



November 10, 2023

## NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Thursday November 16, 2023: 4:00PM Open Meeting; 4:01PM Closed meeting pursuant to Government Code 54956.9(d)(2), Health and Safety Code 1461, 32155, and 32106 and a 4:45PM Open Meeting.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT  
Mike Olmos, Secretary/Treasurer

A handwritten signature in black ink that reads "Cindy Moccio". The signature is written in a cursive, flowing style.

Cindy Moccio  
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:  
Governing Board  
Legal Counsel  
Executive Team  
Chief of Staff  
[www.kawahhealth.org](http://www.kawahhealth.org)

# KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

**Thursday November 16, 2023**

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

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

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

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

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

- 4.1. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case – *Rachele Berglund, Legal Counsel and Evelyn McEntire, Director of Risk Management*
- 4.2. **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*
- 4.3. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Daniel Hightower, MD, Chief of Staff*
- 4.4. **Report involving trade secrets** {Health and Safety Code 32106} – Discussion will concern a proposed new services/programs – estimated date of disclosure is December 2023 – *Marc Mertz, Chief Strategy Officer, Ryan Gates, Chief Population Health Officer, and Gary Herbst, Chief Executive Officer*
- 4.5. **Approval of the closed meeting minutes** – October 25, 2023.

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

*Action Requested – Approval of the November 16, 2023 closed meeting agenda.*

### **5. ADJOURN**

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*Mike Olmos – Zone 1  
Secretary/Treasurer*

*Lynn Havard Mirviss – Zone 2I  
Vice President*

*Garth Gipson – Zone 3  
Board Member*

*David Francis – Zone 4  
President*

*Ambar Rodriguez – Zone 5  
Board Member*

## CLOSED MEETING AGENDA {4:01PM}

### CALL TO ORDER

1. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case  
*Rachele Berglund, Legal Counsel and Evelyn McEntire, Director of Risk Management*
2. **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*
3. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.  
*Daniel Hightower, MD, Chief of Staff*
4. **REPORT INVOLVING TRADE SECRETS** {Health and Safety Code 32106} – Discussion concerning a proposed new services/programs – estimated disclosure is December 2023.  
*Marc Mertz, Chief Strategy Officer, Ryan Gates, Chief Population Health Officer, and Gary Herbst, Chief Executive Officer*
5. **APPROVAL OF THE CLOSED MEETING MINUTES** – [October 25, 2023](#).  
**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.  
*Action Requested – Approval of the closed meeting minutes – October 25, 2023.*

### ADJOURN

## OPEN MEETING AGENDA {4:45PM}

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

Clerk (Cindy Moccio 559-624-2330) or [cmoccio@kaweahhealth.org](mailto:cmoccio@kaweahhealth.org) to make arrangements to address the Board.

4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the [October 25, 2023](#) open minutes.  
**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.  
*Action Requested – Approval of the October 25, 2023 open meeting minutes.*
6. **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*
7. **CHIEF OF STAFF REPORT** – Report relative to current Medical Staff events and issues.  
*Daniel Hightower, MD, Chief of Staff*
8. **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 16, 2023 Consent Calendar.*

#### 8.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Mental Health Hospital](#)

#### 8.2. POLICIES – ADMINISTRATIVE.

- A. Strategic Plan – [AP.151](#) - Revised
- B. Receiving Personal Items at Kaweah Delta Health Care District - [AP.113](#)- Revised
- C. Encountering ill or injured people on district property – [AP.26](#) – Revised
- D. Subpoenas/Search Warrants served on district records, contract physicians, or patients – [AP21](#) – Revised
- E. Sentinel Event and Adverse Event Response and Reporting – [AP.87](#) – Revised
- F. Suspected child and or elder dependent adult abuse reporting – [AP.66](#) - Revised
- G. Health Care Decisions for Unrepresented Patients – AP.145 – Reviewed

8.3. [Approval of notice](#) of granting of application for leave to present late claim for Marty Potts and Deanna Potts and approval of notice of rejection of claim of Marty Potts and Deanna Potts.

8.4. MEDICAL EXECUTIVE COMMITTEE - NOVEMBER 2023

A. [Privilege Form – Nurse Practitioner / Physician Assistant](#)

B. [Resolution 2207](#) – A resolution of the Board of Directors of Kaweah Delta Health Care District regarding professional liability/medical malpractice insurance requirements for all members of the medical staff and advanced practice provider staff.

9. [QUALITY – Diabetes Committee Report](#) – A review of key quality measures and action plans related to the care of in-patients with diabetes.

*Emma Camarena DNP, RN, ACCNS-AG, CCRN, Director of Nursing Practice and Cody Ericsson, RN – Advanced Practice Nurse*

10. [STRATEGIC PLANNING – Empower Through Education](#) - Detailed review of Strategic Plan Initiative.

*Lori Winston, MD, Chief Medical Education Officer and Hannah Mitchell, Director of Organizational Development*

11. [WAYFINDING SURVEY](#) – Report relative to a community engagement wayfinding survey.

*Marc Mertz, Chief Strategy Officer and Deborah Volosin, Director of Community Engagement*

12. **PROVIDER NEEDS ASSESSMENT** – Board action requested relative to the Kaweah Health physician recruitment annual physician recruitment plan – based on the Provider Needs Assessment for Kaweah Health Medical Center.

*Marc Mertz, Chief Strategy Officer and J.C. Palermo, Director Physician Recruitment and Relations*

*Recommended Action: Having reviewed and analyzed the Provider Needs Assessment conducted by Zephyr Healthcare Advisors in 2023, which includes a specific list of the needed physician specialties for 2023 and 2024 in communities served by the District “Needed Physician Specialties,” the Board hereby finds that it will be in the best interests of the public health of the communities served by the District to have the District provide appropriate assistance in order to obtain licensed physicians and surgeons in the Needed Physician Specialties to practice in the communities served by the District. Therefore, the Board authorizes the District to provide the types of assistance authorized by Cal. Health & Safety Code §32121.3, to obtain licensed physicians and surgeons in the Needed Physician Specialties to practice in the communities served by the District.*

13. **FINANCIALS** – Review of the most current fiscal year financial results.  
*Malinda Tupper – Chief Financial Officer Chief Financial Officer*
  
14. **KAWEAH HEALTH BOARD OF DIRECTORS – ZONE III** – Discussion relative to options for filling the Zone III Kaweah Delta Health Care District Board seat.  
*Board of Directors & Legal Counsel*
  
15. **REPORTS**
  - 15.1. **Chief Executive Officer Report** - Report relative to current events and issues.  
*Gary Herbst, Chief Executive Officer*
  - 15.2. **Board President** - Report relative to current events and issues.  
*David Francis, Board President*
  
16. **APPROVAL OF THE CLOSED AGENDA**
  - 16.1. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case – *Rachele Berglund, Legal Counsel and Gary Herbst, Chief Executive Officer*
  
17. **ADJOURN**

## CLOSED MEETING AGENDA

1. **CALL TO ORDER**
  
2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case  
*Rachele Berglund, Legal Counsel and Gary Herbst, Chief Executive Officer*
  
3. **ADJOURN**

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

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**BOARD OF DIRECTORS MEETING**

**THURSDAY NOVEMBER 16, 2023**

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**KDHCD - BOARD OF DIRECTORS MEETING**

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY OCTOBER 25, 2023 AT 4:00PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Havard Mirviss, Rodriguez & Olmos; D. Blume, MD, Secretary/Treasurer of the Medical Executive, K. Noeske, CNO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer D. Cox, Chief Human Resources Officer, T. Gray, MD CMO/CQO; R. Berglund, Legal Counsel; and C. Moccio recording

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

Director Francis entertained a motion to approve the agenda.

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

**PUBLIC PARTICIPATION** – None

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

- **Conference with Legal Counsel** – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) – *Rachele Berglund, Legal Counsel and Evelyn McEntire, Director of Risk Management*
  - A. Martinez (Santillian) v KDHCDC Case # VCU279163
  - B. Stanger v Visalia Medical Center Case # VCU284760
  - C. Whaley v KDHCDC Case # VCU288850
  - D. Franks v KDHCDC Case #VCU290542
  - E. Burns-Nunez v KDHCDC Case# VCU293109
  - F. Oney v KDHCDC Case # VCU293813
  - G. Parnell v Kaweah Health Case # VCU292139
  - H. Benton v KDHCDC Case # VCU295014
  - I. Cano v KDHCDC Case # VCU300701
  - J. Gabbard v KDHCDC Case # VCU297787
  - K. Gress v KDHCDC Case # VCU294286
  - L. Kingsbury v KDHCDC Case # 299220
  - M. Newport v KDHCDC Case # VCU295708
  - N. Olivares v KDHCDC Case # VCU298480
  - O. Rice v KDHCDC Case # 295620
  - P. Vanni v KDHCDC Case # VCU299235
  - Q. S. Vasquez v KDHCDC Case # VCU294513
  - R. M. Vasquez v KDHCDC Case # VCU297964
  - S. Williams v KDHCDC Case # VCU298276
  - T. Borba v KDHCDC Case # VCU301816
  - U. Zamudio v KDHCDC Case # 302284

- **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case – *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee —*Evelyn McEntire, Director of Risk Management*
- **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*
- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Daniel Hightower, MD, Chief of Staff*
- **Approval of the closed meeting minutes** – September 12, 27 and October 6, 2023.

**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board – No public present. *MMSC (Gipson/Havard Mirviss) to approve the October 25, 2023 closed agenda. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Gipson, and Francis*

**ADJOURN** - Meeting was adjourned at 4:01PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY OCTOBER 25, 2023 AT 5:00PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Havard Mirviss, Rodriguez & Olmos; D. Blume, MD, Secretary/Treasurer of the Medical Executive, K. Noeske, CNO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer D. Cox, Chief Human Resources Officer, T. Gray, MD CMO/CQO; R. Berglund, Legal Counsel; and C. Moccio recording

The meeting was called to order at 5:00PM by Director Francis.

Director Francis asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – No comments.

**CLOSED SESSION ACTION TAKEN:** Approval the closed minutes from September 12, 27 and October 6, 2023.

**OPEN MINUTES** – Request approval of the open meeting minutes from September 12, 27 and October 6, 2023.

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

*MMSC (Havard Mirviss/Gipson) to approve the open minutes from June 28, 2023. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Gipson, and Francis*

**RECOGNITIONS**

Presentation of Resolution 2205 to Michelle Wilson, in recognition as the Kaweah Health World Class Employee of the month – September 2023.

Presentation of Resolution 2206 to David Marks, in recognition as the Kaweah Health World Class Employee of the month – October 2023.

**NEW DIRECTOR:** Meredith Alvarado, Assistant Director of Rural Health Clinics

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

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

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

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

**CHIEF OF STAFF REPORT** – Report relative to current Medical Staff events and issues – *D. Blume, MD, Secretary/Treasurer of the Medical Executive*

- No Report.

**ANNUAL AUDITED FINANCIAL STATEMENT** – Report to Board from Moss Adams relative to the annual audited financial statement for fiscal year 2023 (copy attached to the original of these minutes and considered a part thereof).

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

*MMSC (Gipson/Olmos) to approve the 2023 Annual Audited Financial Statement. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Gipson, and Francis*

**CONSENT CALENDAR** – Director Francis entertained a motion to approve the October 25, 2023 consent calendar with the removal of item 11.3 {ACS Board Support of Level III Trauma Center}.

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

*MMSC (Havard Mirviss/Rodriguez) to approve the October 25, 2023 consent calendar with the removal of item 11.3 {ACS Board Support of Level III Trauma Center} (copy attached to the original of these minutes and considered a part thereof). This was supported unanimously by present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Gipson, and Francis*

**11.3 {ACS Board Support of Level III Trauma Center}** – Director Francis requested clarification relative to the requested approval. Discussion regarding the Districts current Trauma Center status (Level III). The support of the Board is needed by the surveyors who will be coming early next year.

*MMSC (Havard Mirviss/Gipson) to approve consent calendar item 11.3 {ACS Board Support of Level III Trauma Center} (copy attached to the original of these minutes and considered a part thereof). This was supported unanimously by present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Gipson, and Francis*

**QUALITY – SEPSIS** – Update on process and outcome quality metrics associated with the care of the septic population and improvement action plans (copy attached to the original of these minutes and considered a part thereof) - *Erika Pineda, BSN, RN, PHN, CPHQ, Quality Improvement Manager, LaMar Mack, MD, Quality and Patient Safety Medical Director.*

**STRATEGIC PLANNING** – Ideal Work Environment - Detailed review of Strategic Plan Initiative (copy attached to the original of these minutes and considered a part thereof) - *Dianne Cox, Chief Human Resources Officer; Brittany Taylor, Director of Human Resources; Raleen Larez, Director of Employee Relations and Engagement; Hannah Mitchell, Director of Organizational Development; Jamie Morales, Director of Talent Acquisition.*

**RUTH WOODS OPEN ARMS** – Service line status update following first year of service (copy attached to the original of these minutes and considered a part thereof) - *Tiffany Bullock, RN, Director and Jag Batth, PT, Chief Operating 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*

- Tomorrow we have the opening conference for the CARF survey at the Kaweah Health Rehabilitation Hospital.
- Norm Sharrer symposium last evening – Palliative care and end of life care.
- SB525 will have a profound impact on California hospitals and all aspects of healthcare. We are currently doing a lot of analysis so that we can form our strategies relative to these changes.

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

- No Report.

**ADJOURN** - Meeting was adjourned at 7:07PM.



**Physician Recruitment and Relations**

*Medical Staff Recruitment Report - November 2023*

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

Date prepared: 11/7/2023

| Central Valley Critical Care Medicine |   |
|---------------------------------------|---|
| Intensivist                           | 1 |
| Step-Down Hospitalist                 | 2 |

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

| Key Medical Associates            |   |
|-----------------------------------|---|
| Endocrinology                     | 1 |
| Family Medicine/Internal Medicine | 4 |
| Gastroenterology                  | 1 |
| Pediatrics                        | 1 |
| Pulmonology                       | 1 |
| Rheumatology                      | 1 |

| Sequoia Oncology Medical Associates Inc. |   |
|--|---|
| Hematology/Oncology                      | 1 |

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

| Stanford Health Care   |   |
|------------------------|---|
| Cardiothoracic Surgery | 2 |

| Sequoia Cardiology Medical Group |   |
|----------------------------------|---|
| EP Cardiology                    | 1 |

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

| USC Urology |   |
|-------------|---|
| Urology     | 3 |

| Valley Hospitalist Medical Group |   |
|----------------------------------|---|
| GI Hospitalist                   | 1 |

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

| Valley ENT     |   |
|----------------|---|
| Audiology      | 1 |
| Otolaryngology | 1 |

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

| Candidate Activity | #  | Specialty                 | Group                                      | Date Added             | Current Status                                    |
|--------------------|----|---------------------------|--|------------------------|---|
|                    | 1  | Cariothoracic Surgery     | Stanford                                   | 11/7/2023              | Site Visit: Pending                               |
|                    | 2  | OB/GYN                    | TBD  | 11/4/2023              | Currently under review                            |
|                    | 3  | ENT                       | TBD  | 11/1/2023              | Currently under review                            |
|                    | 4  | General Cardiology        | TBD  | 11/1/2023              | Currently under review                            |
|                    | 5  | Cariothoracic Surgery     | Stanford                                   | 10/18/2023             | Site Visit: 12/11/23                              |
|                    | 6  | Pulmonology               | TBD  | 10/15/2023             | Currently under review                            |
|                    | 7  | Radiation Oncology        | TBD  | 10/12/2023             | Site Visit: 11/29/23                              |
|                    | 8  | Radiation Oncology        | TBD  | 10/12/2023             | Site Visit: 12/8/23                               |
|                    | 9  | Orthopedic Sports/General | Orthopaedic Associates Medical Clinic, inc | 10/9/2023              | Currently under review                            |
|                    | 10 | Family Medicine           | Direct/1099                                | 9/25/2023              | Preparing Offer                                   |
|                    | 11 | Gastroenterology          | TBD  | 9/25/2023              | Currently under review - Not available until 2025 |
|                    | 12 | Family Medicine           | TBD  | 9/22/2023              | Site Visit: 10/23/23                              |
| 13                 | EP | TBD                       | 9/11/2023                                  | Currently under review |   |

| Candidate Activity | #  | Specialty             | Group                                 | Date Added | Current Status         |
|--------------------|----|-----------------------|---------------------------------------|------------|------------------------|
|                    | 14 | EP                    | TBD                                   | 9/8/2023   | Currently under review |
|                    | 15 | Neurology             | Kaweah Delta Neurology                | 8/11/2023  | Preparing Offer        |
|                    | 16 | Pediatric Hospitalist | Valley Children's                     | 8/1/2023   | Site Visit: 10/2023    |
|                    | 17 | Intensivist           | Central Valley Critical Care Medicine | 7/17/2023  | Currently under review |
|                    | 18 | Hospitalist           | Central Valley Critical Care Medicine | 7/17/2023  | Currently under review |
|                    | 19 | Hospitalist           | Central Valley Critical Care Medicine | 7/17/2023  | Currently under review |
|                    | 20 | Gastroenterology      | TBD                                   | 6/21/2023  | Currently under review |
|                    | 21 | Adult Psychiatry      | Key Medical                           | 6/21/2023  | Site Visit: 9/19/23    |
|                    | 22 | Family Medicine       | TBD                                   | 6/21/2023  | Currently under review |
|                    | 23 | Family Medicine       | TBD                                   | 6/21/2023  | Currently under review |
|                    |    |                       |                                       |            |                        |
|                    |    |                       |                                       |            |                        |



Kaweah Health Medical Center

# FY 2024 Strategic Plan

## Monthly Performance Report

November 16, 2023



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

## Kaweah Health Strategic Plan: Fiscal Year 2024

### Our Mission

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

### Our Vision

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

### Our Pillars

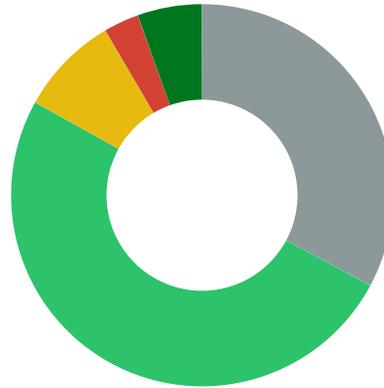
Achieve outstanding community health.  
 Deliver excellent service.  
 Provide an ideal work environment.  
 Empower through education.  
 Maintain financial strength.

### Our Six Initiatives

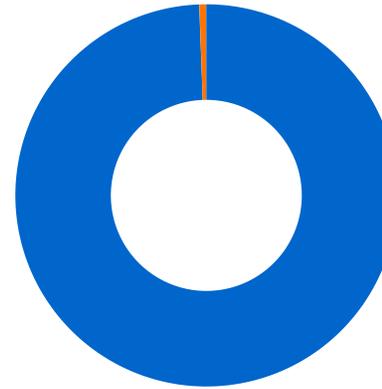
Empower Through Education  
 Ideal Work Environment  
 Strategic Growth and Innovation  
 Organizational Efficiency and Effectiveness  
 Outstanding Health Outcomes  
 Patient Experience and Community Engagement

### Kaweah Health Strategic Plan FY2024 Overview

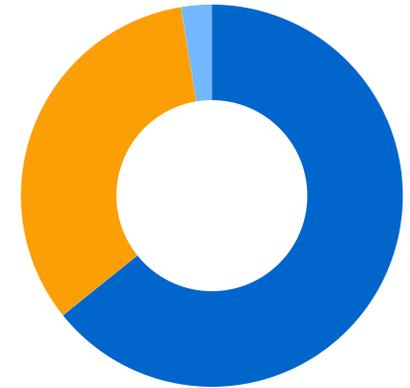
Statuses



Due Dates



Progress Updates



|             |           |
|-------------|-----------|
| Not Started | 66 (33%)  |
| On Track    | 101 (50%) |
| Off Track   | 17 (8%)   |
| At Risk     | 6 (3%)    |
| Achieved    | 11 (5%)   |

|              |           |
|--------------|-----------|
| Not Past Due | 172 (99%) |
| Past Due     | 1 (1%)    |

|            |           |
|------------|-----------|
| Up-to-Date | 124 (64%) |
| Late       | 64 (33%)  |
| Pending    | 5 (3%)    |

### Empower Through Education

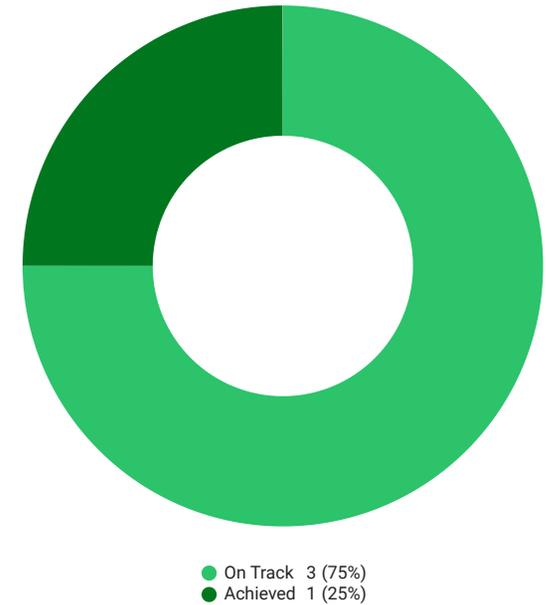
Champions: Dr. Lori Winston and Hannah Mitchell

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

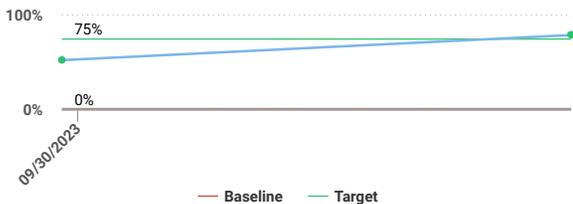
FY2024 Strategic Plan - Empower Through Education Strategies

| #   | Name  | Description  | Status   | Assigned To     | Last Comment   |
|-----|---|--|----------|-----------------|--|
| 1.1 | Expand Online Learning Opportunities and Participation      | Increase and optimize existing and new educational opportunities and platforms to support on line and computer based learning.             | On Track | Hannah Mitchell | While work is underway, the metrics related to this initiative are reporting on a quarterly basis. |
| 1.2 | Increase the Use of and Exposure to Simulation in Education | Develop and implement strategies to expand exposure to the SIM Lab and simulation concepts in training and education.                      | On Track | Kimberly Sokol  | While work is underway, the metrics related to this initiative are reporting on a quarterly basis. |
| 1.3 | Expand Educational Opportunities for External Learners      | Include external learners in existing and new training and educational opportunities.  | Achieved | Kimberly Sokol  | While work is underway, the metrics related to this initiative are reporting on a quarterly basis. |
| 1.4 | Improve Leadership Development and Education                | Develop new and enhance existing educational and training opportunities for existing and emerging Kaweah Health and Medical Staff leaders. | On Track | Hannah Mitchell | While work is underway, the metrics related to this initiative are reporting on a quarterly basis. |

Objectives and Outcomes



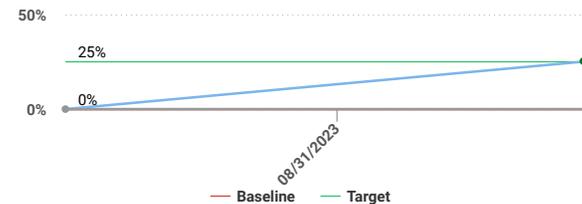
Automate the Week One Onboarding and Orientation Competencies for Patient Care Staff



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



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



### Ideal Work Environment

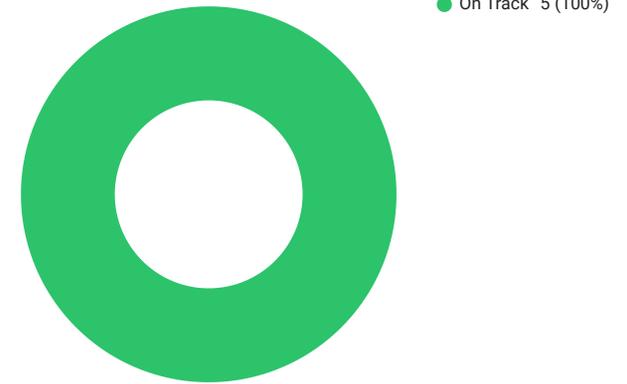
Champions: Dianne Cox and Raleen Larez

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

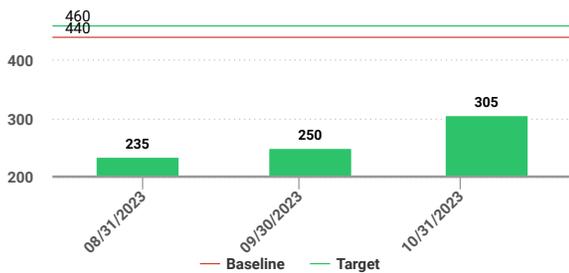
FY2024 Strategic Plan - Ideal Work Environment Strategies

| #   | Name                                  | Description   | Status   | Assigned To  | Last Comment   |
|-----|---------------------------------------|---|----------|--------------|--|
| 2.2 | Ideal Practice Environment            | Ensure a practice environment that is friendly and engaging for providers, free of practice barriers.   | On Track | Lori Winston | Ongoing effort with the support of the Medical Staff Office. |
| 2.5 | Growth in Nursing School Partnerships | Increase the pool of local RN candidates with the local schools to increase RN cohort seats.  | On Track | Dianne Cox   | Data will be available January                               |
| 2.1 | Employee Retention and Resiliency     | Kaweah Health is facing the same challenges as many employers in the labor market and must make retention a top priority.   | On Track | Dianne Cox   | Data will be available January                               |
| 2.3 | Kaweah Care Culture                   | Recreate Kaweah Care culture into the various aspects of the organization.  | On Track | Dianne Cox   |  |
| 2.4 | Expand Volunteer Programs             | Volunteer engagement has declined with the pandemic. Kaweah Health relies on a strong volunteer program to continue to spark career path engagement and to provide world class service. | On Track | Dianne Cox   | No performance data for July. Will update in September.      |

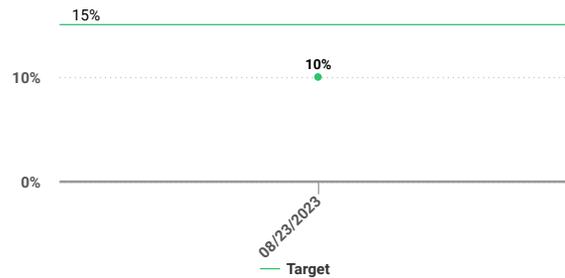
Objectives and Outcomes



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



Decrease Overall KH Turnover Rate (< 15%)



Decrease Nursing Turnover Rate (< 17%)



Strategic Growth and Innovation

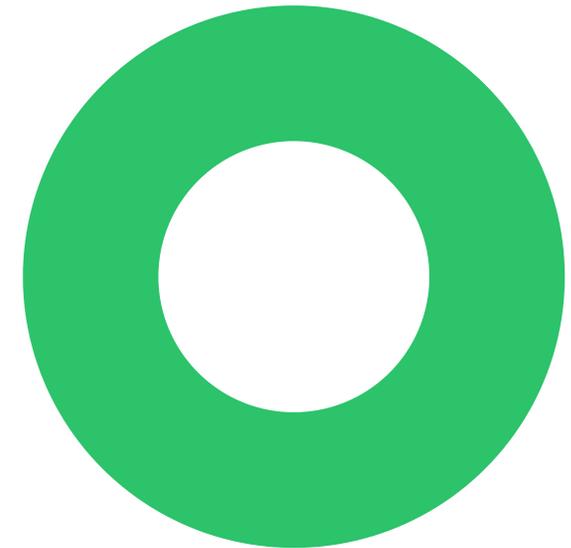
Champions: Ryan Gates and JC Palermo

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

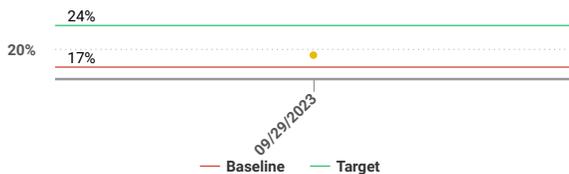
FY2024 Strategic Plan - Strategic Growth and Innovation Strategies

| #   | Name  | Description  | Status   | Assigned To         | Last Comment   |
|-----|---|--|----------|---------------------|--|
| 3.1 | Recruit and Retain Providers                | Develop a recruitment strategy around top physician needs to recruit and retain physicians and providers to address unmet community needs and to support Kaweah Health's growth.                                 | On Track | JC Palermo          | Recruitment goals and high priority specialty needs have been identified and outlined in the Strategic Growth Committee plan.  |
| 3.2 | Grow Targeted Inpatient and Surgery Volumes | Grow our inpatient volumes, particularly the surgical cases, with an emphasis on key service lines such as Cardiac and Urology.  | On Track | Kevin Bartel        | Efforts in Urology are on track, work still continues in Cardiology related to elective CABG cases.  |
| 3.3 | Grow Targeted Outpatient Volumes            | Increase access to outpatient care in locations that are convenient to our community.  | On Track | Ivan Jara           | The Industrial Park Clinic has opened and the Youth Crisis Stabilization Unit is on track for opening in early August. The 202 Willow Clinic opening has been pushed back to January 2024. |
| 3.4 | Innovation                                  | Implement and optimize new tools and applications to improve the patient experience, patient communication and patient outcomes.   | On Track | Jacob Kennedy       | We are moving in the right direction on key metrics related to this initiative.  |
| 3.5 | Expand Health Plan & Community Partnerships | Improve and strengthen relationships with health plans, community partners, and participate in local/state/federal programs and funding opportunities to improve access, quality, and outcomes for the community | On Track | Sonia Duran-Aguilar | We have already exceeded our goal of lives enrolled in community supports and are on our way to our target for lives enrolled in enhanced care management.                                 |

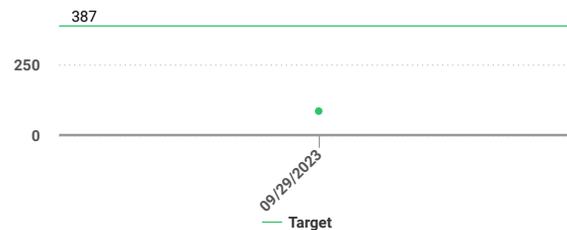
Objectives and Outcomes



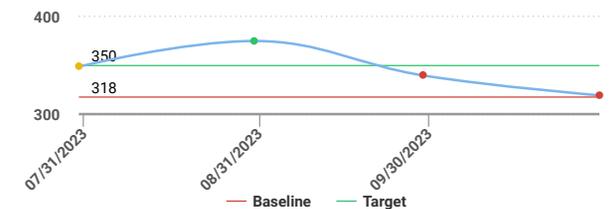
Increase the Percentage of Coronary Artery Bypass Graph Surgery Cases that are Elective



Increase Number of Urology Surgery Cases



Increase Monthly Endoscopy Case Volume



### Organizational Efficiency and Effectiveness

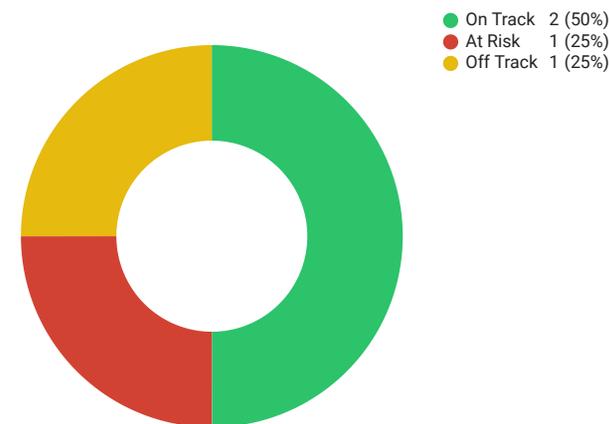
Champions: Jag Batth and Rebekah Foster

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

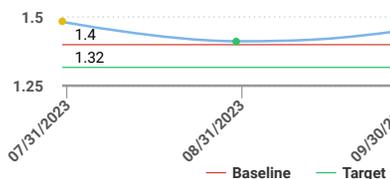
#### FY2024 Strategic Plan - Organization Efficiency and Effectiveness Strategies

| #   | Name   | Description   | Status    | Assigned To     | Last Comment  |
|-----|--|---|-----------|-----------------|---|
| 4.1 | Patient Throughput and Length of Stay                        | Implement patient flow processes that are effective and efficient to improve patient throughput and lower the overall Length of Stay. | Off Track |                 | While we have not achieved our goals, work continues on this important initiative. For this month, both inpatient and emergency department length of stay numbers are trending downward. Although observation length of stay increased, there were three observation patients with long lengths of stay discharged in this month. |
| 4.2 | Increase Main and Cardiac Operating Room Efficiency/Capacity | Improve Operating Room Efficiency, Capacity and Utilization to meet surgery volume needs.   | On Track  | Lori Mulliniks  | Three of our five metrics are on track and the remaining two are not at goal, but are trending toward goal.   |
| 4.3 | Create a Process to Monitor Use of Tests and Treatments      | Create and initiate a workgroup to identify areas of focus and establish benchmarks related to the use of tests and treatments.       | On Track  | Jag Batth       | Team is meeting regularly to discuss focus areas, benchmarks and measures of success.   |
| 4.4 | Optimize Revenue Cycle Efforts                               | Focus efforts on key revenue cycle metrics to increase collections and reduce denials.  | At Risk   | Frances Carrera | The Patient Accounting team is down 7-9 FTEs and combined with regulatory billing changes, days in accounts receivable is increasing instead of decreasing. Our point of care efforts are   |

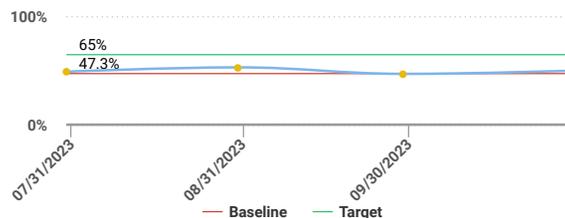
#### Objectives and Outcomes



#### Decrease Inpatient Observed to Expected Length ...



#### Improve Elective Case Main Operating Room Utili...



#### Increase Front End Collections

**i**  
This plan item was deleted.

Outstanding Health Outcomes

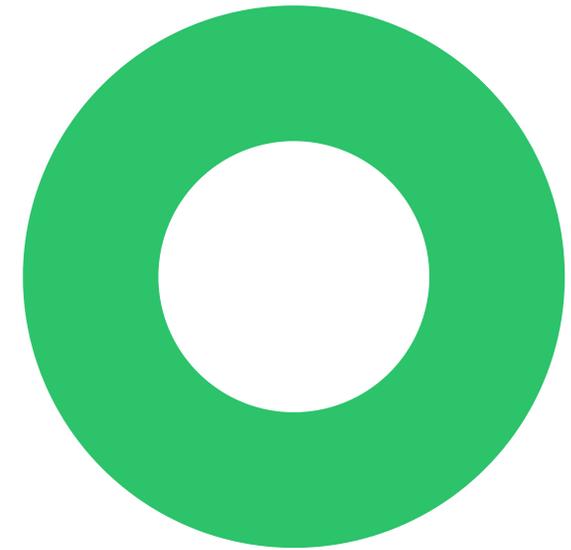
Champions: Dr. LaMar Mack and Sandy Volchko

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

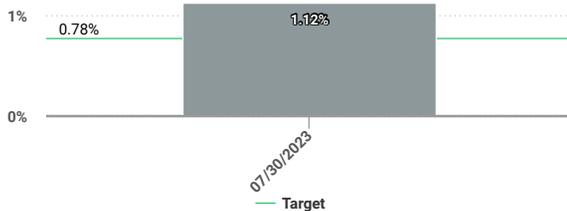
FY2024 Strategic Plan - Outstanding Health Outcomes Strategies

| #   | Name  | Description  | Status   | Assigned To         | Last Comment   |
|-----|---|--|----------|---------------------|--|
| 5.1 | Standardized Infection Ratio (SIR)          | Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services | On Track | Sandy Volchko       | Will be modifying the metric targets.  |
| 5.2 | Sepsis Bundle Compliance (SEP-1)            | Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.               | On Track | Sandy Volchko       | SEPSIS O/E Metric data is for June. Performance data not available. Will be modifying the metric/target.   |
| 5.3 | Mortality and Readmissions                  | Reduce observed/expected mortality through the application of standardized best practices.   | On Track | Sandy Volchko       | Will be modifying metric targets.  |
| 5.4 | Quality Improvement Program (QIP) Reporting | Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.                        | At Risk  | Sonia Duran-Aguilar | Proxy Performance out of Cozeva Population Health Tool shows Kaweah Health is meeting 4 Quality Measures out of 10; performance at 30%. A lot of QI efforts in the RHCs to finish strong by the end of the year. |
| 5.6 | Inpatient Diabetes Management               | Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.            | On Track | Sonia Duran-Aguilar | SHM performance data reports twice a year. Current performance data is from 5/2023. Next report will be in Fall 2023.  |

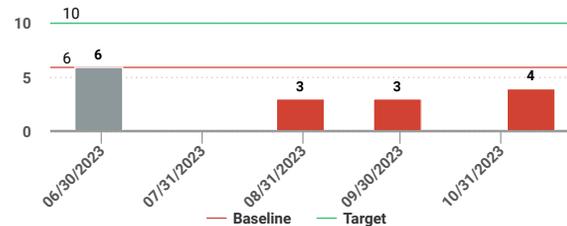
Objectives and Outcomes



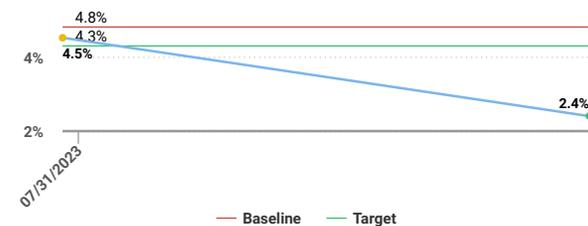
SEPSIS Mortality O/E



Meet 10 QIP Performance Measures



Hypoglycemia in Critical Care Patients (< 4.3%)



Patient and Community Experience

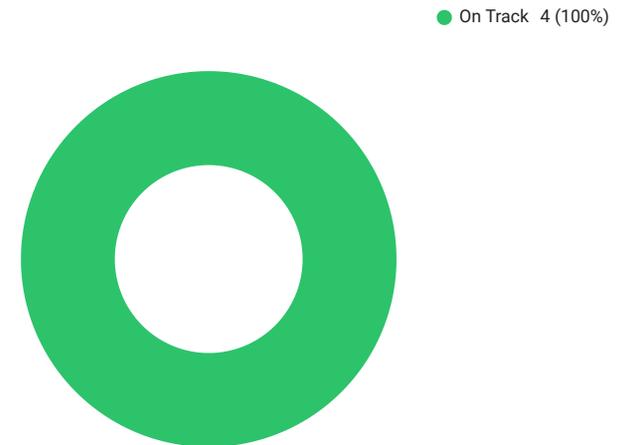
Champions: Keri Noeske and Deborah Volosin

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

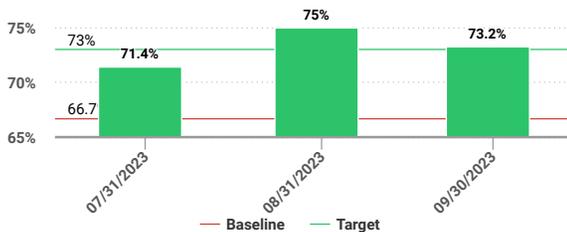
FY2024 Strategic Plan - Patient and Community Experience Strategies

| #   | Name   | Description  | Status   | Assigned To     | Last Comment  |
|-----|--|--|----------|-----------------|---|
| 6.1 | Highlight World-Class Service/Outcomes (Hospitality Focus) | Develop strategies that provide our health care team the tools they need to deliver a world-class health care experience.                                      | On Track | Keri Noeske     | HCAHPS Data: For FY24 will be 30 days behind d/t HCAHPS surveying timelines. Data for July 2023 will be updated in September 2023.<br><br>ED Score: Value below baseline. ED Operations team to assess feedback and recommend an action plan to Patient Experience Committee to address decrease. |
| 6.2 | Increase Compassionate Communication                       | To reach the 50th percentile in physician and nursing communication and responsiveness of staff on the HCAHPS survey.  | On Track | Keri Noeske     |   |
| 6.3 | Enhancement of Systems and Environment                     | To create a secure, warm and welcoming environment for patients and the community.   | On Track | Keri Noeske     | Two of seven lost belongings were located and returned to owners in July 2023. Investigations still pending on two items. Monitor departments for lost belongings trends and mandate action plans reported into patient care committee as needed.   |
| 6.4 | Community Engagement                                       | To provide an environment where community members and patients are able to assist staff in co-designing safe, high quality, and world-class care and services. | On Track | Deborah Volosin |   |

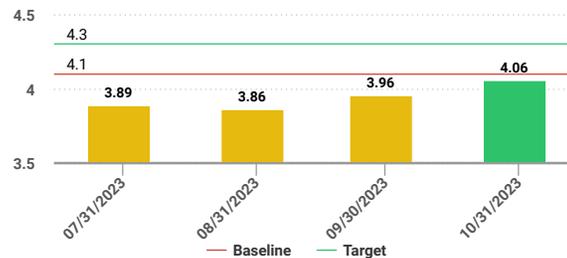
Objectives and Outcomes



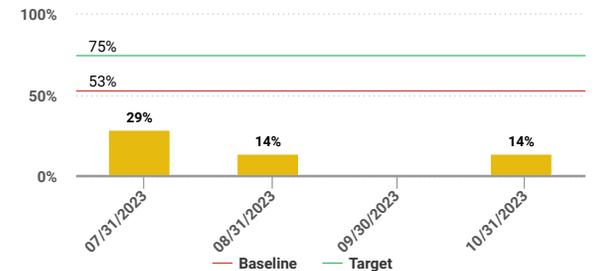
Achieve the 60th Percentile in Overall Rating Goal on HCAHPS Survey



Achieve 4.3 Patient Feedback Score Goal on ED Survey



Reunite 75% of Lost Belongings with Owners



## REPORT TO THE BOARD OF DIRECTORS

### **Kaweah Health Mental Health Hospital (KHMHH)**

### **Kaweah Health Inpatient Acute Psych/Drug Abuse**

Melissa Quinonez, MSN, RN-BC, PHN

Director of Mental Health Services

(559) 624-3361

November 27, 2023

### **Summary Issue/Service Considered**

#### **SERVICE PROVIDED**

The Kaweah Mental Health Hospital operates a 63 licensed bed inpatient mental health facility for severely mentally ill patients (all state conserved or committed). Most of the patients (75%) in the Mental Health Hospital are admitted through Kaweah's Emergency Department. Another 11.7% were transferred from the main hospital after medical stabilization. The population is 54.4% male. The average age is 48 years. 95% English speaking and about evenly distributed between Hispanic or Latino and non-Hispanic or Latino.

The Consult and Liaison service has grown to 12 hours/day and is available from 0700-1900, 7 days per week. This service provides coverage to the acute care areas of Kaweah Health and the Emergency Department. Consults are provided by psychiatrists, residents, advanced practice providers or physician assistants.

#### **LEADERSHIP**

Precision Psychiatric Services, Inc. (Precision) continues to provide psychiatry services for KHMHH, outpatient clinics, and consult services in the ED and main acute care hospital. The adult inpatient unit is staffed with 3-4 Providers (Psychiatrists, Physician Assistants and/or Nurse Practitioners) each day with an on-call provider available from 1700-0800.

The residency/fellowship program continues to grow and currently has 26 total residents and 6 Fellows. The residency program has added energy, creativity, increased quality and access to care. The number of psychiatric residents and fellows has added to the collaboration with the rest of the medical staff. Two residents joined the medical staff after graduation, and two additional part-time psychiatrist have been hired to meet the growing needs.

Effective, August 2023, the Mental Health Hospital leadership was restructured and the Director of Mental Health Services and Behavioral Health Service Line roles were combined. The goal of leadership is to focus on implementing an action plan to meet both external and internal goals for the hospital and expand mental health services in the community.

# Quality/Performance Improvement Data

## CORE MEASURES



## Quality Dashboard

Hospital-Bases Inpatient Psychiatric Services Measures: (Care Compare)  
M.Quinonez Director of Mental Health Services

| Metrics  | CMS Benchmark    | Sep-22         | Oct-22         | Nov-22         | Dec-22         | Jan-23         | Feb-23         | Mar-23         | Apr-23         | May-23         | Jun-23 *       | Jul-23         | Aug-23         | Total            |
|--|------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|
| HBIPS-2a Physical Restraint-Overall Rate - (hours/days)  | 0.44 / 0.38*     | 0.17           | 0.52           | 0.30           | 0.06           | 0.19           | 0.42           | 0.09           | 1.07           | 0.55           | 0.26           | 0.71           | 0.30           | 0.39             |
| HBIPS-3a Seclusion-Overall Rate -(hours/days)  | 0.29 / 0.36*     | 1.37           | 1.48           | 0.45           | 0.55           | 0.89           | 0.59           | 0.83           | 1.57           | 0.52           | 0.66           | 2.64           | 1.07           | 1.05             |
| HBIPS-5a Multiple antipsychotic medications at discharge with appropriate justification - overall rate | 65.0% / 62.0%*   | 100.0% / 4/4   | 50.0% / 1/2    | 66.67% / 2/3   | 75.0% / 3/4    | 100.0% / 4/4   | 100.0% / 3/3   | 100.0% / 2/2   | 100.0% / 3/3   | 100.0% / 4/4   | 100.0% / 5/5   | 100.0% / 2/2   | 100.0% / 4/4   | 92.5% / 37/40    |
| SUB-2 Alcohol Use Intervention Provided/Offered  | 69.92% / 65.00%* | 90.0% / 9/10   | 85.7% / 6/7    | 60.0% / 6/10   | 100.0% / 10/10 | 75.0% / 6/8    | 90.0% / 9/10   | 70.0% / 7/10   | 100.0% / 8/8   | 75.0% / 6/8    | 85.71% / 6/7   | 100.0% / 9/9   | 88.89% / 8/9   | 84.91% / 90/106  |
| SUB-2A Alcohol Use Brief Intervention  | 61.76% / 76.00%* | 70.0% / 7/10   | 42.86% / 3/7   | 30.0% / 3/10   | 60.0% / 6/10   | 57.14% / 4/7   | 50.0% / 5/10   | 40.0% / 4/10   | 50.0% / 5/10   | 50.0% / 4/8    | 57.14% / 4/7   | 88.9% / 8/9    | 55.56% / 5/9   | 54.29% / 57/105  |
| SUB-3 Alcohol/Other Drug Use Tx provided/offered at D/C  | 36.00% / 75.00%* | 94.12% / 16/17 | 100.0% / 18/18 | 100.0% / 34/34 | 95.46% / 21/22 | 100.0% / 21/21 | 100.0% / 24/24 | 100.0% / 26/26 | 100.0% / 23/23 | 94.12% / 16/17 | 95.83% / 23/24 | 95.65% / 22/23 | 100% / 25/25   | 98.18% / 269/274 |
| SUB-3A Alcohol/Other Drug Use Disorder Tx at D/C   | 36.00% / 62.00%* | 94.12% / 16/17 | 100.0% / 18/18 | 100.0% / 34/34 | 95.46% / 21/22 | 100.0% / 21/21 | 100.0% / 24/24 | 100.0% / 26/26 | 100.0% / 23/23 | 94.12% / 16/17 | 95.83% / 23/24 | 95.65% / 22/23 | 100% / 25/25   | 98.18% / 269/274 |
| IMM-2 Influenza Immunization-screening for immunization status   | 80.89% / 77.00%* | N/C            | 48.08% / 25/52 | 82.69% / 43/52 | 100.0% / 51/51 | 100.0% / 53/53 | 100.0% / 53/53 | 100.0% / 53/53 | N/C            | N/C            | N/C            | N/C            | N/C            | 88.54% / 278/314 |
| TOB-2 Tobacco Cessation FDA Approved Provided during stay  | 76.62% / 72.00%* | 88.00% / 22/25 | 91.30% / 21/23 | 82.61% / 19/23 | 77.27% / 17/22 | 85.00% / 17/20 | 91.30% / 21/23 | 90.91% / 20/22 | 85.71% / 24/28 | 85.71% / 18/21 | 93.75% / 15/16 | 80% / 24/30    | 96.55% / 28/29 | 87.23% / 246/282 |
| TOB-2A Tobacco Treatment Provided During Stay (Practical Counseling)                                   | 41.52% / 42.00%* | 44.00% / 11/25 | 30.44% / 7/23  | 39.13% / 9/23  | 22.73% / 5/22  | 35.00% / 7/20  | 17.39% / 4/23  | 27.27% / 6/22  | 21.43% / 6/28  | 33.33% / 7/21  | 37.5% / 6/16   | 36.7% / 11/30  | 62.07% / 18/29 | 34.40% / 97/282  |
| TOB-3 Tobacco Treatment Provided/Offered at Discharge  | 40.80% / 58.00%* | 17.39% / 4/23  | 23.81% / 5/21  | 45.46% / 10/22 | 40.00% / 8/20  | 63.16% / 12/19 | 72.73% / 16/22 | 77.27% / 17/22 | 77.78% / 21/27 | 40.00% / 8/20  | 40.00% / 6/15  | 53.57% / 15/28 | 50% / 12/24    | 50.95% / 134/263 |
| TOB-3A Tobacco Cessation Medication FDA Approved Provided at Discharge                                 | 9.52% / 18.00%*  | 4.35% / 1/23   | 0.00% / 0/21   | 0.00% / 0/22   | 10.00% / 2/20  | 5.26% / 1/19   | 4.55% / 1/22   | 13.64% / 3/22  | 14.82% / 4/27  | 5.00% / 1/20   | 0% / 0/15      | 0% / 0/28      | 4.17% / 1/24   | 5.32% / 14/263   |
| CT-2 Care Transitions w/specified elements received by discharged patients                             | 30.00% / 67.00%* | 82.69% / 43/52 | 88.68% / 47/53 | 90.39% / 47/52 | 79.25% / 42/53 | 83.02% / 44/53 | 75.47% / 40/53 | 92.45% / 49/53 | 92.45% / 49/53 | 92.45% / 49/53 | 81.13% / 43/53 | 84.91% / 45/53 | 75.93 / 41/54  | 84.71% / 360/425 |
| SMD-1 Screening for Metabolic Disorders  | 90.00% / 77.00%* | 96.30% / 26/27 | 97.44% / 38/39 | 94.44% / 34/36 | 97.44% / 38/39 | 100% / 37/37   | 100% / 34/34   | 100% / 39/39   | 100% / 33/33   | 97.22% / 35/36 | 91.43% / 32/35 | 96.88% / 31/32 | 100% / 37/37   | 97.64% / 414/424 |

\*updated benchmark effective June-23

Kaweah Mental Health continues to participate in Hospital-Based Inpatient Psychiatric Services (HBIPS) core measures. A total of 14 indicators are included. Areas of improvement are being addressed by collaborating with ISS to ensure Cerner documentation applications are enhanced to add hard stops and forms built to prompt data collection. We have implemented monthly HBIPS meetings to collaborate with the stake holders on implementing quality improvement strategies. It is expected these measures will be fully met in the near future.

Quality initiatives also include trending seclusion and restraint and workplace violence events. The Mental Health hospital has seen an increase in Workplace Violence Events in the past several years. Mental Health leadership worked with the Quality Department to develop a focus study to allow us to analyze data and provide a better understanding of the types of events we are facing in our facility. The environmental variables (roommates, lack of outdoor space, state-imposed plain décor to address safety), staff turnover, acuity of patients placed (partially resulting from the lack of adequate safe housing in the community), and the increase in drug and alcohol use in the community all contribute to the variability in restraint/seclusion use at any given time. At this point, we focus on each patient encounter to attempt to minimize this restrictive intervention, while assessing the safety of other patients and staff.

## Policy, Strategic or Tactical Issues

### DELIVER EXCELLENT SERVICE

Key advancements at Kaweah Mental Health include addressing the care culture by basing the patient care model on the Recovery Model and the Trauma Informed Care Model (both supported by the Substance Abuse and Mental Health Services Administration (SAMHSA.gov) and through staff education and coaching. The Sensory Room has been re-opened as an alternative to seclusion or restraint and to teach acceptable coping skills to agitated/anxious patients.

In March 2023, all staff received education on conducting effective groups and the schedule was revised to include Nursing Groups, Recreation Therapy and Social Work groups.

In December 2022, The Unit Based Counsel implemented a Patient Experience Survey given to patients upon discharge. Results are being shared throughout the disciplines to work on improvement plans in low-scoring areas.

| Kaweah Health<br>MORE THAN MEDICINE. LIFE.  |        | MENTAL HEALTH QI DASHBOARD: PATIENT EXPERIENCE |        |        |        |        |        |        |        |        |        |        |        |        |       |
|---|--------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Patient Experience Survey   | Target | Dec-22   | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Total |
| Total number of surveys completed   | n/a    | 45   | 58     | 59     | 67     | 69     | 58     | 70     | 62     | 72     | 49     |        |        |        | 609   |
| Did a doctor explain the reason for your admission?                                 | 85%    | n/a  | n/a    | n/a    | n/a    | n/a    | n/a    | n/a    | n/a    | 98.3%  | 87.0%  |        |        |        | 92.7% |
| How satisfied were you with the way nurses treated, respected and listed to you?    | 85%    | 97.7%  | 91.4%  | 91.5%  | 93.9%  | 95.7%  | 96.5%  | 91.4%  | 90.4%  | 91.6%  | 89.8%  |        |        |        | 93.0% |
| How satisfied were you with the way doctors treated, respected and listened to you? | 85%    | 82.2%  | 84.5%  | 76.3%  | 80.0%  | 88.4%  | 94.7%  | 88.6%  | 88.8%  | 86.2%  | 77.5%  |        |        |        | 84.7% |
| How satisfied were you with how the nurses explained things to you?                 | 85%    | 93.3%  | 84.5%  | 88.1%  | 92.4%  | 89.8%  | 96.6%  | 92.9%  | 95.1%  | 90.2%  | 91.8%  |        |        |        | 91.5% |
| How satisfied were you with how the doctors explained things to you?                | 85%    | 80.0%  | 88.0%  | 84.7%  | 81.9%  | 82.6%  | 94.8%  | 85.7%  | 82.3%  | 87.5%  | 83.4%  |        |        |        | 85.1% |
| How satisfied were you with how clean your room and bathroom were?                  | 85%    | 84.4%  | 82.8%  | 83.0%  | 77.6%  | 79.7%  | 89.6%  | 85.7%  | 87.1%  | 86.1%  | 87.7%  |        |        |        | 84.4% |
| How satisfied were you with how quiet your room was at night?                       | 85%    | 80.0%  | 69.0%  | 69.5%  | 75.7%  | 73.9%  | 87.9%  | 85.7%  | 83.9%  | 83.4%  | 87.3%  |        |        |        | 77.6% |
| How satisfied were you with your involvement in discharge planning?                 | 85%    | 88.8%  | 82.8%  | 83.0%  | 83.4%  | 85.5%  | 91.4%  | 92.8%  | 88.7%  | 85.9%  | 87.5%  |        |        |        | 87.0% |
| Did you receive any education on new medication?                                    | 85%    | 94.6%  | 85.0%  | 81.8%  | 93.0%  | 90.5%  | 92.5%  | 80.3%  | 89.5%  | 85.5%  | 93.8%  |        |        |        | 88.7% |

KEY

### PROVIDE A SAFE THERAPEUTIC ENVIRONMENT FOR PATIENT CARE

The physical environment at the Mental Health Hospital has also been reviewed and recommendations to reduce ligature and other safety risks and to increase the aesthetics/therapeutic milieu of the hospital are currently being implemented with the support of multiple departments. Ligature resistant door handles have been installed throughout the facility. We are also working on increasing the number and locations of surveillance cameras. Plans have also been submitted to re-construct the nurse's stations on both units to increase staff safety. This year Psych-safe furniture has replaced the plastic seating in the dayrooms on each unit and replacement furniture has been budgeted for FY24 for the cafeteria. Artwork has been added to the patient care areas to reinforce the care model.

## PROVIDE AN IDEAL WORK ENVIRONMENT

Safety Culture Survey Results:

### Acute Psych Overall Results (5 point scale)



Our Safety Culture Survey was completed in 2023. The top opportunities for improvement were related to communication between units, stress level and staffing. During debrief, staff indicated that they had safety concerns related to new, inexperienced staff, high violence risk patients, handoff communications and safety in the environment. An action plan was developed and has been implemented.

- Treatment Team Expectations training completed with all attendees
- Resident assigned to discontinue orders during treatment team discussion
- LPT/LVN Team Nursing and Breaker roles and responsibilities being evaluated
- Researching the possibility of implementing a Psych ICU staffed by experienced staff with lower ratio for violent or high acuity patients
- Suicide Risk Assessment and orders were built in to the electronic medical record, providers and staff were educated
- Seclusion room re-design –replacing doors to increase size of viewing window
- Scheduled drills have been implemented to increase confidence and comfort level in responding to violent or aggressive patients

A follow up pulse survey was recently sent to staff and results are pending.

Like most areas in healthcare, staffing has been a challenge this year. We no longer have the need for contract labor and have been utilizing team nursing with RN, LVN and LPT's to fill in the gaps due to the RN shortage. Volunteers were used for non-patient care related projects. Student nurse interns have been hired to both augment staffing and to create a pipeline for future hires.

## **EMPOWER THROUGH EDUCATION**

In 2021 and 2022, over 100 Registered Nurses, Licensed Psychiatric Technicians, Licensed Vocational Nurses and Mental Health Workers went through orientation. As of October 2023, 22 staff members have completed the orientation process so far this year. All staff attended a Competency Fair with focus on subjects such as legal holds, abuse reporting, restraint and seclusion, suicide risk and documentation. We have also implemented weekly huddle topics and monthly recovery topics. With feedback from our preceptors and orientees, we have revised our new hire process to include a step approach and are obtaining feedback during a monthly new hire huddle.

We will continue to work with our Residents and Psychiatrists to provide some additional training to staff regarding Mental Health topics/diagnosis. In addition, all staff complete annual training such as Advanced CPI and mandatory computer based training modules.

Our Leadership Team is receiving additional training opportunities such as Team Steps and Leadership Academy. 3 staff members were also able to attend the American Psychiatric Nurses Association Annual Conference this past month. The conference focused on suicide prevention, workplace violence, treatment approaches for all age groups, substance abuse and staff education.

## **MAINTAIN FINANCIAL STRENGTH**

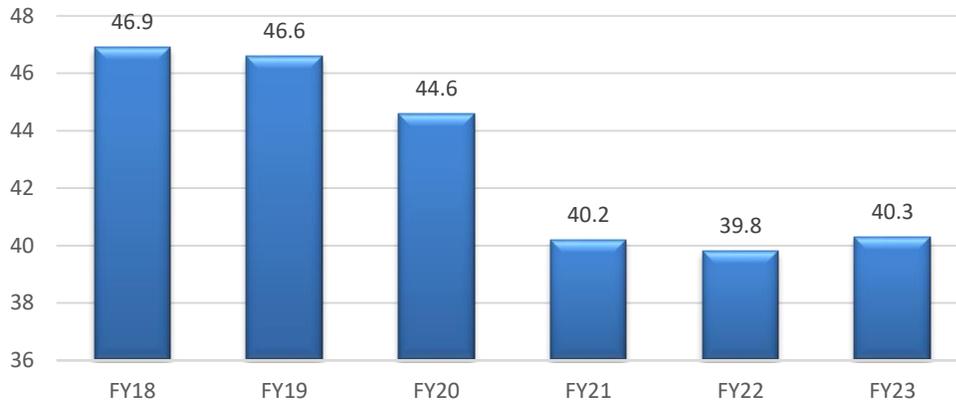
For Fiscal Year 24, the Inpatient Mental Health Hospital is budgeted for an average daily census (ADC) of 45 with a total of 48-54 operational beds (of 63 licensed beds) at the Mental Health Hospital. We have seen a decrease in our average daily census since FY18. We have also had an increase in the Average Length of Stay (ALOS) from 8.4 in FY19 to 11.5 for FY23. Several factors influence these trends:

- During the pandemic, we encountered barriers in admitting patients and coordinating safe discharge plans for patients due to limited placement options.
- There continues to be a lack of adequate long term placement opportunities in Tulare County for discharged patients, as evidenced by an average 13.6% readmission rate within 30 days.
- An increasing number of conserved patients without housing in the community results in patients being hospitalized awaiting placement for 30+ days, up to an entire year stay.

In order to address these trends we have implemented several strategies:

- Daily treatment team meetings to address placement barriers
- Participation in the 5150 Workgroup for the Central California Region which works to improve services and collaboration between Fresno, Madera, Tulare, Kings County and other local counties.
- Collaboration with Tulare County Public Guardians Office to assist with placement of our conserved patients
- Working with community partners to expand available outpatient services in the community to prevent readmission

### Kaweah Health Mental Health Hospital Average Daily Census FY18-FY23



## **Recommendations/Next Steps**

### **Mental Health Inpatient Services**

- Collaborate with the Multi-disciplinary team on Quality Improvement projects that focus on reducing seclusion and restraint and work place violence
- Collaborate with medical floor and ED to ensure timely placement of Mental Health patients prior to expiration of the first 5150.
- Continue to partner with GME to support ongoing development of psychiatric residency program.
- Collaborate with the Multi-disciplinary team to improve patient experience and Core Measures.
- Continue to partner with Tulare County to evaluate and develop new opportunities for mental health community services and post-acute care for conserved clients.
- Increase the therapeutic/aesthetic environment for patient care by adding patient accessible phones, increase use of outdoor areas by raising fence height, adding shaded areas and seating, repainting patient care areas, and replacing outdated, broken patient cafeteria furniture.
- Revise documentation guidelines to align with regulatory requirements and nursing standards of care for inpatient psych
- Reconstruct the nurse's stations to include barriers/locks to prevent patient access and promote staff safety
- Maintain appropriate staffing levels and an average census of 48
- Expand services available for Child and Adolescent population
  - Inpatient Child/Adolescent Psychiatric Hospital
  - Youth Crisis Stabilization Unit

### **Inpatient Acute Psych Drug Abuse/Consult and Liaison Services**

- Collaborate with medical floor and ED to ensure timely placement of Mental Health patients prior to expiration of the first 5150.
- Reduce the time in the Emergency Department from admission to discharge or transfer

## **Approvals/Conclusions**

Mental Health services are vitally needed in Tulare County to increase the standard of living of all residents. Ongoing expansion and improvement of services offered will continue to be the goal of the Mental Health Service Line at Kaweah Health.

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Mental Health Services - Summary

FY2023

### KEY METRICS - FY 2023 ON THE TWELVE MONTHS ENDED JUNE 30, 2023



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

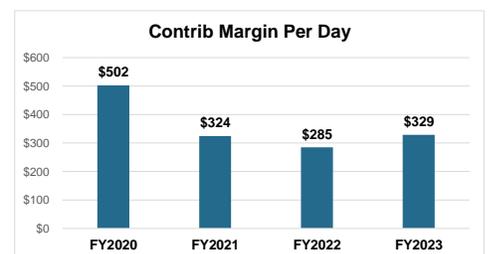
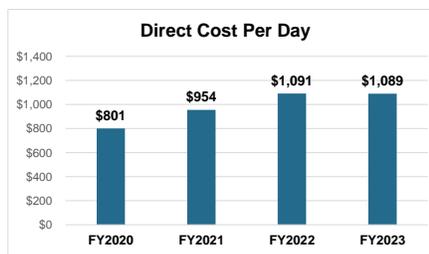
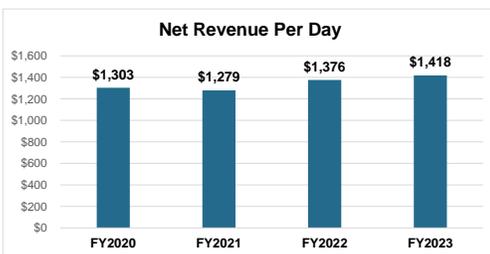
### METRICS BY SERVICE LINE - FY 2023

| SERVICE LINE                     | PATIENT DISCHARGES | NET REVENUE         | DIRECT COST         | CONTRIBUTION MARGIN | NET INCOME         |
|----------------------------------|--------------------|---------------------|---------------------|---------------------|--------------------|
| Mental Health Hospital           | 1,369              | \$20,609,417        | \$15,165,585        | \$5,443,832         | \$194,116          |
| Inpatient Acute Psych/Drug Abuse | 380                | \$5,665,637         | \$5,015,137         | \$650,500           | (\$917,264)        |
| <b>Mental Health Totals</b>      | <b>1,749</b>       | <b>\$26,275,054</b> | <b>\$20,180,722</b> | <b>\$6,094,332</b>  | <b>(\$723,148)</b> |

### METRICS SUMMARY - 4 YEAR TREND

| METRIC                 | FY2020       | FY2021       | FY2022        | FY2023       | %CHANGE FROM PRIOR YR | 4 YR TREND |
|------------------------|--------------|--------------|---------------|--------------|-----------------------|------------|
| Patient Discharges     | 2,028        | 1,775        | 1,790         | 1,749        | ▼ -2%                 |            |
| Patient Days           | 17,579       | 16,213       | 16,661        | 18,533       | ▲ 11%                 |            |
| ALOS                   | 8.7          | 9.1          | 9.3           | 10.6         | ▲ 14%                 |            |
| Net Revenue            | \$22,913,341 | \$20,730,177 | \$22,927,548  | \$26,275,054 | ▲ 15%                 |            |
| Direct Cost            | \$14,080,566 | \$15,470,658 | \$18,178,051  | \$20,180,722 | ▲ 11%                 |            |
| Contribution Margin    | \$8,832,775  | \$5,259,519  | \$4,749,497   | \$6,094,332  | ▲ 28%                 |            |
| Indirect Cost          | \$5,180,133  | \$5,365,609  | \$6,015,623   | \$6,817,480  | ▲ 13%                 |            |
| Net Income             | \$3,652,642  | (\$106,090)  | (\$1,266,126) | (\$723,148)  | ▲ 43%                 |            |
| Net Revenue Per Day    | \$1,303      | \$1,279      | \$1,376       | \$1,418      | ▲ 3%                  |            |
| Direct Cost Per Day    | \$801        | \$954        | \$1,091       | \$1,089      | ▶ 0%                  |            |
| Contrib Margin Per Day | \$502        | \$324        | \$285         | \$329        | ▲ 15%                 |            |

### GRAPHS



Note: Includes discharges at the Downtown and West Campus locations  
 Source: Inpatient Service Line Report - Psych & Drug Abuse & Mental Health Hospital

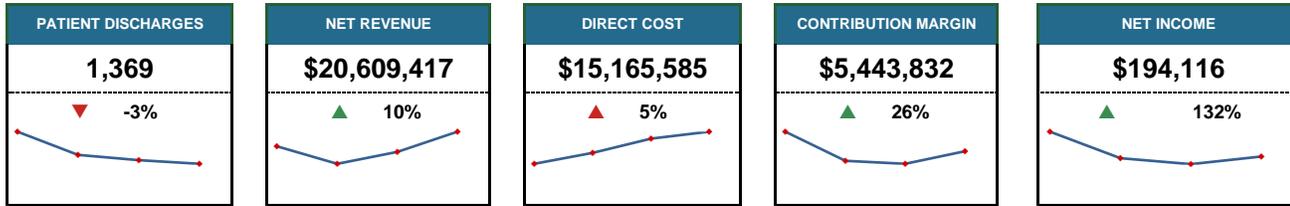
# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2023

## Mental Health Services - Mental Health Hospital

Note: All discharges at the Mental Health Hospital West Campus Location. This excludes visits with Mental Health services performed at a different location.

### KEY METRICS - FY 2023 ON THE TWELVE MONTHS ENDED JUNE 30, 2023

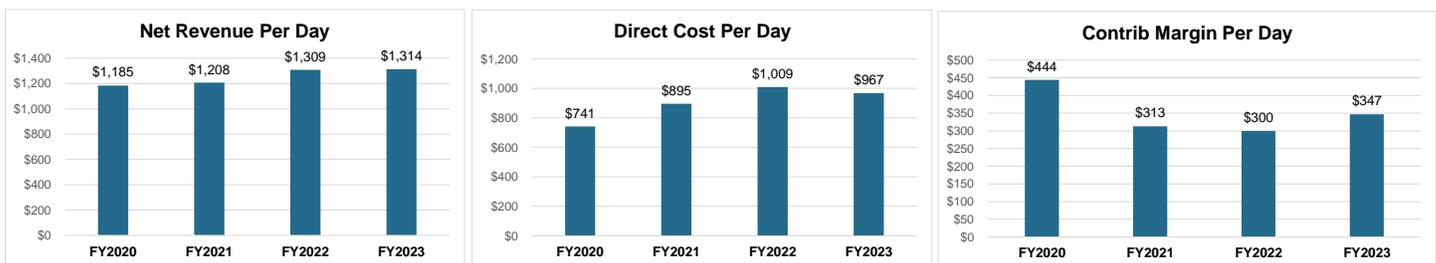


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS BY SERVICE LINE - FY 2023

| Metric                 | FY2020       | FY2021       | FY2022       | FY2023       | % Change from Prior Yr | 4 Yr Trend |
|------------------------|--------------|--------------|--------------|--------------|------------------------|------------|
| Patient Discharges     | 1,765        | 1,479        | 1,416        | 1,369        | -3%                    |            |
| Patient Days           | 16,275       | 14,657       | 14,364       | 15,683       | 9%                     |            |
| ALOS                   | 9.2          | 9.9          | 10.1         | 11.5         | 13%                    |            |
| Net Revenue            | \$19,283,363 | \$17,702,865 | \$18,796,018 | \$20,609,417 | 10%                    |            |
| Direct Cost            | \$12,056,613 | \$13,116,328 | \$14,488,470 | \$15,165,585 | 5%                     |            |
| Contribution Margin    | \$7,226,750  | \$4,586,537  | \$4,307,548  | \$5,443,832  | 26%                    |            |
| Indirect Cost          | \$4,463,603  | \$4,592,158  | \$4,916,213  | \$5,249,716  | 7%                     |            |
| Net Income             | \$2,763,147  | (\$5,621)    | (\$608,665)  | \$194,116    | 132%                   |            |
| Net Revenue Per Day    | \$1,185      | \$1,208      | \$1,309      | \$1,314      | 0%                     |            |
| Direct Cost Per Day    | \$741        | \$895        | \$1,009      | \$967        | -4%                    |            |
| Contrib Margin Per Day | \$444        | \$313        | \$300        | \$347        | 16%                    |            |

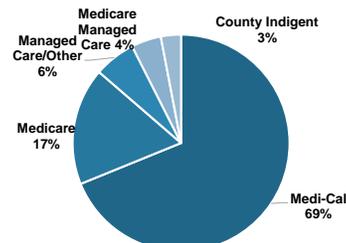
### PER DAY TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

| PAYER                 | FY2020 | FY2021 | FY2022 | FY2023 |
|-----------------------|--------|--------|--------|--------|
| Medi-Cal              | 70%    | 68%    | 67%    | 69%    |
| Medicare              | 17%    | 18%    | 16%    | 17%    |
| Managed Care/Other    | 7%     | 7%     | 10%    | 6%     |
| Medicare Managed Care | 2%     | 3%     | 5%     | 4%     |
| County Indigent       | 4%     | 3%     | 2%     | 3%     |

### FY2023 PAYER MIX



# KAWEAH HEALTH ANNUAL BOARD REPORT

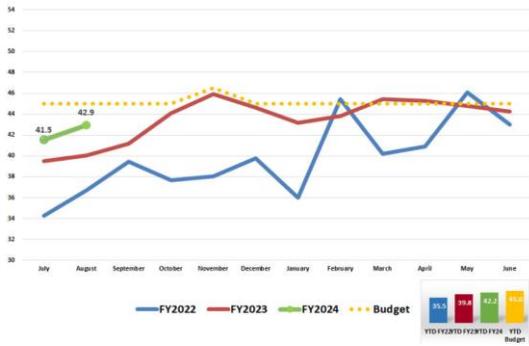
FY2023

## Mental Health Services - Mental Health Hospital

Note: All discharges at the Mental Health Hospital West Campus Location. This excludes visits with Mental Health services performed at a different location.

### KEY METRICS - FY 2023 ON THE TWELVE MONTHS ENDED JUNE 30, 2023

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



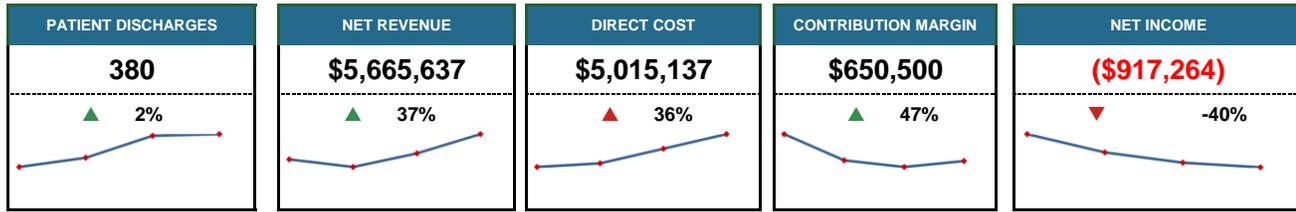
Source: Inpatient Service Line Report, Mental Health Hospital.

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2023

## Mental Health Services - Inpatient Acute Psych/Drug Abuse

### KEY METRICS - FY 2023 ON THE TWELVE MONTHS ENDED JUNE 30, 2023

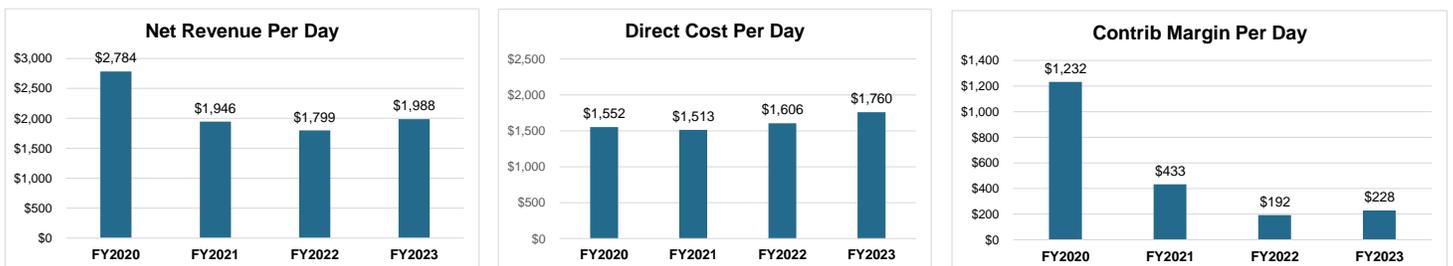


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS BY SERVICE LINE - FY 2023

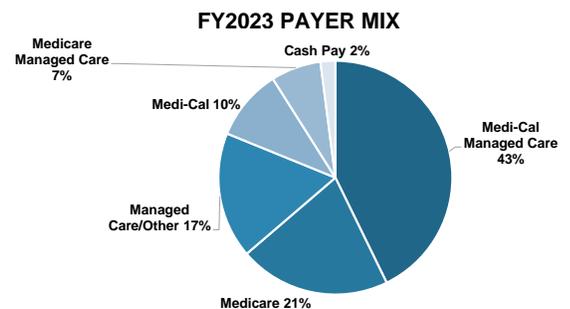
| METRIC                 | FY2020      | FY2021      | FY2022      | FY2023      | %CHANGE FROM PRIOR YR | 4 YR TREND |
|------------------------|-------------|-------------|-------------|-------------|-----------------------|------------|
| Patient Discharges     | 263         | 296         | 374         | 380         | ▲ 2%                  |            |
| Patient Days           | 1,304       | 1,556       | 2,297       | 2,850       | ▲ 24%                 |            |
| ALOS                   | 5.0         | 5.3         | 6.1         | 7.5         | ▲ 22%                 |            |
| GM LOS                 | 3.8         | 4.0         | 4.1         | 3.8         | ▼ -5%                 |            |
| Net Revenue            | \$3,629,978 | \$3,027,312 | \$4,131,530 | \$5,665,637 | ▲ 37%                 |            |
| Direct Cost            | \$2,023,953 | \$2,354,330 | \$3,689,581 | \$5,015,137 | ▲ 36%                 |            |
| Contribution Margin    | \$1,606,025 | \$672,982   | \$441,949   | \$650,500   | ▲ 47%                 |            |
| Indirect Cost          | \$716,530   | \$773,451   | \$1,099,410 | \$1,567,764 | ▲ 43%                 |            |
| Net Income             | \$889,495   | (\$100,469) | (\$657,461) | (\$917,264) | ▼ -40%                |            |
| Net Revenue Per Day    | \$2,784     | \$1,946     | \$1,799     | \$1,988     | ▲ 11%                 |            |
| Direct Cost Per Day    | \$1,552     | \$1,513     | \$1,606     | \$1,760     | ▲ 10%                 |            |
| Contrib Margin Per Day | \$1,232     | \$433       | \$192       | \$228       | ▲ 19%                 |            |
| Opportunity Days       | 1.1         | 1.3         | 2.1         | 3.7         | ▲ 75%                 |            |

### PER DAY TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

| PAYER                 | FY2020 | FY2021 | FY2022 | FY2023 |
|-----------------------|--------|--------|--------|--------|
| Medi-Cal Managed Care | 43%    | 45%    | 45%    | 43%    |
| Medicare              | 19%    | 15%    | 18%    | 21%    |
| Managed Care/Other    | 11%    | 12%    | 15%    | 17%    |
| Medi-Cal              | 21%    | 15%    | 10%    | 10%    |
| Medicare Managed Care | 5%     | 10%    | 10%    | 7%     |
| Cash Pay              | 1%     | 3%     | 2%     | 2%     |





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| Policy Number: AP151                                       | Date Created: No Date Set       |
| Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO) | Date Approved: Not Approved Yet |
| Approvers: Board of Directors (Administration)             |                                 |
| <b>Strategic Planning</b>                                  |                                 |

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

**Policy:** Strategic planning will be a disciplined process of envisioning a set of future desired outcomes for ~~the District~~Kaweah Health. The Strategic Plan, and any revisions to the Plan, will be approved by the ~~District's~~ Board of Directors and will be reflective of the ~~District's organization's~~ mission, vision, values, and organizational goals. The Strategic Plan will be regularly evaluated to ensure its relevance to the ~~District organization's~~ current health care environment and community needs. Input regarding strategic and capital equipment issues will be regularly solicited from the Board of Directors, the Medical Staff, management, and any other key stakeholders.

**Procedure:** The strategic planning process will include an annual review of the strategic planning statement and the set of enduring objectives which, when pursued over time, should ensure that Kaweah ~~Delta-Health~~ is a viable and growing enterprise that meets the community's needs. Review and approval of the Strategic Plan will be completed by ~~March~~ May of each year to ensure that strategic objectives are considered in the annual budget process. This review will include input from the Board of Directors, ~~District~~ management, and from the Medical Staff using periodic Strategic Planning Committee meetings and other Medical Staff meetings as appropriate. The Strategic Planning Committee shall include representation from the Board of Directors, Executive Team, Medical Executive Committee, and others as are appropriate relative to the agenda.

While strategic planning entails long-term visionary planning, it also must focus energies on what will be done today to ensure that desired realities emerge as a result of our planning and action. For each enduring objective, key initiatives will be identified with specific action plans for the ensuing year. Progress relative to these initiatives and action plans will be reviewed with the Board, management and the Medical Staff at Board meetings, periodic Strategic Planning Committee meetings, and other forums as appropriate. The agendas for these meetings will be tailored to the interests and concerns of our Medical Staff and Board.

**Commented [MM1]:** We have been doing it in June. I want to target April/May going forward.

~~The District Kaweah Health's~~ Ten-Year Financial Forecast, a component of the Annual Budget, will prescribe the amount of recurring capital equipment funding to be made available each fiscal year and will include those initiatives identified in the Strategic Plan. During the annual budget process, management will compile a list of requested capital equipment totaling no more than the prescribed amount. During the compilation process, management will take capital issues to the appropriate Medical Directors and Department Chairs for input and advice. New technologies under consideration must be taken to the ~~Medical Technology Assessment and Coordination Team (MTACT)~~ Value Analysis Committee for discussion and recommendation for approval by the ~~District~~ Board of Directors, who ultimately decide whether or not to approve the technology for use in the ~~District~~ organization. The final compilation of capital equipment will be approved by the Board of Directors as a component of the Annual Budget.

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**Commented [MM2]:** Per Steve Bajari: MTACT was part of the Technology Assessment Process in AP60. Medical Technology Assessment and Coordination Team (MTACT) AP60 was deleted in April of 2022 as all of the processes from AP60 were added into the Value Analysis Committee policy AP162 and the Capital policy AP135, back in 2019.



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| <b>Policy Number:</b> AP113  | <b>Date Created:</b> No Date Set       |
| <b>Document Owner:</b> Cindy Moccio (Board Clerk/Exec Assist-CEO)    | <b>Date Approved:</b> Not Approved Yet |
| <b>Approvers:</b> Board of Directors (Administration)                |  |
| <b>Receiving Personal Items at Kaweah Delta Health Care District</b> |  |

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

**PURPOSE:** To safeguard Kaweah ~~Delta Health Health Care District (KDHCD)~~ resources by restricting use of ~~Kaweah DHHealthHCD~~ delivery systems and personnel for business purposes only.

**POLICY:** ~~Kaweah DHHealthHCD~~ employees, Medical Staff, ~~Temporary temporary~~ or ~~Registry registry Staff staff~~ shall not have personal items shipped or delivered to Kaweah ~~Delta Health Health Care District~~ offices, departments, buildings, facilities or any other of its entities.

**PROCEDURE:**

Personal items: Items not purchased by ~~KDHCD Kaweah Health~~ or intended for use by ~~KDHCD Kaweah Health~~ or sanctioned by ~~KDHCD Kaweah Health~~. Examples include, but are not limited to:

- Shoes;
- Personal medications;
- Clothes.

1. Personal items should be delivered to the person's home or arrangements made for pick up at the shipping company.
2. ~~KDHCD Kaweah Health~~ will not accept responsibility or liability for any personal items delivered or received at any of its facilities.
3. ~~KDHCD Kaweah Health~~ will not accept responsibility or liability for any personal items lost, damaged, or returned and which were intended by the recipient to be delivered or received at any of its facilities.
4. Violations of this policy may subject employees to disciplinary action.

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| <b>Policy Number:</b> AP26  | <b>Date Created:</b> No Date Set       |
| <b>Document Owner:</b> Cindy Moccio (Board Clerk/Exec Assist-CEO) | <b>Date Approved:</b> Not Approved Yet |
| <b>Approvers:</b> Board of Directors (Administration)             |  |
| <b>Encountering ill or injured people on district property</b>    |  |

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

**POLICY:** Any Kaweah Delta Health Care District (hereinafter DistrictKaweah Health) employee will attend to any sick or injured person they encounter on the DistrictKaweah Health's property.

**PROCEDURE:**

- I. Any staff member encountering an ill or injured person on DistrictKaweah Health property will attend to the individual and inquire if he/she would like to be seen in the Emergency Department (ED). If the person encountered wishes to be seen in the ED, the staff member will either escort him/her to the ED, assist with transport (e.g. wheelchair) or call for help by using 911, as appropriate. If the ill or injured person is unable to respond, 911 will be called. The DistrictKaweah Health staff member will either attend to the person until they arrive in the ED or until 911 help arrives.
- II. During regular business hours, the House Supervisor and/or the Director of Risk Management shall be notified only if the person was injured on DistrictKaweah Health property. Outside of regular business hours, the House Supervisor shall be notified.
- III. The staff member first arriving on the scene will be required to complete and submit an Occurrence report. This report shall contain all pertinent information describing the ~~the~~ event(s) which resulted in the occurrence.
- IV. These Occurrence reports will be reviewed by the Director of Risk Management.

Note: The Director of Risk Management is authorized to reduce or waive ED charges for a visitor injury occurring on DistrictKaweah Health premises. Notification of the Director of Risk Management must be done promptly to assure the appropriate financial and legal response.

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| Policy Number: AP21   | Date Created: No Date Set       |
| Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)                                    | Date Approved: Not Approved Yet |
| Approvers: Board of Directors (Administration)  |                                 |
| <b>Subpoenas/Search Warrants served on district records, contract physicians, or patients</b> |                                 |

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

**POLICY:** The government, law enforcement agencies, court personnel, or their representatives wishing to serve subpoenas and/or search warrants upon Kaweah Delta Health Care District (hereinafter "District") records (including but not limited to patient records), property, contract physicians, or patients will be directed to the appropriate department<sup>1</sup> as indicated below. Only those departments indicated below are authorized to accept subpoenas.

~~For details regarding service of subpoenas upon District staff members, see Human Resources Policy .191, SUBPOENAS SERVED ON STAFF MEMBERS.~~

The department receiving the subpoena will cooperate with the process server to the extent that serving the subpoena does not interfere with or disrupt the business of the District.

However, at no time will process servers be allowed in patient care areas.

**PROCEDURE:**

**I. Subpoenas on District Records**

All subpoenas, except those specifically set forth below, shall be served on and accepted by District Administration for delivery to the appropriate department(s). No other department is authorized to accept subpoenas for District records.

Departments other than Administration authorized to receive subpoenas include:

- A. Subpoenas served on District staff members will be directed to the ~~Risk Management-Human Resources~~ Department ~~(see Human Resources policy .191);~~

<sup>1</sup> Any subpoena which includes a request for District medical records, regardless of the involvement of any other department, will be directed to the Health Information Management Department.

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Subpoenas/Search Warrants served on district records, contract physicians, or patients

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- B. Subpoenas served for District medical and/or patient records will be directed to the Health Information Management (HIM) Department;
- C. Subpoenas served for District billing records will be directed to the Health Information Management (HIM) Patient Accounting Department;
- D. Subpoenas served for radiological films and/or CT scans will be directed to the Radiology Department.
- ~~D.E.~~ Subpoenas served for patient laboratory specimens or Coroner release requests for patient laboratory specimens made to the Laboratory Department. See policy PTS-036 Release of Specimen Coroner/Subpoenas.

## II. Subpoenas on Contract Physicians

### A. Business Related Subpoenas

~~1. Emergency Department, Urgent Care Department, Hospitalists and Contract Physicians~~

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~~1. Service on Individual - Contract Physician on Duty or not on Duty~~

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~~When the subpoena is served for reasons related to the contract physician's work at the District and the contract physician is actively credentialed when on duty at the time the process server arrives, the process server will be contract physician will be contacted and asked to report to the Medical Staff Office Human Resources where Risk Management staff will be notified and receive the subpoena on behalf of the contract physician so that service may occur.~~

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~~a) Risk Management will maintain a log of contract physicians that do not wish to have Kaweah accept service on their behalf. These process servers will be directed to the private offices of the requesting physicians.~~

~~b) Service on Individual - Contract Physician not on Duty~~

~~When the subpoena is served for reasons related to the contract physician's work at the District and the contract physician is not on duty at the time the server arrives, the Medical Staff Office will accept service of process on behalf of the contract physician if the process server agrees.~~

~~If the process server does not agree to serve the subpoena on the physician with the Medical Staff Office accepting service on behalf of the contract physician, the Medical Staff Office will attempt to telephone the contract physician at home.~~

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~~(1) If the contract physician is available and willing to report to the Medical Staff Office in order for service to occur, the process server will be notified and asked to await the arrival of the contract physician.~~

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~~(2)(1) If the contract physician is not available or not willing to report to the Medical Staff Office to accept service of process, the process server will be advised of a time to return when the contract physician is scheduled to work.~~

2. All Other Physicians

~~Subpoenas will not be accepted for any physicians other than those contract physicians who are Emergency Department physicians or Allied health professionals, Urgent Care Department physicians or Hospitalists by the Medical Staff Office. A process server attempting to serve any other physician will be directed to the office of the physician.~~

B. Non-Business Related Subpoenas

When a subpoena is related to a personal matter and is not related to the contract physician's work with the District, the Medical Staff Office Risk Management staff will not accept the subpoena. If the contract physician is on duty at the time that the process server arrives in the Medical Staff Office Human Resources, the contract physician will be contacted and asked to report to the Medical Staff Office Human Resources to accept service.

III. Subpoenas on Staff Members

A. Business-related subpoenas served on staff members will be accepted by the Risk Management Risk Management Human Resources department and routed to the employee.

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III.IV. Subpoenas on Patients

A. Kaweah Delta Medical Center

The process server shall be directed to the Director of Risk Management department. The Director of Risk Management staff shall

contact the patient's attending physician to determine if it is appropriate for the patient to be served in the hospital.

B. Kaweah Delta South Campus

The process server shall be directed to the Nurse Designee on duty. The Nurse Designee shall contact the patient's attending physician and/or ~~the Director of Risk Management~~ staff to determine if it is appropriate for the patient to be served in the facility.

C. West Campus

~~6.~~  
The process server shall be directed to the West Campus Administrator. The West Campus Administrator shall contact the patient's attending physician and/or Risk Management staff to determine if it is appropriate for the patient to be served in the hospital. ~~and/or the Director of Risk Management to determine if it is appropriate for the patient to be served in the hospital.~~

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D. Kaweah Delta Mental Health

The process server shall be directed to the Administrator for Kaweah Delta Mental Health. The Administrator shall contact the ~~Director of Risk Management~~ staff to determine if it is appropriate for the patient to be served in the hospital.

V. Depositions of Contract Physicians

Business Related Depositions

Emergency Department, Urgent Care Department, Hospitalists and Contract Physicians

Deposition of Individual Contract Physician on Duty or not on Duty

When the deposition is required for reasons related to the contract physician's work at the District and the contract physician is actively credentialed, Risk Management staff may assist in arranging the time and location of the deposition on behalf of the contract physician. Depositions are not to be obtained on District premises.

Non Business Related Depositions

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Subpoenas/Search Warrants served on district records, contract physicians, or patients

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~~When a deposition is related to a personal matter and is not related to the contract physician's work with the District, Risk Management staff will not assist in arranging the time and location of the deposition. Depositions are not to be obtained on District premises.~~

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#### IV.VI. Search Warrants

In general, the use of a search warrant indicates that the government views the investigation as extremely serious. The District Compliance Officer, Director of Risk Management, and the District Compliance Advocate shall be consulted at the earliest opportunity to ensure that informed decisions are made.

In the event you are served with a search warrant:

- A. Immediately contact the Compliance Officer at 624-~~5006. 2154~~ or 287-0070. Under the direction of the District Compliance Officer, Risk Manager, and/or the District Compliance Advocate, the manager of the department being searched will deal with the agents executing the search warrant and must take notes during the search. The notes are to be taken in anticipation of litigation, addressed to the counsel, and kept confidential.
- B. If the person executing the search warrant seizes privileged documents, advise them that the documents are privileged and request that such documents be sealed in an envelope and segregated from the other items seized until counsel can take steps to seek their return.
- C. Staff members shall not be instructed not to speak with government investigators. They can, however, be told what their rights are: They have the right to talk or not to talk, they can consult with counsel before deciding whether to talk, and they can have counsel present at any interview they choose. Again, if staff members choose to talk, they should be reminded of the importance of being truthful.
- D. The Compliance Officer will obtain a detailed receipt for all evidence seized. In addition, the District will ask for the opportunity to copy all documents or other records seized.

Subpoenas/Search Warrants served on district records, contract physicians, or patients

6

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| Policy Number: AP87  | Date Created: No Date Set       |
| Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)     | Date Approved: Not Approved Yet |
| Approvers: Board of Directors (Administration)                 |                                 |
| <b>Sentinel Event and Adverse Event Response and Reporting</b> |                                 |

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

**PURPOSE:**

This Policy describes the multidisciplinary framework in which Kaweah Delta (herein referred to as Kaweah Health) and its organized Medical Staff identifies and responds to all Sentinel Events/Adverse Events (SE/AE) occurring within the organization. Kaweah Health’s response encompasses the identification, investigation, and action plan to reduce risks, implement process improvements, monitor the effectiveness of those improvements, and the appropriate reporting of Events consistent with The Joint Commission (TJC) and all applicable regulatory mandates.

Kaweah Delta recognizes that the commitment to Quality and Patient Safety is everyone’s responsibility, and that this accountability begins at the unit level where individual unit staff and leadership play a critical role in the delivery of quality care and patient safety. Staff and leadership in every department should call the Risk Management Department to notify of a potential Sentinel or Adverse Event as soon as possible after an event is identified.

The Risk Management (RM) Director shall coordinate all investigations, Root Cause Analysis (RCAs), Plans of Correction, Action Plans and monitoring activities. The RM Director will coordinate with the Chief Executive Officer (CEO), Chief Quality Officer/Chief Medical Officer (CQO/CMO), Chief Compliance & Risk Officer (CCRO), and any other appropriate Chief Officer to ensure the timely and complete compliance with all required notification(s) to California Department of Public Health (CDPH) or Center for Medicare and Medicaid Services (CMS). The RM Director will coordinate with the CEO, CQO/CMO, or the appropriate Chief Officer to ensure the written Plan of Correction report is completed and received by CDPH.

**DEFINITIONS:**

For purposes of this policy, Sentinel Events and Adverse Events shall be considered as one: Sentinel Event/Adverse Event (SE/AE).

- I. **Sentinel Event (SE)** – is a term used by The Joint Commission to describe “a Patient Safety Event” that reaches a patient and results in any of the following:
  - a) Death
  - b) Permanent harm

- c) Severe temporary harm and intervention required to sustain life

Reporting of Sentinel Events to The Joint Commission is strongly encouraged, but not required. (Attachment C)

- II. **Adverse Events (AE)** – The list of CDPH reportable adverse events is defined by California Health and Safety Code Section 1279.1. These Adverse Events encompass “Sentinel Events” as well as other delineated (and reportable) situations as well as National Quality Forum’s “never events.” (See Attachment B).
- III. **Near-Miss** – Any process variation that did not affect an outcome, but for which a recurrence carries a significant chance of serious adverse outcome. Such a “near-miss” falls within the scope of the definition of a SE, but outside of the scope of those Events that are subject to review by TJC under its SE Policy.
- IV. **Quality Concern** – Events, errors, or situations that are either corrected before a patient is harmed, or that represent an opportunity to identify and correct flaws that jeopardize patient safety. They do not rise to the level of SE/AE or near-miss events, and are managed by the RM department utilizing the Focused Review process.
- V. **METER (Midas Event Triage & Ranking) Committee** – A multidisciplinary team including members from the organization and Medical Staff which reviews occurrence reports daily to rank and triage events so immediate notification of high-risk or unusual events can be made to hospital and Medical Staff leadership.
- VI. **Focused Review** – A process to evaluate Quality Concerns that hold less potential for severity and harm than would be appropriate for an RCA. In the absence of extenuating circumstances, Focused Reviews are conducted by Unit or Service Line leadership utilizing the Keaweah Health standardized process and documentation. RM staff shall serve as a resource to this process on an as needed basis. Focused Reviews are an integral part of Keaweah Health’s Patient Safety and Quality Improvement program.
- ~~VII.~~ **Center for Medicare and Medicaid Services (CMS)** – Federal agency responsible for enforcement of Medicare and Medicaid regulations.
- ~~VII.~~ –(Attachment D).
- VIII. **Case Review Committee (CRC)** – A multidisciplinary team composed of:
- Chief Executive Officer (CEO)
  - Chief Quality Officer (CQO) or Chief Medical Officer (CMO)

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- Chief Compliance & Risk Officer (CCRO)
- Chief of Staff or designee (Chair), if Applicable,
- Medical Staff Clinical Department Chair, if Applicable
- ~~Chief~~ Chief Nursing Officer (CNO), in events involving nursing
- ~~Chief~~ Chief Officer of area in which event occurred, as available
- Medical Director of Quality/Patient Safety, as available
- Director of Risk Management (RM)
- Director of Quality & Patient Safety
- Director of area where SE/AE occurred
- Others may be asked to participate as appropriate

- IX. **Root Cause Analysis and Actions (RCA2)** – Root-Cause Analysis (RCA) – Root cause analysis is a comprehensive systematic analysis for identifying the factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily, but not exclusively, on systems and processes, rather than individual performance. The analysis identifies changes that could be made in systems and processes through redesign or development of new systems or processes that will improve the level of performance and reduce the risk of particular serious adverse event occurring in the future. Root Cause Analysis is an integral part of Kaweah Health's Patient Safety and Quality Improvement program.

