



November 15, 2024

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Thursday, November 21, 2024:

- 4:00PM Open meeting to approve the closed agenda.
- 4:01PM Closed meeting pursuant to Government Code 54956.8, Government Code 54956.9(d)(1), Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155.
- 5:00PM Open meeting.

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

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

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

KAWEAH DELTA HEALTH CARE DISTRICT
David Francis, Secretary/Treasurer

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

Kelsie Davis
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

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



KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

Thursday November 21, 2024 {Regular Meeting}

OPEN MEETING AGENDA {4:00PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
4. **APPROVAL OF THE CLOSED AGENDA – 4:01PM**
Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.
Action Requested – Approval of the November 21, 2024, closed meeting agenda.
5. **ADJOURN**

CLOSED MEETING AGENDA {4:01PM}

1. **CALL TO ORDER**
2. **CONFERENCE WITH LEGAL COUNSEL – [EXISTING LITIGATION](#)** – Pursuant to Government Code 54956.9(d)(1).
 - A. Martinez (Santillian) v KDHCDC Case # VCU279163
 - B. Burns-Nunez v KDHCDC Case# VCU293109
 - C. Oney v KDHCDC Case # VCU293813
 - D. Parnell v Kaweah Health Case # VCU292139
 - E. Newport v KDHCDC Case # VCU295708
 - F. Vanni v KDHCDC Case # VCU299235
 - G. M. Vasquez v KDHCDC Case # VCU297964
 - H. Borba v KDHCDC Case # VCU301816

Thursday November 21, 2024

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*Mike Olmos – Zone I
President*

*Lynn Havard Mirviss – Zone II
Vice President*

*Dean Levitan, MD – Zone
III
Board Member*

*David Francis – Zone IV
Secretary-Treasurer*

*Ambar Rodriguez – Zone V
Board Member*

- I. Apkarian-Souza v KDHCD Case # VCU303650
- J. Pendleton v KDHCD Case #VCU305571
- K. Rhodes v. Kaweah Case #VCU306460
- L. Negrete v. Kaweah Case #VCU309437
- M. Garcia v. Kaweah Case #VCU310326
- N. LaRumbe-Torres v. Kaweah Case #VCU313564

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

- 3. **CONFERENCE WITH LEGAL COUNSEL – [ANTICIPATED LITIGATION](#)** – Significant exposure to litigation pursuant to Government Code 54956(d)(2) – 2 Cases
Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel
- 4. **CREDENTIALING** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.
Daniel Hightower, MD, Chief of Staff
- 5. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.
Daniel Hightower, MD Chief of Staff
- 6. **APPROVAL OF THE CLOSED MEETING MINUTES** – [October 23, 2024](#), closed meeting minutes.
- 7. **ADJOURN**

OPEN MEETING AGENDA {5:00PM}

- 1. **CALL TO ORDER**
- 2. **APPROVAL OF AGENDA**
- 3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
- 4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
- 5. **OPEN MINUTES** – Request approval of the [October 23, 2024](#), open minutes.
Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.
Action Requested – Approval of the October 23, 2024, open minutes.
- 6. **RECOGNITIONS**

- 6.1. Presentation of [Resolution 2242](#) to Victor Madrigal in recognition as the Kaweah Health World Class Employee of the month – October 2024 – *Director Rodriguez*
- 6.2. Presentation of [Resolution 2243](#) to Alma Cruse in recognition as the Kaweah Health World Class Employee of the month – November 2024 – *Director Rodriguez*
- 6.3. Presentation of [Resolution 2244](#) to Ambar Rodriguez in recognition of her service to the Board of Directors 2020 - 2024. – *Director Olmos*

7. INTRODUCTIONS

- 7.1. New Director (s) –Susan Diaz and Rebekah Piche
- 7.2. Team of the Month - Employee Pharmacy & Marketing Department

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

Daniel Hightower, MD, Chief of Staff

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

Action Requested – Approval of the November 21, 2024, medical staff credentials report.

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

Daniel Hightower, MD, Chief of Staff

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

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

Action Requested – Approval of the November 21, 2024, Consent Calendar.

9.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Compliance Quarterly Report](#)
- C. [Semi-Annual Investment Report](#)
- D. Other Professional Service Reports:
 - C.1. [Outpatient Imaging Services](#)
 - C.2. [Home Care Services](#)

9.2. POLICIES

A. Administrative Policies

- A.1. [AP06](#)- Public Relations, Marketing, and Media Relations
- A.2. [AP27](#)- Use of District name and/or stationery

9.5. MEC

- A. Privilege Form Revision – [OB.GYN](#)
- B. Privilege Form Revision – [Cardio Thoracic Surgery](#)

9.6. CLAIMS

- A. Rejection of Claim Letter- [Estate of Martin Sebastian Medina, Jr.](#), by and through Estefani Carolina Alba Bustamante and Martin Carrillo
- B. Rejection of Claim Letter- [Claim of Jacqueline and Daniel Moreno](#)

- 10. [LEAPFROG FALL 2024 SAFETY GRADE REVIEW](#)- A review of the Fall 2024 Safety Grade performance and action plans. *Erica Pineda, RN, BSN, Quality Improvement Manager & Sandy Volchko, RN, DNP, Director of Quality and Patient Safety*
- 11. [STRATEGIC PLANNING –STRATEGIC GROWTH AND INNOVATION](#)- Detailed review of Strategic Plan Initiative. *Jag Batth, Chief Operating Officer & Kevin Bartel, Director of Surgical Service Lines*
- 12. [FINANCIALS](#) – Review of the most current fiscal year financial results. *Malinda Tupper – Chief Financial Officer*
- 13. **REPORTS**
 - 13.1. [Chief Executive Officer Report](#) - Report on current events and issues. *Gary Herbst, Chief Executive Officer*
 - 13.2. [Board President](#) - Report on current events and issues. *Mike Olmos, Board President*

CLOSED MEETING AGENDA IMMEDIATELY FOLLOWING THE OPEN SESSION

- 1. **CALL TO ORDER**
- 2. **CONFERENCE WITH LEGAL COUNSEL – [ANTICIPATED LITIGATION](#)** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2). 9 Cases
Ben Cripps, Chief Compliance Officer and Rachele Berglund, Legal Counsel
- 3. **ADJOURN**

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Agenda item intentionally omitted

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY OCTOBER 23, 2024, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

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

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

Director Olmos asked for approval of the closed agenda.

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

ADJOURN - Meeting was adjourned at 4:01PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY OCTOBER 23, 2024, AT 4:45PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 4:56 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

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

CLOSED SESSION ACTION TAKEN: approval of the closed meeting minutes from September 25, 2024; October 7, 2024; October 10, 2024; October 17, 2024.

OPEN MINUTES – Requested approval of the open meeting minutes from September 25, 2024; October 7, 2024; October 10, 2024; and October 17, 2024.

PUBLIC PARTICIPATION – None.

MMSC (Francis/Havard Mirviss) to approve the open minutes September 25, 2024; October 7, 2024; October 10, 2024; and October 17, 2024.

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

RECOGNITIONS- None. Employee of the month did not show.

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

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

- No report.

Public Participation – None.

Director Olmos requested a motion for the approval of the credentials report as presented and to deny the second category one application of the September 25, 2024, report.

MMSC (Francis/Havard Mirviss) Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by

the Directors of the clinical services, the Credentials Committee, and the Executive Committee of the Medical Staff, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files . This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis

CONSENT CALENDAR – Director Olmos entertained a motion to approve the October 23, 2024, consent calendar.

PUBLIC PARTICIPATION – None.

MMSC (Havard Mirviss/Levitan) to approve the October 23, 2024, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis

ANNUAL AUDITED FINANCIAL STATEMENT – Report to Board from Moss Adams relative to the annual audited financial statement for fiscal year 2024. Copy attached to the original of the minutes and to be considered a part thereof.

Malinda Tupper, Chief Financial Officer; Jennifer Stockton, Director of Finance; Moss Adams Brian Conner and John Feneis

PUBLIC PARTICIPATION – None.

MMSC (Havard Mirviss/Rodriguez) to approve the the 2024 Annual Audited Financial Statement. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis

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

Keri Noeske, Chief Nursing Officer and Deborah Volosin, Director of Community Engagement

HEALTH EQUITY QUALITY REPORT – Progress update on Kaweah Health's health equity strategy; goals and actions to ensure equitable care to our patients and community. Copy attached to the original of the minutes and to be considered a part thereof.

Ryan Gates, Chief Population Health Officer

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

Malinda Tupper – Chief Financial Officer

REPORTS

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

Board President- None – *Mike Olmos, Board President*

ADJOURN - Meeting was adjourned at 6:42PM

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

ATTEST:

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



RESOLUTION 2242

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Victor Madrigal with the World Class Service Excellence Award for the Month of October 2024, for consistent outstanding performance, and,

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

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

PASSED AND APPROVED this 23rd day of October 2024 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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



RESOLUTION 2243

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Alma Cruse with the World Class Service Excellence Award for the Month of November 2024, for consistent outstanding performance, and,

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

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

PASSED AND APPROVED this 21st day of November 2024 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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



RESOLUTION 2244

WHEREAS, Ambar Rodriguez has served as a member of the Board of Director representing Zone 5 of the Kaweah Delta Health Care District dba Kaweah Health from 2020-2024, and

WHEREAS, in that capacity Ambar has supported the mission of the hospital through several years of tremendous challenges, and;

WHEREAS, Ambar has always been available, attentive, and responsive to the Board, Medical Staff, and Executive Team in carrying out the duties of his position, and;

NOW THEREFORE, BE IT RESOLVED, that the Board of Directors of the Kaweah Delta Health Care District on behalf of themselves, the District staff and the community they represent, hereby extend their appreciation to Ambar Rodriguez 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 meeting of the Board of Directors of the Kaweah Delta Health Care District on the 21st day of November 2024.

President, Kaweah Delta Health Care District

ATTEST:

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

Physician Recruitment Board Report - Physician Group Targets

November 2024



Delta Doctors
Adult Psychiatry x1 Family Medicine x2

Key Medical Associates
Gastroenterology x1 Pediatrics x1 Pulmonology x1 Rheumatology x1

Orthopaedics Associates
Orthopedic Surgery (General) x1 Orthopedic Surgery (Hand) x1

Sequoia Cardiology
EP Cardiology x1

Oak Creek Anesthesia
Anesthesia - Cardiac x1 Anesthesia - General x1

Valley ENT
Audiology x1 Otolaryngology x1

Valley Children's
Maternal Fetal Medicine x2 Neonatology x1 Pediatric Cardiology x1 Pediatric Hospitalist x1

Other Recruitment/Group TBD
CT Surgery x2 Dermatology x2 Family Medicine x3 Gastroenterology x2 General Cardiology x1 General Surgery x1 Neurology OP x1 OB/GYN x2 Pediatrics x1 Pulmonology OP x1 Urology x3

November Board Report Narrative:

We now have signed Physician Recruitment Agreements and Physician Service Agreements for a Dermatologist and Pulmonologist. We look forward to welcoming both of these physicians in spring of 2025.

Along with the continued efforts to recruit OB physicians, we are having conversations with Family Medicine, Occupational Medicine, and General Surgery doctors.

Board Report - Physician Recruitment - Nov 2024



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

	Specialty	Group	Phase	Expected Start Date
49	Cardiology (EP)	TBD	Applied	
50	Cardiology (EP)	TBD	Applied	
51	Cardiology (EP)	TBD	Applied	
52	Cardiology (EP)	TBD	Applied	
53	Cardiology (EP)	TBD	Applied	

COMPLIANCE PROGRAM ACTIVITY REPORT – Open Meeting
Ben Cripps, Chief Compliance and Risk Officer
August 2024 through October 2024

EDUCATION

Live Presentations

- Compliance and Patient Privacy – New Hire Orientation
- Compliance and Patient Privacy – Management Orientation
- Compliance and Patient Privacy – New Resident Orientation
- Compliance and Patient Privacy – Sequoia Surgery Center Annual Competency Fair

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

- Minor Consent Laws
- Think Before You Act – Fairwarning
- Importance of the Notice of Privacy Practices

PREVENTION AND DETECTION

- **California Department of Public Health (CDPH) All Facility Letters (AFL)** – Review and distribute AFLs to areas potentially affected by regulatory changes; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk
 - Five (5) AFL’s distributed and tracked between August – October 2024
- **Medicare and Medi-Cal Monthly Bulletins** – Review and distribute bulletins to areas potentially affected by the regulatory change; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk
 - Five hundred and forty-three (543) bulletins distributed as assignments to department leaders and tracked between August – October 2024
 - Ninety percent (90%) compliance rate with assignment responses submitted within 15 days per policy
- **Office of Inspector General (OIG) Monthly Audit Plan Updates** – Review and distribute OIG Audit Plan issues to areas potentially affected by audit issue; department responses reviewed and tracked to identify potential current/future risk
 - Twelve (12) OIG audit plan issues distributed and tracked between August – October 2024
- **California State Senate and Assembly Bill Updates** – Review and distribute legislative updates to areas potentially affected by new or changed bills; department responses reviewed and tracked to address regulatory change and identify potential current or future risk
 - Twenty-eight (28) newly approved Assembly Bills distributed and tracked between August – October 2024
 - Eighteen (18) newly approved Senate Bills distributed and tracked between August – October 2024

- **Patient Privacy Walkthrough** – Quarterly observations of privacy practices and privacy-related regulatory requirements including signage throughout Kaweah Health’s inpatient and outpatient facilities; issues identified communicated to area Management for follow-up and education
 - Findings of the quarterly privacy walkthroughs performed between August – October 2024 noted:
 - Missing Interpreter Services signage in many of the departments, including Labor & Delivery, Ambulatory Surgery, Cardiac Rehab, Woodlake and Exeter RHC’s, Kaweah Health Medical Office – Plaza, and Outpatient Dialysis clinic. Signage has since been added
 - Registrar lack of knowledge regarding the electronic printing and distribution of the Notice of Privacy Practices (NOPP). Registrars were educated on the spot regarding the electronic location of the NOPP for patients who wish to receive a printed paper copy

- **Electronic Medical Record (EMR) User Access Privacy Audits** – Daily monitoring of EMR user access through the use of FairWarning electronic monitoring technology which analyzes user and patient data to detect potential privacy violations
 - Average of eighty-five (85) daily alerts reviewed and investigated between August – October 2024
 - Enhancements decreased false positives resulting in the reduction of daily alerts by approximately 10%

- **Office of Inspector General (OIG) Exclusion Attestations** – Quarterly monitoring of OIG Exclusion List review and attestations. Monthly screening and review of OIG Exclusion List for non-credentialed providers who have ordered ancillary services for patients presenting at the medical center
 - Two (2) non-credentialed providers identified on the Medicare Opt-Out list between August – October 2024, findings tracked and logged in the system. No additional action required as the patients for whom services were ordered did not have Medicare coverage

OVERSIGHT

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

- **Medicare Recovery Audit Contractor (RAC) and Medicare Probe Audit Activity** – Records preparation, tracking, appeal timelines, and reporting
 - The following RAC Audit Activity took place between August – October 2024:
 - Forty-two (42) new RAC audit requests received, tracked and processed
 - Thirteen (13) RAC audit request appeals approved
 - Nineteen (19) RAC audit request appeals denied
 - Seventeen (17) RAC audit request responses pending in review status

- **Licensing Applications and Medi-Cal/Medicare Facility Enrollment** – Forms preparation and submission of licensing applications to the California Department of Public Health (CDPH); ongoing communication and follow-up regarding status of pending applications. The

following applications for licensure and/or enrollment were completed between August – October 2024:

- Annual Kaweah Health Acute Care Licensing Renewal
 - Annual Kaweah Health Hospice Licensing Renewal
 - Annual Kaweah Health Home Health Licensing Renewal
 - Update Director of Patient Care Services and Designee for Hospice Services
- **KD Hub Non–Employee User Access** – Oversight and administration of non-employee user onboarding, privacy education, and user profile tracking; evaluate, document, and respond to requests for additional system access; on-going management of non-employee KD Hub users
- One hundred and thirty (130) system access applications were received and processed
 - Annual system access renewal process initiated in August, in which over one thousand (1,000) user accounts were renewed, and over five hundred (500) user accounts were deactivated for failure to complete required education

RESEARCH, CONSULTATION AND OVERSIGHT

- **Section 1557 Nondiscrimination Final Rule** – Research, Consultation and Oversight; The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) and the Centers for Medicare & Medicaid Services (CMS) issued a final rule under Section 1557 of the Affordable Care Act (ACA) advancing protections against discrimination in health care. The Compliance Department provided research, consultation and oversight to support implementation of the new requirements set forth for covered entities, including the designation of an internal Civil Rights Coordinator, the issuance of a Nondiscrimination Notice to all patients, and updated Nondiscrimination Notice signage in all facilities by the deadline of November 2, 2024, which was achieved. Additional elements outlined in the Final Rule required to be in place by July 1, 2025 include updated policies and procedures outlining the new Nondiscrimination protections and employee training. Work is currently underway to ensure compliance with the next deadline.
- **Conditions of Admission (COA) and Overall Registration Policy Process** – Consultation and oversight; Compliance was engaged to evaluate the Conditions of Admission (COA) process, specifically to establish a standardized protocols outlining the required frequency for the completion of COA’s. Currently, COA’s are completed at each visit for individual patient encounters, and once every ninety (90) days for treatment series encounters (currently recognized as recurring patient visits for the ongoing treatment of a specific diagnosis). Workgroups reviewed regulations, policies, processes and current workflows, which identified gaps surrounding consistent application and formal definition of ‘treatment series’ encounters. Work is currently underway to define ‘treatment series’ encounters in accordance with regulations, update COA policies and workflows, and develop a comprehensive policy which outlines the frequency and workflow process for all required patient documentation within the patient registration process. The outcome of these efforts is pending.
- **AB-40 Ambulance Patient Offload Time (APOT)** – Research and Consultation; Compliance provided research and consultation to Emergency Department (ED) and EMS/Trauma Leadership regarding Assembly Bill 40 (AB-40), Ambulance Patient Offload Time (APOT) requirements. AB-40 requires a covered entity to establish policies and

procedures regarding the establishment of an electronic signature for use between the ED at a receiving facility and transport EMS to document patient arrival off load time. The bill requires a statewide standard patient offload time of twenty (20) minutes, ninety percent (90%) of the time. The Compliance Department worked closely with ED, EMS/Trauma and Executive Leadership to consult on the requirements of the bill and ensure processes, workflows and protocols were in place by the required due date of September 1, 2024. Successful compliance of this bill was achieved.

AUDITING AND MONITORING

- **Outpatient Cardiac Catheterization Lab Coding Audit** – Kaweah Health’s Cardiac Catheterization Lab (Cath Lab) specializes in the diagnosis and treatment of cardiac conditions through diagnostic and therapeutic procedures performed on an outpatient basis. Services provided in the Cath Lab are billed through the use of Ambulatory Payment Classifications (APCs), which is the method used by Medicare and other payers in which procedures are classified into groups and a single payment is remitted for each service or group of related services provided to a patient during an outpatient encounter. Through a risk assessment process, the Cath Lab was determined to be a valuable audit due to the high-cost procedures performed and the extended period of time since the last review in 2021. An external audit agency was engaged to conduct a review of fifty (50) Outpatient Cath Lab encounters for the month of August 2024 to evaluate the accuracy of the ICD-10 (International Classification of Diseases) diagnosis codes and Current Procedural Terminology (CPT) procedure codes to ensure that procedures were properly documented, coded, and billed in accordance with Medicare billing guidelines. The review noted a ninety-seven percent (97%) CPT accuracy, a ninety-six percent (96%) ICD-10 diagnoses accuracy, and resulted in a \$0 net financial error rate. The findings of the review have been communicated with the coding leadership team, and education has been provided. Corrections were made to each encounter. The Compliance Department will continue to reassess the risks associated with billing and coding Cath Lab services and will determine if a reaudit will be required in the future.

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

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

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

DATE: November 14, 2024

SUBJECT: Semi-annual Investment Report

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

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

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

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

General Deposit and Investment Policy

The District’s current investment policy reflects strict compliance with the California Government Code (Code) sections 53600 through 53686 which govern the investment of surplus funds by governmental entities of the State of California, including political subdivisions thereof. **At June 30, 2024, the District’s investment portfolio complies with all provisions of this policy.**

Statement of Purpose Guidelines District Funds

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

Summary of Investment Funds

This document depicts the carrying value, equal to cost, of investments held at June 30, 2024 in each of the various funds established by the District. As indicated in this report, the District’s total adjusted surplus funds at June 30, 2024 were \$237.2 million. The following table depicts the District’s adjusted surplus funds over the past four years; the number of days cash on hand, a measure of liquidity; and the District’s average daily operating expenses (excluding depreciation expense), the denominator used in the calculation of the liquidity measure; and the percent increase in each year over the prior year:

	June 30, 2024	December 31, 2023	December 31, 2022	December 31, 2021
Adjusted Surplus Funds	\$237,225,000	\$183,601,000	\$201,873,000	\$332,543,000
Days Cash on Hand	105.1	83.5	83.4	147.8
Average Daily Operating Expenses (excluding depreciation expense)	\$2,258,000	\$2,199,000	\$2,420,000	\$2,250,000
Percent Increase in Daily Expenses	2.7%	-9.1%	7.6%	8.4%
Days Cash on Hand Benchmarks:				
Moody’s “A” Rated Hospitals	188.4 Days			
Revenue Bond Covenants	90 Days			

As illustrated in the above table, as of June 30, 2024 the District’s liquidity ratio (days cash on hand) exceeded the covenant amount required by the District’s revenue bond indentures, which is reported and measured for covenant compliance as of fiscal year end (June 30). Total surplus funds experienced a 28.7% decrease from December 31, 2021 to June 30, 2024, and the number of days cash on hand decreased 28.9% from 2021. The primary reasons for the decrease in total surplus funds and days cash on hand include the \$84.3 million in Medicare Advanced Payments received in calendar year 2020 that were subsequently repaid, the funding of the \$18 million debt reserve fund in December 2022 due to the failure to meet the mandated maximum annual debt service threshold at that reporting period, the

operating losses sustained in fiscal years 2022 and 2023, and the decline in the market value of our fixed income portfolio.

Given the District's current average daily operating expense total of \$2.3 million, achievement of the Moody's "A"-rated hospitals' days cash on hand benchmark of 188.4 would require approximately \$188.0 million of additional cash resources.

The District's surplus funds investment portfolio is separated into two different categories including short-term funds and long-term funds. The District's short-term funds included investment in the Local Agency Investment Fund (LAIF) and California Asset Management Program (CAMP). The annual yields for LAIF and CAMP were 3.93 % and 5.50%, respectively, for the year ended June 30, 2024. The District's long-term portfolio is managed by PFM Asset Management (PFM) and Allspring (formerly Wells Capital Management). The twelve-month total return of the portfolio managed by PFM was 4.78% , net of fees, while the twelve-month total return of the portfolio managed by Wells Cap was 5.0%, net of fees. Both portfolios performed better than the benchmark of 4.64% for the period. The benchmark for the managed portfolios is a custom index including 70% of the Merrill Lynch 1-5 year US Treasury Index and 30% of the Merrill Lynch 1-5 year A-AAA Corporate Index. The benchmark does include security types that the District is not allowed to purchase and that because of their nature tend to carry higher yields. These include foreign issuers and private placement securities. As of June 30, 2024, the District's investment portfolio had a weighted average prospective yield of 3.25%. The District's targeted rate of return of 1.65% was used to project interest income in the District's Annual Budget for the fiscal year. The prospective yield excludes market value fluctuations that are included in the total return figures noted above.

Investment Summary by Institution

This document depicts the amount of District investments held by various financial institutions as of June 30, 2024. In each case, the financial institution may be the issuer of an investment security, the custodian of securities, or the investment advisor managing the securities.

Investment Summary of Surplus Funds by Type

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

Investment Summary of Surplus Funds by Maturity

This document depicts the amount of District funds maturing each year over the five-year investment time horizon permitted by the District's investment policy. The measurement period for each year commences on July 1 and runs to June 30. The purpose of this schedule is to assess the overall liquidity of the District's portfolio, which has a weighted average maturity of 2.03 years at June 30, 2024.

Investment Summary of Surplus Fund's Unrealized Gains and Losses

All investment summaries referenced above include the cost of investments and do not reflect current market values. This document depicts the status of securities with respect to unrealized gains and losses at June 30, 2024. The District measures and records an adjustment to reflect the current fair market value of its total investment portfolio each quarter. The unrealized loss on the District's surplus fund portfolio at June 30, 2024 was \$3.2 million.

Kaweah Delta Health Care District
General Deposit and Investment Policy

Scope

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

Goals and Objectives

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

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

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

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

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

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

Safekeeping

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

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

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

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

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

Ethics and Conflicts of Interest

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

Delegation of Authority

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

Reporting

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

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

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

Deposits

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

Permitted Investments

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

Authorized investments are limited to the following:

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

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

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

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

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

Policy Considerations

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

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

Operating Accounts:

General operating funds to meet current and future operating obligations.

Self-Insurance Trust Fund:

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

2015A Revenue Bond Fund:

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

2015B Revenue Bond Fund:

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

2017 C Revenue Bond Fund:

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

2020 Revenue Bond Fund:

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

2022 Revenue Bond Fund:

The purpose of this fund is to hold and disburse the District's 2022 Revenue Bond proceeds for various projects and to hold principal and interest payments made by the District pending disbursement by the trustee bank.

Master Debt Reserve Fund:

The purpose of this fund is to hold funds equal or greater than the amount of the District's maximum annual debt service. This fund was created due to the District's failure to meet the required MADS debt service requirement at December 31, 2022.

2014 General Obligation Bond Fund:

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

Plant Fund:

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

Cost Report Settlement Fund:

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

Development Fund:

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

Workers' Compensation Liability Fund:

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

General Obligation Bond Reserve Fund:

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

Kaweah Delta Health Care District
SUMMARY OF INVESTMENT FUNDS
 June 30, 2024

	Investment Amount (Cost)	
	June 30, 2024	December 31, 2023
<u>Trust Accounts</u>		
Self-Insurance Trust Fund	\$ 1,866,000	\$ 1,909,000
2014 General Obligation Bond Fund	4,941,000	1,541,000
2015A Revenue Bond Fund	187,000	191,000
2015B Revenue Bond Fund	375,000	369,000
2017C Revenue Bond Fund	672,000	4,810,000
2020 Revenue Bond Fund	215,000	673,000
2022 Revenue Bond Fund	272,000	619,000
Master Debt Reserve Fund	19,326,000	19,166,000
<u>Operating Accounts</u>	18,939,000	(256,000)
<u>Board Designated Funds</u>		
Plant Fund		
Committed for Capital Expenditure	\$14,403,000	
Uncommitted	163,141,000	
	<hr/>	<hr/>
General Obligation Bond Reserve	1,993,000	1,993,000
Cost Report Settlement Fund	3,448,000	3,448,000
Development Fund	104,000	104,000
Workers' Compensation Liability Fund	17,626,000	20,903,000
	<hr/>	<hr/>
Total Board Designated Funds	200,715,000	167,778,000
	<hr/>	<hr/>
Total Investments	\$ 247,508,000	\$196,800,000
	<hr/>	<hr/>
Kaweah Health Medical Group Funds	\$7,000	\$242,000
	<hr/>	<hr/>
Sequoia Regional Cancer Center Funds	\$2,000	\$5,000
	<hr/>	<hr/>
Kaweah Health Hospital Foundation	\$18,061,000	\$17,425,000
	<hr/>	<hr/>

Kaweah Delta Health Care District
SUMMARY OF INVESTMENT FUNDS
June 30, 2024

	June 30, 2024	December 31, 2023	December 31, 2022	December 31, 2021
Total Surplus Funds	\$219,654,000	\$167,524,000	\$189,125,000	\$294,884,000
Add: Kaweah Health Medical Group	7,000	242,000	2,011,000	9,351,000
Sequoia Regional Cancer Ctr.	2,000	5,000	2,000	228,000
KH Foundation	18,061,000	17,425,000	20,188,000	19,480,000
Adjustment to record fair market value (FMV)	(1,067,000)	(2,247,000)	(10,096,000)	7,938,000
Accrued Investment Earnings	568,000	653,000	643,000	662,000
Adjusted Surplus Funds	\$237,225,000	\$183,602,000	\$201,873,000	\$332,543,000
Daily Operating Expenses (excluding depreciation expense)	\$2,258,000	\$2,199,000	\$2,420,000	\$2,250,000
Percent Increase	2.7%	-9.1%	7.6%	8.4%
Days Cash on Hand (Actual - consolidated financial statements)	105.1	83.5	83.4	147.8
Benchmark:				
Moody's "A" Rated Hospitals (2023)	188.4			
Cash spread to "A" rating	\$188,019,000			
Surplus portfolio return (includes FMV adjustment) :				
12-Months Ended :				
LAIF	3.93%	3.22%	1.06%	0.28%
CAMP	5.50%	5.22%	1.80%	0.06%
Total Return:				
Long-Term (PFM - net of fees)	4.78%	5.16%	-4.99%	-0.92%
Long-Term (Allspring - net of fees)	5.00%	4.25%	-5.13%	-0.90%
Benchmark (70% ML 1-5 Treasury, 30% ML US Corp A-AAA)	4.64%	4.78%	-5.37%	-0.96%
Prospective Yield of Portfolio (No FMV)	3.25%	2.65%	1.50%	0.85%
Fiscal Year Budget (No FMV)	1.65%	1.65%	0.92%	1.03%

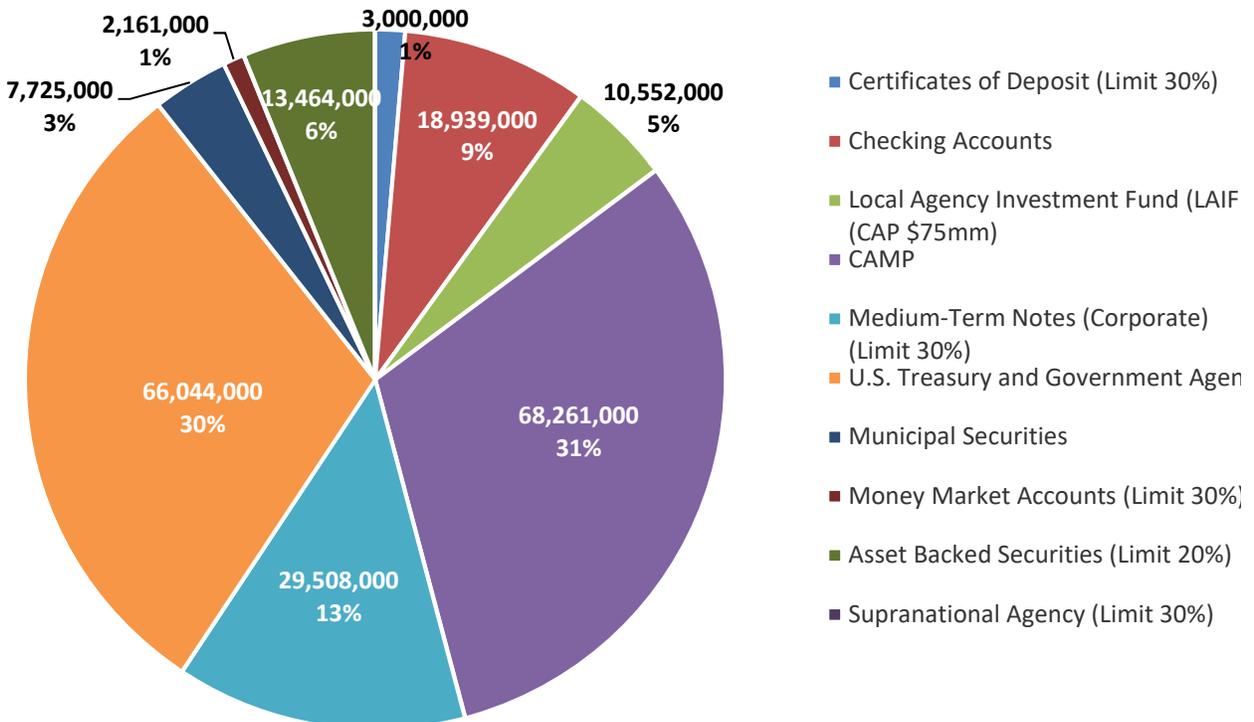
Note: All investment balances included in the attached investment summaries are stated at the cost value and do not reflect current fair market values. Please refer to the Investment Summary of Unrealized Gains and Losses for current market values.

Kaweah Delta Health Care District
 INVESTMENT SUMMARY BY INSTITUTION
 June 30, 2024

	Investment Amount (Cost)	
	June 30, 2024	December 31, 2023
US Bank (Bond Trustee)	\$ 21,047,000	\$ 25,827,000
Local Agency Investment Fund (LAIF)	10,552,000	10,222,000
PFM Asset Management (Manager) - US Bank Custodian	59,434,000	58,845,000
Allspring (Manager) - US Bank Custodian	57,602,000	57,098,000
Allspring (SITF)	1,866,000	1,909,000
CAMP (Managed by PFM)	73,202,000	38,246,000
Bancorp/Navia (FSA)	79,000	363,000
Torrey Pines CD (CD Placement GO Refinance)	3,000,000	3,000,000
Wells Fargo Bank (Operating accounts)	20,726,000	1,290,000
Total Investments	247,508,000	196,800,000
Less Trust Accounts	(27,854,000)	(29,276,000)
Total Surplus Funds	\$219,654,000	\$167,524,000
<u>Kaweah Health Medical Group</u>		
Wells Fargo Bank	\$7,000	\$242,000
<u>Sequoia Regional Cancer Center</u>		
Wells Fargo Bank	\$2,000	\$5,000
<u>Kaweah Health Hospital Foundation</u>		
Central Valley Community Bank	\$443,000	\$433,000
Various Short-Term and Long-Term Investments	17,618,000	16,992,000
	\$18,061,000	\$17,425,000

Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUNDS BY TYPE
 June 30, 2024

	Investment Amount (Cost)	%	\$ or % Limit
Certificates of Deposit	\$3,000,000	1.4%	30.0%
Checking Accounts	18,939,000	8.6%	
Local Agency Investment Fund (LAIF)	10,552,000	4.8%	\$75 mm
CAMP	68,261,000	31.1%	
Medium-Term Notes (Corporate)	29,508,000	13.4%	30.0%
U.S. Treasury and Government Agency	66,044,000	30.1%	
Municipal Securities	7,725,000	3.5%	
Money Market Accounts	2,161,000	1.0%	20.0%
Commercial Paper	0	0.0%	25.0%
Asset Backed Securities	13,464,000	6.1%	20.0%
Supranational Agency	0	0.0%	30.0%
Total Surplus Funds	<u>\$219,654,000</u>	<u>100.0%</u>	

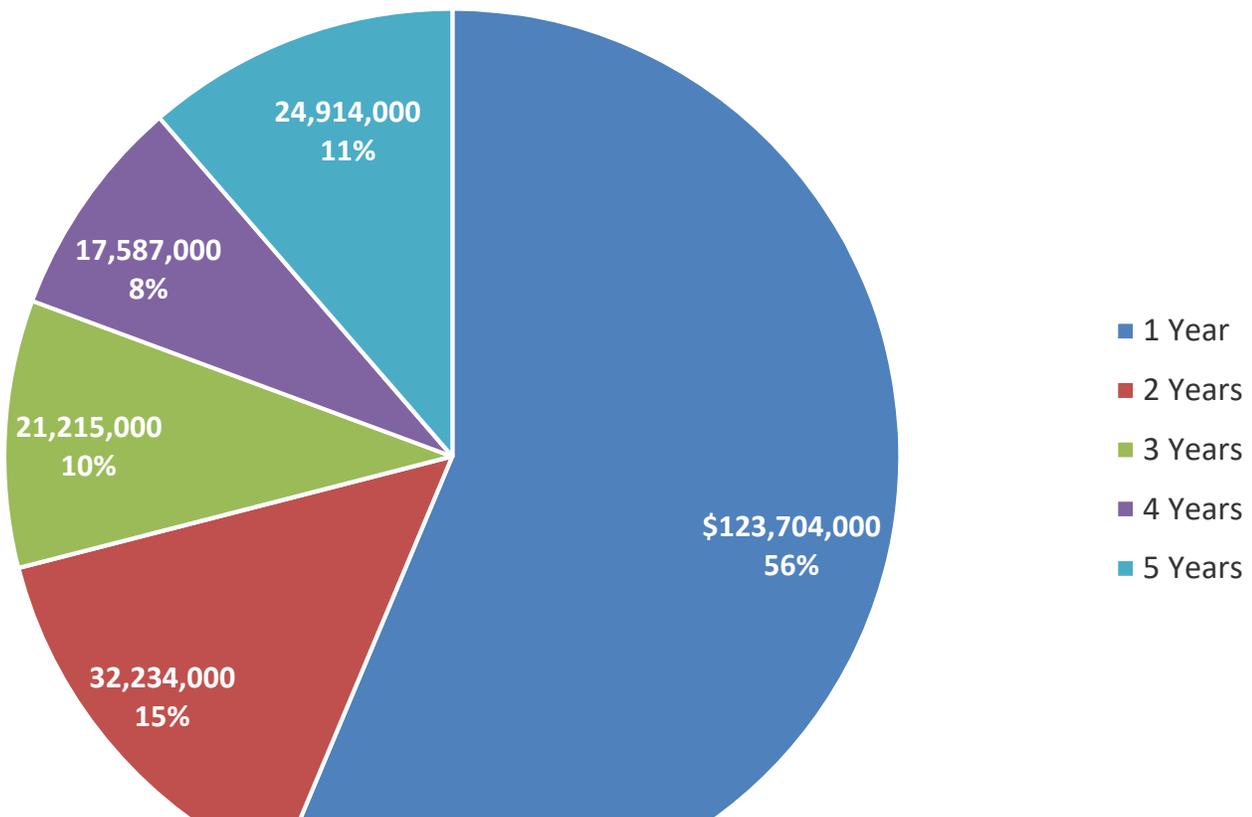


Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUNDS BY MATURITY
 June 30, 2024

	Investment Amount (Cost)	%
1 Year	\$123,704,000	56.3%
2 Years	32,234,000	14.7%
3 Years	21,215,000	9.6%
4 Years	17,587,000	8.0%
5 Years	<u>24,914,000</u>	<u>11.3%</u>
Total Surplus Fund Investments	<u><u>\$ 219,654,000</u></u>	<u><u>100.0%</u></u>

Weighted Average Maturity

2.03 Years



Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES
June 30, 2024

Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
Medium-Term Notes (Corporate):					
EXXON MOBIL CORPORATION	08/16/2024	1,320,000	1,320,000	1,314,086	(5,914)
CATERPILLAR FINL SVCS	09/13/2024	500,000	499,954	495,020	(4,934)
CATERPILLAR FINL SERVICE	11/08/2024	600,000	599,960	592,848	(7,112)
BRANCH BANKING TRUST	12/06/2024	1,300,000	1,299,811	1,279,902	(19,909)
JOHN DEERE CAPITAL CORP	01/09/2025	500,000	499,985	491,210	(8,775)
US BANK NA CINCINNATI	01/21/2025	1,400,000	1,410,364	1,372,098	(38,266)
NATIONAL RURAL UTIL COOP FIN	02/07/2025	125,000	124,999	122,246	(2,753)
DEERE JOHN CAPITAL CORP	03/07/2025	550,000	549,946	538,016	(11,931)
HOME DEPOT INC	04/15/2025	65,000	64,971	63,681	(1,289)
EMERSON ELECTRIC CO	06/01/2025	265,000	270,475	259,753	(10,722)
HONEYWELL INTERNATIONAL INC	06/01/2025	400,000	398,966	385,732	(13,234)
AMAZON COM INC SR NT	06/03/2025	445,000	444,972	427,115	(17,857)
ABBOTT LABORATORIES	09/15/2025	195,000	201,685	192,186	(9,499)
BK OF AMERICA CORP	09/25/2025	1,300,000	1,300,000	1,285,440	(14,560)
PROCTER GAMBLE CO	10/29/2025	1,300,000	1,299,441	1,226,225	(73,216)
LOCKHEED MARTIN CORP	01/15/2026	203,000	210,395	198,079	(12,315)
STATE STR CORP	02/06/2026	1,000,000	999,977	975,730	(24,247)
GOLDMAN SACHS GROUP INC	02/12/2026	205,000	205,156	198,819	(6,337)
STATE STREET CORP	03/30/2026	420,000	421,092	410,957	(10,135)
BANK OF AMERICA CORP	04/02/2026	250,000	250,000	245,523	(4,478)
BANK OF AMERICA CORP	04/19/2026	295,000	301,888	285,917	(15,971)
MORGAN STANLEY BK N A	04/21/2026	1,000,000	992,279	990,990	(1,289)
WELLS FARGO CO	04/25/2026	800,000	800,000	787,992	(12,008)
IBM CORP	05/15/2026	410,000	426,432	396,253	(30,179)
ASTRAZENECA FINANCE LLC L P	05/28/2026	265,000	265,144	246,034	(19,111)
TOYOTA MTR CR CORP	06/18/2026	1,400,000	1,398,719	1,296,512	(102,207)
AMERICAN HONDA FIN CORP	07/07/2026	145,000	144,880	145,261	381
WALMART INC	07/08/2026	205,000	208,540	198,112	(10,428)
COOPERATIEVE CENTRALE RAIFFEISEN	07/17/2026	400,000	400,000	403,956	3,956
WELLS FARGO BANK NA	08/07/2026	545,000	544,970	546,635	1,665
CATERPILLAR FINL SVCS	09/14/2026	220,000	218,516	202,134	(16,382)
NATIXIS NY	09/18/2026	405,000	405,000	411,035	6,035
JP MORGAN CHASE CO	10/01/2026	415,000	425,926	395,466	(30,460)
AMERICAN EXPRESS CO SR	11/04/2026	445,000	444,650	409,418	(35,232)
NATIONAL RURAL UTIL COOP	11/13/2026	160,000	159,957	161,421	1,464
CITIBANK N A SR NT	12/04/2026	1,000,000	1,006,747	1,005,400	(1,347)
DEERE JOHN CAPITAL CORP	01/11/2027	220,000	216,809	202,875	(13,934)
TARGET CORP	01/15/2027	900,000	899,219	837,540	(61,679)
TARGET CORP	01/15/2027	330,000	329,978	307,098	(22,880)
CISCO SYS INC	02/26/2027	260,000	259,701	259,298	(403)
STATE STR CORP SR NT	03/18/2027	335,000	335,000	334,595	(405)
HORMEL FOODS CORP	03/30/2027	115,000	114,900	114,555	(345)
HOME DEPOT INC SR NT	04/15/2027	220,000	214,948	206,015	(8,933)
PACCAR FINANCIAL CORP	05/13/2027	95,000	94,930	95,218	287
IBM CORP	05/15/2027	230,000	218,612	209,808	(8,804)
UNITEDHEALTH GROUP INC	05/15/2027	85,000	84,974	82,256	(2,717)
GOLDMAN SACHS BK USA	05/21/2027	220,000	220,000	219,637	(363)
BP CAP MKTS AMER INC	11/17/2027	310,000	310,000	309,656	(344)
JPMORGAN CHASE CO	04/22/2028	1,100,000	1,104,497	1,108,910	4,413
MORGAN STANLEY BK N A	05/26/2028	280,000	280,337	281,915	1,578
JOHN DEERE CAPITAL CORPORATION	07/14/2028	120,000	119,856	120,126	270
CITIBANK N A SR	09/29/2028	535,000	535,000	549,638	14,638
BANK NEW YORK MELLON CORP	10/25/2028	1,000,000	1,019,786	1,018,880	(906)
PACCAR FINANCIAL CORP	01/31/2029	160,000	159,761	158,246	(1,515)
AIR PRODUCTS AND CHEMICALS INC	02/08/2029	295,000	294,639	291,991	(2,648)
TEXAS INSTRS INC	02/08/2029	370,000	369,639	367,902	(1,737)
CUMMINS INC	02/20/2029	195,000	195,471	194,735	(736)
BRISTOL MYERS SQUIBB CO	02/22/2029	200,000	199,610	199,606	(4)
ASTRAZENECA FINANCE LLC	02/26/2029	165,000	164,839	164,670	(169)
CISCO SYS INC	02/26/2029	225,000	224,927	224,960	33
BLACKROCK FUNDING	03/14/2029	270,000	270,025	268,831	(1,194)
ADOBE INC SR GLBL	04/04/2029	225,000	224,681	225,241	560
HOME DEPOT INC	06/25/2029	500,000	496,786	497,090	304
HOME DEPOT INC	06/25/2029	95,000	94,389	94,447	58
		\$ 29,508,000	\$ 29,569,108	\$ 28,902,939	\$ (666,169)

Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES
June 30, 2024

Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
Municipal Securities:					
LOS ANGELES CALIF UNI SCH DIST	07/01/2024	1,500,000	1,500,000	1,500,000	-
EL SEGUNDO CALIF PENSION OBLIG	07/01/2024	510,000	510,000	510,000	-
SAN JUAN CALIF UNI SCH DIST TAXABLE	08/01/2024	195,000	195,000	194,212	(788)
MISSISSIPPI ST TAXABLE GO REF BDS	11/01/2024	300,000	300,000	295,215	(4,785)
BAY AREA TOLL AUTH CA TOLL BRDG REV	04/01/2025	250,000	250,000	241,723	(8,278)
SAN DIEGO CNTY CA WTR AUTH TAXABLE	05/01/2025	300,000	300,000	289,155	(10,845)
UNIVERSITY CALIF REVS TAXABLE GEN	05/15/2025	185,000	185,000	178,212	(6,788)
CONNECTICUT ST TAXABLE GO BDS 2021 A	06/01/2025	400,000	400,000	384,496	(15,504)
FLORIDA ST BRD ADMIN FIN CORP REV	07/01/2025	600,000	600,148	575,862	(24,286)
SANTA CRUZ CALIF MET TRAN DISTSALES	08/01/2025	400,000	400,000	387,132	(12,868)
SAN JUAN CA UNI SCH DIST REF	08/01/2025	190,000	190,000	180,798	(9,202)
ANAHEIM CA PUB FING AUTH LEASE	07/01/2026	1,000,000	999,217	935,510	(63,707)
LOS ANGELES CA UNI SCH DIST GO	07/01/2026	270,000	270,000	251,338	(18,662)
CALIFORNIA ST UNIV REV TAXABLE	11/01/2026	125,000	125,000	124,393	(608)
MASSACHUSETTS ST SPL OBLIG REV	07/15/2027	1,000,000	1,000,000	967,870	(32,130)
ALAMEDA CNTY CA TAXABLE GO BDS 2022	08/01/2027	500,000	500,000	480,105	(19,895)
		\$ 7,725,000	\$ 7,724,364	\$ 7,496,020	\$ (228,344)
U.S. Treasury and Government Agency:					
U S TREASURY NOTE	10/31/2024	650,000	649,512.55	641,654.00	(7,859)
U S TREASURY NOTE	12/15/2024	550,000	550,066.33	539,412.50	(10,654)
U S TREASURY NOTE	12/31/2024	1,000,000	1,000,301.61	982,420.00	(17,882)
U S TREASURY NOTE	01/15/2025	3,300,000	3,297,315.79	3,227,400.00	(69,916)
U S TREASURY NOTE	05/15/2025	980,000	980,751.72	959,733.60	(21,018)
F H L M C MULTICLASS MTG PARTN	05/25/2025	851,013	852,643.01	835,618.11	(17,025)
F N M A	06/17/2025	2,000,000	1,999,203.29	1,913,280.00	(85,923)
U S TREASURY NOTE	06/30/2025	350,000	349,884.17	333,585.00	(16,299)
F H L M C M T N	07/21/2025	1,500,000	1,498,423.30	1,429,125.00	(69,298)
F N M A	08/25/2025	1,500,000	1,498,383.55	1,422,150.00	(76,234)
F H L M C MULTICLASS MTG PARTN	08/25/2025	260,715	256,620.36	255,931.06	(689)
FEDERAL HOME LOAN BKS	09/04/2025	525,000	524,627.69	498,209.25	(26,418)
F H L M C M T N	09/23/2025	750,000	749,444.33	708,840.00	(40,604)
U S TREASURY NOTE	10/31/2025	770,000	768,548.98	723,653.70	(44,895)
U S TREASURY NOTE	11/30/2025	2,550,000	2,550,185.86	2,392,308.00	(157,878)
U S TREASURY NOTE	11/30/2025	400,000	397,649.73	375,264.00	(22,386)
U S TREASURY NOTE	12/31/2025	1,395,000	1,386,862.70	1,304,604.00	(82,259)
U S TREASURY NOTE	01/31/2026	1,000,000	994,538.84	931,990.00	(62,549)
U S TREASURY NOTE	02/15/2026	1,000,000	1,013,153.17	949,880.00	(63,273)
U S TREASURY NOTE	02/28/2026	500,000	485,682.82	481,365.00	(4,318)
U S TREASURY NOTE	02/28/2026	1,500,000	1,497,528.04	1,396,755.00	(100,773)
U S TREASURY NOTE	03/31/2026	675,000	673,924.01	629,491.50	(44,433)
U S TREASURY NOTE	03/31/2026	1,000,000	999,330.21	932,580.00	(66,750)
U S TREASURY NOTE	04/30/2026	1,435,000	1,414,696.18	1,334,664.80	(80,031)
U S TREASURY NOTE	05/31/2026	1,200,000	1,231,123.74	1,142,724.00	(88,400)
U S TREASURY NOTE	05/31/2026	1,000,000	999,085.82	927,380.00	(71,706)
U S TREASURY NOTE	06/30/2026	1,850,000	1,855,863.28	1,716,171.00	(139,692)
U S TREASURY NOTE	06/30/2026	990,000	976,216.24	918,383.40	(57,833)
U S TREASURY NOTE	07/31/2026	880,000	871,293.83	809,529.60	(61,764)
U S TREASURY NOTE	08/31/2026	1,000,000	987,651.57	919,690.00	(67,962)
U S TREASURY NOTE	09/30/2026	2,210,000	2,198,972.23	2,033,973.50	(164,999)
U S TREASURY NOTE	09/30/2026	1,000,000	994,535.49	920,350.00	(74,185)
U S TREASURY NOTE	10/31/2026	800,000	797,784.95	738,280.00	(59,505)
U S TREASURY NOTE	11/30/2026	2,000,000	1,998,743.30	1,847,120.00	(151,623)
F H L M C MULTICLASS MTG PARTN	03/25/2027	575,000	550,273.43	550,441.75	168
U S TREASURY NOTE	04/30/2027	970,000	970,347.72	924,148.10	(46,200)
U S TREASURY NOTE	04/30/2027	250,000	234,059.48	223,427.50	(10,632)
U S TREASURY NOTE	04/30/2027	800,000	795,606.08	762,184.00	(33,422)
U S TREASURY NOTE	05/15/2027	925,000	911,829.73	871,165.00	(40,665)
U S TREASURY NOTE	08/15/2027	500,000	473,629.26	467,170.00	(6,459)
U S TREASURY NOTE	08/31/2027	1,500,000	1,336,097.69	1,324,395.00	(11,703)
U S TREASURY NOTE	10/31/2027	1,500,000	1,305,134.16	1,316,655.00	11,521
U S TREASURY NOTE	02/29/2028	1,500,000	1,345,939.73	1,332,600.00	(13,340)
U S TREASURY NOTE	04/30/2028	600,000	537,913.09	533,112.00	(4,801)
U S TREASURY NOTE	04/30/2028	750,000	723,847.34	725,452.50	1,605
U S TREASURY NOTE	05/31/2028	1,500,000	1,441,571.09	1,457,280.00	15,709
F H L M C MULTICLASS MTG PARTN	06/25/2028	530,000	534,274.26	529,141.40	(5,133)
F H L M C MULTICLASS MTG PARTN	06/25/2028	437,291	437,281.79	433,184.44	(4,097)
U S TREASURY NOTE	06/30/2028	1,500,000	1,473,980.88	1,477,215.00	3,234

Kaweah Delta Health Care District Annual Report to the Board of Directors FY 2024 FY 2025 Update

Imaging Services

Renee Lauck, Director (559) 624-2345
November 6, 2024

Summary Issue/Service Considered

Financial Summary

Imaging Services encompasses 13 outpatient-imaging modalities located throughout the Kaweah Health organization. Outpatient imaging had a contribution margin of \$10.3 million in FY 2024, which is a slight increase from 10 million in FY 2023. Patient visits were up 3% for an increase of 1,594 total visits, ending at nearly 49,700 cases.

The primary four services contributing the majority of the contribution margin include the Kaweah Health Imaging & Breast Center (**KHIBC**) and Kaweah Health Diagnostic Center (**KHDC**), listed below; which collectively provided \$7.4 or 71% of the total contribution margin. Financial performance has remained strong over the past four fiscal years, with a similar positive trend continued into FY 2025.

The top four contributors to net revenue for FY24:

- **MRI** (Magnetic Resonance Imaging) is our top performer with a total of 4,039 patient visits, which is a 7% increase from FY 2023. Total contribution margin was \$2.4 million in FY 2024, up 6% from FY2023. Net revenue is down by 2% due to a slightly lower BlueCross reimbursement rate. Direct cost per visit was down 9%. Expenses were reduced by 5% in FY 2024 mainly due to staffing and accreditation dues (ACR), which occur every three years. Increases in volume also drive efficiency of direct cost.
- **Breast Center** patient visits reached their highest level in the past four years, totaling 10,394, a 3% increase over the previous year. The contribution margin was nearly \$2.2 million, comparable to prior years. Managed Care was steady at \$445/visit, with Medicare at \$174/visit and Medicare managed care with a slight increase to \$179/visit. MediCal managed care reimbursement rate increased over the last 3 years to \$218 due to the directed payments program. Contribution margin remained strong overall with \$208/visit in FY 2024.
- **CT** (Computed tomography also known as Cat Scan) appreciated a 9% increase in patient visits in FY 2024. Total contribution margin per case was \$1.4 million in FY 2024, up 3% from FY 2023. Net revenue remained the same at \$467/visit. Payment rates are up for Managed Care and MediCal Managed care due to directed payments program. Contribution margin remains strong at \$304/visit.
- **PET/CT** (Positron Emission Tomography CT) patient visits increased by 21% in FY 2024. Net income in FY 2024 was \$1,245,647 million. Contribution margin per is \$982/visit. Direct cost is up in PET/CT due to the increase in radioactive materials and the lease of the generator for cardiac PET/CT cases, which is expensive and charged weekly with only two forgivable weeks per year.

Regulatory and Accreditation

- All outpatient areas are now fully equipped with digital radiography (DR) systems. Upgrading to this level of technology has helped us avoid a 7% reduction in government payments starting in FY 2023 and moving forward.
- American College of Radiology (ACR) accreditation exists in the following modalities.
 - CT KHIBC/KHMC – ACR in place
 - Breast Ultrasound KHIBC – ACR in place
 - Mammography KHIBC – ACR in place
 - Affirm Stereotactic Breast Biopsy – ACR in place
 - Breast MRI KHIBC – ACR in place
 - MRI KHIBC/KHMC – ACR in place
 - Ultrasound KHMC – ACR in place
 - Ultrasound KHIBC – ACR in place
- CMS removed the mandate to move forward with the implementation of appropriate use criteria, also known as clinical decision support software. Although there are varying thoughts on this, the programs that exist today are not at a level where it would be reasonable for providers to use.

Project Plans for 2024-2025

- **KHMC CT** – Replacement of existing CT scanner with a high speed system that also has the ability to perform cardiac CT. Many facilities are using this technology to perform studies in the ED prior to going for a heart cath.
- **KHMC Diagnostic Radiology** – Diagnostic will be replacing one of our oldest units that is at end of life with a new Fuji unit radiology and fluoroscopy unit. Because of the size of our room, options were extremely limited.
- **KHIBC MRI** – Quote reviews are taking place to replace our current MRI scanner at the imaging center which has served us well for the last 20 years. We plan to replace it with a 3T MRI scanner to ensure we can scan our oncology patients with this type of technology, which is required for prostate patients and some of our neurology cases.
- In reviewing our quotes for a new system, we're looking at the option of taking the old unit and refurbishing it and adding it as a second scanner at KHMC with full warranties. This will give us the ability to better serve our patients at the hospital and in the ED as MRI is quickly becoming the standard of care. Having only one scanner at the hospital has been difficult when our volume continues to increase. MRI can take 1 hour to perform per study, with some patients having 3 or more studies at a time.

Staffing/Operations FY 2024 Projected FY 2025

Staffing has stabilized in CT (KHMC), Mammography, MRI and ultrasound (KHIBC) over the last year due to a new approach in onboarding of new graduates and cross training, in each of these areas. As of FY 2025, our outpatient staffing tends to remain relatively stable with two positions open in the breast center. One person has chosen to further her education as a nurse practitioner and one of our mammographers has just retired. We find our outpatient areas are much easier to staff, considering staff work Monday through Friday day shift.

KHMC Nuclear Medicine:

- Nuclear Medicine volumes for outpatients have increased. We are experiencing difficulties in getting applicants to fill the nuclear medicine technologist openings, leaving us with travelers. We had one staff member come back to Kaweah and bring with her, an experienced technologist from Valley Children's hospital. We currently have two openings at the hospital with two students who will be completing their education in the spring. Both are interested in working with us.

- **Kaweah Health Diagnostic Center (KHDC) Positron Emission Tomography (PET/CT) and KHDC Cardiac Nuclear medicine services**
 - Our PET/CT for oncology continues to be busy and performing well financially. We have one position posted for a nuclear medicine technologist.
 - Our technologists at this site rotate between cardiac nuclear medicine stress tests and oncology/cardiac PET/CT. Training has begun for licensed nuclear medicine technologists at the hospital giving them an ability to rotate over to KHDC outpatient areas giving to learn this technology.

Quality/Performance Improvement Data

Employee Engagement

- We saw **increases** in employee engagement in every area this year – Our leadership team has done a lot to improve employee engagement scores over the last year with increases in several areas who scored lower in the previous year. Leadership worked with our human resources team to create clinical ladders in most areas, which has improved engagement scores and given our teams an ability to grow in their careers as licensed technologist.
- Imaging aides moved over to the transport team in FY 2025. The leadership team overseeing this group is working to understand the throughput necessary for imaging areas and how this group helps us continue to work on quick turnaround times for the ED as well as the hospital.

Monthly Performance Improvement

- Procedure complication rates
- Emergency Department (ED) Imaging discrepancies
- Incidental Findings
- Cat Scan (CT) and Ultrasound (US) turn-around times (TAT), tracking exams from order to completion for emergency department, with a focus on CT and US cases. CT has met ED TAT goals for two months in a row for the first time in 3 years. We attribute this to being fully staffed as well as having the 3rd scanner up and running as well as working in CT cases without contrast quickly. US has met ED TAT goals for over a year.
- Mammography recall rates
- Stroke alert compliance rates.
- Duplicate Impression reporting
- MRI safety incidents
- MRI burns

Organization, Safety and Quality (SAQ) Patient and Employee Safety Initiatives

- Accurate Tests and Treatments – All staff assigned two identifier learning module.
- Safety rounding completed daily with each modality, prior to organization wide safety huddle.
- Patient fall prevention & education remains a strong priority.
- Unit Based Council (UBC) – Our UBC remains strong and is an active foundation for our staff to share items of concerns and thoughts for improvements.
- All staff go through radiation safety training and as of this year.
- Our teams are going through annual **time** out and consent process training due to an event in CT that occurred in FY 2025. Our radiologists also received all training and policies relating to the invasive procedure processes and regulatory requirements.

- CT staff complete a yearly dose reduction/radiation safety course, as required by CDPH and Joint Commission.
- MRI staff complete a yearly MRI safety course, as required by CDPH and Joint commission.

Policy, Strategic or Tactical Issues

- In the fall of 2024, all imaging policy manuals were updated and approved. Several updates put in place to help our physicians expedite care.
- Our department continues to review equipment-nearing end of life with the teams who use it. Our radiologists are always invited to join us in reviewing equipment. Our goal is to replace equipment before we get to a point we are no longer able to source parts. We must guarantee our units are providing quality exams for our patients, keeping (ALARA) As Low As Reasonably Achievable radiation practices in place. Newer equipment is developed with radiation safety in mind.
- American College of Radiology (ACR) accreditation for KD imaging modalities is a priority and something we will continue to pursue in Nuclear Medicine and PET/CT services in the next two years as we get staffing in place.
- Implementation of daily huddles and for Ultrasound and CT procedures at KHMC has helped with procedure turnaround times as well as assuring the entire team of nursing, leaders and radiologists review procedures daily to help coordinate care for each case. Our goal is to assist with length of stay issues while we work to decrease time from order to complete. Some cases may have unavoidable delays due to patients needing to be off certain medications or having certain lab values that ensure a safe procedure.
- We continue to work closely with the Mineral King Radiology Group on contract negotiations and are aiming for a three-year renewal. Once the contract is finalized, we will maintain our strong partnership to deliver a robust imaging services program, collaborating to stay current with technology advancements and to enhance our EMR workflows.

Recommendations/Next Steps

- As we are in FY 2025, we continue to review possible staffing and equipment needs for all Kaweah Health areas, assuring efficiency and patient care as our primary focus. Our leadership teams are focused on providing a positive working environment for our staff and being accountable for providing a safe environment for our patients to receive care while complying with all regulations that affect us at Kaweah Health facilities.
- One of our goals in imaging services is to remain competitive and relevant for our referring providers and our patients. They are all at the core of our service lines.
- As Sequoia Regional Cancer Center (SRCC) radiation oncology continues to grow and impact our imaging service lines, our new physician Dr. Danny Vazquez seems to have brought forward a new sense of energy and positivity to the group. Dr. David Ly has a bright demeanor and the two of them are a rare duo who seem to have changed the entire service line for our teams.

Approvals/Conclusions

Future in Imaging Services

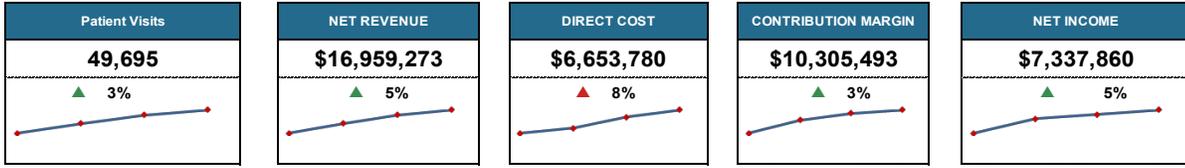
- With noninvasive cardiology now reporting under Imaging Services, we will work closely with the team to identify improvements that enhance service line availability. The team is enthusiastic about collaborating with Imaging Services, and we have already implemented several measures to improve nighttime efficiency for ED patients.
- We must continue to access opportunities to combine various imaging services in order to reduce duplicative services throughout district.
- Our team continues to collaborate closely with Patient Access and Centralized Scheduling to increase appointment availability for outpatient services, with a goal of scheduling all patients within a week. Achieving this can be challenging due to limitations in our current scheduling system and the lack of electronic self-scheduling options for patients—an improvement we hope to implement in the future.
- .We must continue to market services as we work to expand and plan for growth and new technology. It's imperative we remain competitive with technology.
- Review the possibility in 3-5 years for creating a women's center, to include the breast center, obstetrical ultrasound and additional services specifically designed for women and their families.
- As we look to expand services at the hospital, the need for a 2nd MRI will be necessary to continue to meet demands of emergency and inpatient departments.

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Imaging Services - Summary

FY2024

KEY METRICS - FY 2024 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2024



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

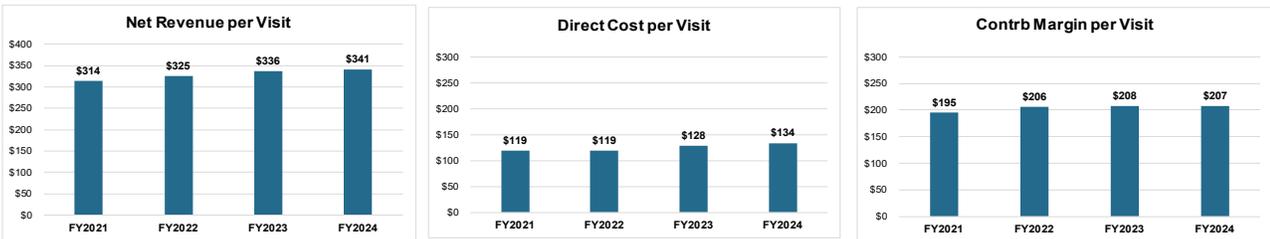
METRICS BY SERVICE LINE - FY 2024

SERVICE LINE	Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME	CONTRB MARGIN per VISIT
MRI Kaweah Health Img Ctr	4,039	\$2,871,802	\$465,816	\$2,405,987	\$1,974,202	\$596
Breast Center Kaweah Health Img Ctr	10,394	\$3,323,538	\$1,160,745	\$2,162,793	\$1,632,310	\$208
CT Scan Kaweah Health Img Ctr	4,471	\$2,086,151	\$724,812	\$1,361,339	\$941,922	\$304
PET Scan Kaweah Health Img Ctr	1,505	\$3,101,444	\$1,623,109	\$1,478,335	\$1,245,647	\$982
Ultrasound Kaweah Health Img Ctr	4,701	\$1,014,535	\$297,423	\$717,112	\$551,004	\$153
Diag Imaging Kaweah Health Img Ctr	10,632	\$1,388,906	\$824,820	\$564,086	\$1,856	\$53
Ultrasound Downtown Campus	2,164	\$862,220	\$227,481	\$634,739	\$546,325	\$293
Diag Imaging South Campus	9,965	\$927,609	\$498,051	\$429,558	\$199,502	\$43
CT Scan Downtown Campus	180	\$260,753	\$66,719	\$194,033	\$24,461	\$1,078
Nuclear Medicine Downtown Campus	881	\$716,684	\$572,191	\$144,493	(\$64,125)	\$164
Diagnostic Imaging Downtown Campus	311	\$284,111	\$142,221	\$141,890	\$96,758	\$456
MRI Downtown Campus	104	\$91,732	\$25,018	\$66,714	\$50,725	\$641
Diag Img UCC Demaree Walk-in	348	\$29,788	\$25,374	\$4,414	(\$7,480)	\$13
Outpatient Imaging Services Total	49,695	\$16,959,273	\$6,653,780	\$10,305,493	\$7,337,860	\$207

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	42,842	45,712	48,101	49,695	▲ 3%	
Net Revenue	\$13,447,947	\$14,873,403	\$16,172,646	\$16,959,273	▲ 5%	
Direct Cost	\$5,111,909	\$5,435,217	\$6,177,502	\$6,653,780	▲ 8%	
Contribution Margin	\$8,336,038	\$9,438,186	\$9,995,144	\$10,305,493	▲ 3%	
Indirect Cost	\$2,538,530	\$2,694,306	\$2,983,435	\$2,967,632	▼ -1%	
Net Income	\$5,797,508	\$6,743,880	\$7,011,710	\$7,337,860	▲ 5%	
Net Revenue per Visit	\$314	\$325	\$336	\$341	▲ 2%	
Direct Cost per Visit	\$119	\$119	\$128	\$134	▲ 4%	
Contrib Margin per Visit	\$195	\$206	\$208	\$207	▶ 0%	

GRAPHS



Outpatient Imaging Services	2022						2023						2024					
	Volume	Direct		Contrib		Payer Mix %	Volume	Direct		Contrib		Payer Mix %	Volume	Direct		Contrib		Payer Mix %
		Net Rev	Cost Per Case	Marg Per Case	Net Rev			Cost Per Case	Marg Per Case	Net Rev	Cost Per Case			Marg Per Case				
Mgd. Care/Other	18,545	\$461	\$107	\$353	40.57%	18,807	\$480	\$121	\$358	39.10%	19,834	\$480	\$117	\$363	39.91%			
MEDICARE	11,433	\$281	\$142	\$139	25.01%	12,380	\$272	\$149	\$122	25.74%	12,802	\$275	\$163	\$112	25.76%			
Medicare Managed Care	5,780	\$257	\$135	\$122	12.64%	7,329	\$258	\$142	\$117	15.24%	7,955	\$259	\$139	\$120	16.01%			
Medi-Cal Managed Care	7,853	\$161	\$110	\$51	17.18%	7,459	\$175	\$106	\$69	15.51%	7,110	\$208	\$98	\$109	14.31%			
Work Comp	667	\$90	\$69	\$21	1.46%	719	\$93	\$72	\$20	1.49%	775	\$97	\$74	\$23	1.56%			
MEDI-CAL	965	\$251	\$104	\$147	2.11%	875	\$500	\$145	\$355	1.82%	694	\$310	\$122	\$188	1.40%			
Cash Pay	469	\$146	\$71	\$75	1.03%	532	\$162	\$69	\$93	1.11%	525	\$170	\$47	\$122	1.06%			
Grand Total	45,712	\$325	\$119	\$206	100.00%	48,101	\$336	\$128	\$208	100.00%	49,695	\$341	\$128	\$213	100.00%			

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

Home Health Agency, Private/Specialty Home Care, and Lifeline

Tiffany Bullock, Director, Home Health, Private/Specialty Home Care and Lifeline
Contact number: 559-624-6447
November 7, 2024

Summary Issue/Service Considered

1. Achieving optimum balance of program priorities to address quality of care, compliance, profitability, and quality of work environment.
2. Ensuring that all home care services continue to provide the full continuum of services to the community.

Analysis of financial/statistical data:

Home Health Agency, Home Care Services, and Lifeline experienced a decrease in contribution margin. The three programs had a contribution margin of \$838,607 this fiscal year compared to \$1,218,543 last fiscal year.

Home Health Agency: The program had a 1% increase in total visits compared to last year. The average direct cost per visit increased by \$7 (4%), averaging \$188 per visit, while net revenue per visit increased by \$2 (1%), averaging \$192 per visit. Admissions to home health decreased by 9 per month compared to the prior year. Overall, home health experienced a contribution margin of \$162,120. Revenue and units of service remained very steady, the difference being the direct expenses. Direct expenses increased by \$337,019. This is a result of market rate increases being provided to clinicians. While this does cut into the contribution margin, this is necessary to ensure low turnover and longevity for stable staffing. Payer mix stayed stable, with 72% Medicare/Medicare Managed Care. Of note, the percentage of Humana patients provided services from Kaweah Health Home Health has continued to increase year over year. For FY24, the percentage of all Home Health patients that were Humana was 37%. For FY25, that average is already at 39.7%. This is extremely important due to the capitation agreement Kaweah Health has with Humana. Having these patients serviced by Kaweah Health Home Health, rather than other local agencies, we can better control costs and ensure a positive financial impact to the District through this arrangement.

Home Care: The program had a 7% decrease in volume compared to 2023. Direct cost of services decreased by 4%. As a result of concentrated efforts, we have been able to better recruit and retain staff. Home Care leadership is working with recruiting to hire more staff and has begun outreach to local healthcare related schools in the community to attend job fairs and discuss the benefits of obtaining employment with Kaweah Health Home Care. Additionally, Home Care applied for and received approval for a Community Services contract with Health Net to provide services to their members. The same has been sought with Blue Cross and we are awaiting final approval. This will be another source of referrals and income stream. Additionally, LVN staff were provided rate increases to help wages remain competitive, with the goal of attracting more nursing staff for Specialty Home Care. In addition, staffing waivers have been submitted to the CDPH to allow hiring of new LVN

graduates in hopes of alleviating staffing shortages, to grow the service line and provide these much-needed services to more members of the community.

Private Home Care continues to operate very lean; having only minimal office staff, utilizing the manager for some roles and sharing a Director minimize costs. All of this helped Home Care services realize a contribution margin of \$662,944.

Lifeline: Lifeline experienced a decrease in volume by 30% resulting in a 14% decrease in net revenue. Direct cost decreased by 13%. This is a result of performing a reduction in force for the staff member in this cost center. The Home Care Manager absorbed these duties. The contribution margin decreased by 14% from the previously year, but still experienced a contribution margin of \$13,543. While it is a small contribution margin, it still has a positive margin. This is a service that can set us apart from other home care agencies so we will continue to provide so long as we see a positive margin. Leadership will continue to monitor with the ongoing goal of determining if this is a service that should continue to be offered by Kaweah Health or outsourced will monitor this service line closely. The challenge is that with the advances in technology, smart device and even cell phones, there are many other options for monitoring devices that can be offered cheaper.

Quality/Performance Improvement Data

Home Health Agency: Overall, patient quality of care exceeds national benchmarks. Currently, the Home Health Compare website notes overall quality performance at a 3.5-star rating (1 through 5 rating scale). The agency has made excellent gains with a number of quality care initiatives, out-performing the national average with how often patients got better at getting in and out of bed, timely initiation of care, preventing re-hospitalization, preventing emergency room visits without admission to the hospital and increase in ability to remain in the community after discharge from Home Health. Performance and trends are carefully monitored and appropriate action plans are developed for any area that is below the national average. Overall, patient satisfaction is averaging 90% compared to the California average of 83% and the National average of 85%. The HHA patient satisfaction continues to remain a 4-star rating on the publically reported website-Home Health Compare, a rating shared by only a few local agencies.

Patient satisfaction continues to be a top priority for the agency. Data is continually analyzed by Home Health leadership and changes/adjustments made as needed as well as to allow the opportunity at service recovery.

In 2024, staff participated in the District employee engagement survey. Home Health scored very high on this survey. As it was the previous year, Home Health was assigned a Team Index 1 level, the highest possible. This designation comes from all three-survey domains: organization, manager and employee. Teams at this level require minimal improvement planning. A fact that is reinforced by the lower than average turnover rate Home Health continues to maintain. In addition, 82% of staff scored as being highly engaged or engaged. We are very proud of these scores.

Home Care Services: Client satisfaction/employee engagement scores are measured twice a year. The results continue to indicate a high degree satisfaction for both employees and clients. The most recent survey in August 2024, the average results of the two satisfaction surveys given to clients indicate 96% satisfaction in all areas and 4% who answered "neutral".

Policy, Strategic or Tactical Issues

1. In the past, Home Health has faced challenges with billing and collection practices, partly due to operating in a separate, home health-specific electronic medical record system. To address this, we collaborated with our billing leadership to evaluate several companies specializing in home health billing. After careful consideration, we selected Simitree, a company with expertise in both home health and hospice billing. This was effective 8/1/24. Leadership for Home Health and Patient Accounting Services meet with Simitree on a weekly basis during this time of transition to ensure we are optimizing collections. This will be followed closely as we move forward.
2. Focus on appropriate staffing in Home Health to ensure we can accept all referrals for admission. Per diem nurses have been hired to perform only admissions. Attention is being paid to a need to hire other LVN staff that can provide care at a reduced cost.
3. Through a Memorandum of Understanding with Sequoia Surgery Center, Home Health provides physical therapy evaluations to in and out joint replacement patients. A nominal fee is collected, but the return on investment is the increase in referrals to Home Health for these patients who have desirable payer sources.
4. We will continue to evaluate, and increase as appropriate, compensation for LVN staff in Specialty Home Care to attract additional LVN staff to handle increase volume demands.
5. Work closely with HR to hire Aides and Homemakers to meet the community demand for Private Home Care. Increase participation in local job fairs and possibility of Kaweah Health conducting an interview day specific for aides, homemakers and LVNs.
6. Due to the extremely competitive market in the region, we will continue to market services to ensure capturing the market share in our area. It has been decided that the manager for Private Home Care will spent about 50% of her time marketing the service line. Manager has joined Senior Coalition and attends Visalia Chamber of Commerce monthly meetings as well. Additionally, we have partnered with local assisted living facilities to offer a discounted rate when our services are used for their residents.
7. Begin providing Private Home Care services to Health Net members via referrals through the Cal Aims program. We will be finalizing the contract with Blue Cross for this as well.
8. Home Health continues to play a vital role in assisting with the overwhelming census the acute hospital has experienced by ensuring these patients can be safely discharged to home with Home Health rather than remain hospitalized. Home Health staff, including nurses, physical, occupational and speech therapist, home health aides and medical social workers provide care for patients as they recuperate.

Recommendations/Next Steps

1. Maintain positive productivity in support of improved or sustained positive financial performance for all programs.
2. Monitor all publicly reported quality measures to achieve or sustain performance that exceeds national benchmarks. This will include the following:
 - i. ongoing audits of both start of care and discharge documentation
 - ii. timely completion and staff education in regards to documentation
 - iii. Continue to work closely with new billing company to ensure all revenue issues are being addressed promptly. This will include the following:
 - in-depth analysis of revenue, payments, and denials
 - monthly review of financial reports with SimiTree
3. Have presence in local adult schools and CNA programs, CVRC and MSSP to solicit more staff and referrals. Continue to participate in outreach programs and opportunities such as community forums and health fairs to market to consumers, physicians, and the overall community.

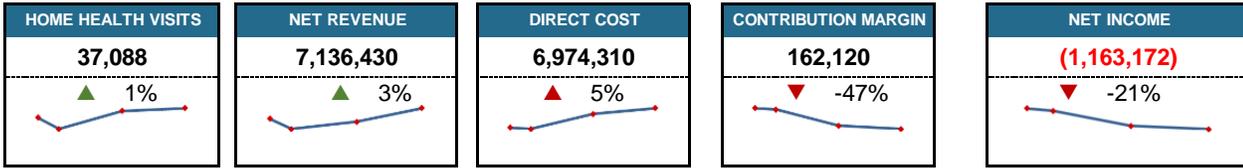
4. Obtain waiver from CDPH to hire new graduate LVNs for staffing in Specialty Home Care.

Approvals/Conclusions

In the coming year, Home Health Services will focus on:

1. Implementation of goals related to District cornerstones for Home Health, Private Home Care, and Lifeline to enhance program development, the satisfaction of all stakeholders, program marketing, and clinical quality of services.
2. Work with the entire continuum of care from the Acute Care Hospital to the post-acute care providers to meet patient needs and timely placement in the Home Care services.
3. Continue to review profitability, contribution margin to identify opportunities for volume, growth cost containment, customer satisfaction, and clinical excellence.

KEY METRICS - FY 2024



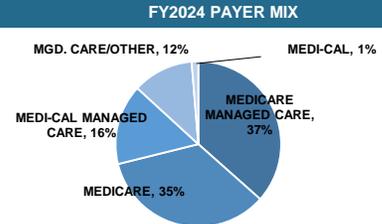
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

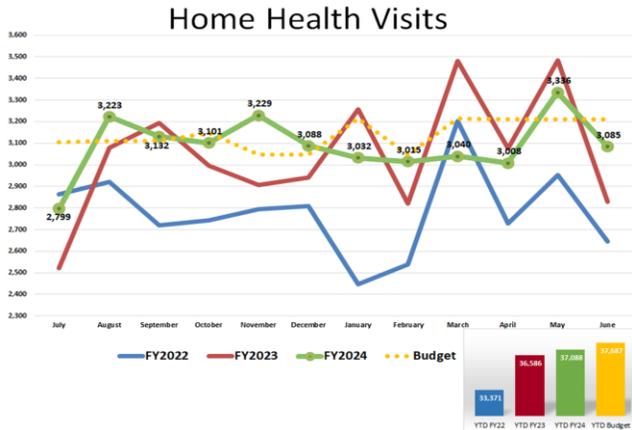
METRIC	FY2021	FY2022	FY2023	FY2024	% CHANGE PRIOR YR	4 YR TREND
HOME HEALTH VISITS	35,402	33,371	36,586	37,088	▲ 1%	
NET REVENUE	\$6,989,498	\$6,845,755	\$6,945,812	\$7,136,430	▲ 3%	
DIRECT COST	\$5,875,121	\$5,801,259	\$6,637,291	\$6,974,310	▲ 5%	
CONTRIBUTION MARGIN	\$1,114,377	\$1,044,496	\$308,521	\$162,120	▼ -47%	
INDIRECT COST	\$1,081,525	\$1,162,346	\$1,269,249	\$1,325,292	▲ 4%	
NET INCOME	\$32,852	(\$117,850)	(\$960,728)	(\$1,163,172)	▼ -21%	
NET REVENUE PER UOS	\$197	\$205	\$190	\$192	▲ 1%	
DIRECT COST PER UOS	\$166	\$174	\$181	\$188	▲ 4%	
CONTRB MARGIN PER UOS	\$31	\$31	\$8	\$4	▼ -48%	
PROXY REIMBURSEMENT	\$1,775,371	\$2,051,201	\$2,814,786	\$2,551,093	▼ 8%	
PROXY REIMB PER UOS	\$50	\$61	\$77	\$69	▼ -11%	
CM PER UOS W/O PROXY	(\$19)	(\$30)	(\$69)	(\$64)	▼ -6%	
NET REV PER UOS W/O PROXY	\$147	\$144	\$113	\$123	▲ 9%	

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2021	FY2022	FY2023	FY2024
MEDICARE MANAGED CARE	30%	33%	33%	37%
MEDICARE	44%	37%	34%	35%
MEDI-CAL MANAGED CARE	12%	16%	18%	16%
MGD. CARE/OTHER	11%	13%	13%	12%
MEDI-CAL	2%	1%	2%	1%
MEDICARE COMBINED	74%	70%	68%	71%



STATISTIC - GRAPH OF 3 YEAR TREND



Notes:
Source: Non-Cerner Service Line Reports
Criteria: Home Health Agency
Reimbursement by payer calculation = ((Gross Revenue)-(Deductions))/[visits]

KAWEAH HEALTH ANNUAL BOARD REPORT

Private and Specialty Home Care

FY2024

KEY METRICS - FY 2024



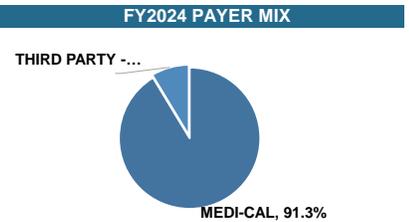
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	% CHANGE PRIOR YR	4 YR TREND
HOME CARE HOURS	145,530	114,999	99,712	93,118	-7%	
NET REVENUE	\$4,247,774	\$3,547,101	\$3,306,907	\$2,982,039	-10%	
DIRECT COST	\$3,159,409	\$2,565,440	\$2,412,703	\$2,319,095	-4%	
CONTRIBUTION MARGIN	\$1,088,365	\$981,661	\$894,204	\$662,944	-26%	
INDIRECT COST	\$539,636	\$775,209	\$885,622	\$801,116	-10%	
NET INCOME	\$548,729	\$206,452	\$8,582	(\$138,172)	-1710%	
NET REVENUE PER UOS	\$29.19	\$30.84	\$33.16	\$32.02	-3%	
DIRECT COST PER UOS	\$21.71	\$22.31	\$24.20	\$24.90	3%	
CONTRB MARGIN PER UOS	\$7.48	\$8.54	\$8.97	\$7.12	-21%	

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2021	FY2022	FY2023	FY2024
MEDI-CAL	91.4%	90.1%	88.7%	91.3%
THIRD PARTY - TRAD.	8.6%	9.9%	11.3%	8.7%



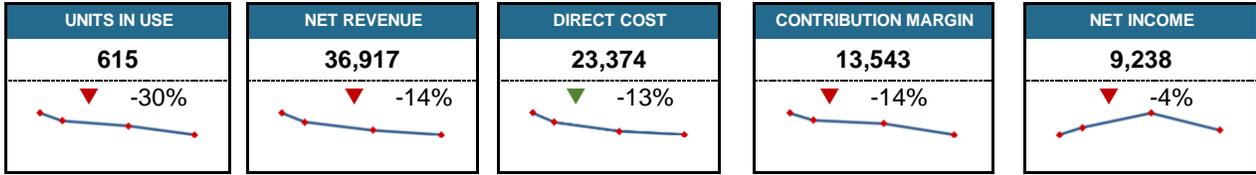
Notes:
Source: Non-Cerner Service Line Reports
Criteria: Home Care

KAWEAH HEALTH ANNUAL BOARD REPORT

Lifeline

FY2024

KEY METRICS - FY 2024



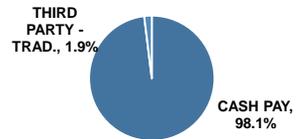
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	% CHANGE PRIOR YR	4 YR TREND
UNITS IN USE	1,267	1,030	878	615	▼ -30%	
NET REVENUE	\$65,242	\$53,394	\$42,726	\$36,917	▼ -14%	
DIRECT COST	\$47,249	\$36,880	\$26,908	\$23,374	▼ -13%	
CONTRIBUTION MARGIN	\$17,993	\$16,514	\$15,818	\$13,543	▼ -14%	
INDIRECT COST	\$8,869	\$7,210	\$6,146	\$4,305	▼ -30%	
NET INCOME	\$9,124	\$9,304	\$9,672	\$9,238	▼ -4%	
NET REVENUE PER UOS	\$51	\$52	\$49	\$60	▲ 23%	
DIRECT COST PER UOS	\$37	\$36	\$31	\$38	▲ 24%	
CONTRB MARGIN PER UOS	\$14	\$16	\$18	\$22	▲ 22%	

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2021	FY2022	FY2023	FY2024
CASH PAY	86.3%	97.9%	98.5%	98.1%
THIRD PARTY - TRAD.	1.7%	2.1%	1.5%	1.9%



Notes:
Source: Non-Cerner Service Line Reports
Criteria: Lifeline



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Policy Number: AP06	Date Created: No Date Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Public Relations, Marketing, and Media Relations	

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

POLICY: It is the policy of ~~the Kaweah~~ District ~~Health Care District~~ (“the District” and ~~dba “Kaweah Health”~~) to comply with all Federal and State laws and regulations, including but not limited to, the Federal Self-Referral Statute (“Stark”) and the Federal Anti-Kickback Statute (“AKS”). Accordingly, all hospital-physician marketing initiatives shall comply with the guidelines set forth within this policy.

Every staff member employed by Kaweah ~~Delta Health Care District~~ (“~~the District~~”)Health has a unique and individual responsibility in representing the ~~District-organization~~ and the department in which s/he works in the best possible light when interacting with patients, visitors, physicians, and/or members of the community at large. Additionally, the media are an important customer for ~~the District~~Kaweah Health, playing an influential role in communicating our mission to the community. The image portrayed by staff members in all of these interactions creates an impression of the ~~District-organization~~ as a whole which the outside party will have and carry with them.

Staff members who are responsible for the management and/or direction of a department or service have an even greater responsibility in these types of situations in that, when interacting with outside individuals, they are seen as subject-matter experts with the ability to represent and make commitments in the name of the District.

Accordingly, care should be taken to ensure that the image projected is professional and appropriate in every situation.

The individuals assigned as ~~the~~ Director of Marketing and ~~Director of~~ Media Relations ~~are-is~~ responsible for the coordination of public relations and marketing activities and in providing necessary support to the ~~Executive Team~~/Department Managers/Supervisors and/or staff members in carrying out public relations and/or marketing activities.

PROCEDURE:

- I. Outside Advertising
 - A. Classified Advertising
Classified advertising for positions available within the District, including digital advertising, will be placed exclusively by the Human Resources

Department unless authorization is given for the Marketing Department to place advertisements. See Human Resources Policy Manual for specific detail.

- B. Event and/or Service Advertising
Advertising for an event or service provided by any Department within the District will be coordinated through the Marketing Department.

