



June 23, 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 June 28, 2023: 3:30PM Open Meeting; 3:31PM Closed meeting pursuant to Government Code 54956.9(d)(1), 54956.9(d)(2), Health and Safety Code 1461 and 32155; 4:30PM Open Meeting with a closed session immediately following the 4:30PM Open meeting pursuant to Government Code 54957(b)(1).

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Health Medical Center, Mineral King Wing near the Mineral King entrance.

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

KAWEAH DELTA HEALTH CARE DISTRICT
Mike Olmos, Secretary/Treasurer

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

Cindy Moccio
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:
Governing Board
Legal Counsel
Executive Team
Chief of Staff

www.kaweahhealth.org

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

Wednesday June 28, 2023

OPEN MEETING AGENDA {3:30PM}

- 1. CALL TO ORDER**
- 2. APPROVAL OF AGENDA**
- 3. PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
- 4. APPROVAL OF THE CLOSED AGENDA – 3:31PM**
 - 4.1. Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 2 Cases – *Rachele Berglund, Legal Counsel*
 - 4.2. Conference with Legal Counsel** – Existing Litigation {Shipman v. KDHCD Case #VCU287291 – Pursuant to Government Code 54956.9(d)(1) – *Richard Salinas, Legal Counsel*
 - 4.3. Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 2 Cases - *Rachele Berglund, Legal Counsel and 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*
 - 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 – *Monica Manga, MD, Chief of Staff*
 - 4.6. Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Monica Manga, MD, Chief of Staff*

Wednesday, May 24, 2023

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*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*

- 4.7. **Report involving trade secrets {Health and Safety Code 32106}** – Discussion will concern a proposed new services/programs – estimated date of disclosure is December 2023 – *Ryan Gates, Chief Population Health Officer, Marc Mertz, Chief Strategy Officer, and Gary Herbst, Chief Executive Officer*
- 4.8. **Approval of the closed meeting minutes** – May 24, 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 June 28, 2023 closed meeting agenda.

5. ADJOURN

CLOSED MEETING AGENDA {3:31PM}

- 1. **CALL TO ORDER**
- 2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 2 Cases.
Rachele Berglund, Legal Counsel
- 3. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Pursuant to Government Code 54956.9(d)(1) - Shipman v. KDHCD Case #VCU287291.
Richard Salinas, Legal Counsel
- 4. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 2 Cases.
Rachele Berglund, Legal Counsel and 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
- 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.
Monica Manga, MD, Chief of Staff
- 7. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.
Monica Manga, MD, Chief of Staff

8. [REPORT INVOLVING TRADE SECRETS {HEALTH AND SAFETY CODE 32106}](#) – Discussion will concern a proposed new services/programs – estimated date of disclosure is December 2023.

Ryan Gates, Chief Population Health Officer, Marc Mertz, Chief Strategy Officer, and Gary Herbst, Chief Executive Officer

9. **APPROVAL OF THE CLOSED MEETING MINUTES** – [May 24, 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 – May 24, 2023.

10. **ADJOURN**

OPEN MEETING AGENDA {4:30PM}

1. **CALL TO ORDER**

2. **APPROVAL OF AGENDA**

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

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

5. **OPEN MINUTES** – Request approval of the [May 16](#), [May 24](#), and [June 14](#) 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 May 16, May 24, and June 14 open board of directors meeting minutes.

6. **RECOGNITIONS** – *Director Olmos*

6.1. Presentation of [Resolution 2194](#) to [Yvette Lopez](#), Laboratory Scientist, in recognition as the Kaweah Health World Class Employee of the month – June 2023.

6.2. Presentation of [Resolution 2195](#) to Robbin Franich in recognition of her retirement from Kaweah Health with 39 years of service.

6.3. Presentation of [Resolution 2196](#) to Janie Lopez in recognition of her retirement from Kaweah Health with 37 years of service.

6.4. Presentation of [Resolution 2197](#) to Monica Manga, MD in recognition of her service as the Kaweah Health Medical Staff Chief of Staff 2021-2023.

7. **INTRODUCTION – New Directors**

7.1. Mara Lawson, Interim Director of Clinical Education

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

Monica Manga, MD, Chief of Staff

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

Monica Manga, MD, Chief of Staff

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

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

Action Requested – Approval of the June 28th Consent Calendar.

9.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Maternal Child Health](#)
- D. [Environment of Care](#)

9.2. Approval of [rejection of claim](#) Mayra Diaz vs. Kaweah Health.

9.3. Approval to granting of [application for leave to present late claim](#) for Maribel Vasquez and Joseph Rios vs. Kaweah Health and approval of rejection of claim of Maribel Vasquez and Joseph Rios.

9.4. Approval of [rejection of claim](#) of Kathryn Lynne Gress; Richard David Gress Jr; Kathryn Michelle Gress, Amy Elizabeth Gress (Dennis) and Christopher Aaron Gress vs. Kaweah Health.

9.5. POLICIES – Administrative

- A. [AP.123 - Financial Assistance](#) {Revised}
- B. [AP.172 – Donor Recognition Policy Regarding Name Opportunities](#) {Revised}

10. **QUALITY – ANNUAL INFECTION PREVENTION** - A review of key quality measures and improvement actions associated with care of the maternal child health population.

Shawn Elkin, MPA, BSN, RN, PHN, CIC, Kaweah Health Infection Prevention Manager

11. **STRATEGIC PLAN** – Review and requested approved of the Strategic Plan for fiscal year 2023/2024.

Marc Mertz, Chief Strategy Officer, Suzy Plummer, Director of Project Management and Consulting Office, and Diana Saechao, Senior Consultant

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

Action Requested – Approval of the Strategic Plan for fiscal year 2023/2024.

11. **BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM (BHCIP) GRANT FOR BEHAVIORAL HEALTH** – Request the approval of Resolution 2198, a resolution of the Board of Directors of Kaweah Delta Health Care District dba Kaweah Health, authorizing application to and participation in the BHCIP - *Marc Mertz, Chief Strategy Officer & Acting 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 Resolution 2198, a resolution of the Board of Directors of Kaweah Delta Health Care District dba Kaweah Health, authorizing application to and participation in the BHCIP and to authorize the officers and agents of Kaweah Delta Health Care District dba Kaweah Health to approve and execute any and all documents necessary to submit the Behavioral Health Continuum Infrastructure Program (BHCIP) grant application.

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

Jag Batth, Chief Operating Officer

13. **2023/2024 ANNUAL OPERATING AND CAPITAL BUDGET** – Review of the annual operating and capital budget.

Malinda Tupper – Chief Financial 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.

Recommended action: Approval of the 2023/2024 Annual Operating and Capital Budget

14. REPORTS

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

Gary Herbst, Chief Executive Officer

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

David Francis, Board President

15. APPROVAL OF CLOSED AGENDA AS FOLLOWS: Closed Meeting Agenda – Immediately following the 4:30PM open session

15.1. CEO Evaluation – Discussion with the Board and the Chief Executive Officer relative to the evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1) – *Gary Herbst, CEO, Rachele Berglund, Legal Counsel & Board of Directors*

16. ADJOURN

CLOSED MEETING AGENDA

1. CALL TO ORDER

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

Gary Herbst, CEO. Rachele Berglund, Legal Counsel & Board of Directors

3. ADJOURN

In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors meeting.

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MAY 16, 2023 AT 4:00PM, AT SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM – 4945 W. CYPRESS AVENUE, VISALIA, CA.

PRESENT: Directors Francis, Gipson, Rodriguez & Olmos; G. Herbst, CEO; K. Noeske, VP & 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; D. Cox, Chief Human Resources Officer B. Cripps, Chief Compliance Officer, W. Brien, MD, CMO/CQO, R. Berglund, Legal Counsel; 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 (Olmos/Gipson) to approve the open agenda. This was supported unanimously by those present. Vote: Yes – Olmos, Gipson, Rodriguez and Francis Absent: Havard Mirviss

PUBLIC PARTICIPATION – None

ANNUAL OPERATING & CAPITAL BUDGET AND FINANCIALS – Review and discussion relative to the annual operating and capital budget strategies and the most current fiscal year financial results (copy attached to the original of these minutes and considered a part thereof).

- Following the presentation, the Board consensus was that they would like the projected numbers for census and projected number of procedures reevaluated prior to the next draft of the budget review in June.

ADJOURN - Meeting was adjourned at 5:21PM

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 MAY 24, 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; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer D. Cox, Chief Human Resources Officer, W. Brien, MD CMO/CQO; R. Berglund, Legal Counsel; E. McEntire, Director of Risk Management; R. Salinas, Legal Counsel; and C. Moccio recording

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

Director Francis entertained a motion to approve the agenda.

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

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) – 1 Case – *Rachele Berglund, Legal Counsel and Evelyn McEntire, Director of Risk Management*
- **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 7 Cases - *Rachele Berglund, Legal Counsel and Ben Cripps, Chief Compliance and Risk Officer*
- **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*
- **Approval of the closed meeting minutes** – April 26, 2023.

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

MMSC (Havard Mirviss/Rodriguez) to approve the May 24, 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 MAY 24, 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 Office; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer D. Cox, Chief Human Resources Officer, W. Brien, MD CMO/CQO; R. Berglund, Legal Counsel; E. McEntire, Director of Risk Management; R. Salinas, 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 (Gipson/Rodriguez) to approve the open agenda. This was supported unanimously by those present. Vote: Yes - Havard Mirviss, Gipson, Rodriguez, Olmos and Francis

PUBLIC PARTICIPATION – No comments.

CLOSED SESSION ACTION TAKEN: Approval the closed minutes from April 26, 2023.

OPEN MINUTES – Request approval of the open meeting minutes from April 26, 2023.

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

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

RECOGNITIONS

Presentation of Resolution 2189 to Geraldine White, RN-PPS/MDS Coordinator, in recognition as the Kaweah Health World Class Employee of the Year recipient.

Presentation of Resolution 2190 to Diana Saechao, Senior Consultant, in recognition as the Kaweah Health World Class Employee of the month – May 2023.

Presentation of Resolution 2191 to Rhonda Pendleton, CNA – OB Postpartum, in recognition of her retirement from Kaweah Health with 38 years of service.

Presentation Resolution 2192 in recognition of the Patient Safety Hero of the Year award to Brian Hernandez Armenta for exceptional work in patient safety.

Presentation Resolution 2193 in recognition of the Patient Safety Hero of the Year award to Wendy Rodriguez Hernandez for exceptional work in patient safety.

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

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

- No Report.

CONSENT CALENDAR – Director Francis entertained a motion to approve the May 24, 2023 consent calendar.

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

MMSC (Havard Mirviss/Rodriguez) to approve the May 24, 2023 consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

QUALITY REPORT – SEPSIS QUALITY FOCUS TEAM – Sepsis Management and Mortality Reduction Plan Review (copy attached to the original of these minutes and considered a part thereof) - *William Brien, MD, Chief Medical Officer/Chief Quality Officer*

Director Rodriguez left the meeting at 5:30PM

STRATEGIC PLAN - STRATEGIC GROWTH AND INNOVATION – Detailed review of Strategic Plan Initiative (copy attached to the original of these minutes and considered a part thereof) - *Marc Mertz, Chief Strategy Officer and Ivan Jara, Director of Outpatient Clinics*

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, DNP – Chief Nursing Officer*

REPORTS

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

- No report – read letter of appreciation about staff member at The Lifestyle Center (copy attached to the original of these minutes and considered a part thereof).

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

- Director Francis commended the leaders relative the various events held during hospital week for the staff.

ADJOURN - Meeting was adjourned at 6:56PM

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 JUNE 14, 2023 AT 3:30PM, AT SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM – 4945 W. CYPRESS AVENUE, VISALIA, CA.

PRESENT: Directors Francis, Gipson, Havard Mirviss & Olmos; G. Herbst, CEO; K. Noeske, VP & 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; D. Cox, Chief Human Resources Officer B. Cripps, Chief Compliance Officer, W. Brien, MD, CMO/CQO, R. Berglund, Legal Counsel; C. Moccio, recording

The meeting was called to order at 3:30PM by Director Francis.

Director Francis entertained a motion to approve the agenda.

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

PUBLIC PARTICIPATION – None

ANNUAL OPERATING & CAPITAL BUDGET AND FINANCIALS – Review and discussion relative to the annual operating and capital budget strategies and the most current fiscal year financial results (copy attached to the original of these minutes and considered a part thereof).

ADJOURN - Meeting was adjourned at 5:55PM

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 2194

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

PASSED AND APPROVED this 28th day of June 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

Employee of the Month: Yvette Lopez, CLS

I am writing this recommendation to nominate Yvette Lopez for the employee of the month award. She is a wonderful employee, a huge asset to our clinical laboratory and is so deserving of this award and recognition. Yvette has worked as a Clinical Lab Scientist for Kaweah Health for over 14 years. Some of the departments that she works in as a generalist CLS are: Chemistry, Hematology and Coag, and Serology. She is highly thought of by her peers. Despite the high workload we experience on a daily basis, Yvette consistently finds ways to help her co-workers and other departments. Her willingness to help others is unequalled. When the lab was short staffed on the NOC shift, Yvette doesn't hesitate and will volunteer to come in early to help cover. Her daily shift starts at 5:00 am, so she would come in several hours earlier to cover and then work her full normal shift.

Yvette sets a great example here in the lab. She is always helping others without being asked. Yvette is very likable and easy to work with. She is always polite and has a lot of patience when training others. Yvette is very dependable and sincere. She is consistent in the work she does. She is a team player and is always a pleasure to work with. She is a shining example of what Kaweah Care is all about. We could use more people like Yvette in this organization.

It is with great pleasure that I respectfully submit this nomination Yvette to be recognized as the employee of the month.



RESOLUTION 2195

WHEREAS, Robbin Franich, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 39 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 Robbin Franich for 39 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 28th day of June 2023 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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



RESOLUTION 2196

WHEREAS, Janie Lopez, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 37 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 Janie Lopez for 37 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 28th day of June 2023 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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



Kaweah Health™

RESOLUTION 2197

WHEREAS, Monica Manga, M.D. has served as the Chief of the Medical Staff of Kaweah Delta Health Care District dba Kaweah Health from 2021-2023 and;

WHEREAS, in that capacity Dr. Manga has provided excellent leadership for the Medical Staff and supported the mission and vision of Kaweah Health through two years of great achievement and growth, and;

WHEREAS, Dr. Manga has always been available, attentive and responsive to the Board, Medical Staff, and Executive Team of Kaweah Health in carrying out the duties of her position, and;

WHEREAS, Dr. Manga has been an effective leader of the Medical Staff in areas of accreditation, self-governance, peer review, and improvement of patient care.

NOW THEREFORE, BE IT RESOLVED, that the Board of Directors of the Kaweah Delta Health Care District on behalf of themselves, the the Kaweah Health Staff, and the Community they represent, hereby extend their sincerest gratitude and appreciation to Monica Manga, M.D. 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 28th day of June 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 - June 2023

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kawehealth.org - (559) 624-5456
 Date prepared: 6/21/2023

Central Valley Critical Care Medicine	
Step-Down Hospitalist	2

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

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

Sequoia Oncology Medical Associates Inc.	
Hematology/Oncology	1

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

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

Sequoia Cardiology Medical Group	
EP Cardiology	1

Valley Hospitalist Medical Group	
GI Hospitalist	1

Valley ENT	
Audiology	1
Otolaryngology	1

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

Stanford Health Care	
Cardiothoracic Surgery	2

USC Urology	
Urology	3

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

Candidate Activity	#	Specialty	Group	Date Added	Current Status
	1	General Surgery - Trauma	ACTS	2/28/2023	Pending initial phone call
	2	Medical Oncology	Sequoia Oncology Medical Associates	9/27/2022	Site Visit: 10/21/22. Offer
	3	Orthopedic Trauma	Orthopaedic Associates Medical	8/18/2022	Currently under review
	4	General Surgery - Critical Care	ACTS	3/27/2023	Currently under review
	5	Cardiothoracic Surgery	Stanford	4/5/2023	Site Visit: 6/23/23
	6	Cardiothoracic Surgery	Stanford	5/1/2023	Currently under review
	7	Cardiothoracic Surgery	Stanford	5/2/2023	Currently under review
	8	Pediatric Hospitalist	Valley Children's	5/12/2023	Site Visit: 5/18/23
	9	Endocrinology	Delta Doctors	5/15/2023	Pending phone call - Dr. Raj
	11	Internal Medicine	Delta Doctors	4/21/2023	Currently under review
	12	Cardiothoracic Surgery	Stanford	5/22/2023	Site Visit: 8/7/23
	13	Hospice/Palliative Medicine	Independent	6/21/2023	Pending offer meeting
	14	Pediatric Hospitalist/Med	Valley Children's/Valley	5/24/2023	Currently under review
	15	Family Medicine	Delta Doctors	6/5/2023	Site Visit: 7/14/23
	16	Orthopedic Trauma	Orthopaedic Associates Medical Clinic, inc	6/5/2023	Site visit pending dates
	17	Gastroenterology	TBD	6/21/2023	Currently under review
	18	Adult Psychiatry	Delta Doctors	6/21/2023	Currently under review
	19	Family Medicine	TBD	6/21/2023	Currently under review
	20	Family Medicine	TBD	6/21/2023	Currently under review

Offer Extended	#	Specialty	Group	Offer Sent
	1	Cardiothoracic Surgery	Stanford	3/23/2023
	2	Hospitalist	Valley Hospitalist	6/1/2023
	3			
	4			

Offer Accepted	#	Specialty	Group	Date Candidate Signed	Expected Start Date
	1	Neonatology	Valley Children's	9/10/2022	Summer 2023
	2	Neonatology	Valley Children's	12/1/2022	Summer 2023
	3	Anesthesia - General	Oak Creek Anesthesia	2/1/2023	Summer 2023
	4	Hospitalist	Valley Hospitalist	3/15/202	Summer 2023
	5	CRNA	Oak Creek Anesthesia	Pending	Summer 2023
	6	Orthopedic Trauma	Orthopaedic Associates	4/26/2023	Summer 2024
	7	Psychiatry	Precision Psychiatry	6/6/2023	Summer 2023
	8	Neurology	Health Neurology	1/0/1900	Summer 2023
9	Anesthesia - General	Oak Creek Anesthesia	Pending	Summer 2023	



FY 2023 Strategic Plan

Monthly Performance Report
June 28, 2023



kawahhealth.org

Kaweah Health Strategic Plan: Fiscal Year 2023

Our Mission

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

Our Vision

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

Our Pillars

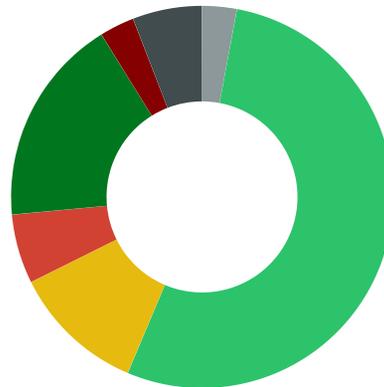
- Achieve outstanding community health.
- Deliver excellent service.
- Provide an ideal work environment.
- Empower through education.
- Maintain financial strength.

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

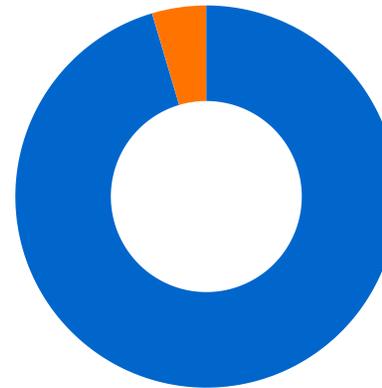
- [Empower Through Education](#)
- [Ideal Work Environment](#)
- [Strategic Growth and Innovation](#)
- [Organization Efficiency and Effectiveness](#)
- [Outstanding Health Outcomes](#)
- [Patient and Community Experience](#)

Kaweah Health Strategic Plan FY2023 Overview

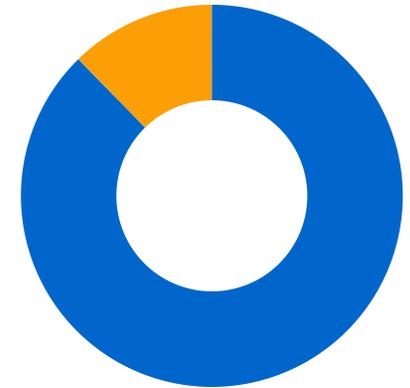
Statuses



Due Dates



Progress Updates



● Not Started	6 (3%)
● On Track	109 (53%)
● Off Track	23 (11%)
● At Risk	12 (6%)
● Achieved	36 (18%)
● Not Achieved	6 (3%)
● Canceled	12 (6%)

● Not Past Due	125 (95%)
● Past Due	6 (5%)

● Up-to-Date	178 (88%)
● Late	25 (12%)
● Pending	0 (0%)

Empower Through Education

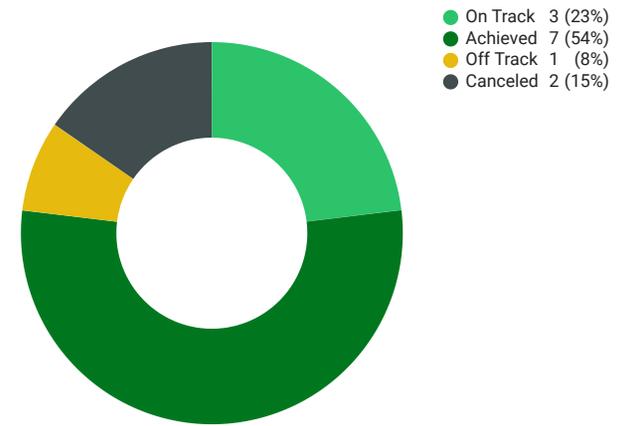
Champions: Lori Winston, MD and Lacey Jensen

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

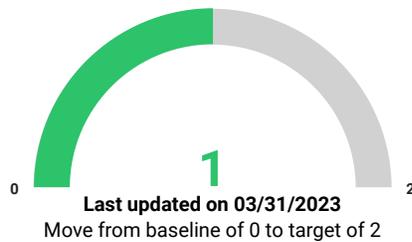
FY2023 Strategic Plan - Empower Through Education Strategies

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

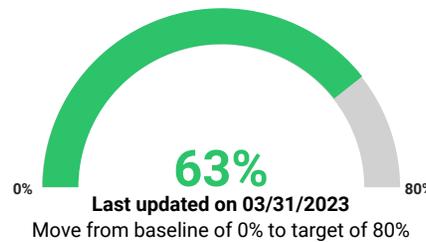
Objectives and Outcomes



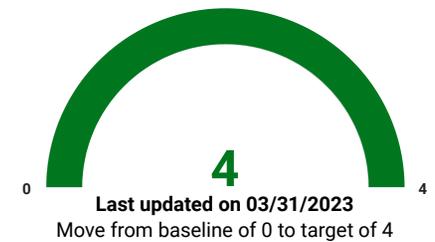
Launch interdisciplinary educational opportunitie...



ACGME Faculty Development



Maintain quarterly Schwartz rounds



Ideal Work Environment

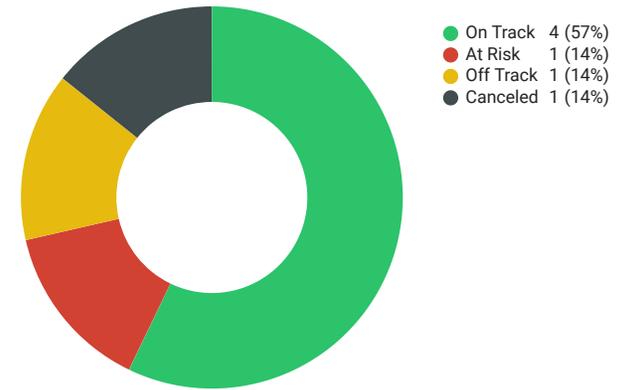
Champions: Dianne Cox and Raleen Larez

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

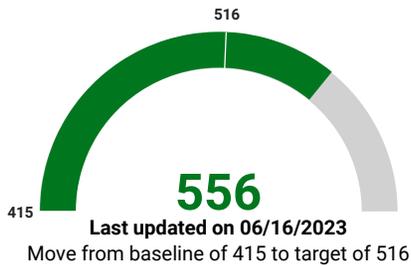
FY2023 Strategic Plan - Ideal Work Environment Strategies

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

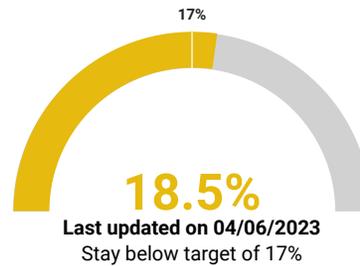
Objectives and Outcomes



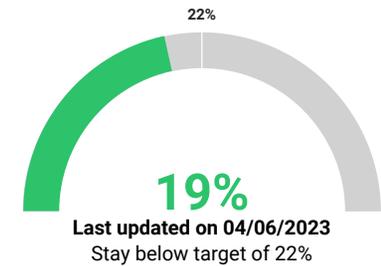
Expand Volunteer Programs



Decrease overall KH turnover rate



Decrease nursing turnover rate



Strategic Growth and Innovation

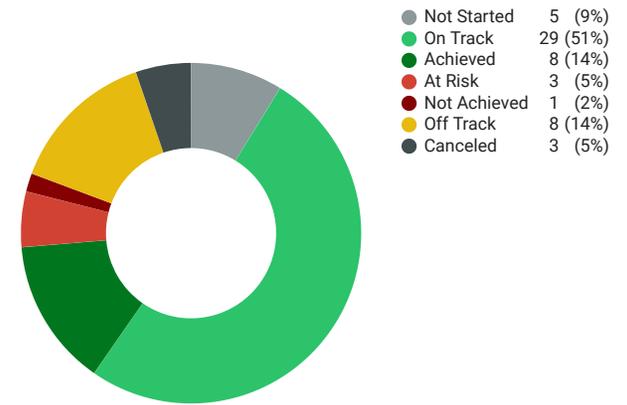
Champions: Marc Mertz and Ivan Jara

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

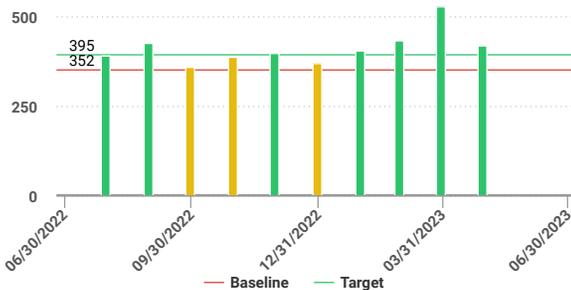
FY2023 Strategic Plan - Strategic Growth and Innovation Strategies

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

Objectives and Outcomes

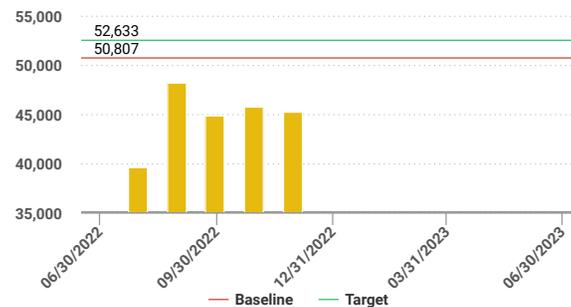


Perform 395 inpatient surgeries per month



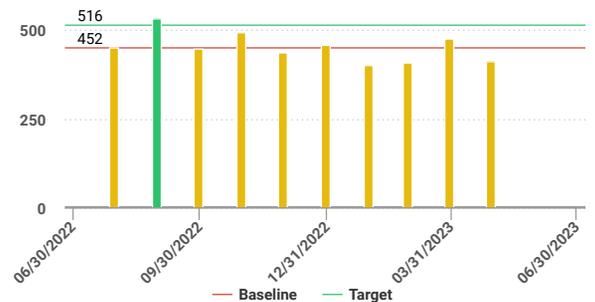
Showing data for: Jul 1, 2022 - Jun 30, 2023

See 52,633 ambulatory visits per month



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

Perform 516 monthly outpatient surgeries



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

Organizational Efficiency and Effectiveness

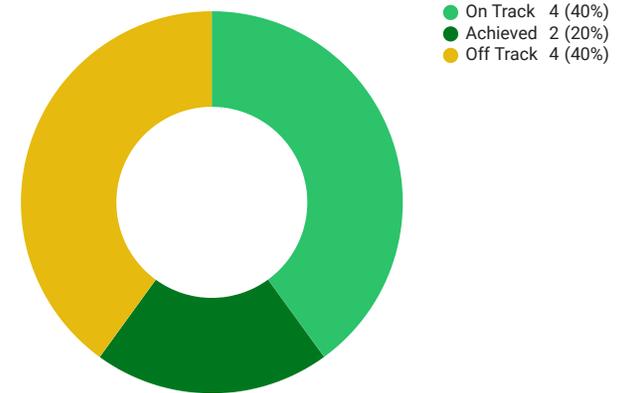
Champions: Jag Batth and Rebekah Foster

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

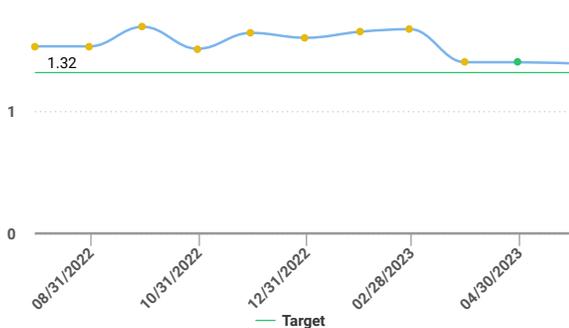
FY2023 Strategic Plan - Organization Efficiency and Effectiveness Strategies

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

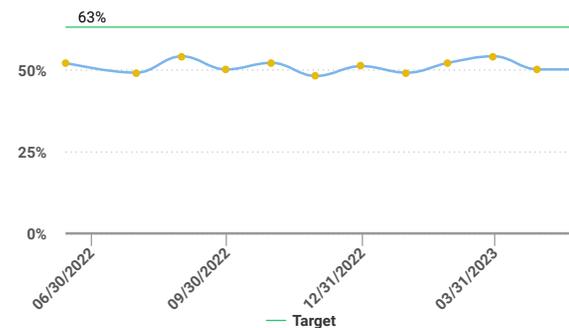
Objectives and Outcomes



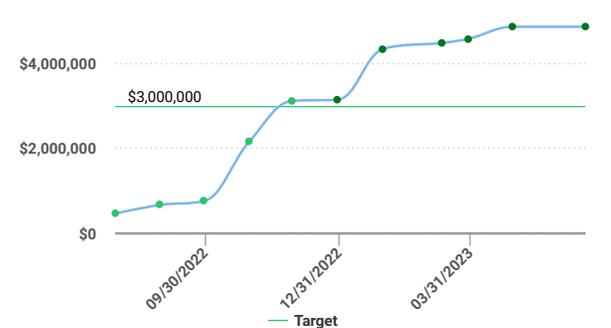
IP O:E Length of Stay in Days (lower better)



Overall OR Utilization (higher better)



Identified Cost Savings and Revenue Opportunities



Outstanding Health Outcomes

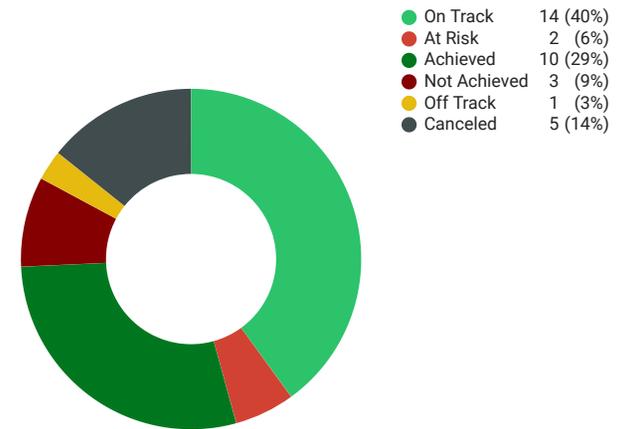
Champions: Dr. William Brien and Sonia Duran-Aguilar

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

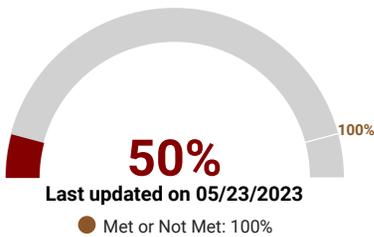
FY2023 Strategic Plan - Outstanding Health Outcomes Strategies

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

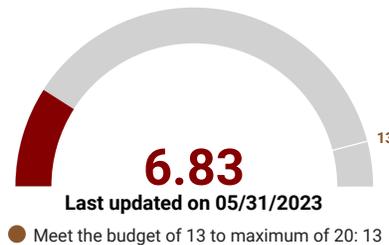
Objectives and Outcomes



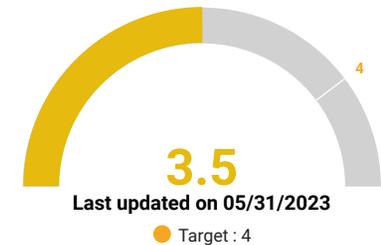
Team Rounds Rollout to Valley Hospitalist and ACTSS



Meet QIP measure performance



Medicare Advantage STAR Rating for RHC/SHWC



Patient and Community Experience

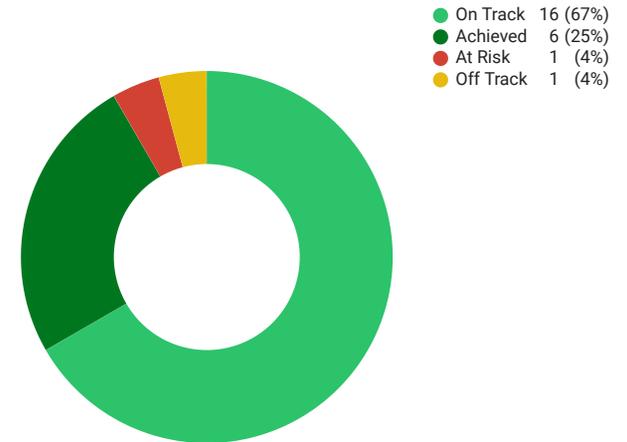
Champions: Keri Noeske and Deborah Volosin

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

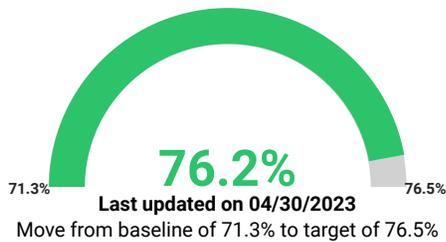
FY2023 Strategic Plan - Patient and Community Experience Strategies

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

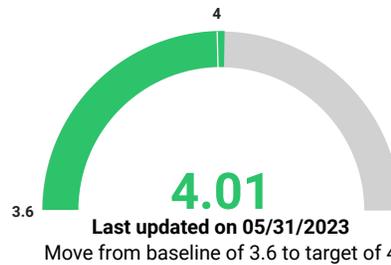
Objectives and Outcomes



Achieve Overall Rating Goal on HCAHPS Survey



Achieve Patient Feedback Score Goal on ED Survey



Decrease lost belongings by 25%



Kaweah Delta Health Care District Annual Report to the Board of Directors

Maternal Child Health (MCH)

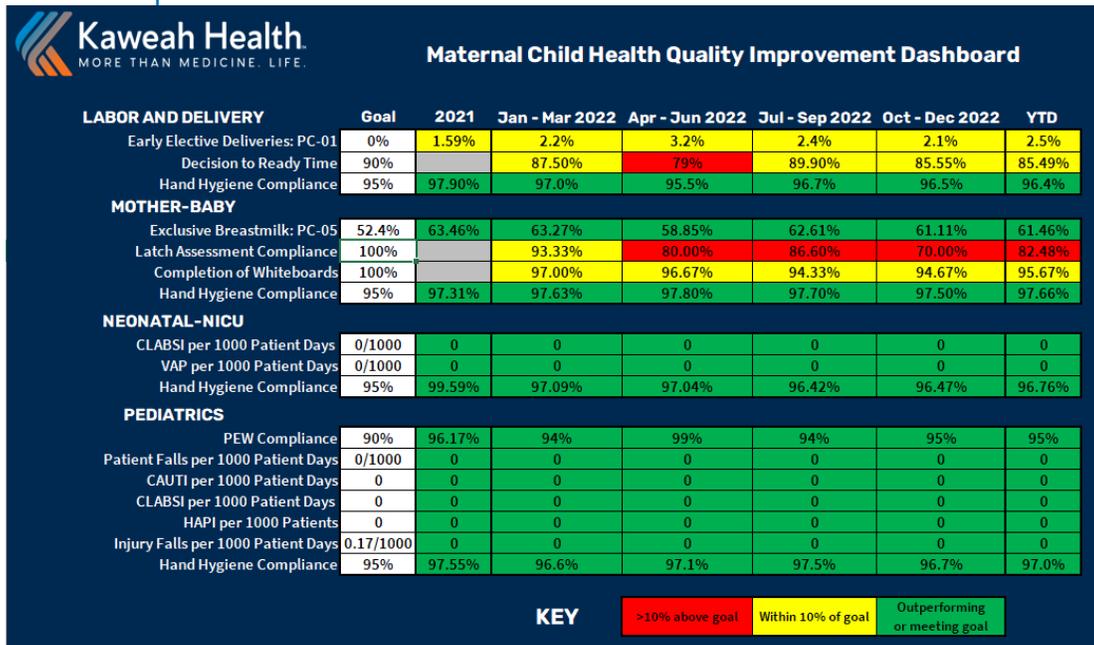
Melissa Filiponi, BSN, PHN, RNC-MNN
 Director Maternal Child Health
 559-624-5338
 June 2023

Summary Issue/Service Considered

- Seek opportunities to grow volumes in Labor and Delivery, Labor Triage, Mother Baby, Neonatal Intensive Care Unit, and Pediatrics.
- Focus remains around recruitment for Labor and Delivery and the NICU to decrease/eliminate agency nursing staff and build the core team for enhanced team morale as well as retention in maintaining experienced qualified staff.
- Unit Based Councils will identify key performance indicators for Labor and Delivery, Mother Baby, NICU and Pediatrics and begin monitoring and action planning for FY 24.
- Seek opportunities to decrease labor and supply costs in Labor and Delivery, Labor Triage, Mother Baby, NICU and Pediatrics.

Quality/Performance Improvement Data

- Active surveillance of all MCH quality measures, action plans in place for all clinical indicators that are not meeting the goals. We continue to strive to provide world-class care to our patients.



Kaweah Health MORE THAN MEDICINE. LIFE.		Maternal Child Health Quality Improvement Dashboard					
	Goal	2021	Jan - Mar 2022	Apr - Jun 2022	Jul - Sep 2022	Oct - Dec 2022	YTD
LABOR AND DELIVERY							
Early Elective Deliveries: PC-01	0%	1.59%	2.2%	3.2%	2.4%	2.1%	2.5%
Decision to Ready Time	90%		87.50%	79%	89.90%	85.55%	85.49%
Hand Hygiene Compliance	95%	97.90%	97.0%	95.5%	96.7%	96.5%	96.4%
MOTHER-BABY							
Exclusive Breastmilk: PC-05	52.4%	63.46%	63.27%	58.85%	62.61%	61.11%	61.46%
Latch Assessment Compliance	100%		93.33%	80.00%	86.60%	70.00%	82.48%
Completion of Whiteboards	100%		97.00%	96.67%	94.33%	94.67%	95.67%
Hand Hygiene Compliance	95%	97.31%	97.63%	97.80%	97.70%	97.50%	97.66%
NEONATAL-NICU							
CLABSI per 1000 Patient Days	0/1000	0	0	0	0	0	0
VAP per 1000 Patient Days	0/1000	0	0	0	0	0	0
Hand Hygiene Compliance	95%	99.59%	97.09%	97.04%	96.42%	96.47%	96.76%
PEDIATRICS							
PEW Compliance	90%	96.17%	94%	99%	94%	95%	95%
Patient Falls per 1000 Patient Days	0/1000	0	0	0	0	0	0
CAUTI per 1000 Patient Days	0	0	0	0	0	0	0
CLABSI per 1000 Patient Days	0	0	0	0	0	0	0
HAPI per 1000 Patients	0	0	0	0	0	0	0
Injury Falls per 1000 Patient Days	0.17/1000	0	0	0	0	0	0
Hand Hygiene Compliance	95%	97.55%	96.6%	97.1%	97.5%	96.7%	97.0%

KEY

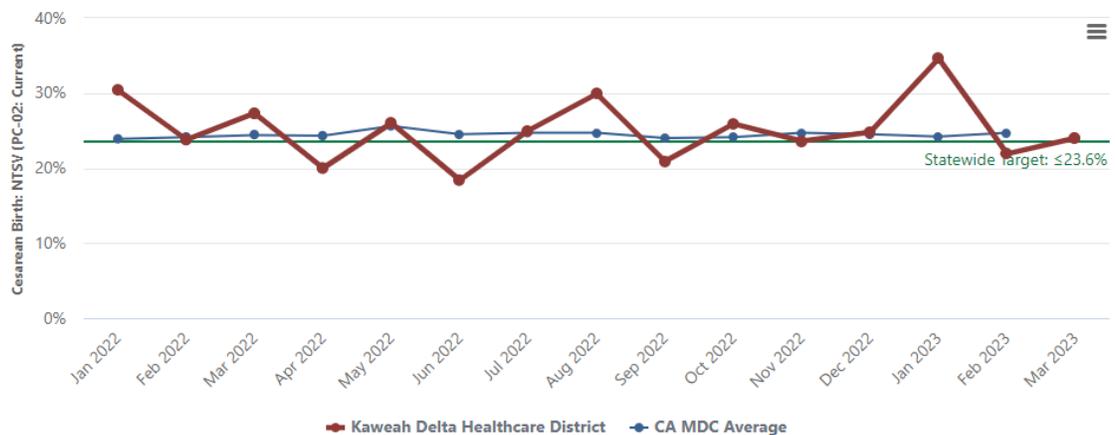
>10% above goal	Within 10% of goal	Outperforming or meeting goal
-----------------	--------------------	-------------------------------

- Kaweah Health Foundation received a California Health Facilities Financing Authorities (CHFFA) Pediatric grant in the amount of just under \$1.1 million dollars. Our MCH departments were able to capitalize on this grant and utilize the funds to purchase new and updated equipment that include: photo therapy lights, venoscopes, neonatal ECG

cables, thermometers, otoscopes, infant scales and carts, pediatric scales and carts, portable suction, regulator vacuums, C-MAC video laryngoscope system, SimJunior pediatric simulation system, Simbaby pediatric simulation system, 8 transcutaneous bilimeters, bedside tables for pediatrics, commercial refrigerator for milk prep room, commercial dishwasher for milk prep room, 23 new infant warmers, 2 new hearing screen machines, Aerogens, wheelchairs, stethoscopes, and new cribs and mattresses.

- In January 2023, we began to utilize California Maternal Quality Care Collaborative (CMQCC) to track data that was not being captured previously for our Mother Baby patient population. CMQCC allows us to look at our data including maternal morbidity and mortality and racial disparities. After review of the data, Mother Baby has begun working with Dr. Quince (2nd year Kaweah Health Family Medicine resident) on a project regarding birth equity and severe maternal mortality as well as a retrospective study looking at our breastfeeding bundle.
- The Early Recovery After C-section (ERAC) Program continues to be an area of focus for both Labor and Delivery and Mother Baby. This program is like the Early Recovery After Surgery (ERAS) Program, which was implemented in the Main Operating Rooms for orthopedic and gastrointestinal surgeries. Order sets and nursing practices are in place and ERAC is proven to improve the healing process and reduce postoperative infections.
- Labor and Delivery continues to participate in the California Maternal Quality Care Collaborative (CMQCC) Program to track our quality data as well as develop our policies and procedures in alignment with providing care that is evidence-based best practice. We continue to focus efforts on cesarean births among first-time moms and providing them with an opportunity to try and deliver vaginally unless medically indicated.