**PROCESS for Sentinel/Adverse events and near-misses (Attachment A):**

- A. The METER Committee reviews occurrence reports submitted within the previous 24 hours each weekday to rank and triage events so immediate notification of high-risk or unusual events can be made to hospital and Medical Staff leadership. Occurrence reports received on weekends/holidays will be reviewed the following business day. High-risk or unusual events which occur during weekends/holidays will be immediately escalated to the House Supervisor and/or the Risk Management team member on-call.
- B. When an event that is potentially a Sentinel/Adverse or near-miss occurs or is discovered, staff will immediately notify the Risk Management Department (624-2340) or RM staff member on call through the House Supervisor.
- C. Upon notification of the event, the Risk Management Department will immediately perform an initial assessment to determine the following:
  1. The immediate safety of any patients, staff or other persons who are or may be at risk.
  2. The RM Director or designee shall proceed directly to initiate a CRC meeting as described in Section C below.
  3. RM will then complete their investigation.
- D. The Risk Management Director or designee will convene a CRC within 72 hours.
- E. The CRC will review the event in question and determine:
  1. If the event is a Sentinel/Adverse or near-miss;
  2. If the event requires reporting to either CDPH and/or TJC;
  3. If the event requires a RCA, or if an alternate action is appropriate; and

4. If any immediate actions prior to the RCA are required.
- E. If the event is deemed reportable, the RM Director or designee will ensure that such reporting is done in compliance with Kaweah Health policy and all applicable regulatory and statutory requirements as well as notify the CEO, CCO, and CNO.
  - F. Upon determination that a Sentinel/Adverse event has occurred, the RM Director shall conduct a RCA using methodology consistent with current TJC standards unless the CRC determines that an alternate action is appropriate. Directors shall also ensure to the best of their ability that their involved staffs are available to attend the RCA, if their participation is needed. Leadership will be responsible for ensuring that support services for any involved individual are available. Patients and/or families may also be interviewed to gather information for the RCA, as appropriate.
  - G. The RM Director (or designee) in collaboration with the patient's physician, Chief of Staff (or designee) will ensure that an apology is offered and notice of the SE/AE is given to the patient involved, or the party responsible for the patient, of the nature of the Event by the time the initial report is made to CDPH. A notation that this notice has occurred shall be placed in the patient's medical record. If process changes were implemented because of a preventable SE/AE, the patient/family will be informed of those changes. An apology or notice are not required for near-miss events or quality concerns.
  - H. While the focus of SE/AE is about improving patient care, Kaweah Health may also waive costs to the patient or a third party payer for costs directly related to the SE/AE. This will be reviewed on a case-by-case basis, and will be done in compliance with all applicable regulatory standards.
  - I. The patient or the party responsible for the patient shall not be provided with a copy of the CDPH report. The CDPH report will not be placed in the patient's medical record, and no reference that a report to CDPH has been made should be included in the medical record.
- I. The RCA shall be conducted and produce an Action Plan within 20 days of the initial meeting that includes a detailed review of what transpired prior to, during, and immediately following the event.

The RCA will:

- A. Focus on systems and processes related to the event;
- B. Identify changes that could be made in the systems and processes which would reduce to prevent future occurrences;
- C. Develop a detailed written Action Plan for each of the opportunities identified, and will:
  - 1. Identify the key accountable staff position (usually a Director) for ensuring changes are implemented,
  - 2. A date for action implementation or completion,
  - 3. How the department will monitor the effectiveness of such changes, including the accountable staff person and target dates for reporting;

4. When necessary, include references from relevant literature for “best practices” used in the RCA and the development of the Action Plan.
- D. All documentation related to RCAs, Focused Reviews, Action Plans, CDPH Plans of Correction, and monitoring activities involving clinical practice or conduct by members of the Medical or Advanced Practice Provider staff will be maintained exclusively as confidential Medical Staff documents so as to be protected by California Evidence Code, Section 1157.
  - E. The RM Director, CQO, and the Medical Director of Quality/Patient Safety are responsible for reporting finalized RCAs and Action Plans to the following committees as appropriate for approval:
    - The Patient Safety Committee;
    - Professional Staff Quality Committee (Prostaff)
    - Medical Staff issues will be referred to the appropriate medical staff committee/department for follow-up prior to being referred on to the Medical Executive Committee.
    - Quality Council
  - F. Board of Directors Organizational Learning: Every attempt will be made to use “teaching moments” and disseminate the “lesson learned” from these events to all appropriate areas of our organization. Department and unit meetings, in-service discussions, Grand Rounds, conferences, newsletters and other venues will be used in this effort to be sure that we collectively learn from, improve, and prevent similar occurrences in the future.

*“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.”*

**REFERENCES:**

*The Joint Commission Perspectives, October 2022, Volume 42, Issue 10. "Definition of Sexual Abuse/Assault Revised in Sentinel Event Policy"*

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The Joint Commission Perspectives, December 2020, Volume 40, Issue 12

The Joint Commission Perspectives, June 2020, Volume 40, Issue 6

CHA Consent Manual, 2020, Chapter 19

National Quality Forum, 2011, [h](https://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx)  
[https://www.qualityforum.org/Topics/SREs/List\\_of\\_SREs.aspx](https://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx)

approval

**Attachment A**

**Process**

Suspected Sentinel/Adverse Event → CRC --- If SE/AE confirmed → RCA\*  
(except HAPI)

Suspected Near-miss → CRC--- If near-miss confirmed: → RCA\*

Quality Concern → Focused Review

\*unless CRC determines that an alternate action is appropriate

approval

**Attachment B****SPECIFIC DEFINITION OF SENTINEL/ADVERSE EVENT IN LAW**

- I. *California Health and Safety Code 1279.1*  
**1279.1.** (b) For purposes of this section, "adverse event" includes any of the following:
- (1) **Surgical events**, including the following:
    - (A) **Surgery performed on a wrong body part** that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery or a situation that is so urgent as to preclude obtaining informed consent.
    - (B) **Surgery performed on the wrong patient.**
    - (C) **The wrong surgical procedure performed on a patient**, which is a surgical procedure performed on a patient that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery, or a situation that is so urgent as to preclude the obtaining of informed consent.
    - (D) **Retention of a foreign object in a patient after surgery or other procedure**, excluding objects intentionally implanted as part of a planned intervention and objects present prior to surgery that are intentionally retained.
    - (E) **Death during or up to 24 hours after induction of anesthesia after surgery** of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic processes for which the operation is to be performed are localized and do not entail a systemic disturbance.
  - (2) **Product or device events**, including the following:
    - (A) **Patient death or serious disability associated with the use of a contaminated drug, device, or biologic** provided by the health facility when the contamination is the result of generally detectable contaminants in the drug, device, or biologic, regardless of the source of the contamination or the product.
    - (B) **Patient death or serious disability associated with the use or function of a device** in patient care in which the device is used or functions other than as intended. For purposes of this subparagraph, "device" includes, but is not limited to, a catheter, drain, or other specialized tube, infusion pump, or ventilator.
    - (C) **Patient death or serious disability associated with intravascular air embolism** that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.
  - (3) **Patient protection events**, including the following:
    - (A) An infant discharged to the wrong person. Attachment I

- (B) Patient death or serious disability associated with patient disappearance for more than four hours, excluding events involving adults who have competency or decision making capacity.
- (C) **A patient suicide or attempted suicide resulting in serious disability while being cared for in a health facility** due to patient actions after admission to the health facility, excluding deaths resulting from self-inflicted injuries that were the reason for admission to the health facility.
- (4) **Care management events**, including the following:
- (A) **A patient death or serious disability associated with a medication error**, including, but not limited to, an error involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose.
- (B) A patient death or serious disability associated with hemolytic reaction due to the administration of ABO-incompatible blood or blood products.
- (C) **Maternal death or serious disability associated with labor or delivery** in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days post-delivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy.
- (D) **Patient death or serious disability directly related to hypoglycemia**, the onset of which occurs while the patient is being cared for in a health facility.
- (E) Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. For purposes of this subparagraph, "hyperbilirubinemia" means bilirubin levels greater than 30 milligrams per deciliter.
- (F) **A Stage 3 or 4 ulcer**, acquired after admission to a health facility, excluding progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission.
- (G) **A patient death or serious disability due to spinal manipulative therapy** performed at the health facility.
- (5) **Environmental events**, including the following:
- (A) **A patient death or serious disability associated with an electric shock** while being cared for in a health facility, excluding events involving planned treatments, such as electric counter shock.
- (B) **Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance.**

- (C) **A patient death or serious disability associated with a burn** incurred from any source while being cared for in a health facility.
- (D) **A patient death associated with a fall** while being cared for in a health facility.
- (E) **A patient death or serious disability associated with the use of restraints or bedrails** while being cared for in a health facility. See Attachment D.
- (6) **Criminal events**, including the following:
- (A) Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
- (B) The abduction of a patient of any age.
- (C) **The sexual assault on a patient** within or on the grounds of a health facility.
- (D) **The death or significant injury of a patient or staff member resulting from a physical assault** that occurs within or on the grounds of a facility.
- (7) An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor.
- (c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.
- (d) "Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part.

## Attachment C

### Definition of Sentinel Event – The Joint Commission

A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm\*

An event is also considered sentinel if it is one of the following:

- Suicide of any patient receiving care, treatment, and services in a staffed around-the clock care setting or within 72 hours of discharge, including from the hospital's emergency department (ED)
- Unanticipated death of a full-term infant
- Discharge of an infant to the wrong family
- Abduction of any patient receiving care, treatment, and services
- Any elopement (that is, unauthorized departure) of a patient from a staffed around the-clock care setting (including the ED), leading to death, permanent harm, or severe temporary harm to the patient
- Administration of blood or blood products having unintended ABO and non-ABO (Rh, Duffy, Kell, Lewis, and other clinically important blood groups) incompatibilities, hemolytic transfusion reactions, or transfusions resulting in severe temporary harm, permanent harm, or death
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any patient receiving care, treatment, and services while on site at the hospital
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the hospital

- Surgery or other invasive procedure performed at the wrong site, on the wrong patient, or that is the wrong (unintended) procedure for a patient|
- Unintended retention of a foreign object in a patient after an invasive procedure, including surgery
- Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
- Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the hospital. To be considered a sentinel event, equipment must be in use at the time of the event; staff do not need to be present.
- Any intrapartum (related to the birth process) maternal death
- Severe maternal morbidity (not primarily related to the natural course of the patient's illness or underlying condition) when it reaches a patient and results in permanent harm or severe temporary harm
- Fall resulting in any of the following: any fracture; surgery, casting, or traction; required consult/management or comfort care for a neurological (e.g., skull fracture, subdural or intracranial hemorrhage) or internal (e.g., rib fracture, small liver laceration) injury; a patient with coagulopathy who receives blood products as a result of the fall; or death or permanent harm as a result of injuries sustained from the fall (not from physiologic events causing the fall)

#### Definitions for Abuse or Assault:

- Sexual abuse/assault of any [patient/client] while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization\*
- Sexual abuse/assault of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to [patients/clients]\*
- Physical assault of any [patient/client] (leading to death, permanent harm, or severe temporary harm) while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization.
- Physical assault (leading to death, permanent harm, or severe temporary harm) of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to [patients/clients]
- Homicide of any [patient/client] while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization
- Homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to [patients/clients]

\* Sexual abuse/assault is defined (beginning January 1, 2023) by The Joint Commission as "Nonconsensual sexual contact of any type with an individual. Sexual abuse includes, but is not limited to, the following: Unwanted intimate touching of any kind, especially of the breasts, buttocks or perineal area; All types of sexual assault or battery such as rape, sodomy, and coerced nudity (partial or complete); Forced observation of masturbation and/or sexually explicit images, including pornography, texts or social media; Taking sexually explicit photographs and/or audio/video recordings of an individual and maintaining and/or distributing them."

Sexual abuse/assault (including rape) as a sentinel event is defined as nonconsensual sexual contact, including oral, vaginal, or anal penetration or fondling of the individual's sex organ(s) by another individual.

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*One or more of the following must be present to determine that it is a sentinel event:*

*\*Any staff-witnessed sexual contact as described above*

*\*Admission by the perpetrator that sexual contact, as described above, occurred on the premises*

*\*Sufficient clinical evidence obtained by the health care organization to support allegations of*

*unconsented sexual contact. Generally, sexual contact is nonconsensual in the following situations:*

- *When the individual lacks the cognitive or legal ability to consent even though appearing to want the contact to occur*
- *When the individual does not want the contact to occur.*

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## **Attachment D**

### REPORTING REQUIREMENTS RELATED TO RESTRAINT OR SECLUSION

#### **CMS Death Reporting and Recording Requirements**

##### REPORTING REQUIREMENTS

Hospitals must report the following deaths associated with the use of seclusion or restraint to the Centers for Medicare & Medicaid Services (CMS) Regional Office no later than the close of business on the next business day following knowledge of the patient's death. The following events must be reported:

1. Each death that occurs while a patient is in restraint or seclusion, except for deaths subject to the "Documentation Requirement".
2. Each death that occurs within 24 hours after the patient was removed from restraint or seclusion (whether or not the hospital believes that the use of restraint or seclusion contributed to the patient's death), except for deaths subject to the "Documentation Requirement".
3. Each death known to the hospital that occurs within one week after restraint or seclusion where it is reasonable to assume that use of restraint or seclusion contributed directly or indirectly to a patient's death. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing or asphyxiation.

This requirement applies to deaths that occur in any unit of the hospital, including an ICU or critical care unit.

##### **DOCUMENTATION REQUIREMENT**

When no seclusion has been used and when the only restraints used on the patient are those applied exclusively to the patient's wrist(s), and which are composed solely of soft, non-rigid, cloth-like materials, the hospital staff does not need to notify CMS of a patient death by the next business day.

The date and time of the report to CMS must be documented in the patient's medical record.

Hospitals must report to the CMS Regional Office electronically using Form CMS-10455, "Report of a Hospital Death Associated with the Use of Restraint or Seclusion."

### **FDA Restraint Reporting**

FDA regulates restraint devices as it regulates other medical devices. Thus, hospitals and other device user facilities must report incidents involving restraints that have or may have caused or contributed to the serious injury or death of a patient.

For purposes of this reporting law, it should be noted that the FDA uses a different definition of restraint than does the Centers for Medicare & Medicaid Services Conditions of Participation or California law. The FDA defines a "protective restraint" as:

a device, including but not limited to a wristlet, anklet, vest, mitt, straight jacket, body/limb holder, or other type of strap, that is intended for medical purposes and that limits the patient's movements to the extent necessary for treatment, examination, or protection of the patient or others [21 C.F.R. Section 880.6760].

Whereas the CMS definition of restraint could include a geri-chair, a tray table, a side rail, a sheet, or even a staff member holding a patient, the FDA definition does not. Therefore, this reporting requirement is somewhat more narrow than the CMS reporting requirement for deaths associated with seclusion or restraints discussed under XII. "Reporting Requirements Related to Restraint or Seclusion"

### **Attachment E**

List of National Quality Forum Serious Reportable Events (aka SRE or "Never Events")

#### **1. SURGICAL OR INVASIVE PROCEDURE EVENTS**

1A. Surgery or other invasive procedure performed on the wrong site (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1B. Surgery or other invasive procedure performed on the wrong patient (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1C. Wrong surgical or other invasive procedure performed on a patient (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1D. Unintended retention of a foreign object in a patient after surgery or other invasive procedure (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1E. Intraoperative or immediately postoperative/post-procedure death in an ASA Class 1 patient (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

## 2. PRODUCT OR DEVICE EVENTS

2A. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2B. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2C. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

## 3. PATIENT PROTECTION EVENTS

3A. Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3B. Patient death or serious injury associated with patient elopement (disappearance) (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3C. Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

## 4. CARE MANAGEMENT EVENTS

4A. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration) (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4B. Patient death or serious injury associated with unsafe administration of blood products (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4C. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers

4D. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy (new)

Applicable in: hospitals, outpatient/office-based surgery centers

4E. Patient death or serious injury associated with a fall while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4F. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

4G. Artificial insemination with the wrong donor sperm or wrong egg (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

4H. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen (new)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4I. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results (new)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

## 5. ENVIRONMENTAL EVENTS

5A. Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5B. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5C. Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting (updated)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5D. Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting (updated)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

## 6. RADIOLOGIC EVENTS

6A. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area (new)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

## 7. POTENTIAL CRIMINAL EVENTS

7A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider (updated)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7B. Abduction of a patient/resident of any age (updated)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7C. Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting (updated)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7D. Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting (updated)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

**Attachment F:** -REPORTING REQUIREMENTS UNDER STATE LAW

*California Health and Safety Code – Pertaining to General Acute Care Hospitals*

**1279.1.** (a) A health facility licensed pursuant to subdivision (a), (b), or (f) of Section 1250 shall report an adverse event to the department no later than five days after the adverse event has been detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than 24 hours after the adverse event has been detected. Disclosure of individually identifiable patient information shall be consistent with applicable law.

(c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.

(d) "Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part.

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|   |                                 |
|---|---------------------------------|
| Policy Number: AP66   | Date Created: No Date Set       |
| Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)          | Date Approved: Not Approved Yet |
| Approvers: Board of Directors (Administration)                      |                                 |
| <b>Suspected child and or elder dependent adult abuse reporting</b> |                                 |

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

**Purpose:**

The District's policy is to create a health care environment free from threat and or occurrence of harassment, abuse (verbal, physical, mental, or sexual), neglect, corporal punishment, involuntary seclusion and misappropriation of property.

**Policy:**

In accordance with the California Penal Code and the Welfare and Institutions Code, all staff of a health care facility are required to report any known or suspected child, elder/dependent adult abuse or domestic violence injuries to the proper authority. This reporting must be accomplished as soon as practically possible via telephone and by written report within thirty-six (36) hours (Child Abuse) and within two (2) working days (Elder/Dependent Adult Abuse and Domestic Violence injuries) of the discovery.

All staff members are mandated reporters of suspected child or elder/dependent adult abuse and Domestic Violence injuries. Social workers (or Patient and Family Services staff) are available to help assess patients and make appropriate telephone and written reports. In cases where the social worker believes that abuse did not occur, staff members who are mandated reporters and suspect abuse or neglect must report the abuse or neglect to the proper authorities.

Staff members working in Long Term Care, please see Abuse Prohibition Policy located in the Skilled Nursing Policy and Procedure Manual which is applicable to Long term care units.

Staff members need to be alert to the laws and regulations governing disclosure of medical information. The hospital is mandated to track some of the disclosures made in association with an abuse report. Staff can seek guidance from Health Information Management or Patient & Family Services regarding these requirements.

See the following Attachments for Indicators of Possible Abuse or Neglect:

- Attachment A: Indicators of Child Abuse/Neglect
- Attachment B: Indicators of Elder/Dependent Adult Abuse
- Attachment C: Indicators of Domestic Violence

**Definitions:**

- I. Child Abuse
  - A. "Child" is defined as any person 17 years of age or younger.
  - B. "Suspected child abuse" includes physical injury inflicted by other than accidental means, sexual abuse, neglect, willful cruelty, or unjustifiable punishment.
  
- II. Elder/Dependent Adult Abuse
  - A. "Elder" is defined as any person who is sixty-five (65) years of age or older.
  - B. "Dependent adult" is defined as any person between the ages of eighteen (18) through sixty-four (64) years who has physical or mental limitations which restrict his/her ability to carry out normal activities or to protect his/her rights, including but not limited to persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Dependent adult also includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility.
  - C. "Abuse" is defined as including any one or more of the following acts which is inflicted by other than accidental means:
    1. Physical abuse
    2. Sexual abuse/assault is defined (beginning January 1, 2023) by The Joint Commission as "Nonconsensual sexual contact of any type with an individual. Sexual abuse includes, but is not limited to, the following: Unwanted intimate touching of any kind, especially of the breasts, buttocks or perineal area; All types of sexual assault or battery such as rape, sodomy, and coerced nudity (partial or complete); Forced observation of masturbation and/or sexually explicit images, including pornography, texts or social media; Taking sexually explicit photographs and/or audio/video recordings of an individual and maintaining and/or distributing them."
    3. Intimidation
    4. Cruel punishment
    5. Fiduciary abuse (finances/property)
    6. Neglect
    7. Abandonment of care or custody
    8. Any other treatment with resulting physical harm, pain, or mental suffering
    9. Isolation
    10. A physical or chemical restraint, psychotropic medication, or isolation without authorization, or for a purpose other than for which it is ordered (including but not limited to staff convenience or punishment) or for a period beyond that which it was ordered constitutes "abuse."
  
- III. Domestic Violence  
Abuse committed against an adult or emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the

suspect has had a child, or is having, or has had a dating or engagement relationship.

- A. Source of Abuse
  - 1. Family, friends, visitors or caregivers
  - 2. Other patients
  - 3. Staff

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**IV. Reasonable Suspicion**

An objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing when appropriate upon his or her training and experience, to suspect abuse.

**Procedure:**

Any employee who has knowledge of, suspects or witnesses abuse, neglect or misappropriation of property is mandated to report as soon as practically possible.

Staff members will contact their Nurse Manager or Department Manager or if unavailable, the House Supervisor as soon as practically possible should they witness, find evidence of/or suspect abuse, neglect, receive a complaint and/or concern of abuse/neglect from a patient /family member.

- I. If the source of the neglect or abuse is from someone other than a Kaweah Health staff or facility, the Nurse Manager, Department Manager, and/or House Supervisor will contact Patient and Family Services to assess and determine if a report has been or should be made to the proper authority. If it is determined that a report is appropriate, Patient and Family Services staff will contact the appropriate authority and complete the necessary documentation. This will include seeing that the patient is protected from any harm during the investigation and upon discharge as appropriate.

**A. Child abuse reporting**

1. Contact immediate supervisor and Patient and Family Services;
2. Telephone report is made by the Social Worker\* to Child abuse hotline – 1-800-331-1585 or Law Enforcement;
3. Written report (Suspected Child Abuse Report form/DOJ form/SS8572 form) is completed and mailed within 36 hours. [https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss\\_8572.pdf?](https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf?)
4. A copy of the report is NOT placed in the patient's chart;
5. If the appropriate law enforcement agency refuses to take the report, then the report must be made to the California Department of Justice. ([www.caag.state.ca.us.htm](http://www.caag.state.ca.us.htm).)

\*If you as a mandated reporter believe that a report should be made, but the social worker thinks that a report is not necessary, then YOU, as a mandated reporter are still required to report.

**B. Elder and Dependent Adult Abuse Reporting**

1. Contact immediate supervisor and/or Patient and Family Services

2. Telephone report is made by the Social Worker\* to Adult Protective Services in the county of the victim's residence or Law Enforcement.
3. Written report (Suspected Dependent Adult/Elder Abuse form/SOC 341) is completed and sent within two (2) working days to the agency you made the report. Reports may be mailed, emailed, or faxed.  
[https://cdss.ca.gov/MandatedReporting/story\\_content/external\\_files/SOC341.pdf](https://cdss.ca.gov/MandatedReporting/story_content/external_files/SOC341.pdf)
4. A copy of the report is NOT placed in the patient's chart.

\*If you as a mandated reporter, believe that a report should be made, but the social worker thinks that a report is not necessary, then YOU, as a mandated reporter are still required to report.

C. Long Term Care

\*Please refer to A.1 (Skilled Nursing Services Policy and Procedure Manual).

D. Reporting agencies

1. Child Abuse Reporting
  - a. Child Abuse Reporting Hotline (24 hours) 1-800-331-1585
  - b. Reporting forms sent to:  
Tulare County Health & Human Services Agency  
Child Welfare Services  
PO Box 671  
Visalia, CA 93279  
FAX: (559) 730-2510
  - c. Reports refused by local law enforcement should be sent to:  
California Department of Justice  
Child Protection Program  
P.O. box 903387  
Sacramento, CA 94203-3870
2. Elder/Dependent Adult Abuse Reporting
  - a. Adult Protective Services or Law Enforcement  
Tulare County APS (559) ~~623-0654~~[713-3710](tel:559-713-3710)  
Kings County APS (559) ~~852-4000~~[582-7399](tel:559-582-7399)  
Fresno County APS (559) ~~600-3383~~[453-8990](tel:559-453-8990)
  - b. Kings/Tulare County Ombudsman  
1197 South Dr.  
Hanford, CA 93230  
(800) 293-9714  
[Phone: \(559\) 582-3211](tel:559-582-3211)  
[Fax: \(559\) 582-9627](tel:559-582-9627)
3. Domestic Violence Reporting

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- a. Reports of suspected physical abuse are made to law enforcement in the area where the alleged abuse took place. Visalia Police Department (559) 734-8116  
Tulare County Sheriff's Department (559) 733-6211

The patient or their personal representative is notified as soon as practically possible that a report has been or will be made and informed they may file a report with law enforcement should they choose, except if:

- 1. The reporting party, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or
- 2. The reporting party would be informing a personal representative of the individual, and the reporting party reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the reporting party, in the exercise of professional judgment.

ii. If the allegation of abuse or neglect is a result of care given at a Kaweah Delta Health Care District facility, then the Nurse Manager or designee will contact House Supervisor or Risk Management as soon as practically possible to collaboratively assess and determine if a report has been or should be made to the proper authority. If it is determined that a report is appropriate, the Nurse Manager or designee will contact the appropriate authority (listed in [Attachment Section D on page 5 of this policy](#)) and complete the necessary documentation. This will include seeing that the patient is protected from any harm during the investigation and at discharge.

Assessment by Risk Management may include incidents that do not need to be reported. A physician, registered nurse or psychotherapist as defined in CA Evidence Code Section 1010 need not report an incident if all of the following conditions exist:

1. The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect.

2. The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.

3. The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.

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4. The physician, registered nurse or psychotherapist as defined in Evidence Code Section 1010 reasonably believes, in the exercise of clinical judgment, that the abuse did not occur.

The patient or their personal representative is notified as soon as practically possible that a report has been or will be made and informed they may file a report with law enforcement should they choose, except if:

- A. The reporting party, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or
  - B. The reporting party would be informing a personal representative of the individual, and the reporting party reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the reporting party, in the exercise of professional judgment.
- III. If an allegation regarding sexual abuse or sexual misconduct is made against a licensed health care staff or practitioner *and is in writing*, then a report will also be made to the staff's or practitioner's state licensing agency (i.e. California Medical Board, Board of Registered Nursing, etc.) within 15 days of receipt of the *written* allegation pursuant to SB 425.

*"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."*

**REFERENCES:**

CHA Consent Manual, 2019: Chapter 19, [Assault and Abuse Reporting Requirements Adverse events and Incident Reports](#)

SB 425 [https://leginfo.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200SB425](https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB425)

[CHA Consent Manual, 2020, Chapter 17, Assault and Abuse Reporting Requirements](#)

[California Evidence Code Section 1010](#)

[The Joint Commission Perspectives, October 2022, Volume 42, Issue 10. "Definition of Sexual Abuse/Assault Revised in Sentinel Event Policy"](#)

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## **Attachment A**

### **INDICATORS OF CHILD ABUSE/NEGLECT**

The following is a list of criteria that may be indicators of suspected abuse. However, the presence of an indicator alone is not a determination of abuse. Thorough assessment, including consideration of indicators, is needed.

### **INDICATORS OF PHYSICAL ABUSE:**

These indicators are used to distinguish accidental injuries from suspected physical abuse.

#### **Location of Injury**

The primary target zone for infliction of injuries is the back surface of the body from the neck to the knees. Such injuries constitute the largest percentage of identified abuse.

Injuries from abuse are not typically located on shins, elbows, or elbows.

#### **History**

- The history includes all facts about the child and the injury including:
- Child states that the injury was caused by abuse.  
Knowledge that a child's injury is unusual for a specific age group (e.g., any fracture in an infant).
- Unexplained injuries (e.g., parent is unable to explain reason for injury; there are discrepancies in explanation; blame is placed on a third party; explanations are inconsistent with medical diagnosis).

#### **Behavioral Indicators**

The following indicators may result from child abuse:

- Parent or caretaker delay seeking care for a child or fails to seek appropriate care.
- Child is excessively passive, compliant, or fearful, or at the other extreme, excessively aggressive or physically violent.
- Child, parent and/or caretaker attempts to hide injuries; child wears excessive layers of clothing, especially in hot weather; child is frequently absent from school or physical education classes.

#### **TYPES OF INJURIES**

- Bruises
- Burns
- Bite Marks
- Abrasions, Lacerations
- Head Injuries
- Internal Injuries
- Fractures

**INDICATORS OF PHYSICAL NEGLECT:**

While some of these conditions may exist in any home environment, **it is the extreme or persistent presence** of these factors that indicate some degree of neglect.

**Neglect may be suspected if the following conditions exist:**

- The child is lacking adequate medical or dental care;
- The child is always sleepy or hungry;
- The child is always dirty, demonstrates poor personal hygiene, or is inadequately dressed for weather conditions;
- There is evidence of poor supervision (repeated falls down stairs; repeated ingestion of harmful substances; a child cared for by another child); the child is left alone in the home, or unsupervised under any circumstances (left in car, street, etc.);
- The conditions in the home are unsanitary (garbage, animal or human excretion);
- The home lacks heating or plumbing;
- There are fire hazards or other unsafe home conditions;
- The sleeping arrangements are cold, dirty, or otherwise inadequate;
- The nutritional quality of food in the home is poor;
- Meals are not prepared; children snack when hungry;
- There is spoiled food in refrigerator or cupboards.

**INDICATORS OF SEXUAL ABUSE:**

Sexual abuse of a child may surface through a broad range of physical, behavioral, and social symptoms. Some of these indicators, taken separately, may not be symptomatic of sexual abuse. They are listed below as a guide, and should be examined in the context of other behavior(s) or situational factors.

**History**

- A child reports sexual activities to a friend, classmate, teacher, friend's mother, or other trusted adult.
- Child wears torn, stained, or bloody underclothing.
- Knowledge that a child's injury/disease is unusual for the specific age group. Knowledge of a child's history of previous or recurrent injuries/diseases.
- Unexplained injuries/diseases (e.g., parent unable to explain reason for injury/disease); there are discrepancies in explanation; blame is placed on a third party; explanations are inconsistent with medical diagnosis.
- A young girl is pregnant or has a sexual transmitted disease.

**Behavioral Indicators****Sexual behaviors of children**

- Detailed and age-inappropriate understanding of sexual behavior (especially by younger children);
- Inappropriate, unusual, or aggressive sexual behavior with peers or toys.
- Compulsive masturbation;

- Excessive curiosity about sexual matters or genitalia (self and others);
- Unusually seductive with classmates, teachers, and other adults;
- Prostitution or excessive promiscuity;
- Excessive concern about homosexuality (especially by boys).

**Behavioral indicators in younger children**

- Enuresis (bed wetting)
- Fecal soiling
- Eating disturbances (overeating, under eating)
- Fears or phobias.
- Overly compulsive behavior.
- School problems or significant change in school performance (attitude and grades).
- Age-inappropriate behavior (e.g., pseudomaturity or regressive behavior such as bedwetting or thumb sucking).
- Inability to concentrate.
- Sleep disturbances (e.g., nightmares, fearful about falling asleep, fretful sleep pattern, or sleeping long hours.) Behavioral indicators in older children and adolescents.
- Withdrawal.
- Clinical depression.
- Overly compliant behavior.
- Poor hygiene or excessive bathing.
- Poor peer relations and social skills; inability to make friends.
- Acting out, runaway, aggressive or delinquent behavior.
- Alcohol or drug abuse.
- School problems, frequent absences, sudden drop in school performance.
- Refusal to dress for physical education.
- Non-participation in sports and social activities.
- Fearful of showers/restrooms.
- Fearful of home life demonstrated by arriving at school early or leaving late.
- Suddenly fearful of other things (e.g., going outside, participating in familiar activities).
- Extraordinary fear of males (in cases of male perpetrator and female victim)
- Self-consciousness of body beyond that expected for age.
- Sudden acquisition of money, new clothes or gifts with no reasonable explanation.
- Suicide attempt or other self-destructive behavior.
- Crying without provocation.
- Fire setting

**Physical Symptoms**

- Sexually transmitted diseases.
- Genital discharge or infection.
- Physical trauma or irritations to the anal/genital area (pain, itching, swelling, bruising, bleeding, lacerations, abrasions, especially if unexplained or inconsistent).

- Pain upon urination/defecation.
- Difficulty in walking or sitting due to genital or anal pain.
- Psychosomatic symptoms, e.g., stomachaches, headaches

**EMOTIONAL ABUSE:**

**Behavioral Indicators for Children**

Emotional abuse may be suspected if the child:

- Is withdrawn, depressed, and apathetic.
- “Acts out”, and is considered a “behavior problem”.
- Is overly rigid in conforming to instructions of teachers, doctors, and other adults.
- Displays other signs of emotional turmoil (e.g., repetitive, rhythmic movements; inordinate attention to details; no verbal or physical communication with others).
- Unwittingly makes comments such as, “Mommy always tells me I’m bad.”

The behavior patterns mentioned may, of course, be due to other causes, but the suspicion of abuse should not be precluded.

Just as physical injuries can scar and incapacitate a child, emotional maltreatment can similarly cripple and handicap a child emotionally, behaviorally, and intellectually. Severe psychological disorders have been traced to excessively distorted parental attitudes and actions. Emotional and behavioral problems, in varying degrees, are very common among children whose parents abuse them emotionally.

Verbal assaults (e.g., belittling, screaming, threats, blaming, sarcasm), unpredictable responses (i.e., inconsistency), continual negative moods, constant family discord, and double message communication are examples of ways parents may subject their children to emotional abuse.

**Behavioral Indicators of Parents/Caretakers**

A child may become emotionally distressed when:

- Parents or caretakers place demands on the child which are based on unreasonable or impossible expectations or without consideration of the child’s developmental capacity.
- The child is used as a “battleground” for marital conflicts.
- The child is used to satisfy the parent’s/caretaker’s own ego needs and the child is neither old enough nor mature enough to understand.
- The child victim is “objectified” by the perpetrator, i.e., the child is referred to as “it”(“it” cried, “it” died)

**Attachment B**

**INDICATORS OF ELDER ABUSE/NEGLECT**

The following is a list of criteria that may be indicators of suspected abuse. However, the presence of an indicator alone is not a determination of abuse. Thorough assessment, including consideration of indicators, is needed.

**Physical Abuse – Victim’s Physical Signs**

- Abrasions
- Asphyxiation
- Bed Sores
- Bone Fractures
- Bruises
- Burns
- Confinement Against Will
- Cuts
- Dehydration
- Direct Beatings
- Dislocations
- Dismemberment
- Drowning
- Forced into a Nursing Home
- Hypothermia
- Internal Injuries
- Lacerations
- Malnutrition
- Over-sedation
- Poisoning
- Punctures
- Sexual Molestation
- Scalding/Burns
- Skull Fractures
- Sprains
- Welts
- Wounds

**Psychological Abuse**

- Humiliation
- Intimidation
- Isolation
- Threats
- Verbal Assault

**Material Abuse**

- Misuse of Money or Property
- Taking Possession of Money or Property

**Victim's Behavioral Signs**

- Confusion
- Depression
- Fear
- Inability to Reach Food, Water, Sanitary Facilities

**Neglect**

- Abandoned
- Failure to Purchase Prescribed Medications
- Failure to Provide Other Prescribed Medical Services
- Failure to fulfill Caretaking Obligations

**Neglect – Victim's Signs**

- Deprived of Clothing
- Deprived of Shelter
- Hazardous Health Condition
- Unsanitary Living Conditions
- Lack of Heat
- Lack of Food
- Lack of Personal Care
- Lack of False Teeth When Needed
- Lack of Hearing Aid When Needed
- Lack of Glasses When Needed
- Lack of Supervision
- Lack of Support/Companionship

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**Attachment C****INDICATORS OF DOMESTIC VIOLENCE**

The following is a list of criteria that may be indicators of suspected abuse. However, the presence of an indicator alone is not a determination of abuse. Thorough assessment, including consideration of indicators, is needed.

- Suicide attempt;
- Evidence of alcohol or drug abuse;
- Vague or non-specific physical or psychological complaints (i.e., fatigue, anxiety, depression, "nerves", fearfulness, sleeplessness, ragefulness, loss of appetite and dissociation);
- Low self-esteem, sense of apprehension or hopelessness, crying, inappropriate laughing, avoidance of eye contact, angry, or defensive;
- Extent or type of injury inconsistent with patient's explanation;
- Multiple injuries or fractures in various stages of healing;
- Injury to head, face, neck, throat, chest, breasts or bilateral extremities;
- Injury to abdomen, genitals, pelvic area, back or spine;
- Unusual pattern of injuries, i.e., bilateral marks from a belt, rope, hairbrush, etc.;
- Repeated use of Emergency Department services with multiple somatic complaints or injuries of increasing severity;
- Delay between injury and medical treatment;
- Patient minimizes frequency or seriousness of injuries;
- Problems during pregnancy, specifically, pre-term abortion, bleeding, intrauterine growth retardation, hyperemesis, and any other injuries;
- Self-induced abortions or multiple therapeutic abortions or miscarriages
- Evidence of sexual assault;
- Signs of physical neglect (unclean physical appearance, decayed teeth, broken glasses, inadequately dressed, torn clothing, urine in clothing, overgrown nails, etc.);
- Eating disorders;
- Report of self-mutilation;
- Single-car accident (victim may also be passenger);
- Burns (cigarette, friction, splash or chemical);
- Fecal impaction;
- Emotional abuse or family discord observed by staff;
- Overly controlling or protecting spouse/partner.

Attachment D

| <i>A Quick Reference Guide to</i><br><b>ASSAULT AND ABUSE REPORTING REQUIREMENTS</b>  |  |   |
|---|--|---|
| <b>Reporting Trigger</b><br>Mandated reporter has observed or has knowledge of a child whom he or she knows or reasonably suspects has been the victim of child abuse or neglect. May also report serious emotional damage or risk thereof (not required) | <b>Child Abuse and Neglect</b>   | <b>Elder/Dependent Adult Abuse</b><br>Mandated reporter has observed or has knowledge of (including being told by the elder/dependent adult) an incident that reasonably appears to be abuse.<br><b>Includes:</b> physical abuse; neglect; financial abuse; abandonment, isolation, abduction or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.<br><b>Applies to:</b> elder persons age 65 or older; dependent adults ages 18 to 64 with physical or mental limitations; adult dependents (age 18 to 64) in an acute care hospital or other 24-hour health facility |
| <b>To Whom to Report</b><br>Local law enforcement, designated county probation department or county welfare department  | Varies depending on where the suspected alleged abuse occurred:<br>1. Long-term care facility, physical abuse: report to local ombudsman, local law enforcement, and corresponding licensing agency (COPH or BSS)<br>2. Long-term care facility, abuse other than physical: report to local ombudsman or local law enforcement<br>3. State mental health hospital or state development center: report to designated investigators at California Department of State Hospitals, California Department of Developmental Services, and local law enforcement<br>4. Anywhere other than the above: report to adult protective services agency or local law enforcement | <b>Injury by Firearm or Assaultive/Abusive Conduct</b><br>Health practitioner and physician providing medical services to a patient who they reasonably suspect has a physical condition resulting from:<br>1. A wound or injury by a firearm (self-inflicted or by another person) or<br>2. A wound or injury resulting from assaultive or abusive conduct (as defined by Penal Code 11160(d))<br><b>Includes:</b> murder, mayhem, assault, rape, battery, abuse of spouse or cohabitant and additional offenses as defined by Penal Code 11160(d)<br>Duty to report applies even if treating a condition not related to the assault, abuse or firearm injury  |
| <b>Time Frame</b><br>1. Immediate telephone report<br>2. Follow up with written report by mail, fax or email within 36 hours  | 1. Immediate report by telephone or confidential Internet reporting tool (if available)<br>2. If initially reported by phone, follow up with written report received report within two working days<br>NOTE: Health practitioners at long-term care facilities, including residential care facilities, are required to report incidents of harm to the resident(s) of the facility. See Welfare and Institutions Code Section 15630(b).  | 1. Immediate telephone report<br>2. Follow up with written report within two working days   |
| <b>Required Form</b><br>"Suspected Child Abuse Report," Department of Justice, Form SS 8572. Obtain from local social services or child protective services agency or download at <a href="http://www.cdcnrc.org">www.cdcnrc.org</a>                      | "Report of Suspected Dependent Adult/Elder Abuse," California Department of Social Services, Form SOC 341, download at <a href="http://www.cdss.org">www.cdss.org</a>  | "Suspicious Injury Report," Office of Emergency Services (OES), Form CalOES 2-920, download at <a href="http://www.cdssnrc.org">www.cdssnrc.org</a>   |



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**Attachment D**

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Table 19-A Assault and Abuse Reporting Requirements

| <b>A Quick Reference Guide to ASSAULT AND ABUSE REPORTING REQUIREMENTS</b> |   |   |   |
|--|---|---|---|
|  | Child Abuse and Neglect   | Elder/Dependent Adult Abuse   | Injury by Firearm or Assaultive Conduct   |
| <b>Reporting Trigger</b>   | Misplaced reporter has observed or has knowledge of a child abuse or neglect, or has observed or has knowledge of a child abuse or neglect. Any person has been observed or has knowledge of a child abuse or neglect. Includes: non-accidental physical injury that was not self-inflicted, sexual abuse, neglect, willful harm, injury or death, or neglect in out-of-home care. Applies to: minors under age 18. Note: reporting of a minor's sexual activity varies with age and circumstances. | Misplaced reporter has observed or has knowledge of a child abuse or neglect, or has observed or has knowledge of a child abuse or neglect. Any person has been observed or has knowledge of a child abuse or neglect. Includes: physical abuse, neglect, financial abuse, abandonment, isolation, abduction or other treatment with resulting physical harm or pain or mental suffering, or the infliction of a physical injury upon the person that is necessary to avoid physical harm or mental suffering. Applies to: older persons ages 65 or older; dependent adults ages 18 to 64 with physical or mental limitations, adult persons who are dependent on another person for care in a 24-hour health facility. | Health practitioner and physician providing medical services to a patient who reasonably suspect that a physical injury, bruise, laceration, or other injury occurred. 1. A wound or injury by a firearm (self-inflicted or by another person) or 2. A wound or injury resulting from assaultive or abusive conduct (as defined by Penal Code 11160(d)). Includes: murder, mayhem, assault, rape, battery, abuse of spouse or cohabitant and additional offenses as defined by Penal Code 11160(g). Duty to report applies even if meeting a condition not related to the assault, abuse or firearm injury. |
| <b>To Whom to Report</b>   | Local law enforcement, designated county probation department or county welfare department.   | Varies depending on where the suspected/illegal abuse occurred. 1. Long-term care facility, physical abuser: report to local ombudsman, local law enforcement, and corresponding licensing agency (CDPH or DSS). 2. Long-term care facility, abuse other than physical: report to local ombudsman or local law enforcement. 3. Abuse other than physical: report to designated investigation at California Department of State Hospitals, California Department of Developmental Services, and local law enforcement. 4. Anywhere other than the above: report to adult protective services agency or local law enforcement.  | Local law enforcement.  |
| <b>Time Frame</b>  | 1. Immediate telephone report. 2. Follow up with written report by mail, fax, or email within 70 hours.   | 1. Immediate report by telephone or confidential Internet reporting tool (if available). 2. If using written report, follow up with written report or Internet report within two working days. NOTE: If the abuse occurred in a long-term care facility, quicker reporting is required (see times within 2 hours of learning of the incident). See Welfare and Institutions Code Section 15630(b).  | 1. Immediate telephone report. 2. Follow up with written report within two working days.  |
| <b>Required Form</b>   | "Suspected Child Abuse Report," Department of Justice, Form SS 8572. Obtain from local social services or child protective services agency or download at <a href="http://www.cdcrmc.org">www.cdcrmc.org</a> .  | "Report of Suspected Dependent Adult/Elder Abuse," California Department of Social Services, Form SOC 341, download at <a href="http://www.cdcrmc.org">www.cdcrmc.org</a> .   | "Suspicious Injury Report," Office of Emergency Services (OES), Form CHDES 2920, download at <a href="http://www.cdcrmc.org">www.cdcrmc.org</a> .   |



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See chapter 17, "Assault and Abuse Reporting Requirements," of CHHA's Consent Manual for additional information.

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November 16, 2023

Quinlan, Kershaw &  
Fanucchi, LLP  
Attn: Edward Fanucchi, Esq.  
2125 Merced St.  
Fresno, CA 93721

**RE: Notice of Granting of Application for Leave to Present Late Claim for Marty Potts and Deanna Potts**

NOTICE IS HEREBY GIVEN that the Application for Leave to Present Late Claim on Behalf of Claimant Marty Potts and Deanna Potts, dated October 11, 2023, which you presented to Kaweah Health on October 24, 2023, was granted on November 16, 2023.

**RE: Notice of Rejection of Claim of Marty Potts and Deanna Potts**

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Directors of Kaweah Health on October 11, 2023, was rejected on its merits by the Board of Directors on November 16, 2023.

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

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

Mike Olmos  
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_  
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**NURSE PRACTITIONER / PHYSICIAN ASSISTANT**

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

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

| <b>Initial Criteria</b>   |   |                          |
|---|---|--------------------------|
| <b>Physician Assistant:</b> Completion of an ARC-PA approved program; Current certification by the NCCPA ( <i>Obtain certification within one year of completion of PA program or granting of privileges</i> ); Current licensure to practice as a PA by the California Physician Assistant Board; <b>OR</b>  |   |                          |
| <b>Nurse Practitioner:</b> Completion of an advanced nursing program accredited by the Commission of Collegiate of Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) with emphasis on the NP's specialty area; current certification by the ANCC or AANP ( <i>Obtain certification within one year of completion of advanced nursing program</i> ); <b>AND</b>   |   |                          |
| <b>Additional Certifications:</b> BLS or ACLS and full schedule California DEA  |   |                          |
| <b>Clinical Experience:</b> Documentation of patient care for 50 patients in the past two years OR completion of training program within the last 12 months   |   |                          |
| <b>Renewal Criteria:</b> Documentation of patient care for 50 patients in the past 2 years <b>AND</b> maintenance of current certification by NCCPA, ANCC, or AANP (For PA's granted privileges prior to March 2016 that are not certified by the NCCPA: Must provide 100 CMEs within the last 2 year period, 50 of which must be category I, as defined by the NCCPA for Certification); <b>AND</b> current BLS or ACLS and full schedule California DEA |   |                          |
| <b>FPPE:</b> A minimum of 5 cases by Direct Observation and Retrospective Chart Review at the supervising physician's discretion.   |   |                          |
| Request   | <b>GENERAL CORE PRIVILEGES</b>  | Approve                  |
|   | Includes procedures on the following list and such other procedures that are extensions of the same techniques and skills (may include telehealth):   |                          |
| <input type="checkbox"/>  | <ul style="list-style-type: none"> <li>• Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures</li> <li>• Counsel and instruct patients, families, and caregivers as appropriate</li> <li>• Direct care as specified by medical staff-approved protocols; Make daily rounds on hospitalized patients, as appropriate; Initiate appropriate referrals;</li> <li>• Implement palliative care and end-of-life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions</li> <li>• Implement therapeutic intervention for specific conditions when appropriate</li> <li>• Insert and remove nasogastric tube; provide tracheostomy care</li> <li>• Order and initial interpretation of diagnostic testing and therapeutic modalities;</li> <li>• Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses;</li> <li>• Perform History &amp; Physical/ MSE;</li> <li>• Perform other emergency treatment</li> <li>• Prescribe &amp; Administer medications per formulary of designated certifying board</li> <li>• Record progress notes;</li> <li>• Removal of drains, sutures, staples, &amp; packing</li> <li>• Remove arterial catheters, central venous catheters, chest tubes;</li> <li>• Short-term and indwelling urinary bladder catheterization; venous punctures for blood sampling, cultures, and IV catheterization; superficial surgical procedures</li> <li>• Write Discharge Summaries and Instructions</li> </ul> | <input type="checkbox"/> |
| <input type="checkbox"/>  | Adult: Patients >18 years of age  | <input type="checkbox"/> |
| <input type="checkbox"/>  | Pediatric: Well newborn up to 18 years of age   | <input type="checkbox"/> |
| <input type="checkbox"/>  | Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth:<br><br>___Dinuba ___Exeter ___Lindsay ___Tulare ___Woodlake ___KHMC - Willow ___Dialysis Clinic ___Hospice ___Specialty Clinic<br>___Wound Care Center ___Cardiology Center ___Neuroscience Center ___KHMC - Ben Maddox ___KHMC - Plaza  | <input type="checkbox"/> |

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

| <b>ADVANCED INPATIENT PRIVILEGES</b>   |   |   |  |                                   |                          |
|--|---|---|--|-----------------------------------|--------------------------|
| Initial FPPE is deemed to have been satisfied based on successful completion of a preceptorship at Kaweah Health within 6 months prior to the grant of clinical privileges |   |   |  |                                   |                          |
| Request  | Procedure   | Criteria  | Renewal Criteria   | FPPE                              | Approve                  |
| <input type="checkbox"/>   | Bronchoscopy  | 20 procedures in the last 2 years   | 10 procedures in the last 2 years                                  | Minimum of 5 concurrent           | <input type="checkbox"/> |
| <input type="checkbox"/>   | Cerebral Spinal Fluid (CSF Shunt Tap)   | 2 in the last 2 years   | 1 in the last 2 years  | 2 concurrent                      | <input type="checkbox"/> |
| <input type="checkbox"/>   | Endotracheal tube placement   | 10 in the last 2 years  | 8 in the last 2 years  | Minimum of 3 concurrent           | <input type="checkbox"/> |
| <input type="checkbox"/>   | Insertion of Arterial Lines   | 5 in the last 2 years   | 5 in the last 2 years  | 2 concurrent                      | <input type="checkbox"/> |
| <input type="checkbox"/>   | Insertion of central venous access or dialysis catheters  | 5 in the last 2 years   | 5 in the last 2 years  | Minimum of 2 -any site concurrent | <input type="checkbox"/> |
| <input type="checkbox"/>   | Insertion of Chest Tubes  | 5 in the last 2 years   | 5 in the last 2 years  | Minimum of 3 concurrent           | <input type="checkbox"/> |
| <input type="checkbox"/>   | Joint Injection   | Documentation of training and 5 procedures in the last 2 years (Use of Sim Lab acceptable for up to 2)  | 2 procedures in the last 2 years (Sim Lab procedures not accepted) | A minimum of 1 concurrent         | <input type="checkbox"/> |
| <input type="checkbox"/>   | Laceration Repair – Complex and Layered   | 3 in the last 2 years   | 3 in the last 2 years  | 3 concurrent                      | <input type="checkbox"/> |
| <input type="checkbox"/>   | Lumbar Puncture   | 3 in the last 2 years   | 3 in the last 2 years  | 2 concurrent                      | <input type="checkbox"/> |
| <input type="checkbox"/>   | Myelogram   | 3 in the last 2 years   | 3 in the last 2 years  | 2 concurrent                      | <input type="checkbox"/> |
| <input type="checkbox"/>   | Orthopedic Advanced Privileges to include Open fracture superficial closure – loose approximation of open fracture closure under direct supervision (prior to definitive surgical closure by the surgeon in the OR) and the following procedures:<br><input type="checkbox"/> Joint Injection & Arthrocentesis<br><input type="checkbox"/> Fracture Reduction<br><input type="checkbox"/> Dislocation Reduction<br><input type="checkbox"/> Hematoma and Digital Blocks | 5 Joint Injections or Arthrocentesis in the last 2 years AND 5 Fracture Reductions in the last 2 years AND 3 Dislocation reductions in the last 2 years AND 3 (including 1 of each) Hematoma and Digital Blocks in the last 2 years | 15 procedures in the last 2 years                                  | A minimum of 1 concurrent         | <input type="checkbox"/> |
| <input type="checkbox"/>   | Paracentesis  | 5 in the last 2 years   | 5 in the last 2 years  | 5 concurrent                      | <input type="checkbox"/> |
| <input type="checkbox"/>   | Perform pharmacological and non-pharmacological stress tests  | 10 in the last 2 years  | 10 in the last 2 years   | 2 concurrent                      | <input type="checkbox"/> |
| <input type="checkbox"/>   | Placement of External Ventricular Drainage Device   | 3 in the last 2 years   | 3 the last 2 years   | 2 concurrent                      | <input type="checkbox"/> |
| <input type="checkbox"/>   | Placement of Intracranial Monitoring Devices  | 3 in the last 2 years   | 3 in the last 2 years  | 2 concurrent                      | <input type="checkbox"/> |
| <input type="checkbox"/>   | Radiologic procedures to include CT, Fluoroscopy, and Ultrasound of deep & superficial organs and organ systems (including aspirations, biopsies, drainages, or injections)   | 25 in the last 2 years  | 25 in the last 2 years   | 5 concurrent                      | <input type="checkbox"/> |

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

*Please Print*

|                          |  |                       |                       |              |                          |
|--------------------------|--|-----------------------|-----------------------|--------------|--------------------------|
| <input type="checkbox"/> | Removal of Intra-Aortic Balloon Pump                               | 5 in the last 2 years | 5 in the last 2 years | 5 concurrent | <input type="checkbox"/> |
| <input type="checkbox"/> | Removal of Intra-cardiac lines or temporary Epicardial Pacer Wires | 2 in the last 2 years | 2 in the last 2 years | 2 concurrent | <input type="checkbox"/> |

### ADVANCED INPATIENT PRIVILEGES - CONTINUED

Initial FPPE is deemed to have been satisfied based on successful completion of a preceptorship at Kaweah Health within 6 months prior to the grant of clinical privileges

| Request                  | Procedure   | Criteria               | Renewal Criteria       | FPPE                    | Approve                  |
|--------------------------|---|------------------------|------------------------|-------------------------|--------------------------|
| <input type="checkbox"/> | Remove & reinsert PEG tube  | 3 in the last 2 years  | 3 in the last 2 years  | 2 concurrent            | <input type="checkbox"/> |
| <input type="checkbox"/> | Replacement of tracheostomy tubes >1 month since time of tracheostomy   | 5 in the last 2 years  | 5 in the last 2 years  | 5 concurrent            | <input type="checkbox"/> |
| <input type="checkbox"/> | Surgical Assistant ( <i>may not perform opening and/or closing surgical procedures at or below the fascia on a patient under anesthesia without the personal presence of a supervising physician and surgeon</i> ). | 10 in the last 2 years | 10 in the last 2 years | 2 concurrent            | <input type="checkbox"/> |
| <input type="checkbox"/> | Thoracentesis   | 5 in the last 2 years  | 5 in the last 2 years  | Minimum of 2 concurrent | <input type="checkbox"/> |
| <input type="checkbox"/> | Tilt Table  | 5 in the last 2 years  | 5 in the last 2 years  | 2 concurrent            | <input type="checkbox"/> |
| <input type="checkbox"/> | Uncomplicated Ventilator Management   | 5 in the last 2 years  | 5 in the last 2 years  | 2 concurrent            | <input type="checkbox"/> |

### ADVANCED OUTPATIENT PRIVILEGES

FPPE requirement waived if provider has successfully completed training (preceptorship) at Kaweah Health within the last 6 months

| Request                  | Procedure   | Criteria   | Renewal Criteria   | FPPE   | Approve                  |
|--------------------------|---|--|--|--|--------------------------|
| <input type="checkbox"/> | Colposcopy  | Documentation of training and 10 procedures in the last 2 years.   | 10 procedures in the last 2 years.   | A minimum of 1 concurrent                            | <input type="checkbox"/> |
| <input type="checkbox"/> | Complex Wound Care (Wound debridement, application of skin substitutes, complicated management and wound biopsy) (Wound Care Center Only)   | 20 procedures in the last 2 years  | 20 procedures in the last 2 years  | First 2 concurrent cases                             | <input type="checkbox"/> |
| <input type="checkbox"/> | Hospice: Rounding on home-bound patients enrolled in KDHC Hospice Services  | Initial Criteria for Core Privileges   | 20 patient contacts in the last 2 years.   | 2 concurrent or retrospective chart reviews.         | <input type="checkbox"/> |
| <input type="checkbox"/> | Hyperbaric Oxygen Therapy<br>Pre-requisite: Hyperbaric Course approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) (Wound Care Center Only) | Completion of 40 hour Hyperbaric Course <b>and</b> documentation of 20 cases in the last 2 years.  | 20 procedures <b>AND</b> documentation of 10 CME in wound care/hyperbaric medicine in the last 2 years   | 2 direct observation & 2 retrospective chart reviews | <input type="checkbox"/> |
| <input type="checkbox"/> | Joint Injection   | Documentation of training and 5 procedures in the last 2 years (Use of Sim Lab acceptable for up to 2)   | 2 procedures in the last 2 years (Sim Lab procedures not accepted)   | A minimum of 1 concurrent                            | <input type="checkbox"/> |
| <input type="checkbox"/> | Nephrology: Changing dry weight, checking declots (Dialysis Centers Only)   | Initial Criteria for Core Privileges   | 20 nephrology patient contacts in the last 2 years   | 2 concurrent or retrospective chart reviews.         | <input type="checkbox"/> |
| <input type="checkbox"/> | OB Care: Prenatal and post-partum care  | Documentation of training and 20 prenatal/ post-partum cases in the last 2 years. <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted | 20 prenatal/ post-partum cases in the last 2 years. <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules | 2 concurrent or retrospective chart reviews.         | <input type="checkbox"/> |

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

*Please Print*

|  |  |  |   |  |  |
|--|--|--|---|--|--|
|  |  | <b>AND</b> Completion of an Implicit Bias Training prior to or within 30 days of privilege granted | within the last 24 months<br><b>AND</b> Completion of an Implicit Bias Training within the last 24 months |  |  |
|--|--|--|---|--|--|

**ADVANCED OUTPATIENT PRIVILEGES - CONTINUED**

FPPE requirement waived if provider has successfully completed training (preceptorship) at Kaweah Health within the last 6 months

| Request                  | Procedure  | Criteria   | Renewal Criteria              | FPPE  | Approve                  |
|--------------------------|--|--|-------------------------------|---|--------------------------|
| <input type="checkbox"/> | OB ultrasonography: Evaluation of fetal presentation, number, confirmation of cardiac activity, position and placental placement   | Completion of Basic Obstetric Ultrasound course in limited U/S and 10 in the last 2 years.   | 10 in the last 2 years.       | 3 concurrent and/or retrospective chart reviews | <input type="checkbox"/> |
| <input type="checkbox"/> | Paragard and Mirena IUD insertion/removal  | Documentation of training and 10 procedures in the last 2 years  | 2 in the last 2 years.        | A minimum of 1 concurrent                       | <input type="checkbox"/> |
| <input type="checkbox"/> | Nexplanon insertion  | Documentation of training and 10 procedures in the last 2 years  | 2 in the last 2 years.        | A minimum of 1 concurrent                       | <input type="checkbox"/> |
| <input type="checkbox"/> | Pelvic examinations, including pap smears  | Documentation of training and 10 procedures in the last 2 years  | 2 in the last 2 years.        | A minimum of 1 concurrent                       | <input type="checkbox"/> |
| <input type="checkbox"/> | Endometrial Biopsy   | Documentation of training and 10 procedures in the last 2 years  | 2 in the last 2 years.        | A minimum of 1 concurrent                       | <input type="checkbox"/> |
| <input type="checkbox"/> | Biopsy of the cervix   | Documentation of training and 10 procedures in the last 2 years  | 2 in the last 2 years.        | A minimum of 1 concurrent                       | <input type="checkbox"/> |
| <input type="checkbox"/> | Perform pharmacological and non-pharmacological stress tests   | 10 procedures in the last 2 years  | 10 in the last 2 years        | 2 concurrent                                    | <input type="checkbox"/> |
| <input type="checkbox"/> | Radiation Oncology: Assist with simulations; high dose rate brachytherapy, intravenous radioactive therapy, oral radioactive administration and astatium beta-irradiation application    | A minimum of 3-month training period with a radiation oncologist OR previous experience.   | 10 in the last 2 years        | A minimum of 10 (including Core) concurrent     | <input type="checkbox"/> |
| <input type="checkbox"/> | <u>Urology Advanced Privileges to include:</u><br><u>Urodynamics</u><br><u>PTNS (percutaneous tibial nerve stimulation)</u><br><u>Cystoscopy</u><br><u>Cystoscopy with stent removal</u> | <u>10 Urodynamics cases in the last 2 years AND 10 PTNS cases in the last 2 years AND 5 Cystoscopy cases in the last 2 years AND 6 Cystoscopy cases with stent removal in the last 2 years</u> | <u>10 in the last 2 years</u> | <u>A minimum of 1 concurrent</u>                | <input type="checkbox"/> |

**ADDITIONAL PRIVILEGES**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## RESOLUTION NUMBER 2207

A RESOLUTION OF THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT REGARDING PROFESSIONAL LIABILITY/MEDICAL MALPRACTICE INSURANCE REQUIREMENTS FOR ALL MEMBERS OF THE MEDICAL STAFF AND ADVANCED PRACTICE PROVIDER STAFF

WHEREAS, all members of the Medical Staff of Kaweah Delta Health Care District (“Kaweah Health”) are required to obtain and maintain professional liability/medical malpractice insurance as a condition of appointment or reappointment and to maintain admitting and clinical privileges;

WHEREAS, all members of the Advanced Practice Provider Staff of Kaweah Health are required to obtain and maintain professional liability/medical malpractice insurance as a condition of appointment or reappointment and to maintain clinical privileges;

WHEREAS, Kaweah Health has been advised by its insurance consultant of current commercially reasonable professional liability/medical malpractice coverage guidelines and recommendations;

WHEREAS, Kaweah Health desires to set forth a current statement of the requirements for professional liability/medical malpractice coverage for members of the Medical Staff and Advanced Practice Provider Staff; and

WHEREAS, the Medical Executive Committee of the Medical Staff of Kaweah Health unanimously approved the provisions of this Resolution on November 15, 2023.

THEREFORE, IT IS HEREBY RESOLVED, Resolution 1983 previously approved and adopted by Kaweah Health is hereby rescinded and replaced with this Resolution 2207.

BE IT FURTHER RESOLVED, all members of the Medical Staff of Kaweah Health, as a condition of appointment or reappointment and to maintain admitting and clinical privileges, and all members of the Advanced Practice Provider Staff, as a condition of appointment or reappointment and to maintain clinical privileges, are required to obtain and maintain at all times, continuous coverage that meets or exceeds the standards set forth below:

1. **Coverage Limits:** At least \$1 million per claim and at least \$3 million annual aggregate, with a deductible or self-insured retention of not more than \$100,000; and
2. **Rating and Financial Strength:** Maintains an A.M. Best Rating of at least A, and a Financial Strength Category (“FSC”) of at least VII (\$50 million to \$100 million); and

3. **Admitted Carriers:** An insurance company on the List of Admitted Insurers published by the California Department of Insurance, which can be accessed here:  
[https://interactive.web.insurance.ca.gov/apex\\_extprd/f?p=144:10:11467228532262::NO::; or](https://interactive.web.insurance.ca.gov/apex_extprd/f?p=144:10:11467228532262::NO::; or)
4. **Non-Admitted/Surplus Line Insurers:** An insurance company that meets the criteria identified in paragraphs 1 and 2, and is on the List of Approved Surplus Line Insurers (“LASLI”) published by the California Department of Insurance, which can be accessed here: <https://www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm#MP; or>
5. **Federal Tort Claims Act:** An insurance fund that meets the criteria identified in paragraph 1 and 2, and is administered under the Federal Tort Claims Act for federal employees, when the Kaweah Health Medical Staff member or Advanced Practice Provider Staff is so covered (for example, as a result of their employment with Family Health Care Network).

BE IT FURTHER RESOLVED, if any of the required insurance policies provide **claims-made coverage**:

6. The Retroactive Date must be shown and must be before the date the Medical Staff member or Advanced Practice Provider Staff member is appointed or reappointed to the Medical Staff;
7. Insurance must be maintained, and evidence of insurance must be provided for at least five (5) years after the Medical Staff member or Advanced Practice Provider Staff member no longer has privileges with Kaweah Health; and
8. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the appointment or reappointment date, the Medical Staff member or Advanced Practice Provider Staff member must purchase “extended reporting” coverage for a minimum of five (5) years after the Medical Staff member or Advanced Practice Provider no longer has privileges with Kaweah Health.

BE IT FURTHER RESOLVED, the Board of Directors of Kaweah Health and/or its Chief Compliance and Risk Officer or designee, excluding coverage limits, is authorized to require and/or accept limits different than what is included in this Resolution, when warranted by medical practice type or other circumstances, and in consultation with Kaweah Health’s Chief Executive Officer and its insurance consultant; and

BE IT FURTHER RESOLVED, “continuous coverage” means current professional liability/medical malpractice coverage for all services performed throughout Kaweah Health, as well as evidence of tail or nose coverage for all services provided throughout Kaweah Health for prior periods of Medical Staff membership in the event the Medical Staff member or Advanced Practice Provider Staff member has changed insurance carriers. Continuous coverage means professional liability/medical malpractice coverage, without coverage gaps, from the date of initial appointment to the present; and

BE IT FURTHER RESOLVED, suitable evidence of such professional liability/medical malpractice coverage must be on file at all times in the Medical Staff Office in the form of a Certificate of Insurance from the insurance company or in the form of a letter of coverage from a Federal Tort Claims Act fund, or from Tulare County or another California governmental entity’s self-insurance fund; and

BE IT FURTHER RESOLVED, documentation of any professional liability/medical malpractice coverage limitations or restrictions that may have been placed on any professional liability/medical malpractice policy or other form of coverage must be on file at all times in the Medical Staff Office in the form of the actual policy with the limitations or restrictions highlighted, or in the form of a letter from the insurance provider describing the coverage restrictions or limitations.

This Resolution was adopted by the Board of Directors of Kaweah Delta Health Care District at a duly constituted meeting on the 16th day of November, 2023.

AYES:

NOES:

ABSTAIN:

ABSENT:

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

Attest:

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

# Diabetes Management Report October 2023

*Emma Camarena, Dr. Lu Zhao and Cody  
Ericson*



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



# Diabetes Management Committee Acronyms

- ADE – Adverse Drug Event
- APN – Advanced Practice Nurse
- A1C or HbA1c – a blood test that measures average blood sugar levels over the past 3 months
- DM – Diabetes Mellitus
- FNS – Food and Nutrition Services
- GM – Glucommander™
- GME – Graduate Medical Education
- IPDM – Inpatient Diabetes Management
- IV - Intravenous
- RN – Registered Nurse
- SHM – Society of Hospital Medicine

# Diabetes Management Committee

- Purpose: Continuously improve the health of the patient with diabetes at Kaweah Health and in the community
- Improving care takes a team
- Multidisciplinary team
  - Nursing leadership (Directors, Nurse Managers, Assistant Nurse Managers)
  - Physicians
  - Pharmacists
  - Community Outreach/Population Health
  - Food and Nutrition Services (FNS)
  - Clinical Educators/Medication Safety Registered Nurse (RN)
  - Advanced Practice Nurse (APN)/Nurse Practitioner (NP)
  - Informatics
  - Glytec partners

# Burden of Diabetes in the United States



37 million people have diabetes

## DIABETES

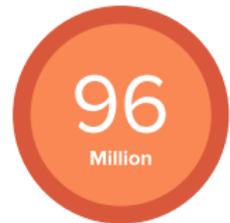


That's about 1 in every 10 people



1 in 5 people don't know they have it

## PREDIABETES



96 million American adults—more than 1 in 3—have prediabetes



More than 8 in 10 adults with prediabetes don't know they have it

## Cost:

- \$327 Billion total medical costs and lost work & wages
- Medical cost are more than twice as high for people with diabetes
- Risk of early death is 60% higher compared to people without diabetes

Centers for Disease Control and Prevention (2022).  
<https://www.cdc.gov/diabetes/library/socialmedia/infographics/diabetes.html>

# Risks for Diabetes



- Importance of diabetes control:
  - ✓ Uncontrolled diabetes is the leading cause of cardiovascular disease, kidney disease, amputation and blindness
  - ✓ A1C: (greater than 7.0% or higher, normal below 5.7%)
- Risk Factors:
  - Overweight/Obesity
  - Physical Inactivity: (less than 10 minutes/week of activity)
  - Having a family history of diabetes
  - Age (> 45 years old)

Centers for Disease Control and Prevention (2022).  
<https://www.cdc.gov/diabetes/library/socialmedia/infographics/diabetes.html>

# Diabetes in the Central Valley

## Bringing Perspective Home

| Prevalence of Diabetes | Tulare County | California | United States | World |
|------------------------|---------------|------------|---------------|-------|
|                        | 13.7%         | 8.6%       | 11.3%         | 8.5%  |

| Death Due to:                  | Tulare           | Kings            | Fresno           | Kern             | Goal* | California |
|--------------------------------|------------------|------------------|------------------|------------------|-------|------------|
| <b>Coronary Heart Disease</b>  | 49 <sup>th</sup> | 50 <sup>th</sup> | 52 <sup>nd</sup> | 57 <sup>th</sup> | n/a   | n/a        |
| <i>Age Adjusted Death Rate</i> | 101.5            | 104.7            | 108.3            | 118.1            | 71.1  | 79.0       |
| <b>Diabetes</b>                | 39 <sup>th</sup> | 36 <sup>th</sup> | 48 <sup>th</sup> | 58 <sup>th</sup> | n/a   | 23.1       |
| <i>Age Adjusted Death Rate</i> | 24.4             | 23.5             | 29.5             | 46.9             |       |            |
| <b>Cerebrovascular Disease</b> | 48 <sup>th</sup> | 49 <sup>th</sup> | 37 <sup>th</sup> | 31 <sup>st</sup> |       |            |
| <i>Age Adjusted Death Rate</i> | 44.0             | 44.3             | 40.8             | 38.0             | 33.4  | 37.2       |
| <b>Pneumonia/Influenza</b>     | 56 <sup>th</sup> | 39 <sup>th</sup> | 31 <sup>st</sup> | 47 <sup>th</sup> | n/a   | n/a        |
| <i>Age Adjusted Death Rate</i> | 18.7             | 12.6             | 11.6             | 14.5             |       | 11.5       |

\*Healthy People 2030 National Objective

Death Rate = Deaths/100,000 population from 2019-2021

County Health Status Profiles 2023, <https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP2023.pdf>

# The Diabetes Committee at Work

- Review and monitor metrics using Glucometrics and Society of Hospital Medicine (SHM) benchmarks:
  - Glucometrics allows us to review data more frequently, providing a monthly snapshot of Glucommander™ (GM) data
  - SHM data is reviewed biannually (Spring and Fall): both GM and non-GM patients
- Partner with FNS: consistent carbohydrate diet
- Partner with Community Outreach: Diabetes Self-Management Program, educational opportunities for providers/staff, Walk with a Doc
- Ongoing Staff Education
- Developed a strategic business plan for the Inpatient Diabetes Management (IPDM) team: Director of Population Health and Sr. consultant from Project Management and Consulting team

# Diabetes Management Committee Opportunities for Improvement

1. The Advance Nursing Practice Team partners with GME leadership and medical staff to foster collaboration and improvement
2. Exploration of structure, function, impact of consult team developed to respond to needs of nursing and medical staff with goals to
  - Improve knowledge and skillset of nursing, pharmacist and medical staff through education, training, consultative services.

# Diabetes Management Committee

## Opportunities for Improvement

3. The Advance Nursing Practice Team reviews and responds to Adverse Drug Events (ADEs) related to hypoglycemia and GM, such as:

- Transcription errors of GM orders to GM
  - Order integration project is in progress to eliminate need for nursing order re-entry; actively working towards MAR and Order integration with Glytec team; Go-Live anticipated Spring 2024
- Inappropriate selection of modifier / target range

# Diabetes Management Committee Opportunities for Improvement

## 4. Inpatient Glycemic Management team (APN and Endocrinologist)

- Help to optimize difficult to manage patients (i.e. Renal, recurrent hypoglycemia, insulin resistant, hyperglycemia >300, poor nutritional status)
- Reduce rates of inpatient hypoglycemia/hyperglycemia to or below SHM benchmark
- Reduce preventable readmissions of high-risk patients with diabetes
- Partner with key stakeholders to improve perioperative glycemic management:
  - GME resident project to help recognize undiagnosed surgical patients
  - GME resident project to increase the use of IV insulin for critically ill patients

# Diabetes Management Committee Opportunities for Improvement

## 5. Inpatient Glycemic Management team (APN and Endocrinologist)

### Update to IPDM NP

- Feb. 8, 2022-March 1, 2023: NP saw 1369 patients with blood glucose <70 or > 250
- Prevention of hypoglycemia (BG 70-90 mg/dL): 437 patients or 32% of all patients seen
- No hypoglycemic events= 420 patients or 96%
- Hypoglycemic events = 17 patients or 4%

### ➤ Cost avoidance = \$2,037,000

- 28 patients found who already had a hypoglycemic event (BG  $\leq$  54 mg/dL)
- 25 no repeat hypoglycemic events
- 3 had repeat hypoglycemic events. 2 of those went to comfort care because of severe illness and died.

### ➤ Additional cost avoidance of \$177,500



Questions are the path to learning

# Live with passion.

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





# FY 2024 Strategic Plan

Empower Through Education

November 16, 2023



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

# Empower Through Education

November 2023



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



# Empower Through Education

## *Key Areas of Focus*

Online Learning  
Opportunities and  
Participation

SIM Lab and Use of  
Simulation in  
Education

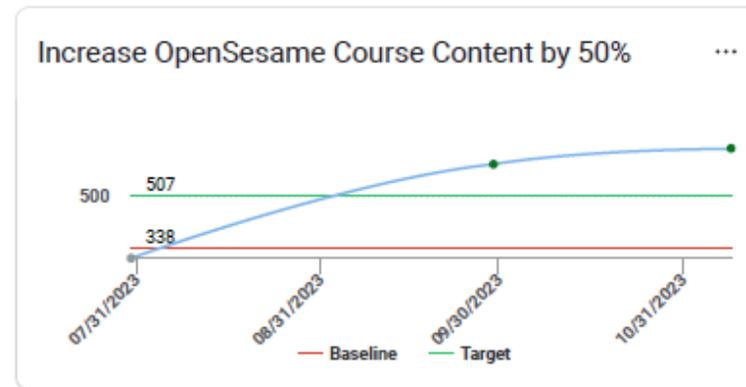
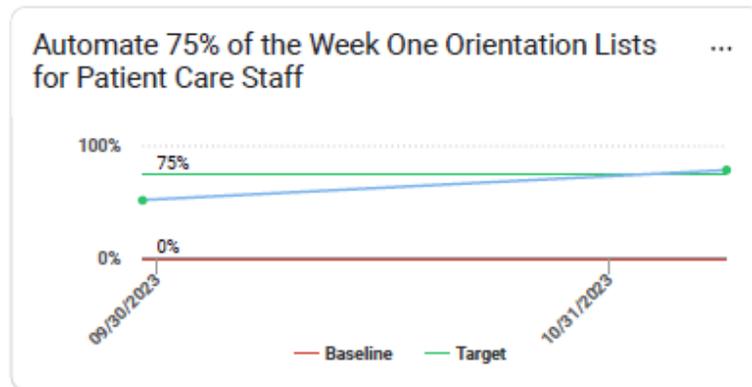
Educational  
Opportunities for  
External Learners

Leadership  
Education

# Online Learning Opportunities and Participation

*Champions: Mara Lawson and Hannah Mitchell*

| Plan    |           |   |            |            |                 |          |   |
|---------|-----------|---|------------|------------|-----------------|----------|---|
| #       | Level     | Name  | Start Date | Due Date   | Assigned To     | Status   | Last Comment  |
| 1.1.1   | Objective | Increase and Optimize Educational Opportunities and Platforms for Online Learning | 07/01/2023 | 06/30/2024 | Hannah Mitchell | On Track |   |
| 1.1.1.1 | Outcome   | Automate the Week One Orientation Lists for Patient Care Staff                    | 07/01/2023 | 06/30/2024 | Mara Lawson     | On Track | 67 are completed. 11 of the original 96 were combined (SNI, LVN, RN) and 19 are left to be completed for a total of 86. |
| 1.1.1.2 | Outcome   | Increase OpenSesame Course Content  | 07/01/2023 | 06/30/2024 | Hannah Mitchell | Achieved | Current course content in Workday Learning.   |



# OpenSesame Content

## E-Learning Subscription for Business Skills, Leadership, Software, and More

| Publisher     | Title   | Publisher Description   | Seat Time |
|---------------|---|---|-----------|
| Blinkist      | 5 Levels of Leadership: Proven Steps to Maximize Your Potential   John C. Maxwell | This book summary of 5 Levels of Leadership is a step-by-step guide to becoming a true leader with a lasting influence. Using engaging real-life anecdotes and inspiring quotes from successful leaders, it describes key pitfalls that may be holding you back and explains how to overcome them.  | 0:15      |
| HSI - e 4     | Leadership Fundamentals: Becoming a Followable Leader                             | What makes a great leader? What skills make them likable so that people want to work for them? Our Leadership Fundamentals: Becoming a Followable Leader course explores the characteristics that make someone a great leader.<br><br>In this course, we will not only explore the characteristics and traits of followable leaders, we will also discuss how good leaders lead the charge and explore the skills you can develop to become a leader people want to follow. Plus, this elearning course provides tips on how to evaluate yourself to see if you're a followable leader. Included in this course is a video presentation, downloadable student material and a post-assessment quiz to test your knowledge.                       | 0:09      |
| On This Topic | Courageous Leadership   | Courageous leaders can inspire others and be a catalyst for large-scale change. In this course, Curtis Martin, businessman, philanthropist, and NFL Hall of Famer, tells the story of how one player stood up for a principle that impacted an entire organization. Learn what courageous leadership really looks like and how to stand up for your principles in a way that motivates those around you.  | 0:03      |
| ORO           | Strengthen Your Leadership Mindset  | Almost everyone experiences negativity bias or imposter syndrome at some point. In this course, communication expert, coach, and author Robyn Hatcher will teach you how to conquer negativity bias and imposter syndrome with a few simple techniques. You'll learn why negativity bias occurs and identify four physiological techniques to soothe your mind and body. Then, you'll learn how developing a leadership mindset can help you manage negativity bias and imposter syndrome when it arises. After this course, you'll have a clear view of your leadership vision that you can turn to when you experience self-doubt.  | 0:06      |
| 7 Dimensions  | 4 Essentials for Compassionate Leadership   | In this course, you will discover how compassionate leaders care about their team's emotional and life needs and recognize that happier employees are more engaged and perform twice as well as those whose staff feel unvalued and uncared for. Compassionate leaders are perceived as strong and competent. Their employees are more loyal. Compassion (caring for others) is revealed not only through words, but actions and this improves collaboration, trust and motivation. With widespread economic hardship, worries about health, the environment and communities, we all benefit when leaders show compassion. Psychologists Peter Quarry and Eve Ash discuss four essential components that comprise humane, effective leadership. | 0:40      |



### OpenSesame Training Suggestion Form

Employee Name:

Employee's Email:

Employee's Phone Number:

Target audience (e.g. self, department, or organization):

Course name and publisher from OpenSesame.com (see instructions below for access):

Training topic (please be specific):

Desired seat time (if applicable):  1-10 Minutes  11-30 Minutes  31-59 Minutes  1 Hour +

OpenSesame access instructions: Go to OpenSesame.com, select My Account (top right) and create a free account. Once you have

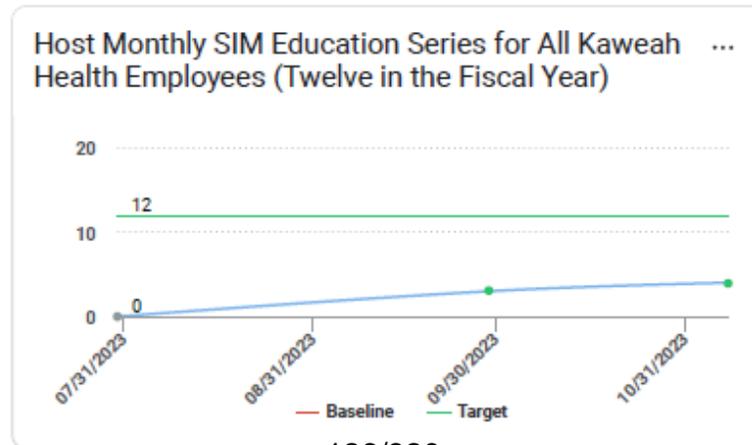
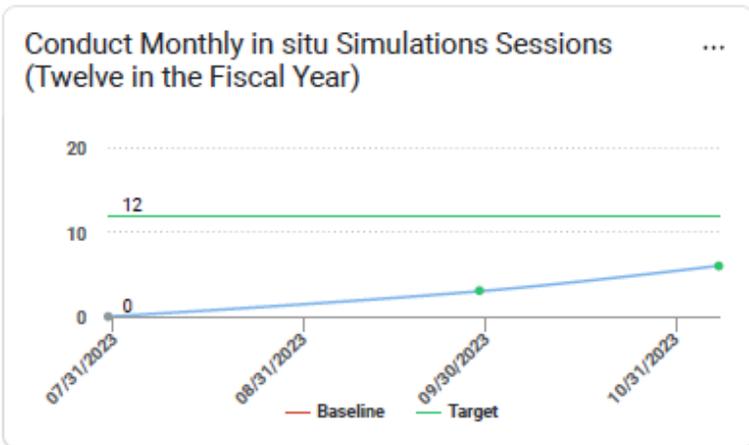
Kaweah Compass > Search "OpenSesame Training Suggestion Form"

Kaweah Compass > Search "OpenSesame Training Suggestion Form"

# SIM Lab and Use of Simulation in Education

*Champion: Dr. Sokol*

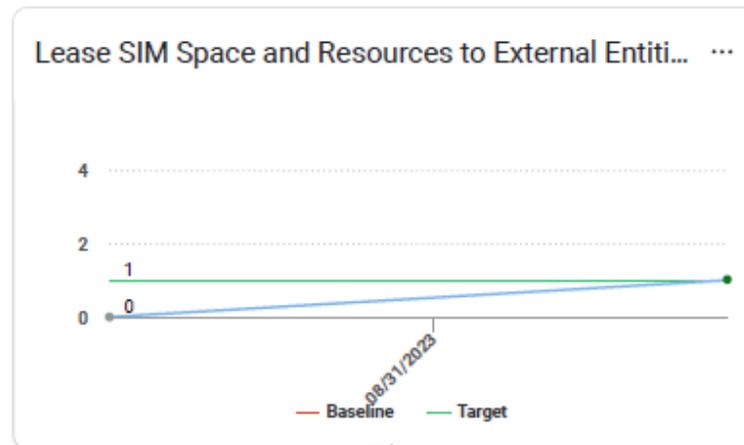
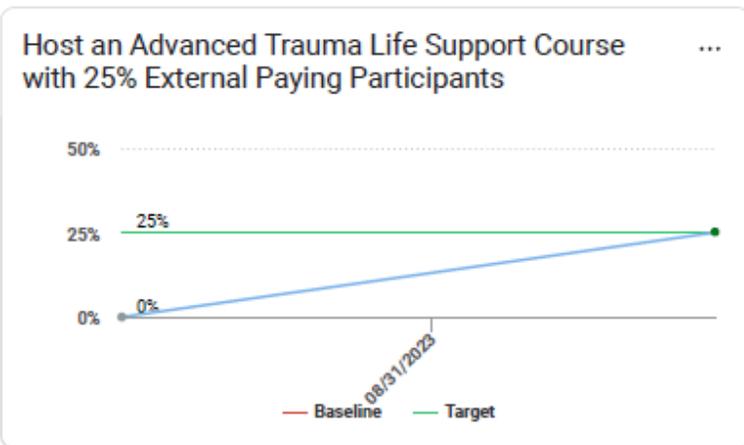
| Plan    |           |   |            |            |                |          |  |
|---------|-----------|---|------------|------------|----------------|----------|--|
| #       | Level     | Name  | Start Date | Due Date   | Assigned To    | Status   | Last Comment   |
| 1.2.1   | Objective | Expand Exposure to the SIM Lab and Simulation Training Concepts                               | 07/01/2023 | 06/30/2024 | Kimberly Sokol | On Track |  |
| 1.2.1.1 | Outcome   | Conduct Monthly in situ Simulations (Twelve in the Fiscal Year)                               | 07/01/2023 | 06/30/2024 | Kimberly Sokol | On Track | A Mock Code White was conducted in Peds on 10/4, a Mock Code Blue was conducted in the Cath Lab on 10/24, and a Mock Code Stroke was conducted in the ED on 10/30. |
| 1.2.1.2 | Outcome   | Host Monthly SIM Education Series for All Kaweah Health Employees (Twelve in the Fiscal Year) | 07/01/2023 | 06/30/2024 | Kimberly Sokol | On Track | How to Write a Sim Session was completed on 10/26.   |
| 1.2.1.3 | Outcome   | Conduct SIM Center Tours for High School Students   | 07/01/2023 | 12/31/2023 | Kimberly Sokol | On Track | High School Tour for Visalia Charter on 11/1, 38 total learner contact hours.  |
| 1.2.2   | Objective | Develop and Execute a SIM Center Specific Fundraising Strategy                                | 07/01/2023 | 06/30/2024 | Kimberly Sokol | On Track | We are currently working with the Foundation to develop this strategy.   |



# Educational Opportunities for External Learners

*Champion: Dr. Sokol*

| Plan    |           |  |            |            |                |          |   |
|---------|-----------|--|------------|------------|----------------|----------|---|
| #       | Level     | Name   | Start Date | Due Date   | Assigned To    | Status   | Last Comment  |
| 1.3.1   | Objective | Include External Learners in Existing and New Training and Educational Opportunities | 07/01/2023 | 06/30/2024 | Kimberly Sokol | Achieved |   |
| 1.3.1.1 | Outcome   | Host an Advanced Trauma Life Support Course with 25% Paying Participants             | 07/01/2023 | 12/31/2023 | Kimberly Sokol | Achieved | Hosted ATLS course 9/18-9/19 with 12 participants, 3 paying (25%)   |
| 1.3.1.2 | Outcome   | Lease SIM Space and Resources For Use by External Entities                           | 07/01/2023 | 12/31/2023 | Kimberly Sokol | Achieved | Leased out space to external local providers with a high satisfaction amongst participants.   |
| 1.3.2   | Objective | Increase Exposure and Opportunities for Shadowing and Observing                      | 07/01/2023 | 06/30/2024 | Lori Winston   | Achieved |   |
| 1.3.2.1 | Outcome   | Implement the Mi Mentor Program and One Additional Affiliate Program                 | 07/01/2023 | 06/30/2024 | Lori Winston   | Achieved | We have signed an affiliation with UCSF in preparation for participating in a new medical school in the valley and the mi mentor program continues. |



# Sim Lab Recognition

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## 34 hospitals and health systems with great simulation and education programs | 2023

Anna Falvey, Claire Wallace and Zoe McClain - Updated Tuesday, November 7th, 2023

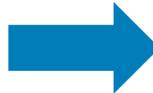
Save Post Tweet Share Listen Text Size Print Email

Becker's is proud to name 34 hospitals and health systems with great simulation and education programs, which provide students and professionals with the opportunity to develop necessary skills in realistic yet controlled environments.

Hospitals and health systems with simulation and education programs see improved patient outcomes, reduced healthcare costs and enhanced patient safety. The following programs offer cutting-edge technologies, lifelike scenarios and safe environments that build provider confidence through practical application.

*Note: This list is not an endorsement of included programs, hospitals, health systems, or associated healthcare providers. Organizations cannot pay for inclusion on this list. Hospitals and health systems are presented in alphabetical order.*

We accepted nominations for this list. Please contact Anna Falvey at [afalvey@beckershealthcare.com](mailto:afalvey@beckershealthcare.com) with any questions or comments.



**Kaiser Permanente (Los Angeles).** Kaiser Permanente's Garfield Center comprises mocked-up rooms, robot prototypes, interactive screens and simulation environments including a surgical suite, labor and delivery area, patient home, hospital ward, consulting room and nurse workstation. The center utilizes prototyping, testing and simulation, in addition to inputs from clinicians, care teams and patients, to test technologies and new designs before their implementation. Current focus areas for the center include preventing and mitigating childhood trauma, developing food insecurity interventions and designing patient centric hospital rooms.

**Kaweah Health (Visalia, Calif.).** The Kaweah Health Simulation Center has been open since 2007. The center comprises a multi-station skills lab and a high-fidelity simulation suite with adjacent control room and debriefing room, utilizing SimMan, SimJunior, and SimBaby manikins, as well as GI-Bronch Mentor and Heartworks & Bodyworks Simulators. It has been an instrumental piece of the Kaweah Health graduate medical education program, offering both simulation education as well as a clinical teaching and simulation fellowship for residents looking to become simulation leaders.

**MedStar Health (Columbia, Md.).** The MedStar Health Simulation Training & Education Lab serves as the main education infrastructure for MedStar Health, training professionals across all 50 states as a full-scale operation within the MedStar Institute for Innovation. The 100-plus team members provide training initiatives, education consultation, program development, technical support and program delivery. The product suite includes hands-on learning opportunities, interactive online training, virtual high-fidelity simulation, and continuing professional education. The program fully embraces innovation and employs new technologies like virtual and augmented reality, point-of-care ultrasound and AI to enhance medical training. The team trained over 22,000 simulation learners and supported more than 1.2 million online learning completions in fiscal year 2023. Recently, the program has created its first large service line program in obstetrical risk-reduction efforts and has spearheaded multiple virtual and extended reality educational offerings.

# Sim Lab in Action



First Mock Code in the Cath Lab

Off to the Hospital for Onsite Education



Medical Students Practicing I and D's

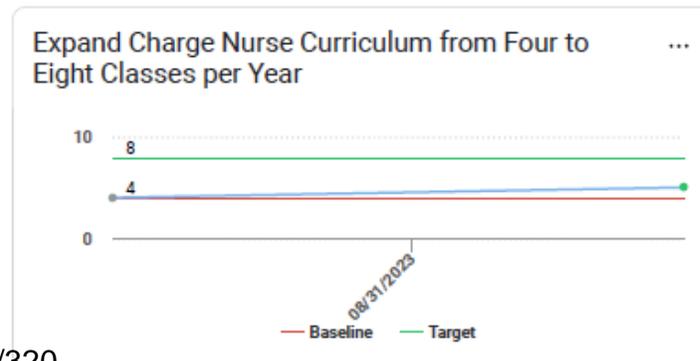
Practicing Acute Stroke Management Skills in the ED



# Leadership Education

*Champions: Hannah Mitchell, Mara Lawson, Keri Noeske, and Dr. Gray*

| Plan    |           |  |            |            |                 |             |  |
|---------|-----------|--|------------|------------|-----------------|-------------|--|
| #       | Level     | Name   | Start Date | Due Date   | Assigned To     | Status      | Last Comment   |
| 1.4.1   | Objective | Improve Leadership Skills Through Targeted Training Assignments  | 07/01/2023 | 06/30/2024 | Hannah Mitchell | On Track    |  |
| 1.4.1.1 | Outcome   | Completion Rate for Assigned Leader Learning Modules   | 07/01/2023 | 06/30/2024 | Hannah Mitchell | On Track    | Leader Learning Path modules were queued for assignment on 10/2/23.  |
| 1.4.1.2 | Outcome   | Expand Charge Nurse Curriculum from Four to Eight Classes per Year   | 07/01/2023 | 06/30/2024 | Mara Lawson     | On Track    | The 5th class (topic) is Implicit Bias and those classes have happened. The others (6-8) are being scheduled and will be included in the number as they occur. |
| 1.4.2   | Objective | Develop, build and launch Leadership Academy   | 07/01/2023 | 06/30/2024 | Hannah Mitchell | On Track    | Program launches 11/15   |
| 1.4.3   | Objective | Develop, Build and Launch an Emerging Leaders Program  | 01/01/2024 | 06/30/2024 | Hannah Mitchell | Not Started | Planned launch is early 2024   |
| 1.4.4   | Objective | Develop Leadership Training Curriculum for Operational Directors, Division Chiefs and Medical Staff Service Line Directors | 07/01/2023 | 06/30/2024 | Keri Noeske     | On Track    | Educational elements have been identified and curriculum content is being developed for deployment.  |



# Charge Nurse Curriculum

Just Culture

Conflict Resolution  
and De-escalation

Emotional  
Intelligence

Generational  
Differences

Implicit Bias

Cultural Diversity

Regulatory and  
Compliance  
Common Issues\*

How to be an  
Inspiration\*

\*Proposed

# Leader Learning Path Series



Executives, Directors, Managers, and House/Throughput Supervisors are required to complete the assigned course for each month as part of their ongoing leadership development. New leaders start with the assigned course for the month following their promotion/hire.

| Month         | Assigned Course  | Publisher                      | Length         | Description  |
|---------------|--|--------------------------------|----------------|--|
| October 2023  | <i>Employee Engagement Essentials</i>  | <i>The Jeff Havens Company</i> | 60 min         | There's no shortage of leadership training, which means we should all theoretically be amazing leaders. Yet survey after survey shows most of us are disengaged. This training has been designed to approach leadership in a new way that will make creating an engaged workforce easier than ever before with far more humor and entertainment than your typical course.              |
| November 2023 | <i>DISC Communication Skills: 01. Introduction &amp; DISC Communication Skills 02. Questionnaire</i> | <i>HSI - ej4</i>               | 9 min & 10 min | Everyone is different, which can make it difficult for us to interact with each other. What is it about an irritating coworker that makes him or her irritating to you? By looking into DISC personality types, we can recognize our own tendencies, so that we can better recognize tendencies in others.   |
| December 2023 | <i>How Your Brain Responds to Stories -- and Why They're Crucial for Leaders</i>                     | <i>TED</i>                     | 14 min         | In this TED Talk, leadership consultant Karen Eber explains how the world's best leaders and visionaries earn trust from their audience. She explains how it's about more than just offering up data—it's about data visualization with your audience through compelling storytelling.   |
| January 2024  | <i>4 Essentials for Compassionate Leadership</i>   | <i>7 Dimensions</i>            | 40 min         | In this course, you will discover how compassionate leaders care about their team's emotional and life needs and recognize that happier employees are more engaged and perform twice as well as those whose staff feel unvalued and uncared for. Compassion (caring for others) is revealed not only through words, but actions and this improves collaboration, trust and motivation. |



|               |   |                            |        |  |
|---------------|---|----------------------------|--------|--|
| February 2024 | <i>Solve the Real Problem and Not Just a Symptom</i>                                | <i>Dr. Roger Firestien</i> | 9 min  | Creativity is not coming up with a great idea. The key to creativity is solving the right problem. By not identifying the real problem, people and organizations can spend thousands of hours and millions of dollars trying to implement solutions that don't work.   |
| March 2024    | <i>Gain Control of Work/Life Balance</i>  | <i>Litmos</i>              | 30 min | Work-life balance is defined as properly prioritizing work responsibilities and other life activities, such as family, personal growth, volunteering, and leisure. Managers have many things within their control to support their employees' work-life balance and increase engagement, job satisfaction, and productivity. |
| April 2024    | <i>Helping Employees Find Meaning at Work</i>                                       | <i>OpenMind</i>            | 9 min  | In this course, you'll learn effective strategies to encourage employee participation in decision-making. You'll encounter six methods to build appreciation and recognition into your company culture. Lastly, you'll learn how to guide employees to personally connect with your company's mission.                       |
| May 2024      | <i>Managing Performance: Individual Development Plans</i>                           | <i>TalentQuest</i>         | 10 min | This course will show you how to encourage members of your team to develop skills for their current or future positions. You'll discover why doing this is important, along with some examples of possible development options and helpful tips on how to conduct a meeting to discuss and formulate an action plan.         |
| June 2024     | <i>The Coaching Habit: Say Less, Ask More &amp; Change the Way You Lead Forever</i> | <i>LIT Videobooks</i>      | 55 min | This book summary from the author offers practical coaching skills that are applicable on a day-to-day basis. Seven essential questions show how you can develop and achieve incredible results by saying less and asking more.  |



# Leadership Academy

## Cohort 1: November - February



Amy Valero



April McKee



Carey Hayes



Chris Born



Christina Rigg



Clint Brown



Crystal Clark



Crystal Ortiz



Daniel Watson



Doss Bewley



Emma Camarena



Erika Pineda



Ivan Jara



Jacob Kennedy



Jerry Martin



John Leal



Karen Tellalian



Kerry Sommers



Kevin Morrison



Khloe Tijerina



Lawrence Headley



Mara Lawson



Maria Schober



Matthew Miller



Matthew Wiseman



Mel Johnson



Miguel Sanchez



Shannon Cauthen



Sunny Attygalle



Tendai Zinyemba

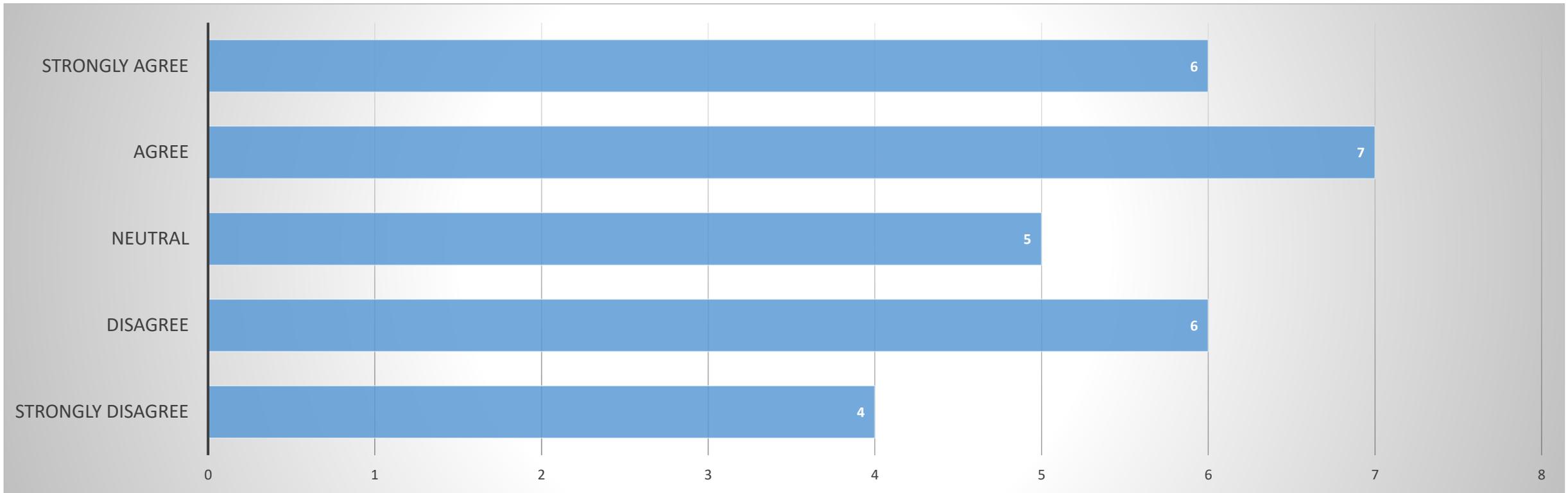
# Wayfinding Survey

## Community Engagement

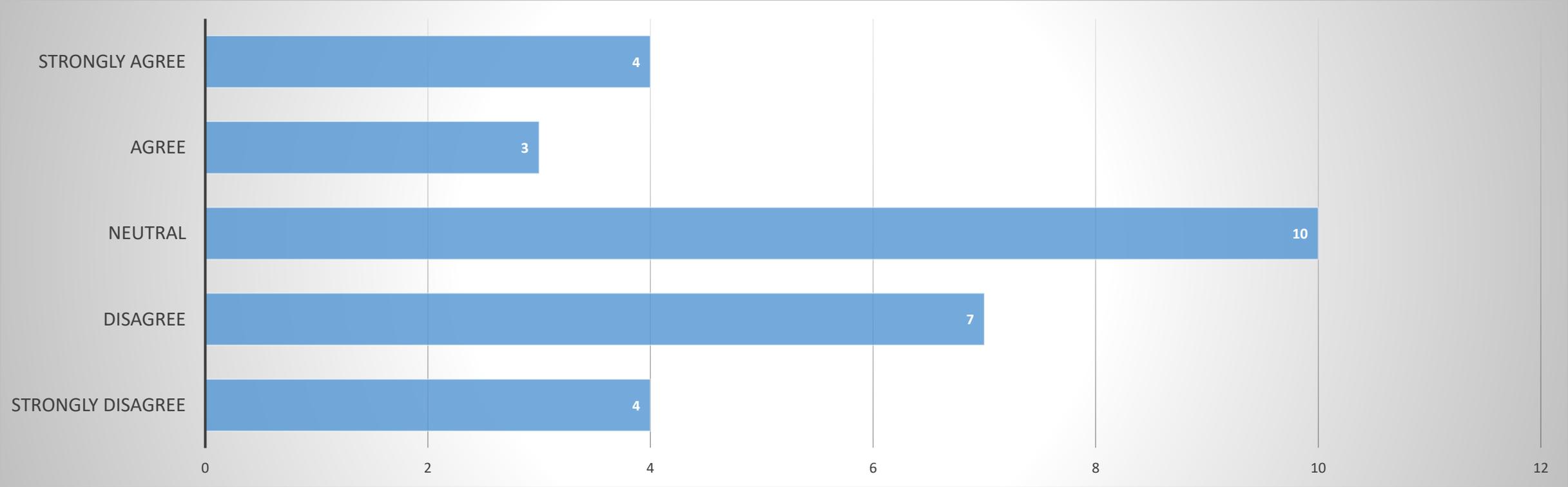
*30 community members came onto the Main Campus after being assigned a unit. They rated us on the ease of directions and parking, cleanliness of inside and outside of facility, wayfinding, signage, and friendliness of staff. The survey took place during the month of August, 2023.*



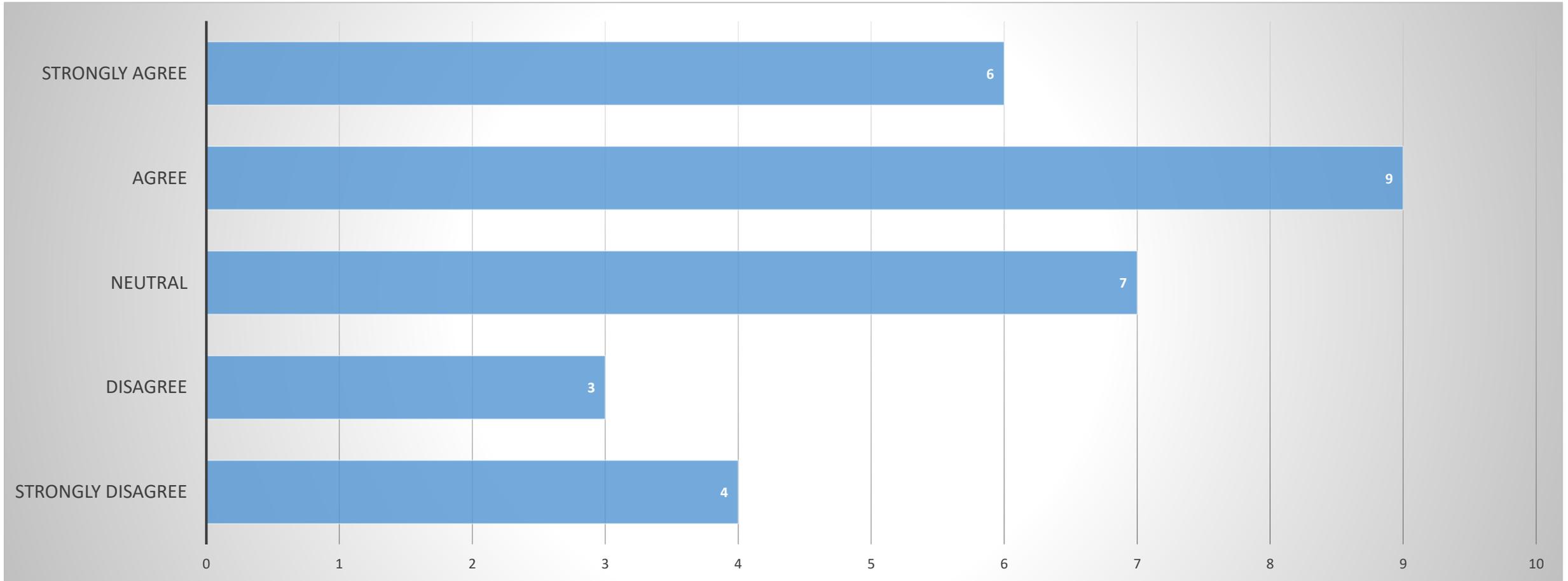
# I went to the Kaweah Health Website and found the location before I came on campus.



