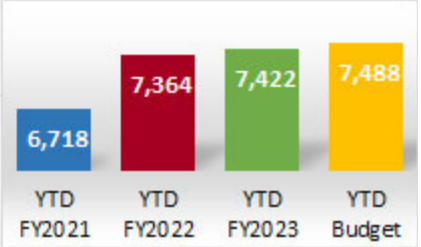
Radiology - MRI - All Areas

1,000
950
900
850
800
750
700
650
600

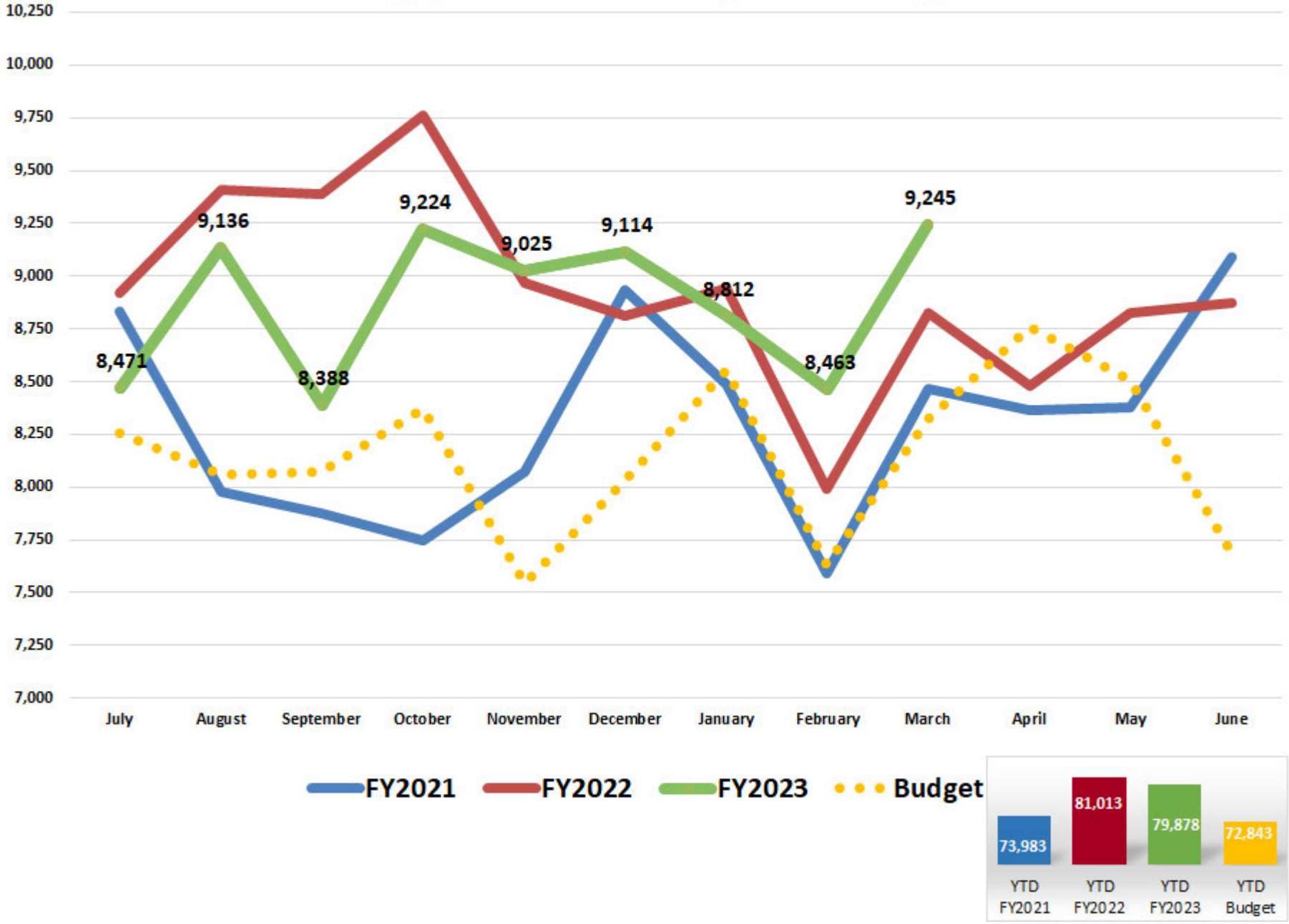
937
873
838
819
768
807
825
658
897

July | August | September | October | November | December | January | February | March | April | May | June