Cesarean births among Nulliparous, Term, Singleton, Vertex (NTSV) deliveries. The PC-02-Current version uses the most current Joint Commission (TJC) PC-02 measure specifications retrospectively applied to all prior time periods. This allows for accurate trending, even as the TJC specifications have changed over time. [See more details](#)



*Healthy People 2030 Target Rate

- The Mother Baby Unit continues to focus on exclusive breastfeeding as evidenced by the scores that surpass the California Department of Health goal of 52.4%. We offer lactation support at delivery and throughout the hospital stay 7 days a week. Thank you to the Kaweah Health Guild, Mother Baby will implement new equipment for providing baby baths. The Turtle Tubs provide an opportunity for nursing staff to educate the parents during the 1st bath on how to perform the baths at home in a safe manner. Mother Baby continues to provide community education classes for Breastfeeding and Prepared Childbirth which are highly valued in the community. We also continue to provide a robust education program for the staff including didactic learning modules and simulation for postpartum hemorrhage and hypertensive disorders of pregnancy.
- The Neonatal Intensive Care Unit (NICU) continues to participate in the California Perinatal Quality Care Collaborative (CPQCC). The NICU has had zero Ventilator Associated Pneumonia (VAP) and zero Central Line Associated Blood Stream Infection (CLABSI) for CY 2022. NICU continues to hire new nursing staff and has revamped and developed a robust

orientation and education program to provide staff with an enhanced learning experience including didactic and simulation training. In the past year, we have been successful in keeping babies as low as 25 weeks gestation weighing 620 grams. The NICU Staff are growing in their abilities to care for these tiny patients every day. The NICU is also set to get an upgrade to our Milk Prep Room including a new commercial refrigerator and dishwasher, all made possible by the CHFFA grant that the Kaweah Foundation received. The NICU is developing and implementing a Neonatal Insulin Drip policy allowing us to standardize the care we provide to our littlest patients and reduce the number of transfers to Valley Children's Hospital. Our collaboration with the Respiratory Therapy department as allowed us to have 24/7 coverage on the unit.

- Our Neonatologists in coordination with NICU Leadership continue to collaborate with our Maternal Fetal Medicine Physicians on a regular basis for optimal care provisions for our high-risk patients and their impending births. This allows us to meet with our patients prior to delivery to plan and address the special needs for their situation. This is an integral part of patient safety to ensure that everyone involved in the care of the mother and baby are included in the development of the plan of care prior to birth and after delivery.
- Pediatrics continues to collaborate between nursing and the Pediatric Hospitalists which has enhanced the level of care that we provide to our patients. The team has increased their abilities to provide care to higher acuity patients because of the pediatric respiratory surge in Fall 2022. The team continues to respond to any Pediatric RRT in the Emergency Department to collaborate with the ED team ensuring we provide the best care to our pediatric population.

Policy, Strategic or Tactical Issues

- Code EFM, a guideline when in place reduces poor neonatal outcomes, was developed, and implemented in coordination with our Medical Staff Department. This program provides nursing with an avenue to escalate discussion for the appearance of a concerning fetal tracing to specialists on the team.
- The Laborist Program was implemented in 2019. In January 2023, we moved to a restricted 24/7 program which always provides a Laborist onsite. This program will and has improved patient safety for all Obstetrical Patients in the hospital by allowing for immediate obstetrician/gynecologist access for all patients who present to our hospital.
- Continued focus on electronic medical record optimization throughout MCH through our weekly meetings and partnership with ISS.
- Mother Baby developed and recently implemented a Newborn Falls policy in May 2023 based on evidence and best practice. This policy will standardize the care our infants receive post fall and contribute to prevention of falls. Many of our mom's battle fatigue post-delivery and newborn falls occur due to caregiver fatigue. Another implementation to aide in reducing the number of newborn falls was an adjustment to the visiting policy on Mother Baby, allowing visitors and siblings between 0900-1100 and 1600-1800. This allows us to provide the "family" atmosphere but also provide our patients with adequate "rest" time to focus on breastfeeding and bonding with their newborn.

Recommendations/Next Steps

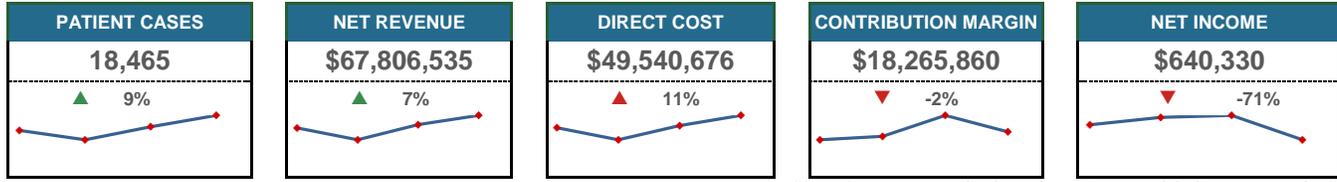
- We will focus on continued efforts in improving the patient experience by providing world-class care.
- We will focus on rebuilding our unit-based councils and comprehensive unit-based safety programs within our units which suffered tremendously throughout the pandemic.
- We will continue to collaborate with Marketing to promote our service line.
- We will continue to collaborate with our Emergency Department to improve pediatric care, access, and outcomes.

- We will continue to recruit and hire into vacancies within the Maternal Child Health areas reducing contract labor.
- We will continue to promote active engagement and collaboration of our physician partners.

Approvals/Conclusions

- Strive for overall quality outcomes and set goals to continue to improve.
- Financial Performance Key Takeaways:
 1. Fiscal Year 2023 contribution margin of \$18.2 million, which is a 2% decrease from FY 22.
 2. Overall MCH saw a 9% increase in patient cases for FY 23.
 3. Overall direct cost increased by 11% mostly due to cost of contract labor in Labor and Delivery and the NICU and an increase in supply costs throughout all units.
 4. Overall indirect cost increased by 7% compared to FY 22.
 5. Supplemental funding increased 5% compared to FY 22.
- Direct Costs/Case were up by 2% compared to FY 22.
- The Maternal Child Health Division will continue to work to develop financially responsible, realistic budgets and continue to be productive.

KEY METRICS - FY 2023 Eight Months Ended February 28, 2023 Annualized



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

METRICS BY SERVICE LINE - FY 2023

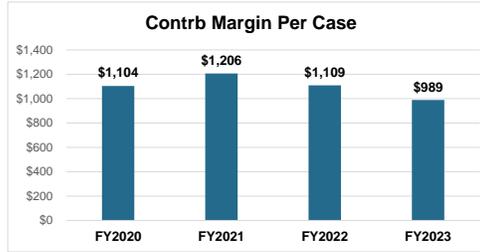
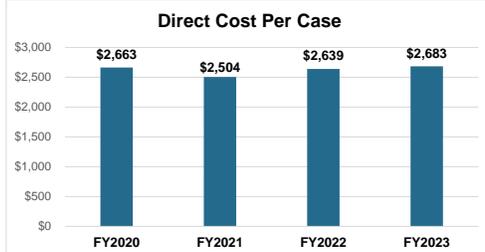
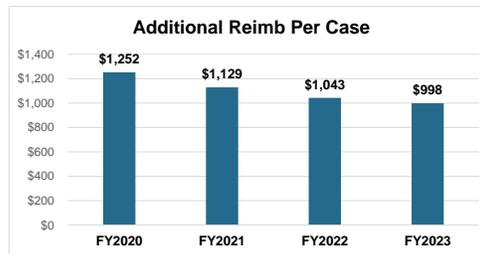
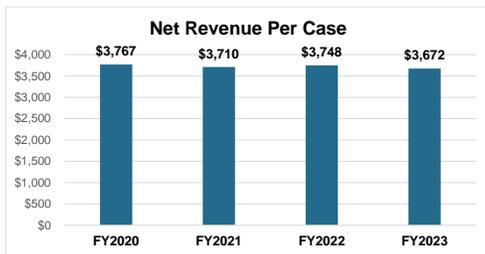
SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
OB/Delivery	4,727	\$30,999,093	\$21,335,361	\$9,663,732	\$2,101,139
Neonatology	1,487	\$21,907,597	\$16,279,930	\$5,627,667	\$124,135
Normal Newborns	3,345	\$5,656,129	\$3,214,413	\$2,441,715	\$1,279,601
Pediatrics	576	\$5,529,882	\$4,188,607	\$1,341,275	(\$400,063)
Other OB	335	\$2,184,203	\$1,275,012	\$909,191	\$473,534
OP Obstetrics	7,997	\$1,529,633	\$3,247,353	(\$1,717,721)	(\$2,938,016)
Maternal Child Health Total	18,465	\$67,806,535	\$49,540,676	\$18,265,860	\$640,330

*Annualized

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	16,348	15,040	16,868	18,465	▲ 9%	
Net Revenue	\$61,583,117	\$55,800,283	\$63,219,992	\$67,806,535	▲ 7%	
Direct Cost	\$43,532,788	\$37,656,596	\$44,507,238	\$49,540,676	▲ 11%	
Additional Reimb	\$20,466,133	\$16,976,757	\$17,590,369	\$18,434,181	▲ 5%	
Contribution Margin	\$18,050,330	\$18,143,687	\$18,712,754	\$18,265,860	▼ -2%	
Indirect Cost	\$16,440,352	\$16,047,266	\$16,481,941	\$17,625,530	▲ 7%	
Net Income	\$1,609,978	\$2,096,421	\$2,230,813	\$640,330	▼ -71%	
Net Revenue Per Case	\$3,767	\$3,710	\$3,748	\$3,672	▼ -2%	
Additional Reimb Per Case	\$1,252	\$1,129	\$1,043	\$998	▼ -4%	
Direct Cost Per Case	\$2,663	\$2,504	\$2,639	\$2,683	▲ 2%	
Contrb Margin Per Case	\$1,104	\$1,206	\$1,109	\$989	▼ -11%	
CM w/o Add Reim Per Case	(\$148)	\$78	\$67	(\$9)	▼ -114%	

PER CASE TRENDED GRAPHS



Notes:

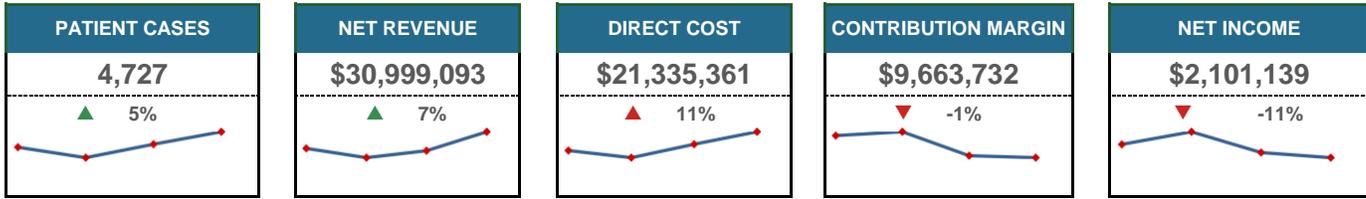
Source: Inpatient and Outpatient Service Line Reports
 Selection Criteria Inpatient and Outpatient Data: ServiceLine IN (OB/Delivery, Normal Newborn, Neonatology, Pediatrics (age 0-18), Other OB and OP Obstetrics)

KAWEAH HEALTH ANNUAL BOARD REPORT

Maternal Child Health Services - Inpatient OB/Delivery Service Line

FY2023 Annualized

KEY METRICS - FY 2023 Eight Months Ended February 28, 2023 Annualized

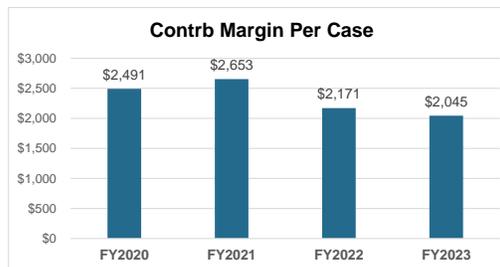
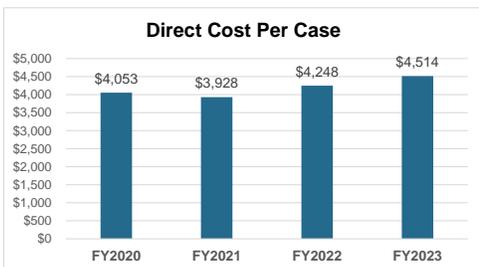
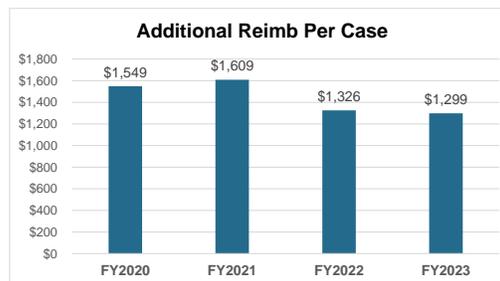
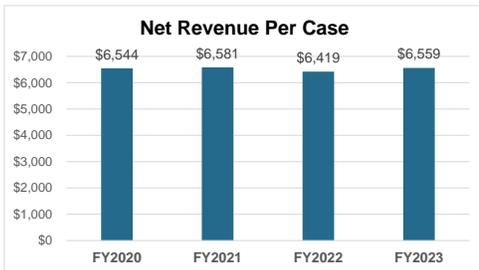


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	4,468	4,290	4,516	4,727	▲ 5%	
Patient Days	9,128	8,853	9,127	9,678	▲ 6%	
ALOS	2.04	2.06	2.02	2.05	▲ 1%	
Net Revenue	\$29,239,840	\$28,234,033	\$28,987,831	\$30,999,093	▲ 7%	
Additional Reimb	\$8,131,422	\$6,900,772	\$5,986,707	\$6,137,855	▲ 3%	
Direct Cost	\$18,108,187	\$16,853,029	\$19,182,805	\$21,335,361	▲ 11%	
Contribution Margin	\$11,131,652	\$11,381,005	\$9,805,027	\$9,663,732	▼ -1%	
Indirect Cost	\$8,371,966	\$8,001,657	\$7,443,461	\$7,562,593	▲ 2%	
Net Income	\$2,759,686	\$3,379,347	\$2,361,566	\$2,101,139	▼ -11%	
Net Revenue Per Case	\$6,544	\$6,581	\$6,419	\$6,559	▲ 2%	
Additional Reimb Per Case	\$1,549	\$1,609	\$1,326	\$1,299	▼ -2%	
Direct Cost Per Case	\$4,053	\$3,928	\$4,248	\$4,514	▲ 6%	
Contrb Margin Per Case	\$2,491	\$2,653	\$2,171	\$2,045	▼ -6%	
CM w/o Add Reim Per Case	\$671	\$1,044	\$846	\$746	▼ -12%	

PER CASE TRENDED GRAPHS



KAWEAH HEALTH ANNUAL BOARD REPORT

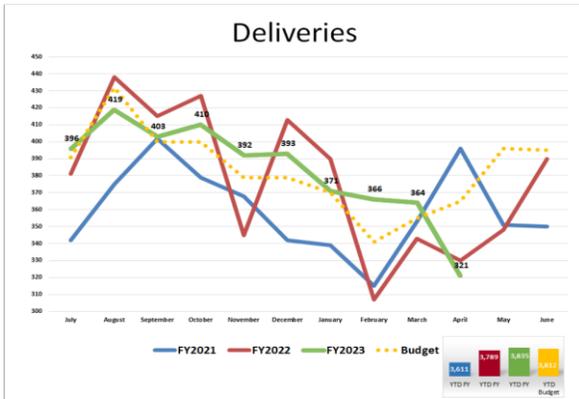
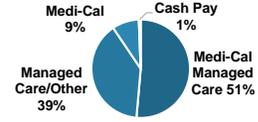
Maternal Child Health Services - *Inpatient OB/Delivery Service Line*

FY2023 Annualized

PAYER MIX - 4 YEAR TREND (GROSS CHARGES)

PAYER	FY2020	FY2021	FY2022	FY2023
Medi-Cal Managed Care	48%	49%	50%	51%
Managed Care/Other	37%	38%	39%	39%
Medi-Cal	14%	12%	10%	9%
Cash Pay	1%	1%	0%	1%

FY 2023 PAYOR MIX



Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: ServiceLine = OB/Delivery

KAWEAH HEALTH ANNUAL BOARD REPORT

Maternal Child Health Services - Inpatient Neonatology Service Line

FY2023 Annualized

KEY METRICS - FY 2023 Eight Months Ended February 28, 2023 Annualized

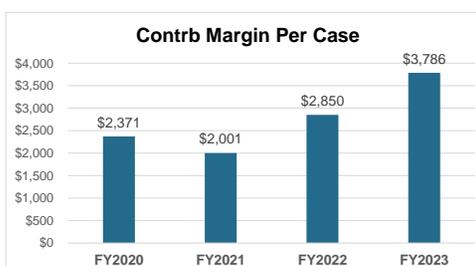
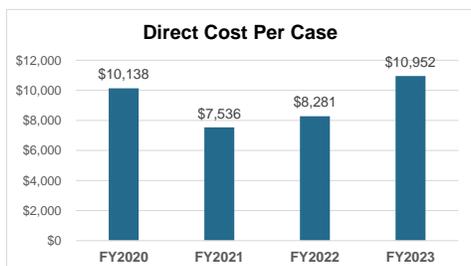
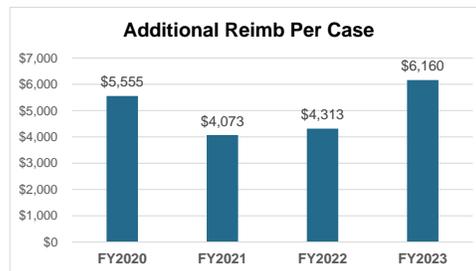
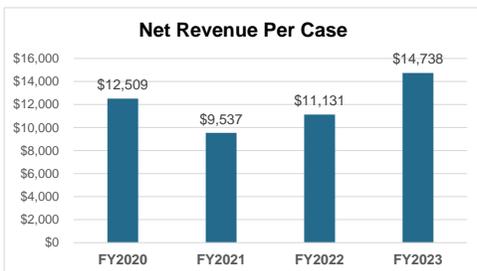


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	1,532	1,762	1,918	1,487	▼ -22%	
Patient Days	6,649	6,889	7,806	7,599	▼ -3%	
ALOS	4.34	3.91	4.07	5.11	▲ 26%	
Net Revenue	\$19,163,517	\$16,804,924	\$21,349,047	\$21,907,597	▲ 3%	
Additional Reimb	\$8,296,012	\$7,175,858	\$8,272,686	\$9,157,513	▲ 11%	
Direct Cost	\$15,530,682	\$13,279,295	\$15,882,203	\$16,279,930	▲ 3%	
Contribution Margin	\$3,632,835	\$3,525,629	\$5,466,845	\$5,627,667	▲ 3%	
Indirect Cost	\$3,541,773	\$4,629,433	\$5,385,358	\$5,503,532	▲ 2%	
Net Income	\$91,062	(\$1,103,803)	\$81,487	\$124,135	▲ 52%	
Net Revenue Per Case	\$12,509	\$9,537	\$11,131	\$14,738	▲ 32%	
Additional Reimb Per Case	\$5,555	\$4,073	\$4,313	\$6,160	▲ 43%	
Direct Cost Per Case	\$10,138	\$7,536	\$8,281	\$10,952	▲ 32%	
Contrb Margin Per Case	\$2,371	\$2,001	\$2,850	\$3,786	▲ 33%	
CM w/o Add Reim Per Case	(\$3,044)	(\$2,072)	(\$1,463)	(\$2,375)	▼ -62%	

PER CASE TRENDED GRAPHS



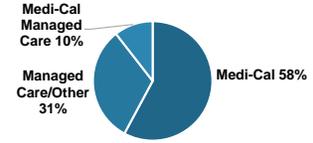
KAWEAH HEALTH ANNUAL BOARD REPORT
Maternal Child Health Services - *Inpatient Neonatology Service Line*

FY2023 Annualized

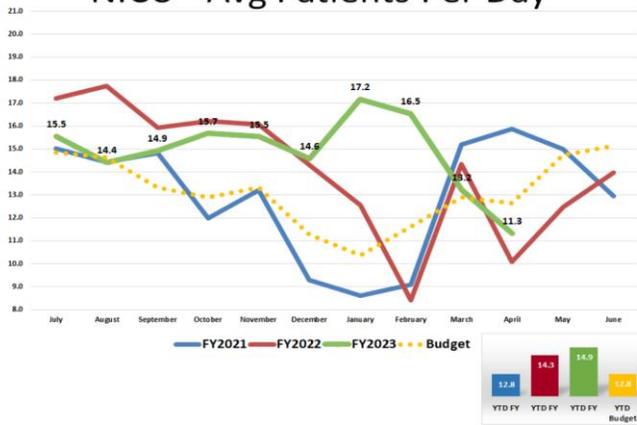
PAYER MIX - 4 YEAR TREND (GROSS CHARGES)

PAYER	FY2020	FY2021	FY2022	FY2023
Medi-Cal	53%	53%	52%	58%
Managed Care/Other	35%	35%	35%	31%
Medi-Cal Managed Care	11%	11%	12%	10%

FY 2023 Payer Mix



NICU - Avg Patients Per Day



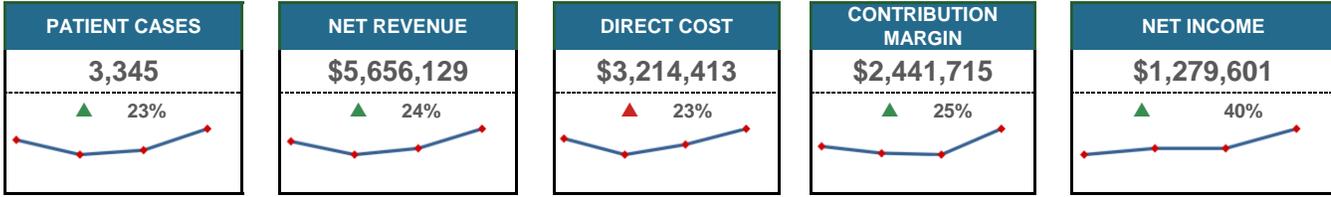
Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: Entity = Neonatology

KAWEAH HEALTH ANNUAL BOARD REPORT

Maternal Child Health Services - Inpatient Normal Newborns Service Line

FY2023 Annualized

KEY METRICS - FY 2023 Eight Months Ended February 28, 2023 Annualized

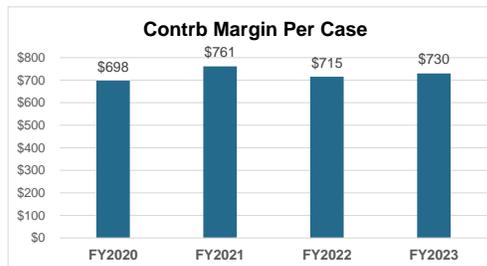
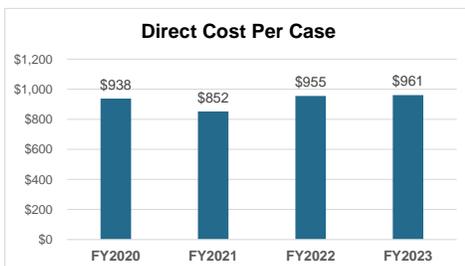
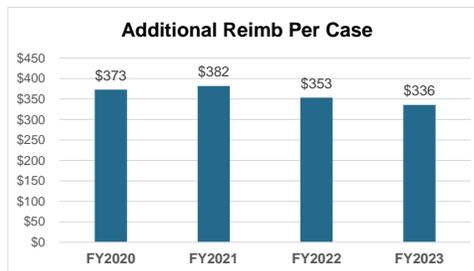
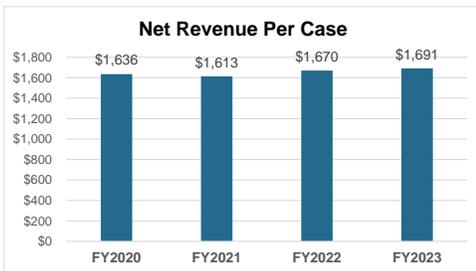


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	3,024	2,597	2,726	3,345	▲ 23%	
Patient Days	4,331	3,631	3,896	4,670	▲ 20%	
ALOS	1.43	1.40	1.43	1.40	▼ -2%	
Net Revenue	\$4,945,918	\$4,189,896	\$4,553,049	\$5,656,129	▲ 24%	
Additional Reimb	\$1,320,416	\$991,677	\$963,156	\$1,122,484	▲ 17%	
Direct Cost	\$2,836,321	\$2,212,480	\$2,603,651	\$3,214,413	▲ 23%	
Contribution Margin	\$2,109,597	\$1,977,416	\$1,949,398	\$2,441,715	▲ 25%	
Indirect Cost	\$1,312,851	\$1,060,976	\$1,033,167	\$1,162,115	▲ 12%	
Net Income	\$796,747	\$916,440	\$916,231	\$1,279,601	▲ 40%	
Net Revenue Per Case	\$1,636	\$1,613	\$1,670	\$1,691	▲ 1%	
Additional Reimb Per Case	\$373	\$382	\$353	\$336	▼ -5%	
Direct Cost Per Case	\$938	\$852	\$955	\$961	▲ 1%	
Contrb Margin Per Case	\$698	\$761	\$715	\$730	▲ 2%	
CM w/o Add Reim Per Case	\$261	\$380	\$362	\$394	▲ 9%	

PER CASE TRENDED GRAPHS



KAWEAH HEALTH ANNUAL BOARD REPORT

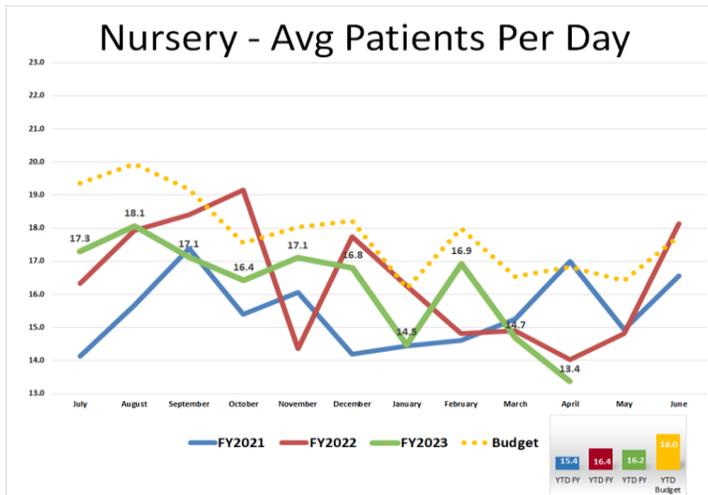
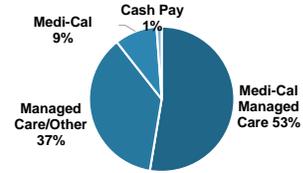
Maternal Child Health Services - *Inpatient Normal Newborns Service Line*

FY2023 Annualized

PAYER MIX - 4 YEAR TREND (GROSS CHARGES)

PAYER	FY2020	FY2021	FY2022	FY2023
Medi-Cal Managed Care	47%	50%	50%	53%
Managed Care/Other	37%	36%	37%	37%
Medi-Cal	15%	13%	12%	9%
Cash Pay	1%	1%	1%	1%

FY 2023 Payer Mix



Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: ServiceLine = Normal Newborn

KAWEAH HEALTH ANNUAL BOARD REPORT

Maternal Child Health Services - Inpatient Pediatrics (Age < 19)

Excludes Normal Newborn, OB/Delivery, Other OB and Neonatology Service Lines

FY2023 Annualized

KEY METRICS - FY 2023 Eight Months Ended February 28, 2023 Annualized

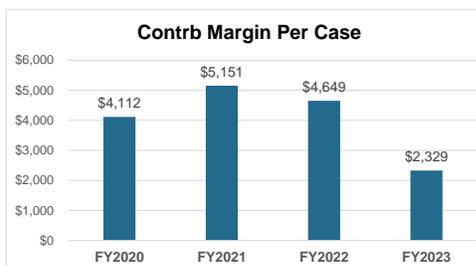
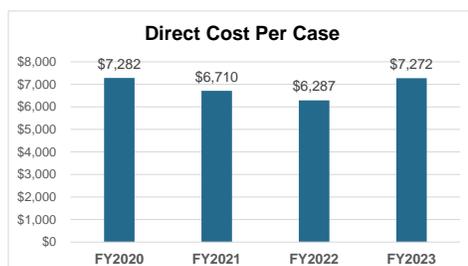
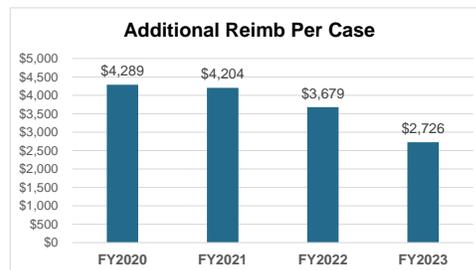
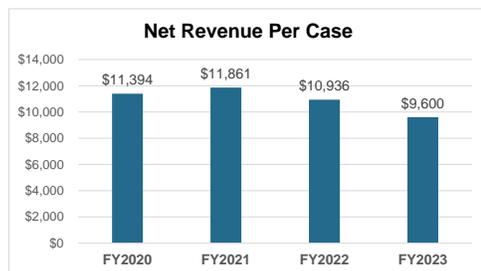


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	465	308	444	576	▲ 30%	
Patient Days	1,398	1,145	1,385	1,764	▲ 27%	
ALOS	3.01	3.72	3.12	3.06	▼ -2%	
Net Revenue	\$5,298,327	\$3,653,319	\$4,855,512	\$5,529,882	▲ 14%	
Additional Reimb	\$1,994,291	\$1,294,733	\$1,633,375	\$1,570,426	▼ -4%	
Direct Cost	\$3,386,155	\$2,066,760	\$2,791,282	\$4,188,607	▲ 50%	
Contribution Margin	\$1,912,172	\$1,586,559	\$2,064,230	\$1,341,275	▼ -35%	
Indirect Cost	\$1,432,233	\$819,244	\$1,027,287	\$1,741,338	▲ 70%	
Net Income	\$479,939	\$767,315	\$1,036,943	(\$400,063)	▼ -139%	
Net Revenue Per Case	\$11,394	\$11,861	\$10,936	\$9,600	▼ -12%	
Additional Reimb Per Case	\$4,289	\$4,204	\$3,679	\$2,726	▼ -26%	
Direct Cost Per Case	\$7,282	\$6,710	\$6,287	\$7,272	▲ 16%	
Contrb Margin Per Case	\$4,112	\$5,151	\$4,649	\$2,329	▼ -50%	
CM w/o Add Reim Per Case	(\$177)	\$947	\$970	(\$398)	▼ -141%	

PER CASE TRENDED GRAPHS



KAWEAH HEALTH ANNUAL BOARD REPORT

FY2023 Annualized

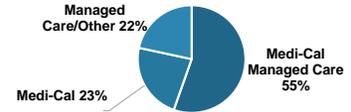
Maternal Child Health Services - *Inpatient Pediatrics (Age < 19)*

Excludes Normal Newborn, OB/Delivery, Other OB and Neonatology Service Lines

PAYER MIX - 4 YEAR TREND (GROSS CHARGES)

PAYER	FY2020	FY2021	FY2022	FY2023
Medi-Cal Managed Care	40%	40%	40%	55%
Medi-Cal	30%	31%	39%	23%
Managed Care/Other	28%	24%	20%	22%

FY 2023 Payer Mix



Notes:

Source: Inpatient Service Line Report

Selection Criteria : Pediatric Patients Ages 0-18, KDMC campus only, excluding the following Service Lines: OB/Delivery, Other OB, Normal Newborn, Neonatology.

KAWEAH HEALTH ANNUAL BOARD REPORT

Maternal Child Health Services - *Inpatient Other OB Service Line*

FY2023 Annualized

KEY METRICS - FY 2023 Eight Months Ended February 28, 2023 Annualized



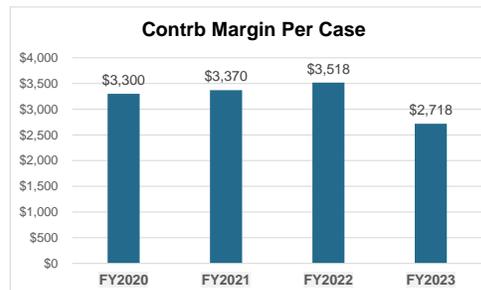
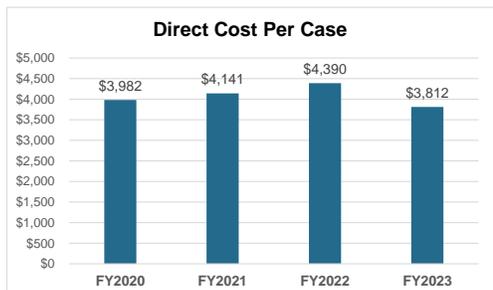
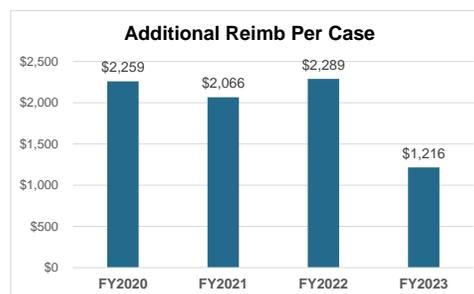
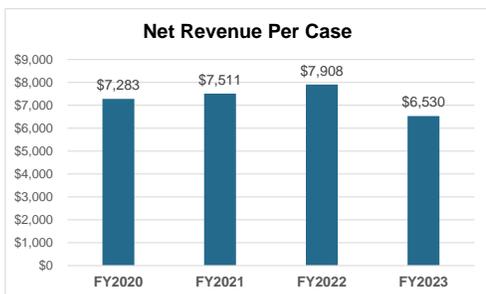
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	292	278	303	335	▲ 10%	
Patient Days	687	713	775	707	▼ -9%	
ALOS	2.4	2.6	2.6	2.1	▼ -17%	
Net Revenue	\$2,126,527	\$2,088,120	\$2,396,178	\$2,184,203	▼ -9%	
Additional Reimb	\$659,683	\$574,293	\$693,588	\$406,640	▼ -41%	
Direct Cost	\$1,162,784	\$1,151,322	\$1,330,145	\$1,275,012	▼ -4%	
Contribution Margin	\$963,744	\$936,797	\$1,066,033	\$909,191	▼ -15%	
Indirect Cost	\$581,835	\$481,079	\$455,987	\$435,657	▼ -4%	
Net Income	\$381,909	\$455,718	\$610,046	\$473,534	▼ -22%	
Net Revenue Per Case	\$7,283	\$7,511	\$7,908	\$6,530	▼ -17%	
Additional Reimb Per Case	\$2,259	\$2,066	\$2,289	\$1,216	▼ -47%	
Direct Cost Per Case	\$3,982	\$4,141	\$4,390	\$3,812	▼ -13%	
Contrb Margin Per Case	\$3,300	\$3,370	\$3,518	\$2,718	▼ -23%	
CM w/o Add Reim Per Case	\$1,041	\$1,304	\$1,229	\$1,502	▲ 22%	

*Annualized

PER CASE TRENDED GRAPHS



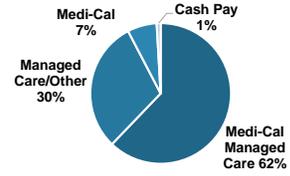
KAWEAH HEALTH ANNUAL BOARD REPORT
Maternal Child Health Services - *Inpatient Other OB Service Line*

FY2023 Annualized

PAYER MIX - 4 YEAR TREND (GROSS CHARGES)

PAYER	FY2020	FY2021	FY2022	FY2023
Medi-Cal Managed Care	52%	50%	52%	62%
Managed Care/Other	28%	29%	30%	30%
Medi-Cal	18%	18%	17%	7%
Cash Pay	1%	2%	1%	1%

FY 2023 PAYOR MIX



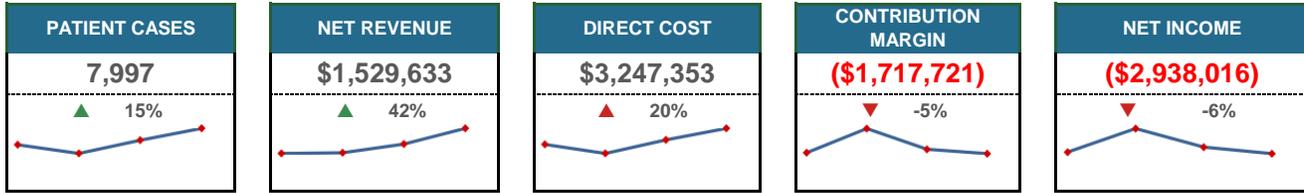
Notes:
 Source: Inpatient Service Line Reports
 Selection Criteria: ServiceLine = OTHER OB

KAWEAH HEALTH ANNUAL BOARD REPORT

Maternal Child Health Services - *Outpatient Obstetrics Service Line*

FY2023 Annualized

KEY METRICS - FY 2023 Eight Months Ended February 28, 2023 Annualized

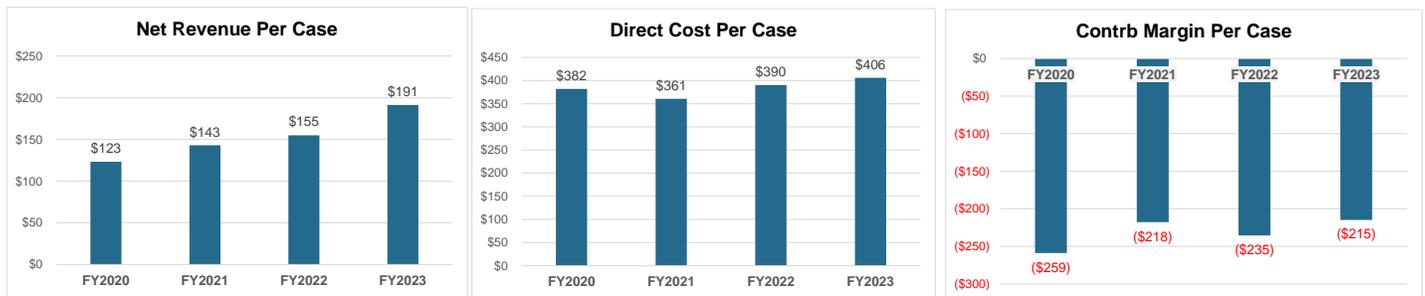


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	6,567	5,805	6,961	7,997	▲ 15%	
Net Revenue	\$808,988	\$829,990	\$1,078,374	\$1,529,633	▲ 42%	
Direct Cost	\$2,508,659	\$2,093,710	\$2,717,152	\$3,247,353	▲ 20%	
Contribution Margin	(\$1,699,671)	(\$1,263,720)	(\$1,638,778)	(\$1,717,721)	▼ -5%	
Indirect Cost	\$1,199,694	\$1,054,876	\$1,136,682	\$1,220,295	▲ 7%	
Net Income	(\$2,899,365)	(\$2,318,596)	(\$2,775,460)	(\$2,938,016)	▼ -6%	
Net Revenue Per Case	\$123	\$143	\$155	\$191	▲ 23%	
Direct Cost Per Case	\$382	\$361	\$390	\$406	▲ 4%	
Contrb Margin Per Case	(\$259)	(\$218)	(\$235)	(\$215)	▲ 9%	

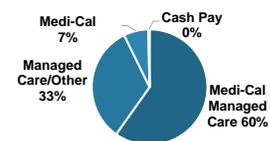
PER CASE TRENDED GRAPHS



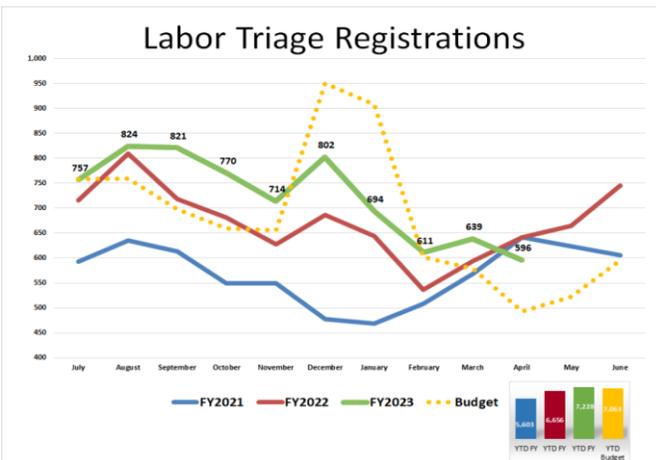
PAYER MIX - 4 YEAR TREND (Vists)

PAYER	FY2020	FY2021	FY2022	FY2023
Medi-Cal Managed Care	57%	57%	56%	60%
Managed Care/Other	28%	32%	34%	33%
Medi-Cal	15%	9%	9%	7%
Cash Pay	0%	1%	1%	0%

FY 2023 PAYOR MIX



Labor Triage Registrations



Notes:
Source: Outpatient Service Line Reports
Selection Criteria : ServiceLine = OP Obstetrics



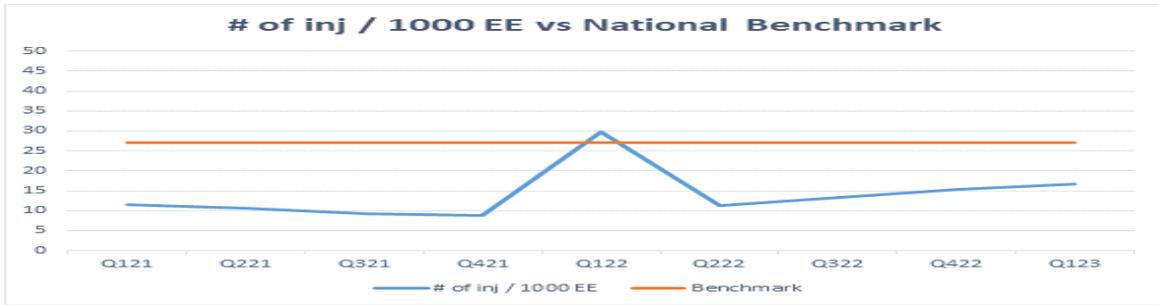
**Environment of Care
1st Quarter Report
Jan 1, 2023 through March 31, 2023
Presented by
Maribel Aguilar, Safety Officer
maaguila@kaweahhealth.org
559-624-2381**



**Kaweah Delta Healthcare District
Performance Monitoring 1st Qtr.- 2023**

EOC: SAFETY & QIC: SAFETY

Performance Standard: Employee Health: Reduce OSHA recordable work related injury cases in 2023 by 10% from 2022. Goal: Less than 364 cases for 2023. Cases currently lower than benchmark.



Evaluation:

- 85 OSHA recordable injuries in Qtr 1-2023, plus 276 Covid 19 claims
- Covid 19 vaccination began 12/18/20, boosters began Oct 2021
- Provided ergo evaluations
- 2023 Sharps Exposure- Quarter 1—24 total
- Influenza vaccination rate 2022-2023 82%

Type of injury	Totals				Ann-ualized 2023	Per 1000 EE's Q1 2023	National Benchmark Per 1000 EE's
	Q1	Q2	Q3	Q4			
Total Incidents	94				94	608	376
Covid 19+	276				276	2877	1104
OSHA recordable	85				85	361	340
Lost time cases	49				49	299	196
Strain/sprain	35				35	125	140
Sharps Exp	24				24	58	96
# EE end of QTR	5063				5063		

Plan for Improvement:

Focus on Strains/Sprains which is the most common type of injury.