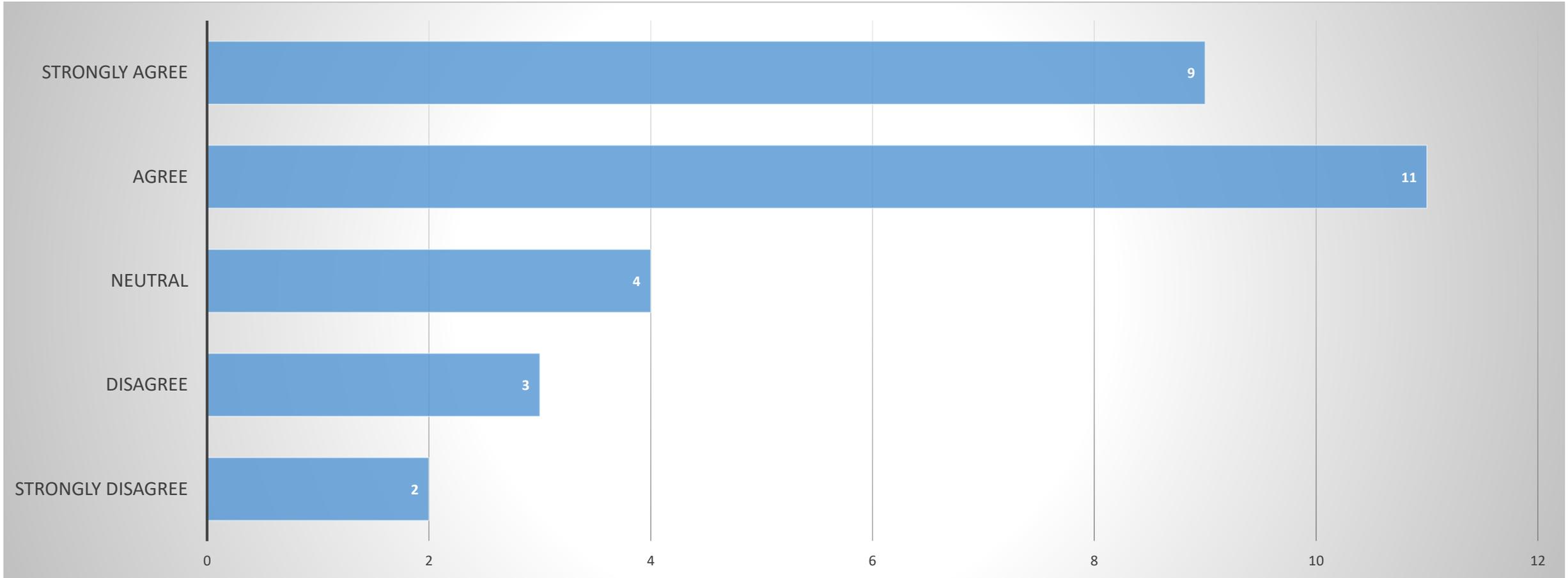
# The Website was very informative and gave me clear directions on the location I was attempting to find.



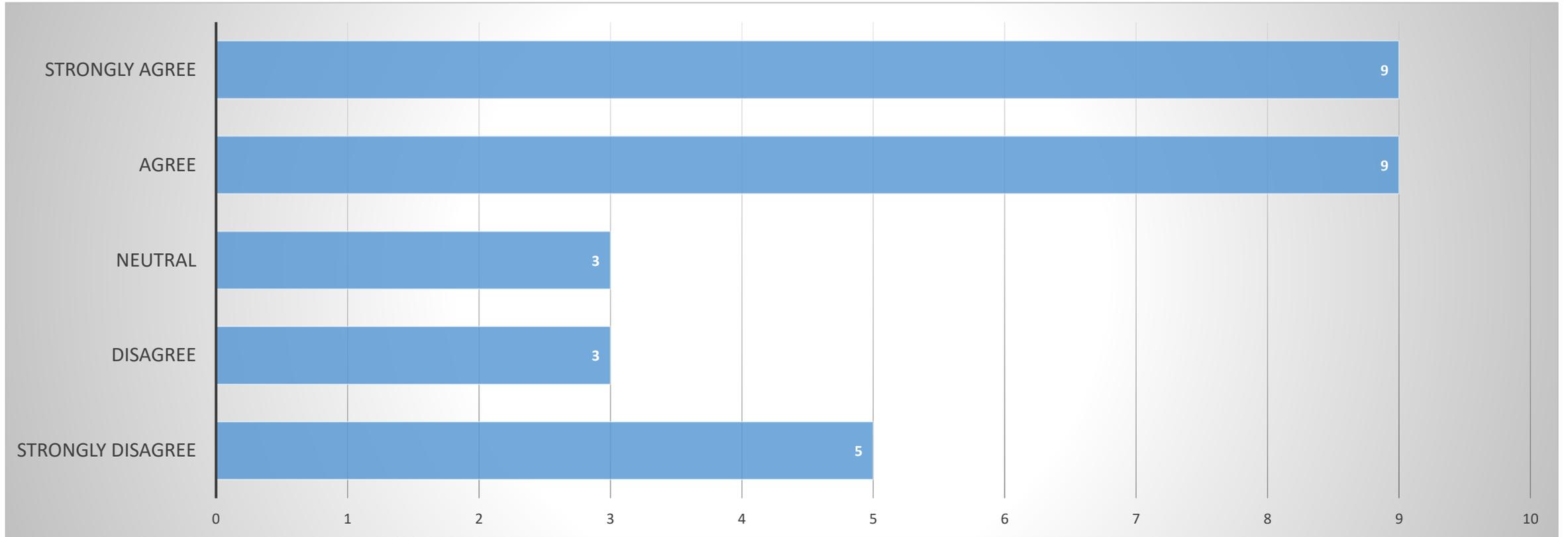
# It was easy to find parking.



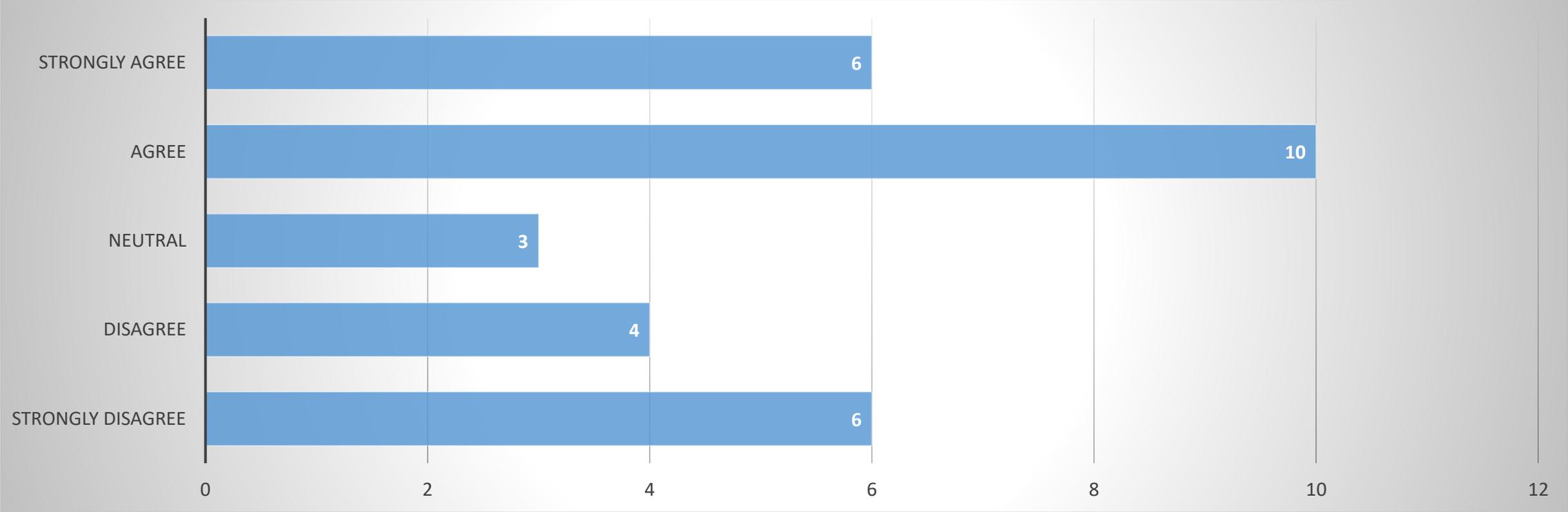
# I felt safe in the parking lot.



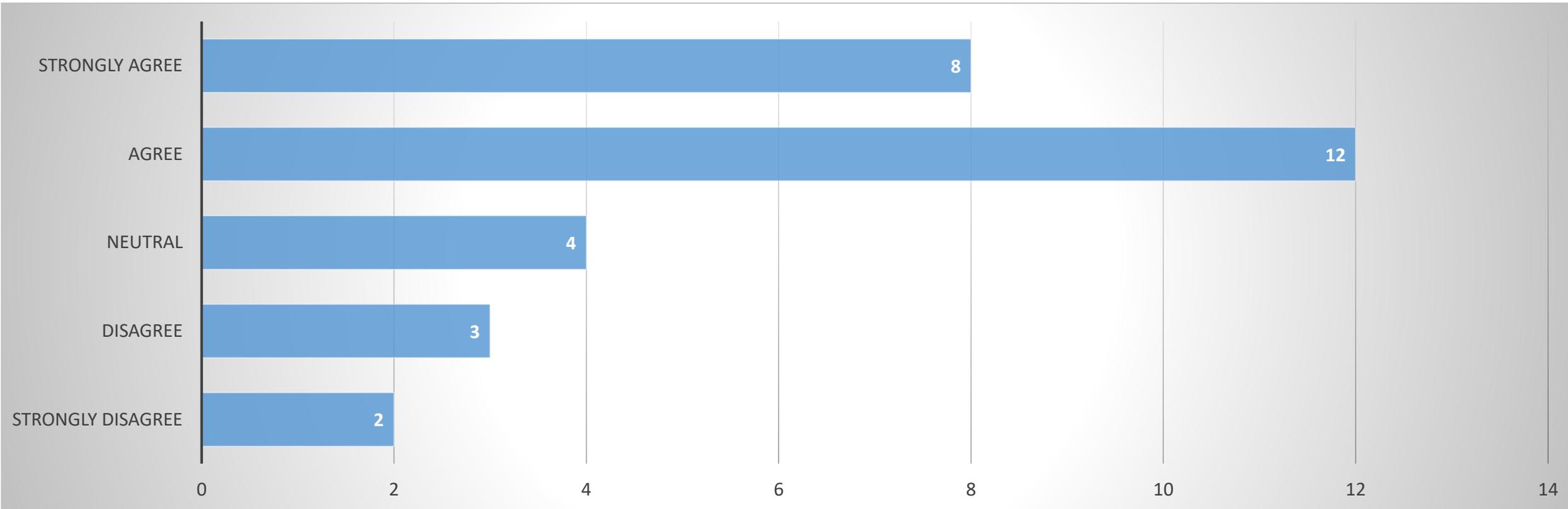
# There was proper signage for parking.



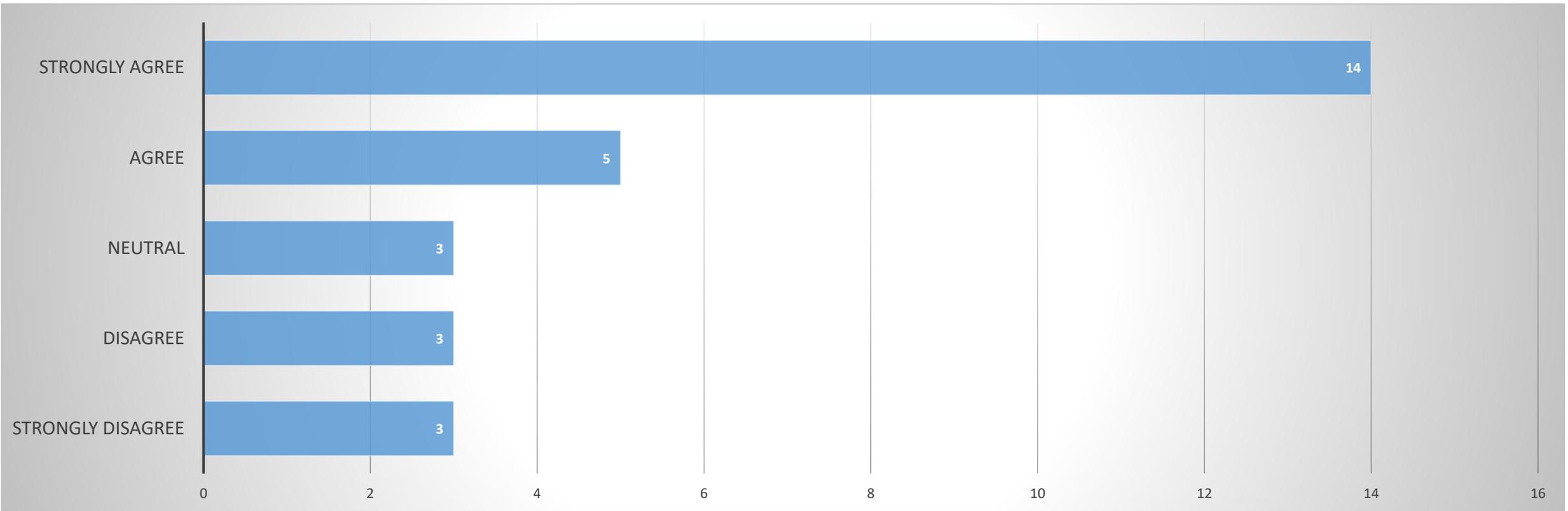
# It was easy to find the correct entrance for my assigned location.



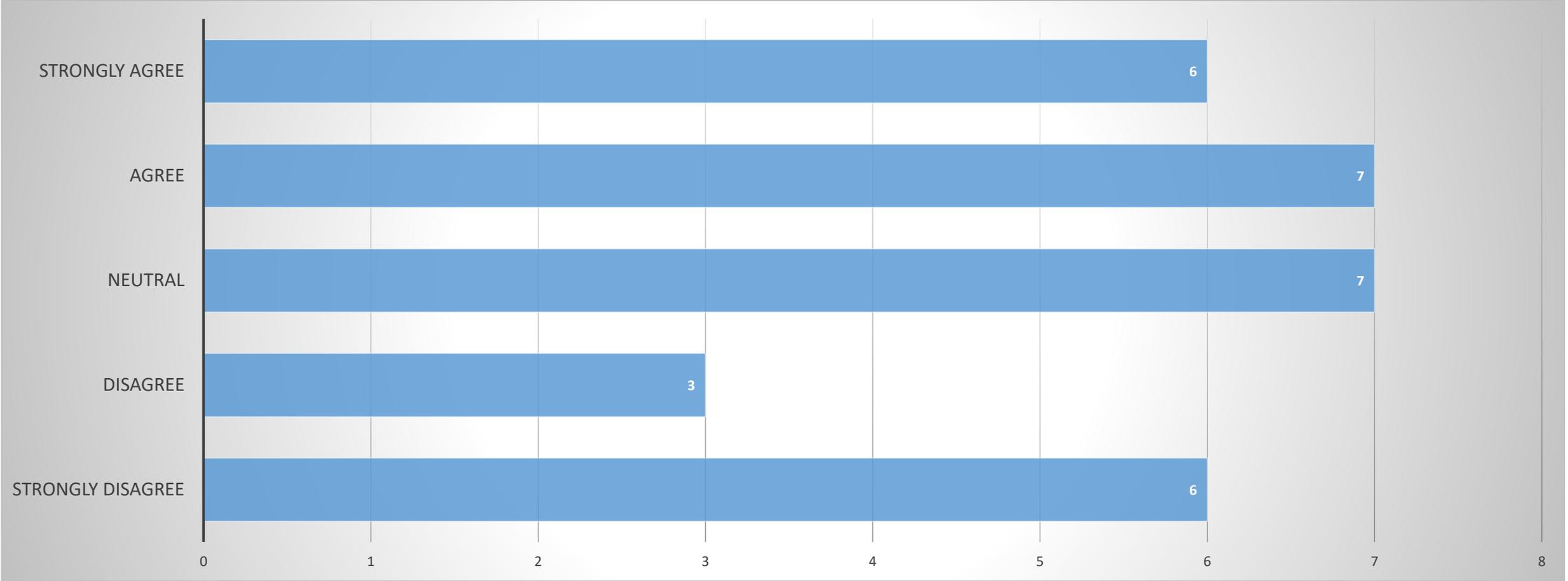
# The area outside the facility was clean. (Trash cans, windows, sidewalks, etc.)



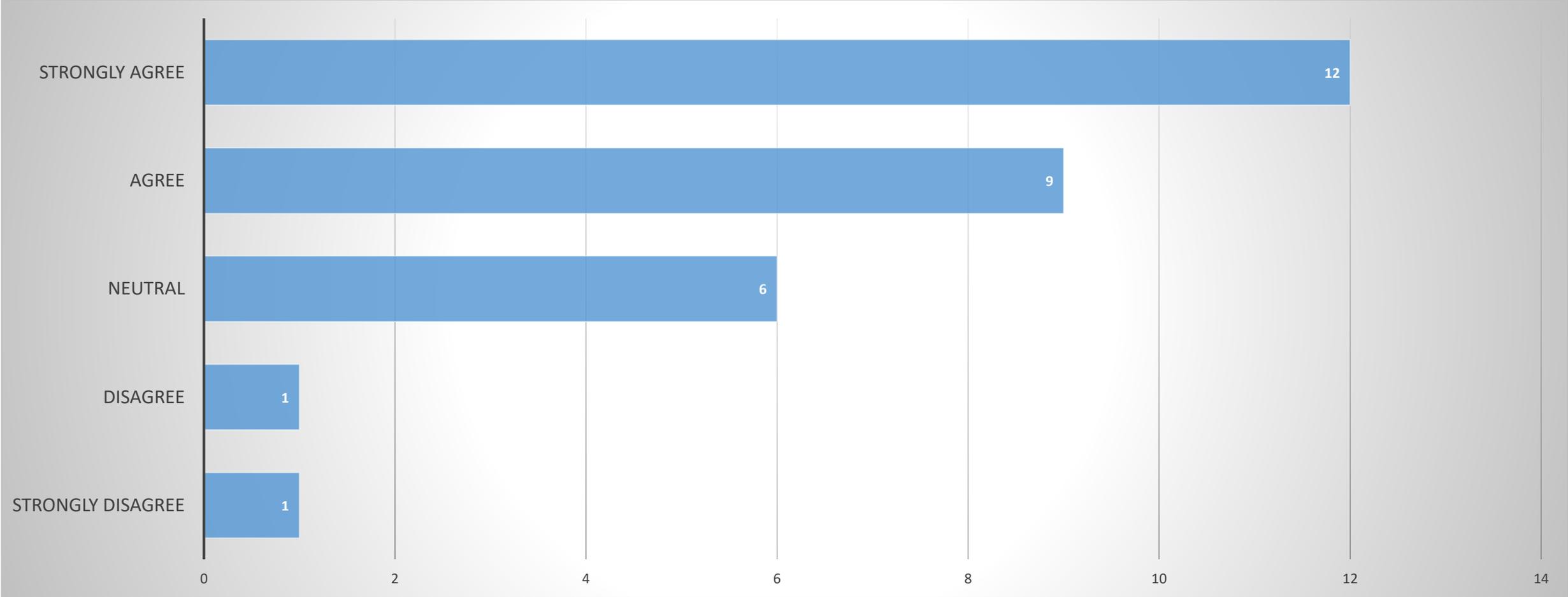
# The staff members were friendly, knowledgeable and gave adequate directions and assistance.



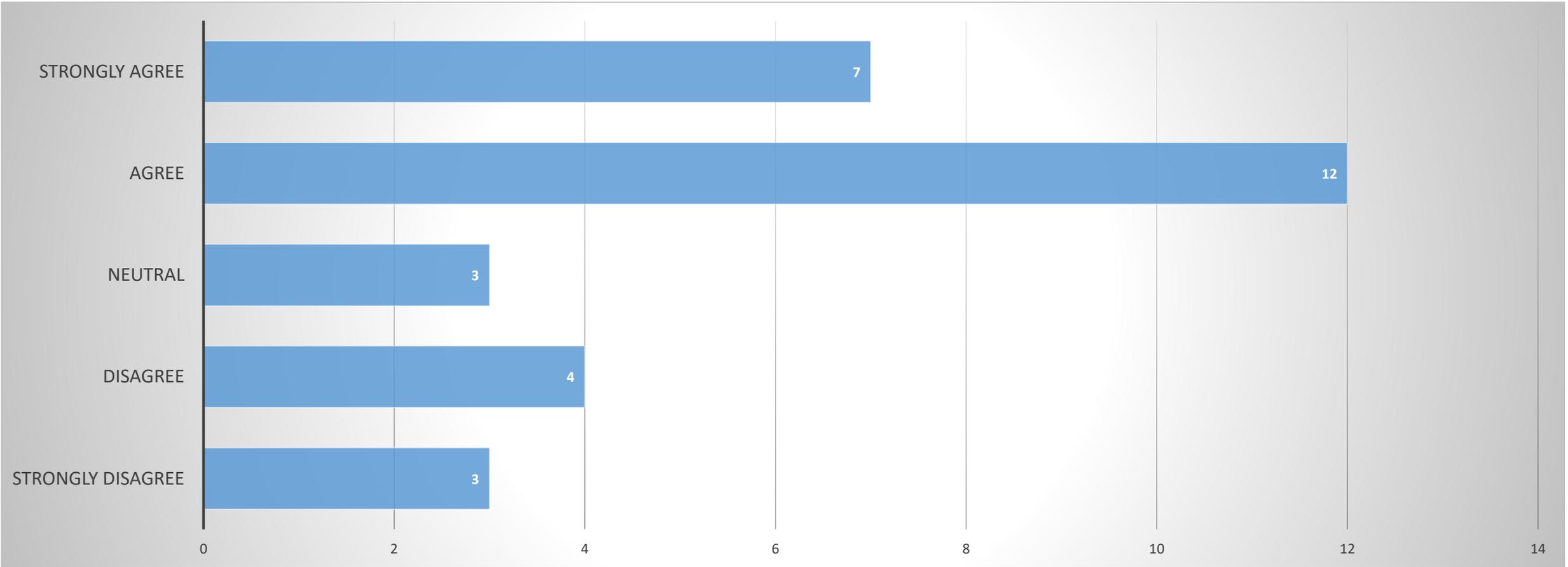
# The internal signage was easy to follow.



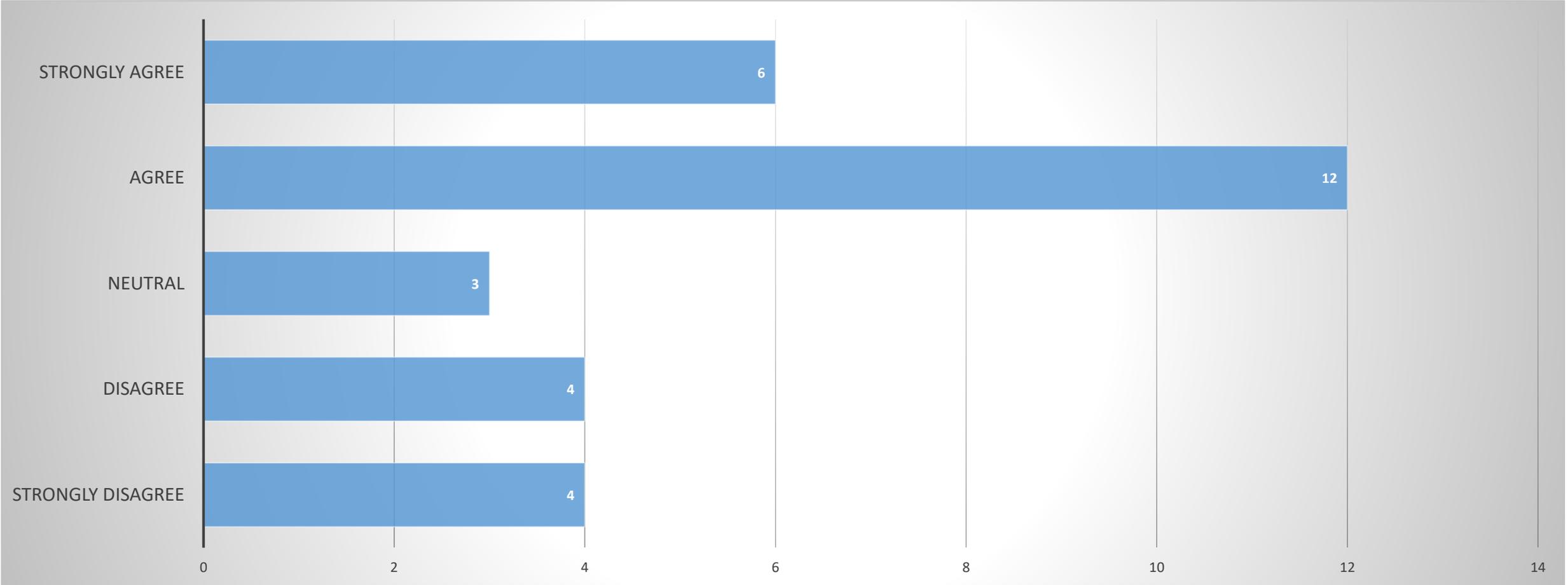
# The restrooms were easy to locate.



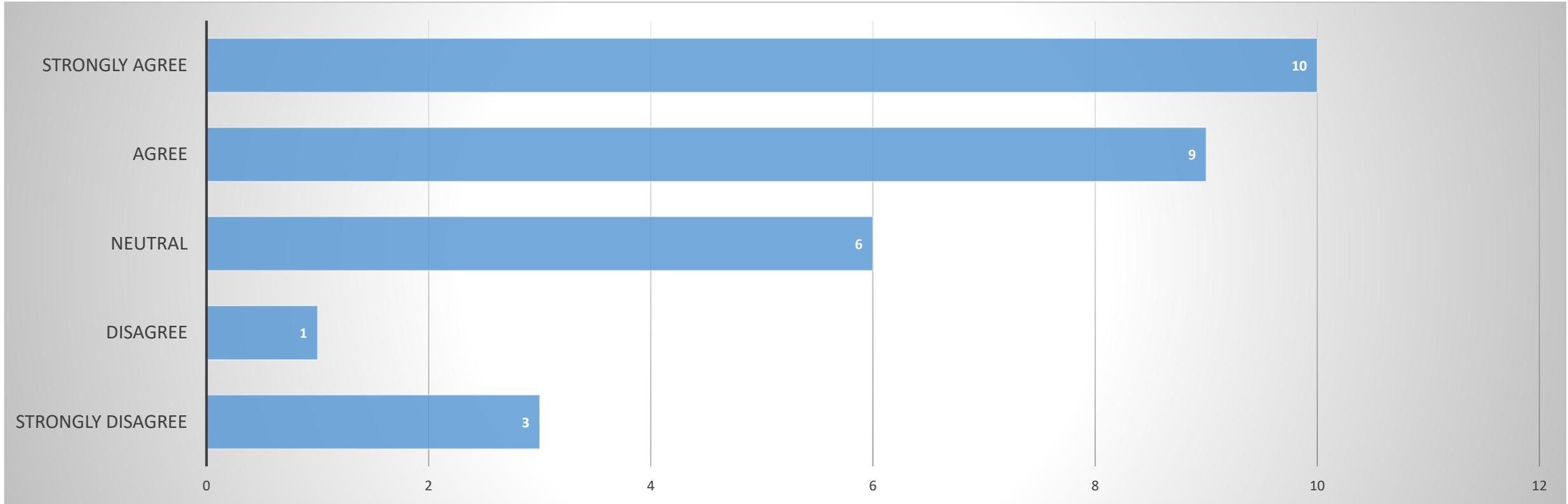
# The elevators were easy to locate.



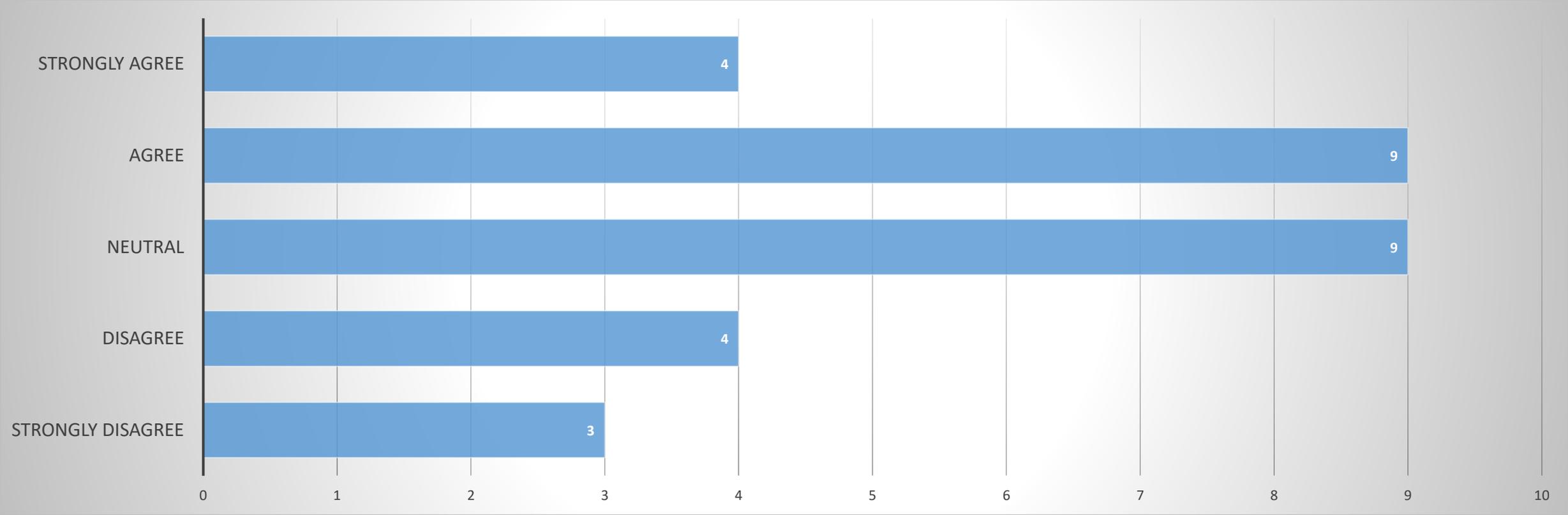
# The cafeteria was easy to locate.



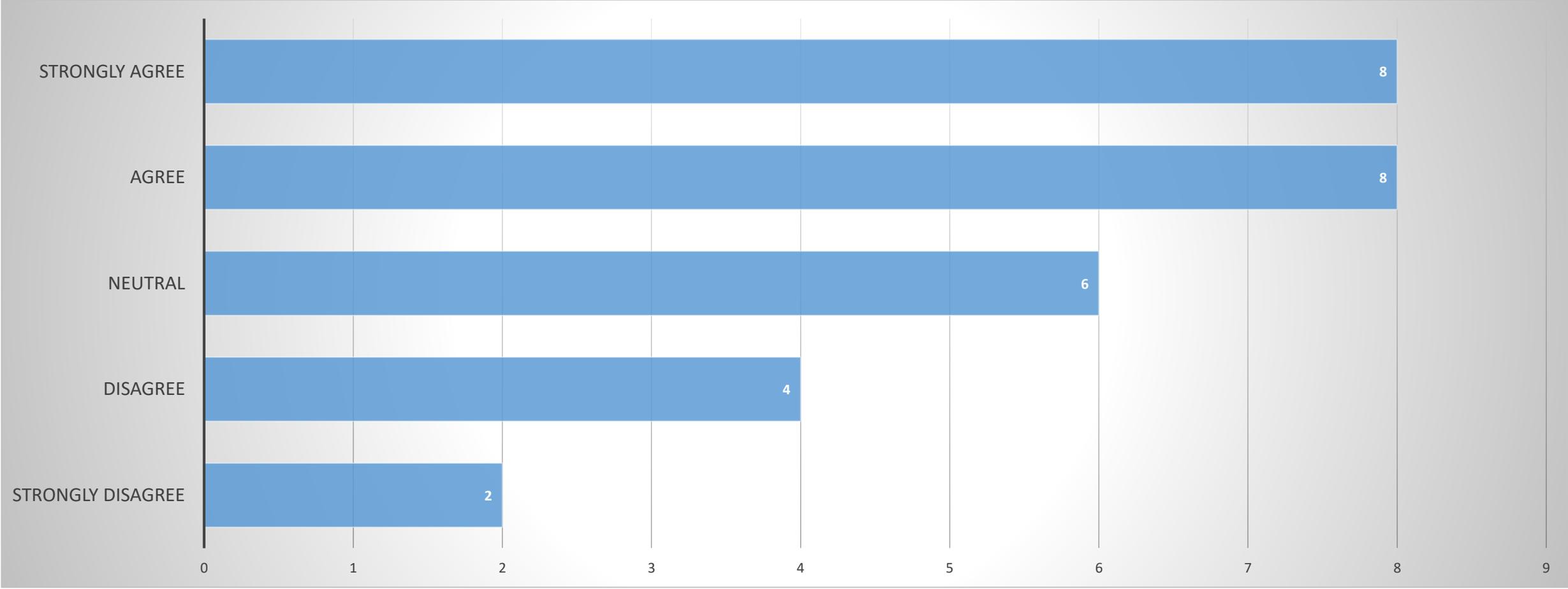
# The inside the facility was clean. (Trash cans, windows, hallways, floors, bathrooms, etc.)



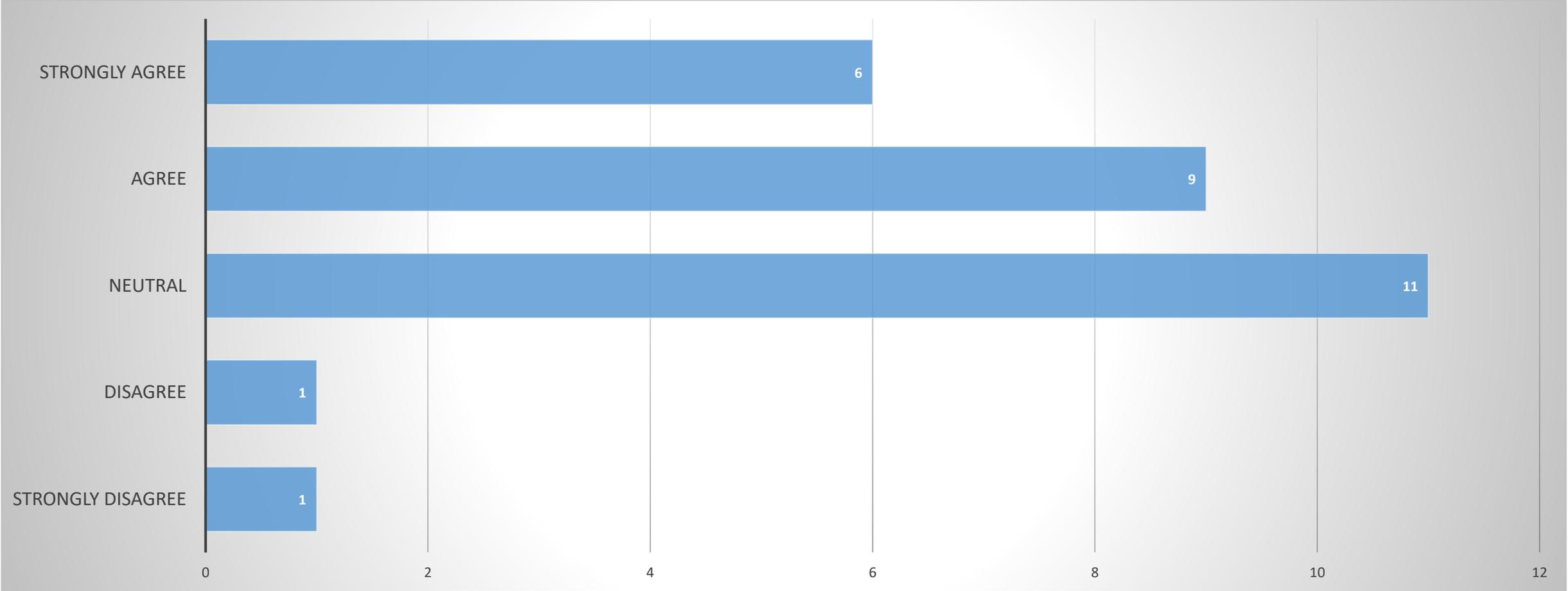
# In cafeteria, food looks appetizing, staff was friendly, area was clean, etc.



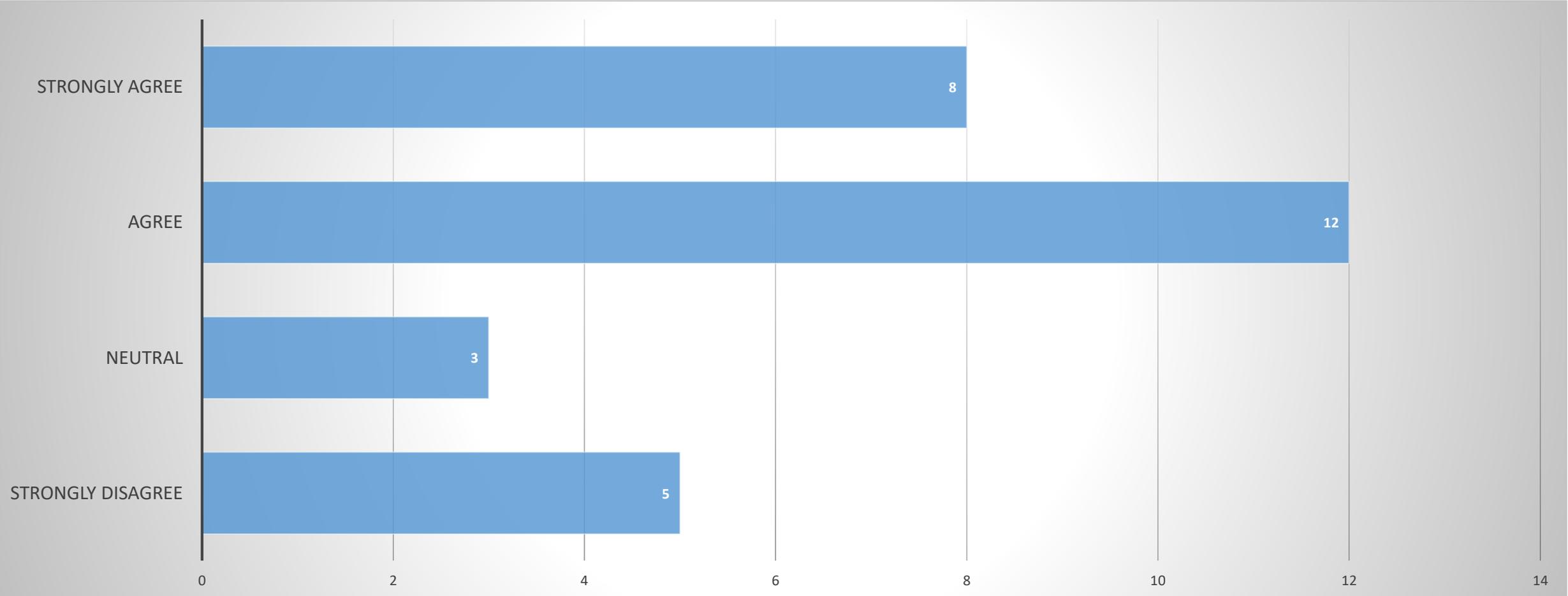
# Vending machines were easy to locate.



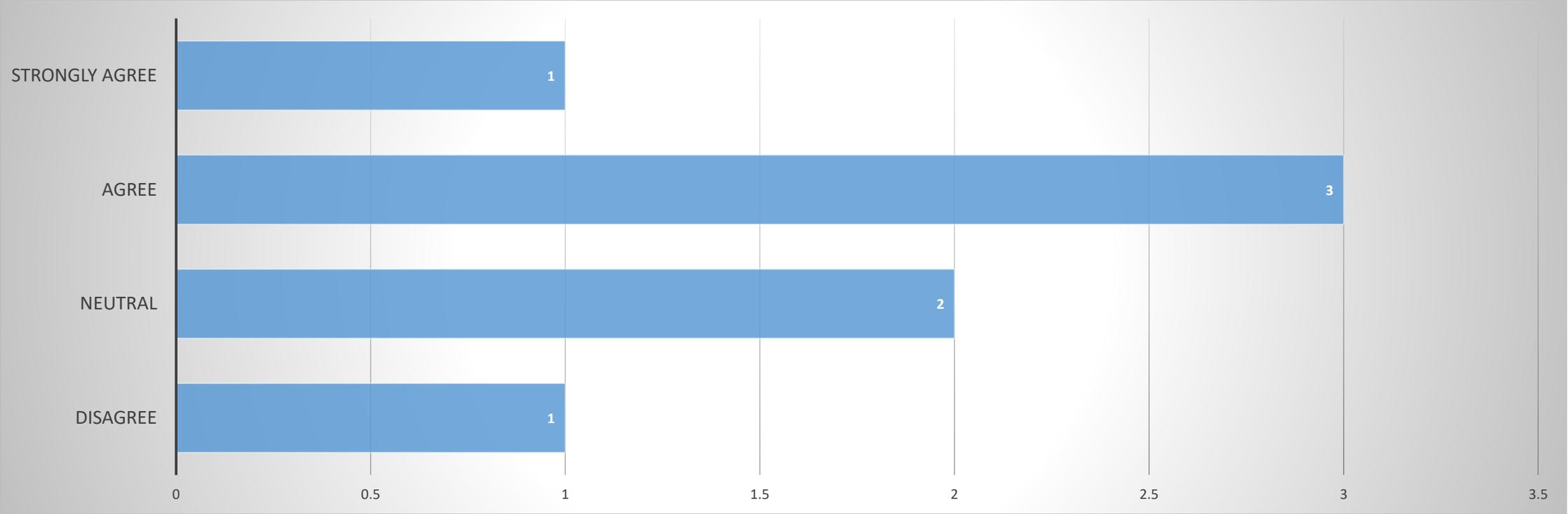
# Vending machines were functioning properly.



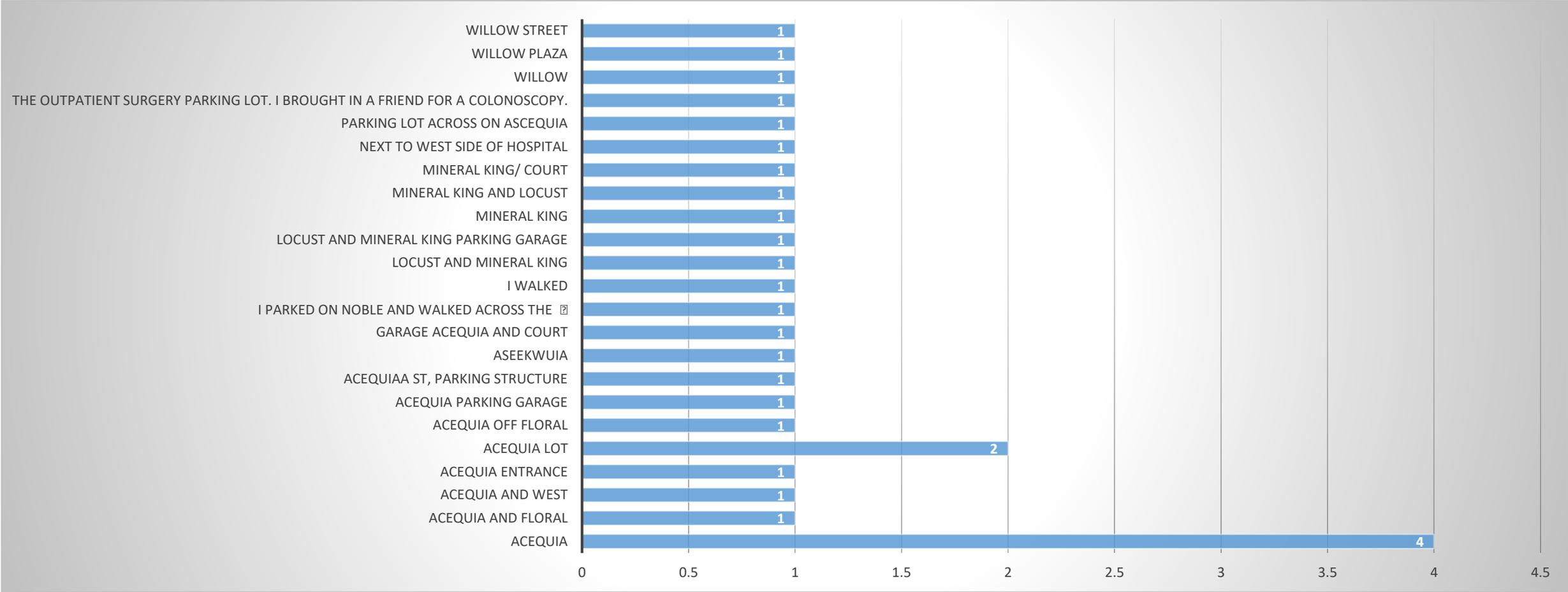
# The hand sanitizers were visible and available.



# If a member of the Spanish speaking population, the signage and communication were easy to understand.



# Which parking lot did you park in?



# Environmental Services - Feedback and Action Plan



# Environmental Services Feedback

- The floors in the Acequia men's bathroom need a full scrubbing. The waste bin was heavily rusted at the bottom. Not a good look. The edges where the floors meet the walls need a scrubbing. The tile floors are mopped - but need a good scrubbing. The grout lines are dirty.
- The carpeted areas in the Acequia lobby were not well-vacuumed. I was there before many people arrived. There was litter on the floors in the lobby, which was not new litter.
- A house keeping (?) supervisor named Lea was helpful, volunteering assistance with my wheelchair and taking me from the cafeteria to the Acequia lobby.
- Went to use the restroom on 3north and the toilet wasn't flushed, but, no trash on floor, and was relatively clean.
- Primarily, the hallways were clear of any loose trash.
- What I did see was near ED doors and inside the elevator. The lobby waiting area inside the Acequia entrance could use a good vacuum.
- Nearly all the disinfectant dispensers I passed by were sufficiently filled. Only one in the cafeteria was empty.
- Trash near Mineral King Emergency entrance sign including a beer bottle. Trash near the main entrance.
- Found used needle and bloody syringe on sidewalk outside of Acequia wing.
- Visitors badges were the main trash outside.
- There were visitor badges stuck to the floor in the elevator.
- I did not see any hand sanitizers.
- There was trash outside on the ground at the AW entrance.
- Hospital was clean
- Elevator floors were filthy.

# Environmental Services Action Plan

- Provide feedback to EVS team (both positive and constructive feedback) in October 2023 staff meeting.
- Establish EVS First Impression Committee (UBC team focused on improving service deliverables in the ED & Public areas). Meetings with staff are scheduled week of 10/9/23.
- Assess trash cans in restrooms – transition to plastic ones as a sustainable solution (non rusting) where immediately needed: complete by mid November 2023.
- Reassess carpet maintenance frequencies and realign accordingly: EVS leadership scheduled to meet with Floor care project team end of October 2023.
- EVS Director to follow up on 3N restroom that was reported to not flush, and if that's still the case, Facilities W/O will be placed and Facilities Director will also be informed: Complete by 10/9/2023
- Continue to partner with Facilities Grounds team on entrances and trash feedback.
- Discuss alternative visitor badge options with Patient Experience committee to address badges being stuck on floors and elevators.

# Facilities – Feedback and Action Plan



# Facilities Feedback

## Entrances

- I entered on the Acequia since all visitors are required to check in. Then they told me my location was on the complete opposite side. The directions were vague and I could easily have gotten lost. Lots of improvements are needed. It was a good experience. I think this will be helpful in making it better in the future.
- The entrance at Acequia was like being in a parking garage and on a bright sunny day was dark and dreary. There are picnic tables but no one is using them at all. In my travels I found one set of drinking fountains out of order, one elevator out of order and the other elevator up to 3 West was old, slow, and no signage inside. When I got out there was only a 3 North, 3 South, and 3 West sign, nothing to tell me where to go if I only knew I was headed to ICU. I did eventually find 3 W ICU but it was very difficult.
- Several were confused about the correct entrance to enter. Many had to walk around through the ambulance bay to get to the AW entrance.
- Ambulatory surgery center entrance is very confusing. Walked through the MK entrance and had to walk back outside and around.
- Difficult to determine main entrance.
- My overall impression was the hospital is a little easier to navigate when you enter from the main entrance.

# Facilities Feedback Cont'd

## Elevators

- One elevator was out of order and the functional one was dirty.
- Only one of the two public elevators was working. My husband has been a patient often in the past two years so I know this has been a problem for a long time. Is it permanently out of order?
- On day of my visit one elevator was out of order.
- Elevator's appear to be well used and slow.
- The old area looked very worn and the new area looked clean.
- One elevator was broken. I had to wait a while.
- When I got off on the 4<sup>th</sup> floor, the waiting area was boiling hot. Very uncomfortable.
- Had to search for elevators.

# Facilities Feedback Cont'd

## Wayfinding

- Stripes on the wall here helpful!
- Never have understood the various colors along baseboards. Find the signs with the M&A much more helpful. Plus, they're easier to focus on because they are positioned at eye level. I did appreciate the blue tape line you see on the wall when you get off the elevator on the 2nd floor. Positioned at eye level and including the letters ICU and arrows it was much more helpful than what you see on the first floor.
- The colored lines were helpful to some and not to others. The lines changing color made it very confusing.
- Hospital was clean and staff was very friendly. I still had trouble finding my brother's room, even with the color tape and map provided. Why does the colored tape just change colors when I'm going down the same hallway?
- While participant was visiting there was an earthquake. Staff received notifications, but the participant was nervous and confused.

## Signage / Directions

- Unless I COMPLETELY missed it.... there were ZERO directions to get ANYWHERE from the East Mineral King lobby.
- When going from AW to MK it felt like we were in an area we weren't supposed to be in. (Back of the house) There is an opportunity to use the hallway to brag about yourselves and show the public the great things you are doing and that it is a public hallway.

# Facilities Feedback Cont'd

## Parking

- The parking garage was convenient, but there was no signage.
- Had to park on the roof of the Acequia parking garage.
- There was ample parking in the parking garage.
- For L&D, they did not tell me where to park. It was very confusing.
- Lack of parking signage was stressful.
- Parked in the Locust garage, plenty of parking, but, entered through the Mineral King entrance and had to walk through the facility to get to the correct side of the hospital.
- A pedestrian bridge from the parking garage would make access much easier.

## Upkeep of Facilities

- Base boards in hallways need to be replaced COVID signage needs to not block general signs.
- Three of the chairs in the Acequia wing lobby have torn under fabric falling close to the floor.
- Plastic plants in the lobby? This is a cheap look.
- While sitting in lobby of 4 South a gigantic cockroach ran across. I killed it and disposed of it. The facility was not dirty but many places needed attention to detail.
- Finally, can I mention the visitor waiting areas are unsatisfactory? Coming off the elevator on 2nd floor was like walking into someone's living room. The ICU waiting area was even worse. Over half of the chairs lining the wall were filled with anxious family members. I felt very uncomfortable walking through the first group and even worse sitting with the second group to complete this survey.

# Facilities Department Action Plan

- **Increase Signage** - Work with Marketing team to provide additional directories at multiple locations:
  - Hallway transition to East Expansion and Mineral King (Zone 6)
  - Directory signage in the public elevators
  - Directory signage at the Mineral King Entrance. Updating the existing kiosks may improve this as well.
- **Wayfinding Stripes** - Review the potential restriping of the hallways:
  - Need to consider using multiple lines and dedicating one color to represent your path of travel from Point A to Point B, without having to change colors (i.e. follow Blue line to the Mineral King West Elevators, follow the Green line to the Mineral King East Elevators, Orange line to Cafeteria, etc.)
  - Potentially add additional striping, similar to existing for 2W ICU and 3W to better identify certain areas like the cafeteria.
- **Budget** – Costs associated with implementing the above items can be covered under an existing wayfinding budget.

# Food & Nutrition Services – Feedback and Action Plan



# Food Nutrition Services Feedback

## Atmosphere in Cafeteria

- The cafeteria was once much nicer. It serves the needs to staff but is not welcoming to visitors. It is cheerless and industrial.
- I saw the cafeteria sign and vending machines. When I opened the door to the cafeteria I saw the hot foods, sausage links, boiled eggs, biscuits, gravy, potatoes. Looked ok. Didn't try the food. Very large limited menu. No one asked if I wanted anything as I was standing at the counter.
- Saw Starbucks. Happy to purchase coffee.
- No hot food out in cafeteria to view. Bought a closed box; not appetizing when opened. Fruit cups did look good!
- The food boxes need to be clear so you can see what is in there. Had to open all of the boxes.
- The cafeteria hot food line was closed during my visit at 3:30 p.m. There was a sufficient selection of fast food items available for purchase. Otherwise, this area was clean and very quiet.
- The cafeteria entrance is a small door that looks like it could go into a restroom or an office. Not welcoming at all. Food looked edible but not appealing. A large beverage/ Salad cooler was totally empty. No one was serving behind the counter. Needs better lighting, some bright signage or artwork, it seemed very depressing.
- Cafeteria was very easy to find. Staff didn't acknowledge me when I was looking at the food and instead were having their own conversations. However, I'm sure had I asked for help they would have helped me.
- Can we do a glass door?

# Food Nutrition Services Feedback Cont'd

## Atmosphere Cont'd

- There was a lot of information posted outside the cafeteria door which made things confusing.
- There was a menu for the Siren Grill and the community member tried to order that inside the cafeteria. Very misleading.
- There were no staff members behind the counters in the cafeteria. It would have been nice to see someone there.

## Wheelchair Access

- The primary door to the cafeteria did not allow wheelchair access. I became trapped. I had to stand and collapse the wheelchair to get past the choke point. The food line is difficult to access from a wheelchair.
- The beverage boxes need to be moved. The cafeteria staff on duty did not help. The lines were too narrow for my wheelchair.
- Wheelchair access at Kaweah should not mean the person using the wheelchair has to ask for help to carry out routine tasks like getting a meal in the cafeteria. Perhaps there was a way I could have accessed the serving line, but then organization and signage comes up as a problem. I felt like I was inconveniencing people.

# Food Nutrition Services Feedback Cont'd

## Vending Machines

- The vending machines seemed to be working in both wings. The lobby food service spot in the MK lobby is well done and inviting. The vending "Cafe" in the AW is too small, poorly lit, and not welcoming.
- Tried two vending machines. One didn't work at all. Second had a network error but took swipe instead of tap.
- Idea- give vending machine and or cafe voucher to use on this wayfinding visit.
- The vending machines in the AW lobby were dimly lit and participants felt like they were intruding on staff who were sitting in there.
- Vending machines were empty.
- Would appreciate if you could use a credit card for vending machines.
- The vending machines on the first floor, near the ICU and main lobby near the Acequia entrance were well stocked. I didn't purchase anything so I don't know if they were working well. I've had an experience where a machine did not work and there was no way to receive a refund on the premises. Although it was not an easy process, I did receive a refund about a week later. The same small signage was displayed so I'm assuming the process remains the same. The AW vending area was a little messy.

# Food & Nutrition Services Action Plan

- The Retail Manager will work with Cafeteria Staff to immediately offer assistance to patrons who are in wheelchairs.
- The Retail Manager will work with team members to have stocking done prior to meal service times. Also, they will only bring out one cart at a time and flatten boxes once they are emptied.
- FNS Director will work with the Facilities Director to evaluate the lighting in the AW vending area.
- Retail Manager to review food packaging options. Items are labeled with tamper-proof content labels.
- FNS Director will reach out to the vending companies to evaluate the machines. FNS Director will also reach out to ISS to evaluate router signal strengths in the vending area. Machines currently take credit cards.
- FNS Director will work with the Facilities Director to evaluate what can be done with the door and entrance and the lighting in the café to make the space a more inviting and welcoming atmosphere. The Retail Manager will work with the culinary teams to ensure the food presents better.
- Retail Manager will work with café staff to provide acknowledgement of patrons when they enter the café serving area, the serving line, and the cashier.
- FNS Director will work with vending machine companies to ensure the machines work and to keep them stocked and ready for patrons.

# Marketing and Signage – Feedback and Action Plan



# Marketing/Signage Feedback

## Signage / Directions

- Overall it was easy to find the Cath lab and the staff were helpful. Looking for the Cath lab on the website was more challenging in that I wasn't sure which floor or which parking lot to park in from the cardiac web page. But once on site it was easy enough. The most challenging part of the assignment was finding the QR code in the Cath lab because the sign I had in my head was different than the sign (window decal) in the lab.
- Otherwise was mainly clean. I didn't see any outside signage around the hospital. Once inside I didn't see any signage until the elevators.
- It was a good experience overall. My only complaint was that there was signage directing to the Mineral King Entrance but it was closed so I had to walk around to the Acequia entrance. Other than that it was a great experience!
- There is no location signage in lobby but that is understandable as one is supposed to check in at desk.
- There needs to be a location map or directory at each entrance to show where you need to go similar to what the mall has or most multi-story businesses.
- Easy to see the main entrance versus the emergency entrance. Staff provide clear directions it just takes a while to get to the Mother/Baby unit because it's on the other side. From there everything was easy to find, clean, friendly staff, signage in Spanish good in all areas needed. Staff give clear Spanish directions when needed. The cafeteria is on the other side of the building so again it took a little while to get there but the directions from staff were very easy to follow. I don't think I saw any signage in the main lobby of the Mother/Baby unit that said cafeteria so I had to ask for directions but maybe I missed it.

# Marketing/Signage Feedback Cont'd

- The only place Ambulatory or an A was posted outside on QR code & in surgery bldg. I went in one entrance and was told to go outside and walk around to the other entrance. I went between builds with no lighting, then back and tried another way, asked one person for help. Had to be buzzed in. Entrance littered with leaves. Have walk around corner to be greeted. One bathroom for M and F. No food or drink allowed in waiting area. Signage for vending n cafe easy to find. Still have how to wear mask sign up in cafe. Mask displays/ COVID signs up.
- Has a fork in the hallway ME and MW but does not indicate elevators are to the west.
- Signage very easy to follow and map was helpful.
- I did not see signs in the Acequia wing lobby with directions to the various units.
- As I walked around the inside of the hospital and found my way to the main hospital entrance , then the signs/directions were easier to see.
- I used the Acequia Wing Entrance. Directions from that entrance take you to Mineral King Lobby but does not provide any indication that the floor you want is that way.
- Assigned L&D, but the MK entrance was closed. Walked through the ambulance bay to AW entrance, but no signage for L&D.

# Marketing/Signage Feedback Cont'd

## Signage/Directions

- I entered the hospital from the Acequia entrance and staff from the lobby gave me directions, follow yellow, purple, blue lines to elevator. Once that ended I had to ask directions to the elevator. Took elevator to 3rd floor, and followed signs to 3N. The floor on the elevator display was hard to see, very faint. What would be helpful, when the elevator doors open, to have the floor painted on the wall in front of you. Not sure I'm describing this correctly.
- The signage on the ground level in front of the elevator said 4Tower but did not list telemetry. Then when I got to the 4th floor, the signage by the elevator was different which was confusing. Why are they different? Telemetry was written on the wall but there were no arrows. I sort of followed the hallway and found it. Website should include site map.
- Street signage for different entrances needs improvement.
- There needs to be signage inside the elevators with the different floors and units listed.
- There needs to be more signage in Spanish.
- Mineral King entrance signage appears to be only for labor and delivery and lab.
- Very few of the participants knew what M, A, ME, and MW meant.

# Marketing/Signage Feedback Cont'd

## Website

- The address listed on the website is the main address of the hospital so Google Maps takes you to the main entrance. Easy to see the main entrance versus the emergency entrance.
- The website for the 3 West ICU takes you to the Acequia entrance but the location is actually better found from the Mineral King entrance which was very confusing as I went to floor 3 in the Acequia entrance and had a hard time finding the West wing. I went back down to lobby and was told by an employee to follow different color stripes on the wall, that was very confusing as the colors changed and I had to ask to find an elevator the third floor of the West wing.
- Some people don't have access to the internet, so the website is not an option.
- Going to the website before visiting the hospital wasn't top of mind.
- I typed in 4N on the website, but nothing came up. I had to make a call.
- I tried looking for a map on the website and couldn't find one.
- I went to the website, and it directed me to the Acequia Entrance, which was the wrong entrance for where I needed to go.
- I found a link on the website that misdirects you.
- Website was not easy to navigate on my phone.
- The website provides helpful information about hand washing before entering the NICU. I did not go into the NICU. Perhaps the hand washing requirements might be posted in the elevator hallway next to the NICU entrance?

# Marketing/Signage Feedback Cont'd

## Website Cont'd

- I tried looking for a hospital map but I could not find it on the Kaweah Health website. I looked under the visitor tab, and typed hospital map in the search and found no results. I found the website challenging to navigate.
- Lots of issues with the web site. Out of date info. Directions to the third floor did not include information about the elevator.
- There is no information on Broderick on the website other than what it looks like from the inside (video). If we are telling patients/visitors to go to Broderick instead of 3rd floor Main building then we need to change that. I looked for the closest place to park and again there was nothing online on where it so I actually parked in the furthest away lot.
- The address listed on the website is the main address of the hospital so Google Maps takes you to the main entrance.
- The website for the 3 West ICU takes you to the Acequia entrance but the location is actually better found from the Mineral King entrance which was very confusing as I went to floor 3 in the Acequia entrance and had a hard time finding the West wing. I went back down to lobby and was told by an employee to follow different color stripes on the wall, that was very confusing as the colors changed and I had to ask to find an elevator the third floor of the West wing.

# Marketing Department Action Plan

- **Remove Unnecessary Signage** – Remove outdated signs from campuses and cafeteria.
- **Website Update** – Update and improve the virtual map with walking directions from one location to another.  
(Total cost - \$4,800)
- **Elevator Signage** – Put ADA Compliant, metal signs in the interior of each elevator  
(Total Cost = \$1,458)
- **Main Entrance Location Maps** – 32” Touch Screen computer pedestal kiosks, connecting to website.  
(Quantity: 2 @ \$3,832 = \$7,864; Electrical connection estimate \$8,000, OSHPD Approval Required)  
(Total Cost \$15,864)
- **Facility Maps/Handouts** – 11”x17” bilingual folded facility maps to be handed out at check-in.  
(Total Cost = \$5,000)
- **Exterior Signage** – Parking lot signs to identify A,M, S as identified on maps (Total Cost = \$4,500)  
Internally illuminated single-sided monument sign with push-thru logo and LED message display for nights and instances when the Mineral King entrance is closed. “Emergency entrance only. Others Use Acequia”. Other messaging planned for times when Mineral Kings entrance is open.  
(Total Cost = \$40,908)





# Staff Feedback

- As I walked around 3N no staff asked if I needed help. A patient's wife stopped me and asked if I needed help. We talked. She shared her husband had been at the hospital since last Friday. Had a stroke. Was on the CV ICU floor and then moved to 3N on Tuesday. Wife said no one from the hospital has been communicating with her. She thought because it's Friday they would try to discharge her husband to Rehab but no one was telling her this. She said her husband was up walking for the first time yesterday, and her house would be difficult to navigate if he came home. She said someone from the staff (I think her badge had RN) was on the phone and when I left the wife told me her husband was being presented to team. Wife said she didn't know what that meant. I left.
- They provided me with a map of the facility when I asked at the entrance desk.
- Several employees asked if I needed help and they were extremely FRIENDLY.
- Staff was extremely friendly at the entrance and gave me precise directions to my assigned location.
- The ladies in Labor and Delivery were nice but the main entrance people were not.
- The Acequia wing receptionist was friendly and helpful.
- Great experience. I was so intent on observing signage, etc., several employees stopped and asked if I was lost and needed help. Employees were very friendly, professional, and helpful.
- Staff were not friendly and we were almost ran over by three interns or staff in the hall.
- Staff at the front desk was personable and helpful. Offered to direct me to my destination.

# Staff Feedback Cont'd

- The staff at the Acequia entrance were very helpful. (Follow the blue line and then the purple line. I would rather discuss the web site issues rather than take the time to document now. )
- Staff were not helpful or welcoming.
- At no time did any staff ask if I was lost or needed help. The front desk/reception person told me where the elevator was but it seemed like I interrupted her. Maybe I was supposed to ask someone else?
- Most experiences can be overridden with great customer service. All staff need to be on the same page. Customer/patient focused.
- Participant hinted at not being helped by staff due to his demographic.
- Nursing staff were transporting patient down the hall in a bed and the patient's bottom was showing.
- Staff was very friendly.
- The staff member was helpful when I asked to use a wheelchair.
- I was stopped at the check-in desk when I tried to walk in. Staff members were not aware of what a "vendor" pass was and had to call someone.

# Wayfinding Action Plan – Team Communication



# Team Communication Action Plan

- Implement patient stories sharing via huddles, newsletters, staff meetings and rounding. Provide organization leaders with stories to choose and share with their teams as appropriate. In place by November 2023.
- Create compassionate communication education training for nursing and providers to be implemented in conjunction with organizational development. Creation and implementation by January 2024.
- Create compassionate communication education for organization team members to be implemented with organizational development. Creation and implementation by January 2024.
- Share feedback from survey with organization leaders for an awareness and solution creation at unit levels.
- Implement customer service training and etiquette expectations in orientation. Develop standards across all organization departments. Incorporate with orientation in February 2024.

# Miscellaneous Feedback

- It was pretty rough. Will provide verbal feedback when we meet, but from the website on it was difficult.
- Thank you for the opportunity to assist. It's a big facility and I appreciate that you are working to make it more user friendly!
- I forgot to look for hand sanitizers. The QR code was the most difficult thing to find! 😊
- Took my husband to do lab work, lab parking was full, disappointing because he is elderly and in a wheelchair. Inside lab was empty, no one in the waiting room, told the receptionist and she suggested I take the survey. Thank You for listening.
- Yes, it was easy for me, but, I had to help a visitor find 2South. I looked and watched through her eyes. She found parking quick, she said, but had a bit of confusion on the "M" for Mineral King. When gets to Zone 6 it splits to go to Lab & Mineral King. I said yeah but will go right to the elevators as it curves around. You can go that way but it is longer. I explained what was on that side. The elevator was not working, so had to use the patient one. But visitors were not sure I said it was okay to use them. Maybe a sign would be good? Cafeteria was good and smelled yummy. Staff was walking so visitors could ask questions. I saw two different people ask. Parking garage not good for me - due to my vehicle - but there was enough light, signs, it was clean, and secure. The signs were good but people don't read signs. Made staff a little uneasy when I showed the paper. They were wondering what was going on.
- Overall I'm sure the patient care is exceptional but as a visitor it was an underwhelming experience to go there.

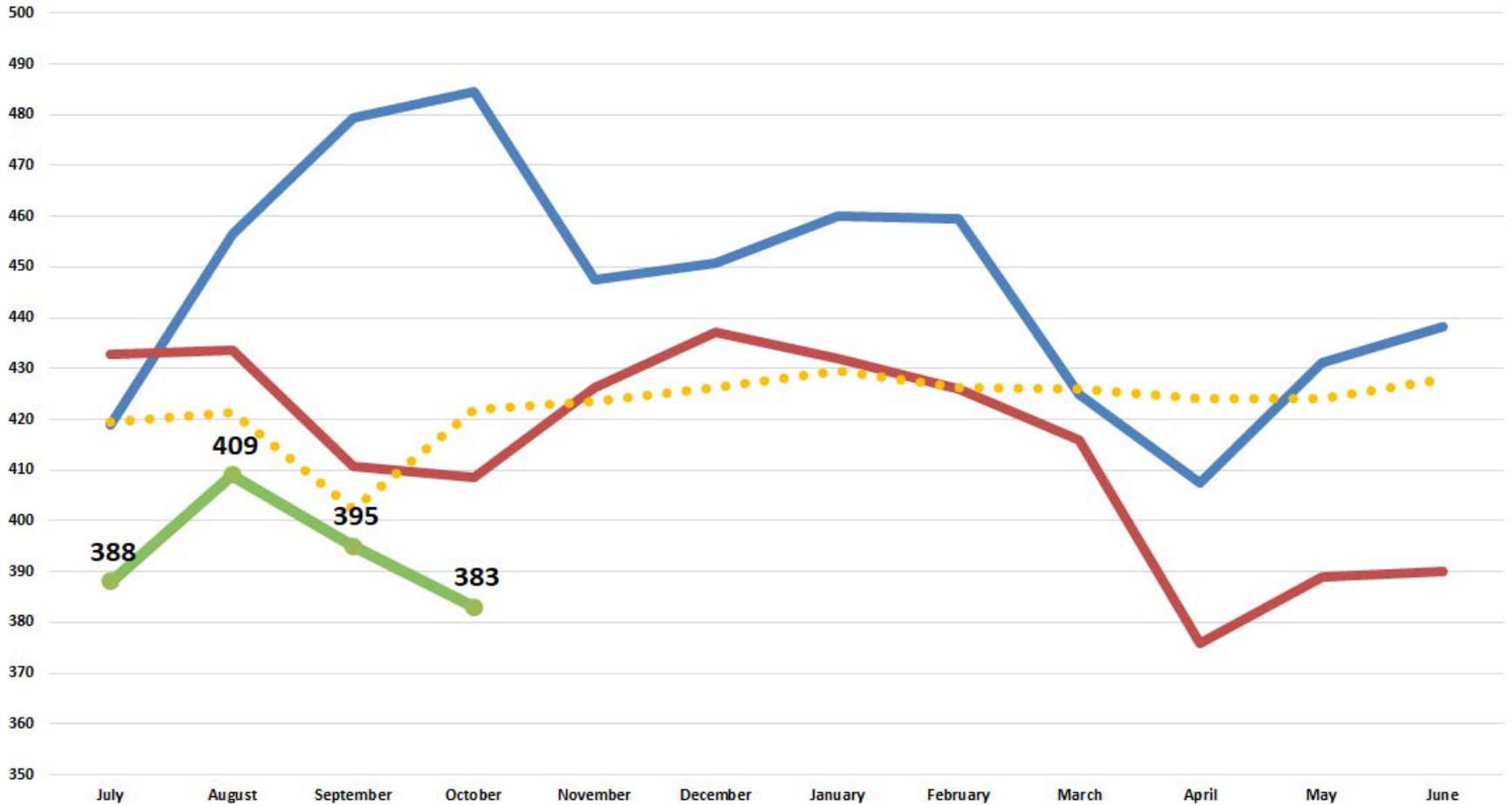


# The pursuit of healthiness

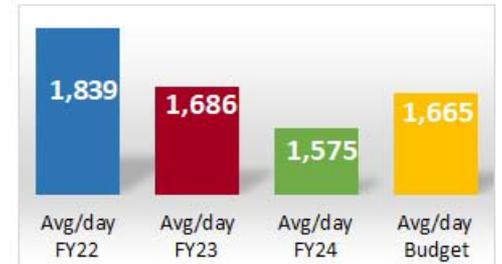
# CFO Financial Report

## Month Ending October 2023

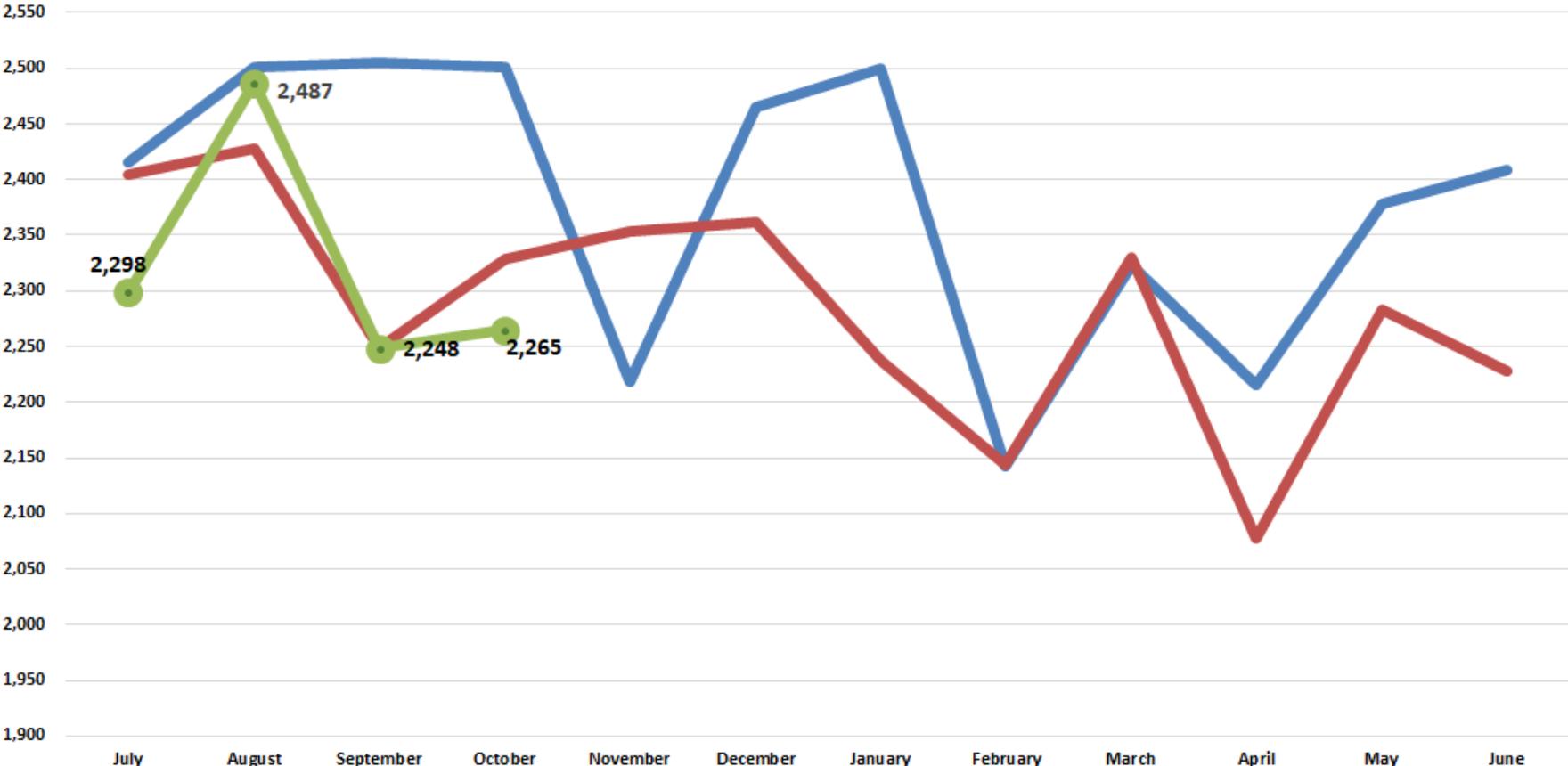
# Average Daily Census w/o TCS



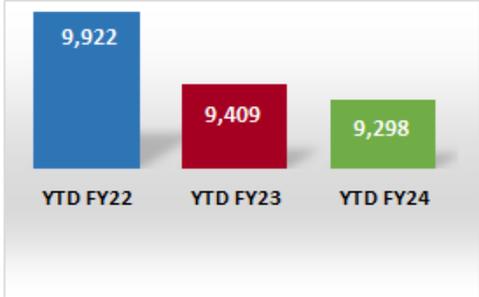
—●— FY2022    
 —●— FY2023    
 —●— FY2024    
 ●●● Budget



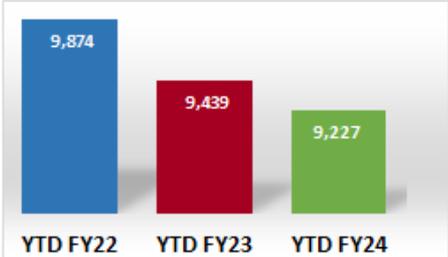
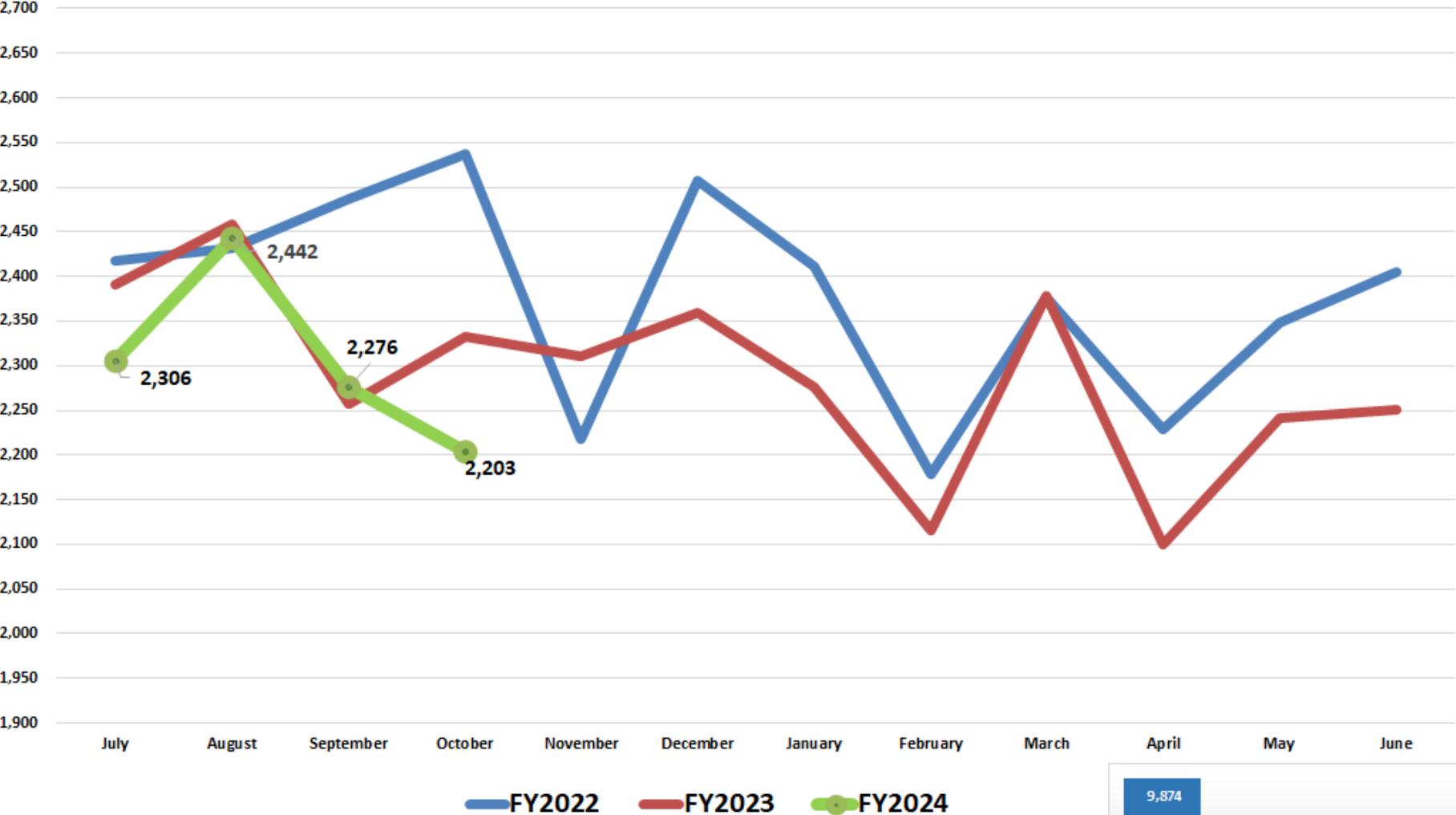
# Admissions



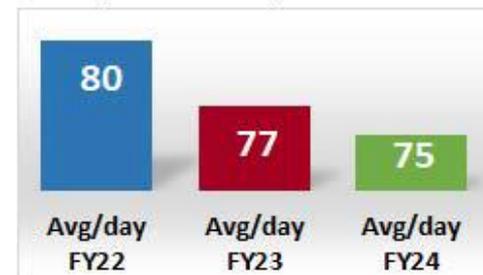
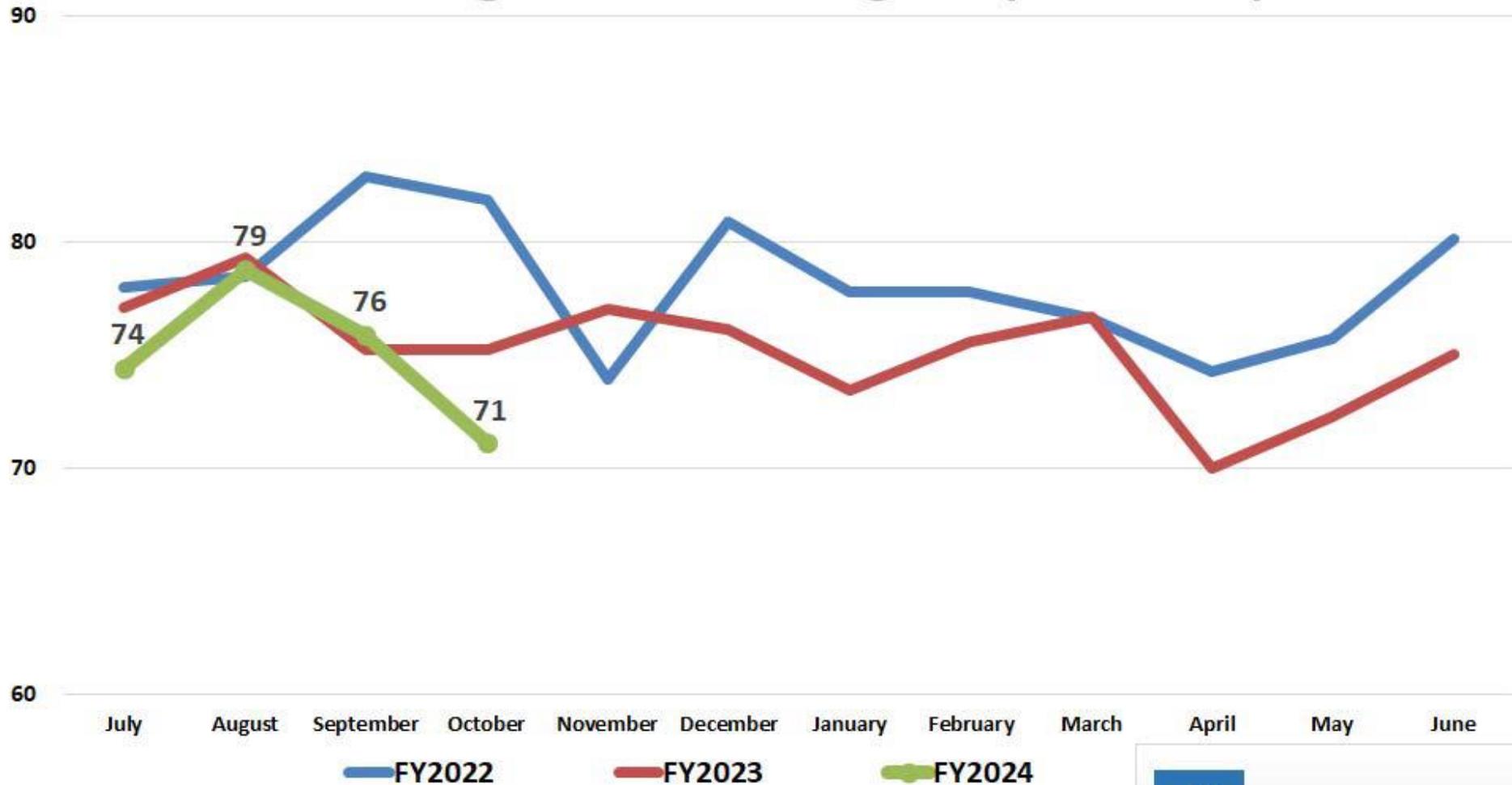
— FY2022   
 — FY2023   
 —● FY2024



# Discharges



# Average Discharges per day



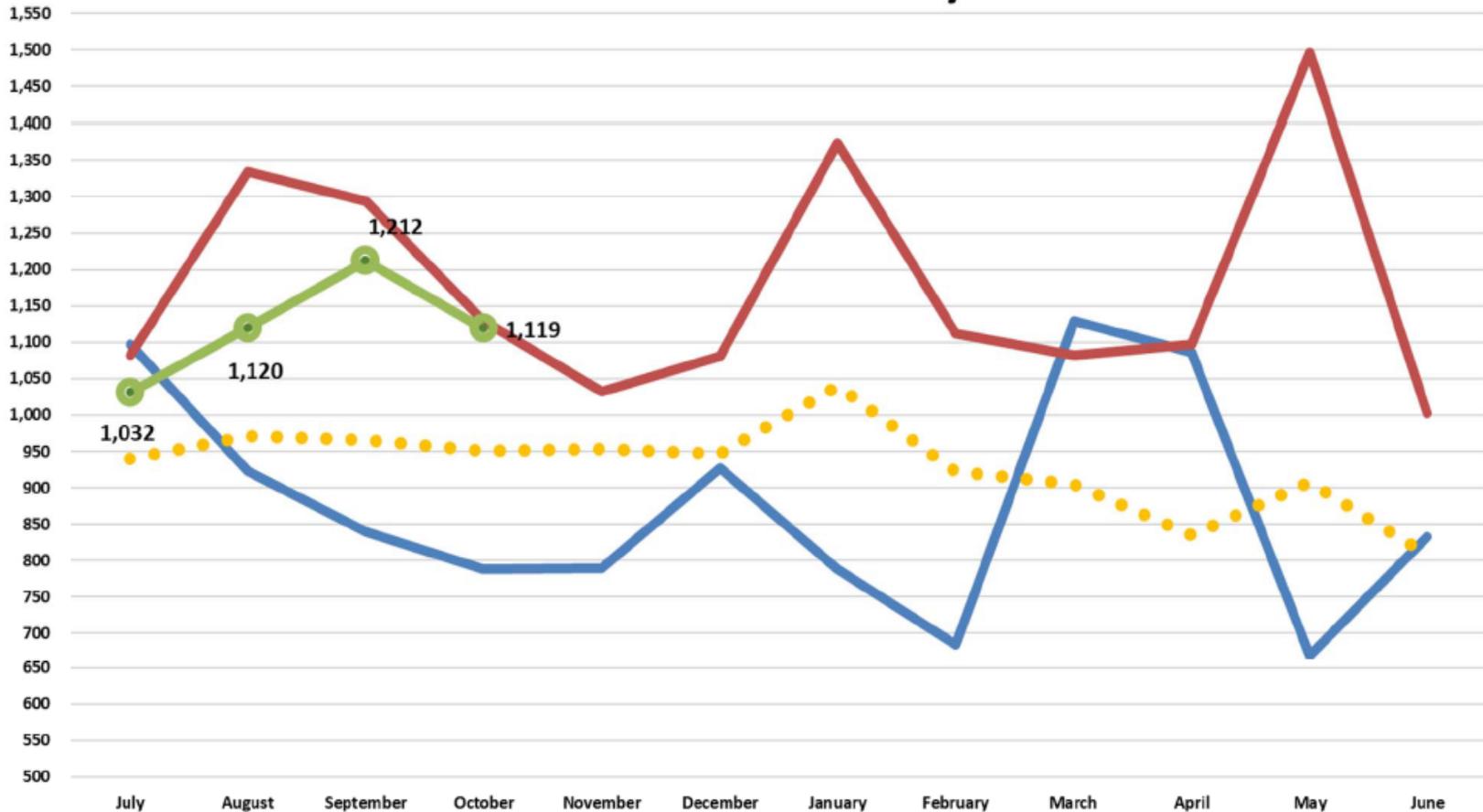
# Inpatient Diagnosis Grouping Distribution by Fiscal Year – Count and %

| % of Total by Discharge FY |               |               |               |               |               |               |               |
|----------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Service Line               | 2018          | 2019          | 2020          | 2021          | 2022          | 2023          | 2024          |
| PULMONARY                  | 11.5%         | 9.4%          | 10.0%         | 14.7%         | 17.7%         | 12.6%         | 9.7%          |
| CARDIOLOGY                 | 13.9%         | 14.9%         | 13.9%         | 12.7%         | 12.2%         | 13.2%         | 12.8%         |
| GASTROENTEROLOGY           | 10.7%         | 10.1%         | 10.2%         | 9.5%          | 9.8%          | 10.1%         | 11.5%         |
| GENERAL MEDICINE           | 10.8%         | 10.8%         | 11.3%         | 11.3%         | 8.7%          | 7.2%          | 6.3%          |
| NEUROLOGY                  | 7.4%          | 8.2%          | 7.5%          | 7.4%          | 7.7%          | 8.2%          | 8.8%          |
| NEPHROLOGY                 | 4.6%          | 4.8%          | 4.7%          | 4.1%          | 4.9%          | 6.2%          | 6.6%          |
| ENDOCRINE                  | 5.1%          | 4.6%          | 5.0%          | 4.8%          | 4.7%          | 5.7%          | 5.5%          |
| PSYCH/DRUG ABUSE           | 1.3%          | 1.5%          | 1.6%          | 1.8%          | 2.3%          | 2.5%          | 3.0%          |
| ORTHOPEDICS                | 2.3%          | 2.5%          | 2.0%          | 1.8%          | 2.0%          | 2.0%          | 2.6%          |
| DERMATOLOGY                | 2.4%          | 2.1%          | 1.8%          | 1.7%          | 2.0%          | 2.0%          | 2.5%          |
| ONCOLOGY MEDICAL           | 1.5%          | 1.5%          | 1.6%          | 1.4%          | 1.6%          | 1.4%          | 1.4%          |
| HEMATOLOGY                 | 1.1%          | 1.0%          | 0.9%          | 0.8%          | 0.6%          | 0.7%          | 0.6%          |
| TRAUMA                     | 0.5%          | 0.7%          | 0.6%          | 0.7%          | 0.6%          | 0.5%          | 0.7%          |
| RHEUMATOLOGY               | 0.2%          | 0.2%          | 0.2%          | 0.2%          | 0.2%          | 0.2%          | 0.3%          |
| UROLOGY                    | 0.4%          | 0.3%          | 0.2%          | 0.2%          | 0.1%          | 0.2%          | 0.4%          |
| HIV                        | 0.1%          | 0.1%          | 0.1%          | 0.1%          | 0.2%          | 0.1%          | 0.2%          |
| OTHER                      | 0.0%          | 0.0%          | 0.0%          | 0.0%          | 0.0%          | 0.0%          | 0.0%          |
| <b>Medical Total</b>       | <b>73.8%</b>  | <b>72.8%</b>  | <b>71.5%</b>  | <b>73.3%</b>  | <b>75.4%</b>  | <b>72.8%</b>  | <b>72.9%</b>  |
| GENERAL SURGERY            | 8.1%          | 7.9%          | 8.7%          | 8.0%          | 7.9%          | 8.0%          | 8.0%          |
| ORTHOPEDICS                | 7.8%          | 8.4%          | 8.3%          | 7.3%          | 6.8%          | 7.2%          | 6.4%          |
| CARDIOLOGY                 | 4.4%          | 4.2%          | 4.2%          | 3.8%          | 3.4%          | 4.1%          | 3.7%          |
| VASCULAR SURGERY           | 1.9%          | 1.8%          | 1.8%          | 2.2%          | 2.0%          | 2.7%          | 3.0%          |
| OPEN HEART                 | 1.5%          | 1.4%          | 1.7%          | 1.6%          | 1.3%          | 1.7%          | 1.8%          |
| UROLOGY                    | 0.7%          | 1.6%          | 1.9%          | 1.5%          | 1.3%          | 1.7%          | 1.9%          |
| THORACIC SURGERY           | 0.9%          | 0.7%          | 0.6%          | 0.9%          | 0.8%          | 0.7%          | 1.0%          |
| NEUROSURGERY               | 0.4%          | 0.7%          | 0.7%          | 0.7%          | 0.6%          | 0.6%          | 0.8%          |
| TRAUMA                     | 0.4%          | 0.5%          | 0.6%          | 0.6%          | 0.5%          | 0.5%          | 0.5%          |
| HIV                        | 0.0%          | 0.0%          | 0.0%          | 0.0%          | 0.0%          | 0.0%          | 0.0%          |
| <b>Surgical Total</b>      | <b>26.2%</b>  | <b>27.2%</b>  | <b>28.5%</b>  | <b>26.7%</b>  | <b>24.6%</b>  | <b>27.2%</b>  | <b>27.1%</b>  |
| <b>Grand Total</b>         | <b>100.0%</b> |

| Visit Count by Discharge FY |               |               |               |               |               |               |              |
|-----------------------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|
| Service Line                | 2018          | 2019          | 2020          | 2021          | 2022          | 2023          | 2024         |
| PULMONARY                   | 2,038         | 1,731         | 1,668         | 2,400         | 2,874         | 1,916         | 479          |
| CARDIOLOGY                  | 2,475         | 2,736         | 2,313         | 2,075         | 1,986         | 1,998         | 635          |
| GASTROENTEROLOGY            | 1,899         | 1,866         | 1,691         | 1,551         | 1,584         | 1,524         | 570          |
| GENERAL MEDICINE            | 1,919         | 1,994         | 1,886         | 1,842         | 1,416         | 1,094         | 314          |
| NEUROLOGY                   | 1,315         | 1,517         | 1,240         | 1,200         | 1,257         | 1,239         | 435          |
| NEPHROLOGY                  | 813           | 888           | 775           | 676           | 798           | 936           | 326          |
| ENDOCRINE                   | 898           | 855           | 828           | 782           | 756           | 870           | 271          |
| PSYCH/DRUG ABUSE            | 229           | 273           | 263           | 296           | 374           | 379           | 150          |
| ORTHOPEDICS                 | 410           | 461           | 331           | 298           | 331           | 302           | 130          |
| DERMATOLOGY                 | 430           | 393           | 303           | 285           | 330           | 303           | 122          |
| ONCOLOGY MEDICAL            | 268           | 271           | 266           | 220           | 257           | 216           | 68           |
| HEMATOLOGY                  | 193           | 187           | 142           | 123           | 95            | 104           | 29           |
| TRAUMA                      | 87            | 122           | 106           | 110           | 98            | 76            | 35           |
| RHEUMATOLOGY                | 40            | 38            | 29            | 33            | 38            | 26            | 16           |
| UROLOGY                     | 75            | 57            | 25            | 30            | 21            | 34            | 20           |
| HIV                         | 15            | 21            | 17            | 20            | 30            | 18            | 9            |
| OTHER                       | 3             | -             | 4             |               | 1             | 3             |              |
| <b>Medical Total</b>        | <b>13,107</b> | <b>13,410</b> | <b>11,887</b> | <b>11,941</b> | <b>12,246</b> | <b>11,038</b> | <b>3,609</b> |
| GENERAL SURGERY             | 1,444         | 1,461         | 1,439         | 1,303         | 1,289         | 1,209         | 398          |
| ORTHOPEDICS                 | 1,377         | 1,554         | 1,383         | 1,190         | 1,101         | 1,093         | 318          |
| CARDIOLOGY                  | 784           | 768           | 702           | 625           | 560           | 617           | 183          |
| VASCULAR SURGERY            | 338           | 337           | 302           | 355           | 324           | 417           | 148          |
| OPEN HEART                  | 273           | 254           | 287           | 255           | 203           | 265           | 90           |
| UROLOGY                     | 125           | 288           | 314           | 250           | 209           | 252           | 92           |
| THORACIC SURGERY            | 167           | 125           | 97            | 144           | 134           | 104           | 51           |
| NEUROSURGERY                | 71            | 123           | 124           | 121           | 93            | 89            | 40           |
| TRAUMA                      | 68            | 91            | 96            | 104           | 78            | 79            | 23           |
| HIV                         |               |               |               | 2             | 3             | 1             |              |
| <b>Surgical Total</b>       | <b>4,647</b>  | <b>5,001</b>  | <b>4,744</b>  | <b>4,349</b>  | <b>3,994</b>  | <b>4,126</b>  | <b>1,343</b> |
| <b>Grand Total</b>          | <b>17,754</b> | <b>18,411</b> | <b>16,631</b> | <b>16,290</b> | <b>16,240</b> | <b>15,164</b> | <b>4,952</b> |