II. Media Contacts (radio, television, newspaper, etc.)

- A. Media Makes Contact With The Marketing and Media Relations Department for Information

Any staff member of the District who is contacted by a member of the media for information or comment will, prior to releasing any information, notify the Director of Marketing and Media Relations. The Director of Marketing and Media Relations will obtain approval for the release of information (not a request for public information) from the appropriate ~~Vice President~~ Executive Team member and will notify the Chief Executive Officer prior to its release. Requests for information regarding the District as a whole shall be directed to the Director of Marketing and Media Relations or their designee. Upon conclusion of interaction with media, staff members s will follow-up with the Director of Marketing and Media Relations or designee.

- 1. Request for Patient Information

II. In accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations and the patient's consent, the hospital directory may release basic information to the media upon request. This information shall be limited to one-word descriptions of the patient's condition, excluding any opinions or subjective evaluations.

III.

~~Due to the Health Insurance Portability and Accountability Act (HIPAA), if the patient has not objected to this information being provided in a hospital directory and the media has asked for the patient by name, information release shall be confined to one word descriptions of a patient's condition. At no time shall opinions be expressed. Information shall be limited to the following one-word descriptions:~~

Undetermined: Patient awaiting physician and assessment.

Good: Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.

Fair: Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable. Indicators are favorable.

Serious: Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.

Critical: Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.

Commented [MM2]: I am not sure what this even means. Unless a patient objects, we can list their condition in a hospital directory? What is a hospital directory?

Commented [MM3]: So if the media contacts us about any patient in our hospital, we have to/ will release information about their condition? Is that required? I would think that our default would be to not comment on patients' conditions.

Commented [CK4]: I believe the intent was to say, "unless a patient has requested No Info" we can release conditions as outlined here. The normal response to media is "no comment" but if it's a high profile individual there could be a circumstance where we would release as listed. Will work to reword.

Treated and Released: Patient received treatment but was not admitted.

Treated and Transferred: Received treatment. Transferred to a different facility. (Although a hospital may disclose that a patient was treated and released, it may not release information regarding the date of release or where the patient went upon release without patient authorization.

In no case shall any additional information be released, including diagnosis and/or reason for treatment without written authorization from the patient or their personal representative.

- (a) Kaweah Delta-Health Medical Center

During normal business hours, all requests for patient information will be forwarded to the Director of Marketing and Media Relations or the Vice President of Strategic Planning and Business Development Chief Strategy Officer, if the Director is unavailable. For information during other hours, either the House Supervisor or the Director of Marketing and Media Relations will be contacted.

- (b) Kaweah Delta-Health Rehabilitation Hospital, Kaweah Delta Health Mental Health Hospital, Kaweah Delta-Health South Campus, and all other Kaweah Delta-Health services.

All requests for patient information will be forwarded to the House Supervisor or the Director of Marketing and Media Relations.

2. Requests for Information Which is Not Patient Related

All other requests for information shall be directed to the Director of Marketing and Media Relations, or their designee. The Director of Marketing and Media Relations will be immediately responsible for working with the District Administrative Office to determine if the request falls under the California Public Records Act. If the request does fall under the California Public Records Act, all the procedures of AP.116 will apply.

(a) Requests for information will be answered by a District expert in the field of questioning, i.e., emergency department, Director of Critical Care. For general District information, the Director of Marketing and Media Relations will be responsible for working with the appropriate Vice President Chief Strategy Officer or the CEO to determine who will contact media for comment.

B. Information/Story send from Media Relations to Media

The Director of Marketing and Media Relations will draft a press release. That press release will be sent to appropriate Executive Team member,

Director, and/or Department Manager(s)/Supervisor(s) to ensure information is factual and department is prepared for comment if media picks up the story. The press release will be sent out by the Director of Marketing and Media Relations or their designee.

In the event of an on-site interview with any staff member of the District, other than the Director of Marketing and Media Relations, the Director of Marketing and Media Relations will ensure that the individual is prepared for the interview and has the information necessary to participate in the interview. ~~Media Relations~~ Staff or a designee from the Marketing and Media Relations Department will be present during the interview.

1. Release of Information

No staff member outside of the Marketing and Media Relations Department or Executive Team is permitted to release information to the media without prior approval from the Director of Marketing and Media Relations and ~~Vice President~~Chief Strategy Officer, or CEO.

2. Release of Written Information

(a) Initiated by Marketing and Media Relations Department

Any written material planned for release to the media must be cleared, in advance, through the Director of Marketing and Media Relations and the appropriate ~~Vice President~~Executive Team member, the Chief Strategy Officer, or the Chief Executive Officer. The Marketing and Media Relations Department offers technical advice and assistance in the preparation and distribution of written materials prepared for public distribution.

In cases where the written material is prepared without the direct involvement of the Marketing and Media Relations Department, the Department Manager/Supervisor responsible for its creation will ensure that the piece meets with graphic standards adopted by the District and that the Director of Marketing and Media Relations, or their designee, reviews the written piece for feedback before it is distributed to media for public release.

III. Photographing District Facilities, Staff Members, and/or Patients

When a request for photographs is made, the Marketing and Media Relations Department and/or appropriate District Department Director/Manager/Supervisor will be notified in advance of the actual photo shoot. Prior to any individual photographs taken for the purpose of advertising and/or reporting any event or service of the District, appropriate approvals will be secured from individuals who will appear in the photographs using the forms indicated in AP 163.

At no time shall any patient and/or visitor, be photographed without prior express written consent of that individual and/or their responsible relative or guardian.

IV. Kaweah ~~Delta~~ Health ~~Care District~~ Physician Marketing Practices

- I. All marketing campaigns or initiatives that identify independent physician(s) and/or group practices, either directly or indirectly must be reviewed and approved by the ~~Compliance and Privacy Officer~~ Chief Compliance Officer (or designee) in advance of the publication.
- II. The District shall not advertise and/or otherwise promote a particular physician office or physician's group practice except as outlined below:
 - A. The advertising or marketing must not be directly or indirectly solicited or otherwise requested by the physician, unless the physician pays a proportionate amount of the related expense.
 - B. The advertising or marketing for ~~District Kaweah Health~~ services may provide a simplified, yet all-inclusive listing of physician(s) who are credentialed at the District. This incidental benefit should be made available to all physicians regardless of their specialty with similar practice area and contact information provided for each.
 - C. To the extent that the District engages in a joint marketing or advertising campaign that does not just market or promote the District but also focuses on one or more independent physicians or groups, the District shall allocate proportionate costs to the physician(s)/group(s) and include a handling charge at Fair Market Value ("FMV").
 - D. A direct mail or print advertisement announcing a new physician on staff is permissible only if paid for by the physician or provided as a part of contractual consideration agreed to in advance.
 - E. The District may promote a story (via print, radio, television, or otherwise) that contains the name and/or picture of a physician so long as the advertisement provides factual information about services provided by the District and does not promote the specific physician.

The District may sponsor and promote a community presentation by a physician on a specific health topic provided the promotion is about the health topic and not about the physician.

"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."

Commented [MM5]: We need Ben to review/ revise this. There are additional exceptions where we can market physicians or groups and not charge them for the portion of the costs. We count the fair market value of that marketing and consider it in the total compensation we make to the group or physician.

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

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

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

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

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PROCEDURE:

I. Use of Name

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

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- ~~C.D.~~ Unless specifically authorized to do so, staff members are not to speak with members of the media holding themselves out to be

representatives of or speakers for Kaweah Health. Any media requests should be forwarded to Kaweah Health's [Marketing and Media Relations Department](#).

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

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

E.F. Any and all websites that use a Kaweah Health business name must be coordinated through the Marketing and [Communications-Media Relations Department](#).

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

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

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

Use of Logo

One of Kaweah Health's primary strengths is its orchestrated approach to meeting the health care needs of our communities. While we are a structurally complex

organization with many departments, service lines and locations, all entities are united by a common mission, a shared vision, and the same five pillars.

It is important that we:

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

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

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

The Solution

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



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

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

Important

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

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

Stationery

II. Use of Stationery

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

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

appro



PROCEDURE:

I. Use of Name

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

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3. Agree to an annual audit to ensure that all social media accounts in are in compliance with requirements

B.D. Any and all websites that use a Kaweah ~~Delta Health~~ business name must be coordinated through the Marketing and ~~Communications~~ Media Relations Department.

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

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

~~When using the name of a Kaweah Delta program (i.e. Worksite Wellness) on any marketing materials, the program must contain the tagline "A program offered by Kaweah Delta Health Care District" rather than the tagline "A division of Kaweah Delta Health Care District". "A division of Kaweah Delta Health Care District" will apply to all service lines (i.e. Kaweah Delta Hospice, a division of Kaweah Delta Health Care District).~~

If you are unsure of the proper use of a tagline, contact the Marketing ~~and Communications~~ Media Relations Department for assistance.

II. Use of Stationery

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

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-

ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."



Revised Service Line
Logos24 0919_rv2.ppt

Field Code Changed

Kaweah Health Mental Health Hospital	Kaweah Health Medical Center	Kaweah Health Specialty Clinic	Kaweah Health Urgent Care
Kaweah Health Dialysis Center	Kaweah Health Emergency Department	Kaweah Health Home Infusion Pharmacy	Kaweah Health Transitional Care
Kaweah Health Lifestyle Fitness Center	Kaweah Health Pediatrics	Kaweah Health Kawah Kids Center	Kaweah Health Trauma Center
Kaweah Health Transitional Care	Kaweah Health Support Services	Kaweah Health Sleep Center	Kaweah Health Urology Center
Kaweah Health Cardiology Center	Kaweah Health Laboratory Services	Kaweah Health Community Outreach	Kaweah Health Cardiology Center
Kaweah Health Diagnostic Center	Kaweah Health Surgery Center	Kaweah Health Home Health	Kaweah Health Community Outreach
Kaweah Health Rehabilitation Hospital	Kaweah Health Graduate Medical Education	Kaweah Health Private Home Care	Kaweah Health Employee Health Services
Kaweah Health Wound Center	Kaweah Health Neurosciences Center	Kaweah Health Lifeline	Kaweah Health Employee Pharmacy
Kaweah Health Imaging & Breast Center	Kaweah Health Pharmacy	Kaweah Health Hand Therapy Specialists	Kaweah Health Heart and Vascular Institute
Kaweah Health Cardiac and Pulmonary Rehabilitaion	Kaweah Health Hospice	Kaweah Health Therapy Specialists	Kaweah Health Hospital Guild
Kaweah Health Multiservices Center	Kaweah Health Foundation	Kaweah Health Home Care Services	Kaweah Health Maternal Child Health
Kaweah Health Pastoral Care	Kaweah Health Infusion Center	Kaweah Health Medical Staff	Kaweah Health Palliative Care Services
Kaweah Health Patient & Family Services	Kaweah Health Neurodiagnostic Lab	Kaweah Health Office of Research	Kaweah Health Patient Financial Services
Kaweah Health Skilled Nursing Services	Kaweah Health Quail Park	Kaweah Health Admission and Testing Services	Kaweah Health Medical Group
Kaweah Health Dinuba Clinic	Kaweah Health Lindsay Clinic	Kaweah Health Tulare Clinic	Kaweah Health Woodlake Clinic

Privileges in Obstetrics & Gynecology

Name: _____
 Please Print

OB/GYN Initial Criteria					
<p>Education: Successful completion of an ACGME or AOA-accredited residency /fellowship in obstetrics & gynecology AND</p> <p>Certification: Current certification or active participation in the examination process leading to certification in obstetrics & gynecology by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology. Board certification must be obtained within 5 years of completion of residency.</p> <p>Renewal Criteria: Maintenance of certification or active participation in the examination process leading to certification in obstetrics & gynecology by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology.</p>					
OBSTETRICS CORE PRIVILEGES					
<p>Current Experience: Documentation or attestation of the management of a minimum of 100 deliveries in the past 2 years OR Completion of an approved residency program within the past 12 months. AND Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted AND Completion of an Implicit Bias Training prior to or within 30 days of privilege granted</p> <p>Renewal Criteria: Minimum of 100 deliveries required in the past 2 years AND Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months AND Completion of an Implicit Bias Training within the last 24 months</p> <p>FPPE: Minimum of 4 cases to include 2 Normal Deliveries; 2 Cesarean Sections</p>					
Request	Procedures				Approve
<input type="checkbox"/>	<p>Obstetrics Core privileges include: privileges including performance of a history and physical, evaluate, diagnose, treat, and provide consultation (may include telehealth) to adolescent and adult female patients presenting in any condition or stage of pregnancy, including injuries and disorders of the reproductive system, other than approved delineated special procedures.</p> <ul style="list-style-type: none"> • Amniocentesis • Amnioinfusion • Amniotomy • Application of internal fetal and uterine monitors • Augmentation and induction of labor • Cerclage • Cervical biopsy or conization of cervix in pregnancy • Cesarean hysterectomy, cesarean section, and post-partum tubal ligation • External version of breech • Hypogastric artery ligation • Interpretation of fetal monitoring • Normal spontaneous vaginal delivery • Manual removal of placenta, uterine curettage • Management of high-risk pregnancy, inclusion of such conditions as preeclampsia, postdatism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and placental abnormalities • Management of patients with/without medical surgical or obstetrical complications for normal labor, including toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise • Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques • Operative vaginal delivery (including the use of the vacuum extractor) • Performance of breech and multifetal deliveries • Pudendal and paracervical blocks • Repair of fourth-degree perineal lacerations or of cervical or vaginal lacerations • Treatment of medical complications of pregnancy • Vaginal birth after cesarean section (VBAC) 				<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active staff status)				<input type="checkbox"/>
OBSTETRICS SPECIAL PRIVILEGES (Must also meet OB/GYN Initial Criteria)					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Forceps Delivery	Completion of an ACGME/AOA approved residency training program that included training specific to forceps delivery within the past 2 years OR 5 cases in the last 2 years	2 cases in the last 2 years.	Minimum of 2 cases	<input type="checkbox"/>

GYNECOLOGY CORE PRIVILEGES
Meets OB/GYN initial criteria &

Current Experience: Documentation or attestation of the management of a minimum of 50 gynecologic surgical procedures in the past 2 years **OR** completion of an approved residency program within the past 12 months **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted

Renewal Criteria: Minimum of 30 gynecological surgical procedures required in the past 2 years

FPPE: Minimum of 7 cases to include: 5 diverse gynecological surgical procedures (must include 2 hysterectomies); 2 laparoscopic procedures

Request	Procedures	Approve
<input type="checkbox"/>	<p>Gynecology Core privileges include: privileges including performance of a history and physical, evaluate, diagnose, consult (may include telehealth), and provide pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages in the inpatient and outpatient setting presenting with illnesses, injuries, and disorders of the gynecological or genitourinary system and nonsurgical treatment of illnesses and injuries of the mammary glands, other than approved delineated special procedures.</p> <ul style="list-style-type: none"> • Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy • Aspiration of breast masses • Cervical biopsy including conization • Colpocleisis • Colpoplasty • Colposcopy • Cystoscopy as part of gynecological procedure • Diagnostic and therapeutic dilation and curettage • Diagnostic and operative laparoscopy (other than tubal sterilization) • Endometrial ablation • Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions • Gynecologic sonography • Hysterectomy, abdominal, vaginal, including laparoscopic • Hysterosalpingography • Hysteroscopy, diagnostic or ablative, including the use of the resection technique • Incidental appendectomy • Incision and drainage of pelvic abscess • Metroplasty • Myomectomy, abdominal • Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary or cervix • Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure • Operation for uterine bleeding (abnormal and dysfunctional) • Operations for sterilization (tubal ligation, transcervical sterilization, and laparoscopic) • Repair of rectocele, enterocele, cystocele, or pelvic prolapse • Tuboplasty and other infertility surgery (not microsurgical) • Uterosacral vaginal vault fixation, paravaginal repair • Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair • Vulvar biopsy • Vulvectomy, simple • Loop electrosurgical excision procedures (LEEP) 	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active staff status)	<input type="checkbox"/>
<input type="checkbox"/>	Surgical Assist Only	<input type="checkbox"/>

GYNECOLOGY SPECIAL PRIVILEGES

(Must also meet OB/GYN Initial Criteria)

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Computer-enhanced (Robotic Assisted) minimally invasive surgery	Successful completion of formal training course in Robotic Surgical Skills AND 10 cases in the last 2 years.	Minimum of 10 cases performed in the last 2 years	Minimum of 3 cases to include 2 Hysterectomies And 1 of the following: <ul style="list-style-type: none"> • Adnexectomy • Ovarian cystectomy • Sacrocolpopexy • Myomectomy 	<input type="checkbox"/>

GYNECOLOGIC ONCOLOGY CORE PRIVILEGES
Meets OB/GYN initial criteria &

Certification: Successful completion of an ABOG- or AOA- approved fellowship in gynecologic oncology **AND/OR** current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in gynecologic oncology by the ABOG or completion of a certificate of special qualifications by the ABOG **OR** must provide evidence of significant postgraduate continuing medical education in gynecologic oncology

Current Experience: a minimum of 24 gynecologic oncological surgery cases in the last 2 years.

Renewal Criteria: a minimum of 24 cases performed in the last 2 years

FPPE: Minimum of 1 case

Request	Procedure	Approve
<input type="checkbox"/>	<p>Gynecology Oncology Core privileges include: performance of a history and physical, evaluate, diagnose, treat, and provide consultation (may include telehealth) and surgical and therapeutic treatment to female patients with gynecologic cancer and resulting complications, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina, and the performance of procedures on the bowel, urethra, and bladder, other than approved delineated special procedures.</p> <ul style="list-style-type: none"> Chemotherapy Microsurgery Myocutaneous flaps, skin grafting Para aortic and pelvic lymph node dissection Pelvic exenteration Perform history and physical exam Radical hysterectomy, vulvectomy, and staging by lymphadenectomy Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, liver, spleen, diaphragm, and abdominal and pelvic wall as indicated Treatment of invasive carcinoma of the vagina by radical vaginectomy, and other related surgery Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease Uterine/vaginal isotope implants 	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active staff status)	<input type="checkbox"/>

MATERNAL FETAL MEDICINE CORE PRIVILEGES

Meets OB/GYN initial criteria &

Certification: Successful completion of an ABOG-or AOA- approved fellowship program in Maternal Fetal Medicine **AND/OR** current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in Maternal Fetal Medicine by the ABOG.

Current Experience: a minimum of 50 provisions of care in the last 2 years or Completion of an approved residency, clinical fellowship, or research in a clinical setting within the past 12 months. **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted

Renewal Criteria: a minimum of 50 cases performed in the last 2 years **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months **AND** Completion of an Implicit Bias Training within the last 24 months

FPPE: Minimum of 1 case

Request	Procedure	Approve
<input type="checkbox"/>	<p>Maternal-Fetal Medicine privileges include: evaluate, diagnose, treat, and provide consultation (may include telehealth) to adolescent and adult female patients with medical and surgical complications of pregnancy (e.g. maternal cardiac, pulmonary, metabolic, and connective tissue disorders, as well as fetal malformations, conditions, or disease). The MFM specialist may provide care to patients in the intensive care setting in conformance with unit policies. Core privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core procedures include but are not limited to:</p> <ul style="list-style-type: none"> Cerclage (transabdominal & transvaginal) Cesarean Section Chorionic villus sampling Genetic amniocentesis Interoperative support to obstetrician as requested, including operative first assist Obstetrical ultrasound, including Doppler studies Percutaneous umbilical blood sampling Performance of history and physical exam Vaginal Delivery 	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active staff status)	<input type="checkbox"/>

ADDITIONAL PRIVILEGES

Request	Procedure	Additional Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Procedural Sedation	Successful completion of Kaweah Health sedation exam	Successful completion of Kaweah Health sedation exam	<input type="checkbox"/>
<input type="checkbox"/>	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: <u>Dinuba</u> <u>Exeter</u> <u>Lindsay</u> <u>Tulare</u> <u>Woodlake</u> <u>KHMC</u> – Willow <u>Specialty Clinic</u>	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	<input type="checkbox"/>

Acknowledgment of Practitioner:

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

- In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- I may participate in the Kaweah Health Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.

- (c) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Name: _____
Print

Signature: _____ *Applicant* _____ *Date*

Signature: _____ *Department of OB/GYN Chair* _____ *Date*

Privileges in Cardiothoracic Surgery

Name: _____

Please Print

CARDIOTHORACIC SURGERY				
<p>Education & Training: MD or DO; AND successful completion of a general surgery residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by the Royal College of Physicians & Surgeons of Canada if board certified by an ABMS board or actively pursuing board certification by an ABMS board; AND successful completion of a fellowship in general thoracic and cardiovascular surgery approved by the Accreditation Council for Graduate Medical Education (ACGME) or by the American Osteopathic Association (AOA); AND current board certification by the American Board of Surgery or the American Osteopathic Board of Surgery and board certification in thoracic surgery by the American Board of Thoracic Surgery, or active participation in the examination process leading to board certification in thoracic surgery by one of these boards, with certification obtained within five (5) years from the date of completion of training.</p> <p>Current Clinical Competence: Documentation of the performance of at least 100 cardiothoracic procedures in the past 2 years or successful completion of a residency or clinical fellowship in the past 12 months</p> <p>Renewal Criteria: Maintenance of Board Certification and documentation of 100 procedures reflective of the privileges requested.</p> <p>FPPE: Core: Direct observation of a minimum of five (5) diverse procedures; TAVR: Direct observation of the first 3 cases as primary operator</p>				
Request	CORE PRIVILEGES	Approve		
<input type="checkbox"/>	<p>CORE PRIVILEGES INCLUDE: Medical H&P; evaluate, diagnose, provide consultation and treat patients (may include telehealth) over the age of one year presenting with illnesses, injuries and disorders of the thoracic cavity and related structures, including the chest wall. These privileges include operations on: abdominal and peripheral blood vessels; aortic dissection; cricothyroidotomy and tracheostomy; blood vessels of head, neck and base of brain; esophagus (intrathoracic); cardiac valve repair or replacement; heart, pericardium and great vessels; cardiopulmonary bypass; lung chest wall, pleura, diaphragm and mediastinum; repair of congenital/acquired anomalies; coronary artery bypass. The core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> Ablative surgery for Wolff-Parkinson-White syndrome All procedures upon the heart for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, the valves, and other internal structures of the heart and for acquired septal defects and ventricular aneurysms Bronchoscopy Central Venous Access Procedures Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava Endarterectomy of pulmonary artery Endomyocardial biopsy Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree Hemodialysis Access Procedures Management of congenital septal and valvular defects Maze Medianstinoscopy Operations for myocardial revascularization Minimally invasive direct coronary artery bypass (MIDCAB) Transmyocardial Laser Revascularization </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> Pacemaker or AICD implantation and management, transvenous and transthoracic Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease Pericardiocentesis, pericardial drainage procedures, pericardiectomy Pulmonary embolectomy Surgery for mechanical devices to support the heart Surgery of patent ductus arteriosus and coarctation of the aorta Surgery of the aortic arch and branches; descending thoracic aorta for aneurysm/trauma Surgery of the thoracoabdominal aorta for aneurysm Surgery of tumors of the heart and pericardium Vascular access procedures for use of life support systems, such as extra corporeal oxygenation and cardiac support Vascular operations exclusive of thorax (e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, vascular graft, or prosthesis) VATS (video assisted thoracic surgery) If residency/fellowship trained prior to 1995, must demonstrate successful completion of an approved and recognized course and provide documentation of competence in performing this procedure </td> </tr> </table>	<ul style="list-style-type: none"> Ablative surgery for Wolff-Parkinson-White syndrome All procedures upon the heart for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, the valves, and other internal structures of the heart and for acquired septal defects and ventricular aneurysms Bronchoscopy Central Venous Access Procedures Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava Endarterectomy of pulmonary artery Endomyocardial biopsy Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree Hemodialysis Access Procedures Management of congenital septal and valvular defects Maze Medianstinoscopy Operations for myocardial revascularization Minimally invasive direct coronary artery bypass (MIDCAB) Transmyocardial Laser Revascularization 	<ul style="list-style-type: none"> Pacemaker or AICD implantation and management, transvenous and transthoracic Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease Pericardiocentesis, pericardial drainage procedures, pericardiectomy Pulmonary embolectomy Surgery for mechanical devices to support the heart Surgery of patent ductus arteriosus and coarctation of the aorta Surgery of the aortic arch and branches; descending thoracic aorta for aneurysm/trauma Surgery of the thoracoabdominal aorta for aneurysm Surgery of tumors of the heart and pericardium Vascular access procedures for use of life support systems, such as extra corporeal oxygenation and cardiac support Vascular operations exclusive of thorax (e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, vascular graft, or prosthesis) VATS (video assisted thoracic surgery) If residency/fellowship trained prior to 1995, must demonstrate successful completion of an approved and recognized course and provide documentation of competence in performing this procedure 	<input type="checkbox"/>
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<input type="checkbox"/>	Admitting Privileges (must request Active staff status)	<input type="checkbox"/>		

ADVANCED PROCEDURES				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Transcatheter Aortic Valve Implantation and/or Repair (TAVR)	Board certified or board eligible for certification in Cardiothoracic Surgery AND <u>Documentation of training by letter from Director of Training Program OR completion of a FDA Approved certification course AND</u> <u>Documentation of 100 career Aortic Valve Replacements (AVR) including 10 high-risk patients OR 25 AVRS in one year; OR 50 AVRS in the last two years which include at least 20 AVRS performed in the last year. Applicants who have recently (withing past 12 months) completed residency/fellowship training must: Submit a letter from the residency/fellowship program director attesting to their competency to perform TAVR procedures as co-operator</u> AND <u>Provide case logs documenting experience in 5 AVRS (Aortic Valve Replacement) in the last year prior to TAVR initiation</u> OR <u>10 TAVR cases as co-operator</u> OR <u>Vendor training that has been completed within the last 12 months, provide documentation of attending product specific vendor training, with documentation of meeting all requirements of that program, and documentation of 5 AVRS in the last year prior to TAVR initiation OR documentation of 10 career AVRS with at least 5 in the last year</u> OR <u>Documentation of 25 career AVRS</u>	10 procedures in the last two years as primary physician or first assistant.	<input type="checkbox"/>
<input type="checkbox"/>	Procedural Sedation	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	<input type="checkbox"/>
<input type="checkbox"/>	Fluoroscopy: Use of equipment and/or Supervision of a technologist using equipment	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	<input type="checkbox"/>
<input type="checkbox"/>	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: <u>__Dinuba __Exeter __Lindsay __Tulare</u> <u>__Woodlake __KHMC – Willow</u> <u>__Specialty Clinic __ Cardiothoracic Surgery Clinic</u>	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	<input type="checkbox"/>

Acknowledgment of Practitioner:

 Cardiothoracic Surgery
 Approved 1.25.21



November 21, 2024

Law Office of Kenneth J. Melrose, APC
310 Gardengate Lane
Lompoc, CA 93436

**Sent via Certified Mail No.
9589071052700415215386
Return Receipt Required**

RE: Notice of Rejection of Claim of Martin Sebastian Medina Jr, Estefani Carolina Alba Bustamante and Martin Medina Carrillo vs. Kaweah Delta Health District

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on October 18, 2024, was rejected on its merits by the Board of Directors on November 21, 2024.

WARNING

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

Sincerely,

David Francis
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law



November 21, 2024

Daniel E. Wilcoxon
Christopher G. Romero
Wilcoxon Callahan, LLP
Attorneys At Law
2114 K Street
Sacramento, CA 95816

RE: Notice of Granting of Application for Leave to Present Late Claim for Jacqueline and Daniel Moreno

NOTICE IS HEREBY GIVEN that the Application for Leave to Present Late Claim on Behalf of Claimant Jacqueline and Daniel Moreno dated October 18, 2024, which you presented to Kaweah Health on October 24, 2024, was granted on November 21, 2024.

RE: Notice of Rejection of Claim of Jacqueline and Daniel Moreno

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Directors of Kaweah Health on October 29, 2024, was rejected on its merits by the Board of Directors on November 21, 2024.

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,

David Francis
Secretary/Treasurer, Board of Directors
cc: Richard Salinas, Attorney at Law

Kaweah Health Leapfrog Quality & Patient Safety Rating Fall 2024

Erika Pineda, BSN, RN, CPHQ
Quality Improvement Manager

November 2024

QComm, Quality Council and Board of Directors Report



kaweahhealth.org



Leapfrog Scorecard Overview: Fall 2024 & YTD

Measure Domain	Measure	Kaweah Health Score (Most Recent YTD)	Most Recent Timeperiod (Most Recent YTD)	Kaweah Health FALL 2024 Score	FALL 2024 Score Timeperiod	Leapfrog FALL 2024 Mean	Final Weight (N/A redistributes)
Process/Structural Measures	Computerized Physician Order Entry (CPOE)	100	2024	100	2024	78.95	6.2%
	Bar Code Medication Administration (BCMA)	100	2024	100	2024	80.44	6.0%
	ICU Physician Staffing (IPS)	100	2024	100	2024	64.41	6.9%
	Safe Practice 1: Culture of Leadership Structures and Systems	120.00	2024	120.00	2024	117.40	3.0%
	Safe Practice 2: Culture Measurement, Feedback, & Intervention	120.00	2024	120.00	2024	116.60	3.2%
	Total Nursing Care Hours per Patient Day	100	Jan 2023-Dec 2023	100	Jan 2023-Dec 2023	76.06	4.7%
	Hand Hygiene	40	2024	40	2024	72.39	4.9%
	*H-COMP-1: Nurse Communication	82.70	Sept 2023-Aug 2024	88	Oct 2022 - Sep 2023	90.03	3.0%
	*H-COMP-2: Doctor Communication	82.00	Sept 2023-Aug 2024	88	Oct 2022 - Sep 2023	89.80	3.0%
	*H-COMP-3: Staff Responsiveness	69.30	Sept 2023-Aug 2024	82	Oct 2022 - Sep 2023	81.48	3.0%
	*H-COMP-5: Communication about Medicines	67.90	Sept 2023-Aug 2024	76	Oct 2022 - Sep 2023	74.33	3.0%
	*H-COMP-6: Discharge Information	91.00	Sept 2023-Aug 2024	85	Oct 2022 - Sep 2023	85.14	3.0%
Outcome Measures	Foreign Object Retained	0.000	Oct 2023-Sep 2024	0.000	Jul 2021 - June 2023	0.014	4.2%
	Air Embolism	0.000	Oct 2023-Sep 2024	0.000	Jul 2021 - June 2023	0.002	2.4%
	Falls and Trauma	0.000	Oct 2023-Sep 2024	0.293	Jul 2021 - June 2023	0.384	4.9%
	CLABSI	0.658	Oct 2023-Sep 2024	1.217	Jan 2023 - Dec 2023	0.686	4.5%
	CAUTI	0.503	Oct 2023-Sep 2024	0.423	Jan 2023 - Dec 2023	0.576	4.6%
	SSI: Colon	0.982	Oct 2023-Sep 2024	1.457	Jan 2023 - Dec 2023	0.853	3.4%
	MRSA	0.842	Oct 2023-Sep 2024	1.178	Jan 2023 - Dec 2023	0.747	4.5%
	C. Diff.	0.481	Oct 2023-Sep 2024	0.544	Jan 2023 - Dec 2023	0.417	4.5%
	PSI 4: Death rate among surgical inpatients with serious treatable conditions	342.86	Oct 2023-Sep 2024	181.40	Jul 2020 - Jun 2022	168.39	2.0%
	CMS Medicare PSI 90: Patient safety and adverse events composite	1.55	Oct 2023-Sep 2024	1.39	Jul 2020 - Jun 2022	1.01	15.0%
	Process Measure Domain Score	-0.1212		0.1118		0.0000	
	Outcome Measure Domain	-0.4838		-0.3995		0.0000	
	Process/Outcome Domain - Combined Score	-0.6050		-0.2877		0.0000	
	Normalized Numerical Score:	2.3950		2.7123		3.0000	
Hospital Safety Grade (Letter Grade):	D		C		B		

Timeframe	KH Grade
10/2024	C
5/2024	C
10/2023	C
5/2023	B
10/2022	A
5/2022	A
10/2021	A
5/2021	B
12/2020	B
5/2020	C
10/2019	C
5/2019	C

YTD Performance (Compared to Leapfrog Mean)

- **Outperforming Areas:**
 - ✓ CPOE, BCMA, & IPS
 - ✓ Safe Practice 1 & 2
 - ✓ Total Nursing care Hours per Patient Day
 - ✓ HACs
 - ✓ HAIs: CLABSI, CAUTI
- **Underperforming Areas**
 - ✓ Hand Hygiene
 - ✓ Patient Experience*
 - ✓ HAIs: SSI Colon, MRSA, C Diff
 - ✓ PSI 4
 - ✓ PSI 90

*All payer (HCAHPS surveys a random sample of adult inpatients, regardless of insurance type)

Safety Grade Criteria: < 1.938 F, ≥ 1.938 D, ≥ 2.464 C, ≥ 2.991 B, ≥ 3.202 A

Patient Safety Indicator (PSI) 90 Individual Components

PSI 90 Composite YTD Rate: **1.55****

PSI 90 Composite Fall 2024 Mean: **1.01**

PSI 90 Individual Component Oct 2023 - Sep 2024	Actual Events CMS Population (N/D)	CMS Risk Adjusted Rate	Actual Events ALL Payer (N/D)	ALL Payer Risk Adjusted Rate
*PSI 11 Postoperative Respiratory Failure	3/287	10.45	9/983	9.16
PSI 12 Perioperative Pulmonary Embolism or DVT	3/725	4.13	12/3116	3.85
*PSI 10 Postop Acute Kidney Injury Requiring Dialysis	1/279	3.58	2/952	2.00
PSI 09 Postoperative Hemorrhage or Hematoma	2/695	2.87	6/3020	1.99
PSI 03 Pressure Ulcer	2/2281	0.88	6/10446	0.57
PSI 06 Iatrogenic Pneumothorax	1/2984	0.34	4/13711	0.29
PSI 08 In-Hospital Fall-Associated Fracture	0/3033	0	0/14207	0
*PSI 13 Postoperative Sepsis	0/286	0	1/914	1.09
PSI 14 Postoperative Wound Dehiscence	0/135	0	2/720	2.78
PSI 15 Accidental Puncture or Laceration	0/500	0	1/2777	0.36

Patient Safety Indicator (11 & 12) Medicare Population Breakdown

PSI 11 Postoperative Respiratory Failure Rate: **10.45** (3/287) **per 1000** Elective Surgical Discharges

- PSI 11 highest weighted PSI within the PSI 90 composite score
- 3 Elective cardiac procedures

PSI 12 Perioperative Pulmonary Embolism or DVT Rate: **3.85** (3/725) **per 1000** Surgical Discharges

- 4th highest weighted PSI within the PSI 90 composite score
- 3 Procedures

*Elective procedures

** The weighted average of the observed-to-expected ratios for the PSI 90 component indicators (PSI 3,6,8,9,10,11,12, 13, 14, & 15)

Patient Safety Indicator (PSI) 90 ACTION PLAN

(Submitted by the Surgical Quality Improvement Committee)

PSI 12 Peri-Operative PE/DVT

Targeted Opportunities & Actions

Patients Receiving Best Practice Care
Consistently Across Surgical Specialties

High Level Action Plan 2025

- Explore DVT/PE risk assessment
- Include SCD orders in all sets
- Ensure proper SCD use with PACU/nursing
- Explore battery-operated SCDs
- Verify chemical prophylaxis orders

* Sequential Compression Devices (SCD) are shaped like “sleeves” that wrap around the legs and inflate with air one at a time. This imitates walking and helps prevent blood clots.

PSI 11 Post-Operative Respiratory Failure

Targeted Opportunities & Actions

Patients Receiving Best Practice Care
Consistently Across Surgical Specialties

High Level Action Plan 2025

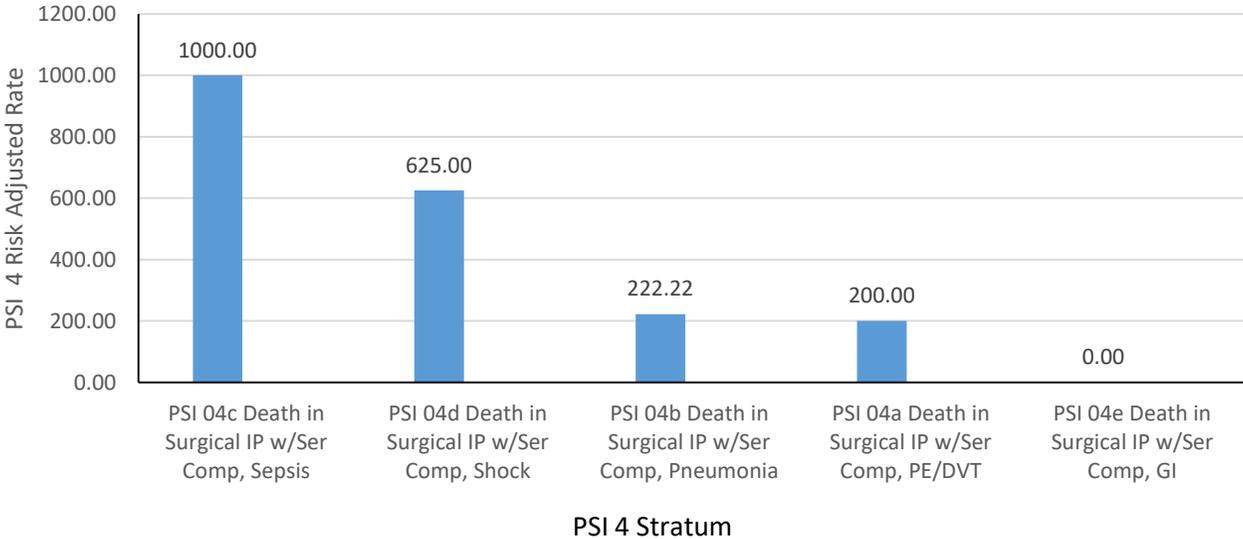
- Educate intensivists on best practices for documenting respiratory failure
- Review cases with Cardiovascular Services Director to find improvement opportunities

Patient Safety Indicator (PSI) 4: Death in Surgical Inpatients with Serious Treatable Complications - Medicare Population

PSI 4 YTD Rate: **342.86**

PSI 4 Fall 2024 Mean: 181.40

PSI 4 Death in Surgical Inpatients with Serious Treatable Complications Stratum Risk
Adjusted Rate Oct 2023 - Sep 2024



Patient Safety Indicator 4 Breakdown

- PSI 4 YTD Rate: 342.86 (12 Deaths /35 surgical discharges)
- PSI 4c Death - Stratum Sepsis: 1000 (2/2) per 1000 Surgical Discharges
- PSI 4d Death - Stratum Shock: 625 (5/8) per 1000 surgical discharges

Patient Safety Indicator PSI 4 ACTION PLAN

PSI 4 Death in Surgical Inpatients with Serious Treatable Complications

Targeted Opportunities & Actions

- Patients receiving best practice care consistently across surgical specialties
- Potential documentation opportunities

High Level Action Plan 2025

Under development

Hospital Acquired Infections (HAI) ACTION PLAN

(Submitted by the Surgical Quality Improvement Committee)

Surgical Site Infections (SSI)

Targeted Opportunities & Actions

Patients Receiving Best Practice Care

High Level Action Plan 2025

- Antibiotic (Abx) Management
- Skin Prep with Antiseptic intraoperatively

Methicillin-Resistant Staphylococcus aureus (MRSA)

Targeted Opportunities & Actions

Patients Receiving Best Practice Care

High Level Action Plan 2025

- Skin Decolonization: CHG bathing training for CNAs, implemented for line patients.
- MRSA Workflow: Auto-decolonization for SNF residents or recent readmissions with positive nasal swab.
- Cleaning Effectiveness: Share real-time data and trends in meetings to reduce HAIs.

Hand Hygiene and Patient Experience ACTION PLAN

Hand Hygiene

Targeted Opportunities & Actions

High Level Action Plan 2025

The Leapfrog “Safe Practice #6” Hand Hygiene section focuses on monitoring and program processes, not on compliance rates. KH is on track for 100 points in the 2025 Leapfrog Survey. Past gaps include:

- 200 Manual HH Observations per Quarter: Required across all patient care areas, shifts, and disciplines.
 - Action: Trained manual observers in targeted areas to meet Leapfrog's audit volume, reports sent to Infection Prevention.
- 200 Observations per Patient Care Area: Required for all defined Leapfrog areas.
 - Action: Evaluated locations, installed BioVigil in targeted areas.

Patient Experience

Targeted Opportunities & Actions

High Level Action Plan 2025

Leadership & Resources: New oversight, comprehensive restructure for KH patient experience program

- Dedicated FTEs to improve patient experience
- Focus on Net Promoter Score & CMS HCAHPS
- Enhance employee engagement
- Proactive patient rounding
- Emphasis with engaging multidisciplinary stakeholders
- Monitor & Improved patient experience reporting through multiple committees and subcommittees

Safety Culture Update

Targeted Opportunities & Actions

High Level Action Plan 2024-2025

Safe Practice #2 – Culture Measurement, Feedback & Intervention

- Resurvey planned for 1Q 2025 – evaluates unit level action plans submitted and updated from the 2023 survey, and evaluates action plans completed related to improving culture within roles previously identified as focused opportunities
- Planning unit/dept rounding program focused on patient safety and patient experience
- 3Q 2024 restarted in person New Employee Session focused on patient safety
- 3Q 2024 started 2.5 hr. leadership orientation session initiated with focus on patient safety & quality
- Just Culture program – leadership training and enhanced structure and support through “Just Culture Champions” and scenario review sessions (application practice of the just culture process with real scenarios)

1Q 2023 Safety Culture Survey Results

- Question #14 “The amount of job stress I feel is reasonable”
- This was the 1 question that Press Ganey identified as “concern” for Kaweah Health in the 2023 survey when compared to like facilities (facilities >400 beds). A “concern” is a question that is scoring significantly lower than the comparison
- ACTION: Quality Committee (previously “QIC”) analyzed the data by location and determined that each location has individualized concerns specific to that work setting (ie. staffing). The Chiefs will work with each low scoring location identified on this question to address the individualized concerns.

Leapfrog Hospital Safety Score Regional Comparison

Fall 2024 Grades Not Yet Released by Leapfrog

Hospitals within 100 Miles	Spring 2024 Grade
Adventist Health – Twin Cities	A
Adventist Health - Hanford	A
Adventist Health - Selma	A
Sierra View Medical Center	D
Community Regional Medical Center	C
Clovis Community Medical Center	B
Saint Agnes Medical Center	D
Kaiser Permanente Medical Center - Fresno	A
Adventist Health - Delano	D
Good Samaritan Hospital	C
Bakersfield Heart Hospital	B

Hospitals within 100 Miles	Spring 2024 Grade
Adventist Health – Bakersfield	C
Mercy Hospital – Bakersfield Downtown	B
Bakersfield Memorial Hospital	A
Kern Medical Center	C
Mercy Hospital - Bakersfield Southwest	A
Other Facilities	
Cleveland Clinic – Euclid Hospital	B
Johns Hopkins County General Hospital	B
University of California Ronald Reagan UCLA Medical Center	A
Harbor UCLA Medical Center	C
Los Angeles General Medical Center – County Hospital	A

Thank you

Live with passion.

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



Grow Targeted Surgery/Procedure Volumes

Champions: Tracy Salsa and Kevin Bartel

Description: Grow volumes in key service lines, including Orthopedics, Endoscopy, Urology, and Cardio Thoracic services.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.6	Endoscopy-Recruit a pulmonologist to provide procedures within the endoscopy department.	07/01/2024	06/30/2025	JC Palermo	Achieved	Dr. Walter Gribben has signed both the PRA and PSA and will start seeing patients in a Kaweah Health Clinic, Spring of 2025.
2.1.8	Cardiothoracic Surgery-Add a cardiothoracic surgeon to increase CT surgery capacity.	07/01/2024	06/30/2025	JC Palermo	On Track	We are currently working through the contracting phase with a Cardiothoracic Surgeon. Her tentative start date is January 2025. Once we complete the contracting phase, she will assist with the recruitment of two more surgeons.
2.1.1	Orthopedic-Add an Orthopedic Traumatologist to increase volume from outside facilities and to retain additional cases at Kaweah Health.	07/01/2024	06/30/2025	Kevin Bartel	On Track	Dr. Dean has successfully began seeing cases at Kaweah. Review will be ongoing as to the impact of Dr. Dean's presence as it relates to keeping more cases local (versus transferring). Dr. Dean is working directly with the transfer center, trauma team and other orthopedic surgeons to optimize our ability to effectively accept additional orthopedic transfer cases and avoid unnecessary outbound transfers. Dr. Dean performed 41 cases in October.
2.1.2	Orthopedic-Implement a dedicated orthopedic trauma room to improve efficiencies in completion of orthopedic trauma cases.	07/01/2024	06/30/2025	Kevin Bartel	Achieved	New ortho traumatologist has successfully started working at Kaweah, and has been consistently performing cases in the dedicated ortho trauma room. Surgery leadership will focus on continued use of this room with appropriate OR staff support ongoing
2.1.3	Orthopedic-Prioritize efforts to optimize OR time and efficiency for orthopedic surgeons.	07/01/2024	06/30/2025	Kevin Bartel	On Track	Since opening up a dedicated orthopedic trauma room in September, the number of add on cases after 5pm for orthopedics has decreased noticeably, reducing the strain on OR staffing after-hours. Sharing first case delays with the orthopedic group on a monthly basis to address barriers related to delays. Surgery leadership is reviewing existing use of flip rooms to assess this utilization and planning to meet individually with orthopedics as appropriate to improve efficiency. Surgery teams are supporting the implementation of new equipment with Dr. Daniels, which will ultimately result in additional cases and efficiencies.
2.1.4	Urology-Add a full time advanced practice provider to the urology clinic to see more patients and allow existing providers to take additional call coverage.	07/01/2024	06/30/2025	Kevin Bartel	Off Track	Successfully hired a full time APP to support the urology clinic, but unanticipated issues related to necessary physician supervision (for billing purposes) have disallowed our APP to bill independently for their services. Working currently on a solution to allow APP independent billing in the next 2-3 months through finding alternative supervising MD partnership.
2.1.5	Urology-Ensure that all four existing USC urology subspecialists rotate at Kaweah Health for surgery at least every 2-3 months.	07/01/2024	06/30/2025	Kevin Bartel	Off Track	Visits in August from Dr. Hemal and Dr. Fuchs in October. Visit from Dr. Gill scheduled for December. Currently, no planned visits for the future Dr. Nabhani and Dr. Fuchs. Dr. Gill and Dr. Nabhani have come to Kaweah for surgery cases twice each in calendar year 2024 through October.
2.1.7	Endoscopy-Add two additional endoscopy suites by moving into the old OB operating rooms.	07/01/2024	06/30/2025	Kevin Bartel	On Track	Clinical leadership (including interim surgery director) are walking the space and discussing plans to operationalize this space. More updates on timelines in coming month(s).
2.1.9	Cardiothoracic Surgery-Implement a lung nodule screening program.	07/01/2024	06/30/2025	Tracy Salsa	Not Started	Per Renee Lauck, "lung nodule program started and have distributed information to the KH clinics and should have received our ordering criteria." A nurse navigator has been hired. Incidental findings for ER patients to follow, possibly later this fall. Need to identify a CT surgeon that will be part of this team and recruitment is ongoing. Estimating CT surgeon involvement in this program will be sometime in FY25 Q4.
2.1.10	Cardiothoracic Surgery- Increase marketing activities for the cardiothoracic surgery program.	07/01/2024	06/30/2025	Tracy Salsa	Off Track	Kaweah Health recently terminated the Stanford Health contract. We are currently recruiting two CT surgeons. Once contract(s) are signed, marketing activities will resume. Estimating first FT CT surgeon will start in Jan 2025. Estimating second CT surgeon to start shortly thereafter. Will be hiring a total of 3 CT surgeons. Third CT surgeon will take more time - estimating start for 3rd CT surgeon late 2025.

Grow Targeted Surgery/Procedure Volumes

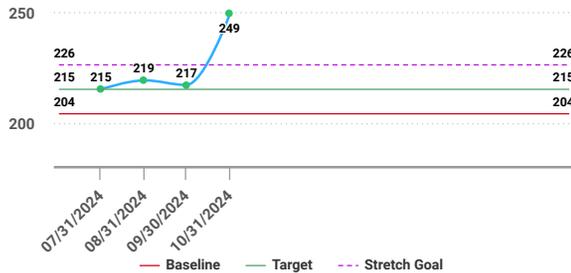
Champions: Tracy Salsa and Kevin Bartel

Description: Grow volumes in key service lines, including Orthopedics, Endoscopy, Urology, and Cardio Thoracic services.

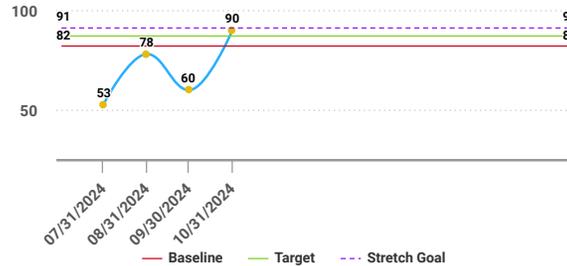
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.3.1	Perform 215 orthopedic surgery cases per month.	07/01/2024	06/30/2025	Kevin Bartel	On Track	Able to surpass stretch goal for the month of October
2.1.5.1	Perform 87 urology surgery cases per month.	07/01/2024	06/30/2025	Kevin Bartel	Off Track	Although the target procedure volume was surpassed in October, the average case volume for Urology this FY25 is 70.25, falling short of the established target.
2.1.7.1	Perform 636 endoscopy procedures per month.	07/01/2024	06/30/2025	Lori Mulliniks	On Track	Our OP was the highest @ 499 procedures since pre-FY23. Our IP was steady at 146 procedures (FY24 average was 154)
2.1.9.1	Perform 27 elective cardiothoracic surgeries per month.	07/01/2024	06/30/2025	Tracy Salsa	Off Track	Dramatic decrease in surgical volume continues from previous month (total of 18 CT surgery cases). Total "true" cardiothoracic surgeries = 14; 5 of these were elective (i.e. same day admit vs. inpatient). See comments about surgeon recruitment & ending of Stanford contract.

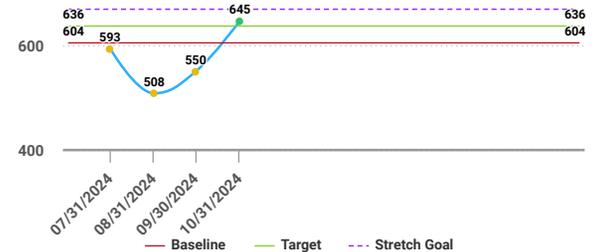
Perform 215 Orthopedic Surgery Cases Per Month



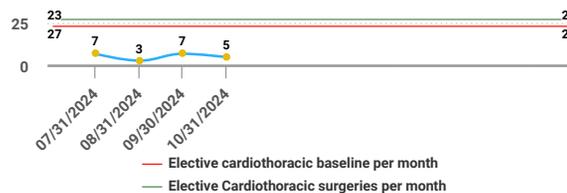
Perform 87 Urology Surgery Cases Per Month



Perform 636 Endoscopy Procedures Per Month.



Perform 27 Elective Cardiothoracic Surgeries Per Month



Expand Clinic Network Champions: Ivan Jara and Melissa Quinonez

Description: Strategically expand and enhance the existing clinic network to increase access at convenient locations for the community.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1	Expand services at the 202 Willow Clinic.	07/01/2024	08/31/2024	Ivan Jara	On Track	Orthopedic Services - May 2024 OB/GYN Services - December 2024 (Dr. Quinn and Rita, CNMW) Pediatrics Services - April 2025 (Dr. Flores) Laboratory Services - 2025 Other specialty services - 2025
2.2.2	Open the Youth Crisis Stabilization Unit.	07/01/2024	04/30/2025	Melissa Quinonez	On Track	Workgroups are launching in October 2024 and ongoing communication with the County is taking place. Expected opening date is late summer/early fall 2025.
2.2.3	Continue to explore and develop clinic strategic growth opportunities.	07/01/2024	06/30/2025	Ivan Jara	On Track	New Woodlake Rural Health Clinic - March 2025. Exploring locations to establish commercial practices in Visalia. Exploring locations in Tulare county to expand services through Rural Health Clinics. Pursuing growth through practice acquisitions.

Innovation Champion: Jag Batth

Description: Implement and optimize new tools and applications to improve the patient experience, communication, and outcomes.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.1	Explore opportunities to use technology and artificial intelligence across Kaweah Health.	07/01/2024	06/30/2025	Luke Schneider	On Track	We are in the process of exploring different vendors and their capabilities regarding ambient listening and documentation.
2.3.2	Redesign the current clinic care model-face to face and telehealth visit optimization.	07/01/2024	06/30/2025	Ivan Jara	On Track	Continue to expand the use of our telehealth platform, American Well. Stay informed of billing guidelines and payer changes impacting the financial sustainability of telehealth services. Evaluate services that are able to implement virtual care as a method to reach and treat their patients.
2.3.3	Explore expansion of telehealth services for inpatient areas.	07/01/2024	06/30/2025	Kevin Bartel	On Track	RFPs are being prepared for Neurology telehealth services led by the CMO and Surgery Services Director.
2.3.4	Implement and integrate referral and authorization software across the organization.	07/01/2024	06/30/2025	Lily Hinojos	On Track	Our resource team is still meeting weekly, making steady progress toward project completion, which we now anticipate by Spring 2024.
2.3.5	Implement short and long term online scheduling and registration tools for patients.	07/01/2024	06/30/2025	Luke Schneider	On Track	A solution is planned to allow for online lab scheduling to go live by January 2025. We are exploring long term solutions related to online scheduling and registration across various service lines is continuing to be explored.
2.3.6	Develop plan for centralized navigation services.	07/01/2024	06/30/2025	Lily Hinojos	On Track	We have successfully completed scheduling for all appointments within the call center. As we work toward full staffing, we plan to expand our scheduling support to include Ben Maddox and the urgent care facilities. Our target completion date for this phase of the project is June 2025
2.3.7	Explore financial opportunities of an advanced care at home program.	07/01/2024	06/30/2025	Marc Mertz	On Track	We've had meaningful conversations with Sequoia Health Plan regarding a consulting engagement with SENA. The proposal was approved by SHP and will be brought to the Kaweah Health Executive Team for consideration.

Enhance Health Plan Programs Champion: Sonia Duran-Aguilar

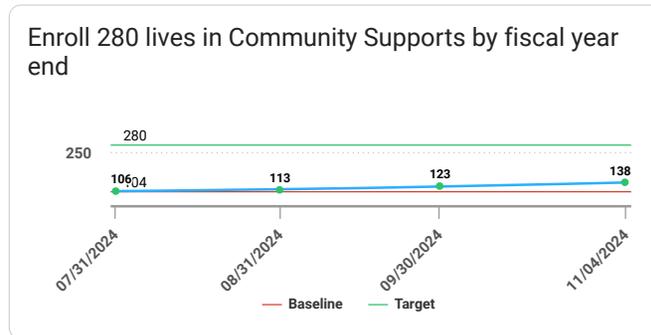
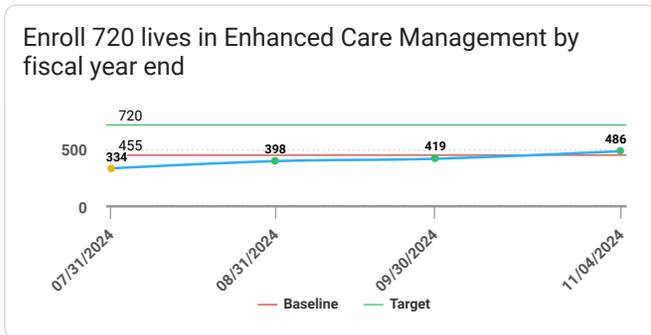
Description: Improve relationships with health plans and community partners and participate in local/state/federal programs and funding opportunities to improve overall outcomes for the community

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.1	Evaluate and add additional population areas for Enhanced Care Management with a focus on children and youth.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	On Track	The CalAIM team continues to grow and is supporting the Populations of Focus we are currently under contract to serve. We continue to evaluate adding Children/Youth POF with consideration of admin burden to add this population, completely new care plans and policies and procedures. Additionally, work to advocate to DHCS to add Farmworkers remain underway given Health Disparities in Health Outcomes identified through the UC Merced Farmworker Study.
2.4.3	Grow Community Supports community care coordinator staff to 7, with an assigned case load of 40 patients.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	On Track	Program remains staffed with 4 CCC to support Housing Navigation & Transition Services and Housing Sustainability. Work to add additional CCC remains underway. Position with funding through PATH Cited Round 2 remains in place.
2.4.2	Grow Enhanced Care Management community care coordinator staff to 18 with an assigned case load of 40 patients.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	On Track	We currently have 16 CCC supporting ECM. Positions are still open through PATH CITED Round 2 funding. Hiring will be phased in to support with training and development. Team continues to work toward panel size of 40. New employees slowly growing their panel.

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.3.1	Increase enrollment to 280 lives in Community Supports by fiscal year end.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	On Track	Collaboration with the health plans remains underway to address delays in health plan authorizations. We have seen growth in the program thanks to those meetings and active discussion. Over 39 individuals (some families) have been housed thanks to these efforts.
2.4.2.1	Increase enrollment to 720 lives in Enhanced Care Management by fiscal year end.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	On Track	Centralized Outreach efforts have been implemented with great success. Plan to reach 500 enrolled members by end of December 2024, if not sooner.



Explore Organizational Affiliations Champion: Marc Mertz

Description: Pursue organizational affiliations and partnerships.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.1	Obtain Board Approval to execute a new agreement related to the Gateway Project between Kaweah Health, Physician Partners and a Development Company.	07/01/2024	07/31/2024	Marc Mertz	Off Track	We continue to review and refine the financial projections for the ASC. Physicians have provided valuable input on potential volumes and services, and we are working with our consultant to update the pro forma accordingly.
2.5.2	Explore opportunity to expand existing and new partnerships.	07/01/2024	06/30/2025	Marc Mertz	On Track	Kaweah Health continues to explore opportunities with local providers as well as other potential opportunities.

CFO Financial Report

Month Ending October 2024

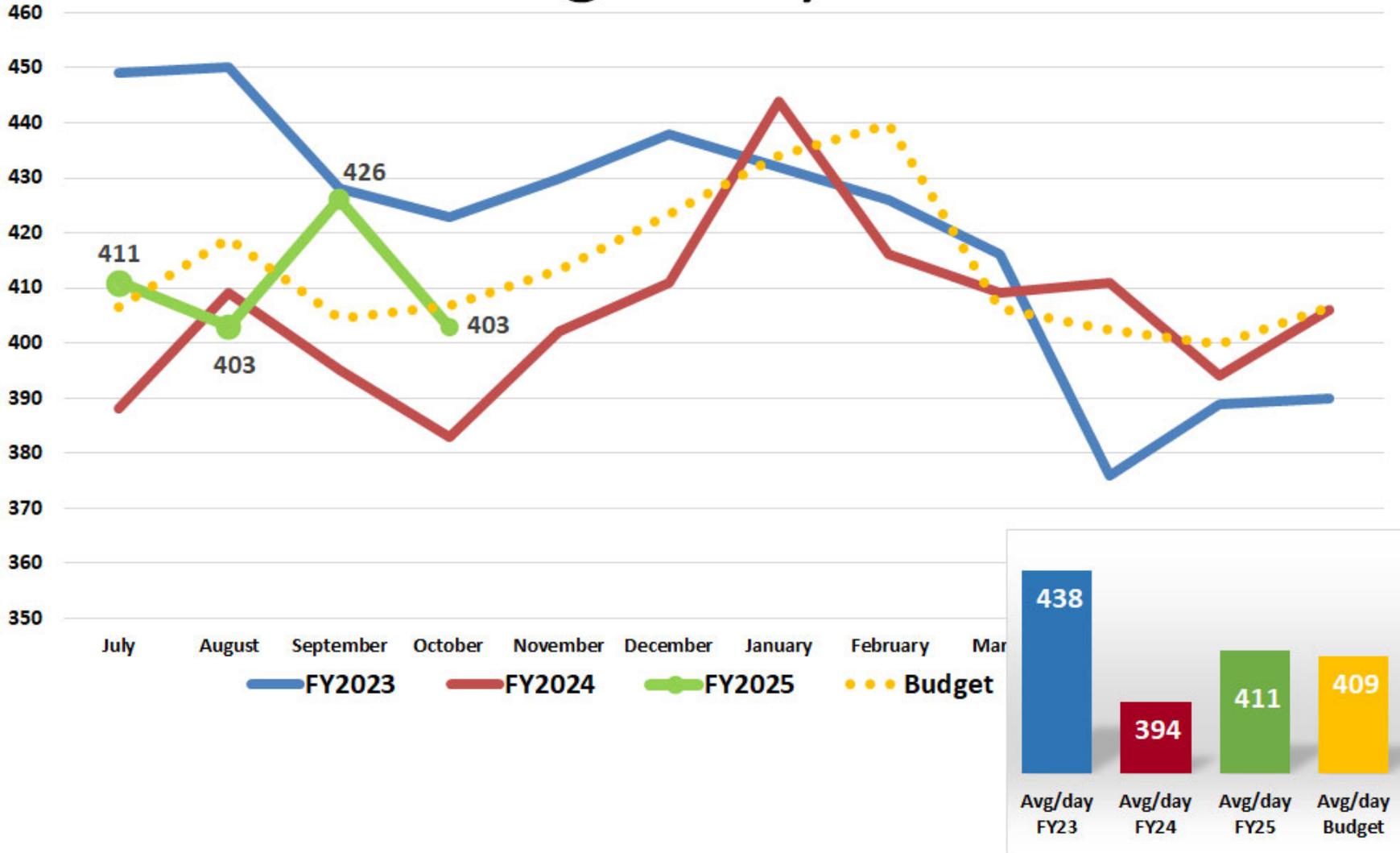


[kawahhealth.org](https://www.kawahhealth.org)

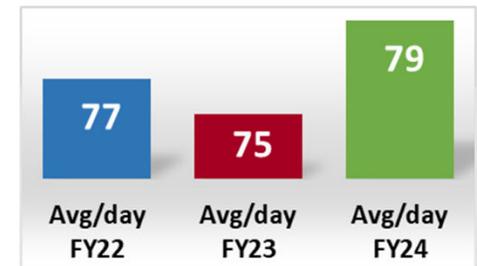
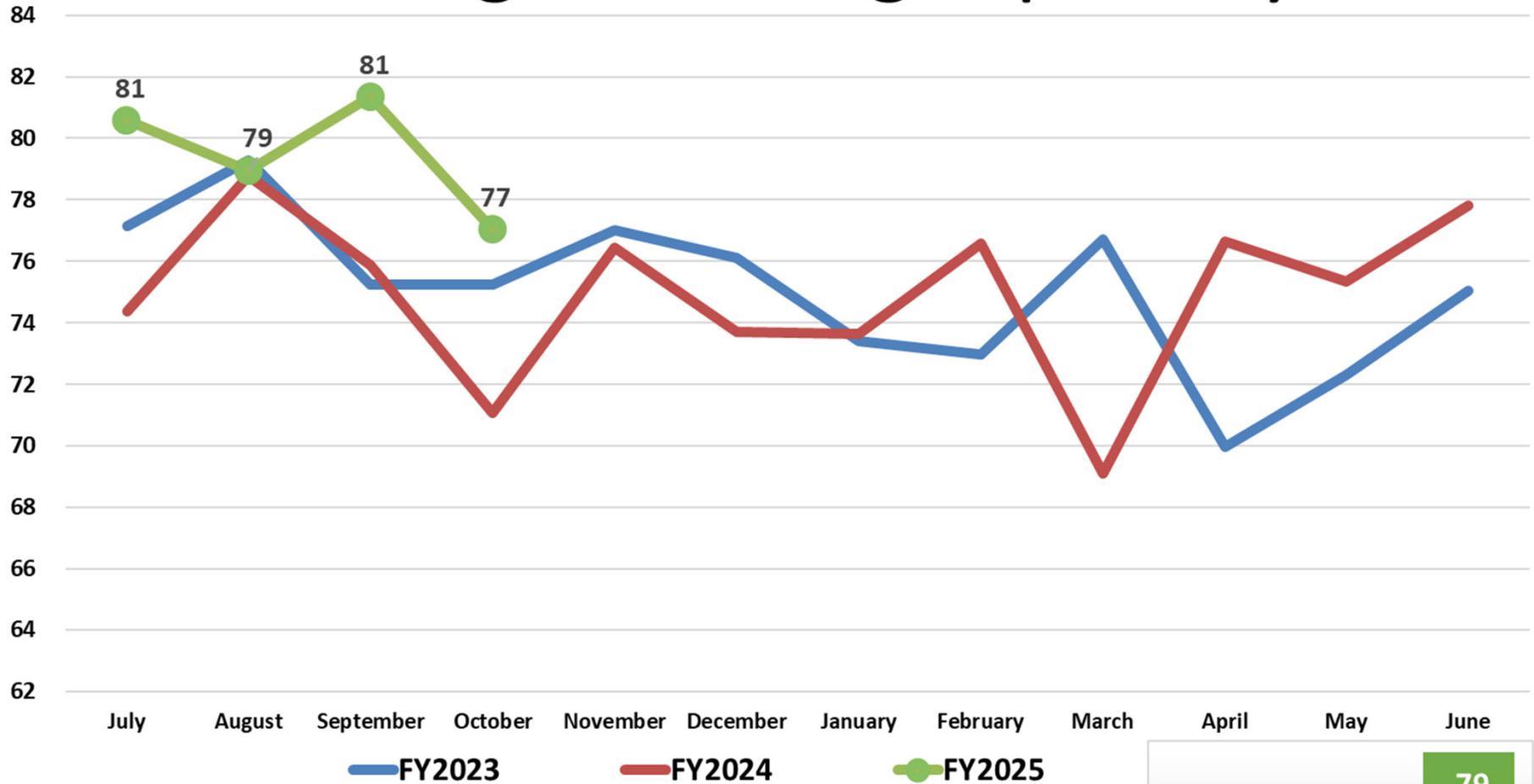


Kawah Health[™]
MORE THAN MEDICINE. LIFE.

Average Daily Census



Average Discharges per day



Statistical Results – Fiscal Year Comparison (Oct)

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

Average Daily Census	383	403	5.1%	407	(4)	(1.0%)
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KDHCD Patient Days:

Medical Center	7,921	8,303	4.8%	8,394	(91)	(1.1%)
Acute I/P Psych	1,336	1,153	(13.7%)	1,403	(250)	(17.8%)
Sub-Acute	873	971	11.2%	930	41	4.4%
Rehab	491	641	30.5%	555	86	15.5%
TCS-Ortho	324	372	14.8%	376	(4)	(1.1%)
NICU	430	453	5.3%	450	3	0.7%
Nursery	502	590	17.5%	500	90	18.0%

Total KDHCD Patient Days	11,877	12,483	5.1%	12,608	(125)	(1.0%)
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Total Outpatient Volume	60,171	64,108	6.5%	61,660	2,448	4.0%
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Statistical Results – Fiscal Year Comparison (Jul-Oct)

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

Average Daily Census	394	411	4.3%	409	1	0.3%
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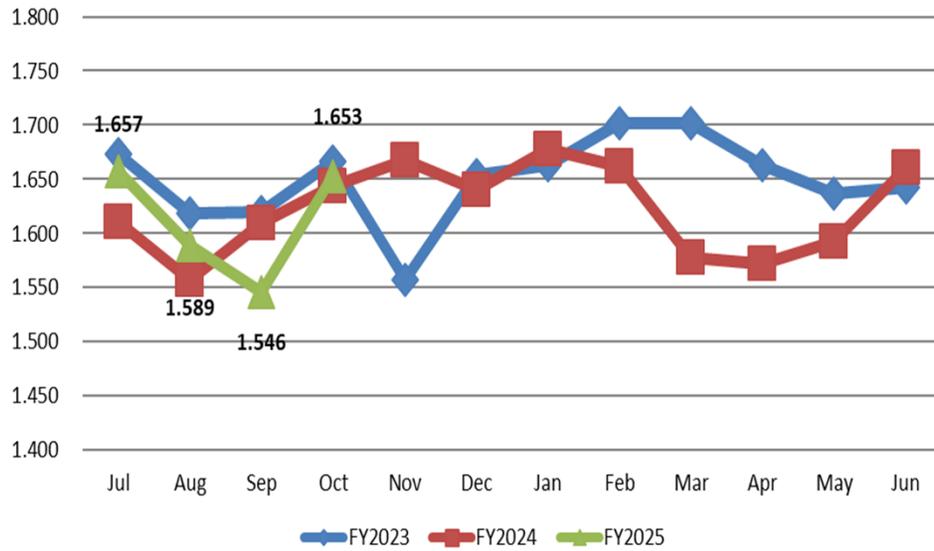
KDHCD Patient Days:

Medical Center	32,074	34,778	8.4%	33,609	1,169	3.5%
Acute I/P Psych	5,281	4,547	(13.9%)	5,567	(1,020)	(18.3%)
Sub-Acute	3,723	3,678	(1.2%)	3,690	(12)	(0.3%)
Rehab	2,071	2,289	10.5%	2,217	72	3.2%
TCS-Ortho	1,469	1,356	(7.7%)	1,480	(124)	(8.4%)
NICU	1,747	1,760	0.7%	1,775	(15)	(0.8%)
Nursery	2,073	2,092	0.9%	2,000	92	4.6%

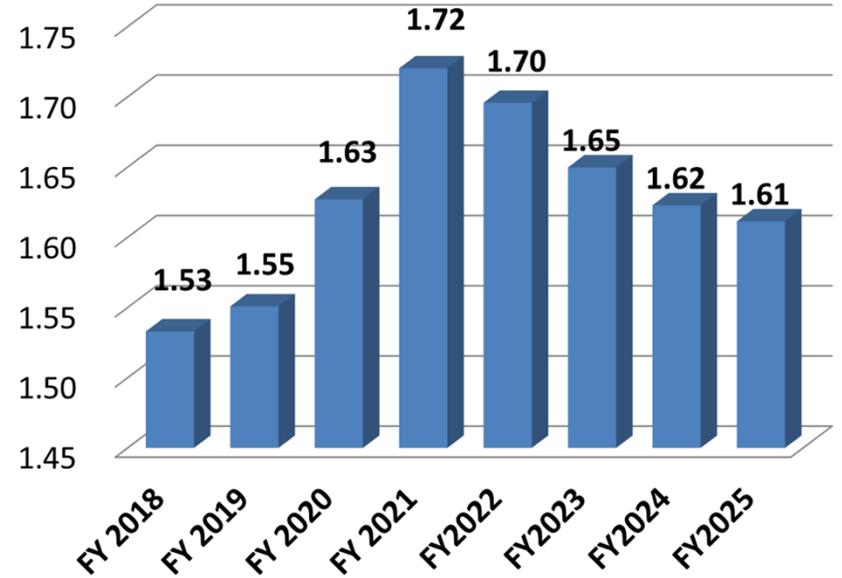
Total KDHCD Patient Days	48,438	50,500	4.3%	50,338	162	0.3%
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Total Outpatient Volume	232,743	242,022	4.0%	244,652	(2,630)	(1.1%)
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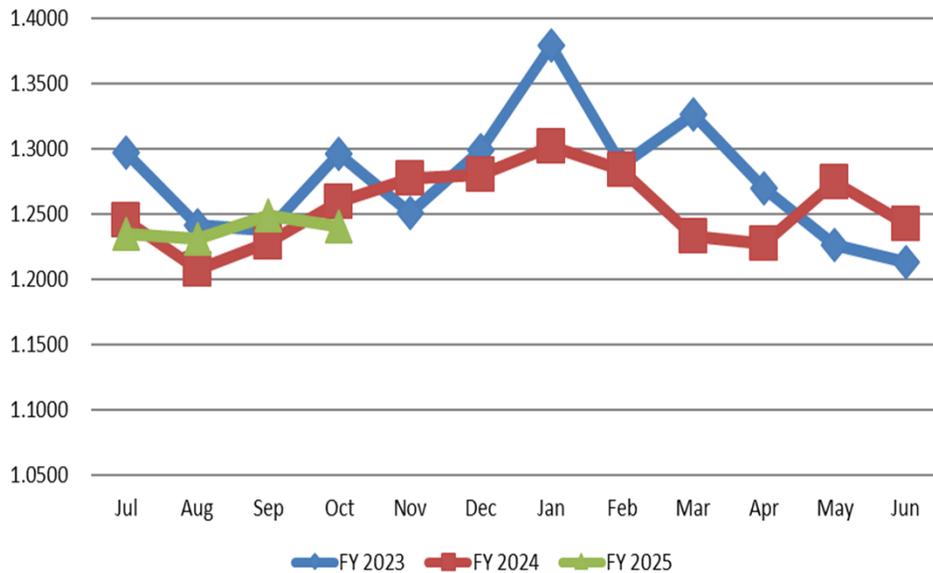
Case Mix Index w/o Normal Newborns



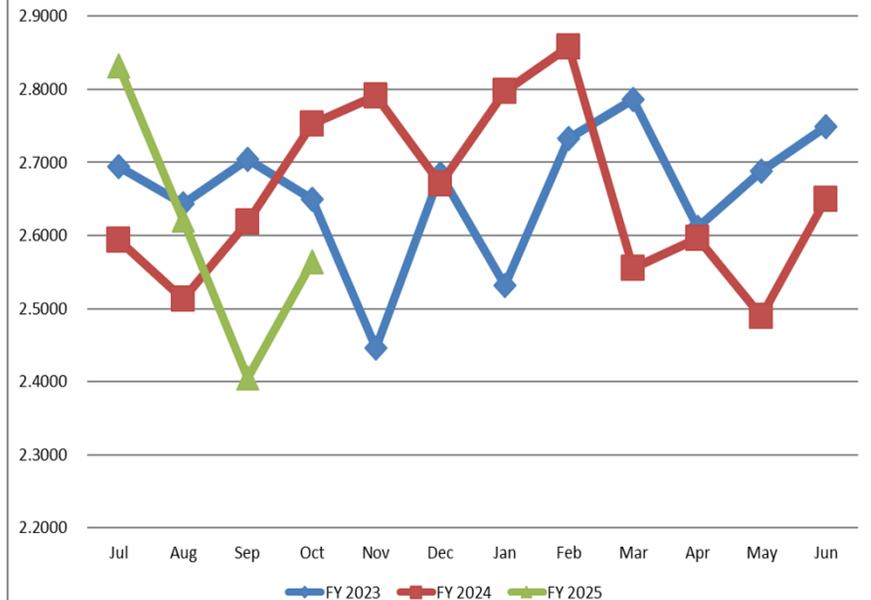
Case Mix Index w/o Normal Newborns - All



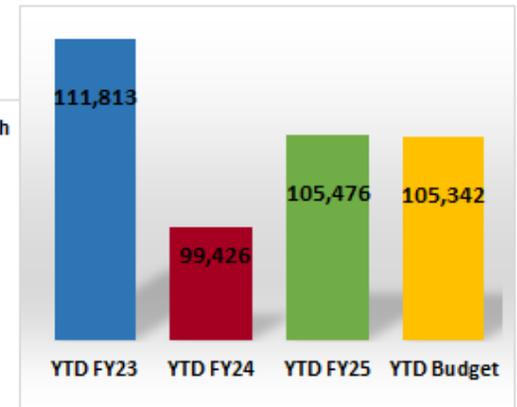
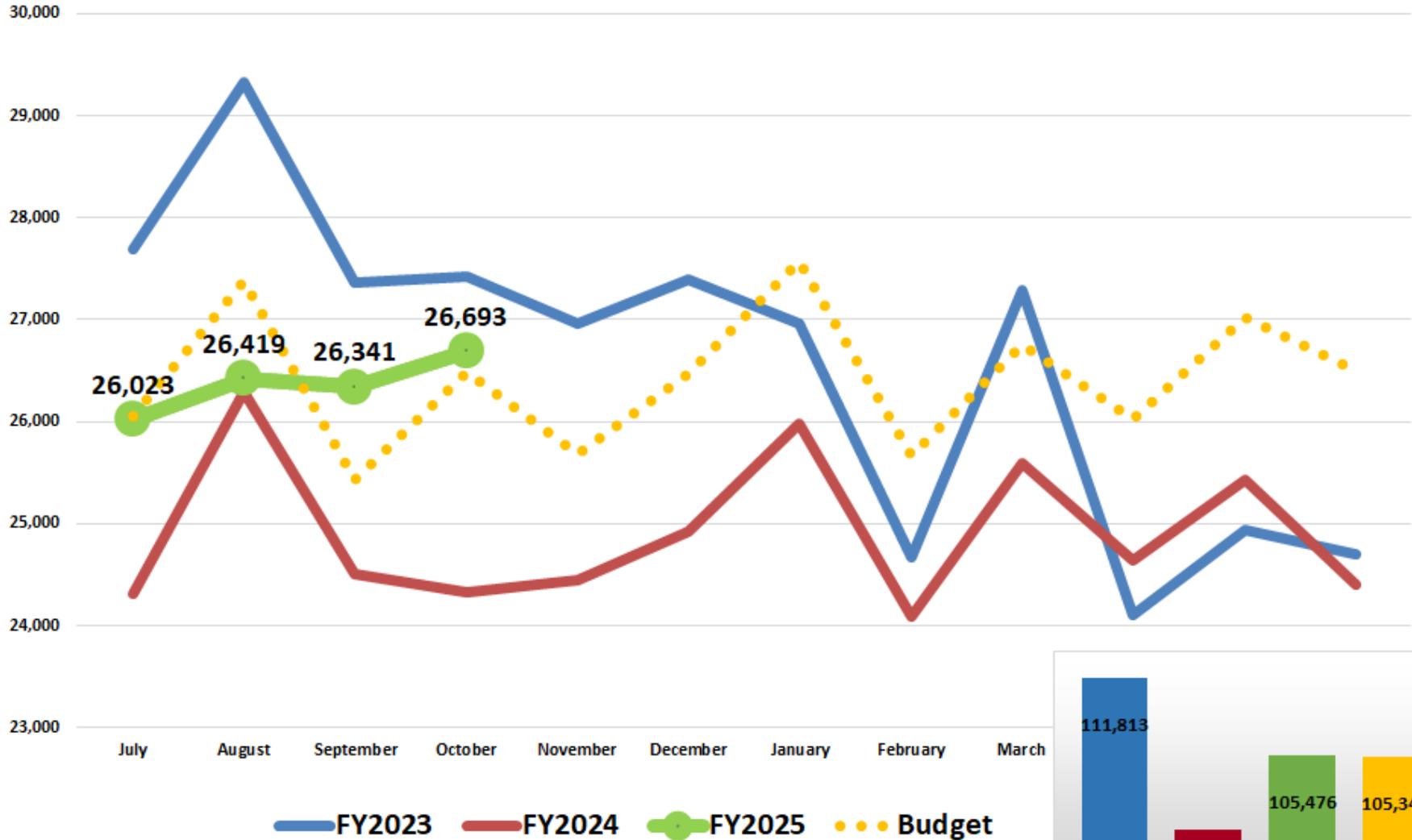
Case Mix **Medical w/o Normal Newborns**



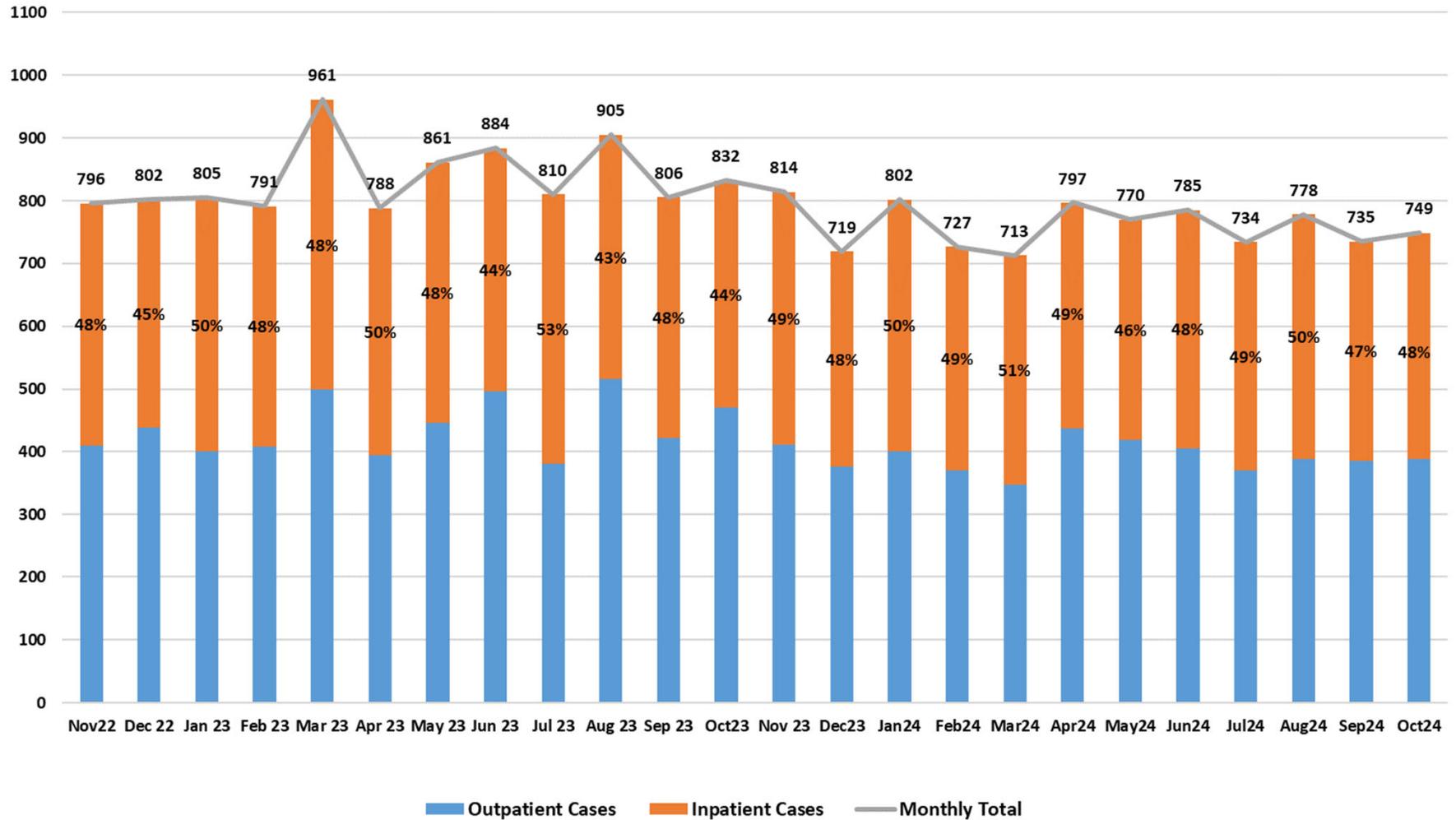
Case Mix Index **Surgical w/o Normal Newborns**



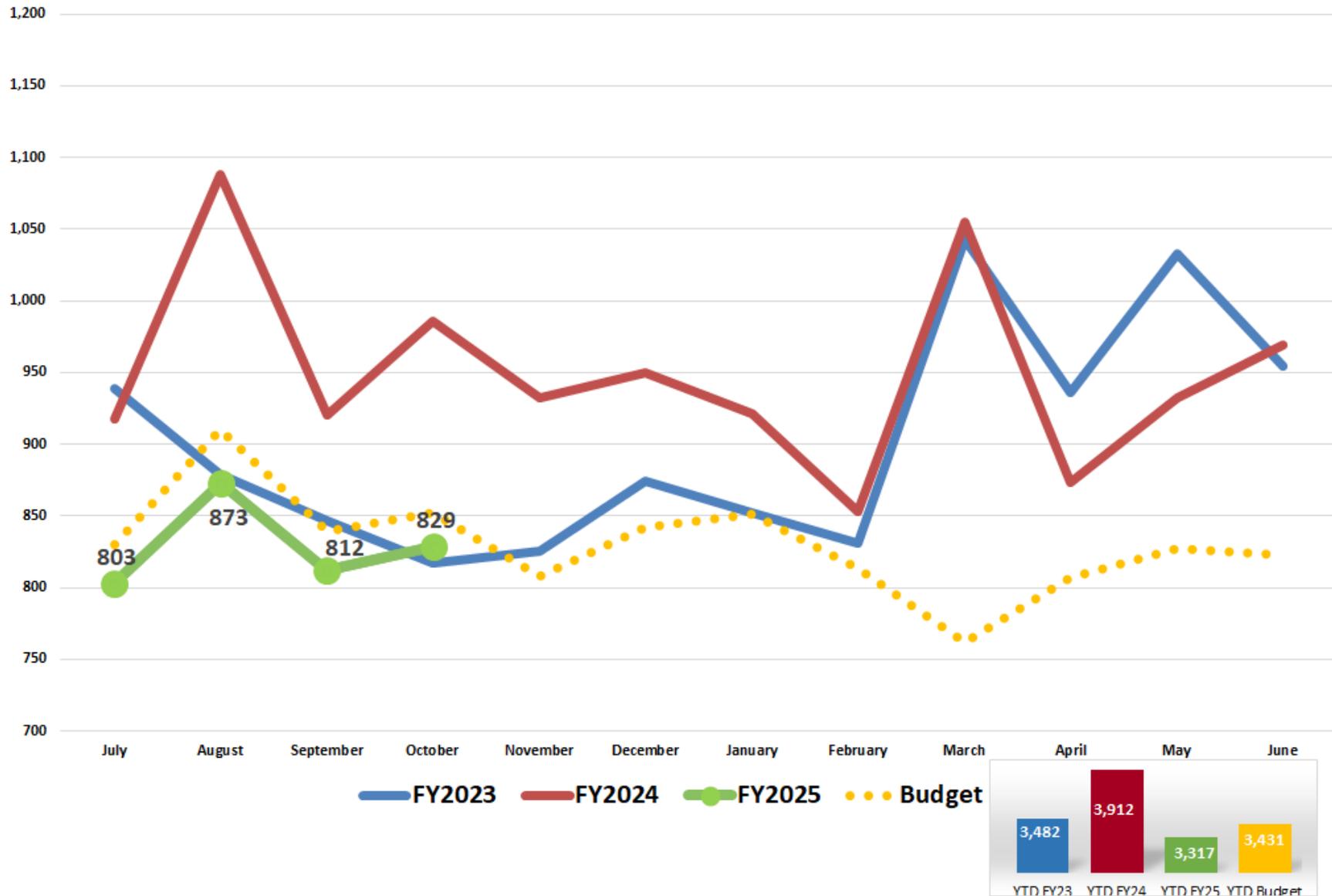
Adjusted Patient Days



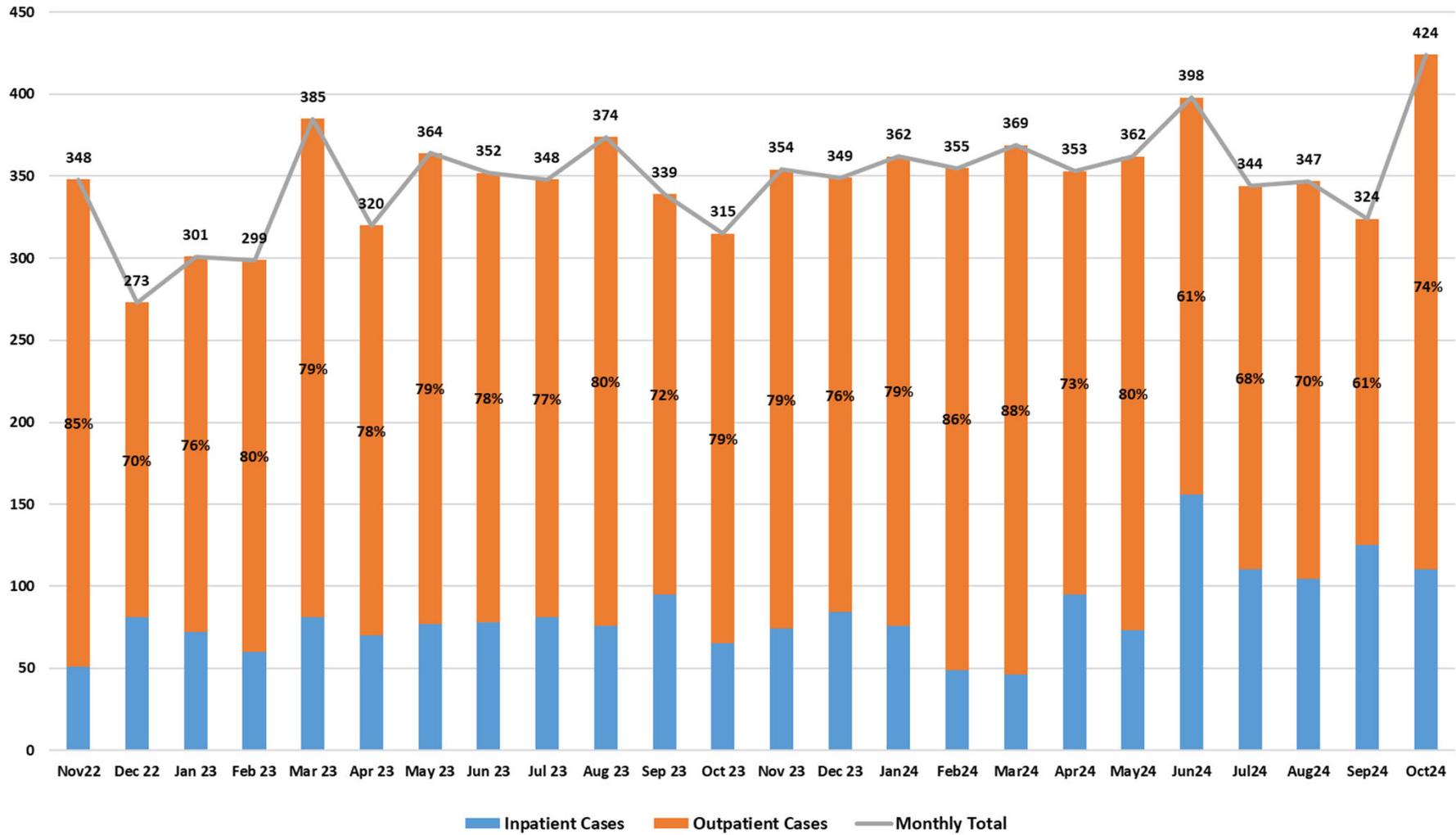
Surgery Cases (IP & OP)



