



July 19, 2024

## NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Wednesday, July 24, 2024:

- 4:00PM Open meeting to approve the closed agenda.
- 4:01PM Closed meeting pursuant to Government Code 54956.8, Government Code 54956.9(d)(1), Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155.
- 4:30PM Open meeting.

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

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

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

KAWEAH DELTA HEALTH CARE DISTRICT  
David Francis, Secretary/Treasurer

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

Kelsie Davis  
Board Clerk / Executive Assistant to CEO

**DISTRIBUTION:**

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



## KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

**Wednesday July 24, 2024 {Regular Meeting}**

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

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
4. **APPROVAL OF THE CLOSED AGENDA – 4:01PM**  
**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.  
*Action Requested – Approval of the July 24, 2024, 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).  
*Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*
3. **CONFERENCE WITH LEGAL COUNSEL – [EXISTING LITIGATION](#)** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(1).
  1. *Negrete vs. Kaweah Delta Health Care District; Kaweah Health Imaging & Breast Center Case No. VCU309437*
  2. *Rhodes vs. Kaweah Health Medical Center dba Kaweah Health Skilled Nursing; Kaweah Delta Health care Inc.; SRCC LLC; SRCC Medical Oncology LLC; TKC Development LLC; Kaweah Health Care District*

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7/18/2024 12:44:35 PM

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*Mike Olmos – Zone I  
President*

*Lynn Havard Mirviss – Zone II  
Vice President*

*Dean Levitan, MD – Zone  
III  
Board Member*

*David Francis – Zone IV  
Secretary-Treasurer*

*Ambar Rodriguez – Zone V  
Board Member*

*Guild; Anesthesia Residency of KDH; KD Hospital Foundation; Kaweah Manor Convalescent Hospital; Renew Health Consulting Services; Sweetwater Care LLC; Moyle's Central Valley Health Care; Merritt Manor INC; Twin Oaks Rehab & Nursing Center; Twin Oaks Assisted Living INC; Porterville Convalescent, INC; Magnolia Health INC. Case No. [VCU306460](#)*

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

4. **[QUALITY ASSURANCE](#)** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.  
*Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*
5. **CONFERENCE WITH LEGAL COUNSEL – [ANTICIPATED LITIGATION](#)** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2).  
*Dianne Cox, Chief Human Resource Officer and Rachele Berglund, Legal Counsel*
6. **[CREDENTIALING](#)** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.  
*Daniel Hightower, MD, Chief of Staff*
7. **[QUALITY ASSURANCE](#)** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.  
*Daniel Hightower, MD, Chief of Staff*
8. **APPROVAL OF THE CLOSED MEETING MINUTES – [June 26, 2024](#).**  
**[Public Participation](#)** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.  
*Action Requested – Approval of the June 26, 2024, closed minutes.*
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 jurisdiction of the Board are requested to identify themselves at this time.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the [June 18, 2024](#), and [June 26, 2024](#), open minutes.

Wednesday July 24, 2024

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*Mike Olmos – Zone I  
President*

*Lynn Havard Mirviss – Zone II  
Vice President*

*Dean Levitan, MD – Zone III  
Board Member*

*David Francis – Zone IV  
Secretary-Treasurer*

*Ambar Rodriguez – Zone V  
Board Member*

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

*Action Requested – Approval of the June 18, 2024, and June 26, 2024, open minutes.*

## 6. RECOGNITIONS

6.1. Presentation of [Resolution 2232](#) to Sonia Sanchez, in recognition as the Kaweah Health World Class Employee of the month – July 2024 – *Director Havard Mirviss*

6.2. Presentation of [Resolution 2233](#) to Julio Sanchez, in recognition of his 43 years of service and retirement. – *Director Havard Mirviss*

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

*Daniel Hightower, MD, Chief of Staff*

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

*Action Requested – Approval of the July 24, 2024, medical staff credentials report.*

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

*Daniel Hightower, 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 of the July 24, 2024, Consent Calendar*

### 9.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Throughput](#)
- D. Other Professional Service Reports:
  - D.1. [Neurosciences](#)
  - D.2. [Rehab Services](#)
- E. [Quarter 2 Risk Management Report](#)

### 9.2. CLAIMS

- A. Rejection of Claim – [Kevin Barnes v. Kaweah Health](#)

### 9.3. POLICIES

#### A. Administrative Policies

- A.1. [AP178](#)- Against Medical Advice (AMA): Patient Leaving- Revised

- A.2. [AP98](#)- Compliance with EMTALA- Revised
- A.3. [AP75](#)- Records, Retention, and Destruction- Revised
- A.4. [AP 114](#)- Census Saturation Plan- Revised

**B. Board Policies**

- B.1. [BOD 4](#) – Executive Compensation – Reviewed
- B.2. [BOD 5](#) – Conflict of Interest – Revised
- B.3. [BOD 6](#) – Board Reimbursement for Travel and Service Clubs – Reviewed

**C. Environment of Care**

- C.1. [EOC 1018](#)- Monitoring Refrigerator and Freezer Temperatures- Revised
- C.2. [EOC 1001](#)- Safety Management Plan- Revised
- C.3. [EOC 5001](#)- Facility Fire Response Plan- Revised
- C.4. [DM2205](#)- Code Pink Infant Abduction- Revised
- C.5. [DM 2228](#)- Continuity of Operations and Recovery- Revised

**9.5. MEC**

- A. Privilege Form Revision – [Vascular Surgery](#)
- B. Privilege Form Revision – [Emergency Medicine](#)
- C. Privilege Form Revision – [APP, NP, PA](#)

**9.6 Resolutions**

A. [Resolution 2234](#)- A resolution directing Tulare County, California, to levy a tax to pay the principal of and interest on general obligation bonds of the District.

**10. [MEDICATION SAFETY REPORT](#)** – A review of key quality measures and action plans associated with Kaweah Health’s Medication Error Reduction Program.  
*Mara Miller, PharmD BCPS, Medication Safety Coordinator.*

**11. [FINANCIALS](#)** – Review of the most current fiscal year financial results.  
*Malinda Tupper – Chief Financial Officer*

**12. REPORTS**

**12.1. [Chief Executive Officer Report](#)** - Report on current events and issues.  
*Gary Herbst, Chief Executive Officer*

**12.2. [Board President](#)** - Report on current events and issues.  
*Mike Olmos, Board President*

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CA via phone 559-624-2330 or email: [kedavis@kawahhealth.org](mailto:kedavis@kawahhealth.org), or on the Kaweah Delta Health Care District web page <http://www.kawahhealth.org>.

**Agenda item intentionally omitted**

# **FINAL 06.18.24 400PM SPECIAL Open Minutes**

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JUNE 18, 2024, AT 4:00PM IN THE SEQUOIA REGIONAL CANCER CENTER CONFERENCE ROOM – 4945 W. CYPRESS, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; D. Hightower, MD, Vice Chief of Staff, K. Noeske, CNO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer; D. Cox, Chief Compliance Officer; Lori Winston, MD; Paul Stefanacci, MD; Richard Salinas, Legal Council; R. Berglund, Legal Counsel; and K. Davis, recording

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

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

**ANNUAL OPERATING & CAPITAL BUDGET AND FINANCIALS** –discussion ensued relative to the annual operating and capital budget strategies and the most current fiscal year financial results.

**ADJOURN** - Meeting was adjourned at 5:41PM

Mike Olmos, President

Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer

Kaweah Delta Health Care District Board of Directors

# 6.26.2024 Open Meeting Minutes

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JUNE 26, 2024, AT 3:45PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; M. Manga, MD; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer; D. Cox, Chief Compliance Officer; Lori Winston, MD; Paul Stefanacci, MD; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 3:45 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

Director Olmos asked for approval of the closed agenda.

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

**ADJOURN** - Meeting was adjourned at 3:45PM

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

ATTEST:

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

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JUNE 26, 2024, AT 3:55PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; D. Hightower, MD, Vice Chief of Staff, K. Noeske, CNO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; D. Cox, Chief Human Resource Office; B. Cripps, Chief Compliance Officer; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 5:05 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

**REJECTION OF CLAIM-** Patricia Rhodes, et. al., vs. Kaweah Delta Health Care District, et. al.

**PUBLIC PARTICIPATION** – None.

Director Olmos requested a motion to approve the rejection of claim letter of Patricia Rhodes, et. al., vs. Kaweah Delta Health Care District, et. al., on its merits and that it is untimely.

*MMSC (Francis/Havard Mirviss) to approve the rejection of claim letter of Patricia Rhodes, et. al. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis.*

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JUNE 26, 2024, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; M. Manga; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer; D. Cox, Chief Compliance Officer; Lori Winston, MD; Paul Stefanacci, MD; R. Berglund, Legal Counsel; and K. Davis, recording

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

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

Director Olmos asked for approval of the closed agenda.

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

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

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MAY 22, 2024, AT 5:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; M. Manga, MD; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; D. Cox, Chief Human Resource Office; B. Cripps, Chief Compliance Officer; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 4:30 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

**CLOSED SESSION ACTION TAKEN:** Approval of the closed minutes from May 22, 2024. In closed session February 28, 2024, the Board of Directors authorized management to execute any documents necessary to effectuate the purchase of acquiring the medical practice of Sequoia Regional Cancer Center. The purchase of acquiring the medical practice and infusion business was 11.9M and is now owned and operated by Kaweah Health.

**OPEN MINUTES** – Requested approval of the open meeting minutes from May 22, 2024.

**PUBLIC PARTICIPATION** – None.

*MMSC (Levitan/Rodriguez) to approve the open minutes from May 22, 2024.*

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

**RECOGNITIONS**

Director Francis presented Resolution 2230 to Jennifer Faria, in recognition as the Kaweah Health World Class Employee of the month – June 2024.

Director Francis presented Resolution 2231 to Susan Feder, in recognition of her 39 years of service and retirement from Kaweah Health.

Mr. Herbst introduced two new directors to the board: Denice Cabeje, Director of Care Management and Throughput & Janice NiNi, Interim Director of Emergency Services.

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

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

- No report.

**Public Participation** – None.

Director Olmos requested a motion for the approval of the credentials report as presented June 27, 2024.

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

**CONSENT CALENDAR** – Director Olmos entertained a motion to approve the June 26, 2024, consent calendar without 9.3.D.4. Environment of Care Policy Continuity of Operations and Recovery policy will come back corrected next month with the correct chain of command.

**PUBLIC PARTICIPATION** – None.

*MMSC (Havard Mirviss/Francis) to approve the June 26, 2024, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis*

**VALUE BASED PURCHASING REPORT** – A review of outcomes and actions from Centers for Medicare & Medicaid Services Value-Based Purchasing, quality incentive program. Copy attached to the original of the minutes and to be considered a part thereof.

*Erika Pineda, Quality Improvement Manager*

**STRATEGIC PLAN – OUTSTANDING HEALTH OUTCOMES** – Detailed review of Strategic Plan Initiative and copy attached to the original of the minutes and to be considered a part thereof. *Sandy Volchko, Director of Quality & Patient Safety and Dr. Lamar Mack, Quality and Patient Safety Medical Director.*

**FINANCIALS** – Review of the most current fiscal year financial results and review of the FY 2025 Proposed Budget. Copy attached to the original of these minutes and considered a part thereof.

*Malinda Tupper – Chief Financial Officer*

**PUBLIC PARTICIPATION** – None.

*MMSC (Levitan/Havard Mirviss) to approve the fiscal year 2025 proposed budget as presented June 26, 2024. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis*

**REPORTS**

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

Board President - Report relative to current events and issues – *Mike Olmos, Board President*

**ADJOURN** - Meeting was adjourned at 7:16PM

Mike Olmos, President

Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer

Kaweah Delta Health Care District Board of Directors

# R2232 EOM July 2024 Sonia Sanchez



## **RESOLUTION 2232**

**WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Sonia Sanchez with the World Class Service Excellence Award for the Month of July 2024, for consistent outstanding performance, and,**

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

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

**PASSED AND APPROVED this 24th day of July 2024 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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

# R2233 Retirement Julio Sanchez 43 years



## **RESOLUTION 2233**

**WHEREAS, Julio Sanchez, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 43 years of service; and,**

**WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of his loyal service and devotion to duty;**

**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 appreciation to Julio Sanchez for 43 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.**

**PASSED AND APPROVED this 24<sup>th</sup> day of July 2024 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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

# Medical Staff Recruitment Report - July 2024

**Physician Recruitment and Relations**

*Medical Staff Recruitment Report - July 2024*

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

Date prepared: 7/16/2024

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

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

Key Medical Associates	
Family Medicine/Internal Medicine	3
Gastroenterology	1
Pediatrics	1
Pulmonology	1
Rheumatology	1

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

Stanford Health Care	
Cardiothoracic Surgery	1

Sequoia Cardiology Medical Group	
EP Cardiology	1

Oak Creek Anesthesia	
Anesthesia - General	1
Anesthesia - Cardiac	1

Valley Hospitalist Medical Group	
GI Hospitalist	1

Other Recruitment/Group TBD	
Dermatology	2
Family Medicine	3
Gastroenterology	2
Neurology - Outpatient	1
Otolaryngology	2
Pediatrics	1
Pulmonology - Outpatient	1
General Cardiologist	1
Urology	3

Valley ENT	
Audiology	1
Otolaryngology	1

Mineral King Radiology Group	
Diagnostic Radiology	1
Interventional Radiology	1

**Physician Recruitment and Relations**  
**Medical Staff Recruitment Report - July 2024**

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kawahhealth.org - (559) 624-5456  
 Date prepared: 7/16/2024

#	Specialty	Group	Date Added	Current Status
1	OB/GYN	TBD	7/10/2024	Currently under review
2	Endocrinology	TBD	7/9/2024	Currently under review
3	EP Cardiologist	TBD	7/8/2024	Currently under review
4	EP Cardiologist	TBD	7/8/2024	Currently under review
5	Pulmonologist	TBD	7/8/2024	Currently under review
6	Nuerologist	TBD	7/8/2024	Prescreen call pending
7	Pulmonologist	TBD	7/8/2024	Prescreen call pending
8	Dermatologist	TBD	7/8/2024	Site visit: 8/5/24
9	Occupation Medicine	TBD	7/8/2024	Currently under review
10	Nephrology	TBD	7/2/2024	Currently under review
11	Pulmonology	TBD	6/21/2024	Currently under review (Provided to us from Ben Housley)
12	General Surgeon	Dr. Potts	6/21/2024	Site visit - 8/8/2024
13	Orthopedic General Surgeon	Orthopaedic Associates Medical Clinic, inc	6/12/2024	Currently under review
14	Vascular Surgery	South Valley Vascular	6/3/2024	Currently under review
15	Vascular Surgery	South Valley Vascular	5/15/2024	Site Visit: Scheduling
16	Intensivist	Sound Physicia	4/9/2024	Site Visit: 4/11/2024
17	ENT	Valley ENT	4/9/2024	Currently under review
18	EP Cardiology	TBD	4/9/2024	Currently under review
19	Pediatric Hospitalist	Valley Children	4/4/2024	Site Visit: 4/8/2024
20	Gastroenterology	TBD	3/29/2024	Prescreen call pending
21	ENT	Valley ENT	3/29/2024	Site Visit: 6/14/24
22	CT Cardiac Surgery	TBD	3/29/2024	Site Visit: Pending
23	ENT	Valley ENT	3/29/2024	Currently under review
24	EP Cardiologist	TBD	3/29/2024	Prescreen call pending
25	Pediatric Hospitalist	Valley Children's	3/29/2024	Site Visit: 4/12/2024
26	Intensivist	Sound Physicians	3/29/2024	Site visit: 3/14/2024
27	OB/GYN	OB/GYN	3/29/2024	Currently under review
28	Orthopedic Hand Surgeon	Orthopaedic As	2/2/2024	Leadership call pending
29	EP Cardiologist	TBD	2/2/2024	Site visit: Scheduling
30	EP Cardiology	TBD	9/11/2023	Currently under review
31	Family Medicine	TBD	6/21/2023	Currently under review
32	Family Medicine	TBD	6/21/2023	Currently under review

#	Specialty	Group	Offer Sent
1	Family Medicine	Faculty Medical	Pending
2	Urology	Direct/1099	Pending
3	Pulmonology	TBD	7/12/2024
4	Psychiatry	Precision Psychiatry	5/21/2024
5	Urology	Direct/1099	4/24/2024
6	Psychiatry	TBD	12/5/2023
7	Family Medicine	Direct/1099	11/7/2023

#	Group	Offer Sent	Expected Start Date
1	CRNA	Oak Creek Anesthesia	Aug-24
2	Anesthesia - Critical Care	Oak Creek Anesthesia	Aug-24
3	Orthopedic Trauma	Orthopaedic Associates Medical Clinic	Summer 2024
4	Hospice & Palliative Medicine	Independent	Summer 2024
5	Radiation Oncology	SROSI	Summer 2024
6	Cardiothoracic Surgery	Stanford	Summer 2024
7	CRNA	Oak Creek Anesthesia	8/12/24
8	Medical Oncology	Sequoia Oncology Medical Associates	Fall 2024
9	Interventional Cardiology	Independent	Fall 2024
10	Intensivist	Sound Physicians	TBD
11	CRNA	Oak Creek Anesthesia	January 2025
12	CRNA	Oak Creek Anesthesia	January 2025
13	OBGYN	W2	Fall 2024
14	Psychiatry	Precision Psychiatry	Fall 2024
15	Anesthesia - Cardiac	Oak Creek	Fall 2024

# FY2024 Strategic Plan Overview Final\_Board 7-24-24



Kaweah Health Medical Center

# FY 2024 Strategic Plan

FY24 Year-End Report  
July 24, 2024



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



**Kaweah Health**

MORE THAN MEDICINE. LIFE 64/437

## Kaweah Health Strategic Plan: Fiscal Year 2024

### Our Mission

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

### Our Vision

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

### Our Pillars

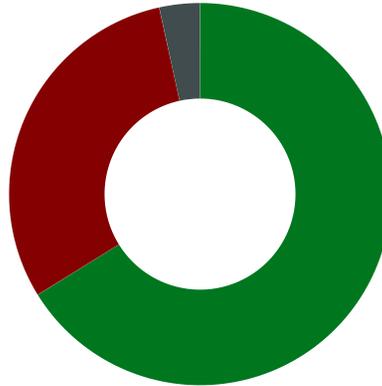
*Achieve outstanding community health.  
Deliver excellent service.  
Provide an ideal work environment.  
Empower through education.  
Maintain financial strength.*

### Our Six Initiatives

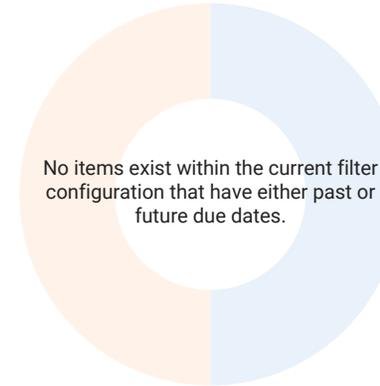
*Empower Through Education  
Ideal Work Environment  
Strategic Growth and Innovation  
Organizational Efficiency and Effectiveness  
Outstanding Health Outcomes  
Patient Experience and Community Engagement*

### Kaweah Health Strategic Plan FY2024 Overview

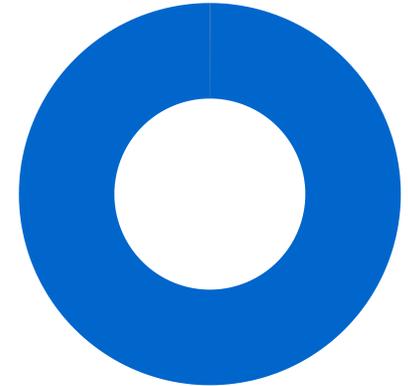
Statuses



Due Dates



Progress Updates



● Achieved 135 (66%)  
● Not Achieved 62 (30%)  
● Canceled 7 (3%)

● Not Past Due - (-%)  
● Past Due - (-%)

● Up-to-Date 204 (100%)  
● Late 0 (0%)  
● Pending 0 (0%)

### Empower Through Education

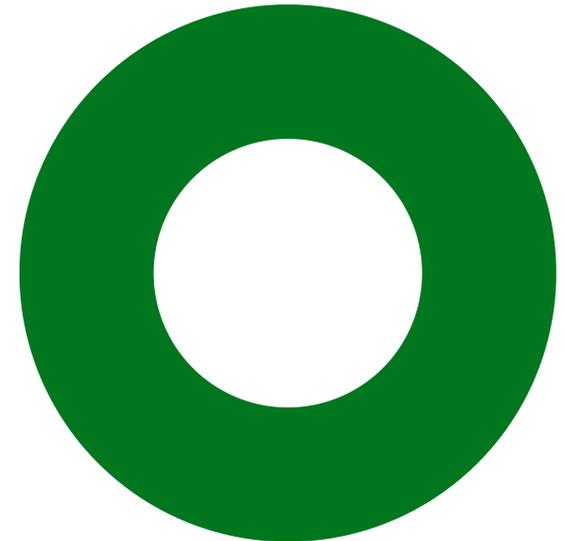
Champions: Dr. Lori Winston and Hannah Mitchell

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

#### FY2024 Strategic Plan - Empower Through Education Strategies

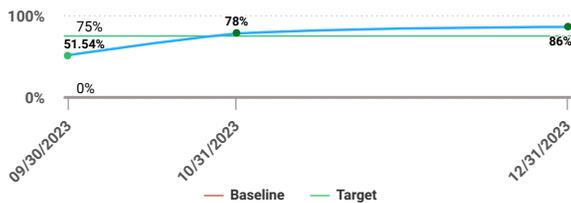
#	Name	Description	Status	Assigned To	Last Comment
1.1	Expand Online Learning Opportunities and Participation	Increase and optimize existing and new educational opportunities and platforms to support on line and computer based learning.	Achieved	Hannah Mitchell	Goals have been met and exceeded.
1.2	Increase the Use of and Exposure to Simulation in Education	Develop and implement strategies to expand exposure to the SIM Lab and simulation concepts in training and education.	Achieved	Kimberly Sokol	We achieved our goals related to use and exposure to Simulation in Education.
1.3	Expand Educational Opportunities for External Learners	Include external learners in existing and new training and educational opportunities.	Achieved	Kimberly Sokol	We have achieved all of the goals established for this strategy.
1.4	Improve Leadership Development and Education	Develop new and enhance existing educational and training opportunities for existing and emerging Kaweah Health and Medical Staff leaders.	Achieved	Hannah Mitchell	Key programs and educational strategies related to this metric were launched in FY 2024.

#### Objectives and Outcomes

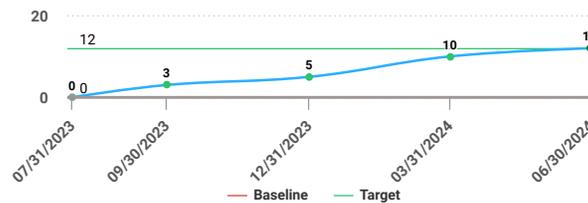


● Achieved 4 (100%)

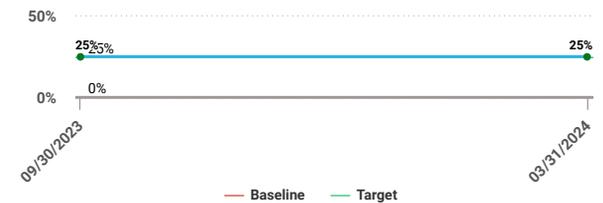
#### Automate the Week One Onboarding and Orientation Competencies for Patient Care Staff



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



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



### Ideal Work Environment

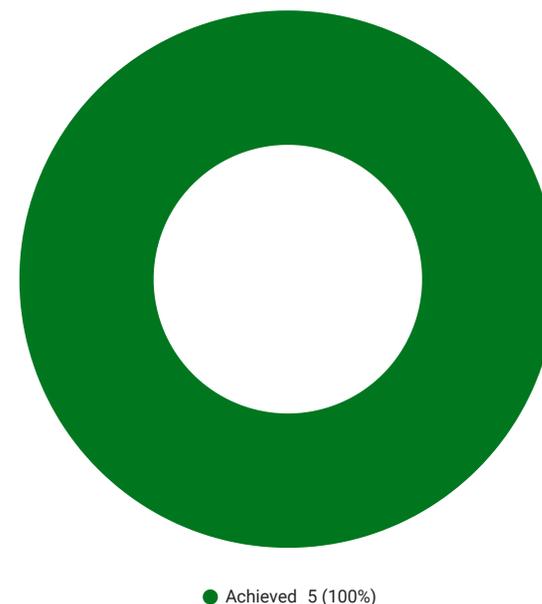
Champions: Dianne Cox and Raleen Larez

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

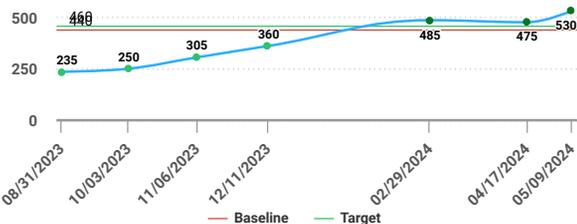
#### FY2024 Strategic Plan - Ideal Work Environment Strategies

#	Name	Description	Status	Assigned To	Last Comment
2.1	Employee Retention and Resiliency	Kaweah Health is facing the same challenges as many employers in the labor market and must make retention a top priority.	Achieved	Dianne Cox	Kaweah Care Steering Committee sub group on Employee Engagement and Experience started March 2024. Enhanced compensations and benefits plan. Started Health Equity study on health and dental analytics.
2.2	Ideal Practice Environment	Ensure a practice environment that is friendly and engaging for providers, free of practice barriers.	Achieved	Lori Winston	GME Program and Medical Staff Office Leaders are implemented Ideal Practice Environment initiatives.
2.3	Kaweah Care Culture	Recreate Kaweah Care culture into the various aspects of the organization.	Achieved	Dianne Cox	1. Employee Engagement and Experience 2. Ideal Practice Environment/Physician Engagement and Experience 3. Patient Experience (Keri presents to the respective Board).
2.4	Expand Volunteer Programs	Volunteer engagement has declined with the pandemic. Kaweah Health relies on a strong volunteer program to continue to spark career path engagement and to provide world class service.	Achieved	Dianne Cox	Exceeded the goals established this FY.
2.5	Growth in Nursing School Partnerships	Increase the pool of local RN candidates with the local schools to increase RN cohort seats.	Achieved	Dianne Cox	Goals have been met.

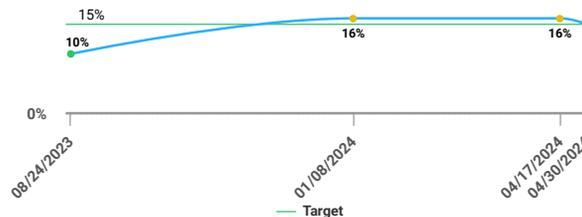
#### Objectives and Outcomes



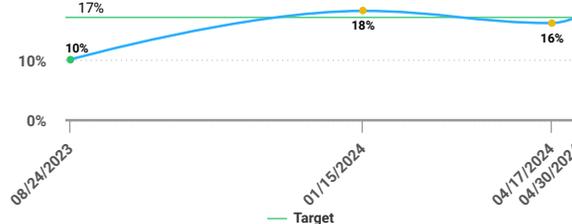
Increase to 460 Volunteers (by 6/30/24)



Decrease Overall KH Turnover Rate (< 15%)



Decrease Nursing Turnover Rate (< 17%)



Strategic Growth and Innovation

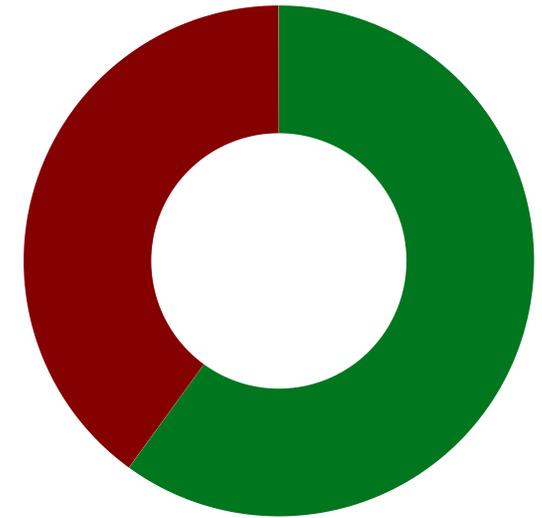
Champions: Ryan Gates and JC Palermo

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

FY2024 Strategic Plan - Strategic Growth and Innovation Strategies

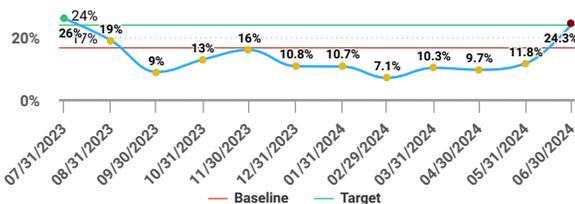
#	Name	Description	Status	Assigned To	Last Comment
3.1	Recruit and Retain Providers	Develop a recruitment strategy around top physician needs to recruit and retain physicians and providers to address unmet community needs and to support Kaweah Health's growth.	Achieved	JC Palermo	The new Strategic Growth Committee, a newly developed Practice Opportunity recruitment guide and new employment models have given the organization a refreshed and objective driven path for Physician Recruitment going forward.
3.2	Grow Targeted Inpatient and Surgery Volumes	Grow our inpatient volumes, particularly the surgical cases, with an emphasis on key service lines such as Cardiac and Urology.	Not Achieved	Kevin Bartel	On average over the course of the year we achieved only one of the three metrics around growing targeted inpatient and surgery volumes.
3.3	Grow Targeted Outpatient Volumes	Increase access to outpatient care in locations that are convenient to our community.	Achieved	Ivan Jara	We continue to grow clinics to support our outpatient volume growth. While the CSU clinic did not open in this fiscal year, it will open in fiscal year 2025.
3.4	Innovation	Implement and optimize new tools and applications to improve the patient experience, patient communication and patient outcomes.	Not Achieved	Jacob Kennedy	While we continue to work on optimizing and improving these systems to further enhance the patient experience and work toward achieving established goals, we met one of the six metrics established related to this area.
3.5	Expand Health Plan & Community Partnerships	Improve and strengthen relationships with health plans, community partners, and participate in local/state/federal programs and funding opportunities to improve access, quality, and outcomes for the community.	Achieved	Sonia Duran-Aguilar	We continue to reach our goals related to Community Supports and Enhanced Care Management.

Objectives and Outcomes

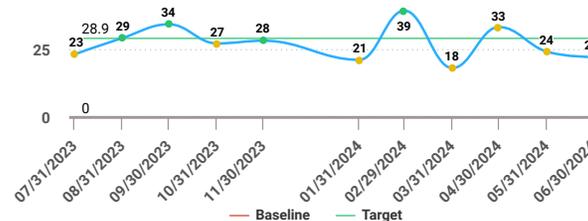


● Achieved 3 (60%)  
● Not Achieved 2 (40%)

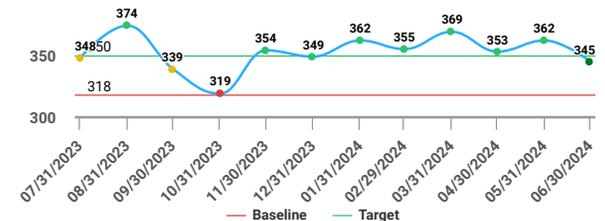
Increase the Percentage of Coronary Artery Bypass Graph Surgery Cases that are Elective



Increase Number of Urology Surgery Cases



Increase Monthly Endoscopy Case Volume



## Organizational Efficiency and Effectiveness

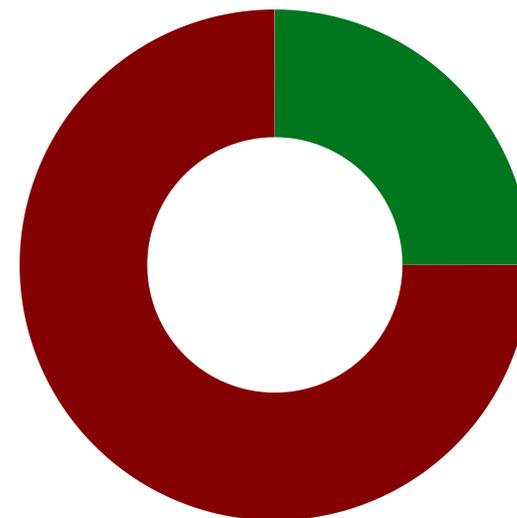
### Champions: Jag Batth and Kevin Bartel

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

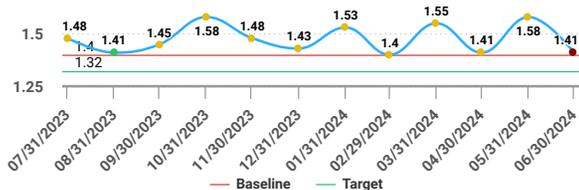
#### FY2024 Strategic Plan - Organization Efficiency and Effectiveness Strategies

#	Name	Description	Status	Assigned To	Last Comment
4.1	Patient Throughput and Length of Stay	Implement patient flow processes that are effective and efficient to improve patient throughput and lower the overall Length of Stay.	Not Achieved	Keri Noeske	We did not achieve our metrics related to patient throughput and length of stay for this fiscal years. Focused efforts continue to improve these areas.
4.2	Increase Main and Cardiac Operating Room Efficiency/Capacity	Improve Operating Room Efficiency, Capacity and Utilization to meet surgery volume needs.	Not Achieved	Lori Mulliniks	We only achieved two of the six metrics tracked related to main and cardiac operating room efficiency in this fiscal year.
4.3	Create a Process to Monitor Use of Tests and Treatments	Create and initiate a workgroup to identify areas of focus and establish benchmarks related to the use of tests and treatments.	Achieved	Suzy Plummer	Benchmarks and goals have been established, as well as a monthly reporting process. Focus has shifted to efforts needed to move from benchmark to goal.
4.4	Optimize Revenue Cycle Efforts	Focus efforts on key revenue cycle metrics to increase collections and reduce denials.	Not Achieved	Frances Carrera	This strategy is made up of two revenue cycle metrics. The days in Accounts Receivable metric of days in AR below 65 days was achieved in June 2024. However, the front end collections goal for fiscal year 2024 was not achieved.

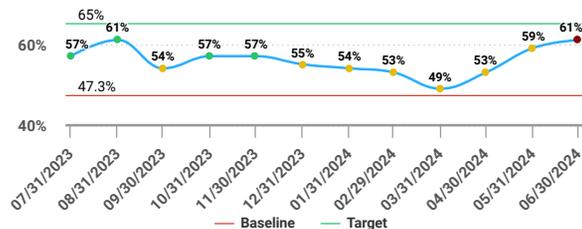
#### Objectives and Outcomes



#### Decrease Inpatient Observed to Expected Length of Stay



#### Improve Elective Case Main Operating Room Utilization



#### Increase Front End Collections



Outstanding Health Outcomes

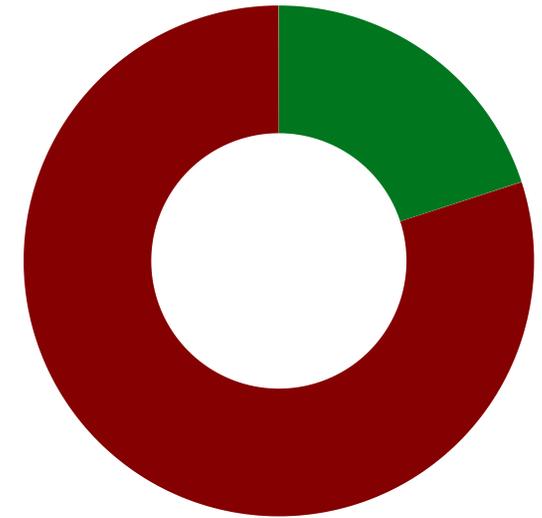
Champions: Dr. LaMar Mack and Sandy Volchko

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

FY2024 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To	Last Comment
5.1	Standardized Infection Ratio (SIR)	Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services	Not Achieved	Sandy Volchko	Six strategies in progress to reduce Healthcare Acquired Infections (HAI): Reducing Line Utilization through Multidisciplinary Rounds in ICU and implementation of a Standardized Procedure to remove Indwelling urinary catheters; Reducing MRSA and HAIs through CHG skin decolonization, nasal decolonization, effective cleaning practices, improving hand hygiene compliance.  Goals were not met.
5.2	Sepsis Bundle Compliance (SEP-1)	Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.	Not Achieved	Sandy Volchko	Multidisciplinary team identified root causes of non-compliance and is executing several strategies to address such as order set and documentation enhancements.  Goals were not met.
5.3	Mortality and Readmissions	Reduce observed/expected mortality through the application of standardized best practices.	Not Achieved	Sandy Volchko	Best Practice Team members reconfigured, key performance indicators revised for each population and improvement strategy planning in process.  Goals were not met.
5.5	Quality Improvement Program (QIP) Reporting	Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.	Not Achieved	Sonia Duran-Aguilar	Overall, we improved our quality score from year prior. In PY6 (2023), the score was 70% and in 2024 we came in at 8.75/10 = 87.5%.
5.6	Inpatient Diabetes Management	Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.	Achieved	Sandy Volchko	

Objectives and Outcomes

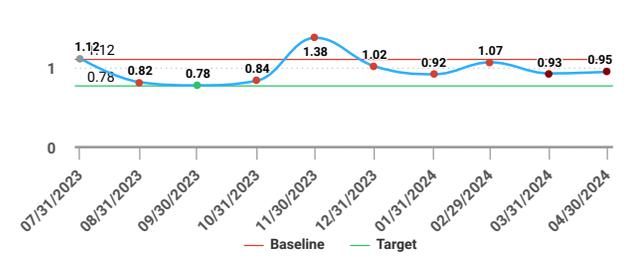


● Achieved 1 (20%)  
● Not Achieved 4 (80%)

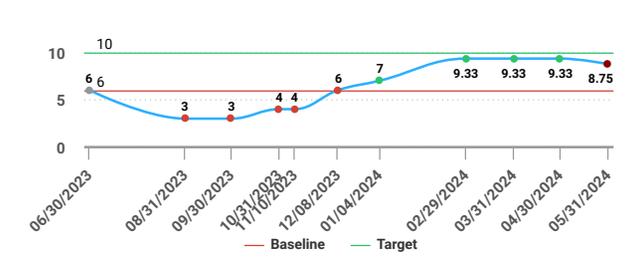
Outstanding Health Outcomes

Champions: Dr. LaMar Mack and Sandy Volchko

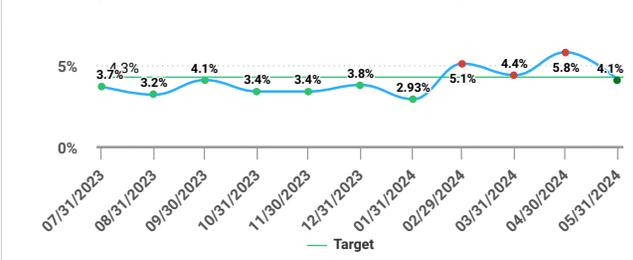
SEPSIS Mortality O/E



Meet 10 QIP Performance Measures



Hypoglycemia in Critical Care Patients (< 4.3%)



### Patient and Community Experience

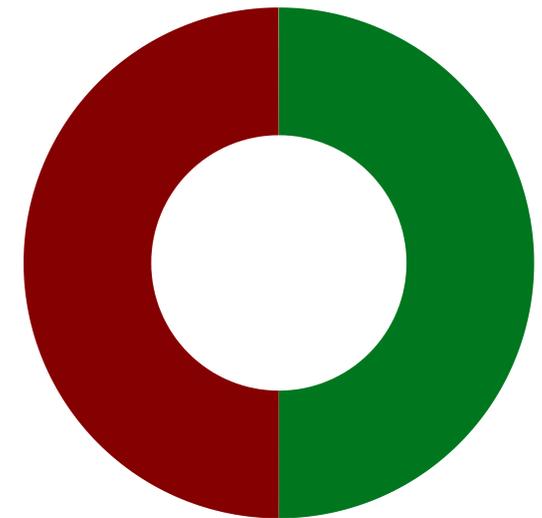
Champions: Keri Noeske and Deborah Volosin

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

#### FY2024 Strategic Plan - Patient and Community Experience Strategies

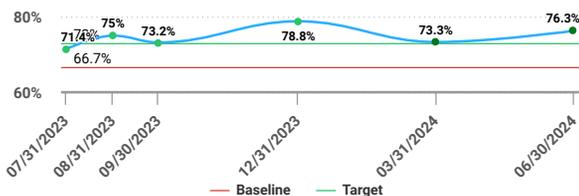
#	Name	Description	Status	Assigned To	Last Comment
6.1	Highlight World-Class Service/Outcomes (Hospitality Focus)	Develop strategies that provide our health care team the tools they need to deliver a world-class health care experience.	Not Achieved	Keri Noeske	At year end we achieved two of the five metrics associated with this strategy.
6.2	Increase Compassionate Communication	To reach the 50th percentile in physician and nursing communication and responsiveness of staff on the HCAHPS survey.	Achieved	Keri Noeske	Physician and nursing scores continue above goal. FY25 expand training and expectations to deliver consistent compassionate communication.
6.3	Enhancement of Systems and Environment	To create a secure, warm and welcoming environment for patients and the community.	Not Achieved	Keri Noeske	At year end we canceled one of the three metrics associated with this initiative and did not achieve the other two metrics.
6.4	Community Engagement	To provide an environment where community members and patients are able to assist staff in co-designing safe, high quality, and world-class care and services.	Achieved	Deborah Volosin	The five advisory groups continue to meet on a monthly basis. Their feedback and concerns are taken into consideration as we look at our practices and procedures. We continue to do community webinars monthly and give updates on Kaweah Health at community meetings and forums.

#### Objectives and Outcomes

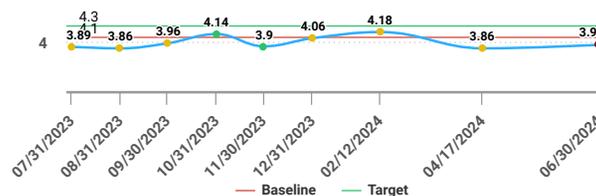


● Achieved 2 (50%)  
● Not Achieved 2 (50%)

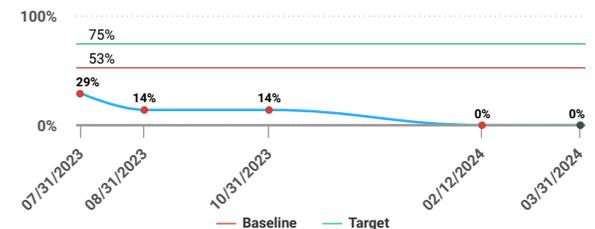
#### Achieve the 60th Percentile in Overall Rating Goal on HCAHPS Survey



#### Achieve 4.3 Patient Feedback Score Goal on ED Survey



#### Reunite 75% of Lost Belongings with Owners



# Throughput Steering Committee PowerPoint 7.17.2024 - Board report

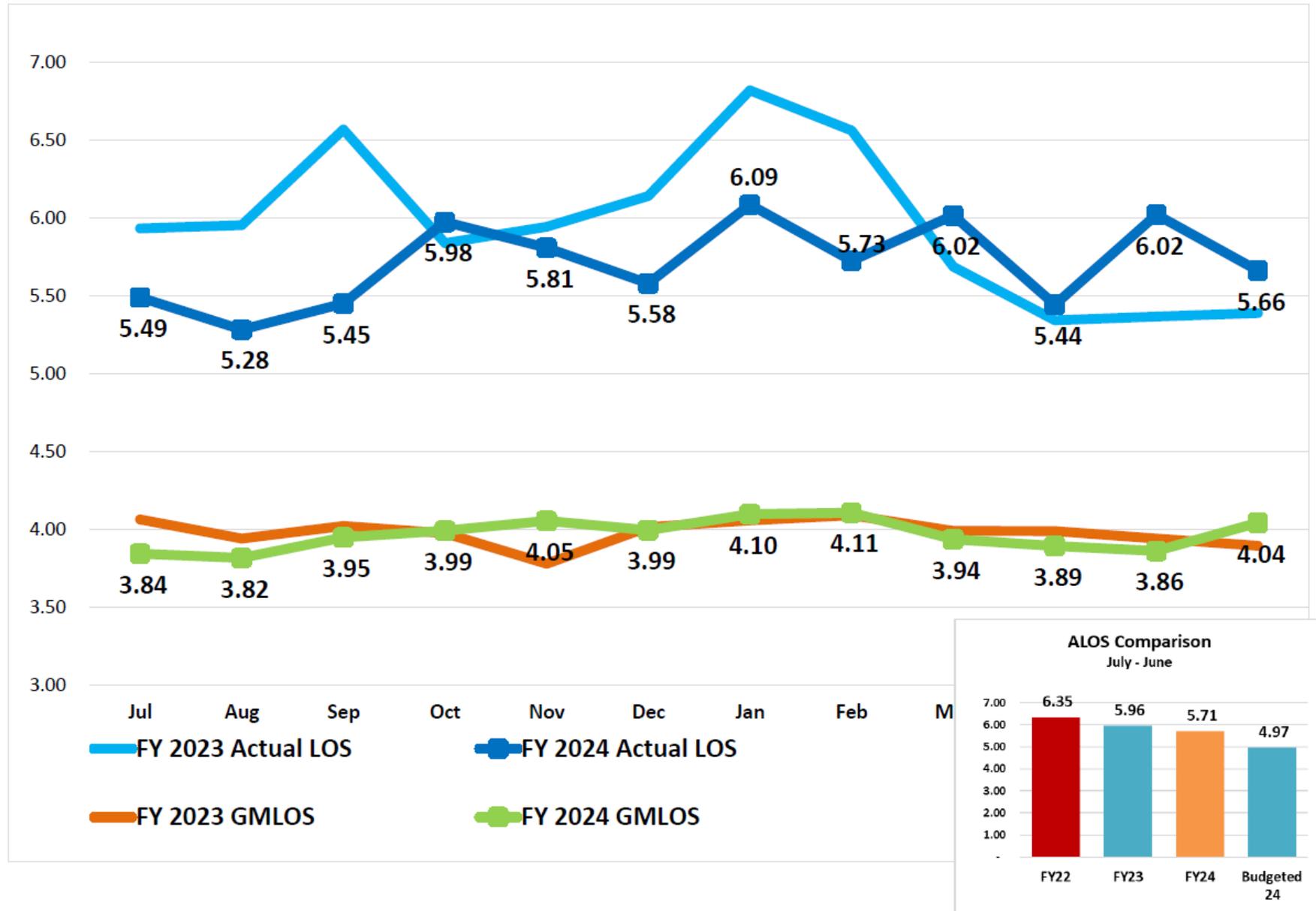
# Throughput Steering Committee July 2024



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

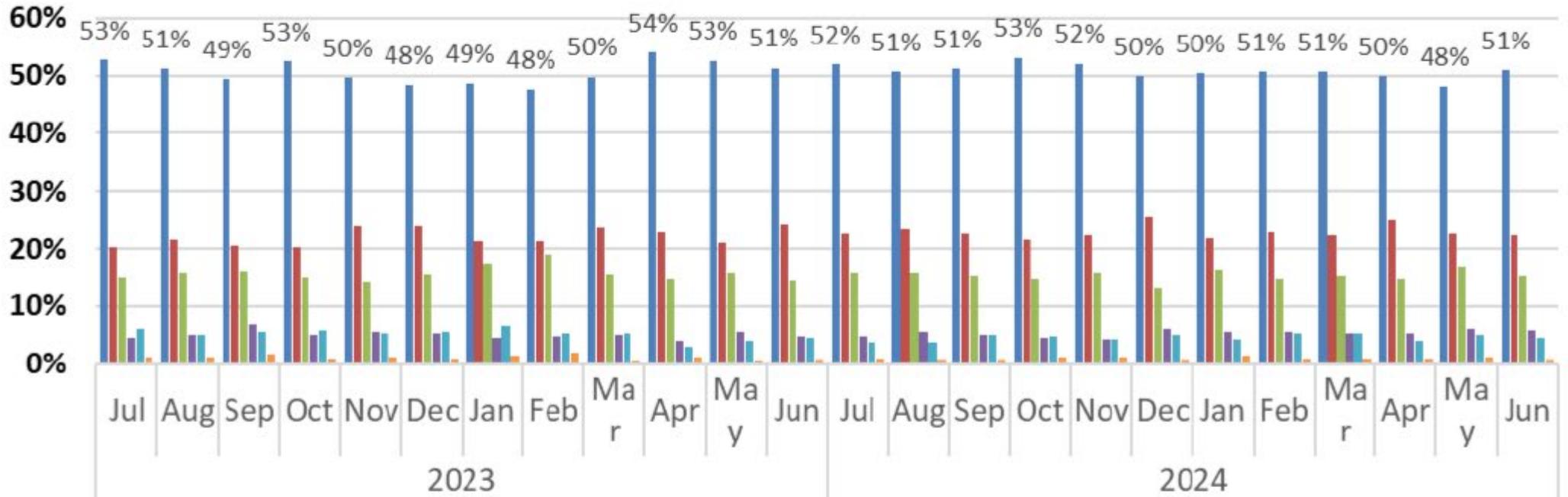


# Average Length of Stay versus National Average (GMLOS)



# Average Length of Stay Distribution

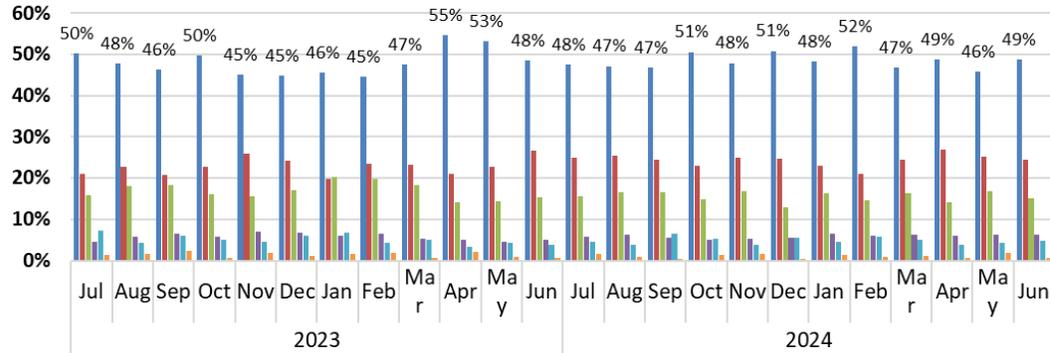
## FY24 Overall LOS Distribution



■ at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	48%	50%	54%	53%	51%	52%	51%	51%	53%	52%	50%	50%	51%	51%	50%	48%	51%
■ 1-2 days over GMLOS	20%	22%	20%	20%	24%	24%	21%	21%	24%	23%	21%	24%	23%	23%	23%	22%	22%	25%	22%	23%	22%	25%	23%	22%
■ 2-6 days over GMLOS	15%	16%	16%	15%	14%	16%	17%	19%	16%	15%	16%	15%	16%	16%	15%	15%	16%	13%	16%	15%	15%	15%	17%	15%
■ 6-10 days over GMLOS	5%	5%	7%	5%	6%	5%	5%	5%	5%	4%	6%	5%	5%	6%	5%	5%	4%	6%	6%	6%	5%	5%	6%	6%
■ 10-30 days over GMLOS	6%	5%	6%	6%	5%	6%	7%	5%	5%	3%	4%	5%	4%	4%	5%	5%	4%	5%	4%	5%	5%	4%	5%	5%
■ 30+ days over GMLOS	1.2%	1.2%	1.7%	1.0%	1.2%	1.1%	1.6%	1.9%	0.5%	1.2%	0.5%	0.8%	0.9%	0.8%	0.6%	1.1%	1.2%	0.7%	1.5%	1.0%	0.9%	0.9%	1.2%	0.8%

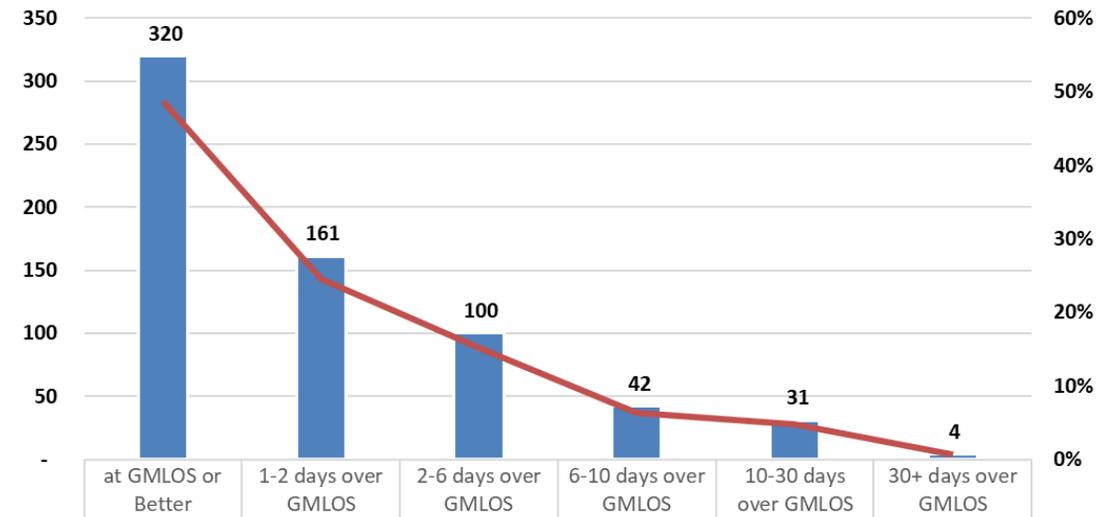
# LOS Distribution

### FY24 Hospitalist LOS Distribution



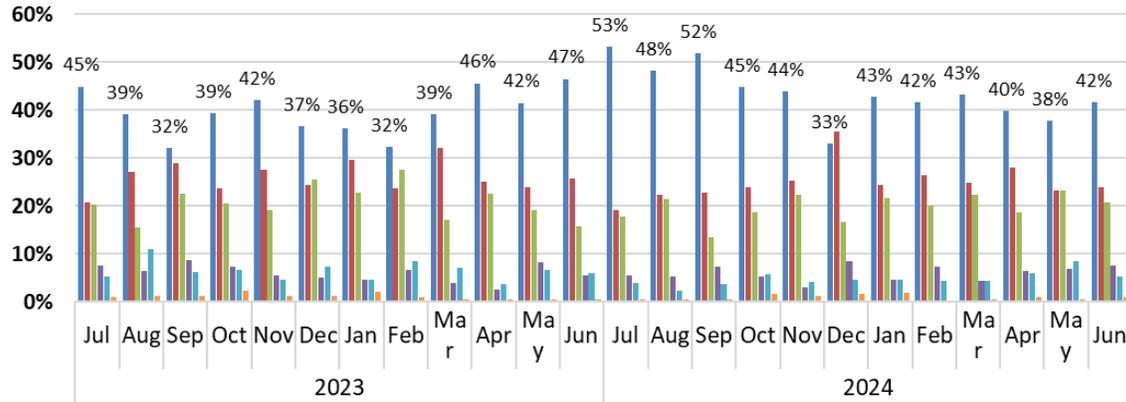
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ma	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ma	Jun
	2023												2024											
at GMLOS or Better	50%	48%	46%	50%	45%	45%	46%	45%	47%	55%	53%	48%	48%	47%	47%	51%	48%	51%	48%	52%	47%	49%	46%	49%
1-2 days over GMLOS	21%	23%	21%	23%	26%	24%	20%	23%	23%	21%	23%	27%	25%	26%	25%	23%	25%	25%	23%	21%	24%	27%	25%	24%
2-6 days over GMLOS	16%	18%	18%	16%	16%	17%	20%	20%	18%	14%	14%	15%	16%	16%	16%	15%	17%	13%	16%	15%	16%	14%	17%	15%
6-10 days over GMLOS	5%	6%	7%	6%	7%	7%	6%	6%	5%	5%	4%	5%	6%	6%	5%	5%	6%	6%	6%	6%	6%	6%	6%	6%
10-30 days over GMLOS	7%	4%	6%	5%	5%	6%	7%	4%	5%	3%	4%	4%	5%	4%	6%	5%	4%	6%	5%	6%	5%	4%	4%	5%
30+ days over GMLOS	1%	2%	2%	1%	2%	1%	2%	2%	1%	2%	1%	1%	2%	1%	0%	1%	1%	0%	1%	1%	1%	1%	2%	1%

### Jun FY24 Hospitalist LOS Distribution



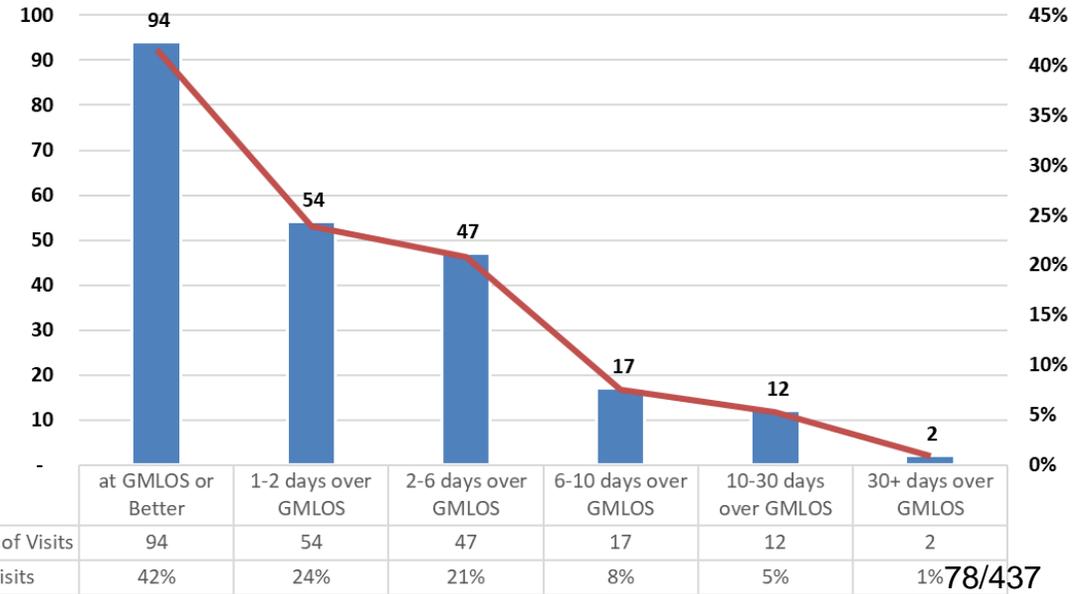
Count of Visits	320	161	100	42	31	4
% of Visits	49%	24%	15%	6%	5%	1%

## FY24 FHCN LOS Distribution



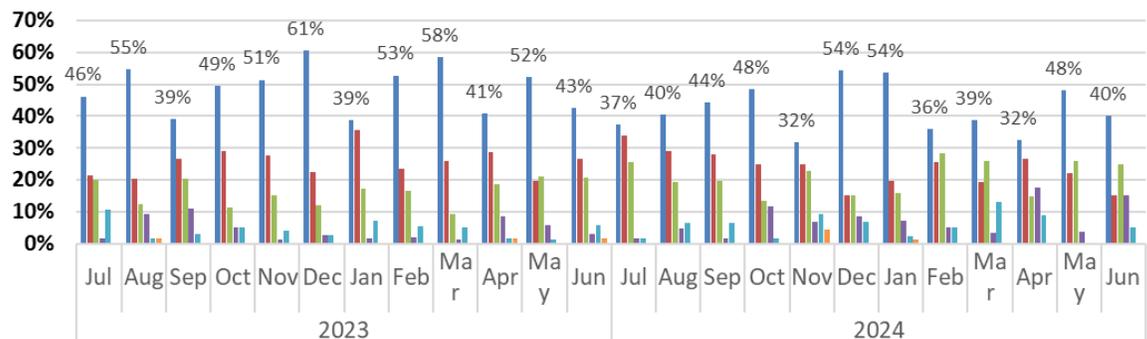
■ at GMLOS or Better	45%	39%	32%	39%	42%	37%	36%	32%	39%	46%	42%	47%	53%	48%	52%	45%	44%	33%	43%	42%	43%	40%	38%	42%
■ 1-2 days over GMLOS	21%	27%	29%	24%	28%	24%	30%	24%	32%	25%	24%	26%	19%	22%	23%	24%	25%	36%	24%	26%	25%	28%	23%	24%
■ 2-6 days over GMLOS	20%	16%	23%	21%	19%	26%	23%	28%	17%	23%	19%	16%	18%	21%	14%	19%	22%	17%	22%	20%	22%	19%	23%	21%
■ 6-10 days over GMLOS	7%	6%	9%	7%	6%	5%	5%	7%	4%	3%	8%	5%	5%	5%	7%	5%	3%	8%	5%	7%	4%	6%	7%	8%
■ 10-30 days over GMLOS	5%	11%	6%	7%	4%	7%	5%	9%	7%	4%	7%	6%	4%	2%	4%	6%	4%	5%	5%	4%	4%	6%	9%	5%
■ 30+ days over GMLOS	1%	1%	1%	2%	1%	1%	2%	1%	1%	1%	1%	0%	0%	0%	1%	2%	1%	2%	2%	0%	0%	1%	0%	1%

## Jun FY24 FHCN LOS Distribution



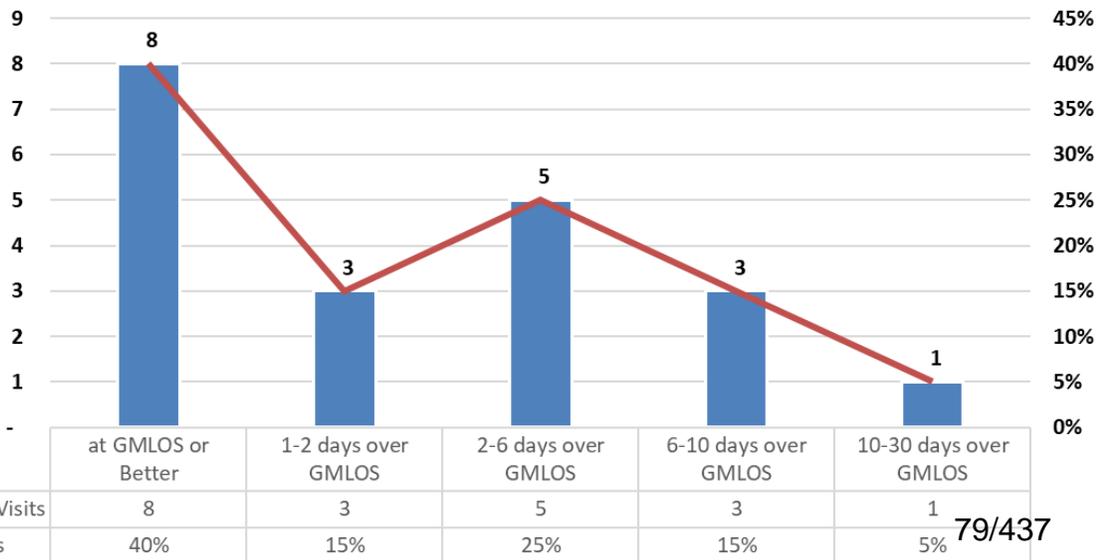
# Humana LOS

## FY24 Humana-Key Medical LOS Distribution



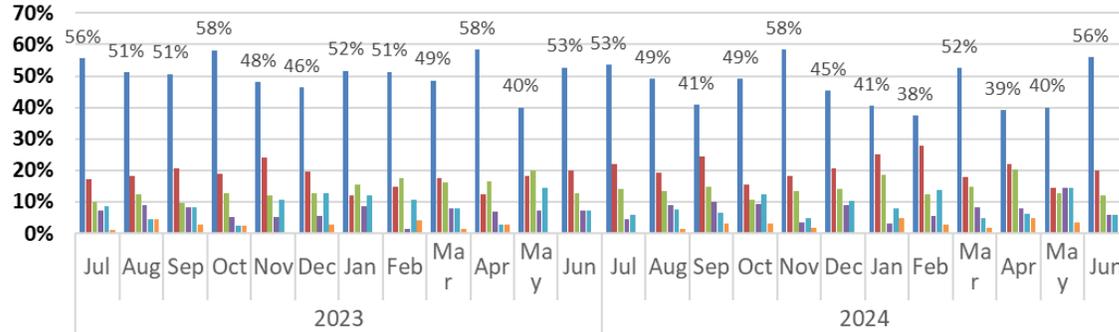
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
at GMLOS or Better	46%	55%	39%	49%	51%	61%	39%	53%	58%	41%	52%	43%	37%	40%	44%	48%	32%	54%	54%	36%	39%	32%	48%	40%
1-2 days over GMLOS	22%	20%	27%	29%	28%	22%	36%	24%	26%	29%	20%	26%	34%	29%	28%	25%	25%	15%	20%	26%	19%	26%	22%	15%
2-6 days over GMLOS	20%	13%	20%	11%	15%	12%	17%	16%	9%	19%	21%	21%	25%	19%	20%	13%	23%	15%	16%	28%	26%	15%	26%	25%
6-10 days over GMLOS	2%	9%	11%	5%	1%	3%	1%	2%	1%	8%	6%	3%	2%	5%	2%	12%	7%	8%	7%	5%	3%	18%	4%	15%
10-30 days over GMLOS	11%	2%	3%	5%	4%	3%	7%	5%	5%	2%	1%	6%	2%	6%	7%	2%	9%	7%	2%	5%	13%	9%	0%	5%
30+ days over GMLOS	0%	2%	0%	0%	0%	0%	0%	0%	0%	2%	0%	1%	0%	0%	0%	0%	5%	0%	1%	0%	0%	0%	0%	0%

## Jun FY24 Humana-Key Medical LOS Distribution



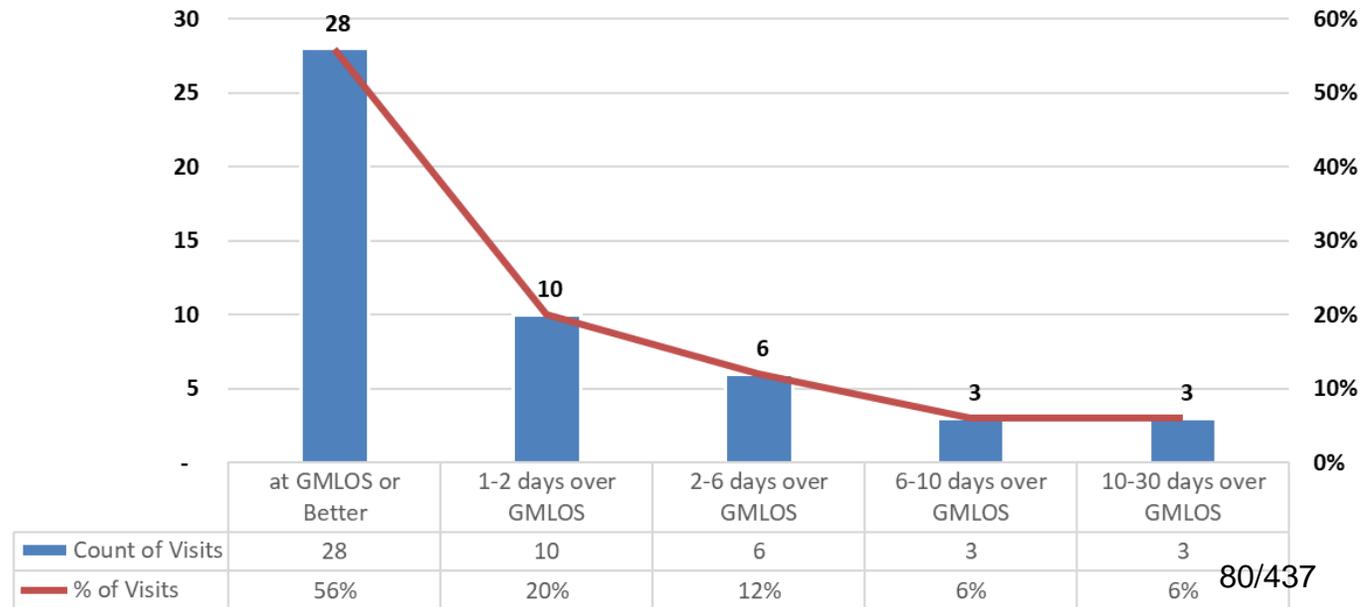
# ACTSS LOS

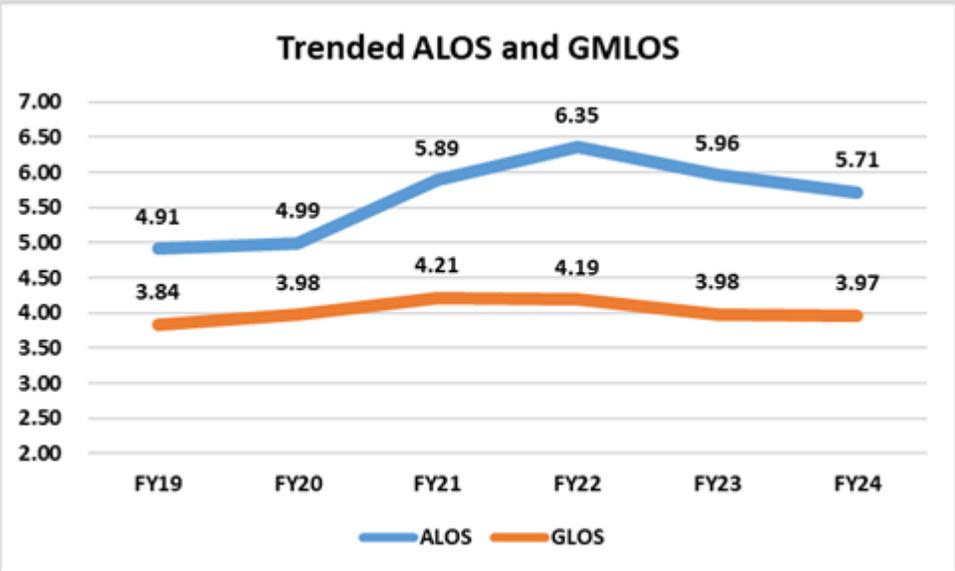
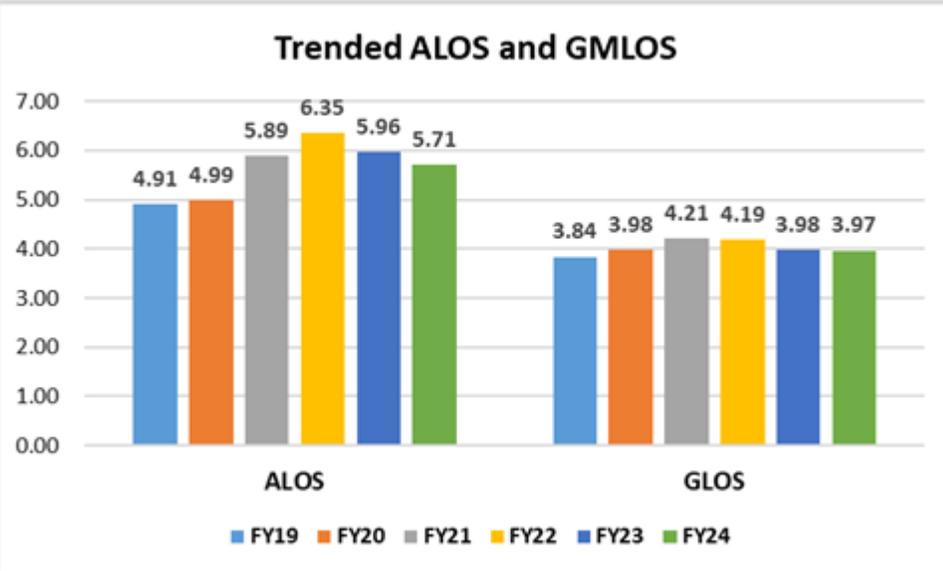
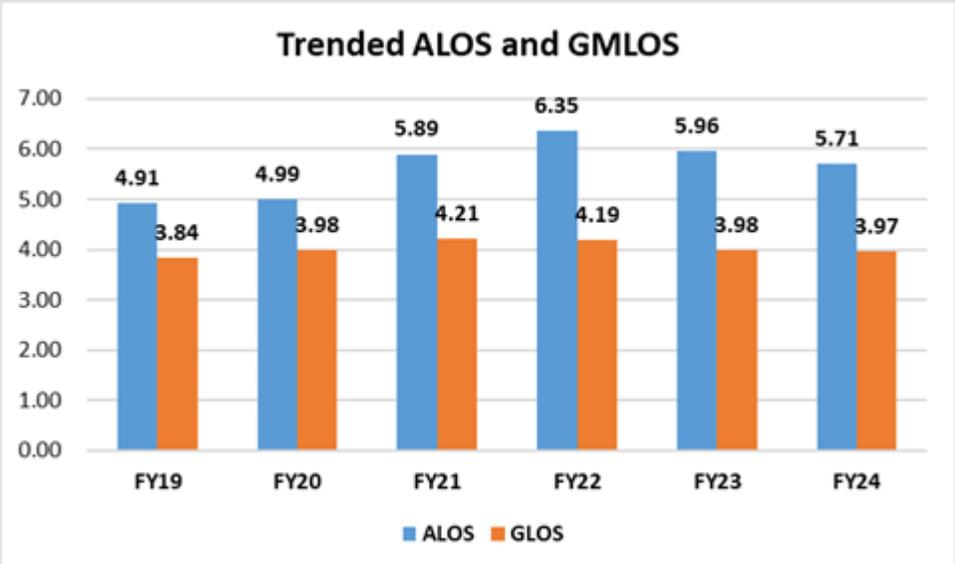
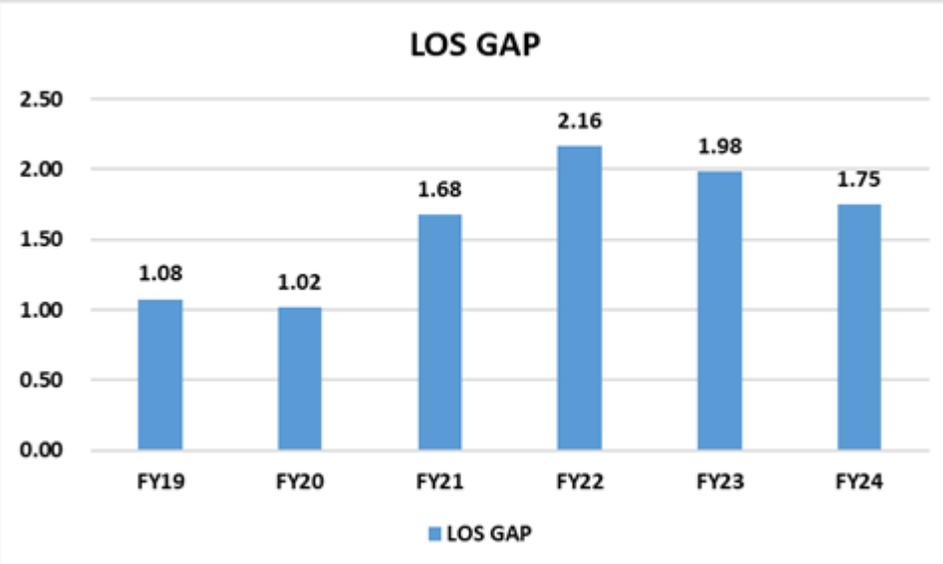
## FY24 ACTSS LOS Distribution



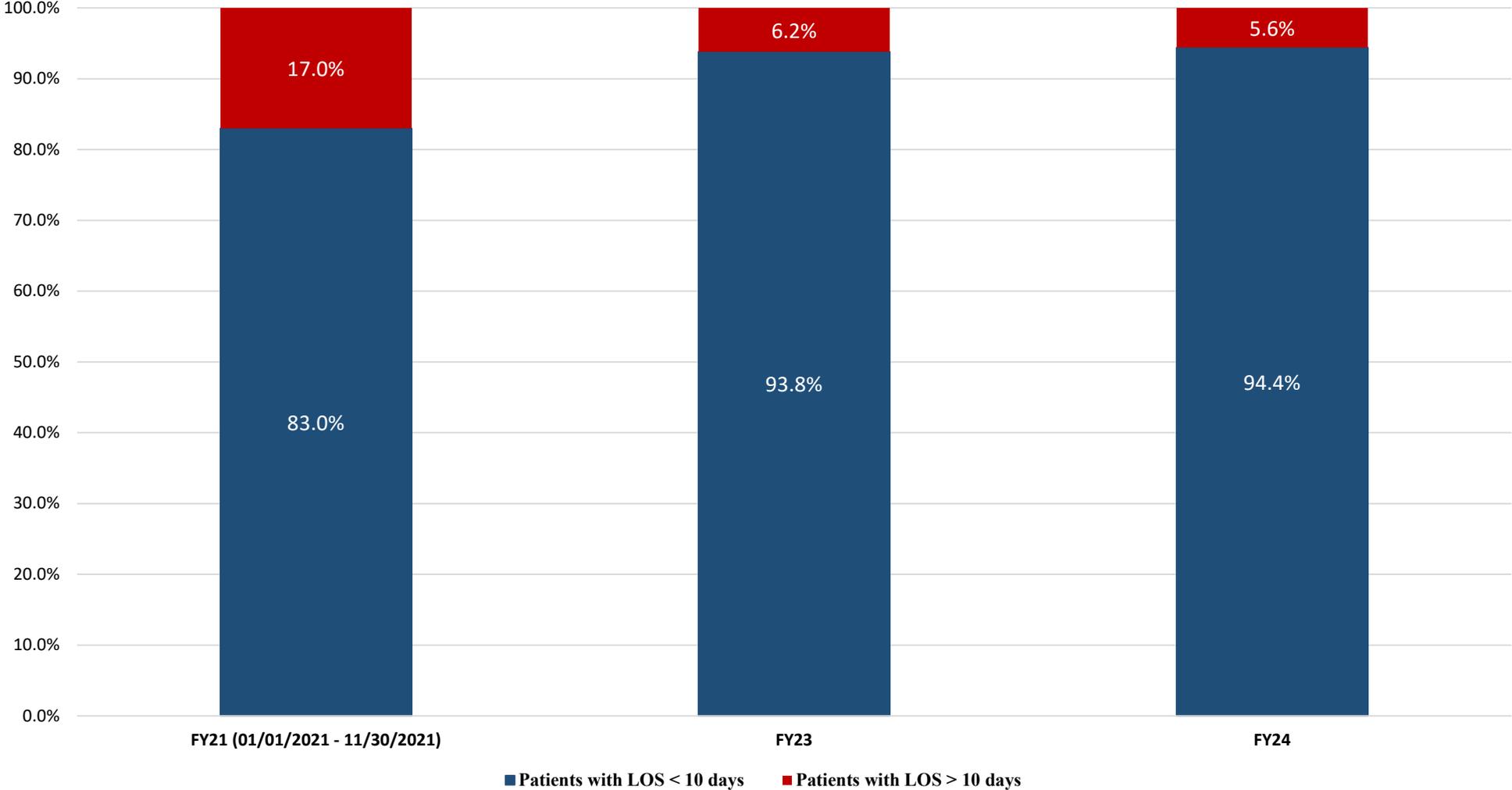
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
at GMLOS or Better	56%	51%	51%	58%	48%	46%	52%	51%	49%	58%	40%	53%	53%	49%	41%	49%	58%	45%	41%	38%	52%	39%	40%	56%
1-2 days over GMLOS	17%	18%	21%	19%	24%	20%	12%	15%	18%	13%	18%	20%	22%	19%	25%	15%	18%	21%	25%	28%	18%	22%	15%	20%
2-6 days over GMLOS	10%	13%	10%	13%	12%	13%	16%	18%	16%	17%	20%	13%	14%	13%	15%	11%	13%	14%	19%	13%	15%	20%	13%	12%
6-10 days over GMLOS	7%	9%	8%	5%	5%	6%	9%	1%	8%	7%	7%	7%	5%	9%	10%	9%	3%	9%	3%	6%	8%	8%	15%	6%
10-30 days over GMLOS	9%	5%	8%	3%	11%	13%	12%	11%	8%	3%	15%	7%	6%	7%	7%	12%	5%	10%	8%	14%	5%	6%	15%	6%
30+ days over GMLOS	1%	5%	3%	3%	0%	3%	0%	4%	1%	3%	0%	0%	0%	1%	3%	3%	2%	0%	5%	3%	2%	5%	4%	0%

## Jun FY24 ACTSS LOS Distribution





### Overall LOS Distribution



# Performance Scorecard

## Leading Performance Metrics – Inpatient & Observation

Age Group:  Behavioral Health:

Metric	Patient Type	Definition	Goal	Baseline**	Discharge Date					
					2/1/2024					6/30/2024
<b>Observation Average Length of Stay (Obs ALOS)</b> <i>(Lower is better)*</i>	Overall	Average length of stay (hours) for observation patients	36	43.31	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	
					41.36	41.08	45.80	43.94	41.13	
<b>Inpatient Average Length of Stay (IP ALOS)</b> <i>(Lower is better)*</i>	Overall	Average length of stay (days) for inpatient discharges	5.64	5.81	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	
					5.72	6.01	5.44	6.07	5.67	
<b>Inpatient Observed-to-Expected Length of Stay</b> <i>(Lower is better)**</i>	Overall	Observed LOS / geometric mean length of stay for inpatient discharges	1.32	1.47	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	
					1.40	1.55	1.41	1.58	1.41	
<b>Discharges*</b>	Inpatient	Count of inpatient discharges	N/A	1,352	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	
	Observation	Count of observation discharges	N/A	798	1,318	1,348	1,291	1,361	1,314	
	Overall	Count of inpatient and observation discharges	N/A	2,150	730	753	863	842	814	
					2,048	2,101	2,154	2,203	2,128	

\*All metrics above exclude Mother/Baby encounter data  
 \*O/E LOS to be updated to include cases with missing DRG when available  
 \*\*Baseline calculation: Previous 6-month rolling median or average based on the metric's calculation

# Performance Scorecard

## Leading Performance Metrics – Emergency Department

Age Group (All) Behavioral Health (All)

Metric	Patient Type	Definition	Goal	Baseline**	Check In Date and Time				
					2/1/2024 12:00:00 AM				6/30/2024 11:59:59 PM
<b>ED Boarding Time</b> <i>(Lower is better)*</i>	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	150	318	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024
					290	253	363	208	303
	Observation	Median time (minutes) for admission order written to check out for observation patients	150	300	340	274	233	272	311
	<b>Overall</b>	Median time (minutes) for admission order written to check out for inpatient and observation patients	150	317	291	254	355	212	303
<b>ED Admit Hold Volume</b> <i>(Lower is better)*</i>	<b>Overall &gt;4 Hours</b>	Count of patients (volume) with ED boarding time $\geq$ 4 hours	N/A	599	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024
					542	503	643	411	596
<b>ED Length of Stay (ED LOS)</b> <i>(Lower is better)*</i>	Discharged	Median ED length of stay (minutes) for discharged patients	214	288	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024
					282	274	288	290	297
	Inpatient	Median ED length of stay (minutes) for admitted patients	500	767	705	684	793	612	766
	Observation	Median ED length of stay (minutes) for observation patients	500	721	722	628	729	619	781
	<b>Overall</b>	Median ED length of stay (minutes) for admitted and discharged patients	N/A	338	335	319	338	337	351
<b>ED Visits*</b>	Discharged	Count of ED visits for discharged patients	N/A	6,328	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024
					5,925	6,407	6,156	6,664	6,436
	Inpatient	Count of ED Visits for admitted patients	N/A	1,194	1,152	1,125	1,194	1,163	1,213
	Observation	Count of ED Visits for observation patients	N/A	433	405	425	451	477	427
	<b>Overall</b>	Count of ED visits	N/A	7,955	7,482	7,957	7,801	8,304	8,076

\*All metrics above exclude Mother/Baby encounter data.

\*\*Baseline calculation: Previous 6-month rolling median or average based on the metric's calculation.

