March 17, 2023

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Wednesday March 22, 2023: 4:00PM Open Meeting; 4:01PM Closed meeting pursuant to Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155; 4:30PM Open Meeting.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT
Mike Olmos, Secretary/Treasurer

Cindy Moccio

Cindy Moccio
Board Clerk / Executive Assistant to CEO

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

KAWEAH DELTA HEALTH CARE DISTRICT
BOARD OF DIRECTORS MEETING

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

Wednesday March 22, 2023

OPEN MEETING AGENDA {4:00PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
4. **APPROVAL OF THE CLOSED AGENDA – 4:01PM**
   - 4.1. **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 4 Cases **–** *Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*
   - 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 – *Monica Manga, MD Chief of Staff*
   - 4.3. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Monica Manga, MD Chief of Staff*
   - 4.4. **Approval of the closed meeting minutes** – February 22, 2023.

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

   Action Requested – Approval of the March 22, 2023 closed meeting agenda.
5. **ADJOURN**

CLOSED MEETING AGENDA {4:01PM}

1) **CALL TO ORDER**
2) **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 4 Cases.

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

3) **CREDENTIALING -** Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.

   Monica Manga, MD Chief of Staff

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

   Monica Manga, MD Chief of Staff

5) **APPROVAL OF THE CLOSED MEETING MINUTES** – February 22, 2023.

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

6) **ADJOURN**

OPEN MEETING AGENDA {4:30PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the February 22, 2023 open minutes.

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

Action Requested – Approval of the open meeting minutes February 22, 2023 open board of directors meeting minutes.

6. RECOGNITIONS –

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

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

A. Teacher: Samuel Matsuo, MD
B. Professional Collaboration: Ashish Loomba, MD
C. Communication: Lu Zhao, MD
D. Compassionate Care: Christian Borberg, MD
E. Patient Advocacy: Ankita Luthra, MD

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

A. Teacher: Eduardo Amezcua, MD
B. Professional Collaboration: Matthew Bonn, DO
C. Communication: Yusuf Sherzad, MD
D. Compassionate Care: Alex Petrak, MD
E. Patient Advocacy: Rubani Sidhu, MD

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

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

Recommended Action: Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provision al status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provision al status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff be approved or reappointed (as applicable), as attached, to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files.

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

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

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

Action Requested – Approval Consent Calendar.

9.1. REPORTS
- A. Medical Staff Recruitment
- B. Strategic Plan
- C. Subacute, TCS, TCS Ortho
- D. Environment of Care

9.2. Approve Molly (Mary) Niederreiter to be designated as the administrative person for the Kaweah Health Skilled Nursing Units on Court Street at the Kaweah Health Rehabilitation Hospital on Akers Street - to serve until such time as her successor shall be appointed by the Board of Directors.

9.3. ADMINISTRATIVE POLICIES
- A. AP.49 – No information No presence in facility patient status.
- B. AP.66 – Suspected child and or elder dependent adult abuse reporting.

9.4. Approval of the notice of rejection of claim vs. Kaweah Delta Health Care District:
- A. Patricia Olivares
- B. Jose Olivares
- C. Nancy Williams
- D. Maribel Cano, Jazlene T. Cano, Chase X. Cano, Xander M. Cano, Aria S. Cano, Edmundo Cano

9.5. Recommended for approval by the Medical Executive Committee 03/2023.
- A. MS58 – Provider Midas Reporting Policy

10. **STRATEGIC PLAN - Empower Through Education** – Detailed review of Strategic Plan Initiative.
Lori Winston, MD, FACEP, Chief Medical Education Officer, Designated Institutional Official & Lacey Jensen, Director of Clinical Education

11. **QUALITY REPORT – Fall Prevention** – A review of the Kaweah Health fall prevention program metrics and action plans.
Emma Camarena, RN, Director of Nursing Practice

12. **QUALITY REPORT – Hand Off Communication** - A review of key quality metrics and action plans related to enhanced hand off communication processes within Kaweah Health Medical Center.

    Frank Martin, RN, Director of Trauma Program

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

    Keri Noeske, Chief Nursing Officer

14. **2021/2022 ANNUAL INSTITUTIONAL REVIEW BOARD** – Graduate Medical Education annual institutional review and Institutional Statement of Commitment to Graduate Medical Education.

    Lori Winston, MD, FACEP, Chief Medical Education Officer, Designated Institutional Official

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

    Action Requested – Approval of the Institutional Statement of Commitment to Graduate Medical Education.

15. **BOARD BYLAWS AND JOB RESPONSIBILITIES –** Board update relative to requested modifications to the Board Bylaws and Job Responsibilities.

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

    Malinda Tupper – Chief Financial Officer

17. **REPORTS**

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

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

18. **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.

KAWEAH DELTA HEALTH CARE DISTRICT

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

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

The meeting was called to order at 4:01PM 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 – ANTICIPATED LITIGATION –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) **–** 6 Cases - *Ben Cripps, Chief Compliance & Risk Officer and Rachele Berglund, Legal Counsel*
- **CREDENTIALING -** Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 - *Monica Manga, MD Chief of Staff*
- **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee - *Monica Manga, MD Chief of Staff*
- **APPROVAL OF THE CLOSED MEETING MINUTES** – January 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 – No public present.

MMSC (Gipson/Olmos) to approve the February 22, 2023 closed agenda. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

ADJOURN - Meeting was adjourned at 4:02PM

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

ATTEST:

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

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

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

The meeting was called to order at 4:51PM by Director Francis.

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

CLOSED SESSION ACTION TAKEN: Approval the closed minutes from January 25, 2023.

OPEN MINUTES – Request approval of the open meeting minutes January 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.

MMSC (Havard Mirviss/Gipson) to approve the open minutes from January 25, 2023. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

RECOGNITIONS – Deferred to March.

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, Gipson, Rodriguez, and Francis

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

- No Report.

CONSENT CALENDAR – Director Francis entertained a motion to approve the consent calendar with the removal item 9.1E {Reports; Outpatient Imaging Services} (copy attached to the original of these minutes and considered a part thereof.

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

MMSC (Lynn Havard Mirviss/Gipson) to approve the consent calendar with the removal item 9.1E {Reports; Outpatient Imaging Services}. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

- 9.1E - Reports: Outpatient Imaging Services - Discussion regarding the financial aspect of the Outpatient imaging Services.

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

MMSC (Olmos/Rodriguez) to approve item 9.1E {Reports; Outpatient Imaging Services}. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

STRATEGIC PLAN – Outstanding Health Outcomes – Detailed review of Strategic Plan Initiative (copy attached to the original of these minutes and considered a part thereof) - *Doug Leeper, Chief Information and Cybersecurity Officer & Sonia Duran Aguilar, Director of Population Health*

STRATEGIC PLAN – Organizational Effectiveness and Efficiency – Detailed review of Strategic Plan Initiative (copy attached to the original of these minutes and considered a part thereof) - *Jag Batth, Chief Operating Officer & Rebekah Foster, Director Care Management / Specialty Care*

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

BYLAWS & JOB DESCRIPTIONS – Board review and discussion of current Bylaws and job descriptions (copy attached to the original of these minutes and considered a part thereof). Following the discussion of the Board the following action will take place:

- The Board job descriptions will now be known as the Board Job Responsibilities.
- Addition to the job responsibilities to include adherence to the Bylaws.

These changes will be made and be brought to a future Board meeting for Board action.

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

REPORTS

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

- Moody's - review of the downgrade, we were on rate review and have not been assigned an outlook. We are currently undergoing our rate review. Moody's will be going to committee on Friday and we will get our rating update soon. We are anticipating no further downgrade with a stable outlook.
- COVID is still present with approximately 20 inpatients.
- We continue to be engaged with our community sharing positive information but also being transparent relative to our financial issues. Friday morning will be speaking at the Breakfast Lions and on the 29th will be meeting with the Board of Supervisors relative to Kaweah's need for additional funding.
- Saturday will be the first Gala for the Hospice Foundation

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

- No report.

APPROVAL OF THE CLOSED AGENDA FOLLOWING THE OPEN MEETING

Report involving trade secrets {Health and Safety Code 32106} – Discussion will concern a proposed new services/programs – estimated date of disclosure is June 2023 – *Gary Herbst, Chief Executive Officer & Ryan Gates, Chief Population Health Officer*

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

MMSC (Olmos/Gipson) to approve the February 22, 2023 closed agenda. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

ADJOURN - Meeting was adjourned at 6:58PM

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

Nomination for: Mark Quesada, Production Designer
Submitted by: Cheryl Johnson, Marketing Coordinator

Comments: Mark is a true example of Kaweah Care as he works behind the scenes to provide World Class communication tools on behalf of Kaweah Health. Mark has worked tirelessly on-site throughout the pandemic and has been instrumental in meeting the requests for signs, posters, fliers, maps, as well as numerous other messaging projects that occur, often several times daily, due to the ever-changing environment. His skills throughout the rebranding process have been a major asset to our department's ability to effectively transition to the Kaweah Health identity. Mark is also always the first to step up and offer assistance, whether it be printing and installing signs, hammering stakes in the ground for Doctor's Day, Nurse Week, or Hospital Week banners (even in temperatures of 105 degrees), to creating and printing fliers and banners for service lines and numerous unit/department celebrations. His ability to handle stress in meeting tight timelines and his can-do attitude are an example to the entire team. Mark has been with Kaweah Health for 28 years. He transitioned from the Lifestyle Fitness Center (formerly TLC) to the Marketing and Communications department during the onset of the Covid 19 Pandemic and has become an integral member of the marketing team in the role of Production Designer.

RESOLUTION 2184

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Mark Quesada, with the World Class Service Excellence Award for the Month of February 2023, for consistent outstanding performance, and,

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

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

PASSED AND APPROVED this 22nd day of March 2023 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

Distinguished Physicians

Winners 2023

1. Teacher

Honoring a physician who provides quality information and education to patients as well as fostering a learning environment and partnership with nursing. Exhibiting these essential characteristics:

- Readily shares knowledge with others
- Possesses broad knowledge base on the topic of education presented
- Clearly articulates
- Makes difficult topics easy to understand

Nominee Name: Samuel Matsuo, M.D.

Dr. Matsuo exemplifies many characteristics worthy of nomination. By establishing a partnership with patients and the multidisciplinary team based on trust and respect, he facilitates the growth and development of the care provided and nursing satisfaction. As a healthcare provider, he empowers patients to be proactive, responsible, and knowledgeable to reach solutions and achieve goals for improving their quality of life. He exemplifies a lifelong commitment to the medical profession.

As an excellent care provider, he listens to patients, families and staff to achieve optimal patient wellness. He greets patients with a warm smile and listening ear, while providing culturally competent care to everyone. Dr. Matsuo exhibits compassion at the bedside by answering questions/concerns that the patient and family may have, sometimes staying late into the evening to ensure the plan of care is communicated. He can be seen answering call lights, helping place a urinal or pushing a wheelchair down the hallway. He makes an effort to celebrate patients' birthdays and goes out of his way to give Frosted Muffins. Dr. Matsuo's actions demonstrates he is a man of compassion and integrity who naturally goes out of his way to help others.

An example that stands out was when we had an incomplete quadriplegia patient at Rehab; not only myself but my peers felt Dr. Matsuo went above and beyond. The patient was young and having a difficult time with his diagnosis. The patient and family would often verbalize that they were thankful he was so thorough and patient with them, never feeling like he was rushing out of the patient's room. He collaborated with IDT about the plan of care and educated staff when any questions arose. The patient progressed at rehab, but Dr. Matsuo advocated for the patient to be transferred to a facility in Colorado to continue care. The patient was accepted, grateful for all Dr. Matsuo did for him.

Dr. Matsuo is a wonderful example of how to educate staff. The class titled "Care of the spinal cord injured client' was taught by Dr. Matsuo to prepare the nursing staff for caring for patients with spinal cord injuries safely and consistently. Dr. Matsuo started a lunch and learn series, taking examples of how we can look at situations differently. He is soft-spoken, yet he can still translate the degree of importance in his message. He is always approachable and willing to take the time to discuss situations with staff.

We are proud to work alongside Dr. Matsuo and value our interactions with him as an essential part of our multidisciplinary team. He is a mentor and an important member of the rehabilitation/medical profession, and through him, we have gained insight regarding patient care. He is a patient advocate and a key player who contributes a positive impact to the success of Kaweah Health and the quality of life of our patients.

2. Professional Collaboration

Honoring a physician who engages all members of the health care team in quality dialog that promotes effective relationship and collegial collaboration, keeping the patient at the center. Exhibiting these essential characteristics:

- Team focused
- Listens to understand
- Engaged
- Authentic
- Respectful

Nominee Name: Ashish Loomba, M.D.

During this year's challenging time with the triple pandemic in children, Dr. Loomba provided evidence-based practice to our Peds unit. The use of 3% saline for suctioning, oxygen to maintain saturations of at least 90%, and high flow to help ease the work of breathing were brought forward even before Valley Children's guidelines came out. Dr. Loomba works with all teams to reach the primary goal of better patient outcomes. This involves the Respiratory, Pharmacy, Medical and Nursing teams. The Pediatric medical team is continuing its focus on education in the form of Pediatric M&Ms, with the 3rd one happening at the end of Jan 2023. Thank you for everything, Dr. Loomba!

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3. Communication

Honoring a physician who recognizes quality communication as the cornerstone of a culture that produces quality care. Exhibiting these essential characteristics:

- Engages the entire team in communication
- Readily available to problem solve
- Communicates effectively with the patient and family
- Communicates clearly and concisely to diverse audiences

Nominee Name: Lu Zhao, M.D.

Dr. Zhao qualifies in every category. He is very dedicated to his profession. He communicates the Plan Of Care for his patients to the Nurses very clearly and explains this to his patient in way they can understand; Nurses feel comfortable communicating with him and he displays professional ownership. You can easily sit down with him and discuss what's going on with your patient. Dr. Zhao is visible on both day and night shifts. If we have concerns or are in a difficult situation/hot spot, before leaving for the day, he will make sure he has plans or orders for the night; and will follow up in the morning. He will drop by the Nurse's station and will give updates to the Charge Nurse. He is very much involved with discharge planning and works with the Nurses in attaining discharge goals. He is very compassionate to the staff, one shift stands out as an example, I had three of his patients with high acuity; He rounded before 7am, and I was able to give him updates on what was going on with our patients. For some orders that were not done yet, he said, "It's Ok, we will take care of it, go home and sleep." Dr. Zhao is remarkable to work alongside with. He is very informative about the patient's plan of care. He goes into every aspect of the care considering medical needs, discharge needs, resources needed etc. He includes the RN, case manager, social worker, physical therapist and every interdisciplinary team member to collaborate on all the patient needs and communicates in layman's terms to patients, leading to successful education to relay vital information about the patient's health. He is a patient advocate and inspires others to do 100% every day.

4. Compassionate Care

Honoring a physician whose character encompasses the true spirit of being a medical professional, caring for people. Exhibiting these essential characteristics:

- Compassion
- Empathy
- Patience
- Attentiveness

Nominee Name: Christian Borberg, M.D.

The mother-baby staff is happy to nominate Dr. Borberg for a consecutive award for his outstanding contributions and ongoing performance in compassion and mentorship. A growing body of evidence, mainly from health care settings, suggests we should be less accepting of compassion as a 'nice to have' concept and embrace the science of caring; demonstrating compassion can make a critical difference for people confronting some of the worst moments in their lives. This effect is independent of the efficacy of treatment or services. Mother Baby is a department where many families enjoy the celebration of life and joy for a growing family, where most are experiencing the highest highs, one can forget others within this department may share some of the most difficult times a family face. Post-partum hemorrhage, emergency cesarean, premature delivery, fetal demise, and unplanned hysterectomy are events that take place that can leave a family feeling overwhelmed and distressed. During these times, the nursing staff look to offset such feelings through implementing compassionate care.

The mother baby department recognizes extraordinary healthcare from Dr. Borberg, who embodies the characteristics of compassionate care and whose professional achievements have helped create a healthcare environment for patients, families, colleagues, and the community. Compassion is how Dr. Borberg practices his delivery of care given through relationships based on empathy, respect and dignity. Staff notes that when interacting with Dr. Borberg, he is always cheerful and wants to understand the staff recommendations. He doesn't lead with the word No. Instead, he listens openly to suggestions and considers the best outcomes, then collaborates with the patient and staff to guide the clinical plan. During a recent post-partum hemorrhage, staff notes Dr. Borberg was appreciative of staff foresight to contact the main operating room after a patient who continued to hemorrhage following placement of a Bakri Balloon. During this high-stress phase of care, Dr. Borberg presented himself calmly and confidently to the patient beside where he explained to the patient and her family what he hoped to achieve in the operating room. He discussed the procedure thoroughly and assured the concerned family of the approach. He gently touched the patient and encouraged her with great compassion. His science of caring in action makes him the clear choice as our continued leadership in compassion. Dr. Borberg, we thank you for your continued commitment to our patients and their families.

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5. Patient Advocacy

In recognition of strong non-clinical leadership skills in advocacy, community service or education. Exhibiting:

- Engages with multidisciplinary team to further the health of the patient
- Understands the importance of involving the patient and their support system in care decisions
- Ethically responsible
- Patient focused

Nominee Name: Ankita Luthra, M.D.

Dr. Luthra is new to us this year. Upon arrival to our unit, she introduced herself and expressed interest in our workflow and approach to caring for our patients. She is concerned for each patient and their unique experience. Starting with triage, she has already reviewed the fetal heart rate tracing and, if available, has studied the patient chart before arriving at triage. She talks with the nurses to understand what is happening with the patient. She talks with the patient and family members and listens to their reasons for visiting the hospital. She listens to their voiced concerns if they have any and listens for unspoken questions.

We have witnessed her bedside of a laboring patient discussing the plan of care, concerns, and any issue she are having; she addressed them with the patient and significant other. In one instance, Dr. Luthra was waiting for the next shift physician to come in, and the nursing staff discussed their concerns of waiting for delivery. After reviewing rate and contraction pattern, she proceeded with a cesarean section for the patient at the shift change regardless of just finishing a busy shift. These are just a few examples of Dr. Luthra and her care of each patient and family and her interest in the RN staff while making decisions for the patient.

Physician Recruitment and Relations
Medical Staff Recruitment Report - March 2023

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

Date prepared: 3/15/2023

Delta Doctors Inc.	
Family Medicine	2
OB/GYN	1

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

Oak Creek Anesthesia	
Anesthesia - Program Director/General	2
Anesthesia - Obstetrics	1
Anesthesia - Regional Pain	1

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

Sequoia Cardiology Medical Group	
EP Cardiology	1

Sequoia Oncology Medical Associates Inc.	
Hematology/Oncology	1

Stanford Health Care	
Cardiothoracic Surgery	2

USC Urology	
Urology	3

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

Valley Hospitalist Medical Group	
GI Hospitalist	1
Nocturnist	1

Valley ENT	
Audiology	1
Otolaryngology	1

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Candidate Activity						
Specialty/Position	**Group**	**Last Name**	**First Name**	**Availability**	**Referral Source**	**Current Status**
Anesthesia - Critical Care	Oak Creek Anesthesia	Malamud, M.D.	Yan	ASAP	PracticeMatch Email Blast	Site Visit: 10/17/22. Offer accepted - Contract in progress
Anesthesia - General	Oak Creek Anesthesia	Ahmed-Sabry, M.D.	Mohammad	ASAP	The Medicus Firm - 12/6/22	Offer accepted
Anesthesia - General	Oak Creek Anesthesia	Christopherson, M.D.	David	08/25	Direct Email	Currently under review
Anesthesia - General	Oak Creek Anesthesia	Jacquez, M.D.	Immanuel	TBD	PracticeMatch - 2/9/23	Currently under review
Anesthesia - General	Oak Creek Anesthesia	Lee, M.D.	Christopher	TBD	The Medicus Firm - 12/6/22	Currently under review
Anesthesia - General	Oak Creek Anesthesia	Kruitbosch, M.D.	Shane	ASAP	Direct	Offer accepted
Cardiothoracic Surgery	Stanford Health Care	McLean, M.D.	Michael	ASAP	Stanford Health Care	Site Visit: 3/20/23
Cardiothoracic Surgery	Stanford Health Care	Wilhelm, M.D.	Jakub	ASAP	Stanford Health Care	Site Visit: 3/13/23
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Phillips, M.D.	Sarah	ASAP	CompHealth - 2/24/23	Currently under review
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Thomas	Amber	ASAP	CompHealth - 1/30/23	Currently under review
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Enriquez	Richard	TBD	Direct - 9/1/22	Offer Accepted
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Yang	Chen	02/23	Direct - 11/18/22	Offer accepted
EP Cardiology	Sequoia Cardiology Medical Group	Cheema, M.D.	Kamal	08/23	Direct - PracticeLink	Currently under review. Has family in Fresno
EP Cardiology	Sequoia Cardiology Medical Group	Dhir, M.D.	Sumer	08/23	Direct - PracticeLink	Initial call with team - 3/14/23
EP Cardiology	Sequoia Cardiology Medical Group	Gupta, M.D.	Sandeep	08/23	Direct - PracticeLink	Currently under review

Candidate Activity						
Specialty/Position	**Group**	**Last Name**	**First Name**	**Availability**	**Referral Source**	**Current Status**
EP Cardiology	Sequoia Cardiology Medical Group	Rajdev, M.D.	Archana	08/23	Direct - PracticeLink	Currently under review
EP Cardiology	Sequoia Cardiology Medical Group	Song, M.D.	Steven	08/23	Direct - PracticeLink	Currently under review
Family Medicine	Delta Doctors	Gonzalez, M.D.	Aimee	ASAP	Direct - PracticeMatch	Currently under review
Family Medicine	Key Medical Associates/Delta Doctors	Velazquez Amador, M.D.	Roberto	ASAP	Curative - 2/9/23	Currently under review
General Surgery - Trauma	ACTS	Cheriyan, M.D.	Jerry	ASAP	Direct - PracticeLink	Currently under review
Hospitalist	Valley Hospitalist Medical Group/Key Medical Associates	Said, M.D.	Mark	08/23	Kaweah Health Resident	Offer accepted
Intensivist	Central Valley Critical Care Medicine	Javed, M.D.	Jeffrey	08/23	Direct - Practice Link	Offer accepted. Start date summer 2023
Internal Medicine	Key Medical Associates/Delta Doctors	Verduzco, M.D.	Esteban	06/23	Visalia native	Currently under review
Medical Oncology	Sequoia Oncology Medical Associates	Gill, M.D.	Amitoj	TBD	Direct	Site Visit: 10/21/22. Pending Offer
Medical Oncology	Sequoia Oncology Medical Associates	Mohammadi, M.D.	Oranus	08/23	PracticeMatch - 3/31/22	Site Visit: 9/16/22
Neonatology	Valley Children's	Agrawal, M.D.	Pulak	08/23	Valley Children's - 5/14/22	Offer accepted. Start date summer 2023
Neonatology	Valley Children's	Brock, M.D.	Lee	ASAP	Valley Children's - 10/17/22	Site Visit: 11/9/22
Neonatology	Valley Children's	Nwokidu-Aderibigbe, M.D.	Uche	08/23	Valley Children's - 5/14/22	Offer accepted. Start date summer 2023
OB/GYN	Delta Doctors	Rangel Barrera, M.D.	Carlos	ASAP	Direct	Offer accepted
Orthopedic Surgery - General	Orthopaedic Associates Medical Clinic, inc.	Goodell, M.D.	Parker	ASAP	Direct	Site Visit: 1/9/23. Offer extended on 1/25/23
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, inc.	Bonner, D.O.	Ben	08/24	The Medicus Firm - 11/7/22	Site Visit: 12/14/22. Pending offer
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, inc.	Dean, M.D.	Ryan	08/24	The Medicus Firm - 11/7/22	Site Visit - 3/19/23

Candidate Activity						
Specialty/Position	**Group**	**Last Name**	**First Name**	**Availability**	**Referral Source**	**Current Status**
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, inc.	Quacinella, M.D.	Michael	08/24	Direct	Currently under review
Pediatrics	Independent	Flores, M.D.	Ester	ASAP	Direct	Offer accepted
Pediatric Hospitalist	Valley Children's	Chika Chukwuemeka, M.D.	Oragui	TBD	Valley Children's - 11/30/22	Offer extended

FY 2023 Strategic Plan

Monthly Performance Report
March 22, 2023

Kaweah Health Strategic Plan: Fiscal Year 2023

Our Mission

Health is our passion.

Excellence is our focus.

Compassion is our promise.

Our Vision

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

Our Pillars

Achieve outstanding community health.

Deliver excellent service.

Provide an ideal work environment.

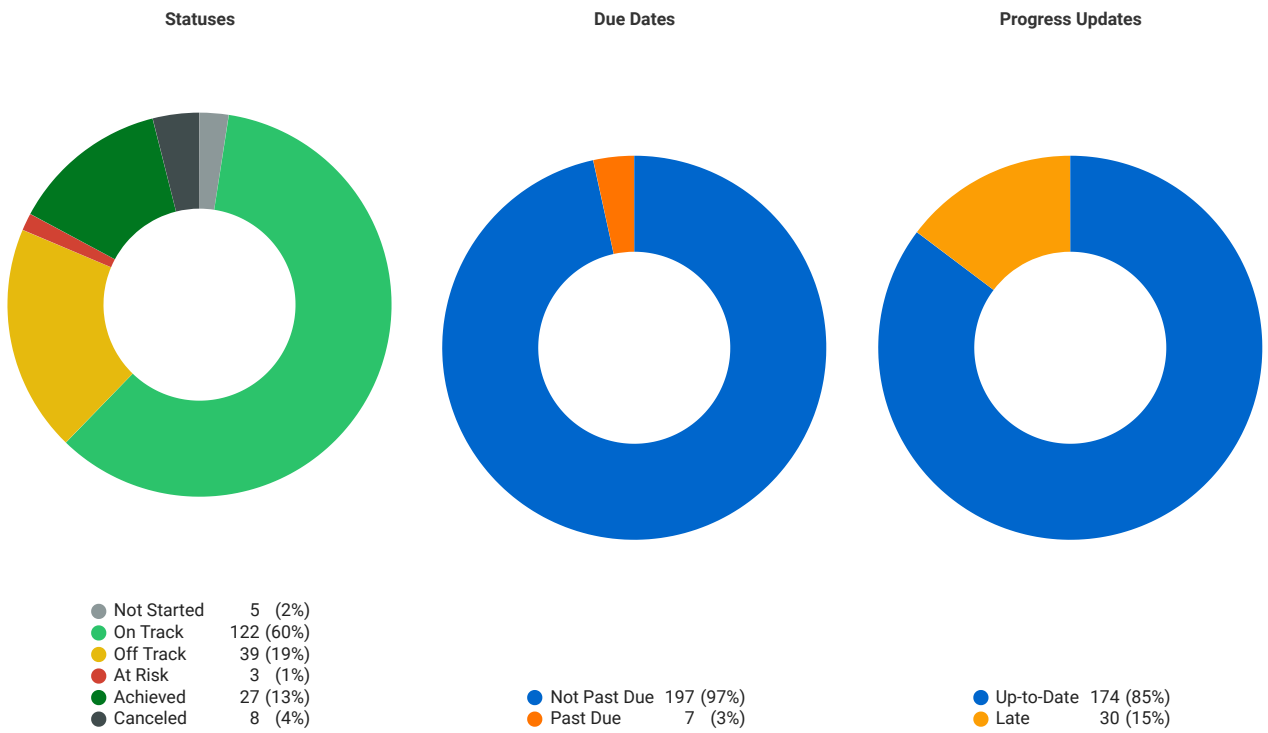
Empower through education.

Maintain financial strength.

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

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

Kaweah Health Strategic Plan FY2023 Overview



Empower Through Education

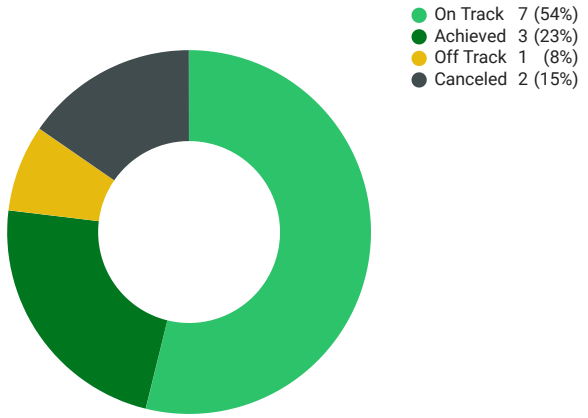
Champions: Lori Winston, MD and Lacey Jensen

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

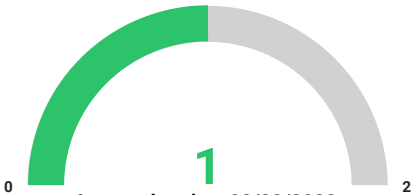
FY2023 Strategic Plan - Empower Through Education Strategies

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

Objectives and Outcomes

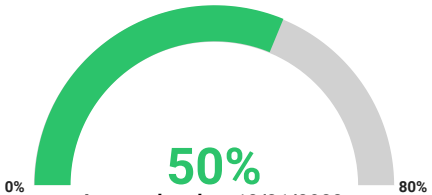


Launch interdisciplinary educational opportunitie...



Last updated on 02/28/2023
Move from baseline of 0 to target of 2

ACGME Faculty Development



Last updated on 12/31/2022
Move from baseline of 0% to target of 80%

Maintain quarterly Schwartz rounds

Last updated on 02/28/2023
Move from baseline of 0 to target of 4

Ideal Work Environment

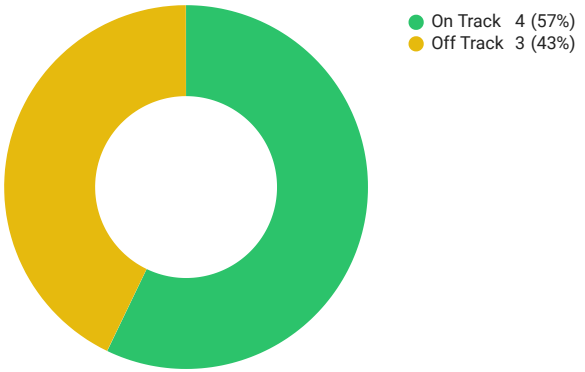
Champions: Dianne Cox and Raleen Larez

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

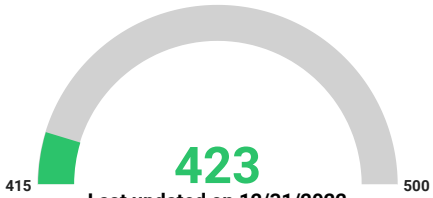
FY2023 Strategic Plan - Ideal Work Environment Strategies

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

Objectives and Outcomes

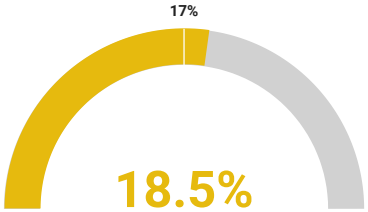


Expand Volunteer Programs



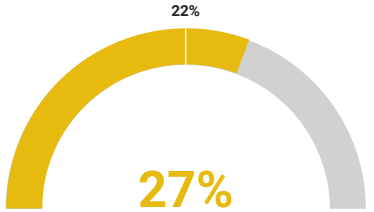
Last updated on 12/31/2022
Move from baseline of 415 to target of 500

Decrease overall KH turnover rate



Last updated on 10/31/2022
Stay below target of 17%

Decrease nursing turnover rate



Last updated on 10/31/2022
Stay below target of 22%

Strategic Growth and Innovation

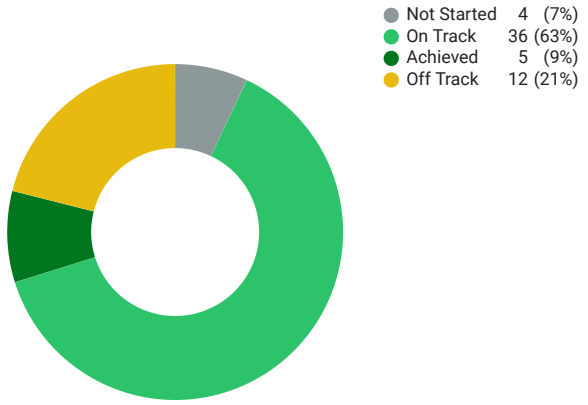
Champions: Marc Mertz and Ivan Jara

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

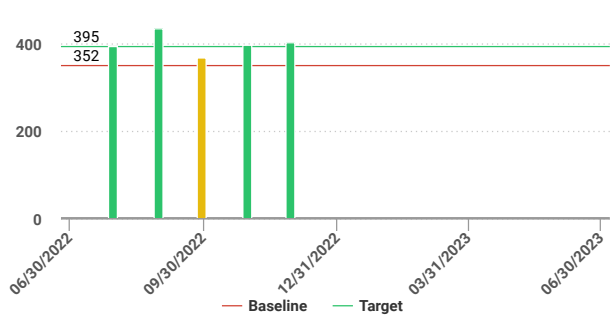
FY2023 Strategic Plan - Strategic Growth and Innovation Strategies

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

Objectives and Outcomes

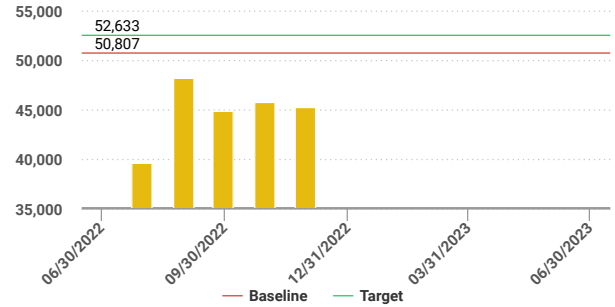


Perform 395 inpatient surgeries per month



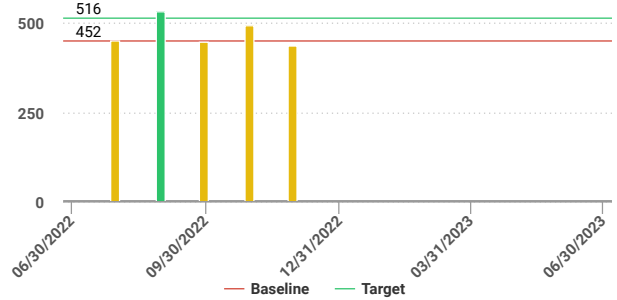
Showing data for: Jul 1, 2022 – Jun 30, 2023

See 52,633 ambulatory visits per month



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

Perform 516 monthly outpatient surgeries



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

Organizational Efficency and Effectiveness

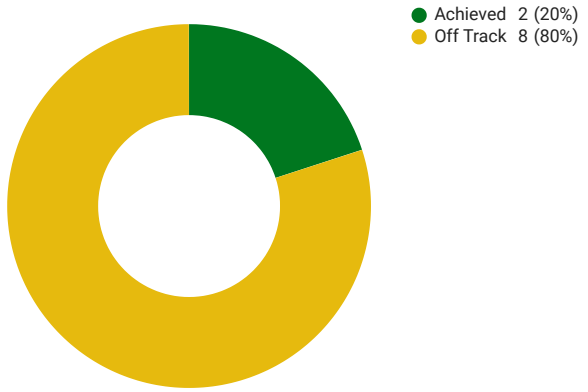
Champions: Jag Batth and Rebekah Foster

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

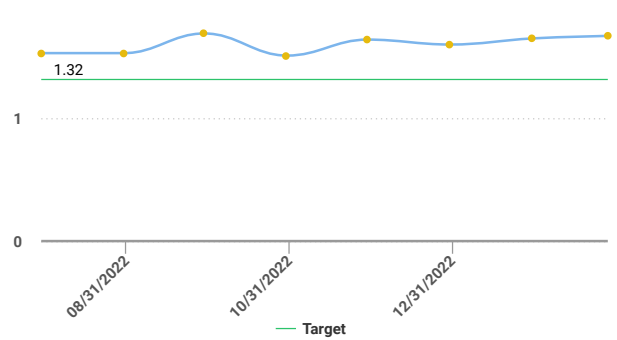
FY2023 Strategic Plan - Organization Efficiency and Effectiveness Strategies

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

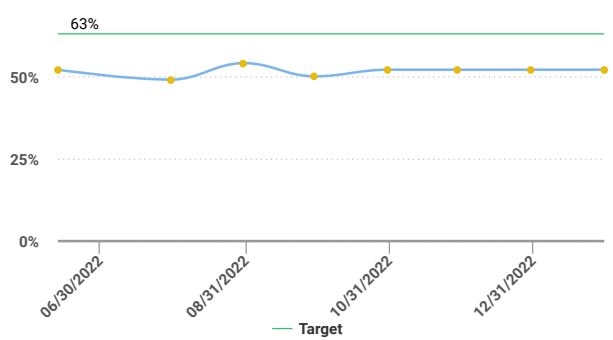
Objectives and Outcomes



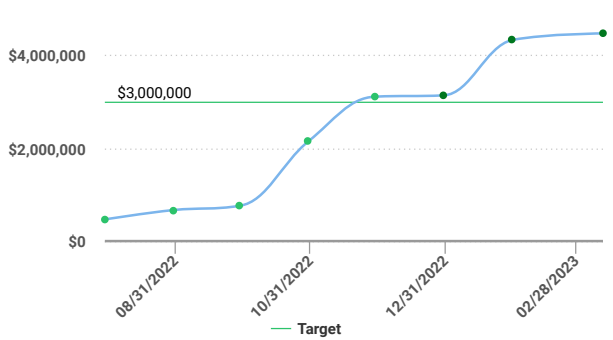
IP O:E Length of Stay in Days (lower better)



Overall OR Utilization (higher better)



Identified Cost Savings and Revenue Opportunities



Outstanding Health Outcomes

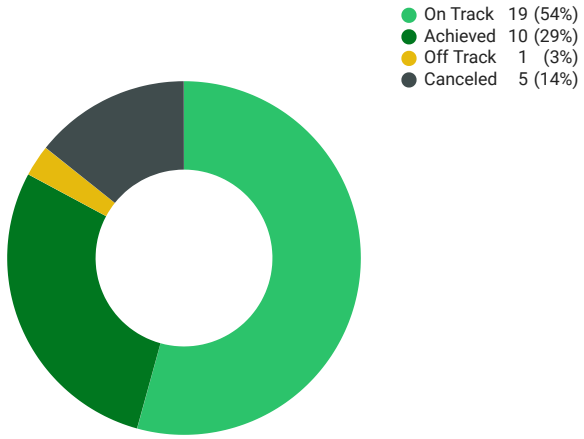
Champions: Dr. William Brien and Sonia Duran-Aguilar

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

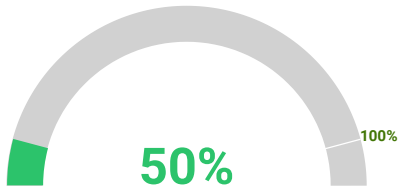
FY2023 Strategic Plan - Outstanding Health Outcomes Strategies

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

Objectives and Outcomes



Team Rounds Rollout to Valley Hospitalist and AC...

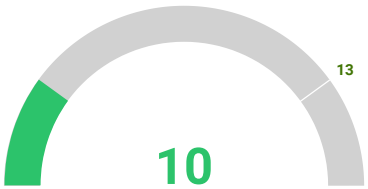


50%

Last updated on 02/28/2023

Met or Not Met: 100%

Meet QIP measure performance



10

Last updated on 02/05/2023

Meet the budget of 13 to maximum of 20: 13

Medicare Advantage STAR Rating for RHC/SHWC

3.5

Last updated on 02/28/2023

Target : 4

Patient and Community Experience

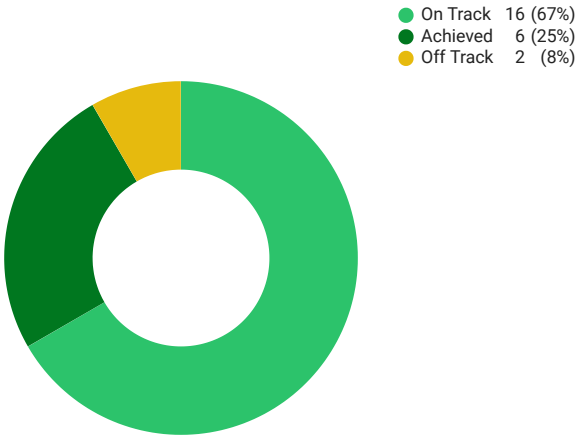
Champions: Keri Noeske and Deborah Volosin

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

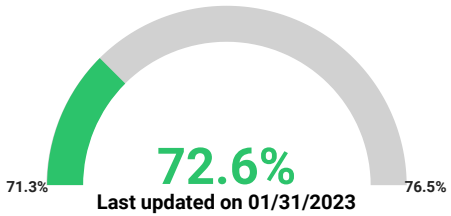
FY2023 Strategic Plan - Patient and Community Experience Strategies

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

Objectives and Outcomes

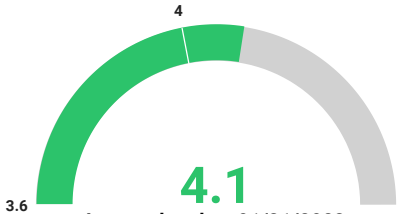


Achieve Overall Rating Goal on HCAHPS Survey



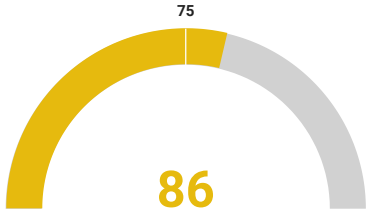
Last updated on 01/31/2023
Move from baseline of 71.3% to target of 76.5%

Achieve Patient Feedback Score Goal on ED Survey



Last updated on 01/31/2023
Move from baseline of 3.6 to target of 4

Decrease lost belongings by 25%



Last updated on 03/13/2023
Stay below target of 75

REPORT TO THE BOARD OF DIRECTORS

Transitional and Subacute Care Services

Molly Niederreiter, Director of Rehabilitation and Skilled Services, 624-2541
March 13, 2023

Summary Issue/Service Considered

1. Achieving optimum balance of program priorities to address quality of care, compliance, profitability, and quality of work environment.
2. Ensuring that Post-Acute Services continues to provide a continuum of care to the community as a District Center of Excellence

Overall Analysis of financial/statistical data:
The overall contribution margin for all 3 units: Transitional Care (TCS) and Subacute (SA) both at Court Street campus, and Short Stay (SS) at Akers campus, is $151,299. This is a 129% improvement from FY2022 which had a negative contribution of $529,518. The improved financials are associated with the closure of 22-bed-TCS unit in December as well as a reduction in direct cost by 5% and improving net revenue by 10%.

Transitional Care Services (TCS) at Court Street financial/statistical data (22 bed unit):
In September of 2022, Post-Acute leadership began the process of closing TCS. A 60-day notice of closure was provided on November 2 at which time we were no longer allowed to admit patients. By the end of December, the 3 long-term residents were re-homed and the unit was officially closed. The FY 2023 savings from closing the unit is $400,000 - $500,000. Going forward, annual savings from closing TCS beyond FY 2023 is approximately $800,000 - $1 million.

Subacute (SA) at Court Street financial/statistical data (32 bed unit):
Subacute contribution margin increased by 28% over prior year, expected to end FY 2023 at $1.29 million. Contributing factors include an 8% increase in patient volumes at the highest of the last four years, 9% increase in net revenue also highest in last four years, and a 1% decline in direct cost per day. Payer mix has remained fairly stable, with Medi-cal remaining the dominant payer at 74% with a contribution margin per day that increased from $95 to $111 in current year. After July 1st 2023, Medi-cal Fee for Service patients will be converted over to Medi-cal Managed Care which has a higher net revenue per day. Average daily census fiscal year to date is 29.6, well above FY2022 at 27.5.

Short Stay (SS) at Akers Campus financial/statistical data (16 bed unit):
Short Stay Transitional services is expected to have a slightly smaller, 1%, contribution loss as compared to FY2022. Patient days are stable with an improved average daily census of 12.6 patients per day versus 11.3 for FY2022. The length of stay is also down

from 14 days to 11.5 days. Net revenue per day is increased by 23% as well as direct costs is increased by 19%. - Payer Mix is strongly Medicare and Medicare Managed, accounting for 81% if the business. 73% of the Medicare Managed Care are Humana capitation patients. Higher reimbursements from Medicare have helped to offset increased expenses.

Quality/Performance Improvement Data

- The overall rating of District skilled nursing programs in the Centers for Medicare/Medicaid Services (CMS) 5 star Nursing Home Compare rating program is currently 5 stars. Highlights of these results include: in the last 5 quarters, no long term residents with falls resulting in major injury or urinary tract infections and no short term residents with new or worsened pressure ulcers. Short term residents also with a higher return to home percentages 72% versus nation at 53% and lower readmissions and emergency room visits 9.5% versus nation 10.7%.
- Biovigil expanded to include Akers and Court Street campuses. All units have consistently met goal of 95% compliance. During the Centers for Medicare/Medicaid Services (CMS) relicensing survey and the Department of Health Care Services onsight survey, Kaweah Health was commended for implementation of Biovigil.
- Continued collaboration efforts with a dedicated Infection Prevention representative and Pharmacy brings focus on reduction of urinary tract infection together with antibiotic stewardship to ensure that the appropriate antibiotic is used only when indicated.
- Clinical leadership and medical directors are conducting ongoing monitoring of all readmissions to evaluate and correct preventable causes of readmissions. In, addition leadership is tracking and evaluating transfers back to the acute medical center to assess for clinical care improvements.

Policy, Strategic or Tactical Issues

- Previous plans to expand the skilled nursing beds at the rehabilitation hospital by converting 7 acute rehab beds to skilled nursing were abandoned due to structural requirements and associated fees.
- Plans to expand the subacute beds into the old TCS unit at Court Street campus have been paused due to unforeseen expense related to required electrical project for licensure. We will continue to evaluate the feasibility of this initiative given the cost of needed upgrades.
- We continue to focus on our documentation and reimbursement under the Patient Driven Payment Model. The goal is to ensure we are accurately capturing patient diagnoses, acuity and clinical conditions in order to obtain the desired reimbursement.
- June 2022 we underwent our annual California Department of Public Health survey, which did not occur in 2020 or 2021 due to COVID-19. We had a successful survey resulting 5 findings all of which were addressed and demonstrated 100% compliance in subsequent audits. Surveyors complimented us on having maintained excellent services during the gap in surveys.
- January 2023 we had our unannounced Focused Infection survey of all Skilled Nursing units with a focus on infection prevention. The visit was successful, with a

total of 3 findings. All identified deficiencies were addressed and demonstrated 100% compliance in subsequent audits.
- We continue our engagement with California Hospital Association Center for Post-Acute Care through involvement with advisory board and participation in the skilled nursing monthly forum for members.

Recommendations/Next Steps

- Continue our work to monitor transfers to acute care during skilled nursing stay as well as acute care re-admissions after discharge to community. Work together with our medical directors to identify any trends, and develop action plans to minimize re-admissions.
- Maintain 5 star rating for the facility.
- Continued efforts to Optimize Cerner and ensure accuracy of data entry, and coaching team with best charting practices, particularly in documentation that will impact the Minimum Data Set (MDS) assessment submissions and billing.
- Continue close partnership with Long Term Care pharmacist and KH antimicrobial stewardship program.
- Continue to support and grow our unit based safety (CUSP) team on South Campus; develop a CUSP team for West Campus. Continue to work on safety issues identified by CUSP teams, as well as by annual Safety Attitudes Questionnaire.

Approvals/Conclusions

- Assure compliance with all regulatory requirements
- Work to improve contribution margin by optimizing reimbursement while controlling costs.
- Continue to develop clinical practice and documentation and achieve increased ratings on quality measures.

KAWEAH HEALTH ANNUAL BOARD REPORT

Subacute and Transitional Care Services

FY2023 Annualized

Note: Includes patients at the Subacute and Transitional Care Services South Campus locations and TCS-Ortho Unit at West Campus.

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

PATIENT DAYS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
17,936	$14,778,492	$14,627,194	$151,299	($6,213,653)
▼ -10%	▶ 0%	▼ -5%	▲ 129%	▲ 12%

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

METRICS BY SERVICE LINE - FY 2023 ANNUALIZED

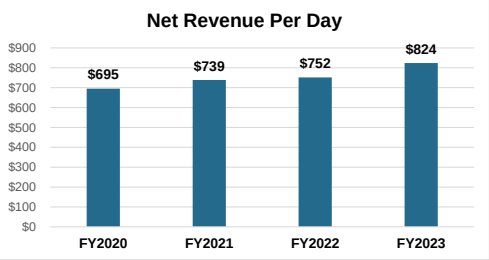
SERVICE LINE	PATIENT DAYS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Inpatient Subacute	11,055	$10,050,062	$8,771,364	$1,278,698	($2,232,680)
Transitional Care Ortho	4,851	$3,621,761	$4,323,104	($701,343)	($2,858,427)
Transitional Care Services	2,029	$1,106,669	$1,532,725	($426,056)	($1,122,546)
Long Term Care Totals	17,936	$14,778,492	$14,627,194	$151,299	($6,213,653)

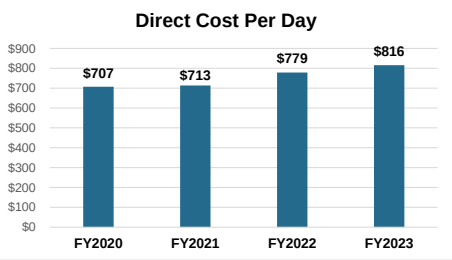
METRICS SUMMARY - 4 YEAR TREND

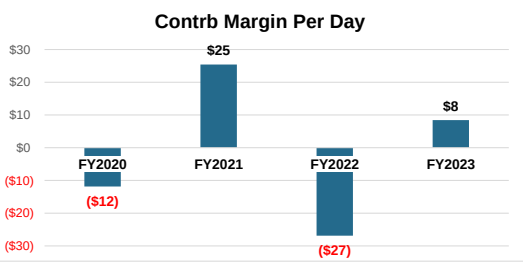
*Annualized

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Days	21,379	19,758	19,698	17,936	▼ -9%	
Net Revenue	$14,864,384	$14,595,933	$14,806,653	$14,778,492	▶ 0%	
Direct Cost	$15,117,587	$14,093,846	$15,336,171	$14,627,194	▼ -5%	
Contribution Margin	($253,203)	$502,087	($529,518)	$151,299	▲ 129%	
Indirect Cost	$6,431,880	$6,169,423	$6,552,071	$6,364,952	▼ -3%	
Net Income	($6,685,083)	($5,667,336)	($7,081,589)	($6,213,653)	▲ 12%	
Net Revenue Per Day	$695	$739	$752	$824	▲ 10%	
Direct Cost Per Day	$707	$713	$779	$816	▲ 5%	
Contrb Margin Per Day	($12)	$25	($27)	$8	▲ 131%	

GRAPHS







Notes:
Source: Inpatient Service Line Reports

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2023 Annualized

Subacute Services - South Campus

Note: Includes all patients at the Subacute South Campus location.

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

PATIENT DAYS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
11,055	$10,050,062	$8,771,364	$1,278,698	($2,232,680)
▲ 4%	▲ 9%	▲ 6%	▲ 28%	▲ 1%

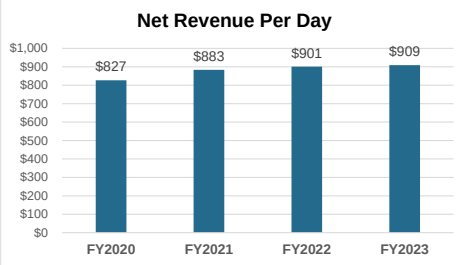
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

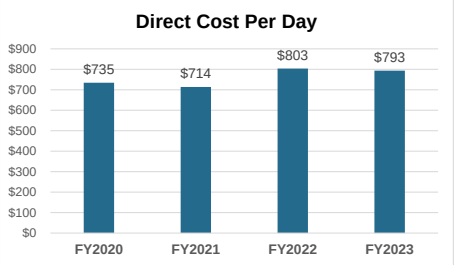
METRICS SUMMARY - 4 YEAR TREND

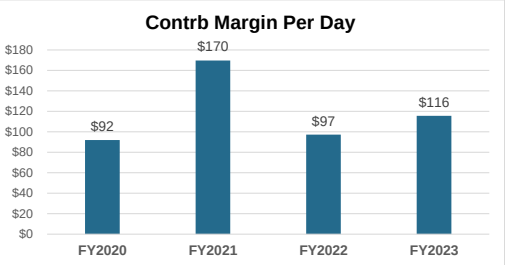
*Annualized

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Days	10,858	10,785	10,281	11,055	▲ 8%	
Net Revenue	$8,976,378	$9,528,106	$9,260,525	$10,050,062	▲ 9%	
Direct Cost	$7,977,546	$7,697,598	$8,260,716	$8,771,364	▲ 6%	
Contribution Margin	$998,832	$1,830,508	$999,809	$1,278,698	▲ 28%	
Indirect Cost	$3,186,710	$2,859,522	$3,253,827	$3,511,378	▲ 8%	
Net Income	($2,187,878)	($1,029,014)	($2,254,018)	($2,232,680)	▲ 1%	
Net Revenue Per Day	$827	$883	$901	$909	▲ 1%	
Direct Cost Per Day	$735	$714	$803	$793	▼ -1%	
Contrb Margin Per Day	$92	$170	$97	$116	▲ 19%	

PER CASE TRENDED GRAPHS



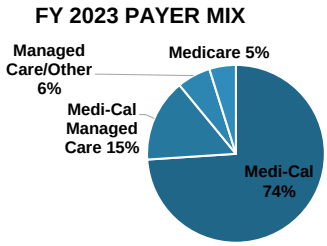




PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

*Annualized

PAYER	FY2020	FY2021	FY2022	FY2023
Medi-Cal	75%	78%	76%	74%
Medi-Cal Managed Care	14%	9%	9%	15%
Managed Care/Other	7%	1%	8%	6%
Medicare	3%	1%	4%	5%



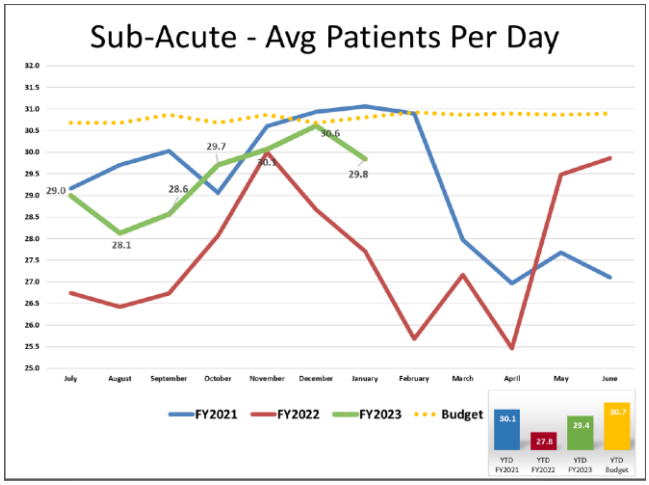
KAWEAH HEALTH ANNUAL BOARD REPORT

FY2023 Annualized

Subacute Services - South Campus

Note: Includes all patients at the Subacute South Campus location.

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



Note: FY 2023 is annualized in graphs and throughout the analysis

Source: Inpatient Service Line Report, Sub-Acute -Avg Patients Per Day slide
Selection criteria: EntyID = KDSA - Kaweah Delta Subacute facility, excluding Exeter Rural Health Clinic visits.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2023

Transitional Care Services - South Campus

Note: All patients at the Transitional Care Services South Campus location. This excludes cases at TCS-Ortho West Campus location.

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

PATIENT DAYS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
2,029	$1,106,669	$1,532,725	($426,056)	($1,122,546)
▼ -56%	▼ -57%	▼ -55%	▲ 49%	▲ 48%

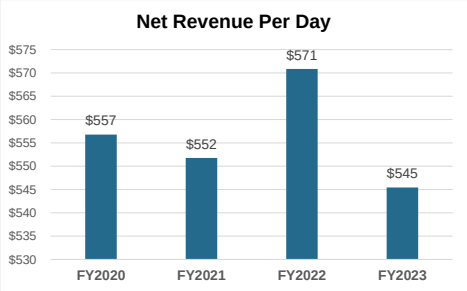
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

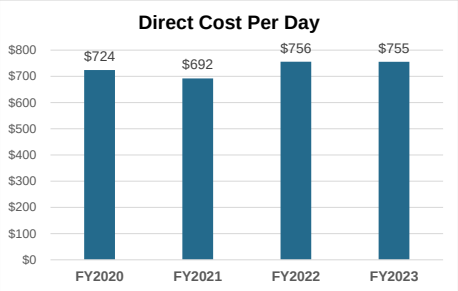
METRICS SUMMARY - 4 YEAR TREND

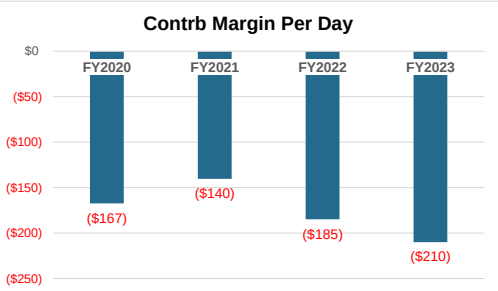
*Annualized

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Days	5,602	4,568	4,504	2,029	▼ -55%	
Net Revenue	$3,119,095	$2,520,439	$2,571,186	$1,106,669	▼ -57%	
Direct Cost	$4,056,525	$3,161,564	$3,403,913	$1,532,725	▼ -55%	
Contribution Margin	($937,429)	($641,126)	($832,727)	($426,056)	▲ 49%	
Indirect Cost	$1,575,905	$1,297,491	$1,314,430	$696,490	▼ -47%	
Net Income	($2,513,334)	($1,938,617)	($2,147,157)	($1,122,546)	▲ 48%	
Net Revenue Per Day	$557	$552	$571	$545	▼ -4%	
Direct Cost Per Day	$724	$692	$756	$755	▶ 0%	
Contrb Margin Per Day	($167)	($140)	($185)	($210)	▼ -14%	

PER CASE TRENDED GRAPHS



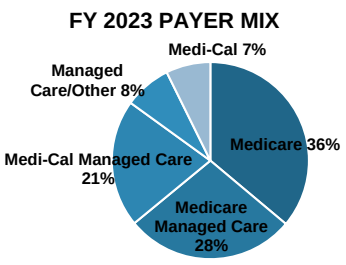




PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

*Annualized

PAYER	FY2020	FY2021	FY2022	FY2023
Medicare	42%	43%	32%	36%
Medicare Managed Care	24%	20%	20%	28%
Medi-Cal Managed Care	13%	13%	25%	21%
Managed Care/Other	8%	6%	11%	8%
Medi-Cal	14%	18%	12%	7%



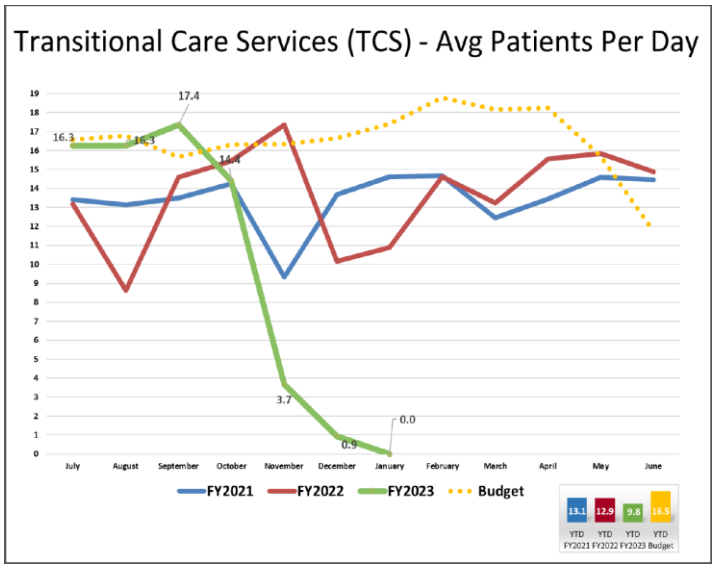
KAWEAH HEALTH ANNUAL BOARD REPORT

FY2023

Transitional Care Services - South Campus

Note: All patients at the Transitional Care Services South Campus location. This excludes cases at TCS-Ortho West Campus location.

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



Note: FY 2023 is annualized in graphs and throughout the analysis
Source: Inpatient Service Line Report, Transitional Care Services - Avg Patients Per Day stats slide
Selection criteria: EntyID = KDSN - Kaweah Delta Skilled Nursing/Transitional Care Services,
patients having a room charge in department 6581.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2023 Annualized

Transitional Care Services Orthopedics - West Campus

Note: All patients at the Transitional Care Services West Campus location. This excludes cases at Transitional Care Services South Campus location.

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

PATIENT DAYS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
4,851	$3,621,761	$4,323,104	($701,343)	($2,858,427)
▲ 21%	▲ 22%	▲ 18%	▼ -1%	▼ -7%

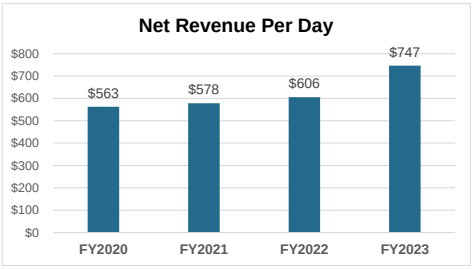
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

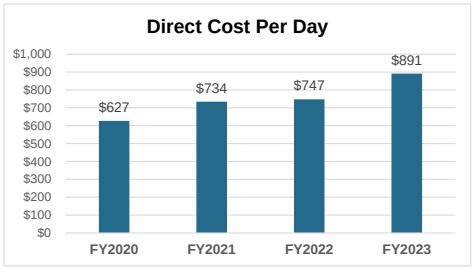
METRICS SUMMARY - 4 YEAR TREND

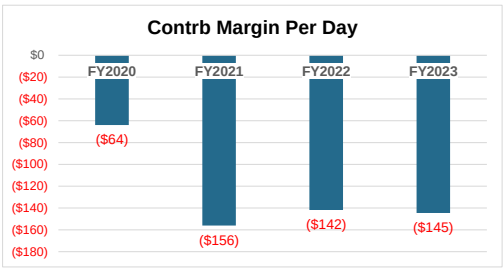
*Annualized

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Days	4,919	4,405	4,913	4,851	▼ -1%	
Net Revenue	$2,768,910	$2,547,388	$2,974,942	$3,621,761	▲ 22%	
Direct Cost	$3,083,516	$3,234,684	$3,671,542	$4,323,104	▲ 18%	
Contribution Margin	($314,606)	($687,296)	($696,600)	($701,343)	▼ -1%	
Indirect Cost	$1,669,265	$2,012,409	$1,983,814	$2,157,084	▲ 9%	
Net Income	($1,983,871)	($2,699,705)	($2,680,414)	($2,858,427)	▼ -7%	
Net Revenue Per Day	$563	$578	$606	$747	▲ 23%	
Direct Cost Per Day	$627	$734	$747	$891	▲ 19%	
Contrb Margin Per Day	($64)	($156)	($142)	($145)	▼ -2%	

PER CASE TRENDED GRAPHS



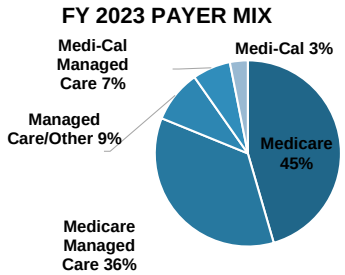




PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

*Annualized

PAYER	FY2020	FY2021	FY2022	FY2023
Medicare	61%	51%	46%	45%
Medicare Managed Care	21%	23%	27%	36%
Managed Care/Other	10%	10%	9%	9%
Medi-Cal Managed Care	7%	9%	7%	7%
Medi-Cal	0%	6%	9%	3%



Note: FY 2023 is annualized in graphs and throughout the analysis
Source: Inpatient Service Line Report, Transitional Care Services - Avg Patients Per Day stats slide
Selection criteria: EntyID = KDSN - Kaweah Delta Skilled Nursing/Transitional Care Services West patients having a room charge in department 6587.

Kaweah Health™
MORE THAN MEDICINE. LIFE.

Annual Evaluation of the Environment of Care 2022

Prepared by

Environment of Care Committee

Maribel Aguilar, Safety Officer

Please contact Maribel Aguilar with any questions (559) 624-2381.

February 2023

Evaluation of the *Objectives* of the Environment of Care Management Plans and the Emergency Operations Plan
Kaweah Health
2022

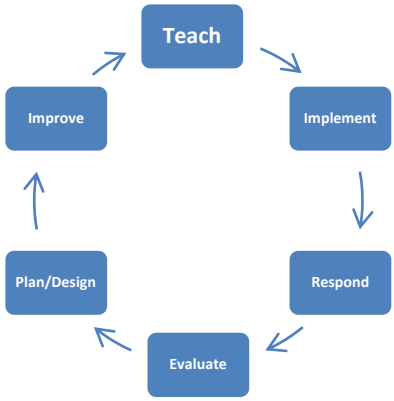
Introduction

The goal at Kaweah Health is to provide a safe *Environment of Care* for our patients, staff, physicians and visitors, so that quality is preserved and risks are minimized. The *Environment of Care* filters through every aspect of our District, from the first patient contact (i.e., clean hospital, comfortable place to sit, privacy), through the assessment, treatment, discharge and continuing care. It is an integral component of patient safety insofar as risks could negatively impact their patient experience, such as a medical equipment failure due to a power outage, a breach in infant or child security, or the untoward effects of a hazardous materials exposure.

Other important functions, such as Infection Prevention (as when pre-construction risk assessments are made or Infection Prevention permits are issued) overlap with the E*nvironment of Care*. There is also integration with Human Resources with respect to educational needs and competency assessments for our staff. To determine if elements of the *Environment of Care* and Emergency Operations are effective, there is linkage to Performance Improvement, i.e., in the establishment of performance standards to monitor if we are meeting established thresholds of performance. The objectives of the various *Environment of Care* Management plans and the Emergency Operations Plan have been to manage risk so that our patient occupants and visitors can safely receive care and our patient care providers can provide treatment in a safe environment. We continue to view the following dynamic processes as tools and constructs to support change and improvements within the *Environment of Care* and Emergency Operations within the District.

Teach: *Educating staff regarding their roles*

Improve*: Making decisions about our findings*



Implement*: Implementing design*

Plan/Design: *Strategic and ongoing master planning by the organizational leadership*

Respond: *Measuring standards that we have set for the environment of care and emergency management*

Evaluate*: Gathering information about our outcomes*

Our *Environment of Care* Management plans address six elements, and one chapter, Emergency Management, provides the framework for disaster planning and emergency operations. The six elements include Safety, Security, Hazardous Materials and Waste, Fire Prevention, Clinical Equipment and Utilities Management. There is much diversity in *Environment of Care* and Emergency Operations planning, however each have parallels with planning, teaching, implementing, responding, monitoring and improving. Our purpose with the *Environment of Care* is to ensure ongoing diminishment of risk (e.g., possible loss or injury) within our District. The Safety Officer and *Environment of Care* Committee members provide the leadership foundation for the management of risks, promoting a teamwork approach, and ongoing attention to programs, plans, and related activities that point toward risk reduction. Whenever possible, the *Environment of Care* and Emergency Management are integrated with regulatory requirements from Federal, State and local agencies having jurisdiction, enforcing standards that encourage continued improvement in the workplace.

Evaluation of Objectives – Safety Management Plan

Various risks are inherent in the environment because of the types of care provided and the types of equipment that may be used during patient care or office activities. The Safety Management plan is designed to provide a physical environment wherein risks may be proactively identified. Risks are managed proactively from multiple focus—environmental surveillance, insurer surveys, regulatory and or accreditation surveys, and sometimes in response to an incident or injury that has occurred. It is the responsibility of the Safety Officer and *Environment of Care* Committee members to coordinate and manage these risk assessment and reduction activities. Safety and Infection Prevention policies and procedures, staff training and continuing education provide structure and direction for our staff so that their attention to tasks at hand can be focused on doing the right thing and/or implementing the safest method involved in their day-to-day work activities. Taken together, these programs and activities have contributed to effective injury management and support the objective of the Safety Management plan to reduce risk. The objectives of the Safety Management Plan have been met.

Evaluation of the Objectives of the Hazardous Materials and Waste Management Plan

The objective of the Hazardous Materials and Waste Management plan is to minimize the risks associated with hazardous chemicals, radioactive materials, hazardous energy sources, hazardous medications and hazardous gases/vapors for all those who enter the District, as well as the surrounding community. Equally important is our effort to reduce waste and to use non-hazardous products whenever feasible. Our educational programs, completion of annual chemical inventories and monitoring of spills and radiation/laser issues in the District demonstrate our commitment to minimize the risks associated with the use and disposal of hazardous materials.
The objectives of the Hazardous Materials and Waste Management Plan have been met.

Evaluation of Objectives – Security Management Plan

The Security Management plan is designed to provide the highest quality of security for our patients, visitors, physicians and staff placing an emphasis on care and respect. Our objective is to create a safe place to work, in a peaceful environment, so that those who enter the premises feel at ease. Through security risk assessments, we are continually looking for processes and ways to improve our security systems and reduce risk. Global threats of terrorism keep our security staff at a heightened level of awareness which necessitates a strong partnership with local authorities. A training program is in place for our security staff, which includes skills building and assault training techniques that has also been extended to Emergency Department staff, Mental Health staff and other staff whose positions or departments may represent risk. Security hardware (e.g., camera surveillance and card readers) are designed to spot activity and/or deter an unfavorable activity from occurring. We carefully monitor our incidents to determine if there are any trends relating to violence. The District has a stance of zero tolerance for violence. These processes support the Security Management's plan objective to diminish risk within the premises. The objectives of the Security Management Plan have been met.

Evaluation of the Objectives of the *Emergency Operations Plan*

The objective of the *Emergency Operations Plan* is to minimize risks related to potential emergencies that fall on a continuum from disruptive to disastrous, and to ensure an effective staff response to disasters and emergent events that may effect our organization's ability to provide care. This plan is intended to identify risks and balance these risks against preparedness and mitigation strategies in place as well as to use information relating to these risks in the design of our disaster drills. Our *Emergency Operations Plan* addresses four phases of emergency management, which includes: mitigation, preparedness, response and recovery, and includes the testing of our plan through drill activities that require a practiced response from our staff. On March 13, 2020, Kaweah Delta activated the Hospital Incident Command System (HICS) in response to the COVID-19 pandemic. The role of HICS in a rapidly evolving complex incident is to help manage the information, logistics, and operational needs in a systematic manner, while providing scalability and business continuity to prevent interruptions to mission critical services. Since opening the Incident Command Center, Kaweah Health has faced four significant surges of COVID patients requiring a large scale response and the use of surge beds to meet the communities Healthcare needs. Throughout the COVID response, Kaweah Health has collaborated with local, state and federal partners, activated a labor pool, utilized alternate care sites, and maximized the use of technology to meet the medical demands of the community.

The use of the *HICS,* a standardized approach to disaster management, allows our management and staff to respond to all-hazard types of disasters. We have continued to actively partner with our community partners including The County of Tulare Office of Emergency Services, Tulare County Public Health Emergency Preparedness Program, Visalia Police Department and Visalia Fire Department. We have continued to train staff for in emergency response including decontamination and workplace violence prevention and we have a very active Emergency Management Subcommittee that has addressed multiple issues throughout the year, including, but not limited to, refining and augmenting our inventory of organizational assets and resources, planning for drills, and completing the hazard vulnerability analysis. The District has succeeded in meeting the objectives of the Emergency Operations Plan and have continued to strengthen our partnerships with other organizations, and agencies having jurisdiction (e.g., local law enforcement, fire departments, and the Tulare County Department of Health Services). The objectives of the Emergency Management Plan have been met.

Evaluation of the Objectives of the Fire Prevention Management Plan

We recognize that the risk of fire carries with it the most significant single threat to the environment of care as our patients are often unable to move safely by themselves. Staff must continually practice their fire response skills to extend protection to our patients in the event of a fire or the products of fire. The objective of the Fire Prevention Management Plan is to minimize the risk of fire, potential injury from fire and limit property damage. Our expectation and duty is to comply with the *Life Safety Code©* through a fire equipment testing and maintenance program as well as through ongoing fire drill, which test correct staff fire response. Through scheduled hazard surveillance, fire drills, a viable *Statement of Conditions*, fire equipment testing, inspection, maintenance and staff education, the objective of the Fire Prevention plan has been successfully met.

Evaluation of the Objectives of the Clinical Engineering Management Plan

The objective of the Clinical Engineering Management Plan includes the assurance that our medical equipment is operationally reliable, with the risk of a medical equipment failure minimized. In order to meet this objective multiple programs are in place which include, but are not limited to: (1) risk assessment of all incoming medical equipment, (2) preventive and corrective maintenance programs, (3) corrective maintenance program for equipment that needs repair, and (4) training for the users and maintainers to minimize human error. We monitor our preventive maintenance for life safety and non-life safety medical equipment to ensure we are meeting established thresholds, which promotes sound operational reliability for medical equipment used on our patients. We ensure that any type of medical equipment that enters the District is checked by Clinical Engineering staff before it is used on our patients. These programs and safeguards have been effective in allowing us to meet the objectives stated in our Clinical Engineering Management Plan.

Evaluation of the Objectives of the Utilities Management Plan

The objective of the Utilities Management Plan is to minimize the risks relating to utility disruptions and to ensure our utility equipment remains operationally reliable. Meeting these two objectives promotes a safe, controlled and comfortable environment for our patients, staff, visitors and physicians. To meet this objective, programs must be in place that include, but are not limited to, risk assessment of utility equipment, preventive and corrective maintenance programs, timely and efficient response to utility failures, and ongoing education for those who use and maintain utility equipment. The *Environment of Care* committee monitors preventive maintenance of utility equipment and utility failures to ensure established thresholds of performance are met. These efforts are for the purpose of promoting the highest level of operational reliability for utility equipment that supports our built environments. These programs are in place in all facilities within the District with ongoing monitoring and assessment demonstrating that our objectives for the Utility Management plan have been met.

EVALUATION - *SCOPE* of the ENVIRONMENT OF CARE

Evaluation of the Scope: Our management plans identify the scope of each plan which applies to all District staff and physicians. The scope of the management plans are intended to be broad-based to allow for a multitude of accomplishments to occur. Each contributes to overall risk reduction in the District. The activities that are identified below support a multi-faceted approach to reducing risks that may occur from different sources, internal and external, to the District. The scope, based upon these activities, is evaluated to be supportive of a safe physical environment within which we proactively risk-assess and take appropriate actions. The following key activities support a breadth and depth of the scope *of the Environment of Care (EOC) activities* and Emergency Management at Kaweah Delta Health Care District.

Safety Management:

- Environmental surveillance completed, with action items identified, and corrections made.
- Safety Education for employees include online learning modules.
- Sharp exposures, with an increase in sharp injuries. Syringe safety education provided.
- Employee injuries monitored, with 55% decrease in OSHA reportable injuries (Without Covid+ claims). Worker's Compensation Administrator continues to implement the Risk Improvement Action Plan.
- Safe Patient Handling training complete for patient care staff.
- Infection Prevention monitored hand hygiene compliance.
- Environment of Care training modules distributed to physicians and volunteers.
- Dialysis water testing monitored.
- Product recalls monitored.
- *Environment of Care* Committee meetings regularly scheduled, reviewing district-wide issues, trends, reflecting a solid EOC program.
- Reviewed/revised Safety Management Plan with approval from Board of Directors.

Security Management:

- Security incidents reviewed with access granted to key areas for select staff members. Upgraded access control system.
- CPI- Nonviolent Crisis Intervention training conducted for employees working in Mental Health, Security, Emergency Department, Float Pool, Rehab and South Campus. Additionally, Licensed Patient Family Services staff, Maintenance staff, Leadership staff, Unit Charge staff and Nursing Supervision staff also received CPI training. Over 800 staff trained.
- CPI with advanced physical skills training conducted for employees working in Mental Health and Security stationed at Mental Health.
- Code Silver mini drills added to unit education.
- Security officer staffing was increased in the Emergency Department and the Mental Health Hospital Facility to improve safety and security efforts.
- Annual Security Risk Assessments completed in conjunction with weekly hazard surveillance rounds.
- Reviewed/revised Security Management Plan with approval from Board of Directors.

Hazardous Materials and Waste Management:

- Annual hazardous materials inventory complete. Annual chemical specific and safety data sheet training for all district employees.
- Radiation Safety Committee monitored radiation issues (i.e., badge reading, apron safety, license requirements, annual update of radiation safety plan, etc.).
- Hazardous gas monitoring and testing completed.
- Reviewed/revised Hazardous Materials Plan with approval from Board of Directors.
- Hazardous Materials Business Plan updated-submitted to Tulare County.

Emergency Operations:

- The Emergency Management Subcommittee involved with planning/design relating to: inventory of organizational assets, equipment purchases, drill design, implementation and follow-up relating to drills and actual events, and integrating community partnerships into planning activities.
- The *Hazardous Vulnerability Analysis* reviewed/revised with top risks identified, and mitigation, preparedness, response, recovery identified.
- Training was completed for the following: Decontamination, Emergency Preparedness, Evacusled Evacuation-Safe Handling, and new hire orientation.
- The *Emergency Operations Plan* reviewed/revised based on the evaluations of the emergency exercises with approval from Board of Directors.
- Reviewed/revised unit specific fire, safety and emergency plans.
- Participated in Tulare County disaster planning activities.

Life Safety Management:

- All fire drills were held per schedule, with no trends noted.
- Visalia Fire Department conducted annual Life Safety Inspection.
- The *Statement of Conditions* monitored routinely, and updated throughout 2022.
- Fire testing equipment completed per schedule.
- Reviewed/revised Life Safety Management Plan with approval from Board of Directors.

Clinical Engineering Management:

- Preventive maintenance for life support and non-life support medical equipment completed, with thresholds of performance met.
- Reviewed/revised Clinical Equipment Management Plan with approval from Board of Directors.

Utility Equipment Management:

- Preventive maintenance and utility reports reviewed quarterly, including utility failures, and actions taken.
- Indoor air quality monitored and issues identified with resolutions completed.
- Reviewed/revised Utility Management Plan with approval from Board of Directors.

EVALUATION: *PERFORMANCE STANDARDS*

OVERVIEW. Information to follow represents the evaluation of established performance standards. Performance Standards were chosen based upon the following criteria:

1. The performance standard represents a measurable area of one of the EOC components.
2. The performance standard indicates a key reflection of the scope of the component.
3. The performance standard represents a high volume activity, or low volume but high-risk consequences.
4. The performance standard reflects actual or potential risk to the organization.

PERFORMANCE STANDARDS – Kaweah Health

SAFETY

•Objective is to reduce OSHA reportable work related injuries/illness in the year 2022.

Goal: Reduce OSHA reportable injuries by 10% or no more than 216 incidents.

Minimum Performance Level: Reduce OSHA Reportable Injuries by 10% or no more than 216 incidents.

Outcome: Goal not met.

- *Patient death or serious disability associated with a fall will be monitored.*

Goal: No patient death or serious disability while on the premises of a KH facility.

Minimum Performance Level: No patient death or serious disability while on the premises of a KH facility.

Outcome: Goal met.

- Reporting of non-patient safety related injuries.

Goal: Increase reporting of non-patient safety related injuries within 7 business days by 10%.

Minimum Performance Level: 100% compliance.

Outcome: Goal met.

•Infection Prevention - Compliance with environmental rounding on units.

Goal: 100% compliance.

Minimum Performance Level: 90% of observations will demonstrate the correct practice.

Outcome: *Goal not met. Comprehensive rounds to continue in 2023.*

UTILITIES MANAGEMENT

•Non High Risk Patient Room HVAC system preventively maintained on a quarterly basis.

Goal: 100% compliance.

Minimum Performance Level: 100% compliance.

Outcome: Goal not met. 2022 compliance at 98.5%

SECURITY

•The Security department will track False Code Pink response on events.

Goal: Reduce False Code Pinks by 85%.

Minimum Performance Level: 100% compliance.

Outcome: Goal not met for compliance on False Code Pinks. Total events 22

FIRE PREVENTION

•Storage of equipment and supplies will be monitored.

Goal: 100% Compliance.

Minimum Performance Level: 100% of equipment and supplies will be stored appropriately.

Outcome: *Goal not met. Year end compliance 76%..*

EMERGENCY MANAGEMENT

•Staff able to demonstrate the correct response related to Code Green.

Goal: 100% Compliance.

Minimum Performance Level: 95% of staff will properly verbalize response to Code Green.

Outcome: Goal met.

EVALUATION: PERFORMANCE STANDARDS

OVERVIEW: Information to follow represents the evaluation of established performance standards. Performance Standards were chosen based upon the following criteria:

1. The performance standard represents a measurable area of one of the EOC components.
2. The performance standard indicates a key reflection of the scope of the component.
3. The performance standard represents a high volume activity, or low volume but high-risk consequences.
4. The performance standard reflects actual or potential risk to the organization.

PERFORMANCE STANDARDS – Kaweah Delta Health Care District

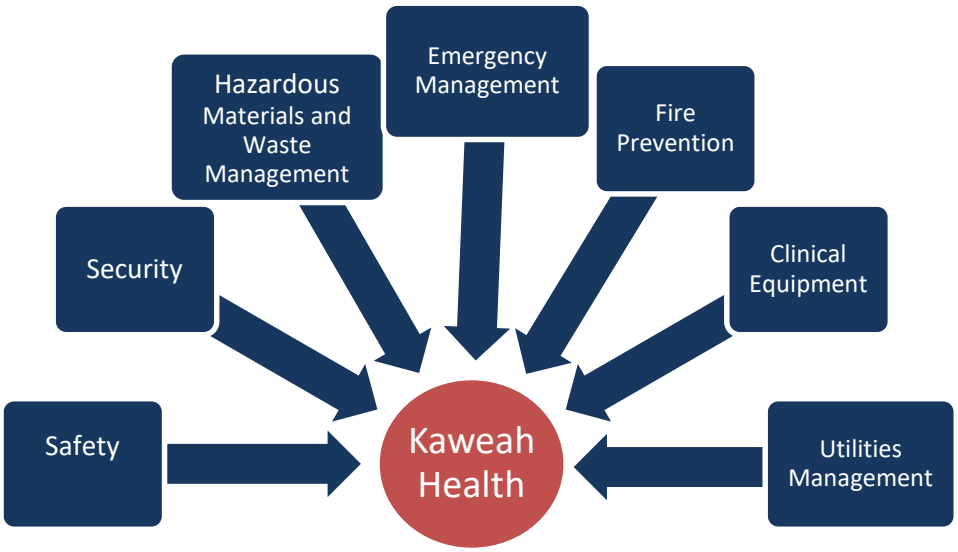
CLINICAL EQUIPMENT

•Continually improve completion of Preventive Maintenance for High Risk including Life Support (HRLS) devices

Goal: 100% Compliance.

Minimum Performance Level: Lower and keep the number of these devices recorded on the Can Not Locate list to less than 1% of the total HRLS inventory per quarter.

Outcome: Goal met for 2022.

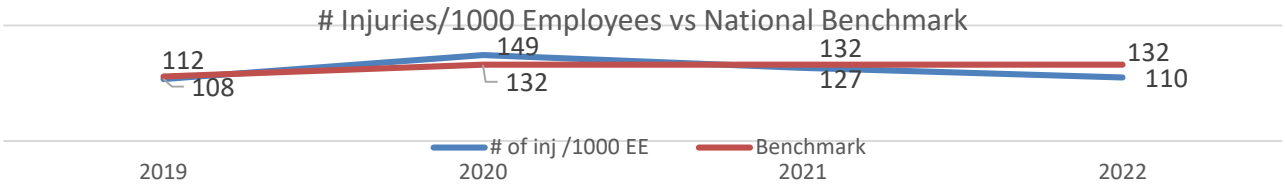


EOC Component: SAFETY

Performance Standard: Employee Health: Reduce Occupational Safety & Health Administration (OSHA) recordable work related injury. No more than 200 OSHA recordable work injuries in 2022.

Goal: Reduce OSHA recordable to 200 in 2022.

Minimum Performance Level: Reduce OSHA recordable injuries to 200 in 2022.



Evaluation:
There were 79 OSHA recordable injuries during the 4th quarter 2022 including 443 Covid 19 claims

- 2022 Goal for Quarter was met, with a total of 361 OSHA recordable injuries.

Type of injury	Q1	Q2	Q3	Q4	Totals 2022	Totals 2021	Per 1000 employees as of Qtr 4
Total Incidents	202	122	154	130	608	652	25.5
Covid 19+	1159	529	746	443	2877	795	86.9
OSHA Recordable	154	58	70	79	361	404	15.5
Lost time Cases	105	37	115	42	299	247	8.2
Strain/Sprain	32	31	24	38	125	124	7.5
Sharps Exp	14	8	17	19	58	85	3.7
# EE end of QTR	5162	5162	5259	5100			

Plan for Improvement:

- Continue to work with infection prevention to decrease Covid 19+ exposures/ claims by healthcare workers in 2022.
- Identify employees with ≥ 3 OSHA recordable injuries in last 2 years. Employee health (EH) speaks with managers directly noting any trends per employee and/or injuries.
- Same day on-site incident investigation with employee. Follow-up with manager for prevention opportunities and/or process changes and policy review. Investigation/ follow-up may include photos, video and interview of witnesses/ manager.
- Increase sharps education in general orientation by Infection Prevention and Manager orientation by EH. Demo correct sharps activation in new hire physicals with all employees handling sharps.
- Utilize physical therapy assistant in Employee Health for Ergonomic evaluations, evaluate for proper body mechanics to prevent injury, stretching exercises and equipment recommendations to ensure safety with our jobs.

EOC Component: SAFETY

Performance Standard:

Risk Management – No patient death or serious disability* associated with a fall while being cared for in a KH facility.
Goal: 100% Compliance.
Minimum Performance Level: 100% Compliance

Evaluation:
There were no incidents of patient death or serious disability associated with a fall while being cared for in a KH facility during 2022.

The Minimum Performance Level was met for this standard in 2022.

*Serious disability means 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 lasts more than seven (7) days or is still present at the time of discharge, or loss of a body part.

Plan for Improvement:
Hazardous Surveillance inspections of all KH facilities will be conducted on a scheduled basis. Safety issues identified will be reported to Department Managers and action plans for correction generated.

Continue to monitor.

EOC Component: SAFETY

Performance Standard:

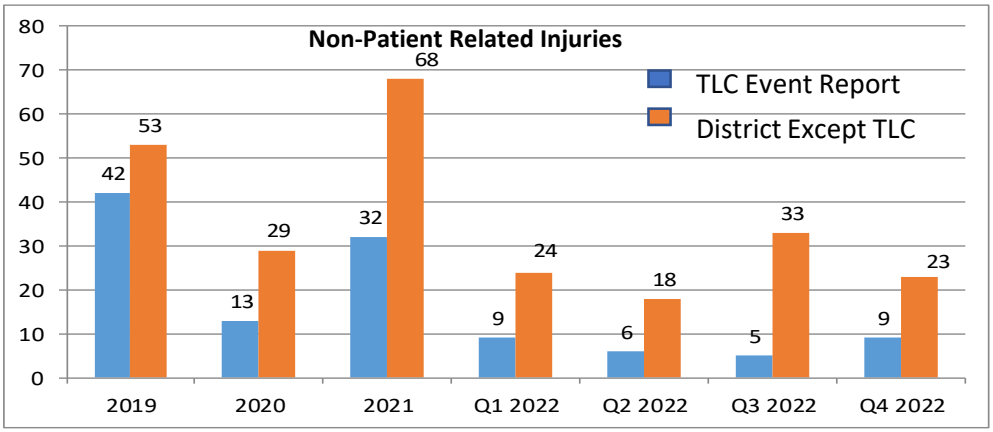
Risk Management – Reporting of non-patient safety related injuries within 7 days will to be compliant at 100%.
Goal: Report non-patient safety related events within 7 days
Minimum Performance Level: Report non-patient safety related events within 7 days

Evaluation:

In 2022, there were a total of 98 reported visitor injuries reported, all within 7 days.

Non-patient related events were tracked by Risk Management. Reports of visitor injuries in 2022 remained consistent from prior year.

Minimum performance measure was met for 2022 at 100% compliance.



Indicator	Quarter 1 2022	Quarter 2 2022	Quarter 3 2022	Quarter 4 2022	2022 YTD Totals	2021 YTD Totals
Non-patient Related Events within 7 days	24	18	33	23	98	100

*Injury is defined as physical or mental impairment that requires additional medical treatment or intervention.

Plan for Improvement:
Risk Management has conducted education to staff related to occurrence reporting and when and how to report any type of injury.

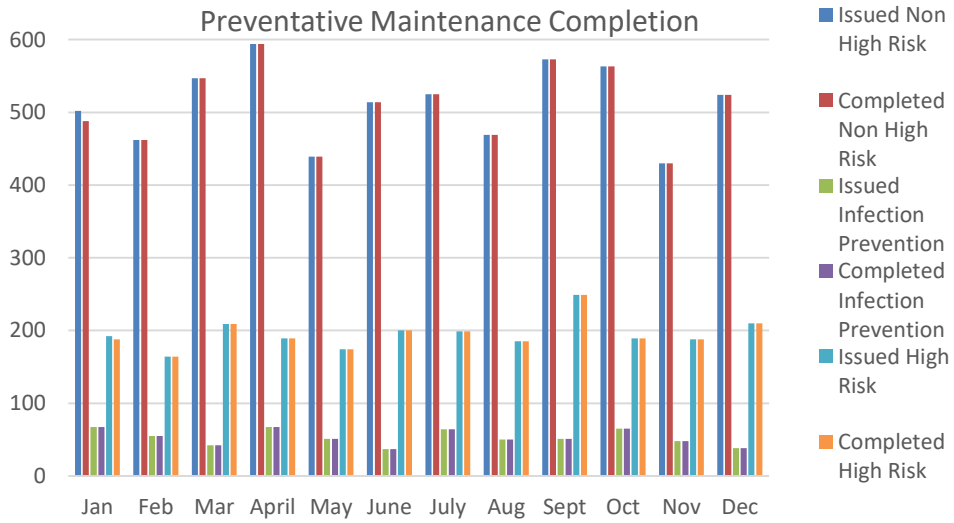
EOC Component: UTILITIES MANAGMENT

Performance Standard:

Utility Equipment– Maintain a 100% completion rate on high risk, non-high risk and Infection Control preventative maintenance work orders throughout the District.
Goal: 100 % compliance rate
Minimum Performance Level: 100% completion rate.

Evaluation:
In 2022, there were a total of 2348 issued high risk work orders of those, 2344 were completed on time resulting in a 99.8% compliance rate. There were a total of 635 infection control work orders, with 635 completed on time, resulting in 100% compliance.
There were a total of 6142 non-high risk work orders of those 6128 were completed on time resulting in 99.7% compliance.

Annual performance measure was not met with 99.5% compliance.



Plan for Improvement:
Facilities Team and Nursing scheduled to meet to discuss ensuring room availability for regulatory compliance mandatory preventative & safety work orders. These rooms must have their PM work completed per the requirements or the rooms will need to be reviewed and possibly taken out of service until compliance is re-established.

EOC Component: **SAFETY**

Performance Standard: **Infection Prevention: Comprehensive Rounds -** Each infection prevention based element of performance and/or environment-of-care criteria meets at least 90% compliance during unit/department rounds performed twice annually.

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

2022 Annual Evaluation:

Overall compliance rate for elements during general area rounds in in 2022: 75%
Overall compliance rate for elements during specialty area rounds in in 2022: 86.7%
Overall goal of >90% compliance not met for 2022.

General Areas (Inpatient Areas and Clinics): Infection Prevention Element Compliance %	2022
Staff members can verbalize Infection Prevention principles.	94.1
Adherence to Kaweah Health's Hand Hygiene policies and procedures.	77.9
PPE is available, worn and stored appropriately.	86.9
Environment is clean, organized, and without factors that increase risk of infection.	52.4
Equipment is visibly clean and in working condition.	83.8
Hospital approved cleaner/disinfectant available and properly maintained.	81.3
Clean Supply Room maintained in accordance with Infection Prevention principles.	66.4
Dirty Supply Room maintained in accordance with Infection Prevention principles.	64.3
Linen maintained in accordance with Infection Prevention principles.	72.4
Patient care environment maintained in accordance with Infection Prevention principles.	80.7
Patients on transmission based precautions per Infection Prevention policy.	98.6
Patient Nutrition Area kept in accordance with Infection Prevention principles.	63.6
Medication Room maintained in accordance with Infection Prevention principles.	49.7
Staff Workspace maintained in accordance with Infection Prevention principles.	84.1
Staff Kitchen/Lounge maintained in accordance with Infection Prevention principles.	87.0

Specialty Areas: Overall Area Compliance %	2022
Laboratory Areas	67.9
Food Services Areas	79.8
Sterile Processing Areas	94.8
Surgical Services	72.8
Kaweah Kids Center	100.0
Pharmacy Areas	96.6
Laundry	95.0

Plan for Improvement:

Reports with rounding findings provided to department leadership. Action plans requested from leadership to address items out of compliance. Leaders of the area were to submit in writing to Infection Prevention their actions to correct the items out of compliance.

We will update this performance measure for 2023. The updated measure will reflect that corrective action plans are returned to the Infection Prevention department within 7 days of report of findings to unit leader. The goal of this update is to ensure findings are addressed in a reasonable timeframe to mitigate the risk of infection to patients and staff, to enhance patient safety and to optimize the environment of patient care.

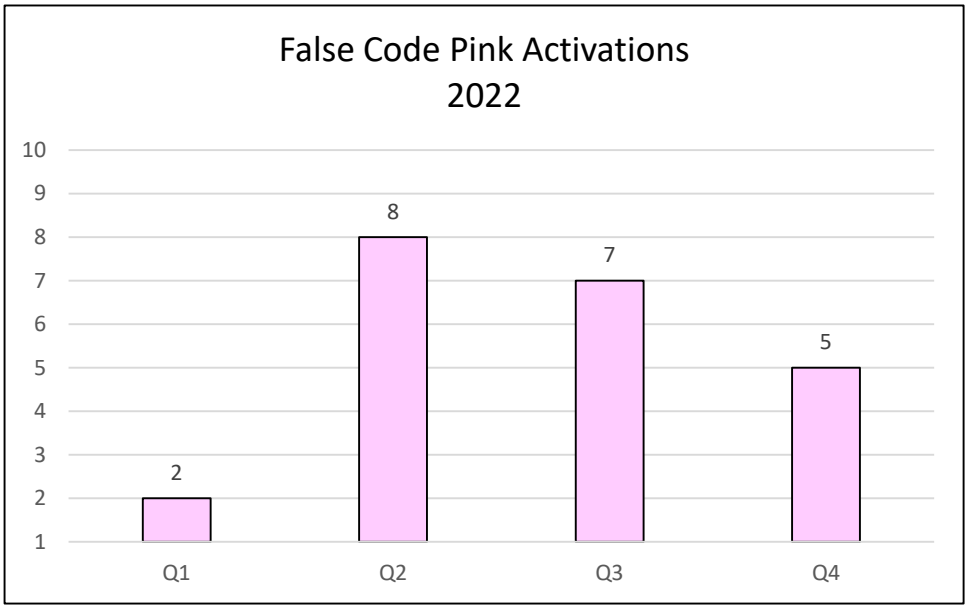
EOC Component: **SECURITY**

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

Goal: 100 % compliance rate
Minimum Performance Level: <4 events per Quarter

Evaluation:
In year 2020 the Medical Center experienced 48 ***false*** Code Pink activations. In year 2021 we ended the year with 33 events, a 31% decrease. For year 2022, the goal is to decrease Code Pink false alarms by 50% of the previous year - <4 per quarter; <16 events for the year.

Goal **Not Met** – Five (5) Code Pink ***false*** activations reported for the 4th quarter, 22 total for the year



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

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

Improvements completed in 2021:
- Security Department provided the Maternal-child Health leaders with a flyer to help educate unit staff.
- Floor tape (CAUTION ALARM WILL SOUND) was installed in Labor and Delivery, OB-OR and Mother-baby units on August 5, 2021 to support alarm safe boundary identification.
- TRL, the company that supports our child abduction security alarm system corrected alarm sensitivity issues in the Pediatrics and Labor and Delivery units to eliminate-mitigate false alarms.

EMERGENCY PREPAREDNESS

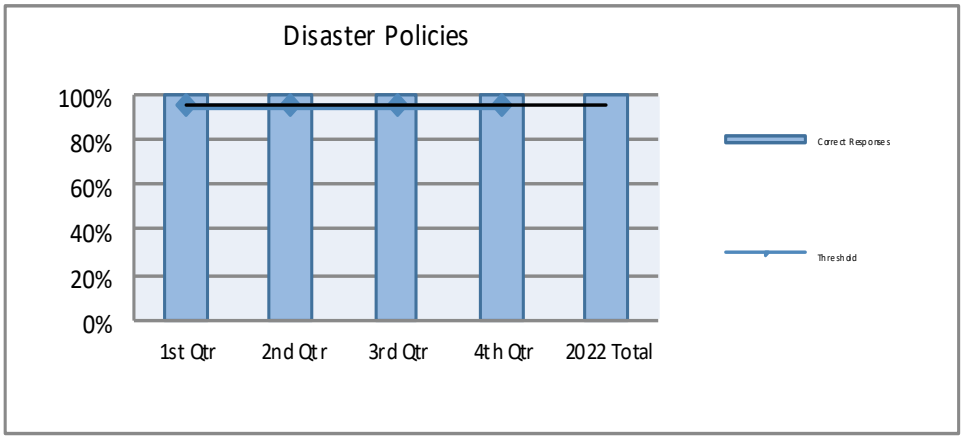
Fourth Quarter 2022 & Annual Evaluation

Performance Standard: Employees able to provide correct responses related to Emergency Preparedness questions.
Goal: 100% Compliance (all employees surveyed answered correctly)
Status: Goal met for 4th Quarter 2022
Sponsor: Maribel Aguilar

Evaluation:

Forty-eight departments were surveyed in the 4th quarter. In all departments surveyed staff where able to verbalize Code Green response, which resulted in a 100% compliance rate.