Note: Data Source -Service Line/LOS data: Downtown Campus - Excludes Moms/Babies

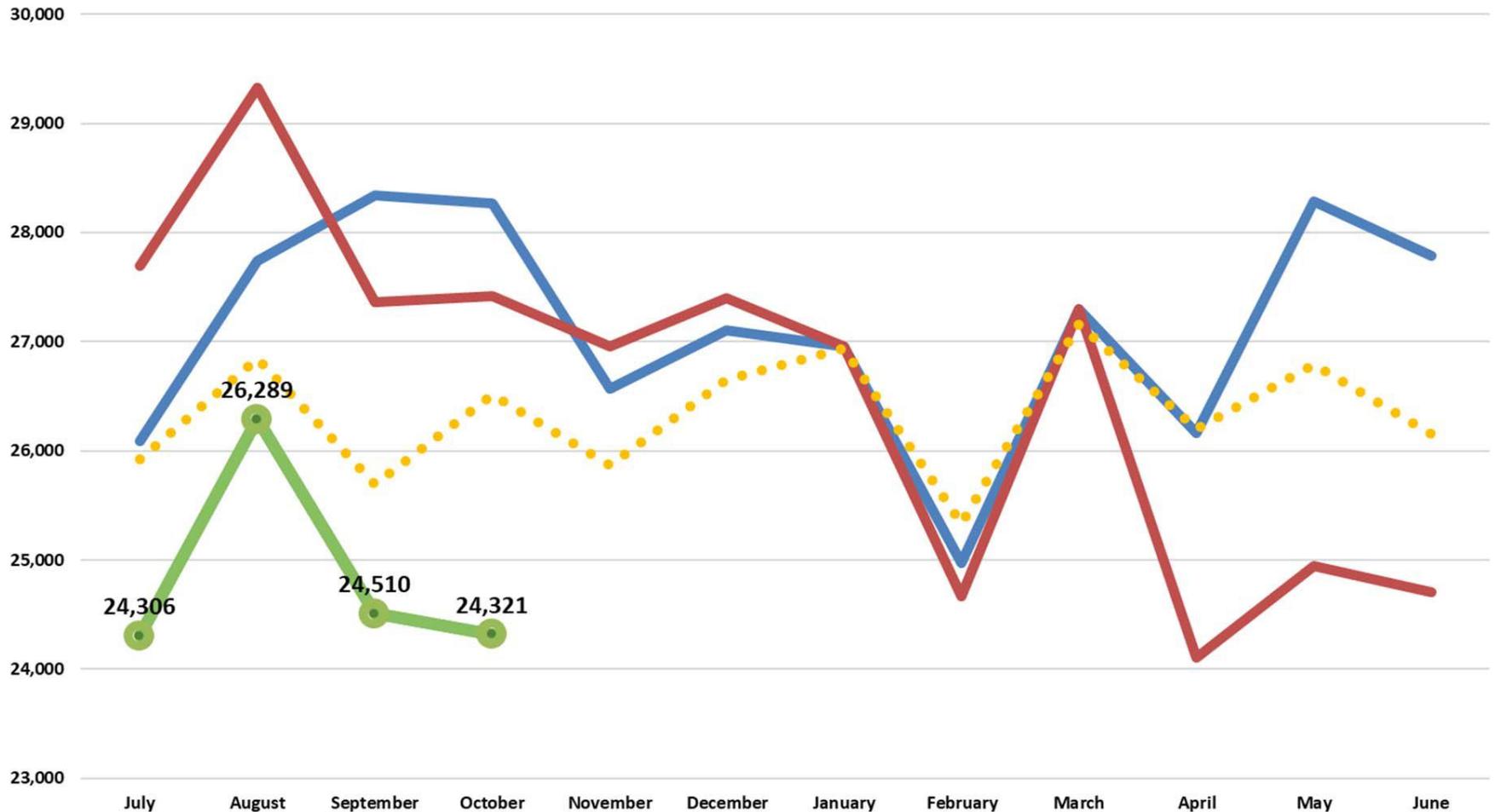
# Observation Days



—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



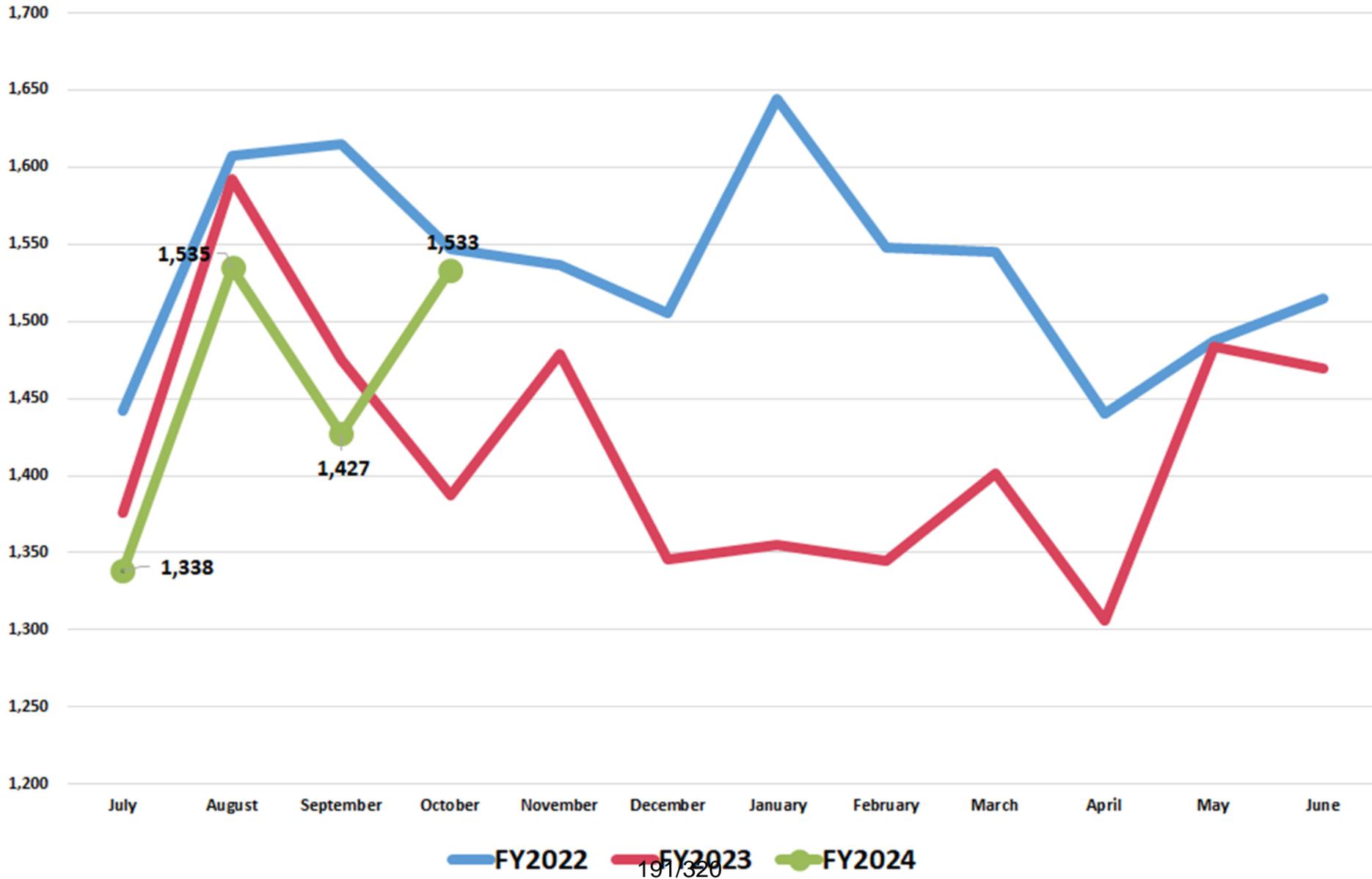
# Adjusted Patient Days



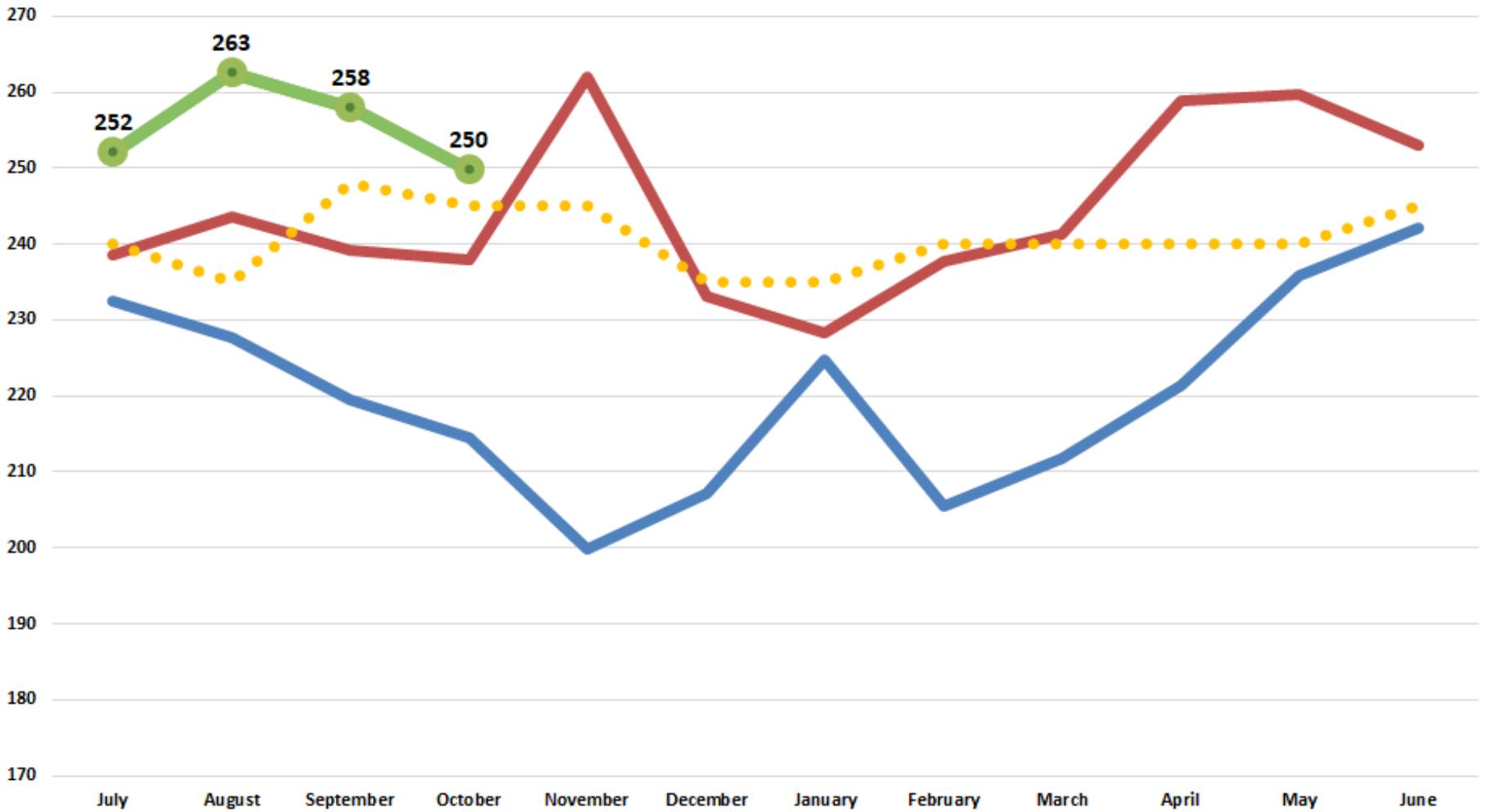
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



# Outpatient Registrations Per Day



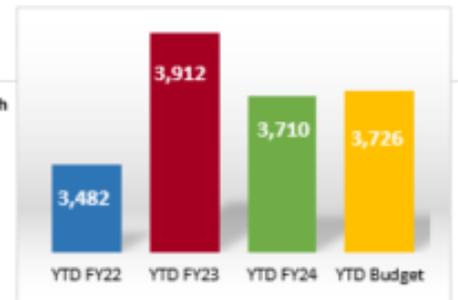
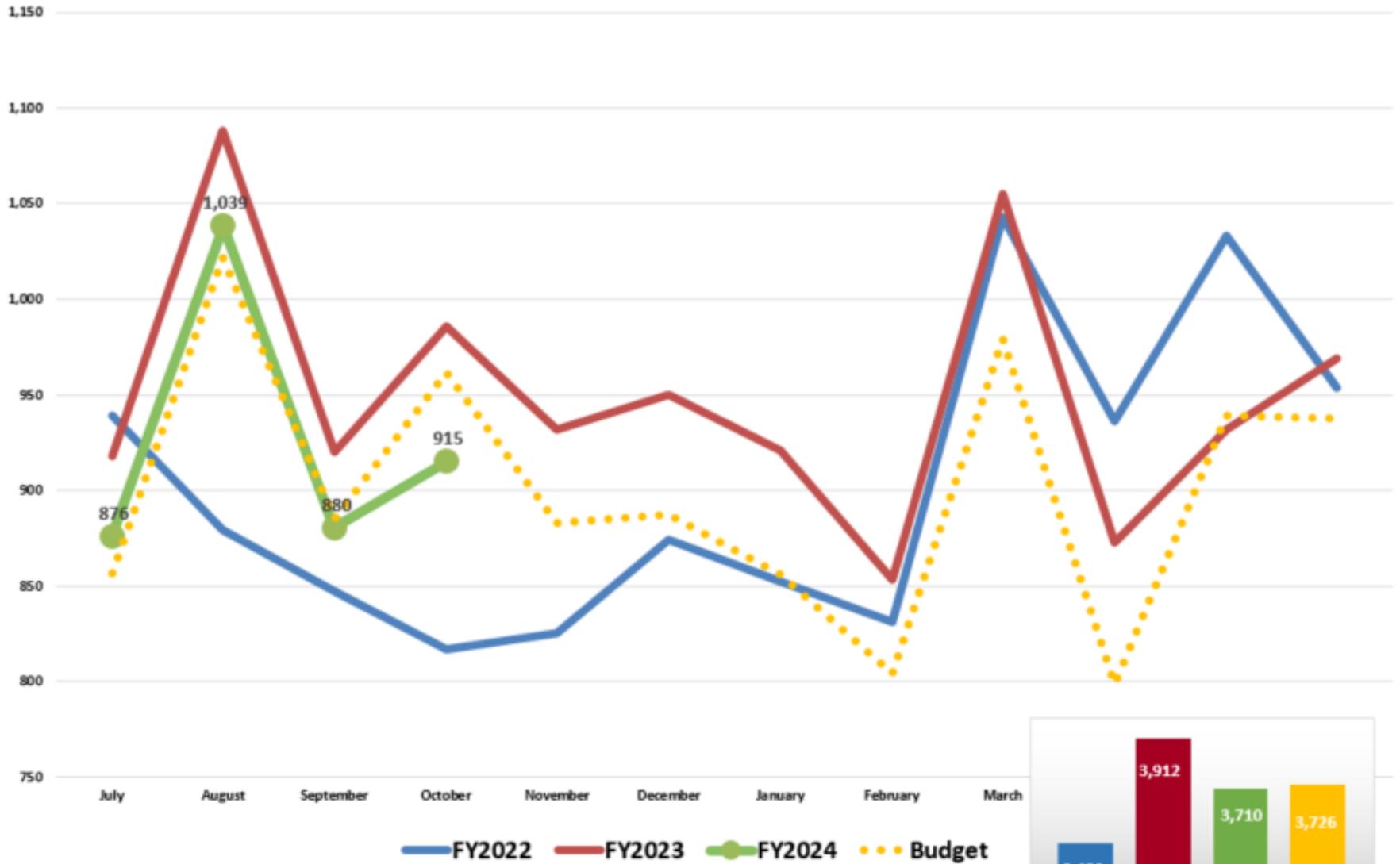
# ED - Avg Treated Per Day



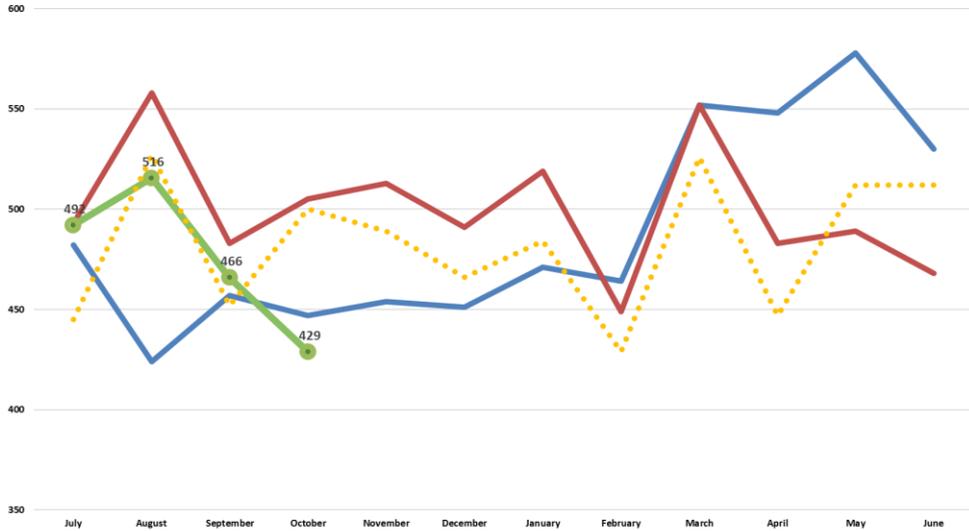
—● FY2022   
 — FY2023   
 —● FY2024   
 ●●● Budget

|                 |                 |                 |                   |
|-----------------|-----------------|-----------------|-------------------|
| 224             | 240             | 256             | 242               |
| Avg/day<br>FY22 | Avg/day<br>FY23 | Avg/day<br>FY24 | Avg/day<br>Budget |

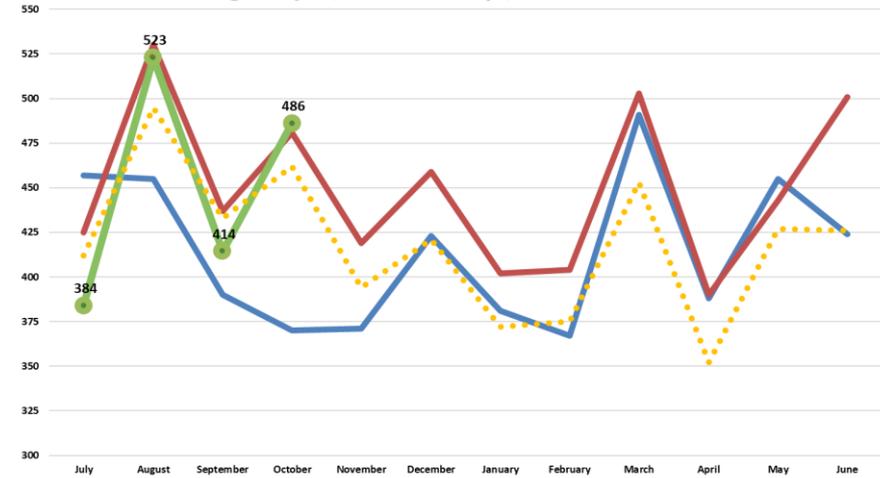
# Surgery (IP & OP) – 100 Min Units



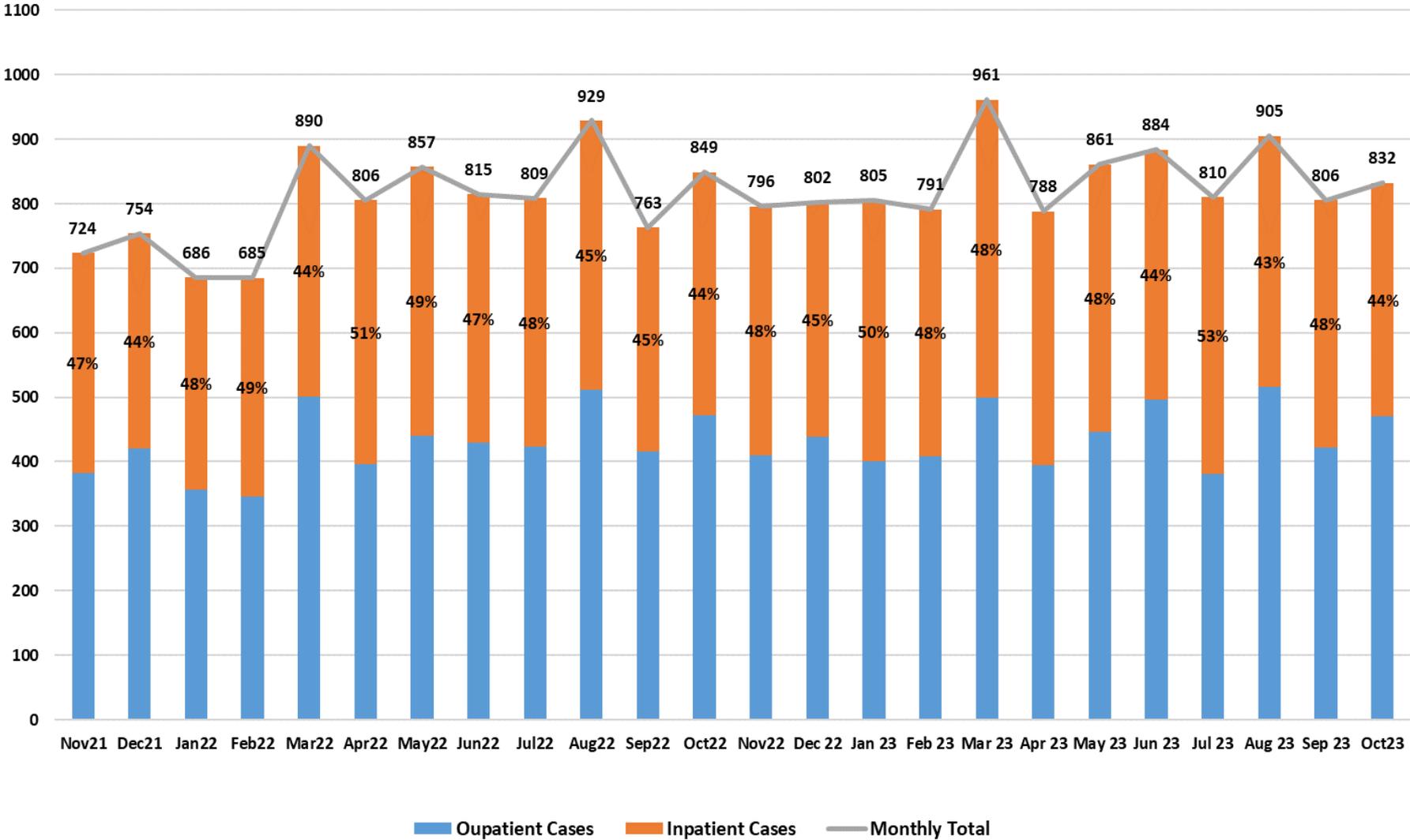
# Surgery (IP Only) - 100 Min Unit



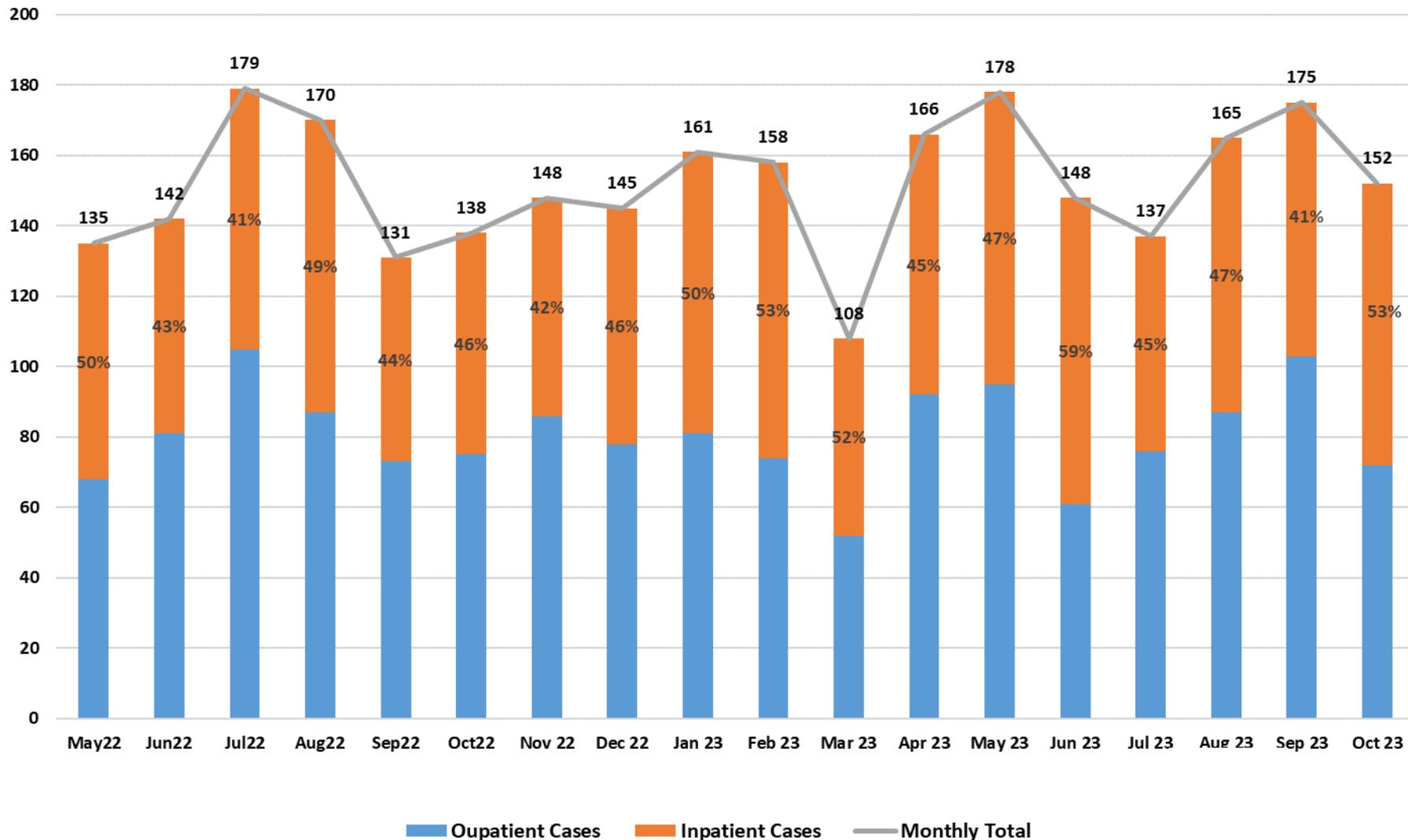
# Surgery (OP Only) - 100 Min Units



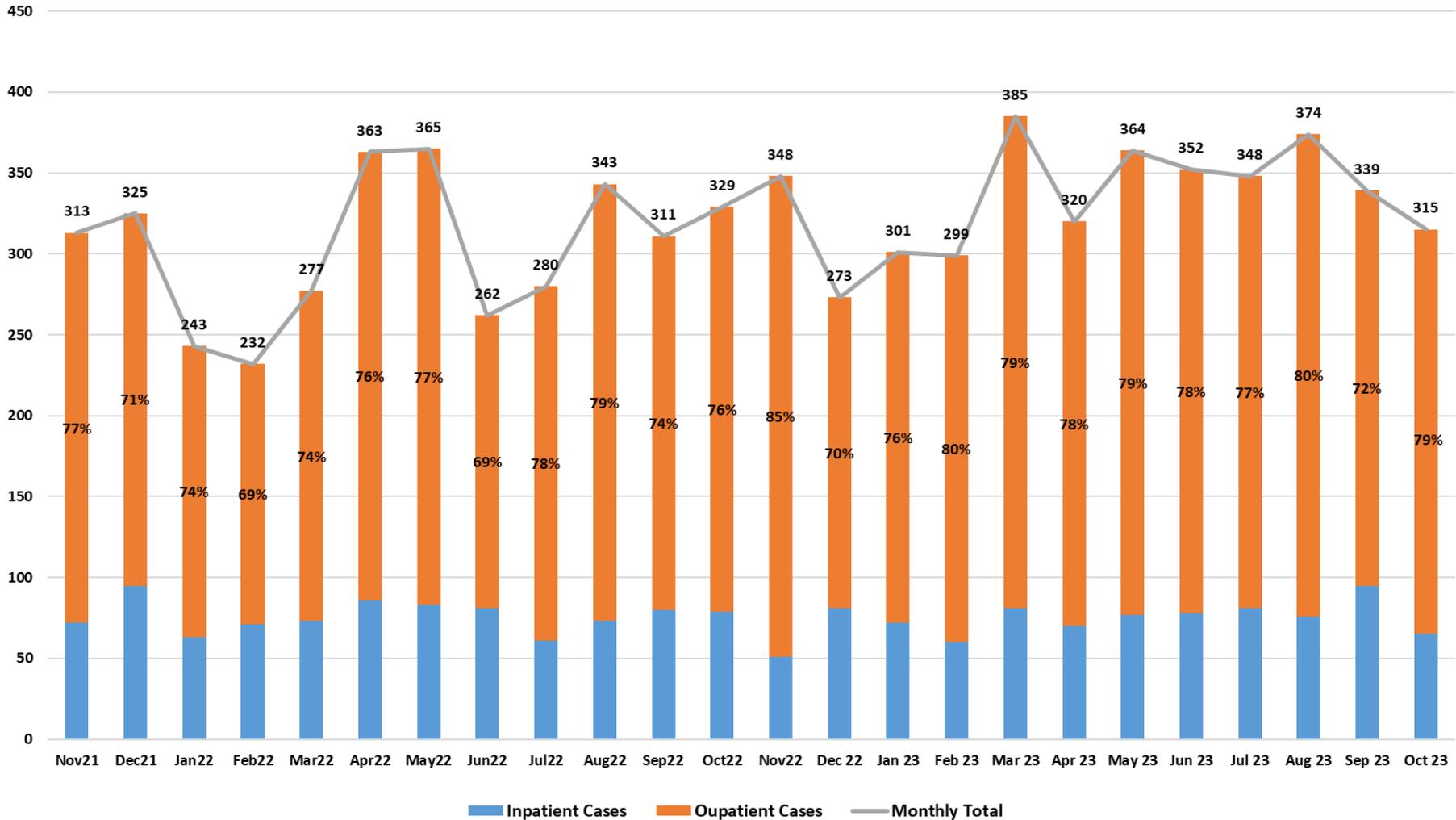
# Surgery Cases (IP & OP)



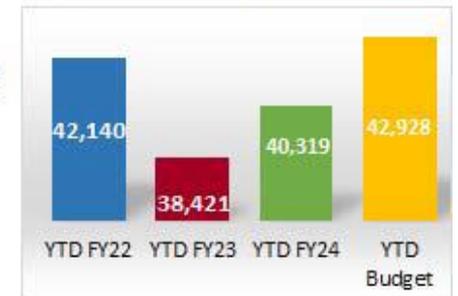
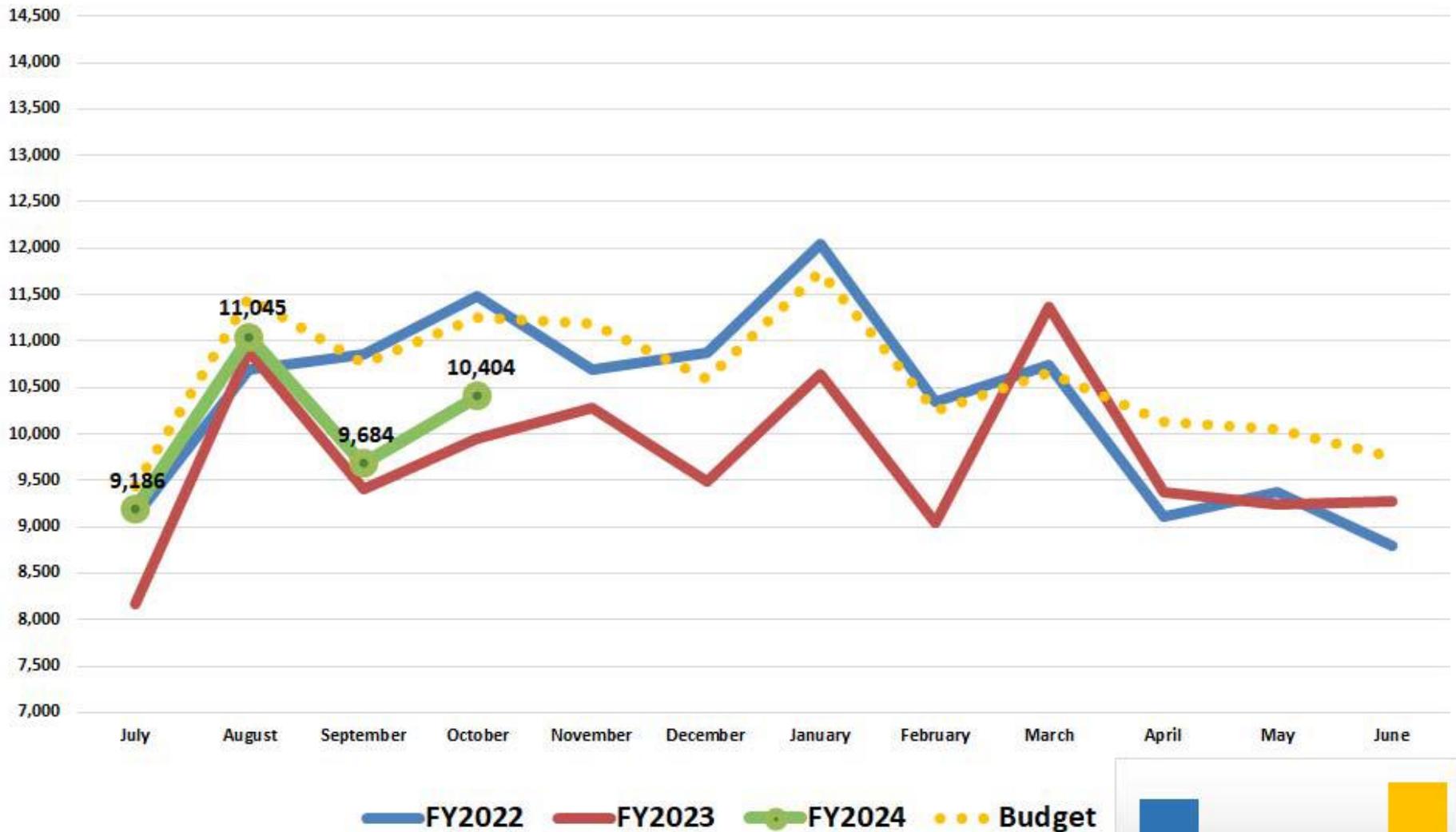
# Cath Lab Patients (IP & OP)



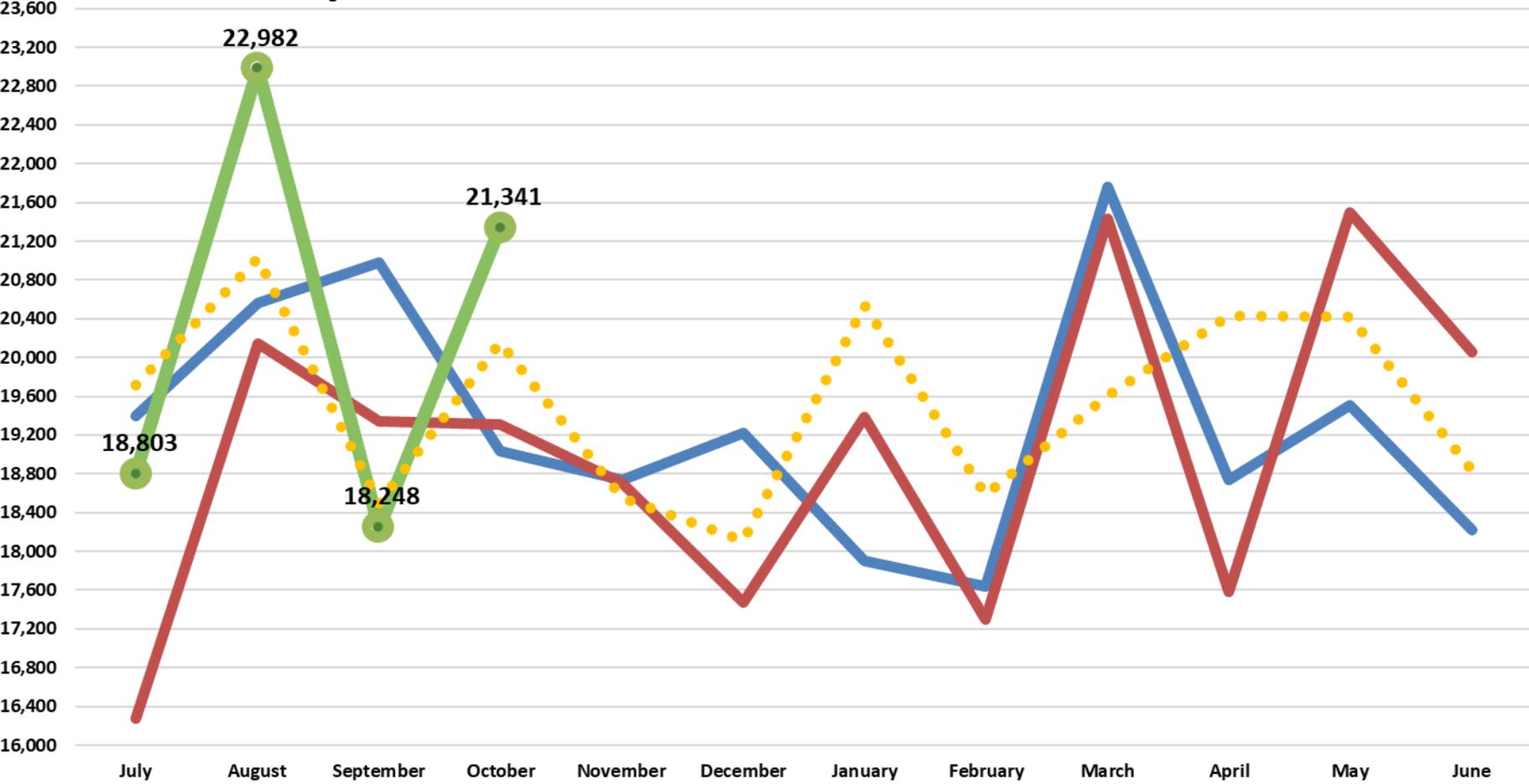
# Endo Cases (Endo Suites)



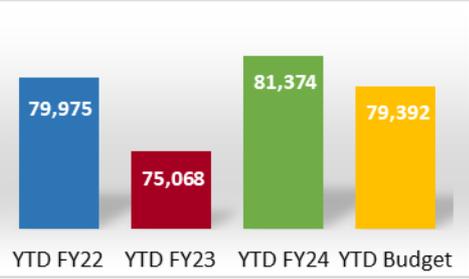
# Rural Health Clinics Registrations



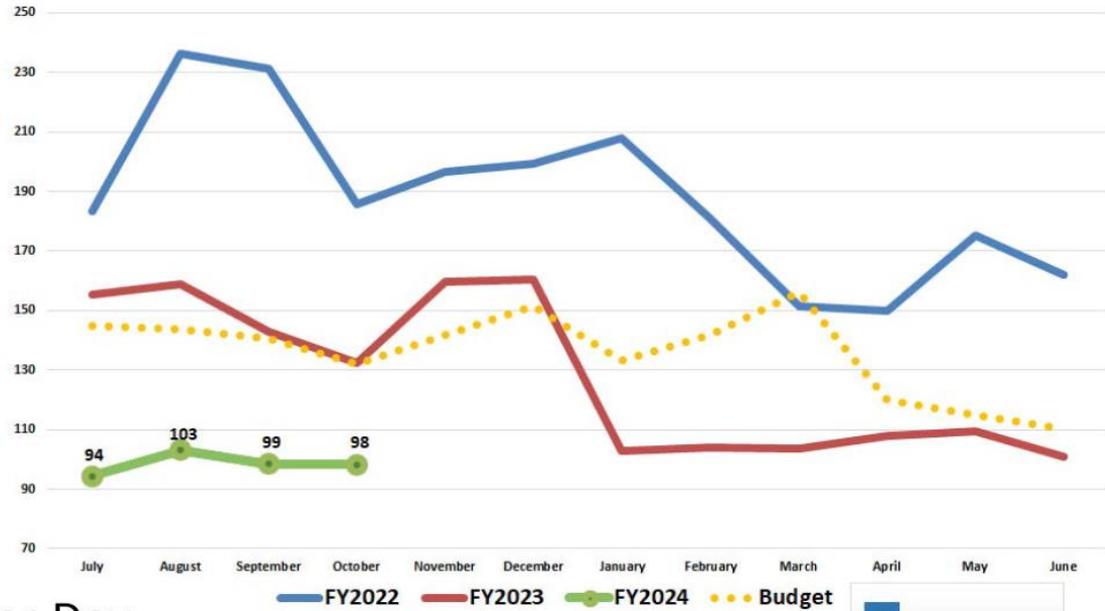
# All O/P Rehab Svcs Across District



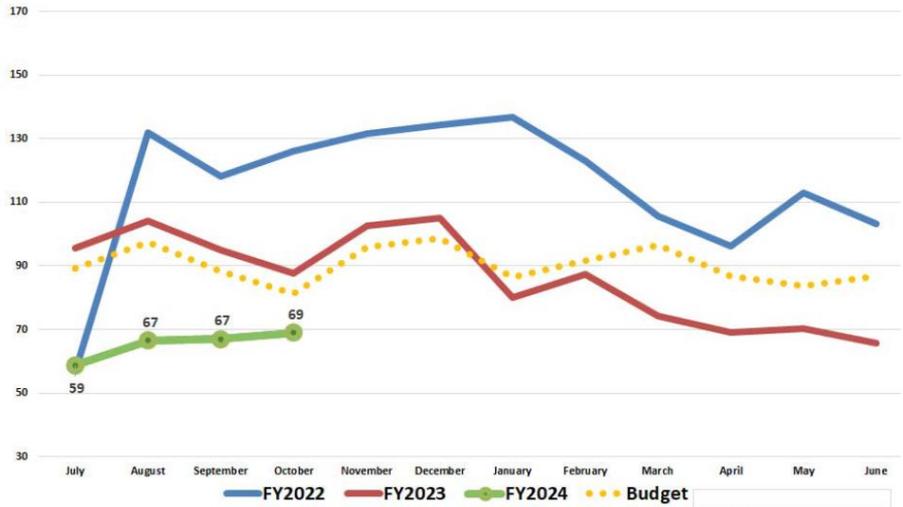
—●— **FY2022**   
 —●— **FY2023**   
 —●— **FY2024**   
 ●●● **Budget**



# Urgent Care – Court Avg Visits Per Day



# Urgent Care – Demaree Avg Visits Per Day







# Other Statistical Results – Fiscal Year Comparison (Oct)

|   | Actual Results |               |                |                | Budget        | Budget Variance |               |
|---|----------------|---------------|----------------|----------------|---------------|-----------------|---------------|
|   | Oct 2022       | Oct 2023      | Change         | % Change       | Oct 2023      | Change          | % Change      |
| <b>Adjusted Patient Days</b>                  | <b>27,421</b>  | <b>24,321</b> | <b>(3,100)</b> | <b>(11.3%)</b> | <b>26,512</b> | <b>(2,191)</b>  | <b>(8.3%)</b> |
| <b>Outpatient Visits</b>                      | <b>42,997</b>  | <b>47,523</b> | <b>4,526</b>   | <b>10.5%</b>   | <b>42,641</b> | <b>4,882</b>    | <b>11.4%</b>  |
| O/P Rehab Units                               | 19,309         | 21,341        | 2,032          | 10.5%          | 19,587        | 1,754           | 9.0%          |
| Radiation Oncology Treatments (I/P & O/P)     | 1,900          | 2,036         | 136            | 7.2%           | 2,368         | (332)           | (14.0%)       |
| Cath Lab Minutes (IP & OP)                    | 327            | 347           | 20             | 6.1%           | 403           | (56)            | (13.9%)       |
| Hospice Days                                  | 3,587          | 3,767         | 180            | 5.0%           | 4,150         | (383)           | (9.2%)        |
| ED Total Registered                           | 7,443          | 7,811         | 368            | 4.9%           | 7,595         | 216             | 2.8%          |
| RHC Registrations                             | 9,947          | 10,404        | 457            | 4.6%           | 9,301         | 1,103           | 11.9%         |
| Home Health Visits                            | 2,996          | 3,101         | 105            | 3.5%           | 2,950         | 151             | 5.1%          |
| Radiology/CT/US/MRI Proc (I/P & O/P)          | 16,917         | 17,232        | 315            | 1.9%           | 15,547        | 1,685           | 10.8%         |
| Dialysis Treatments                           | 1,535          | 1,524         | (11)           | (0.7%)         | 1,834         | (310)           | (16.9%)       |
| Physical & Other Therapy Units RH             | 16,699         | 16,424        | (275)          | (1.6%)         | 19,307        | (2,883)         | (14.9%)       |
| Endoscopy Procedures (I/P & O/P)              | 566            | 555           | (11)           | (1.9%)         | 604           | (49)            | (8.1%)        |
| Infusion Center                               | 392            | 366           | (26)           | (6.6%)         | 449           | (83)            | (18.5%)       |
| OB Deliveries                                 | 410            | 380           | (30)           | (7.3%)         | 400           | (20)            | (5.0%)        |
| Surgery Minutes-General & Robotic (I/P & O/P) | 1,120          | 987           | (133)          | (11.9%)        | 1,050         | (63)            | (6.0%)        |
| Urgent Care - Demaree                         | 2,722          | 2,139         | (583)          | (21.4%)        | 2,288         | (149)           | (6.5%)        |
| Urgent Care - Court                           | 4,106          | 3,048         | (1,058)        | (25.8%)        | 3,772         | (724)           | (19.2%)       |

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

|   | Actual Results |                |                 |                | Budget         | Budget Variance |               |
|---|----------------|----------------|-----------------|----------------|----------------|-----------------|---------------|
|   | FY 2023        | FY 2024        | Change          | % Change       | FY 2024        | Change          | % Change      |
| <b>Adjusted Patient Days</b>                  | <b>111,641</b> | <b>99,427</b>  | <b>(12,214)</b> | <b>(10.9%)</b> | <b>104,968</b> | <b>(5,541)</b>  | <b>(5.3%)</b> |
| <b>Outpatient Visits</b>                      | <b>179,255</b> | <b>179,396</b> | <b>141</b>      | <b>0.1%</b>    | <b>169,187</b> | <b>10,209</b>   | <b>6.0%</b>   |
| Infusion Center                               | 1,316          | 1,559          | 243             | 18.5%          | 1,514          | 45              | 3.0%          |
| Endoscopy Procedures (I/P & O/P)              | 2,138          | 2,494          | 356             | 16.7%          | 968            | 1,526           | 157.6%        |
| O/P Rehab Units                               | 75,068         | 81,374         | 6,306           | 8.4%           | 78,655         | 2,719           | 3.5%          |
| ED Total Registered                           | 29,891         | 31,790         | 1,899           | 6.4%           | 29,760         | 2,030           | 6.8%          |
| RHC Registrations                             | 38,421         | 40,319         | 1,898           | 4.9%           | 37,005         | 3,314           | 9.0%          |
| Radiology/CT/US/MRI Proc (I/P & O/P)          | 66,196         | 69,344         | 3,148           | 4.8%           | 61,902         | 7,442           | 12.0%         |
| Home Health Visits                            | 11,790         | 12,255         | 465             | 3.9%           | 11,644         | 611             | 5.2%          |
| Hospice Days                                  | 15,084         | 15,377         | 293             | 1.9%           | 16,058         | (681)           | (4.2%)        |
| Dialysis Treatments                           | 6,010          | 6,064          | 54              | 0.9%           | 7,420          | (1,356)         | (18.3%)       |
| OB Deliveries                                 | 1,628          | 1,623          | (5)             | (0.3%)         | 1,623          | 0               | 0.0%          |
| Cath Lab Minutes (IP & OP)                    | 1,239          | 1,229          | (10)            | (0.8%)         | 1,586          | (357)           | (22.5%)       |
| Physical & Other Therapy Units RH             | 71,332         | 69,123         | (2,209)         | (3.1%)         | 76,136         | (7,013)         | (9.2%)        |
| Surgery Minutes-General & Robotic (I/P & O/P) | 4,424          | 3,987          | (437)           | (9.9%)         | 4,059          | (72)            | (1.8%)        |
| Radiation Oncology Treatments (I/P & O/P)     | 7,638          | 6,853          | (785)           | (10.3%)        | 9,655          | (2,802)         | (29.0%)       |
| Urgent Care - Demaree                         | 11,769         | 8,039          | (3,730)         | (31.7%)        | 8,580          | (541)           | (6.3%)        |
| Urgent Care - Court                           | 18,149         | 12,125         | (6,024)         | (33.2%)        | 14,093         | (1,968)         | (14.0%)       |

# October Financial Comparison without KHMG (000's)

|   | Comparison to Budget - Month of October |                    |                  |               | Comparison to Prior Year - Month of October |                  |                  |              |
|---|---|--------------------|------------------|---------------|---|------------------|------------------|--------------|
|   | Budget<br>Oct-2023                      | Actual<br>Oct-2023 | \$ Change        | % Change      | Oct-2022                                    | Oct-2023         | \$ Change        | % Change     |
| <b>Operating Revenue</b>                    |   |                    |                  |               |   |                  |                  |              |
| Net Patient Service Revenue                 | \$49,527                                | \$47,502           | (\$2,025)        | -4.3%         | \$50,060                                    | \$47,502         | (\$2,557)        | -5.4%        |
| Supplemental Gov't Programs                 | \$6,483                                 | \$6,382            | (\$100)          | -1.6%         | \$5,410                                     | \$6,382          | \$973            | 15.2%        |
| Prime Program                               | \$835                                   | \$822              | (\$13)           | -1.6%         | \$743                                       | \$822            | \$79             | 9.6%         |
| Premium Revenue                             | \$7,931                                 | \$7,930            | (\$0)            | 0.0%          | \$5,943                                     | \$7,930          | \$1,987          | 25.1%        |
| Management Services Revenue                 | \$3,439                                 | \$3,319            | (\$120)          | -3.6%         | \$2,733                                     | \$3,319          | \$586            | 17.7%        |
| Other Revenue                               | \$2,505                                 | \$3,475            | \$971            | 27.9%         | \$2,406                                     | \$3,475          | \$1,069          | 30.8%        |
| Other Operating Revenue                     | \$21,192                                | \$21,928           | \$736            | 3.4%          | \$17,234                                    | \$21,928         | \$4,694          | 21.4%        |
| <b>Total Operating Revenue</b>              | <b>\$70,719</b>                         | <b>\$69,431</b>    | <b>(\$1,289)</b> | <b>-1.9%</b>  | <b>\$67,294</b>                             | <b>\$69,431</b>  | <b>\$2,137</b>   | <b>3.1%</b>  |
| <b>Operating Expenses</b>                   |   |                    |                  |               |   |                  |                  |              |
| Salaries & Wages                            | \$29,434                                | \$29,202           | (\$232)          | -0.8%         | \$28,498                                    | \$29,202         | \$704            | 2.4%         |
| Contract Labor                              | \$1,568                                 | \$1,852            | \$284            | 15.4%         | \$5,954                                     | \$1,852          | (\$4,101)        | -221.4%      |
| Employee Benefits                           | \$6,804                                 | \$7,907            | \$1,102          | 13.9%         | \$5,046                                     | \$7,907          | \$2,860          | 36.2%        |
| <b>Total Employment Expenses</b>            | <b>\$37,806</b>                         | <b>\$38,961</b>    | <b>\$1,155</b>   | <b>3.0%</b>   | <b>\$39,498</b>                             | <b>\$38,961</b>  | <b>(\$536)</b>   | <b>-1.4%</b> |
| Medical & Other Supplies                    | \$13,826                                | \$12,489           | (\$1,337)        | -10.7%        | \$13,263                                    | \$12,489         | (\$774)          | -6.2%        |
| Physician Fees                              | \$6,665                                 | \$5,341            | (\$1,324)        | -24.8%        | \$7,363                                     | \$5,341          | (\$2,023)        | -37.9%       |
| Purchased Services                          | \$1,519                                 | \$1,155            | (\$364)          | -31.6%        | \$1,308                                     | \$1,155          | (\$153)          | -13.2%       |
| Repairs & Maintenance                       | \$2,371                                 | \$2,250            | (\$122)          | -5.4%         | \$2,367                                     | \$2,250          | (\$118)          | -5.2%        |
| Utilities                                   | \$987                                   | \$982              | (\$4)            | -0.4%         | \$901                                       | \$982            | \$81             | 8.3%         |
| Rents & Leases                              | \$165                                   | \$260              | \$95             | 36.6%         | \$152                                       | \$260            | \$109            | 41.7%        |
| Depreciation & Amortization                 | \$2,914                                 | \$2,846            | (\$68)           | -2.4%         | \$2,776                                     | \$2,846          | \$70             | 2.4%         |
| Interest Expense                            | \$587                                   | \$604              | \$17             | 2.7%          | \$593                                       | \$604            | \$11             | 1.9%         |
| Other Expense                               | \$2,187                                 | \$2,096            | (\$91)           | -4.3%         | \$1,427                                     | \$2,096          | \$668            | 31.9%        |
| Humana Cap Plan Expenses                    | \$3,701                                 | \$3,557            | (\$144)          | -4.1%         | \$2,680                                     | \$3,557          | \$878            | 24.7%        |
| <b>Total Other Expenses</b>                 | <b>\$34,922</b>                         | <b>\$31,579</b>    | <b>(\$3,343)</b> | <b>-10.6%</b> | <b>\$32,830</b>                             | <b>\$31,579</b>  | <b>(\$1,251)</b> | <b>-4.0%</b> |
| <b>Total Operating Expenses</b>             | <b>\$72,729</b>                         | <b>\$70,540</b>    | <b>(\$2,188)</b> | <b>-3.1%</b>  | <b>\$72,327</b>                             | <b>\$70,540</b>  | <b>(\$1,787)</b> | <b>-2.5%</b> |
| <b>Operating Margin</b>                     | <b>(\$2,009)</b>                        | <b>(\$1,110)</b>   | <b>\$899</b>     |               | <b>(\$5,033)</b>                            | <b>(\$1,110)</b> | <b>\$3,923</b>   |              |
| <b>Stimulus/FEMA</b>                        | <b>\$1,610</b>                          | <b>\$0</b>         | <b>(\$1,610)</b> |               | <b>\$0</b>                                  | <b>\$0</b>       | <b>\$0</b>       |              |
| <b>Operating Margin after Stimulus/FEMA</b> | <b>(\$400)</b>                          | <b>(\$1,110)</b>   | <b>(\$710)</b>   |               | <b>(\$5,033)</b>                            | <b>(\$1,110)</b> | <b>\$3,923</b>   |              |
| Nonoperating Revenue (Loss)                 | \$484                                   | \$665              | \$181            |               | \$452                                       | \$665            | \$213            |              |
| <b>Excess Margin</b>                        | <b>\$85</b>                             | <b>(\$445)</b>     | <b>(\$529)</b>   |               | <b>(\$4,581)</b>                            | <b>(\$445)</b>   | <b>\$4,137</b>   |              |

# FYTD July-Oct: Financial Comparison without KHMG (000's)

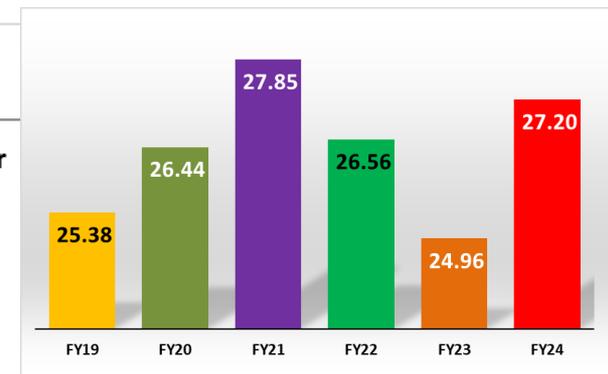
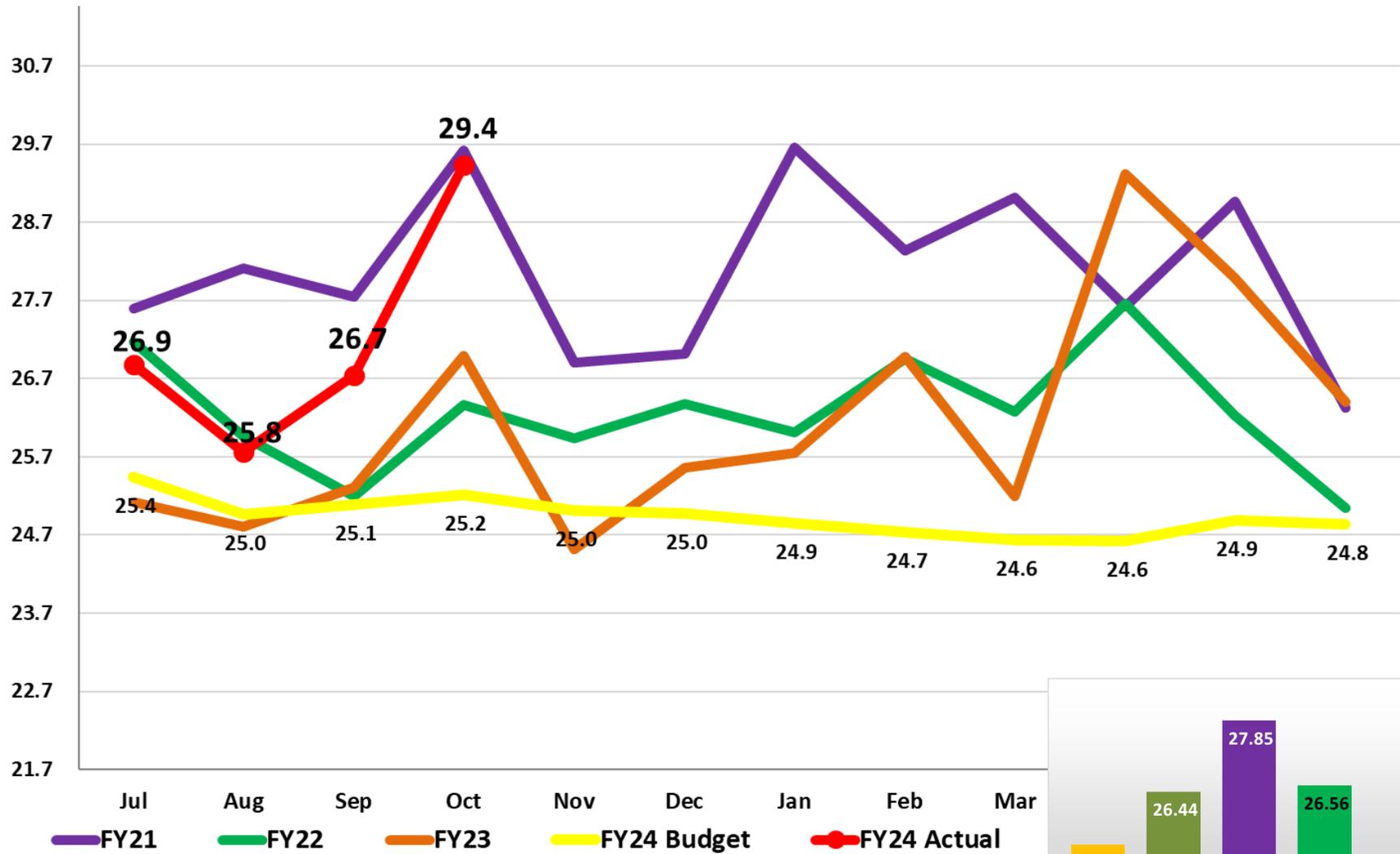
|   | Comparison to Budget - YTD October |                    |                  |              | Comparison to Prior Year - YTD October |                  |                   |              |
|---|------------------------------------|--------------------|------------------|--------------|--|------------------|-------------------|--------------|
|   | Budget<br>Oct-2023                 | Actual<br>Oct-2023 | \$ Change        | % Change     | Oct-2022                               | Oct-2023         | \$ Change         | % Change     |
| <b>Operating Revenue</b>                    |                                    |                    |                  |              |  |                  |                   |              |
| Net Patient Service Revenue                 | \$192,805                          | \$189,707          | (\$3,099)        | -1.6%        | \$193,892                              | \$189,707        | (\$4,185)         | -2.2%        |
| Supplemental Gov't Programs                 | \$25,721                           | \$25,530           | (\$191)          | -0.7%        | \$20,437                               | \$25,530         | \$5,094           | 20.0%        |
| Prime Program                               | \$3,313                            | \$3,286            | (\$27)           | -0.8%        | \$2,970                                | \$3,286          | \$316             | 9.6%         |
| Premium Revenue                             | \$31,467                           | \$31,466           | (\$0)            | 0.0%         | \$23,743                               | \$31,466         | \$7,724           | 24.5%        |
| Management Services Revenue                 | \$13,646                           | \$13,179           | (\$466)          | -3.5%        | \$12,775                               | \$13,179         | \$405             | 3.1%         |
| Other Revenue                               | \$9,938                            | \$13,123           | \$3,185          | 24.3%        | \$10,221                               | \$13,123         | \$2,903           | 22.1%        |
| Other Operating Revenue                     | \$84,085                           | \$86,586           | \$2,501          | 2.9%         | \$70,145                               | \$86,586         | \$16,441          | 19.0%        |
| <b>Total Operating Revenue</b>              | <b>\$276,890</b>                   | <b>\$276,293</b>   | <b>(\$597)</b>   | <b>-0.2%</b> | <b>\$264,037</b>                       | <b>\$276,293</b> | <b>\$12,256</b>   | <b>4.4%</b>  |
| <b>Operating Expenses</b>                   |                                    |                    |                  |              |  |                  |                   |              |
| Salaries & Wages                            | \$116,375                          | \$112,989          | (\$3,385)        | -3.0%        | \$113,125                              | \$112,989        | (\$136)           | -0.1%        |
| Contract Labor                              | \$7,017                            | \$7,623            | \$606            | 8.0%         | \$26,030                               | \$7,623          | (\$18,407)        | -241.5%      |
| Employee Benefits                           | \$26,901                           | \$26,722           | (\$179)          | -0.7%        | \$20,027                               | \$26,722         | \$6,695           | 25.1%        |
| <b>Total Employment Expenses</b>            | <b>\$150,293</b>                   | <b>\$147,335</b>   | <b>(\$2,958)</b> | <b>-2.0%</b> | <b>\$159,182</b>                       | <b>\$147,335</b> | <b>(\$11,848)</b> | <b>-8.0%</b> |
| Medical & Other Supplies                    | \$54,294                           | \$52,263           | (\$2,031)        | -3.9%        | \$53,231                               | \$52,263         | (\$969)           | -1.9%        |
| Physician Fees                              | \$26,661                           | \$25,393           | (\$1,267)        | -5.0%        | \$27,898                               | \$25,393         | (\$2,504)         | -9.9%        |
| Purchased Services                          | \$6,027                            | \$6,539            | \$512            | 7.8%         | \$6,823                                | \$6,539          | (\$284)           | -4.3%        |
| Repairs & Maintenance                       | \$9,474                            | \$8,519            | (\$955)          | -11.2%       | \$8,946                                | \$8,519          | (\$426)           | -5.0%        |
| Utilities                                   | \$4,003                            | \$3,773            | (\$229)          | -6.1%        | \$3,538                                | \$3,773          | \$236             | 6.2%         |
| Rents & Leases                              | \$660                              | \$638              | (\$22)           | -3.4%        | \$540                                  | \$638            | \$98              | 15.4%        |
| Depreciation & Amortization                 | \$11,655                           | \$11,321           | (\$335)          | -3.0%        | \$11,103                               | \$11,321         | \$217             | 1.9%         |
| Interest Expense                            | \$2,331                            | \$2,398            | \$68             | 2.8%         | \$2,369                                | \$2,398          | \$29              | 1.2%         |
| Other Expense                               | \$8,682                            | \$7,745            | (\$937)          | -12.1%       | \$6,642                                | \$7,745          | \$1,104           | 14.2%        |
| Humana Cap Plan Expenses                    | \$14,806                           | \$14,592           | (\$214)          | -1.5%        | \$14,692                               | \$14,592         | (\$99)            | -0.7%        |
| <b>Total Other Expenses</b>                 | <b>\$138,593</b>                   | <b>\$133,183</b>   | <b>(\$5,411)</b> | <b>-4.1%</b> | <b>\$135,780</b>                       | <b>\$133,183</b> | <b>(\$2,598)</b>  | <b>-2.0%</b> |
| <b>Total Operating Expenses</b>             | <b>\$288,886</b>                   | <b>\$280,517</b>   | <b>(\$8,369)</b> | <b>-3.0%</b> | <b>\$294,963</b>                       | <b>\$280,517</b> | <b>(\$14,445)</b> | <b>-5.1%</b> |
| <b>Operating Margin</b>                     | <b>(\$11,996)</b>                  | <b>(\$4,224)</b>   | <b>\$7,772</b>   |              | <b>(\$30,925)</b>                      | <b>(\$4,224)</b> | <b>\$26,701</b>   |              |
| Stimulus/FEMA                               | \$6,387                            | \$3,220            | (\$3,167)        |              | \$97                                   | \$3,220          | \$3,123           |              |
| <b>Operating Margin after Stimulus/FEMA</b> | <b>(\$5,609)</b>                   | <b>(\$1,004)</b>   | <b>\$4,605</b>   |              | <b>(\$30,828)</b>                      | <b>(\$1,004)</b> | <b>\$29,824</b>   |              |
| Nonoperating Revenue (Loss)                 | \$1,918                            | \$2,511            | \$593            |              | (\$2,667)                              | \$2,511          | \$5,178           |              |
| <b>Excess Margin</b>                        | <b>(\$3,691)</b>                   | <b>\$1,506</b>     | <b>\$5,197</b>   |              | <b>(\$33,496)</b>                      | <b>\$1,506</b>   | <b>\$35,002</b>   |              |

# Month of October- Budget Variances

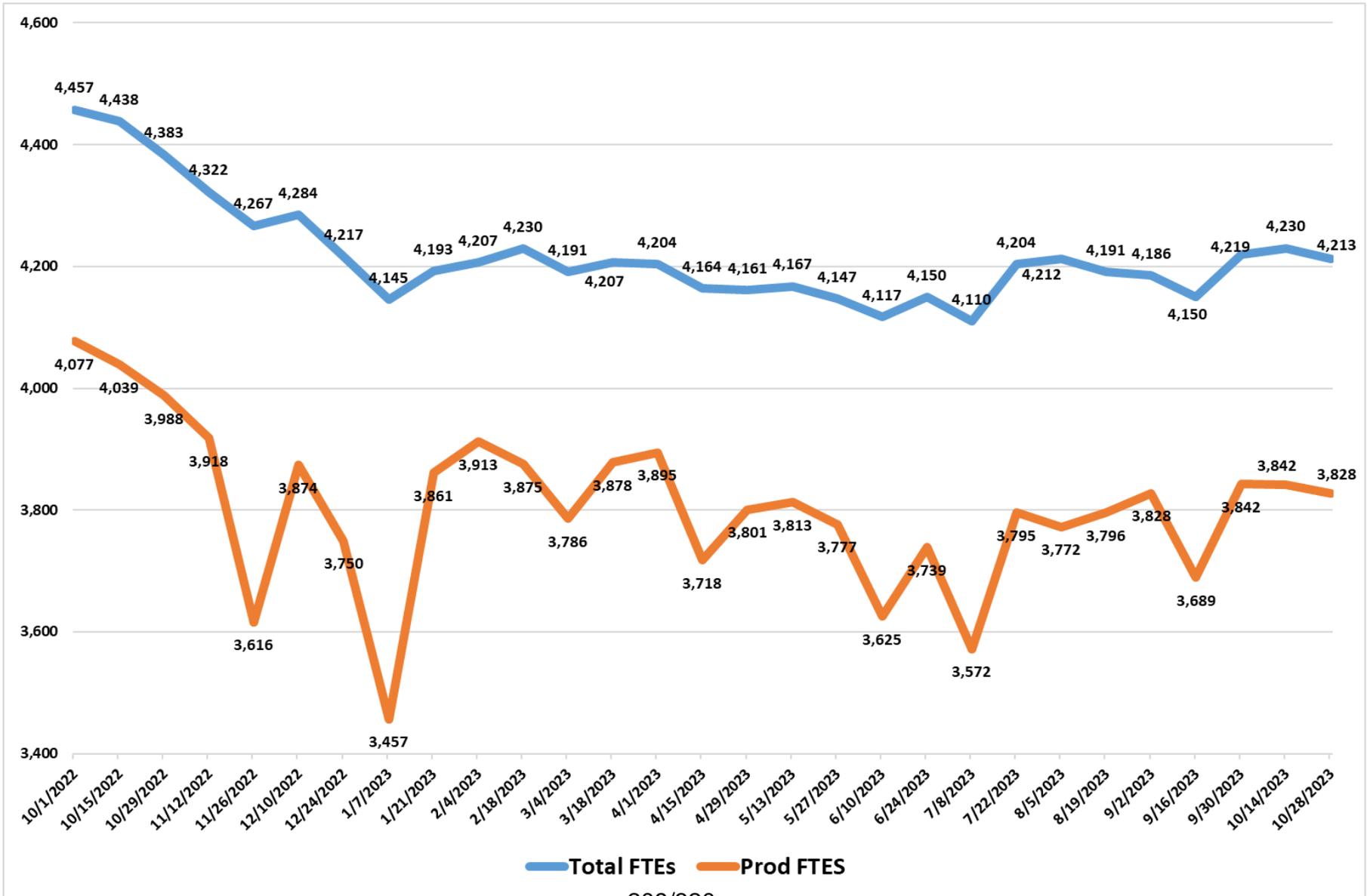
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- **Net Patient Service Revenue:** The \$2M, or 4.3%, negative variance in net patient service revenue in October was due to lower-than-expected patient volumes for the month.
- **Other Revenue:** Other revenue was \$971K, or 28%, over budget in October. Retail pharmacy exceeded budget by \$353K and grant revenue was \$275K higher than expected for the month.
- **Employment Expenses:** Employee benefits was \$1.1M over budget for the month, mainly due to employee health insurance claims paid in October.
- **Medical & Other Supplies:** The \$1.3M positive variance in October was related to prosthesis expense.
- **Physician Fees:** Physician fees were \$1.3M under budget in October mainly due to higher collections of professional fees or decreases in volume in contracted areas.

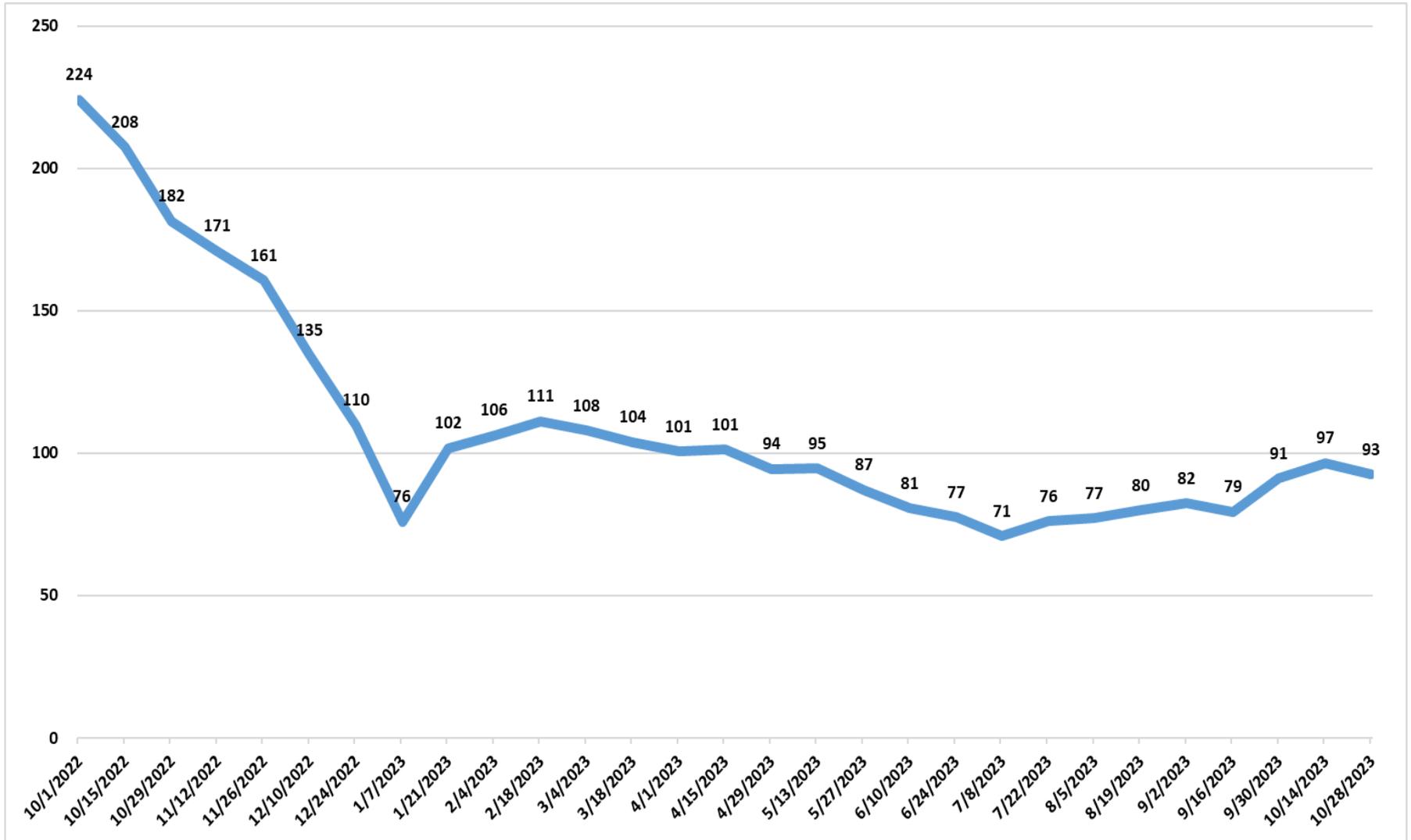
# Productivity: Worked Hours/Adjusted Patient Days



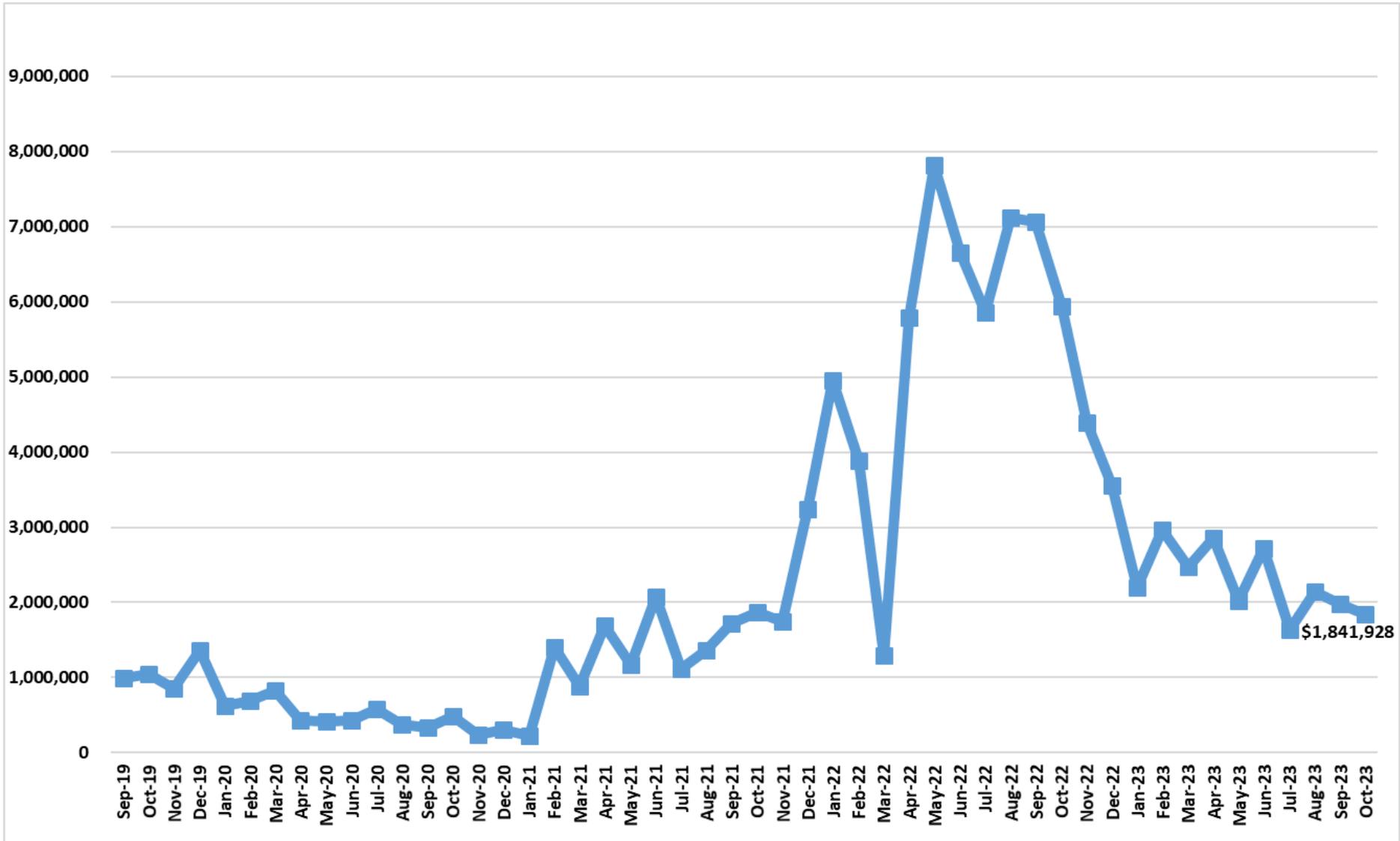
# Productive and Total FTEs without KHMGM



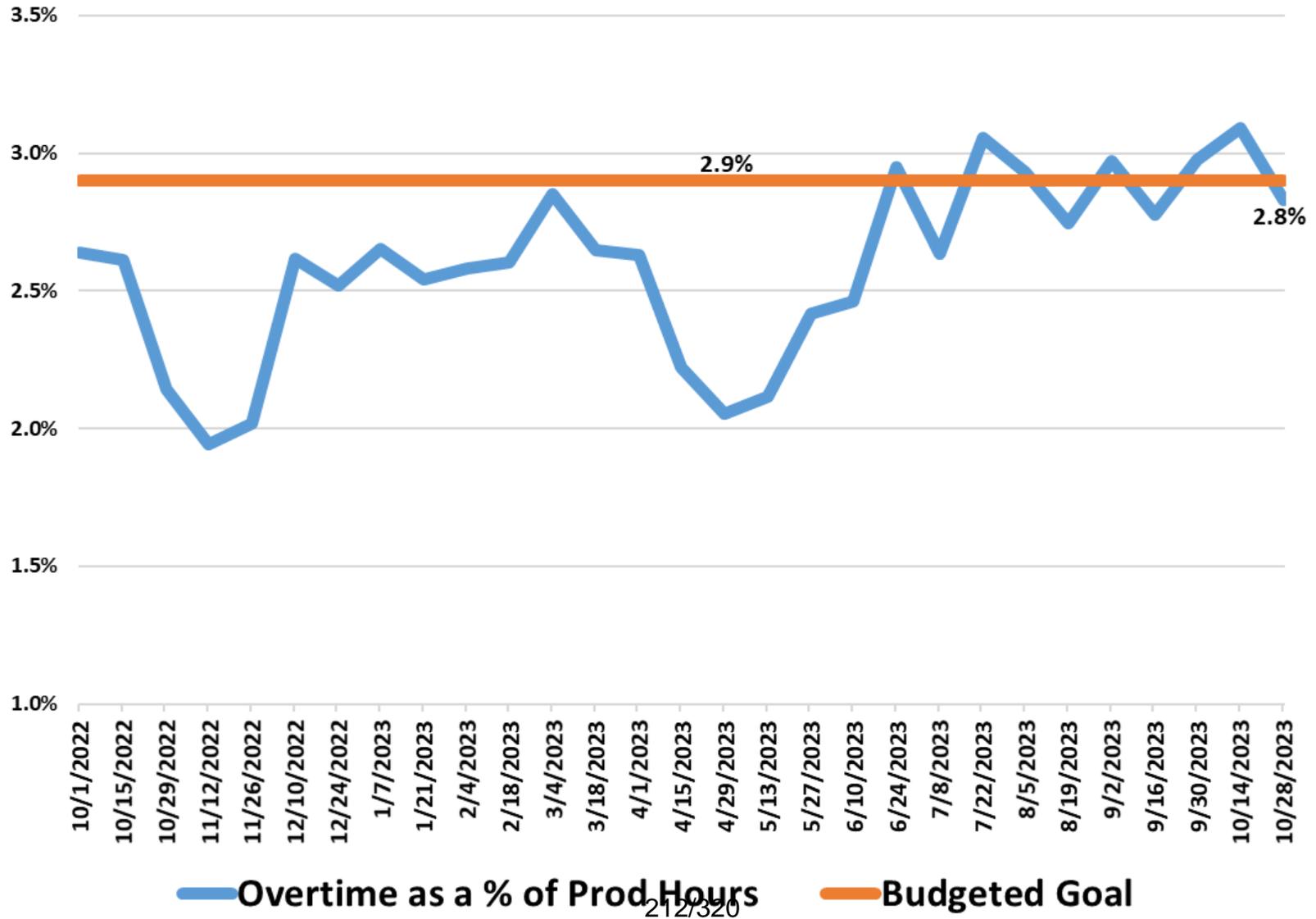
# Contract Labor Full Time Equivalents (FTEs)



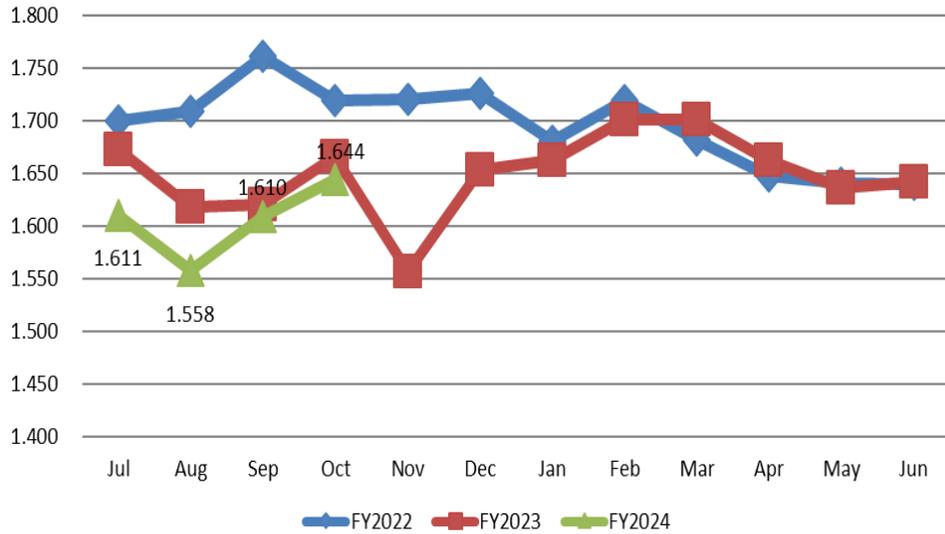
# Contract Labor Expense



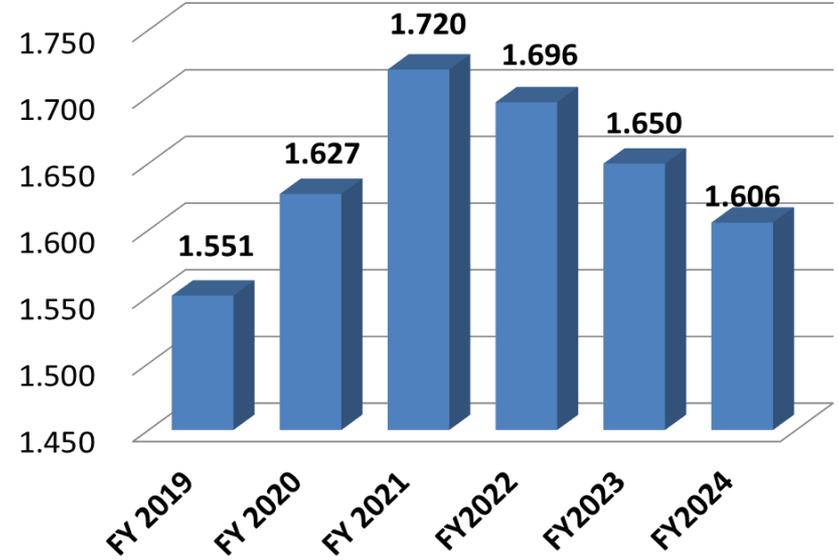
# Overtime as a % of Productive Hours



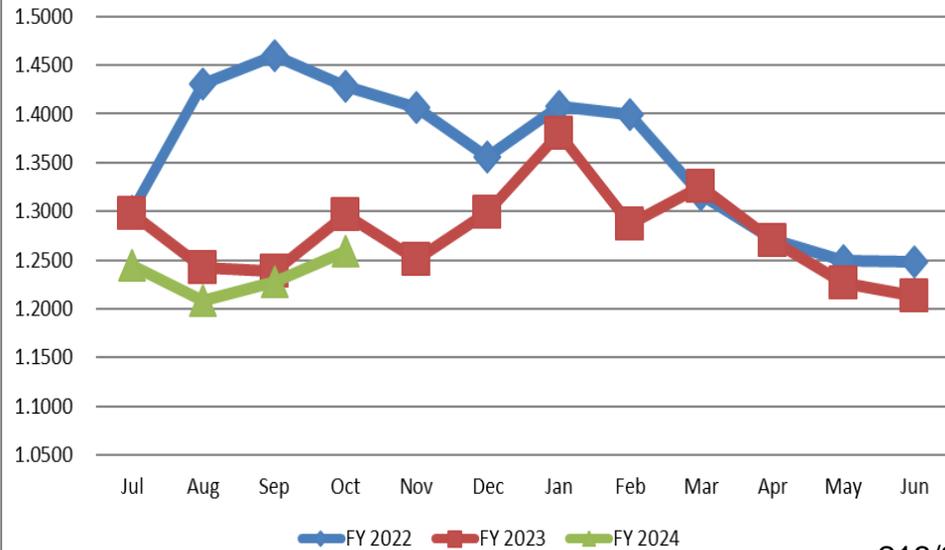
### Case Mix Index w/o Normal Newborns



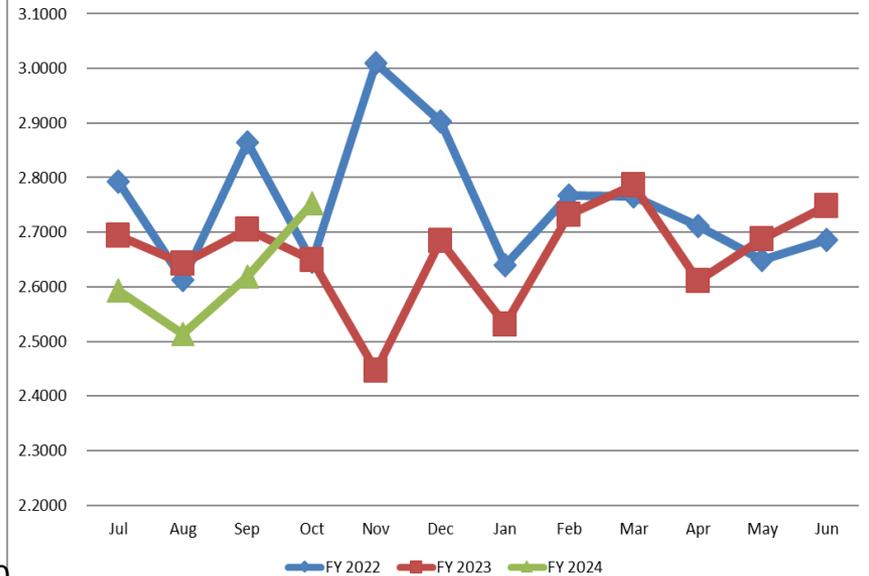
### Case Mix Index w/o Normal Newborns - All



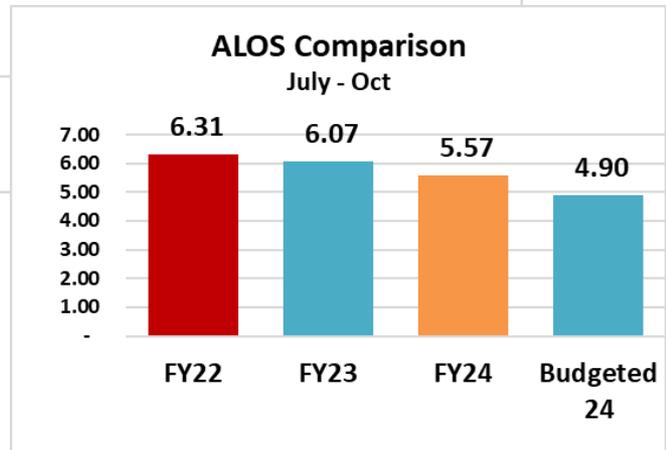
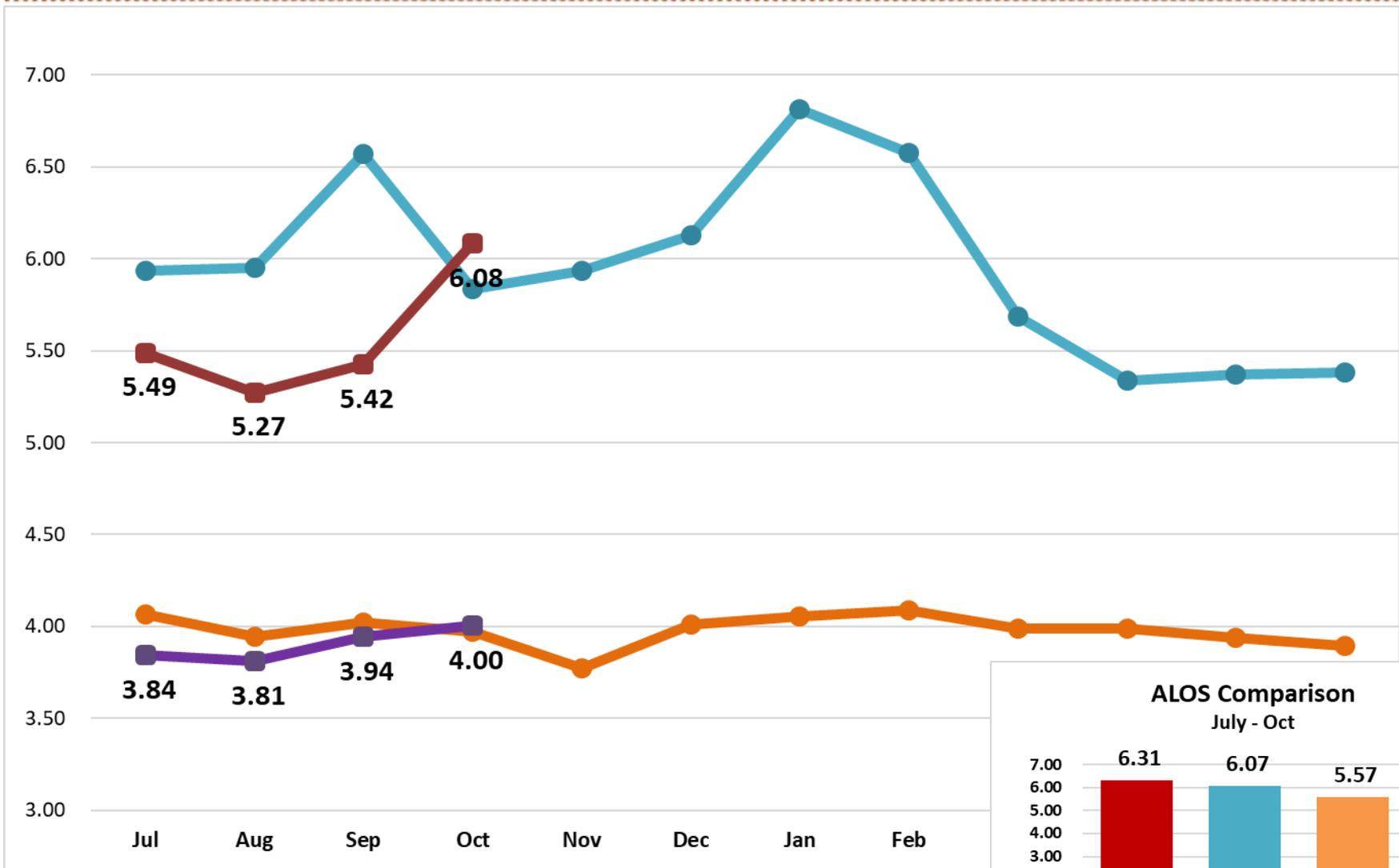
### Case Mix **Medical** w/o Normal Newborns



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



# Average Length of Stay versus National Average (GMLOS)



● FY 2023 Actual LOS      ■ FY 2024 Actual LOS  
● FY 2023 GMLOS      ■ FY 2024 GMLOS