### Average Length-of-Stay (hours) for Observation Patients

Unit Group	Loc Nurse Unit	Month of Discharge Date												
		Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024
Med/Surg	KHMC 1E Emergency Room Overflow	08.53	07.93	10.81	08.29	09.16	09.77	11.22	14.33	14.38	13.34	13.28	14.03	16.22
	KHMC 2N Medical Surgical	42.92	45.56	45.30	42.32	47.42	52.01	39.14	51.32	39.75	35.84	39.87	112.29	42.53
	KHMC 2S Medical Surgical	37.14	38.91	36.36	41.16	40.72	41.62	44.65	49.80	41.95	40.11	46.28	39.53	43.15
	KHMC 3N Medical Surgical	60.53	49.10	43.13	67.81	61.59	55.34	52.06	32.57	54.71	48.41	49.72	52.66	70.00
	KHMC 3S Medical Surgical	50.28	44.45	92.89	59.90	84.22	33.00	45.76	64.47	75.11	44.16	149.79	45.75	50.86
	KHMC 4N Medical Surgical	51.01	56.63	52.28	63.76	47.78	60.22	48.67	99.47	67.24	58.81	63.68	60.43	46.97
	KHMC 4S Medical Surgical	37.92	42.90	37.01	163.13	51.94	78.22	63.30	79.60	29.08	76.31	39.51	44.32	65.02
	KHMC 14 Medical Surgical	32.99	35.73	43.01	55.38	32.33	36.59	44.47	61.53	53.62	70.96	59.48	36.00	44.01
	KHMC BP Broderick Pavilion	21.72	30.83	26.47	26.20	28.00	26.51	27.37	29.18	30.51	31.10	28.28	30.09	26.62
	KHMC PE Pediatrics	22.78	35.35	28.24	21.80	16.97	20.38	27.07	18.69	20.20	19.92	21.64	21.32	28.46
ICU	KHMC 3W ICU							69.45	63.10				67.77	
	KHMC 15 ICU			15.72				19.38						28.75
	KHMC CV Intensive Care			30.92	92.84	16.89	34.62	70.57	117.40	01.65		34.85		38.97

## Patient Throughput Updates – July 2024

Update	Next Steps
<p><b>Patient Progression:</b></p> <ul style="list-style-type: none"> <li>Discharge lounge continues to be consistently open with appropriate staffing.</li> <li>Clarify / update job descriptions and streamline corresponding workflows to allow Case Managers to operate at top of license</li> <li>Interdisciplinary structure standard for daily care facilitation, discharge planning and corresponding training tools</li> <li>Transparent anticipated discharge date for all care team and ancillary team members</li> </ul>	<p><b>Patient Progression:</b></p> <ul style="list-style-type: none"> <li>Working with the team to identify LOS barriers and will start working through workflow for those areas. List attached.</li> <li>Hired second TS, will be working on standardized forms and processes.</li> <li>TS to work through Diagnostic and procedural delays by creating standardized processes for escalation. Also, will create re-pat for tertiary accepted pts back to originating facility.</li> <li>Working on CM and CMA barriers to DC.</li> <li>Conferring with payers on auth processes for DC to PACPs</li> <li>Working with PACPs on accepting and reason for not, timely auth submittal.</li> </ul>
<p><b>ED to Inpatient Admission Process:</b></p> <ul style="list-style-type: none"> <li>Implementation of staffing by demand matrix for the ED RNs</li> <li>Initiating RN:RN hand-off, mitigating delays (sent to Clin ED for essential info flier for implementation)</li> <li>ED launch point auto update with bed status with Cap-man go live</li> <li>initiation of the RN:RN hand off guiding principals has been implemented.</li> <li>Work with ED and 1E teams to develop workflow for transporting pts to floor in a timely manner instead of waiting for transport.</li> </ul>	<p><b>ED to Inpatient Admission Process:</b></p> <ul style="list-style-type: none"> <li>Have identified that reports from Capman do no seem to be correct. Working with Nancy Palsgaard and Jerry Martin to create accurate reports to analyze for baseline data on order to bed times, bed assign to actual arrival on unit times.</li> <li>Tease data out to include census color, day of the week, staffing trends.</li> <li>Ensure admitting providers are putting in orders timely, analyze processes for decision to admit.</li> </ul>
<p><b>Observation Program:</b></p> <ul style="list-style-type: none"> <li>PCP follow up process and resources finalized</li> <li>Medical observation patients are prioritized for placement on 2S</li> <li>Observation Power plan updates went live 11/28/23: education to providers sent 11/27, Emma presented at Valley Hospitalist meeting 11/21, attended Department of Critical Care, Pulmonary Medicine &amp; Adult Hospitalist meeting 12/18 to educate as well</li> <li>Outpatient appointment (NM Lexi, Treadmill, Holter, PCP) process implemented 6/3/24, 1<sup>st</sup> patient scheduled for NM LexiScan on 7/12 (discharged 7/10)</li> </ul>	<p><b>Observation Program:</b></p> <ul style="list-style-type: none"> <li>Outpatient appointment process optimization: consider expanding the providers that are included</li> <li>Collaborate with radiology on MRI/CT delays</li> <li>Evaluate EEG outpatient appointment process</li> <li>Evaluate a targeted afternoon discharge round huddle on 2S</li> <li>Ongoing optimization of observation dashboard</li> </ul>
<p><b>Tests and Treatments:</b></p> <ul style="list-style-type: none"> <li>Team has made operational changes related to Biofire that seem to be having an impact on the volume.</li> <li>Continuing to review therapy orders to determine when they are appropriate to establish appropriate goal. DTA has been established for therapy patients across the hospital to identify opportunities.</li> </ul>	<p><b>Tests and Treatments:</b></p> <ul style="list-style-type: none"> <li>Team is working on changing metrics for imaging to correlate studies to overall volume in the ED.</li> <li>Luke to make the following changes to the Obs Dashboard             <ul style="list-style-type: none"> <li>Add discharge destination for therapies tabs</li> <li>Add order set used to initiate orders to the therapies tabs</li> </ul> </li> <li>Reviewing blood usage by provider to identity trends.</li> </ul>

# Neurosciences Board Report 07.2024

# REPORT TO THE BOARD OF DIRECTORS

## Neurosciences Service Line

Kevin Bartel, DPT, Director of Orthopedics, Neurosciences & Specialty Practice  
Contact Number: 559-624-3441

Dr. Joseph Chen, Neurosurgery Medical Director  
Dr. Khadija Rashid, Neurology Medical Director

Board Meeting: July 24, 2024

## Summary Issue/Service Considered

Neurosurgery

Collaboration and partnership with Center Neurorestoration Associates (CNA) continued throughout FY2024, with changes to the service structure taking place in December 2022. These changes involved the closing of the outpatient elective neurosurgery clinic and services that had been operating out of the commercial clinic and Rural Health Clinic. Neurosurgery services continue on the inpatient side with consultations and surgeries that come from the Emergency Department and Medical Center.

### **Analysis of financial/statistical data:**

\*\*Board report financials reported here are based on data annualized through the ten months ended April 30, 2024\*\*

- Neurosciences Services is expected to end FY 2024 with a contribution margin of \$3.86 million, an 80% increase from prior year (\$2.1 million) and 660% increase from FY 2022 (\$508 thousand).
- Total Neurosurgery surgical cases (inpatient and outpatient) for FY2024 were 169, a decrease of 15% from FY2023 which saw 195 surgical cases. However, the contribution margin per case for inpatient surgical cases saw significant increases, making up for the lower surgical volume overall.
  - Key contributors to this contribution margin increase:
    - Inpatient surgical cases produced a 26% increase in net revenue per case, with only an 8% increase in direct costs per case.
    - For both outpatient surgeries and outpatient clinic, there was a negative contribution margin, but this loss was reduced by decreased outpatient clinic volumes impacted by the closer of the outpatient elective clinic in 2022.
- Inpatient Neurosurgery discharge volume decreased by 12% in FY2024 from prior year, to a four year low. However, the contribution margin per case for inpatient surgical procedures increased 82% compared with FY2023, at \$29,602. This was due primarily to the types of catastrophic cases (and the associated payers) that were seen in FY2024.

- Direct costs per case for inpatient Neurosurgery cases increased 8% in FY2024, largely driven by the average length of stay increasing to 13.2 days per case, compared with the geometric mean length of stay at 7.2 days. This increased length of stay added additional direct expenses in nursing and ancillary (i.e. labs, pharmaceuticals) costs.
- Payer mix remained steady for inpatient surgical cases, with all payers (except cash pay) showing an increased contribution margin per case, led by Medi-CAL.
- The outpatient elective surgery volume for FY2024 was 19 cases, down from 25 cases in FY2023. The contribution margin decreased 33% in FY2024 to (-\$137,900) due to direct costs per case increasing 46% compared with FY2023.
  - From a payer mix perspective, Kaweah's decision to reduce the number of outpatient Medi-CAL managed cases positively impacted the contribution margin, as there were 63% fewer outpatient cases performed with this payer, and their contribution margin per case was at (-\$17,568).
- Neurosurgery outpatient clinic volume decreased 37% from FY2023, as FY2024 represented the first full year that Kaweah did not operate a full elective neurosurgery outpatient clinic. This volume for FY2024 represents the patients who were seen for hospital consult and surgery follow up. Contribution margin for the outpatient clinic service improved 15% from prior year, but still was a loss of (-\$438,988).

## Neurology

Effective May 2024, Kaweah has agreed to partner with a Neurology group, Central Valley Neurological Solutions, to provide more complete neurology service care at Kaweah and in the community. Service initially consists of providing more robust medical center neurology coverage on the inpatient side, and presence of neurology in the Kaweah Rural Health Clinic system. There are future plans to recruit and build the service to include more robust outpatient neurology clinic care.

## Quality/Performance Improvement Data

### Neurosurgery

#### **Surgical Site Infections and Complications**

Neurosurgery surgical quality improvement is tracked internally, and reviewed to identify trends so that this can be shared with the provider group. For FY2024, 72 craniotomy surgical cases were performed in Neurosurgery, with 3 surgical site infections (SSI) reported. The predicted number of infections by National Healthcare Safety Network (NHSN) was 1.314 for that volume of cases performed. This led to a standardized infection ratio of 2.283, meaning we experienced 228% of the anticipated infections based on the number of cases performed.

#### **Average Length of Stay**

The average length of stay for Neurosurgery inpatient cases overall in FY2024 was 13.27 days, compared with the geometric mean length of stay of 7.22 days. The Neurosurgery average length of stay for FY2024 overall increased by 2.41 days compared with prior year FY2023, which was 10.86 days. For FY2024, both the average length of stay and the geometric mean length of stay increased by similar amounts (22-24%), indicating that the risk-adjusted

complexity of patients treated at Kaweah for neurosurgery was a primary factor in why the average length of stay increased in FY2024.

### **Patient Satisfaction**

Kaweah Health moved to a new patient surveying platform in 2022, NRC, for all surveys and reporting of patient experience and satisfaction with care provided at Kaweah. For hospital patients who were provided with the survey prompt “I was treated with courtesy and respect by my Doctor”, neurosurgery physicians had a positive score of 100% in FY2024, compared with the benchmark of 85.8%. This is the same positive score achieved by the neurosurgery physicians for patient satisfaction (100%) in FY2023.

The sample size of those surveyed is small for the neurosurgery physicians, as NRC doesn't have the ability to divide hospital patients out by those who saw a neurosurgeon. Rather, NRC only captures surveys of those patients that a neurosurgeon discharges from the hospital, which is a far smaller number.

### **Neurosurgery trauma and transfer cases**

In FY2024, there were a total of 73 Neurosurgery related cases transferred out of Kaweah for a variety of reasons (higher level of care required, beyond scope of neurosurgeon on call, specialist not available, etc). This is a 121% increase in outbound transfer cases compared with FY2022, when there were 33 cases transferred out from Kaweah for care at a different facility.

### **Health Plan Service Distinction**

Neurosurgery program and cases performed specific to the spine can continue to support the efforts in providing quality outcomes that allows Kaweah to achieve Blue Distinction designation for spine surgery.

## Neurology

Due to the recent effective term of the neurology service beginning at Kaweah (May 2024), we will intend to track & report any quality and performance improvement metrics for the neurology service line with the next Neurosciences Board Report.

## Policy, Strategic or Tactical Issues

### Neurosurgery

1. The organizational decision was made in FY2023 to close the outpatient neurosurgery clinic and neurosurgeon presence at our Rural Health Clinics as a way of helping to improve Kaweah's financial position at that time. Reducing the physician fees associated with the outpatient clinic service (which historically has been a large contribution margin loss).
2. Full-time neurosurgical presence in the medical center continues to be the primary service provided by this group at this time. The number of neurosurgeons who rotate in to take this call coverage has decreased over the past two years, raising some concerns from the group regarding the sustainability of this service at Kaweah. One solution prompted by the neurosurgery group would be the funding of a full-time APP to support the medical center clinical care, and efforts in recruiting for the group to find additional neurosurgeon support.

3. Neurosurgery physician fees make up 98.8% of the total expense sitting within this service line for FY2024. The reduced service to cover the inpatient side only has eliminated most other direct costs within this service line.
4. There has been an expressed need and physician desire to work towards a model of care that allows neurosurgery to return to practicing in the Rural Health Clinics. Ongoing discussion and analysis are required in order to implement a physician fee payment model that doesn't hinder Kaweah's financial sustainability efforts in order to provide this care.

#### Neurology

1. While we currently have full Neurology inpatient consult coverage service at the medical center, there continues to be an imminent need in this community for outpatient neurology services and care. A lack of neurologists in the area is primarily contributing to this shortage of outpatient options for patients.

### Recommendations/Next Steps

#### Neurosurgery

1. Neurosurgery presence at the medical center continues to be a valuable service for Kaweah and our community. Working with the neurosurgery group and medical center leaders to best sustain and support this service in the coming year will be a priority for Kaweah.
2. Kaweah neurosurgery service line leadership will continue to review monthly transfer data related to inbound and outbound transfers for neurosurgery patients and collaborate with the neurosurgery group Medical Director to discuss any opportunities to better accept patients to Kaweah and keep patients local for their care, instead of transferring to outside facilities.
3. Will continue to engage with the neurosurgery group Medical Director and Kaweah leadership to analyze any options related to expanding neurosurgery care back into the outpatient space, particularly within the RHCs within the coming year, in a financially sustainable and viable way.
4. Will review and consider opportunities to support the neurosurgery service line from a throughput perspective in order to reduce the overall length of stay with neurosurgical cases, moving closer to the geometric mean length of stay.

#### Neurology

1. The primary focus in this coming year will be to continue recruitment efforts to bring additional neurologists into the area to begin building up the outpatient neurology presence. Will work directly with our physician recruiting and marketing team to help in this effort.

## Approvals/Conclusions

### Neurosurgery

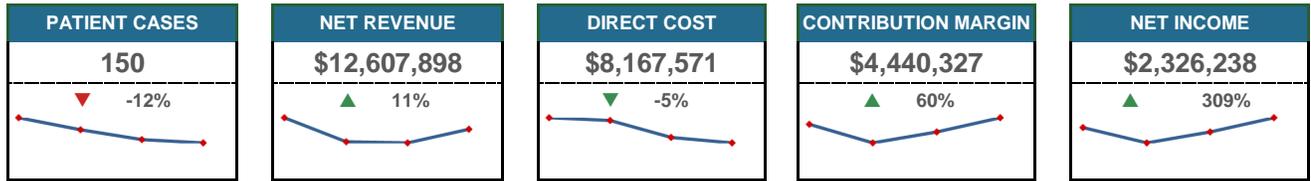
Kaweah Health values our partnership with the Neurosurgery group over the past 7 years, as it continues to result in positive patient outcomes and access to care for our community when it is needed at the medical center. We plan to continue our positive partnership with the group as we move forward offering this condensed scope of Neurosurgery services to our community to strictly inpatient emergent case consults and surgery. Continued focus will be on quality metrics, increasing transfer acceptance of cases and optimizing coverage to meet the demands of our emergency/critical neurosurgery patients.

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Neuroscience Services - Inpatient Neurosurgeon Cases

FY2024

### KEY METRICS - FY 2024 on the Annualized Ten Months Ended April 30, 2024

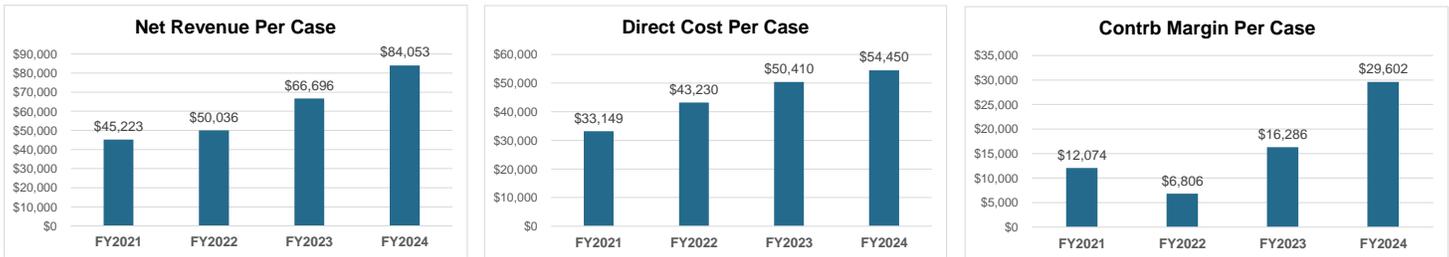


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	303	228	170	150	▼ -12%	
Patient Days	2,584	2,497	1,846	1,991	▲ 8%	
ALOS	8.53	10.95	10.86	13.27	▲ 22%	
GM LOS	4.83	4.97	5.83	7.22	▲ 24%	
Net Revenue	\$13,702,529	\$11,408,283	\$11,338,315	\$12,607,898	▲ 11%	
Direct Cost	\$10,044,078	\$9,856,490	\$8,569,648	\$8,167,571	▼ -5%	
Contribution Margin	\$3,658,451	\$1,551,794	\$2,768,666	\$4,440,327	▲ 60%	
Indirect Cost	\$2,541,248	\$2,356,427	\$2,199,836	\$2,114,089	▼ -4%	
Net Income	\$1,117,203	(\$804,633)	\$568,830	\$2,326,238	▲ 309%	
Net Revenue Per Case	\$45,223	\$50,036	\$66,696	\$84,053	▲ 26%	
Direct Cost Per Case	\$33,149	\$43,230	\$50,410	\$54,450	▲ 8%	
Contrb Margin Per Case	\$12,074	\$6,806	\$16,286	\$29,602	▲ 82%	
Opportunity Days	3.70	5.98	5.03	6.06	▲ 20%	

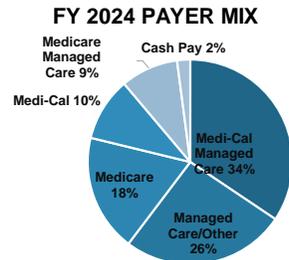
### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

\*Annualized

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	30%	31%	34%	34%
Managed Care/Other	25%	17%	17%	26%
Medicare	18%	23%	25%	18%
Medi-Cal	16%	9%	6%	10%
Medicare Managed Care	10%	14%	18%	9%
Cash Pay	0%	1%	0%	2%



Notes:  
 Source: Inpatient Service Line Report  
 Selection Criteria: Surgeon Speciality - Neurological Surgery

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Neuroscience Services - *Outpatient Neurosurgeon Cases*

FY2024

### KEY METRICS - FY 2024 on the Annualized Ten Months Ended April 30, 2024

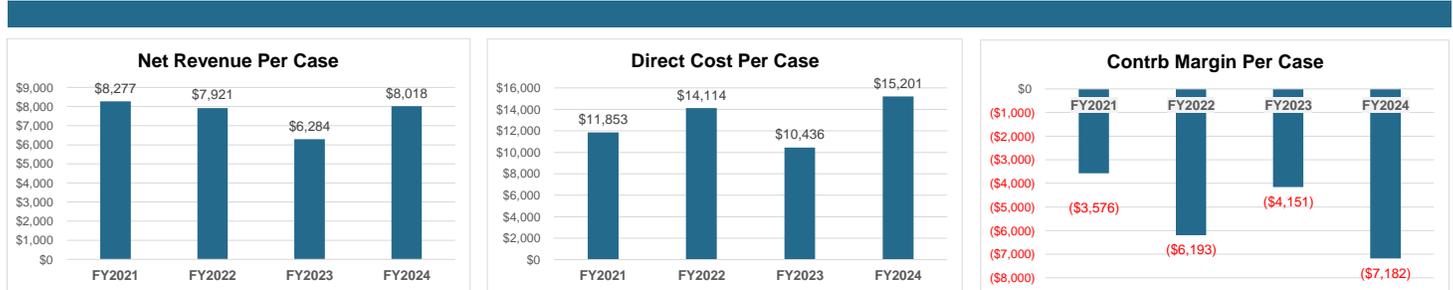


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	47	56	25	19	▼ -23%	
Net Revenue	\$389,031	\$443,580	\$157,112	\$153,950	▼ -2%	
Direct Cost	\$557,095	\$790,410	\$260,899	\$291,850	▲ 12%	
Contribution Margin	(\$168,064)	(\$346,830)	(\$103,787)	(\$137,900)	▼ -33%	
Indirect Cost	\$119,059	\$164,864	\$58,229	\$63,626	▲ 9%	
Net Income	(\$287,123)	(\$511,695)	(\$162,016)	(\$201,526)	▼ -24%	
Net Revenue Per Case	\$8,277	\$7,921	\$6,284	\$8,018	▲ 28%	
Direct Cost Per Case	\$11,853	\$14,114	\$10,436	\$15,201	▲ 46%	
Contrb Margin Per Case	(\$3,576)	(\$6,193)	(\$4,151)	(\$7,182)	▼ -73%	

### PER CASE TRENDED GRAPHS

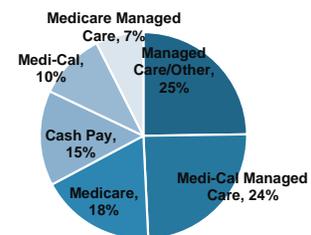


### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

\*Annualized

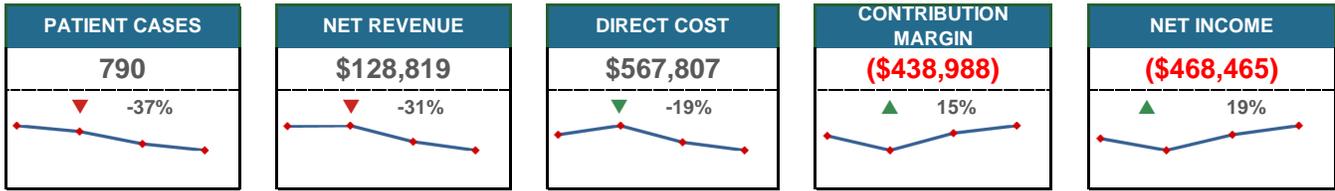
PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other	33%	30%	21%	25%
Medi-Cal Managed Care	34%	30%	33%	24%
Medicare	19%	26%	21%	18%
Cash Pay	0%	2%	0%	15%
Medi-Cal	2%	1%	0%	10%
Medicare Managed Care	12%	11%	26%	7%

### FY 2024 PAYER MIX



Notes:  
 Source: Outpatient Service Line Reports  
 Selection Criteria: Surgeon Speciality - Neurological Surgery

KEY METRICS - FY 2024 on the Annualized Ten Months Ended April 30, 2024

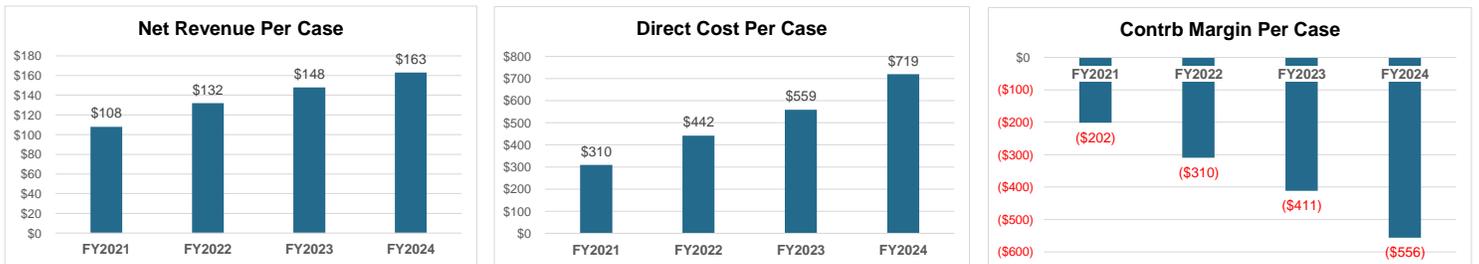


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	2,705	2,248	1,254	790	▼ -37%	
Net Revenue	\$291,955	\$296,570	\$185,716	\$128,819	▼ -31%	
Direct Cost	\$837,554	\$993,244	\$701,400	\$567,807	▼ -19%	
Contribution Margin	(\$545,599)	(\$696,674)	(\$515,685)	(\$438,988)	▲ 15%	
Indirect Cost	\$82,130	\$83,397	\$62,662	\$29,477	▼ -53%	
Net Income	(\$627,729)	(\$780,071)	(\$578,347)	(\$468,465)	▲ 19%	
Net Revenue Per Case	\$108	\$132	\$148	\$163	▲ 10%	
Direct Cost Per Case	\$310	\$442	\$559	\$719	▲ 29%	
Contrb Margin Per Case	(\$202)	(\$310)	(\$411)	(\$556)	▼ -35%	

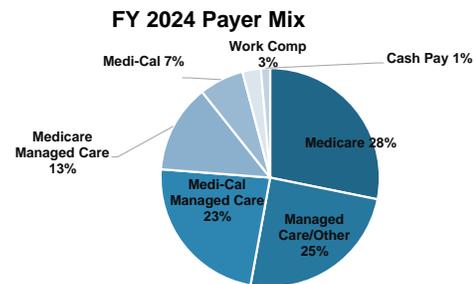
PER CASE TRENDED GRAPHS



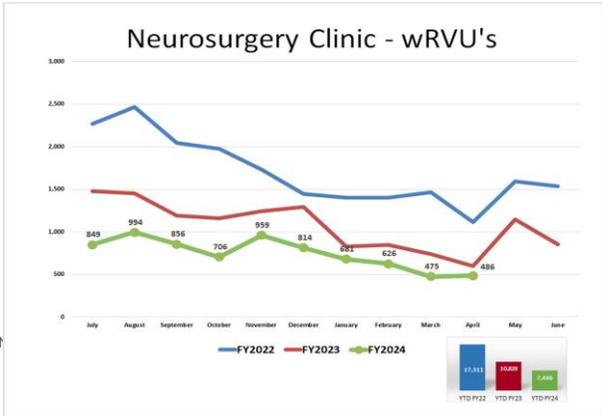
PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

\*Annualized

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	23%	29%	33%	28%
Managed Care/Other	25%	23%	24%	25%
Medi-Cal Managed Care	36%	26%	22%	23%
Medicare Managed Care	12%	17%	17%	13%
Medi-Cal	2%	3%	2%	7%
Work Comp	0%	0%	1%	3%
Cash Pay	1%	2%	1%	1%



KEY METRICS - FY 2024 on the Annualized Ten Months Ended April 30, 2024



Source: Outpatient Service Line Reports  
 Selection Criteria: Service Line1 = Neurosurgery Clinic

# Rehabilitation Board Report FY24 07.12.2024

# REPORT TO THE BOARD OF DIRECTORS

## Rehabilitation Services

Molly Niederreiter, Director of Rehabilitation and Skilled Services, 624-2541  
July 24, 2024

### Summary Issue/Service Considered

1. Achieving optimum balance of program priorities to address quality of care, compliance, profitability, and quality of work environment.
2. Ensuring that Rehabilitation Division continues to provide the full continuum of services to the community as a District Center of Excellence

### Analysis of financial/statistic data annualized through April 30 FY 2024 for Acute Inpatient Rehabilitation Program:

The inpatient Rehabilitation program is projected to end FY 2024 with a contribution margin of \$3.7 million, a 4% decrease from previous year although on a strong upward trend over the past 4 years. The annual patient cases are down 6% from FY 2023 at 514 but volumes trending higher, up 27% from FY 2021. Overall contribution margin and volumes are consistent with pre-COVID.

Patient days are similar to FY 2023, down 1%, but up 21% from FY 2021. The corresponding Average Length of Stay trending up by 6% from 12.1 to 12.8 due to less patient cases for a similar numbers of patient days. This ALOS is more typical for this service and is lower than FY 2021 and FY 2022.

Net Patient Revenue per case is at an all-time high of \$25,122, an increase of 10% over FY 2023. However, this is not enough to offset the 13% increase in direct cost per case. The increase in overall direct costs of 12% for FY 2024 corresponds primarily with increases in:

- RN productive salary expenses (up 20%)
- Benefits allocation (up 28%)

Together equaling \$743,000 in FY 2024. Fortunately, we have not utilized registry nurses to staff this program. Therapy and Pharmacy expenses per case remained stable.

Direct allocations to 6440 Acute Rehabilitation cost center increased slightly at \$21,400 in FY 2024, for a total expense of \$1,189,358, only 2% higher than FY 2023. Although the direct allocation expense is stable, there has been significant changes in the make up over the last 3 years. From FY 2022 to FY 2024, there was a decrease of \$103,000 in 8720 Nursing Administration as well as an increase of \$243,000 for 6441 Rehabilitation Administration. This is associated with absorbing all liaison, case management and patient and family services staff who were previously allocated to 6440, into 6441 Rehab Administration. For FY 2025 the allocations for those cost centers will be reduced or removed.

Inpatient Rehabilitation is predominantly a Medicare business with a combined 58% of the payer mix, up from 55% in FY 2023.

- Medicare remains the number one payer at 43% of the patient cases with reimbursement per case increasing to \$25,894 and a contribution margin per case of \$8,098, slightly lower than FY 2023.
- Managed Care is second in payer mix at 22% of the patient cases with a reimbursement per case increasing by \$10,000 to \$32,244 and a contribution margin per case increasing by almost \$5,000 of \$12,240. Within Managed Care, Blue Cross is the major payer with the most days and responsible for an annualized \$700,000 in contribution margin in FY 2024.
- Medicare Managed Care is third in terms of payer mix, increasing to 15% in FY 2024, 71% of these cases are Humana Capitation.
- Medi-Cal Managed Care cases declined by 6% in payer mix, which is helpful because the reimbursement per case is much lower at \$16,000 with a far lower contribution margin per case.

### **Analysis of financial/statistic data annualized through April 30 FY 2024 for Outpatient Therapy Clinics:**

The Outpatient Therapy Rehabilitation Services is projected to end FY 2024 with a contribution margin increase of 59% at \$3.1 million. Units of service also increased by 3% compared to prior year, both contribution margin and volume are consistent with pre-COVID results. For FY 2024:

- Net revenue per unit of service increased 12% at \$40.41
- Direct cost per unit of service increased 2% at \$29.57
- Contribution margin per unit of service increased 54% at \$10.84

Payer mix is calculated by patient cases as in the Service Line Report, a volume of 1 represents 1 patients' monthly billing.

- Managed care/other remains the number one payer at 37% of the patient cases and is the highest of all payers with a reimbursement per case and contribution margin per case both increasing in FY 2024.
- Medicare is second payer mix stable at 24% also demonstrating an improvement in reimbursement per case and contribution margin per case.
- Medi-Cal Managed Care is third in terms of payer mix and saw slight increases in reimbursement per case and improvements in the contribution margin per case loss, however continues to have the lowest reimbursement per case of all payers.
- Medicare Managed Care stable in fourth at 11% of the patient cases showed improvement from a loss in contribution margin per case to a \$24 gain.

Therapy Specialists at Rehabilitation Hospital, Therapy Specialists at Akers, Lovers Lane and Therapy Specialists Exeter all saw an increase in volume/units of service. Hand Therapy Specialists remained flat.

In FY 2024, 8 of 8 outpatient services had a positive contribution margin the top 4 departments are:

- Therapy Specialists at Akers at \$1.2 million
- Therapy Specialists at Rehabilitation Hospital at \$477,000.
- Lovers Lane at \$419,000
- Hand Therapy Specialists at \$363,000

Cardiac Rehabilitation: Patient volume decreased 3% in FY 2024 compared to prior year. The cardiac rehab program has added back the class cut due to COVID cleaning protocols and has maximized class sizes. Pulmonary Rehabilitation cohorts have been inconsistent associated with increased no show/dropout rates.

- Net revenue per unit of service is up 6% at \$118.82
- Direct cost per unit of service increase by 18% primarily due to RN salaries at \$102.58
- Contribution margin per unit of service decreased by 34% at \$16.25

Wound Clinic: The wound center's units of service decreased 24% in FY 2024, down approximately 43% since FY 2021. Both stricter screening of hyperbaric patients due to Medicare guidelines and gaps in certified provider availability have contributed to the decreased volume. In FY 2024:

- Net revenue per unit of service increase of 32% at \$50.21
- Direct cost per unit of service decreased by 4% at \$42.88, primarily due to management of staffing hours when volumes are low.
- Contribution margin has turned positive with an increase of 212% at \$7.33 associated with significant increases in reimbursement.

Payer mix has shifted, with a 6% increase in Medicare and a 9% drop in Medi-Cal managed care. Medicare/Medicare Managed Care increased to a combined 60% in FY 2024.

## Quality/Performance Improvement Data

Acute Rehabilitation: The program continues to exceed the national benchmark for community discharges, with 87% of patients discharged home compared to 83% nationally. Average length of stay for the FY 2024 was 12.7 days, lower than the national average of 12.8 days. Patient satisfaction, as measured via text survey from NRC, averaged 73.3% for the net promoter question of "would you recommend this facility" for FY 2024, above the NRC benchmark of 50<sup>th</sup> percentile at 71.4%. This ranks Kaweah Health in the 57<sup>th</sup> percentile. Referrals for all of the post-acute areas (acute rehabilitation and skilled nursing/Long Term Care) in FY 2024 are stable at around 1000 per quarter. The majority of referrals continue to be from Kaweah Health, with small numbers of consistent referrals from Adventist Hanford, CRMC, St Agnes and recent increases from Stanford and Adventist Bakersfield. Trends regarding patient falls, urinary tract infection, central line infections and hospital acquired skin breakdown continue to demonstrate facility performance exceeding national benchmarks on all indicators.

Outpatient Therapy Clinics: An internal survey measures patient satisfaction and results benchmarked against prior performance. Patient satisfaction consistently

averages at or above 96% in each clinic, with ongoing focus on improving patient satisfaction as it pertains to their involvement in setting therapy goals and the outcomes in relation to those goals. Therapy outcomes are reported on a quarterly basis, using pre and post treatment plan outcome tools to measure significant functional improvement and therapy effectiveness. Each therapy clinic uses outcomes measures that are specific to the patient's diagnosis and useful to the clinician. The results and comments are shared with the clinicians in an effort to bring focus to specific areas that could benefit from additional review, education and update of evidence based treatment approaches. Therapy Specialist at Akers are also sharing outcomes with the providers as a marketing tool.

Acute Therapy Services: In the Medical Center, we measure the response time from MD order/admission to nursing unit to the time the therapy evaluation is completed/attempted for Physical Therapy, Occupational Therapy and Speech Therapy. The goal is to complete therapy evaluations within 24 hours of the MD order. The Acute Therapy department prioritizes Neurologic, Orthopedic, Cardiac, Trauma and Emergency Department patients. Data for Physical Therapy FYTD March 2024 is:

- Physical Therapy 58%
- Occupational Therapy 43%
- Speech Therapy 66%.

The ability to meet the goals is impacted by a significantly higher than normal therapy census in addition, staffing shortages during the fall/winter months for all disciplines.

Wound Center: The wound center evaluates the average days to heal for wounds, with overall results above (worse than) the national benchmarks for the first half of FY 2024. Patients being treated for diabetic ulcers that took more than 200 days to heal which skews the data as patients with pressure ulcers and surgical wounds are at or below the national average. In the 2Q2024, we saw a spike in patients who self-discharged from care representative on the non-compliant nature of this patient population.

Cardiac and Pulmonary Rehabilitation: Outcome measures for blood pressure, peak metabolic equivalents and psychosocial were initiated during FY 2023. For the calendar year of 2023 we are below the goal of 90% for blood pressure with our average for the year at 80% and below our goal for peak metabolic equivalents of >5.5 with our average at 4.9. We met our goal for psychosocial outcome score <4.0 with an average of 2.2 at discharge.

## **Policy, Strategic or Tactical Issues**

1. Promote the SafeGait 360 Balance and Mobility Trainer in the Rehabilitation hospital with an Open House spring of 2025 along with hopeful celebration of publication for the associated research project.
2. The Commission on Accreditation of Rehabilitation Facilities survey recommendation is to implement smart technology in our independent living apartment in the Acute Rehab unit.
3. In an effort to increase census in the Acute Rehab program, which has a strong contribution margin, implement a licensed Therapist as a post-acute liaison. They will be stationed at the Medical Center with focus on identifying patients appropriate for our post-acute programs and facilitating timely throughput to our facilities.

4. Focus on tightening length of stay by improved communication of projected length of stay estimates.
5. Prepare for pending CMS 100% Review Choice Demonstration to ensure compliance and optimal reimbursement.
6. Oversight of the Wound Clinic operations is transitioning to Healogics with goal of increasing volume, community outreach and contribution margin. Going forward, Healogics will report up to Ryan Gates, Chief Officer of Population Health.
7. Collaboration with the Cardiology Service Line to increase volume and improve referral workflow to ensure follow through on consults as leads for the program.
8. Address compliance with plan of care for Cardiac and Pulmonary patients to improve attendance and decrease no show rates.
9. Continue optimization of the Kaweah Health website including the Acute Rehabilitation program and Therapy Specialists pages in efforts to better market both inpatient and outpatient Rehabilitation programs.
10. Complete automation of a report for individual staff productivity replacing a manual in both inpatient and outpatient therapists to improve efficient use of productive time.
11. Utilize WebPT Reach program to increase patient satisfaction feedback and market outpatient therapy services.
12. Utilize Cerner EMR to track therapy referrals that are not indicated, provide feedback to Providers who show trend of inappropriate orders.

## **Recommendations/Next Steps**

1. Fully implement and monitor effectiveness of goals established via leadership performance system addressing the pillars identified by Kaweah Health (outstanding health outcomes, financial strength, ideal environment, empower through education and excellent service)
2. Maintain positive productivity in support of improved or sustained positive financial performance for all programs. Ensure ongoing marketing of all inpatient and outpatient programs. Monitor all publicly reported quality measures with goal of achieving or sustaining performance that exceeds national benchmarks.
3. Provide high quality, affordable care for patients in our existing market as well as expand our service to more patients. Continue to work closely with patient billing department to ensure we address all revenue issues promptly.
4. Work closely with post-acute liaisons to stabilize census in the Acute Rehab Program including analysis of current referral processes and workflows.

5. Participate in outreach programs and opportunities such as runs/walks, community forums, and health fairs to market to consumers, physicians, and the overall community. Focus on strategies using social media and consumer reviews.
6. Working with HR with retaining and recruiting clinical staff by re-evaluating loan repayment, clinical ladder, sign-on bonuses, and pay ranges.
7. Determine if centralizing the referral process for the outpatient clinics, as we did with the authorization process, will result in a more efficient and appropriate distribution of patients.
8. Continue to respond to Medicare initiatives related to acute rehabilitation services at the state and national level. Actively monitor processes that support appropriate admissions and documentation that supports medical necessity.
9. Monitor and respond to legislative developments such as the IMPACT Act that impose new requirements for post- acute care related to data collection and quality measures.
10. Review results of employee satisfaction survey with each department, develop, and implement action plans.
11. Implement Post-Acute division strategic plan. Collaborate with key Kaweah Health leaders for improved management of patients with complex needs and chronic conditions.

## **Approvals/Conclusions**

Rehabilitation services will focus in the coming year on:

1. Census development/patient volumes, management of productivity, maintaining compliance with all regulatory and payer expectations, customer satisfaction, clinical excellence and financial performance.
2. Implementation of goals related to Kaweah Health cornerstones for all of rehabilitation services to enhance program development, satisfaction of all stakeholders, program marketing, and ideal work environment for staff, and clinical quality of services.
3. Continued support of shared governance via rehabilitation councils (both nursing unit based council and therapy/business services council).

**Inpatient Services - Acute Rehabilitation**

KEY METRICS - FY 2024 TEN MONTHS ENDED APRIL 30, 2024

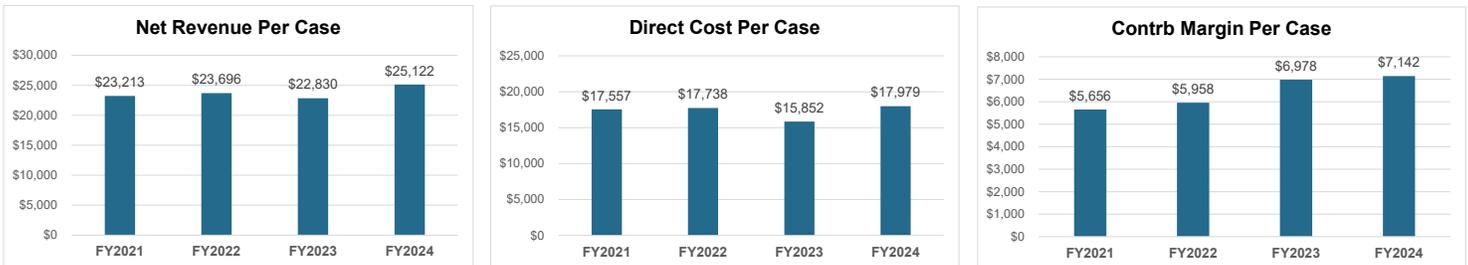


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

**METRICS SUMMARY - 4 YEAR TREND**

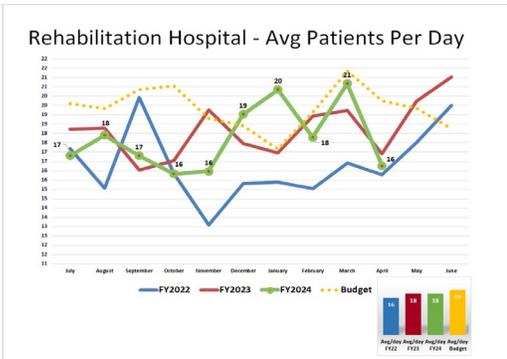
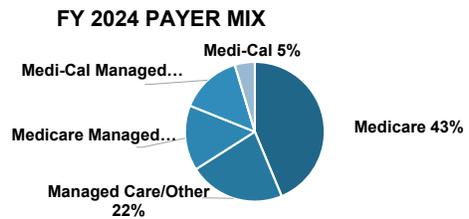
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	406	466	549	514	▼ -6%	
Patient Days	5,422	6,037	6,632	6,569	▼ -1%	
ALOS	13.35	12.95	12.08	12.79	▲ 6%	
Net Revenue	\$9,424,628	\$11,042,483	\$12,533,530	\$12,902,499	▲ 3%	
Direct Cost	\$7,128,335	\$8,265,985	\$8,702,549	\$9,234,214	▲ 6%	
Contribution Margin	\$2,296,293	\$2,776,499	\$3,830,981	\$3,668,284	▼ -4%	
Indirect Cost	\$4,089,807	\$4,818,574	\$4,782,561	\$5,255,167	▲ 10%	
Net Income	(\$1,793,513)	(\$2,042,075)	(\$951,579)	(\$1,586,883)	▼ -67%	
Net Revenue Per Case	\$23,213	\$23,696	\$22,830	\$25,122	▲ 10%	
Direct Cost Per Case	\$17,557	\$17,738	\$15,852	\$17,979	▲ 13%	
Contrb Margin Per Case	\$5,656	\$5,958	\$6,978	\$7,142	▲ 2%	

**PER CASE TRENDED GRAPHS**



**PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)**

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	37%	39%	47%	43%
Managed Care/Other	18%	20%	16%	22%
Medicare Managed Care	14%	12%	9%	15%
Medi-Cal Managed Care	19%	18%	20%	14%
Medi-Cal	11%	7%	6%	5%



Notes:  
 Source: Inpatient Service Line Report  
 Selection Criteria: Service Name is Kaweah Health Rehabilitation Hospital

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

## Rehabilitation Services - Outpatient Summary

KEY METRICS - FY 2024 TEN MONTHS ENDED APRIL 30, 2024



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

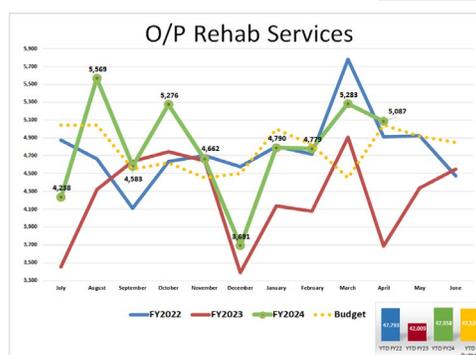
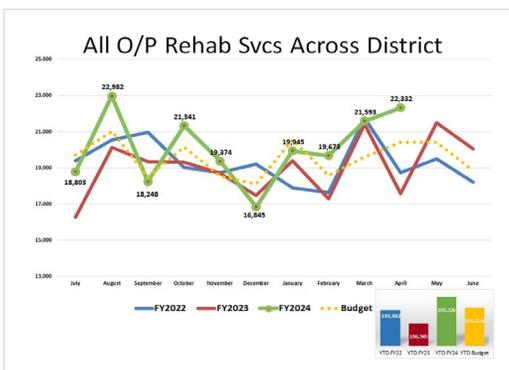
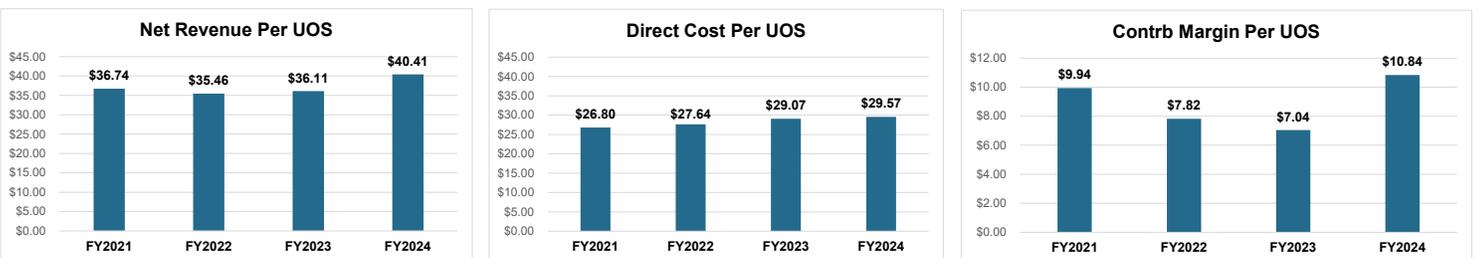
### METRICS BY SERVICE LINE - FY 2024

SERVICE LINE	UNITS OF SERVICE	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Therapies - Akers	103,802	\$4,114,153	\$2,896,511	\$1,217,643	\$292,302
Therapies - KDRH	57,550	\$2,233,983	\$1,756,684	\$477,298	(\$357,336)
Therapy Lover's Lane	26,033	\$1,029,396	\$610,018	\$419,377	\$233,341
Hand Therapy	31,745	\$1,428,608	\$1,065,755	\$362,853	\$41,340
Therapies - Exeter	28,014	\$965,853	\$664,681	\$301,171	\$117,601
Therapies - Dinuba	25,964	\$771,776	\$579,327	\$192,449	\$35,297
Cardiac Rehabilitation	4,962	\$589,609	\$508,999	\$80,610	(\$155,618)
Wound Care Center	10,536	\$528,983	\$451,779	\$77,205	(\$323,102)
<b>OP Rehabilitation Services Totals</b>	<b>288,606</b>	<b>\$11,662,361</b>	<b>\$8,533,754</b>	<b>\$3,128,606</b>	<b>(\$116,175)</b>

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	288,674	286,785	279,451	288,606	▲ 3%	
Net Revenue	\$10,606,692	\$10,169,817	\$10,092,305	\$11,662,361	▲ 16%	
Direct Cost	\$7,737,019	\$7,927,366	\$8,124,457	\$8,533,754	▲ 5%	
Contribution Margin	\$2,869,673	\$2,242,451	\$1,967,848	\$3,128,606	▲ 59%	
Indirect Cost	\$2,958,467	\$3,144,208	\$3,253,335	\$3,244,781	▶ 0%	
Net Income	(\$88,794)	(\$901,757)	(\$1,285,487)	(\$116,175)	▲ 91%	
Net Revenue Per UOS	\$36.74	\$35.46	\$36.11	\$40.41	▲ 12%	
Direct Cost Per UOS	\$26.80	\$27.64	\$29.07	\$29.57	▲ 2%	
Contrb Margin Per UOS	\$9.94	\$7.82	\$7.04	\$10.84	▲ 54%	

### GRAPHS



Notes: Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Lines and Secondary Service Line selections  
 Criteria: specific selection for each Service Line (noted on the individual Service Line Tabs)

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Outpatient Services - Therapies - Akers

FY2024

### KEY METRICS - FY 2024 TEN MONTHS ENDED APRIL 30, 2024

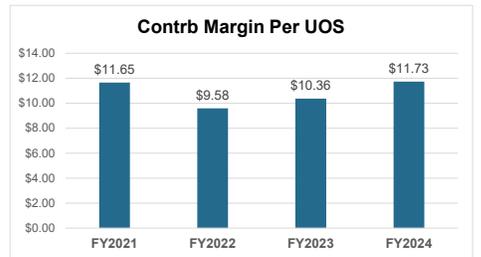
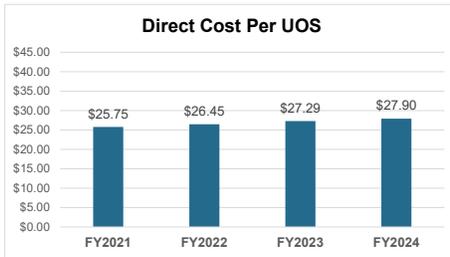
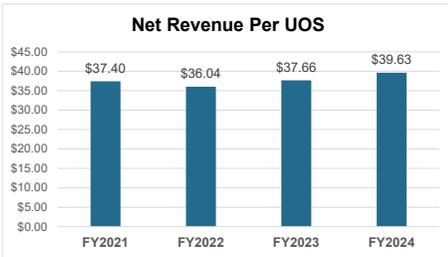


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	103,189	100,563	98,222	103,802	▲ 6%	
Net Revenue	\$3,858,824	\$3,624,076	\$3,698,651	\$4,114,153	▲ 11%	
Direct Cost	\$2,656,972	\$2,660,243	\$2,680,773	\$2,896,511	▲ 8%	
Contribution Margin	\$1,201,851	\$963,833	\$1,017,878	\$1,217,643	▲ 20%	
Indirect Cost	\$883,089	\$940,911	\$980,834	\$925,341	▼ -6%	
Net Income	\$318,762	\$22,922	\$37,044	\$292,302	▲ 689%	
Net Revenue Per UOS	\$37.40	\$36.04	\$37.66	\$39.63	▲ 5%	
Direct Cost Per UOS	\$25.75	\$26.45	\$27.29	\$27.90	▲ 2%	
Contrb Margin Per UOS	\$11.65	\$9.58	\$10.36	\$11.73	▲ 13%	

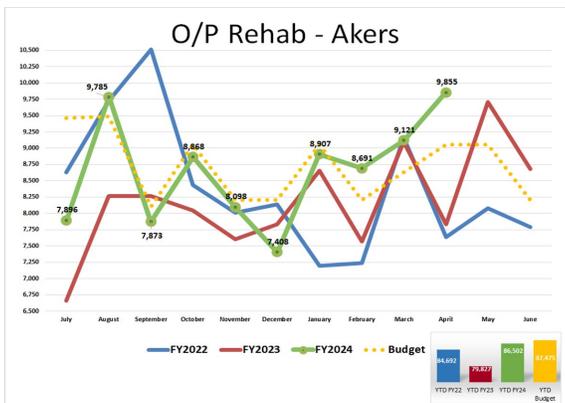
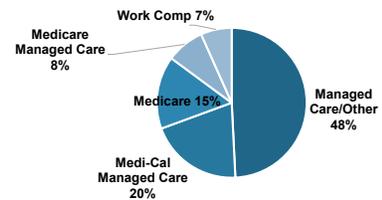
### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other	55%	51%	54%	48%
Medi-Cal Managed Care	17%	18%	13%	20%
Medicare	14%	15%	17%	15%
Medicare Managed Care	5%	6%	7%	8%
Work Comp	7%	8%	7%	7%

### FY 2024 Payer Mix



Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is CCPTS

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Outpatient Services - Therapies - KHRH

FY2024

### KEY METRICS - FY 2024 TEN MONTHS ENDED APRIL 30, 2024

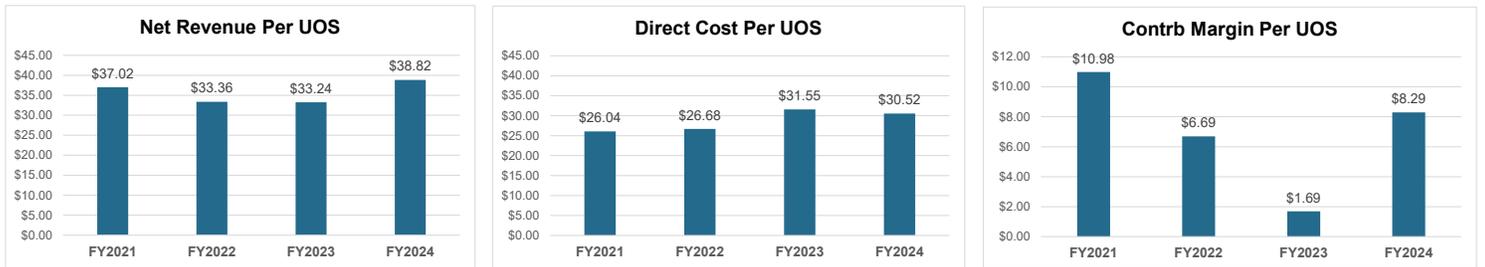


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

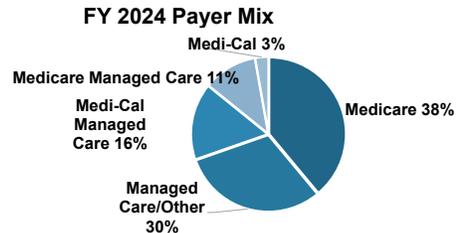
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	55,054	57,196	50,900	57,550	▲ 13%	
Net Revenue	\$2,038,343	\$1,908,259	\$1,692,138	\$2,233,983	▲ 32%	
Direct Cost	\$1,433,867	\$1,525,866	\$1,606,133	\$1,756,684	▲ 9%	
Contribution Margin	\$604,476	\$382,393	\$86,006	\$477,298	▲ 455%	
Indirect Cost	\$665,908	\$725,365	\$796,731	\$834,635	▲ 5%	
Net Income	(\$61,432)	(\$342,972)	(\$710,725)	(\$357,336)	▲ 50%	
Net Revenue Per UOS	\$37.02	\$33.36	\$33.24	\$38.82	▲ 17%	
Direct Cost Per UOS	\$26.04	\$26.68	\$31.55	\$30.52	▼ -3%	
Contrb Margin Per UOS	\$10.98	\$6.69	\$1.69	\$8.29	▲ 391%	

### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	26%	25%	37%	38%
Managed Care/Other	32%	28%	27%	30%
Medi-Cal Managed Care	27%	29%	18%	16%
Medicare Managed Care	10%	12%	13%	11%
Medi-Cal	5%	5%	3%	3%



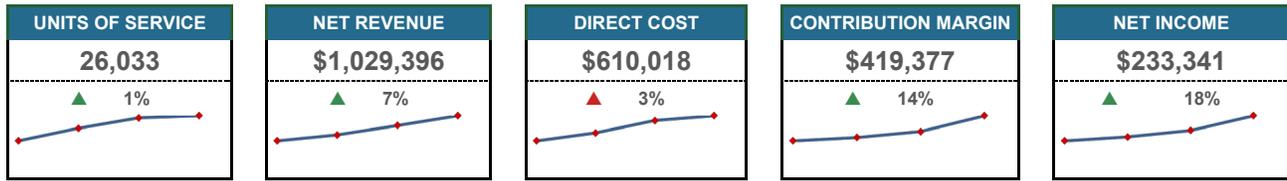
Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Neuro Clinic

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Outpatient Services - Therapy Lover's Lane

FY2024

### KEY METRICS - FY 2024 TEN MONTHS ENDED APRIL 30, 2024

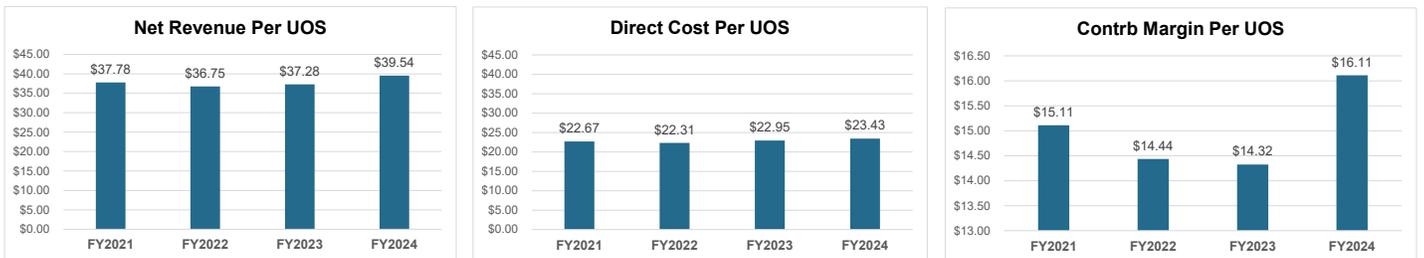


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

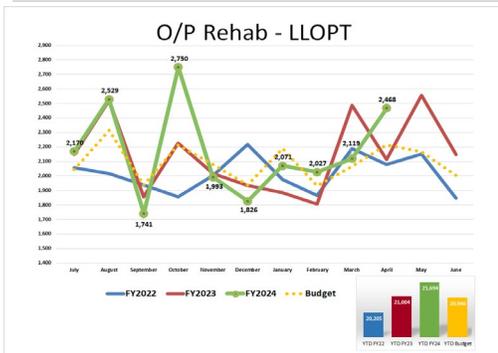
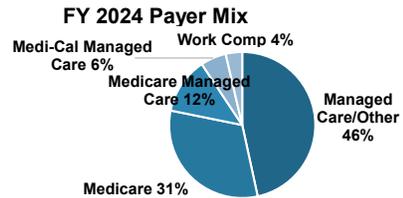
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	22,401	24,205	25,712	26,033	▲ 1%	
Net Revenue	\$846,383	\$889,418	\$958,491	\$1,029,396	▲ 7%	
Direct Cost	\$507,903	\$540,014	\$590,199	\$610,018	▲ 3%	
Contribution Margin	\$338,480	\$349,404	\$368,292	\$419,377	▲ 14%	
Indirect Cost	\$166,411	\$168,054	\$170,794	\$186,036	▲ 9%	
Net Income	\$172,069	\$181,350	\$197,498	\$233,341	▲ 18%	
Net Revenue Per UOS	\$37.78	\$36.75	\$37.28	\$39.54	▲ 6%	
Direct Cost Per UOS	\$22.67	\$22.31	\$22.95	\$23.43	▲ 2%	
Contrb Margin Per UOS	\$15.11	\$14.44	\$14.32	\$16.11	▲ 12%	

### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other	50%	45%	44%	46%
Medicare	27%	31%	31%	31%
Medicare Managed Care	8%	13%	12%	12%
Medi-Cal Managed Care	8%	8%	9%	6%
Work Comp	5%	2%	3%	4%



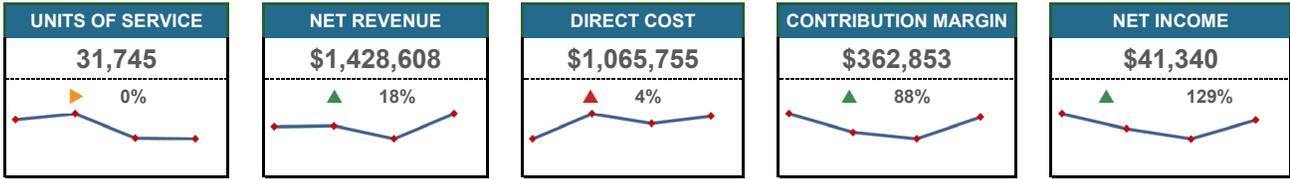
Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Lover's Lane Therapy

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Outpatient Services - Hand Therapy

FY2024

### KEY METRICS - FY 2024 TEN MONTHS ENDED APRIL 30, 2024

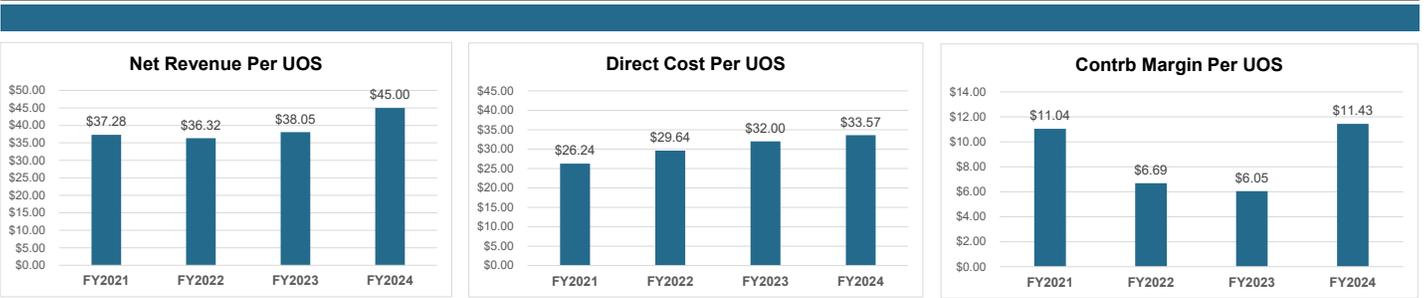


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	35,310	36,443	31,882	31,745	0%	
Net Revenue	\$1,316,196	\$1,323,672	\$1,213,106	\$1,428,608	18%	
Direct Cost	\$926,469	\$1,080,029	\$1,020,166	\$1,065,755	4%	
Contribution Margin	\$389,727	\$243,642	\$192,940	\$362,853	88%	
Indirect Cost	\$284,974	\$286,864	\$335,588	\$321,513	-4%	
Net Income	\$104,753	(\$43,221)	(\$142,648)	\$41,340	129%	
Net Revenue Per UOS	\$37.28	\$36.32	\$38.05	\$45.00	18%	
Direct Cost Per UOS	\$26.24	\$29.64	\$32.00	\$33.57	5%	
Contrb Margin Per UOS	\$11.04	\$6.69	\$6.05	\$11.43	89%	

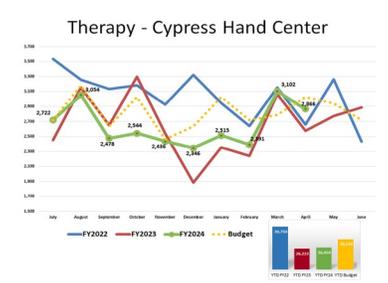
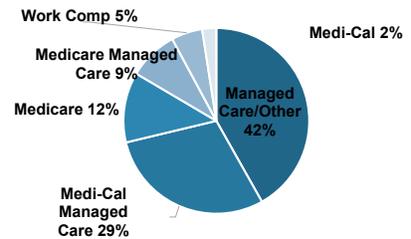
### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other	39%	40%	42%	42%
Medi-Cal Managed Care	27%	29%	24%	29%
Medicare	20%	17%	16%	12%
Medicare Managed Care	8%	5%	8%	9%
Work Comp	6%	8%	8%	5%
Medi-Cal	1%	1%	3%	2%

### FY 2024 Payer Mix



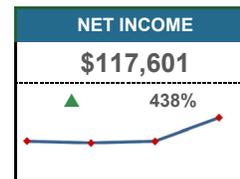
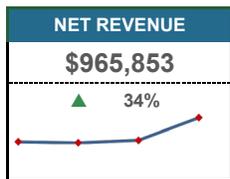
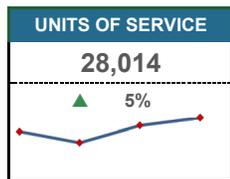
Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Hand Center  
 \*Visit = monthly billing

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

## Outpatient Services - Therapies - Exeter

KEY METRICS - FY 2024 TEN MONTHS ENDED APRIL 30, 2024

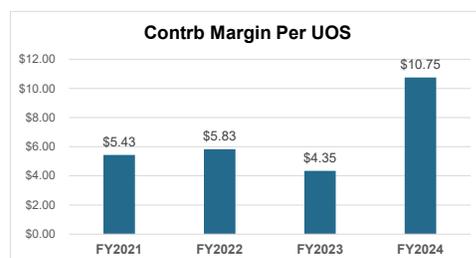
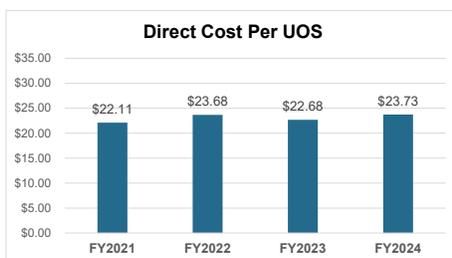
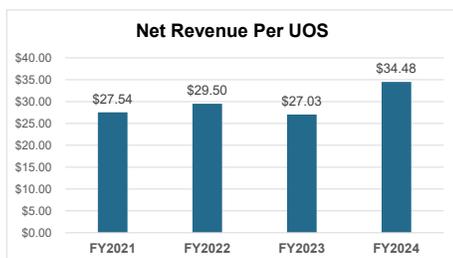


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	25,458	23,399	26,585	28,014	▲ 5%	
Net Revenue	\$701,184	\$690,332	\$718,554	\$965,853	▲ 34%	
Direct Cost	\$562,885	\$553,974	\$603,023	\$664,681	▲ 10%	
Contribution Margin	\$138,299	\$136,357	\$115,531	\$301,171	▲ 161%	
Indirect Cost	\$171,896	\$182,194	\$150,349	\$183,570	▲ 22%	
Net Income	(\$33,598)	(\$45,837)	(\$34,819)	\$117,601	▲ 438%	
Net Revenue Per UOS	\$27.54	\$29.50	\$27.03	\$34.48	▲ 28%	
Direct Cost Per UOS	\$22.11	\$23.68	\$22.68	\$23.73	▲ 5%	
Conrb Margin Per UOS	\$5.43	\$5.83	\$4.35	\$10.75	▲ 147%	

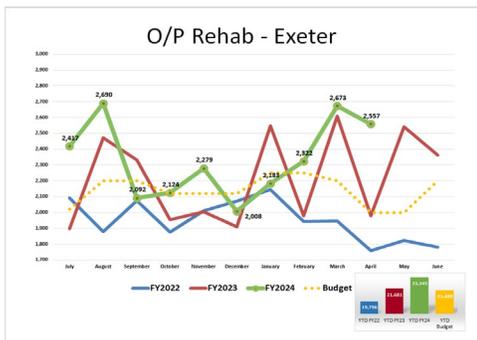
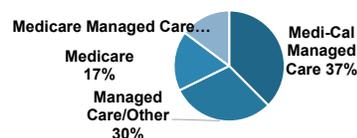
### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	37%	31%	34%	37%
Managed Care/Other	27%	31%	27%	30%
Medicare	18%	19%	22%	17%
Medicare Managed Care	13%	11%	14%	14%

### FY 2024 Payer Mix



Notes:  
Source: Outpatient Service Line Reports  
Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Exeter Clinic

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

## Outpatient Services - Therapies - Dinuba

KEY METRICS - FY 2024 TEN MONTHS ENDED APRIL 30, 2024

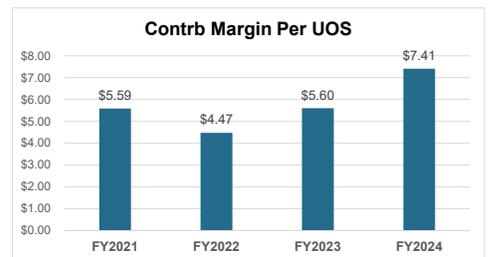
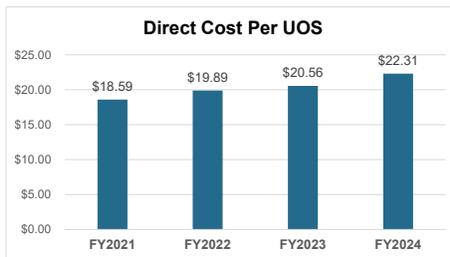
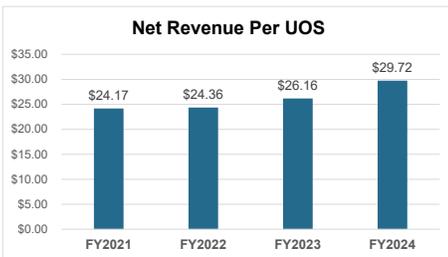


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	24,519	26,331	27,079	25,964	-4%	
Net Revenue	\$592,653	\$641,414	\$708,342	\$771,776	9%	
Direct Cost	\$455,690	\$523,623	\$556,705	\$579,327	4%	
Contribution Margin	\$136,963	\$117,790	\$151,636	\$192,449	27%	
Indirect Cost	\$133,397	\$134,301	\$148,279	\$157,151	6%	
Net Income	\$3,566	(\$16,511)	\$3,357	\$35,297	951%	
Net Revenue Per UOS	\$24.17	\$24.36	\$26.16	\$29.72	14%	
Direct Cost Per UOS	\$18.59	\$19.89	\$20.56	\$22.31	9%	
Contrb Margin Per UOS	\$5.59	\$4.47	\$5.60	\$7.41	32%	

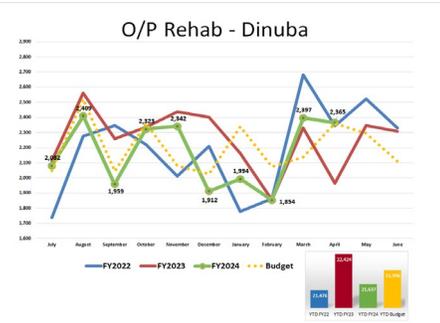
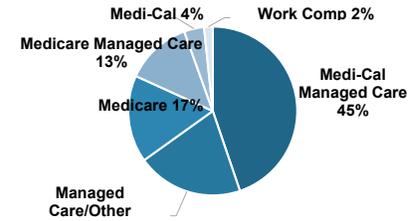
### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	53%	43%	40%	45%
Managed Care/Other	20%	19%	20%	20%
Medicare	13%	16%	18%	17%
Medicare Managed Care	8%	10%	13%	13%
Medi-Cal	2%	7%	7%	4%
Work Comp	2%	2%	1%	2%

### FY 2024 Payer Mix



Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Dinuba Clinic

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

## Outpatient Services - Cardiac Rehabilitation

KEY METRICS - FY 2024 TEN MONTHS ENDED APRIL 30, 2024

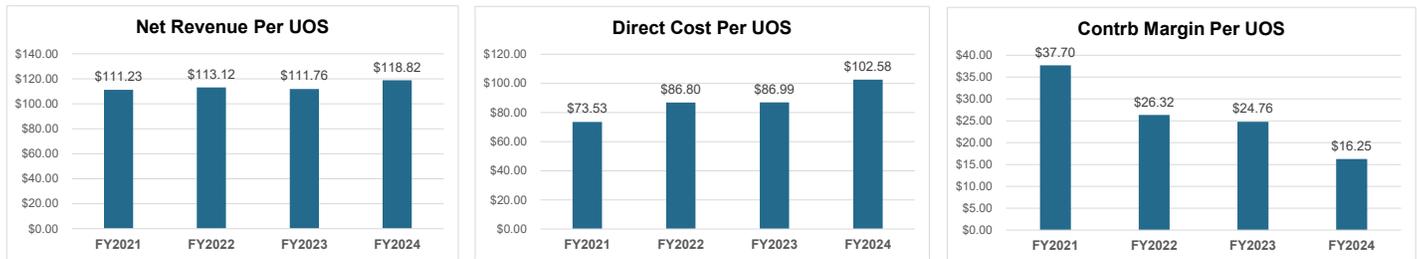


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

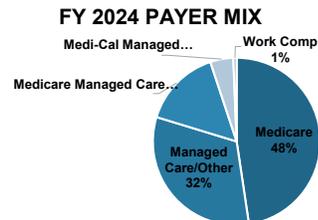
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	4,263	4,494	5,118	4,962	▼ -3%	
Net Revenue	\$474,178	\$508,375	\$571,981	\$589,609	▲ 3%	
Direct Cost	\$313,464	\$390,071	\$445,236	\$508,999	▲ 14%	
Contribution Margin	\$160,714	\$118,304	\$126,745	\$80,610	▼ -36%	
Indirect Cost	\$197,499	\$221,947	\$225,696	\$236,228	▲ 5%	
Net Income	(\$36,785)	(\$103,643)	(\$98,951)	(\$155,618)	▼ -57%	
Net Revenue Per UOS	\$111.23	\$113.12	\$111.76	\$118.82	▲ 6%	
Direct Cost Per UOS	\$73.53	\$86.80	\$86.99	\$102.58	▲ 18%	
Contrb Margin Per UOS	\$37.70	\$26.32	\$24.76	\$16.25	▼ -34%	

### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	53%	48%	50%	48%
Managed Care/Other	28%	39%	34%	32%
Medicare Managed Care	11%	7%	9%	15%
Medi-Cal Managed Care	6%	4%	3%	4%
Work Comp	2%	1%	3%	1%



Notes:

Source: Outpatient Service Line Reports

Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Cardiac Rehab

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Outpatient Services - Wound Care Center

FY2024

### KEY METRICS - FY 2024 TEN MONTHS ENDED APRIL 30, 2024

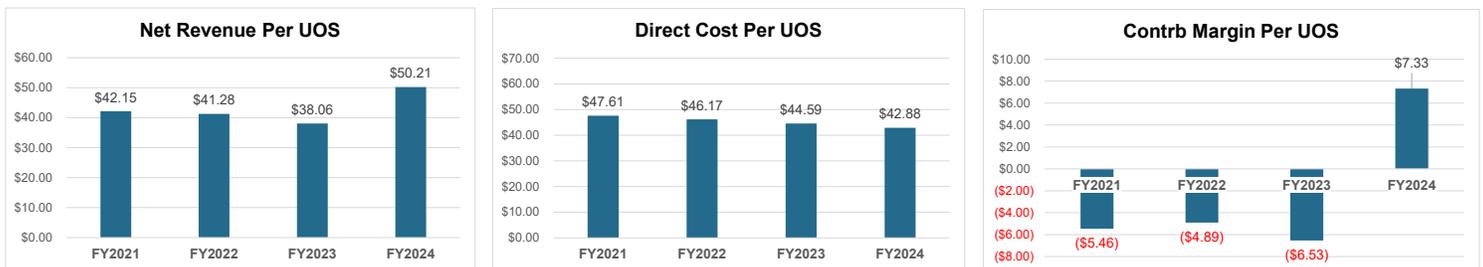


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

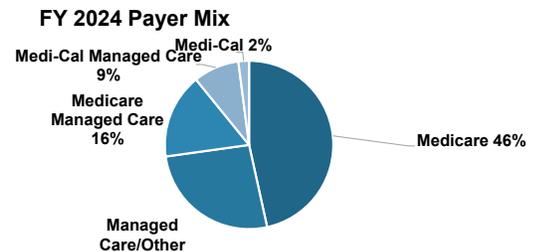
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	18,480	14,154	13,953	10,536	▼ -24%	
Net Revenue	\$778,931	\$584,271	\$531,043	\$528,983	▶ 0%	
Direct Cost	\$879,769	\$653,544	\$622,223	\$451,779	▼ -27%	
Contribution Margin	(\$100,838)	(\$69,273)	(\$91,180)	\$77,205	▲ 185%	
Indirect Cost	\$455,291	\$484,573	\$445,062	\$400,307	▼ -10%	
Net Income	(\$556,129)	(\$553,846)	(\$536,243)	(\$323,102)	▲ 40%	
Net Revenue Per UOS	\$42.15	\$41.28	\$38.06	\$50.21	▲ 32%	
Direct Cost Per UOS	\$47.61	\$46.17	\$44.59	\$42.88	▼ -4%	
Contrb Margin Per UOS	(\$5.46)	(\$4.89)	(\$6.53)	\$7.33	▲ 212%	

### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	36%	37%	40%	46%
Managed Care/Other	19%	16%	25%	26%
Medicare Managed Care	18%	17%	16%	16%
Medi-Cal Managed Care	26%	29%	18%	9%
Medi-Cal	1%	2%	1%	2%



Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is Wound Care

# OPEN Q2 2023 Risk Management Board Report July 2024

# BOD Risk Management Report – Open 2nd Quarter 2024

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



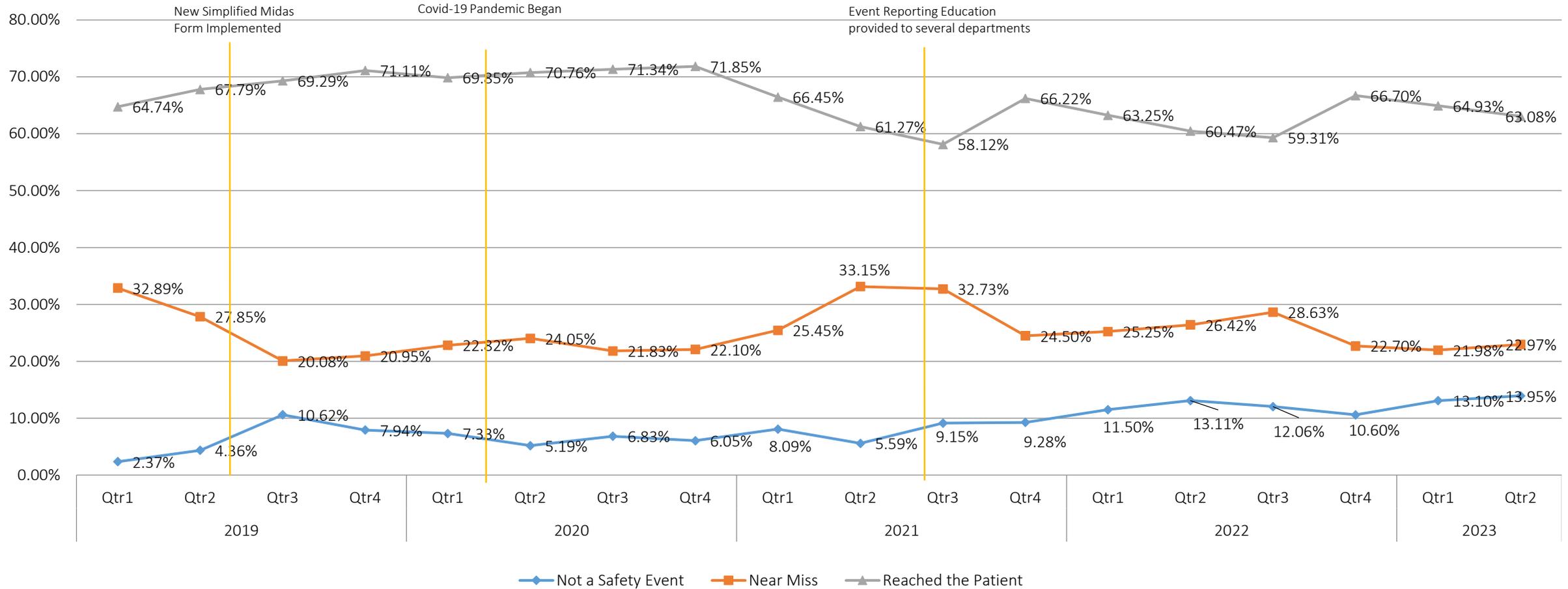
[kaweahhealth.org](https://kaweahhealth.org)



# Risk Management Goals

1. Promote a safety culture as a proactive risk reduction strategy.
2. Reduce frequency and severity of harm (patient and non-patient).
  - Zero incidents of “never events”
3. Reduce frequency and severity of claims.

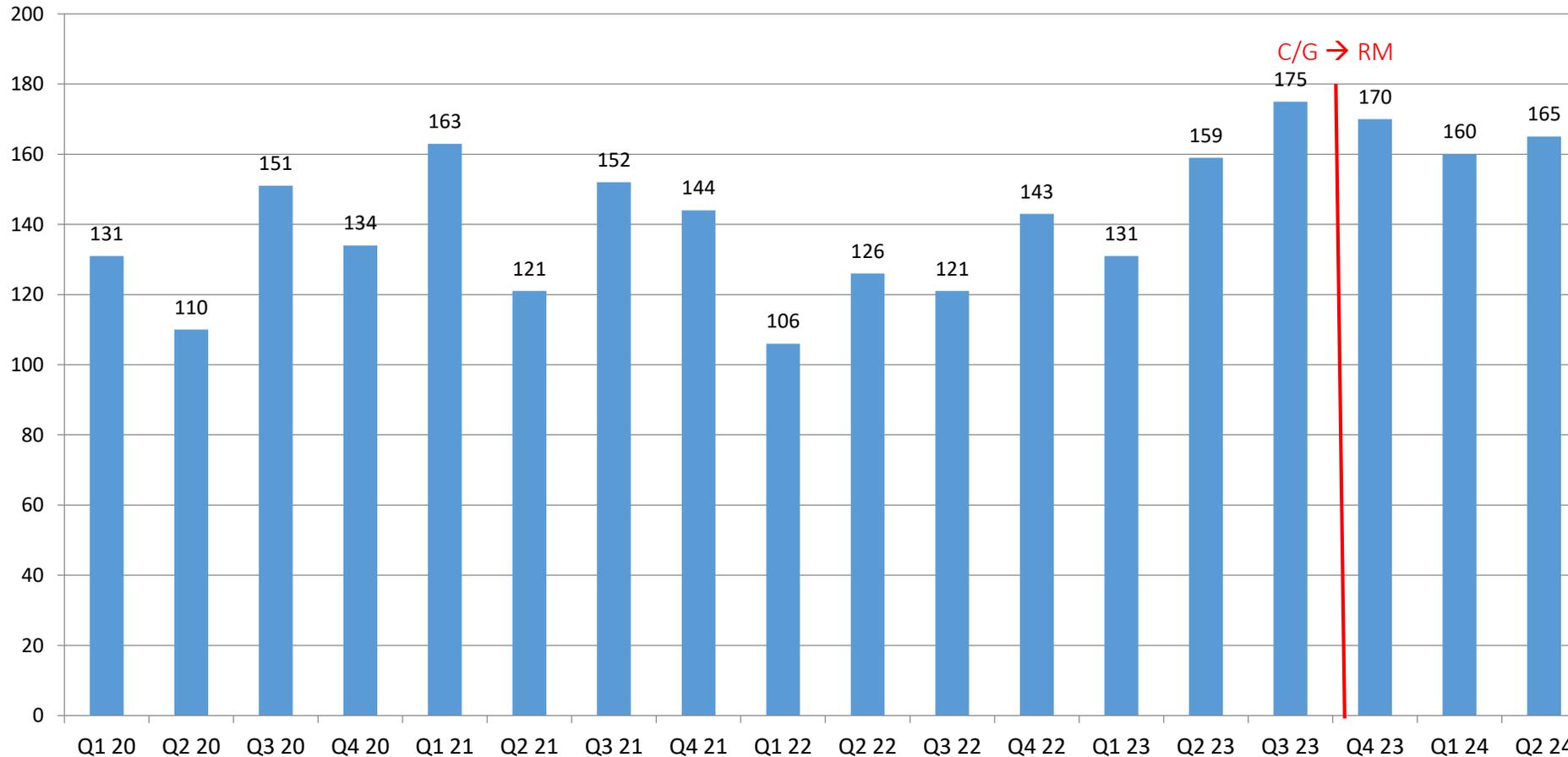
# Midas Risk Events - Rate by Significance



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

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

# Complaints & Grievances 2020 - 2024



## Trends:

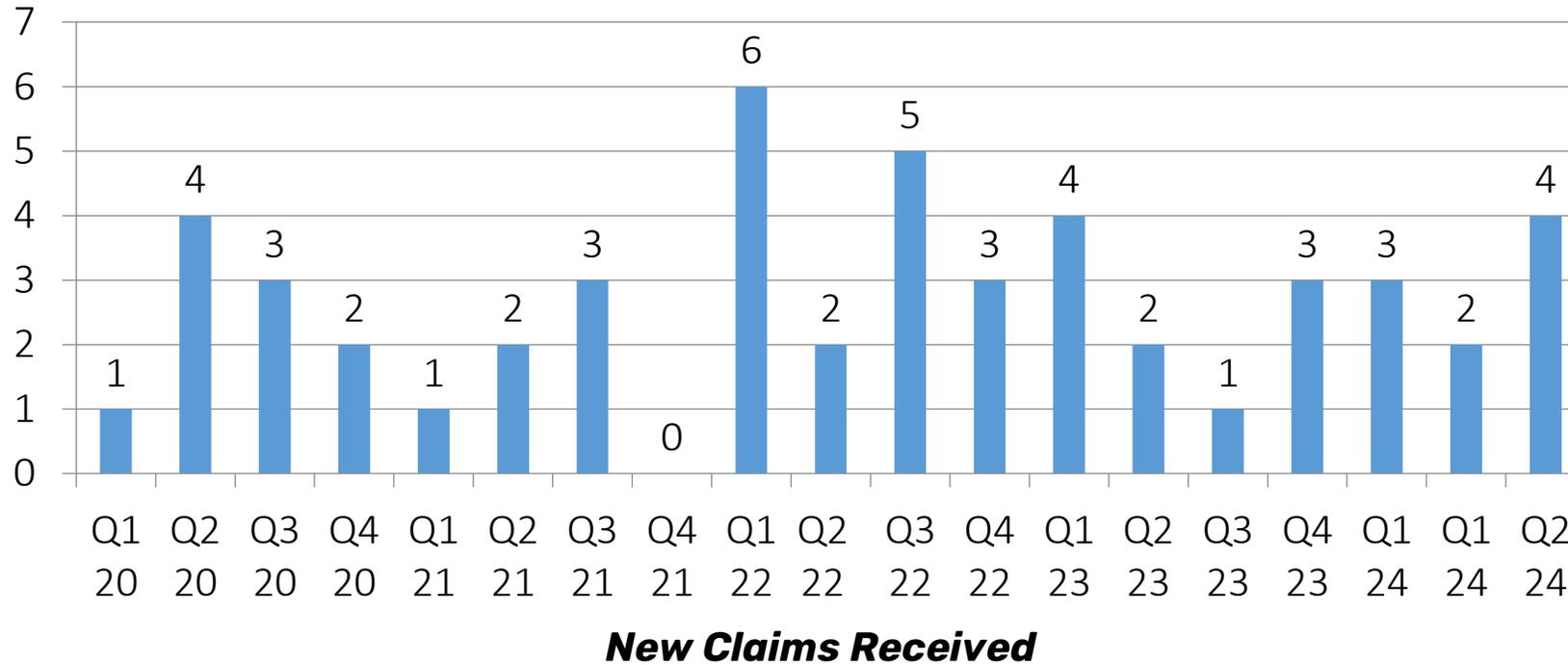
- Communication - Staff
- Clinical Care - Staff
- Clinical Care - Provider

## Actions:

- Began tracking complaints originating from social media in Midas (6/1/2023).
- Revised Complaints & Grievances portion of Midas to improve data collection in coming quarters.