95% minimum performance level was met for this quarter.



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

LIFE SAFETY

Fourth Quarter 2022 & Annual Evaluation

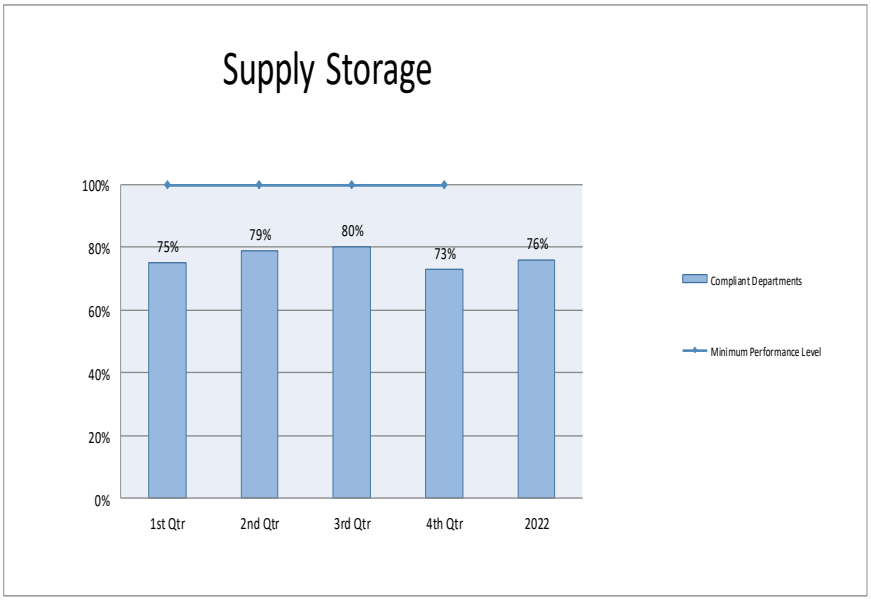
Performance Standard: Equipment & Supplies stored in accordance with Safety requirements.
Goal: 100% Compliance (no storage compliance issues)
Status: Goal not met for 4th Quarter 2022;
Sponsor: Maribel Aguilar
Plan for Improvement: (Summary)

1. For areas with repeat violations, will eliminate non-compliant storage areas.
2. Continue to monitor and educate.

Evaluation:
Forty eight departments were surveyed in the 4th quarter. Of the 48 departments, 13 were found to be non-compliant with storage. This resulted in 73% compliance rate.

For 2022, average compliance was at 76%.

Minimum Performance Level was not met during this quarter.



Detailed Plan for Improvement:

We are in the process of modifying the storage racks in areas of repeat non-compliance. We will continue to monitor through hazard surveillance and report to appropriate director and VP.

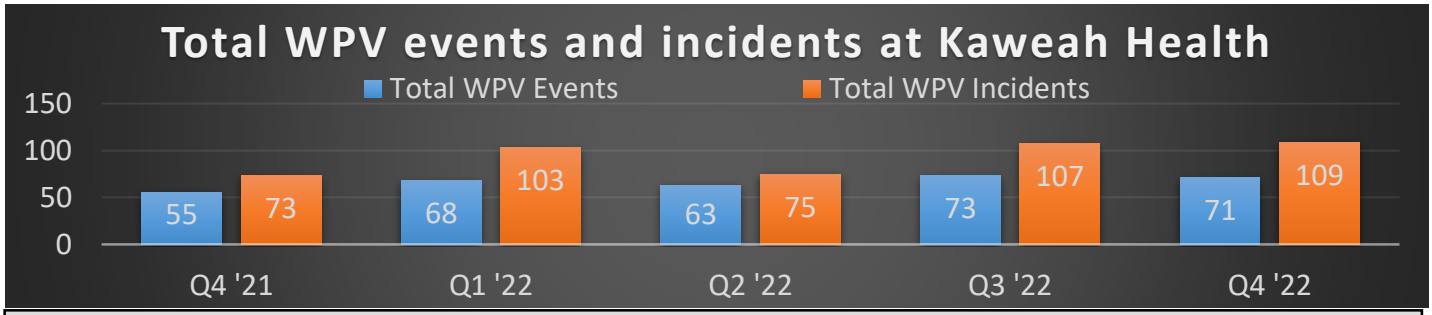
Departments not in compliance this quarter include GME SSB 5th Floor, Marketing, HIM, EEG, Employee Health, ICU, CVOR, Cathlab, Food Services, Emergency Dept, MOB Cardiology.

SAFETY

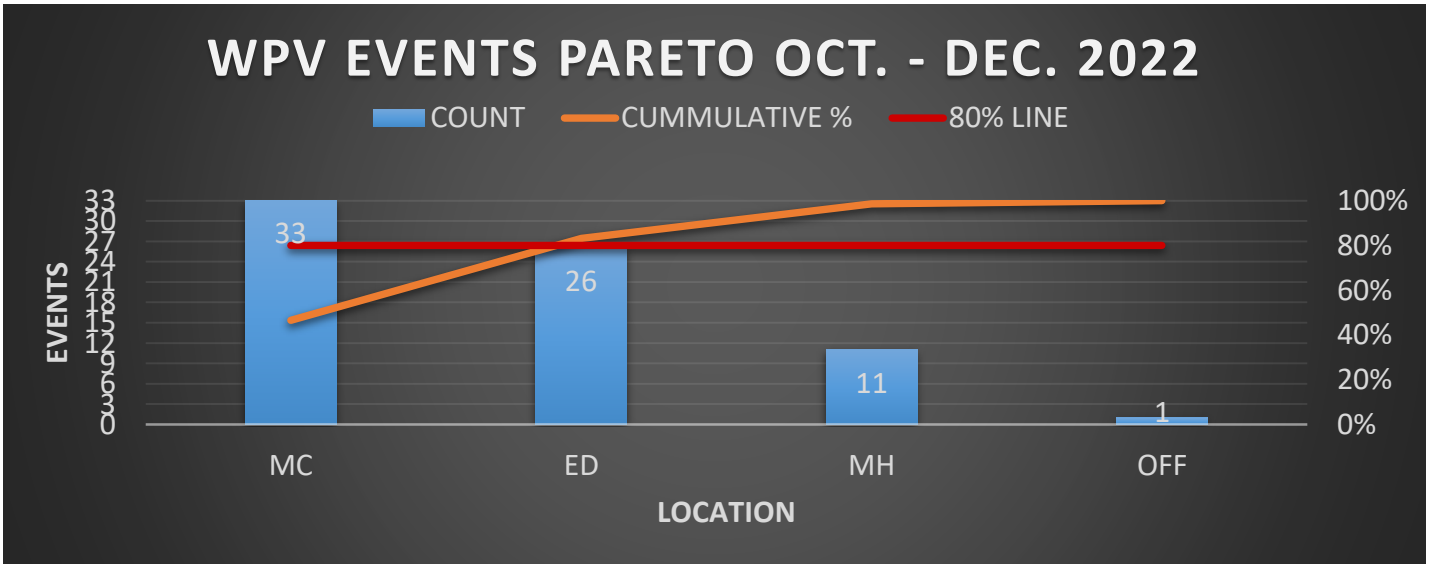
Fourth Quarter 2022

Performance Standard: Reduce Workplace Violence Events
Goal: 20% annual decrease in WPV Events in CY 2022. (<200 events)
Status: 275 total WPV events in CY 2022.
Sponsor: Chris Luttrell
Plan for Improvement: **(Summary)**
Expand and increase rigor of CPI training.
Implement and provide support for electronic flag and tiered Broset.
Continue to evaluate and report on WPV event root causes with the WPV Case Review Team.

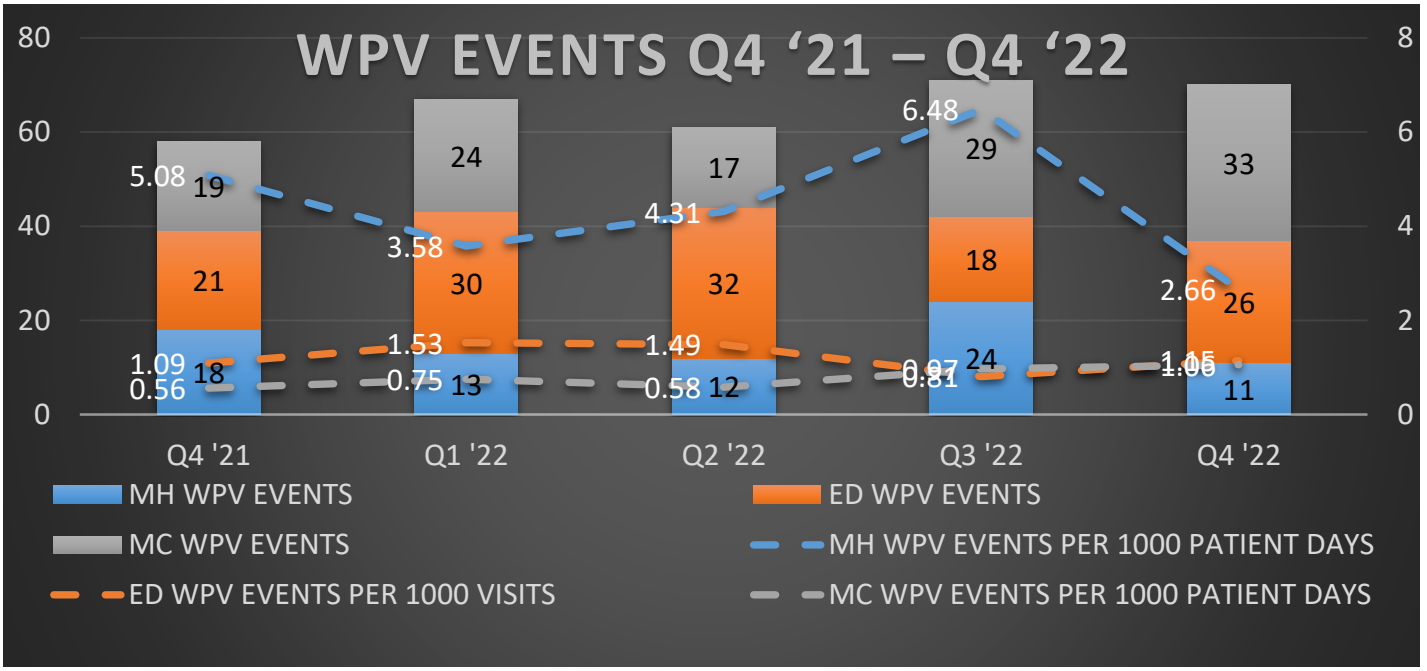
Evaluation:
There was a 3% decrease in the total number of WPV events organization-wide in the 4th quarter of 2022. WPV events vs. WPV incidents refer to the scope of WPV. Events refer to the whole event that occurs, while WPV incidents refer to the individual happenings within an event including assaults and batteries. Because we refer to the whole event in WPV case reviews, not the individual incidents, this report will refer to the WPV events.



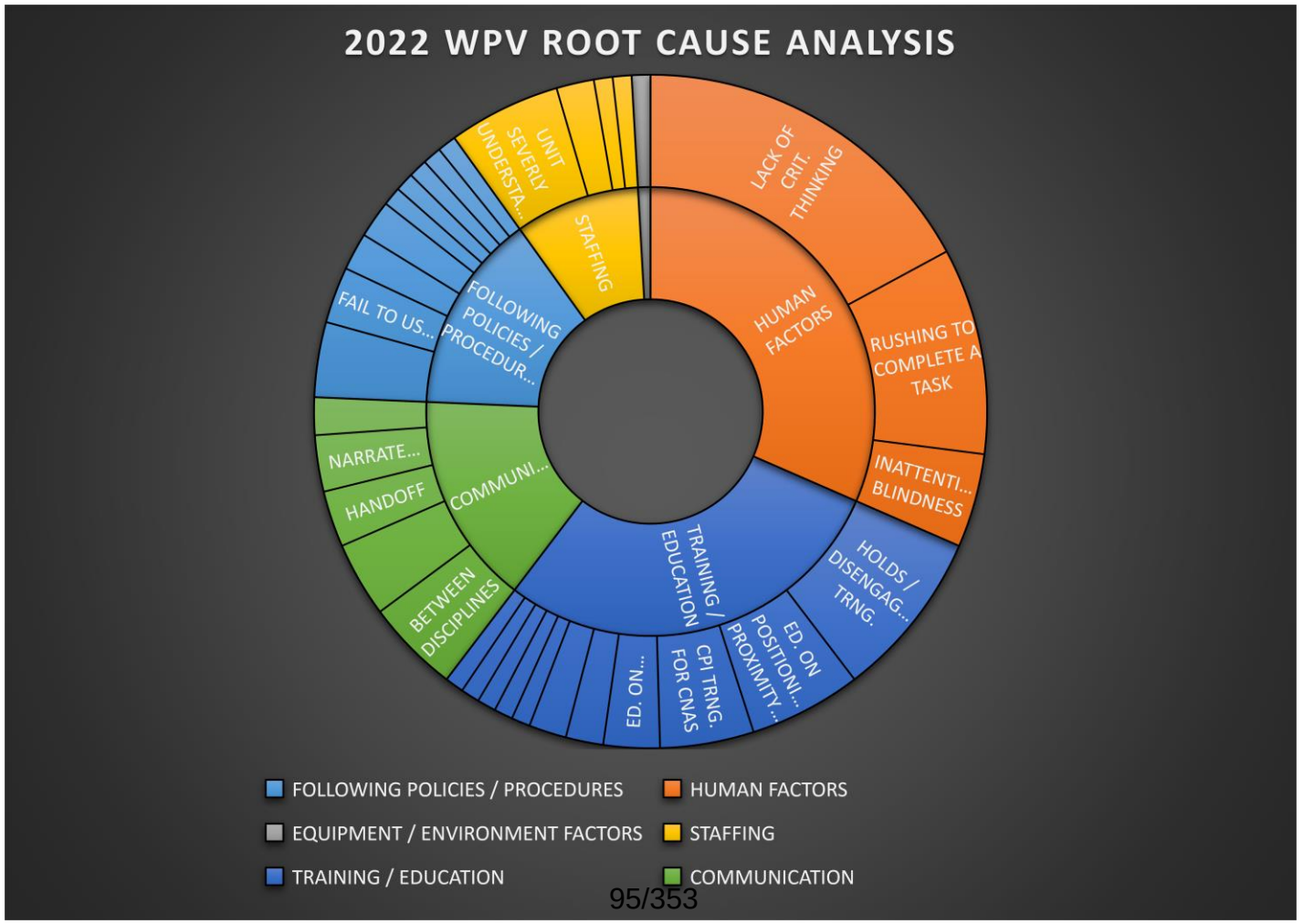
Evaluation:
There was a 44% increase in WPV events in the ED (18 to 26). There was a 14% increase in WPV events in the Medical Center (29 to 33). There was a 54% decrease in WPV events at Mental Health (24 to 11). There was a 50% decrease in WPV events in off-campus areas (2 to 1).



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



Evaluation:
There was an increase in human factors being a root cause of WPV in Q2. The most prominent of which was a lack of critical thinking. There was an increase in WPV events related to failing to follow the established process flows. Of note were two incidents where de-escalation was not attempted prior to utilizing restrictive strategies. Hospital-wide staffing issues have had an impact on WPV events. Many units are reporting an improvement in responding to WPV events due to increased training for CNAs.



EOC Component:

Performance Standard:

Performance Standard:

Medical Equipment Preventive Maintenance Compliance

Medical Equipment – Preventive Maintenance Compliance

#1) Non-High Risk Medical Equipment Preventive Maintenance Compliance

#2) High-Risk including Life Support Equipment (HRiLS) Preventive Maintenance Compliance

Goal: 100 % Compliance for each Group

Minimum Performance Level: 100% Compliance

#3) High Risk (HRiLS) Missing-in-Action Devices (Not Locatable for Preventive Maintenance)

Goal: <1% of the Total HRiLS inventory is to be Missing for Preventive Maintenance during any month.

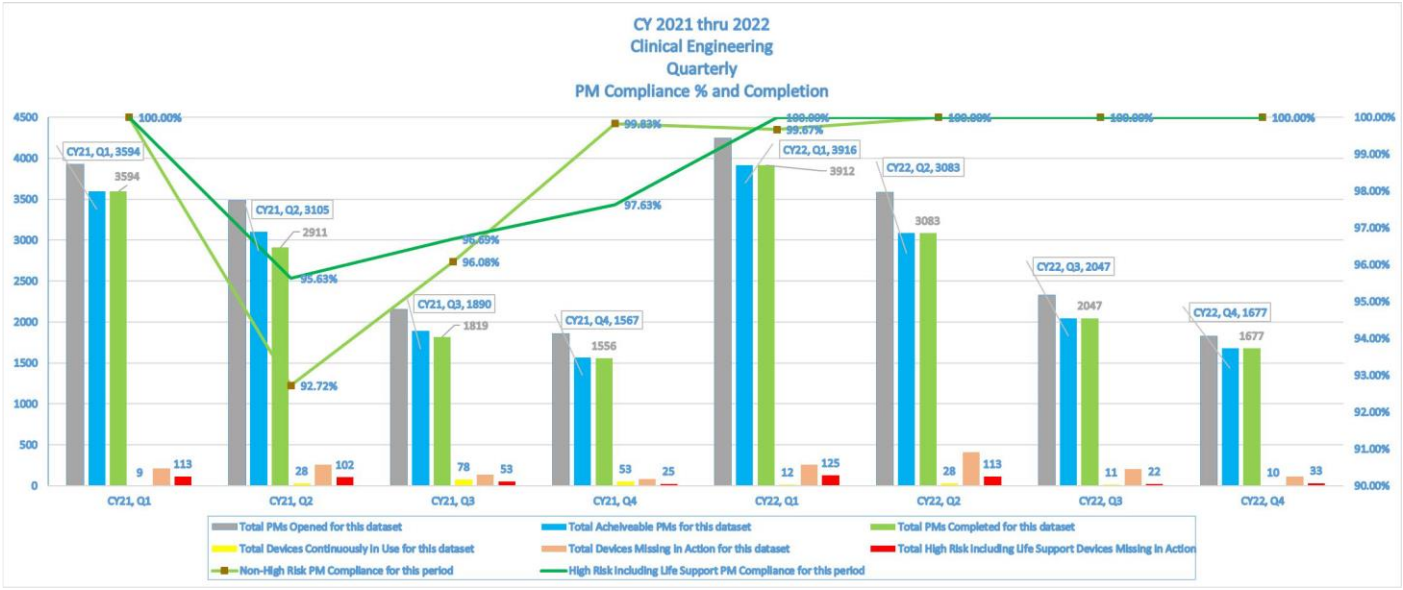
Evaluation:

•For the reporting quarter, CY 2022, Q4 (Oct-Dec). A count of 1674 Devices were to receive Preventive Maintenance and 1674 of those devices received Preventive Maintenance as scheduled.

•**Measured Performance Metrics:**

•#1) PM Compliance for Non-High Risk Devices is 100% and **the 100% Compliance Goal Was Met.**

•#2) PM Compliance for High Risk Including Life Support Devices is 100.00% and **the 100% Compliance Goal Was Met.**
#3) High Risk Devices including Life Support (HRiLS) Missing for this reporting Quarter is 0.68% (33 Devices) and **the Compliance Goal of <1.0% of HRiLS Devices Missing Was Met**.



Plan for Improvement:

- Continuing to ask the department leaders to review medical devices in their areas and report PM stickers that are expired or missing to Clinical Engineering so they receive proper service.
- All new medical devices entered using this FDA/NIH definitions and the entire Kaweah Health database will receive review throughout the upcoming year.
- Clinical Engineering is still seeking funding for a device tracking system in effort to locate devices, submitted for FY23 Capital Budget.

The KH Emergency Preparedness Committee, a subcommittee of the Environment of Care Committee, met regularly throughout 2022 to address the preparedness needs within the District. Members from the Subcommittee ensured that leadership throughout the District were assigned positions in the *Hospital Incident Command System* (HICS), and that the organizational chart was kept current. The KH Emergency Operations Plan was reviewed/revised during 2022.

Community Partners: Participated with Tulare County Public Health Emergency Preparedness Advisory Committee, Tulare County Office of Emergency Services, Central California Emergency Medical Services Agency (CCEMSA), County of Tulare Evacuation Planning, and Visalia Fire Department.

Hazard Vulnerability Analysis: The Hazard Vulnerability Analysis (HVA) was re-evaluated and approved by the Environment of Care Committee. Input regarding the HVA was solicited from our executive team, medical staff and community partners. KH also worked with CCEMSA hospitals in Fresno, Kings, Madera, and Tulare Counties to review the communitywide HVA.

Offsite Facilities: During 2022, the Emergency Planning Committee focused on the offsite facilities to ensure the specific risks of each facility were addressed during emergency exercises.

Disaster Exercises: On March 13, 2020, Kaweah Health activated the Hospital Incident Command System (HICS) in response to the COVID-19 pandemic. The role of HICS in a rapidly evolving complex incident is to help manage the information, logistics, and operational needs in a systematic manner, while providing scalability and business continuity to prevent interruptions to mission critical services. Since opening the Incident Command Center, Kaweah Health has faced four significant surges of COVID patients requiring a large scale response and the use of surge beds to meet the communities Healthcare needs. Throughout the COVID response, Kaweah Health has collaborated with local, state and federal partners, activated a labor pool, utilized alternate care sites, and maximized the use of technology to meet the medical demands of the community.

On October 25, 2022, Kaweah Health conducted an organizational wide exercise which involved patient surge and active shooter at a non Kaweah building. Community Partners including Tulare County Office of Emergency Services, Tulare County Public Health, Visalia Fire Department, Visalia Police Department and Emergency Medical Services were working closely during the exercise. Actions included HICS activation, Emergency Department staffing accessed with additional physicians and staff available, Labor Pool activated, Surgery held elective cases, alternate care sites identified and prepared, utility assessment of all KH facilities, etc.

Six critical elements were identified during the exercise, with staff performance exceeding the established threshold. The exercises/incidents were critiqued through a multidisciplinary process which included administration, clinical and support staff, and medical staff. After action improvement items were identified and will be presented to the Emergency Management Sub commitment. Objectives were evaluated relating to six critical areas: communications, resources and assets, safety and security of the patient, staff roles and responsibilities, the management of utilities and patient clinical and support activities.

EVALUATION – OVERALL *EFFECTIVENESS*
ENVIRONMENT OF CARE AND EMERGENCY OPERATIONS

Safety: Based upon the objectives, scope and performance standards, the risks within our Safety Management plan have been managed effectively. The Safety Education program for the District is highly effective, departments completed the Safety Training Modules. The Infection Prevention Department monitored infection control practices. Risk Management continued to monitor visitor injuries, with no trends identified. Based on the high level of commitment to education, surveillance and ongoing activities, the Management Plan for Safety is highly effective in promoting safety standards for the organization and in guiding the direction of safety-related activities. In 2022, we will improve safety outcomes by continuing with our monitoring activities and current programs, knowing they are effective in promoting safety standards for the organization and in guiding us towards continued risk reduction.

Security: The Management Plan for Security and the security program is effective at Kaweah Health has proven by the objectives to minimize security risks being met in 2022. The Workplace Violence Committee worked to monitor the Workplace Violence Program, implementing recommendations and responding to actual threats. Workplace violence awareness and crisis intervention training is provided to employees working in high risk areas and for support staff who also support patient care in those high risk patient care areas. Code Silver (active shooter) education is available for staff. Security risk assessments were completed in conjunction with weekly hazard surveillance rounding. Any identified deficiencies are reported and tracked until correction/improvement is made.

Hazardous Materials: We continue to minimize risks related to hazardous materials and wastes by monitoring spill activity and completing hazardous gas monitoring in areas with known chemical contaminants. An annual chemical inventory was completed and all employees were required to complete Hazardous Materials and chemical specific training. Other activities that support the effectiveness of our program include assessing the level of knowledge staff have relating to the Hazardous Materials program, specifically their role during a spill event. Our Radiation Safety Committee monitors radiation issues, such as badge readings, apron safety, annual review of the Radiation Safety Plan, and license amendments. Based upon the objectives, scope and performance standards, the Hazardous Materials Plan and program is rated to be highly effective.

Emergency Management: Based upon the objectives, scope and performance standards, the Emergency Operations Plan is effective in providing the framework for disaster response for our staff. The Emergency Management Subcommittee continued to meet to review and plan for multiple preparedness activities including, but not limited to, drill design and follow-up activities relating to COVID 19 pandemic. Training was completed for Decontamination Processes, Emergency Preparedness, Anhydrous Ammonia Handing and new hire orientation. The Hazard Vulnerability Analysis was reviewed and found to be an effective tool in prioritizing critical events and assessing the prioritization against the District's preparedness. KH is actively involved with community-wide preparedness activities which strengthening ties with agencies having jurisdiction and the California Department of Health Services.

Fire Prevention Management: Based upon the objectives, scope and performance standards, the Fire Prevention Management plan is effective. Fire drills were completed for the District, with staff performing according to a pre-established checklist. Fire equipment inspection, maintenance and testing was completed, with ongoing monitoring of the *Statement of Conditions* in effect. Infection Prevention assessment continued to be integrated into construction activities along with any Interim Life Safety Measures assessments that were needed.

Clinical Equipment Management: Based upon the objectives, scope and performance standards, the Clinical Equipment Plan and program are effective. Preventive Maintenance was monitored quarterly for high risk including life support and non high risk medical equipment, with the thresholds of performance met. The separation of our inventory (i.e., high risk including life support medical equipment from non high risk medical equipment) places a higher focus on the safety of our patients and keeps the *Environment of Care* closely integrated with Patient Safety standards. The Clinical Equipment Plan and program are effective in promoting safe equipment usage for our patients.

Utility Equipment Management: Based upon our objective, to provide a comfortable, safe, environment for our patients and our staff, are programs are effective. Performance monitoring focused on the completion of critical life support utility equipment . A skilled facilities staff, strong leadership, and the management of the automated preventive maintenance program has helped us in improving the objective to minimize the risks associated with utility failures.

Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP49	**Date Created: No Date** Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved** Yet
Approvers: Board of Directors (Administration)	

No information No presence in facility patient status

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

PURPOSE: To provide for the privacy and safety of ~~KDHCD~~ Kaweah Health patients and staff when there is a determined risk or per the patient's request.

POLICY: The status of "No Information" may be initiated for personal reasons, at the specific request of a patient or a patient's legal representative, as a result of a directive from a law enforcement agency regarding a patient in custody, or at the discretion of a ~~KDHCD~~ Kaweah Health supervisor if a patient and/or staff are at risk of endangerment. Some examples include patients in custody, ~~Patient Privacy Use and Disclosure of Patient Information~~victims of a crime, or victims of domestic violence (not an all-inclusive list).

DEFINITION: *No Information Status*: Information regarding the patient will not be divulged and their presence in the facility will not be acknowledged.

PROCEDURE:

I. Any patient that comes into the Emergency Room as a result of a violent crime will be assigned a "No Information" status.

II. A "No ~~i~~Information" status may be requested through direct contact with the P~~p~~hysician, the ~~s~~taff assigned to the patient's care, the N~~n~~urse M~~m~~anager, the N~~n~~urse S~~s~~upervisor, or through the admission office. The individual receiving the request will inform the other individuals indicated above.~~.~~

The admission office will assure that the appropriate status code is entered into the patient care computer system. This code will "flag" the patient on the census to indicate the "No Information" status.

III.

~~A.~~

A. Nursing and Patient Care staff on the nursing units will see the "No Information" ~~Pad Lock (🔒) on the Soarian~~ star next to the patients name on the Cerner

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electronic patient census. The nursing staff who access t the ~~Care Compass~~ patient record will see a flag next to the patient name. Patient Access will see ~~an asterisk (*)~~ a ~~red stop sign~~confidential indicator on the patient census indicating "No Info-rmation" status. ~~There are other reports used that have different indicators for "No Information" status.~~

~~A.~~

B. Other staff responding to inquiry regarding a patient on another unit will search for the patient by name.

~~A.~~

C. Whenever a ~~padlock or asterisk (*)~~ ~~star or~~ flag appears~~-~~, ~~the~~ Kaweah Health staff ~~person~~ shall not acknowledge the patients presence in the facility.

~~A.~~

~~A.~~D. The census for PBX staff and Information Desk staff/volunteers will not show the patient on the census if they have been ~~flagged~~ identified as "No Information."

~~A.~~ IV. When a ~~-~~patient has been ~~-~~placed under the "*No Information*" status:

A. ~~-~~Any media requests for information on the patient will be directed to the Nursing Supervisor or ~~Marketing~~ Director of Media Relations~~Manager~~. They will respond that no information is available and, where appropriate, the media will be referred to the law enforcement agency.

B. ~~-~~If a visitor calls or arrives at the hospital, no information regarding the patient will be given and the patient's presence will not be acknowledged.

~~C.~~

~~D.~~C. The global statement that can be used for inquiries about a "No Information" patient is, "I cannot confirm or deny that this person ~~-~~is a patient at this facility. I have no information for you."

V. When a patient is assigned a~~made~~ "No Information" status, staff will provide to the patient ~~and 2 selected visitors~~ and/or their 2 patient~~-~~identified visitors, a summary sheet describing the "No Information" status (see attached "No Information Status" patient/visitor handout).

~~A.~~ ~~A card with the patient's passcode will be given to 2 designated visitors. The patient and the 2 designated visitors will be instructed not to give any information regarding the patient's presence in this facility .~~

AB.~~-~~ The patient ~~and visitors~~ under the "No Information" status will be required to

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follow the rules and regulations stated in the patient/visitor handout.

VI. Cancellation of "*No Information"* status may be made by the patient or patient's legal representative if that is where it originated. ~~If originated by patient or legal representative, but they disseminated information, it will be cancelled by the hospital staff.~~ If a patient or their legal representative requests a "No information" status and fails to follow any rules associated with "No information" status, including informing visitors of their presence in the facility, hospital staff ~~wil~~ may~~l~~ cancel the "No information" status. If originated by law enforcement or hospital staff and information is disseminated, further restrictions may be applied.

~~I.~~ VII. Law Enforcement may request "No Information" status for a patient who is in custody. ~~.~~ If "No Information" status was originated by law enforcement, there will be ~~a~~ consistent communication between ~~the District~~Kaweah health ~~-~~and the law enforcement agencies. ~~.~~

~~"~~

VIII. In cases where "No Information" status can be voluntarily changed prior to discharge from the facility, the staff member receiving the change request is responsible to ensure that the Nursing~~House~~ Supervisor and A~~a~~dmitting ~~p~~Physician are notified. Any victim of a violent crime will remain in "No Information" status until discharge. The Nursing~~House~~ Supervisor may evaluate each case individually and in collaboration with all necessary parties change status prior to discharge.

AP107 - Patient Privacy Use and Disclosure of Patient Information

SEC 132 - Security of Prisoners at KDHCD

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Kaweah Health

No Information Status

You are being placed under Kaweah Health's "No Information" status

What that means to you and your family or friends:

- If anyone calls or comes to the hospital and asks about you, they will be told you are not here.
- You will not receive any incoming telephone calls because the operator does not know you are here.
- Your use of a telephone to call family or friends will be at the discretion of hospital staff.
- You may have two (2) visitors. You will provide these two (2) visitors with a passcode that only they can use to see you. The passcode is not to be shared with anyone else. Limited medical information will be provided to the identified visitors over the phone, even with the passcode. Staff will give more in depth information to these visitors in person as they are able. The identified visitors will be expected to share any appropriate information with other family members as needed. Calls from non-approved visitors will not be accepted, and no information about you or your condition will be released to non-approved individuals.
- Any flowers or gifts being delivered to you will be refused at the front desk. They do not know you are here.
- You may ask to stop the "No Information" status if you were the one who asked for it to start.
- If you asked for the "No Information" status and you or your visitors share where you can be found in the hospital with other people, the "No Information" status may be cancelled by hospital staff.
- If the "No Information" status was started by the hospital and you or your visitors talk to other people about your stay in the hospital, stricter rules may be used.
- You and your visitors must agree to follow these rules for the entire time you are in the hospital.

PATIENT/VISITOR HANDOUT

~~You are being place under Kaweah Delta's "No Information" status.~~

~~What that means to you and your family or friends:~~

- ~~Anyone that calls or comes to the hospital and asks about you will be told you are not here.~~

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- You will not receive any incoming telephone calls because the operator does not know you are here.

- Do not make any telephone calls to family or friends from your cell phone or room phone.

- You can pick **2** people to visit. These visitors will receive a passcode that only they can use to come see you. No Limited medical information will be given to these people over the phone even with the passcode. Staff will give these identified visitors more in depth information in person as they are able.

You may choose 2 people to visit. These visitors will receive a pass code that only they can use to come see you. Limited medical information will be provided for these identified visitors over the phone even with the pass code. Staff will give more in depth information to these visitors in person as they are able. These identified visitors will be expected to share any appropriate information with other family members as needed. No calls from non-approved visitors will be accepted, and no information about you or your condition will be released to non-approved individuals.

- Any flowers or gifts being delivered to you will be refused at the front desk. They do not know you are here.

- You may ask to stop the "No Information" status if you were the one who asked for it to start.

- If you asked for the "No Information" status and you or your visitors talk to share with other people about your stay where you can be found in the hospital, the "No Information" status will may be cancelled by hospital staff.

- If the "No Information" status was started by the hospital and you or your visitors talk to other people about your stay in the hospital, stricter rules may be used.

- You and your visitors must agree to follow these rules for the full time you are in the hospital.

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No information No presence in facility patient status
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THIS IS NOT A PART OF THE PERMANENT RECORD

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

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)	

Suspected child and or elder dependent adult abuse reporting

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.~~rer~~

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. Pphysical abuse
      2. Ssexual 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. Iintimidation
      4. Cruel punishment
      5. Ffiduciary abuse (finances/property)
      6. Nneglect
      7. Aabandonment of care or custody
      8. Aany 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

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 Delta 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?
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.)

*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
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

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2. Elder/Dependent Adult Abuse Reporting
   a. Adult Protective Services or Law Enforcement
      Tulare County APS (559) ~~623-0651~~713-3710
      Kings County APS (559) ~~852-4000~~582-7399
      Fresno County APS (559) ~~600-3383~~453-8990
   b. Kings/Tulare County Ombudsman
      1197 South Dr.
      Hanford, CA 93230
      (800) 293-9714
      Phone: (559) 582-3211
      Fax: (559) 582-9627

3. Domestic Violence Reporting

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 have 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.

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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.

~~II.~~ 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.legislature.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 care 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 meals (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

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

A Quick Reference Guide to

ASSAULT AND ABUSE REPORTING REQUIREMENTS

	Child Abuse and Neglect	Elder/Dependent Adult Abuse	Injury by Firearm or Assaultive/ Abusive Conduct
Reporting Trigger	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) **Includes:** non-accidental physical injury that was not self-inflicted; sexual abuse; neglect; willful harm, injury or endangerment; unlawful corporal punishment or injury; abuse 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	Mandated reporter has observed or has knowledge of (including being told by the elder/dependent adult) an incident that reasonably appears to be abuse **Includes:** 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 **Applies to:** elder persons age 65 or older; dependent adults ages 18 to 64 with physical or mental limitations; adult inpatients (age 18 to 64) in an acute care hospital or other 24-hour health facility	Health practitioner and physician providing medical services to a patient whom they reasonably suspect has a *physical* condition resulting from: 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(d) Duty to report applies even if treating a condition not related to the assault, abuse or firearm injury
To Whom to Report	Local law enforcement, designated county probation department or county welfare department	Varies depending on where the suspected/alleged abuse occurred: **1. Long-term care facility, physical abuse:** 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. 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 **4. Anywhere other than the above:** report to adult protective services agency or local law enforcement	Local law enforcement
Time Frame	1. Immediate telephone report 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) 2. If initially reported by phone, 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 (sometimes 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
Required Form	"Suspected Child Abuse Report," Department of Justice, Form SS 8572. Obtain from local social services or child protective services agency or download at www.ccfmtc.org	"Report of Suspected Dependent Adult/Elder Abuse," California Department of Social Services, Form SOC 341, download at www.ccfmtc.org	"Suspicious Injury Report," Office of Emergency Services (OES), Form CalOES 2-920, download at www.ccfmtc.org

Sexual Assault/Rape In addition to the above reporting requirements, each county must designate at least one general acute care hospital to perform forensic examinations on victims of sexual assault, including child molestation. Examination requires the consent of the patient. Local law enforcement must be notified by telephone *prior* to beginning the forensic examination. Forensic report forms may be downloaded at www.ccfmtc.org.

See chapter 19, "Assault and Abuse Reporting Requirements," of CHA's Consent Manual *for additional information.*

CALIFORNIA HOSPITAL ASSOCIATION

1215 K Street, Suite 800 • Sacramento, CA 95814 • (916) 443-7401 • www.calhospital.org

05/15

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Table 19-A Assault and Abuse Reporting Requirements

A Quick Reference Guide to

ASSAULT AND ABUSE REPORTING REQUIREMENTS

	Child Abuse and Neglect	Elder/Dependent Adult Abuse	Injury by Firearm or Assaultive/Abusive Conduct
Reporting Trigger	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) **Includes:** non-accidental physical injury that was not self-inflicted; sexual abuse; neglect, willful harm, injury or endangerment; unlawful corporal punishment or injury; abuse 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	Mandated reporter has observed or has knowledge of (including being told by the elder/dependent adult) an incident that reasonably appears to be abuse **Includes:** 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 **Applies to:** elder persons age 65 or older; dependent adults aged 18 to 64 with physical or mental limitations; adult inpatients (age 18 to 64) in an acute care hospital or other 24-hour health facility	Health practitioner and physician providing medical services to a patient whom they reasonably suspect has a physical condition resulting from: 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(d) Duty to report applies even if treating a condition not related to the assault, abuse or firearm injury
To Whom to Report	Local law enforcement, designated county probation department or county welfare department	Varies depending on where the suspected/alleged abuse occurred: 1. **Long-term care facility, physical abuse:** 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. **State mental health hospital or state developmental center:** report to designated investigators 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
Time Frame	1. Immediate telephone report 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) 2. If initially reported by phone, 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 (sometimes 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
Required Form	"Suspected Child Abuse Report," Department of Justice, Form SS 8572. Obtain from local social services or child protective services agency or download at www.ccfmtc.org	"Report of Suspected Dependent Adult/Elder Abuse," California Department of Social Services, Form SOC 341, download at www.ccfmtc.org	"Suspicious Injury Report," Office of Emergency Services (OES), Form CalOES 2-920, download at www.ccfmtc.org

Sexual Assault/Rape In addition to the above reporting requirements, each county must designate at least one general acute care hospital to perform forensic examinations on victims of sexual assault, including child molestation. Examination requires the consent of the patient. Local law enforcement must be notified by telephone prior to beginning the forensic examination. Forensic report forms may be downloaded at www.ccfmtc.org.

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

CALIFORNIA HOSPITAL ASSOCIATION

1215 K Street, Suite 800 • Sacramento, CA 95814 • (916) 443-7401 • www.calhospital.org

#915

(03/15) | Page 1 of 1

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March 22, 2023

Sent via Certified Mail No. 70160340000002566677
Return Receipt Required

Russell W. Sawyer MD, JD.
Law Offices of Dr. Russell W. Sawyer, PC
131A Stony Circle, Suite 500
Santa Rosa, CA 95401

RE: Notice of Rejection of Claim of Patricia Olivares vs. Kaweah Delta Health Care District

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on March 3, 2023, was rejected on its merits by the Board of Directors on March 22, 2023

WARNING

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

Sincerely,

Mike Olmos
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

March 22, 2023

Sent via Certified Mail No. 70201290000129798377
Return Receipt Required

Russell W. Sawyer MD, JD.
Law Offices of Dr. Russell W. Sawyer, PC
131A Stony Circle, Suite 500
Santa Rosa, CA 95401

RE: Notice of Rejection of Claim of Jose Olivares vs. Kaweah Delta Health Care District

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on March 3, 2023, was rejected on its merits by the Board of Directors on March 22, 2023

WARNING

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

Sincerely,

Mike Olmos
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

March 22, 2023

Sent via Certified Mail No. 70160340000002566769
Return Receipt Required

Brelsford Androvich & White
Joseph A. Androvich
2001 I. Street
Sacramento, CA 95811

RE: Notice of Rejection of Claim of Nancy Williams vs. Kaweah Health

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on February 28, 2023, was rejected on its merits by the Board of Directors on March 22, 2023

WARNING

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

Sincerely,

Mike Olmos
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

March 22, 2023

Sent via Certified Mail No. 70160340000002566769
Return Receipt Required

Wilcoxen Callaham, LLP
Christopher G. Romero, Esq.
2114 K. Street
Sacramento, CA 95816

RE: Notice of Rejection of Claim of Maribel Cano, Jazlene T. Cano, Chase X. Cano, Xander M. Cano, Aria S. Cano, Edmundo Cano vs. Kaweah Delta Health Care District and Kaweah Health Medical Center

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on March 2, 2023, was rejected on its merits by the Board of Directors on March 22, 2023

WARNING

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

Sincerely,

Mike Olmos
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

Policy Number: MS 58	Date Created: No Date Set
Document Owner: April McKee (Medical Staff Manager)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Medical Staff Services), Medical Executive Committee	

Provider Midas Reporting Policy

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

Purpose:

The Medical Staff of Kaweah Delta Health Care District (KDHCD) seeks to establish a process whereby confidential information pertaining to Medical Staff members and Advanced Practice Providers (Providers) may be shared with the Hospital in order for the Hospital to meet reporting obligations as required by law, while at the same time maintaining the protections afforded by California Evidence Code section 1157.

Background:

The Hospital and Medical Staff have independent but overlapping functions and responsibilities, which include maintaining high quality care and a safe working environment, complying with state and federal laws, and adhering to accreditation standards. In order for these two entities to fulfill independent obligations, access to confidential information pertaining to Providers is needed. The Hospital has certain obligations to investigate and/or report particular allegations or occurrences and the Medical Staff has a duty to investigate allegations regarding Provider care and conduct. A committee called the Provider METER Committee has been established as a way to coordinate these Hospital and Medical Staff functions while maintaining the confidentiality of peer review information.

Composition:

- Peer Review Manager/Coordinator
- Medical Director of Quality & Patient Safety
- Director of Risk Management/designee
- Chief Compliance & Risk Officer
- Chief Medical and Quality Officer

Procedure:

I. The Hospital makes available an incident reporting tool (MIDAS) for its staff and Providers to make reports, including anonymous reports, regarding patient safety and other concerns. The Provider METER Committee (Committee) meets Monday through Friday, or as needed. The Committee reviews all MIDAS reports involving Providers, for the purpose of:

- Reviewing, ranking and triaging Provider-related MIDAS reports through a multidisciplinary team (daily).
- Identifying issues that require immediate escalation to the Hospital and Medical Staff to fulfill its legal duties.

- Identifying specified individual(s) within Hospital administration to receive confidential information, in addition to Chief of Staff and the Medical Staff Services Department, which already receive this information.

II. The MIDAS Report Routing Chart (Addendum A) is the official guide for triaging and escalation of MIDAS event reports involving Providers.

III. The Provider Meter Committee is responsible for identifying MIDAS reports that shall be escalated in accordance with Addendum A.

IV. This Policy does not alter the Medical Staff's established processes for following up on MIDAS reports pertaining to Providers, nor does it alter the Hospital's process for managing MIDAS reports.

"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."

ATTACHMENT A

KAWEAH HEALTH
MIDAS REPORT ROUTING CHART
FOR ALLEGATIONS RE PHYSICIANS AND PRIVILEGE HOLDERS

MIDAS reports alleging concerns about the clinical care and/or professional conduct of Medical Staff and AHP Staff must be forwarded to the Director of Medical Staff Services and the Peer Review Coordinator or Manager. In addition, depending on the nature of the allegation, the MIDAS report should be forwarded to the individual(s) listed below.

NATURE OF ALLEGATION	REPORT TO	BASIS FOR NEED TO ESCALATE
"Adverse Events"[1]	Chief of Staff Chief Medical & Quality Officer Director of Risk Management Chief Compliance & Risk Officer Chief Executive Officer Med Director Quality & Pt Safety	AP87 "Sentinel Event and Adverse Event Response and Reporting" Potential reporting obligations: • Cal. Department of Public Health: Bus. & Prof. Code § 1279.1 • various other regulatory agencies (FDA, CMS, etc.)
Diversion of controlled substances	Chief of Staff Chief Medical & Quality Officer Director of Pharmacy Chief Executive Officer Director of Risk Management Chief Compliance & Risk Officer Chief of HR, if employed APP Chief of area, if employed APP	Potential reporting obligations: • CEO/Director of Pharmacy: 42 C.F.R. § 482.25 • DEA: 21 C.F.R. § 1301.90-.92 • Cal. Board of Pharmacy: Bus. & Prof. Code § 4104; 16 C.C.R. § 1715.6 • Local law enforcement • Medical Board of California • California Department of Public Health: Title 22 California Code of Regulations Section 70737(a)
Fraudulent billing practices	Chief Compliance & Risk Officer	Potential reporting obligations to CMS
Harassment, discrimination, or hostile work environment against hospital employee	Chief of Staff Chief of Human Resources Chief Medical & Quality Officer Chief of Employee	Hospital's legal duty to protect employees from harassment and discrimination: Gov't Code § 12940(k)
Illegal activity, such as	Chief of Staff	Potential reporting obligations to police

[1] See Attachment B: Reportable Adverse Events.

NATURE OF ALLEGATION	REPORT TO	BASIS FOR NEED TO ESCALATE
theft or destruction of hospital property	Chief Medical & Quality Officer Director of Risk Management Chief Compliance & Risk Officer Chief Executive Officer	
Impairment	Chief of Staff Chief Executive Officer Chief Medical & Quality Officer *Director of Pharmacy *Director of Risk Management	Medical Staff Impaired Practitioner Policy * this escalation only occurs if investigation substantiates diversion
Patient complaints about physicians or privilege holders	Director of Risk Management Chief Medical & Quality Officer Chief Compliance & Risk Officer	• CMS CoP A-0041 §482.13(a)(a) • AP08 “Patient Complaint & Grievance Management”
Physical abuse or neglect	Chief of Staff Chief Medical & Quality Officer Director of Risk Management Chief Compliance & Risk Officer Chief Executive Officer Chief of location of event	• Potential reporting obligations to CDPH, police • AP66 “Suspected child and/or elder dependent abuse reporting”
Privacy breach or violation	Chief of Staff Chief Medical & Quality Officer Chief Compliance & Risk Officer	Potential reporting obligations to: • U.S. Department of Health and Human Services: 44 C.F.R. § 164.408 • California Attorney General: Civil Code § 1798.82
"Sentinel Events"[2]	Chief of Staff Chief Medical & Quality Officer Director of Risk	AP.87 “Sentinel Event and Adverse Event Response and Reporting”

[2] See Attachment C: Sentinel Events

NATURE OF ALLEGATION	REPORT TO	BASIS FOR NEED TO ESCALATE
	Management Chief Compliance & Risk Officer Chief Executive Officer Med Director Quality & Pt Safety	
Sexual abuse, assault, misconduct toward patient	Chief of Staff Chief Medical & Quality Officer Director of Risk Management Chief Compliance & Risk Officer Chief Executive Officer Chief of location of event	• Potential reporting obligations to CDPH, police • Cal. Penal Code and Welfare & Institutions Code • SB 425 • AP66 “Suspected child and/or elder dependent adult abuse reporting”
Sexual abuse, assault, misconduct toward hospital employee	Chief of Staff Chief Medical & Quality Officer Director of Risk Management Chief Compliance & Risk Officer Chief Executive Officer Chief of Human Resources Chief of employee	Potential reporting obligations to CDPH, police

ATTACHMENT B

ADVERSE EVENTS
AS DEFINED BY CAL. BUS. & PROF. CODE § 1279.1

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.
   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 a hemolytic reaction due to the administration of ABO-incompatible blood or blood products.

ATTACHMENT B

ADVERSE EVENTS
AS DEFINED BY CAL. BUS. & PROF. CODE § 1279.1

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 countershock.
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.

6) Criminal events, including the following:

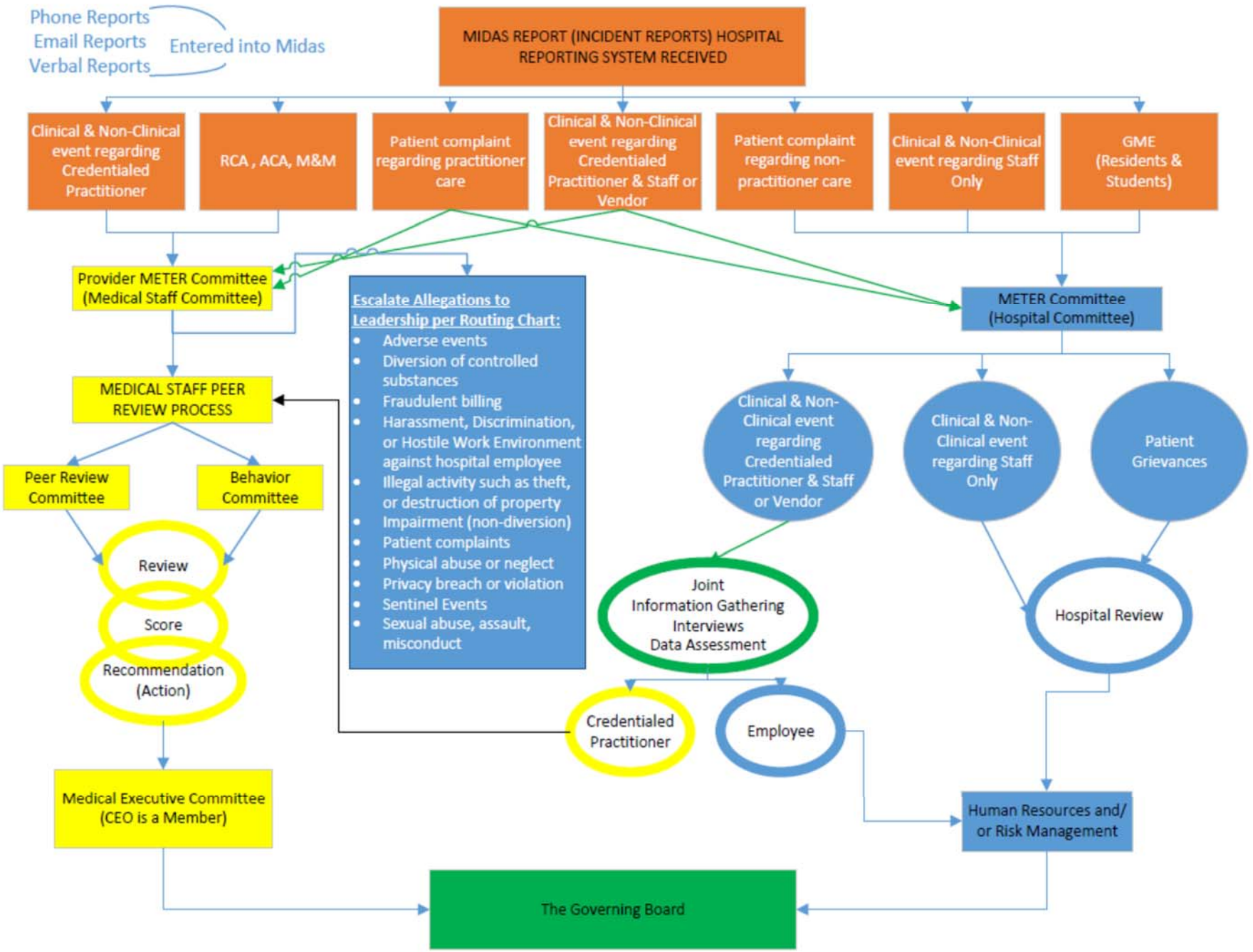
A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
B. The abduction of a patient of any age.
C. The sexual assault on a patient within or on the grounds of a health facility.
D. The death or significant injury 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.

ATTACHMENT C

SENTINEL EVENTS – JOINT COMMISSION

1. 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 health care organization's emergency department (ED)
2. Unanticipated death of a full-term infant
3. Homicide of any patient receiving care, treatment, and services while on site at the organization or while under the care or supervision of the organization
4. Homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization or while providing care or supervision to patients
5. Any intrapartum maternal death
6. Severe maternal morbidity (leading to permanent harm or severe harm)
7. Sexual abuse/assault of any patient receiving care, treatment, and services while on site at the organization or while under the care or supervision of the organization
8. Sexual abuse/assault of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization or while providing care or supervision to patients
9. Physical assault (leading to death, permanent harm, or severe harm) of any patient receiving care, treatment, and services while on site at the organization or while under the care or supervision of the organization
10. Physical assault (leading to death, permanent harm, or severe harm) of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization or while providing care or supervision to patients
11. Surgery or other invasive procedure performed at the wrong site, on the wrong patient, or that is the wrong (unintended) procedure for a patient regardless of the type of procedure or the magnitude of the outcome
12. Discharge of an infant to the wrong family
13. Abduction of any patient receiving care, treatment, and services
14. 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 harm to the patient
15. 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 death, permanent harm, or severe harm
16. Unintended retention of a foreign object in a patient after an invasive procedure, including surgery
17. Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
18. Fluoroscopy resulting in permanent tissue injury when clinical and technical optimization were not implemented and/or recognized practice parameters were not followed
19. Any delivery of radiotherapy to the wrong patient, wrong body region, unintended procedure, or >25% above the planned radiotherapy dose
20. Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the organization. To be considered a sentinel event, equipment must be in use at the time of the event; staff do not need to be present.
21. Fall in a staffed-around-the-clock care setting or fall in a care setting not staffed around the clock during a time when staff are present resulting in any of the following:
    a. Any fracture
    b. Surgery, casting, or traction
    c. Required consult/management or comfort care for a neurological (for example, skull fracture, subdural or intracranial hemorrhage) or internal (for example, rib fracture, small liver laceration) injury
    d. A patient with coagulopathy who receives blood products as a result of the fall
    e. Death or permanent harm as a result of injuries sustained from the fall (not from physiologic events causing the fall)


Phone Reports
Email Reports
Verbal Reports
Entered into Midas
MIDAS REPORT (INCIDENT REPORTS) HOSPITAL REPORTING SYSTEM RECEIVED
Clinical & Non-Clinical event regarding Credentialed Practitioner
RCA , ACA, M&M
Patient complaint regarding practitioner care
Clinical & Non-Clinical event regarding Credentialed Practitioner & Staff or Vendor
Patient complaint regarding non-practitioner care
Clinical & Non-Clinical event regarding Staff Only
GME (Residents & Students)
Provider METER Committee (Medical Staff Committee)
Escalate Allegations to Leadership per Routing Chart:
Adverse events
Diversion of controlled substances
Fraudulent billing
Harassment, Discrimination, or Hostile Work Environment against hospital employee
Illegal activity such as theft, or destruction of property
Impairment (non-diversion)
Patient complaints
Physical abuse or neglect
Privacy breach or violation
Sentinel Events
Sexual abuse, assault, misconduct
METER Committee (Hospital Committee)
MEDICAL STAFF PEER REVIEW PROCESS
Peer Review Committee
Behavior Committee
Review
Score
Recommendation (Action)
Clinical & Non-Clinical event regarding Credentialed Practitioner & Staff or Vendor
Clinical & Non-Clinical event regarding Staff Only
Patient Grievances
Joint Information Gathering Interviews Data Assessment
Hospital Review
Credentialed Practitioner
Employee
Medical Executive Committee (CEO is a Member)
Human Resources and/ or Risk Management
The Governing Board

FY 2023 Strategic Plan

Empower Through Education

March 22, 2023

Empower Through Education - Expand Education Offerings Champions: Lacey Jensen, Dr. Sokol, Faculty Development Committee

Problem / Goals & Objectives

Problem Statement:

Kaweah Health is committed to an environment that supports ongoing learning and educational opportunities both internally and externally.

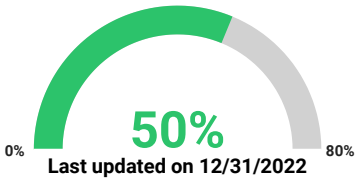
Goals and Objectives:

Review and assess both existing and new educational opportunities for employees and the medical staff and ensure that there are ongoing educational and growth opportunties available.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.1	Achievement of faculty development for compliance with ACGME	07/01/2022	06/30/2023	Lori Winston	On Track	This is an annual measure, but we are reporting quarterly performance. This is a responsibility of each of the Program Directors to ensure their faculty are participating in their own ongoing development.
1.1.2	Launch interdisciplinary educational opportunities (L&D, PeriOp)	07/01/2022	06/30/2023	Lacey Jensen	On Track	Pilot scheduled for April 2023.
1.1.3	Implement training, governance, and increased functionality of Lippincott Procedures, Advisors and Professional Development.	07/01/2022	06/30/2023	Lacey Jensen	On Track	This is now part of new hire orientation and additional training has been completed for current users. Governance process has been established and this will be an area of focus during Nurse's Week.

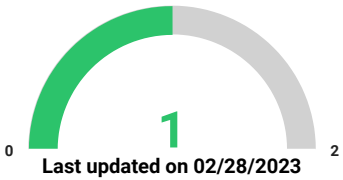
Faculty development for ACGME Compliance



Last updated on 12/31/2022

Move from baseline of 0% to target of 80%

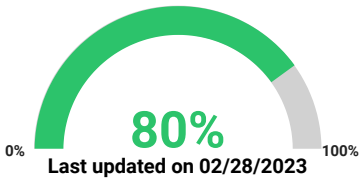
Launch Interdisciplinary Educational Opportunities



Last updated on 02/28/2023

Move from baseline of 0 to target of 2

Lippincott Training, Governance and Functionality



Last updated on 02/28/2023

Move from baseline of 0% to target of 100%

Empower Through Education - Improve the Resiliency and Wellness of the Kaweah Health Team Champions: Dianne Cox, Schwartz Rounds Committee, Wellness Subcommittee (GME)

Problem / Goals & Objectives

Problem Statement:

Kaweah Health is committed to providing programs and resources to Kaweah Health team members that support an environment of personal wellness and resiliency.

Goals and Objectives:

Increase emotional support and promote wellness.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.1	Maintain quarterly Schwartz rounds	07/01/2022	06/30/2023	Dianne Cox	On Track	February Schwartz rounds completed. Expect 1-2 more sessions in FY 2023.

Schwartz Rounds Completion

Last updated on 02/28/2023

Move from baseline of 0 to target of 4

Empower Through Education - Increase and Improve Leadership Education Champions: Hannah Mitchell, Dr. Seng, Quality and Patient Safety

Problem / Goals & Objectives

Problem Statement:

Kaweah Health is committed to providing an environment that supports ongoing education and professional growth. A focus on additional educational opportunities for leaders is needed.

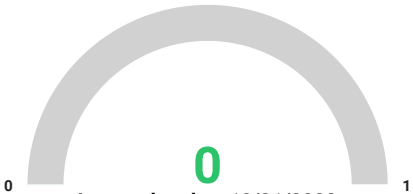
Goals and Objectives:

Increase the volume and quality of educational opportunities for the Kaweah Health Leadership Team.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.3.1	Complete Annual DMAIC Training Session	07/01/2022	06/30/2023	Sandy Volchko	On Track	The DMAIC training has been scheduled for March 23-24, 2023.
1.3.2	Launch Just Culture Certificate Program	07/01/2022	06/30/2023	Hannah Mitchell	On Track	The first Just Culture for Champions class is scheduled March 30, 2023.
1.3.3	Launch Medical Staff Leadership Training	07/01/2022	06/30/2023	Lori Winston	Achieved	The first cohort has completed their education and will be recognized and graduate at the 1/18/23 MEC meeting.

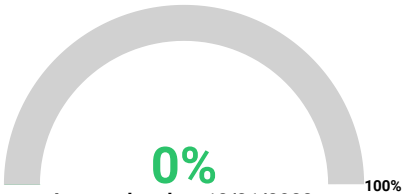
Continue DMAIC Trainings



Last updated on 12/31/2022

Move from baseline of 0 to target of 1

Launch Just Culture Certificate Program



Last updated on 12/31/2022

● Met or Not Met: 100%

Launch Medical Staff Leadership Training

Last updated on 12/31/2022

Move from baseline of 0% to target of 100%

Empower Through Education - Mentorship and Succession Planning Champions: Hannah Mitchell, Succession Planning Committee

Problem / Goals & Objectives

Problem Statement:

Kaweah Health supports the growth and development of staff and future leaders of the organization through formal mentor and succession planning programs.

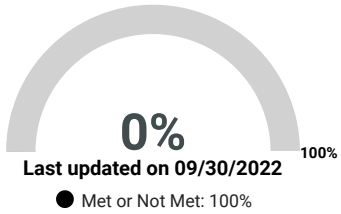
Goals and Objectives:

Develop and roll out formal mentoring and succession planning programs.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.4.1	Expand Mentorship Program	07/01/2023	06/30/2024	Hannah Mitchell	Canceled	The mentorship program was launched for all newly hired or promoted leaders in April 2022. The goal in fiscal year 2023 was to launch for staff as well. Due to the Workday system build and launch, this will likely be postponed until fiscal year 2024.
1.4.2	Develop Framework and Pilot Succession Planning Program - to begin FY24	07/01/2023	06/30/2024	Hannah Mitchell	Canceled	The Succession Planning Program plans to be launched in fiscal year 2024 due the Workday implementation.

Expand Mentorship Program



Empower Through Education - Increase Nursing Cohort Seats Champions: Jaime Morales, Human Resources

Problem / Goals & Objectives

Problem Statement:

Kaweah Health has grown larger and faster than the local educational organizations and is experiencing a significant shortage of RNs. This has resulted in Kaweah Health relying on contract labor for RN staffing which is not financially sustainable. Kaweah Health needs to assist in expanding educational resources for RNs and consider Team Nursing with LVNs where appropriate.

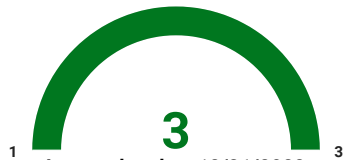
Goals and Objectives:

In an effort to increase the pool of local RN candidates, partner with local schools to increase RN cohort seats.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.5.1	Partnering for two new cohorts to begin in FY23 and an additional three new cohorts to begin in CY 23, for a total of five new cohorts by December 2023.	07/01/2022	06/30/2023	Dianne Cox	Achieved	The Unitek cohort was approved by the BRN and is in the process of finalizing 25 Kaweah Health employees to enroll for March 2023. There were 178 applicants for the three-year program. The COS part-time program was also approved by the BRN and we are sending information out to employees who have completed prerequisites that this is another opportunity that will start in May 2023.
1.5.2	Student Nurse Intern (SNI) seats- Graduate the Fall 2022 Class and Launch the Spring 2023 Class	07/01/2022	06/30/2023	Dianne Cox	On Track	This is on track as planned.

Add Additional Nursing Cohorts



Last updated on 12/31/2022

Move from baseline of 1 to target of 3

Empower Through Education - Expand Graduate Medical Education Program Champions: Dr. Lori Winston, Amy Shaver

Problem / Goals & Objectives

Problem Statement:

The geographic area that Kaweah Health serves has a shortage of physicians, particularly specialists.

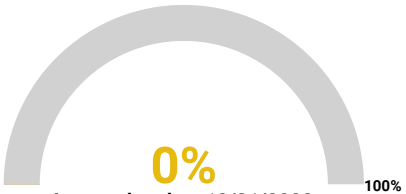
Goals and Objectives:

Continue to explore opportunities to expand the existing Graduate Medical Education (GME) programs and residents spots. Explore opportunities to partner with Sierra View to expand GME within Tulare County.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.6.1	Present Neurology Residency Plan for Board Approval	07/01/2022	06/30/2023	Lori Winston	Off Track	Focus continues on this initiative to find viable ways to fund the neurology resident slots.
1.6.2	Increase funded resident slots	07/01/2022	06/30/2023	Lori Winston	Achieved	In partnership with Precision Psychiatry, a full resident slot will be funded.

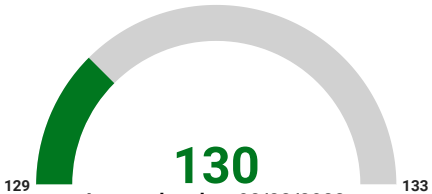
Present Neurology plan for approval



Last updated on 12/31/2022

Met or Not Met: 100%

Increase funded resident slots



Last updated on 02/28/2023

Move from baseline of 129 to target of 133

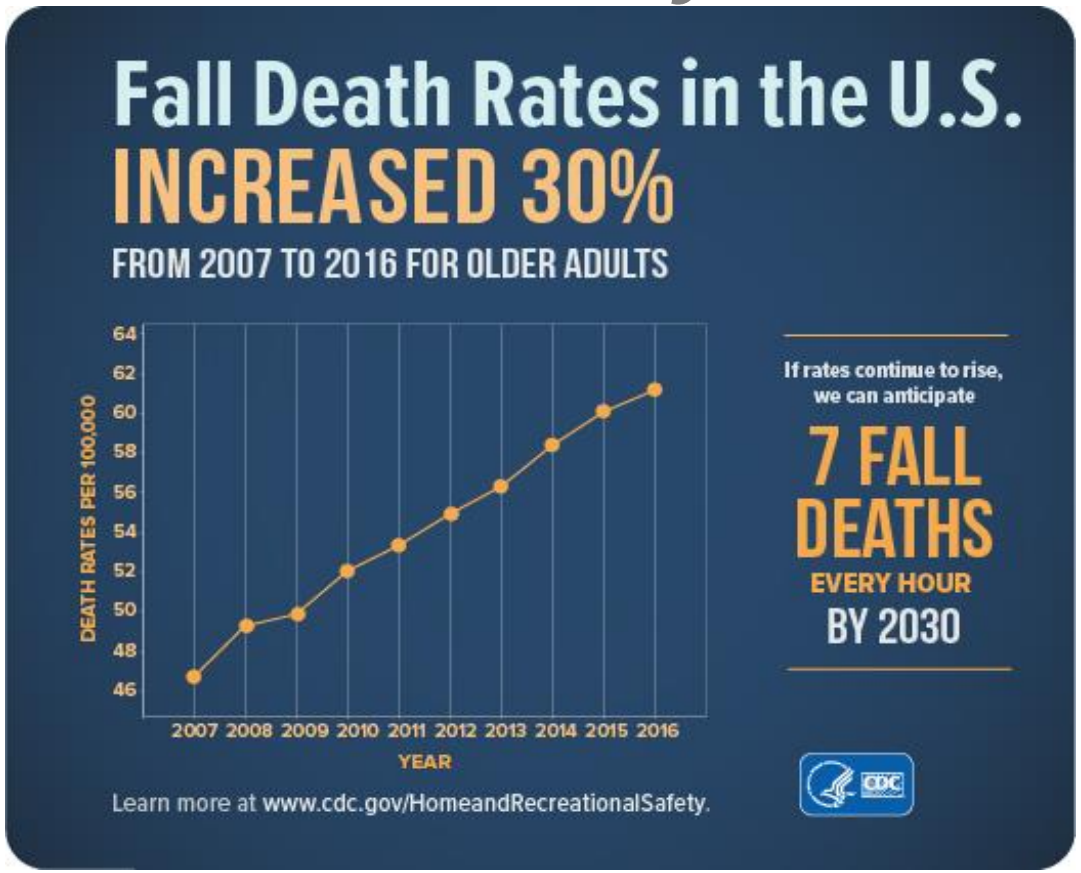
Falls Prevention Committee

Board of Directors
March 16, 2023
Emma Camarena, Director of Nursing Practice

Facts about Falls

Millions of people, 65 and older fall each year

- More than 1 out of 4 will fall each year
- Falls are Serious and Costly
  - Each year, 3 million older people seek treatment in the ED
  - Over 800,00 patients are hospitalized each year
- In 2015, falls totaled more than $50 billion in medical costs (75% paid by Medicare/Medicaid)



Centers for Disease Control and Prevention. https://www.cdc.gov/falls/facts.html

Kaweah Health

The Problem of Falls

In Hospital

- Each year, between 700,00 and 1,000,000 patients will fall in the hospital
- Falls increase health care utilization due to injuries
- 2008: CMS does not reimburse hospitals for certain types of traumatic injuries which may occur after a fall
- Difficult to manage-competing priorities:
  - Treating problem patient was admitted with
  - Keeping the patient safe
  - Helping the patient maintain or recover physical and mental function
- Fall prevention involves managing the patient's underlying fall risk factors

Agency for Healthcare Research and Quality. https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/overview.html#Problem

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Falls Definitions

The NDNQI Definitions for Injury follow:

Definition: unplanned descent to the floor with or without injury to the patient

Injury level:

- None—patient had no injuries (no signs or symptoms) resulting from the fall, if an x-ray, CT scan or other post fall evaluation results in a finding of no injury.
- Minor—resulted in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication, bruise or abrasion.
- Moderate—resulted in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain.
- Major—resulted in surgery, casting, traction, required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration) or patients with coagulopathy who receive blood products as a result of the fall.
- Death—the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall).

AHRQ website. https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/measurefallrates.html

Kaweah Health

Kaweah Health Falls Prevention Program Nursing Falls Data, Benchmarked Nationally:

Measure Objective/Goal:

1. Kaweah Health Nursing Falls Data:
   - Total Falls per 1000 patient days
   - Injury Falls per 1000 patient days
   - Percent of Falls with Moderate or Greater Injury
2. Total Falls with Injury level (2019-2022)
3. Falls University Root Cause Analysis

** The National Database of Nursing Quality Indicators® (NDNQI®) provides a national database of more than 2,000 U.S. hospitals that features nursing-sensitive outcome measures used to monitor relationships between quality indicators and outcomes.*
Participating Kaweah Health nursing units include: 2North, 2South, 3North, 3South, 3West, 4North, 4South, 4Tower, Broderick Pavilion, ICU, CV-ICU, CV-ICCU (5Tower), Mental Health, Pediatrics, and Acute Rehab.

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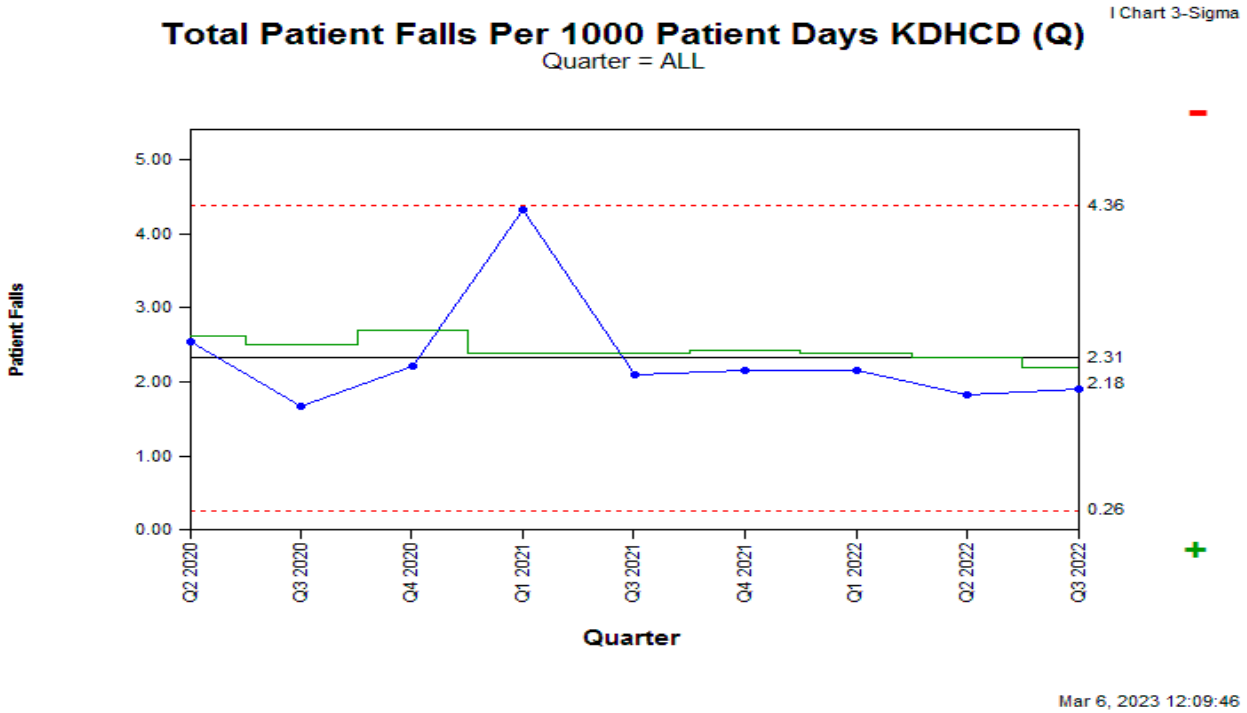
KH Nursing Falls Data

Total Falls per 1000 patient days

Goal met: The total falls per 1000 patient days for Q3-2022 is 1.89, below the target of 2.18. KH has remained below the targeted benchmark since Q1 of 2021.



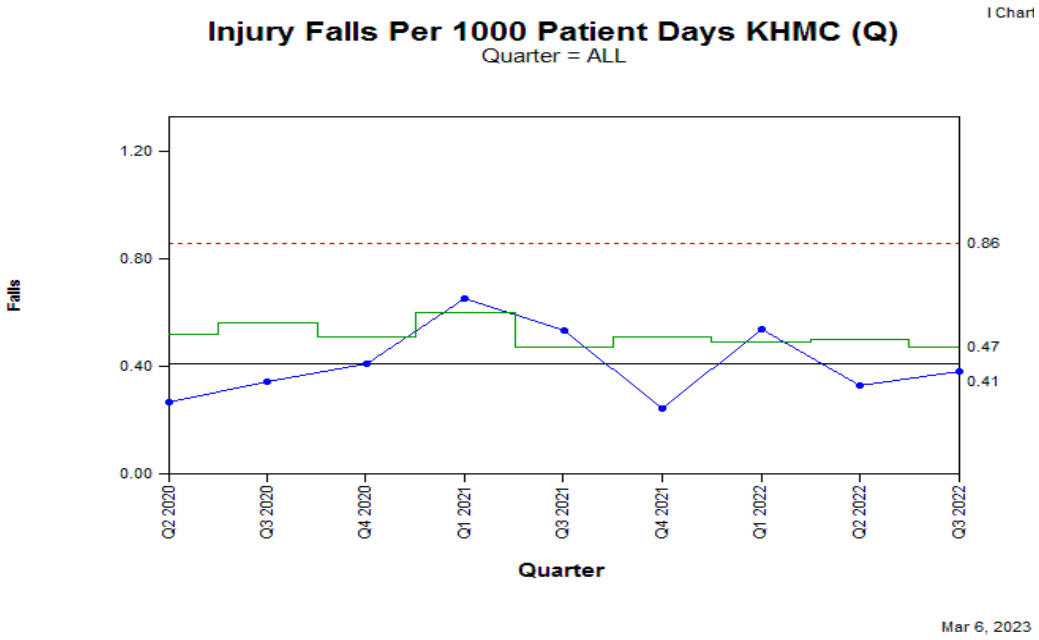
	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022
Patient Falls	2.53	1.66	2.19	4.32	2.09	2.14	2.14	1.82	1.89
Target	2.60	2.50	2.69	2.37	2.38	2.42	2.37	2.32	2.18

Kaweah Health

KH Nursing Falls Data

Injury Falls per 1000 Patient Days

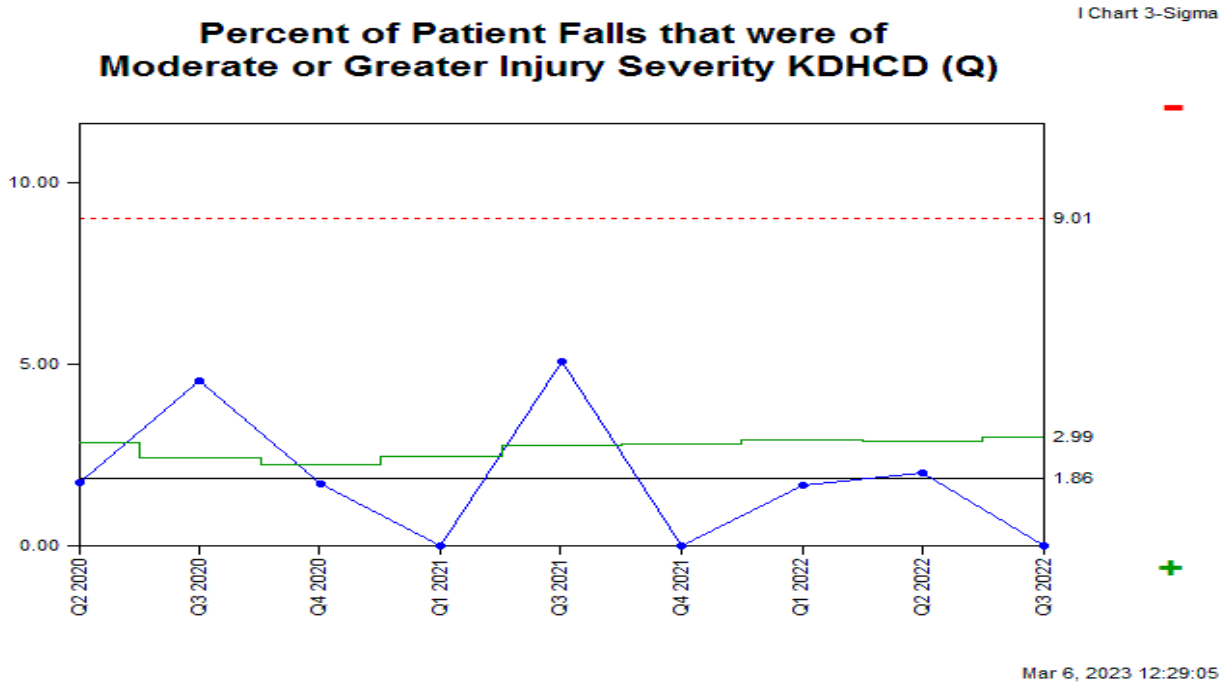
Goal met: The injury falls per 1000 patient days for Q3-2022 is 0.38, below the target of 0.47.



	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022
Falls	0.27	0.34	0.41	0.65	0.53	0.24	0.53	0.33	0.38
Target	0.52	0.56	0.51	0.60	0.47	0.51	0.49	0.50	0.47

Percent of Patient Falls with Moderate or Greater Injury

Goal met: The percent of falls with moderate or greater injury for Q3-2022 is 0 below target of 2.93, maintaining goal from Q4-2021



	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022
KDHCD	1.75	4.55	1.69	0.00	5.08	0.00	1.67	2.00	0.00
Target	2.85	2.41	2.23	2.46	2.75	2.80	2.93	2.88	2.99

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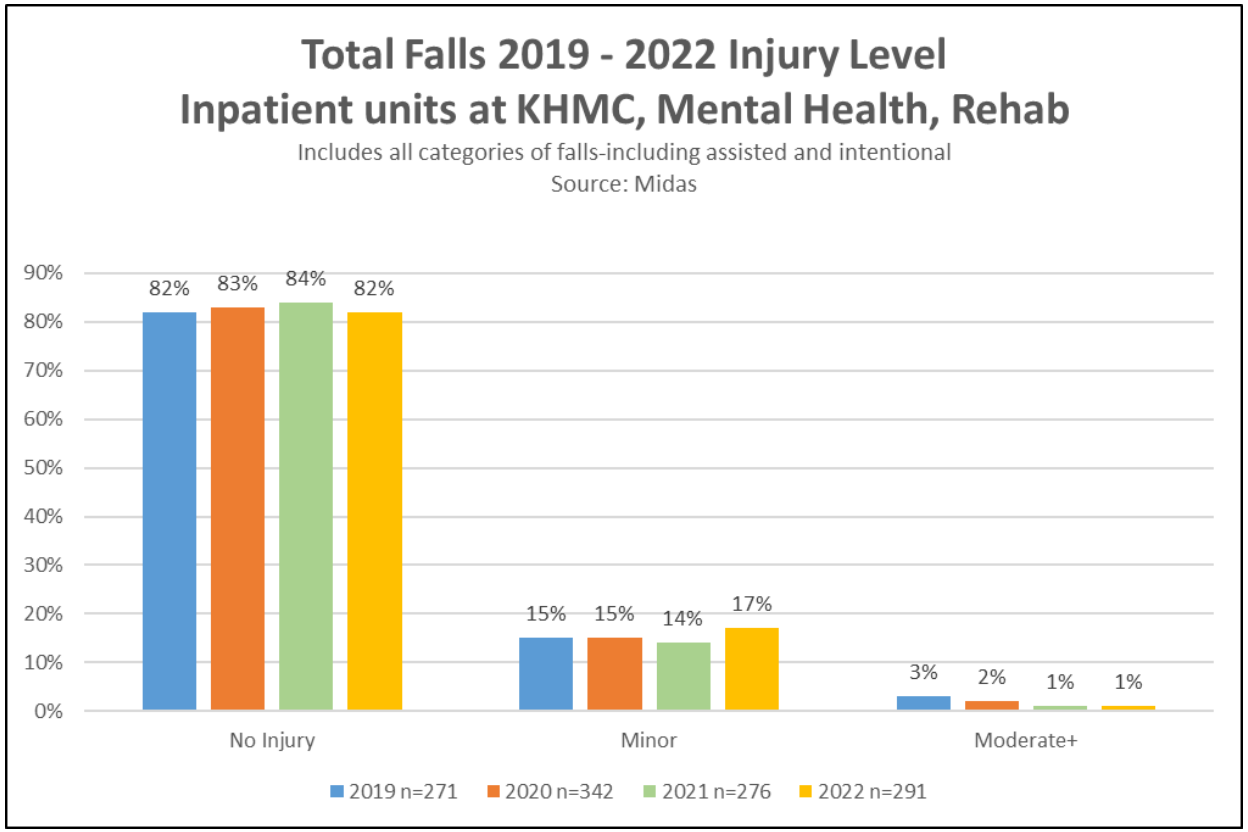
Total Falls with Injury Level CY 2019-2020

Goal: Increase the number in the no injury category and decrease the number of minor and moderate + injuries.

Goal not met:

- Minor injury level falls had a 21% increase from 2021 to 2022
- No change for moderate + injury level falls.



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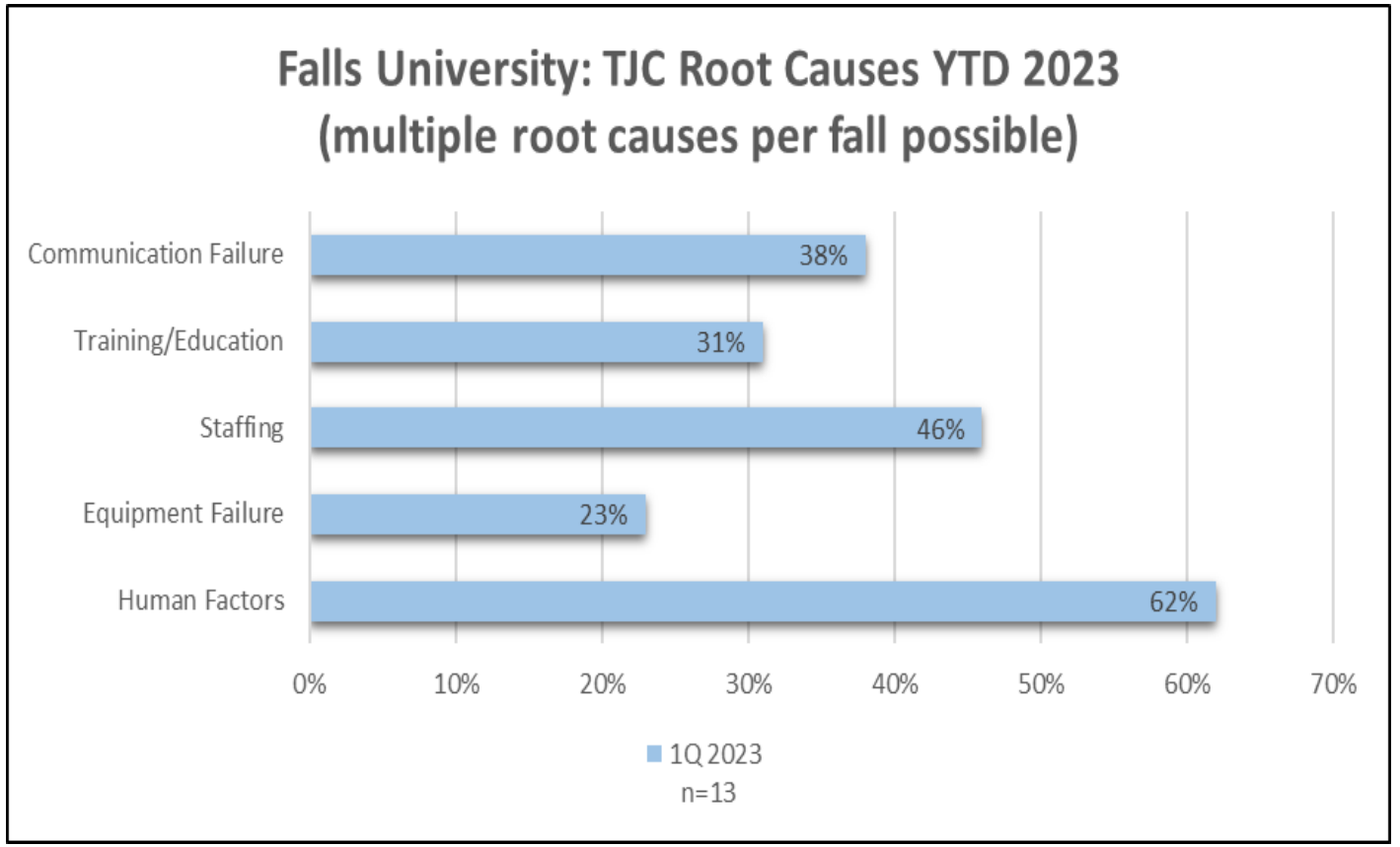
Root Cause Analysis Questions

Falls University 2023

After a brief pause at the end of 2022, Falls U restarted in January 2023. YTD, human factors, staffing, and communication failures were the highest root cause of falls.

- Human factors: 62%
- Staffing: 46%
- Communication failure: 38%

Human Factor root causes are comprised of fatigue, lack of critical thinking, failure to follow policy, inability to focus on task, inattentional blindness or rushing to complete a task.



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Improvement Opportunities

Background

- Prior to the pandemic, staff learned about fall prevention strategies through didactic education and yearly follow up competency testing
- Education included use of the Johns Hopkins Falls risk assessment, fall prevention strategies, use of bed alarms and fall prevention devices, and documentation of individualized plans of care (IPOC)
- The pandemic caused a disruption in the normal care of patients and supplies
- With surge charting, staff were only required to chart risk assessments once per shift and with changes and IPOCs were completed if time permitted
- Staff turnover also played a part in the disruption of care with experienced staff leaving, stepping away from patient care and retiring
- Contract staff, unfamiliar with Kaweah Health policies and procedures are now staffing all patient care units, although this number has since decreased significantly

Kaweah Health

Improvement Opportunities

Recommended Next Steps

1. The Falls Committee resumed monthly meetings to :
    - Review current falls data
    - Discuss improvement opportunities
    - Recommend prevention strategies
2. Restarted biweekly Falls University meetings:
    - Allows staff opportunities to review falls and identify potential root causes
3. PC.88: Fall Assessment, Identification of At Risk Patients and Prevention-revised
4. Standardize Falls prevention equipment: in-services begin March 2023
5. Optimize EMR charting: post falls documentation
6. Educational opportunities:
    - Falls Prevention booth at Safety Fair March 2023
    - Community Outreach: Tai Chi, Matter of Balance
7. Re-educate staff: updated policy, IPOCs, Falls equipment and post falls charting

Thank you for your time

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Handoff

03/07/2023

Franklin Martin

Background

- A Sentinel Event Alert (SEA) was issued by The Joint Commission (TJC) in September 2017. After the alert was issued, a review of internal event reporting data and a gap analysis were conducted based on the recommendations by TJC in the SEA. The gap analysis indicated that Kaweah Health at the time had several opportunities to adequately address TJCs recommendations and improve the handoff process. Gaps included:
  a. No institutional approach to handoff that identifies/defines critical content of the handoff.
  b. Utilize/enhance handoff with EMR capabilities (Cerner implementing at the time)
  c. Measure and monitor use of standardized handoff forms and impact of poor handoff

Team Mission

- Implement a standardized structure for a nurse-to-nurse handoff when admitting a patient or handoff between shifts.

- Standardize structure will:
  - Include critical content to eliminate communication errors.
  - Provide accurate and complete information to the receiver.
  - Meet the needs of the sender and receiver to handoff and receive care.
  - Accomplish timely patient handoff (transfer) by removing barriers.

Team Deliverables & Goals

Deliverables

1. Establish standard process
2. Standardize critical content elements
3. Build standard handoff tool utilizing EMR
4. Standardize training & education

Goals

<u>Quality of Handoff Measurement</u>

1. 80% compliance and adherence to the EMR handoff tool.
2. Reduction of handoff-related Midas Events

Handoff Tool Builds

- Completed departments include: 2 north, 2 south, ICU, CVICU, 3 West, 3 North, 3 South, 4 North, 4 South, Pediatrics, Emergency Department, 4 Tower, and 5 Tower.
- Audits for these floors are in progress
- Currently have 14 departments with completed EMR handoff tools
- Maternal Child Health (labor and delivery, NICU, and Mother/Baby) build is presently underway (ETA end of March)
- We have prioritized the remaining areas to be completed over the rest of this year (Rehab, Behavioral Health, and the surgical areas)
  - Build for Behavioral Health will be started in May
- Each build is created based on the needs of each floor.

Education and Training

- Education Video and Mandatory training created in October 2022
  - The video addresses why, how, where, and when to use the new tool.
- Overall organization compliance is currently at 90%
- Handoff education added to all new hire orientation packets to complete (this includes travelers)

Handoff Audit

- Universal audit tool created and approved by the nursing leadership team
- Audit process
  - Each department is to complete 5 weekly audits
  - The goal is an 80% monthly compliance rate utilizing the SBAR EMR tool.
  - When each department is successful for three consecutive months with an 80% success rate, they will move to a quarterly audit.
- The audit started Jan 16th, 2023.
- The audit started with a low floor compliance rate, but as the weeks progressed, the compliance increased.
  - Three email reminders are sent out every week to all leaders.
  - One-on-one emails are sent to those who do not respond.
- So far, the data shows that when the nurse fails to utilize the EMR SBAR tool during handoff, there are missing items reported. (Slide 9)
- We will add a spot on the SBAR audit form for leader comments when there is a report of missing items during handoff.

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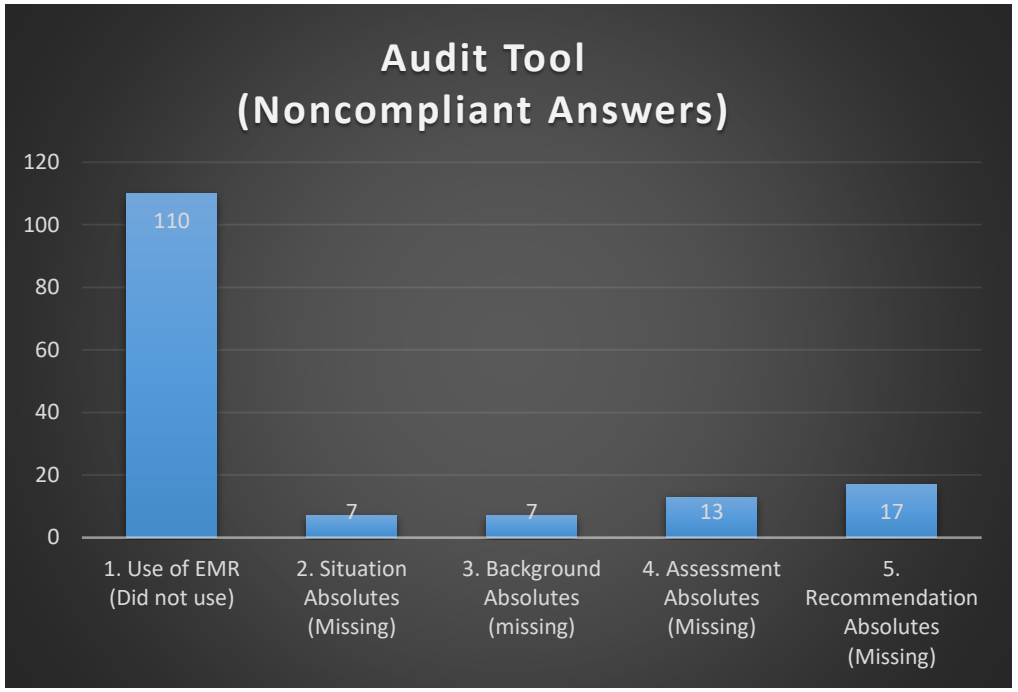
SBAR Handoff

SBAR handoff Tracking	Benchmark	Jan - 23	Feb - 23	Mar - 23	Apr - 23	May - 23	June - 23
2 North	80%	90.00%	93.00%				
2 South	80%	98.00%	94.00%				
ICU	80%	84.00%	85.00%				
3 North	80%	38.00%	48.00%				
3 South	80%	98.00%	99.00%				
3 West	80%	50.00%	92.00%				
4 North	80%	96.00%	88.00%				
4 South	80%	40.00%	72.00%				
Peds	80%	0.00%	0.00%				
Broderick Pavillion	80%	40.00%	62.00%				
Emergency Department	80%	72.00%	99.00%				
CVICU	80%	42.00%	75.00%				
4 Tower	80%	42.00%	60.00%				
5 Tower	80%	100.00%	100.00%				
Labor and Delivery	80%	n/a	n/a				
Mother Baby	80%	n/a	n/a				
NICU	80%	n/a	n/a				
Midas Event	0	4	5				
Overall							
All Patients	80%	44.0%	76.0%				

KEY	>10% below goal/benchmark	Within 10% of goal/benchmark	Outperforming/meeting goal/benchmark



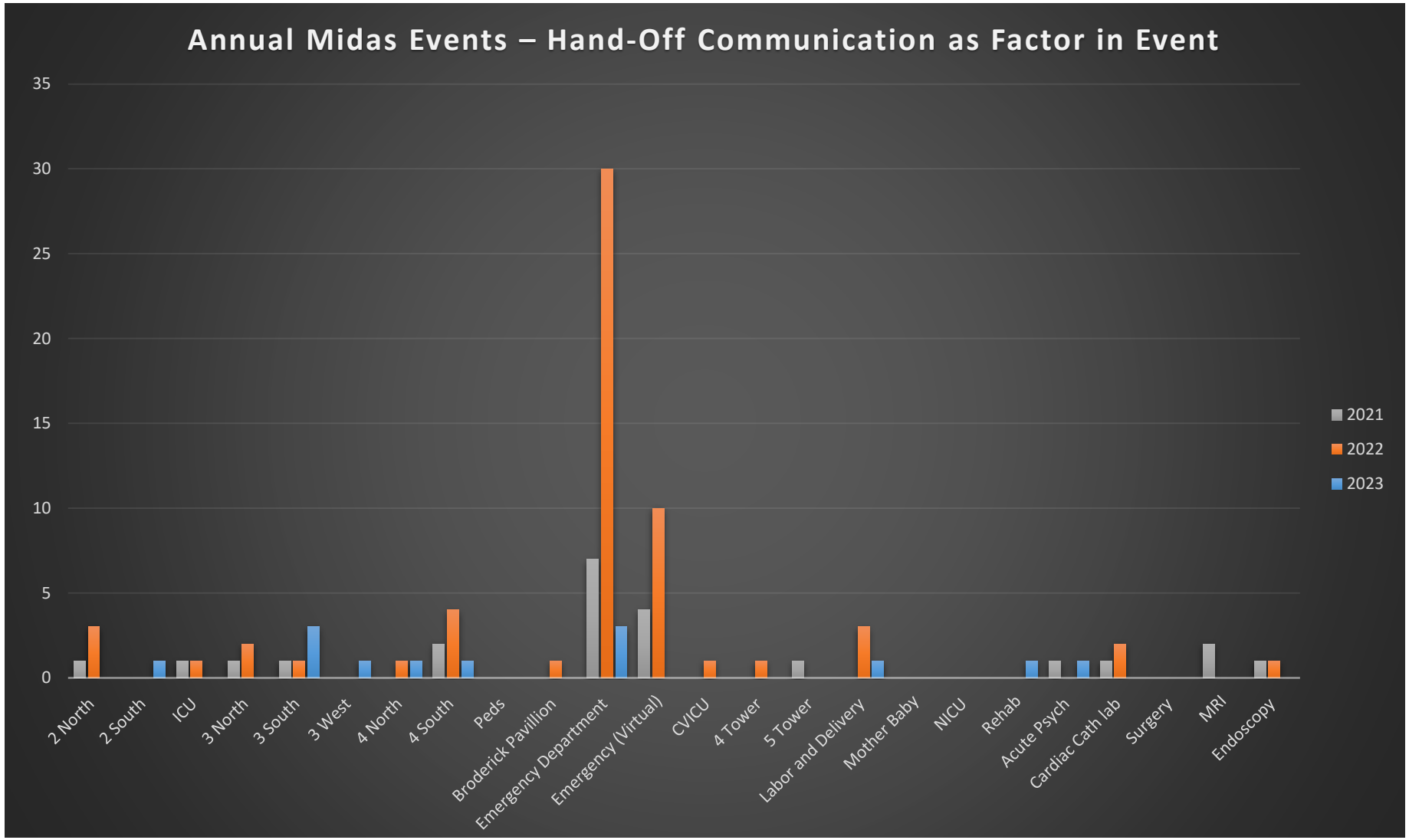
HANDOFF AUDIT

DATE: Unit/Floor:

RN Giving Handoff: RN Receiving Handoff:

		Yes	No	Why not?
1	When giving report did you use the electronic SBAR Handoff tool? If no, why?	YES	NO	
	When receiving report did the nurse giving report give			**Missing**
2	**Situation Absolutes**: name, age, allergies, code status, admitting provider, diagnosis, and family/support?	YES	NO	
	If "NO", what was missing?			
3	**Background Absolutes:** pertinent history, meds and tx received, pertinent labs & results?	YES	NO	
	If "NO", what was missing?			
4	**Assessment Absolutes**: Head to Toe, Mobility, Risk Assessments/Precautions, V.S., Blood Glucose?	YES	NO	
	If "NO", what was missing?			
5	**Recommendation Absolutes:** Next Steps or Action List: any new orders/tests, clinical notes?	YES	NO	
	If "NO", what was missing?			