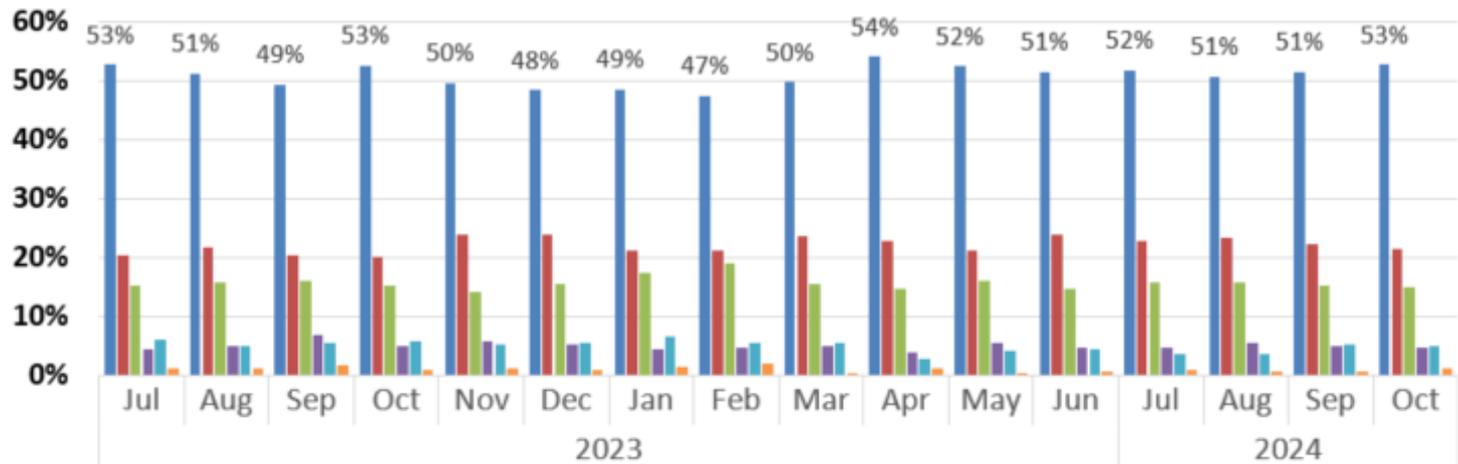
# Average Length of Stay versus National Average (GMLOS)

|                | Including COVID Patients |             |             | Excluding COVID Patients |             |             |
|----------------|--------------------------|-------------|-------------|--------------------------|-------------|-------------|
|                | ALOS                     | GMLOS       | GAP         | ALOS                     | GMLOS       | GAP         |
| <b>Oct-21</b>  | 6.51                     | 4.38        | 2.13        | 5.33                     | 4.00        | 1.33        |
| <b>Nov-21</b>  | 7.00                     | 4.37        | 2.63        | 5.75                     | 3.95        | 1.80        |
| <b>Dec-21</b>  | 6.82                     | 4.23        | 2.59        | 6.12                     | 3.98        | 2.14        |
| <b>Jan-22</b>  | 6.09                     | 4.26        | 1.83        | 5.97                     | 3.97        | 2.00        |
| <b>Feb-22</b>  | 6.61                     | 4.23        | 2.38        | 5.86                     | 3.83        | 2.03        |
| <b>Mar-22</b>  | 6.61                     | 4.02        | 2.59        | 5.68                     | 3.89        | 1.79        |
| <b>Apr-22</b>  | 5.79                     | 3.99        | 1.80        | 5.67                     | 3.98        | 1.69        |
| <b>May-22</b>  | 5.98                     | 3.94        | 2.04        | 5.62                     | 3.88        | 1.74        |
| <b>Jun-22</b>  | 6.11                     | 3.97        | 2.14        | 5.62                     | 3.88        | 1.74        |
| <b>Jul-22</b>  | 5.93                     | 4.06        | 1.87        | 5.66                     | 3.90        | 1.76        |
| <b>Aug-22</b>  | 5.95                     | 3.94        | 2.01        | 5.62                     | 3.82        | 1.80        |
| <b>Sep-22</b>  | 6.57                     | 4.02        | 2.55        | 6.32                     | 3.95        | 2.37        |
| <b>Oct-22</b>  | 5.83                     | 3.97        | 1.86        | 5.62                     | 3.91        | 1.71        |
| <b>Nov-22</b>  | 5.93                     | 3.77        | 2.16        | 5.87                     | 3.74        | 2.13        |
| <b>Dec-22</b>  | 6.13                     | 4.01        | 2.12        | 5.68                     | 3.92        | 1.76        |
| <b>Jan-23</b>  | 6.81                     | 4.06        | 2.75        | 6.30                     | 3.95        | 2.35        |
| <b>Feb-23</b>  | 6.58                     | 4.09        | 2.49        | 6.37                     | 4.04        | 2.33        |
| <b>Mar-23</b>  | 5.69                     | 3.99        | 1.70        | 5.56                     | 3.93        | 1.63        |
| <b>Apr-23</b>  | 5.34                     | 3.99        | 1.35        | 5.05                     | 3.94        | 1.11        |
| <b>May-23</b>  | 5.37                     | 3.94        | 1.43        | 5.15                     | 3.91        | 1.24        |
| <b>Jun-23</b>  | 5.38                     | 3.89        | 1.49        | 5.32                     | 3.86        | 1.46        |
| <b>Jul-23</b>  | 5.49                     | 3.84        | 1.65        | 5.47                     | 3.82        | 1.65        |
| <b>Aug-23</b>  | 5.27                     | 3.81        | 1.46        | 5.21                     | 3.77        | 1.44        |
| <b>Sep-23</b>  | 5.42                     | 3.94        | 1.48        | 5.37                     | 3.91        | 1.46        |
| <b>Oct-23</b>  | 6.08                     | 4.00        | 2.08        | 6.03                     | 3.99        | 2.04        |
| <b>Average</b> | <b>5.96</b>              | <b>4.15</b> | <b>1.84</b> | <b>5.53</b>              | <b>3.95</b> | <b>1.57</b> |

# Average Length of Stay Distribution

## Overall

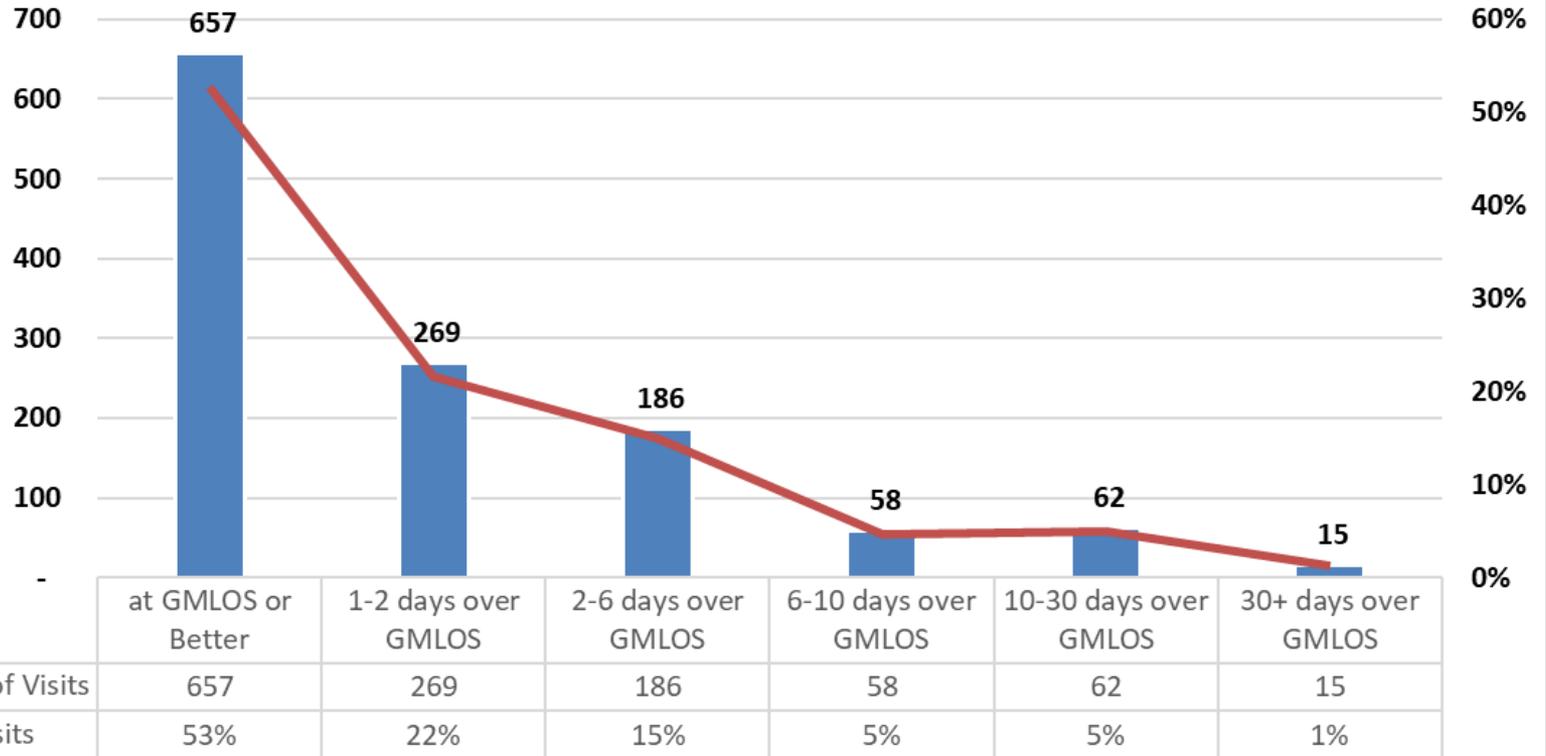
### FY24 Overall LOS Distribution



|                         |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|-------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| ■ at GMLOS or Better    | 53%  | 51%  | 49%  | 53%  | 50%  | 48%  | 49%  | 47%  | 50%  | 54%  | 52%  | 51%  | 52%  | 51%  | 51%  | 53%  |
| ■ 1-2 days over GMLOS   | 20%  | 22%  | 20%  | 20%  | 24%  | 24%  | 21%  | 21%  | 24%  | 23%  | 21%  | 24%  | 23%  | 23%  | 22%  | 22%  |
| ■ 2-6 days over GMLOS   | 15%  | 16%  | 16%  | 15%  | 14%  | 16%  | 17%  | 19%  | 16%  | 15%  | 16%  | 15%  | 16%  | 16%  | 15%  | 15%  |
| ■ 6-10 days over GMLOS  | 5%   | 5%   | 7%   | 5%   | 6%   | 5%   | 5%   | 5%   | 5%   | 4%   | 6%   | 5%   | 5%   | 6%   | 5%   | 5%   |
| ■ 10-30 days over GMLOS | 6%   | 5%   | 6%   | 6%   | 5%   | 6%   | 7%   | 6%   | 5%   | 3%   | 4%   | 5%   | 4%   | 4%   | 5%   | 5%   |
| ■ 30+ days over GMLOS   | 1.2% | 1.2% | 1.7% | 1.0% | 1.2% | 1.1% | 1.6% | 1.9% | 0.5% | 1.2% | 0.5% | 0.8% | 0.9% | 0.7% | 0.6% | 1.2% |

# Average Length of Stay Distribution

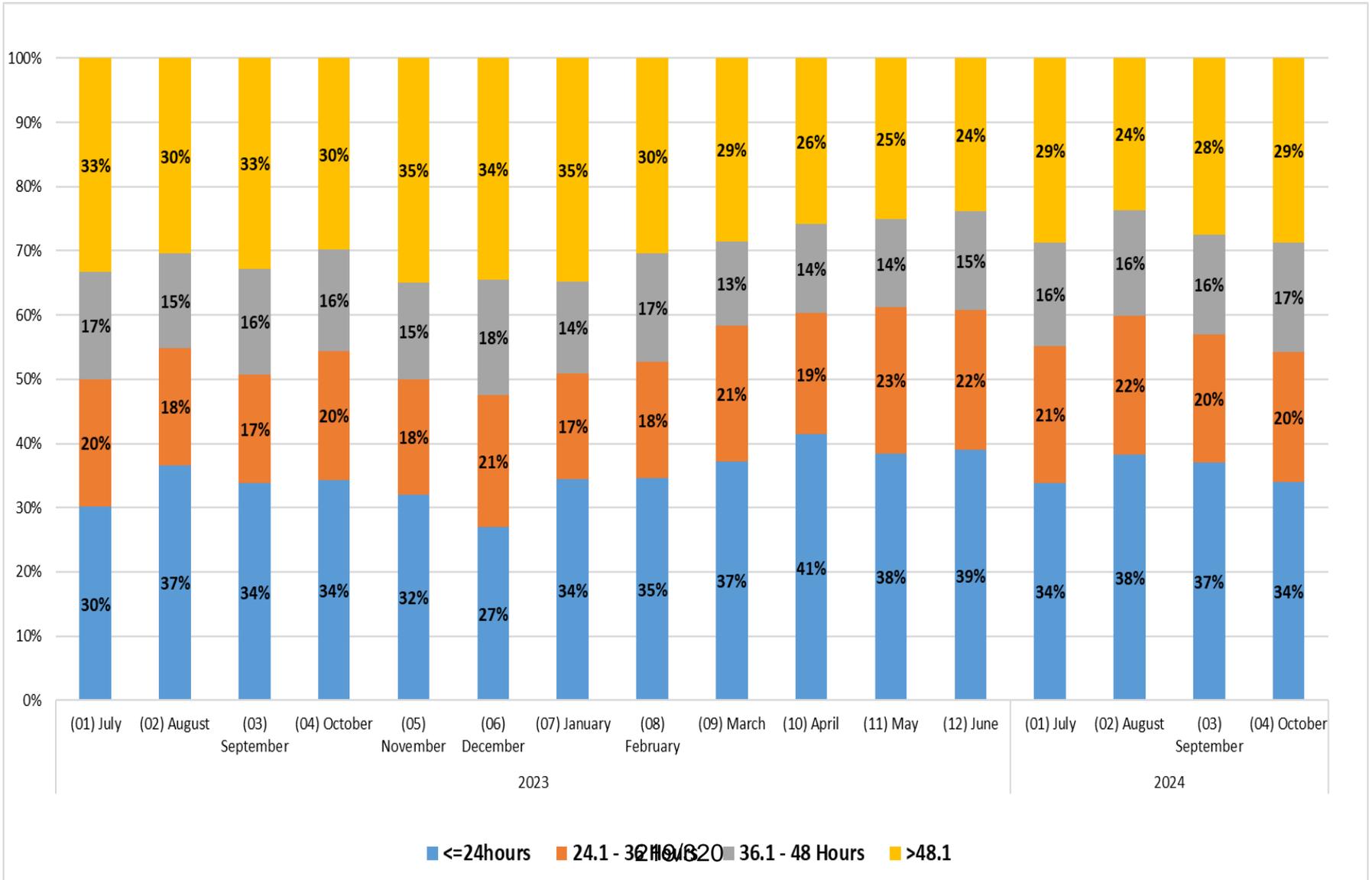
## Oct FY 2024 Overall LOS Distribution



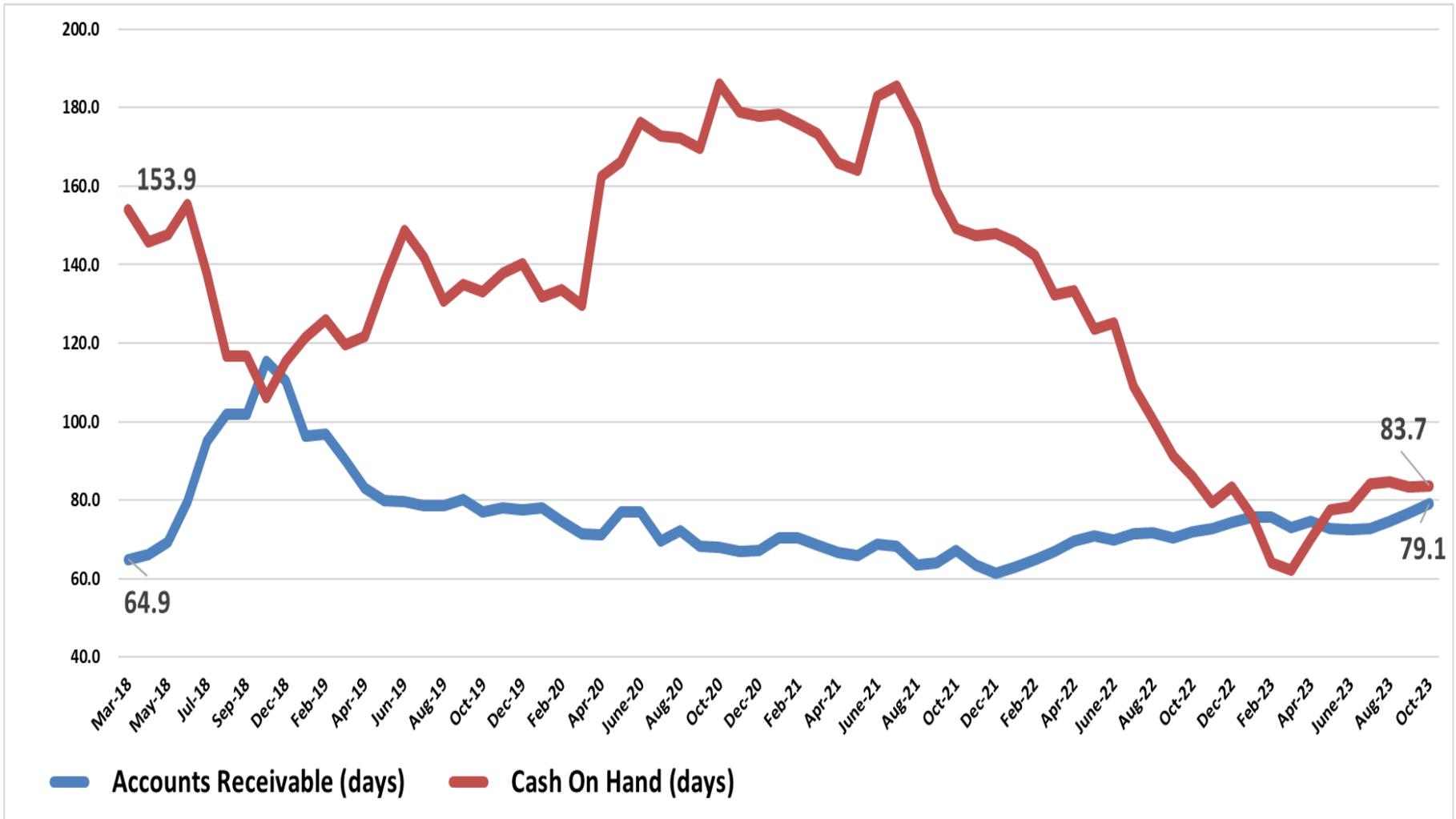
# Opportunity Cost of Reducing LOS to National Average - \$74M FY23



# Monthly Discharges of Observation Patients by their Length of Stay



# Trended Liquidity Ratios



# Ratio Analysis Report

|                                 | June 30, 2023 |            |               | 2021 Moody's Median Benchmark |               |        |
|---------------------------------|---------------|------------|---------------|-------------------------------|---------------|--------|
|                                 | Oct Value     | Sept Value | Audited Value | Aa                            | A             | Baa    |
| <b>LIQUIDITY RATIOS</b>         |               |            |               |                               |               |        |
| Current Ratio (x)               | 2.8           | 2.8        | 2.7           | 1.4                           | <b>1.7</b>    | 1.6    |
| Accounts Receivable (days)      | 79.1          | 76.6       | 72.5          | 48.3                          | <b>48.3</b>   | 47.5   |
| Cash On Hand (days)             | 83.7          | 83.3       | 78.3          | 341.3                         | <b>268.4</b>  | 206.5  |
| Cushion Ratio (x)               | 10.1          | 10.1       | 10.3          | 52.4                          | <b>31.5</b>   | 19.9   |
| Average Payment Period (days)   | 50.8          | 49.9       | 44.7          | 97.6                          | <b>86.4</b>   | 94.0   |
| <b>CAPITAL STRUCTURE RATIOS</b> |               |            |               |                               |               |        |
| Cash-to-Debt                    | 83.0%         | 82.7%      | 84.7%         | 323.4%                        | <b>220.4%</b> | 170.1% |
| Debt-To-Capitalization          | 35.3%         | 35.2%      | 35.2%         | 20.6%                         | <b>29.1%</b>  | 36.3%  |
| Debt-to-Cash Flow (x)           | 5.1           | 4.8        | (128.9)       | 2.1                           | <b>2.6</b>    | 3.3    |
| Debt Service Coverage           | 2.4           | 2.5        | (0.1)         | 9.6                           | <b>6.0</b>    | 4.5    |
| MADS Coverage (x)               | 2.4           | 2.6        | (0.1)         | 8.2                           | <b>5.5</b>    | 3.9    |
| Age Of Plant (years)            | 14.6          | 14.5       | 12.2          | 10.8                          | <b>12.4</b>   | 13.5   |
| <b>PROFITABILITY RATIOS</b>     |               |            |               |                               |               |        |
| Operating Margin                | (1.5%)        | (1.5%)     | (6.9%)        | 4.1%                          | <b>3.1%</b>   | 2.2%   |
| Excess Margin                   | 0.5%          | 0.9%       | (5.5%)        | 8.1%                          | <b>6.7%</b>   | 4.8%   |
| Operating Cash Flow Margin      | 3.4%          | 3.5%       | (1.3%)        | 9.6%                          | <b>8.8%</b>   | 7.5%   |
| Return on Assets                | 0.5%          | 0.9%       | (5.7%)        | 5.8%                          | <b>4.9%</b>   | 3.9%   |

# Consolidated Statements of Net Position (000's)

|  | Oct-23            | Sep-23         | Change            | % Change     | Jun-23<br>(Audited) |
|--|-------------------|----------------|-------------------|--------------|---------------------|
| <b>ASSETS AND DEFERRED OUTFLOWS</b>                                      |                   |                |                   |              |                     |
| <b>CURRENT ASSETS</b>  |                   |                |                   |              |                     |
| Cash and cash equivalents  | \$ 13,173         | \$ 4,296       | \$ 8,878          | 206.67%      | \$ 4,127            |
| Current Portion of Board designated and trusted assets                   | 17,691            | 16,309         | 1,382             | 8.48%        | 14,978              |
| Accounts receivable:   |                   |                |                   |              |                     |
| Net patient accounts   | 140,456           | 134,339        | 6,117             | 4.55%        | 132,621             |
| Other receivables  | 28,721            | 26,517         | 2,204             | 8.31%        | 27,475              |
|  | 169,178           | 160,857        | 8,321             | 5.17%        | 160,096             |
| Inventories  | 14,182            | 14,404         | (223)             | -1.55%       | 13,117              |
| Medicare and Medi-Cal settlements  | 92,232            | 95,090         | (2,858)           | -3.01%       | 81,412              |
| Prepaid expenses   | 9,411             | 11,263         | (1,852)           | -16.45%      | 9,037               |
| Total current assets   | 315,867           | 302,219        | 13,648            | 4.52%        | 282,767             |
| <b>NON-CURRENT CASH AND INVESTMENTS -</b>                                |                   |                |                   |              |                     |
| less current portion   |                   |                |                   |              |                     |
| Board designated cash and assets   | 162,204           | 170,462        | (8,259)           | -4.84%       | 174,916             |
| Revenue bond assets held in trust  | 18,606            | 18,606         | -                 | 0.00%        | 18,605              |
| Assets in self-insurance trust fund                                      | 472               | 470            | 2                 | 0.44%        | 956                 |
| Total non-current cash and investments                                   | 181,282           | 189,538        | (8,257)           | -4.36%       | 194,477             |
| <b>INTANGIBLE RIGHT TO USE LEASE,</b><br>net of accumulated amortization | 12,383            | 12,618         | (234)             | -1.86%       | 11,249              |
| <b>INTANGIBLE RIGHT TO USE SBITA,</b><br>net of accumulated amortization | 8,418             | 8,418          | -                 | 0.00%        | 8,417               |
| <b>CAPITAL ASSETS</b>  |                   |                |                   |              |                     |
| Land   | 20,544            | 20,544         | -                 | 0.00%        | 17,542              |
| Buildings and improvements   | 427,164           | 426,230        | 934               | 0.22%        | 427,105             |
| Equipment  | 329,142           | 324,125        | 5,018             | 1.55%        | 328,663             |
| Construction in progress   | 19,419            | 24,750         | (5,331)           | -21.54%      | 25,413              |
|  | 796,270           | 795,649        | 621               | 0.08%        | 798,723             |
| Less accumulated depreciation  | 491,593           | 489,007        | 2,585             | 0.53%        | 486,537             |
|  | 304,678           | 306,642        | (1,965)           | -0.64%       | 312,186             |
| <b>OTHER ASSETS</b>  |                   |                |                   |              |                     |
| Property not used in operations  | 1,904             | 1,909          | (4)               | -0.22%       | 1,533               |
| Health-related investments   | 2,338             | 2,407          | (69)              | -2.88%       | 2,841               |
| Other  | 13,743            | 13,754         | (11)              | -0.08%       | 13,350              |
| Total other assets   | 17,985            | 18,069         | (84)              | -0.47%       | 17,724              |
| Total assets   | 840,611           | 837,503        | 3,108             | 0.37%        | 826,820             |
| <b>DEFERRED OUTFLOWS</b>   |                   |                |                   |              |                     |
|  | 23,952            | 23,985         | (33)              | -0.14%       | 24,083              |
| <b>Total assets and deferred outflows</b>                                | <b>\$ 864,563</b> | <b>222,630</b> | <b>\$ 861,488</b> | <b>0.36%</b> | <b>\$ 850,903</b>   |

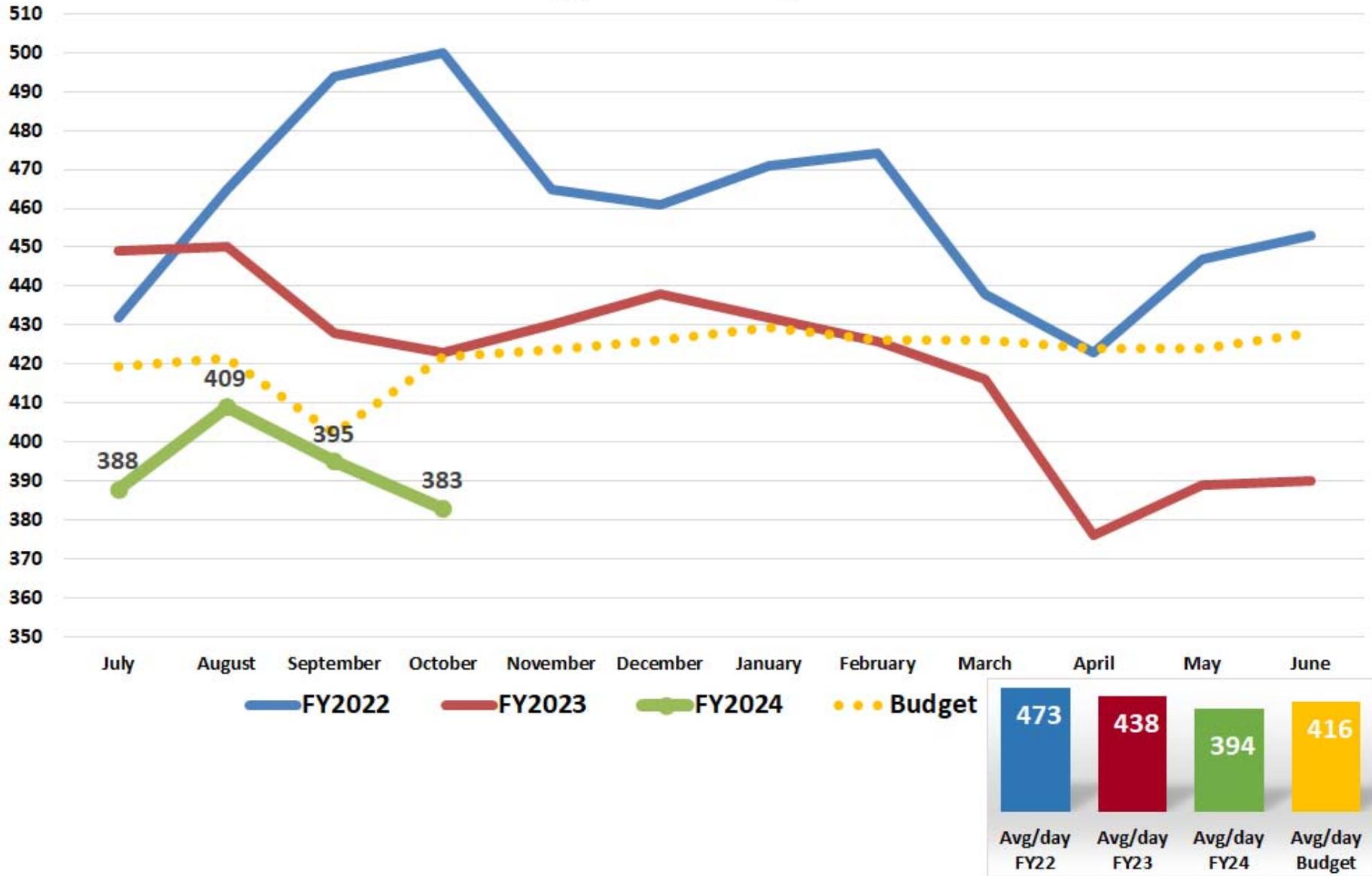
# Consolidated Statements of Net Position (000's)

|   | Oct-23     | Sep-23     | Change     | % Change | Jun-23     |
|---|------------|------------|------------|----------|------------|
| <b>LIABILITIES AND NET ASSETS</b>               |            |            |            |          |            |
| <b>CURRENT LIABILITIES</b>                      |            |            |            |          |            |
| Accounts payable and accrued expenses           | \$ 28,321  | \$ 31,840  | \$ (3,519) | -11.05%  | \$ 30,636  |
| Accrued payroll and related liabilities         | 59,577     | 54,198     | 5,379      | 9.92%    | 50,478     |
| SBITA liability, current portion                | 2,734      | 2,734      | -          | 0.00%    | 2,734      |
| Lease liability, current portion                | 2,614      | 2,614      | -          | 0.00%    | 2,614      |
| Bonds payable, current portion                  | 10,105     | 10,105     | -          | 0.00%    | 12,159     |
| Notes payable, current portion                  | 7,895      | 7,895      | -          | 0.00%    | 7,895      |
| Total current liabilities                       | 111,246    | 109,387    | 1,860      | 1.70%    | 106,516    |
| <b>LEASE LIABILITY, net of current portion</b>  | 9,973      | 10,194     | (221)      | -2.16%   | 8,741      |
| <b>SBITA LIABILITY, net of current portion</b>  | 4,425      | 4,425      | -          | 0.00%    | 4,426      |
| <b>LONG-TERM DEBT, less current portion</b>     |            |            |            |          |            |
| Bonds payable                                   | 227,352    | 227,358    | (7)        | 0.00%    | 227,378    |
| Notes payable                                   | 9,850      | 9,850      | -          | 0.00%    | 9,850      |
| Total long-term debt                            | 237,201    | 237,208    | (7)        | 0.00%    | 237,228    |
| <b>NET PENSION LIABILITY</b>                    | 46,657     | 45,733     | 924        | 2.02%    | 42,961     |
| <b>OTHER LONG-TERM LIABILITIES</b>              | 33,161     | 32,359     | 802        | 2.48%    | 30,984     |
| Total liabilities                               | 442,664    | 439,306    | 3,358      | 0.76%    | 426,430    |
| <b>NET ASSETS</b>                               |            |            |            |          |            |
| Invested in capital assets, net of related debt | 67,220     | 69,179     | (1,958)    | -2.83%   | 75,776     |
| Restricted                                      | 51,603     | 50,395     | 1,208      | 2.40%    | 50,013     |
| Unrestricted                                    | 303,076    | 302,608    | 468        | 0.15%    | 294,258    |
| Total net position                              | 421,899    | 422,182    | (282)      | -0.07%   | 420,047    |
| Total liabilities and net position              | \$ 864,564 | \$ 861,488 | \$ 3,076   | 0.36%    | \$ 850,903 |

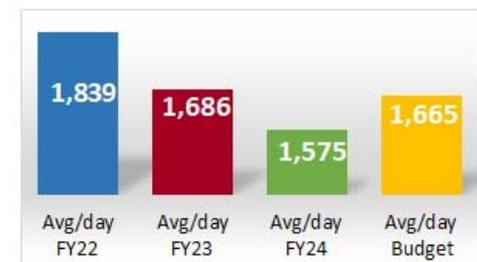
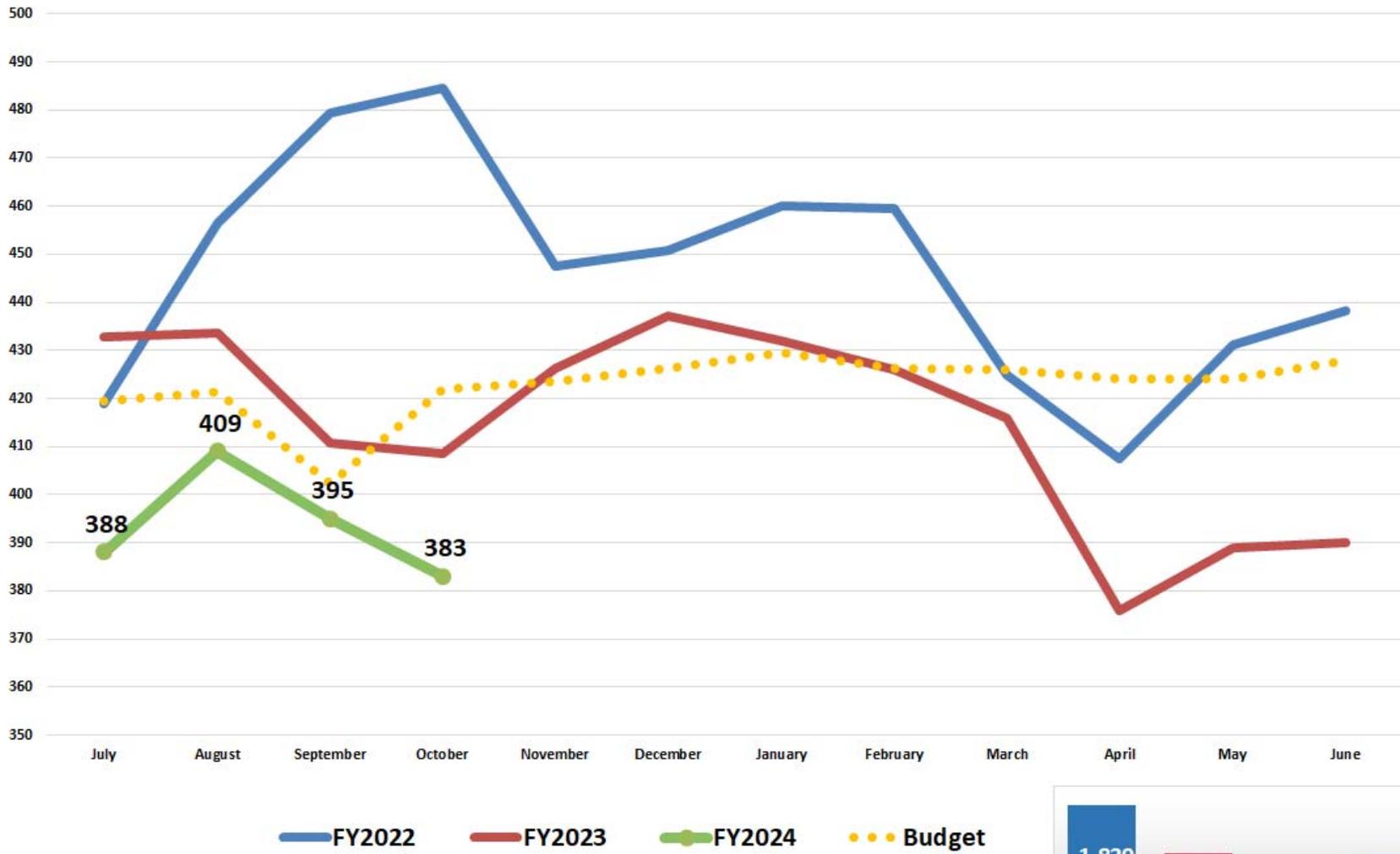
# Statistical Report

## October 2023

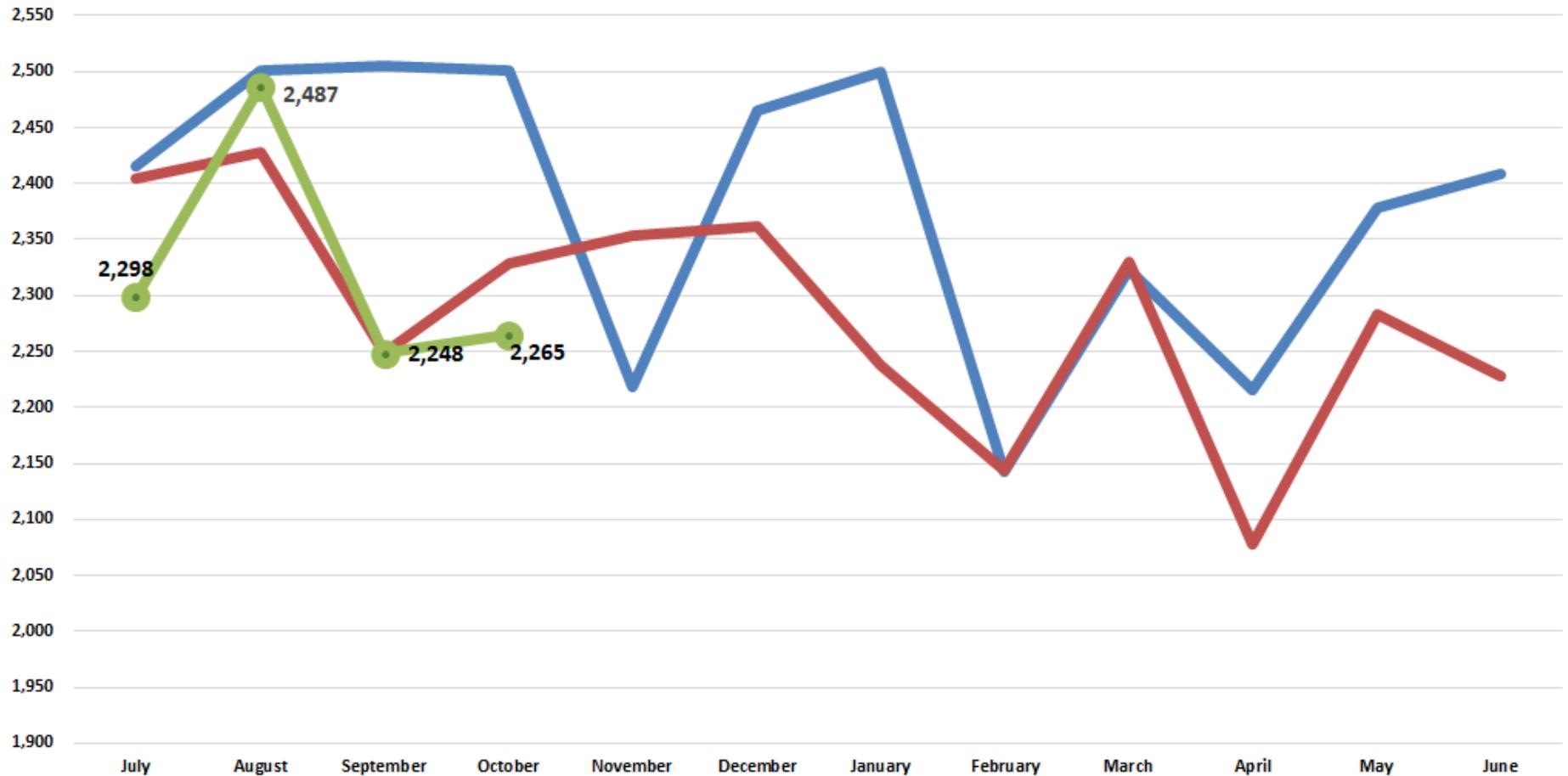
# Average Daily Census



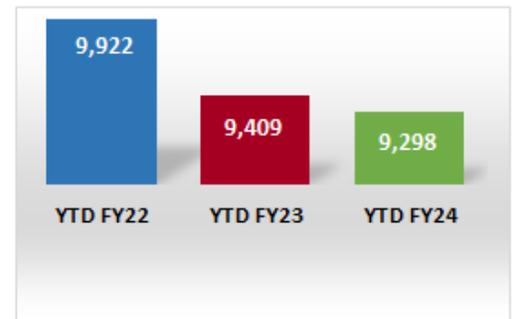
# Average Daily Census w/o TCS



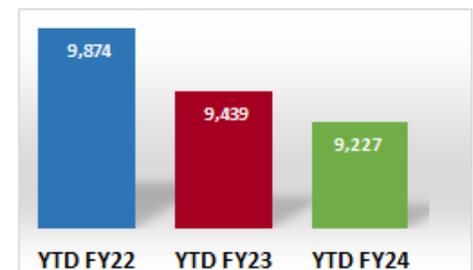
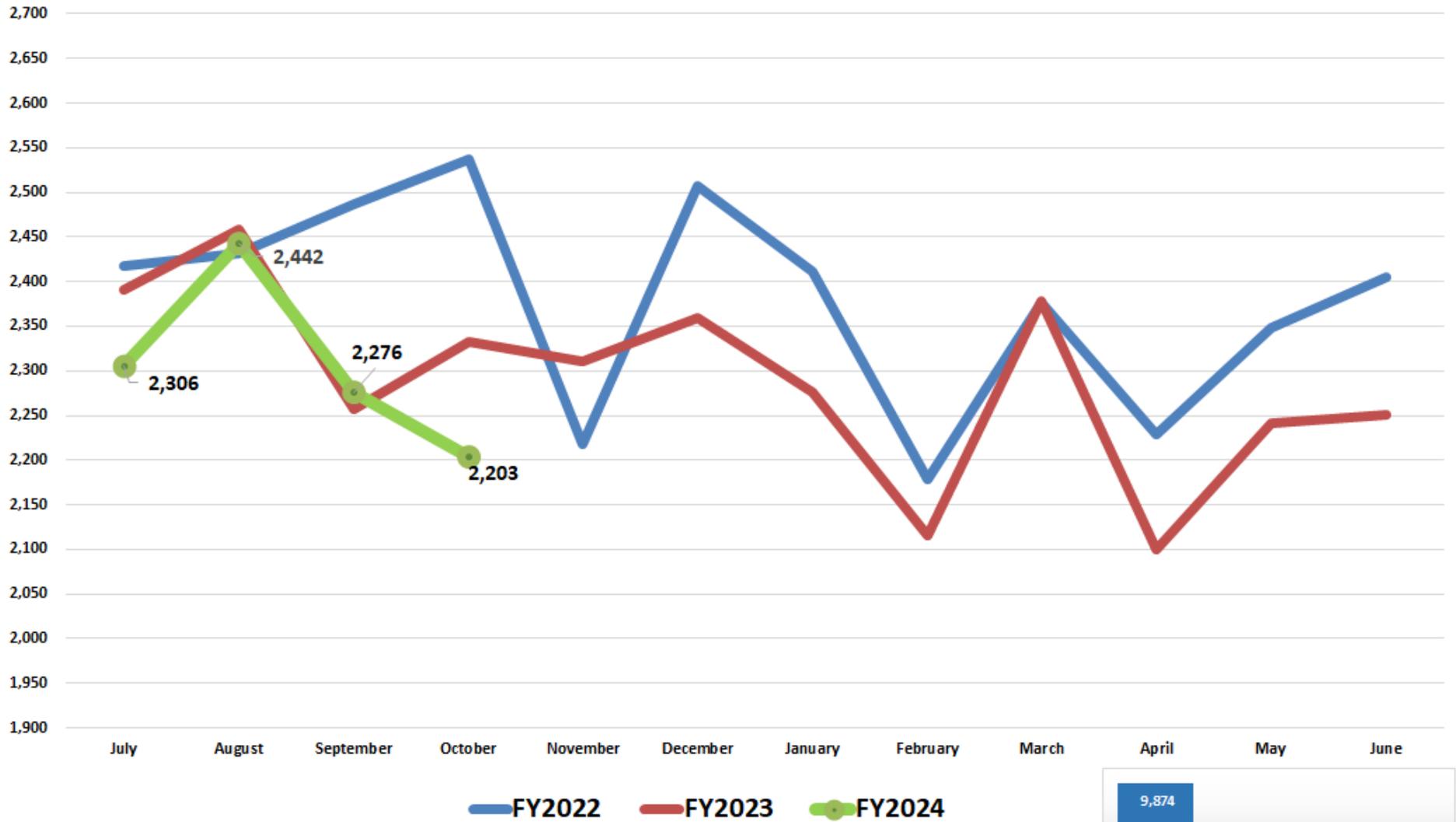
# Admissions



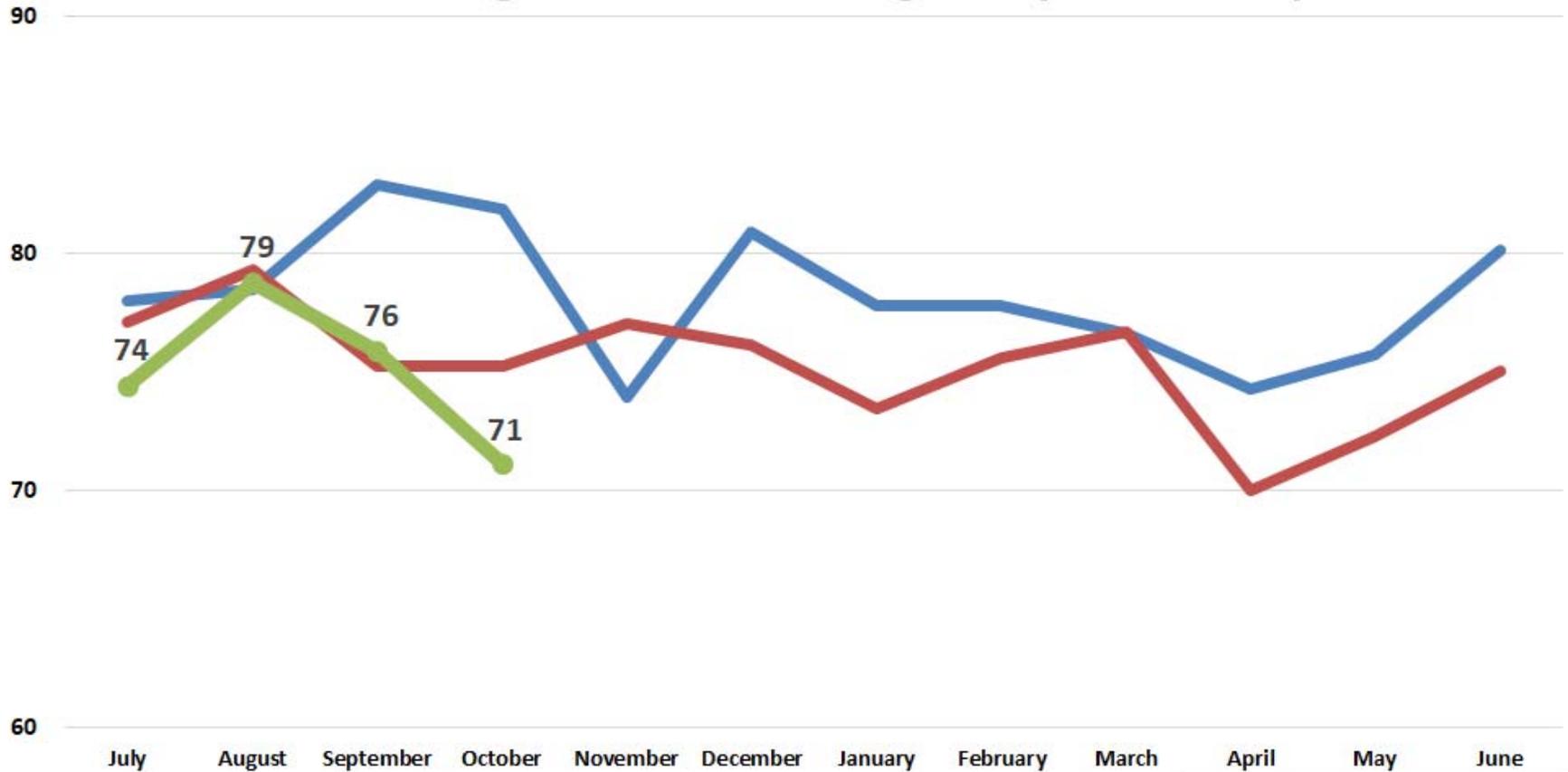
— FY2022 — FY2023 — FY2024



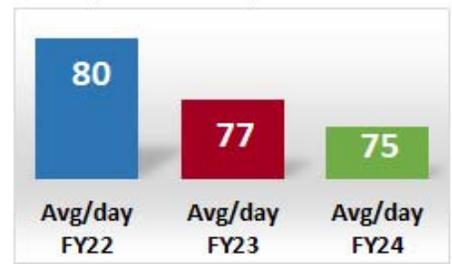
# Discharges



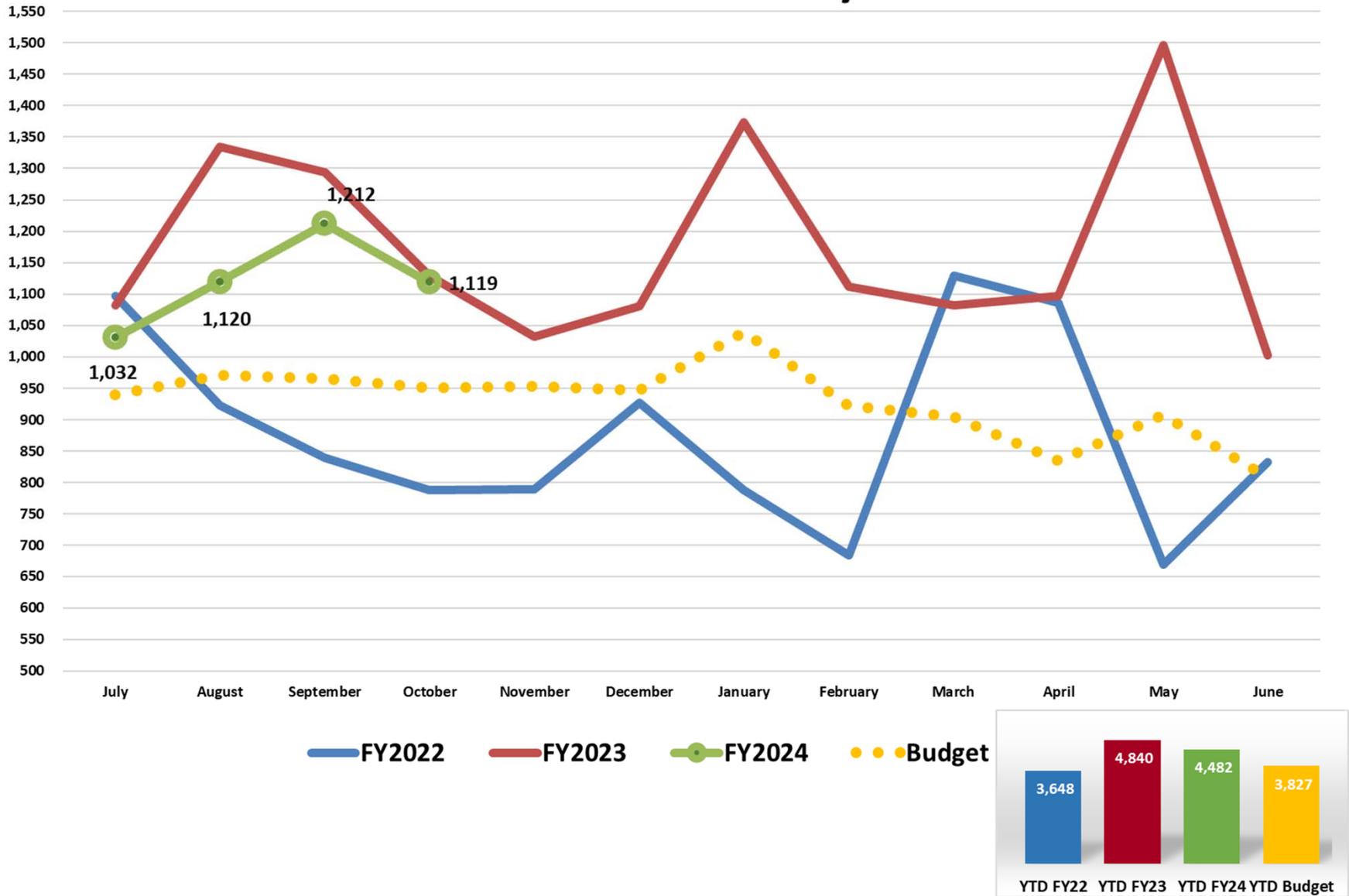
# Average Discharges per day



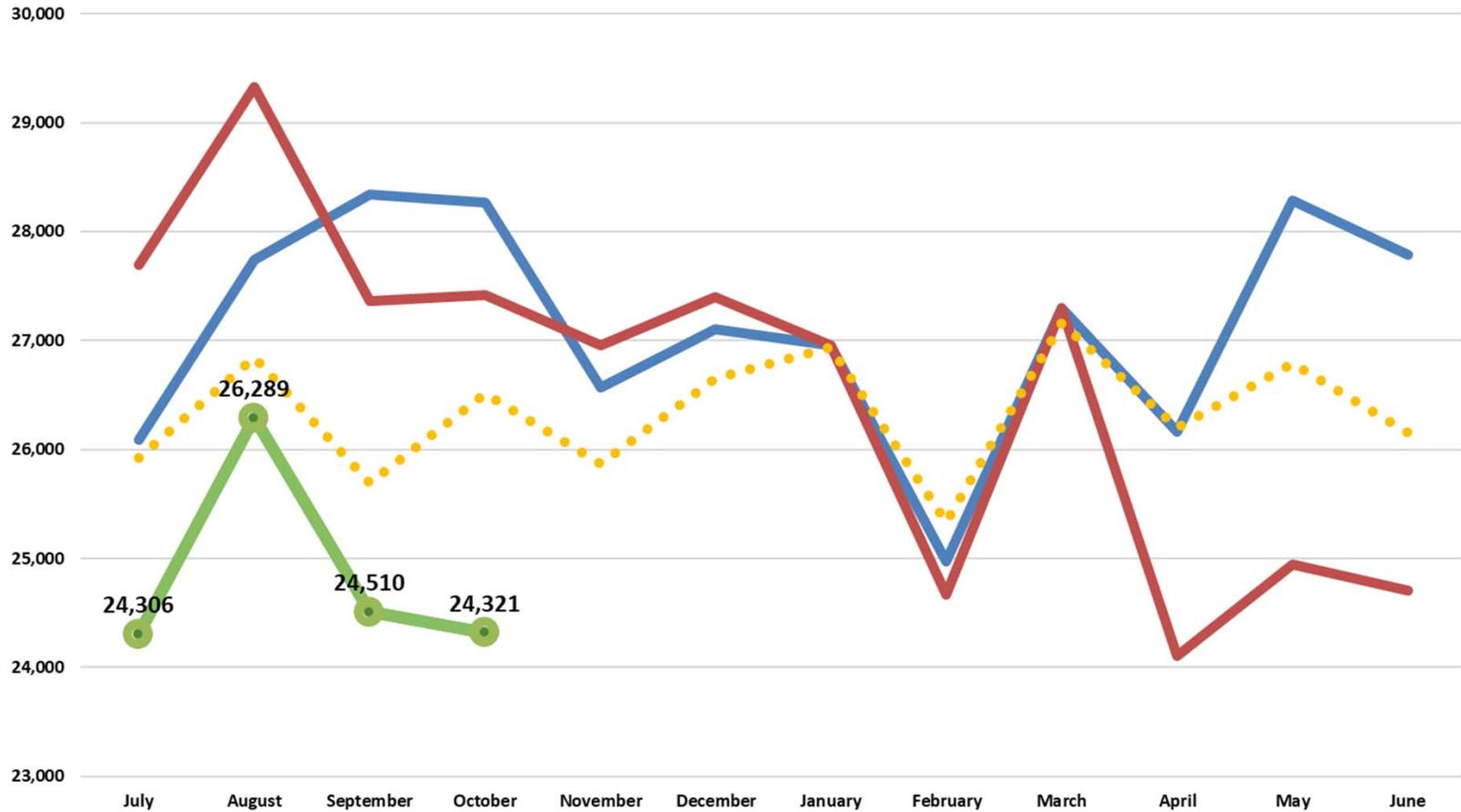
— FY2022      — FY2023      — FY2024



# Observation Days



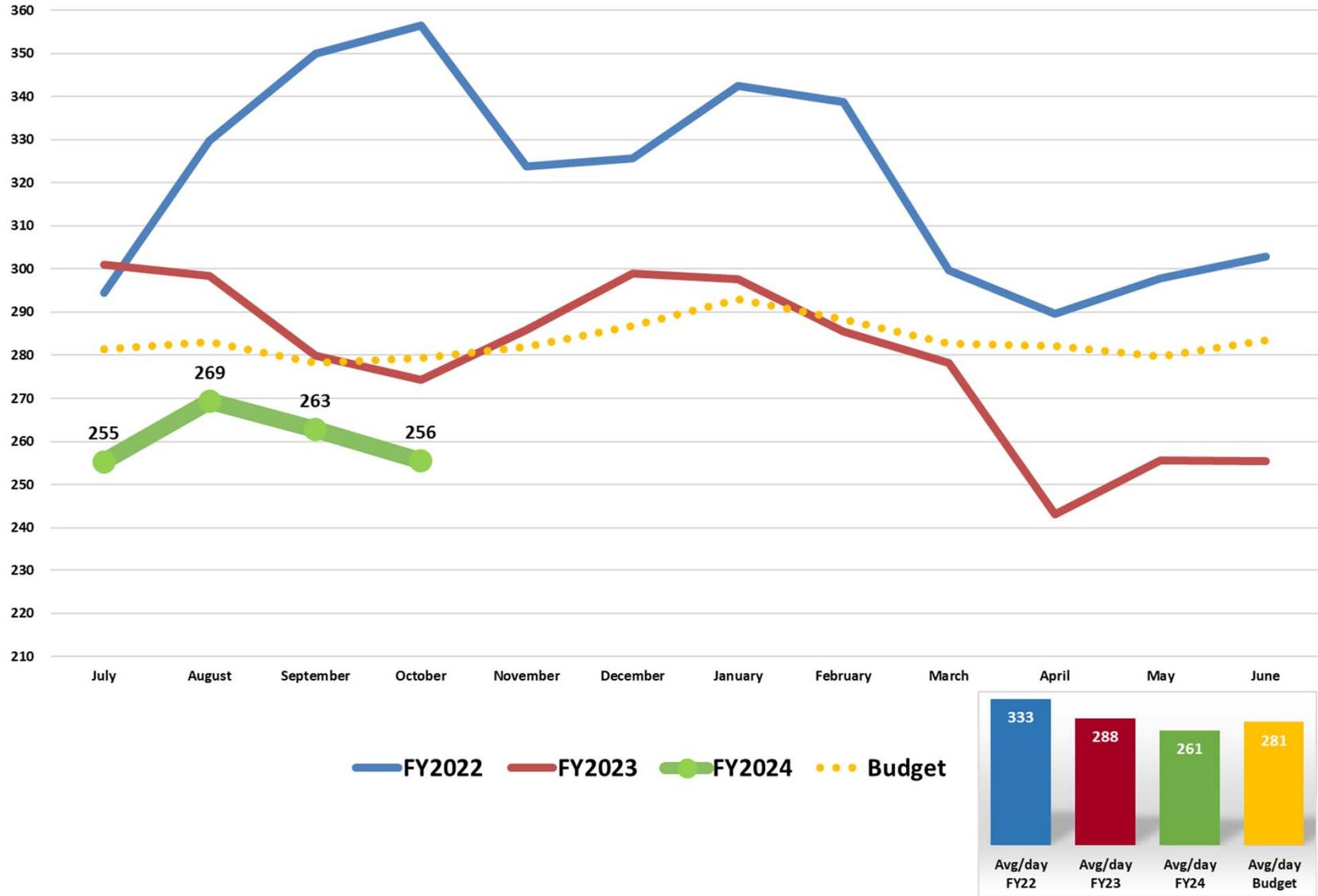
# Adjusted Patient Days



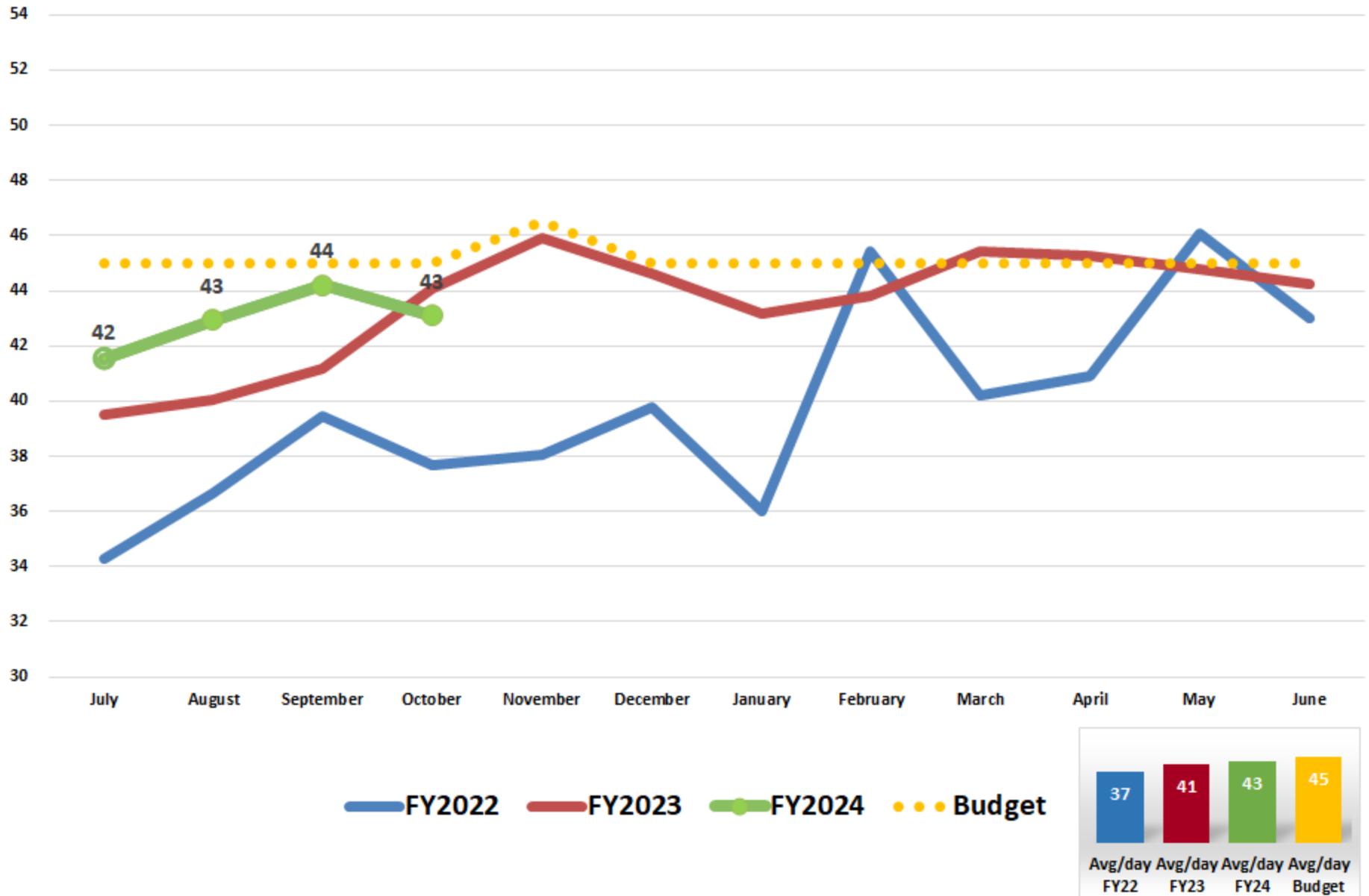
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



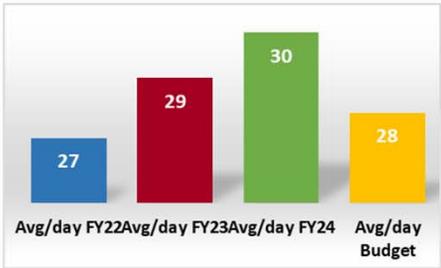
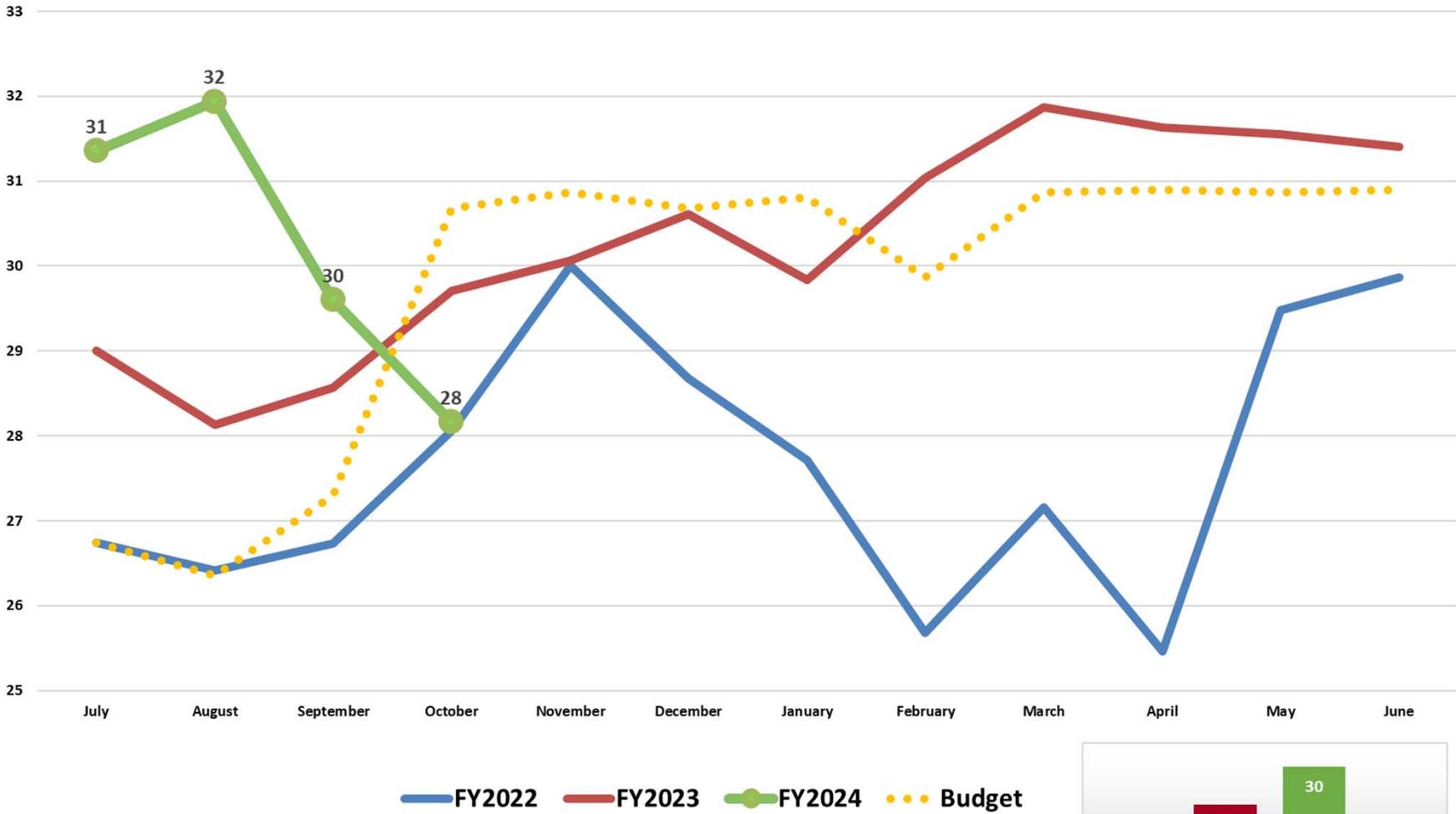
# Medical Center (Avg Patients Per Day)



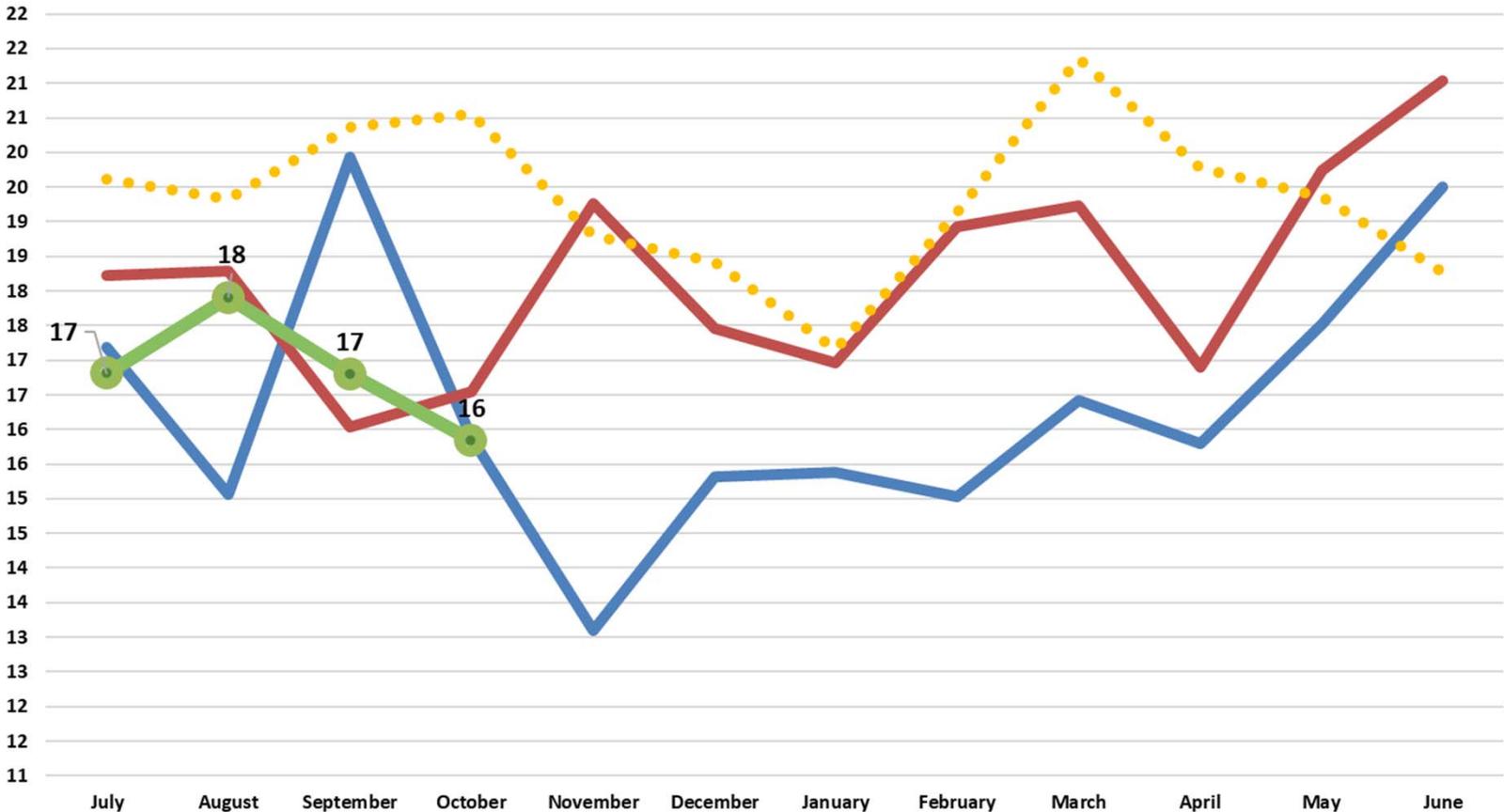
# Acute I/P Psych (Avg Patients Per Day)



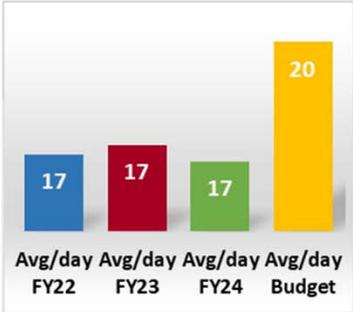
# Sub-Acute - Avg Patients Per Day



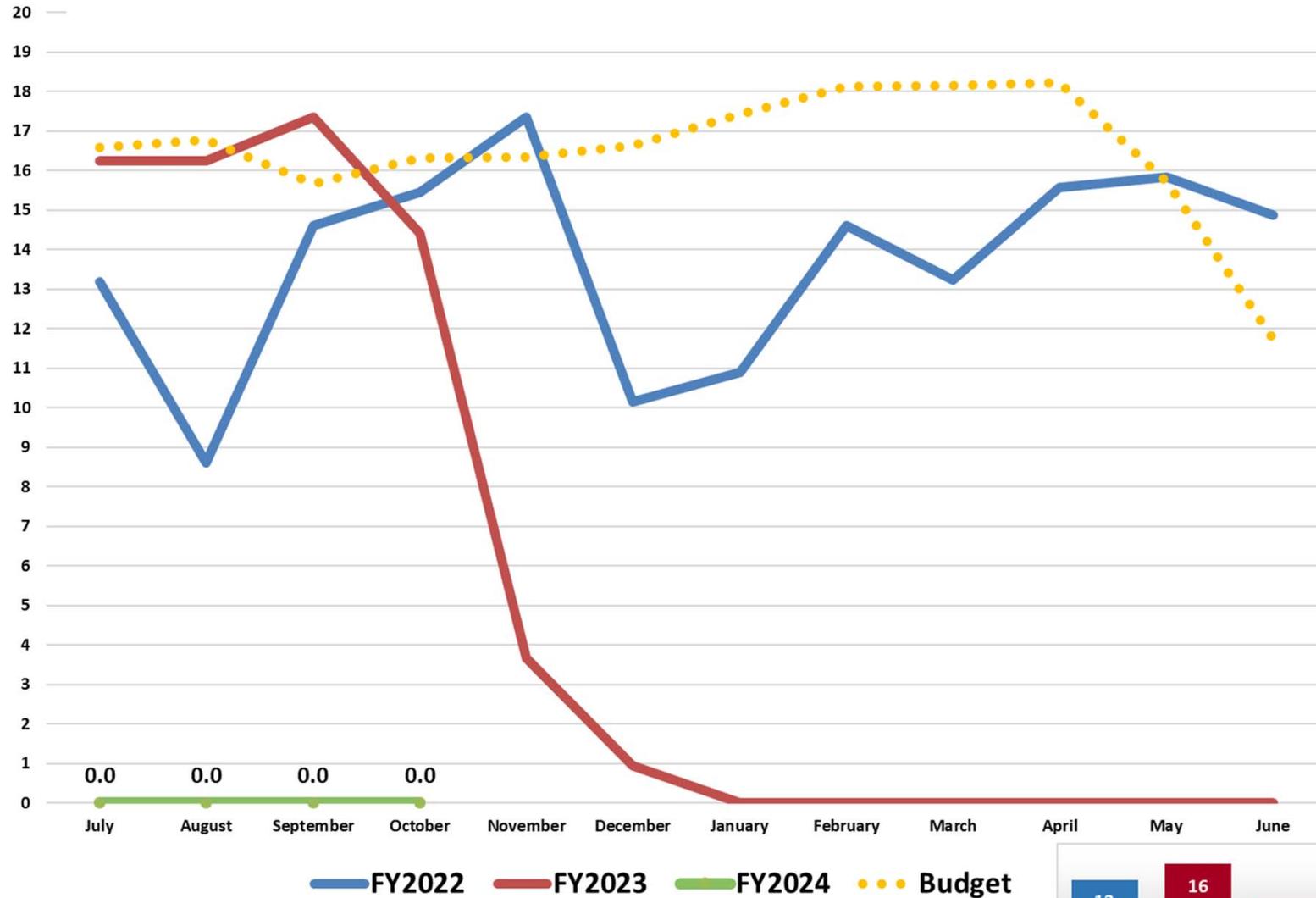
# Rehabilitation Hospital - Avg Patients Per Day



—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget

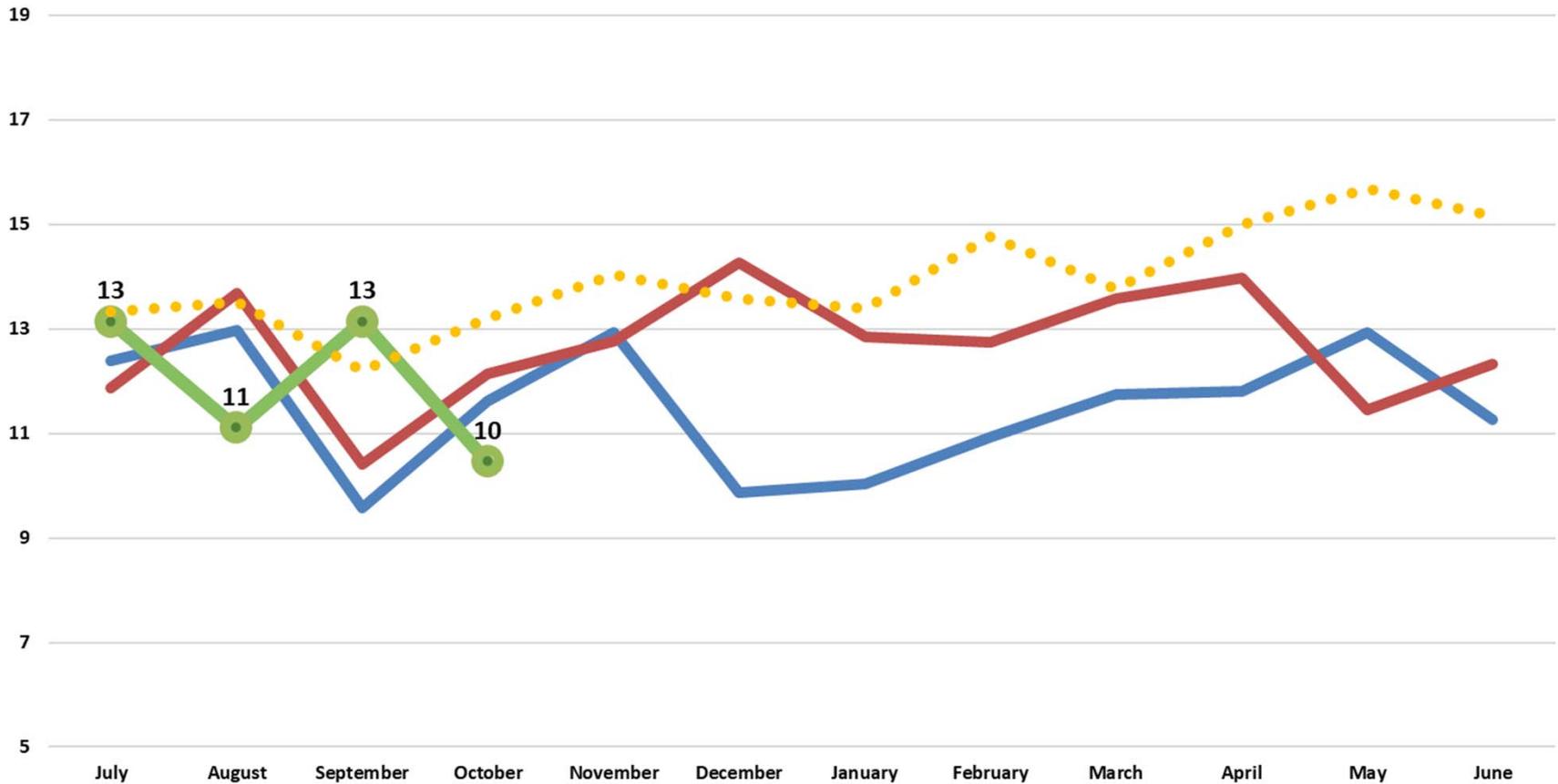


# Transitional Care Services (TCS) - Avg Patients Per Day



|                 |                 |                 |                   |
|-----------------|-----------------|-----------------|-------------------|
| 13              | 16              | 0               | 16                |
| Avg/day<br>FY22 | Avg/day<br>FY23 | Avg/day<br>FY24 | Avg/day<br>Budget |

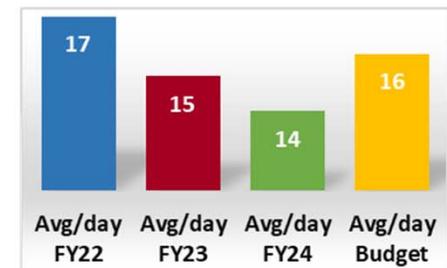
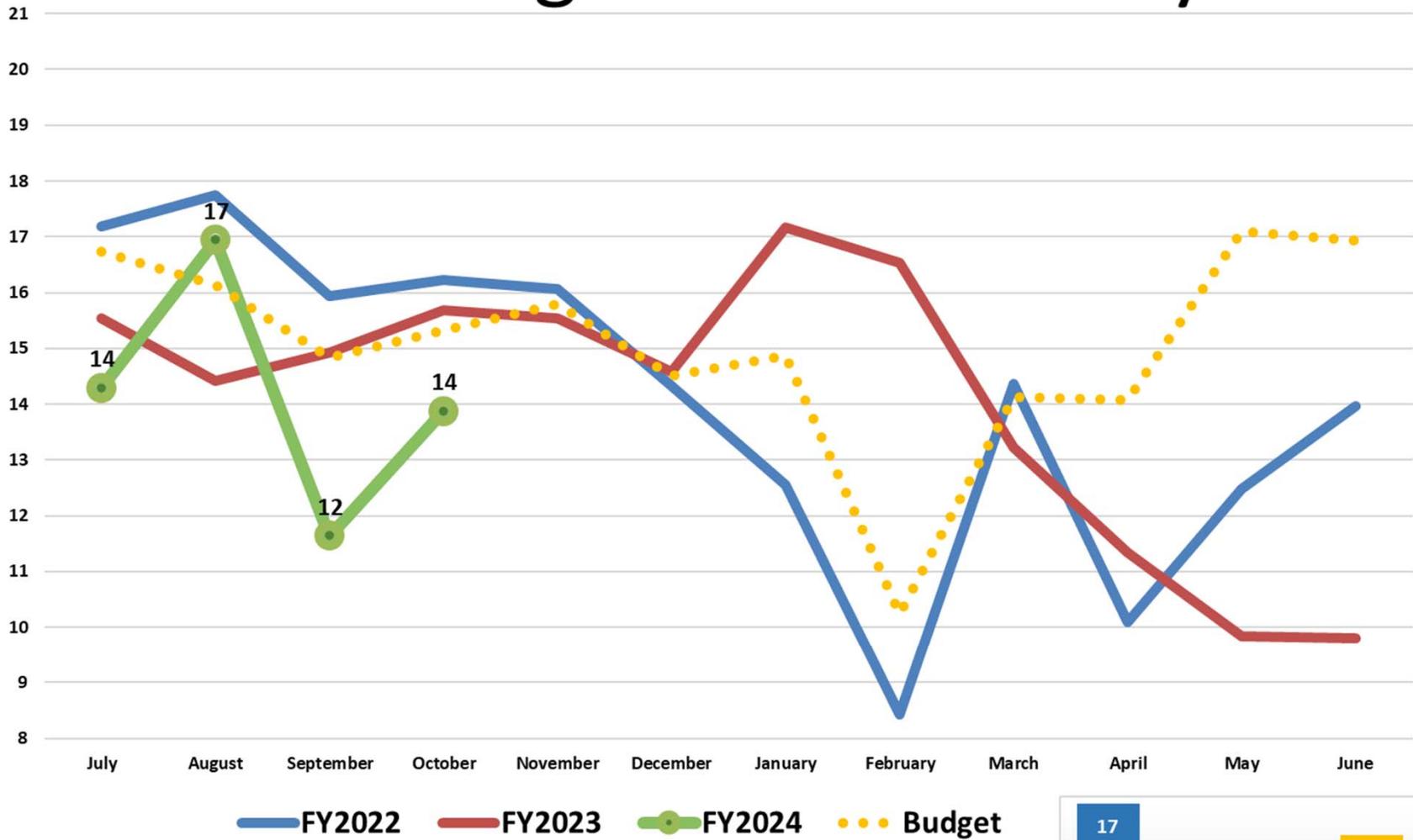
# TCS Ortho - Avg Patients Per Day



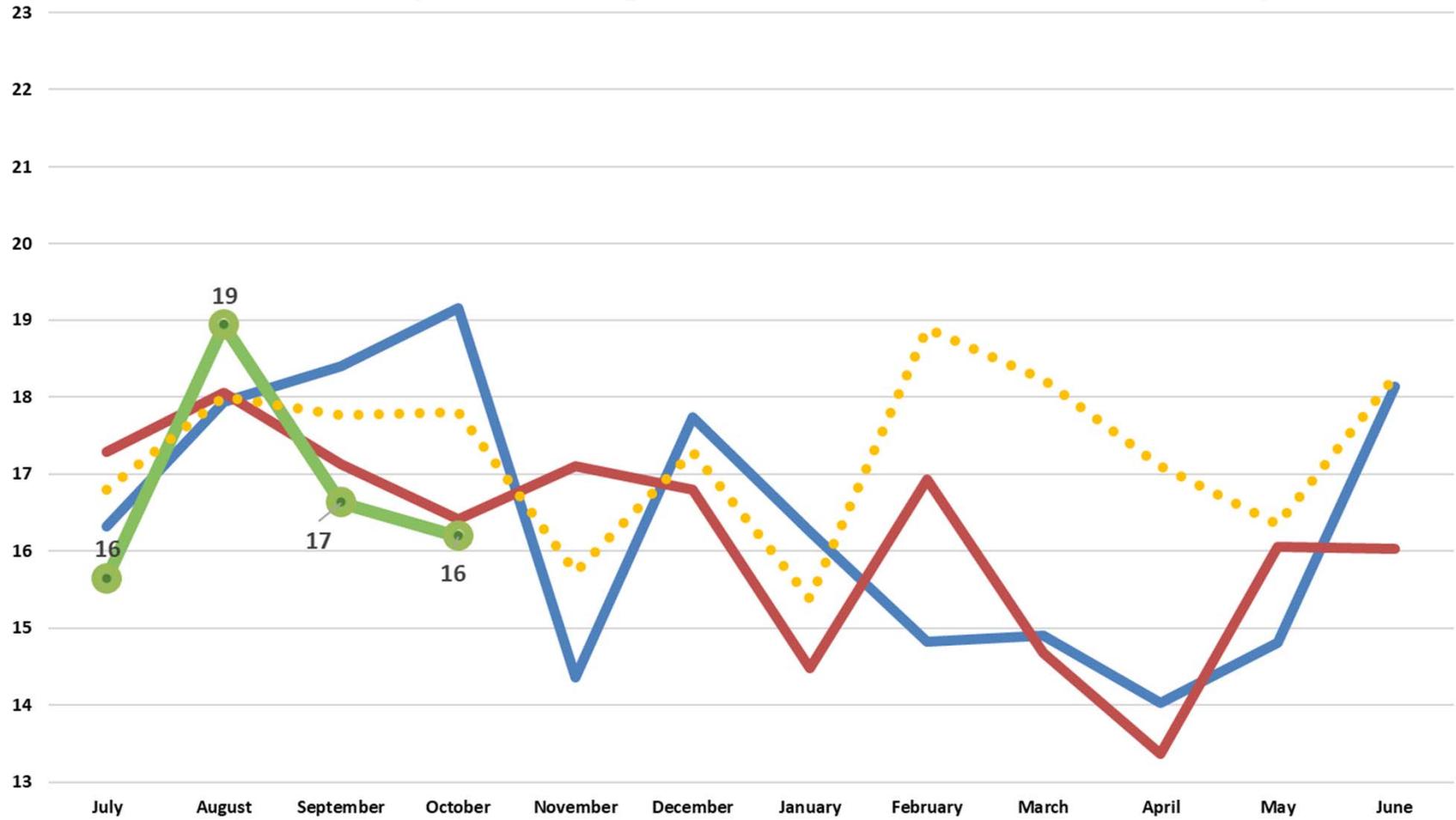
— FY2022 
 — FY2023 
 —● FY2024 
 ●●● Budget



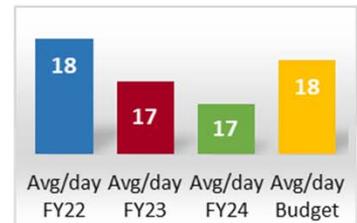
# NICU - Avg Patients Per Day



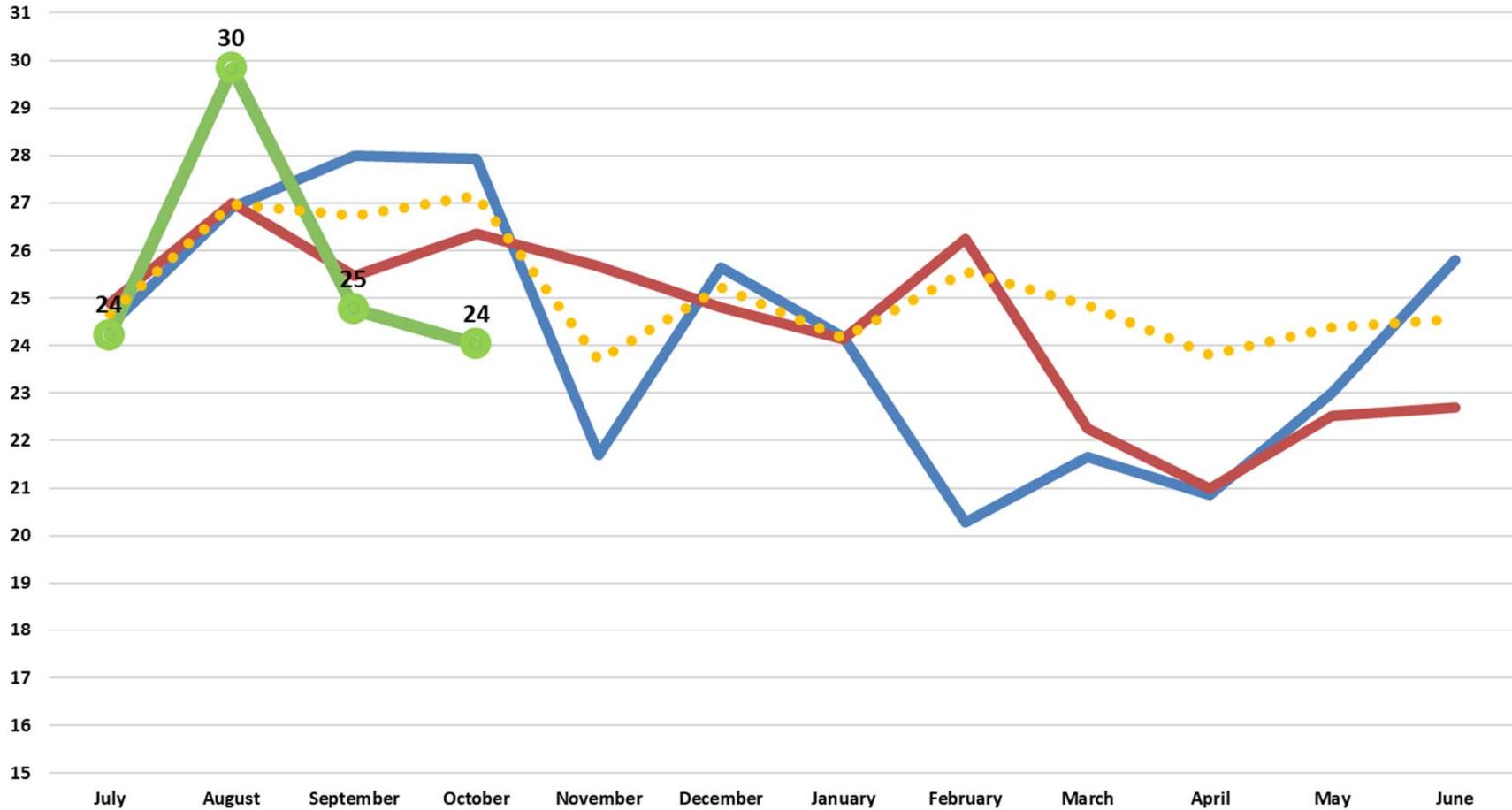
# Nursery - Avg Patients Per Day



— FY2022   
 — FY2023   
 —●— FY2024   
 ●●● Budget



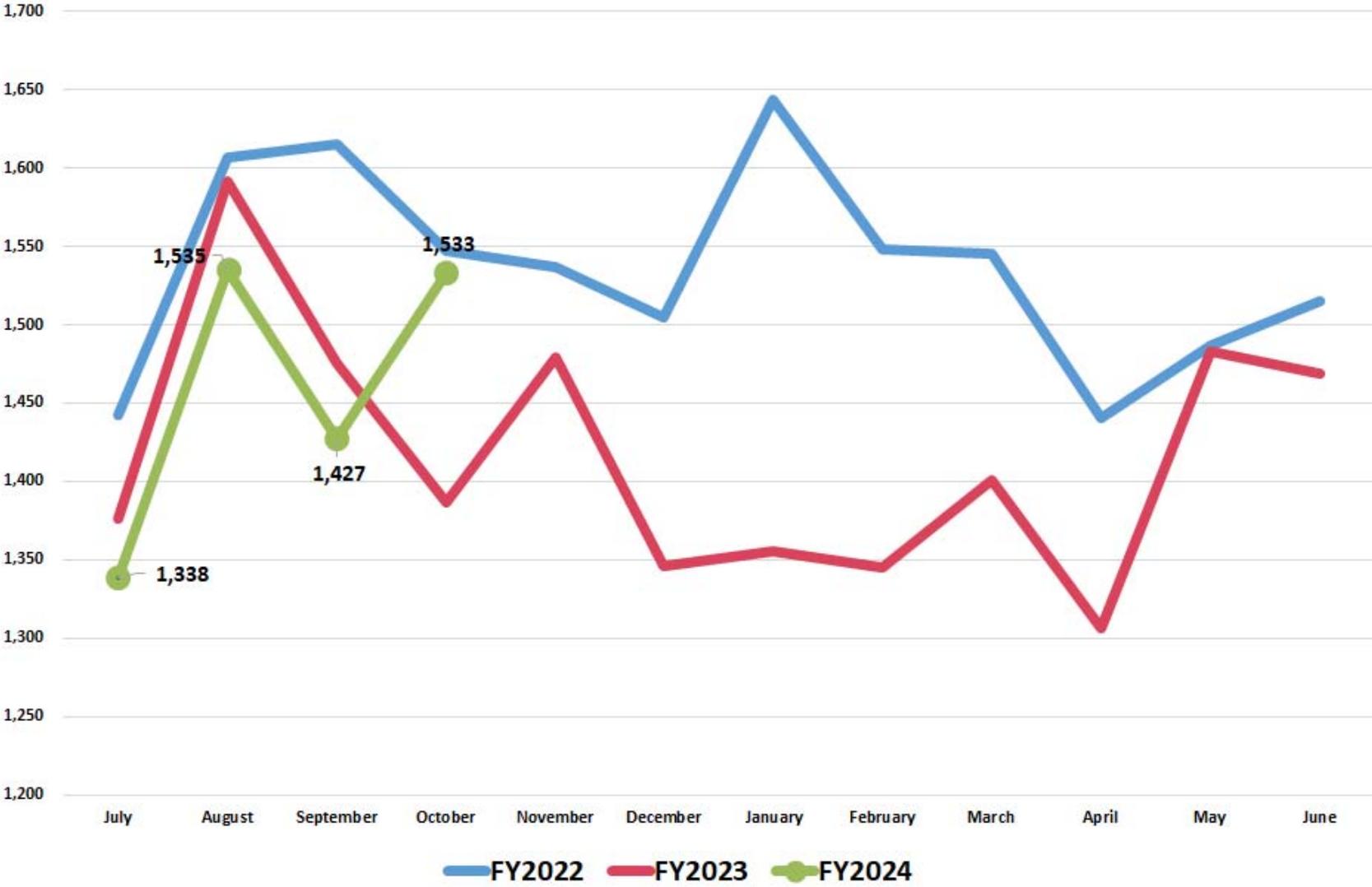
# Obstetrics - Avg Patients Per Day



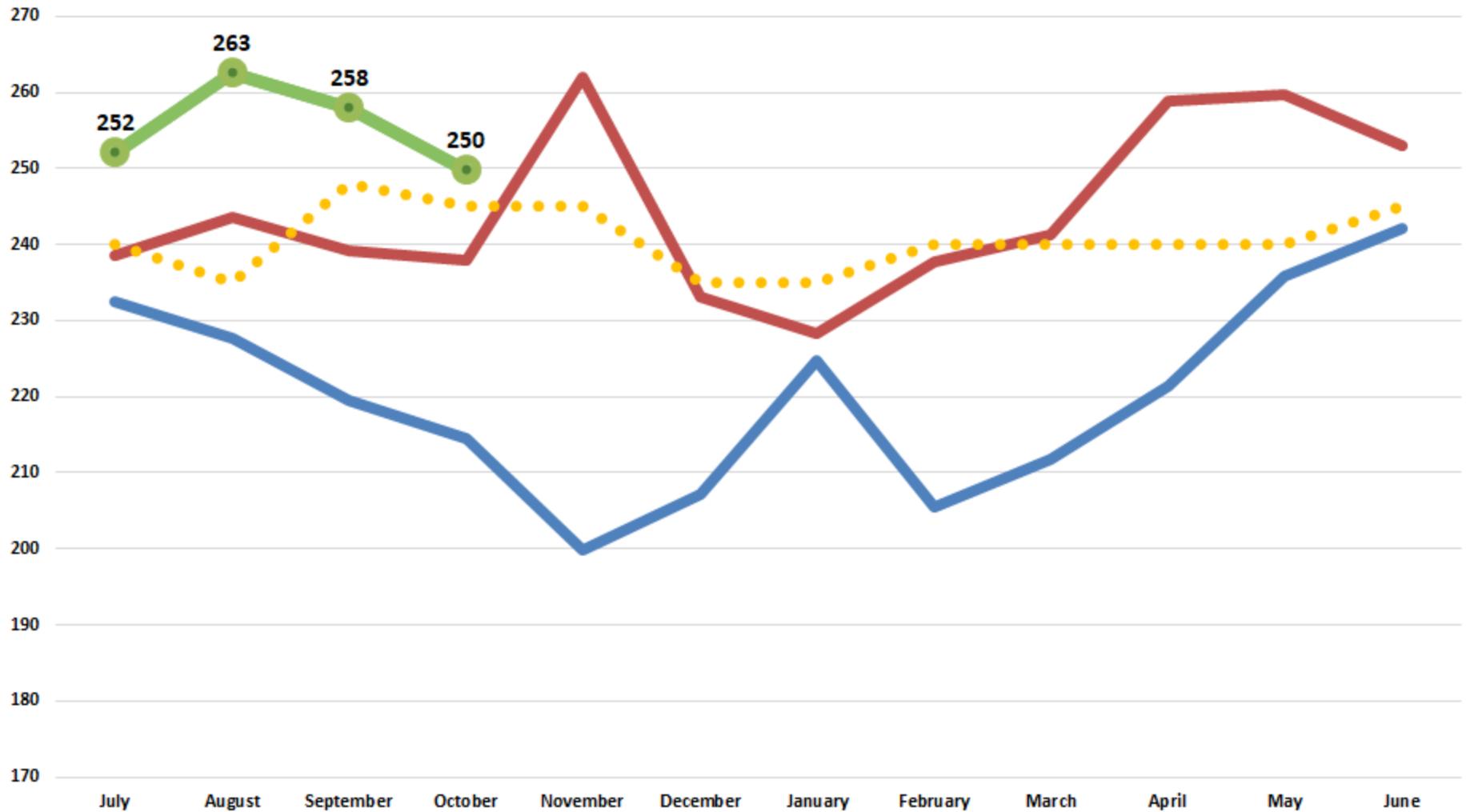
— FY2022   
 — FY2023   
 —● FY2024   
 ●●● Budget