- Identify employees with ≥ 3 OSHA recordable injuries in last 2 years. Assure that employee has received proper training/instruction noting any trends per employee and/or injuries.
- Same day on-site incident investigation with employee. Follow-up with manager for prevention opportunities and/or process changes and policy review. Investigation/ follow-up may include photos, video and interview of witnesses/ manager.
- Increase Sharps education in General Orientation by Infection Prevention and Manager orientation by EHS. Demo correct sharps activation in new hire physicals with all employees handling sharps.
- Utilize PTA in Employee Health for Ergo evaluations, evaluate for proper body mechanics to prevent injury, stretching exercises and equipment recommendations to ensure safety with our jobs.
- Continue to work with Infection Prevention decrease Covid19+ exposures/ claims by Health Care Workers in 2023. As of 3/31/23 only 12 positive employees on LOA for COVID (new cases).

OSHA recordable injuries and illnesses are as follows:

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

Total Incidents include First Aid and Report Only, 109/237

SAFETY (Infection Prevention)

First Quarter 2023

EOC Component: Infection Prevention

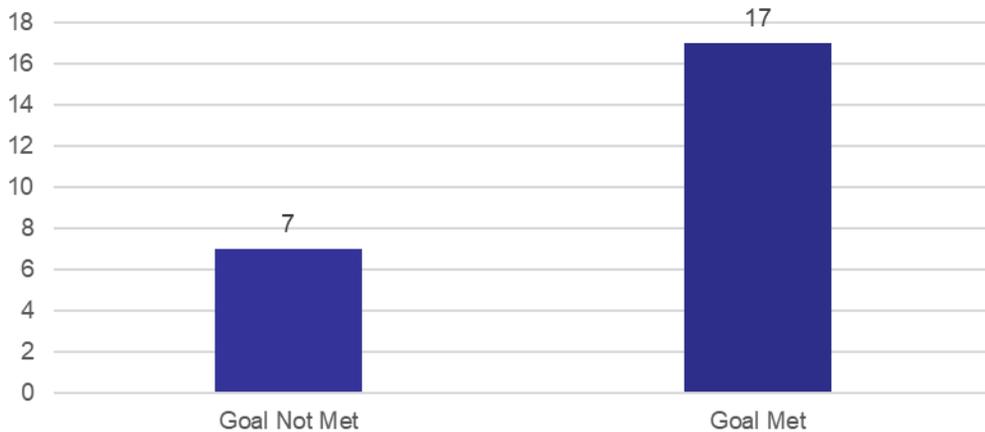
Performance Standards: Comprehensive Rounds - Action plans to correct elements out of compliance are returned by the department leader to Infection Prevention department within 7 days of report of findings to ensure safety issues are addressed in a reasonable timeframe in order to mitigate the risk of infection to patients and staff, to enhance patient safety and to optimize the environment of patient care.

Goal: >90% compliance rate.
Minimum Performance Level: 90% compliance rate.

Evaluation:

Percentage of timely action plans from department leaders to address findings Q1 2023: 70.8%
24 departments were surveyed for Q123.
17 departments met the goal. 7 departments did not meet the goal.

Department Action Plan To Address Fallouts
Recieved from Leader Within 7 Days



Plan for Improvement:

Written reports are provided by Infection Prevention to department leader detailing items not in compliance with standards observed during rounds.

Written action plans addressing these items not in compliance with standards are requested to be completed by the department leader and to be returned to Infection Prevention within 7 days of receipt of report.

Starting May 2023 action plans will be sent out by the Safety Department and leaders will have 14 days to complete and return.

SECURITY

FIRST QUARTER 2023

Performance Standard: Reduce Workplace Violence Events

Goal: TO BE DETERMINED 4/28/23.

Status: 57 total WPV events in CY 2023.

Sponsor: Chris Luttrell, Safety Specialist

Detailed Plan for Improvement (2022):

1. We must continue to encourage staff to enter incident reports for workplace violence on Midas.
2. All CNAs began CPI training in July, by December . This should help our front line staff to be more aware and cautious when sitting for aggressive behavior patients.
3. The electronic flag is currently in place and working. We must continue to work to educate staff on how to use the toolkit to provide support in engaging with these high-risk patients.
4. We are continuing to project our focus of increasing the rigor of CPI training at mental health and at our behavioral health clinics off campus. Advanced CPI courses will continue with these high-risk groups.

Kaweah Health location	Quarter	WPV events reported by security (2023)	WPV events entered into MIDAS reporting system (2023)	WPV events reviewed by WPV case review team (2023)
Emergency Department	Q1 '23	22	1	1
	Q2 '23			
	Q3 '23			
	Q4 '23			
Mental Health (WPV case review completed in-house at MH)	Q1 '23	18	26	*
	Q2 '23			
	Q3 '23			
	Q4 '23			
Medical Center	Q1 '23	15	13	10
	Q2 '23			
	Q3 '23			
	Q4 '23			
Off-Campus facilities	Q1 '23	2	0	0
	Q2 '23			
	Q3 '23			
	Q4 '23			

Evaluation: Workplace violence is under-reported at Kaweah Health. There will be no way to strengthen our response to WPV events if we continue to under-report. Safety specialist Luttrell will continue to monitor WPV reporting in 2023 and report finding to EOC and WPV committee.

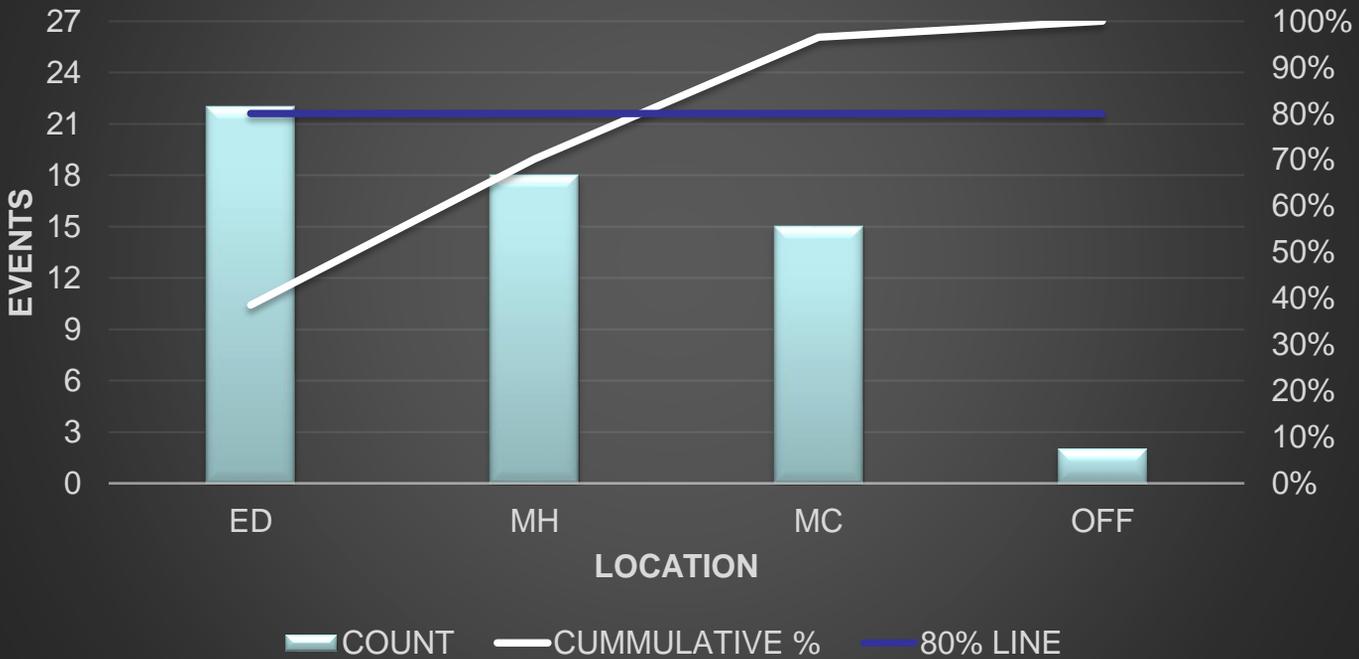
Total WPV events and incidents at Kaweah Health



Evaluation:

There was a 18% decrease in the total number of WPV events organization-wide in the 1st quarter of 2023.

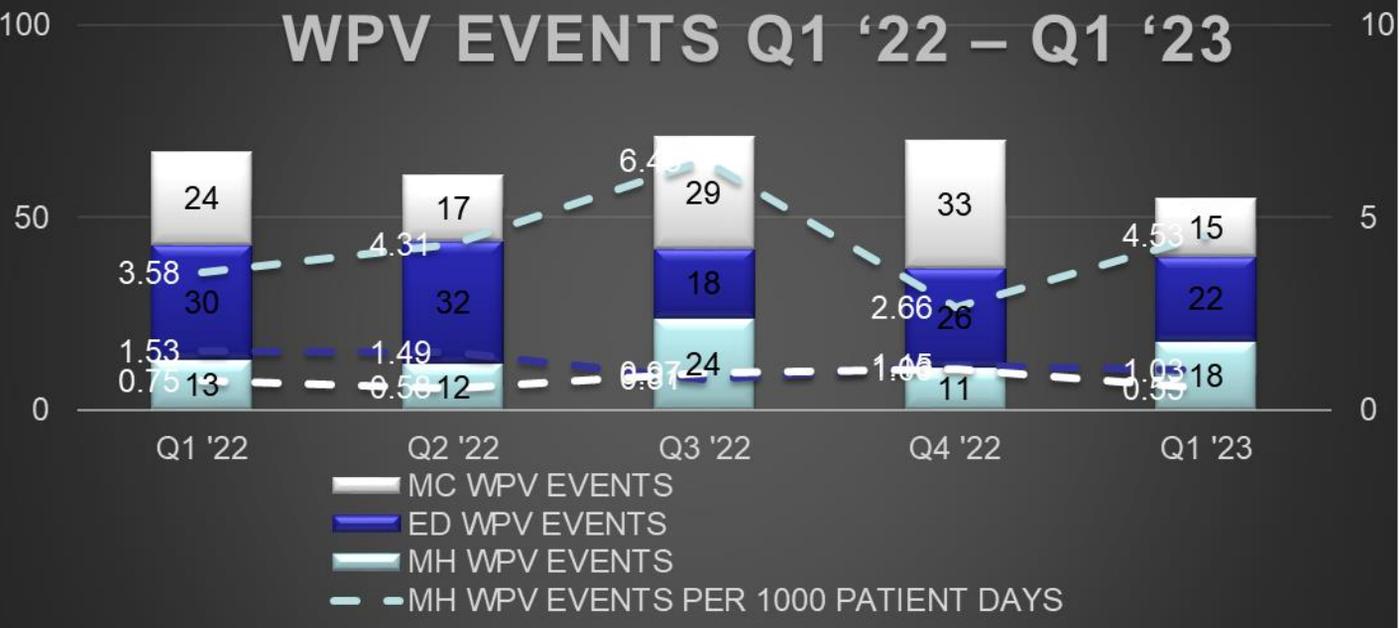
WPV EVENTS PARETO JANUARY - MARCH 2023



Evaluation:

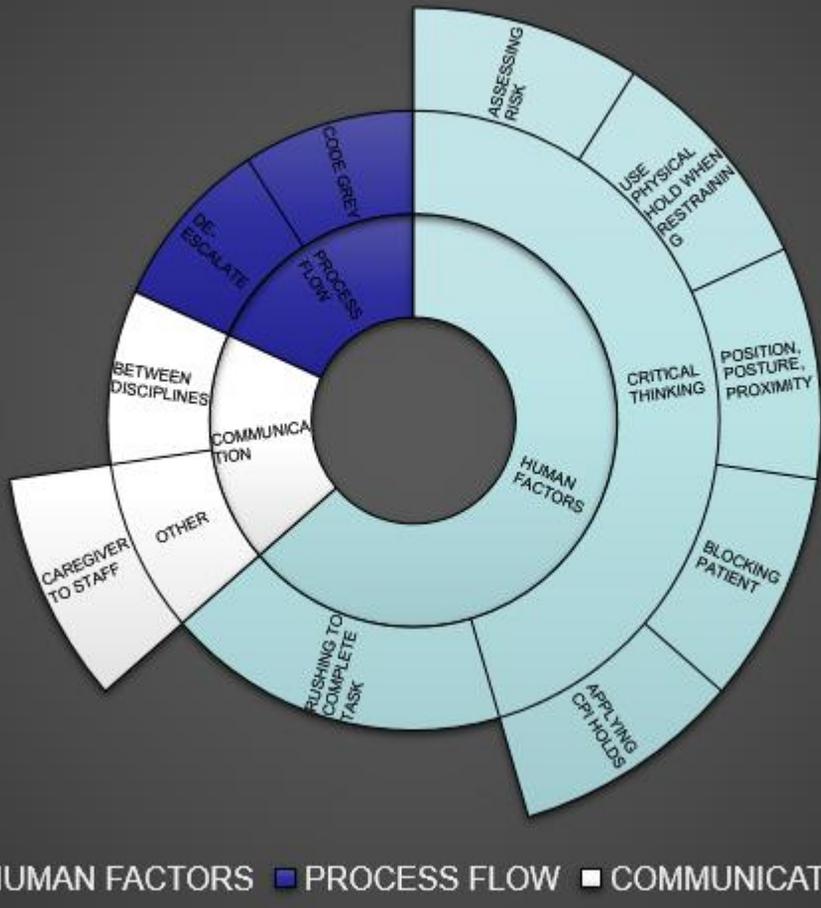
There was a 15% decrease in WPV events in the ED (26 to 22). There was a 55% decrease in WPV events in the Medical Center (33 to 15). There was a 64% increase in WPV events at Mental Health (11 to 18). There was a 100% increase in WPV events in off-campus areas (1 to 2). 112/237

WPV EVENTS Q1 '22 – Q1 '23



Evaluation: There was an increase in WPV events per 1000 patient days for Mental Health (2.66 to 4.53). There was a decrease in WPV events per 1000 patient days for the Medical Center (1.06 to .55). There was a slight decrease in WPV events per 1000 patient visits for the ED (1.15 to 1.03).

WPV CASE REVIEW TEAM Q1 '23



Evaluation: Of the 11 WPV events reviewed by the WPV case review team, the most prominent root cause of WPV events were based on human factors, with a lack of critical thinking being the most prevalent.

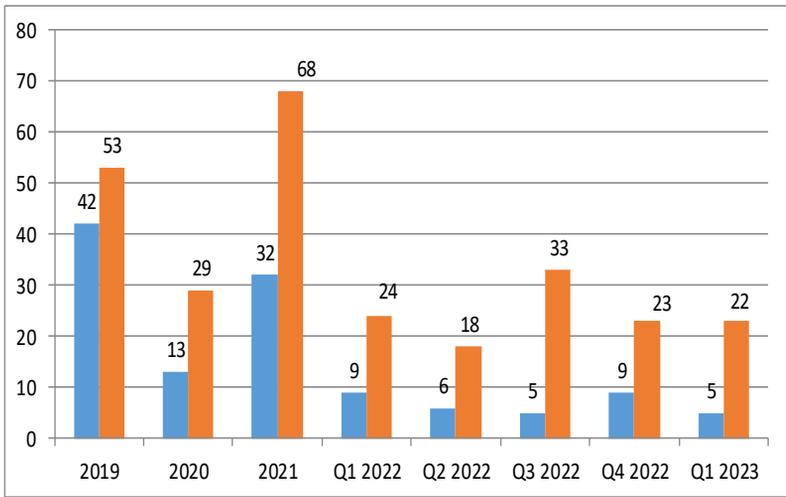
EOC Component:
Performance Standard:

SAFETY
Risk Management –Reporting of non-patient safety related injuries within 7 days will to be compliant at 100%.

Goal: Report non-patient safety related events within 7 days
Minimum Performance Level: Report non-patient safety related events within 7 days

Evaluation:
 In 1st Qtr. 2023, We identified one (2) safety risk concerns which have been addressed:
 TLC = Two members were involved in a physical altercation outside of the facility. Police report was filed. Leadership at TLC set behavioral expectations with both members. No further incidents reported.
 Minimum performance measure was met for 1st Qtr. 2023 at 100% compliance.

Non-Patient Safety Reports



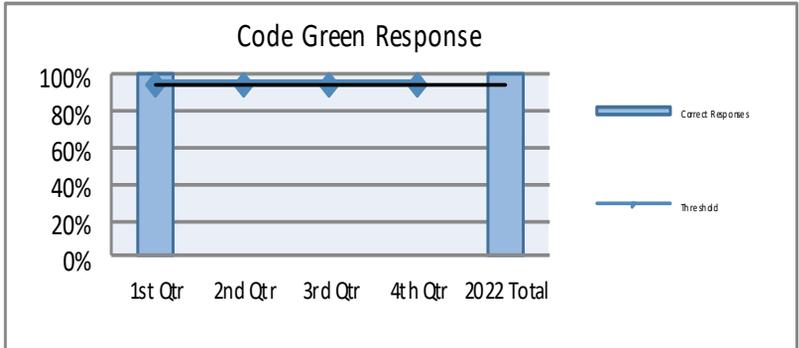
■ Lifestyle Center – Five (5) Events
 ■ Kaweah Health District and KHMG – Twenty two (22) Events

EMERGENCY PREPAREDNESS

First Quarter 2023

Performance Standard: Employees able to provide correct responses related to Code Green Response.
Goal: 100% Compliance (all employees surveyed answered correctly)
Status: Goal met for 1st Quarter 2023

Evaluation:
 Thirty-eight departments were surveyed in the 1st quarter. In all departments surveyed staff were able to verbalize Code Green response, which resulted in a 100% compliance rate.
 95% minimum performance level was met for this quarter.



Detailed Plan for Improvement:
 In each department visited there was knowledge of Code Green response.

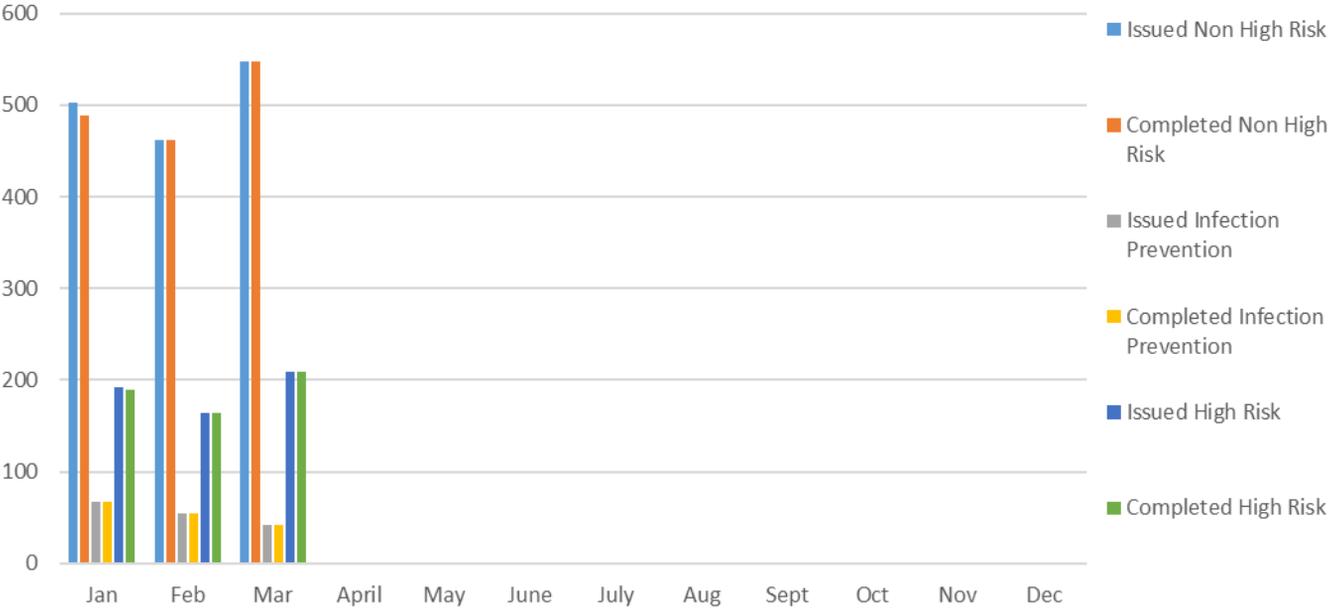
UTILITIES MANAGEMENT

First Quarter 2023

Performance Standard: High Risk, Low Risk, Infection Control Preventive Maintenance to be completed on time

Goal: 100% Compliance (no missed PM's)

Status: Goal met for 1st Quarter 2023



Evaluation:
2298 of 2298 preventative maintenance work orders were completed on time.

PM Completion %				
	Non-High Risk	Infection Prevention	High Risk	Q4 Summary
January	100.00%	100.00%	100.00%	100.00%
February	100.00%	100.00%	100.00%	100.00%
March	100.00%	100.00%	100.00%	100.00%
Q1 Summary:	100.00%	100.00%	100.00%	100.00%

EOC Component:

SECURITY

Performance Standard:

False Code Pink Activations– Reduce **false** Code Pink activations. Frequent false Code Pink activations are creating alarm fatigue response from support departments and increasing our vulnerability to stop/identify an abductor in the event of a real Code Pink event.

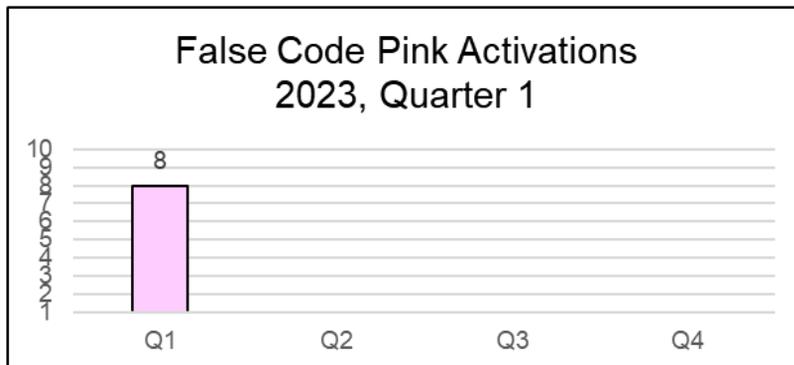
Evaluation:

In year 2020 the Medical Center experienced 48 **false** Code Pink activations. In year 2021 we ended the year with 33 events, a 31% decrease. In year 2022 we ended the year with 22 events, a 33% decrease. For year 2023, the goal is to decrease Code Pink false alarms by 50% of the previous year - <11 events for the calendar year; 2.75 events per quarter.

Quarterly Goal **Not Met** – Eight (8) **false** Code Pink activations reported for the 1st quarter

Goal: 100 % compliance rate

Minimum Performance Level: <4 events per Quarter



Plan for Improvement:

The majority of **false** Code Pink activations are due to staff forgetting to deactivate or to set the HUGS transmitter in transport when moving the child/newborn from the home unit to the transport unit. Unit leaders for Maternal-child Health units will work with their clinical-clerical staff to improvement system management, especially when short staffed.

Labor and Delivery leadership attended the September (2022) EOC meeting to speak to the increase in false code pink activations. Plan is to engage the new Maternal-Child Health director to review challenges and formulate a plan that supports staff and yields PI goal outcomes.

LIFE SAFETY

First Quarter 2023

Performance Standard: Employees able to demonstrate the correct response to RACE, specifically Contain- Was the Fire contained, were the fire doors closed, were the patient room doors closed , If evacuation needed did they know the process of marking door with tape.

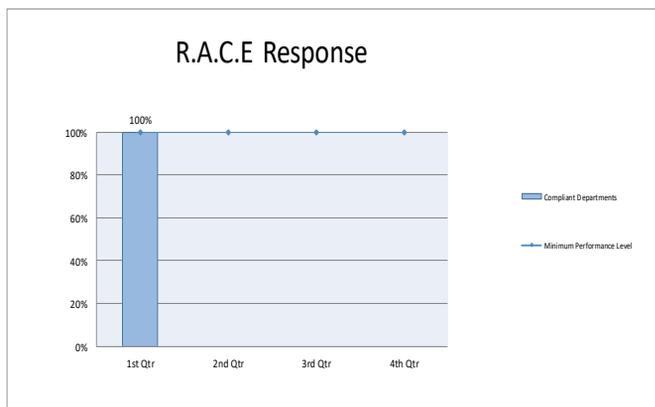
Goal: 100% Compliance

Status: Goal met for 1st Qtr. 2023

Evaluation:

Thirty eight departments were surveyed in the 1st quarter. All departments were compliant with RACE This resulted in 100% compliance rate.

Minimum Performance Level **was met** during this quarter.



Detailed Plan for Improvement:

All departments surveyed in the 1st Quarter were knowledgeable of R.A.C.E (Rescue, Alarm, Contain and Extinguish) response.

EOC Component:

Medical Equipment Preventive Maintenance Compliance

Performance Standard: including

Medical Equipment– Maintain a 100% compliance rate on non-high risk and high risk Life support devices
Goal: 100 % compliance rate
Minimum Performance Level: 100% completion rate.
<1% Total of High Risk Devices to be Missing for Preventive Maintenance

Performance Standard:

<1% Total of High Risk Devices to be Missing for Preventive Maintenance

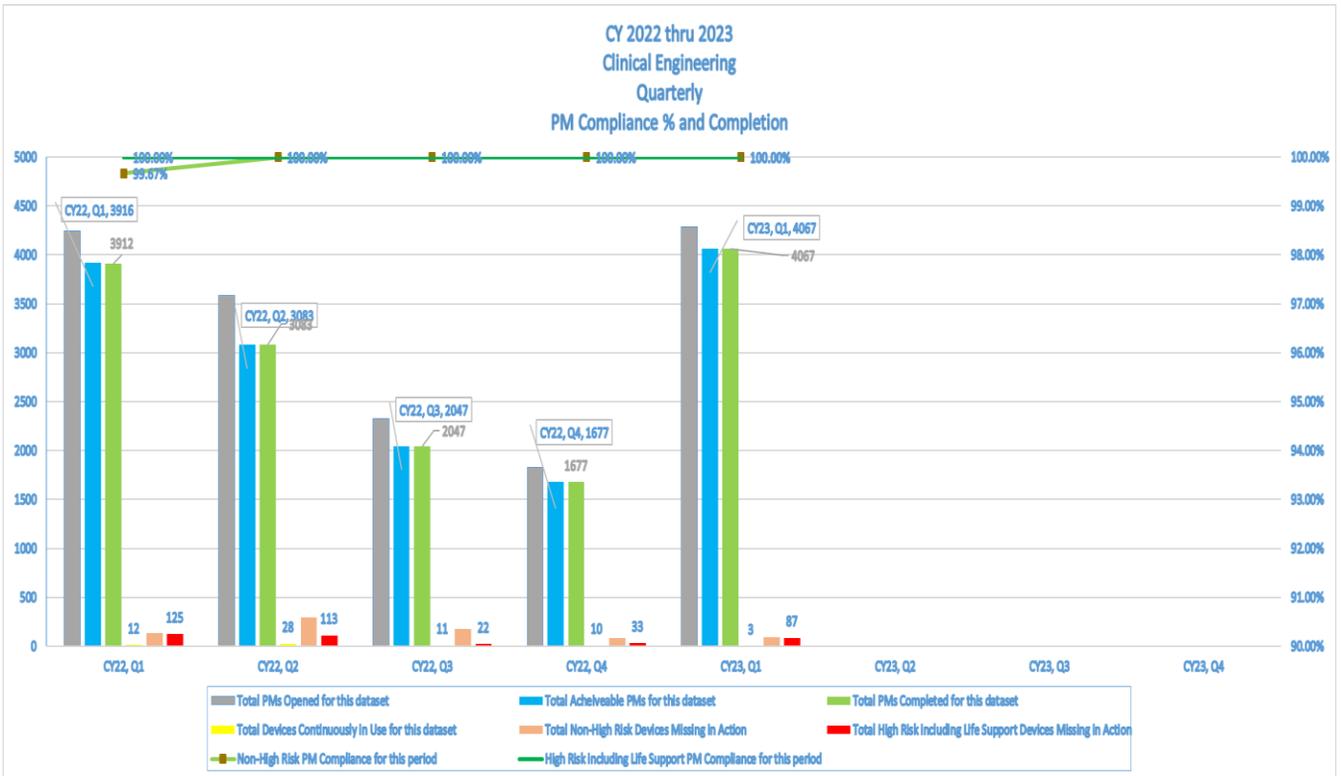
Evaluation:

For the reporting quarter, CY 2023, Q1 (Jan-Mar). There are 4067 Devices that were available to receive Preventive Maintenance and 4067 of those devices received Preventive Maintenance as scheduled. 0 Devices this Quarter did not receive Planned Maintenance as scheduled.

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

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

PI Goal: Total High Risk Devices Missing count is 87 for the Quarter. This is 1.76% of the High Risk Equipment Inventory. The greater than 1% of HRILS inventory does **not meet** goal of <1.0%.



Plan for Improvement: Clinical Engineering is now notifying the department managers monthly about High Risk as well as Non-High Risk medical devices assigned to their areas that could not be located in the prior month. Clinical Engineering is also assigning a singular technician to work with these managers in an attempt to locate and collect for proper processing the medical device. A request for a passive RFID tracking system was requested through the capital equipment budgeting process. A majority of the leading hospital systems in the USA use this type of system in an effort to accurately manage their device inventory. Equipment that does not receive its scheduled preventive maintenance during the time period due is a risk to patient care. While all medical devices have a dated PM due sticker on their forward facing side for the care provider to observe and take action on, we do routinely find medical devices that continue to be used for months beyond the expired date. The RFID system would greatly reduce this timeframe.



June 28, 2023

Gaines & Gaines
A Professional Law Corporation
4550 East Thousand Oaks Boulevard, Suite 100
Westlake Village, CA 91362

RE: Notice of Rejection of Claim of Mayra Diaz vs. Kaweah Delta Health Care District

Notice is hereby given that the claim, which you presented to the Board of Directors of the Kaweah Delta Health Care District on May 3, 2023, was rejected on its merits by the Board of Directors on June 28, 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, Board of Directors

PC: Rachele Berglund, Attorney at Law
Herr Pedersen Berglund, Attorneys At Law LLP



June 28, 2023

Sheila M. Hathaway, ESQ
Law Offices of Bruce G. Fagel
& Associates
9200 West Sunset
Boulevard, Suite 670
West Hollywood, CA 90069

RE: Notice of Granting of Application for Leave to Present Late Claim for Maribel Vasquez and Joseph Rios

NOTICE IS HEREBY GIVEN that the Application for Leave to Present Late Claim on Behalf of Claimant Maribel Vasquez and Joseph Rios, dated May 11, 2023, which you presented to Kaweah Health on May 12, 2023, was granted on June 28, 2023.

RE: Notice of Rejection of Claim of Maribel Vasquez and Joseph Rios

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Directors of Kaweah Health on May 11, 2023, was rejected on its merits by the Board of Directors on June 28, 2023.

WARNING (Pursuant to Govt. Code §913(b))

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



June 28, 2023

Law Office of Daniel Harrison
PO Box 26688
Fresno Ca, 93729-6688

**Sent via Certified Mail No.
7016034000002566813
Return Receipt Required**

**RE: Notice of Rejection of Claim of Kathryn Lynne Gress;Richard David
Gress Jr;Kathryn Michelle Gress;Amy Elizabeth Gress (Dennis) and Christopher
Aaron Gress vs. Kaweah Health**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on June 5, 2023, was rejected on its merits by the Board of Directors on June 28, 2023

WARNING

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

Sincerely,

Mike Olmos
Secretary/Treasurer, Board of Directors
cc: Richard Salinas, Attorney at Law



Policy Number: AP123	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: 12/22/2020
Approvers: Board of Directors (Administration)	
Financial Assistance Program Full Charity and Partial Discount Programs	

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

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

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

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

II. Definitions:

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

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

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

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

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

i) Self-Pay Patients³ are:

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

ii) Under-insured Patients include:

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

² 26 C.F.R. §§ 1-501(r)-1(b)(15)

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

- Patients with high medical costs⁴ who have insurance or health coverage but have a remaining patient responsibility balance that they are unable to pay. Remaining patient responsibility balances include out-of-pocket costs, deductibles, and coinsurance that constitute high medical costs as defined below.
- Patients who are eligible for Medi-Cal, Medicare, California Children's Services and any other applicable state or local low-income programs who do not receive coverage or payment for all services or for the entire stay.
- Patients with third-party insurance whose benefits under insurance have been exhausted prior to admission or whose insurance has denied stays, denied days of care, or refused payment for medically necessary services.

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

- Whose family income is at or below 350400% of the Federal Poverty Guidelines;
- Who do not otherwise qualify for full charity care under this policy;
- Who have high medical costs as defined below.

F. High medical costs⁵ are defined as out-of-pocket medical costs incurred by the patient that exceed 10 percent of the Patient's Family Income in the prior 12 months, or annual out-of-pocket medical expenses incurred in the prior twelve (12) months that exceed 10% of Patient's Family income.

G. Patient's Family⁶ is defined as follows:

1. For persons 18 years of age and older, the family includes the patient's spouse, registered domestic partner, and dependent children under 21 years of age, whether living at home or not.
2. For patients under 18 years of age, the family includes the patient's parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

III. Policy and Procedures:

~~KDHCD~~ **Kaweah Health** recognizes that the need for charity is a sensitive and deeply personal issue for recipients. Confidentiality of information and individual dignity will be maintained for all who seek charitable services. Training of staff and the selection of personnel who

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

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

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

will implement these policies and procedures are guided by these values. Providing charity care (financial assistance) to low-income families along with other community benefit services ~~are~~ is important evidence of ~~KDHCD's Kaweah Health's~~ mission fulfillment. It is imperative that the determination, reporting, and tracking of charity care are in concert with our not-for-profit mission and community obligation and in compliance with Assembly Bill No. 774, Assembly Bill 1020, Hospital Fair Pricing Policies and Senate Bill 1276 (Chapter 758, statutes or 2014) and applicable IRS laws and regulations.

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

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

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

A. Identification of Applicant

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

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

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

⁹ 26 C.F.R. § 1-501(r)-4(b)(1)(i).

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

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

B. How to Apply

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

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

C. Full Charity Care

A full write-off of all balances due from a patient, whether the patient is insured, underinsured or self-pay, shall be granted to those financially qualified patients whose family income is up to 200% of the most recent Federal Poverty Guidelines.⁴²

~~KDHCD~~Kaweah Health presumes qualified for full charity care any patient who can provide proof that they are eligible for or in a public benefits program such as CalWORKS, CalFresh, SSI/SSP, Medicare Savings Program, WIC, or general assistance/general relief.

Patients who are covered by Medi-Cal are eligible for charity write-offs. This includes patients ~~that-who~~ have Medi-Cal with a Share of Cost. It also includes charges related to Medi-Cal denied stays or denied days of care, non-covered medically necessary Medi-Cal services received on a Medi-Cal remittance advice, or when otherwise required by law.

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

⁴² ~~Cal. Health & Safety Code § 127405(e).~~

Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity.

D. Partial Charity Care:

Partial Charity Care will be granted to Financially Qualified Patients earning between 201% and 600% of the Federal Poverty Level based on the most recent Federal Poverty Guidelines.¹³ For these patients, expected payment for services will be limited to the amount ~~KDHCD~~ Kaweah Health would have received from Medicare or Medi-Cal, whichever is greater, and then adjusted by the percentages defined on the attached sliding scales.¹⁴

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

E. Governmental Assistance

~~KDHCD~~ Kaweah Health makes all reasonable efforts to determine whether medical care would be either fully or partially paid for under other private or public health insurance. Consideration will be given to coverage offered through private health insurance, Medi-Cal, Medicare, California Children's Services, the California Health Benefit Exchange (Covered California), or other state- or county-funded programs designed to provide health coverage.¹⁵

~~KDHCD~~ Kaweah Health provides an application for the Medi-Cal program or other state- or county-funded health coverage programs to patients identified as being potentially eligible for Medi-Cal or any other third-party coverage. This application is provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care.¹⁶

If a patient applies or has a pending application or related appeal for another health coverage program, or for coverage under their health plan at the time an

¹³ Cal. Health & Safety Code § 127405(a)(1)(A).

¹⁴ Cal. Health & Safety Code § 127405(d).

¹⁵ Cal. Health & Safety Code § 127420(a).

¹⁶ Cal. Health & Safety Code § 127420(b)(4).

application for charity or discounted care is submitted, neither application shall preclude eligibility for the other program. ~~KDHCD-Kaweah Health~~ will hold any charity care eligibility determinations until the final disposition of the application or appeal of the health coverage program, if the patient makes a reasonable effort to communicate with ~~KDHCD-Kaweah Health~~ about the progress of any pending appeals.

IV. Eligibility Criteria:

A. General Guidelines:

1. ~~KDHCD-Kaweah Health~~ determines eligibility for financially qualified patients in accordance with this policy and applicable state and federal laws.
2. ~~KDHCD-Kaweah Health~~ will not defer, deny, or require payment before providing medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under ~~KDHCD's-Kaweah Health's~~ Financial Assistance Policy.¹⁷
3. Financially Qualified Patients, as defined above, or any patient who indicates the financial inability to pay a bill for a medically necessary service is screened for charity care.
4. Information obtained during the application process for financial assistance may not be used in the collection process, either by ~~KDHCDKaweah Health~~, or by any collection agency engaged by ~~Kaweah HealthKDHCD~~, except that such information, if independently obtained, may be used by ~~Kaweah Health KDHCD~~ or any collection agency engaged by ~~Kaweah Health KDHCD~~ independently of the eligibility process for charity care.¹⁸
5. A patient's status or claims with respect to worker's compensation, automobile insurance, or other insurance, including potential payments from pending litigation or third-party liens related to the incident of care, may be taken into consideration when evaluating the patient's eligibility for charity care or discount payments.
6. Emergency physicians providing emergency services in ~~KDHCD Kaweah Health~~ are required to provide discounts to financially qualified patients whose family incomes are at or below ~~350-400~~ percent of the Federal Poverty Guidelines.¹⁹ At the patient's request, ~~Kaweah Health KDHCD~~ will advise patients to apply for charity care to the physician's billing company upon the patient's receipt of a bill for services from that billing company. This statement shall not be construed to impose any additional responsibilities upon ~~Kaweah HealthKDHCD~~.

¹⁷ 26 C.F.R. § 1.501(r)-6(b)(1)(iii).

¹⁸ Cal. Health & Safety Code § 127405(e)(3).

¹⁹ Cal. Health & Safety Code § 127452(a)

B. Eligibility Guidelines

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

1. Patient Income

The Federal Poverty Guidelines as established by Health and Human Services will be used to determine annual income guidelines and limits.²⁰

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

Earnings for the purposes of determining eligibility will be based on the lower of either the patient's projected annual family income or the patient's family current income level at the time of application for financial assistance.²¹

The applicant may be asked to provide acceptable income verification, such as recent payroll stubs, tax returns, or other items or verification.²² If the patient is unemployed or does not receive payroll stubs, a written statement of need must be provided by the patient or the patient's representative attesting to their income and employment status as part of their financial assistance application.

2. Patient Assets

Only certain assets and resources may be considered when determining eligibility for charity care. Retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans will not be considered as available resources to pay ~~KDHCD~~ [Kaweah Health](#) bills.²³ Furthermore, the first ten thousand dollars (\$10,000) of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first ten thousand dollars (\$10,000) be counted in determining eligibility.²⁴

²⁰ Cal. Health & Safety Code § 127405(b).

²¹ *Cf.* Cal. Welf. & Inst. Code § 14005.65.

²² Cal. Health & Safety Code § 127405(c)(1).

²³ Cal. Health & Safety Code §§ 127405(c), (e)(2)

²⁴ Cal. Health & Safety Code § 127405(c). ~~²⁴ Cal. Health & Safety Code § 127405(a)(1)(A).~~

~~²⁴ Cal. Health & Safety Code § 127405(d).~~

~~²⁴ Cal. Health & Safety Code § 127420(a).~~

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

3. Other Sources of Payment for Services Rendered

The appropriate amount of charity care is determined in relation to the amounts due after applying all other sources of payment. [Kaweah Health KDHC](#)~~D~~ provides applications for other sources of payment, such as Medi-Cal, if requested by the patient, or if the patient does not indicate coverage by a third-party payor or requests a discounted price or charity care.²⁵

C. Homeless Patients without Housing

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

D. Special Circumstances

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

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

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V. Timelines

A. Eligibility Period

Eligibility for charity care may be determined at any time [Kaweah Health KDHC](#)~~D~~ is in receipt of information regarding a patient's family income and financial situation.²⁶ While it is preferred that such patients be screened upon admission, they may be screened at any time, including throughout any third-party collections process.

Once granted charity care, services the patient receives in the 6-month period following that approval will also remain eligible for such charity

²⁵ Cal. Health & Safety Code § 127420(b)(4).

²⁶ Cal. Health & Safety Code § 127405(c)(4).

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

B. Time Requirements for Charity Care Eligibility Determination

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

The timeframe to make a decision on an application will be extended if the patient has a pending appeal for coverage of the services, until a final determination of that appeal is made.²⁷ The patient shall make a reasonable effort to communicate with [Kaweah Health KDHCD](#) about the progress of any pending appeals.

For purposes of this section, "pending appeal" includes any of the following:²⁸

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

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

In some cases, a patient eligible for charity care may not have been identified prior to initiating external collection action. Accordingly, [Kaweah Health KDHCD](#) requires its collection agencies to comply fully with all pertinent state and federal laws and regulations, with this policy

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

²⁸ Cal. Health & Safety Code § 127426(b)(c).

on charity care, and with ~~Kaweah Health's KDHCDC's~~ Credit and Collection Policy.²⁹ This will allow the agency to report amounts that they have determined to be uncollectible due to the inability to pay in accordance with ~~Kaweah Health KDHCDC's~~ charity care eligibility guidelines.

VI. Partial Charity Care Discount Payment Plans

~~Kaweah Health KDHCDC~~ will make available reasonable, no-interest payment plans for patients qualifying for Partial Charity Care under this policy.³⁰ The plan will be individually negotiated between the patient and ~~Kaweah Health KDHCDC~~ based on the rates outlined in **Section III.D.** ("Partial Charity Care"), above.³¹ A reasonable payment plan means monthly payments cannot exceed more than ten percent of a patient's family income for a month after deductions for essential living expenses, as defined in Section II above.³²

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

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

If a patient defaults in making regular payments, ~~Kaweah Health KDHCDC~~ makes reasonable efforts to contact the patient by phone and in writing, giving notice that the extended payment plan may become inoperative.³³ An attempt at renegotiating the payment plan will be done at the request of the patient or their guarantor. ~~Kaweah Health KDHCDC~~ initiates collection efforts only after reasonable efforts to contact the patient have failed and after 90 days of non-payment. ~~Kaweah Health KDHCDC~~ does not report adverse information to a credit-reporting bureau until the extended payment plan has been declared inoperative.

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

³⁰ Cal. Health & Safety Code § 127425(ei).

³¹ Cal. Health & Safety Code § 127405(b).

³² Cal. Health & Safety Code § 127400(i).

³³ Cal. Health & Safety Code § 127425(ei).