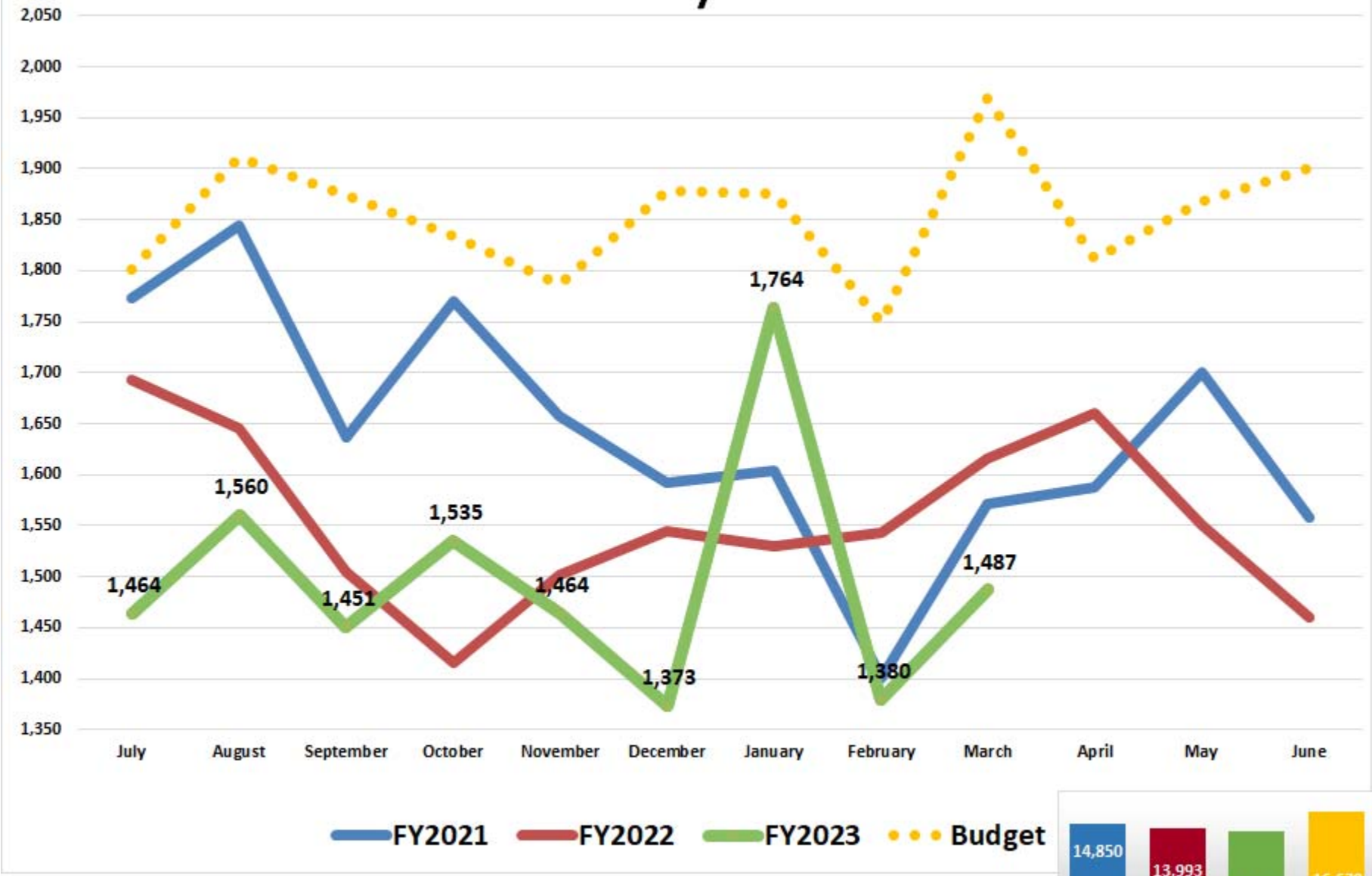
FY2021 FY2022 FY2023 Budget

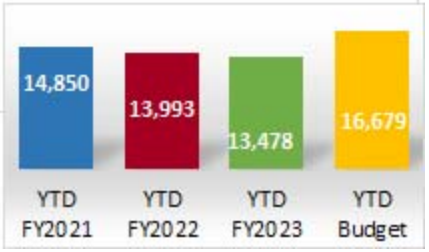


Radiology Modality - Diagnostic

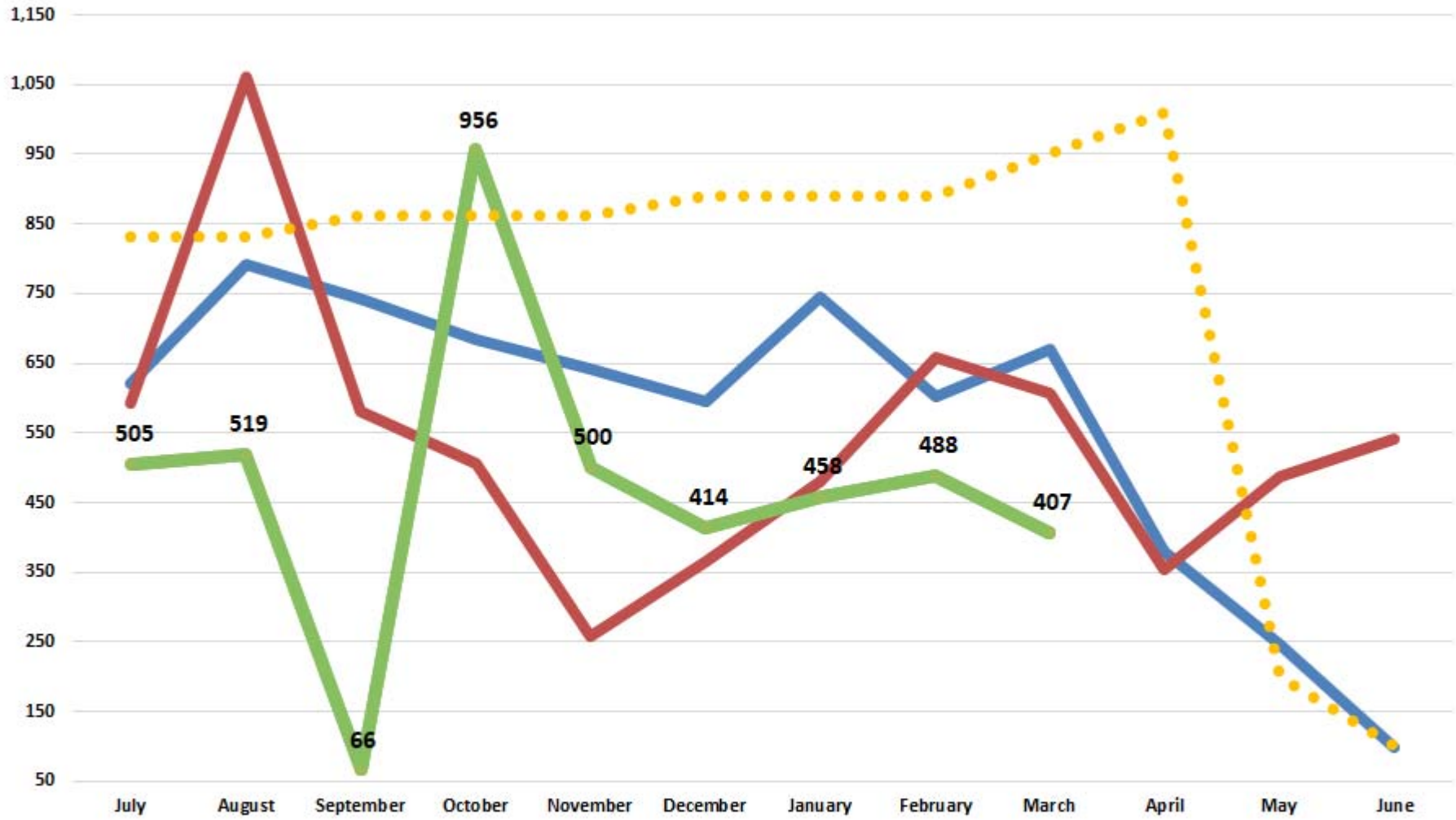


Chronic Dialysis - Visalia

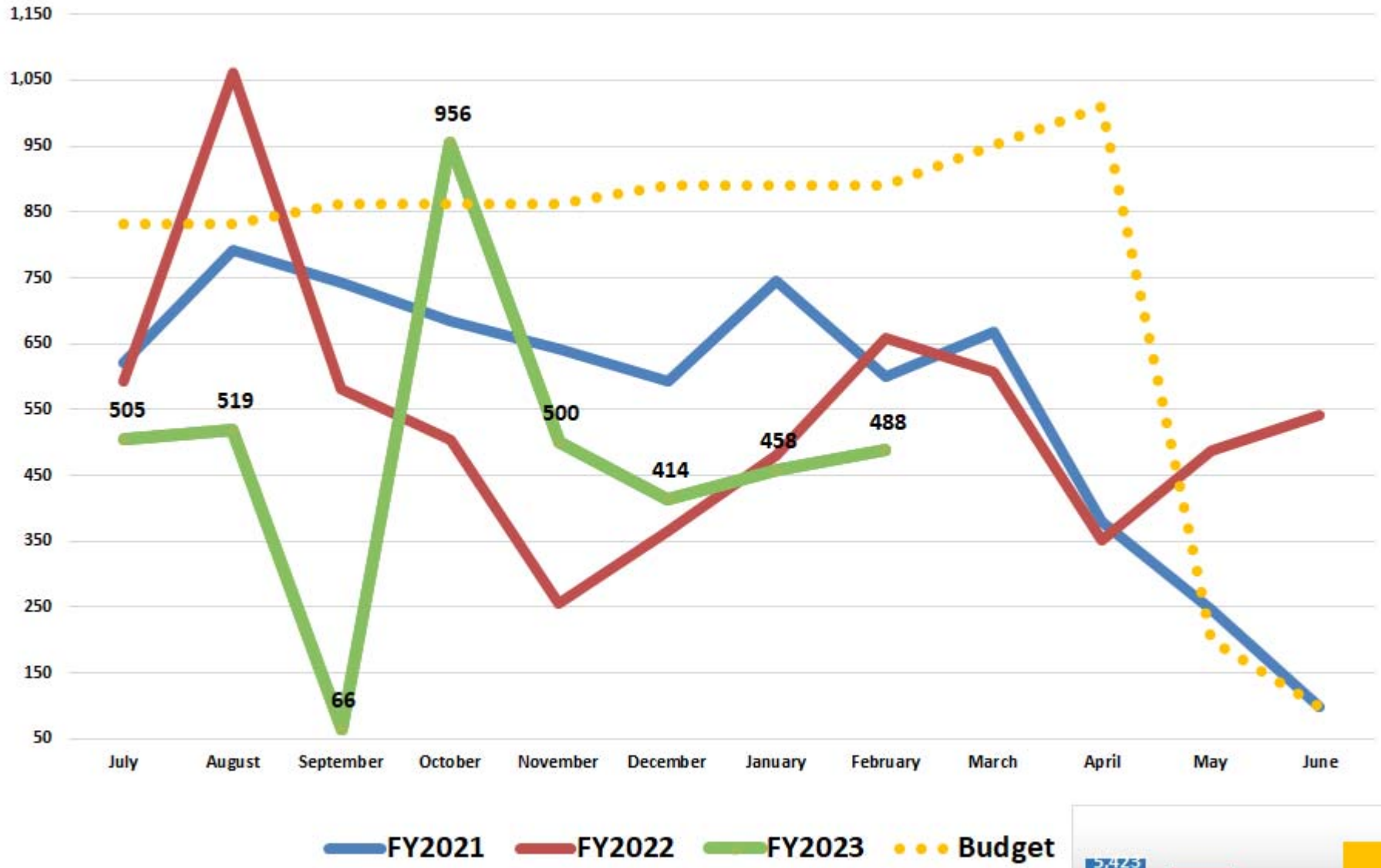




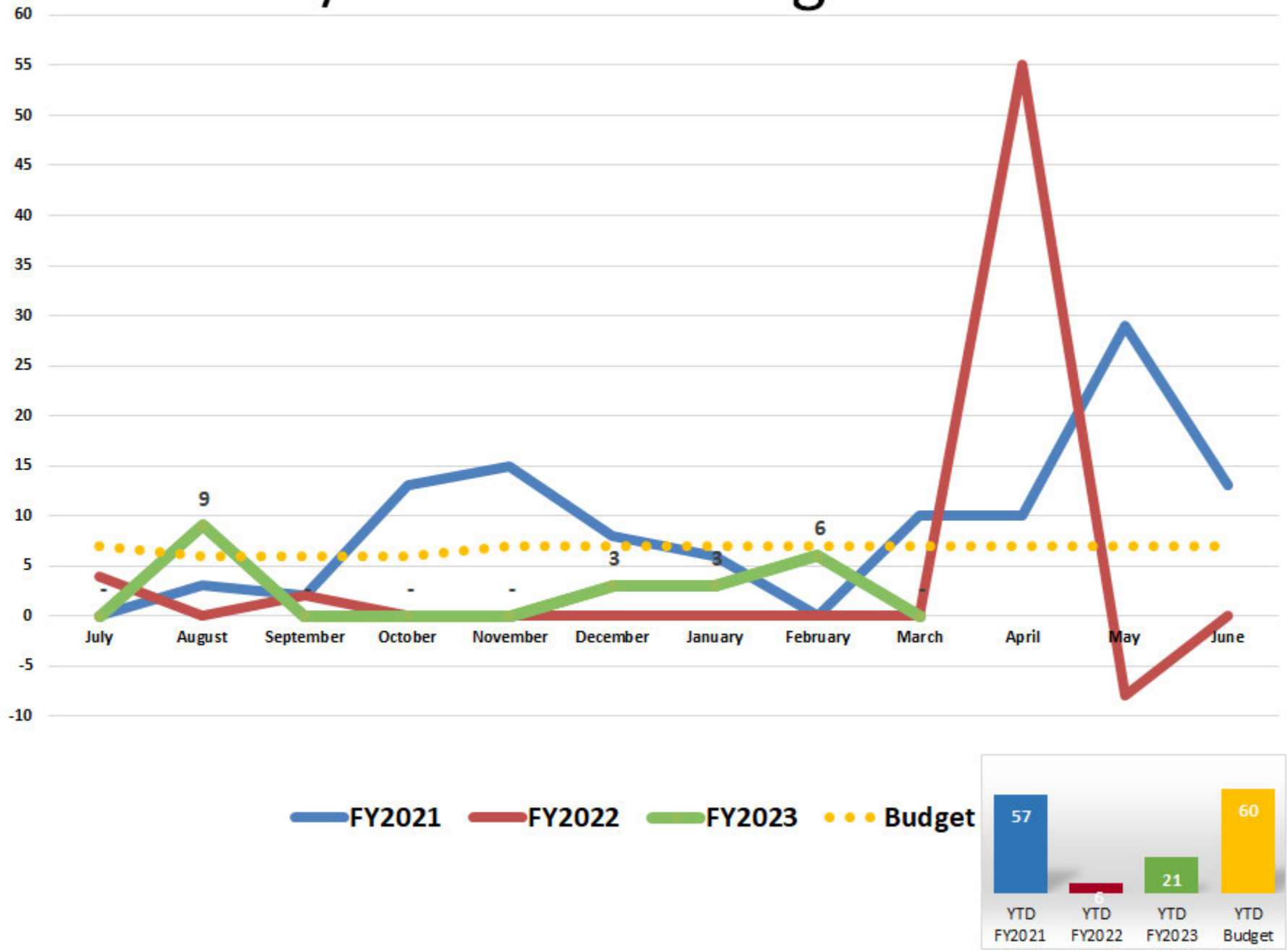
CAPD/CCPD - Maintenance Sessions



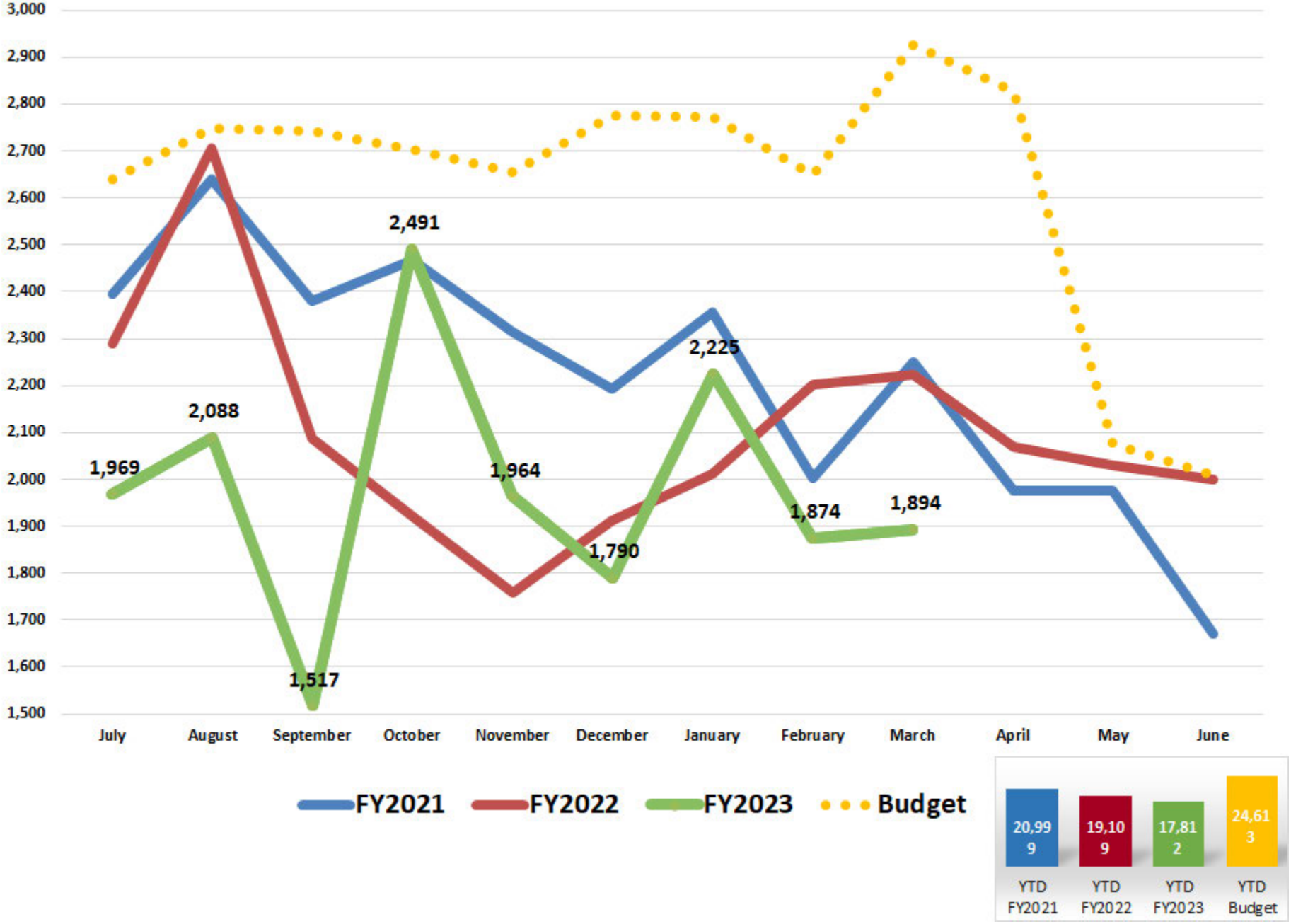
CAPD/CCPD - Maintenance Sessions



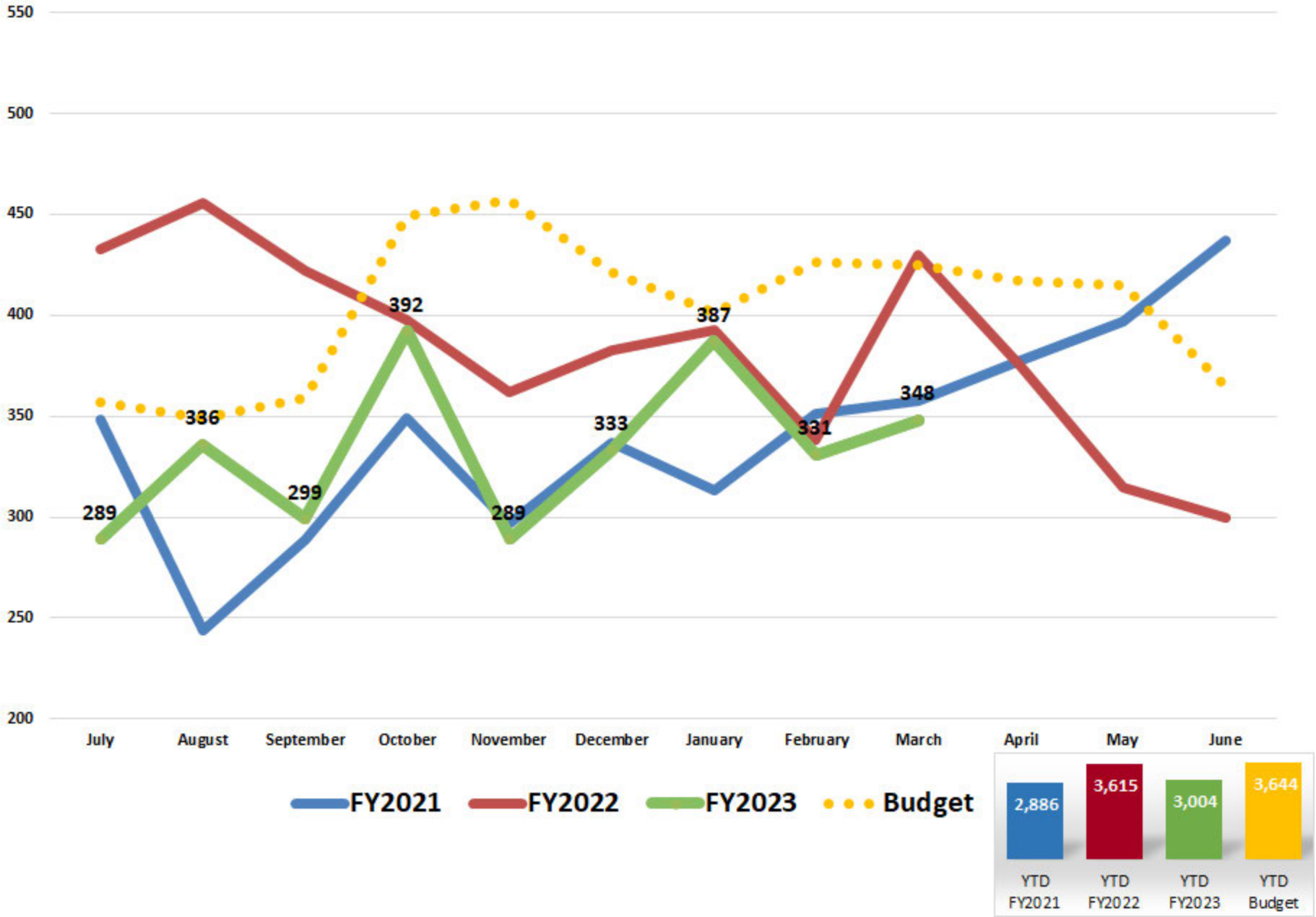
CAPD/CCPD - Training Sessions



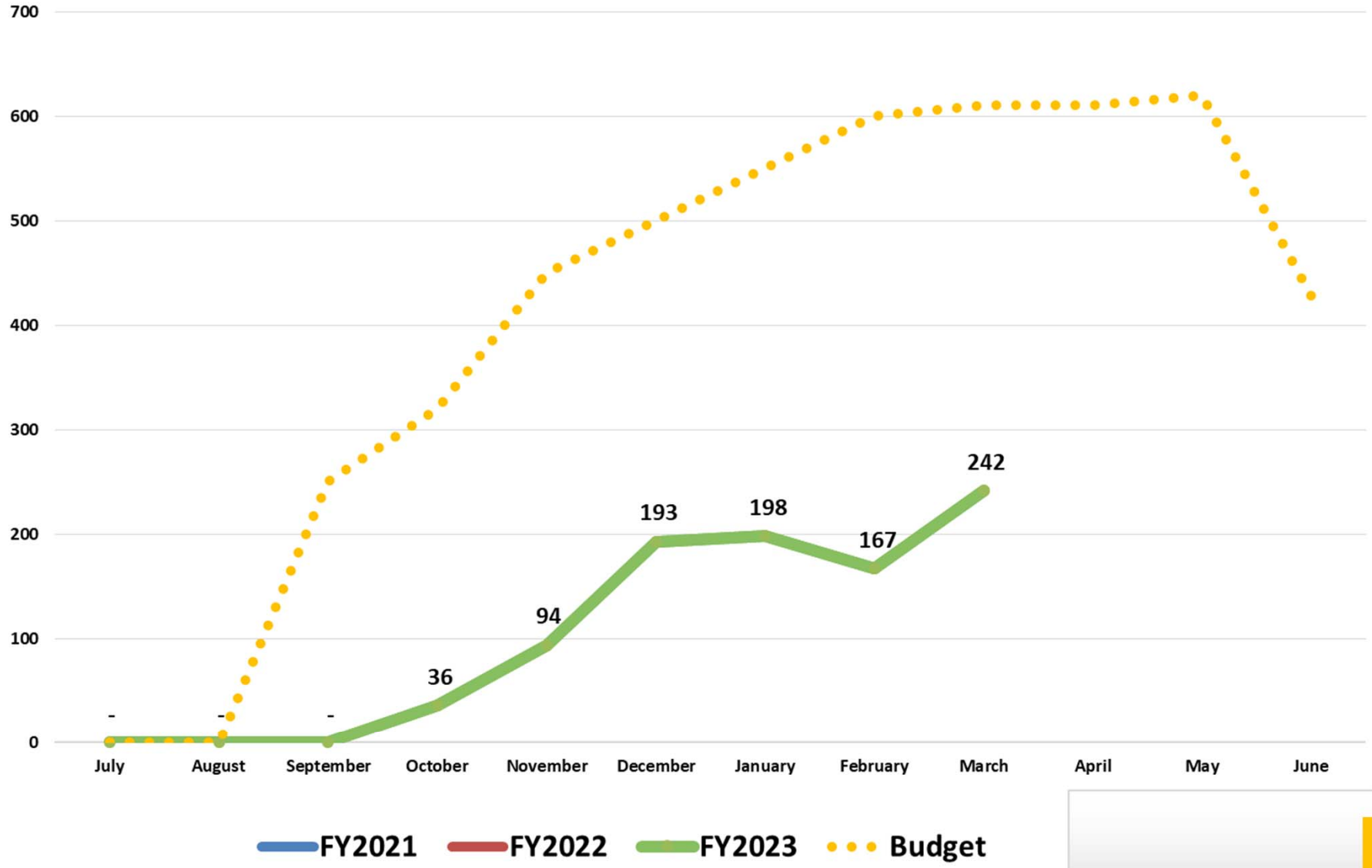
All CAPD & CCPD



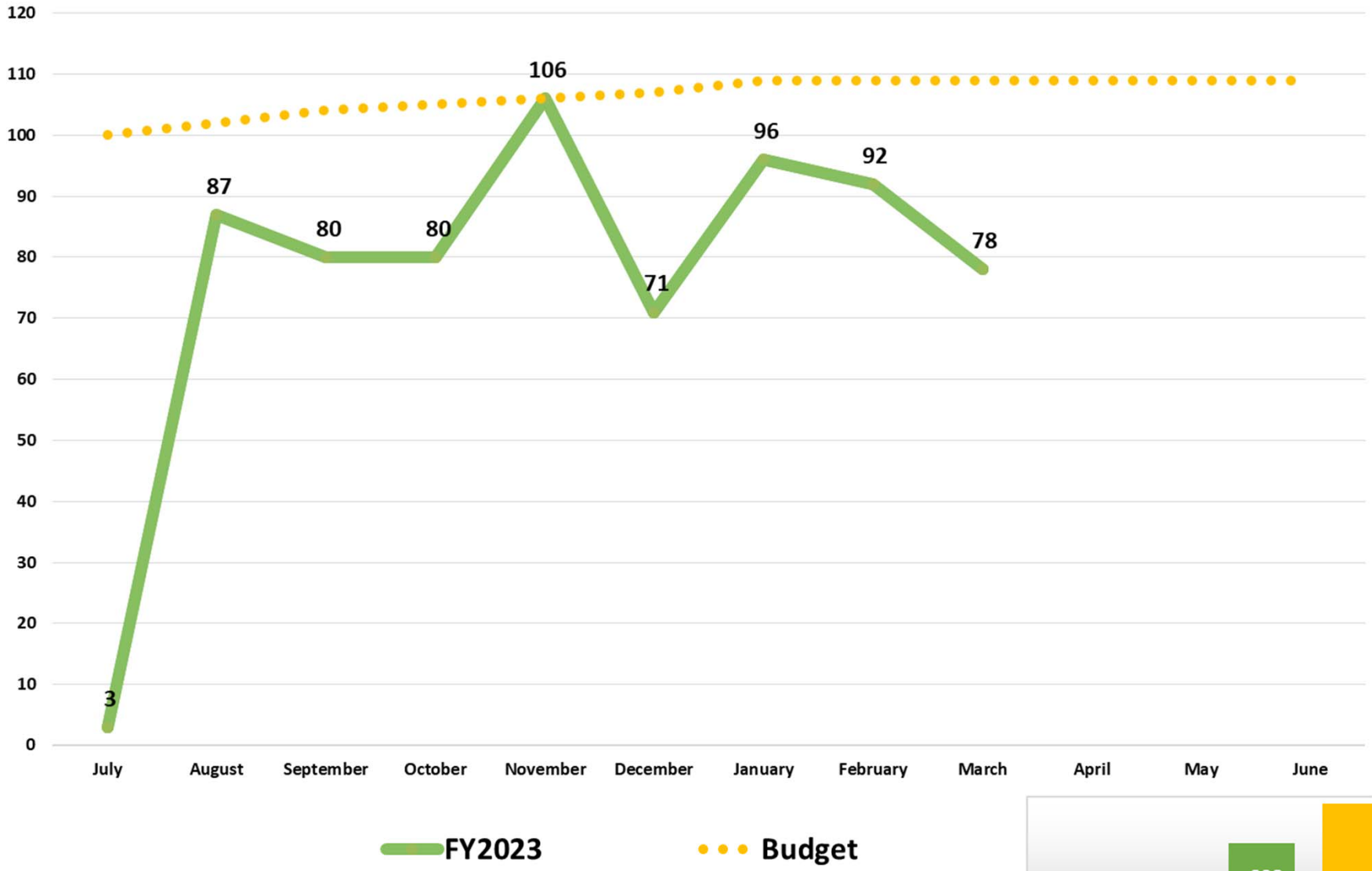
Infusion Center - Outpatient Visits

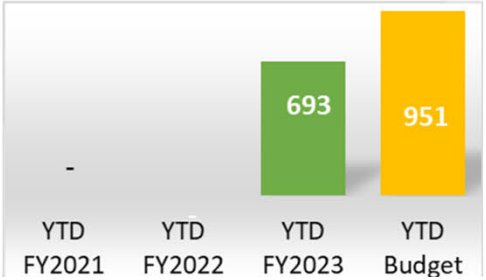


Urology Clinic Visits

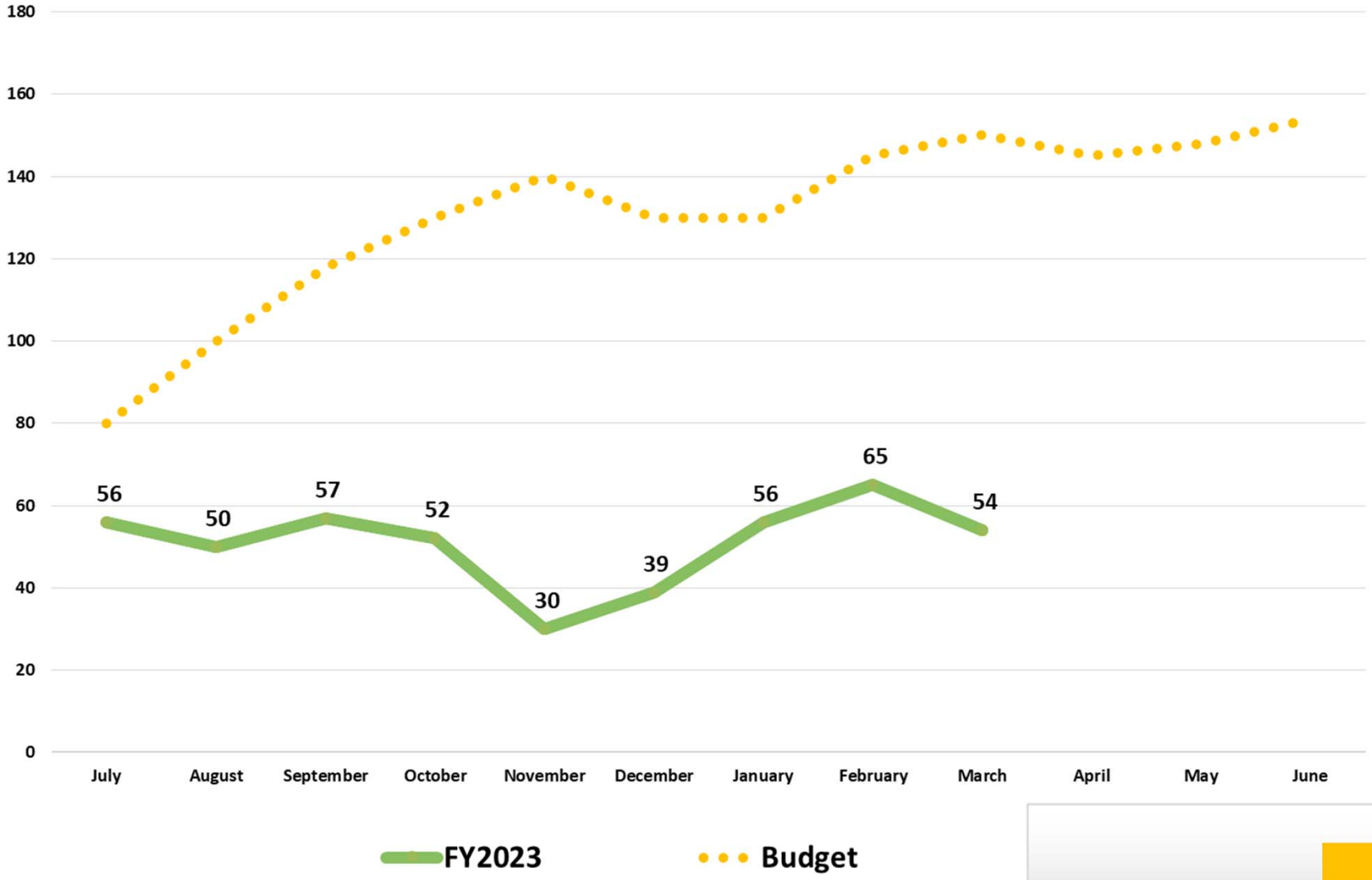


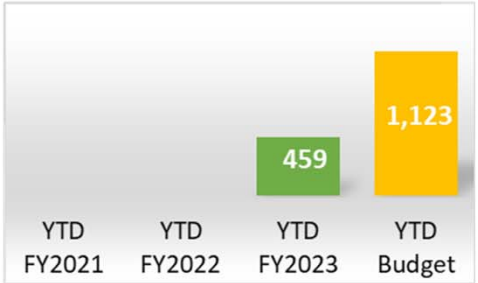
Open Arms House - Patient Days





Cardiothoracic Surgery Clinic - Visits





Kaweah Delta Health Care District dba Kaweah Health
Bylaws

Article I The District and Its Mission

Section 1 Kaweah Delta Health Care District dba Kaweah Health is a community venture, operating under the authority granted through the California Health and Safety Code as a health care district. {California Health and Safety Code – Division 23 – Sections 32000-32499.4} The purpose of the District is to provide quality