# Claims

## 2020 - 2024



\*Total cases closed in 2nd Quarter 2024 – Two (2)

# Claim Rejection Letter.Kevin Barnes



July 24, 2024

Sent via Certified Mail No.  
9589071052700415219711  
Return Receipt Required

Miracle Mile Law Group, LLP  
11835 W. Olympic Blvd, Suite 870E  
Los Angeles, California 90064

RE: Notice of Rejection of Claim of Kevin Barnes vs. Kaweah Delta Health Care District

Notice is hereby given that the claim, which you presented to the Board of Directors of the Kaweah Delta Health Care District on July 3, 2024 and received July 8, 2024, was rejected on its merits by the Board of Directors on July 24, 2024.

**WARNING**

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

Sincerely,

David Francis  
Secretary/Treasurer, Board of Directors

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

**AP 178**

**Against\_Medical\_Advice\_(AMA)\_\_Patient\_Leaving\_(186  
35\_-1)**



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<b>Against Medical Advice (AMA): Patient Leaving</b>	

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**Policy:** When a patient desires to leave against the advice of their attending, physician, the physician must attempt to provide the patient with potential consequences of the action involved in leaving including risks, benefits, and alternatives to treatment. An adult patient with capacity has the right to decide whether or not to submit to medical treatment.

**Definitions:**

Capacity - a person’s ability to understand the nature and consequences of a decision and to make and communicate a decision, and includes in the case of proposed health care, the ability to understand its significant benefits, risks and alternatives.

**Procedure:**

- I. Any staff person who becomes aware of a patient’s desire to leave Against Medical Advice (AMA) will contact the nurse in charge of the patient’s care.
- II. The nurse will confirm the patient’s desire to leave and inform the attending physician of patient’s desire to leave AMA. The nurse will request that the attending physician speak with the patient to inform the patient of the risks of leaving AMA.
- III. The physician should determine whether the patient has capacity, using above definition, to make health care decisions.
  - A. If the physician determines the patient has capacity and patient chooses to leave after risks, benefits, and alternatives have been explained, the patient’s decision should be respected.
  - B. If the physician determines patient does not have capacity, the decision to leave AMA should be made by legal representative as appropriate. If patient does not have legal representative, consult with Risk Management and/or hospital legal counsel immediately. The patient may be placed on a hold pursuant to California Health and Safety Code 1799.111. Please see attachment A.

- C. If patient attempts to leave prior to physician evaluation and staff determine patient is unsafe (confused, danger to self or others) then all reasonable attempts will be made to prevent patient from leaving. Staff will notify the house supervisor and/or nurse manager immediately to discuss and determine appropriate course of action.
  - D. If the patient is at MODERATE OR HIGH RISK for SUICIDE, the patient will not be allowed to leave the facility AMA. The patient may be placed on a legal hold pursuant to California Health and Safety Code 1799.111 to ensure the patient's safety. The 1799.111 requires a practitioner order be obtained and placed in the medical record (*See PC.26 Suicide: Screening, Assessment and Care of Patients – Acute Care Section VI. D. 1.: If a patient identified as moderate or high risk attempts to or leaves the facility, staff activate the Elopement/Code Green process by calling 44 on any in-house phone. Follow the steps outlined in the patient elopement policy (See AP133 Patient Elopement Critical Incident Response – Code Green.)*).
- IV. The nurse will:
- A. Encourage the patient to speak with the attending physician either in person or via telephone (in-person is preferred). If the patient wishes to leave prior to speaking with physician, inform patient that physician has been notified to explain risks, benefits, and alternatives. If patient leaves prior to speaking with physician, document efforts in the medical record.
  - B. Notify the physician of the reasons (if known) why the patient desires to leave AMA.
  - C. Notify the physician of any viable alternatives that may resolve the patient's desire for leaving.
- V. The nurse or designee will inform the following of the patient's desire to leave AMA:
- A. Patient and Family Services
  - B. Nurse Manager, charge nurse, or Nursing Supervisor
- VII. The nurse, Nurse Manager, charge nurse or House Supervisor will:
- A. Request that the patient sign the KDHCDC Authorization and Release Form: "Against Medical Advice".
  - B. Document in the patient's medical record
    - 1. Notification of patient's physician
    - 2. Date and time patient leaves unit AMA
    - 3. Condition of patient

4. If patient has refused to sign the AMA form and the stated reasons for the refusal.
- VIII. The nurse will inform the attending physician of the time the patient leaves the unit.
- IX. The physician will:
- A. Determine if patient has capacity to make decisions.
  - B. Document current signs/symptoms patient is having that warrants further medical treatment. Physician will document patient verbalized understanding of these.
  - C. Discuss risks of refusing current treatment and/or recommended treatments including possible permanent disabilities and even death.
  - D. Provide patient with alternatives to treatment that may be available.
  - E. Document a detailed statement in medical record and/or on AMA form as to reasons patient is refusing treatment.
  - F. The physician should provide the patient with appropriate follow up care recommendations and instructions including but not limited to the following: appropriate medications/prescriptions to treat condition, follow up appointments, and referrals as appropriate to ensure patient has access to care.
  - G. Staff will take precautions to ensure the patient leaves the facility in a safe manner. This may include escorting patient to exit via wheelchair and/or arranging taxi/bus ride home. If patient attempts to drive and is deemed by staff to be unsafe to drive, please notify security and local police department. These actions to be documented in the medical record.
- X. The nurse will complete an Occurrence Report.
- XI. The nurse will inform the Case Management Department for Third Party Payor notification.

**Related Documents:**

PC.26 Suicide: Screening, Assessment and Care of Patients – Acute Care  
AP133 Patient Elopement Critical Incident Response – Code Green

**References:**

None

*"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

## California Health and Safety Code Section 1799.111

(a) Subject to subdivision (b), a licensed general acute care hospital, as defined in subdivision (a) of Section 1250, that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, a licensed acute psychiatric hospital, as defined in subdivision (b) of Section 1250, that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, licensed professional staff of those hospitals, or any physician and surgeon, providing emergency medical services in any department of those hospitals to a person at the hospital shall not be civilly or criminally liable for detaining a person if all of the following conditions exist during the detention:

(1) The person cannot be safely released from the hospital because, in the opinion of the treating physician and surgeon, or a clinical psychologist with the medical staff privileges, clinical privileges, or professional responsibilities provided in Section 1316.5, the person, as a result of a mental disorder, presents a danger to himself or herself, or others, or is gravely disabled. For purposes of this paragraph, "gravely disabled" means an inability to provide for his or her basic personal needs for food, clothing, or shelter.

(2) The hospital staff, treating physician and surgeon, or appropriate licensed mental health professional, have made, and documented, repeated unsuccessful efforts to find appropriate mental health treatment for the person.

(A) Telephone calls or other contacts required pursuant to this paragraph shall commence at the earliest possible time when the treating physician and surgeon has determined the time at which the person will be medically stable for transfer.

(B) In no case shall the contacts required pursuant to this paragraph begin after the time when the person becomes medically stable for transfer.

(3) The person is not detained beyond 24 hours.

(4) There is probable cause for the detention.

(b) If the person is detained pursuant to subdivision (a) beyond eight hours, but less than 24 hours, both of the following additional conditions shall be met:

(1) A discharge or transfer for appropriate evaluation or treatment for the person has been delayed because of the need for continuous and ongoing care, observation, or treatment that the hospital is providing.

(2) In the opinion of the treating physician and surgeon, or a clinical psychologist with the medical staff privileges or professional responsibilities provided for in Section 1316.5, the person, as a result of a mental disorder, is still a danger to himself or herself, or others, or is gravely disabled, as defined in paragraph (1) of subdivision (a).

(c) In addition to the immunities set forth in subdivision (a), a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, a licensed acute psychiatric hospital as defined by subdivision (b) of Section 1250 that is

not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, licensed professional staff of those hospitals, or any physician and surgeon, providing emergency medical services in any department of those hospitals to a person at the hospital shall not be civilly or criminally liable for the actions of a person detained up to 24 hours in those hospitals who is subject to detention pursuant to subdivision (a) after that person's release from the detention at the hospital, if all of the following conditions exist during the detention:

(1) The person has not been admitted to a licensed general acute care hospital or a licensed acute psychiatric hospital for evaluation and treatment pursuant to Section 5150 of the Welfare and Institutions Code.

(2) The release from the licensed general acute care hospital or the licensed acute psychiatric hospital is authorized by a physician and surgeon or a clinical psychologist with the medical staff privileges or professional responsibilities provided for in Section 1316.5, who determines, based on a face-to-face examination of the person detained, that the person does not present a danger to himself or herself or others and is not gravely disabled, as defined in paragraph (1) of subdivision (a). In order for this paragraph to apply to a clinical psychologist, the clinical psychologist shall have a collaborative treatment relationship with the physician and surgeon. The clinical psychologist may authorize the release of the person from the detention, but only after he or she has consulted with the physician and surgeon. In the event of a clinical or professional disagreement regarding the release of a person subject to the detention, the detention shall be maintained unless the hospital's medical director overrules the decision of the physician and surgeon opposing the release. Both the physician and surgeon and the clinical psychologist shall enter their findings, concerns, or objections in the person's medical record.

(d) Nothing in this section shall affect the responsibility of a general acute care hospital or an acute psychiatric hospital to comply with all state laws and regulations pertaining to the use of seclusion and restraint and psychiatric medications for psychiatric patients. Persons detained under this section shall retain their legal rights regarding consent for medical treatment.

(e) A person detained under this section shall be credited for the time detained, up to 24 hours, in the event he or she is placed on a subsequent 72-hour hold pursuant to Section 5150 of the Welfare and Institutions Code.

(f) The amendments to this section made by the act adding this subdivision shall not be construed to limit any existing duties for psychotherapists contained in Section 43.92 of the Civil Code.

(g) Nothing in this section is intended to expand the scope of licensure of clinical psychologists.

# AP 98 Compliance\_with\_EMTALA\_(17660\_-1)

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<b>Approvers:</b> Board of Directors (Administration)	
<b>Compliance with EMTALA</b>	

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**Purpose:** To describe the Emergency Medical Treatment and Active Labor Act (EMTALA) as codified by §1867 of the Social Security Act and the accompanying regulations and to define EMTALA policies and procedures for Medical Staff and Kaweah Delta Health Care District (“Kaweah Health”) employees.

**Policy:** Policy Application

- A. **Compliance:** It is the policy of Kaweah Health to comply with EMTALA regulations. These regulations are mandated by Section 1867 of the Social Security Act, as amended, and regulations adopted in 1994, and the California hospital licensing laws governing the provision of emergency services and care.
- B. **Non-Discrimination.** The Hospital will provide emergency services and care without regard to an individual’s race, ethnicity, national origin, citizenship, age, sex, sexual orientation, preexisting medical condition, physical or mental handicap, insurance status, economic status or ability to pay for medical services, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient.
- B. **Enforcement:** The Centers for Medicare and Medicaid Services (CMS) and the Office of the Inspector General (OIG) of the U.S. Department of Health and Human Services are responsible for the enforcement of EMTALA. Violations of EMTALA may be reported to other federal and state agencies and to The Joint Commission. The California Department of Public Health (CDPH) is responsible for the enforcement of state hospital licensing laws.
- C. **Sanctions:** Failure to comply with EMTALA may result in termination of Kaweah Health’s participation in the Medicare and Medicaid programs, as well as civil monetary penalties imposed by the OIG for both Kaweah Health and physicians. Failure to comply with state laws on emergency services is subject to a licensing enforcement action as well as possible fines imposed by the state for both Kaweah Health and its Medical Staff. A violation of EMTALA or the state laws governing

emergency services is subject to injunctive relief and civil lawsuits for damages.

### Scope of EMTALA and Definitions

- A. **Definitions:** (See Attachment A) Definitions of key EMTALA terms are attached to this policy.
- B. **Application to Kaweah Health:** EMTALA is applicable to anyone who comes to the Emergency Department. (See Appendix A, Definition F “Comes to the Emergency Department”)
- C. **Application to Physicians:** EMTALA is applicable to any physician who is responsible for the examination, treatment, or transfer of an individual; including a physician on-call for the care of such an individual.
- D. **Dedicated Emergency Departments.** Kaweah Health has determined that the following departments are dedicated Emergency Departments:
  - (1) Emergency Department
  - (2) Labor & Delivery
- E. **Where EMTALA Does Not Apply.** EMTALA does not apply to the following:
  - (1) An outpatient during the course of his or her encounter (even if the outpatient develops an emergency medical condition while receiving outpatient services and is taken to the dedicated Emergency Department for further examination and treatment);
  - (2) An inpatient (including inpatients who are “boarded” in the dedicated Emergency Department waiting for an available bed);
  - (3) An individual who presents to any Kaweah Health off-campus department that is not a dedicated Emergency Department;
  - (4) An individual who presents to a Rural Health Clinic, Urgent Care Center, Skilled Nursing Facility or Home Health Agency owned or operated by Kaweah Health; whether located on-campus or off-campus, a private physician’s office, or other ambulatory care clinic that participates separately in the Medicare program;
  - (5) Restaurants, private residences, shops or other non-medical facilities that are not part of Kaweah Health.
- F. **Resources:** Kaweah Health must use its available resources, including on-call physicians, to provide ongoing evaluation and stabilizing treatment as required by law and may not transfer a patient for care when such care is within Kaweah Health’s scope of services, the clinical expertise and privileges of the medical staff, and Kaweah Health facilities.

### III. General Policies

- A. **Signage:** Kaweah Health shall post signs conspicuously in lobbies, waiting rooms, admitting areas, and treatment rooms where examination and treatment occurs. The sign shall be in the form required by CMS that specifies the rights of individuals to examination and treatment for emergency medical conditions and indicates that Kaweah Health participates in the Medi-Cal program. Signs shall also state the name, address and telephone for the State Department of Health Services. Signs shall be posted in the Emergency Department and Labor and Delivery.
- B. **Central Log:** Each Kaweah Health Dedicated Emergency Department that provides medical screening examinations shall maintain a central log. The log will record the names of patients who present for emergency services whether the person refused treatment, was refused treatment by Kaweah Health, or whether the patient was transferred, admitted and treated, stabilized and transferred or discharged. Each Dedicated Emergency Department shall establish its own central log policy and procedure for including additional information in the log, timely recording of log entries, and the maintenance and expedited retrieval of completed logs.
- C. **On-Call Response:** Kaweah Health shall maintain a schedule of on-call physicians available to respond to consult or provide treatment necessary to stabilize a patient with an emergency medical condition. On-call physician responsibilities to respond, examine, and treat emergency patients are defined in the Medical Staff Bylaws and/or within the Physician On-Call Agreement. The Emergency Department shall be prospectively aware of physicians who are on-call to the Department. The notification of an on-call physician shall be documented in the medical record and any failure or refusal of an on-call physician to respond to call shall be reported to the Medical Staff Office and the Executive Team Member/Chief Medical Officer.
- D. **Maintenance of Records:** Medical records and other records (such as transfer logs, on-call lists and changes to the on-call list and central logs) shall be maintained in accordance with Kaweah Health's record-retention policies, but not less than five years.
- E. **Disputes:** The Risk Management Director, the Chief Compliance & Risk Officer and the Executive Team Member/Chief Medical Officer or the on-call Administrator shall be notified immediately by the Director or Medical Director of the Emergency Department in the event of any concern over emergency services to a patient, or a dispute with another hospital regarding a patient transfer or a concern about compliance with EMTALA.
- F. **Reporting EMTALA Violations:** If Kaweah Health has a reason to believe it has received a patient whose transfer was not in accordance with the EMTALA requirements (Physician to Physician acceptance, appropriate documentation of condition prior to transfer, consent, etc.),

Kaweah Health must report the concern to CMS, or the California Department of Public Health, within **72 hours**.

1. All Kaweah Health personnel who believe that an EMTALA violation has occurred shall complete an Occurrence Report and report the violation to Risk Management and to Compliance immediately. If the Director of Risk Management and/or the Chief Compliance & Risk Officer are not available, the on-call Administrator should be notified immediately.
  2. The Risk Management Director will convene a meeting (this may be via conference call) with the Executive Team Member/Chief Medical Officer, the Medical Director of the Emergency Department, the Director of the Emergency Department, the Chief Compliance & Risk Officer and the Director of Quality & Patient Safety to determine if there was an actual reportable EMTALA violation.
  3. The Executive Team Member/Chief Medical Officer and the Director of Risk Management will present the facts of a potential reportable EMTALA violation to the Chief Executive Officer (CEO) prior to reporting the violation.
  4. As a courtesy, the CEO (or designee) may telephone the CEO (or designee) of the hospital alleged to have violated EMTALA for clarification of the facts, to make the CEO aware of the EMTALA concern, and to give the CEO an opportunity to provide additional information.
  5. If after reviewing all of the facts Kaweah Health believes an EMTALA violation may have occurred, the CEO may send a letter to the violating hospital. The Kaweah Health Director of Risk Management (or designee) will submit a report of the EMTALA violation to the appropriate governmental enforcement agency.
- G. **Retaliation:** Kaweah Health shall not retaliate, penalize, or take adverse action against any Medical Staff member or Kaweah Health employee for reporting violations of EMTALA or state laws to a governmental enforcement agency.

#### IV. **Medical Screening Examination**

- A. **Policy:** A medical screening examination must be offered to any individual presenting for examination or treatment of a medical condition. The examination must be provided within the capabilities of Kaweah Health, including the availability of on-call physicians. The examination must be the same appropriate screening examination that Kaweah Health would perform on any individual with similar signs and symptoms, regardless of the individual's ability to pay for medical care.
- B. **Scope:** A medical screening examination is the process required to reach, within reasonable clinical confidence, the point at which it can be determined whether an emergency medical condition does or does

not exist. The scope of the examination must be tailored to the presenting complaint and the medical history of the patient. The process may range from a simple examination (such as a brief history and physical) to a complex examination that may include laboratory tests, MRI or diagnostic imaging, lumbar punctures, other diagnostic tests and procedures, and the use of on-call physicians.

- C. **Comparison with Triage:** Triage is not equivalent to a medical screening examination. Triage merely determines the “order” in which patients will be seen, not the presence or absence of an emergency medical condition.
- D. **Continuous Monitoring:** The medical screening examination is a continuous process reflecting ongoing monitoring in accordance with an individual’s needs. Monitoring will continue until the individual is stabilized or appropriately transferred. Reevaluation of a patient must occur prior to discharge or transfer.
- E. **Personnel Qualified to Perform Medical Screening Examinations:** The categories of persons qualified to perform emergency medical examinations shall be defined in the Medical Staff Rules and Regulations.
- F. **Department Policies:** Each Department that provides emergency services shall adopt policies and procedures describing the content of the medical screening examination in the Department and documentation of patient records, and conduct ongoing in-service training of department personnel. In addition, each on-campus and off-campus department shall adopt policies for handling patient emergencies, including communication with the hospital emergency department and movement of the patient to the emergency department or transfer to another hospital, and conduct in-service training of department personnel.

## V. Patient Registration

- A. **Policy:** Kaweah Health shall not delay providing a medical screening examination or delay necessary stabilizing treatment in order to inquire about an individual’s method of payment or insurance status.
- B. **Patient Registration:** Routine registration information may be obtained prior to the medical screening examination as long as it does NOT delay the screening examination or necessary treatment. Under California law, the hospital’s areas that are identified as emergency departments **may not** inquire as to the patient’s ability to pay prior to providing the medical screening examination and necessary stabilizing treatment.
- C. **Prior Authorization:** Kaweah Health may not request prior authorization for emergency services (including the medical screening examination) before a qualified provider has conducted the medical

screening examination or initiated stabilizing treatment for a patient with an emergency medical condition.

## VI. Transfer of Patients with an Emergency Medical Condition

- A. **Policy:** Kaweah Health may not transfer any patient to another hospital with an unstabilized emergency medical condition (includes a pregnant patient having contractions, a patient with severe pain, a psychiatric disturbance or symptoms of substance abuse) unless the patient requests the transfer or a physician certifies that the medical benefits reasonably expected from the provision of treatment at the receiving facility outweigh the risks to the patient from the transfer. A qualified provider must provide additional examination and treatment as may be required to stabilize the emergency medical condition.
- B. **Requirements for Transfer:** A patient with an unstabilized emergency medical condition may be transferred to another facility only if *all* of the following standards have been met without exception:
1. Kaweah Health provides medical treatment within its capacity to minimize the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; the medical record shall reflect the vital signs and condition of the patient at the time of the transfer;
  2. The receiving hospital has available space and qualified personnel for treatment of the patient; and the receiving hospital and the receiving physician have agreed to accept the patient and provide appropriate medical treatment;
  3. Kaweah Health sends to the receiving facility all medical records (or copies thereof) available at the time of transfer related to the emergency condition of the patient, including:
    - a. records related to the patient's emergency condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests, and vital signs at the time of transfer; other records (including pending test results or records not available at the time of transfer) must be forwarded as soon as practicable after the transfer;
    - b. the patient's informed written consent to transfer or the physician's certification (or copy thereof); and
    - c. the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment.
  4. The transfer is effected using proper personnel and equipment, as well as necessary and medically appropriate life support measures.
- C. **Transfers for Off-Site Tests:** If a patient who has or may have an emergency medical condition is transferred to another facility for a test

with the intention of the patient returning to Kaweah Health after the test, the transfer shall occur in accordance with EMTALA standards.

- D. **Department Policies:** Each department that transfers patients with emergency medical conditions to other facilities shall adopt policies describing the procedures for the transfer of patients, and documentation of the transfer, and conduct ongoing in-service training of department personnel.
- E. **Disputes:** The treating physician is responsible to determine whether a patient is stabilized or stable for transfer, and the mode of transportation for the transfer.

## VII. Patient Refusal of Emergency Services or Transfer

- A. **Policy:** The patient retains the right to refuse necessary stabilizing treatment and further medical examination, as well as a transfer to another facility.
- B. **Refusal of Medical Screening Examination:** If a patient leaves areas of the facility that are identified as emergency departments before receiving a medical screening examination, either with or without notice to staff of his/her departure, staff should document the circumstances and reasons (if known) for the patient's departure and the time of departure. Staff should make reasonable efforts to encourage all patients presenting for emergency services to remain for their medical screening examination.
- C. **Refusal of Further Examination or Stabilizing Treatment:** If a patient who has received a medical screening refuses to consent to further examination or stabilizing treatment, Kaweah Health must offer the examination and treatment to the patient, inform the patient of the risks and benefits of the examination and treatment and request that the patient sign a form that he/she has refused further examination or treatment. (See Attachment B)
- D. **Refusal of a Transfer:** If a patient refuses consent to a transfer, Kaweah Health must inform the patient of the risks and benefits to the patient of the transfer and request that the patient sign a form that he/she has refused the transfer. (See Attachment B)
- E. **Discharge Against Medical Advice (AMA):** If a patient refuses treatment or a transfer, staff will document in the progress notes the offered treatment, a summary of the risks and benefits described to the patient regarding the refused treatment or transfer. The patient will be requested to sign an AMA form. (See Attachment C)

## VIII. Acceptance of Patient Transfers

- A. **Policy:** Kaweah Health will accept an appropriate transfer of a patient with an unstabilized emergency medical condition who requires specialized capabilities or facilities if Kaweah Health has the capacity to treat the individual.

- B. **Documentation:** Each department that is contacted to accept emergency patient transfers shall have policies and procedures for receiving inquiries from other hospitals, including documentation of calls, the names (if known) and conditions of patients, the outcomes of the calls and the reasons if Kaweah Health refuses to accept the transfer.

## **IX. Performance Improvement**

Monitoring EMTALA compliance is a responsibility of Kaweah Health Administration, Compliance Department, the Medical Staff Organization, department heads, Performance Improvement and the Risk Management Department. Kaweah Health shall adopt a monitoring program to evaluate the conduct of the medical screening examinations, patient transfers and compliance with on-call obligations. Corrective action and in-service training will be initiated when appropriate.

## ATTACHMENT “A”

### EMTALA DEFINITIONS

**A. Appropriate Transfer** – A transfer of an individual with an emergency medical condition that is implemented in accordance with EMTALA standards.

**B. Campus** – The buildings, structures and public areas of the Hospital that are located on Kaweah Health property.

**C. Capability** – The means the physical space, equipment, staff, supplies and services (e.g., surgery, intensive care, pediatrics, obstetrics and psychiatry), including ancillary services available at Kaweah Health.

**D. Capacity** –Kaweah Health’s ability to accommodate an individual requesting or needing examination or the treatment of a transferred individual. Capacity encompasses the number and availability of qualified staff, beds, equipment and past practices of accommodating additional individuals in excess of its occupancy limits.

**E. Central Log** – A log maintained by Kaweah Health of each individual who comes to its dedicated emergency department(s) or any Kaweah Health facility property seeking emergency assistance, and the disposition of each individual.

**F. Comes to the Emergency Department** – An individual who —

(1) Presents to a Kaweah Health Dedicated Emergency Department and requests or has a request made on his or her behalf for examination or treatment for a medical condition, or a prudent layperson observer would believe, based on the individual’s appearance or behavior, that the individual needs examination or treatment for a medical condition;

(2) Presents to any other Kaweah Health Facility other than a dedicate emergency department, and requests or has a request made on his or her behalf for examination or treatment for what may be an emergency medical condition, or a prudent layperson observer would believe, based on the individual’s appearance or behavior, that the individual needs emergency examination or treatment;

(3) Is in a ground or air ambulance owned and operated by Kaweah Health for

the purposes of examination or treatment for a medical condition at Kaweah Health’s dedicated emergency department, unless the ambulance is operated (i) under communitywide EMS protocols that direct the ambulance to transport the individual to another facility (e.g., the closest available facility); or (ii) at the direction of a physician is not employed or affiliated with Kaweah Health; or

(4) Is in a non-Kaweah Health owned ground or air ambulance that is on Kaweah Health Property for presentation for examination or treatment for a medical condition at Kaweah Health’s dedicated emergency department.

**G. Dedicated Emergency Department** – Any Department of Kaweah Health, (whether located on Kaweah Health property or off-campus) that meets any one of the following requirements:

- (1) It is licensed under applicable state law as an emergency room or emergency department; or
- (2) It is held out to the public (by name, posted signs, advertising or other means) as a place that provides care for *emergency medical conditions* on an urgent basis without requiring a previously scheduled appointment; or
- (3) During the immediately preceding calendar year, it provided (based on a representative sample) at least one-third of all its outpatient visits for the treatment of *emergency medical conditions* on an urgent basis without requiring a previously scheduled appointment.

**H. Department of Kaweah Health** – A Kaweah Health facility or department that provides services under the name, ownership, provider number and financial and administrative control of Kaweah Health. For purposes of EMTALA, a department of Kaweah Health does not include a skilled nursing facility, home health agency, rural health clinic, free-standing ambulatory surgery center, urgent care center, private physician office or any other provider or entity that participates in the Medicare program under a separate provider number.

**I. EMTALA** – The Emergency Medical Treatment and Active Labor Act codified in §§1866 and 1867 of the Social Security Act (42 U.S.C. §1395dd), and the regulations and interpretive guidelines adopted by CMS thereunder. EMTALA is also referred to as the “patient anti-dumping” law.

**J. Emergency Medical Condition:**

- (1) A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
  - i. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
  - ii. Serious impairment to bodily functions; or
  - iii. Serious dysfunction of any bodily organ or part; or
- (2) With respect to a pregnant woman who is having contractions:
  - i. When there is inadequate time to effect a safe transfer to another hospital before delivery; or
  - ii. The transfer may pose a threat to the health or safety of the woman or the unborn child.

**K. Hospital (Kaweah Health)** – A hospital that has entered into a Medicare provider agreement, including a critical access or rural primary care hospital.

**L. Hospital (Kaweah Health) Property** – The entire main Hospital campus, including areas and structures that are located within 250 yards of the main buildings, and any other areas determined on an individual case basis by the CMS regional office, to be part of the main Hospital’s campus. Hospital property includes the parking lots,

sidewalks, and driveways on the main Hospital campus.

**M. Inpatient** – An individual who is admitted to the Hospital for bed occupancy for purposes of receiving inpatient services with the expectation that he/she will remain at least overnight and occupy a bed, even though the individual may be later discharged or transferred to another facility and does not actually use a Hospital bed overnight.

**N. Labor** – The process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman is in true labor unless a physician certifies that, after a reasonable period of observation, the woman is in false labor.

**O. Medical Screening Examination** – The process required to determine, within reasonable clinical confidence, whether an individual who comes to the emergency department has an emergency medical condition or is in labor. The medical screening examination is an ongoing process, including monitoring of the individual, until the individual is either stabilized or transferred.

**P. Off-Campus** – The buildings, structure and public areas of Kaweah Health that are located off-site of the main Hospital property.

**Q. On-Call List** – The list of physicians who are “on-call” after the initial medical screening examination to provide further evaluation and/or treatment necessary to stabilize an individual with an emergency medical condition.

**R. Outpatient** – An individual who has begun to receive outpatient services as part of an encounter, other than an encounter that triggers the EMTALA obligations. An “encounter” is a direct personal contact between an outpatient and a physician or qualified medical person who is authorized by State law to order or furnish Hospital services for the diagnosis or treatment of the outpatient.

**S. Physician** – (i) a doctor of medicine or osteopathy; (ii) a doctor of dental surgery or dental medicine; (iii) a doctor of podiatric medicine; or (iv) a doctor of optometry, each acting within the scope of his or her respective licensure and clinical privileges.

**T. Physician Certification** – The written certification by the treating physician ordering a transfer and setting forth, based on the information available at the time of transfer, that the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual and, in the case of a woman in labor, to the unborn child, from effecting the transfer.

**U. Qualified Medical Person** – A healthcare professional other than a physician who:

- (i) is licensed or certified by the state in which Kaweah Health is located;
- (ii) practices in a category of health professionals that has been designated by Kaweah Health and the medical staff bylaws,

- rules and regulations, to perform medical screening examinations;
- (iii) has demonstrated current competence in the performance of medical screening examinations within his or her health profession; and
  - (iv) as applicable, performs the medical screening examination in accordance with protocols, standardized procedures or other policies as may be required by law or Kaweah Health policy. A qualified medical person may include registered nurses, nurse practitioners, nurse midwives, psychiatric social workers, psychologists and physician assistants.

**V. Signage** – The signs posted by Kaweah Health in its dedicated emergency department(s) and in a place or places likely to be noticed by all individuals entering the dedicated emergency department(s) (including waiting room, admitting area, entrance and treatment areas), that inform individuals of their rights under EMTALA.

**W. Stabilized** – With respect to an emergency medical condition, no material deterioration of the condition is likely within reasonable medical probability, to result from or occur during the transfer of the individual from the Kaweah Health or in the case of a woman in labor, that the woman delivered the child

and the placenta. An individual will be deemed stabilized if the treating physician has determined, within reasonable clinical confidence, that the emergency medical condition has been resolved. As applied to labor, medical and psychiatric patients, stabilized means the following:

(1) **Women in Labor** – The delivery of the child and the placenta.

(2) **Individuals with Emergency Medical Conditions.**

(a) **Transfer** – No material deterioration of patient's condition is likely, within reasonable medical probability, to result from or occur during the transfer or discharge. An emergency medical condition is considered stabilized when the emergency medical condition is resolved.

(b) **Discharge** - The treating physician has determined, within reasonable clinical confidence, that the individual has reached the point where his or her continued care, including diagnostic work-up and/or treatment, may be reasonably performed on an outpatient basis or a later inpatient basis so long as the individual is given a plan for appropriate follow-up care with the discharge instructions.

(3) **Psychiatric Conditions** – The individual is protected and prevented from injuring himself/herself or others.

**X. To Stabilize** – With respect to an emergency medical condition, to either provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from the Hospital or, in the case of a woman in labor, that the woman has delivered the child and the placenta.

**Y. Transfer** – The movement (including the discharge) of an individual outside

Kaweah Health at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) Kaweah Health, but does not include the movement of an individual who has been declared dead or who leaves the Kaweah Health against medical advice or without being seen.

**Z. Triage** – A process to determine the order in which individuals will be provided a medical screening examination. For purposes of EMTALA, triage is not a medical screening examination and does not determine the presence or absence of an emergency medical condition in areas that are identified as emergency departments.

Attachment B

**Kaweah Delta Health Care District**

400 West Mineral King Ave. • Visalia, CA 93291-6263 • (559) 624-2000

**TRANSFER SUMMARY**

PATIENT NAME: \_\_\_\_\_ ENCOUNTER #: \_\_\_\_\_  
 DATE OF TRANSFER: \_\_\_\_\_ RECEIVING FACILITY: \_\_\_\_\_  
 TRANSFERRING PHYSICIAN: \_\_\_\_\_ RECEIVING PHYSICIAN: \_\_\_\_\_  
 RECEIVING ADMINISTRATOR / AGENT AUTHORIZING TRANSFER & TIME: \_\_\_\_\_  
 PRIMARY DIAGNOSIS: \_\_\_\_\_  
 REASON(S) FOR TRANSFER:  SPECIALIZED SERVICES REQUIRED  PATIENT REQUEST

**CHARGE NURSE SECTION**  
*(must be completed prior to transfer)*

- Physician Certification has been completed and signed. *(All Transfers)*  
(Reason must be specific to this patient and transfer, such as requires specialty burn unit)
- Risks and benefits have been explained to the patient and documented in the patient's medical record. *(All Transfers)*  
(Risks & Benefits must be specific to this patient and transfer)
- Physician's Authorization for Transfer has been completed and signed. *(All Transfers)*
- Patient Request for Transfer has been completed and signed. *(Every Patient Requested Transfer)*
- Patient Transfer Acknowledgment has been completed and signed. *(All Transfers except Patient Request)*
- Refusal of Transfer has been completed and signed when applicable. *(Every Transfer Refusal)*

**TRANSPORTATION ARRANGEMENTS**

Ground Transport Provider Name: \_\_\_\_\_  
 Air Transport Provider Name: \_\_\_\_\_  
 Other Time Contacted: \_\_\_\_\_ Transport Team briefed:  YES  NO  
 OXYGEN: (canula/mask) \_\_\_\_\_ L/min **ADDITIONAL ORDERS:** \_\_\_\_\_  
 IV Solution (specify) \_\_\_\_\_ @ \_\_\_\_\_ cc/min \_\_\_\_\_  
 Vital Signs X \_\_\_\_\_ Enroute. (minimum one) \_\_\_\_\_  
 PHYSICIAN SIGNATURE: \_\_\_\_\_, M.D. \_\_\_\_\_

Discharge Time:				Information Sent:	Sent	N/A
Vital Signs:	Pulse	Resp.	Temp	Admission Face Sheet		
				ER Medical Record		
				Nurses Notes & Vital Signs		
Charge Nurse Signature:				X-rays		
				Lab Results		
Destination Arrival Time:				Prehospital Care Report		
Vital Signs:	Pulse	Resp.	Temp	Signed Physician's Certification form		
				Signed Pt. Acknowledgment Form		
Accepting Nurse Signature:				Signed Patient Request Form		
				Clothing/Valuables		



Attachment B

**Kaweah Delta Health Care District**

400 West Mineral King Ave. • Visalia, CA 93291-6283 • (559) 624-2000

**PATIENT TRANSFER REQUEST  
& ACKNOWLEDGMENT**

PATIENT NAME: \_\_\_\_\_ ENCOUNTER #: \_\_\_\_\_

DATE OF TRANSFER: \_\_\_\_\_ RECEIVING FACILITY: \_\_\_\_\_

REASON(S) FOR TRANSFER:  SPECIALIZED SERVICES REQUIRED  PATIENT REQUEST

**PATIENT TRANSFER REQUEST**

This is to certify that I, (name of patient) \_\_\_\_\_, a patient who has received services at Kaweah Delta Hospital am being transferred at my or my legal representative's request. I acknowledge that I have been informed of the risks and consequences potentially involved in the transfer and the possible benefits of continuing treatments at this hospital, the alternatives, if any, to the transfer I am requesting, and the obligation of this hospital to provide further examination and treatment, within its available staff and facilities, as required to stabilize my medical condition. I hereby release the attending physician, any other physicians involved in my care. Kaweah Delta Hospital, and its agents and employees, from all responsibility for any ill effects which may result from the transfer or delay involved in the transfer. I hereby authorize Kaweah Delta Hospital to release any medical information regarding my recent care and treatment to the Receiving Facility.

I understand the risks and consequences potentially involved in this transfer request to be: \_\_\_\_\_

I have reviewed and understand the risks and consequences as defined on the Physician's Certification form.

I am requesting this transfer because: \_\_\_\_\_

- Personal Preference
- My Private M.D. Practices at Receiving Facility
- Other \_\_\_\_\_

Patient or Legal Representative Signature: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.

If signed by other than patient, indicate relationship: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**PATIENT TRANSFER ACKNOWLEDGMENT**

I understand that I have a right to receive medical screening, examination, and evaluation by a physician, or other appropriate personnel, without regard to my ability to pay, prior to any transfer from Kaweah Delta Hospital and that I have a right to be informed of the reasons for any transfer. I acknowledge that I have received medical screening, examination, and evaluation by a physician, or other appropriate personnel, and have been informed of the reasons for my transfer. I hereby authorize Kaweah Delta Hospital to release any medical information regarding my recent care and treatment to the Receiving Facility.

Patient or Legal Representative Signature: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.

If signed by other than patient, indicate relationship: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Should you have any complaints concerning the services you have received from Kaweah Delta Hospital, you may contact:

Mr. Lindsay Mann, CEO  
Kaweah Delta Health Care District  
400 W. Mineral King Ave.  
Visalia, CA 93291  
(559) 624-2000

California Department of Health Services  
Licensing and Certification  
7170 N. Financial Dr., Ste. 110  
Fresno, CA 93720  
(559) 437-1500

MEDICAL RECORD



Attachment B

**Kaweah Delta Health Care District**

400 West Mineral King Ave. • Visalia, CA 93291-6263 • (559) 624-2000

**PHYSICIAN'S CERTIFICATION & AUTHORIZATION**

I, (name of physician) \_\_\_\_\_, the undersigned physician, have examined and evaluated (name of patient) \_\_\_\_\_ . Encounter #: \_\_\_\_\_

Based on this examination, the information available to me at this time, and the reasonable risks and benefits to the patient, I have concluded for the reasons which follow that, as of the time of transfer, the medical benefits reasonably expected from the provision of treatment at another facility outweigh any increased risks to the patient and, if pregnant, to the patient's unborn child, from effecting the transfer. I believe, within reasonable medical probability, the transfer will not create a material deterioration in, or jeopardy to, the medical condition or expected chances for recovery of the patient or, if pregnant, of the patient's unborn child.

SUMMARIZE SPECIFIC MEDICAL REASON FOR TRANSFER (if not indicated below): \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Neurosurgical intervention/care required         | <input type="checkbox"/> Pediatric specialty services/intensive care required |
| <input type="checkbox"/> Burn Center care required (To Stabilize & Treat) | <input type="checkbox"/> Psychiatric care required                            |
| <input type="checkbox"/> Microsurgery/re-implantation services required   | <input type="checkbox"/> Patient or legal representative request for transfer |

SUMMARY OF **RISKS** EXPLAINED TO PATIENT (if not indicated below): \_\_\_\_\_

Check all **RISKS** that apply and have been explained to the patient:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Airway: potential for obstruction or need for intubation | <input type="checkbox"/> Seizure Activity     | <input type="checkbox"/> MVA                  |
| <input type="checkbox"/> Breathing: increased dyspnea to possible arrest          | <input type="checkbox"/> Paralysis            | <input type="checkbox"/> Worsing of Condition |
| <input type="checkbox"/> Circulation: increased bleeding or loss of blood         | <input type="checkbox"/> Loss of limb or life |   |

SUMMARY OF **BENEFITS** EXPLAINED TO PATIENT (if not indicated below): \_\_\_\_\_

Check all **BENEFITS** that apply and have been explained to the patient: (the availability of)

- |   |   |
|---|---|
| <input type="checkbox"/> Surgical specialty service: _____                | <input type="checkbox"/> Optimize potential |
| <input type="checkbox"/> Pediatric Specialty services; trauma, ICCU, NICU |   |
| <input type="checkbox"/> Burn specialists                                 |   |

Physician Signature: \_\_\_\_\_

**PHYSICIAN AUTHORIZATION FOR TRANSFER**

- The patient's emergency medical condition has been **stabilized** such that within reasonable medical probability, no medical deterioration in the condition or expected chances of recovery of the patient are likely to result from or occur during transfer.
- The patient's emergency medical condition has **NOT** been **stabilized**. (Check A, B or C)
  - (A) The patient requests transfer. Complete "Patient Request for Transfer" form
  - (B) A legally-responsible person acting on the patient's behalf requests transfer. Complete "Patient Request for Transfer"
  - (C) Based on the reasonable risks and benefits to the patient, and based upon the information available at the time of patient's examination, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the patient and, if pregnant, to the patient's unborn child from effecting the transfer. Document risks & benefits explained to patient and/or representative above. **Physician's Certification** above.

**(Mode of Transportation & Personnel)**

- |  |  |
|--|--|
| <input type="checkbox"/> EMT Unit              | <input type="checkbox"/> Physician               |
| <input type="checkbox"/> Paramedic Unit        | <input type="checkbox"/> Registered Nurse / MICN |
| <input type="checkbox"/> Air Medical Transport | <input type="checkbox"/> Respiratory Therapist   |
|  | <input type="checkbox"/> Others                  |

Physician Signature: \_\_\_\_\_



MEDICAL RECORD

Attachment C

**Kaweah Delta Health Care District**

400 West Mineral King - Visalia, CA 93291-6263 559.624.2000

**LEAVING HOSPITAL AGAINST MEDICAL ADVICE**

Name of Hospital: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

I am voluntarily leaving the hospital against the advice of Dr. \_\_\_\_\_  
and a representative of the hospital administration.

I have been told by the doctor about the risks and consequences involved in leaving the hospital  
at this time, the benefits of continued treatment and hospitalization, and the alternatives, if any,  
to continued treatment and hospitalization.

I hereby release the doctor, any other doctors involved in my care, the hospital and its employees  
and agents from all responsibility for any injury or ill effects which may result from this action.

I understand that the doctor named above and other doctors who provide services to me are  
not employees or agents of the hospital. They are independent medical practitioners.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.

Signature: \_\_\_\_\_  
(patient/parent/conservator/guardian)

If signed by other than patient, indicate relationship: \_\_\_\_\_

Witness: \_\_\_\_\_

I declare that I have personally explained to the patient the risk and consequences involved in  
leaving the hospital at this time, the benefits of continued treatment and hospitalization, and the  
alternatives, if any, to continued treatment and hospitalization.

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.

Signature: \_\_\_\_\_  
(physician)

Original: Medical Records  
Copy to: Patient

Reviewed 7/99  
Revised 10/06

Leaving Hospital Against  
Medical Advice  
PAGE 1 of 1



*"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."*

# AP75 Fresh July 2024



<b>Policy Number:</b> AP75	<b>Date Created:</b> Not Set
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> 07/27/2022
<b>Approvers:</b> Board of Directors (Administration)	
<b>Records Retention and Destruction</b>	

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

**POLICY:** Kaweah Delta Health Care District will retain all pertinent records that pertain to all District operations in accordance with state and federal statute of limitations and regulatory retention requirements.

A “record” is defined as any “document, book, paper, photograph, recording or other material regardless of physical form or characteristics, made or received pursuant to law or in connection with the transaction of “official business.” This definition includes those records created, used and maintained in electronic form.

**PROCEDURE:**

**1. Medical Records**

- A. Medical records on adults, minors and emancipated minors shall be maintained and retained in accordance with state and federal records retention requirements.
- B. Records may be kept in either paper or electronic format. Where an electronic format exists, the paper format may be destroyed in accordance with Procedure IX Destruction upon Expiration or Electronic Storage.

**2. Master Patient Index**

Master Patient Index shall be maintained permanently either electronically or in hard copy format.

**3. Tumor Registry Reports (Abstracts), Birth Logs, Emergency Room Logs**

Tumor Registry Reports (Abstracts), Birth Logs, and Emergency Room Logs shall be maintained permanently.

**4. Surgery Logs, Radiology Films**

- A. Surgery Logs and Radiology films or digital images shall be maintained for a period of ten(10) years following the date of service and 25 years for minors.
- B. Port films for radiation oncology shall be maintained permanently.

5. **Annual Reports to Governmental Agencies**

Annual reports to governmental agencies shall be permanently maintained.

6. **Utilization Review Worksheets, Physician Certification and Recertification**

Utilization Review Worksheets, Physician Certification and Recertification, shall be maintained for a period of six (6) years.

7. **Medical Staff Records and Reports**

Medical Staff Committee Reports/Minutes, Physician Files, Physician Continuing Educational Records, Physician Agreements, Physician Applications for Privileges that have been rejected and allied health professional files shall be maintained permanently.

8. **Financial Records**

All financial records shall be maintained in accordance with the California Hospital Association Record and Retention Schedule, current edition.

9. **Contracts and Grants**

Contract and Grant terms should be carefully reviewed to determine whether they contain any record retention obligations. Financial, statistical and non expendable property records and any other records pertinent to U.S. Department of Health and Human Services must be retained for three years from the date of submission of the final expenditure report, or until resolution of any litigation and federal audit findings.

10. **Destruction upon Expiration or Electronic Storage**

Upon expiration of the record retention period or electronic storage, the record may be destroyed by shredding. Shredding authorization shall be under the authority of the Director of Medical Records. Certifications of destruction shall be provided by the shredding service and shall be maintained as a permanent record.

11. **Electronic mail (email)**

Email in the active and archive systems will be retained for 6 years, except in situations where a Legal Hold has been requested. A Legal Hold refers to the suspension of normal disposition procedures in the event of pending or actual litigation or investigation. The Chief Compliance & Risk Management Officer, Director of Risk Management, Chief Human Resources Officer, Chief Executive Officer or Legal Counsel can impose or withdraw the Legal Hold.

12. **References and Resources:**

The following sources were used as references: The California Hospital

Association Consent Manual, current edition; the California Hospital Association Records Retention Schedule, current edition and the California Department of Public Health Title 22. The entire California Hospital Association Record and Data Retention Schedule can be found on the following attachment and in the link above:

[https://calhospital.org/wp-content/uploads/2012/01/recordretention2018\\_web\\_preview.pdf](https://calhospital.org/wp-content/uploads/2012/01/recordretention2018_web_preview.pdf)

### Record and Data Retention Schedule

It is the Department Director's responsibility, where the California Hospital Association Record Retention Schedule is not specific enough or the law is unclear, to consult with the Director of Health Information Management (HIM), the Director of Risk Management, or the Compliance and Privacy Officer for further guidance.

*"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."*

# AP 114 Census Saturation Plans

<b>Policy Number:</b> AP114	<b>Date Created:</b> No Date Set
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers: Board of Directors (Administration)</b>	
<b>Census Saturation Plan</b>	

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

**PURPOSE:**

To define the plan for:

- Routine assessment and management of hospital census status.
- Patient placement and resource/staff deployment at peak census times.
- Alternatives for patient placement during census saturation in patient care areas
  - A. Acute Adult Inpatient
  - B. Maternal Child Health Departments
  - C. Emergency Department (ED)

This procedure assumes:

- Aggressive management of the patient’s care, focusing on discharge preparation, is occurring in all service settings, and patients are appropriate as defined in the utilization management plan.
- Aggressive activation of staffing resources to meet the needs of presenting patients.
- Use as a guideline to help shift leaders make determinations on deployment of resources and decisions on how to support patient volumes. Census designations may vary based on situations not captured

**GOAL:** To meet essential patient needs with coordination of resources; and to define measures to be taken when needs exceed routine resources. The responsibility for determining the census saturation level includes input from all units/departments. Generally, each department’s representing lead nurse will report the unit census and anticipated activity which collectively helps determine the corresponding census level. This reporting process occurs within the Bed Meetings and through unit rounding. Reporting the identified census level is the responsibility of the House Supervisor.

**Definitions:**

1. Level 1 – Green - Go
2. Level 2 – Yellow - Early Caution/Surge
3. Level 3 – Red – Census Crisis
4. Level 4: Black – Disaster
5. Boarding – Patient holding in a level of care awaiting transfer for 4 hours or more.

**Inpatient and Emergency Department Capacity and Census Definition/Criteria:****Level 1 – Green – Go**

## Criteria Guidelines

- Acute care bed availability is adequate for scheduled patients and normal admission and discharge activity.
- Anticipated discharges greater than anticipated admissions.
- Staffing levels are adequate for census and acuity levels.
- Patients boarding in the ED have been waiting less than 4 hours and number does not exceed 20 patients. Boarding is defined as greater than 4 hours since admission order entered.

**Level 2 – Yellow – Early to Late Caution/Surge**

## Criteria Guidelines

- Acute care med/surg bed capacity is 10% or less of licensed physical adult beds available.
- 20 -39 admit holds boarding in the Emergency Department or Admit Holds exceed expected Discharges.
- Waiting room patient volume 21-49 (Includes triage area, EMS hallway and ED lobby).
- Evaluate ED patient volumes with ED charge nurse or designee to assess if concern growing.

**Level 3: - Red – Census Crisis**

## Criteria Guidelines

- 40-49 admit holds boarding in the Emergency Department or admit holds exceed expected discharges. Boarding is defined as greater than 4 hours since admission order.
- Acute care overflow designated beds all have patients.
- All ED beds (73) occupied. ED hallway beds (Zones 2 and 3) implemented and filled.
- Waiting room patient volume 50 -79(Includes triage area, EMS Hallway and ED lobby).
- Rapidly increasing ED patient census (greater than 50 patients register over 3 hours)

**Level 4: Black – Disaster**

## Criteria Guidelines

- Acute care and overflow beds filled to physical capacity.
- 50 or more admit holds boarding in the Emergency Department or admit holds exceed expected discharges. Boarding is defined as greater than 4 hours since admission order.
- ED Hall Chairs have been implemented (12 in Zone 1).
- All ED treatment spaces (beds, hallway chairs and hallway beds) occupied.
- Waiting room patient volume 80 or more patients (Includes triage area, EMS hallway and ED lobby).

**Maternal Child Health Census Saturation**

## Labor Delivery Criteria or Triggers

- Available Labor Delivery Rooms at two or fewer

## Pediatrics

- 12 inpatients with inability to discharge or transfer to another facility
- ED holding pediatric patients without the possibility to transfer

## Mother/Baby

- 42 couplets with inability to discharge or transfer out (Notify Manager and House Supervisor at this point)

- Labor and Delivery at capacity with no room to hold postpartum couplets.

**Neonatal Intensive Care**

- Census expected to exceed 23 patients

**Census Level Responses:****Inpatient and Emergency Department****Reference Attachment A: Patient Surge Plan Guideline**

- Surge Plan Guideline is used to provide recommendations, guidance, and instructions on options to response to census saturation and changes.
- The Patient Surge Guideline is a supplement to the critical thinking and planning of the leaders involved in the census saturation response.
- Plans made to response to census saturation may not be listed in the guidelines. They should be decided upon by the house or throughput supervisor (or designee) with support from Directors and Administrators.

**Maternal Child Health****Reference Attachment B: Maternal Child Health Surge Plan Guideline**

- Surge Plan Guideline is used to provide recommendations, guidance, and instructions on options to response to census saturation and changes.
- The Patient Surge Guideline is a supplement to the critical thinking and planning of the leaders involved in the census saturation response.
- Plans made to response to census saturation may not be listed in the guidelines. They should be decided upon by the house or throughput supervisor (or designee) with support from Directors and Administrators.

*"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 Surge Plan**

**Capacity and Census Definition/Criteria ..... 2**

**Census Level Responses**

**Level 1 – Green – Go (Normal Operations) ..... 3**

**Level 2 – Yellow – Early Caution ..... 4**

**Level 3 - Red – Census Crisis ..... 6**

**Level 4 – Code Triage – Disaster ..... 7**

**General Surge Considerations – Overflow Spaces..... 8**

**Appendix A: Census Meeting and Code Triage Attendee Lists ..... 10**

**Appendix B: Messaging – Medical Staff, Code Triage ..... 11**

**Appendix C: Staffing for Surge Considerations ..... 13**

**Appendix D: Adult Patient Overflow- Emergency Department. Zone 6..... 15**

**Appendix E: Generic Patient Cohort Guidelines ..... 17**

**Appendix F: Labor Pool Tasks – Nonclinical and Clinical ..... 18**

**Appendix G: County and Regional Emergency Services Authority Communication ..... 19**

## **Capacity and Census Definition/Criteria:**

### **Level 1 – Green – Go**

#### Criteria Guidelines

- Acute care bed availability is adequate for scheduled patients and normal admission and discharge activity.
- Anticipated discharges greater than anticipated admissions.
- Staffing levels are adequate for census and acuity levels.
- Patients boarding in the ED have been waiting less than 4 hours and number does not exceed 20 patients. Boarding is defined as greater than 4 hours since admission order entered.

### **Level 2 – Yellow – Early to Late Caution/Surge**

#### Criteria Guidelines

- Acute care med/surg bed capacity is 10% or less of licensed physical adult beds available.
- 20 -39 admit holds boarding in the Emergency Department or Admit Holds exceed expected Discharges.
- Waiting room patient volume 21-49 (Includes triage area, EMS hallway and ED lobby).
- Evaluate ED patient volumes with ED charge nurse or designee to assess if concern growing.

### **Level 3: - Red – Census Crisis**

#### Criteria Guidelines

- 40-49 admit holds boarding in the Emergency Department or admit holds exceed expected discharges. Boarding is defined as greater than 4 hours since admission order.
- Acute care overflow designated beds all have patients.
- All ED beds (73) occupied. ED hallway beds (Zones 2 and 3) implemented and filled.
- Waiting room patient volume 50 -79(Includes triage area, EMS Hallway and ED lobby).
- Rapidly increasing ED patient census (greater than 50 patients register over 3 hours)

### **Level 4: Black – Disaster**

#### Criteria Guidelines

- Acute care and overflow beds filled to physical capacity.
- 50 or more admit holds boarding in the Emergency Department or admit holds exceed expected discharges. Boarding is defined as greater than 4 hours since admission order.
- ED Hall Chairs have been implemented (12 in Zone 1).
- All ED treatment spaces (beds, hallway chairs and hallway beds) occupied.
- Waiting room patient volume 80 or more patients (Includes triage area, EMS hallway and ED lobby).

**Level 1 – Green – Go Response:**

- Normal Operations
- Hold daily bed meetings.
- Throughput supervisor (or designee), bed coordinator, transfer nurse, and staffing coordinator collaborate throughout the day. Monitor for changes in census routinely.
- Throughput supervisor (or designee) communicates with ED charge nurse throughout shift for census updates and changes.
- Focus on admitted patients moving to inpatient beds within 60 minutes or less of admit order.
- Leaders, charge nurses, throughput supervisors or designees ensure discharge orders are completed within two hours of patient being ready for discharge/order written.
- Use discharge lounge for patient movement from inpatient beds to support bed turnover and availability.

## High Census Level 2- Yellow – Early to Late Caution Response

### Throughput Supervisor:

- Attend 0745/1600 huddle; identify discharge barriers as early as possible (may initiate before high census level numbers reached)
- Identify and staff a discharge lounge when discharge lounge is not already open.
- Throughput Supervisor communicates with medical directors (FHCN, ACTS, VHMG, & Human) for discharges and increased needs for inpatient beds.
- Evaluate transport & EVS staff- identify support needed, implement pre-disaster Labor Pool support (Appendix F)
- Open and move patients into overflow Inpatient Bed Spaces
- 
- Evaluate the staffing in the ED with changes in needs  
Evaluate Charge Nurse assignments, able to free anyone up to support discharges and additional resources
- CN, NM, ANM, Director to facilitate and support earlier discharges
- Keep CNO, DOC and AOC updated via text or email

### Potential Interventions to Prevent High Census Level 3 – Red - Crisis

- Re-evaluate staffing in the impacted areas. Move staff to admit hold areas. Refer to Appendix C (Floor Staffing- Out of Ratio to increase capacity) for ED volume thresholds and out of ratio expectations to open overflow areas for admissions.
- Send Medical Staff leaders email alert regarding census (Director on Call (DOC)/Administrator on Call (AOC) to send message to Medical Staff Office)
  1. HS will give updated numbers for the text (Sample Message in Appendix B)
- 
- If less than 30 potential discharges for the day M-F, Less than 15-20 on weekends.
  1. Check-in with hospitalists, ACTS and FHCN to get at least 10 more possible discharges for the day from each group.
    - o Round with CM staff to see what barriers they need help with.
      - Identify patients waiting for consultations to discharge – call consultants to see or remove consultation.
      - Identify patients waiting for imaging or surgical procedures to discharge – consider scheduling outpatient.
    - o Reach out to post-acute leaders to see what capacity they have to take patients – identify additional transfers and facilitate.
    - o Connect with SNF partners to help facilitate acceptance of patients for discharge.
    - o Evaluate Home Health (HH) instead of SNF for discharges – refer to HH of choice or KH HH for case opening.
    - o Identify patients in need of follow-up, schedule with RHC team – contact Director of Patient Navigation to fast track scheduling.
- ED critical low staffing in relation to holds and ED Census
  1. Round with the ED staff to see what needs are and how many holds are in the ED.
  2. Ensure that all zones are open, follow ED guidelines for zones and staffing (Guidelines for Ratios)

3. Support WR with impact RN/LVN/CNAs for VS – (see ED staffing Appendix C for more details)
  4. Move admitted patients from waiting room into beds in surge and overflow areas.
- ED holds with more than 10 unexpected surgeries pending admission
    1. Have ED CMs and ED staff assess to see if any of these surgeries can be done outpatient (not the emergent or urgent cases)
    2. Prepare PACU and OR teams for longer PACU admissions times after surgeries.
  - EVS and Patient Transport critical shortages
    1. EVS critical shortage is defined as five or more call-ins for the shift
    2. Patient Transport critical shortage is defined as three or more call-ins for the shift
    - 3. EVS Supervisor reach out to HR to create virtual labor pool**
    - EVS supervisor will guide the use of additional resources to help with tasks to support room turnover and any other tasks that can facilitate faster patient movement.
    - Patient Transport supervisor will guide the use of additional resources to help with tasks to support patient movement and any other tasks that can facilitate faster patient movement.

## **High Census Level 3 – Red – Crisis Response**

### **Throughput Director, Director on call and Throughput Supervisor:**

- Evaluate need for a Census Meeting, initiate if appropriate
- Schedule Census Meeting through CNO/COO support – see Appendix A for Census Meeting Invitee List
- Evaluate Elective/Scheduled Inpatient Surgery and Procedural Cases to potentially delay or reschedule
- Evaluate Staffing Admit holds in the ED –may go out of ratio, see ED Guidelines for Ratios
- Reference Transfer/EMTALA guide (attachment)
- Email Medical Staff leaders via Medical Staff Office to update on Census Saturation

### **Census Meeting Goals**

- Identify barriers to discharge and communicate them with the leaders who can address them
- Identify staffing barriers, redirect organizational resources for short periods of time to support – consider informal labor pool with operational leader resources
- Build awareness of the numbers of discharges, admissions, and potential for more admits than discharges
- Communicate EARLY to providers for discharge identification and escalation of barriers (nurse identified discharges vs doctor identified discharges)
- Track common issues for more long-term strategic follow-up – identify a common notetaker

### **Expectations**

- Routine daily operations cease for up to four hours, all operational team members involved in patient care and throughput
- Set time to check on progress within 2-4 hours of census meeting
- Use leaders, clinical educators, advanced practice nurses, other licensed non-clinical staff and volunteers to support areas needing help with tasks such as unit discharges, case management follow-ups, patient transport, room cleaning, etc...
- Medical Staff leaders follow-up with attending providers on identified discharges and help with decision making as needed
- Engage medical staff office/leader support in communicating with medical staff, evaluating patients, and facilitating safe discharges

## High Census Level 4- Black - Disaster Response

### Administrator on Call (AOC)/CNO/COO, Director on Call, and Throughput Supervisor:

- Assess need for Code Triage Alert/Code Triage
- Assess need to involve more organizational leaders in decision (AOC alert CNO and/or COO)
- If approved by AOC or CNO/COO, initiate Code Triage/Code Triage – Inform Life Safety Officer or designee before initiating:
  - o HICS forms in Director on Call Resources (HICS 213 & HICS 214)
- Open Incident Command Center (Use Executive Conference Room or Medical Staff Conference Room)
  - o Communicate Who Should Respond to Incident Command (IC) (see Appendix A for Code Triage IC List)
- Decline all transfer requests due to hospital at capacity except for CT Surgery, STEMI and Trauma
  - o Reference EMTALA Transfer Guidelines document
  - o Assess holding at sending facility until inpatient bed is available.

### Steps to Implement in Disaster, Incident Command team decisions to consider

- Communicate with regional EMS agency on capacity limits and current situation (Appendix G)
- Cancel elective inpatient cases – one day at a time during disaster status
- Implement disaster documentation requirements (only if waiver already in place)
- Identify patients to transfer to other hospitals with support from county MHOAC and CCEMSA (Appendix G)

### State Notification Required:

- Notify California Department of Public Health (CDPH) if <20% ICU capacity (Risk Management is doing this daily based on daily report) – do not include overflow patients of lower level of care. ICU capacity is 41 patients, inform if 32 or more critical care level of care patients.
- Flex waiver required for use of overflow spaces. Current Flex waivers in place can be referenced through the house supervisor team.

### Post HICS Activation – Complete Debrief Process and Form with Incident Command Team

- Review responses
- Create After Action Review plan
- Submit to Life Safety Officer for review and completion/monitoring through Emergency Preparedness Committee
- Submit completed HICS forms to Life Safety Officer

### **General Surge Considerations – Overflow Spaces**

Patient care staffing ratio regulations do not apply in high census situations. Involve DOC and/or AOC when moving outside guidelines provided for staffing out of ratio (Appendix C). Reference policy PC.271 Inpatient Surge Capacity Plans for guidelines on set up for overflow spaces.

Overflow Locations available for use (see details below)

1. CVICU 1301-1308
2. ICU 15-21
3. MS pod in 3W/5T
4. ICCU pod in ICU/CVICU
5. Double rooms in 3W
6. Double rooms in ICU
7. ED Zone 6 (see Appendix D – Adult Patient Overflow- ED Zone 6)
8. CVC- day shift only, involve Director of CVC for approval

Inpatient Overflow Bed Spaces

- M/S Adult Overflow – Pediatric Unit
  - Approved until 11/30/23: Med Surg. Overflow (OF) in **Peds** Rms. 7-11, 18yr old and older inpatient only.
  - 1:4, (tele ratio is 1:4) may increase to 1:5 if other MS units are at 1:5
  - Peds M/S: 4 beds 1 RN and CNA or 1 RN and 1 LVN
  - Peds M/S: 8 beds 2 RNs and 1 CNA or 2RN and 1 LVN
    - If out of ratio with tele (1:5 staff LVN instead of CNA- preferred)
- M/S Adult Overflow – Critical Care Unit (M/S Pods in CC)
  - Approved until 6/1/24: Med Surg. and ICCU OF in **ICU** Rms. 15-21, **CVICU** Rms. 1301-1308 for both inpatient or observation.
  - 3W20 for patients is ON HOLD.
  - Downgrades that stay in CC can be in any rm.
  - ICCU can have Med Surg in any rm.
  - CVICU and ICU – use approved waiver beds first
  - Staff at MS ratio
- ICU Overflow – Intermediate Critical Care Units (ICU Pods in ICCU)
  - Both ICU and CVICU are full and no patients identified to downgrade or known admits holding and/or patients needing to come from the floors will exceed downgrades) → make ICU pod(s) in 3W or 5T
  - Reference Inpatient Surge Capacity Plans
  - Staff to level of care of the patients
- ICCU Overflow – Medical/Surgical Units (ICCU Pods in MS)
  - Both ICCUs are full no patients identified to downgrade or known admits holding and/or patients needing to come from the floors will exceed downgrades) →make ICCU pod(s) in ICU and/or CVICU→ if needing more beds or ICU beds not available, move to 2N or 4T

- Reference Inpatient Surge Capacity Plans for set up (PC.271)
- Staff to level of care of the patients

**General Surge Considerations – Overflow Spaces (continued)**

- MCH Overflow – Pediatric Unit (Peds on MB)
  - Reference Inpatient Surge Capacity Plans for set up (PC.271)
  - Admin Level decision only
- Discharge lounge: If DC lounge is being utilized by ED
  - Possible locations: CVC, ASC, Endo. Confirm with leader or CN prior to opening. Criteria and access instructions available in Appendix F
    - Director of Cardiac and Surgical Services - CVC
    - Manager of ASC and Endoscopy –ASC and Endo
- ED Overflow Bed Spaces (Zones 1, 3, 6 for admit holds – each area must have at least one RN)
  - Zone 1: 12 beds- 3 licensed nurses
  - Zone 3: 8 beds- 2 licensed nurses
  - Zone 6: 8 beds- 2 licensed nurses
  - First, ED staffing of zones – move to 1:5 ratio to increase admit hold staffing
  - Next, staff with labor pool or float pool staff.
  - Consider moving resources from inpatient units, surgical services or non-clinical licensed teams to support staffing if overflow in ED is necessary.

## Appendix A

### Census Meeting and Code Triage Attendee Lists

#### Census Meeting Invitee List (Invite at minimum the leaders from the following areas)

- Throughput
- Case Management
- Patient and Family Services
- Environmental Services
- Chief Operating Officer
- Chief Medical and Quality Officer
- Chief Nursing Officer
- Hospitalist Medical Director
- Intensivist Medical Director
- Emergency Services Medical Director
- Surgical Services Medical Director
- Post-Acute and Therapy Services
- Emergency Services
- Medical/ Surgical Services
- Post-Surgical Services
- Critical Care Services
- Renal and Cardiac Services
- Cardiac and Surgical Services
- Administrator On Call
- Director On Call

#### Code Triage Incident Command List (suggested)

- Required - Administrator On Call
- Required - Director On Call Required – House Supervisor
- Throughput/Case Management Director
- Environmental Services Director
- Chief Operating Officer
- Chief Medical and Quality Officer
- Chief Nursing Officer
- Security Manager
- Hospitalist Medical Director
- Intensivist Medical Director
- Emergency Services Medical Director
- Surgical Services Medical Director
- Post-Acute and Therapy Services Director
- System Pharmacy Director or designee
- Safety Officer
- Information Systems Services Designee
- Emergency Services Director
- Medical/ Surgical Services Director
- Post-Surgical Services Director
- Critical Care Services Director
- Radiology/Imaging Director
- Laboratory Director
- Renal and Cardiac Services Director
- Cardiac and Surgical Services Director
- Human Resources Director
- Facilities Director or designee

## **Appendix B**

### **Messaging – Medical Staff, Code Triage**

Medical Staff communication will be sent out by the Director of Medical Staff Services or designee from Medical Staff Office. Email the message to the Director and follow up with a phone call (624-2344 during business hours, Hospital Operator outside business hours) to request a message be sent.

#### Example Medical Staff Message for High Census

Medical staff – the hospital census is at xx% capacity with XX admitted patients boarded in the Emergency Department waiting for inpatient or observation beds. We need your support to discharge patients safely to free up bed capacity for patients with admission orders. We are opening overflow bed capacity, identifying boarded patients who could be discharged and expediting skilled nursing facility discharges. Please carefully consider the medical necessity of each admission, work with the nursing on the units to expedite discharge orders and consider outpatient testing instead of using inpatient resources. Thank you for your flexibility, support and commitment.

#### Example Organization Code Triage Message

Kaweah Health initiated a Code Triage (Code Triage Alert) due to high patient census. There are XX patients waiting for inpatient admission beds. We have overflow bed spaces open for Critical Care/ICCU/Med Surg/MCH/etc. Patient care teams are asked to identify and facilitate patient discharges to open bed capacity for patients waiting. Please work with your team leads and medical staff in your departments to expedite discharge orders.

#### Code Triage Response Expectations

- During Regular Business Hours (M-F, 0800-1700)
  - CNO or COO Incident Commander
  - Section Chief Assignments needed (preferred listed, may change based on needs and situation)
    - Operations – Director of Care Management and Throughput
    - Planning – Director of Med-Surg Services or Director of Emergency Services
    - Medical/Technical Specialist – CMO or Medical Director (ED, CC or M/S)
    - Liaison/Public Information Officer – Director of Marketing
    - Safety Officer – Life Safety Manager
    - Logistics – Director of Procurement
    - Finance/Administration – CFO or Director of Finance
  - Patient Care Departments (Nursing and Allied Health)
    - Managers working with teams to move patients through orders, tests, procedures, and discharges
    - Identifying patients who can use outpatient services
      - Reporting patients to Incident Command – Planning Chief

- Working with medical staff and case management to create discharge plan and orders for patients to leave the inpatient beds
  - Delegating to HUC/US/BSM to schedule increased resources for next 1-3 shifts
  - Designate individual on leadership team to round on staff, check on progress and provide with support and breaks as needed
- Outside Regular Business Hours (Nights, Weekends, Holidays)
  - Administrator on Call Incident Commander
  - Section Chief Assignments (determine extent of need for each role)
    - Planning and Operations – Director on Call
    - Medical/Technical Specialist – CMO or Medical Director (ED, CC or M/S)
    - Liaison/Public Information Officer – Marketing Designee
    - Safety Officer – Risk Management On Call
    - Logistics – EVS Supervisor or Central Supply Supervisor
    - Finance/Administration – Available team member responding

## Appendix C Staffing for Surge Considerations

### ED Staffing Matrix

By Zones:

Start/End Time - 12 hour shifts	Licensed Support Roles (Charge, IC, Start)	PAT	Intake	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6- When non-admit holds	Total (Not including Zone 1, 3, 6 at this time)
600	3 RN	1 RN	1 RN, 1 LVN	3 RN	4 RN	2 RN	2 RN, 2 LPT	6 RN		RN Total= 17, LVN Total= 1
(1) 800	3 RN	1 RN, 1 LVN	2 RN, 1 LVN	3 RN	4 RN	2 RN	2 RN, 2 LPT	6 RN		RN Total= 18, LVN Total= 1
(1) 1000	3 RN	2 RN, 1 LVN	2 RN, 1 LVN	3 RN	4 RN	2 RN	2 RN, 2 LPT	6 RN	1 RN, 2 LVN	RN Total= 19, LVN Total= 1
(2) 1200	3 RN	2 RN, 1 LVN	2 RN, 1 LVN	3 RN	4 RN	2 RN	2 RN, 2 LPT	6 RN	1 RN, 2 LVN	RN Total= 21, LVN Total= 1
1400	3 RN	2 RN, 1 LVN	2 RN, 1 LVN	3 RN	4 RN	2 RN	2 RN, 2 LPT	6 RN	1 RN, 2 LVN	RN Total= 21, LVN Total= 1
1600	3 RN	2 RN, 1 LVN	2 RN, 1 LVN	3 RN	4 RN	2 RN	2 RN, 2 LPT	6 RN	1 RN, 2 LVN	RN Total= 21, LVN Total= 1
1800	3 RN	2 RN, 1 LVN	2 RN, 1 LVN	3 RN	4 RN	2 RN	2 RN, 2 LPT	6 RN	1 RN, 2 LVN	RN Total= 21, LVN Total= 1
2000	3 RN	2 RN, 1 LVN	1 RN, 1 LVN	3 RN	4 RN	2 RN	2 RN, 2 LPT	6 RN	1 RN, 2 LVN	RN Total= 20, LVN Total= 1
2200	3 RN	1 RN	1 RN, 1 LVN	3 RN	4 RN	2 RN	2 RN, 2 LPT	6 RN	1 RN, 2 LVN	RN Total= 19, LVN Total= 1
midnight	3 RN	1 RN	1 RN, 1 LVN	3 RN	4 RN	2 RN	2 RN, 2 LPT	6 RN		RN Total= 17, LVN Total= 1
200	3 RN	1 RN	1 RN, 1 LVN	3 RN	4 RN	2 RN	2 RN, 2 LPT	6 RN		RN Total= 17, LVN Total= 1
ED Tech Staffing	1 lobby (+1 on night shift if we can)									
		2	1	2	2	1	0	3	1	Tech Total=9

Noon RNs- help with lunches

### Basic Overview

	0600-1830	1800-0630	Notes
<b>ED Tech</b>	9	10	Does not account for sitters
<b>LPT</b>	2	2	Zone 4
<b>RN</b>	1 CN + 16	1 CN + 16	This doesn't staff Zone 1, 3 or 6
<b>LVN</b>	1	1	PAT/Intake
<b>US</b>	2	2	

- ED Staffing with Inpatient Team Members
  - o Evaluate ED staffing and how many assignments they can cover
  - o Evaluate FP staffing and how many FP nurses can go to ED
    - o See guidelines for floating In-patient staff to ED for admit holds
  - o Evaluate # of Admit holds in the WR and what staff ED has assigned to cover this assignment
    - o Send Impact staff from FP staff, Inpatient LVNs \*must have specific task lists of expected duties to be completed and oversight by ED staff
- Waiting Room – Admits in the Waiting Room with Admit Orders
  - o Licensed staff will oversee waiting room patients
    - o Focused Data Collection for Assessments, Medication Administration, Follow-up on Critical Results, Provider Notifications
  - o Licensed nurse scheduled 24/7 and overseeing patients in the lobby – Assessments, Critical Results, Provider Notification
    - o Intake Coordinator, EMS Hallway RN pull to Lobby
    - o Assess other reassignments

### Floor staffing- General Guidelines

- M/S ratio on floors 1:5, tele patients to 1:5 before we start going 1:6 on floors
- Do not pull from one unit to another if will leave the sending unit as short as the receiving unit.
- Med/Surg nurses to ED to care for admit holds- see below

#### Floor Staffing- Out of Ratio to increase capacity

- ICCU charge nurses have patients
- Med-Surg
  1. Break relief RN/\*LVN have patient assignments
    - \*Max Team Nursing Assignment = 2
  2. Charge Nurse has patient assignment
  3. Telemetry at 1:5 ratio
  4. 1:6 ratio in MS is based on ED volumes:
    - o SCENARIO (1) Yellow: ED Waiting Room Volume (WR + EMS+ PAT + Intake) greater than **50 AND** Admit Holds greater than **20** (anticipated for 4 hours or more)
    - o SCENARIO (2) Red: Admit Holds greater than **40** (anticipated for 4 hours or more)

### Staffing guidelines for MS/ED Overflow (OF)- Using Inpatient Staff

#### Ratio 1:4 with 1 LVN per Zone (can move to 1:5 with AOC/DOC or designee involvement)

- House Supervisor advises how many staff to send to ED
- Send FP staff first, *may involve a few moves to make them available, EX.*
  - o CCFP → 5T → 4T → MS/ED OF
  - o ICU → 3W → 2N → MS/ED OF
- If you have to send unit RN's
  - o House Supervisor/Director on call to discuss with Unit Manager of sending unit prior to floating
  - o If you have to send travelers from MS units down to ED, make sure they have been at Kaweah at least 2 weeks
  - o MS nurses to care for MS admit holds
  - o Assign in a zone with a FP RN as a resource
    - If more than 1 inpatient nurse is in ED don't assign in the same zone unless it can't be avoided \*they should not be the only non-ED RN's in that zone
- Inpatient LVN's may be sent as support
  - o Attempt to send them to the zone with the highest # of FP RN's
- House Supervisor/Unit Leaders- checks on Inpatient staff in ED to ensure they are doing ok
- ED CN to round on float staff to be supportive and answer questions
  - o ED Director, NM and/or ANM round on float staff routinely(especially on noc shift)
- Staffing Coordinator- coordinates delivery of pocket card, float orientation sheet, map & advises FP staff to mentor bedside staff {assumes FP staff is also present}

## Appendix D

### Adult Patient Overflow- Emergency Department- Zone 6

#### Staffing Ratio:

1. 1 registered nurse (RN) to 4 patients
2. Evaluate 1:5 RN ratio based on staffing needs of the house; overflow should not go 1:5 before other units
3. Float Pool staff who are trained and competent to provide the level of care needed.
4. Break coverage provided by licensed staff.
5. Team Nursing (RN/LVN) is not supported in Zone 6 adult patient overflow.

#### Staffing Matrix:

Census	RN	CNA
4	1	1
5	2	1
6	2	1
7	2	1
8	2	1

#### I. Observation Status Criteria

- A. Only patients meeting medical criteria for medical admission are placed in this unit based on the physician's order.
- B. If closing overflow: Zone 6 patients awaiting admission cannot be sent back to ED, contact bed coordinator to prioritize bed assignment upstairs.
- C. The following are **exclusion** criteria for placement:
  - 1) No patient needing O2 support requiring a non-rebreather mask or CPAP. Exceptions are those patients who require oxygen per nasal cannula or simple mask.
  - 2) No patient on isolation. Patients with active infections or infectious illnesses with symptoms, patients who are neutropenic or require CAPD.
  - 3) No patients with active arrhythmias requiring telemetry or are admitted for CXP to rule out MI.
  - 4) No patients with altered mental status.
  - 5) No patients that require restraint management.
  - 6) No patients with any mental health diagnosis, involved in violent related activities, and patients with current history of drug abuse.
  - 7) No patient on jail hold.
- D. Other considerations for placement: (due to privacy/bathroom)
  - 1) Mobility- avoid placement of max assist patients. Consider patients able to ambulate and transfer to/from WC/gurney.

- 2) Elimination concerns- avoid placement of patients with GI symptoms (diarrhea, nausea/vomiting).
- 3) Following hospital policy, patient rights will be adhered to, including patient privacy and confidentiality.
- 4) Privacy curtains are always utilized.

II. Emergency Response

- A. A crash/emergency cart is available to respond to adult patient emergencies.

## Appendix E

### Generic Patient Cohort Guidelines

- I. The following guidelines are intended to cohort non-isolation patients in shared rooms.
  1. No lab results for organisms requiring transmission-based precaution isolation.
    - a. \* If an organism requiring isolation is present, the other patient must have the same organism and nothing more.
      - i. Example: Pt. #1 has Flu A only; Pt. #2 has Flu A only= can cohort. If Pt. #1 has Flu A and Pt. #2 has Flu B= cannot cohort.
  2. No lab results for other organisms that use standard precautions (this may place a roommate at elevated risk).
    - a. Example of organism requiring standard precautions: common coronavirus (not COVID-19) requires standard precautions and staff mask if coughing. A roommate would not mask and therefore be at potential risk.
  3. No potential risk of transmission to other patients based on current symptoms/interventions: can contain bodily fluids and/or oxygen delivery system is not aerosol generating.
    - a. Example of risk: coughing, loose stools, rash with unidentified source, CPAP/BiPap, HiFlo greater than 20 LPM.
  4. No immune risk factors that place a patient at elevated risk if cohorted.
    - a. Example of risk: chronic disease or immunosuppressive therapy.

\* Reference Policy IP 1.1 for guidelines on cohorting patients with known infections in the same room.

#### II. Patient Placement

1. Whenever possible, use a private room for a patient who contaminates the environment.
2. Patients with an infectious process should not be placed with patients that have an increased risk for infection, including those that are immune-compromised, and/or have HIV, chronic diseases (diabetes), cancer, emphysema, cardiac failure, or be on immunosuppressive therapy (radiation, chemotherapy, steroids), or be neutropenic.

## **Appendix F**

### **Labor Pool Tasks – Nonclinical and Clinical**

#### **Labor Pool Tasks Nonclinical**

- Cleaning high touch surfaces
- Removing linens from beds
- Making beds
- Transporting pts to procedural areas
- Stripping beds and linens in rooms
- Emptying trash in patient care areas
- Helping CM with transfers/setting up transportation/faxing referrals/etc
- Moving patients from one location to another
- Answering phones or making calls in an area with a set task for information sharing or seeking
- Rounding on patients to check on basic needs
- Emptying trash and linen bags
- Restocking and delivering linen carts
- Running supplies from central logistics to units

#### **Labor Pool Tasks Clinical**

- Discharge Lounge Staff CNA/MA, LVN/RN
- Vital signs for patients
- Impacting in patient care areas
- Performing head to toe assessments
- Staffing discharge lounge for patients waiting to discharge
- Caring for patients in overflow areas
- Discharging Patients in the Emergency Department
- Discharge Patients on the Inpatient Units

## **Appendix G**

### **Communications with County Medical Health Operational Area Coordinator (MHOAC) and Emergency Medical Services Authority (EMSA)**

High Census Level 4 – Black – Disaster Response situation underway constitutes communications with county and regional partners for support and awareness of the situation.

Safety Officer or EMS Liaison will initiate a conference call with Central California EMSA (CCEMSA) Duty Officer and County Public Health Emergency Preparedness Officer (aka MHAOC).

- Include AOC and DOC in conference call.
- Include any other pertinent team members with in-depth knowledge about situation and/or incident.
- PHEP Duty Officer contact is 559-624-7499 Ext 4

ED MICN sends out an all-call message on StatusNet advising all the Regional Hospitals & EMS Dispatch Centers of our situation. Safety Officer, EMS Liaison or designee will draft message to send out on status update.

If the Incident Command Center intends to request Diversion status:

- Call Fresno EMS Dispatch Center 559-600-7800 and speak with the EMS Agent Duty Officer. AOC, DOC or Incident Commander needs to make this call.