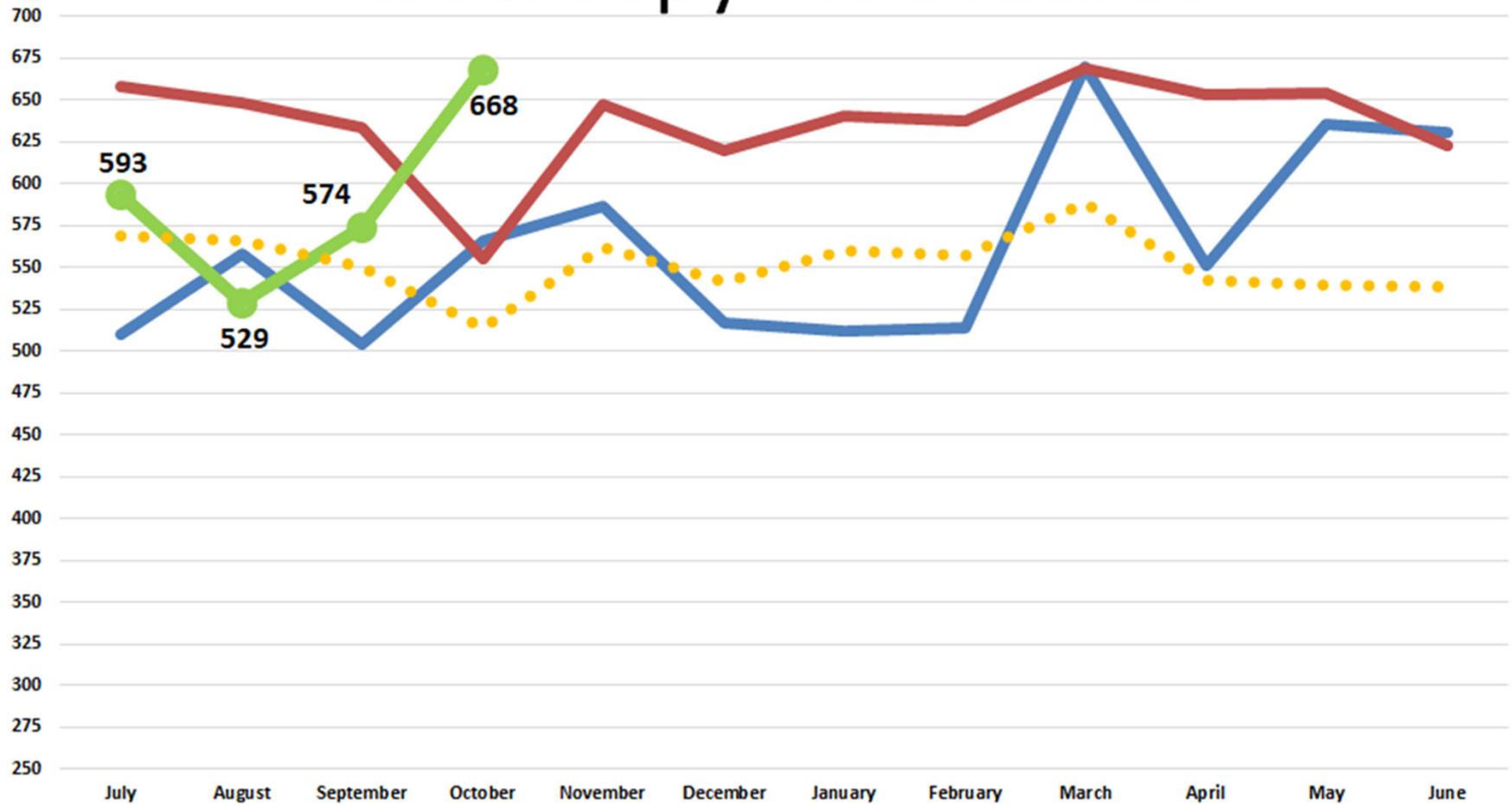
Surgery (IP & OP) – 100 Min Units



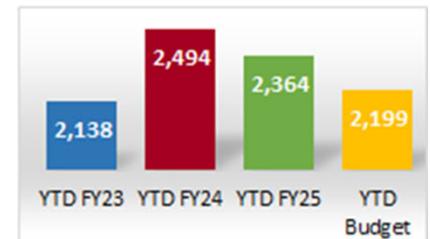
Endo Cases (Suites A & B and OR)



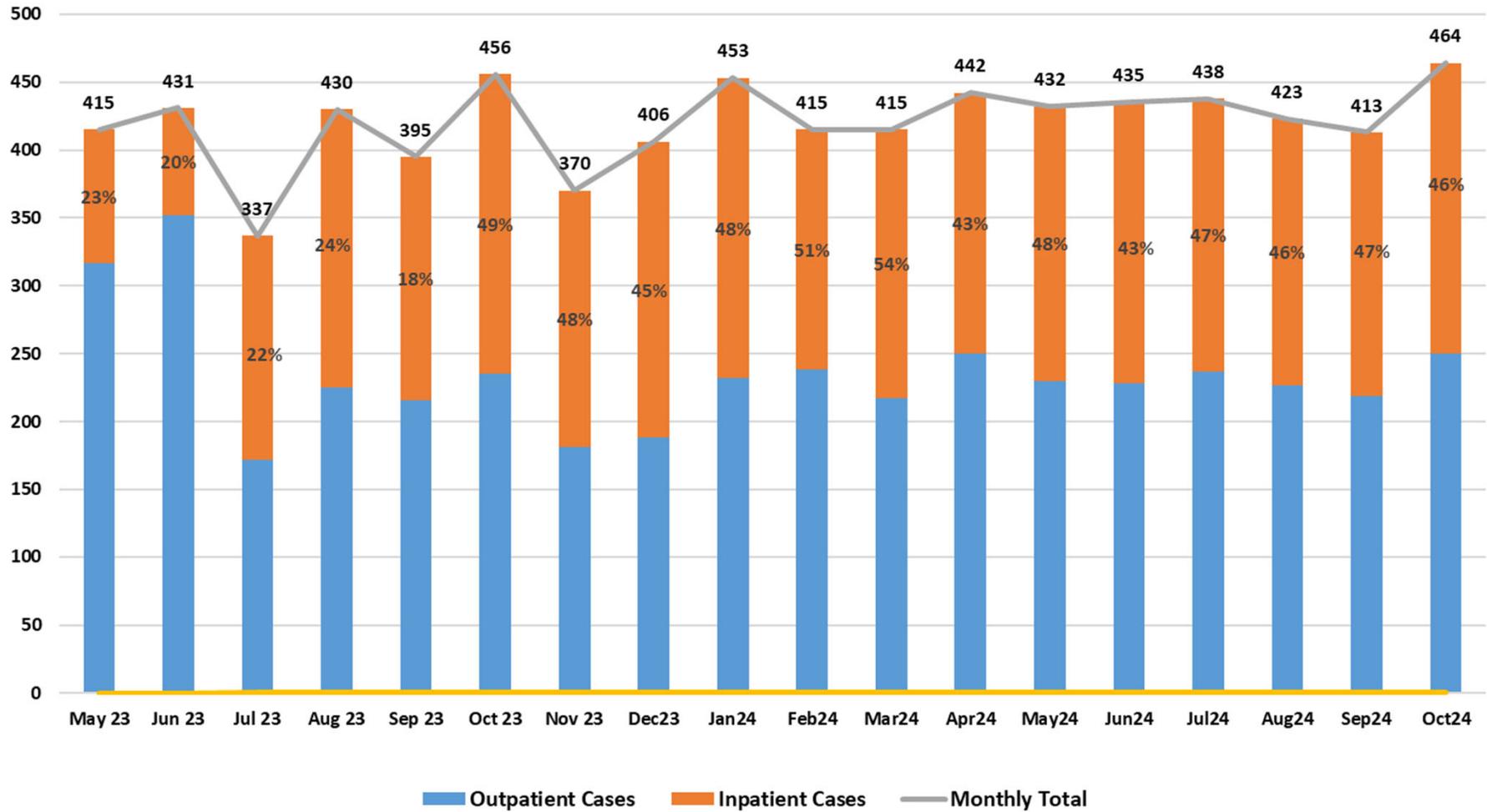
Endoscopy Procedures



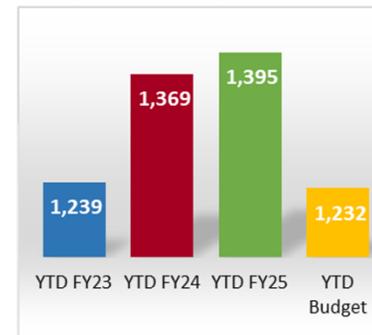
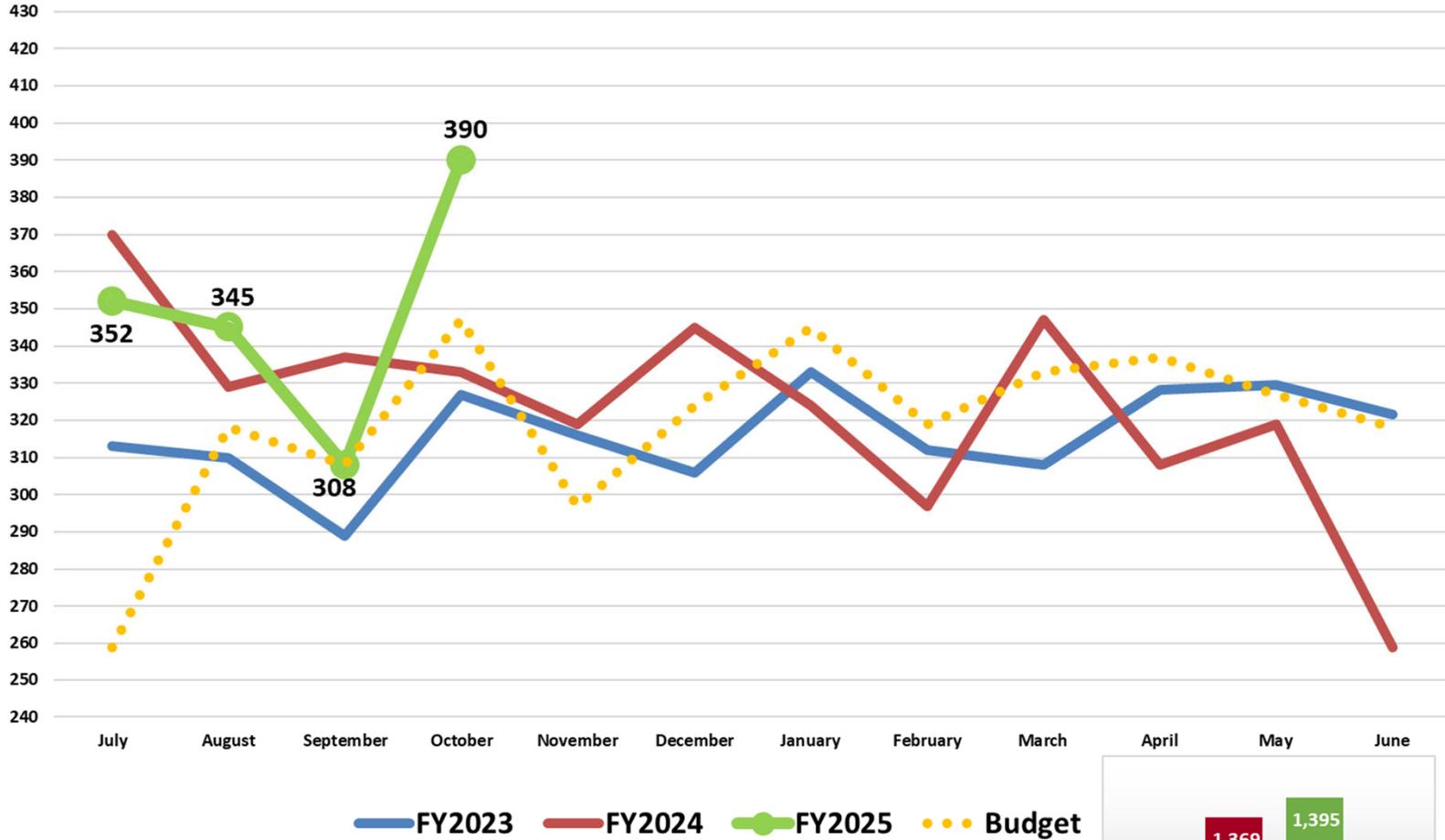
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



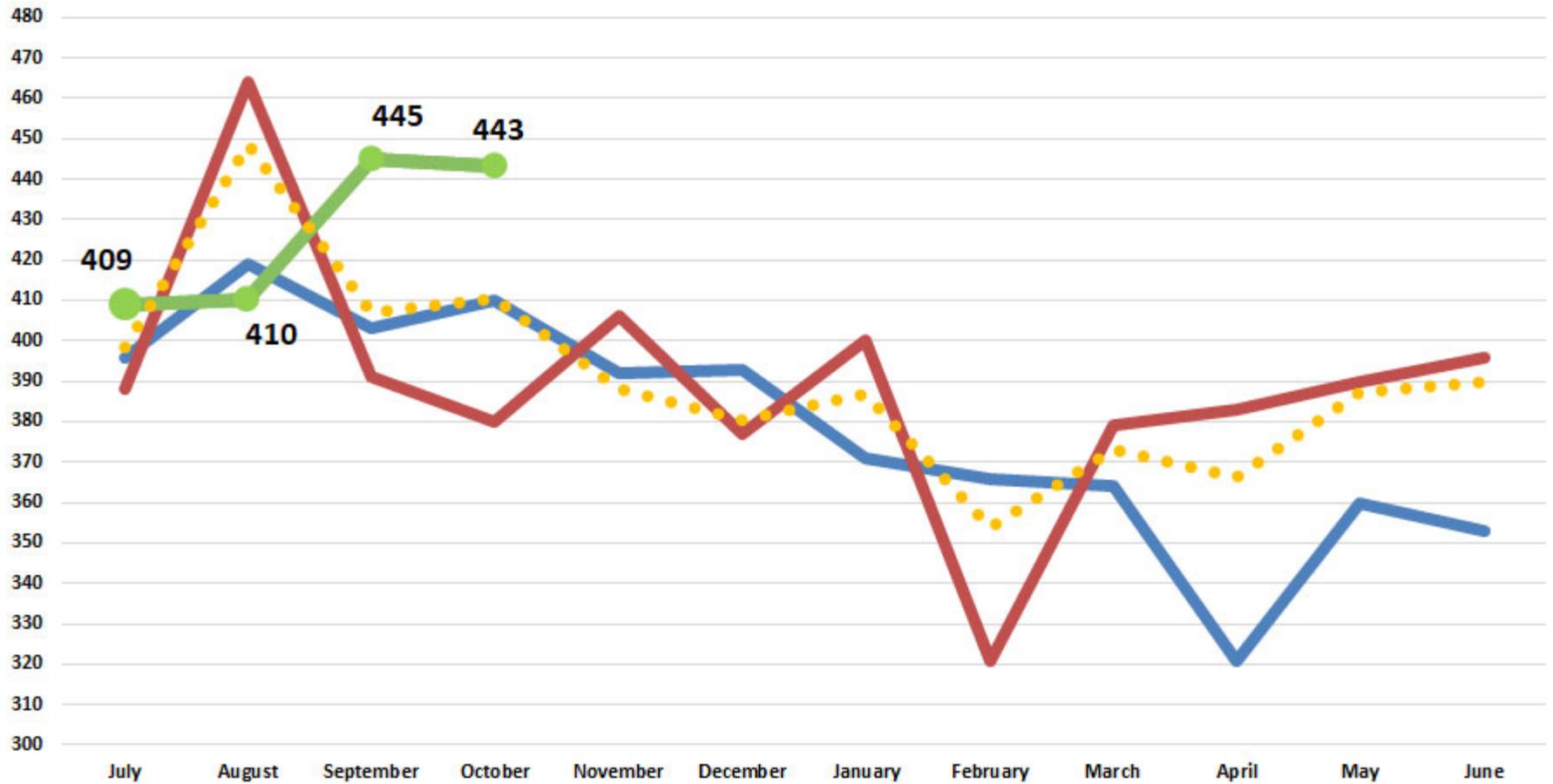
Cath Lab Patients (IP & OP)



Cath Lab (IP & OP) – 100 Min Units



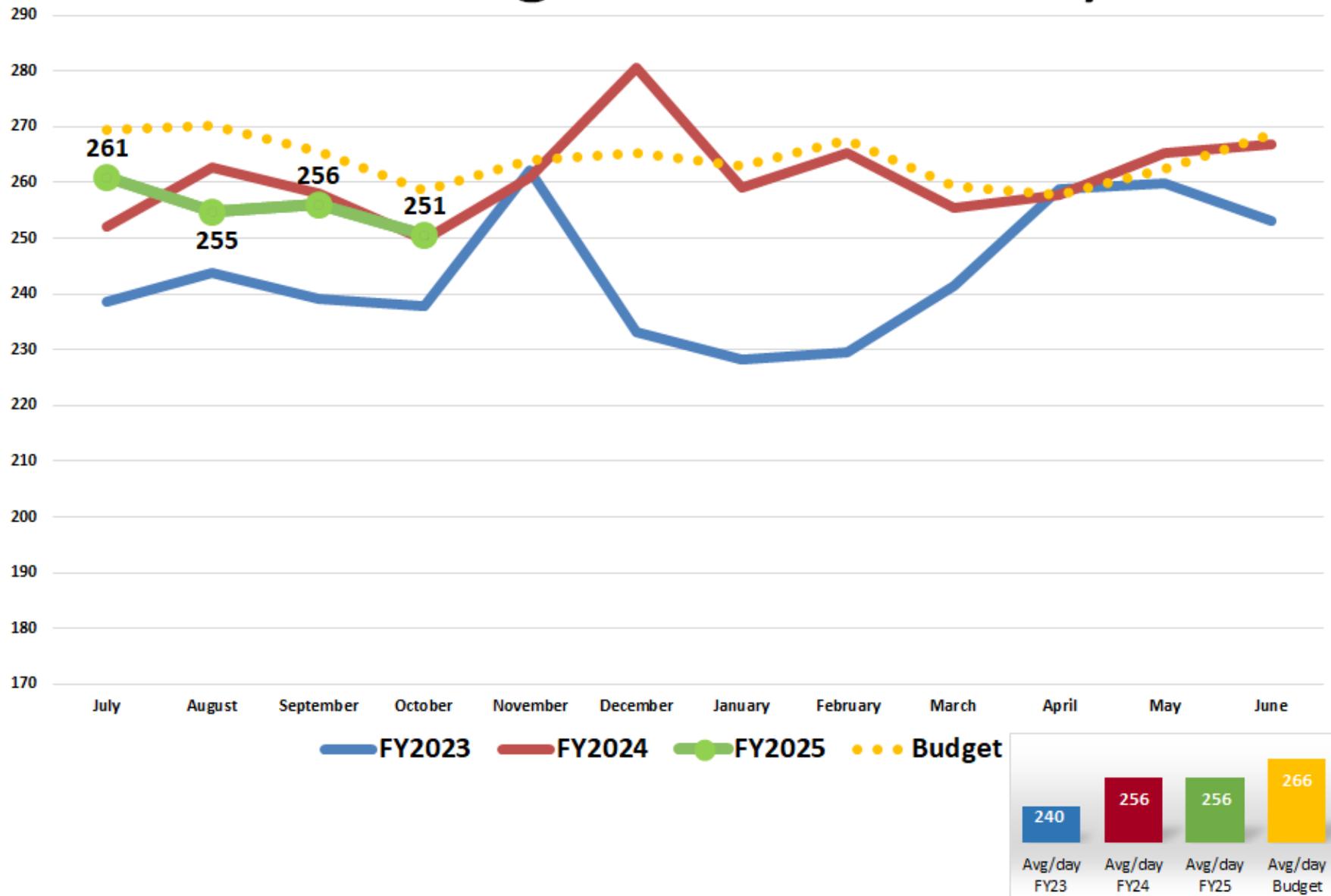
Deliveries



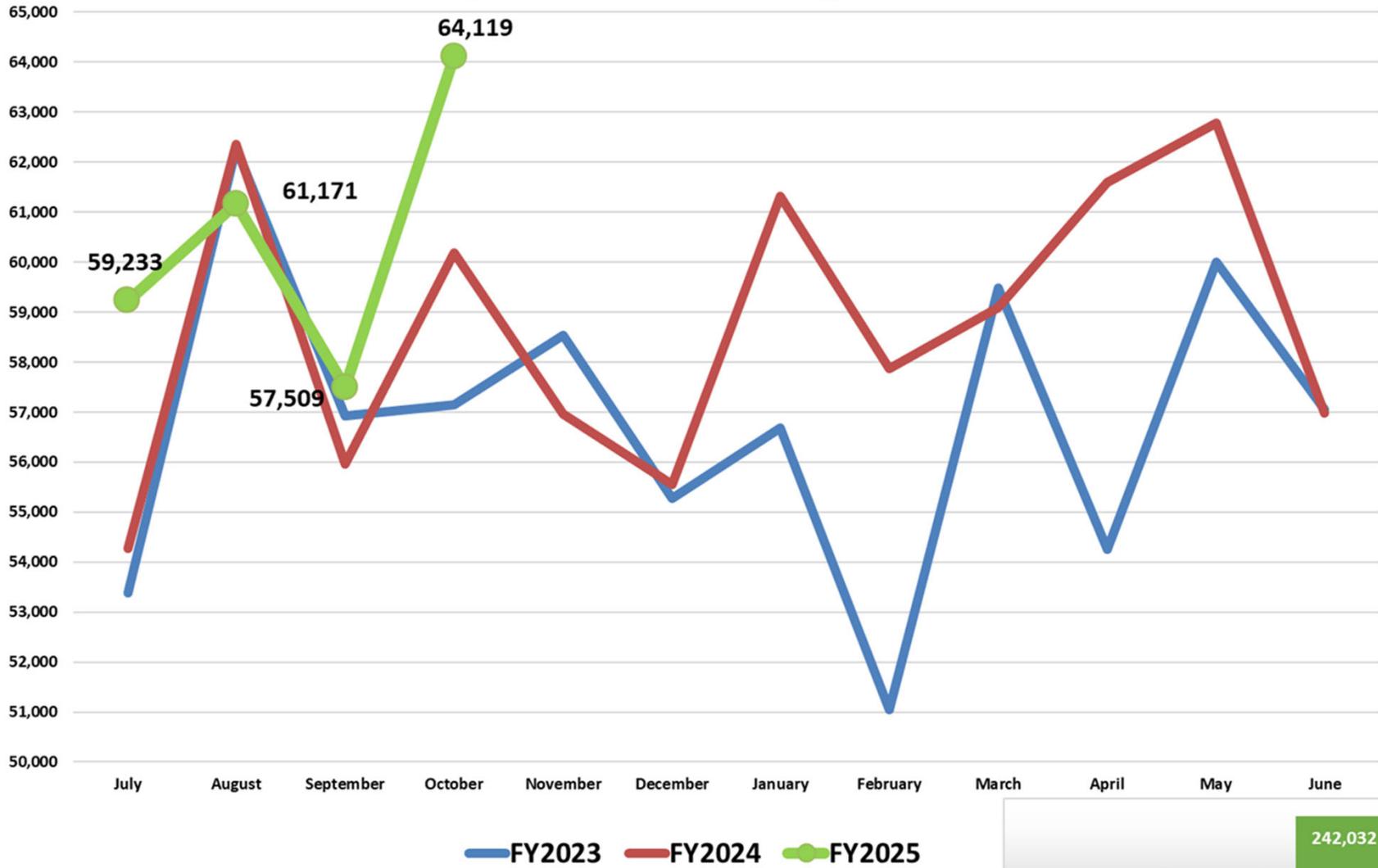
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



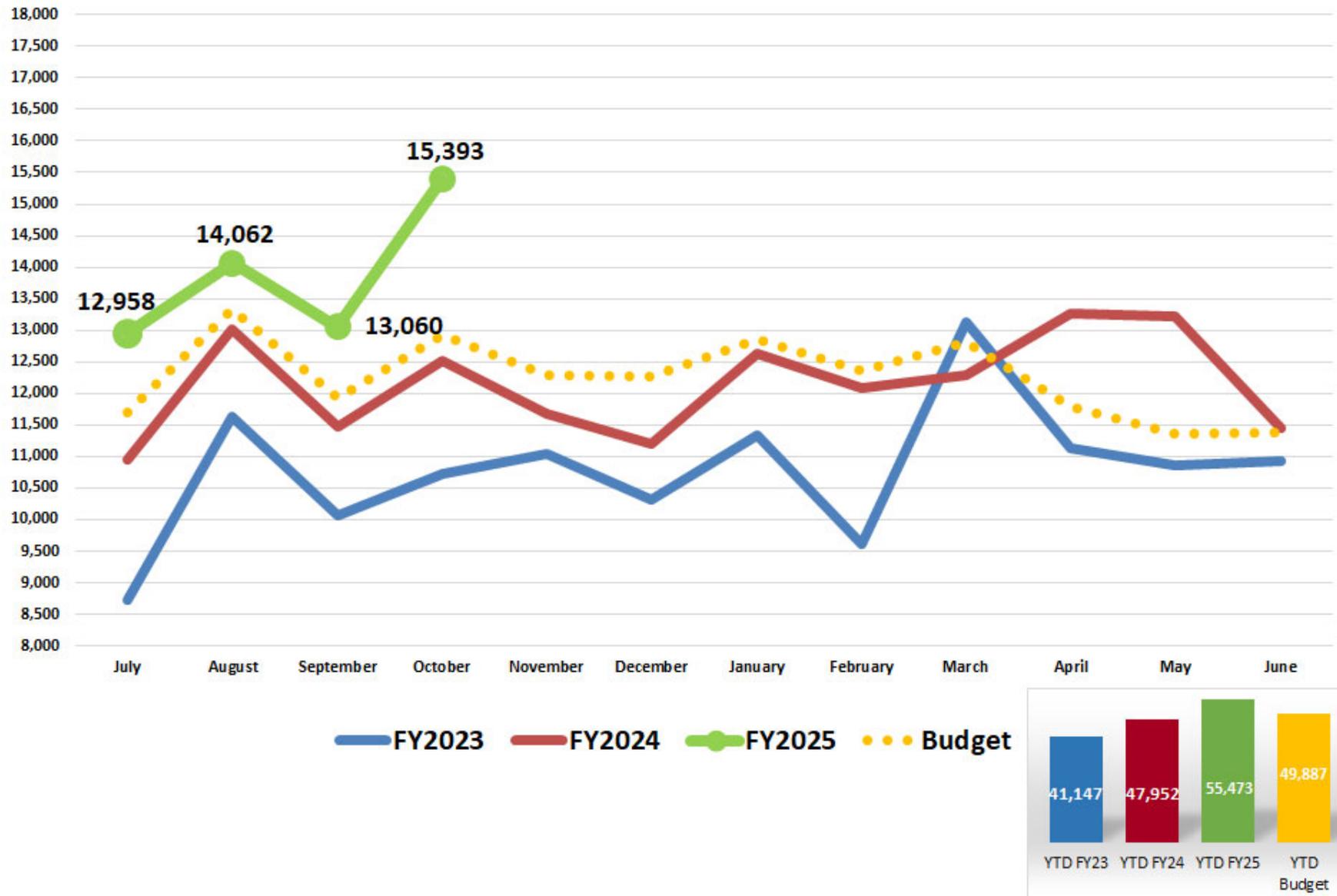
ED - Avg Treated Per Day



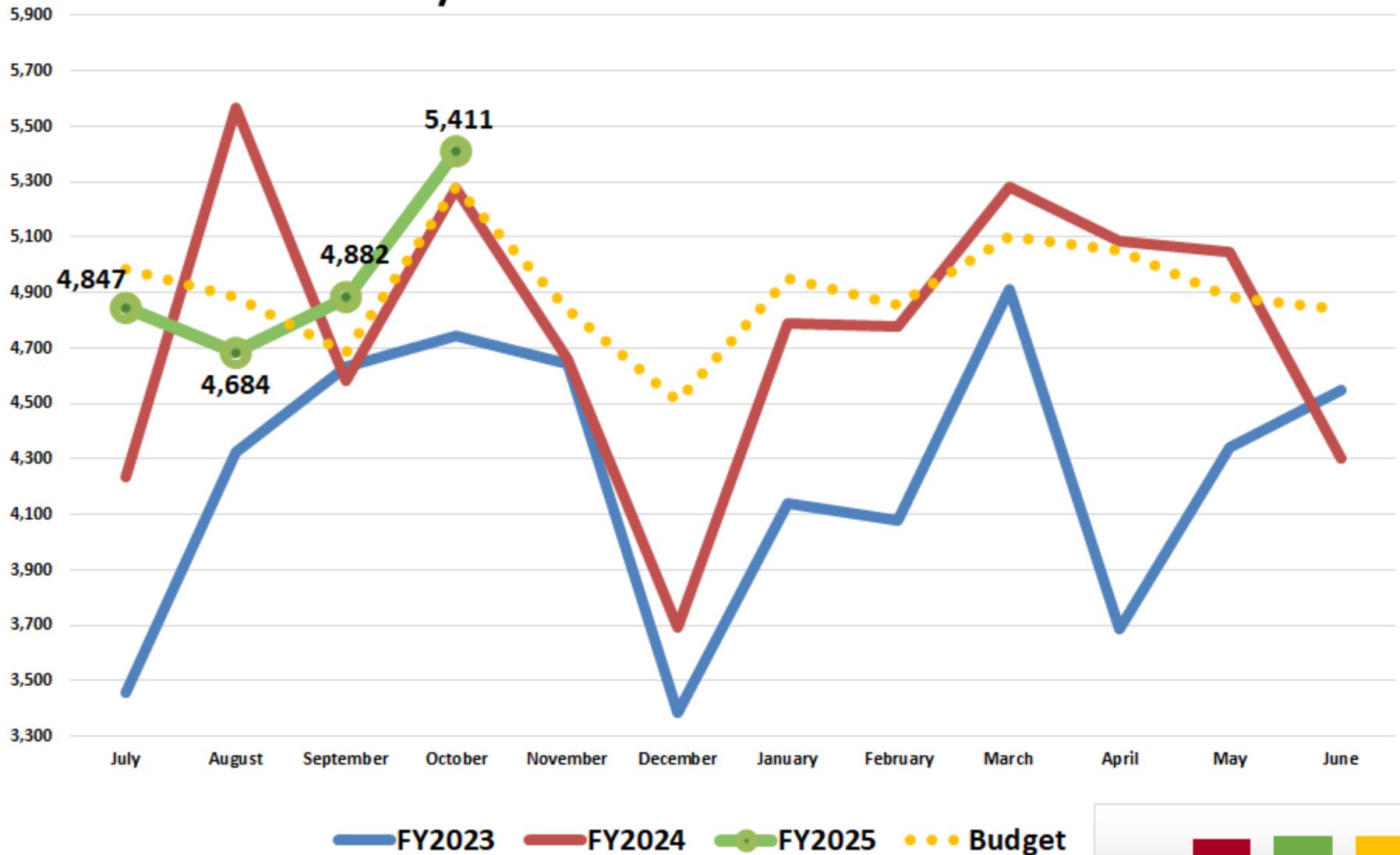
Outpatient Registrations



Rural Health Clinics Registrations

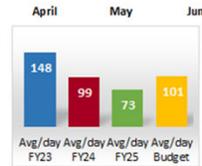
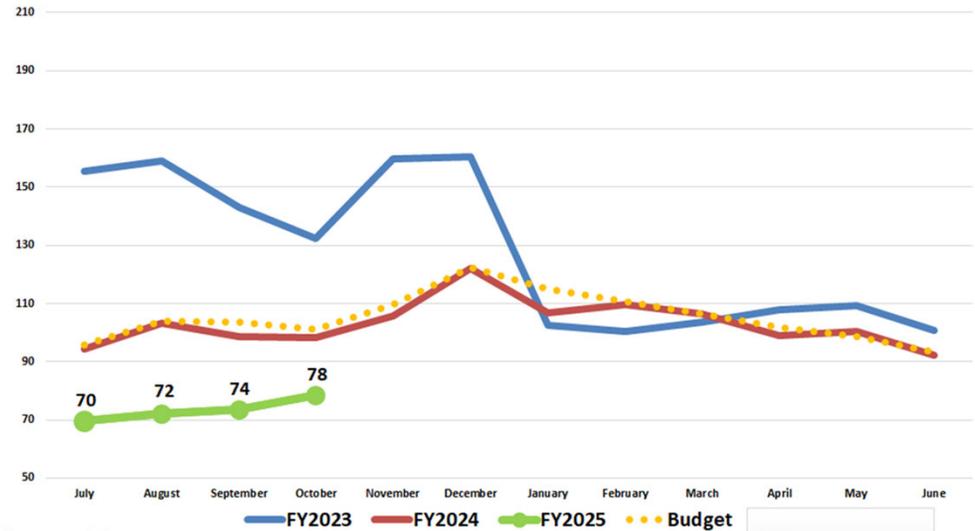


O/P Rehab Services

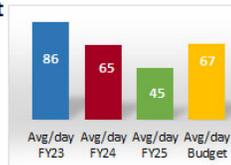
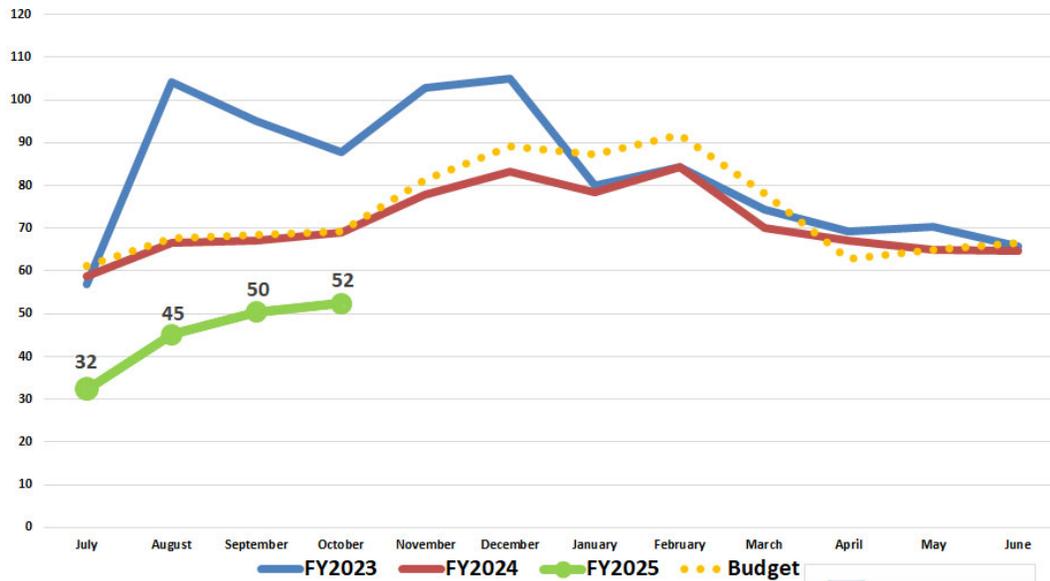


YTD FY23	YTD FY24	YTD FY25	YTD Budget
17,160	19,666	19,824	19,840

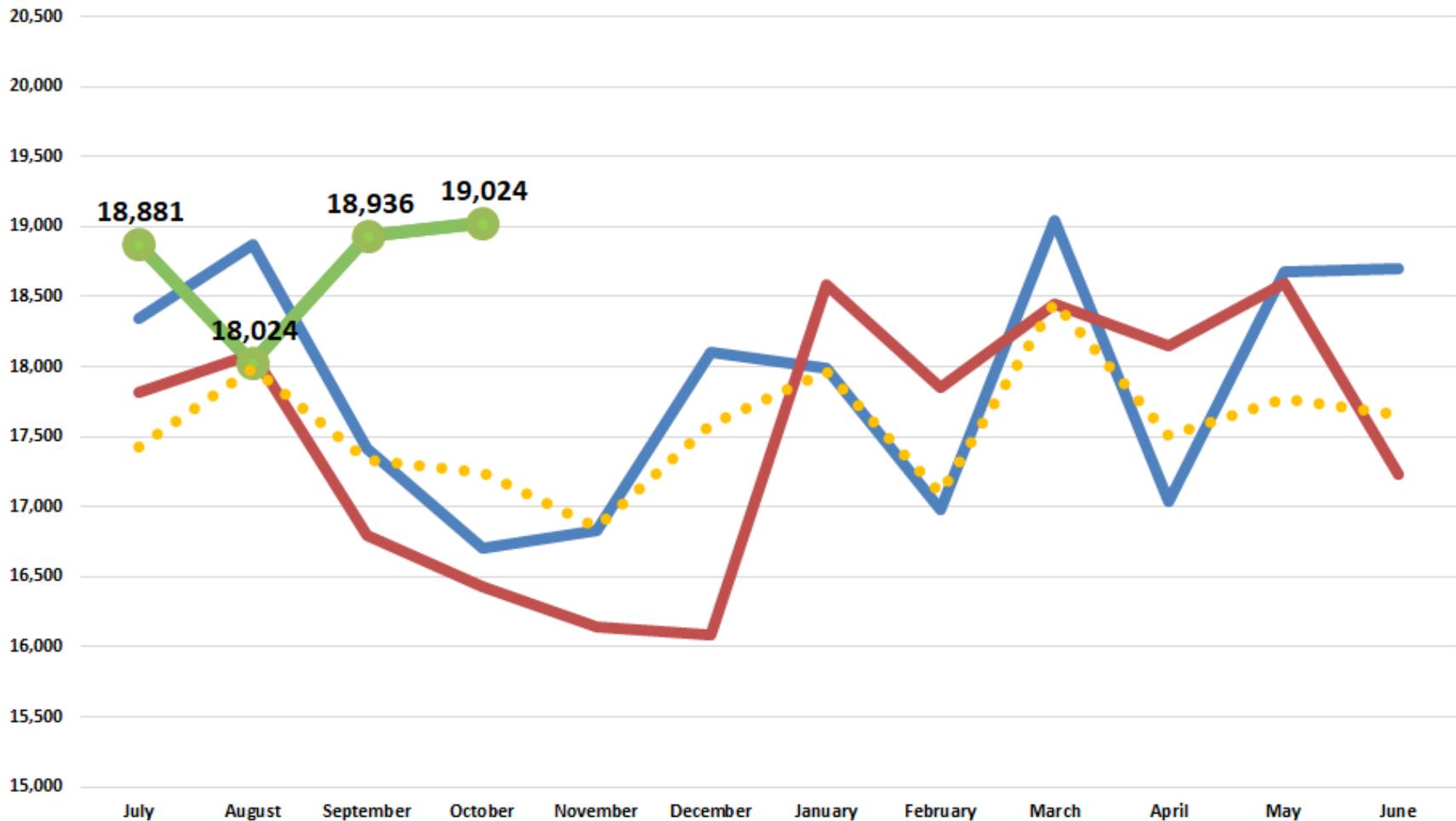
Urgent Care – Court Avg Visits Per Day



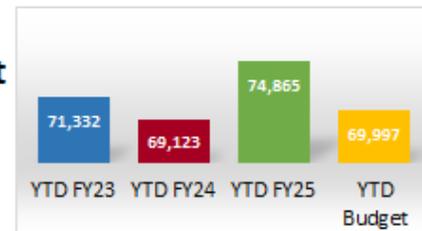
Urgent Care – Demaree Avg Visits Per Day



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



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



Other Statistical Results – Fiscal Year Comparison (Oct)

	Actual Results				Budget	Budget Variance	
	Oct 23	Oct 24	Change	% Change	Oct 24	Change	% Change
Rural Health Clinics Registrations	12,488	15,368	2,880	23.1%	12,919	2,449	19.0%
RHC Exeter - Registrations	6,350	7,167	817	12.9%	6,460	707	10.9%
RHC Lindsay - Registrations	1,686	2,077	391	23.2%	1,743	334	19.1%
RHC Woodlake - Registrations	979	1,480	501	51.2%	1,106	374	33.8%
RHC Dinuba - Registrations	1,364	1,780	416	30.5%	1,409	371	26.3%
RHC Tulare - Registrations	2,109	2,864	755	35.8%	2,200	664	30.2%
Urgent Care – Court Total Visits	3,048	2,432	(616)	(20.2%)	3,130	(698)	(22.3%)
Urgent Care – Demaree Total Visits	2,139	1,624	(515)	(24.1%)	2,150	(526)	(24.5%)
KH Medical Clinic - Ben Maddox Visits	872	939	67	7.7%	1,250	(311)	(24.9%)
KH Medical Clinic - Plaza Visits	0	287	287	0.0%	577	(290)	(50.3%)
KH Medical Willow Clinic Visits	0	189	189	0.0%	534	(345)	(64.6%)
KH Cardiology Center Visalia Registrations	1,384	1,849	465	33.6%	1,526	323	21.1%
KH Mental Wellness Clinic Visits	229	333	104	45.4%	360	(27)	(7.5%)
Urology Clinic Visits	270	441	171	63.3%	600	(159)	(26.5%)
Wound Care Visits	1,045	1,064	19	1.8%	1,800	(736)	(40.9%)

Other Statistical Results – Fiscal Year Comparison (Oct)

	Oct 23	Oct 24	Change	% Change	Oct 24	Change	% Change
All O/P Rehab Svcs Across District	21,341	22,349	1,008	4.7%	22,494	(145)	(0.6%)
Physical & Other Therapy Units (I/P & O/P)	16,424	19,024	2,600	15.8%	17,244	1,780	10.3%
Radiology - CT - All Areas	4,458	4,704	246	5.5%	4,498	206	4.6%
Radiology - MRI - All Areas	843	976	133	15.8%	875	101	11.5%
Radiology - Ultrasound - All Areas	2,560	3,071	511	20.0%	2,603	468	18.0%
Radiology - Diagnostic Radiology	9,371	9,343	(28)	(0.3%)	9,662	(319)	(3.3%)
Radiology – Main Campus	14,705	15,081	376	2.6%	14,965	116	0.8%
Radiology - Ultrasound - Main Campus	1,949	2,345	396	20.3%	1,992	353	17.7%
West Campus - Diagnostic Radiology	1,078	1,279	201	18.6%	1,156	123	10.6%
West Campus - CT Scan	455	537	82	18.0%	483	54	11.1%
West Campus - MRI	383	471	88	23.0%	422	49	11.6%
West Campus - Ultrasound	611	726	115	18.8%	611	115	18.8%
West Campus - Breast Center	1,749	1,875	126	7.2%	1,764	111	6.3%
Med Onc Visalia Treatments	1,401	1,144	(257)	(18.3%)	1,443	(299)	(20.7%)
Rad Onc Visalia Treatments	1,593	1,687	94	5.9%	1,518	169	11.2%
Rad Onc Hanford Treatments	443	382	(61)	(13.8%)	274	108	39.6%

Other Statistical Results – Fiscal Year Comparison (Oct)

	Actual Results				Budget	Budget Variance	
	Oct 23	Oct 24	Change	% Change	Oct 24	Change	% Change
ED - Avg Treated Per Day	250	251	1	0.3%	259	(8)	(3.1%)
Surgery (IP & OP) – 100 Min Units	986	829	(157)	(16.0%)	852	(23)	(2.7%)
Endoscopy Procedures	555	668	113	20.4%	514	154	30.0%
Cath Lab (IP & OP) - 100 Min Units	333	390	57	17.1%	347	43	12.4%
Cardiac Surgery Cases	30	26	(4)	(13.3%)	40	(14)	(35.0%)
Deliveries	380	443	63	16.6%	410	33	7.9%
Clinical Lab	234,749	247,111	12,361	5.3%	245,811	1,299	0.5%
Reference Lab	6,332	7,302	970	15.3%	5,910	1,392	23.6%
Dialysis Center - Visalia Visists	1,524	1,491	(33)	(2.2%)	1,757	(266)	(15.1%)
Infusion Center - Outpatient Visits	366	499	133	36.3%	538	(39)	(7.2%)
Hospice Days	3,767	3,549	(218)	(5.8%)	3,807	(258)	(6.8%)
Home Health Visits	3,101	3,031	(70)	(2.3%)	3,294	(263)	(8.0%)
Home Infusion Days	23,620	22,874	(746)	(3.2%)	24,368	(1,494)	(6.1%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Oct 23	YTD Oct 24	Change	% Change	YTD Oct 24	Change	% Change
Rural Health Clinics Registrations	47,927	55,448	7,521	15.7%	49,887	5,561	11.1%
RHC Exeter - Registrations	24,430	26,158	1,728	7.1%	25,428	730	2.9%
RHC Lindsay - Registrations	6,812	7,698	886	13.0%	6,673	1,025	15.4%
RHC Woodlake - Registrations	4,013	5,212	1,199	29.9%	4,590	622	13.6%
RHC Dinuba - Registrations	5,039	6,513	1,474	29.3%	5,396	1,117	20.7%
RHC Tulare - Registrations	7,633	9,867	2,234	29.3%	7,800	2,067	26.5%
Urgent Care – Court Total Visits	12,125	9,032	(3,093)	(25.5%)	12,428	(3,396)	(27.3%)
Urgent Care – Demaree Total Visits	8,039	5,539	(2,500)	(31.1%)	8,200	(2,661)	(32.5%)
KH Medical Clinic - Ben Maddox Visits	3,348	3,440	92	2.7%	4,550	(1,110)	(24.4%)
KH Medical Clinic - Plaza Visits	0	1,126	1,126	0.0%	2,206	(1,080)	(49.0%)
KH Medical Willow Clinic Visits	0	655	655	0.0%	1,780	(1,125)	(63.2%)
KH Cardiology Center Visalia Registrations	5,670	6,490	820	14.5%	6,163	327	5.3%
KH Mental Wellness Clinic Visits	1,062	1,220	158	14.9%	1,380	(160)	(11.6%)
Urology Clinic Visits	1,077	1,418	341	31.7%	2,235	(817)	(36.6%)
Wound Care Visits	4,415	2,539	(1,876)	(42.5%)	6,250	(3,711)	(59.4%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Oct 23	YTD Oct 24	Change	% Change	YTD Oct 24	Change	% Change
All O/P Rehab Svcs Across District	81,374	84,845	3,471	4.3%	86,870	(2,025)	(2.3%)
Physical & Other Therapy Units (I/P & O/P)	69,123	74,865	5,742	8.3%	69,997	4,868	7.0%
Radiology - CT - All Areas	18,232	18,732	500	2.7%	18,395	337	1.8%
Radiology - MRI - All Areas	3,380	3,585	205	6.1%	3,517	68	1.9%
Radiology - Ultrasound - All Areas	10,403	12,307	1,904	18.3%	10,654	1,653	15.5%
Radiology - Diagnostic Radiology	37,329	38,093	764	2.0%	38,060	33	0.1%
Radiology – Main Campus	59,289	61,779	2,490	4.2%	60,217	1,562	2.6%
Radiology - Ultrasound - Main Campus	8,037	9,610	1,573	19.6%	8,266	1,344	16.3%
West Campus - Diagnostic Radiology	4,339	4,532	193	4.4%	4,458	74	1.7%
West Campus - CT Scan	1,886	1,932	46	2.4%	1,934	(2)	(0.1%)
West Campus - MRI	1,464	1,706	242	16.5%	1,629	77	4.7%
West Campus - Ultrasound	2,366	2,697	331	14.0%	2,388	309	12.9%
West Campus - Breast Center	6,724	7,032	308	4.6%	6,827	205	3.0%
Med Onc Visalia Treatments	5,319	4,493	(826)	(15.5%)	5,478	(985)	(18.0%)
Rad Onc Visalia Treatments	5,671	6,386	715	12.6%	5,832	554	9.5%
Rad Onc Hanford Treatments	1,182	1,103	(79)	(6.7%)	981	122	12.5%

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Oct 23	YTD Oct 24	Change	% Change	YTD Oct 24	Change	% Change
ED - Avg Treated Per Day	256	256	(0)	(0.0%)	266	(10)	(3.9%)
Surgery (IP & OP) – 100 Min Units	3,912	3,317	(595)	(15.2%)	3,431	(114)	(3.3%)
Endoscopy Procedures	2,494	2,364	(130)	(5.2%)	2,199	165	7.5%
Cath Lab (IP & OP) - 100 Min Units	1,369	1,395	26	1.9%	1,232	163	13.2%
Cardiac Surgery Cases	110	106	(4)	(3.6%)	144	(38)	(26.4%)
Deliveries	1,623	1,707	84	5.2%	1,664	43	2.6%
Clinical Lab	924,537	981,474	56,937	6.2%	978,683	2,791	0.3%
Reference Lab	23,093	30,045	6,952	30.1%	12,941	17,104	132.2%
Dialysis Center - Visalia Visists	6,064	6,049	(15)	(0.2%)	7,028	(979)	(13.9%)
Infusion Center - Outpatient Visits	1,559	1,818	259	16.6%	1,920	(102)	(5.3%)
Hospice Days	15,377	13,960	(1,417)	(9.2%)	15,177	(1,217)	(8.0%)
Home Health Visits	12,255	11,707	(548)	(4.5%)	12,987	(1,280)	(9.9%)
Home Infusion Days	95,916	90,757	(5,159)	(5.4%)	93,234	(2,477)	(2.7%)

October Financial Summary (000's)

	Comparison to Budget - Month of October			
	Budget Oct-2024	Actual Oct-2024	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$53,788	\$56,157	\$2,368	4.2%
Other Operating Revenue	\$20,313	\$20,242	(\$72)	-0.4%
Total Operating Revenue	\$74,102	\$76,398	\$2,296	3.0%
Operating Expenses				
Employment Expenses	\$38,717	\$41,494	\$2,778	6.7%
Other Expenses	\$38,357	\$37,294	(\$1,063)	-2.8%
Total Operating Expenses	\$77,074	\$78,788	\$1,715	2.2%
Operating Margin	(\$2,972)	(\$2,390)	\$582	
Stimulus/FEMA	\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	(\$2,972)	(\$2,390)	\$582	
Nonoperating Revenue (Loss)	\$658	\$1,386	\$728	
Excess Margin	(\$2,314)	(\$1,004)	\$1,310	

Year to Date Financial Summary (000's)

	Comparison to Budget - YTD October			
	Budget YTD Oct-2024	Actual YTD Oct-2024	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$212,059	\$212,121	\$62	0.0%
Other Operating Revenue	\$80,818	\$78,893	(\$1,925)	-2.4%
Total Operating Revenue	\$292,877	\$291,015	(\$1,863)	-0.6%
Operating Expenses				
Employment Expenses	\$154,981	\$156,487	\$1,506	1.0%
Other Expenses	\$151,418	\$146,490	(\$4,927)	-3.4%
Total Operating Expenses	\$306,398	\$302,977	(\$3,421)	-1.1%
Operating Margin	(\$13,521)	(\$11,963)	\$1,558	
Stimulus/FEMA	\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	(\$13,521)	(\$11,963)	\$1,558	
Nonoperating Revenue (Loss)	\$2,634	\$8,192	\$5,558	
Excess Margin	(\$10,887)	(\$3,771)	\$7,116	

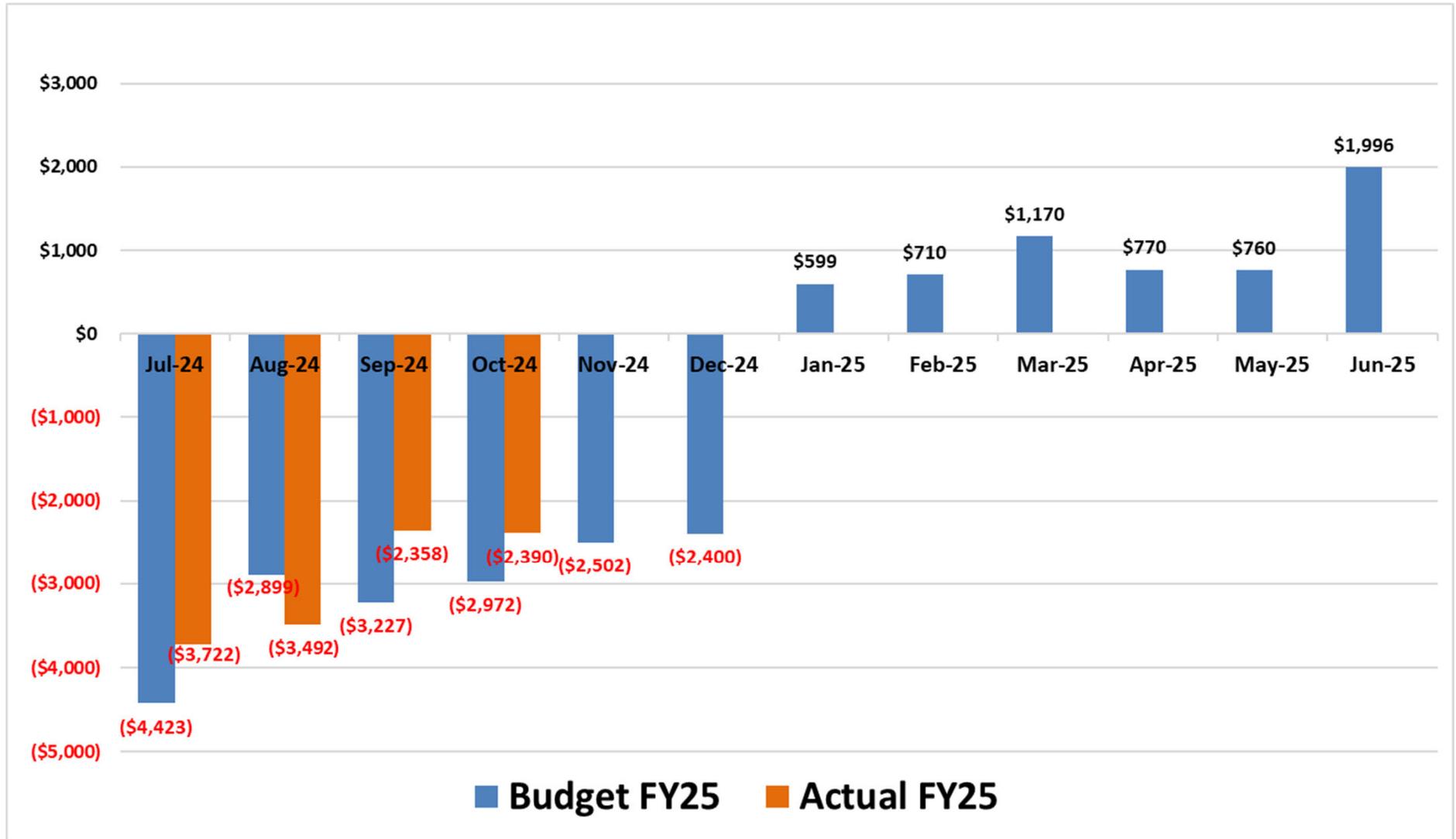
October Financial Comparison (000's)

	Comparison to Budget - Month of October				Comparison to Prior Year - Month of October			
	Budget Oct-2024	Actual Oct-2024	\$ Change	% Change	Actual Oct-2023	Actual Oct-2024	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$53,788	\$56,157	\$2,368	4.2%	\$47,502	\$56,157	\$8,654	15.4%
Supplemental Gov't Programs	\$7,565	\$7,482	(\$83)	-1.1%	\$6,382	\$7,482	\$1,100	14.7%
Prime Program	\$792	\$792	\$0	0.0%	\$822	\$792	(\$30)	-3.8%
Premium Revenue	\$7,547	\$7,846	\$299	3.8%	\$7,930	\$7,846	(\$84)	-1.1%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$3,319	\$0	(\$3,319)	0.0%
Other Revenue	\$4,409	\$4,121	(\$288)	-7.0%	\$3,475	\$4,121	\$646	15.7%
Other Operating Revenue	\$20,313	\$20,242	(\$72)	-0.4%	\$21,928	\$20,242	(\$1,687)	-8.3%
Total Operating Revenue	\$74,102	\$76,398	\$2,296	3.0%	\$69,431	\$76,398	\$6,968	9.1%
Operating Expenses								
Salaries & Wages	\$31,740	\$32,413	\$674	2.1%	\$29,202	\$32,413	\$3,211	9.9%
Contract Labor	\$1,341	\$1,791	\$450	25.1%	\$1,852	\$1,791	(\$61)	-3.4%
Employee Benefits	\$5,636	\$7,290	\$1,653	22.7%	\$7,907	\$7,290	(\$617)	-8.5%
Total Employment Expenses	\$38,717	\$41,494	\$2,778	6.7%	\$38,961	\$41,494	\$2,533	6.1%
Medical & Other Supplies	\$16,155	\$13,282	(\$2,872)	-21.6%	\$12,489	\$13,282	\$794	6.0%
Physician Fees	\$7,185	\$7,041	(\$144)	-2.0%	\$5,341	\$7,041	\$1,700	24.1%
Purchased Services	\$1,817	\$1,310	(\$506)	-38.6%	\$1,155	\$1,310	\$156	11.9%
Repairs & Maintenance	\$2,082	\$2,282	\$201	8.8%	\$2,250	\$2,282	\$33	1.4%
Utilities	\$1,005	\$905	(\$100)	-11.1%	\$982	\$905	(\$78)	-8.6%
Rents & Leases	\$154	\$172	\$18	10.7%	\$260	\$172	(\$88)	-51.4%
Depreciation & Amortization	\$3,302	\$3,154	(\$148)	-4.7%	\$2,846	\$3,154	\$308	9.8%
Interest Expense	\$608	\$584	(\$24)	-4.1%	\$604	\$584	(\$20)	-3.3%
Other Expense	\$2,284	\$2,264	(\$21)	-0.9%	\$2,096	\$2,264	\$168	7.4%
Humana Cap Plan Expenses	\$3,766	\$6,300	\$2,534	40.2%	\$3,557	\$6,300	\$2,743	43.5%
Total Other Expenses	\$38,357	\$37,294	(\$1,063)	-2.8%	\$31,579	\$37,294	\$5,715	15.3%
Total Operating Expenses	\$77,074	\$78,788	\$1,715	2.2%	\$70,540	\$78,788	\$8,248	10.5%
Operating Margin	(\$2,972)	(\$2,390)	\$582		(\$1,110)	(\$2,390)	(\$1,281)	
Stimulus/FEMA	\$0	\$0	\$0		\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	(\$2,972)	(\$2,390)	\$582		(\$1,110)	(\$2,390)	(\$1,281)	
Nonoperating Revenue (Loss)	\$658	\$1,386	\$728		\$665	\$1,386	\$721	
Excess Margin	(\$2,314)	(\$1,004)	\$1,310		(\$445)	(\$1,004)	(\$560)	

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

	Comparison to Budget - YTD October				Comparison to Prior Year - YTD October			
	Budget YTD Oct-2024	Actual YTD Oct-2024	\$ Change	% Change	Actual YTD Oct-2023	Actual YTD Oct-2024	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$212,059	\$212,121	\$62	0.0%	\$189,707	\$212,121	\$22,414	10.6%
Supplemental Gov't Programs	\$29,826	\$30,142	\$316	1.0%	\$25,530	\$30,142	\$4,612	15.3%
Prime Program	\$3,167	\$3,167	\$0	0.0%	\$3,286	\$3,167	(\$119)	-3.8%
Premium Revenue	\$30,189	\$29,695	(\$494)	-1.7%	\$31,466	\$29,695	(\$1,772)	-6.0%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$13,179	\$0	(\$13,179)	0.0%
Other Revenue	\$17,635	\$15,889	(\$1,746)	-11.0%	\$13,123	\$15,889	\$2,766	17.4%
Other Operating Revenue	\$80,818	\$78,893	(\$1,925)	-2.4%	\$86,586	\$78,893	(\$7,693)	-9.8%
Total Operating Revenue	\$292,877	\$291,015	(\$1,863)	-0.6%	\$276,293	\$291,015	\$14,722	5.1%
Operating Expenses								
Salaries & Wages	\$126,276	\$127,404	\$1,128	0.9%	\$112,989	\$127,404	\$14,415	11.3%
Contract Labor	\$5,635	\$5,135	(\$501)	-9.7%	\$7,623	\$5,135	(\$2,489)	-48.5%
Employee Benefits	\$23,070	\$23,948	\$879	3.7%	\$26,722	\$23,948	(\$2,774)	-11.6%
Total Employment Expenses	\$154,981	\$156,487	\$1,506	1.0%	\$147,335	\$156,487	\$9,152	5.8%
Medical & Other Supplies	\$62,748	\$57,002	(\$5,746)	-10.1%	\$52,263	\$57,002	\$4,739	8.3%
Physician Fees	\$28,739	\$29,265	\$526	1.8%	\$25,393	\$29,265	\$3,872	13.2%
Purchased Services	\$7,208	\$6,018	(\$1,190)	-19.8%	\$6,540	\$6,018	(\$521)	-8.7%
Repairs & Maintenance	\$8,315	\$8,607	\$292	3.4%	\$8,519	\$8,607	\$88	1.0%
Utilities	\$4,192	\$3,695	(\$497)	-13.5%	\$3,773	\$3,695	(\$78)	-2.1%
Rents & Leases	\$615	\$573	(\$43)	-7.4%	\$638	\$573	(\$66)	-11.5%
Depreciation & Amortization	\$13,207	\$12,690	(\$517)	-4.1%	\$11,321	\$12,690	\$1,370	10.8%
Interest Expense	\$2,414	\$2,363	(\$51)	-2.2%	\$2,398	\$2,363	(\$35)	-1.5%
Other Expense	\$9,036	\$8,534	(\$501)	-5.9%	\$7,746	\$8,534	\$789	9.2%
Humana Cap Plan Expenses	\$14,944	\$17,743	\$2,799	15.8%	\$14,592	\$17,743	\$3,151	17.8%
Total Other Expenses	\$151,418	\$146,490	(\$4,927)	-3.4%	\$133,183	\$146,490	\$13,307	9.1%
Total Operating Expenses	\$306,398	\$302,977	(\$3,421)	-1.1%	\$280,518	\$302,977	\$22,459	7.4%
Operating Margin	(\$13,521)	(\$11,963)	\$1,558		(\$4,225)	(\$11,963)	(\$7,738)	
Stimulus/FEMA	\$0	\$0	\$0		\$3,220	\$0	(\$3,220)	
Operating Margin after Stimulus/FEMA	(\$13,521)	(\$11,963)	\$1,558		(\$1,005)	(\$11,963)	(\$10,958)	
Nonoperating Revenue (Loss)	\$2,634	\$8,192	\$5,558		\$2,511	\$8,192	\$5,681	
Excess Margin	(\$10,887)	(\$3,771)	\$7,116		\$1,506	(\$3,771)	(\$5,277)	

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



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

	Oct-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	FY 2025
Patient Service Revenue	\$47,502	\$49,472	\$49,778	\$54,365	\$51,284	\$52,509	\$55,378	\$50,866	\$53,450	\$51,648	\$56,157	\$212,121
Other Revenue	\$21,928	\$24,379	\$22,470	\$19,194	\$25,720	\$27,433	\$24,572	\$19,487	\$20,024	\$19,142	\$20,242	\$78,893
Total Operating Revenue	\$69,431	\$73,851	\$72,248	\$73,559	\$77,004	\$79,942	\$79,950	\$70,353	\$73,474	\$70,790	\$76,398	\$291,015
Employee Expense	\$38,961	\$37,645	\$37,074	\$41,984	\$38,077	\$38,990	\$41,494	\$38,264	\$39,058	\$37,671	\$41,494	\$156,487
Other Operating Expense	\$31,579	\$35,742	\$36,449	\$33,382	\$36,864	\$37,539	\$37,294	\$35,811	\$37,908	\$35,477	\$37,294	\$146,490
Total Operating Expenses	\$70,540	\$73,388	\$73,523	\$75,367	\$74,941	\$76,530	\$78,788	\$74,075	\$76,965	\$73,148	\$78,788	\$302,977
Net Operating Margin	(\$1,110)	\$464	(\$1,275)	(\$1,807)	\$2,063	\$3,413	\$1,162	(\$3,722)	(\$3,492)	(\$2,358)	(\$2,390)	(\$11,963)
Stimulus/FEMA	\$0	\$0	\$0	\$0	\$0	(\$1,603)	(\$1,603)	\$0	\$0	\$0	\$0	\$0
NonOperating Income	\$665	\$969	\$618	\$1,781	\$550	\$847	\$1,344	\$1,190	\$896	\$4,720	\$1,386	\$8,192
Excess Margin	(\$444)	\$1,433	(\$657)	(\$26)	\$2,613	\$2,657	\$902	(\$2,533)	(\$2,596)	\$2,362	(\$1,004)	(\$3,771)

Profitability												
Operating Margin %	(1.6%)	0.6%	(1.8%)	(2.5%)	2.7%	4.3%	1.5%	(5.3%)	(4.8%)	(3.3%)	(3.1%)	(4.1%)
Operating Margin %excl. Int	(0.7%)	1.4%	(0.9%)	(1.6%)	3.7%	5.0%	2.2%	(4.4%)	(4.0%)	(2.5%)	(2.4%)	(3.3%)
Operating EBIDA	\$2,340	\$3,957	\$1,994	\$1,628	\$5,507	\$7,184	\$4,900	\$46	\$239	\$1,457	\$1,348	\$3,090
Operating EBIDA Margin	3.4%	5.4%	2.8%	2.2%	7.2%	9.0%	6.1%	0.1%	0.3%	2.1%	1.8%	1.1%

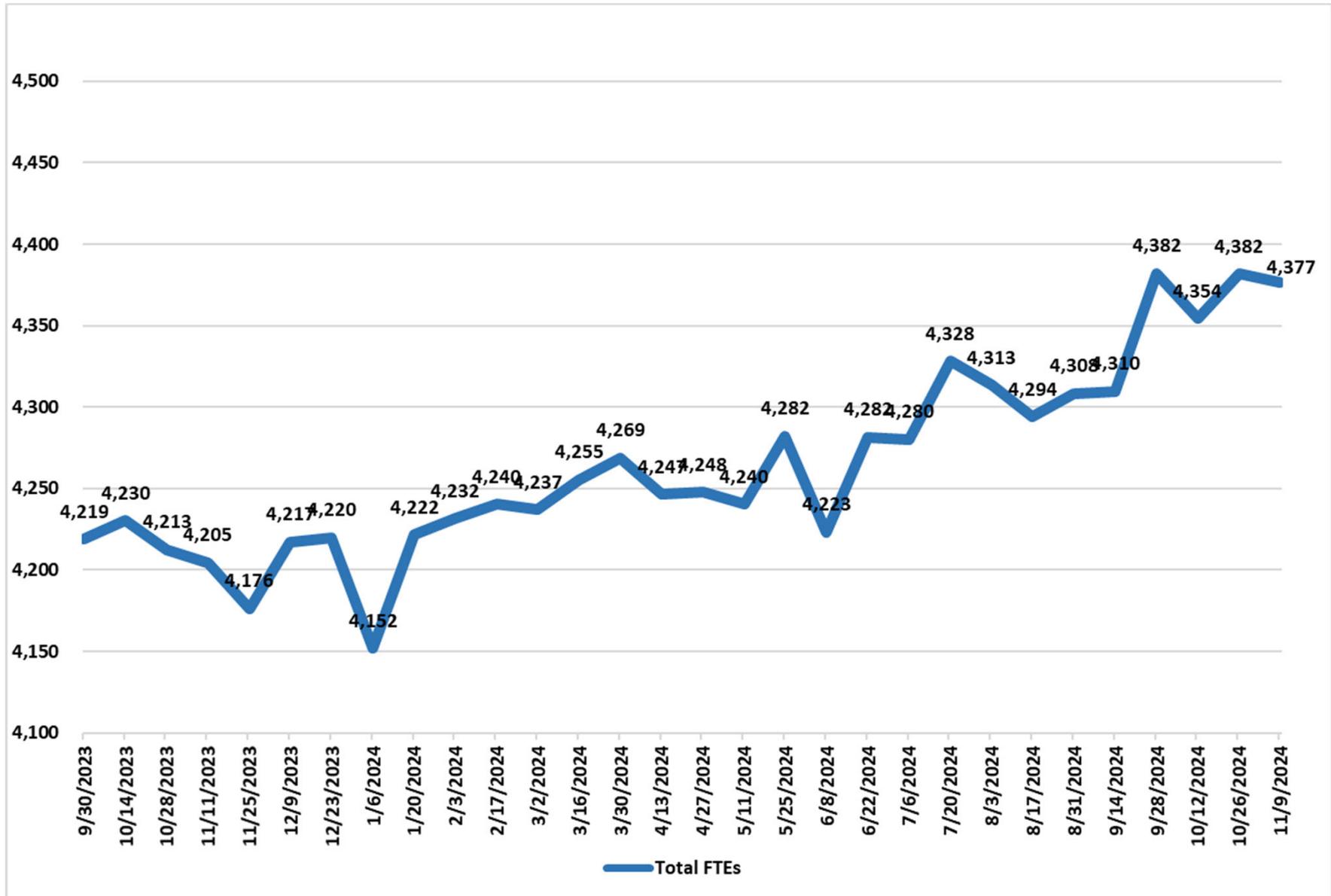
Liquidity Indicators												
Day's Cash on Hand	83.7	81.4	79.0	74.7	91.0	86.8	106.1	97.4	89.8	91.9	88.4	88.4
Day's in Accounts Receivable	79.1	72.5	71.0	70.1	65.3	66.4	64.4	64.0	68.5	71.0	68.3	68.3
Unrestricted Funds (000's)	\$183,138	\$179,987	\$176,827	\$168,012	\$204,886	\$196,335	\$237,246	\$219,800	\$209,641	\$214,303	\$207,507	\$207,507

Debt & Other Indicators												
Debt Service Coverage (MAD)	2.37	2.71	2.06	2.01	2.40	2.50	2.80	0.70	0.50	1.40	1.40	1.40
Discharges (Monthly)	2,203	2,283	2,144	2,142	2,299	2,299	2,334	2,498	2,447	2,440	2,388	2,443
Adj Discharges (Case mix adj)	7,417	7,228	7,111	6,827	7,226	7,616	7,438	8,455	8,215	7,779	8,441	8,222
Adjusted patient Days (Mo.)	24,321	25,976	24,096	25,597	24,634	25,435	24,398	26,023	26,419	26,419	26,693	26,389
Cost/Adj Discharge	\$9.5	\$10.2	\$10.3	\$11.0	\$10.4	\$10.0	\$10.6	\$8.8	\$9.4	\$9.4	\$9.3	\$36.8
Compensation Ratio	82%	76%	74%	77%	74%	74%	75%	75%	73%	73%	74%	74%

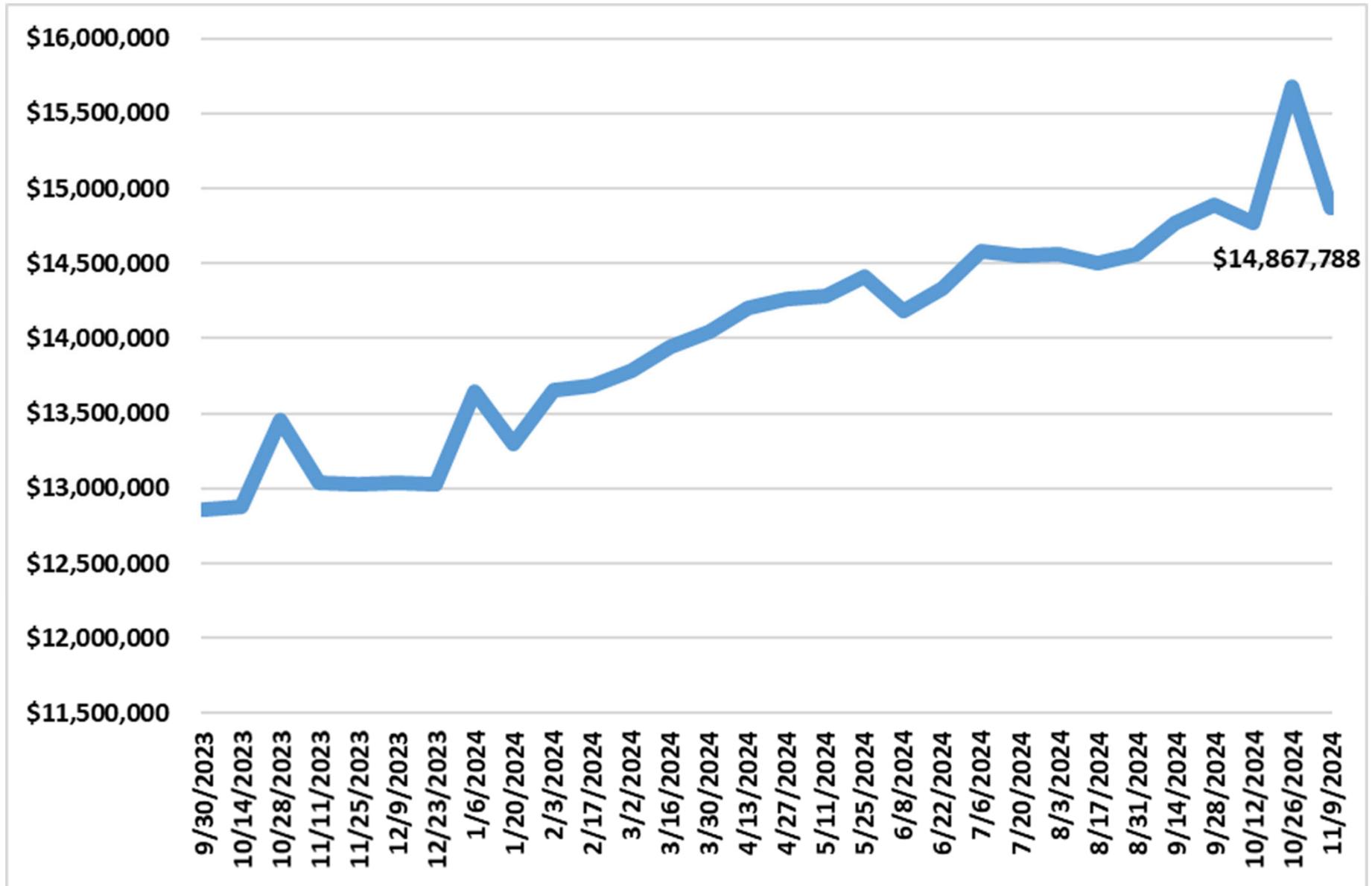
Month of October - Budget Variances

- **Other Revenue:** The unfavorable \$288K variance in other revenue in October is due to less than anticipated revenue relating to the SRCC medical oncology related retail pharmacy revenue.
- **Contract Labor:** The unfavorable variance of \$450K is due to an unexpected increase need in contract labor primarily in the ED.
- **Employee Benefits:** The higher than expected costs of \$1.6M is primarily due to higher than expected workman compensation claims and a timing issue in our vacation and health insurance expenses.
- **Medical & Other Supply Expense:** The favorable \$2.8M variance is due to pharmacy cost being lower than budget due to Medical Oncology infusion and retail pharmacy volume being lower than anticipated.
- **Purchase Services:** The favorable variance of \$506K is related to our EVS department's original plan to outsource portions of their services that has not come to fruition.
- **Humana Cap Plan expenses:** The unfavorable variance of \$2.5M is due to our third party payments higher than anticipated. We had one very large claim added this month.