- Audit tool consists of 5 questions. To date 395 total audits completed.
  1. If the nurse giving the report used the EMR for handoff
  2. If they received the Situation Absolutes
  3. If they received the Background Absolutes
  4. If they received the Assessment Absolutes
  5. If they received the Recommendation Absolutes


Annual Midas Events – Hand-Off Communication as Factor in Event
35
30
25
20
15
10
5
0
2021
2022
2023
2 North
2 South
ICU
3 North
3 South
3 West
4 North
4 South
Peds
Broderick Pavillion
Emergency Department
Emergency (Virtual)
CVICU
4 Tower
5 Tower
Labor and Delivery
Mother Baby
NICU
Rehab
Acute Psych
Cardiac Cath lab
Surgery
MRI
Endoscopy

Next steps

- Complete builds for Maternal Child Health and Start Behavioral Health build in May
- Change the audit form to include a section for leader follow-up when deficits identified
- Review potential needs for changes in the SBAR tool as the audit continues
- Continue to monitor Midas Reports

Questions?

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Throughput Steering Committee

Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

Metric	Patient Type	Definition	Goal	Jan - Nov '21 Baseline (Monthly Average or Median)
Observation Average Length of Stay (Obs ALOS) *(Lower is better)*	**Overall**	Average length of stay (hours) for observation patients	**37.9**	**44.01**
Inpatient Average Length of Stay (IP ALOS) *(Lower is better)*	Non-COVID	Average length of stay (hours) for inpatient discharges	**N/A**	**5.62**
	COVID		**N/A**	**10.63**
	Overall		**5.64**	**6.31**
Inpatient Observed-to-Expected Length of Stay *(Lower is better)*	**Overall**	Observed LOS / geometric mean length of stay for inpatient discharges	**1.32**	**1.48**
% of Discharges Before 12 PM *(Higher is better)*	**Overall**	% of Inpatient & Observation discharged before 12 PM	**35%**	**11.5%**
Discharges	Inpatient-Non-COVID	Count of non-COVID IP discharges	**N/A**	**1,264**
	Inpatient-COVID	Count of COVID IP discharges	**N/A**	**197**
	Observation	Count of observation discharges	**N/A**	**307**

Discharge Date: 10/1/2022 – 2/28/2023

Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
51.44	48.38	69.40	62.43	48.60

Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
5.73	6.09	5.89	6.04	6.50
13.50	7.94	11.74	11.58	10.22
5.95	6.17	6.35	6.48	6.72

Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
1.51	1.64	1.60	1.65	1.67

Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
14.0%	10.5%	11.7%	11.3%	12.5%

Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
1,165	1,138	1,185	1,129	1,072
34	49	102	97	67

Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
394	361	340	380	320

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

Performance Scorecard

Leading Performance Metrics – Emergency Department

Metric	Patient Type	Definition	Goal	Jan - Nov '21 Baseline (Monthly Average or Median)
ED Boarding Time *(Lower is better)*	Observation	Count of observation discharges	**259**	**304**
	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	**287**	**338**
	Overall	Median time (minutes) for admission order written to check out for inpatients and observation patients	**286**	**336**
ED Admit Hold Volume *(Lower is better)*	**Overall >4 Hours**	Count of patients (volume) with ED boarding time ≥ 4 hours	**N/A**	**640**
ED Average Length of Stay (ED ALOS) *(Lower is better)*	Discharged	Median ED length of stay (minutes) for discharged patients	**214**	**268**
	Inpatients	Median ED length of stay (minutes) for admitted inpatients	**612**	**720**
	Obsrevation	Median ED length of stay (minutes) for observation patients	**577**	**679**
	Overall	Median ED length of stay (minutes) for admitted and discharged patients	**N/A**	**347**
ED Visits	Discharged	Count of ED visits for discharged patients	**N/A**	**3,998**
	Inpatient	Count of ED Visits for admitted patients	**N/A**	**1,216**
	Obsrevation	Count of ED Visits for observation patients	**N/A**	**380**
	Overall	Count of ED visits	**N/A**	**5,594**

Check In Date and Time

10/1/2022 12:00:00 AM — 2/28/2023 11:59:59 PM

Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
184	236	607	330	294
277	368	624	460	343
190	240	610	335	298

Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
407	519	824	631	593

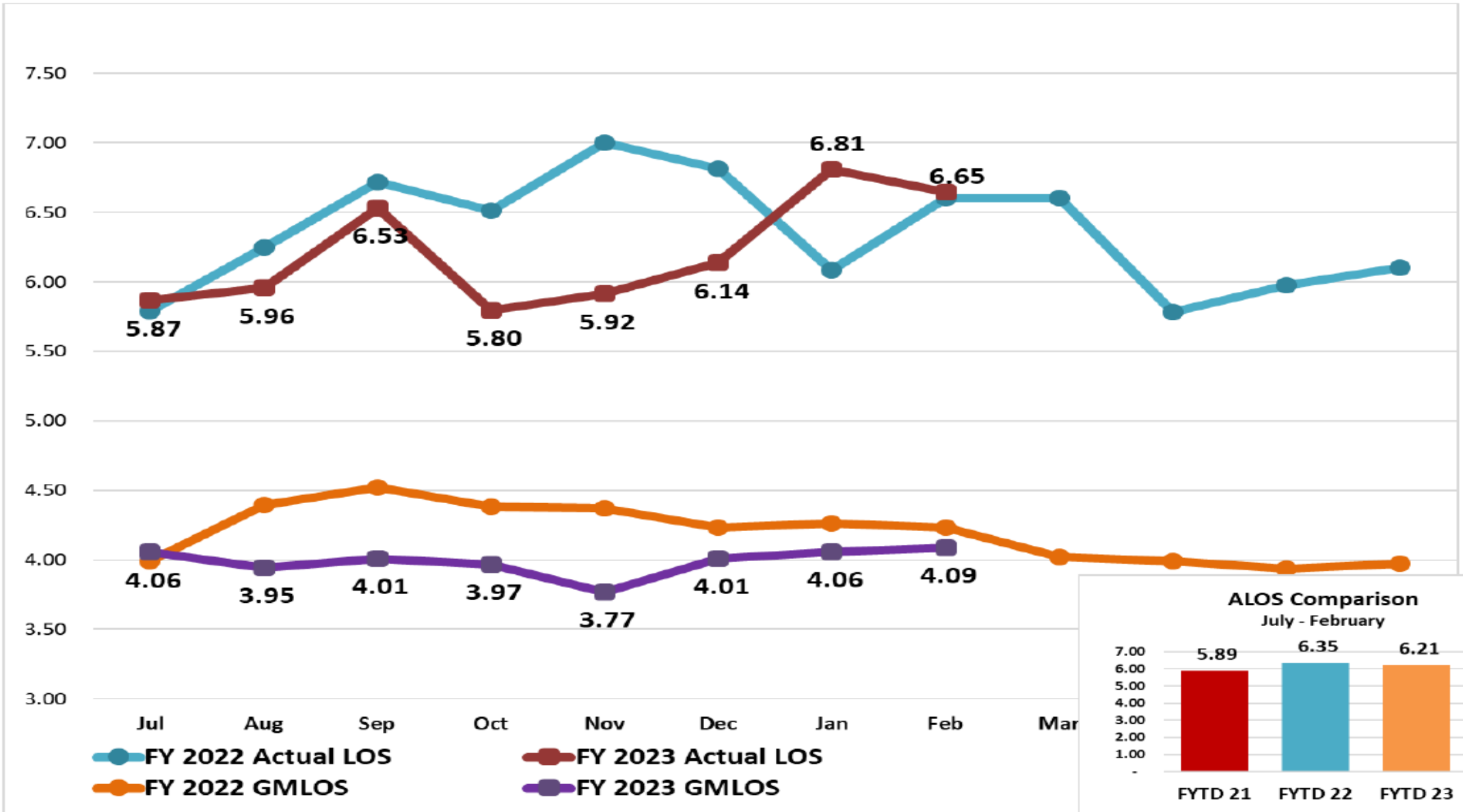
Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
270	271	273	272	278
568	655	1,060	769	711
624	686	1,199	880	743
329	333	358	343	347

Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
4,549	4,454	4,269	4,541	4,212
1,064	1,097	1,149	1,107	1,040
400	367	359	401	316
6,013	5,918	5,777	6,049	5,568

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

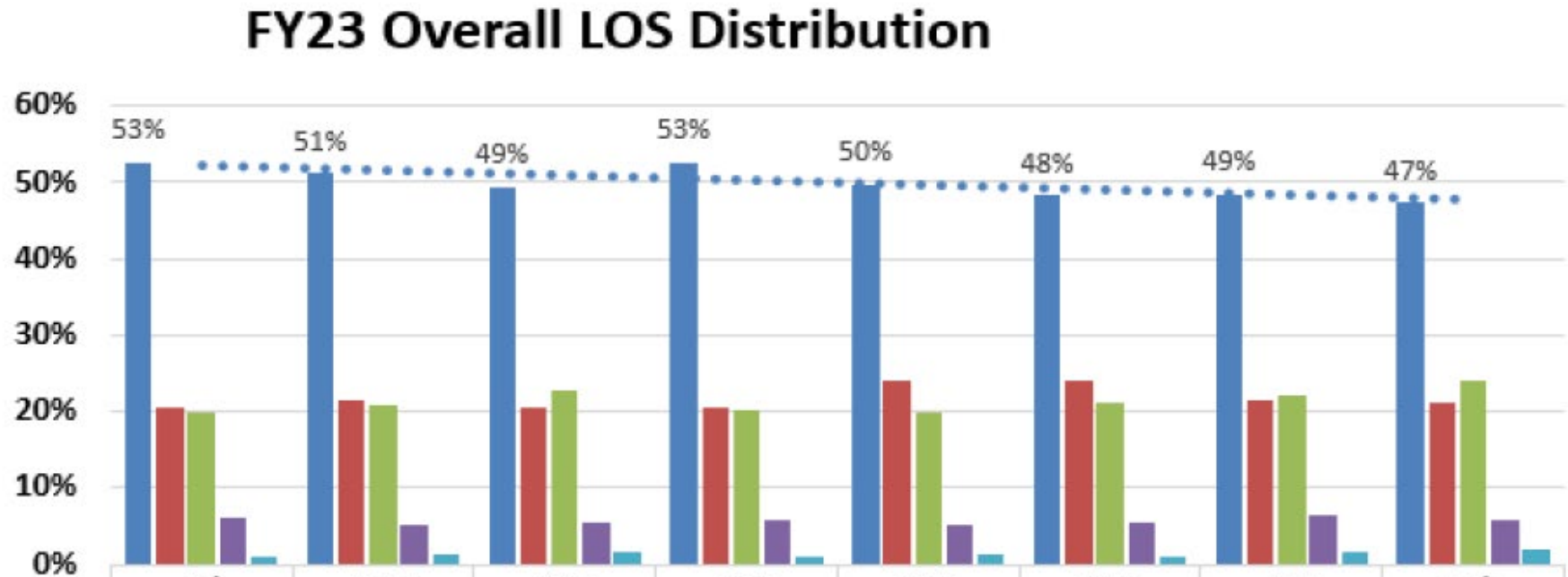
Source: Encounter Data Excludes: Mother/Baby, Behavioral Health, and Pediatrics

Average Length of Stay versus National Average (GMLOS)



LOS Distribution

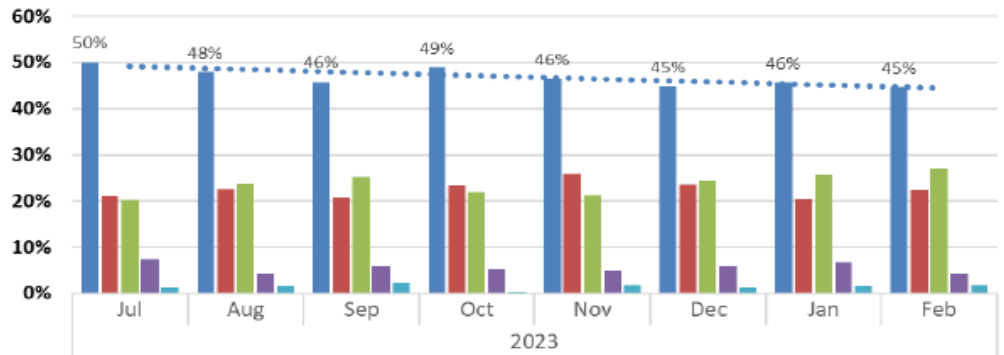
Overall



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	47%
1-2 days over GMLOS	21%	22%	20%	20%	24%	24%	21%	21%
2-10 days over GMLOS	20%	21%	23%	20%	20%	21%	22%	24%
10-30 days over GMLOS	6%	5%	6%	6%	5%	6%	6%	6%
30+ days over GMLOS	1%	1%	2%	1%	1%	1%	2%	2%

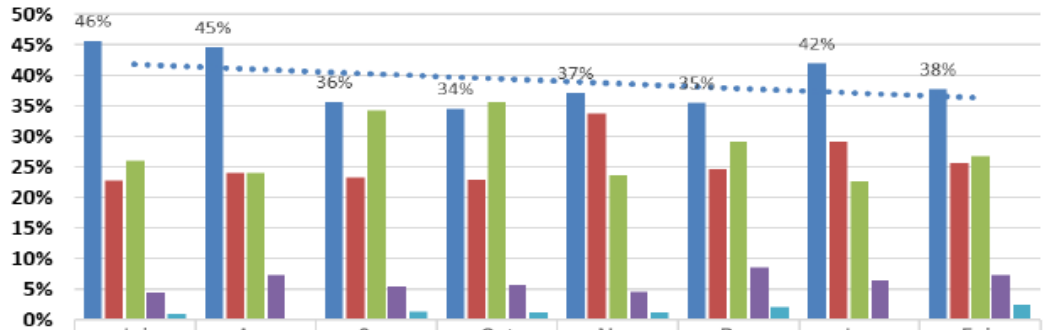
LOS Distribution

FY23 Hospitalist LOS Distribution



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

FY23 FHCN LOS Distribution



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
at GMLOS or Better	46%	45%	36%	34%	37%	35%	42%	38%
1-2 days over GMLOS	23%	24%	23%	23%	34%	25%	29%	26%
2-10 days over GMLOS	26%	24%	34%	36%	24%	29%	23%	27%
10-30 days over GMLOS	4%	7%	5%	6%	4%	9%	6%	7%
30+ days over GMLOS	1%	0%	1%	1%	1%	2%	0%	2%

Patient Throughput Updates – February 2023

Update	Next Steps
Patient Progression: • Updated inpatient admission criteria policy, ED admission criteria, and corresponding training tools • Interdisciplinary structure standard for ED to inpatient admission process and corresponding training tools	Patient Progression: • Continue to focus on patients here 1-10 days over LOS and work with physicians on utilizing outpatient services for patients instead of keeping them here. • Throughput Supervisors working on staff orientation education. Will roll out in ongoing orientation as well as in staff meetings routinely • Working to build a permanent Discharge Lounge with CM staff.
ED to Inpatient Admission Process: • Implementation of staffing by demand matrix for the ED RNs • Initiating RN:RN hand-off, mitigating delays (sent to Clin ED for essential info flier for implementation) • ED launch point auto update with bed status with Cap-man go live • initiation of the RN:RN hand off guiding principals has been implemented.	ED to Inpatient Admission Process: • Work with ED and 1E teams to develop workflow for transporting pts to floor in a timely manner instead of waiting for transport. • Work on data capture from capman for time bed assignment received clean and ready bed to time pt arrives on unit.
Transfer Center Operations: Continued issue with reports out of CapMan, continue to work with ISS, but it has become a very manual process to get correct data out of the system.	Transfer Center Operations: • Work with ISS to flag incoming transfers and work with physicians to repatriate them back to original facility. • Work with physician leadership to share statistics and education to various groups on cost of denying transfers, and sending transfers out to other facilities when we can service the patients needs here.
Long Stay Committee: • Streamlined long stay committee to meet once weekly • Have gotten 24 long term patients out since first of February.	Long Stay Committee: • Continue to work through weekly meeting format • Develop reporting tools to track progress
Patient Placement: • Finalize patient placement matrix & communicated plan to all stakeholders. • Implemented phase 1 of patient placement matrix (by DRG). • Will review again in 6 months to look at additional matrix for providers. • Working with ISS to determine how to provide the ongoing analytics for data review. Still waiting for data review.	Patient Placement: • Finalize off-service metrics. • Implement phase 2 of patient placement matrix (place patients by provider group/service line). • Optimize outpatient service line. • Finalize metric monitoring process and analysis.
Observation Program: • LOS decreased in February to 48 hours • Continuing to cohort patients on 2S when possible • Team nursing role out impacted nursing assessment protocols with observation patients, clarifying with BRN to determine LVN role with assessments • Social admissions continue to impact observation LOS.	Observation Program: • CMO working closely with Medical Staff Leadership to develop specific workflows and protocols • Minimizing unnecessary consults and test • Single integrated platform for communication with all providers • Establish timelines to respond to tests and consults (ie stat labs and imaging)

Action plans are in the circles!

Annual Institutional Review Academic Year 2021-2022

The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include: (Core)I.B.5.b).(1) a summary of institutional performance on indicators for the AIR; and, (Core)I.B.5.b).(2) action plans and performance monitoring procedures resulting from the AIR. (Core)

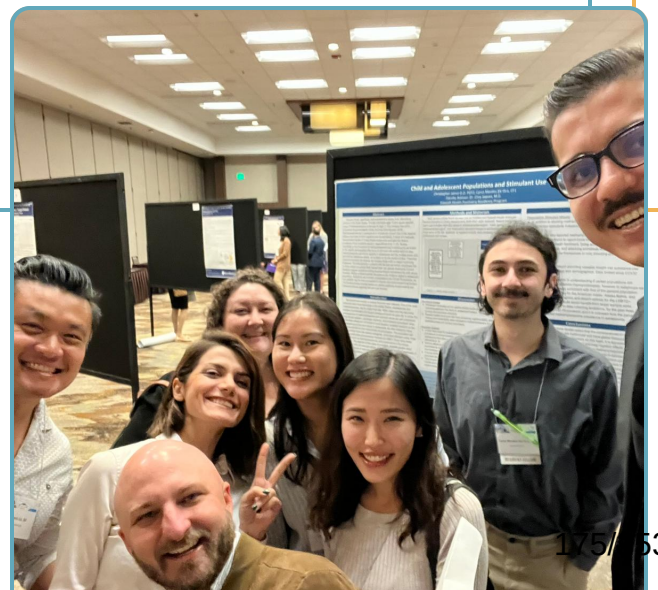
Action plans are in the circles!

Psychiatry - Continued Accreditation Feb 10, 2023

7-7-6-3 = 23

ZERO CITATIONS!

Commended for substantial compliance with ACGME requirements



Mission

To train competent, confident, evidence based Psychiatrists who become leaders & educators in the field of Mental Health & provide exemplary full spectrum patient care to those in need.

Psychiatry Performance on Institutional Indicators

Faculty Survey

Put Med Studs on CL & Outpt services

Dr. Guerrero gave presentation on disparities in care

Resident Survey

Impact of other learners on education
Extent to which increasing clinical responsibility granted, based on resident's training and ability
Taught about health care disparities
80 hr work week

Step 3 pass rates - COVID exception

More clear expectations set for progressive responsibility of residents

In-training exam scores

Educated on 80 hr work week per rotation, not rolling weeks

Transitional Year Residency Program - Continued Accreditation Dec 05, 2022

ZERO CITATIONS!

Block diagram

clarification 6-22

Mission

To make all star future attendings. The TY program is a very strong formative framework that will grow with the resident as they continue on in specialized training. This purpose can be broken down into making our residents efficient, effective and resilient. **Program Aims:**

A prioritizing focus on the Passion for Medicine, on Learning, on Targeting for a customized experience and on Wellness

Transitional Year Performance on Institutional Indicators

12 per year

Send residents more reminders to complete survey

Simple committee to help with staff workflows

Test performance

Step 3 Pass rates

Lecture quest & ED morning report

Show residents their progression toward less supervision

Resident Survey

Education compromised by non-physician obligations

Impact of other learners on education

Resident encouraged to feel comfortable calling supervisors with questions

Appropriate amount of teaching in all clinical & didactic activities

<90% completion rate (83%)

Professionalism was an institutional finding from CLER too

Faculty Survey

Faculty members act unprofessionally

Educate residents on tactical talking when asking for help

Emergency Medicine - Continued Accreditation Jan 13, 2022

13-11-13 =37

ZERO CITATIONS

Area for Improvement /Concerning Trend
2020-2021 Resident Survey: several areas demonstrated notably low compliance rates and an overall downward trend. The program is strongly advised to evaluate these results, investigate the rationale for the responses, and implement improvement efforts as needed

Mission

To educate compassionate, skilled emergency physicians who apply evidence-based care & advocate for a diverse population. Ready to be everyone's doctor, all the time.

EM Performance on Institutional Indicators

ED Paging system & improve stocking process for supplies in ED

Teach EM seniors to supervise PA fellows

Monitor ICU didactics in exchange for EM senior to miss weekly conference

New PD creating supportive environment rather than retaliatory

Implemented supervised ED signout & rules around the process

Redesigned resident evaluations

DIO & chief of staff meet with unprofessional faculty & escalate as needed, sometimes learners removed from service, CLER finding too

Faculty Survey

Response rate

Step 3 pass rates

Analyzed interview diversity data & attend targeted events to recruit

Resident Survey

Nonphysician obligations, unsafe/unhealthy conditions, unable to raise concerns without fear, unsatisfied with process for dealing with problems, no environment of inquiry, impact of other learners, engagement in diverse recruitment efforts, transitions of care, educated on disparities & sleep deprivation...

In-training exam scores

Focused on bedside teaching for faculty & decreased resident shift length by 1 hr

Boards Pass rate

Created a doctor version of the CPI course

Ensure faculty are available on shift

Started SLACK channel for faculty development

Improve culture of MIDAS through experiential education

Didactics on sleep deprivation & Health care disparities

Improve survey compliance

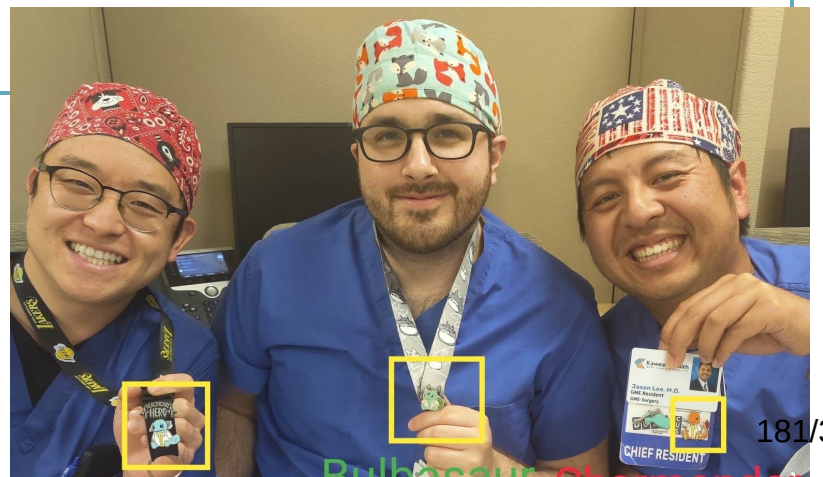
Started “ask the consultant” sessions in didactics, SIM sessions for teaming

General Surgery - Continued Accreditation Jan 4, 2023

5-3-3-3-3 = 17

ZERO CITATIONS!

Commended for substantial compliance with ACGME requirements



Mission

To graduate compassionate, competent and professional surgeons, interested in practicing in a community setting, who will contribute positively to their patients' lives and their communities.

Surgery Performance on Institutional Indicators

Case logs

Step 3 Pass rates

Resident Survey

Faculty Survey

In-training exam scores

Family Medicine - Continued Accreditation Jan 25, 2023

7-7-7 = 21

ZERO CITATIONS!

Mission

To train family medicine physicians in a nurturing environment to provide high quality, evidence based, multi-disciplinary care while advocating for patient education and access to healthcare for patients of all cultures and walks of life in Central California.

Program Aims:

Train residents in full spectrum family medicine to care for a diverse underserved population.

Family Medicine Performance on Institutional Indicators

Improve MIDAS culture & closing the loop

Test performance

Boards Pass Rates

In-training exam scores

Step 3 Pass rates

Off service attendings make resident uncomfortable - also CLER finding

Billing & Coding, sleep and health care disparities lectures

Increasing autonomy during clinic

Significant HR & GME involvement in many concerns of residents

Resident Survey

Time to interact with patients

Satisfied with safety & health

Residents feel comfortable calling supervisor

Confidential reporting of unprofessional behavior

Abuse, harassment, mistreatment, discrimination or coercion

Interprofessional teamwork skills modeled or taught

Participate in safety event

Extent to which increasing clinical responsibility granted

Instruction on sleep deprivation & health disparities, cost awareness

80-hour week

Change med student workflow to improve flow of clinic

Faculty Survey

Information not lost during shift changes, patient transfers, or the hand-over process

Effective teamwork in patient care

Interprofessional teamwork skills modeled or taught

Program director effectiveness

Faculty members satisfied with process for evaluation as educators

Attending participation in signout

Focus on Faculty Development

Anesthesiology - Initial Accreditation w/ Warning x 2, Site Visit: March 22, 2023

4-4-4-4 = 16

One CITATION - No satisfactory IM residency program affiliation

Plus 7 areas of concern: Fear of retaliation, faculty scholarly activity, multiple rotations out, faculty expertise, coercion in policy, participate in RCA/M&M, rotation changes depending on faculty availability, faculty interest in education

Aim

The Aim of Kaweah Health's Anesthesiology Program is to produce anesthesiologists who will become leaders and experts in their fields with special emphasis on recruiting and retaining talented physicians who will deliver culturally competent and high-quality care to the citizens of California's Central Valley.

Action plan spreadsheet included in board packet

Anesthesiology Performance on Institutional Indicators

Resident Survey

Impact of other learners

Appropriate balance between education & pt care

Protected time for structured learning activities

Able to attend personal appointments

Satisfied with safety and health concerns

Faculty members act professionally

Recruiting diversity

Resident Survey

Fear of retaliation

Culture reinforces responsibility for patient safety

Interprofessional teamwork skills modeled

Transition patient care when fatigued

Faculty interested in education/Appropriate amount of teaching

Taught healthcare disparities

Satisfied with feedback

Faculty Survey

Satisfied with process to deal w/ concerns

Abuse, harassment, mistreatment, discrimination, or coercion in workplace

Interprofessional teamwork skills modeled

Know how to report patient safety events

Faculty members committed to education & satisfied with evals

Program director effectiveness

Child & Adolescent Psychiatry Fellowship - Initial Accreditation, Site Visit Nov 4, 2022

3-3 = 6

6 CITATIONS

PD is site director for many rotations

Accuracy of faculty CV in WebADS

Board certification of one faculty member

'Unclear' block schedule

No didactic changes from 1st yr to 2nd yr

Wording on summative evaluation

Mission

To promote clinical excellence, compassionate care, & service to the community. Our mission is to train child & adolescent psychiatrists that will positively impact the health of youth & their families in the Central Valley. We strive to address mental health disparities & to reduce inequities in health care & serves a diverse patient population. Our fellows will be capable of practicing in a variety of settings, with an emphasis on caring for the underserved & in rural communities. We believe in the ethical practice of medicine. Clinical & educational experiences will highlight professional responsibilities & an adherence to ethical principles. We are committed to being an anti-racist program, by working w/ KH GME to eliminate structural racism throughout our organization & by continuously improving our training & curriculum to reflect diversity, equity, justice, & inclusion.

Sponsoring Institution - Continued Accreditation Jan 3, 2023

Zero CITATIONS

Mission:

To recruit & educate physicians who will provide world-class care to diverse populations, be leaders & educators in their fields, & achieve positive change in the local and broader context of healthcare delivery

Vision:

In training the next generation of physician leaders, Kaweah's GME team will be a driving force for progress in healthcare delivery to our Central Valley community.

Sponsoring Institution Performance on Indicators

Resident Survey

Education compromised by non-physician obligations

Impact of other learners on education

Appropriate balance between education and patient care

Time to interact with patients

Satisfied with safety and health conditions

Fear of retaliation

Information not lost during transitions of care

Interprofessional teamwork skills modeled or taught

Faculty effectively creates environment of inquiry

Set limits to # of SRNAs in the OR

Offered didactics by Ambar Rodriguez & Dr. Guerrero

Improvements to library work space for teaching teams

Surveyed residents for specifics on non-physician obligations - mostly ED

Female locker room equity

Resident Survey

Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability

Satisfied with faculty members feedback

Taught about health care disparities

Four or more days free in 28 day period

New Clinical Competency Committee policy

Education on work hour rules

Some of these sent to GMEC subcommittees for action

Some worked on at program level by DIO & PDs

Team Rounds plan to expand to more services

Faculty Development reported out to BOD quarterly in strategic plan

193 medical students rotated at KH last year 21-22

Undergraduate Medical Education

+60 visiting learners - SRNA, PA students, outside res/fellows

USC

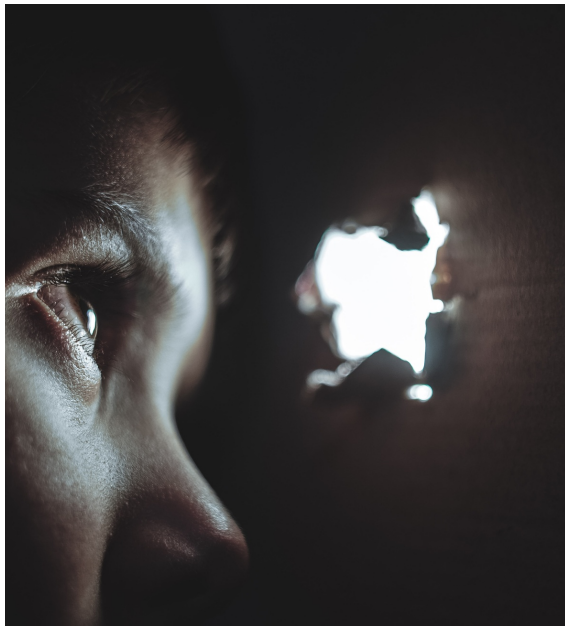
Enjoy MS3s for FM, Psych, OB & neuro --> TY

UC Davis

MS3s for Gen Surg

All participate in Street Medicine

Funding from CalAIMS for building the ability to bill for services in the Street



Countless opportunities for MS4 students in various areas

Over 27% of all KH residents completed a UME rotation at Kaweah

Pathway Programs

Mi Mentor

COS Premed group

Doctors Academy

Community Garden

Research

UC Merced Farmworker Study

COVID Cognivue Study

KH 2nd Annual Research Symposium

Do More with Less

Grants: CalMEDforce, Song Brown, Ca Bridge, Street Medicine, CHFFA, BHCIP

Cuts to Palliative Fellow funding, 1 hr per day for hospital based services, Office of Research Staff

QUESTIONS?

Anesthesiology

Trigger	Action plan	Timeline	Update
85% compliant on any question			
Resident Surveys			
Impact of other learners on education	SRNA plan altered, SRNAs removed from areas of resident education, faculty teaching, TY program will work with residency next year to adapt MATRIX scheduling,	Immediate	Complete, pending revision of matrix/medical student scheudling next year.
Appropriate balance between education (e.g. clinical teaching, conference, lectures) and patient care	Didactic schedule change to 1/2 days	10/10 implementation	Program will seek feedback 2 blocks after implementation and encourage feedback in meetings
Protected time to participate in structured learning activities	See Above, plus working on releasing residents for other meetings, wellness days, etc.	ASAP	At 100% protected time
Able to attend personal appointments	Remind residents that this is possible, remind faculty that this is neccesary	ASAP	Residents have been able to attend personal appointments, reminders to residents and faculty- if PC contacted, then 100%
Satisfied with safety and health concerns	seek to understand root of complaint- call room unclean?	Procedures implemented to track call room cleanliness	Process has been successful in correcting the cleanilness of the call room
Faculty members act professionally when teaching	Faculty Education provided, working with faculty on increasing responsibility, self efficacy, leadership	Phased/Repetition	Faculty counseled, will continue to monitor and emphasize at faculty meetings
Faculty members act professionally when providing care	Same as above		Same as above
Able to raise concerns without fear of intimidation or retaliation	Multiple anonymous surveys, meetings with people outside the residnecy, outside GME, all evals anonymous, resident meetings held with transparency as to where the program is and what is happening.	Immediate	Seems to be working, level of communication between residents and program has increased.
Satisfied with process for dealing confidentially with problems and concerns	See above	See above	increased confidence in chiefs, increased confidence in using chiefs as conduit for hard conversations
Culture reinforces personal responsibility for patient safety	Resident and faculty education, Mock RCA, Work with Sandy Volchko for teaching teamwork and communication	implemented	Need a few more communication sessions and one added to the Bootcamp schedule.
Interprofessional teamwork skills modeled or taught	Sandy Volchko	implemented	Grand Rounds with Sandy Volchko and Dr. Watankunakorn both covered this inclduing the entire department
Process to transition patient care and clinical duties when fatigued	Faculty and Resident education provided, Department of Anesthesiology codified transition of care times/resident release time. Fatigue/Sleep lecture	implemented	change call schedule hours to facilitate resident relief
Faculty members intrested in education	Faculty teaching, hire more faculty, recruitment for interested teachers only.	3 faculty members recruited	continuing to recruit for fellowship trained faculty and OB specialist, attrition of one faculty member
Faculty effectively creates enviroment of inquiry	Faculty teaching, hire more faculty who are interested in teaching, work on academic accomplishments of faculty,	see above	more faculty in process of publishing than in past 3 years, increasing publication requirement for residents

Appropriate amount of teaching in all clinical and didactic activities	Faculty education on feedback and teaching techniques, didactic schedule rearranged for more opportunities for education.	implemented	Will continue to observe and seek feedback in this area- appears to be improved
Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability	Teach new faculty about graduated responsibilty, use new feedback tool to more closely assess resident ability in key anesthetic areas and techniques.	implemented	reviewing and updating resident privilges
Satisfied with faculty members' feedback	Work with faculty on feedback and evalautions: teachniques and implementation, new feedback tools	implemented	Shared conversations between faculty and residents about soliciting and giving feedback. Increased evaluations by faculty, increased 360 evaluations
Taught about healthcare disparities	JEDI lecture from Dr. Guerrero 6/29/22 and Ambar Rodriguez Grand Rounds presentation 12/1/22	implemented	Sessions held
Engagement in programs's diverse resident/fellow recruitment/ retainment efforts	Provide opportunities for candidates to meet the residents, residents participate in interview process the evening before and chiefs participate in interviews, all residents participate in ranking.	implemented	KA created a resident contract for graduates for after graduation (and before fellwoship)- succesful. KAS has created incentives for hiring of new grads.
Faculty Surveys			
Satisfied with process to deal confidentially with problems and concerns	Have provided direction to faculty using multiple modalities on the use of MIDAS		Faculty have been re-reeducated.
Personally experienced abuse, harassment, mistreatment, discrimination, or coercion	Review with faculty Kaweah Health Code of Conduct		Educationaly opportunities put in place and all KAS members had to sign the Medical Staff Code of Conduct
Witnessed abuse, harassment, mistreatment, discrimination, or coercion	Possible abuse incident dealt with swiftly.		
Interprofessional teamwork skills modeled or taught	Grand Rounds presentation from Dr. Watanakunakorn 11/5/22 Presentation Sandy Volchko - grand rounds presenation schedduled		as above under resident survey
Know how to report patient safety events	Faculty educated on the existence of MIDAS	at faculty meeting	M&M re-instated, MIDAS use encouraged
Faculty members committed to educating residents/fellows	Hire based on willingness and eagerness to teach, recruit and retain interested teachers		recruited very interested CC faculty, continue to provide educational materials to faculty through multiple venues
Program director effectiveness	Program Director seeking out education and working with mentors in the field		
Faculty members satisfied with process for evaluation as educators	Educate residents on importance of evaluations of program, rotations and faculty.	at next resident meeting, has occurred in past meeetings	conitnue to seek ways to encourage feedback, Batch evaluations to ananymize residents
Citations and Areas for Improvement			
IM affiliation	continue to grow relationship with Sierra View District Hospital: Grand Rounds, Lectures, Cross polination of residents and programs	Plan for anesthesiology rotation at KH with Sierra View in Spring. Plan for EM rotation for their residents. GMEC cross polination	
OB rotation is different if attending has day off	Cured. Need to work on regional rotation.		next PEC meeting, resolving regional on Friday

Pain rotation needs to occur closer to home	Pain rotation moved to Dr Deroee's office, nearby. Dr Deroee is an enthusiastic teacher		
Faculty members' interest in education and creating an envrionment of inquiry	Faculty members working on multiple research projects and case reports are approaching or in publication at this time.		
3 faculty members got PUBMED ID numbers - acgme suggests more faculty do more robust research across faculty members	see above		
Coercion in policy for voluntary late call	eliminated		
Residents raise concerns without fear	Anonymous reporting, multiple meetings without program members present		
Resident survey on adverse event analysis	M&M robust and across department, Mock RCA		
Adverse accreditation status - Initial accreditation w/ Warning	??		

CAP

	Trigger	Action plan	Timeline	Update
	Citations and Areas for Improvement			
PR	**Citation**			
	It appears that the program director is the site director for six of the nine sites. It is unclear how the program director would be able to be responsible for ensuring the quality of the educational experience for all of these sites	Program Director will be 0.5 FTE clinical (5 half days a week) and 0.5 FTE Administrative. The 5 half clinical days will be accounted for below. For Site 1 (Kaweah Health Care District): Site director will be changed to Dr. Aubree Pereyra, as she will be the primary attending in the Rural Health Clinics. Dr. Pereyra will spend 32 hours per week (0.8FTE) supervising Fellows in this clinic. The Program Director will spend 4 hours per week in this clinic (0.1 FTE). For Site 3 (Valley Children's Hospital): Site Director was defaulted to the Program Director as VCH is currently searching for a Child Psychiatrist to fill the role of Consultation Liaison attending. The Program Director will play a key role in the selection Process and ensure the credential of the provider. For Site 5 (Tulare Youth Services Bureau): The Site Director will remain the Program Director. Program Director will spend 3 half clinic days (12 hours or 0.3 FTE) in this clinic per week supervising Fellows. For Site 6 (Tulare County Office of Education): Site Director will be changed to Dr. Pereyra. Dr. Pereyra will spend 8 hours per week (0.2FTE) supervising Fellows in this clinic. For Site 7 (Success in Recovery): The Site Director will remain the Program Director. The Program Director will spend 4 hours every other week in this clinic (0.05 FTE). For Sire 8 (Courage to Change): The Site Director will remain The Program Director. The Program Director will spend 4 hours every other week in this clinic (0.05 FTE). For Site 9 (The Source LGBT+ Center): The Site Director will remain the Program Director. This is a non-clinical rotation, and does not require on-site direct supervision. In addition, Fellows will spend 4 half days per year observing at this site.	11/4/2022	
	. The section that lists Dr. Saadabadi's selected bibliography was within the application is incomplete.	When entering the PMIDs for Dr. Saadabadi's bibliography in Web ADS, certain fields did not auto-populate with the information regarding Journal Name, Volume, Issue, and page number. This is likely due to the fact that these PMIDs are for STAT Pearls, which do not require this information. I am unable to change this information in ADS. His selected bibliography should read as follows: Authors: Kumar R,Saadabadi A Title: Buprenorphine Journal Name: StatPearls [Internet] Publication Date: 2/12/2019 Volume: Internet Issue: Internet Pages: https://www.statpearls.com/nursepractitioner/ce/activity/23773 Authors: Siragusa S,Saadabadi A Title: Fluphenazine Journal Name: StatPearls [Internet] Publication Date: 4/20/2019 Volume: Internet Issue: Internet Pages: https://www.statpearls.com/ArticleLibrary/viewarticle/21851 Authors: Randhawa G,Saadabadi A Title: Oxcarbazepine Journal Name: StatPearls [Internet] Publication Date: 7/22/2018 Volume: Internet Issue: Internet Pages: https://www.statpearls.com/nursepractitioner/ce/activity/35379 Authors: Maan JS,Duong TvH,Saadabadi A Title: Carbamazepine Journal Name: StatPearls [Internet] Publication Date: 7/14/2020 Volume: Internet Issue: Internet Pages: https://www.statpearls.com/nurse/ce/activity/38900 Authors: Moore JJ,Saadabadi A Title: Selegiline Journal Name: StatPearls [Internet] Publication Date: 8/29/2020 Volume: Internet Issue: Internet Pages: https://www.statpearls.com/ArticleLibrary/viewarticle/28854 Authors: Singh D,Saadabadi A Title: Varenicline Journal Name: StatPearls [Internet] Publication Date: 5/26/2020 Volume: Internet Issue: Internet Pages: https://www.statpearls.com/ArticleLibrary/viewarticle/30972 Authors: Dhaliwal JS,Rosani A,Saadabadi A Title: Diazepam Journal Name: StatPearls [Internet] Publication Date: 8/27/2020 Volume: Internet Issue: Internet Pages: https://www.statpearls.com/nurse/ce/activity/39209 Authors: Bhatia A,Saadabadi A Title: Biochemistry, Dopamine Receptors Journal Name: StatPearls [Internet] Publication Date: 2/25/2019 Volume: Internet Issue: Internet Pages: https://www.statpearls.com/ArticleLibrary/viewarticle/20660	11/4/2022	
	Dr. Kingwai Lui did not have current certification by the American Board of Psychiatry and Neurology (ABPN) or the American Osteopathic Board of Neurology and Psychiatry in the subspecialty of child and adolescent psychiatry.	Dr. Lui is scheduled to take his Adult Psychiatry Boards (ABPN) on September 13, 2021. He is scheduled to take his Child and Adolescent Subspecialty Boards (ABPN) in child and adolescent psychiatry on September 13th and 14th, 2022. Dr. Lui will not provide any clinical supervision to the fellows until he has obtained a passing score on the Adult Boards, at which time he will be Board Eligible for subspecialty certification in child and adolescent psychiatry. He will be allowed to participate in didactic seminars. It is contractually agreed with core faculty that if they do not successfully obtain subspecialty board certification, they will not be allowed to continue as core faculty.	12/30/2022	Dr. Lui has passed his adult boards as well as his child and adolescent psychiatry boards.
	The block schedule for year-two is not clear. It describes "During the CF2 year, fellows will spend 12 months in longitudinal clinic 8 half days per week at SITE 1, 5, and 6" but also describes fellows being 100 percent on several rotations including forensics, school consults, pediatric neurology and community consults	The 100% in the block diagram refers to the fact that all rotations are considered "outpatient", and fellows will be spending 100% of their time in the outpatient setting. To clarify, they will spend a total of 7 half days per week (70% of time) in the Rural Health Clinics (Site 1 and 5) and 1 half day per week (10% of time) in the General Child Outpatient Clinic (site 6). Sub-specialty clinics are divided into three 4-month blocks, during which time the fellows will spend 1 half day per week (10% of time) at sites 1, 7, 8, and 9. The remaining 10% of time is dedicated to didactic time.	11/4/2022	
	The scheduled didactic seminars reported modules that included both first- and second-year fellows. It was unclear how these seminars were structured to ensure the experiences are specific to the fellow's level of education from year one to year two	Curriculum Organization has been updated to reflect the following changes. YEAR I 01. Child & Adolescent Psychiatry (CAP) Grand Rounds Conference Because Grand Rounds will include a unique topic each time, this will be of educational benefit to year one and year two fellows. 03. Clinical Issues Seminar: Module 1 This will no longer be required for second year fellows. 04. Clinical Issues Seminar: Module 2 This seminar has been moved to Year II, and will only include second year fellows. 05. Child and Adolescent Development Second year fellows are included in this seminar in order to enhance their skills as teachers and educators, and to allow them to participate in formal didactic teaching and develop and improve teaching skills. The seminar will be co-lead by second year fellows under the supervision of Dr. Pereyra. Second year fellows will be required to review the literature and organize, develop, and present the curriculum to early learners. Formal feedback will be provided to second year fellows in order to improve teaching methods throughout the course. Because a solid understanding of normal and abnormal childhood development is the foundation of the treatment of children, creating and presenting curriculum will also enhance their understanding of the topic. The course description will be changed to the following: "This seminar provides a basic framework for understanding child and adolescent development. Lectures, readings, and discussion focus on developmental processes from infancy to young adulthood from a variety of biological, psychological and social perspectives. The seminar will be co-lead by second year fellows under the supervision of Dr. Pereyra. Second year fellows will be required to review the literature and organize, develop, and present the curriculum to early learners. Formal feedback will be provided to second year fellows in order to improve teaching methods throughout the course." 06. Child and Adolescent Developmental Psychopathology Second year fellows are included in this seminar in order to enhance their skills as teachers and educators, and to allow them to participate in formal didactic teaching and develop and improve teaching skills. The seminar will be co-lead by second year fellows under the supervision of Dr. Pereyra. Second year fellows will be required to review the literature and organize, develop, and present the curriculum to early learners. Formal feedback will be provided to second year fellows in order to improve teaching methods throughout the course. Because a solid understanding of normal and abnormal childhood development is the foundation of the treatment of children, creating and presenting curriculum will also enhance their understanding of the topic. The course description will be changed to the following: "This seminar provides advanced and more clinically focused knowledge in child and adolescent developmental psychopathology. Lectures, readings, and discussion include such topics as divorce, domestic and community violence, adolescent issues, temperament, attachment, and cultural factors. Second year fellows will be required to review the literature and organize, develop, and present the curriculum to early learners. Formal feedback will be provided to second year fellows in order to improve teaching methods throughout the course." 09. Journal Review Club Because Journal Review Club will include a unique topic each time, this will be of educational benefit to year one and year two fellows. 10. Department of Psychiatry Grand Rounds Conference Because Grand Rounds will include a unique topic each time, this will be of educational benefit to year one and year two fellows. 14. Cognitive-Behavioral Therapy for Children and Adolescents This seminar has been moved to Year II, and will only include second year fellows. 17. Interdisciplinary Clinical Case Conference Because the Clinical Case Conference will include a unique topic each time, this will be of educational benefit to year one and year two fellows.	11/4/2022	
	The final evaluation lists the core competencies on the form and mislabels them as milestones. There is also no mention of the Clinical Competency Committee (CCC) informing the final evaluation process	The final evaluation of fellows labeling has been updated to reflect Competencies. The following information has been added to the form: This evaluation is completed with recommendations from the Clinical Competency Committee. The evaluation is based on the demonstrated performance during fellowship training, personal observation by members of the Department of Psychiatry and a composite of multiple evaluations by supervisors compiled by the program director and reviewed by the Clinical Competency Committee. There are no questions as to this fellow's clinical or professional competence. FELLOW NAME has met the training requirements set forth by the Accreditation Council for Graduate Medical Education and the Clinical Competency Committee has verified that the fellow has demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice. Summary Recommendation from the Clinical Competency Committee and Fellowship Director: A. ____ Recommend for appointment without reservation B. ____ Recommend with reservations. C. ____ do not recommend this applicant because:	11/4/2022	

	EMERGENCY MEDICINE					
	Trigger	**Action plan**	**Timeline**	**Update**	**Update**	**Update**
Less than 85% compliant on any question						
PR	**Resident Surveys**					
	Education compromised by non-physician obligations	The EM residency program leadership has had multiple meetings with the ED nursing director and managers to present these concerns and to propose plans for improvement. Some improvement has already been seen, as residents are not longer asked to discharge patients from the waiting room, remove IVs prior to discharge, or other similar tasks. Other areas have not seen such improvements. The chief residents met with the Chief Nursing Officer as well to discuss these concerns. We will continue these meetings and we have advised our faculty to advocate for residents while on shift if unreasonable requests are made to them The GME Director has sent out a mid-year survey to all residents to assess for improvement on this question and further interventions may be indicated based on those responses	in progress, will review again at the time of the 2023 ACGME survey / Discussed in conference on Jan 12, 2023; pending QI project using secure messenger to facilitate consultant paging and pending meeting with ED nurse manager for update on linen/supply stocking in ED rooms			
	Impact of other learners on education	We will continue our scheduling practice to ensure our residents are receiving the clinical exposure they need We will watch procedure logs closely to look for any concerning patterns that would indicate our residents are not receiving the opportunities they need We will trial having APP fellows staff patients with EM PGY-3 residents in the latter half of their senior year to improve the educational impact of patients seen by the APP fellows	ongoing, plan to trial PGY-3 residents staffing APP fellow cases in Spring 2023			
	Appropriate balance between education (e.g. clinical teaching, conference, lectures) and patient care	We have made bedside teaching a focus for our faculty, many of whom begin shifts with residents by asking what they want to learn and focus their teaching on that day. We will continue with this focus The reduction in shift length from 10 hours to 9 hours and the institution of team sign-out has allowed residents to wrap up their clinical work in a more timely fashion, ultimately providing more time away from direct patient care, which will hopefully have a downstream effect of more time and energy for self-study and didactic education. We can ask residents to monitor their balance of patient care and education while on-shift and provide any feedback regarding ways we may improve that balance in the context of a busy, functioning emergency department	will continue to provide faculty development throughout this year and monitor for improvement on the upcoming ACGME survey / Discussed with residents in conference on Jan 12, 2023 - no other concerns were raised at that time			
	Time to interact with patients	We will reaffirm to our residents that excellent physicians are developed by first learning to deliver high-quality care, then by learning how to do that efficiently. Understanding that, we don't want residents to feel rushed while evaluating patients. As their skills grow, the conversation will naturally progress to a discussion of how to improve the efficiency of their practice. Other solutions as noted in the progress report regarding non-physician duties	Discussed with residents in conference on Jan 12, 2023 and reassured them that we want them to have adequate time to spend with patients. No new concerns raised at that meeting			
	Protected time to participate in structured learning activities	We will continue to monitor our scheduling practices to minimize the impact of shifts adjacent to our Thursday morning conference We will maintain our expectation that the ICU attending physicians are supplementing with didactic presentations in the ICU as time allows, in exchange for help from our EM senior resident to manage the ICU on Thursday mornings In coordination with the TY residency program, we will enhance the tracking mechanism for these ICU lectures and empower the EM senior to help coordinate lecture topics	ongoing, will monitor and follow for improvement on repeat surveys / Discussed in conference with residents on Jan 12, 2023 - no new issues raised at that time			
	Able to access confidential mental health counselling or treatment	Residents have been reminded where they can access materials and resources for confidential mental health counselling/treatment, and we have reconfirmed our commitment to their wellness, which includes assistance in time away from a shift as needed to attend appointments	**completed**, will continue to monitor / Reviewed available resources with residents in conference on Jan 12, 2023			
	Satisfied with safety and health conditions	A GME-focused de-escalation and safety course was designed by two emergency medicine faculty and presented to all residencies at the outset of this academic year. We will continue to monitor for specific situations in which we may improve the safety conditions of our residents	ongoing/completed			
	Residents/ fellows encouraged to feel comfortable calling supervisor with questions	Similar to other progress reports – we will continue a faculty development focus of bedside teaching and supervision When/If individual instances are reported of attending physicians being difficult to contact or poorly responsive to questions, we will counsel and educate those faculty on an individual basis	in progress, will watch for improvement on the ACGME survey in spring 2023			

	Faculty members act professionally when teaching	Dr. Stanley has devised a Slack team for faculty, where faculty members can post amongst themselves about educational techniques and other methodology. This Slack team is intermittently utilized by faculty members currently, however, we have encouraged faculty members to contribute, and have allowed this to count for faculty development, particularly given its interactive nature -We discuss education methodology during our faculty retreats and faculty meetings, and we will introduce professionalism content to address specific concerns as they arise	Faculty retreat March 30-31, 2023			
	Able to raise concerns without fear of intimidation or retaliation	In the spirit of open communication, particularly given a return to In-person interactions, We invite residents to discuss concerns In regular open forums with program leadership. These have been met with appreciation, and many concerns are addressed during frank conversations between faculty and residents. -This will be continued as regular “check-ins” with the program director and staff to discuss These concerns with the residents, usually at least every other month during small group times	completed, will monitor for improvement on 2023 survey			
	Satisfied with process for dealing confidentially with problems and concerns	As always, evaluations are 360 in nature. We will affirm that evaluations are anonymous during discussing New Innovations during orientation, walk residents through the process of filling out an evaluation, particularly, with the use of the “confidential comment to program director” modifier included as to demonstrate that the evaluation is truly anonymous	completed, will monitor for improvement on 2023 survey			
	Personally experienced abuse, harassment, mistreatment, discrimination or coercion	We will reaffirm with our residents that we have zero tolerance for this sort of behavior, regardless of who it may be coming from, and that we encourage them to report it, either directly to a faculty member, program coordinator, or other GME staff, or anonymously through the hospital reporting system.	ongoing – will follow up with the 2023 ACGME survey / Discussed in person with residents in conference on January 12, 2023			
	Witnessed abuse, harassment, mistreatment, discrimination or coercion	See the above progress report	ongoing – will follow up with the 2023 ACGME survey / Discussed in person with residents in conference on January 12, 2023			
	Information not lost during shift changes, patient transfers, or the hand-over process	Starting last year we changed all resident and attending shifts to mirror start and end times. We have implemented group sign out so both the outgoing attending/resident and the oncoming attending/resident can give and receive signout and be on the same page. This detracts from misinformation, inappropriate signouts. -Regarding the swing shift (2-11pm) which tends to be a more taxing patient load, we have adjusted the times to have 2 hours of overlap (instead of 1) to allow residents to stop picking up new patients and hopefully wrap up current patient to decrease the amount of signouts and the extra time spent after shift. These changes have so far been well received. -we have educated the attendings to click on every patient they are signed out, and scribes double check this step. We have also required that all interns have a new attending on the case if there is not an active admission or discharge order. -we have designed standardized dot phrases for signout, had a signout simulation to practice scripted signouts, and have now implemented a “progress note” for those patients over 24 hours of LOS (which are also now attending-only patients).	completed, will continue to monitor			
	Culture reinforces personal responsibility for patient safety	We have sent residents Kaizen events, including recently for revamping our process for caring for suicidal patients. This will be common practice when these occur, as to improve culture around patient safety for patients with mental health concerns -We will incorporate the use of patient safety event reporting into training, (the MIDAS system), and ensure that residents know how to use the system effectively, and what constitutes a patient safety event -We will normalize discussions of patient safety issues, so as to minimize the perception of fault, and augment the support of discussing events in a systematic manner.	completed, will continue to monitor			
	Interprofessional teamwork skills modeled or taught	We have already enacted simulation sessions designed to specifically deal with teamwork difficulties, and we will continue to build these into the curriculum. -We are also encouraging senior residents to lead post-code and post-trauma debriefing sessions with direction from faculty members on successful debriefing techniques -We will also be incorporating workshops on calling consultations and have invited consultants whom we interact with regularly to discuss their preferences when calling consultations. These are scheduled nearly every block, and will continue to host the consultants yearly.	completed / simulations on signout, vulnerable patient interaction, and regular "ask the consultant" sessions have been held during conference in the 2022-23 year			

	Process to transition patient care and clinical duties when fatigued	Starting last year we changed all resident and attending shifts to mirror start and end times. We have implemented group sign out so both the outgoing attending/resident and the oncoming attending/resident can give and receive signout and be on the same page. This detracts from misinformation, inappropriate signouts, and encourages residents to give away patients that will require workup and management past their assigned shift time. -Regarding the swing shift (2-11pm) which tends to be a more taxing patient load, we have adjusted the times to have 2 hours of overlap (instead of 1) to allow residents to stop picking up new patients and hopefully wrap up current patient to decrease the amount of signouts and the extra time spent after shift. These changes have so far been well received.	completed, will continue to monitor			
	Faculty members interested in education	The academic program has been a cornerstone priority of the faculty since the commencement of the program. We have dedicated time in the EM physician partners' meeting each month to focus on academic topics and faculty development. Despite this, working in a busy emergency department, some of our commitment to resident education does not seem be getting communicated in the way we'd like, that reassures our residents about our interest in and commitment to their education. As with other progress reports, we will make this a focus of our faculty development throughout the year with a twofold goal of a) becoming better bedside teachers and b) conveying our interest in their education to our residents	Ongoing, will reevaluate with the 2023 survey			
	Faculty effectively creates environment of inquiry	Similar to the previous progress report (faculty interested in education), we suspect much of the source of this is a disconnect between faculty and resident perception and experience. As faculty, we take on that responsibility to communicate our interest in their education and our interest in continuing to grow and foster an environment of inquiry See faculty development goals as listed in other progress reports A question has been added to faculty evaluations, asking specifically, "do they create an environment of inquiry?" At our most recent review of faculty evaluations, residents responded Yes to this question on 100% of evaluations A Practice Based Learning and Improvement (PBLI) exercise was introduced last year, in which residents choose four of their own cases over the course of the year, reflect on their practice, briefly look up current evidence, and suggest any changes to their current practice. This is done to encourage self-reflection and inquiry into a resident's clinical practice	Ongoing/completed, will reevaluate with the 2023 survey			
	Appropriate level of supervision	Attending physicians are always physically present in the emergency department and we approach graduated responsibility as detailed in the progess report regarding calling with questions. Our hope is that residents never feel unsafe or without the support they need, while also allowing them to progress in their autonomy We have conducted faculty development sessions discussing expected competencies and supervision needs at different levels of training, using the RIME model. We added a question to the faculty evaluation form, asking residents if the faculty member provides adequate supervision. At our most recent review of evaluations, this was answered positively in 100% of the evaluations.	completed, will continue to monitor			
	Appropriate amount of teaching in all clinical and didactic activities	Again, the use of "appropriate amount" is difficult given the vastly different practice environments that residents may be experiencing when they complete this survey. Similar to other responses, our faculty remain thoroughly committed to education and teaching, but also understand this must be undertaken in the context of a busy, functioning emergency department. This means there are times when conversations may be cut short as new patients arrive or the status of a current patient changes We have made bedside teaching a focus for our faculty, many of whom begin shifts with residents by asking what they want to learn and focus their teaching on that day. We will continue with this focus Pairing resident and attending shift times has better aligned their work habits and allows for more natural discussion and bedside teaching, as well as feedback, as everyone is wrapping up their shift at the same time Based on faculty evaluations thus far this year, faculty are receiving much more positive reviews for their focus on teaching and supervision. We will continue to monitor this	in progress, will review again at the time of the 2023 ACGME survey			
	Extent to which increasing clinical responsibility grated, based on resident's/fellow's training and ability	Our approach to graduated responsibility in the emergency department is that we don't restrict the types of patients our more junior residents care for, but we ensure that the attending physician is more directly involved in the minute-by-minute care of that patient. For all residents, even the most senior residents in the emergency department, we ensure that they know the attendings are always nearby, will personally evaluate every patient, and residents are encouraged to ask questions at any time. Similar to other progress reports – we will continue a faculty development focus of bedside teaching and supervision, as well as assessment for a resident's readiness to manage patients more independently We will continue reviewing supervision levels for common procedures when the CCC meets every 6 months to ensure a resident has the appropriate support and supervision they need for patient care	in progress, will review again at the time of the 2023 ACGME survey			

	Satisfied with faculty members' feedback	In general, when residents, medical students, and faculty members are polled, most all would say they would like better, more frequent, and more useful feedback. Feedback has been a multi-year goal for our program and it begins with laying the foundation for a healthy feedback culture. Much of this has been reestablishing trust that feedback will not be used in any retaliatory fashion. Beyond this, both residents and faculty need concrete skills to provide effective feedback, and then it needs to become an automatic part of our shifts together Presentations on giving and receiving feedback were given to the incoming class during orientation in 2022. This will be a recurring presentation for future classes We will continue with faculty development regarding feedback techniques We will continue to encourage residents that they can initiate a feedback conversation We will work with residents and faculty to turn feedback into a habit as a part of the shift	much of this has been done, but we will make time in conference to discuss some of these goals and will monitor throughout the year			
	Instruction on minimizing effects of sleep deprivation	This is a concept that is taught during orientation but unfortunately, given the volume of information delivered during orientation, much of it is likely forgotten soon afterward. Managing shift work and long hours will be a challenge for the duration of an EM physician's career and optimizing sleep and rest is a key to long-term wellbeing We will reiterate some of the concepts delivered during intern orientation to the whole group, possibly during conference time Sleep wellness, along with other wellness drivers, can be considered as a topic for discussion and education at an upcoming residency retreat We will reiterate the resources available at the hospital, such as sleep rooms, help paying for a safe ride home, options to transition patient care if you are dangerously fatigued	**completed** / Healthy sleep habits and options for transitioning care when fatigued were reviewed in conference on Jan 12, 2023			
	Taught about health care disparities	We previously had medical student lectures that focused on these topics however medical students are no longer required to give these lectures. We encourage all lecturers to highlight this in their content as well however without explicitly saying "I am discussing health care disparities" it can sometimes not be obvious to the learner that this is directly being covered. We now have an administrative fellow, Dr. Guerrero, who is giving monthly lectures to our residents on health care disparities. We are also welcoming guest lecturers as part of this lecture series to further expand on this topic. This is already in progress, having kicked off in November, and will continue for the entire academic year. Lectures are 30 minutes long and cover a variety of topics within this category.	in progress, will review again at the time of the 2023 ACGME survey			
	Engagement in program's diverse resident/fellow recruitment/ retention effort	we frequently strive to maintain a diverse resident and fellow cohort as far as ethnicity as well as gender. We have made great improvement in recruiting female residents however at can still improve in our efforts for a more diverse groups as far as ethnicity. We previously have focused on recruiting those who have local ties to the area as well as those who will likely remain in the Central Valley to continue to care for our patients regardless of their ethnic background. We have appointed a core faculty member (Sukhija) to work in tandem with Dr. Guzman (medical student coordinator) in attending recruitment events and medical student fairs, both virtual and in person to broaden our outreach and visibility in the medical student community. We continue to place emphasis on those with ties to the Central Valley, but now can reach those in geographical areas we could not visit before (midwest, south, east coast). Dr. Guzman will be the keynote speaker at the LMSA regional conference as well as having a recruitment event there. We continue to pursue spots at URM (under-represented in medicine) fairs and panels as well.	in progress, will review again at the time of the 2023 ACGME survey			
	Four or more days free in 28 day period	Although the response for this question appears that the program is not compliant with this requirement, we reviewed our schedules and work hour logs and can find no instances when a resident had fewer than four days free in a 28-day period. The emergency medicine blocks have more stringent requirements (one day free per seven days, can not be averaged over the four weeks), so it would not be possible for us to schedule a resident with fewer than 4 days free Our off-service rotations have this number of shifts in a 28-day block: ICU: 21, Anesthesiology: 20-24, Cardiology/Orthopedics: weekdays with one or two call weekends (total 20-24), Ultrasound: 20, OBGYN/RRT: 20-22, VCH EM: 15-17, VCH PICU: 20-22, Admin/EMS: 20 We will continue to monitor for any schedules that would put a resident at risk of too few free days and any work hour logs that would violate this standard We have communicated to our residents that if they feel they are being asked to work more than this ACGME standard to let us know immediately so we may intervene	completed / reviewed in conference on Jan 12, 2024			

	Adequately manage patient care within 80 hours	We verified that none of the EM resident rotations are scheduled in such a way that a resident would approach 80 hours/week of work. We confirmed our commitment to transparency and encouraged residents to report work hours accurately. Discussed in resident conference on January 12, 2023 and this concern was not restated at that time	completed			
	ACGME response rates - 83% Res 79% fac (Must be >90%)	Multiple reminders went out to faculty and residents last year, but unfortunately a significant number still didn't complete the survey We are considering dedicated time for our residents to complete the survey to help with compliance and minimize the burden on them to complete it during their free time. We will re-convey our expectation to our faculty that we want a 100% completion rate from them	Will review with the 2023 ACGME survey			
	ABEM written pass rate 30/36 (5 didn't take and one didn't pass) 83%, must be >85%	We have always and continue to impress upon our residents the importance of board certification. We welcomed the president of the board of directors of ABEM as a guest lecturer in conference last year and highlighted the role and impact of a specialty board and the career limitations for physicians who are not board certified Must of our noncompliance with this metric has to do with graduates being required to delay their tests during the COVID-19 pandemic. We've only ever had one resident who didn't pass the written boards on the first attempt. Continue our emphasis on study habits, time management, and test preparation. Continue subscriptions to Rosh Review, HIPPO EM, and other resources to assist with knowledge translation for our residents	ongoing, will update as the current graduates take their exams			
	Educational Environment Based on the results of the program's 2020-2021 Resident Survey, several areas demonstrated notably low compliance rates and an overall downward trend. The program is strongly advised to evaluate these results, investigate the rationale for the responses, and implement improvement efforts as needed.					

FAMILY MEDICINE

	Trigger	Action plan	Timeline	Update
Less than 85% compliant on any question				
PR	**Resident Surveys**			
	Time to interact with patients	Improve check-in process in clinic to start on-time- pre-registration	Jan-23	Medical student efficiency - Dr. Tariq to change workflow for MS presentations in front of res
	Satisfied with safety and health conditions	Ensure the reporting of unsafe/unhealthy conditions is addressed. Educating the residents of crosswalk info	Before next survey	
	Residents/ fellows encouraged to feel comfortable calling supervisor with questions	Outside service attendings seem to make the residents feel uncomfortable. Will have a senior resident/attending present and available during consutations	23-Jan	
	Process in place for confidential reporting of unprofessional behavior	Education about the appropriate use of MIDAS. Also, improving documentation of occurances and events by the faculty including closed-loop communication.	22-Dec	
	Personally experienced abuse, harassment, mistreatment, discrimination or coercion	Close follow up and supervision of resident interactions and education to help mitigate hostile work environments	On-going, visible action for inidividual residents	
	Witnessed abuse, harassment, mistreatment, discrimination or coercion	Same as above- close monitoring of resident(s) who have inflicted unprofessionalism and not being tolerant of such behaviors.	On-going, visible action for inidividual residents	
	Interprofessional teamwork skills modeled or taught	Faculty Development- Leading by example. Insist on a high standard of professionalism and consistency amoungst faculty. More coaching and supervision in clinic and inpt	march -Jun 23	
	Participate in safety event investigation and analysis	Case reports and M&M lectures during didactics. Colaboration with ICU attendings to have case conferences for those pts on resident team being admitted to the ICU	23-Apr	
	Extent to which increasing clinical responsibility granted, based on resident's/ fellow's training and ability	Increase autonomy for PGY3s in clinic. This will help with time efficiency and building confidence as they prepare for independent practice	4 months	
	Instruction on minimizing of sleep deprivation	Lectures provided and regularly reminded during didactics, orientation and retreat.	2 months	
	Taught about health care disparities	Lecture by Dr. Guerro to be arranged	3 months	
	Faculty members discuss cost awareness in patient care decisions	Lecure by Billing/Coding and chart auditors to educate on effective documentation/billing- Faculty involvement and implementation during hospital rounds and clinic	4 months	guest lecture on cost/ what our pts pay
	80-hour week (averaged over a four-week period)	Matrix changes with 2 week inpatient blocks- emphasize work-life balance and wellness. Education on duty hour violations as an average amount of hours over a course of 4 weeks.	3 months	
	Four or more days free in 28 day period	Same as above. This should never be happening and no documented occurences.	3 months	
	Adequately manage patient care within 80 hours			
	Faculty Surveys			
	Information not lost during shift changes, patient transfers, or the hand-over process	particpation in sign-in/out process	4 months	
	Effective teamwork in patient care	teaching with a goal towards autonomous practice	4 months	
	Interprofessional teamwork skills modeled or taught	Physician coaching for faculty to observe residents and emphasize patient care and patient satisfaction. Education given, need to schedule coaching sessions.	4 months	
	Program director effectiveness	More regular Faculty meetings. Develop faculty development curriculum. APD applications to assist in the duties needed for the program	4 months	
	Faculty members satisfied with process for evaluation as educators	Bi-annual reviw of performance with specific goals for faculty development and GME involvement	4 months	
	Serious Concern			
	Residents satisfied with process to deal with concerns	Addressed by GME and HR. PD to address issues promptly and improve communcation with documentation. Faculty to also document conversations and plans for improvement.	4 months	

Institutional

	Trigger	Action Committee	Action plan	Timeline	Update	
Less than 85% compliant on any question						
	Resident Surveys:					
	Education compromised by non-physician obligations	HR	Meet with nursing leadership to address staffing stocking & tech workflow	Mar-23	ACGME site visit being scheduled for cause for EM related to this area on resident survey	
	Impact of other learners on education	HR	Improved med student workflow in the FM clinic			
	Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	HR	Tracking faculty development in all required areas	Goal: End of academic year >80%	Currently at 50% completion	
	Time to interact with patients	HR				
	Satisfied with safety and health conditions	HR	Refrigerator placed in library, plan for more workstations and new resident space behind library	Consturction on resident space after RT space completed		
	Able to raise concerns without fear of intimidation or retaliation	CLE	Work to improve MIDAS culture and closing the loop with those who report			
	Satisfied with process for dealing confidentially with problems and concerns	CLE	Work to improve MIDAS culture and closing the loop with those who report			
	Information not lost during shift changes, patient transfers, or the hand-over process	CLE	Attending participation in signout in the ED	Completed		
	Interprofessional teamwork skills modeled or taught	CLE	Focus on Faculty development, Implementing Teaching rounds	Goal: End of academic year >80%, Team rounds in strategic plan		
	Faculty effectively creates environment of inquiry	Fac Dev	Tracking faculty development in all required areas	Goal: End of academic year >80%		
	Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability	CLE	Increasing autonomy in the clinic			
	Satisfied with faculty members' feedback	Fac Dev	Focus on Faculty development	Goal: End of academic year >80%		
	Taught about health care disparities	QIPS	Dr. Guerrero and Ambar Rodriguez's presentations at all resiency programs	Completed		
	Four or more days free in 28 day period	Wellness	Wellness committee has rolle dout clarifications on work hours violations	Completed		
	Faculty surveys:					

Psychiatry

	Trigger	Action plan	Timeline	Update
Less than 85% compliant on any question				
PR	**Resident Surveys**			
	Impact of other learners on education	Possible solutions to addressing the impact include ensuring residents only work directly with one medical student at a time, ensuring appropriate adjustments are made to patient censuses when residents are working with medical students, expanding the number of faculty who can supervise USC students. We will diversify MS rotations by adding outpatient and CL service options to minimize impact on inpatient rotation. Improve/streamline communication with residents and attendings regarding medical student schedules.	Mar-23	Dr. Saadabadi and our Academic Seniors have implemented additional experiences for MS4's and continue to develop communication to the teams. The Chiefs will be checking in with residents at their next chief/resident meeting
	Extent to which increasing clinical responsibility granted, based on resident's fellow's training and ability	Develop clear patient volume and responsibility guidelines that differentiate the progressive responsibility obtained between resident levels for the inpatient and CL rotations. Educational session added in orientation for senior residents on the organizational, national, state and payer requirements that limit the amount of independence that can be provided to senior residents in the clinic. Annually review rotation goals and objectives with residents and faculty outlining expectations, progressive authority, resident level-specific caps and role of residents in teaching medical students as part of their learning experience. Patient volumes, progressive authority and independence expectations to be printed and posted at various clinical sites for reference	Mar-23	On track: clear patient volume and responsibility guidelines that differentiate the progressive responsibility obtained between resident levels for the inpatient and CL rotations have been developed.
	Taught about health care disparities	Design a didactic session or series that to be incorporated into lectures annually for all residents. Invite Dr. Guerrero and/or Dr. Winston as possible presenters on Health Care Disparities.	*January – February 2023*	On track: Dr. Guerrero has been invited to present, in process of securing a date. Dr. Saadabadi and our Academic Seniors are in process of didactic implementation.
	80-hour week (averaged over a four-week period)	Chiefs to hold education session on duty hour requirements and clarifying the rule that duty hours are averaged over a four week block verses rolling four week increments. Additionally, coaching on ensuring that questions on surveys are being understood and answered accurately.	*January – February 2023*	On track for Jan resident/chief meeting

SURGERY

	Trigger	Action plan	Timeline	Update

Zero Triggers and Zero Progress reports! Congrats TEAM!

Transitional Year

	Trigger	Action plan	Timeline	Update
Less than 85% compliant on any question				
PR	**Resident Surveys**			
	Education compromised by non-physician obligations	SIMPLE committee to work with Dr. Winston and make things more efficient.	Jan-23	
	Impact of other learners on education	Dr. Stanley is talking to resident to find out what this means, resident perspective.	23-Jan-22	
	Time to interact with patients			
	Residents/fellows encouraged to feel comfortable calling supervisor with questions	Resident education and practice on tactical talking and how to approach the supervisor.	In progress	
	Appropriate amount of teaching in all clinical and didactic activities	Working with different rotations Medicine rotation: lecture quest ICU: implementing lecture quest; group share airtable; working with EM PD and EM Chiefs EM: Discussion with EM PD to bring back morning report, in progress	In Progress	
	Extend to which increasing clinical responsibility granted, based on resident's/fellow's training and ability	To facilitate an environment of progressive autonomy. This is important because it allows the residents to better push themselves, better reach their potential and not be forced to operate below their ability. It also prevents danger in some situations, by decreasing chances that residents will be asked to do something they are not ready for 1. PROPOSED SOLUTION(S) AND TIMELINE for completion of this ACTION ITEM: Reach out to TY's and Bennion for more information on meaning 2. Remind residents that passing orientation is example of increasing clinical responsibility based on training and ability 3. Clarify procedures that generally need direct supervision for critical actions vs indirect supervision with direct supervision immediately available. 4. Make attendings and residents and seniors aware of plan	In progress	
	<90% completion rate (83% 10/12)	Send more reminders for residents to complete survey timely.	In Progress	
	Faculty Surveys			
	Faculty members act unprofessionally			

Kaweah Health™
Graduate Medical Education

INSTITUTIONAL STATEMENT OF COMMITMENT TO GRADUATE MEDICAL EDUCATION

Introduction

Kaweah Health is dedicated to advancing medical knowledge and clinical practice through scholarly research, physician education, and high-quality care. The District nurtures the development of residents and fellows for the benefit of society. Kaweah Health is committed to the recruitment of superior quality residents, fellows and faculty and to providing an outstanding graduate medical education program. The District's educational programs are designed to enhance communication skills, stimulate self-learning and critical inquiry and to exemplify those human values necessary to prepare physicians for excellence in the independent practice of medicine and the professional commitments of a career in medicine. Recognizing its responsibility to meet the educational needs of the residents and fellows, and the diverse needs of the patient community, the District is committed to programs of clinical excellence in a variety of patient care disciplines.

Mission

To recruit & educate physicians who will provide world-class care to diverse populations, be leaders & educators in their fields, & achieve positive change in the local and broader context of healthcare delivery

Vision

In training the next generation of physician leaders, Kaweah's GME team will be a driving force for progress in healthcare delivery to our Central Valley community

Commitment

In accordance with its mission, Kaweah Health, as the Sponsoring Institution for Kaweah Health residency and fellowship programs, is dedicated to pursuing the highest quality of patient care and graduate medical education.

Kaweah Health is committed to serve the community as a vital resource of expertise and knowledge. The District further serves the public through the training of physicians whose backgrounds reflect California's ethnic and cultural diversity and whose professional careers address California's health care needs.

Kaweah Health is committed to creating a learning environment where residents and fellows advance and develop the skills needed to provide outstanding health care. Trainees are provided with a safe and professional learning environment which fosters their personal growth and education.

Kaweah Health ensures each trainee will receive a stipend commensurate with the established scale for each postgraduate year of training. Insurance benefits including comprehensive health, dental, vision, mental care, life and long term disability are provided for all trainees and their eligible dependents at no cost.

Kaweah Health is committed to providing all necessary financial support for the administrative, educational, financial, human, and clinical resources needed for producing training programs of the highest quality including:

- Funding a central administrative Office of Graduate Medical Education to support all graduate medical education programs, the Graduate Medical Education Committee, faculty, fellows and residents;
- Offering high quality educational resources including teaching space, technology, equipment, information systems, library, and curricula common to all GME programs;
- Ensuring all trainees have the opportunity to learn and provide supervised safe patient care;
- Providing a safe training environment and state-of-the- art facilities for all GME programs.
- Ensuring all trainees are treated fairly and have ample opportunity to communicate any concerns without fear of intimidation or retaliation;
- Providing professional, informational and support services that are adequate to meet the educational goals of each program;
- Creating an environment which encourages education and scholarly activity;
- Coordinating the fair implementation of personnel policies and procedures for all trainees;
- Providing adequate on-call rooms, food services, security and other services beneficial to the well-being of all trainees;
- Allowing adequate protected time and sufficient financial support for Program Directors, Faculty, and the Designated Institutional Official to effectively carryout the educational and administrative responsibilities to graduate medical education.

Kaweah Health, through the Graduate Medical Education Committee and the Office of Graduate Medical Education, is responsible for establishing policies, due process, the oversight of resident/fellow working hours and working conditions, compliance with the internal review process, implementation of and compliance with the ACGME Competencies and requirements, and the distribution of training positions and funding allocations.

_____ _____

David Francis
President, Kaweah Health Board of Directors

Date

_____ _____

Gary Herbst
Chief Executive Officer

Date

_____ _____

Lori Winston, MD
Designated Institutional Official
Chief of Medical Education

Date

CFO Financial Report
Month Ending February 2023

kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.

Public Health Emergency Ending May 11, 2023

A statement issued by the Office of Management and Budget (OMB) announced the public health emergency (PHE) and the COVID-19 national emergency will both end on May 11, 2023. The distinction for these two emergency declarations is related to the issuing party (government agency vs. presidential administration) and length of declaration period (90 days vs. one year). The temporary flexibilities that have been implemented specifically for the PHE that may see future guidance changes with the end of the PHE.

Some Impacts on Kaweah Health

- Impact on **FMAP** (Federal Medical Assistance Percentages): Due to the end of the Public Health Emergency, the amount of federal match for Medicaid administrative activities will decrease throughout this calendar year. It is scheduled to decline 5 percentage points in April-June 2023, 2.5 percentage points for July – September 2023 and then fall to 1.5 percentage points for October-December 2023
- Impact of **removal of 2% Medicare Sequestration**: 1% reduction April 1, 2022, 2% July 1 2022.
- Impact on **scheduled DSH Cuts if not delayed** past October 1, 2023. Currently DHCS is estimating the reduction at 47%
- Impact of removal of **20% additional inpatient Medicare Reimbursement**: depends on COVID volume
- Impact of removal of **10% additional inpatient Medi-Cal Reimbursement for SNF**: depends on COVID volume
- Changes in Telehealth: unknown impact at this time

Public Health Emergency Ending: Impact Update

1. Supplemental Summary: Estimated Impact by Fiscal Year

FY23 ($233,067)

FY24 ($1,251,472)

Supporting Detail by Supplemental Program

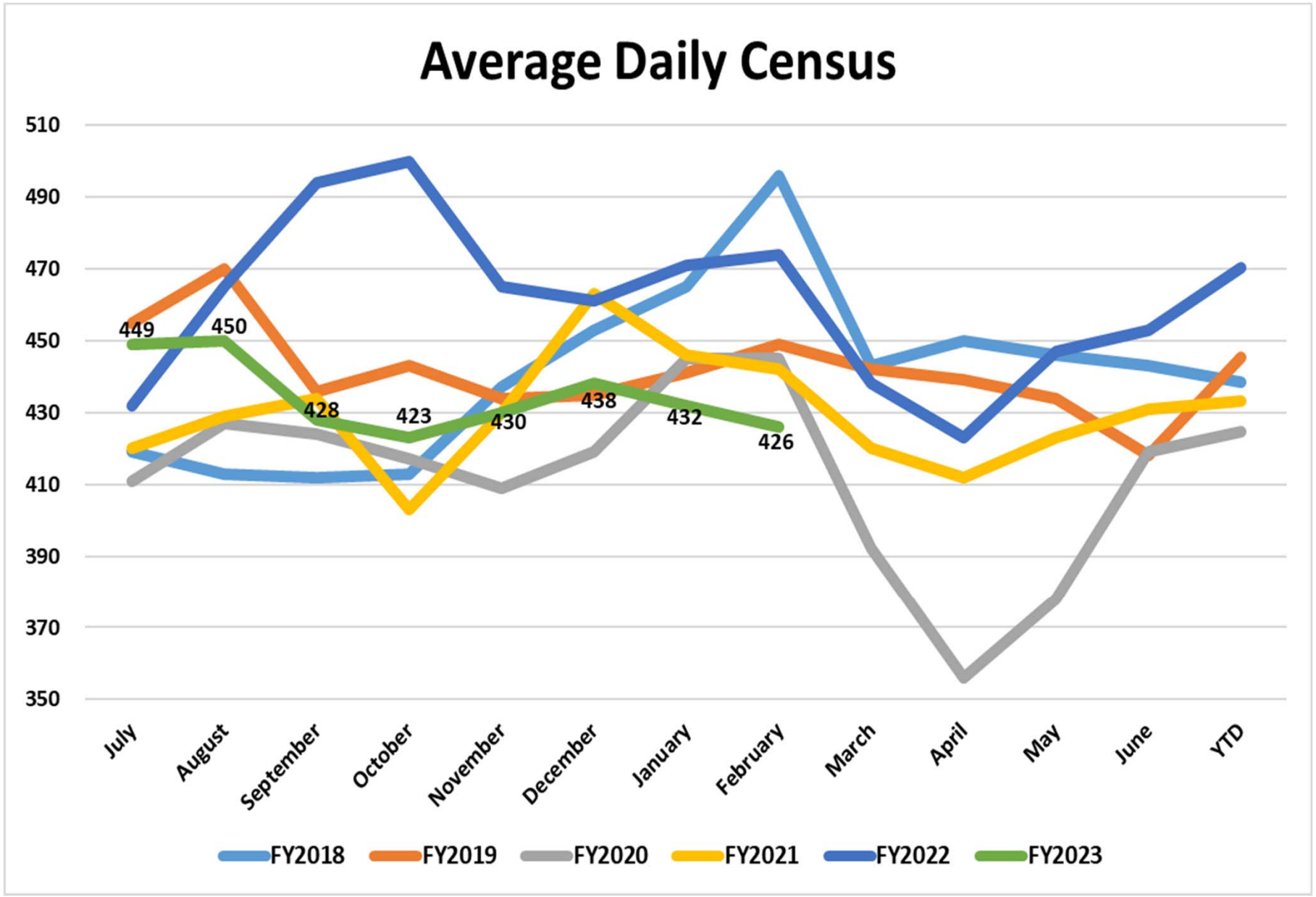
Rate Range Program		
Calendar Year23	($411,172)	(1.5%)
Calendar Year 24	($1,022,192)	(3.8%)
	($1,433,364)	
AB915 - Outpatient Supplemental Program		
FY22/23	($9,632)	(0.5%)
FY23/24	($166,952)	(9.3%)
FY24/25	($199,058)	(11.0%)
	($375,641)	
AB113 – Fee For Service Program		
FY22/23	($17,849)	(0.3%)
FY23/24	($309,838)	(5.8%)
FY24/25	($368,880)	(7.3%)
	($696,567)	
Hospital Quality Assurance Program: $1M impacted but $17 million direct grants not impacted		
FY24	($58,000)	

2. Redeploying Medicare 2% Sequestration – FY23 ($1.9M)

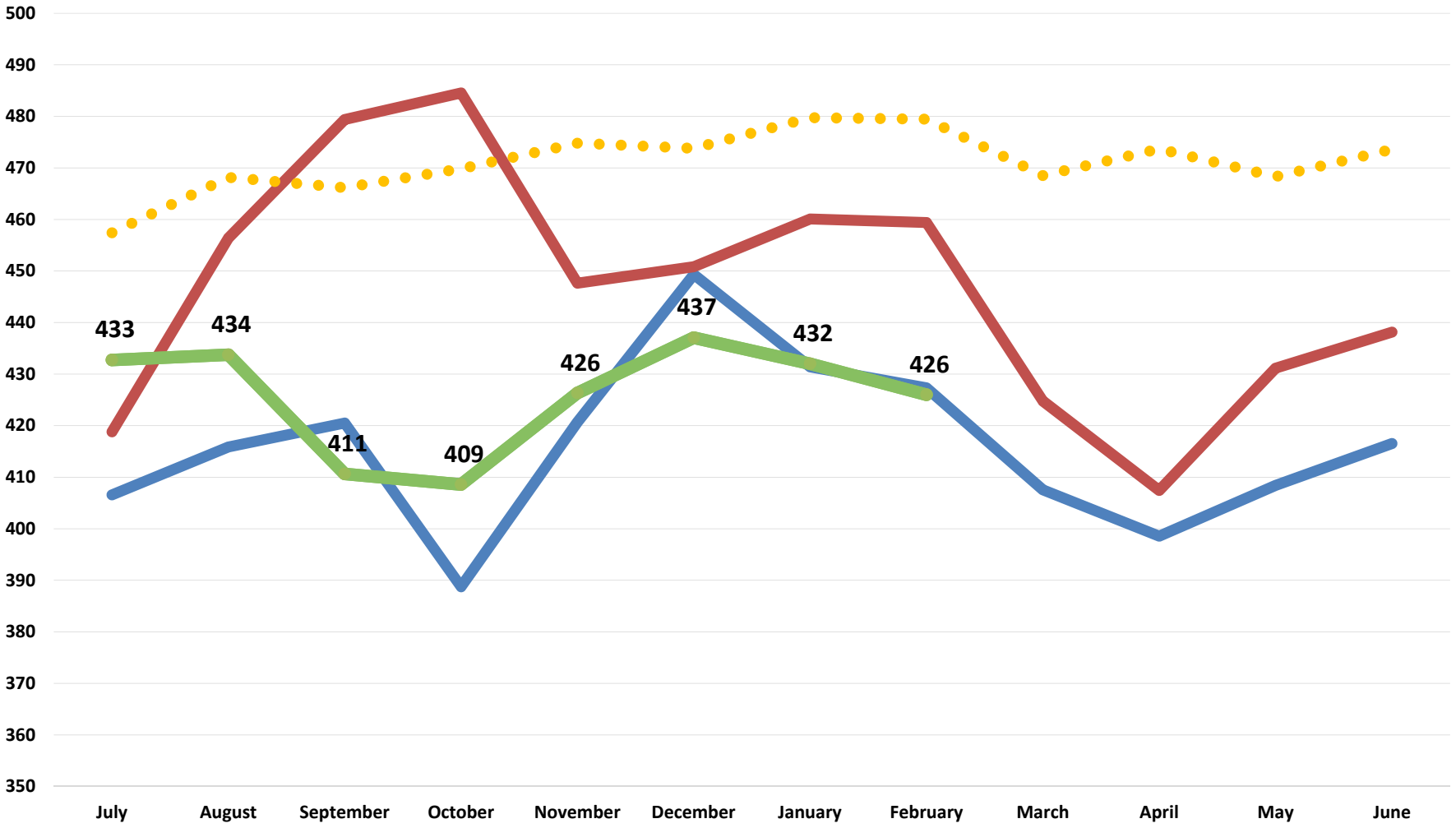
3. Possible Impact: Hospital DSH impact – Potential 50% reduction – FY24 ($9.6M)

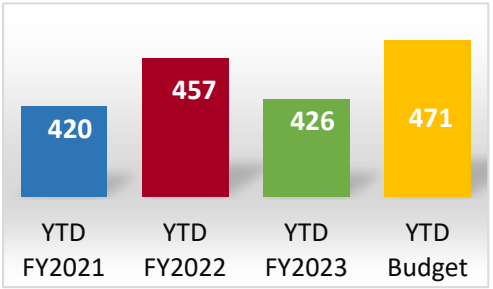
Update: FEMA Projects

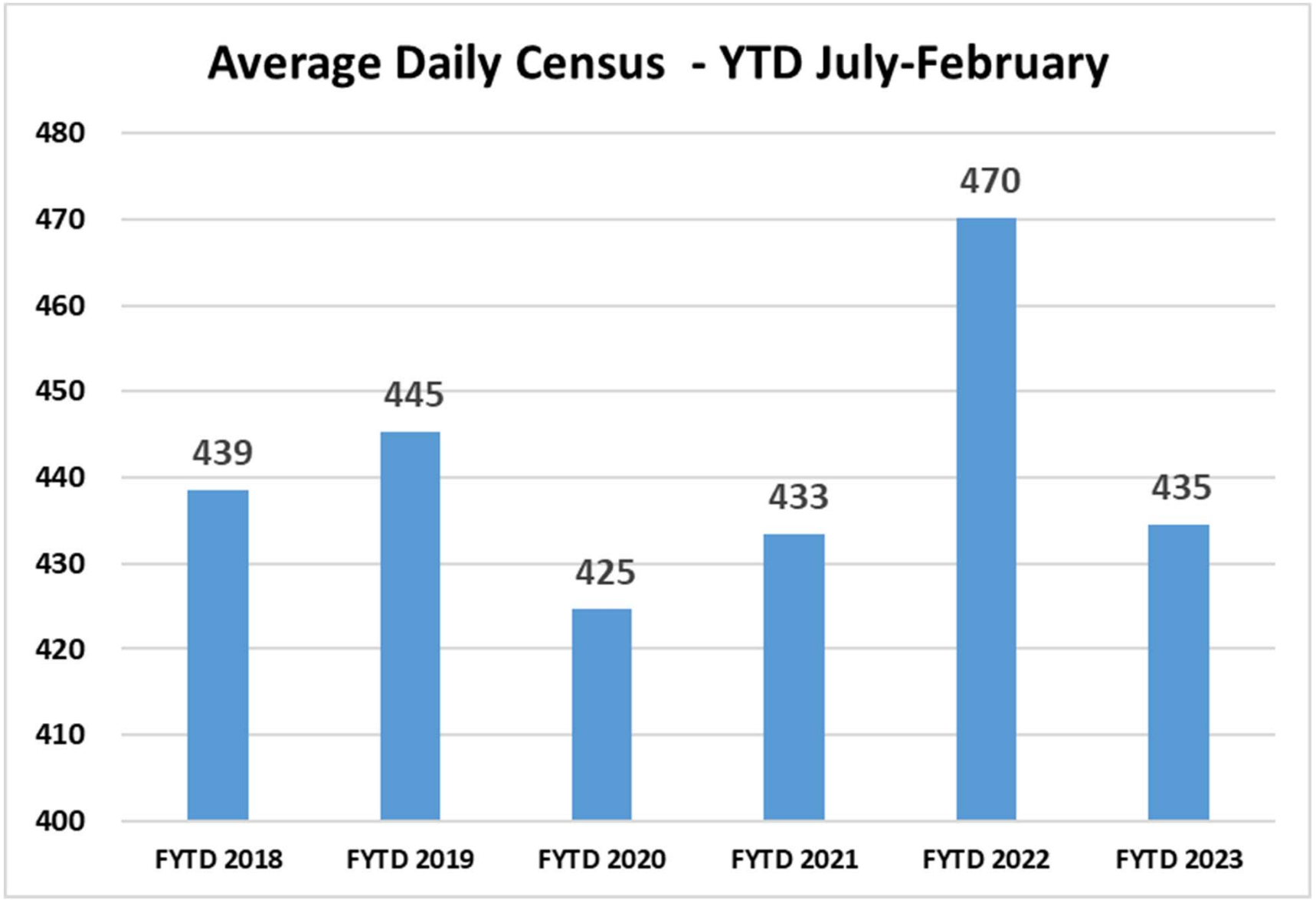
Project #	Amount	Status	Description
Project 1	$190,721	Granted/Obligated	Door Screeners
Project 2	$12,304,993	Pending	Contract Labor & Overtime increase due to COVID patients
Project 3	$187,351	Pending	Cleaning Supplies and Infection Control
Project 4	$134,926	Pending	PPE
	$12,817,991		


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

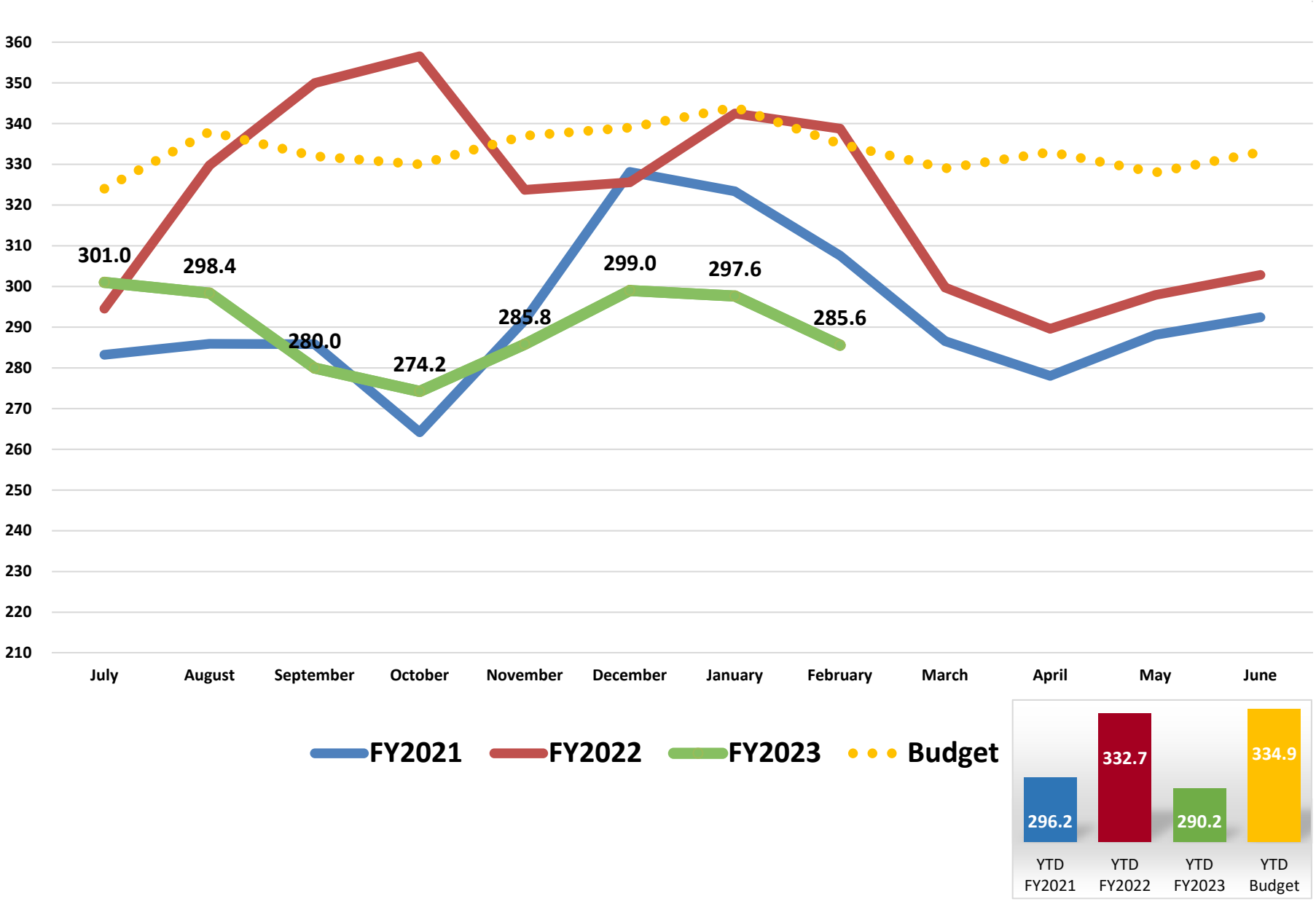
Average Daily Census w/o TCS



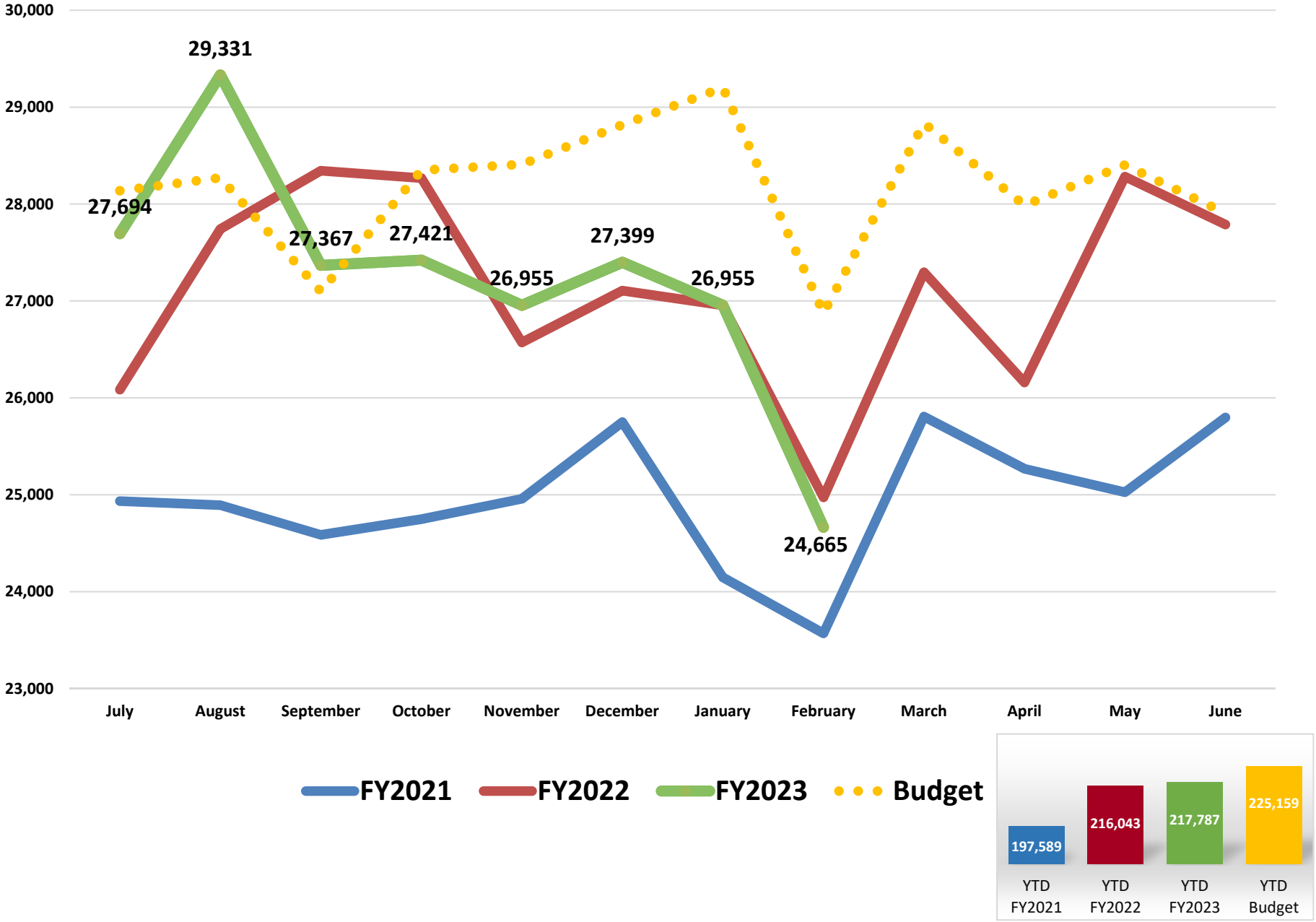



Average Daily Census - YTD July-February
480
470
460
450
440
430
420
410
400
439
445
425
433
470
435
FYTD 2018
FYTD 2019
FYTD 2020
FYTD 2021
FYTD 2022
FYTD 2023