health care within defined areas of expertise. It is the intent of the District that no person shall be denied emergency admission or emergency treatment based upon ability to pay. It is further the intent of the District that no person shall be denied admission or treatment based upon race, color, national origin, ethnic, economic, religious or age status or on the basis of sexual preference. The medical welfare of the community and its particular health needs will be fulfilled to the capacity of the District's financial limitations.

Section 2 Kaweah Delta Health Care District operates under the authority of the California Code for a health care district. As such, Kaweah Delta Health Care District is publicly owned and operates as a non-profit entity.

Section 3 As permitted by law, the District may, by resolution of the Board, conduct any election by all-mailed ballots pursuant to Division 4 (commencing with Section 4,000) of the California Elections Code.

Section 4 The Mission of Kaweah Delta Health Care District is:~~;~~ Health is our passion. Excellence is our focus. Compassion is our promise.

Section 5 The Vision of Kaweah Delta Health Care District is: To be your world-class healthcare choice, for life.

Section 6 The Pillars of Kaweah Delta Health Care District are:

1. Achieve outstanding community health
2. Deliver excellent service
3. Provide an ideal work environment
4. Empower through education
5. Maintain financial strength

Section 7 The mission, vision, and pillars of the District support the safety and quality of care, treatment, and service. {Joint Commission Standard LD.02.01.01}

Section 8 The Code of Conduct of Kaweah Delta Health Care District is a commitment to ethical and legal business practices, integrity, accountability, and excellence. The Code is a founding document of the Compliance Program, developed to express Kaweah Health's understanding and obligation to comply with all applicable laws and regulations. {Joint Commission Standard LD.04.01.01}

Article II The Governing Body

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

Section 2 The Governing Body, every ten years, using new census data, shall redraw their district lines to reflect how local populations have changed. The Governing Body is required to engage the community in the redistricting process by holding public hearings and/or workshops and doing public outreach, including to non-English speaking communities. {AB 849 - The Fair and Inclusive Redistricting for Municipalities and Political Subdivisions (FAIR MAPS) Act}.