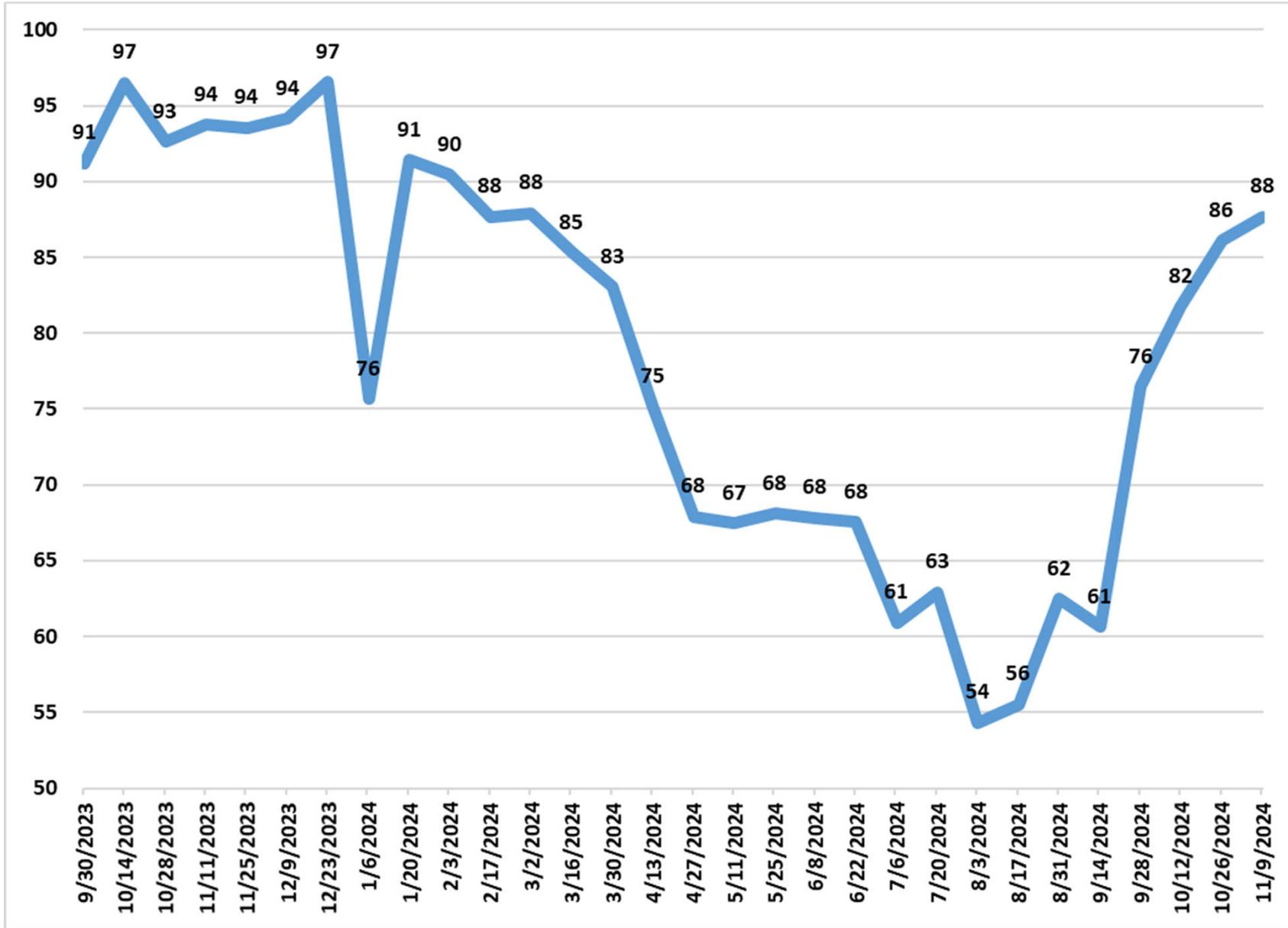
Total FTEs (includes Contract Labor)



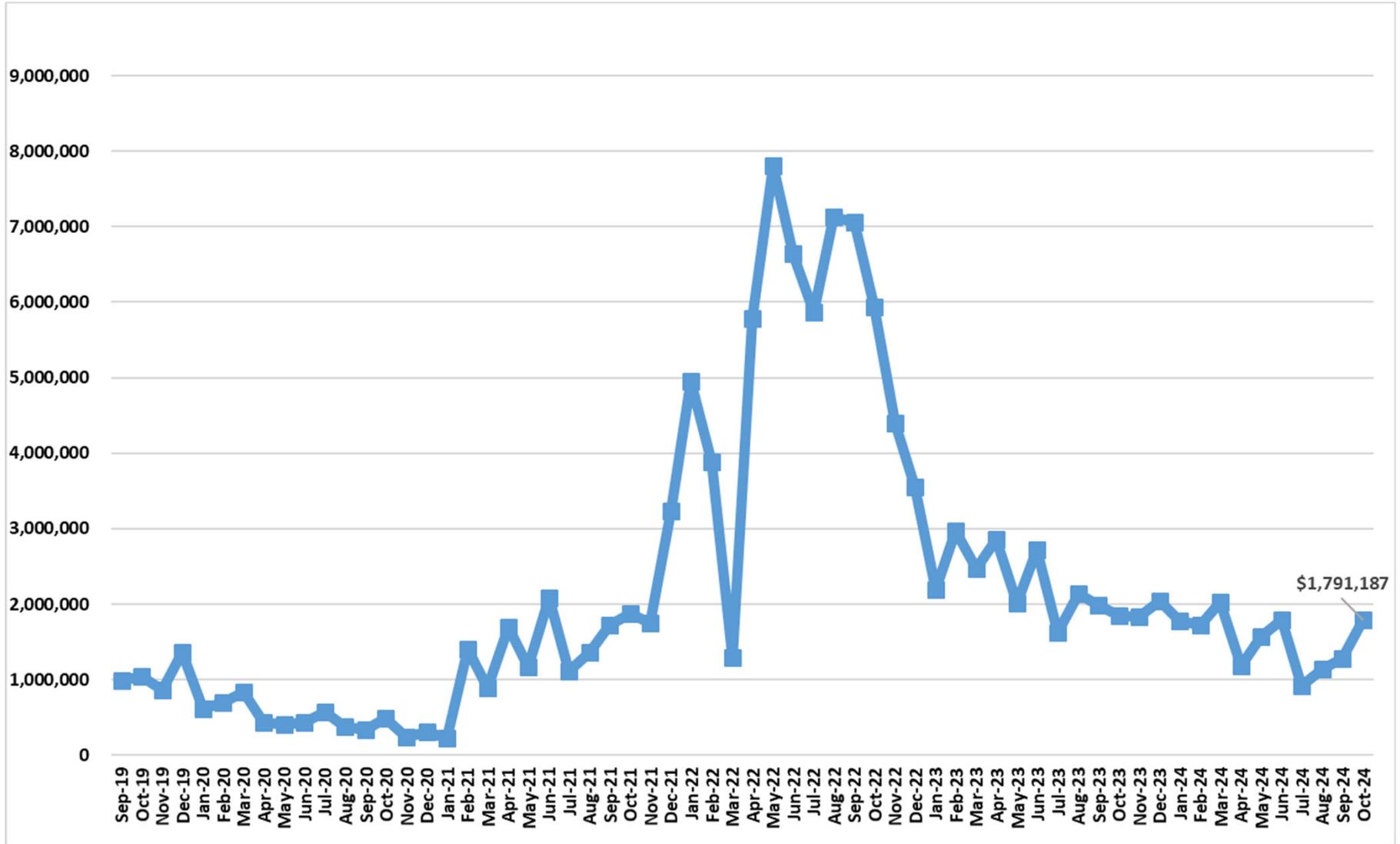
Total Payroll: excludes contract labor and PTO cash out



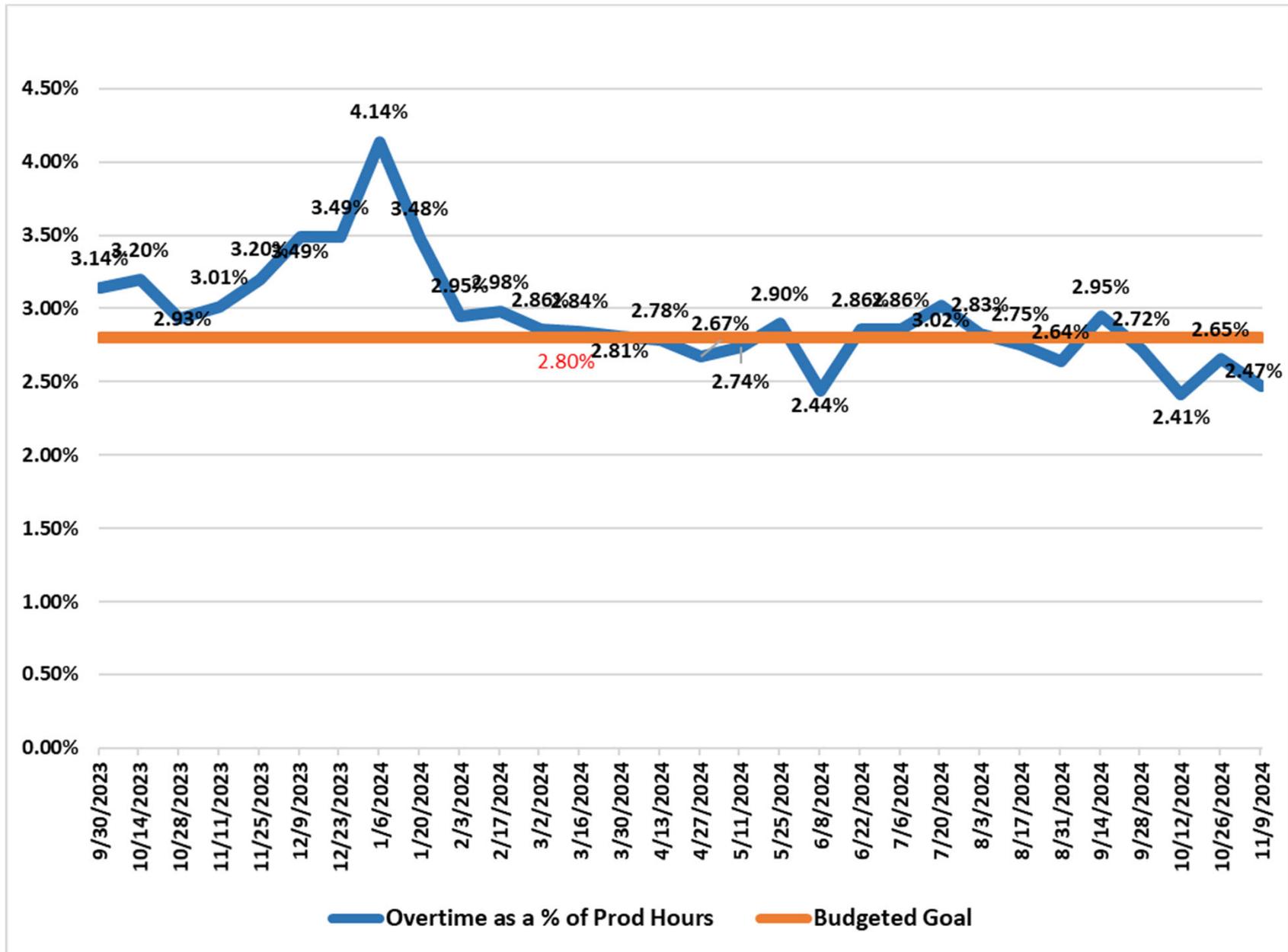
Contract Labor Full Time Equivalents (FTEs)



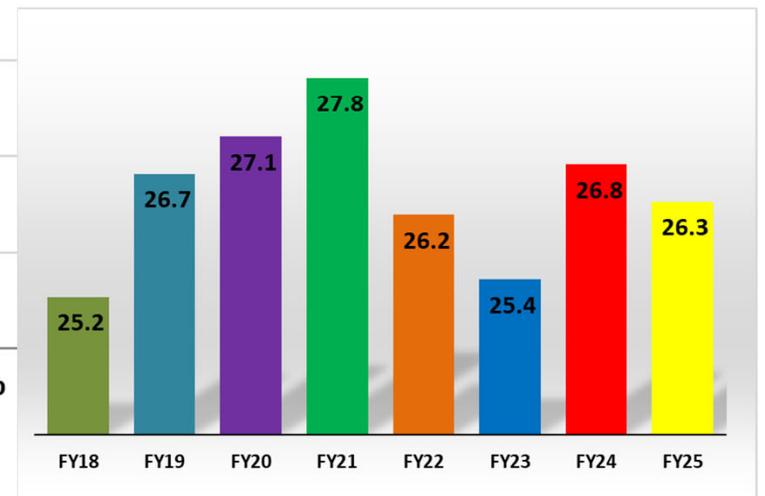
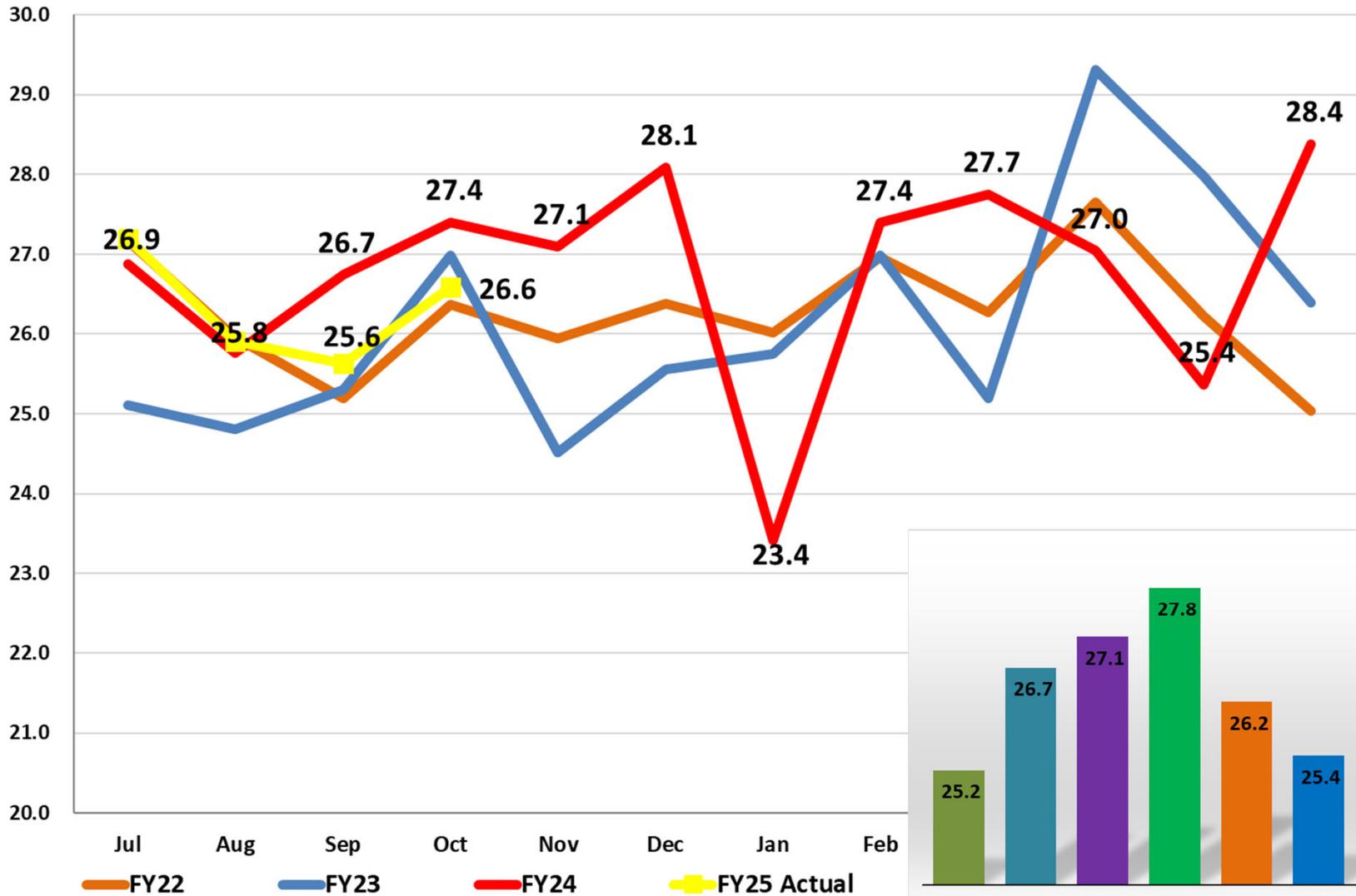
Contract Labor Expense



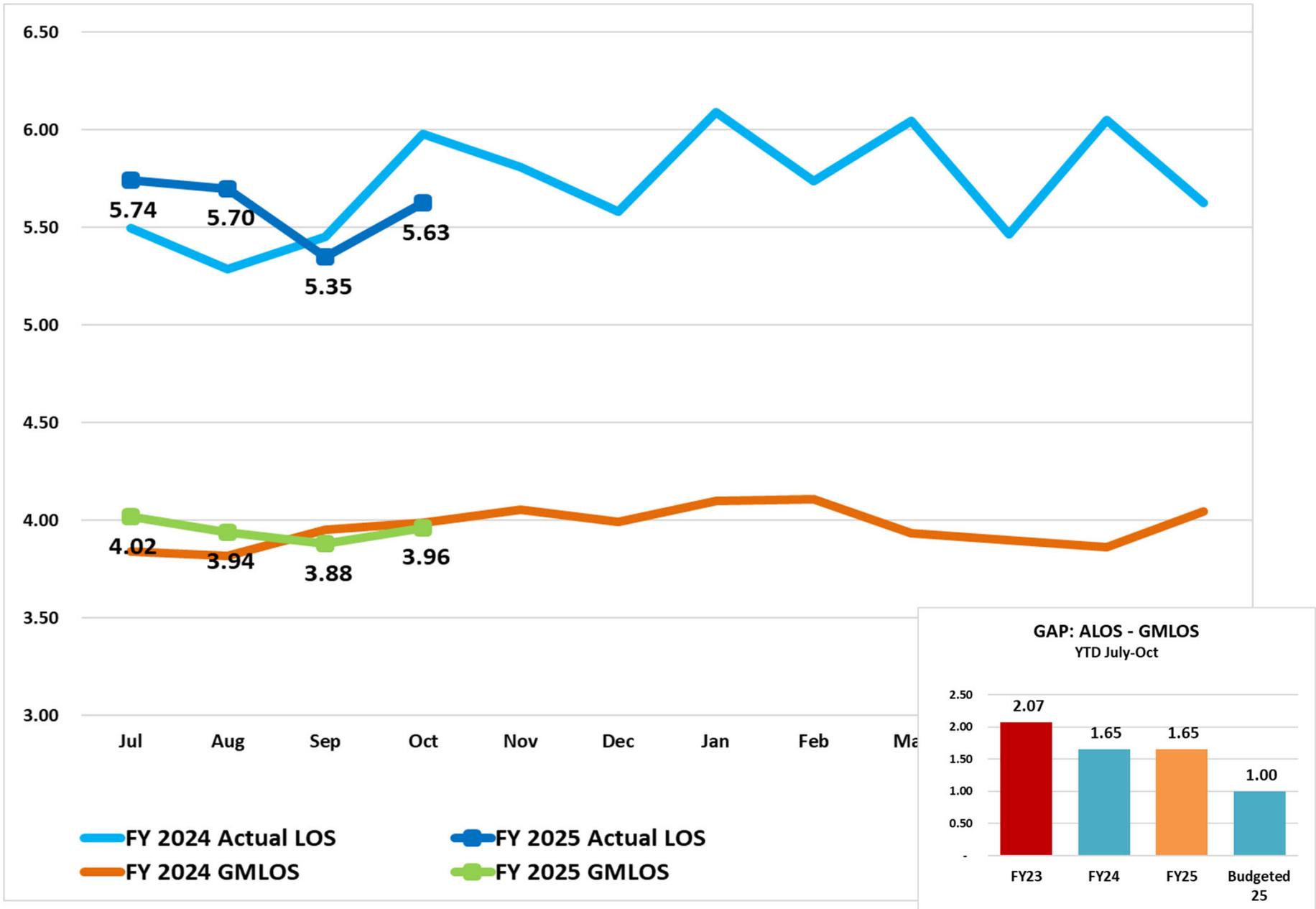
Overtime as a % of Productive Hours



Productivity Measure : Worked Hours/ Adj. Patient Days



Average Length of Stay versus National Average (GMLOS)

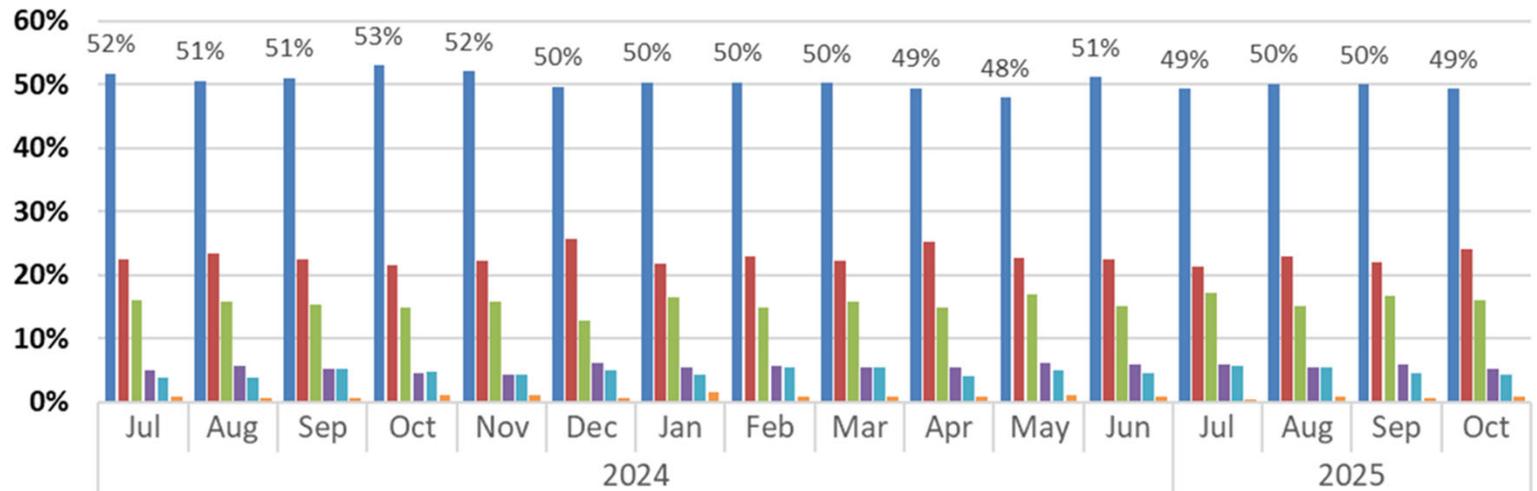


Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients		
	ALOS	GMLOS	GAP
Oct-22	5.84	3.98	1.86
Nov-22	5.95	3.78	2.17
Dec-22	6.14	4.02	2.12
Jan-23	6.82	4.06	2.76
Feb-23	6.56	4.09	2.47
Mar-23	5.69	3.99	1.70
Apr-23	5.35	3.99	1.36
May-23	5.37	3.94	1.43
Jun-23	5.39	3.90	1.49
Jul-23	5.50	3.84	1.66
Aug-23	5.29	3.82	1.47
Sep-23	5.45	3.95	1.50
Oct-23	5.98	3.99	1.99
Nov-23	5.81	4.05	1.76
Dec-23	5.58	3.99	1.59
Jan-24	6.09	4.10	1.99
Feb-24	5.74	4.11	1.63
Mar-24	6.05	3.94	2.11
Apr-24	5.47	3.90	1.57
May-24	6.05	3.86	2.18
Jun-24	5.63	4.05	1.58
Jul-24	5.74	4.02	1.72
Aug-24	5.70	3.94	1.76
Sep-24	5.35	3.88	1.47
Oct-24	5.63	3.96	1.66
	5.80	3.97	1.83

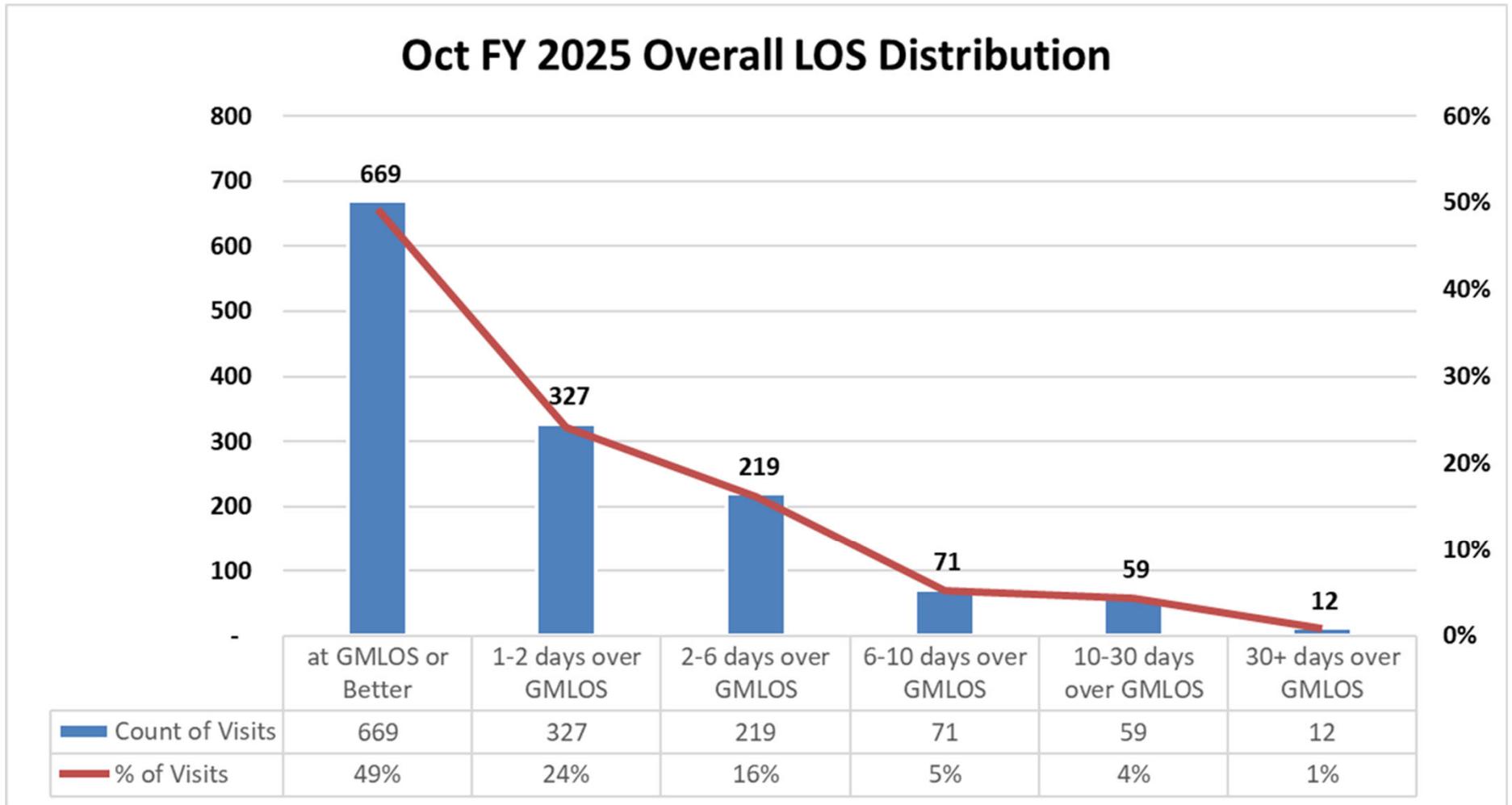
Average Length of Stay Distribution

FY25 Overall LOS Distribution

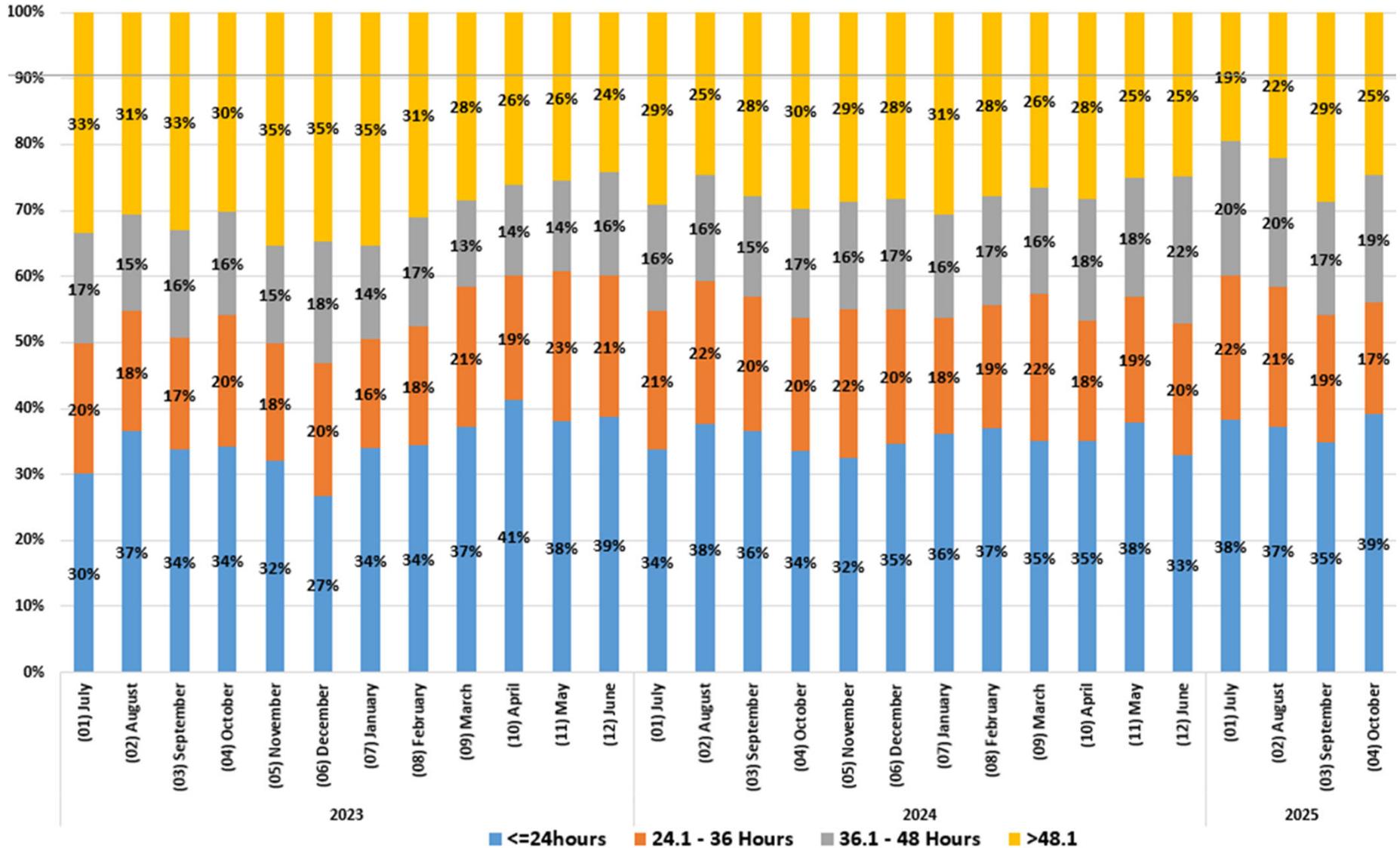


■ at GMLOS or Better	52%	51%	51%	53%	52%	50%	50%	50%	50%	49%	48%	51%	49%	50%	50%	49%
■ 1-2 days over GMLOS	23%	23%	23%	21%	22%	26%	22%	23%	22%	25%	23%	22%	21%	23%	22%	24%
■ 2-6 days over GMLOS	16%	16%	15%	15%	16%	13%	16%	15%	16%	15%	17%	15%	17%	15%	17%	16%
■ 6-10 days over GMLOS	5%	6%	5%	5%	4%	6%	6%	6%	5%	5%	6%	6%	6%	6%	6%	5%
■ 10-30 days over GMLOS	4%	4%	5%	5%	4%	5%	4%	5%	5%	4%	5%	5%	6%	6%	5%	4%
■ 30+ days over GMLOS	0.9%	0.8%	0.6%	1.1%	1.2%	0.7%	1.5%	1.0%	0.9%	0.9%	1.2%	0.8%	0.5%	0.8%	0.6%	0.9%

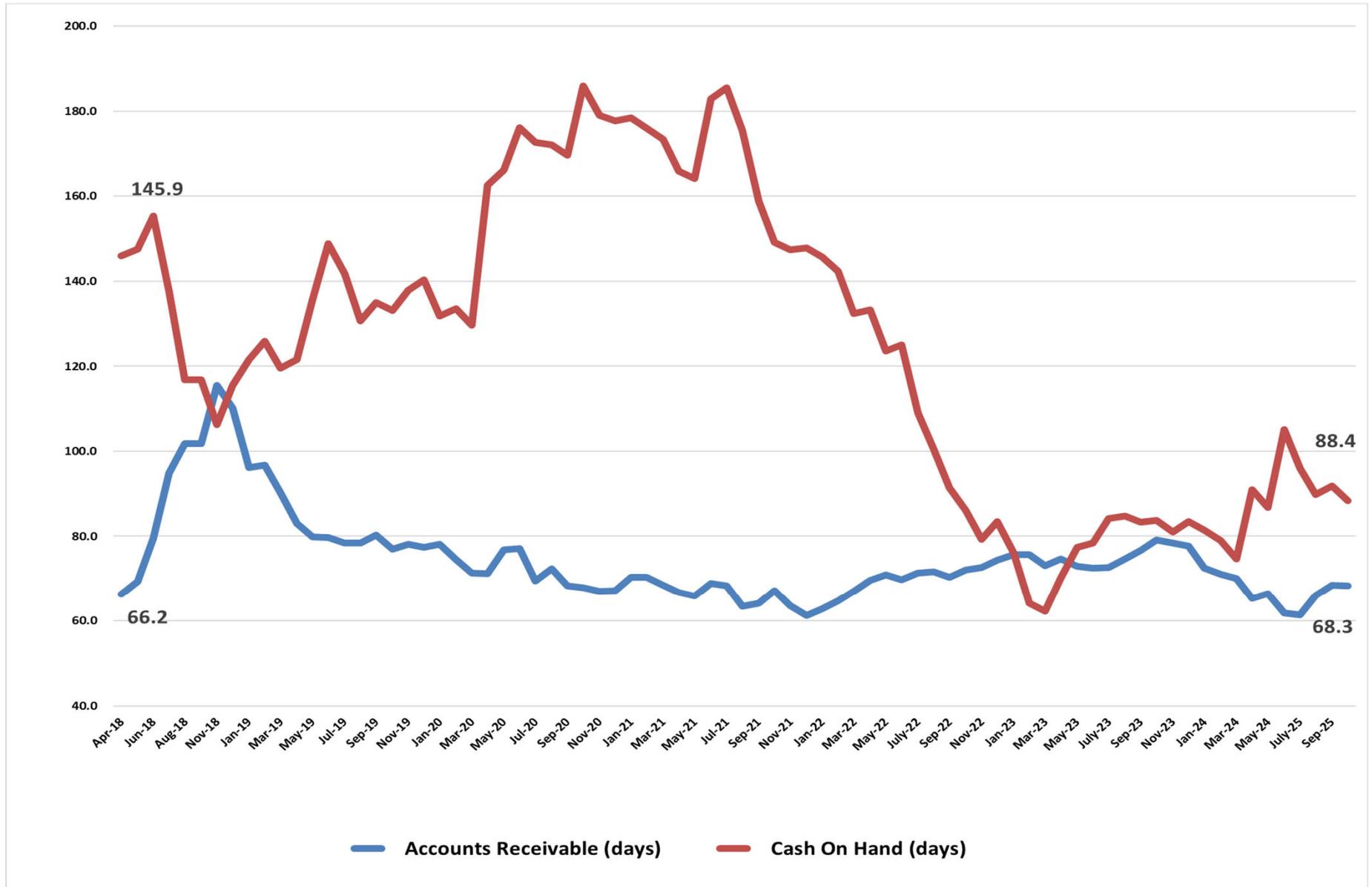
Length of Stay Distribution



Monthly Discharges of Observation Patients by their Length of Stay



Trended Liquidity Ratios



Ratio Analysis Report

	Current Month Value	Prior Month Value	June 30, 2024 Audited Value	2023 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.5	2.4	2.3	1.7	1.8	1.7
Accounts Receivable (days)	68.3	68.4	61.9	47.8	47.7	47.8
Cash On Hand (days)	88.4	91.9	105.1	273.9	188.4	134.1
Cushion Ratio (x)	9.4	9.7	10.7	44.7	24.2	16.6
Average Payment Period (days)	55.1	54.1	58.6	70.9	62.7	64.0
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	93.4%	96.0%	106.3%	271.7%	164.5%	131.0%
Debt-To-Capitalization	35.2%	34.7%	34.5%	22.5%	31.1%	35.0%
Debt-to-Cash Flow (x)	7.2	7.1	3.4	2.4	3.6	6.9
Debt Service Coverage	1.4	1.4	3.7	6.7	4.5	2.1
Maximum Annual Debt Service Coverage (x)	1.8	1.8	2.9	6.8	3.8	1.9
Age Of Plant (years)	13.8	13.7	13.3	11.1	12.8	13.9
PROFITABILITY RATIOS						
Operating Margin	(4.1%)	(4.5%)	0.8%	2.1%	0.5%	(2.3%)
Excess Margin	(1.3%)	(1.2%)	2.4%	5.5%	2.7%	(.9%)
Operating Cash Flow Margin	1.1%	0.8%	6.1%	6.7%	5.5%	3.0%
Return on Assets	(1.3%)	(1.3%)	2.4%	3.9%	2.4%	(.7%)

Consolidated Statements of Net Position (000's)

	Oct-24	Jun-24
		(Audited)
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 14,787	\$ 19,412
Current Portion of Board designated and trusted assets	17,630	14,944
Accounts receivable:		
Net patient accounts	136,480	133,806
Other receivables	23,114	25,023
	159,594	158,829
Inventories	14,780	13,738
Medicare and Medi-Cal settlements	103,347	82,755
Prepaid expenses	10,196	8,403
Total current assets	320,332	298,082
NON-CURRENT CASH AND INVESTMENTS - less current portion		
Board designated cash and assets	186,441	210,518
Revenue bond assets held in trust	22,391	19,326
Assets in self-insurance trust fund	871	827
Total non-current cash and investments	209,702	230,671
INTANGIBLE RIGHT TO USE LEASE, net of accumulated amortization	12,977	10,464
INTANGIBLE RIGHT TO USE SBITA, net of accumulated amortization	10,684	12,153
CAPITAL ASSETS		
Land	17,542	17,542
Buildings and improvements	428,372	428,209
Equipment	334,388	334,316
Construction in progress	25,422	22,757
	805,724	802,825
Less accumulated depreciation	520,897	512,148
	284,827	290,676
OTHER ASSETS		
Property not used in operations	4,474	4,487
Health-related investments	2,448	2,676
Other	17,257	17,120
Total other assets	24,179	24,283
Total assets	862,702	866,329
DEFERRED OUTFLOWS	14,841	15,283
Total assets and deferred outflows	\$ 877,543	\$ 881,611

Consolidated Statements of Net Position (000's)

	Oct-24	Jun-24
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 31,654	\$ 41,096
Accrued payroll and related liabilities	69,350	62,382
SBITA liability, current portion	4,146	4,146
Lease liability, current portion	2,248	2,248
Bonds payable, current portion	12,754	12,585
Notes payable, current portion	9,850	9,850
Total current liabilities	130,003	132,306
LEASE LIABILITY, net of current portion	11,029	8,477
SBITA LIABILITY, net of current portion	4,881	5,846
LONG-TERM DEBT, less current portion		
Bonds payable	212,306	214,713
Notes payable	20,750	20,750
Total long-term debt	233,056	235,463
NET PENSION LIABILITY	21,402	21,226
OTHER LONG-TERM LIABILITIES	37,799	36,256
Total liabilities	438,171	439,574
NET ASSETS		
Invested in capital assets, net of related debt	59,989	66,112
Restricted	60,132	52,733
Unrestricted	319,252	323,192
Total net position	439,373	442,037
Total liabilities and net position	\$ 877,544	\$ 881,611

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

Board designated funds	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIF		4.52	Various		20,773,060	
CAMP		5.03	CAMP		31,871,169	
Allspring		4.42	Money market		767,531	
PFM		4.42	Money market		193,997	
Allspring	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	600,000	
Allspring	6-Dec-24	2.15	MTN-C	Branch Banking Trust	1,300,000	
Allspring	15-Dec-24	1.00	U.S. Govt Agency	US Treasury Bill	550,000	
Allspring	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000	
Allspring	15-Jan-25	1.13	U.S. Govt Agency	US Treasury Bill	3,300,000	
Allspring	21-Jan-25	2.05	MTN-C	US Bank NA	1,400,000	
PFM	7-Feb-25	1.88	MTN-C	National Rural Mtn	125,000	
Allspring	7-Mar-25	2.13	MTN-C	Deere John Mtn	550,000	
American Business Bank	20-Mar-25	4.50	CD	American Business Bank	235,500	
CalPrivate Bank	20-Mar-25	4.50	CD	CalPrivate Bank	235,500	
Citizens National Bank of Texas	20-Mar-25	4.50	CD	Citizens National Bank of Texas	235,500	
Community Bank of the Day	20-Mar-25	4.50	CD	Community Bank of the Day	203,034	
East West Bank	20-Mar-25	4.50	CD	East West Bank	235,500	
Farmers Bank and Trust Company	20-Mar-25	4.50	CD	Farmers Bank and Trust Company	235,500	
Frontier Bank of Texas	20-Mar-25	4.50	CD	Frontier Bank of Texas	235,500	
Optus Bank	20-Mar-25	4.50	CD	Optus Bank	198,863	
Poppy Bank	20-Mar-25	4.50	CD	Poppy Bank	235,500	
Republic Bank	20-Mar-25	4.50	CD	Republic Bank	206,240	
St. Louis Bank	20-Mar-25	4.50	CD	St. Louis Bank	235,500	
Willamette Valley Bank	20-Mar-25	4.50	CD	Willamette Valley Bank	235,500	
Optus Bank	27-Mar-25	4.50	CD	Optus Bank	22,383	
Western Alliance - CDARS	31-Mar-25	4.50	CD	Western Alliance	250,000	
Allspring	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000	
Allspring	1-May-25	0.74	Municipal	San Diego County	300,000	
Allspring	15-May-25	2.75	U.S. Govt Agency	US Treasury Bill	980,000	
PFM	15-May-25	0.93	Municipal	University Calif Ca	185,000	
Allspring	1-Jun-25	0.92	Municipal	Connecticut ST	400,000	
Allspring	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000	
Allspring	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000	
Allspring	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000	
Allspring	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000	
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000	
Allspring	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000	
PFM	25-Aug-25	3.75	U.S. Govt Agency	FHLMC	260,044	
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000	
Allspring	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000	
Allspring	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000	
PFM	17-Nov-25	0.56	ABS	Kubota Credit	21,882	
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000	
PFM	31-Jan-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	6-Feb-26	1.75	MTN-C	State Street Corp	1,000,000	
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	17-Feb-26	0.00	ABS	Carmax Auto Owner	9,184	
PFM	28-Feb-26	2.50	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000	
Allspring	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000	
PFM	31-Mar-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	2-Apr-26	3.38	MTN-C	Bank of America	250,000	
PFM	19-Apr-26	3.50	MTN-C	Bank of America	295,000	
Allspring	21-Apr-26	4.75	MTN-C	Morgan Stanley	1,000,000	
Allspring	25-Apr-26	3.91	MTN-C	Wells Fargo co	800,000	
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000	
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000	
PFM	31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000	
PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	115,130	
Allspring	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000	
Allspring	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000	
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	990,000	
Allspring	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000	
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000	
PFM	7-Jul-26	5.25	ABS	American Honda Mtn	145,000	
PFM	8-Jul-26	3.05	MTN-C	Walmart INC	205,000	
PFM	17-Jul-26	5.08	MTN-C	Cooperatieve CD	400,000	
PFM	20-Jul-26	0.00	ABS	Honda Auto Rec Own	82,805	
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	880,000	
PFM	7-Aug-26	5.45	MTN-C	Wells Fargo Bank Na	545,000	
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000	
PFM	18-Sep-26	5.61	MTN-C	Natixis Ny	405,000	
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	2,210,000	
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	1-Oct-26	2.95	MTN-C	JP Morgan	415,000	
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	1-Nov-26	4.76	Municipal	California St Univ	125,000	
PFM	4-Nov-26	0.02	MTN-C	American Express Co	445,000	
PFM	13-Nov-26	5.60	MTN-C	National Rural Mtn	160,000	
PFM	15-Nov-26	3.55	MTN-C	Lockheed Martin	203,000	
Allspring	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	2,000,000	
Allspring	4-Dec-26	5.49	MTN-C	Citibank N A	1,000,000	
PFM	11-Jan-27	1.70	MTN-C	Deere John Mtn	220,000	

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Oct 31, 2024

Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000
PFM	26-Feb-27	4.80	MTN-C	Cisco Sys	260,000
PFM	15-Mar-27	6.03	MTN-C	Daimler Trucks	325,000
PFM	18-Mar-27	4.99	MTN-C	State Street Corp	335,000
PFM	25-Mar-27	3.22	U.S. Govt Agency	FHLMC	575,000
PFM	30-Mar-27	4.80	MTN-C	Hormel Food Corp	115,000
PFM	15-Apr-27	0.00	ABS	Carmax Auto Owner	425,504
PFM	15-Apr-27	2.50	MTN-C	Home Depot Inc	220,000
Allspring	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	970,000
PFM	30-Apr-27	0.50	U.S. Govt Agency	US Treasury Bill	250,000
PFM	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	800,000
PFM	13-May-27	5.00	MTN-C	Paccar Financial Mtn	95,000
PFM	15-May-27	2.38	U.S. Govt Agency	US Treasury Bill	925,000
PFM	15-May-27	1.70	MTN-C	IBM Corp	230,000
PFM	15-May-27	3.70	MTN-C	Unitedhealth Group	85,000
PFM	17-May-27	4.14	ABS	Capital One Prime	210,069
Allspring	21-May-27	5.41	MTN-C	Goldman Sachs	1,100,000
Allspring	15-Jul-27	3.88	Municipal	Massachusetts St	1,000,000
PFM	26-Jul-27	4.60	MTN-C	Blackrock Funding	185,000
PFM	30-Jul-27	4.65	MTN-C	Honeywell	185,000
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000
PFM	15-Aug-27	2.25	U.S. Govt Agency	US Treasury Bill	190,000
PFM	31-Aug-27	0.50	U.S. Govt Agency	US Treasury Bill	1,140,000
Allspring	15-Sep-27	5.93	MTN-C	Bank of America	1,100,000
Allspring	1-Oct-27	4.66	Municipal	San Francisco Ca	1,000,000
PFM	8-Oct-27	4.35	MTN-C	Toyota Motor	130,000
PFM	31-Oct-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Allspring	15-Nov-27	5.49	ABS	Nissan Auto Lease	500,000
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	185,509
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer	310,000
PFM	15-Jan-28	4.10	MTN-C	Mastercard	130,000
Allspring	18-Jan-28	5.66	ABS	Mercedes Benz Auto	1,000,000
PFM	7-Feb-28	3.44	MTN-C	Bank New York Mellon Mtn	300,000
Allspring	16-Feb-28	4.47	MTN-C	GM Finl Consumer	1,000,000
PFM	18-Feb-28	5.41	ABS	Honda Auto	350,000
PFM	25-Feb-28	0.00	ABS	BMW Vehicle Owner	95,000
PFM	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	17-Apr-28	0.00	ABS	Hyundai Auto	115,000
PFM	17-Apr-28	5.00	MTN-C	Bank of America	525,000
Allspring	22-Apr-28	5.57	MTN-C	JP Morgan	1,100,000
PFM	30-Apr-28	3.50	U.S. Govt Agency	US Treasury Bill	750,000
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill	600,000
PFM	15-May-28	0.00	ABS	Ally Auto Rec	195,000
PFM	15-May-28	4.87	MTN-C	American Express Co	150,000
PFM	15-May-28	4.79	MTN-C	Bank of America	180,000
PFM	15-May-28	5.23	MTN-C	Ford CR Auto Owner	160,000
PFM	26-May-28	5.50	MTN-C	Morgan Stanley	280,000
PFM	31-May-28	3.63	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	16-Jun-28	5.59	ABS	GM Finl con Auto Rec	110,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	530,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	436,108
PFM	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn	120,000
PFM	25-Jul-28	4.19	U.S. Govt Agency	FNMA	515,998
PFM	15-Aug-28	5.69	MTN-C	Harley Davidson	500,000
PFM	15-Aug-28	5.90	ABS	Fifth Third Auto	385,000
PFM	25-Aug-28	0.00	U.S. Govt Agency	FHLMC	545,000
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC	545,000
PFM	15-Sep-28	5.23	MTN-C	American Express	445,000
PFM	15-Sep-28	5.16	MTN-C	Chase Issuance Trust	435,000
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC	410,000
PFM	25-Sep-28	0.00	U.S. Govt Agency	FHLMC	535,000
PFM	29-Sep-28	5.80	MTN-C	Citibank N A	535,000
PFM	30-Sep-28	4.63	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	25-Oct-28	5.80	MTN-C	Bank New York Mtn	1,000,000
PFM	25-Oct-28	0.00	U.S. Govt Agency	FHLMC	200,000
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC	300,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	775,000
Allspring	15-Nov-28	4.98	MTN-C	Bank of America	394,000
PFM	25-Nov-28	0.00	U.S. Govt Agency	FHLMC	280,000
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC	325,000
PFM	25-Dec-28	0.00	U.S. Govt Agency	FHLMC	315,000
PFM	31-Dec-28	3.75	U.S. Govt Agency	US Treasury Bill	1,200,000
PFM	31-Dec-28	1.38	U.S. Govt Agency	US Treasury Bill	500,000
PFM	16-Jan-29	4.60	MTN-C	Chase Issuance Trust	490,000
PFM	31-Jan-29	4.60	MTN-C	Paccar Financial Mtn	160,000
PFM	8-Feb-29	4.60	MTN-C	Air products	295,000
PFM	8-Feb-29	4.60	MTN-C	Texas Instrs	370,000
PFM	15-Feb-29	4.94	MTN-C	Wells Fargo Card	560,000
PFM	20-Feb-29	4.90	MTN-C	Cummins INC	195,000
PFM	22-Feb-29	4.90	MTN-C	Bristol Myers Squibb	200,000
Allspring	26-Feb-29	5.18	ABS	BMW Vehicle Owner	1,100,000
PFM	26-Feb-29	4.85	MTN-C	Cisco Sys	225,000
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca	165,000
PFM	28-Feb-29	4.25	U.S. Govt Agency	US Treasury Bill	750,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	50,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	220,000
Allspring	15-Mar-29	0.00	abs	John Deere Owner	1,000,000
Allspring	15-Mar-29	5.38	ABS	Hyundai Auto Rec	1,000,000

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

PFM	25-Mar-29	5.18	U.S. Govt Agency	FHLMC	315,000	
Allspring	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	225,000	
PFM	4-Apr-29	4.80	MTN-C	Adobe Inc	225,000	
Allspring	15-Apr-29	5.59	MTN-C	Ford CR Auto Owner	1,000,000	
PFM	15-Apr-29	5.59	MTN-C	Ford CR Auto Owner	415,000	
PFM	25-May-29	4.72	U.S. Govt Agency	FHLMC	460,000	
Allspring	31-May-29	4.50	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	20-Jun-29	5.98	MTN-C	Verizon Master Trust	1,000,000	
Allspring	25-Jun-29	4.75	MTN-C	Home Depot Inc	500,000	
PFM	25-Jun-29	0.00	U.S. Govt Agency	FHLMC	200,000	
PFM	25-Jun-29	4.75	MTN-C	Home Depot Inc	95,000	
PFM	30-Jun-29	3.25	U.S. Govt Agency	US Treasury Bill	2,030,000	
PFM	15-Jul-29	4.76	MTN-C	Ford CR Auto Owner	360,000	
Allspring	16-Jul-29	4.65	MTN-C	American Express	1,025,000	
PFM	17-Jul-29	4.50	MTN-C	Pepsico inc	280,000	
PFM	25-Jul-29	4.54	U.S. Govt Agency	FHLMC	515,000	
PFM	25-Jul-29	4.62	U.S. Govt Agency	FHLMC	410,000	
Allspring	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	6-Aug-29	4.84	MTN-C	Citibank N A	295,000	
PFM	9-Aug-29	4.55	MTN-C	Toyota Motor	195,000	
PFM	14-Aug-29	4.20	MTN-C	Eli Lilly Co	65,000	
PFM	16-Aug-29	4.27	ABS	GM Finl con Auto Rec	155,000	
PFM	18-Sep-29	3.80	MTN-C	Novartis Capital	365,000	
PFM	25-Sep-29	4.79	U.S. Govt Agency	FHLMC	345,000	
Allspring	30-Sep-29	3.50	U.S. Govt Agency	US Treasury Bill	950,000	
PFM	4-Oct-29	4.05	MTN-C	Accenture Capital	195,000	
PFM	1-May-27	5.41	MTN-C	Goldman Sachs	220,000	
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	285,000	
PFM			ABS	Hyundai Auto Rec	195,000	
						\$ 173,065,011

	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
Self-insurance trust						
Wells Fargo Bank			Money market	110900	967,173	
Wells Fargo Bank			Fixed income - L/T	152300	909,915	1,877,088
2015A revenue bonds						
US Bank			Principal/Interest payment fund	142110	907,366	907,366
2015B revenue bonds						
US Bank			Principal/Interest payment fund	142110	1,749,727	1,749,727
2017C revenue bonds						
US Bank			Principal/Interest payment fund	142110	2,692,618	2,692,618
2020 revenue bonds						
US Bank			Principal/Interest payment fund	142110	532,778	532,778
2022 revenue bonds						
US Bank			Principal/Interest payment fund	142110	1,270,416	1,270,416
2014 general obligation bonds						
CAMP			Interest Payment fund	152440	2,194,327	2,194,327
Master Reserve fund						
US Bank				142102	(726,520)	
US Bank				142103	23,117,664	22,391,144
Operations						
Wells Fargo Bank		0.16	Checking	100100	(2,147,945)	
Wells Fargo Bank		0.16	Checking	100500	5,951,454	3,803,509
Payroll						
Wells Fargo Bank		0.16	Checking	100200	9,660,729	
Wells Fargo Bank		0.16	Checking	100300	1,030,598	
Wells Fargo Bank		0.16	Checking	100300	15,905	10,707,231
						14,510,741
Total investments						\$ 221,191,216

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

Kaweah Delta Medical Foundation

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

Wells Fargo Bank	Checking	100500	(41,772) <u>\$ (41,772)</u>
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Kaweah Delta Hospital Foundation

Central Valley Community Checking	Investments	100100	285,905
Various	S/T Investments	142200	5,054,784
Various	L/T Investments	142300	12,834,149
Various	Unrealized G/L	142400	3,772,342
			<u>\$ 21,947,179</u>

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$ 126,217,709	142100	
Committed for capital	16,651,993	142100	
			<u>142,869,702</u>
GO Bond reserve - L/T	1,992,658	142100	
401k Matching	7,024,356	142100	
Cost report settlement - current	2,135,384	142104	
Cost report settlement - L/T	<u>1,312,727</u>	142100	
			3,448,111
Development fund/Memorial fund	104,184	112300	
Workers compensation - current	5,180,000	112900	
Workers compensation - L/T	<u>12,446,000</u>	113900	
			17,626,000
			<u>\$ 173,065,011</u>

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
CAMP	31,871,169	14.4%		31,871,169	17.0%
Local Agency Investment Fund (LAIF)	20,773,060	9.4%		20,773,060	11.1%
CAMP - GOB Tax Rev	2,194,327	1.0%	2,194,327	-	0.0%
Allspring	58,916,531	26.6%	1,877,088	57,039,443	30.4%
PFM	58,504,230	26.4%		58,504,230	31.2%
Western Alliance	250,000			250,000	0.1%
American Business Bank	235,500			235,500	0.1%
CalPrivate Bank	235,500			235,500	0.1%
Citizens National Bank of Texas	235,500			235,500	0.1%
Community Bank of the Day	203,034			203,034	0.1%
East West Bank	235,500			235,500	0.1%
Farmers Bank and Trust Company	235,500			235,500	0.1%
Frontier Bank of Texas	235,500			235,500	0.1%
Optus Bank	221,247			221,247	0.1%
Poppy Bank	235,500			235,500	0.1%
Republic Bank	206,240			206,240	0.1%
St. Louis Bank	235,500			235,500	0.1%
Willamette Valley Bank	235,500			235,500	0.1%
Wells Fargo Bank	16,387,829	7.4%		16,387,829	8.7%
Signature Bank	-	0.0%	-	-	0.0%
US Bank	29,544,049	13.4%	29,544,049	-	0.0%
<hr/>					
Total investments	\$ 221,191,216	100.0%	\$ 33,615,464	187,575,752	100.0%

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

Investment summary of surplus funds by type:

		Investment Limitations
Negotiable and other certificates of deposit	\$ 3,000,021	56,273,000 (30%)
Checking accounts	14,510,741	
Local Agency Investment Fund (LAIF)	20,773,060	75,000,000
CAMP	31,871,169	
Medium-term notes (corporate) (MTN-C)	37,407,000	56,273,000 (30%)
U.S. government agency	66,037,150	
Municipal securities	5,620,000	
Money market accounts	961,528	37,515,000 (20%)
Commercial paper	-	46,894,000 (25%)
Asset Backed Securities	7,395,083	37,515,000 (20%)
Supra-National Agency	-	56,273,000 (30%)
	<u>\$ 187,575,752</u>	

Return on investment:

Current month	<u><u>2.98%</u></u>
Year-to-date	<u><u>3.55%</u></u>
Prospective	<u><u>3.08%</u></u>
LAIF (year-to-date)	<u><u>4.55%</u></u>
Budget	<u><u>2.82%</u></u>

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

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

Investment summary of CDs:

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

Investment summary of asset backed securities:

Ally Auto Rec	\$ 195,000
American Honda Mtn	145,000
BMW Vehicle Owner	1,195,000
Fifth Third Auto	385,000
Capital One Prime	210,069
Carmax Auto Owner	549,819
GM Finl con Auto Rec	265,000
Honda Auto	350,000
Honda Auto Rec Own	82,805
Hyundai Auto	115,000
Hyundai Auto Rec	1,195,000
John Deere Owner	1,000,000
Kubota Credit	21,882
Mercedes Benz Auto	1,185,509
Nissan Auto Lease	500,000
	<u>\$ 7,395,083</u>

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

Investment summary of medium-term notes (corporate):

Accenture Capital	\$	195,000
Adobe Inc		225,000
American Express		1,470,000
American Express Co		595,000
Air products		295,000
Astrazeneca		165,000
Astrazeneca LP		265,000
Bank of America		2,744,000
Bank New York Mellon Mtn		300,000
Bank New York Mtn		1,000,000
Blackrock Funding		455,000
Bp Cap Mkts Amer		310,000
Branch Banking Trust		1,300,000
Bristol Myers Squibb		200,000
Chase Issuance Trust		925,000
Caterpillar Finl Mtn		820,000
Cisco Sys		485,000
Citibank N A		1,830,000
Cooperative CD		400,000
Cummins INC		195,000
Daimler Trucks		325,000
Deere John Mtn		770,000
Eli Lilly Co		65,000
Ford CR Auto Owner		1,935,000
GM Finl Consumer		1,000,000
Goldman Sachs		1,320,000
Harley Davidson		500,000
Home Depot Inc		815,000
Honeywell		185,000
Hormel Food Corp		115,000
IBM Corp		640,000
John Deere Mtn		620,000
JP Morgan		1,515,000
Lockheed Martin		203,000
Mastercard		130,000
Morgan Stanley		1,280,000
National Rural Mtn		285,000
Natixis Ny		405,000
Novartis Capital		365,000
Paccar Financial Mtn		255,000
Pepsico inc		280,000
Procter Gamble Co		1,300,000
State Street Corp		1,335,000
Target Corp		900,000
Texas Instrs		370,000
Toyota Motor		1,725,000
Unitedhealth Group		85,000
US Bank NA		1,400,000
Verizon Master Trust		1,000,000
Walmart INC		205,000
Wells Fargo Bank Na		545,000
Wells Fargo Card		560,000
Wells Fargo co		800,000
	\$	37,407,000

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$	4,015,998
Federal Home Loan Bank (FHLB)		525,000
Federal Home Loan Mortgage Corp (FHLMC)		9,751,152
US Treasury Bill		51,745,000
	\$	66,037,150

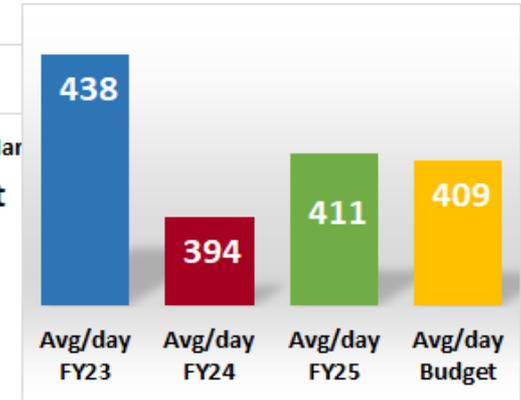
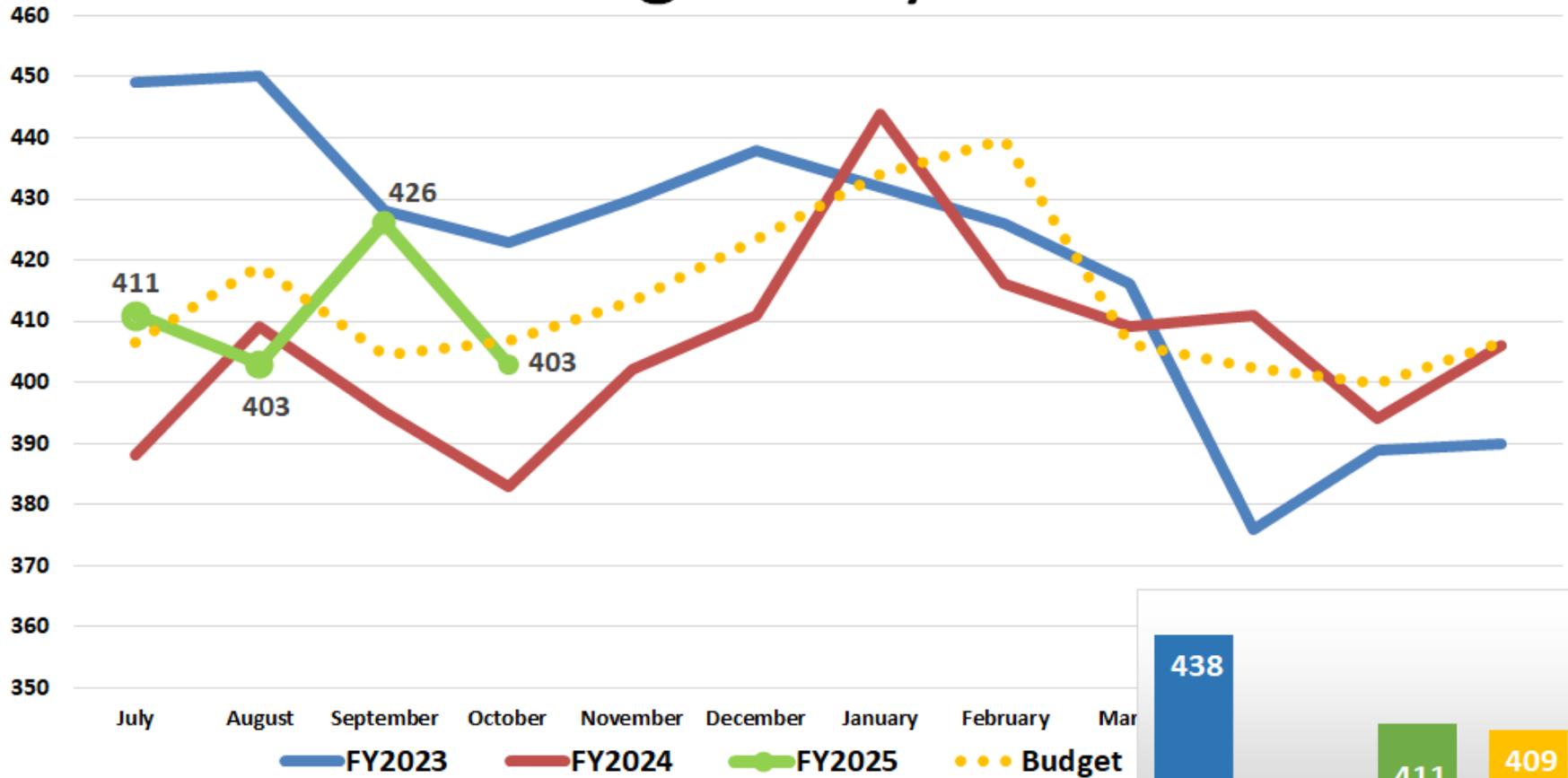
Investment summary of municipal securities:

Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
California St Univ		125,000
Connecticut ST		400,000
Los Angeles Ca		270,000
Massachusetts St		1,000,000
San Diego County		300,000
San Francisco Ca		1,000,000
San Juan Ca		190,000
Santa Cruz Ca		400,000
University Calf Ca		185,000
	\$	5,620,000

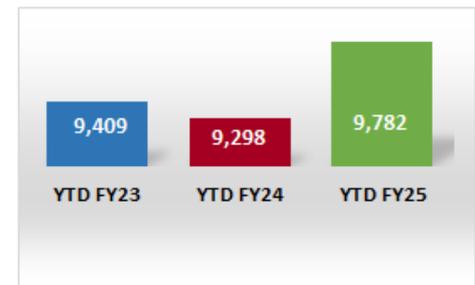
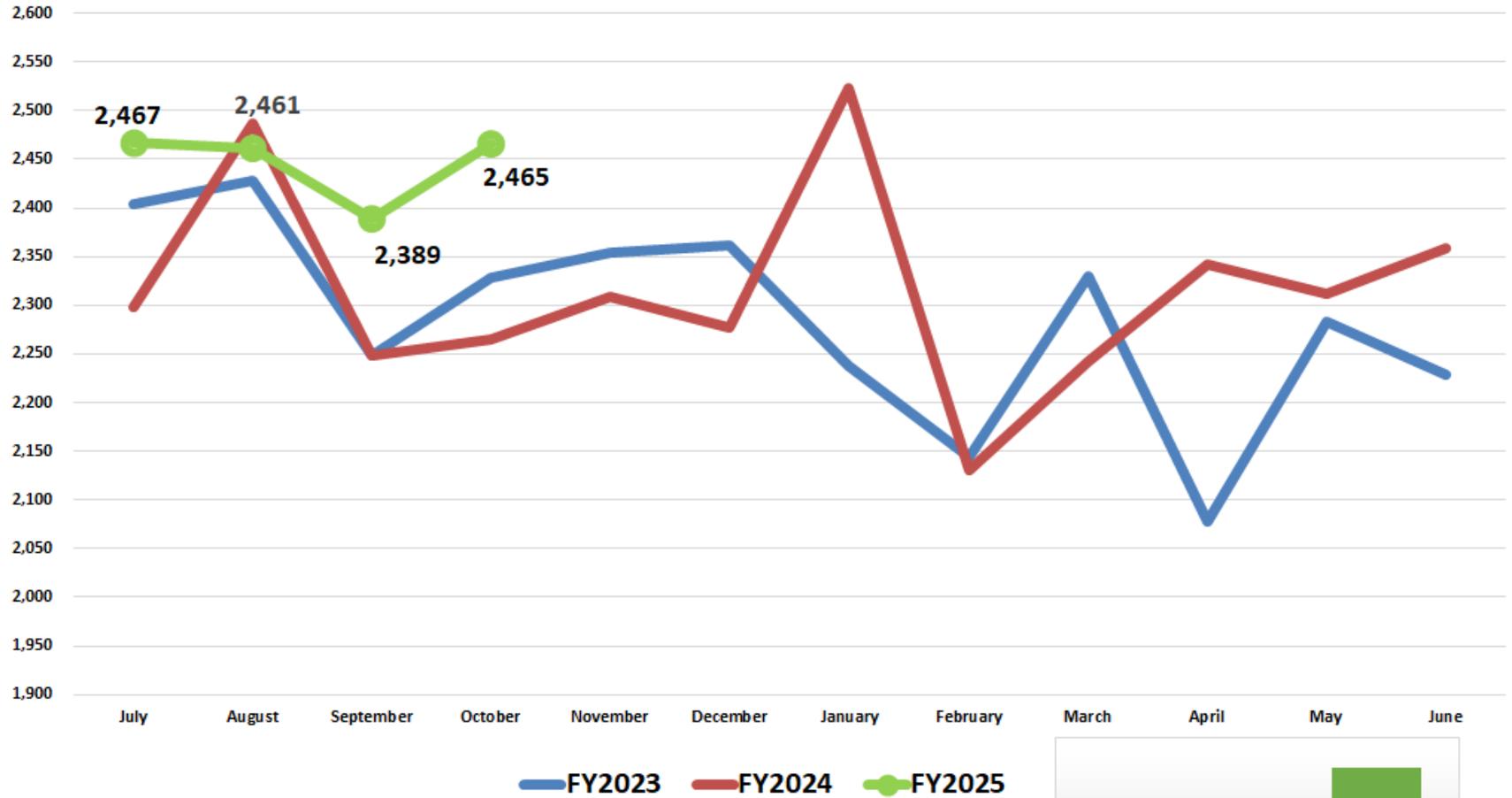
Statistical Report

October 2024

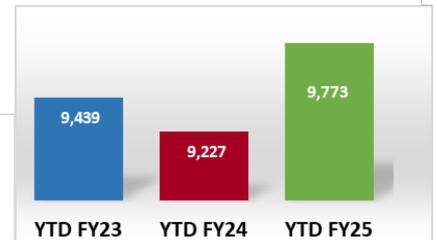
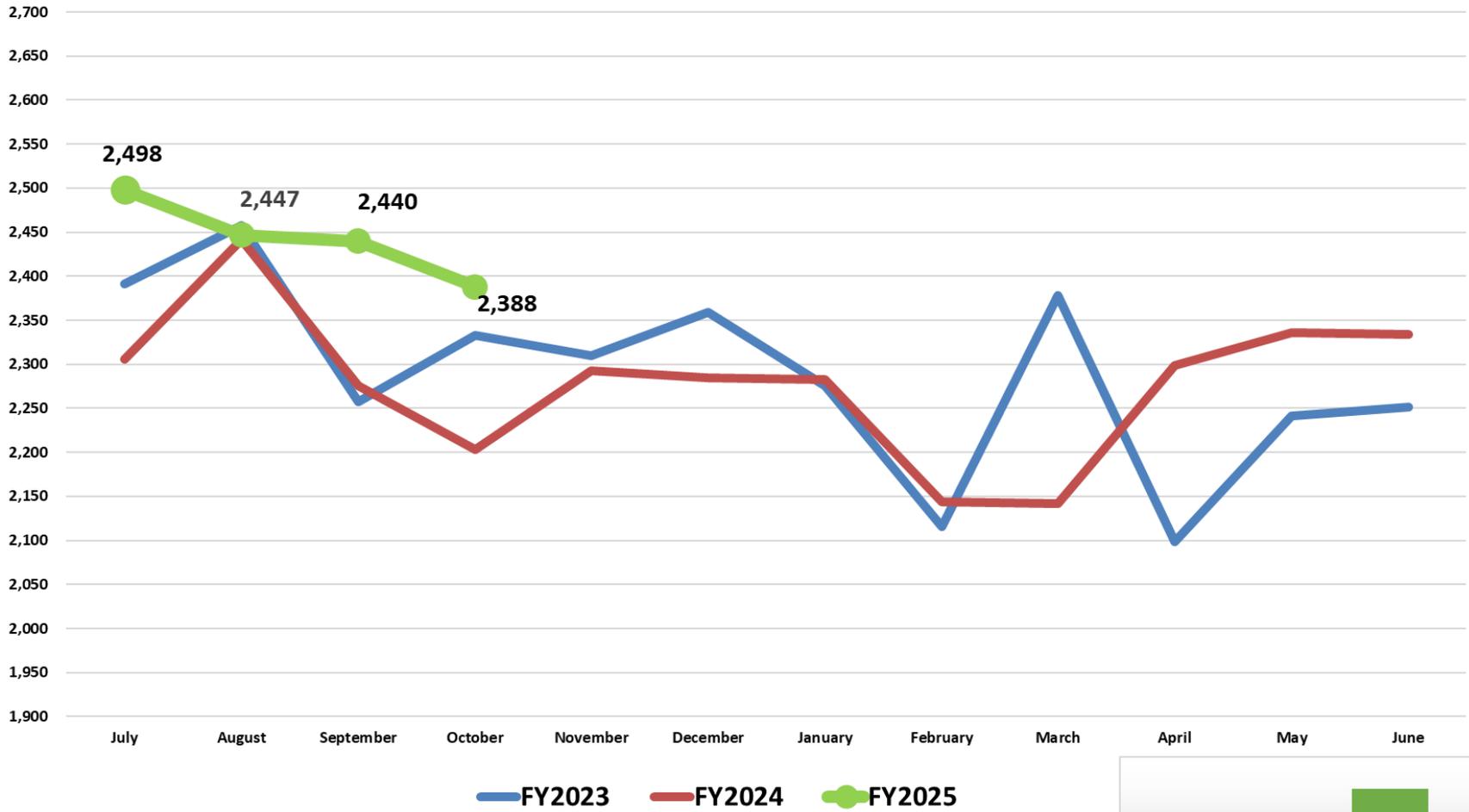
Average Daily Census



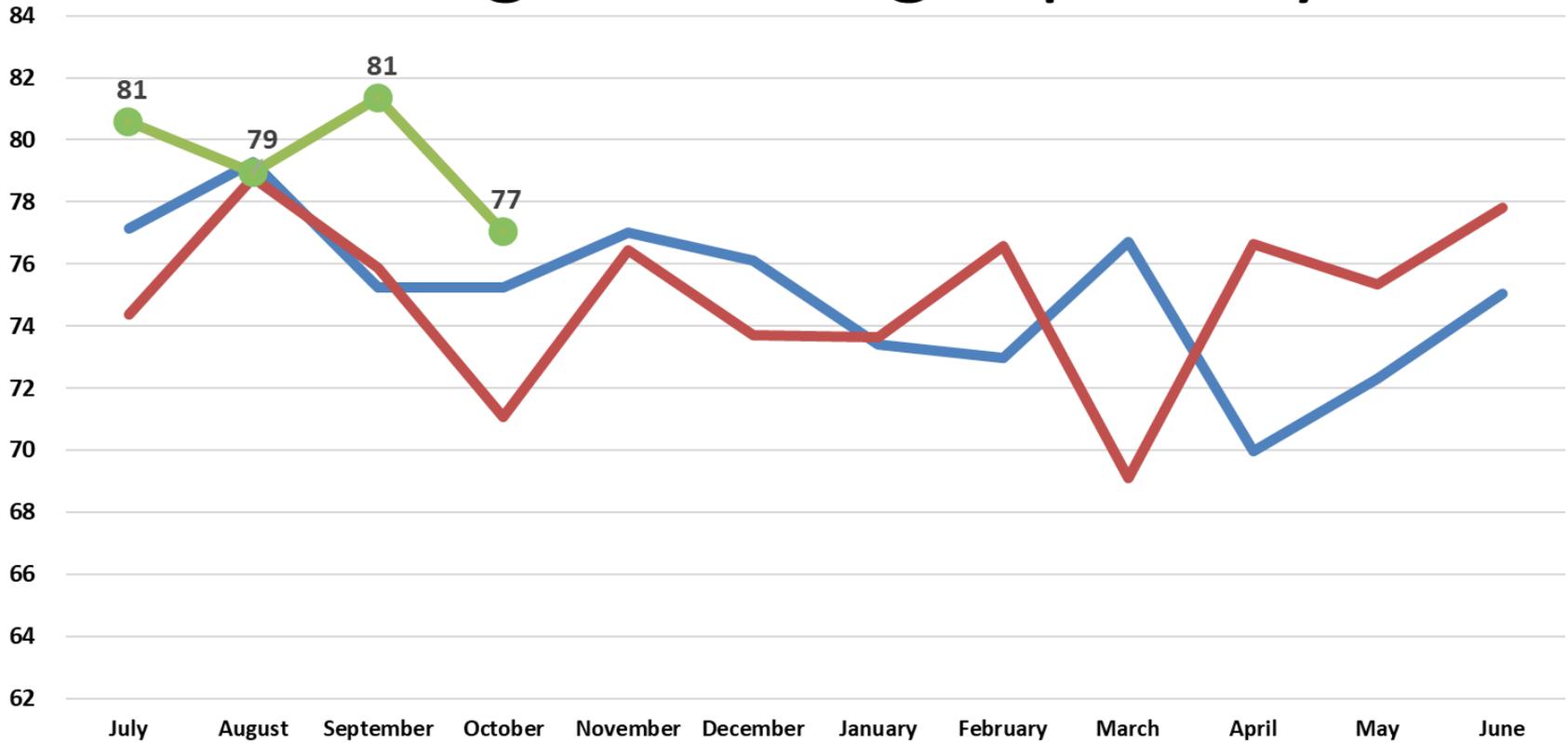
Admissions



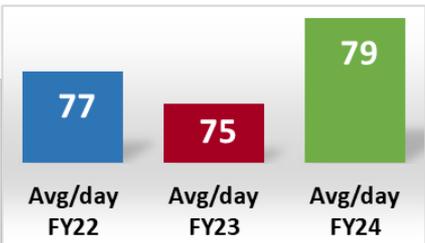
Discharges



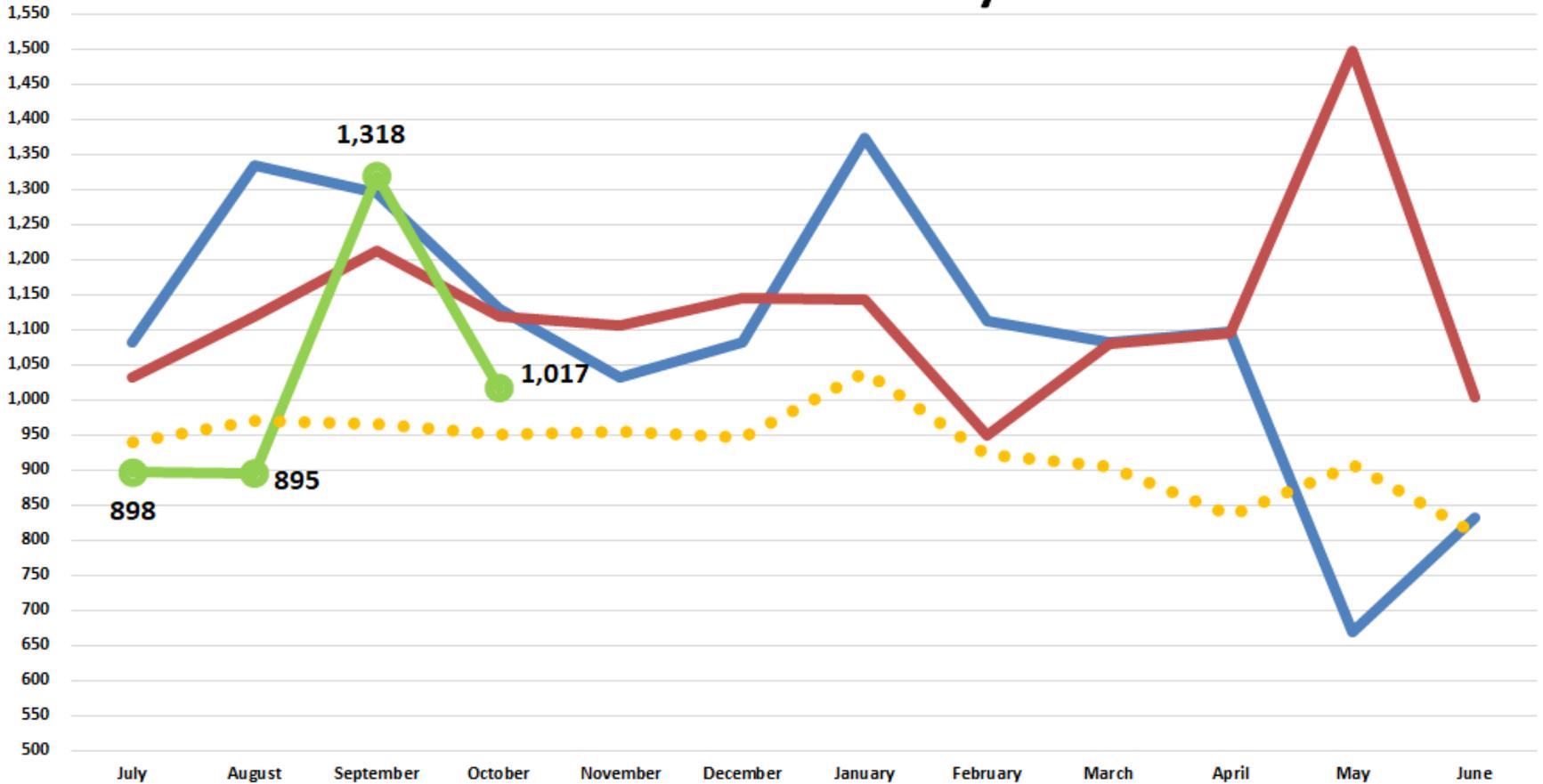
Average Discharges per day



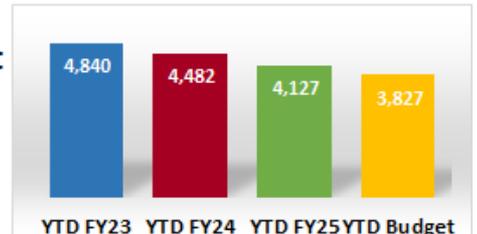
—● FY2023
 —● FY2024
 —● FY2025



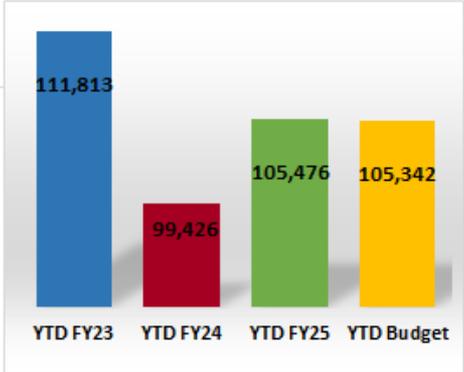
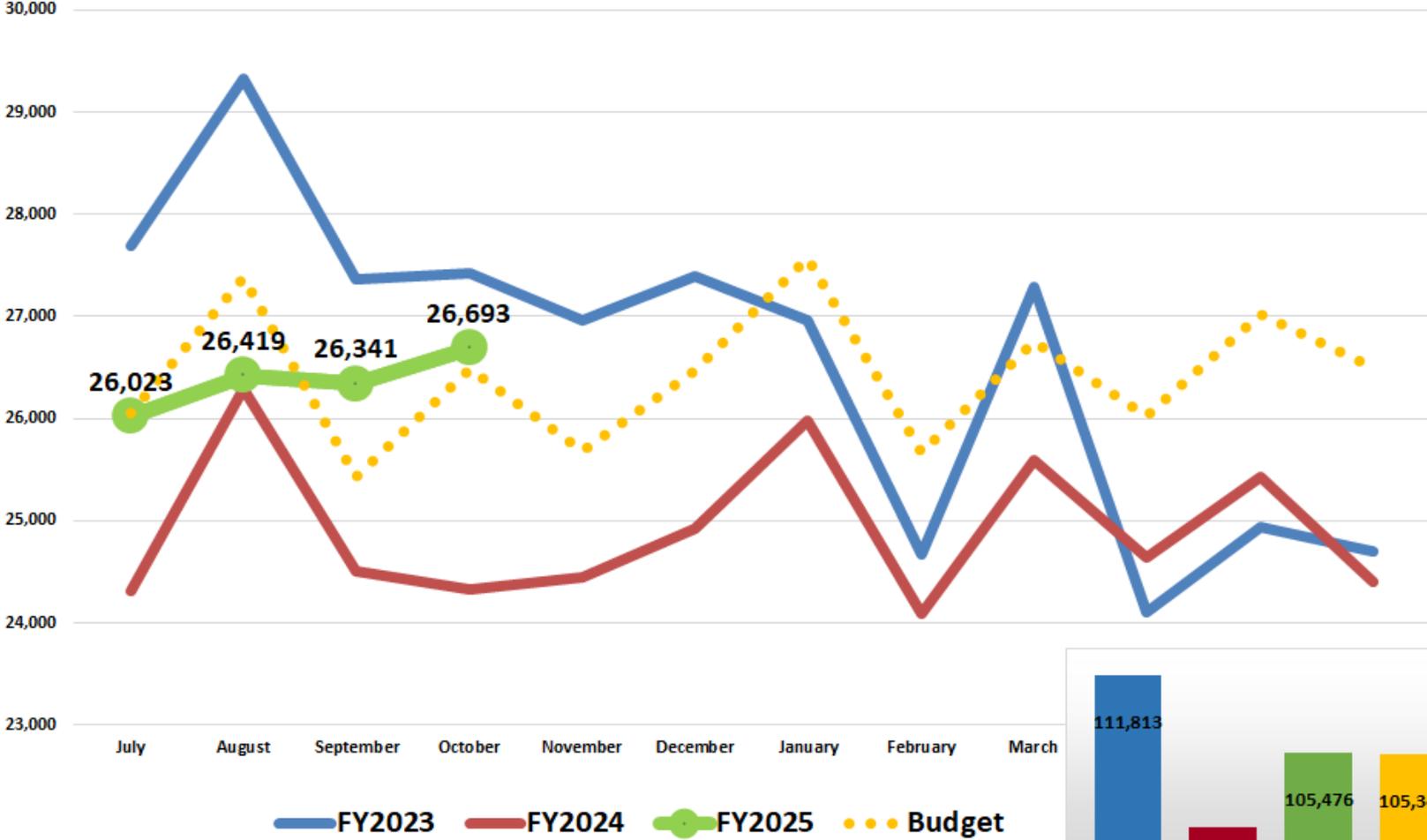
Observation Days



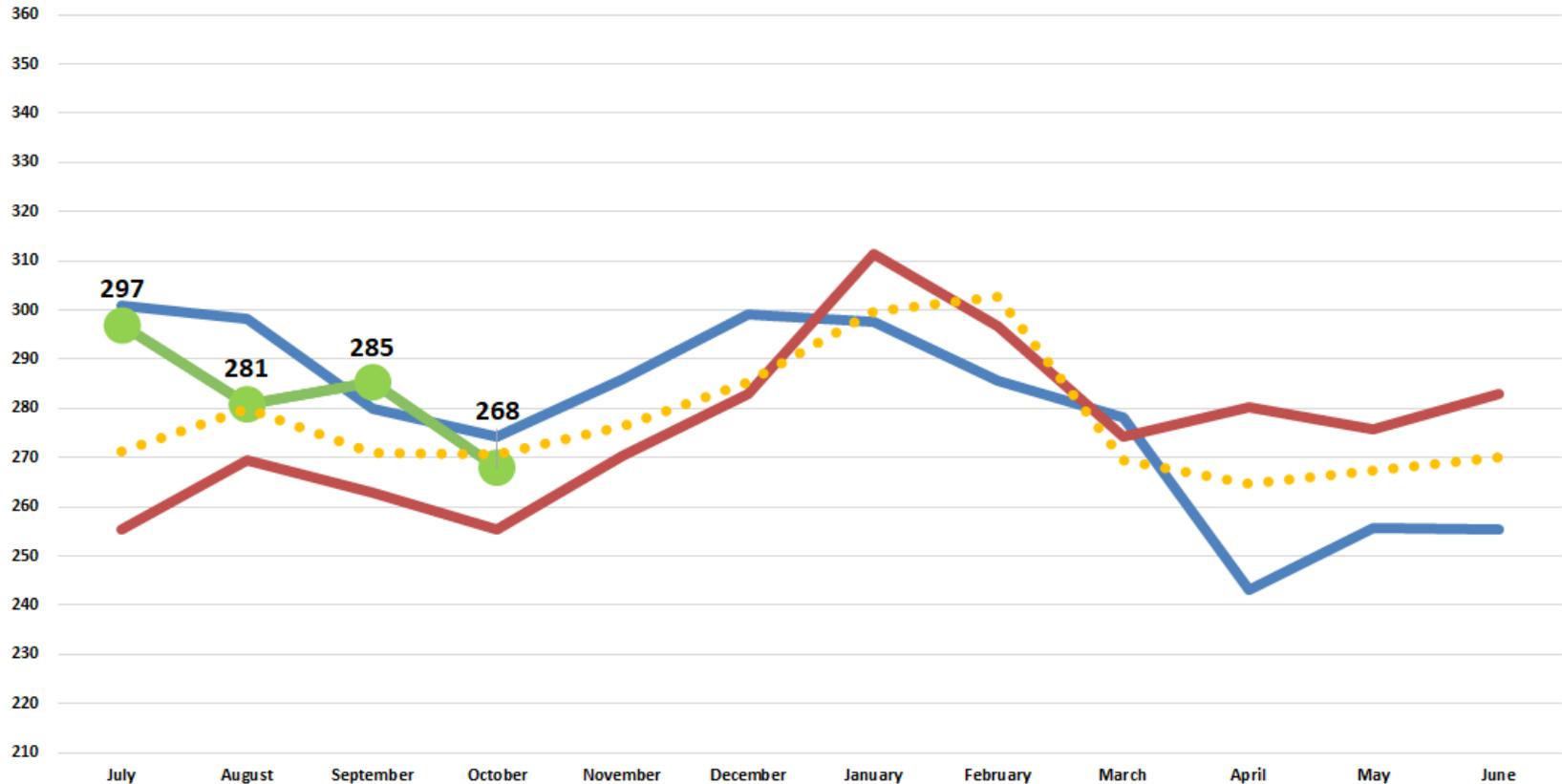
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 ●●● Budget



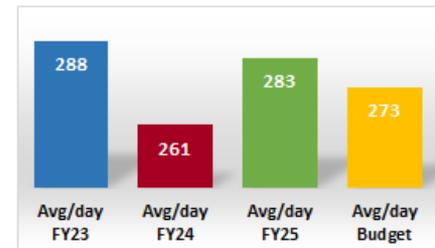
Adjusted Patient Days



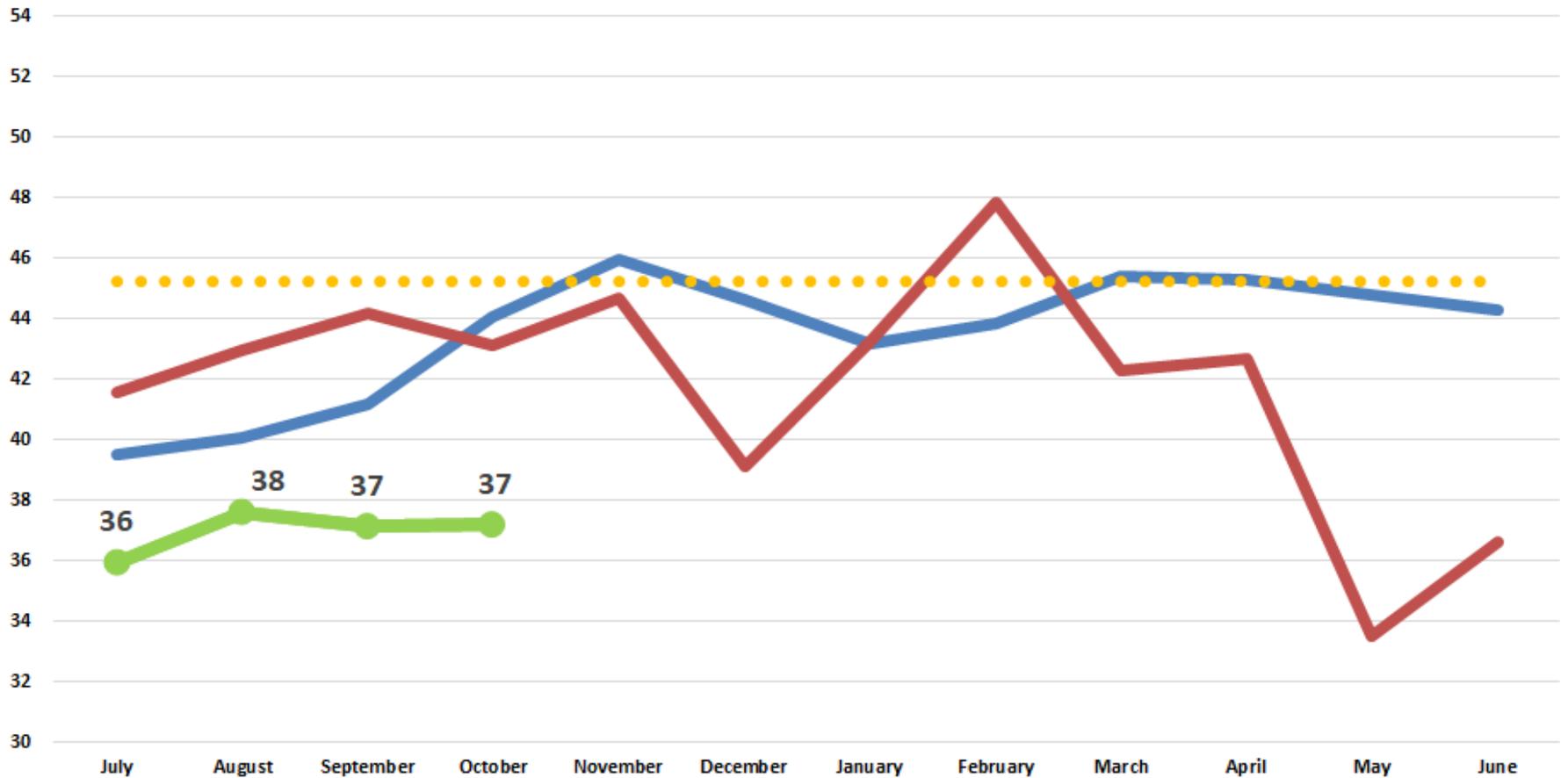
Medical Center (Avg Patients Per Day)



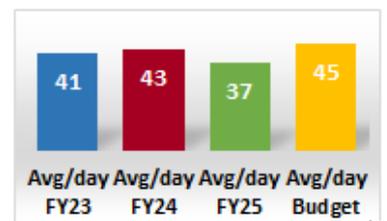
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 ●●● Budget