## Attachment B: Maternal Child Health Surge Plan Guideline

### Labor and Delivery Surge Plan

#### Current Capacity

18 patients

- When down to 2 rooms (including 2E 20)
  - Notify House Supervisor
- Notify Manager – call off elective inductions and surgeries
- Identify patients who can be discharged (even sooner if possible)
  - Call provider and discharge ASAP
- Identify patients who can be safely triaged off unit (within 30 minutes)
  - Patients who are not on continuous Electronic Fetal Monitoring
  - Patients not laboring
  - Patients who are delivered, who are stable and can transfer early
  - Stable antepartum patients
  - Call MD's, inform need to triage off unit due to capacity. Get orders and inform the provider of where they will move to.
- Transfer group of 3 patients if possible – send RN
  - Transfer options
    - Mother Baby (1358/1359 and 1365/1366 wired for fetal monitoring)
    - 2S 1, 2, 3 (wired for fetal monitoring)
    - Peds 8, 9, 10, 11 (wired for fetal monitoring) – last resort, will require a waiver
- If no patients are eligible for transfer (all laboring or unstable antepartum), use the alternate beds below in the following order until a labor bed is available.
  - 1<sup>st</sup>: 2E01 – up to 2 patients can labor here and set up warmer
  - 2<sup>nd</sup>: 2E21 – up to 2 patients can labor here and set up warmer
  - 3<sup>rd</sup>: LT – over flow laboring patients here – warmer will need portable O2

## **Pediatric Surge Plan**

#### Current Capacity

12 patients

3 RNs per shift

#### Triggers

- 12 patients with inability to discharge or transfer out
- ED holding Pediatric patients without the possibility to transfer

## **Staffing Plan**

### Registered Nurses

1. Pediatric Charge Nurse goes into staffing
2. OT
3. Float staff from other MCH units
4. Pediatric Nurse Manager
5. ED staff with Pediatric experience
6. Staff from Float Pool or House
7. Registry (will take time to implement)

### Respiratory Therapist

Increased capacity to support pediatric ventilated patients and increased demands of children on high flow and breathing treatments.

### Physicians

Current staffing pattern may not support expected volume and acuity of patients.  
Consider community Pediatricians for in house support or locum tenens for additional support

## **Admission Criteria**

1. All admissions to pediatrics must be triaged through the Pediatric hospitalist at 559-972-7548
2. Pediatric nurses will support the triage nurse as available in the ED
3. Stable surgical patients ( $\geq 14$  years) could triage out to the general med-surg floors.
4. Consider triage Pediatric patients aged 12 -13 with common adult surgical diagnosis to general med- surg with state approval.
5. Consider admitting all Hyperbilirubinemia admits to Mother Baby during surge.
6. Consider triage/transfer Non-isolation infants up to 1 yr to available space in NICU.

## **Ventilated Patients**

1. Respiratory therapist must be present
2. Consider transfer to adult ICU, to be cared for by ICU nurse with Pediatric Nurse/Critical Care Nurse with PALS/Peds experience to act as resource. Refer to policy Care of Critically Ill Pediatric Patients.
3. Create PICU in Peds room 1 and open up rooms 2 & 3, would need critical care nurse to act as a resource (NICU or ICU) depending on the age.
4. Consider utilizing ED Zone 1 for PICU location to centrally locate Pediatric patients who are ventilated, and/or needing higher level of care, and inability to transfer staffed with Critical Care Nurse/Pediatric Nurse/registry.

## **Expansion Plan**

### **Plan A – Expand to 23 beds**

- Expand room 1 to accommodate 3 patients
- Open dividers between room 2 & 3 to accommodate 3 patients

- Utilize the Mother Baby Newborn Nursery for up to 4 patients
- Utilize the treatment room for 1 patient
- Utilize MB rooms 64, 65, 66, 67 for patients, preferably non-isolation, for a total of 4 patients (would require state approval)

**Plan B –Expand to 31 beds**

- Plan A and below
- Double up rooms 4, 7-11 with toddler beds, cribs, bassinets. Considerations: oxygen, suction, electrical outlets, patient privacy, family accommodations, Telemetry monitors, hardwire jacks for Telemetry.

**Plan C – Overflow to Broderick Pavilion for up to an additional 11 beds**

- Need state approval and adult patients may need to be relocated

**Supplies & Equipment**

- Utilize 6 extra cribs located in NICU Satellite area
- Rent additional toddler beds and/or cribs
- Rent additional portable suction
- Monitors
  - Pediatrics has 12 Nihon Khoden's with tele, and 1 Portable Nihon Khoden transport monitor.
  - MB has 3 gammas without tele
- Ventilators
  - NICU has 9- (7 Conventional, 2 high frequency)
  - RT has 70 units that can be used for Adult/Peds ventilation
  - Medical transport has 1
  - Rent as indicated
- High Flow units:
  - RT has 32 units that can be used for Adult/Peds
- Aerogen: 10 units are available for Peds and ED use
- Warmers
  - Peds has 1
  - NICU has 25 Giraffe/ Warmers
  - L&D has 18 Panda Warmers
  - ED has 2 Panda Warmers
  - MB Nursery has 4
  - Rent as indicated
- Pumps
  - Will need an IV pump for every patient that needs IV fluids/medications
  - Peds has 11 syringe modules
  - Rent as indicated
- Supplies
  - Central supply has 3 days' worth of supplies on hand
  - RT to order extra respiratory supplies on hand
  - Supplies can be delivered next day
  - Utilize corporate cards for purchases at local stores



# Mother/BabyMother/Baby Surge Plan

## Current Capacity

42 couplets

10-11 RN's per shift

## Triggers

- 42 couplets with inability to discharge or transfer out (Notify Manager and House Supervisor at this point)
  - Identify those who could discharge early such as NICU moms who are stable and only staying due to baby being in the NICU and couplets who are close to discharge and are stable
- Labor and Delivery at capacity with no room to hold postpartum couplets.

## Staffing Plan

Nursing

8. Charge nurse implements team nursing with LVN into staffing with full assignment
9. Charge Nurse goes into staffing
10. OT
11. Float staff from other MCH units
12. Nurse Manager
13. Staff from Float Pool or House
14. Registry (will take time to implement)

## Expansion Plan

### **Plan A – Overflow to Labor and Delivery utilizing available beds**

- Transfer in pods of 3 with 1 RN

### **Plan B – Overflow to Broderick Pavilion for up to an additional 11 beds**

- Transfer in pods of 3 with 1 RN

### **Plan C – Overflow to Pediatrics for up to an additional 12 beds (last resort, will need a waiver)**

- Transfer in pods of 3 with 1 RN

## **Supplies & Equipment**

- Rent additional adult beds and cribs
- Monitors
  - Broderick Pavilion does not have infant security capability
- Pumps
  - Will need an IV pump for every patient that needs IV fluids/medications
  - Rent as indicated
- Supplies
  - Central supply has 3 days' worth of supplies on hand
  - Supplies can be delivered next day
  - Utilize corporate cards for purchases at local stores

## Surge plan for NICU

### Relocation of patients:

- Utilize the NC and the Normal Newborn Nursery
  - Occupy 6 of 8 beds in the NC with low acuity patients. Leave two beds open for admissions and reassignment of location.
  - Place up to 4 low acuity patients in the Normal newborn nursery.
  - Infant Resuscitation Room (IRR)-Hold up to 2 infants for transport to VCH

### Central Monitoring

- NC Monitoring
  - Relocate two of the four NK monitors from the IRR to the NC for capability of arterial monitoring and transducing.
  - Use 6 existing Philips monitors to monitor all other beds in the NC
- Normal Newborn Nursery
  - Use 4 existing Philips monitors

### Systems Access

- NC
  - Three Single Sign On (SSO) devices up and functioning
  - 1 Printer available and functioning
  - Two tethered scanners connect to desk tops, and 1 mobile scanner
  - 2 mobile Bridge printers available
  - Pyxis- stock L&D Pyxis with NICU meds
    - Amp
    - Narcotics
- Normal Newborn Nursery
  - Two SSO devices available
  - 1 printer available and functioning
  - 1 tethered scanner
  - 1 mobile Bridge printer available
  - Pyxis available in Pharmacy - Need to load with NICU meds
    - Amp
    - Narcotics

\*\*Take both computers on wheels assigned to 6T to the NC and Normal Newborn Nursery. Both computers have tethered scanners

\*\*8 physical beds to admit to along with 10 virtual beds for additional bed spaces that we can occupy- Normal newborn nursery and LPI.

### **Workflow for admissions**

- Daily huddle with Director, NICU Management, CN, and Neo at 1100
- Identify patients that can be transferred to Peds service line in order to keep beds for the NICU service line
- Identify first, second and third transfer if needed for each day. Goal: always have 3 babies identified.

### **Staffing**

- Adhere to staffing matrix.

### **Central Distribution Supplies**

- NC
  - Supply par – will need to order
  - Additional supplies from 6T will be removed and placed on wire rack to be taken to this location
- Normal Newborn Nursery
  - Supply par – will need to order
  - Additional supplies from 6T will be removed and placed on wire rack to be taken to this location

### **Equipment**

- Take 8 giraffe beds to place in the NC, 4 giraffe beds to the Normal Newborn Nursery (6 cribettes also available for patient use)
- Take 10 milk warmers
- Take 8 IV poles and pumps
- Take small linen cart in 6T clean room to Normal Newborn Nursery
- Take bed side glucose monitors
- Utilize the 6T visitors lounge to store left over equipment that cannot be relocated-breast pumps, bili lights, additional IV poles, positioning device rack, etc
- NC-Small blanket warmer available for use

### **6T break room/Locker room/Parent Lounge**

- Allow NICU staff to retain this space- mailboxes and personal storage of belongings
- Allow NICU staff to retain locker room-Need location to dress out and secure personal belongings
- Allow NICU parents to continue to utilize the parent lounge as the relocation of NICU patients does not allow for parents to stay at the bedside due to space and privacy.

### **Management team/Lactation and Development**

- Managers will remain in their 6T offices, may need to share space with DC coordinator.

- Lactation will be mobile between both areas.
- NICU MD team will retain their two offices and sleep room

# **BOD 4 EXECUTIVE COMPENSATION TRACKED CHANGES**

Policy Number: BOD4	Date Created: 06/01/2008
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 09/06/2023
Approvers: Board of Directors (Administration)	
<b>Executive Compensation</b>	

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

**PURPOSE:** This Executive Compensation Policy of Kaweah Delta Health Care District (~~“Kaweah Delta”~~) dba Kaweah Health is intended to set forth the rationale and the processes to be utilized by the Board of Directors (“Board”) with respect to the compensation of the Chief Executive Officer (“CEO”), and to set forth the rationale and the processes to be utilized by the CEO with respect to the compensation of the other members of the Executive Team.

Currently, competition for quality executives in the healthcare industry is very high while the years of continuous employment of healthcare executives at a specific institution is surprisingly low. Unnecessary turnover in executives, especially the CEO, can cause major disruptions at healthcare institutions, potentially adversely impacting employee relations, Medical Staff relations, strategic planning, organizational development, implementation of programs and services, physician and patient satisfaction and ultimately the quality of care.

It is the position of the Board, in order to maintain appropriate continuity in the Executive Team, while at the same time continuing as good stewards of Kaweah ~~Delta’s Health’s~~ funds, that the CEO and the members of the Executive Team should receive total compensation that is at or near the median for executives in functionally comparable positions at comparable institutions. Comparable institutions will be included, consistent with industry standards, on the basis of number of licensed beds, patient volumes, total operating revenues, nonprofit status, number of full-time employees, and geographic location, among other factors.

It is also the position of the Board, after years of working with an independent consulting firm with expertise in healthcare executive compensation, that incentive compensation for healthcare executives is a common, expected and valuable part of a total compensation package. Accordingly, it will continue to be the policy of Kaweah ~~Delta-Health~~ to provide for appropriate incentive compensation for members of the Executive Team as part of their total compensation.

**POLICY:****I. Chief Executive Officer**

- A. **CEO Contract.** Employment of the CEO at Kaweah ~~Delta-Health~~ is pursuant to written contract between Kaweah ~~Delta-Health~~ and the CEO. California law permits each contract with the CEO to be up to four (4) years in duration. When negotiating a new or renewed contract with the CEO, the Board President shall be the chief negotiator for the Board and shall work closely with legal counsel for Kaweah ~~Delta-Health~~ with respect to the negotiation and completion of the written agreement. The Board President may utilize the assistance of the Board Secretary/~~Treasurer~~ in conducting and evaluating CEO negotiations. The Board President will regularly report to the full Board on the status of CEO contract negotiations. All terms of an agreement with the CEO are subject to final approval by the entire Board.
- B. **CEO Base Salary.** The appropriateness of the CEO's Base Salary will be confirmed on an annual basis through the use of an outside and independent consulting firm with nationwide expertise in healthcare executive compensation. Automatic annual adjustment of the CEO's base salary, consistent with adjustments in the base salaries of CEO's in comparable institutions, may be provided for in the written agreement with the CEO. Confirmation of any compensation adjustment pursuant to a written contract provision will be made by the full Board.
- C. **Potential CEO Incentive Compensation.** Part of the CEO's annual compensation will be on an incentive basis, i.e., based on the successful completion of specific, objectively definable and measurable goals for that contract year. The goals, the potential incentive compensation amount, and the percentage of the total incentive compensation amount attributable to the successful completion of each of the goals must be set in advance, must be in writing, and must be agreed to by the CEO and the Board. The successful completion of each of the goals must be capable of determination on an objective basis. Potential incentive compensation amounts for the CEO for each contract year shall be within the range set forth in the last data received from the healthcare executive compensation consultant, and shall be consistent with the Board's general approach to maintaining the combination of base CEO salary and potential incentive compensation amounts at or near the median for comparable institutions. The Board President and the CEO will confer at the end of the contract year with respect to the CEO's successful completion of the incentive goals, and together they will report their determinations to the full Board. Any incentive compensation amount to be paid to the CEO as the result of successful completion of goals must be approved in advance by the full Board.
- D. **Overall Consideration.** As an employee of Kaweah ~~Delta-Health~~, the CEO will be entitled to health and retirement benefits as offered to other employees

of Kaweah [DeltaHealth](#). In evaluating and setting base salaries, incentive compensation, and overall consideration, the Board shall take into consideration and may make adjustments for the overall consideration (which may include health, life and disability benefits, deferred compensation or other retirement benefits, and other perquisites common in the industry) provided to CEO's in comparable institutions, with a view toward having the total overall consideration provided to Kaweah [Delta's Health's](#) CEO be at or near the median of the total overall consideration provided to CEO's at comparable institutions.

## II. Executive Team Compensation Other Than the CEO.

- A. **Base Salaries.** The appropriateness of the base salaries of Executive Team members other than the CEO will be confirmed on at least a biennial basis through use of an outside and independent consulting firm with expertise in healthcare executive compensation. The CEO and the Board President will confer on an annual basis with respect to the most recent information received from the consultant and the consistency of existing executive compensation ranges with that information. The CEO retains authority to set base salary amounts consistent with the information received from the consultant and consistent with the Board's general approach to maintaining executive base salaries at or near the median for comparable institutions.
- B. **Potential Incentive Compensation.** On an annual basis, Kaweah [Delta-Health](#) will include in its budget a specific amount for potential incentive compensation for members of the Executive Team. The CEO and the Board President will work together, with counsel for Kaweah [Delta-Health](#) if necessary, to establish specific, objectively definable goals for each of the members of the Executive Team for that fiscal year. The goals, the potential incentive compensation amounts, and the percentage of the total incentive compensation amount for that executive attributable to the successful completion of each goal must be set in advance, must be in writing, and must be agreed to by the Executive Team member in question in advance as indicated by his/her signature on the written goals. The successful completion of each of the goals must be capable of determination on an objective basis. Potential incentive compensation amounts for each of the members of the Executive Team shall be within the ranges set forth in the last data received from the healthcare executive compensation consultant for that position, and shall be consistent with the Board's general approach to maintaining the combination of base executive salaries and potential incentive compensation amounts at or near the median for comparable institutions.
- C. **Overall Consideration.** As employees of Kaweah [DeltaHealth](#), the other members of the Executive Team will be entitled to health and retirement benefits as offered to other employees of Kaweah [DeltaHealth](#). In evaluating base salaries and incentive compensation, the CEO may take into consideration the overall consideration (which may include health, life and disability benefits, deferred compensation or other retirement benefits, and other perquisites common in the industry) provided to executives in functionally comparable positions at comparable institutions, with a view toward having the total

consideration provided to members of Kaweah ~~Delta's Health's~~ Executive Team be at or near the median of the total consideration provided to executives in functionally comparable positions at comparable institutions. If the CEO believes that any member of the Executive Team should, on the basis of such information, have his/her salary or incentive compensation re-set above the median for executives in functionally comparable positions at comparable institutions, the CEO shall obtain the prior approval of the Board.

*"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."*

# **BOD 5 CONFLICT OF INTEREST TRACKED CHANGES**

Policy Number: BOD5	Date Created: 11/01/2011
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 09/06/2023
Approvers: Board of Directors (Administration)	
<b>Conflict of Interest</b>	

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

**POLICY:** Government Code Section 87300 requires each state and local government agency to adopt and promulgate a Conflict of Interest Code. The Fair Political Practices Commission has adopted Section 18730 of Title 2 of the California Code of Regulations, which contains the terms of a model conflict of interest code (hereinafter "Standard Code") which may be adopted by reference by any state or local agency which desires to do so. For the purpose of providing a conflict of interest code for Kaweah Delta Health Care District dba Kaweah Health {Kaweah Health}, its Board of Directors, and its employees, the terms of the Standard Code and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference and made a part hereof as if set forth herein at length, and, along with Exhibits A and B attached hereto, in which officials and employees are designated and disclosure categories are set forth, such Standard Code shall constitute the Conflict of Interest Code for Kaweah Delta Health Care District Kaweah Health, its Board of Directors, and its employees. The Chief Executive Officer shall ensure that a current copy of the Standard Code is kept on file in the Kaweah Health administrative office with this Conflict of Interest Code. A copy of the current version of the Standard Code is attached hereto as "Exhibit C" for information purposes only.

Pursuant to Section 4 of the Standard Code, designated employees shall file statements of economic interests with the Chief Executive Officer of Kaweah Health. Upon receipt of the statements filed by the designated employees of the department, the Chief Executive Officer shall make and retain the original and forward a copy of these statements to the code reviewing body, which in this case is the Tulare County Board of Supervisors.

Adopted by the Board of Directors of Kaweah Delta Health Care District effective ~~June 29, 2022~~ July 24, 2024.

**PROCEDURE:****I. Members, Board of Directors and Chief Executive Officer**

All members of the Kaweah Health Board of Directors and the individual occupying the position of Chief Executive Officer must complete and file Statements of Economic Interest with the Office of the Chief Executive Officer. Disclosure must include items listed in Exhibit "B"

**II. Other Affected Positions**

Individuals occupying positions as noted in Exhibit "A" are also required to complete and file, with the office of the Chief Executive Officer of Kaweah Health, Statements of Economic Interest. The types of interest to be disclosed are identified on "Exhibit B" per position held with Kaweah Health.

**III. Filing Deadlines**

Individuals required to complete and file Statements of Economic Interest must do so with the appropriate office:

- A. within thirty (30) days after the effective date of the adoption of the Conflict of Interest Code;
- B. within thirty (30) days after assuming a position requiring filing such Statement;
- C. within thirty (30) days after leaving a position requiring filing of such Statement; and,
- D. annually, during the month of January, no later than April 1, for each year in which the individual occupies a position requiring a Statement.

## EXHIBIT "A"

**KAWEAH DELTA HEALTH CARE DISTRICT  
DBA KAWEAH HEALTH**

CONFLICT OF INTEREST CODE

**Disclosure Categories**

<u>Designated Positions</u>	<u>Category of Interests Required to be Disclosed</u>
<b>Members of the Board of Directors</b>	1
<b>Employees</b>	
Chief Executive Officer	1
Chief Financial Officer	1
Chief Operating Officer	1
<del>Chief Quality Officer</del>	<del>1</del>
Chief Medical & Quality Officer	1
Chief Nursing Officer	1
Chief Information & Cybersecurity Officer	1
Chief Human Resources Officer	1
Chief Strategy Officer	1
Chief of Population Health Officer	1
Chief of Medical Education Officer	1
Chief Compliance & Risk Officer	1
Director of <del>Audit and Consulting</del> & Project Management	1
Director of Procurement and Logistics Material Management	1
<del>Kaweah Health Medical Group Chief Executive Officer</del>	<del>1</del>
<del>Kaweah Health Medical Group Chief Financial Officer</del>	<del>1</del>
Director of Risk Management	1
<del>Director of Facilities</del>	<del>1</del>
Director of Facilities Planning Services	1
All Directors of Kaweah Delta Health Care District dba Kaweah Health	4B
<b>Consultants</b>	
Legal Counsel to the Board of Directors	1

*["Consultants may be designated employees who must disclose financial interests as determined on a case-by-case basis. The District must make a written determination whether a consultant must disclose financial interests. The determination shall include a description of the consultant's duties and a statement of the extent of the disclosure requirements, if any, based upon that description. All such determinations are public records and shall be retained for public inspection with this conflict of interest code.*

*["Consultants can be deemed to participate in making a governmental decision when the consultant, acting within the authority of his or her position:*

- (1) *Negotiates, without significant substantive review, with a governmental entity or private person regarding certain governmental decisions; or*
- (2) *Advises or makes recommendations to the decision-maker either directly or without significant intervening substantive review, by:*
  - a. *Conducting research or making an investigation, which requires the exercise of judgment on the part of the person and the purpose of which is to influence a governmental decision; or*
  - b. *Preparing or presenting a report, analysis, or opinion, orally or in writing, which requires the exercise of judgment on the part of the person and the purpose of which is to influence the decision."*

*(From the Tulare County Counsel)*

*{A consultant is also subject to the disclosure requirements if he/she acts in a staff capacity (i.e., performs the same or substantially all the same duties that would otherwise be performed by an individual holding a position specified in the Code).}*

## EXHIBIT "B"

**KAWEAH DELTA HEALTH CARE DISTRICT  
DBA KAWEAH HEALTH**

**CONFLICT OF INTEREST CODE**

**Disclosure Categories**

1. **Full Disclosure:**

Designated persons in this category must report:

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

2. **Full Disclosure (excluding interests in real property):**

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

3. **Interests in Real Property (only):**

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

4. **General Contracting (two options):**

A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment, vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the District.

***[Intended for employees whose duties and decisions involve contracting and purchasing for the entire District.]***

B. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment, vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the employee's department or division.

***[Intended for employees whose duties and decisions involve contracting and purchasing for a specific department or division of the District.]***

5. **Regulatory, Permit or Licensing Duties:**

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that are subject to the regulatory, permit or licensing authority of, or have an application for a license or permit pending before, the employee's department or division, or the District.

6. **Grant/Service Providers/Departments that Oversee Programs:**

A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization, if the source is of the type to receive grants or other monies from or through a specific department or division of the District.

***[Intended for employees whose duties and decision involve awards of monies or grants to organizations or individuals.]***

**EXHIBIT "C"**  
**KAWEAH DELTA HEALTH CARE DISTRICT**  
**DBA KAWEAH HEALTH**

**CONFLICT OF INTEREST CODE**

**Standard Code**

**§ 18730. Provisions of Conflict of Interest Codes.**

(a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Appendix referred to below constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code section 87300 or the amendment of a conflict of interest code within the meaning of Government Code section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of article 2 of chapter 7 of the Political Reform Act, Government Code sections 81000, *et seq.* The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Government Code section 87100, and to other state or local laws pertaining to conflicts of interest.

(b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:

(1) Section 1. Definitions.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (2 Cal. Code of Regs. sections 18100, *et seq.*), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

(2) Section 2. Designated Employees.

The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

(3) Section 3. Disclosure Categories.

This code does not establish any disclosure obligation for those designated employees who are also specified in Government Code section 87200 if they are designated in this code in that same capacity or if the geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Government Code sections 87200, *et seq.*

In addition, this code does not establish any disclosure obligation for any designated employees who are designated in a conflict of interest code for another agency, if all of the following apply:

(A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;

(B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Government Code section 87200; and

(C) The filing officer is the same for both agencies. <sup>1</sup>

Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in his or her statement of economic interests those economic interests he or she has which are of the kind described in the disclosure categories to which he or she is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's disclosure categories are the kinds of economic interests which he or she foreseeably can affect materially through the conduct of his or her office.

(4) Section 4. Statements of Economic Interests: Place of Filing.

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code. (5) Section 5. Statements of Economic Interests: Time of Filing.

(A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.

(B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.

(C) Annual Statements. All designated employees shall file statements no later than April 1.

(D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.

(5.5) Section 5.5. Statements for Persons Who Resign Prior to Assuming Office.

Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided he or she did not make or participate in the making of, or use his or her position to influence any decision and did not receive or become entitled to receive any form of payment as a result of his or her appointment. Such persons shall not file either an assuming or leaving office statement.

(A) Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:

(1) File a written resignation with the appointing power; and

(2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation he or she did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.

(6) Section 6. Contents of and Period Covered by Statements of Economic Interests.

(A) Contents of Initial Statements.

Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.

(B) Contents of Assuming Office Statements.

Assuming office statements shall disclose any reportable investments, interests in real property and business

positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.

(C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Government Code section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to 2 Cal. Code Regs. section 18754.

(D) Contents of Leaving Office Statements.

Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.

(7) Section 7. Manner of Reporting.

Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:

(A) Investments and Real Property Disclosure.

When an investment or an interest in real property<sup>3</sup> is required to be reported,<sup>4</sup> the statement shall contain the following:

1. A statement of the nature of the investment or interest;
2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;
3. The address or other precise location of the real property;
4. A statement whether the fair market value of the investment or interest in real property equals or exceeds two thousand dollars (\$2,000), exceeds ten thousand dollars (\$10,000), exceeds one hundred thousand dollars (\$100,000), or exceeds one million dollars (\$1,000,000).

(B) Personal Income Disclosure. When personal income is required to be reported,<sup>5</sup> the statement shall contain:

1. The name and address of each source of income aggregating five hundred dollars (\$500) or more in value, or fifty dollars (\$50) or more in value if the income was a gift, and a general description of the business activity, if any, of each source;
2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was one thousand dollars (\$1,000) or less, greater than one thousand dollars (\$1,000), greater than ten thousand dollars (\$10,000), or greater than one hundred thousand dollars (\$100,000);
3. A description of the consideration, if any, for which the income was received;
4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;
5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the

loan.

(C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported,<sup>6</sup> the statement shall contain:

1. The name, address, and a general description of the business activity of the business entity;
2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than ten thousand dollars (\$10,000).

(D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which he or she is a director, officer, partner, trustee, employee, or in which he or she holds any position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.

(E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.

(8) Section 8. Prohibition on Receipt of Honoraria.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

Subdivisions (a), (b), and (c) of Government Code section 89501 shall apply to the prohibitions in this section.

This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Government Code section 89506.

(8.1) Section 8.1 Prohibition on Receipt of Gifts in Excess of \$390.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than \$390 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

Subdivisions (e), (f), and (g) of Government Code section 89503 shall apply to the prohibitions in this section.

(8.2) Section 8.2. Loans to Public Officials.

(A) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.

(B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(C) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that

elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

(D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(E) This section shall not apply to the following:

1. Loans made to the campaign committee of an elected officer or candidate for elective office.
2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans from a person which, in the aggregate, do not exceed five hundred dollars (\$500) at any given time.
4. Loans made, or offered in writing, before January 1, 1998.

(8.3) Section 8.3. Loan Terms.

(A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of his or her election to office through the date he or she vacates office, receive a personal loan of five hundred dollars (\$500) or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.

(B) This section shall not apply to the following types of loans:

1. Loans made to the campaign committee of the elected officer.
2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans made, or offered in writing, before January 1, 1998.

(C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.

(8.4) Section 8.4. Personal Loans.

(A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.

2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:

- a. The date the loan was made.
- b. The date the last payment of one hundred dollars (\$100) or more was made on the loan.
- c. The date upon which the debtor has made payments on the loan aggregating to less than two hundred fifty dollars (\$250) during the previous 12 months.

(B) This section shall not apply to the following types of loans:

1. A loan made to the campaign committee of an elected officer or a candidate for elective office.
2. A loan that would otherwise not be a gift as defined in this title.
3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.
4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.
5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.

(C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.

(9) Section 9. Disqualification.

No designated employee shall make, participate in making, or in any way attempt to use his or her official position to influence the making of any governmental decision which he or she knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the official or a member of his or her immediate family or on:

(A) Any business entity in which the designated employee has a direct or indirect investment worth two thousand dollars (\$2,000) or more;

(B) Any real property in which the designated employee has a direct or indirect interest worth two thousand dollars (\$2,000) or more;

(C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating five hundred dollars (\$500) or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;

(D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or

(E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$390 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.

(9.3) Section 9.3. Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent his or her participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make his or her participation

legally required for purposes of this section.

(9.5) Section 9.5. Disqualification of State Officers and Employees.

In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use his or her official position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom the state administrative official, or any member of his or her immediate family has, within 12 months prior to the time when the official action is to be taken:

(A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or

(B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value one thousand dollars (\$1,000) or more.

(10) Section 10. Disclosure of Disqualifying Interest.

When a designated employee determines that he or she should not make a governmental decision because he or she has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.

(11) Section 11. Assistance of the Commission and Counsel.

Any designated employee who is unsure of his or her duties under this code may request assistance from the Fair Political Practices Commission pursuant to Government Code section 83114 and 2 Cal. Code Regs. sections 18329 and 18329.5 or from the attorney for his or her agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.

(12) Section 12. Violations.

This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the Political Reform Act, Government Code sections 81000 – 91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Government Code section 87100 or 87450 has occurred may be set aside as void pursuant to Government Code section 91003.

NOTE: Authority cited: Section 83112, Government Code.

Reference: Sections 87103(e), 87300-87302, 89501, 89502 and 89503, Government Code.

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<sup>1</sup> Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Government Code section 81004.

<sup>2</sup>See Government Code section 81010 and 2 Cal. Code of Regs. section 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.

<sup>3</sup>For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.

<sup>4</sup>Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and

dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

<sup>5</sup>A designated employee's income includes his or her community property interest in the income of his or her spouse but does not include salary or reimbursement for expenses received from a state, local or federal government agency.

<sup>6</sup>Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.

# **BOD 6 BOARD REIMBURSEMENT TRACKED CHANGES**

Policy Number: BOD6	Date Created: 03/27/2013
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 09/06/2023
Approvers: Board of Directors (Administration)	
<b>Board Reimbursement for Travel and Service Clubs</b>	

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

**PURPOSE:** To provide reimbursement to members of the Kaweah Delta Health Care District dba Kaweah Health Board of Directors, consistent with legislative regulations, for the performance of the duties of their office.

**POLICY:** Each member of the Board of Directors shall be allowed his/her actual necessary traveling and incidental expenses including service organization dues incurred in the performance of official business of Kaweah Health.

**PROCEDURE:** Travel and incidental expenses including service organization dues will be reimbursed to Board members that are paid with personal credit cards or cash upon the submittal of itemized receipts to the Board Clerk.

~~Any charges made with a Kaweah Health issued Wells Fargo credit card requires submittal of itemized receipts with 10 days of completion of travel for reconciliation of the Kaweah Health Wells Fargo Visa card provided to members of the Board of Directors.~~

#### I. Travel

- A. Meals will be reimbursed with the submittal of an itemized meal receipt.
- B. Air Fare for board member for the cost of coach fares and standard luggage fees. If the traveler chooses to travel in a premium class such as business or first, the difference in cost between coach travel rates and the premium travel rates must be paid by the traveler.
- C. Parking, taxi, or rental car fees and other transportation expenses will be reimbursed.
- D. If driving, mileage will be reimbursed at current IRS guidelines.
- E. Hotel room will be covered in full for Board Member. Lodging costs shall not exceed the maximum group rate published by the conference or activity sponsor as long as the group rate is available to the Board member at the time of booking. Any additional nights beyond or prior to the conference shall be incurred by the Board member.
- F. Conference registration for Board Members will be paid in full.

#### II. Service Club District Reimbursed Memberships

Kaweah Health recognizes the value of professional and service club memberships for its members of the Board of Directors. All Board members are encouraged to participate in such activities to benefit health care education and community involvement. As such Board members may have dues for these memberships paid for by the District. Members of the Board of Directors are eligible for membership in a community organization. Kaweah Health will not reimburse for meals, fines, or other assessments at regular meetings.

*"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."*

## EOC 1018

# Monitoring\_Refrigerator\_and\_Freezer\_Temperatures\_

<b>Policy Number:</b> EOC 1018	<b>Date Created:</b> 03/01/2008
<b>Document Owner:</b> Maribel Aguilar (Safety Officer/Life Safety Manager)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
<b>Monitoring Refrigerator and Freezer Temperatures</b>	

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

**POLICY:**All refrigerators and freezers containing food and medications for patient use will have temperature ranges monitored in compliance with all laws and regulations.

**PROCEDURE:**

1. Refrigerator and freezer temperatures will be monitored daily and documented on the appropriate temperature chart. Exception: refrigerators/freezers containing vaccine are checked at minimum twice a day The managers of the respective units are accountable for ensuring that all appropriate refrigerators are checked at the required frequency.
2. Normal temperature ranges are:
  - a. Refrigerators
    1. Food Temperature: 0 degrees C (32 degrees F) and 4 degrees C (40 degrees F).
    2. Medication Temperature 2 degrees C (36 degrees F) and 8 degrees C (46 degrees F).
  - b. Freezers:
    1. Food Temperature: -18 degrees C (0 degrees F) or lower.
    2. Medication Temperature: Shall be stored at less than or equal to minus (-) 20 degrees C (minus (-) 4 degrees F) Note: This definition differs from CCR section 1735.1, alternate range permitted if otherwise specified by pharmaceutical manufactures(s) for the product
3. If the temperature is not within normal range:
  - a. Record the temperature on the "Temperature Chart"
  - b. Adjust the temperature control.
  - c. Contact Maintenance.
  - d. Contact Food & Nutrition Services (FNS) to remove and dispose of all food items from the refrigerator. **If** Time/Temperature Control for Safety (TCS) have a recorded temperature of >41 degrees Fahrenheit and it has been for more than 2 hours they are to be discarded. If unsure of the time food is to be discarded.
  - e. A repeat temperature will be taken within 2 hours and recorded.
    1. If at the 2 hour check the temperature is IN range, nothing further needs to be done except to document the in-range temperature in the column labeled "temperature 2 hours later".
    2. If at the 2 hour check the temperature is OUT of range, document the temperature in the column labeled "temperature 2 hours later" contact maintenance for expedited service.
  - f. Contact Pharmacy to discuss alternate medication storage to be used until repairs are completed or unit is replaced and to consider disposal.

## Monitoring Refrigerator and Freezer Temperatures

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4. Document ALL corrective actions taken (e.g. adjusted temperature dial, perishable items discarded, refrigerator taken out of service, etc.) and your signature in the designated area of the form
5. Departments that are not staffed 7 days per week or that do not have a method to check daily will be equipped with a thermometer that records maximum High and Low temperatures on the days the area is closed and will otherwise follow this policy and procedure. The unit manager or designee will document the "recorded" temperatures the next business day as described below :
  - a. Record the current temperature on the temperature chart in the area that corresponds with the current day of the month.
  - b. Record the Minimum (MIN) temperature on the temperature chart on the date(s) that correspond with the date(s) the area was closed.
  - c. Record the Maximum (MAX) temperature on the temperature chart on the date(s) that correspond with the date(s) the area was closed.
  - d. Reset the thermometer by pressing the "memory clear" button located on the front of the thermometer
  - e. If the min/max temperatures for medication storage were not in the desired range on the days the unit was closed, the effected medications will be segregated, a pharmacist will be contacted, and the medications will not be used until determined by the pharmacist that they are suitable for use
6. All refrigerators in patient care areas will be cleaned as needed and at least once a week by Environmental Services.
7. If the refrigerator thermometer is broken or missing, contact the Food & Nutrition Services Department for replacement. Traceable thermometers used in medication-containing refrigerators/freezers are distributed by the Pharmacy Department.

*"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."*

# EOC 1001 Safety\_Management\_Plan\_

<b>Policy Number:</b> EOC 1001	<b>Date Created:</b> 06/01/2009
<b>Document Owner:</b> Maribel Aguilar (Safety Officer/Life Safety Manager)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
<b>Safety Management Plan</b>	

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

**I. OBJECTIVES**

The objectives of the Management Plan for Safety at Kaweah Delta Health Care District herein referred to as Kaweah Health (KH) is to provide a built-environment wherein patient care can be optimized, and to create an environment that minimizes physical harm and hazards for the patient-care population, staff, volunteers, physicians, contracted workers and visitors. It is an accreditation/standards-based and regulatory driven program, which is assessed for effectiveness during the annual evaluation process.

**II. SCOPE**

The scope of this management plan applies to KH and any off site area as per KH license. Off-site areas are monitored for compliance with this plan during routine surveillance by Environment of Care (EOC) committee members. Each off site area is required to have a unit-specific safety plan that addresses the unique considerations of the building environment. Off-site areas are monitored for compliance with this plan during routine environmental surveillance by EOC Committee members. It is the responsibility of the Safety Officer to assess and document compliance with the Safety Management Plan. Safety-related issues may be brought to the attention of the EOC Committee. The scope of the plan and program includes, but is not limited to the following safety-related activities: surveillance activities, applicable safety policies and procedures, educational and performance improvement activities.

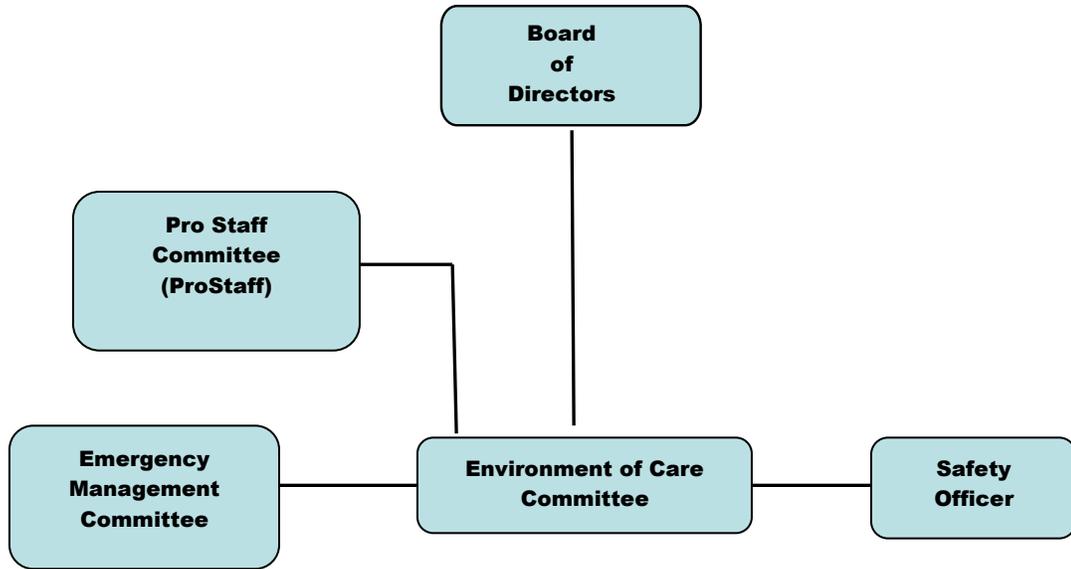
**III. AUTHORITY**

The authority for the Management Plan for Safety is EC. 01.01.01 and EC. 04.01.01. The authority for overseeing and monitoring the safety management plan and program lies in the EOC Committee, for the purpose of ensuring that safety management activities are identified, monitored and evaluated, and for ensuring that regulatory activities are monitored and enforced as necessary. Whenever possible, regulatory requirements are integrated with accreditation standards to avoid duplication of efforts and to assist in meeting or exceeding the requirements or the accreditation standards. The Chief Executive Officer and Board of Trustees have given the Safety Officer the authority to intervene whenever a hazard exists that poses a threat to life or property at a KH facility.

**IV. ORGANIZATION**

The following represents the organization of safety management at KH:

**Organization - Safety Management**



**V. RESPONSIBILITIES**

Leadership within KH has varying levels of responsibility and work together in the management of risk and in the coordination of risk reduction activities in the physical environment as follows:

**Board of Directors:** The Board of Directors supports the Safety Management Plan by:

- Review and feedback if applicable of the quarterly and annual *Environment of Care* reports
- Endorsing budget support as applicable, which is needed to implement a safe and healthy environment, identified through the activities of the Safety Management Program.

**ProStaff:** Reviews annual *Environment of Care* report from the EOC Committee, providing feedback if applicable.

**Administrative Staff:** Administrative staff provides active representation on the EOC Committee meetings and sets an expectation of accountability for compliance with the Safety Management Program

**Environment of Care Committee:** EOC Committee members review and approve the quarterly *Environment of Care* reports, which contain a Safety Management component. Members also monitor and evaluate the Safety Management program (**EC .04.01.01-1**) and afford a multidisciplinary process for resolving EOC issues. Committee members represent clinical, administrative and support services when applicable. The committee addresses *EOC* issues in a timely manner, and makes recommendations as appropriate for approval. *EOC* issues are communicated to the KH’s leaders through quarterly and annual evaluation reports. At least annually, one Process Improvement activity may be selected by EOC Committee members, based upon risk to the organization. EOC issues are communicated to those responsible for managing the patient safety program as applicable.

**Directors and Department Managers:** These individuals support the Safety Management Program by:

- Reviewing and correcting deficiencies identified through the hazard surveillance process.
- Communicating recommendations from the EOC Committee to affected staff in a timely manner.
- Developing education programs within each department that insure compliance with the policies of the Safety Management Program including, but not limited to department-specific safety training for new hires, students, volunteers, contracted workers, annual safety reorientation and unit-specific hazard training applicable to their areas.

- Supporting all required employee safety education and training by monitoring employee participation and setting clear expectations for employee participation to include a disciplinary policy for employees who fail to meet the expectations.
- Serving as a resource for staff on matters of health and safety.
- Ensuring employees are knowledgeable on how to access EOC Policies on Policy Tech.
- Ensuring that the procedure for work-related injuries is followed, and that accident investigation is completed immediately post injury or exposure, and documented on the appropriate form.

**Employees.** Employees of KH are required to participate in the Safety Management program by:

- Completing required safety education.
- Using the appropriate personal protective equipment when applicable. Practicing safe work habits and reporting any observed or suspected unsafe conditions to his or her department manager as soon as possible after identification.

**Medical Staff:** Medical Staff will support the Safety Management Program by practicing safe work practices while performing procedures at KH, and assisting in the care of employees who receive a work-related injury.

#### **SAFETY OFFICER AUTHORITY**

**Safety Officer.** A qualified individual, is appointed by executive leadership to assume the safety officer role, and oversees the development, implementation and monitoring of safety management at KH. The Safety Officer is responsible for responding to system or process failures that may have an impact on employee, patient or building safety.

#### **MANAGEMENT OF SAFETY RISKS**

(KH) identifies safety risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root-cause analyses, results of annual proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. If a risk is identified, a risk/benefit analysis process is used to determine if actions and monitoring activities are required. This information is documented and presented to the EOC committee.

**Risk Assessment: The management of risks within KH is multi-focal, and consists of the following processes:**

1. **Policy/Plan/Program Development.** Inherent in risk assessment are the development of safety policies (e.g., Safety Manual or unit-specific), management plans, and program development for safety through the structure of the EOC Committee. Regulations, accreditation or industry standards (e.g., TJC, Title 8 – Employee Illness and Injury Prevention Program, Title 22-licensing requirements for acute care facilities, Title 17-Radiation Safety, OSHA 29 CFR 1910-Chemical Hygiene Officer and Plan) provide the basis and authority for policy/plan and program development.
2. **Environmental Surveillance, Results of Root-Cause Analyses, Pro-active Risk Assessment of high-risk processes.** Included in risk assessment are findings during environmental surveillance that reflect risk identification, and findings from root-cause analyses that require follow-up and improvement actions. During the annual evaluation process, risk identification may occur from a retrospective analysis of performance monitoring of high-risk processes, which will require a plan for improvement to minimize unfavorable outcomes from the possibility of consequential risks. Accountability for assessment and improvement activities are with the EOC committee.
3. **External Sources:** *Sentinel Event Alerts*, Regulatory and Insurer inspections, Audits, and Consultants. Risk assessment may occur as a result of findings or recommendations generated from external sources, such as *Sentinel Event Alerts*, Regulatory and/or Insurer surveys, or audits conducted by recruited consultants. Accountability for assessment and improvement activities is with the EOC committee.

4. **Education:** Education is implemented to provide information, and thereby mitigate risk and includes, but is not limited to:
  - New hire
  - Annual Reorientation
  - Department Specific Education
  - Education for patients, staff, physicians, volunteers, students
  - Education based upon a needs assessment for any specific population.
  - Education based upon risk assessment or the results of surveys, inspections or Audits
5. **Drills – Planned Exercises:** Conducting drills such as fire, disaster, and infant security constitute activities designed to inform, educate and thereby mitigate risk when areas of risk are identified during the debriefing and or evaluation process.
6. **Interim Life Safety Risk Assessment.** The *Interim Life Safety Risk Assessment* process is used to identify potential risks associated with construction, with the intent to develop interim life safety measures to mitigate the risks associated with construction projects. Concurrent building safety guidelines/processes are used to mitigate the risks associated with new construction (e.g., permits, Life Safety Code compliance, current *Statement of Conditions, Guidelines for Design and Construction of Hospitals and Health Care Facilities*).
7. **Reporting and Investigation of Incidents:** Complementary to risk assessment is proper reporting and investigation of incidents. There are multiple processes within KH wherein reporting and investigating elements contribute to risk assessment. Internal processes and activities that support risk assessment include reporting and investigation mechanisms which may identify the opportunity to mitigate risk, such as:
  - Security investigation of property damage, thefts, vandalism, burglary, assault, battery and any workplace violence incidents.
  - Risk Management investigations of patient and visitor incidents, including incidents on the grounds and premises.
  - Employee Health investigations that addresses employee incidents and injuries within Kaweah Health and on the grounds and premises.
  - Infection Control investigations and or surveillance that pro-actively identify practices that provide the opportunity to mitigate risks
  - Material Distribution recalls for products that may pose risk and the opportunity to proactively mitigate the potential for adverse outcomes
  - Pharmaceutical recalls, medication errors or near-misses that may provide the opportunity to proactively mitigate risk

#### **ACTIONS TO MINIMIZE OR ELIMINATE IDENTIFIED SAFETY RISKS**

##### **KH takes action to minimize or eliminate identified safety risks.**

When risks are identified from the above processes, the EOC Committee uses the risks identified to select and implement procedures and controls to achieve the lowest potential for adverse impact on the safety and health of patients, staff, and other people coming to KH. Moreover, the identified risks may serve as the basis for the selection of performance standards, with the criteria identified as follows:

- The performance standard represents a high-volume activity, thereby representing risk by virtue of ongoing occurrences.
- The performance standard could represent a sentinel event activity (e.g., infant abduction). These types of activities, though rare in occurrence, represent risk due to their seriousness.
- The performance standard represents an activity or finding that needs improvement due to the possibility of adverse outcomes

#### **Risk Reduction Strategies-Proactive**

The following strategies are in place at KH to proactively minimize or eliminate safety risks:

1. **Worker Safety Program with Safety Officer Role.** The *Environment of Care* Committee outlines the broad objectives of the safety program for (KH), and implements various activities to ensure the program is viable, as well as defines, through the Safety Management Plan, how the overall plan and program will be evaluated for effectiveness. The Safety Officer has the authority to intervene whenever a hazard exists that poses a risk to the safety of the patients and or building. Alternate individuals are identified in the

absence of the Safety Officer. A Chemical Hygiene Officer role is in place within the Laboratory that oversees policies and procedures relating to lab safety for employees. An Infection Control Nurse oversees surveillance and infection control programs to minimize exposure risks.

2. **Committees.** The EOC Committee is the structure through which safety-related problems and issues can be identified and resolved. It should be noted that the EOC Committee is closely integrated with patient safety functions. The purpose of the EOC Committee with respect to the Patient Safety standards is to remain aware of sentinel event alert information from the Joint Commission and to assess organizational practices against current information relating to patient safety. Additionally, when recommendations are made for hospitals, each recommendation is critically reviewed, with a plan of action established. If sentinel events occur within the District setting that reflect *environment of care* issues, the EOC Committee will participate in improving outcomes relating to patient safety.

The Radiation Safety Committee impacts worker safety as it oversees the radiation safety program and issues relating to the safety of the worker and radiation exposures. The Emergency Management Subcommittee convenes for the purpose of minimizing risks associated with unforeseen emergent situations that have the potential for consequential or adverse events.

- 3 **Reporting and Investigation Mechanisms:** Multiple sources of reporting and investigating mechanisms are in place (as identified above) that have the potential to identify risk and thereby implement action as needed to mitigate or minimize the identified risks.
- 4 **Policies/Procedures.** Safety policies and procedures are in place to assist the employee in the performance of safe-related activities related to the nature of their job tasks or their work areas. Policies and procedures are reviewed at least every three years.
5. **Education** – for Newly-hired Staff and Ongoing
 

New hire education. Education relating to general safety processes is given during new hire orientation, and covers such topics as introductory information, an employee’s role with respect to general safety processes, types of safety materials and resources available for the employee on his/her unit, preliminary introduction to the concepts of “RACE” and compartmentalization”, emergency management, and introductory information relating to “Employee Right to Know”. This education is documented. Licensed Independent practitioners (LIP’s) receive *Environment of Care* education through the re-credentialing process, which identifies how LIP’s can eliminate or minimize physical risks in the environment of care, actions to take in the event of an incident, and how to report risks.

  - a) **Area Specific Safety.** Area specific safety is covered for new employees and contracted workers on each department within (KH) and is the responsibility of the department manager and is documented. Information may include, but not be limited to location of the department’s fire alarms, fire extinguishers, exits, evacuation plans; and location of unit- specific policies and procedures.
  - b) **Specific Job-Related Hazards.** Education relating to specific job-related hazards may be part of the new employee’s competencies, and part of the competency reorientation process. Examples of this may include job-related hazards related to the use of chemotherapy for nurses, “lock-out-tag out” for engineering staff, or use of certain cutting materials in the kitchen. Education for specific job-related hazards is the responsibility of the department manager and is documented.

#### **Educational sources**

Various types of experience at (KH) provide sources from which educational material is developed. These include, but will not necessarily be limited, to, the following:

- a) **Environmental surveillance trends.** Through trending of surveillance results, it may be determined that staff need additional education. The survey process itself may be an educational tool for staff. For example, when staff are asked specific questions relating to fire or disaster roles, or location of SDS, or relating to their responsibilities with respect to defective equipment.

- b) **Fire and Disaster drills.** When staff performance is evaluated during fire and disaster drills, educational topics may be developed if a knowledge deficit exists or if staff performance was not at the expected level.
- c) **Changes in Operational Practices.** Whenever changes occur within (KH) that requires additional safety education, the education will be determined by the EOC committee.
- d) **Needs Assessment.** Another source of education is determined from periodic needs assessment tools. These can be gathered from educational evaluations wherein the staff may be asked, "What other types of educational topics would you like to see?" Or it may be done at the unit level, for example, with the use of medical equipment when user errors occur.
- e) **Illness and Injury Trends.** When illness and injury trends demonstrate an increase, the increase may be the catalyst for further education. Increasing back or needle stick injuries, or falls are examples of using injury trends to substantiate the need for additional education.
- f) **Consequential Events or Risk of Consequential Events.** An incident may occur that results in an adverse patient, visitor or employee injury. This will warrant investigation, and the possibility of additional education.
- g) **Environment of Care Committee.** The EOC Committee may impose education upon staff due to various regulatory and/or accreditation agencies that require updating.
- h) **Risk Assessment Activities.** When risks have been identified, the risks will serve as a source of education for staff, based upon the severity and type of risk assessed.

#### **Risk Reduction Strategies – When Risks Have Been Identified**

When proactive risks have been assessed, risk reduction strategies will be the responsibility of the EOC Committee, unless the risk poses the potential for serious consequential events (i.e., death, serious injury or building threat). In this instance, the individual who has assessed the risk will notify the Safety Officer and Risk Management leadership who will then assume responsibility for reduction of the risk threat. Risk reduction strategies for the possibility of non-serious or non-imminent consequential events may be addressed through the *Sentinel Event Review* or EOC Committee, based upon the severity and type of risk identified. Risk reduction strategies include, but are not limited to the following:

1. Policies and Procedures. Policies and procedures may require development or revision, with applicable training completed for affected staff.
2. Education. New or reinforced education may be implemented to minimize the potential for future risk.
3. Equipment. The purchase of new equipment or the use of current equipment may require evaluation.
4. Administrative Controls. Administrative controls such as changes in staffing, or changes in staffing patterns may require evaluation and implementation.
5. Equipment Training. Training on equipment may be implemented or re-enforced.
6. Repairs/ Upgrades on Equipment. Repairs and or upgrades on medical, utility, or building equipment may be required.
7. Elimination of the Risk. Elimination of the risk through removal of a hazard may occur.
8. Product or Equipment Change-out or Recall. Faulty or defective products or equipment may be recalled and replaced.

#### **MAINTENANCE OF GROUNDS AND EQUIPMENT**

(KH) manages risks associated with the grounds and equipment in order to minimize consequential events or adverse outcomes related to accidents.

Environmental surveys are done routinely by EOC Committee personnel. Additionally, routine and varied security patrols are conducted wherein any safety hazards are brought to the attention of the EOC Committee. Routine building/grounds surveys with a contractor's representative are conducted when construction activities are occurring. Special investigations by the Safety Officer and other designated staff, when requested, are conducted. Additionally, Risk Management reviews data from reported incidents that may identify patterns, trends and opportunities for improvements. The data involves all patient and visitor incidents related to accidents or other unusual events which are not

consistent with routine patient care and treatment. Incidents that involve patients or visitors, wherein some aspect of the building/grounds plays a consequential role, the Safety Officer will be notified so the hazard may be investigated and corrected as necessary. All of these activities contribute to an overall monitoring plan for the grounds and safety-related equipment.

#### Equipment - Imaging Risk Reduction:

The hospital provides MRI services, and manages safety risks associated with MRI for the following circumstances:

- Patients who may experience claustrophobia, anxiety or emotional distress: Medication may be provided by the physician to help the patient relax or to decrease his/her anxiety or emotional distress. The RN or MRI technologist may provide psycho-social support as necessary. .
- Patients who may require urgent or emergency medical care: for these patients, a crash cart is available if needed, with transfer to the Emergency Room or Critical Care an option when necessary.
- Patients with medical implants, devices or imbedded foreign objects (such as shrapnel): All patients receive a pre-screening questionnaire to determine if he/she has any imbedded implants, devices or foreign object that will require a clinical judgment to proceed or terminate the MRI. Implants are reviewed by MRI technologist to check for MRI conditional status and review parameters necessary, prior to MRI.
- Ferromagnetic objects entering the MRI environment: MRI staff have been trained to decrease/eliminate any ferromagnetic objects from entering the MRI environment.
- Acoustic noise: The noise made by the MRI can be bothersome to some patients. Patients are informed of this possibility, and that the MRI may be stopped if the noise becomes unbearable. Headphones, where available, and/or earplugs are provided to reduce MRI noise.
- Restricting access to everyone not trained in MRI safety or screened by MRI-trained staff from the scanner room and the area that immediately precedes the entrance to the MRI scanner room: Signage is in place that prohibits unauthorized personnel from entering the MRI area. Door is secure with key pad which effectively restricts entrance to only those who have been safety trained in MRI safety and individually screened using MRI screening questions.
- Making sure that these restricted areas are controlled by and under the direct supervisor of MRI-trained staff: Controlled areas to the MRI are under the direct supervision of MRI-trained staff.
- Posting signage at the entrance to the MRI scanner room that conveys the potentially dangerous magnetic fields that are present in the room. Signage should also indicate that the magnet is always on. Signage is posted at the entrance to the MRI stating that the MRI scanner room has potentially dangerous magnetic fields present, and no one is allowed except authorized personnel. All personnel review annual MRI safety during annual training via our online learning platform.

#### Performance evaluation of Imaging Equipment.

To reduce the potential of risks relating to the operation and function relating to imaging equipment, the following activities and processes are in place:

##### For Diagnostic Radiology Equipment:

- A least annually a diagnostic medical physicist conducts a performance evaluation of all Diagnostic Imaging equipment that produce ionizing radiation. The evaluation, along with any recommendations and corrections, are documented. The evaluation utilizes phantoms to measure accuracy of dosages; alignment of beam, light, and collimators; and any functional process involved in acquiring images. Image quality of Computerized Radiography Reading units, Digital Detector Plates, workstations and monitors throughout the Imaging are also evaluated annually for image quality and accuracy, to include high and low contrast resolution, and artifact evaluation

##### For MRI Equipment:

- A least annually a diagnostic medical physicist or MRI scientist conducts a performance evaluation of all MRI imaging equipment. The evaluation, along with any recommendations, are documented. The evaluation includes the use of phantoms to assess the following: image uniformity for all radiofrequency coils used clinically, slice

position accuracy, alignment light accuracy, high and low contrast resolution, geometric or distance accuracy, magnetic field homogeneity, and artifact evaluation.

**FOR CT Equipment:**

- Quality control and maintenance is in effect to maintain the clarity/quality of diagnostic images produced. Biomedical leadership identifies the frequency of maintenance activities for Imaging from a risk-based standpoint, and or manufacturer's recommendations.
- Annually, a medical physicist completes the following: measures the radiation dose (in the form of volume computed tomography dose index [CTDIvol] for the adult brain, adult abdomen, pediatric brain and pediatric abdomen.
- Verifies that the radiation dose in the form of the CTDIvol that is displayed by the CT imaging system for each tested protocol is within 20% of the CTDIvol displayed on the CT console. The dates, results and verifications of these measurements are documented (Note: this is only applicable for systems capable of calculating and displaying radiation doses in the form of CTDIvol.
- Annually a medical physicist conducts a performance evaluation of all CT Imaging equipment, with the evaluation, along with recommendations for correcting any problems, documented. The evaluation includes the use of phantoms to assess the following: image uniformity, slice thickness accuracy, slice position accuracy (when prescribed from a scout image), alignment light accuracy, table travel accuracy, radiation beam width, high contrast resolution, low contrast resolution, geometric or distance accuracy, CT number accuracy and uniformity, artifact evaluation.
- All CT protocols on CT units are password protected and reviewed by CT technologist, radiologist and radiation safety officer (RSO).

**FOR Nuclear Medicine Equipment:**

- At least annually, a diagnostic medical physicist conducts a performance evaluation of all Nuclear Medicine imaging equipment. The evaluation, along with recommendations for correcting any problems identified, are documented.
- The evaluations are conducted for all the image types produced clinically by each type of Nuclear Medicine scanner (e.g., planar and or tomographic) and include the use of phantoms to assess the following imaging metrics: image uniformity/system uniformity, high contrast resolution/system spatial resolution, low contrast resolution or detectability (not applicable for planar), sensitivity, energy resolution, count rate performance and artifact evaluation.

**FOR PET Imaging:**

- At least annually, a diagnostic medical physicist conducts a performance evaluation of all PET Imaging equipment. The evaluation results, along with recommendations for corrections, are documented. The evaluations are conducted for all of the image types produced clinically by each PET scanner (for example, planar and or tomographic), and include the use of phantoms to assess the following imaging metrics: image uniformity/system uniformity, high contrast resolution/system spatial resolution, low-contrast resolution or detectability (not applicable for planar acquisitions), and artifact evaluation. Note: the following tests are recommended, though not required for PET: sensitivity, energy resolution and count-rate performance; this is at the discretion of the Imaging leadership.

**FOR Diagnostic X-Ray, MRI, CT, NM, PET Equipment:** the annual performance evaluation conducted by the medical physicist includes testing of image acquisition display monitors for maximum and minimum luminance, luminance uniformity, resolution and spatial accuracy.

**Product Notices and Recalls**

Product Notices and Recalls. Product safety recall reports are presented to the EOC Committee with follow-up and outcome(s) on a quarterly basis. Noted are whether or not there were any adverse actions for the patient, the type of the product and the disposition of the product. Affected managers are notified when the product is identified within our inventory.

**Pharmacy Safety:** In support of safe and sterile conditions within the Pharmacy during compounding or admixing, sterility of packaging is present with "event shelf life" or dated products. Infection Control

surveillance observes for sterility of packaging, and Pharmacy implements quality control by observing for sterility prior to the use of a product. The only exception is in an urgent situation in which a delay could harm the patient or when the product's stability is short. (KH) is constructed to allow for clean, uncluttered and functionally separate areas for product preparation, and pharmacy staff is trained to use clean or sterile techniques. During preparation of pharmaceutical drugs and solutions, pharmacy staff is trained to visually inspect the medications for particulates, discoloration or other loss of integrity, and to remove the product from usage, and report the information to the vendor. To support pharmaceutical safety, (KH) has a laminar airflow hood for the preparation of intravenous admixtures or any other sterile product. The laminar airflow receives preventive maintenance in accordance with the manufacturer's recommendations.

### **Prohibition of Smoking**

A nonsmoking policy is in place at (KH) and is enforced and monitored throughout all buildings by management, employees and Security staff. The purpose of the policy is to restrict smoking at KH and to reduce risks to patients who have a history of smoking, including possible adverse effects on treatment, and to reduce the risks to others of passive smoking and fire. The smoking policy prohibits smoking anywhere on District property. The smoking policy is addressed with all new employees upon hire and new patients upon admission. Security personnel are the primary monitoring personnel for enforcement. If breaches of policy are noted, the EOC Committee will develop strategies in conjunction with Security as enforcement, to eliminate the incidence of policy violations.

### Information Collection System to monitor conditions in the Environment

1. (KH) establishes a process(es) for continually monitoring, internally reporting, and investigating the following:
  - Injuries to patients or others within the District's facilities
  - Occupational illnesses and injuries to staff
  - Incidents of damage to its property or the property of others
  - Security incidents involving patients, staff or others within its facilities, including those related to workplace violence
  - Hazardous materials and waste spills and exposures
  - Fire safety management problems, deficiencies and failures
  - Medical or laboratory equipment management problems, failures and use errors
  - Utility systems management problems, failures or use errors

Through the EOC Committee structure, each of the above elements are reported and investigated on a routine basis by managerial or administrative staff, with oversight by the committee. Minutes and agendas are kept for each *Environment of Care* meeting.

### Environmental Tours

(KH) conducts environmental tours to identify deficiencies, hazards and unsafe practices.

Department environmental tours are conducted throughout the District, including offsite locations by EOC Committee members for both the patient care and non-patient care areas. Environmental tours are conducted in the patient care areas, and in the non-patient care areas, with deficiencies, hazards and unsafe practices identified and corrected, or with a plan implemented.

### Annual Evaluation of the Safety Management

On an annual basis EOC Committee members evaluate the Management Plan for Safety, as part of a risk assessment process. Validation of the management plan occurs to ensure contents of each plan support ongoing activities within KDHC. Based upon findings, goals and objectives will be determined for the subsequent year. A report will be written and forwarded to the Governing Board. The annual evaluation will include a review of the following:

- The objectives: The objective of the Safety Management plan will be evaluated to determine continued relevance for Kaweah Delta Health Care District (i.e., the following questions will be asked; was the objective completed? Did activities support the objective of the plan? If not, why not? What is the continuing plan? Will this objective be included in the following year? Will new objective(s) be identified? Will specific goals be developed to support the identified objective?).
- The scope. The following indicator will be used to evaluate the effectiveness of the scope of the safety management plan: the targeted population for the management plan will be

evaluated (e.g., did the scope of the plan reach employee populations in the off-site areas, and throughout KH?)

- **Performance Standards.** Specific performance standards for the Safety Management plan will be evaluated, with plans for improvement identified. Performance standards will be monitored for achievement. Thresholds will be set for the performance standard identified. If a threshold is not met an analysis will occur to determine the reasons, and actions will be identified to reach the identified threshold in the subsequent quarter.
- **Effectiveness.** The overall effectiveness of the objectives, scope and performance standards will be evaluated with recommendations made to continue monitoring, add new indicators if applicable or take specific actions for ongoing review.

(KH) analyzes identified Environment of Care Issues

*Environment of care* issues are identified and analyzed through the EOC Committee with recommendations made for resolution. It is the responsibility of the EOC Committee chairperson to establish an agenda, set the meetings, coordinate the meeting and ensure follow-up occurs where indicated. Quarterly *Environment of Care* reports are communicated to Performance Improvement, the Medical Executive Committee and the Governing Board.

### **Priority Improvement Project**

At least annually, one or more priority Improvement activities may be selected by Environment of Care Committee members. The priority improvement activity is based upon ongoing performance monitoring and identified risk within the environment.

KH improves its Environment of Care

Performance standards are identified monitored and evaluated that measure effective outcomes in the area of safety management. Performance standards are also identified for Security, Hazardous Materials, Emergency Management, Fire Prevention, Medical Equipment management and Utilities management. The standards are approved and monitored by the EOC Committee with appropriate actions and recommendations made. Whenever possible, the *environment of care* is changed in a positive direction by the ongoing monitoring, and changes in actions that promote an improved performance.

### **Patient Safety**

Periodically there may be an *Environment of Care* issue that has impact on the safety of our patients. This may be determined from *Sentinel Event* surveillance, environmental surveillance, patient safety standards or consequential actions identified through the risk management process. When a patient-safety issue emerges it is the responsibility of the Safety Officer or designee to bring forth the issue through the patient safety process.

*"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."*

# EOC 5001 Facility\_Fire\_Response\_Plan\_

<b>Policy Number:</b> EOC 5001	<b>Date Created:</b> 10/01/2011
<b>Document Owner:</b> Maribel Aguilar (Safety Officer/Life Safety Manager)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
<b>Facility Fire Response Plan</b>	

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

**Policy:** Kaweah Delta Health Care District herein after referred to as Kaweah Health (KH) will maintain a current Facility Fire Response Plan that addresses multiple features designed for the protection of life and property in the event of a fire.

**Purpose:** The purpose of the Kaweah Health’s facility Fire Response Plan is to provide an environment conducive to the prevention of facility fires and the protection of life and property in the event of a fire.

**Scope:** The scope of the Kaweah Health Facility Fire Response Plan pertains to all property, buildings, and grounds owned and operated by Kaweah Delta Health Care District.

**Authority and Responsibility:** It shall be the responsibility of the Director of Facilities in conjunction with the Risk Manager, Safety Officer and administration to implement the content of the Kaweah Health Facility Fire Response Plan to ensure the protection of life and property in the event of a fire within the confines of Kaweah Health Care facilities.

**Fire Safety Training:** All employees, guild members, volunteers, Licensed Independent Practitioners and other staff members will receive training on department-specific plans as well as the facility fire response in an effort to keep both plans at maximum effectiveness.

**I. FIRE PREVENTION:**

An unsafe act or unsafe conditions or both cause most fires. If each and every employee performed their duties in a safe manner and were alert to remove, correct and/or report unsafe conditions to their supervisor, most fires would be prevented.

**A. Fire Resistive Construction:**

1. It is the responsibility of the Kaweah Health Maintenance Department to maintain the initial standard of Type I fire resistive construction of Kaweah Health.
2. The Maintenance Department and Facility Planning department will monitor future construction changes and additions in such a manner as to protect the lives and ensure the physical safety of the patients, the employees, and the visitors to the hospital.
3. Whenever, unless done during the course of a permitted construction project, a smoke barrier wall or a fire wall is penetrated in order to run conduit, pipe or telephone cable, a Fire/Smoke Wall Penetration Permit will be issued and the Maintenance Department will check to see that the opening has been properly repaired.
4. No grills or windows will be cut in doors without the approval of the Maintenance Manager. No doors will be removed, or the designation of swing changed, without the Maintenance Managers permission. No hardware will be changed that might keep an automatic smoke control door from closing, that might disable panic hardware, or that might allow a fire door to stand open due to removal of a door closer.

5. Any partitions added to the building will be constructed in accordance with permitted HCAI (OSHPD) documents.
6. All materials and fabrics will meet fire ratings requirements as defined in the California Building Code for all hospital settings.

**B. No Smoking Policy:**

1. Communication of the policy will be by signage at campus entrances, building entrances, parking areas and reminders from staff when necessary. Job applicants will be notified of the policy upon application and during orientation.
2. As the fifteen (15) minute employee break is a paid break, staff will not be permitted to use tobacco products during these times. Employees will be required to leave the campus if they choose to use tobacco products during their lunch break.
3. This policy applies to all persons while on KH property. Employees found to be in violation of this policy will be subject to corrective action up to and including termination.
4. All employees will be responsible for the enforcement of this policy. Should an employee be found using tobacco products on KH property, the incident should be reported to the department manager.
5. Patients will not be permitted to smoke while under KH's care, even with a physician order.
6. KH will assist with compliance by sponsoring smoking cessation programs and providing smoking cessation education materials.
7. Persistent non-compliance with this policy should be directed to the following personnel:
  - Medical Staff – Vice President for Medical Affairs and Chief Medical Officer
  - KH Staff – Appropriate Director and Executive Team Member

**C. Housekeeping Practices:**

1. EVS in conjunction with occupants of the respective areas must monitor all facilities to avoid the accumulation of empty boxes, trash, wet and/or oily rags or other flammables or combustibles.
2. Do not stack boxes within eighteen inches from the bottom of the sprinkler heads.
3. Fire doors may not be wedged open or blocked in any way with equipment, chairs, trash cans, etc. If a fire door does not have a mechanical hold open device installed, it is to remain in the closed position.
4. Wheeled equipment is permitted to be left unattended in the corridor for more than 30 minutes provided:
  - The equipment does not reduce the clear unobstructed corridor width to less than 5 feet.
  - The wheeled equipment is limited to equipment that is in use, medical emergency equipment not in use, and patient lift and transport equipment. Beds are not considered transport equipment or emergency medical equipment, so they are not allowed in corridors.

**D. Electrical Hazard Prevention:**

Electrical devices with frayed cords or wires and defective switches or plugs should be taken out of use, tagged with the defect, and reported to the appropriate department, Clinical Engineering or Maintenance Department.

**E. Flame Spread Ratings:**

The responsibility of acquiring flame spread ratings and the acquisition of approved equipment will be vested in the Hospital Architect of record, Facilities Planning Director, Director of Facilities Operations and the Director of Materials Management.

1. Kaweah Health shall prior to installation verify spread ratings on covering/finishing materials used

- within the facility.
- 2. These shall include, but not be limited to:
  - a. Carpet - flame retardant
  - b. Wall coverings - flame retardant
  - c. Drapes – flame retardant
  - d. Waste baskets - constructed of nonflammable material
  - e. Upholstery - flame retardant
  - f. Bedding - flame retardant
  - g. Decorations - flame retardant
- 3. Material will not be purchased if material flame spread rating data is not available

## II. **FIRE IDENTIFICATION:**

Kaweah Health, Main Campus, is equipped with a Simplex 2120 Multiplex Fire and a Siemens Fire Finder XLS Alarm System. This system will identify, signal, and annunciate, upon activation of one of the initiation devices, any Code Red incidents. Employees will also be depended upon for quick, accurate detection and identification of fire.

### A. **Initiation Devices:**

The Fire Alarm System provides the following means of initiating and identifying fire and smoke:

1. **Smoke Detectors** - There are smoke detectors located throughout the facility. Specific rooms and corridors are equipped with smoke detectors.
2. **Duct Detectors** - There are duct detectors installed on many of the KH air handlers. These are duct-mounted smoke detectors.
3. **Heat Detectors** - There are standard heat/thermo detectors located in the kitchen area, janitor closets and some mechanical areas. These detectors are combination rate of rise and set point operated.
4. **Flow Switches** - There are flow switches which annunciate fire sprinkler zones. Department-specific fire responses identify any sprinkler zone that serves that department.
5. **Pull Stations** - There are manual pull stations located throughout the facility. There will be a pull station located at all stair and ground floor exits and at various other locations. Department-specific fire responses note the pull station for that area.
6. Employees and licensed practitioners should report any odors of smoke or sighting of smoke to PBX Immediately by calling the code phone number 44 inside the main facility or 911 for all other locations.

### B. **Alarm Signaling:**

Upon activation of any initiation device such as smoke detector or any device mentioned in “Fire Identification” section herein, an audible and visual alarm will activate.

1. Audible Alarms: There are chimes located throughout the facility. These will sound until an “All Clear” is called.
2. Visual: There are wall-mounted strobe lights located throughout the facility. These will remain lit until an “All Clear” is called.

### C. **Communication:**

Upon identification of any Code Red incident, a series of communication events will take place. These events integrate mechanical and human responses.

1. Activation of any of our initial devices will be relayed to our outside monitoring company who will immediately contact Visalia fire dispatch for response of the initial firefighting units to the facility.
2. Simultaneously, this activation of the fire alarm system will display the zone and location at the main enunciator panels located in PBX.
3. The PBX operator will read the signal from the enunciator board and page “Code Red” two times. The location, device, and zone will be communicated via the public address system with the volume booster engaged. An “All Clear” will be announced by the PBX operator, two times, after notification of “All Clear” by the Maintenance Department Personnel, Safety Department Personnel or Fire Department. This same procedure will be followed on all shifts.
4. Our telephone system will be used for identification of a Code Red incident by dialing **44** at the hospital.
5. During a Code Red incident the telephone system should be limited to emergency calls only.

6. An alternate communication system will be used upon loss of the public address system, phones, or radio. Should the Code Red incident take place on the first floor and require evacuation of the PBX staff, the PBX manager will order transfer of communication operations to the ER.

D. **Fire Alarm Device Failure:**

To ensure staff knowledge and awareness in the event of pull station or any fire alarm system failure.

1. All employees, Guild members, or other staff, including licensed practitioners that attempts to operate a manual fire alarm pull station should recognize that within seconds of pulling the handle on the pull station, audible and visual alarms will initiate.
2. Should the signaling devices (audible and visual) fail to initiate, the following protocol shall be used.
  - a. Alternate locations of fire alarm pull stations should be found. These alternate locations should be identified in the department-specific fire responses.
  - b. All exits have a fire alarm pull station
  - c. Communicate the exact location and any other incident specifics to PBX by dialing **44** at the nearest available phone after activating pull station.

III. **CODE RED TEAM AND INCIDENT COMMAND STRUCTURE:**

A. **Code Red Command Center:**

1. A Code Red command center will be set up in the Medical Staff Conference Room near PBX or other area as designated by the incident commander. This center becomes the communication hub during a disaster and fire incident.
2. First shift command center staffing will consist of the Maintenance Personnel supervisor, and fire department designee. Need for an administrative representative will be evaluated as necessary.
3. The safety officer, when not at the fire location, will be stationed at the command center. All communication pertaining to extinguishment, evacuation or other emergency response will be transmitted from the command center to all necessary locations.
4. The second and third shift command center will be set up in the Medical Staff Conference Room with the arrival of the fire department, maintenance personnel, and safety officer.

B. **Management of Smoke Transmission:**

1. Kaweah Health will require a fire alarm system that will limit the transfer of smoke. The buildings are equipped with a Fire Alarm System that addresses and accomplishes compartmentalization of smoke by automatic controls.
2. The Fire Alarm System provides for activation of smoke dampers upon initiation of all automatic device Priority I alarms.
3. Documentation of the fire/smoke damper system is evidenced by life safety and mechanical drawings kept on file in the Maintenance department.

IV. **CODE RED EMERGENCY RESPONSE:**

A. **First Responder Procedures in Fire Area:**

The specific plan for each department specifies the details of actions to be undertaken by employees in the event of a fire in your area. In general, the person discovering the fire (employees, volunteers and Licensed Practitioners) must immediately:

**RACE**

1. **Rescue** - REMOVE any persons in immediate danger.
2. **Alarm** - Communicate the presence of fire by immediately activating the nearest fire alarm pull station.
3. Call, or designate someone to call the operator by dialing (Hospital Specific Number) to report the exact location and type of fire. If possible, have someone stay by the pull station to direct the Code Red responders to the site.
4. **Confine/Contain** – Close Doors, clear hallways. Equipment in hallways should be moved to inside unit/patient rooms with the door closed.
5. **Extinguish/Evacuate** - The fire should be extinguished if it is small and easily controllable by use of the fire extinguishers; however, all personnel in the fire area must evacuate the area as instructed in their fire response.

B. **Recommended Actions for All Personnel including Licensed Practitioners including During a Fire Alarm:**

1. Personnel should stay in the area in which they are at the time of the alarm. They should follow the

instructions of the person in charge of that area at the time. Personnel should not be transiting through the corridors unless they have specific fire-related duties.

2. All patient room doors are to be kept closed to aid in the evacuation; however, patient bathroom doors may be open. Any other door may **ONLY** be closed if it has been ascertained that **NO PERSONS** are in the room at the time of the alarm.
3. **DO NOT USE ELEVATORS.** Use stairways only. Elevators are to be utilized only by the fire department.
4. Personnel should attempt to reassure patients that the situation is under control and that they will be attended to throughout the event.
5. Visitors already in the hospital should remain with the patient in their room unless instructed otherwise by the person in charge of the area.
6. All visitors/vendors attempting to enter the hospital should be intercepted by an employee, and instructed to wait outside in the parking lot until the alarm is cleared.
7. Telephones should not be used during a Code Red. The paging system and any telephone conversation deemed essential should be limited to fire directives and emergencies only.
8. All nonessential electrical equipment should be turned off.
9. Guild members should remain in the area to which they are assigned and should follow the directions of the person in charge of that area.
10. All personnel should be prepared to follow their plan to evacuate their department upon orders from the person in charge as conditions warrant.
11. All staff including licensed practitioners will cooperate with firefighting authorities.

C. **Code Red Response Procedures:**

1. Code Red members will vary according to shift, will respond immediately to the announced location of the fire and will be in charge of the situation until the fire department arrives.
2. All available engineers, environmental service aides, security staff and nursing supervisor will report immediately to the fire location.
3. Maintenance personnel will determine the location and severity of the fire and smoke as well as assess the amount and spread of smoke, flame and area affected, spread patterns, and the extinguishing of the fire. This information will be continually transmitted to the command center.
4. Security staff will provide foot traffic control and maintain egress availability at stairway entrance. Environmental services staff will report to the department head or charge nurse to assist in evacuation preparation.
5. Code Red responders will serve as supplemental staff necessary for horizontal evacuation. Horizontal evacuation preparation is mandatory, in all zones, pending determination of fire and/or smoke severity. If a call for vertical evacuation is determined necessary, the Code Red responders will assist in the evacuation.

D. **Extinguishment of Fire:**

Kaweah Health is equipped with portable fire extinguishers, kitchen hood extinguishing systems, and specific areas covered with a fire sprinkler system.

1. Response to the Code Red includes use of portable fire extinguishers if the fire is containable as assessed by personnel on scene. All employees will be trained in use of portable extinguishers as part of their annual safety training.
2. Kitchen grill fires will be extinguished by an Ansul hood extinguishing system.
3. Kaweah Health has a fire pump that serves a stand pipe system with hose cabinets located at each end of each floor. The fire pumps also backs up the areas that are served by sprinklers.
4. The Visalia Fire Department, with back up from Tulare County units, serves as responders to this facility. The Visalia Fire Department has stations located within a two-mile radius of Kaweah Health. This provides us with a response time, which is normally five minutes, or less. Our policy is to allow professional fire fighters to extinguish any fire assessed above a minor category, which allows hospital staff to concentrate on an organized and timely evacuation.

E. **Disabling the Fire Alarm System:**

1. Kaweah Health will protect its buildings against unauthorized disabling of fire alarm system. Maintenance personnel or the fire alarm vendor shall not disable any portion of the fire alarm system without securing approval of the Director of Facilities or Safety Officer/Safety Department, notification of the house supervisor, and system monitoring company when the system will be off line for more than ¼ hour. California Department of Public Health will be notified if a system failure exceeds 4 hours. In the event the Director of Facilities is not present, the house supervisor or Safety Officer may substitute.
2. Fire watch shall be instituted in all areas where system is inactive. Fire watch staffing as follows:

- a. Security - All patient areas with assistance from Maintenance as needed.
- b. Security will be responsible to conduct a fire-watch if the failure exceeds 4 hours. All areas will be monitored each hour. Security will maintain documentation of the fire-watch.

V. **EVACUATION PROCEDURES:**

Kaweah Health recognizes the necessity for a timely and organized evacuation in the event of a verified Code Red situation. Evaluation of the Code Red as to the need for calling an internal disaster will be made by the safety officer or the highest level administrative representative in-house, giving access to a personnel pool will be established at the command center location.

A. **Departmental Evacuation:**

1. All departments will evacuate following department-specific plans: first to horizontal zones, then vertical to east and west parking lot evacuation stations.
2. All zones effected will evacuate in accordance with a horizontal strategy and, if necessary, a vertical evacuation.
  - a. Horizontal strategy is moving from smoke compartment of incident to adjacent smoke compartment.
  - b. Vertical evacuation is complete evacuation of the smoke compartment of incident and alarm to a lower floor or to north or south parking lot stations if determined necessary by safety officer, nursing supervisor, administrative representative, or ordered by the fire department.
3. Maintenance Personnel will use two way radios and cell phones for communication and coordination purposes.
4. All available ambulance companies will be notified by emergency room staff of the evacuation. The ambulances will be utilized for transporting patients to other area hospitals if determined necessary by administrative representative.

B. **Patient Evacuation:**

If the fire alarm sounds while transporting a patient from one department to another, the following procedures should be followed:

1. Evacuation while transporting patients via elevators
  - a. Fire announcement cannot be heard in elevators.
  - b. If the fire alarm is activated by a smoke detector located by elevator lobbies, all elevators will automatically go to the ground floor. If the fire is located on the ground floor, all elevators will automatically stop on the second floor.
  - c. When an elevator stops, the employee should exit with the patient and place the patient in the first safe area (room) available, close the door and remain with the patient until "All Clear" sounds or evacuation orders are given.
  - d. If any sensor other than those directly in front of the elevators activates the fire alarms, the elevator service will not be interrupted.
  - e. If employee exits, elevator and fire alarm is sounding, the employee should verify location of the fire, move the patient to the closest safe area (room) and remain with the patient until "All Clear" sounds or evacuation orders are given.
2. Evacuation of patients while transporting via hallways or other common areas:
  - a. If the fire alarm occurs while on the floor in transit, immediately move the patient to the closest safe area on that floor. The employee should remain with the patient until "All Clear" sounds or evacuation orders are given.
  - b. If the patient and the transporter have not left the floor and the fire alarm sounds, return the patient to their room. The transporter will remain on the patient floor until "All Clear" sounds. If evacuation is required, the employee will remain on the floor and get further instructions from the floor supervisor/manager.
3. Triaging Patients:
  - a. Emergency room physician will be in charge of the triage of patients.
  - b. All available physicians and interns will evacuate with the patients to the parking lot in order to assist with triage of patients.
  - c. Nurse managers/charge nurses from each nursing unit will assess their patients' condition and report any immediate need to the emergency room physician.
  - d. Personnel from each nursing unit will remain with their assigned unit.
  - e. Nurse managers/charge nurses will delegate patient care to their unit personnel and any

additional non-nursing staff from other departments if necessary and available.

## VI. **CODE RED TRAINING AND DRILLS:**

### A. **Code Red Training:**

The Safety Department is responsible for conducting fire drills. The organization, training, equipping and supervision of hospital personnel in response to a fire alarm is the responsibility of the Safety Officer.

#### 1. **Fire Drills:**

- a. The hospital shall hold unannounced fire drills quarterly on each shift, which shall be treated as a true fire as much as possible.
- b. Department managers or their designee shall complete a fire drill critique form and submit a copy to the safety office within twenty-four hours of each drill.

#### 2. **Hospital Personnel:**

All hospital personnel will be trained and periodically in-serviced on their department-specific fire response as well as the hospital-wide fire response in accordance with the following schedule.

- a. Initial training at the time of hire
- b. Once annually
- c. Districtwide life safety training is conducted annually.
  - (1) Verification of initial and annual training will be evidenced by a completion of training in our electronic learning system.

### B. **Code Red Drills:**

Kaweah Health will perform fire drills on a timely basis that educate and test all employees, Guild members, Licensed Independent Practitioners and other staff on proper Code Red response.

#### 1. **Frequency of Drills:**

A Code Red Drill shall be performed once per shift per quarter. The need for additional drills will be assessed by the Environment of Care Committee based on the effectiveness of previous drills and any life safety deficiencies identified and not corrected.