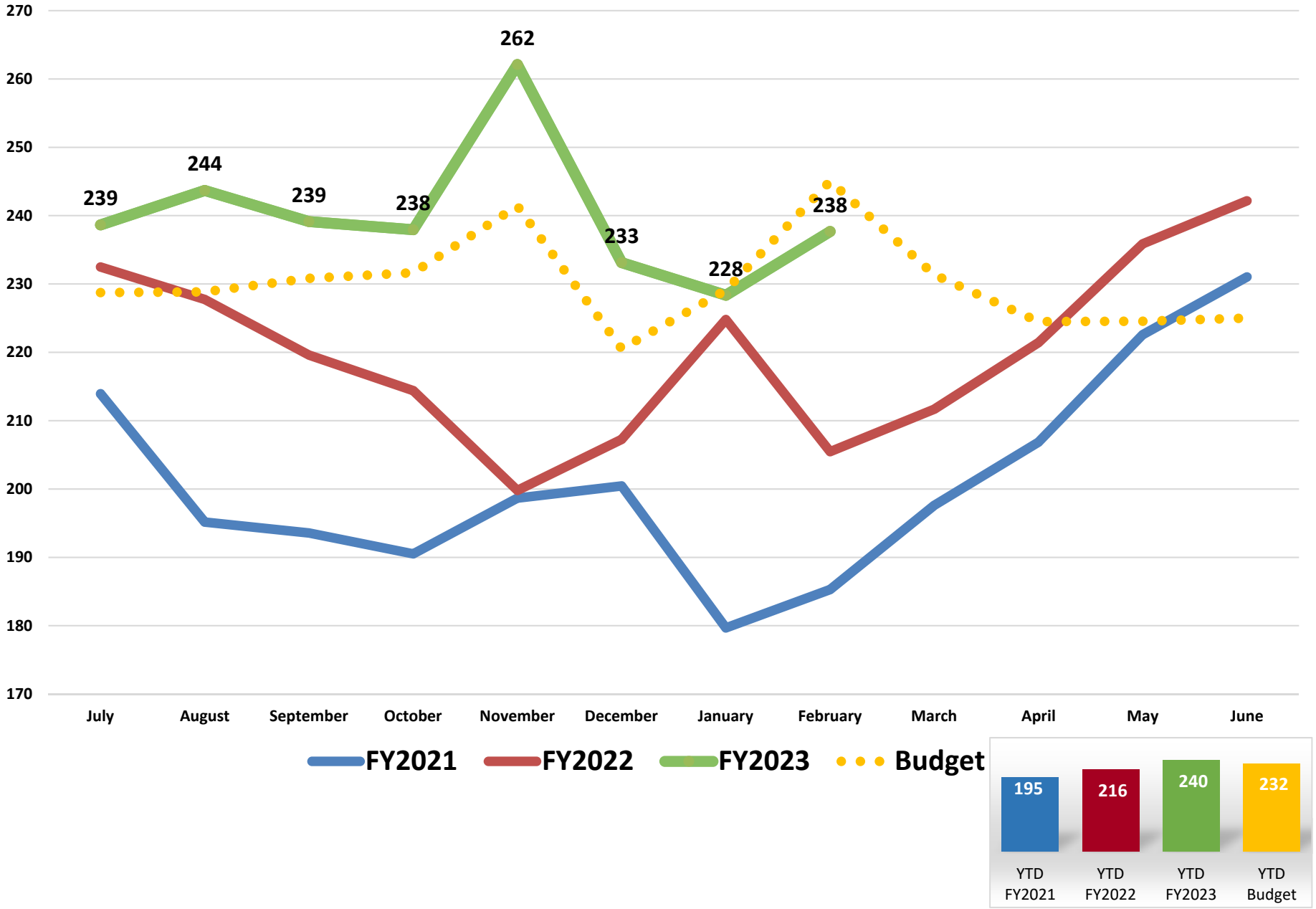
Medical Center (Avg Patients Per Day)



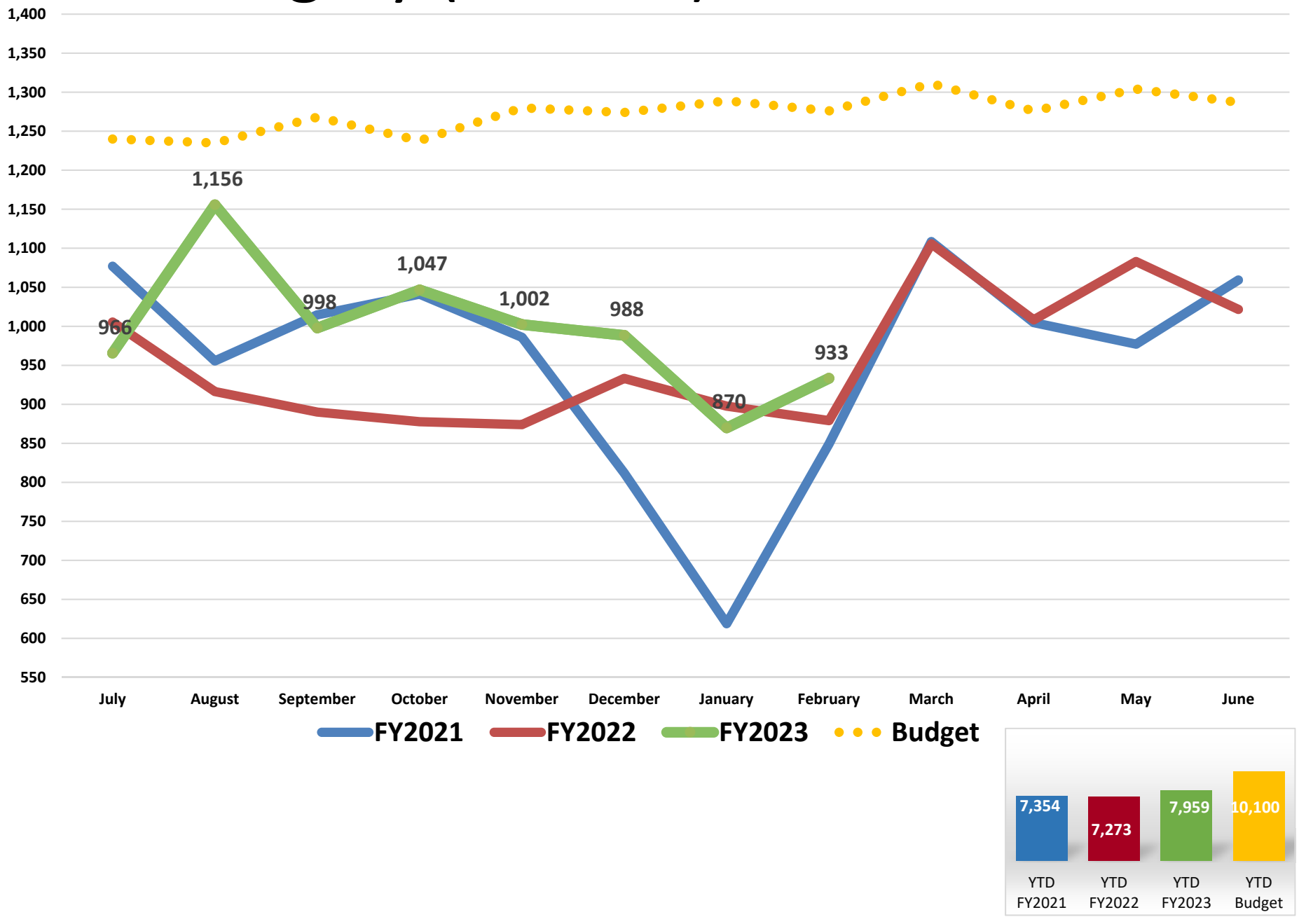
Adjusted Patient Days



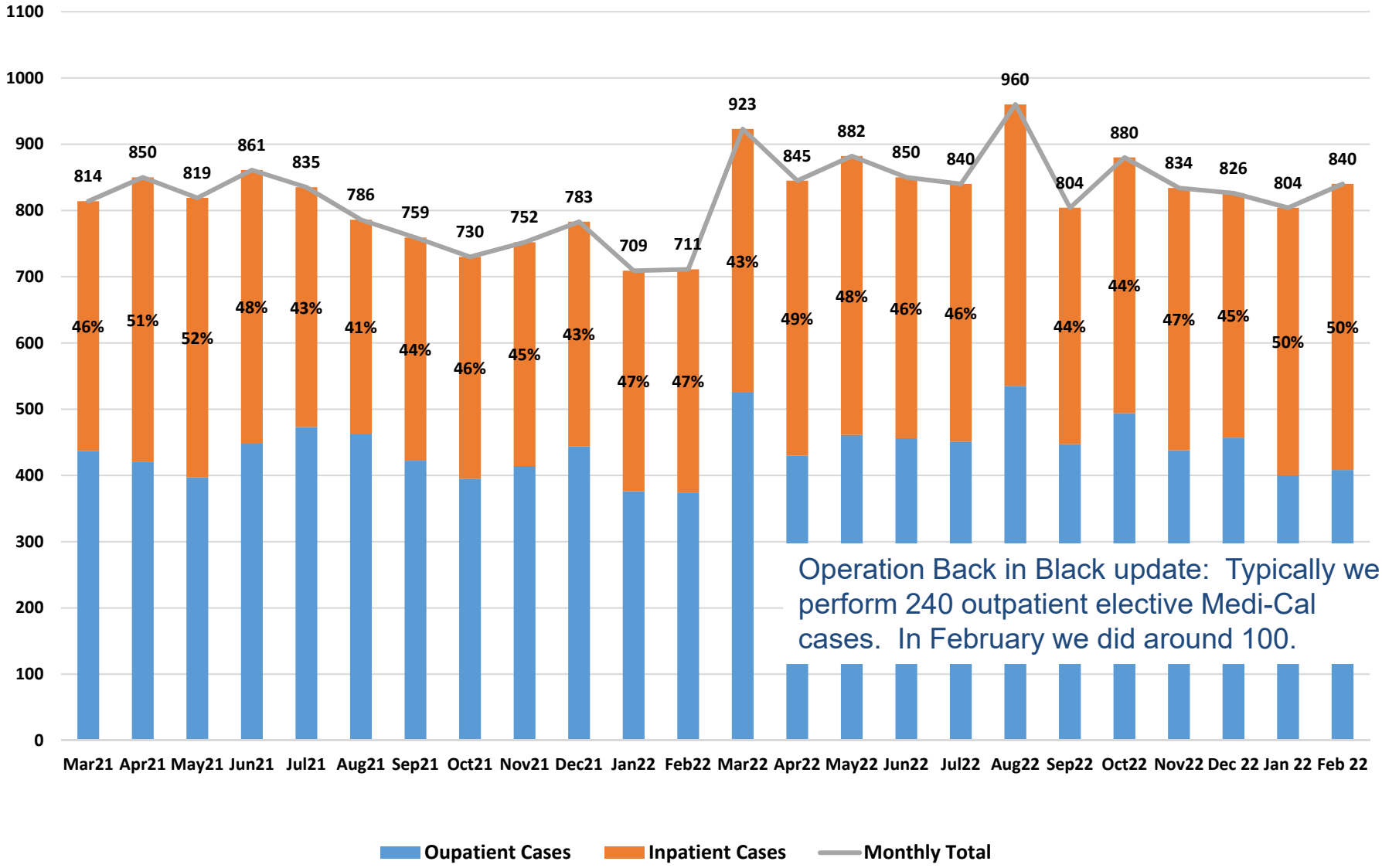
ED - Avg Treated Per Day



Surgery (IP & OP) – 100 Min Units



Surgery Cases (IP & OP)



Statistical Results – Fiscal Year Comparison (Feb)

	Actual Results			Budget	Budget Variance	
	Feb 2022	Feb 2023	% Change	Feb 2023	Change	% Change
Average Daily Census	**474**	**426**	**(10.2%)**	**494**	**(69)**	**(13.9%)**
KDHCD Patient Days:						
Medical Center	9,485	7,996	(15.7%)	9,220	(1,224)	(13.3%)
Acute I/P Psych	1,272	1,227	(3.5%)	1,456	(229)	(15.7%)
Sub-Acute	719	869	20.9%	866	3	0.3%
Rehab	421	530	25.9%	542	(12)	(2.2%)
TCS-Ortho	306	357	16.7%	428	(71)	(16.6%)
TCS	409	0	(100.0%)	526	(526)	(100.0%)
NICU	236	463	96.2%	300	163	54.3%
Nursery	415	474	14.2%	504	(30)	(6.0%)
Total KDHCD Patient Days	**13,263**	**11,916**	**(10.2%)**	**13,842**	**(1,926)**	**(13.9%)**
Total Outpatient Volume	**43,344**	**37,660**	**(13.1%)**	**43,487**	**(5,827)**	**(13.4%)**

Statistical Results – Fiscal Year Comparison (Jul-Feb)

	Actual Results			Budget	Budget Variance	
	FYTD 2022	FYTD 2023	% Change	FYTD 2023	Change	% Change
Average Daily Census	**470**	**434**	**(7.7%)**	**484**	**(50)**	**(10.4%)**
KDHCD Patient Days:						
Medical Center	80,811	70,546	(12.7%)	78,386	(7,840)	(10.0%)
Acute I/P Psych	9,314	10,397	11.6%	12,388	(1,991)	(16.1%)
Sub-Acute	6,687	7,194	7.6%	7,114	80	1.1%
Rehab	3,856	4,301	11.5%	4,451	(150)	(3.4%)
TCS-Ortho	2,744	3,060	11.5%	3,292	(232)	(7.0%)
TCS	3,176	2,115	(33.4%)	4,082	(1,967)	(48.2%)
NICU	3,615	3,776	4.5%	3,550	226	6.4%
Nursery	4,108	4,076	(0.8%)	4,449	(373)	(8.4%)
Total KDHCD Patient Days	**114,311**	**105,465**	**(7.7%)**	**117,712**	**(12,247)**	**(10.4%)**
Total Outpatient Volume	**377,999**	**345,016**	**(8.7%)**	**377,406**	**(32,390)**	**(8.6%)**

Other Statistical Results – Fiscal Year Comparison (Feb)

	Actual Results				Budget	Budget Variance	
	Feb 2022	Feb 2023	Change	% Change	Feb 2023	Change	% Change
Adjusted Patient Days	**24,973**	**24,665**	**(308)**	**(1.2%)**	**26,874**	**(2,209)**	**(8.2%)**
Outpatient Visits	**43,344**	**37,660**	**(5,684)**	**(13.1%)**	**43,487**	**(5,827)**	**(13.4%)**
Endoscopy Procedures (I/P & O/P)	371	514	143	**38.5%**	562	(48)	**(8.5%)**
Cath Lab Minutes (IP & OP)	259	312	53	**20.5%**	398	(86)	**(21.6%)**
OB Deliveries	307	366	59	**19.2%**	341	25	**7.3%**
ED Total Registered	5,838	6,715	877	**15.0%**	6,861	(146)	**(2.1%)**
Home Health Visits	2,539	2,820	281	**11.1%**	2,950	(130)	**(4.4%)**
Surgery Minutes-General & Robotic (I/P & O/P)	926	996	70	**7.6%**	1,158	(162)	**(14.0%)**
Physical & Other Therapy Units	15,862	16,981	1,119	**7.1%**	17,340	(359)	**(2.1%)**
Radiology/CT/US/MRI Proc (I/P & O/P)	14,762	15,424	662	**4.5%**	15,386	38	**0.2%**
O/P Rehab Units	17,634	17,296	(338)	**(1.9%)**	18,298	(1,002)	**(5.5%)**
Infusion Center	338	331	(7)	**(2.1%)**	426	(95)	**(22.3%)**
KHMG RVU	33,106	31,619	(1,487)	**(4.5%)**	38,948	(7,329)	**(18.8%)**
GME Clinic visits	945	893	(52)	**(5.5%)**	1,100	(207)	**(18.8%)**
Radiation Oncology Treatments (I/P & O/P)	1,799	1,683	(116)	**(6.4%)**	2,249	(566)	**(25.2%)**
Dialysis Treatments	1,543	1,380	(163)	**(10.6%)**	1,541	(161)	**(10.4%)**
RHC Registrations	10,339	9,037	(1,302)	**(12.6%)**	10,497	(1,460)	**(13.9%)**
Hospice Days	3,968	3,257	(711)	**(17.9%)**	4,283	(1,026)	**(24.0%)**
Urgent Care - Demaree	3,445	2,445	(1,000)	**(29.0%)**	2,600	(155)	**(6.0%)**
Urgent Care - Court	5,066	2,917	(2,149)	**(42.4%)**	4,846	(1,929)	**(39.8%)**

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

	Actual Results				Budget	Budget Variance	
	FY 2022	FY 2023	Change	% Change	FY 2023	Change	% Change
Adjusted Patient Days	**216,043**	**217,960**	**1,916**	**0.9%**	**225,122**	**(7,162)**	**(3.2%)**
Outpatient Visits	**377,999**	**345,016**	**(32,983)**	**(8.7%)**	**377,406**	**(32,390)**	**(8.6%)**
ED Total Registered	53,423	59,010	5,587	**10.5%**	56,332	2,678	**4.8%**
Surgery Minutes-General & Robotic (I/P & O/P)	7,688	8,471	783	**10.2%**	9,149	(678)	**(7.4%)**
Home Health Visits	21,839	23,714	1,875	**8.6%**	23,984	(270)	**(1.1%)**
Endoscopy Procedures (I/P & O/P)	3,966	4,267	301	**7.6%**	4,839	(572)	**(11.8%)**
Physical & Other Therapy Units	138,385	141,239	2,854	**2.1%**	150,389	(9,150)	**(6.1%)**
OB Deliveries	3,116	3,150	34	**1.1%**	3,146	4	**0.1%**
Radiology/CT/US/MRI Proc (I/P & O/P)	130,448	131,181	733	**0.6%**	129,488	1,693	**1.3%**
Cath Lab Minutes (IP & OP)	2,544	2,506	(38)	**(1.5%)**	3,168	(662)	**(20.9%)**
Dialysis Treatments	12,377	11,991	(386)	**(3.1%)**	12,328	(337)	**(2.7%)**
O/P Rehab Units	153,460	147,930	(5,530)	**(3.6%)**	155,375	(7,445)	**(4.8%)**
Radiation Oncology Treatments (I/P & O/P)	15,436	14,461	(975)	**(6.3%)**	18,314	(3,853)	**(21.0%)**
KHMG RVU	276,102	256,943	(19,159)	**(6.9%)**	307,644	(50,701)	**(16.5%)**
GME Clinic visits	8,772	8,012	(760)	**(8.7%)**	9,552	(1,540)	**(16.1%)**
RHC Registrations	86,098	77,855	(8,243)	**(9.6%)**	77,360	495	**0.6%**
Hospice Days	34,045	28,877	(5,168)	**(15.2%)**	34,048	(5,171)	**(15.2%)**
Infusion Center	3,185	2,656	(529)	**(16.6%)**	3,219	(563)	**(17.5%)**
Urgent Care - Demaree	30,488	23,037	(7,451)	**(24.4%)**	20,330	2,707	**13.3%**
Urgent Care - Court	49,296	34,009	(15,287)	**(31.0%)**	30,867	3,142	**10.2%**

Trended Financial Comparison (000's)

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	YTD
Operating Revenue									
Net Patient Service Revenue	**$52,368**	**$54,965**	**$48,168**	**$54,432**	**$56,706**	**$53,217**	**$51,048**	**$49,325**	**$420,230**
Supplemental Gov't Programs	5,042	5,042	4,943	5,410	5,494	5,060	6,065	6,064	43,119
Prime Program	743	743	743	743	743	743	743	743	5,941
Premium Revenue	5,901	5,927	5,972	5,943	5,784	6,780	6,336	7,251	49,894
Management Services Revenue	2,932	3,797	3,313	2,733	3,559	3,277	3,294	2,897	25,802
Other Revenue	3,495	2,164	2,334	2,462	2,161	2,594	3,315	2,302	20,827
Other Operating Revenue	18,113	17,672	17,304	17,291	17,741	18,452	19,753	19,257	145,583
Total Operating Revenue	**70,480**	**72,637**	**65,472**	**71,723**	**74,447**	**71,669**	**70,801**	**68,582**	**565,813**
Operating Expenses									
Salaries & Wages	29,176	29,435	28,455	29,473	26,929	28,727	28,050	26,583	226,830
Contract Labor	5,864	7,124	7,067	5,941	4,393	3,550	2,199	2,967	39,106
Employee Benefits	6,279	5,563	3,636	5,212	5,155	5,828	6,612	6,074	44,358
Total Employment Expenses	**41,319**	**42,122**	**39,158**	**40,626**	**36,477**	**38,105**	**36,862**	**35,624**	**310,293**
Medical & Other Supplies	9,593	11,666	11,642	11,523	11,358	10,632	10,396	10,376	87,186
Physician Fees	8,892	9,585	8,814	9,859	9,645	8,276	8,564	8,596	72,230
Purchased Services	2,937	1,120	1,556	1,349	1,328	1,576	1,540	1,184	12,591
Repairs & Maintenance	2,237	2,486	2,516	2,542	2,460	2,365	2,230	2,302	19,137
Utilities	715	999	1,061	942	881	806	841	703	6,947
Rents & Leases	127	157	153	169	183	170	228	22	1,209
Depreciation & Amortization	3,034	3,028	3,017	3,029	3,071	3,057	3,172	3,848	25,256
Interest Expense	594	595	594	595	664	706	610	620	4,978
Other Expense	1,631	2,013	1,825	1,510	1,759	1,834	1,945	1,980	14,497
Humana Cap Plan Expenses	4,404	3,831	3,777	2,680	3,454	3,372	3,674	3,596	28,787
Management Services Expense	2,921	3,660	3,370	2,707	3,371	3,317	3,058	3,257	25,661
Total Other Expenses	**37,086**	**39,139**	**38,323**	**36,905**	**38,174**	**36,110**	**36,256**	**36,484**	**298,476**
Total Operating Expenses	**78,405**	**81,261**	**77,482**	**77,531**	**74,651**	**74,215**	**73,118**	**72,106**	**608,769**
Operating Margin	**($7,925)**	**($8,624)**	**($12,009)**	**($5,808)**	**($204)**	**($2,546)**	**($2,317)**	**($3,524)**	**($42,956)**
Stimulus Funds	$97	$0	$0	$0	$0	$0	$190	$0	$287
Operating Margin after Stimulus	**($7,828)**	**($8,624)**	**($12,009)**	**($5,808)**	**($204)**	**($2,546)**	**($2,127)**	**($3,524)**	**($42,669)**
Nonoperating Revenue (Loss)	455	326	(3,901)	452	150	2,901	1,350	834	2,567
Excess Margin	**($7,373)**	**($8,298)**	**($15,910)**	**($5,356)**	**($54)**	**$355**	**($777)**	**($2,690)**	**($40,101)**

Feb Financial Comparison (000's)

	Actual Results		Budget	Budget Variance	
	Feb 2022	Feb 2023	Feb 2023	Change	% Change
Operating Revenue					
Net Patient Service Revenue	**$47,933**	**$49,325**	**$53,628**	**($4,303)**	**(8.0%)**
Other Operating Revenue	17,526	19,257	17,614	1,643	9.3%
Total Operating Revenue	**65,459**	**68,582**	**71,243**	**(2,661)**	**(3.7%)**
Operating Expenses					
Employment Expense	36,102	35,624	35,659	(35)	(0.1%)
Other Operating Expense	35,066	36,483	36,430	53	0.1%
Total Operating Expenses	**71,168**	**72,106**	**72,088**	**18**	**0.0%**
Operating Margin	**($5,709)**	**($3,524)**	**($846)**	**($2,679)**	
Stimulus Funds	93	0	230	(230)	
Operating Margin after Stimulus	**($5,616)**	**($3,524)**	**($616)**	**($2,909)**	
Non Operating Revenue (Loss)	693	834	323	511	
Excess Margin	**($4,924)**	**($2,690)**	**($293)**	**($2,398)**	

Operating Margin %	**(8.7%)**	**(5.1%)**	**(1.2%)**
OM after Stimulus%	**(8.6%)**	**(5.1%)**	**(0.9%)**
Excess Margin %	**(7.4%)**	**(3.9%)**	**(0.4%)**
Operating Cash Flow Margin %	**(3.7%)**	**1.4%**	**3.6%**

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

	Actual Results FYTD Jul-Feb		Budget FYTD	Budget Variance	FYTD
	FYTD2022	FYTD2023	FYTD2023	Change	% Change
Operating Revenue					
Net Patient Service Revenue	**$425,524**	**$420,230**	**$447,103**	**($26,873)**	**(6.0%)**
Other Operating Revenue	140,678	145,583	146,120	(537)	(0.4%)
Total Operating Revenue	**566,202**	**565,813**	**593,223**	**(27,410)**	**(4.6%)**
Operating Expenses					
Employment Expense	287,105	310,293	303,874	6,419	2.1%
Other Operating Expense	288,112	298,476	299,057	(581)	(0.2%)
Total Operating Expenses	**575,217**	**608,769**	**602,931**	**5,839**	**1.0%**
Operating Margin	**($9,015)**	**($42,956)**	**($9,707)**	**($33,249)**	
Stimulus Funds	7,210	287	1,997	(1,710)	
Operating Margin after Stimulus	**($1,805)**	**($42,669)**	**($7,710)**	**($34,959)**	
Nonoperating Revenue (Loss)	5,685	2,567	2,890	(322)	
Excess Margin	**$3,880**	**($40,101)**	**($4,821)**	**($35,281)**	

Operating Margin %	**(1.6%)**	**(7.6%)**	**(1.6%)**
OM after Stimulus%	**(0.3%)**	**(7.5%)**	**(1.3%)**
Excess Margin %	**0.7%**	**(7.1%)**	**(0.8%)**
Operating Cash Flow Margin %	**2.9%**	**(2.2%)**	**3.0%**

February Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Feb 2022	Feb 2023	% Change	Feb 2023	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$47,933**	**$49,325**	**2.9%**	**$53,628**	**($4,303)**	**(8.0%)**
Supplemental Gov't Programs	5,579	6,064	8.7%	4,749	1,316	27.7%
Prime/QIP Program	667	743	11.4%	684	59	8.6%
Premium Revenue	6,574	7,251	10.3%	6,813	437	6.4%
Management Services Revenue	2,910	2,897	(0.4%)	3,141	(244)	(7.8%)
Other Revenue	1,796	2,302	28.2%	2,227	74	3.3%
Other Operating Revenue	17,526	19,257	**9.9%**	17,614	1,643	9.3%
Total Operating Revenue	**65,459**	**68,582**	**4.8%**	**71,243**	**(2,661)**	**(3.7%)**
Operating Expenses						
Salaries & Wages	27,297	26,583	(2.6%)	27,741	(1,158)	(4.2%)
Contract Labor	3,882	2,967	(23.6%)	2,286	680	29.8%
Employee Benefits	4,923	6,074	23.4%	5,631	443	7.9%
Total Employment Expenses	**36,102**	**35,624**	**(1.3%)**	**35,659**	**(35)**	**(0.1%)**
Medical & Other Supplies	10,406	10,376	(0.3%)	10,106	271	2.7%
Physician Fees	8,812	8,596	(2.5%)	9,113	(516)	(5.7%)
Purchased Services	1,511	1,184	(21.7%)	1,514	(330)	(21.8%)
Repairs & Maintenance	2,588	2,302	(11.0%)	2,524	(222)	(8.8%)
Utilities	736	703	(4.5%)	651	52	8.1%
Rents & Leases	525	22	(95.8%)	649	(627)	(96.6%)
Depreciation & Amortization	2,634	3,848	46.1%	2,834	1,014	35.8%
Interest Expense	671	620	(7.7%)	552	68	12.3%
Other Expense	1,731	1,980	14.3%	1,953	26	1.4%
Humana Cap Plan Expense	2,617	3,596	37.4%	3,432	164	4.8%
Management Services Expense	2,835	3,257	14.9%	3,104	154	5.0%
Total Other Expenses	**35,066**	**36,483**	**4.0%**	**36,430**	**53**	**0.1%**
Total Operating Expenses	**71,168**	**72,106**	**1.3%**	**72,088**	**18**	**0.0%**
Operating Margin	**($5,709)**	**($3,524)**		**($846)**	**($2,679)**	
Stimulus Funds	93	0		230	(230)	
Operating Margin after Stimulus	**($5,616)**	**($3,524)**		**($616)**	**($2,909)**	
Nonoperating Revenue (Loss)	693	834		323	511	
Excess Margin	**($4,924)**	**($2,690)**		**($293)**	**($2,398)**	

YTD Financial Comparison (000's)

	Actual Results FYTD Jul-Feb			Budget FYTD	Budget Variance	FYTD
	FYTD2022	FYTD2023	% Change	FYTD2023	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$425,524**	**$420,230**	**(1.2%)**	**$447,103**	**($26,873)**	**(6.0%)**
Supplemental Gov't Programs	49,281	43,119	(12.5%)	41,212	1,907	4.6%
Prime/QIP Program	7,952	5,941	(25.3%)	5,933	8	0.1%
Premium Revenue	42,719	49,894	16.8%	52,382	(2,488)	(4.7%)
Management Services Revenue	24,186	25,802	6.7%	27,262	(1,459)	(5.4%)
Other Revenue	16,540	20,827	25.9%	19,331	1,495	7.7%
Other Operating Revenue	140,678	145,583	**3.5%**	146,120	(537)	(0.4%)
Total Operating Revenue	**566,202**	**565,813**	**(0.1%)**	**593,223**	**(27,410)**	**(4.6%)**
Operating Expenses						
Salaries & Wages	233,173	226,829	(2.7%)	236,254	(9,425)	(4.0%)
Contract Labor	19,890	39,106	96.6%	19,132	19,974	104.4%
Employee Benefits	34,041	44,358	30.3%	48,488	(4,130)	(8.5%)
Total Employment Expenses	**287,105**	**310,293**	**8.1%**	**303,874**	**6,419**	**2.1%**
Medical & Other Supplies	88,884	87,186	(1.9%)	84,100	3,085	3.7%
Physician Fees	71,621	72,230	0.8%	72,856	(626)	(0.9%)
Purchased Services	11,912	12,590	5.7%	13,152	(562)	(4.3%)
Repairs & Maintenance	19,199	19,137	(0.3%)	20,420	(1,283)	(6.3%)
Utilities	5,888	6,947	18.0%	6,067	879	14.5%
Rents & Leases	4,035	1,209	(70.0%)	4,867	(3,658)	(75.2%)
Depreciation & Amortization	21,052	25,256	20.0%	22,669	2,587	11.4%
Interest Expense	4,525	4,977	10.0%	4,787	190	4.0%
Other Expense	13,324	14,496	8.8%	16,937	(2,441)	(14.4%)
Humana Cap Plan Expense	24,575	28,787	17.1%	26,267	2,520	9.6%
Management Services Expense	23,098	25,661	11.1%	26,934	(1,273)	(4.7%)
Total Other Expenses	**288,112**	**298,476**	**3.6%**	**299,057**	**(581)**	**(0.2%)**
Total Operating Expenses	**575,217**	**608,769**	**5.8%**	**602,931**	**5,839**	**1.0%**
Operating Margin	**($9,015)**	**($42,956)**		**($9,707)**	**($33,249)**	
Stimulus Funds	7,210	287		1,997	(1,710)	
Operating Margin after Stimulus	**($1,805)**	**($42,669)**		**($7,710)**	**($34,959)**	
Nonoperating Income						
Nonoperating Revenue (Loss)	5,685	2,567		2,890	(322)	
Excess Margin	**$3,880**	**($40,101)**		**($4,821)**	**($35,281)**	

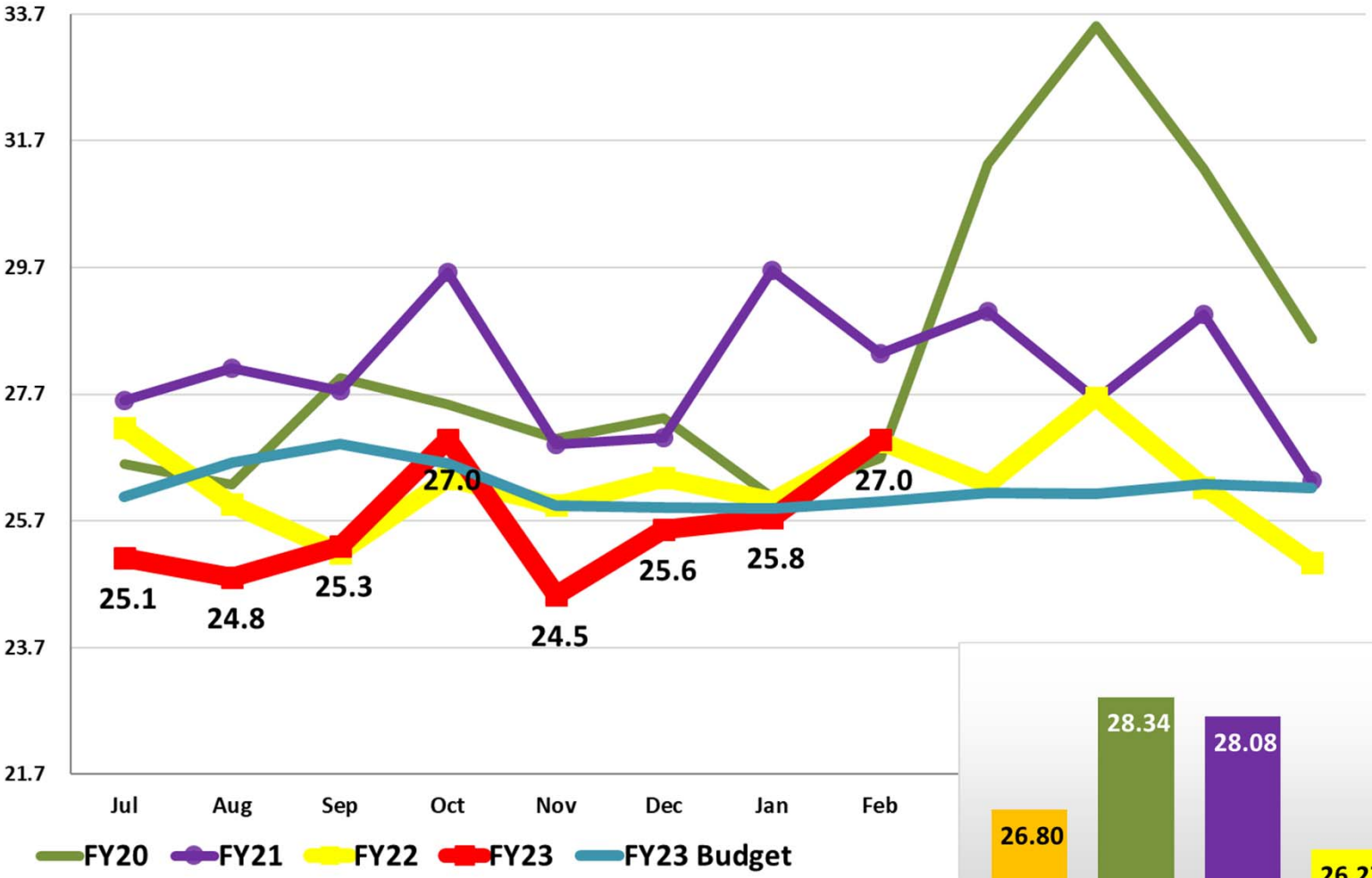
Kaweah Health Medical Group
Fiscal Year Financial Comparison (000's)

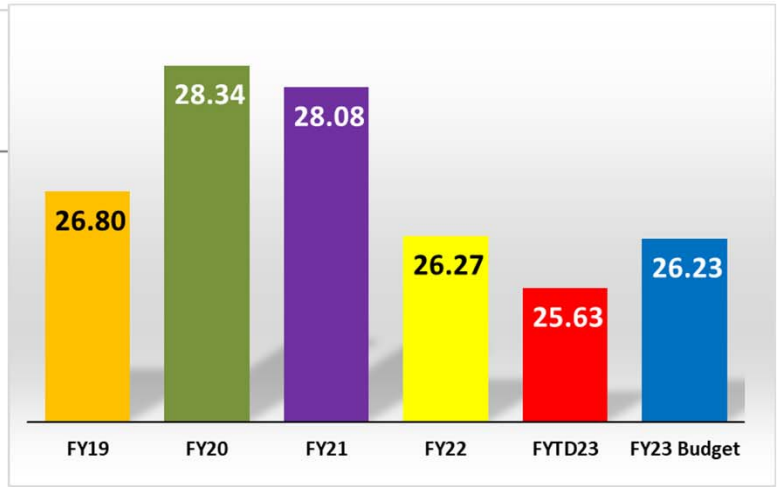
	Actual Results FYTD July – Feb			Budget FYTD	Budget Variance	FYTD
	Feb 2022	Feb 2023	% Change	Feb 2023	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$31,499**	**$31,879**	**1.2%**	**$34,974**	**($3,095)**	**(8.8%)**
Other Revenue	1,201	476	(60.4%)	788	(311)	(39.5%)
Other Operating Revenue	1,201	476	**(60.4%)**	788	(311)	(39.5%)
Total Operating Revenue	**32,700**	**32,355**	**(1.1%)**	**35,762**	**(3,406)**	**(9.5%)**
Operating Expenses						
Salaries & Wages	7,725	7,910	2.4%	8,783	(873)	(9.9%)
Employee Benefits	1,167	1,596	36.8%	1,801	(205)	(11.4%)
Total Employment Expenses	**8,891**	**9,506**	**6.9%**	**10,583**	**(1,078)**	**(10.2%)**
Medical & Other Supplies	4,285	4,953	15.6%	4,744	209	4.4%
Physician Fees	19,373	18,448	(4.8%)	20,119	(1,671)	(8.3%)
Purchased Services	656	655	(0.2%)	725	(69)	(9.6%)
Repairs & Maintenance	1,439	1,495	3.9%	1,860	(365)	(19.6%)
Utilities	305	402	31.7%	370	32	8.6%
Rents & Leases	1,680	232	(86.2%)	1,773	(1,541)	(86.9%)
Depreciation & Amortization	521	2,034	290.1%	515	1,519	294.9%
Interest Expense	1	19	2482.1%	0	19	0.0%
Other Expense	869	766	(11.9%)	1,212	(446)	(36.8%)
Total Other Expenses	**29,130**	**29,004**	**(0.4%)**	**31,319**	**(2,315)**	**(7.4%)**
Total Operating Expenses	**38,021**	**38,510**	**1.3%**	**41,902**	**(3,392)**	**(8.1%)**
Stimulus Funds	0	0	0.0%	0	0	0.0%
Excess Margin	**($5,322)**	**($6,155)**	**(15.7%)**	**($6,141)**	**($14)**	**(0.2%)**
Excess Margin %	**(16.3%)**	**(19.0%)**		**(17.2%)**		

Month of February - Budget Variances

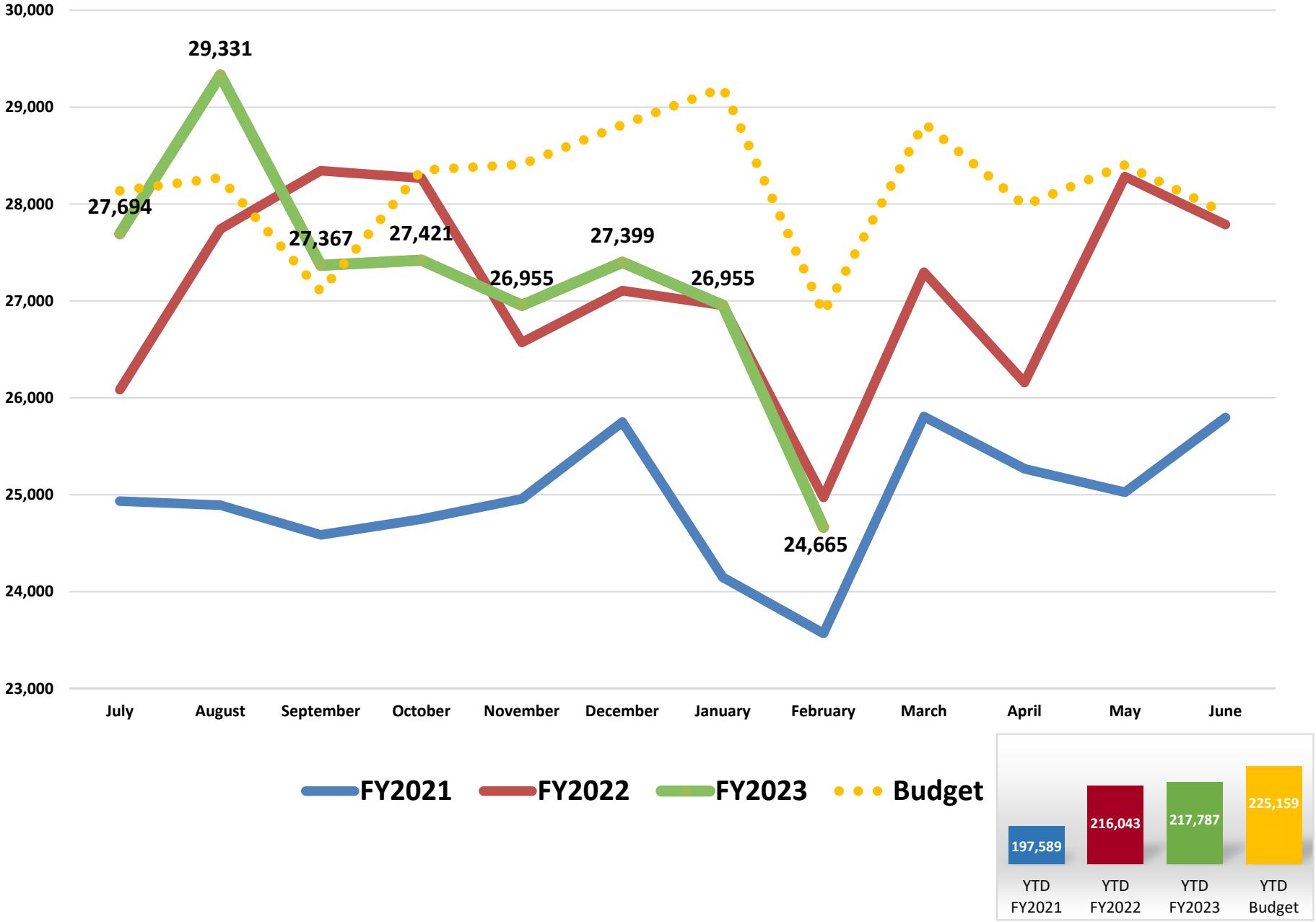
- **Closure of the Transitional Care Service Unit on Court Street**. Beginning in November, we stopped accepting patients at our TCS South location. This ramp down represents approximately $251K less in net patient revenue and $378K less in direct costs, which is a $126K positive net bottom line impact for February. FY23 savings from closing the unit is approximately $839K.
- **Net Patient Revenues:** Net patient revenue was under budget by $4.3M or 8% in February. The decrease was due to lower patient volume than budgeted. Inpatient days were 13.9% under budget due to lower than expected volume in the downtown campus, acute psychiatric campus and the closure of TCS. This decrease was offset by an adjustment of $3.1M in additional net patient revenue. This adjustment reflects the additional funding expected for Medi-Cal services in the rural health clinics that was triggered by a system build issue that was identified. The system was removing the claims account balance in specific instances. The rebilling project is expected to be completed by May 2023.
- **Employment expenses**: Both salary and wages and contract labor were under budget primarily due to the lower volumes and operation back in black initiatives. However, the employment expense decrease % was less than the decrease in volume which negatively impacted the productivity ratios. Pension expense was over budget by $643K to true up the first six months.

Productivity: Worked Hours/Adjusted Patient Days

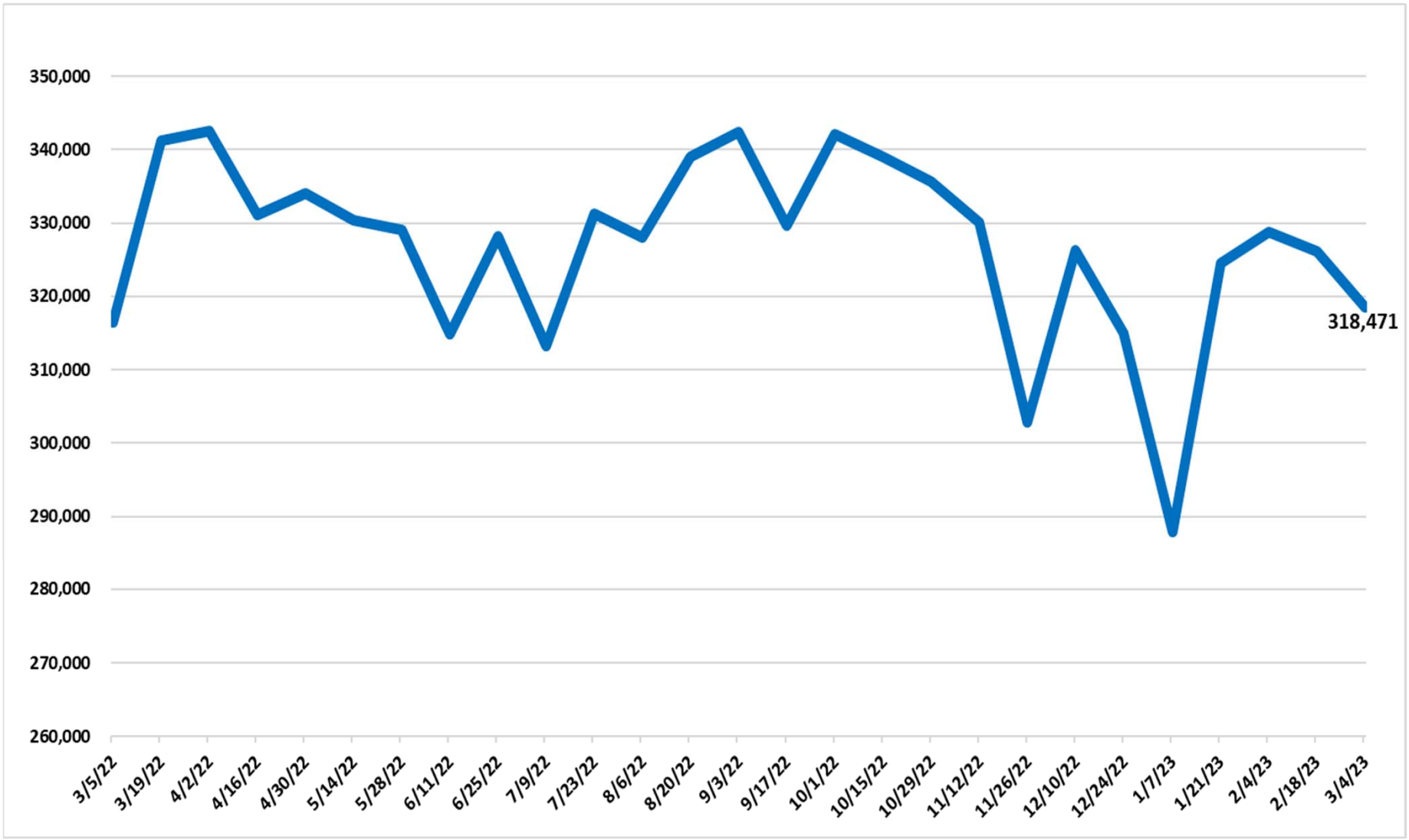




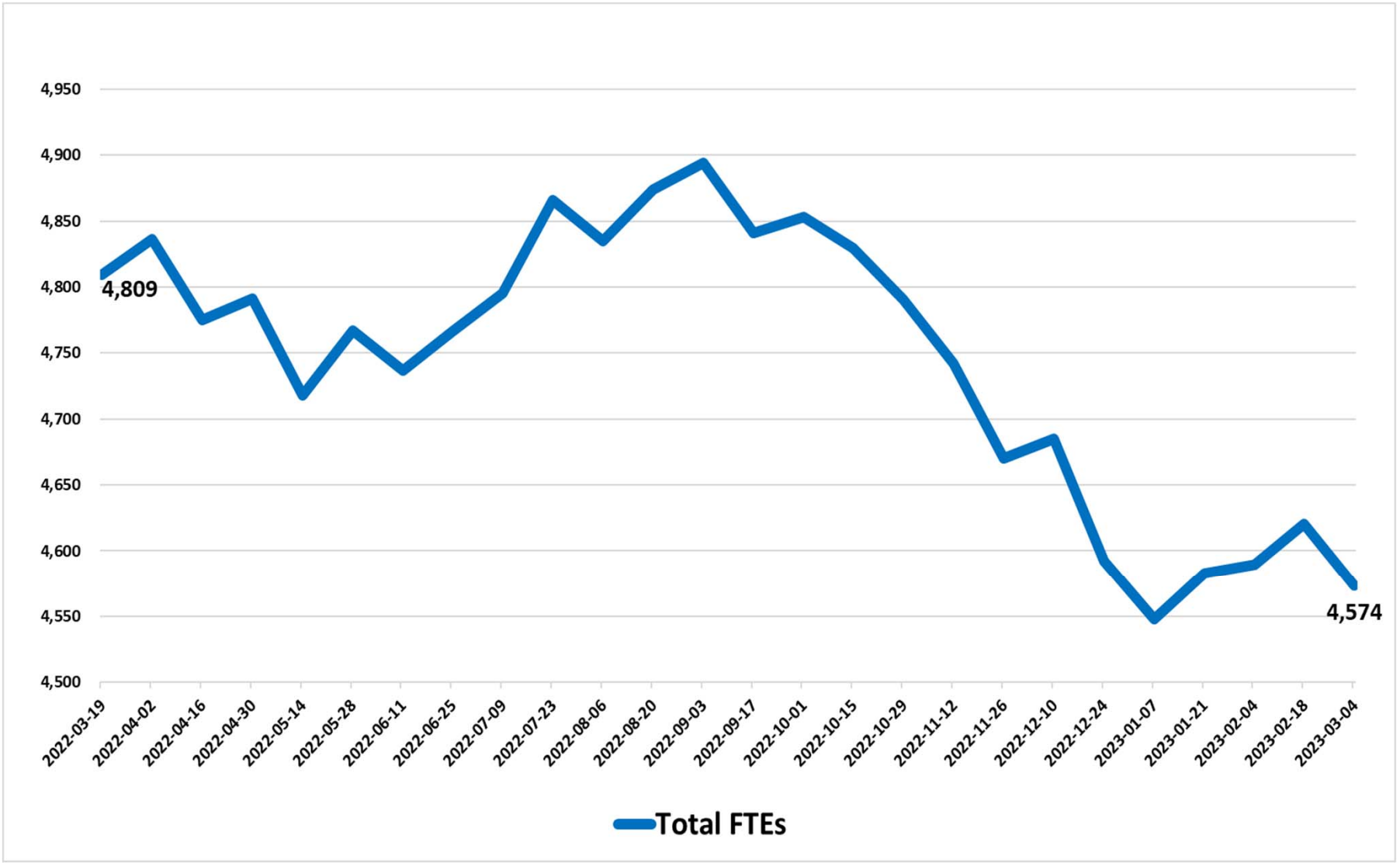
Adjusted Patient Days



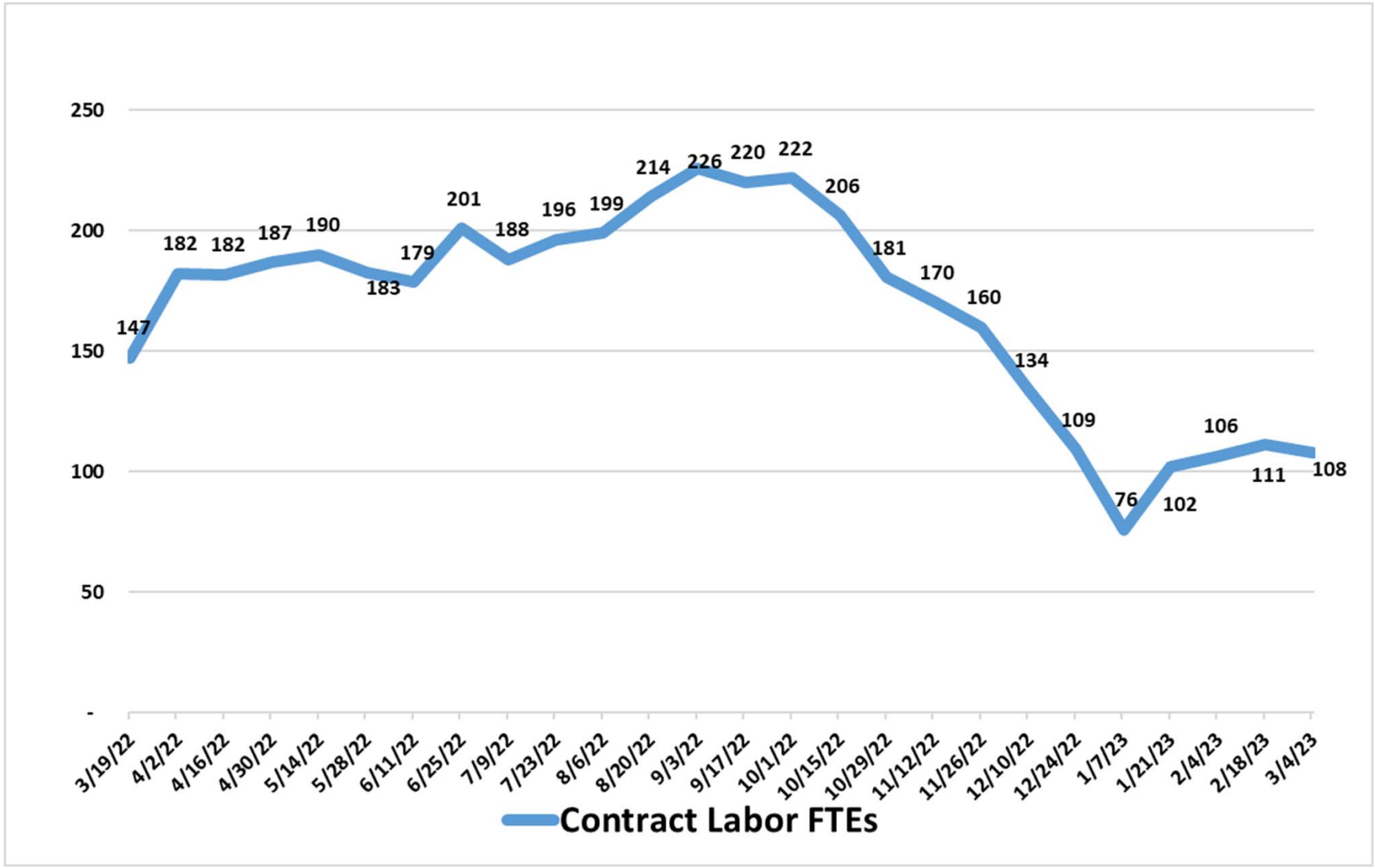
Productive Hours



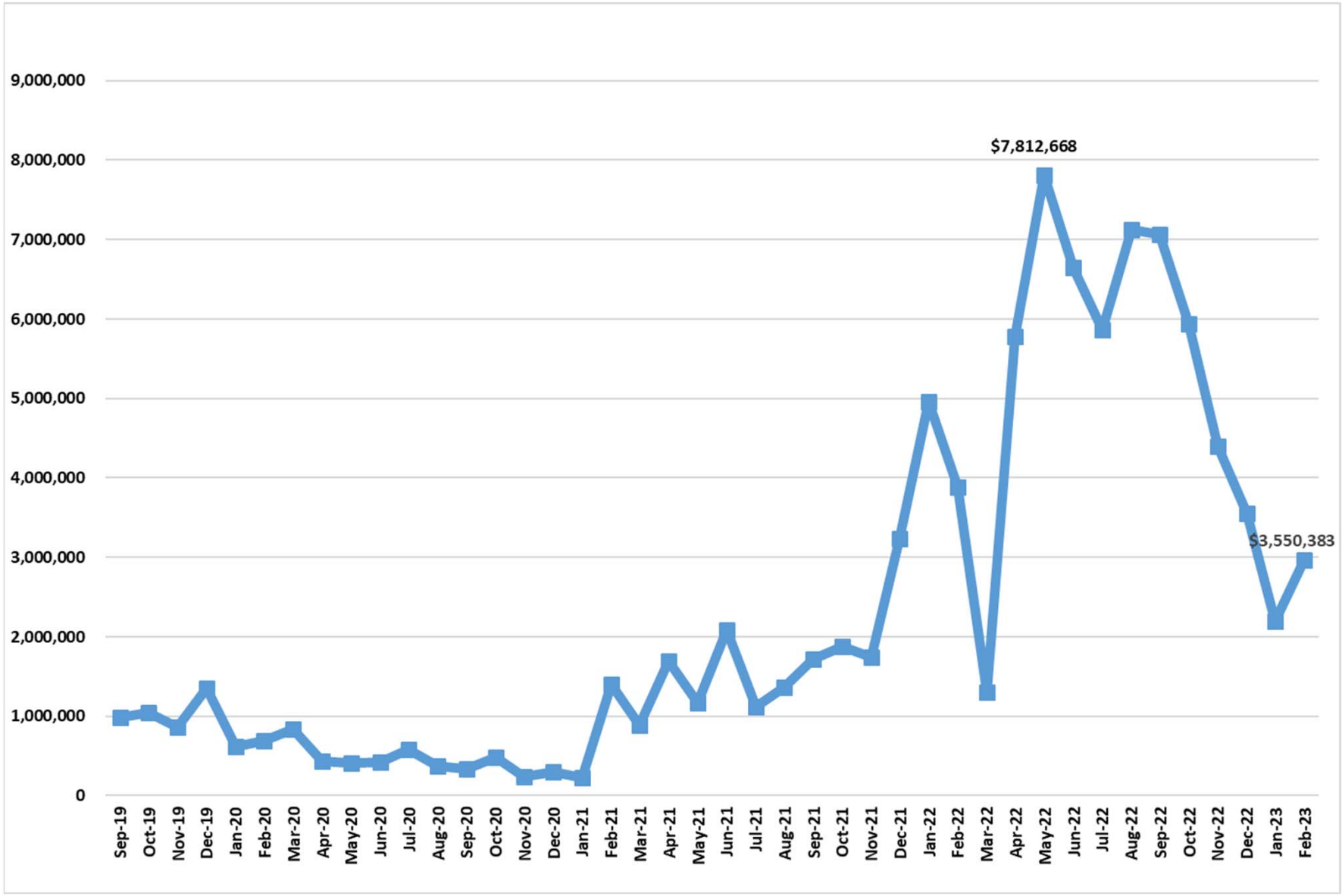
Trended FTEs: Productive & Nonproductive Hours



Contract Labor Full Time Equivalents (FTEs)



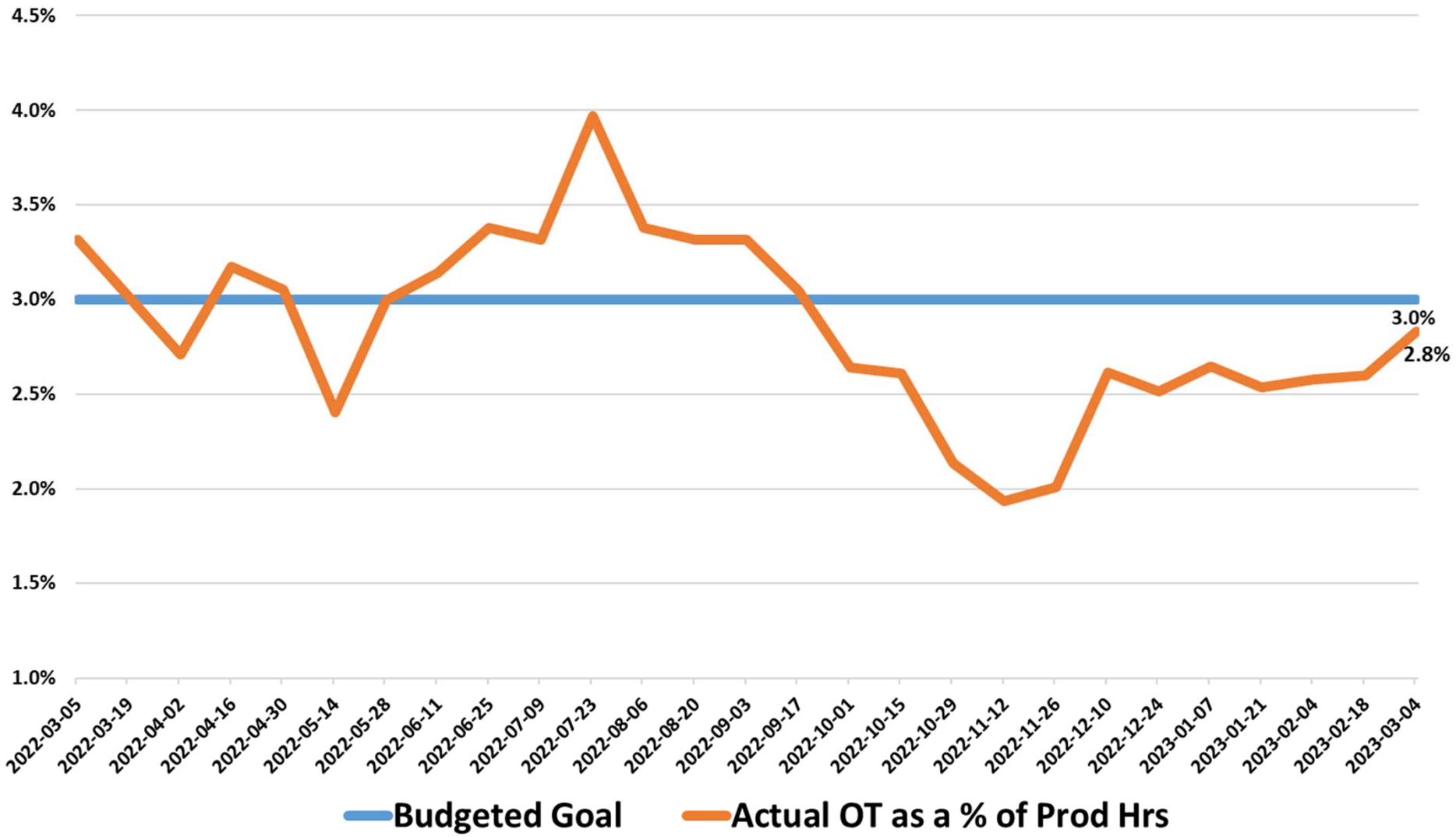
Contract Labor Expense



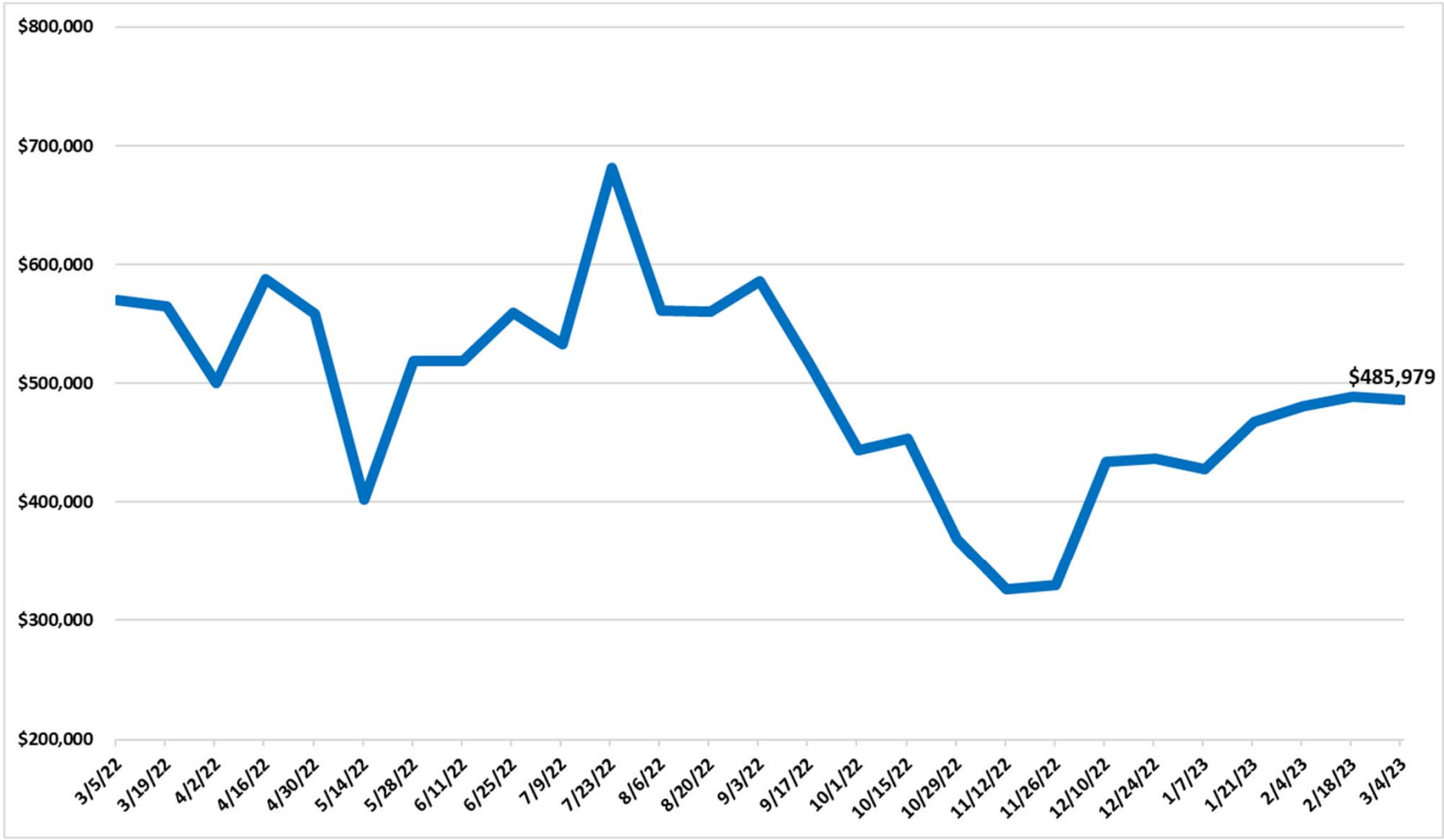
Bonus: $7 for 7th

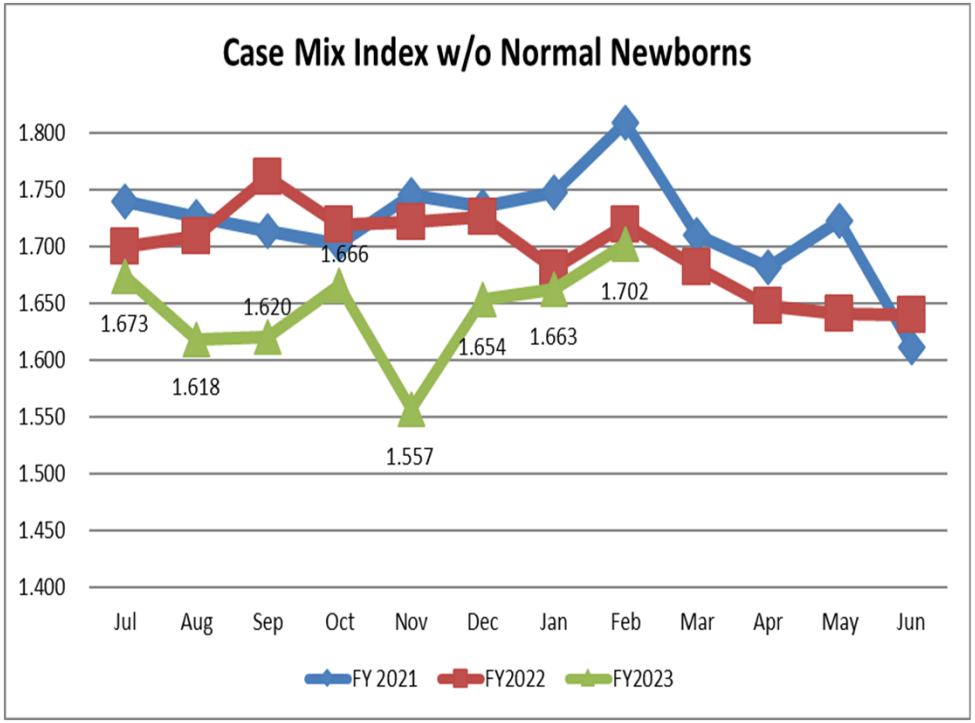
$ Impact from the New Pay Initiative: 7th shift for $7							
	2023-03-04	2023-02-18	2023-02-04	2023-01-21	2023-01-07	2022-12-24	Annualized
Additional Pay	$ 117,020	$ 128,620	$ 141,368	$ 142,072	$ 122,999	$ 106,693	$ 3,439,015
# of Staff Participating	174	188	214	216	187	160	
Average $ per person	$ 622	$ 684	$ 661	$ 658	$ 658	$ 667	

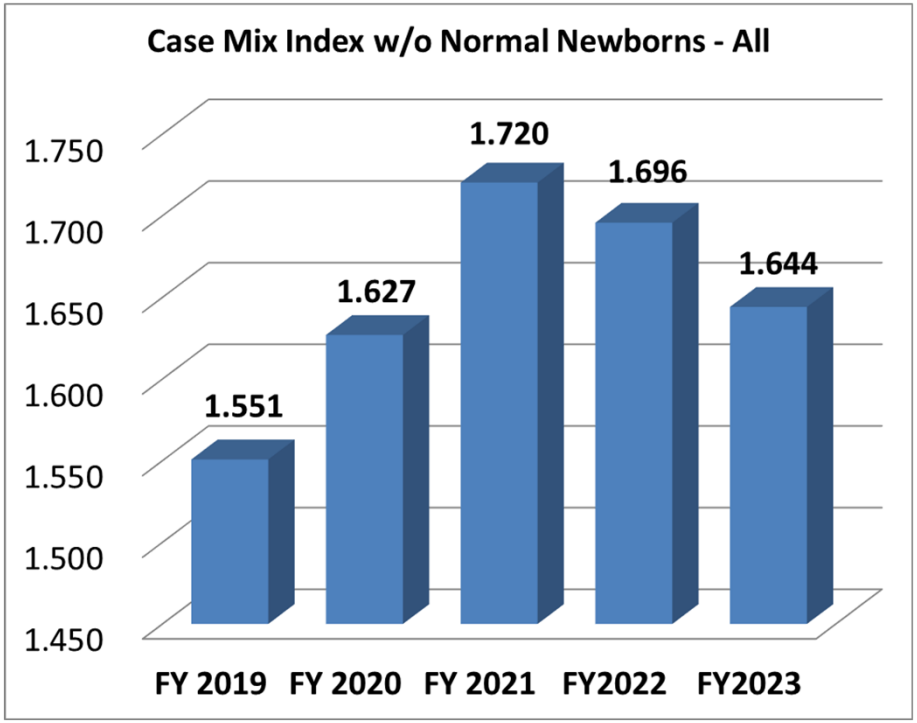
Overtime as a % of Productive Hours and $

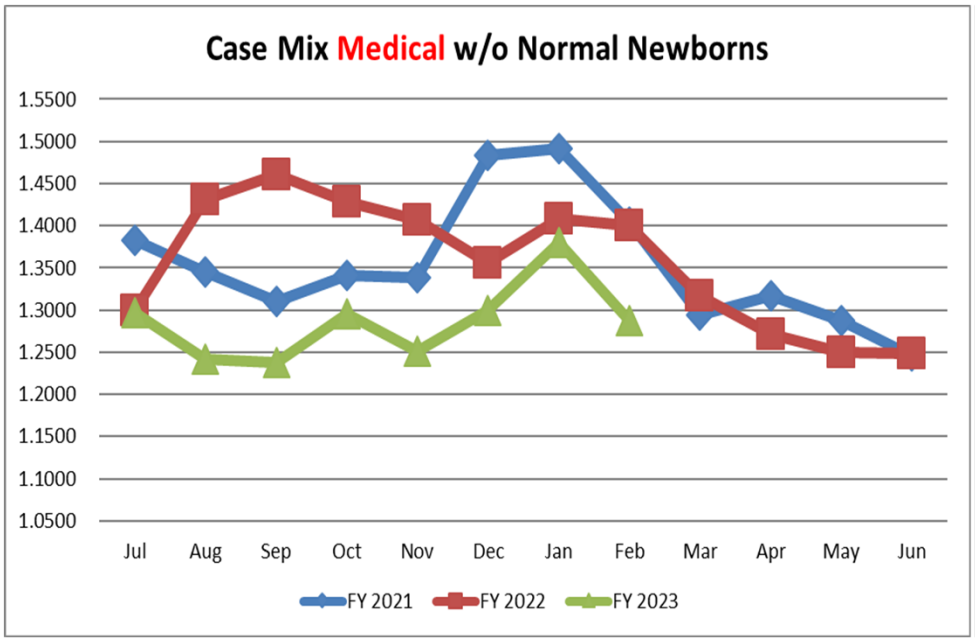


Overtime Biweekly Expense




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


Case Mix Index w/o Normal Newborns - All
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.551
1.627
1.720
1.696
1.644
FY 2019
FY 2020
FY 2021
FY2022
FY2023


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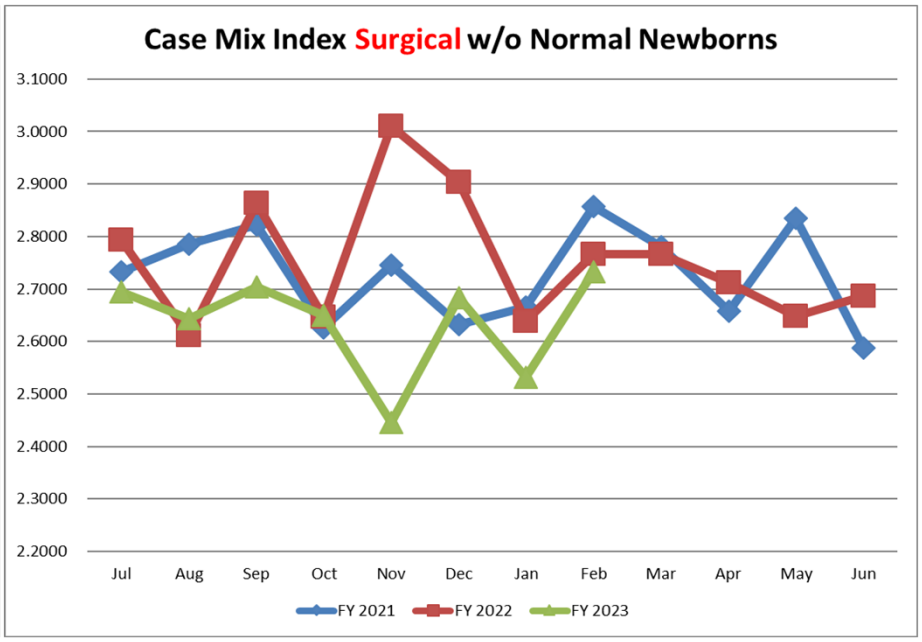
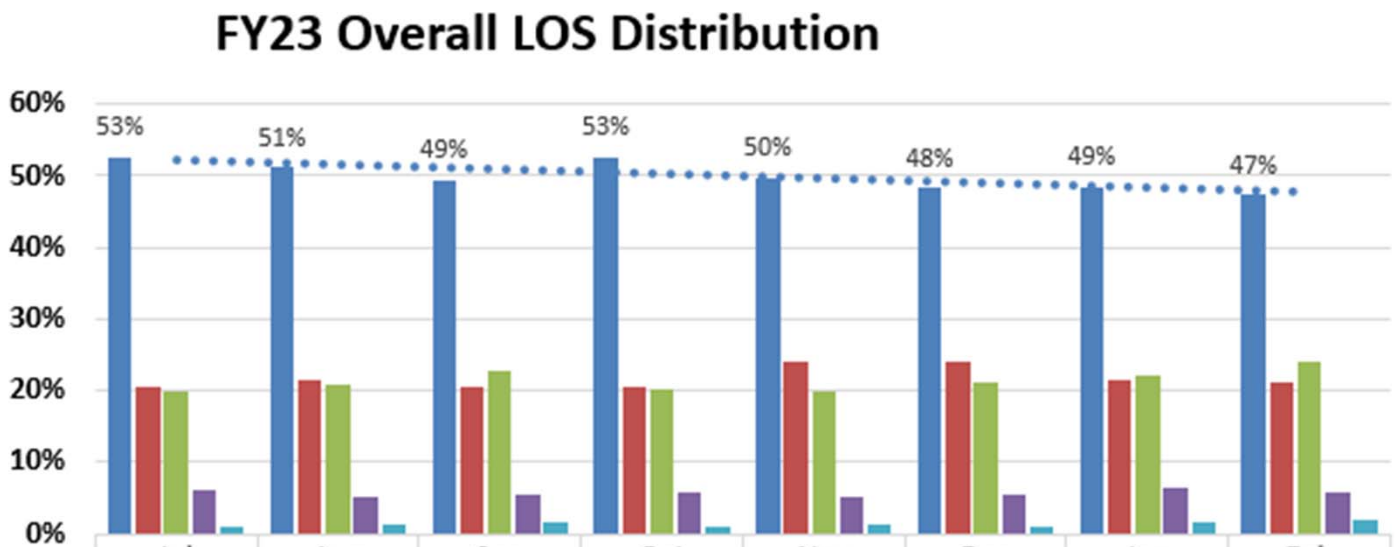
1.5000
1.4500
1.4000
1.3500
1.3000
1.2500
1.2000
1.1500
1.1000
1.0500
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2021
FY 2022
FY 2023


Case Mix Index Surgical w/o Normal Newborns
3.1000
3.0000
2.9000
2.8000
2.7000
2.6000
2.5000
2.4000
2.3000
2.2000
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2021
FY 2022
FY 2023

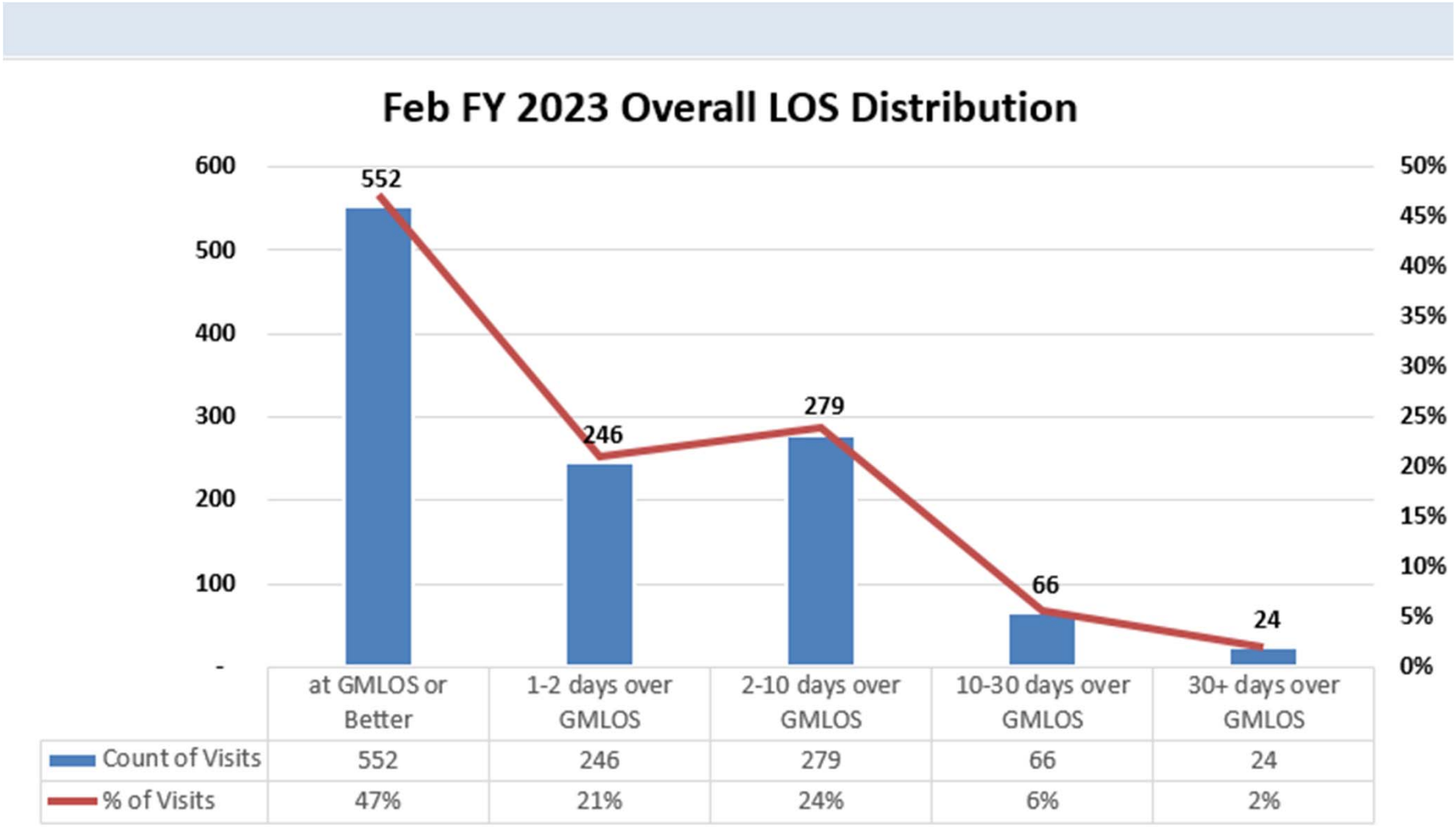
Average Length of Stay versus National Average (GMLOS)

Overall



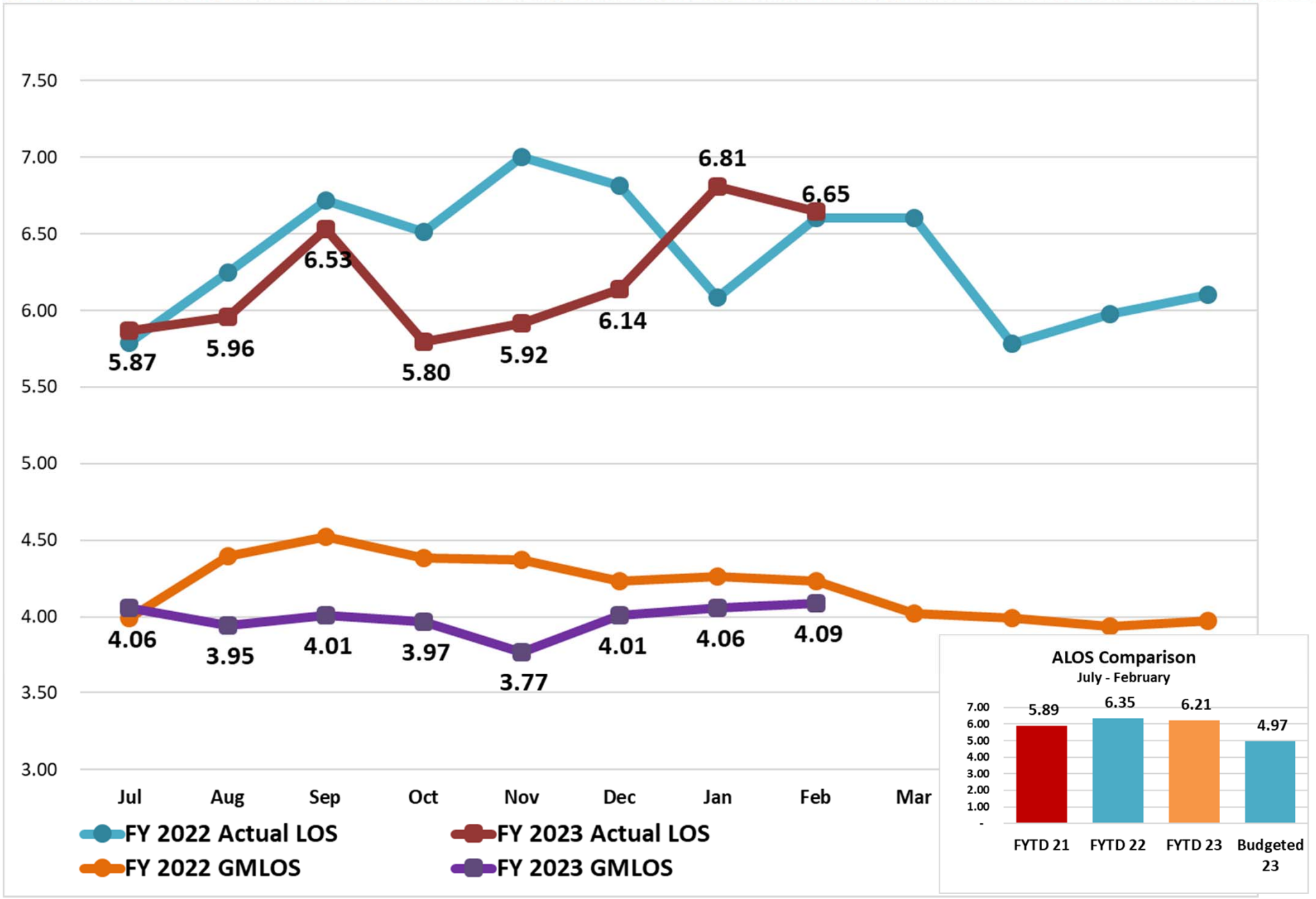
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	47%
1-2 days over GMLOS	21%	22%	20%	20%	24%	24%	21%	21%
2-10 days over GMLOS	20%	21%	23%	20%	20%	21%	22%	24%
10-30 days over GMLOS	6%	5%	6%	6%	5%	6%	6%	6%
30+ days over GMLOS	1%	1%	2%	1%	1%	1%	2%	2%

Average Length of Stay versus National Average (GMLOS)



	at GMLOS or Better	1-2 days over GMLOS	2-10 days over GMLOS	10-30 days over GMLOS	30+ days over GMLOS
Count of Visits	552	246	279	66	24
% of Visits	47%	21%	24%	6%	2%

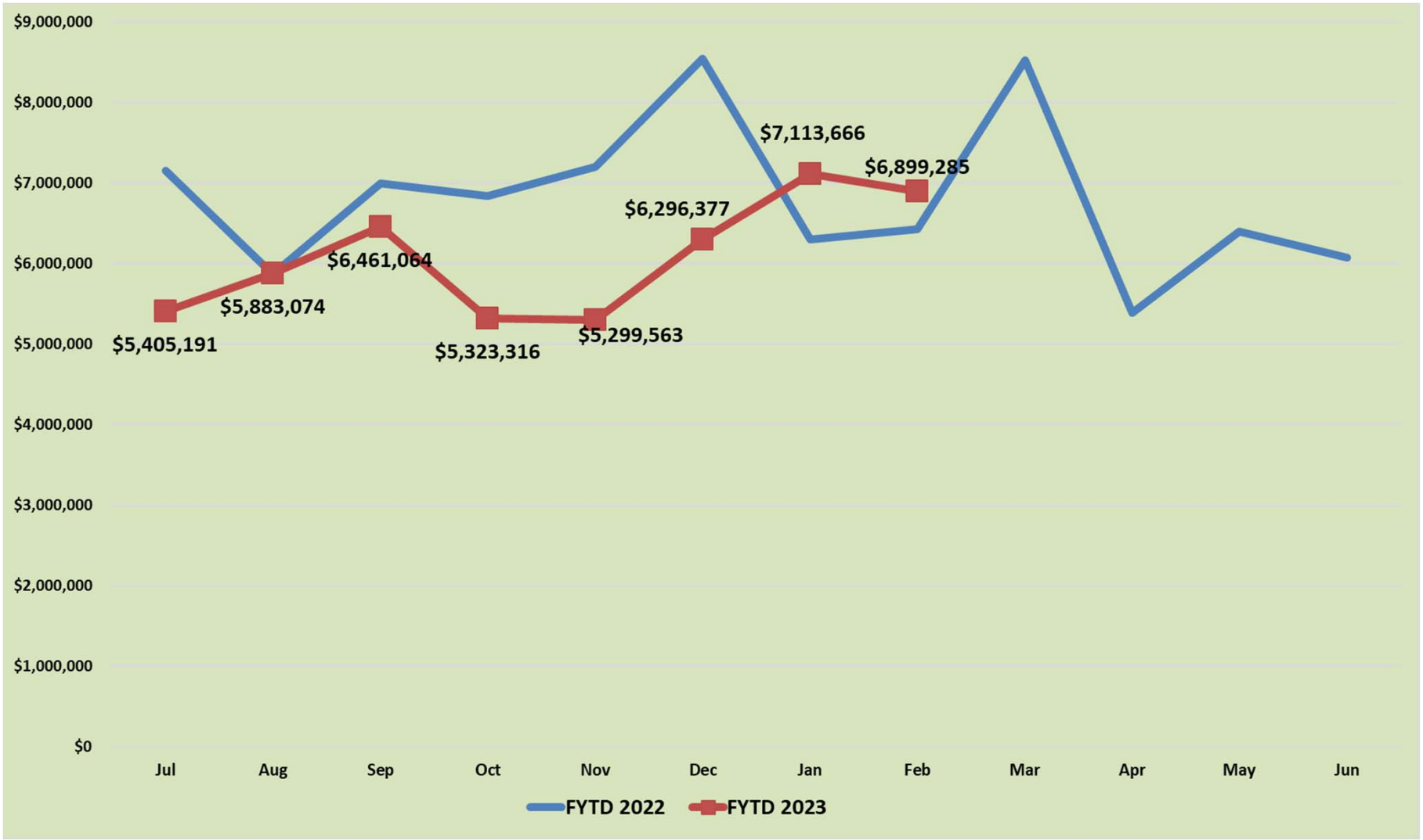
Average Length of Stay versus National Average (GMLOS)



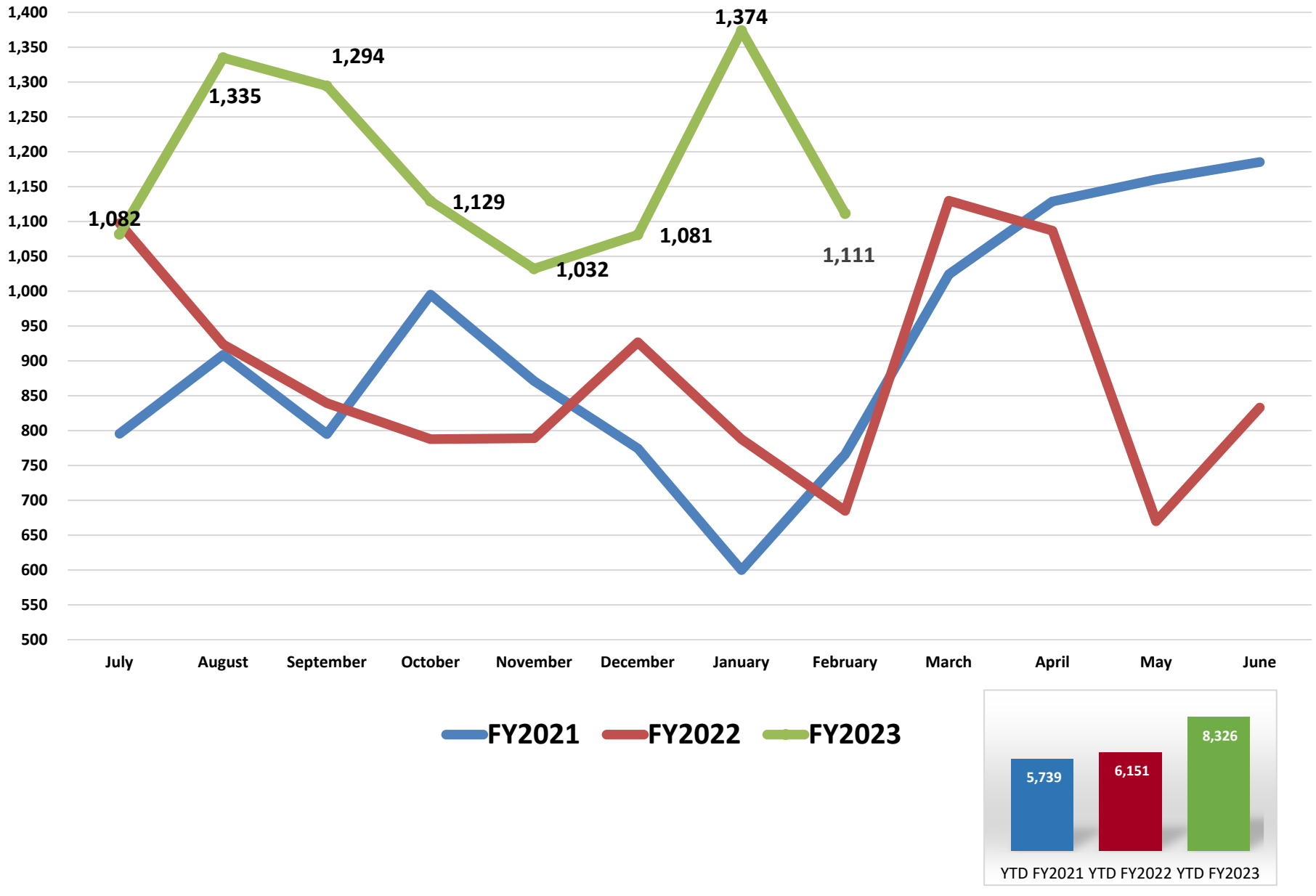
Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients				
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP	Gap Diff	%
Feb-21	6.73	4.37	2.36	5.64	4.01	1.63	0.73	31%
Mar-21	5.76	4.07	1.69	5.04	3.92	1.12	0.57	34%
Apr-21	5.40	3.98	1.42	5.22	3.89	1.33	0.09	7%
May-21	5.57	4.00	1.57	5.34	3.92	1.42	0.15	10%
Jun-21	5.76	3.90	1.86	5.68	3.88	1.80	0.06	3%
Jul-21	5.79	3.99	1.80	5.69	3.94	1.75	0.05	3%
Aug-21	6.25	4.39	1.86	5.95	4.05	1.90	(0.04)	-2%
Sep-21	6.72	4.52	2.20	5.89	4.08	1.81	0.39	18%
Oct-21	6.51	4.38	2.13	5.34	4.00	1.34	0.79	37%
Nov-21	7.00	4.37	2.63	5.75	3.95	1.80	0.83	32%
Dec-21	6.82	4.23	2.59	6.12	3.98	2.14	0.45	17%
Jan-22	6.08	4.26	1.82	5.96	3.96	2.00	(0.18)	-10%
Feb-22	6.61	4.23	2.38	5.86	3.83	2.03	0.35	15%
Mar-22	6.61	4.02	2.59	5.68	3.89	1.79	0.80	31%
Apr-22	5.78	3.99	1.79	5.66	3.98	1.68	0.11	6%
May-22	5.98	3.94	2.04	5.62	3.88	1.74	0.30	15%
Jun-22	6.11	3.97	2.14	5.62	3.88	1.74	0.40	19%
Jul-22	5.93	4.06	1.87	5.65	3.90	1.75	0.12	6%
Aug-22	5.95	3.94	2.01	5.61	3.83	1.78	0.23	11%
Sep-22	6.53	4.01	2.52	6.29	3.94	2.35	0.17	7%
Oct-22	5.81	3.96	1.85	5.60	3.90	1.70	0.15	8%
Nov-22	5.91	3.77	2.14	5.85	3.73	2.12	0.02	1%
Dec-22	6.13	4.01	2.12	5.68	3.92	1.76	0.36	17%
Jan-23	6.80	4.05	2.75	6.28	3.94	2.34	0.41	15%
Feb-23	6.63	4.09	2.54	6.42	4.04	2.38	0.16	6%
Average	**6.06**	**4.15**	**1.91**	**5.56**	**3.96**	**1.59**	**0.31**	**16%**