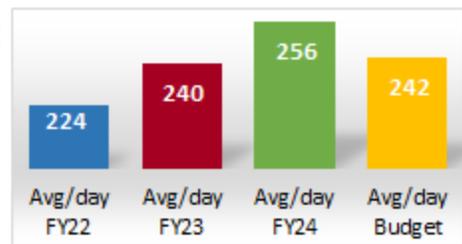
# Outpatient Registrations Per Day



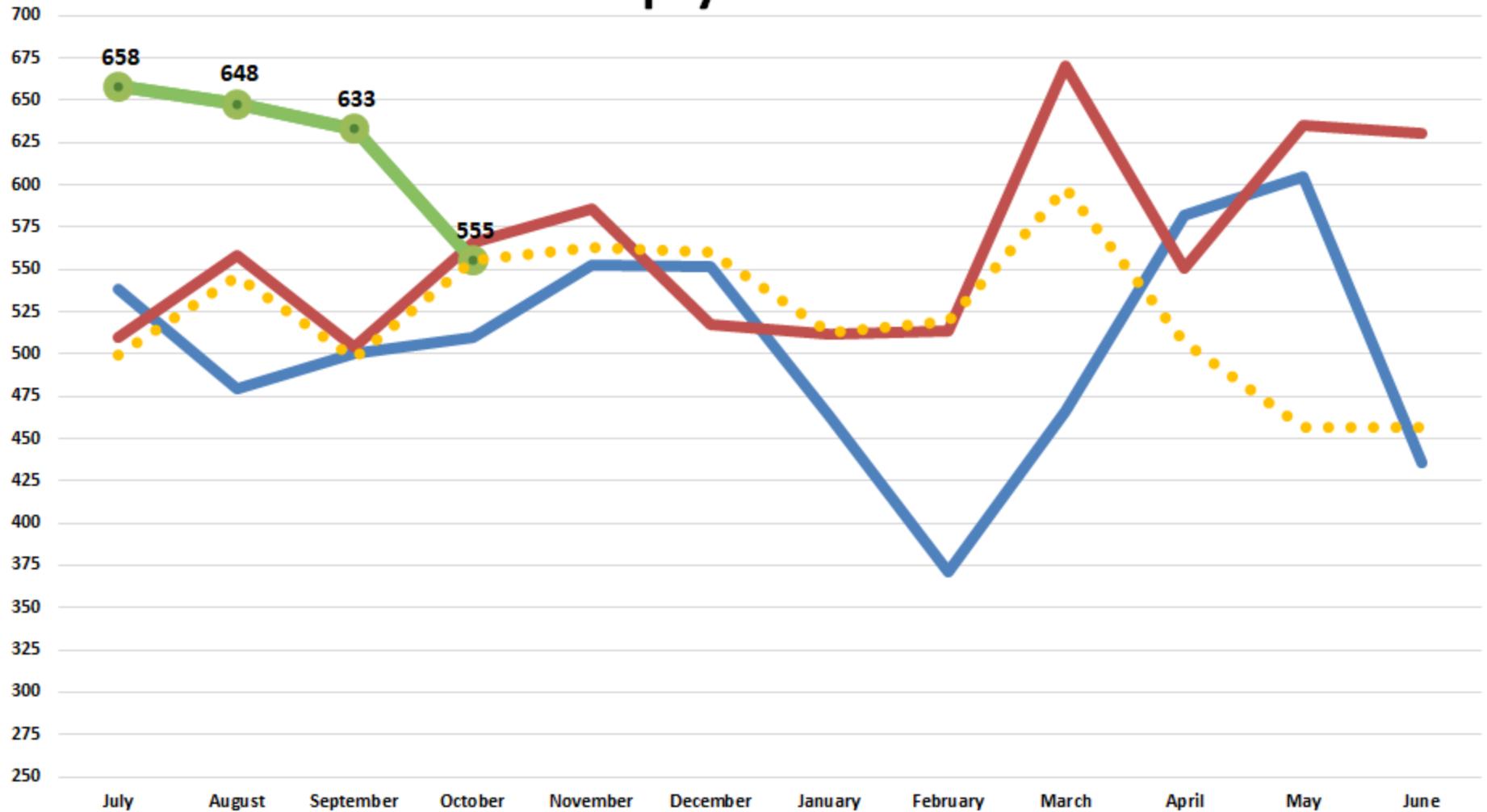
# ED - Avg Treated Per Day



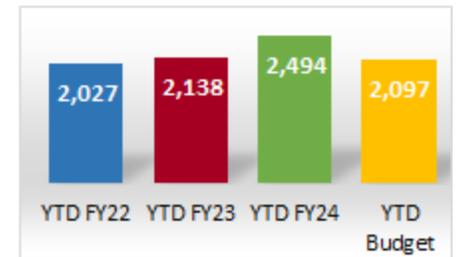
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



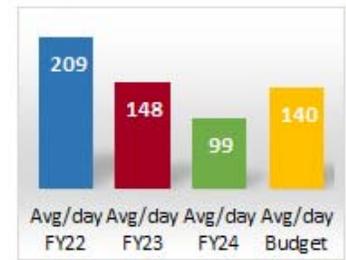
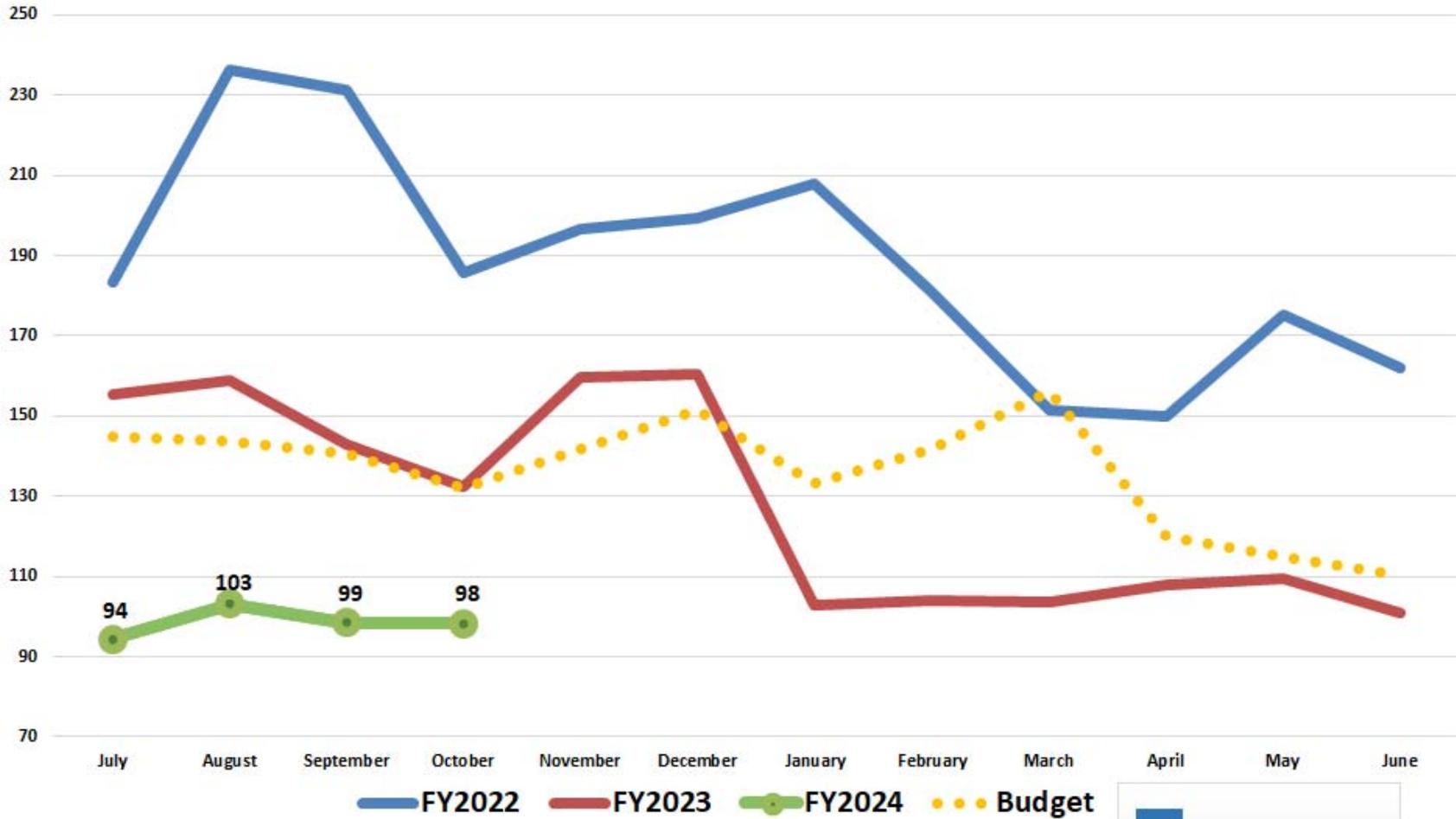
# Endoscopy Procedures



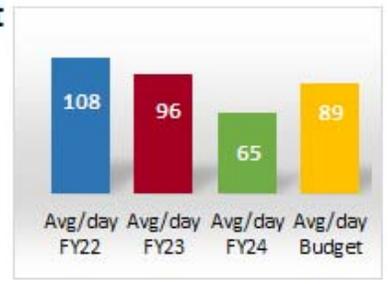
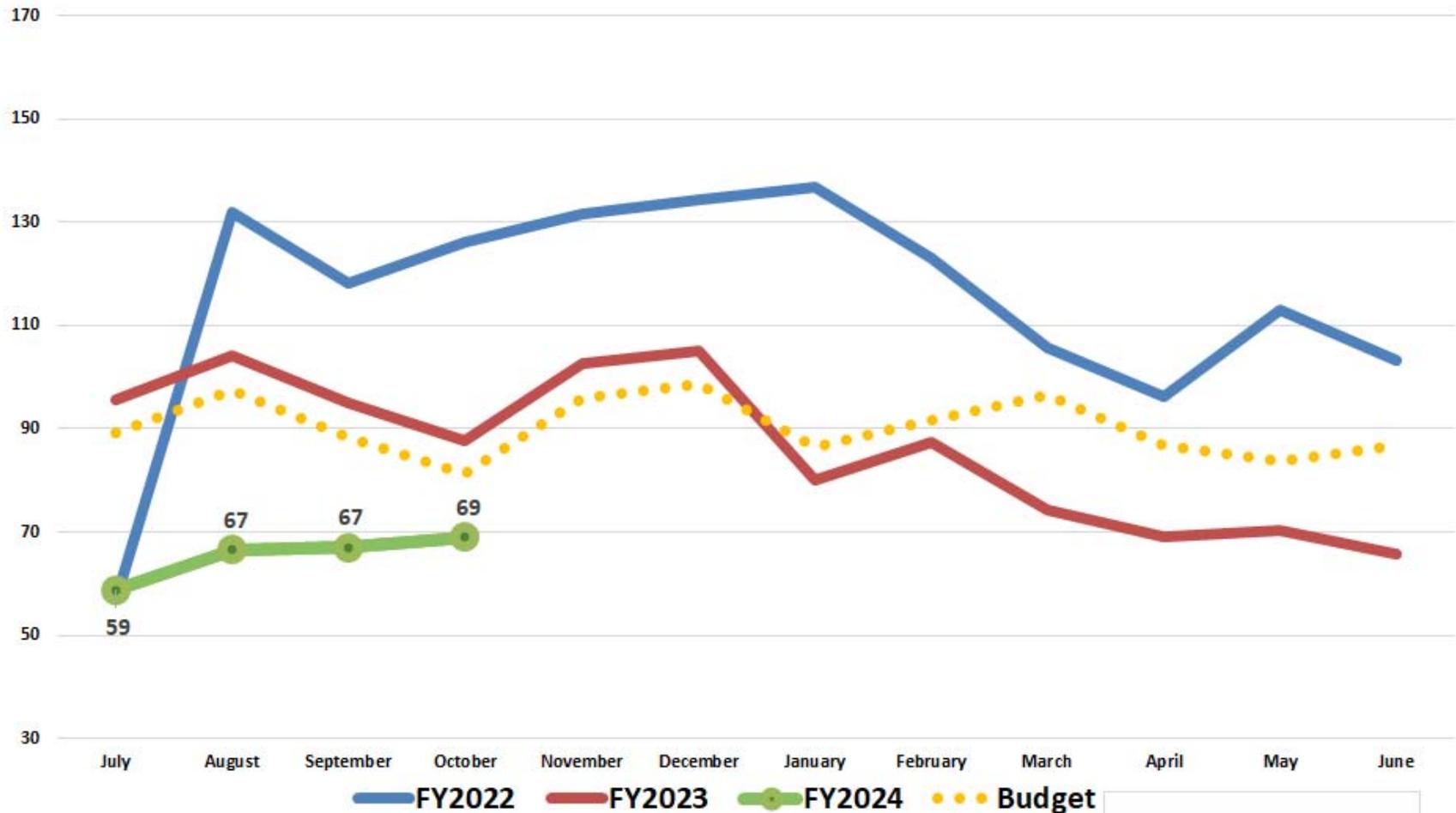
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



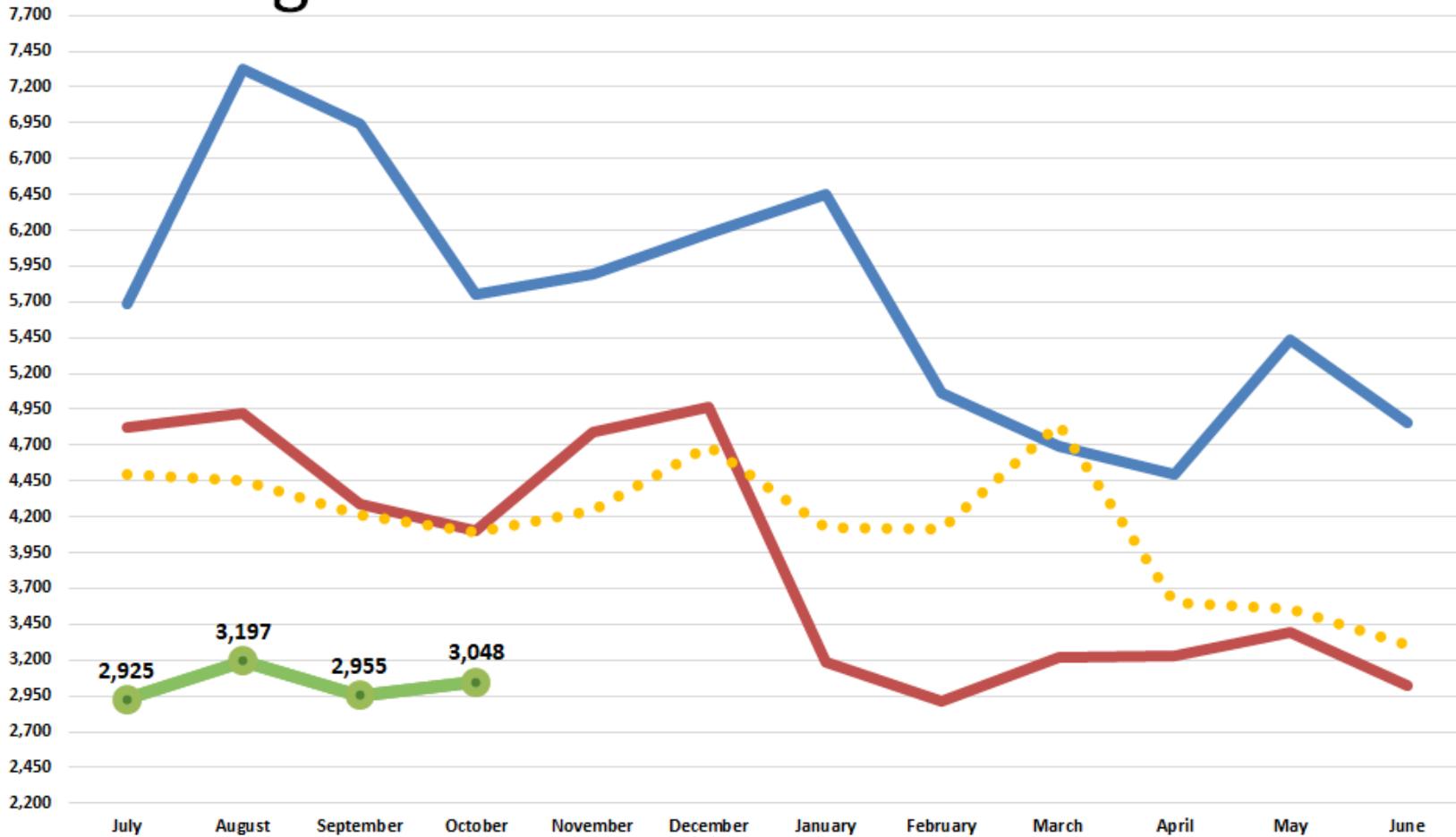
# Urgent Care – Court Avg Visits Per Day



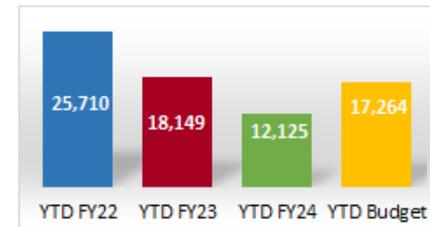
# Urgent Care – Demaree Avg Visits Per Day



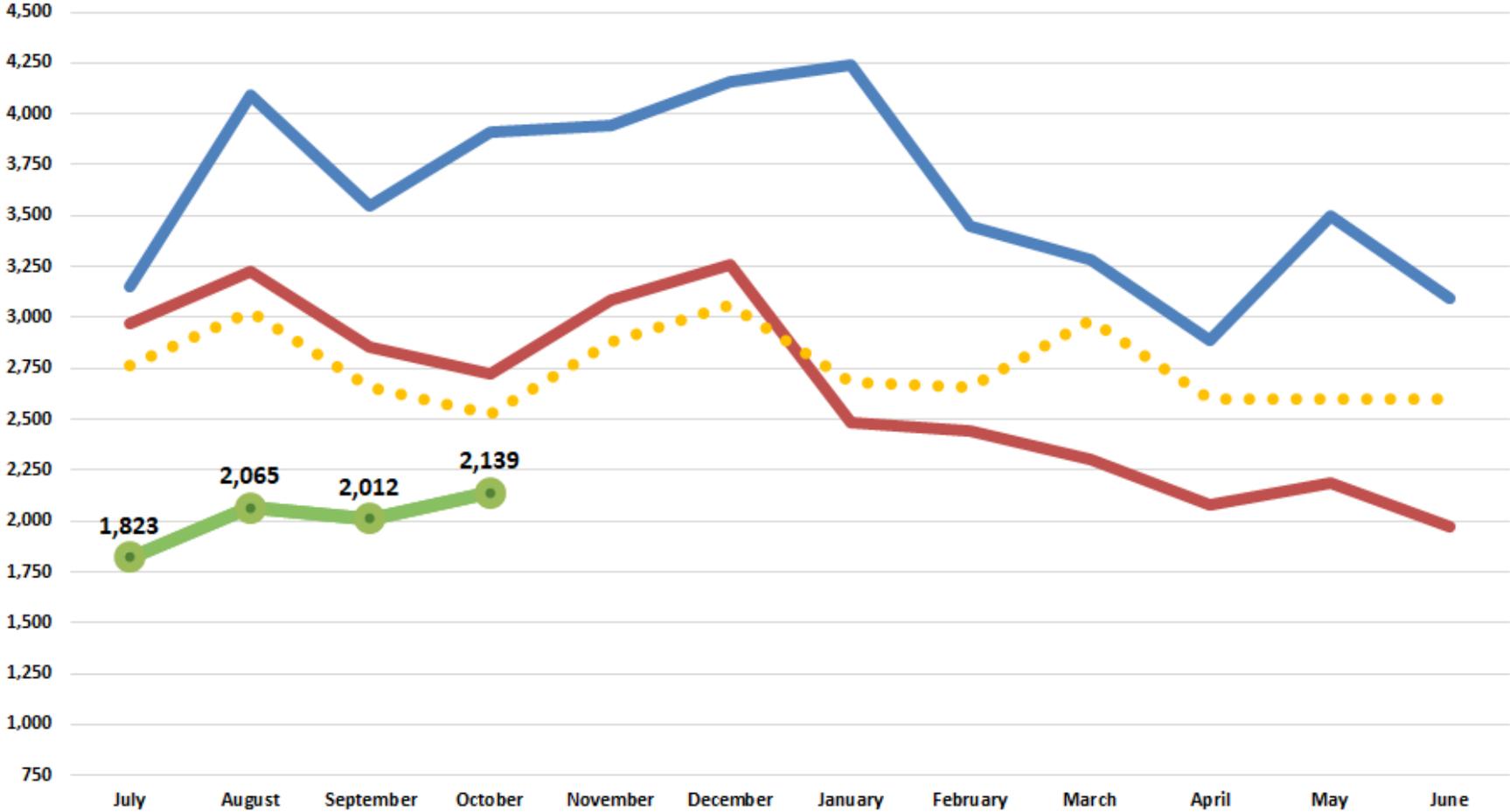
# Urgent Care – Court Total Visits



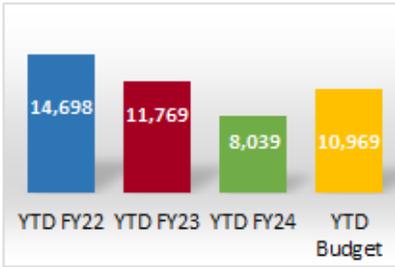
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



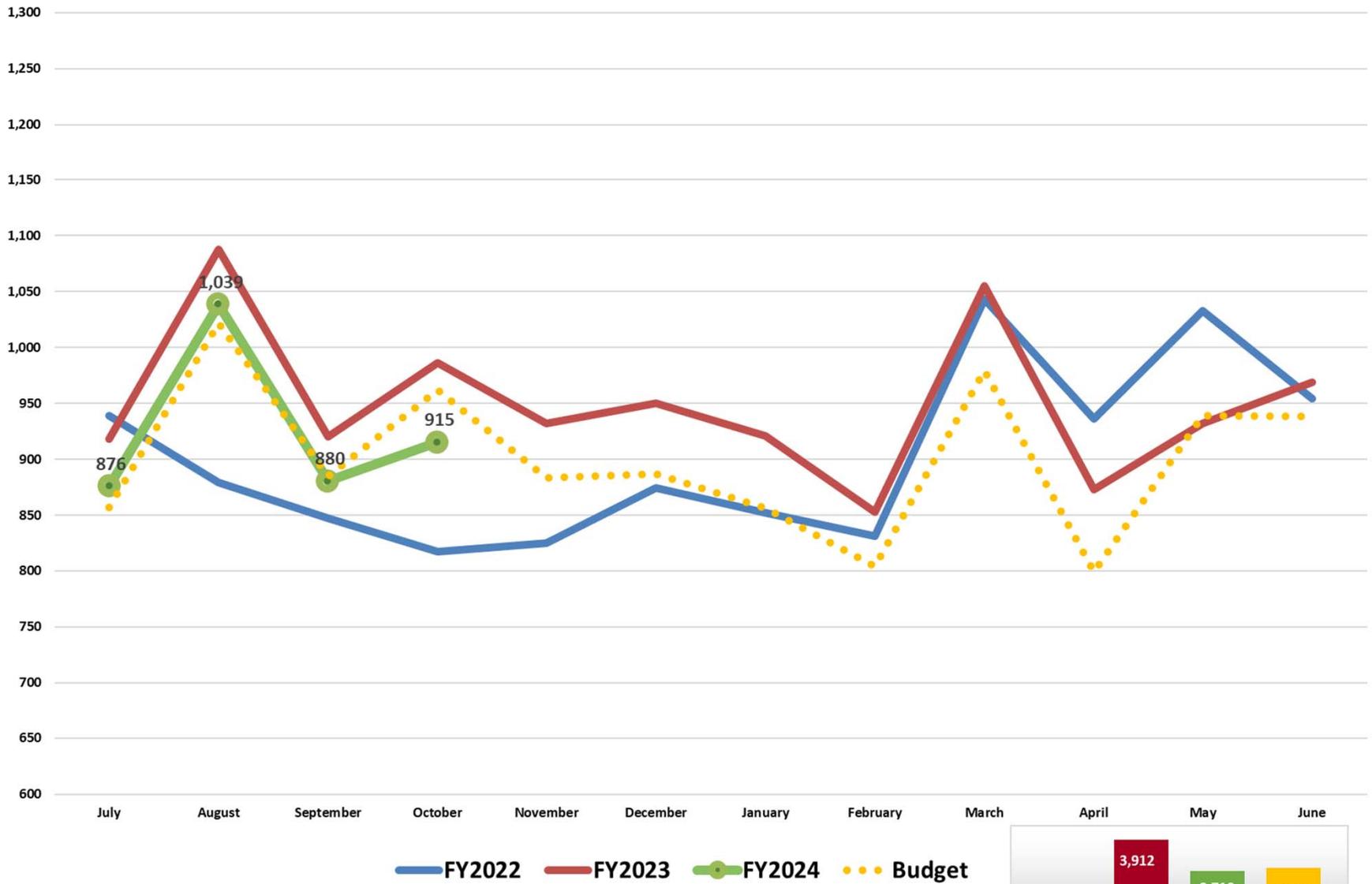
# Urgent Care – Demaree Total Visits



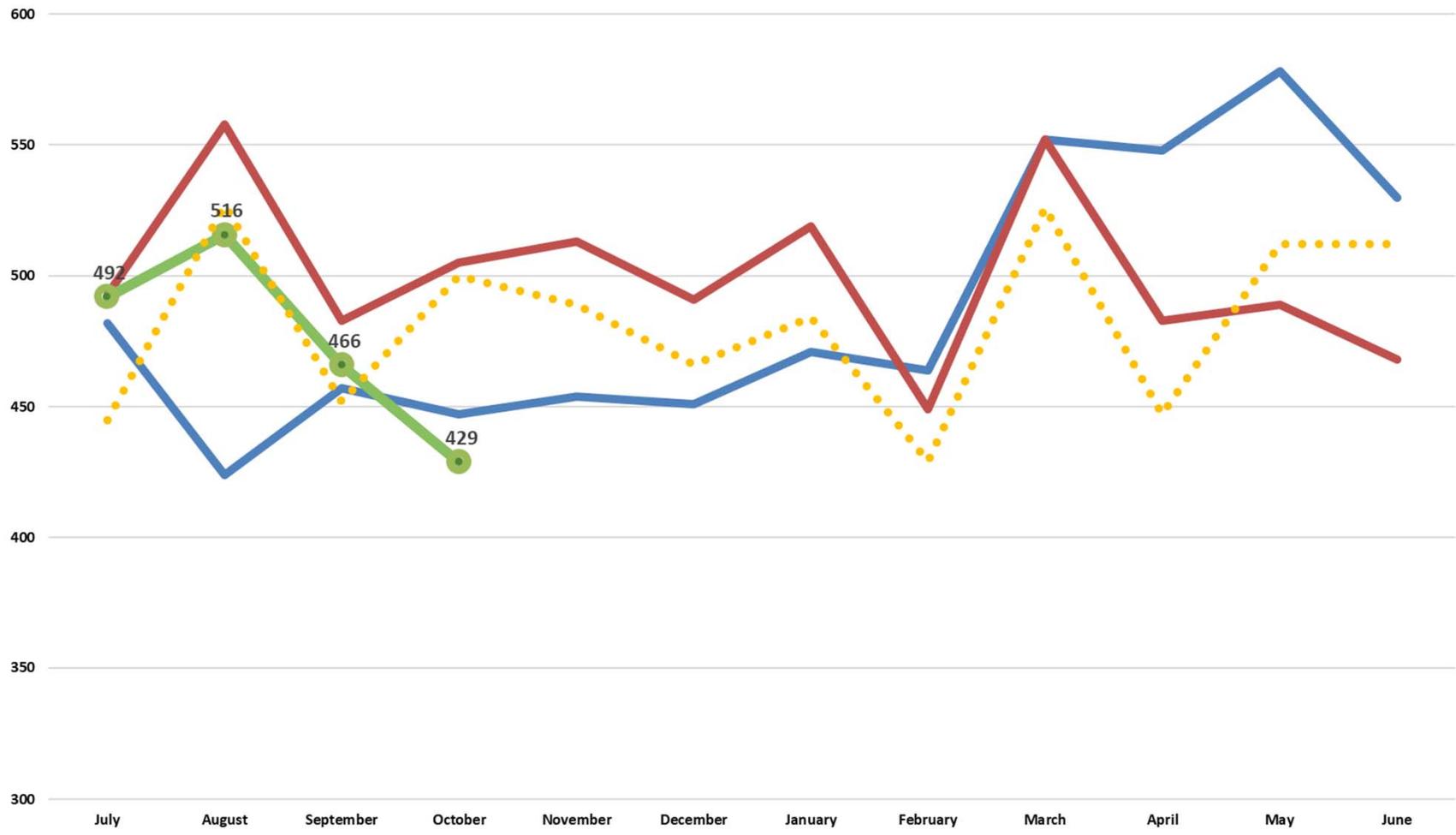
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



# Surgery (IP & OP) – 100 Min Units



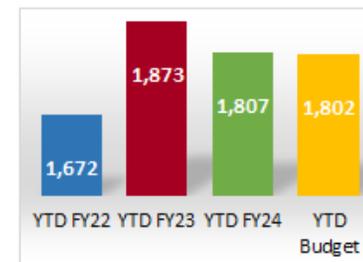
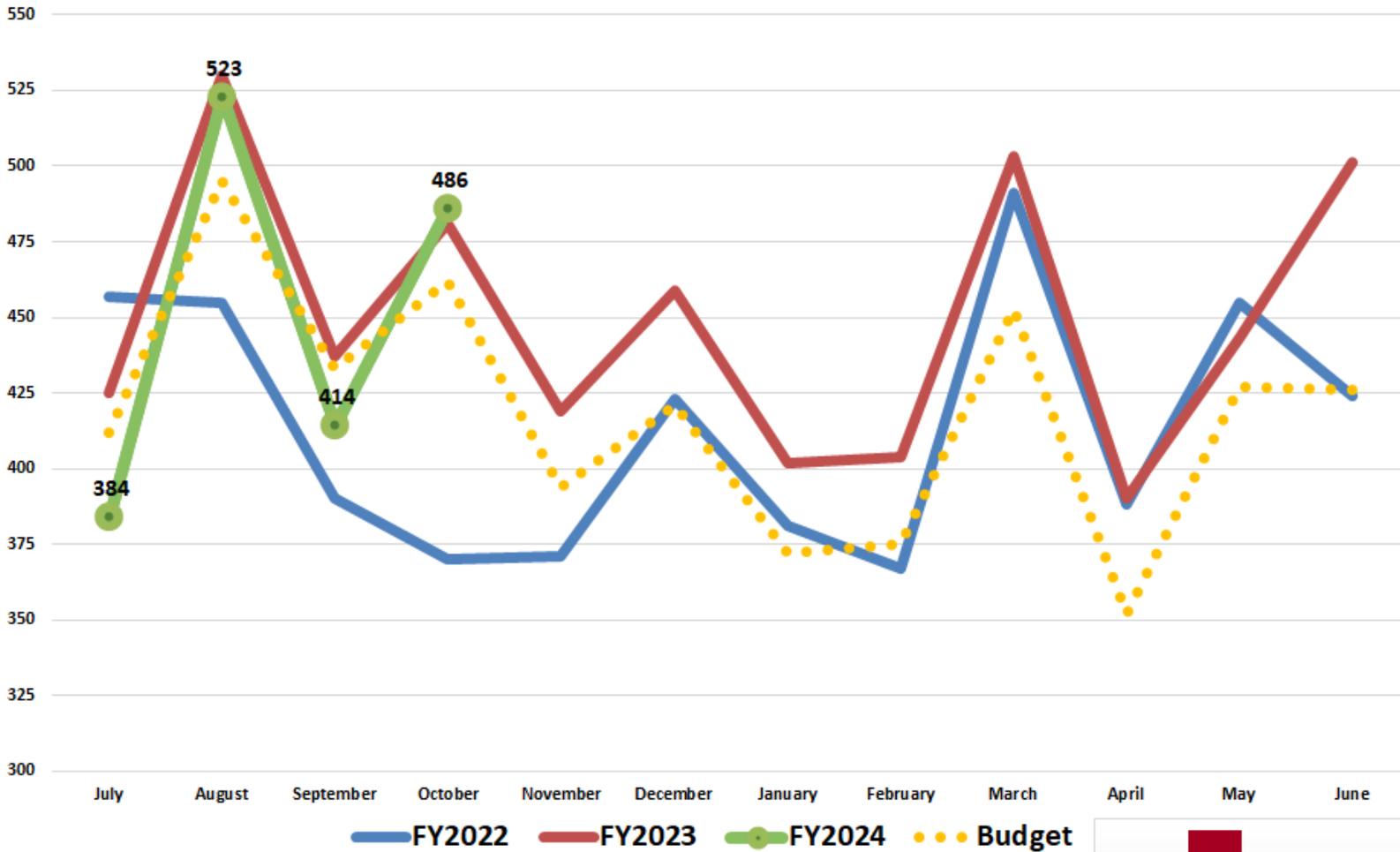
# Surgery (IP Only) - 100 Min Unit



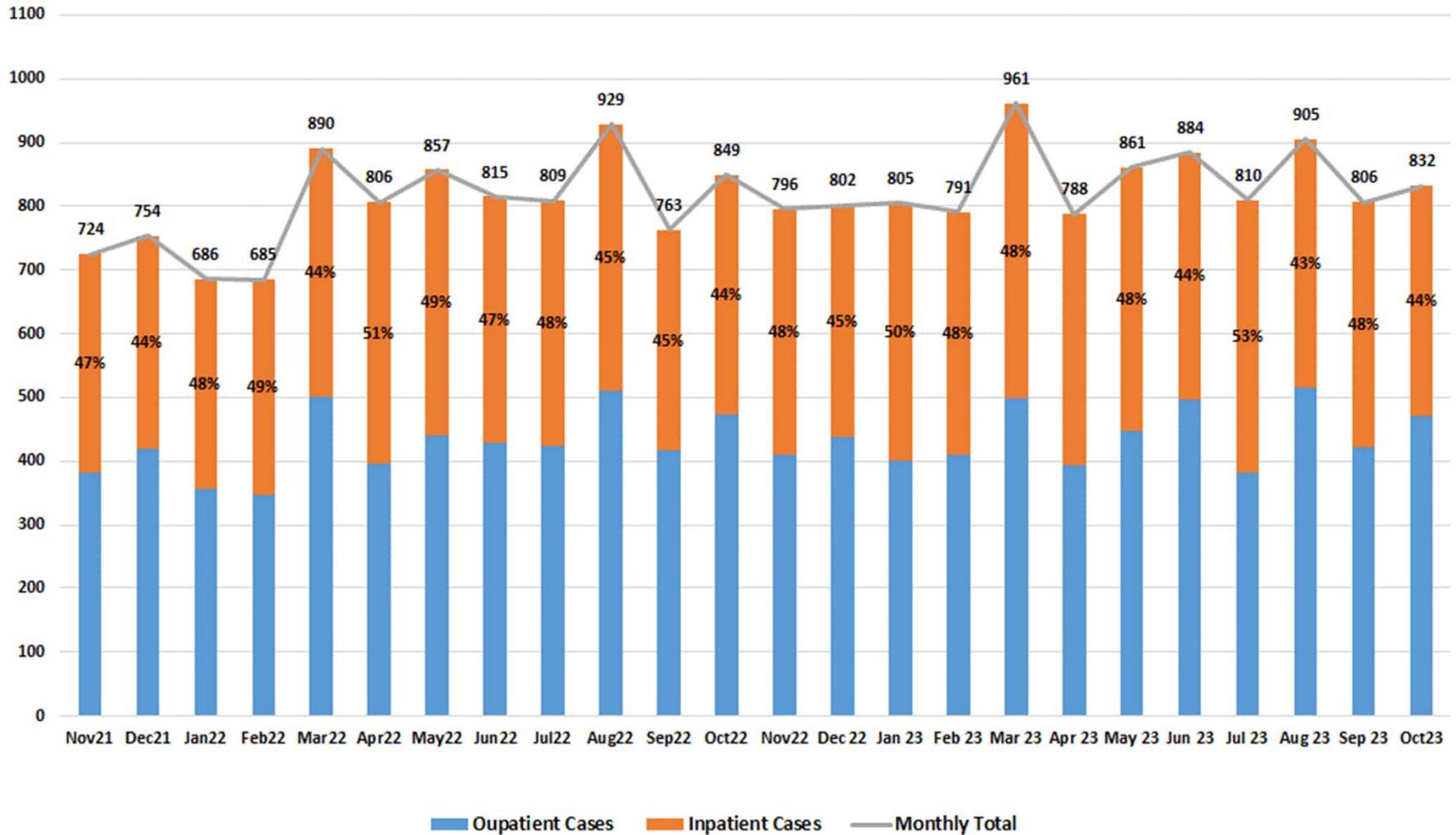
— FY2022   
 — FY2023   
 —● FY2024   
 ●●● Budget



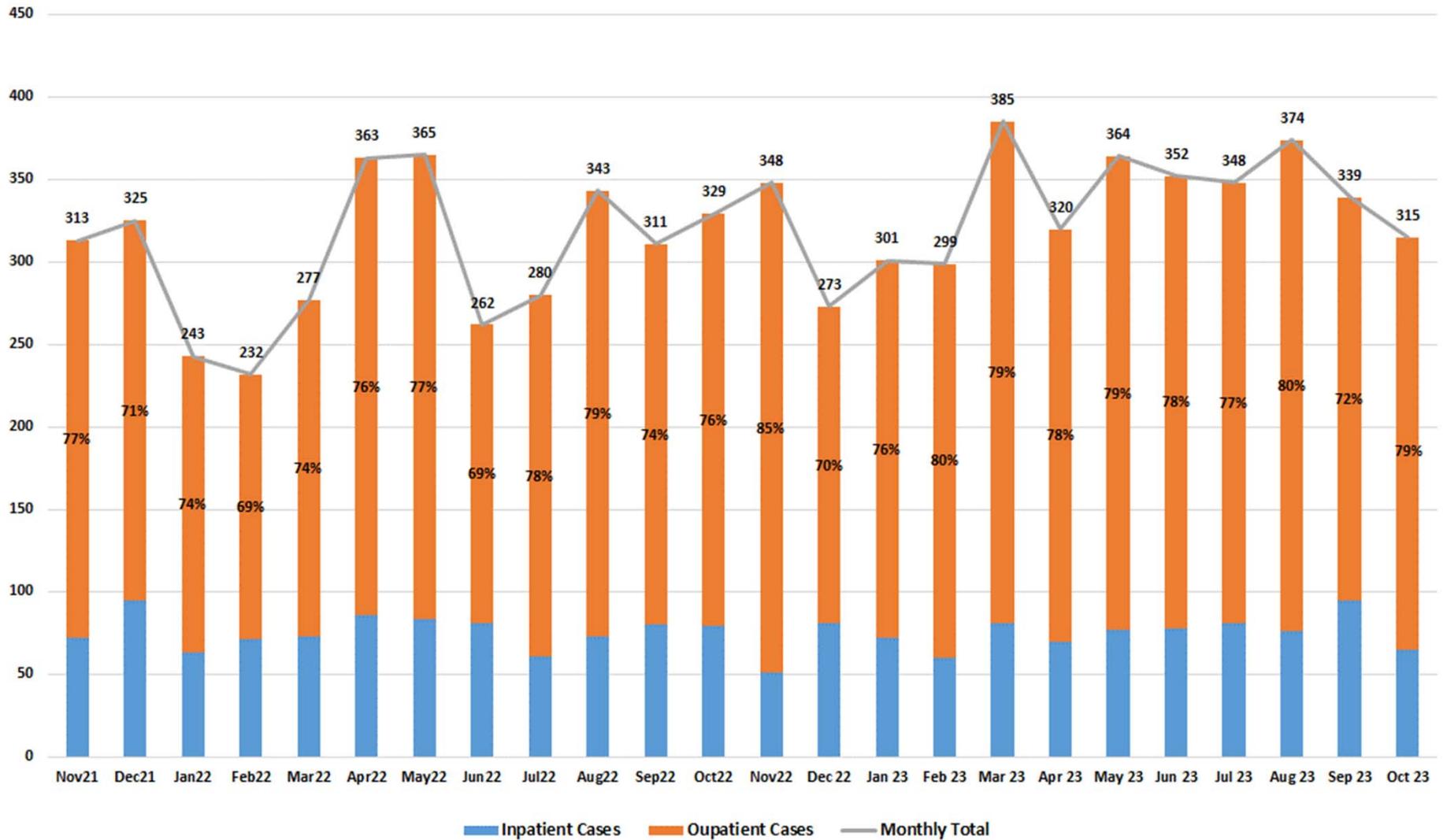
# Surgery (OP Only) - 100 Min Units



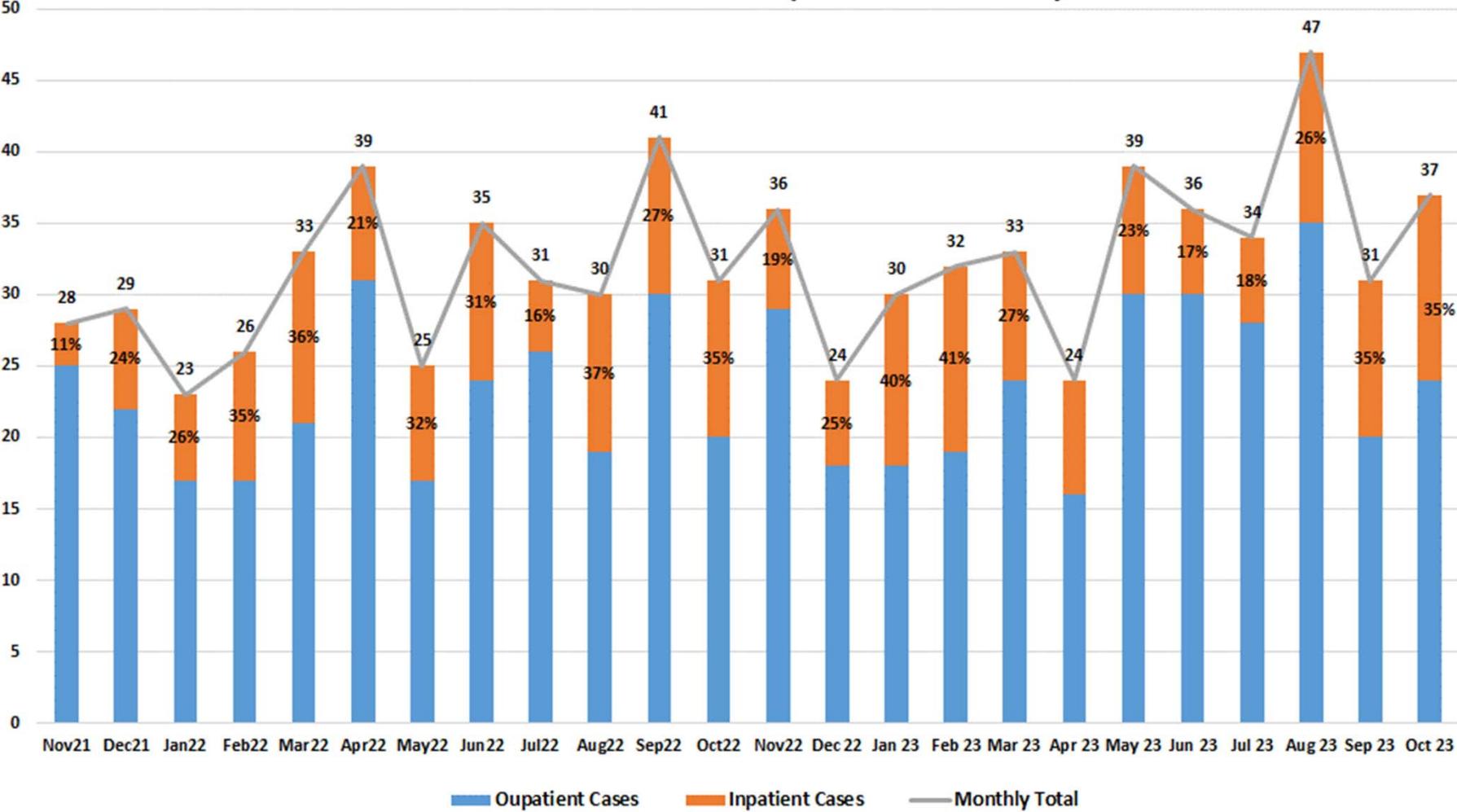
# Surgery Cases (IP & OP)



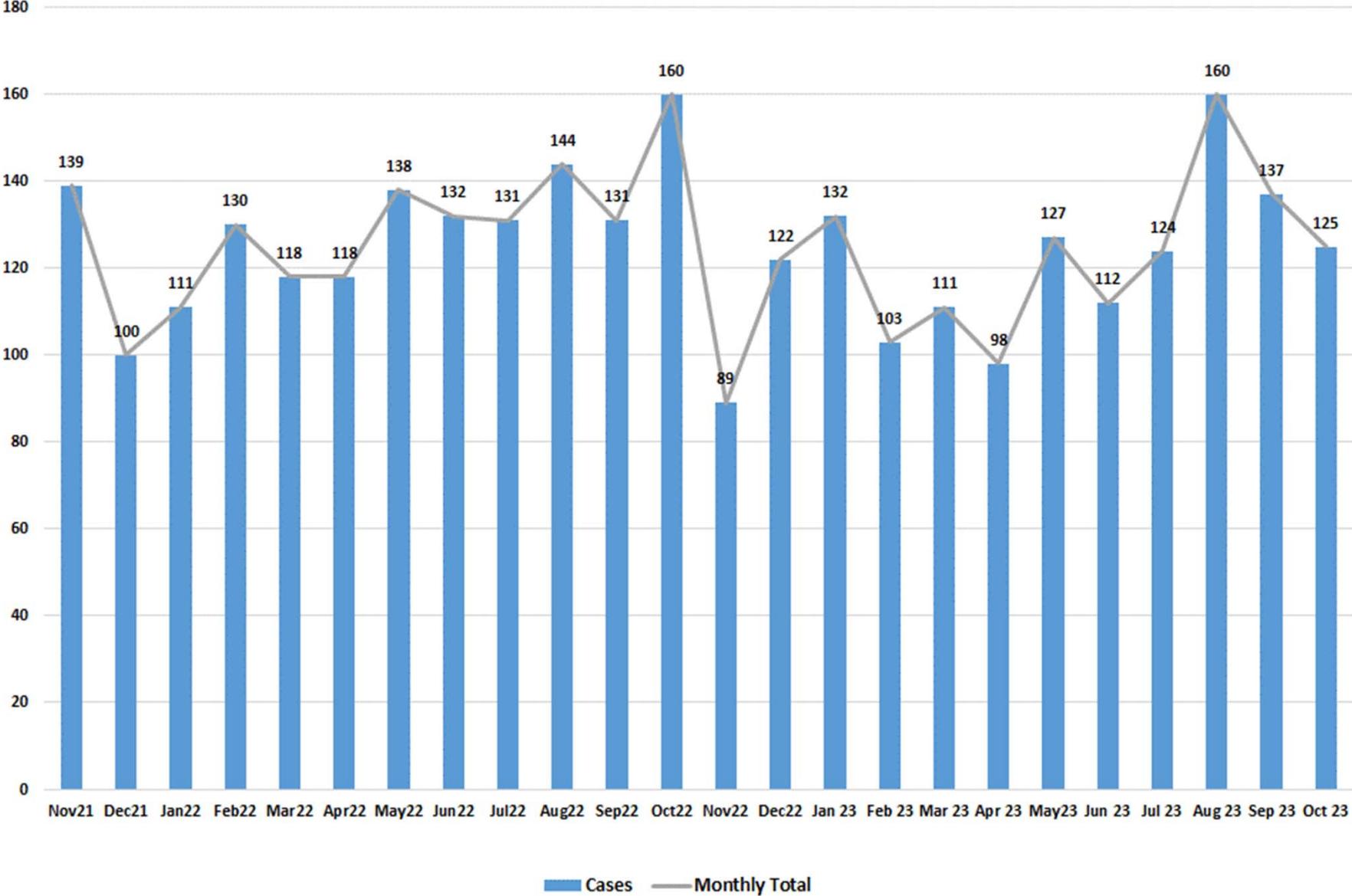
# Endo Cases (Endo Suites)



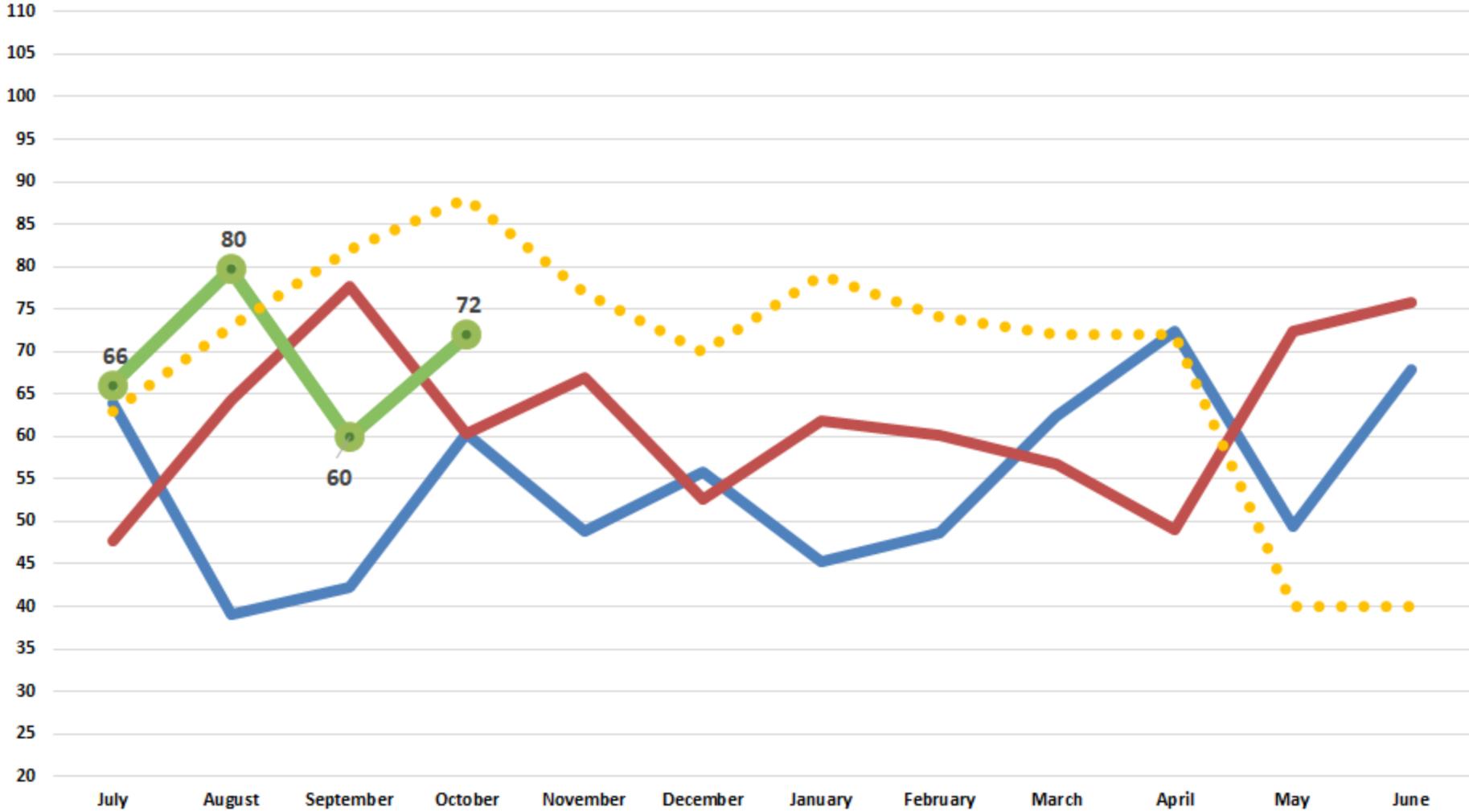
# Robotic Cases (IP & OP)



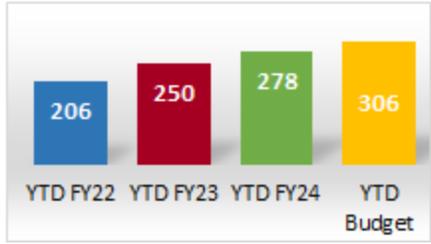
# OB Cases



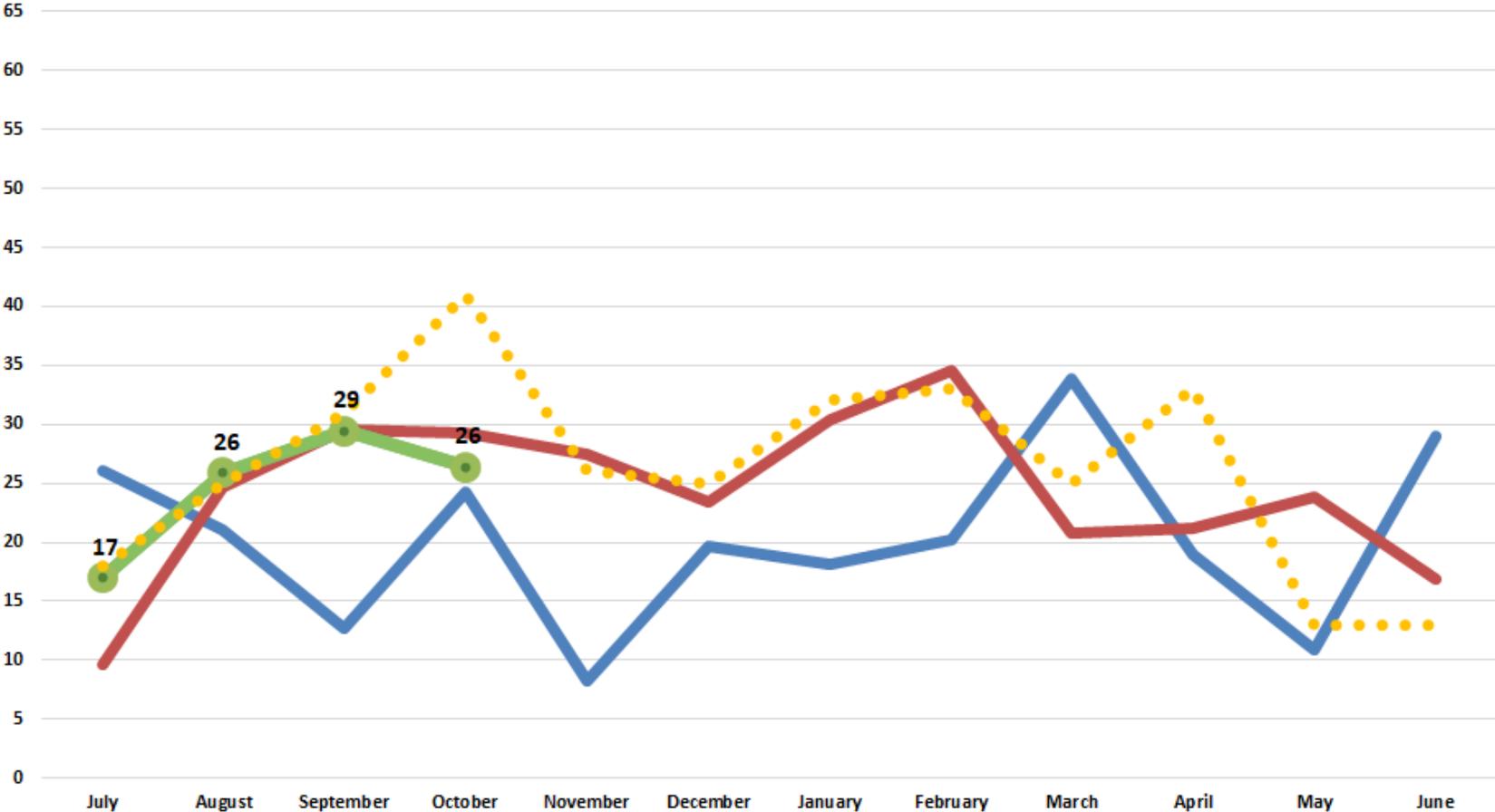
# Robotic Surgery (IP & OP) - 100 Min Units



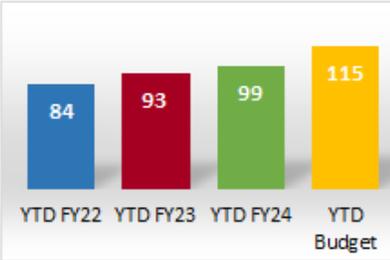
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



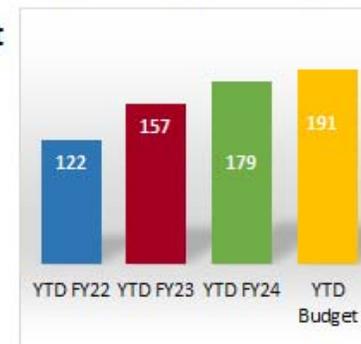
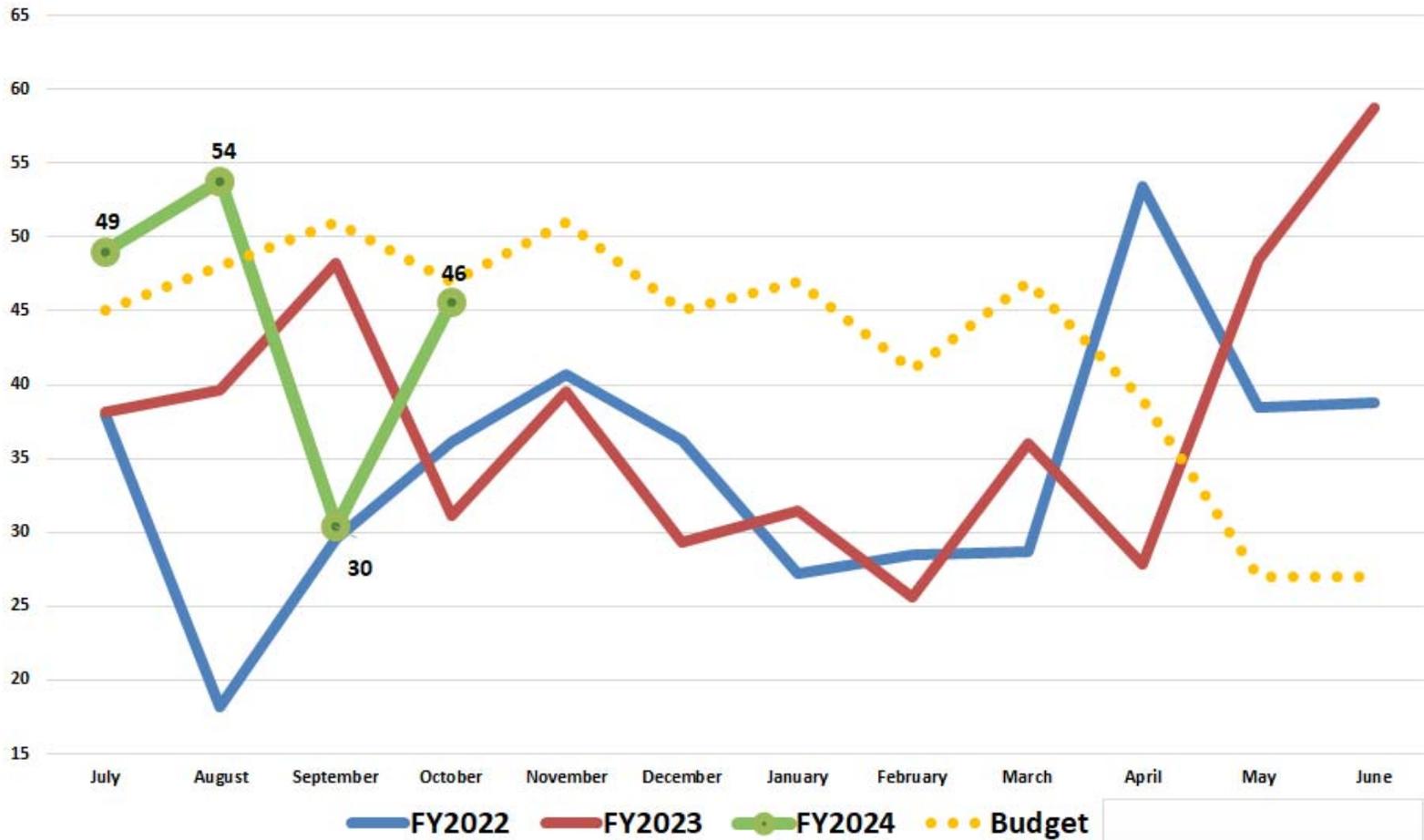
# Robotic Surgery Minutes (IP Only)



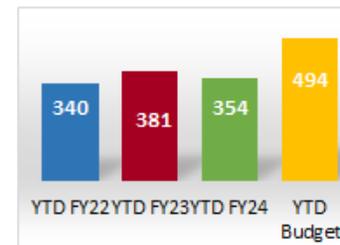
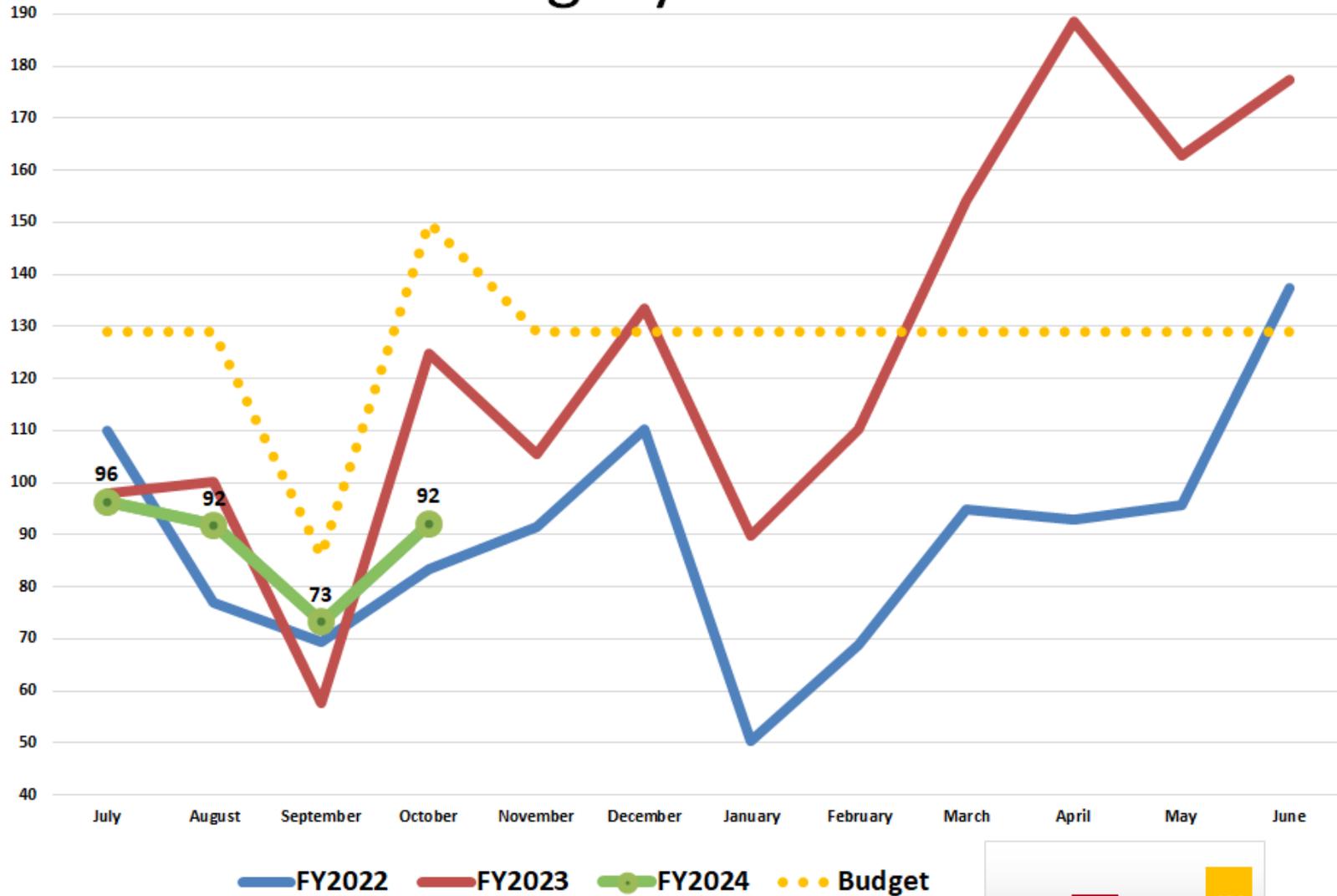
— FY2022   
 — FY2023   
 —●— FY2024   
 ●●● Budget



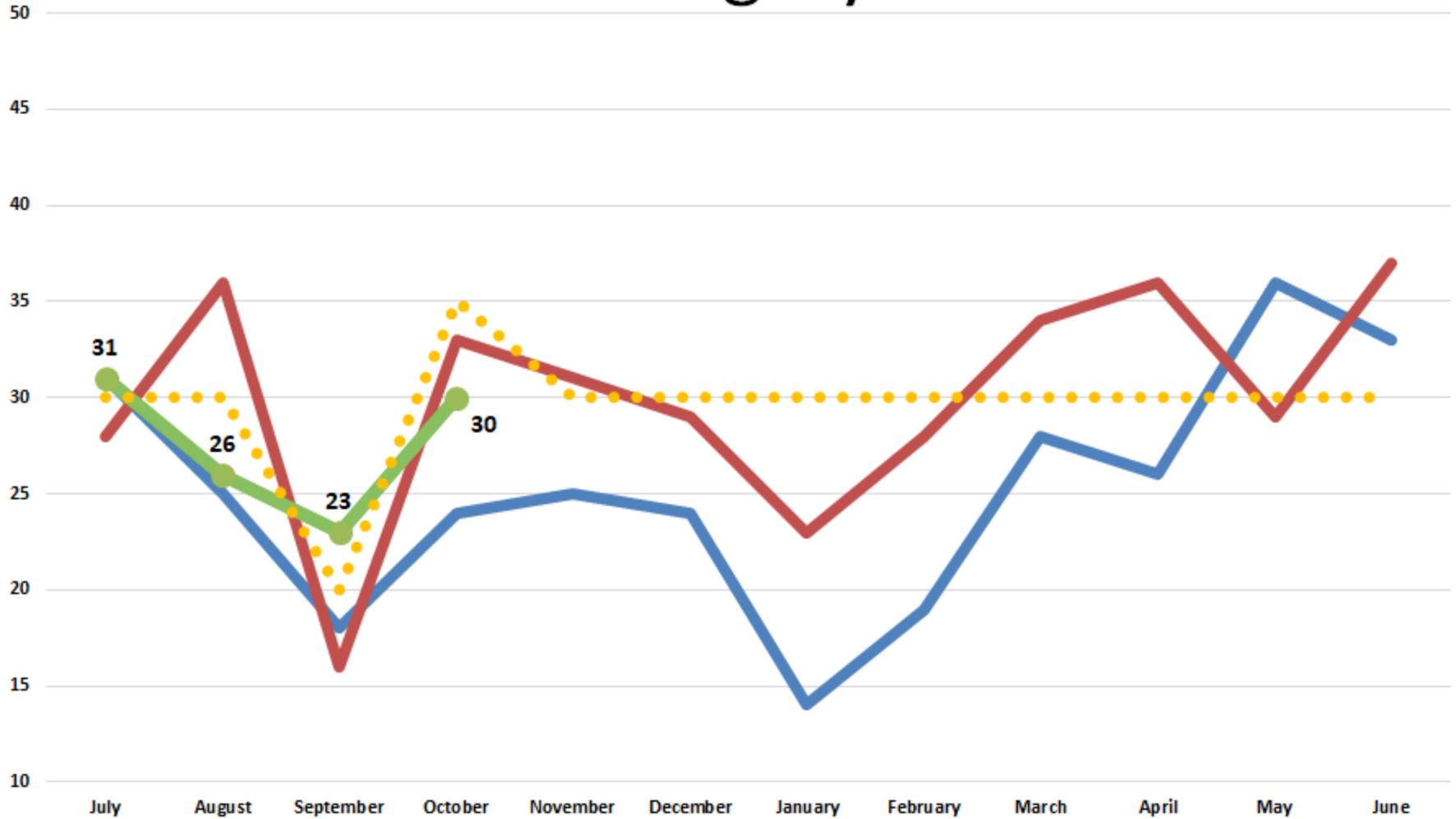
# Robotic Surgery Minutes (OP Only)



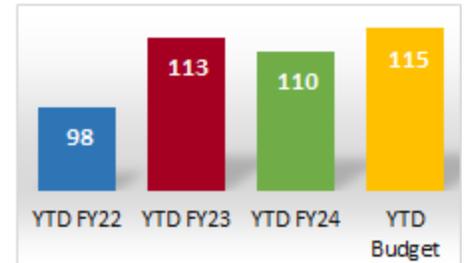
# Cardiac Surgery - 100 Min Units



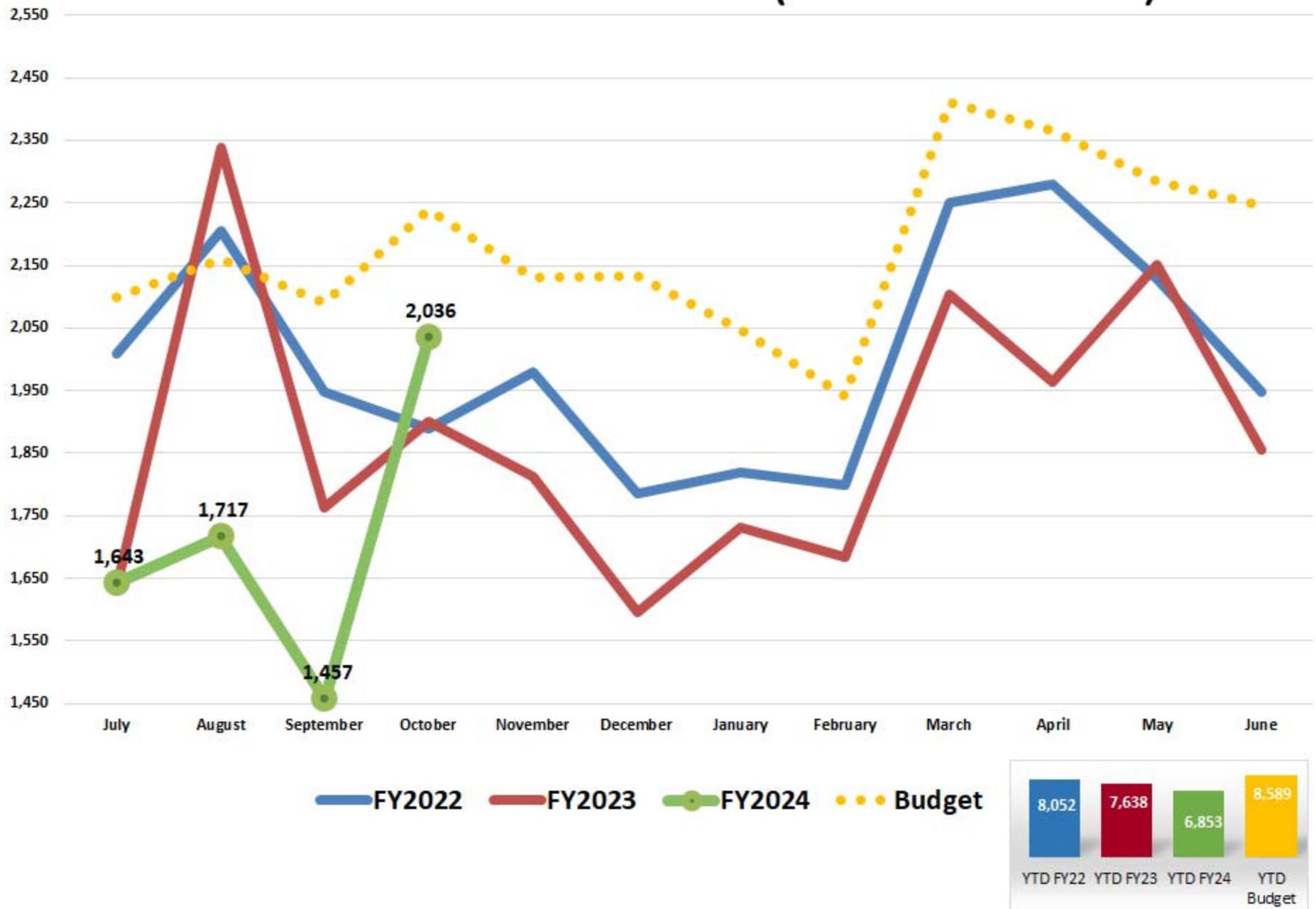
# Cardiac Surgery Cases



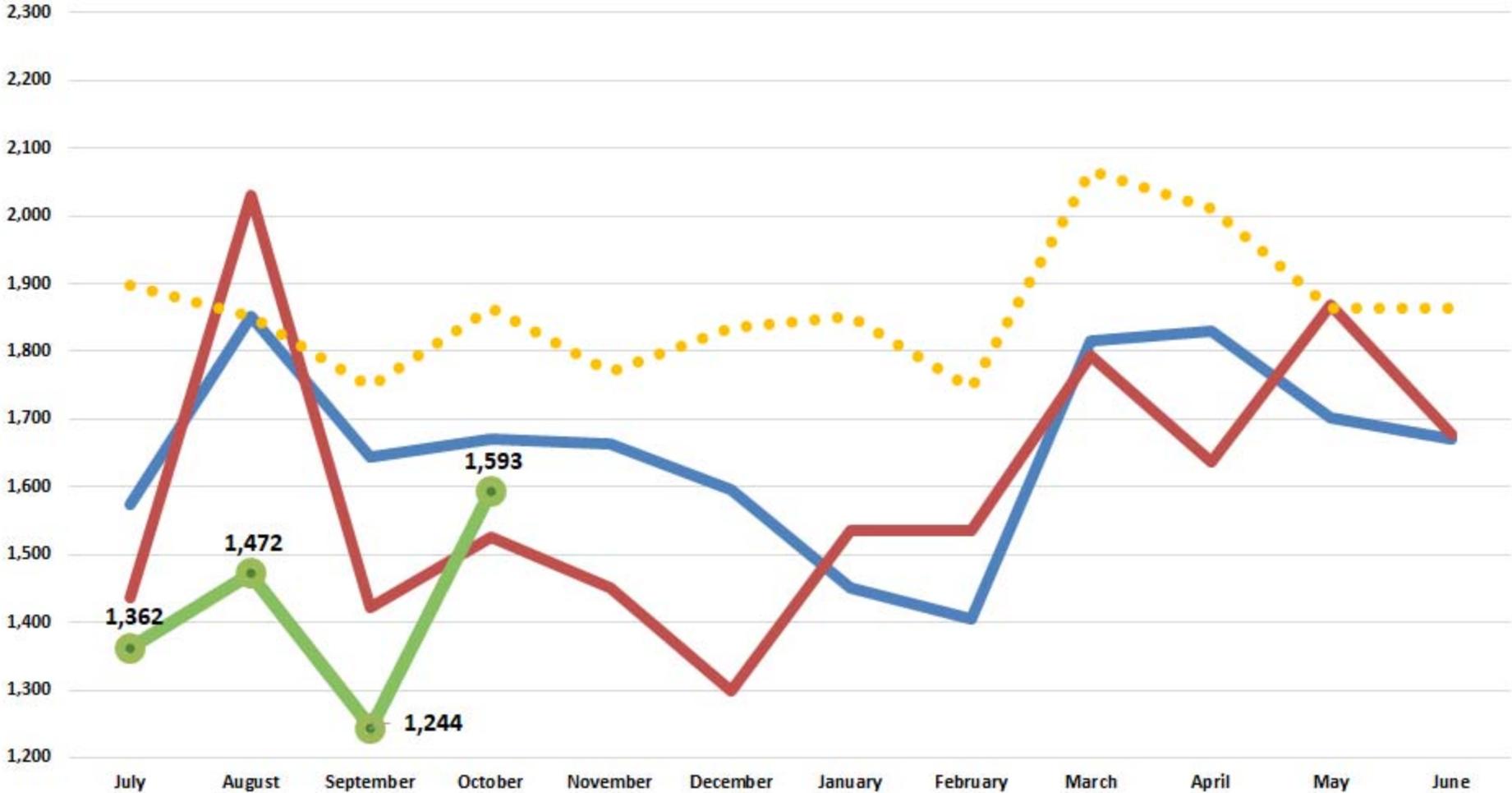
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



# Rad Onc Treatments (Vis. & Hanf.)



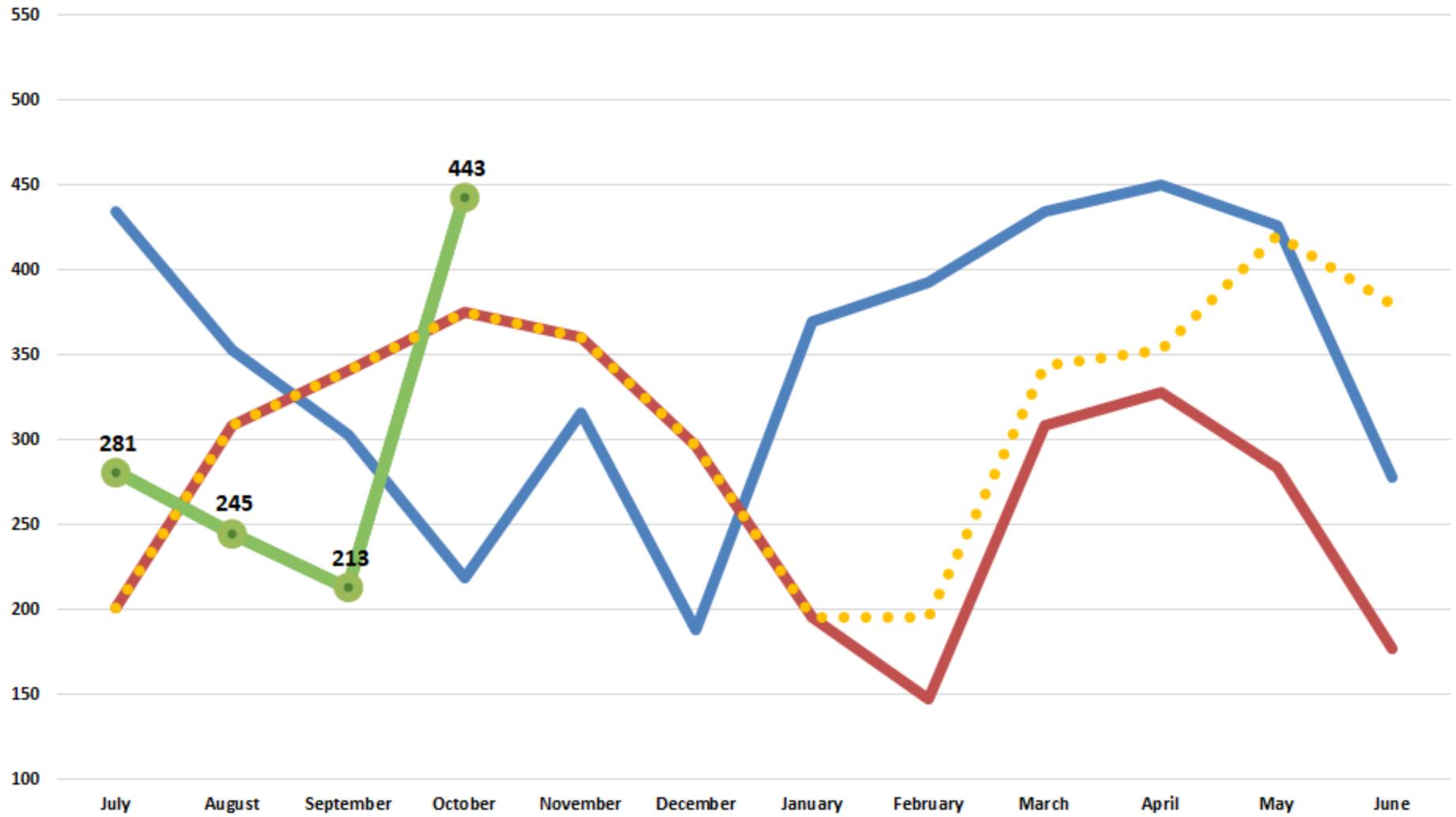
# Rad Onc Visalia



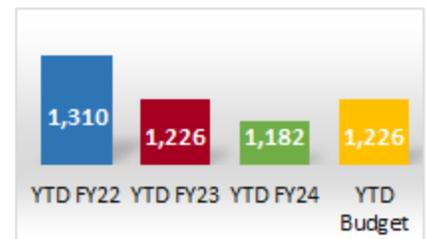
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



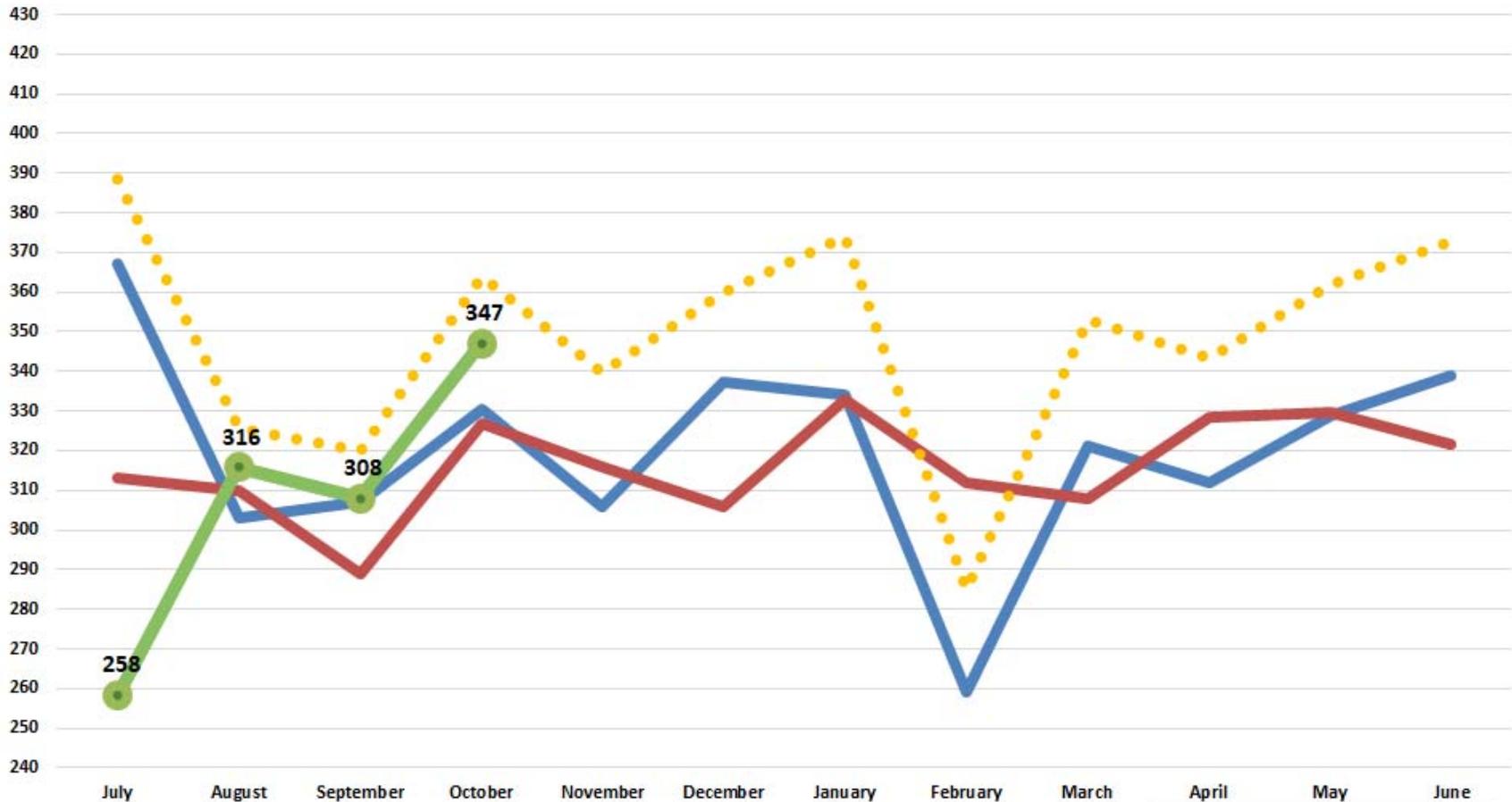
# Rad Onc Hanford



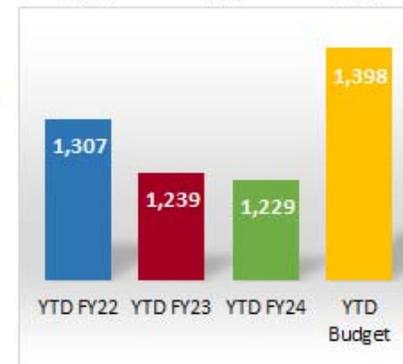
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



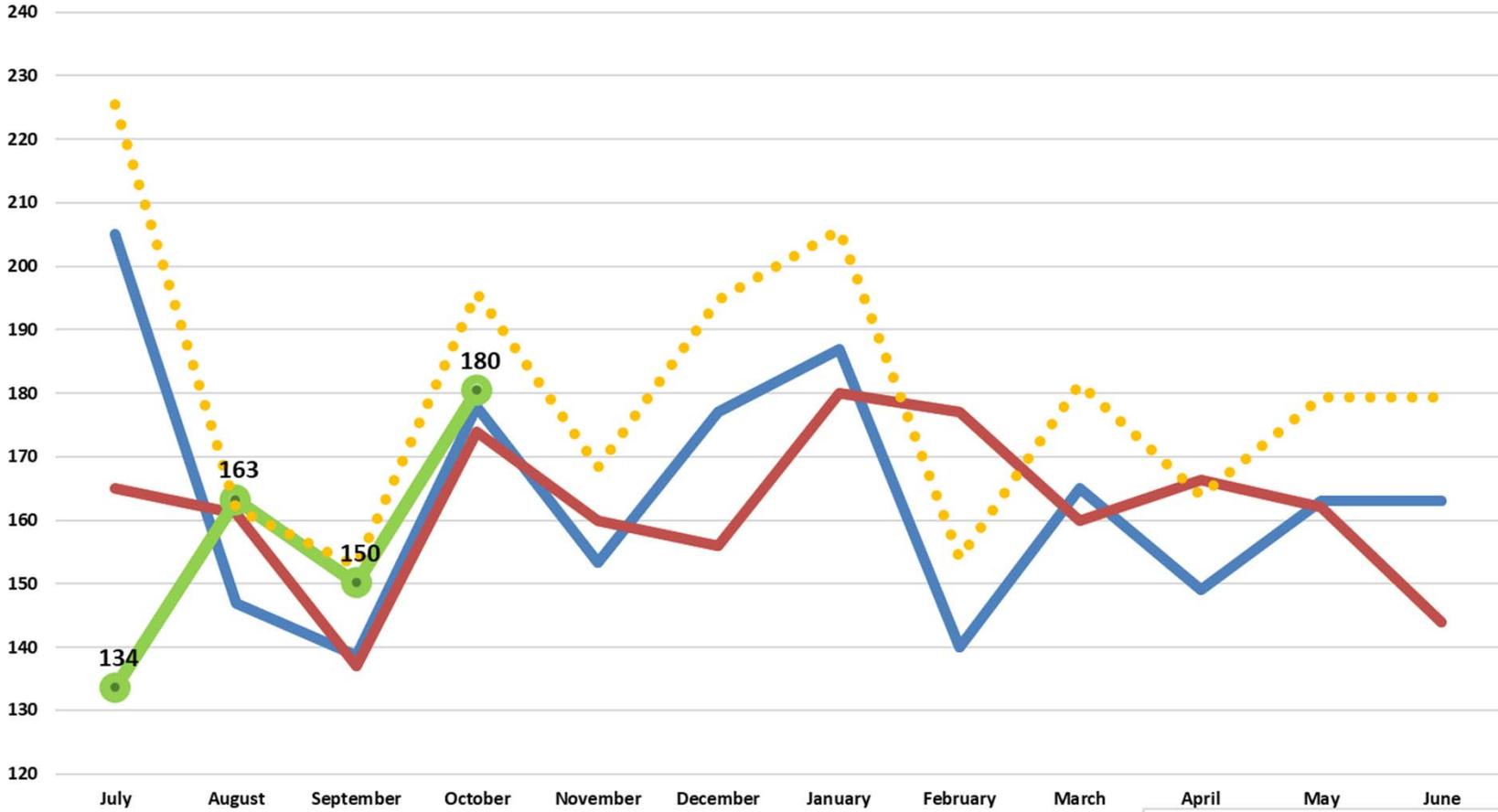
# Cath Lab (IP & OP) – 100 Min Units



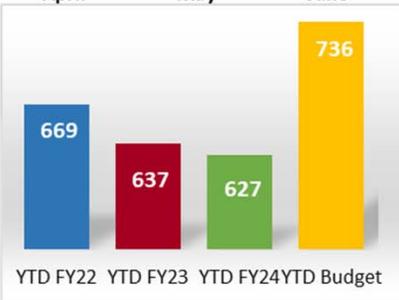
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



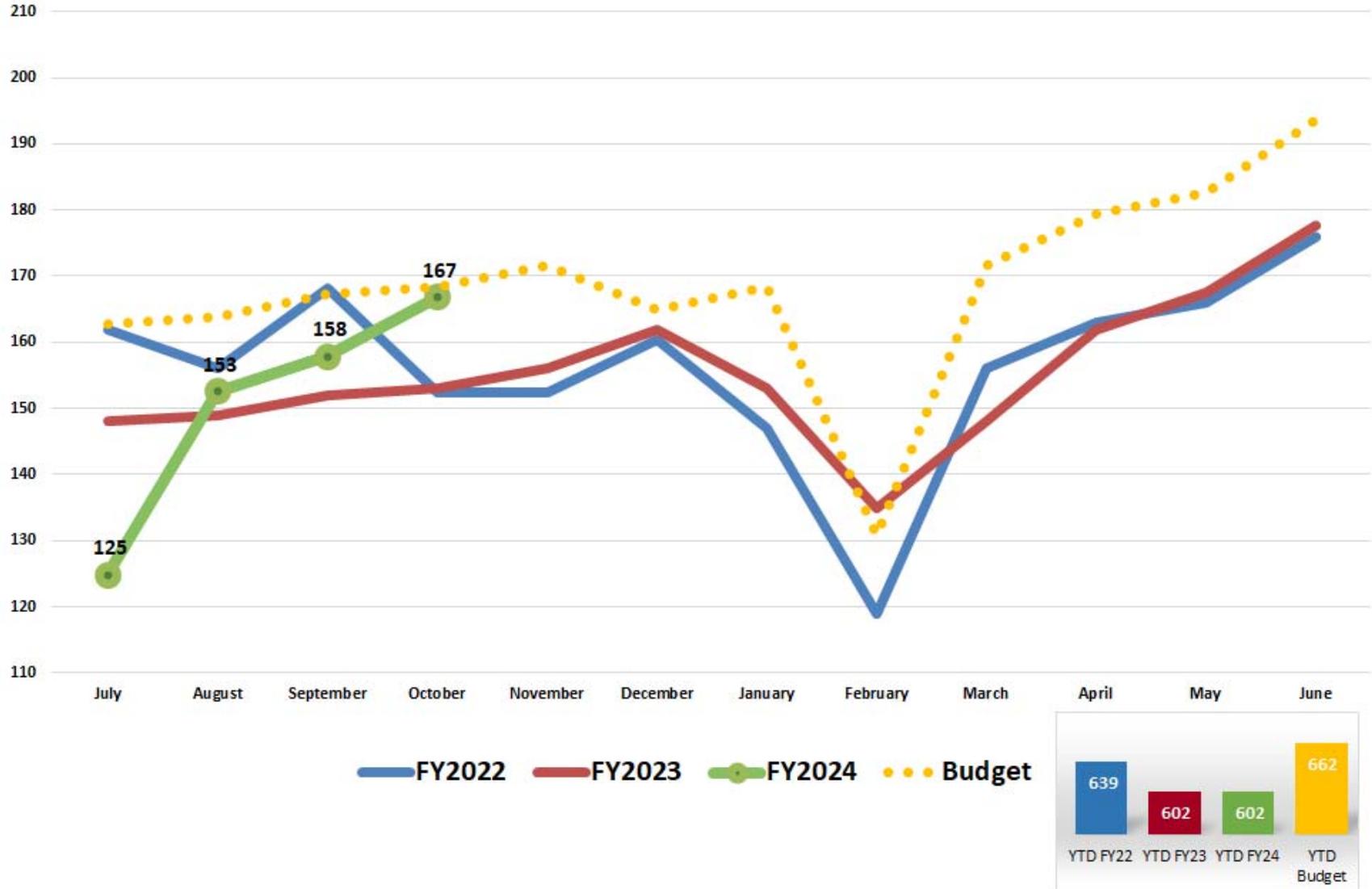
# Cath Lab (IP Only) – 100 Min Units



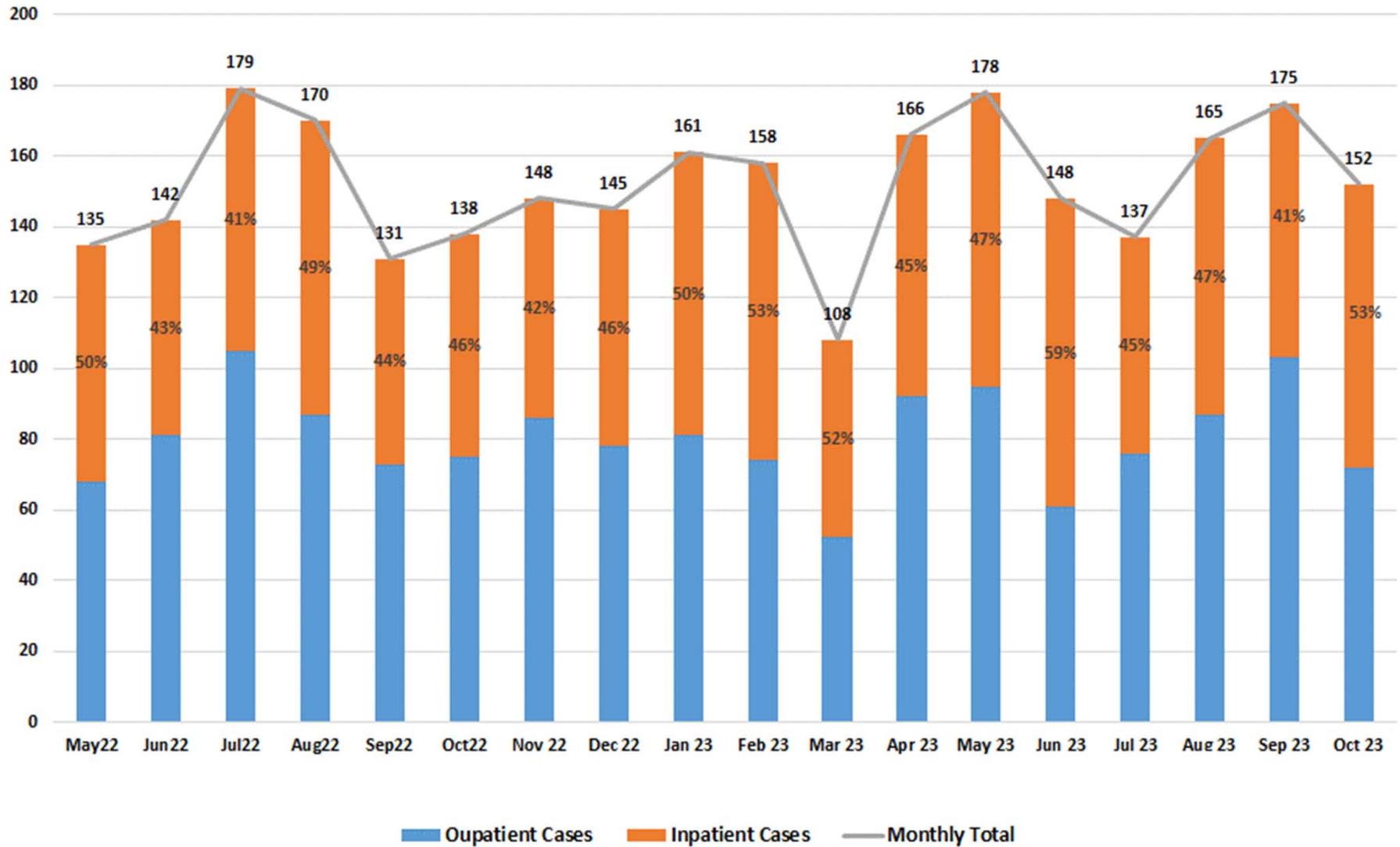
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