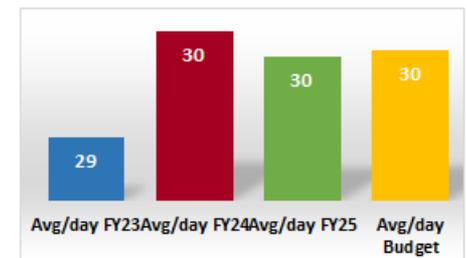
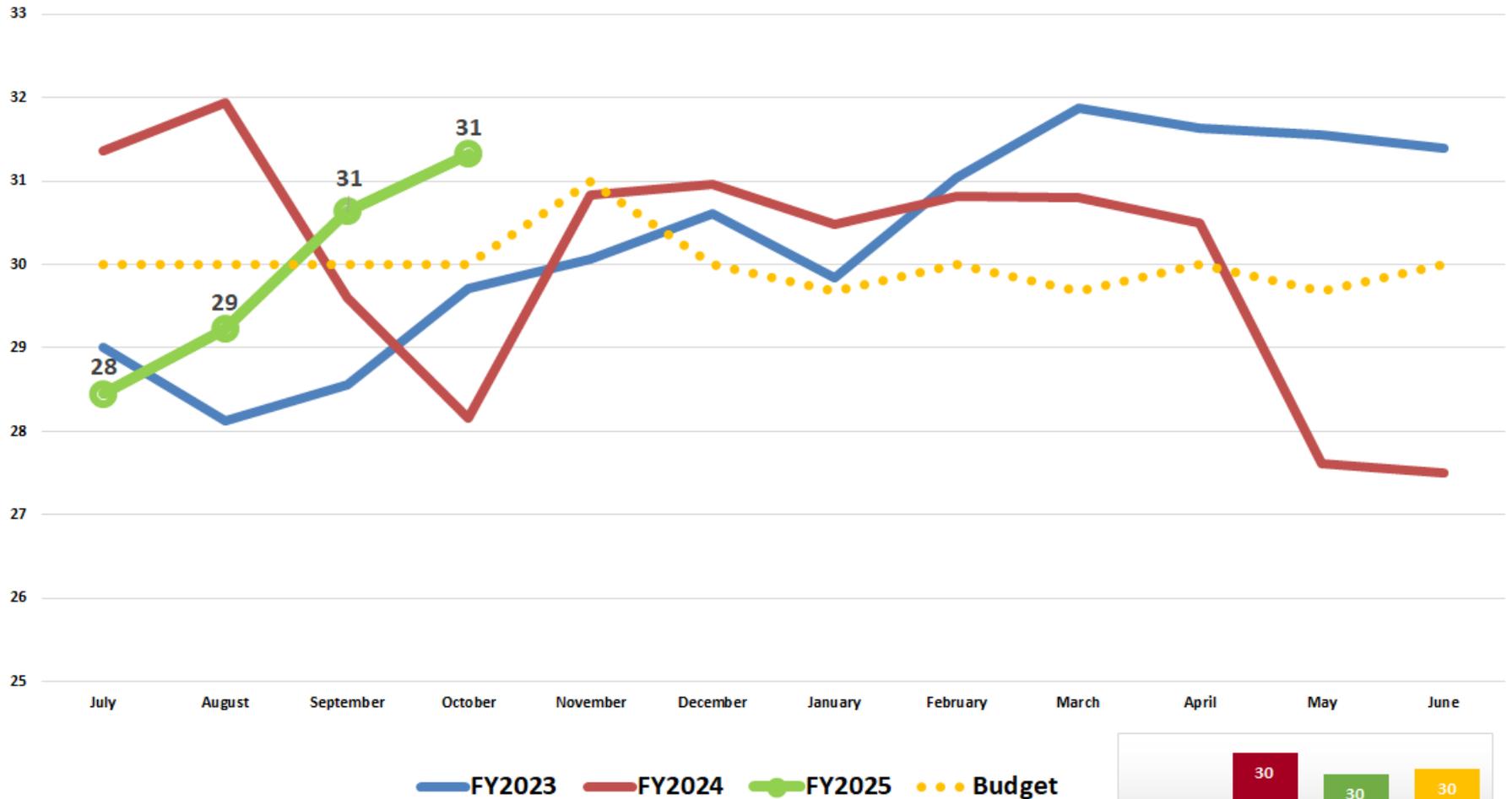
Acute I/P Psych (Avg Patients Per Day)



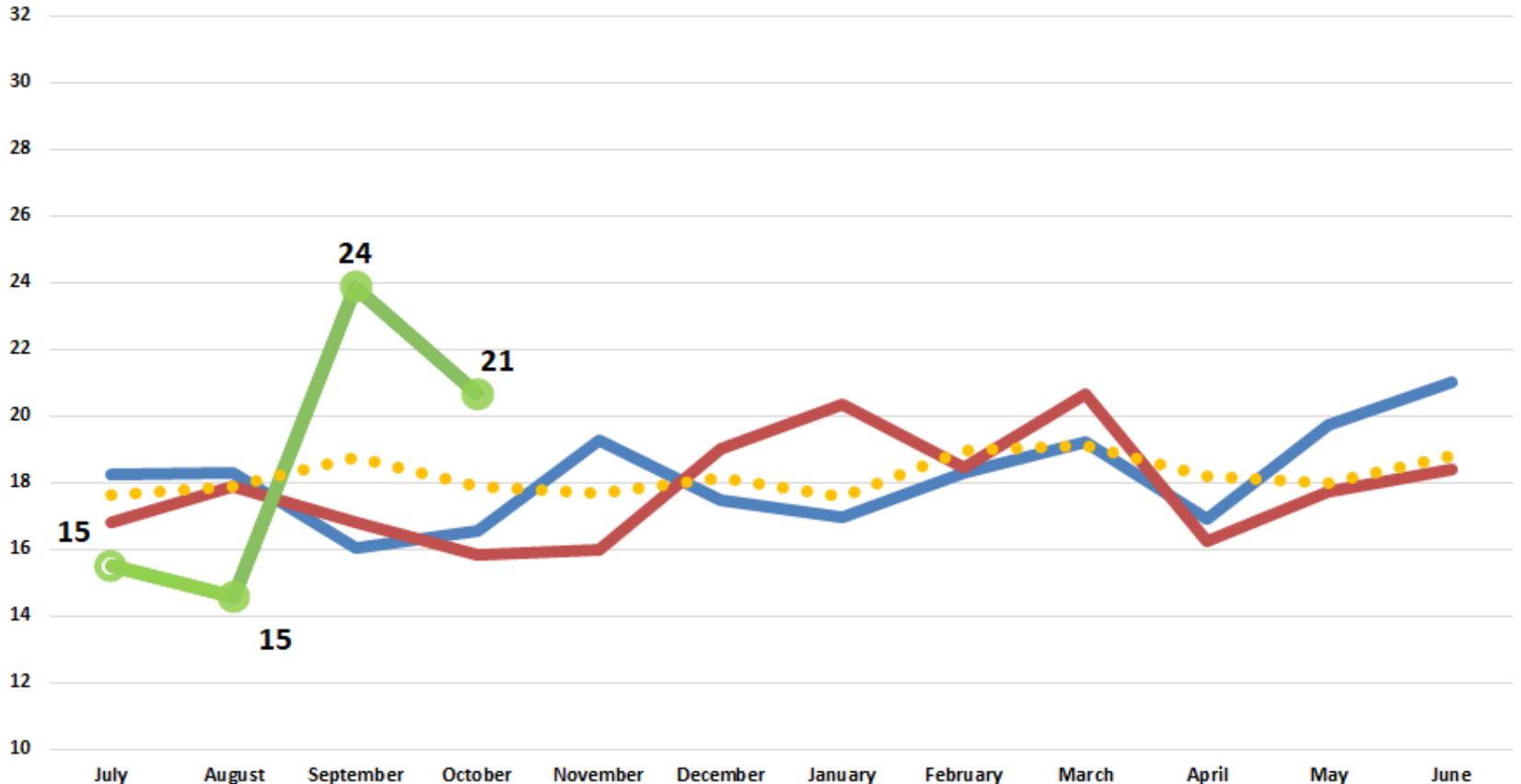
FY2023 FY2024 FY2025 Budget



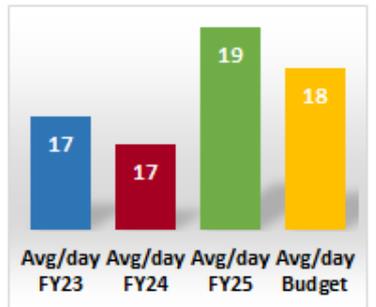
Sub-Acute - Avg Patients Per Day



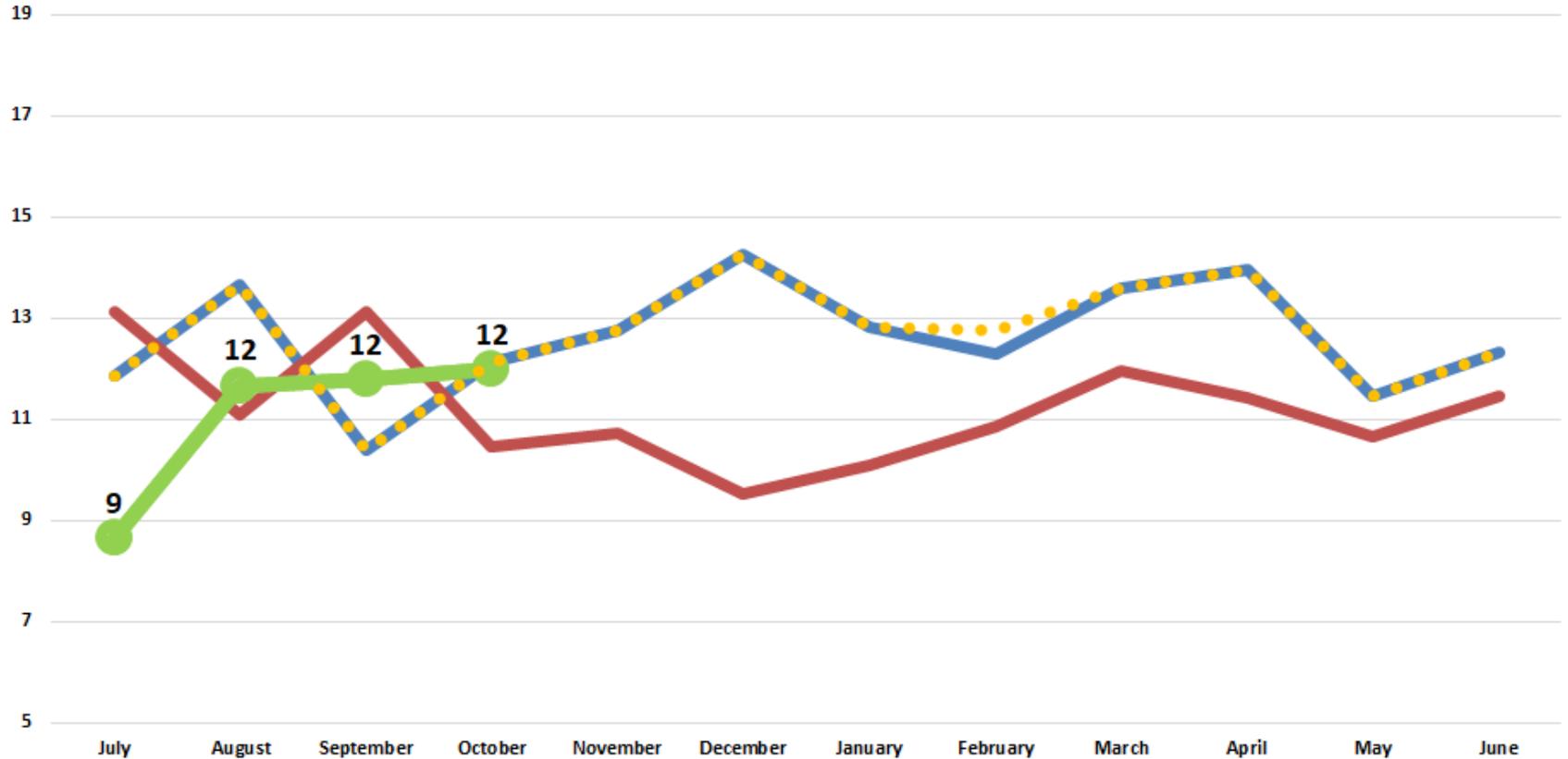
Rehabilitation Hospital - Avg Patients Per Day



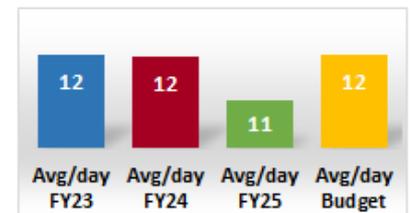
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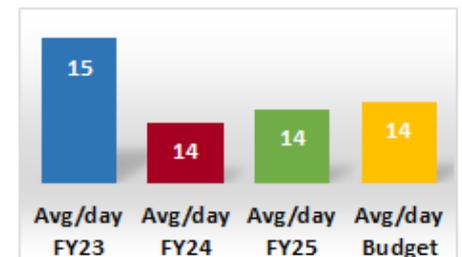
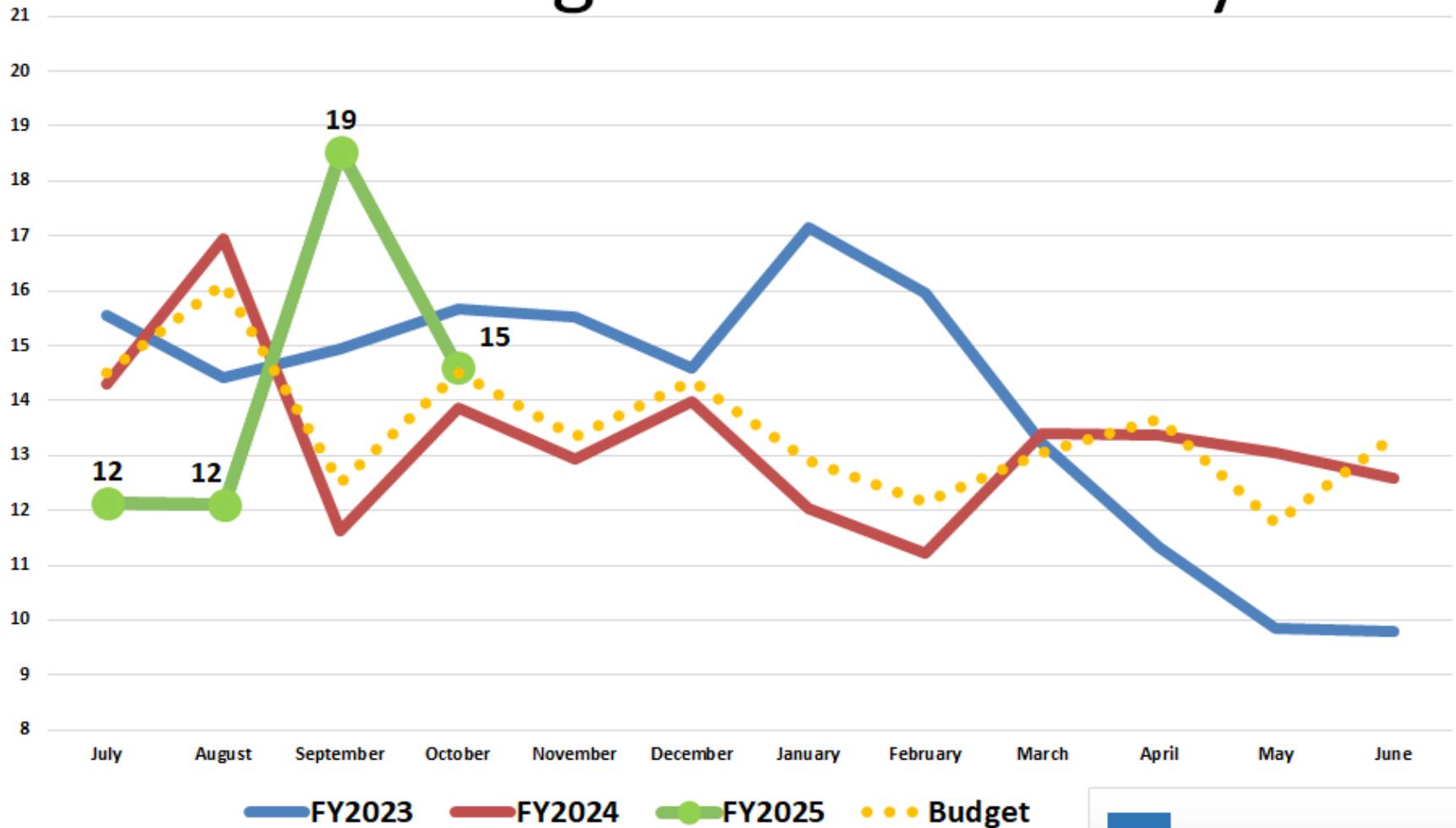
TCS Ortho - Avg Patients Per Day



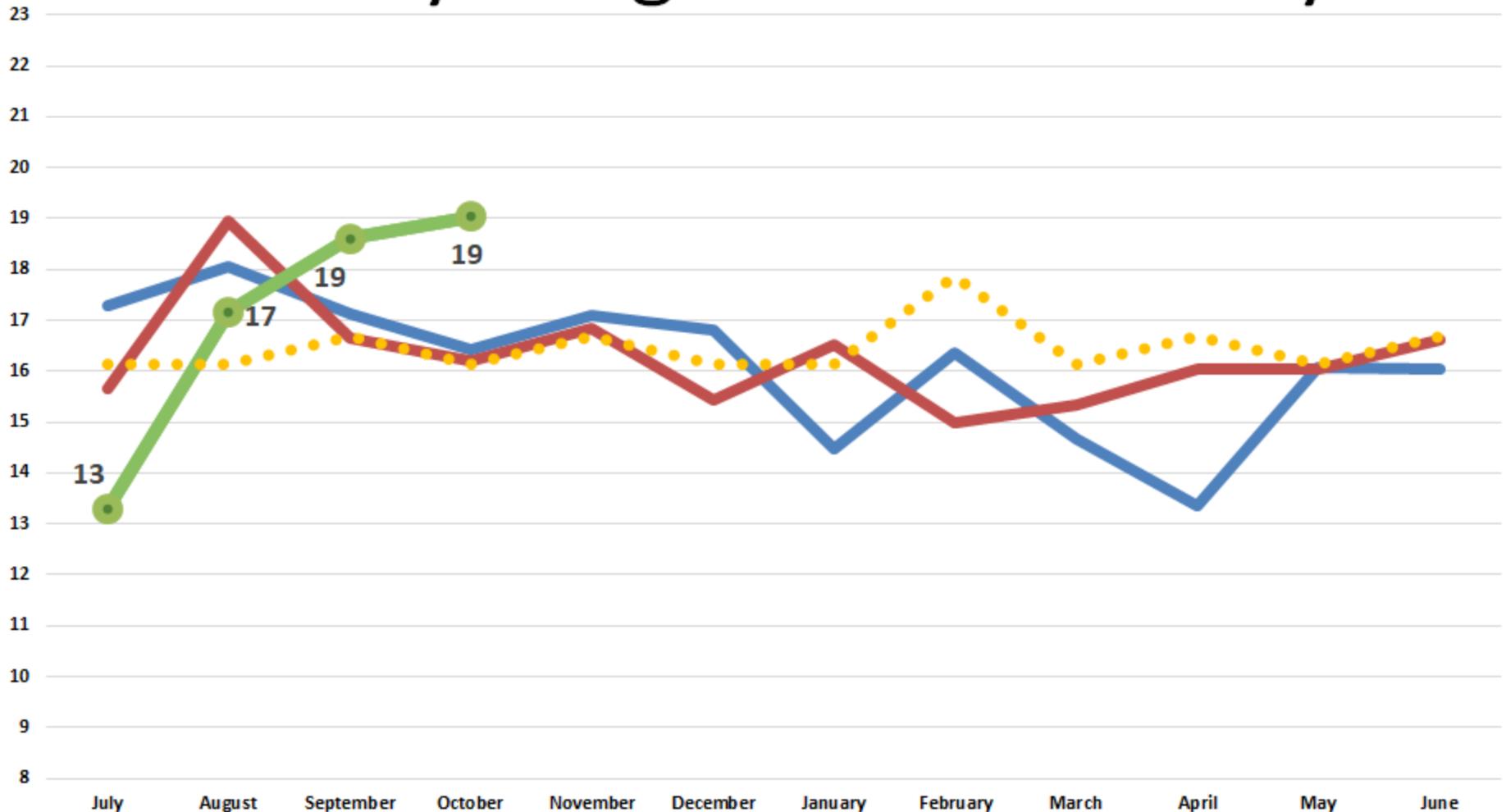
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 —●— FY2025
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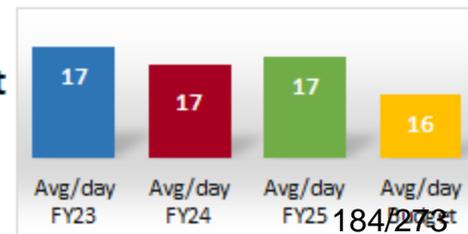
NICU - Avg Patients Per Day



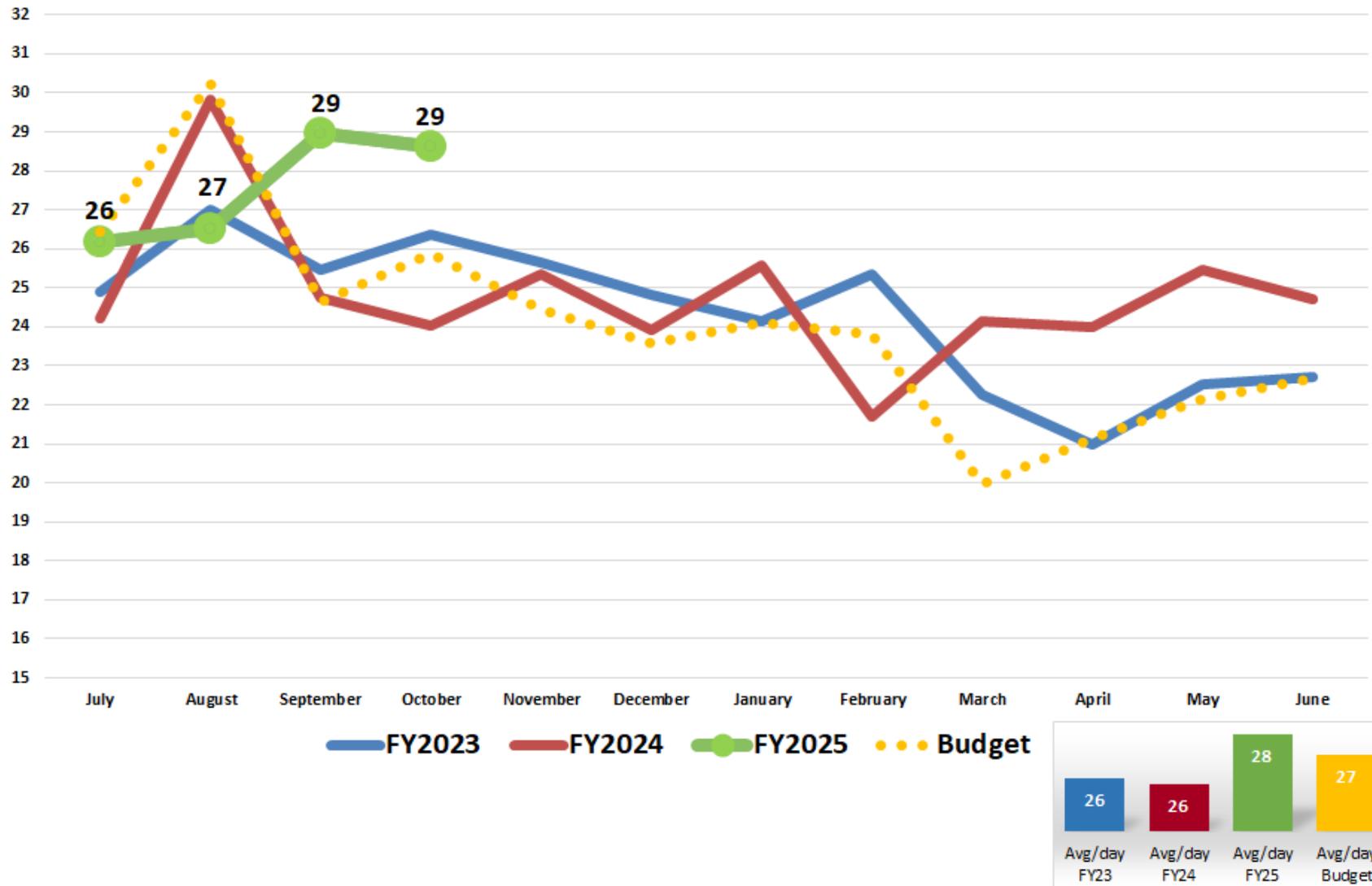
Nursery - Avg Patients Per Day



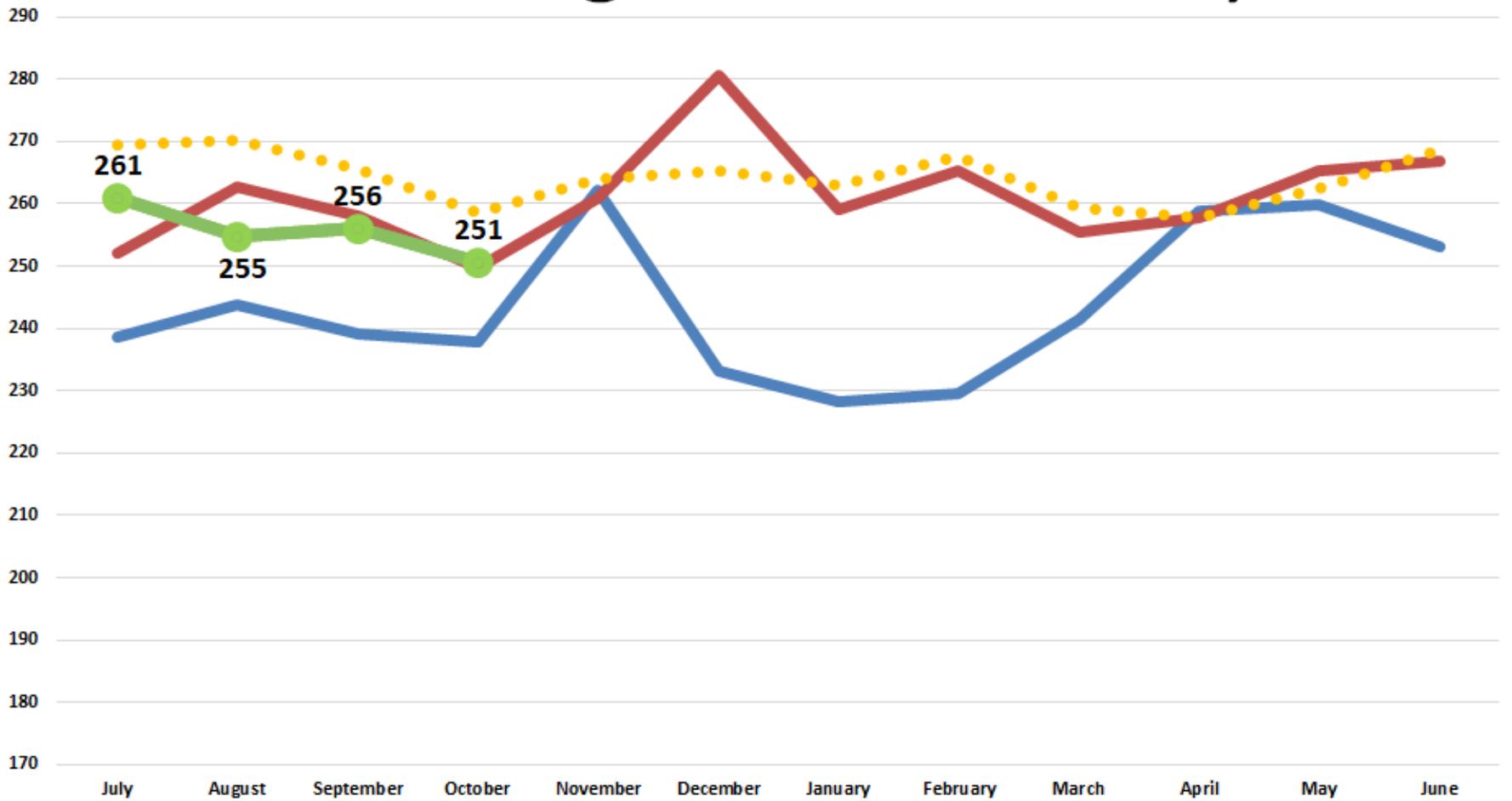
—●— FY2023
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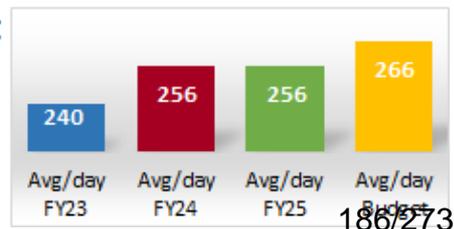
Obstetrics - Avg Patients Per Day



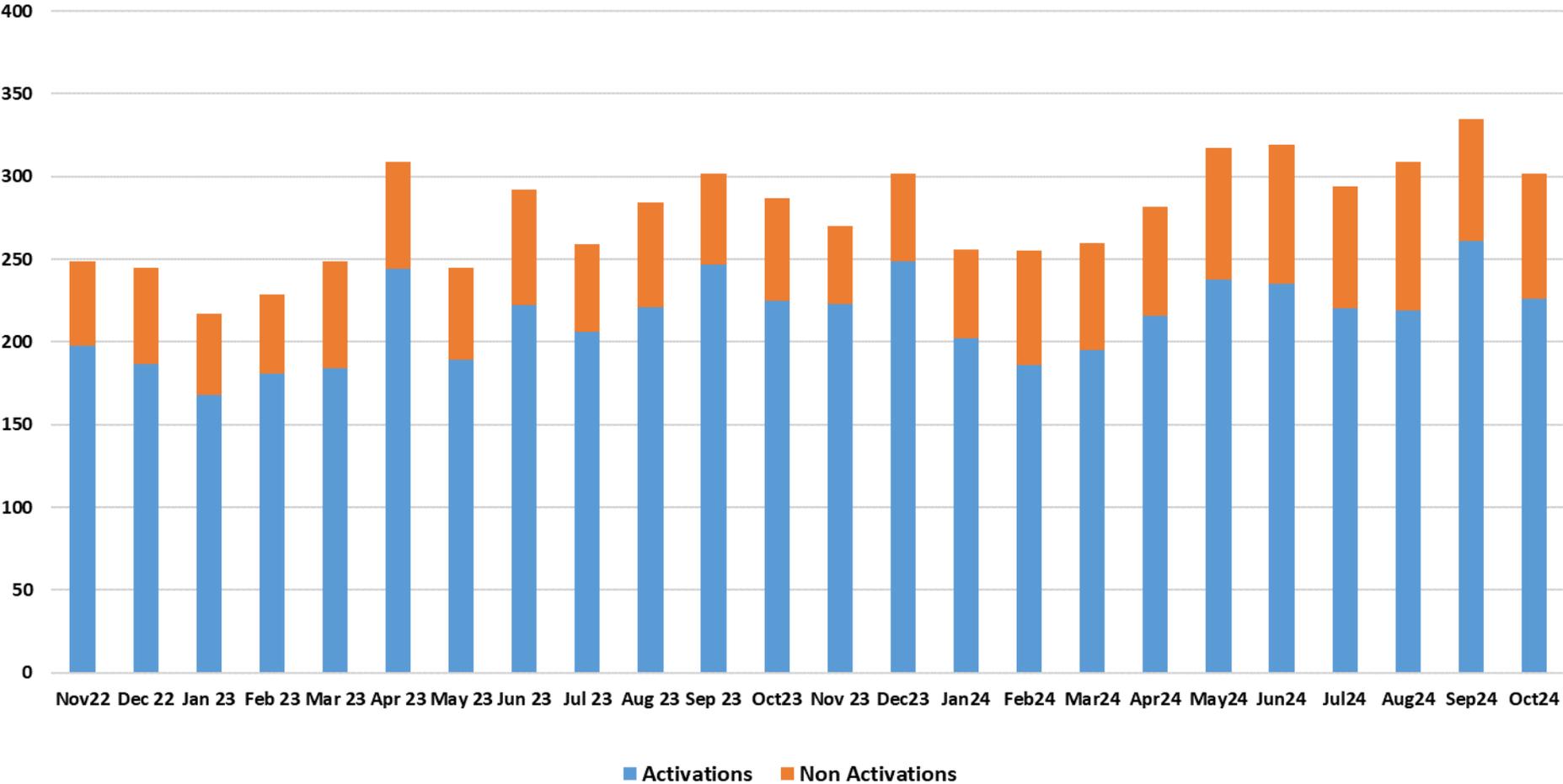
ED - Avg Treated Per Day



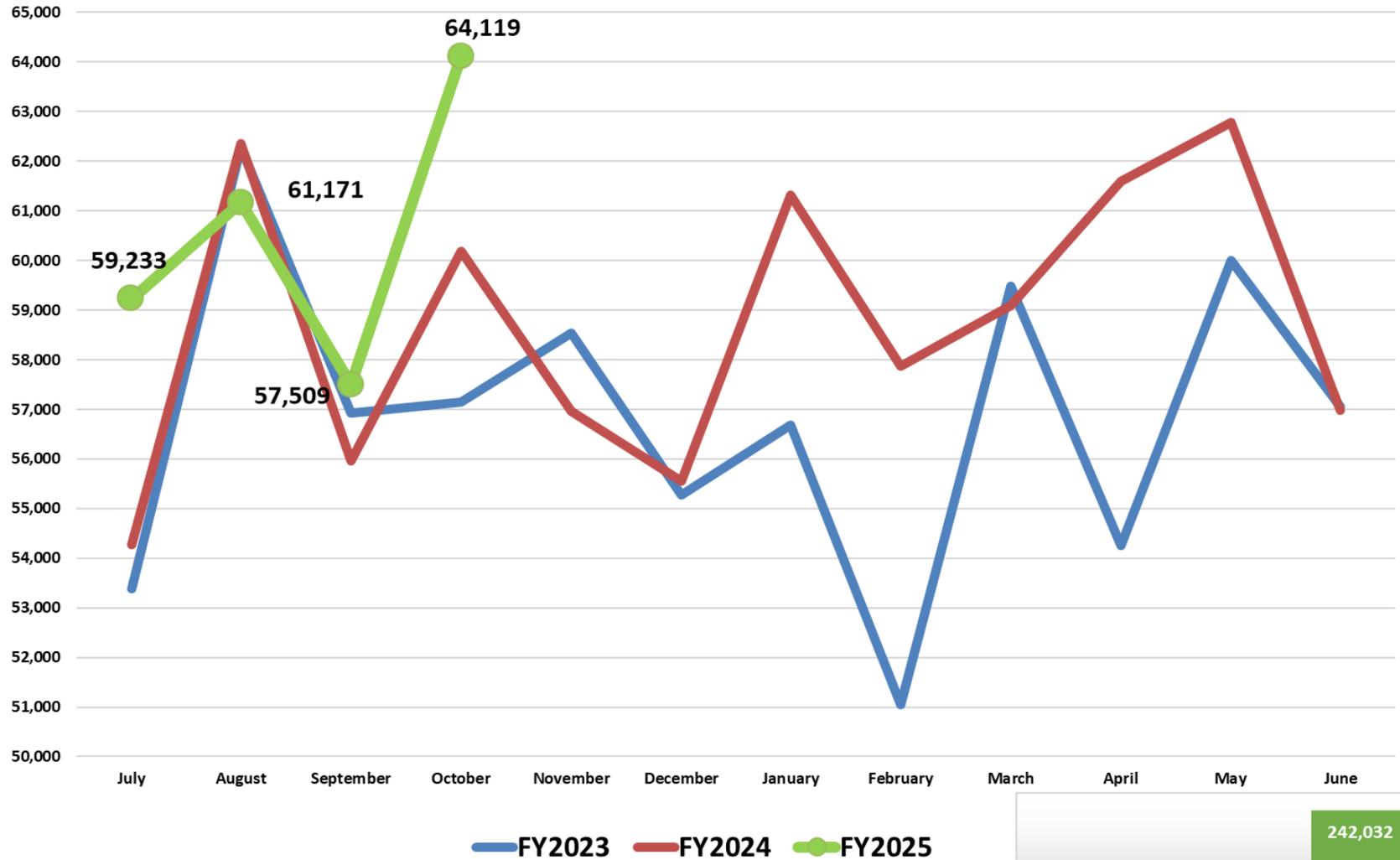
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 ●●● Budget



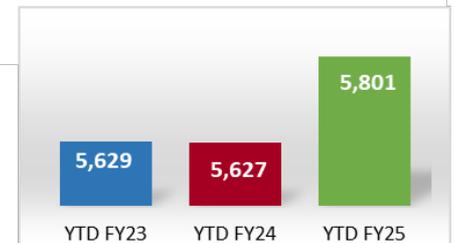
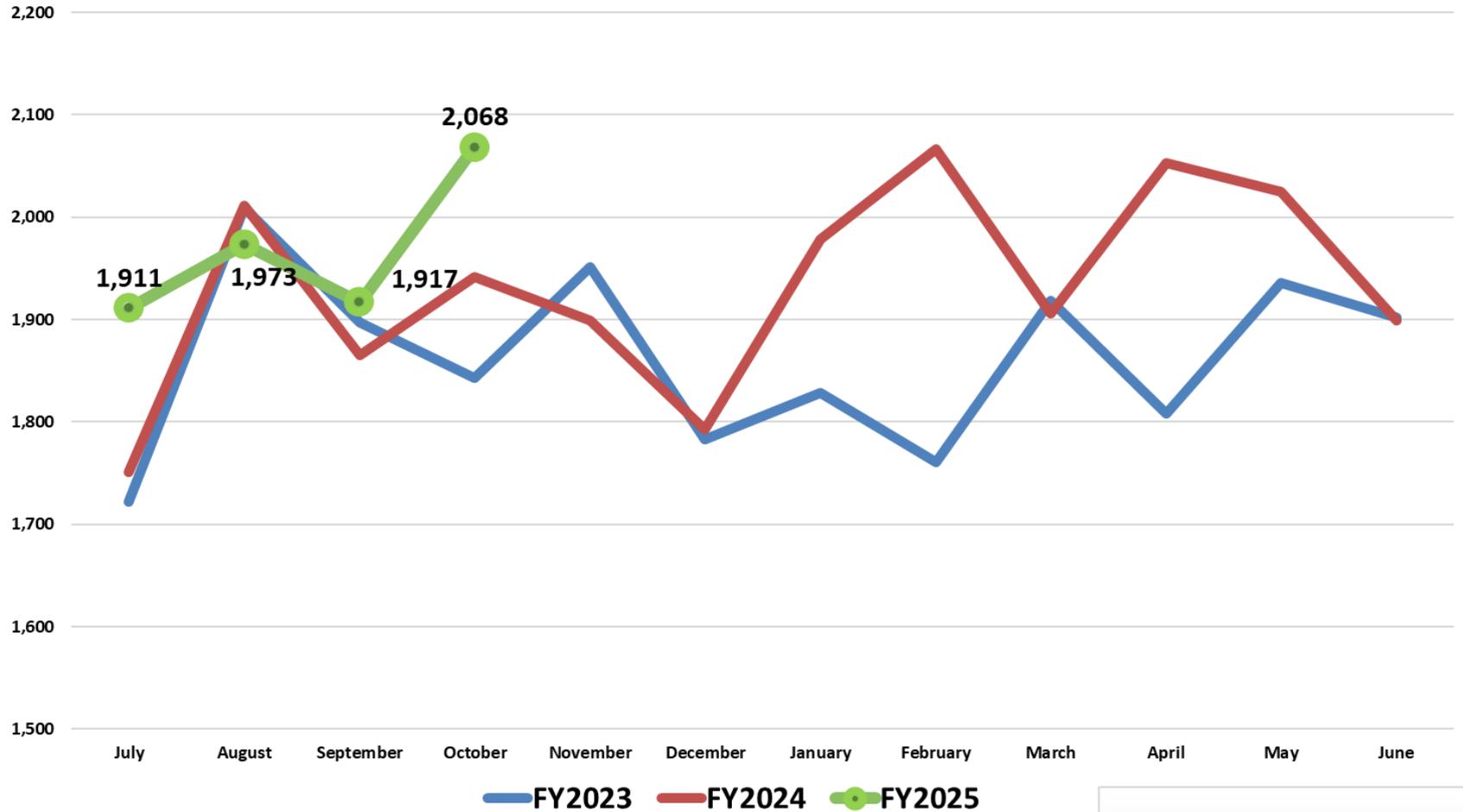
Trauma Activations & Non Activations



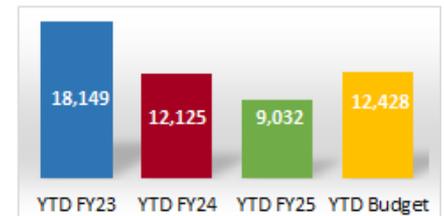
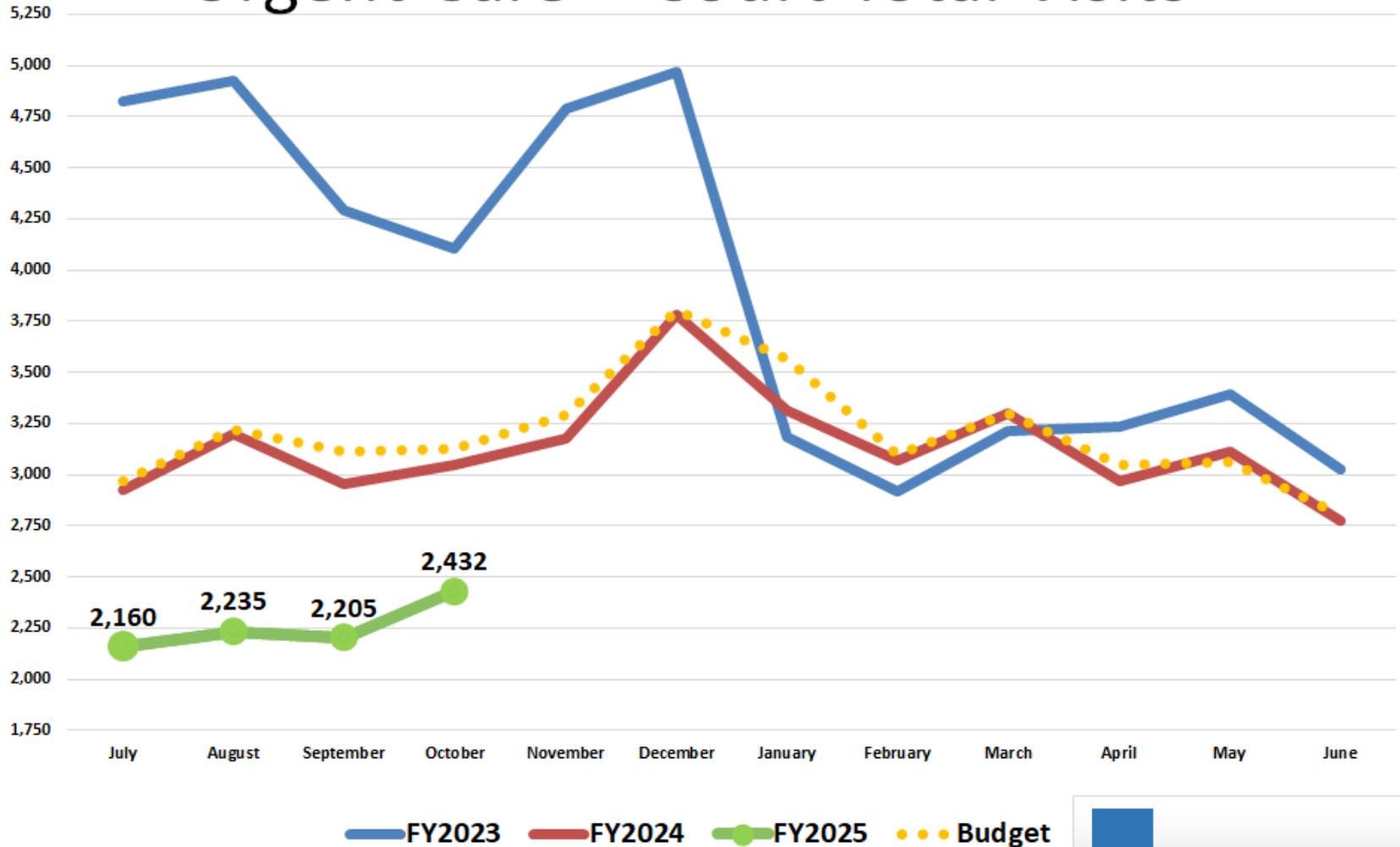
Outpatient Registrations



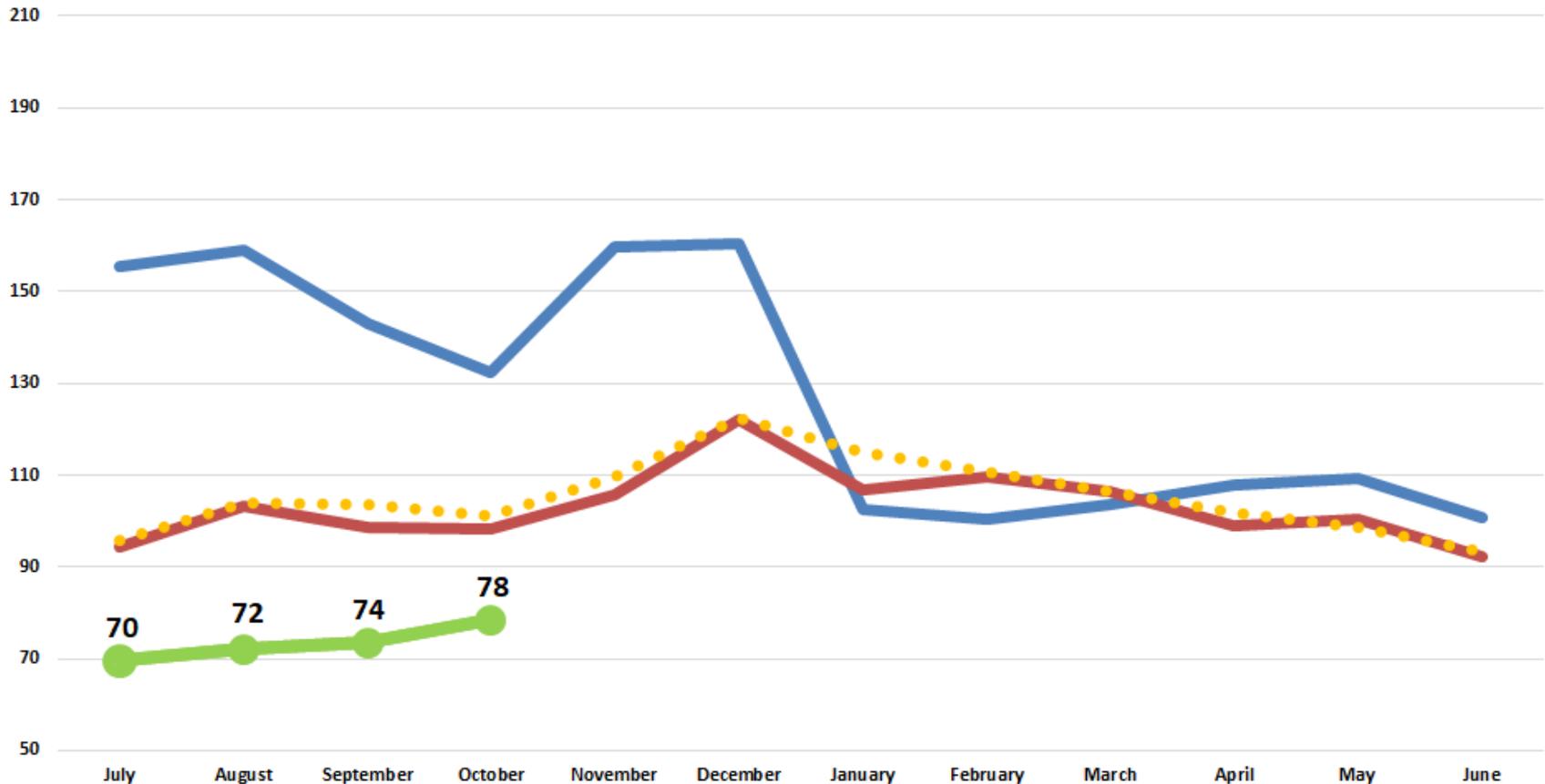
Outpatient Registrations Per Day



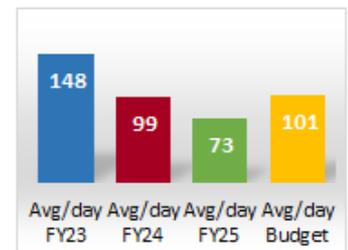
Urgent Care – Court Total Visits



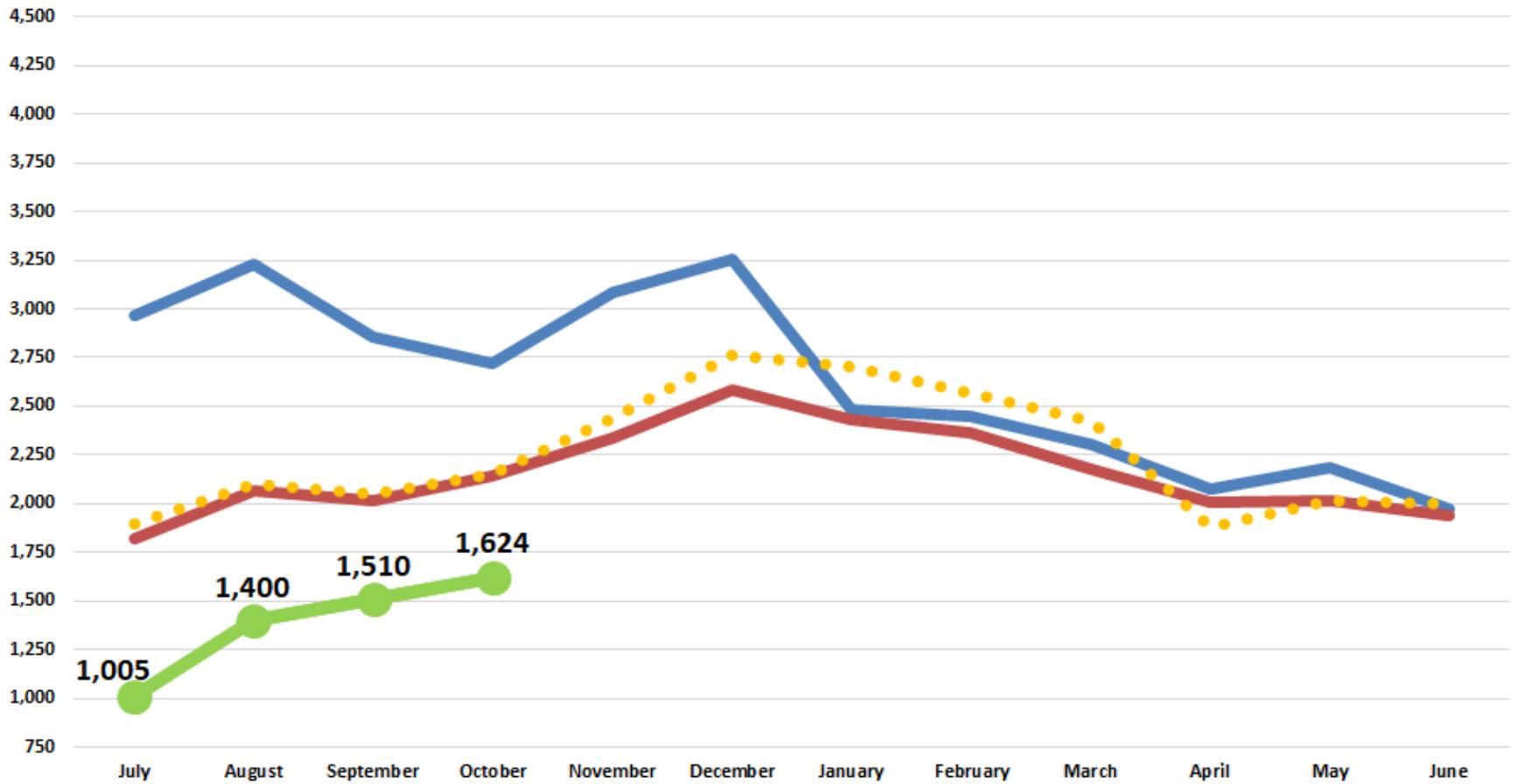
Urgent Care – Court Avg Visits Per Day



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



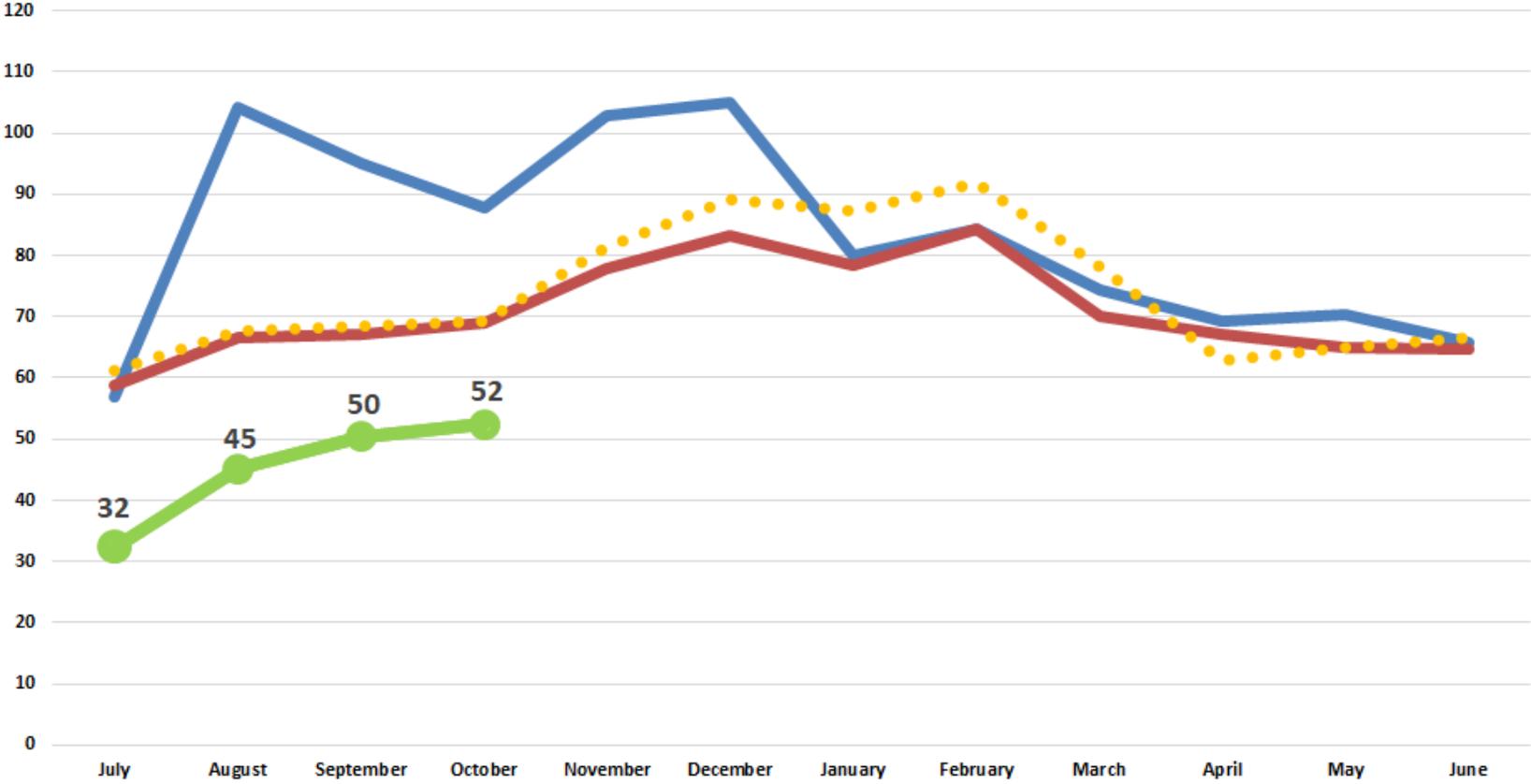
Urgent Care – Demaree Total Visits



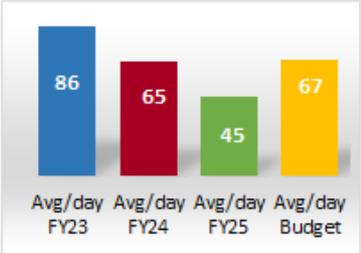
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



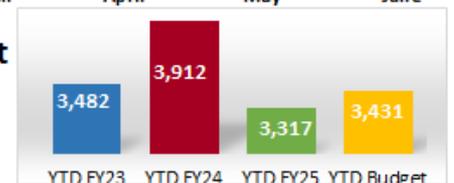
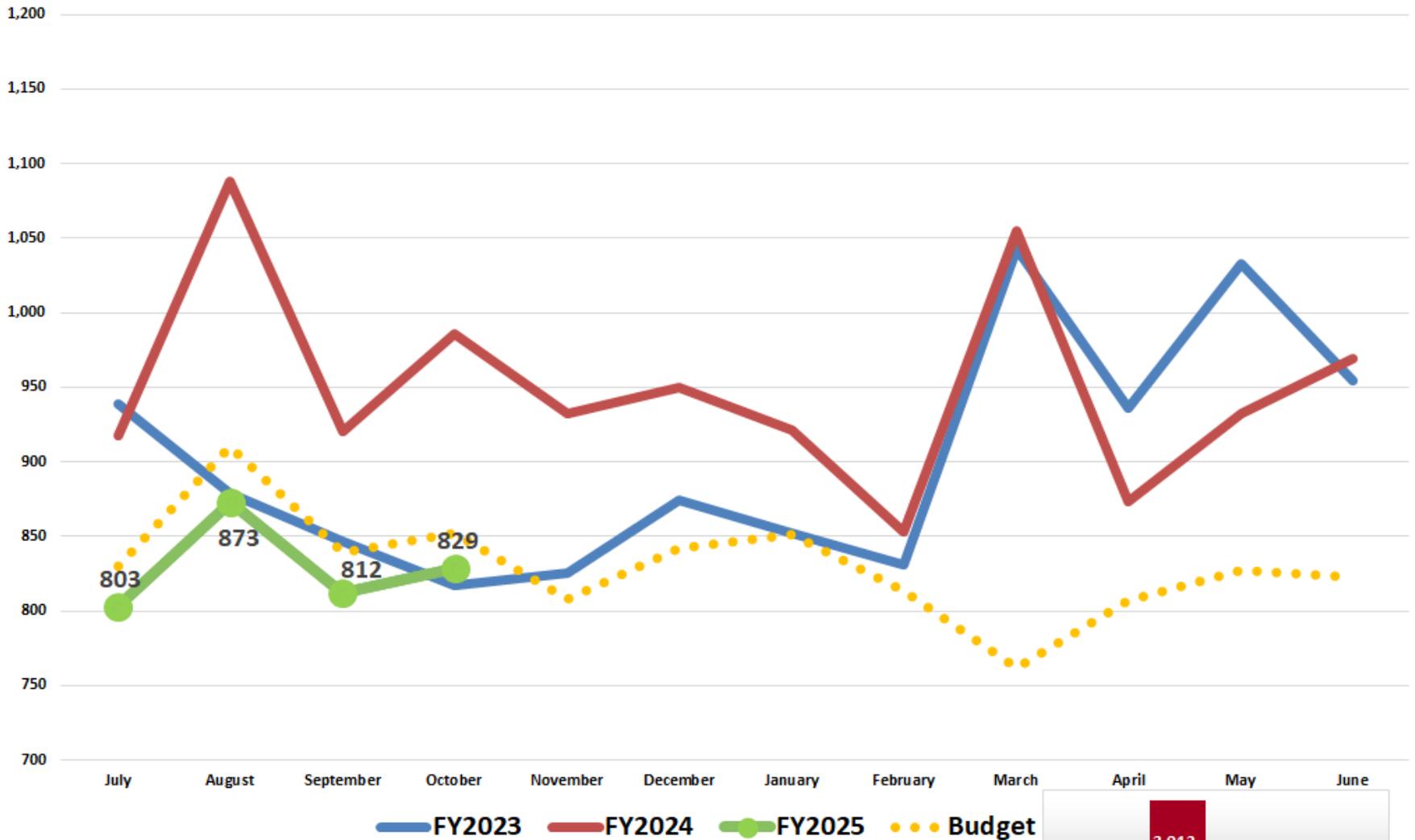
Urgent Care – Demaree Avg Visits Per Day



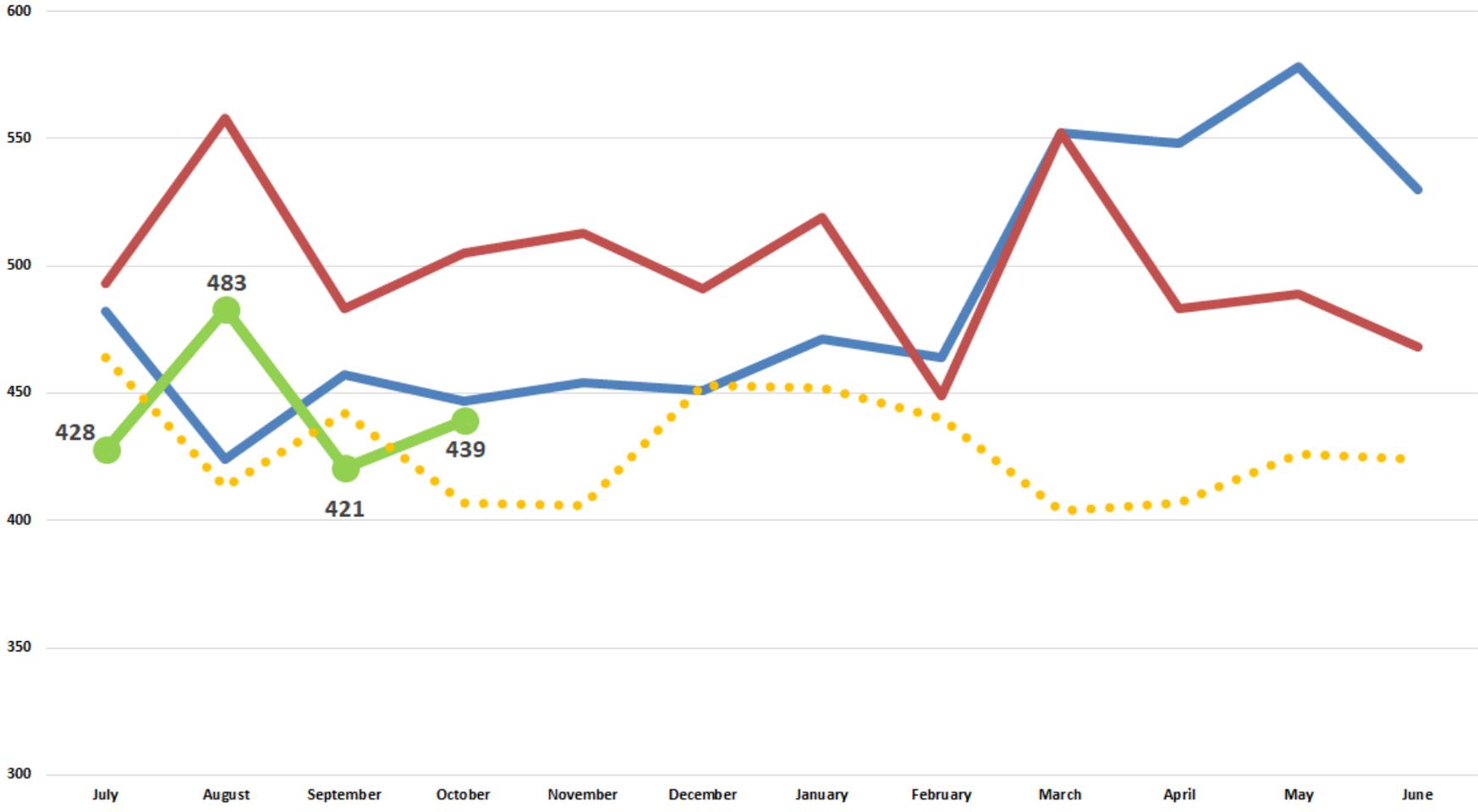
—●— **FY2023**
 —●— **FY2024**
 —●— **FY2025**
 ●●● **Budget**



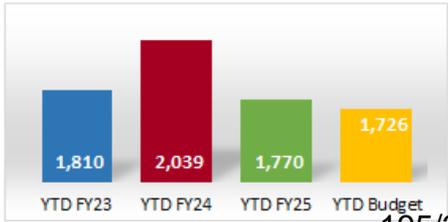
Surgery (IP & OP) – 100 Min Units



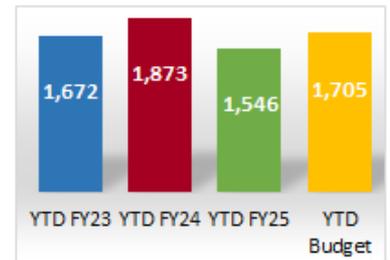
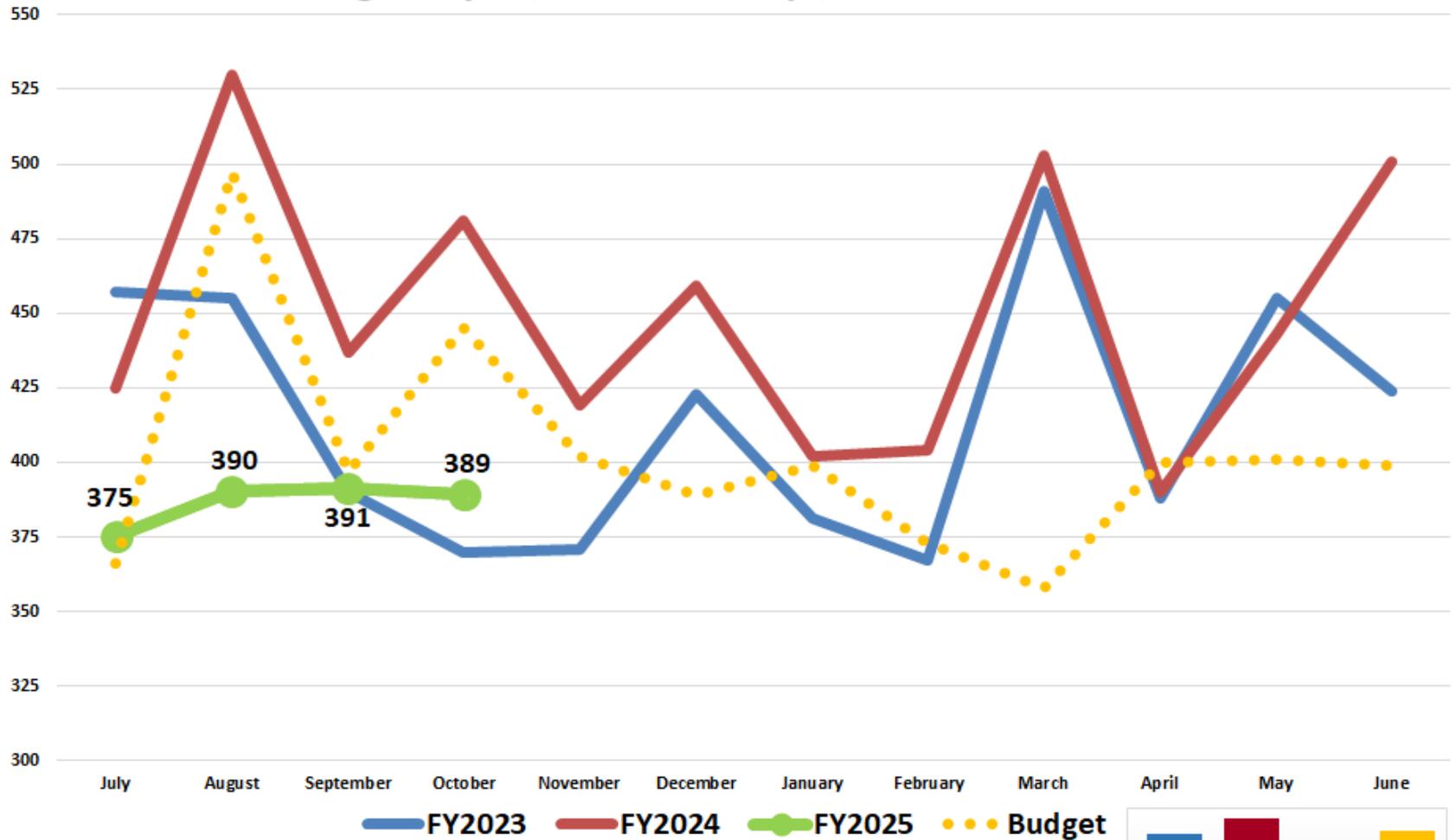
Surgery (IP Only) - 100 Min Unit



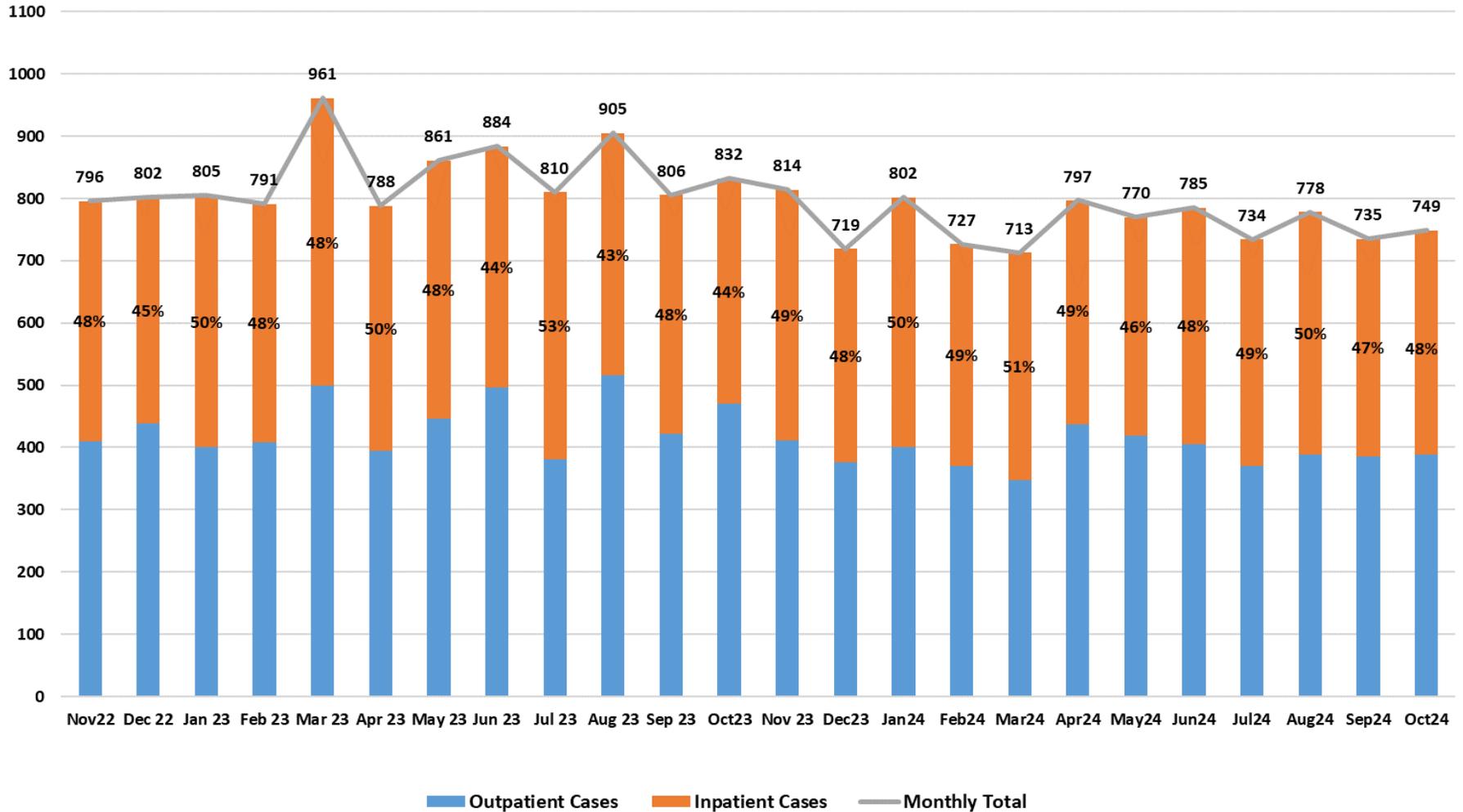
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●●● Budget



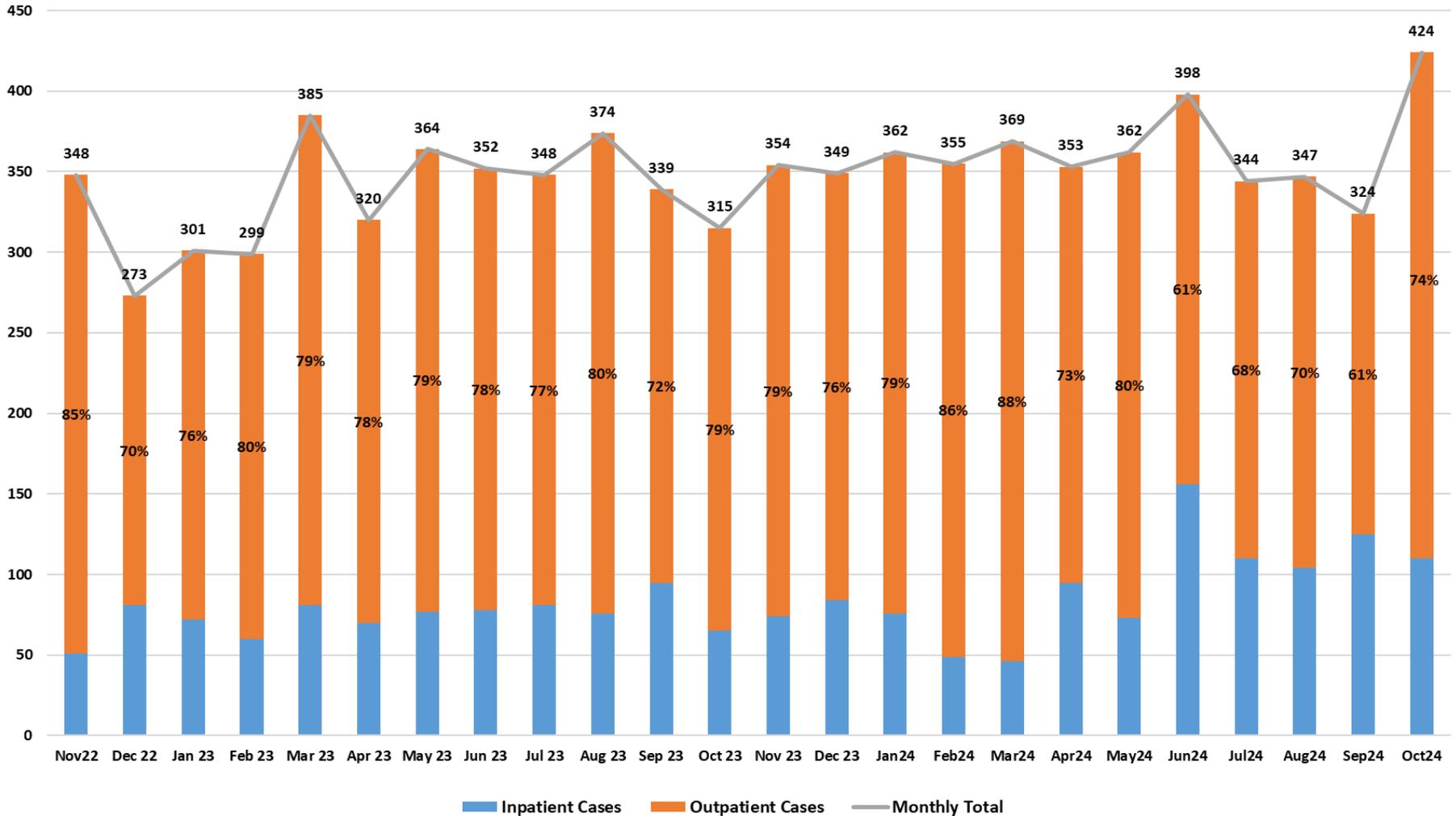
Surgery (OP Only) - 100 Min Units



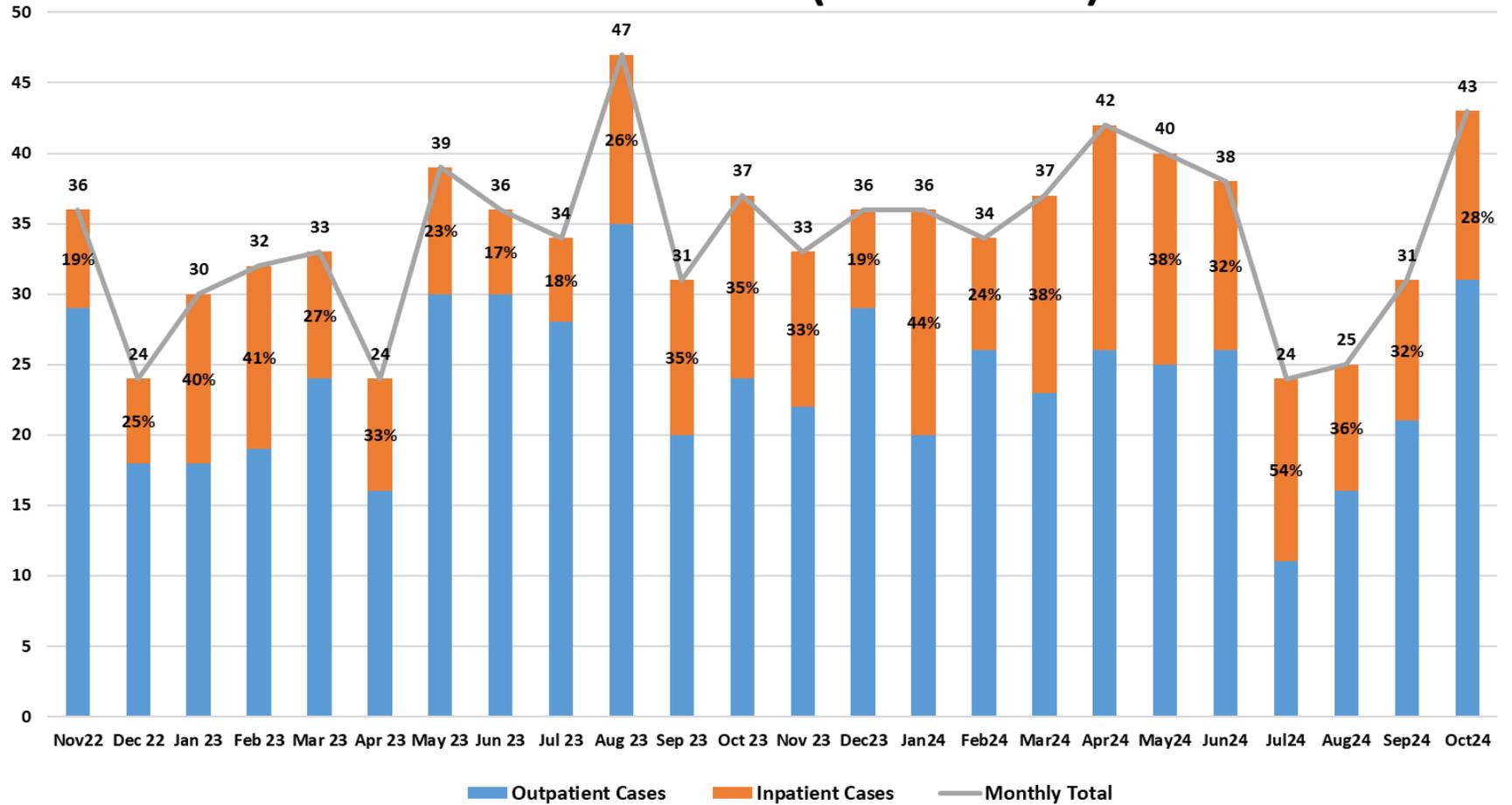
Surgery Cases (IP & OP)



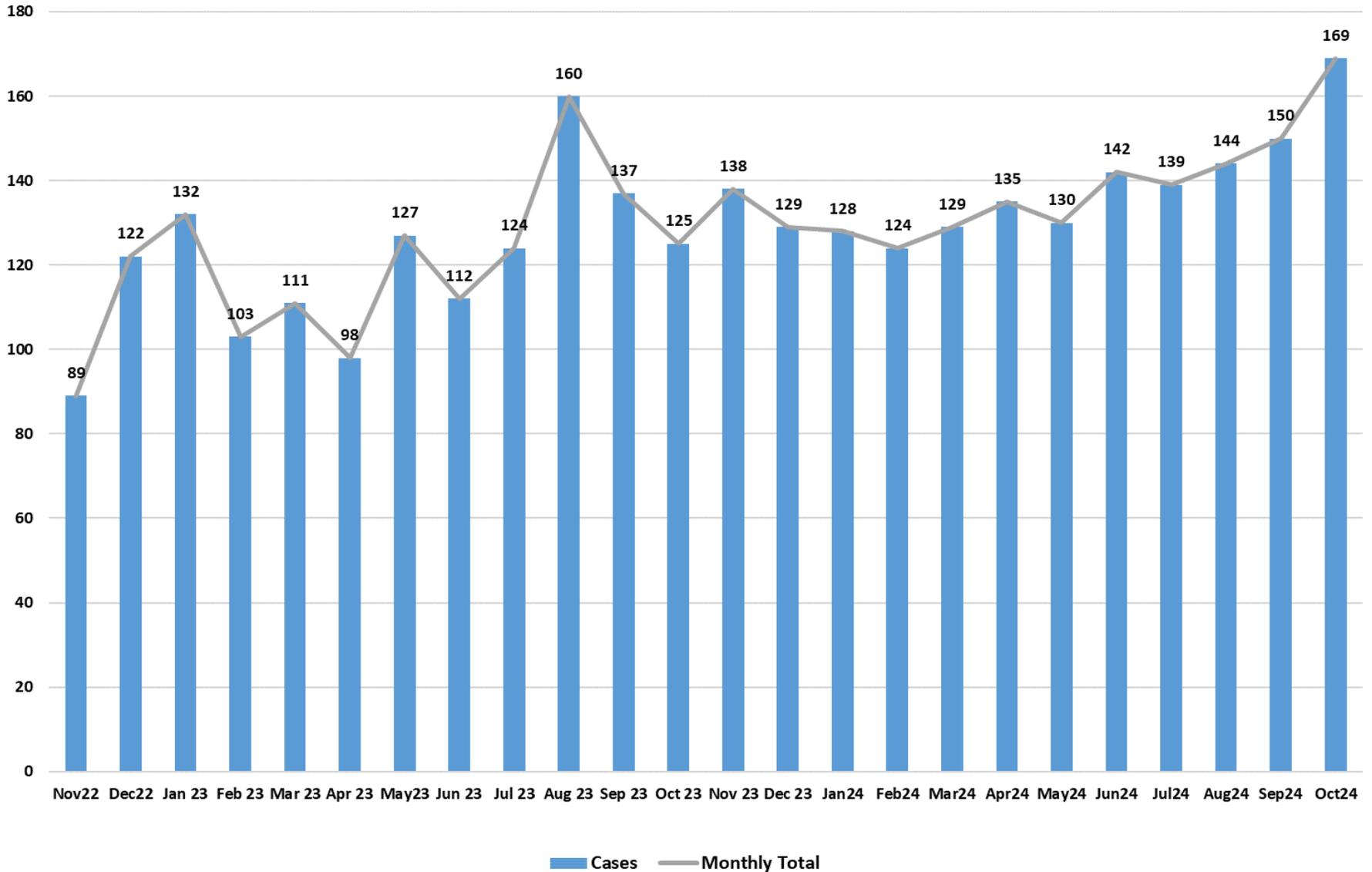
Endo Cases (Suites A & B and OR)



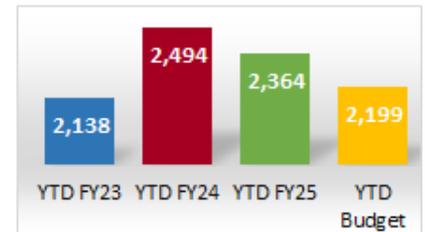
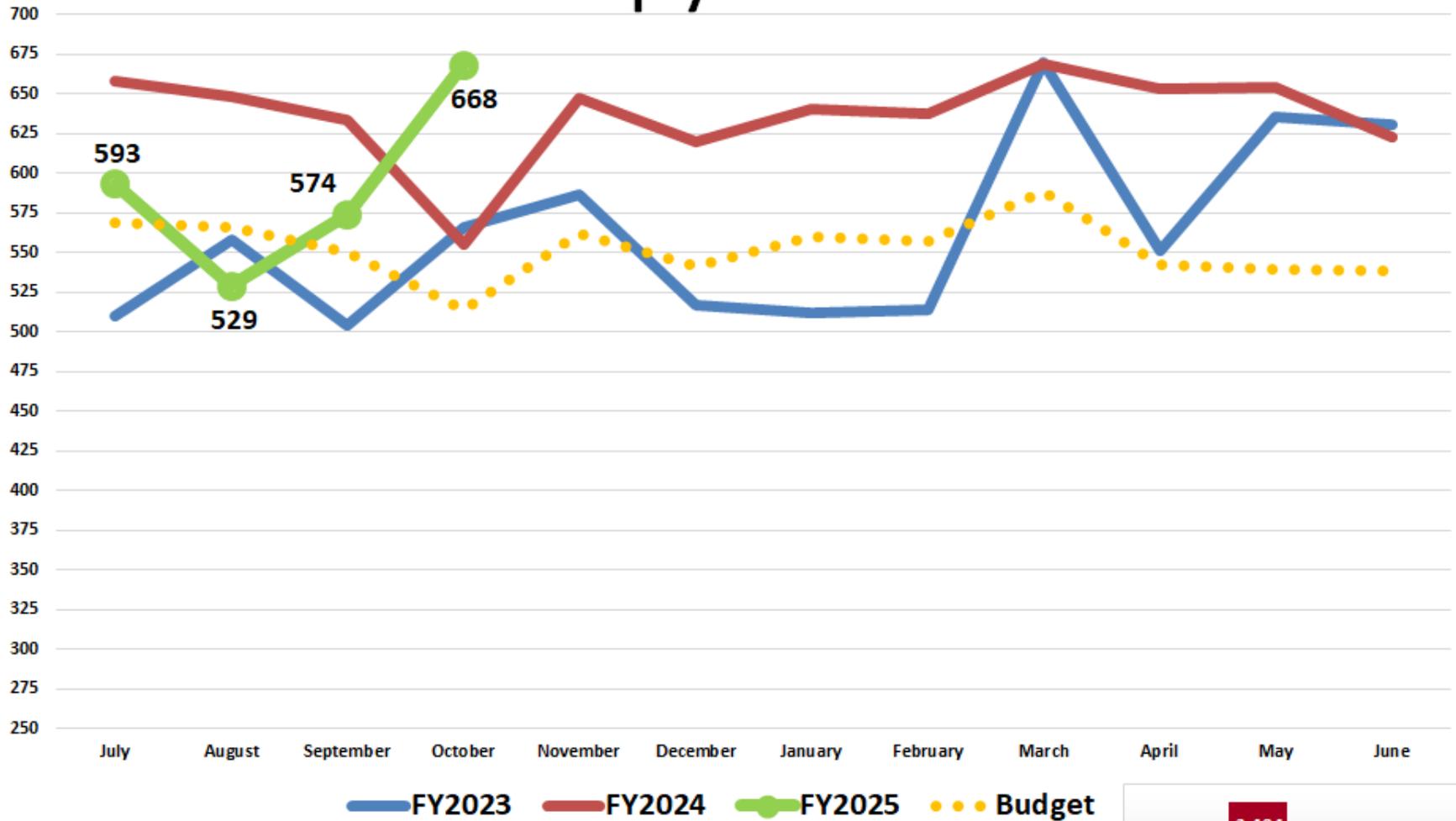
Robotic Cases (IP & OP)