Section 3 The Governing Body, in accordance with applicable California Code, adopts the Bylaws of the organization. {California Health and Safety Code 32125}

Section 34 The principal office of Kaweah Delta Health Care District is located at Kaweah Health Medical Center - Acequia Wing, Executive Offices, 400 West Mineral King Avenue, Visalia, CA 93291. Correspondence to the Board should be addressed to the Board of Directors at this address. Kaweah Health also maintains a Web site at www.kaweahhealth.org. All noticed meeting agendas and supporting materials for Board meetings and Board committee meetings can be obtained at **www.kaweahhealth.org/About-Us/Board-of-Directors**.

Section 45 The dDuties and the Responsibilities of the Governing Body. are: As Boards of directors have basic collective responsibilities, Board members are also entrusted with individual responsibilities as a part of Board membership. The obligations of Board service are considerable; they extend well beyond any basic expectations of attending meetings. Board members as individuals have no special privileges, prerogatives, or authority; they must meet in formal session to negotiate and make corporate decisions.

The specific responsibilities of the Board are clusteredorganized into four areas: setting the direction for the district; establishing and supporting the structure of the district; holding the district accountable on behalf of the community; and serving as community leaders.

Considering the complexities of Board membership, a clear statement of individual Board member responsibilities adapted to the organization's needs and circumstances can serve many purposes including clarifying expectations

before candidate's file for a seat that is up for election on the Kaweah Health Board of Directors.

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

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

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

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

A. QUALITY PERFORMANCE RESPONSIBILITIES - This Board has the final moral, legal, and regulatory responsibility for everything that goes on in the organization, including the quality of services provided by all individuals who perform their duties in the organization's facilities or under Board sponsorship. To exercise this quality oversight responsibility, the Board must:

1) Understand and accept responsibility for the actions of all physicians, nurses, and other individuals who perform their duties in the organization's facilities.
2) Review and carefully discuss quality reports that provide comparative statistical data about services and set measurable policy targets to ensure continual improvement in quality performance.
3) Carefully review recommendations of the Medical Staff regarding new physicians who wish to practice in the organization and be familiar with the termination and fair hearing policies.
4) Reappoint individuals to the Medical Staff using comparative outcome data to evaluate how they have performed since their last appointment.
5) Appoint physicians to governing body committees and seek physician participation in the governance process to assist the Board in its patient quality-assessment responsibilities.

6) Fully understand the Board's responsibilities and relationships with the Medical Staff and maintain effective mechanisms for communicating with them.

7) Regularly receive and discuss malpractice data reflecting the organization's experience and the experience of individual physicians who have been appointed to the Medical Staff.

8) Adopt a Performance Improvement Plan and Risk Management Plan for the District and provide for resources and support systems to ensure that the plans can be carried out.

9) Regularly receive and discuss data about the Medical Staff to ensure that future staffing will be adequate in terms of ages, numbers, specialties, and other demographic characteristics.

10) Ensure that management reviews and assesses the attitudes and opinions of those who work in the organization to identify strengths, weaknesses, and opportunities for improvement.

11) Monitor programs and services to ensure that they comply with policies and standards relating to quality.

12) Take corrective action when appropriate and necessary to improve quality performance.

B. FINANCIAL PERFORMANCE RESPONSIBILITIES - This Board has the ultimate responsibility for the financial soundness of the organization. To accomplish this the Board must:

1) Annually review and approve the overall financial plans, budgets {Joint Commission Standard LD.04.01.03}, and policies for implementation of those plans and budgets on a short and long-term basis. The plan must include and identify in detail the objective of, and the anticipated sources of financing for each anticipated capital expenditure:

2) Approve an annual audited financial statement prepared by a major accounting firm and presented directly to the Board of Directors. {Government Code Section 6061 & Health and Safety Code 32133}

3) Approve any specific capital expenditure in excess of $75,000, which is not included in the annual budget.

~~3)~~4) Authorize the Chief Executive Officer to settle a claim against Kaweah Delta Health Care District dba Kaweah Health not to exceed $75,000. Authorize the Chief Compliance & Risk Officer to settle a claim against Kaweah Delta Health Care District dba Kaweah Health not to exceed $25,000.

5) Approve financial policies, plans, programs, and standards to ensure preservation and enhancement of the organization's assets and resources.

~~4)~~6) Exercising prudence with the Board in the control and transfer of funds.

7) Faithfully reading and understanding the organization's financial statements and otherwise helping the Board fulfill its fiduciary responsibility.

5)8) Monitor actual performance against budget projections and review and adopt ethical financial policies and guidelines.

6)9) Review major capital plans proposed for the organization and its subsidiaries.

C. PLANNING PERFORMANCE RESPONSIBILITIES - The Board has the final responsibility for determining the future directions that the organization will take to meet the community's health needs. To fulfill this responsibility, the Board must:

1) Review and approve a comprehensive strategic plan and supportive policy statements.
2) Develop long term capital expenditure plans as a part of its long range strategic planning.
3) Determine whether or not the strategic plan is consistent with the mission statement.
4) Assess the extent to which plans meet the strategic goals and objectives that have been previously approved.
5) Periodically review, discuss, and amend the strategic plan to ensure its relevance for the community.
6) Regularly review progress towards meeting goals in the plan to assess the degree to which the organization is meeting its mission.
7) Annually meet with the leaders of the Medical Staff to review and analyze the health care services provided by Kaweah Health and to discuss long range planning for Kaweah Health.

D. MANAGEMENT PERFORMANCE RESPONSIBILITES - The Board is the final authority regarding oversight of management performance by our Chief Executive Officer (CEO). To exercise this authority, the Board must:

1) Oversee the recruitment, employment, and regular evaluations of the performance of the Chief Executive OfficerCEO.
2) Evaluate the performance of the CEO annually using goals and objectives agreed upon with the CEO at the beginning of the evaluation cycle.
3) Communicate regularly with the CEO regarding goals, expectations, and concerns.
4) Periodically survey CEO compensation and benefits at comparable organizations to assure the reasonableness and competitiveness of our compensation package.
5) Periodically review management succession plans to ensure leadership continuity.
6) Ensure the establishment of specific performance policies which provide the CEO with a clear understanding of what the Board expects, and ensure the update of these policies based on changing conditions.

E. The Board is also responsible for managing its own governance affairs in an efficient and successful way. To fulfill this responsibility, the Board should:

1) Maintain written conflict-of-interest policies that include guidelines for the resolution of existing or apparent conflicts of interest. {Board of Directors policy BOD.05 – Conflict of Interest}

~~1)~~2) Members of the governing body are required to complete ethics training every two years, with the requirement that they take their first training no later than ~~a~~one year after they start their first day of service with the district. {AB 1234}

~~2)~~3) Members of the governing body are elected by the public and, accordingly, are judged on their individual performance by the electorate.

~~3)~~4) Participate both as a Board and individually in orientation programs and continuing education programs both within the organization and externally. As such, the District shall reimburse reasonable expenses for both in-state and out-of-state travel for such educational purposes. {Board Of Directors policy BOD.06 – Board Reimbursement for Travel and Service Clubs} {California Health and Safety Code 32103}

~~4)~~5) Periodically review Board structure to assess appropriateness of size, diversity, committees, tenure, and turnover of officers and chairpersons.

~~5)~~6) Assure that each Board member understands and agrees to maintain confidentiality with regard to information discussed by the Board and its committees.

~~6)~~7) Assure that each Board member understands and agrees to adhere to the Brown Act ensuring that Board actions be taken openly, as required, and that deliberations be conducted openly, as required.

~~7)~~8) Adopt, amend, and, if necessary, repeal the articles and bylaws of the organization.

~~8)~~9) Maintain an up-to-date Board policy manual, which includes specific policies covering oversight responsibilities in the area of quality performance, financial performance, strategic planning performance, and management performance.

Review Kaweah Health's Mission, Vision & Pillar statements every two years.

10)

Section ~~5~~6 **General Expectations of the Kaweah Health Board.** Adhere to the duties and responsibilities of the Governing Body as outlined in Article II The Governing Body, Section 5 of the Kaweah Delta Health Care District Bylaws.

Knowing the organization's mission, purpose, goals, policies, programs, services, strengths, and needs.

Performing the duties of Board membership responsibly and conforming to the level of competence expected from Board members as outlined in the duties of care, loyalty, and obedience as they apply to nonprofit Board members.

Serving in leadership positions and undertaking special assignments willingly and enthusiastically.

Avoiding prejudiced judgments on the basis of information received from individuals and urging those with grievances to follow established policies and procedures through their supervisors. (All matters of potential significance should be called to the attention of the CEO~~executive~~ and the Board's elected leader as appropriate.)

Section ~~6~~7 **Relationship with Staff.** Counseling the ~~chief executive~~CEO as appropriate and supporting them through often difficult relationships with groups or individuals.

~~Counseling the chief executive as appropriate and supporting them through often difficult relationships with groups or individuals.~~

Avoiding asking for special favors of the staff, including special requests for extensive information, without at least prior consultation with the ~~chief executive~~CEO, Board or appropriate committee chairperson.

Section ~~7~~8 **Avoiding Conflicts.** Serving the organization as a whole rather than any special interest group or constituency. Regardless of whether or not the Board member was invited to fill a vacancy reserved for a certain constituency or organization, their first obligation is to avoid any preconception that they "represent" anything but the organization's best interests.

Avoiding even the appearance of a conflict of interest that might embarrass the Board or the organization; disclosing any possible conflicts to the Board in a timely fashion. {Board of Directors policy - BOD5 – Conflict of Interest}

Maintaining independence and objectivity and doing what a sense of fairness, ethics, and personal integrity dictate, even though not necessarily being obliged to do so by law, regulation, or custom.

Never accepting (or offering) favors or gifts from (or to) anyone who does business with the organization.

The Board shall assess the adequacy of its conflict-of-interest/confidentiality policies and procedures at least every two years. {Political Reform Act (Government Code 8100 et seq.}

Section ~~8~~9 **Meetings.** Preparing for and participating in Board and committee meetings, including appropriate organizational activities.

Asking timely and substantive questions at Board and committee meetings consistent with the Board member's conscience and convictions, while at the same time supporting the majority decision on issues decided by the Board.

Maintaining confidentiality of the Board's executive sessions and speaking for the Board or organization only when authorized to do so.