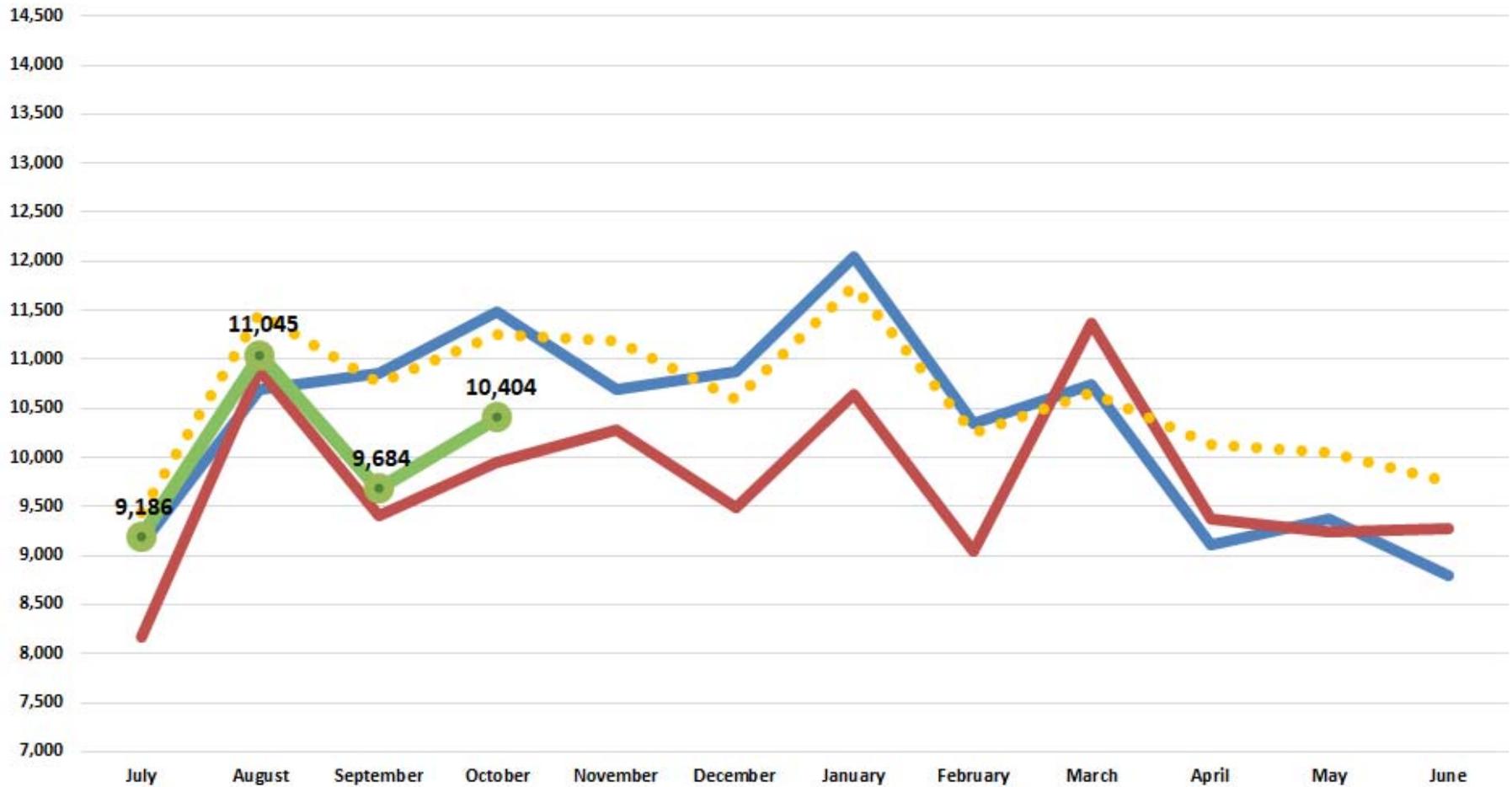
# Cath Lab (OP Only) – 100 Min Units



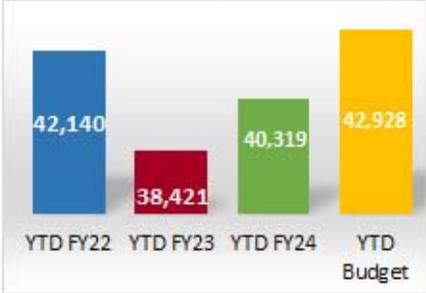
# Cath Lab Patients (IP & OP)



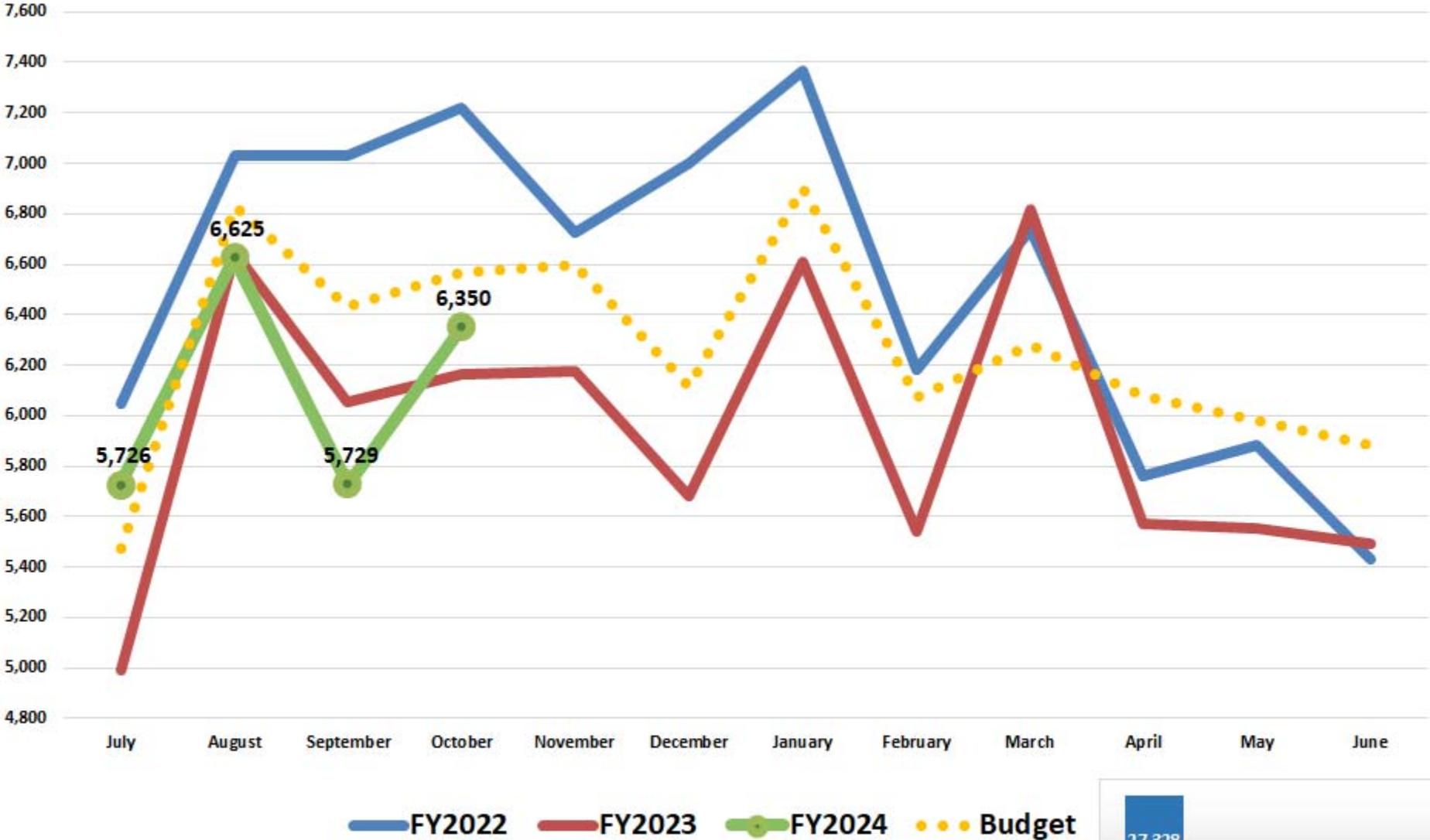
# Rural Health Clinics Registrations



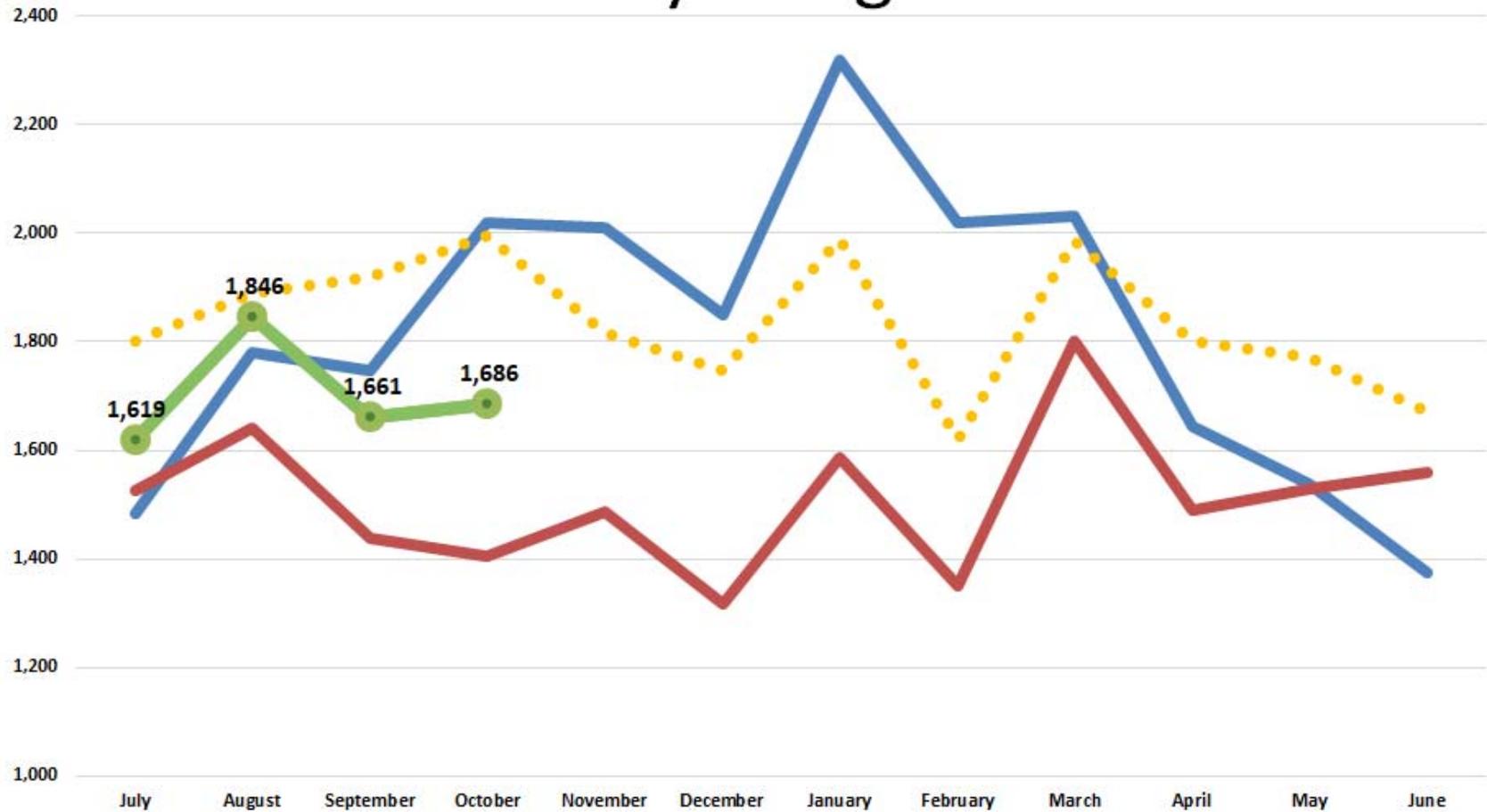
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



# RHC Exeter - Registrations



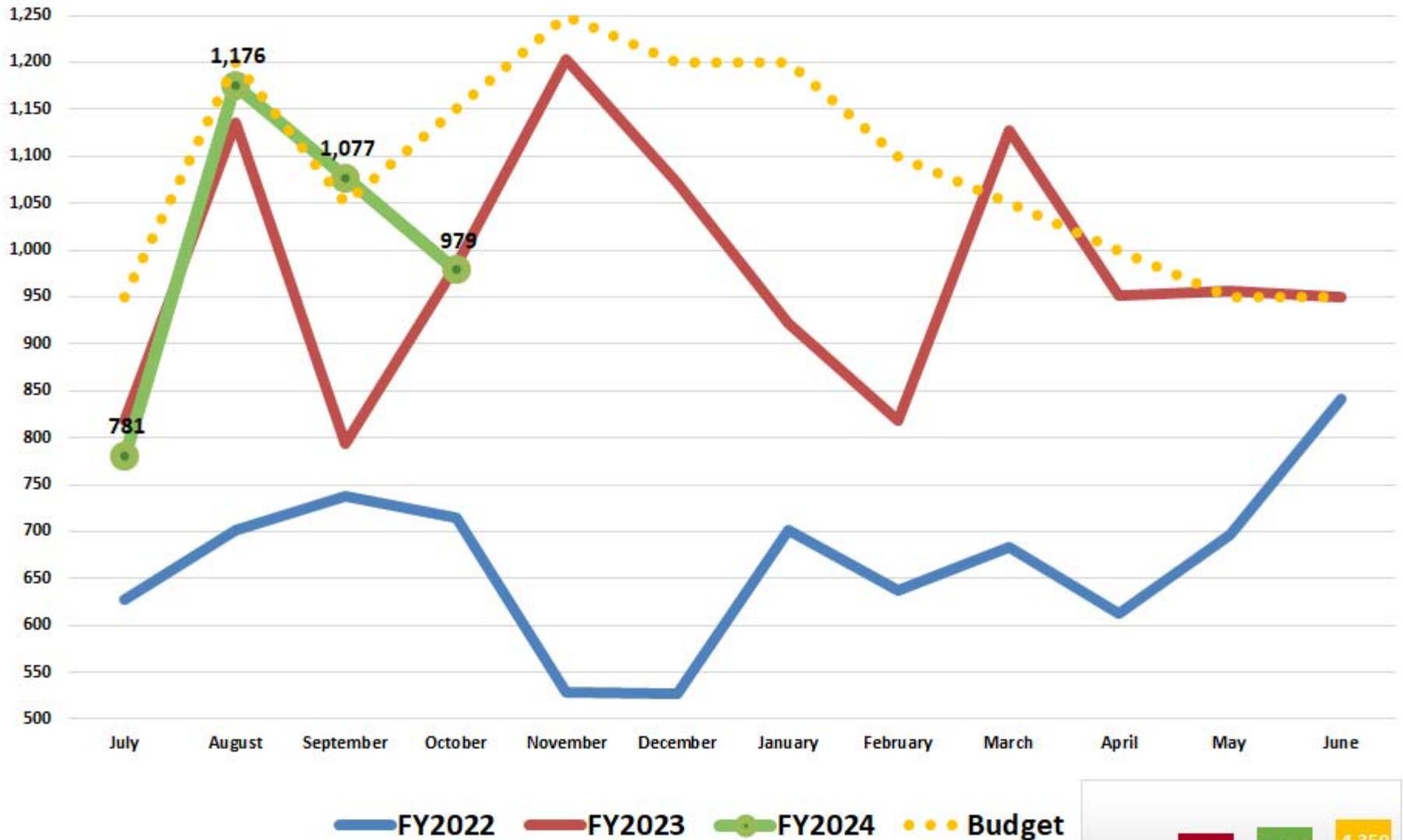
# RHC Lindsay - Registrations



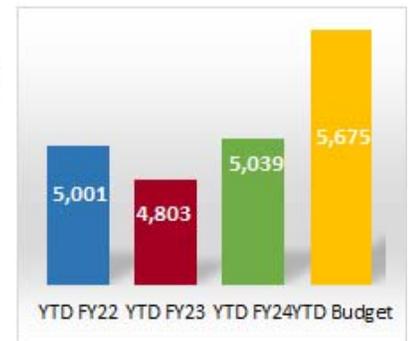
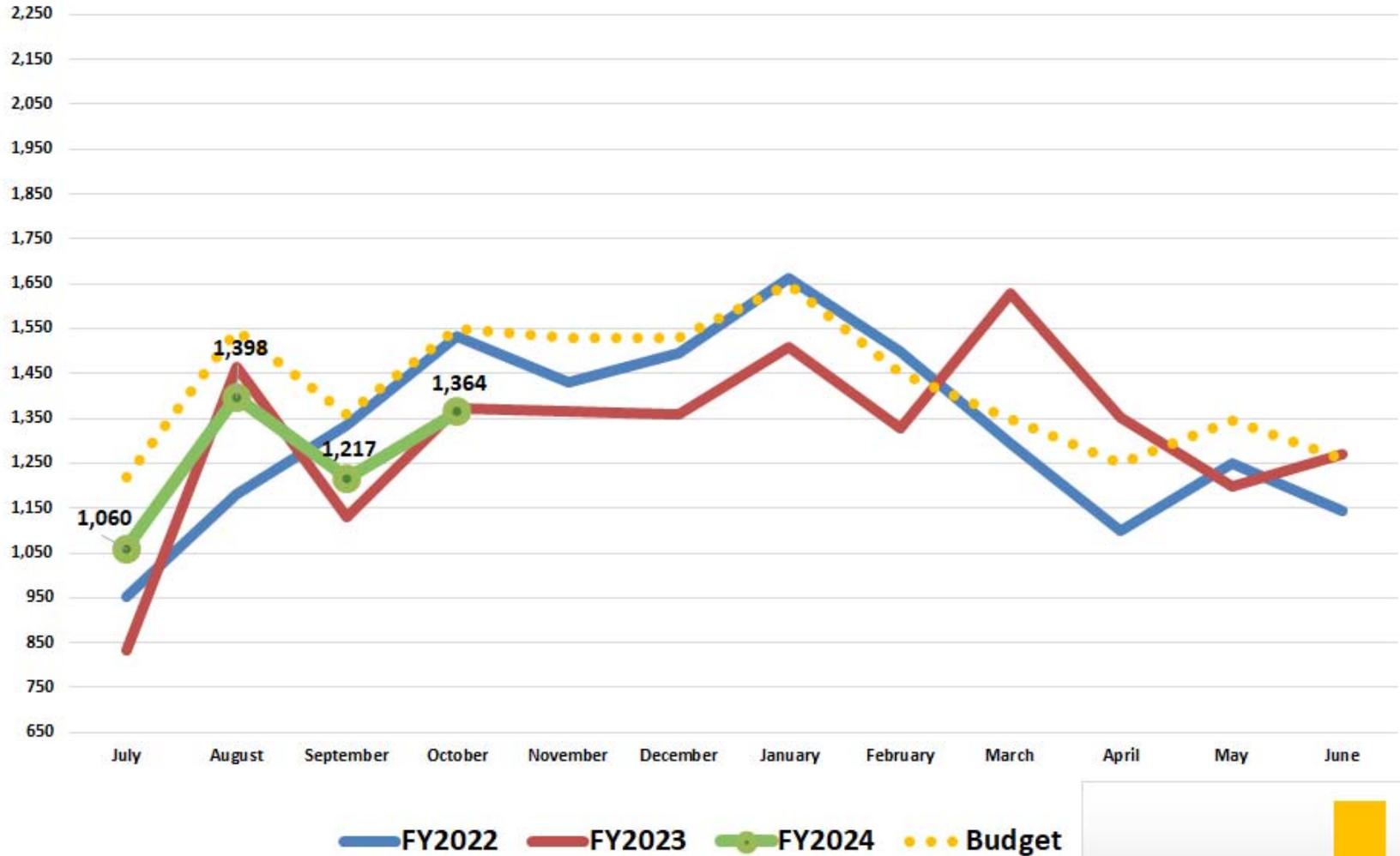
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



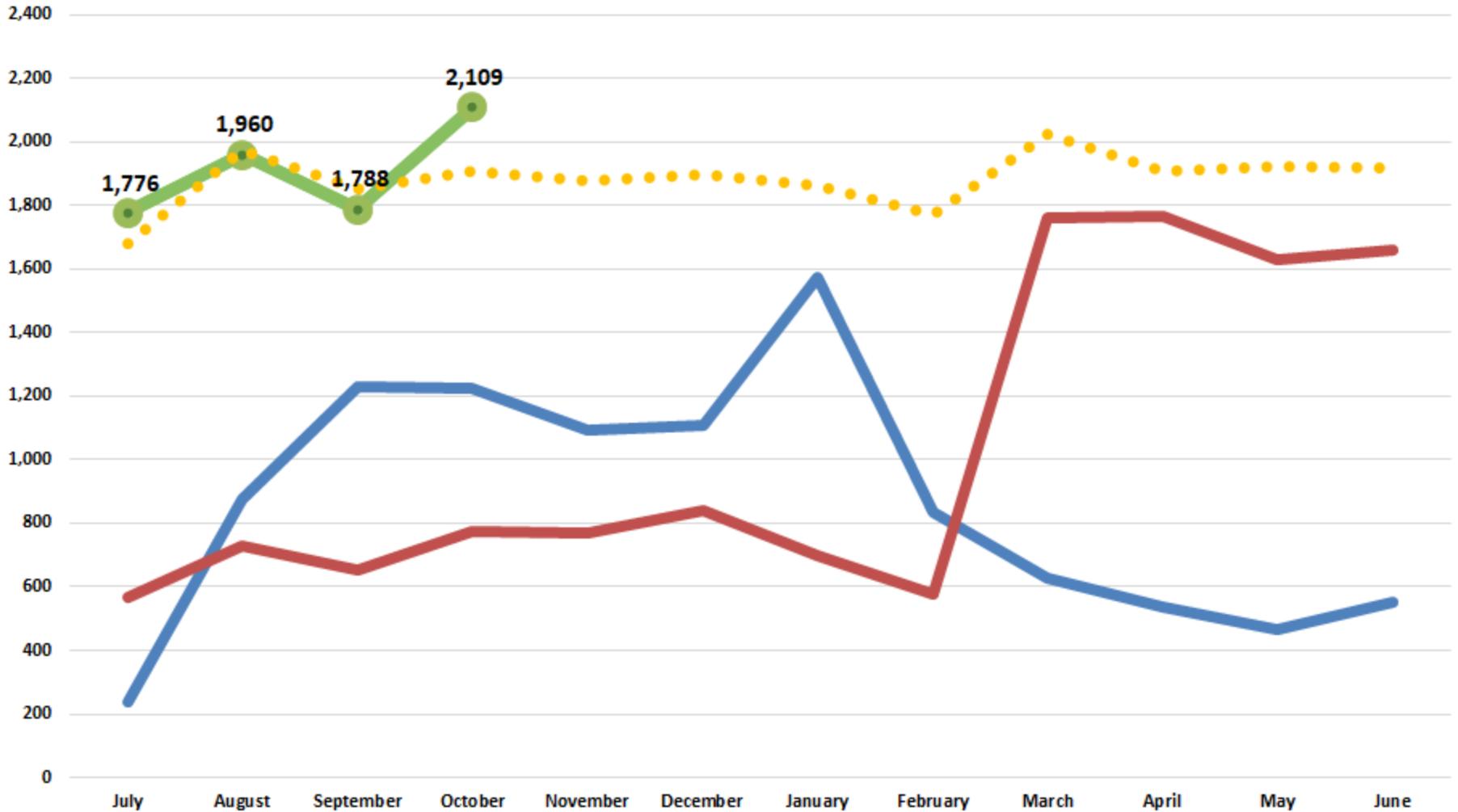
# RHC Woodlake - Registrations



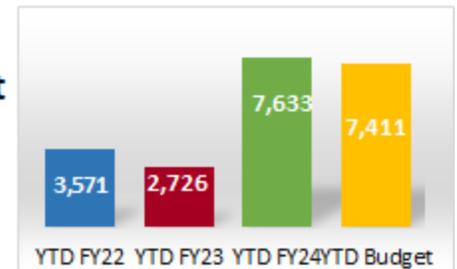
# RHC Dinuba - Registrations



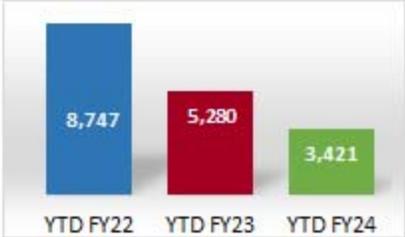
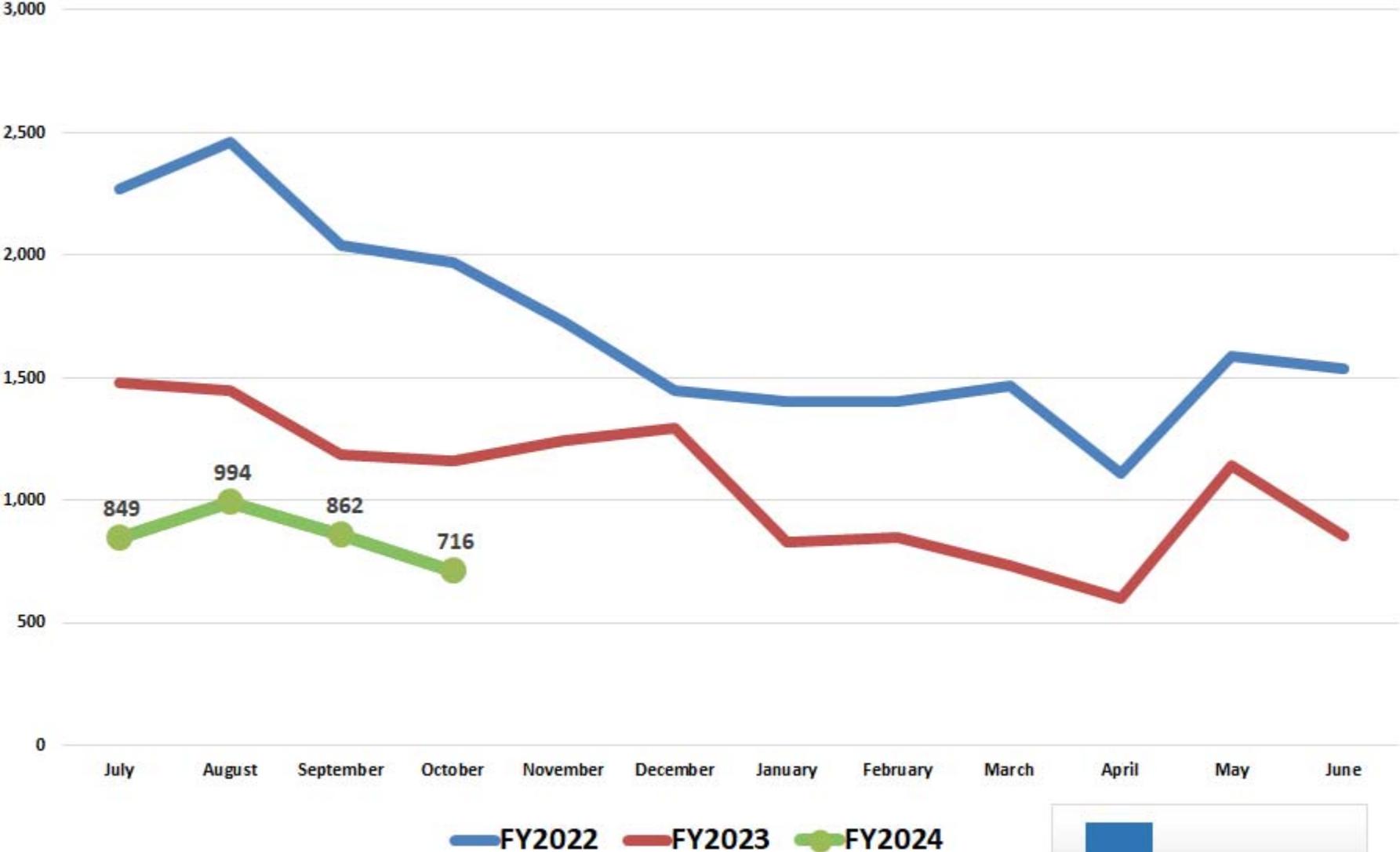
# RHC Tulare - Registrations



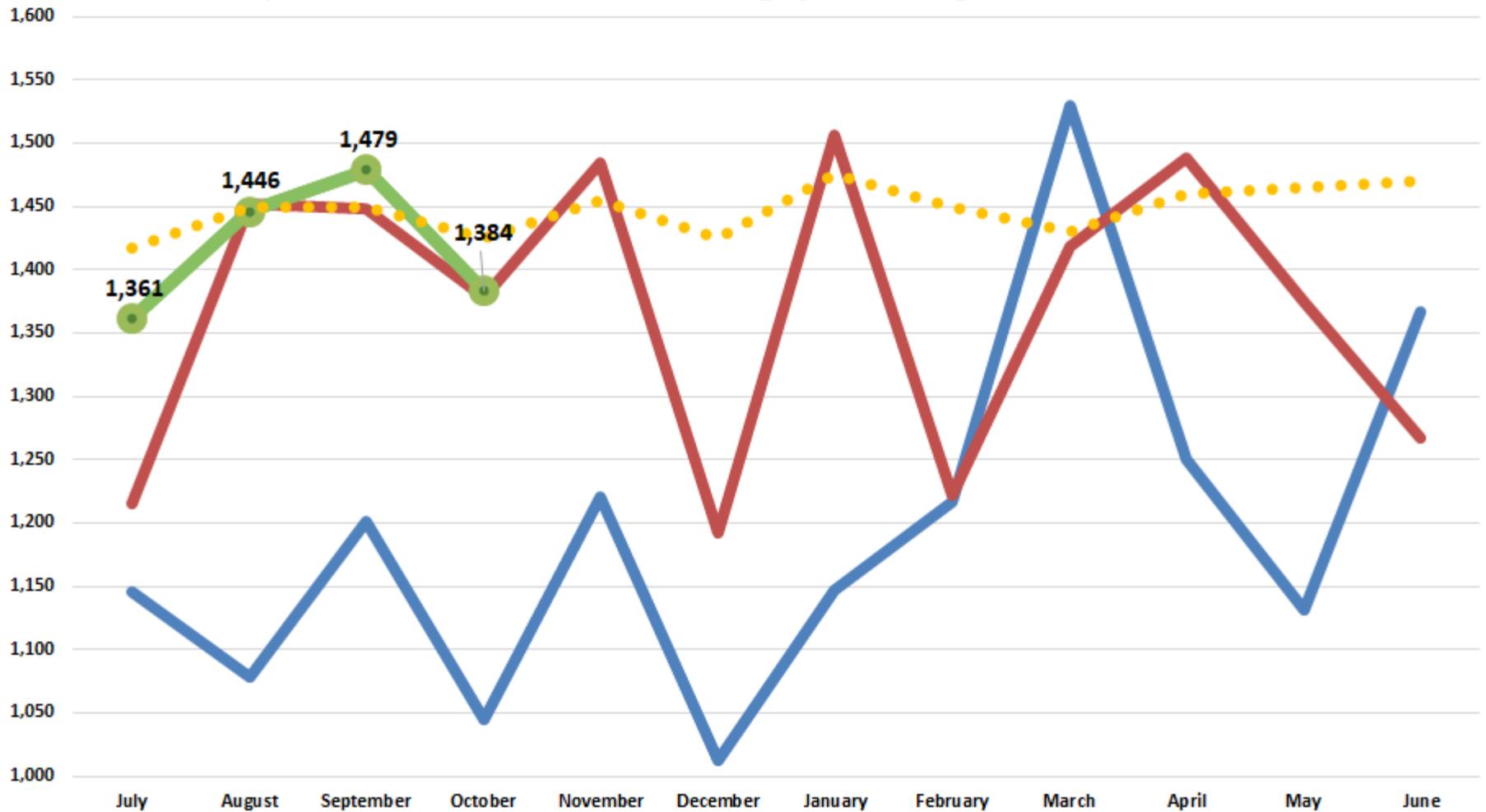
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 —●— FY2023   
 —●— FY2024   
 ●●● Budget



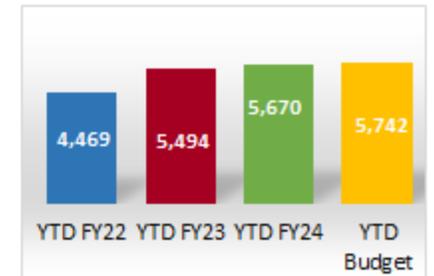
# Neurosurgery Clinic - wRVU's



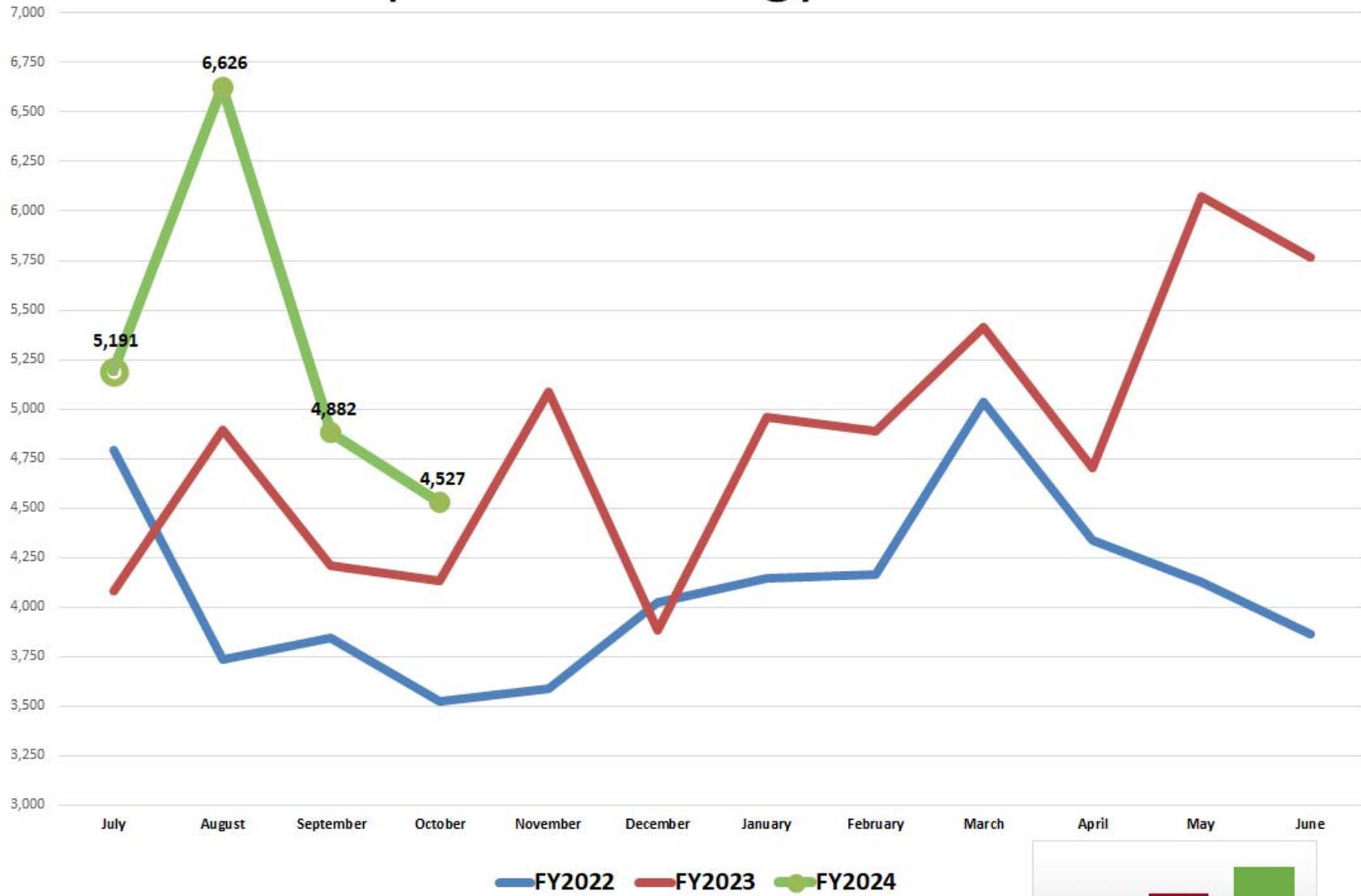
# Sequoia Cardiology Registrations



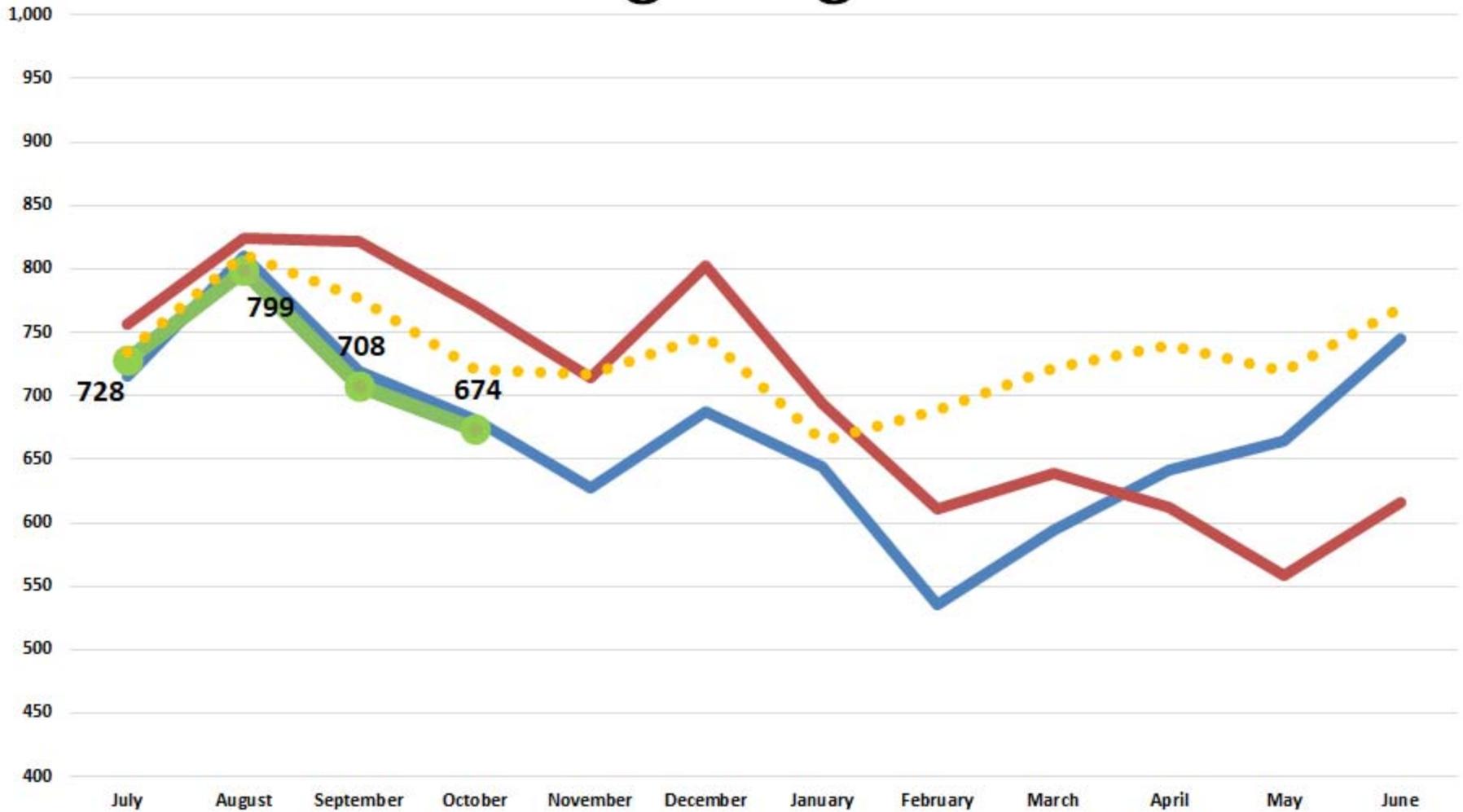
—●— FY2022   
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 —●— FY2024   
 ●●● Budget



# Sequoia Cardiology - wRVU's



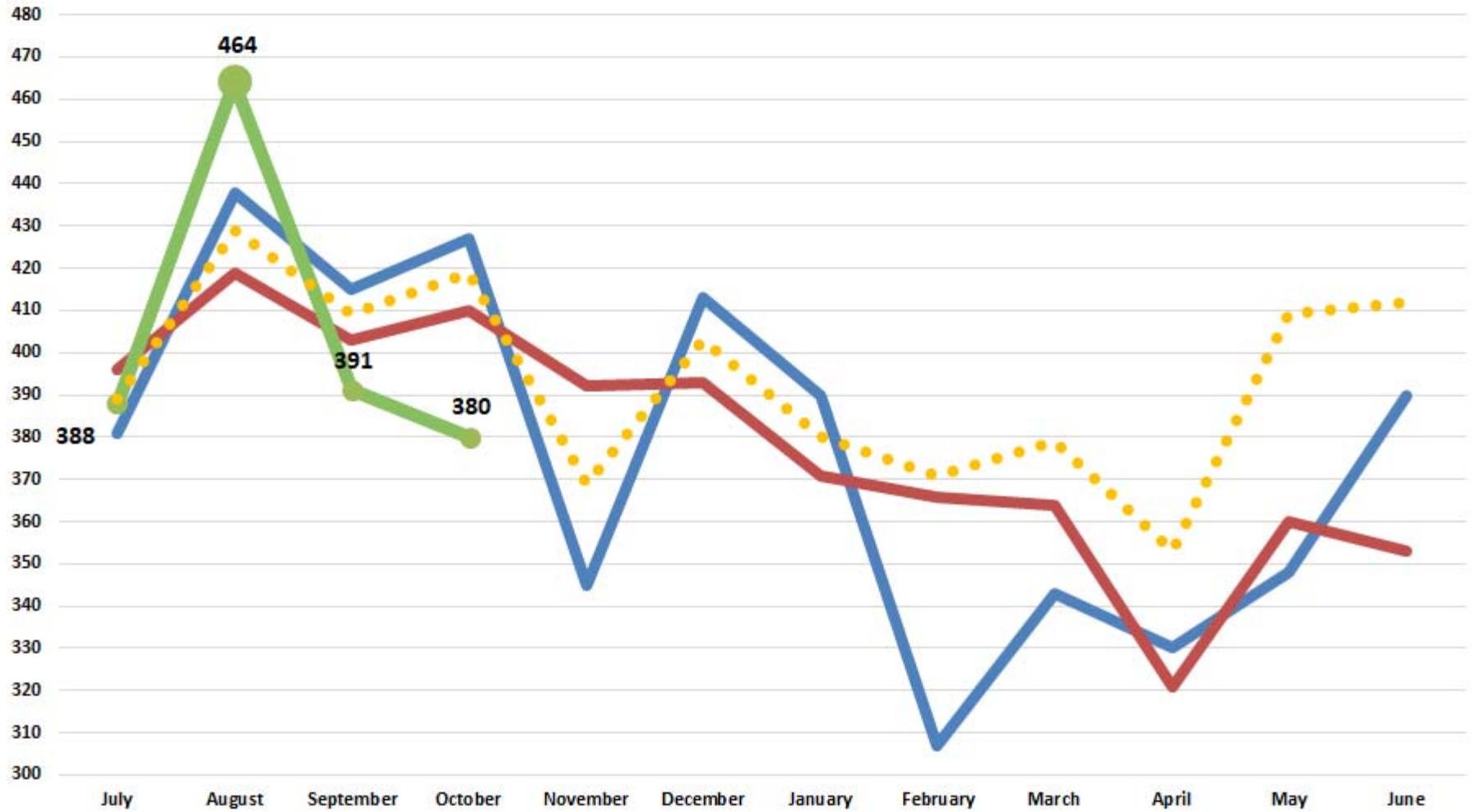
# Labor Triage Registrations



—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



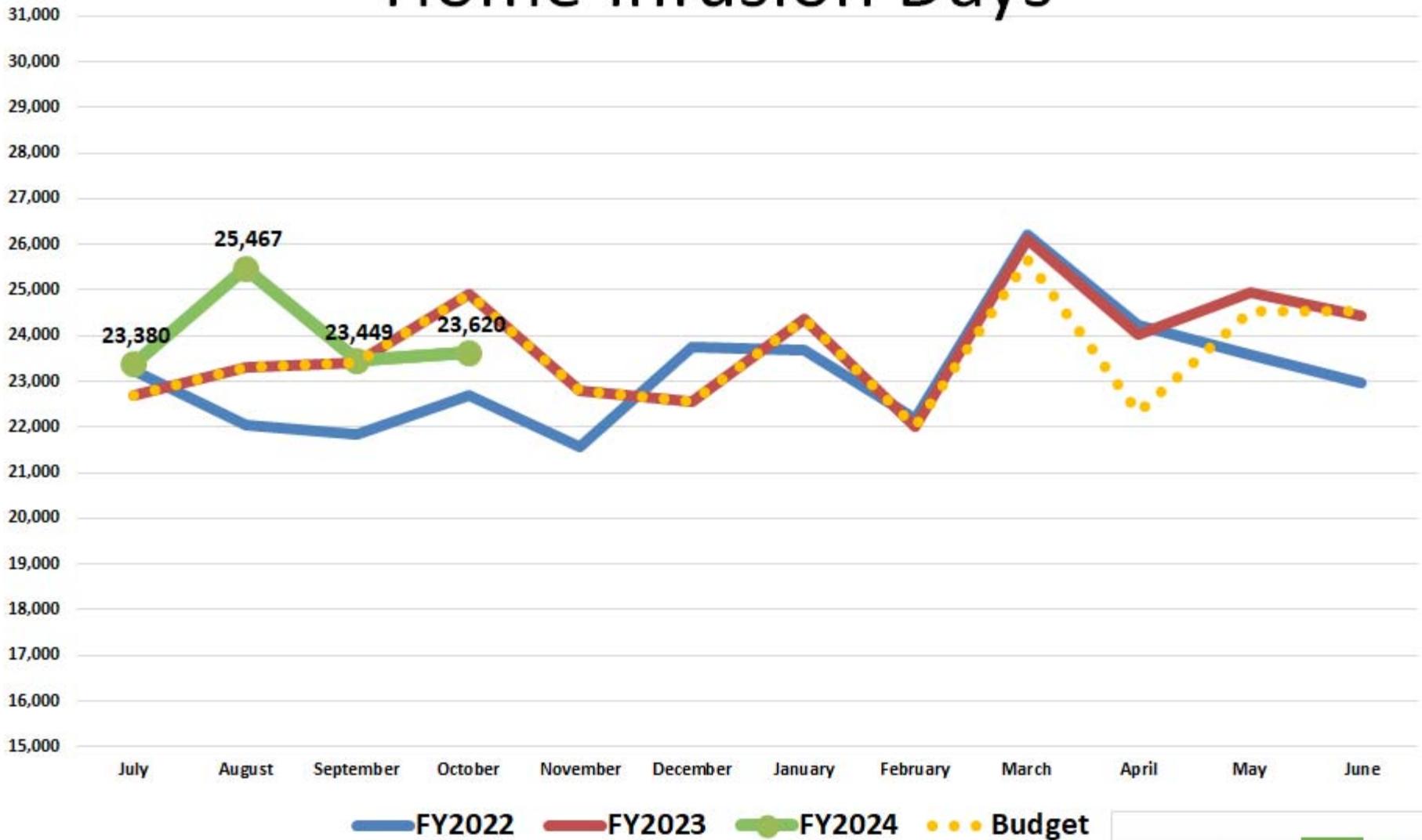
# Deliveries



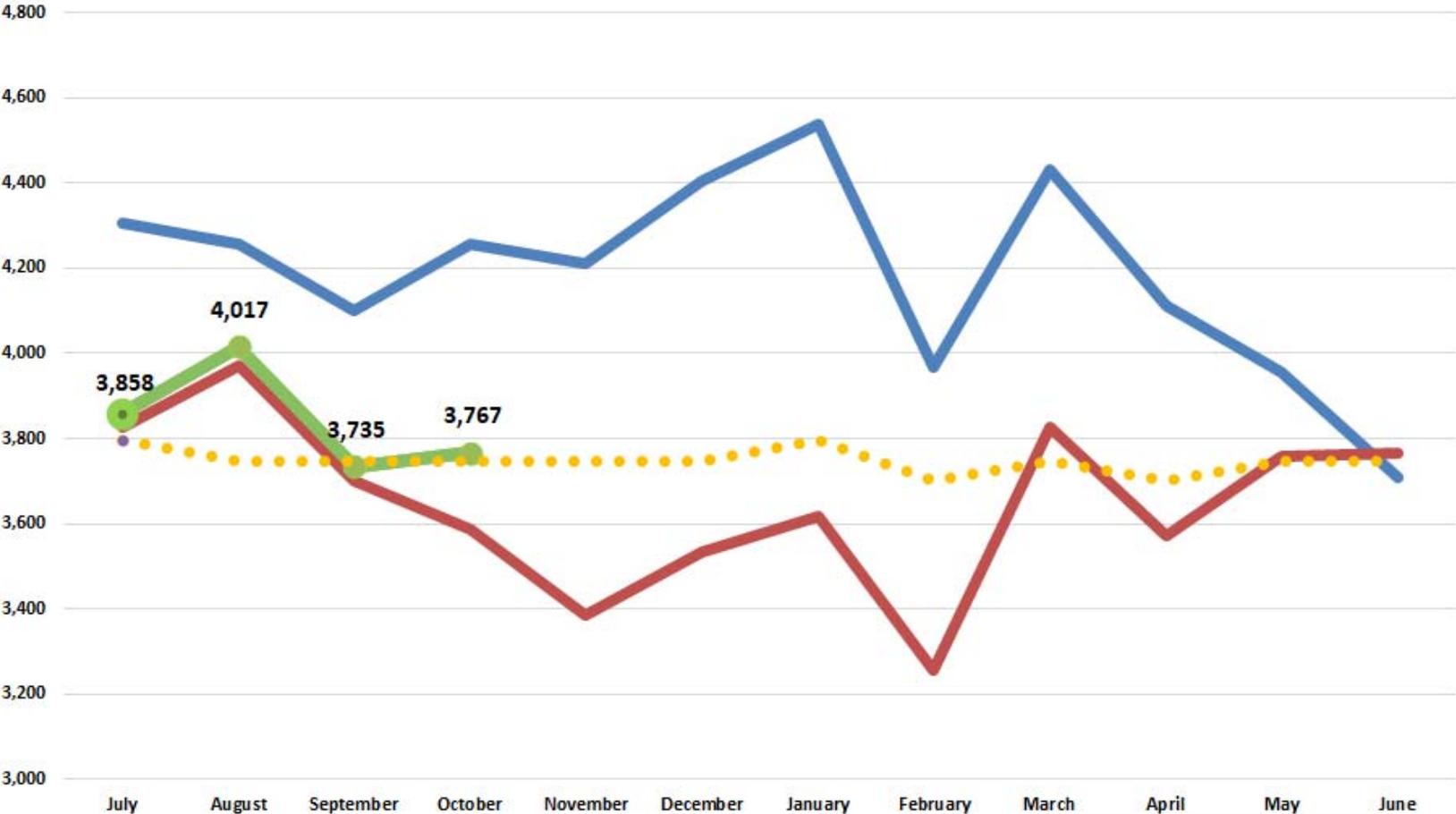
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



# Home Infusion Days



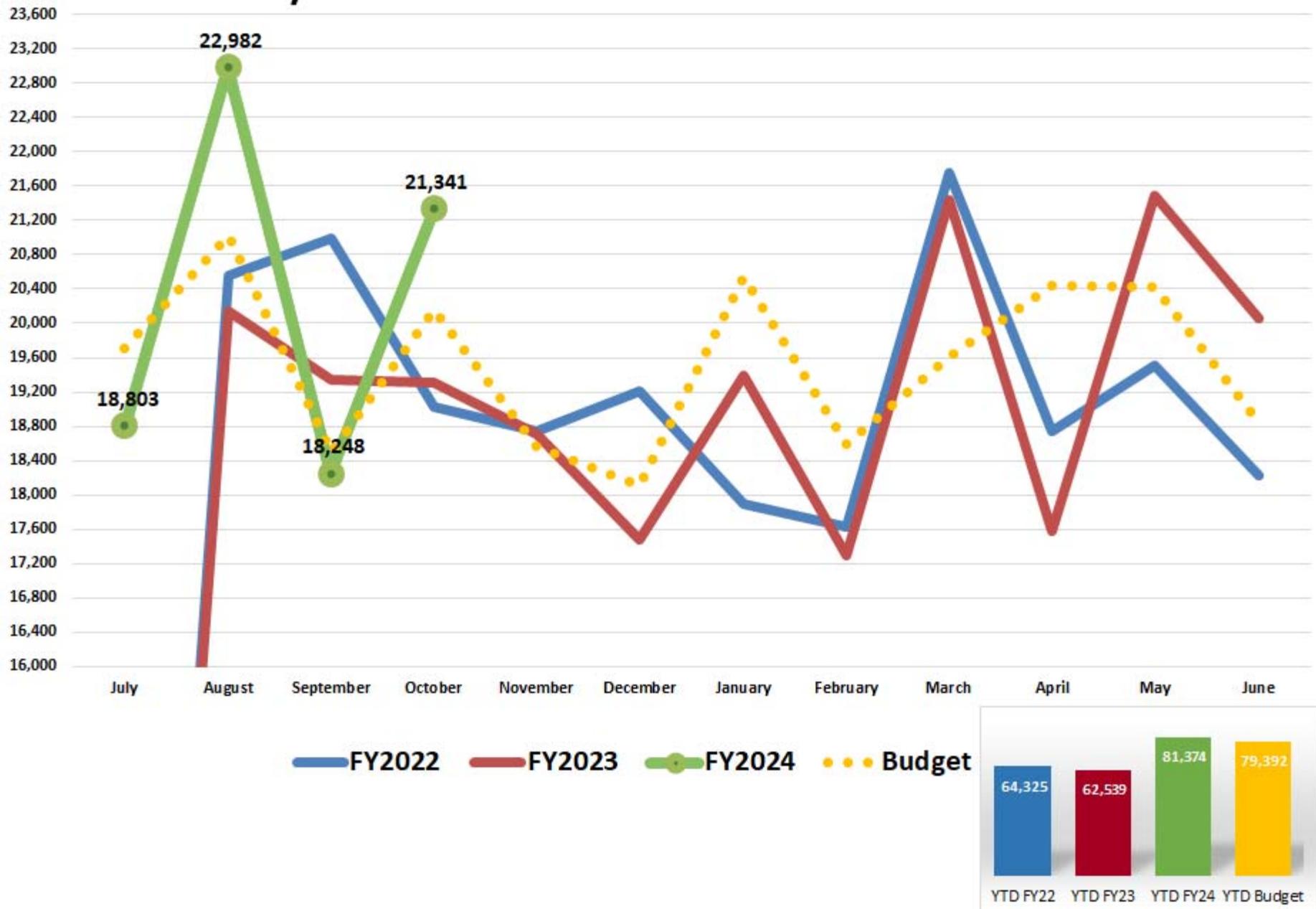
# Hospice Days



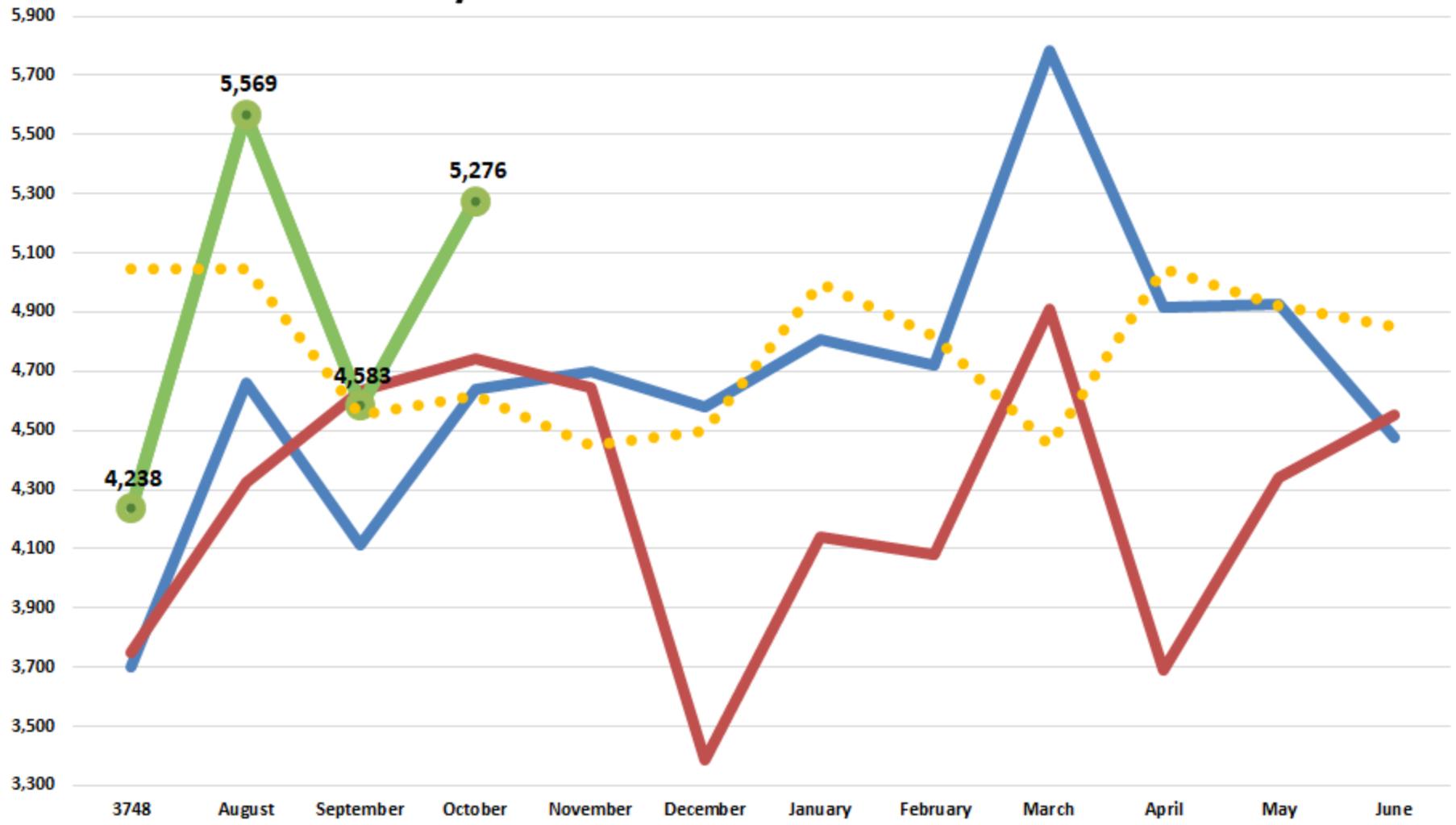
— FY2022   
 — FY2023   
 — FY2024   
 ••• Budget



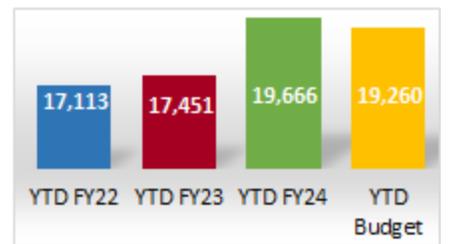
# All O/P Rehab Svcs Across District



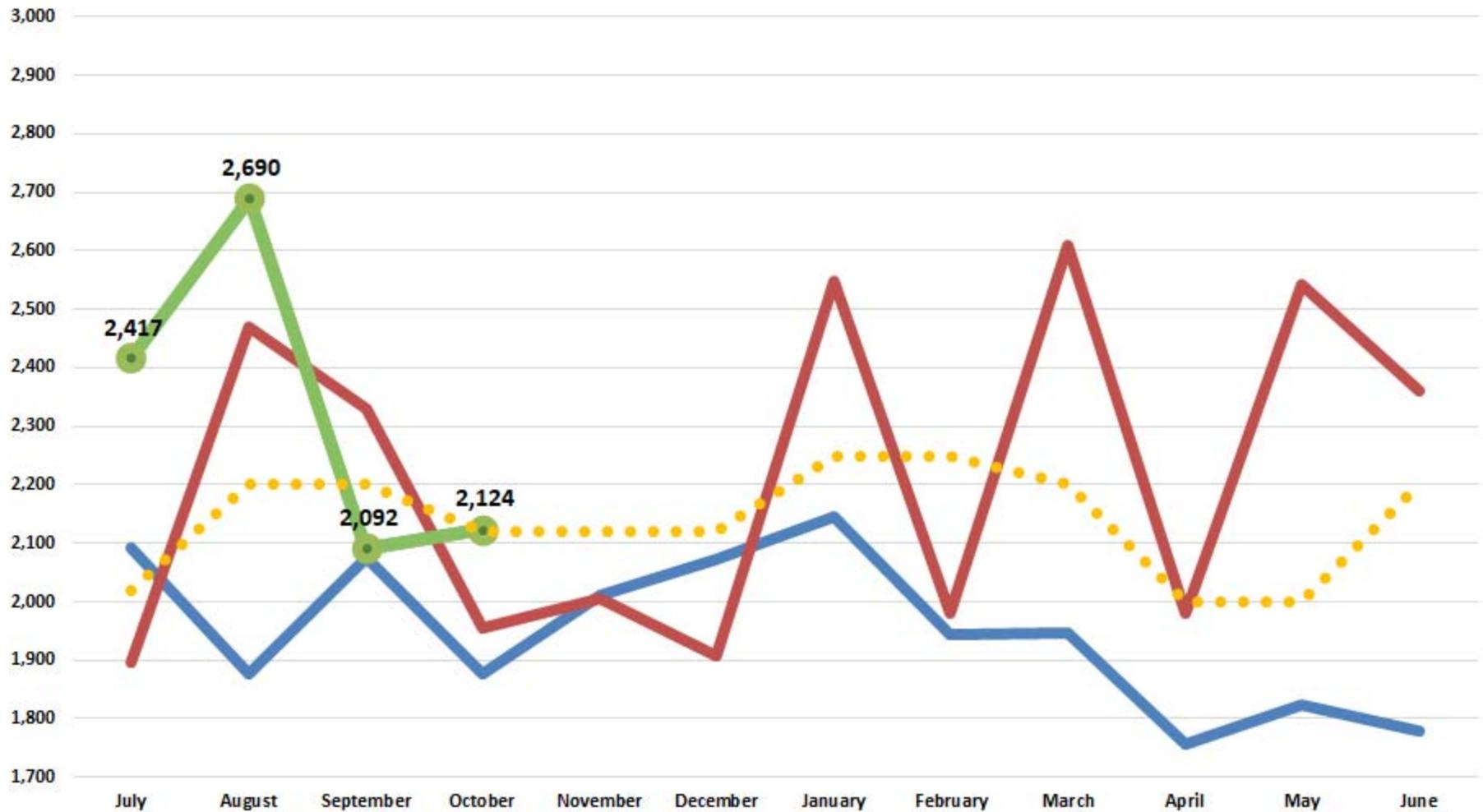
# O/P Rehab Services



—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



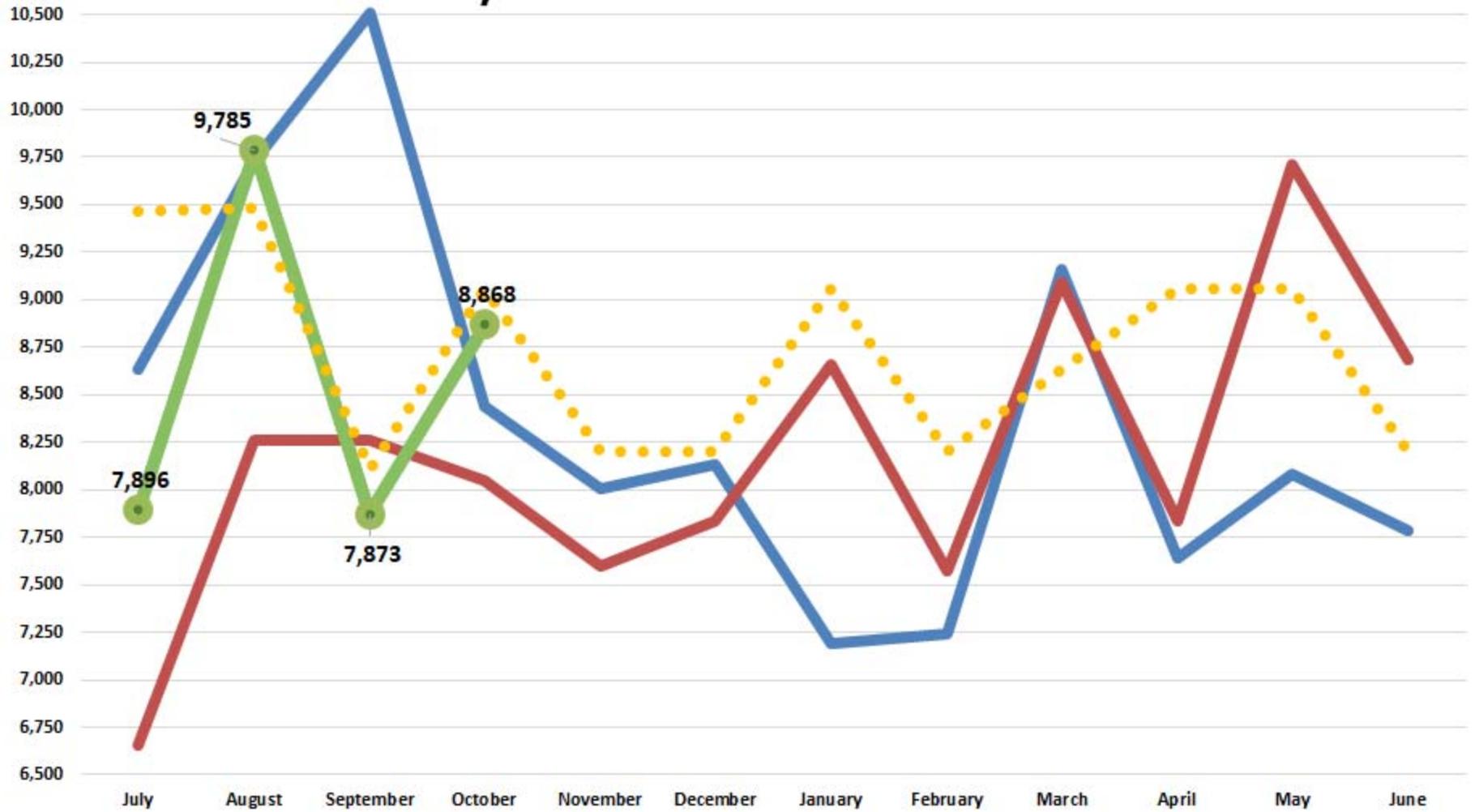
# O/P Rehab - Exeter



—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



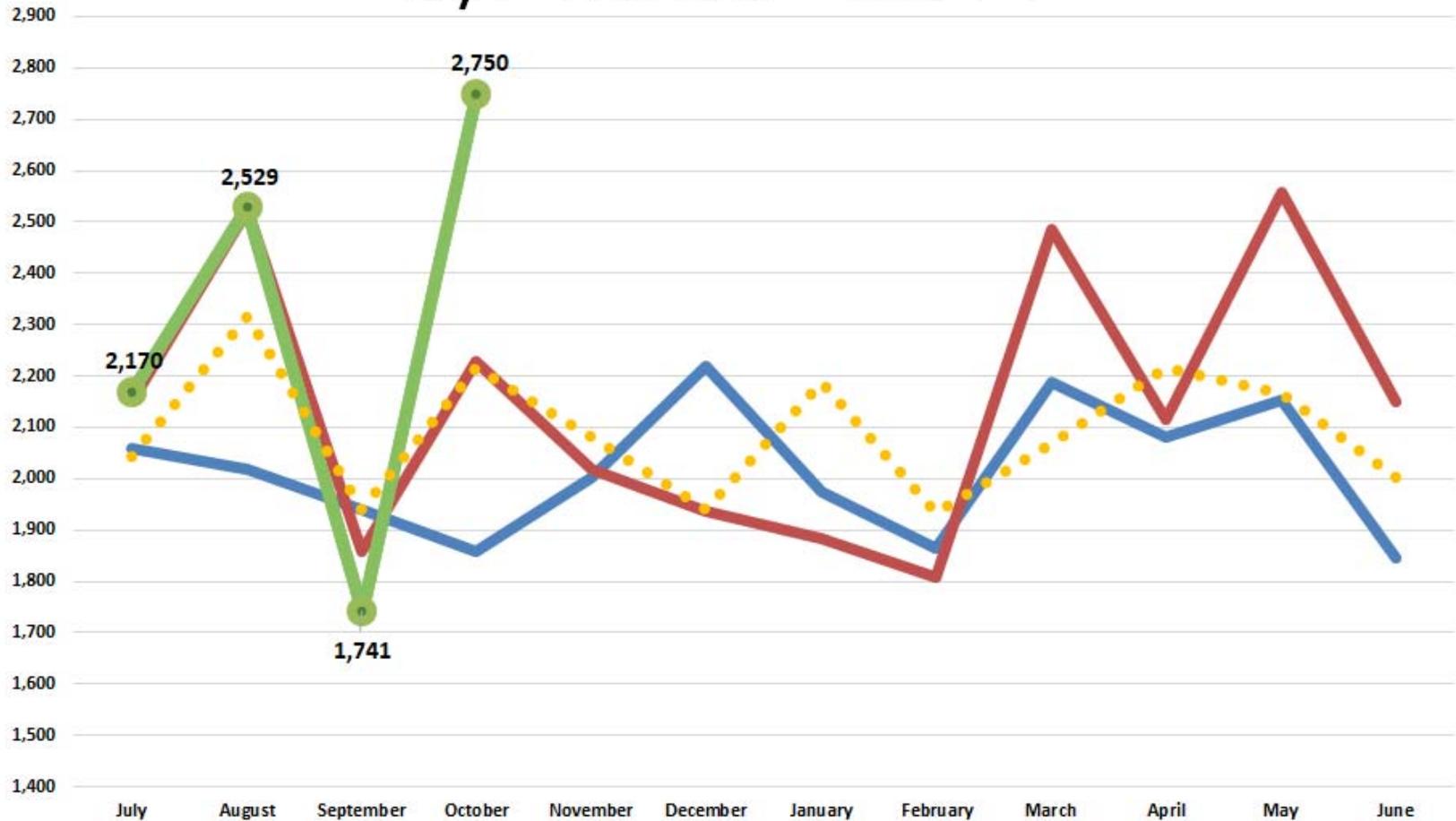
# O/P Rehab - Akers



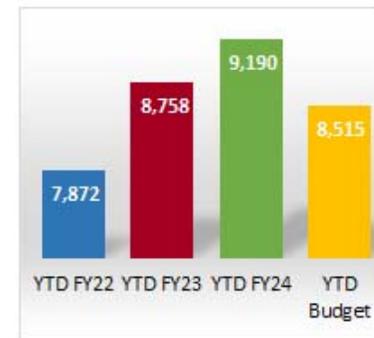
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



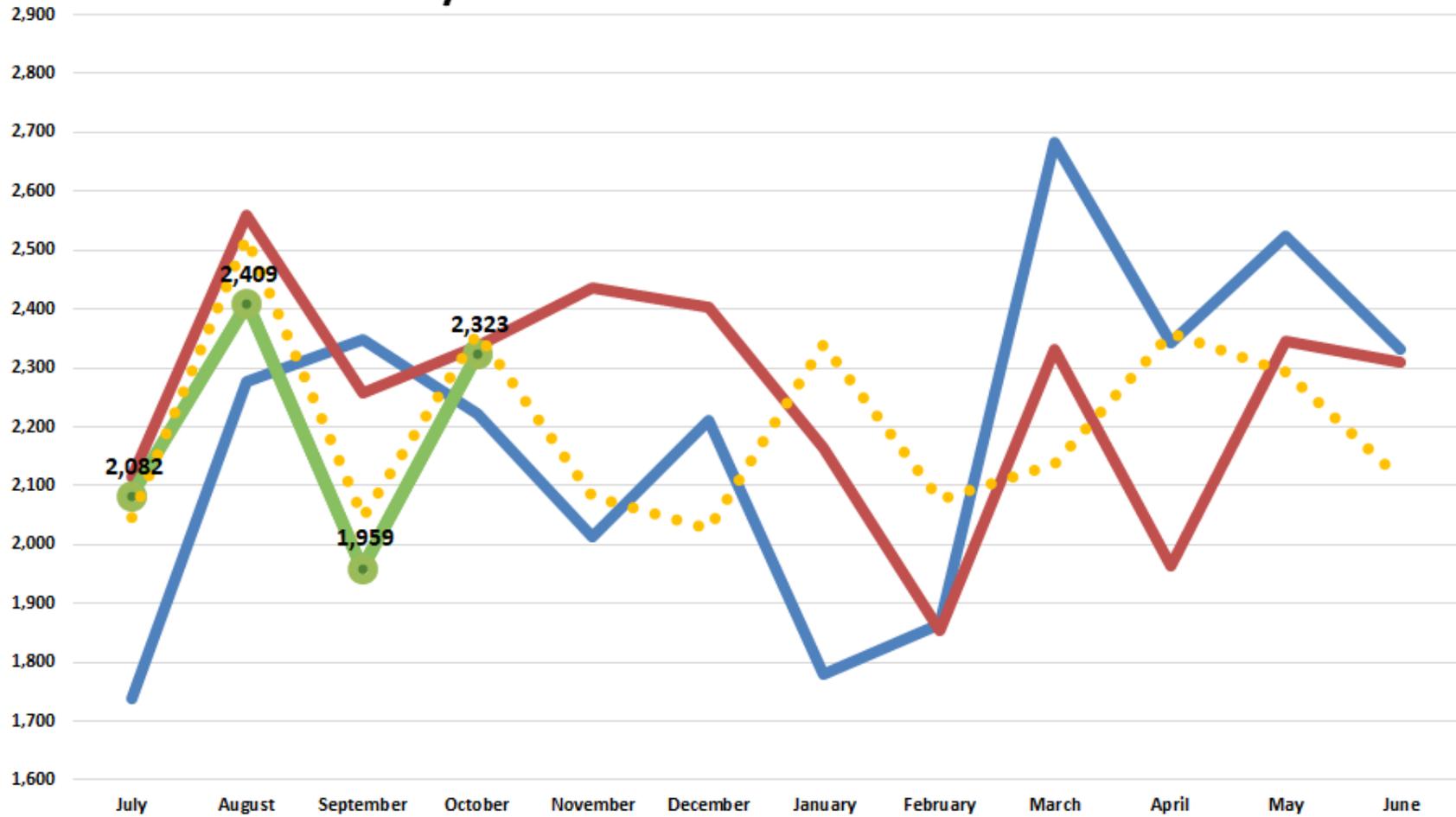
# O/P Rehab - LLOPT



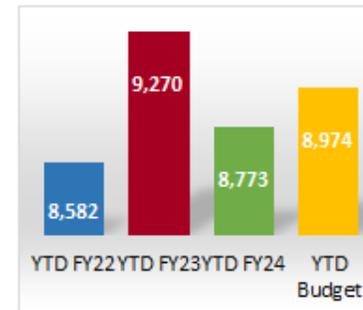
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



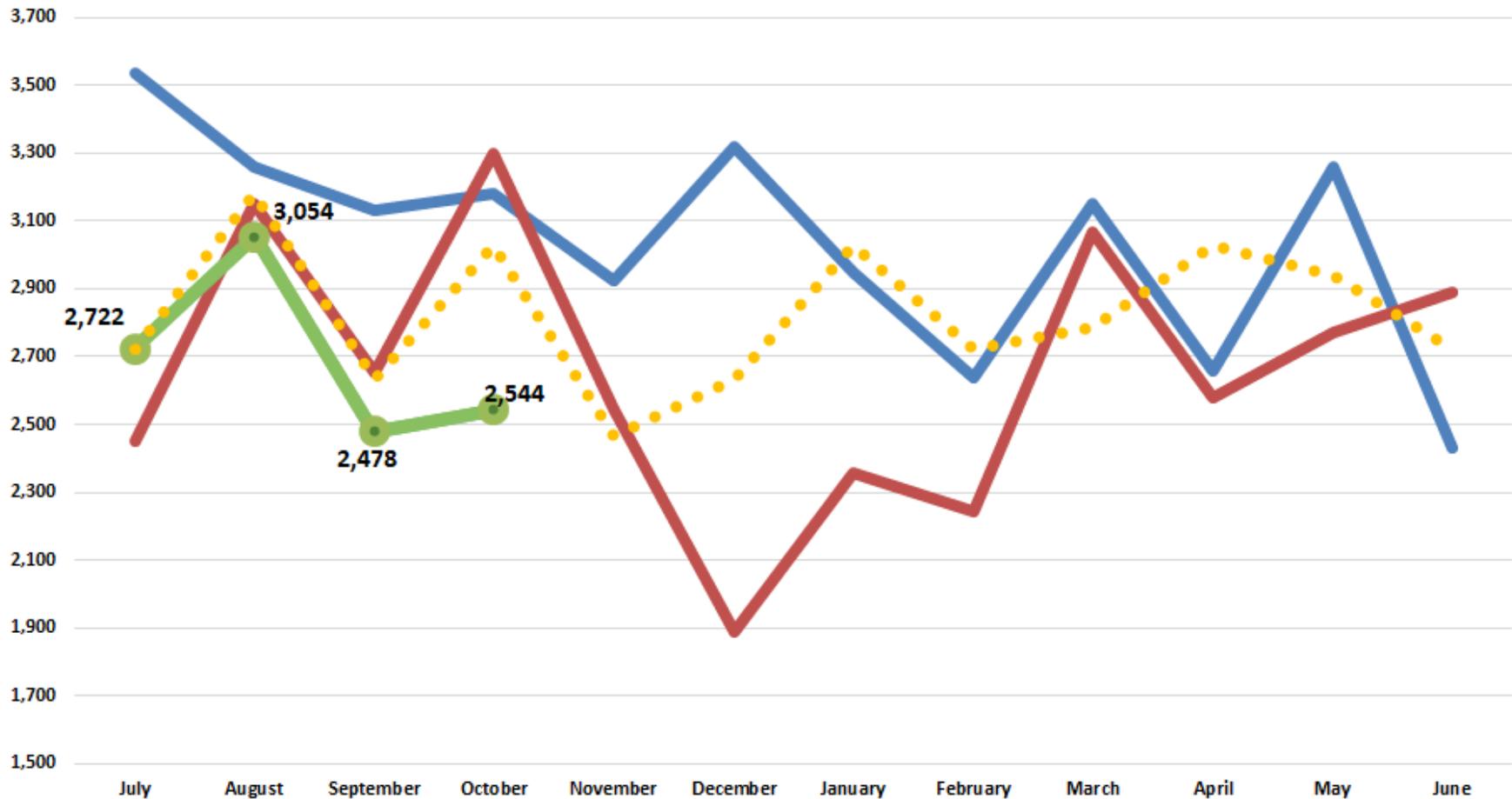
# O/P Rehab - Dinuba



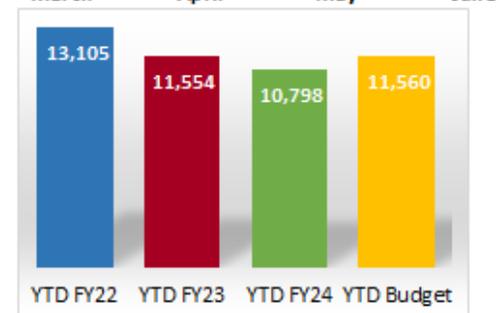
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



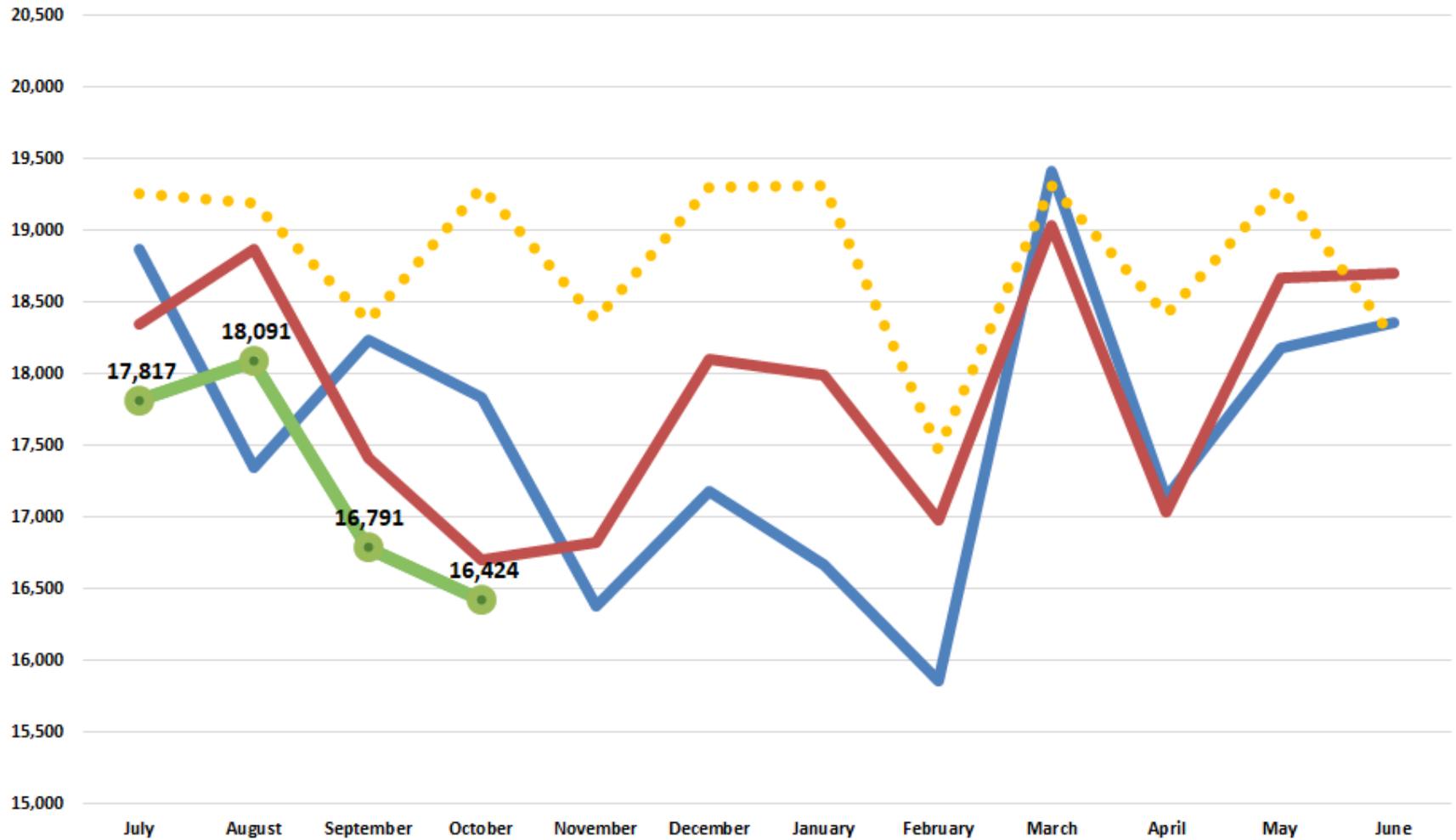
# Therapy - Cypress Hand Center



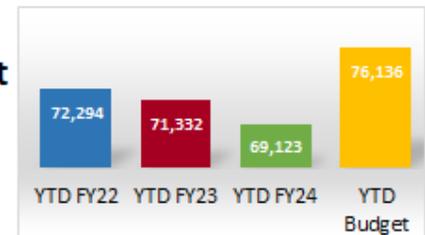
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



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

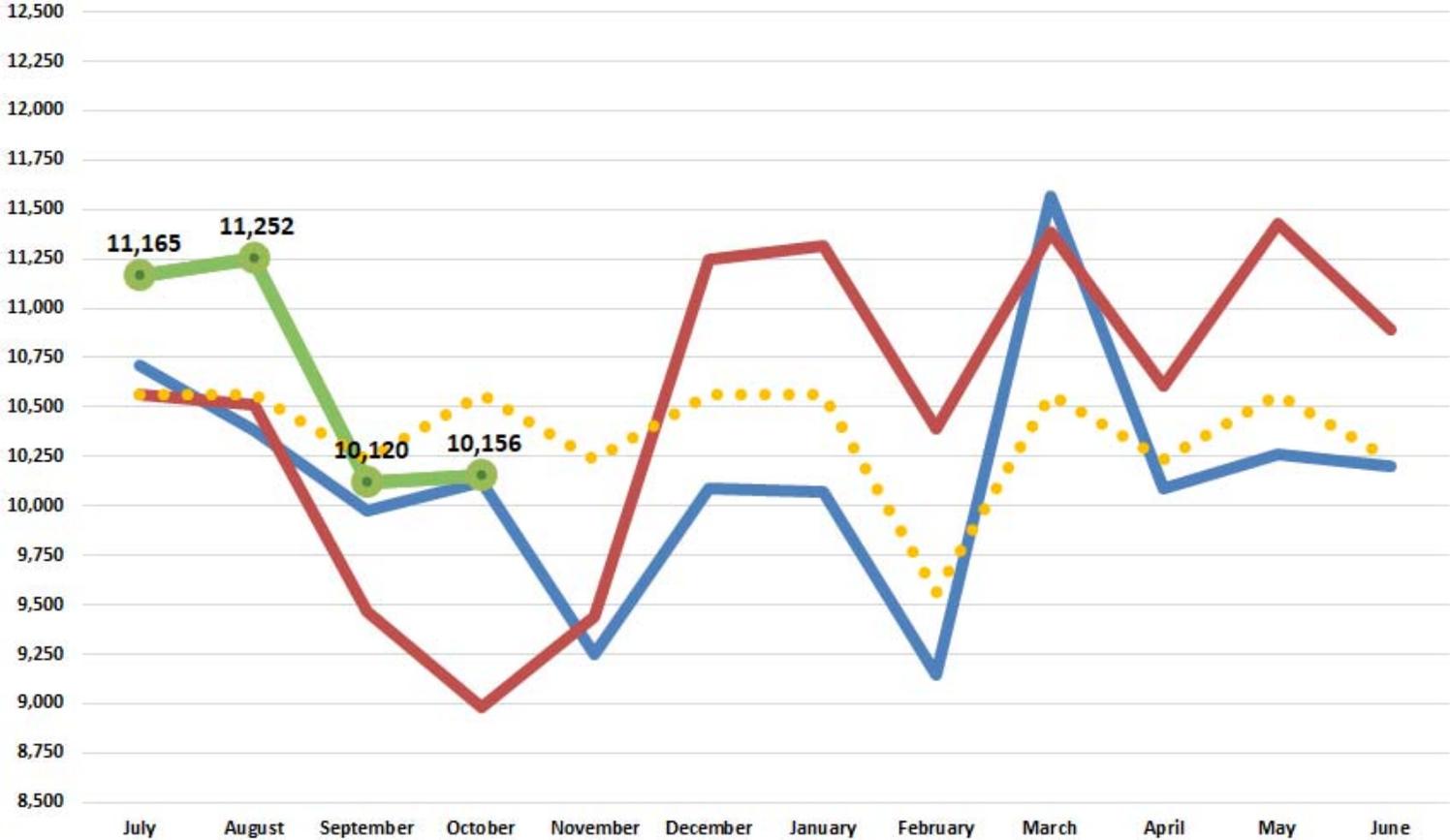


—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget

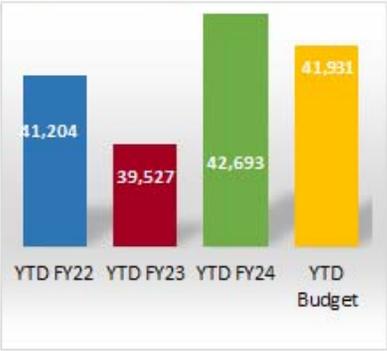


# Physical & Other Therapy Units

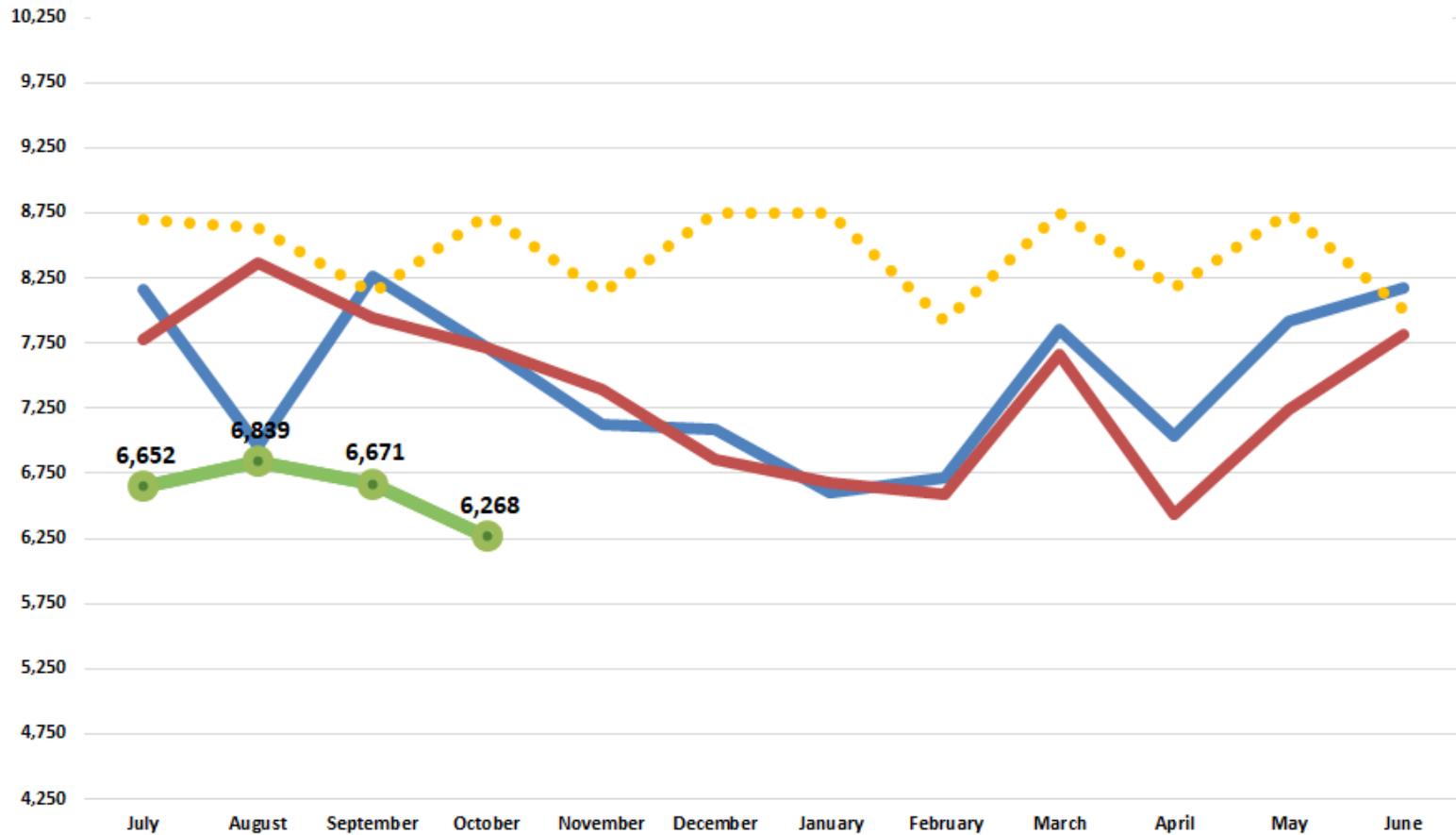
(I/P & O/P)-Main Campus



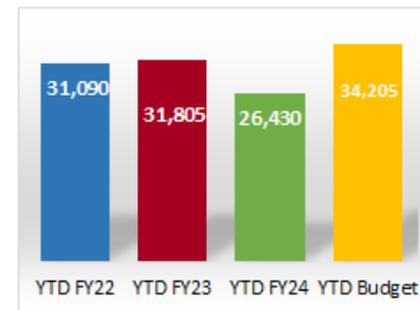
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



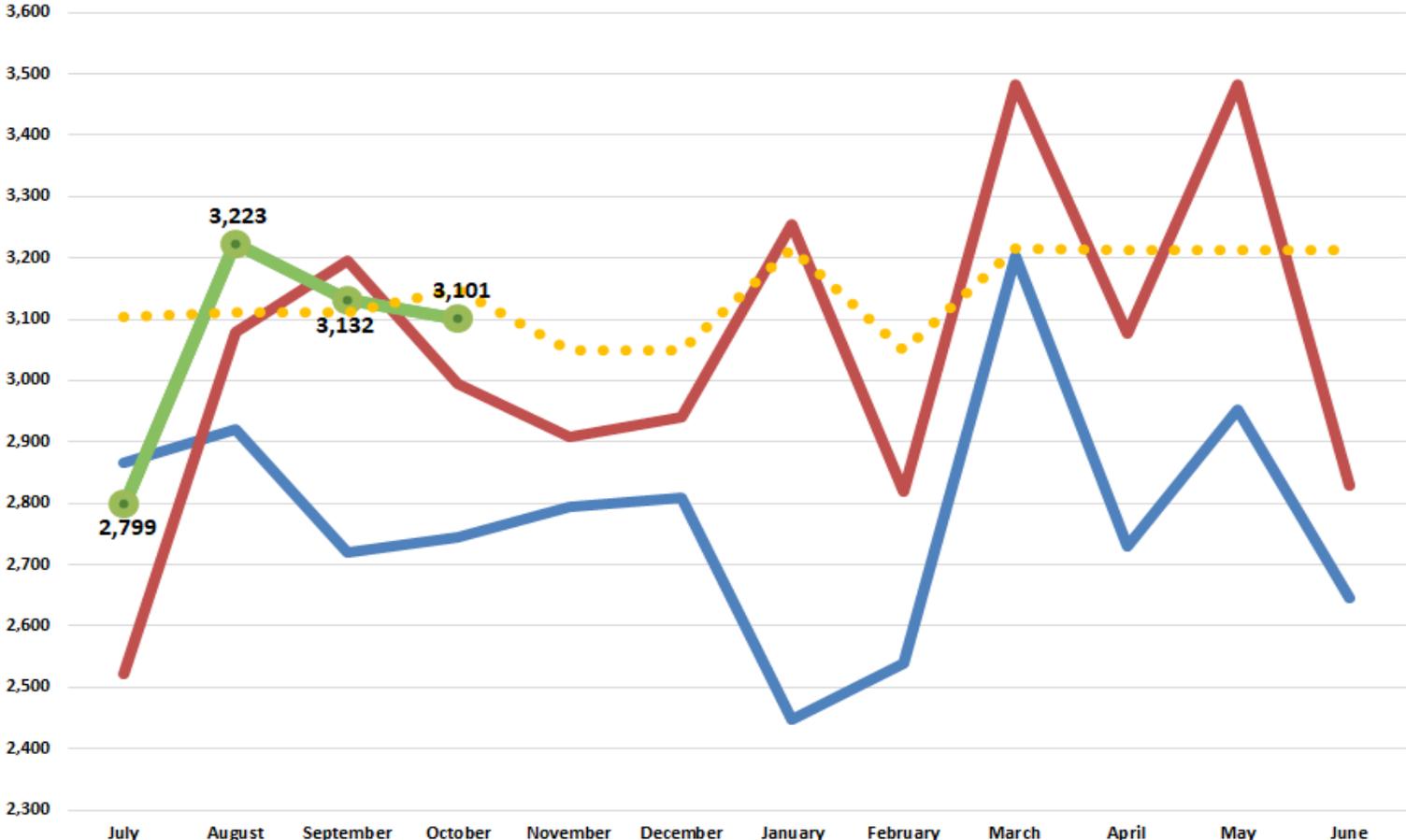
# Physical & Other Therapy Units (I/P & O/P)- KDRH & South Campus