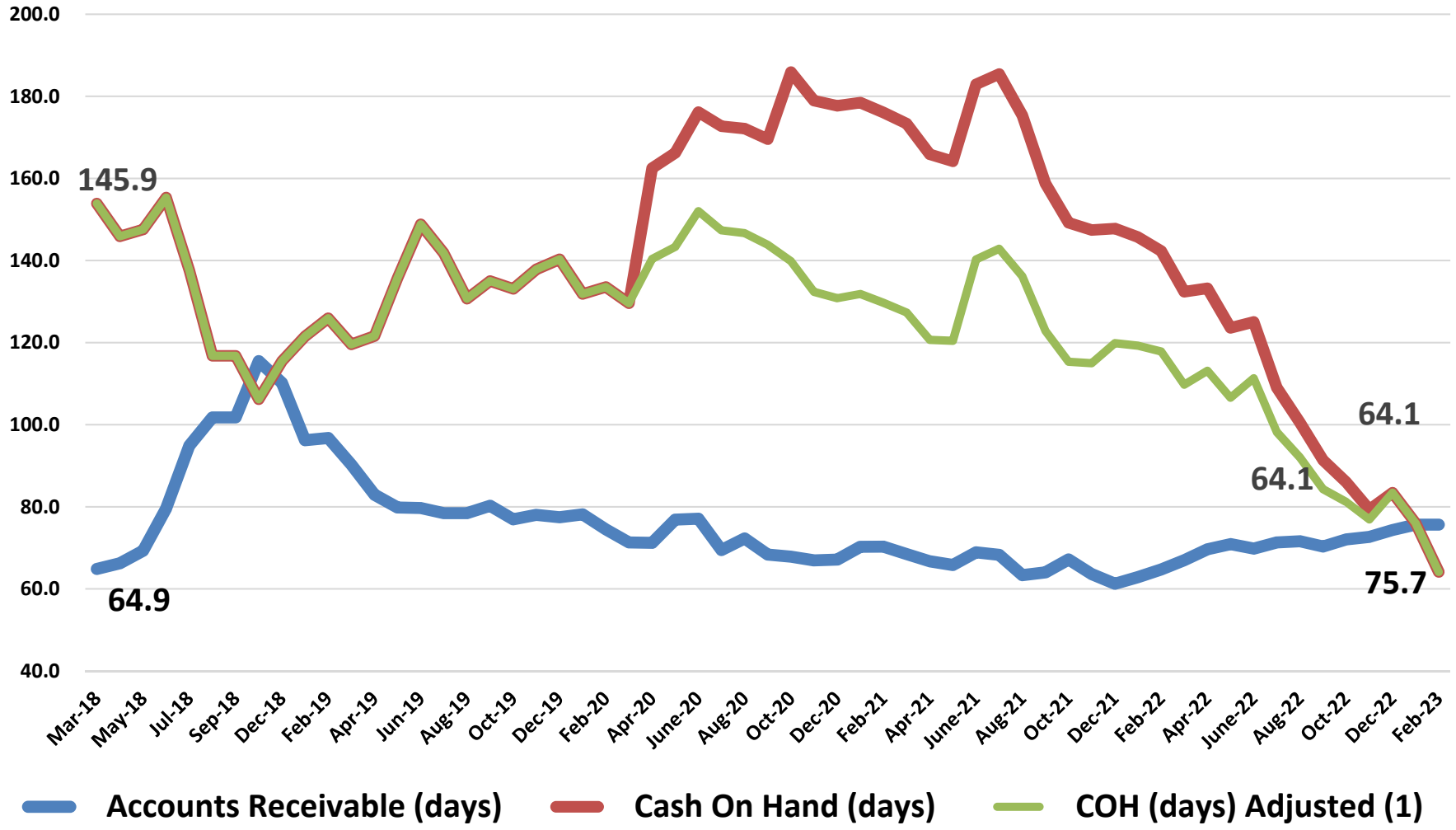
Opportunity Cost of Reducing LOS to National Average - $82M FY22



Observation Days



Trended Liquidity Ratios



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

KAWEAH DELTA HEALTH CARE DISTRICT

RATIO ANALYSIS REPORT

FEBRUARY 28, 2023

	Current Month Value	Prior Month Value	June 30, 2022 Audited Value	2021 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	3.8	3.5	2.0	1.4	**1.7**	1.6
Accounts Receivable (days)	75.7	75.6	69.4	48.3	**48.3**	47.5
Cash On Hand (days)	64.1	76.0	117.3	341.3	**268.4**	206.5
Cushion Ratio (x)	8.5	10.0	17.4	52.4	**31.5**	19.9
Average Payment Period (days)	35.9	36.5	61.8	97.6	**86.4**	94.0
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	72.4%	85.6%	128.3%	323.4%	**220.4%**	170.1%
Debt-To-Capitalization	33.4%	33.2%	31.3%	20.6%	**29.1%**	36.3%
Debt-to-Cash Flow (x)	(10.3)	(8.6)	7.2	2.1	**2.6**	3.3
Debt Service Coverage	(1.2)	(1.4)	1.4	9.6	**6.0**	4.5
Maximum Annual Debt Service Coverage (x)	(1.2)	(1.4)	1.4	8.2	**5.5**	3.9
Age Of Plant (years)	12.7	13.2	12.3	10.8	**12.4**	13.5
PROFITABILITY RATIOS						
Operating Margin	(8.8%)	(7.9%)	(4.3%)	4.1%	**3.1%**	2.2%
Excess Margin	(7.5%)	(7.9%)	(2.9%)	8.1%	**6.7%**	4.8%
Operating Cash Flow Margin	(3.4%)	(2.7%)	1.0%	9.6%	**8.8%**	7.5%
Return on Assets	(7.8%)	(8.0%)	(2.8%)	5.8%	**4.9%**	3.9%

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED INCOME STATEMENT (000's)

FISCAL YEAR 2022 & 2023

	Operating Revenue			Operating Expenses									
Fiscal Year	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense	Operating Expenses Total	Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
2022													
Jul-21	51,502	15,035	66,537	32,678	7,922	9,596	15,217	65,413	1,124	582	1,706	1.7%	2.5%
Aug-21	49,714	16,024	65,737	33,434	8,527	13,004	15,414	70,379	(4,642)	990	(3,651)	(7.1%)	(5.5%)
Sep-21	57,879	15,513	73,391	38,332	7,736	11,942	17,438	75,448	(2,056)	(388)	(2,445)	(2.8%)	(3.3%)
Oct-21	55,674	15,592	71,266	36,627	9,674	11,714	17,386	75,402	(4,136)	732	(3,403)	(5.8%)	(4.7%)
Nov-21	54,846	22,162	77,008	33,634	10,261	10,623	15,629	70,146	6,862	7,129	13,991	8.9%	16.6%
Dec-21	51,115	21,796	72,911	37,366	9,479	10,687	15,532	73,064	(153)	2,057	1,904	(0.2%)	2.5%
Jan-22	56,862	17,469	74,331	38,931	9,210	10,913	15,143	74,197	134	568	702	0.2%	0.9%
Feb-22	47,933	17,525	65,458	36,102	8,812	10,406	15,848	71,168	(5,710)	787	(4,924)	(8.7%)	(7.4%)
Mar-22	52,555	16,609	69,164	37,920	9,045	11,180	18,266	76,412	(7,247)	(470)	(7,717)	(10.5%)	(11.2%)
Apr-22	49,729	23,436	73,165	40,828	8,829	10,685	17,410	77,752	(4,588)	(568)	(5,156)	(6.3%)	(7.1%)
May-22	56,673	18,552	75,225	40,040	9,329	11,914	17,162	78,445	(3,220)	(436)	(3,656)	(4.3%)	(4.9%)
Jun-22	51,040	23,102	74,142	50,244	9,413	8,179	19,349	87,186	(13,044)	126	(12,918)	(17.6%)	(17.4%)
2022 FY Total	**$ 635,520**	**$ 222,815**	**$ 858,335**	**$ 456,137**	**$ 108,238**	**$ 130,842**	**$ 199,795**	**$ 895,011**	**$ (36,676)**	**$ 11,108**	**$ (25,568)**	**(4.3%)**	**(2.9%)**
2023													
Jul-22	52,368	18,113	70,480	41,319	8,892	9,593	18,601	78,406	(7,926)	552	(7,374)	(11.2%)	(10.4%)
Aug-22	54,965	17,672	72,637	42,122	9,585	11,666	17,888	81,261	(8,623)	326	(8,297)	(11.9%)	(11.4%)
Sep-22	48,168	17,304	65,472	39,158	8,814	11,642	17,869	77,483	(12,010)	(3,901)	(15,911)	(18.3%)	(25.8%)
Oct-22	54,432	17,291	71,723	40,625	9,859	11,523	15,522	77,529	(5,807)	452	(5,355)	(8.1%)	(7.4%)
Nov-22	56,706	17,741	74,447	36,477	9,645	11,358	17,171	74,650	(203)	150	(53)	(0.3%)	(0.1%)
Dec-22	53,217	18,452	71,670	38,105	8,276	10,632	17,203	74,216	(2,546)	2,901	355	(3.6%)	0.5%
Jan-23	51,048	19,753	70,801	36,862	8,564	10,396	17,296	73,118	(2,317)	1,540	(777)	(3.3%)	(1.1%)
Feb-23	49,325	19,257	68,582	35,624	8,596	10,376	17,510	72,106	(3,524)	834	(2,690)	(5.1%)	(3.9%)
2023 FY Total	**$ 420,230**	**$ 145,583**	**$ 565,813**	**$ 310,293**	**$ 72,230**	**$ 87,186**	**$ 139,061**	**$ 608,769**	**$ (42,956)**	**$ 2,854**	**$ (40,101)**	**(7.6%)**	**(7.1%)**
FYTD Budget	**447,103**	**148,117**	**595,220**	**303,874**	**72,856**	**84,100**	**142,101**	**602,931**	**(7,710)**	**2,890**	**(4,821)**	**(1.3%)**	**(0.8%)**
Variance	**$ (26,873)**	**$ (2,534)**	**$ (29,407)**	**$ 6,419**	**$ (626)**	**$ 3,085**	**$ (3,040)**	**$ 5,839**	**$ (35,246)**	**$ (35)**	**$ (35,281)**		
Current Month Analysis													
Feb-23	**$ 49,325**	**$ 19,257**	**$ 68,582**	**$ 35,624**	**$ 8,596**	**$ 10,376**	**$ 17,510**	**$ 72,106**	**$ (3,524)**	**$ 834**	**$ (2,690)**	**(5.1%)**	**(3.9%)**
Budget	**53,628**	**17,844**	**71,473**	**35,659**	**9,113**	**10,106**	**17,211**	**72,088**	**(616)**	**323**	**(293)**	**(0.9%)**	**(0.4%)**
Variance	**$ (4,303)**	**$ 1,413**	**$ (2,891)**	**$ (35)**	**$ (516)**	**$ 271**	**$ 299**	**$ 18**	**$ (2,909)**	**$ 511**	**(2,398)**		

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2022 & 2023

Fiscal Year	Patient Days	ADC	Adjusted Patient Days	I/P Revenue %	DFR & Bad Debt %	Net Patient Revenue/ Ajusted Patient Day	Personnel Expense/ Ajusted Patient Day	Physician Fees/ Ajusted Patient Day	Supply Expense/ Ajusted Patient Day	Total Operating Expense/ Ajusted Patient Day	Personnel Expense/ Net Patient Revenue	Physician Fees/ Net Patient Revenue	Supply Expense/ Net Patient Revenue	Total Operating Expense/ Net Patient Revenue
2022														
Jul-21	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%	15.4%	18.6%	127.0%
Aug-21	14,421	465	27,742	52.0%	77.3%	1,792	1,205	307	469	2,537	67.3%	17.2%	26.2%	141.6%
Sep-21	14,836	495	28,344	52.3%	75.0%	2,042	1,352	273	421	2,662	66.2%	13.4%	20.6%	130.4%
Oct-21	15,518	501	28,267	54.9%	75.8%	1,970	1,296	342	414	2,667	65.8%	17.4%	21.0%	135.4%
Nov-21	13,969	466	26,571	52.6%	74.8%	2,064	1,266	386	400	2,640	61.3%	18.7%	19.4%	127.9%
Dec-21	14,305	461	27,106	52.8%	76.4%	1,886	1,378	350	394	2,695	73.1%	18.5%	20.9%	142.9%
Jan-22	14,611	471	26,955	54.2%	74.3%	2,109	1,444	342	405	2,753	68.5%	16.2%	19.2%	130.5%
Feb-22	13,263	474	24,973	53.1%	75.8%	1,919	1,446	353	417	2,850	75.3%	18.4%	21.7%	148.5%
Mar-22	13,570	438	27,296	49.7%	76.7%	1,925	1,389	331	410	2,799	72.2%	17.2%	21.3%	145.4%
Apr-22	12,698	423	26,159	48.5%	77.0%	1,901	1,561	338	408	2,972	82.1%	17.8%	21.5%	156.4%
May-22	13,858	447	28,283	49.0%	74.6%	2,004	1,416	330	421	2,774	70.7%	16.5%	21.0%	138.4%
Jun-22	13,603	453	27,788	49.0%	77.5%	1,837	1,808	339	294	3,137	98.4%	18.4%	16.0%	170.8%
2022 FY Total	**168,040**	**460**	**325,602**	**51.6%**	**75.9%**	**1,952**	**1,401**	**332**	**402**	**2,749**	**71.8%**	**17.0%**	**20.6%**	**140.8%**
2023														
Jul-22	13,910	449	27,688	50.2%	75.6%	1,891	1,492	321	346	2,832	78.9%	17.0%	18.3%	149.7%
Aug-22	13,865	447	29,148	47.6%	76.4%	1,886	1,445	329	400	2,788	76.6%	17.4%	21.2%	147.8%
Sep-22	12,768	426	27,367	46.7%	77.4%	1,760	1,431	322	425	2,831	81.3%	18.3%	24.2%	160.9%
Oct-22	13,119	423	27,421	47.8%	75.7%	1,985	1,482	360	420	2,827	74.6%	18.1%	21.2%	142.4%
Nov-22	12,904	430	26,955	47.9%	74.6%	2,104	1,353	358	421	2,769	64.3%	17.0%	20.0%	131.6%
Dec-22	13,587	438	27,686	49.1%	76.2%	1,922	1,376	299	384	2,681	71.6%	15.6%	20.0%	139.5%
Jan-23	13,396	432	27,042	49.5%	77.5%	1,888	1,363	317	384	2,704	72.2%	16.8%	20.4%	143.2%
Feb-23	11,916	426	24,665	48.3%	76.3%	2,000	1,444	349	421	2,923	72.2%	17.4%	21.0%	146.2%
2023 FY Total	**105,465**	**434**	**217,960**	**48.4%**	**76.2%**	**1,928**	**1,424**	**331**	**400**	**2,793**	**73.8%**	**17.2%**	**20.7%**	**144.9%**
FYTD Budget	**117,712**	**484**	**225,122**	**52.3%**	**75.2%**	**1,986**	**1,350**	**324**	**374**	**2,766**	**68.0%**	**16.3%**	**18.8%**	**134.9%**
Variance	**(12,247)**	**(50)**	**(7,162)**	**(3.9%)**	**1.0%**	**(58)**	**74**	**8**	**26**	**27**	**5.9%**	**0.9%**	**1.9%**	**10.0%**
Current Month Analysis														
Feb-23	**11,916**	**426**	**24,665**	**48.3%**	**76.3%**	**2,000**	**1,444**	**349**	**421**	**2,923**	**72.2%**	**17.4%**	**21.0%**	**146.2%**
Budget	**13,842**	**494**	**26,874**	**51.5%**	**75.4%**	**1,996**	**1,327**	**339**	**376**	**2,923**	**66.5%**	**17.0%**	**18.8%**	**134.4%**
Variance	**(1,926)**	**(69)**	**(2,208)**	**(3.2%)**	**0.9%**	**4**	**117**	**9**	**45**	**1**	**5.7%**	**0.4%**	**2.2%**	**11.8%**

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

	Feb-23	Jan-23	Change	% Change	Jun-22 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	$ 431	$ 2,377	$ (1,946)	-81.88%	$ 21,693
Current Portion of Board designated and trusted assets	21,174	19,776	1,398	7.07%	14,121
Accounts receivable:					
Net patient accounts	143,581	144,491	(910)	-0.63%	135,946
Other receivables	49,045	29,564	19,481	65.89%	27,575
	192,626	174,055	18,571	10.67%	163,521
Inventories	13,546	13,776	(229)	-1.66%	14,025
Medicare and Medi-Cal settlements	86,057	77,172	8,885	11.51%	58,593
Prepaid expenses	13,792	16,316	(2,523)	-15.47%	13,050
Total current assets	327,627	303,471	24,156	7.96%	285,004
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	145,810	172,056	(26,245)	-15.25%	266,148
Revenue bond assets held in trust	0	0	-	0.00%	8
Assets in self-insurance trust fund	962	960	3	0.28%	1,040
Total non-current cash and investments	146,773	173,015	(26,243)	-15.17%	267,197
INTANGIBLE RIGHT TO USE LEASE, net of accumulated amortization	11,509	14,086	(2,577)	-18.30%	14,376
CAPITAL ASSETS					
Land	17,542	17,542	-	0.00%	17,542
Buildings and improvements	427,096	427,096	-	0.00%	425,542
Equipment	331,941	331,097	844	0.25%	325,209
Construction in progress	21,238	19,140	2,097	10.96%	15,620
	797,817	794,876	2,941	0.37%	783,912
Less accumulated depreciation	480,408	477,794	2,614	0.55%	459,744
	317,409	317,082	327	0.10%	324,168
Property under capital leases -					
less accumulated amortization	(461)	(403)	(58)	14.29%	0
Total capital assets	316,948	316,679	269	0.09%	324,168
OTHER ASSETS					
Property not used in operations	1,550	1,554	(4)	-0.27%	1,584
Health-related investments	3,939	3,916	23	0.58%	4,620
Other	13,398	13,175	223	1.69%	12,511
Total other assets	18,887	18,645	242	1.30%	18,715
Total assets	821,743	825,896	(4,153)	-0.50%	909,460
DEFERRED OUTFLOWS	34,111	34,149	(37)	-0.11%	34,410
Total assets and deferred outflows	**$ 855,855**	**$ 860,044**	**$ (4,190)**	**-0.49%**	**$ 943,870**

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED STATEMENTS OF NET POSITION (000's)

	Feb-23	Jan-23	Change	% Change	Jun-22
					(Audited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	$ 26,272	$ 28,681	$ (2,408)	-8.40%	$ 62,542
Accrued payroll and related liabilities	49,995	49,004	991	2.02%	70,913
Long-term debt, current portion	9,846	9,846	-	0.00%	11,759
Total current liabilities	86,113	87,531	(1,417)	-1.62%	145,214
LEASE LIABILITY, net of current portion	12,537	14,473	(1,936)	-13.37%	14,677
LONG-TERM DEBT, less current portion					
Bonds payable	239,564	239,571	(7)	0.00%	239,618
Capital leases	-	(13)	13	-100.00%	0
Notes payable	17,745	17,745	-	0.00%	7,895
Total long-term debt	257,309	257,303	6	0.00%	247,512
NET PENSION LIABILITY	43,540	42,106	1,433	3.40%	39,789
OTHER LONG-TERM LIABILITIES	30,192	29,855	336	1.13%	30,968
Total liabilities	429,691	431,268	(1,577)	-0.37%	478,161
NET ASSETS					
Invested in capital assets, net of related debt	53,052	52,809	243	0.46%	68,426
Restricted	38,320	37,447	873	2.33%	31,905
Unrestricted	334,792	338,521	(3,729)	-1.10%	365,378
Total net position	426,164	428,777	(2,613)	-0.61%	465,709
Total liabilities and net position	**$ 855,855**	**$ 860,044**	**$ (4,190)**	**-0.49%**	**$ 943,870**

Initial Budgeted Statistics
Fiscal Year 2024

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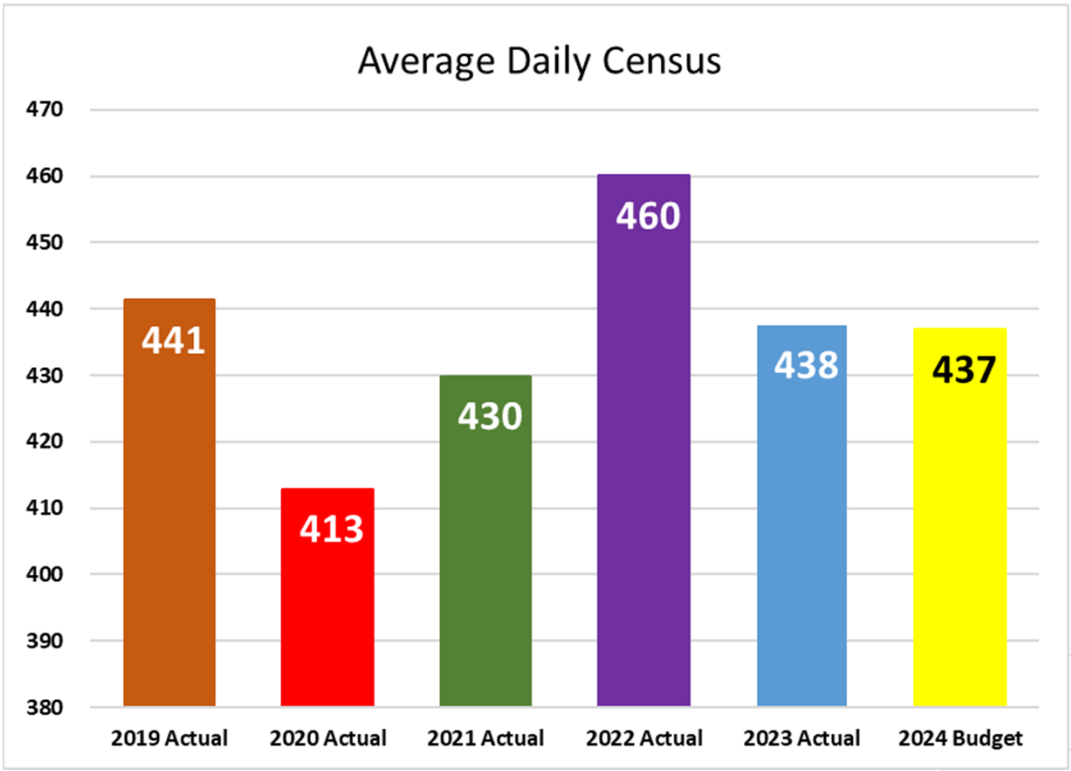
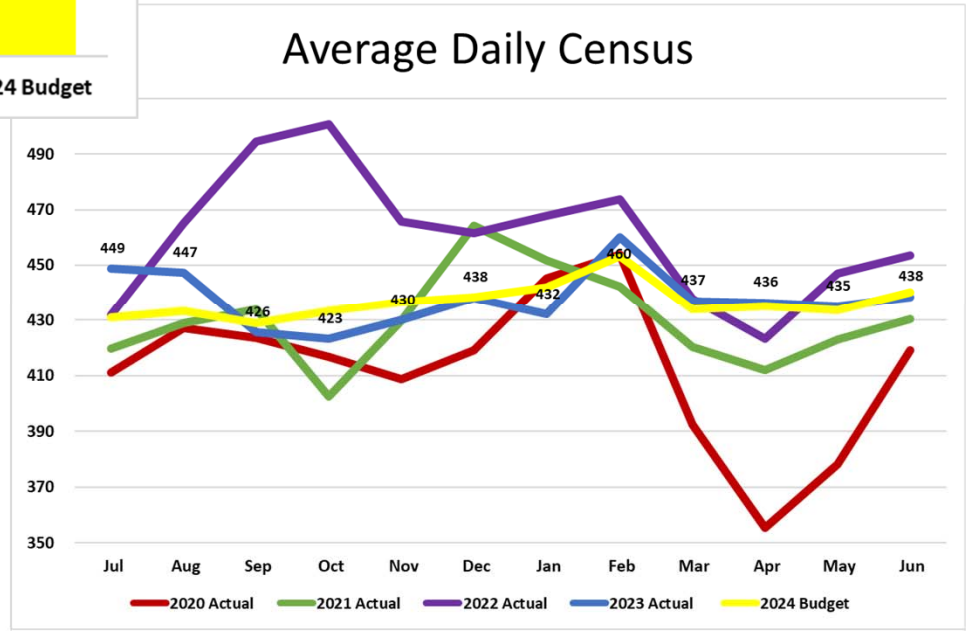
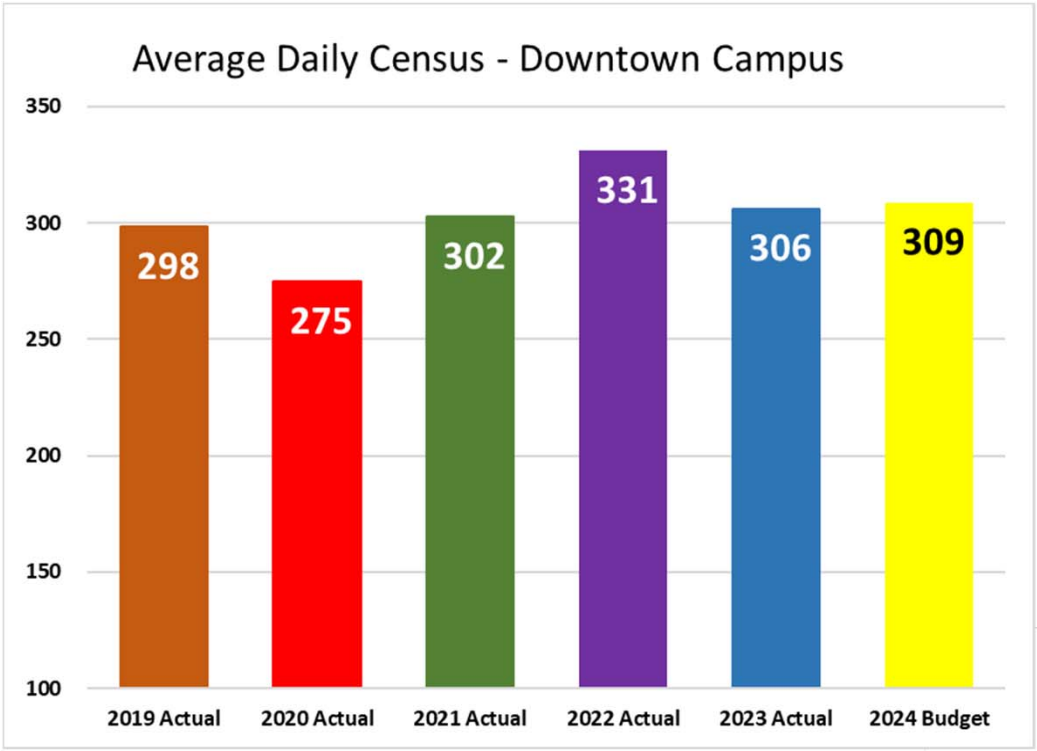
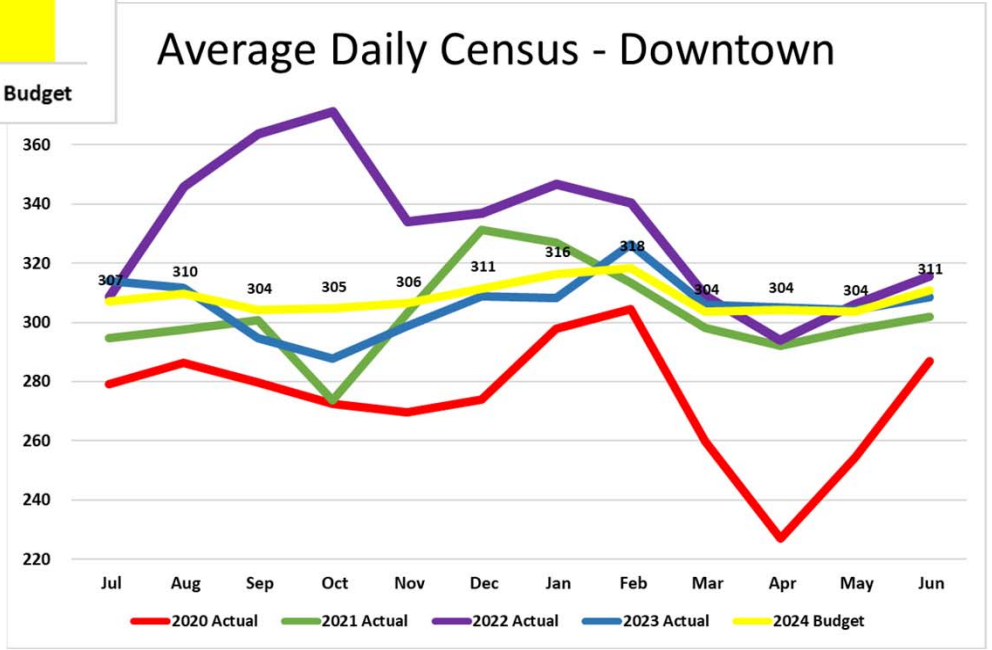
FY24: Projected Inpatient Volumes





FY24: Downtown Campus Inpatient Volumes

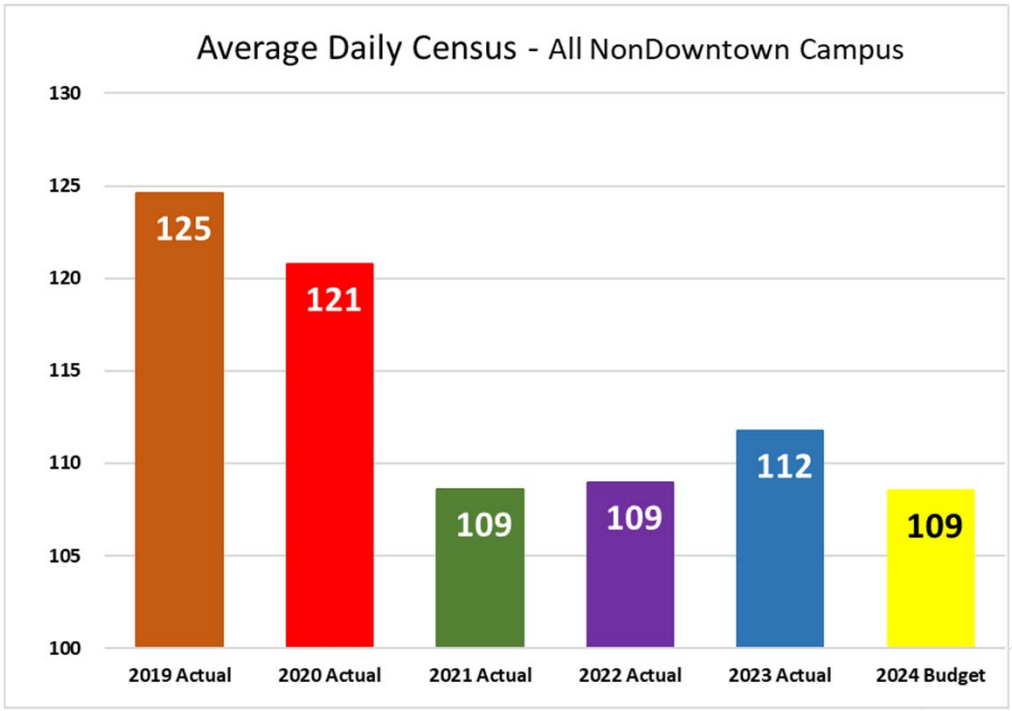




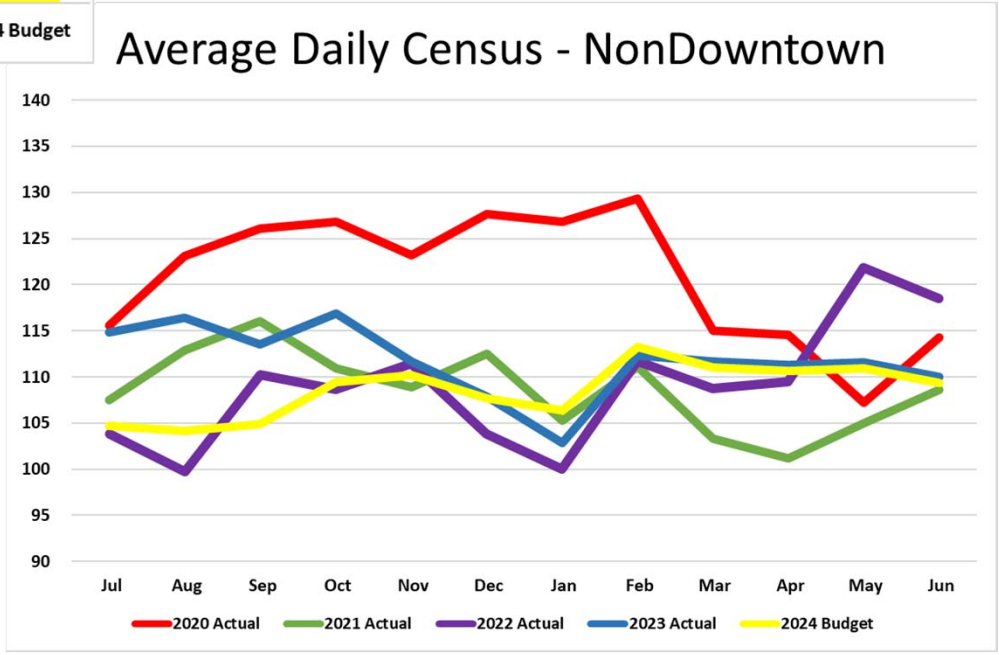
FY24: Projected Change Inpatient Volumes

	FY 19 Actual	FY 23 Projected Jul-Feb (8 mos)	FY 23 Budget	FY 24 Budget	Change Bdgt FY24-Proj FY23	% Change from FY23 Proj	% Change from FY19 Actual	% Occupancy	# Beds
Downtown Campus excluding Mom/Baby	98,353	102,715	112,813	103,948	1,233	1.2%	5.7%	81%	365
Downtown Campus Mom/Baby	17,253	16,218	16,391	15,918	(300)	(1.8%)	(7.7%)	45%	96
Acute Psych	17,184	16,070	18,680	16,515	445	2.8%	(3.9%)	74%	63
Acute Rehab	6,756	6,695	6,733	7,098	403	6.0%	5.1%	41%	45
Sub Acute	11,311	10,959	10,882	10,882	(77)	(0.7%)	(3.8%)	96%	32
Skilled Nursing - South	5,409	2,115	6,031	0	(2,115)				22
Skilled Nursing - West Short Stay	4,816	4,949	5,110	5,110	161	3.3%	6.1%	88%	16
Inpatient Days	161,082	159,721	176,640	159,471	(250)	(0.2%)	(1.0%)	73%	639

FY24: Non-Downtown Inpatient Volume



	Bdgt FY24	Actual 2019	Change	% Diff
Acute Psych	45.2	47.1	1.8	-4%
Acute Rehab	19.4	18.5	(0.9)	5%
Subacute	29.8	31.0	1.2	-4%
Skilled Nursing-South	0.0	14.8	14.8	-100%
Skilled Nursing-Short Stay-W	14.0	13.2	(0.8)	6%
Total Average Daily Census	**108.5**	**124.6**	**16.1**	**-13%**



FY24: Projected Outpatient Volumes

	FY 19 Actual	FY 23 Projected Jul-Feb (8 mos)	FY 23 Budget	FY 24 Budget	Change Bdgt FY24-Proj FY23	% Change from FY23 Proj	% Change from FY19 Actual
Inpatient Days	161,082	167,929	159,721	159,471	(8,459)	(5.0%)	(1.0%)
Emergency Department Visits	84,834	86,205	83,950	88,069	1,864	2.2%	3.8%
Surgery Minutes	11,788	12,095	12,943	12,612	517	4.3%	7.0%
Cath Lab Minutes	4,403	3,754	4,786	4,188	434	11.6%	(4.9%)
Deliveries	4,764	4,708	4,700	4,722	14	0.3%	(0.9%)
Rural Health Clinic Visits	97,806	115,888	124,970	120,847	4,959	4.3%	23.6%
Rural Health Clinic-Tulare Visits	0	11,490	15,648	20,073	8,583	74.7%	-
Urgent Care - Court	49,071	47,377	47,678	49,771	2,394	5.1%	1.4%
Urgent Care - Demaree	19,202	33,041	29,230	33,041	0	0.0%	72.1%
SWHC Family Medicine GME	11,930	8,115	14,467	0	(8,115)	(100.0%)	(100.0%)
Sequoia Cardiology Clinic	11,101	23,727	25,020	24,300	573	2.4%	118.9%
Neuroscience Center	4,125	2,988	4,242	2,735	(253)	(8.5%)	(33.7%)
Outpatient Rehabilitation Units	9,664	21,276	15,027	18,749	(2,527)	(11.9%)	94.0%
Physical & Other Therapy Units	274,912	255,567	274,661	281,977	26,410	10.3%	2.6%
Home Health Visits	28,794	35,818	36,160	36,160	342	1.0%	25.6%
Hospice	39,947	43,920	51,180	44,976	1,056	2.4%	12.6%
Radiation Oncology	25,031	22,783	28,244	22,783	0	0.0%	(9.0%)
Radiology Xray	117,573	159,189	154,595	156,959	(2,230)	(1.4%)	33.5%
Radiology CT	49,111	52,470	52,948	52,970	500	1.0%	7.9%
Radiology MRI	9,199	9,910	10,065	9,949	39	0.4%	8.2%
Radiology US	26,756	30,080	28,548	30,077	(3)	0.0%	12.4%

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
February 28, 2023

Board designated funds	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
LAIF		2.65	Various			187,658	
CAMP		4.75	CAMP			3,581,936	
PFM		2.63	Money market			1,329,571	
Allspring		2.63	Money market			200,125	
Torrey Pines Bank	5-Mar-23	0.35	CD	Torrey Pines Bank		3,065,200	
PFM	17-Mar-23	0.59	CD	Credit Suisse Ag CD		665,000	
PFM	3-Jun-23	0.80	MTN-C	Amazon Com Inc		445,000	
PFM	5-Jul-23	0.70	MTN-C	John Deere Mtn		230,000	
PFM	13-Nov-23	0.54	MTN-C	Bristol Myers Squibb		280,000	
PFM	25-Nov-23	3.06	U.S. Govt Agency	FHLMC		383,402	
Allspring	1-Jan-24	2.12	Municipal	New York ST		585,000	
PFM	25-Jan-24	0.40	ABS	BMW Auto Leasing LLC		46,119	
Allspring	2-Feb-24	0.35	MTN-C	Paccar Financial Mtn		1,000,000	
Allspring	8-Feb-24	0.35	MTN-C	National Rural		1,400,000	
PFM	7-Mar-24	3.25	MTN-C	Unilever Capital		200,000	
Allspring	18-Mar-24	0.75	MTN-C	Schwab Charles		1,625,000	
PFM	18-Mar-24	0.75	MTN-C	Schwab Charles		90,000	
Allspring	22-Mar-24	0.75	MTN-C	Verizon		730,000	
PFM	25-Mar-24	3.35	U.S. Govt Agency	FNMA		200,517	
PFM	5-Apr-24	0.73	MTN-C	Morgan Stanley		230,000	
PFM	15-Apr-24	3.70	MTN-C	Comcast Corp		395,000	
Allspring	26-Apr-24	0.50	MTN-C	Bank of Ny Mtn		1,000,000	
PFM	26-Apr-24	0.50	MTN-C	Bank of Ny Mtn		170,000	
Allspring	1-May-24	0.36	Municipal	Wisconsin ST		1,320,000	
Allspring	1-May-24	0.43	Municipal	Wisconsin ST		500,000	
Allspring	12-May-24	0.45	MTN-C	Amazon Com Inc		875,000	
PFM	12-May-24	0.45	MTN-C	Amazon Com Inc		250,000	
Allspring	15-May-24	0.58	Municipal	University Ca		1,000,000	
PFM	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill		950,000	
PFM	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill		425,000	
PFM	20-May-24	0.00	ABS	GM Fin Auto Lease		235,141	
PFM	28-May-24	0.70	MTN-C	Astrazeneca LP		300,000	
Allspring	1-Jun-24	0.59	Municipal	Orange Ca		500,000	
Allspring	1-Jun-24	0.64	Municipal	Torrance Ca		1,450,000	
Allspring	15-Jun-24	0.52	Municipal	Louisiana ST		500,000	
PFM	15-Jun-24	0.25	U.S. Govt Agency	US Treasury Bill		865,000	
Allspring	1-Jul-24	0.63	Municipal	El Segundo Ca		510,000	
Allspring	1-Jul-24	5.00	Municipal	Los Angeles Calif Ca		1,500,000	
PFM	1-Jul-24	1.96	Municipal	Arizona ST		675,000	
PFM	1-Jul-24	2.00	Municipal	Connecticut ST		150,000	
PFM	1-Jul-24	0.62	Municipal	Wisconsin ST		470,000	
PFM	15-Jul-24	0.00	MTN-C	Nissan Auto		24,307	
PFM	30-Jul-24	2.40	MTN-C	US Bancorp		415,000	
PFM	1-Aug-24	0.51	Municipal	Maryland ST		355,000	
PFM	1-Aug-24	2.05	Municipal	San Diego Ca Community		80,000	
PFM	1-Aug-24	0.70	Municipal	San Juan Ca		195,000	
PFM	1-Aug-24	2.02	Municipal	Tamalpais Ca Union		305,000	
PFM	9-Aug-24	0.75	ABS	American Honda Mtn		190,000	
PFM	12-Aug-24	0.75	ABS	BMW US Cap LLC		120,000	
PFM	12-Aug-24	0.75	ABS	BMW US Cap LLC		220,000	
PFM	12-Aug-24	0.63	MTN-C	Unilever Capital		100,000	
PFM	15-Aug-24	2.30	MTN-C	Honeywell		330,000	
PFM	15-Aug-24	2.15	MTN-C	Paccar Financial Mtn		210,000	
Allspring	16-Aug-24	2.02	MTN-C	Exxon Mobil		1,320,000	
PFM	30-Aug-24	1.75	MTN-C	Walt Disney Co		780,000	
PFM	30-Aug-24	0.63	MTN-C	Deere John Mtn		85,000	
Allspring	13-Sep-24	0.60	MTN-C	Caterpillar Finl Mtn		500,000	
PFM	14-Sep-24	0.61	MTN-C	Nestle Holdings		640,000	
PFM	23-Sep-24	0.50	Supra-National Agen	Inter Amer Bk		870,000	
PFM	30-Sep-24	1.50	U.S. Govt Agency	US Treasury Bill		425,000	
PFM	15-Oct-24	0.70	ABS	Toyota Auto Recvs		90,044	
PFM	18-Oct-24	0.37	ABS	Honda Auto		151,590	
PFM	24-Oct-24	2.10	MTN-C	Bank of NY		150,000	
PFM	25-Oct-24	0.00	ABS	BMW Vehicle Owner		35,890	
PFM	25-Oct-24	0.85	MTN-C	Bank of Ny Mtn		390,000	
PFM	30-Oct-24	0.78	MTN-C	Citigroup Inc		445,000	
Allspring	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill		650,000	
PFM	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill		1,500,000	
PFM	1-Nov-24	0.57	Municipal	Mississippi ST		300,000	
Allspring	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn		600,000	
PFM	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn		850,000	
PFM	30-Nov-24	1.50	U.S. Govt Agency	US Treasury Bill		1,000,000	
Allspring	5-Dec-24	4.02	MTN-C	JP Morgan		1,050,000	
Allspring	6-Dec-24	2.15	MTN-C	Branch Banking Trust		1,300,000	
Allspring	15-Dec-24	1.00	U.S. Govt Agency	US Treasury Bill		550,000	

PFM	15-Dec-24	0.00	ABS	Hyundai Auto	67,204
Allspring	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	7-Jan-25	1.63	U.S. Govt Agency	FNMA	1,510,000
Allspring	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000
PFM	10-Jan-25	1.38	Supra-National Agen	Cooperatieve	440,000
Allspring	15-Jan-25	1.13	U.S. Govt Agency	US Treasury Bill	3,300,000
Allspring	21-Jan-25	2.05	MTN-C	US Bank NA	1,400,000
Allspring	24-Jan-25	1.76	MTN-C	Goldman Sachs	725,000
PFM	25-Jan-25	0.53	U.S. Govt Agency	FHLMC	36,159
PFM	7-Feb-25	1.88	MTN-C	National Rural Mtn	125,000
PFM	12-Feb-25	1.50	U.S. Govt Agency	FHLMC	1,000,000
PFM	13-Feb-25	1.80	MTN-C	Toyota Motor	420,000
PFM	14-Feb-25	1.75	MTN-C	Novartis Capital	425,000
PFM	20-Feb-25	0.00	MTN-C	Verizon Owner	180,764
Allspring	7-Mar-25	2.13	MTN-C	Deere John Mtn	550,000
PFM	10-Mar-25	2.13	MTN-C	Roche Holding Inc	730,000
PFM	15-Mar-25	0.00	ABS	Carmax Auto Owner	85,822
Allspring	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000
PFM	1-Apr-25	3.25	MTN-C	General Dynamics	395,000
PFM	14-Apr-25	0.50	U.S. Govt Agency	FHLB	1,340,000
PFM	15-Apr-25	2.70	MTN-C	Home Depot Inc	65,000
PFM	22-Apr-25	0.63	U.S. Govt Agency	FNMA	1,530,000
Allspring	1-May-25	0.74	Municipal	San Diego County	300,000
PFM	1-May-25	0.98	MTN-C	Citigroup Inc	440,000
PFM	11-May-25	1.13	MTN-C	Apple, Inc	655,000
Allspring	15-May-25	2.75	U.S. Govt Agency	US Treasury Bill	980,000
PFM	15-May-25	0.93	Municipal	University Calf Ca	185,000
PFM	25-May-25	3.33	U.S. Govt Agency	FHLMC	855,000
Allspring	1-Jun-25	0.92	Municipal	Connecticut ST	400,000
PFM	1-Jun-25	1.35	MTN-C	Honeywell	220,000
PFM	1-Jun-25	3.15	MTN-C	Emerson Electric Co	265,000
PFM	1-Jun-25	1.35	MTN-C	Honeywell	180,000
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	725,000
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	275,000
Allspring	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000
PFM	17-Jun-25	0.50	U.S. Govt Agency	FNMA	1,800,000
Allspring	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000
PFM	1-Jul-25	1.26	Municipal	Florida ST	600,000
PFM	1-Jul-25	0.77	Municipal	Wisconsin ST	440,000
Allspring	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000
PFM	21-Jul-25	0.50	ABS	GM Financial	100,000
PFM	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	520,000
PFM	31-Jul-25	0.25	U.S. Govt Agency	US Treasury Bill	185,000
Allspring	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000
PFM	1-Aug-25	0.77	Municipal	Los Angeles Ca	335,000
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000
PFM	15-Aug-25	0.78	ABS	Carmax Auto Owner	125,896
PFM	15-Aug-25	0.62	ABS	Kubota Credit	195,000
Allspring	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000
Allspring	15-Sep-25	0.36	ABS	John Deere Owner	513,727
PFM	15-Sep-25	0.00	ABS	Hyundai Auto	155,372
PFM	15-Sep-25	3.88	MTN-C	Abbott Laboratories	195,000
Allspring	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000
Allspring	25-Sep-25	0.98	MTN-C	Bk of America	1,300,000
Allspring	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000
Allspring	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000
PFM	17-Nov-25	0.56	ABS	Kubota Credit	165,000
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	1,200,000
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	1,350,000
PFM	15-Dec-25	0.00	ABS	Carmax Auto Owner	92,166
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	445,000
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	950,000
PFM	31-Dec-25	2.63	U.S. Govt Agency	US Treasury Bill	2,000,000
PFM	31-Jan-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	6-Feb-26	1.75	MTN-C	State Street Corp	350,000
Allspring	6-Feb-26	1.75	MTN-C	State Street Corp	650,000
PFM	12-Feb-26	0.86	MTN-C	Goldman Sachs	205,000
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	17-Feb-26	0.00	ABS	Carmax Auto Owner	244,696
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	30-Mar-26	2.90	MTN-C	State Street Corp	420,000
Allspring	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000
PFM	31-Mar-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	2-Apr-26	3.38	MTN-C	Bank of America	250,000
PFM	19-Apr-26	3.50	MTN-C	Bank of America	295,000
Allspring	25-Apr-26	3.91	MTN-C	Wells Fargo co	800,000

Allspring	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,900,000
Allspring	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	450,000
Allspring	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,875,000
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	435,000
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000
PFM	31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000
PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	550,000
Allspring	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000
Allspring	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	750,000
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	240,000
Allspring	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000
PFM	8-Jul-26	3.05	MTN-C	Walmart INC	205,000
PFM	20-Jul-26	0.00	ABS	Honda Auto Rec Own	130,000
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	280,000
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	600,000
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,210,000
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	1-Oct-26	2.95	MTN-C	JP Morgan	415,000
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000
PFM	4-Nov-26	0.02	MTN-C	American Express Co	445,000
PFM	15-Nov-26	3.55	MTN-C	Lockheed Martin	203,000
PFM	16-Nov-26	0.00	ABS	Capital One Multi	640,000
Allspring	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	1,100,000
Allspring	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	900,000
PFM	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	200,000
PFM	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Dec-26	1.25	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Dec-26	1.25	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	11-Jan-27	1.70	MTN-C	Deere John Mtn	220,000
Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000
PFM	15-Jan-27	1.95	MTN-C	Target Corp	115,000
PFM	15-Jan-27	1.95	MTN-C	Target Corp	215,000
Allspring	31-Jan-27	1.50	U.S. Govt Agency	US Treasury Bill	650,000
Allspring	31-Jan-27	1.50	U.S. Govt Agency	US Treasury Bill	750,000
Allspring	31-Mar-27	2.50	U.S. Govt Agency	US Treasury Bill	1,280,000
Allspring	31-Mar-27	2.50	U.S. Govt Agency	US Treasury Bill	550,000
Allspring	31-Mar-27	2.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	15-Apr-27	0.00	ABS	Carmax Auto Owner	600,000
PFM	15-Apr-27	2.50	MTN-C	Home Depot Inc	220,000
Allspring	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	970,000
PFM	30-Apr-27	0.50	U.S. Govt Agency	US Treasury Bill	250,000
PFM	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	800,000
PFM	15-May-27	2.38	U.S. Govt Agency	US Treasury Bill	925,000
PFM	15-May-27	1.70	MTN-C	IBM Corp	230,000
PFM	15-May-27	3.70	MTN-C	Unitedhealth Group	85,000
PFM	17-May-27	4.14	ABS	Capital One Prime	265,000
PFM	17-May-27	2.39	MTN-C	American Express Co	655,000
PFM	17-May-27	0.00	MTN-C	Discover Card Exe	305,000
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St	1,000,000
PFM	31-Jul-27	2.75	U.S. Govt Agency	US Treasury Bill	1,675,000
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	200,000
PFM	15-Sep-28	0.00	MTN-C	Discover Card Exe	495,000
PFM	20-Jul-32	0.00	ABS	Toyota Lease Owner	136,627
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	500,000
					$ 144,572,934

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
February 28, 2023

	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
Self-insurance trust							
Wells Fargo Bank			Money market		110900	1,312,186	
Wells Fargo Bank			Fixed income - L/T		152300	1,098,545	
							2,410,731
2015A revenue bonds							
US Bank			Principal/Interest payment fund		142115	284,546	
							284,546
2015B revenue bonds							
US Bank			Principal/Interest payment fund		142116	1,046,908	
US Bank			Project Fund		152442	73	
							1,046,981
2017C revenue bonds							
US Bank			Principal/Interest payment fund		142118	6,311,748	
							6,311,748
2020 revenue bonds							
Signature Bank			Project Fund		152446	177	
US Bank			Principal/Interest payment fund		142113	748,320	
							748,496
2014 general obligation bonds							
LAIF			Interest Payment fund		152440	2,860,328	
							2,860,328
Operations							
Wells Fargo Bank		0.16	Checking		100000	(3,002,484)	
Wells Fargo Bank		0.16	Checking		100500	1,614,966	
						(1,387,518)	
Payroll							
Wells Fargo Bank		0.16	Checking		100100	(101,935)	
Wells Fargo Bank		0.16	Checking	Flexible Spending	100201	595,150	
Wells Fargo Bank		0.16	Checking	HSA	100200	(11,752)	
Wells Fargo Bank			Checking	Resident Fund	100205	1,140	
Bancorp			Checking	Bancorp	100202	(37,122)	
						445,481	
							(942,037)
					Total investments		**$ 157,293,728**

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
February 28, 2023

Kaweah Delta Medical Foundation

Wells Fargo Bank	Checking	100050		**$ 233,599**

Sequoia Regional Cancer Center

Wells Fargo Bank	Checking	100535	447,517	
				$ 447,517

Kaweah Delta Hospital Foundation

VCB Checking	Investments	100501	668,399	
Various	S/T Investments	142200	5,078,369	
Various	L/T Investments	142300	12,516,751	
Various	Unrealized G/L	142400	602,241	
				$ 18,865,761

Summary of board designated funds:

Plant fund:			
Uncommitted plant funds	$ 76,162,706	142100	
Committed for capital	41,962,336	142100	
	118,125,041		
GO Bond reserve - L/T	1,992,658	142100	
401k Matching	(60)	142100	
Cost report settlement - curre 2,135,384		142104	
Cost report settlement - L/T 1,312,727		142100	
	3,448,111		
Development fund/Memorial fund	104,184	112300	
Workers compensation - curre 5,625,000		112900	
Workers compensation - L/T 15,278,000		113900	
	20,903,000		
	$ 144,572,934		

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bank of New York	$ -	0.0%	0	-	0.0%
Bancorp	$ (37,122)	0.0%		(37,122)	0.0%
Cal Trust	-	0.0%		-	0.0%
CAMP	3,581,936	2.3%		3,581,936	2.5%
Local Agency Investment Fund (LAIF)	187,658	0.1%		187,658	0.1%
Local Agency Investment Fund (LAIF) - GOB Tax Rev	2,860,328	1.8%	2,860,328	-	0.0%
Local Agency investment Fund (LAIF) - Kresge Foundatio	-	0.0%	-	-	0.0%
AIG	-	0.0%	-	-	0.0%
Royal Bank of Canada	-	0.0%	-	-	0.0%
Merrill Lynch	-	0.0%		-	0.0%
Wells Fargo Advisors	-	0.0%		-	0.0%
Allspring	68,588,853	43.6%	2,410,731	66,178,122	46.1%
PFM	69,149,287	44.0%		69,149,287	48.1%
Torrey Pines Bank	3,065,200	1.9%		3,065,200	2.1%
Wells Fargo Bank	1,505,816	1.0%		1,505,816	1.0%
Prudential Bache	-	0.0%		-	0.0%
Bank of the Sierra	-	0.0%		-	0.0%
Bank of the Sierra - CDARS	-	0.0%		-	0.0%
UMB	-	0.0%	-		0.0%
Valley Business Bank	-	0.0%		-	0.0%
Visalia Community Bank	-	0.0%		-	0.0%
Signature Bank	177	0.0%	177		0.0%
US Bank	8,391,595	5.3%	8,391,595		0.0%
Union Bank	-	0.0%		-	0.0%
WestAmerica Bank	-	0.0%		-	0.0%
Banco Pop	-	0.0%		-	0.0%
Total investments	$ 157,293,728	100.0%	$ 13,662,831	143,630,897	100.0%

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
February 28, 2023

Investment summary of surplus funds by type:			**Investment Limitations**	
Negotiable and other certificates of deposit	$	3,730,200	43,089,000	(30%)
Checking accounts		(942,037)		
Local Agency Investment Fund (LAIF)		187,658	75,000,000	
Cal Trust		-		
CAMP		3,581,936		
Medium-term notes (corporate) (MTN-C)		39,453,070	43,089,000	(30%)
U.S. government agency		73,160,078		
Municipal securities		16,265,000		
Money market accounts		1,529,696	28,726,000	(20%)
Commercial paper		-	35,908,000	(25%)
Asset Backed Securties		5,355,295	28,726,000	(20%)
Supra-National Agency		1,310,000	43,089,000	(30%)
	$	143,630,897		

Return on investment:

Current month	**1.71%**
Year-to-date	**0.79%**
Prospective	**1.41%**
LAIF (year-to-date)	**1.86%**
Budget	**1.65%**

Fair market value disclosure for the quarter ended December 31, 2022 (District only):	**Quarter-to-date**	**Year-to-date**
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(10,703,742)
Change in unrealized gain (loss) on investments (income statement effect)	$ 1,444,742	(2,359,623)

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
February 28, 2023

Investment summary of CDs:

Credit Suisse Ag CD	$	665,000
Dnb Bank Asa Ny CD		0
Torrey Pines Bank		3,065,200
	$	3,730,200

Investment summary of asset backed securities:

American Honda Mtn	$	190,000
BMW Vehicle Owner		35,890
BMW Auto Leasing LLC		46,119
BMW US Cap LLC		340,000
Capital One Multi		640,000
Capital One Prime		265,000
Carmax Auto Owner		1,698,580
GM Fin Atmbl Lease		0
Gm Fin Auto Lease		235,141
Gm Financial		100,000
Honda Auto		151,590
Honda Auto Rec Own		130,000
Hyundai Auto		222,576
John Deere Owner		513,727
Kubota Credit		360,000
Mercedes Benz Auto		200,000
Toyota Auto Recvs		90,044
Toyota Lease Owner		136,627
	$	5,355,295

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
February 28, 2023

Investment summary of medium-term notes (corporate):

Abbott Laboratories	$	195,000
Adobe Inc	$	-
Amazon Com Inc		1,570,000
American Express Co		1,100,000
American Express Cr		0
American Honda Mtn		0
Apple, Inc		655,000
Astrazeneca LP		565,000
Bank of America		545,000
Bank of NY		150,000
Bank of NY Mtn		1,560,000
Bk of America		1,300,000
Branch Banking Trust		1,300,000
Bristol Myers Squibb		280,000
Caterpillar Finl Mtn		2,170,000
Citigroup Inc		885,000
Colgate Palmolive		0
Comcast Corp		395,000
Deere John Mtn		855,000
Discover Card Exe		800,000
Emerson Electric Co		265,000
Exxon Mobil		1,320,000
Ford Credit		0
General Dynamics		395,000
Goldman Sachs		930,000
Home Depot Inc		285,000
Honeywell		730,000
HSBC USA Inc		0
IBM Corp		640,000
Intel corp		0
John Deere Mtn		730,000
JP Morgan		2,465,000
Lockheed Martin		203,000
Morgan Stanley		230,000
National Rural		1,400,000
National Rural Mtn		125,000
Nestle Holdings		640,000
Nike Inc		0
Nissan Auto		24,307
Northern Tr Corp Sr		0
Novartis Capital		425,000
Paccar Financial Mtn		1,210,000
PNC Financial		0
Procter Gamble Co		1,300,000
Roche Holding Inc		730,000
Schwab Charles		1,715,000
State Street Corp		1,420,000
Target Corp		1,230,000
Toyota Motor		1,820,000
Truist Financial Mtn		0
Unilever Capital		300,000
Unitedhealth Group		85,000
US Bancorp		415,000
US Bank NA		1,400,000
Verizon		730,000
Verizon Owner		180,764
Walmart INC		205,000
Walt Disney Co		780,000
Wells Fargo co		800,000
	$	39,453,070

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	$	8,540,517
Federal Home Loan Bank (FHLB)		1,865,000
Federal Home Loan Mortgage Corp (FHLMC)		5,044,561
US Treasury Bill		57,710,000
	$	73,160,078

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
February 28, 2023

Investment summary of municipal securities:

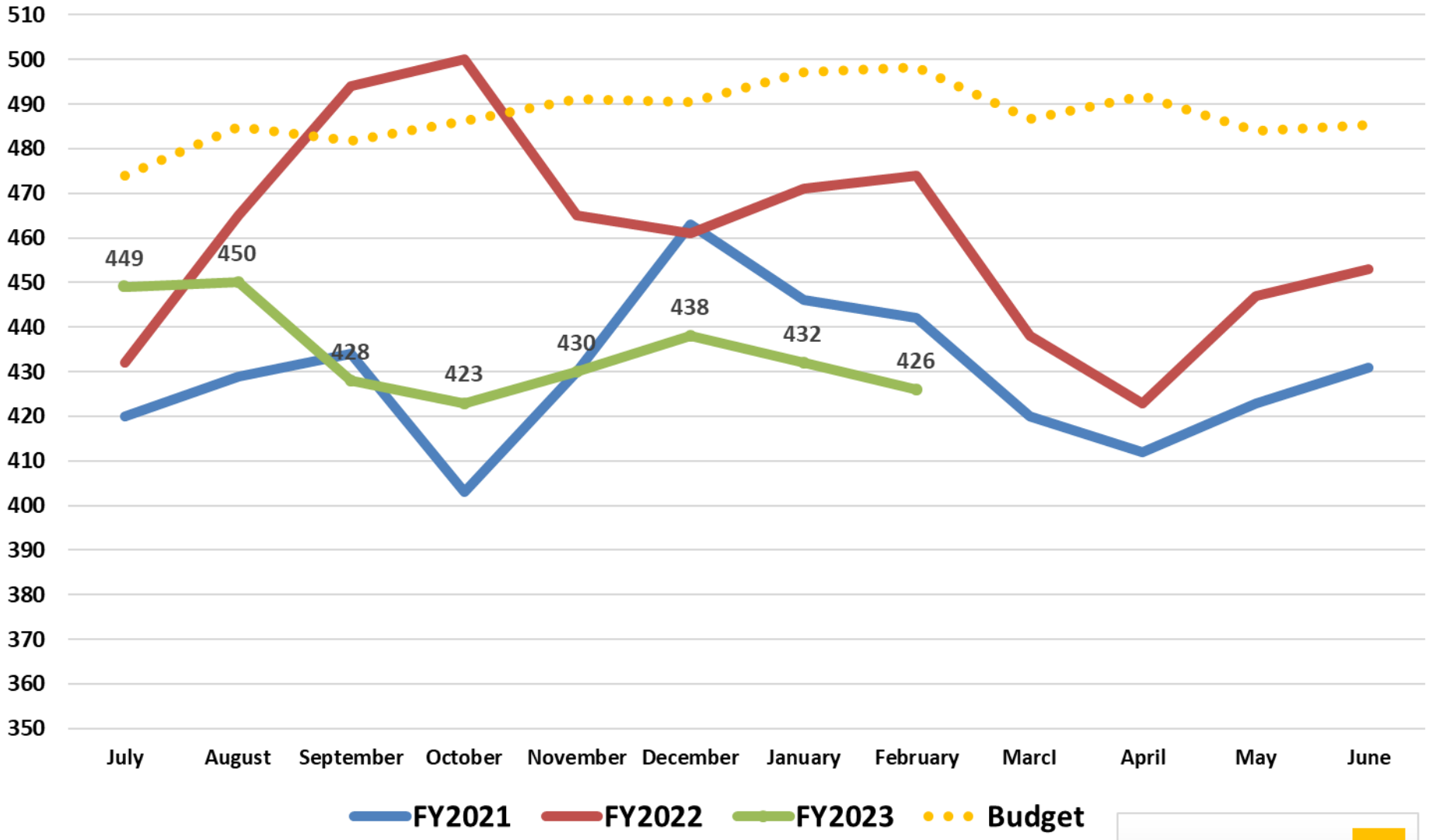
Arizona ST	$	675,000
Alameda Cnty Ca	$	500,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
Connecticut ST		550,000
El Segundo Ca		510,000
Florida ST		600,000
Los Angeles Ca		605,000
Los Angeles Calif Ca		1,500,000
Louisiana ST		500,000
Maryland ST		355,000
Massachusetts St		1,000,000
Mississippi ST		300,000
New York ST		585,000
Orange Ca		500,000
San Diego Ca Community		80,000
San Diego County		300,000
San Juan Ca		385,000
Santa Cruz Ca		400,000
Tamalpais Ca Union		305,000
Torrance Ca		1,450,000
University Ca		1,000,000
University Calf Ca		185,000
Wisconsin ST		2,730,000
	$	16,265,000

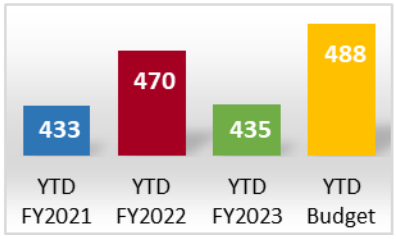
Investment summary of Supra-National Agency:

Cooperatieve	$	440,000
Inter Amer Bk		870,000
Intl Bk		-
	$	1,310,000

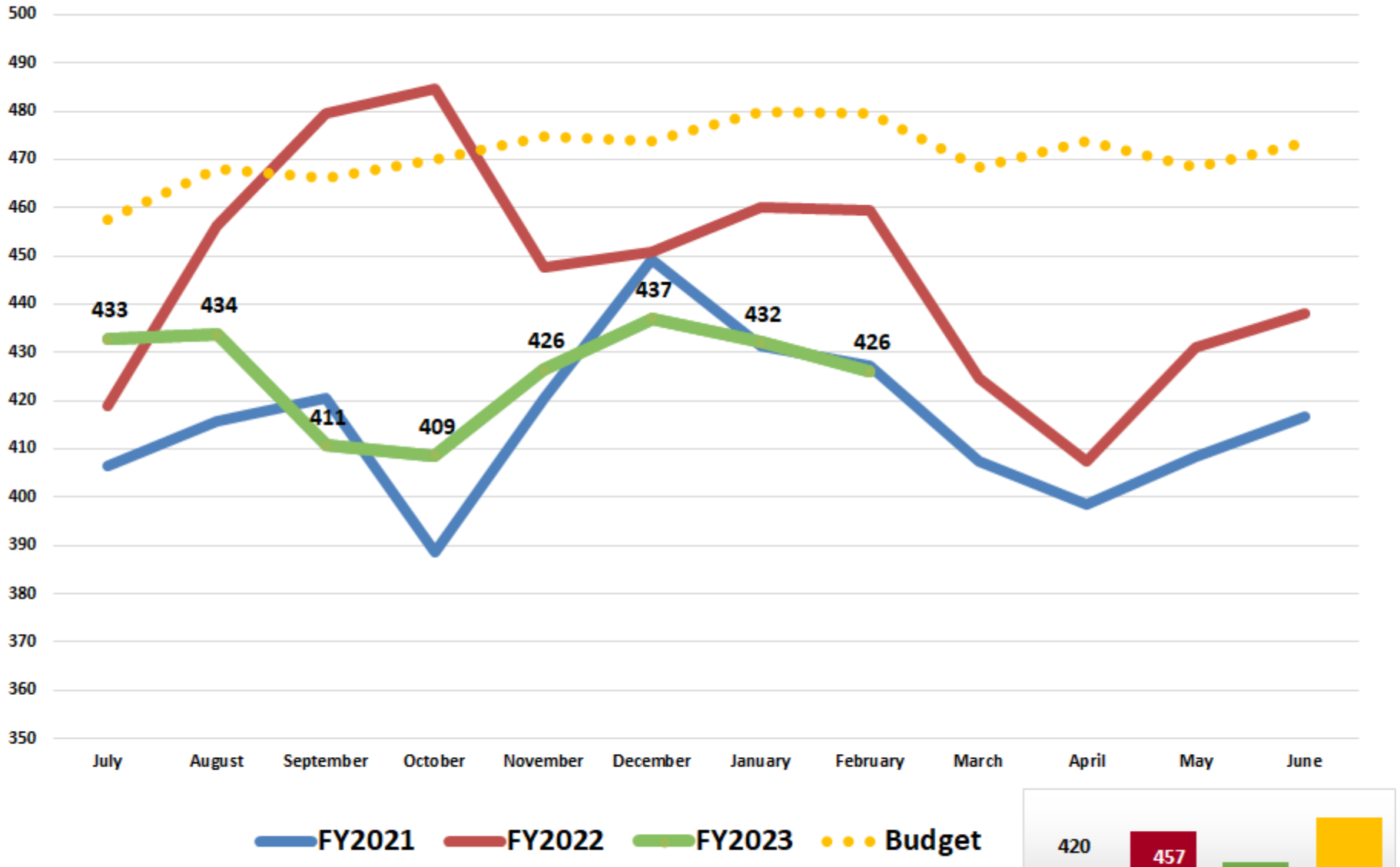
Statistical Report
February 2023

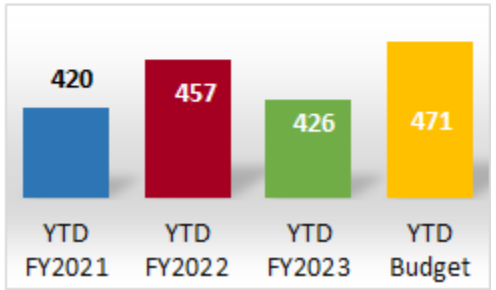
Average Daily Census



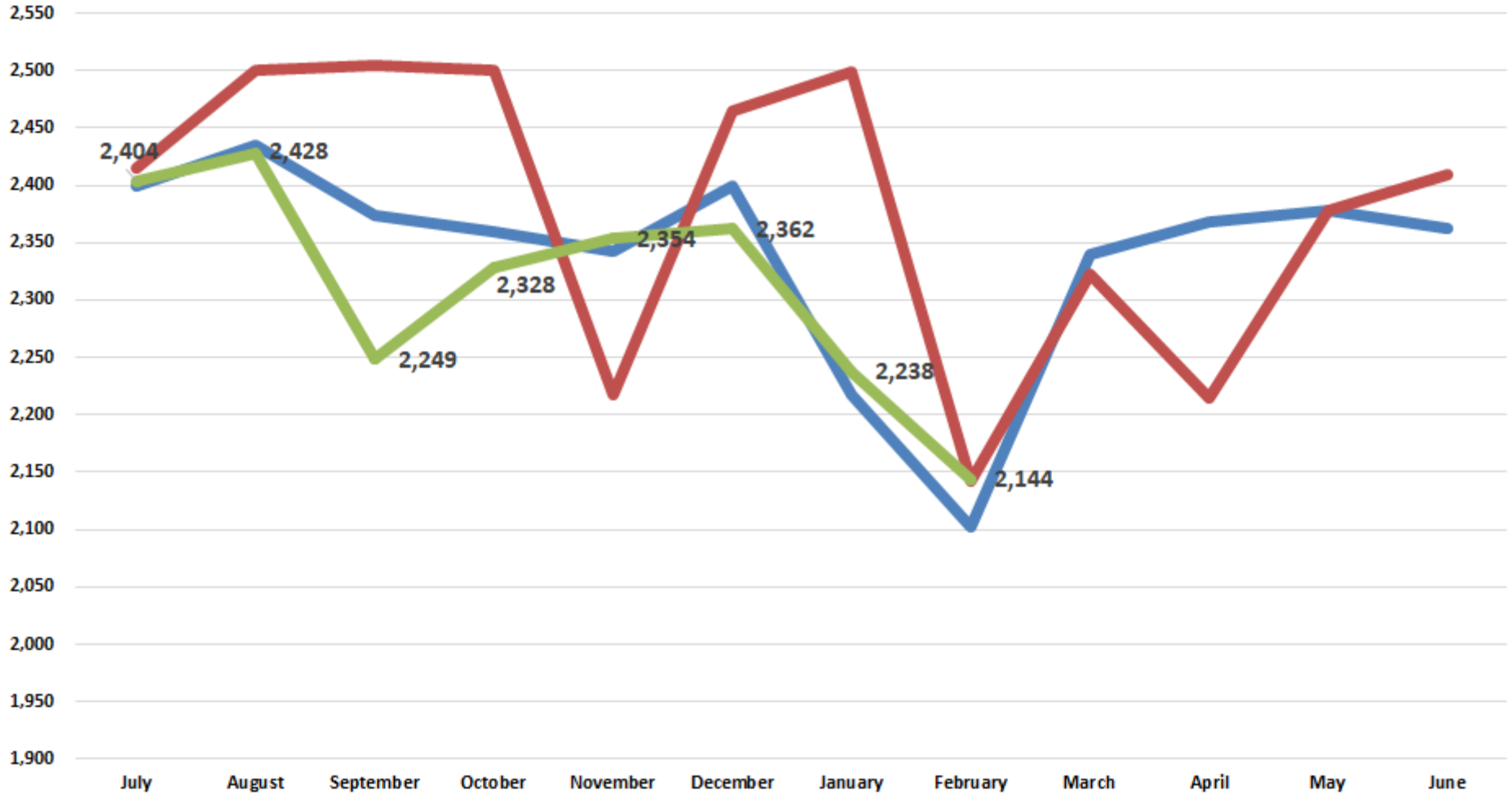


Average Daily Census w/o TCS





Admissions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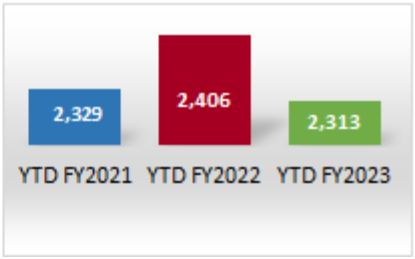
2,249
2,328
2,354
2,362
2,238
2,144
July
August
September
October
November
December
January
February
March
April
May
June
FY2021
FY2022
FY2023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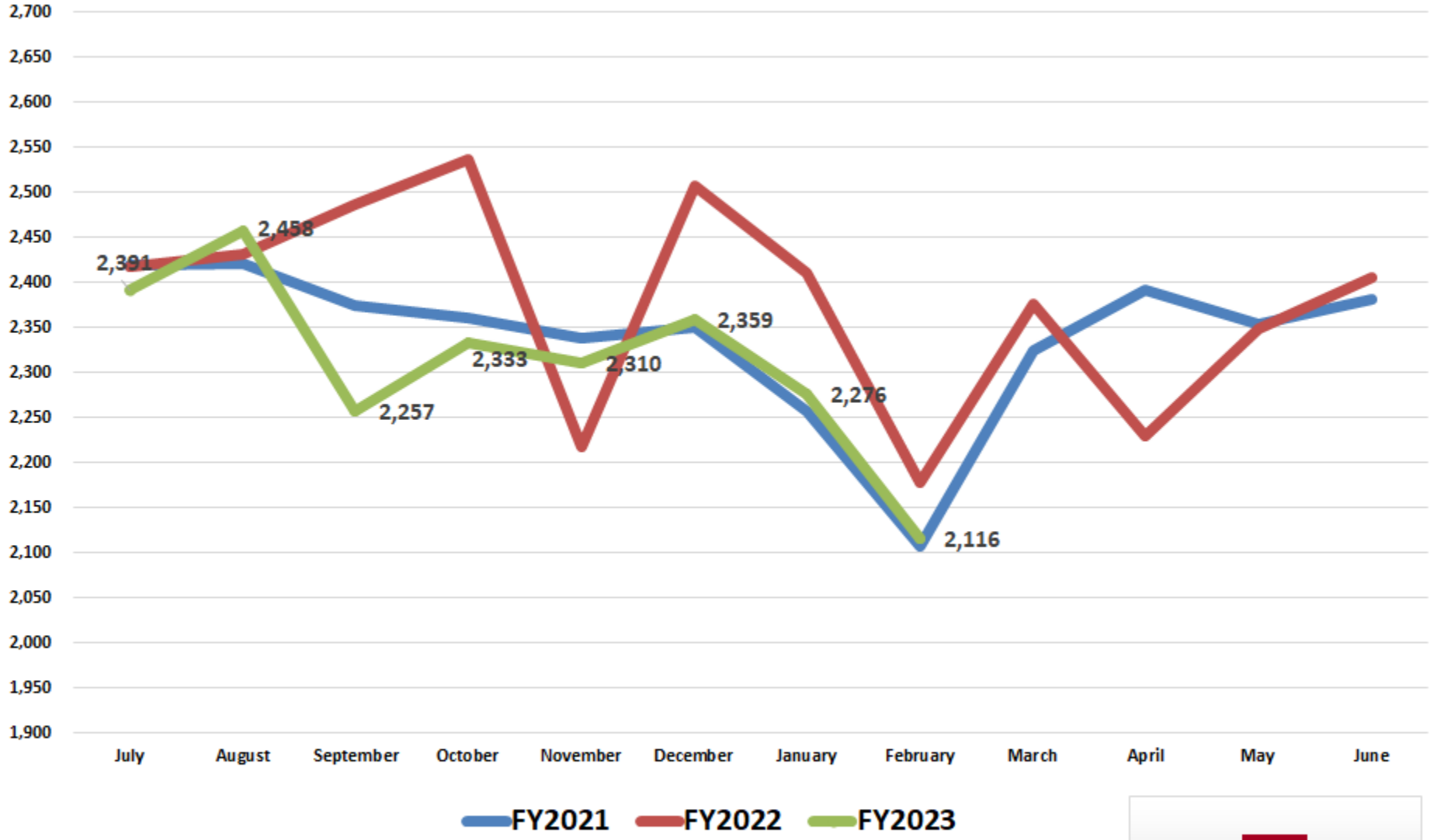
2,313
YTD FY2021
YTD FY2022
YTD FY2023

Discharges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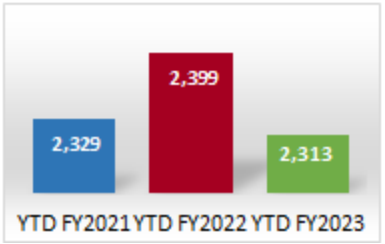
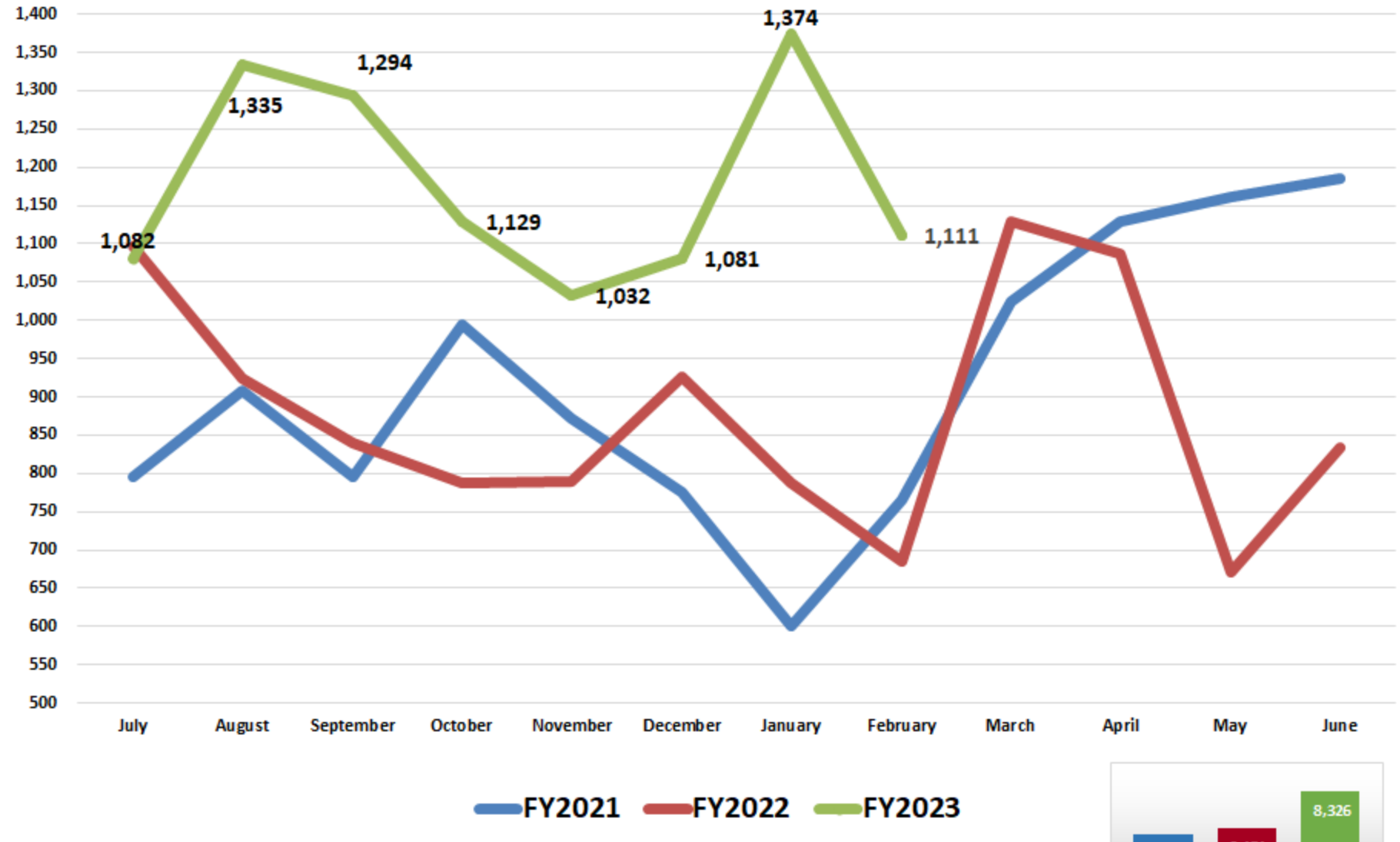
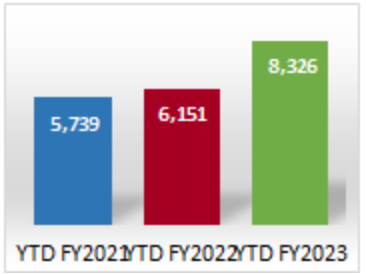
2,257
2,333
2,310
2,359
2,276
2,116
July
August
September
October
November
December
January
February
March
April
May
June
FY2021
FY2022
FY2023

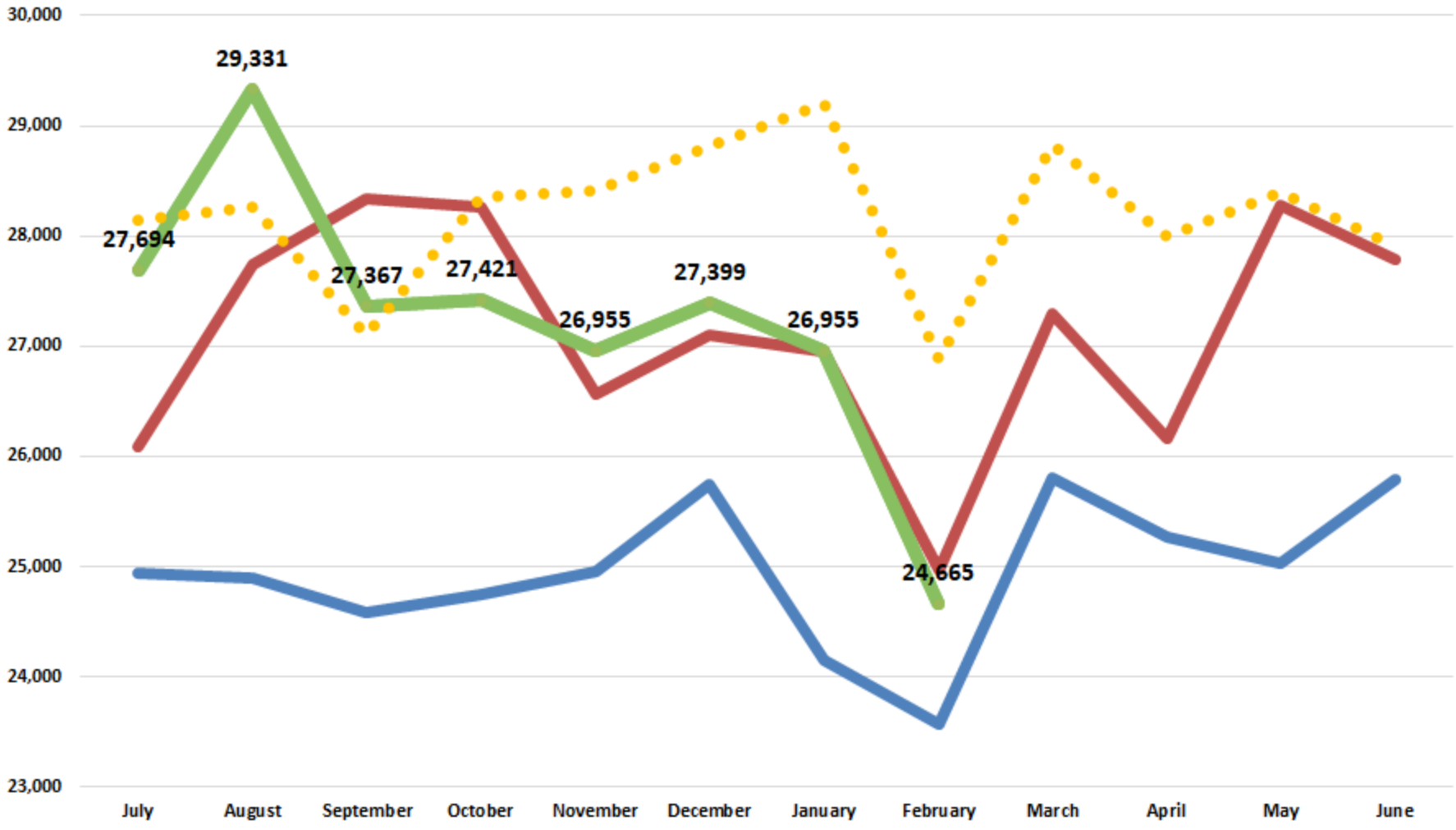

2,329
2,399
2,313
YTD FY2021
YTD FY2022
YTD FY2023

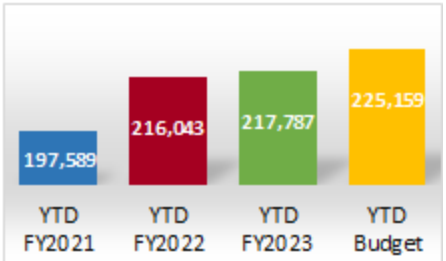
Observation Days



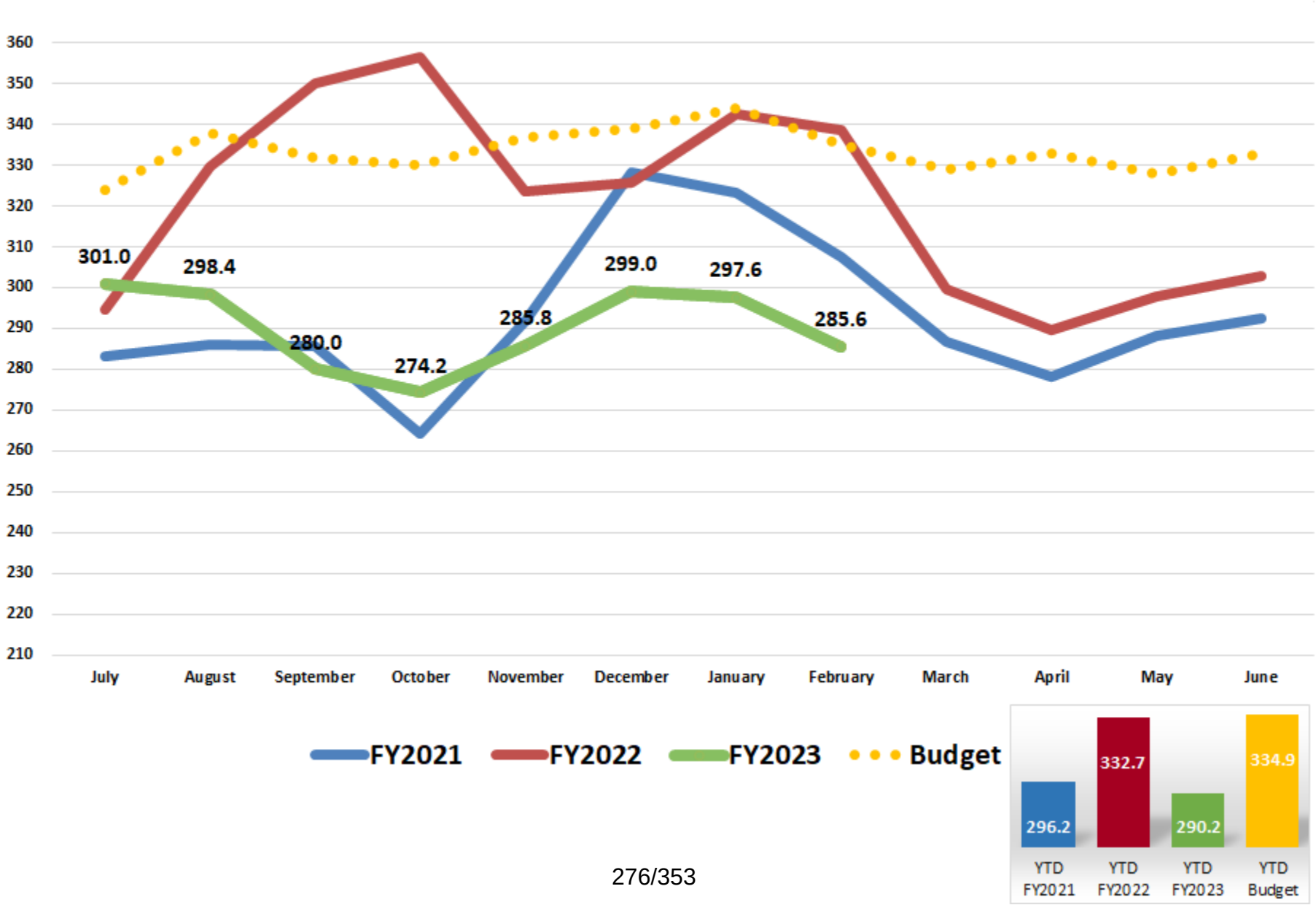


Adjusted Patient Days

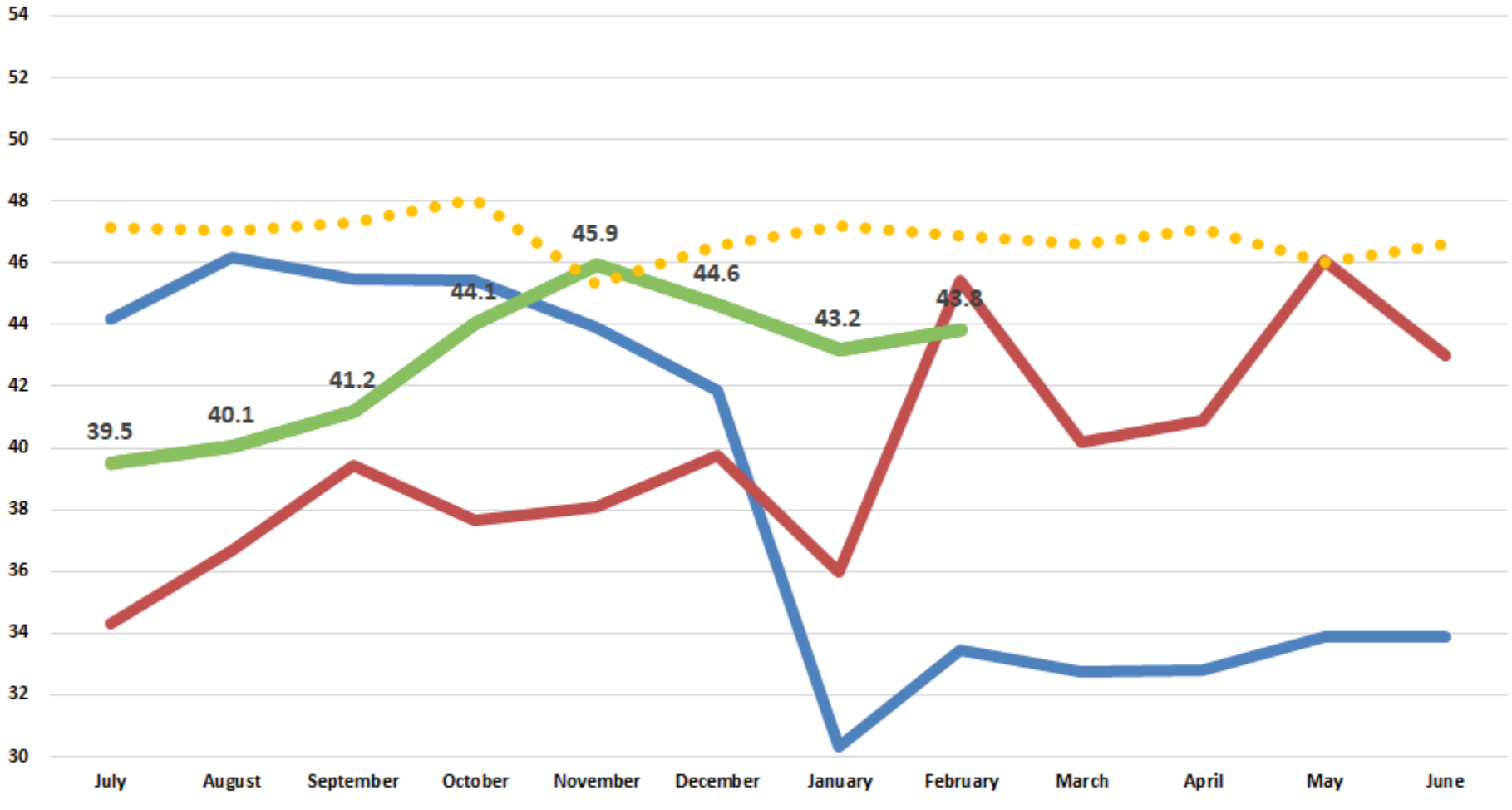


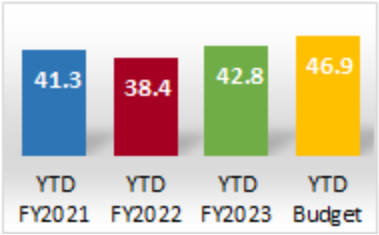


Medical Center (Avg Patients Per Day)

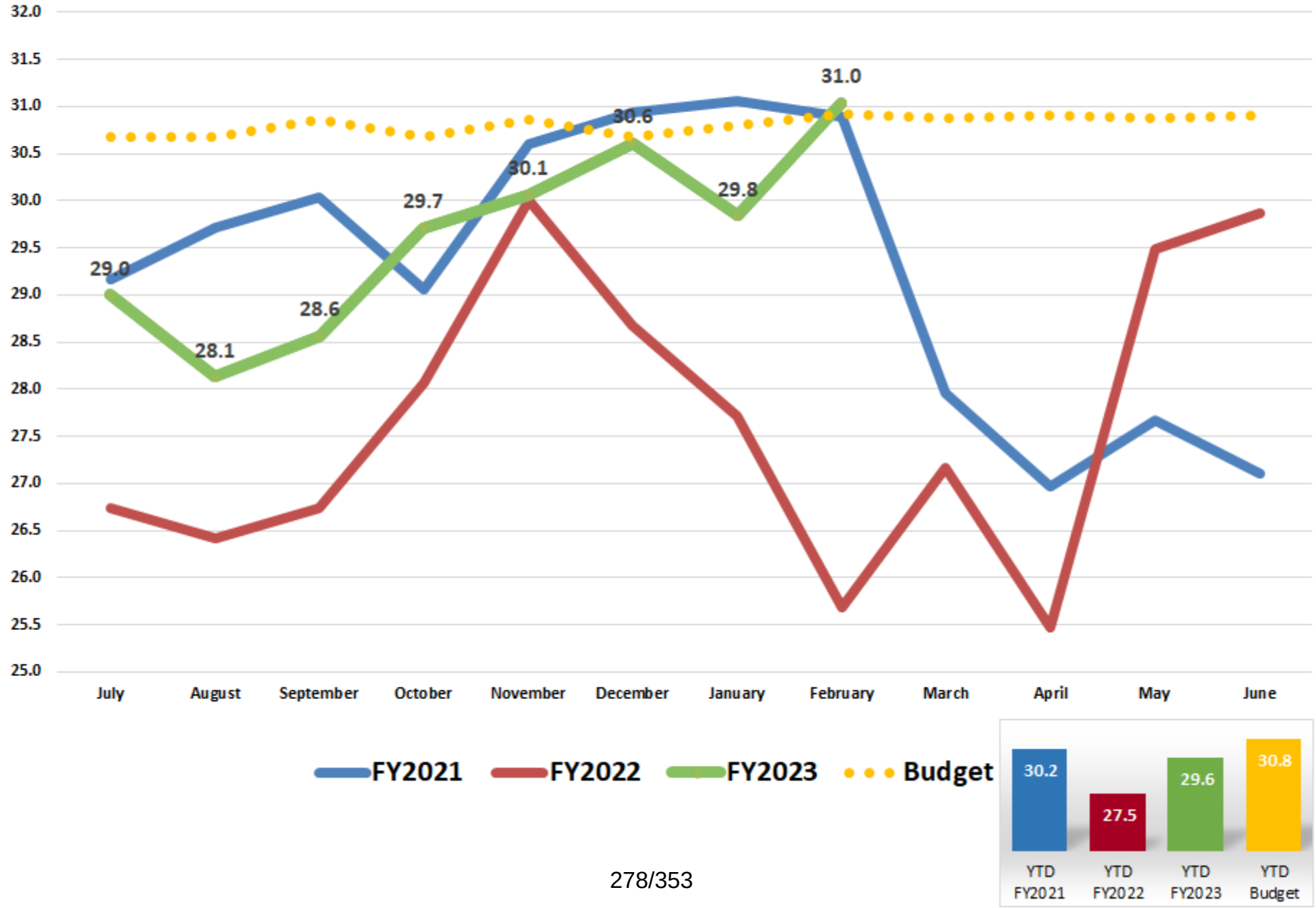


Acute I/P Psych (Avg Patients Per Day)