VII. Patient Finance Processes

E. ~~A. Who can grant Charity Care Eligibility~~

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

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

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

B. Review of Decision

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

In the event of a dispute prior to an eligibility determination, a patient may seek review from the Patient Accounting Supervisor, Revenue Cycle Manager or Director of Revenue Cycle.³⁴

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

The review process shall consist of these level of management:

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

C. External Collections

Accounts will not be sent to a collection agency if the patient is in the process of applying for charity care or discounted payment. If the patient does not comply with requests for information or refuses to provide ~~Kaweah Health KDHCD~~ with information, the account can be sent for collections no sooner than ~~450-180~~ days after initial billing. Prior to

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sending the account to collections, a notice must be provided to the patient as specified in the [Kaweah Health KDHCD](#) Credit and Collection Policy.

[Kaweah Health KDHCD](#) will only send patient accounts to a collection agency when the collection agency agrees to adhere to all state and federal laws pertaining to fair collection of debt, as well as to those pertaining to charity and discount care.³⁵ That includes the [Kaweah Health KDHCD](#) Financial Assistance Policy, the [Kaweah Health KDHCD](#) Credit and Collection Policy, the California Hospital Fair Pricing Act, the Rosenthal Fair Debt Collection Practices Act, the federal Fair Debt Collection Practices Act, and the tax regulations at 26 C.F.R. §§ 1.501(r)-1, et seq.

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

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

³⁴ Cal. Health & Safety Code § 127405(a)(1)(A).

received from ~~Kaweah Health KDHCD~~ at a time when the patient was not eligible for Financial Assistance shall not be reimbursed.

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

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

D. Recordkeeping

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

E. Application of Policy

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

VIII. Public Notice and Posting

~~Kaweah Health KDHCD~~ widely publicizes this policy in a manner that is reasonably calculated to reach, notify and inform those patients in our communities who are most likely to require financial assistance.³⁶

³⁵ 26 C.F.R. § 1-501(r)-6(c)(10).

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

~~Kaweah Health KDHCD~~ accommodates all significant populations that have limited English proficiency (LEP)³⁷ by translating this policy, the application form, and the plain language summary³⁸ of this policy into the primary language(s) spoken by each LEP language group that constitutes the lesser of 1,000 individuals or five percent of the community served by ~~Kaweah Health KDHCD~~, or the population likely to be affected or encountered by ~~Kaweah Health KDHCD~~. ~~Kaweah Health KDHCD~~ will make further efforts to publicize this policy in languages other than English as appropriate and consistent with requirements under the law.³⁹

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

Availability of Policy and Application

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

Posted Notices⁴⁰

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

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

³⁸ 26 C.F.R. § 1-501(r)-1(b)(24).

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

⁴⁰ Cal. Health & Safety Code § 127410(b).

~~b.~~ A ~~KDHCD-Kaweah Health~~ contact phone number that the patient can call to obtain more information about the policy and about how to apply for assistance.

~~b-c.~~ The internet address for the Health Consumer Alliance (<https://healthconsumer.org>) and a statement there are organizations that will help the patient understand the billing and billing process.

~~d.~~ A statement explaining that for patients who speak a language other than English or Spanish or who have other accessibility needs, ~~Kaweah Health KDHCD~~ will provide language assistance services and accessibility accommodations free of charge.

~~e.~~

4. ~~Kaweah Health KDHCD~~ sets up conspicuous public displays⁴¹ (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about the policy in public locations in ~~Kaweah Health KDHCD~~ facilities, including, at a minimum, the emergency department, admissions areas, billing office, and other outpatient settings.

Written Notices⁴²

1. ~~Kaweah Health KDHCD~~ provides all written notices in the language spoken by the patient, as required by applicable state and federal law.

2. Upon admission or discharge, ~~Kaweah Health KDHCD~~ provides to every patient a written, plain language summary of the ~~Kaweah Health KDHCD~~ Financial Assistance Policy that contains information about the availability of ~~Kaweah Health KDHCD~~'s charity care policy, eligibility criteria, and the contact information for a ~~Kaweah Health KDHCD~~ employee or office where the patient may apply or obtain further information about the policy. If any patient is not admitted, the written notice will be provided when patient leaves the facility. If the patient leaves the facility without receiving the written notice, Kaweah Health will mail the notice to the patient within 72 hours of providing services.⁴³

3. ~~Kaweah Health KDHCD~~ includes a conspicuous written notice on all billing statements that notifies and informs patients about the availability of financial assistance under this policy and includes the telephone number of the office or department which can provide information about the policy and application process, and the direct Web site address (or URL)⁴⁴ where copies of this policy, the application form, and the plain language summary of this policy may be obtained.⁴⁵

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

⁴² Cal. Health & Safety Code § 127410(a).

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

⁴⁴ 26 C.F.R. § 1-501(r)-4(b)(5).

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

4. With each billing statement sent to uninsured patients, Kaweah Health ~~KDHCD~~ provides a clear and conspicuous notice that contains all of the following:⁴⁶

a. A statement of charges for services rendered by Kaweah Health ~~KDHCD~~.

b. A request that the patient inform Kaweah Health ~~KDHCD~~ if the patient has health insurance coverage, Medicare, Medi-Cal, or other coverage.

c. A statement that, if the patient does not have health insurance coverage, the patient may be eligible for Medicare, Healthy Families Program, Medi-Cal, coverage offered through the California Health Benefit Exchange, California Children's Services program, other state- or county-funded health coverage, or charity care.

d. A statement indicating how patients may obtain applications for the programs identified in paragraph (c) above.

~~e-e.~~ A referral to a local consumer assistance center housed at legal services offices.⁴⁷

~~e-f.~~ Information regarding applications for assistance under this policy, including the following:

i. A statement that indicates that if the patient lacks, or has inadequate, insurance, and meets certain low- and moderate-income requirements, the patient may qualify for discounted payment or charity care.

ii. The name and telephone number of a hospital employee or office from whom or which the patient may obtain information about the hospital's discount payment and charity care policies, and how to apply for that assistance.⁴⁸

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

⁴⁷ Cal Health & Safety Code § 127420(b)(4).

⁴⁸ Cal Health & Safety Code § 127420(b)(5).



Policy Number: AP172	Date Created: 03/17/2014
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Executive Team A	
Donor Recognition Policy Regarding Naming Opportunities	

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

Kaweah Delta Hospital Foundation, from time to time, offers to donors of capital and annual campaigns the opportunity to name rooms or areas within Kaweah Delta Health Care District facilities. Donor recognition is funded through the Foundation, which maintains an accurate record of the donor plaques including their location within the District.

POLICY: Donor recognition plaques placed during a specific campaign, for a specific building, room, or area, will remain in place for the specified length of time as outlined in the specified campaign or if length of time is not specified, the useful life ~~the “useful life”~~ of that area. The “useful life” of an area for the purpose of donor recognition is defined as “until the building, room, or area is demolished or remodeled”.

PROCEDURE: When a construction or remodeling project is undertaken in the District that impacts buildings, rooms, or areas with donor recognition plaques, the following will take place:

- The District’s maintenance staff will notify the Foundation staff that donor plaques are in the area undergoing work.
- Foundation staff will coordinate the removal and storage of the plaque(s) with maintenance staff to ensure that the plaque(s) is (are) safely removed and stored appropriately.
- Whenever appropriate or possible, the plaque(s) will be returned to the original location or within the new or remodeled space if the usage of that space is for the same purpose as designated on the plaque(s).
- If it is neither appropriate nor feasible to return the plaque(s) to the original location, the Foundation will attempt to contact the donor or donor’s family with that information and ascertain if they would like to have a new plaque in the remodeled space by making a gift to the new campaign reflective of a naming opportunity. At their request, the old plaque will be returned to the donor or donor’s family.

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

Approval

 Kaweah Health Medical Center

Infection Prevention Annual Review 2023

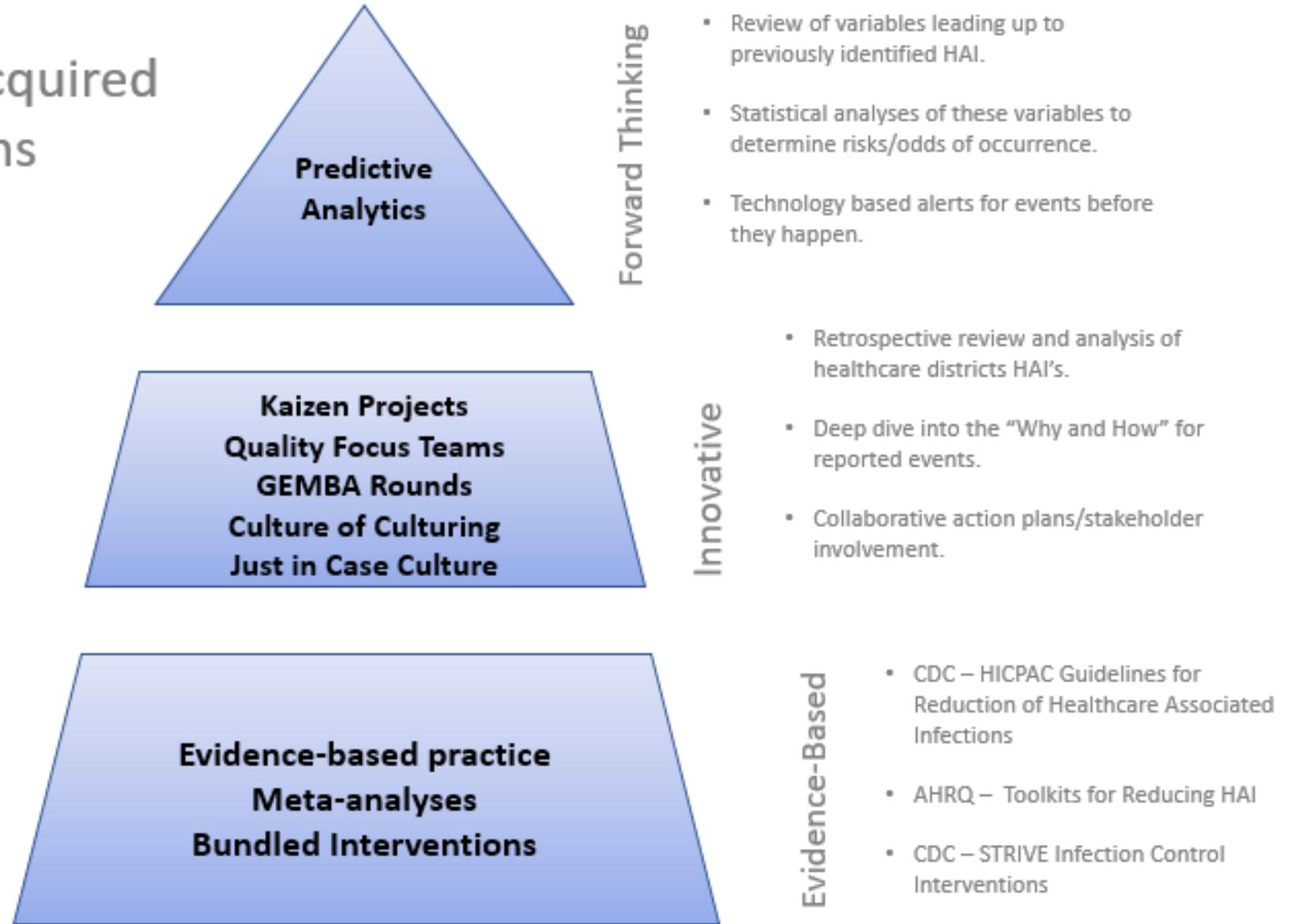


[kawahhealth.org](https://www.kawahhealth.org)

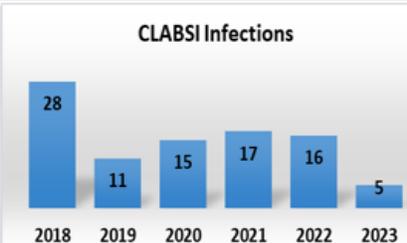
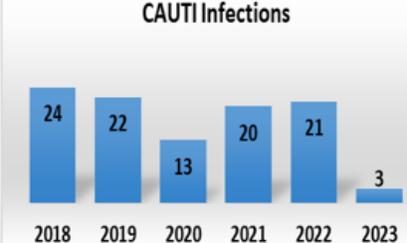
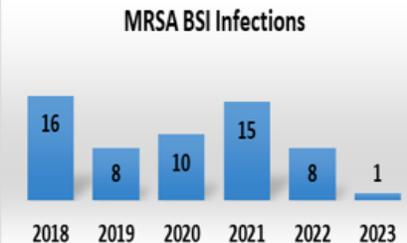


Reducing Healthcare Acquired Infections - Interventions

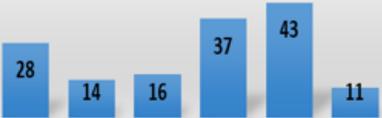
What are we doing to prevent health care associated infections?



OUTSTANDING HEALTH OUTCOMES

HAI	# Infections	Performance	Team	Key Strategies																												
Central Line Associated Bloodstream Infection	<p>CLABSI Infections</p>  <table border="1"> <caption>CLABSI Infections</caption> <thead> <tr> <th>Year</th> <th>Infections</th> </tr> </thead> <tbody> <tr><td>2018</td><td>28</td></tr> <tr><td>2019</td><td>11</td></tr> <tr><td>2020</td><td>15</td></tr> <tr><td>2021</td><td>17</td></tr> <tr><td>2022</td><td>16</td></tr> <tr><td>2023</td><td>5</td></tr> </tbody> </table>	Year	Infections	2018	28	2019	11	2020	15	2021	17	2022	16	2023	5	<p>CLABSI SIR - How We Compare Nationally</p>  <table border="1"> <caption>CLABSI SIR - How We Compare Nationally</caption> <thead> <tr> <th>Year</th> <th>SIR</th> </tr> </thead> <tbody> <tr><td>2018</td><td>2.221</td></tr> <tr><td>2019</td><td>0.79</td></tr> <tr><td>2020</td><td>1.28</td></tr> <tr><td>2021</td><td>0.956</td></tr> <tr><td>2022</td><td>0.999</td></tr> <tr><td>2023</td><td>0.841</td></tr> </tbody> </table> <p>FY23 Goal SIR <0.589</p>	Year	SIR	2018	2.221	2019	0.79	2020	1.28	2021	0.956	2022	0.999	2023	0.841	<ul style="list-style-type: none"> CLABSI Prevention Quality Focus Team Culture-of-Culturing Committee HAI Case Review Committee (CME offered) 	<ul style="list-style-type: none"> "GEMBA" Unit-based rounds to de-escalate/remove central lines. Blood Culture Order Alert Prophylactic antifungal co-administration with TPN Planning Line Liberation in ICU
Year	Infections																															
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Catheter Associated Urinary Tract Infection	<p>CAUTI Infections</p>  <table border="1"> <caption>CAUTI Infections</caption> <thead> <tr> <th>Year</th> <th>Infections</th> </tr> </thead> <tbody> <tr><td>2018</td><td>24</td></tr> <tr><td>2019</td><td>22</td></tr> <tr><td>2020</td><td>13</td></tr> <tr><td>2021</td><td>20</td></tr> <tr><td>2022</td><td>21</td></tr> <tr><td>2023</td><td>3</td></tr> </tbody> </table>	Year	Infections	2018	24	2019	22	2020	13	2021	20	2022	21	2023	3	<p>CAUTI SIR - How We Compare Nationally</p>  <table border="1"> <caption>CAUTI SIR - How We Compare Nationally</caption> <thead> <tr> <th>Year</th> <th>SIR</th> </tr> </thead> <tbody> <tr><td>2018</td><td>1.335</td></tr> <tr><td>2019</td><td>1.168</td></tr> <tr><td>2020</td><td>0.88</td></tr> <tr><td>2021</td><td>0.908</td></tr> <tr><td>2022</td><td>0.948</td></tr> <tr><td>2023</td><td>0.335</td></tr> </tbody> </table> <p>FY23 Goal SIR <0.650</p>	Year	SIR	2018	1.335	2019	1.168	2020	0.88	2021	0.908	2022	0.948	2023	0.335	<ul style="list-style-type: none"> CAUTI Prevention Quality Focus Team HAI Case Review Committee (CME offered) 	<ul style="list-style-type: none"> "GEMBA" Unit-based rounds to remove indwelling urinary catheters or advocate for an alternative non-invasive device. Urinary Retention Management Revision of Nurse Driven Protocol for Foley Cath removal Planning catheter liberation in ICU
Year	Infections																															
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Healthcare Onset Methicillin Resistant Staphylococcus aureus Bloodstream Infection	<p>MRSA BSI Infections</p>  <table border="1"> <caption>MRSA BSI Infections</caption> <thead> <tr> <th>Year</th> <th>Infections</th> </tr> </thead> <tbody> <tr><td>2018</td><td>16</td></tr> <tr><td>2019</td><td>8</td></tr> <tr><td>2020</td><td>10</td></tr> <tr><td>2021</td><td>15</td></tr> <tr><td>2022</td><td>8</td></tr> <tr><td>2023</td><td>1</td></tr> </tbody> </table>	Year	Infections	2018	16	2019	8	2020	10	2021	15	2022	8	2023	1	<p>MRSA BSI SIR - How We Compare Nationally</p>  <table border="1"> <caption>MRSA BSI SIR - How We Compare Nationally</caption> <thead> <tr> <th>Year</th> <th>SIR</th> </tr> </thead> <tbody> <tr><td>2018</td><td>2.426</td></tr> <tr><td>2019</td><td>1.218</td></tr> <tr><td>2020</td><td>2.481</td></tr> <tr><td>2021</td><td>2.02</td></tr> <tr><td>2022</td><td>0.861</td></tr> <tr><td>2023</td><td>0.287</td></tr> </tbody> </table> <p>FY23 Goal SIR <0.726</p>	Year	SIR	2018	2.426	2019	1.218	2020	2.481	2021	2.02	2022	0.861	2023	0.287	<ul style="list-style-type: none"> MRSA Bloodstream Prevention Quality Focus Team MRSA Decolonization Taskforce HAI Case Review Committee (CME offered) 	<ul style="list-style-type: none"> Expansion of Biovigil Hand Hygiene Electronic Surveillance System D.U.D.E. Hand Hygiene Campaign Blood Culture Order Alert MRSA Nares decolonization CHG bathing
Year	Infections																															
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OUTSTANDING HEALTH OUTCOMES

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Year	2018	2019	2020	2021	2022	2023																										
SIR	0.455	0.226	0.33	0.498	0.498	0.652																										
Total Abdominal Hysterectomy Surgical Site Infection	<p>SSI HYST Infections</p>  <table border="1"> <tr><th>Year</th><td>2018</td><td>2019</td><td>2020</td><td>2021</td><td>2022</td><td>2023</td></tr> <tr><th>Infections</th><td>0</td><td>4</td><td>1</td><td>2</td><td>1</td><td>1</td></tr> </table>	Year	2018	2019	2020	2021	2022	2023	Infections	0	4	1	2	1	1	<p>SSI HYST SIR - How We Compare Nationally</p> <p>FY23 Goal SIR <0.738</p>  <table border="1"> <tr><th>Year</th><td>2018</td><td>2019</td><td>2020</td><td>2021</td><td>2022</td><td>2023</td></tr> <tr><th>SIR</th><td>0</td><td>1.45</td><td>0.87</td><td>1.275</td><td>0.606</td><td>0.602</td></tr> </table>	Year	2018	2019	2020	2021	2022	2023	SIR	0	1.45	0.87	1.275	0.606	0.602	Surgical Site Infection Prevention Committee	<ul style="list-style-type: none"> Reinforcing the use of clean-closure technique Pre/Post operative blood glucose management
Year	2018	2019	2020	2021	2022	2023																										
Infections	0	4	1	2	1	1																										
Year	2018	2019	2020	2021	2022	2023																										
SIR	0	1.45	0.87	1.275	0.606	0.602																										
Colorectal Surgical Site Infection	<p>SSI Colo Infections</p>  <table border="1"> <tr><th>Year</th><td>2018</td><td>2019</td><td>2020</td><td>2021</td><td>2022</td><td>2023</td></tr> <tr><th>Infections</th><td>7</td><td>2</td><td>1</td><td>9</td><td>7</td><td>2</td></tr> </table>	Year	2018	2019	2020	2021	2022	2023	Infections	7	2	1	9	7	2	<p>SSI COLO SIR - How We Compare Nationally</p> <p>FY23 Goal SIR <0.717</p>  <table border="1"> <tr><th>Year</th><td>2018</td><td>2019</td><td>2020</td><td>2021</td><td>2022</td><td>2023</td></tr> <tr><th>SIR</th><td>0.95</td><td>0.17</td><td>0.16</td><td>0.897</td><td>0.687</td><td>0.441</td></tr> </table>	Year	2018	2019	2020	2021	2022	2023	SIR	0.95	0.17	0.16	0.897	0.687	0.441	Surgical Site Infection Prevention Committee	<ul style="list-style-type: none"> Reinforcing the use of clean-closure technique Pre/Post operative blood glucose management
Year	2018	2019	2020	2021	2022	2023																										
Infections	7	2	1	9	7	2																										
Year	2018	2019	2020	2021	2022	2023																										
SIR	0.95	0.17	0.16	0.897	0.687	0.441																										

OUTSTANDING HEALTH OUTCOMES

HAI	# Infections	Performance	Team	Strategy																												
Ventilator Associated Events (includes: Ventilator Associated Condition; Ventilator Infection Associated Condition; Probable Ventilator Associated Pneumonia)	<p>VAE Infections</p> <table border="1"> <tr><th>Year</th><td>2018</td><td>2019</td><td>2020</td><td>2021</td><td>2022</td><td>2023</td></tr> <tr><th>Infections</th><td>5</td><td>7</td><td>3</td><td>7</td><td>4</td><td>1</td></tr> </table>	Year	2018	2019	2020	2021	2022	2023	Infections	5	7	3	7	4	1	<p>VAE SIR - How We Compare Nationally</p> <p>FY23 Goal SIR <1.00</p> <table border="1"> <tr><th>Year</th><td>2018</td><td>2019</td><td>2020</td><td>2021</td><td>2022</td><td>2023</td></tr> <tr><th>SIR</th><td>0.761</td><td>1.042</td><td>0.309</td><td>0.476</td><td>0.406</td><td>0.248</td></tr> </table>	Year	2018	2019	2020	2021	2022	2023	SIR	0.761	1.042	0.309	0.476	0.406	0.248	VAE Prevention Committee	<ul style="list-style-type: none"> • Peridex Oral Solution Rinse • Elevate head-of-bed • Avoidance of PPIs • Sedation Vacation • Mobility • Planning device liberation through spontaneous breathing trials
Year	2018	2019	2020	2021	2022	2023																										
Infections	5	7	3	7	4	1																										
Year	2018	2019	2020	2021	2022	2023																										
SIR	0.761	1.042	0.309	0.476	0.406	0.248																										

BioVigil Hand Hygiene Performance

Key:	% Compliance	Volume of HHO
	Bad	Bad
	Good	Good
		Neutral

Patient care units with a hand hygiene compliance rate of <95%, submit an action plan to Quality Improvement Committee describing how performance will improve.

Hand hygiene compliance is controlled at $\geq 95\%$, however, there is a gradual downward trend quarter-to-quarter.

All branches of leadership and staff receive scheduled hand hygiene compliance reports.

Units not achieving $\geq 95\%$ hand hygiene compliance submit corrective action plans within their QAPI reports submitted to the Quality Improvement Committee (QIC)

During the March 2023, representatives from Biovigil did an onsite visit for several days. They answered staff and leadership questions, performed observations, and presented to all leaders in the district information about a new report tool in Biovigil that will help with performance evaluations and coaching.

Hand Hygiene (HH) Dashboard															
Measure Description	Benchmark /Target	2020Q1	2020Q2	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	sparklines
OUTCOME MEASURES															
HH Overall Compliance	95%	98.98	98.91	98.16	97.61	97.16	97.42	97.22	97.25	97.11	97.05	96.42	96.48	96.52	
Number of HH Audits Performed	n/a	552,670	312,205	1,800,659	3,323,059	2,816,935	2,359,118	2,318,065	2,446,546	2,279,031	3,700,349	3,226,146	2,646,388	2,866,337	
HH Overall Compliance - Patient Care Areas	95%	98.98	98.91	98.16	97.61	97.16	97.42	97.22	97.25	97.14	97.32	96.91	96.60	96.58	
Number of HH Audits Performed - Patient Care Areas	n/a	552,670	312,205	1,800,659	3,323,059	2,816,935	2,359,118	2,318,065	2,446,546	2,221,981	3,105,473	2,816,419	2,420,170	2,421,644	

BioVigil Hand Hygiene Performance

There is very little difference in hand hygiene compliance observed between days, evenings, weekdays and weekends.

There are about twice the amount of HH observations during AM shift compared to PM shift. Both shifts have an average compliance rate of 97%.

Hand Hygiene observations during weekends account for less than 1/3 than amount that occur during weekdays. Yet, hand hygiene compliance consistently hovers around 96-97%.

Measure Description	Benchmark /Target	2020Q1	2020Q2	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	sparklines
PROCESS MEASURES - Patient Care Units															
Hand Hygiene By Day/Time															
HH Overall Compliance - AM Shift	95%	99.16	98.83	98.14	97.47	97.24	97.32	97.10	97.16	97.19	97.40	96.84	96.57	96.53	
Number of HH Audits Performed - AM Shift	n/a	320,577	182,697	1,114,081	2,048,761	1,739,305	1,441,657	1,441,707	1,523,828	1,407,639	1,987,592	1,788,594	1,535,639	1,688,354	
HH Overall Compliance - PM Shift	95%	98.72	99.03	98.20	97.82	97.03	97.57	97.43	97.40	97.06	97.19	97.02	96.66	96.67	
Number of HH Audits Performed - PM Shift	n/a	232,093	129,508	686,578	1,274,298	1,077,630	917,461	876,358	922,718	814,342	1,117,881	1,027,825	884,531	929,981	
HH Overall Compliance - Weekdays	95%	98.99	98.90	98.17	97.64	97.21	97.39	97.21	97.21	97.10	97.35	96.90	96.53	96.52	
Number of HH Audits Performed - Weekdays	n/a	417,725	239,942	1,356,125	2,511,844	2,144,621	1,799,970	1,773,795	1,856,516	1,684,446	2,364,695	2,161,324	1,829,069	2,031,613	
HH Overall Compliance - Weekends	95%	98.94	98.96	98.13	97.48	97.02	97.52	97.26	97.39	97.27	97.23	96.94	96.82	96.77	
Number of HH Audits Performed - Weekends	n/a	134,945	72,263	444,534	811,215	672,314	559,148	544,270	590,030	537,535	740,778	655,095	591,101	586,723	

BioVigil Hand Hygiene Performance

During 1st quarter 2023, all but 4 units are performing at 95% or greater hand hygiene compliance with few exceptions.

CVICU and CVICCU have undergone recent leadership changes. Expectations related to hand hygiene compliance is being shared. It is projected that 2nd quarter 2023 rates will show improvement.

Measure Description	Benchmark /Target	2020Q1	2020Q2	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	sparklines
Hand Hygiene By Patient Care Unit Location ("biovigil data")															
2AcequiaCVC - HH Compliance	95%	94.00	88.00	99.00	100.00	100.00	100.00	100.00	93.00	97.65	96.72	95.10	95.52	94.86	
2AcequiaCVC - HH Audits Performed	n/a	52	25	198	21	404	502	302	530	10,287	68,200	42,591	32,293	31,935	
2EastLabor&Delivery - HH Compliance	95%	80.00	65.00	97.24	97.33	97.64	97.51	97.24	97.97	97.82	97.27	96.69	96.54	97.00	
2EastLabor&Delivery - HH Audits Performed	n/a	76	46	70,276	148,020	129,732	131,498	149,119	145,080	129,564	127,280	103,004	97,484	83,005	
2NorthMedTele - HH Compliance	95%	61.00	81.00	97.23	96.92	97.36	97.62	97.26	97.09	96.30	96.56	96.22	95.87	94.52	
2NorthMedTele - HH Audits Performed	n/a	127	110	140,554	234,410	221,218	167,286	199,907	269,698	264,236	289,307	301,461	290,830	319,703	
2SouthObservation - HH Compliance	95%	50.00	83.00	98.43	98.08	98.02	98.51	97.82	98.31	98.16	98.05	97.11	96.91	96.51	
2SouthObservation - HH Audits Performed	n/a	90	102	67,987	157,102	133,157	131,810	108,888	138,197	162,821	192,149	198,479	166,682	176,895	
2WestICU - HH Compliance	95%	98.44	97.12	96.90	97.34	96.33	97.37	96.93	97.45	97.98	97.51	97.21	97.10	97.01	
2WestICU - HH Audits Performed	n/a	203,637	29,058	108,729	144,031	95,348	123,559	113,931	138,509	121,395	124,440	105,920	67,625	76,127	
3AcequiaCVICU - HH Compliance	95%	90.40	NULL	97.69	97.43	96.91	96.07	93.35	95.40	95.69	94.94	95.01	93.02	92.73	
3AcequiaCVICU - HH Audits Performed	n/a	63	NULL	91,774	157,004	120,389	131,750	136,066	119,300	100,373	145,775	124,143	102,162	102,290	
3AcequiaMotherBaby - HH Compliance	95%	99.00	100.00	98.18	97.74	97.81	97.93	97.03	97.79	97.92	97.79	97.68	97.65	97.68	
3AcequiaMotherBaby - HH Audits Performed	n/a	152	66	81,760	145,315	122,579	101,757	97,097	103,873	98,568	109,365	116,523	106,226	105,466	
3EastPediatrics - HH Compliance	95%	90.90	100.00	98.76	98.30	98.13	98.17	98.00	97.35	97.36	97.68	97.57	96.73	97.47	
3EastPediatrics - HH Audits Performed	n/a	33	18	5,498	21,187	14,734	22,950	24,640	25,754	21,887	24,019	22,493	22,867	17,122	
3EastPostSurgery - HH Compliance	95%	NULL	NULL	97.85	98.21	98.18	98.46	99.04	98.93	98.80	99.10	98.98	98.97	99.10	
3EastPostSurgery - HH Audits Performed	n/a	NULL	NULL	36,195	86,475	77,833	66,474	58,299	53,267	49,802	54,210	58,914	47,899	57,373	
3NorthMedSurg - HH Compliance	95%	80.00	75.00	98.69	98.38	98.23	98.25	98.32	98.31	98.20	97.90	97.93	98.00	97.87	
3NorthMedSurg - HH Audits Performed	n/a	105	63	157,106	306,844	271,518	208,799	187,554	201,745	176,578	243,881	224,400	192,245	222,328	
3SouthOncology - HH Compliance	95%	81.00	85.00	98.59	97.98	97.76	97.66	96.82	96.86	96.72	95.74	95.26	95.44	95.44	
3SouthOncology - HH Audits Performed	n/a	84	67	170,917	357,067	328,071	268,062	216,920	238,207	248,538	253,251	225,964	193,388	176,157	
3WestICCU - HH Compliance	95%	89.00	100.00	96.99	97.02	95.59	96.72	96.33	94.34	95.53	96.23	96.31	96.08	96.08	
3WestICCU - HH Audits Performed	n/a	71	61	84,081	157,893	131,983	114,691	124,755	131,411	135,314	149,969	148,644	110,102	125,702	
4AcequiaMedicalTelemetry - HH Compliance	95%	100.00	100.00	98.60	97.91	97.40	97.80	97.30	97.14	97.24	97.75	97.32	97.68	97.57	
4AcequiaMedicalTelemetry - HH Audits Performed	n/a	70	17	103,470	251,186	187,526	149,809	121,763	91,726	69,425	68,363	70,307	65,910	78,140	
4NorthRenalMedSurg - HH Compliance	95%	99.29	99.10	98.77	98.17	98.06	97.59	97.67	97.58	97.16	97.52	97.13	96.79	96.61	
4NorthRenalMedSurg - HH Audits Performed	n/a	349,033	283,147	335,897	379,797	348,343	316,657	330,358	302,329	262,742	335,693	316,097	291,132	345,205	
4SouthOrthoNeuroMedSurg - HH Compliance	95%	66.00	31.00	98.84	98.03	97.43	97.18	98.28	98.02	96.97	97.09	96.64	97.30	96.84	
4SouthOrthoNeuroMedSurg - HH Audits Performed	n/a	32	13	149,209	292,764	243,596	103,355	178,163	194,597	137,735	180,775	124,922	96,716	177,580	
5AcequiaCVICCU - HH Compliance	95%	NULL	NULL	97.30	95.25	93.47	93.84	95.38	94.19	94.84	94.65	92.56	92.46	94.82	
5AcequiaCVICCU - HH Audits Performed	n/a	NULL	NULL	127,579	351,393	302,510	203,322	139,949	148,872	121,730	166,696	139,610	121,669	97,571	
6AcequiaNICU - HH Compliance	95%	74.00	85.00	99.14	99.51	99.38	99.59	99.47	99.47	99.59	99.61	99.41	99.14	99.47	
6AcequiaNICU - HH Audits Performed	n/a	90	89	67,542	129,522	66,403	101,545	130,571	143,669	107,434	125,710	143,019	133,345	129,152	
ASC - HH Compliance	95%	100.00	48.00	83.00	75.00	100.00	100.00	100.00	77.00	98.60	98.79	97.40	96.69	95.96	
ASC - HH Audits Performed	n/a	131	118	65	91	552	628	512	60	4,916	47,085	34,636	18,617	22,676	
Emergency Department - HH Compliance	95%	72.00	52.00	47.00	NULL	92.00	90.00	90.00	63.00	94.25	93.74	90.01	92.96	95.65	
Emergency Department - HH Audits Performed	n/a	68	140	155	NULL	636	207	647	252	30,530	316,853	213,717	78,496	69,745	
Endoscopy - HH Compliance	95%	92.00	100.00	100.00	100.00	100.00	0.00	0.00	0.00	99.42	99.00	97.44	97.27	97.09	
Endoscopy - HH Audits Performed	n/a	24	12	27	30	10	0	0	0	3,116	26,881	21,285	16,987	15,748	

BioVigil Hand Hygiene Performance

Majority of the locations listed here were recently added to the BioVigil electronic hand hygiene surveillance system during March 2022.

Infusion had some logistical issues related to use of BioVigil that the vendor addressed during late 3rd quarter 2022.

Emergency Department has improved hand hygiene over time. The layout and function of the ED presents challenges and there is a learning curve on how BioVigil is appropriately used in this environment. Hand hygiene compliance is hovering around 90%. With continued experience and training this rate of compliance will meet goal.

Measure Description	Benchmark /Target	2020Q1	2020Q2	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	sparklines
Hand Hygiene By Patient Care Unit Location (*biovigil data)															
Infusion - HH Compliance	95%	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	98.21	97.28	94.44	94.32	94.35	
Infusion - HH Audits Performed	n/a	36	20	30	30	30	40	30	20	2,293	15,139	12,958	11,132	9,014	
SouthCampusSubAcuteCare - HH Compliance	95%	71.40	100.00	100.00	100.00	97.00	0.00	100.00	100.00	98.55	99.05	98.15	97.41	97.82	
SouthCampusSubAcuteCare - HH Audits Performed	n/a	84	47	93	101	124	0	86	64	4,471	203,220	158,928	140,692	160,919	
SouthCampusTCS - HH Compliance	95%	50.00	100.00	100.00	97.00	100.00	100.00	0.00	0.00	99.42	99.35	99.40	99.21	99.03	
SouthCampusTCS - HH Audits Performed	n/a	10	42	88	66	90	60	0	0	4,495	119,307	93,993	27,367	1,132	
WestCampusAcuteCareRehab/ShortStay - HH Compliance	95%	89.00	88.00	93.00	NULL	93.00	94.00	94.00	94.00	97.04	98.27	97.99	97.20	97.55	
WestCampusAcuteCareRehab/ShortStay - HH Audits Perform	n/a	71	82	75	NULL	639	634	1,050	659	4,873	192,063	139,598	145,829	166,468	
WestCampusDialysis - HH Compliance	95%	97.00	100.00	100.00	100.00	100.00	100.00	96.00	95.00	97.33	97.86	96.77	96.37	96.28	
WestCampusDialysis - HH Audits Performed	n/a	87	90	102	82	90	130	142	40	5,250	106,554	74,945	60,539	91,867	
WestCampusWoundCare - HH Compliance	95%	NULL	95.90	98.53	97.60	97.52	97.18								
WestCampusWoundCare - HH Audits Performed	n/a	NULL	658	14,164	9,595	8,154	7,017								

BioVigil Hand Hygiene Performance

Physician hand hygiene, although very low in volume, is improving for those that use BioVigil. Infection Prevention met with the hospitalists group during 3rd quarter 2022 and encouraged greater use of BioVigil, there was a lot of interest expressed.

The sheer volume of hand hygiene opportunities is shared between CNAs and RNs followed by all others excluding (MDs, RTs, Students, LVNs, EVS, and Aides).

Measure Description	Benchmark /Target	2019Q4	2020Q1	2020Q2	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3	sparklines	
Hand Hygiene by Role (>10 observations in one quarter, does not include biovigil)															
Aide - HH Compliance	95%	NULL	85.00	99.10	98.68	97.78	98.30	98.34	97.72	97.85	98.01	96.59	97.47	96.45	
Aide - HH Audits Performed	n/a	NULL	542	8,451	19,202	15,794	15,254	15,415	16,515	17,855	34,884	32,951	24,245	22,709	
C.N.A. - HH Compliance	95%	99.19	99.44	97.95	96.77	96.09	96.53	95.84	95.94	96.40	96.77	96.00	95.62	95.54	
C.N.A. - HH Audits Performed	n/a	102,302	69,129	416,120	831,386	684,279	522,495	489,887	572,524	532,211	818,992	712,318	579,389	667,221	
EVS - HH Compliance	95%	97.41	82.00	97.45	96.60	95.53	95.09	92.70	95.81	95.49	95.68	96.38	96.51	96.62	
EVS - HH Audits Performed	n/a	6,613	562	90,866	138,281	106,399	79,822	40,426	34,340	81,413	143,234	140,698	140,719	222,794	
LVN/Tech - HH Compliance	95%	99.62	99.49	98.80	98.04	98.50	97.33	97.70	97.80	97.34	97.19	96.46	96.79	96.92	
LVN/Tech - HH Audits Performed	n/a	11,837	17,672	58,774	120,366	102,399	88,559	105,878	129,757	136,711	323,431	295,512	235,724	253,586	
Nurse - HH Compliance	95%	98.92	98.60	98.15	97.85	97.40	97.61	97.64	97.56	97.26	96.86	96.17	96.32	96.44	
Nurse - HH Audits Performed	n/a	414,014	217,313	1,010,487	1,799,550	1,409,149	1,186,339	1,279,636	1,322,761	1,154,031	1,836,932	1,601,449	1,263,937	1,259,655	
Other - HH Compliance	95%	99.36	99.82	98.73	98.53	98.14	98.33	98.01	98.31	98.02	98.51	98.17	98.11	98.12	
Other - HH Audits Performed	n/a	16,689	8,528	162,302	302,064	331,851	309,086	265,952	264,691	261,304	406,813	349,306	329,300	370,318	
Physician - HH Compliance	95%	97.53	92.80	97.39	94.81	93.83	97.64	90.60	98.61	95.72	97.39	98.99	97.06	99.89	
Physician - HH Audits Performed	n/a	1,215	780	920	12,344	13,703	4,114	234	72	187	766	693	953	909	
Respiratory - HH Compliance	95%	NULL	91.00	98.45	98.17	97.86	98.37	97.61	97.14	97.80	98.34	97.90	97.29	96.94	
Respiratory - HH Audits Performed	n/a	NULL	282	45,275	82,248	88,040	97,902	86,616	70,921	66,678	103,000	61,923	52,783	49,303	
Student - HH Compliance	95%	NULL	100.00	99.41	99.11	98.57	98.28	97.78	98.27	97.57	96.44	96.32	97.14	97.16	
Student - HH Audits Performed	n/a	NULL	11	7,464	17,618	65,321	55,547	34,021	34,965	28,641	32,297	31,296	19,338	19,842	

Live with passion.