#### 2. **Responsibility:**

- a. The District Life Safety Manager/Officer along with support and assistance from the Environment of Care Committee, and Maintenance Department Manager will be responsible for performance of all Code Red Drills.
- b. All aspects of department plans will be followed but will not include actual evacuation, either horizontal or vertical.
- c. All department managers will complete or assign responsibility for completing a Code Red critique form. The Environment of Care Committee will critique the incident location and facility-wide response. Completed critique forms will follow the protocol ascribed to in the life safety plan.

#### 3. **Fire Drill Procedures:**

- a. Prior to initiating a Code Red Drill, notification of the impending drill will be made by the safety department staff to PBX, and monitoring company.
- b. The Code Red Drill will commence with a life safety coordinator either initiating an automatic fire alarm device or placing a red flashing beacon light, representing a fire, somewhere in the facility. All further actions taken will be subject to the Code Red critique policy.

#### 4. **Code Red Critique:**

- a. Kaweah Health requires that all Code Red Drills and incidents be monitored, and that staff response be evaluated for effectiveness of training.
- b. The Code Red critique form is divided into the following categories of evaluation.
  - (1) Notification
  - (2) Mechanical response
  - (3) Staff response
  - (4) Random sample (staff)
  - (5) Code Red response
  - (6) Overall evaluation and rating
- c. All questions must be answered.
- d. Corrective action must be taken and tracked for the Environment of Care Committee.
- e. Completed forms will be forwarded to the Safety Officer.
- f. The Safety Officer will submit a quarterly report to the Environment of Care Committee on all Code Red critiques. The report will include required actions to be taken and any recommendations.
- g. When the need for additional training is identified by use of the Code Red critique, this

training and education will become the responsibility of the department managers. Documentation of this additional training will be by:

- (1) Department minutes
  - (2) Completed action plan
- h. The Environment of Care Committee will perform Monitoring and follow-up of actions taken for effectiveness.

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# Code\_Pink- \_Infant\_Abduction\_

<b>Policy Number:</b> DM2205	<b>Date Created:</b> No Date Set
<b>Document Owner:</b> Maribel Aguilar (Safety Officer/Life Safety Manager)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
<b>Code Pink- Infant Abduction</b>	

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

### Policy

This policy is designed to provide a coordinated and effective response by a trained team of professionals to an infant abduction.

### II. Procedure

#### A. Background

In the event an infant is removed from Kaweah Health Medical Center by unauthorized persons, Kaweah Health Medical Center will activate its Code Pink procedure. Assigned staff must respond immediately to their assigned exits of the medical center. Other medical center staff should remain in their areas, stay alert and report any suspicious persons to the PBX Operator at Ext. 44.

#### B. Response

See attached checklist and flowchart and map.

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<b>CODE PINK – INFANT ABDUCTION</b>
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**Purpose:** To protect infants from removal by unauthorized persons and to identify the typical physical description and actions demonstrated by someone attempting to kidnap an infant from a healthcare facility. Additionally, to define healthcare facility response to an infant abduction.

**Kidnapper Profile:** The typical abductor:

- Usually a female of childbearing age who appears pregnant.
- Most likely compulsive; most often relies on manipulation, lying and deception.
- Frequently indicates they have lost a baby or are incapable of having one.
- Often married or cohabitating; companion's desire for a baby or the abductor's desire to provide their companion with a baby may be the motivation for the abduction.
- Usually lives in the community where the abduction takes place.
- Frequently initially visits nursery and maternity units at more than one health care facility prior to the abduction; asks detailed questions about procedures and the maternity floor layout; frequently uses a fire exit stairwell for her escape; and may also try to abduct from the home setting.
- Usually plans the abduction, but does not necessarily target a specific infant; frequently seizes any opportunity present to abduct a baby.
- Frequently impersonates a nurse or other allied health care personnel.
- Often becomes familiar with health care staff members, staff member work routines and victim's parents.
- Often demonstrates a capability to provide care to the baby once the abduction occurs, within her emotional and physical abilities.

Abductor would be:

- Carrying an infant
- Carrying a bag large enough to hold an infant
- Covering the infant with a coat and/or baby blanket
- Dressed in other medical attire and carrying an infant

Infants are discharged from the medical center in the arms of their parent/guardian, who is transported via wheelchair and accompanied by a staff member or medical center volunteer. An infant who is being transported between departments will be moved in a crib and accompanied by a staff member.

<b>STAFF RESPONSE CHECKLIST</b>
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- Medical Center staff must respond immediately to the exits of the medical Center as follows:

Name of Exit or Area	Department To Respond
<b>First Floor Doors:</b>	
1. Mineral King Main Lobby	Patient Access after 2100 hr Emergency Department
2. Ambrosia Exit	Food Services
3. Nurse Supervisor /Bed Coordinator Office	Bed Coordinator
4. Endoscopy Hallway	Respiratory
5. Surgery Center Exit	Surgery Waiting Patient Access after 1700 Pharmacy
6. Acequia West Staircase Exit	Patient Access after 2100 hr CVICU
7. Acequia West Employee Entrance/Exit by Visitor Elevators	Patient Access after 2100 hr CVICU
8. Acequia Wing Lobby	Patient Access after 2100 hr 4- Tower
9. Acequia East Employee Entrance/Exit	EVS
Acequia Zone A - Outside by Ambulance Bay with clear view of East Stairwell exit, EMS Door, Ambulance Door, and Emergency Department Stairwell exit.	Emergency Department
Acequia Zone B – East Stairwell Exit	Emergency Department
Acequia Zone C – Northeast Employee Entrance/ Exit	Patient Access after 1700 hr CV
Acequia Zone D – Acequia Main Stairwell & Exit Door – northeast side	Patient Access after 1700 hr 4Tower
Acequia Zone E – Acequia Main Entrance	Patient Access after 1700 hr Emergency Department.
Acequia Zone F – Northwest exit & stairwell	Environmental Services
Acequia Zone G - Acequia Southwest Exit with clear view of west stairwell, , recessed exit,	Environmental Services
Mineral King Zone H – Surgery Center Pre-Op West Exit door with view of courtyard walkway, back surgery door.	Laundry Department
Mineral King Zone I – Surgery Center Main Entrance	Surgery Patient Access after 1700 hr Pharmacy
Mineral King Zone J – Loading Dock	Shipping and Receiving after 1500 hr Maintenance
Mineral King Zone K – Dietary Exit Door	Food Services
Mineral King Zone L – Ambrosia Exit	Ambrosia Staff after 2000 hr Security
Mineral King Zone M – Mineral King Main Entrance	Patient Access after 2100 hr Security
Mineral King Zone N – Emergency Department Main Entrance	Security
<b>Second Floor Doors:</b>	
ICU patio exit and back stairwell to their unit	ICU
2 North stairwell	2 North
2 North stairwell next to nurse manager's office	2 North

Name of Exit or Area	Department To Respond
<b>Third Floor Doors:</b>	
3 West Patio exit and back stairwell to their unit	3 West
3 North back stairwell	3 North
3 North central stairwell	3 North
3 South back stairwell	3 South
3 South visitor and utility elevators & patio	3 South
<b>Fourth Floor Doors:</b>	
4 North back stairwell	4 North
4 North central stairwell, employee elevators	4 North
4 South back stairwell	4 South
4 South Visitor and utility elevators	4 South
*After 1700 an outside perimeter will be established by Maintenance/Security with Maintenance covering the outside south side exits. Security will cover outside the ambulance bay and the main entrance and the exit at the Ambrosia Café.	

- Other medical center staff, not specifically assigned to respond, should remain in their areas, stay alert, and report any suspicious persons to the PBX Operator at Ext. 44.
- Redirect all **exiting** visitors to Main Lobby exit without impeding entry to facility. (Script, "I'm sorry, you'll have to exit through the Main Lobby, thank you.")
- Identify an object that could conceal an infant (i.e., purse, backpack, gym bag, grocery bag) and report to Security.
- If a person runs, do not attempt to apprehend them. Without losing the person, ask for someone to call Security. Take special note of their appearance, what they are wearing (style, color, etc.), how they leave the medical center grounds, and note their car's make, color and license plate number.
- Immediately report above information to Security.
- Should the person abandon the infant and escape, keep the infant with you and report above information to Security.
- Do not leave exit until you hear "All Clear."

#### AFFECTED AREA CHECKLIST

- Dial 44 and instruct the operator to initiate "Code Pink" and give PBX Operator the description, age and gender of missing infant.
- Instruct available staff to start a room-to-room search of the floor areas.  
Charge Nurse will:
- Initiate a search on Mother Baby Unit, 2 East Labor and Delivery, Pediatrics, and Neonatal Intensive Care. Notify medical center operator and Hospital Command Center (HCC) of results.
- The search includes areas not limited to: Patient rooms, Corridors, Nourishment Center, Waiting Room/Classrooms, Conference Rooms, Elevator/Stairways, Storage Rooms, Restrooms, Housekeeping/Utility closets, dietary/housekeeping carts, Offices, OBOR, and cabinets.
- Relocate the mother to another area leaving all items in the mother's room untouched. Obtain any information regarding the description of the abductor and call this information into the HCC.

- 
- Contact the attending physician to relay information regarding the incident and request that they respond to the medical center. (Contact the mother's physician and the infant or child's physician.)
- Protect the area where the abduction occurred; close the door to the room. DO NOT TOUCH OR MOVE ANYTHING.
- Assign a staff member and social worker to the mother/parent/caregiver and who will accompany the family at all times for immediate crisis assistance, obtain an interpreter if required, and collaborate with patient to determine the best location for her and her family to wait. (It is best to remove the patient from the area the abduction took place as soon as possible).
- Place cord blood on hold. Place lab work on hold, locate and secure infant's/child's medical record. Locate and secure photographs where available.
- Arrange for additional staffing on the unit if necessary.
- Gather all relevant information in preparation for the arrival of the police department.
- Complete an *Incident Report* at the conclusion of the event and submit to Risk Management.

### PBX/ISS HELP DESK CHECKLIST

- Notify the following
    - If the Infant Security System Alarms:
      - Security
      - Immediately overhead page "Code Pink and location"
- In the event of an alarm, Unit Staff or Security can authorize a "Code Pink, All Clear"
- Confirmed Infant Abduction-Call:
- Visalia Police Department (911)
  - Call House Supervisor
  - Risk Management
- Initiate a "No Information" status for this patient.
  - In the event of an infant abduction, only Security or Visalia Police Department will have the authority to call a "Code Pink, All Clear".

### SECURITY CHECKLIST

- Immediately respond to the location of the possible abduction. Secure the scene by stopping the flow of traffic out of the unit.
- Assign Security Officer to Front Entrance.
- Attempt to get information on possible description of suspected abductor.
- Greet police with description and any known information.
- Escort police to location of incident.
- The police will assume leadership in an internal search of the medical center with assistance of Maintenance and/or Nursing Supervisor.
- Following the "All Clear," notify other local hospitals of any attempted infant abduction.

### ADMITTING STAFF CHECKLIST

#### **Admitting staff stationed at Main Lobby:**

- Screen all exiting visitors for kidnap profile.
- Request permission to search large bags. If individual does not wish to cooperate, immediately report their description to the HCC. Get description of vehicle and license plate number.

- DO NOT PROVIDE ANY INFORMATION REGARDING A POSSIBLE ABDUCTION.**

#### INCIDENT COMMANDER CHECKLIST

- Maintain radio contact with Security and PBX at all times.
- Serve as liaison with the police department personnel.
- Provide decision-making authority and commit resources as appropriate in support of the plan response activities and needs.
- Request that police set up a traffic stop at the entrance/exit.
- As soon as possible, dispatch additional personnel to assist Security with control of the medical center's perimeter.

#### MARKETING/MEDIA RELATIONS

- Arrange for a communication center and supply the media with regular briefings. Information released to the media will only be done by the Nursing Supervisor, Administration Representative, or Marketing Director.

#### ALL CLEAR

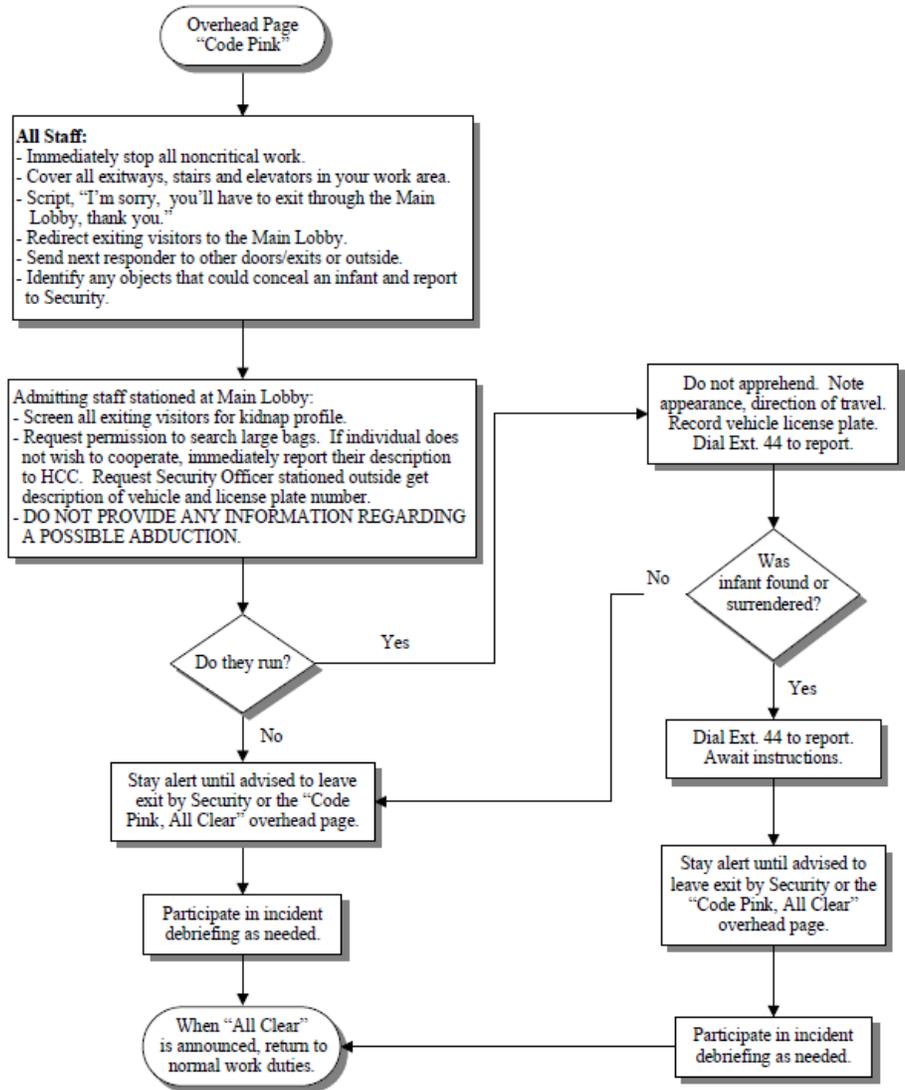
Only the AOD (Incident Commander), Security or VPD can authorize PBX to page "Code Pink, All Clear" when operations may return to normal.

- Note:** Following the emergency incident, the Department Manager(s) of the affected area(s) shall complete an Incident Report and submit to Risk Management.

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**Emergency Management Manual  
Code Pink - Infant Abduction**





# DM Continuity\_of\_Operations\_and\_Recovery\_

<b>Policy Number:</b> DM 2228	<b>Date Created:</b> 08/10/2022
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<b>Approvers:</b> Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
<b>Continuity of Operations and Recovery</b>	

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**Policy:** The Continuity of Operations Plan (COOP) provides a mechanism to assist with the implementation of coordinated COOP strategies that initiate activation, relocation, and continuity of operations for the agency/organization. The COOP is an All-Hazards plan that addresses the full spectrum of threats from natural, manmade, and technological sources including national security emergencies.

**Procedure:**

1 Healthcare Continuity of Operations

1.2 Pre-Incident Risk Assessment

Kaweah Health has reviewed the following guidance to identify hazards, risks, and vulnerabilities to, regional and local health departments, Health Care Coalition, and Healthcare Organization.

CCMSA Hazard Vulnerability Analysis  
 Kaweah Health Hazard Vulnerability Analysis

**Hazard Vulnerability Analysis**

**Kaweah Health Hazard Vulnerability Analysis-Pre-Identified Hazards and Risks**

Hazard	Type	Probability	Human Impact	Property Impact	Business Impact	Preparedness	Internal Response	External Response	Risk
Epidemic	Natural	High	High	Low	High	High	Moderate	Moderate	High
Mass Casualty	Human	Moderate	Moderate	Low	High	Moderate	High	High	High
Patient Surge	Human	High	Moderate	n/a	Low	Moderate	Moderate	Low	High
Chemical Exposure	Haz. Material	High	Moderate	Low	Moderate	Moderate	Moderate	High	High
Fog	Natural	High	Moderate	Low	Moderate	High	Moderate	Moderate	High
Temperature Extremes	Natural	High	Moderate	Low	Moderate	Moderate	High	High	High

### Central California Health Care Coalition Hazard Vulnerability Analysis

Hazard	Type	Probability	Human Impact	Property Impact	Business Impact	Preparedness	Internal Response	External Response	Risk
Cyber Attack	Tech	High	Low	Moderate	Moderate	Low	Low	Low	High
Pandemic	Natural	High	High	Low	High	Moderate	Moderate	Moderate	High
Patient Surge	Human	High	High	Low	High	Moderate	Moderate	Moderate	High
Active Shooter	Human	Moderate	High	Moderate	High	Moderate	Low	Moderate	High
Hazmat Incident	Haz. Material	High	Moderate	Low	Moderate	Moderate	Moderate	High	High
Seasonal Influenza	Human	High	Low	Low	Moderate	Moderate	Moderate	Moderate	High

### 1.3 Continuity Elements

#### ORDERS OF SUCCESSION

Kaweah Health has established and maintained Orders of Succession for key positions in the event leadership is incapable of performing authorized duties. The designation as a successor enables that individual to serve in the same position as the principal in the event of that principal’s death, incapacity, or resignation.

#### Kaweah Health Succession Plan

Key Position (Position Title)	Successor 1	Successor 2	Successor 3
CEO	Chief Operating Officer	Chief Nursing Officer	Chief Strategy Officer
Chief Nursing Officer	Chief Operating Officer	Chief Population Health Officer	Chief Strategy Officer
Chief Human Resource Officer	Chief Compliance/Risk Officer	Chief Financial Officer	Chief Strategy Officer
Chief Operating Officer	Chief Nursing Officer	Chief Population Health Officer	Chief Human Resource Officer
Chief Finance Officer	CEO	Chief Compliance/Risk Officer	Chief Population Health Officer
Chief Strategy Officer	Chief Operations Officer	Chief Compliance/Risk Officer	Chief Population Health Officer
Chief Compliance/Risk Officer	Chief Human Resource Officer	Chief Strategy Officer	Chief Nursing Officer

**DELEGATION OF AUTHORITY**

Kaweah Health has established Delegations of Authority to provide successors the legal authority to act on behalf of the Organization for specific purposes and to carry out specific duties. Delegations of Authority will take effect when normal channels of direction are disrupted and will terminate when these channels are reestablished.

**Kaweah Health Delegation of Authority**

<b>Authority</b>	<b>Type of Authority</b>	<b>Position Holding</b>	<b>Triggering Conditions</b>
Close Facility/Evocation or alternate care sites	Emergency Authority	Executive Leadership	When conditions make coming to or remaining in the facility unsafe
Represent Organization when engaging Govt. Officials	Administrative authority	Senior Leadership	When the pre-identified senior leadership is not available
Activate Organization MOU's/MAA's	Administrative Authority	Senior Leadership	When the pre-identified senior leadership is not available

**CONTINUITY FACILITIES**

Kaweah Health has identified continuity facilities to conduct business and/or provide clinical care to maintain essential functions when the original property, host facility, or contracted arrangement where the Organization conducts operations is unavailable for the duration of the continuity event. The table below lists the pre-arranged Alternate Sites, Devolution Sites, and Telework Options.

**Exhibit 4: Kaweah Health Facility Continuity Plan**

<b>Continuity Facility</b>	<b>Type of Facility</b>	<b>Location of Facility</b>	<b>Accommodations</b>
Kaweah Health	Alternate Site	Emergency Department Parking Lot (Tent)	Identified meeting room with telephones internet access, satellite radio access, 2 desktop computers, laptop connectivity

Kaweah Health Rehab Hospital	Alternate Site	840 S. Akers St. Visalia Ca 93277	Possible meeting room with telephones, internet access, shared ham radio capability, shared satellite phone capability, No desktop computers, laptop connectivity
Kaweah Health Mental Health Hospital	Alternate Site	1100 S. Akers St. Visalia Ca 93277	Possible meeting room with telephones, internet access, shared ham radio capability, shared satellite phone capability, laptop connectivity
Kaweah Health South Campus	Alternate Site	1633 S. Court. St. Visalia Ca 93277	Possible meeting room with telephones, internet access, shared ham radio capability, shared satellite phone capability, No
Home Telework	Devolution Site	Home of Record HCC Leadership	Warm Site, telephones, internet access, no ham radio, no satellite phone, desktop computers, laptop connectivity

## CONTINUITY COMMUNICATIONS

Kaweah Health maintains a robust and effective communications system to provide connectivity to internal response players, key leadership, and state and federal response and recovery partners. The Organization has established communication requirements that address the following factors:

- Organizations possess, operate and maintain, or have dedicated access to communication capabilities at their primary facilities, off-sites and pre-identified alternate care sites
- Organization leadership and members possess mobile, in-transit communications capabilities to ensure continuation of incident specific communications between leadership and partner emergency response points of contact
- Organizations have signed agreements with other pre-identified alternate care sites to ensure they have adequate access to communication resources
- Organizations possess interoperable redundant communications that are maintained and operational as soon as possible following a continuity activation, and are readily available for a period of sustained usage for up to 30 days following the event

## ESSENTIAL RECORDS MANAGEMENT

Kaweah Health keeps all essential hardcopy records in a mobile container that can be relocated to alternate sites. In addition, electronic records, plans, and contact lists are maintained by the organization leadership and can be accessed online and retrieved on system hard drives when applicable and appropriate. Access to and use of these records and systems enables the performance of essential functions and reconstitution to normal operations.

## DEVOLUTION OF CONTROL AND DIRECTION

Kaweah Health devolution option requires the transition of roles and responsibilities for performance of Organization essential functions through pre- authorized delegations of authority and responsibility. The authorities are delegated from Organization leadership to other representatives in order to sustain essential functions for an extended period. The devolution option will be triggered when one or more

Organization leaders are unable to perform the required duties of the position. The responsibilities of the position will be immediately transferred to designated personnel in the delegation of authority matrix. Personnel delegated to conduct Organization activities will do so until termination of devolution option.

## 1.4 Healthcare Primary Mission Essential Function (PMEF) & Mission Essential Functions (MEF's)

### 1.4.1 Health Care Service Delivery (PMEF)

The provision of health care continuity provided in all inpatient and outpatient environments.

State Health Authority Essential Supporting Activities include:

- Collect situational assessment data from Local/Regional Health Departments (L/RHD), Healthcare Coalitions (HCC), and HCOs on their ability to provide patient care
- Collect L/RHD, HCC, and HCO data to generate regional and statewide health care service delivery situation report
- Disseminate health care service delivery situation reports to Federal ESF-8
- Prepare Action Request Forms (ARF) to request assistance from ESF-8 lead
- Local/Regional Health Department Essential Supporting Activities include:
- Collect situational assessment data on the impact of the disruption of public health service delivery in the local and regional area
- Partner with local emergency management and social services to determine public
- health priorities associated with services needed to recover from physical or mental/behavioral injury, illness, or exposure sustained as a result of the incident
- Work with U.S. Dept. of Health & Human Services (DHHS) Incident Response

- Coordination Team (IRCT) to assess requirements to return to normal public health care service delivery
- Disseminate health care service delivery data to state health authorities and ESF-8

partners

Healthcare Coalition Essential Supporting Activities include:

- Collect situational assessment data from member HCOs on their ability to provide patient care
- Collect individual facility data to generate coalition health care service delivery situational report
- Disseminate health care service delivery data to state health authorities
- Assist coalition members in returning to full operational status
- Healthcare Organization Essential Supporting Activities include:
- Determine the extent of disruption to health care service delivery
- Determine if event has caused a complete or partial disruption of health care service delivery
- Determine if relocation of health care service delivery to alternate care sites is an option for short-term continuation of service
- Work with local emergency management and regional HCC(s) to obtain assistance in returning to normal health care delivery operations

#### **1.4.2 Access to Health Workforce (MEF)**

The ability to deploy a credentialed health workforce to provide patient care to support healthcare service delivery in all environments.

State Health Authority Essential Supporting Activities include:

- Conduct statewide assessment of health workforce shortage
- Assist LHDs, HCCs, HCOs, and Public Health in activating volunteer registries
- In coordination with community partners, assist HCCs and HCOs with the deployment management of volunteers during response and continuity operations
- Prepare Action Request Forms (ARF) to request assistance from ESF-8 lead
- Local/Regional Health Departments Essential Supporting Activities include:
- Conduct Local/Regional assessment of health workforce shortage
- Coordinate the assignment of public health agency volunteers to public health, medical, mental/behavioral health, and non-specialized tasks as directed by the incident
- Refer spontaneous volunteers not needed for public health response to other organizations in need of volunteers to close gaps in the healthcare workforce during continuity operations
- Disseminate volunteer management situation reports to state health authorities
- Healthcare Coalition Essential Supporting Activities include:
- Conduct healthcare workforce shortage assessment within coalition boundaries

- Coordinate with volunteer groups to supplement medical & non-medical personnel
- Disseminate reports of regional staffing shortages to local & state health authorities

Healthcare Organization Essential Supporting Activities include:

- Identify medical and nonmedical staffing shortages during response and continuity operations
- Recall additional staff incrementally to assist in disaster continuity operations
- Coordinate with contracted staffing agencies to increase availability of critical medical staff
- Integrate credentialed, licensed, independent practitioners into continuity medical operations
- Coordinate with volunteer groups to supplement medical & non-medical personnel
- Disseminate reports of HCO staffing shortages to local incident management & state health authorities

#### **1.4.3 Community/Facility Critical Infrastructure (MEF)**

Fully operational critical community/facility infrastructure including power, water, and sanitation etc., to support patient care environments

State Health Authority Essential Supporting Activities include:

- Identify and assess situational reports on critical infrastructure disruption affecting healthcare sector
- Work to ensure healthcare sector, especially hospitals, are included on the priority restoration plan
- Coordinate with ESF-8 to request assistance from ESF-3 for Public Works and
- Engineering support
- Local/Regional Health Department Essential Supporting Activities include:
- Determine local/regional disruption of critical infrastructure that affects public health sector
- Collect reports on critical infrastructure disruption
- Disseminate reports to state health authorities
- Advocate for priority service resumption for public health facilities through continuity operations and recovery phase
- Healthcare Coalition Essential Supporting Activities include:
- Determine local/regional disruption of critical infrastructure that affects public health sector
- Collect reports on critical infrastructure disruption
- Disseminate reports to state health authorities
- Advocate for priority service resumption for public health facilities through continuity operations and recovery phase

Healthcare Organization Essential Supporting Activities include:

- Determine extent of disruption/loss/damage of facility critical infrastructure
- a. Electrical System

- b. Water System
- c. Ventilation
- d. Fire Protection System
- e. Fuel Sources
- f. Medical Gas & Vacuum Systems
- g. Communication Infrastructure
  - Prioritize restoration efforts to meet the operational goals of health care service delivery
  - Disseminate reports of HCO critical infrastructure disruption/loss/damage to local emergency management and to state health authorities
  - Advocate for priority service resumption directly to local incident management

#### 1.4.4 Access to Healthcare Supply Chain (MEF)

Full access to the healthcare supply chain including medical & non-medical supplies, pharmaceuticals, blood products, industrial fuels, and medical gases etc.

State Health Authority Essential Supporting Activities include:

- Determine statewide disruption of healthcare supply chain
- Determine priority medical and non-medical supply items needed by public health and HCOs
- Activate and distribute equipment and pharmaceutical cache contents to public health departments and HCOs
- Coordinate with ESF-8 to request assistance from ESF-7 Logistics Management and Resource Support
- Local/Regional Health Departments Essential Supporting Activities include:
- Determine local/regional disruption of healthcare supply chain
- Determine priority medical and non-medical supply items needed by public health departments
- Allocate and distribute medical countermeasures and pharmaceutical cache contents to identified recipients
- Coordinate with SHA for supply requests
- Disseminate healthcare supply chain disruption Situation Reports (Sitreps) to SHA

Healthcare Coalition Essential Supporting Activities include:

- Determine regional disruption of healthcare supply chain
- Determine specific medical and non-medical supply needs of members
- Coordinate with local/regional state health departments to distribute cache contents to HCOs
- Coordinate with private sector vendors on distribution and resumption of normal supply delivery
- Disseminate healthcare supply chain disruption SitReps to SHA
- Healthcare Organization Essential Supporting Activities include:
- Determine estimated shortfalls identified during the continuity event of needed supplies for the HCO
- Prioritize medical and non-medical supply items needed by HCO through medical/surgical supply formularies

- Redirect supplies already within the hospitals supply chain to areas first impacted
- Activate pre-event supply orders with vendors
- Coordinate with SHA for supply requests
- Disseminate HCO supply chain disruption Sitreps to SHA

#### **1.4.5 Access to Medical/Non-Medical Transportation System (MEF)**

Fully functional medical & non-medical transportation system that can meet the operational needs of the healthcare sector during the response & continuity phases of an event

State Health Authority Essential Supporting Activities include:

- Determine statewide medical transportation needs during response and continuity operations
- Prioritize state medical transportation assets to service highly impacted areas first
- Prepare and disseminate Action Request Forms to request assistance with medical transportation from ESF-8
- Coordinate with HHS/ESF8 to activate National Federal Ambulance Contracts
- Local/Regional Health Departments Essential Supporting Activities include:
- Determine local/regional medical transportation needs for public health
- Prioritize local/regional health department medical transportation assets to service highly impacted areas first
- Coordinate with SHA to request medical transportation assets
- Healthcare Coalition Essential Supporting Activities include:
- Determine regional medical transportation needs during response and continuity operations
- Determine specific needs of member HCOs
- Coordinate with regional EMS/Air Ambulance Providers to close gaps in system transportation needs
- Advocate for coalition members for medical transportation assistance
- Healthcare Organization Essential Supporting Activities include:
- Determine additional medical/non-medical transportation needs to support response and continuity operations
- Identify an EMS Coordinator and a Transportation Coordinator to manage patient transport
- Coordinate with regional EMS/Air Ambulance Providers to close gaps in system transportation needs
- Provide transportation assistance to staff that may need transportation to facility
- Disseminate requests for transportation assistance to local emergency management and SHA

#### **1.4.6 Healthcare Information Systems (MEF)**

Fully functional information technology and communications infrastructure that support high availability of the healthcare sector's data management and information sharing capability.

State Health Authority Essential Supporting Activities include:

- Determine statewide disruption of communication/information technology capabilities
- Activate redundant communication capabilities if necessary
- Coordinate with service providers to restore communication/information technology capabilities
- Coordinate with local/regional health departments, HCCs, and HCOs to disseminate critical response and recovery information to the public
- Coordinate with ESF-2 through ESF-8 for restoration or repair of telecommunications infrastructure
- Local/Regional Health Departments Essential Supporting Activities include:
- Determine local/regional disruption of public health communication/information technology capabilities
- Activate redundant communication capabilities if necessary
- Coordinate with local emergency management to secure priority service restoration to communication/information technology capabilities
- Coordinate with state health authorities to disseminate critical response and continuity operations information
- Healthcare Coalition Essential Supporting Activities include:
- Determine extent of disruption of communication/information technology capabilities within coalition boundaries
- Activate redundant communication capabilities if necessary
- Coordinate with local/state emergency management to secure priority service restoration to communication/information technology capabilities
- Coordinate with state health authorities to disseminate critical response and continuity operations information
- Healthcare Organization Essential Supporting Activities include:
- Determine extent of disruption of communication/information technology capabilities at facilities
- Activate redundant communication capabilities if necessary
- Coordinate with local/state emergency management to secure priority service restoration to communication/information technology capabilities
- Coordinate with state health authorities to disseminate critical response and continuity operations information

#### **1.4.7 Healthcare Administration/Finance (MEF)**

Fully operational administrative and financial capability including maintaining & updating patient records, adapting to disaster recovery program requirements, payroll continuity, supply chain financing, claims submission, and losses covered by insurance and legal issues.

State Health Authority Essential Supporting Activities include:

- Collect disaster response data to be used in After-Action Reports
- Monitor statewide patient movement and update patient records
- Modify state health program requirements as dictated by authorizing entities
- Keep track of disaster related expenditures
- Request disaster assistance from federal agencies
- Provide disaster assistance to regions and localities
- Monitor employee/contractor payroll systems

Local/Regional Health Departments Essential Supporting Activities include:

- Collect disaster response data to be used in After-Action Reports
- Monitor patient movement and update patient records
- Keep up with changing health program requirements and make modifications when directed by authorizing entity
- Monitor costs relating to supply chain management and acquisition
- Keep track of overall disaster related expenditures
- Monitor employee/contractor payroll systems

Healthcare Coalition Essential Supporting Activities include:

- Collect disaster response data to be used in After-Action Reports
- Keep coalition members informed on changing program requirements
- Keep coalition members informed about any available disaster assistance from federal, state and local authorities
- Healthcare Organization Essential Supporting Activities include:
  - Collect disaster response data to be used in After-Action Reports
  - Modify and maintain healthcare information management practices according to changing program requirements directed by authorizing entities
  - Coordinate the use of paper systems to track patients, health issues and other critical
    - data in the event electronic systems are compromised
  - Explore possible sources of disaster assistance that may be available to an organization; request assistance when appropriate
  - Monitor employee/contractor payment systems; implement alternative payment systems if available
  - Activate disaster recovery contracts
  - Initiate “disaster orders” to increase supply chain availability
  - Monitor and adjust claims submission conditions according to changing federal & state requirements
  - Monitor, document, and address legal issues
  - Monitor document losses for the preparation of insurance claims

1.6 Hospital Mission Essential Functions

- Emergency Services (Emergency Department)
- Surgical Services (Operating Room)
- Laboratory Services (Lab)
- Health Information Management (HIM)
- Patient Care Unit (PCU)

- Central Supply (CS)
- Human Resources (HR)
- Obstetrics
- Pharmacy Services
- Public Relations
- Food Services
- Security
- Laundry
- Radiology
- Patient Access/Financial Services

### 1.7 Continuity Plan Operational Phases & Implementation

Kaweah Health continuity implementation process includes the following four phases:

#### Readiness & Preparedness:

- Develop Continuity of Operations Program (COOP)
- Review COOP Plans annually
- Facilitate COOP drills and exercises that activate plans in coordination with regional, state and federal plans
- Revise COOP plans accordingly

#### Activation:

- Utilizing state and regional information sharing platforms, initiate an alert and notification to all partners executing the transition from immediate emergency response to COOP activation
- Establish appropriate liaisons between LHD/HCC/HCO and state health disaster response and recovery officials
- Provide situational updates to response partners, state health authorities, and local/regional emergency management through information sharing platforms when applicable
- If the event disrupts the availability of response leadership to assist response partners in activating continuity operations procedures, delegation of authority and devolution options will be instituted to ensure continuation of essential functions

#### Continuity Operations:

- Prioritize COOP activities to focus on rapid resumption of Mission Essential Functions (MEF) and Essential Supporting Activities (ESA)
- Develop a Common Operating Picture (COP) to assess and inform key stakeholders of status
- Communicate needs to state health authorities and local emergency management officials to establish priority resumption of critical services
- Inform response partners of available Federal/State/Local resources and the process to access needed infrastructure, supplies, transportation, and human capital

- Assist response partners in preparing a reconstitution strategy when transitioning from immediate response activity through continuity operations to the recovery phase of the event

#### Reconstitution:

- Assist response partners in implementing reconstitution operations
- Collect situational assessment data from response partners who are reconstituting healthcare operations and provide updates to State Health Authorities and Local/County/State Emergency Management and Recovery personnel
- Partner through the SHA with State Emergency Management, applicable Federal
- Essential Support Functions (ESF), and Federal Recovery Support Functions (RSF) to ensure a timely and smooth transition of HCOs to:
  1. Re-Enter Healthcare Facilities
  2. Re-Open Healthcare Facilities
  3. Re-Patriation of Patients
  4. Resumption of Normal Healthcare Service Delivery

## 2 Healthcare Disaster Recovery

### 2.1 Purpose

To establish pre-incident disaster recovery planning and post-incident disaster recovery roles and responsibilities in accordance with the concepts and principles recommended from the National Disaster Recovery Framework (NDRF). Additional guidance was incorporated from the National Guidance for Healthcare System Preparedness, Healthcare System Recovery Capability, and the Public Health Preparedness, Community Recovery Capability.

### 2.2 Post-Incident Disaster Recovery Roles & Responsibilities

#### **State Health Authority** Disaster Recovery Roles/Responsibilities include

- Establish communication with State Disaster Recovery Manager
- Advocate for priority restoration of health care service delivery
- Maintain volunteer management systems; demobilize volunteer personnel according to demobilization plans
- Advocate for priority restoration of healthcare sector critical infrastructure
- Maintain and replenish state-owned healthcare supply caches
- Determine demobilization procedures for transportation assets
- Advocate for restoration of healthcare sector information technology and communication networks
- Prepare After-Action Reports, Corrective Action and Improvement Plans

#### **Local/Regional Health Department** Disaster Recovery Roles/Responsibilities include:

- Establish communication with the SHA Disaster Recovery POC

- Through established communication networks educate constituents regarding applicable health interventions being recommended by public health
- In conjunction with local response partners, inform the community of the availability of
- any disaster or community case management services being offered that provide assistance for community members impacted by the incident
- Maintain public health service delivery with an emphasis on patients with special medical
- needs, at-risk populations, and individuals with functional needs
- Maintain local volunteer deployment; demobilize personnel according to demobilization plan
- Work with local, state, and federal partners to ensure timely reconstruction of public health related critical infrastructure
- Maintain and replenish local public health supply caches
- Activate demobilization procedures for public health transportation assets
- Work with local emergency management and service providers to ensure full restoration of public health information technology and communication networks
- Prepare After-Action Reports, Corrective Action and Improvement Plans

**Healthcare Coalition Disaster Recovery Roles/Responsibilities include:**

- Advocate for full health care service delivery restoration for member facilities and organizations within coalition boundaries
- Continue to interface with volunteer groups and staffing agencies to monitor and assess the needs of member organizations to supplement their workforce during the recovery phase
- Advocate for members to receive priority critical infrastructure restoration and reconstruction
- Replenish and demobilize regional supply caches maintained by the coalition
- Activate demobilization procedures for any transportation assets maintained by the coalition
- Advocate for full restoration information technology and communication systems for coalition members
- Prepare After-Action Reports, Corrective Action and Improvement Plans
- Healthcare Organization Disaster Recovery Roles/Responsibilities include:
- Prioritize health care service delivery recovery objectives by organizational essential functions
- Maintain, modify, and demobilize healthcare workforce according to the needs of the facility
- Work with local emergency management, service providers, and contractors to ensure priority restoration and reconstruction of critical building systems
- Maintain and replenish pre-incident levels of medical and non-medical supplies
- Work with local, regional, and state Emergency Medical System providers, patient transportation providers, and non-medical transportation providers to restore pre-incident transportation capability and capacity

- Work with local emergency management, service providers, and contractors to restore information technology and communications systems
- Prepare After-Action Reports, Corrective Action and Improvement Plan

## **Appendix B: Financial Sustainability**

### **B.1 Federal Disaster Declaration**

#### **Robert T. Stafford Disaster Relief and Emergency Assistance Act**

At the request of the Governor of an affected State, or a Chief Executive of an affected Indian Tribe, the President may declare a major disaster or emergency if an event is beyond the combined response capabilities of the State, Tribal, and jurisdictional governments. Among other things, this declaration allows Federal assistance to be mobilized and directed in support of State, Tribal, and jurisdictional response efforts. Under the Stafford Act, the President can also declare an emergency without a Gubernatorial request if primary responsibility for response rests with the Federal Government because the emergency involves a subject area for which the United States exercises exclusive responsibility and authority. In addition, in the absence of a specific request, the President may provide accelerated Federal assistance and Federal support where necessary to save lives, prevent human suffering, or mitigate severe damage, and notify the State of that activity.

FEMA administers disaster relief funding allowed under the Stafford Act.

Reimbursement eligibility rules apply for certain aspects of emergency medical care including:

- Treatment and monitoring of disaster victims requiring medical care
- Vaccinations for disaster victims, emergency workers and medical staff
- Only private nonprofit healthcare facilities may directly apply for FEMA assistance grants
- For-Profit entities may be indirectly eligible through established mutual aid agreements, emergency operations plans or memorandums of understanding with other nonprofit entities
- FEMA's role as "payer of last resort" requires individuals, as well as entities like hospitals and other medical facilities, to exhaust all other forms of insurance and reimbursement before seeking assistance FEMA

### **B.2 Hospital Reimbursement Issues**

The Healthcare Coalition should pre-identify all member HCOs within the coalition boundaries that may be eligible for FEMA reimbursement under the Stafford Act. Special attention should be focused and explored on potential indirect reimbursement to other member HCO's who are afforded eligibility through coalition agreements.

#### **B.2.1 FEMA Reimbursement for Acute Care Hospitals**

A Quick Guide: FEMA Reimbursement for Acute Care Hospitals provides an overview of FEMA's reimbursement process and outlines the tasks and corresponding timelines

that must be met by acute care hospitals to successfully apply to FEMA for reimbursement of disaster related expenses incurred as a result of the event.

A copy of the guide can be downloaded here:

[http://www.ynhhs.org/emergency/pdfs/FEMA-ACH\\_ReimbursementGuide.pdf](http://www.ynhhs.org/emergency/pdfs/FEMA-ACH_ReimbursementGuide.pdf)

FEMA Disaster Assistance Policy: Emergency Medical Care and Medical Evacuations

[http://www.fema.gov/pdf/government/grant/pa/9525\\_4.pdf](http://www.fema.gov/pdf/government/grant/pa/9525_4.pdf)

### **B.3 Pandemic Influenza & Reimbursement**

In March 2007, FEMA issued a new Disaster Assistance Policy (DAP) that establishes the types of “emergency protective measures that are eligible under the Public Assistance Program during a Federal response to an outbreak of human influenza pandemic in the U.S. and its territories.” The Pandemic DAP may cover additional reimbursement costs related to the management, control, and reduction of immediate threats to public health and safety. Specific health and social service expenditures that may be reimbursable include:

- Purchase and distribution of food, water, ice, medicine, and other consumable supplies
- The movement of supplies and personnel
- Emergency medical care in a shelter or temporary medical facility
- Temporary medical facilities when existing facilities are overloaded
- Sheltering for safe refuge of patients when existing facilities are overloaded
- Communicating health and safety information to the public
- Storage and internment of unidentified human remains
- Mass mortuary services

A copy of the FEMA Human Influenza Pandemic DAP can be downloaded here:

[http://www.fema.gov/pdf/government/grant/pa/9523\\_17.pdf](http://www.fema.gov/pdf/government/grant/pa/9523_17.pdf)

Payment for care at Hospital Alternate Care Sites:

[http://www.cms.gov/About-CMS/Agency-](http://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/AlternativeCareSiteFactSheet.pdf)

[Information/H1N1/downloads/AlternativeCareSiteFactSheet.pdf](http://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/AlternativeCareSiteFactSheet.pdf)

### **B.4 Waiver of Federal Laws & Program Requirements**

#### **Public Health Service Act**

The Public Health Service (PHS) Act forms the foundation of HHS’ legal authority for responding to public health emergencies. Among other things, it authorizes the HHS Secretary to lead all Federal public health and medical response to public health emergencies and incidents covered by the National Response Framework; to direct the U.S. PHS and other components of the Department to respond to a public health emergency; to declare a public health emergency (PHE) and take such actions as may be appropriate to respond to the PHE consistent with existing authorities; to assist states in meeting health emergencies; to control communicable diseases; to maintain the Strategic National Stockpile; to provide for the operation of the National Disaster

Medical System; to establish and maintain a Medical Reserve Corps; and to potentially provide targeted immunity for covered countermeasures to manufacturers, distributors, certain classes of people involved in the administration of a program to deliver covered treatments to patients, and their employees. The PHS Act was amended by the Pandemic and All-Hazards Preparedness Act of 2006 (PAHPA) and more recently by the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, which have broad implications for the Department's preparedness and response activities.

## **B.5 Medicare/Medicaid Waivers in Disasters**

Section 1135 Waiver (See DM 2227)

The Social Security Act authorizes Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and social services programs of the Department. It authorizes the Secretary, among other things, to temporarily modify or waive certain Medicare, Medicaid, CHIP, and HIPAA requirements when the Secretary has declared a public health emergency and the President has declared an emergency or a major disaster under the Stafford Act, or a national emergency under the National Emergencies Act.

Sanctions may be waived under Section 1135 for the following requirements:

- Conditions of Participation
- Licensure Requirements
- EMTALA
- Physician Self-referrals
- HIPAA Regulations
- Out-of-network payments

Examples of requirements waived/modified under section 1135 waivers:

- Hospitals - recordkeeping requirements, certification for organ transplants
  - Inpatient beds - modifications to expand the number of beds
  - Critical Access Hospitals - waiver of classification requirements for critical access hospitals, inpatient rehabilitation facilities, long term care facilities, and psychiatric units
  - EMTALA sanctions - waiving EMTALA sanctions for transferring patients to other facilities for assessment if the original facility is in the area where a public health emergency has been declared (other provisions of EMTALA remain in full effect)
- EMTALA Medical Treatment and Labor Act (EMTALA) Requirements and Options for Hospitals in a Disaster:

[http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter09\\_52.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter09_52.pdf)

- HIPAA - waiving certain HIPPA privacy requirements so that healthcare providers can talk to family members (other provisions of HIPAA remain in full effect)

Information on requesting a Section 1135 waiver:

<http://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/requestingawaiver101.pdf>

### Section 1115 Medicaid Waivers

Section 1115 authorizes the HHS Secretary to conduct demonstration projects that further the goals of Medicaid, Medicare and CHIP. This waiver has been used to ease some of the statutory requirements during a disaster for persons eligible for Medicaid, Medicare and CHIP.

The CMS template for the Section 1115 disaster waiver program noted the following “Standard Features” regarding healthcare provider reimbursement issues:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Section-1115-Demonstrations.html>

## **B.6 Claims Submission during a Disaster**

The coalition and its member HCOs may experience operational circumstances that may impede their ability to meet many of the Medicare requirements, including conditions of participation, certification, and proper claims submission procedures. The coalition will assist its member HCOs in meeting federal and state requirements through the following methods:

- Monitor and report regional staffing issues that may affect claims submission
- Alert state and federal authorities on medical surge conditions that may overwhelm the healthcare system and create a backlog of claims submissions for both Medicaid/Medicare and private payer submissions
- Monitor and document volunteer and out-of-state personnel who are working with HCO's in the region to assess if they will impact the hospitals ability to be reimbursed by Medicare
- Monitor the impact of any declaration of Crisis Standards of Care in the region as it relates to claims submission and reimbursement
- Monitor and report issues relating to the HCO's ability to maintain records, submit electronic claims, and process checks to pay employees, contractors, and vendors.

## **B.7 Accelerated Payment/Advanced Payment from Medicare**

The Medicare accelerated payment provisions all Part A healthcare providers to receive payment after services have been provided but before the healthcare provider submits a claim to CMS.

There are three situations that may justify accelerated payment:

1. A delay in payment from the Fiscal Intermediary (FI) for covered services rendered to beneficiaries whereby the delay causes financial difficulties for the healthcare provider;
2. Highly exceptional situations where a healthcare provider has incurred a temporary delay in its bill processing beyond the healthcare providers normal billing cycle; or
3. Highly exceptional situations where CHS deems an accelerated payment is appropriate.

Medicare Financial Management Manual: Chapter 3 Page 64 Section 150 Accelerated Payments

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/fin106c03.pdf>

## **B.8 Insurance Strategies for Disaster Recovery**

The healthcare coalition will engage its members' executive leadership, finance department officials, legal counsel, and emergency preparedness coordinators in discussions, seminars, and workshops to present hazard and risk assessments prepared in the region to assist member organizations in maintaining relevant insurance products to protect against losses from a disaster.

Topics should cover:

- Consequences of closure by government order
- Cancellation of services due to a lack of staff
- Activation of Crisis Standards of Care plans
- Lack of reimbursement for services provided
- Loss of power, water or communication
- Disruption of electronic payment system
- Disruption/failure of healthcare supply chain

### **B.8.1 Types of Insurance for Contingencies**

**Business Interruption Insurance:** compensates the HCO for lost income if the HCO has to vacate the premises due to disaster related damage that is covered under its property insurance policy. Policies typically cover profits the HCO would have earned based on financial records had the disaster not occurred. The policy will cover operating expenses that are continuous through the disaster event.

**Civil Authority Insurance (CAI):** is an extension of business interruption coverage, and compensates an HCO for lost income and additional expenses arising out of suspension of the insured's operations necessitated by an order of civil authority ("closure order") which prevents access to the insured's property.

**Ingress/Egress Insurance:** similar to CAI coverage except that closure order from a civil authority is not necessary. To trigger coverage, many ingress/egress policies require, because of the damage to the property, that the property be completely inaccessible.

**Contingent or Dependent Business Interruption Insurance:** protects the earnings of the insured following physical loss or damage to the property of the insured's suppliers or customers, as opposed to its own property.

Dependent property is frequently defined as "property operated by others upon whom you depend to:

1. Deliver materials or services to you or to others for your account (not including utilities)
2. Accept your products or services
3. Manufacture products for delivery to your customers under contract for sale
4. Attract customers to your business"

**Accounts Receivable Insurance:** protects HCOs against their inability to collect their accounts receivable because of the loss of supporting records that have been destroyed by a covered-cost cause of loss. This type of insurance also covers "the extra collection

expenses that are incurred because of such loss or damage and other reasonable expenses incurred to re- establish records of accounts receivable after loss or damage.”

If you have suffered substantial economic injury and are one of the following types of businesses located in a declared disaster area, you may be eligible for an SBA Economic Injury Disaster Loan (EIDL):

- Small business
- Small agricultural cooperative
- Most private nonprofit organizations

#### Loan Amounts and Use

Substantial economic injury means the business is unable to meet its obligations and to pay its ordinary and necessary operating expenses. EIDLs provide the necessary working capital to help small businesses survive until normal operations resume after a disaster.

The SBA can provide up to \$2 million to help meet financial obligations and operating expenses that could have been met had the disaster not occurred. Your loan amount will be based on your actual economic injury and your company's financial needs, regardless of whether the business suffered any property damage.

#### Eligibility and Terms

The interest rate on EIDLs will not exceed 4 percent per year. The term of these loans will not exceed 30 years. The repayment term will be determined by your ability to repay the loan.

EIDL assistance is available only to small businesses when SBA determines they are unable to obtain credit elsewhere.

A business may qualify for both an EIDL and a physical disaster loan. The maximum combined loan amount is \$2 million.

#### SBA Disaster Loan Application

<https://disasterloan.sba.gov/ela/>

SBA Disaster Loan Fact Sheets for Businesses of all Sizes

*"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."*

## **8 - Vascular Surgery revised 05.24**

**Privileges in Vascular Surgery**

Name: \_\_\_\_\_

*Please Print*

**VASCULAR SURGERY**

**Education & Training:** MD or DO; **AND** Successful completion of a general surgery residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by the Royal College of Physicians & Surgeons of Canada if board certified by an ABMS board or actively pursuing board certification by an American Board/American Osteopathic Board within 5 years; **AND** successful completion of an accredited vascular surgery fellowship ; **AND** current board certification or actively pursuing certification by the American Board/American Osteopathic Board of Vascular Surgery within 5 years.

**Current Clinical Competence:** Documentation of the performance of at least 100 vascular procedures in the past 2 years, the majority being reconstructive; (excluding cardiac surgery) or successful completion of a residency or clinical fellowship in the past 12 months

**Renewal Criteria:** Maintenance of Board Certification and documentation of 70 procedures reflective of the privileges requested.

**FPPE:** Direct observation of a minimum of five (5) diverse procedures

Request	CORE PRIVILEGES	Approve
<input type="checkbox"/>	<b>VASCULAR SURGERY CORE PRIVILEGES INCLUDE:</b> Medical H&P (may include telehealth); work up, diagnosis, ordering and prescribing medication, ordering diagnostic tests, as well as surgical and non-surgical treatment of patients of all ages presenting with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the heart and intracranial vessels. Vascular surgery procedures include but are not limited to: <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm repair</li> <li>• Amputations, upper extremity, lower extremity;</li> <li>• Aneurysmectomy</li> <li>• Angio-access for dialysis, chemotherapy</li> <li>• Central vascular access, permanent: fistula, graft, shunt</li> <li>• Embolectomy (non-dialysis access related); arterial, graft, venous</li> <li>• Endarterectomy - Carotid; Peripheral</li> <li>• Endovascular abdominal and thoracic aneurysm repair</li> <li>• Endovascular percutaneous interventions/repairs</li> <li>• Intraoperative angiography</li> <li>• Peripheral arterial bypass grafts - Obstructive bypass</li> <li>• Peripheral venous procedures (includes varicose veins)</li> <li>• Skin Grafts</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active staff status)	<input type="checkbox"/>

Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Peripheral and Carotid Angiography - Includes: Subclavian, Axillary, Brachial (not by axillary approach) Renals, Common Carotid, Vertebral and Internal Carotid (diagnostic only) <b>Prerequisite: Fluoroscopy</b>	Documentation of 100 diagnostic angiograms (at least 50 as primary) in the last 2 years.	25 Diagnostic angiograms in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Peripheral Vascular Interventions (peripheral balloon, stent placement, artherectomy and peripheral catheter directed thrombolysis). Includes: Abdominal Aorta; Use of approved artherectomy devices; Femoropopliteal, Subclavian, Axillary, Brachial (not by axillary approach) Infrapopliteal, Renals <b>Prerequisite: Peripheral Angiography</b>	Meets initial training criteria <b>OR</b> , if trained before 1995, must have performed at least 50 peripheral balloon angioplasties (25 as primary operator within the last 2 years.	25 balloon angioplasties and/or stent placements in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Carotid Interventions (Includes: carotid stenting and angiography)	Meets initial training criteria <b>OR</b> documentation of 30 Cervico-cerebral angiograms (15 as primary) & 25 carotid stent procedures (13 as primary)	10 procedures in the last two years.	<input type="checkbox"/>

<b>ADVANCED PROCEDURES</b>				
<b>FPPE:</b> Direct observation of the first 3 cases of each privilege granted, except Hyperbaric which requires the first 2 cases observed and charts reviewed. Direct observation of 2 TCAR procedures.				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Laparoscopic placement of peritoneal dialysis catheter	Completion of General Surgery Residency OR Fellowship in Vascular Surgery AND documentation of 10 procedures in the last 2 years	5 procedures in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	TransCarotid Artery Revascularization (TCAR)	Completion of Fellowship in Vascular Surgery AND Minimum of 3 TCAR procedures in the last 2 years, OR documentation of TCAR training certification.	3 TCAR procedures in the last 2 years as primary operator	<input type="checkbox"/>
<input type="checkbox"/>	<b>Wound Care:</b> Surgical debridement of wounds, transcutaneous oximetry interpretation, complicated wound management, local and regional anesthesia, wound biopsy and preparation of wound bed and application of skin substitute	Meets initial criteria for core and documentation of a minimum of 20 procedures in the last two years.	Documentation of 5 procedures in the last 2 years.	<input type="checkbox"/>
<input type="checkbox"/>	Hyperbaric Oxygen Therapy	Document completion of a training program in hyperbaric oxygen therapy (HBOT) of a minimum of 40 hours, approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) AND 10 dives in the last 2 years.	Documentation of 20 dives in the last 2 years.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Barostim Neo System – Implant</u> <u>(prerequisite: hold current Endarterectomy privileges)</u>	<u>Demonstrated current competence &amp; evidence of performance with successful completion of at least 2 proctored cases by the Vendors Senior Clinical, Vendors Field Trainer, or a physician that currently performs the procedure.</u>	<u>Documentation of at least 5 cases in the last 2 years.</u>	<input type="checkbox"/>
<b>±ADDITIONAL PROCEDURES</b>				
<b>FPPE:</b> None				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Fluoroscopy	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	<input type="checkbox"/>
<input type="checkbox"/>	Procedural Sedation	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	<input type="checkbox"/>
<input type="checkbox"/>	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: __Dinuba __Exeter __Lindsay __Tulare __Woodlake __KHMC – Willow __Specialty Clinic __Wound Care Center __Sequoia Cardiology Clinic	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	<input type="checkbox"/>

**Acknowledgment of Practitioner:**

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

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

Name: \_\_\_\_\_

*Print*

Signature: \_\_\_\_\_ *Applicant* \_\_\_\_\_ *Date*

Signature: \_\_\_\_\_ *Department of Cardiovascular Services Chair* \_\_\_\_\_ *Date*

# 7 - Emergency Medicine revised 06.27.24

**Privileges in Emergency Medicine**

 Name: \_\_\_\_\_  
 Please Print

**EMERGENCY MEDICINE PRIVILEGES - INITIAL CRITERIA**

**Education: M.D. or D.O. and** successful completion of an ACGME or AOA accredited residency/fellowship in emergency medicine **AND** Current certification or active participation in the examination process leading to certification in Emergency Medicine by the ABEM or AOBEM, with certification obtained within 5 years of completion of residency. (Physicians on staff prior to 2015, not fulfilling the Emergency Board Certification requirement, are grandfathered in under their specialty Board Certification.)

**Certifications: Proof of completion of an ATLS course for Emergency Medicine Board Certified physicians and current ATLS certification for Emergency Medicine Board eligible physicians.**

**Current Initial Clinical Criteria:** A minimum of 1 year of continuous, full time experience in an emergency department, to include completion of the final year of residency training. **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted

**FPPE Requirement:** Concurrent and/or retrospective review of the first 5 cases.

**Renewal Criteria:** Minimum of 600 hours in an Emergency Department required in the past two years **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months **AND** Completion of an Implicit Bias Training within the last 24 months

**CORE PRIVILEGES**

Request	Procedure	Approve
<input type="checkbox"/>	<p><b>Core Privileges include:</b></p> <ul style="list-style-type: none"> <li>• Medical Screening Examination (MSE): Assess, work up and perform differential diagnosis by means of H&amp;P, medical decision making, laboratory and/or other studies (may include telehealth), ECG's and diagnostic imaging;</li> <li>• Provide services necessary to ameliorate minor illnesses or injuries; <b>AND</b> stabilizing treatment to patients who present with major illnesses or injuries and determine whether more definitive services are necessary.</li> <li>• Administration of Moderate/Deep Procedural Sedation including but not limited to the following agents: Propofol, Ketamine &amp; Etomidate:</li> <li>• May perform any necessary procedures to stabilize and diagnose patient including but not limited to:                             <ul style="list-style-type: none"> <li>○ Airway management, including intubation</li> <li>○ Arterial puncture and cannulation</li> <li>○ Cardiopulmonary resuscitation</li> <li>○ Cardioversion and defibrillation</li> <li>○ Central venous and pulmonary artery catheter insertion</li> <li>○ Lumbar puncture</li> <li>○ Needle and tube thoracostomy</li> <li>○ Paracentesis</li> <li>○ Thoracentesis</li> <li>○ Tracheostomy/cricothyroidotomy, emergency</li> <li>○ Delivery of Newborn</li> <li>○ Please reference EMS clinical privilege white paper for complete list of procedures that are approved for the Emergency Physician</li> </ul> </li> </ul> <p><i>Privileges do not include admitting privileges, long-term care of patients on an inpatient basis, or the performance of scheduled elective procedures.</i></p>	<input type="checkbox"/>

**ADDITIONAL PRIVILEGES**

Request	Procedure	Initial Criteria	Renewal	FPPE	Approve
<input type="checkbox"/>	Emergency Ultrasound, <b>Core</b> applications: Aorta, Trans Thoracic Echocardiography, EFAST, DVT, Pregnancy, Biliary, Urinary tract, Soft Tissue/Musculoskeletal, Bowel, Ocular and procedural guidance	1) Board Certified in Emergency Medicine <b>OR</b> board eligible and actively pursuing Certification 2) Completion of an ACGME/ AOA approved residency training program that included training specific to point of care ultrasound within the past 2 years; <b>OR</b> 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation.  If training was completed more than 2 years ago for (#2 or #3), documentation required for a minimum of <b>25</b> point of care ultrasound exams in the past 2 years or a total of 150 ultrasounds if seeking global ultrasound privileges.	Maintain EM Board Certification	2 reviewed exams per each application  Not required for Accredited ACGME EM residency within last 2 years.	<input type="checkbox"/>

<input type="checkbox"/>	Emergency Ultrasound, <b>Advanced</b> applications: (Check request)  <input type="checkbox"/> Scrotal US for torsion/flow/mass <input type="checkbox"/> Adnexal US for mass/flow/torsion <input type="checkbox"/> Transcranial	1) Board Certified in Emergency Medicine <b>OR</b> 2) Completion of an ACGME/AOA approved residency training program that included training specific to point of care ultrasound <b>or</b> an EM Ultrasound Fellowship; <b>OR</b> 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation. <b>AND</b> documentation of <b>25</b> successful procedures for each application requested.	5 procedures per application in 2 years	2 Reviewed exams per each application	<input type="checkbox"/>
<input type="checkbox"/>	<u>Hyperbaric Oxygen Therapy</u>	<u>Document completion of a training program in hyperbaric oxygen therapy (HBOT) of a minimum of 40 hours, approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) AND 10 dives in the last 2 years.</u>	<u>Documentation of 20 dives in the last 2 years.</u>	<u>Direct observation of the first two cases with concurrent chart review</u>	<input type="checkbox"/>
<input type="checkbox"/>	Trans Esophageal Echocardiography (TEE): Limited to use during CPR or in intubated patients when TTE does not provide adequate views	1) Completion of an ACGME or AOA approved residency training program that included training specific to TEE; <b>OR</b> 2) Credentialed in TTE and; 3) Completion of 2 or more hours of TEE specific CME, didactics, or web based resources AND 10 TEE exams A maximum of 5 out of the 10 may be simulation	25 procedures in the past 2 years of which up to 15 may be done in SimLab.	2 direct and or over reads, at the discretion of the proctor.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Wound Care: Surgical debridement of wounds, transcutaneous oximetry interpretation, complicated wound management, local and regional anesthesia, wound biopsy and preparation of wound bed and application of skin substitute</u>	<u>Meets initial criteria for core and documentation of a minimum of 20 procedures in the last two years.</u>	<u>Documentation of 5 procedures in the last 2 years.</u>	<u>Direct observation of the first 3 cases.</u>	<input type="checkbox"/>

**Acknowledgment of Practitioner:**

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

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

Name: \_\_\_\_\_  
*Print*

Signature: \_\_\_\_\_  
*Applicant* \_\_\_\_\_ *Date*

Signature: \_\_\_\_\_  
*Department of Emergency Medicine Chair* \_\_\_\_\_ *Date*

# 6 - APP - NP-PA Privilege Form revised 6.30.24

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

**NURSE PRACTITIONER / PHYSICIAN ASSISTANT**

<b>Initial Criteria</b>				
<p><b>Physician Assistant:</b> Completion of an ARC-PA approved program; Current certification by the NCCPA (<i>Obtain certification within one year of completion of PA program or granting of privileges</i>); Current licensure to practice as a PA by the California Physician Assistant Board; <b>OR</b></p> <p><b>Nurse Practitioner:</b> Completion of an advanced nursing program accredited by the Commission of Collegiate of Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) with emphasis on the NP's specialty area; current certification by the ANCC or AANP (<i>Obtain certification within one year of completion of Masters/Doctorate program</i>); <b>AND</b></p> <p><b>Certifications:</b> BLS or ACLS and full schedule California DEA; Emergency Medicine: ACLS &amp; PALS (Must obtain within 12 months of hire)</p> <p><b>Current Clinical Experience:</b> Documentation of patient care for 100 patients in the past two years OR completion of NP/PA training program within the last 12 months. <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage &amp; Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted <b>AND</b> Completion of an Implicit Bias Training prior to or within 30 days of privilege granted</p> <p><b>Renewal Criteria:</b> Documentation of patient care for 100 patients in the past 24 months AND maintenance of current certification by NCCPA, ANCC, or AANP (For PA's granted privileges prior to March 2016 that are not certified by the NCCPA: Must provide 100 CMEs within the last 2 year period, 50 of which must be category I, as defined by the NCCPA for Certification); <b>AND</b> full schedule DEA license; <b>AND</b> Urgent Care: BLS OR ACLS; Emergency Medicine: ACLS&amp; PALS <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage &amp; Hypertensive Disorder in Pregnancy Education Modules within the last 24 months <b>AND</b> Completion of an Implicit Bias Training within the last 24 months</p> <p><b>FPPE:</b> A minimum of 5 cases by Direct Observation and Retrospective Chart Review at the supervising physician's discretion.</p>				
Request	<b>GENERAL CORE PRIVILEGES</b>			Approve
	Includes procedures on the following list and such other procedures that are extensions of the same techniques and skills (may include telehealth):			
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Application of traction; simple and/or superficial foreign body removal</li> <li>• Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures</li> <li>• Apply/remove cast; diagnosis/treatment and strapping of sprains; splinting and reduction of fractures and dislocations;</li> <li>• Assess, work up and perform differential diagnosis by means of H&amp;P, medical decision making, laboratory and/or other studies, ECG's and diagnostic imaging</li> <li>• Counsel and instruct patients, families, and caregivers as appropriate</li> <li>• Direct care as specified by medical staff-approved protocols; Make daily rounds on hospitalized patients, as appropriate; Initiate appropriate referrals;</li> </ul>	<ul style="list-style-type: none"> <li>• Implement palliative care and end-of-life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions</li> <li>• Implement therapeutic intervention for specific conditions when appropriate</li> <li>• Insert and remove nasogastric tube; provide tracheostomy care</li> <li>• Order and initial interpretation of diagnostic testing and therapeutic modalities;</li> <li>• Pelvic examinations, including pap smears, and IUD removal</li> <li>• Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses; insertion of packing</li> <li>• Perform History &amp; Physical/ MSE;</li> <li>• Perform other emergency treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Prescribe &amp; Administer medications per formulary of designated certifying board</li> <li>• Record progress notes;</li> <li>• Removal of drains, sutures, staples, &amp; packing</li> <li>• Remove arterial catheters, central venous catheters, chest tubes;</li> <li>• Short-term and indwelling urinary bladder catheterization; venous punctures for blood sampling, cultures, and IV catheterization; superficial surgical procedures</li> <li>• Laceration repair (not requiring plastics intervention); nasal packing; excision of simple skin lesion; removal of impacted cerumen; nail trephination &amp; removal; excision of thrombosed hemorrhoids;</li> <li>• Tonometry / Wood's &amp; Slit Lamp exam of the eye</li> <li>• Write Discharge Summaries and Instructions, as appropriate</li> </ul>	<input type="checkbox"/>
<b>POPULATION:</b>				
<input type="checkbox"/>	Adult: Patients >18 years of age			<input type="checkbox"/>
<input type="checkbox"/>	Pediatric: Well newborn up to 18 years of age			<input type="checkbox"/>
<b>SETTING:</b>				
<input type="checkbox"/>	Acute Care Services for Inpatients at a Kaweah Health facility			<input type="checkbox"/>
<input type="checkbox"/>	<b>Emergency Medicine Additional Core Privileges:</b> <ul style="list-style-type: none"> <li>• Direct care per Emergency Medicine protocol (i.e. Tintinalli's edition)</li> <li>• Point of Care Ultrasound</li> <li>• Replacement of PEG tubes</li> <li>• Insert and remove orogastric tube</li> <li>• Intraosseous Line insertion with EZ-10</li> <li>• Perform other emergency treatment per protocol (i.e. Tintinalli's edition)</li> </ul>			<input type="checkbox"/>
<input type="checkbox"/>	<b>Outpatient Services</b> at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: ___Dinuba ___Exeter ___Lindsay ___Tulare ___Woodlake ___KHMC - Willow ___Dialysis Clinic ___Hospice ___Specialty Clinic ___Wound Care Center ___Cardiology Center ___Neuroscience Center ___KHMC - Ben Maddox ___KHMC - Plaza ___Urgent Care - Court Street ___Urgent Care - Demaree ___SRCC			<input type="checkbox"/>

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

*Please Print*

<b>ADVANCED PRIVILEGES</b>					
Initial FPPE is deemed to have been satisfied based on successful completion of a preceptorship at Kaweah Health within 6 months prior to the grant of clinical privileges					
Request	Procedure	Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Arthrocentesis & Joint Aspiration	2 in the last 2 years.	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Biopsy of the cervix	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Bronchoscopy	20 procedures in the last 2 years	10 procedures in the last 2 years	Minimum of 5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Cerebral Spinal Fluid (CSF Shunt Tap)	2 in the last 2 years	1 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Colposcopy	Documentation of training and 10 procedures in the last 2 years.	10 procedures in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Complex Wound Care (Wound debridement, application of skin substitutes, complicated management and wound biopsy) (Wound Care Center Only)	20 procedures in the last 2 years	20 procedures in the last 2 years	First 2 concurrent cases	<input type="checkbox"/>
<input type="checkbox"/>	Endometrial Biopsy	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal Intubation	10 in the last 2 years	8 in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Hospice: Rounding on home-bound patients enrolled in KDHCDC Hospice Services	Initial Criteria for Core Privileges	20 patient contacts in the last 2 years.	2 concurrent or retrospective chart reviews.	<input type="checkbox"/>
<input type="checkbox"/>	Hyperbaric Oxygen Therapy Pre-requisite: Hyperbaric Course approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) (Wound Care Center Only)	Completion of 40 hour Hyperbaric Course <b>and</b> documentation of 20 cases in the last 2 years.	20 procedures <b>AND</b> documentation of 10 CME in wound care/hyperbaric medicine in the last 2 years	2 direct observation & 2 retrospective chart reviews	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of Arterial Lines	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of central venous access or dialysis catheters	5 in the last 2 years	5 in the last 2 years	Minimum of 2 -any site concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of Chest Tubes	5 in the last 2 years	5 in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Joint Injection	Documentation of training and 5 procedures in the last 2 years (Use of Sim Lab acceptable for up to 2)	2 procedures in the last 2 years (Sim Lab procedures not accepted)	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Laceration Repair – Complex and Layered	3 in the last 2 years	3 in the last 2 years	3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar Puncture	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Myelogram	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Nephrology: Changing dry weight, checking declots (Dialysis Centers Only)	Initial Criteria for Core Privileges	20 nephrology patient contacts in the last 2 years	2 concurrent or retrospective chart reviews.	<input type="checkbox"/>
<input type="checkbox"/>	Nexplanon insertion	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>

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

<b>ADVANCED PRIVILEGES - CONTINUED</b>					
FPPE requirement waived if provider has successfully completed training (preceptorship) at Kaweah Health within the last 6 months					
Request	Procedure	Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	OB Care: Prenatal and post-partum care	Documentation of training and 20 prenatal/ post-partum cases in the last 2 years. <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted <b>AND</b> Completion of an Implicit Bias Training prior to or within 30 days of privilege granted	20 prenatal/ post-partum cases in the last 2 years. <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months <b>AND</b> Completion of an Implicit Bias Training within the last 24 months	2 concurrent or retrospective chart reviews.	<input type="checkbox"/>
<input type="checkbox"/>	OB ultrasonography: Evaluation of fetal presentation, number, confirmation of cardiac activity, position and placental placement	Completion of Basic Obstetric Ultrasound course in limited U/S and 10 in the last 2 years.	10 in the last 2 years.	3 concurrent and/or retrospective chart reviews	<input type="checkbox"/>
<input type="checkbox"/>	Orthopedic Advanced Privileges to include Open fracture superficial closure – loose approximation of open fracture closure under direct supervision (prior to definitive surgical closure by the surgeon in the OR) and the following procedures: ___ Joint Injection & Arthrocentesis ___ Fracture Reduction ___ Dislocation Reduction ___ Hematoma and Digital Blocks	5 Joint Injections or Arthrocentesis in the last 2 years <b>AND</b> 5 Fracture Reductions in the last 2 years <b>AND</b> 3 Dislocation reductions in the last 2 years <b>AND</b> 3(including 1 of each) Hematoma and Digital Blocks in the last 2 years	15 procedures in the last 2 years	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Paracentesis (may or may not include the use of ultrasound guidance)	5 in the last 2 years	5 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Paragard and Mirena IUD insertion	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Perform pharmacological and non-pharmacological stress tests	10 in the last 2 years	10 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Placement of External Ventricular Drainage Device	3 in the last 2 years	3 the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Placement of Intracranial Monitoring Devices	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Radiation Oncology: Assist with simulations; high dose rate brachytherapy, intravenous radioactive therapy, oral radioactive administration and atrontium beta-irradiation application	A minimum of 3-month training period with a radiation oncologist OR previous experience.	10 in the last 2 years	A minimum of 10 (including Core) concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Radiologic procedures to include CT, Fluoroscopy, and Ultrasound of deep & superficial organs and organ systems (including aspirations, biopsies, drainages, or injections)	25 in the last 2 years	25 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Removal of Intra-Aortic Balloon Pump	5 in the last 2 years	5 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Removal of Intra-cardiac lines or temporary Epicardial Pacer Wires	2 in the last 2 years	2 in the last 2 years	2 concurrent	<input type="checkbox"/>
<b>ADVANCED PRIVILEGES - CONTINUED</b>					
FPPE requirement waived if provider has successfully completed training (preceptorship) at Kaweah Health within the last 6 months					

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

*Please Print*

Request	Procedure	Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Replacement of tracheostomy tubes >1 month since time of tracheostomy	5 in the last 2 years	5 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Surgical Assistant ( <i>may not perform opening and/or closing surgical procedures at or below the fascia on a patient under anesthesia without the personal presence of a supervising physician and surgeon</i> ).	10 in the last 2 years	10 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	5 in the last 2 years	5 in the last 2 years	Minimum of 2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Tilt Table	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Uncomplicated Ventilator Management	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Urology Advanced Privileges to include: ___ Urodynamics ___ PTNS (percutaneous tibial nerve stimulation) ___ Cystoscopy ___ Cystoscopy with stent removal	10 Urodynamics cases in the last 2 years AND 10 PTNS cases in the last 2 years AND 5 Cystoscopy cases in the last 2 years AND 6 Cystoscopy cases with stent removal in the last 2 years	10 in the last 2 years	A minimum of 1 concurrent	<input type="checkbox"/>

**ADDITIONAL PRIVILEGES**

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

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please Print*
**Acknowledgment of Practitioner:**

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

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

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

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

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

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

 \_\_\_\_\_  
*Department of Emergency Medicine* *Date*

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

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

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

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

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

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

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

# Resolution 2234 Tax Resolution FY 25

***KAWEAH HEALTH***  
***FINANCE DIVISION MEMORANDUM***

**TO:** Board of Directors, Chief Executive Officer and Executive Team

**FROM:** Malinda Tupper, Chief Financial Officer  
Jennifer Stockton, Director of Finance

**DATE:** July 20, 2024

**SUBJECT: General Obligation Tax Resolution**

On July 24, 2024, the Kaweah Health Board of Directors (the “**Board**”) will be asked to approve Resolution No. 2234 directing the County of Tulare to levy and collect, for the fiscal year July 1, 2024 to June 30, 2025, a tax sufficient to pay the principal and interest of the 2014 bonds (debt service schedule attached to the resolution).

History of the Bonds: In November of 2003, the residents of the Kaweah Delta Health Care District voted to approve the issuance of \$51 million of general obligation bonds. General Obligation (“GO”) bonds can be issued by governmental entities and are secured by property taxes of the residents that live within the boundaries of the entity. These taxes are in addition to the normal operating taxes collected by the County. The related GO bonds were issued by Kaweah Health in 2004 and the funds were used to construct improvements to the Kaweah Health facility that are currently referred to as the “Acequia Wing”. In 2014, the 2004 bonds were advance refunded in order to take advantage of favorable interest rates. With an advance refunding we are allowed to issue new bonds with new lower rates, and then pay off the old bonds that had higher rates.

Each year in July, Kaweah Health Finance representatives work with representatives of the County of Tulare to calculate the amount of tax to levy. The tax rate per \$100 is determined by utilizing the annual debt service on the bonds, the internal bond reserve funds, unsecured tax revenues and unitary revenues estimated by the County, and the total Kaweah Delta Health Care District secured property values as determined by the County.

A trend of the values utilized to determine the annual tax rate is attached.

For any questions regarding the documents, please contact Malinda Tupper at 624-4065 or Jennifer Stockton at 624-5536.

Kaweah Delta Health Care District  
 Tax Rate Resolution - for submission to County of Tulare  
 Debt Service of 2004 (2014 refi ) General Obligation Bonds

Fiscal Year	24-25	23-24	22-23	21-22	20-21
Internal Reserve	\$ 1,952,555	\$ 1,635,832	\$ 1,785,239	\$ 1,521,611	\$ 1,542,438
Balance to be raised	\$ 3,681,520	\$ 3,594,816	\$ 3,514,268	\$ 3,444,469	\$ 3,176,688
Unsecured Value	\$ 1,498,385,757	\$ 1,286,828,333	\$ 1,096,631,965	\$ 917,599,514	\$ 840,655,587
Delinquency Rate	95%	92%	96%	96%	95%
Unsecured Revenue	\$ 229,294	\$ 190,964	\$ 189,748	\$ 147,992	\$ 144,320
Unitary Revenue	\$ 786,023	\$ 725,151	\$ 782,522	\$ 648,059	\$ 692,907
Secured Value	\$ 18,536,667,144	\$ 17,054,838,914	\$ 16,016,117,073	\$ 14,881,908,926	\$ 14,090,585,891
Delinquency Rate	97%	97%	98%	98%	98%
Secured Amount to Raise	\$ 2,666,201	\$ 2,678,701	\$ 2,541,998	\$ 2,648,418	\$ 2,339,461
Tax Rate - per \$100 of value	<b>\$ 0.014729</b>	<b>\$ 0.016044</b>	<b>\$ 0.016057</b>	<b>\$ 0.018020</b>	<b>\$ 0.016874</b>
Increase in Secured Values	\$ 1,481,828,230 8.7%	\$ 1,038,721,841 6.5%	\$ 1,134,208,147 7.6%	\$ 791,323,035 5.6%	\$ 758,781,886 5.7%

**BOARD OF DIRECTORS  
KAWEAH DELTA HEALTH CARE DISTRICT**

**RESOLUTION 2234**

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**A RESOLUTION DIRECTING TULARE COUNTY, CALIFORNIA, TO  
LEVY A TAX TO PAY THE PRINCIPAL OF AND INTEREST ON  
GENERAL OBLIGATION BONDS OF THE DISTRICT.**

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**WHEREAS**, by Resolution No. 1312 (the "*Ballot Resolution*") adopted by the Board of Directors of Kaweah Delta Health Care District (the "*Board*") on July 22, 2003, the Board determined and declared that public interest and necessity demanded the acquisition, construction and/or reconstruction, improvement and equipping of additional health care facilities to expand Kaweah Delta Hospital of Kaweah Delta Health Care District (the "*District*"); and

**WHEREAS**, by the Ballot Resolution, the Board duly called an election to be held on November 4, 2003, for the purpose of submitting to the electors of the District a proposition to incur bonded indebtedness to finance all works, property, parking and structures necessary or convenient for the acquisition, improvement, construction and/or reconstruction of an expansion to Kaweah Delta Hospital, as more fully defined herein (the "*Project*"); and

**WHEREAS**, an election was held in the District on November 4, 2003, for the purpose of submitting to the qualified voters of the District a proposition for incurring bonded indebtedness of the District in the aggregate principal amount not to exceed \$51,000,000 to finance the Project; and

**WHEREAS**, the Registrar of Voters of Tulare County, California, duly canvassed the return of said election and, as the result of such canvass, certified to the Board that more than two-thirds of the votes cast on said proposition favored the incurring of such bonded indebtedness; and

**WHEREAS**, in 2004, the District issued its General Obligation Bonds, Election of 2003, Series 2004 (the "*2004 Bonds*") in the aggregate principal amount of \$51,000,000 for the purposes authorized and on the conditions set forth in Ordinance No. 04-02 (the "*Ordinance*"); and

**WHEREAS**, on January 6, 2014, the Board adopted Resolution No. 1795 authorizing the issuance of its General Obligation Refunding Bonds, Series 2014 (the "*2014 Bonds*") in an amount sufficient to provide for the advance refunding and redemption, on August 1, 2014, of the 2004 Bonds maturing on or after August 1, 2015; and

**WHEREAS**, on January 30, 2014, the Board issued its 2014 Bonds in the aggregate principal amount of \$48,906,000 pursuant to Chapter 4, Division 23 (Sections

32300 *et seq.*) of the California Health & Safety Code (the “*Authorizing Law*”), Chapter 3, Part 1, Division 2, Title 5 of the California Government Code and Resolution No. 1795;

**WHEREAS**, pursuant to the Authorizing Law, the District is authorized to direct Tulare County, California, in which jurisdiction the District is located (the “*County*”), to levy an *ad valorem* tax on all property within the District for the purpose of paying the principal and interest coming due on the 2014 Bonds,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT AS FOLLOWS:**

Section 1. Recitals. All of the recitals herein are true and correct. To the extent that the Recitals relate to findings and determinations of the Board, the Board declares such findings or determinations to be made hereby.

Section 2. Tax Levy. For the purpose of paying the principal of and interest on the 2014 Bonds, and subject to the provisions below, the Board hereby directs the County to levy and collect, in each successive fiscal year, commencing with the District's fiscal year beginning July 1, 2024, and ending June 30, 2025 a tax sufficient to pay the annual interest on the 2014 Bonds as the same becomes due and also such part of the principal thereof as becomes due before the proceeds of a tax levied at the time for making the next general tax levy can be made available for the payment of such interest or principal. Attached to this Resolution as Exhibit A is the annual debt service schedule for the 2014 Bonds. Attached to this Resolution as Exhibit B is the property tax rate set by the Board for the fiscal year ending June 30, 2025.

The levy of taxes for the 2014 Bonds takes into account amounts on deposit in the General Obligation Refunding Bond Fund of the District established pursuant to Resolution No. 1795 of the District to pay debt service on the 2014 Bonds during such year as estimated by the Chief Financial Officer.

Said tax shall be in addition to all other taxes levied for District purposes, shall be levied and collected by the County at the same time and in the same manner as other taxes of the District are levied and collected, and shall be used only for the payment of the 2014 Bonds, and the interest thereon.

Pursuant to Sections 32127 and 32204 of the California Health & Safety Code, all taxes collected by the County pursuant to this Section 2 shall be paid into the treasury of the District and deposited forthwith in a special account of the District as set forth in Resolution No. 1795 of the District.

Section 3. Request for Necessary County Actions. The Board of Supervisors, the Treasurer, the Tax Collector, the Auditor and other officials of the County are hereby requested to take and authorize such actions as may be necessary pursuant to law to provide for the levy and collection of a property tax on all taxable property within the District sufficient to provide for the payment of all principal of, redemption premium (if any), and interest on the 2014 Bonds, as the same shall become due and payable, and

to transfer the tax receipts from such levy to the District for deposit into the District's General Obligation Refunding Bond Fund. The Chief Financial Officer is hereby authorized and directed to deliver certified copies of this Resolution to the clerk of the Board of Supervisors of the County, and the Treasurer, Tax Collector and Auditor of the County.

Section 4. Ratification. All actions heretofore taken by officials, employees and agents of the District with respect to the request and direction for the tax levy described herein are hereby approved, confirmed and ratified.

Section 5. General Authority. The President of the Board, the Secretary/Treasurer, the Chief Executive Officer and the Chief Financial Officer, and their respective designees, are each hereby authorized, empowered and directed in the name and on behalf of the District to take any and all steps, which they or any of them might deem necessary or appropriate in order to ensure that the County levies and collects the property taxes as described herein and otherwise to give effect to this Resolution.

Section 6. This Resolution shall take effect immediately upon enactment.