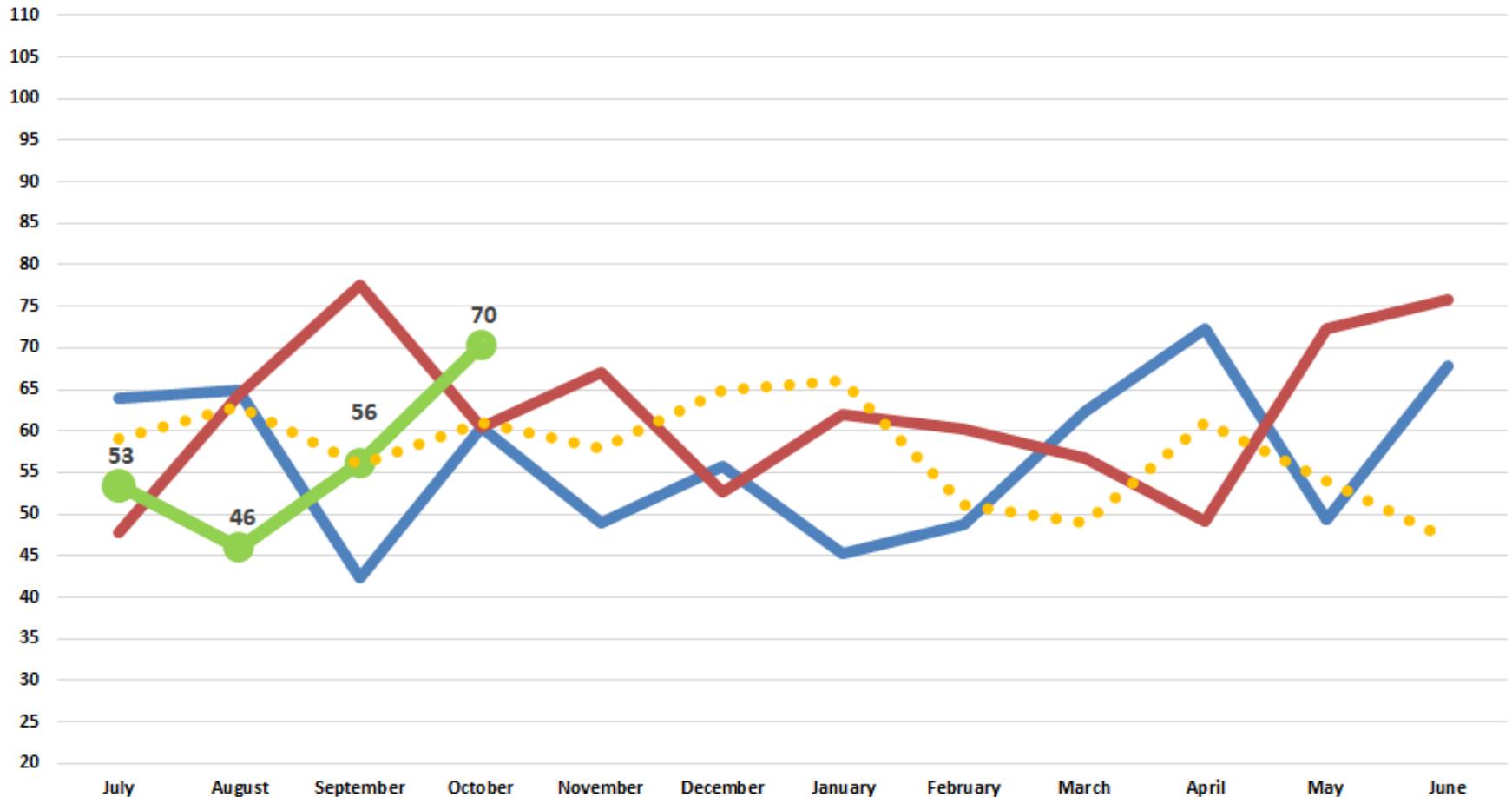
OB Cases



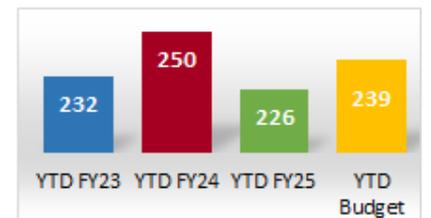
Endoscopy Procedures



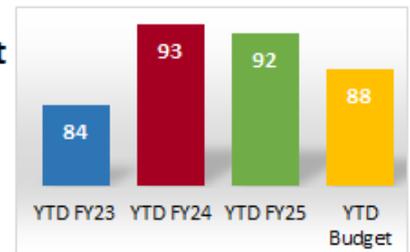
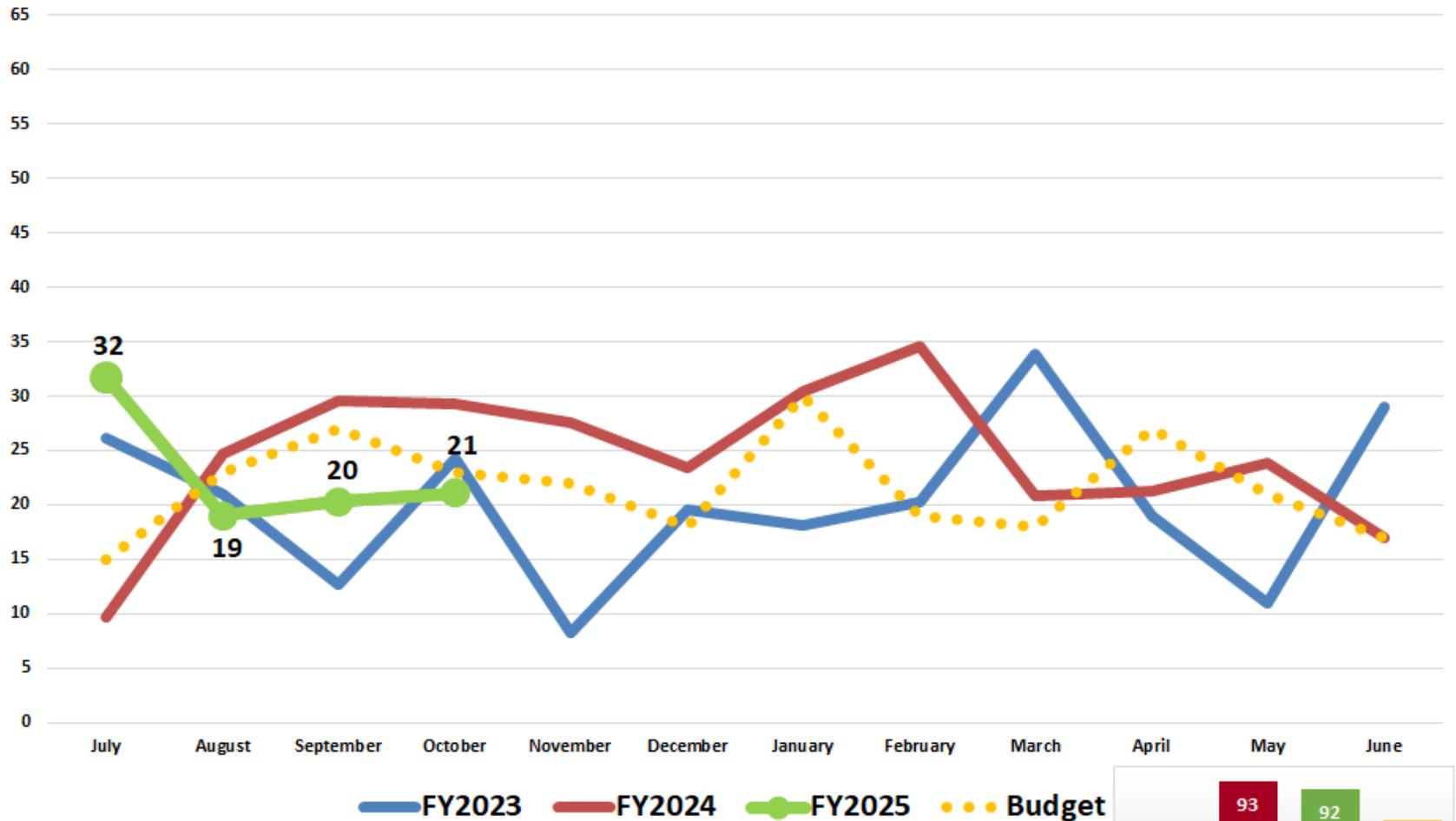
Robotic Surgery (IP & OP) - 100 Min Units



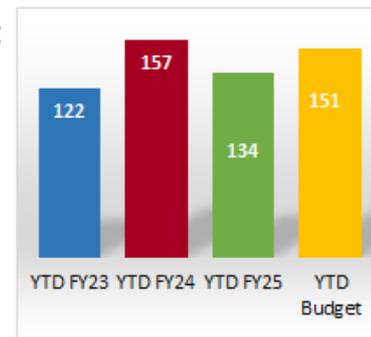
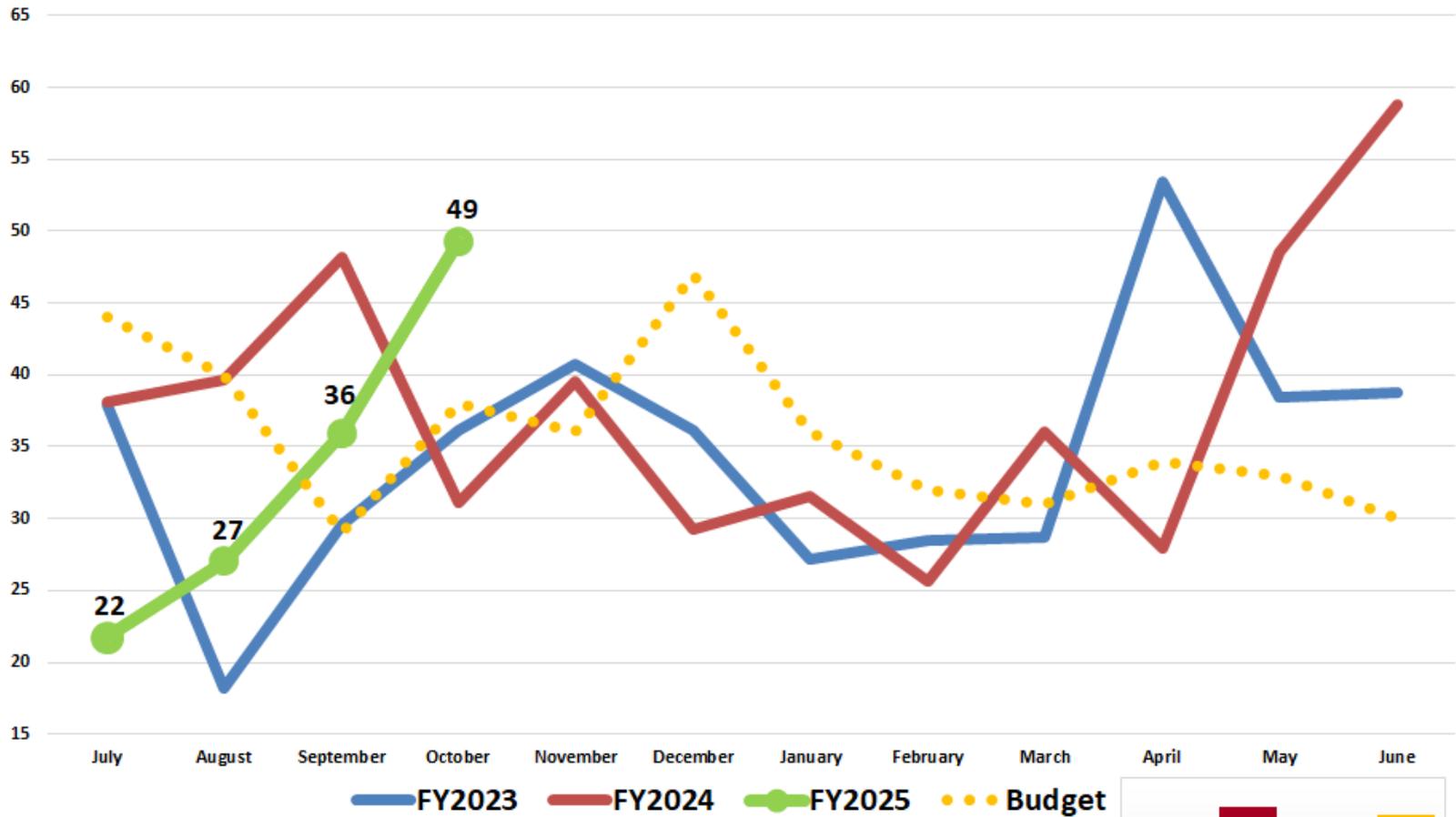
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



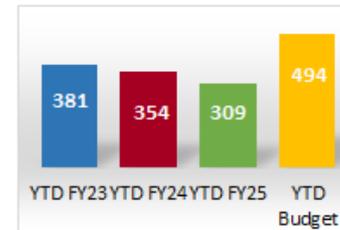
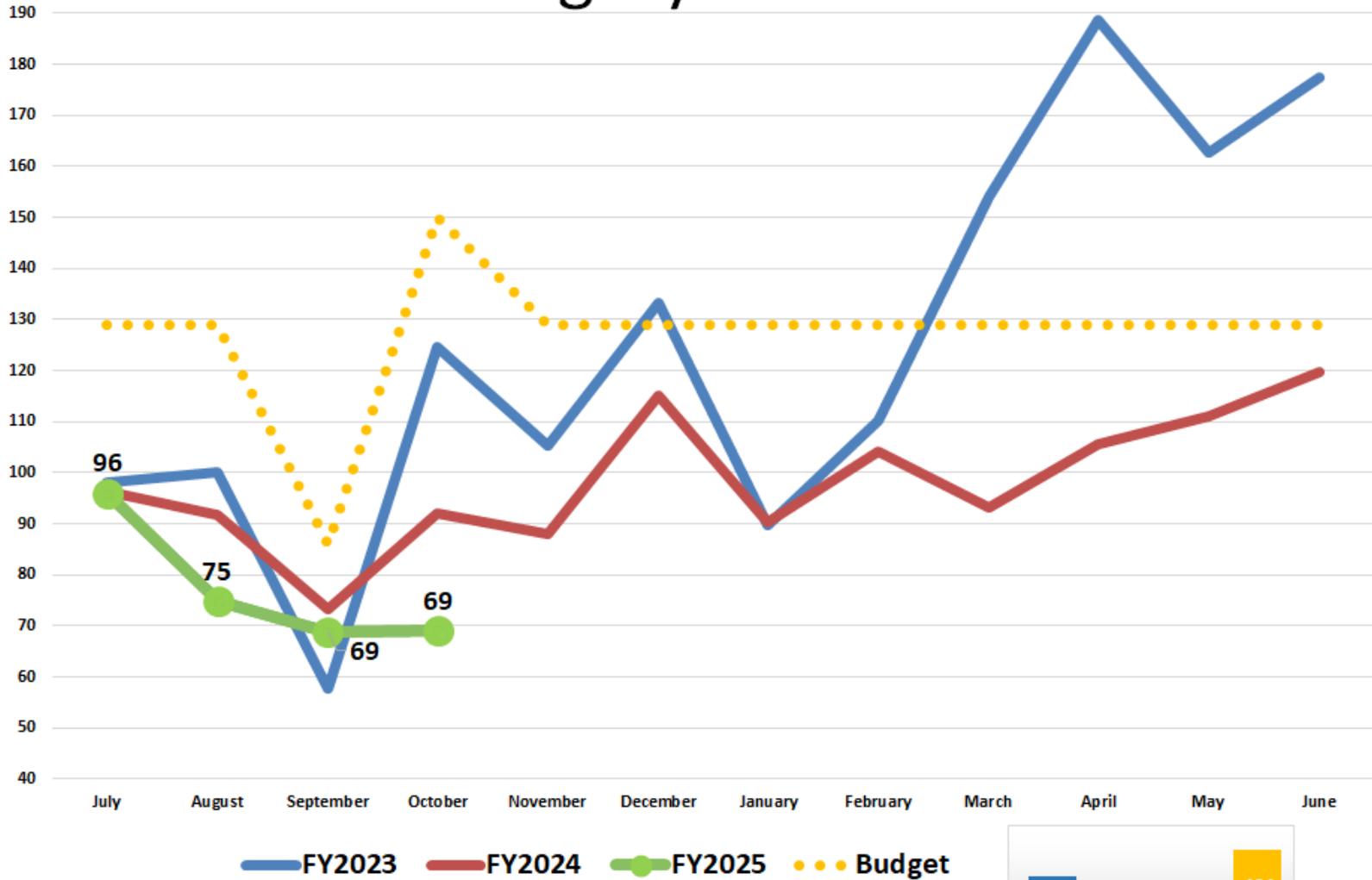
Robotic Surgery Minutes (IP Only)



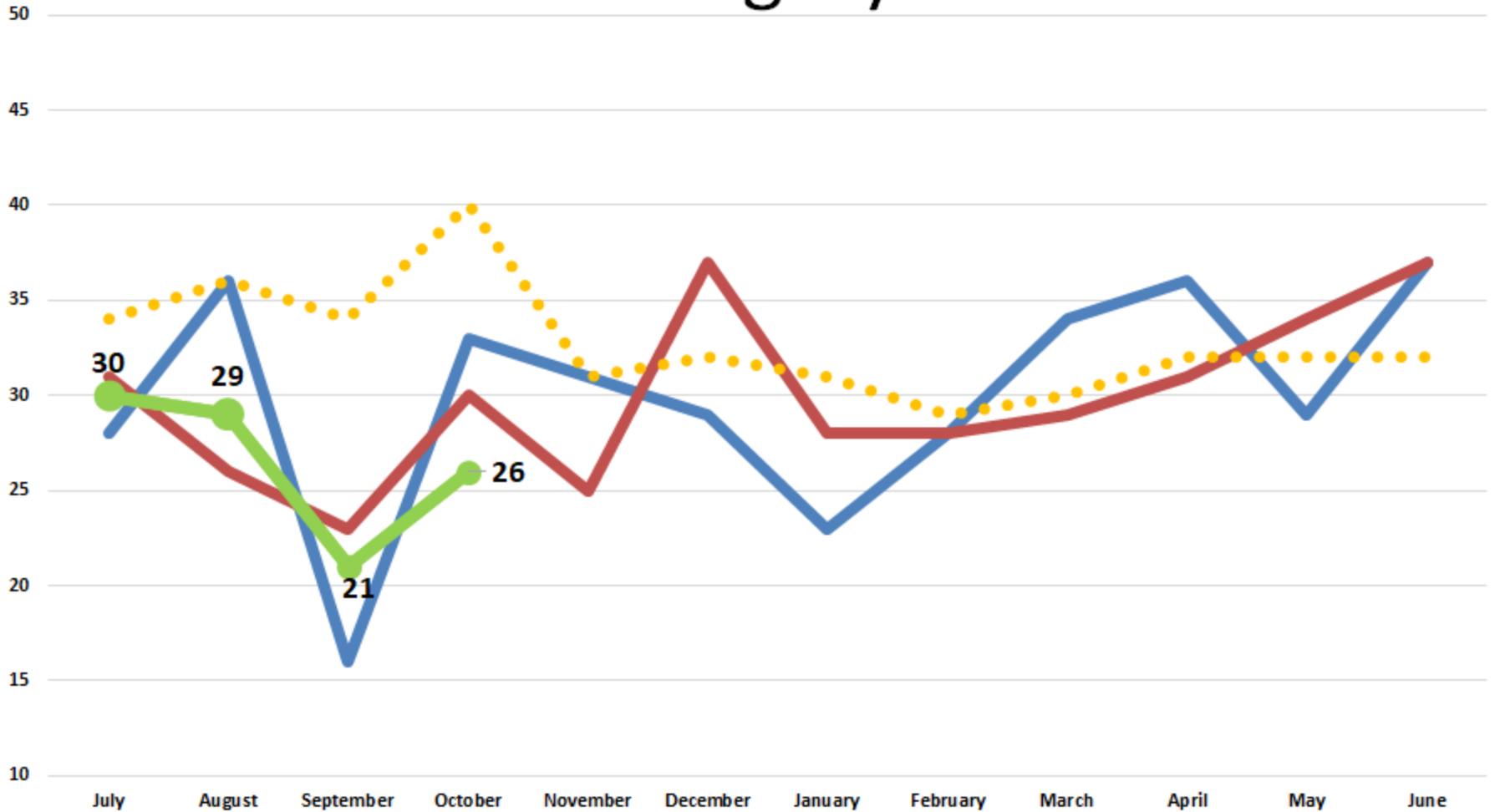
Robotic Surgery Minutes (OP Only)



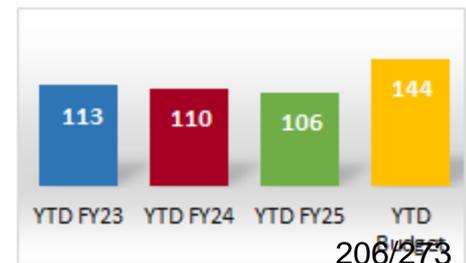
Cardiac Surgery - 100 Min Units



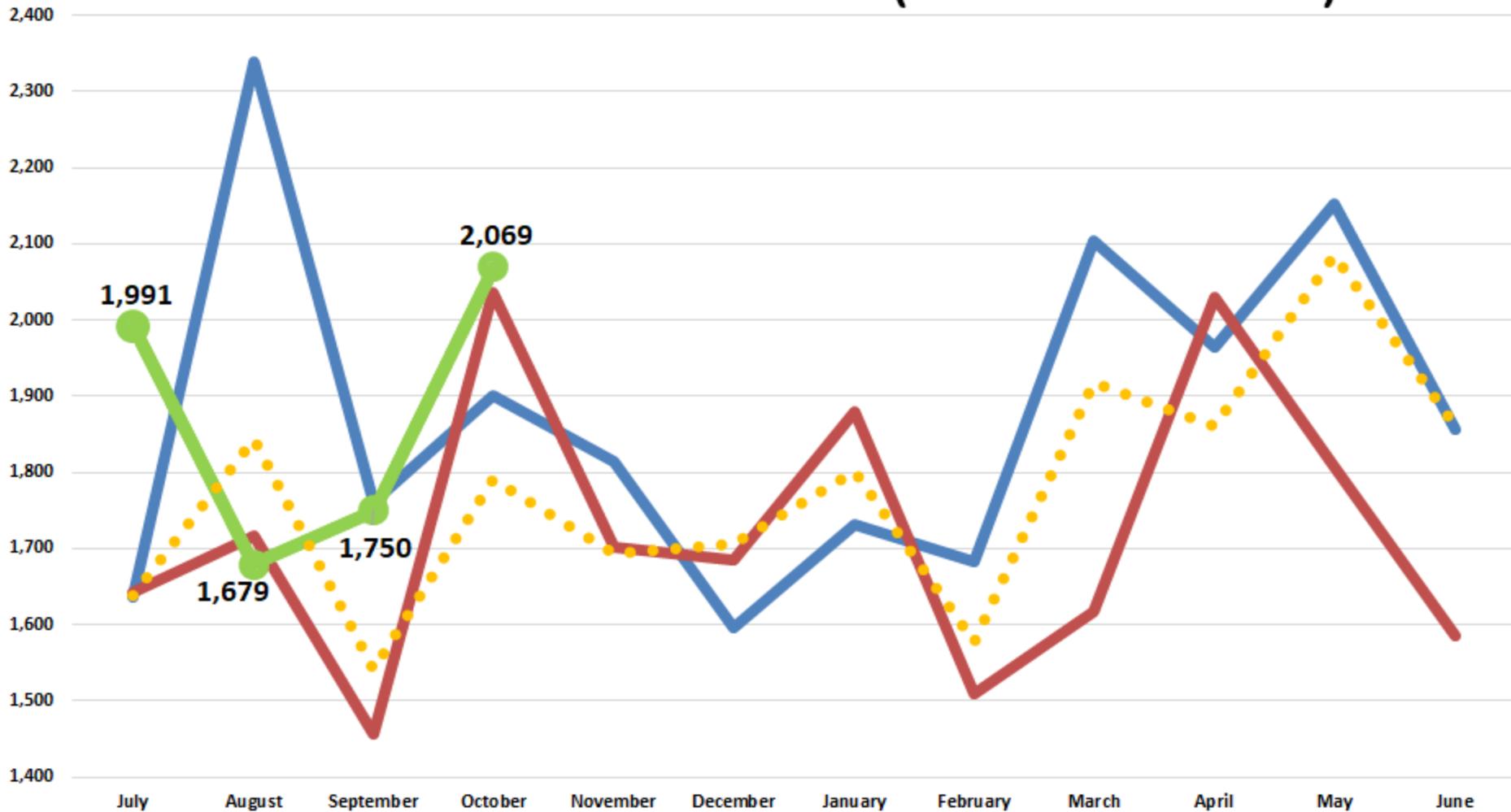
Cardiac Surgery Cases



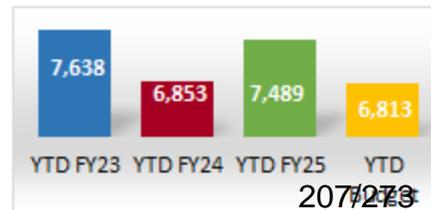
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



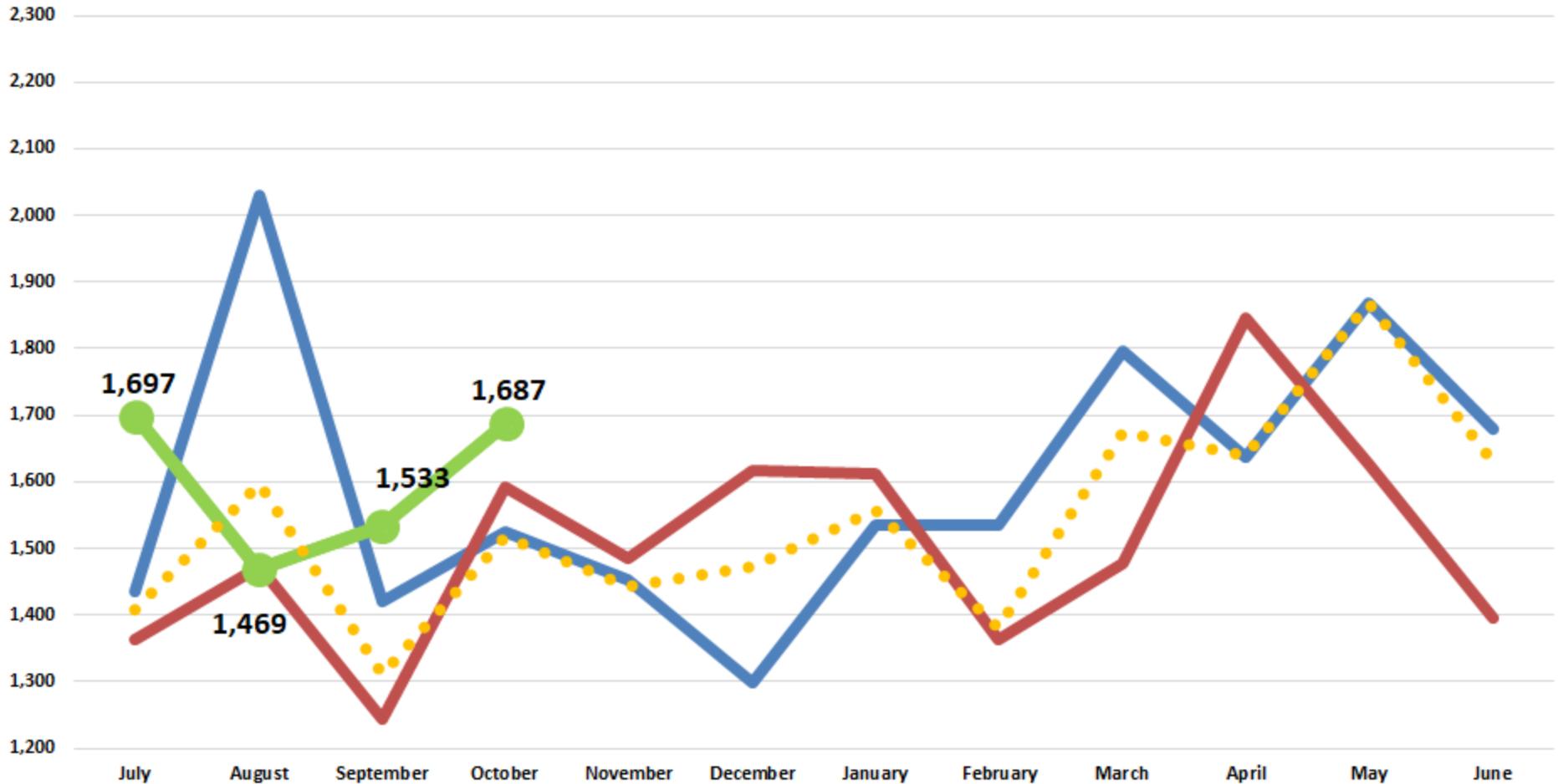
Rad Onc Treatments (Vis. & Hanf.)



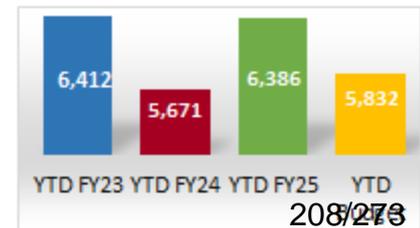
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



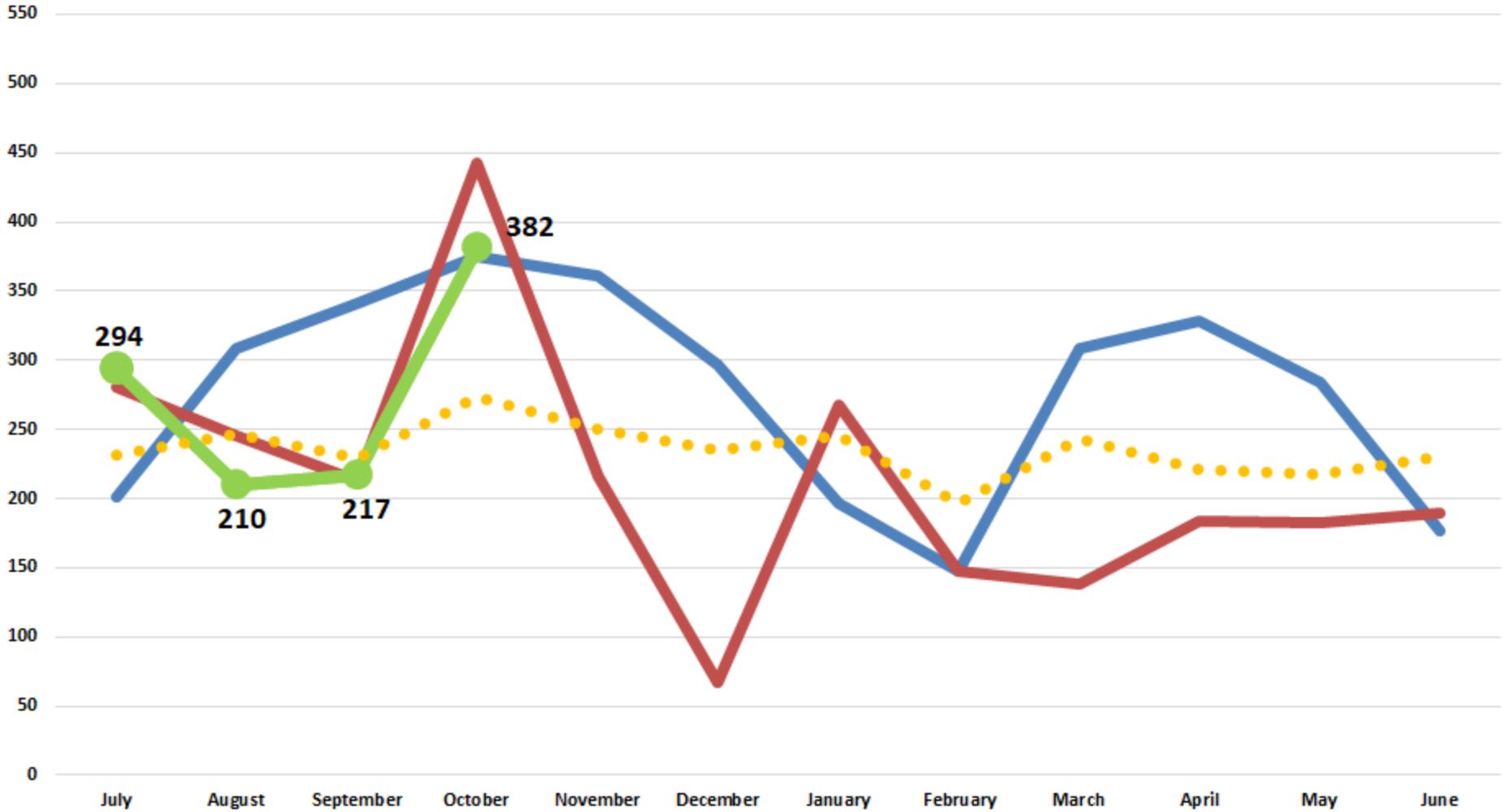
Rad Onc Visalia



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



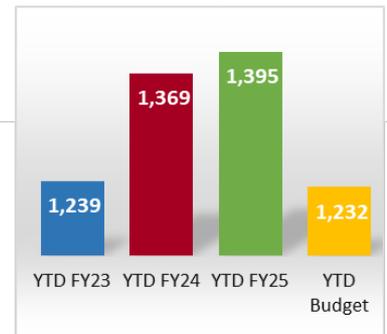
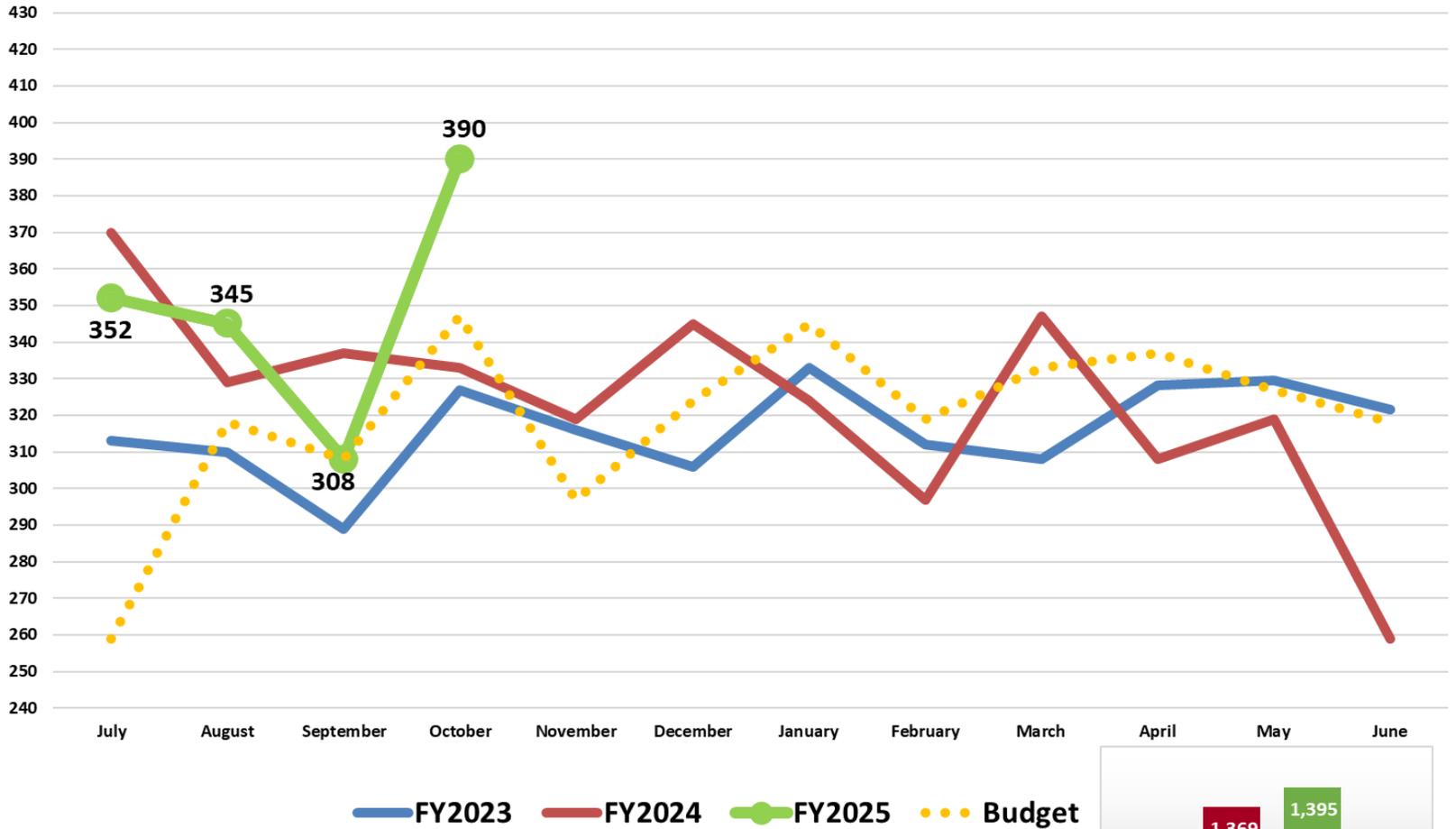
Rad Onc Hanford



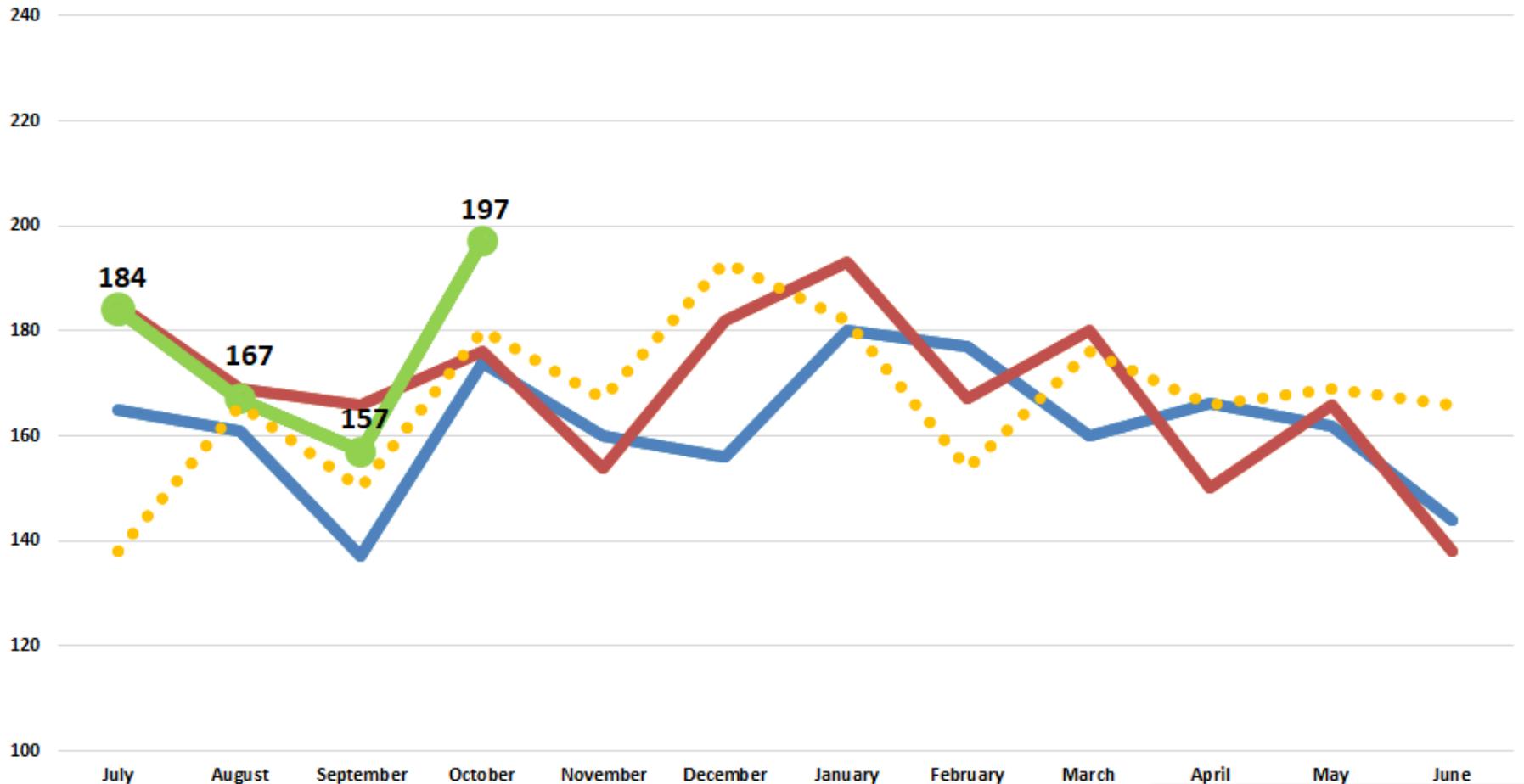
—●— FY2023
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 —●— FY2025
 ●●● Budget



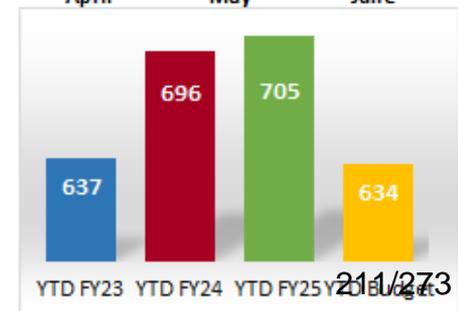
Cath Lab (IP & OP) – 100 Min Units



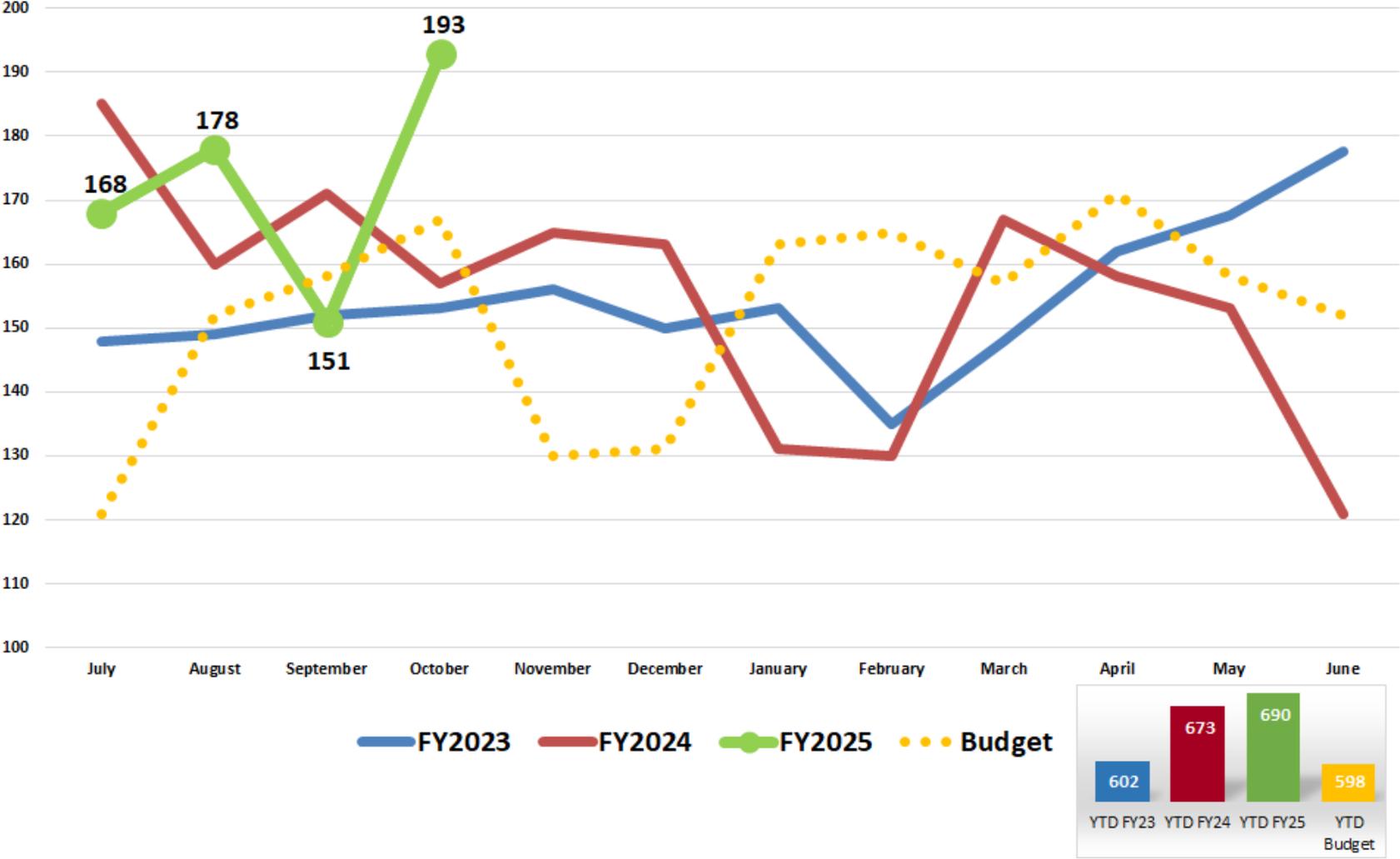
Cath Lab (IP Only) – 100 Min Units



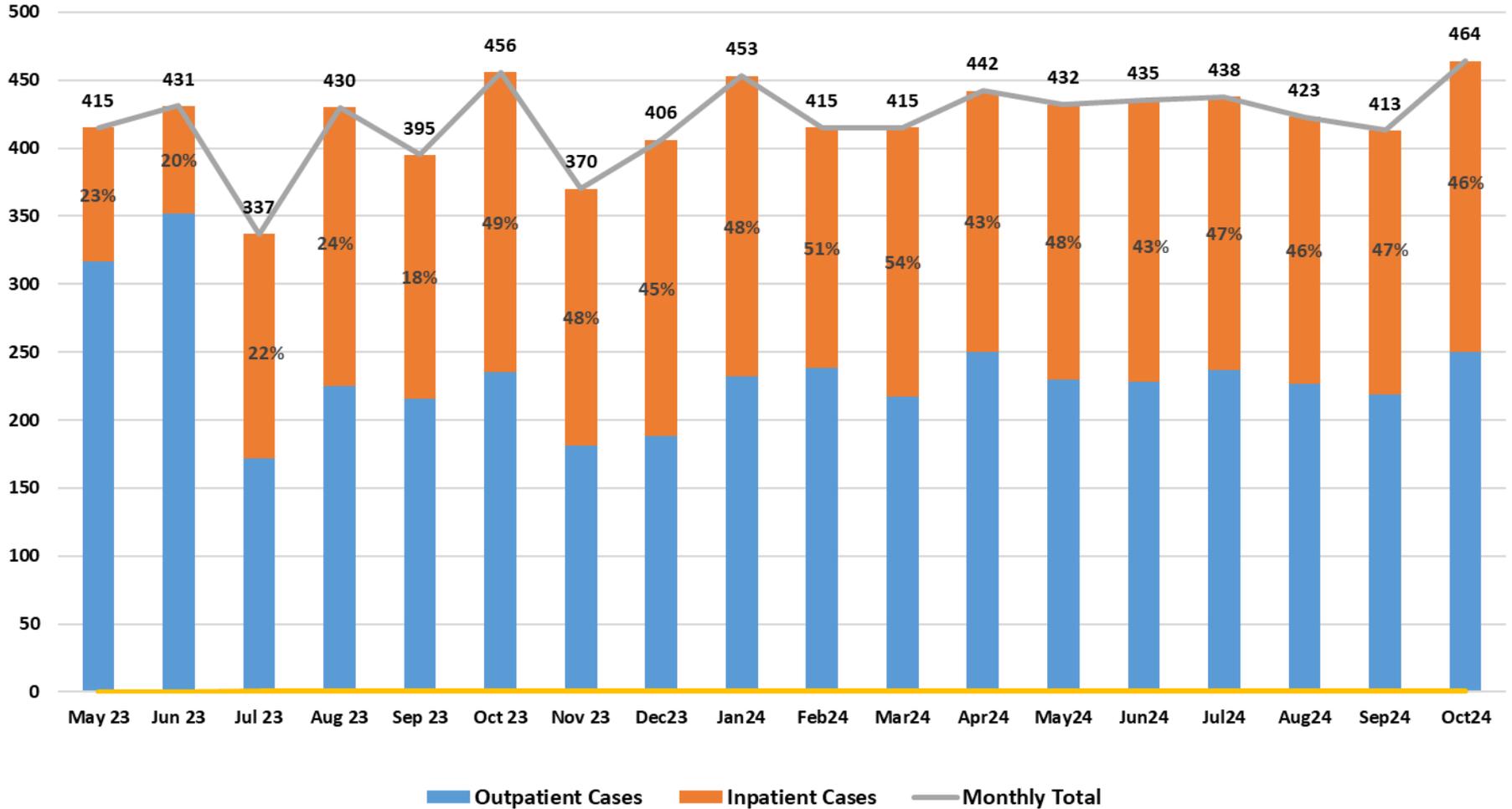
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



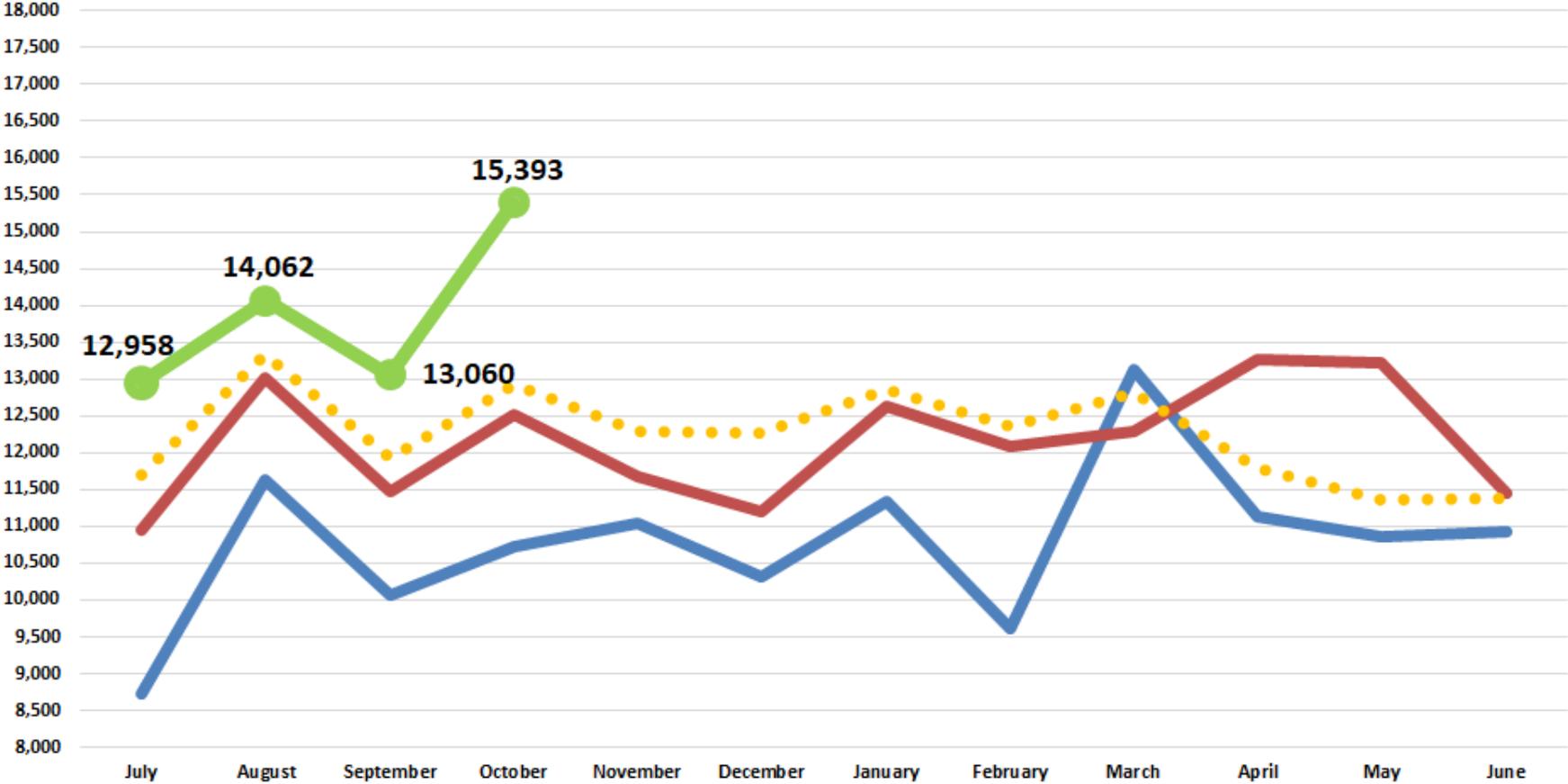
Cath Lab (OP Only) – 100 Min Units



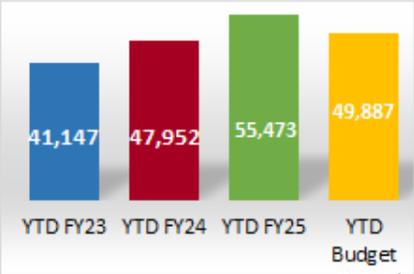
Cath Lab Patients (IP & OP)



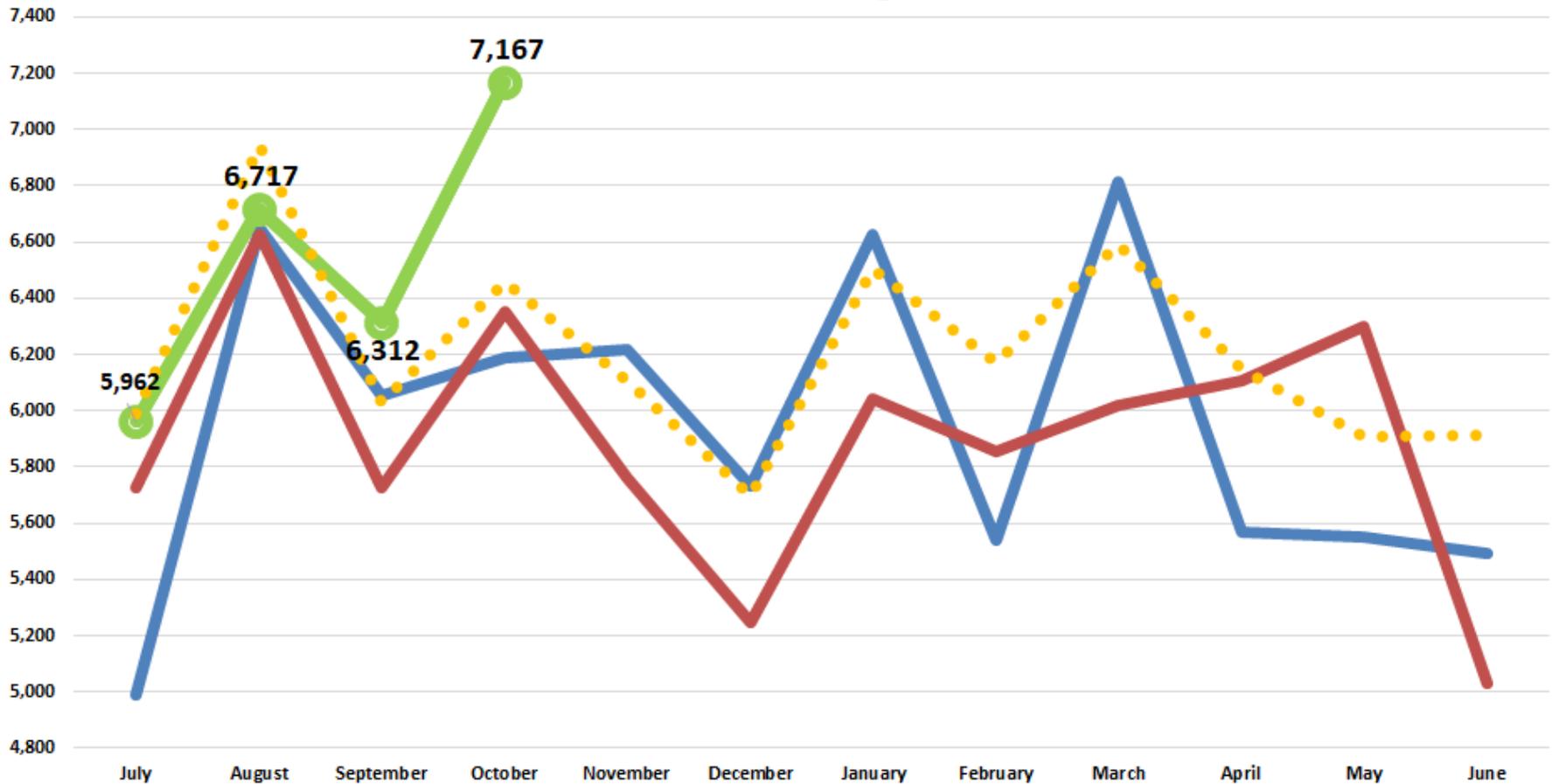
Rural Health Clinics Registrations



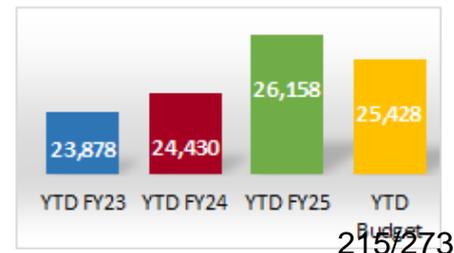
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



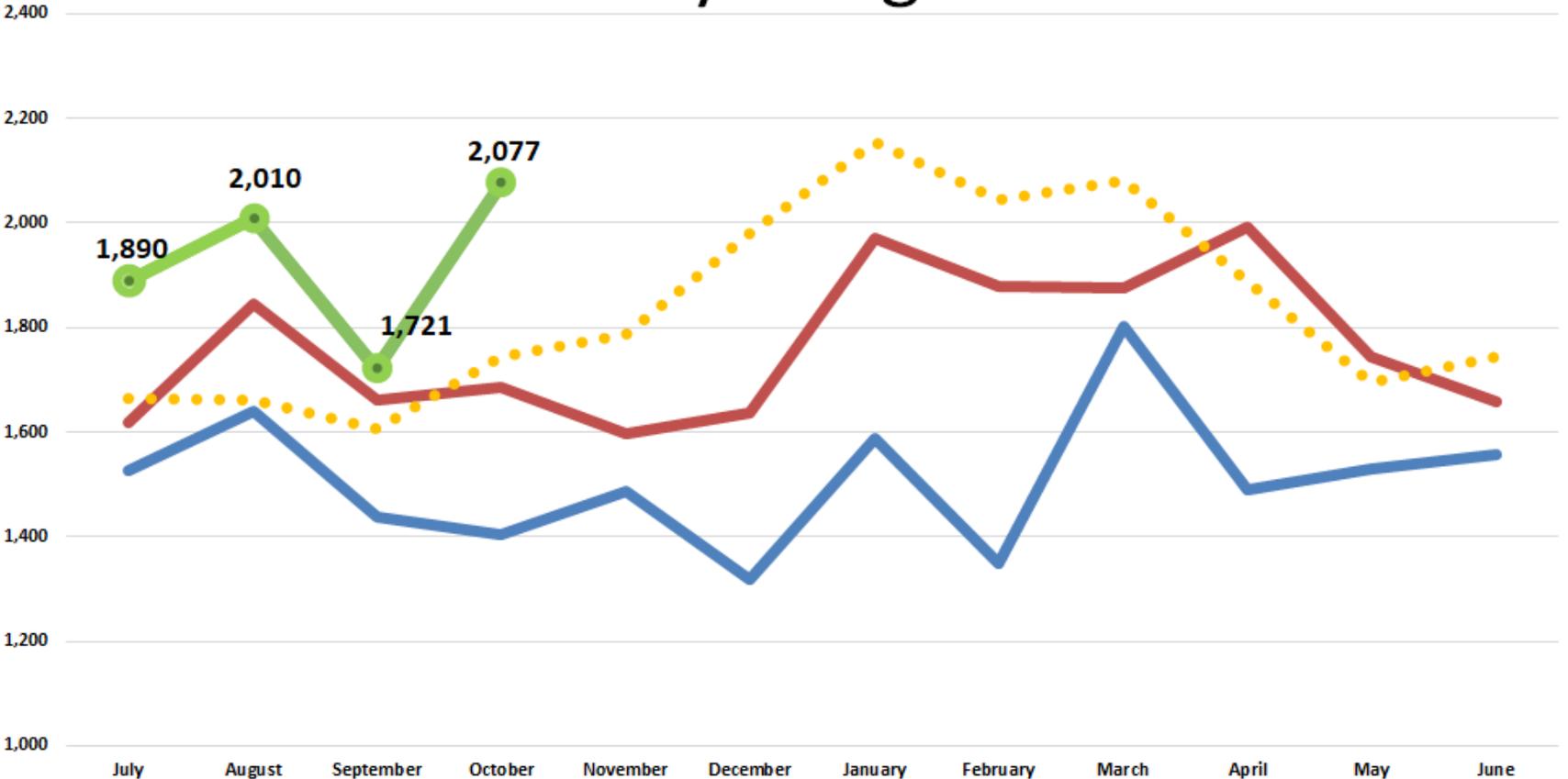
RHC Exeter - Registrations



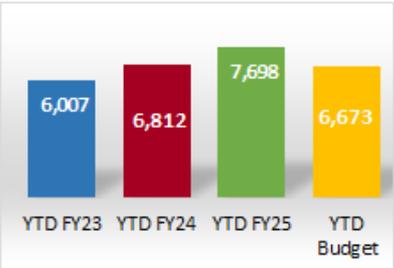
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



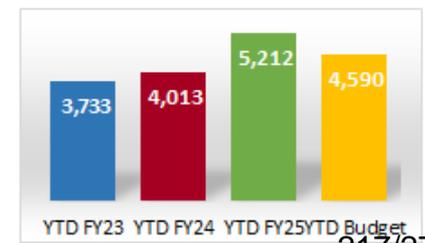
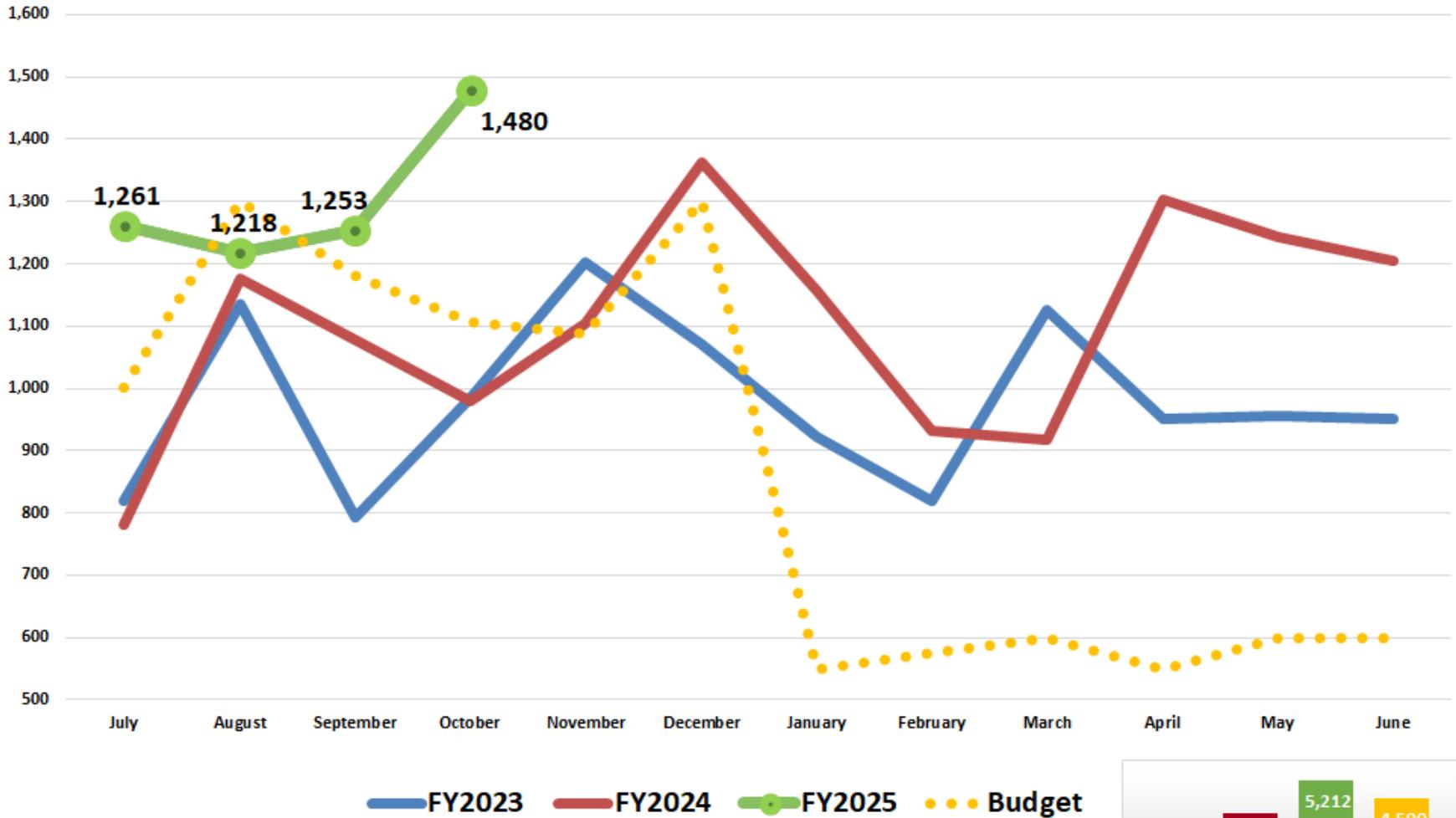
RHC Lindsay - Registrations



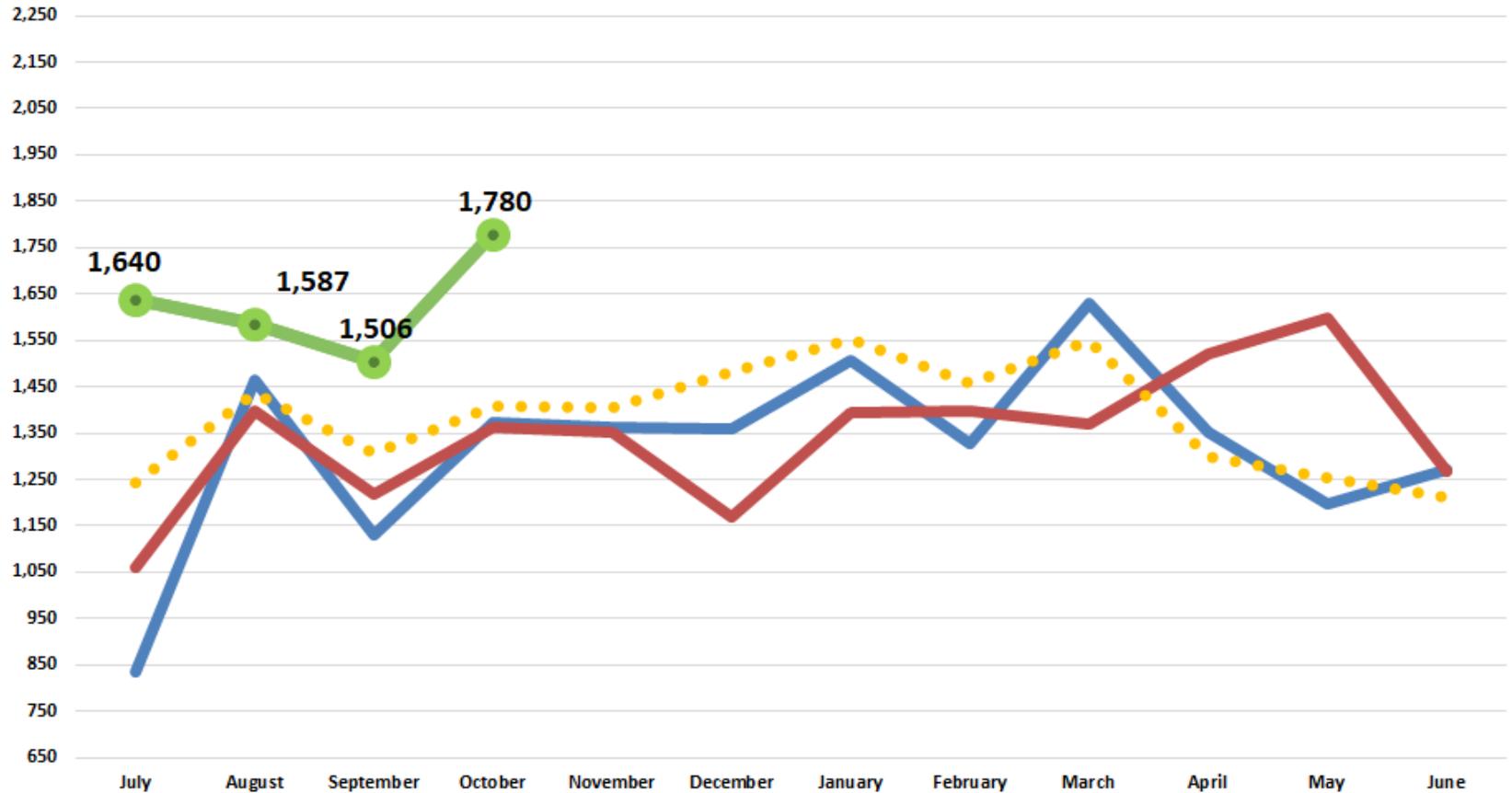
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



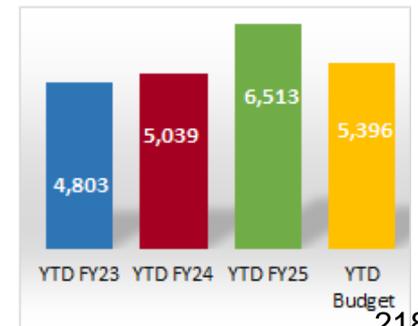
RHC Woodlake - Registrations



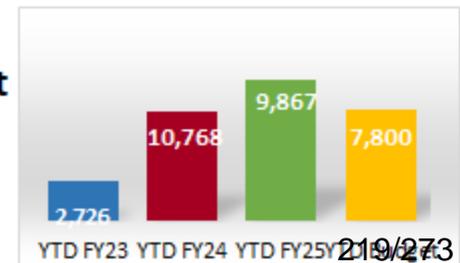
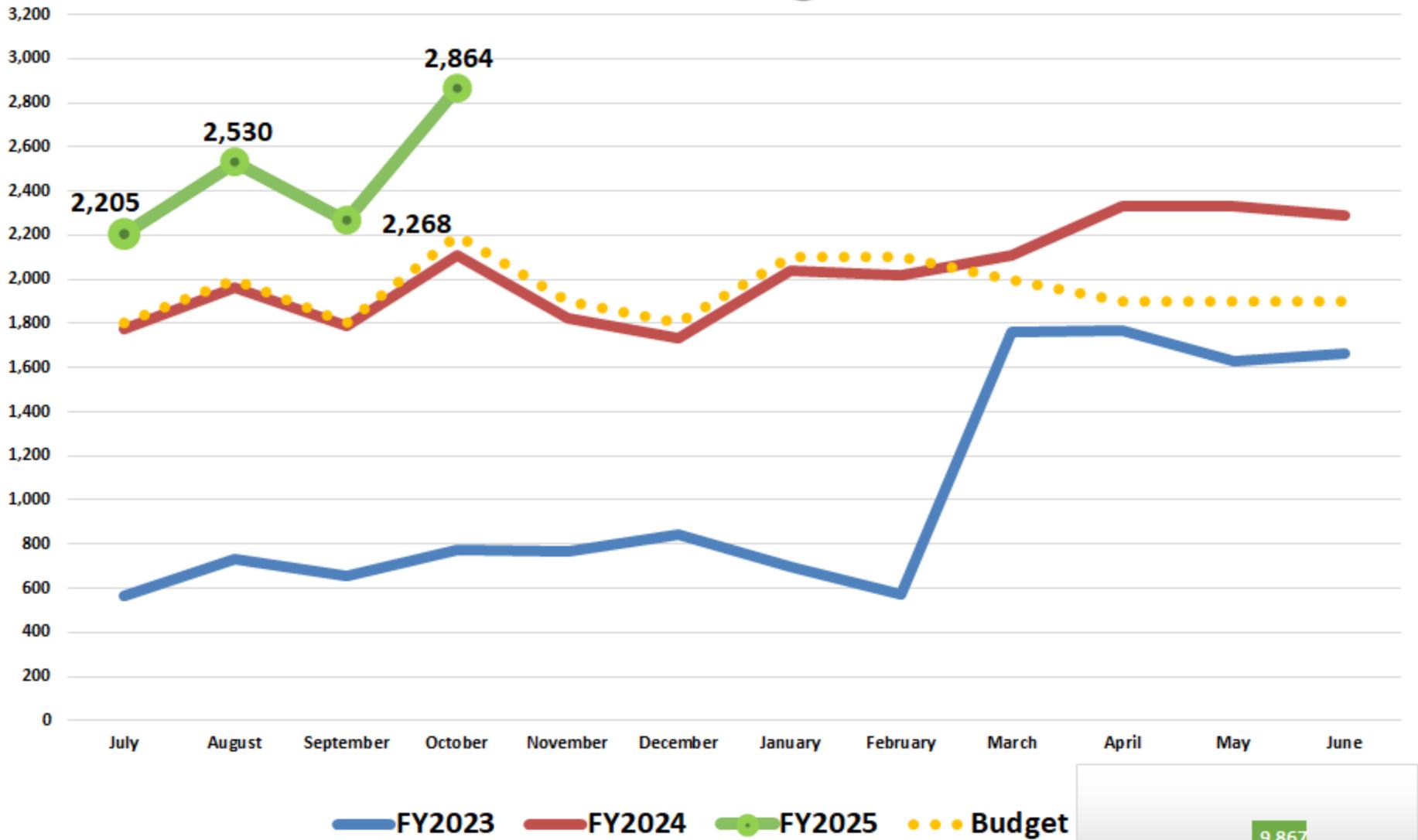
RHC Dinuba - Registrations



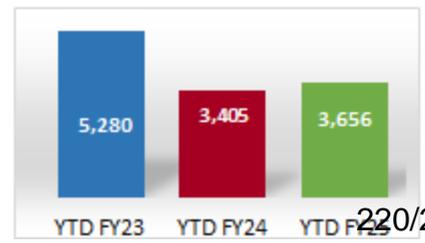
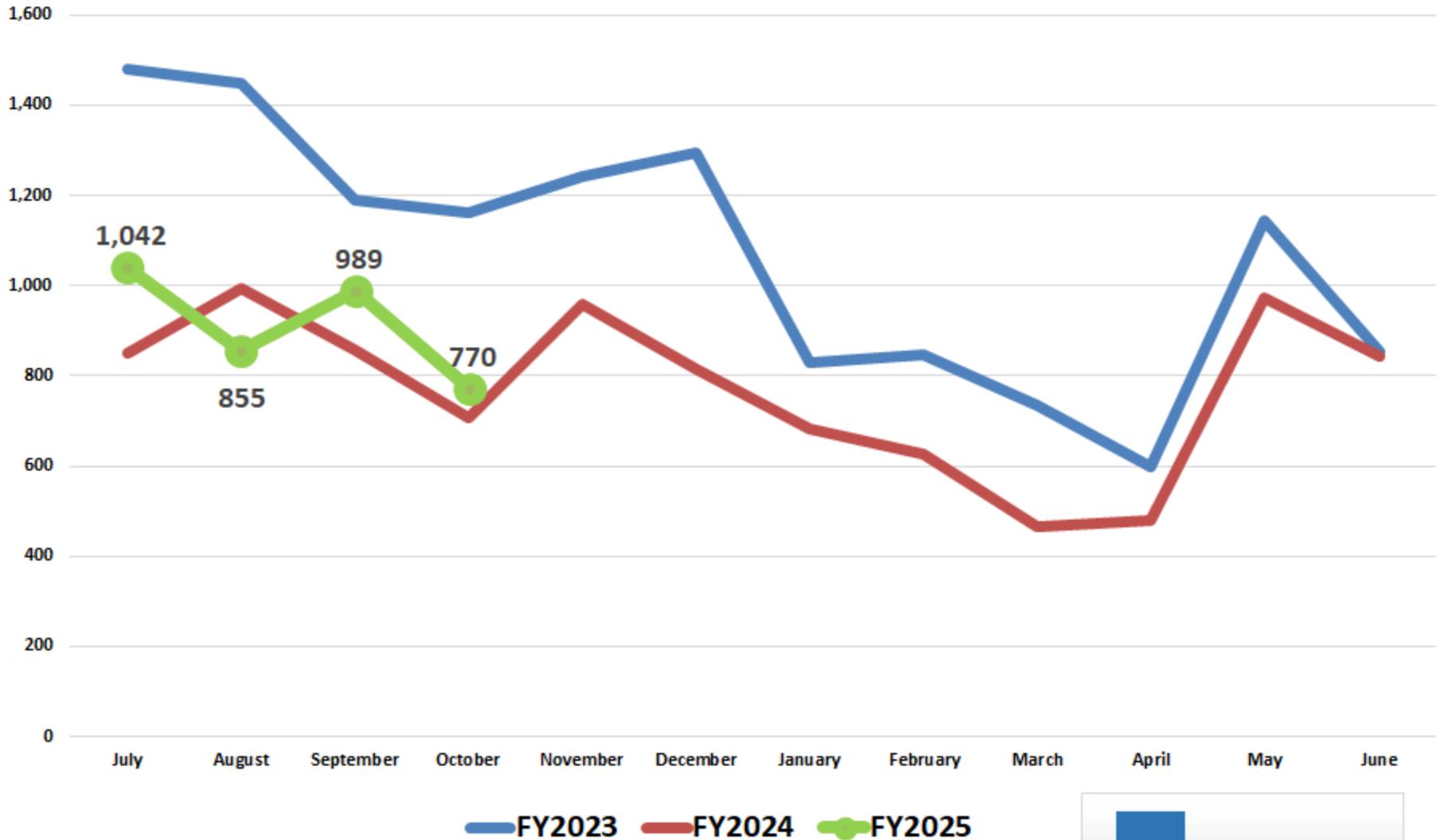
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



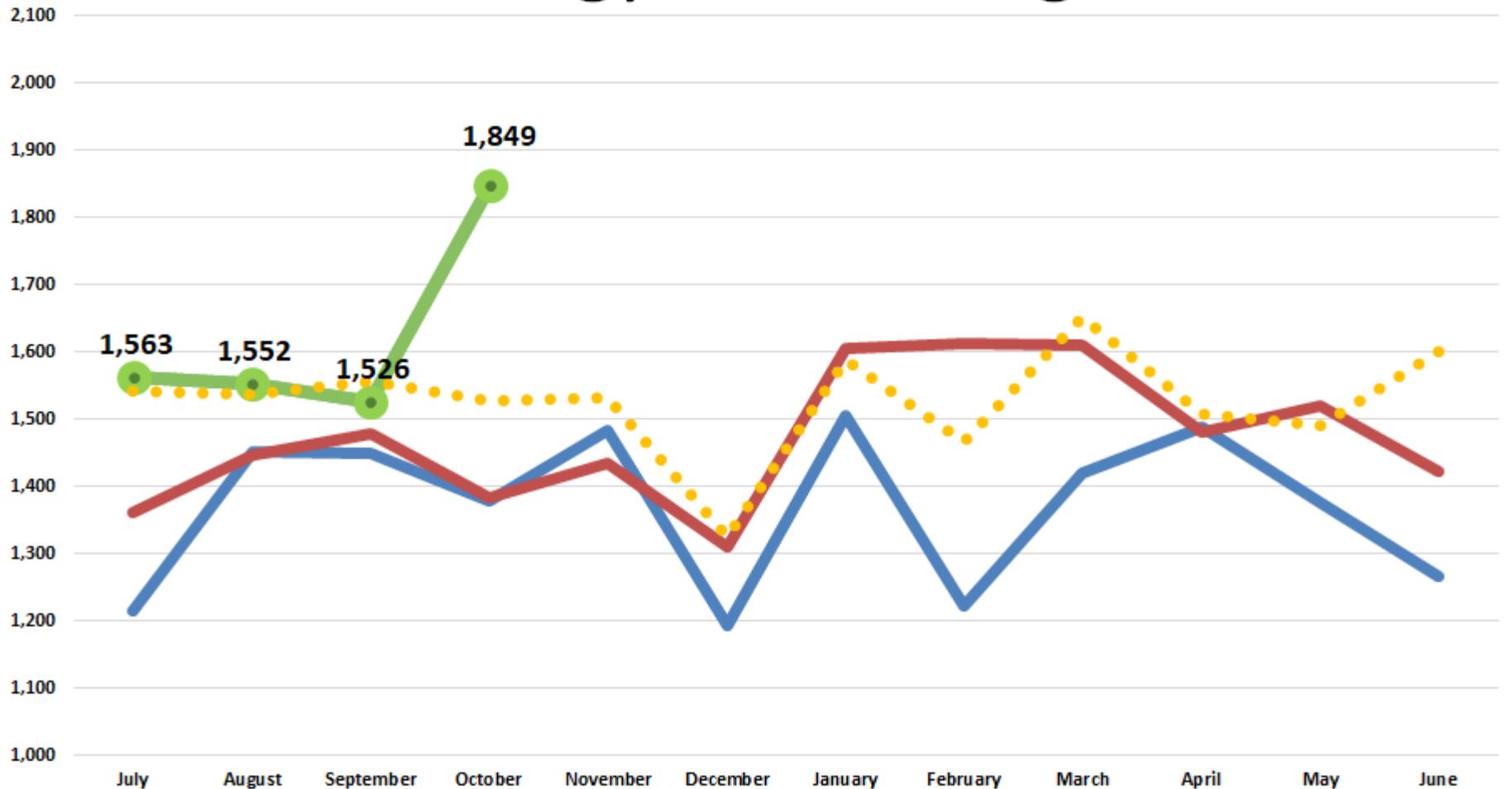
RHC Tulare - Registrations



Neurosurgery Clinic - wRVU's



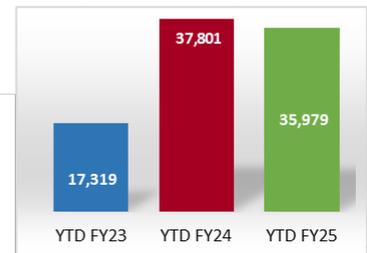
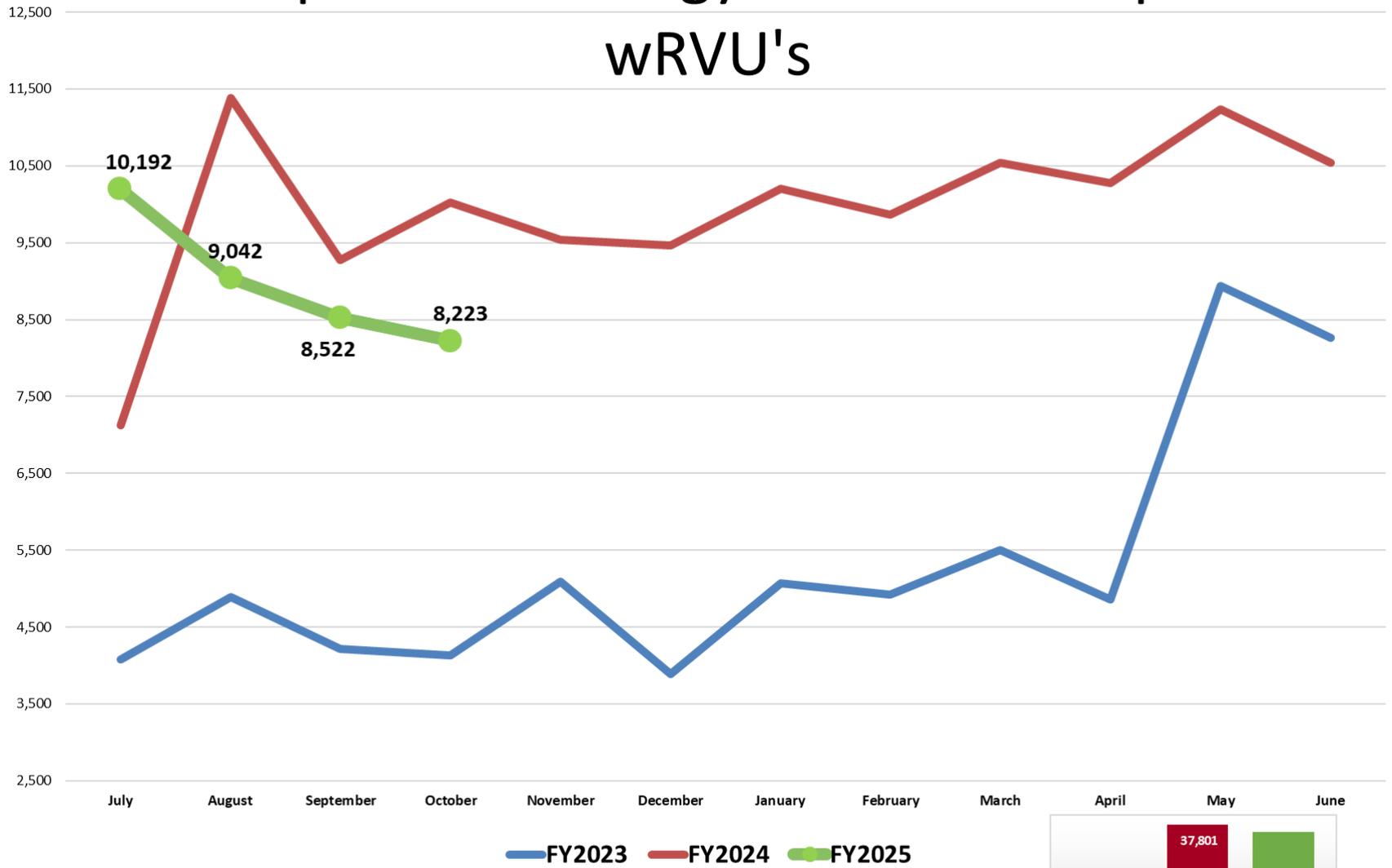
KH Cardiology Center Registrations