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





Kaweah Health Medical Center

FY 2024 Proposed Strategic Plan

Board of Directors Meeting
June 28, 2023



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

Overview of Kaweah Health's Strategy Structure



2024 STRATEGIC PLAN TIMEFRAMES

- 2/2023 Meet with Team Leads and Strategic Planning Committee of the Board to share approach for 2024.
- 3/2023 Initiate small workgroups to discuss content/metrics for each initiative for FY 2024 and determine financial impact. Board member on each team.
- 4/10/23 AchieveIT is updated for proposed content for FY2024.
- 4/24/23 Initiative leaders present proposed 2024 plan to ET for review and approval.
- 5/1/23 AchieveIT is updated and finalized with ET comments and changes.
- 6/8/23 Strategic Planning Committee of the Board meets to review and approve proposed FY2024 Strategic Plan.
- 6/15/23 AchieveIT is updated and finalized with SP Committee changes and comments.
- 6/28/23 **Final 2024 Strategic Plan presented to the full Board for approval.**



Kaweah Health Medical Center

Outstanding Health Outcomes

Dr. William Brien and Sonia Duran-Aguilar



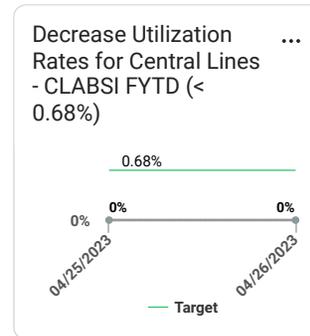
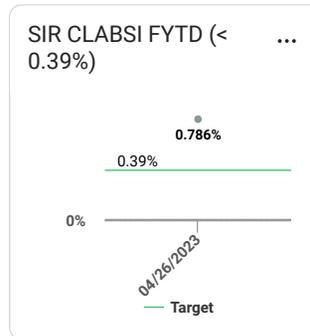
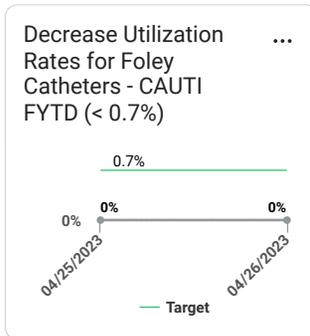
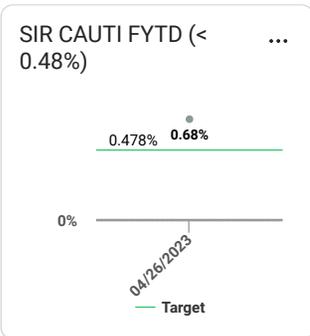
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Standardized Infection Ratio (SIR) Champions: Sandy Volchko

Objective: Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.1	Objective	CAUTI, CLABSI, MRSA Quality Focus Teams	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.1.2	Objective	Daily catheter and central line Gemba rounds	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.1.3	Objective	Bio-Vigil	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.1.4	Objective	MRSA Decolonization	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.1.5	Outcome	Standardized Infection Ratio (SIR) CAUTI (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile Baseline FYTD (March 2023)
5.1.5.1	Outcome	Decrease Utilization Rates for Foley Catheters (CAUTI)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile Pending baseline data
5.1.6	Outcome	Standardized Infection Ratio (SIR) CLABSI (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile Baseline FYTD (March 2023)
5.1.6.1	Outcome	Decrease Utilization Rates for Central Lines (CLABSI)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile Pending baseline data
5.1.7	Outcome	Standardized Infection Ratio (SIR) MRSA (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile Baseline FYTD (March 2023)

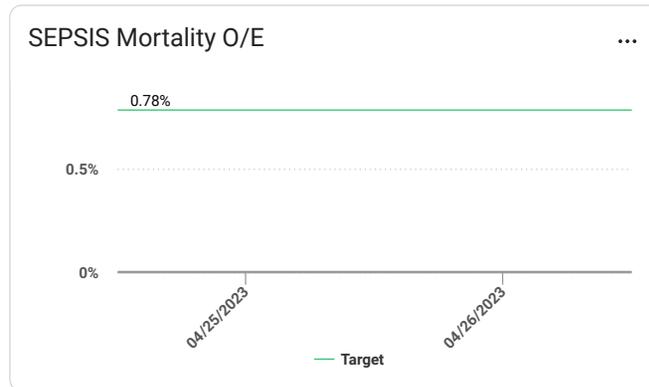
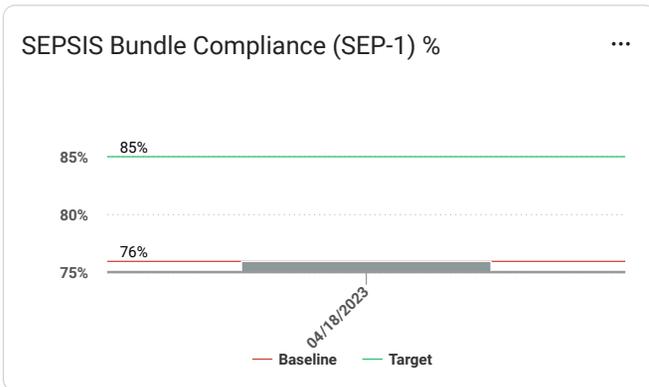


SEPSIS Bundle Compliance (SEP-1) Champions: Sandy Volchko

Objective: Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.2.1	Objective	Utilize SEPSIS Coordinators to identify and monitor patients	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.2.2	Objective	SEPSIS Alerts-Required MD notifications	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.2.3	Objective	Quality Focus Team-RCAs/Fall out review	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.2.4	Outcome	SEPSIS Bundle Compliance (SEP-1) % FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Baseline FYTD (March 2023)
5.2.4.1	Outcome	SEPSIS Mortality O/E	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Pending baseline data



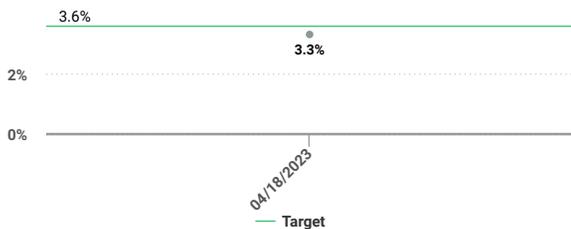
Mortality and Readmissions Champions: Sandy Volchko

Objective: Reduce observed/expected mortality through the application of standardized best practices.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.3.1	Objective	Enhanced diagnosis specific workgroups/committees	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.3.2	Objective	Standardized care based on evidence	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.3.3	Outcome	Hospital Readmissions % AMI (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 80th Percentile / Baseline FYTD (March 2023)
5.3.4	Outcome	Hospital Readmissions % COPD (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 80th Percentile / Baseline FYTD (March 2023)
5.3.5	Outcome	Hospital Readmissions % HF (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 75th Percentile / Baseline FYTD (March 2023)
5.3.6	Outcome	Hospital Readmissions % PN Viral/Bacterial (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile / Baseline FYTD (March 2023)
5.3.7	Outcome	Decrease Mortality Rates AMI FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 90th Percentile / Baseline FYTD (March 2023)
5.3.8	Outcome	Decrease Mortality Rates COPD FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 60th Percentile / Baseline FYTD (March 2023)
5.3.9	Outcome	Decrease Mortality Rates HF FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 90th Percentile / Baseline FYTD (March 2023)
5.3.10	Outcome	Decrease Mortality Rates PN Bacterial FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile / Baseline FYTD (March 2023)
5.3.11	Outcome	Decrease Mortality Rates PN Viral FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Percentile TBD (specifics unavailable) / Baseline FYTD (March 2023)
5.3.12	Outcome	Percutaneous Coronary Intervention (PCI) In Hospital Mortality Rate - STEMI	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 50th Percentile / Baseline Rolling 4 quarters (10/1/21 - 9/30/22)
5.3.12.1	Outcome	Door to Balloon Time PCI for STEMI (< 50 mins)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 90th Percentile / Baseline of 63 - Rolling 4 quarters (10/1/21 - 9/30/22)
5.3.13	Outcome	Acute Kidney Injury Post PCI	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 90th Percentile / Baseline Rolling 4 quarters (10/1/21 - 9/30/22)
5.3.14	Outcome	Risk Standardized Bleeding Rate	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 75th Percentile / Baseline Rolling 4 quarters (10/1/21 - 9/30/22)

Acute Kidney Injury Post PCI (< 3.6%)



PCI In-Hospital Mortality Rate - STEMI (< 2.5%)



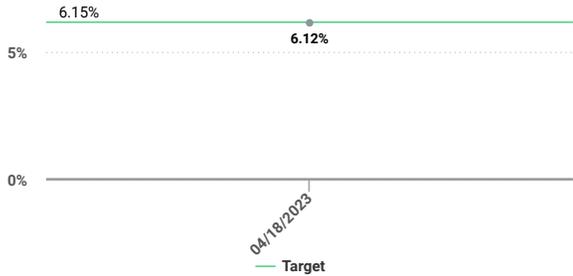
Risk Standardized Bleeding Rate (< 1.5%)



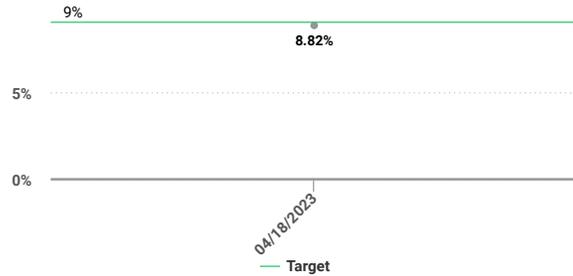
Mortality and Readmissions

Champions: Sandy Volchko

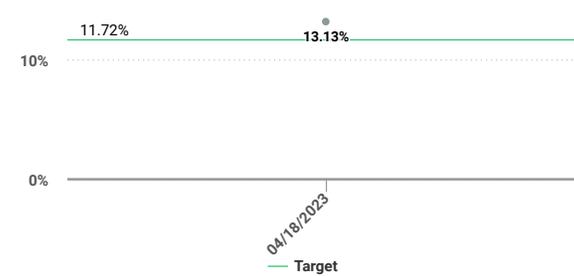
Hospital Readmissions % AMI FYTD (< 6.15%)



Hospital Readmissions % COPD FYTD (< 9%)



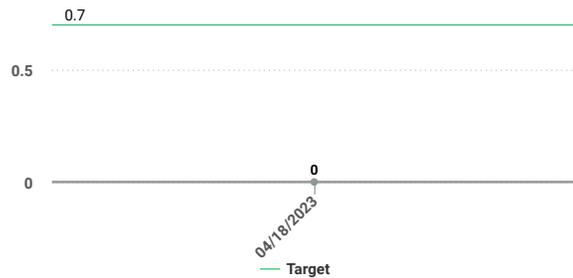
Hospital Readmissions % HF FYTD (< 11.72%)



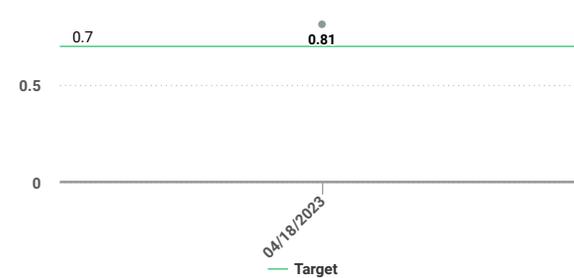
Hospital Readmissions % PN Viral/Bacterial FYTD (< 9%)



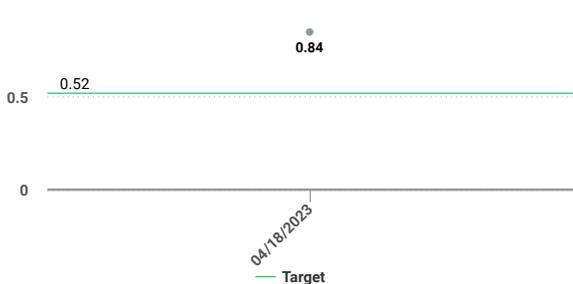
Decrease Mortality Rates AMI FYTD (< 0.7)



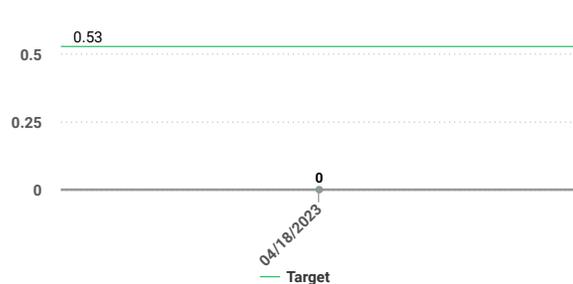
Decrease Mortality Rates COPD FYTD (< 0.7)



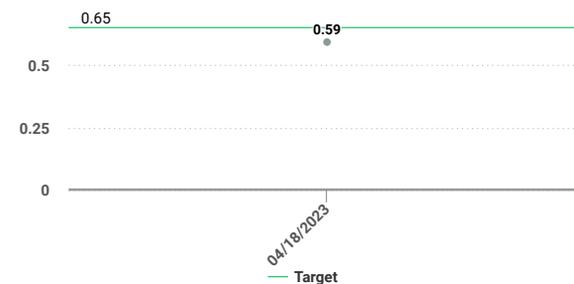
Decrease Mortality Rates HF FYTD (< 0.52)



Decrease Mortality Rates PN Bacterial FYTD (< 0.53)



Decrease Mortality Rates PN Viral FYTD (<0.65)



Health Equity

Champions: Ryan Gates and Sonia Duran-Aguilar

Objective: Identify health disparities that improve affordable access to care by enhancing care coordination and more effective treatment through healthy living.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.5.1	Objective	Identify an individual to lead activities to improve Health Care Equity	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.2	Objective	Develop Organizational Multi-Year Health Equity Plan/Road Map	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.3	Objective	Review and Select Toolkit to be used, and identify gaps and develop plans to resolve	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.4	Objective	Select Social Screening Data Collection Tool by 7/1/23	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.4.1	Objective	Build out tool in Cerner	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.4.2	Objective	Develop training materials for front line staff and complete training	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.4.3	Objective	Evaluate reporting capabilities/dashboards	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.4.4	Objective	Implement new screening tool and monitor and reinforce progress using available reports	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.5	Objective	Identify Disparities in data collected by 3/30/2024	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	

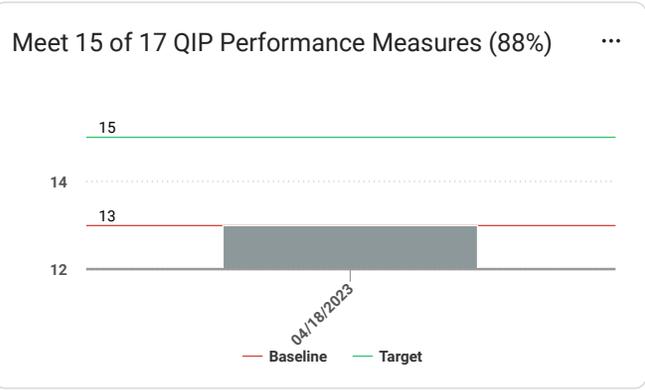
Quality Improvement Program (QIP) Reporting

Champions: Sonia Duran-Aguilar

Objective: Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.4.1	Objective	Improve Frontline staff (Clinic Primary Care/Internal Medicine/clinical staff) awareness of QIP performance and thereby ensure engagement and buy in QI efforts	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.2	Objective	Optimize workflows to drive and hardwire best practices for clinical care (registration, MA intake, provider documentation)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.3	Objective	Continue with Monthly workgroups (MCPs, Revenue Integrity, Population Health/Clinic Teams) to track progress	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.4	Objective	Continue to monitor Quality Data Code documentation and impact on QIP measure performance	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.5	Objective	Optimize Patient Advisories/Health Maintenance that align with QIP measures	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.6	Objective	Develop HealtheAnalytics Performance Dashboards-25 measures	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.7	Objective	Completion of HealtheAnalytics Fall Out Worklists for QIP Measures-completed 18 FY23/ongoing for new and remaining measures (7 additional)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.8	Objective	Explore within Cerner, tools that improve automated coding (ICD/Quality Data Codes) per clinical documentation (long term strategy)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.9	Outcome	Meet 15 of 17 QIP measure performance (88%)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	Baseline of 13 = CY22 QIP Performance. Goal of 15 = CY23 QIP Performance



Inpatient Diabetes Management

Champions: Emma Camarena and Cody Ericson

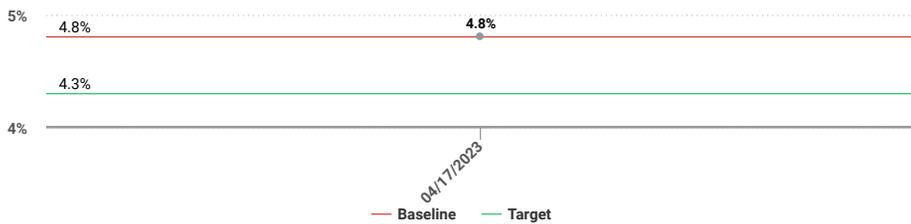
Objective: Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.6.1	Outcome	Achieve benchmark performance for hypoglycemia in Critical Care (CC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	Baseline - Last 6 months
5.6.2	Outcome	Achieve benchmark performance for hypoglycemia in Non-Critical Care (NCC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	Baseline - Last 6 months
5.6.3	Outcome	Achieve benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Critical Care (CC)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	Baseline - Last 6 months
5.6.4	Outcome	Achieve benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Non Critical Care (NCC)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	Baseline - Last 6 months

Hypoglycemia in Critical Care Patients (< 4.3%)

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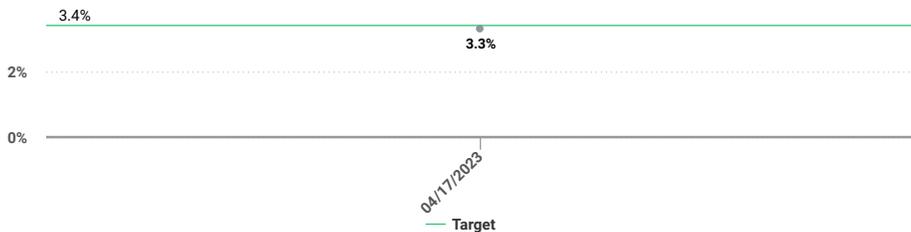
Recurrent Hypoglycemia in Critical Care Patients (< 26.8%)

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Hypoglycemia in Non-Critical Care Patients (< 3.4%)

...



Recurrent Hypoglycemia in Non-Critical Care Patients (< 29.6%)

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Kaweah Health Medical Center

Patient Experience and Community engagement

Keri Noeske and Deborah Volosin



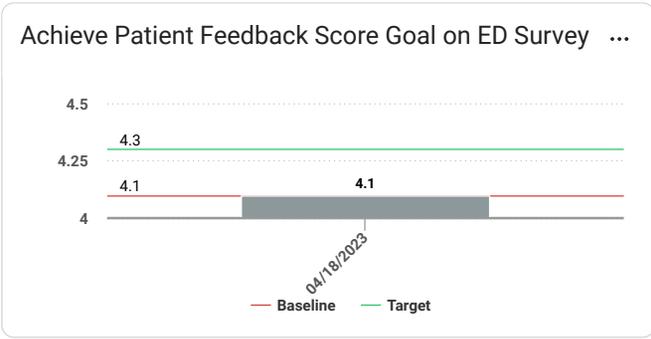
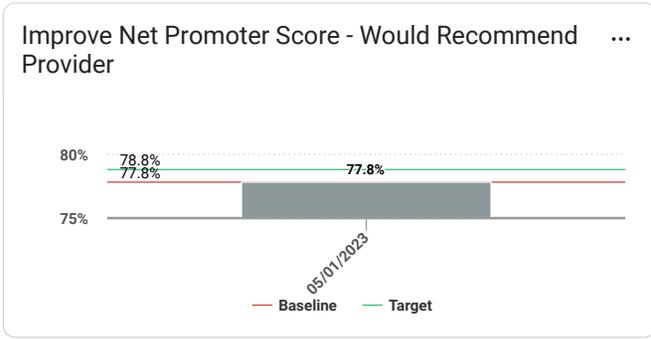
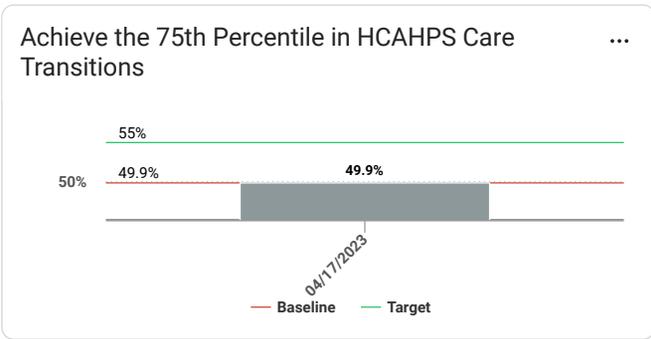
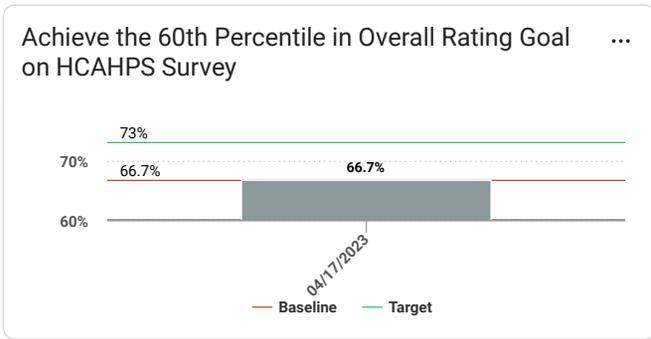
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World-Class Service Champion: Keri Noeske

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

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
6.1.1	Objective	Provide trainings & tools to team members on how to deliver world-class service.	07/01/2023	06/30/2024	Keri Noeske	Not Started	
6.1.2	Objective	Enhance patient navigation across the health care continuum.	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.1.3	Objective	Patient Wayfinding	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.1.4	Outcome	Achieve the 60th Percentile in Overall Rating Goal on HCAHPS Survey	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal established based on CY23/Q1 benchmark
6.1.5	Outcome	Achieve Patient Feedback Score Goal on ED Survey	07/01/2023	06/30/2024	Keri Noeske	Not Started	
6.1.6	Outcome	Achieve the 75th Percentile in HCAHPS Care Transitions Score	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal established based on CY23/Q1 benchmark
6.1.7	Outcome	Improve Net Promoter Score (NPS) - Would Recommend Provider	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal = 25th Percentile / Baseline = April 2023



Increase Compassionate Communication

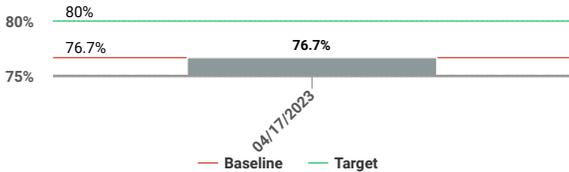
Champions: Dr. Carstens and Keri Noeske

Objective: To reach the 50th percentile in physician and nursing communication and responsiveness of staff on the HCAHPS survey.

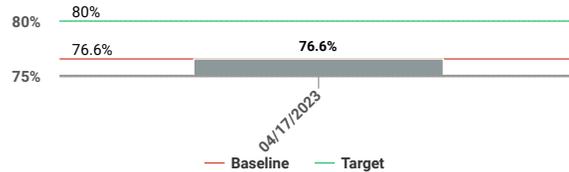
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
6.2.1	Objective	Develop an expectation for best practice provider and team communication (training and coaching)	07/01/2023	06/30/2024	Keri Noeske	Not Started	
6.2.2	Objective	Bedside Rounds - Health Care Team Rounds Implemented in all Med Surg and Critical Care areas	07/01/2023	06/30/2024	Keri Noeske	Not Started	
6.2.3	Outcome	Achieve the 60th Percentile in Physician Communication Score	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal established based on CY23/Q1 benchmark
6.2.4	Outcome	Achieve the 60th Percentile in Nursing Communication Score	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal established based on CY23/Q1 benchmark
6.2.5	Outcome	Achieve the 70th Percentile in Responsiveness of Staff to Patients and Among Internal Teams	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal established based on CY23/Q1 benchmark

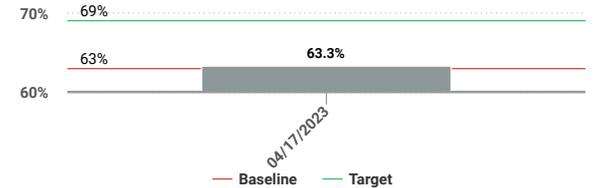
Achieve the 60th Percentile on Physician Communication Scores



Achieve the 60th Percentile on Nursing Communication Scores



Achieve the 70th Percentile in Responsiveness of Staff to Patients and Internal Teams



Community Engagement Champion: Deborah Volosin and Keri Noeske

Objective: To provide an environment where community members and patients are able to assist staff in co-designing safe, high quality, and world-class care and services.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
6.4.1	Objective	Report on Community Engagement Activities	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.2	Objective	Continue to meet with Community Advisory Councils and Ambassador groups to gain community and employee insights and support	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.3	Objective	Explore ways to collaborate on modernization efforts with other health care districts, Central Valley Healthcare Alliance, and the County of Tulare	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.4	Objective	Promote Community Engagement program with new membership, new Councils, and a new onboarding program	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.5	Objective	Continue to promote Speakers Bureau	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.6	Objective	Launch comprehensive community engagement campaign regarding the need to replace the Mineral King wing through focus groups, town halls, the website, social media, and other media to gain support	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.7	Objective	Kick off a new Foundation fundraising campaign	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.8	Outcome	Improve Best Image and Reputation Score (26)	07/01/2023	06/30/2024	Deborah Volosin	Not Started	Baseline of 21.5 from March 2023 / Goal 26



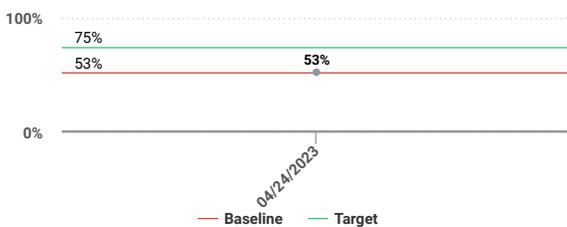
Enhancement of Environment Champion: Deborah Volosin

Objective: To create a secure, warm and welcoming environment for patients and the community.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
6.3.1	Objective	Environmental Rounds: Identify and Respond to Environmental Needs	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.3.2	Outcome	Reunite 75% of Lost Belongings with Owners	07/01/2023	06/30/2024	Keri Noeske	Not Started	FYTD through March 2023 Represents lost belonging data reported in MIDAS
6.3.3	Outcome	Improve the Cleanliness of Clinic Environment	07/01/2023	06/30/2024	Ivan Jara	Not Started	Baseline and Goal TBD. Working with NRC vendor to update survey question to include "cleanliness"
6.3.4	Outcome	Achieve the 50th Percentile in HCAHPS Cleanliness Survey Score (Inpatient)	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal established based on CY23/Q1 benchmark

Reunite 75% of Lost Belongings with Owners ...

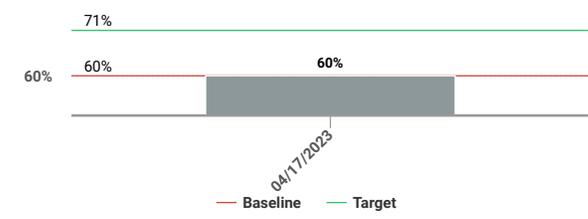


Improve Cleanliness of Clinic Environment ...



This plan item has no metric value

Achieve the 50th Percentile in HCAHPS Cleanliness Score (Inpatient) ...





Kaweah Health Medical Center

Empower Through Education

Dr. Lori Winston and Hannah Mitchell



kaweahhealth.org

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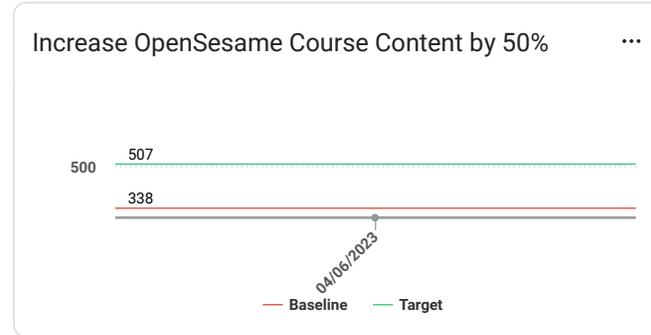
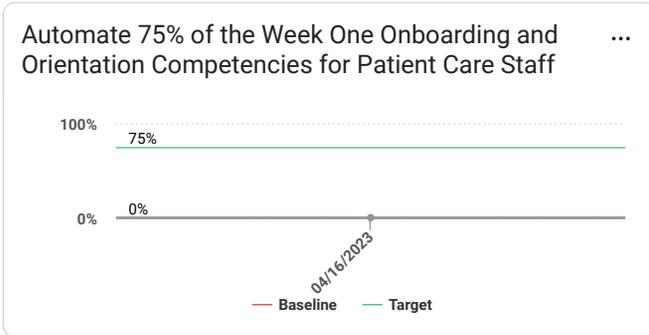


Online Learning Opportunities and Participation Champions: Mara Lawson and Hannah Mitchell

Objective: Increase and Optimize Educational Opportunities and Platforms for Online Learning.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.1	Objective	Increase and Optimize Educational Opportunities and Platforms for Online Learning	07/01/2023	06/30/2024	Hannah Mitchell	Not Started	
1.1.1.1	Outcome	Automate the Week One Onboarding and Orientation Competencies for Patient Care Staff	07/01/2023	06/30/2024	Mara Lawson	Not Started	
1.1.1.2	Outcome	Increase OpenSesame Course Content	07/01/2023	06/30/2024	Hannah Mitchell	Not Started	



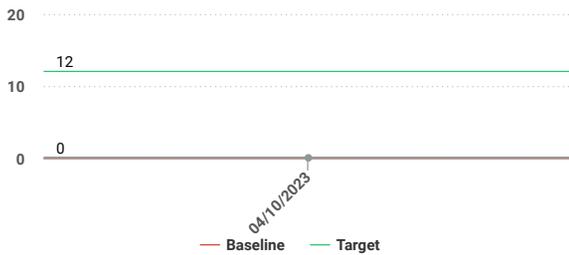
SIM Lab and Use of Simulation in Education Champion: Dr. Sokol

Objective: Increase Simulation and SIM Lab Training Opportunities.

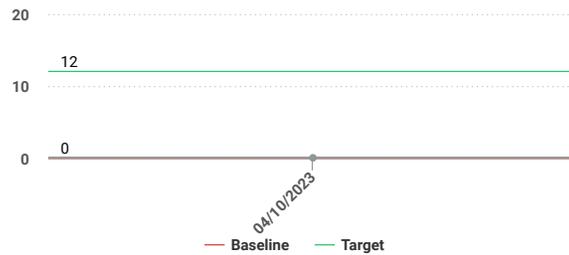
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.1	Objective	Expand Exposure to the SIM Lab and Simulation Training Concepts	07/01/2023	06/30/2024	Kimberly Sokol	Not Started	
1.2.1.1	Outcome	Conduct Monthly in situ Simulations (Twelve in the Fiscal Year)	07/01/2023	06/30/2024	Kimberly Sokol	Not Started	
1.2.1.2	Outcome	Host Monthly SIM Education Series for All Kaweah Health Employees (Twelve in the Fiscal Year)	07/01/2023	06/30/2024	Kimberly Sokol	Not Started	
1.2.1.3	Outcome	Conduct SIM Center Tours for High School Students	07/01/2023	12/31/2023	Kimberly Sokol	Not Started	
1.2.2	Objective	Develop and Execute a SIM Center Specific Fundraising Strategy	07/01/2023	06/30/2024	Kimberly Sokol	Not Started	

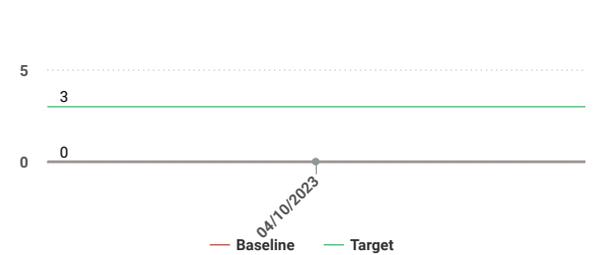
Conduct Monthly in situ Simulations Sessions (Twelve in the Fiscal Year) ...



Host Monthly SIM Education Series for All Kaweah Health Employees (Twelve in the Fiscal Year) ...



Conduct SIM Center Tours for High School Students ...



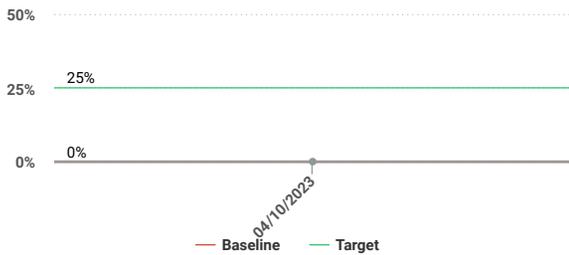
Educational Opportunities for External Learners Champion: Dr. Sokol

Objective: Explore and Develop Opportunities to Provide Education to External Learners.

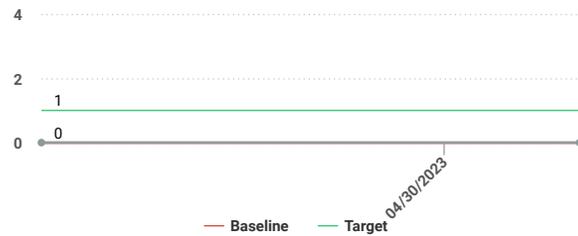
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.3.1	Objective	Include External Learners in Existing and New Training and Educational Opportunities	07/01/2023	06/30/2024	Kimberly Sokol	Not Started	
1.3.1.1	Outcome	Host an Advanced Trauma Life Support Course with 25% Paying Participants	07/01/2023	12/31/2023	Kimberly Sokol	Not Started	
1.3.1.2	Outcome	Lease SIM Space and Resources For Use by External Entities	07/01/2023	12/31/2023	Kimberly Sokol	Not Started	
1.3.2	Objective	Increase Exposure and Opportunities for Shadowing and Observing	07/01/2023	06/30/2024	Lori Winston	Not Started	
1.3.2.1	Outcome	Implement the Mi Mentor Program and One Additional Affiliate Program	07/01/2023	06/30/2024	Lori Winston	Not Started	

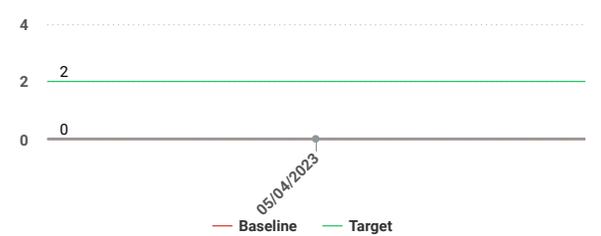
Host an Advanced Trauma Life Support Course with 25% External Paying Participants



Lease SIM Space and Resources to External Entiti...



Implement the Mi Mentor Program and One Additional Affiliate Program

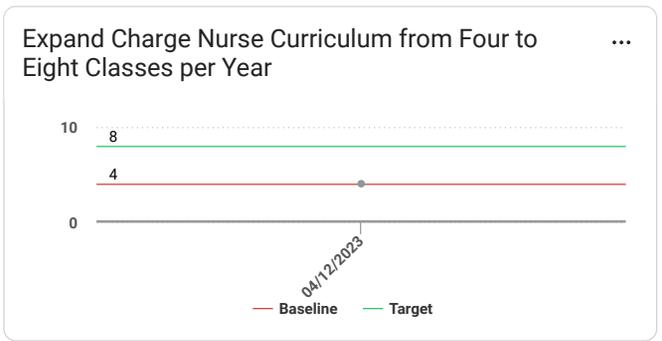
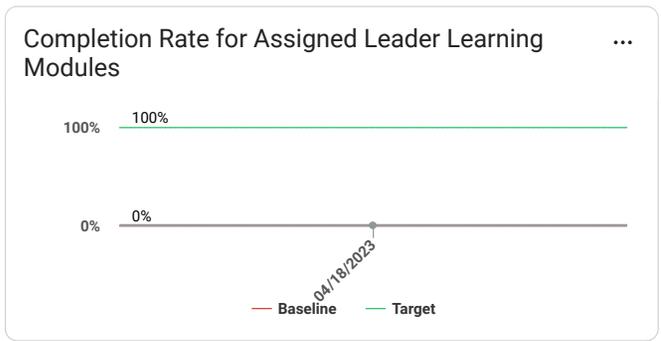


Leadership Education Champions: Hannah Mitchell, Keri Noeske, Dr. Brien and Mara Lawson

Objective: Increase and Improve Leadership Education.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.4.1	Objective	Improve Leadership Skills Through Targeted Training Assignments	07/01/2023	06/30/2024	Hannah Mitchell	Not Started	
1.4.1.1	Outcome	Completion Rate for Assigned Leader Learning Modules	07/01/2023	06/30/2024	Hannah Mitchell	Not Started	
1.4.1.2	Outcome	Expand Charge Nurse Curriculum from Four to Eight Classes per Year	07/01/2023	06/30/2024	Mara Lawson	Not Started	
1.4.2	Objective	Develop, build and launch Leadership Academy	07/01/2023	06/30/2024	Hannah Mitchell	Not Started	
1.4.3	Objective	Develop, Build and Launch an Emerging Leaders Program	07/01/2023	06/30/2024	Hannah Mitchell	Not Started	
1.4.4	Objective	Develop Leadership Training Curriculum for Operational Directors, Division Chiefs and Medical Staff Service Line Directors	07/01/2023	06/30/2024	Keri Noeske	Not Started	





Kaweah Health Medical Center

Ideal Work Environment

Dianne Cox and Raleen Larez



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Employee Retention and Resiliency Champion: Dianne Cox and Raleen Larez

Objective: Improving retention and decreasing turnover will stabilize the workforce, improve competency and safe patient care and reduce costs of hiring and onboarding.

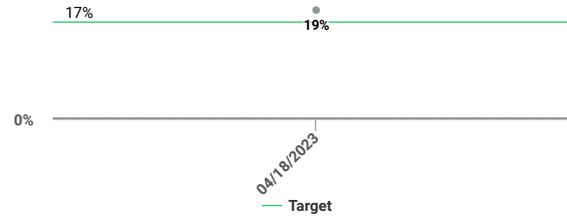
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.1	Objective	Restart Retention Committee Initiatives	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.2	Objective	Monitor Competitive Compensation and Benefits	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.3	Objective	Schwartz Programs Second Year Rollout (6 total by 6/30/24)	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.4	Objective	Health Equity - Study health/dental insurance analytics of our employee/member population by 6/30/24	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.5	Objective	Standardize weekly communication/newsletters, daily or weekly huddles, monthly staff meetings with themes	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.6	Outcome	Decrease overall KH turnover rate to meet CHA statewide statistics	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.7	Outcome	Decrease Direct Patient Care RN Turnover Rate to meet CHA statewide statistics	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.8	Outcome	Decrease New Hire Turnover Rate (leaving < 6 months) with 30/90 days Check-in	07/01/2023	06/30/2024	Dianne Cox	Not Started	Baseline October 2022 - March 2023

Decrease overall KH turnover rate (< 15%)



Decrease nursing turnover rate (< 17%)



Decrease new hire turnover rate w/in 6 months (< 20%)



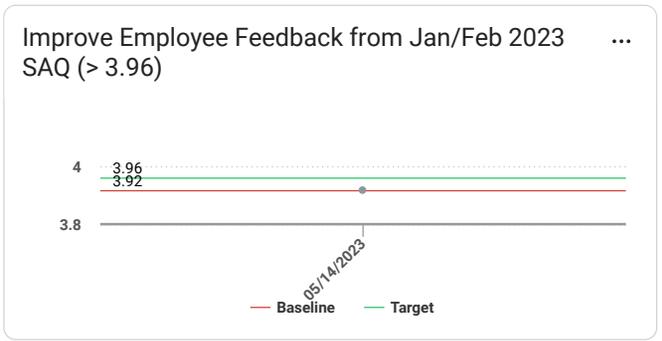
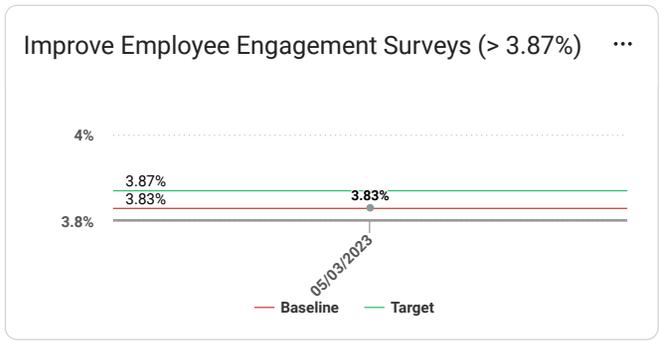
Kaweah Care Culture

Champion: Dianne Cox and Raleen Larez

Objective: Recreate Kaweah Care culture into the various aspects of the organization.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.1	Objective	Reinvigorate post-COVID "World-Class Experiences. Every Person, Every Time."	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.3.2	Objective	Re-establish Kaweah Care Committee and Subcommittees by September 30, 2023	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.3.3	Objective	Establish goals and start implementation by June 30, 2024	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.3.4	Outcome	Improve Employee Engagement Surveys	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.3.5	Outcome	Improve Employee Feedback from Jan/Feb 2023 SAQ			Dianne Cox	Not Started	



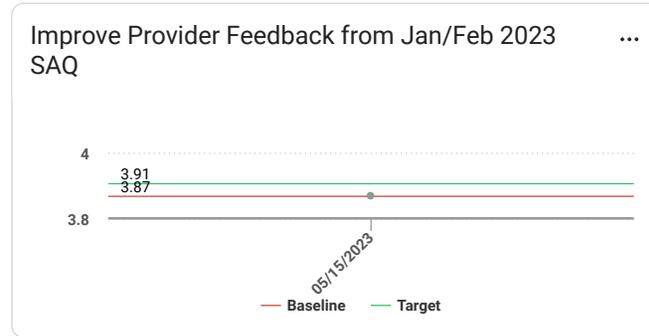
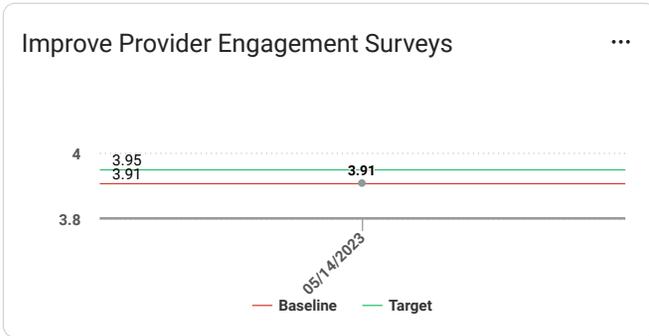
Ideal Practice Environment

Champion: Dr. William Brien and Dr. Lori Winston

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

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1	Objective	Improve Physician Retention and Resiliency	07/01/2023	06/30/2024	Lori Winston	Not Started	Pending more details from Dianne
2.2.2	Objective	Develop a team of physician leaders to identify specific goals and initiatives to reach improved scores.	07/01/2023	06/30/2024	Lori Winston	Not Started	This will be led by the Physician Governance Structure
2.2.3	Outcome	Improve Provider Feedback from Jan/Feb 2023 SAQ	07/01/2023	06/30/2024	Lori Winston	Not Started	Baseline 170 providers responded (40% response rate)
2.2.4	Outcome	Improve Provider Engagement Surveys	07/01/2023	06/30/2024	Lori Winston	Not Started	Baseline from 2021



Expand Volunteer Programs

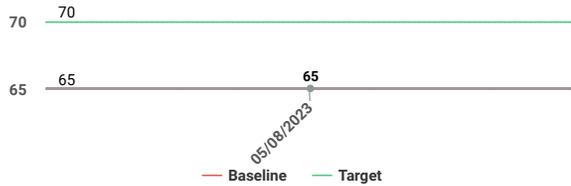
Champions: Kent Mishler, Kelly Pierce

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

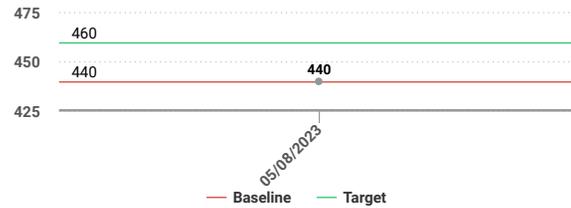
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.1	Objective	Increase partnerships with local high schools and colleges for internships/shadowing	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.4.2	Objective	Continue marketing of service opportunities at Kaweah Health to the public	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.4.3	Outcome	Increase Volunteer Locations (70)	07/01/2023	06/30/2024	Dianne Cox	Not Started	Baseline of 65 for FY23
2.4.4	Outcome	Increase Volunteer Numbers	07/01/2023	06/30/2024	Dianne Cox	Not Started	Baseline 440 from 7/1/22 - 4/31/23
2.4.5	Outcome	Increase Volunteer Hours (35,000)	07/01/2023	06/30/2024	Dianne Cox	Not Started	Baseline of 33,000 for FY23

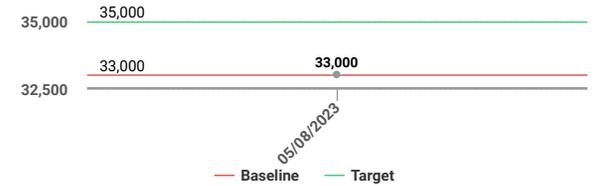
Increase to 70 Volunteer Locations (by 6/30/24) ...



Increase to 460 Volunteers (by 6/30/24) ...



Increase to 35,000 Volunteer Hours (by 6/30/24) ...



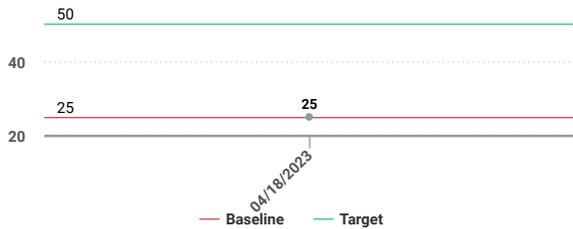
Growth in School Partnerships Champion: Jamie Morales

Objective: Increase the pool of local RN candidates with the local schools to increase RN cohort seats.