THE FOREGOING RESOLUTION WAS PASSED AND ADOPTED by the Board of Directors of Kaweah Delta Health Care District on July 24, 2024 by the following vote:

AYES: \_\_\_\_\_

NOES: \_\_\_\_\_

ABSENT: \_\_\_\_\_

\_\_\_\_\_  
Mike Olmos  
President, Board of Directors  
Kaweah Delta Health Care District

Attest:

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

# EXHIBIT A

## BOND DEBT SERVICE

Kaweah Delta Health Care District of Tulare County, California  
 General Obligation Refunding Bonds, Series 2014  
 (Refunds Series 2004 G.O. Bonds)  
 FINAL

Period Ending	Principal	Coupon	Interest	Debt Service	Annual Debt Service
08/01/2014			956,281.17	956,281.17	956,281.17
02/01/2015			950,997.85	950,997.85	
08/01/2015	1,089,000	** %	950,997.85	2,039,997.85	2,990,995.70
02/01/2016			930,734.35	930,734.35	
08/01/2016	1,193,000	** %	930,734.35	2,123,734.35	3,054,468.70
02/01/2017			908,535.15	908,535.15	
08/01/2017	1,301,000	** %	908,535.15	2,209,535.15	3,118,070.30
02/01/2018			884,325.80	884,325.80	
08/01/2018	1,412,000	** %	884,325.80	2,296,325.80	3,180,651.60
02/01/2019			858,044.95	858,044.95	
08/01/2019	1,530,000	** %	858,044.95	2,388,044.95	3,246,089.90
02/01/2020			829,571.50	829,571.50	
08/01/2020	1,651,000	** %	829,571.50	2,480,571.50	3,310,143.00
02/01/2021			798,844.10	798,844.10	
08/01/2021	1,779,000	** %	798,844.10	2,577,844.10	3,376,688.20
02/01/2022			765,734.30	765,734.30	
08/01/2022	1,913,000	** %	765,734.30	2,678,734.30	3,444,468.60
02/01/2023			730,134.10	730,134.10	
08/01/2023	2,054,000	** %	730,134.10	2,784,134.10	3,514,268.20
02/01/2024			691,907.70	691,907.70	
08/01/2024	2,211,000	** %	691,907.70	2,902,907.70	3,594,815.40
02/01/2025			650,759.75	650,759.75	
08/01/2025	2,380,000	** %	650,759.75	3,030,759.75	3,681,519.50
02/01/2026			606,469.35	606,469.35	
08/01/2026	2,550,000	** %	606,469.35	3,156,469.35	3,762,938.70
02/01/2027			559,011.15	559,011.15	
08/01/2027	2,725,000	** %	559,011.15	3,284,011.15	3,843,022.30
02/01/2028			508,297.60	508,297.60	
08/01/2028	2,917,000	** %	508,297.60	3,425,297.60	3,933,595.20
02/01/2029			454,010.45	454,010.45	
08/01/2029	3,113,000	4.090%	454,010.45	3,567,010.45	4,021,020.90
02/01/2030			390,349.60	390,349.60	
08/01/2030	3,328,000	4.090%	390,349.60	3,718,349.60	4,108,699.20
02/01/2031			322,292.00	322,292.00	
08/01/2031	3,547,000	4.090%	322,292.00	3,869,292.00	4,191,584.00
02/01/2032			249,755.85	249,755.85	
08/01/2032	3,803,000	4.090%	249,755.85	4,052,755.85	4,302,511.70
02/01/2033			171,984.50	171,984.50	
08/01/2033	4,066,000	4.090%	171,984.50	4,237,984.50	4,409,969.00
02/01/2034			88,834.80	88,834.80	
08/01/2034	4,344,000	4.090%	88,834.80	4,432,834.80	4,521,669.60
	48,906,000		25,657,470.87	74,563,470.87	74,563,470.87

**EXHIBIT B**

**TAX RATE FOR FISCAL YEAR 2024-2025**

**\$.014729 per \$100 of assessed value**

# QC and BOD Quality Report -Med Safety MM

# Medication Safety

Quality Council Report

Quarter 1 2024

Mara Miller, PharmD BCPS

Medication Safety Coordinator



# Medication Safety Initiatives

Identification of actual or potential medication errors

## Proactive

- Best Practice Guidelines
- Institute for Safe Medication Practices (ISMP) publications
- Published safety alerts

## Concurrent

- Medication Safety Rounds
- Trigger tools

## Retrospective

- Review of reported medication events
- Annual trends analysis of all reported events

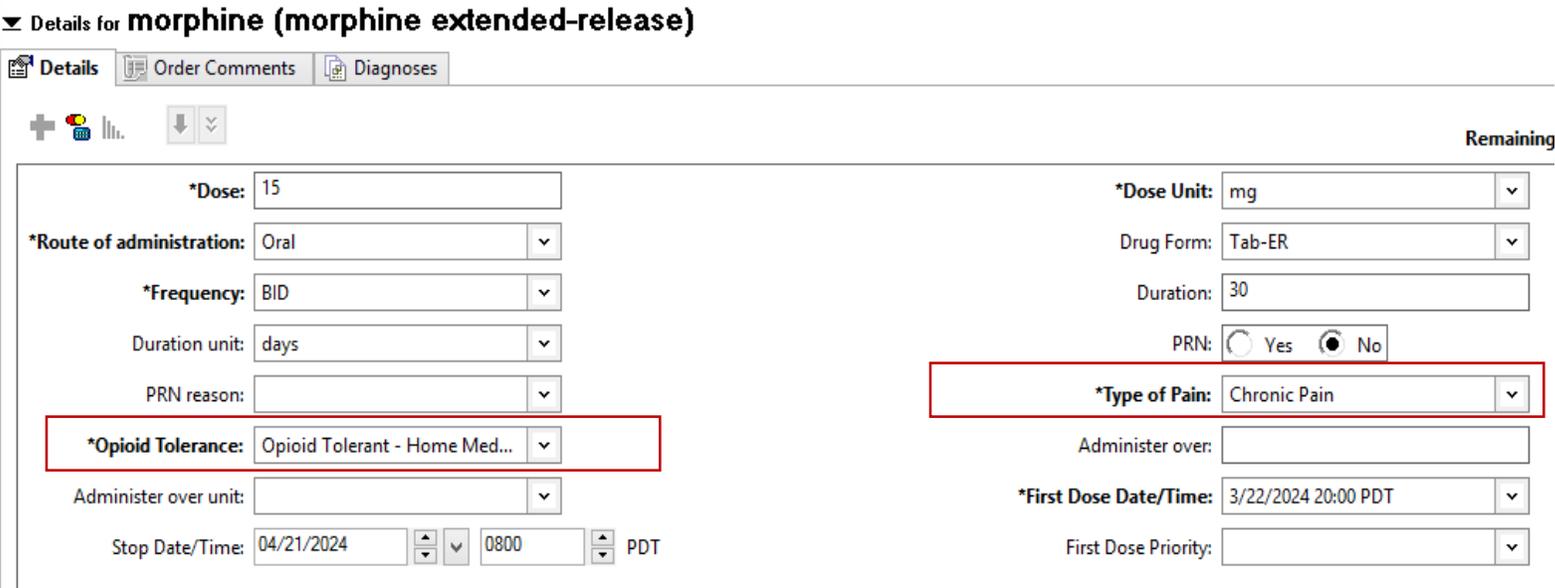
# Medication Safety Initiatives

## Proactive prevention of medication errors

Opportunities	Action Plan																																																																														
<p><b>ISMP Hospital Targeted Best Practice:</b> Maintain a 95% or greater compliance rate for use of Dose Error Reduction Software (DERS)</p>	<ul style="list-style-type: none"><li>• Education efforts to nursing staff</li><li>• Bedside nurses, nursing educators and nursing leadership engaged</li><li>• Dashboard developed and shared with nursing leaders monthly</li><li>• DERS optimization using infusion pump analytic data quarterly</li></ul> <div data-bbox="996 701 2405 1235"><h3>DERS Utilization</h3><table border="1"><caption>DERS Utilization Data</caption><thead><tr><th>Month</th><th>Total Suite Usage (%)</th><th>Goal (%)</th></tr></thead><tbody><tr><td>Jun-22</td><td>88.5</td><td>95.0</td></tr><tr><td>Jul-22</td><td>89.0</td><td>95.0</td></tr><tr><td>Aug-22</td><td>89.5</td><td>95.0</td></tr><tr><td>Sep-22</td><td>92.5</td><td>95.0</td></tr><tr><td>Oct-22</td><td>92.5</td><td>95.0</td></tr><tr><td>Nov-22</td><td>92.5</td><td>95.0</td></tr><tr><td>Dec-22</td><td>92.0</td><td>95.0</td></tr><tr><td>Jan-23</td><td>93.5</td><td>95.0</td></tr><tr><td>Feb-23</td><td>93.5</td><td>95.0</td></tr><tr><td>Mar-23</td><td>93.8</td><td>95.0</td></tr><tr><td>Apr-23</td><td>94.5</td><td>95.0</td></tr><tr><td>May-23</td><td>95.0</td><td>95.0</td></tr><tr><td>Jun-23</td><td>94.0</td><td>95.0</td></tr><tr><td>Jul-23</td><td>94.8</td><td>95.0</td></tr><tr><td>Aug-23</td><td>95.0</td><td>95.0</td></tr><tr><td>Sep-23</td><td>94.5</td><td>95.0</td></tr><tr><td>Oct-23</td><td>94.8</td><td>95.0</td></tr><tr><td>Nov-23</td><td>95.0</td><td>95.0</td></tr><tr><td>Dec-23</td><td>95.5</td><td>95.0</td></tr><tr><td>Jan-24</td><td>95.5</td><td>95.0</td></tr><tr><td>Feb-24</td><td>95.5</td><td>95.0</td></tr><tr><td>Mar-24</td><td>95.8</td><td>95.0</td></tr><tr><td>Apr-24</td><td>95.8</td><td>95.0</td></tr><tr><td>May-24</td><td>95.5</td><td>95.0</td></tr><tr><td>Jun-24</td><td>95.5</td><td>95.0</td></tr></tbody></table></div>	Month	Total Suite Usage (%)	Goal (%)	Jun-22	88.5	95.0	Jul-22	89.0	95.0	Aug-22	89.5	95.0	Sep-22	92.5	95.0	Oct-22	92.5	95.0	Nov-22	92.5	95.0	Dec-22	92.0	95.0	Jan-23	93.5	95.0	Feb-23	93.5	95.0	Mar-23	93.8	95.0	Apr-23	94.5	95.0	May-23	95.0	95.0	Jun-23	94.0	95.0	Jul-23	94.8	95.0	Aug-23	95.0	95.0	Sep-23	94.5	95.0	Oct-23	94.8	95.0	Nov-23	95.0	95.0	Dec-23	95.5	95.0	Jan-24	95.5	95.0	Feb-24	95.5	95.0	Mar-24	95.8	95.0	Apr-24	95.8	95.0	May-24	95.5	95.0	Jun-24	95.5	95.0
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# Medication Safety Initiatives

## Proactive prevention of medication errors

Opportunities	Action Plan
<p><b>ISMP Hospital Targeted Best Practice:</b> Verify and document a patient's opioid status (naïve versus tolerant) and type of pain (acute versus chronic) before prescribing and dispensing</p>	<ul style="list-style-type: none"><li>Modify order elements to include assessment of type of pain and opioid tolerance</li></ul> 

# Medication Safety Initiatives

## Proactive prevention of medication errors

Opportunities	Action Plan
<p><b>ISMP Acute Care Medication Safety Alert Newsletter Safe Practice Recommendation:</b> Build required Risk Evaluation and Mitigation Strategy (REMS) directly into the Electronic Health Record</p>	<ul style="list-style-type: none"> <li>• Complete evaluation of formulary medications for existence of REMS requirements</li> <li>• Hardwire necessary actions for REMS program into the Electronic Health Record (EHR) as applicable</li> <li>• Develop process to ensure routine review of REMS requirements for medications administered at Kaweah Health Medical Center</li> </ul>

**Proper deployment of REMS to reduce potential drug-related harm and medication errors—Part I**



**PROBLEM:** Risk Evaluation and Mitigation Strategy (REMS) programs were first instituted by the US Food and Drug Administration (FDA) in 2007 to ensure the benefits of a medication with serious safety concerns outweigh the risks.<sup>1</sup> REMS programs include one or more of the following components designed to reinforce intended medication-use behaviors and actions that support safe use: (1) patient information (e.g., medication guide), (2) a communication plan, (3) elements to assure safe use (ETASU), and (4) an implementation system. ETASU may include certification of prescribers or dispensers, drug administration restricted to certain healthcare settings, specific monitoring requirements for patients, and/or enrollment of patients in a registry.<sup>2,3</sup> REMS programs also have a timetable of assessments of when the manufacturer will provide reports to the FDA to evaluate the effectiveness of the REMS components.<sup>1,2</sup>

There are approximately 60 medications that currently have REMS requirements. In December 2021, FDA launched the REMS Public Dashboard ([www.ismp.org/ext/1112](http://www.ismp.org/ext/1112)) to expand efficient access to data and report-generating capabilities of REMS programs for healthcare providers, research organizations, academia, industry, and others.

While REMS programs are intended to mitigate risk, the number of different programs and databases, wide variety of program requirements, scarcity of implementation tools, and lack of organizational resources have sometimes made it difficult for frontline practitioners to meet the requirements of the various programs. Institutions may face other challenges, some of which are highlighted below, based on reports we have received.

**REMS-related problems reported to ISMP**

**Failing third-party REMS audit.** Vigabatrin, an antiseizure medication used to treat infantile spasms and refractory complex partial seizures, carries a Boxed Warning for the risk of permanent vision loss. For inpatient pharmacies to dispense vigabatrin, they must be enrolled in the REMS program, and staff must be trained in the program requirements. Staff must verify that the prescriber is certified in the program and that the patient is enrolled in the program. Staff must obtain authorization to dispense the drug by contacting the program by phone or logging in online ([www.ismp.org/ext/1088](http://www.ismp.org/ext/1088)). Staff must also document the prescriber identification (ID) number, patient ID number, and the authorization code that are all assigned by the Vigabatrin REMS Program, in a paper/digital logbook or in the electronic health record (EHR) within 15 days of the patient's admission.

In a case reported to ISMP, an inpatient pharmacy was audited for compliance by a third party on behalf of the Vigabatrin REMS Program. The initial audit consisted of reviewing over 60 unique orders spanning one calendar year. While completing the self-evaluation portion of the audit, the pharmacy found that just over 10% of the orders had the patient ID number documented in accordance with the program requirement. This finding prompted subsequent focused audits of certain patient profiles by the third party, and ultimately the pharmacy did not pass the audit.

The pharmacy department noted there was not a standard method for documenting the patient ID, which made it difficult to locate this information. The patient ID was found in a variety of locations, including notes fields in order verification software (e.g., order comments, pharmacy

continued on page 2 —REMS >

**SAFETY briefs**

**Alcohol can remove label information.** Over the years, we have received several reports in which certain inks on labels of injectable medications were smeared or removed when wiped with disinfectant products. Most often the expiration dates and lot numbers were smeared or removed when the vials were wiped with alcohol prior to being brought into a sterile environment (Figures 1, 2, and 3 [on page 2]). This may contribute to staff unknowingly preparing a dose from an expired vial or not being able to identify a lot number for documentation after preparing the drug. In some cases, if the expiration date and lot number cannot be confirmed, the medication may need to be discarded.



Figure 1. Alcohol-smeared label information on Cumberland Pharmaceuticals' CALDOLOR (ibuprofen) injection vials.



Figure 2. Pharmacy staff were unable to confirm alcohol-smeared expiration date and lot number on Sandoz's piperacillin-tazobactam vials.

We have contacted the US Food and Drug Administration (FDA) to recommend that manufacturers evaluate the ink used on their products to ensure label information will not be removed by alcohol. **SAFETY briefs >**

# Medication Safety Initiatives

## Concurrent prevention of medication errors

Opportunities	Action Plan																																																																											
<p><b>Trigger Tool:</b> Identified sustained increase administration rate of Prothrombin Complex Concentrate (Kcentra) in Q1 2024 not related to reversal of anticoagulants</p>	<ul style="list-style-type: none"><li>• Complete Medication Use Evaluation to identify trends in use and opportunities for improvement</li><li>• Review approved Institutional Guidelines</li></ul> <div data-bbox="1014 639 2339 1196"><p><b>Kcentra Doses Administered per 1,000 Pt Days</b></p><table border="1"><caption>Kcentra Doses Administered per 1,000 Pt Days</caption><thead><tr><th>Month</th><th>Rate</th><th>Rate Mean</th><th>R+2SD</th><th>R-2SD</th></tr></thead><tbody><tr><td>Feb-23</td><td>0.15</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>Mar-23</td><td>0.35</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>Apr-23</td><td>0.70</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>May-23</td><td>0.00</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>Jun-23</td><td>0.00</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>Jul-23</td><td>0.35</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>Aug-23</td><td>0.45</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>Sep-23</td><td>0.00</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>Oct-23</td><td>0.35</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>Nov-23</td><td>0.15</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>Dec-23</td><td>0.70</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>Jan-24</td><td>0.45</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>Feb-24</td><td>0.35</td><td>0.18</td><td>0.38</td><td>0.00</td></tr><tr><td>Mar-24</td><td>0.45</td><td>0.18</td><td>0.38</td><td>0.00</td></tr></tbody></table></div>	Month	Rate	Rate Mean	R+2SD	R-2SD	Feb-23	0.15	0.18	0.38	0.00	Mar-23	0.35	0.18	0.38	0.00	Apr-23	0.70	0.18	0.38	0.00	May-23	0.00	0.18	0.38	0.00	Jun-23	0.00	0.18	0.38	0.00	Jul-23	0.35	0.18	0.38	0.00	Aug-23	0.45	0.18	0.38	0.00	Sep-23	0.00	0.18	0.38	0.00	Oct-23	0.35	0.18	0.38	0.00	Nov-23	0.15	0.18	0.38	0.00	Dec-23	0.70	0.18	0.38	0.00	Jan-24	0.45	0.18	0.38	0.00	Feb-24	0.35	0.18	0.38	0.00	Mar-24	0.45	0.18	0.38	0.00
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Mar-23	0.35	0.18	0.38	0.00																																																																								
Apr-23	0.70	0.18	0.38	0.00																																																																								
May-23	0.00	0.18	0.38	0.00																																																																								
Jun-23	0.00	0.18	0.38	0.00																																																																								
Jul-23	0.35	0.18	0.38	0.00																																																																								
Aug-23	0.45	0.18	0.38	0.00																																																																								
Sep-23	0.00	0.18	0.38	0.00																																																																								
Oct-23	0.35	0.18	0.38	0.00																																																																								
Nov-23	0.15	0.18	0.38	0.00																																																																								
Dec-23	0.70	0.18	0.38	0.00																																																																								
Jan-24	0.45	0.18	0.38	0.00																																																																								
Feb-24	0.35	0.18	0.38	0.00																																																																								
Mar-24	0.45	0.18	0.38	0.00																																																																								

# Medication Safety Initiatives

## Retrospective prevention of medication errors

- Adverse Drug Event (ADE) Committee reviews all reported events involving medication utilizing Just Culture
  - What happened?
  - What normally happens?
  - Why did it happen?
  - Is our systems and processes currently set up to prevent this type of event?
  - What should be changed to prevent this type of event?

# Medication Safety Initiatives

## Retrospective prevention of medication errors

Opportunities Identified by ADE Committee	Action Plan
<b>Reported Medication Event:</b> Opportunity identified to improve labeling of vaccine storage in outpatient areas	<ul style="list-style-type: none"><li>Utilize vaccine storage labels available from Center for Disease Control in clinics and urgent care medication rooms</li></ul>
<b>Reported Medication Event:</b> System allowed ordering and verification of a partial tablet dose that required clarification and order change prior to administration	<ul style="list-style-type: none"><li>Change EHR settings for that medication</li><li>Medication Use Evaluation completed to reduce tablet splitting district-wide; formulary changes proposed to significantly decrease the need to split tablets before administration</li></ul>
<b>Reported Medication Event:</b> Current processes did not support utilization of barcode medication preparation during compounding of medications with variable doses per vial	<ul style="list-style-type: none"><li>Design new procedure in IV Workflow Management System that allows barcode verification of these medications during compounding</li></ul>

# Medication Error Reduction Plan

## Prescribing/ Ordering

Decrease risk of prescribing long acting opioids

## Prescription Order Communication

Incorporate REMS requirements into EHR  
Prevent transcription errors associated with Glucommander

## Product Labeling

Decrease sound-alike look-alike errors with tallman lettering

## Packaging & Nomenclature

Decrease “wrong medication” errors by removing patient-specific label barcodes

## Compounding

Develop standardized compounded concentrations consistent with Standardize For Safety

## Dispensing

Hardwire dispensing of partial hazardous tablets  
Reduce need for tablet splitting on patient care units

## Distribution

Implement RFID checking and tracking of medication kits and trays

## Administration

Improve safety of rituximab infusions  
Increase use of Dose Error Reduction Software

## Education

Improve knowledge of how to escalate a barcode medication administration failure

## Monitoring

Creation of medication safety dashboard for high risk medications

## Use

Complete FMEA for Parenteral Nutrition Order Processing workflow  
Complete Kcentra Medication Use Evaluation

# Questions?



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



# CFO Report June 2024 FPSA and BOD

# CFO Financial Report

## Preliminary Year End Financials

### Month Ending June 2024

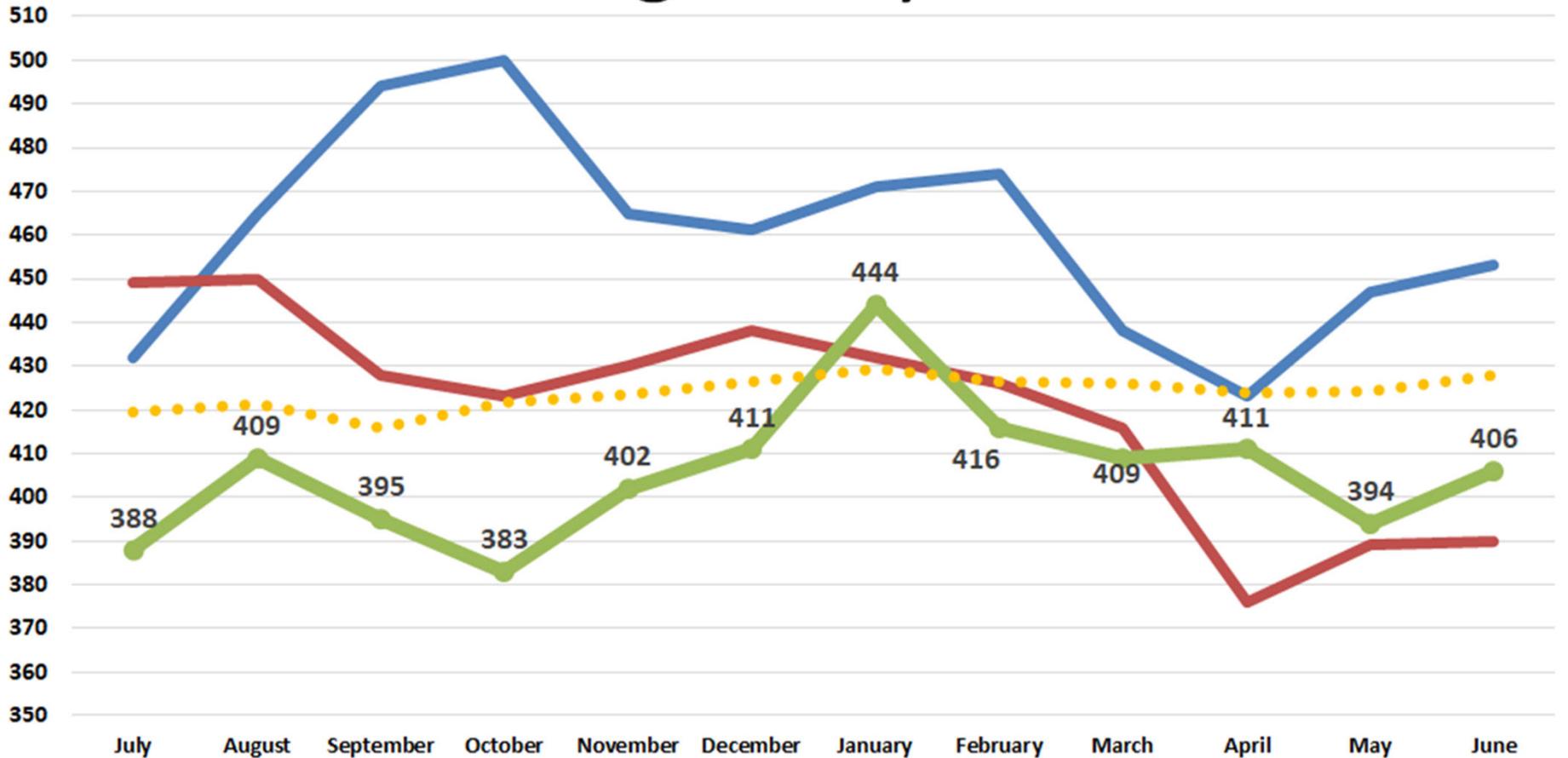


[kawahhealth.org](https://www.kawahhealth.org)

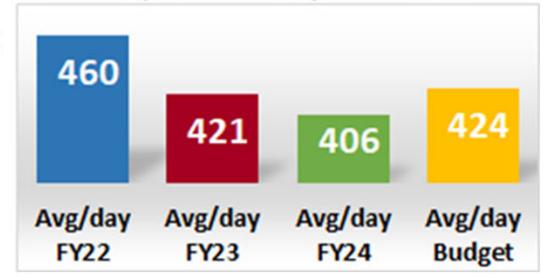


**Kawah Health**<sup>™</sup>  
MORE THAN MEDICINE. LIFE.

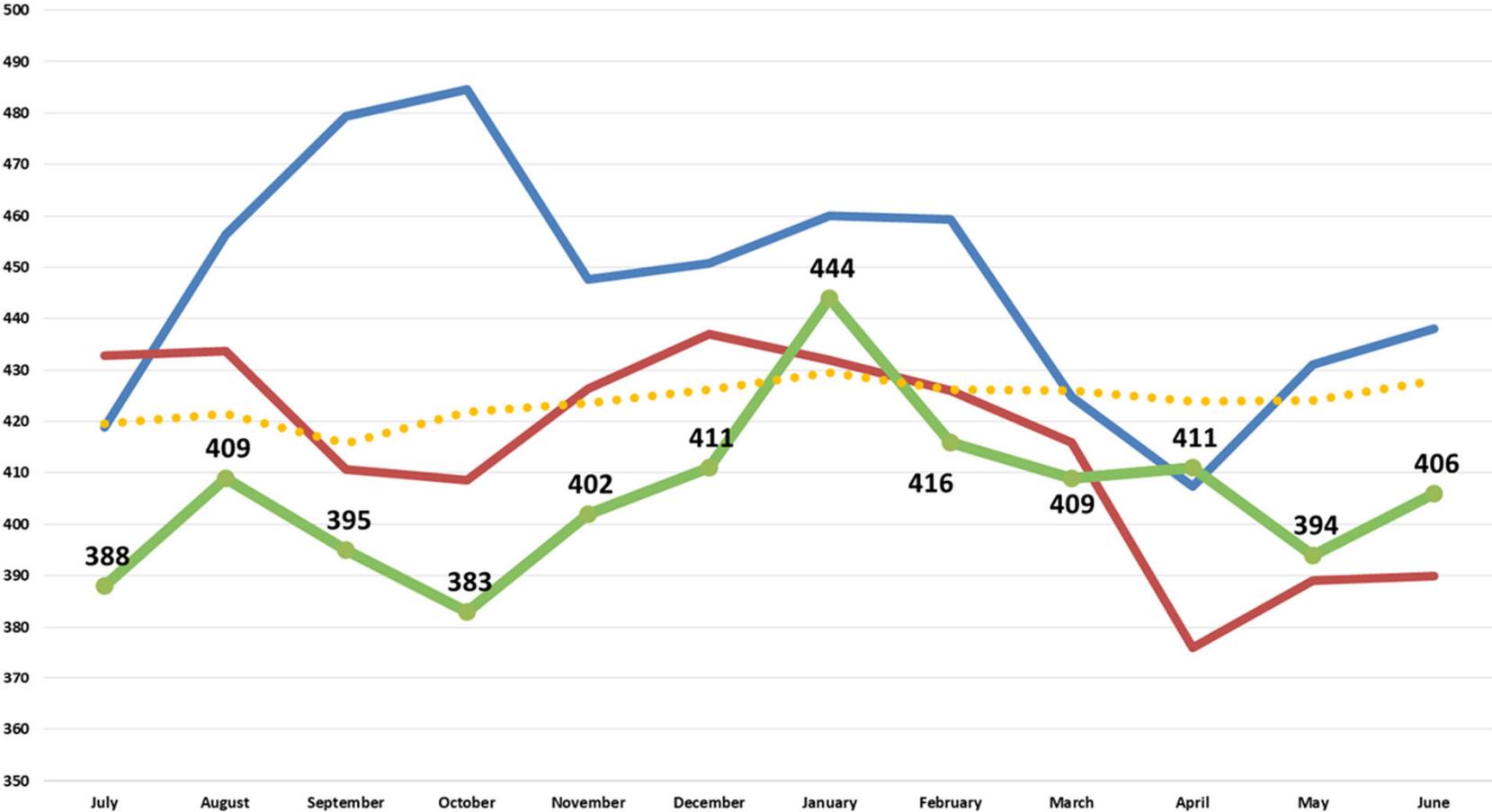
# Average Daily Census



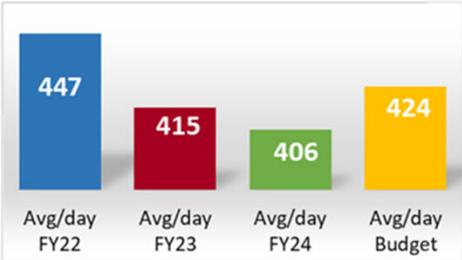
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 —●— FY2024   
 ●●● Budget



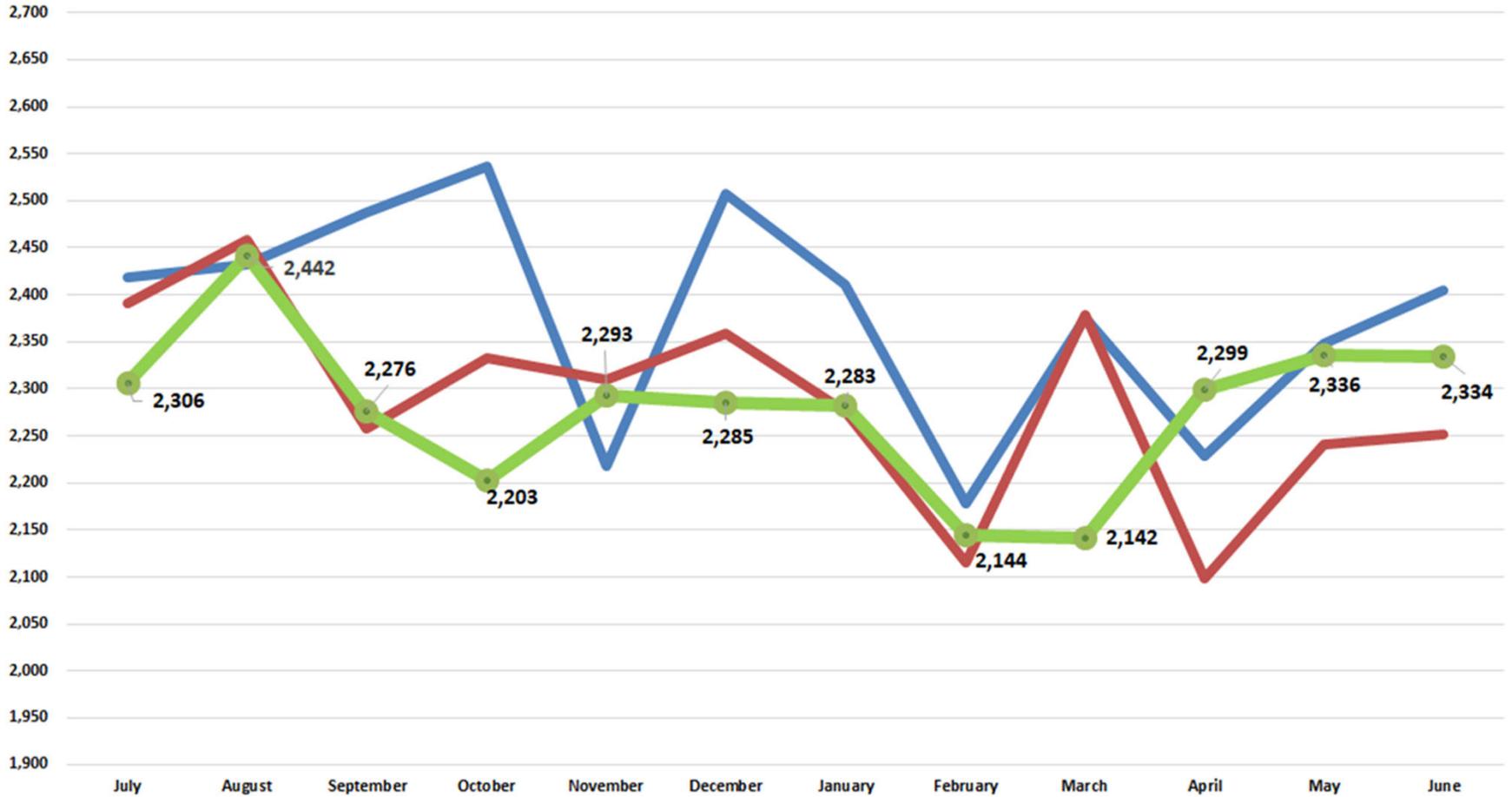
# Average Daily Census w/o TCS



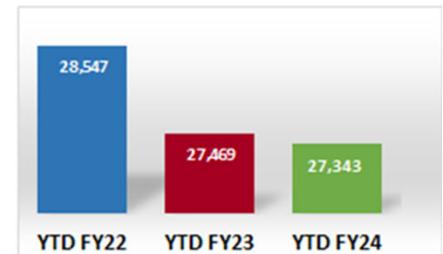
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 ●●● Budget



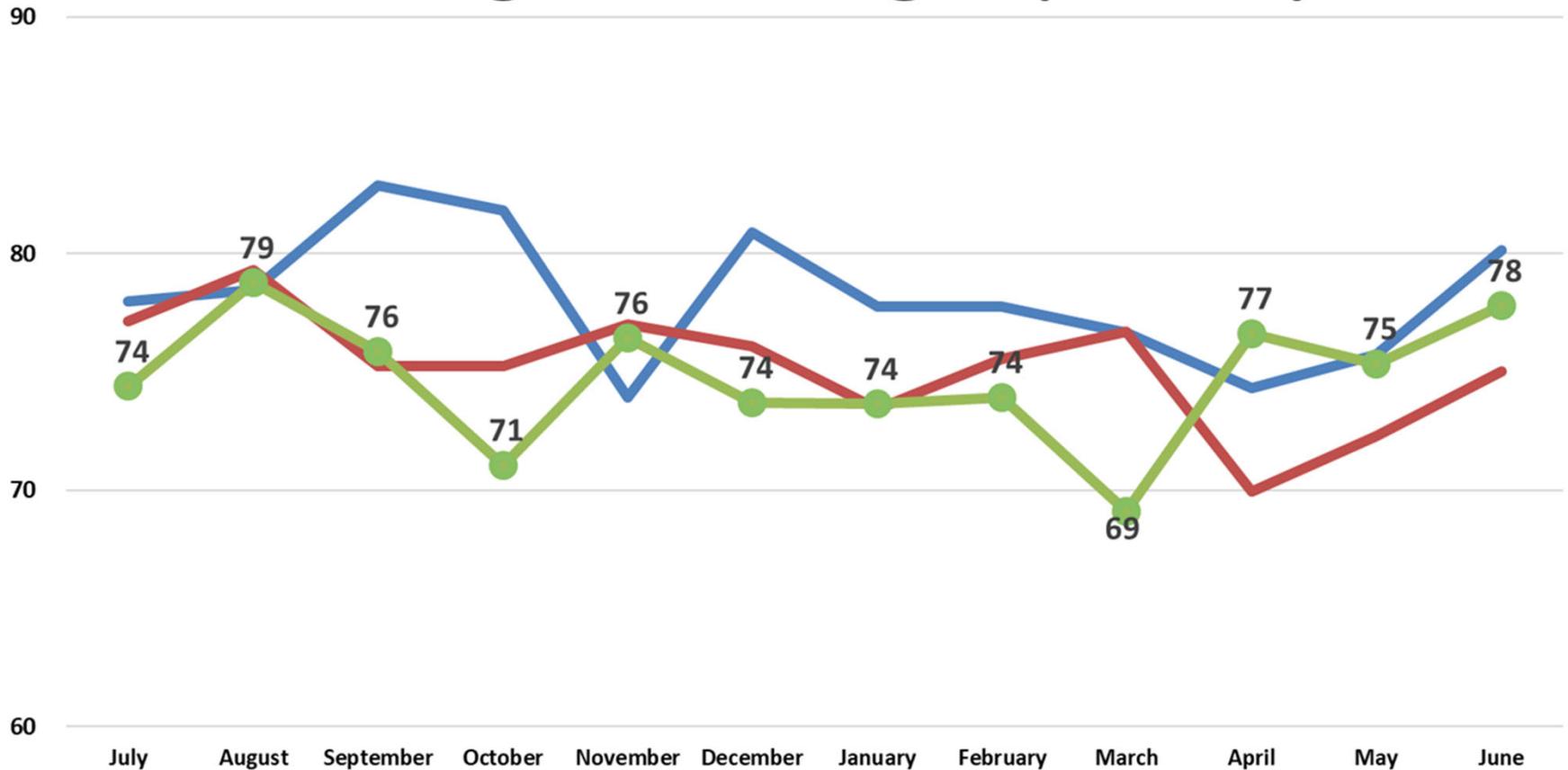
# Discharges



— FY2022 — FY2023 — FY2024



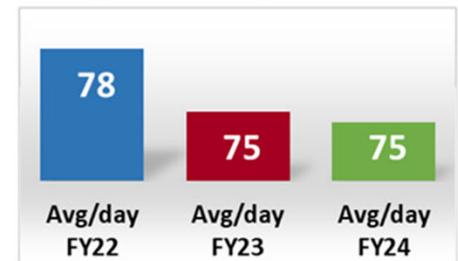
# Average Discharges per day



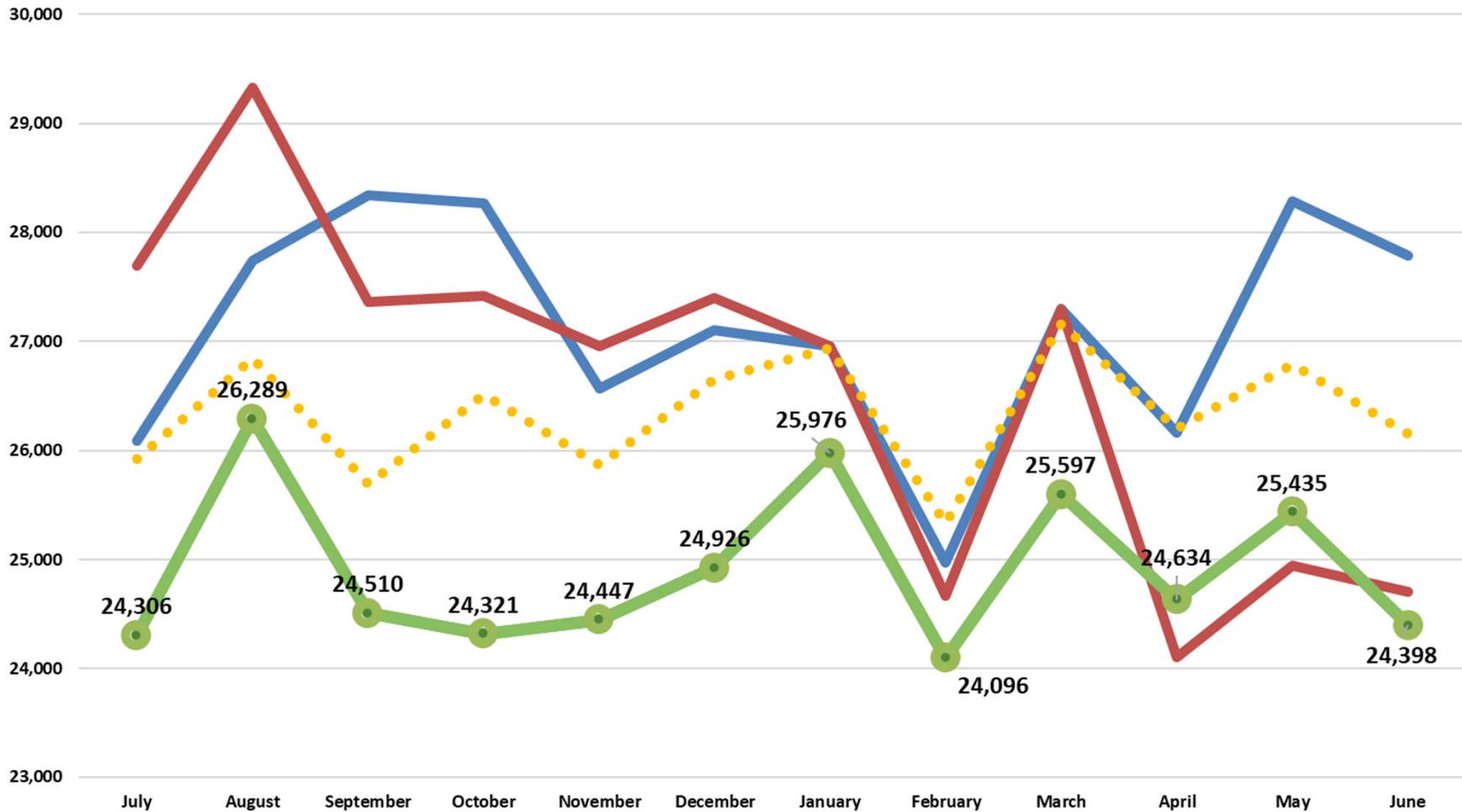
FY2022

FY2023

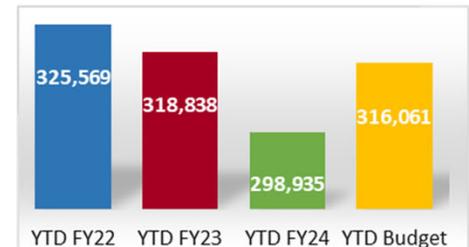
FY2024



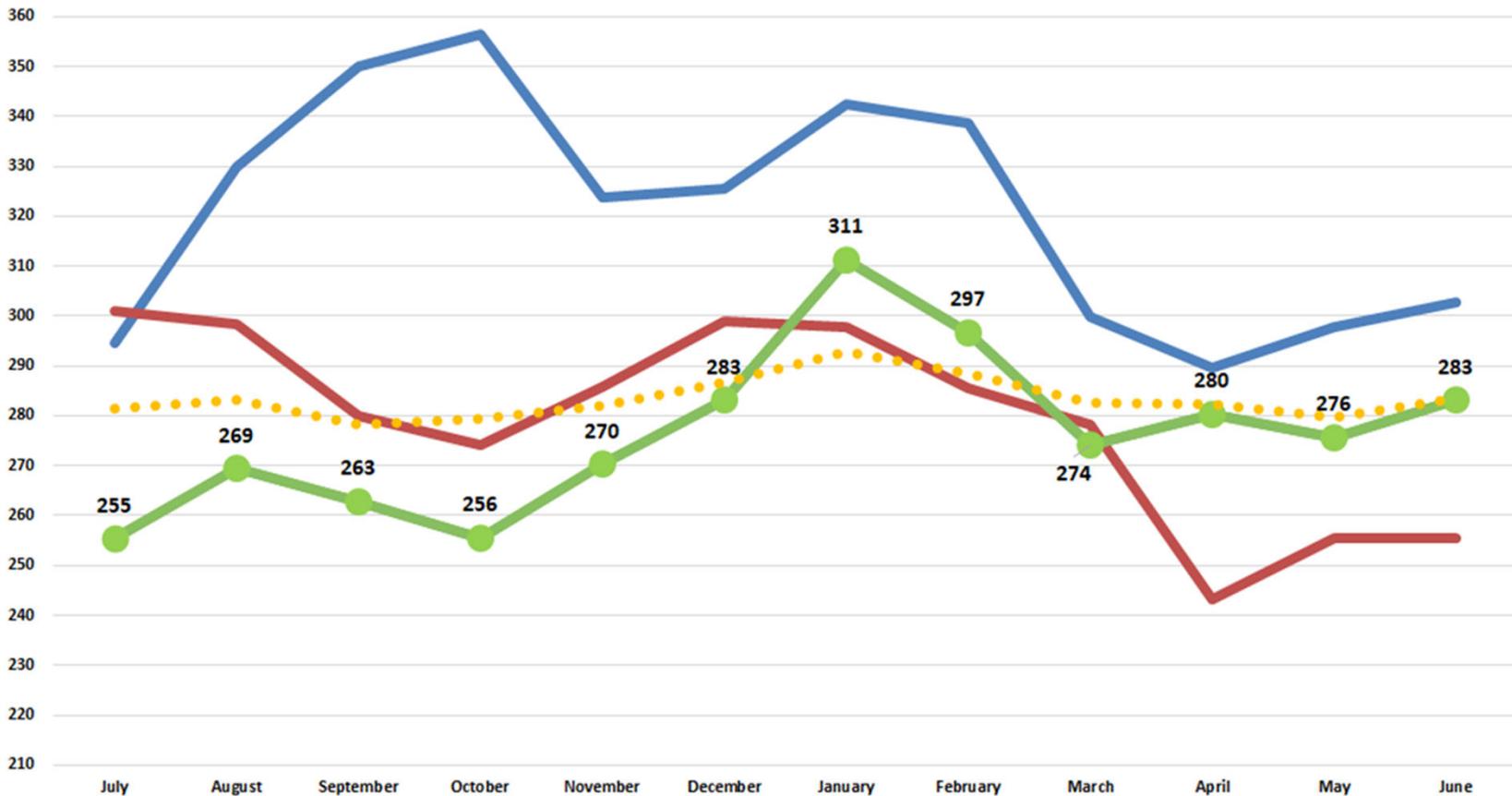
# Adjusted Patient Days



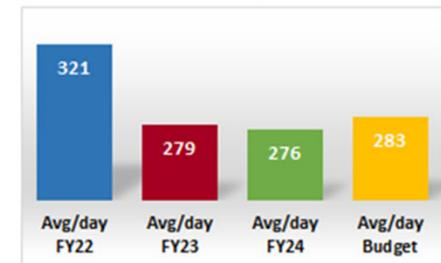
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 —●— FY2023   
 —●— FY2024   
 ●●● Budget



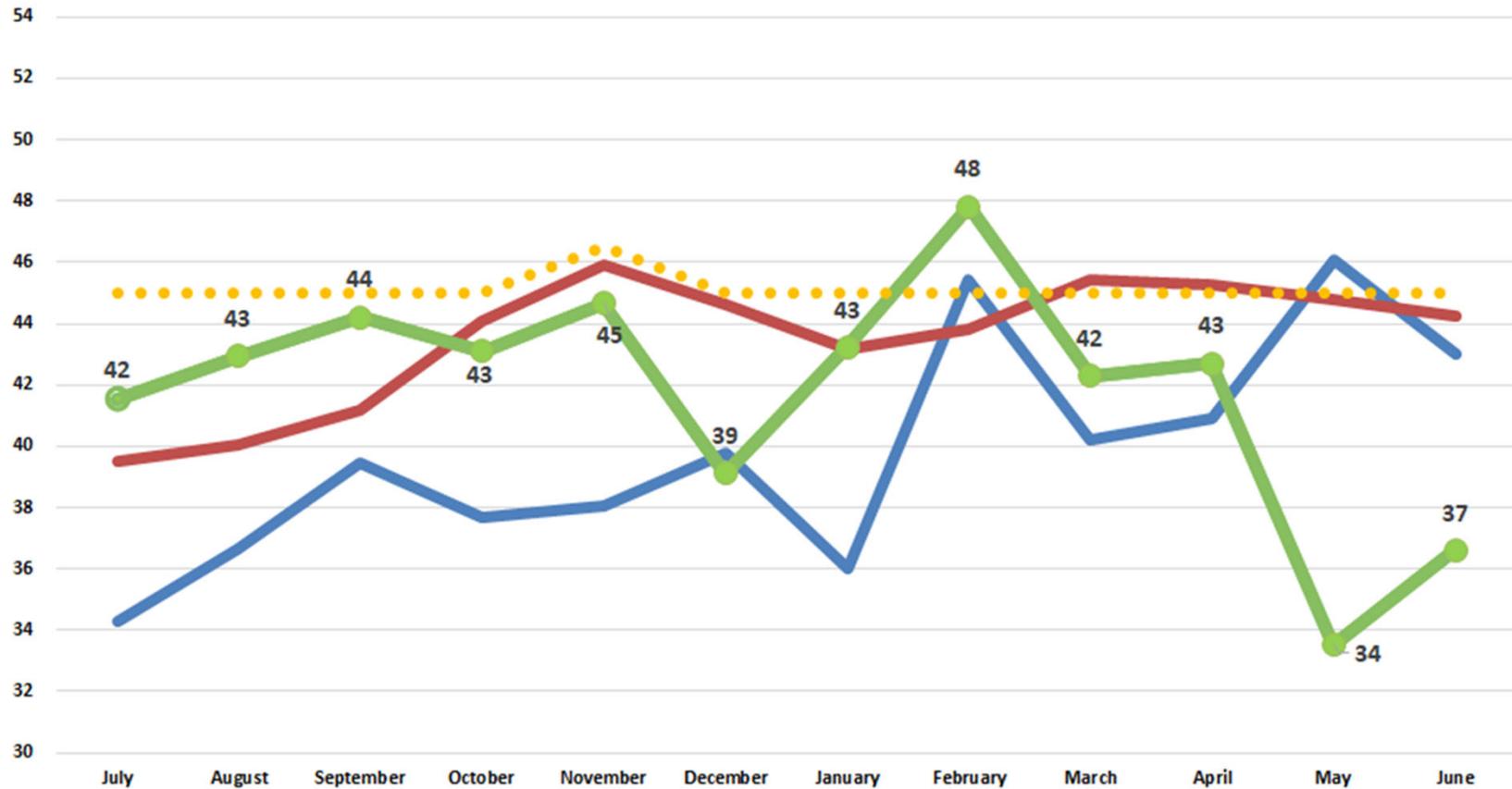
# Medical Center (Avg Patients Per Day)



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



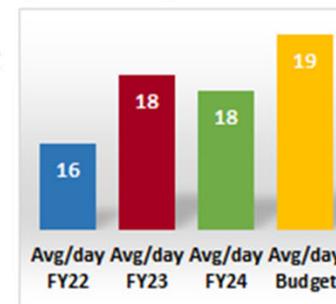
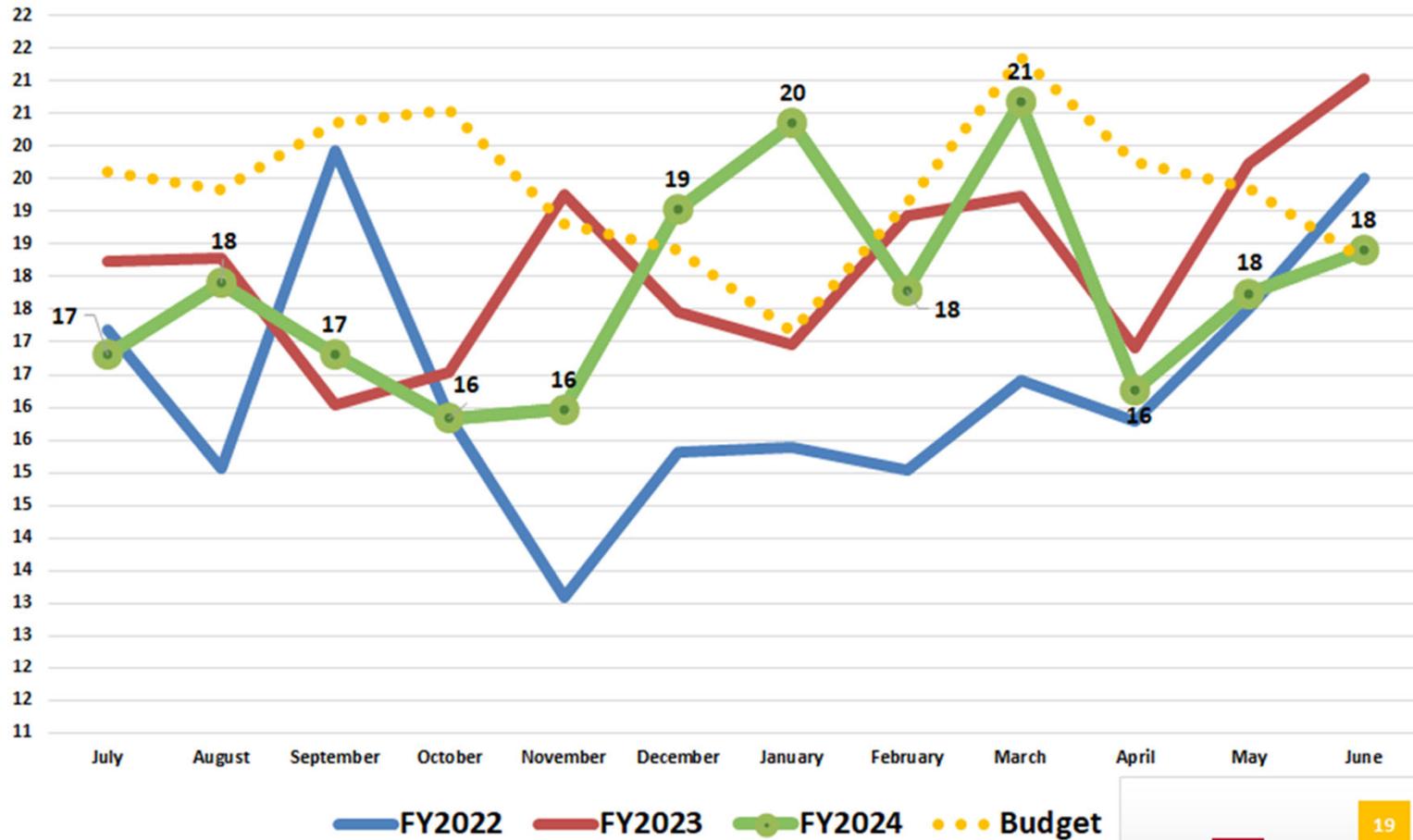
# Acute I/P Psych (Avg Patients Per Day)



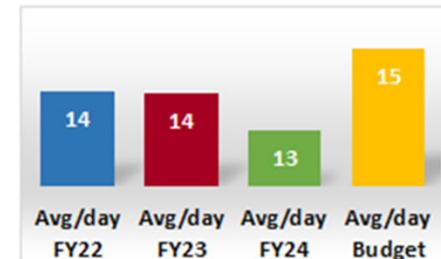
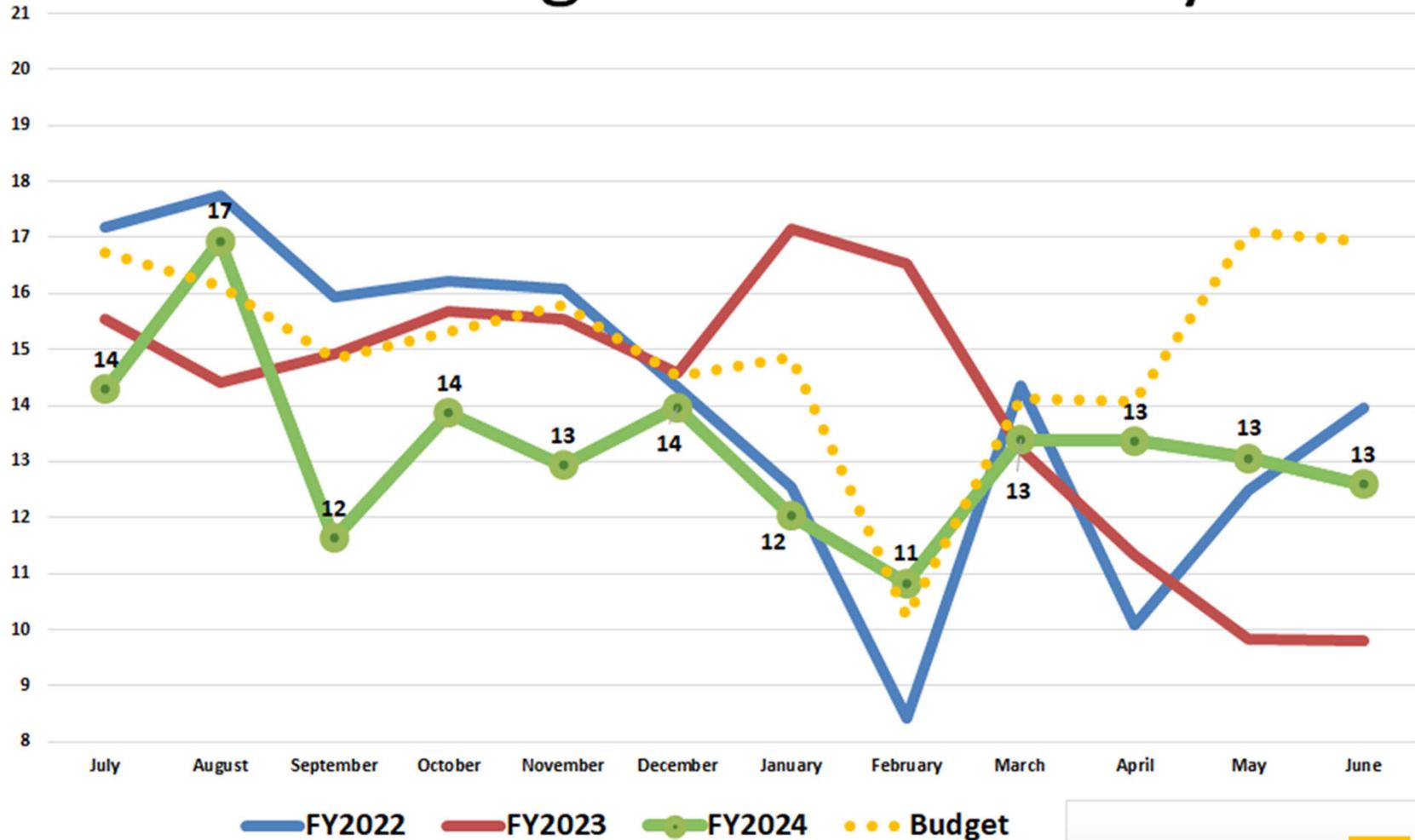
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget

40	44	42	45
Avg/day FY22	Avg/day FY23	Avg/day FY24	Avg/day Budget

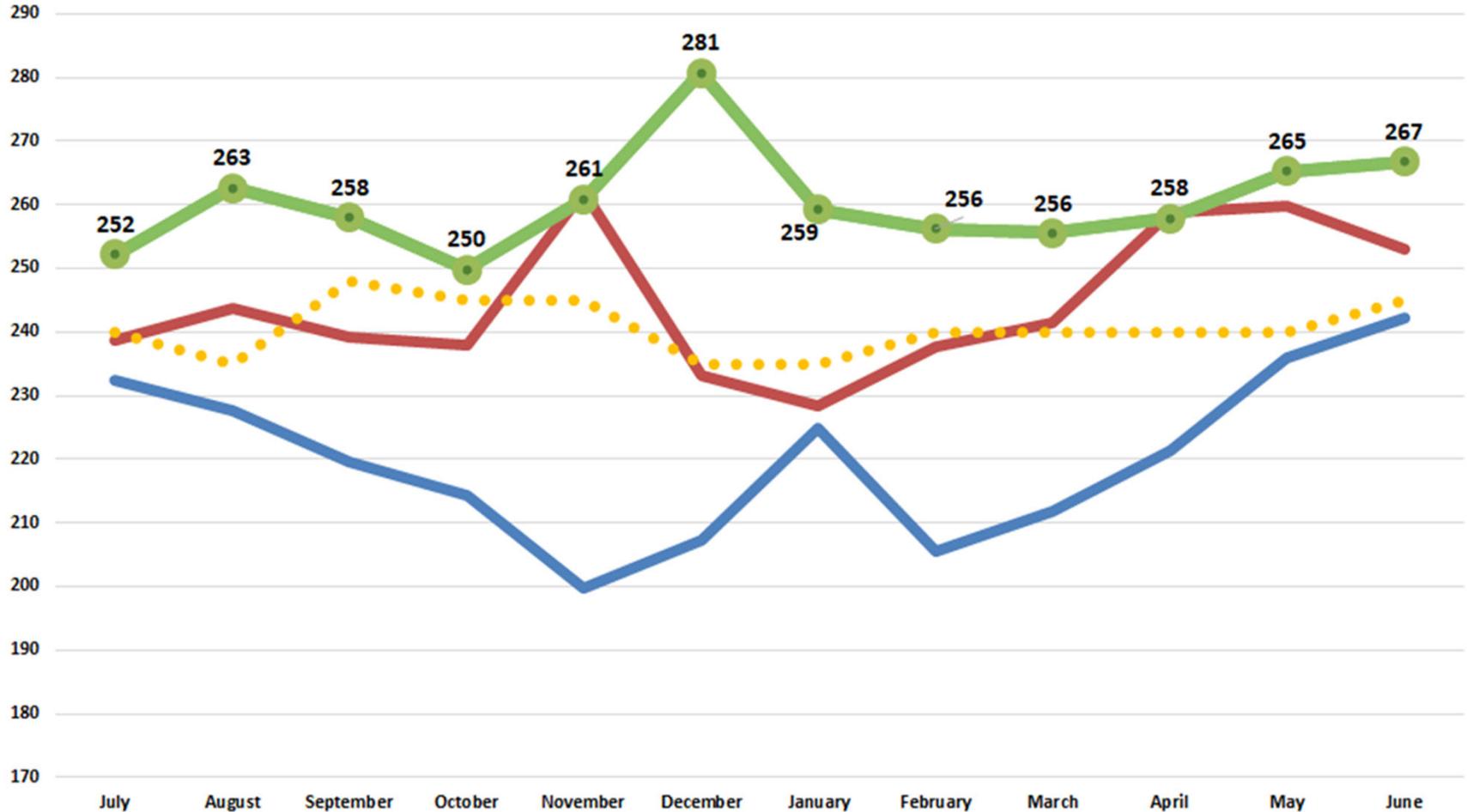
# Rehabilitation Hospital - Avg Patients Per Day



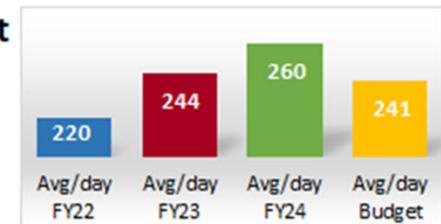
# NICU - Avg Patients Per Day



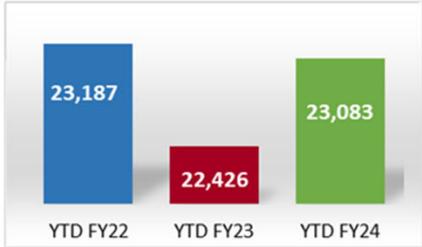
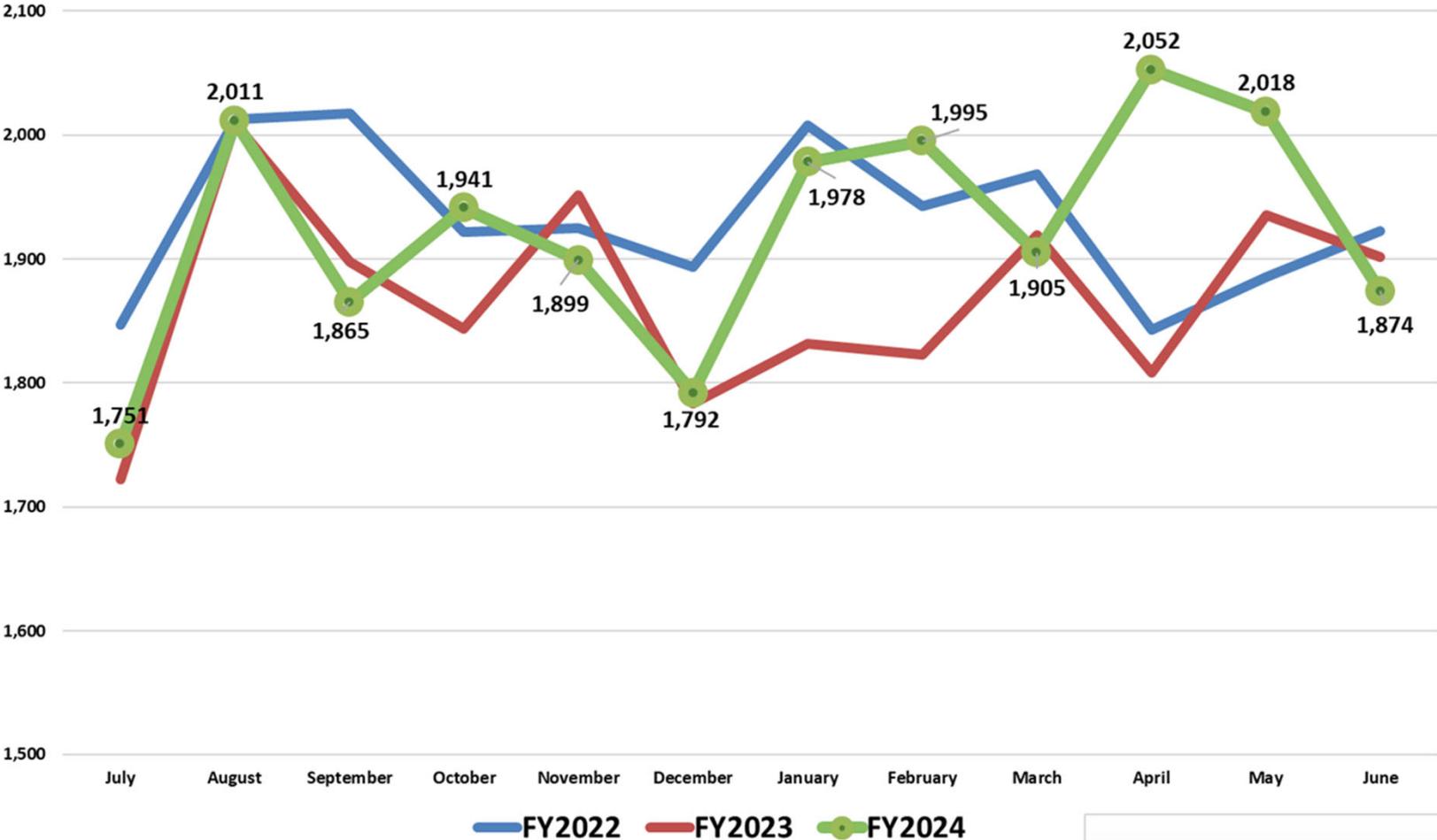
# ED - Avg Treated Per Day



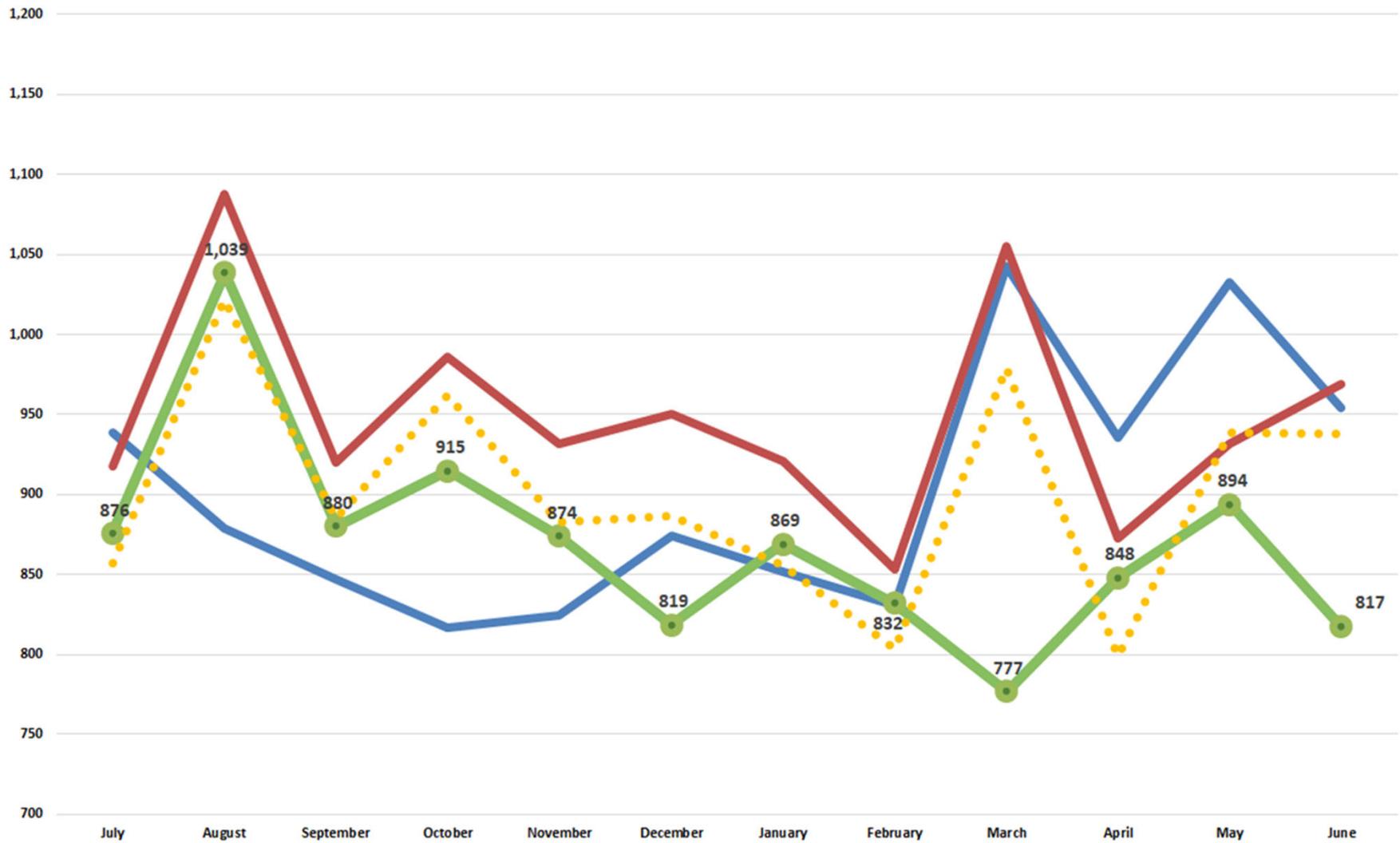
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



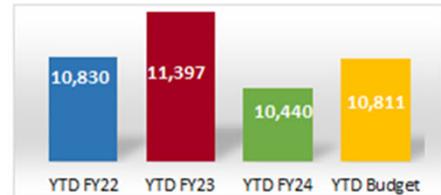
# Outpatient Registrations Per Day



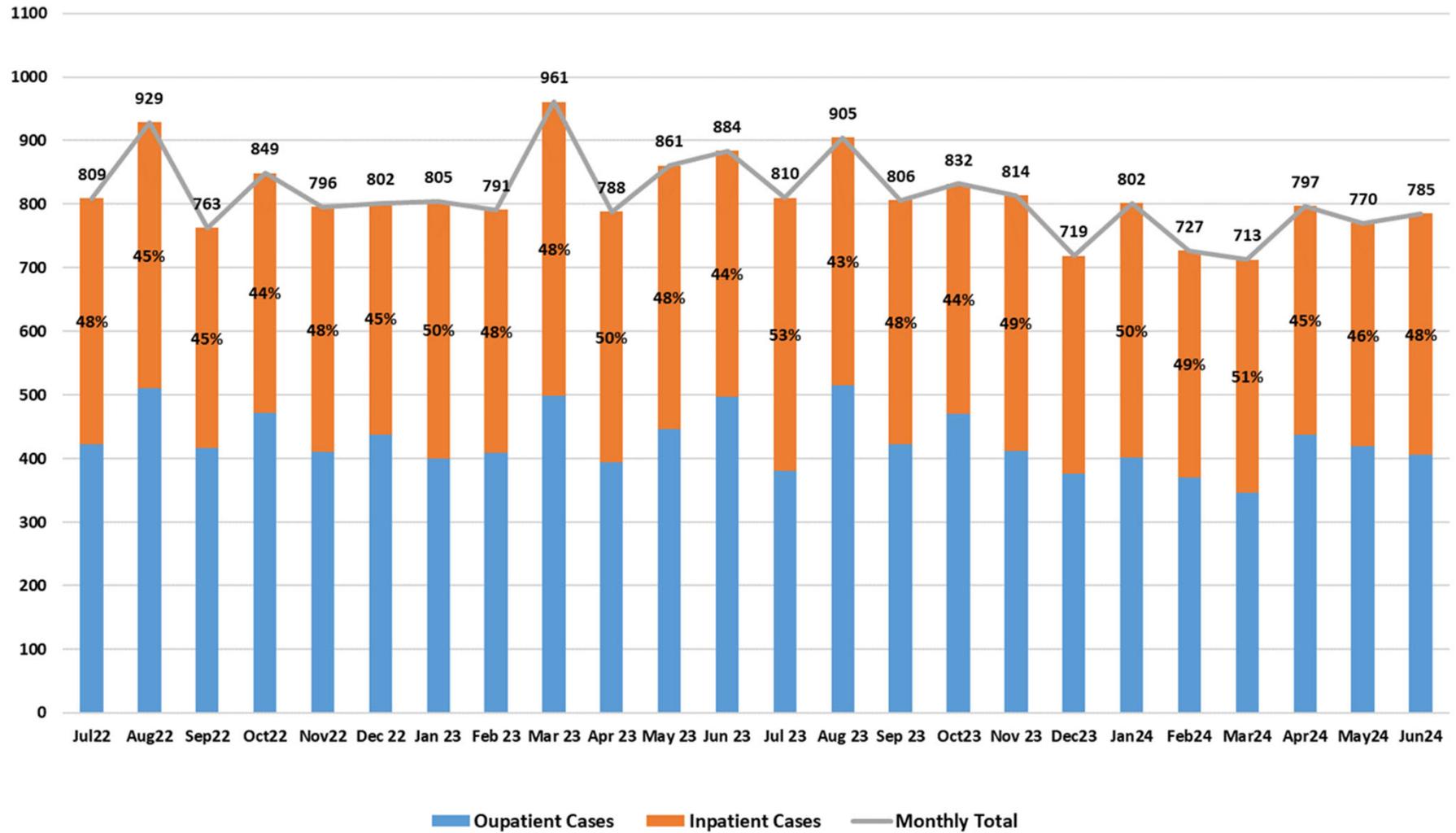
# Surgery (IP & OP) – 100 Min Units



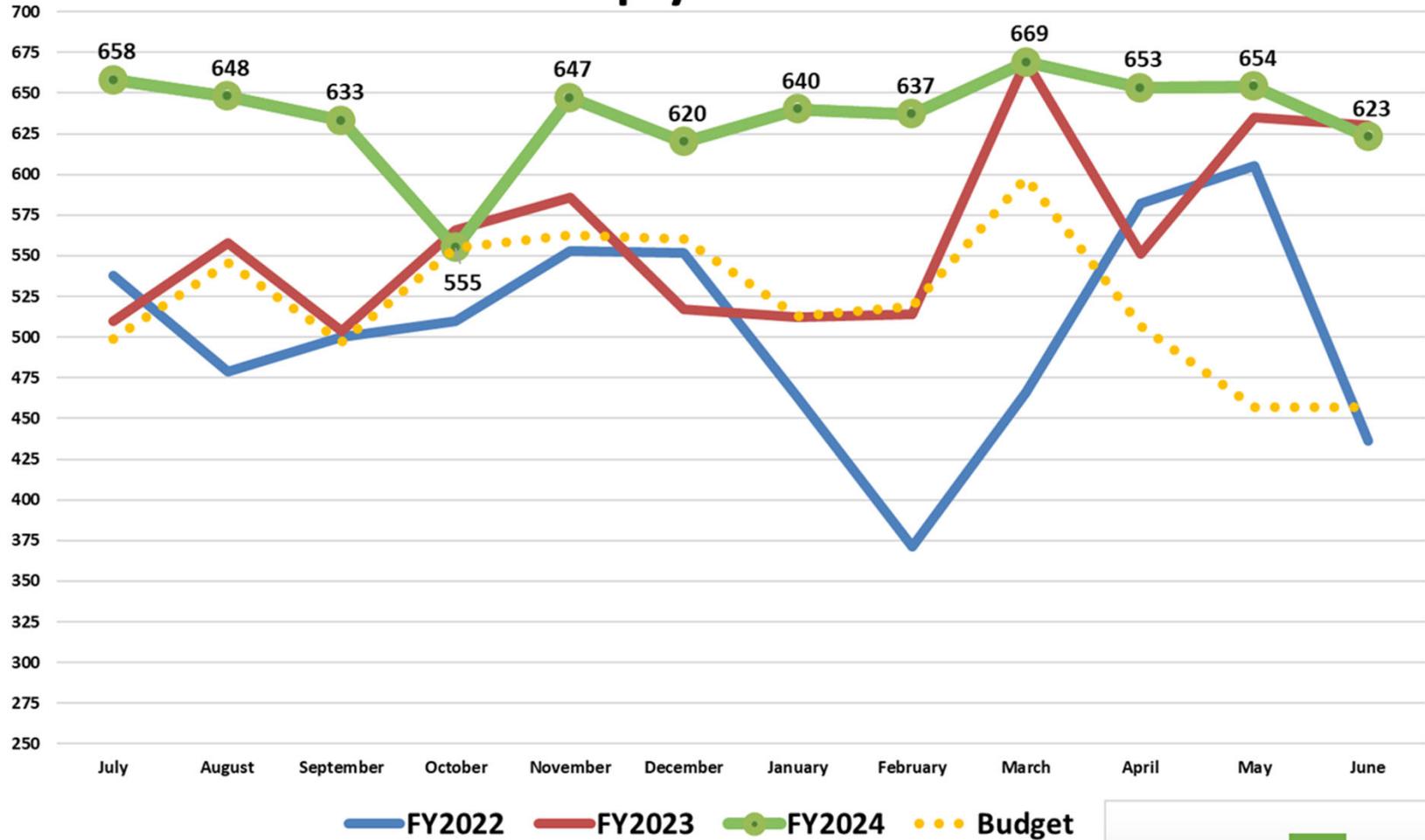
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



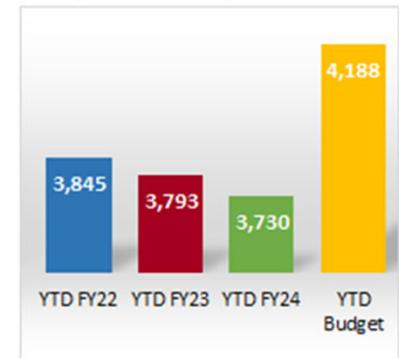
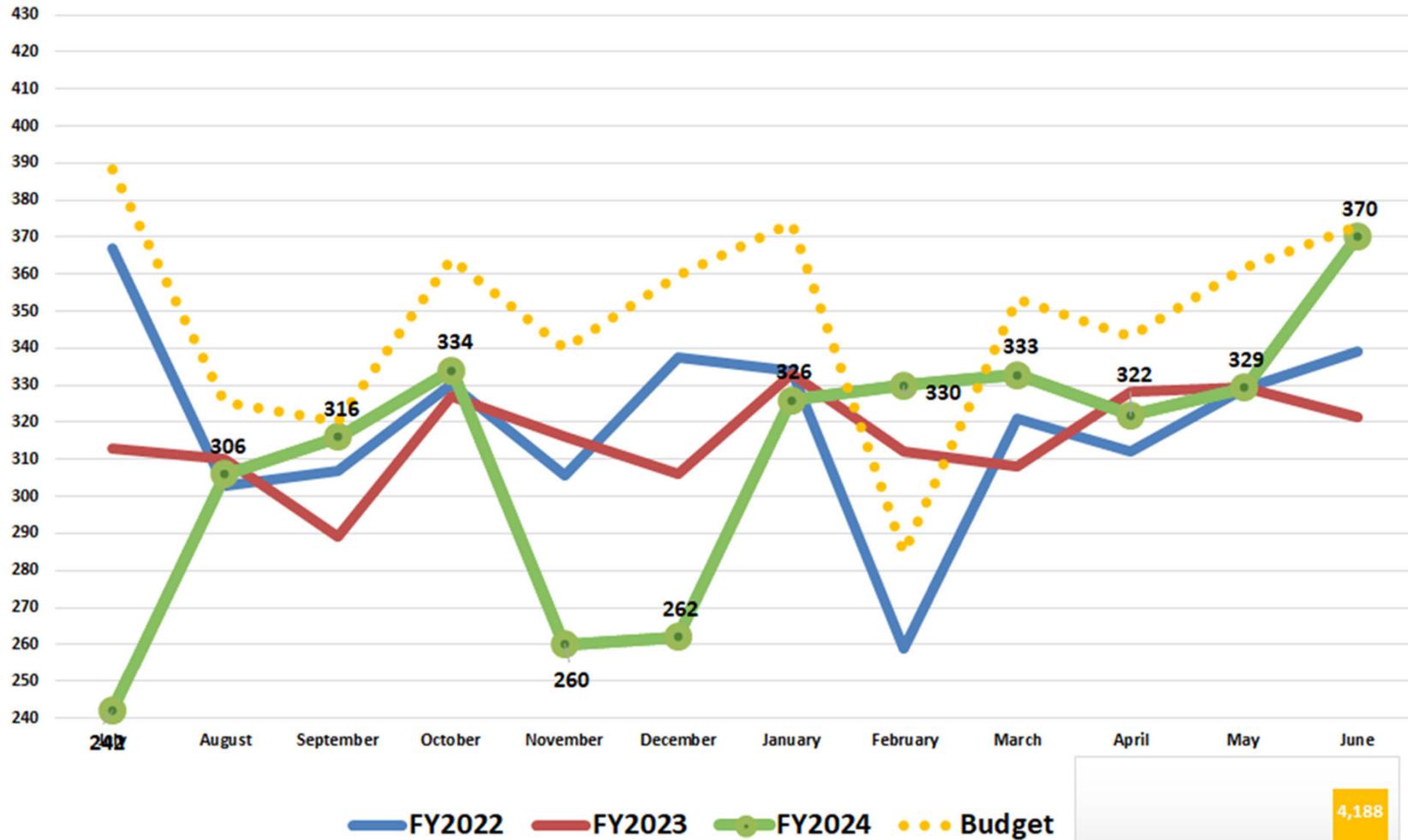
# Surgery Cases (IP & OP)