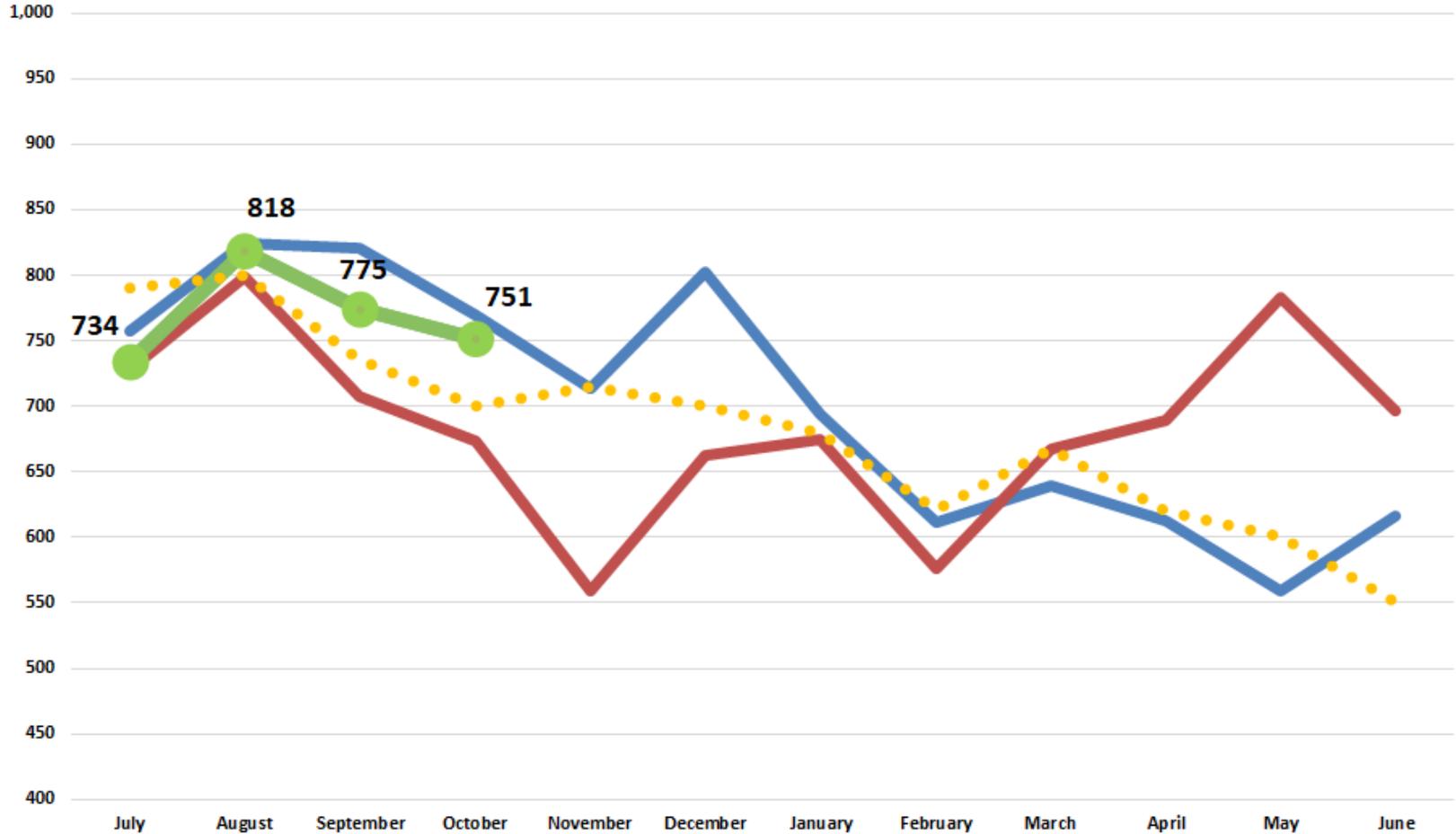
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



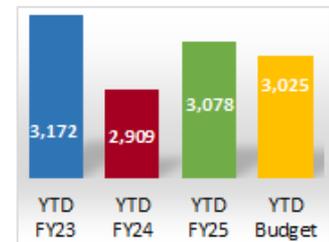
Sequoia Cardiology Medical Group - wRVU's



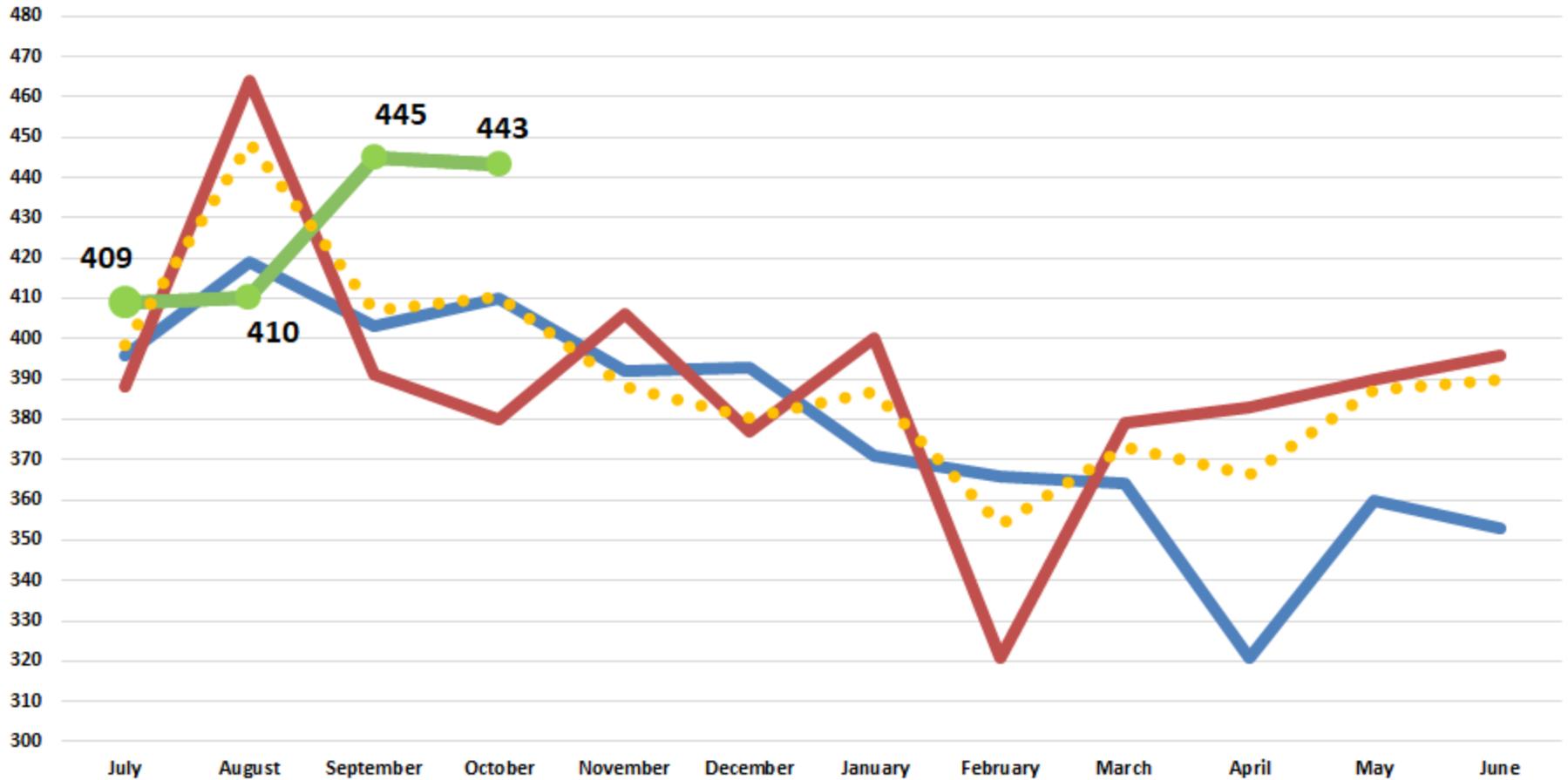
Labor Triage Registrations



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



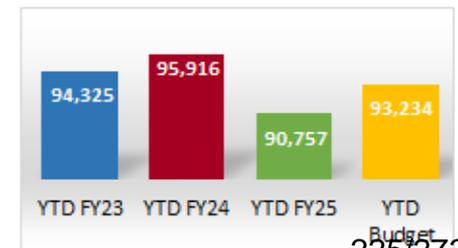
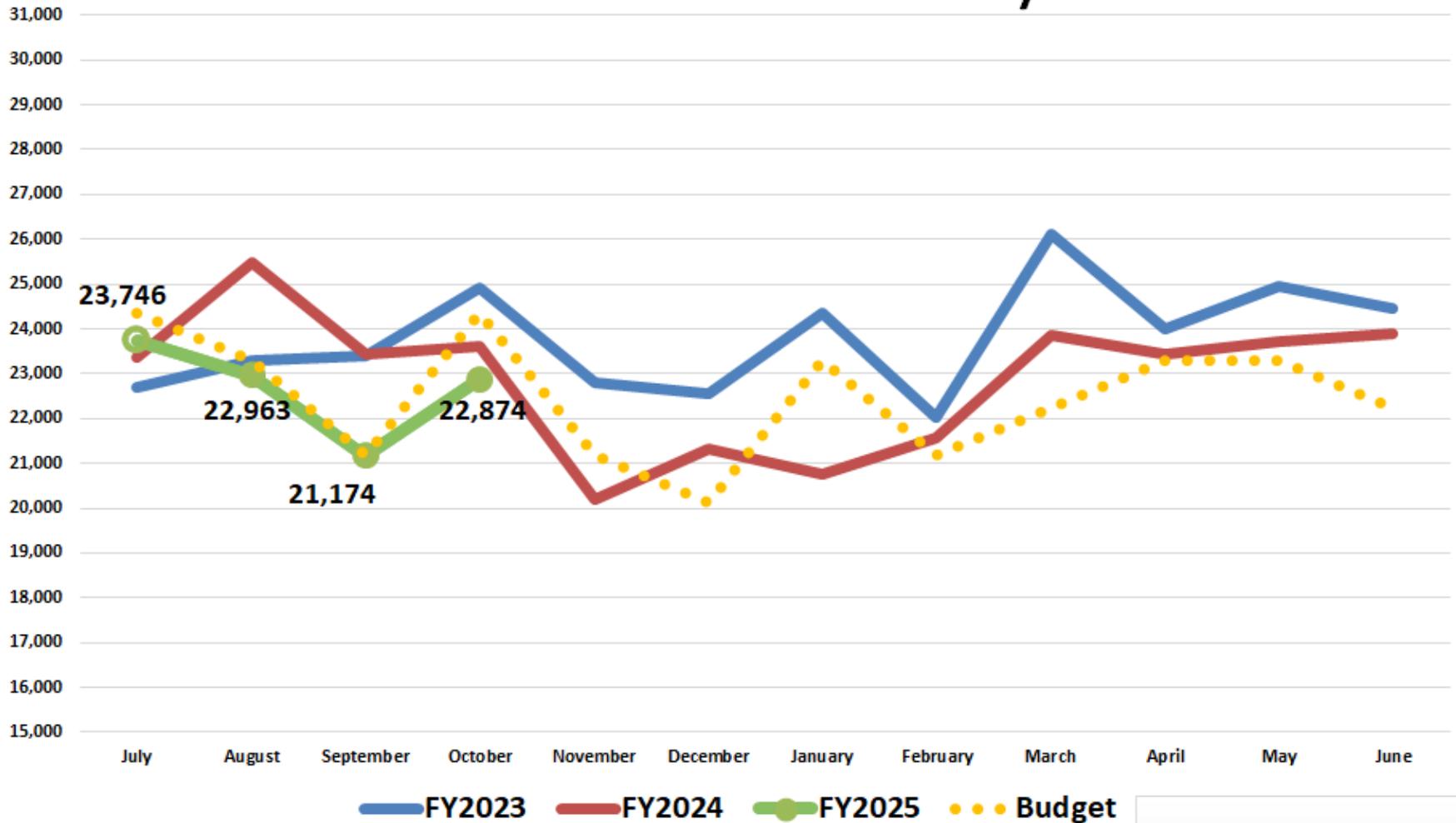
Deliveries



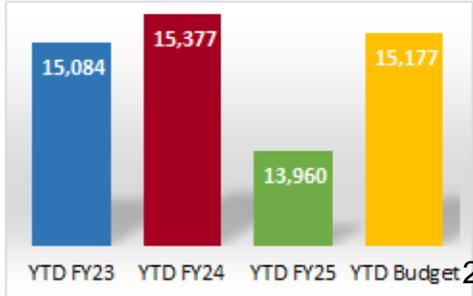
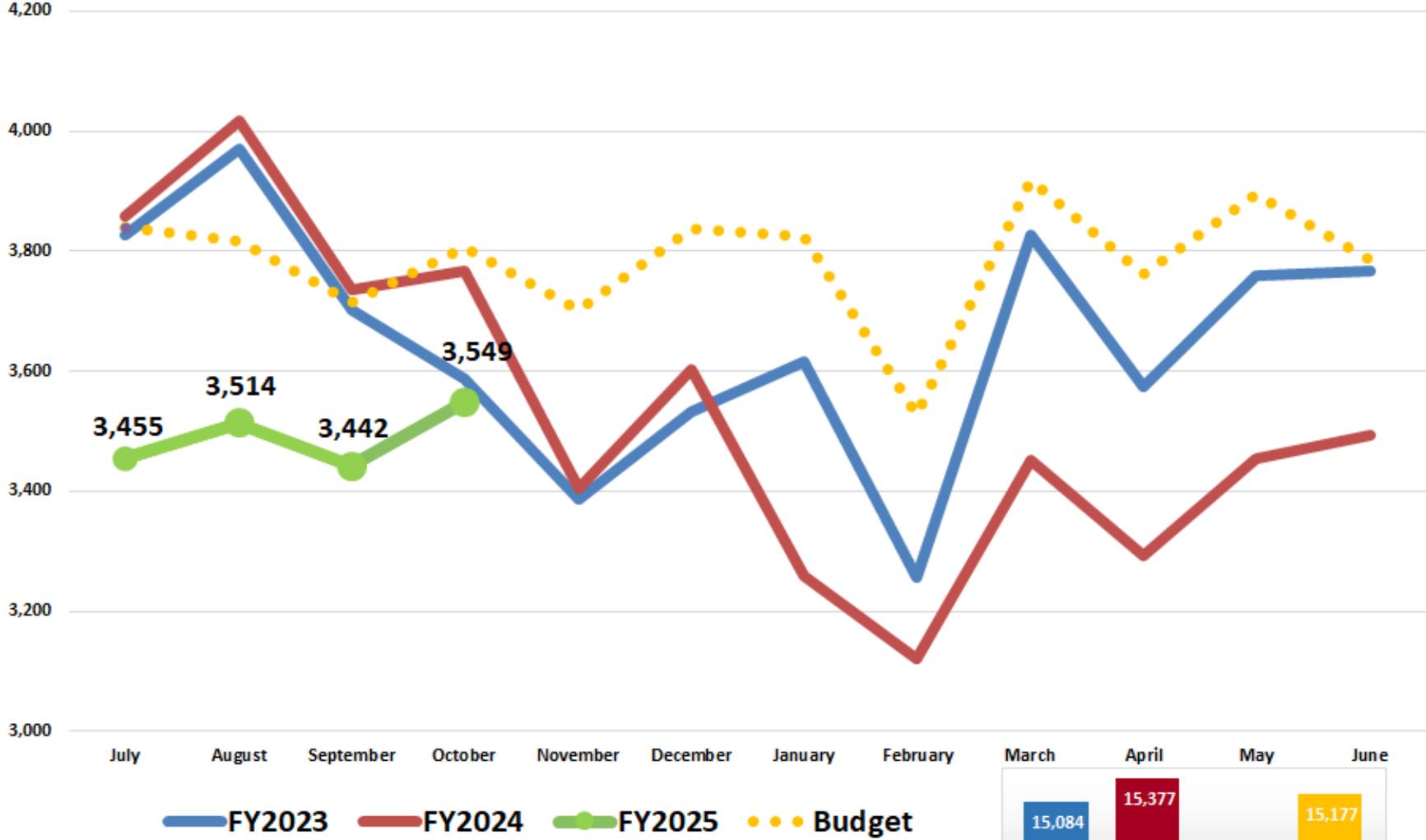
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



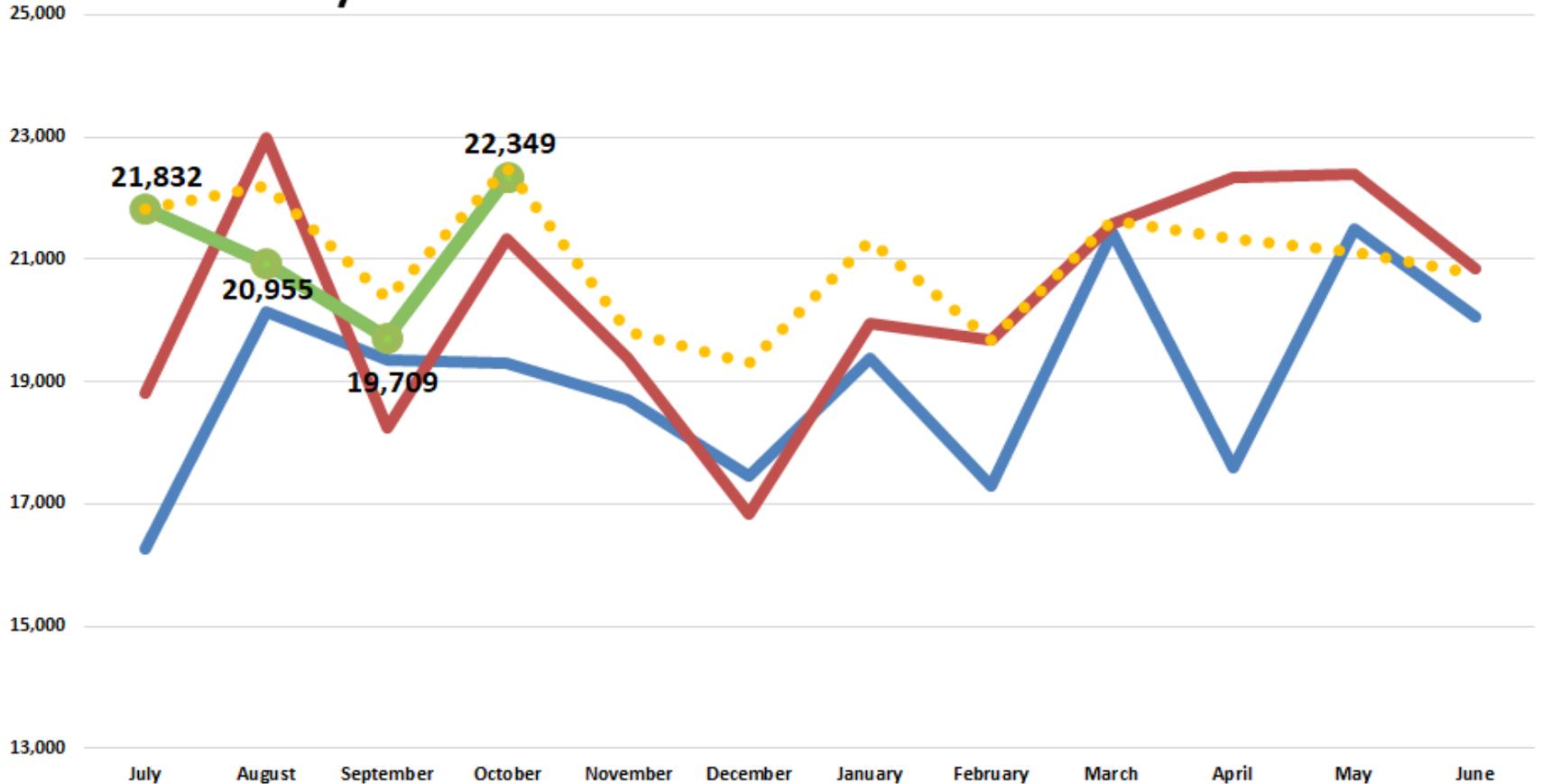
Home Infusion Days



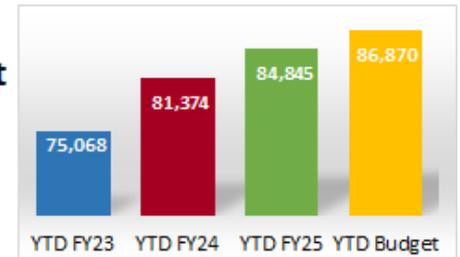
Hospice Days



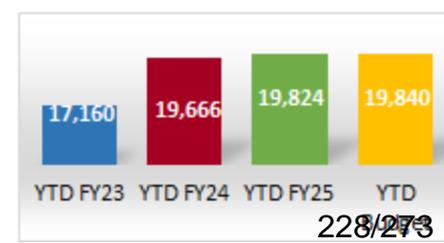
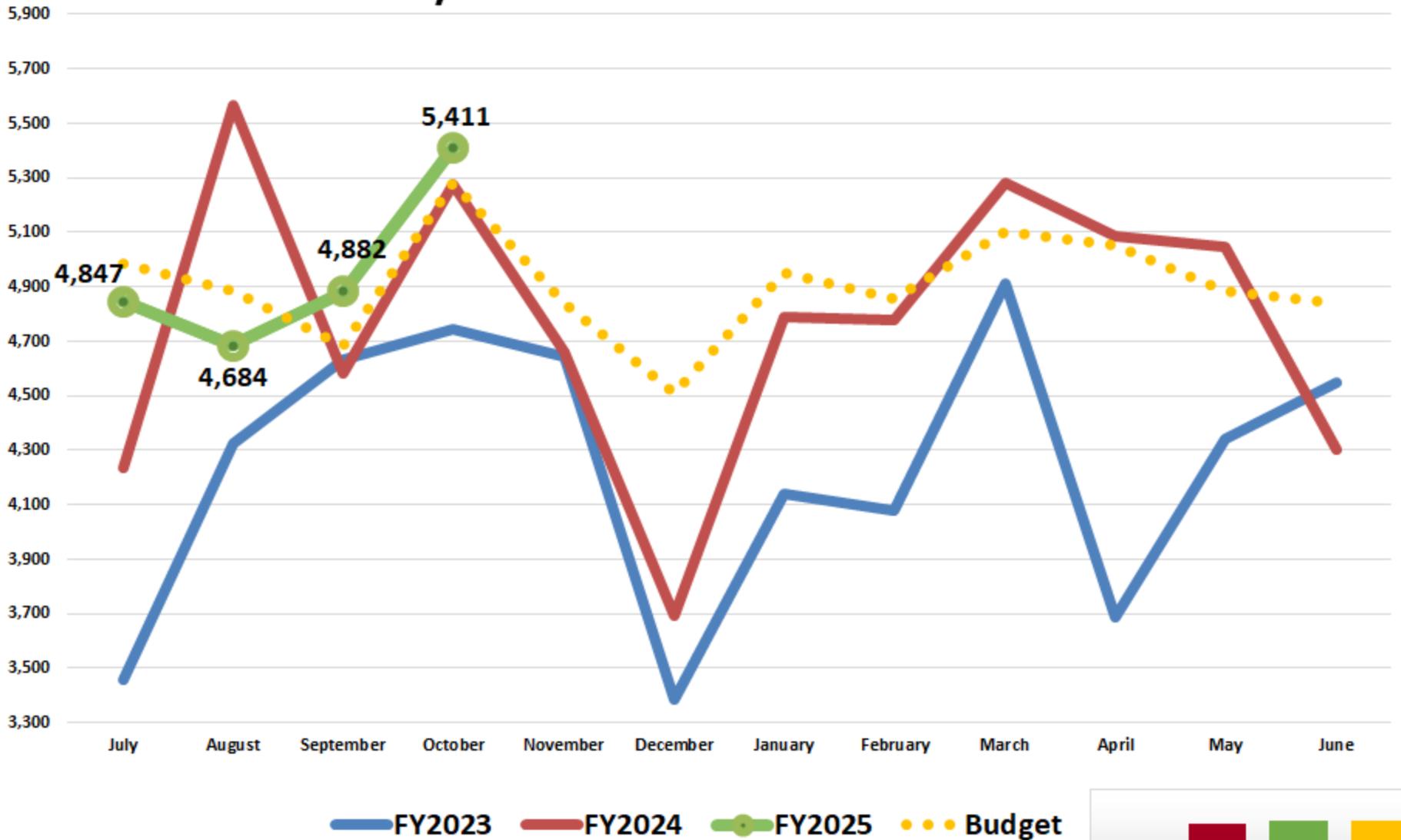
All O/P Rehab Svcs Across District



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

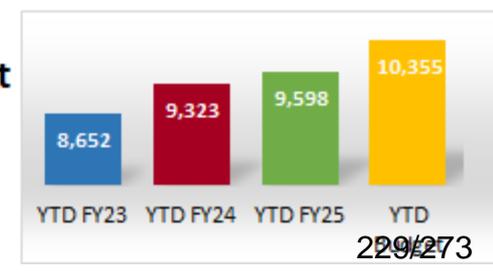
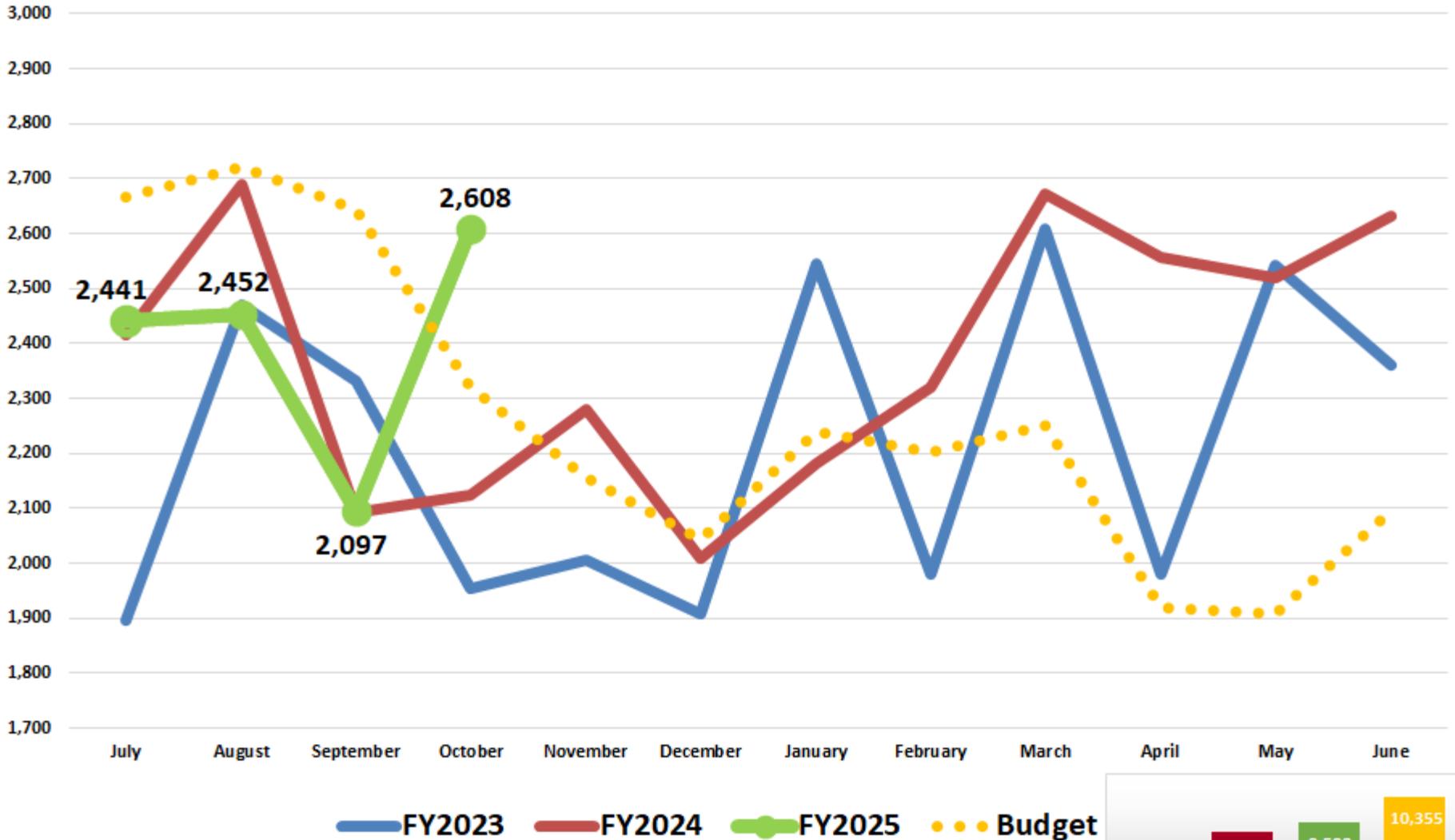


O/P Rehab Services

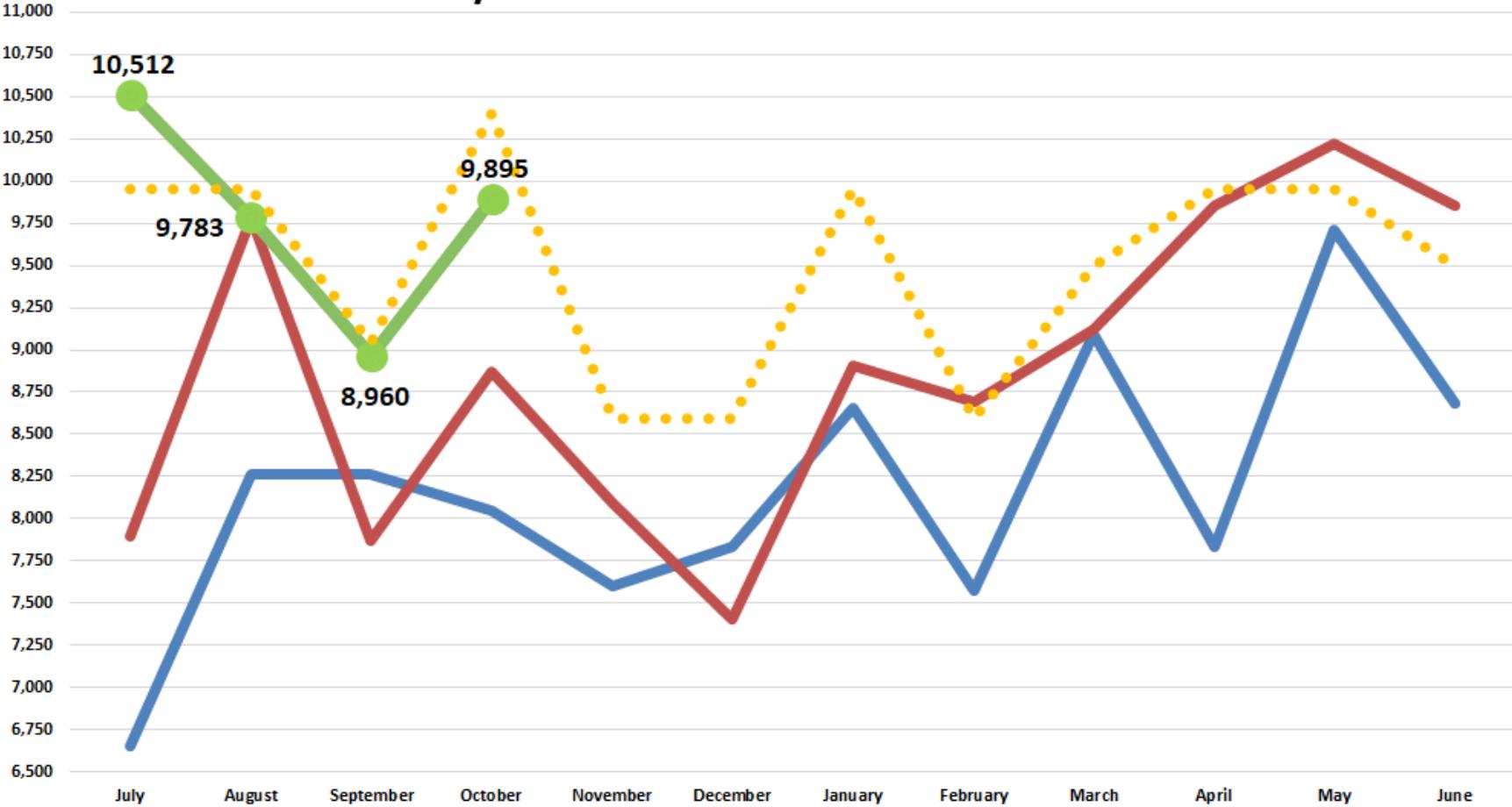


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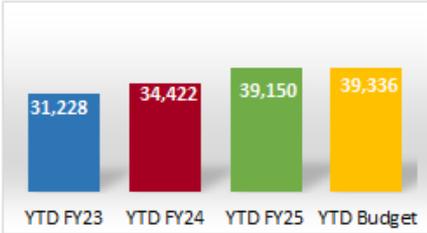
O/P Rehab - Exeter



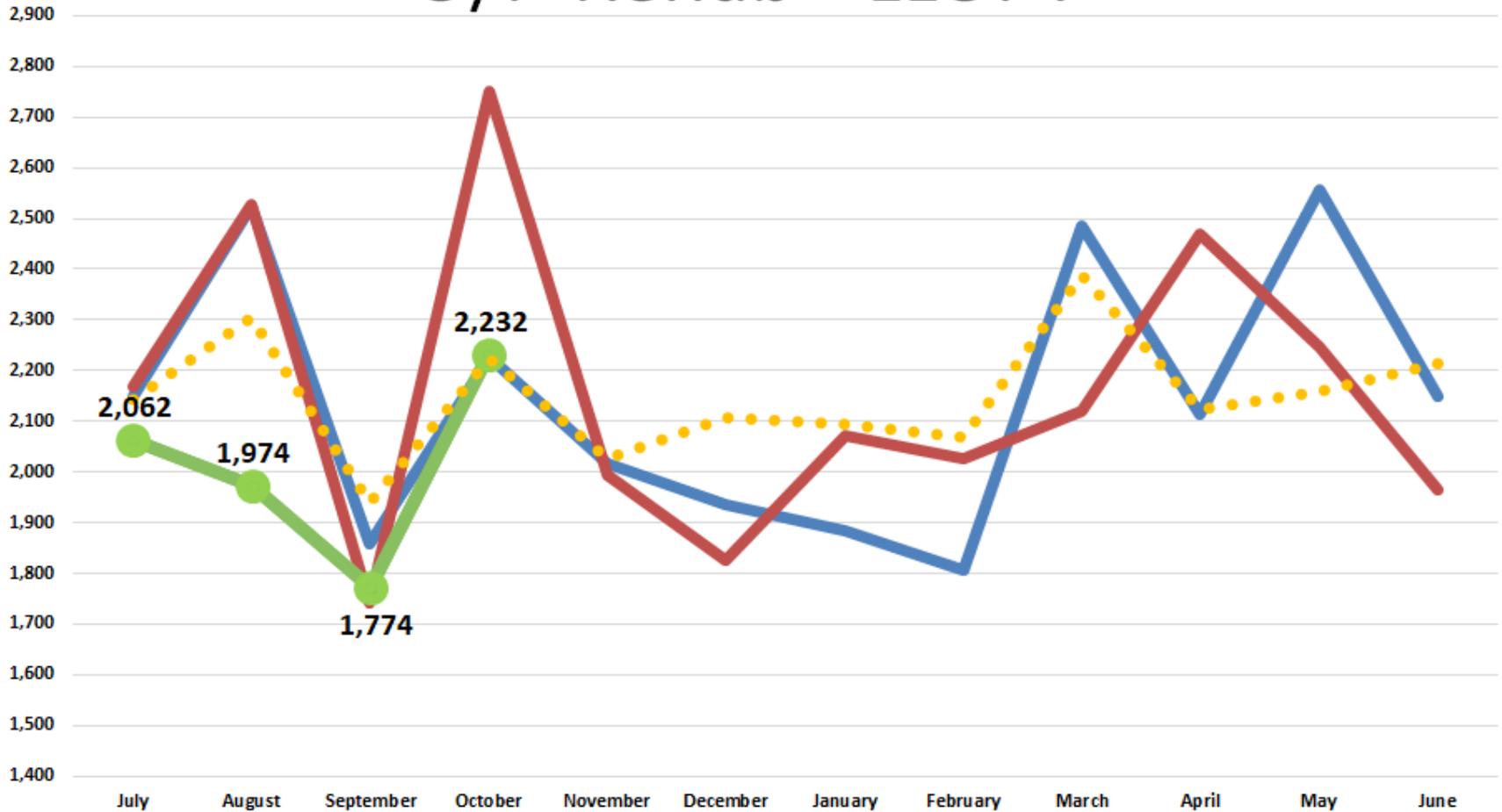
O/P Rehab - Akers



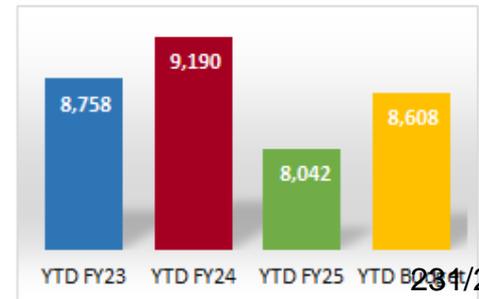
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



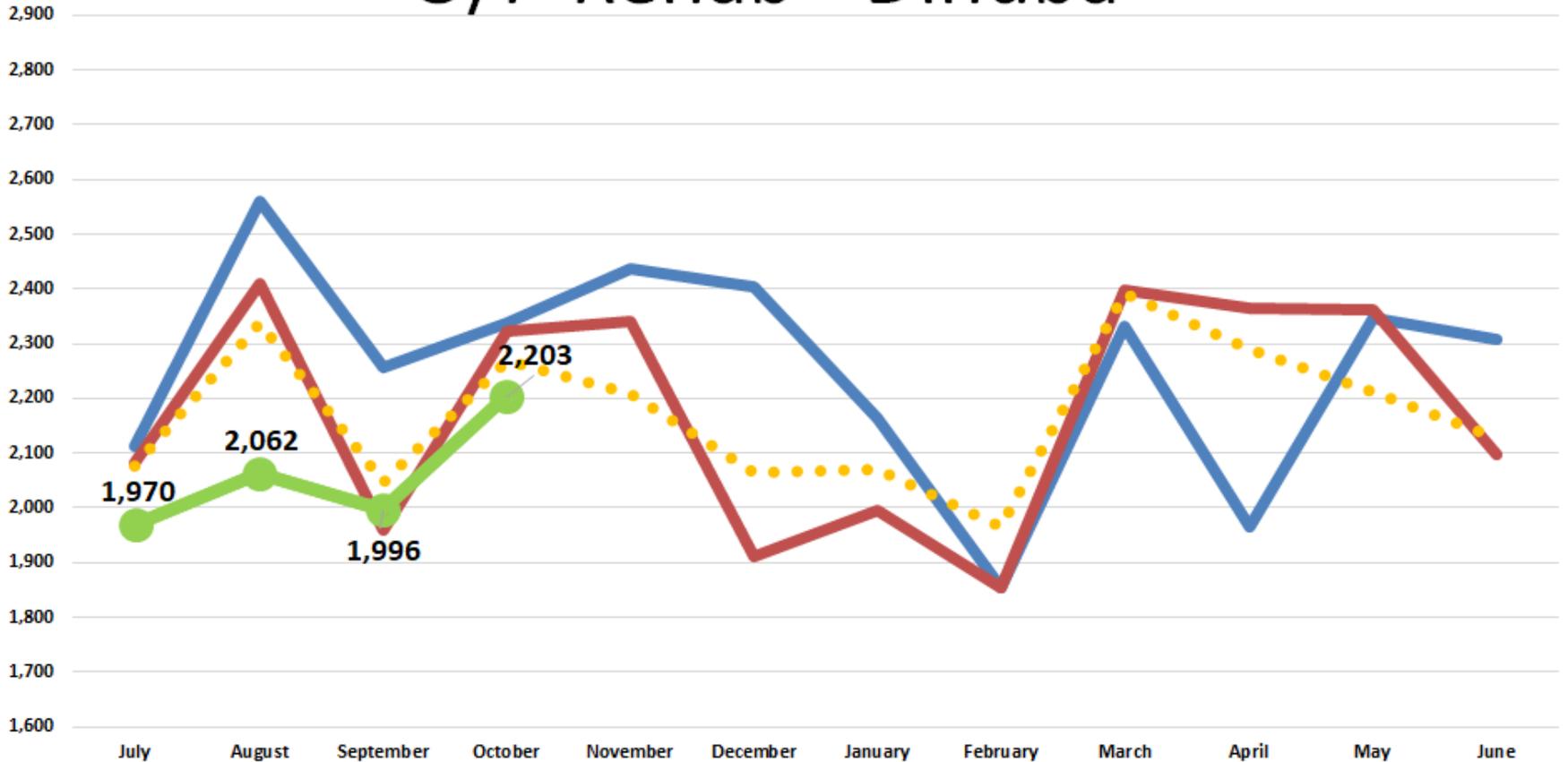
O/P Rehab - LLOPT



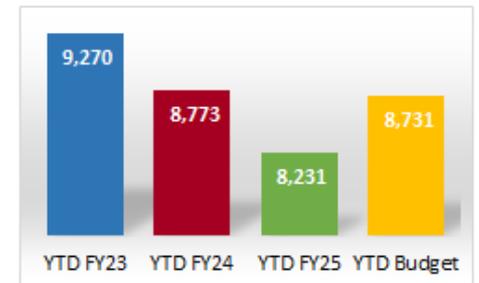
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



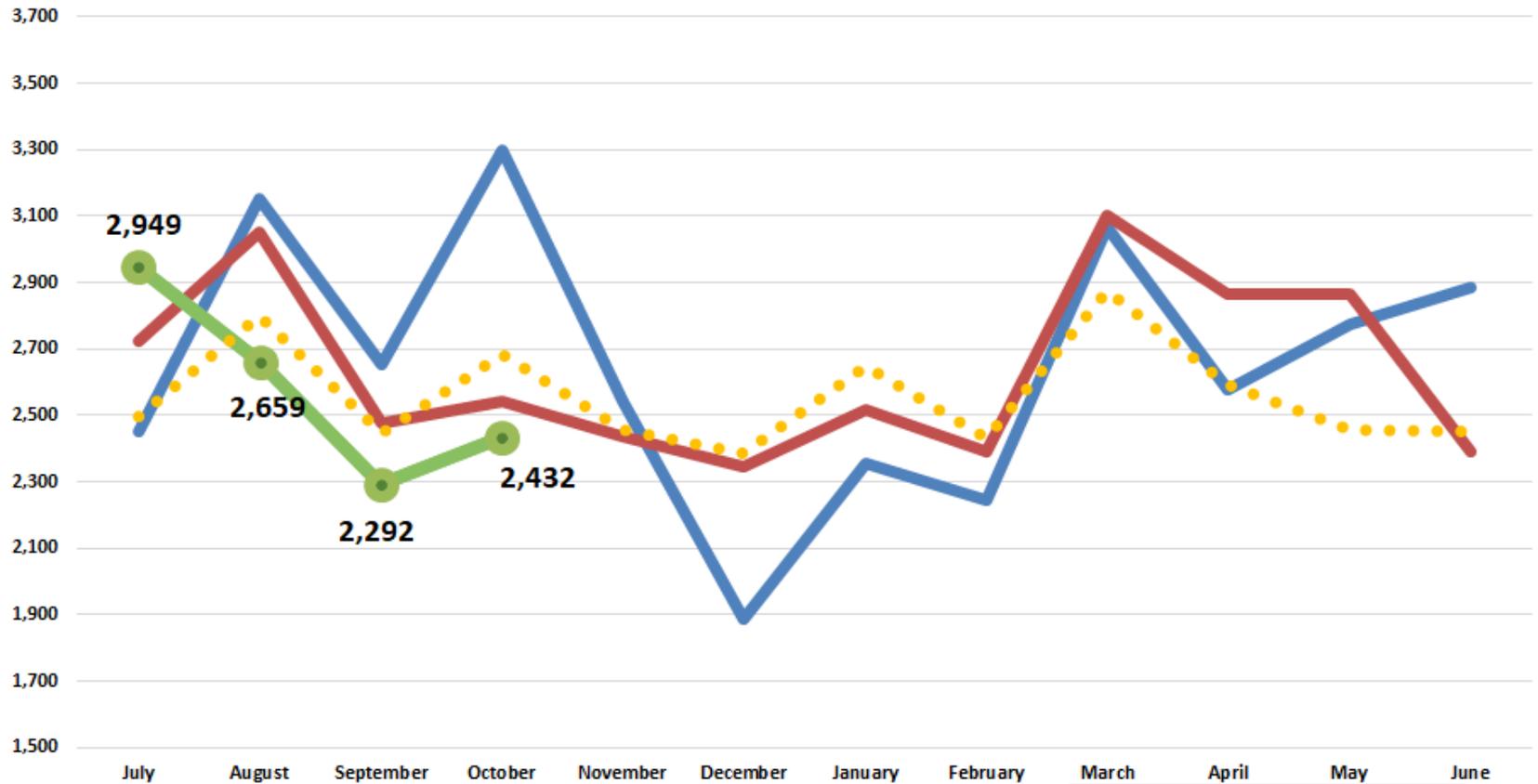
O/P Rehab - Dinuba



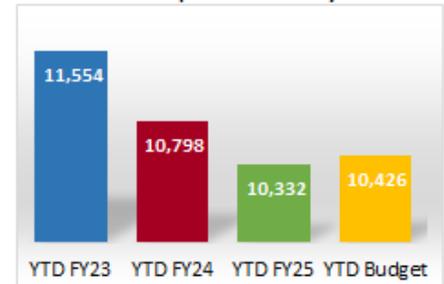
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



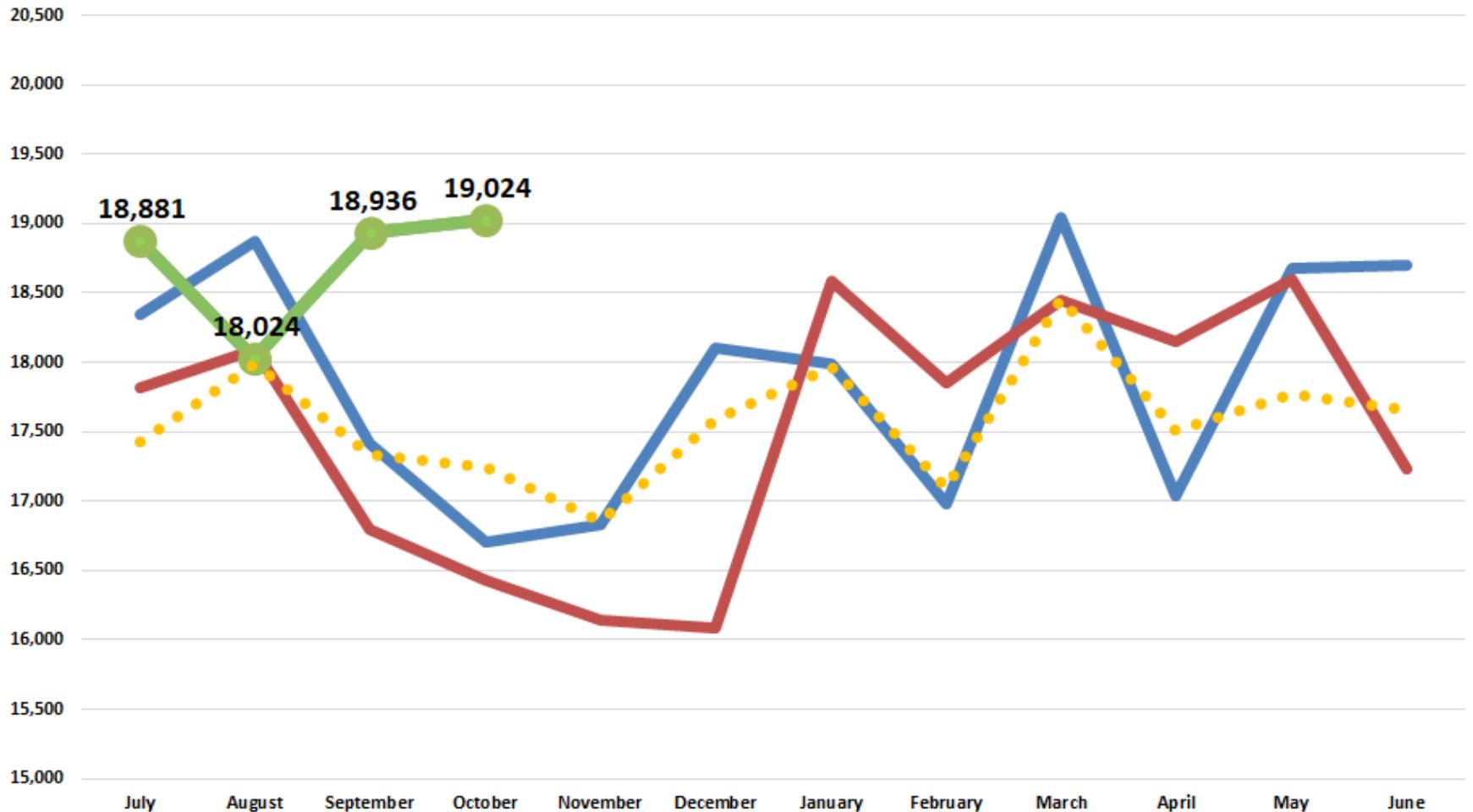
Therapy - Cypress Hand Center



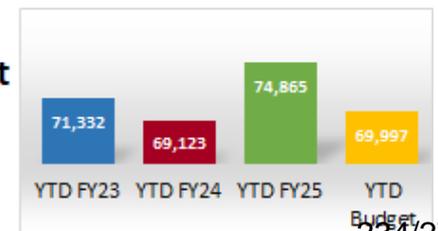
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



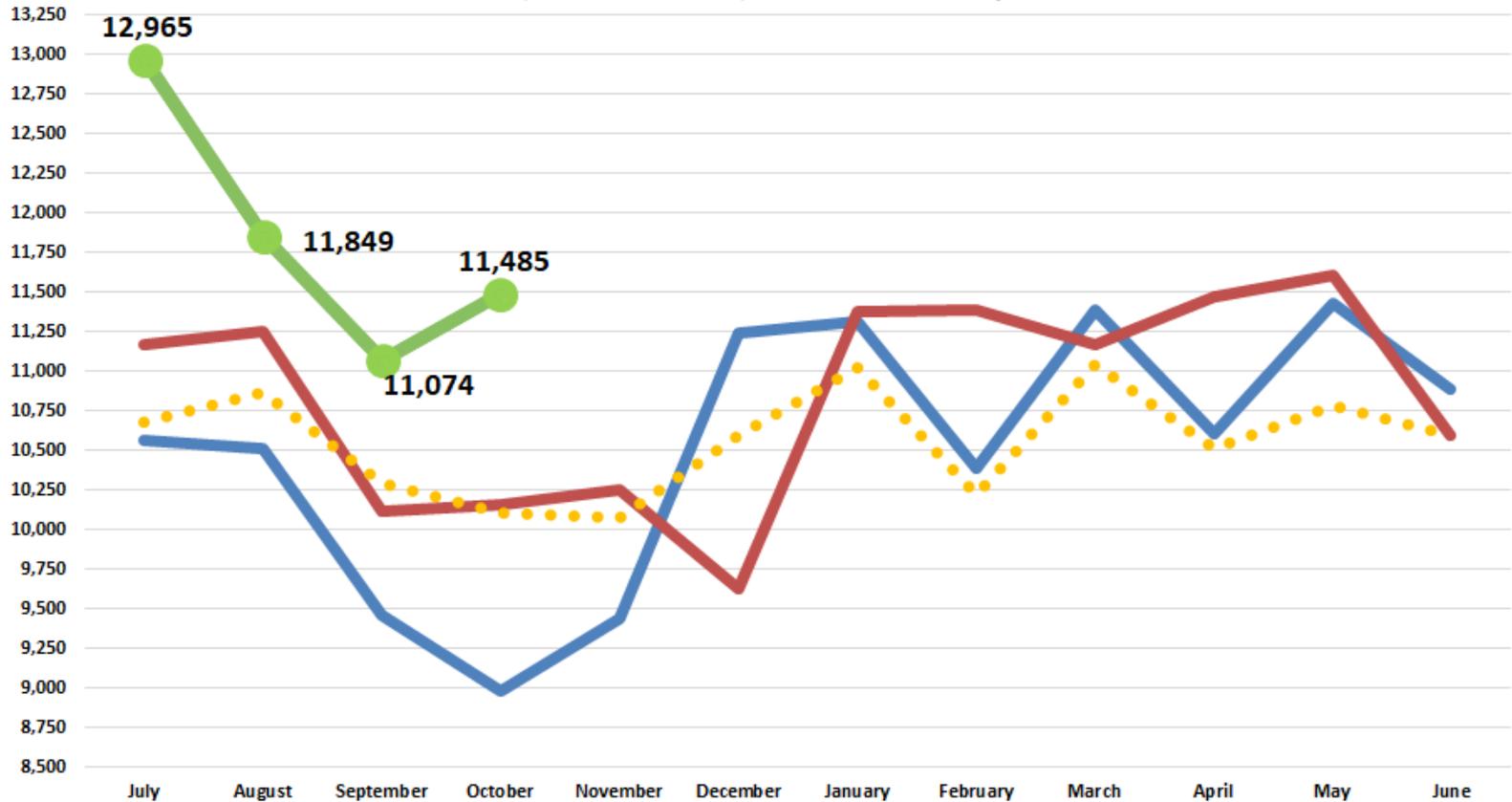
Physical & Other Therapy Units (I/P & O/P)



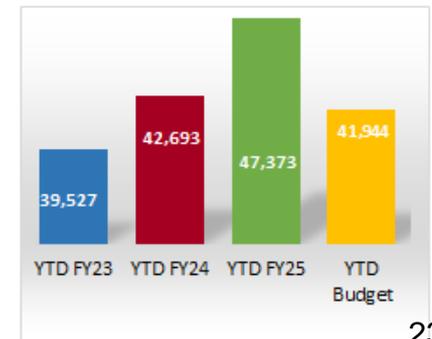
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



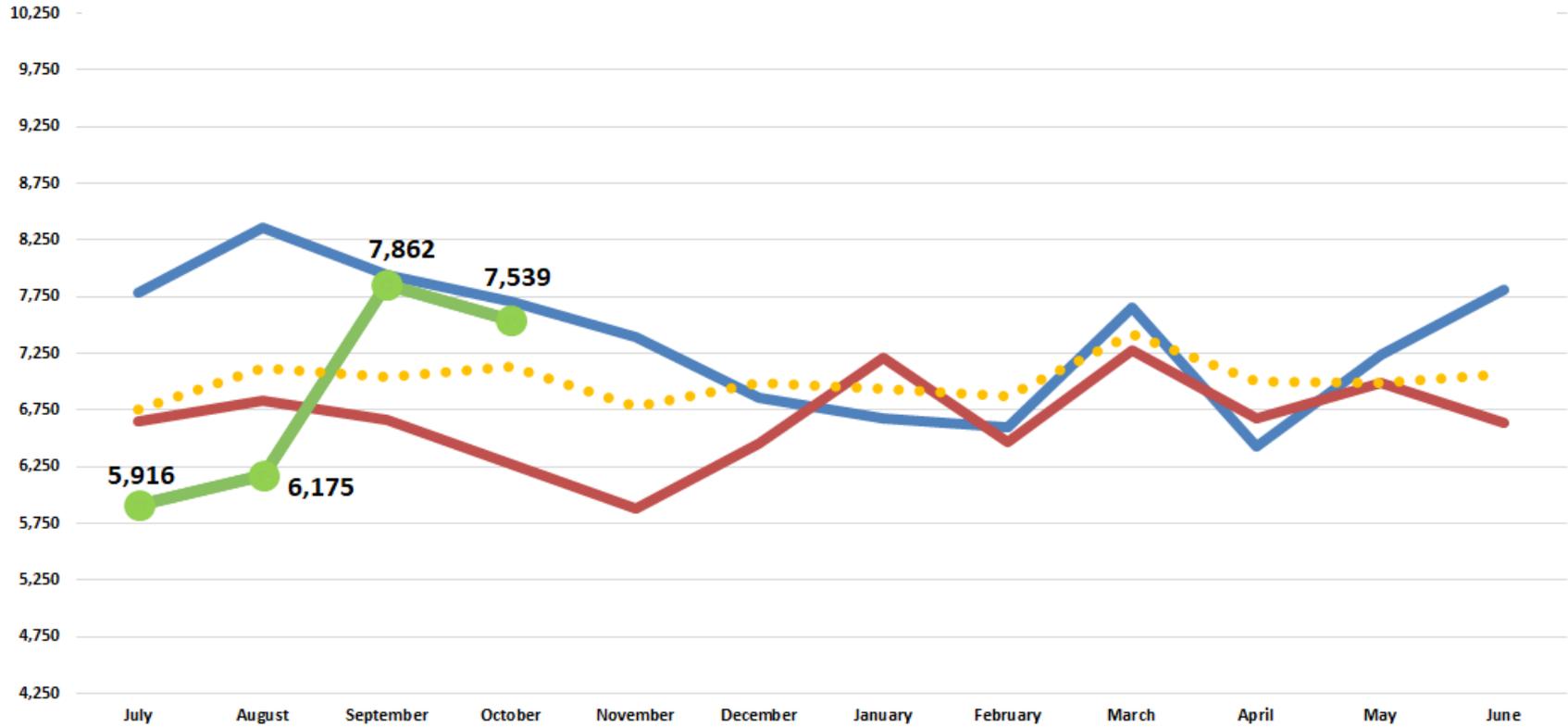
Physical & Other Therapy Units (I/P & O/P)-Main Campus



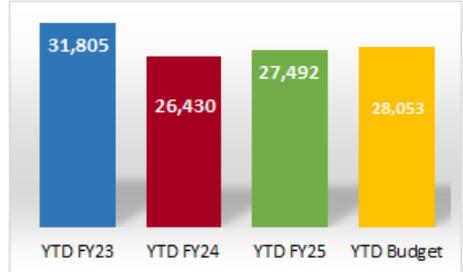
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



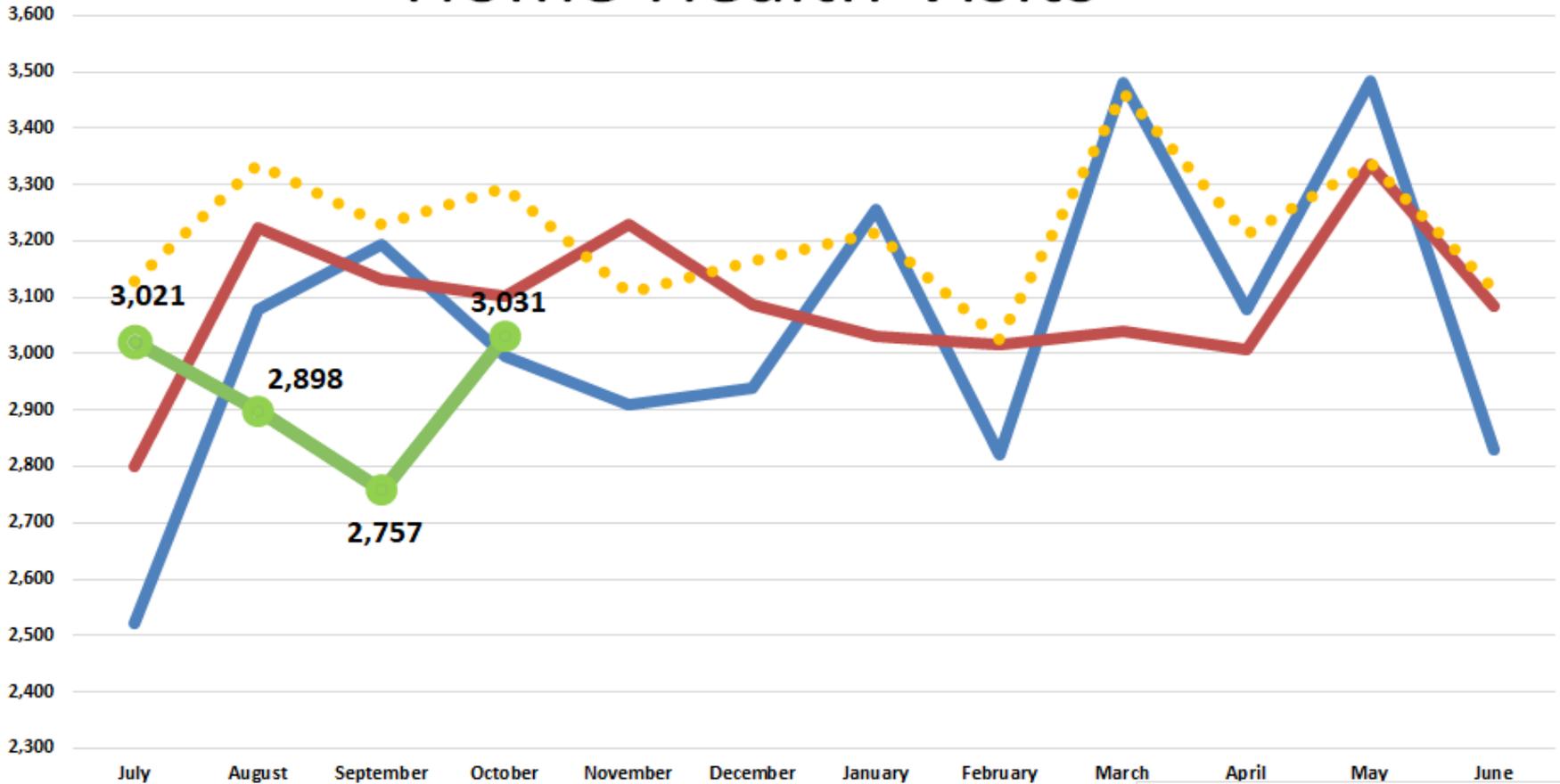
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



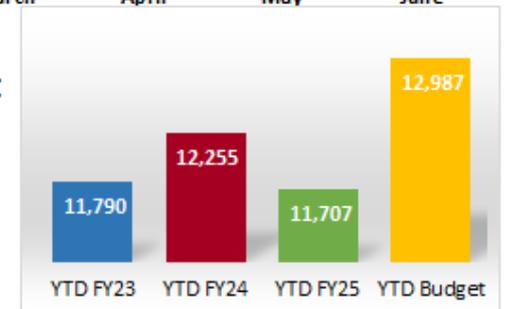
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



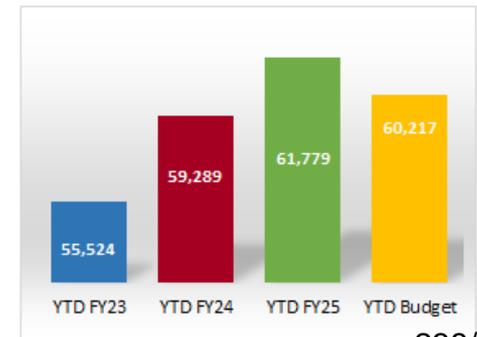
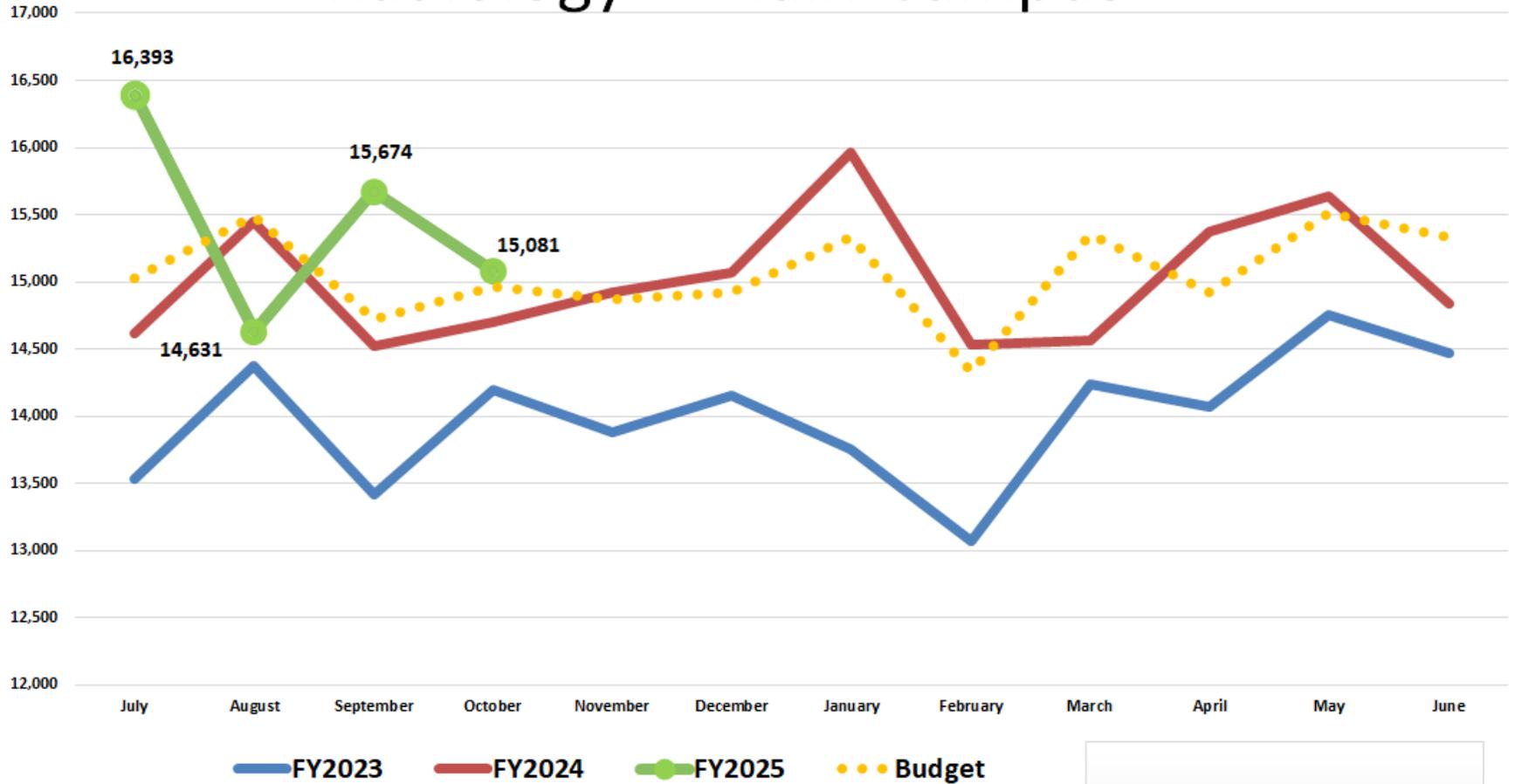
Home Health Visits



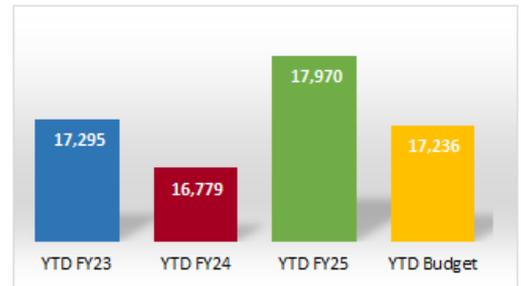
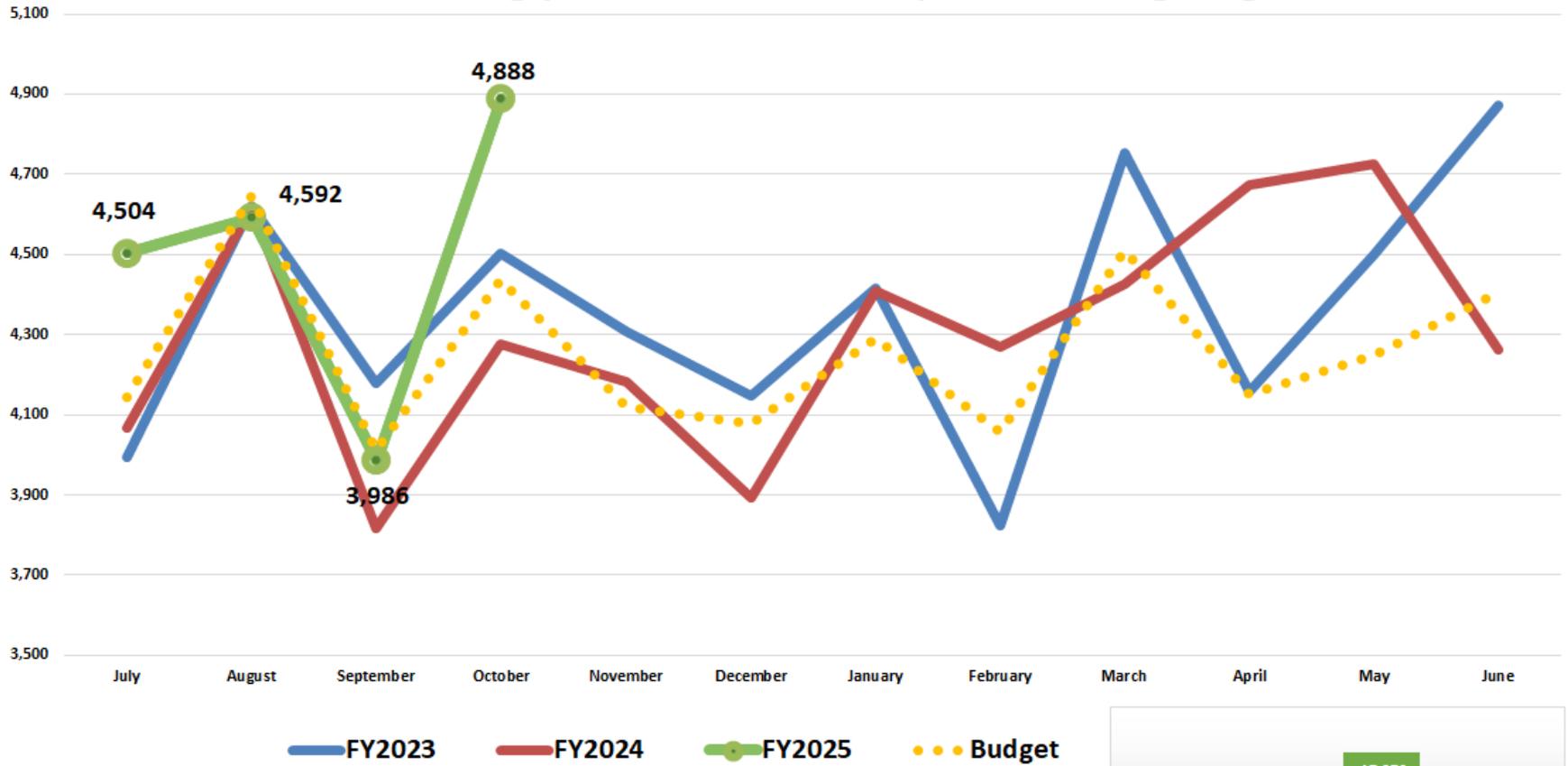
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



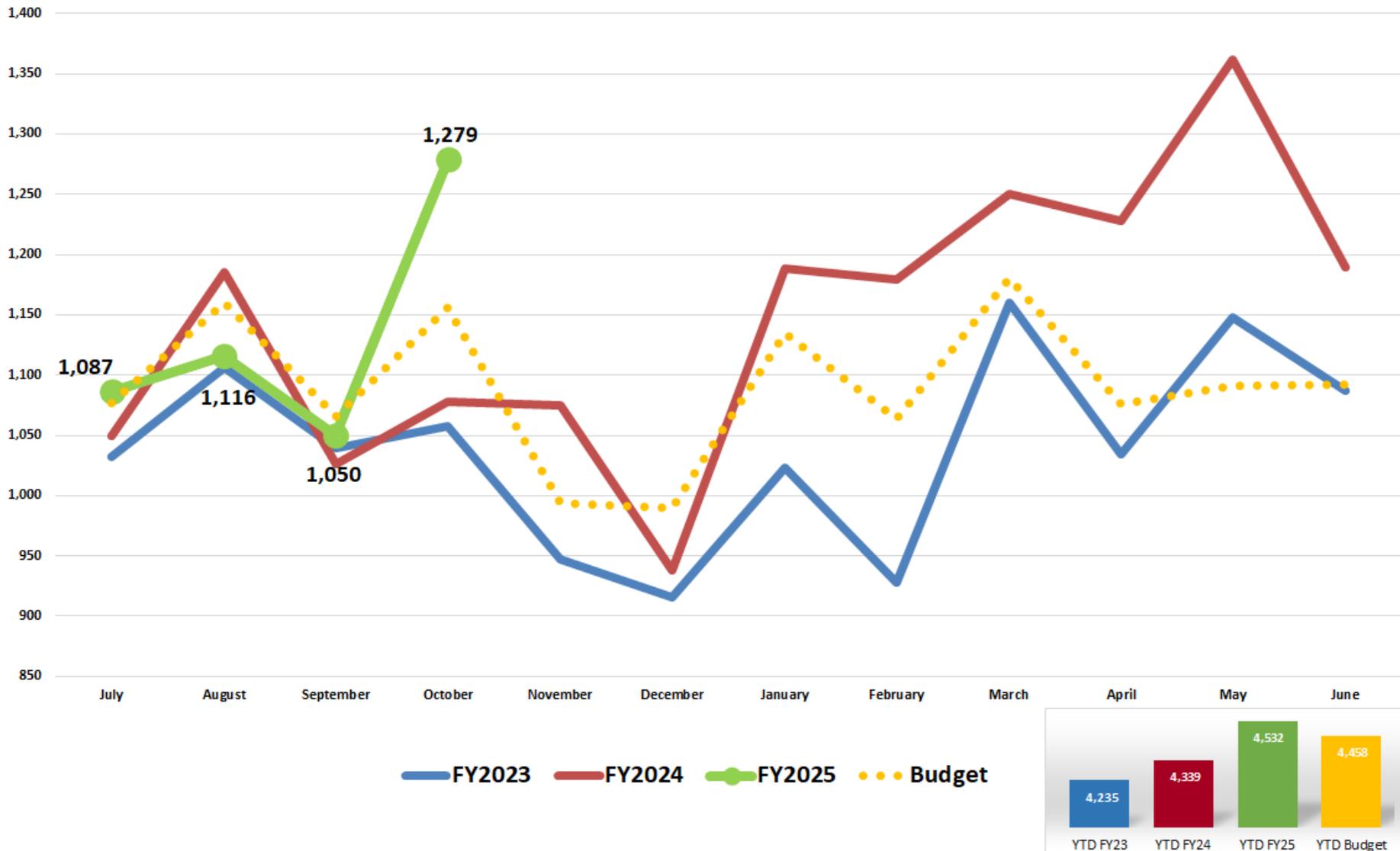
Radiology – Main Campus



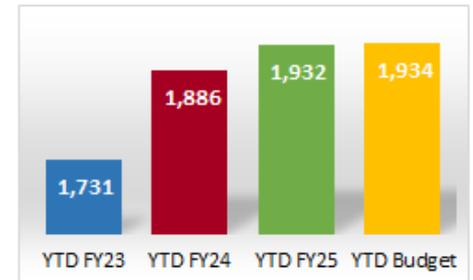
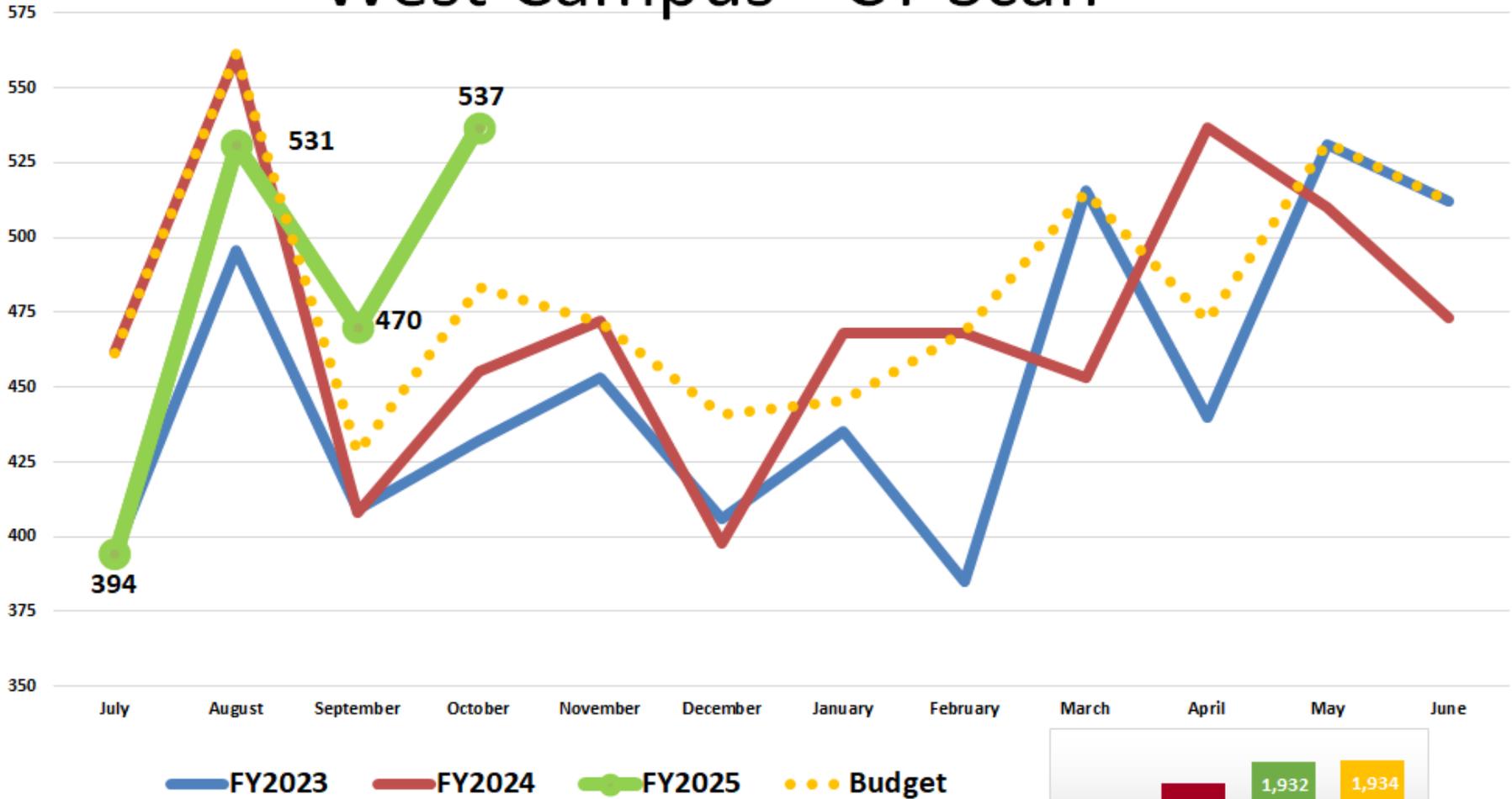
Radiology - West Campus Imaging



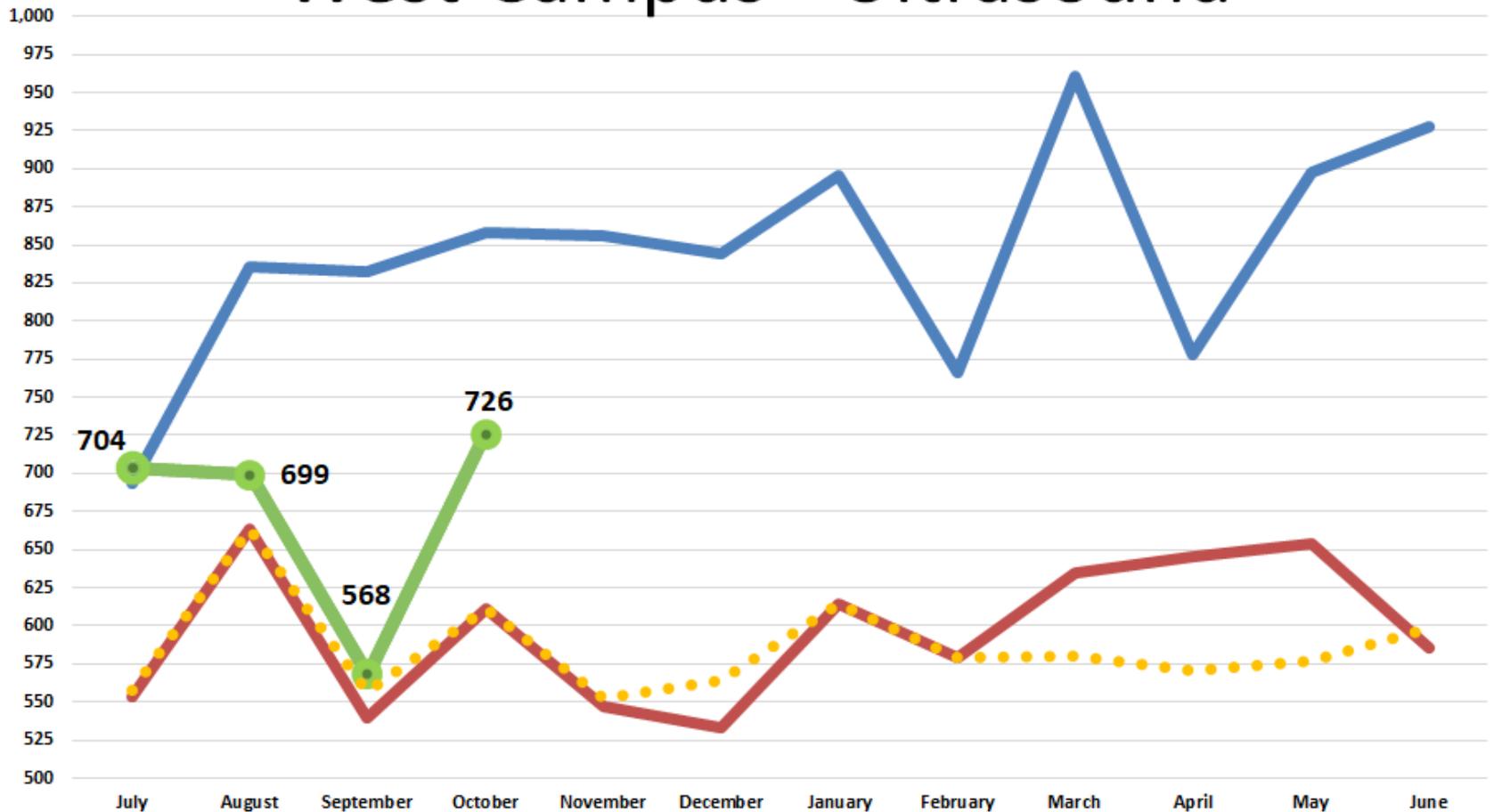
West Campus - Diagnostic Radiology



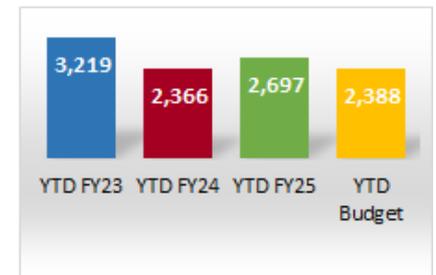
West Campus - CT Scan



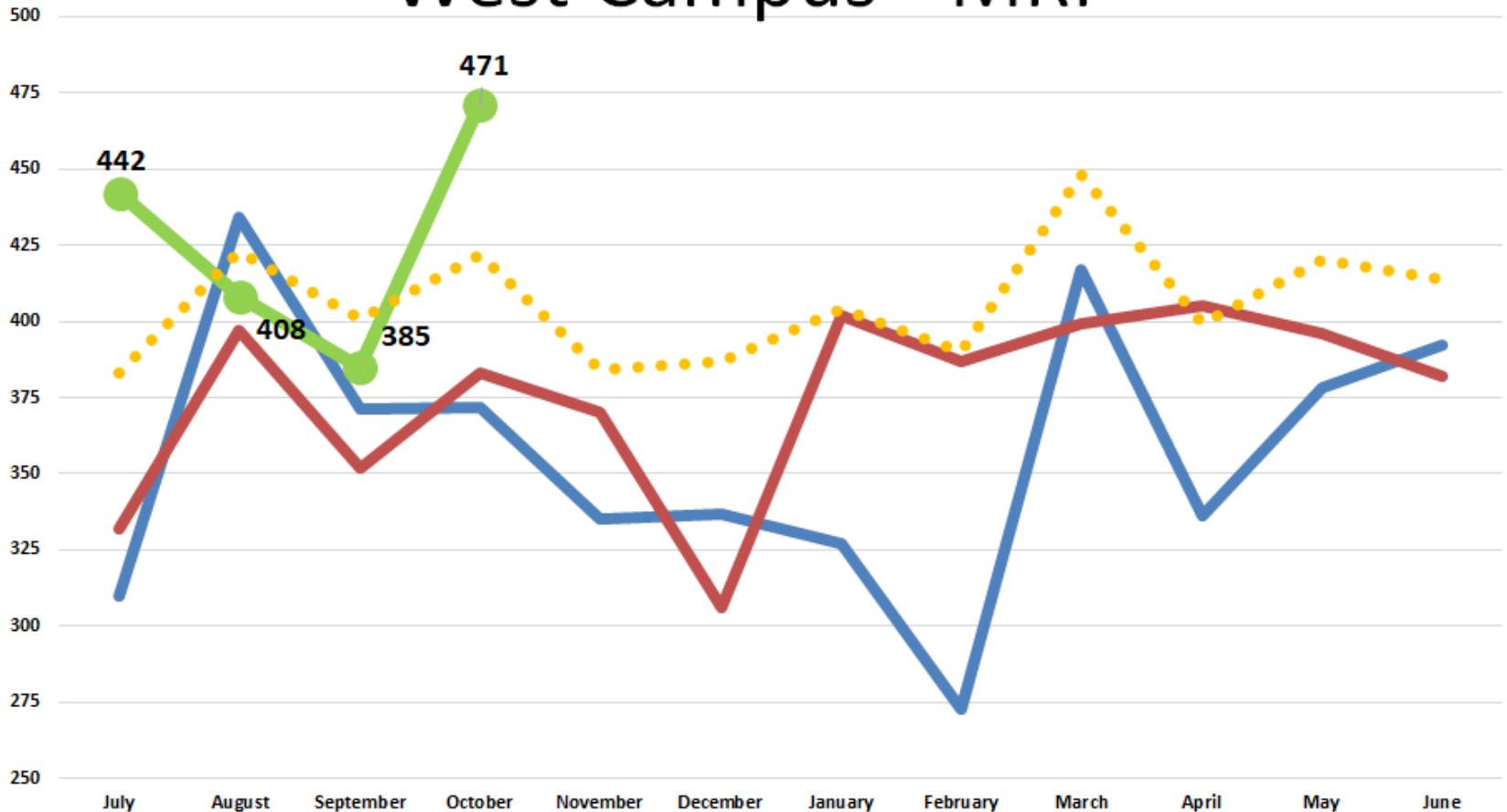
West Campus - Ultrasound



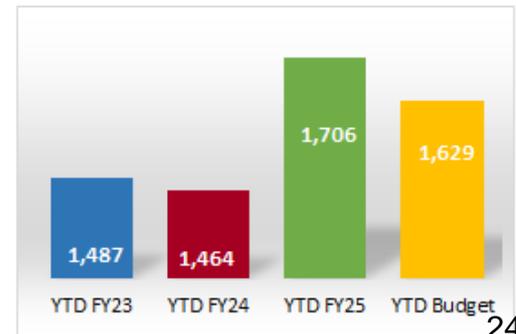
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