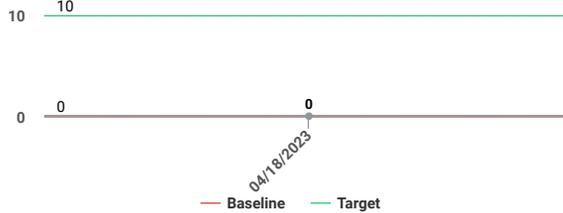
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.1	Objective	Continue to build partnerships with local colleges and universities for nursing programs; expand into other educational programs beyond nursing for KH employees	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.5.2	Objective	Continue promotion of Educational Assistance funding from Kaweah Health and governmental programs	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.5.3	Objective	Designate a single contact person as an external/internal resource for schools and employees	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.5.4	Outcome	Increase Unitek to two 25 seat programs	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.5.5	Outcome	Increase College of Sequoias (COS) offering of one 10 seat part-time RN program	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.5.6	Outcome	Expand College of Sequoias (COS) and San Joaquin Valley College (SJVC)	07/01/2023	06/30/2024	Dianne Cox	Not Started	Goal: COS 40 seats and SJVC 36 seats

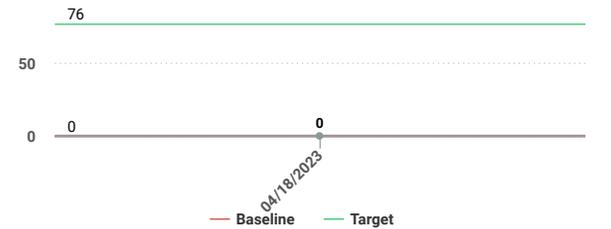
Increase Unitek Program Seats (50 seats by 6/30/24) ...



Increase COS program seats for part-time RN (10 seats by 6/30/24) ...



Expand COS and SJVC (76 seats by 6/30/24) ...





Kaweah Health Medical Center

Strategic Growth and Innovation

Ryan Gates and JC Palermo



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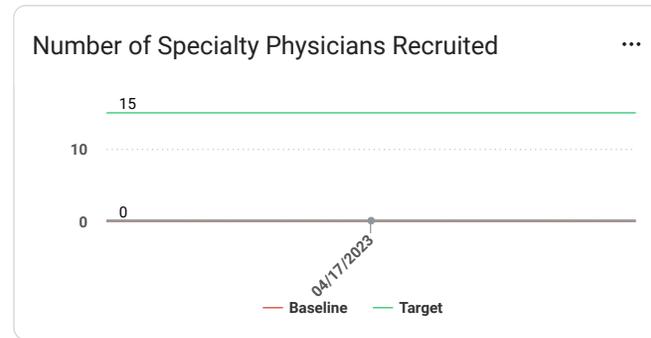
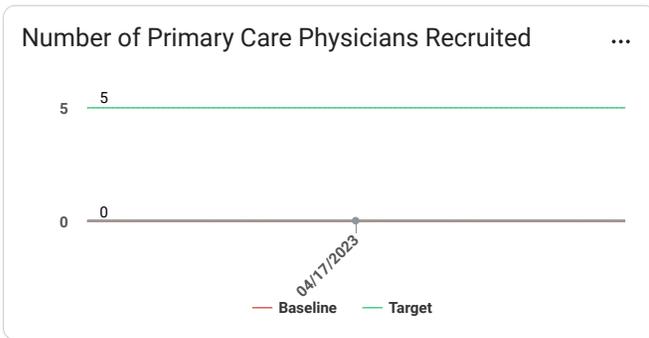
Recruit Providers

Champion: JC Palermo

Objective: *Develop and Implement Strategies and Practices to Recruit and Retain Providers.*

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.1	Objective	Develop Recruitment Strategy for Top Physician Needs	07/01/2023	06/30/2024	JC Palermo	Not Started	
3.1.1.1	Outcome	Recruit 5 Primary Care Physicians	07/01/2023	06/30/2024	JC Palermo	Not Started	
3.1.1.2	Outcome	Recruit 15 Specialty Physicians	07/01/2023	06/30/2024	JC Palermo	Not Started	



Inpatient and Surgery Volumes

Champions: Tracy Salsa, Christine Aleman, Kevin Bartel

Objective: Increase Inpatient and Surgical Volumes in Targeted Areas.

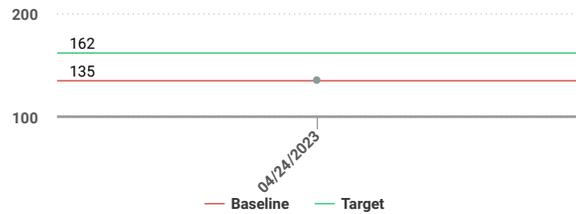
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.1	Objective	Focus Efforts to Increase Coronary Artery Bypass Graph Surgical Cases	07/01/2023	06/30/2024	Lori Mulliniks	Not Started	
3.2.1.1	Outcome	Increase the Percentage of Coronary Artery Bypass Graph Surgery Cases that are Elective	07/01/2023	06/30/2024	Lori Mulliniks	Not Started	
3.2.2	Objective	Focus Efforts to Increase Urology Surgical Cases	07/01/2023	06/30/2024	Kevin Bartel	Not Started	
3.2.2.1	Outcome	Increase Number of Urology Surgery Cases	07/01/2023	06/30/2024	Kevin Bartel	Not Started	
3.2.2.2	Outcome	Decrease the Number of Urology Cases Transferred out of Kaweah Health	07/01/2023	06/30/2024	Kevin Bartel	Not Started	

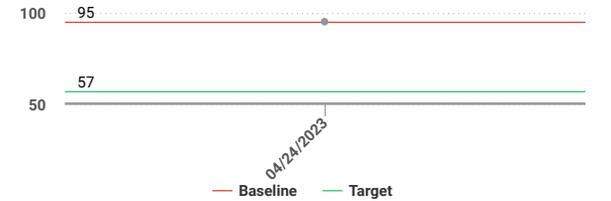
Increase the Percentage of Coronary Artery Bypass Graph Surgeries that are Elective



Increase Number of Urology Surgery Cases



Decrease the Number of Urology Cases Transferred out of Kaweah Health

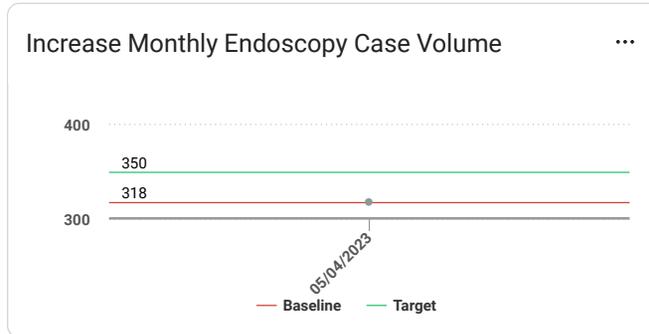


Outpatient Services Champions: Ivan Jara, Theresa Croshore, and Christine Aleman

Objective: Increase Outpatient Services and Volumes by Focusing on Targeted Areas for Expansion and Growth.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.1	Objective	Increase Outpatient Services and Volumes by Opening New Clinics and Expanding Outpatient Endoscopy Services	07/01/2023	06/30/2024	Ivan Jara	Not Started	
3.3.1.1	Outcome	Open 202 Willow Clinic (Employee Clinic, Commercial, Walk In and Employee Wellness Programs)	05/01/2023	10/13/2023	Ivan Jara	Not Started	
3.3.1.2	Outcome	Open Industrial Park Clinic (Occupational Medicine)	10/31/2022	09/06/2023	Ivan Jara	Not Started	
3.3.1.3	Outcome	Open a Pediatric Crisis Stabilization Unit	07/01/2023	05/01/2024	Theresa Croushore	Not Started	
3.3.1.4	Outcome	Increase Monthly Endoscopy Case Volume	07/01/2023	06/30/2024	Lori Mulliniks	Not Started	



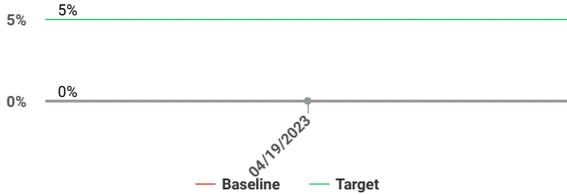
Innovation Champion: Jacob Kennedy

Objective: Implement and Optimize Innovative Technological Solutions.

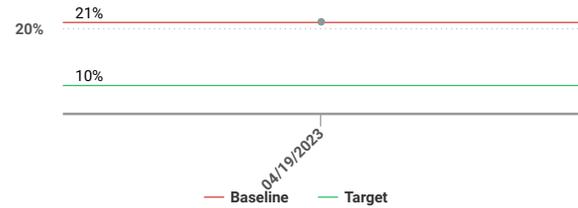
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.4.1	Objective	Implement and Optimize Applications to Improve the Patient Experience, Patient Communication and Patient Outcomes	07/01/2023	06/30/2024	Jacob Kennedy	Not Started	
3.4.1.1	Outcome	Increase Volume of Text Messages to Patients as a Percent of Total Call Volume	07/01/2023	06/30/2024	Jacob Kennedy	Not Started	
3.4.1.2	Outcome	Reduce the Patient Call Abandonment Rate	07/01/2023	06/30/2024	Jacob Kennedy	Not Started	
3.4.1.3	Outcome	Reduce the Average Hold Time for Patients (in seconds)	07/01/2023	06/30/2024	Jacob Kennedy	Not Started	
3.4.1.4	Outcome	Reduce the Time to Receive Authorization Approval (in days)	11/01/2023	06/30/2024	Jacob Kennedy	Not Started	
3.4.1.5	Outcome	Reduce the Time From Referral to Scheduled Appointment (in days)	11/01/2023	06/30/2024	Jacob Kennedy	Not Started	
3.4.1.6	Outcome	Increase the Percent of Telehealth Visits vs Face to Face Visits	07/01/2023	06/30/2024	Jacob Kennedy	Not Started	

Increase Volume of Text Messages to Patients as a Percent of Total Call Volume



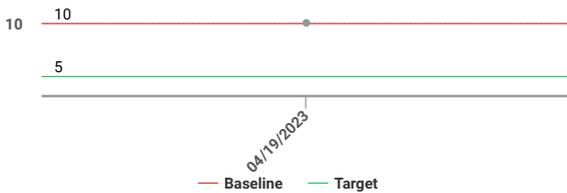
Reduce the Patient Call Abandonment Rate



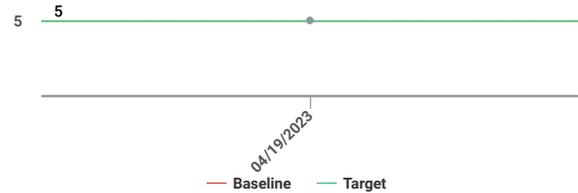
Reduce the Average Hold Time for Patients (in seconds)



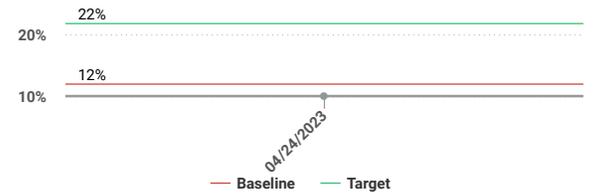
Reduce the Time to Receive Authorization Approval (in days)



Reduce the Time From Referral to Scheduled Appointment (in days)



Increase the Percent of Telehealth Visits vs Face to Face Visits



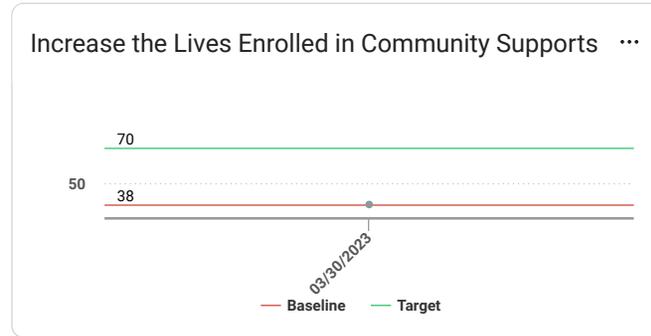
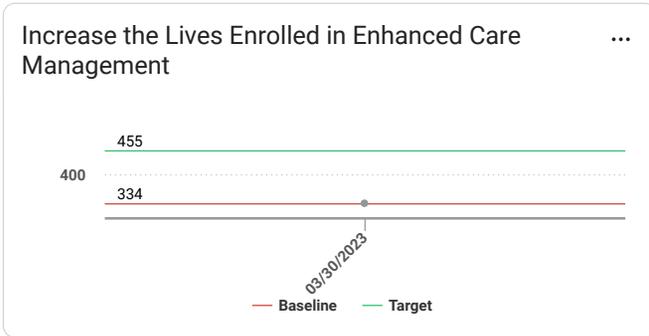
Health Plan & Community Partnerships

Champions: Marc Mertz and Sonia Duran Aguilar

Objective: Expand Existing and Develop New Partnerships with Community Partners and Healthplans.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.5.1.1	Outcome	Develop a Plan for Gateway Partnerships, Including Financial Projections and Approval by the Board	07/01/2023	06/30/2024	Marc Mertz	Not Started	
3.5.1.2	Outcome	Cal AIM: Increase Enrollment in Enhanced Care Management	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
3.5.1.3	Outcome	Cal AIM: Increase Enrollment in Community Supports	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	





Kaweah Health Medical Center

Organizational Efficiency and Effectiveness

Jag Batth and Rebekah Foster



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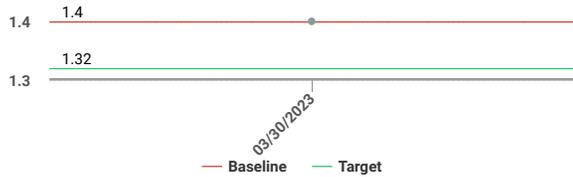
Patient Throughput and Length of Stay Champions: Rebekah Foster and Jag Bath

Objective: Improve Patient Throughput and Length of Stay.

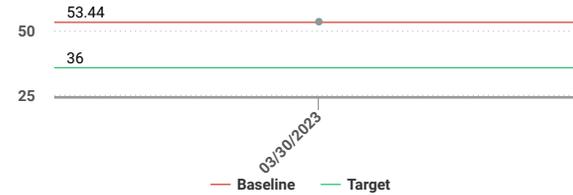
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1	Objective	Using the Structure of the Throughput Steering Committee, Identify Opportunities and Implement Changes to Reduce Length of Stay	07/01/2023	06/30/2024	Rebekah Foster	Not Started	
4.1.1.1	Outcome	Decrease Inpatient Observed to Expected Length of Stay	07/01/2023	06/30/2024	Rebekah Foster	Not Started	
4.1.1.2	Outcome	Decrease Observation Patient Average Length of Stay	07/01/2023	06/30/2024	Rebekah Foster	Not Started	
4.1.1.3	Outcome	Decrease Emergency Department (IP) Average Length of Stay	07/01/2023	06/30/2024	Rebekah Foster	Not Started	

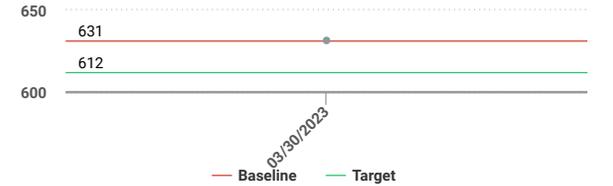
Decrease Inpatient Observed to Expected Length of Stay to 1.32 or Lower ...



Decrease Observation Patient Average Length of Stay to 36 Hours or Less ...



Decrease Emergency Department (IP) Average Length of Stay to 612 Minutes or Less ...



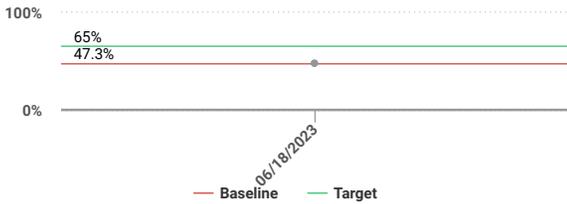
Main and Cardiac Operating Room Efficiency Champions: Jag Bath and Christine Aleman

Objective: Improve Efficiency and Capacity in the Main and Cardiac Operating Rooms.

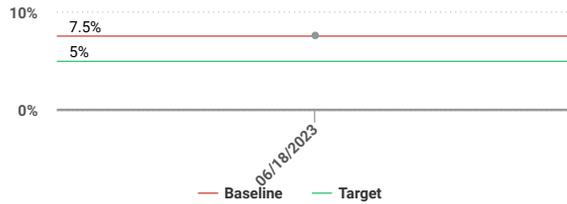
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1	Objective	Monitor Key Performance Metrics in the Main and Cardiac ORs	07/01/2023	06/30/2024	Lori Mulliniks	Not Started	
4.2.1.1	Outcome	Improve Elective Case Main Operating Room Utilization	07/01/2023	06/30/2024	Lori Mulliniks	Not Started	
4.2.1.2	Outcome	Improve Elective Case Cardiac Operating Room Utilization	07/01/2023	06/30/2024	Lori Mulliniks	Not Started	
4.2.1.3	Outcome	Decrease Case Cancellation Rate-Main Operating Room	07/01/2023	06/30/2024	Lori Mulliniks	Not Started	
4.2.1.4	Outcome	Decrease Case Cancellation Rate-Cardiac Operating Room	07/01/2023	06/30/2024	Lori Mulliniks	Not Started	
4.2.1.5	Outcome	Improve On Time Starts-First case of the Day in the Main OR	07/01/2023	06/30/2024	Lori Mulliniks	Not Started	

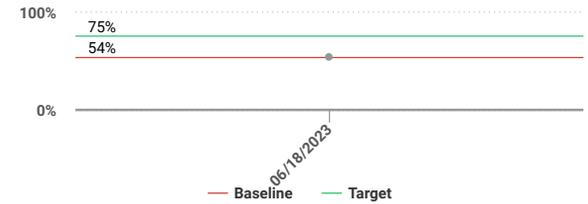
Improve Elective Case Main Operating Room Utilization



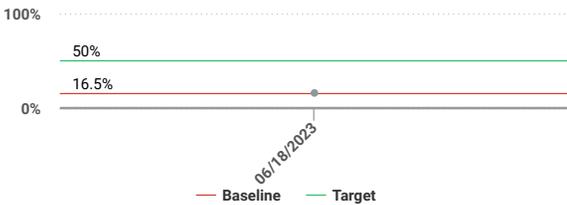
Decrease Case Cancellation Rate-Main Operating Room



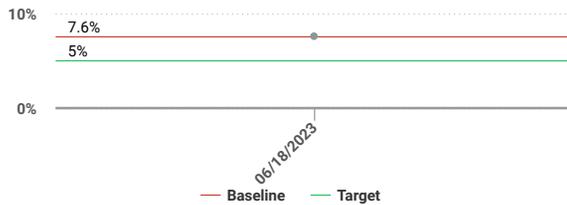
Improve On Time Starts-First Case of the Day in the Main Operating Room



Improve Elective Case Cardiac Operating Room Utilization



Reduce Case Cancellation Rate-Cardiac Operating Room



Use of Tests and Treatments Champions: Jag Batth, Randy Kokka, and Renee Lauck

Objective: Create a Workgroup to Explore and Identify Benchmarks Related to the Use of Lab, Radiology and Therapy Tests and Treatments.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.1	Objective	Create and Initiate a Workgroup to Identify Areas of Focus and Establish Benchmarks Related to the Use of Tests and Treatments	07/01/2023	06/30/2024	Rebekah Foster	Not Started	

Front End Collections and Denials Processes

Champion: Frances Carrera

Objective: Increase Front End Collections and Reduce Denials.

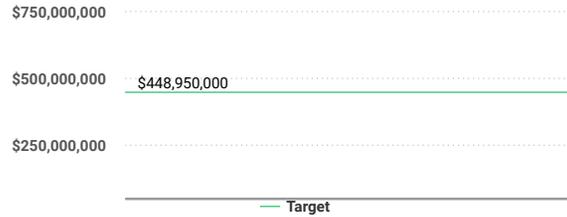
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.4.1	Objective	Focus Efforts on Key Revenue Cycle Metrics to Increase Collections and Reduce Denials	07/01/2023	06/30/2024	Frances Carrera	Not Started	
4.4.1.1	Outcome	Reduce Denials Percentage	07/01/2023	06/30/2024	Frances Carrera	Not Started	
4.4.1.2	Outcome	Increase Back Office Collections	07/01/2023	06/30/2024	Frances Carrera	Not Started	
4.4.1.3	Outcome	Increase Front End Collections	07/01/2023	06/30/2024	Frances Carrera	Not Started	

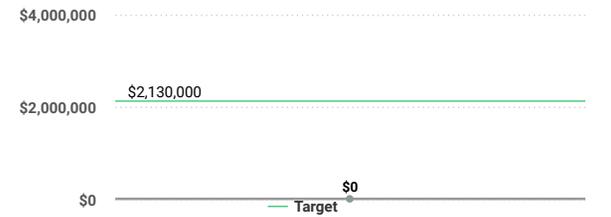
Reduce Denials Percentage



Increase Back Office Collections



Increase Front End Collections



AUTHORIZING RESOLUTION

RESOLUTION NO. 2198

A RESOLUTION OF THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT DBA KAWEAH HEALTH AUTHORIZING APPLICATION TO AND PARTICIPATION IN THE BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM ("BHCIP")

WHEREAS:

- A. The California Department of Health Care Services, through its contractor Advocates for Human Potential, Inc., ("**Department**") has issued a Request for Applications, dated January 31, 2022 ("**RFA**"), for the BHCIP Program ("**Program**"). The Department has issued the RFA for Program grant funds pursuant to Welfare and Institutions Code Sections 5960-5960.45. Program grant funds are derived primarily from the federal Coronavirus State and Local Fiscal Recover Funds, which was established by the American Rescue Plan Act of 2021, and in part from the State of California General Fund.
- B. **KAWEAH DELTA HEALTH CARE DISTRICT DBA KAWEAH HEALTH**, California Health Care District ("**Applicant**"), desires to apply for Program grant funds by submitting an application for Program funds ("**Application**") to the Department for review and consideration.
- C. The Department is authorized to administer BHCIP pursuant to Welfare and Institutions Code Section 5960-5960.45. Program funding allocations are subject to the terms and conditions of the RFA, the Application, Standard Agreement ("**Standard Agreement**"), and all other legal requirements of the Program.

THEREFORE, IT IS RESOLVED THAT:

1. Applicant is hereby authorized and directed to submit an Application to the Department in response to the RFA, and to apply for Program grant funds in a total amount not to exceed **\$8,780,558.00**.
2. If the Application is approved, Applicant is hereby authorized and directed to enter into, execute, and deliver a Standard Agreement in a total amount not to exceed **\$8,780,558.00**, any and all other documents required or deemed necessary or appropriate to secure the Program funds from the Department and to participate in the Program, and all amendments thereto (collectively, the "**Program Documents**").
3. Applicant acknowledges and agrees that it shall be subject to the terms and conditions specified in the Standard Agreement. Any and all activities, expenditures, information, and timelines represented in the Application are enforceable through the Standard Agreement. Funds are to be used for the

allowable expenditures and activities identified in the Standard Agreement.

4. **MARC MERTZ, CHIEF STRATEGY OFFICER OR GARY HERBST, CHIEF EXECUTIVE OFFICER** (the “**Authorized Signatory**”), is authorized to execute the Application and the Program Documents on behalf of Applicant for participation in the Program; and Applicant further agrees and authorizes the Authorized Signatory to execute the Declaration of Restrictions and Performance Deed of Trust to be recorded against the Project located at _____, as more particularly described in the Program Funding Agreement.

PASSED AND ADOPTED this 28TH day of June 2023, by the following vote of the Corporation’s Board of Directors:

AYES: [#] NAYES: [#] ABSTAIN: [#] ABSENT: [#]

The undersigned Board Clerk of Applicant, does hereby attest and certify that the foregoing is a true and full copy of a resolution of the Corporation’s governing body adopted at a duly convened meeting on the date above-mentioned, and that the resolution has not been altered, amended, or repealed.

SIGNATURE: _____

DATE: _____

NAME: _____

TITLE: _____

[NOTICE AND INSTRUCTIONS APPEAR ON THE FOLLOWING PAGE]

NOTICE AND INSTRUCTIONS

1. **Notice.** The Department is providing this template Authorizing Resolution as informational guidance only. The Department encourages each Applicant to consult with professional legal counsel during the development of its own formal, legally binding statement that it is authorized to apply to and participate in the Program.
 - a. Please note, however, that any limitations or conditions on the authority of the signatory or signatories to execute the Application or the Program Documents may result in the Department rejecting the Authorizing Resolution.
2. **Accuracy, Verification.** The Department will verify that this Authorizing Resolution comports with Applicant's operative organizational documents (e.g., Articles of Incorporation, bylaws). Applicant must timely notify the Department, in writing, of any discrepancies between its Authorizing Resolution and its organizational documents, along with a written explanation of same.
3. **Dollar Amounts of Grant Awards.** The Department recommends identifying an authorized dollar amount that is larger than the anticipated award. Award amounts are subject to change. If Applicant is ultimately awarded an amount in excess of the amount identified in the Authorizing Resolution, the Department will require a new Authorizing Resolution from Applicant before execution of a Standard Agreement.
4. **Authorized Signatory or Signatories, Designee.** Applicant may authorize multiple signatories, so long as there is clarifying language as to whether the signatories are authorized to execute the Program Documents individually or collectively.
5. **Vote Count.** Please fill out the field by every voting category (i.e., Ayes, Nays, Abstain, Absent). If none, please indicate zero (0) for that field. The vote count must comport with relevant provisions in Applicant's operative organizational documents (e.g., authorized number of directors, quorum).
6. **Certification of Authorizing Resolution.** The individual who certifies the Authorizing Resolution cannot also be authorized to execute the Program Documents on behalf of Applicant.

Throughput Steering Committee



kaweahhealth.org



Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

Metric	Patient Type	Definition	Goal	Baseline (Monthly Average or Median)	Discharge Date				
					1/1/2023 to 5/31/2023				
Observation Average Length of Stay (Obs ALOS) <i>(Lower is better)</i>	Overall	Average length of stay (hours) for observation patients	36	56.42	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
					62.43	48.66	53.44	41.60	62.38
Inpatient Average Length of Stay (IP ALOS) <i>(Lower is better)</i>	Overall	Average length of stay (days) for inpatient patients	5.64	5.95	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
					6.48	6.72	5.54	5.45	5.28
Inpatient Observed-to-Expected Length of Stay <i>(Lower is better)</i>	Overall	Observed LOS / geometric mean length of stay for inpatient discharges	1.32	1.52	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
					1.65	1.67	1.40	1.40	1.39
Discharges	Inpatient	Count of inpatient discharges	N/A	1,243	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
	Observation	Count of observation discharges	N/A	388	1,226	1,139	1,350	1,189	1,264
	Overall	Count of inpatient and observation discharges	N/A	1,631	383	320	422	392	469
					1,609	1,459	1,772	1,581	1,733

*O/E LOS to be updated to include cases with missing DRG when available
 *Source: Encounter Data Excludes: Mother/Baby, Behavioral Health, and Pediatrics
 *Baseline calculation - previous 6 months

Performance Scorecard

Leading Performance Metrics – Emergency Department

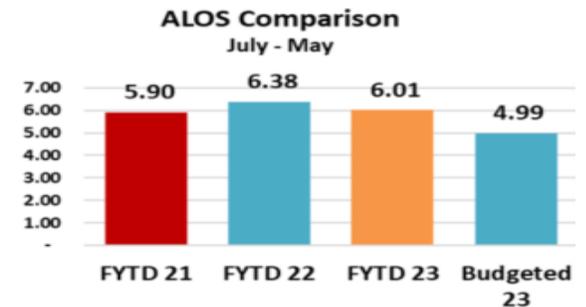
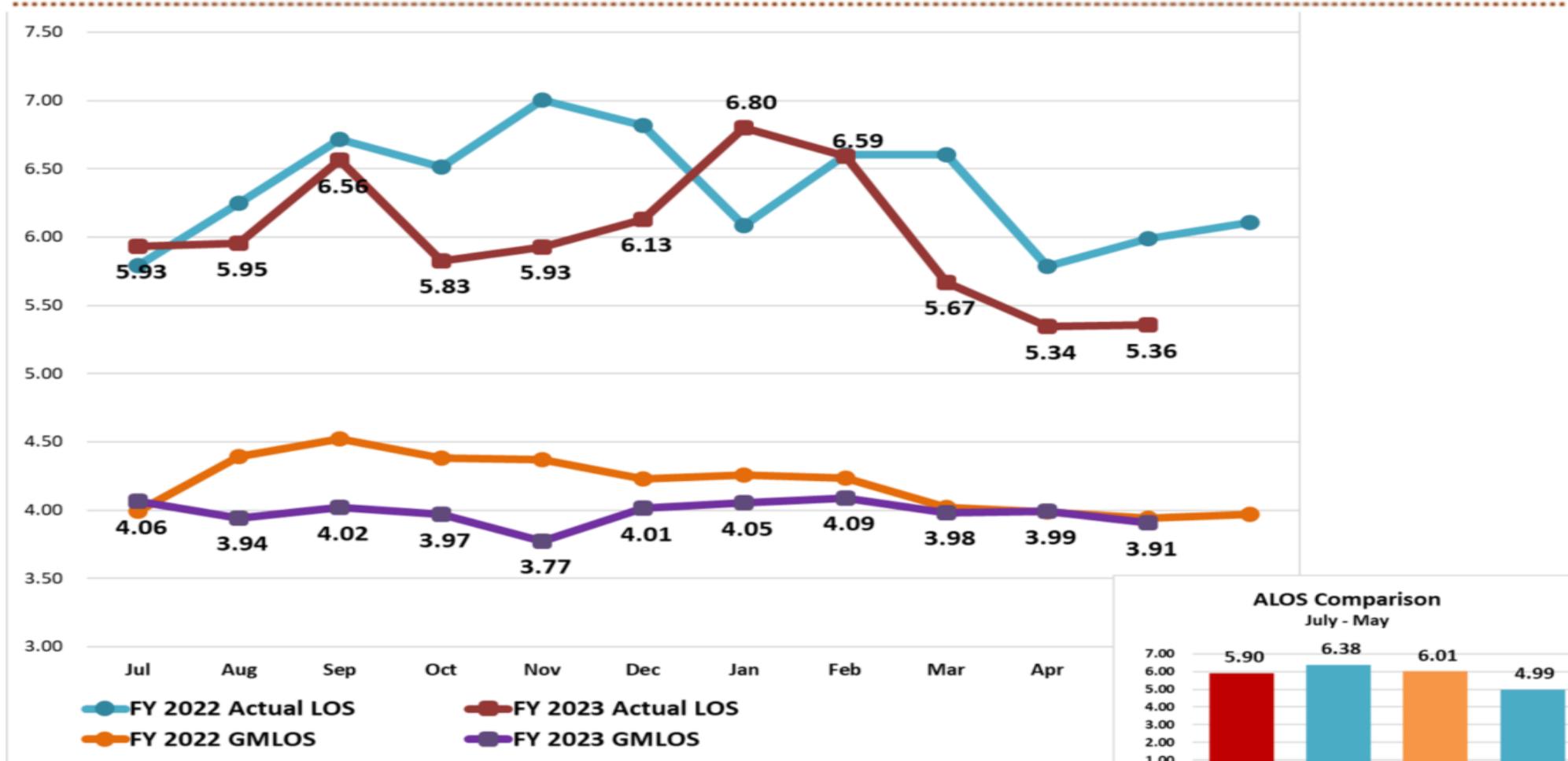
Metric	Patient Type	Definition	Goal	Baseline (Monthly Average or Median)	Check In Date and Time 1/1/2023 12:00:00 AM to 5/31/2023 11:59:59 PM				
					Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
ED Boarding Time <i>(Lower is better)</i>	Observation	Median time (minutes) for admission order written to check out for observation patients	259	216	330	294	224	124	138
	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	287	209	460	343	199	124	138
	Overall	Median time (minutes) for admission order written to check out for inpatient and observation patients	286	216	335	298	223	124	138
ED Admit Hold Volume <i>(Lower is better)</i>	Overall >4 Hours	Count of patients (volume) with ED boarding time \geq 4 hours	N/A	491	630	590	532	136	236
ED Average Length of Stay (ED ALOS) <i>(Lower is better)</i>	Discharged	Median ED length of stay (minutes) for discharged patients	214	272	272	278	266	265	281
	Inpatient	Median ED length of stay (minutes) for admitted patients	612	640	767	711	628	492	491
	Observation	Median ED length of stay (minutes) for observation patients	577	643	880	743	625	488	479
	Overall	Median ED length of stay (minutes) for admitted and discharged patients	N/A	334	343	347	331	312	326
ED Visits	Discharged	Count of ED visits for discharged patients	N/A	4,613	4,541	4,212	4,639	4,941	5,075
	Inpatient	Count of ED Visits for admitted patients	N/A	1,109	1,105	1,032	1,181	1,054	1,133
	Observation	Count of ED Visits for observation patients	N/A	391	401	316	399	420	448
	Overall	Count of ED visits	N/A	6,112	6,047	5,560	6,219	6,415	6,656

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

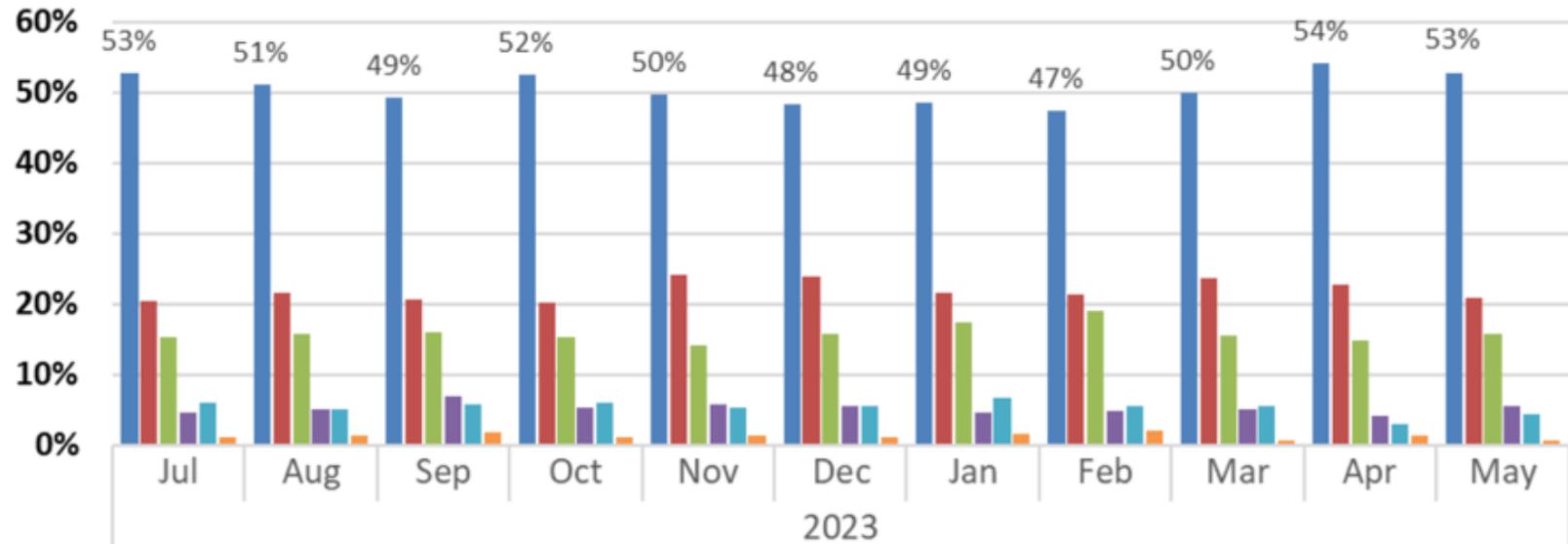
*Source: Encounter Data Excludes: Mother/Baby, Behavioral Health, and Pediatrics

*Baseline calculation - previous 6 months

Average Length of Stay versus National Average (GMLOS)

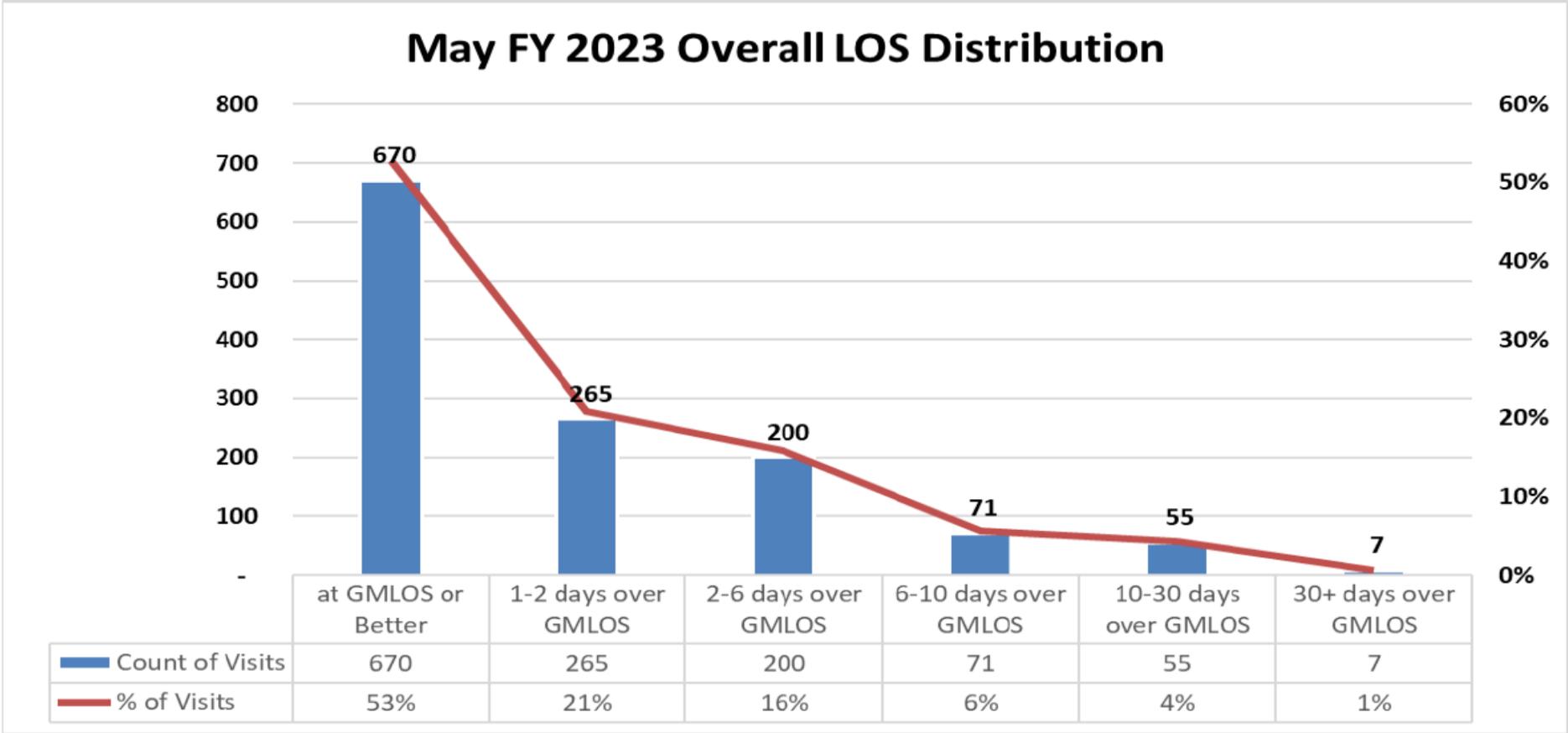


FY23 Overall LOS Distribution

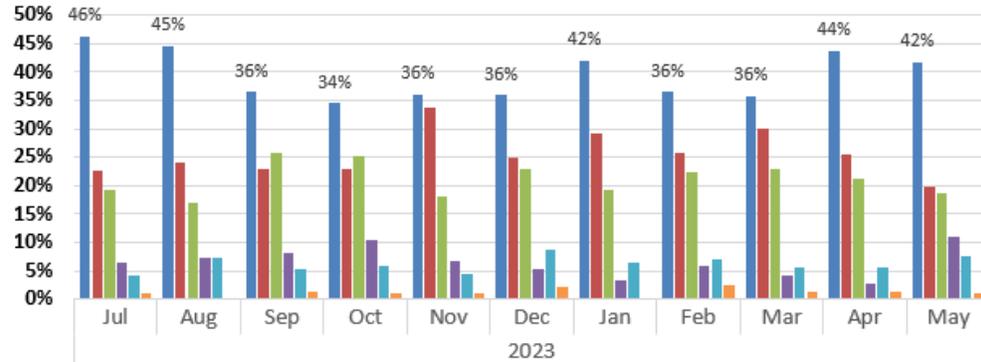


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
■ at GMLOS or Better	53%	51%	49%	52%	50%	48%	49%	47%	50%	54%	53%
■ 1-2 days over GMLOS	20%	22%	21%	20%	24%	24%	21%	21%	24%	23%	21%
■ 2-6 days over GMLOS	15%	16%	16%	15%	14%	16%	17%	19%	16%	15%	16%
■ 6-10 days over GMLOS	5%	5%	7%	5%	6%	5%	5%	5%	5%	4%	6%
■ 10-30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

Average Length of Stay Distribution



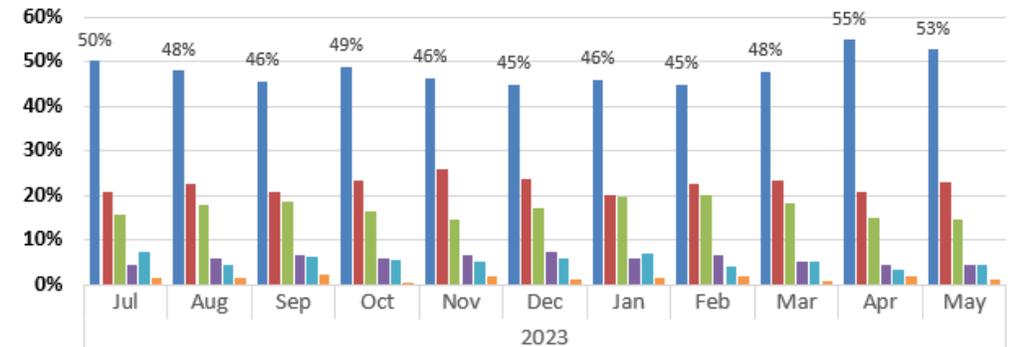
FY23 FHCN LOS Distribution



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
at GMLOS or Better	46%	45%	36%	34%	36%	36%	42%	36%	36%	44%	42%
1-2 days over GMLOS	23%	24%	23%	23%	34%	25%	29%	26%	30%	25%	20%
2-6 days over GMLOS	19%	17%	26%	25%	18%	23%	19%	22%	23%	21%	19%
6-10 days over GMLOS	6%	7%	8%	10%	7%	5%	3%	6%	4%	3%	11%
10-30 days over GMLOS	4%	7%	5%	6%	4%	9%	6%	7%	6%	6%	8%
30+ days over GMLOS	1%	0%	1%	1%	1%	2%	0%	2%	1%	1%	1%