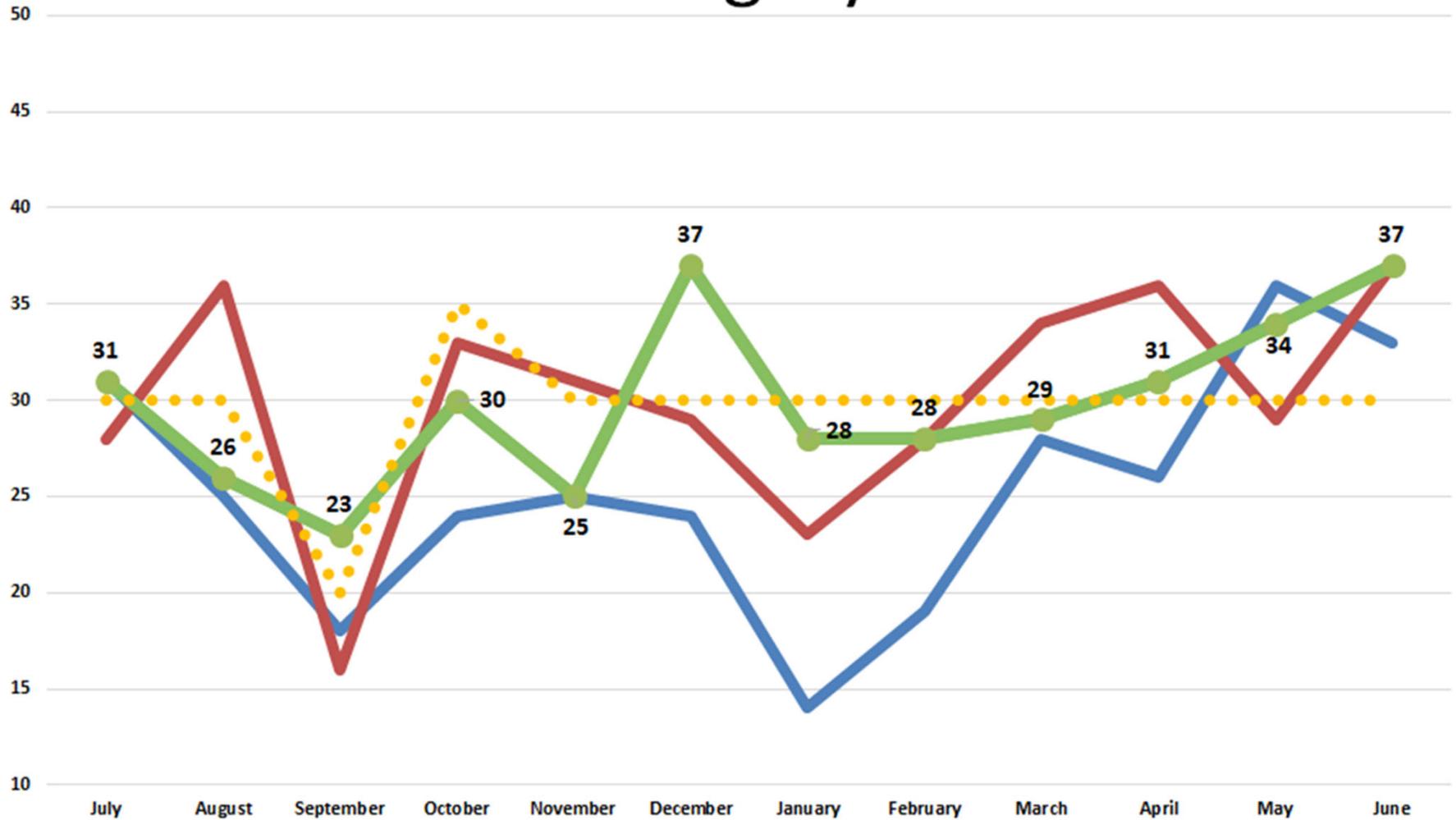
# Endoscopy Procedures



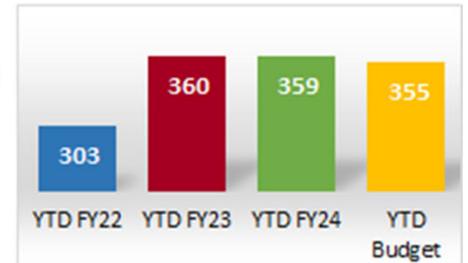
# Cath Lab (IP & OP) – 100 Min Units



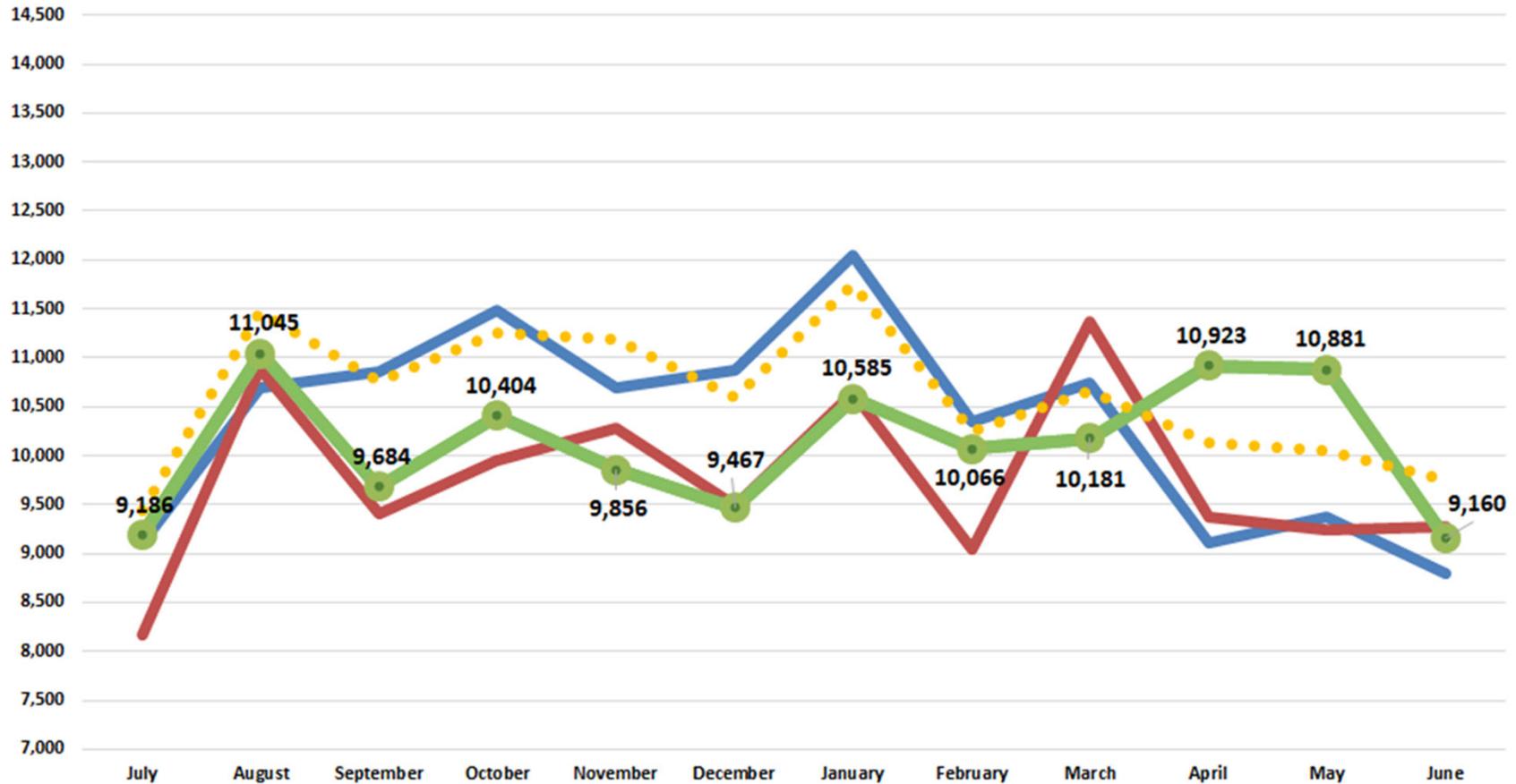
# Cardiac Surgery Cases



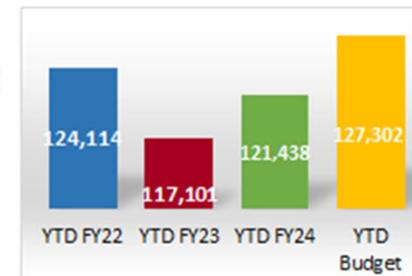
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 —●— FY2024   
 ●●● Budget



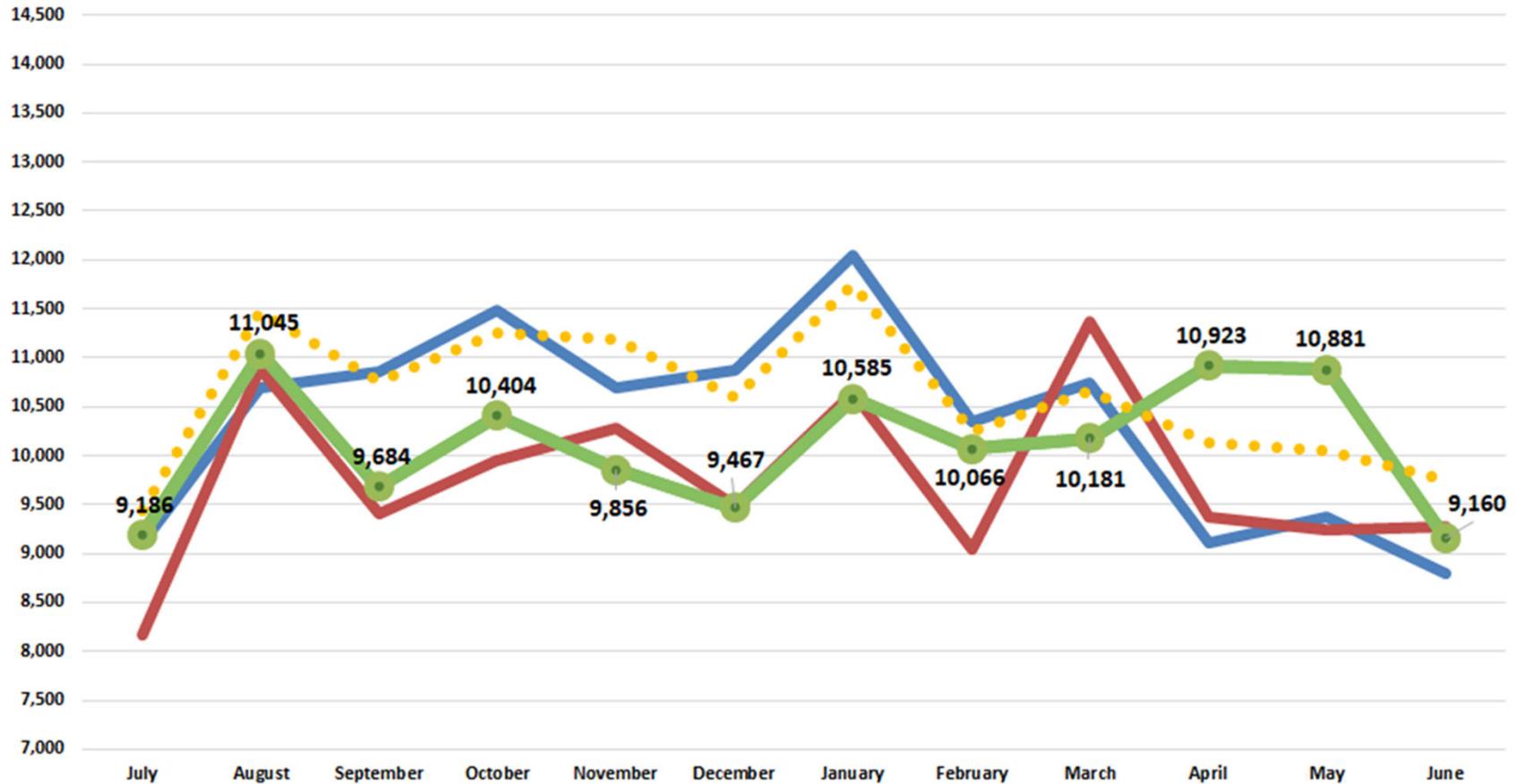
# Rural Health Clinics Registrations



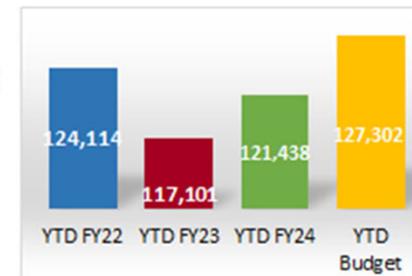
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



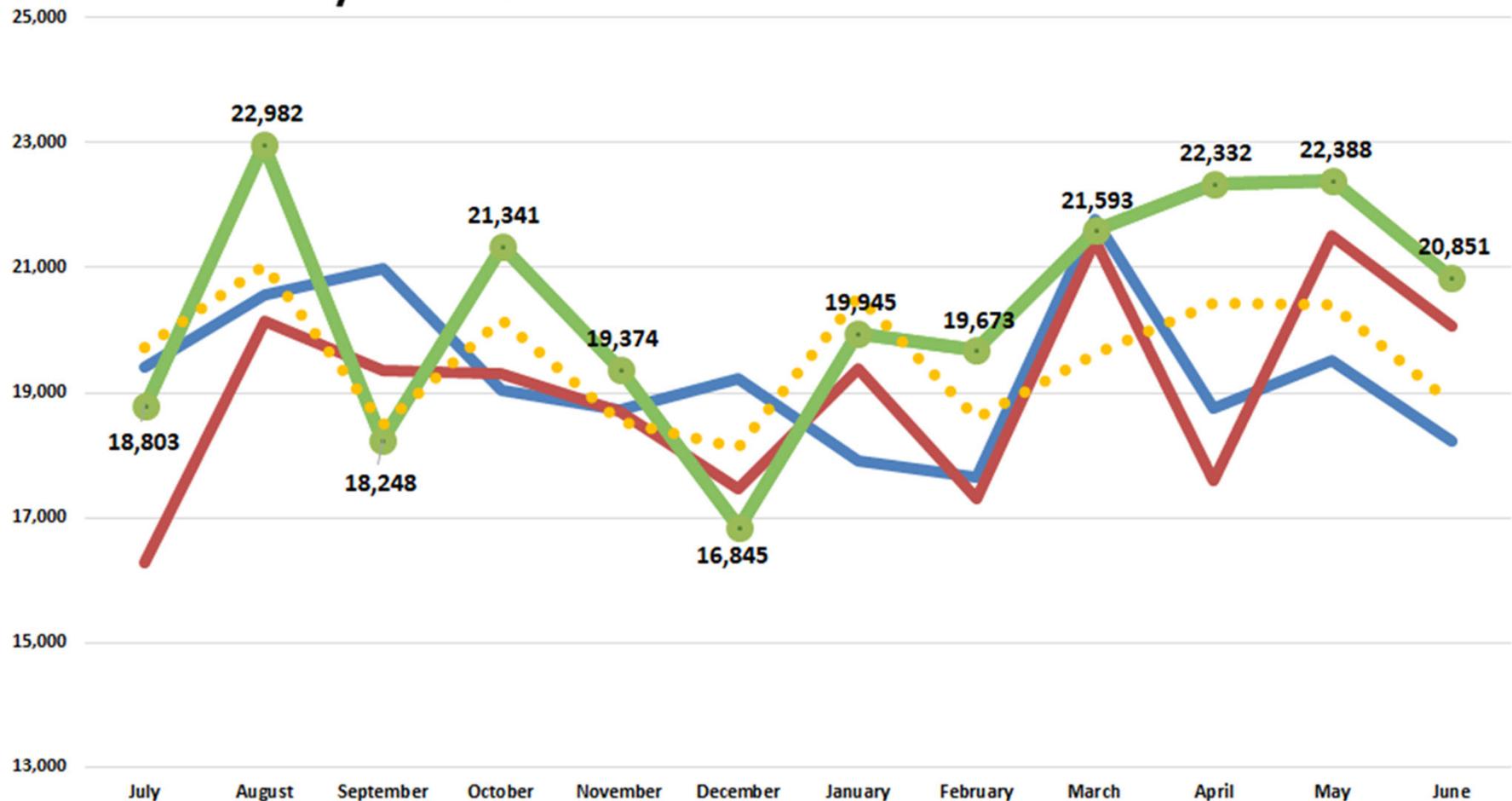
# Rural Health Clinics Registrations



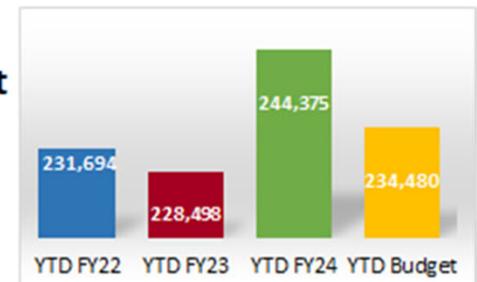
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



# All O/P Rehab Svcs Across District



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



## Statistical Results – Fiscal Year Comparison (June)

	Actual Results			Budget	Budget Variance	
	Jun 2023	Jun 2024	% Change	Jun 2024	Change	% Change
<b>Average Daily Census</b>	<b>390</b>	<b>406</b>	<b>4.1%</b>	<b>428</b>	<b>(22)</b>	<b>(5.1%)</b>
<b>KDHCD Patient Days:</b>						
Medical Center	7,662	8,493	10.8%	8,502	(9)	(0.1%)
Acute I/P Psych	1,328	1,098	(17.3%)	1,350	(252)	(18.7%)
Sub-Acute	942	825	(12.4%)	927	(102)	(11.0%)
Rehab	631	552	(12.5%)	548	4	0.7%
TCS-Ortho	370	344	(7.0%)	455	(111)	(24.4%)
NICU	294	378	28.6%	508	(130)	(25.6%)
Nursery	481	498	3.5%	548	(50)	(9.1%)
<b>Total KDHCD Patient Days</b>	<b>11,708</b>	<b>12,188</b>	<b>4.1%</b>	<b>12,838</b>	<b>(650)</b>	<b>(5.1%)</b>
<b>Total Outpatient Volume</b>	<b>60,016</b>	<b>56,220</b>	<b>(6.3%)</b>	<b>54,378</b>	<b>1,842</b>	<b>3.4%</b>

## Statistical Results – Fiscal Year Comparison (Jul-June)

	Actual Results			Budget	Budget Variance	
	FYTD 2023	FYTD 2024	% Change	FYTD 2024	Change	% Change
<b>Average Daily Census</b>	<b>420</b>	<b>406</b>	<b>(3.5%)</b>	<b>424</b>	<b>(18)</b>	<b>(4.3%)</b>
<b>KDHCD Patient Days:</b>						
Medical Center	102,052	100,865	(1.2%)	103,669	(2,804)	(2.7%)
Acute I/P Psych	15,879	15,242	(4.0%)	16,545	(1,303)	(7.9%)
Sub-Acute	11,051	10,967	(0.8%)	10,882	85	0.8%
Rehab	6,647	6,518	(1.9%)	7,080	(562)	(7.9%)
TCS-Ortho	4,625	4,102	(11.3%)	5,110	(1,008)	(19.7%)
TCS	2,115	0	(100.0%)	0	0	0.0%
NICU	5,125	4,854	(5.3%)	5,519	(665)	(12.0%)
Nursery	5,908	5,939	0.5%	6,330	(391)	(6.2%)
<b>Total KDHCD Patient Days</b>	<b>153,402</b>	<b>148,487</b>	<b>(3.2%)</b>	<b>155,135</b>	<b>(6,648)</b>	<b>(4.3%)</b>
<b>Total Outpatient Volume</b>	<b>625,117</b>	<b>703,831</b>	<b>12.6%</b>	<b>661,603</b>	<b>42,228</b>	<b>6.4%</b>

# Other Statistical Results – Fiscal Year Comparison (June)

	Actual Results				Budget	Budget Variance	
	Jun 2023	Jun 2024	Change	% Change	Jun 2024	Change	% Change
<b>Adjusted Patient Days</b>	<b>24,803</b>	<b>24,398</b>	<b>(405)</b>	<b>(1.6%)</b>	<b>26,152</b>	<b>(1,754)</b>	<b>(6.7%)</b>
<b>Outpatient Visits</b>	<b>60,016</b>	<b>56,220</b>	<b>(3,796)</b>	<b>(6.3%)</b>	<b>54,378</b>	<b>1,842</b>	<b>3.4%</b>
Dialysis Treatments	1,274	1,547	273	21.4%	1,550	(3)	(0.2%)
Cath Lab Minutes (IP & OP)	322	370	48	14.9%	373	(3)	(0.8%)
OB Deliveries	353	396	43	12.2%	412	(16)	(3.9%)
Home Health Visits	2,830	3,085	255	9.0%	3,212	(127)	(4.0%)
ED Total Registered	7,709	8,161	452	5.9%	7,350	811	11.0%
O/P Rehab Units	20,055	20,851	796	4.0%	18,838	2,013	10.7%
Radiology/CT/US/MRI Proc (I/P & O/P)	17,384	17,466	82	0.5%	16,486	980	5.9%
Infusion Center	418	417	(1)	(0.2%)	528	(111)	(21.0%)
Endoscopy Procedures (I/P & O/P)	630	623	(7)	(1.1%)	457	166	36.3%
Urgent Care - Demaree	1,972	1,950	(22)	(1.1%)	2,610	(660)	(25.3%)
RHC Registrations	9,268	9,160	(108)	(1.2%)	9,760	(600)	(6.1%)
Hospice Days	3,767	3,494	(273)	(7.2%)	3,748	(254)	(6.8%)
Physical & Other Therapy Units	18,700	17,237	(1,463)	(7.8%)	18,250	(1,013)	(5.6%)
Urgent Care - Court	3,023	2,772	(251)	(8.3%)	3,310	(538)	(16.3%)
Radiation Oncology Treatments (I/P & O/P)	1,856	1,585	(271)	(14.6%)	2,221	(636)	(28.6%)
Surgery Minutes – General & Robotic (I/P & O/P)	1,115	899	(216)	(19.4%)	978	(79)	(8.1%)

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

	Actual Results				Budget	Budget Variance	
	FY 2023	FY 2024	Change	% Change	FY 2024	Change	% Change
<b>Adjusted Patient Days</b>	<b>319,413</b>	<b>298,935</b>	<b>(20,478)</b>	<b>(6.4%)</b>	<b>316,061</b>	<b>(17,126)</b>	<b>(5.4%)</b>
<b>Outpatient Visits</b>	<b>625,117</b>	<b>703,831</b>	<b>78,714</b>	<b>12.6%</b>	<b>661,603</b>	<b>42,228</b>	<b>6.4%</b>
Infusion Center	4,173	5,072	899	21.5%	5,443	(371)	(6.8%)
Endoscopy Procedures (I/P & O/P)	6,753	7,637	884	13.1%	6,271	1,366	21.8%
ED Total Registered	90,287	96,823	6,536	7.2%	88,069	8,754	9.9%
O/P Rehab Units	228,498	244,375	15,877	6.9%	234,480	9,895	4.2%
Radiology/CT/US/MRI Proc (I/P & O/P)	200,232	211,285	11,053	5.5%	198,885	12,400	6.2%
Dialysis Treatments	17,639	18,382	743	4.2%	18,600	(218)	(1.2%)
RHC Registrations	117,101	121,438	4,337	3.7%	127,302	(5,864)	(4.6%)
OB Deliveries	4,548	4,675	127	2.8%	4,722	(47)	(1.0%)
Home Health Visits	36,586	37,088	502	1.4%	37,687	(599)	(1.6%)
Cath Lab Minutes (IP & OP)	3,793	3,730	(63)	(1.7%)	4,188	(458)	(10.9%)
Physical & Other Therapy Units	214,692	210,219	(4,473)	(2.1%)	225,895	(15,676)	(6.9%)
Hospice Days	43,805	42,460	(1,345)	(3.1%)	44,976	(2,516)	(5.6%)
Radiation Oncology Treatments (I/P & O/P)	22,537	20,666	(1,871)	(8.3%)	25,845	(5,179)	(20.0%)
Surgery Minutes – General and Robotic (I/P & O/P)	12,856	11,304	(1,552)	(12.1%)	11,641	(337)	(2.9%)
Urgent Care - Demaree	31,572	25,898	(5,674)	(18.0%)	33,051	(7,153)	(21.6%)
Urgent Care - Court	46,868	37,619	(9,249)	(19.7%)	49,771	(12,152)	(24.4%)

# June Financial Comparison without KHMG (000's)

Preliminary

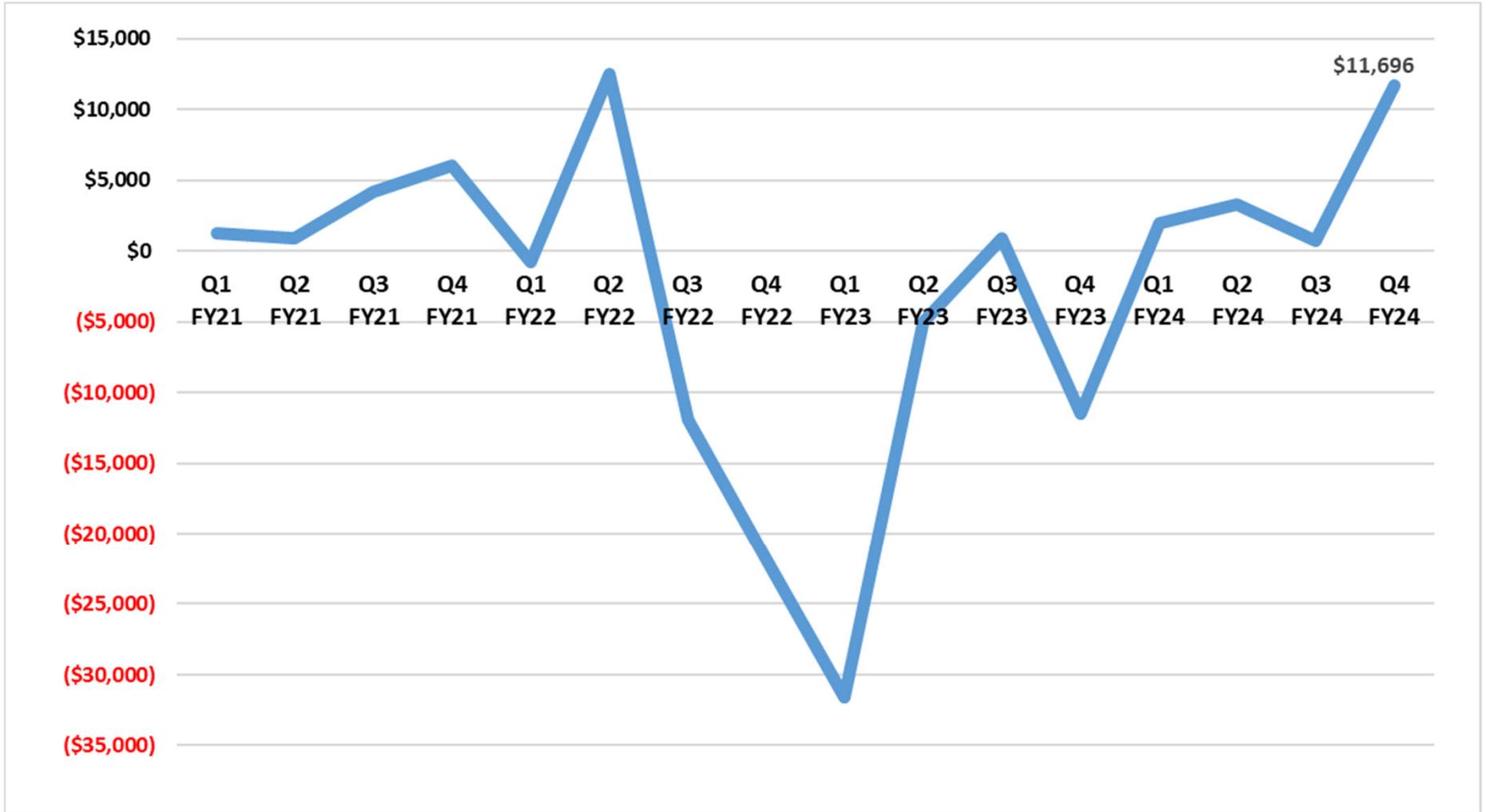
	Without KHMG				Without KHMG			
	Comparison to Budget - Month of June				Comparison to Prior Year - Month of June			
	Budget June-2024	Actual June-2024	\$ Change	% Change	Actual June-2023	Actual June-2024	\$ Change	% Change
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$48,699	\$54,906	\$6,207	11.3%	\$35,985	\$54,906	\$18,921	34.5%
Supplemental Gov't Programs	\$6,273	\$13,102	\$6,829	52.1%	\$18,583	\$13,102	(\$5,481)	-41.8%
Prime Program	\$808	(\$1,844)	(\$2,652)	143.8%	(\$3,952)	(\$1,844)	\$2,108	-114.3%
Premium Revenue	\$7,675	\$7,723	\$49	0.6%	\$6,362	\$7,723	\$1,361	17.6%
Management Services Revenue	\$3,328	\$1,905	(\$1,423)	-74.7%	\$3,136	\$1,905	(\$1,230)	-64.6%
Other Revenue	\$2,436	\$2,980	\$544	18.3%	\$1,699	\$2,980	\$1,281	43.0%
Other Operating Revenue	\$20,520	\$23,867	\$3,347	14.0%	\$25,828	\$23,867	(\$1,961)	-8.2%
<b>Total Operating Revenue</b>	<b>\$69,219</b>	<b>\$78,773</b>	<b>\$9,554</b>	<b>12.1%</b>	<b>\$61,813</b>	<b>\$78,773</b>	<b>\$16,960</b>	<b>21.5%</b>
<b>Operating Expenses</b>								
Salaries & Wages	\$28,637	\$31,206	\$2,569	8.2%	\$26,386	\$31,206	\$4,820	15.4%
Contract Labor	\$1,180	\$1,255	\$75	6.0%	\$2,730	\$1,255	(\$1,474)	-117.5%
Employee Benefits	\$6,612	\$4,458	(\$2,154)	-48.3%	\$12,040	\$4,458	(\$7,582)	-170.1%
<b>Total Employment Expenses</b>	<b>\$36,429</b>	<b>\$36,919</b>	<b>\$490</b>	<b>1.3%</b>	<b>\$41,155</b>	<b>\$36,919</b>	<b>(\$4,236)</b>	<b>-11.5%</b>
Medical & Other Supplies	\$13,811	\$14,242	\$430	3.0%	\$13,347	\$14,242	\$895	6.3%
Physician Fees	\$6,665	\$5,969	(\$696)	-11.7%	\$7,112	\$5,969	(\$1,143)	-19.2%
Purchased Services	\$1,470	\$1,875	\$405	21.6%	\$1,872	\$1,875	\$3	0.1%
Repairs & Maintenance	\$2,366	\$1,827	(\$540)	-29.6%	(\$899)	\$1,827	\$2,726	149.2%
Utilities	\$853	\$839	(\$14)	-1.6%	\$768	\$839	\$71	8.4%
Rents & Leases	\$162	\$184	\$22	11.9%	\$157	\$184	\$27	14.8%
Depreciation & Amortization	\$2,914	\$3,427	\$513	15.0%	\$6,613	\$3,427	(\$3,186)	-93.0%
Interest Expense	\$568	\$749	\$180	24.1%	\$686	\$749	\$63	8.4%
Other Expense	\$2,113	\$788	(\$1,324)	-168.0%	\$4,613	\$788	(\$3,825)	-485.1%
Humana Cap Plan Expenses	\$3,701	\$5,102	\$1,400	27.4%	\$2,811	\$5,102	\$2,291	44.9%
<b>Total Other Expenses</b>	<b>\$34,624</b>	<b>\$35,001</b>	<b>\$377</b>	<b>1.1%</b>	<b>\$37,079</b>	<b>\$35,001</b>	<b>(\$2,079)</b>	<b>-5.9%</b>
<b>Total Operating Expenses</b>	<b>\$71,053</b>	<b>\$71,920</b>	<b>\$867</b>	<b>1.2%</b>	<b>\$78,234</b>	<b>\$71,920</b>	<b>(\$6,314)</b>	<b>-8.8%</b>
<b>Operating Margin</b>	<b>(\$1,834)</b>	<b>\$6,853</b>	<b>\$8,686</b>		<b>(\$16,421)</b>	<b>\$6,853</b>	<b>\$23,274</b>	
<b>Stimulus/FEMA</b>	<b>\$1,558</b>	<b>(\$1,603)</b>	<b>(\$3,161)</b>		<b>\$71</b>	<b>(\$1,603)</b>	<b>(\$1,675)</b>	
<b>Operating Margin after Stimulus/FEMA</b>	<b>(\$276)</b>	<b>\$5,249</b>	<b>\$5,526</b>		<b>(\$16,350)</b>	<b>\$5,249</b>	<b>\$21,599</b>	
Nonoperating Revenue (Loss)	\$492	\$1,177	\$685		\$1,693	\$1,177	(\$516)	
<b>Excess Margin</b>	<b>\$216</b>	<b>\$6,426</b>	<b>\$6,210</b>		<b>(\$14,657)</b>	<b>\$6,426</b>	<b>\$21,083</b>	

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

Preliminary

	Without KHMG				Without KHMG			
	Comparison to Budget - YTD June				Comparison to Prior Year - YTD June			
	Budget June-2024	Actual June-2024	\$ Change	% Change	Actual June-2023	Actual June-2024	\$ Change	% Change
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$585,236	\$598,876	\$13,640	2.3%	\$572,338	\$598,876	\$26,538	4.4%
Supplemental Gov't Programs	\$76,536	\$100,503	\$23,967	23.8%	\$81,340	\$100,503	\$19,163	19.1%
Prime Program	\$9,859	\$8,831	(\$1,028)	-11.6%	\$8,300	\$8,831	\$532	6.0%
Premium Revenue	\$93,376	\$88,781	(\$4,595)	-5.2%	\$79,052	\$88,781	\$9,729	11.0%
Management Services Revenue	\$40,604	\$37,519	(\$3,085)	-8.2%	\$38,652	\$37,519	(\$1,133)	-3.0%
Other Revenue	\$29,465	\$36,255	\$6,790	18.7%	\$31,299	\$36,255	\$4,956	13.7%
Other Operating Revenue	\$249,841	\$271,889	\$22,048	8.1%	\$238,642	\$271,889	\$33,247	12.2%
<b>Total Operating Revenue</b>	<b>\$835,077</b>	<b>\$870,765</b>	<b>\$35,688</b>	<b>4.1%</b>	<b>\$810,980</b>	<b>\$870,765</b>	<b>\$59,785</b>	<b>6.9%</b>
<b>Operating Expenses</b>								
Salaries & Wages	\$346,941	\$353,464	\$6,523	1.8%	\$329,085	\$353,464	\$24,378	6.9%
Contract Labor	\$16,936	\$21,040	\$4,104	19.5%	\$49,283	\$21,040	(\$28,244)	-134.2%
Employee Benefits	\$80,199	\$78,387	(\$1,812)	-2.3%	\$74,347	\$78,387	\$4,040	5.2%
<b>Total Employment Expenses</b>	<b>\$444,075</b>	<b>\$452,890</b>	<b>\$8,816</b>	<b>1.9%</b>	<b>\$452,716</b>	<b>\$452,890</b>	<b>\$175</b>	<b>0.0%</b>
Medical & Other Supplies	\$161,637	\$163,294	\$1,657	1.0%	\$160,184	\$163,294	\$3,111	1.9%
Physician Fees	\$79,981	\$81,073	\$1,091	1.3%	\$80,986	\$81,073	\$86	0.1%
Purchased Services	\$17,935	\$18,613	\$678	3.6%	\$18,332	\$18,613	\$281	1.5%
Repairs & Maintenance	\$28,427	\$23,537	(\$4,890)	-20.8%	\$24,012	\$23,537	(\$475)	-2.0%
Utilities	\$10,969	\$10,004	(\$965)	-9.6%	\$9,778	\$10,004	\$226	2.3%
Rents & Leases	\$1,945	\$1,968	\$23	1.2%	\$1,540	\$1,968	\$428	21.8%
Depreciation & Amortization	\$34,965	\$38,455	\$3,489	9.1%	\$37,674	\$38,455	\$781	2.0%
Interest Expense	\$6,935	\$7,531	\$597	7.9%	\$7,466	\$7,531	\$66	0.9%
Other Expense	\$25,820	\$21,403	(\$4,416)	-20.6%	\$25,986	\$21,403	(\$4,583)	-21.4%
Humana Cap Plan Expenses	\$44,418	\$48,426	\$4,008	8.3%	\$43,180	\$48,426	\$5,246	10.8%
<b>Total Other Expenses</b>	<b>\$413,031</b>	<b>\$414,304</b>	<b>\$1,273</b>	<b>0.3%</b>	<b>\$409,138</b>	<b>\$414,304</b>	<b>\$5,166</b>	<b>1.2%</b>
<b>Total Operating Expenses</b>	<b>\$857,106</b>	<b>\$867,194</b>	<b>\$10,089</b>	<b>1.2%</b>	<b>\$861,854</b>	<b>\$867,194</b>	<b>\$5,340</b>	<b>0.6%</b>
<b>Operating Margin</b>	<b>(\$22,029)</b>	<b>\$3,570</b>	<b>\$25,599</b>		<b>(\$50,874)</b>	<b>\$3,570</b>	<b>\$54,444</b>	
<b>Stimulus/FEMA</b>	<b>\$19,005</b>	<b>\$14</b>	<b>(\$18,991)</b>		<b>\$681</b>	<b>\$14</b>	<b>(\$667)</b>	
<b>Operating Margin after Stimulus/FEMA</b>	<b>(\$3,025)</b>	<b>\$3,584</b>	<b>\$6,608</b>		<b>(\$50,193)</b>	<b>\$3,584</b>	<b>\$53,777</b>	
Nonoperating Revenue (Loss)	\$5,713	\$14,088	\$8,375		\$10,650	\$14,088	\$3,438	
<b>Excess Margin</b>	<b>\$2,688</b>	<b>\$17,672</b>	<b>\$14,983</b>		<b>(\$39,543)</b>	<b>\$17,672</b>	<b>\$57,215</b>	

# Trended Excess Margin by Quarters (000's)



Trended Income Stmt (000's)	FY 19	FY 20	FY 21	FY 22	FY23	FY 24 Preliminary	FY 24 Budget
<b>Operating Revenue</b>							
<b>Net Patient Service Revenue</b>	\$561,911	\$557,860	\$596,175	\$635,520	\$611,350	\$598,876	\$585,236
Supplemental Gov't Programs	76,471	61,392	56,081	75,202	81,807	\$100,503	\$76,536
Prime Program	17,717	16,196	10,668	15,850	8,719	\$8,832	\$9,859
Premium Revenue	40,871	50,903	58,107	69,495	79,051	\$88,781	\$93,376
Management Services Revenue	31,751	32,805	34,167	36,060	38,651	\$37,518	\$40,604
Other Revenue	24,245	21,422	22,674	25,811	32,387	\$36,255	\$29,465
Other Operating Revenue	191,056	182,718	181,697	222,418	240,615	271,889	249,841
<b>Total Operating Revenue</b>	<b>752,967</b>	<b>740,578</b>	<b>777,872</b>	<b>857,938</b>	<b>851,965</b>	<b>870,764</b>	<b>835,077</b>
<b>Operating Expenses</b>							
Salaries & Wages	287,902	308,594	324,151	350,198	337,091	\$353,465	344,900
Contract Labor	14,997	9,767	9,778	41,435	49,160	\$21,040	16,818
Employee Benefits	73,216	74,158	55,994	63,754	75,963	\$78,387	79,727
<b>Total Employment Expenses</b>	<b>376,115</b>	<b>392,520</b>	<b>389,923</b>	<b>455,386</b>	<b>462,214</b>	<b>452,892</b>	<b>441,443</b>
Medical & Other Supplies	112,866	119,490	131,449	130,842	130,224	\$127,678	125,034
Physician Fees	85,521	92,595	96,690	108,238	105,007	\$81,073	79,981
Purchased Services	21,151	20,096	19,231	19,289	18,647	\$18,613	17,365
Repairs & Maintenance	25,878	25,488	26,144	28,402	25,814	\$27,459	28,376
Utilities	5,642	6,001	7,392	9,170	10,151	\$10,004	10,814
Rents & Leases	6,119	6,373	6,192	6,171	2,201	\$1,968	1,981
Depreciation & Amortization	30,851	30,678	31,646	32,882	39,653	\$34,532	34,965
Interest Expense	5,453	5,886	6,771	7,563	7,482	\$7,532	6,935
Other Expense	17,260	20,422	20,737	22,748	26,810	\$21,403	25,642
Humana Cap Plan Expenses	19,151	23,441	34,758	38,443	43,179	\$48,426	44,418
Management Services Expense	31,359	32,363	34,447	34,977	39,037	\$35,614	40,148
<b>Total Other Expenses</b>	<b>361,250</b>	<b>382,834</b>	<b>415,456</b>	<b>438,725</b>	<b>448,205</b>	<b>414,303</b>	<b>415,660</b>
<b>Total Operating Expenses</b>	<b>737,366</b>	<b>775,353</b>	<b>805,379</b>	<b>894,111</b>	<b>910,418</b>	<b>867,194</b>	<b>857,104</b>
<b>Operating Margin</b>	<b>15,601</b>	<b>(34,775)</b>	<b>(27,507)</b>	<b>(36,173)</b>	<b>(58,453)</b>	<b>3,570</b>	<b>(22,027)</b>
Stimulus Funds	0	10,149	32,461	18,742	609	\$14	19,005
<b>Operating Margin after Stimulus</b>	<b>15,601</b>	<b>(24,626)</b>	<b>4,954</b>	<b>(17,431)</b>	<b>(57,844)</b>	<b>3,584</b>	<b>(3,023)</b>
Nonoperating Revenue (Loss)	12,306	16,975	7,460	(8,036)	10,627	\$14,088	5,713
<b>Excess Margin</b>	<b>\$27,907</b>	<b>(\$7,651)</b>	<b>\$12,414</b>	<b>(\$25,467)</b>	<b>(\$47,218)</b>	<b>\$17,672</b>	<b>\$2,690</b>
<b>Operating Margin before Stimulus</b>	<b>2.1%</b>	<b>(4.7%)</b>	<b>(3.5%)</b>	<b>(4.2%)</b>	<b>(6.9%)</b>	<b>0.4%</b>	<b>(2.6%)</b>
<b>Operating Margin after Stimulus</b>	<b>2.1%</b>	<b>(3.3%)</b>	<b>0.6%</b>	<b>(2.0%)</b>	<b>(6.8%)</b>	<b>0.4%</b>	<b>(0.4%)</b>
<b>Excess Margin</b>	<b>3.7%</b>	<b>(1.0%)</b>	<b>1.6%</b>	<b>(3.0%)</b>	<b>(5.5%)</b>	<b>2.0%</b>	<b>0.3%</b>

# FYTD July-June : Trended Financial Information (000's)

Preliminary

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FY 2024
Patient Service Revenue	\$45,479	\$49,531	\$47,195	\$47,502	\$48,225	\$48,629	\$49,472	\$49,778	\$54,365	\$51,284	\$52,509	\$54,906	\$598,876
Other Revenue	\$21,161	\$22,458	\$21,039	\$21,928	\$21,261	\$20,979	\$24,379	\$22,470	\$19,194	\$25,720	\$27,433	\$23,867	\$271,889
<b>Total Operating Revenue</b>	<b>\$66,640</b>	<b>\$71,989</b>	<b>\$68,234</b>	<b>\$69,431</b>	<b>\$69,486</b>	<b>\$69,608</b>	<b>\$73,851</b>	<b>\$72,248</b>	<b>\$73,559</b>	<b>\$77,004</b>	<b>\$79,942</b>	<b>\$78,773</b>	<b>\$870,764</b>
Employee Expense	\$36,176	\$37,019	\$35,180	\$38,961	\$37,597	\$37,268	\$37,645	\$37,074	\$41,984	\$38,077	\$38,990	\$36,919	\$452,892
Other Operating Expense	\$33,478	\$34,922	\$33,204	\$31,579	\$33,162	\$32,981	\$35,742	\$36,449	\$33,382	\$36,864	\$37,539	\$35,001	\$414,303
<b>Total Operating Expenses</b>	<b>\$69,654</b>	<b>\$71,941</b>	<b>\$68,384</b>	<b>\$70,540</b>	<b>\$70,759</b>	<b>\$70,249</b>	<b>\$73,388</b>	<b>\$73,523</b>	<b>\$75,367</b>	<b>\$74,941</b>	<b>\$76,530</b>	<b>\$71,920</b>	<b>\$867,194</b>
<b>Net Operating Margin</b>	<b>(\$3,014)</b>	<b>\$48</b>	<b>(\$150)</b>	<b>(\$1,110)</b>	<b>(\$1,273)</b>	<b>(\$641)</b>	<b>\$464</b>	<b>(\$1,275)</b>	<b>(\$1,807)</b>	<b>\$2,063</b>	<b>\$3,413</b>	<b>\$6,853</b>	<b>\$3,570</b>
Stimulus/FEMA	\$1,610	\$1,610	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,603)	(\$1,603)	\$14
NonOperating Income	\$617	\$602	\$626	\$665	\$578	\$5,057	\$969	\$618	\$1,781	\$550	\$847	\$1,177	\$14,088
<b>Excess Margin</b>	<b>(\$787)</b>	<b>\$2,259</b>	<b>\$477</b>	<b>(\$444)</b>	<b>(\$695)</b>	<b>\$4,416</b>	<b>\$1,433</b>	<b>(\$657)</b>	<b>(\$26)</b>	<b>\$2,613</b>	<b>\$2,657</b>	<b>\$6,426</b>	<b>\$17,672</b>

## Profitability

Operating Margin %	(4.5%)	0.1%	(0.2%)	(1.6%)	(1.8%)	(0.9%)	0.6%	(1.8%)	(2.5%)	2.7%	4.3%	8.7%	0.4%
Operating Margin %excl. Int	(3.6%)	0.9%	0.7%	(0.7%)	(1.0%)	(0.1%)	1.4%	(0.9%)	(1.6%)	3.7%	5.0%	9.6%	1.3%
Operating EBIDA	\$395	\$3,493	\$3,265	\$2,340	\$2,111	\$2,732	\$3,957	\$1,994	\$1,628	\$5,507	\$7,184	\$11,028	\$45,634
Operating EBIDA Margin	0.6%	4.9%	4.8%	3.4%	3.0%	3.9%	5.4%	2.8%	2.2%	7.2%	9.0%	14.0%	5.2%

## Liquidity Indicators

Day's Cash on Hand	84.2	84.7	83.3	83.7	81.1	83.5	81.4	79.0	74.7	91.0	86.8	106.1	106.1
Day's in Accounts Receivable	72.6	74.6	76.6	79.1	78.4	77.6	72.5	71.0	70.1	65.3	66.4	64.4	64.4
Unrestricted Funds (000's)	\$181,339	\$185,762	\$182,518	\$183,138	\$178,653	\$183,624	\$179,987	\$176,827	\$168,012	\$204,886	\$196,344	\$340,319	\$340,319

## Debt & Other Indicators

Debt Service Coverage (MADS)	1.62	2.57	2.54	2.37	2.23	2.67	2.71	2.06	2.01	2.40	2.50	2.80	2.80
Discharges (Monthly)	2,306	2,442	2,276	2,203	2,293	2,285	2,283	2,144	2,142	2,299	2,299	2,334	2,276
Adj Discharges (Case mix adj)	7,504	7,884	7,580	7,417	7,743	7,344	7,228	7,111	6,827	7,226	7,616	7,438	7,608
Adjusted patient Days (Mo.)	24,306	26,289	24,516	24,321	24,447	24,965	25,976	24,096	25,597	24,634	25,435	24,398	24,915
Cost/Adj Discharge	\$9.3	\$9.1	\$9.0	\$9.5	\$9.1	\$9.6	\$10.2	\$10.3	\$11.0	\$10.4	\$10.0	\$9.7	\$9.5
Compensation Ratio	80%	75%	75%	82%	78%	77%	76%	74%	77%	74%	74%	67%	76%

## Year over Year: Trended Financial Information (000's)

Preliminary

	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Patient Service Revenue	\$561,911	\$557,860	\$596,175	\$635,520	\$611,350	\$598,876
Other Revenue	\$191,056	\$182,718	\$181,697	\$222,418	\$240,615	\$271,889
<b>Total Operating Revenue</b>	<b>\$752,967</b>	<b>\$740,578</b>	<b>\$777,872</b>	<b>\$857,938</b>	<b>\$851,965</b>	<b>\$870,764</b>
Employee Expense	\$376,115	\$392,520	\$389,923	\$455,386	\$462,214	\$452,892
Other Operating Expense	\$361,250	\$382,834	\$415,456	\$438,725	\$448,205	\$414,303
<b>Total Operating Expenses</b>	<b>\$737,366</b>	<b>\$775,353</b>	<b>\$805,379</b>	<b>\$894,111</b>	<b>\$910,418</b>	<b>\$867,194</b>
<b>Net Operating Margin</b>	<b>\$15,601</b>	<b>(\$34,775)</b>	<b>(\$27,507)</b>	<b>(\$36,173)</b>	<b>(\$58,453)</b>	<b>\$3,570</b>
Stimulus/FEMA	\$0	\$10,149	\$32,461	\$18,742	\$609	\$14
NonOperating Income	\$12,306	\$16,975	\$7,460	(\$8,036)	\$10,627	\$14,088
<b>Excess Margin</b>	<b>\$27,907</b>	<b>(\$7,651)</b>	<b>\$12,414</b>	<b>(\$25,467)</b>	<b>(\$47,218)</b>	<b>\$17,672</b>

<b>Profitability</b>						
Operating Margin %	2.1%	(4.7%)	(3.5%)	(4.2%)	(6.9%)	0.4%
Operating Margin %excl. Int	2.8%	(3.9%)	(2.7%)	(3.3%)	(6.0%)	1.3%
Operating EBIDA	\$51,905	\$1,789	\$10,909	\$4,272	(\$11,318)	\$45,634
Operating EBIDA Margin	6.9%	0.2%	1.4%	0.5%	(1.3%)	5.2%

<b>Liquidity Indicators</b>						
Day's Cash on Hand	148.8	176.2	182.9	125.0	78.3	106.1
Day's in Accounts Receivable	79.7	77.1	68.9	69.8	72.5	64.4
Unrestricted Funds (000's)	168,377	183,980	203,725	221,748	\$186,803	\$340,319

<b>Debt &amp; Other Indicators</b>						
Debt Service Coverage (MADS)	4.0	1.6	2.9	1.7	(0.1)	2.80
Discharges (Monthly)	2,356	2,433	2,340	2,379	2,289	2,276
Adj Discharges (Case mix adj)	6,926	7,758	7,699	7,689	7,600	7,608
Adjusted patient Days (Mo.)	25,446	24,614	27,134	25,009	26,609	24,915
Cost/Adj Discharge	\$8.9	\$8.3	\$8.7	\$9.7	\$10.0	\$9.5
Compensation Ratio	67%	70%	65%	72%	76%	76%

# Month of June - Budget Variances

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- **Net Patient Service Revenue:** In June, net patient revenue exceeded budget by \$6.2M (11.3%). This is due to \$650K net revenue attributed to our Medical Oncology transition occurring the last week of the month, \$1.3M adjustment due to the cost report settlements and \$1.3M due to the County Mental Health contracts.
- **Supplemental Gov't programs:** The positive \$6.8M variance in supplemental revenue in June is due to the recognition of additional fee-for-service funds for FY23 and more than expected rate range funds for calendar year 2022. See supplemental slide for additional details.
- **Prime Program:** The \$2.6M negative variance in the Prime Program was due to unfavorable results from FY23 \$1.2M and FY24 \$1.4M for missing some performance metrics.
- **Salaries and Wages:** The negative variance of \$2.6M (8.2%) is primarily due to the increase in our pay rates due to the increases in our minimum wages and market increases.
- **Employee Benefits:** The positive variance of \$2.2M is primarily due a decrease in the defined benefit pension expense resulting from greater than expected market earnings on our pension investments.
- **Other Expenses:** The positive variance of \$1.3M is mainly attributable to a decrease in professional liability cost based upon actuarial results, and recruiting expense.
- **Humana Cap:** Third party claims negative variance was \$1.4M in June. We continue to run over expectations in third party claims year to date.
- **FEMA:** In May and June we reversed the FEMA accrual from the beginning of the fiscal year. We do not anticipate receiving FEMA funds in FY24. However, we still are estimating receiving FEMA funds, but not until FY25 and FY26 as the process is very slow.

# Trended Supplemental Income

Primary Programs	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	FY 24	FY24 BDGT	Diff FY24 Act - FY24 Bdgt
HQAF	1,653	1,653	1,653	1,653	1,653	1,653	2,422	1,653	1,653	1,653	1,653	1,653	20,607	19,838	769
Directed Payments	1,771	1,771	1,771	1,771	1,771	1,771	1,771	1,771	1,771	1,771	1,771	1,771	21,258	21,258	0
Medi-Cal DSH	802	802	802	802	802	802	2,698	1,896	1,896	1,896	1,896	1,896	16,990	9,625	7,365
Rate Range	1,731	1,731	1,731	1,731	1,731	1,731	1,731	1,731	1,731	2,731	4,387	4,387	27,080	20,767	6,314
Fee for Service	421	421	421	421	421	421	421	421	421	3,389	3,406	3,394	13,976	5,048	8,927
	6,378	6,378	6,378	6,378	6,378	6,378	9,043	7,472	7,472	11,441	13,113	13,102	99,911	76,536	23,375

During FY24 there were significant prior year true ups in Medical DSH, Rate Range and Fee For Service programs.

**1. Hospital Quality Assurance Fee:** The hospital quality assurance fee (HQAF) was established in 2009 by private hospitals as a way for them to draw down federal funds for the uncompensated portion of care they provide to Medi-Cal beneficiaries (similar to our AB 113 program). When the HQAF was developed public hospitals negotiated to receive funding via this mechanism as well. Funding is distributed based on inpatient Medi-Cal volume with enhanced payments for hospitals which are DSH or rural. *Public hospital funding is renegotiated each time there is a new HQAF program (roughly every 3 years) and has grown at a small pace, in line with the overall growth of the overall program.*

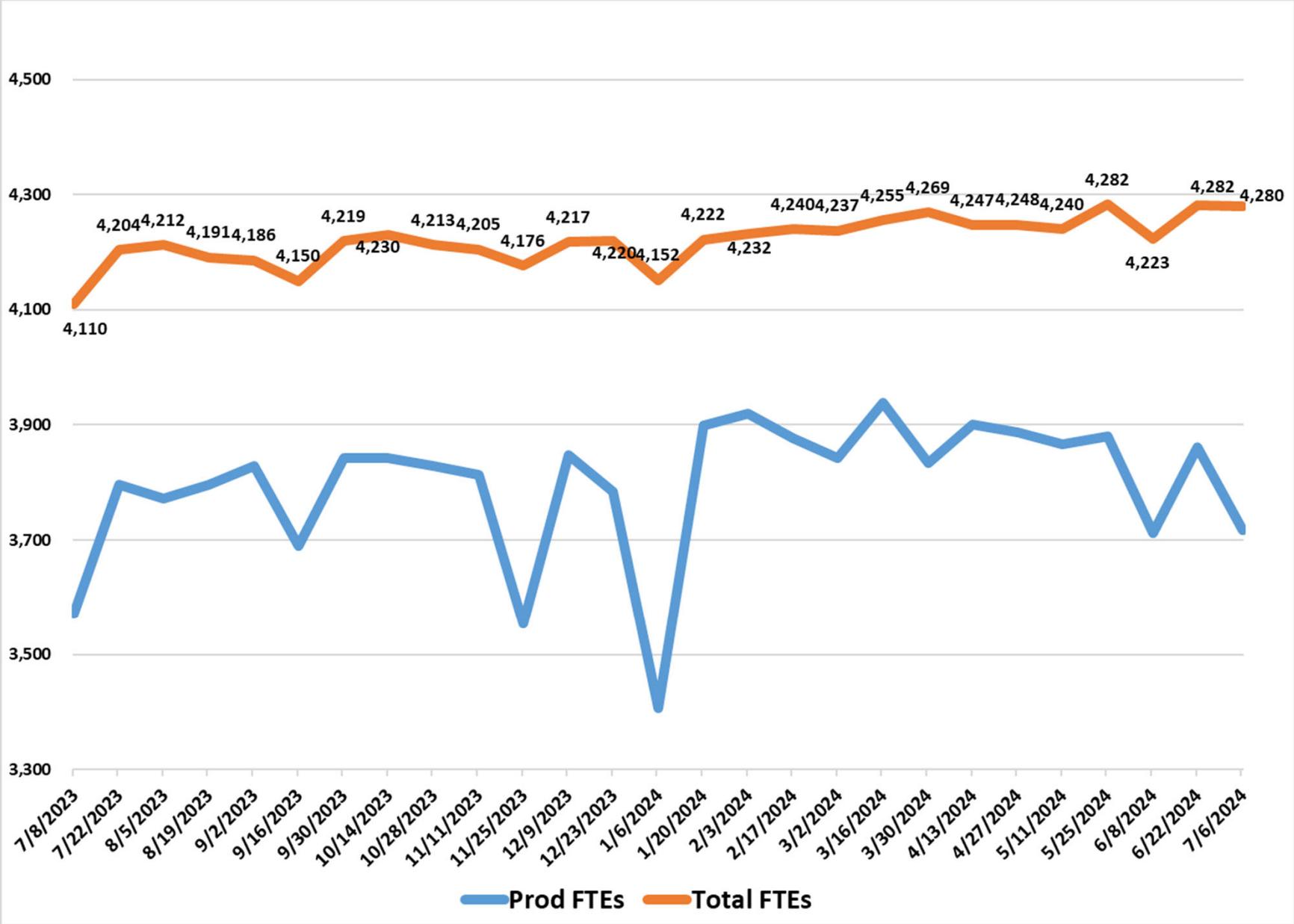
**2. Directed payments:** Beginning with CY23, the California Department of Health Care Services created a new funding initiative in consultation with DHLF. This is a state directed payment and represents uniform dollar increases that is established by the state for Medi-Cal inpatient and outpatient hospital services for the rating period covering Calendar Years beginning January 1 2023. This is the first significant new Medi-Cal supplemental funding program for district hospitals in a number of years.

**3. Medi-Cal DSH:** The Disproportionate Share Hospital (DSH) Program is a Medi-Cal supplemental payment program that was established in 1981. It reimburses hospitals for some of the uncompensated care costs associated with furnishing inpatient hospital services to Medi-Cal beneficiaries and uninsured individuals. Kaweah's share of funding has grown significantly over the years due to the increased patient load and achievement of teaching hospital status a few years ago. *While overall funding levels of DSH have increased over time, there are currently significant reductions contained in federal law which propose to reduce the funding by 50%. Previous hospital advocacy has been successful in delaying the federal DSH reductions on six prior occasions.*

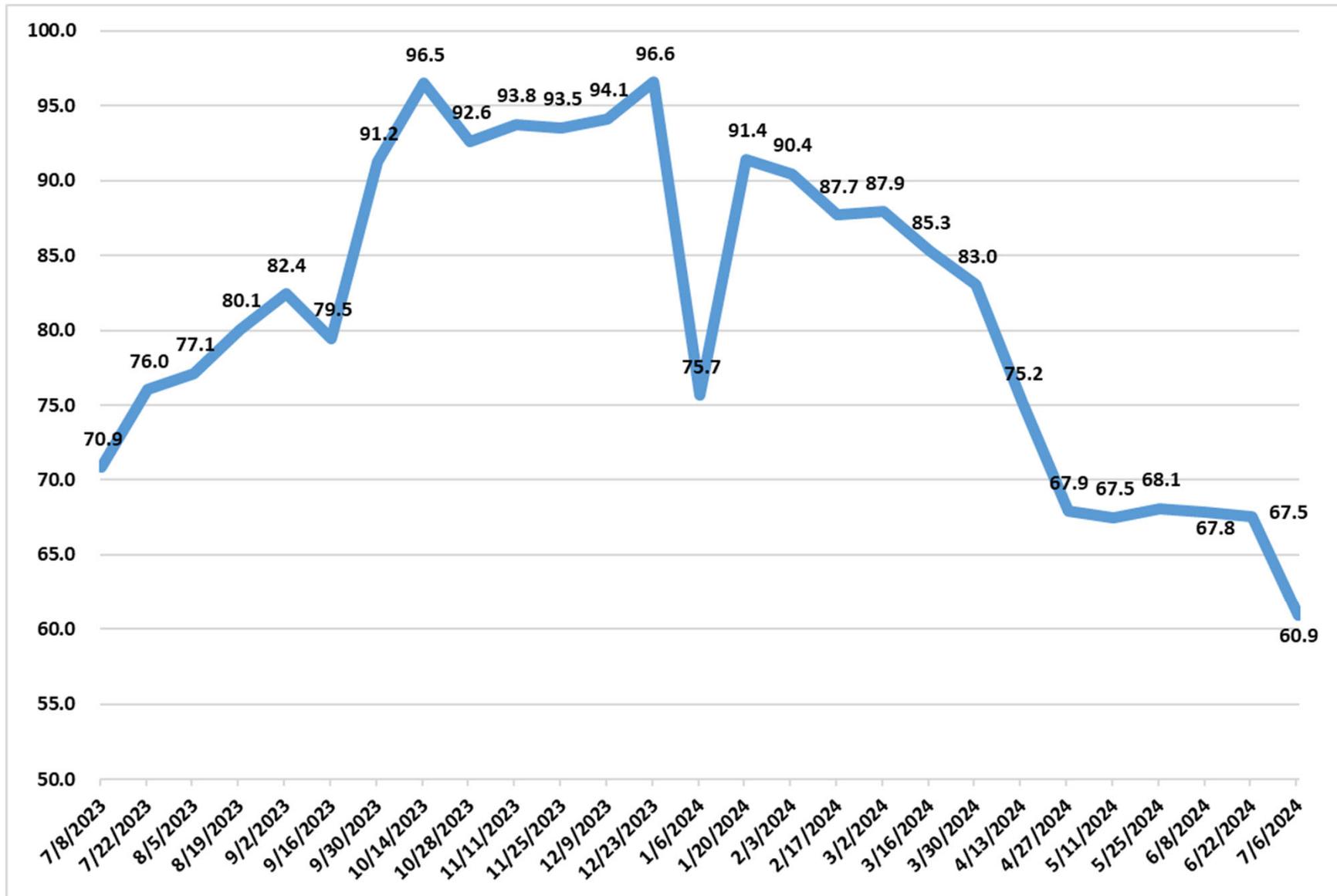
**4. Rate Range:** Most Medi-Cal beneficiaries are enrolled in Managed Care Plans (MCP). MCP's are paid a per member per month (PMPM) amount by DHCS to arrange and pay for the care of their members. DHCS calculates a lower, midpoint, and upper PMPM rate and pays the MCP's at the lower rate. CMS will provide federal funding as high as the upper rate. Public hospitals provide IGT's to draw down "rate range", the difference between the upper and lower rates, thus providing public hospitals with more federal funding. Rate range increases when additional beneficiaries and services are transitioned to managed care. Over the past decade there has been a large shift in beneficiaries to managed care such that now over 90% of beneficiaries are in managed care. *Managed care has stabilized and thus funding from this source should remain relatively constant.*

**5. FFS Inpatient Funds:** Assembly Bill 113 (AB 113) established the district and municipal hospital IGT fund in 2011. AB 113 allows hospitals to claim federal funding for the uncompensated portion of inpatient care that hospitals provide to Medi-Cal beneficiaries in the fee-for-service program. The program uses 4 different tiers to determine the allocation of funds based on Charity Revenue, Bad Debt Revenue and Medi-Cal Charges. *The number of beneficiaries in the fee-for-service program has declined in the past decade as more beneficiaries were transitioned to managed care, however that decline has leveled off and funding levels are expected to remain stable for the foreseeable future.*

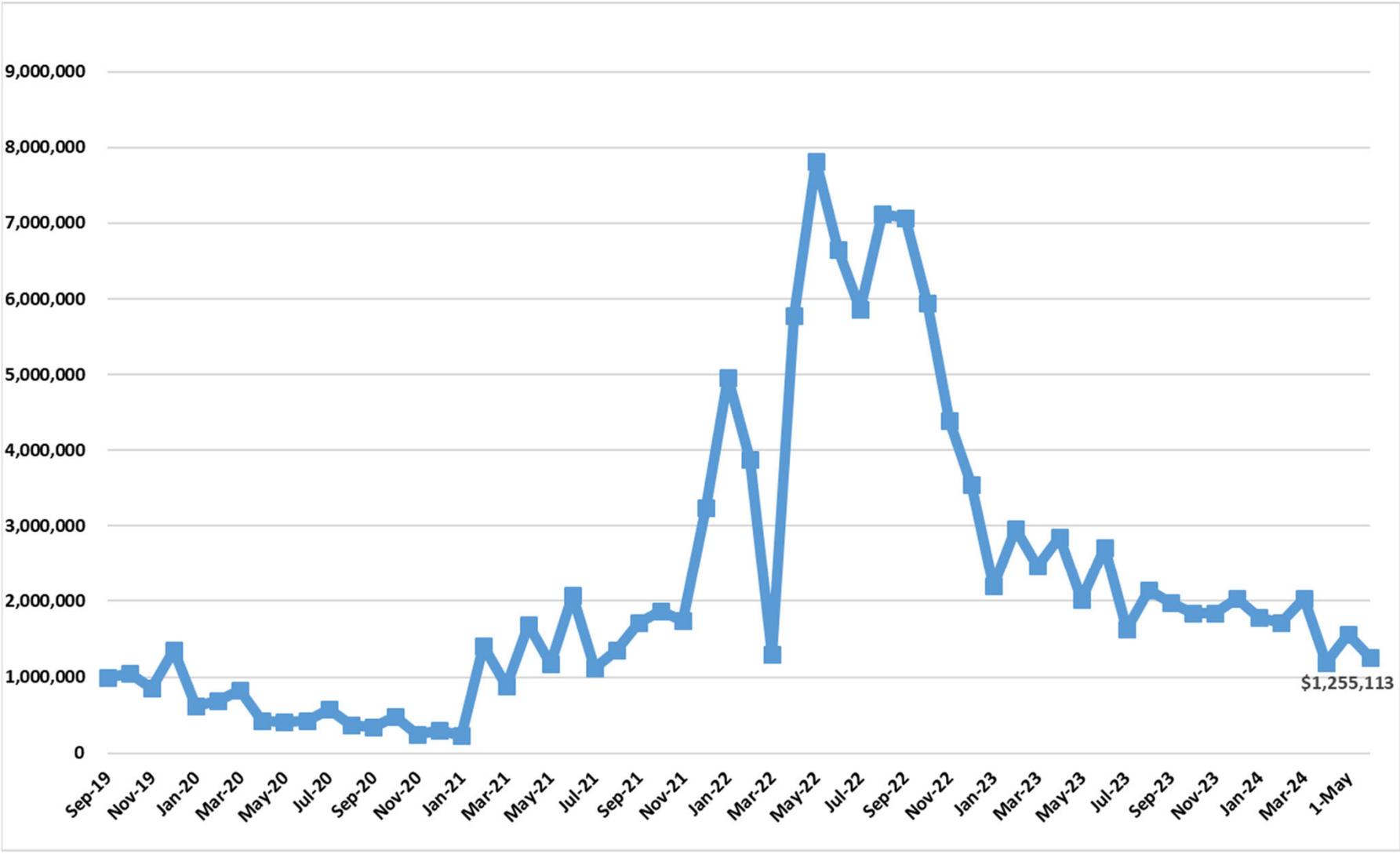
# Productive and Total FTEs without KHMG



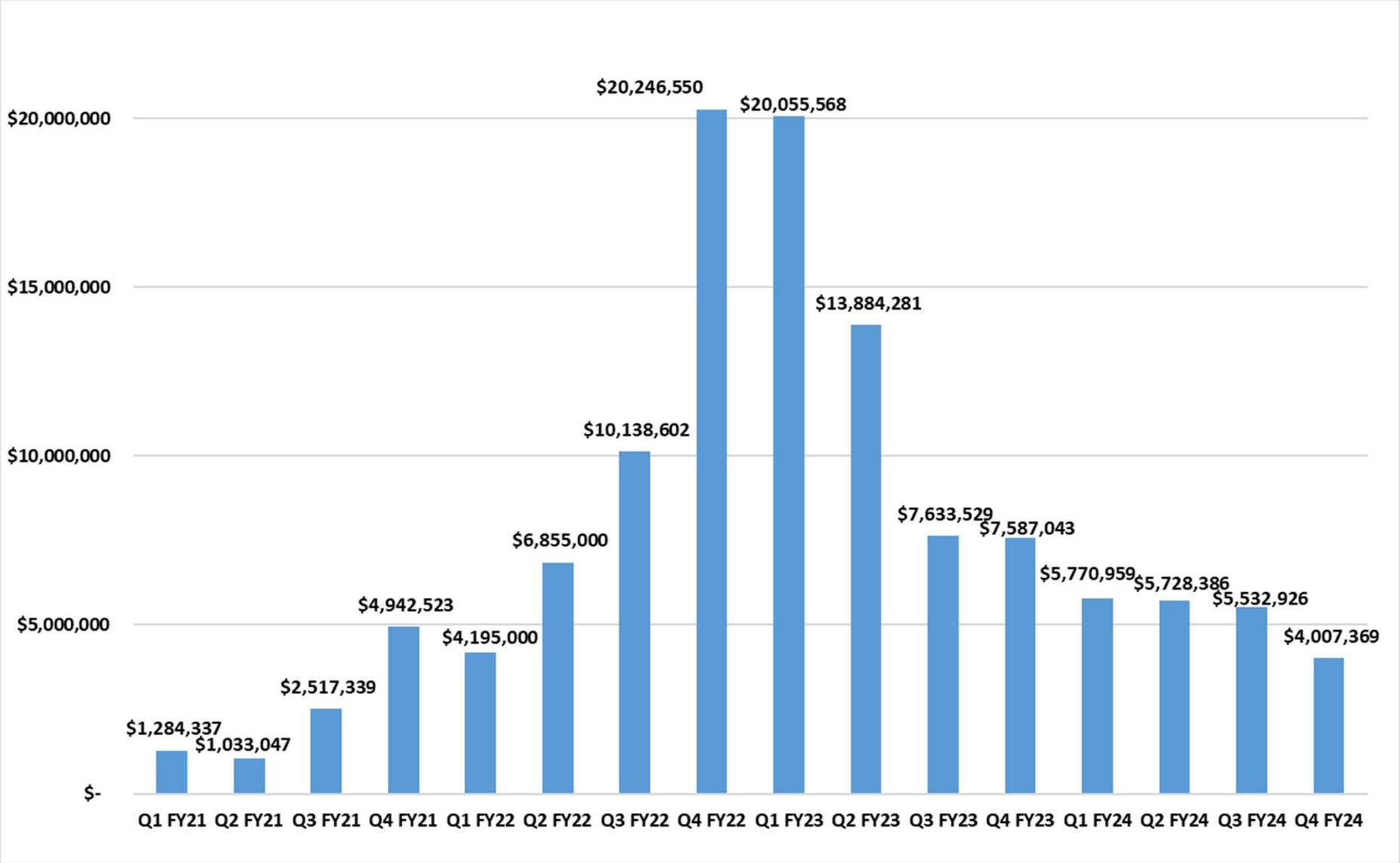
# Contract Labor Full Time Equivalents (FTEs)



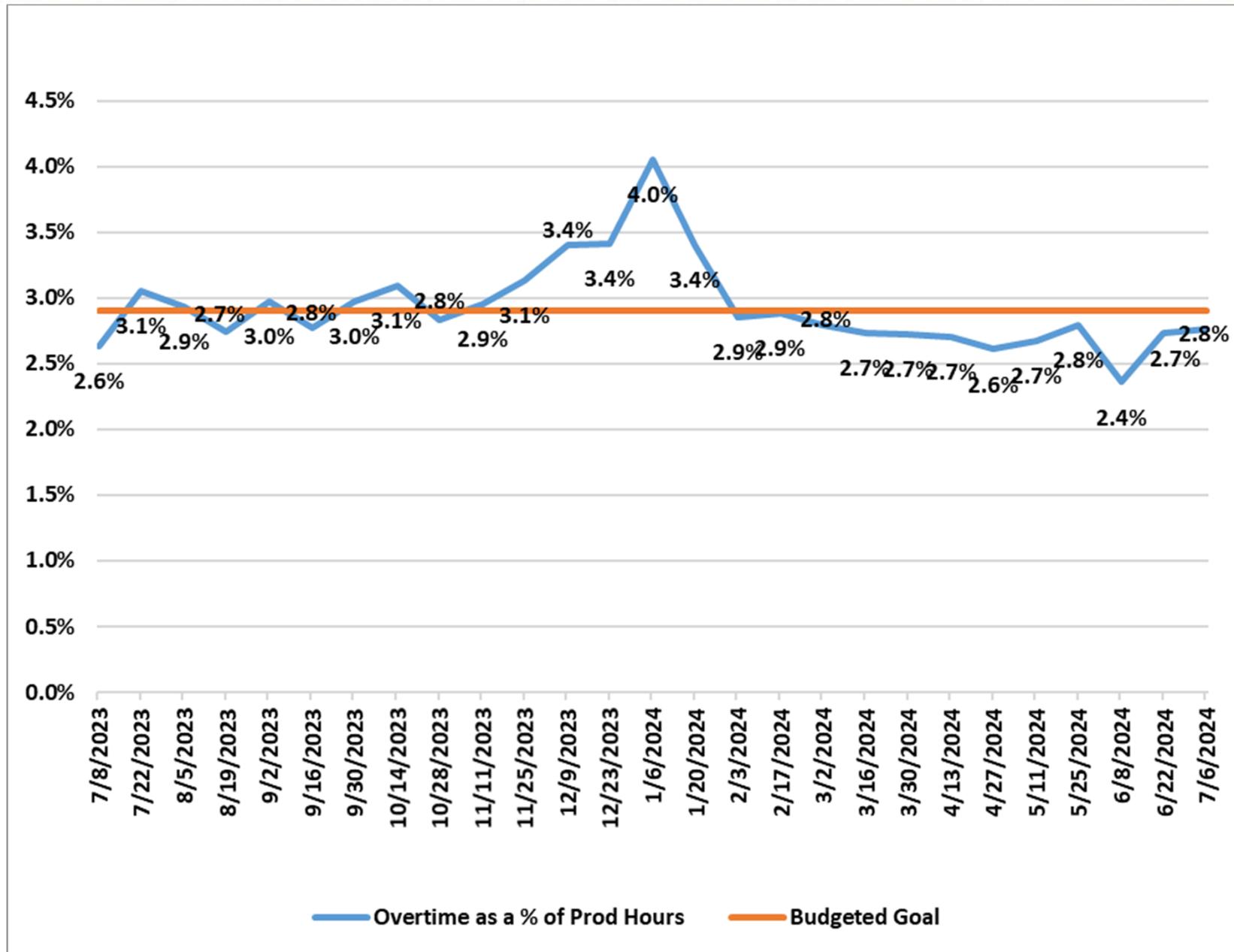
# Contract Labor Expense



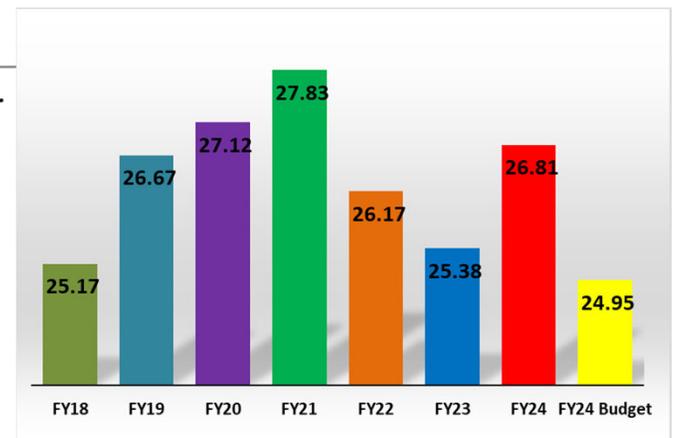
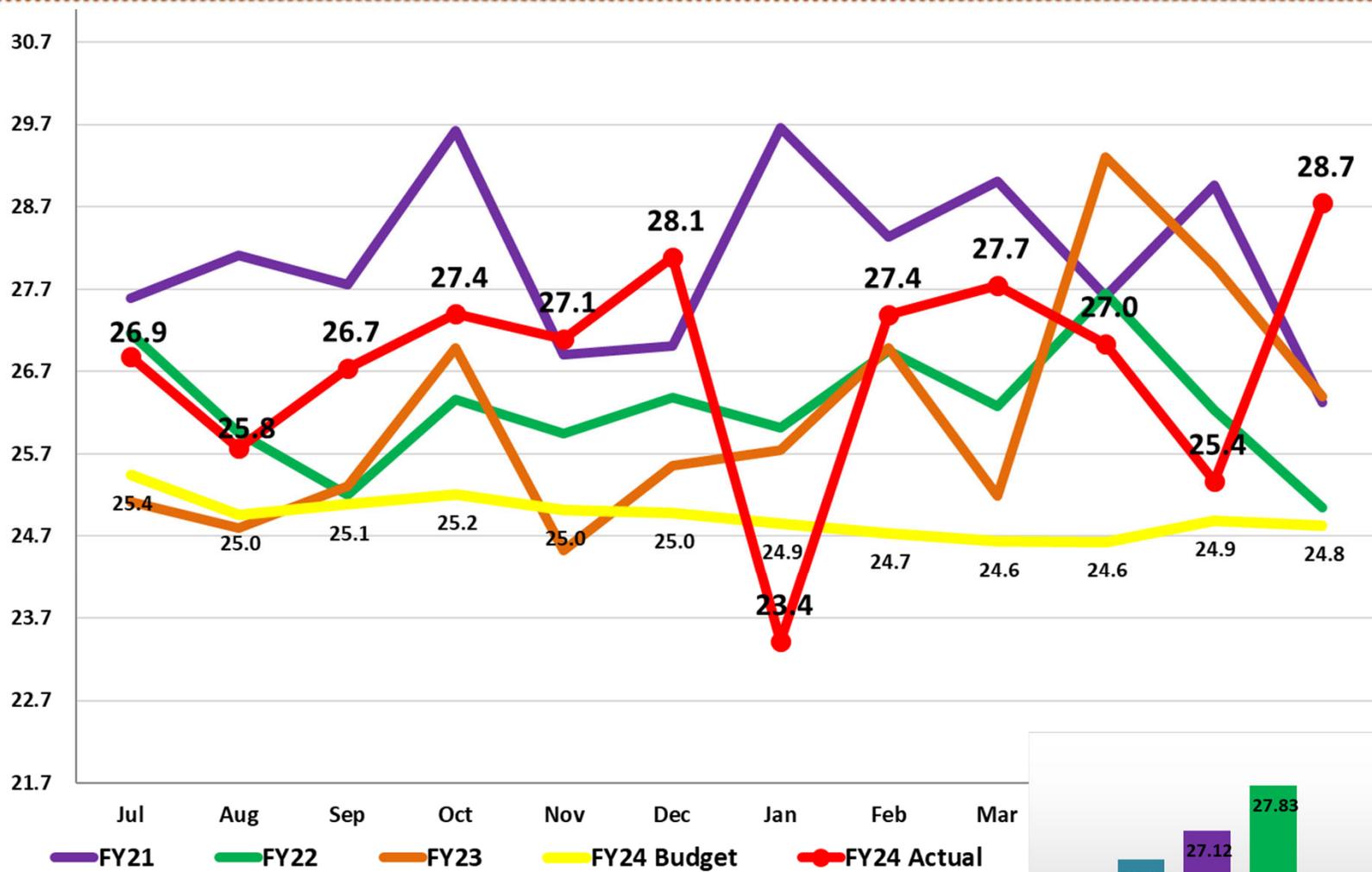
# Quarterly Comparison: Contract Labor Expense



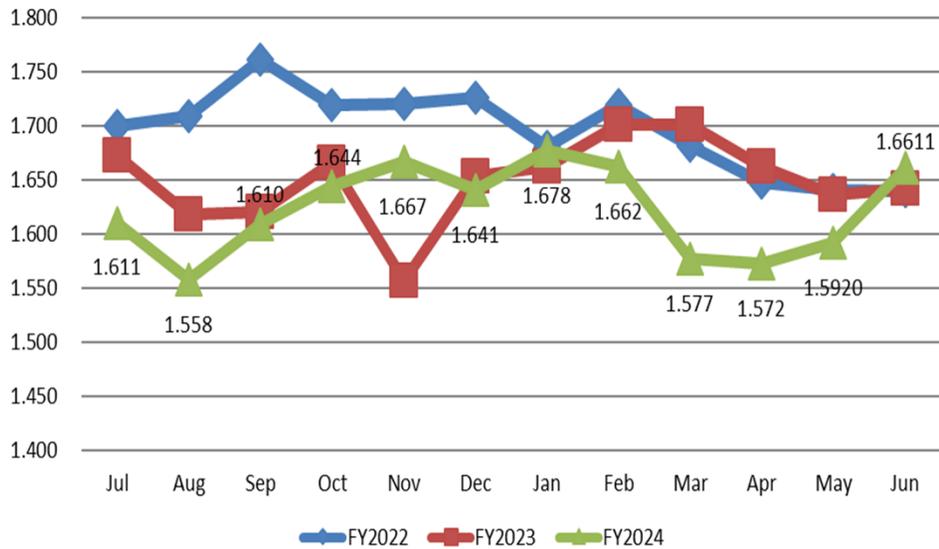
# Overtime as a % of Productive Hours



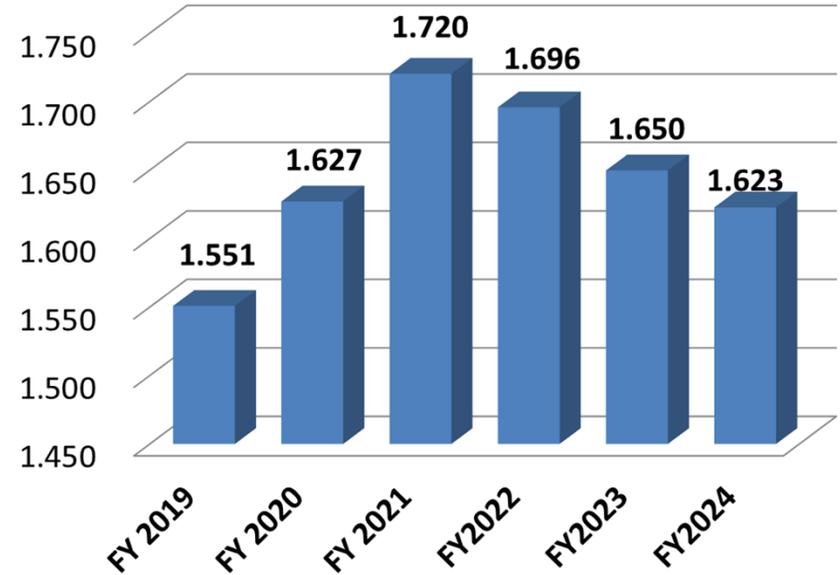
# Productivity: Worked Hours/Adjusted Patient Days



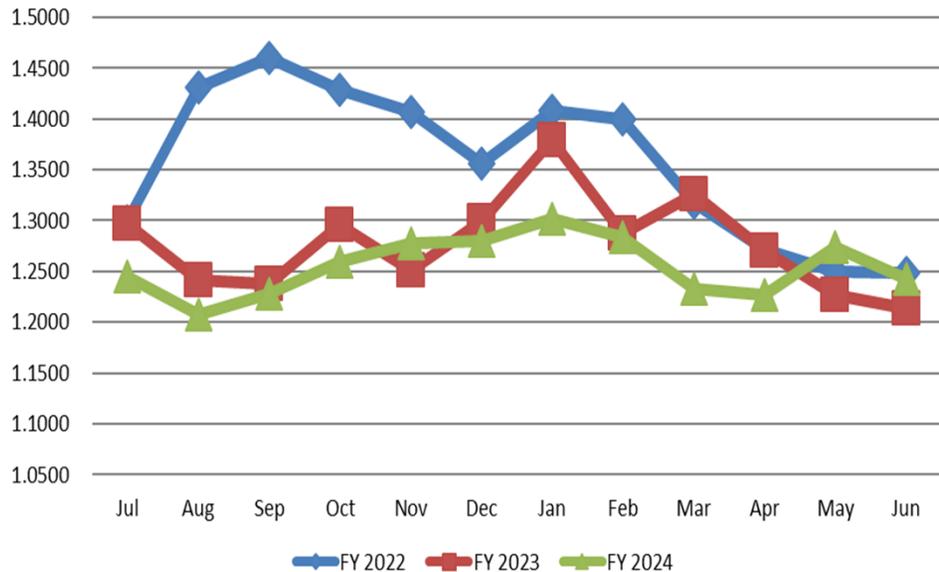
### Case Mix Index w/o Normal Newborns



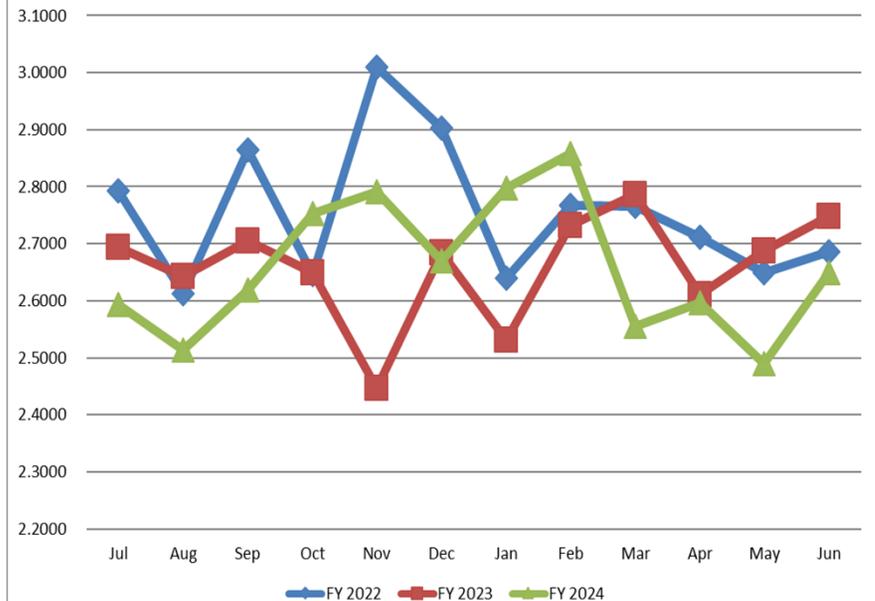
### Case Mix Index w/o Normal Newborns - All