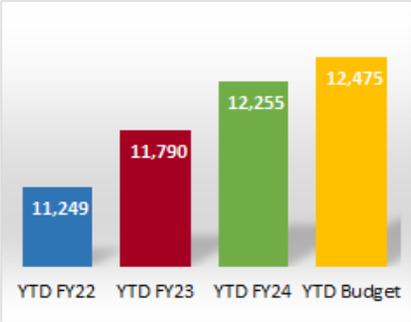
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



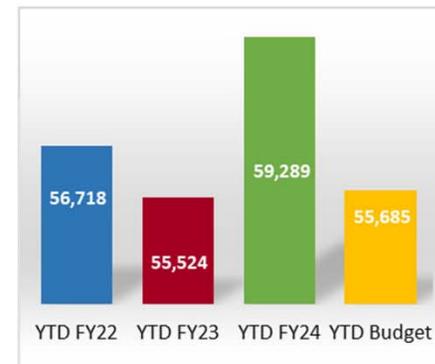
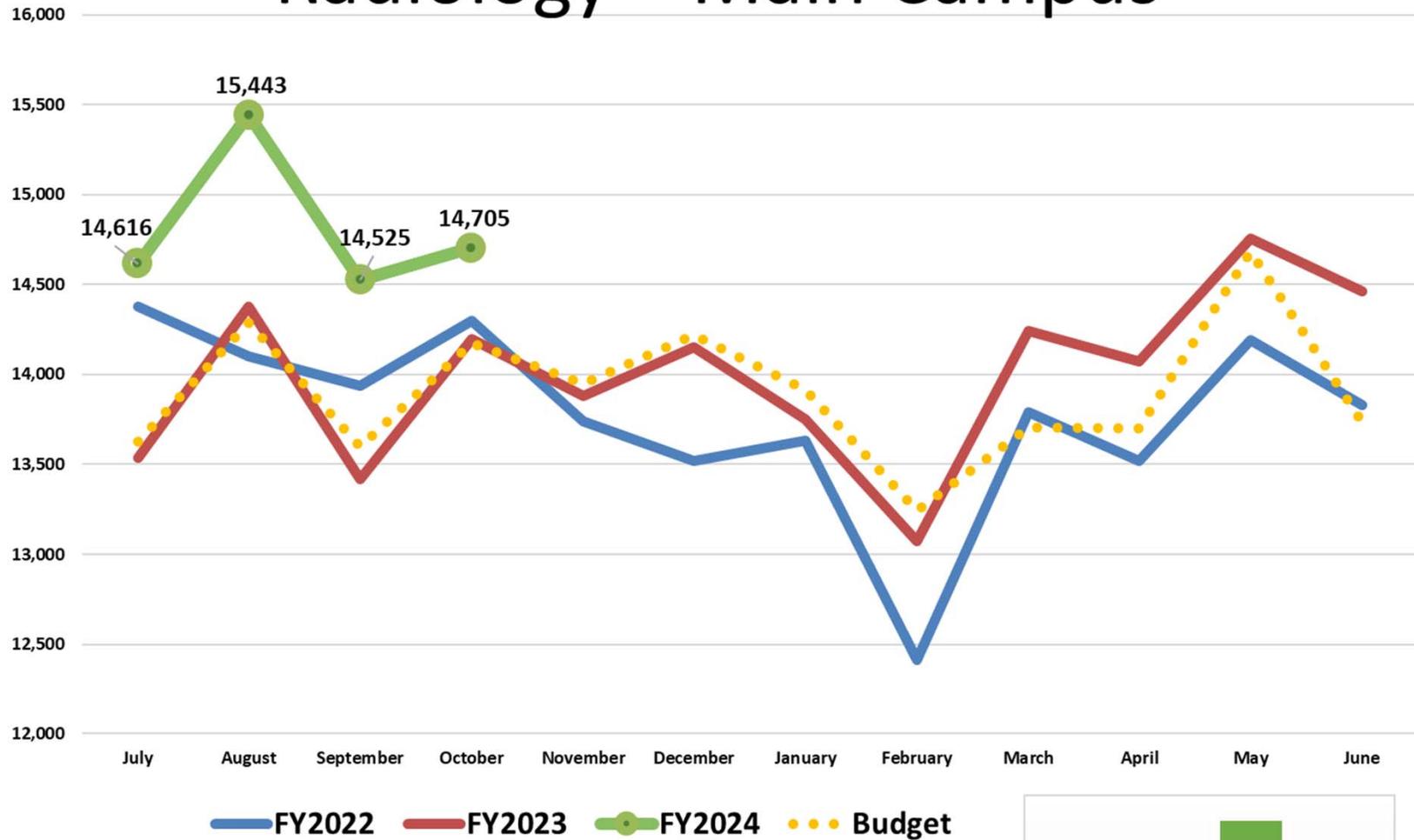
# Home Health Visits



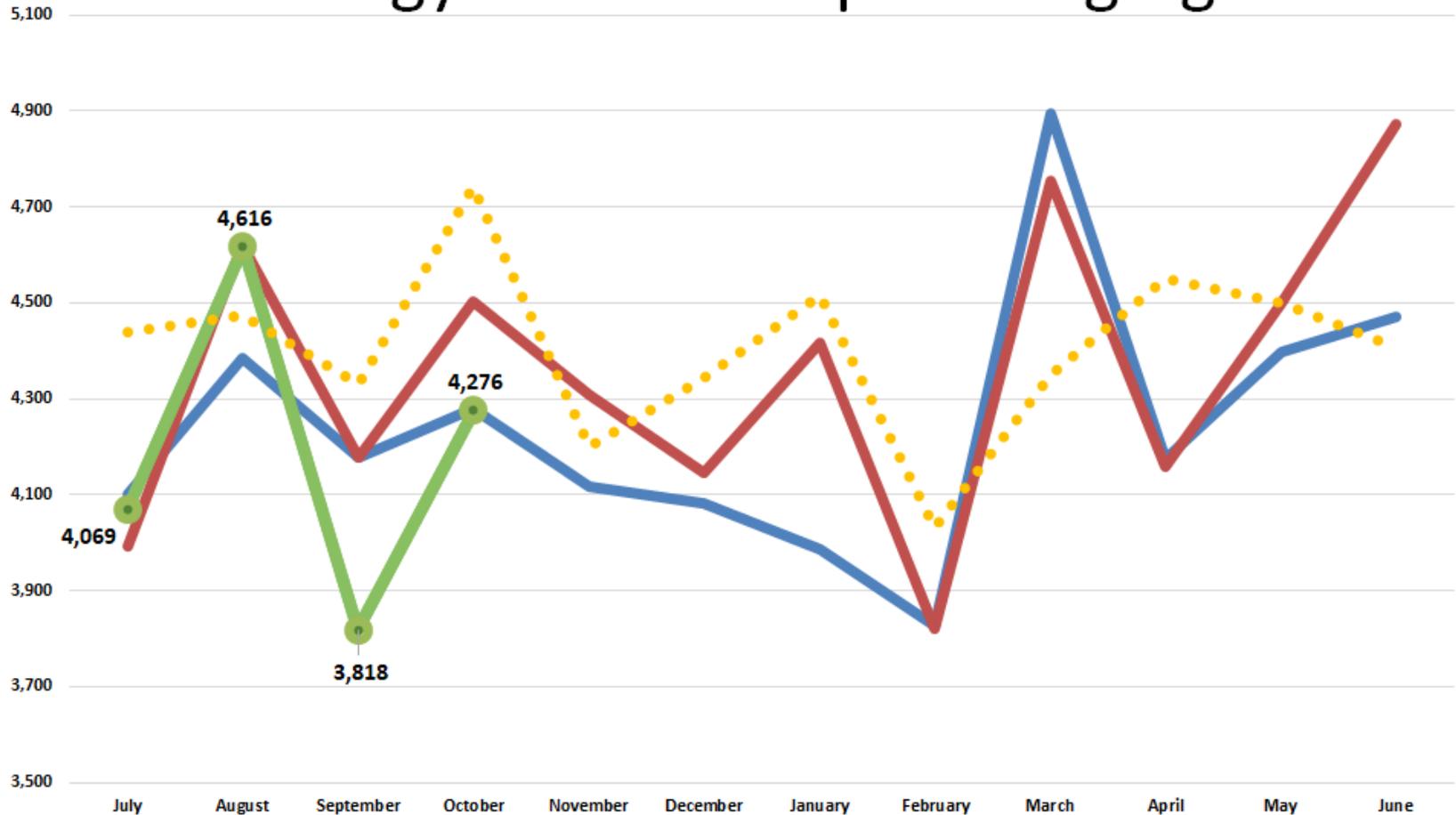
— FY2022   
 — FY2023   
 —● FY2024   
 ●●● Budget



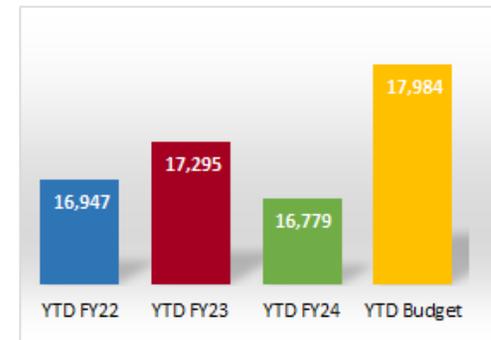
# Radiology – Main Campus



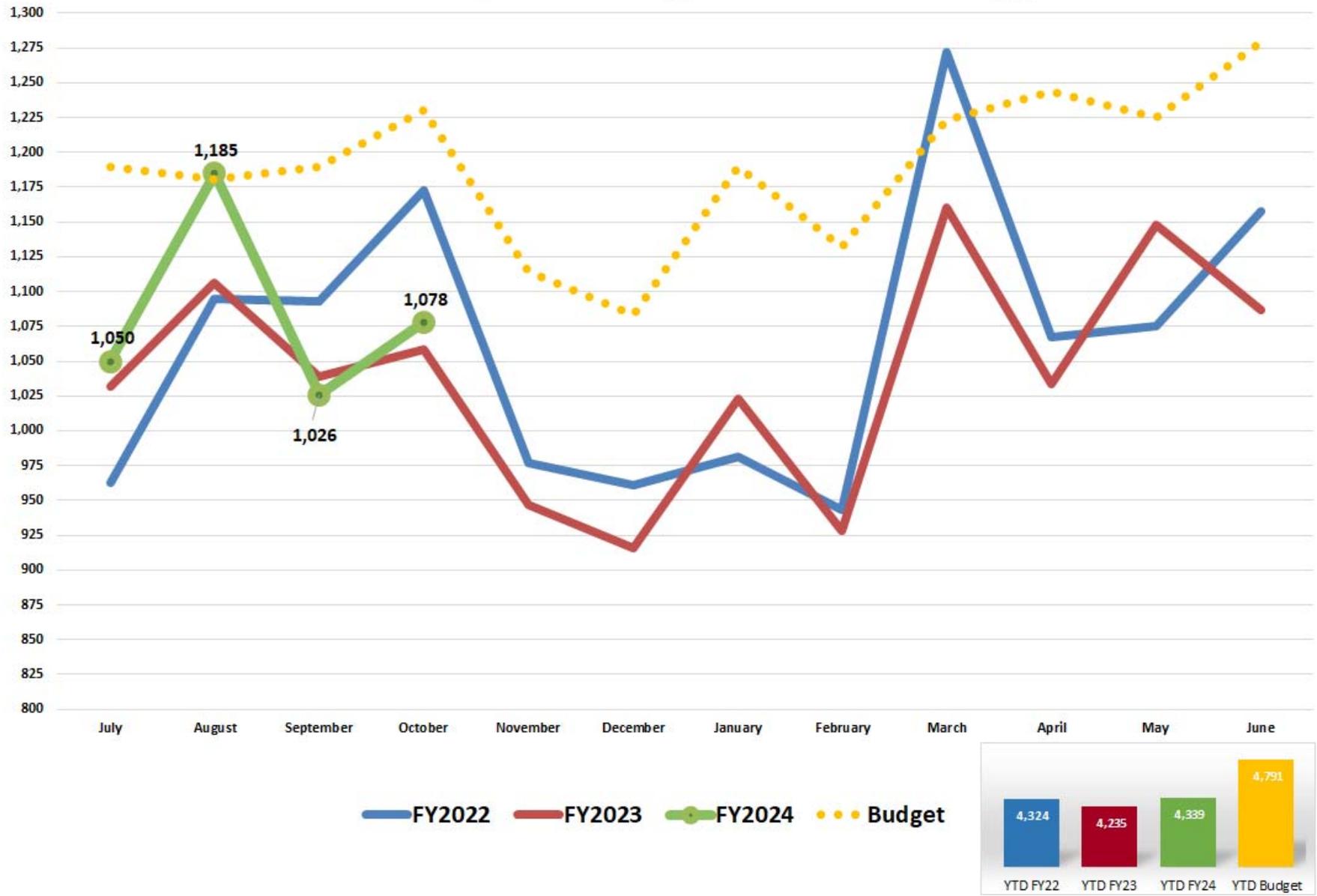
# Radiology - West Campus Imaging



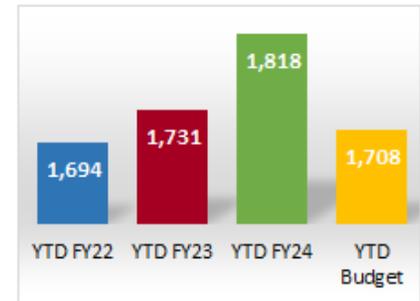
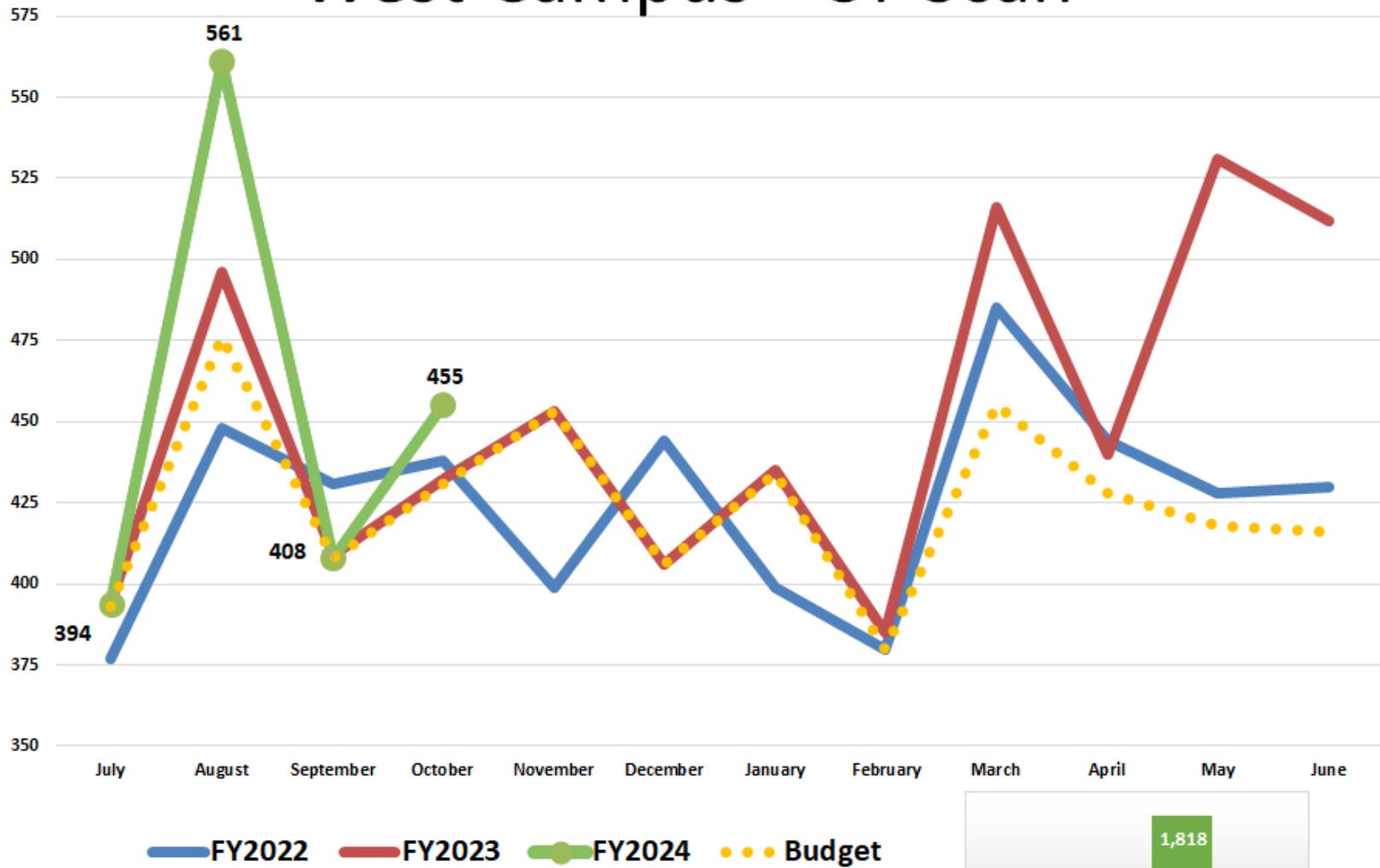
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



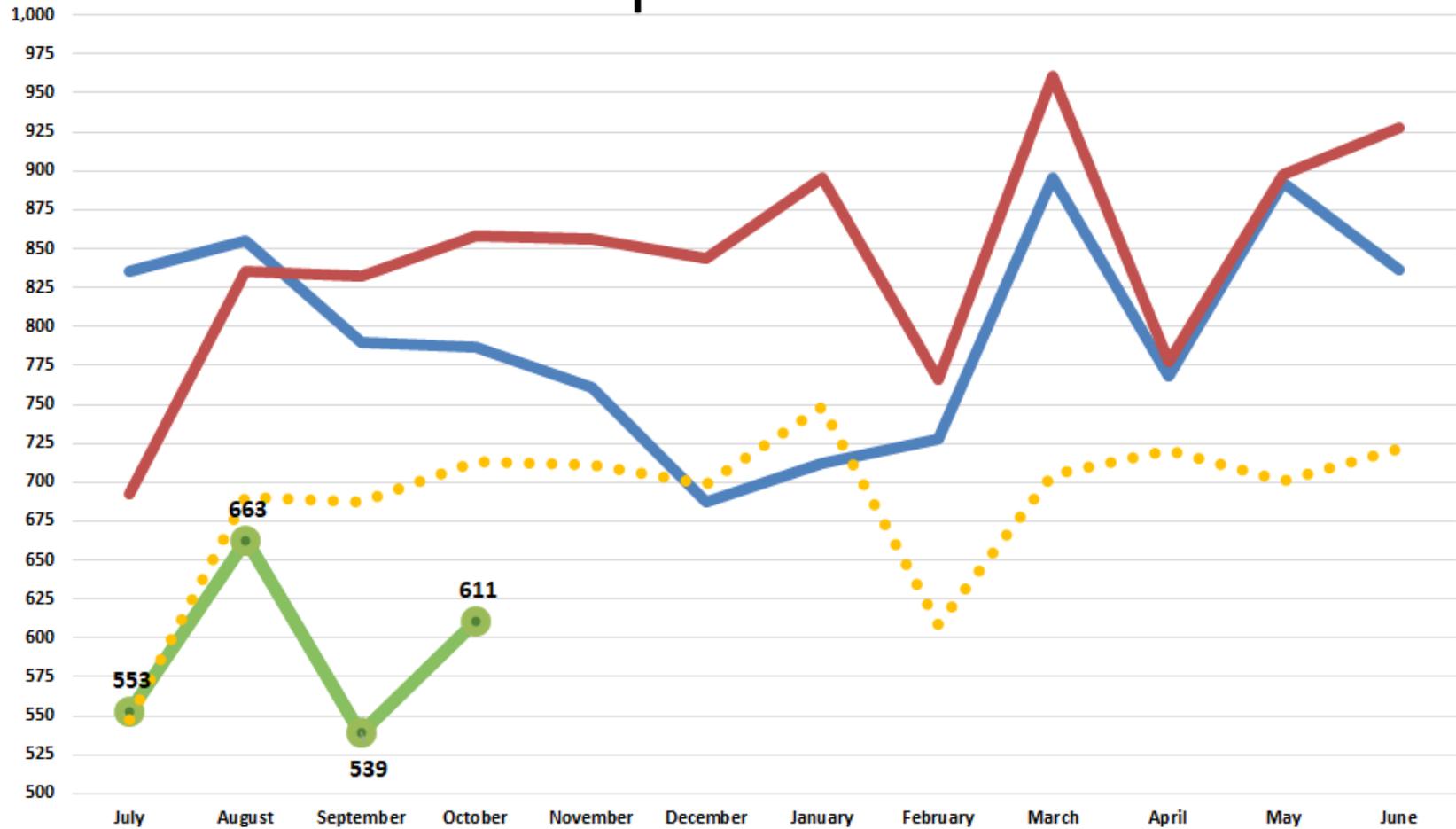
# West Campus - Diagnostic Radiology



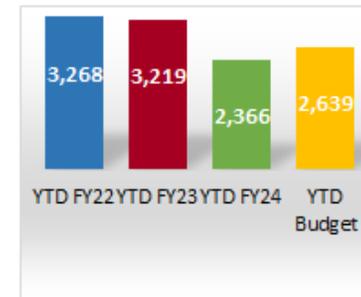
# West Campus - CT Scan



# West Campus - Ultrasound



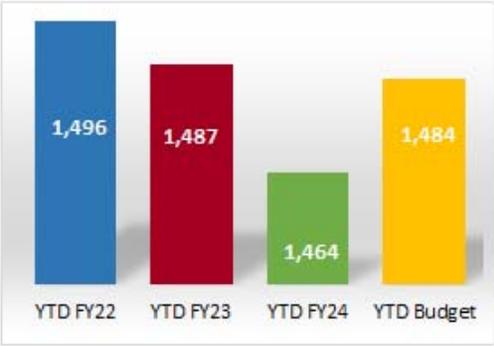
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



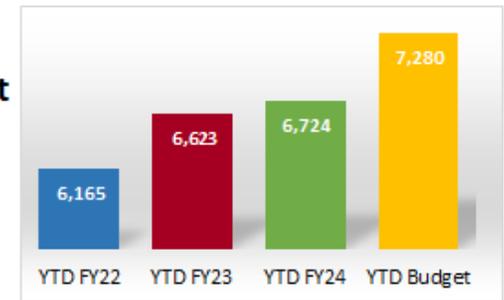
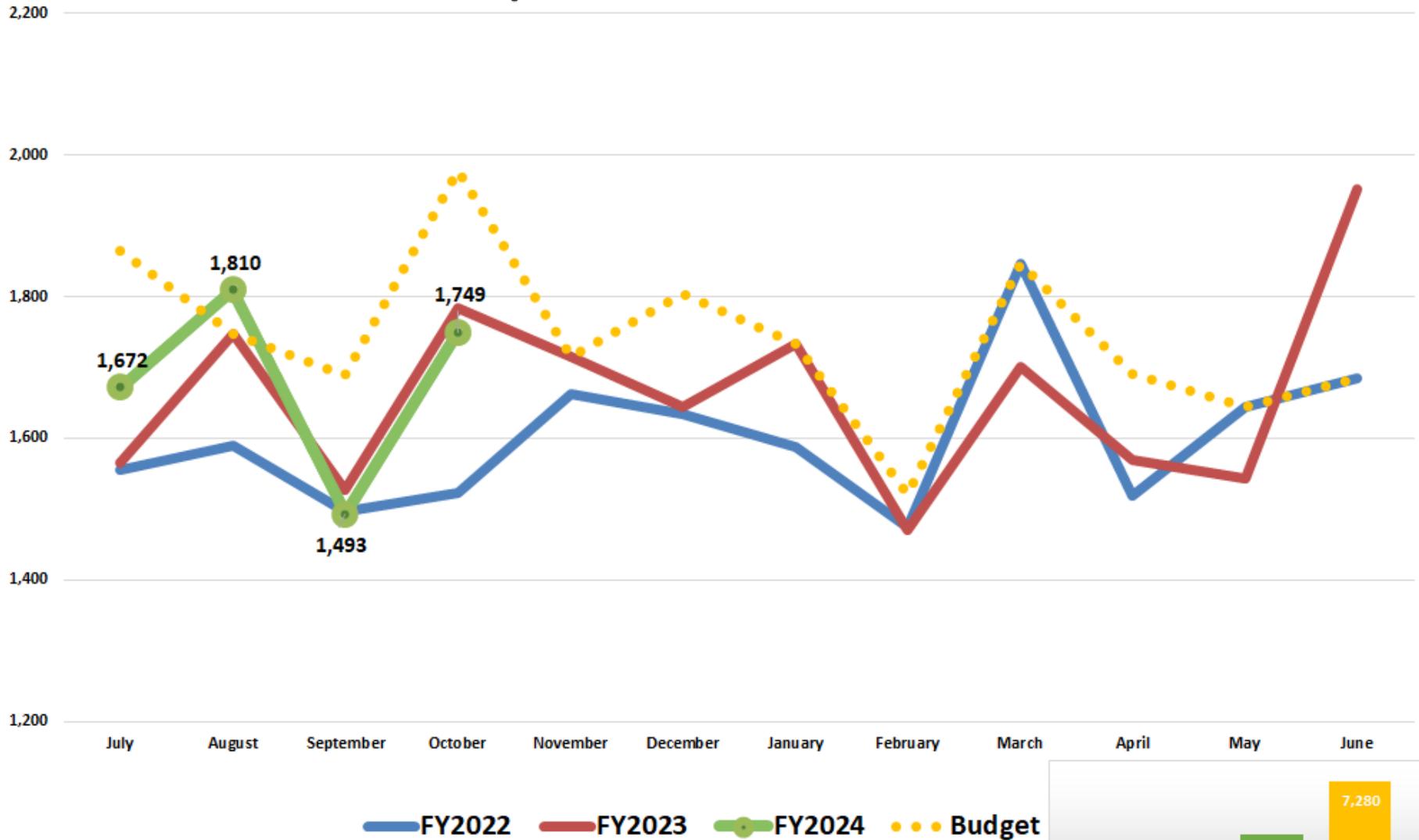
# West Campus - MRI



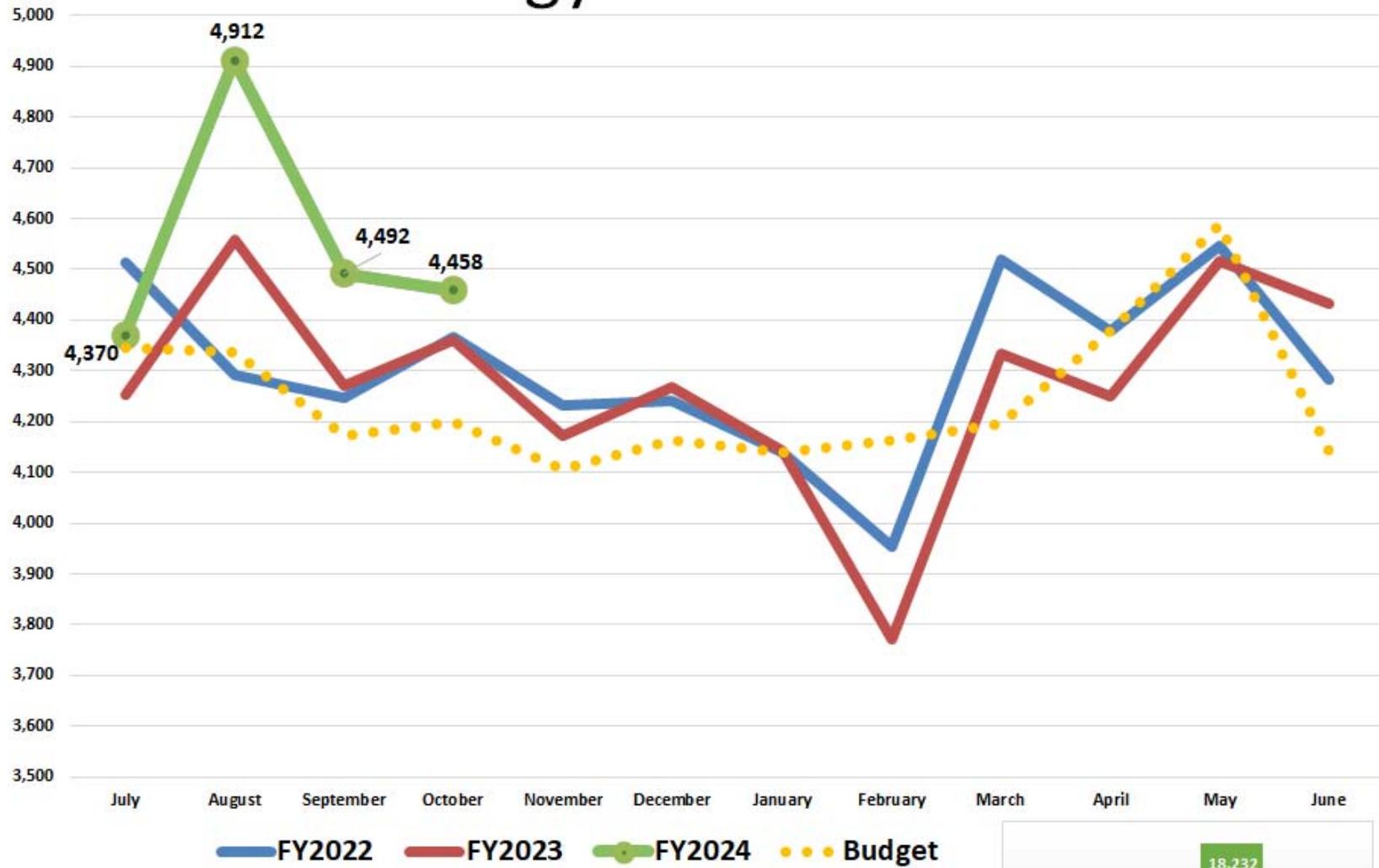
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



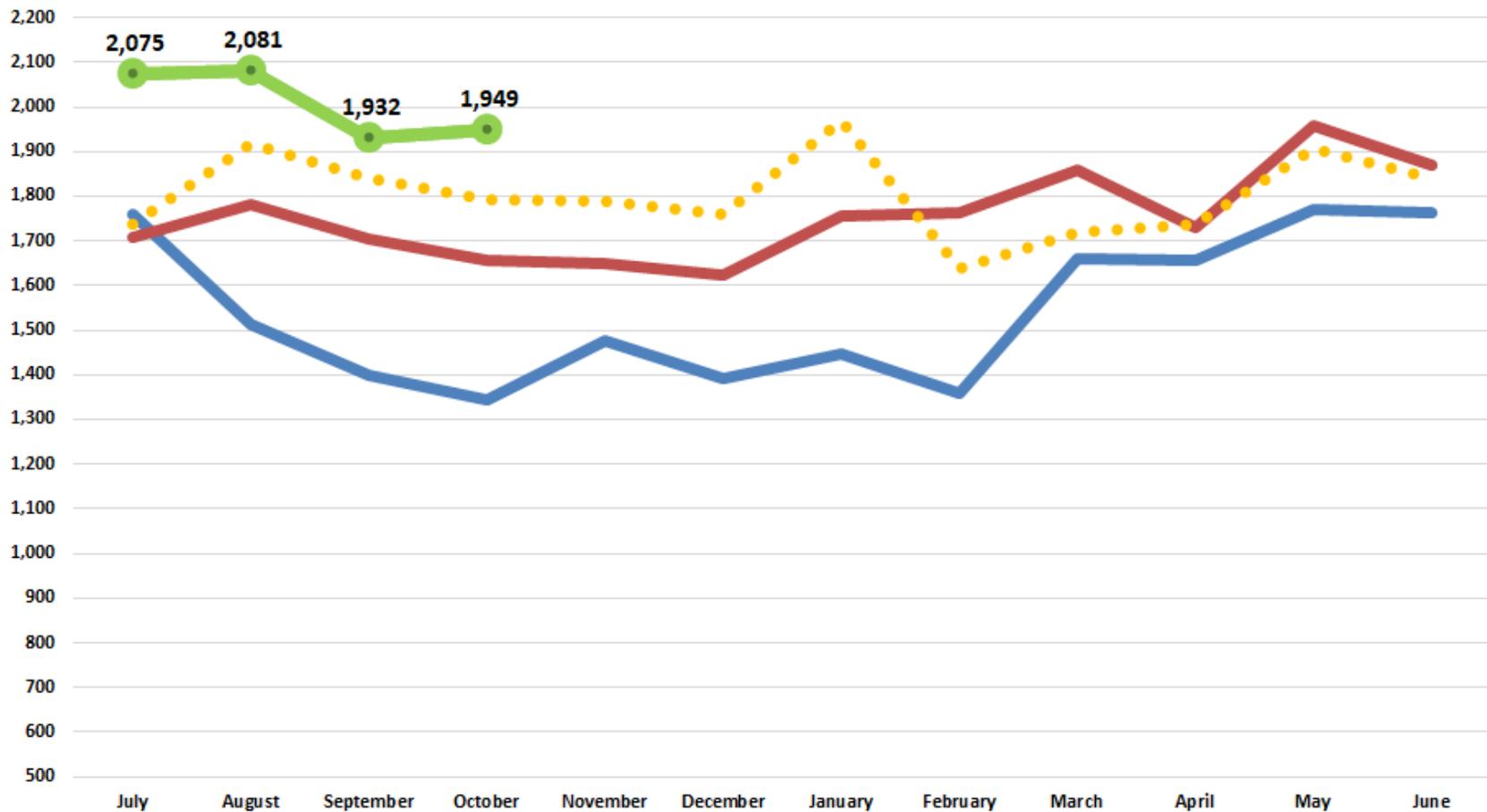
# West Campus - Breast Center



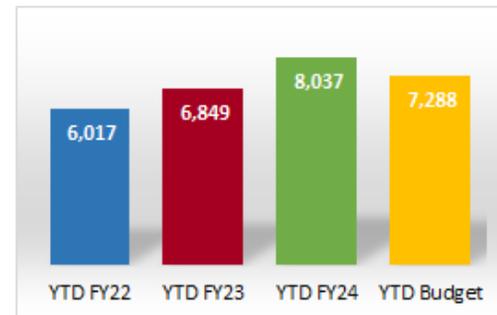
# Radiology - CT - All Areas



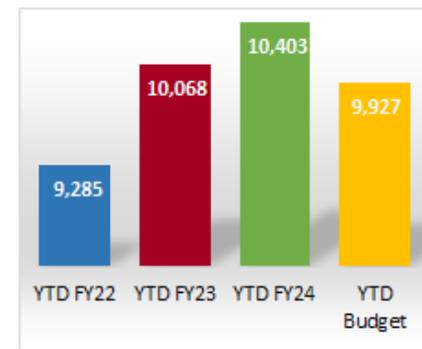
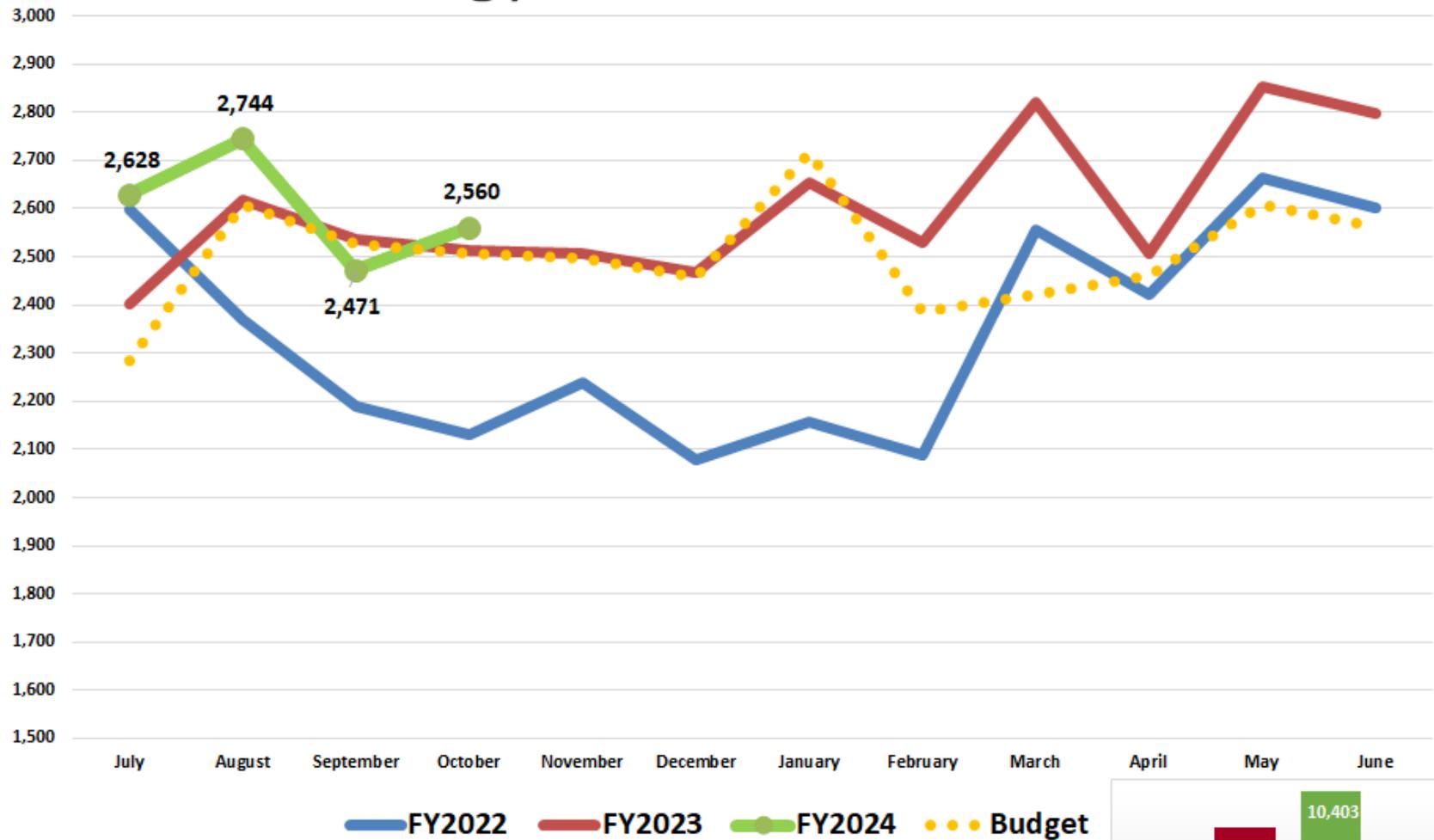
# Radiology - Ultrasound - Main Campus



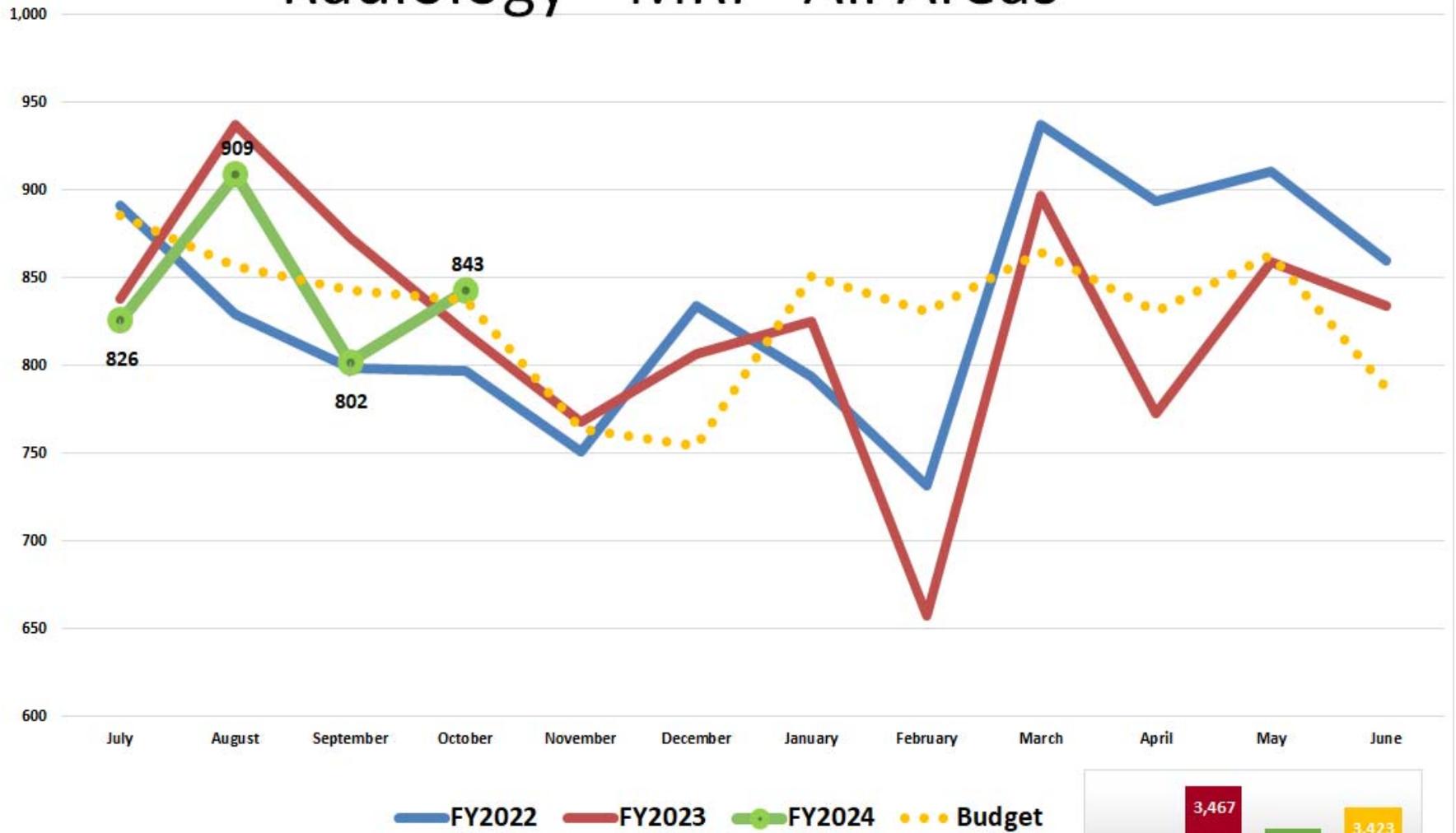
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



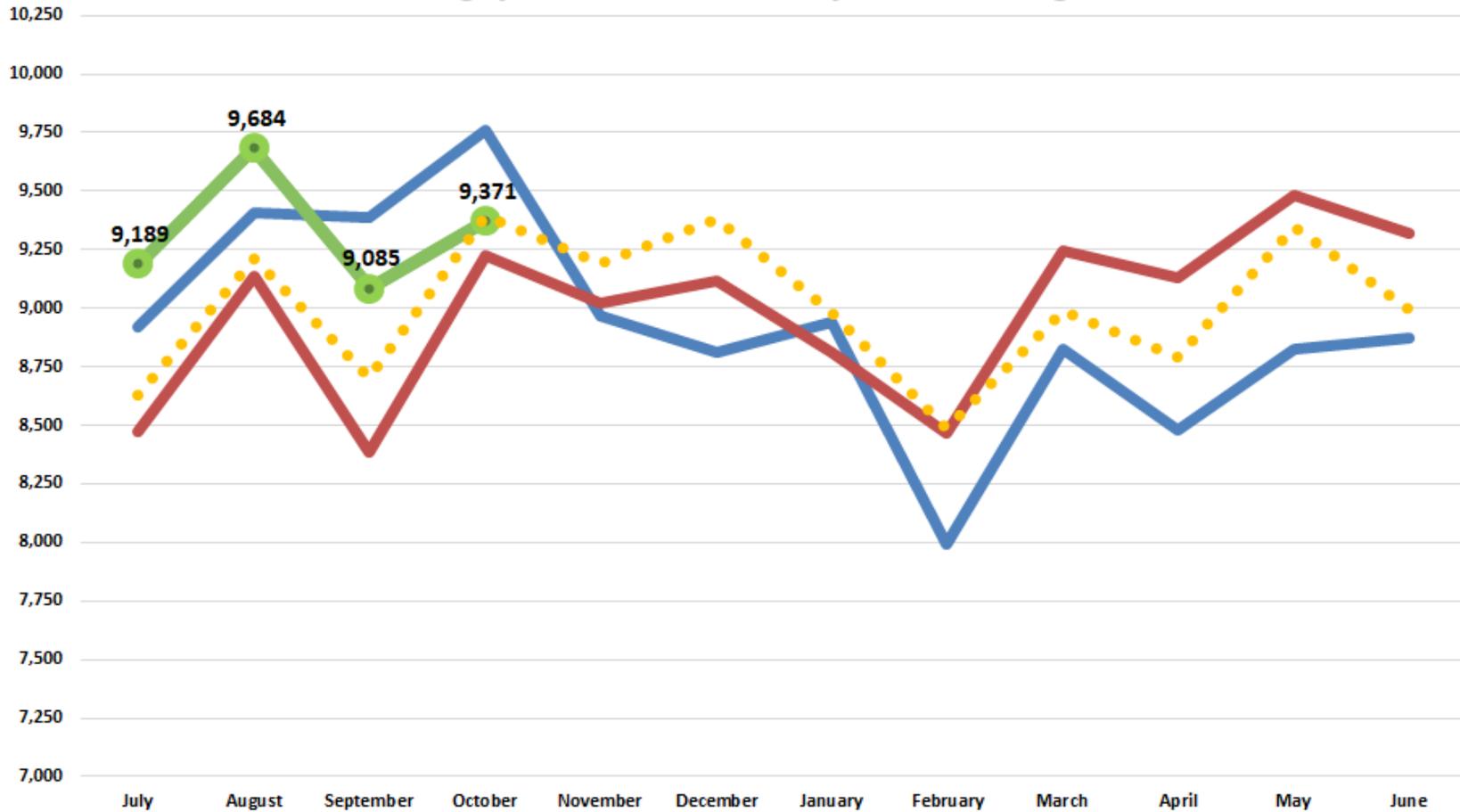
# Radiology - Ultrasound - All Areas



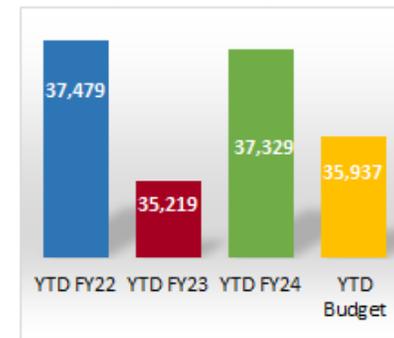
# Radiology - MRI - All Areas



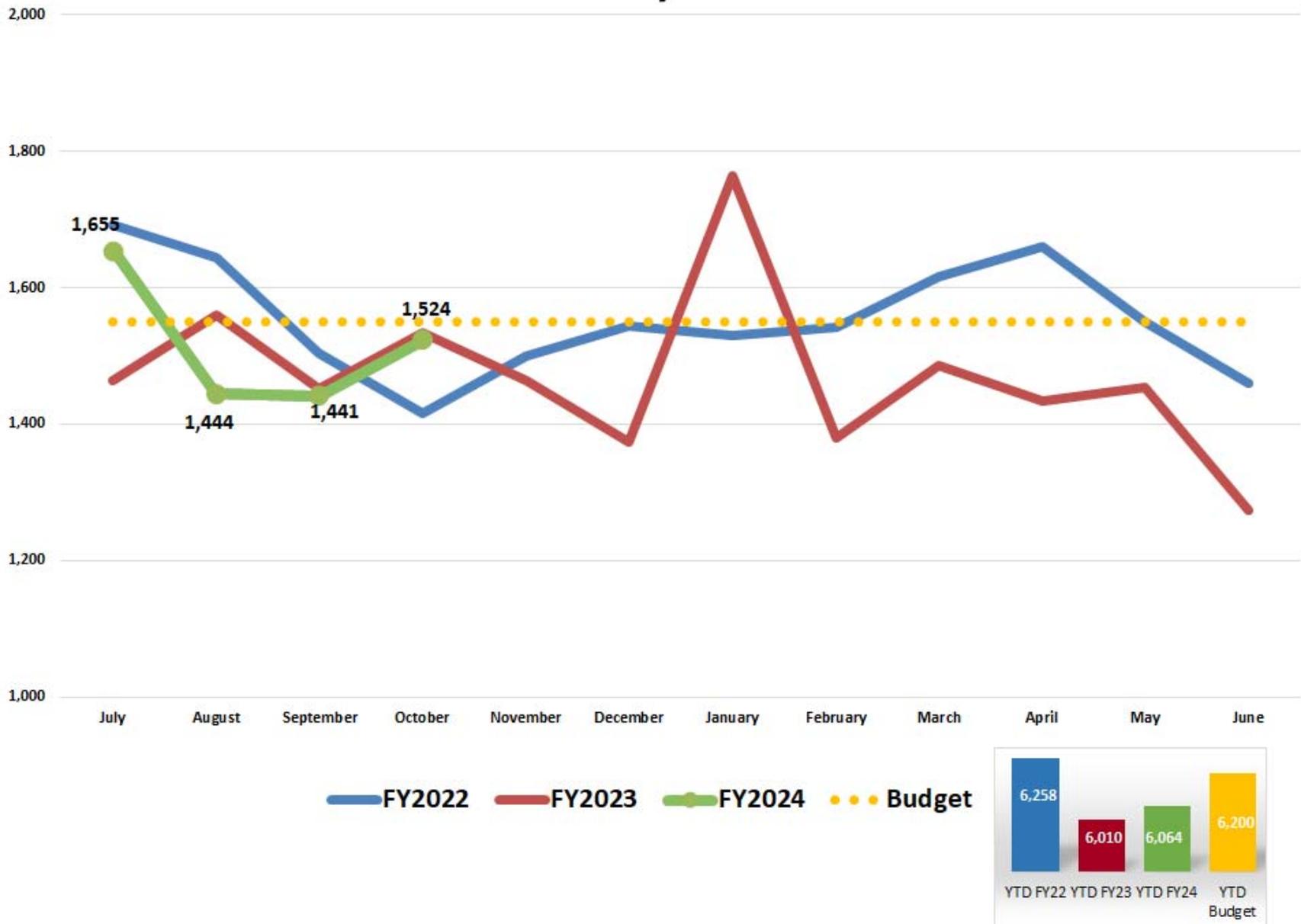
# Radiology Modality - Diagnostic



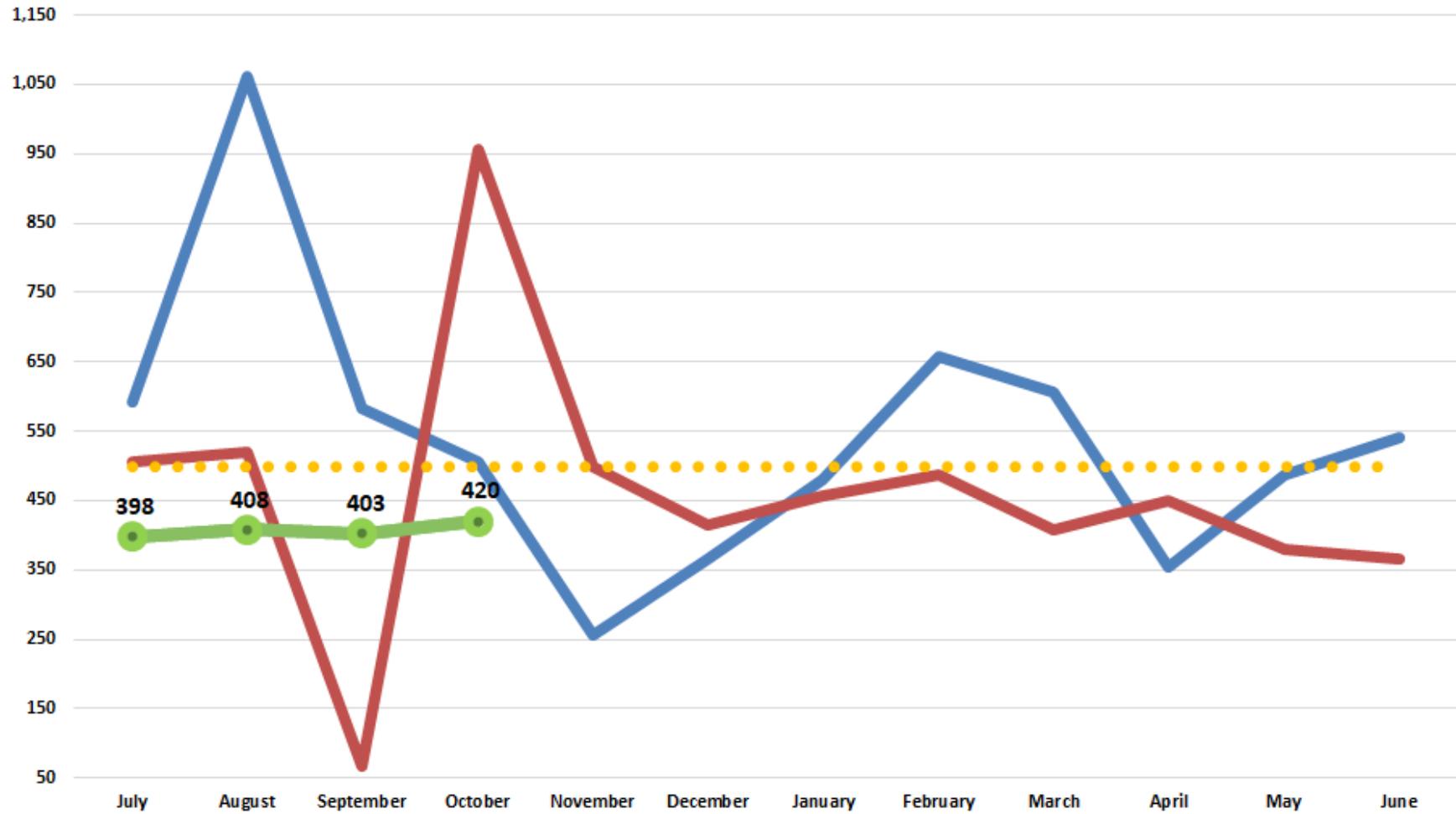
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



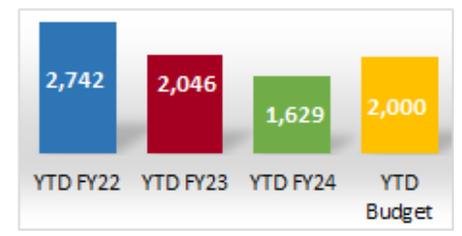
# Chronic Dialysis - Visalia



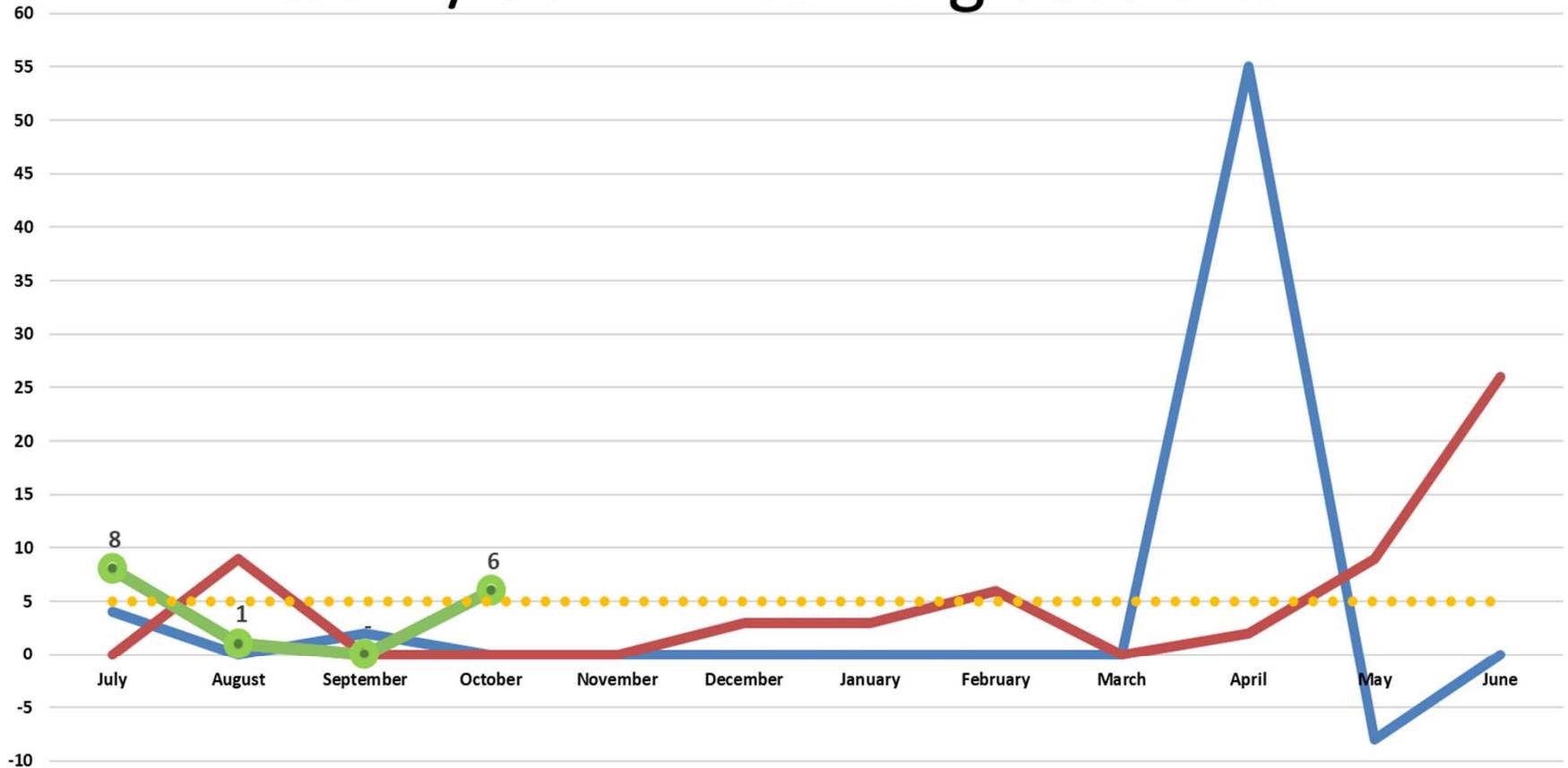
# CAPD/CCPD - Maintenance Sessions



—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



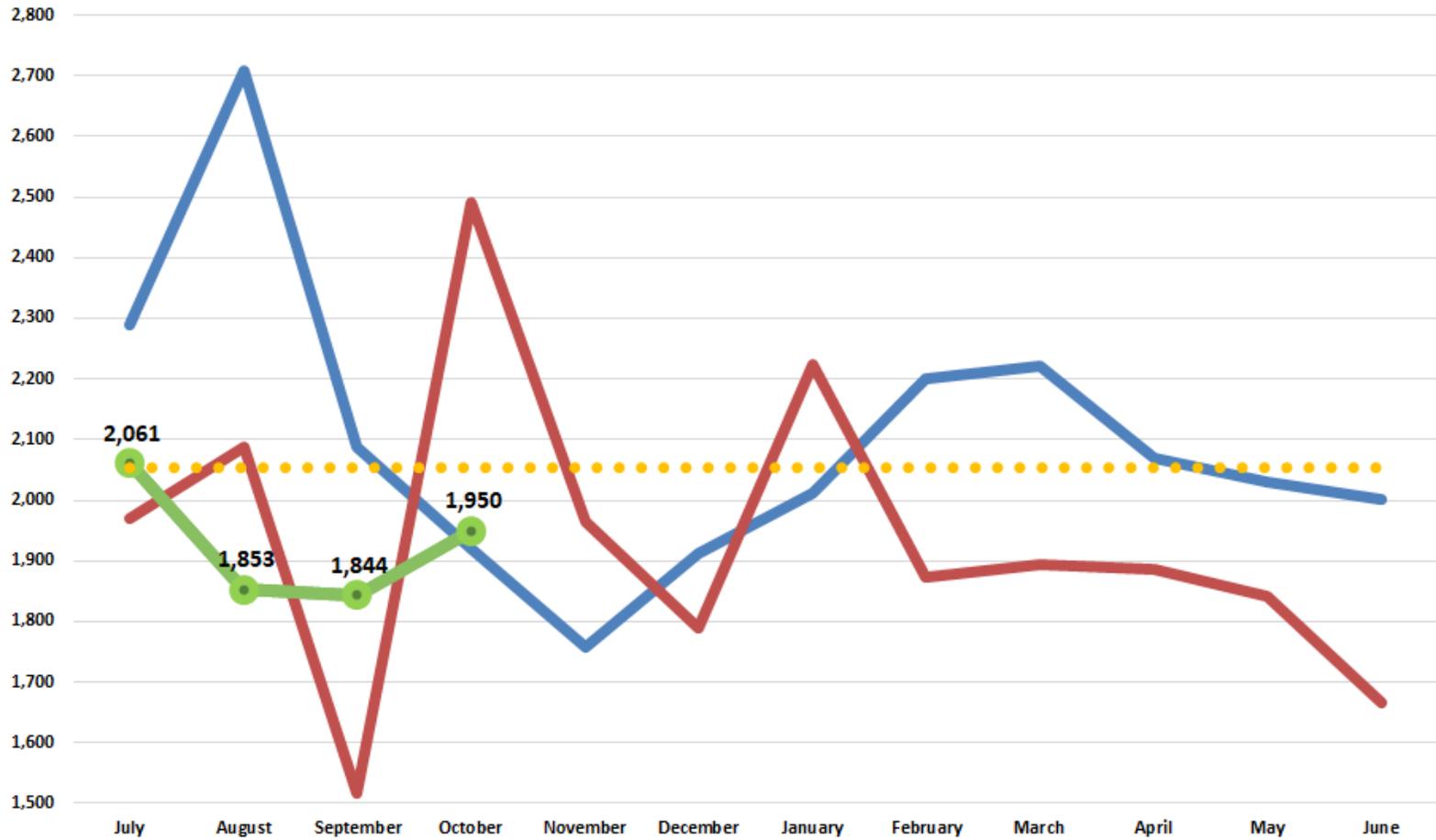
# CAPD/CCPD - Training Sessions



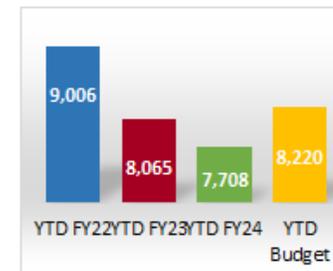
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



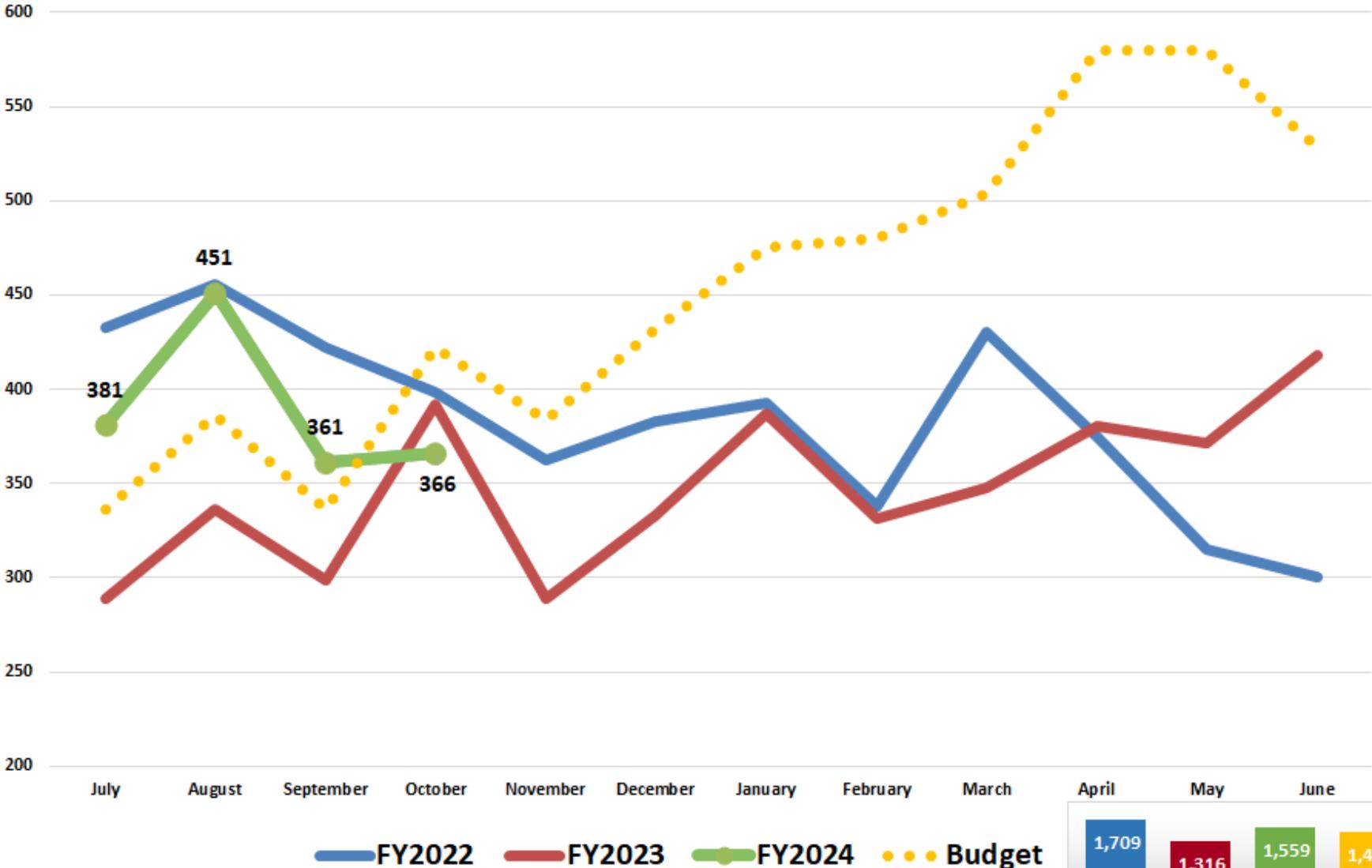
# All CAPD & CCPD



—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget

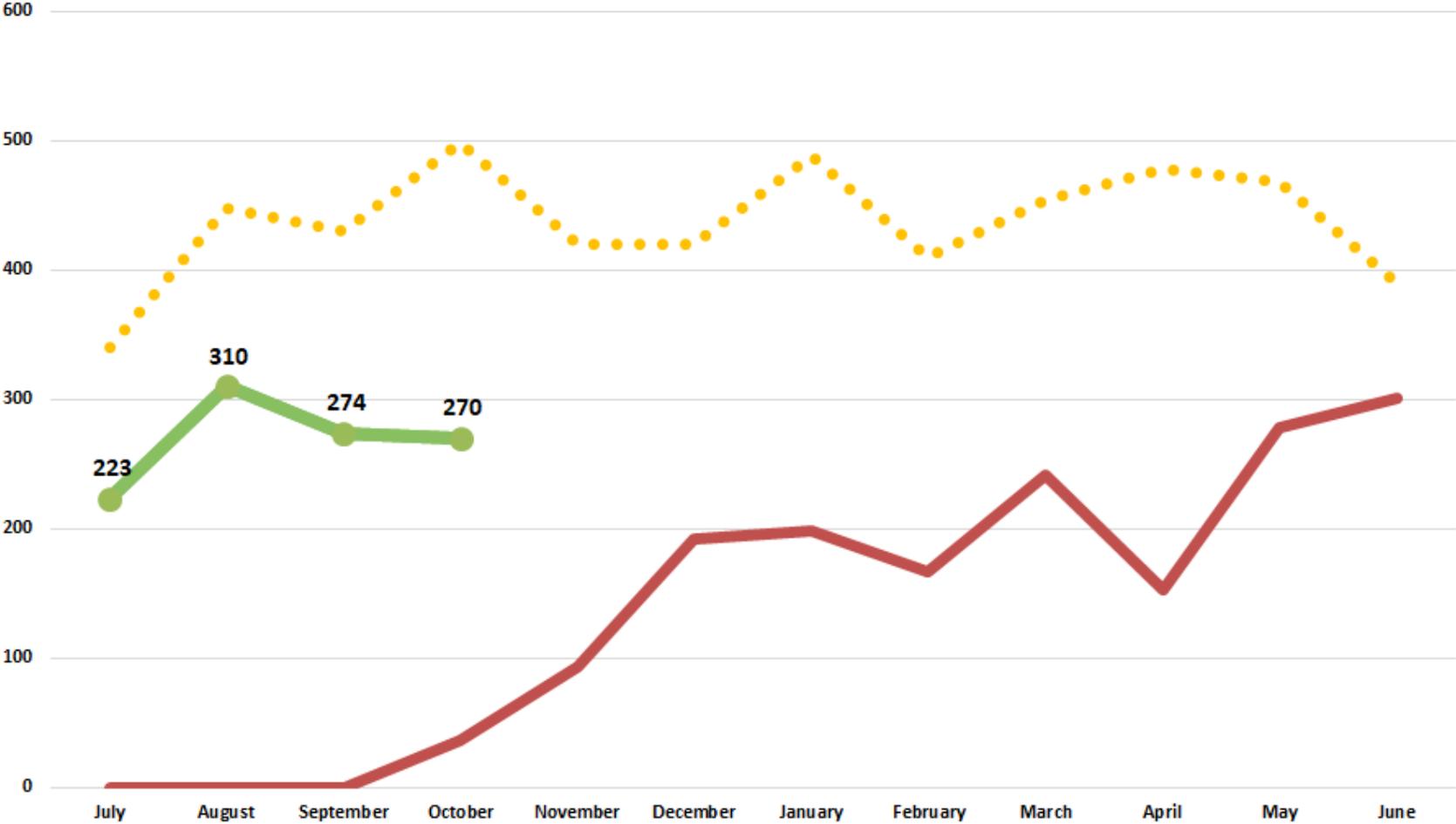


# Infusion Center - Outpatient Visits

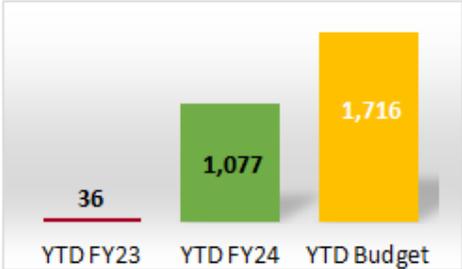


| Month | YTD FY22 | YTD FY23 | YTD FY24 | YTD Budget |
|-------|----------|----------|----------|------------|
| April | 1,709    | -        | -        | -          |
| May   | -        | 1,316    | -        | -          |
| June  | -        | -        | 1,559    | 1,480      |

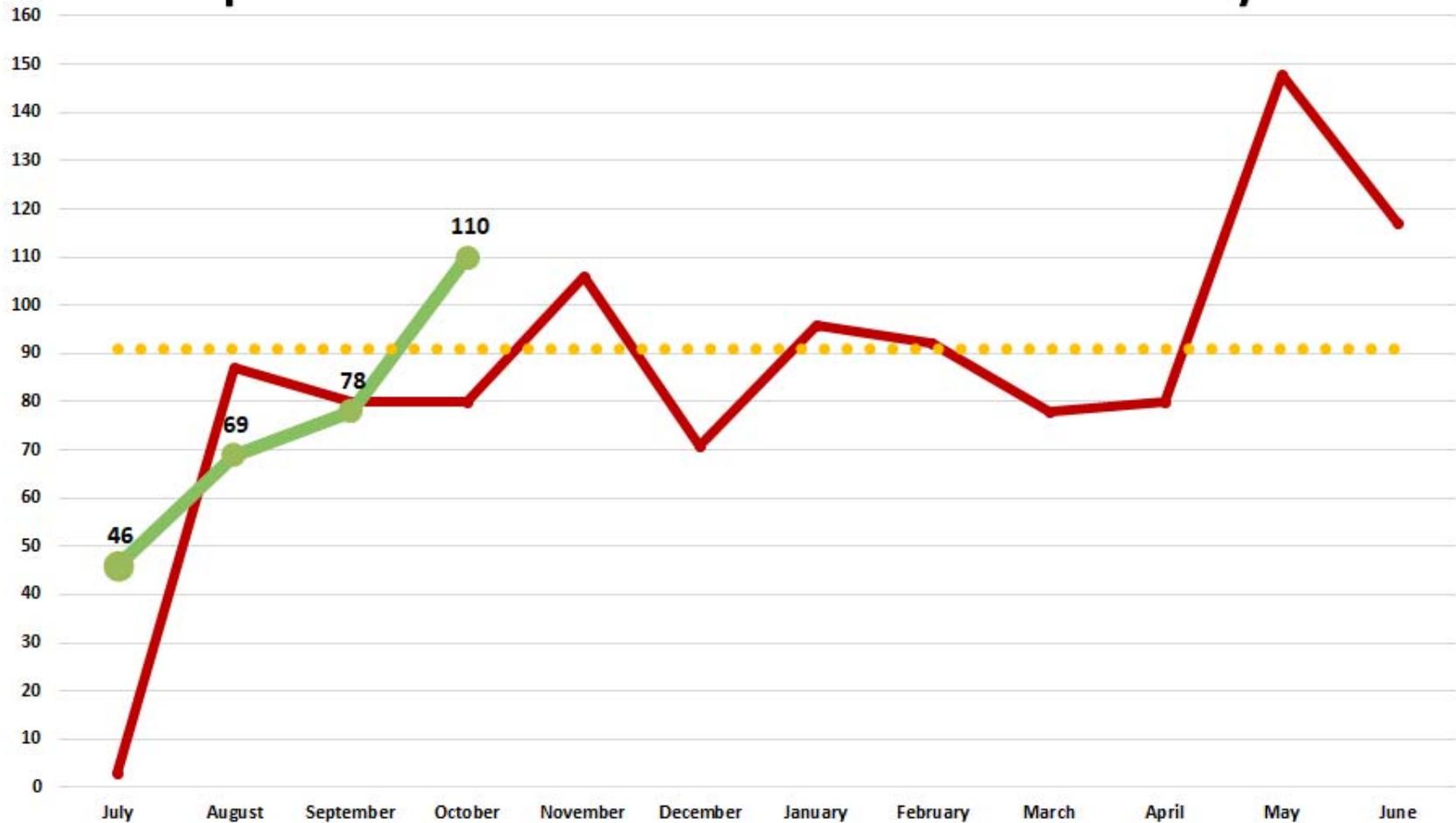
# Urology Clinic Visits



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



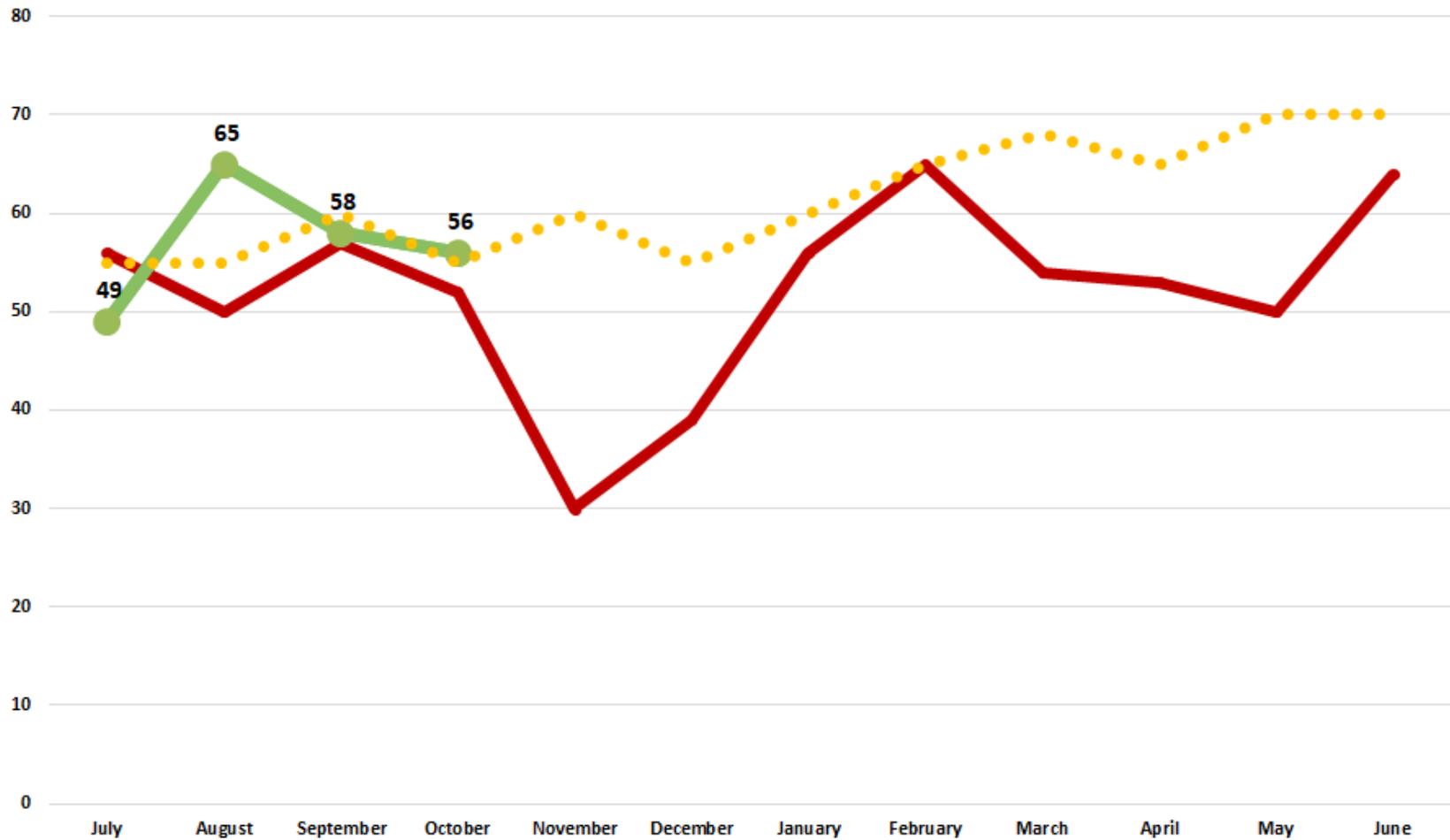
# Open Arms House - Patient Days



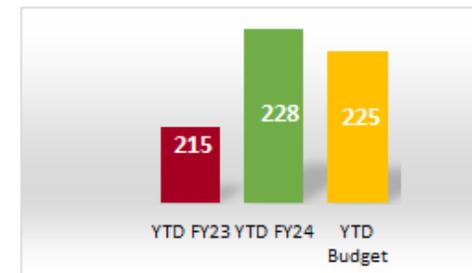
—●— FY2023   
 —●— FY2024   
 ⋯⋯⋯ Budget



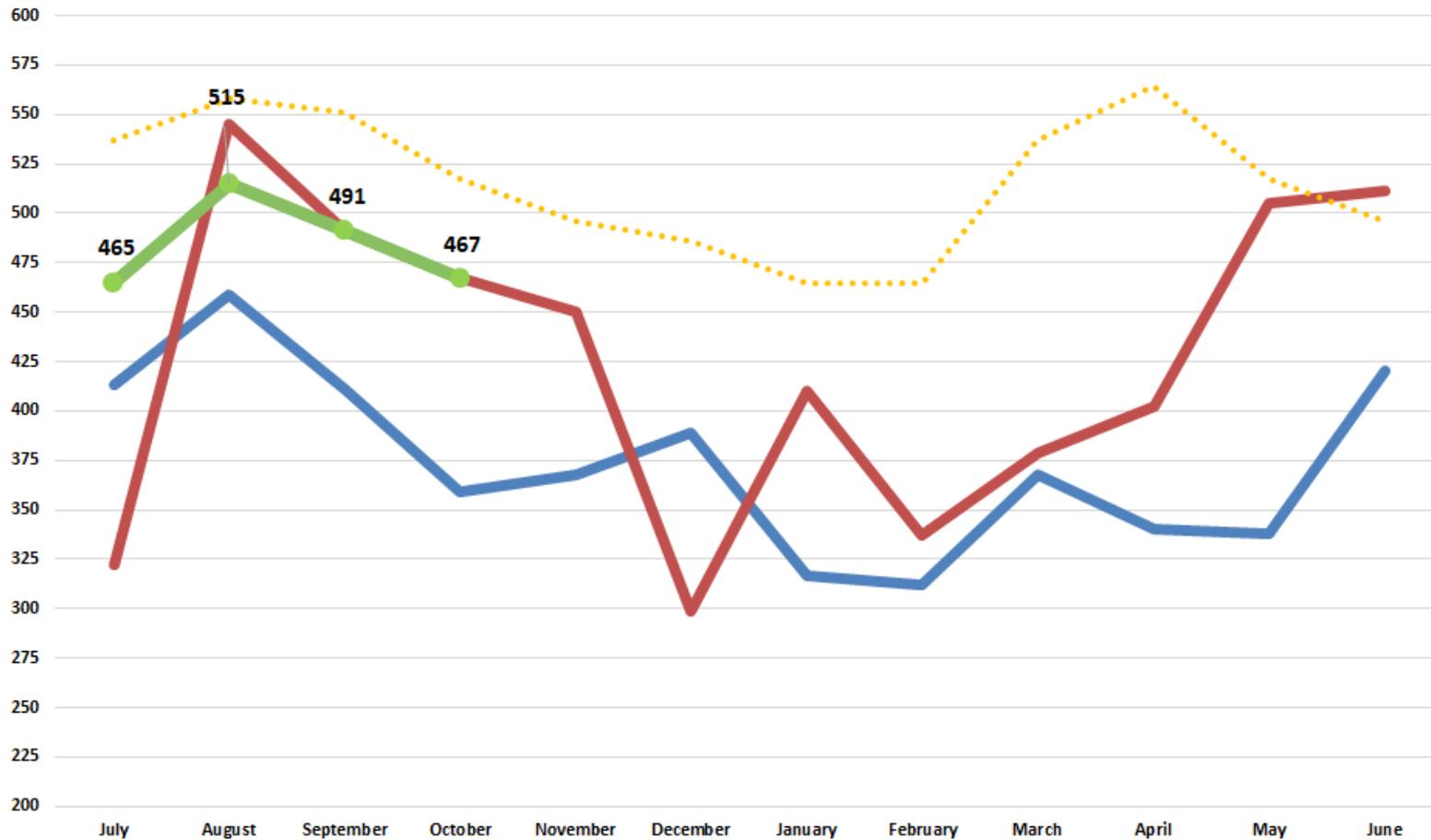
# Cardiothoracic Surgery Clinic - Visits



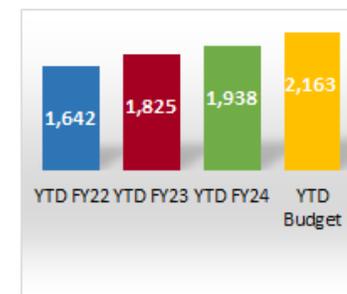
—●— FY2023   
 —●— FY2024   
 ●●● Budget



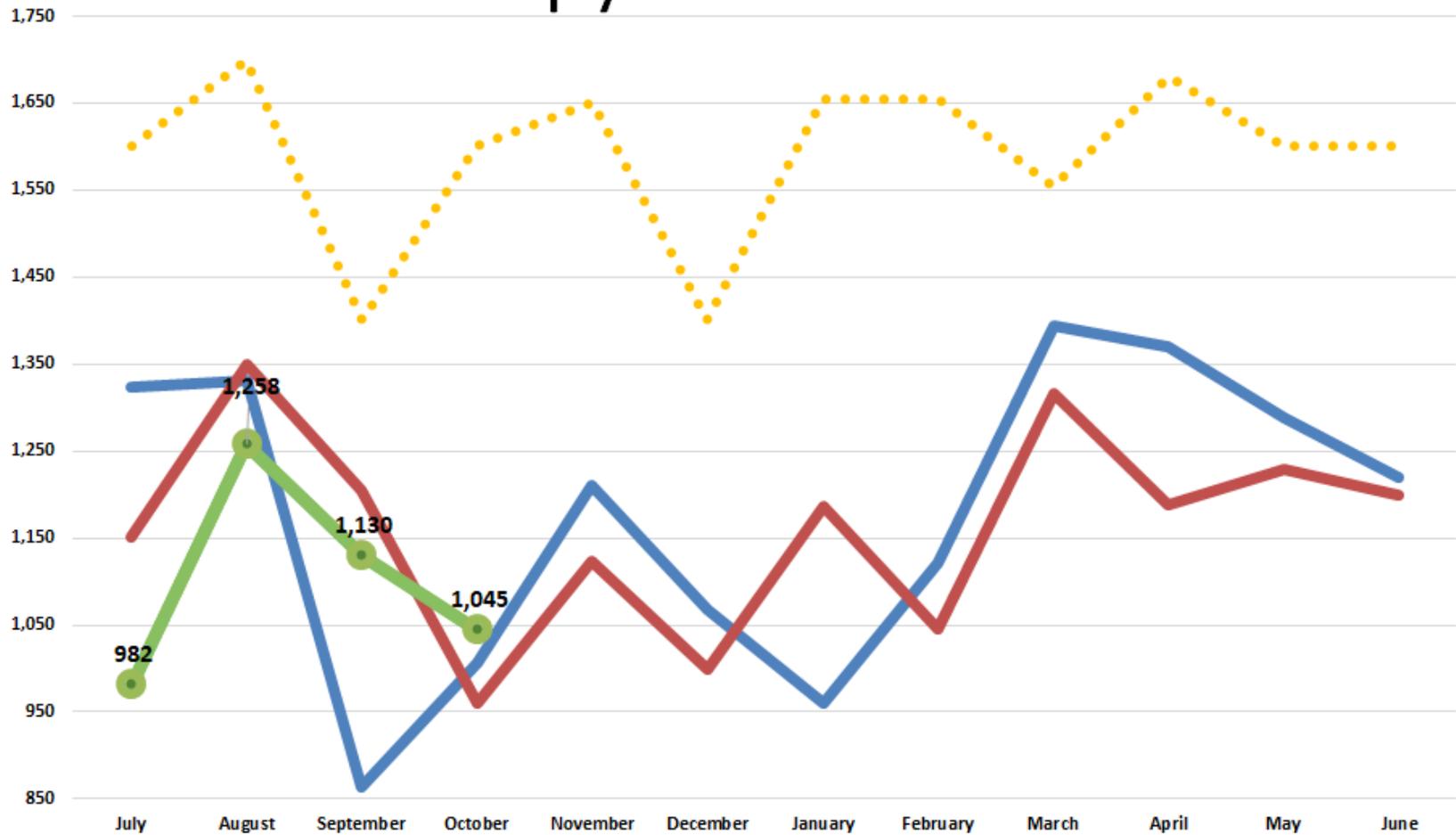
# Cardiac Rehabilitation



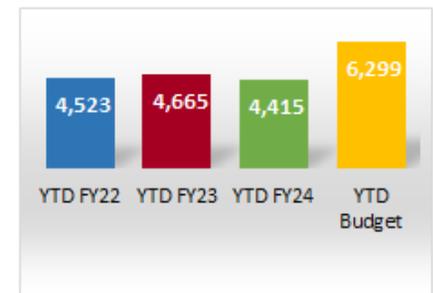
—●— FY2022  
 —●— FY2023  
 —●— FY2024  
 ⋯ Budget



# Therapy-Wound Care



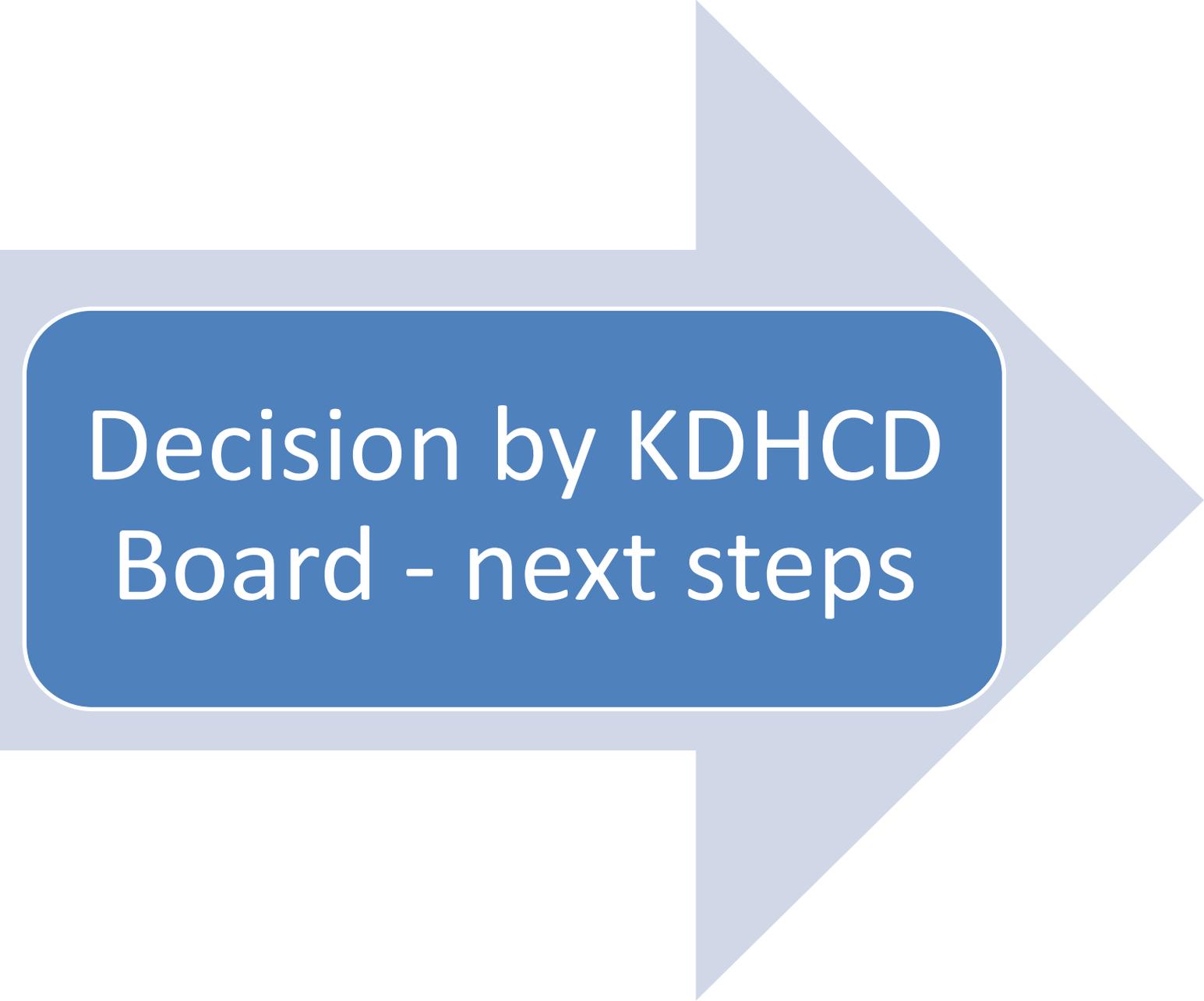
—●— FY2022  
 —●— FY2023  
 —●— FY2024  
 ●●● Budget



## Board Seat Resignation

District must notify the county election official of the vacancy no later than 15 days after the notification date or the effective day, whichever is later {December 31<sup>st</sup>}.

NEXT  
STEPS



Decision by KDHC  
Board - next steps

# APPOINTMENT

- Appointment by KDHC Board within 60 days of the effective date {12/31/23} of the vacancy **FEBRUARY 29, 2024.**
- Notice of the vacancy shall be posted in 3 or more conspicuous places\* in the district at least 15 days before the appointment is made.

**\*Kaweah Health Board meeting posting location, City of Visalia City Council meeting posting location and VAHA public posting location.**

# Call an Election

- Call an election within 60 days of vacancy. {**FEBRUARY 29, 2024**}
- Election shall be held on the next established election date that is scheduled 130 or more days after the date the Board calls the election.

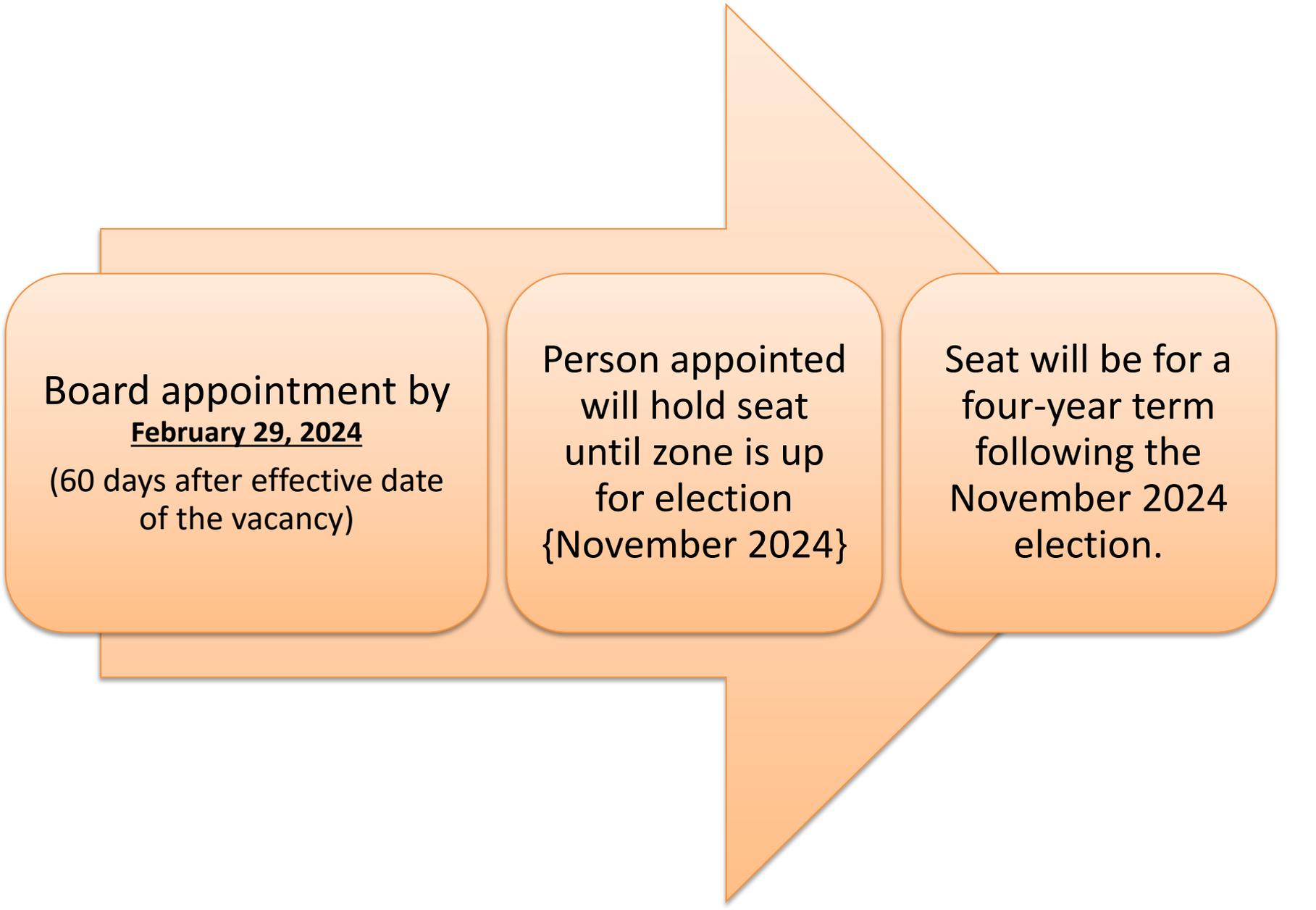
\* 2024 Election Day is **November 5, 2024** – 130 days = April 29, 2024

# CALL AN ELECTION

Election shall be held on the next established election date that is scheduled 130 or more days after the date the Board calls the election

| Date election is called<br>{within 60 days of vacancy}  | Next election 130+ days after the<br>date the Board calls the election |
|---|--|
| 130 days or more after the date the district<br>board calls the election<br><b>Vacancy Date {December 31, 2023}</b> | <b>November 5, 2024</b>  |

**Note: If the Election option is selected by the Board, the Zone III Board seat will be vacant from 12/31/23 – 12/06/24**



Board appointment by  
**February 29, 2024**  
(60 days after effective date  
of the vacancy)

Person appointed  
will hold seat  
until zone is up  
for election  
{November 2024}

Seat will be for a  
four-year term  
following the  
November 2024  
election.

If the vacancy is not filled or an election called by the KDHC Board within 60 days:

- The Board of Supervisors may appoint a person to fill the vacancy within 90 days of the vacancy. {March 30, 2024}
- The Board of Supervisors may order the District to call an election to fill the vacancy.

# BOARD ACTIONS

## ***Call an election***

Recommended Action: For the Board to call an election – the election shall be held on the next established election date that is scheduled 130 or more days after the Board calls the election [November 5, 2024].

## ***Appointment***

Recommended Action: For the Board to proceed with the process to appoint a person to fill the vacancy in Zone 3 within 60 days of the vacancy (December 31, 2023). The deadline for submission of a letter of interest to fill Zone 3 will be December “ ”, 2023 with the option to extend the deadline at the discretion of the Board.