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

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

Meetings of the Board of Directors shall be noticed and held in compliance with the applicable California Code for Health Care Districts. {The Ralph M. Brown Act - Government Code 54950}

Sections 32100.2 and 32106 of the California Health and Safety Code~~ of the State of California~~, as amended, indicate the attendance and quorum requirements for members of the Board of Directors of any health care district in the State of California. For general business the Board may operate under the rules of a small committee, however, upon the request of any member of the Governing Body immediate implementation of the Standard Code of Parliamentary Procedure (Roberts Rules of Order) shall be adopted for the procedure of that meeting.

The President of the Board of Directors shall appoint the committees of the Board and shall appoint the Chairperson and designate the term of office in a consistent and systematic approach. All committees of the Governing Body shall have no more than two (2) members of the Governing Body upon the committee and both Board members shall be present prior to the Board committee meeting being called to order. All committees of the Governing Body shall serve as extensions of the Governing Body and report back to the Governing Body for action.

The President of the Board of Directors may appoint, with concurrence of the Board of Directors, any special committees needed to perform special tasks and functions for the District.

Any special committee shall limit its activities to the task for which it was appointed, and shall have no power to act, except as specifically conferred by action of the Board of Directors.

The Chief of Staff shall be notified and shall facilitate Medical Staff participation in any Governing Board Committee that deliberates the discharge of Medical Staff responsibility.

The standing committees of the Governing Body are:

A. Academic Development

The members of this committee shall consist of two (2) Board members, ~~Chief Executive Officer (~~CEO~~)~~, Chief Medical Education Officer, Director of Graduate Medical Education, Director of Pharmacy, and any other members designated by the Board President.

This committee will provide Board direction and leadership for the Graduate Medical Education Program, the Pharmacy Residency Program, and achievement of Kaweah Health's foundational Pillar "Empower through Education".

B. Audit and Compliance

The members of this committee shall consist of two (2) Board members (Board President or Secretary/Treasurer shall be a standing member of this committee), CEO, Chief Financial Officer (CFO), Chief Compliance and Risk Officer, Internal Audit Manager, Compliance Manager, legal counsel, and any other members designated by the Board President. The Committee will engage an outside auditor, meet with them pre audit and post audit, and review the audit log of the Internal Audit Manager. The Committee will examine and report on the manner in which management ensures and monitors the adequacy of the nature, extent and effectiveness of compliance, accounting and internal control systems. The Committee shall oversee the work of those involved in the financial reporting process including the Internal Audit Manager and the outside auditors, to endorse the processes and safeguards employed by each. The Committee will encourage procedures and practices that promote accountability among management, ensuring that it properly develops and adheres to a compliant and sound system of internal controls, that the Internal Audit Manager objectively assesses management's accounting practices and internal controls, and that the outside auditors, through their own review, assess management and the Internal Audit Manager's practices. This committee shall supervise all of the compliance activities of the District, ensuring that Compliance and Internal Audit departments effectively facilitate the prevention, detection and correction of violations of law, regulations, and/or District policies. The Chief Compliance and Risk Officer will review and forward to the full Board a written Quarterly Compliance Report.

This committee, on behalf of the Board of Directors, shall be responsible for overseeing the recruitment, employment, evaluation and dismissal of the Chief Compliance and Risk Officer. These responsibilities shall be performed primarily by the CEO and/or the CEO's designees, but final decisions on such matters shall rest with this committee, acting on behalf of the full Board.

C. Community-Based Planning

The members of this committee shall consist of two (2) Board members {Board President or Secretary/Treasurer shall be a standing member of this committee}, CEO, Chief Strategy Officer, Facilities Planning Director and any other members designated by the Board President as they deem appropriate to the topic(s) being considered: community leaders including but not limited to City leadership, Visalia Unified School District (VUSD) leadership, College Of the Sequoias leadership, County Board of Supervisors, etc.

The membership of this committee shall meet with other community representatives to develop appropriate mechanisms to provide for efficient implementation of current and future planning of the organization's facilities and services and to achieve mutual goals and objectives.

D. Finance / Property, Services & Acquisitions

The members of this committee shall consist of two (2) Board members - (Board President or Secretary/Treasurer will be a standing member of this committee), CEO, CFO, Chief Strategy Officer, Facilities Planning Director, and any other members designated by the Board President.

This committee will oversee the financial health of the District through careful planning, allocation and management of the District's financial resources and performance. To oversee the construction, improvement, and maintenance of District property as well as the acquisition and sale of property which is essential for the Health Care District to carry out its mission of providing high-quality, customer-oriented, and financially-strong healthcare services.

E. Governance & Legislative Affairs

The members of this committee shall consist of two (2) Board members {Board President or the Board Secretary/Treasurer}, CEO and any other members designated by the Board President. Committee activities will include: reviewing Board committee structure, calendar, bylaws and, planning the bi-annual Board self-evaluation, and monitor conflict of interest. Legislative activities will include: establishing the legislative program scope & direction for the District, annually review appropriation request to be submitted by the District, effectively communicating and maintaining collegial relationships with local, state, and nationally elected officials.

F. Human Resources

The members of this committee shall consist of two (2) Board members, CEO, Chief Human Resources Officer, Chief Nursing Officer (CNO) and any other members designated by the Board President. This committee shall review and approve all personnel policies. This committee shall annually review and recommend changes to the Salary and Benefits Program, the Safety Program and the Workers' Compensation Program. This

committee will annually review the workers' compensation report, competency report & organizational development report.

G. Information Systems

The members of this committee shall consist of two (2) Board members, CEO, CFO, CNO, Chief Information Officer (CIO), Medical Director of Informatics, and any other members designated by the Board President. This committee shall supervise the Information Systems projects of the District.

H. Marketing and Community Relations

The members of this committee shall consist of two (2) Board members and CEO, Chief Strategy Officer, Marketing Director, and any other members designated by the Board President.

This committee shall oversee marketing and community relations activities in the District in order to increase the community's awareness of available services and to improve engagement with the population we serve. Additionally, create a brand that builds preference for Kaweah Health in the minds of consumers and creates a public image that instills trust, confidence, and is emblematic of Kaweah Health's mission and our vision to become "world-class". Further develops and fosters a positive perception that will attract the highest caliber of employees and medical staff.

I. Patient Experience

The members of this committee shall consist of two (2) Board members and the ~~Chief Nursing Officer~~CNO, Chief Human Resources Officer, ~~Director of Patient Experience,~~ Director of Emergency Services, and any other members designated by the Board President.

This committee will work with the patient experience team and leadership to develop a patient experience strategy to ensure that patient experiences are meeting the Mission and Vision of Kaweah Health and its foundational Pillar "Deliver excellent service".

J. Quality Council

The members of this committee shall consist of two (2) Board members, CEO or designate, CNO, Chief Medical ~~Chief~~ and Quality Officer (CMO~~C~~QO), Chief of the Medical Staff, chair of the Professional Staff Quality Committee (Prostaff), Medical Directors of Quality and Patient Safety, Director of Quality and Patient Safety, Director of Risk Management, and members of the Medical Staff as designated by the Board.

This committee shall review and recommend approval of the annual Quality Improvement (QI) plan and Patient Safety plans to the Board of Directors, determine priorities for improvement, monitor key outcomes related to Quality Focus Team activities, evaluate clinical quality, patient safety, and patient satisfaction, monitor and review risk management activities and outcomes, evaluate the effectiveness of the performance

improvement program, foster commitment and collaboration between the District and Medical Staff for continuous improvement, and review all relevant matters related to Quality within the institution, including Performance Improvement, Peer Review, Credentialing/Privileging and Risk Management.

K. Strategic Planning

The members of this committee shall consist of two (2) Board members, CEO, Chief Strategy Officer, ~~other~~ all Executive Team members, Medical Staff Officers, Immediate past Chief of Staff along with other members of the Medical Staff as designated by the Board and the CEO.

This committee shall review the budget plan, review the strategic plan and organize objectives, review changes or additions to service lines.

The Strategic Planning Committee will provide oversight and forward to the full Board the following reports:

1. Review of the Strategic Plan Annually
2. Strategic Plan initiatives progress and follow-up bi-monthly to full Board.

L. Independent Committees

The following independent committees may have Board member participation.

1. Cypress Company, LLC
2. Graduate Medical Education Committee (GMEC)
3. Joint Conference

~~4. Kaweah Health Medical Group~~

~~5.~~4. Kaweah Health Hospital Foundation

~~6.~~5. Quail Park {All entities}

~~7.~~6. Retirement Plans' Investment Committee

~~8.~~7. Sequoia Integrated Health, LLC

~~9.~~8. Sequoia Surgery Center, LLC

~~10.~~9. Sequoia Regional Cancer Center – Medical & Radiation, LLC

~~11.~~10. Tulare Kings Cancer (TKC) Development, LLC

- The Board President shall serve as General Manager for TKC Development, LLC.

~~12.~~11. 202 W. Willow – Board of Owners

~~13.~~12. Central Valley Health Care Alliance - JPA

M. Medical Affairs

1) A member of the Board, as appointed by the President, shall also serve on the following Medical Staff Committees:
   a) Joint Conference Committee - This committee shall regularly meet to discuss current issues/concerns with Medical Staff, Board, and Administration.
   b) Credentials Committee - The Board shall participate in this committee to observe the Medical Staff process.

Section 7910 The Governing Body Bylaws:

The Governing Body Bylaws and any changes thereto may be adopted at any regular or special meeting by a legally constituted quorum of the Governing Body. All portions of Governing Body Bylaws must be in compliance with applicable California Code, which is the ruling authority.

Any member of the Governing Body may request a review for possible revision of the Bylaws of the organization.

The Chief Executive OfficerCEO and the Governing Body shall review the Bylaws and recommend appropriate changes every yearannually.

Section 8101 Members of the Governing Body shall annually sign a job description the Board Bylaws which outlines the duties and responsibilities of the Governing Body members including but not limited to adherence to the Board policies and the Brown Act.

Section 9112 Members of the Governing Body are publicly elected. The members of the Governing Body are expected to participate actively in the functions of the Governing Body and its committees and to serve the constituency who elected them. Notwithstanding any other provision of law, the term of any member of the board of directors shall expire if he or she is absent from three consecutive regular meetings, or from three of any five consecutive meetings of the board and the board by resolution declares that a vacancy exists on the board. {California Health and Safety Code 32100.2}

Section 10123 The Chief Executive OfficerCEO shall provide an orientation program to all newly elected members of the Governing Body. {Board of Directors policy – BOD1 – Orientation of a New Board Member} All members of the Board of Directors shall be provided with current copies of the District Bylaws and the Medical Staff Bylaws and any revisions of these Bylaws.

~~**Section 11** All members of the Governing Body shall be provided with a copy of the Bylaws which govern the Board of Directors, a job description for the District Governing Body and the Board President or Individual Board Member as applicable~~.