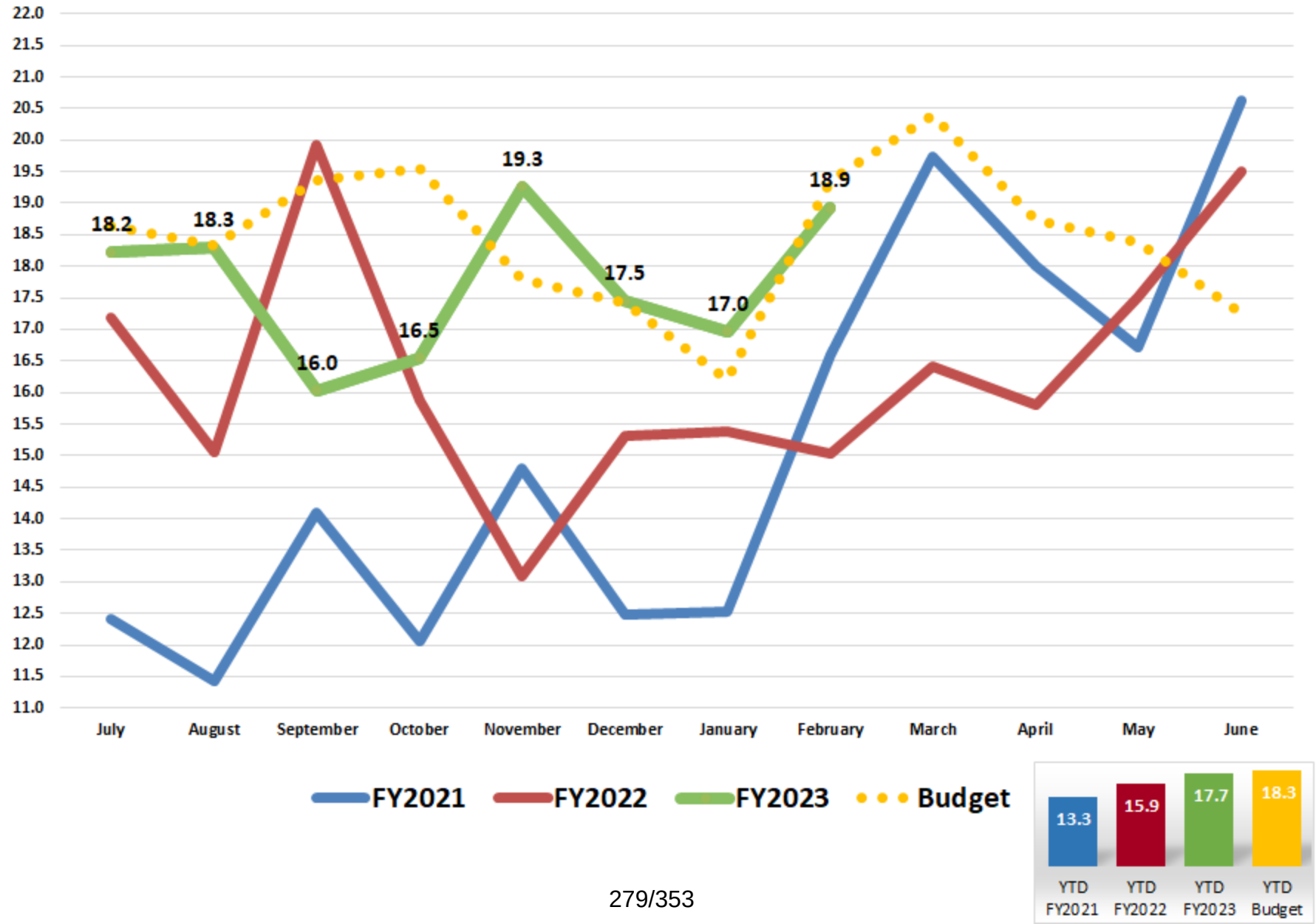




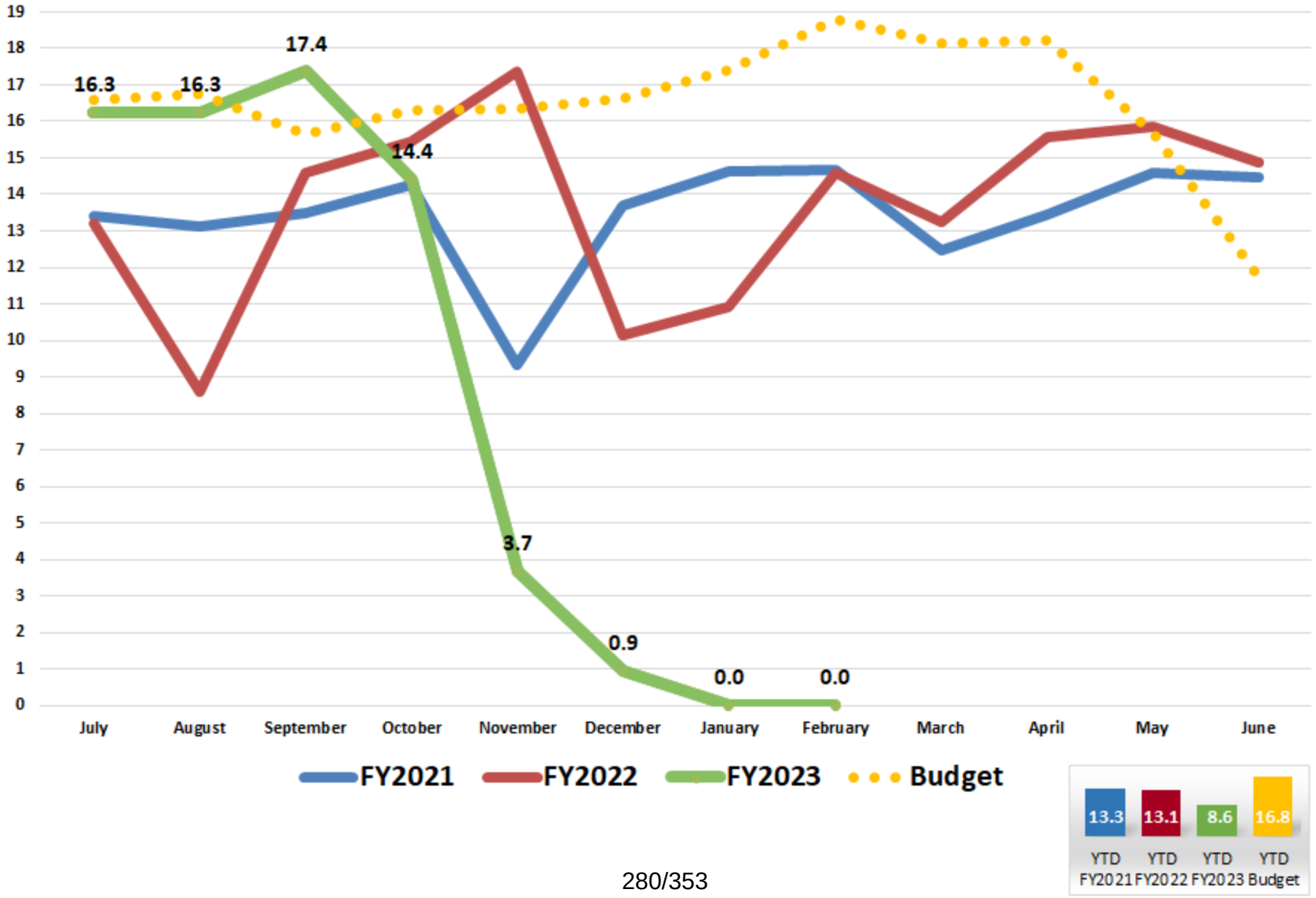
Sub-Acute - Avg Patients Per Day



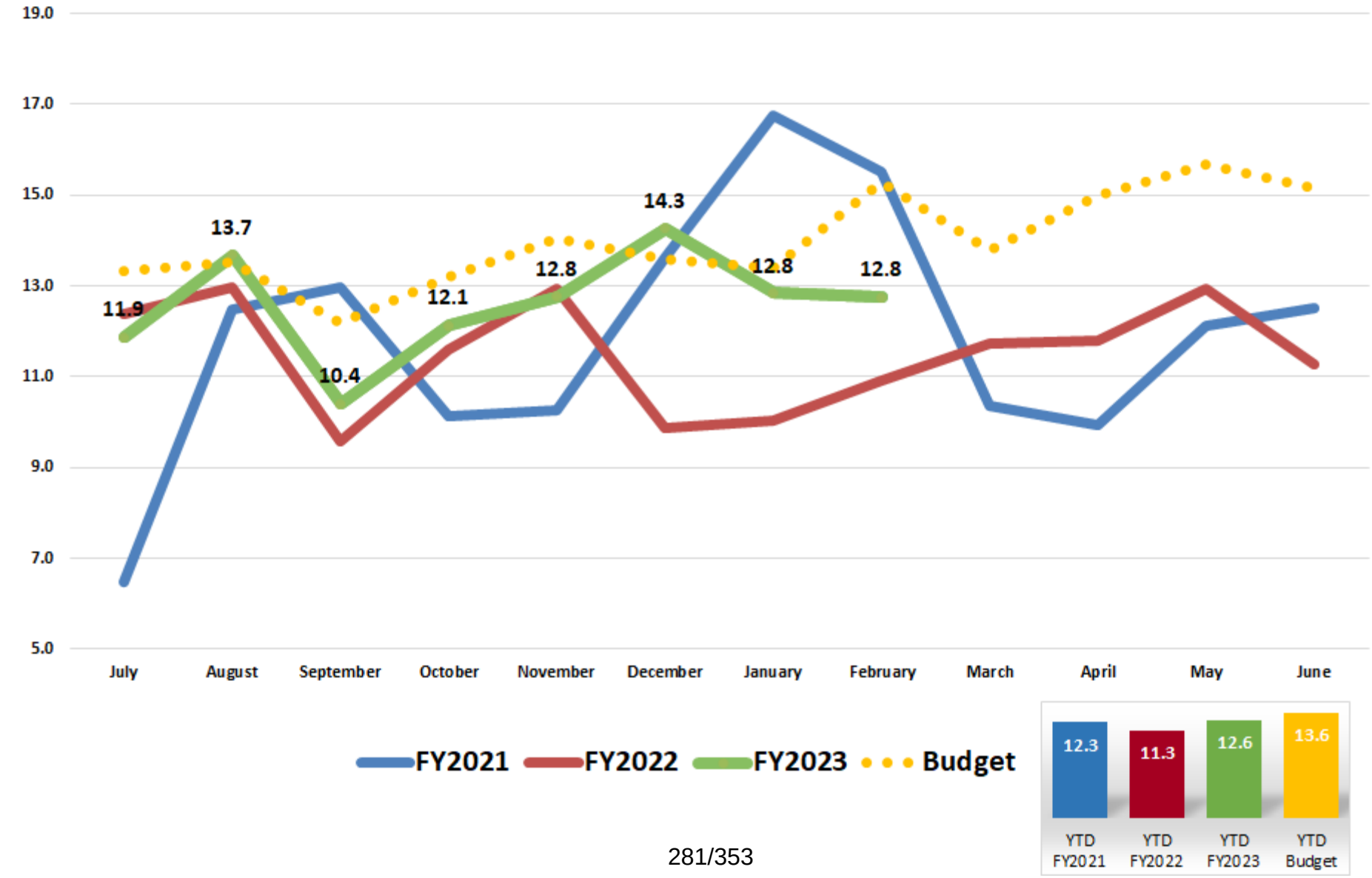
Rehabilitation Hospital - Avg Patients Per Day



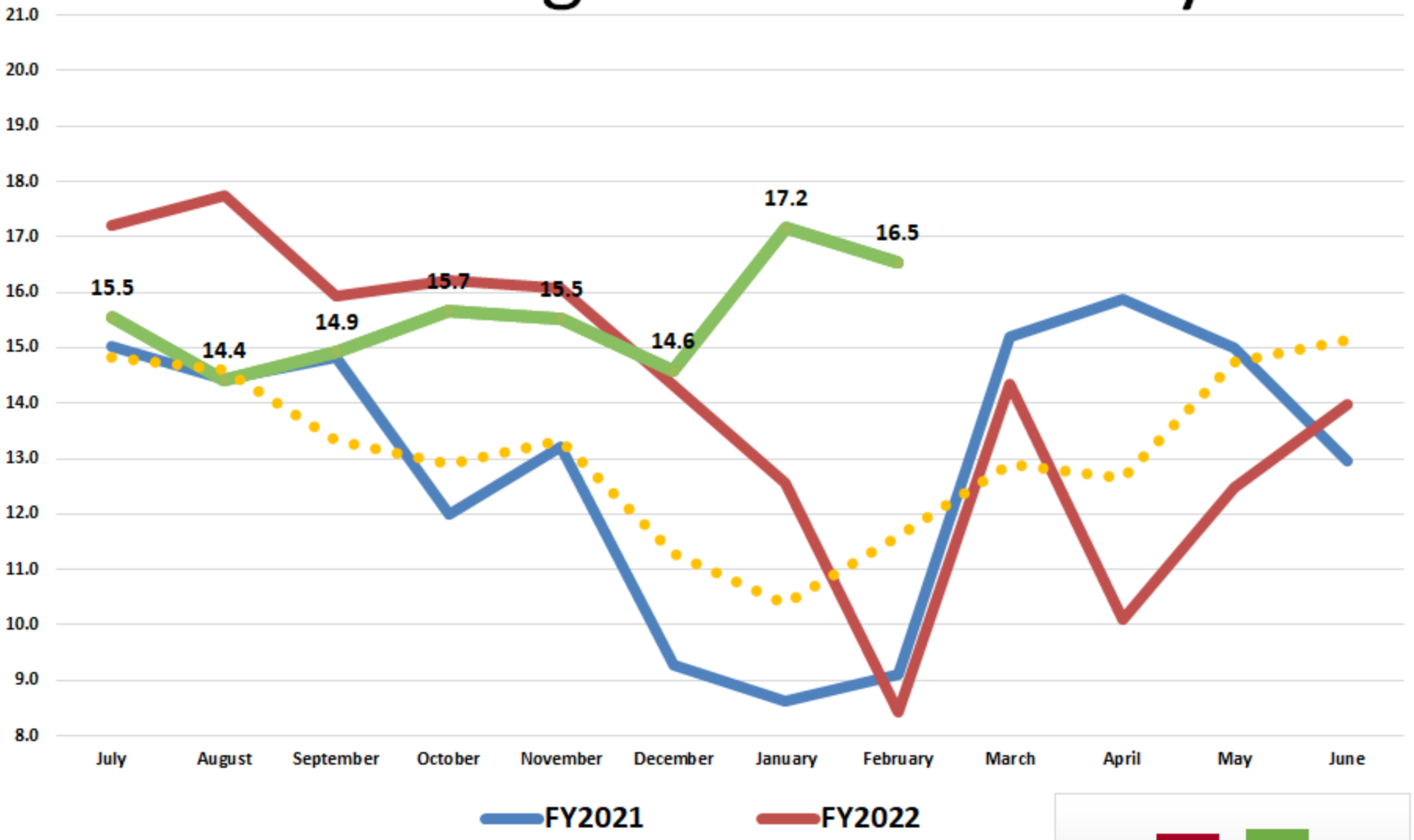
Transitional Care Services (TCS) - Avg Patients Per

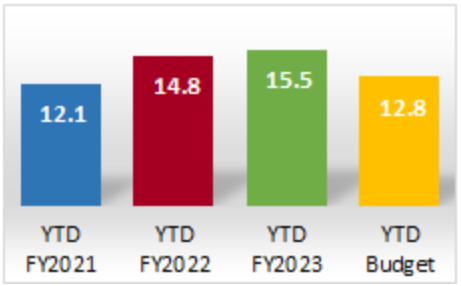


TCS Ortho - Avg Patients Per Day

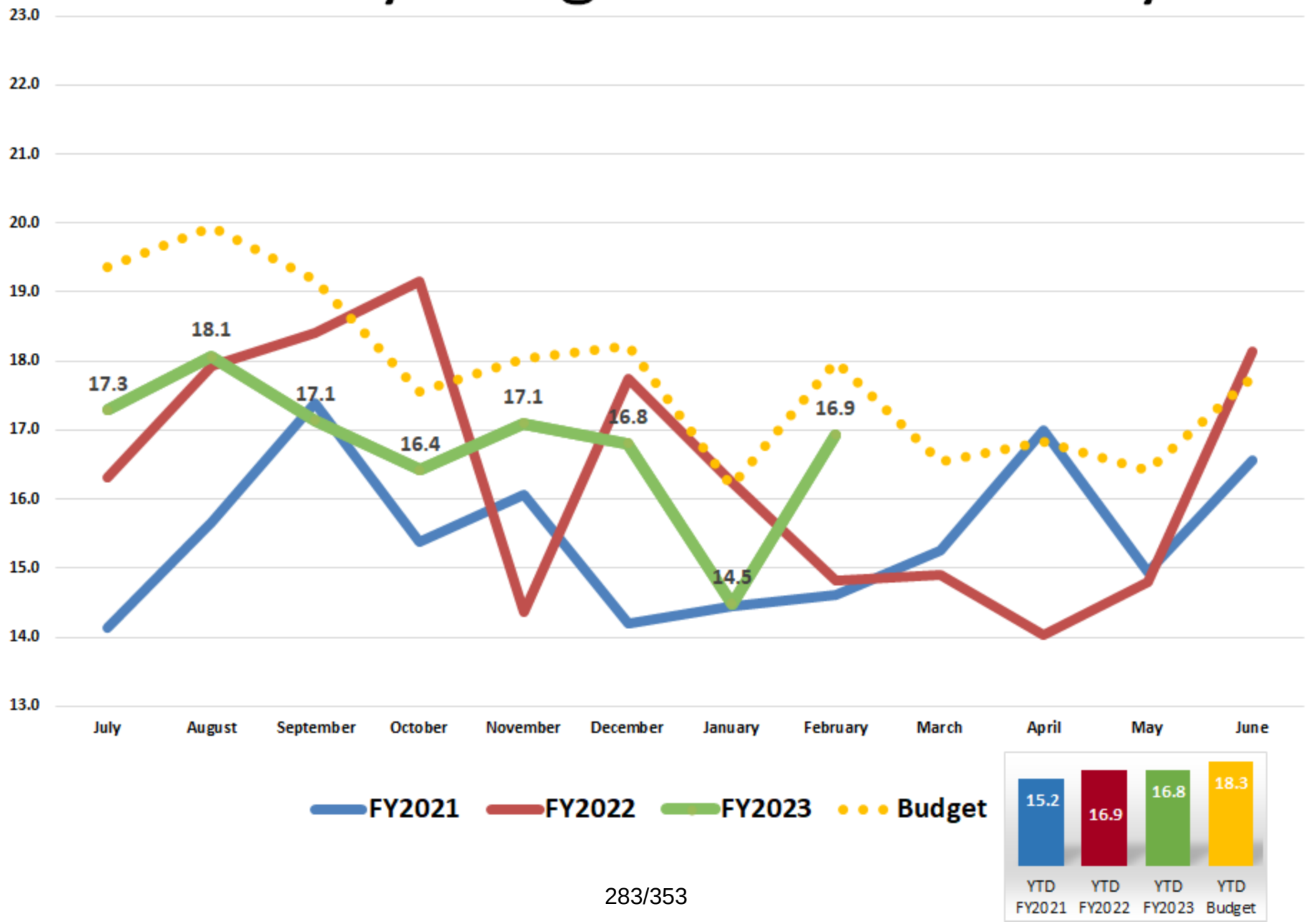


NICU - Avg Patients Per Day

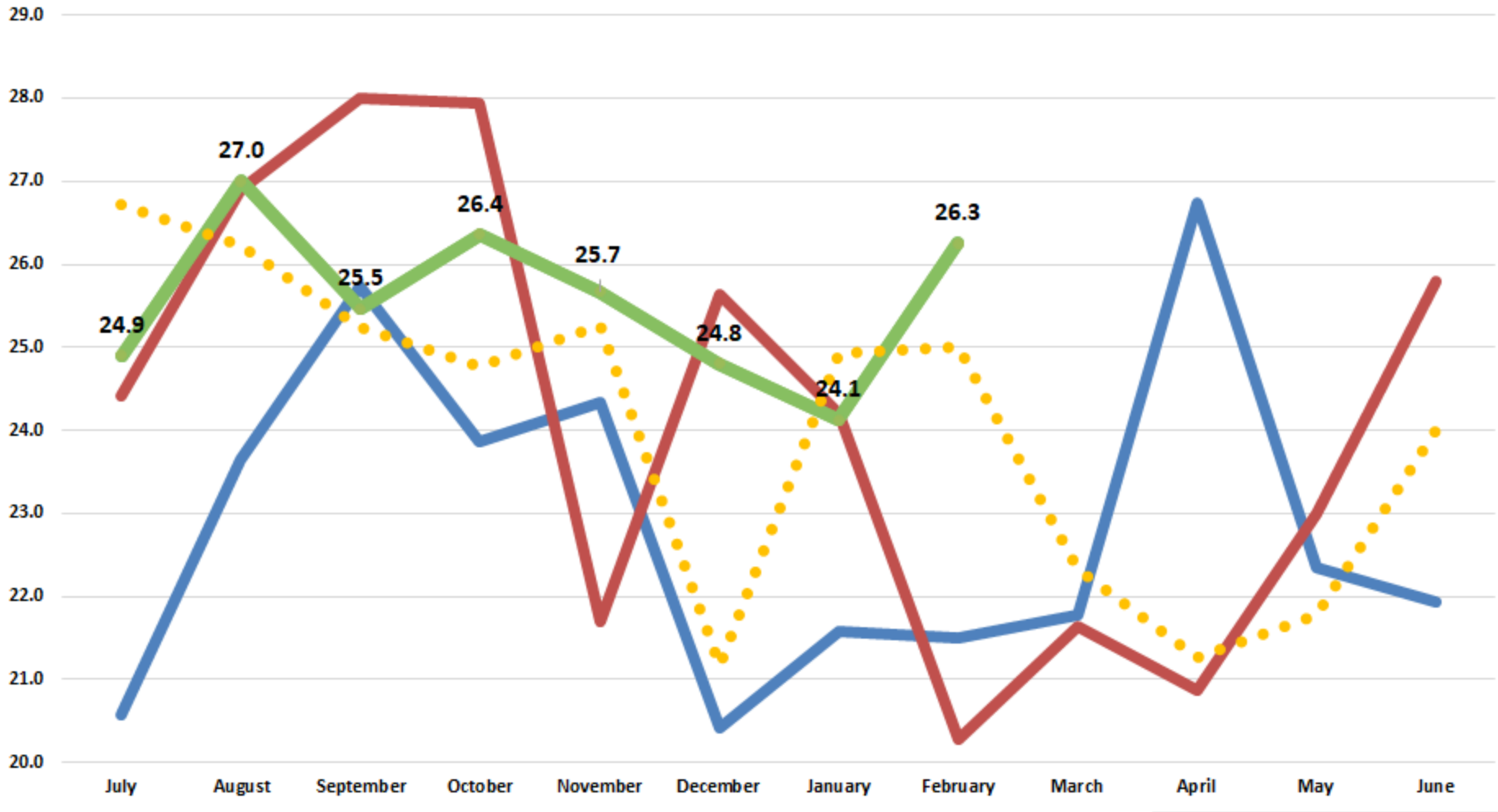


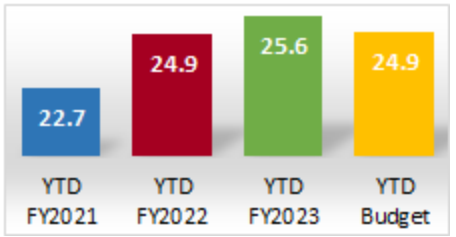


Nursery - Avg Patients Per Day

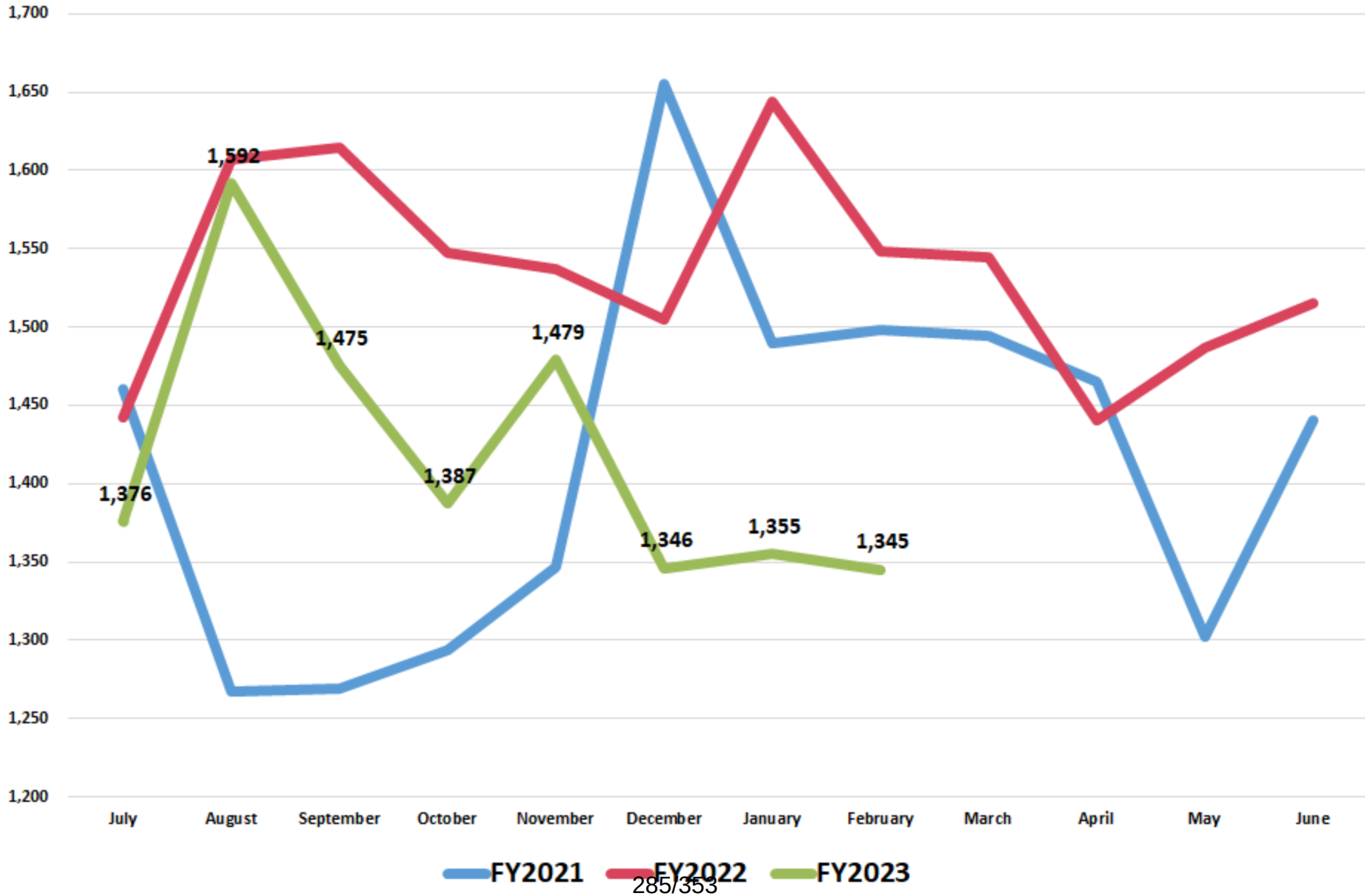


Obstetrics - Avg Patients Per Day

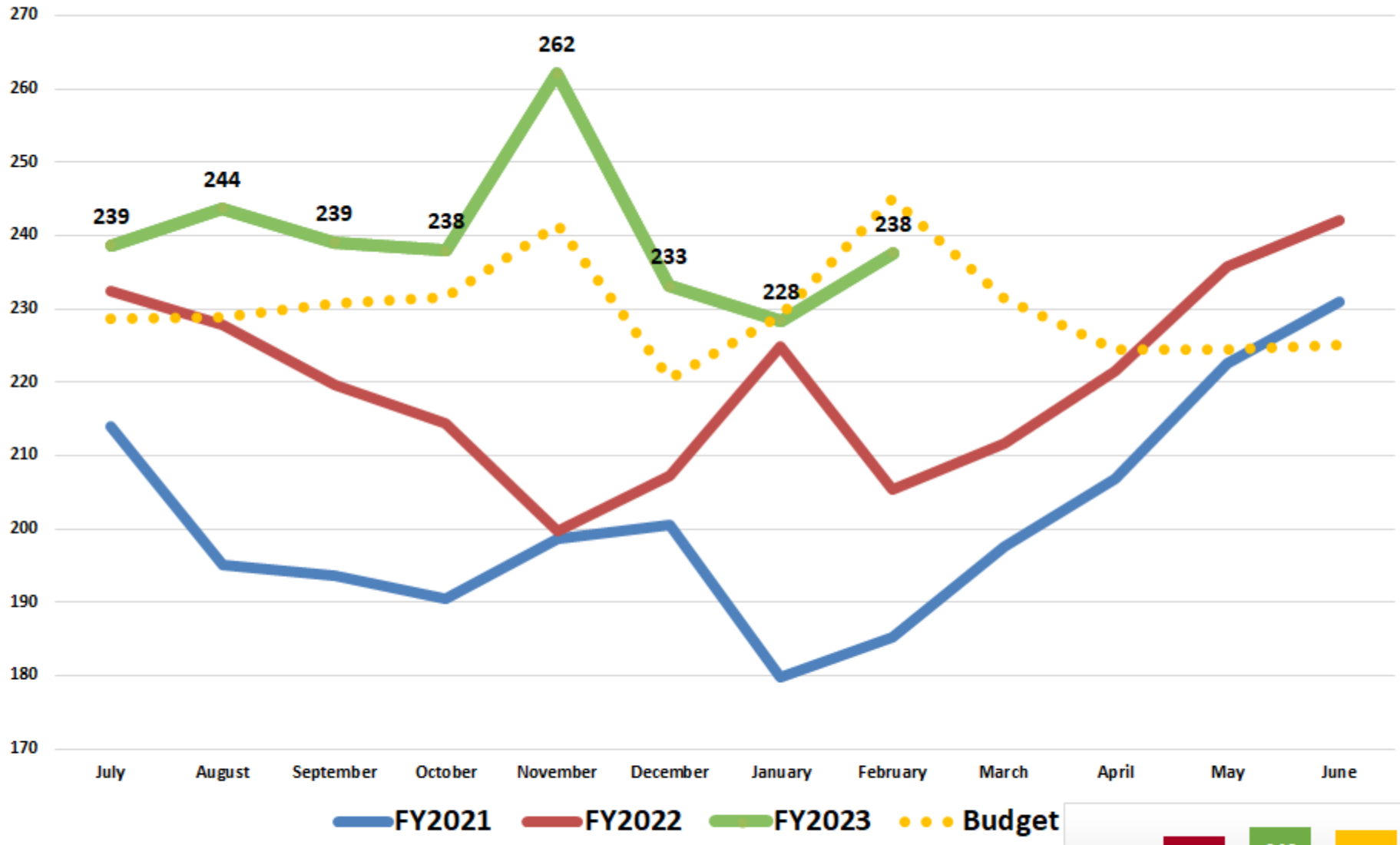


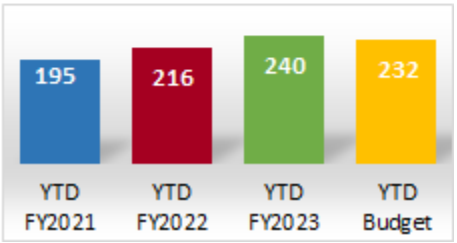


Outpatient Registrations Per Day

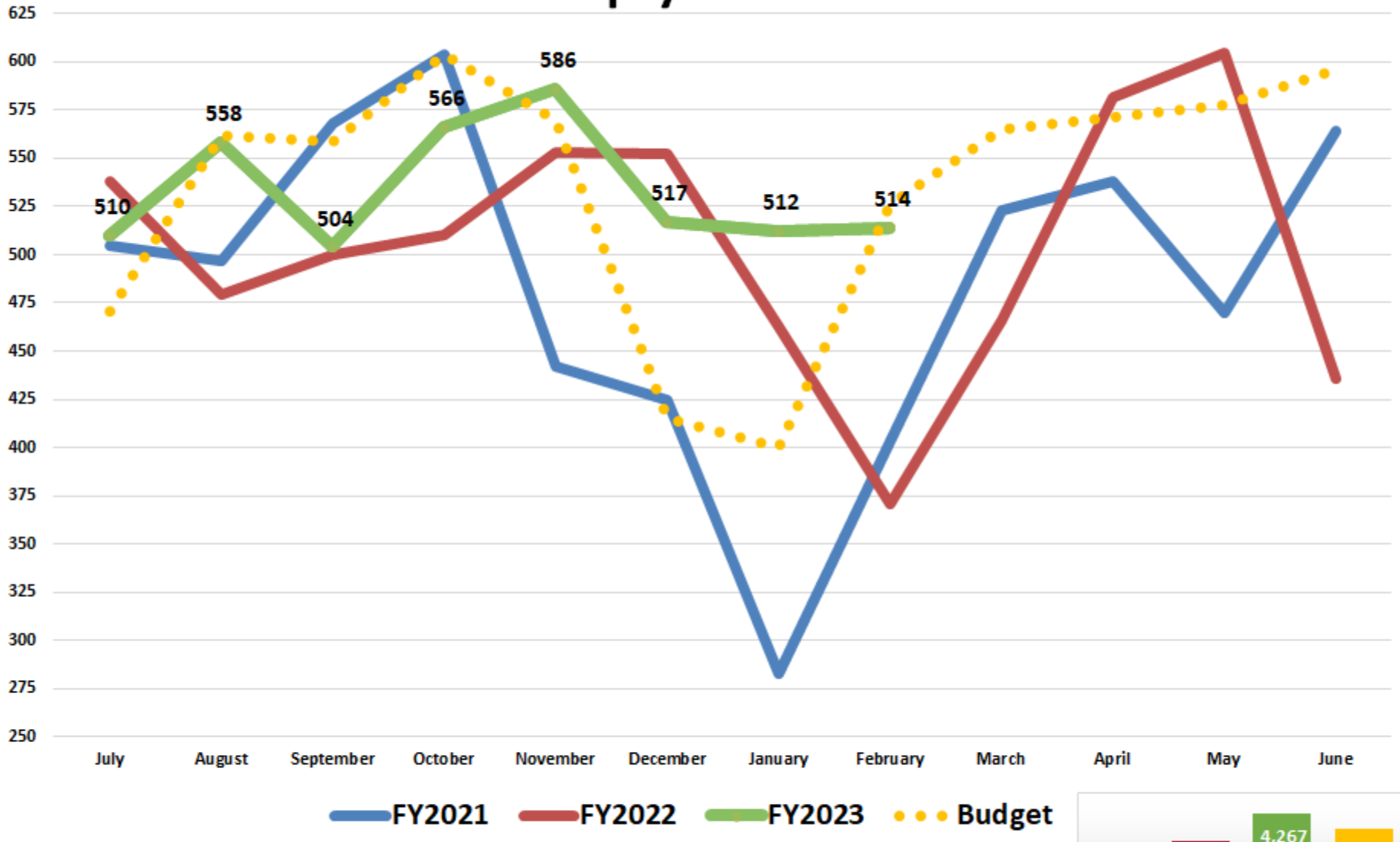


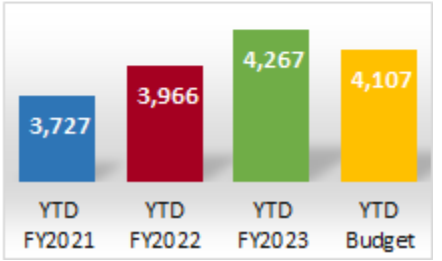
ED - Avg Treated Per Day



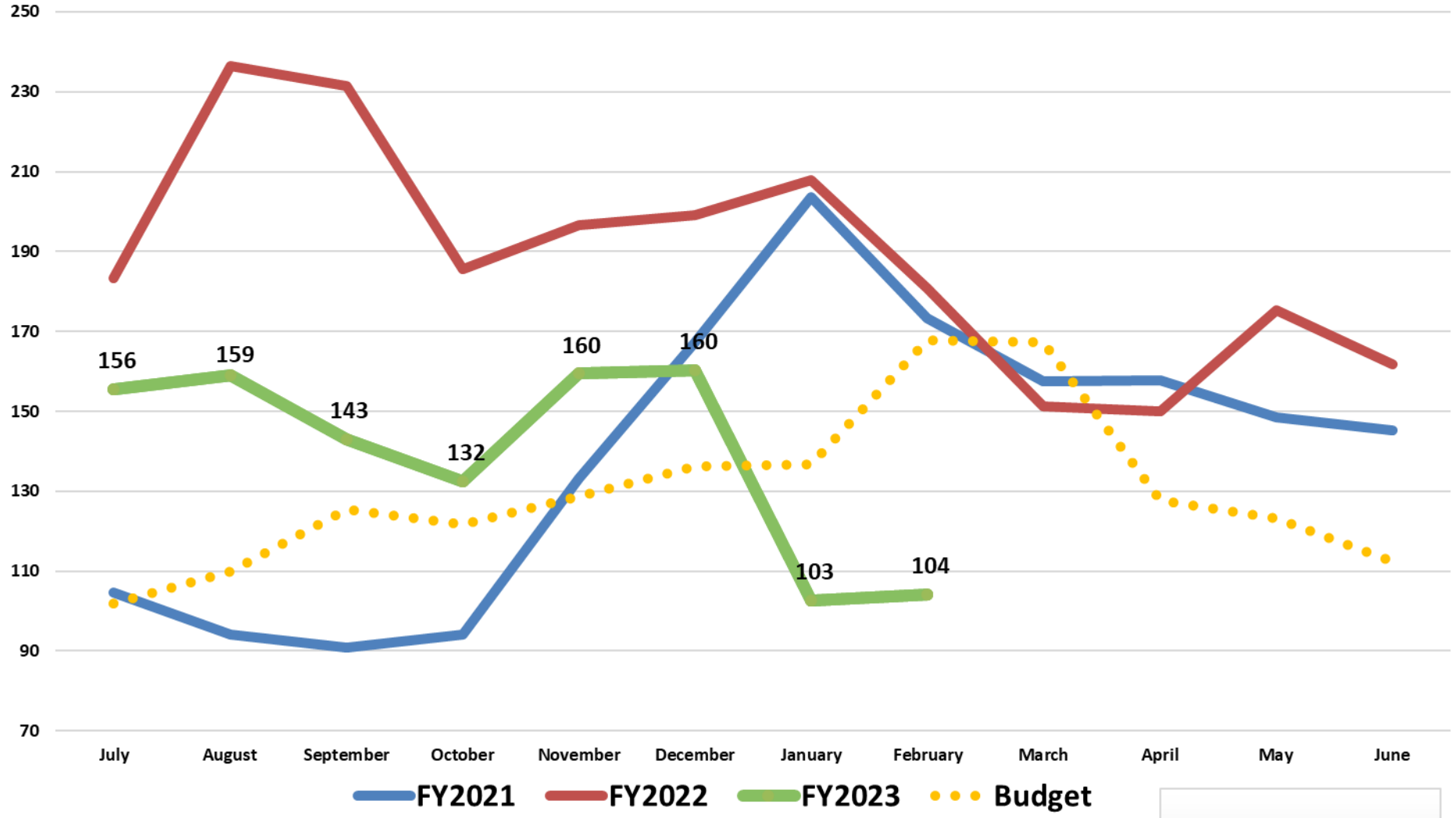


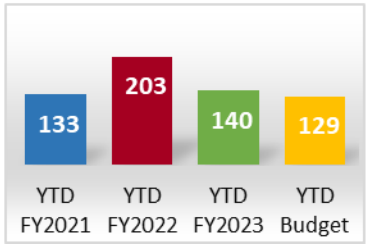
Endoscopy Procedures



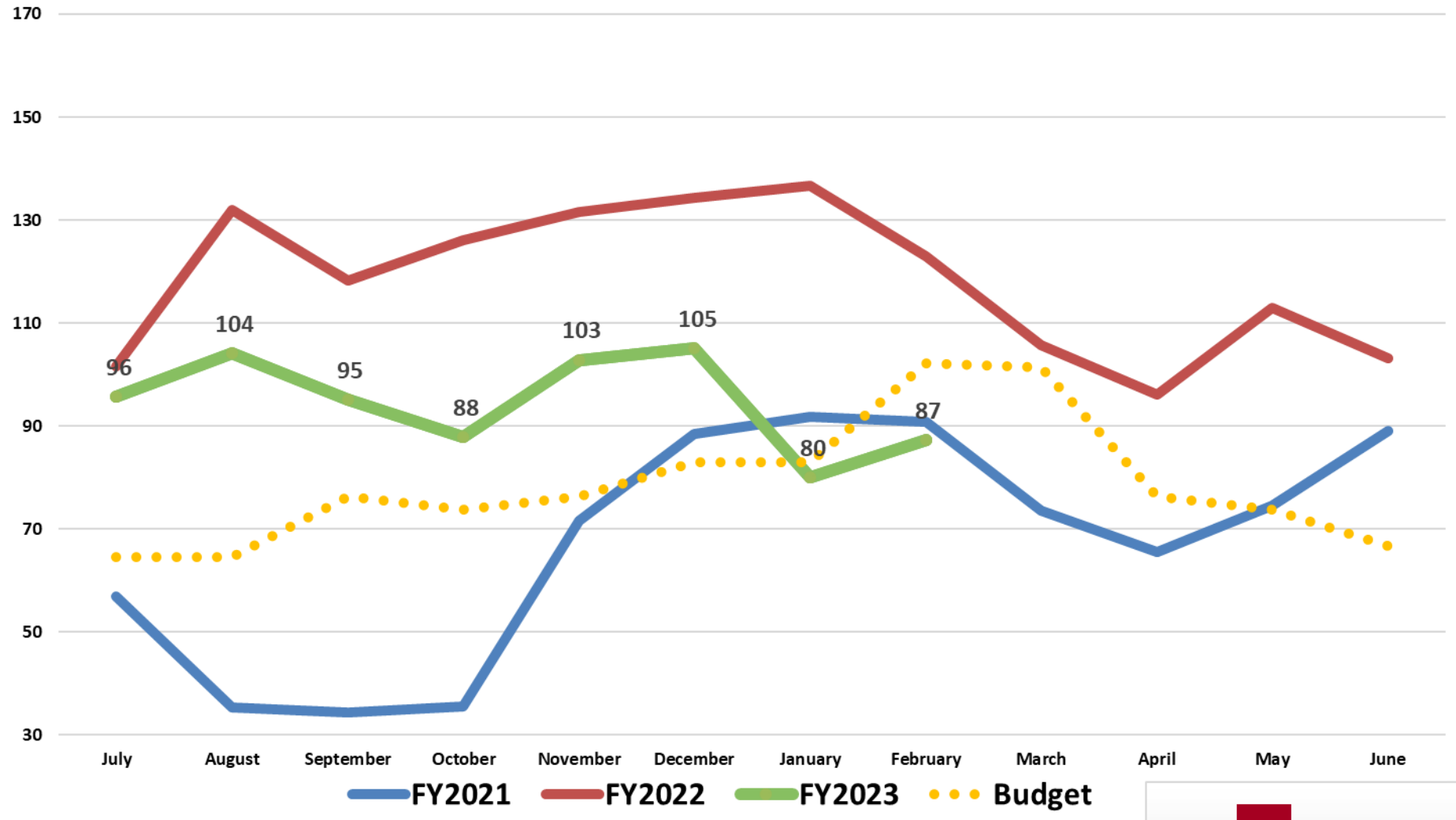


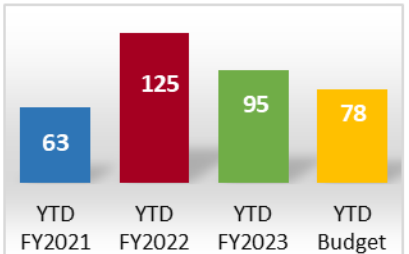
Urgent Care – Court Avg Visits Per Day



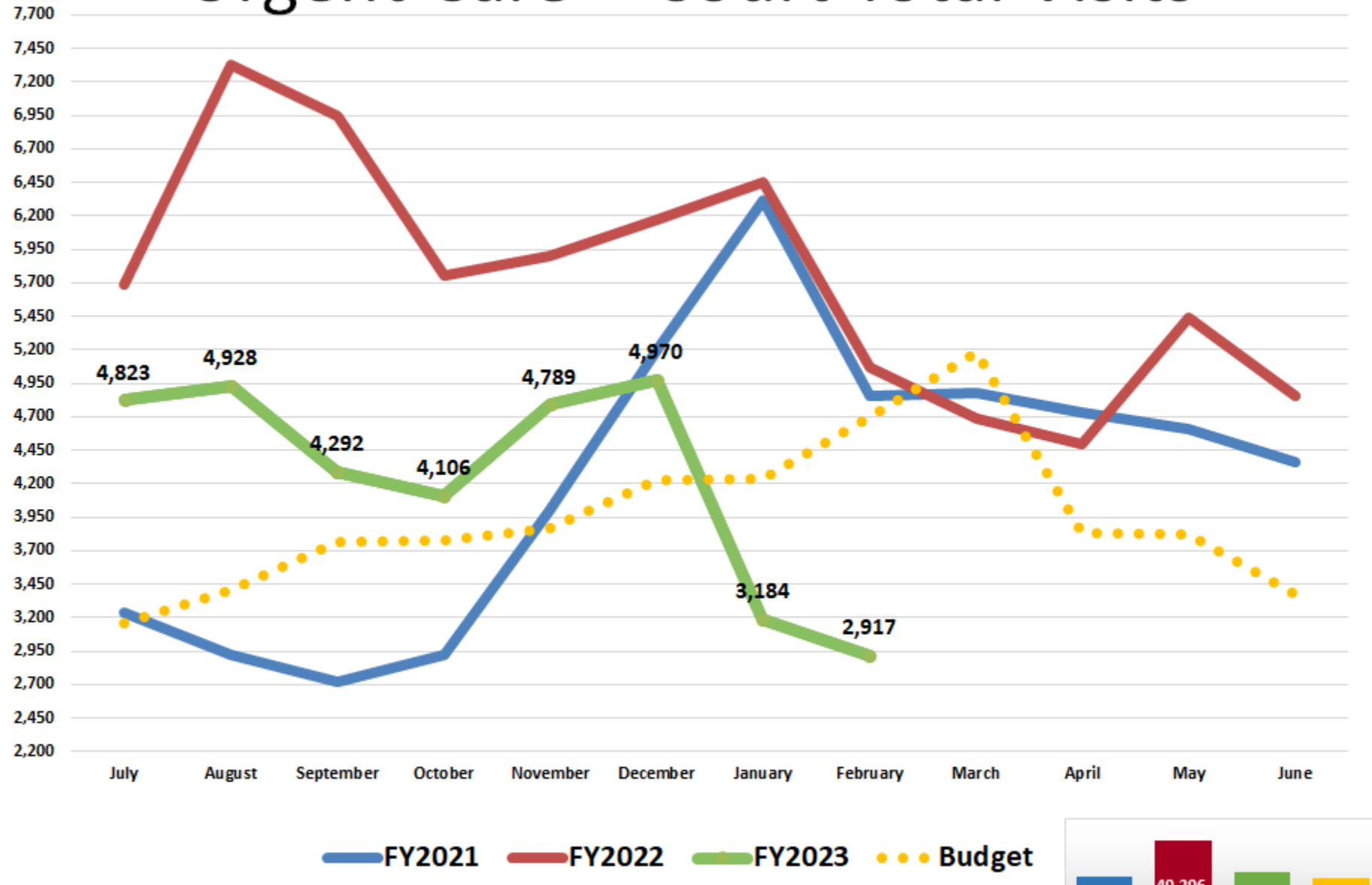


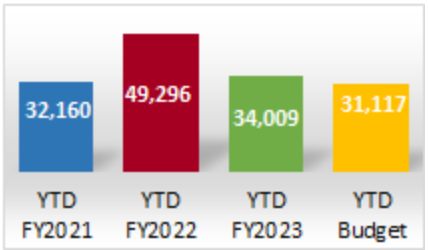
Urgent Care – Demaree Avg Visits Per Day



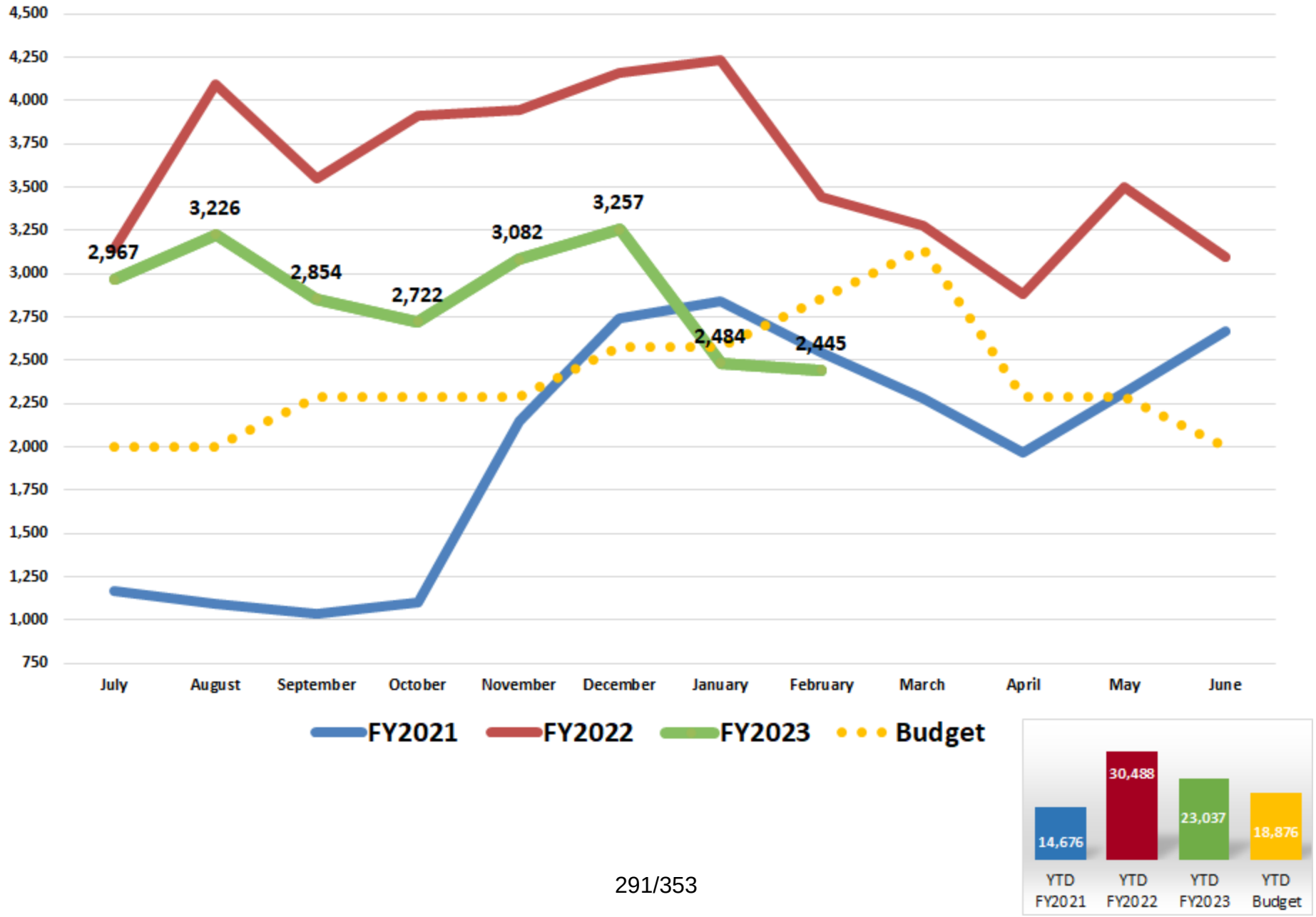


Urgent Care – Court Total Visits

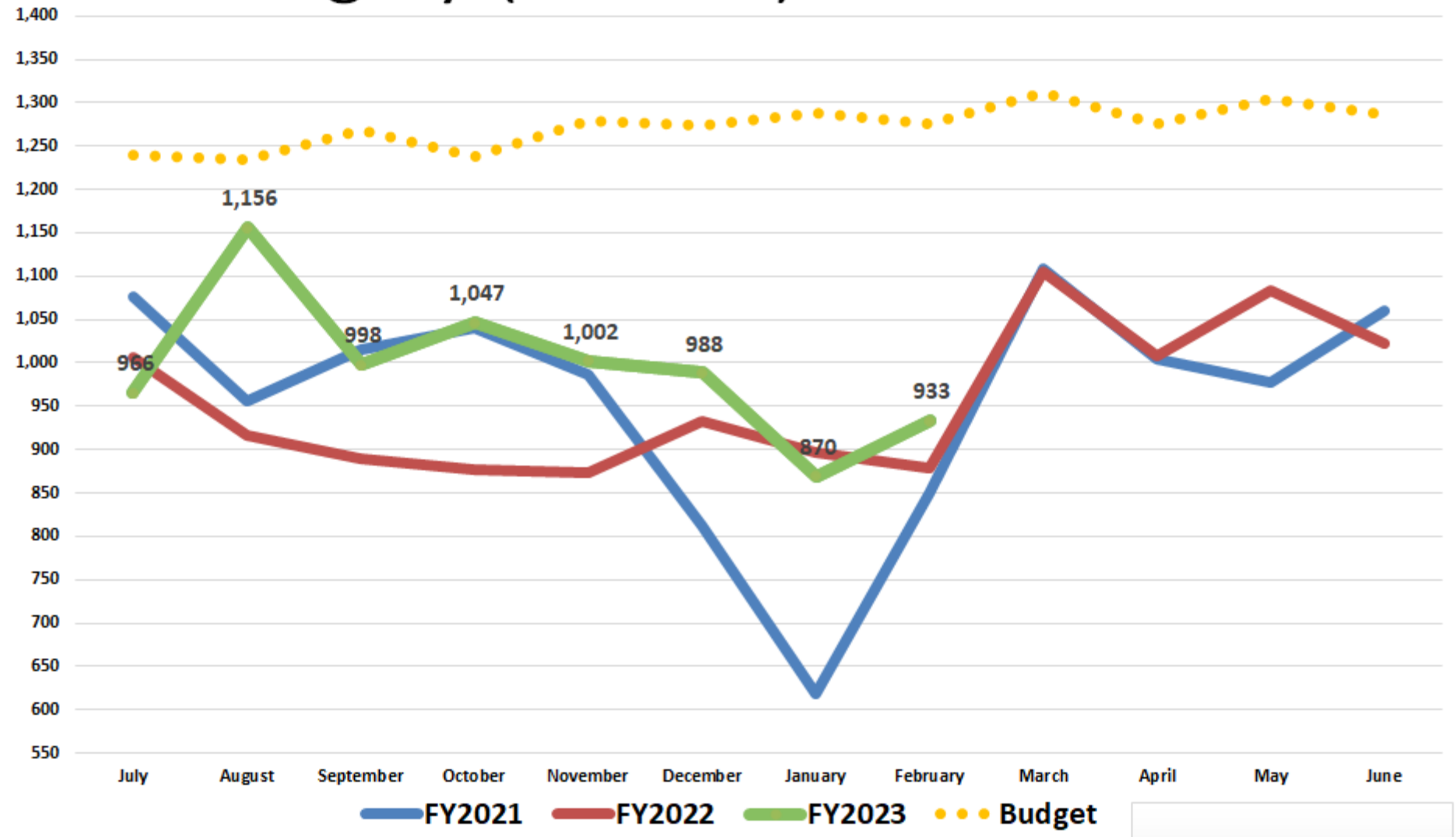


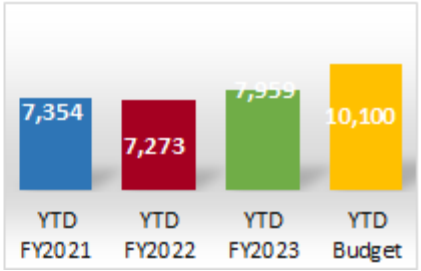


Urgent Care – Demaree Total Visits

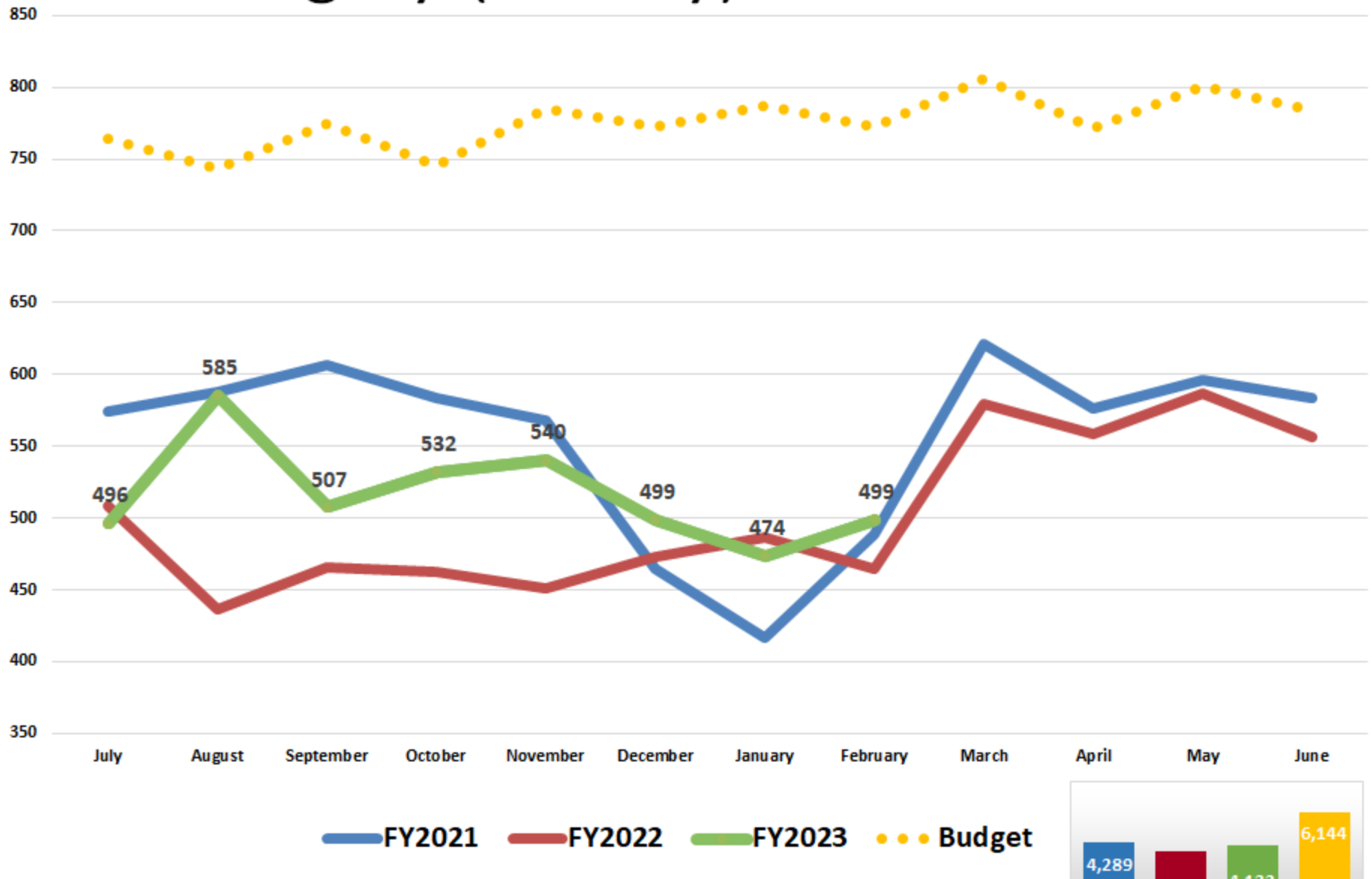


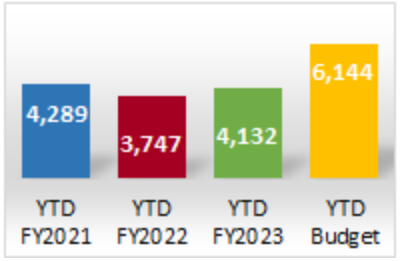
Surgery (IP & OP) – 100 Min Units



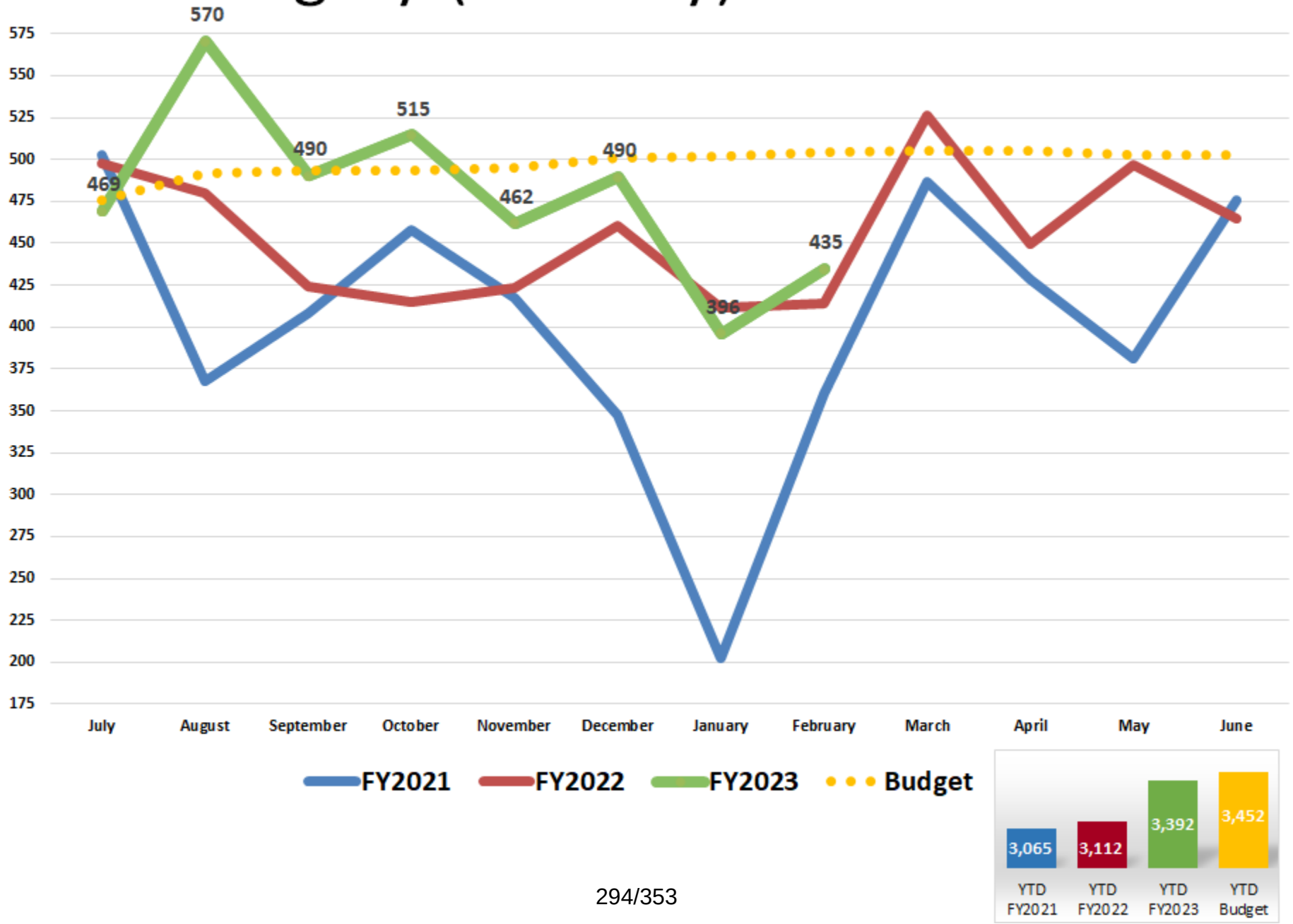


Surgery (IP Only) - 100 Min Unit

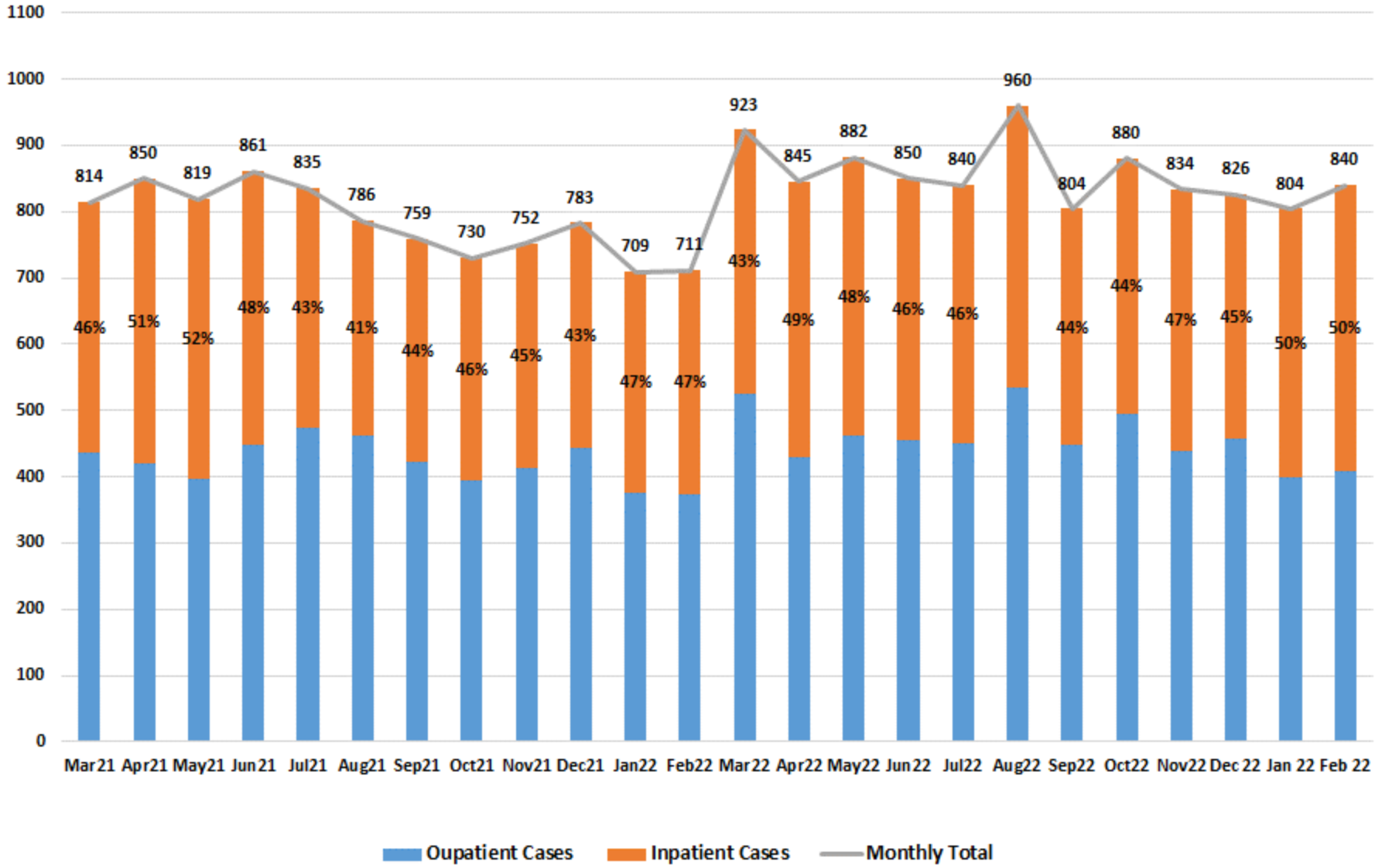




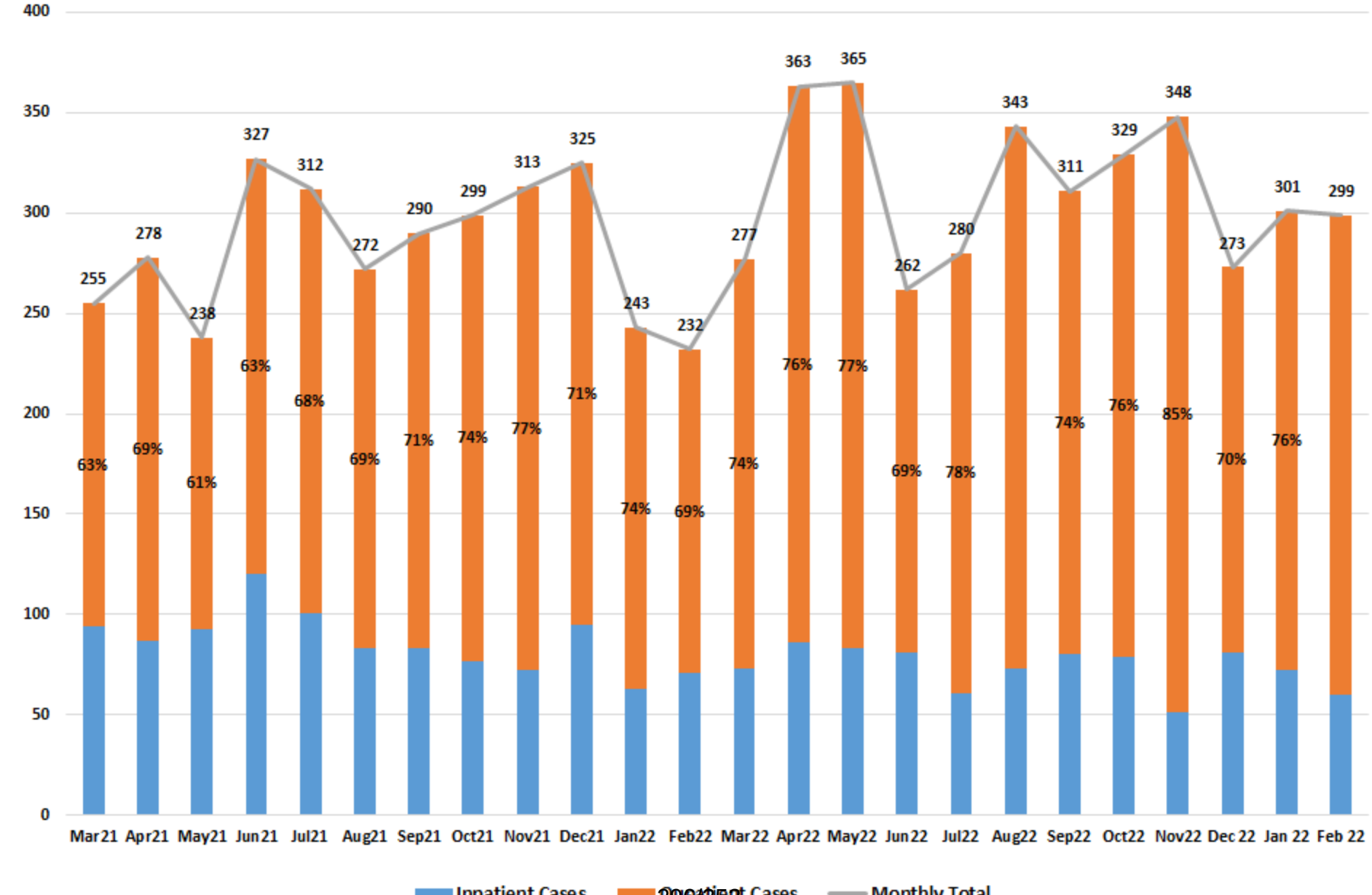
Surgery (OP Only) - 100 Min Units



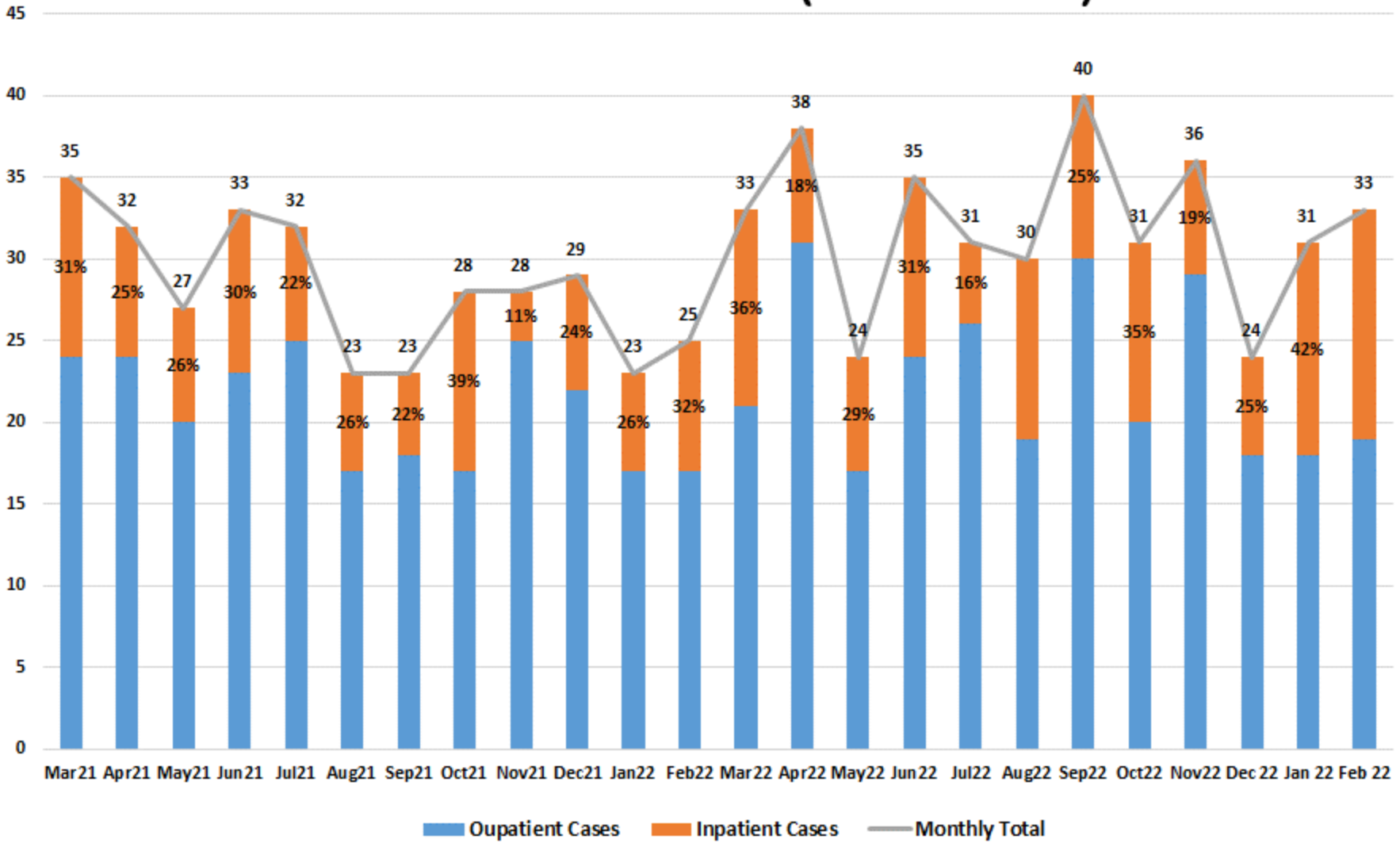
Surgery Cases (IP & OP)



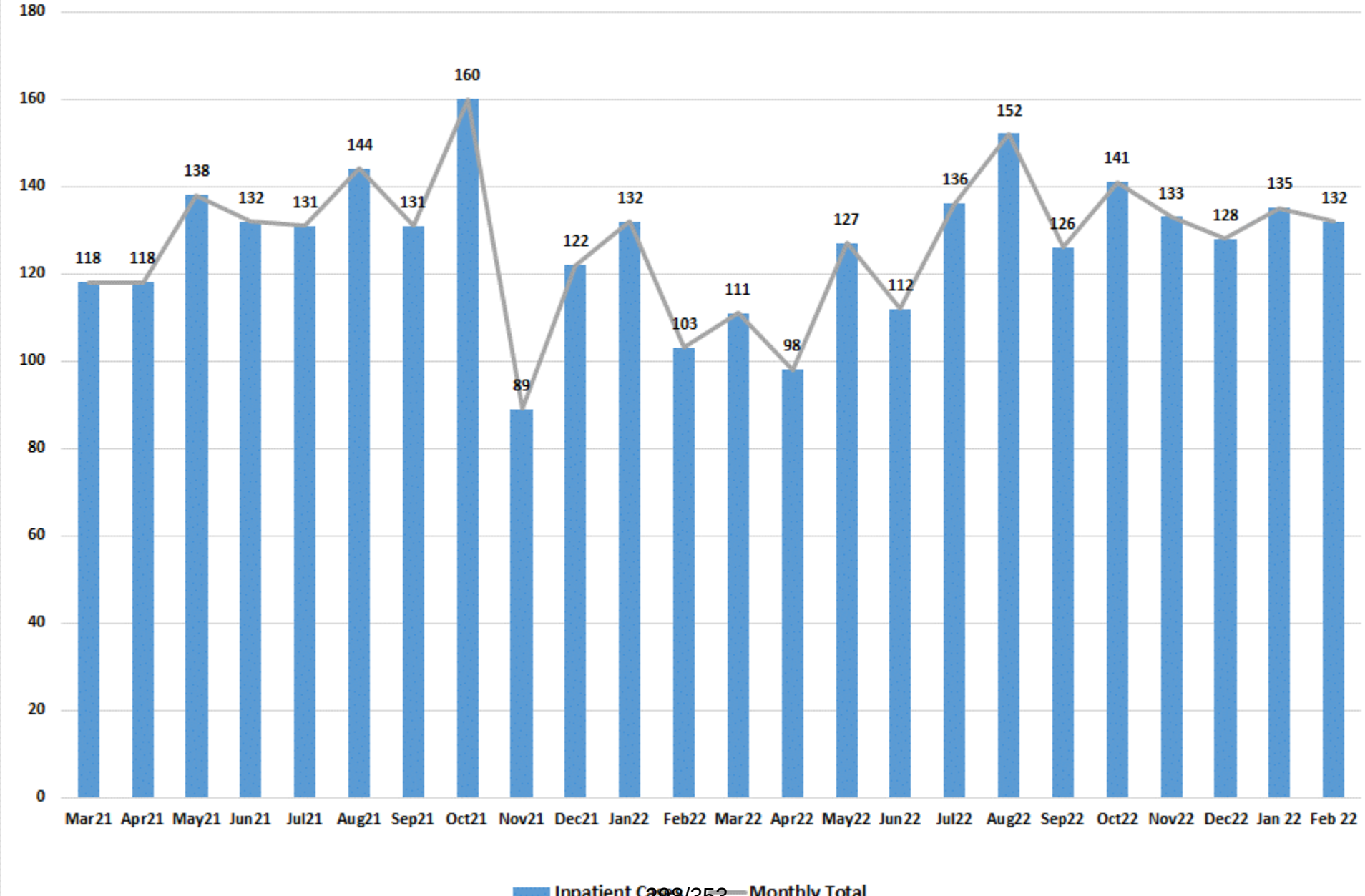
Endo Cases (Endo Suites)



Robotic Cases (IP & OP)



OB Cases


180
160
140
120
100
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20
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118
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138
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131
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131
160
89
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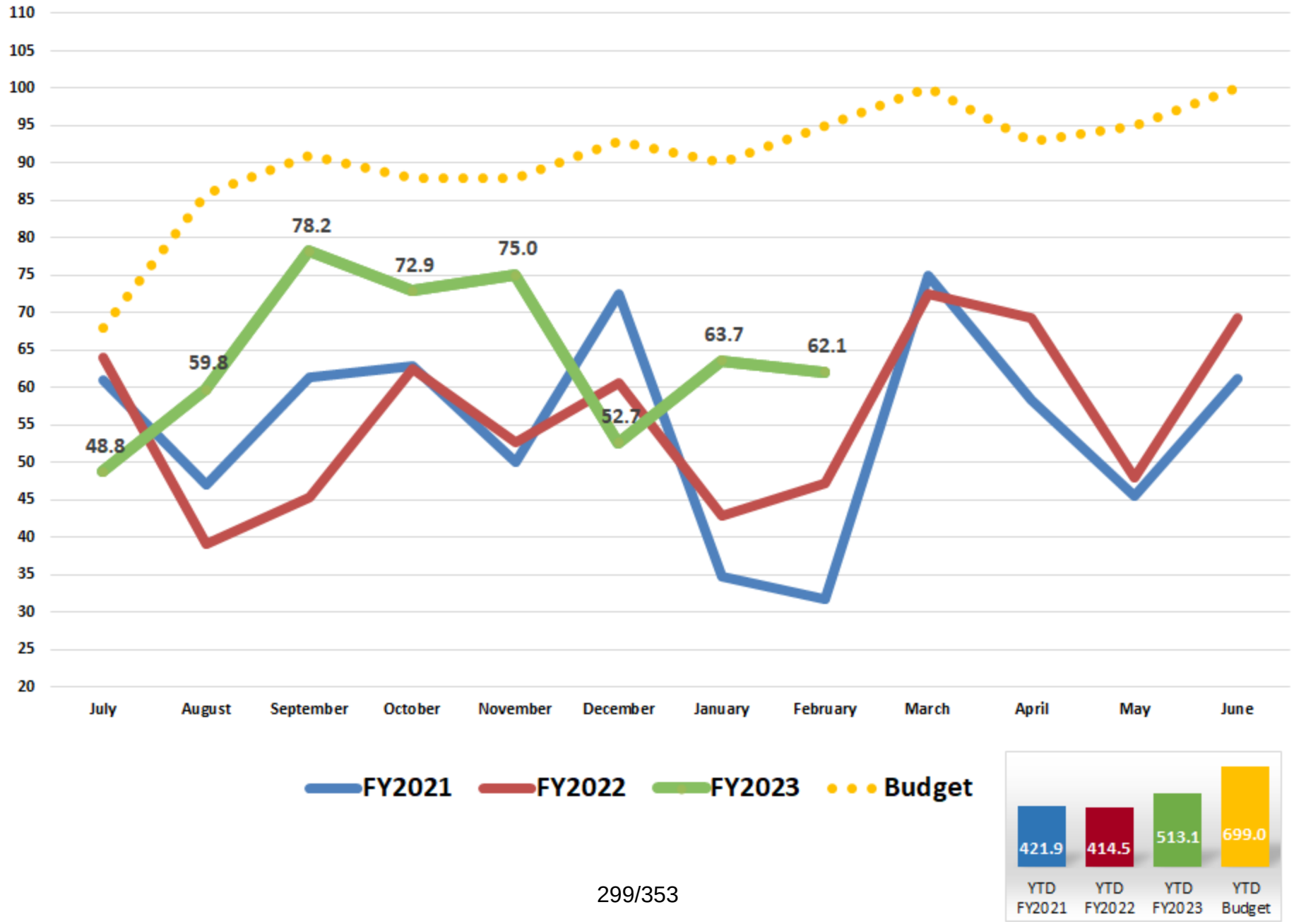
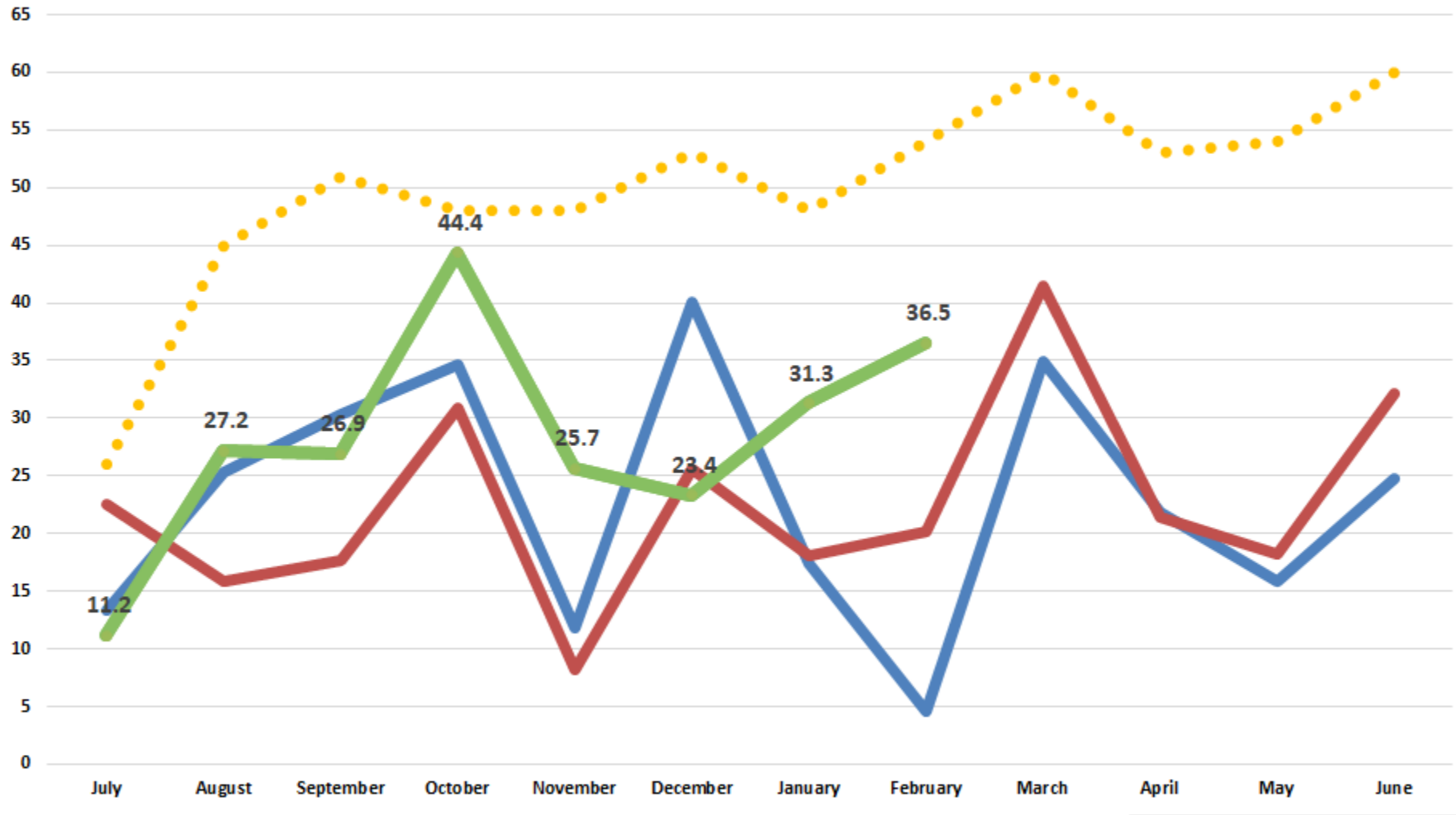
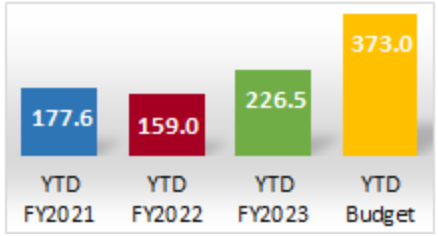
103
111
98
127
112
136
152
126
141
133
128
135
132
Mar21
Apr21
May21
Jun21
Jul21
Aug21
Sep21
Oct21
Nov21
Dec21
Jan22
Feb22
Mar22
Apr22
May22
Jun22
Jul22
Aug22
Sep22
Oct22
Nov22
Dec22
Jan 22
Feb 22
Inpatient Cases
Monthly Total

Robotic Surgery (IP & OP) - 100 Min Units



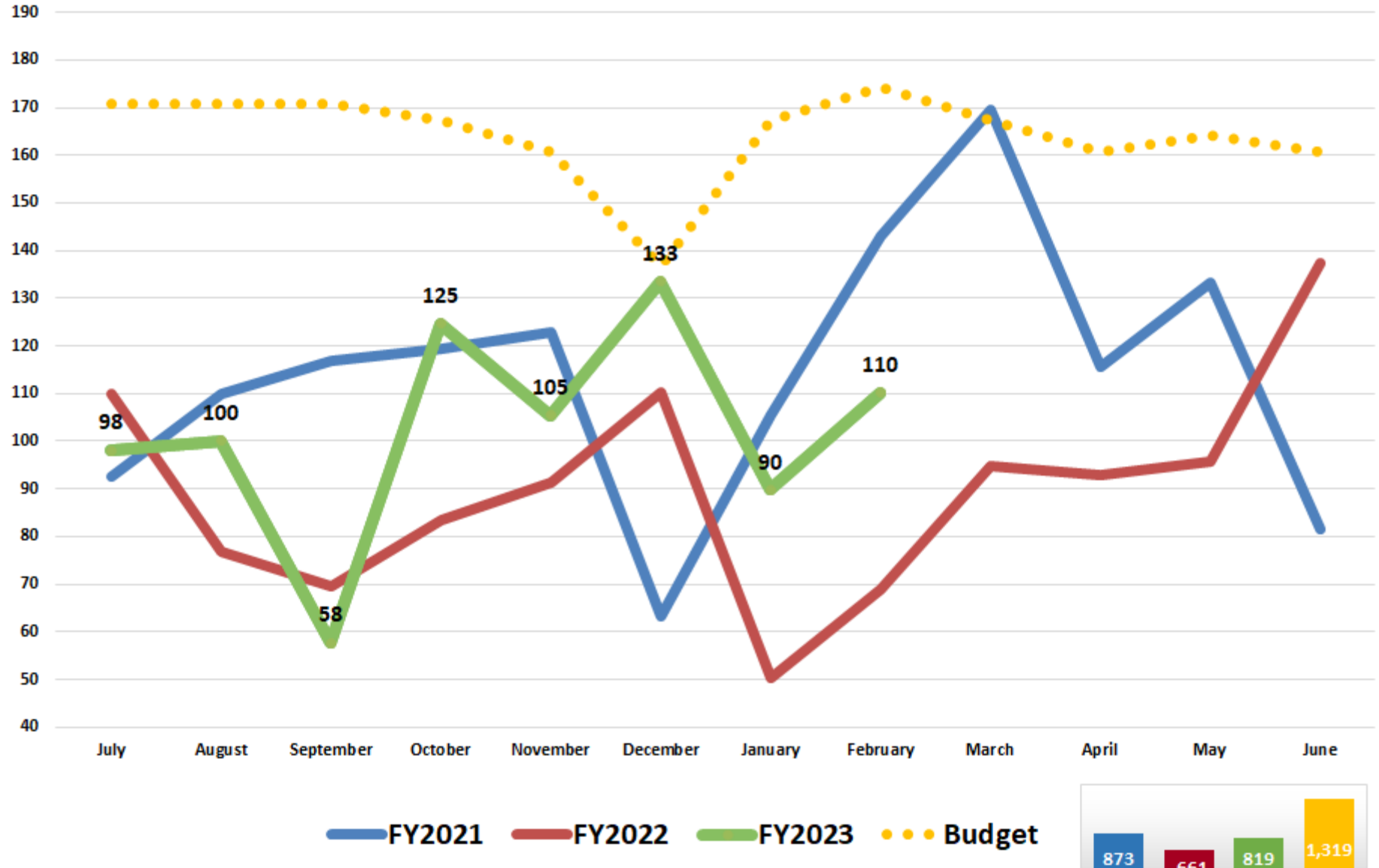
Robotic Surgery Minutes (IP Only)

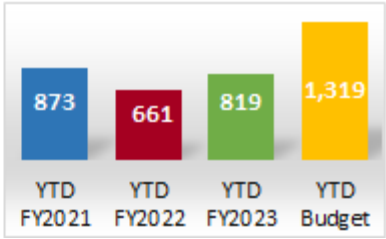




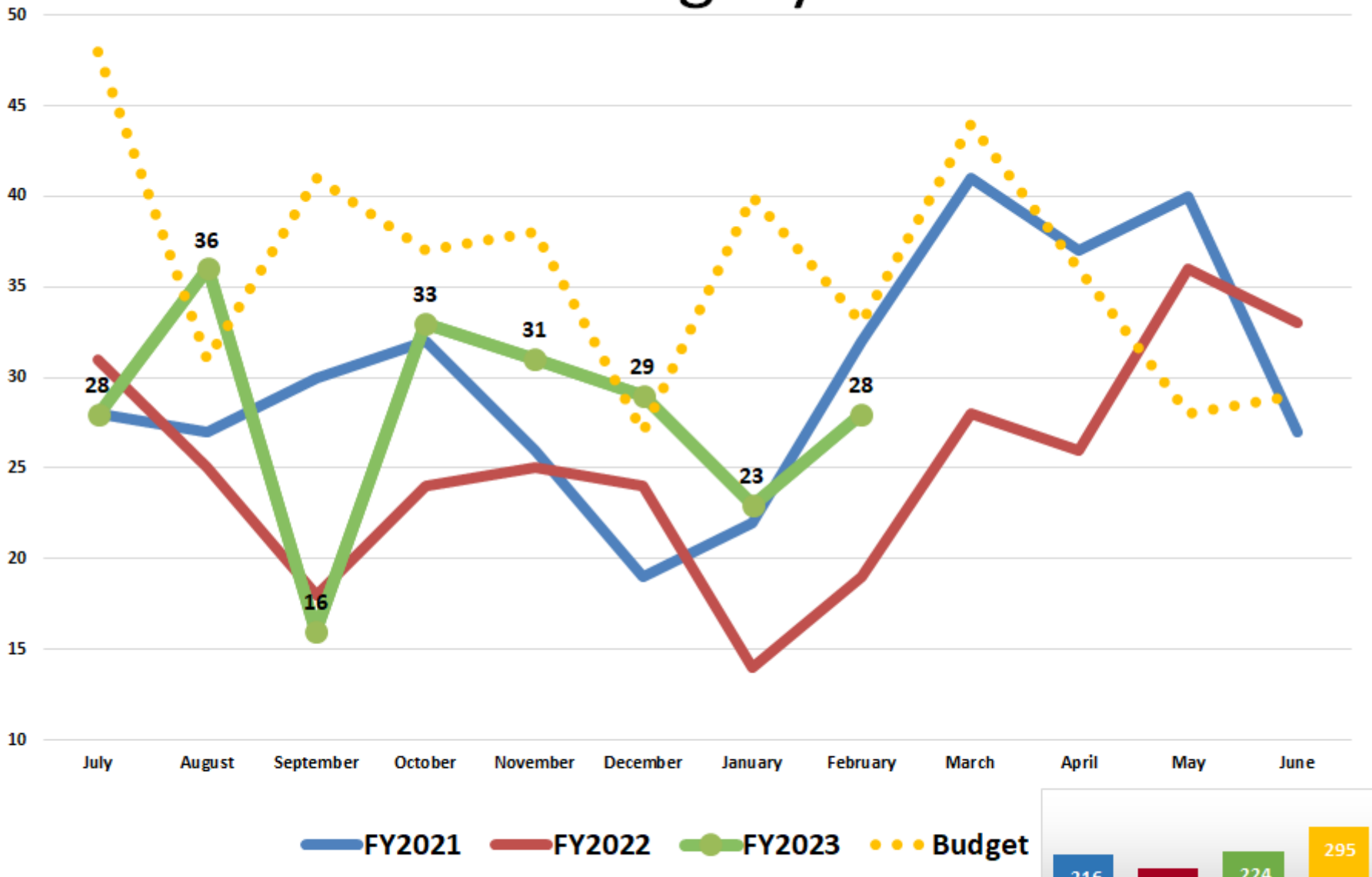
Robotic Surgery Minutes (OP Only)

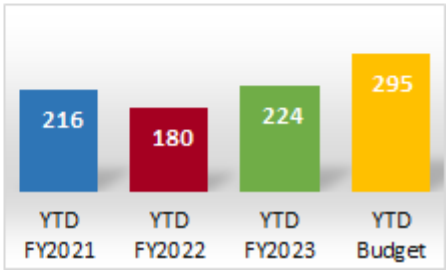
Cardiac Surgery - 100 Min Units



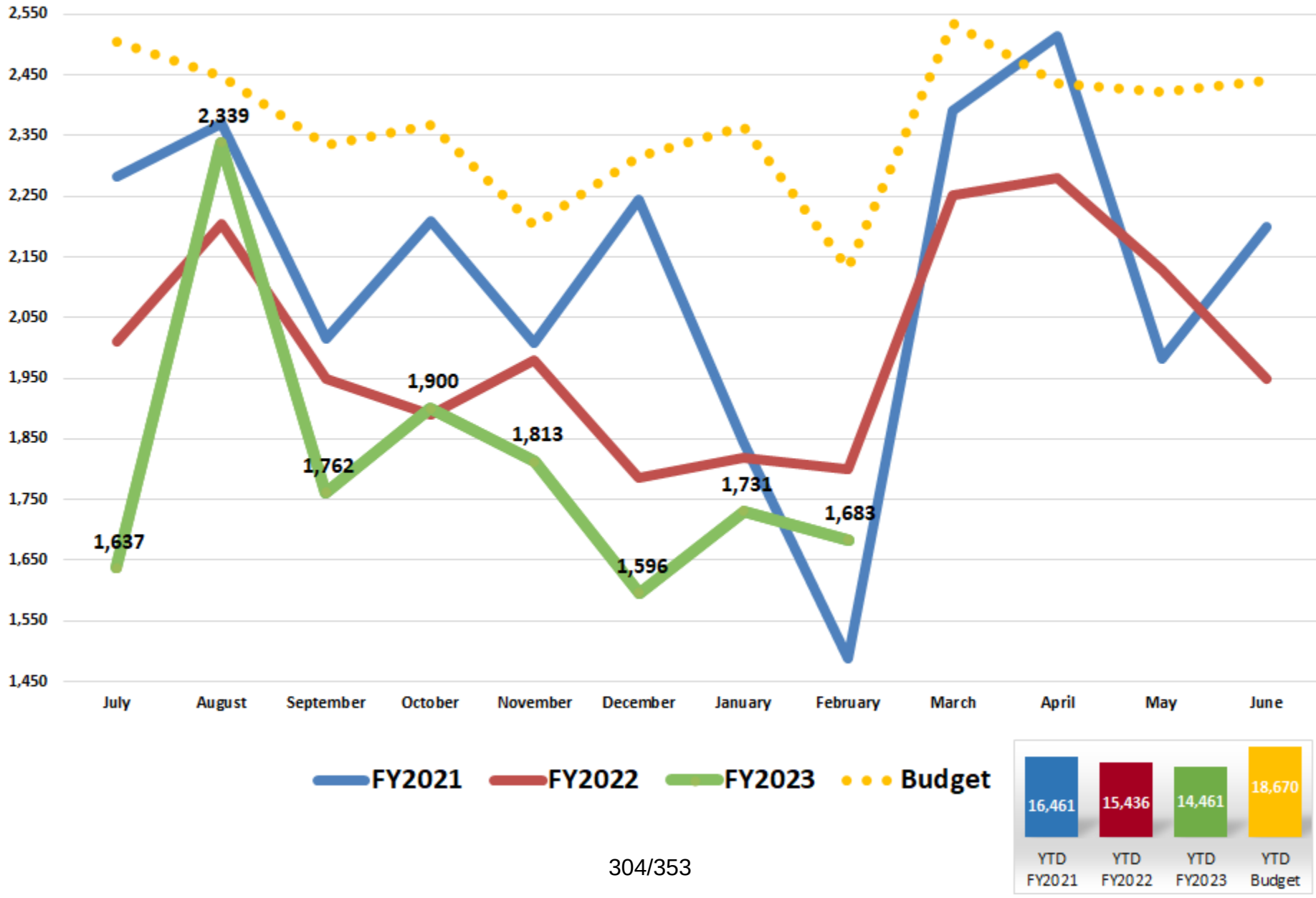


Cardiac Surgery Cases

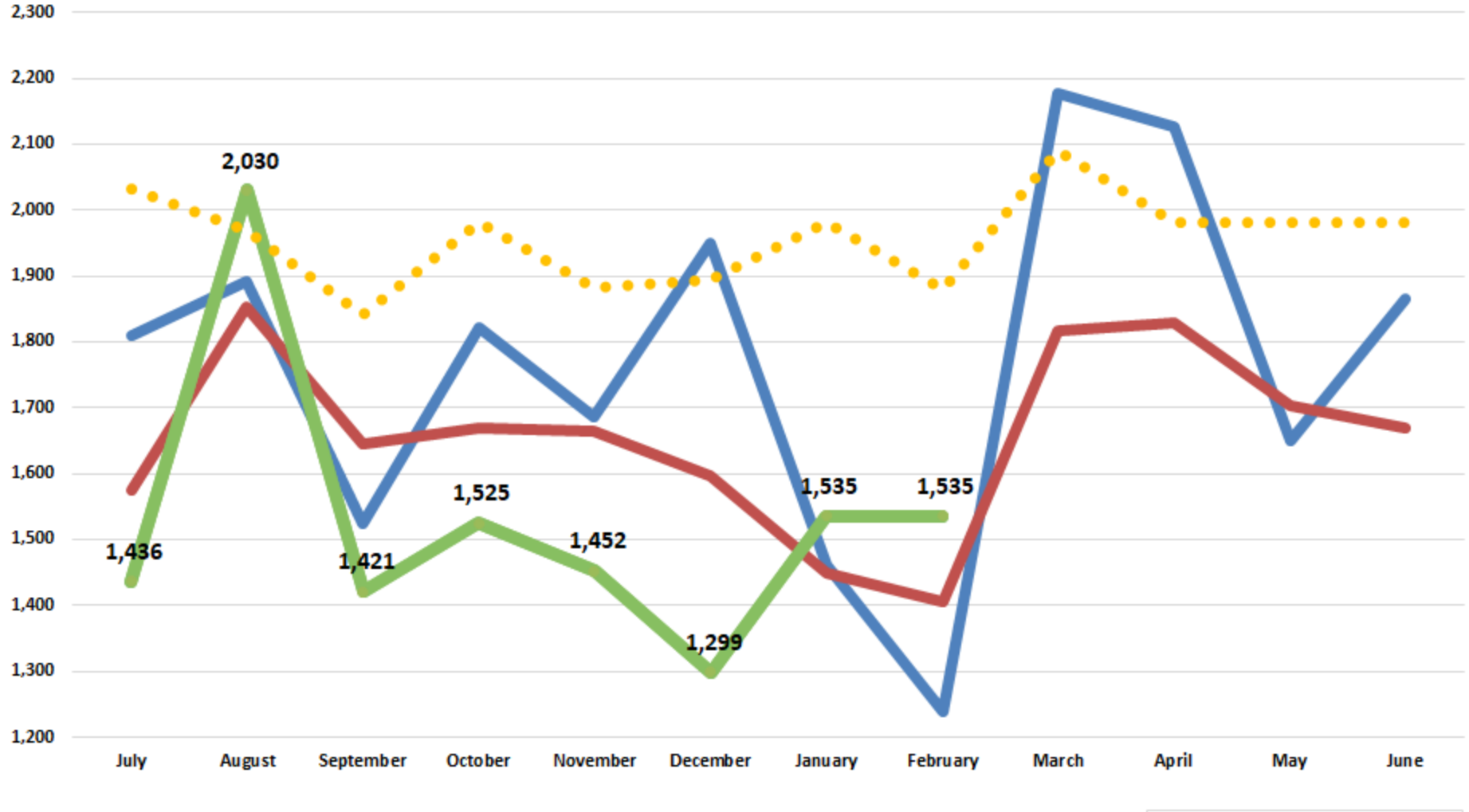


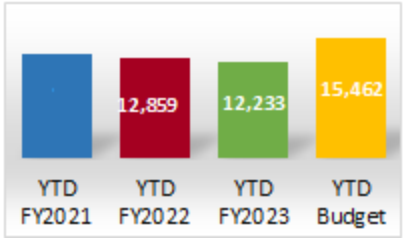


Rad Onc Treatments (Vis. & Hanf.)