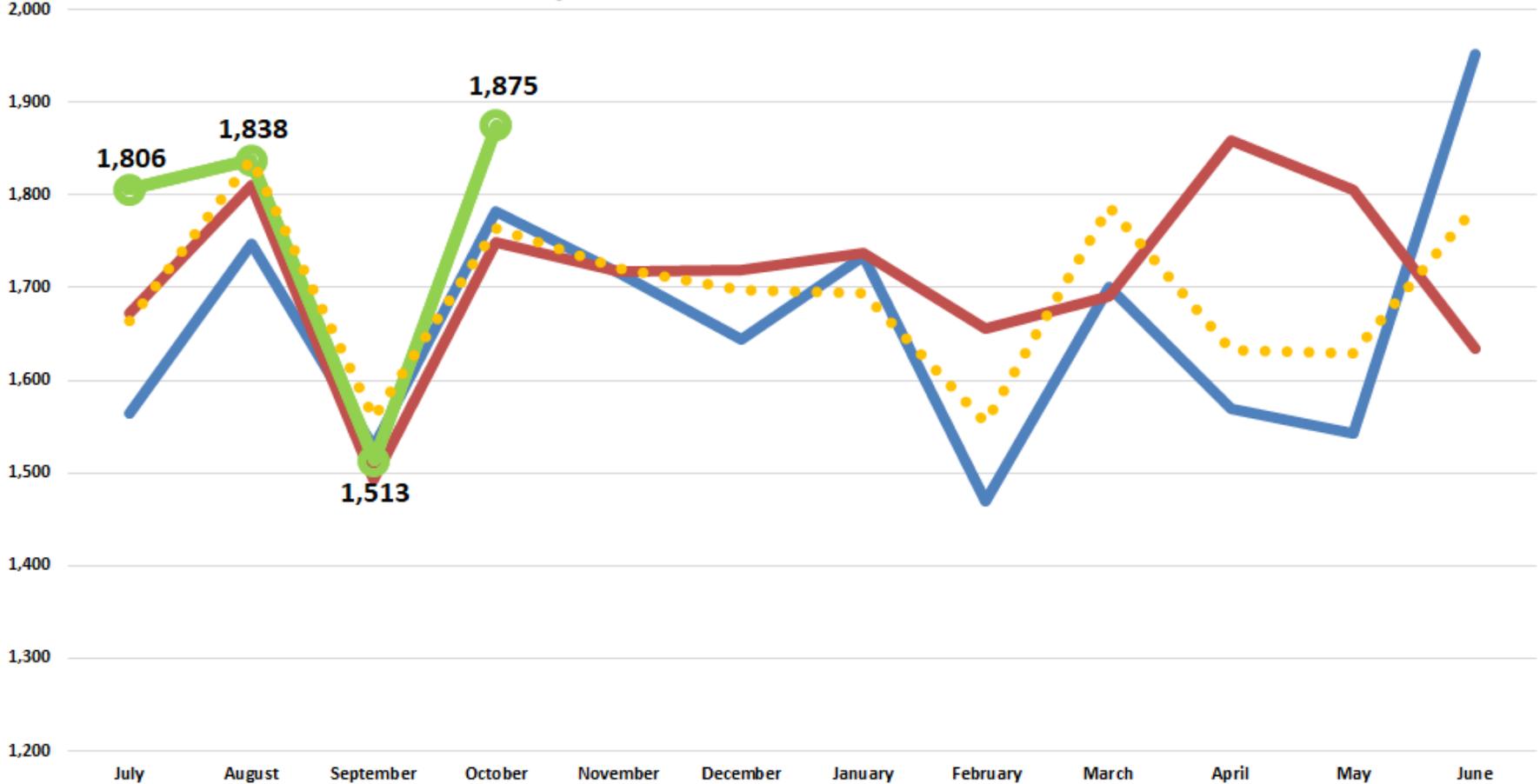
West Campus - MRI



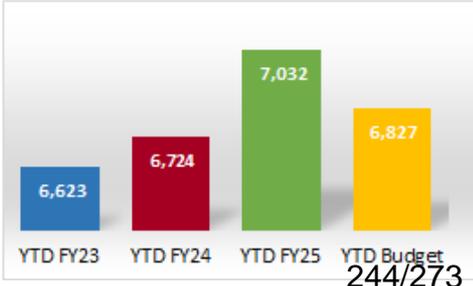
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



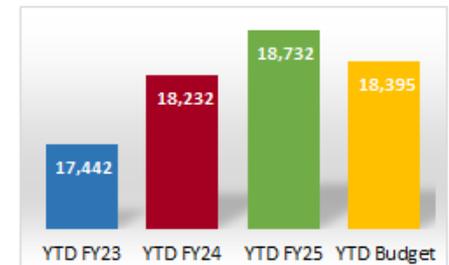
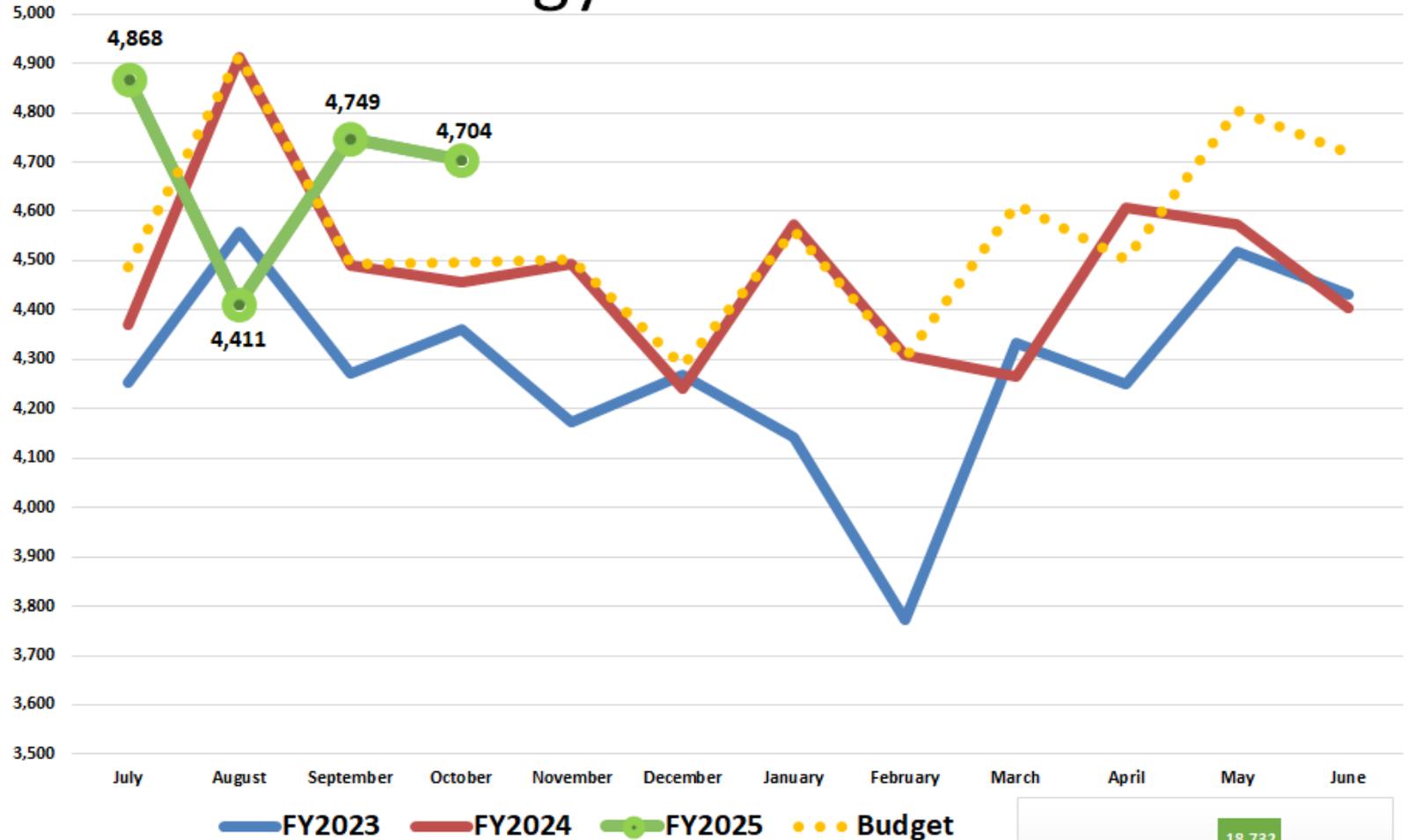
West Campus - Breast Center



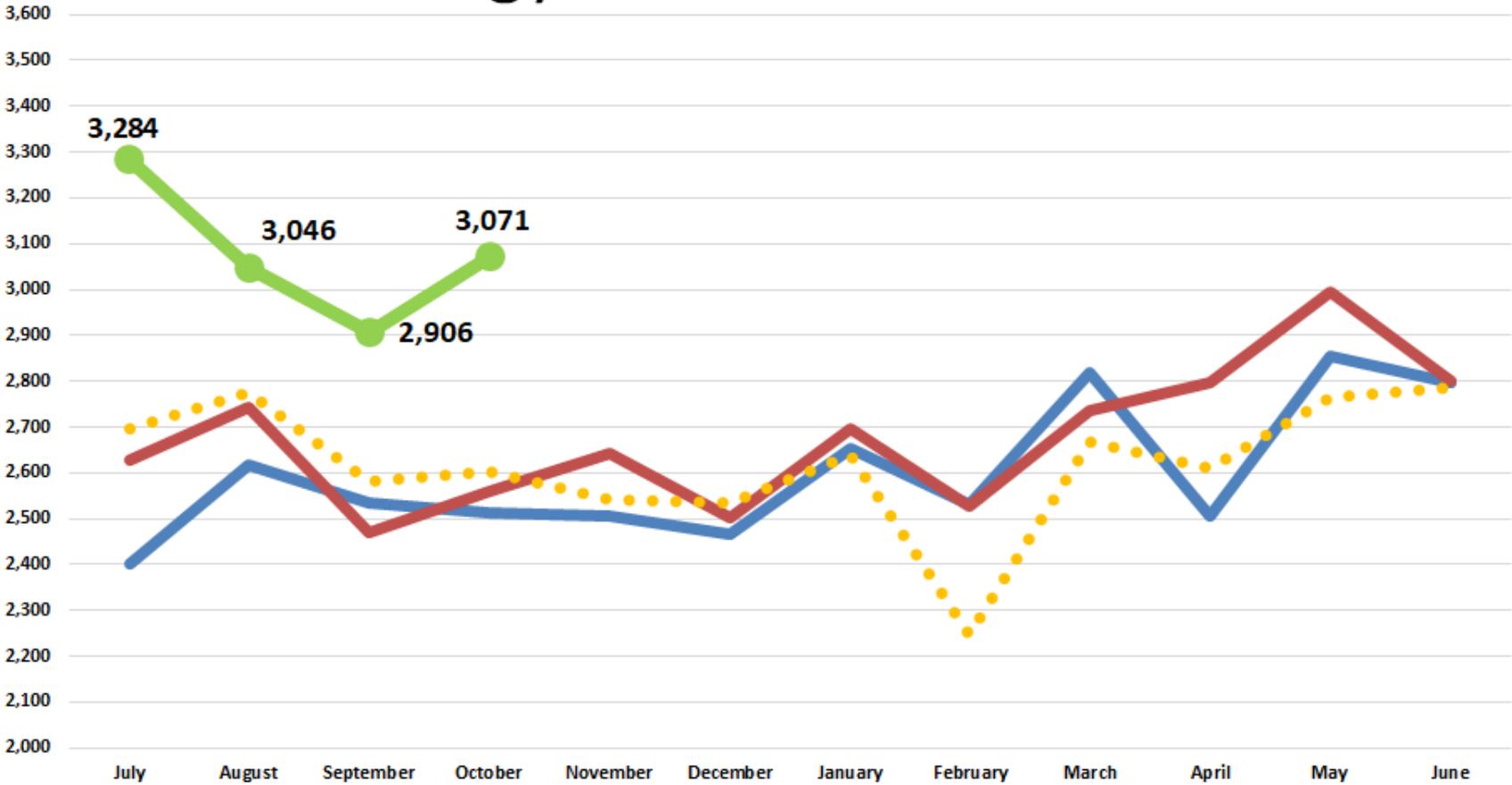
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



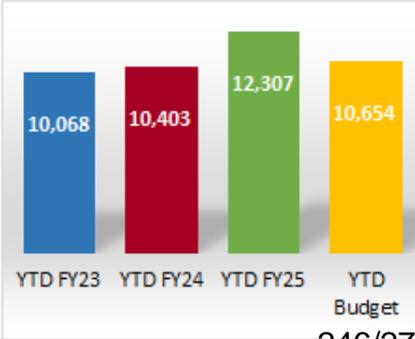
Radiology - CT - All Areas



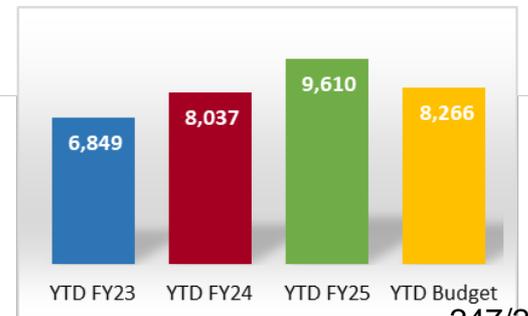
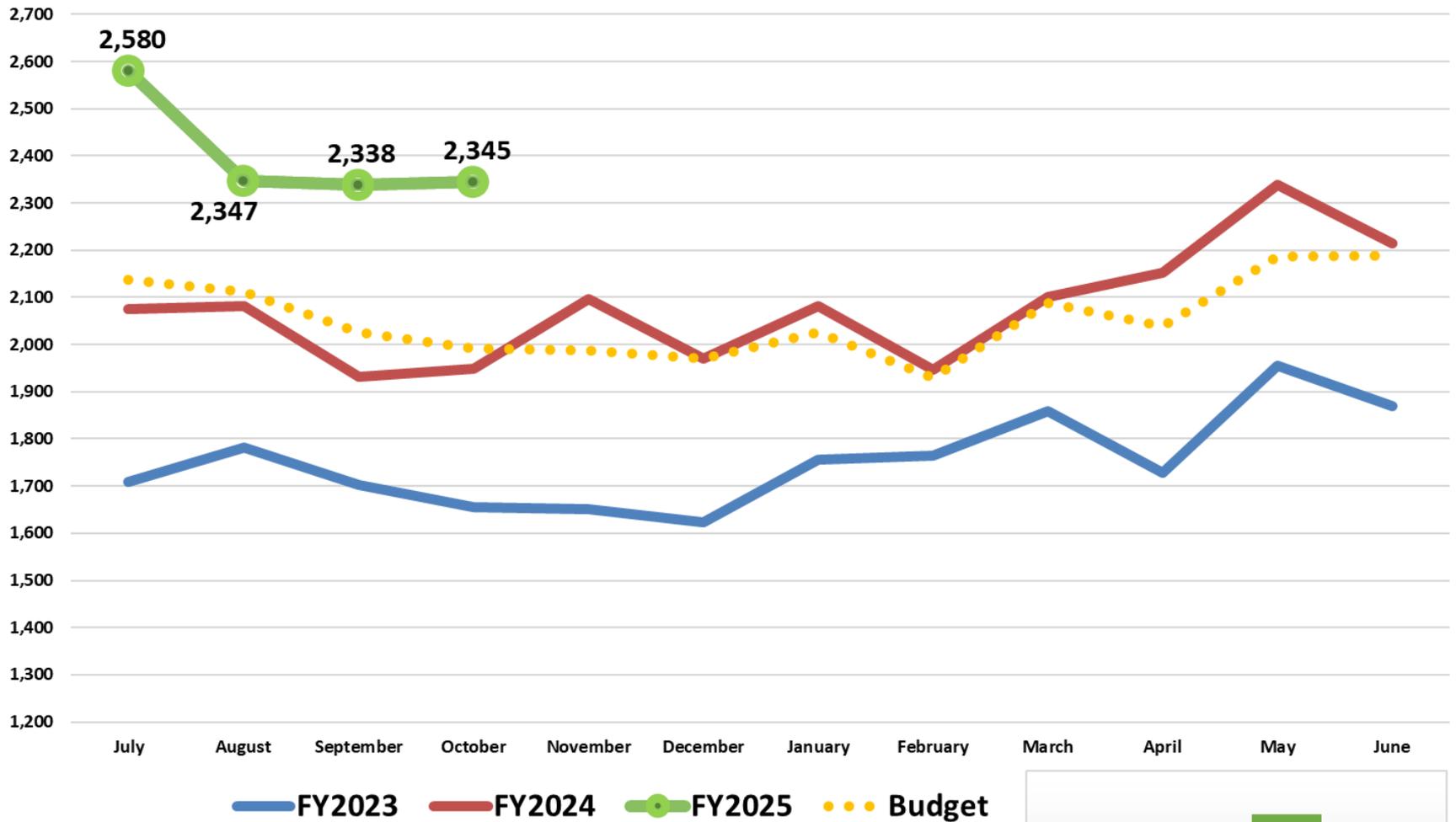
Radiology - Ultrasound - All Areas



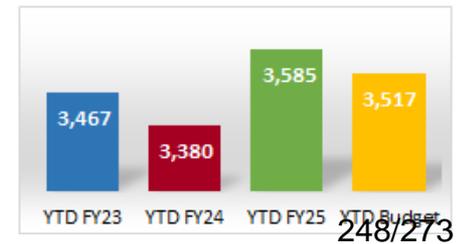
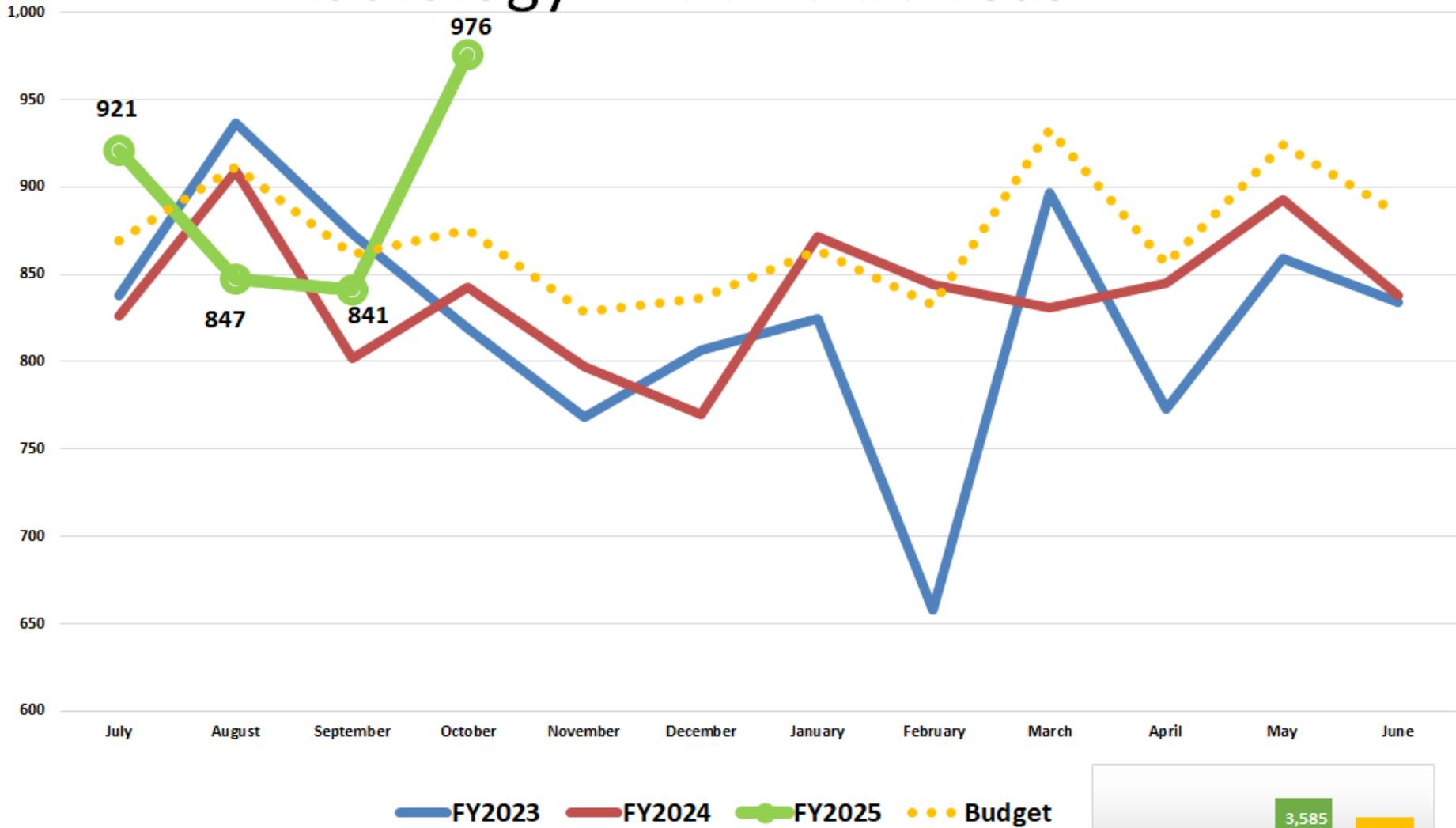
—●— FY2023
 —●— FY2024
 —●— FY2025
 —●— Budget



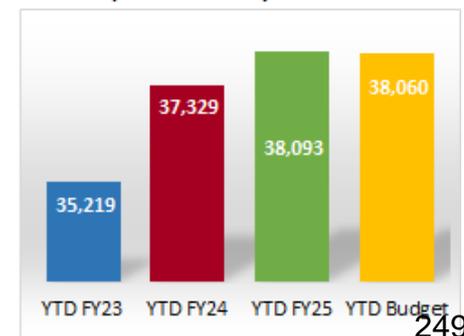
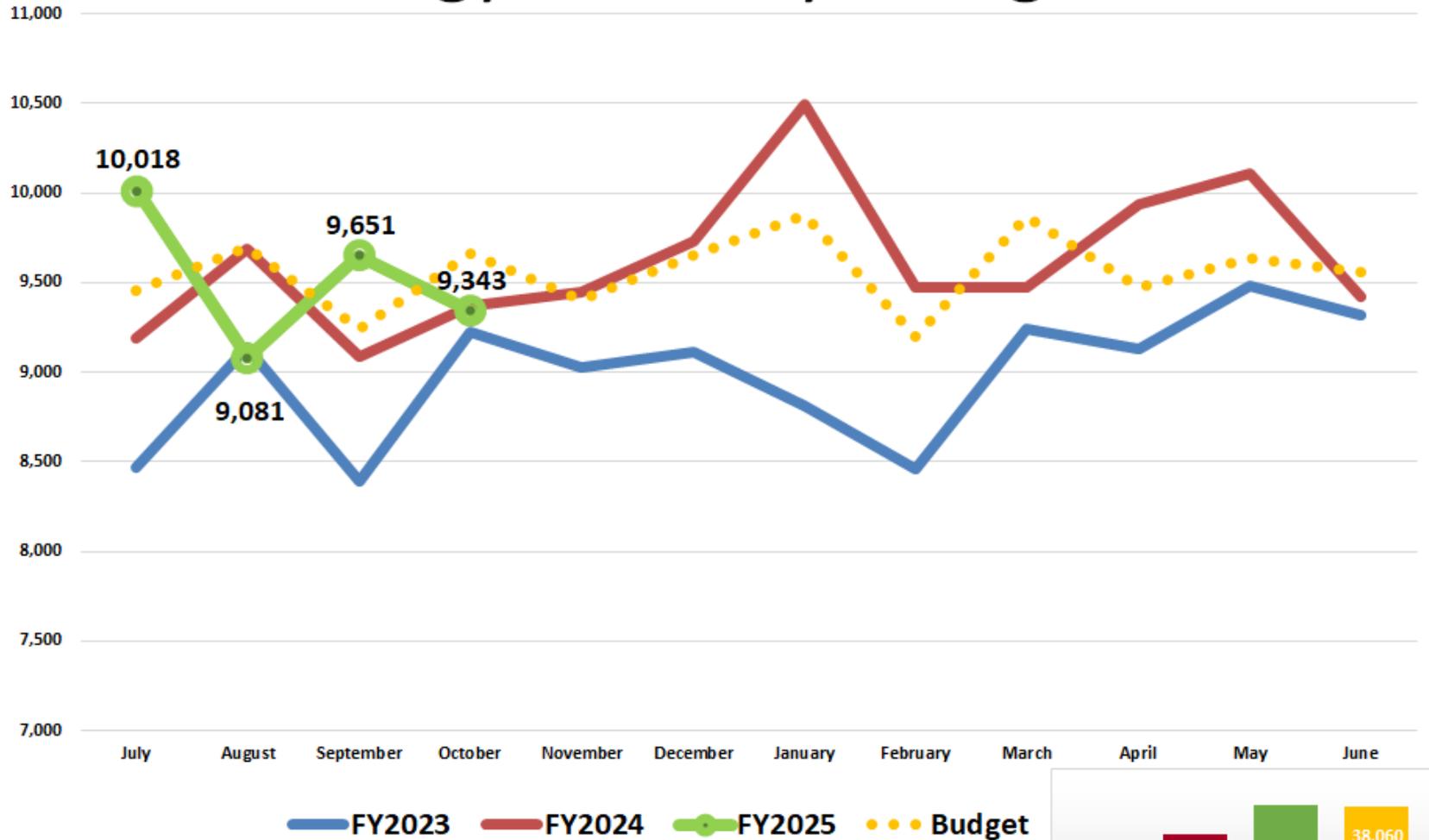
Radiology - Ultrasound - Main Campus



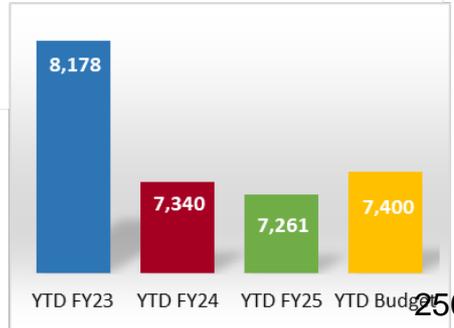
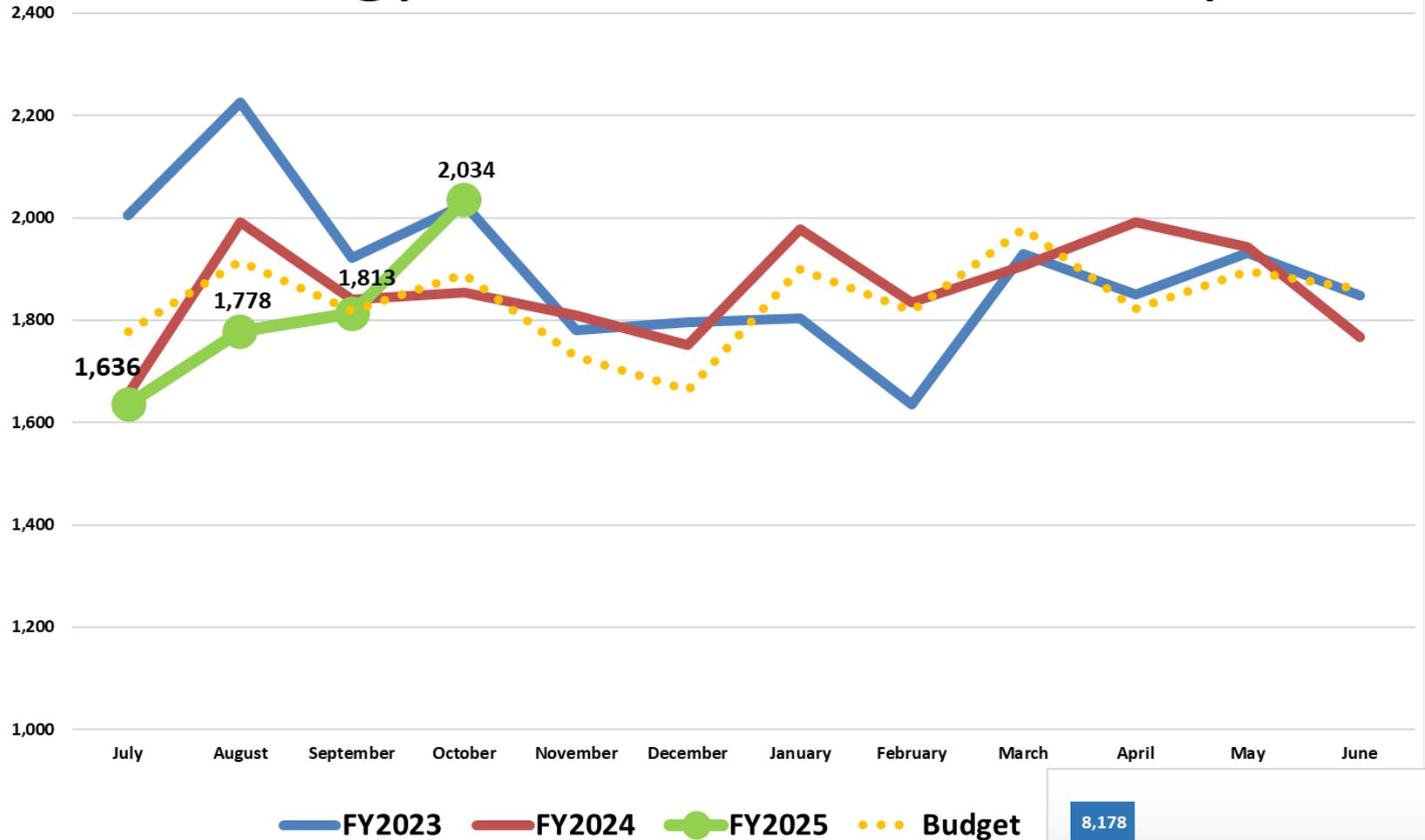
Radiology - MRI - All Areas



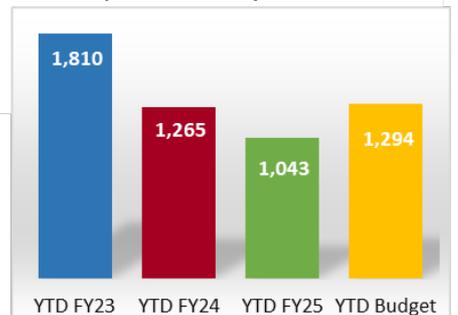
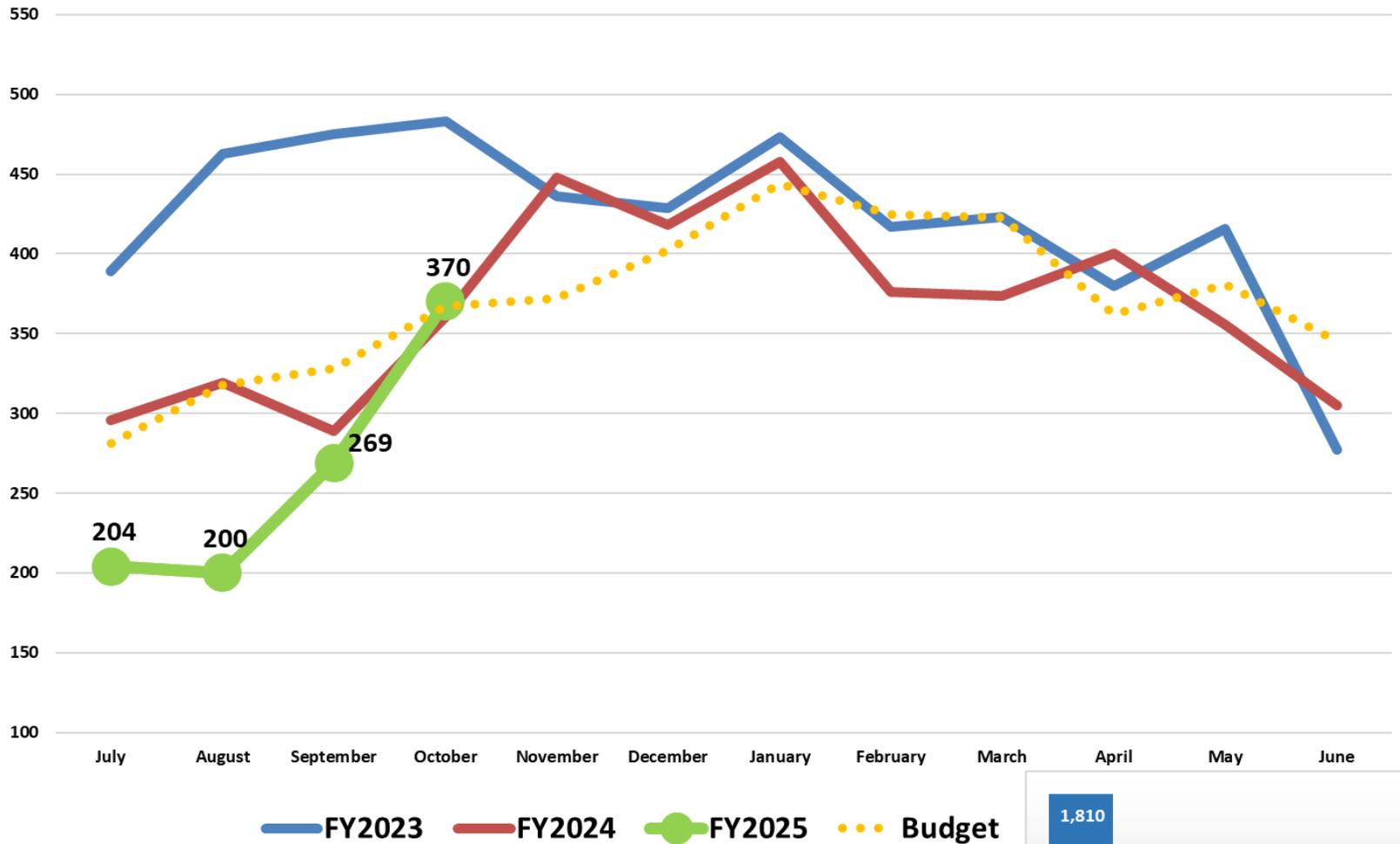
Radiology Modality - Diagnostic



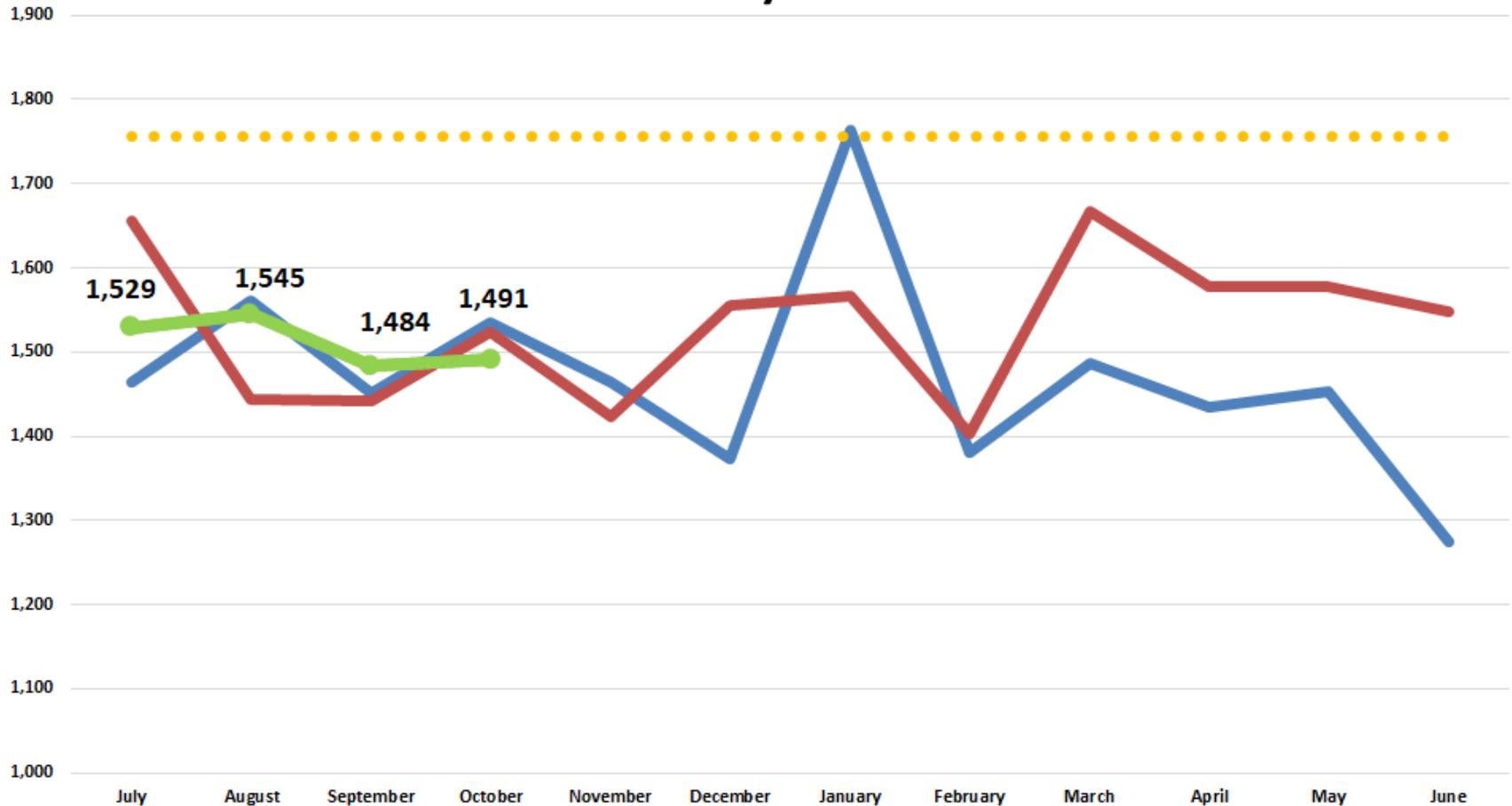
Radiology - UC Court/South Campus



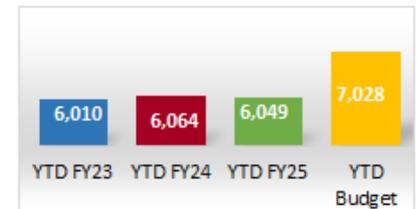
Radiology - UC Demaree/North Campus



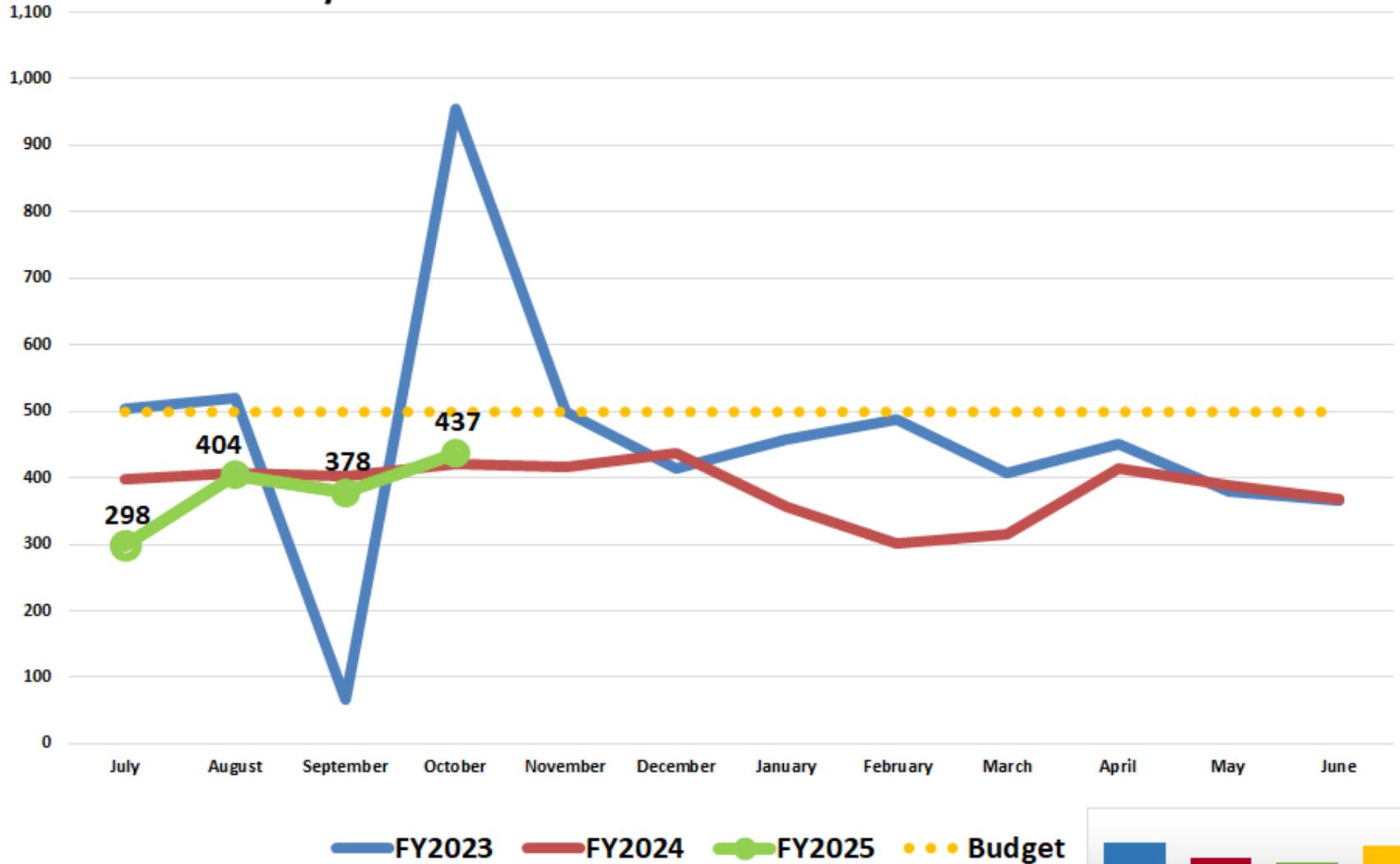
Chronic Dialysis - Visalia



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

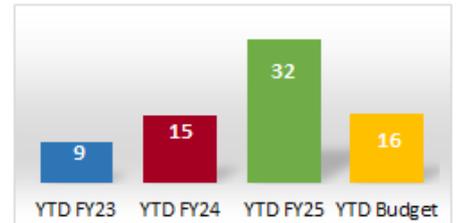
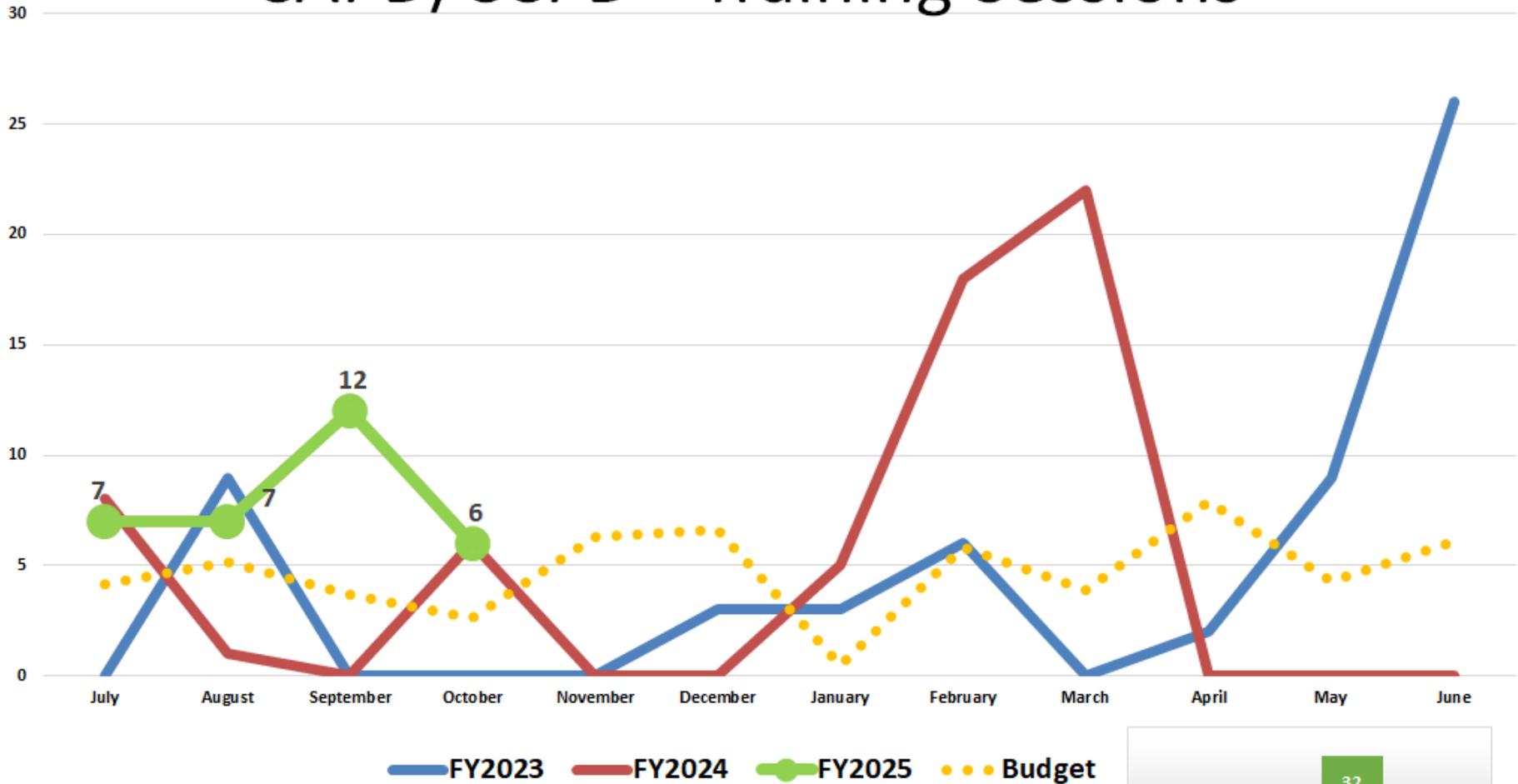


CAPD/CCPD - Maintenance Sessions

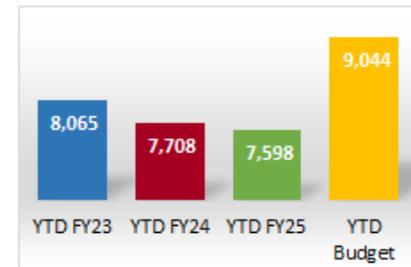
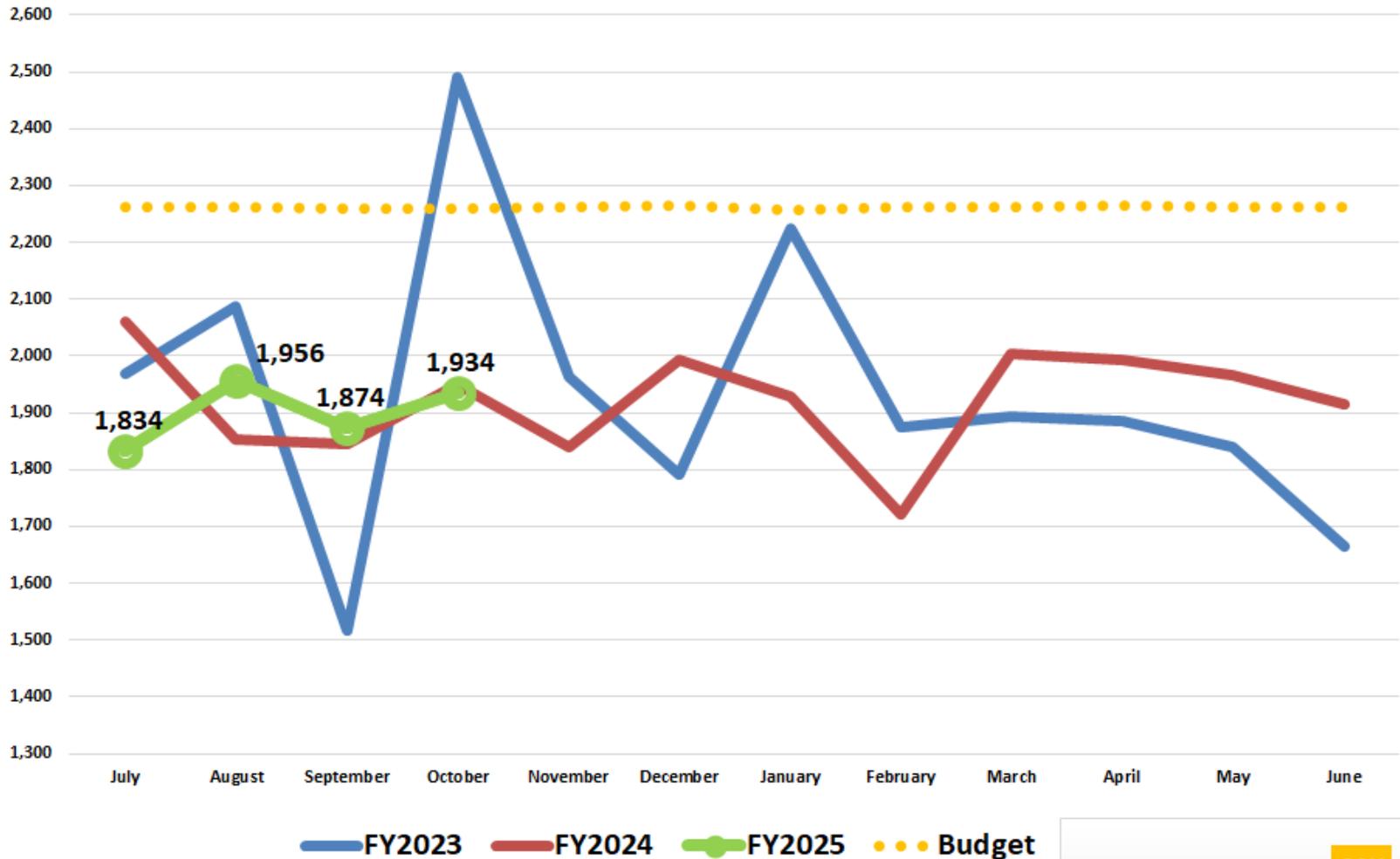


2,046	1,629	1,517	2,000
YTD FY23	YTD FY24	YTD FY25	YTD Budget

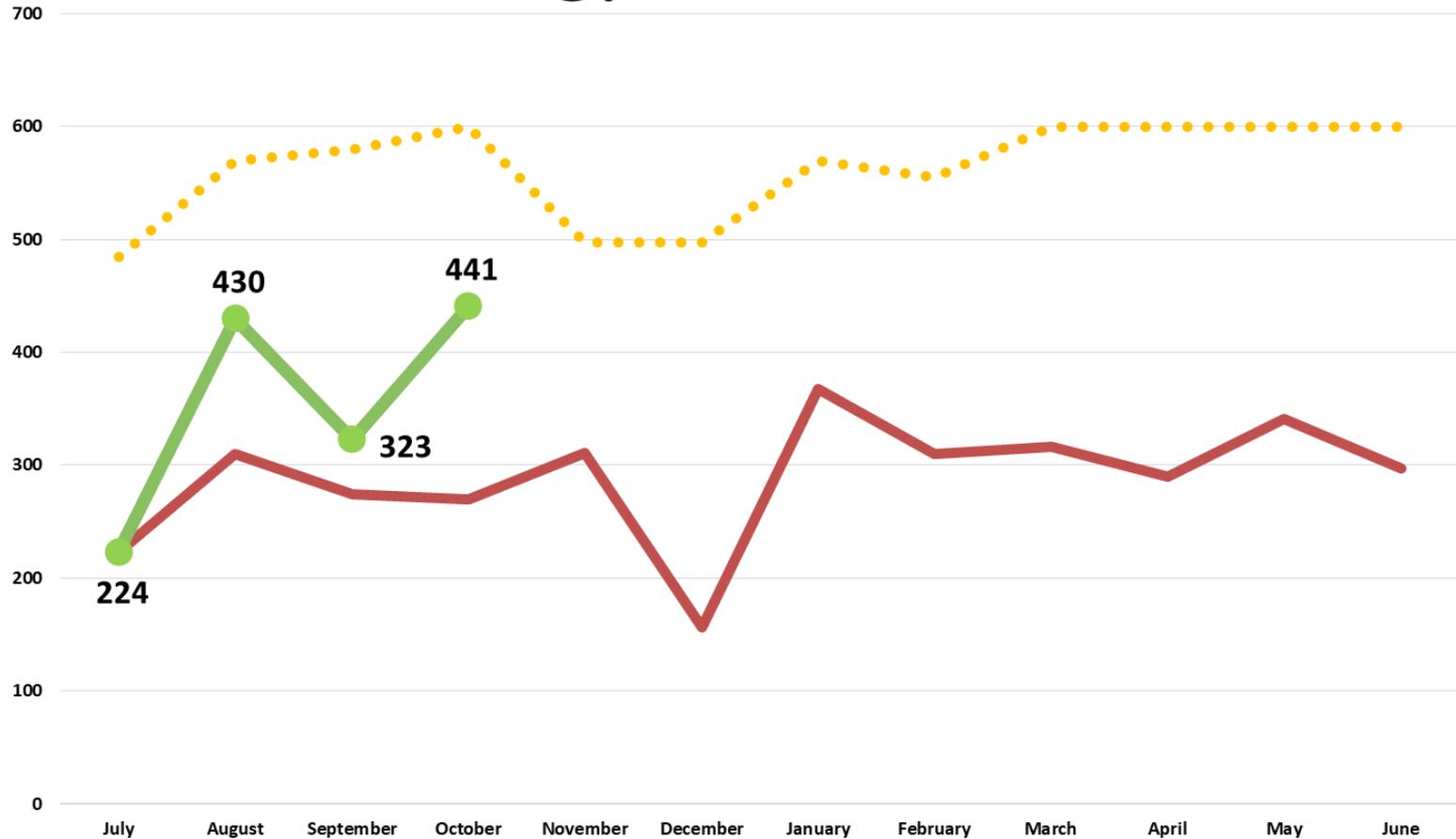
CAPD/CCPD - Training Sessions



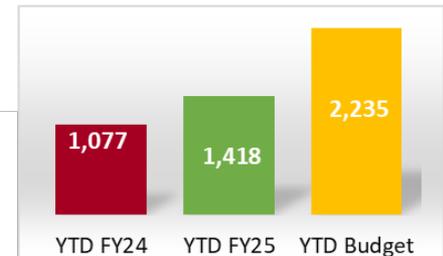
All CAPD & CCPD



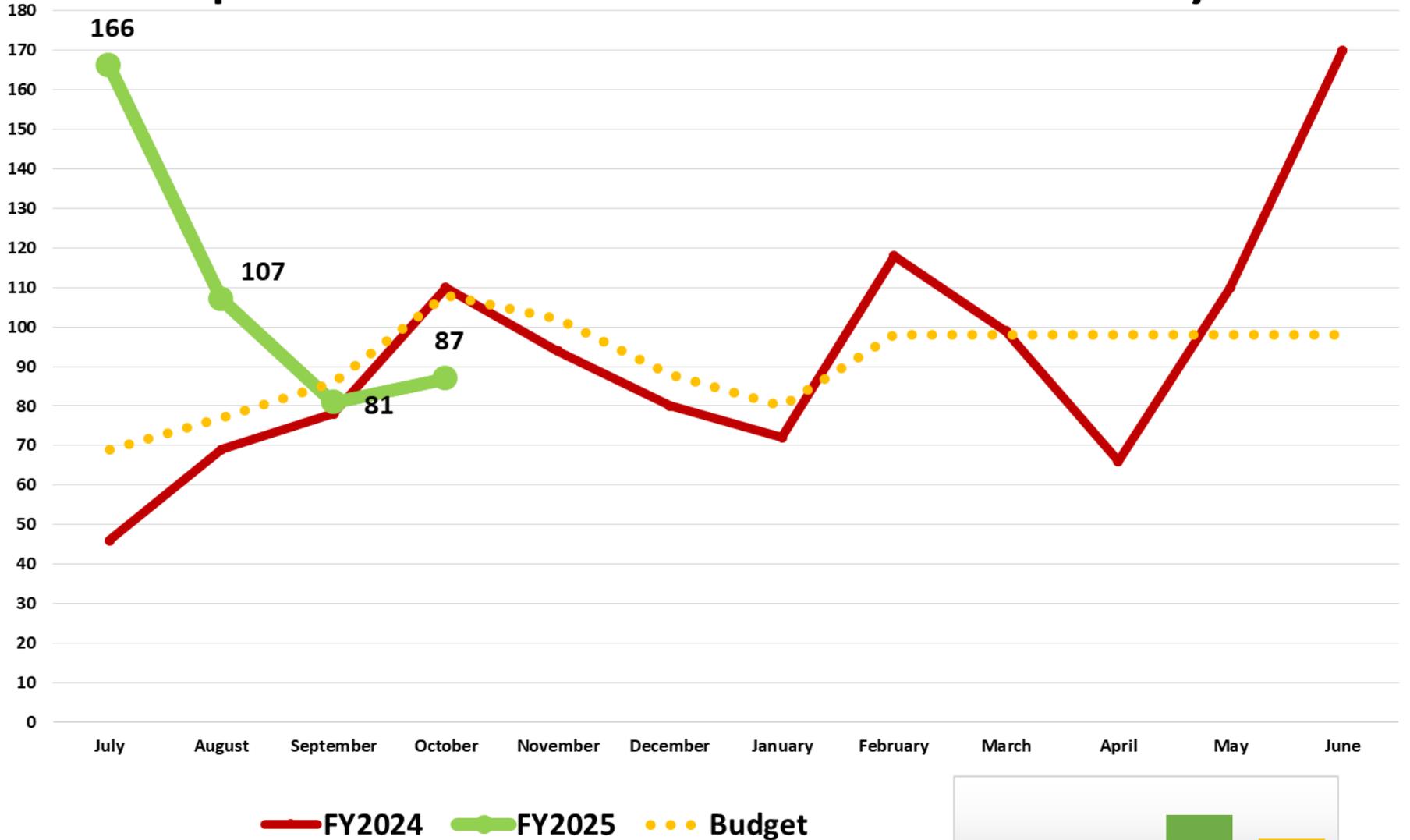
Urology Clinic Visits



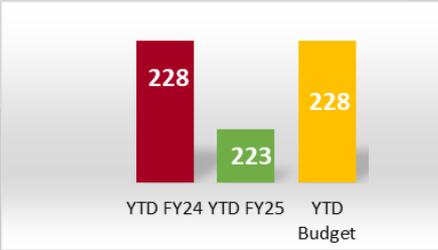
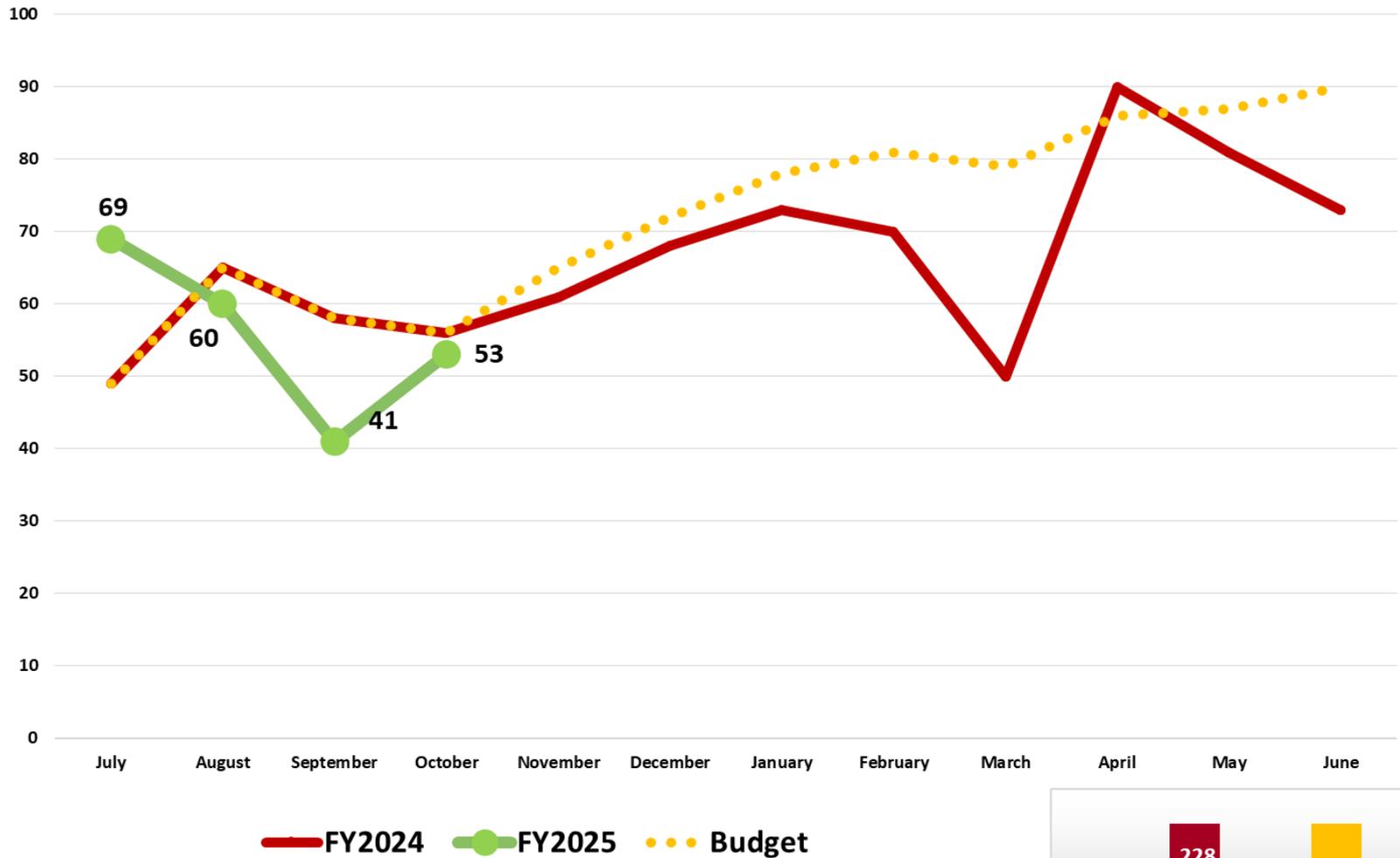
—●— FY2024
 —●— FY2025
 ●●● Budget



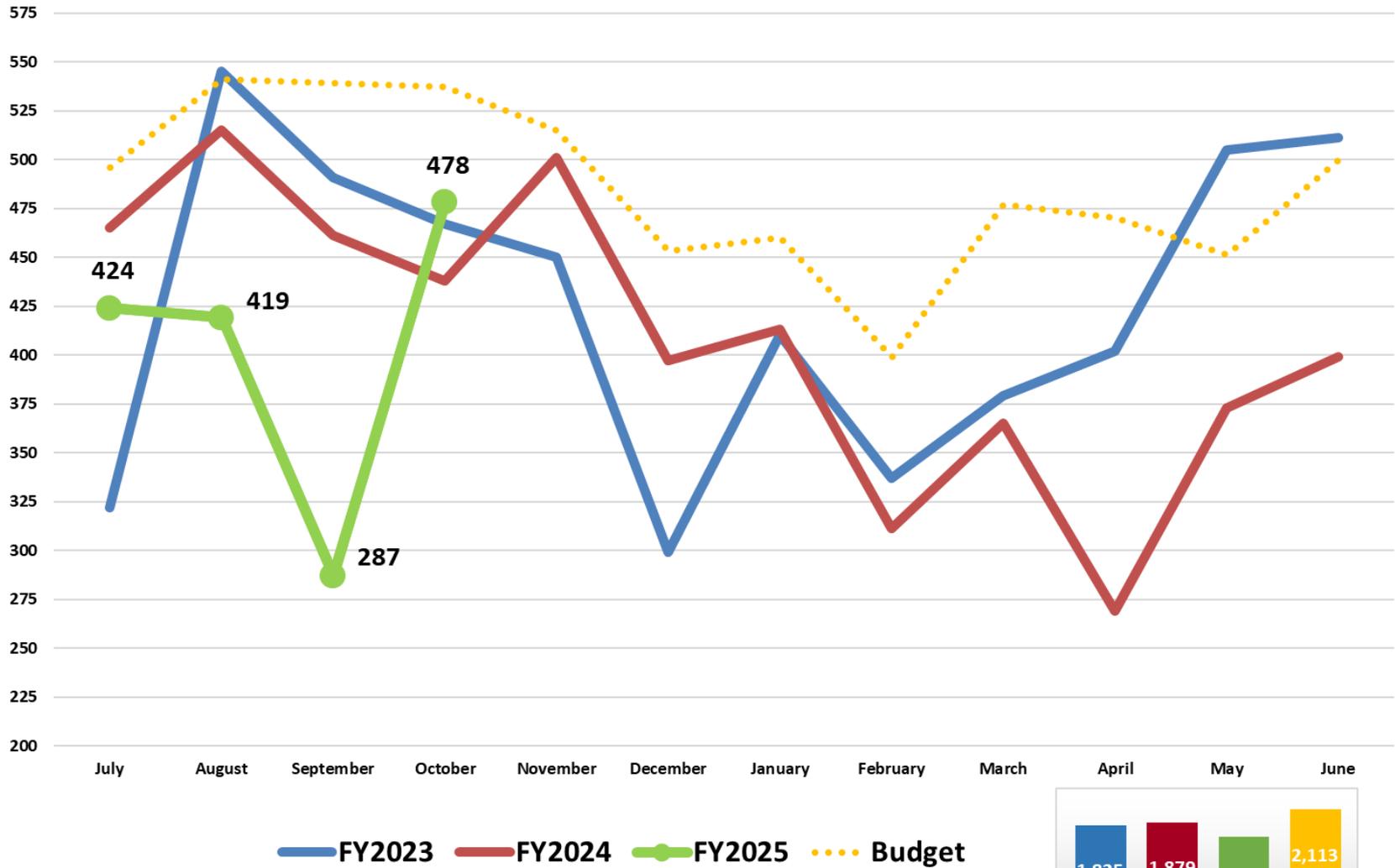
Open Arms House - Patient Days



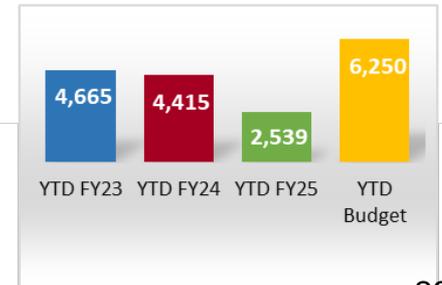
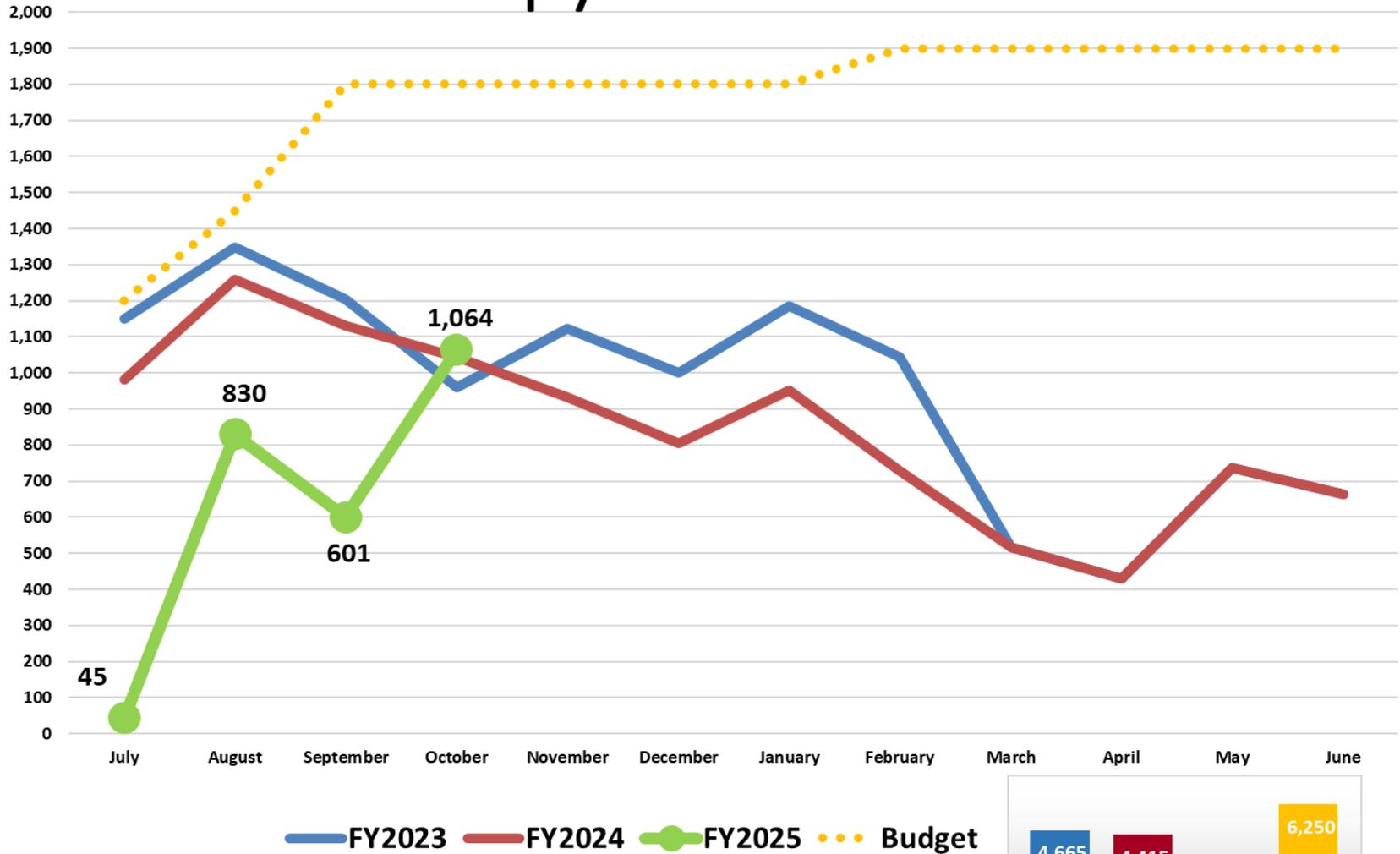
Cardiothoracic Surgery Clinic - Visits



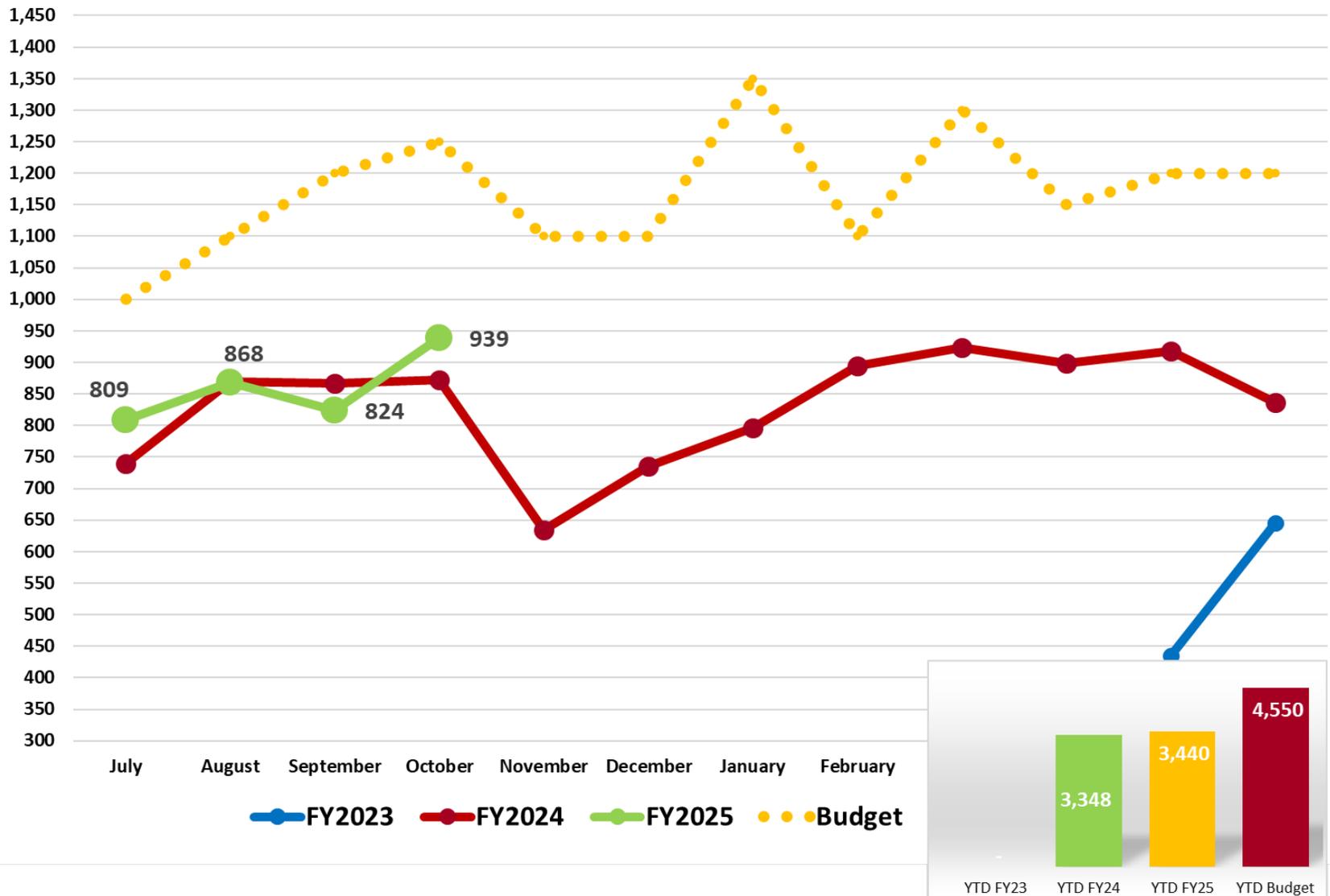
Cardiac Rehabilitation



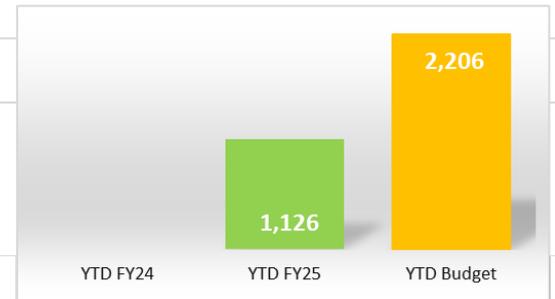
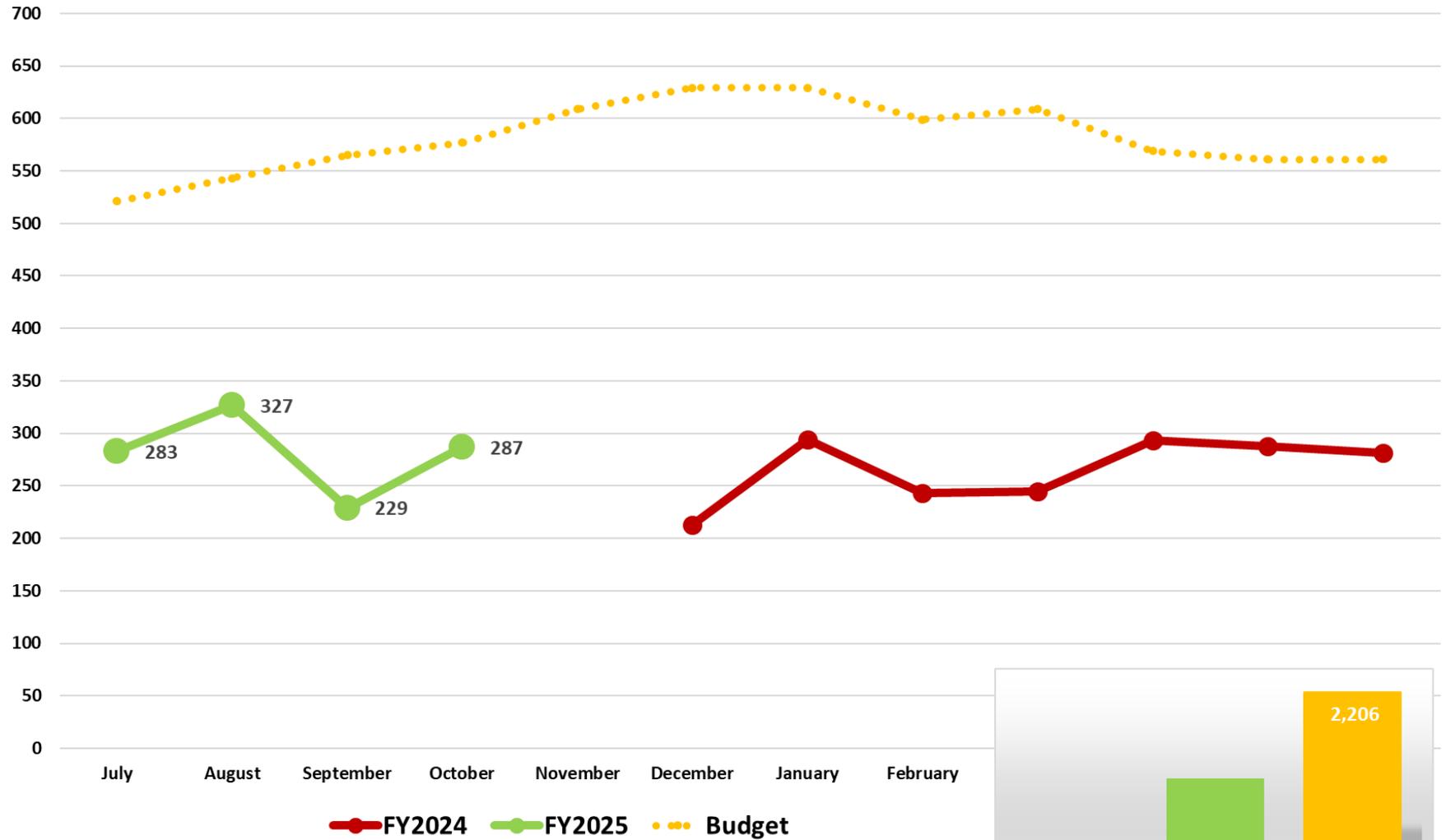
Therapy-Wound Care



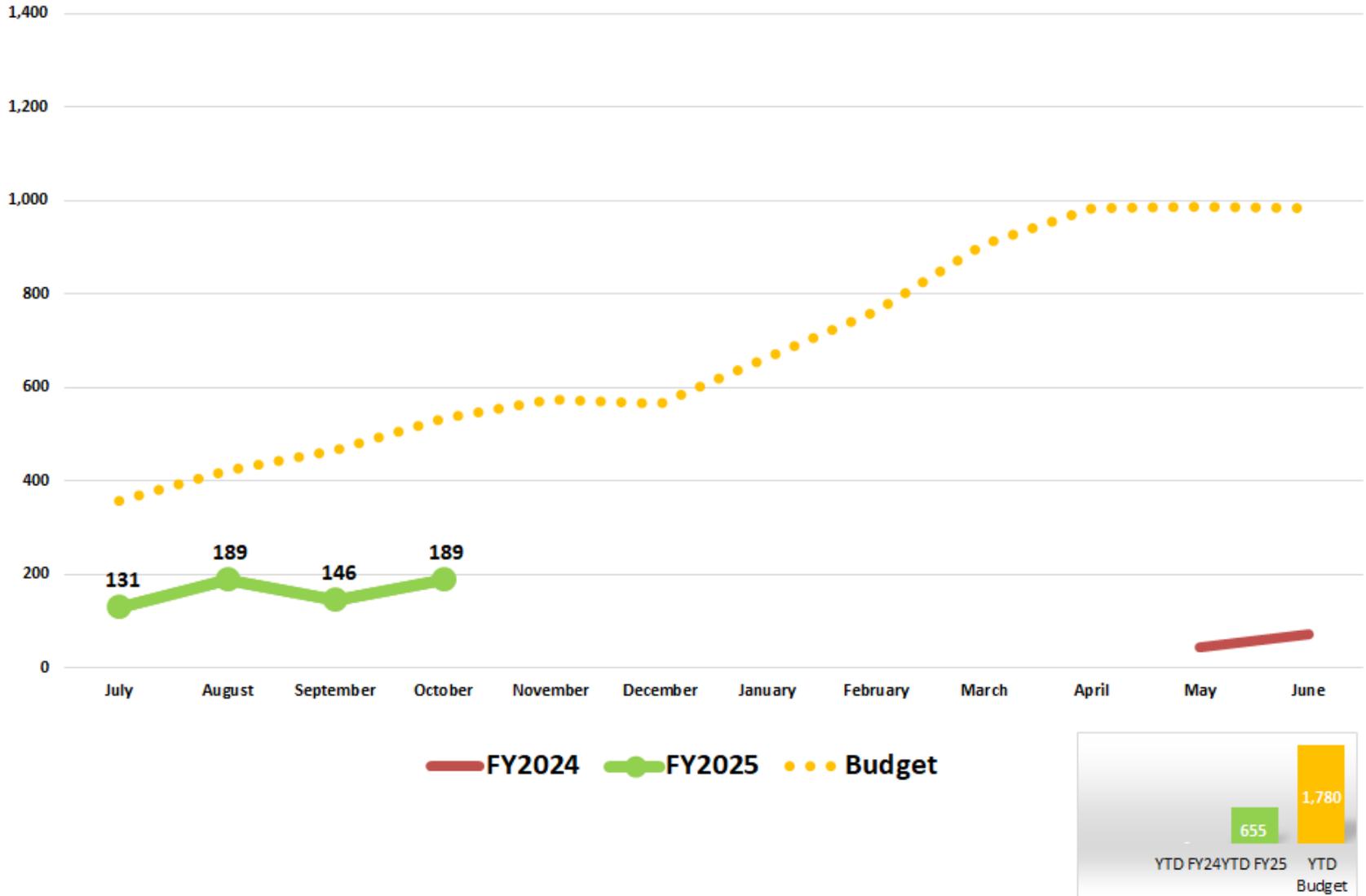
KH Medical Clinic - Ben Maddox



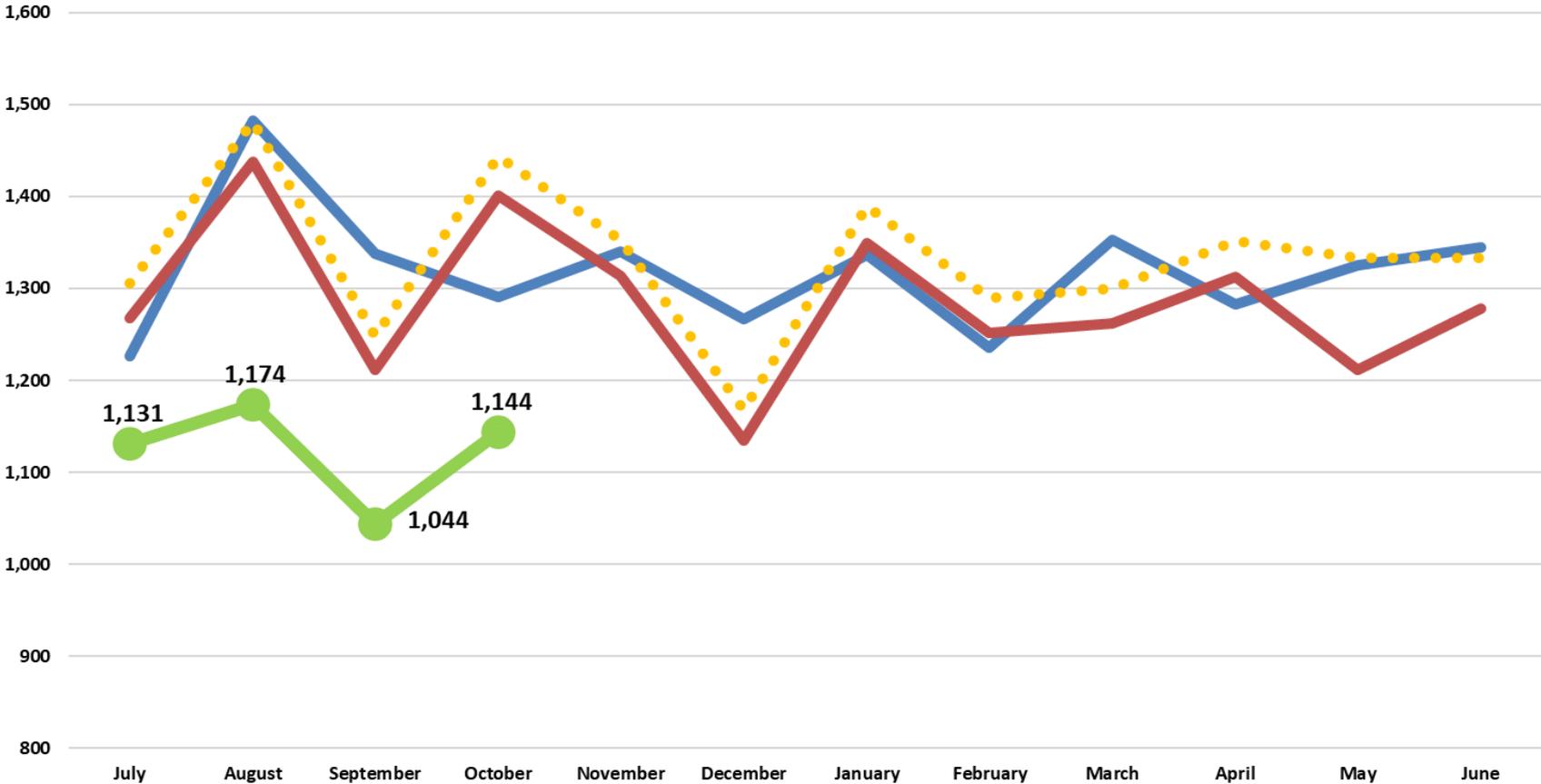
KH Medical Clinic - Plaza



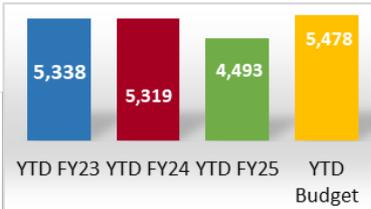
KH Willow Clinic



Medical Oncology



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



Agenda item intentionally omitted