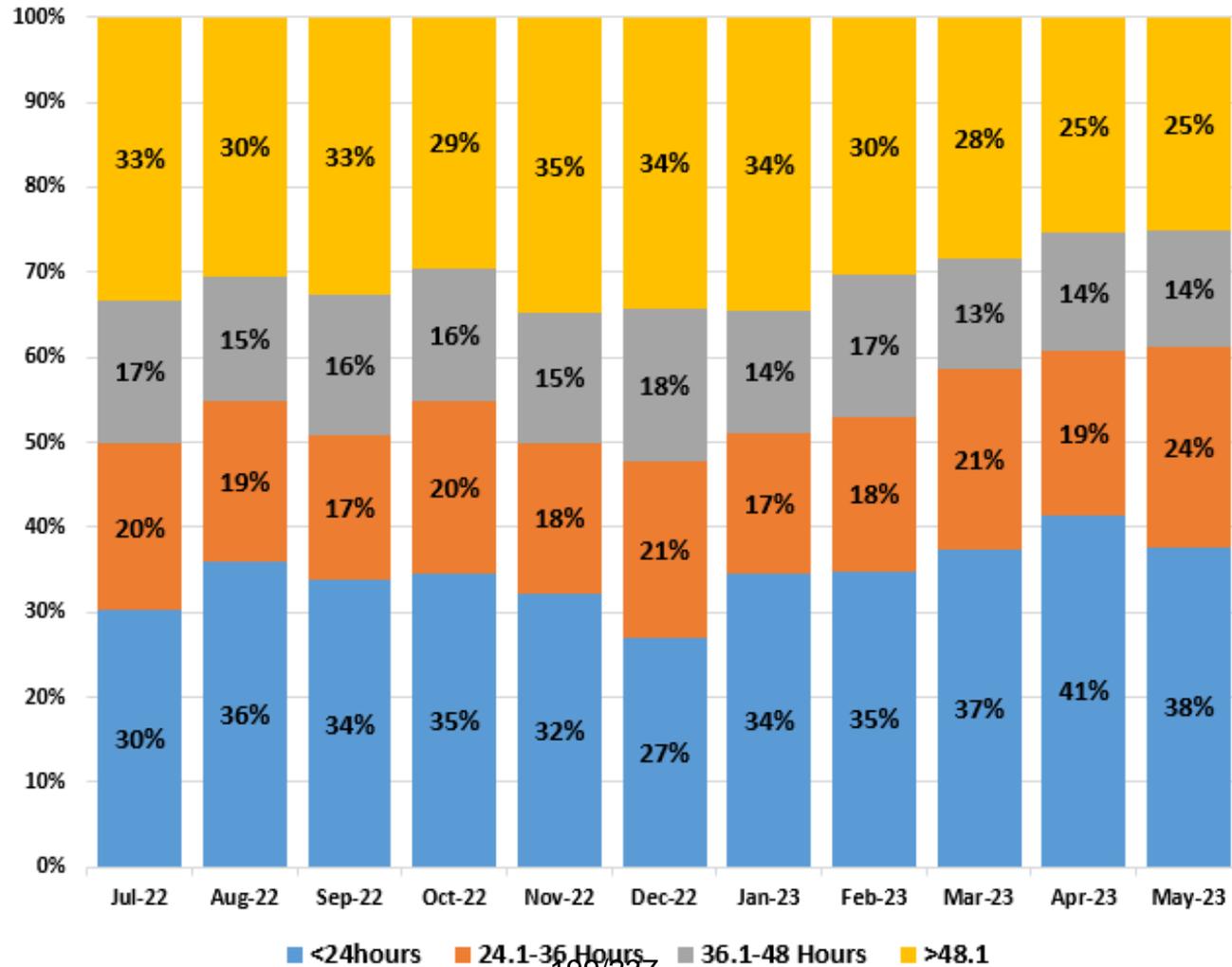
Hospitalist

FY23 Hospitalist LOS Distribution



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
at GMLOS or Better	50%	48%	46%	49%	46%	45%	46%	45%	48%	55%	53%
1-2 days over GMLOS	21%	23%	21%	23%	26%	24%	20%	23%	23%	21%	23%
2-6 days over GMLOS	16%	18%	19%	16%	15%	17%	20%	20%	18%	15%	14%
6-10 days over GMLOS	5%	6%	7%	6%	7%	7%	6%	7%	5%	4%	5%
10-30 days over GMLOS	7%	4%	6%	5%	5%	6%	7%	4%	5%	3%	5%
30+ days over GMLOS	1%	2%	2%	0%	2%	1%	2%	2%	1%	2%	1%

Monthly Discharges of Observation Patients by their Length of Stay



Patient Throughput Updates – May 2023

Update	Next Steps
<p>Patient Progression:</p> <ul style="list-style-type: none"> Permanent location for discharge lounge found in the ED, old intake triage area. Remodel completed in May. Staffing committee approved new positions Next SNF quarterly meeting September 2023 held at Visalia Post Acute Developing a list of ancillary services hours of operations for the house supervisors 	<p>Patient Progression:</p> <ul style="list-style-type: none"> 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
<p>ED to Inpatient Admission Process:</p> <ul style="list-style-type: none"> Excellent results with ED performance metrics scorecard. 5-month trend of improving boarding time and ED Average LOS. ED visits to a 5 month high to 6,656 Initiating RN:RN hand-off, mitigating delays (sent to Clin ED for essential info flier for implementation) Data capture from capman for time bed assignment received clean and ready bed to time pt arrives on unit 	<p>ED to Inpatient Admission Process:</p> <ul style="list-style-type: none"> Developing protocol to have ED CMs provide more immediate guidance for admissions, with attending providers being the only ones providing this level of care order. 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.
<p>Transfer Center Operations:</p> <ul style="list-style-type: none"> Develop workflow and tracking sheet for current incoming transfers for potential repatriation back to sending facility. 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. 	<p>Transfer Center Operations:</p> <ul style="list-style-type: none"> ISS working to overcome challenges in CapMan, continue to work with ISS, but it has become a very manual process to get correct data out of the system. 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. Met with 4 counties to start work on renegotiating the regional agreement for transfers
<p>Long Stay Committee:</p> <ul style="list-style-type: none"> Have gotten 152 long stay patients out in the month of May. Longest stay was 273 days (Obs pt). 16 patients in house over 30 days LOS. Holding throughput huddle on Wednesday on all patients over their GMLOS. 	<p>Long Stay Committee:</p> <ul style="list-style-type: none"> Quarterly meeting with local SNFs on June 1 to discuss barriers and expectations. Holding throughput huddle on Wednesday on all patients over their GMLOS. Hold with all CM and PFS teams for each unit. Develop a tool/criteria outlining when patients shall be moved to the complex CM Team Using OneDrive to track complex patients vs excel spreadsheet
<p>Patient Placement:</p> <ul style="list-style-type: none"> 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. 	<p>Patient Placement:</p> <ul style="list-style-type: none"> 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.
<p>Observation Program:</p> <ul style="list-style-type: none"> Increase in hours in May, with LOS increasing to 62 hrs (2 long term pts d/c'd, 171 days and 273 days). Without the long-term pts LOS would be 42.8 hrs Working on the preadmission process with case management, ED providers, and hospitalists. 	<p>Observation Program:</p> <ul style="list-style-type: none"> Finalizing pathways and protocols for the main observation unit dxs. Working closely with post-op areas leadership to establish referral process (stress test, echo, primary care appts, etc). Working on creating a dashboard for monitoring and review Compile resources for outpatient care and follow up and ET for approval and next steps with use (prior authorization

FY24 Budget Presentation

June 28, 2023

Fiscal Year 2024 Budget Review

Vision and Guiding Principles

Key Changes since the prior presentation 6/14/23

FY2024 Budgeted Income Statement

FY2024 Cash / Financial Ratios

FY2024 Capital Budget

FY2024 Variance Explanations

Additional Supporting Slides

Note: The FY23 Projected amounts are based on 11 months of actuals (July 2022-May 2023) plus 1 projected month for June 2023.

Overall Vision | FY 2024

- ✓ Significant financial improvement can be seen throughout Fiscal Year 2023 in the reduction of expenses and improved efficiencies through Operation Back in Black.
- ✓ A key focus for the next 5 years will be to strategically and aggressively grow specific services while continuing to maintain and improve our efficiencies.
- ✓ This is a multiyear phase in process with FY24 as a foundation year to grow the expansion along with the continued focus on Payer Contracts, Revenue Cycle, Supply Chain, Physicians, Patient Experience/Quality.

Guiding Principles | FY 2024

- Bond Covenants: Budget must show a minimum of a 1.75 Maximum Annual Debt Service Ratio (MADS)
- MADS calculation= Excess Margin plus add back depreciation and interest and divide by the maximum annual debt service payments including principal and interest. Currently an Excess Margin of (\$10.2M) will equate to a 1.75 MADS
- Volume: Assumes pandemic is over. Patient days and surgeries down with shift from inpatient to outpatient.
- Capital Budget not to exceed \$14M
- 5 Year Strategic Growth Strategies: Continue to roll out plans to grow inpatient volume with focus on surgical areas and strong margin outpatient services.
- Phase II: Continuation of Operation Back In Black Initiatives

FY24 Budget Changes Since Prior Board Meeting (000's)

	FY 23 Without KHMG	FY 24 Budget	Variance Budget FY24 - Projected FY23 without KHMG		Primary Changes Since Board Meeting 6/14/23
Operating Revenue					
Net Patient Service Revenue	\$586,515	\$585,236	(\$1,279)	(0.2%)	Positive increase New Services Revenue \$1M FY24
Supplemental Gov't Programs	64,186	76,536	12,350	19.2%	Decrease Rate Range \$5M FY23; \$4.5M FY24
QIP/Prime Program	8,300	9,859	1,559	18.8%	Decrease in QIP \$4.7M FY23; Increase \$1.2M FY24
Premium Revenue	79,814	93,376	13,562	17.0%	
Management Services Revenue	38,800	40,604	1,804	4.6%	
Other Revenue	32,778	29,465	(3,313)	(10.1%)	Hospital Foundation increase \$1.7M FY24 offset in Other Exp.
Other Operating Revenue	223,878	249,840	25,962	11.6%	
Total Operating Revenue	810,393	835,076	24,682	3.0%	Net Impact \$9.8M reduction FY23; \$809K reduction FY24
Operating Expenses					
Salaries & Wages	328,547	344,900	16,353	5.0%	Increase in Merit & Incentive Compensation \$4.1M FY24
Contract Labor	48,460	16,817	(31,643)	(65.3%)	
Employee Benefits	72,284	79,727	7,443	10.3%	Increase in 401K match \$2.5M FY23; and 2.8M FY24
Total Employment Expenses	449,291	441,444	(7,847)	(1.7%)	Net Impact \$2.5M increase in FY23; \$6.9M increase in FY24
Medical & Other Supplies	125,889	125,034	(855)	(0.7%)	
Physician Fees	80,001	79,981	(20)	(0.0%)	
Purchased Services	17,391	17,365	(26)	(0.1%)	
Repairs & Maintenance	27,065	28,377	1,312	4.8%	
Utilities	9,714	10,814	1,100	11.3%	
Rents & Leases	1,535	1,981	446	29.0%	
Depreciation & Amortization	33,028	34,966	1,938	5.9%	
Interest Expense	7,388	6,935	(453)	(6.1%)	
Other Expense	25,058	25,639	581	2.3%	Foundation increase \$2.7M FY24 offset in Other Revenue
Humana Cap Plan Expenses	43,962	44,418	456	1.0%	
Management Services Expense	38,795	40,148	1,353	3.5%	
Total Other Expenses	409,824	415,658	5,834	1.4%	Net Impact \$2.7M increase in expenses in FY24
Total Operating Expenses	859,115	857,102	(2,013)	(0.2%)	
Operating Margin	(48,722)	(22,027)	26,696		Net Impact \$10.4M decrease in Operating Margin
Stimulus Funds/FEMA	609	19,005	18,396		Increase in FEMA due to additional submission \$2.3M
Operating Margin after Stimulus	(48,113)	(3,022)	45,092		Net Impact \$8.1M decrease after FEMA
Nonoperating Revenue (Loss)	4,906	3,542	(1,364)		
Excess Margin	(\$43,207)	\$520	\$43,728		

205/237

* FY 2023 is based on 11 months actual and 1 month projection

FY24 Budget Comparison to Projected FY23 - Updated (000's)

	For Comparison to Budget FY24				FY 24 Budget	Variance Budget FY24 - Projected FY23 without KHMKG	
	FY 19 Actual	FY 23 Projected	FY 19 Actual w/o KHMKG	FY 23 Without KHMKG			
Operating Revenue							
Net Patient Service Revenue	\$561,911	\$625,995	\$517,801	\$586,515	\$585,236	(\$1,279)	(0.2%)
Supplemental Gov't Programs	76,471	64,186	76,471	64,186	76,536	12,350	19.2%
QIP/Prime Program	17,717	8,300	17,717	8,300	9,859	1,559	18.8%
Premium Revenue	40,871	79,814	40,871	79,814	93,376	13,562	17.0%
Management Services Revenue	31,751	38,800	31,751	38,800	40,604	1,804	4.6%
Other Revenue	24,245	34,167	23,472	32,778	29,465	(3,313)	(10.1%)
Other Operating Revenue	191,056	225,268	190,283	223,878	249,840	25,962	11.6%
Total Operating Revenue	752,967	851,262	708,084	810,393	835,076	24,682	3.0%
Operating Expenses							
Salaries & Wages	287,902	338,458	276,428	328,547	344,900	16,353	5.0%
Contract Labor	14,997	48,460	14,855	48,460	16,817	(31,643)	(65.3%)
Employee Benefits	73,216	71,837	70,319	72,284	79,727	7,443	10.3%
Total Employment Expenses	376,115	458,754	361,601	449,291	441,444	(7,847)	(1.7%)
Medical & Other Supplies	112,866	131,715	106,497	125,889	125,034	(855)	(0.7%)
Physician Fees	85,521	104,021	63,160	80,001	79,981	(20)	(0.0%)
Purchased Services	21,151	18,231	19,815	17,391	17,365	(26)	(0.1%)
Repairs & Maintenance	25,878	28,877	24,011	27,065	28,377	1,312	4.8%
Utilities	5,642	10,222	5,236	9,714	10,814	1,100	11.3%
Rents & Leases	6,119	1,811	3,418	1,535	1,981	446	29.0%
Depreciation & Amortization	30,851	35,384	29,581	33,028	34,966	1,938	5.9%
Interest Expense	5,453	7,410	5,431	7,388	6,935	(453)	(6.1%)
Other Expense	17,260	26,016	15,523	25,058	25,639	581	2.3%
Humana Cap Plan Expenses	19,151	43,962	19,151	43,962	44,418	456	1.0%
Management Services Expense	31,359	38,795	31,359	38,795	40,148	1,353	3.5%
Total Other Expenses	361,250	446,445	323,180	409,824	415,658	5,834	1.4%
Total Operating Expenses	737,366	905,199	684,782	859,115	857,102	(2,013)	(0.2%)
Operating Margin	15,601	(53,937)	23,302	(48,722)	(22,027)	26,696	
Stimulus Funds/FEMA	0	609	0	609	19,005	18,396	
Operating Margin after Stimulus	15,601	(53,328)	23,302	(48,113)	(3,022)	45,092	
Nonoperating Revenue (Loss)	12,306	9,600	12,306	4,906	3,542	(1,364)	
Excess Margin	\$27,907	(\$43,728)	\$35,608	(\$43,207)	\$520	\$43,728	

FY2024 | Variance between Budget FY24 & Projected FY23

	FY 19 Actual	FY 23 Projected without KHMG	FY 24 Budget	Variance Budget 24-Projected 23	% Change
Net Patient Service Revenue (000's)	\$561,911	\$586,515	\$585,236	(\$1,279)	(0.2%)
Volume decreases and shift to outpatient				(4,600)	
Commercial Insurance Rate Increase				6,028	
Medi-Cal Managed Care				1,541	
Medicare Acute Inpatient Increase				3,632	
Medicare Acute Outpatient				1,359	
Increase in GME due to PRA increase and IME				586	
FY23 out of period adjustments: 340B Drug Reimb, Kaiser, Cerner, RHC Medi-Cal				(9,925)	
				(\$1,379)	
	FY 19 Actual	FY 23 Projected without KHMG	FY 24 Budget	Variance Budget 24-Projected 23	% Change
Other Operating Revenue (000's)	\$191,056	\$223,878	\$249,840	\$25,962	11.6%
Humana Premium Revenue increase in lives, base reimbursement and RAF score				13,562	
Supplemental MediCal funds -Rate Range Program				4,396	
Supplemental Program Directed Payments Program: New Program Jan. 2023				11,854	
Supplemental HQAF Program				914	
Supplemental Fee for Service change in FMAP due to end Public Health Emergency				(439)	
Supplemental Medical DSH: Reductions for end of Pandemic payments and Federal Regulations (ACA)				(4,375)	
QIP increase over FY23				1,559	
Reductions in Telehealth grant \$843K, Retail pharmacy \$857K, Health homes \$1M, CalAim IPP funds \$569K, Song Brown GME grant \$808K offset but by increases in Cafeteria/Ambrosia				(3,313)	
Management services income - offset with expenses				1,804	
				25,962	

FY2024 | Variance between Budget FY24 & Projected FY23

	FY 19 Actual	FY 23 Projected without KHMG	FY 24 Budget	Variance Budget 24-Projected 23	% Change
Wages & Contract Labor Expense (000's)	\$302,899	\$377,007	\$361,717	(\$15,290)	(4.1%)
Rate impact from Shift from Contract Labor to Employed LVN Labor Hours.				(15,918)	
Lower Contract labor rate				(2,612)	
Staffing matrix shift from RN to LVN (Matrix \$4.8M) at 75% compliance to matrix				(3,138)	
Reduction in sitter hours				(993)	
Increases in employee rates due to merit/market changes throughout FY23				8,738	
Reduction in worked hours - volume and efficiencies				(1,456)	
				(15,379)	
	FY 19 Actual	FY 23 Projected without KHMG	FY 24 Budget	Variance Budget 24-Projected 23	% Change
Employee Benefit Expense (000's)	\$73,216	\$72,284	\$79,727	\$7,443	10.3%
401K Match				7,500	
				\$7,500	

Financial Highlights (000's)

	For Comparison to Budget FY24				
	FY 19 Actual	FY 23 Projected	FY 19 Actual w/o KHMG	FY 23 Without KHMG	FY 24 Budget
Operating Margin %	2.1%	(6.3%)	3.3%	(6.0%)	(2.6%)
OM after Stimulus%	2.1%	(6.3%)	3.3%	(5.9%)	(0.4%)
Excess Margin %	3.7%	(5.1%)	5.0%	(5.3%)	0.1%
Operating Cash Flow Margin %	6.9%	(1.2%)	8.2%	(0.9%)	4.6%
Max Annual Debt Service %	3.54	(.05)	3.89	(0.15)	2.34
Day's Cash on Hand	150.1	82.6	161.9	87.0	93.4
Total Surplus Cash (000's)	\$290,629	\$196,885	\$290,629	\$196,885	\$210,440

2023-2024 Surplus Cash Flows (000's)

Excess Margin **\$520**

Additional Sources (Uses) of Cash:

Capital Expenditures:

Annual Recurring (\$14,000)

Depreciation/Amortization (Non-Cash) \$34,966

Capitalized Employment Expense (\$979)

No Defined Benefit Plan Funding \$11,103

Debt Service Payments (Principal) (\$10,160)

Total Additional Net Sources (Uses) of Cash **\$20,930**

Projected Surplus Cash Flow (Deficit) **\$21,450**

General Fund Cash Reserves (000's)

District without Kaweah Delta Hospital Foundation:

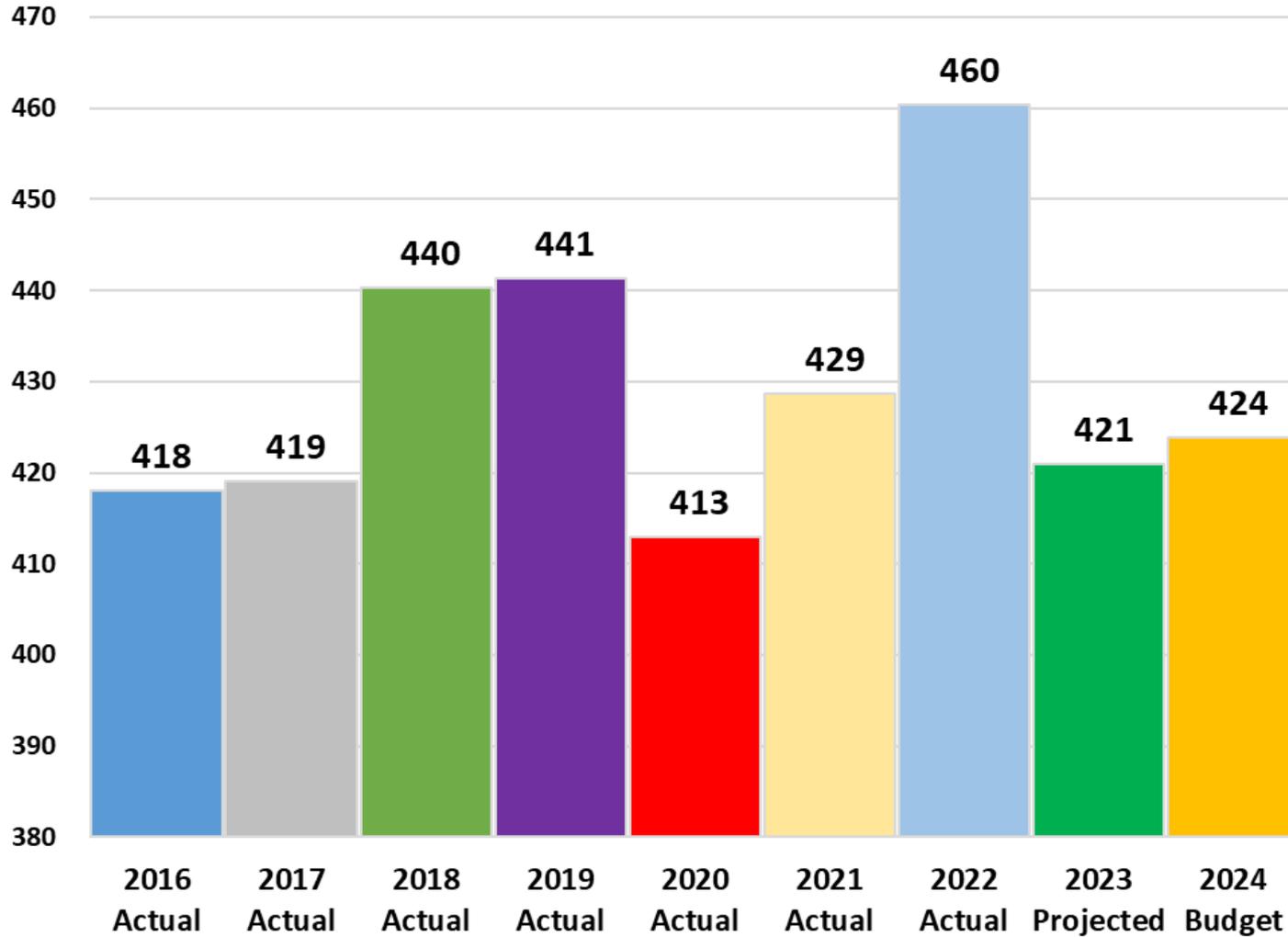
Projected Surplus Balance at July 1, 2023	\$179,958
CHFFA repayment	(7,895)
Cash Flow from 2023-2024 Operations	21,450
Surplus Balance at June 30, 2024	\$193,513
Foundation	\$16,927
Total including Foundation June 30, 2024	\$210,440

FY2024 | Capital Budget (000's)

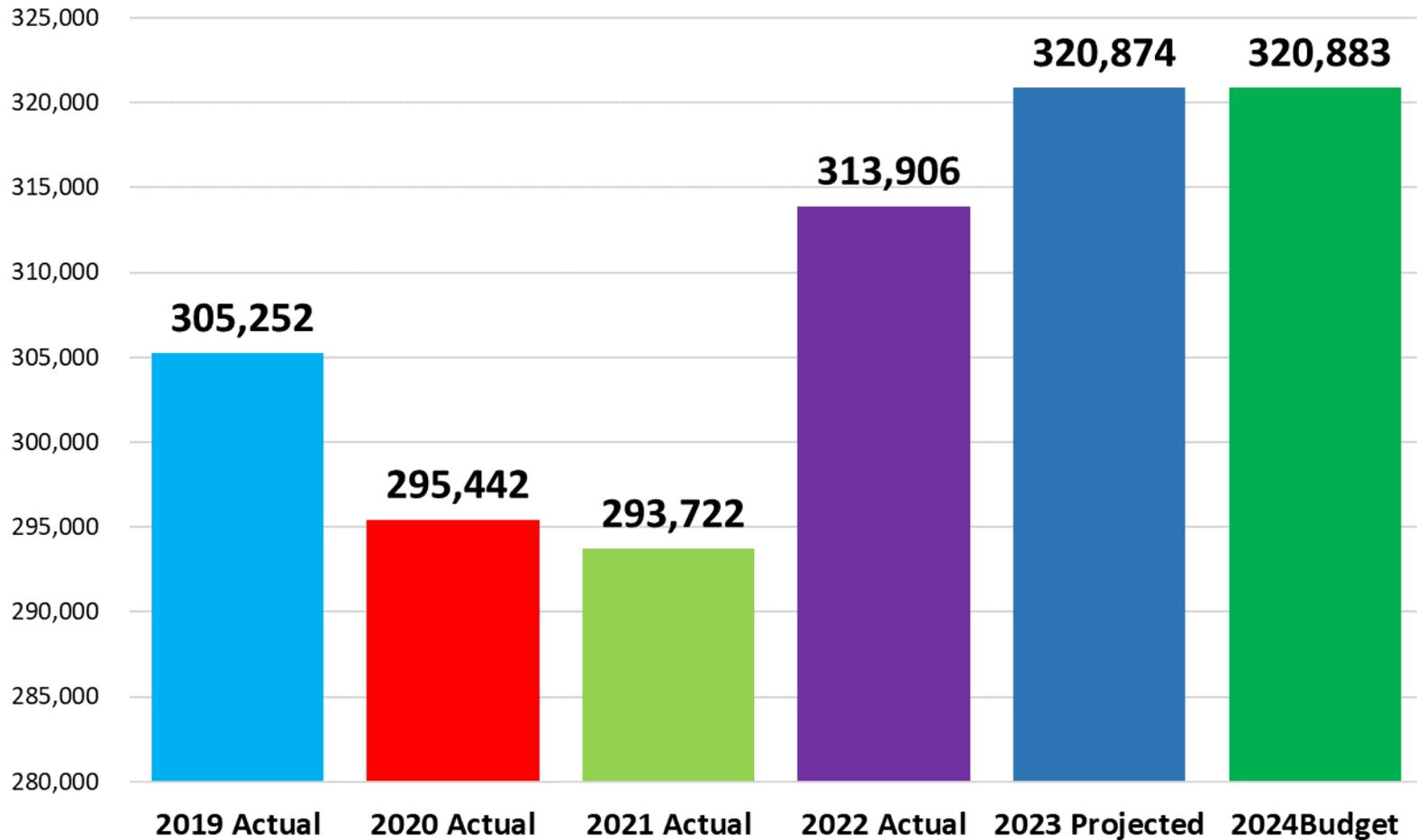
	Budget FY23	Budget FY24
Total Capital Requests	\$22,122	\$16,644
Total Rejected/Deferred	(\$6,122)	(\$2,644)
Total	\$16,000	\$14,000
<i>Breakdown of Items in Review</i>		
<i>Infrastructure Maintenance</i>	\$2,776	\$2,751
<i>Facilities Construction Projects & Planning</i>	\$1,212	\$560
<i>Information Services (ISS)</i>	\$2,199	\$3,200
<i>Director Requests</i>	\$9,813	\$7,489
<i>In Review</i>	\$16,000	\$14,000
Funding Sources		
Capital	\$16,000	\$14,000
General Contingency Capital	\$340	0
Total Capital Budget	\$16,340	\$14,000

FY2024 | Additional Supporting Slides

Key Statistical Indicators | Average Daily Census



Key Statistical Indicators | Adjusted Patient Days

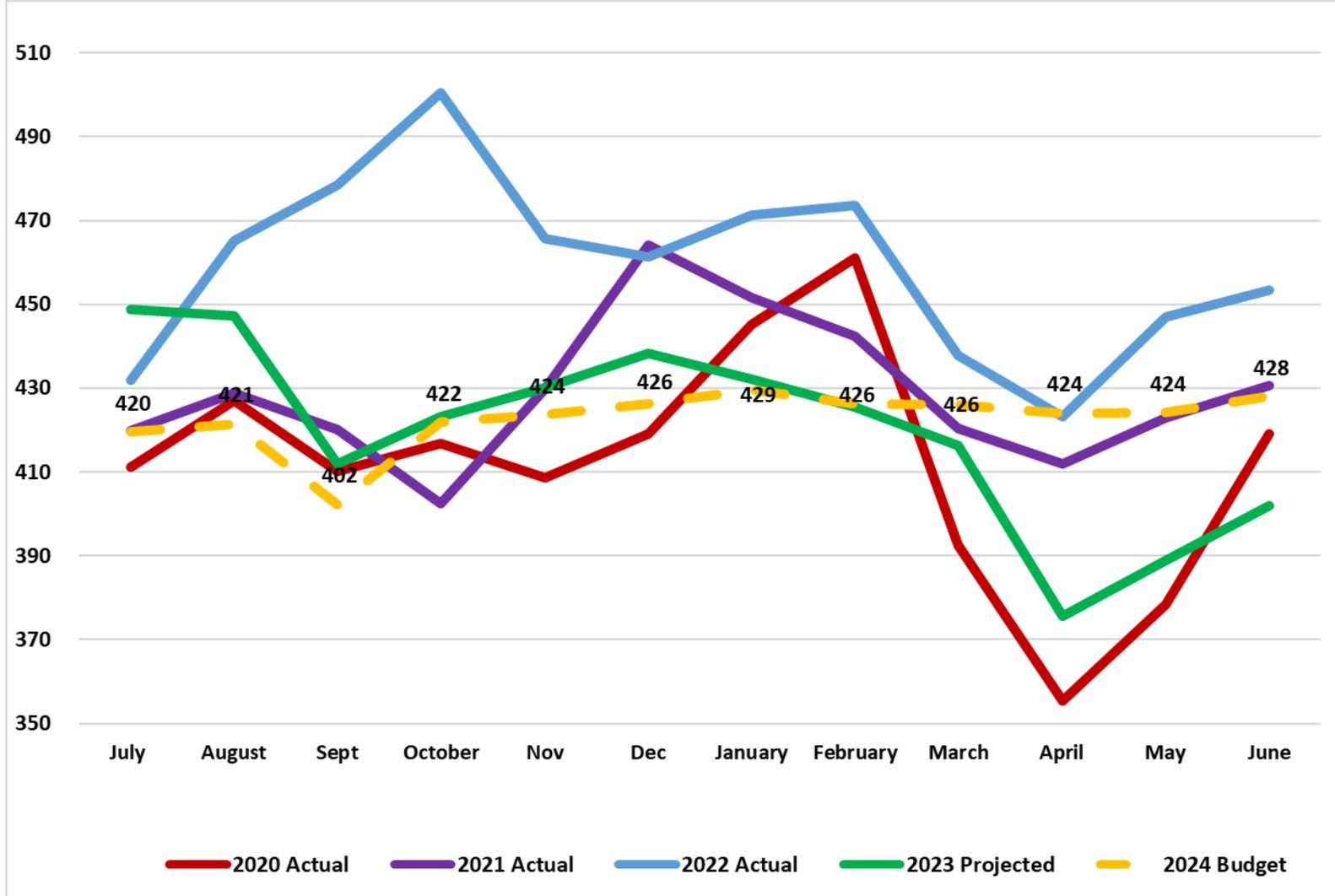


FY2024 | Staff Hours—Full Time Equivalents (FTEs)

Job Type	Projected FY23 FTEs	FY24 Budgeted FTEs	Sum of Change	FY24 Vacancy Built in
Registered Nurse	891	911	19	
Contracted Registered Nurse	151	53	(98)	
Licensed Voc Nurse	144	230	85	
Total RN and LVN	1,187	1,194	7	(31)
Tech/Professional	978	1,011	33	
Contracted Tech/Professional	9	5	(4)	
Total Tech	987	1,016	29	(29)
Clerical/Admin	635	594	(40)	
Contracted Clerical/Admin	7	7	0	
Total Clerical	641	601	(40)	(19)
Aides/Orderlies	725	691	(34)	(22)
Mgmt/Supervision	246	241	(5)	(7)
Environmental/Food	367	360	(7)	(10)
Miscellaneous	195	209	14	(6)
Oth Medical Practioner	33	38	5	(1)
Total FTEs	4,380	4,349	(31)	(125)
				-3%
Contract Total	167	65	(102)	

Excludes KHMG from Projected FY 23

Key Statistical Indicators | Trended Avg. Daily Census



Key Statistical Indicators | Average Daily Census

	FY19	FY 23 Projected	FY 24 Budget	Change Budget FY24-Projected FY23	% Change from FY23 Projected
Average Daily Census	441	421.2	423.9	2.7	0.6%
Patient Days					
Medical Center	103,523	102,313	103,699	1,386	1%
Acute I/P Psych	17,184	15,939	16,515	576	4%
Sub-Acute	11,311	11,087	10,882	(205)	(1.8%)
Rehab	6,756	6,628	7,080	452	7%
TCS-Ortho	4,816	4,610	5,110	500	11%
TCS	5,409	2,115	-	(2,115)	
NICU	5,343	5,136	5,519	383	7%
Nursery	6,740	5,922	6,330	408	7%
Total Patient Days	161,082	153,750	155,135	1,385	0.9%
Note: Extra Day in 2024 366 days					

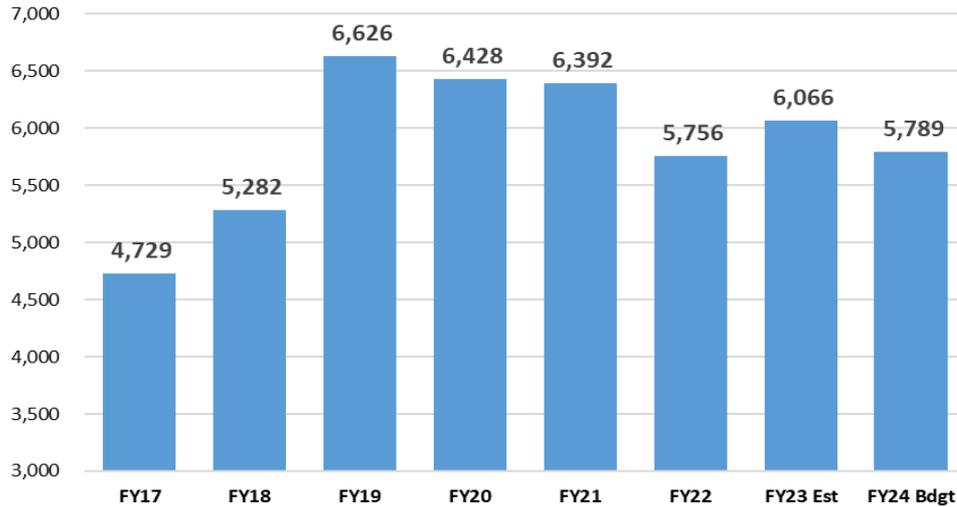
Key Statistical Indicators | Inpatient days

	FY 19 Actual	FY 23 Projected Jul-May (11 mos)	FY 24 Budget	Change Bdgt FY24-Proj FY23	% Change from FY23 Proj	% Change from FY19 Actual	% Occupancy	# Available Beds
Downtown Campus excluding Mom/Baby	98,353	97,780	99,276	1,496	1.5%	0.9%	74%	365
Downtown Campus Mom/Baby*	17,253	15,591	16,272	681	4.4%	(5.7%)	46%	96
Acute Psych	17,184	15,939	16,515	576	3.6%	(3.9%)	72%	63
Acute Rehab	6,756	6,628	7,080	452	6.8%	4.8%	43%	45
Sub Acute	11,311	11,087	10,882	(205)	(1.8%)	(3.8%)	93%	32
Skilled Nursing - South	5,409	2,115	0	(2,115)				
Skilled Nursing - West Short Stay	4,816	4,610	5,110	500	10.8%	6.1%	87%	16
Inpatient Days	161,082	153,750	155,135	1,385	0.9%	(3.7%)	69%	617