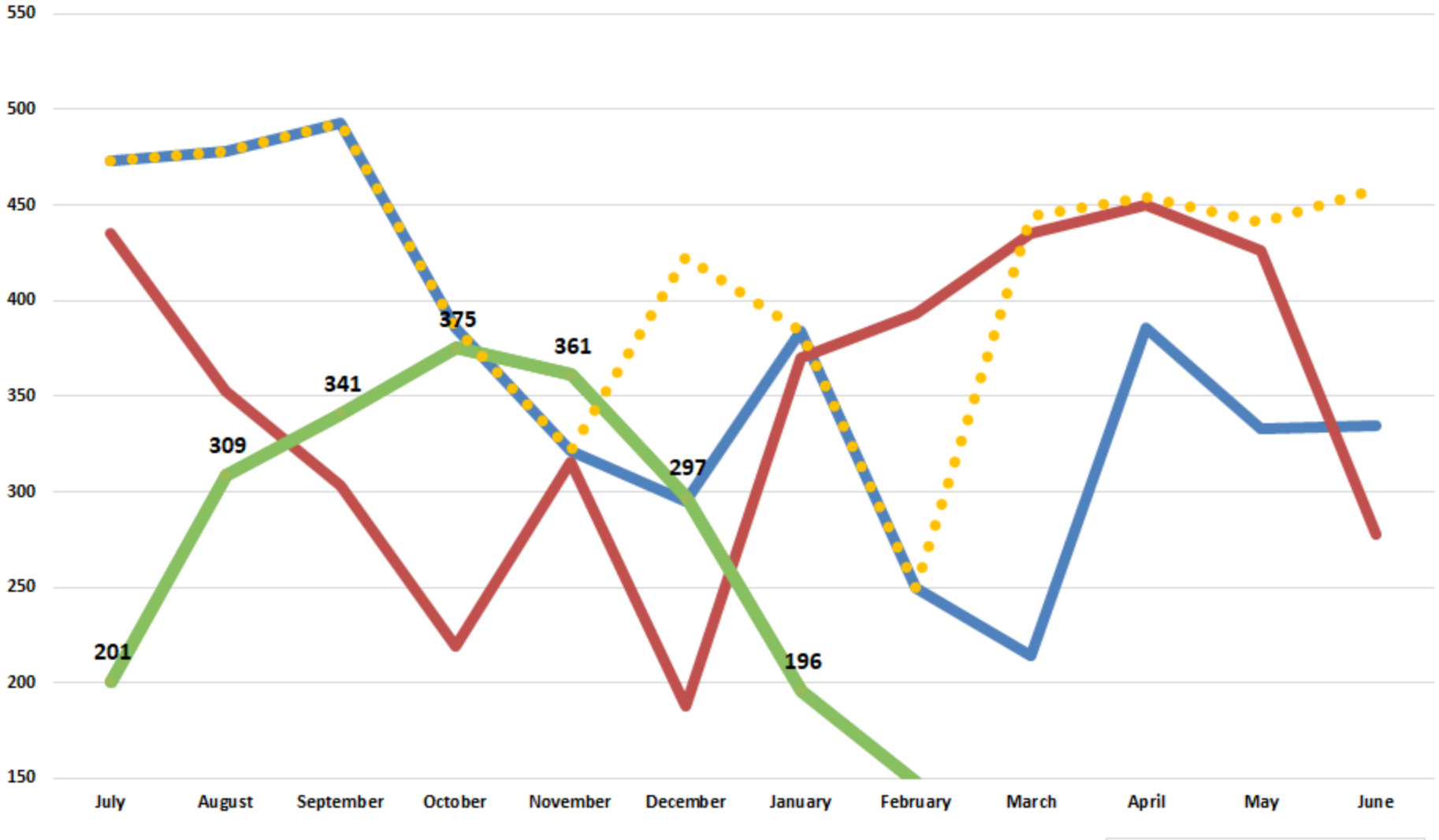


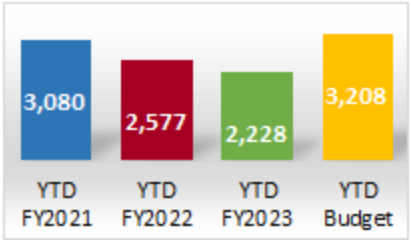
Rad Onc Visalia



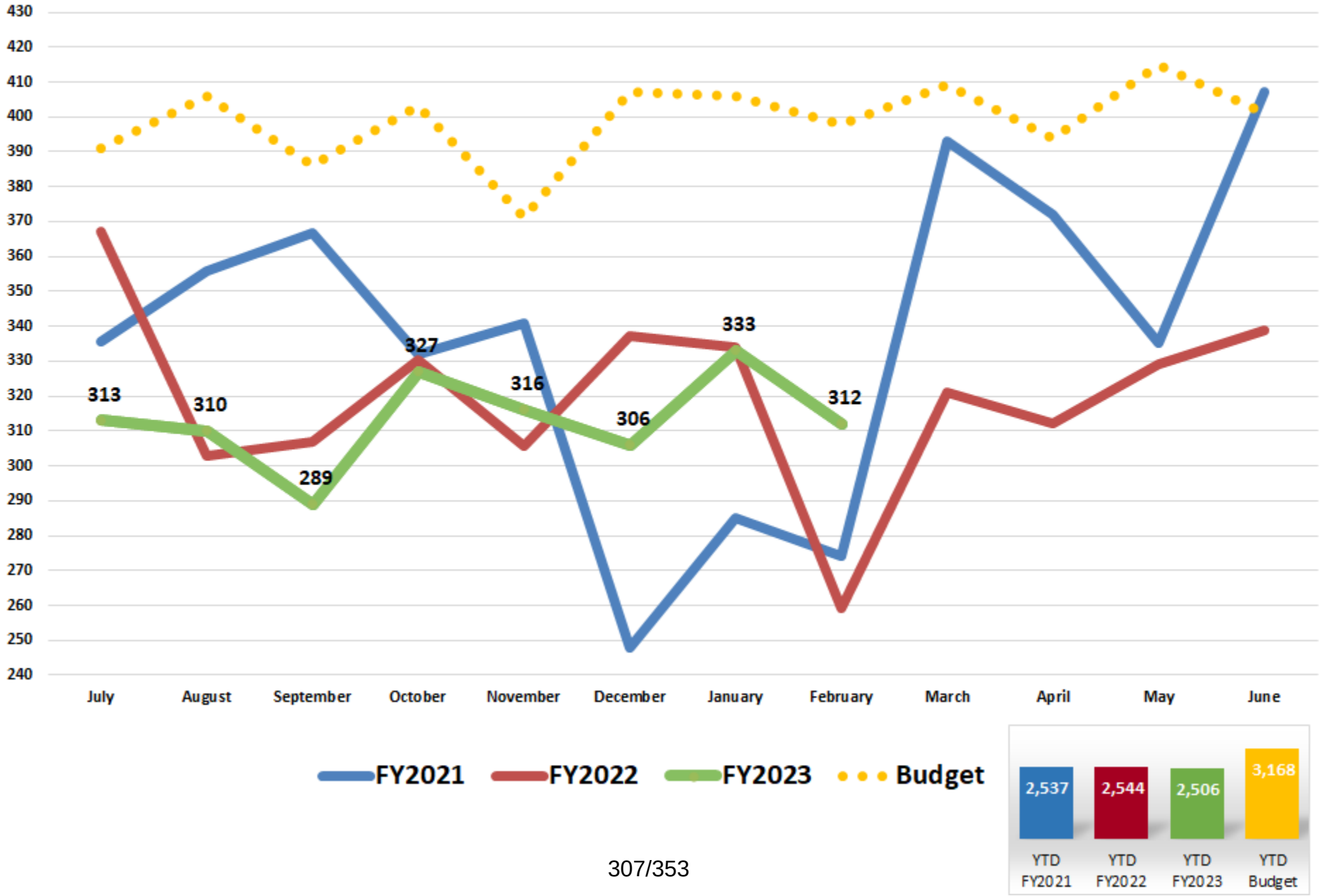


Rad Onc Hanford

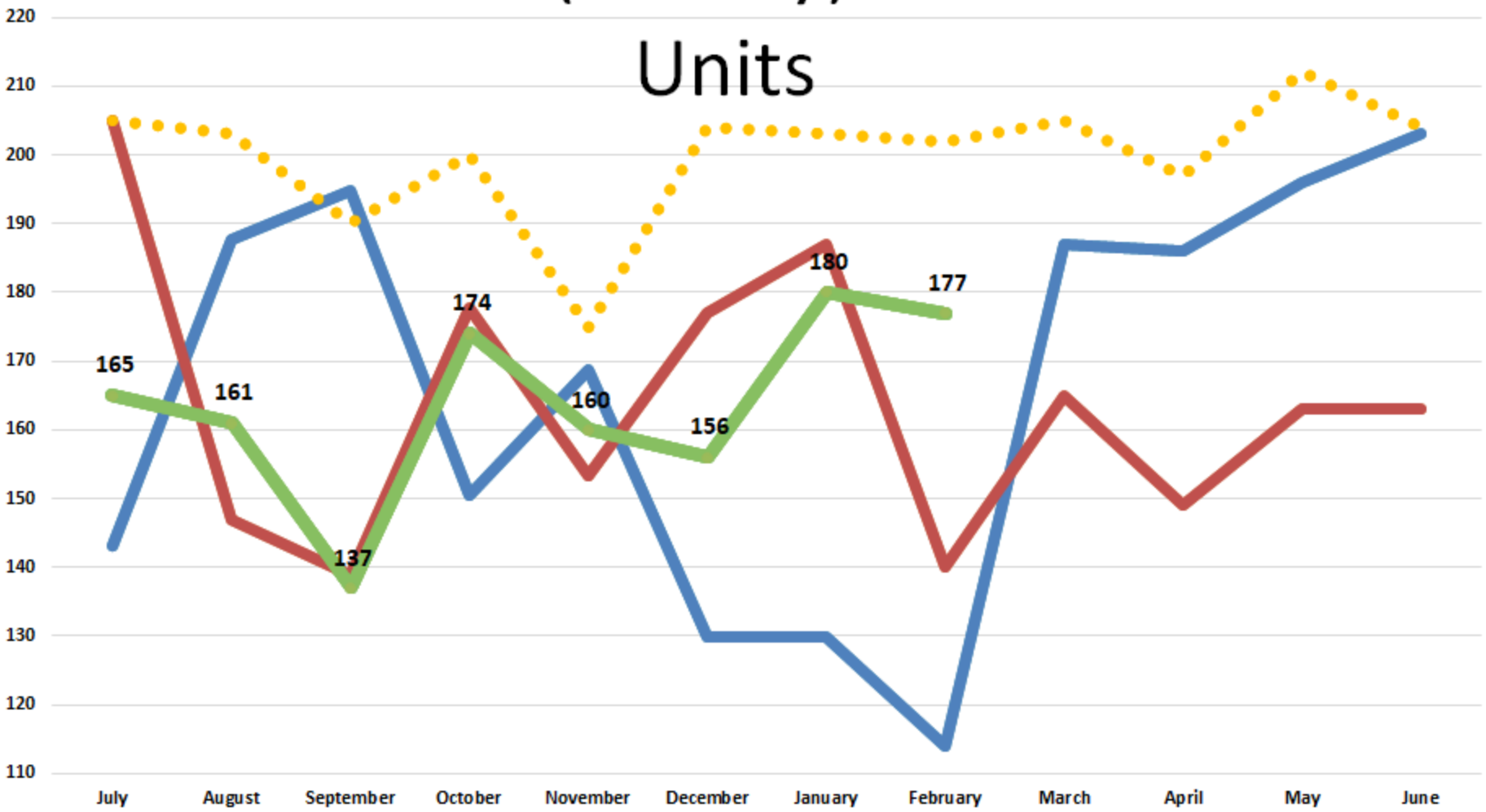


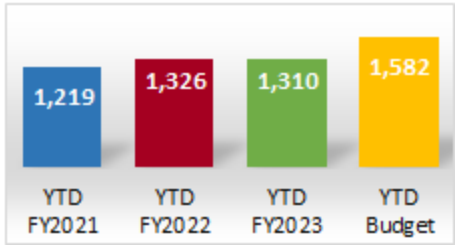


Cath Lab (IP & OP) – 100 Min Units

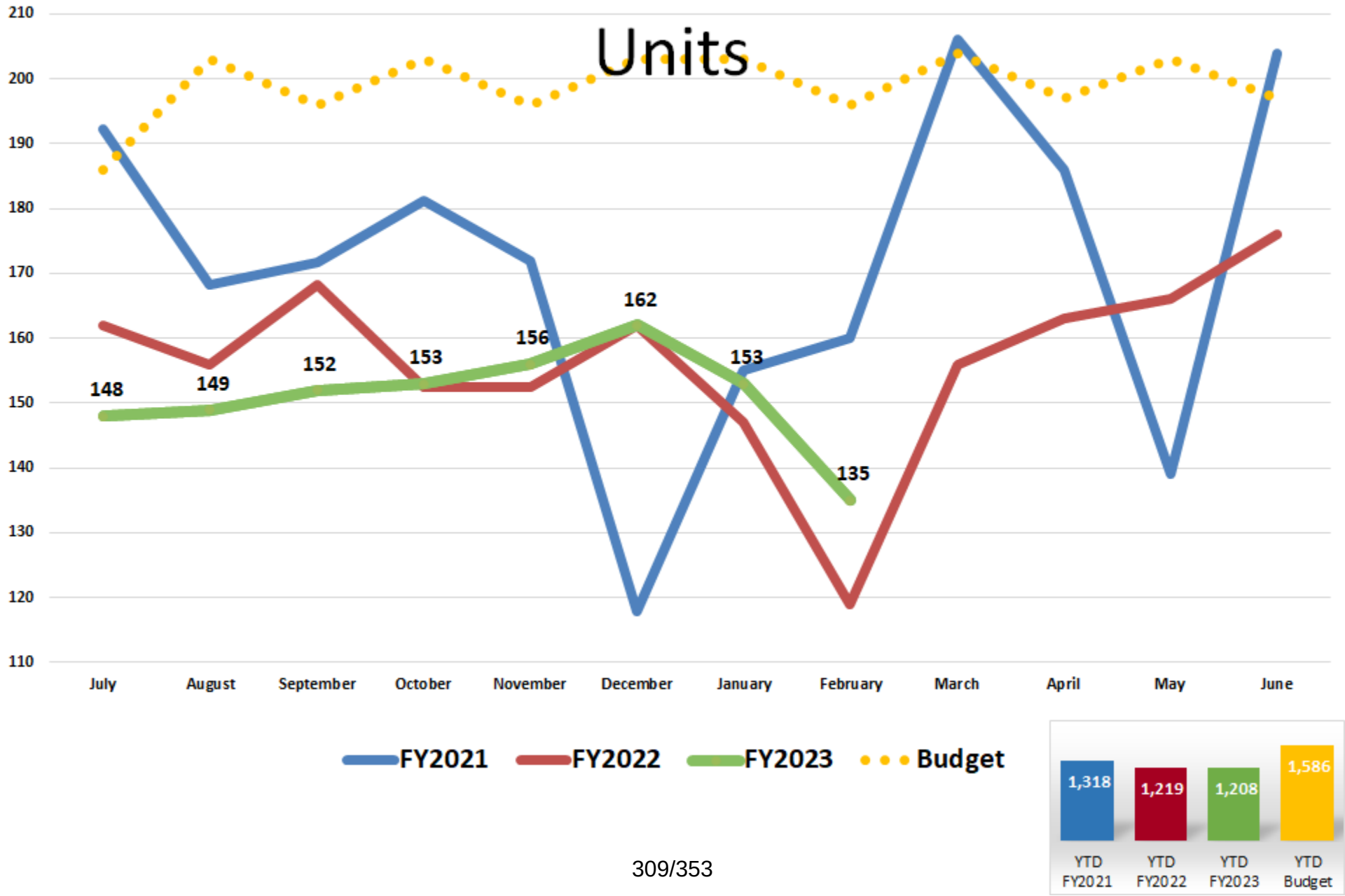


Cath Lab (IP Only) – 100 Min Units

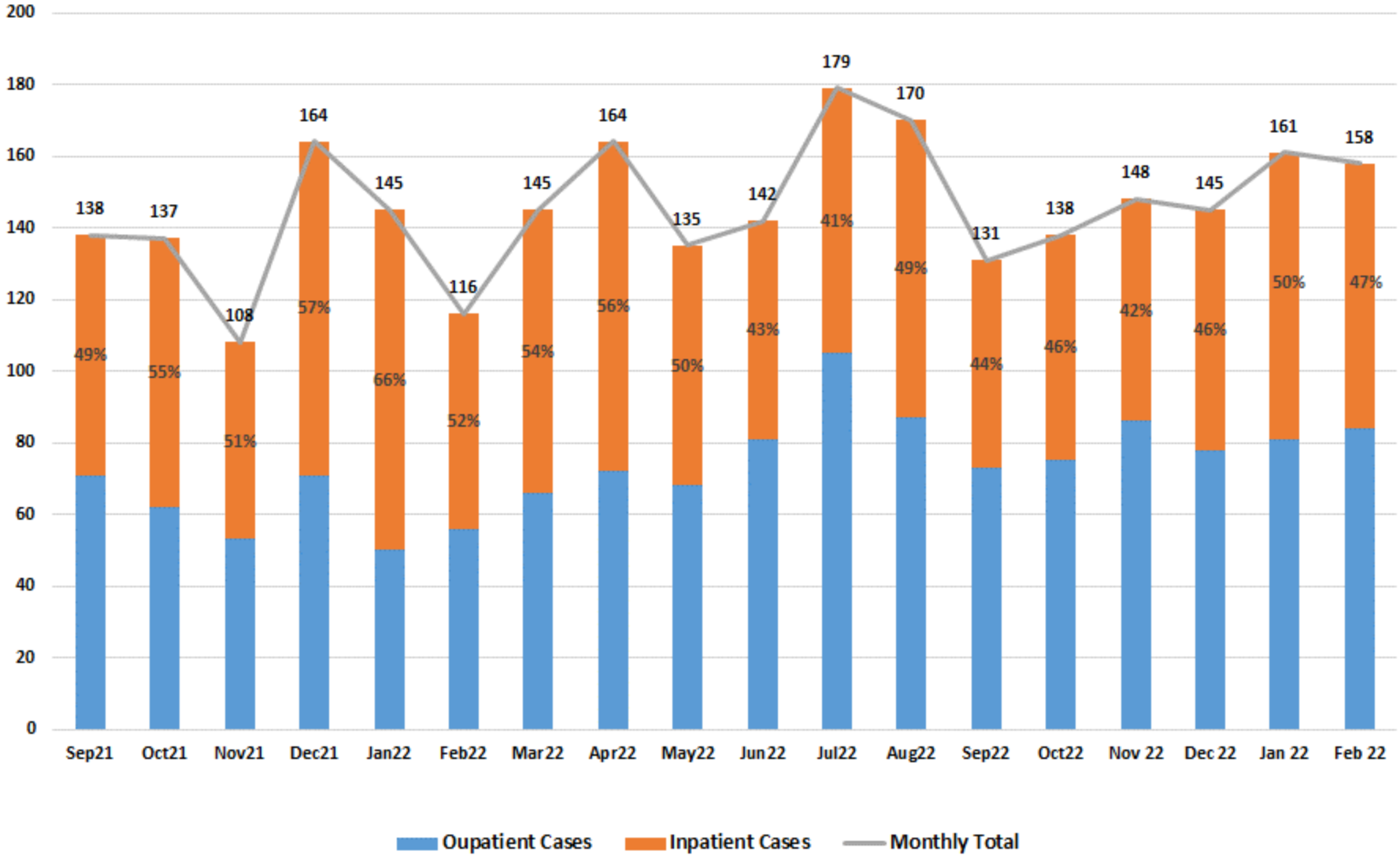




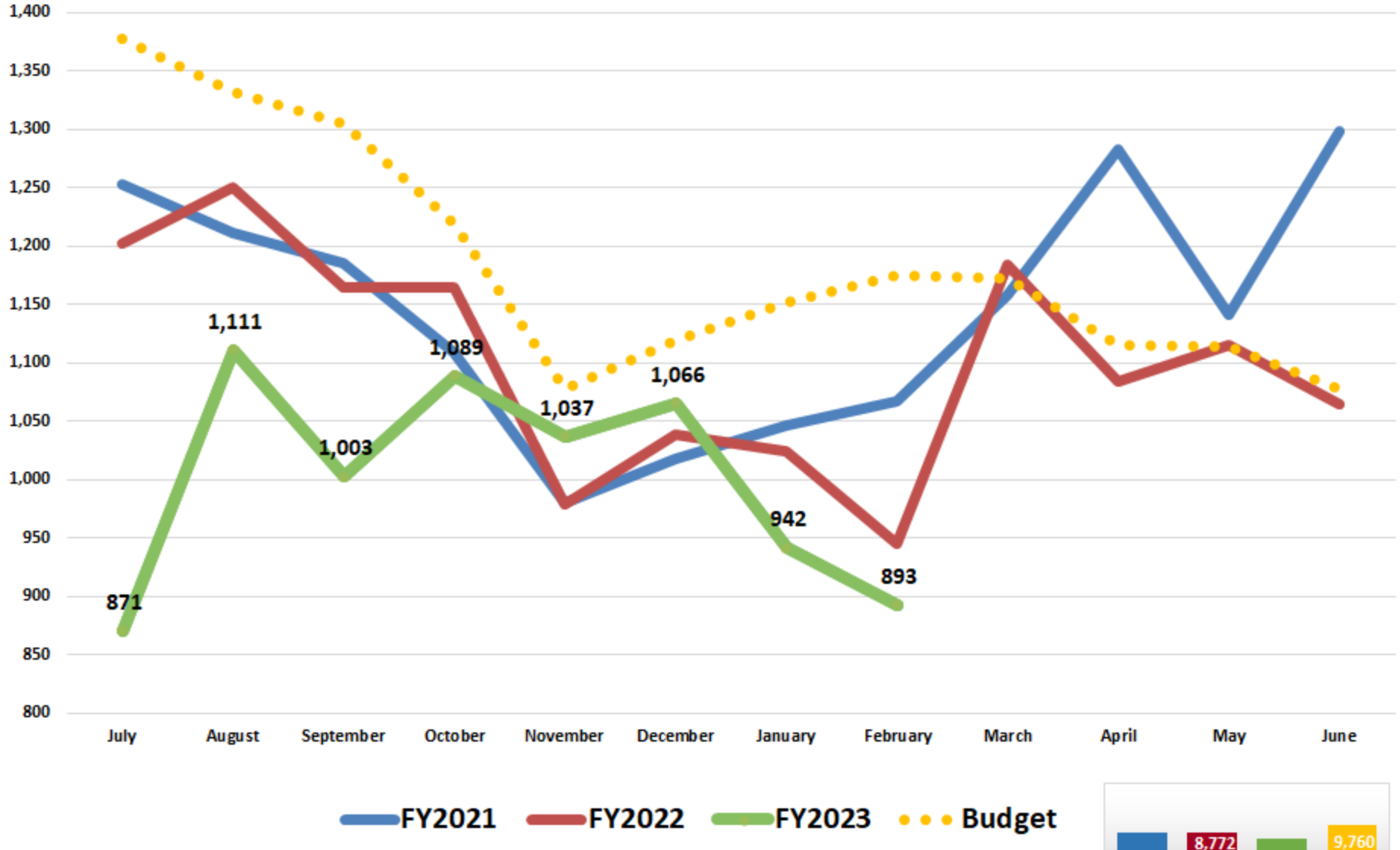
Cath Lab (OP Only) – 100 Min Units

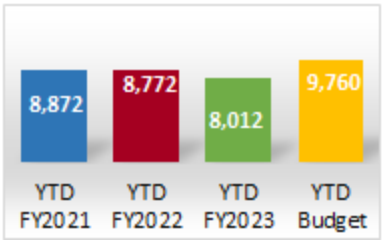


Cath Lab Patients (HP & OP)

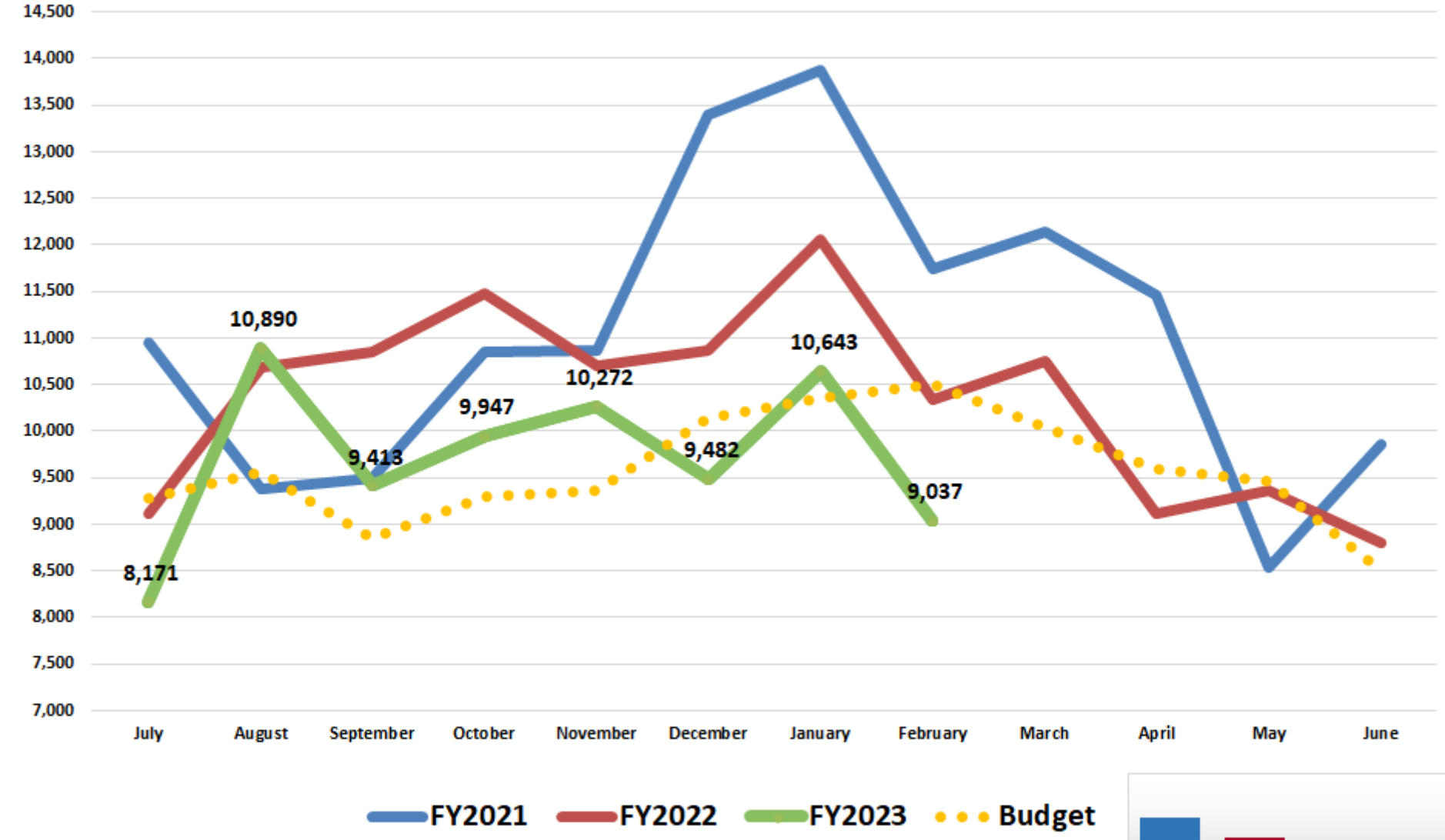


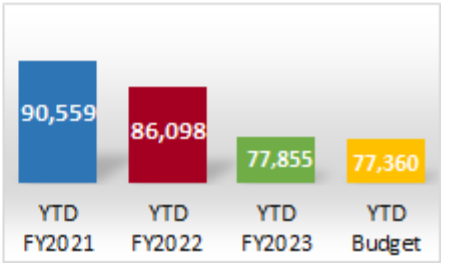
GME Family Medicine Clinic Visits



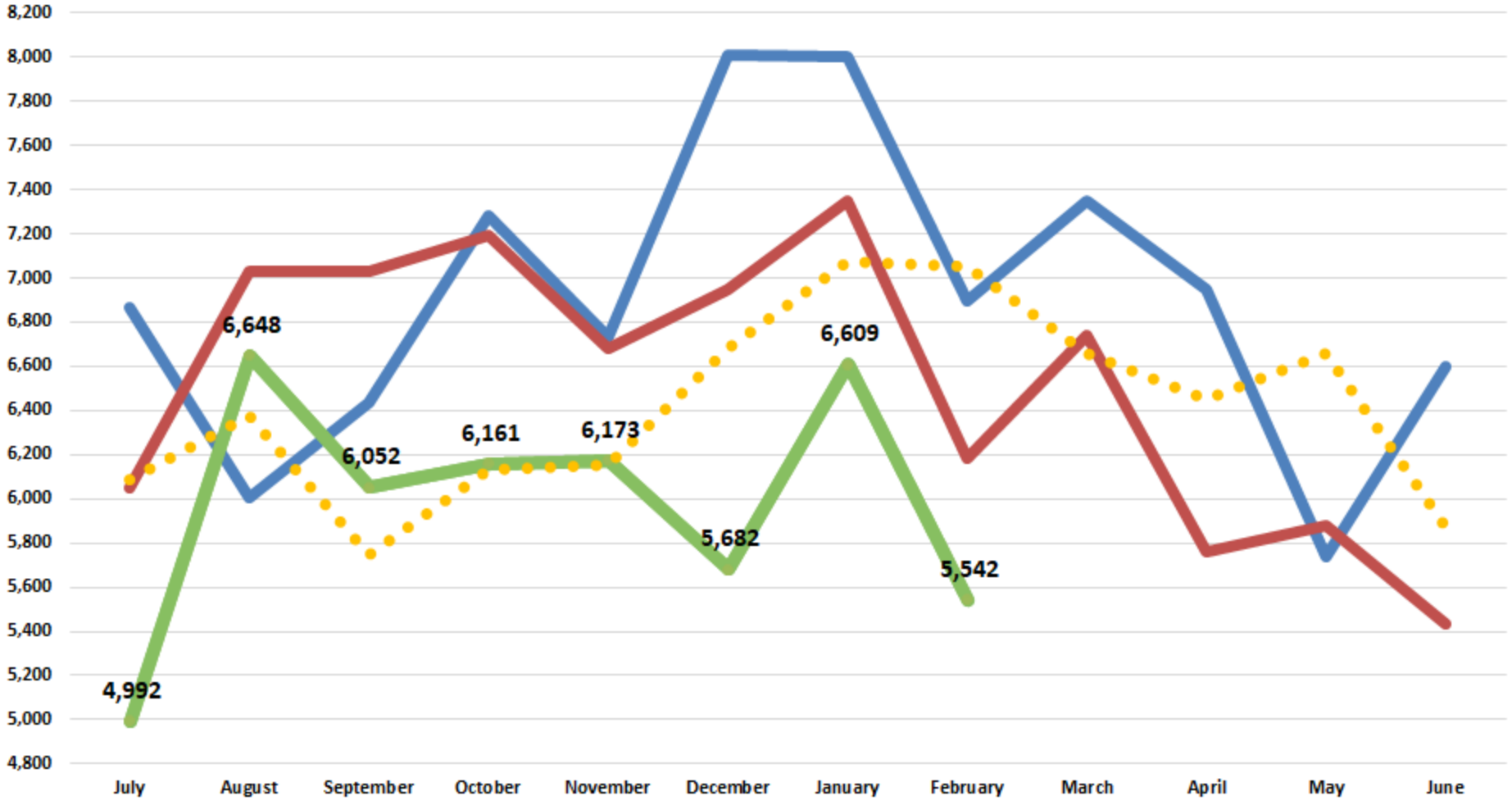


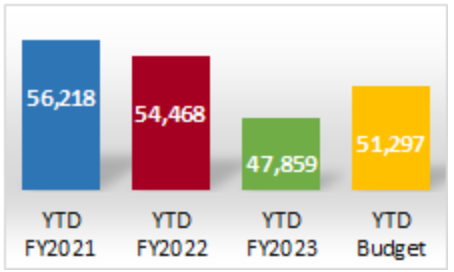
Rural Health Clinics Registrations



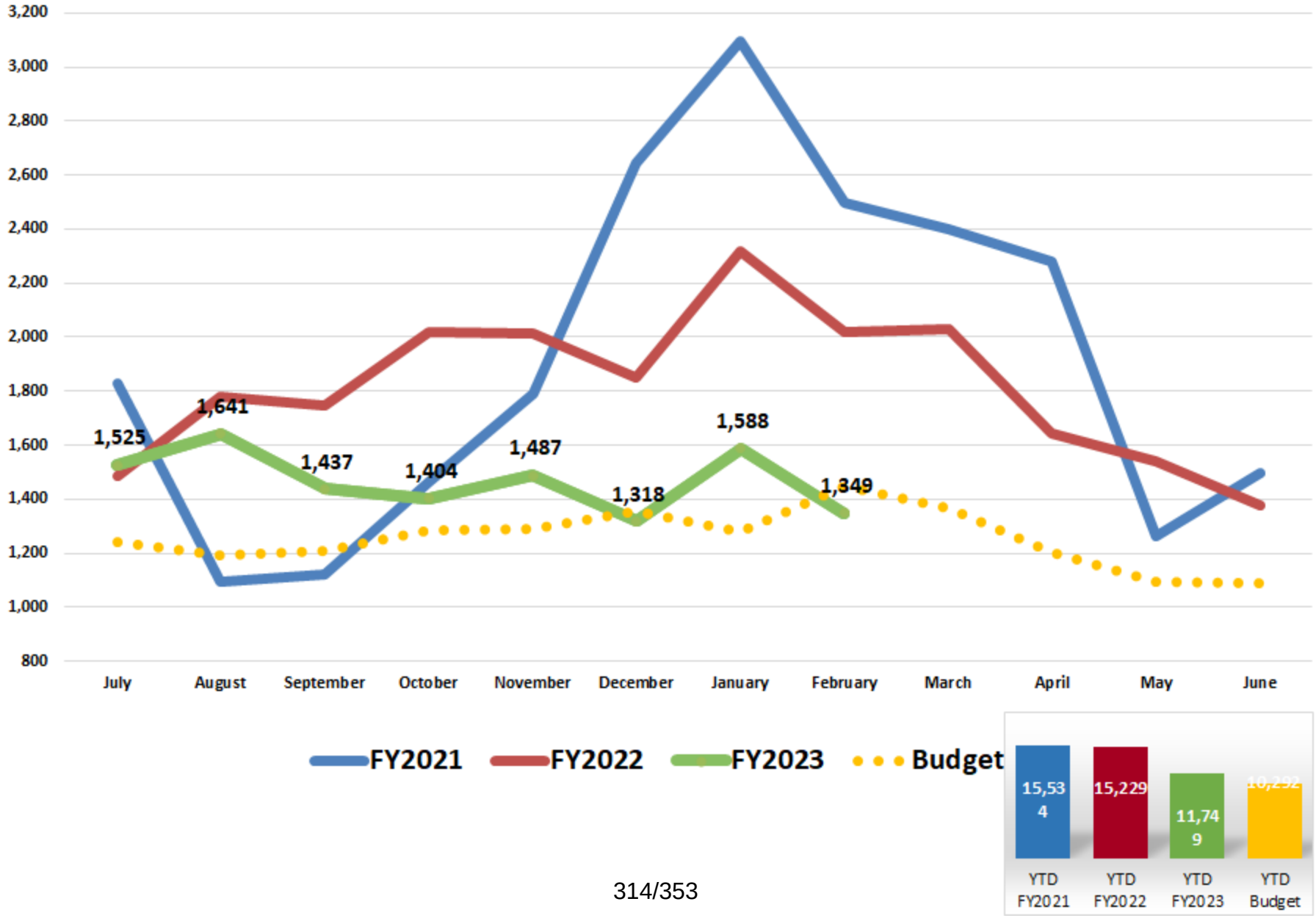


RHC Exeter - Registrations

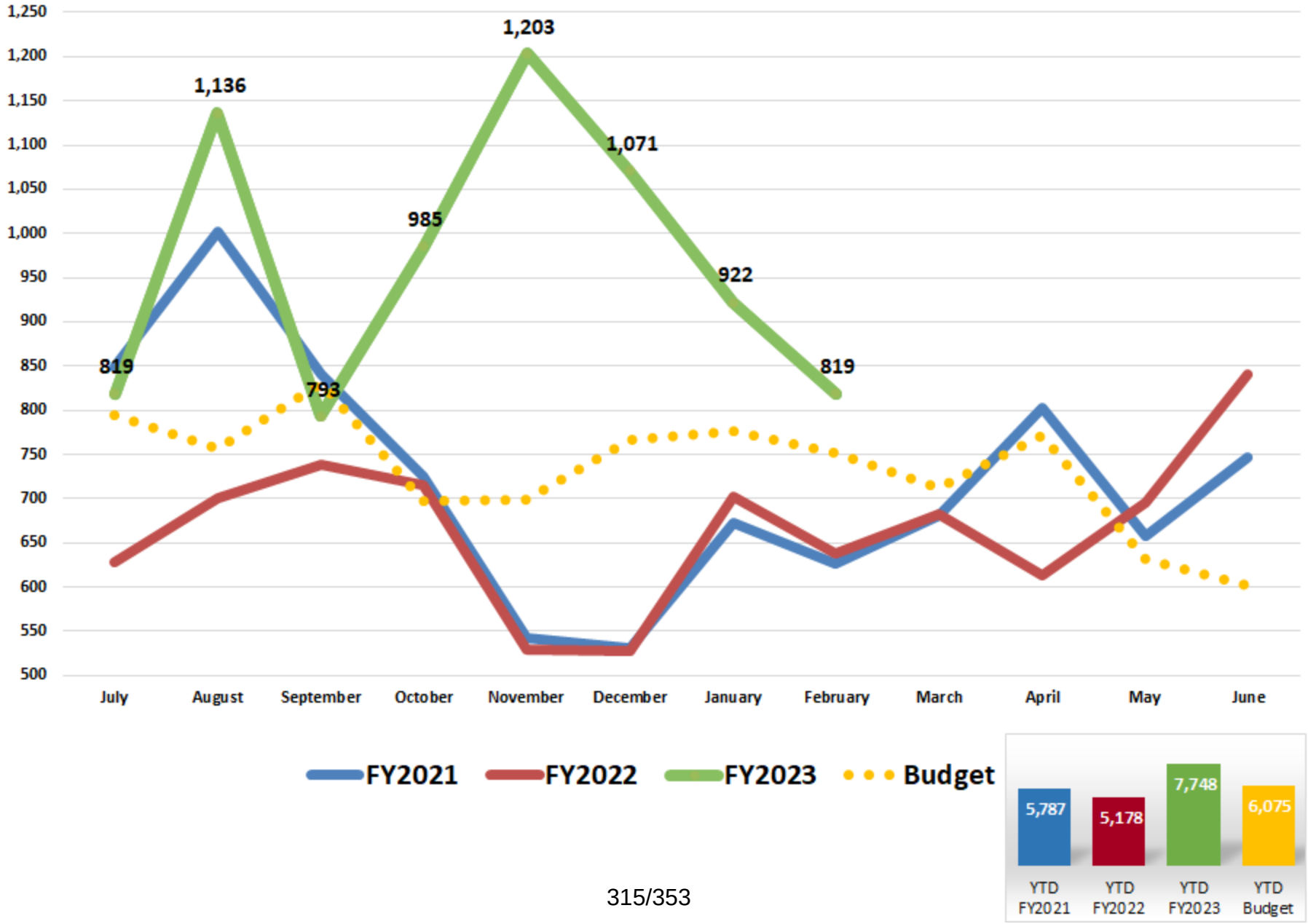




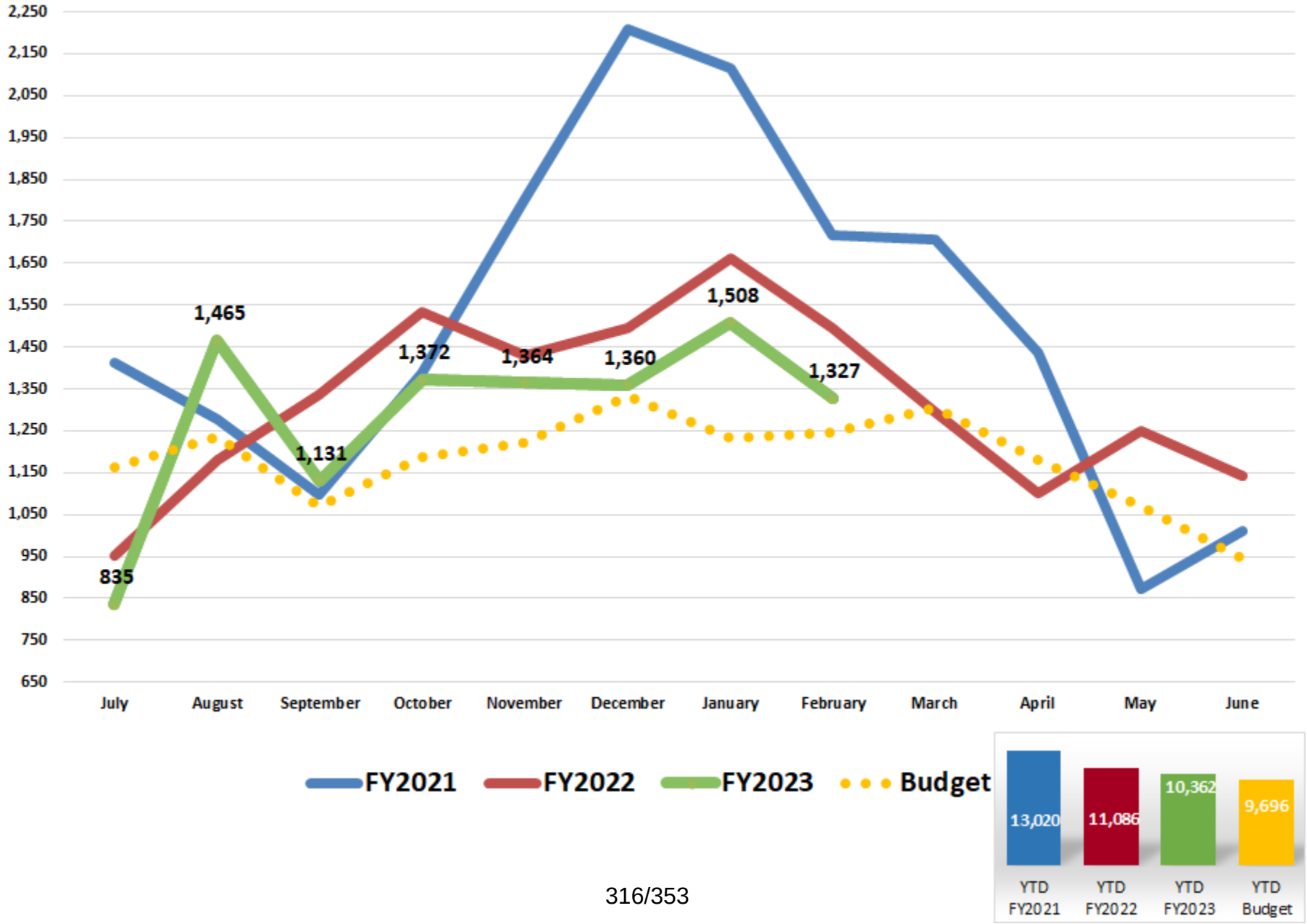
RHC Lindsay - Registrations



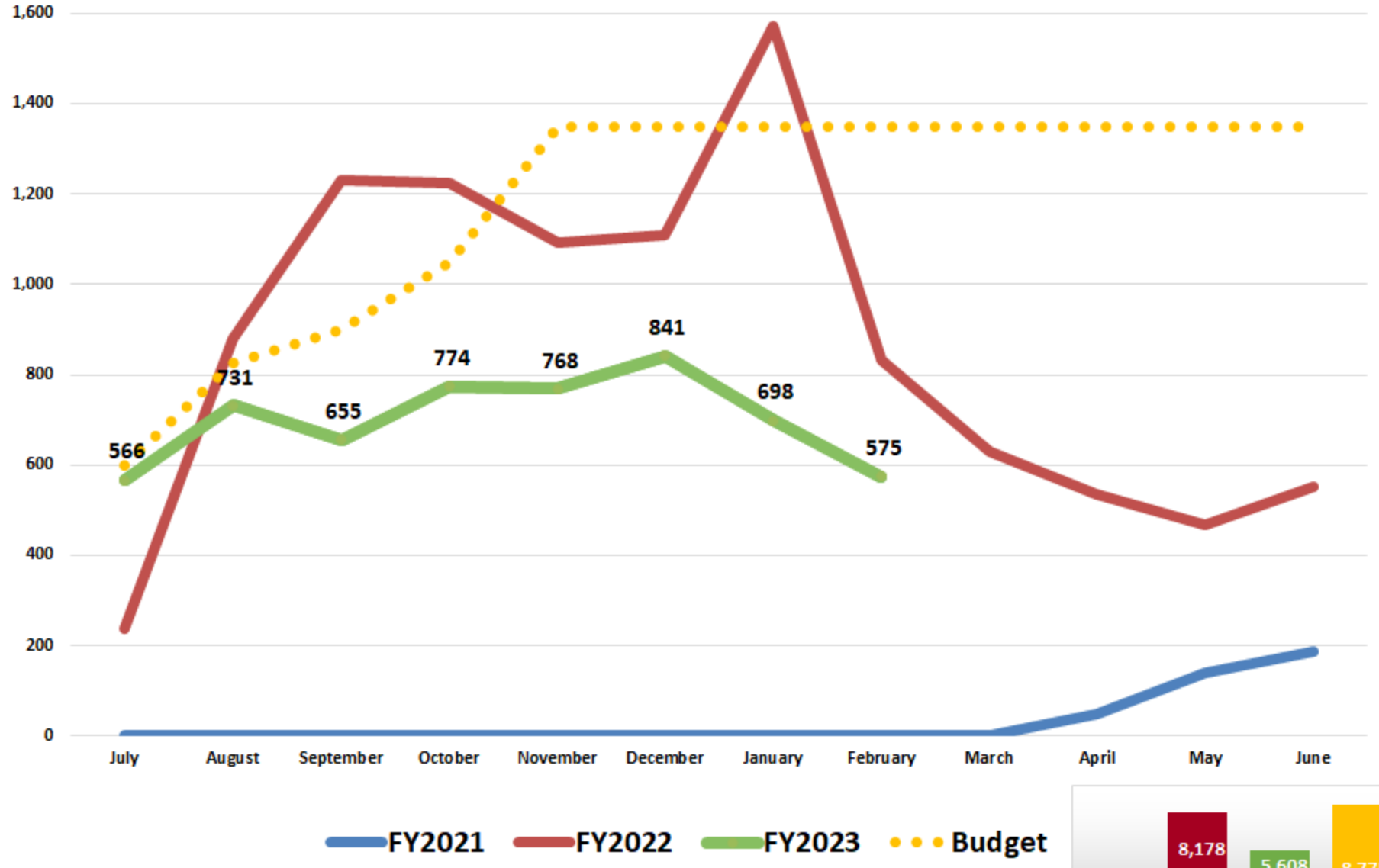
RHC Woodlake - Registrations

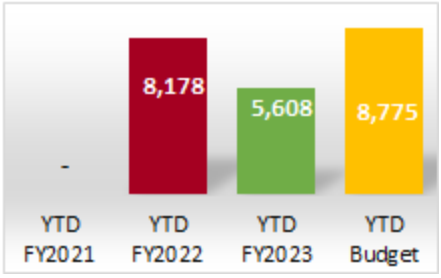


RHC Dinuba - Registrations

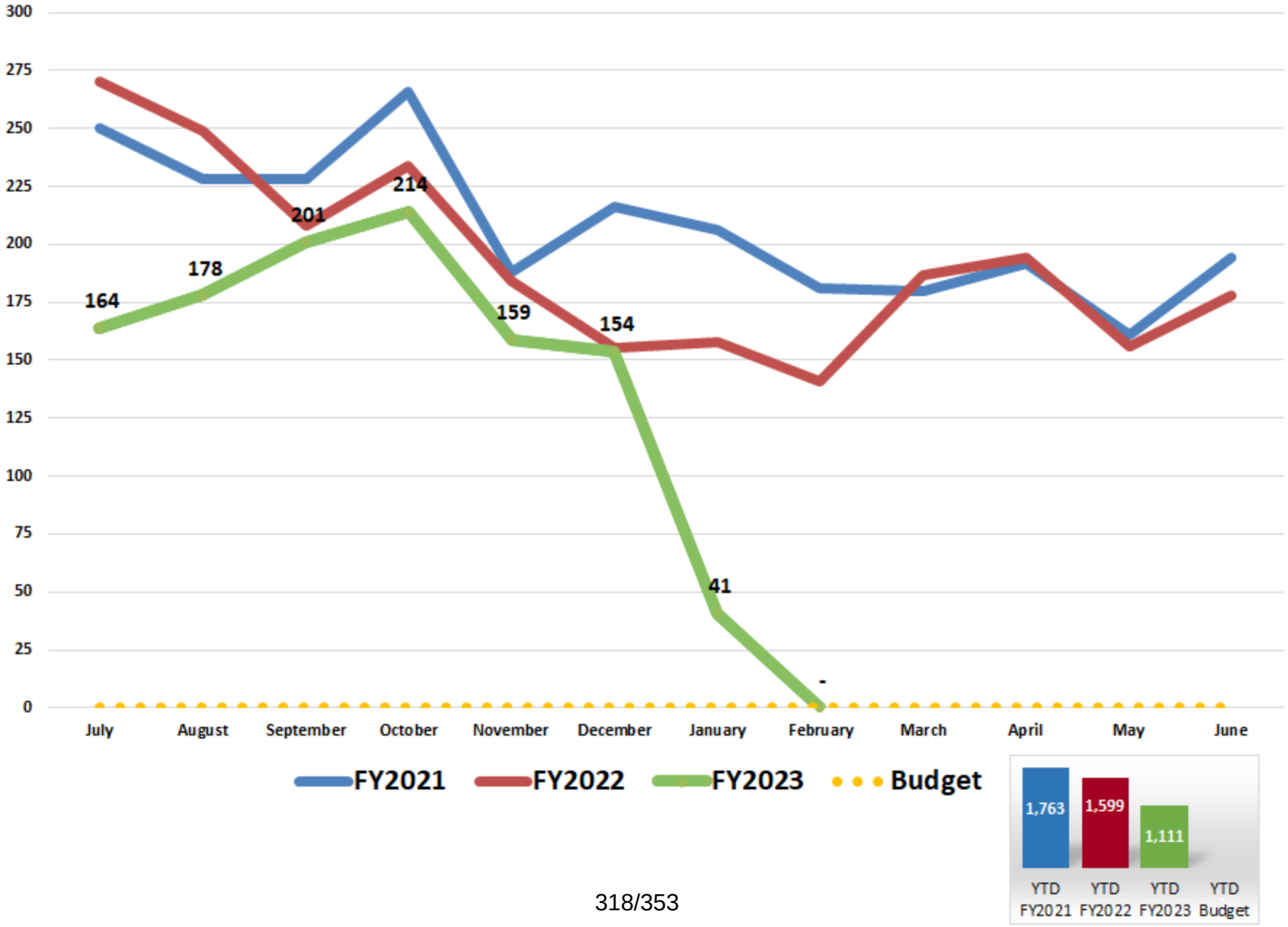


RHC Tulare - Registrations

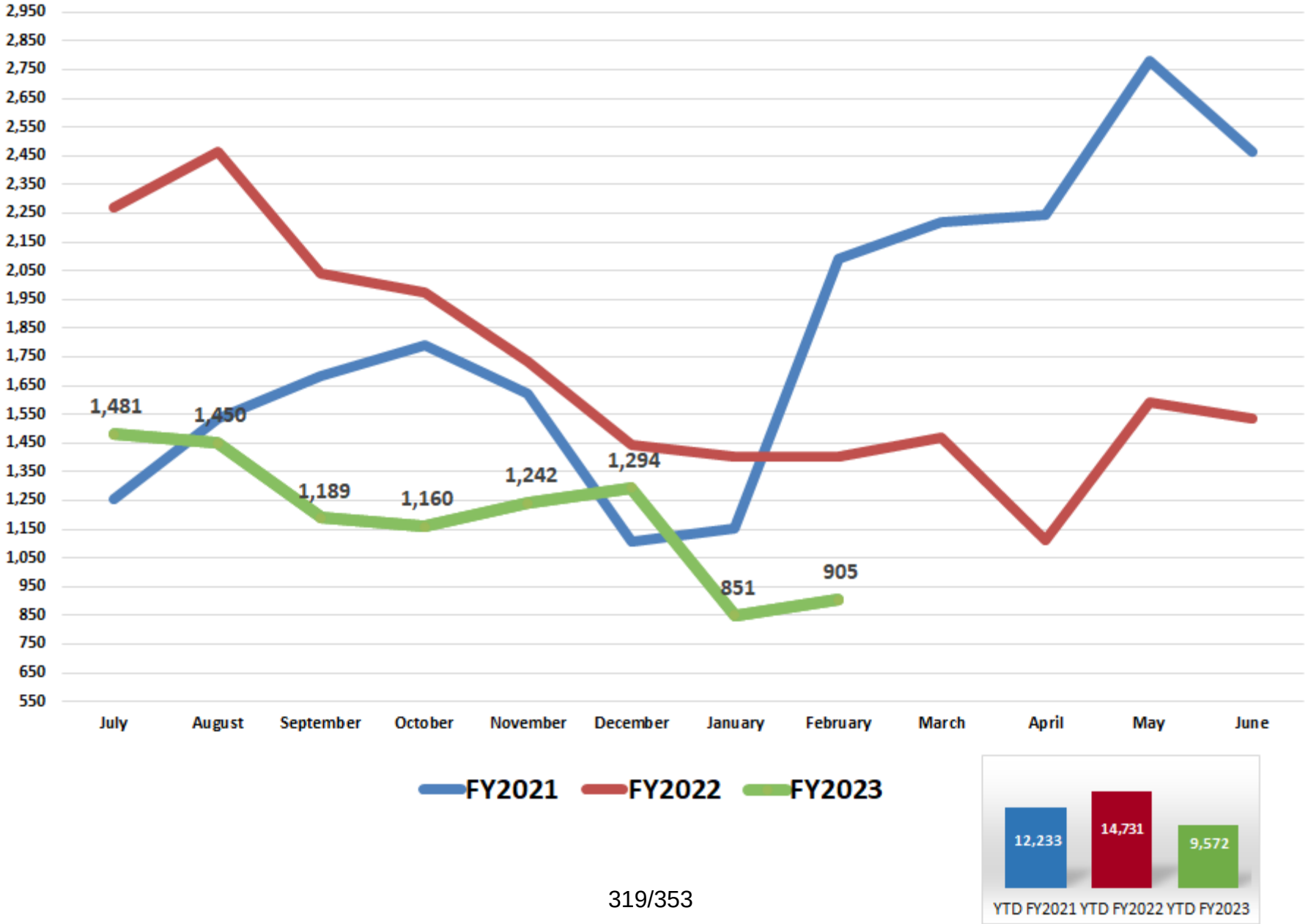




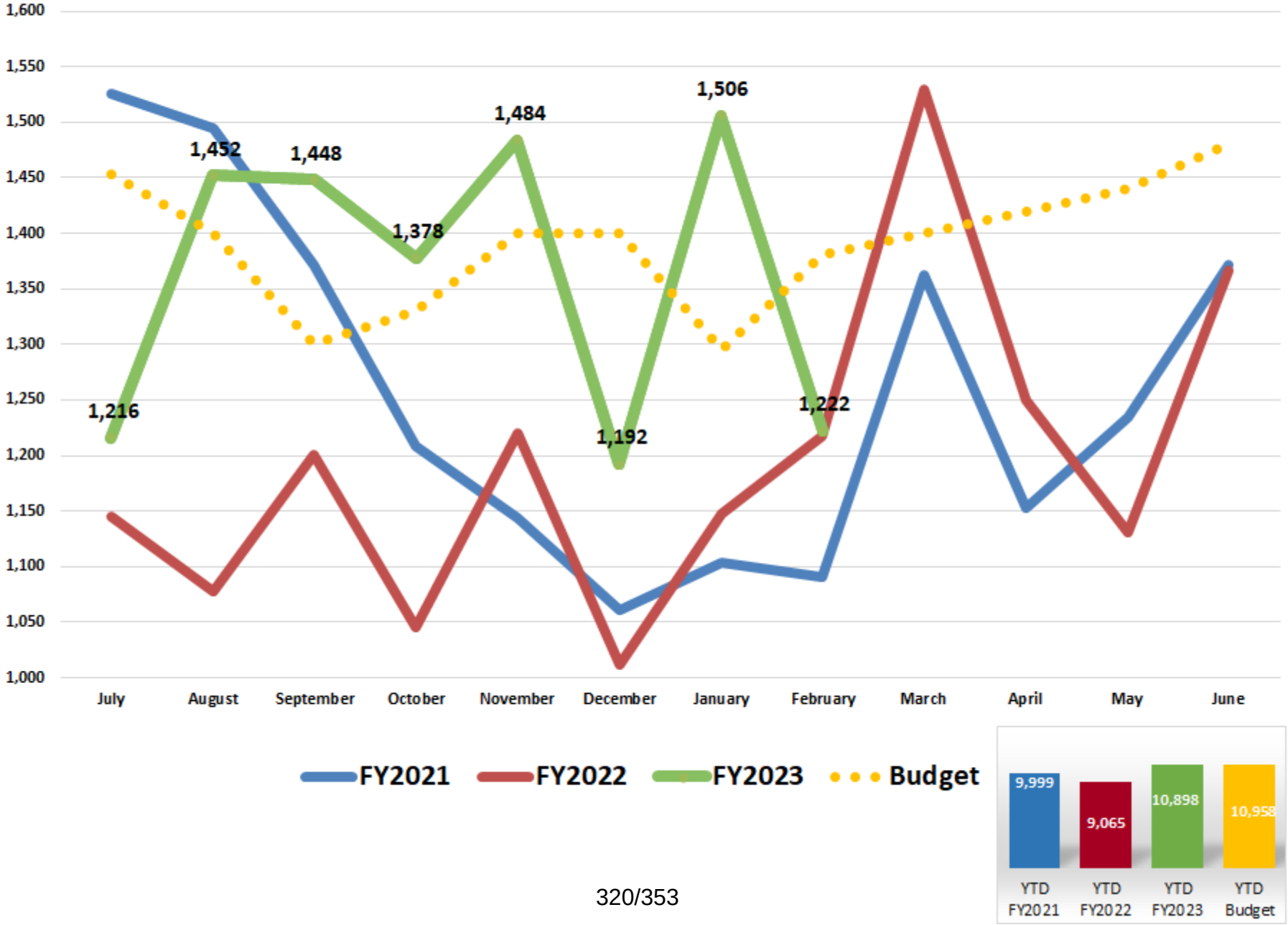
Neurosurgery Clinic Registrations



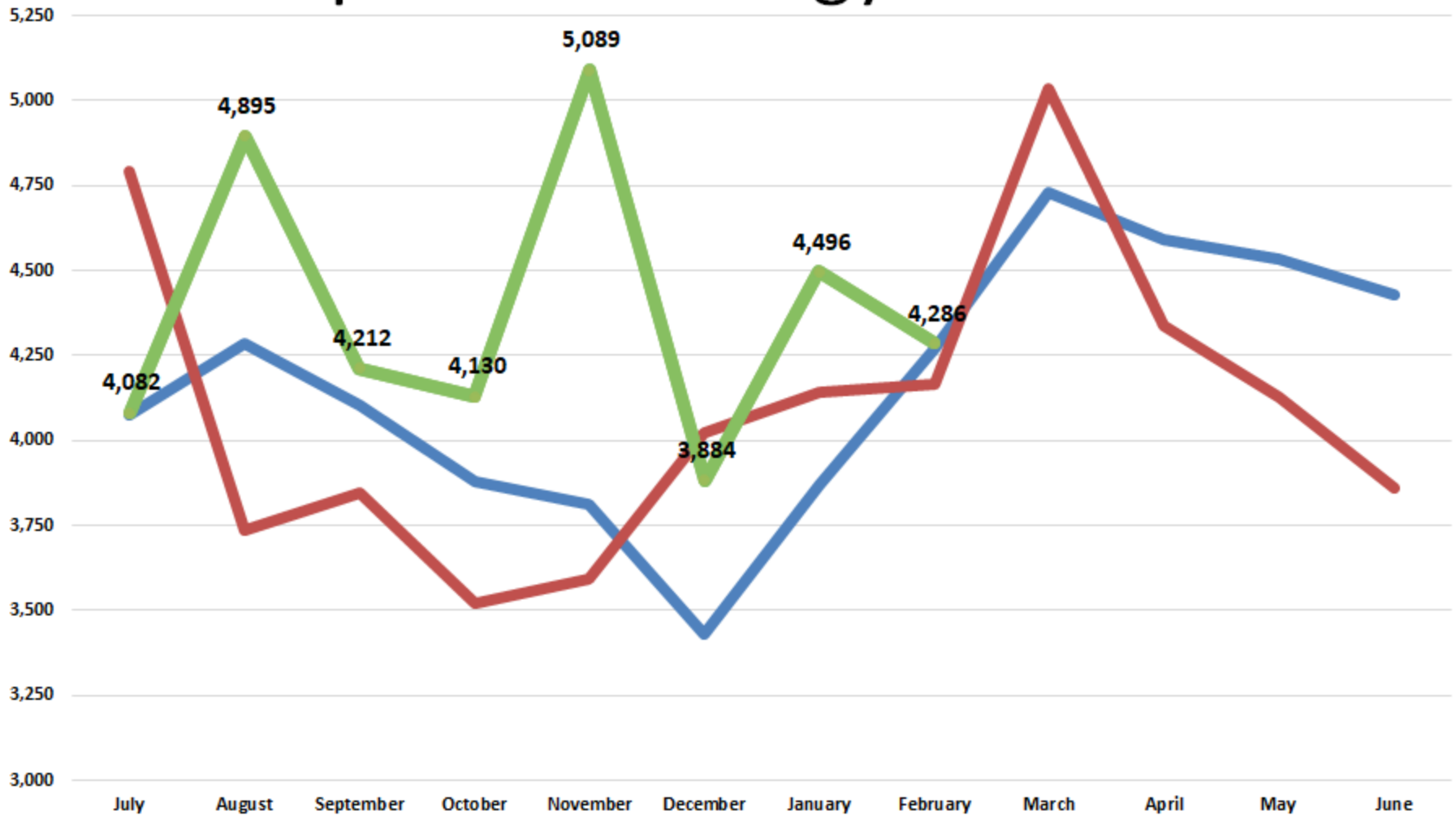
Neurosurgery Clinic - wRVU's

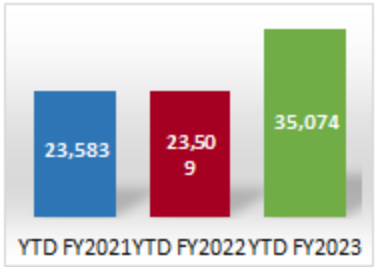


Sequoia Cardiology Registrations

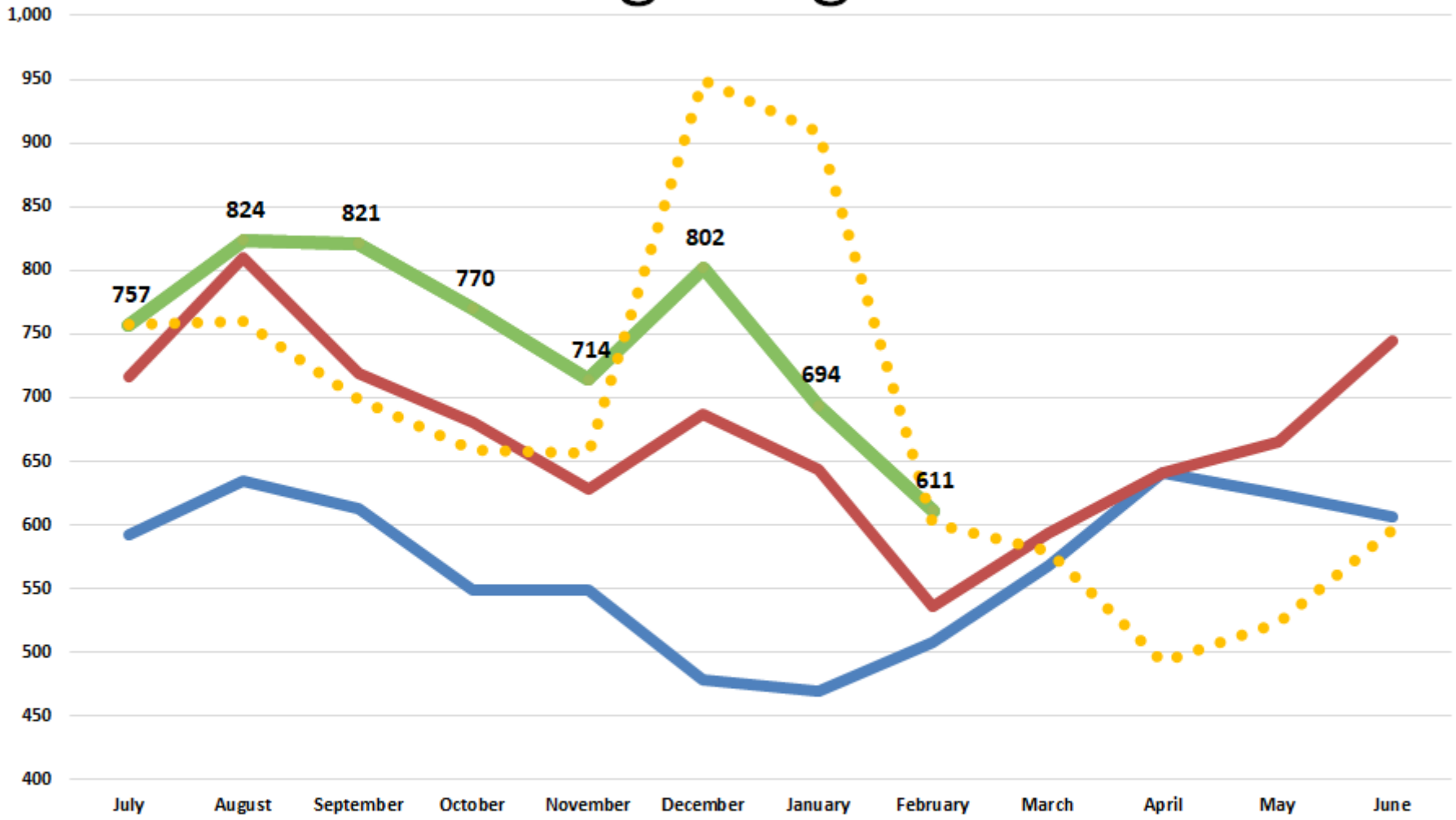


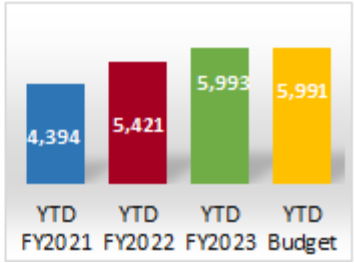
Sequoia Cardiology - wRVU's



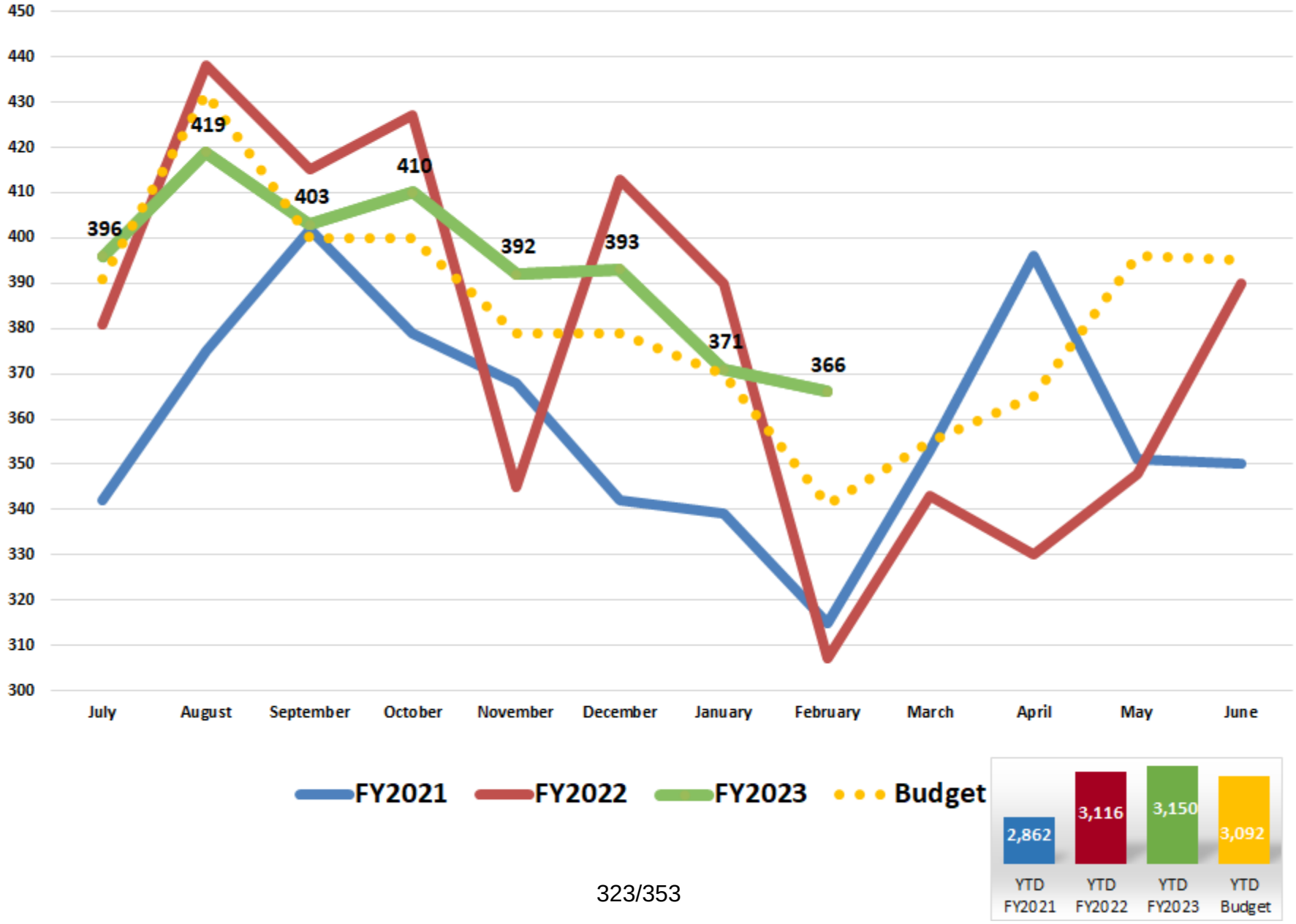


Labor Triage Registrations





Deliveries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July
August
September
October
November
December
January
February
March
April
May
June
FY2021
FY2022
FY2023
Budget
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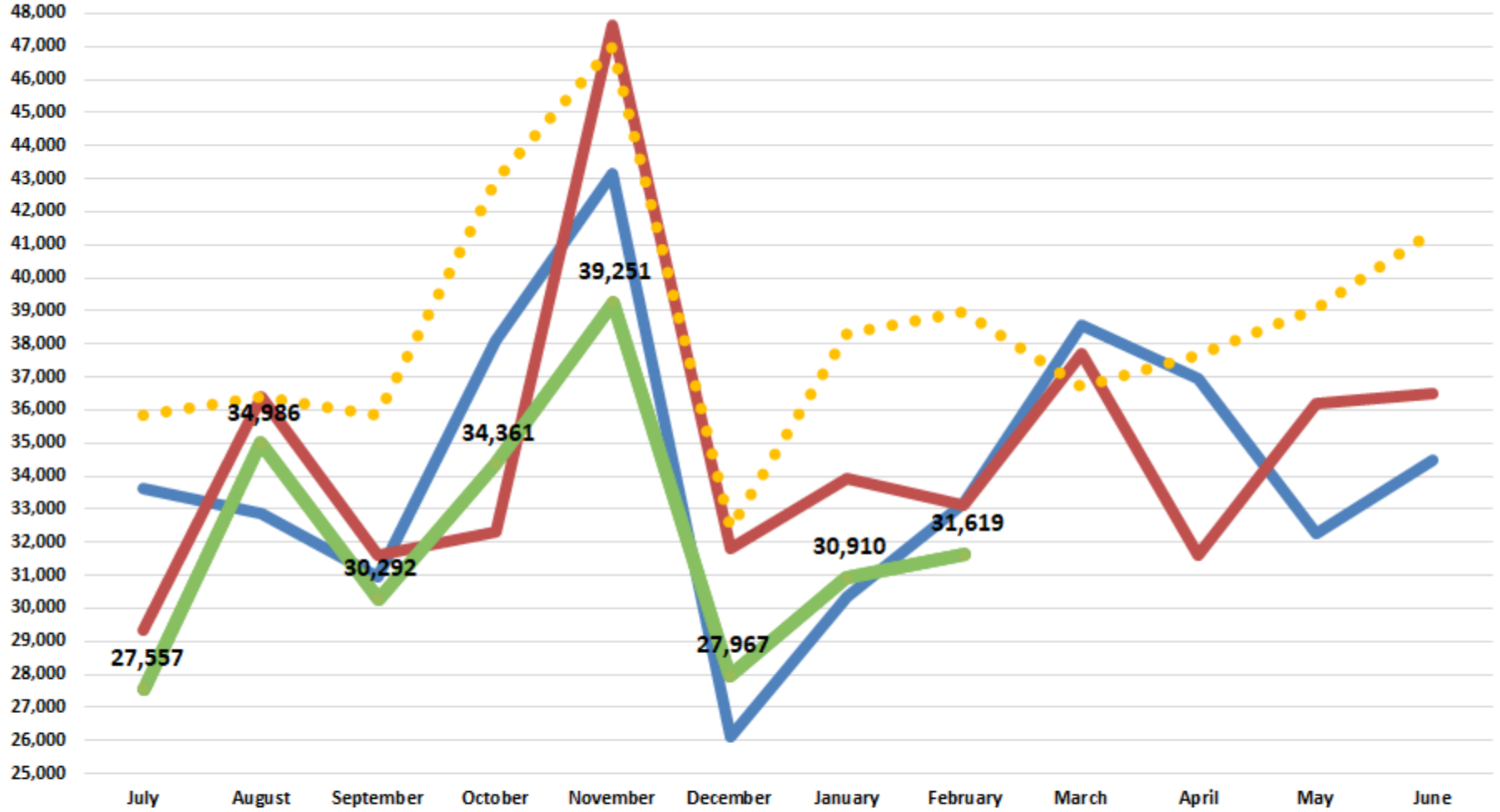
3,116
3,150
3,092
YTD FY2021
YTD FY2022
YTD FY2023
YTD Budget

KHMG RVU's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August
September
October
November
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January
February
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April
May
June
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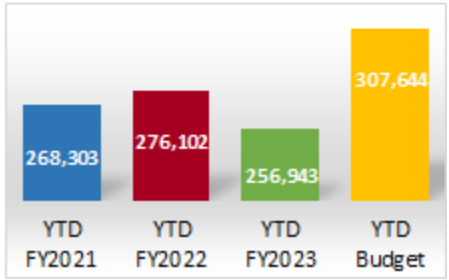
34,361
39,251
27,967
30,910
31,619
FY2021
FY2022
FY2023
Budget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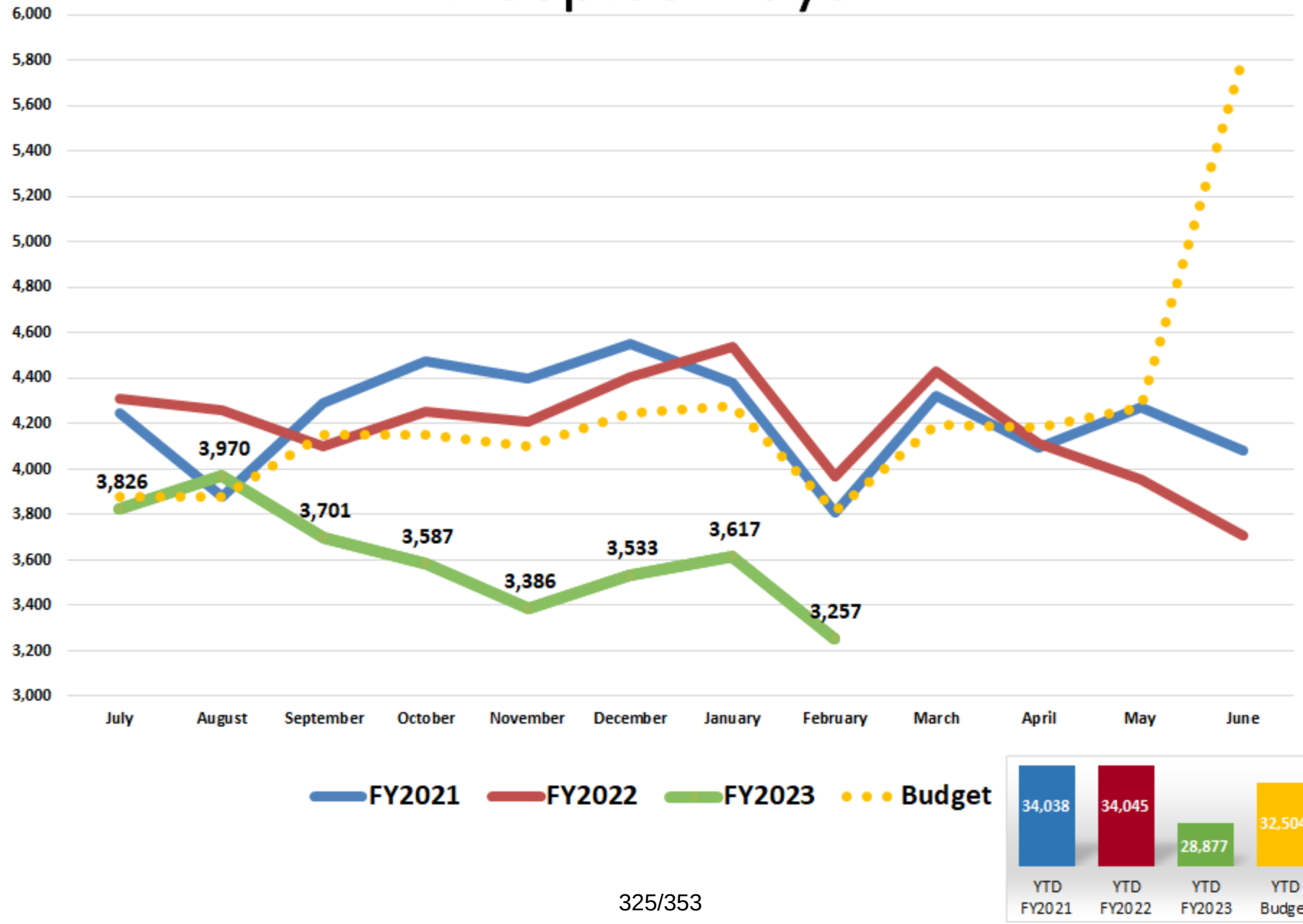
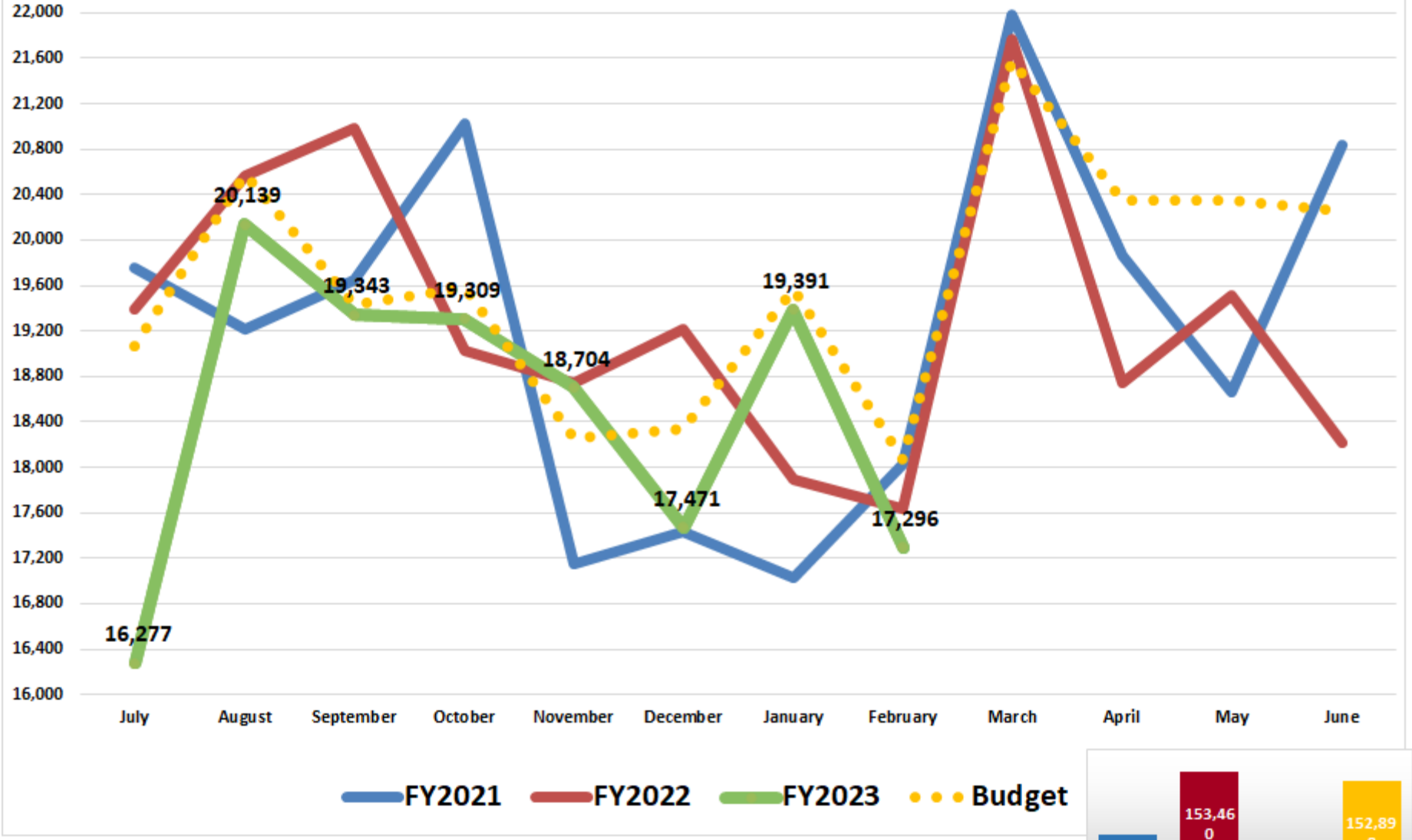
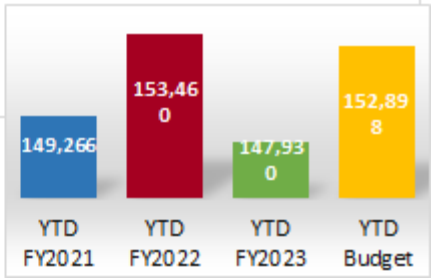
276,102
256,943
307,644
YTD FY2021
YTD FY2022
YTD FY2023
YTD Budget