Article III Officers of the Board

Section 1 The offices of President, Vice President, and Secretary/Treasurer shall be selected at the first regular meeting in December of a non-election year of the District. To hold the office of President, Vice President, or Secretary/Treasurer, a Board member must have at least one year of service on the Board of Directors. These officers shall hold office for a period of two (2) years or until the successors have been duly selected (or in the case of an unfulfilled term, appointed) and qualified. The officer positions shall be by election of the Board itself.

Section 2 The duties and responsibilities of the Governing Body President are:

A. Adhere to the duties and responsibilities of the Governing Body as outlined in Article II The Governing Body of the Kaweah Delta Health Care District Bylaws.

~~A.~~B. Keep the mission of the organization at the forefront and articulates it as the basis for all Board action.

~~B.~~C. Understand and communicate the roles and functions of the Board, committees, Medical Staff, and management.

~~C.~~D. Understand and communicate individual Board member, Board leader, and committee chair responsibilities and accountability.

~~D.~~E. Act as a liaison between the Board, management, and Medical Staff.

~~E.~~F. Plan agendas.

~~F.~~G. Preside over the meetings of the Board.

~~G.~~H. Preside over or attend other Board, Medical Staff, and other organization meetings.

~~H.~~I. Enforce Board and hospital bylaws, rules, and regulations (such as conflict of interest and confidentiality policies).

~~I.~~J. Appoint Board committee chairs and members in a consistent and systematic approach.

~~J.~~K. Act as a liaison between and among other Boards in the healthcare system.

~~K.~~L. Direct the committees of the Board, ensuring that the committee work plans flow from and support the hospital and Board goals, objectives, and work plans.

~~L.~~M. Provide orientation for new Board members and arrange continuing education for the Board.

~~M.~~N. Ensure effective Board self-evaluation.

~~N.~~O. Build cohesion among the leadership team of the Board President, CEO, and Medical Staff leaders.

~~O.~~P. Lead the CEO performance objective and evaluation process.

Section 3 The duties and responsibilities of the Governing Body Vice President are:

A. Adhere to the duties and responsibilities of the Governing Body as outlined in Article II The Governing Body of the Kaweah Delta Health Care District Bylaws.

~~A.~~B. The Vice President shall act as President in the absence of the President or the Secretary/Treasurer in the absence of the Secretary/Treasurer, and so acting shall have all the responsibility and authority of that position.

Section 4 The Secretary/Treasurer shall act as the Secretary for the Board of Directors of Kaweah Delta Health Care District and in so doing shall:

A. Adhere to the duties and responsibilities of the Governing Body as outlined in Article II The Governing Body of the Kaweah Delta Health Care District Bylaws.

~~A.~~B. Maintain minutes of all meetings of the Board of Directors.~~;~~

~~B.~~C. Be responsible for the custody of all records and for maintaining records of the meetings.~~;~~

D. Be assured that an agenda is prepared for all meetings.

~~C.~~E. Will be custodian of all funds of Kaweah Delta Health Care District as well as the health care facilities operated by the District.

~~D.~~F. Will assure that administration is using proper accounting systems; that this is a true and accurate accounting of the transactions of the District; that these transactions are recorded and accurate reports are regularly reported to the Board of Directors.

~~E.~~G. In conjunction with the Board Audit and Compliance Committee shall see that a major accounting firm provides ongoing overview and scrutiny of the fiscal assets of the District, and shall further assure that an annual audit is prepared by a major accounting firm and presented directly to the Board of Directors.

Article IV The Medical Staff

Section 1 The Governing Body shall appoint the Medical Staff composed of licensed physicians, surgeons, dentists, podiatrists, clinical psychologists, and all Allied Health Practitioners (including Physician Assistants, Nurse Practitioners and Nurse Midwives) duly licensed by the State of California. {California Health and Safety Code of the State of California, Section 32128} The Governing Body, upon consideration of the recommendations of the Medical Staff coming from the Medical Executive Committee, through the Credentials Committee, affirms or denies appointment and privileges to the Medical Staff of Kaweah Delta Health Care District in accordance with the procedure for appointment and reappointment of the medical staff as provided by the standards of the Joint Commission on Accreditation of Healthcare Organizations. {Joint Commission Standard MS.01.01.01} The Board of Directors shall reappoint members to the Medical Staff every two (2) years, as set forth in the Medical Staff Bylaws. The Governing Body requires that an organized Medical Staff is established within the District and that the Medical Staff submits their Bylaws, Rules and Regulations and any changes thereto, to the Governing Body for approval.

Section 2 Members of the Medical Staff are eligible to run in the public election for membership on the Governing Body in the same manner as other individuals.

Section 3 The Chief of Staff of Kaweah Delta Health Care District shall be notified and invited to each regular monthly meeting of the Governing Body and the Chief of Staff's input shall be solicited with respect to matters affecting the Medical Staff.

Section 4 The Chief of Staff of Kaweah Delta Health Care District shall be invited to all meetings of the Governing Body at which credentialing decisions are made concerning any member of the Medical Staff of Kaweah Health Medical Center or at which quality assurance reports are given concerning the provision of patient care at Kaweah Health Medical Center. Quality assurance reports shall be made to the Board periodically. Credentialing decisions shall be scheduled on an as-needed basis. The Chief of Staff shall be encouraged to advise the Board on the content and the quality of the presentations, and to make recommendations concerning policies and procedures, the improvement of patient care and/or the provision of new services by the District.

Section 5 The District has an organized Medical Staff that is accountable to the Governing Body. {Joint Commission Standard LD.01.05.01} The organized Medical Staff Executive Committee shall make recommendations directly to the Governing Body for its approval. Such recommendations shall pertain to the following:

A. the structure of the Medical Staff;
B. the mechanism used to review credentials and delineate clinical privileges;
C. individual Medical Staff membership;
D. specific clinical privileges for each eligible individual;
E. the organization of the performance improvement activities of the Medical Staff as well as the mechanism used to conduct, evaluate, and revise such activities;
F. the mechanism by which membership on the Medical Staff may be terminated;
G. the mechanism for fair hearing procedures.

Section 6 The Governing Body shall act upon recommendations concerning Medical Staff appointments, re-appointments, termination of appointments, and the granting or revision of clinical privileges within 120 days following the regular monthly meeting of the Governing Body at which the recommendations are presented through the Executive Committee of the organized Medical Staff. The S~~s~~ecretary/Treasurer of the B~~b~~oard of D~~d~~irectors or the ~~hospital administrator~~CEO shall mail notice of the action or decision to the affected applicant or M~~m~~edical S~~s~~taff member with the time specified in the applicable bylaw or rule. (California Health & Safety Code 32151}

Section 7 The Governing Body requires that only a member of the organized Medical Staff with admitting privileges at Kaweah Health Medical Center may admit a patient to Kaweah Health Medical Center and that such individuals may practice only within the scope of the privileges granted by the Governing Body and that each patient's general medical condition is the responsibility of a qualified physician of the Medical Staff.

Section 8 The Governing Body requires that members of the organized Medical Staff and all Allied Health Practitioners (including Physician Assistants, Nurse Practitioners and Nurse Midwives) maintain current professional liability insurance with approved carriers and in the amounts of $1,000,000/$3,000,000 (per occurrence / annual aggregate) or such other amounts as may be established by the Governing Body by resolution.

Section 9 The Governing Body holds the Medical Staff responsible for the development, adoption, and annual review of its own Medical Staff Bylaws, Rules and Regulations that are consistent with Kaweah Health policy, applicable codes, and other regulatory requirements. Neither the Medical Staff nor t~~T~~he Governing Body may make unilateral amendments to the Medical Staff Bylaws or the Medical Staff Rules and Regulations.

The Medical Staff Bylaws and the Rules and Regulations adopted by the Medical Staff, and any amendments thereto, are subject to, and effective upon, approval of the Governing Body, such approval not to be unreasonably withheld.

Section 10 The Medical Staff is responsible for establishing the mechanism for the selection of the Medical Staff Officers, Medical Staff Department Chairpersons, and Medical Staff Committee Chairpersons.

This mechanism will be included in the Medical Staff Bylaws.

Section 11 The Governing Body requires the Medical Staff and the Management to review and revise all department policies and procedures as often as needed. Such policies and procedures must be reviewed at least every three (3) years.

In adherence with Title 22, {70203} Policies relative to medical service {those preventative, diagnostic and therapeutic measures performed by or at the request of members of the organized medical staff} shall be approved by the G~~g~~overning ~~b~~Body as recommended by the Medical Staff.

In adherence with Title 22, {70213} Nursing Service Policies for patient care shall be developed, maintained and implemented by nursing services; policies which involve the Medical Staff shall be reviewed and approved by the Medical Staff prior to implementation.

Section 12 Individuals who provide patient care services (other than District staff members), but who are not subject to the Medical Staff privilege delineation process, shall submit their credentials to the Interdisciplinary Practice Committee of the Medical Staff which shall, via the Executive Committee, transmit its recommendations to the Governing Body for approval or disapproval.

Section 13 The quality of patient care services provided by individuals who are not subject to Medical Staff privilege delineation process, shall be included as a portion of the District's Performance Improvement program.

Section 14 The Governing Body specifies that under the privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA), the Medical Staff and the District are in an Organized Health Care Arrangement (OHCA). The OHCA is a clinically integrated care setting in which individuals receive heath care from more than one provider and the providers hold themselves out to the public as

participating in a joint arrangement. The Medical Staff is in an OHCA with the District for care provided at District facilities. This joint arrangement is disclosed to the patients in the Notice of Privacy Practices given to patients when they access care at any of the District's facilities.

Article V Joint Committees

Section 1 The President of the Governing Body or a member of the Board appointed by the President shall participate, along with the CEO, in the Joint Conference Committee, which is a committee of the Medical Staff. This committee shall serve as a systematic mechanism for communication between members of the Governing Body, Administration, and members of the Medical Staff. Specifically, issues which relate to quality of patient care shall be regularly addressed. Additionally, other matters of communication which are of importance to maintaining a sound working relationship between the Governing Body and the Medical Staff shall be discussed. The minutes, if any, shall be kept by the organized Medical Staff under the direction of its President. The proceedings and records of this committee are protected by Section 1157 of the evidence Code.

Article VI Chief Executive Officer

Section 1 The Governing Body shall be solely responsible for appointment or dismissal of the ~~Chief Executive Officer~~CEO. {Board of Directors policy – BOD2 – Chief Executive Officer (CEO) Transition}

Section 2 The Governing Body shall assure that the ~~Chief Executive Officer~~CEO is qualified for their responsibilities through education and/or experience. {Board of Directors policy – BOD3 – Chief Executive Officer (CEO) Criteria}

Section 3 The ~~Chief Executive Officer~~CEO shall act on behalf of the Governing Body in the overall management of the District.