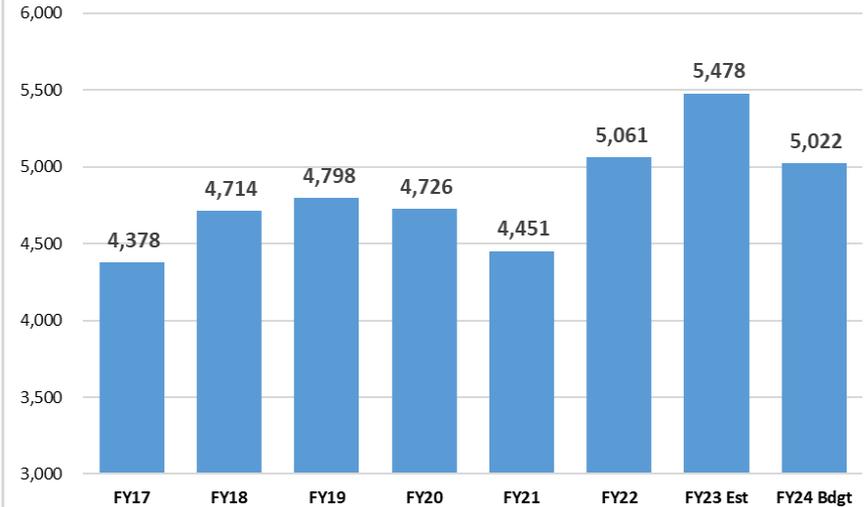
* Includes Nursery 32 beds

FY24 Trended Budget Volume Graphs

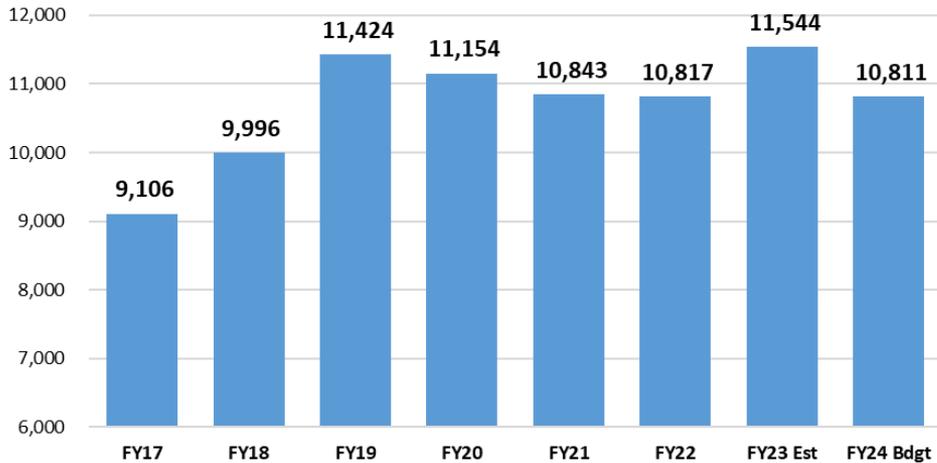
Inpatient Surgery Minutes per 100



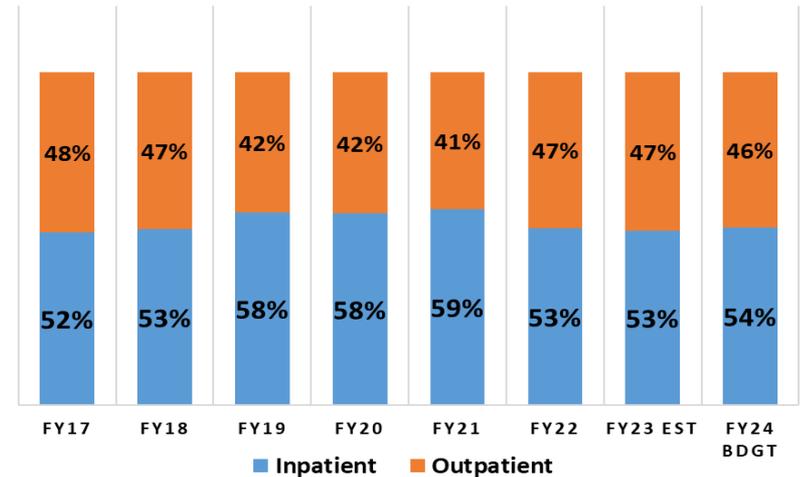
Outpatient Surgery Minutes per 100



Total Surgery Minutes per 100

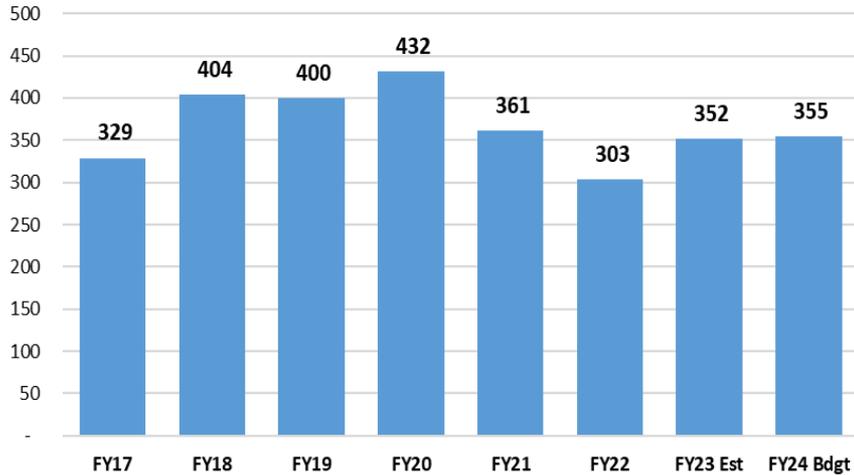


Surgeries by Patient Type %

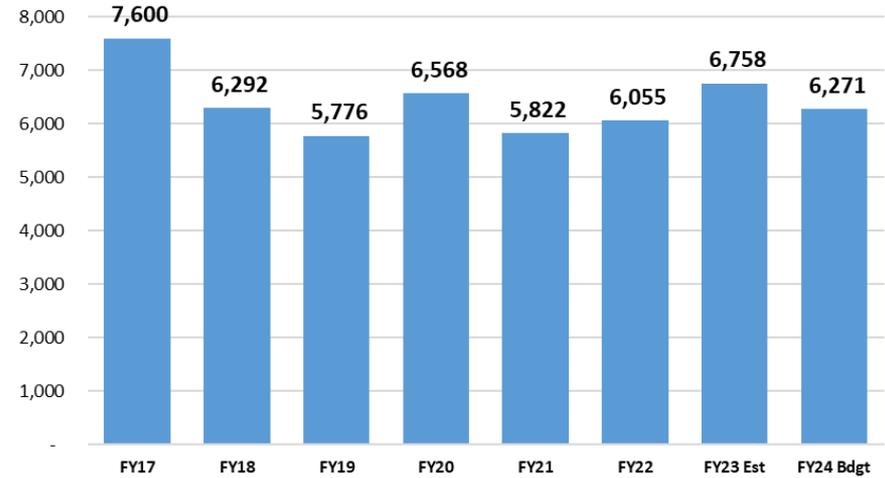


FY24 Trended Budget Volume Graphs

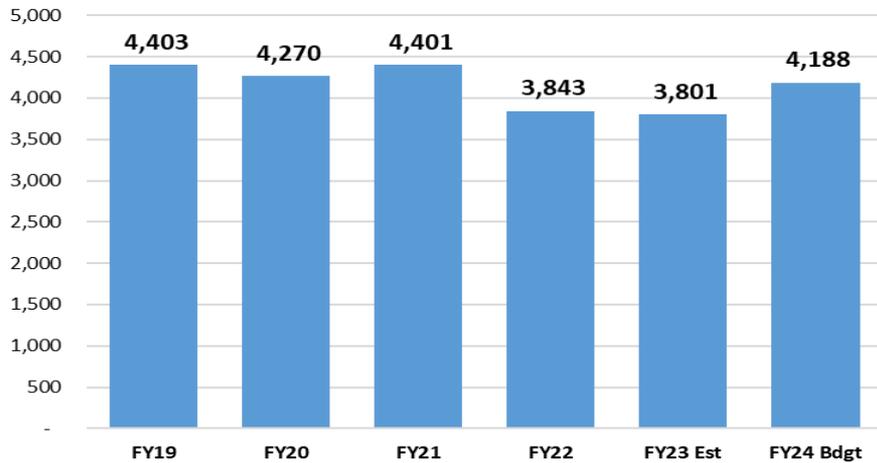
Cardiac Surgeries



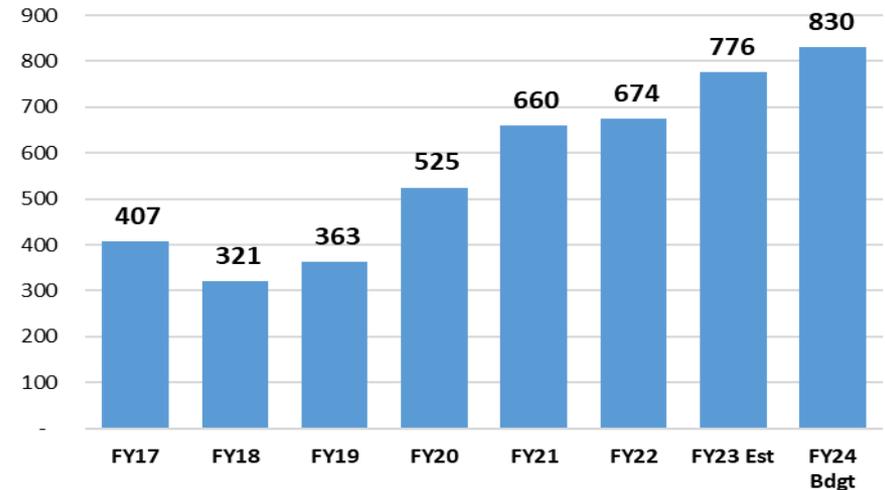
Endoscopy Procedure Hours



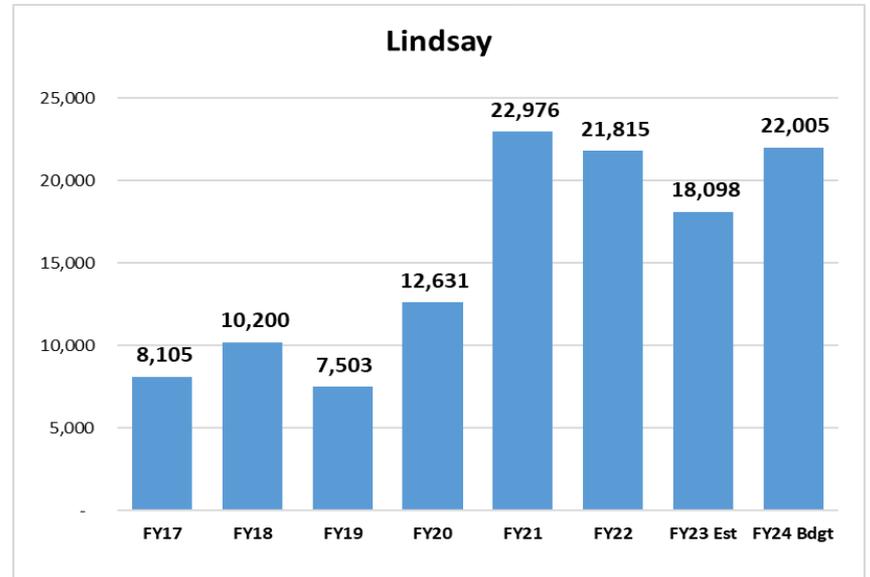
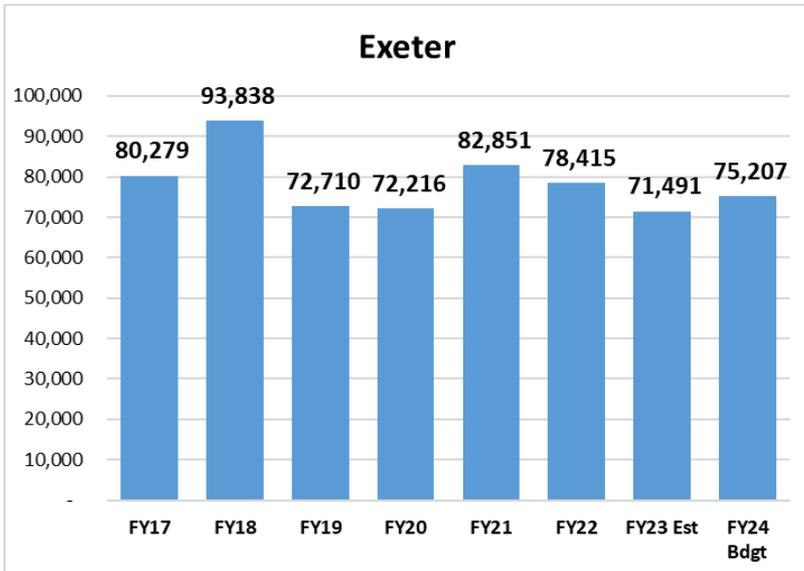
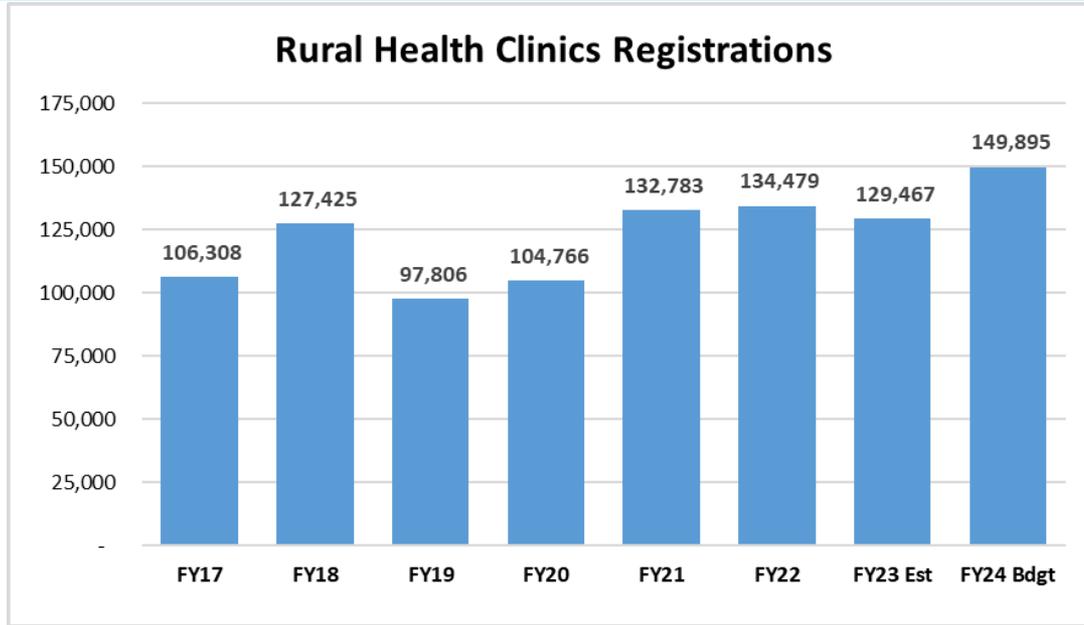
Cath Lab Minutes per 100



Robotic Surgery Minutes per 100

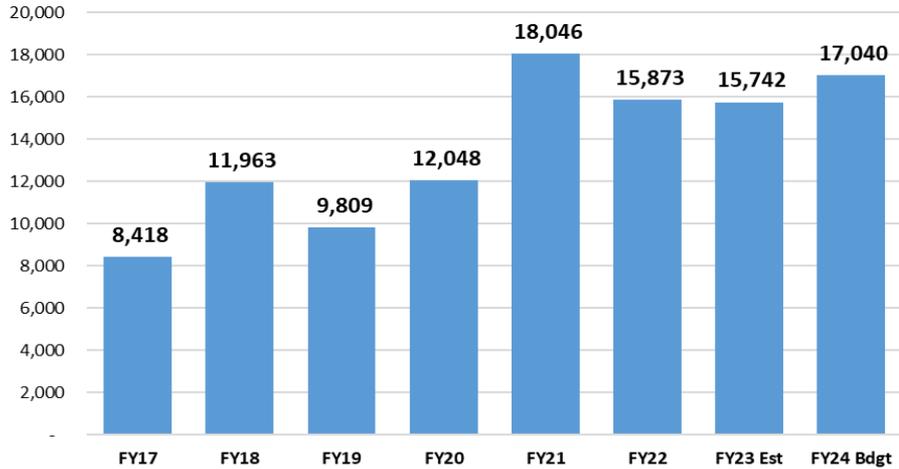


FY24 Trended Budget Volume Graphs

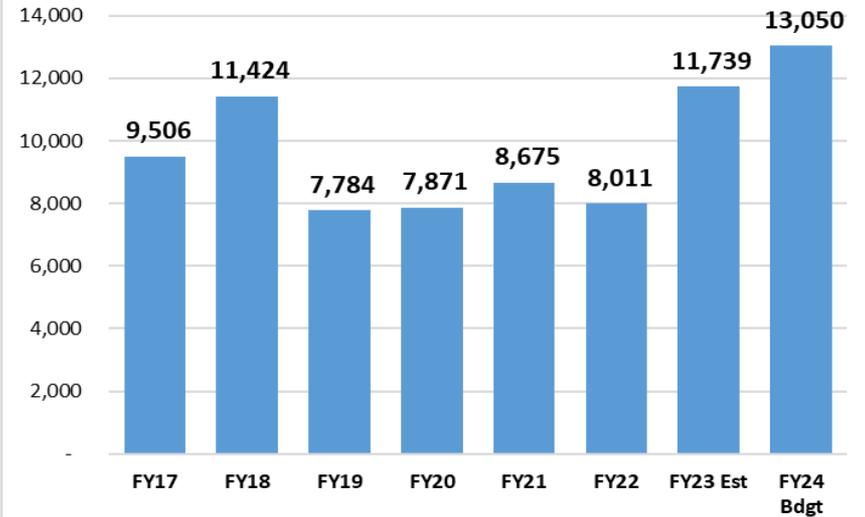


FY24 Trended Budget Volume Graphs

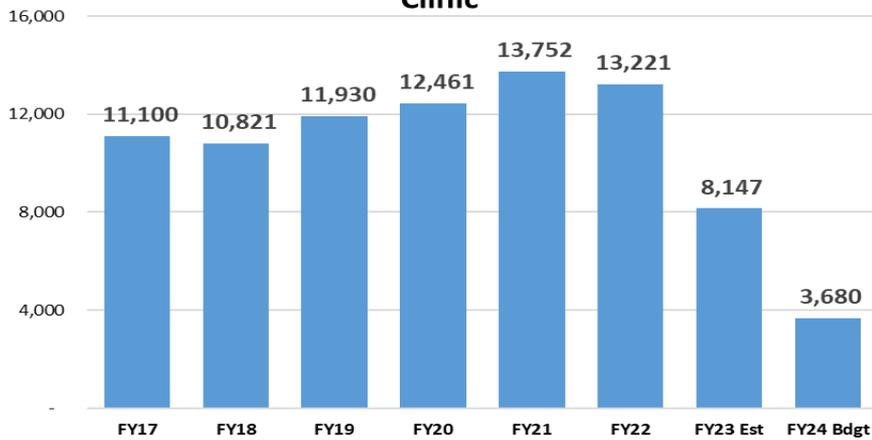
Dinuba



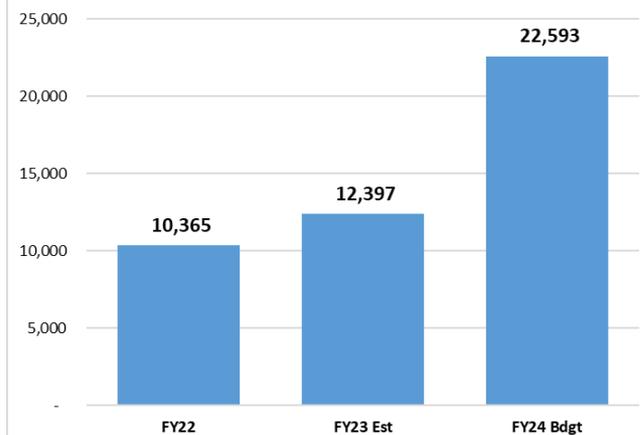
Woodlake



Family Medical Center Registrations/ New Willow Clinic

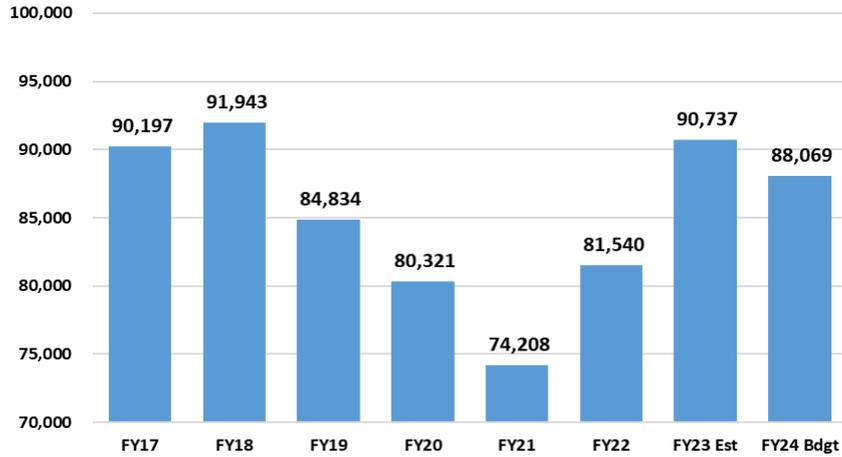


Tulare

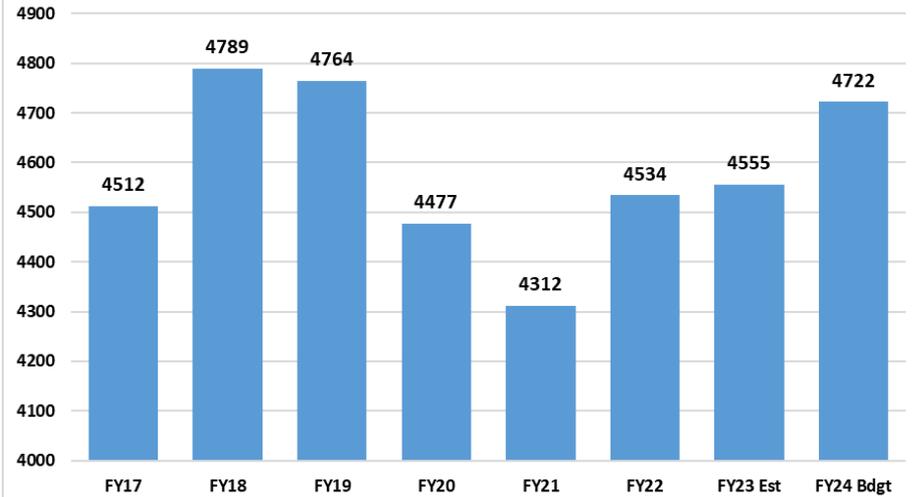


FY24 Trended Budget Volume Graphs

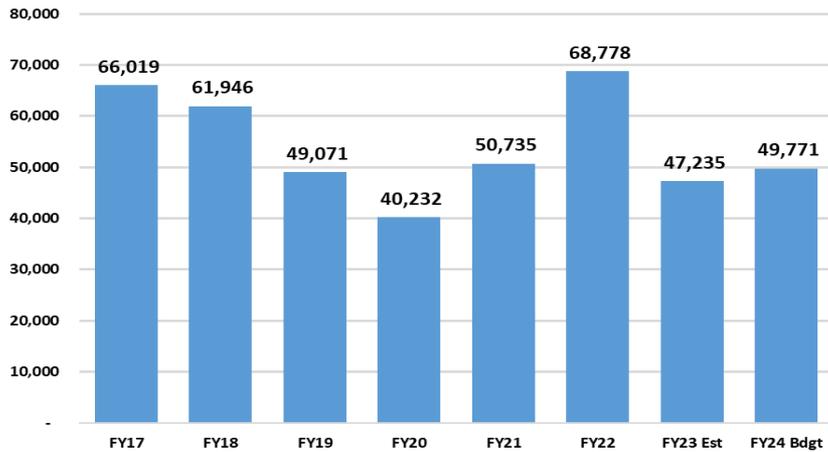
Emergency Visits



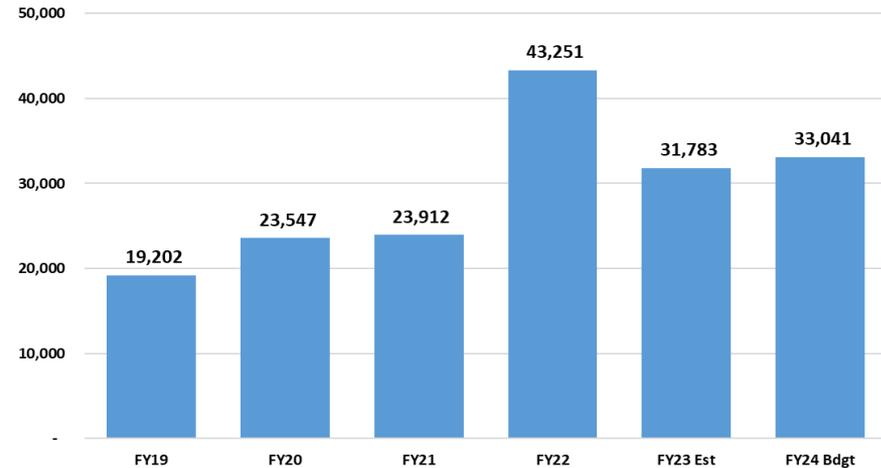
Deliveries



Urgent Care Registrations - Court Street

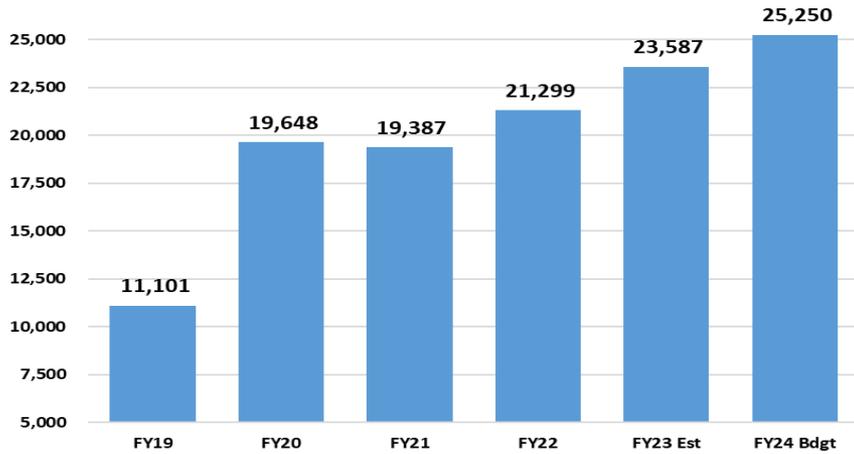


Urgent Care Registrations - Demaree

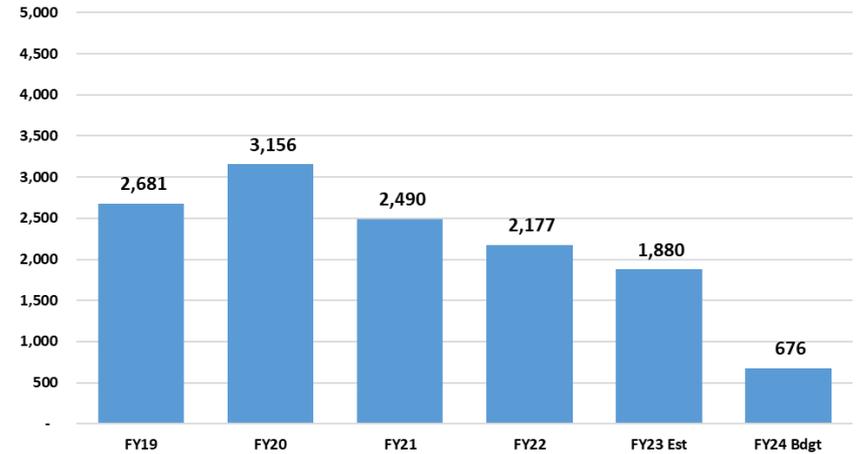


FY24 Trended Budget Volume Graphs

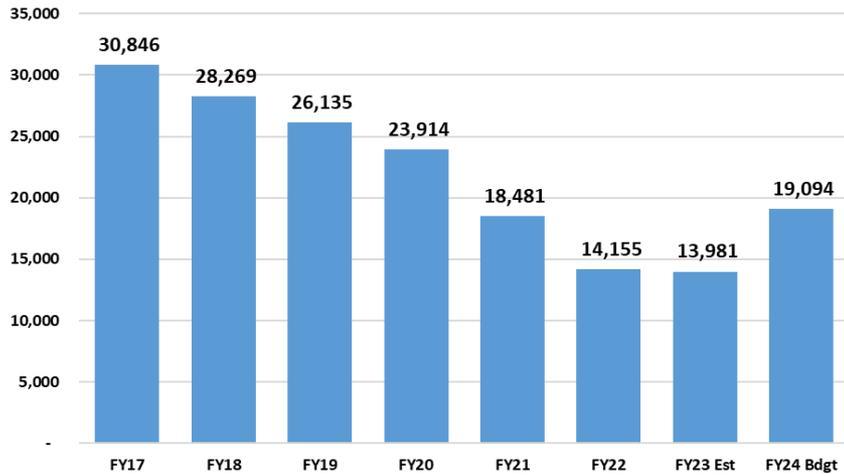
Cardiology Clinic Registrations



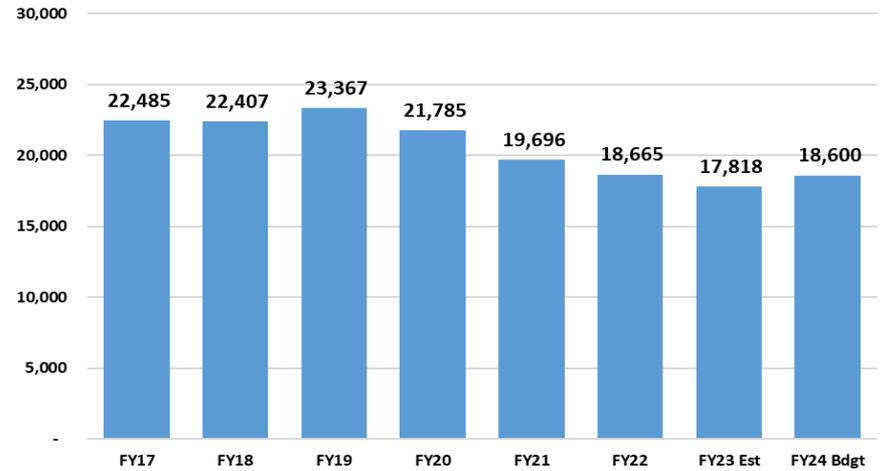
Neuroscience Center Registrations



Wound Care Visits

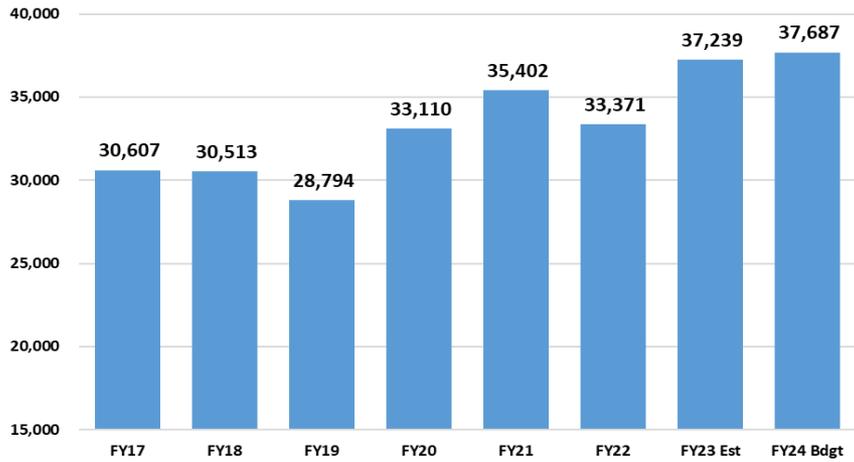


Outpatient Dialysis Treatments

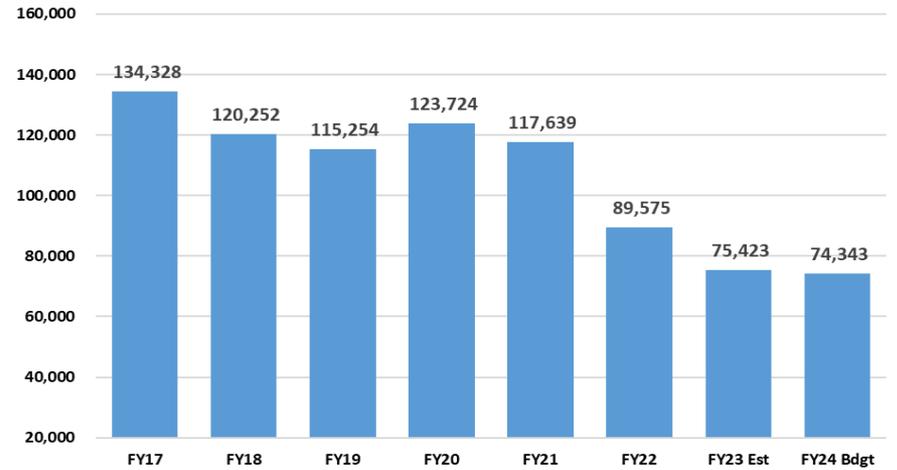


FY24 Trended Budget Volume Graphs

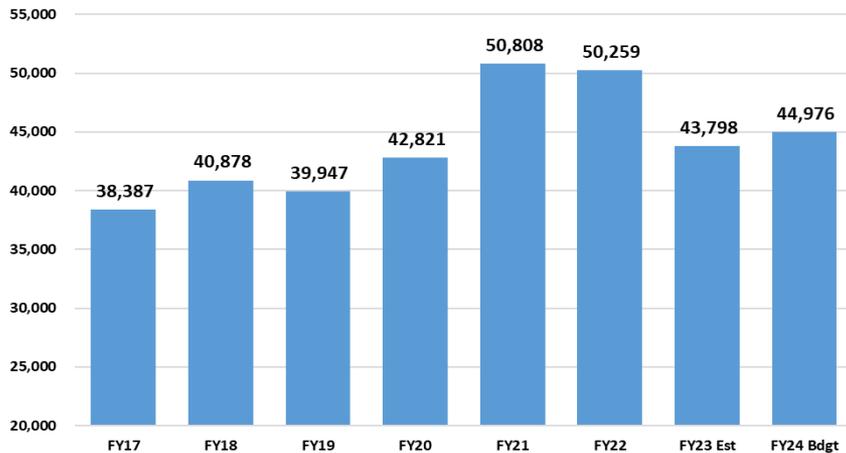
Home Health Outpatient Visits



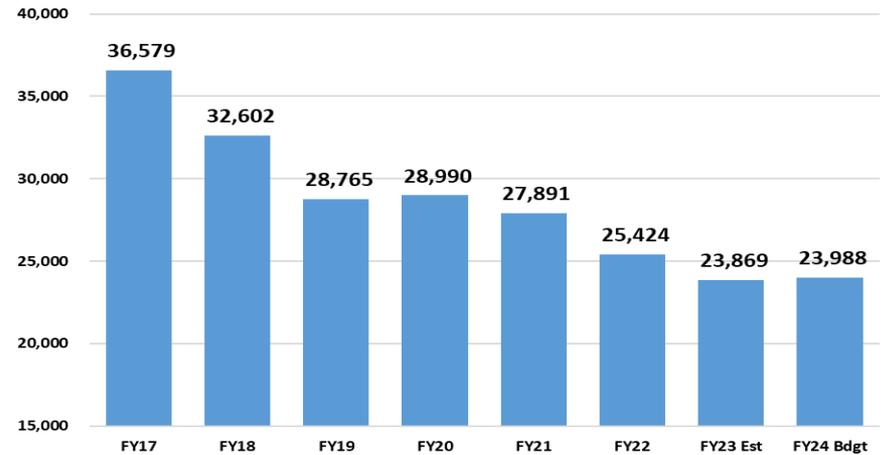
Private Homecare Outpatient Hours



Hospice Outpatient Days

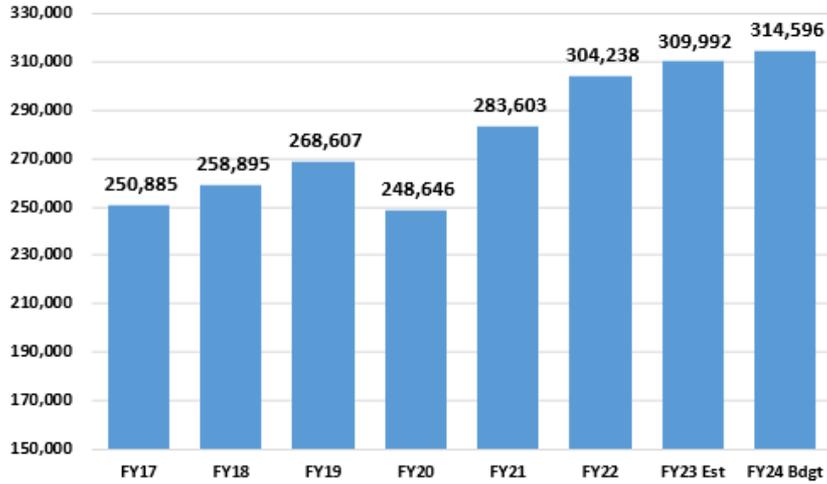


Specialty Home Care Hours

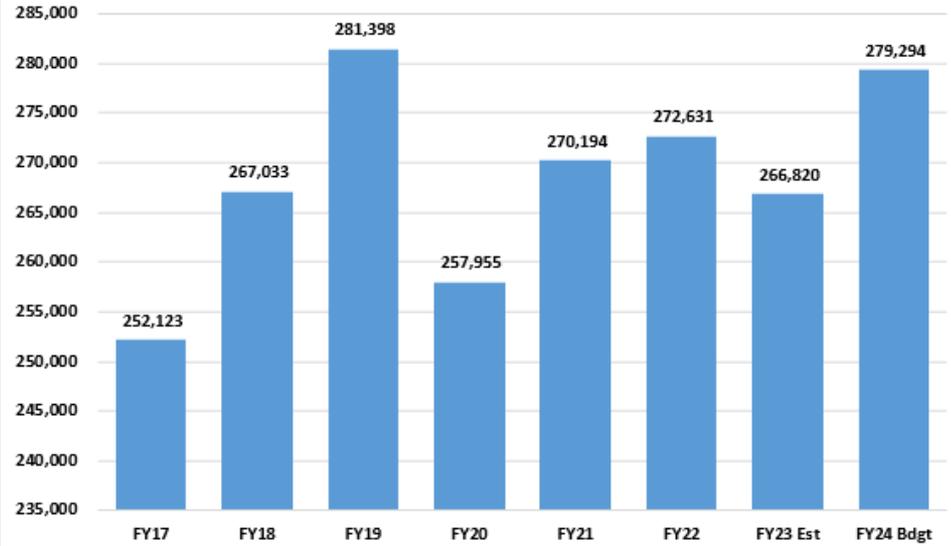


FY24 Trended Budget Volume Graphs

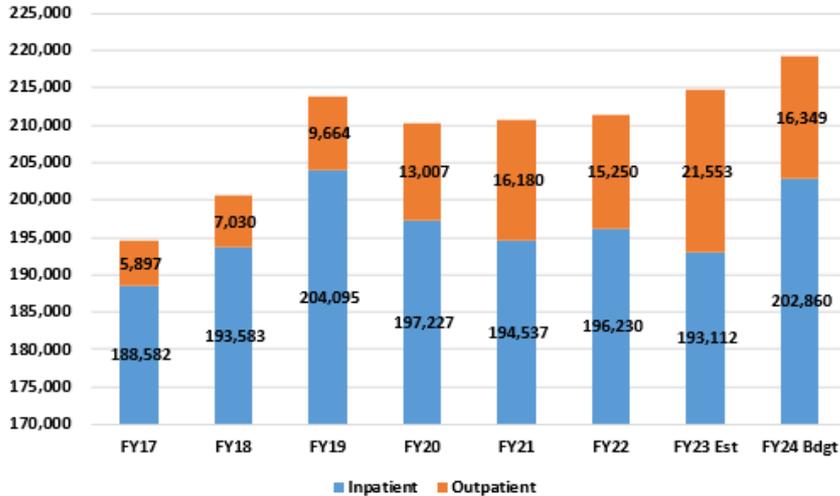
All Modalities Radiology Procedures



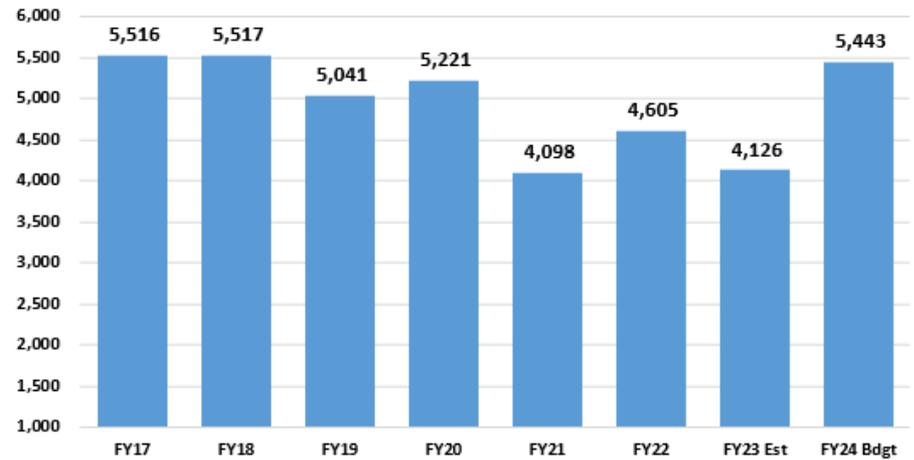
Outpatient Rehabilitation Services



Therapies - ST, PT, OT



Infusion Center



Key Statistical Indicators | Volume

	FY 19 Actual	FY 23 Projected Jul-May(11 mos)	FY 24 Budget	Change Bdgt FY24- Proj FY23	% Change from FY23 Proj	% Change from FY19 Actual
Inpatient Days	161,082	153,750	155,135	1,385	0.9%	(3.7%)
Emergency Department Visits	84,834	90,737	88,069	(2,668)	(2.9%)	3.8%
Surgery Minutes	11,788	11,544	10,811	(733)	(6.3%)	(8.3%)
Cath Lab Minutes	4,403	3,801	4,188	387	10.2%	(4.9%)
Deliveries	4,764	4,555	4,722	167	3.7%	(0.9%)
Rural Health Clinic Visits	97,806	117,070	127,302	10,232	8.7%	30.2%
Rural Health Clinic-Tulare Visits	0	12,397	22,593	10,196	82.2%	0.0%
Urgent Care - Court	49,071	47,235	49,771	2,536	5.4%	1.4%
Urgent Care - Demaree	19,202	31,783	33,041	1,258	4.0%	72.1%
SWHC Family Medicine GME	11,930	8,147	0	0	0	0.0%
Sequoia Cardiology Clinic	11,101	20,837	25,250	4,413	21.2%	127.5%
Neuroscience Center	4,125	1,880	2,735	855	45.5%	(33.7%)
Outpatient Rehabilitation Units	281,398	266,820	279,294	12,474	4.7%	(0.7%)
Physical & Other Therapy Units	213,759	214,665	219,209	4,544	2.1%	2.5%
Home Health Visits	28,794	37,239	37,687	448	1.2%	30.9%
Hospice	39,947	43,798	44,976	1,178	2.7%	12.6%
Radiation Oncology	25,031	22,833	26,147	3,314	14.5%	4.5%
Radiology Xray	117,573	136,009	135,293	(716)	(0.5%)	15.1%
Radiology CT	49,111	51,417	55,446	4,029	7.8%	12.9%
Radiology MRI	9,199	9,913	9,901	(12)	(0.1%)	7.6%
Radiology US	26,756	31,258	29,901	(1,357)	(4.3%)	11.8%

FY24 Comparison as a % of Operating Revenue

	FY 19 Actual w/o KHMG	FY 23 Projected w/o KHMG	FY 24 Budget
Operating Revenue			
Total Operating Revenue	100.0%	100.0%	100.0%
Operating Expenses			
Salaries & Wages	39.0%	40.5%	41.3%
Contract Labor	2.1%	6.0%	2.0%
Employee Benefits	9.9%	8.9%	9.5%
Total Employment Expenses	51.1%	55.4%	52.9%
Medical & Other Supplies	15.0%	15.5%	15.0%
Physician Fees	8.9%	9.9%	9.6%
Purchased Services	2.8%	2.1%	2.1%
Repairs & Maintenance	3.4%	3.3%	3.4%
Utilities	0.7%	1.2%	1.3%
Rents & Leases	0.5%	0.2%	0.2%
Depreciation & Amortization	4.2%	4.1%	4.2%
Interest Expense	0.8%	0.9%	0.8%
Other Expense	2.2%	3.1%	3.1%
Humana Cap Plan Expenses	2.7%	5.4%	5.3%
Management Services Expense	4.4%	4.8%	4.8%
Total Other Expenses	45.6%	50.6%	49.8%
Total Operating Expenses	96.7%	106.0%	102.6%
Operating Margin	3.3%	-6.0%	-2.6%
Stimulus Funds	0.0%	0.1%	2.3%
Operating Margin after Stimulus	3.3%	-5.9%	-0.4%
Nonoperating Revenue (Loss)	1.7%	0.6%	0.4%
Excess Margin	230/230%	-5.3%	0.1%

FY24 Comparison per Adjusted Patient Day (000') Projected FY23 to Budget

			PER APD			
	FY 23 Projected w/o KHMG	FY 24 Budget	FY 23 Projected w/o KHMG	FY 24 Budget	Variance	% Change
Operating Revenue						
Net Patient Service Revenue	\$586,515	\$585,236	\$1,828	\$1,824	(\$4)	(0.2%)
Supplemental Gov't Programs	64,186	76,536	200	239	38	16.1%
QIP/Prime Program	8,300	9,859	26	31	5	15.8%
Premium Revenue	79,814	93,376	249	291	42	14.5%
Management Services Revenue	38,800	40,604	121	127	6	4.4%
Other Revenue	32,778	29,465	102	92	(10)	(11.2%)
Other Operating Revenue	223,878	249,840	698	779	81	10.4%
Total Operating Revenue	810,393	835,076	2,526	2,602	77	3.0%
Operating Expenses						
Salaries & Wages	328,547	344,900	1,024	1,075	51	4.7%
Contract Labor	48,460	16,817	151	52	(99)	(188.2%)
Employee Benefits	72,284	79,727	225	248	23	9.3%
Total Employment Expenses	449,291	441,444	1,400	1,376	(24)	(1.8%)
Medical & Other Supplies	125,889	125,034	392	390	(3)	(0.7%)
Physician Fees	80,001	79,981	249	249	(0)	(0.0%)
Purchased Services	17,391	17,365	54	54	(0)	(0.2%)
Repairs & Maintenance	27,065	28,377	84	88	4	4.6%
Utilities	9,714	10,814	30	34	3	10.2%
Rents & Leases	1,535	1,981	5	6	1	22.5%
Depreciation & Amortization	33,028	34,966	103	109	6	5.5%
Interest Expense	7,388	6,935	23	22	(1)	(6.5%)
Other Expense	25,058	25,639	78	80	2	2.3%
Humana Cap Plan Expenses	43,962	44,418	137	138	1	1.0%
Management Services Expense	38,795	40,148	121	125	4	3.4%
Total Other Expenses	409,824	415,658	1,277	1,295	18	1.4%
Total Operating Expenses	859,115	857,102	2,677	2,671	(6)	(0.2%)
Operating Margin	(48,722)	(22,027)	(152)	(69)	83	
Stimulus/FEMA	609	19,005	2	59	57	
Operating Margin after Stimulus	(48,113)	(3,022)	(150)	(9)	141	
Nonoperating Revenue (Loss)	4,906	3,542	15	11	(4)	
Excess Margin	(\$43,207)	\$520	(\$135)	\$2	\$136	

FY24 Comparison per Adjusted Patient Day (000') Budget FY24 and 2019 Actual

			PER APD			
	FY 24 Budget	FY 19 Actual w/o KHMG	FY 19 Actual	FY 24 Budget	Variance	% Change
Operating Revenue						
Net Patient Service Revenue	\$585,236	\$517,801	\$1,696	\$1,824	\$127	7.5%
Supplemental Gov't Programs	76,536	76,471	251	239	(12)	(4.8%)
QIP/Prime Program	9,859	17,717	58	31	(27)	(47.1%)
Premium Revenue	93,376	40,871	134	291	157	117.3%
Management Services Revenue	40,604	31,751	104	127	23	21.6%
Other Revenue	29,465	23,472	77	92	15	19.4%
Other Operating Revenue	249,840	190,283	623	779	155	24.9%
Total Operating Revenue	835,076	708,084	2,320	2,602	283	12.2%
Operating Expenses						
Salaries & Wages	344,900	276,428	906	1,075	169	18.7%
Contract Labor	16,817	14,855	49	52	4	7.7%
Employee Benefits	79,727	70,319	230	248	18	7.9%
Total Employment Expenses	441,444	361,601	1,185	1,376	191	16.1%
Medical & Other Supplies	125,034	106,497	349	390	41	11.7%
Physician Fees	79,981	63,160	207	249	42	20.5%
Purchased Services	17,365	19,815	65	54	(11)	(16.6%)
Repairs & Maintenance	28,377	24,011	79	88	10	12.4%
Utilities	10,814	5,236	17	34	17	96.4%
Rents & Leases	1,981	3,418	11	6	(5)	(44.9%)
Depreciation & Amortization	34,966	29,581	97	109	12	12.4%
Interest Expense	6,935	5,431	18	22	4	21.5%
Other Expense	25,639	15,523	51	80	29	57.1%
Humana Cap Plan Expenses	44,418	19,151	63	138	76	120.6%
Management Services Expense	40,148	31,359	103	125	22	21.8%
Total Other Expenses	415,658	323,180	1,059	1,295	237	22.3%
Total Operating Expenses	857,102	684,782	2,243	2,671	428	19.1%
Operating Margin	(22,027)	23,302	76	(69)	(145)	
Stimulus/FEMA	19,005	-	0	59	59	
Operating Margin after Stimulus	(3,022)	23,302	76	0	(76)	
Nonoperating Revenue (Loss)	3,542	23,306	40	11	(29)	
Excess Margin	\$520	35,608	\$117	\$2	(\$115)	