Hospice Days

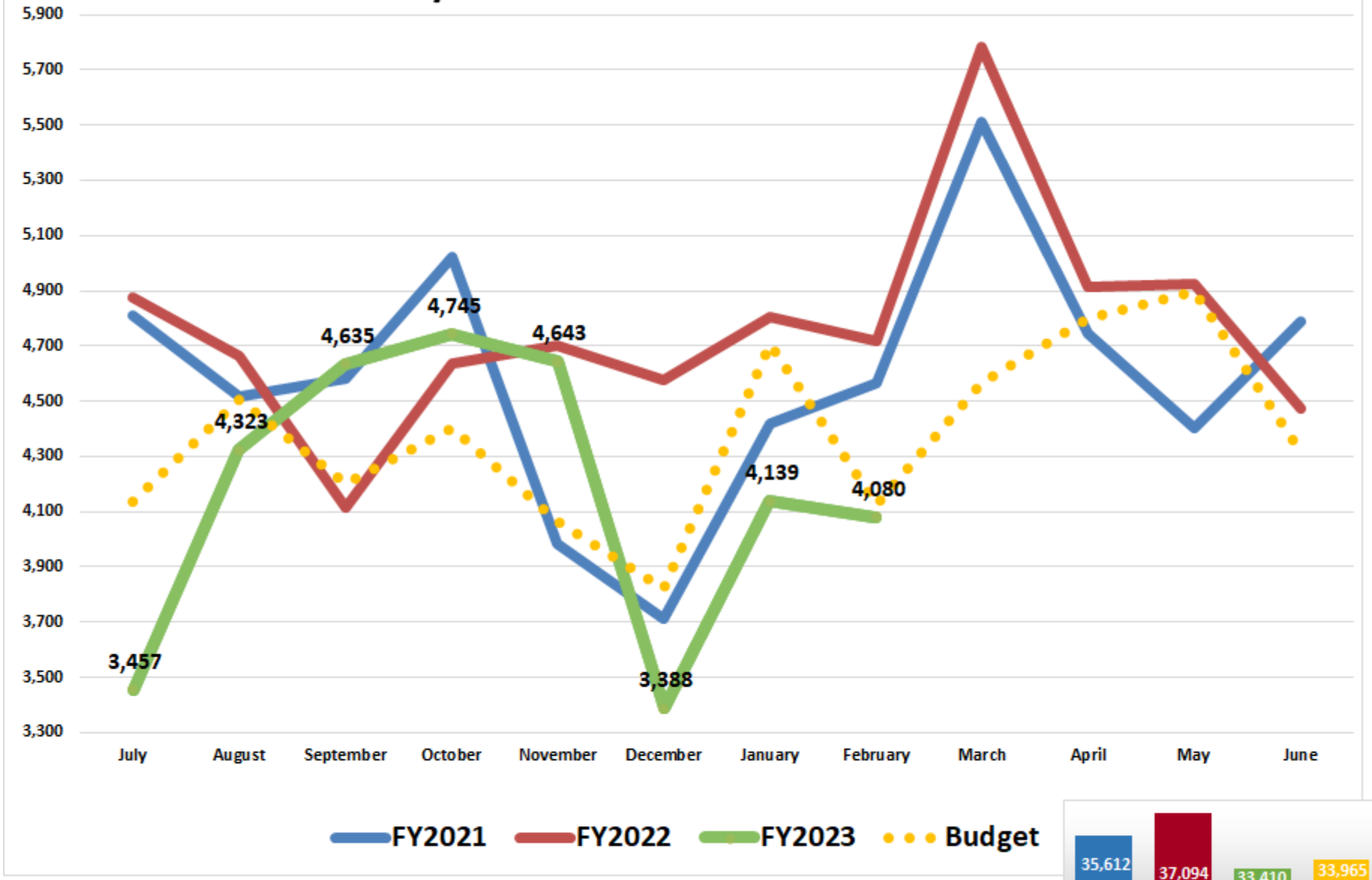


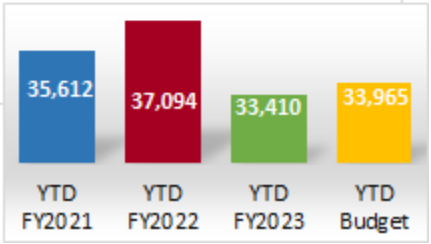
All O/P Rehab Svcs Across District



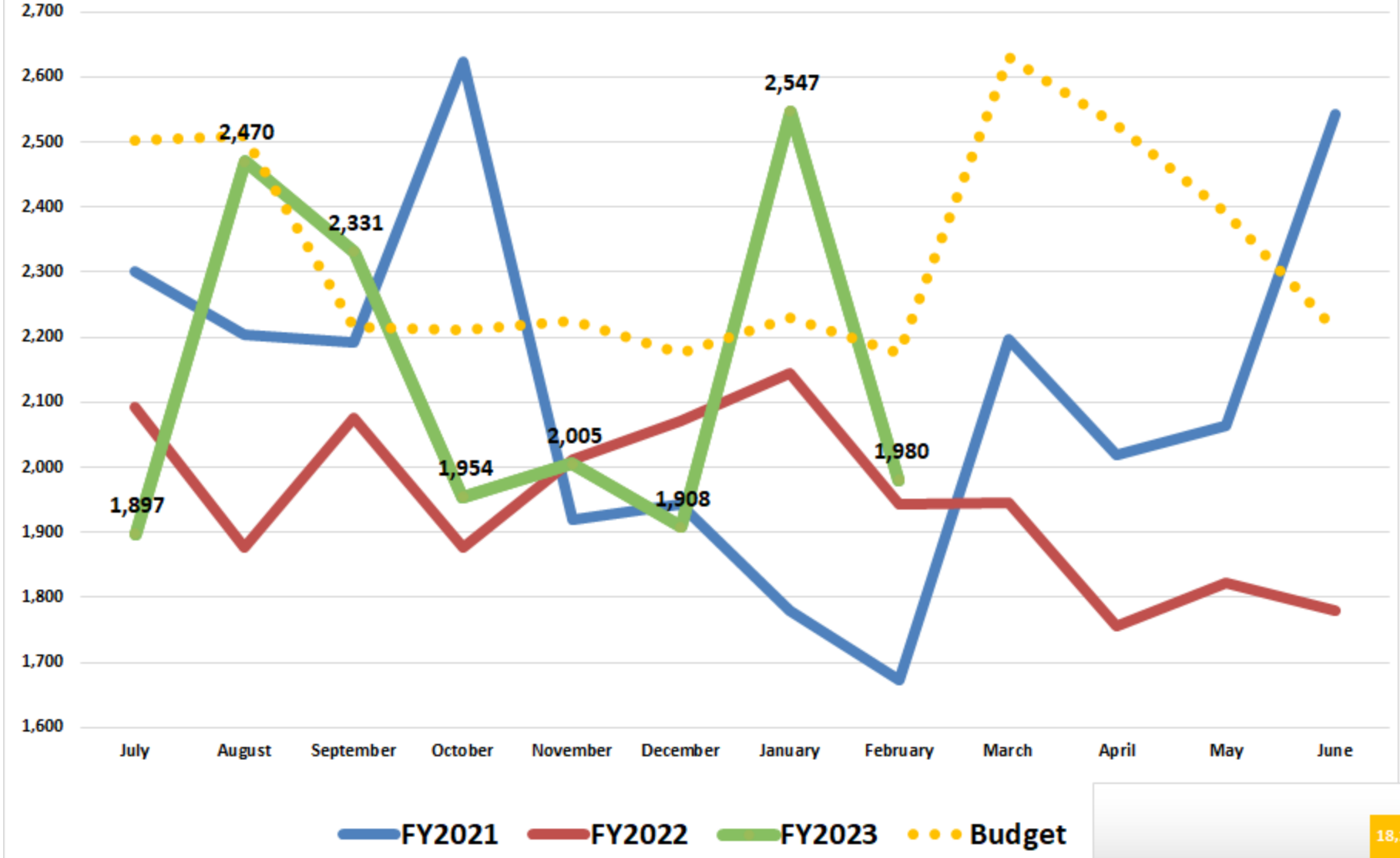


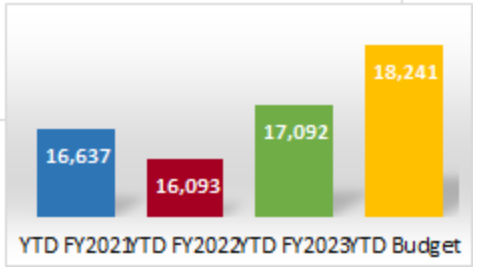
O/P Rehab Services



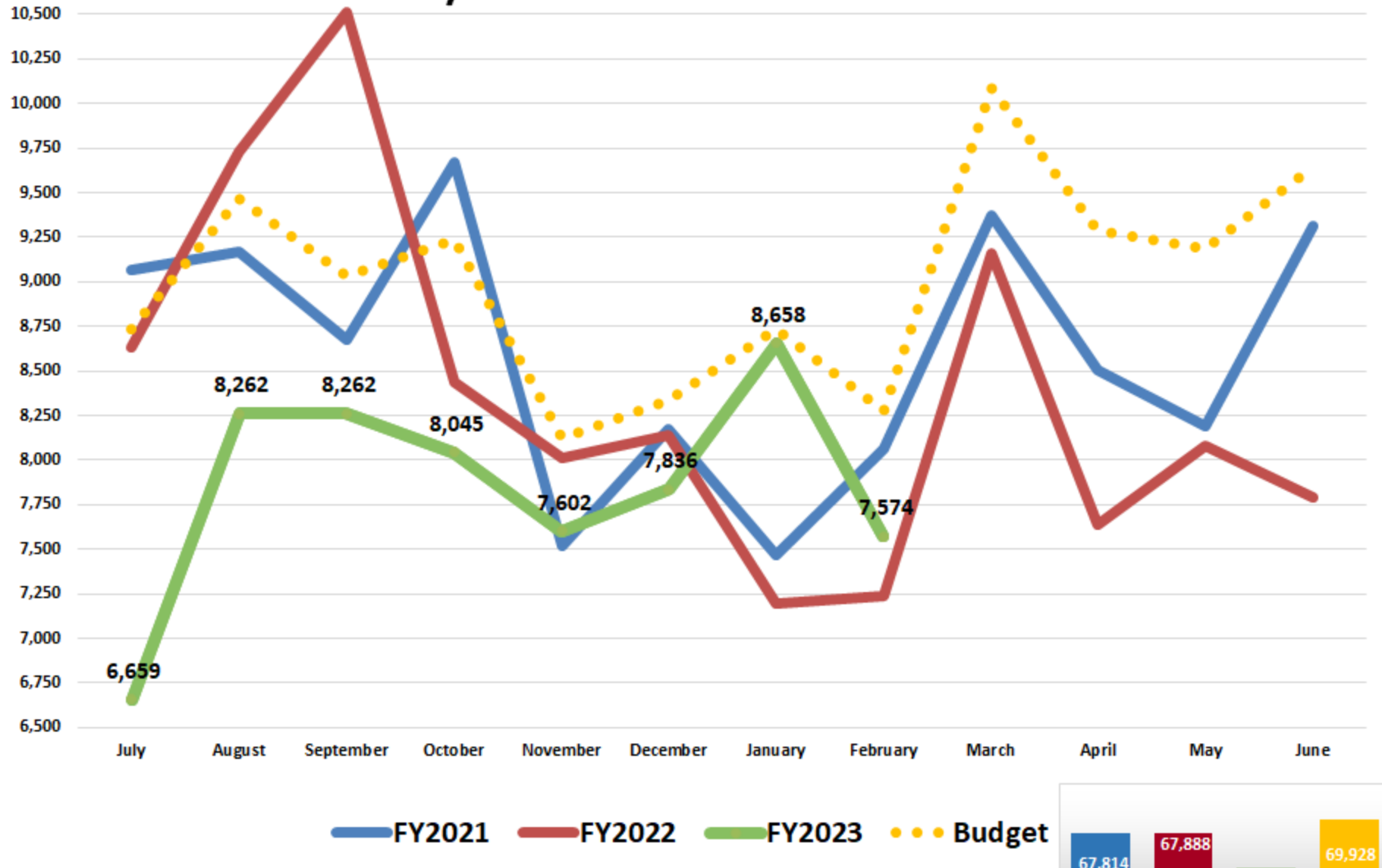


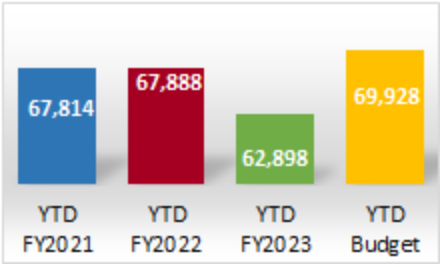
O/P Rehab - Exeter



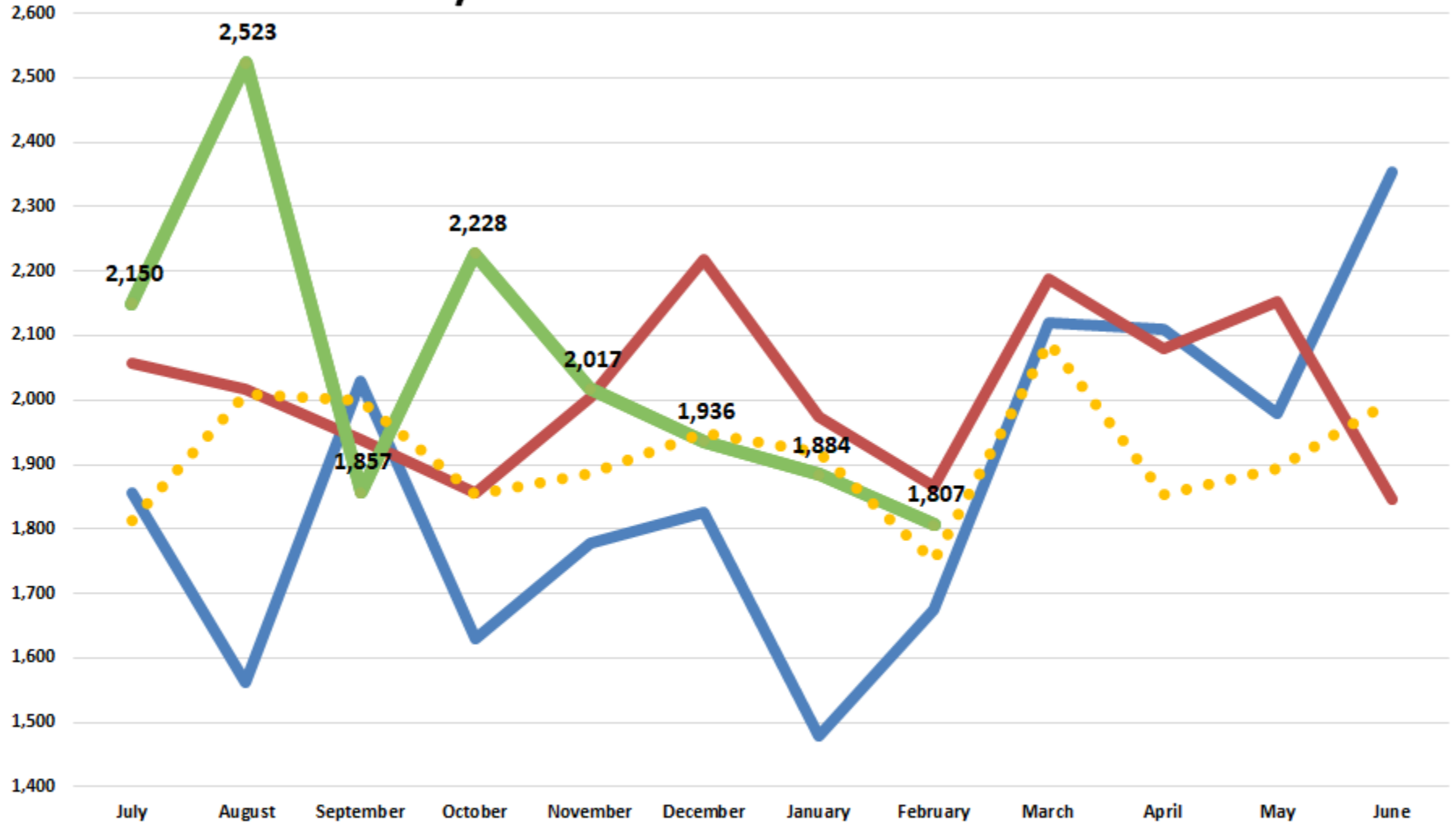


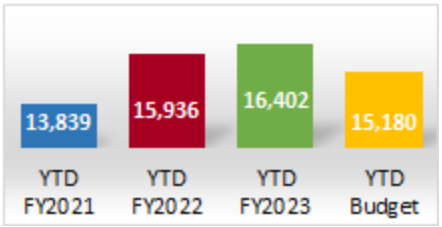
O/P Rehab - Akers

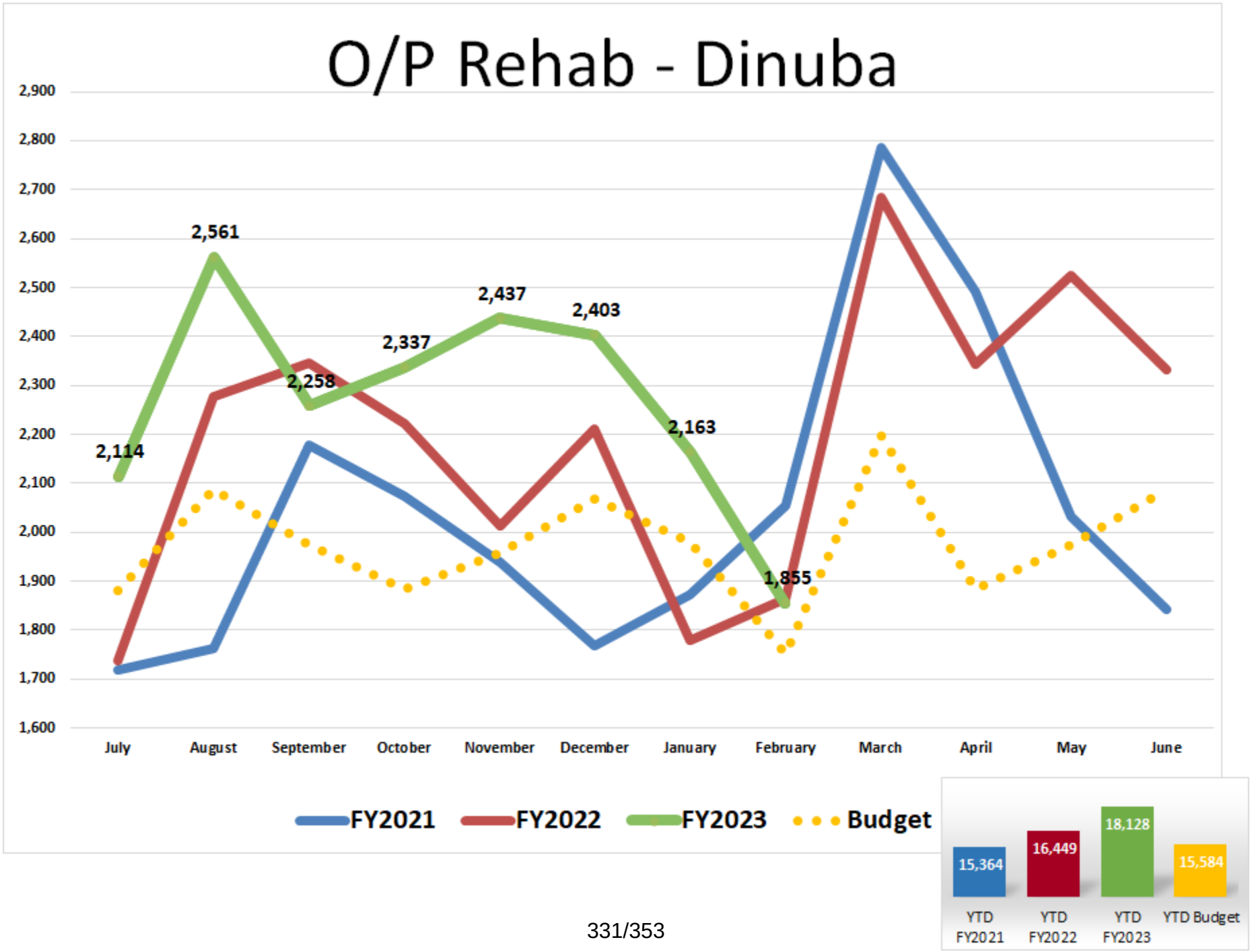




O/P Rehab - LLOPT






O/P Rehab - Dinuba
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2,800
2,700
2,600
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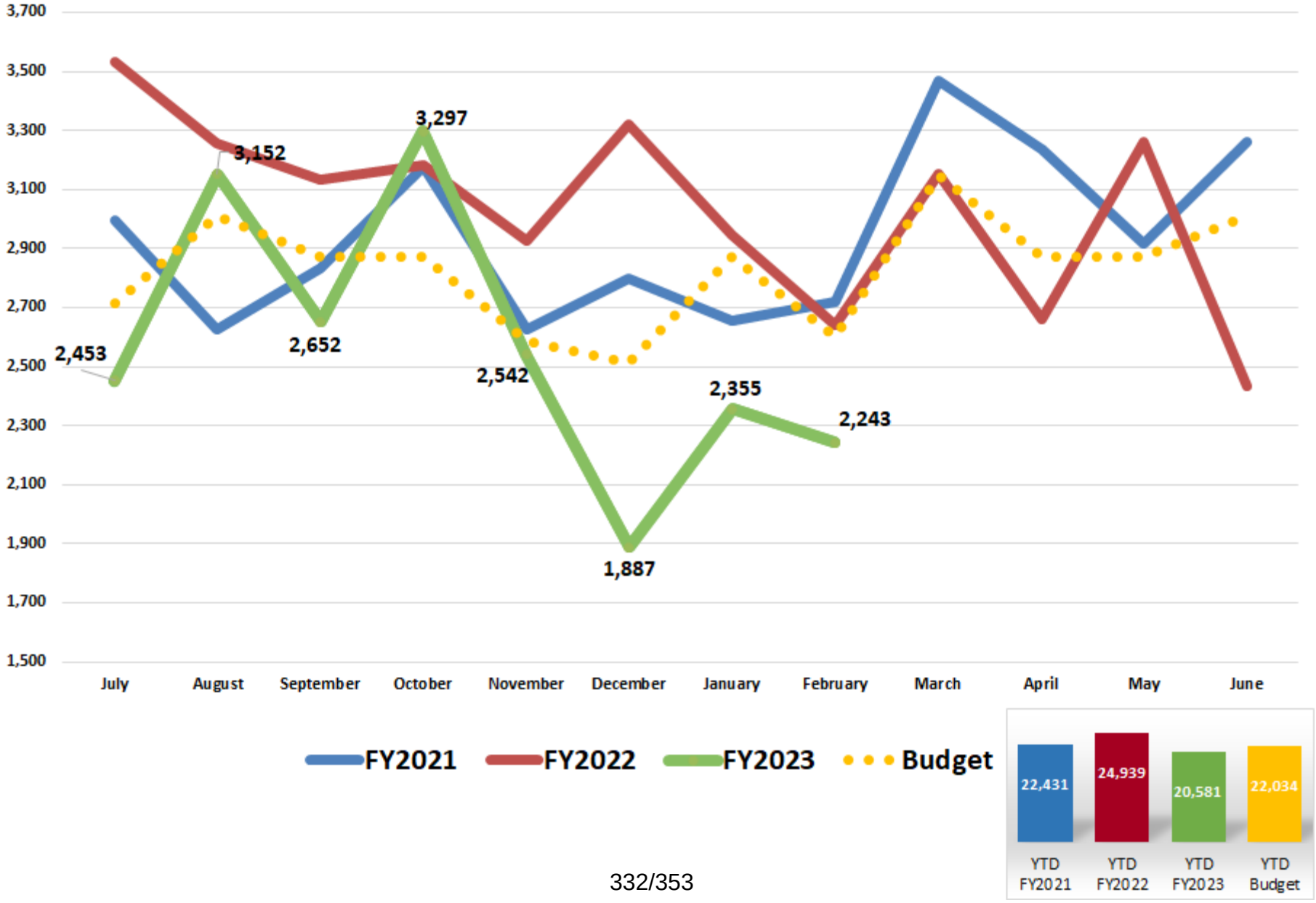
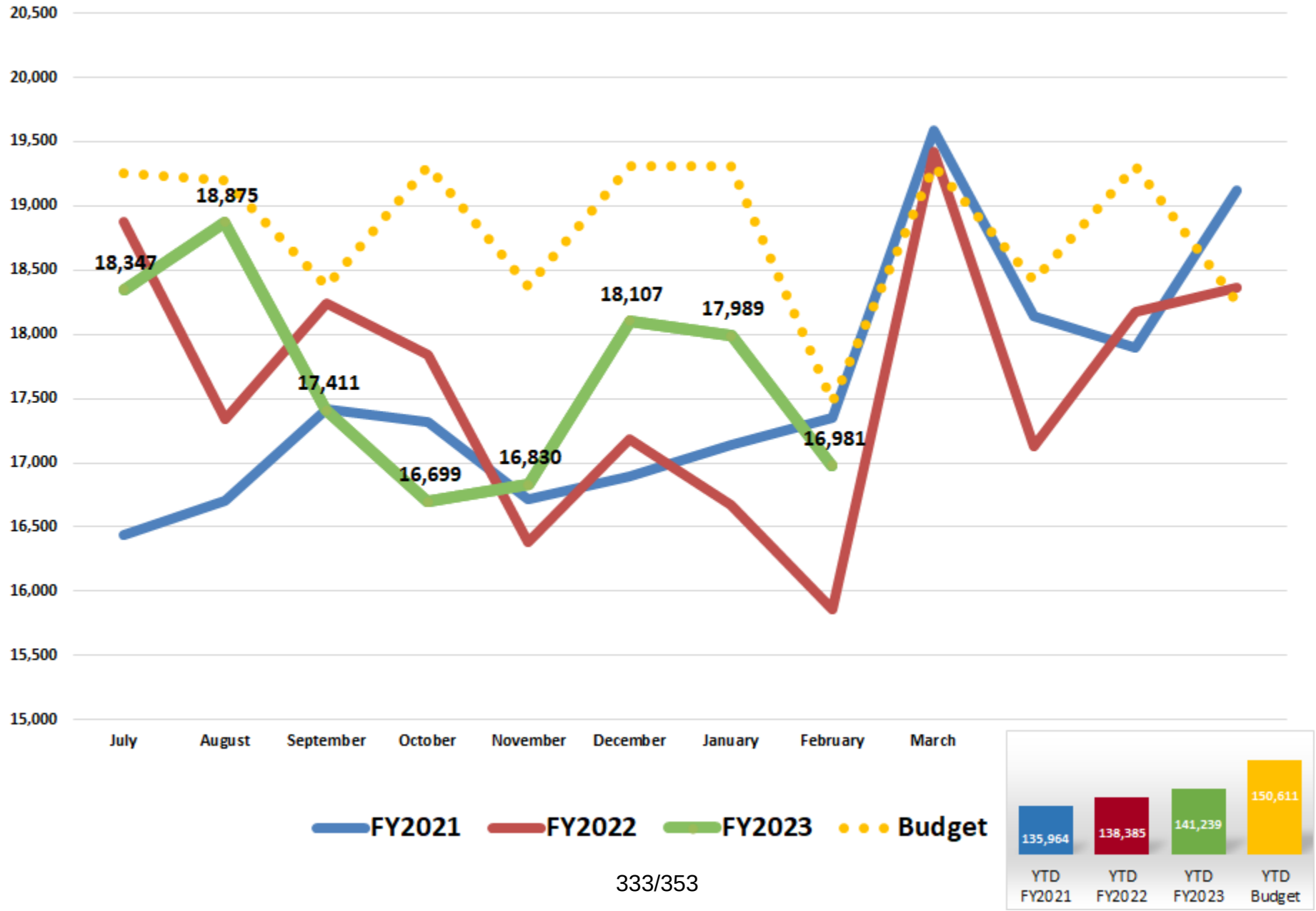
1,800
1,700
1,600
2,561
2,114
2,258
2,337
2,437
2,403
2,163
1,855
July
August
September
October
November
December
January
February
March
April
May
June
FY2021
FY2022
FY2023
Budget
15,364
16,449
18,128
15,584
YTD FY2021
YTD FY2022
YTD FY2023
YTD Budget

Therapy - Cypress Hand Center

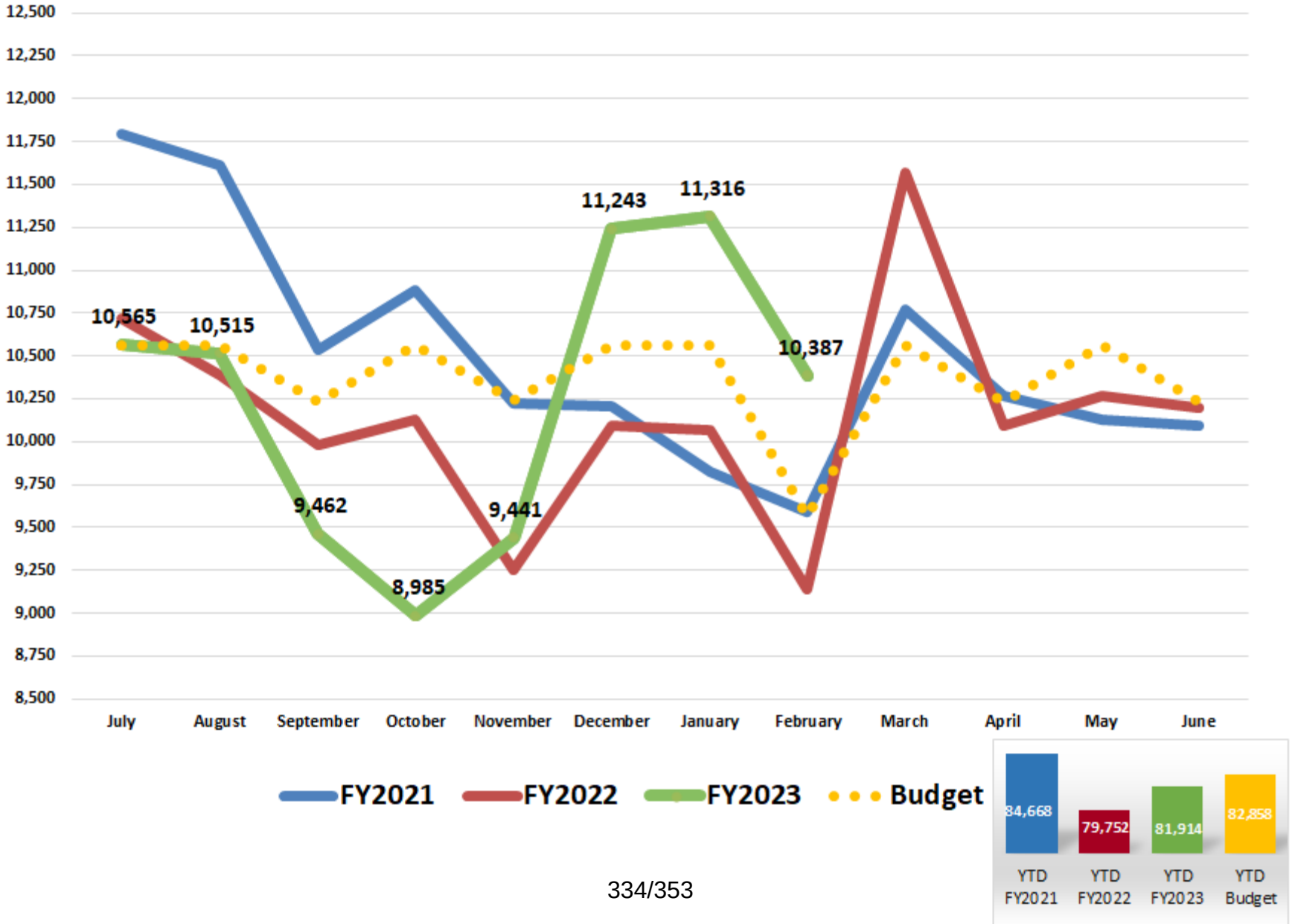


Physical & Other Therapy Units (I/P & O/P)

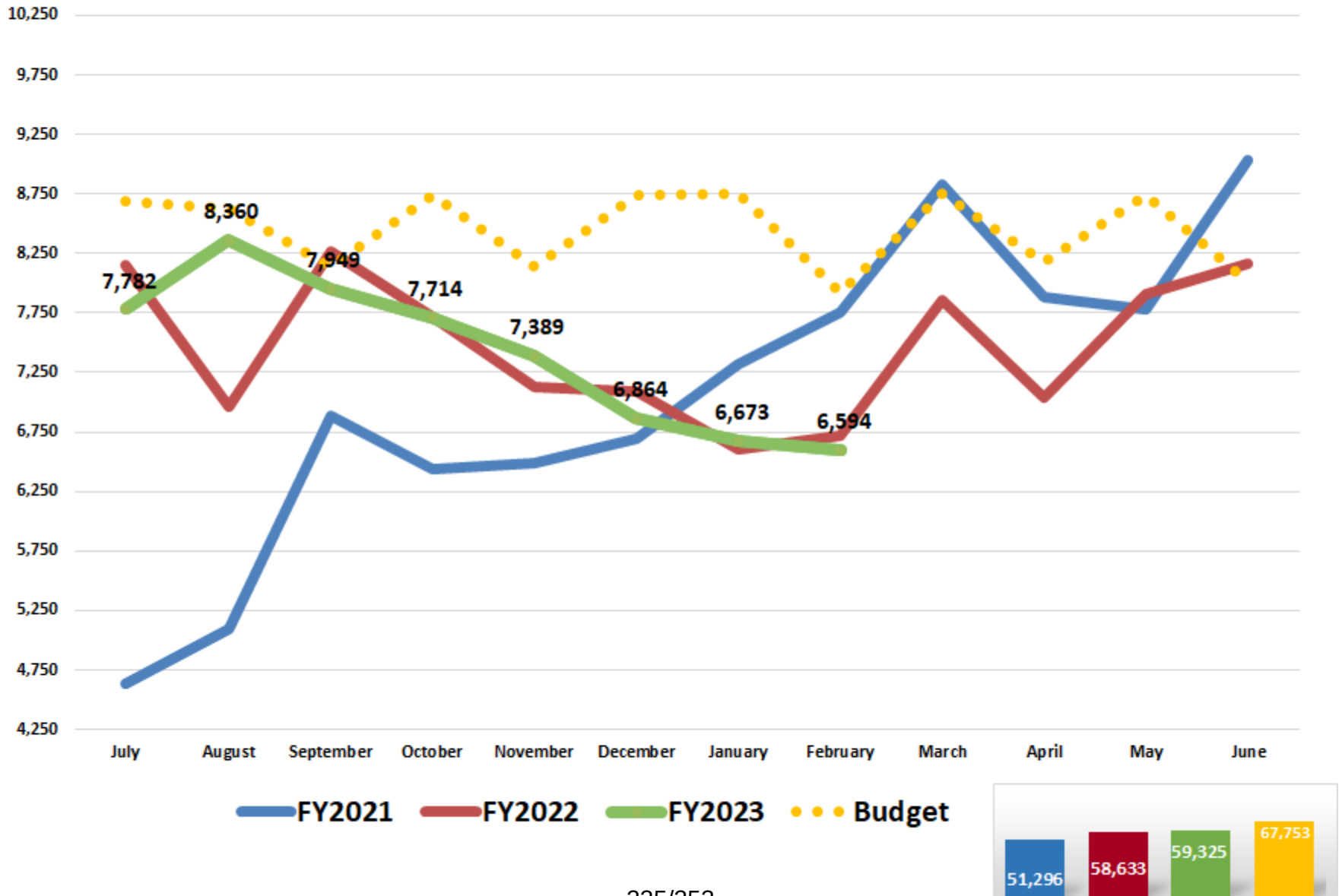


Physical & Other Therapy Units

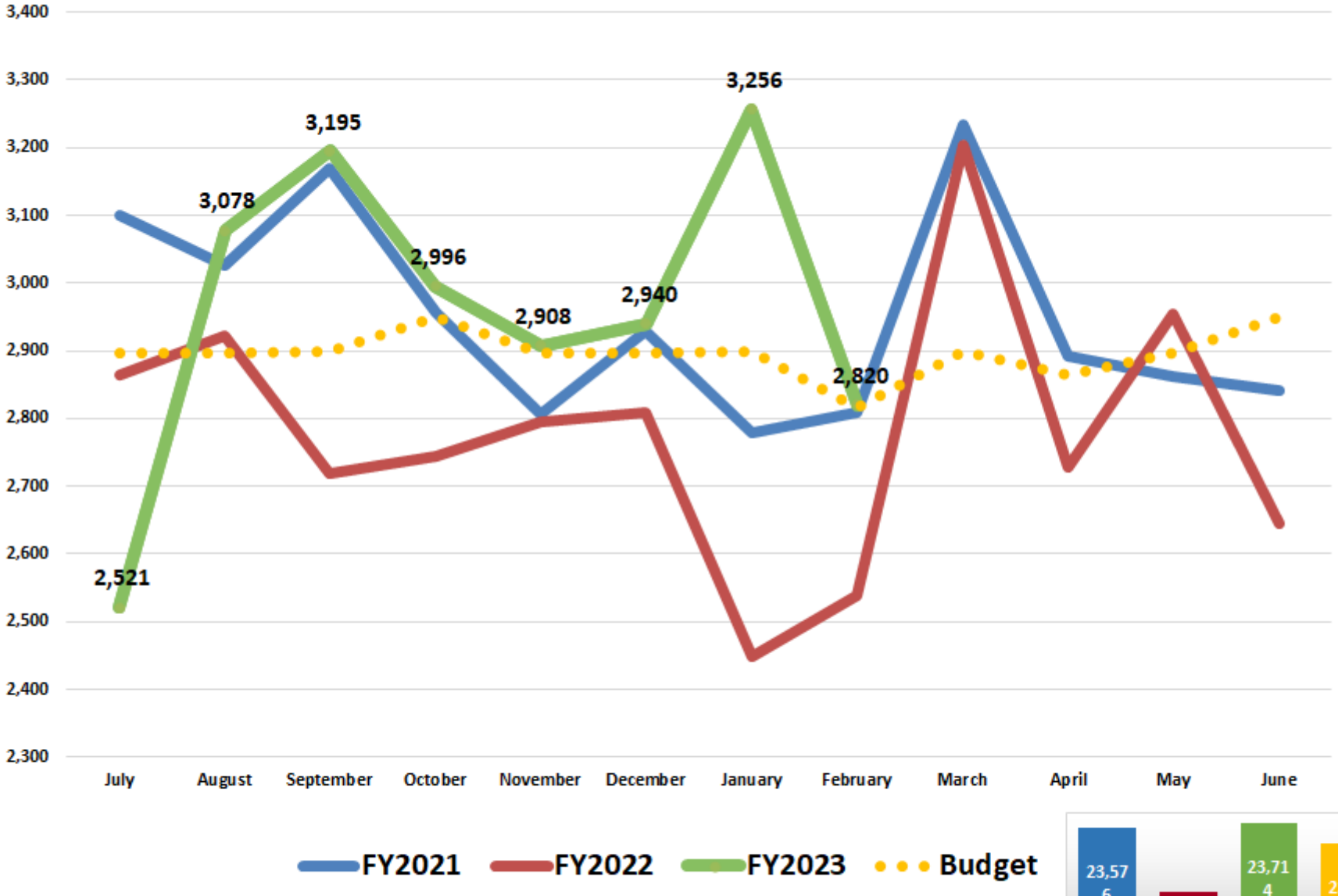
(I/P & O/P)-Main Campus

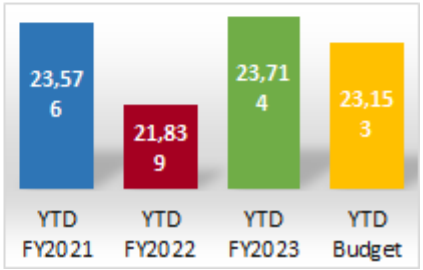


Physical & Other Therapy Units (I/P & O/P)- KDRH & South Campus

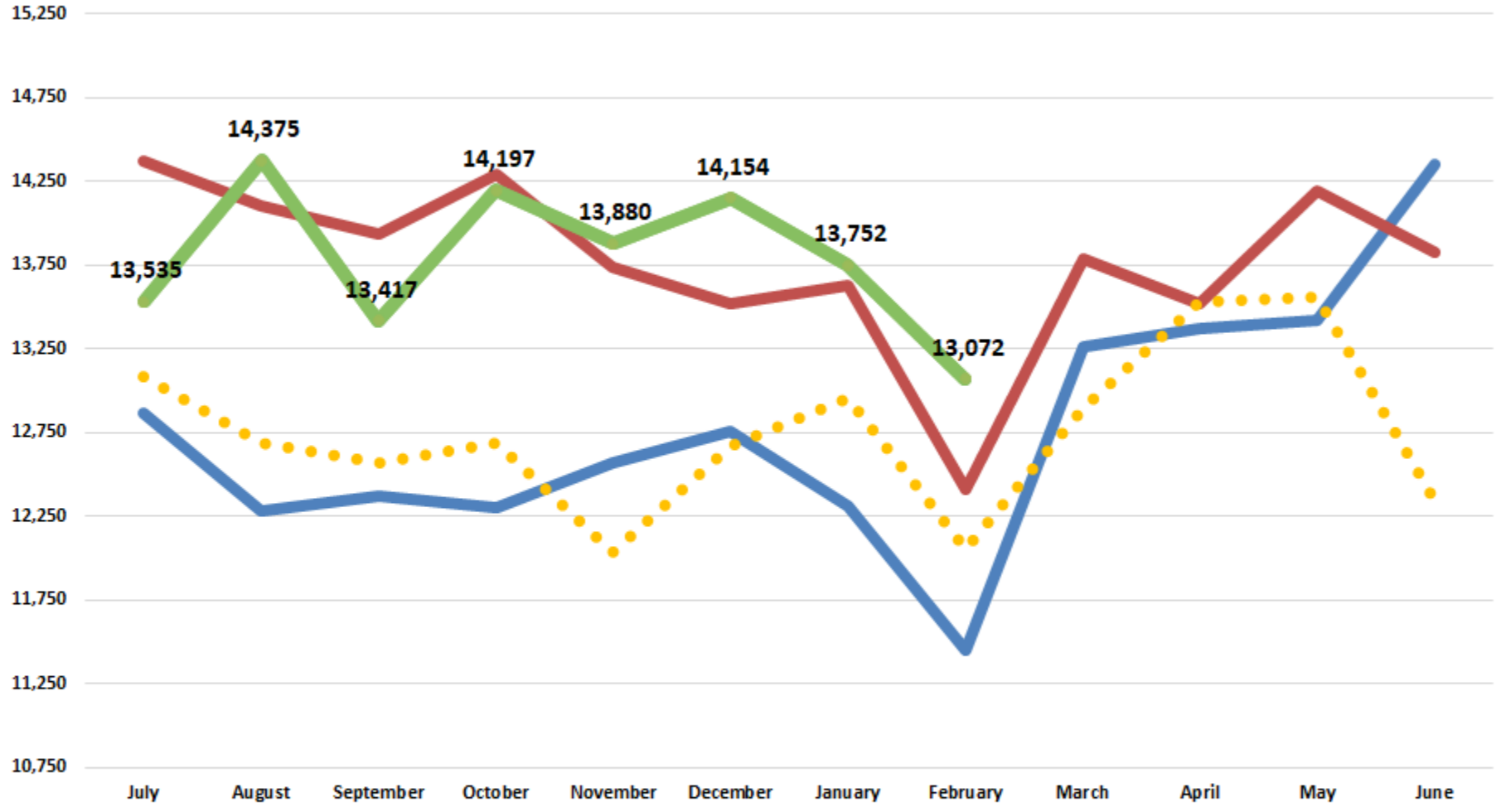


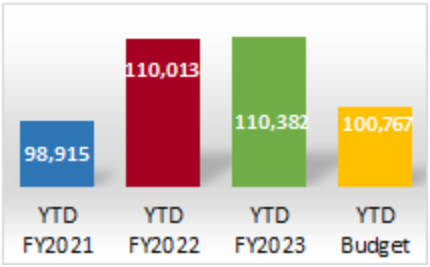
Home Health Visits



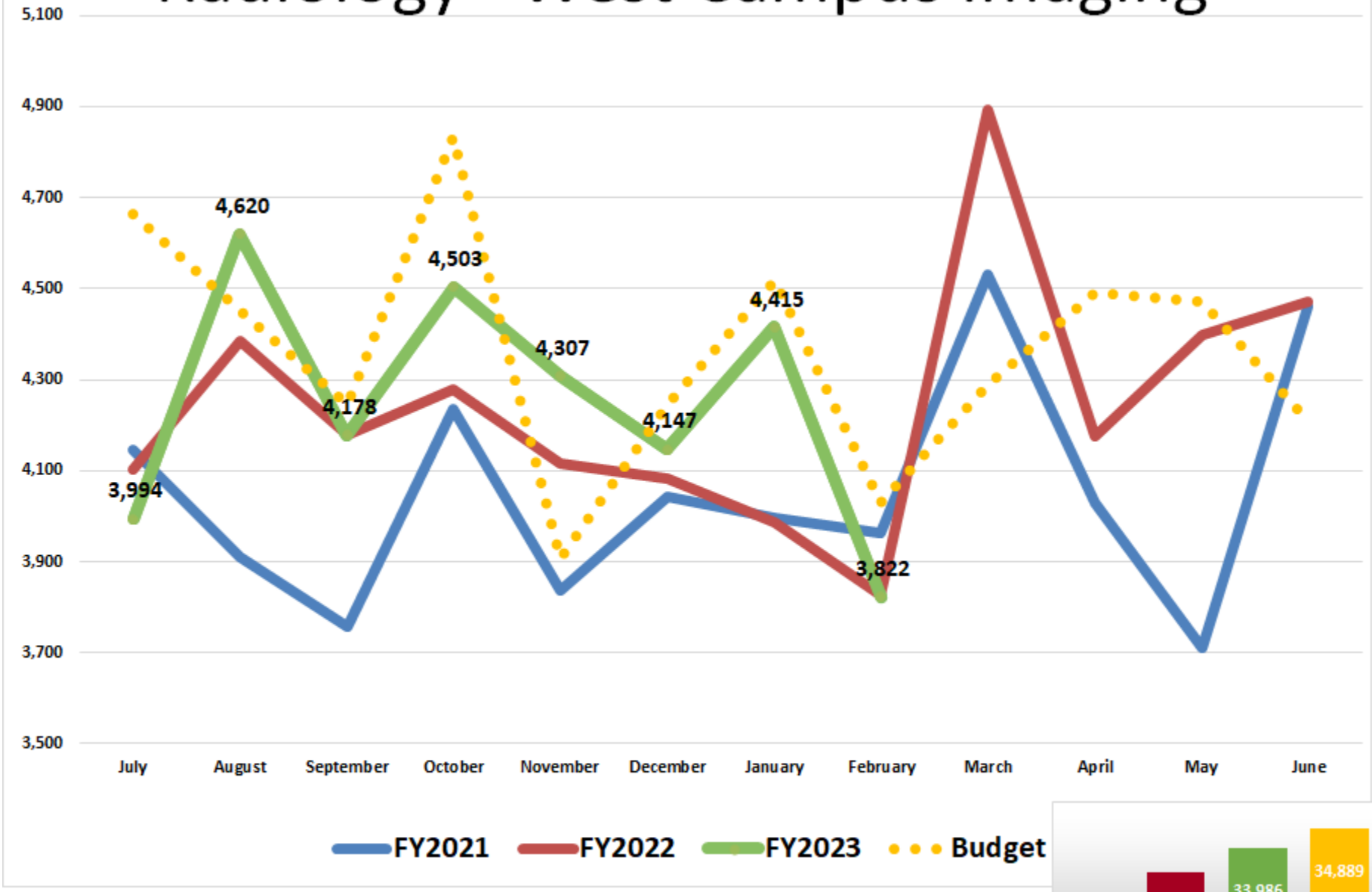


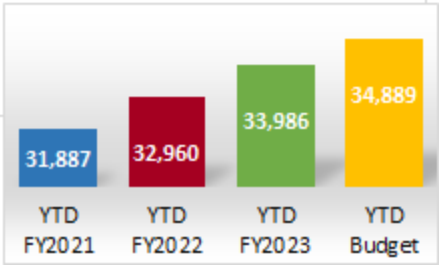
Radiology – Main Campus



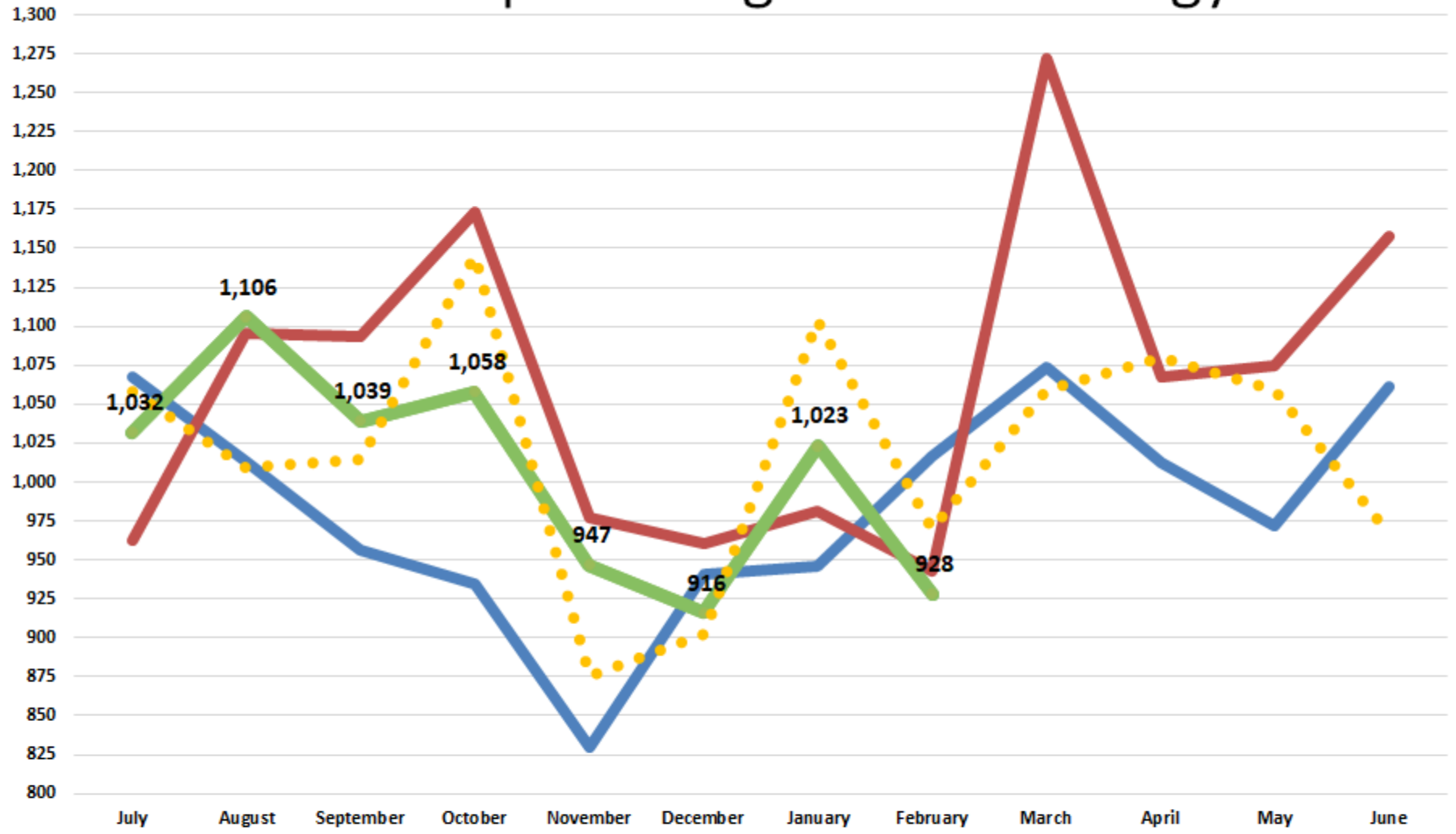


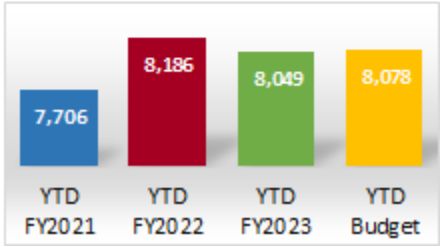
Radiology - West Campus Imaging



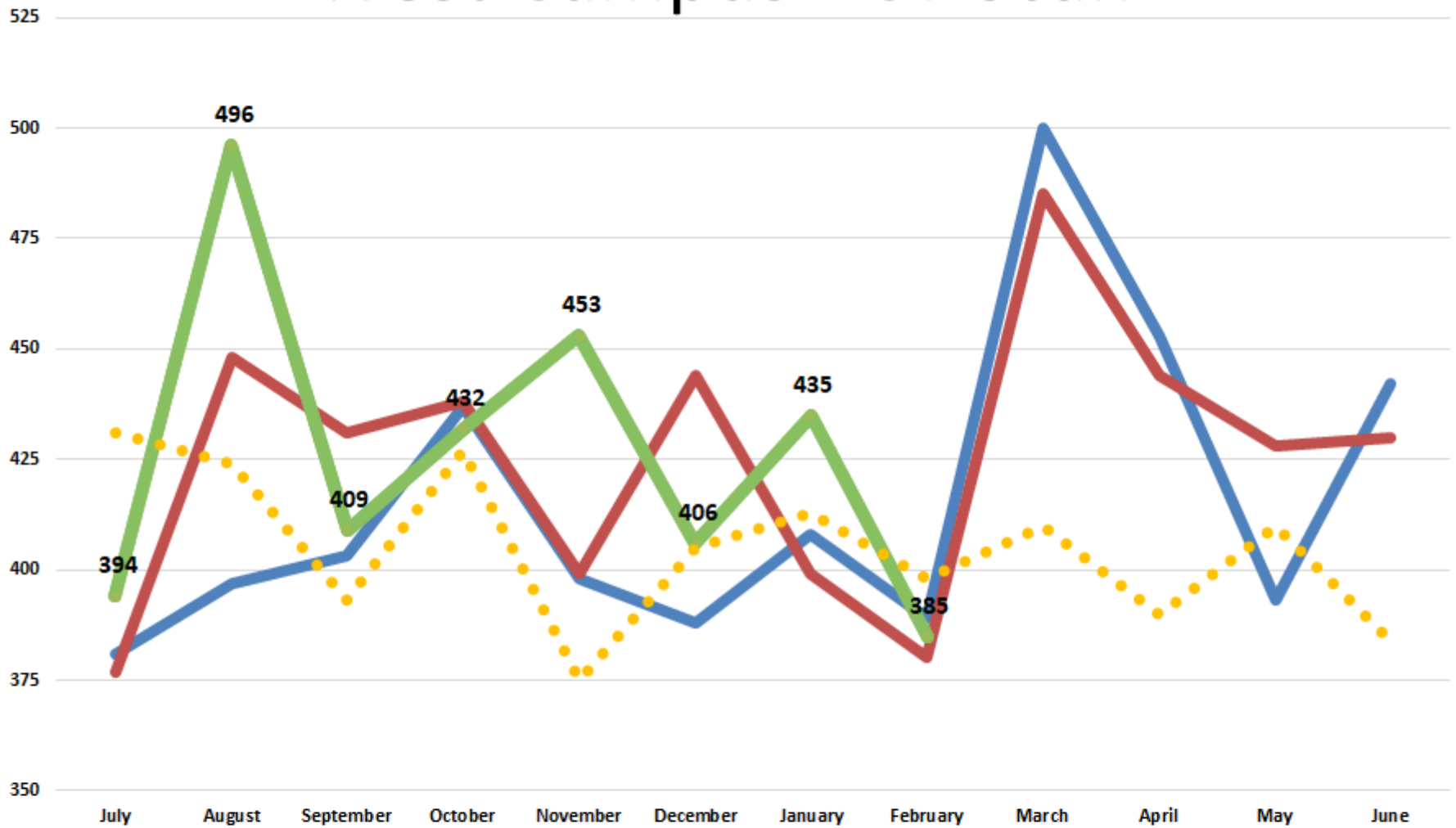


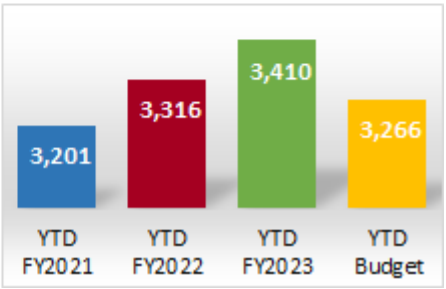
West Campus - Diagnostic Radiology

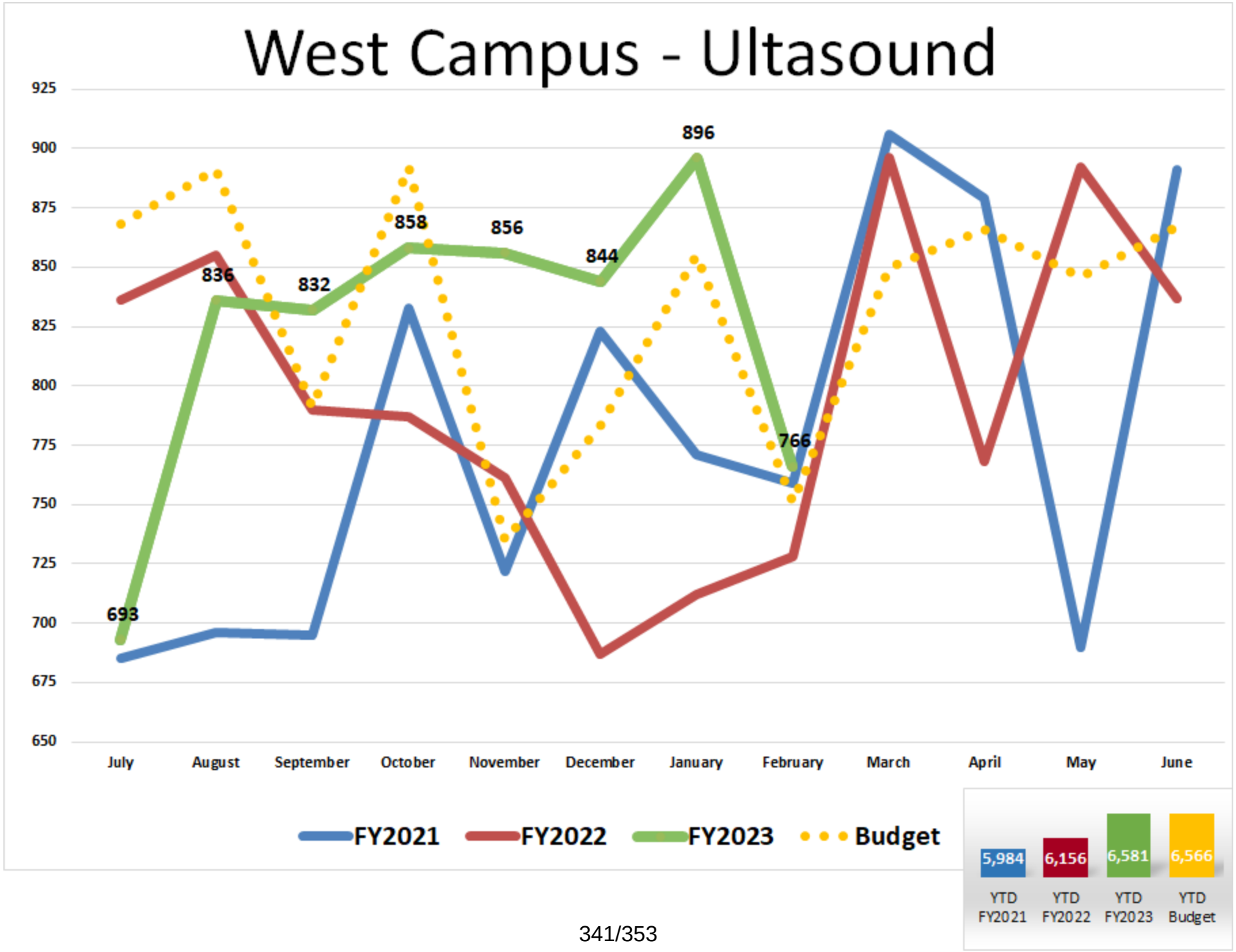




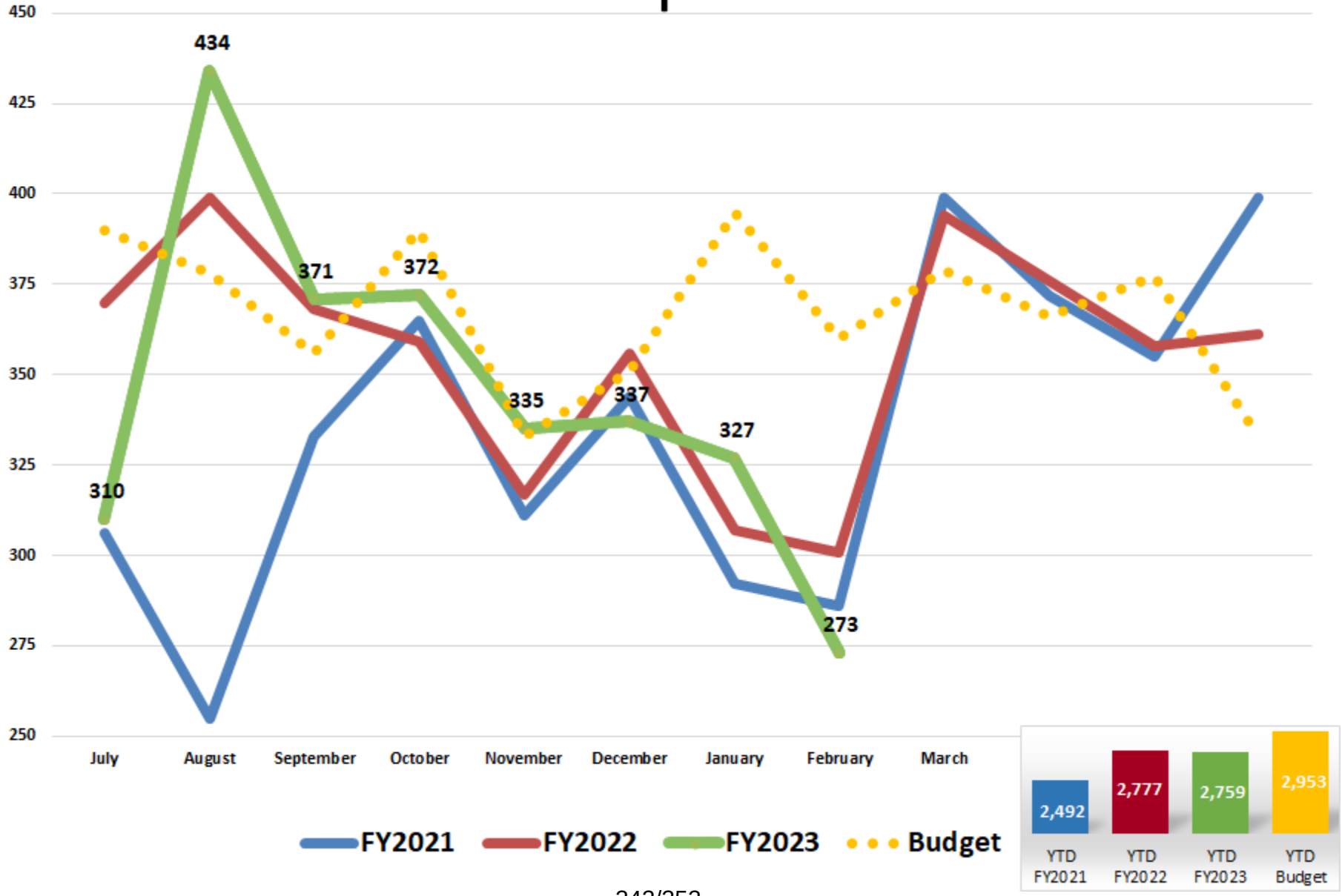
West Campus - CT Scan



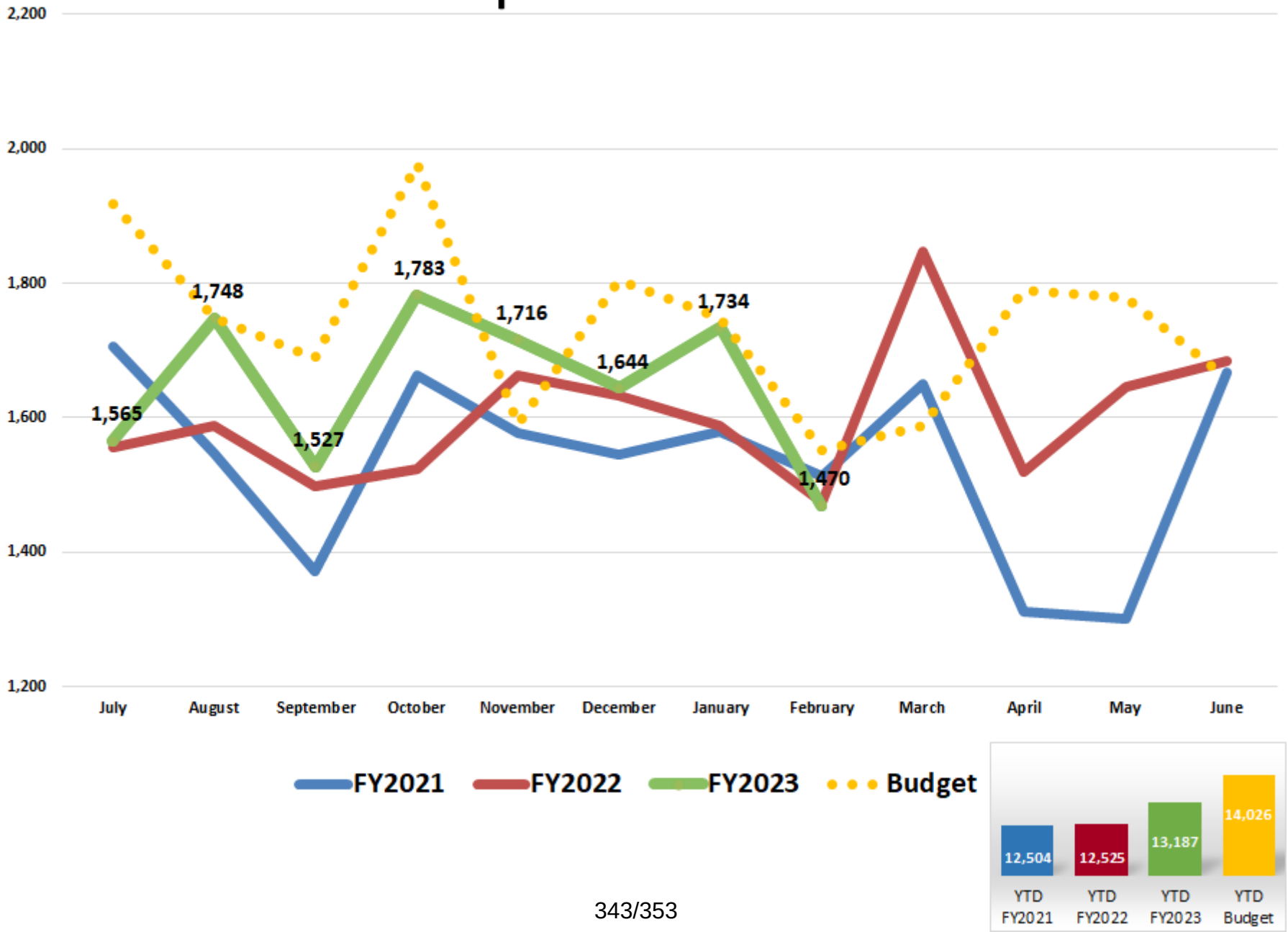



West Campus - Ultasound
925
900
875
850
825
800
775
750
725
700
675
650
July
August
September
October
November
December
January
February
March
April
May
June
693
836
832
858
856
844
896
766
FY2021
FY2022
FY2023
Budget
5,984
6,156
6,581
6,566
YTD FY2021
YTD FY2022
YTD FY2023
YTD Budget

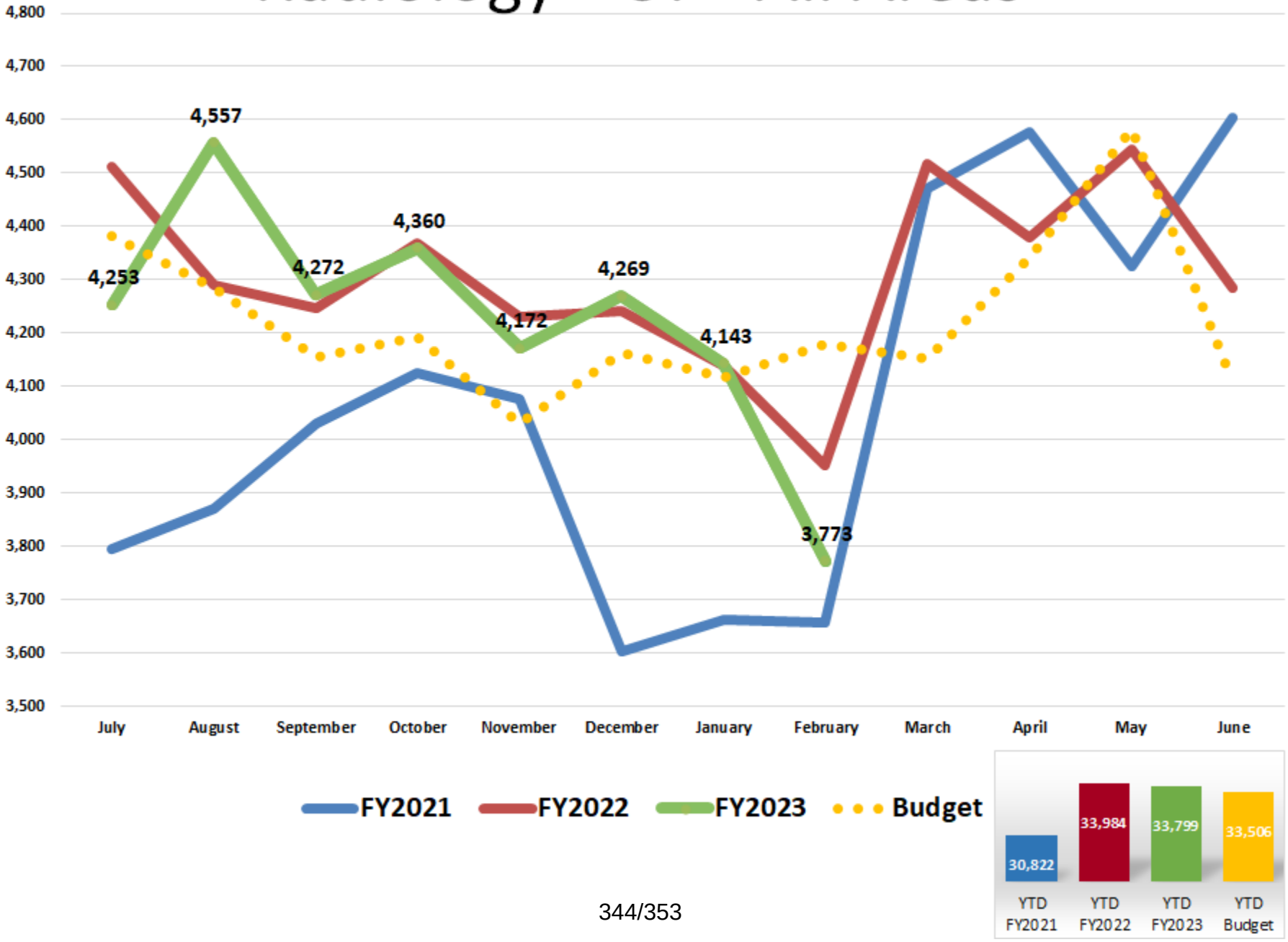
West Campus - MRI



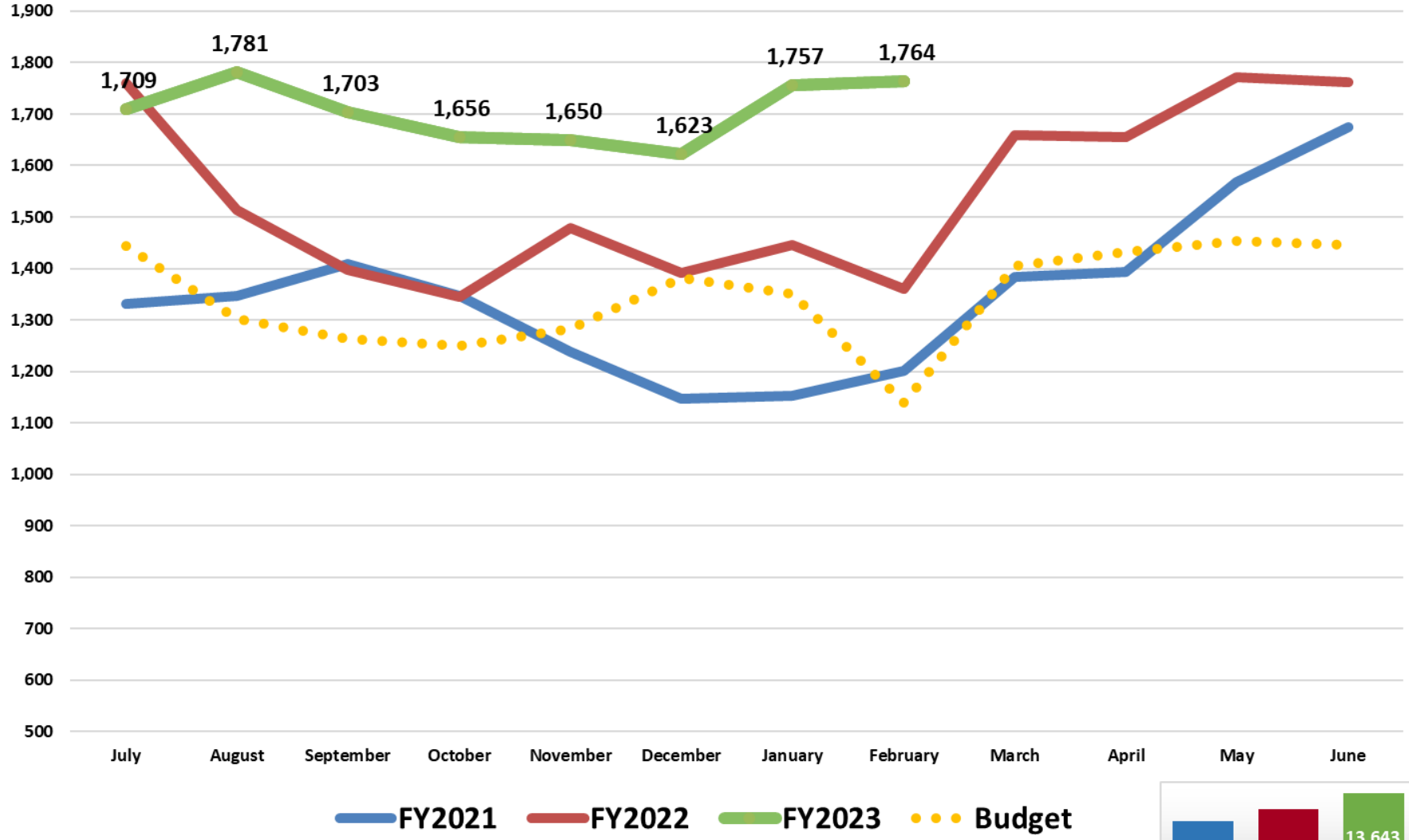
West Campus - Breast Center

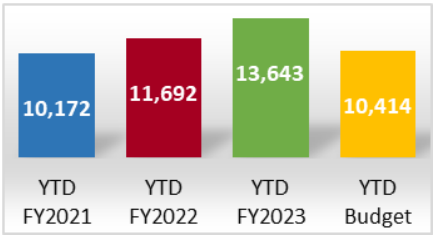


Radiology - CT - All Areas

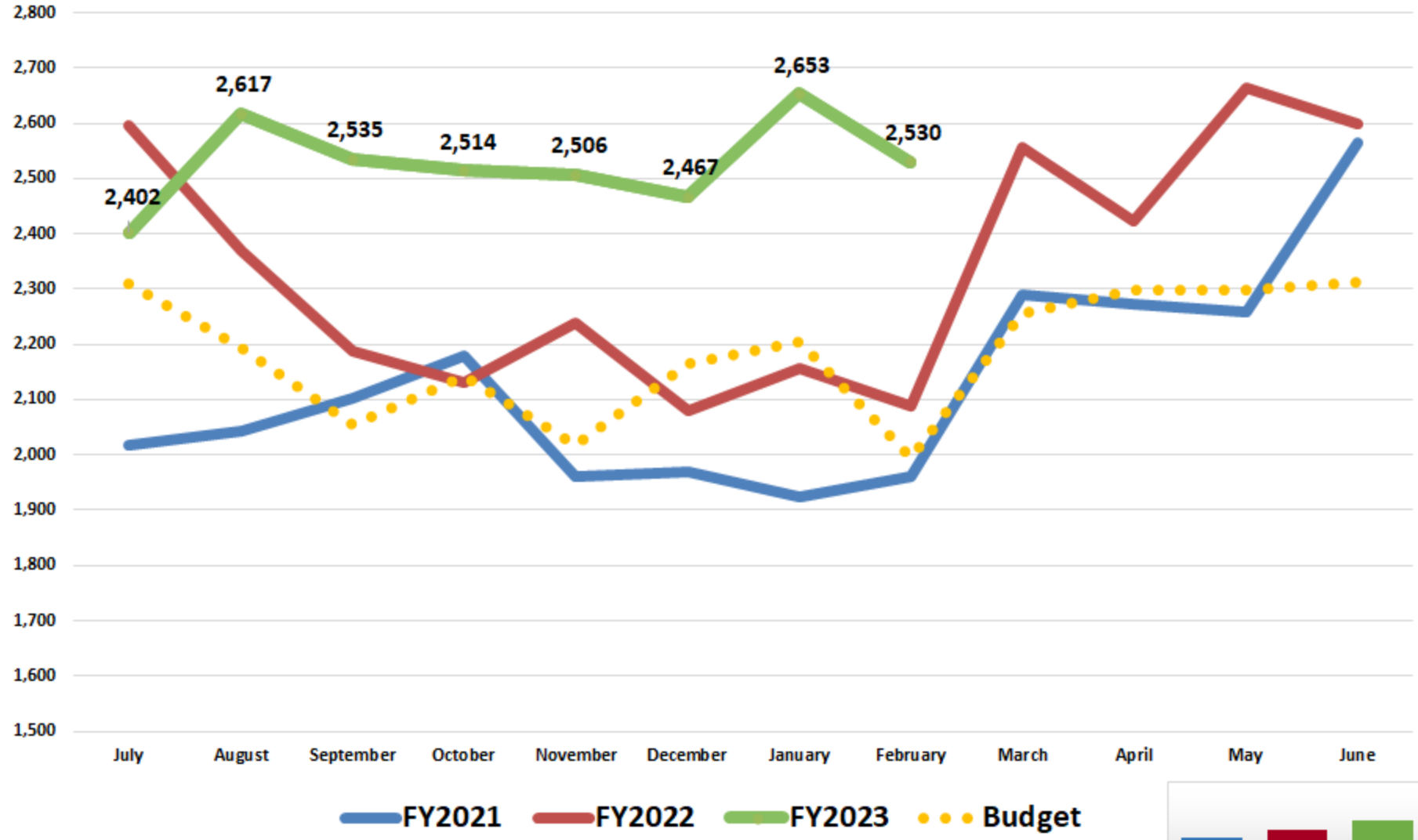


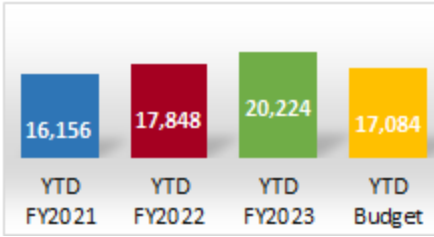
Radiology - Ultrasound - Main Campus



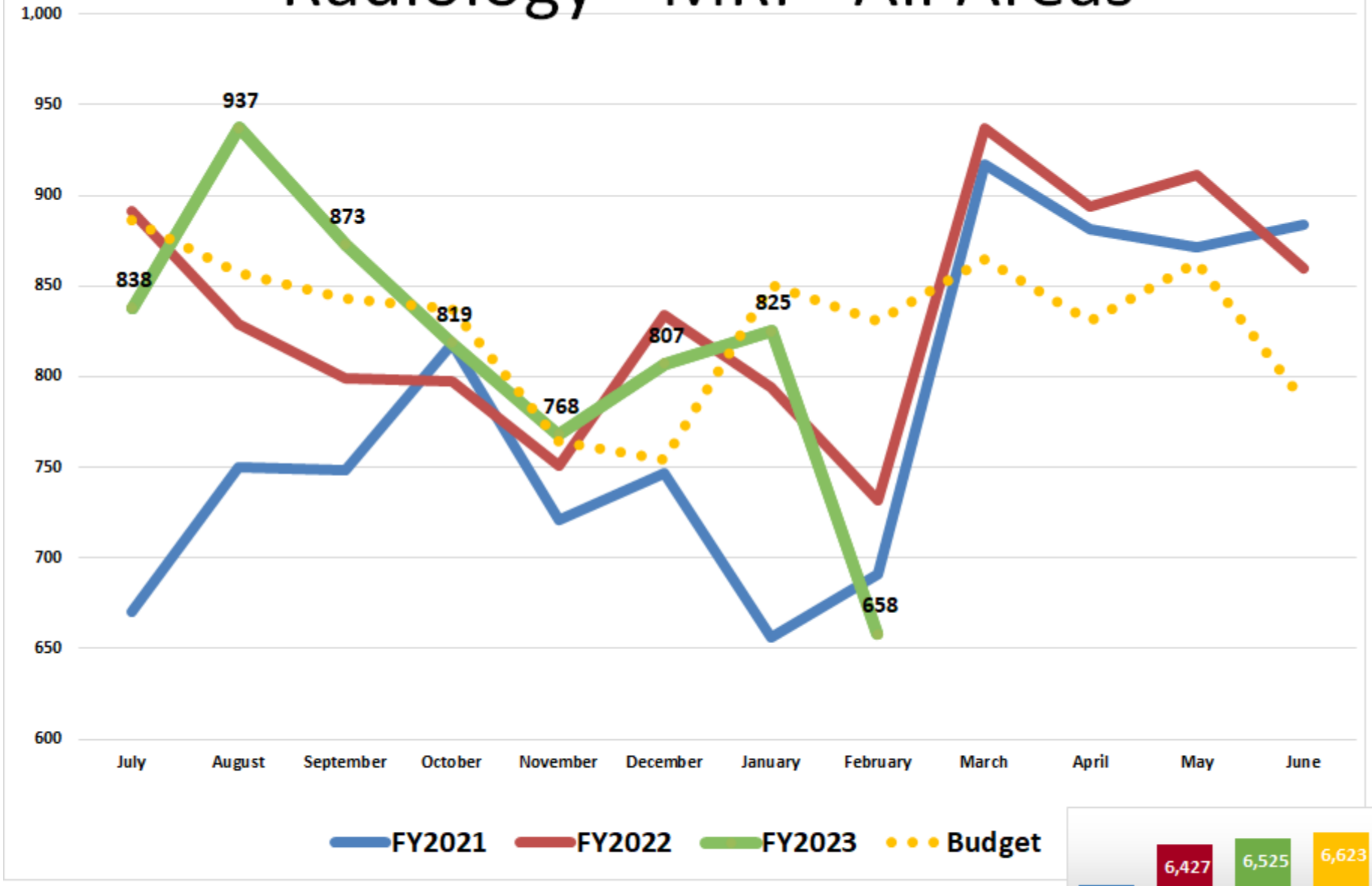


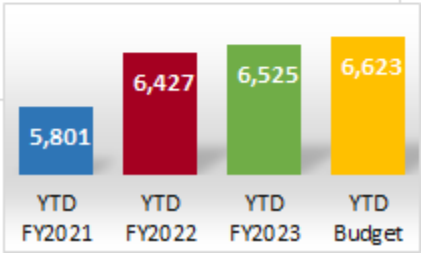
Radiology - Ultrasound - All Areas



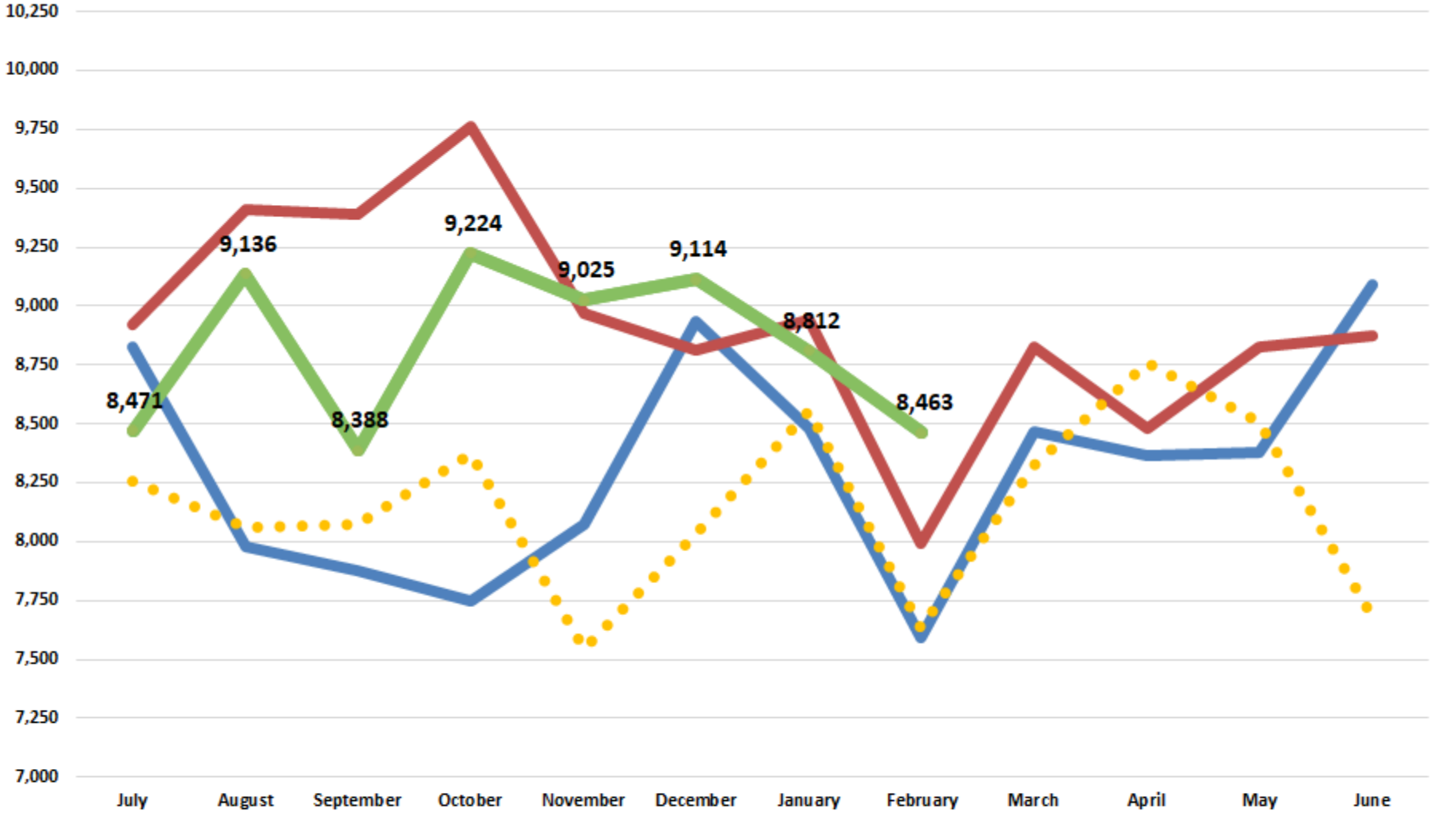


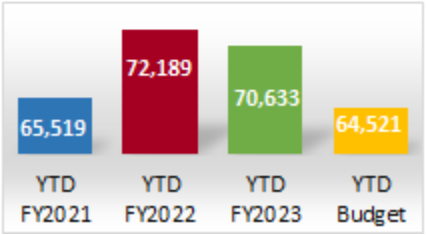
Radiology - MRI - All Areas



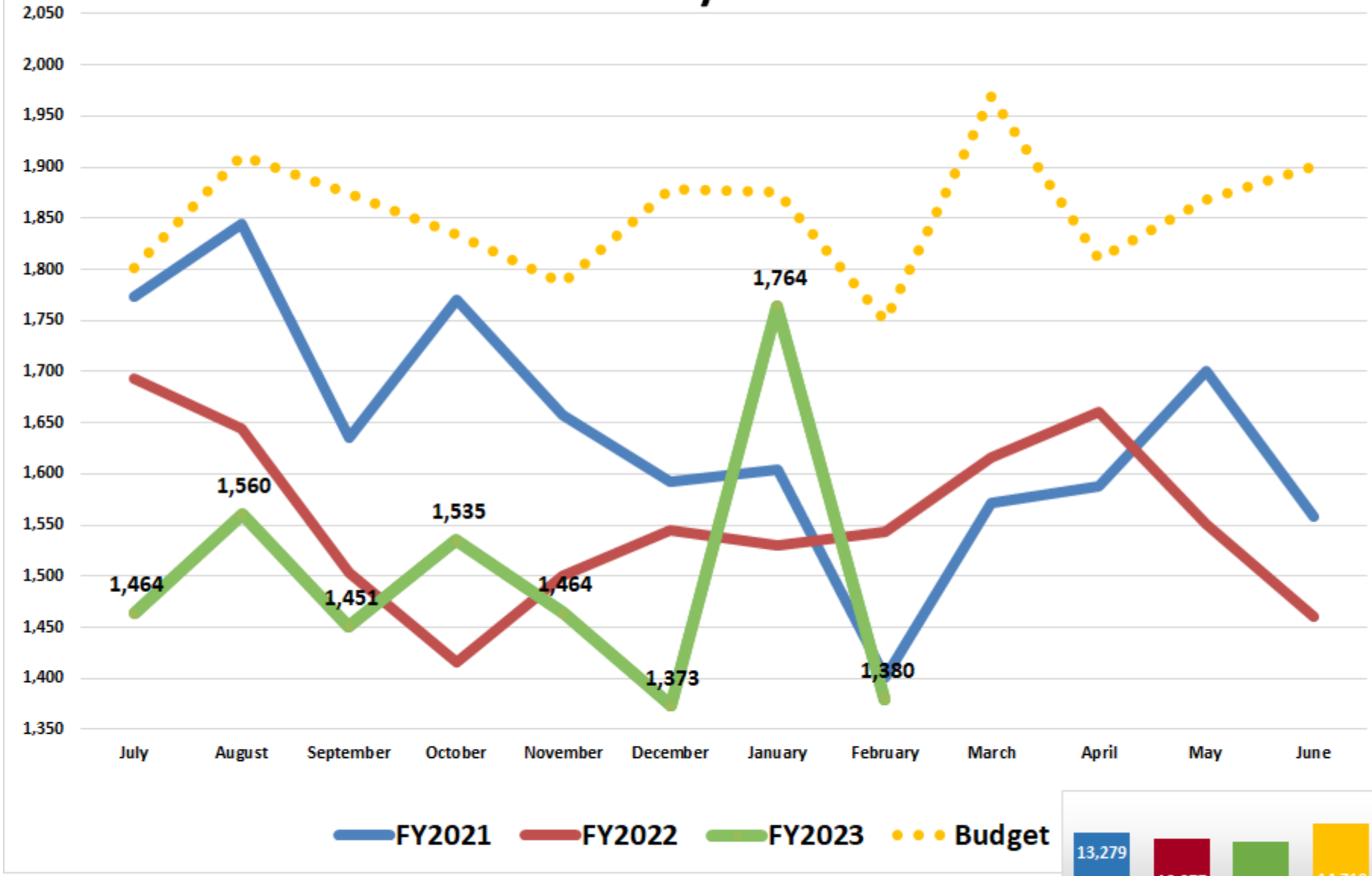


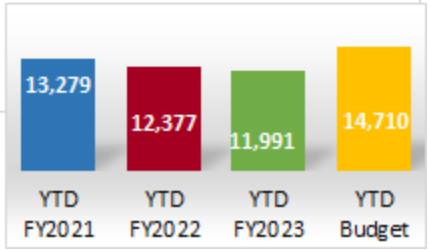
Radiology Modality - Diagnostic



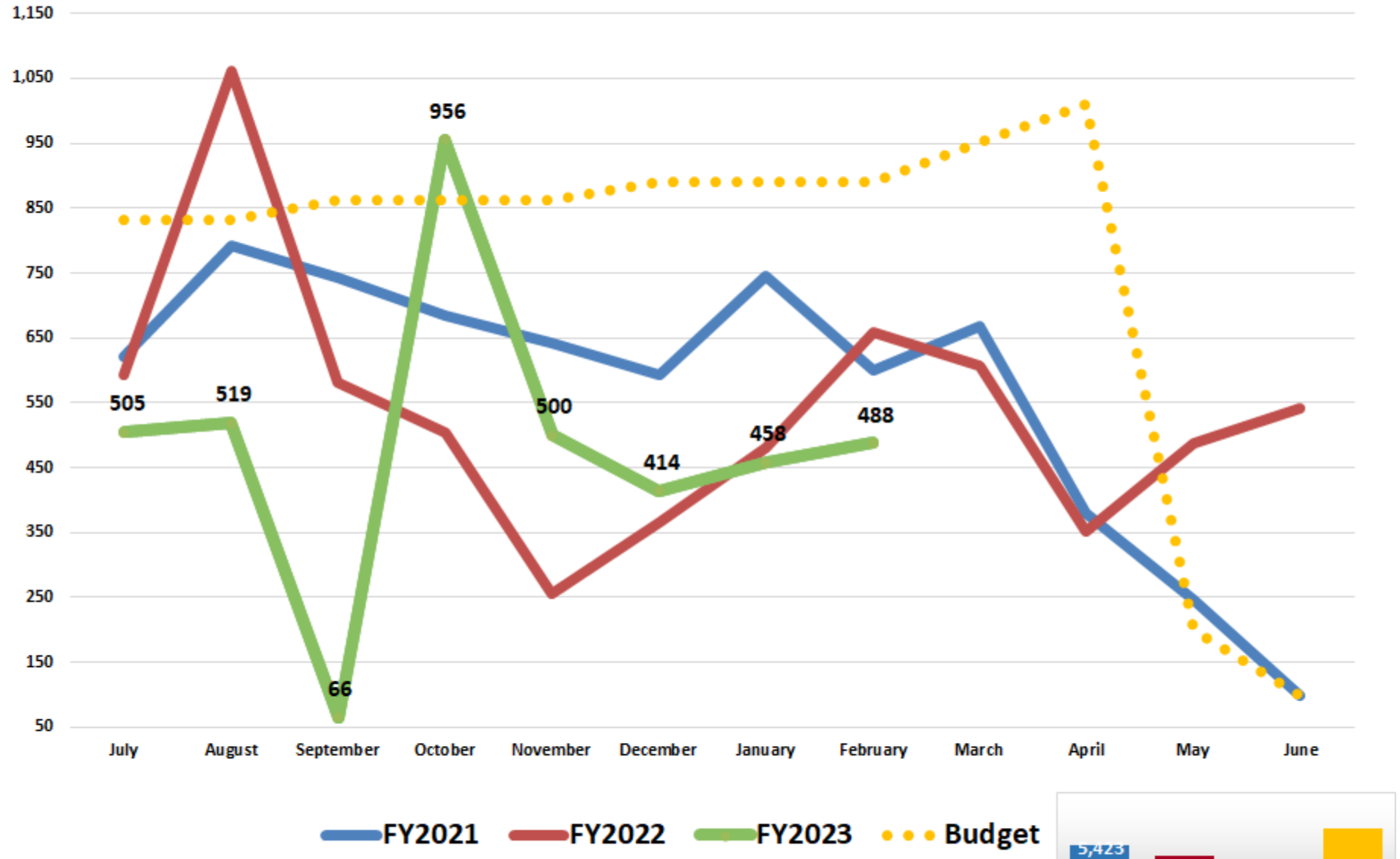


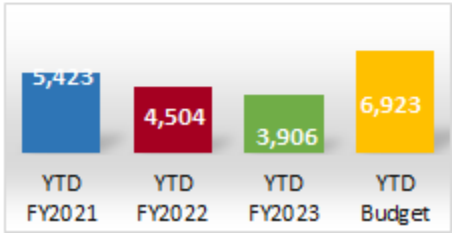
Chronic Dialysis - Visalia



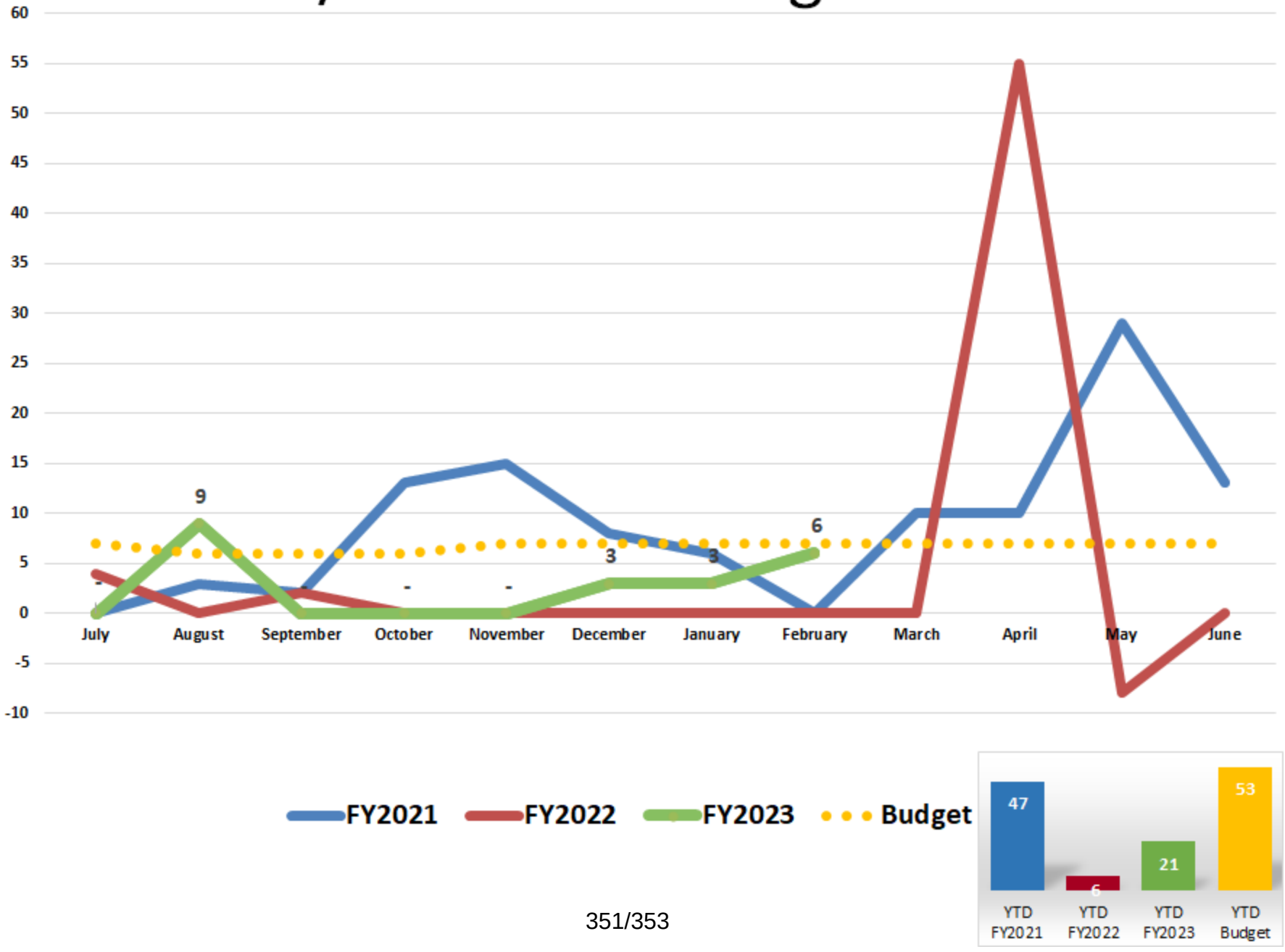


CAPD/CCPD - Maintenance Sessions

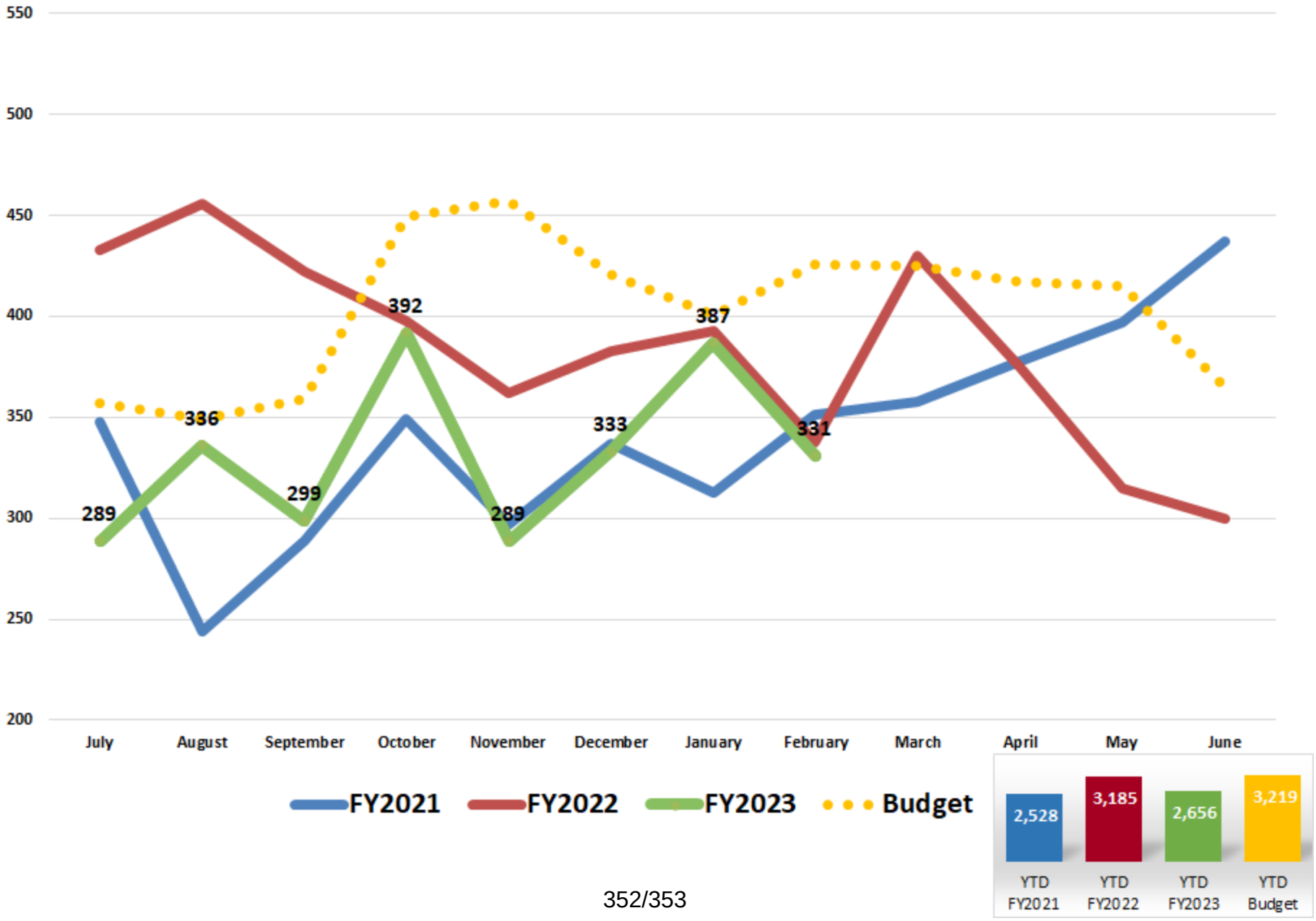




CAPD/CCPD - Training Sessions



Infusion Center - Outpatient Visits



Urology Clinic