Section 4 In the absence of the ~~Chief Executive Officer~~CEO, an Executive Team member designated by the ~~Chief Executive Officer~~CEO or by the President of the Governing Body shall assume the responsibilities of this position. The Governing Body retains final authority to name the person to act during the absence or incapacity of the ~~Chief Executive Officer~~CEO.

Section 5 Annually the Governing Body shall meet in Executive session to monitor the performance of the ~~Chief Executive Officer~~CEO. The conclusions and recommendations from this performance evaluation will be transmitted to the ~~Chief Executive Officer~~CEO by the Governing Body.

Section 6 The ~~Chief Executive Officer~~CEO shall select, employ, control, and have authority to discharge any employee of the District other than any individual with the title or equivalent function of a member of the Executive Team ~~-~~or Board Clerk. Employment of new personnel shall be subject to budget authorization granted by the Board of Directors.

Section 7 The ~~Chief Executive Officer~~CEO shall organize, and have the authority to reorganize the administrative structure of the District, below the level of CEO, subject to the limitations set forth in in Section 6 above. The District's organizational chart shall reflect that the Chief Compliance and Risk Officer has direct, solid-line reporting relationships to the Board (functional) and to the CEO (administrative).

Section 8 The ~~Chief Executive Officer~~CEO shall report to the Board at regular and special meetings all significant items of business of Kaweah Delta Health Care District and make recommendations concerning the disposition thereof.

Section 9 The ~~Chief Executive Officer~~CEO shall submit regularly, in cooperation with the appropriate committee of the Board, periodic reports as required by the Board.

Section 10 The ~~Chief Executive Officer~~CEO shall attend all meetings of the Board when possible and shall attend meetings of the various committees of the Board when so requested by the committee chairperson.

Section 11 The ~~Chief Executive Officer~~CEO shall serve as a liaison between the Board and the Medical Staff. The ~~Chief Executive Officer~~CEO shall cooperate with the Medical Staff and secure like cooperation on the part of all concerned with rendering professional service to the end that patients may receive the best possible care.

Section 12 The ~~Chief Executive Officer~~CEO shall make recommendations concerning the purchase of equipment and supplies and the provision of services by the District, considering the existing and developing needs of the community and the availability of financial and medical resources.

Section 13 The ~~Chief Executive Officer~~CEO shall keep abreast and be informed of new developments in the medical and administrative areas of hospital administration.

Section 14 The ~~Chief Executive Officer~~CEO shall oversee the physical plants and ground and keep them in a good state of repair, conferring with the appropriate committee of the Board in major matters, but carrying out routine repairs and maintenance without such consultation.

Section 15 The ~~Chief Executive Officer~~CEO shall supervise all business affairs such as the records of financial transactions, collections of accounts and purchase and issuance of supplies, and be certain that all funds are collected and expended to the best possible advantage.

Section 16 The ~~Chief Executive Officer~~CEO shall supervise the preservation of the permanent medical records of the District and act as overall custodian of these records.

Section 17 The ~~Chief Executive Officer~~CEO shall keep abreast of changes in applicable laws and regulations and shall insure that a District compliance program, appropriate educational programs, and organizational memberships are in place to carry out this responsibility.

Section 18 The ~~Chief Executive Officer~~CEO shall be responsible for assuring the organization's compliance with applicable licensure requirements, laws, rules,

and regulations, and for promptly acting upon any reports and/or recommendations from authorized agencies, as applicable.

Section 19 The ~~Chief Executive Officer~~CEO will ensure that the business of the Health Care District is conducted openly and transparently, as required by law.

Section 20 The ~~Chief Executive Officer~~CEO will oversee the activities of the Health Care District's community relations committees to ensure meaningful participation of community members and communication of the input and recommendation from the committee to the Board and to organization's management.

Section 21 The ~~Chief Executive Officer~~CEO shall perform any special duties assigned or delegated to them by the Board.

Article VII The Health Care District Guild

Section 1 The Governing Body recognizes the Kaweah Delta Health Care District Guild in support of the staff and patients of the District.

Section 2 The ~~Chief Executive Officer~~CEO is charged with effecting proper integration of the Guild within the framework of the organization.

Article VIII Performance Improvement (PI)

Section 1 The Governing Body requires that the Medical Staff and the Health Care District staff implement and report on the activities and mechanisms for monitoring and evaluating the quality of patient care, for identifying and resolving problems, and for identifying opportunities to improve patient care within the District.

Section 2 The Governing Body, through the ~~Chief Executive Officer~~CEO, shall support these activities and mechanisms.

Section 3 The Governing Body shall adopt a Performance Improvement Plan and Risk Management Plan for the District and shall provide for resources and support systems to ensure that the plans can be carried out.

Section 4 The Governing Body requires that a complete and accurate medical record shall be prepared and maintained for each patient; that the medical record of the patient shall be the basis for the review and analysis of quality of care. The Governing Body holds the organized Medical Staff responsible for self-governance with respect to the professional work performed in the hospital and for periodic meetings of the Medical Staff to review and analyze at regular intervals their clinical experience. Results of such review will be reported to the Governing body at specific intervals defined by the Board.

Section 5 The quality assurance mechanisms within any of the District's facilities shall provide for monitoring of patient care processes to assure that patients with the same health problem are receiving the same level of care within the District.

Article IX Conflict of Interest

Section 1 The Administration Policy Manual of Kaweah Delta Health Care District and the Board of Directors Policy Manual has a written Conflict of Interest Policy {Administrative Policy AP23 and Board of Directors Policy BOD5}, which requires the completion and filing of a Conflict of Interest Statement disclosing financial interests that may be materially affected by official actions and provides that designated staff members must disqualify themselves from acting in their official capacity when necessary in order to avoid a conflict of interest. The requirements of this policy are additional to the provisions of Government Code Section ~~§~~ 87100 and other laws pertaining to conflict of interest; and nothing herein is intended to modify or abridge the provisions of the policies of Kaweah Delta Health Care District which apply to:

A. members of the Governing Body,
B. the executive staff,
C. employees who hold designated positions identified in Exhibit "A" of the District Conflict of Interest Code.

Section 2 Each member of the Governing Body, specified executives, and designated employees must file an annual Conflict of Interest Statement as required by California Government Code ~~—~~Sections 87300-87313.

Section 3 The Board shall assess the adequacy of its conflict-of-interest/confidentiality policies and procedures {Board of Directors Policy - BOD5 - and Administrative Policy 23 – Conflict of Interest} ~~at least every two years~~every even numbered year. {Political Reform Act – State Fair Political Practice Commission}

Article X Indemnification of Directors, Officers, and Employees

Section 1 Actions other than by the District. The District shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any proceeding (other than an action by or in the right of the District to procure a judgment in its favor) by reason of the fact that such person is or was a director, officer or employee of the District, against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with such proceeding if that person acted in good faith and in a manner that the person reasonably believed to be in the best interest of the District ~~-~~and, in the case of a criminal proceeding, had no reasonable cause to believe the conduct of that person was unlawful. The termination ~~by~~ of any proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in the manner that the person reasonably believed to be in the best interests of the District person's conduct was unlawful.

Section 2 Actions by the District. The District shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending, or completed action by or in the right of the District to procure a judgment in its favor by reason of the fact that such person is or was a

director, officer, or employee of the District, against expenses actually and reasonably incurred by such person in connection with the defense or settlement of that action, if such person acted in good faith, in a manner such person believed to be in the best interest of the District and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under a similar circumstance.

No indemnification shall be made under this Section:

A. with respect to any claim, issue or matter as to which such person has been adjudged to be liable to the District in their performance of such person's duty to the District, unless and only to the extent that the court in which that proceeding is or was pending shall determine upon application that, in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for the expenses which the court shall determine;

B. of amounts paid in settling or otherwise disposing of a threatened or pending action, with or without court approval;

C. of expenses incurred in defending a threatened or pending action that is settled or otherwise disposed of without court approval.

Section 3 Successful defense by director, officer, or employee. To the extent that a director, officer or employee of the District has been successful on the merits in defense of any proceeding referred to in Section 1 or Section 2 of this Article X, or in defense of any claim, issue or matter therein, the director, officer or employee shall be indemnified as against expenses actually and reasonably incurred by that person in connection therewith.

Section 4 Required approval. Except as provided in Section 3 of this Article, any indemnification under this Article shall be made by the District only if authorized in the specific case, upon a determination that indemnification of the officer, director or employee is proper in the circumstances because the person has met the applicable standard of conduct set forth in Sections 2 and 3 of this Article X, by one of the following:

A. a majority vote of a quorum consisting of directors who are not parties to the proceeding; or

B. the court in which the proceeding is or was pending, on application made by the District or the officer, director or employee, or the attorney or other person rendering services in connection with the defense, whether or not such other person is opposed by the District.

Section 5 Advance of expenses. Expenses incurred in defending any proceeding may be advanced by the District before the final disposition of the proceeding upon receipt of an undertaking by or on behalf of the officer, director or employee to repay the amount of the advance unless it shall be determined ultimately that the officer, director or employee is entitled to be indemnified as authorized in this Article.

Section 6 Other contractual rights. Nothing contained in this Article shall affect any right to indemnification to which persons other than directors and officers of this District may be entitled by contract or otherwise.

Section 7 Limitations. No indemnification or advance shall be made under this Article except as provided in Section 3 or Section 4, in any circumstance where it appears:

A. that it would be inconsistent with the provision of the Articles, a resolution of the Board, or an agreement in effect at the time of accrual of the alleged cause of action asserted in the proceeding in which the expenses were incurred or other amounts were paid, which prohibits or otherwise limits indemnification; or

B. that it would be inconsistent with any condition expressly imposed by a court in approving a settlement.

Section 8 Insurance. If so desired by the Board of Directors, the District may purchase and maintain insurance on behalf of any officer, director, employee or agent of the corporation, insuring against any liability asserted against or incurred by the director, officer, employee or agent in that capacity or arising out of the person's status as such, whether or not the District would have the power to indemnify the person against that liability under the provisions of this Article.

If any article, section, sub-section, paragraph, sentence, clause or phrase of these Bylaws is for any reason held to be in conflict with the provisions of the Health and Safety Code of the State of California, such conflict shall not affect the validity of the remaining portion of these Bylaws.

These Bylaws for Kaweah Delta Health Care District are adopted, as amended, this ~~27~~26th -day of April, 202~~2~~3.

President
Kaweah Delta Health Care District

Secretary/Treasurer
Kaweah Delta Health Care District

Vice President
Kaweah Delta Health Care District

Board Member
Kaweah Delta Health Care District

Board Member
Kaweah Delta Health Care District