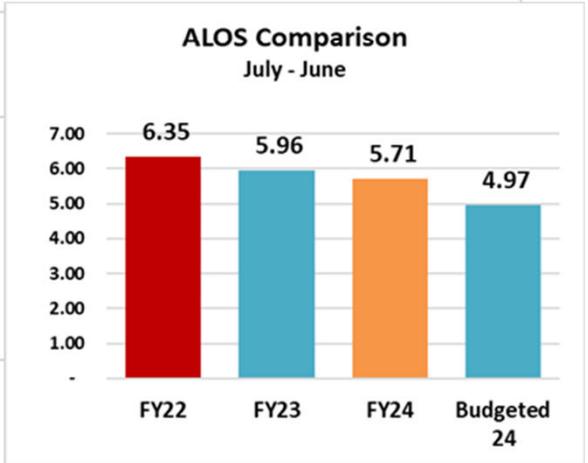
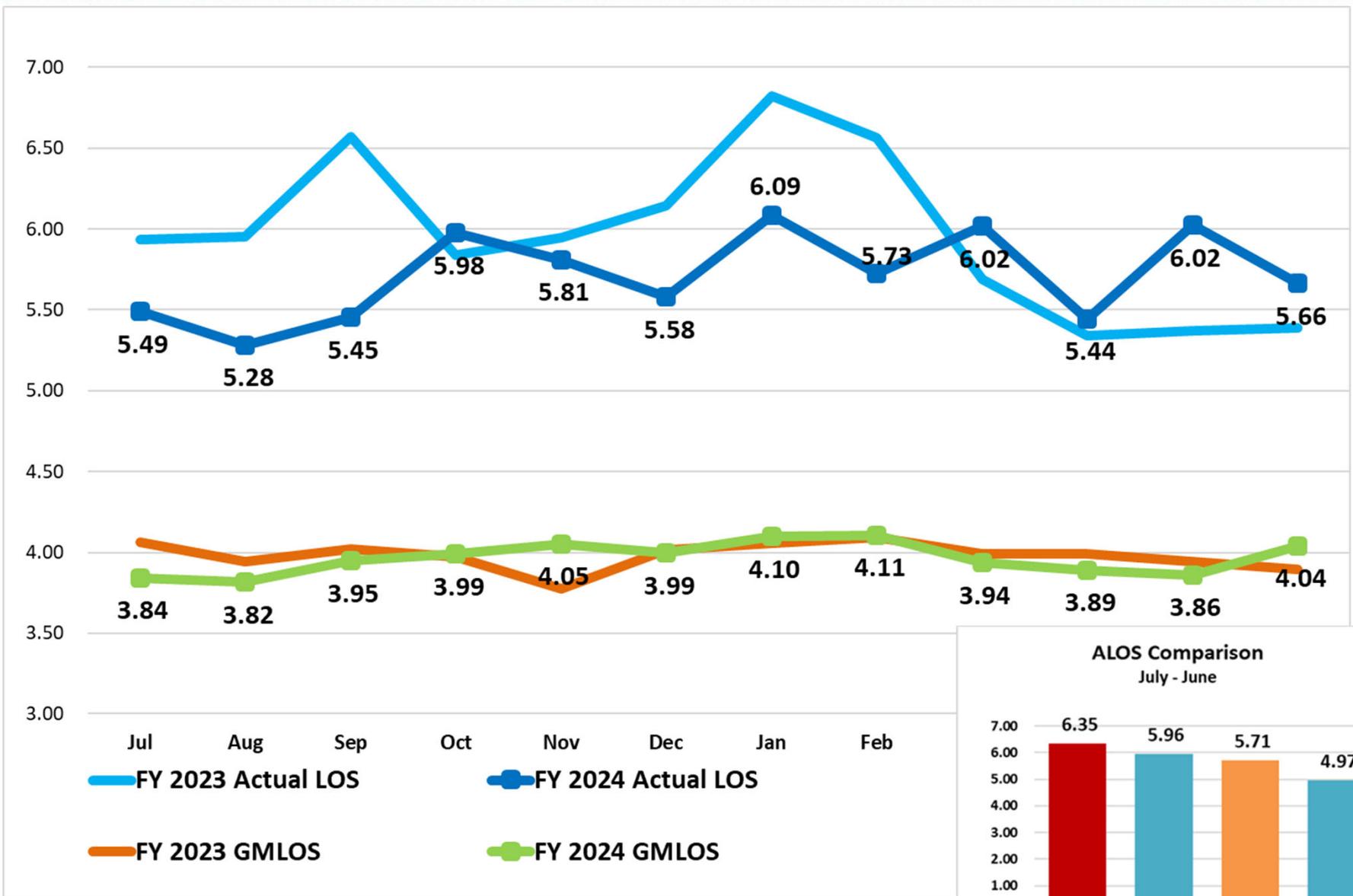
### Case Mix **Medical** w/o Normal Newborns



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



# Average Length of Stay versus National Average (GMLOS)

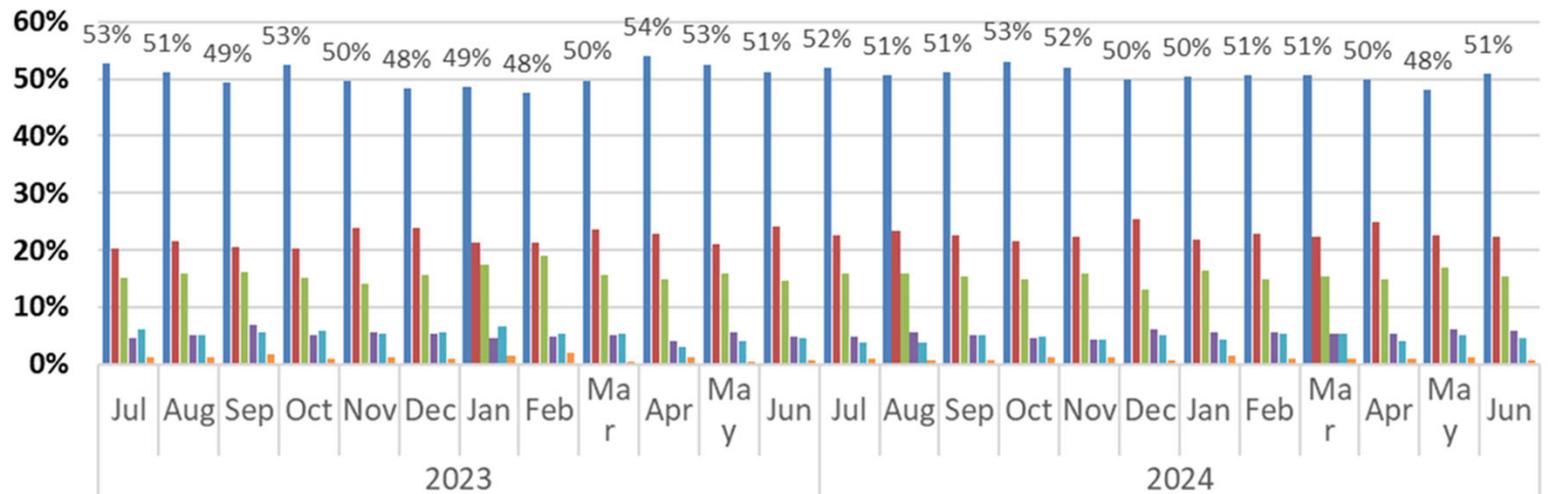


## Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients		
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP
Jun-22	6.11	3.97	2.14	5.63	3.88	1.75
Jul-22	5.93	4.06	1.87	5.66	3.90	1.76
Aug-22	5.96	3.94	2.02	5.62	3.82	1.80
Sep-22	6.57	4.02	2.55	6.32	3.95	2.37
Oct-22	5.84	3.98	1.86	5.63	3.91	1.72
Nov-22	5.94	3.78	2.16	5.88	3.74	2.14
Dec-22	6.14	4.01	2.13	5.69	3.92	1.77
Jan-23	6.82	4.06	2.76	6.30	3.95	2.35
Feb-23	6.56	4.09	2.47	6.36	4.04	2.32
Mar-23	5.69	3.99	1.70	5.56	3.93	1.63
Apr-23	5.34	3.99	1.35	5.06	3.94	1.12
May-23	5.37	3.94	1.43	5.14	3.91	1.23
Jun-23	5.39	3.89	1.50	5.33	3.86	1.47
Jul-23	5.49	3.84	1.65	5.47	3.82	1.65
Aug-23	5.28	3.82	1.47	5.22	3.77	1.45
Sep-23	5.45	3.95	1.50	5.40	3.91	1.48
Oct-23	5.98	3.99	1.98	5.93	3.97	1.96
Nov-23	5.81	4.05	1.76	5.61	4.02	1.59
Dec-23	5.58	3.99	1.59	5.56	3.96	1.60
Jan-24	6.09	4.10	1.99	5.95	4.08	1.87
Feb-24	5.73	4.11	1.62	5.73	4.08	1.65
Mar-24	6.02	3.94	2.08	5.93	3.90	2.03
Apr-24	5.44	3.89	1.55	5.36	3.89	1.47
May-24	6.02	3.86	2.16	5.94	3.86	2.09
Jun-24	5.66	4.04	1.62	5.62	4.03	1.59
	<b>5.85</b>	<b>3.97</b>	<b>1.88</b>	<b>5.68</b>	<b>3.92</b>	<b>1.75</b>

# Average Length of Stay Distribution

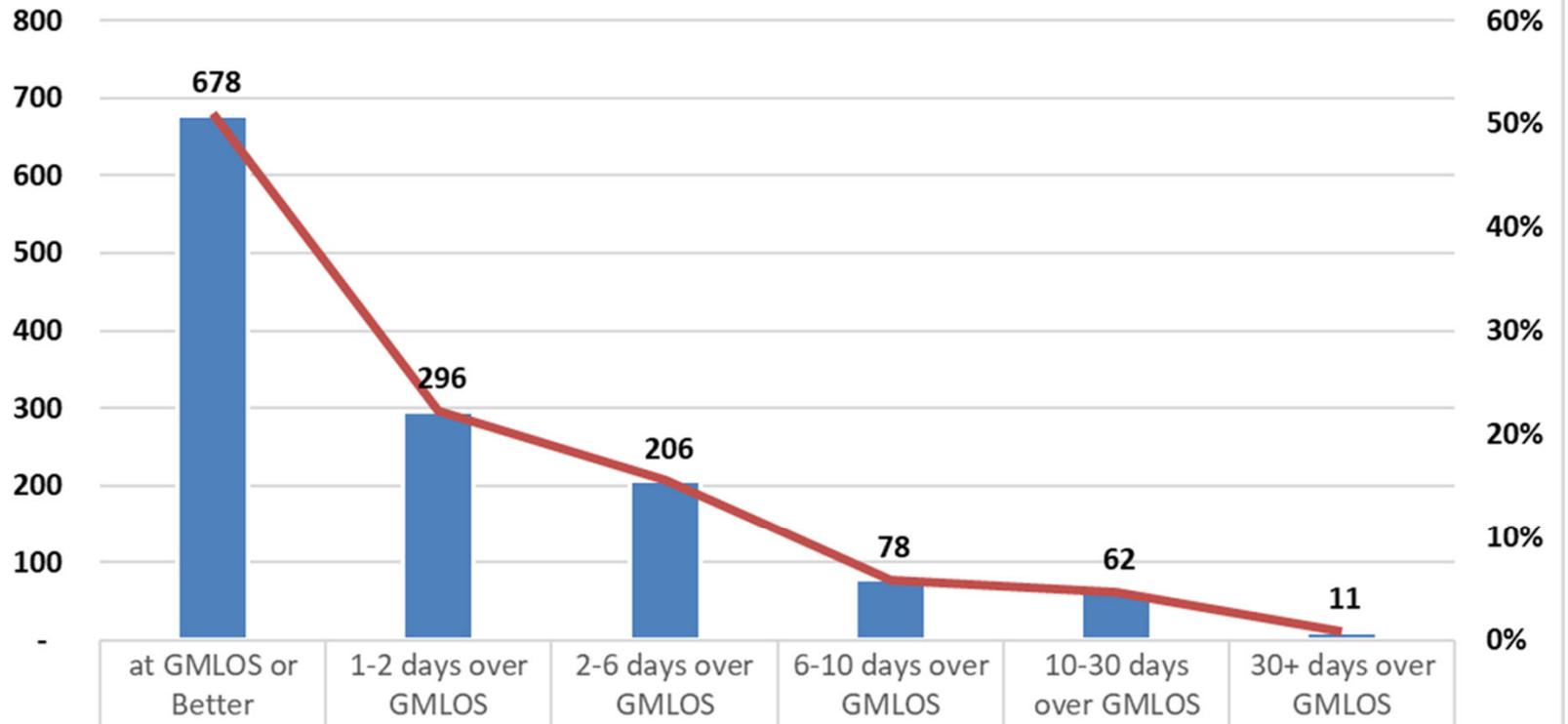
## FY24 Overall LOS Distribution



■ at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	48%	50%	54%	53%	51%	52%	51%	51%	53%	52%	50%	50%	51%	51%	50%	48%	51%
■ 1-2 days over GMLOS	20%	22%	20%	20%	24%	24%	21%	21%	24%	23%	21%	24%	23%	23%	23%	22%	22%	25%	22%	23%	22%	25%	23%	22%
■ 2-6 days over GMLOS	15%	16%	16%	15%	14%	16%	17%	19%	16%	15%	16%	15%	16%	16%	15%	15%	16%	13%	16%	15%	15%	15%	17%	15%
■ 6-10 days over GMLOS	5%	5%	7%	5%	6%	5%	5%	5%	5%	4%	6%	5%	5%	6%	5%	5%	4%	6%	6%	6%	5%	5%	6%	6%
■ 10-30 days over GMLOS	6%	5%	6%	6%	5%	6%	7%	5%	5%	3%	4%	5%	4%	4%	5%	5%	4%	5%	4%	5%	5%	4%	5%	5%
■ 30+ days over GMLOS	1.2%	1.2%	1.7%	1.0%	1.2%	1.1%	1.6%	1.9%	0.5%	1.2%	0.5%	0.8%	0.9%	0.8%	0.6%	1.1%	1.2%	0.7%	1.5%	1.0%	0.9%	0.9%	1.2%	0.8%

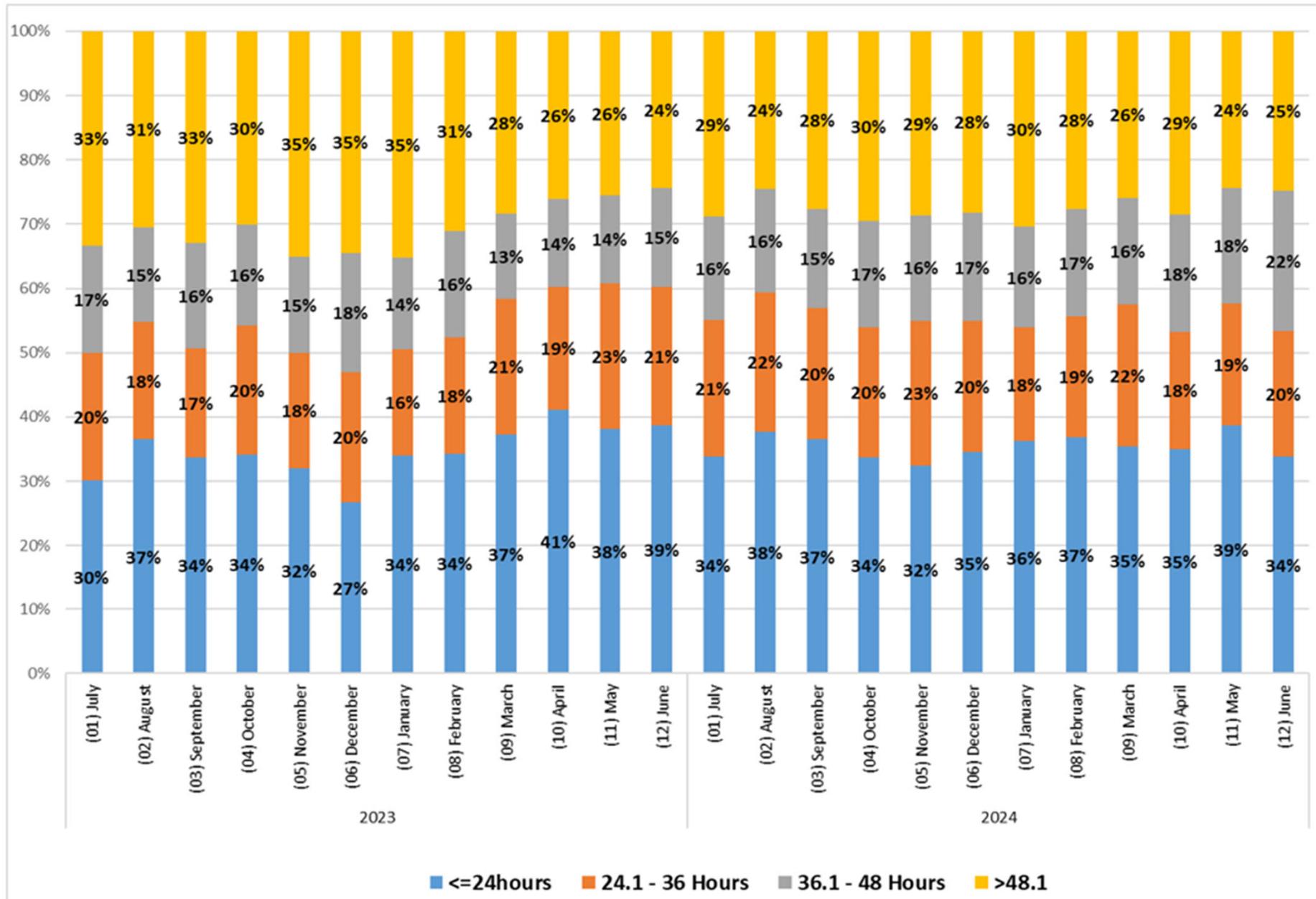
# Average Length of Stay Distribution

## Jun FY 2024 Overall LOS Distribution

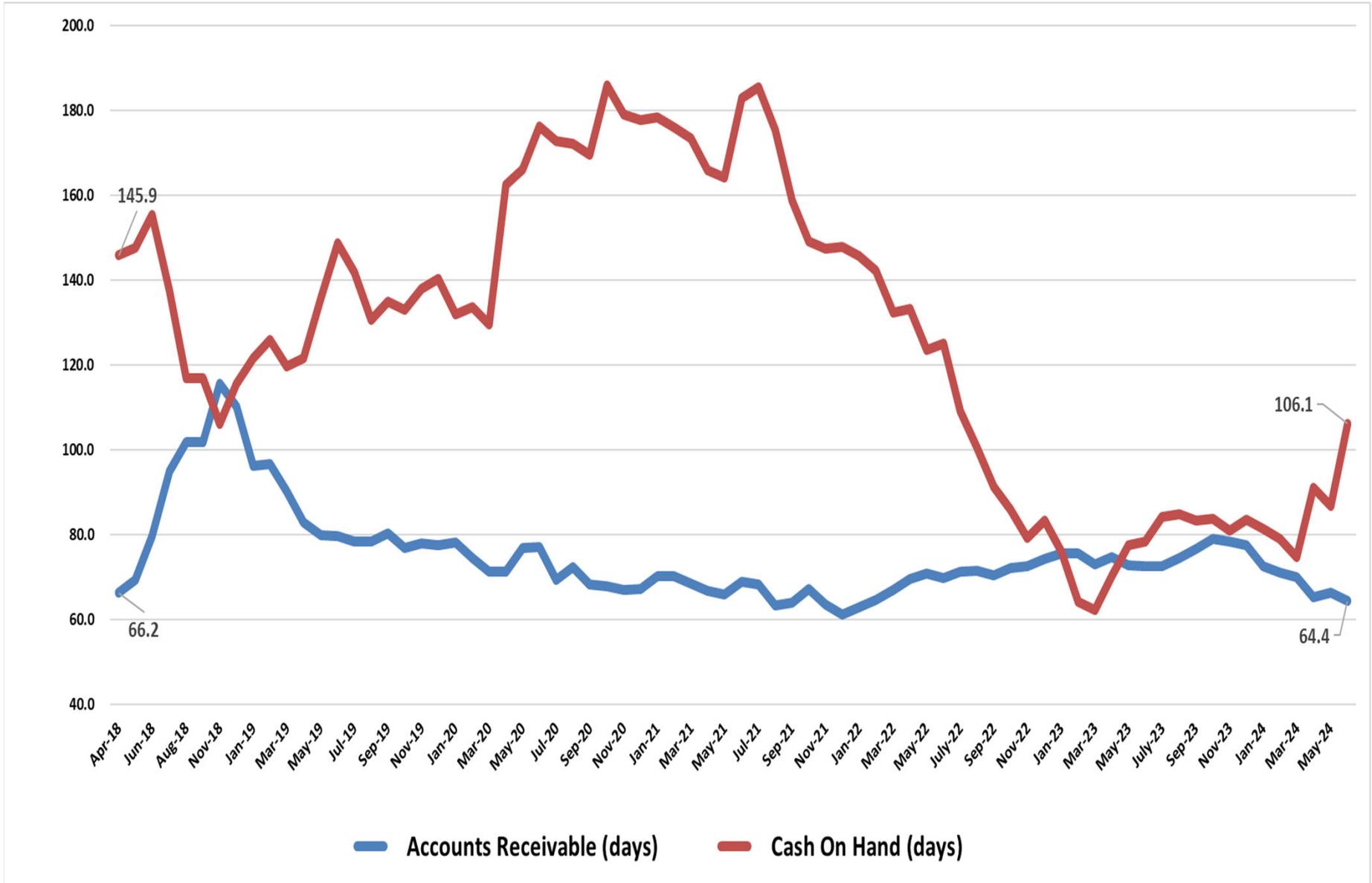


Count of Visits	678	296	206	78	62	11
% of Visits	51%	22%	15%	6%	5%	1%

# Monthly Discharges of Observation Patients by their Length of Stay



# Trended Liquidity Ratios



# Ratio Analysis Report

	June 30, 2023			2022 Moody's Median Benchmark		
	June 2024 Value	May 2024 Value	Audited Value	Aa	A	Baa
<b>LIQUIDITY RATIOS</b>						
Current Ratio (x)	2.4	2.8	2.7	1.5	<b>1.8</b>	1.7
Accounts Receivable (days)	64.4	66.4	72.5	48.7	<b>48</b>	43.8
Cash On Hand (days)	106.1	86.8	78.3	276.5	<b>206.5</b>	157.6
Cushion Ratio (x)	10.8	8.9	10.3	44.3	<b>24.9</b>	17.3
Average Payment Period (days)	54.6	49.6	44.7	79	<b>66.7</b>	68.1
<b>CAPITAL STRUCTURE RATIOS</b>						
Cash-to-Debt	107.6%	84.1%	84.7%	259.9%	<b>173.7%</b>	128.6%
Debt-To-Capitalization	34.7%	36.7%	35.2%	23.4%	<b>31.8%</b>	37.5%
Debt-to-Cash Flow (x)	3.6	4.2	(128.9)	2.8	<b>3.6</b>	5
Debt Service Coverage	3.5	3.1	(0.1)	6.1	<b>4.5</b>	2.8
Maximum Annual Debt Service Coverage (x)	2.8	2.5	(0.1)	5.9	<b>3.8</b>	2.4
Age Of Plant (years)	13.3	13.4	12.2	11.4	<b>12.8</b>	13.7
<b>PROFITABILITY RATIOS</b>						
Operating Margin	0.4%	(.4%)	(6.9%)	1.5%	<b>0.1%</b>	(2.1%)
Excess Margin	2.0%	1.4%	(5.5%)	4.8%	<b>2.7%</b>	(.3%)
Operating Cash Flow Margin	5.7%	4.9%	(1.3%)	6.1%	<b>5.6%</b>	3.6%
Return on Assets	2.0%	1.4%	(5.7%)	3.3%	<b>1.9%</b>	(.3%)

# Consolidated Statements of Net Position (000's)

	Jun-24	May-24	Change	% Change	Jun-23 (Audited)
<b>ASSETS AND DEFERRED OUTFLOWS</b>					
<b>CURRENT ASSETS</b>					
Cash and cash equivalents	\$ 20,643	\$ 39	\$ 20,604	52958.87%	\$ 4,127
Current Portion of Board designated and trusted assets	13,919	25,961	(12,043)	-46.39%	14,978
Accounts receivable:					
Net patient accounts	138,856	137,208	1,649	1.20%	132,621
Other receivables	25,412	39,023	(13,611)	-34.88%	27,475
	164,268	176,231	(11,963)	-6.79%	160,096
Inventories	13,738	14,635	(897)	-6.13%	13,117
Medicare and Medi-Cal settlements	77,210	93,833	(16,622)	-17.71%	81,412
Prepaid expenses	8,398	8,518	(120)	-1.41%	9,037
Total current assets	298,176	319,217	(21,041)	-6.59%	282,767
<b>NON-CURRENT CASH AND INVESTMENTS -</b>					
less current portion					
Board designated cash and assets	211,916	188,535	23,381	12.40%	174,916
Revenue bond assets held in trust	19,326	19,239	88	0.46%	18,605
Assets in self-insurance trust fund	482	519	(38)	-7.24%	956
Total non-current cash and investments	231,724	208,293	23,430	11.25%	194,477
<b>INTANGIBLE RIGHT TO USE LEASE,</b>	10,480	10,706	(227)	-2.12%	11,249
net of accumulated amortization					
<b>INTANGIBLE RIGHT TO USE SBITA,</b>	12,153	12,021	131	1.09%	8,417
net of accumulated amortization					
<b>CAPITAL ASSETS</b>					
Land	20,544	20,544	-	0.00%	17,542
Buildings and improvements	428,209	428,046	162	0.04%	427,105
Equipment	334,316	332,566	1,750	0.53%	328,663
Construction in progress	22,761	23,148	(387)	-1.67%	25,413
	805,830	804,304	1,526	0.19%	798,723
Less accumulated depreciation	512,107	509,859	2,247	0.44%	486,537
	293,723	294,445	(722)	-0.25%	312,186
<b>OTHER ASSETS</b>					
Property not used in operations	1,485	1,489	(3)	-0.22%	1,533
Health-related investments	1,637	1,656	(19)	-1.16%	2,841
Other	17,120	14,242	2,878	20.21%	13,350
Total other assets	20,242	17,387	2,855	16.42%	17,724
Total assets	866,497	862,069	4,428	0.51%	826,820
<b>DEFERRED OUTFLOWS</b>	30,767	30,800	(33)	-0.11%	24,083
Total assets and deferred outflows	\$ 897,264	\$ 892,869	\$ 4,395	0.49%	\$ 850,903

# Consolidated Statements of Net Position (000's)

	Jun-24	May-24	Change	% Change	Jun-23
<b>LIABILITIES AND NET ASSETS</b>					
<b>CURRENT LIABILITIES</b>					
Accounts payable and accrued expenses	\$ 33,886	\$ 29,605	\$ 4,280	14.46%	\$ 30,636
Accrued payroll and related liabilities	61,037	57,209	3,828	6.69%	50,478
SBITA liability, current portion	4,146	2,734	1,412	51.64%	2,734
Lease liability, current portion	2,123	2,614	(491)	-18.79%	2,614
Bonds payable, current portion	12,585	10,105	2,480	24.54%	12,159
Notes payable, current portion	9,850	9,850	(0)	0.00%	7,895
Total current liabilities	123,627	112,118	11,509	10.27%	106,516
<b>LEASE LIABILITY, net of current portion</b>	8,636	8,356	280	3.35%	8,741
<b>SBITA LIABILITY, net of current portion</b>	5,846	7,816	(1,970)	-25.20%	4,426
<b>LONG-TERM DEBT, less current portion</b>					
Bonds payable	214,713	227,305	(12,592)	-5.54%	227,378
Notes payable	20,750	20,750	0	0.00%	9,850
Total long-term debt	235,463	248,055	(12,592)	-5.08%	237,228
<b>NET PENSION LIABILITY</b>	49,236	50,719	(1,483)	-2.92%	42,961
<b>OTHER LONG-TERM LIABILITIES</b>	36,107	33,947	2,159	6.36%	30,984
Total liabilities	458,914	461,011	(126)	-0.03%	426,430
<b>NET ASSETS</b>					
Invested in capital assets, net of related debt	66,425	64,113	2,312	3.61%	75,776
Restricted	52,030	64,006	(11,976)	-18.71%	50,013
Unrestricted	319,895	303,740	16,155	5.32%	294,258
Total net position	438,350	431,859	6,491	1.50%	420,047
Total liabilities and net position	\$ 897,264	\$ 892,869	\$ 4,395	0.49%	\$ 850,903

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
June 30, 2024

<u>Board designated funds</u>	<u>Maturity Date</u>	<u>Yield</u>	<u>Investment Type</u>	<u>G/L Account</u>	<u>Amount</u>	<u>Total</u>
LAIF		4.23	Various		10,434,637	
CAMP		5.43	CAMP		70,076,464	
Allspring		4.92	Money market		1,652,205	
PFM		4.92	Money market		508,313	
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-Aug-24	0.70	Municipal	San Juan Ca	195,000	
Allspring	16-Aug-24	2.02	MTN-C	Exxon Mobil	1,320,000	
Allspring	13-Sep-24	0.60	MTN-C	Caterpillar Finl Mtn	500,000	
Allspring	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	650,000	
PFM	1-Nov-24	0.57	Municipal	Mississippi ST	300,000	
Allspring	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	600,000	
Allspring	6-Dec-24	2.15	MTN-C	Branch Banking Trust	1,300,000	
Allspring	15-Dec-24	1.00	U.S. Govt Agency	US Treasury Bill	550,000	
Allspring	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000	
Allspring	15-Jan-25	1.13	U.S. Govt Agency	US Treasury Bill	3,300,000	
Allspring	21-Jan-25	2.05	MTN-C	US Bank NA	1,400,000	
PFM	7-Feb-25	1.88	MTN-C	National Rural Mtn	125,000	
Allspring	7-Mar-25	2.13	MTN-C	Deere John Mtn	550,000	
American Business Bank	20-Mar-25	4.50	CD	American Business Bank	235,500	
CalPrivate Bank	20-Mar-25	4.50	CD	CalPrivate Bank	235,500	
Citizens National Bank of Texas	20-Mar-25	4.50	CD	Citizens National Bank of Texas	235,500	
Community Bank of the Day	20-Mar-25	4.50	CD	Community Bank of the Day	203,034	
East West Bank	20-Mar-25	4.50	CD	East West Bank	235,500	
Farmers Bank and Trust Company	20-Mar-25	4.50	CD	Farmers Bank and Trust Company	235,500	
Frontier Bank of Texas	20-Mar-25	4.50	CD	Frontier Bank of Texas	235,500	
Optus Bank	20-Mar-25	4.50	CD	Optus Bank	198,863	
Poppy Bank	20-Mar-25	4.50	CD	Poppy Bank	235,500	
Republic Bank	20-Mar-25	4.50	CD	Republic Bank	206,240	
St. Louis Bank	20-Mar-25	4.50	CD	St. Louis Bank	235,500	
Willamette Valley Bank	20-Mar-25	4.50	CD	Willamette Valley Bank	235,500	
Optus Bank	27-Mar-25	4.50	CD	Optus Bank	22,383	
Western Alliance - CDARS	31-Mar-25	4.50	CD	Western Alliance	250,000	
Allspring	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000	
PFM	15-Apr-25	2.70	MTN-C	Home Depot Inc	65,000	
Allspring	1-May-25	0.74	Municipal	San Diego County	300,000	
Allspring	15-May-25	2.75	U.S. Govt Agency	US Treasury Bill	980,000	
PFM	15-May-25	0.93	Municipal	University Calf Ca	185,000	
PFM	25-May-25	3.33	U.S. Govt Agency	FHLMC	851,013	
Allspring	1-Jun-25	0.92	Municipal	Connecticut ST	400,000	
PFM	1-Jun-25	1.35	MTN-C	Honeywell	400,000	
PFM	1-Jun-25	3.15	MTN-C	Emerson Electric Co	265,000	
PFM	3-Jun-25	0.80	MTN-C	Amazon Com Inc	445,000	
Allspring	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000	
Allspring	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000	
PFM	1-Jul-25	1.26	Municipal	Florida ST	600,000	
Allspring	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000	
Allspring	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000	
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000	
PFM	15-Aug-25	0.62	ABS	Kubota Credit	30,852	
Allspring	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000	
PFM	25-Aug-25	3.75	U.S. Govt Agency	FHLMC	260,715	
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	15-Sep-25	0.36	ABS	John Deere Owner	61,410	
PFM	15-Sep-25	0.00	ABS	Hyundai Auto	6,113	
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	54,423	
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000	
PFM	15-Dec-25	0.00	ABS	Carmax Auto Owner	10,798	
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	1,395,000	
PFM	31-Jan-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	6-Feb-26	1.75	MTN-C	State Street Corp	1,000,000	
PFM	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	48,186	
PFM	28-Feb-26	2.50	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000	
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	21-Apr-26	4.75	MTN-C	Morgan Stanley	1,000,000	
Allspring	25-Apr-26	3.91	MTN-C	Wells Fargo co	800,000	
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,435,000	
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	191,367	
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	

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**June 30, 2024**

PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	990,000
Allspring	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000
PFM	7-Jul-26	5.25	ABS	American Honda Mtn	145,000
PFM	8-Jul-26	3.05	MTN-C	Walmart INC	205,000
PFM	17-Jul-26	5.08	MTN-C	Cooperatieve CD	400,000
PFM	20-Jul-26	0.00	ABS	Honda Auto Rec Own	115,933
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	880,000
PFM	7-Aug-26	5.45	MTN-C	Wells Fargo Bank Na	545,000
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000
PFM	18-Sep-26	5.61	MTN-C	Natixis Ny	405,000
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	2,210,000
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	1-Oct-26	2.95	MTN-C	JP Morgan	415,000
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000
PFM	1-Nov-26	4.76	Municipal	California St Univ	125,000
PFM	4-Nov-26	0.02	MTN-C	American Express Co	445,000
PFM	13-Nov-26	5.60	MTN-C	National Rural Mtn	160,000
PFM	15-Nov-26	3.55	MTN-C	Lockheed Martin	203,000
Allspring	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	2,000,000
Allspring	4-Dec-26	5.49	MTN-C	Citibank N A	1,000,000
PFM	11-Jan-27	1.70	MTN-C	Deere John Mtn	220,000
Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000
PFM	15-Jan-27	1.95	MTN-C	Target Corp	330,000
PFM	26-Feb-27	4.80	MTN-C	Cisco Sys	260,000
PFM	15-Mar-27	6.03	MTN-C	Daimler Trucks	325,000
PFM	18-Mar-27	4.99	MTN-C	State Street Corp	335,000
PFM	25-Mar-27	3.22	U.S. Govt Agency	FHLMC	575,000
PFM	30-Mar-27	4.80	MTN-C	Hormel Food Corp	115,000
PFM	15-Apr-27	0.00	ABS	Carmax Auto Owner	550,524
PFM	15-Apr-27	2.50	MTN-C	Home Depot Inc	220,000
Allspring	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	970,000
PFM	30-Apr-27	0.50	U.S. Govt Agency	US Treasury Bill	250,000
PFM	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	800,000
PFM	13-May-27	5.00	MTN-C	Paccar Financial Mtn	95,000
PFM	15-May-27	2.38	U.S. Govt Agency	US Treasury Bill	925,000
PFM	15-May-27	1.70	MTN-C	IBM Corp	230,000
PFM	15-May-27	3.70	MTN-C	Unitedhealth Group	85,000
PFM	17-May-27	4.14	ABS	Capital One Prime	265,000
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St	1,000,000
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000
PFM	15-Aug-27	2.25	U.S. Govt Agency	US Treasury Bill	500,000
PFM	31-Aug-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	200,000
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer	310,000
Allspring	18-Jan-28	5.66	ABS	Mercedes Benz Auto	1,000,000
Allspring	16-Feb-28	4.47	MTN-C	GM Finl Consumer	1,000,000
PFM	18-Feb-28	5.41	ABS	Honda Auto	350,000
PFM	25-Feb-28	0.00	ABS	BMW Vehicle Owner	95,000
PFM	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	17-Apr-28	0.00	ABS	Hyundai Auto	115,000
PFM	17-Apr-28	5.00	MTN-C	Bank of America	525,000
Allspring	22-Apr-28	5.57	MTN-C	JP Morgan	1,100,000
PFM	30-Apr-28	3.50	U.S. Govt Agency	US Treasury Bill	750,000
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill	600,000
PFM	15-May-28	0.00	ABS	Ally Auto Rec	195,000
PFM	15-May-28	4.87	MTN-C	American Express Co	150,000
PFM	15-May-28	4.79	MTN-C	Bank of America	180,000
PFM	15-May-28	5.23	MTN-C	Ford CR Auto Owner	160,000
PFM	26-May-28	5.50	MTN-C	Morgan Stanley	280,000
PFM	31-May-28	3.63	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	16-Jun-28	5.59	ABS	GM Finl con Auto Rec	110,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	530,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	437,291
PFM	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn	120,000
PFM	25-Jul-28	4.19	U.S. Govt Agency	FNMA	540,000
PFM	15-Aug-28	5.69	MTN-C	Harley Davidson	500,000
PFM	15-Aug-28	5.90	ABS	Fifth Third Auto	385,000
PFM	25-Aug-28	0.00	U.S. Govt Agency	FHLMC	545,000
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC	545,000
PFM	15-Sep-28	5.23	MTN-C	American Express	445,000
PFM	15-Sep-28	5.16	MTN-C	Chase Issuance Trust	435,000
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC	410,000
PFM	25-Sep-28	0.00	U.S. Govt Agency	FHLMC	535,000
PFM	29-Sep-28	5.80	MTN-C	Citibank N A	535,000
PFM	30-Sep-28	4.63	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	25-Oct-28	5.80	MTN-C	Bank New York Mtn	1,000,000
PFM	25-Oct-28	0.00	U.S. Govt Agency	FHLMC	200,000
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC	300,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	775,000
Allspring	15-Nov-28	4.98	MTN-C	Bank of America	394,000
PFM	25-Nov-28	0.00	U.S. Govt Agency	FHLMC	280,000
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC	325,000
PFM	25-Dec-28	0.00	U.S. Govt Agency	FHLMC	315,000
PFM	31-Dec-28	1.38	U.S. Govt Agency	US Treasury Bill	500,000

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**June 30, 2024**

PFM	16-Jan-29	4.60	MTN-C	Chase Issuance Trust	490,000
PFM	31-Jan-29	4.60	MTN-C	Paccar Financial Mtn	160,000
PFM	8-Feb-29	4.60	MTN-C	Air products	295,000
PFM	8-Feb-29	4.60	MTN-C	Texas Instrs	370,000
PFM	15-Feb-29	4.94	MTN-C	Wells Fargo Card	560,000
PFM	20-Feb-29	4.90	MTN-C	Cummins INC	195,000
PFM	22-Feb-29	4.90	MTN-C	Bristol Myers Squibb	200,000
Allspring	26-Feb-29	5.18	ABS	BMW Vehicle Owner	1,100,000
PFM	26-Feb-29	4.85	MTN-C	Cisco Sys	225,000
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca	165,000
PFM	28-Feb-29	4.25	U.S. Govt Agency	US Treasury Bill	750,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	50,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	220,000
Allspring	15-Mar-29	0.00	abs	John Deere Owner	1,000,000
PFM	25-Mar-29	5.18	U.S. Govt Agency	FHLMC	315,000
Allspring	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	4-Apr-29	4.80	MTN-C	Adobe Inc	225,000
Allspring	15-Apr-29	5.59	MTN-C	Ford CR Auto Owner	1,000,000
PFM	15-Apr-29	5.59	MTN-C	Ford CR Auto Owner	415,000
Allspring	30-Apr-29	4.63	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	31-May-29	4.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	20-Jun-29	5.98	MTN-C	Verizon Master Trust	1,000,000
Allspring	25-Jun-29	4.75	MTN-C	Home Depot Inc	500,000
PFM	25-Jun-29	4.75	MTN-C	Home Depot Inc	95,000
PFM	1-May-27	5.41	MTN-C	Goldman Sachs	220,000
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	400,000
					\$ 202,412,265

	<b>Maturity Date</b>	<b>Yield</b>	<b>Investment Type</b>		<b>G/L Account</b>	<b>Amount</b>	<b>Total</b>
<b><u>Self-insurance trust</u></b>							
Wells Fargo Bank			Money market		110900	1,312,186	
Wells Fargo Bank			Fixed income - L/T		152300	553,775	1,865,961
<b><u>2015A revenue bonds</u></b>							
US Bank			Principal/Interest payment fund		142110	187,002	187,002
<b><u>2015B revenue bonds</u></b>							
US Bank			Principal/Interest payment fund		142110	374,531	374,531
<b><u>2017C revenue bonds</u></b>							
US Bank			Principal/Interest payment fund		142110	671,677	671,677
<b><u>2020 revenue bonds</u></b>							
Signature Bank			Project Fund			-	
US Bank			Principal/Interest payment fund		142110	215,182	215,182
<b><u>2022 revenue bonds</u></b>							
US Bank			Principal/Interest payment fund		142110	271,928	271,928
<b><u>2014 general obligation bonds</u></b>							
CAMP			Interest Payment fund		152440	3,125,741	3,125,741
<b><u>Master Reserve fund</u></b>							
US Bank					142102	(1,220,137)	
US Bank					142103	20,546,408	19,326,271
<b><u>Operations</u></b>							
Wells Fargo Bank		0.16	Checking	100100	100100	(455,643)	
Wells Fargo Bank		0.16	Checking	100500	100500	19,046,948	
						18,591,304	
<b><u>Payroll</u></b>							
Wells Fargo Bank		0.16	Checking		100200	(223,516)	
Wells Fargo Bank		0.16	Checking	Flexible Spending	100300	723,439	
Wells Fargo Bank		0.16	Checking	HSA	100300	(39,510)	
Wells Fargo Bank			Checking	Resident Fund	100300	21	
Bancorp			Checking	Bancorp	100300	1,219,111	
						1,679,544	
							20,270,849
<b>Total investments</b>						<b>\$ 248,721,407</b>	

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
June 30, 2024**

**Kaweah Delta Medical Foundation**

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

Wells Fargo Bank	Checking	100500	(98,899) <u>\$ (98,899)</u>
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**Kaweah Delta Hospital Foundation**

Central Valley Community Checking	Investments	100100	443,175
Various	S/T Investments	142200	4,738,496
Various	L/T Investments	142300	12,879,321
Various	Unrealized G/L	142400	3,261,838
			<u>\$ 21,322,830</u>

**Summary of board designated funds:**

Plant fund:

Uncommitted plant funds	\$ 156,166,183	142100	
Committed for capital	14,402,908	142100	
	<u>170,569,092</u>		
GO Bond reserve - L/T	1,992,658	142100	
401k Matching	5,395,220	142100	
Cost report settlement - current	2,135,384	142104	
Cost report settlement - L/T	<u>1,312,727</u>	142100	
	3,448,111		
Development fund/Memorial fund	104,184	112300	
Workers compensation - current	5,625,000	112900	
Workers compensation - L/T	<u>15,278,000</u>	113900	
	20,903,000		
	<u>\$ 202,412,265</u>		

	Total Investments	%	Trust Accounts	Surplus Funds	%
<b><u>Investment summary by institution:</u></b>					
Bancorp	\$ 1,219,111	0.5%		1,219,111	0.5%
Cal Trust	-	0.0%		-	0.0%
CAMP	70,076,464	28.2%		70,076,464	31.5%
Local Agency Investment Fund (LAIF)	10,434,637	4.2%		10,434,637	4.7%
CAMP - GOB Tax Rev	3,125,741	1.3%	3,125,741	-	0.0%
Allspring	59,467,615	23.9%	1,865,961	57,601,654	25.9%
PFM	59,433,528	23.9%		59,433,528	26.7%
Western Alliance	250,000			250,000	0.1%
American Business Bank	235,500			235,500	0.1%
CalPrivate Bank	235,500			235,500	0.1%
Citizens National Bank of Texas	235,500			235,500	0.1%
Community Bank of the Day	203,034			203,034	0.1%
East West Bank	235,500			235,500	0.1%
Farmers Bank and Trust Company	235,500			235,500	0.1%
Frontier Bank of Texas	235,500			235,500	0.1%
Optus Bank	221,247			221,247	0.1%
Poppy Bank	235,500			235,500	0.1%
Republic Bank	206,240			206,240	0.1%
St. Louis Bank	235,500			235,500	0.1%
Willamette Valley Bank	235,500			235,500	0.1%
Wells Fargo Bank	20,917,699	8.4%		20,917,699	9.4%
Signature Bank	-	0.0%	-	-	0.0%
US Bank	21,046,591	8.5%	21,046,591	-	0.0%
<b>Total investments</b>	<u>\$ 248,721,407</u>	100.0%	<u>\$ 26,038,293</u>	<u>222,683,114</u>	100.0%

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
June 30, 2024**

<b>Investment summary of surplus funds by type:</b>		<b>Investment Limitations</b>
Negotiable and other certificates of deposit	\$ 3,000,021	66,805,000 (30%)
Checking accounts	20,270,849	
Local Agency Investment Fund (LAIF)	10,434,637	75,000,000
CAMP	70,076,464	
Medium-term notes (corporate) (MTN-C)	36,942,000	66,805,000 (30%)
U.S. government agency	66,044,019	
Municipal securities	7,725,000	
Money market accounts	2,160,518	44,537,000 (20%)
Commercial paper	-	55,671,000 (25%)
Asset Backed Securities	6,029,606	44,537,000 (20%)
Supra-National Agency	-	66,805,000 (30%)
	<u>\$ 222,683,114</u>	

<b>Return on investment:</b>	
<b>Current month</b>	<u><u>2.82%</u></u>
<b>Year-to-date</b>	<u><u>2.19%</u></u>
<b>Prospective</b>	<u><u>3.24%</u></u>
<b>LAIF (year-to-date)</b>	<u><u>3.93%</u></u>
<b>Budget</b>	<u><u>1.65%</u></u>

<b>Fair market value disclosure for the quarter ended Jun 30, 2024 (District only):</b>	<b>Quarter-to-date</b>	<b>Year-to-date</b>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(3,245,641)
Change in unrealized gain (loss) on investments (income statement effect)	\$ 783,567	4,586,206

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

<b>Investment summary of asset backed securities:</b>	
Ally Auto Rec	\$ 195,000
American Honda Mtn	145,000
BMW Vehicle Owner	1,195,000
Fifth Third Auto	385,000
Capital One Prime	265,000
Carmax Auto Owner	800,876
GM Finl con Auto Rec	110,000
Honda Auto	350,000
Honda Auto Rec Own	115,933
Hyundai Auto	121,113
John Deere Owner	1,061,410
Kubota Credit	85,275
Mercedes Benz Auto	1,200,000
	<u>\$ 6,029,606</u>

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**June 30, 2024**

**Investment summary of medium-term notes (corporate):**

Abbott Laboratories	\$	195,000
Adobe Inc		225,000
Amazon Com Inc		445,000
American Express		445,000
American Express Co		595,000
Air products		295,000
Astrazeneca		165,000
Astrazeneca LP		265,000
Bank of America		1,644,000
Bank New York Mtn		1,000,000
Bk of America		1,300,000
Blackrock Funding		270,000
Bp Cap Mkts Amer		310,000
Branch Banking Trust		1,300,000
Bristol Myers Squibb		200,000
Chase Issuance Trust		925,000
Caterpillar Finl Mtn		1,320,000
Cisco Sys		485,000
Citibank N A		1,535,000
Cooperatieve CD		400,000
Cummins INC		195,000
Daimler Trucks		325,000
Deere John Mtn		770,000
Emerson Electric Co		265,000
Exxon Mobil		1,320,000
Ford CR Auto Owner		1,575,000
GM Finl Consumer		1,000,000
Goldman Sachs		425,000
Harley Davidson		500,000
Home Depot Inc		880,000
Honeywell		400,000
Hormel Food Corp		115,000
IBM Corp		640,000
John Deere Mtn		620,000
JP Morgan		1,515,000
Lockheed Martin		203,000
Morgan Stanley		1,280,000
National Rural Mtn		285,000
Natixis Ny		405,000
Paccar Financial Mtn		255,000
Procter Gamble Co		1,300,000
State Street Corp		1,755,000
Target Corp		1,230,000
Texas Instrs		370,000
Toyota Motor		1,400,000
Unitedhealth Group		85,000
US Bank NA		1,400,000
Verizon Master Trust		1,000,000
Walmart INC		205,000
Wells Fargo Bank Na		545,000
Wells Fargo Card		560,000
Wells Fargo co		800,000
	<b>\$</b>	<b>36,942,000</b>

**Investment summary of U.S. government agency:**

Federal National Mortgage Association (FNMA)	\$	4,040,000
Federal Home Loan Bank (FHLB)		525,000
Federal Home Loan Mortgage Corp (FHLMC)		8,674,019
US Treasury Bill		52,805,000
	<b>\$</b>	<b>66,044,019</b>

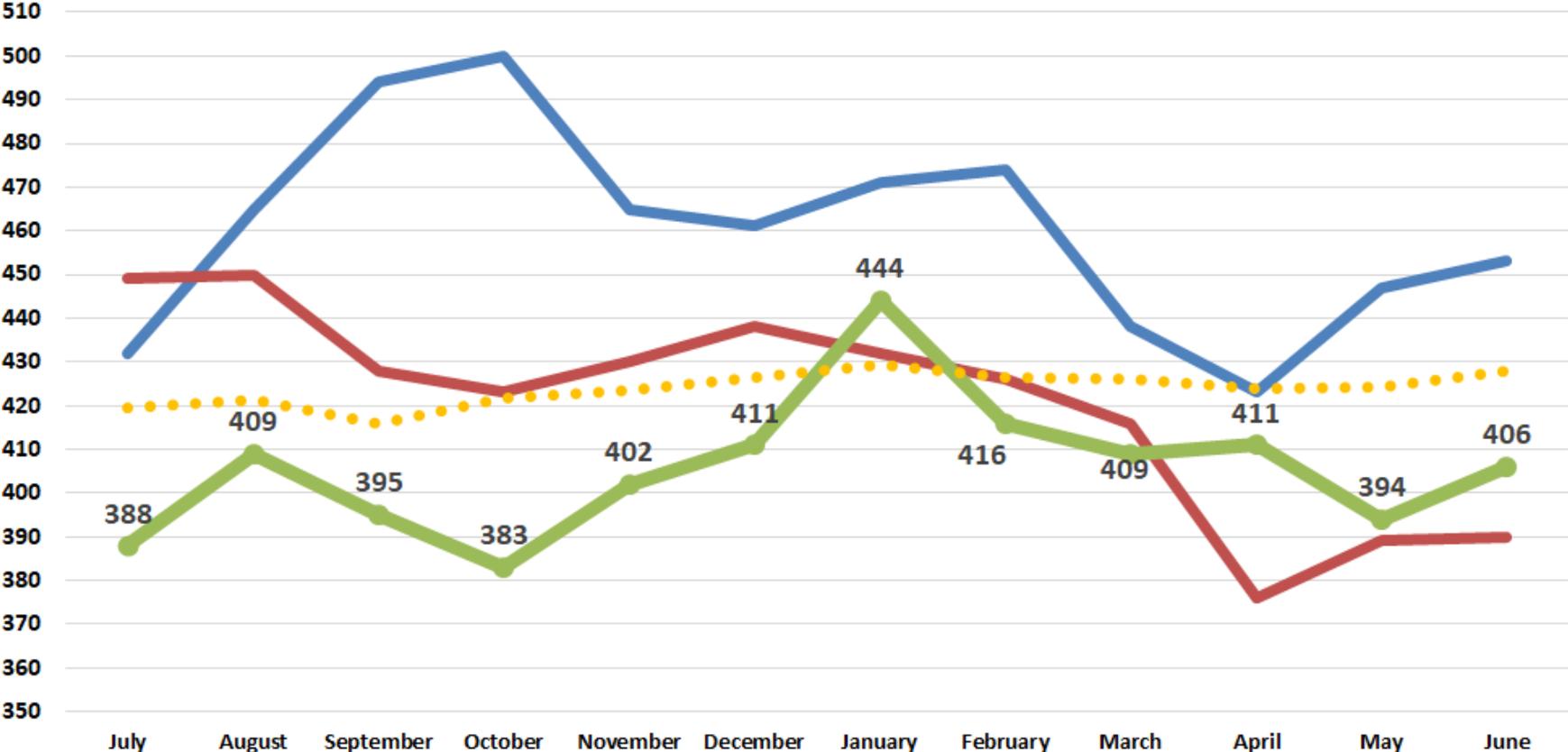
**Investment summary of municipal securities:**

Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
California St Univ		125,000
Connecticut ST		400,000
El Segundo Ca		510,000
Florida ST		600,000
Los Angeles Ca		270,000
Los Angeles Calif Ca		1,500,000
Massachusetts St		1,000,000
Mississippi ST		300,000
San Diego County		300,000
San Juan Ca		385,000
Santa Cruz Ca		400,000
Torrance Ca		-
University Calf Ca		185,000
Wisconsin ST		-
	<b>\$</b>	<b>7,725,000</b>

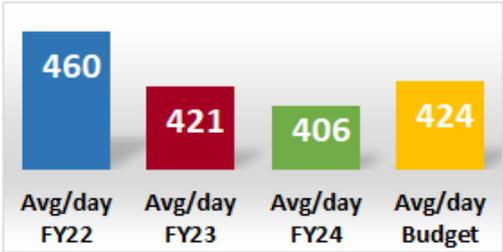
# Statistical Report

## June 2024

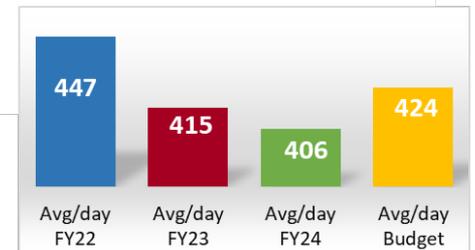
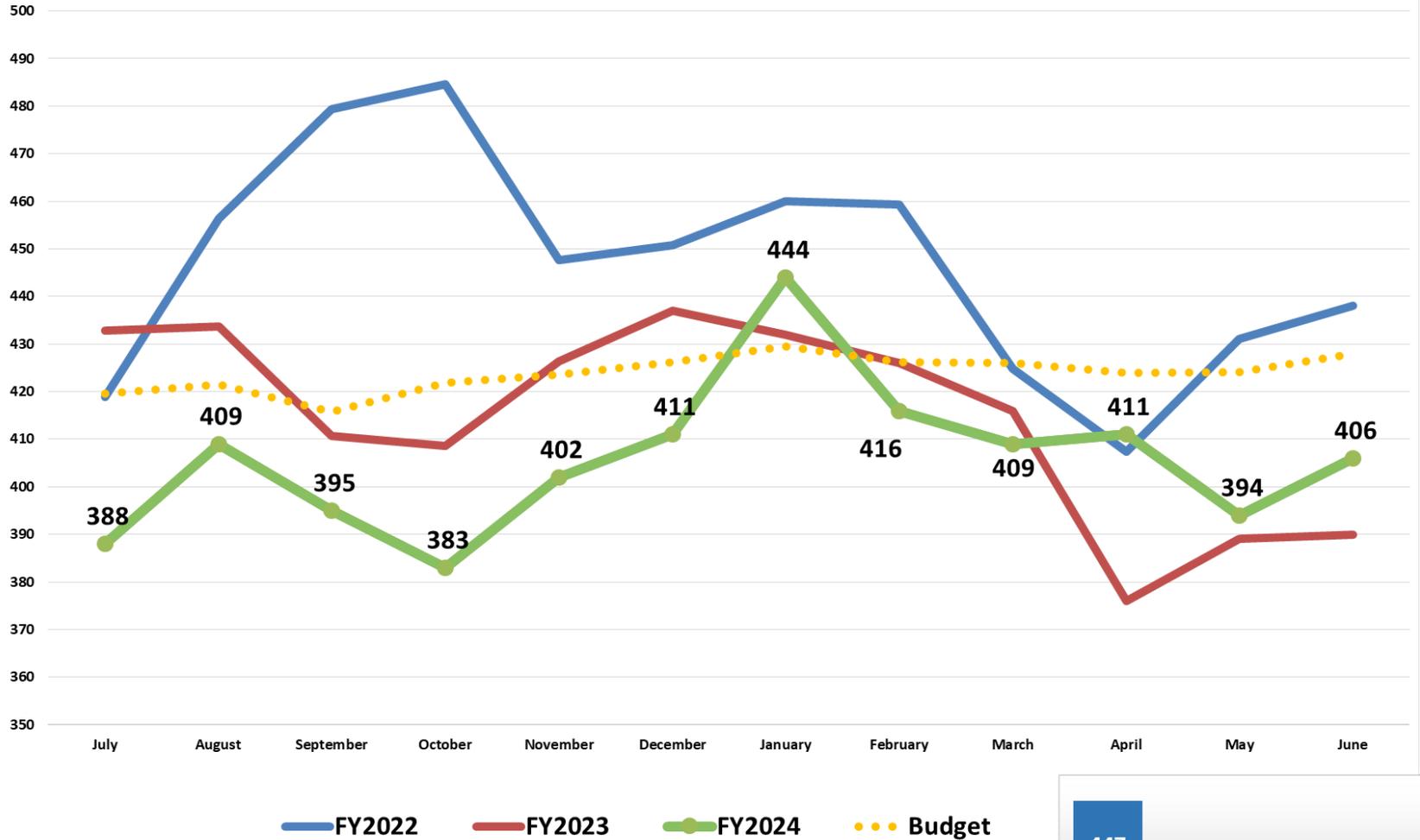
# Average Daily Census



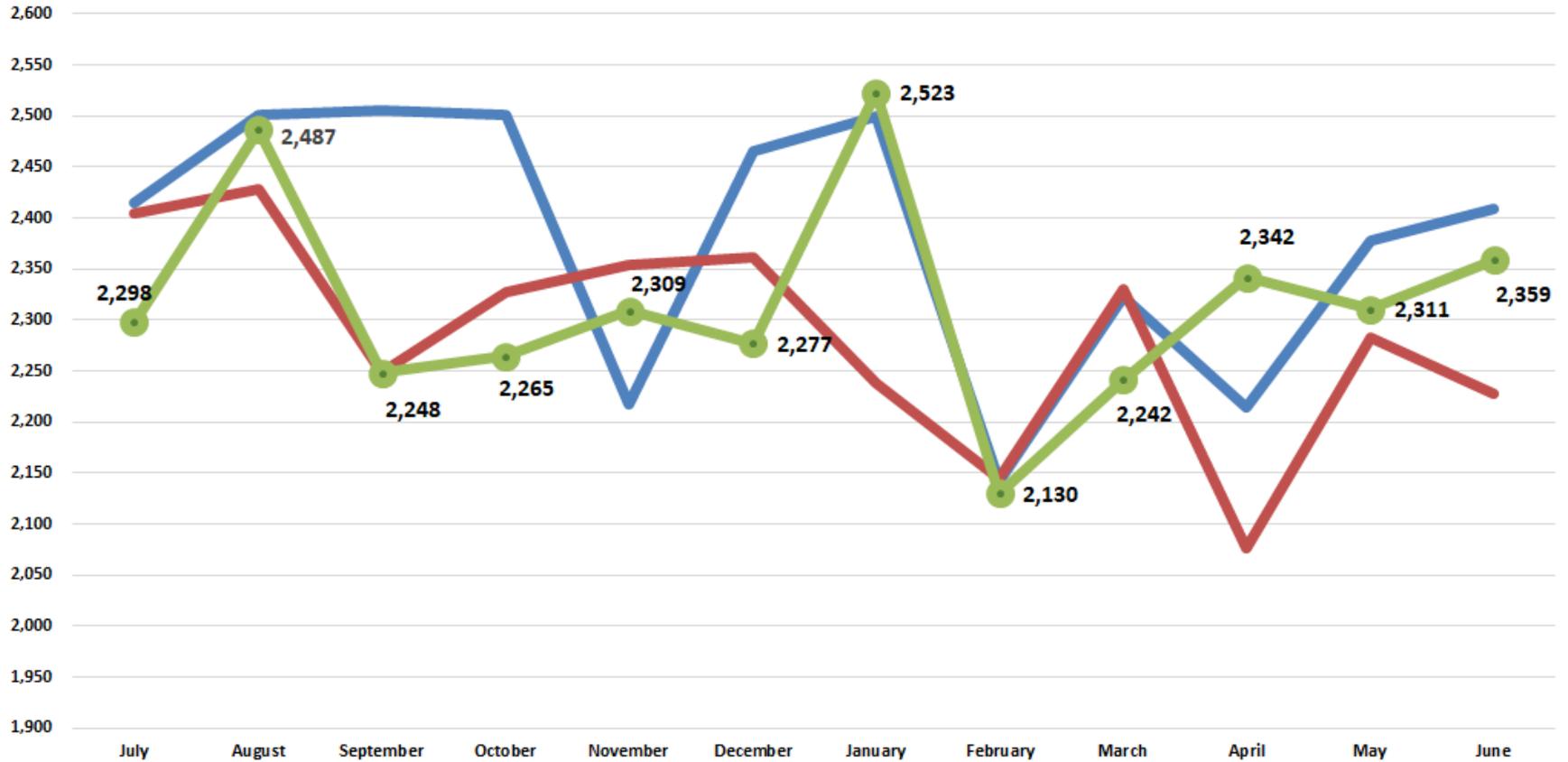
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



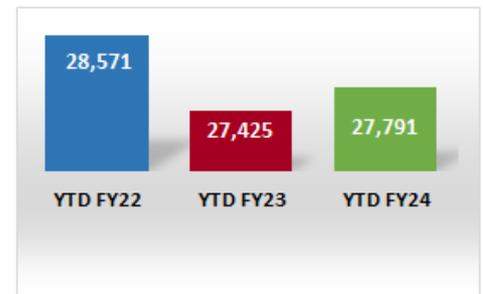
# Average Daily Census w/o TCS



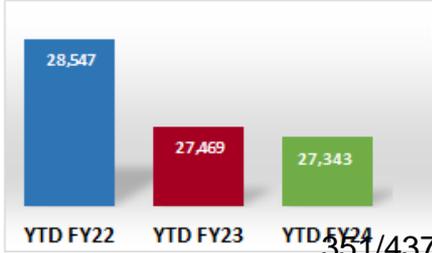
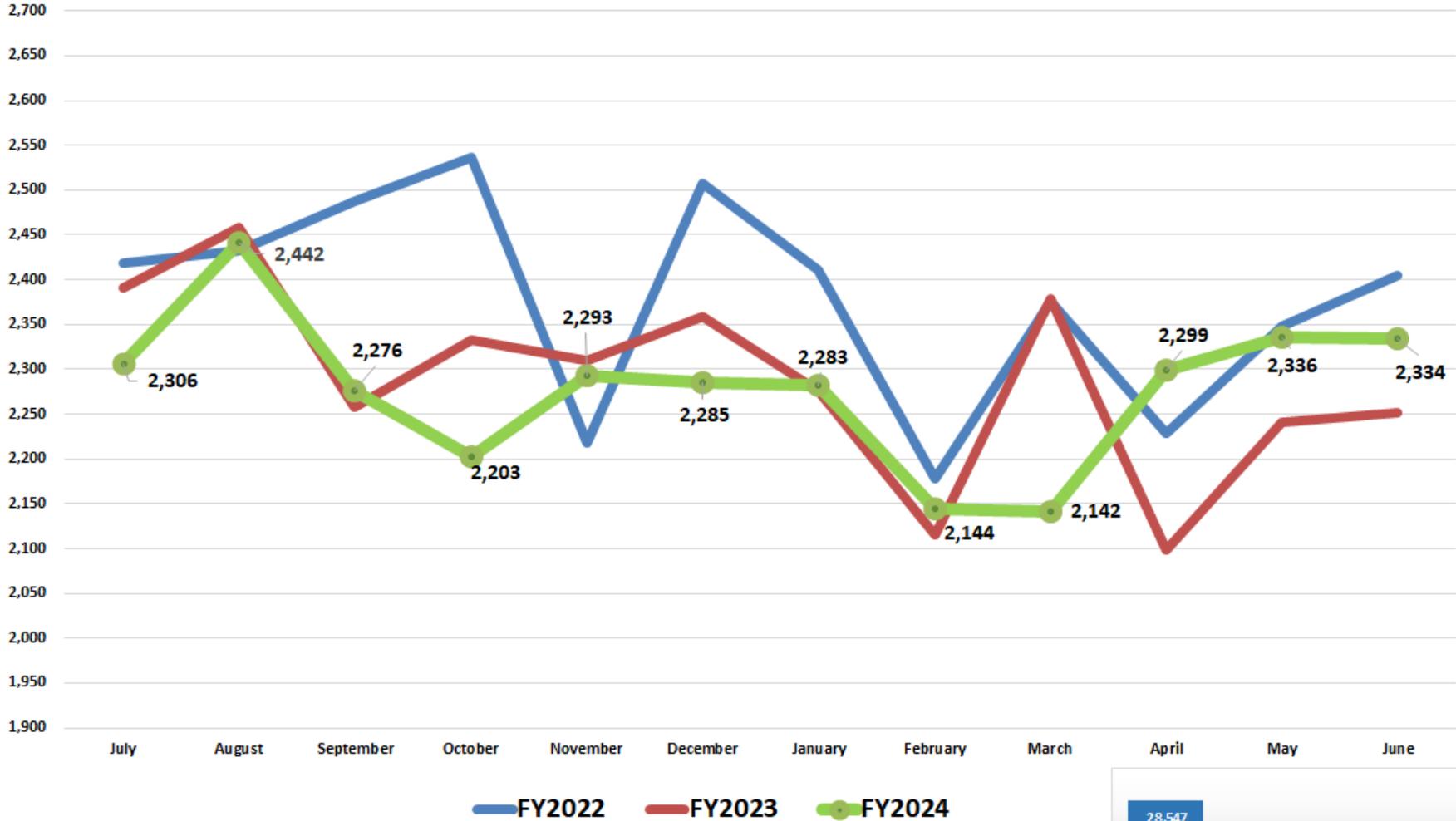
# Admissions



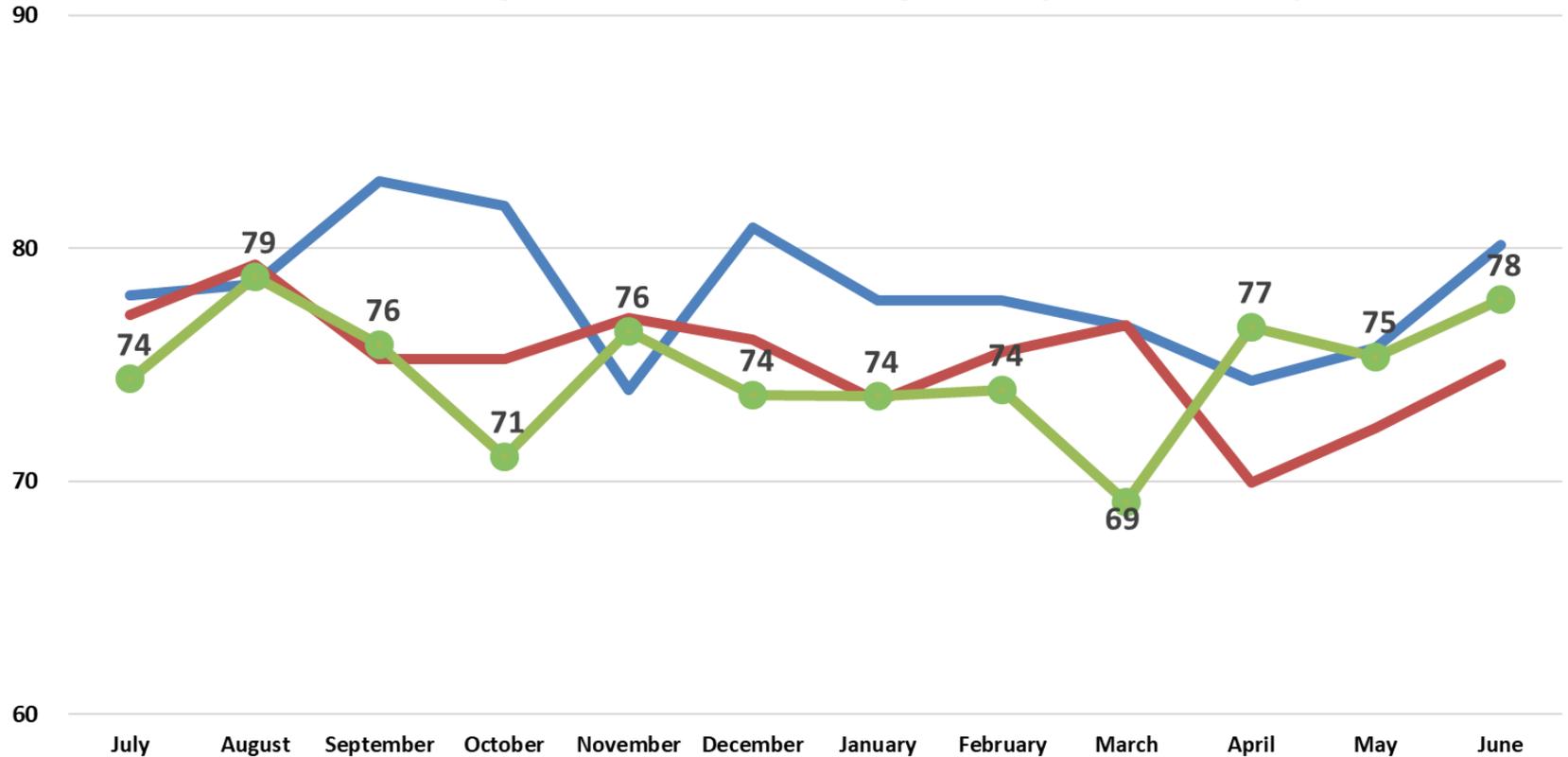
— FY2022 — FY2023 — FY2024



# Discharges



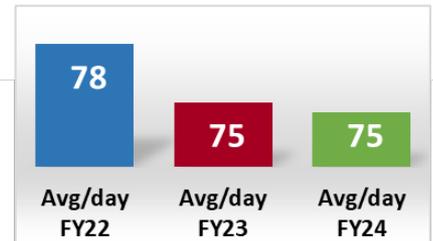
# Average Discharges per day



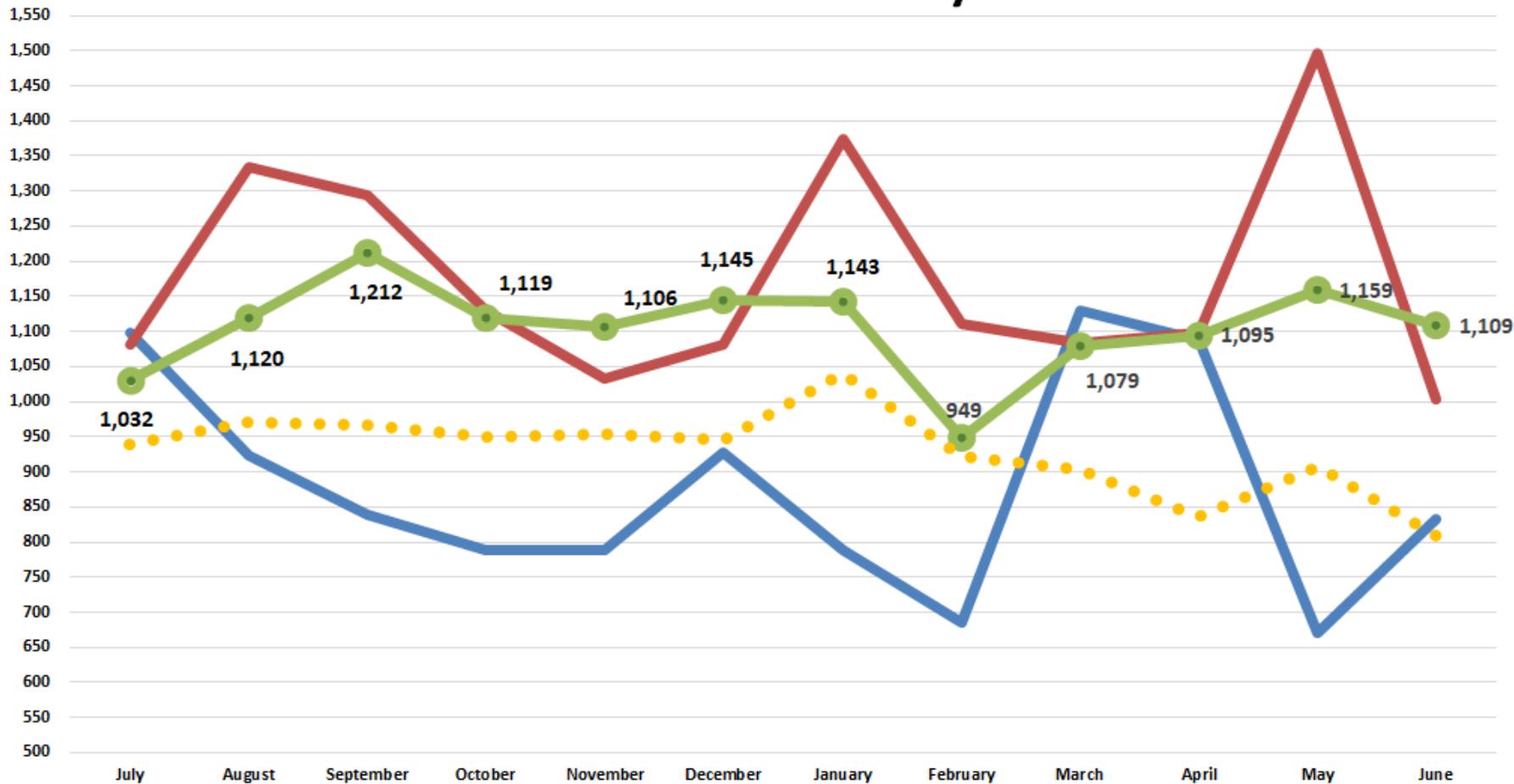
— FY2022

— FY2023

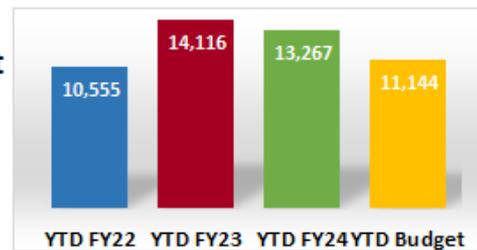
● FY2024



# Observation Days

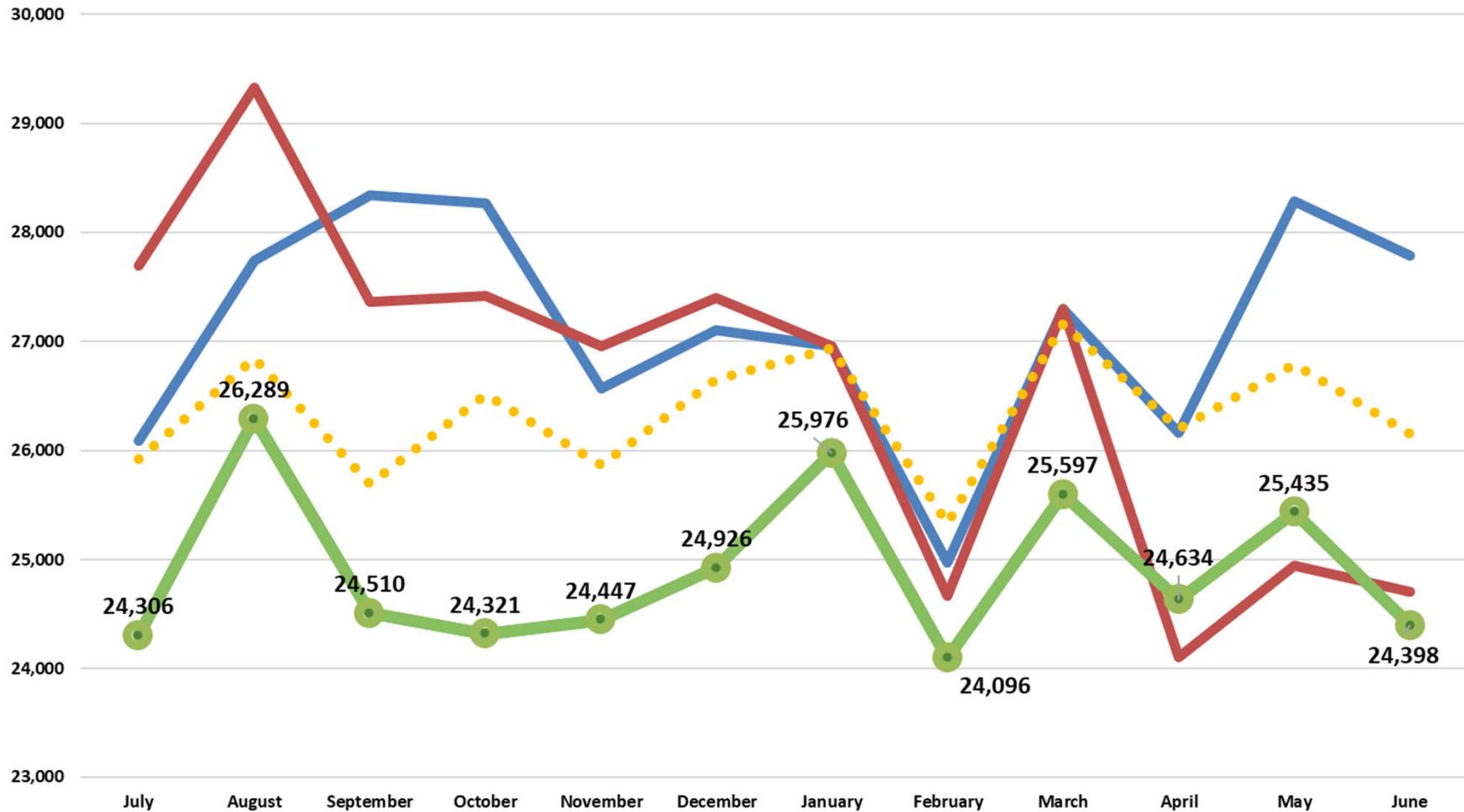


—●— FY2022    
 —●— FY2023    
 —●— FY2024    
 ●●● Budget

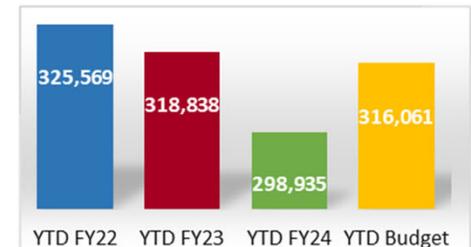


353/437

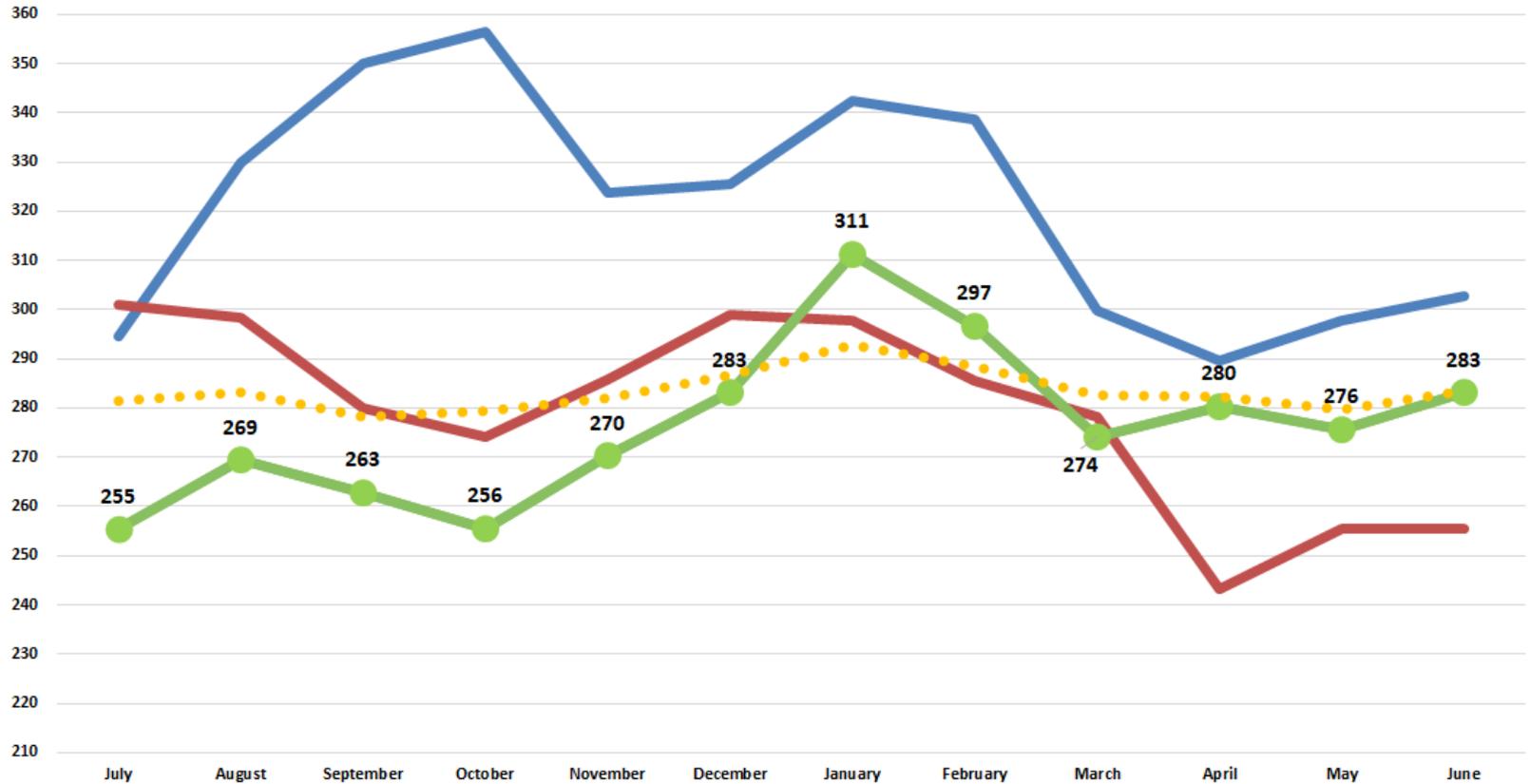
# Adjusted Patient Days



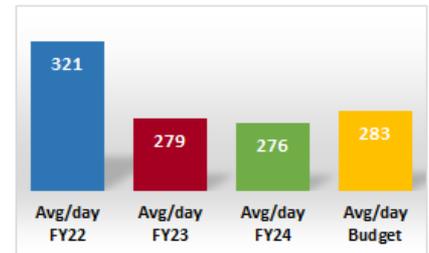
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



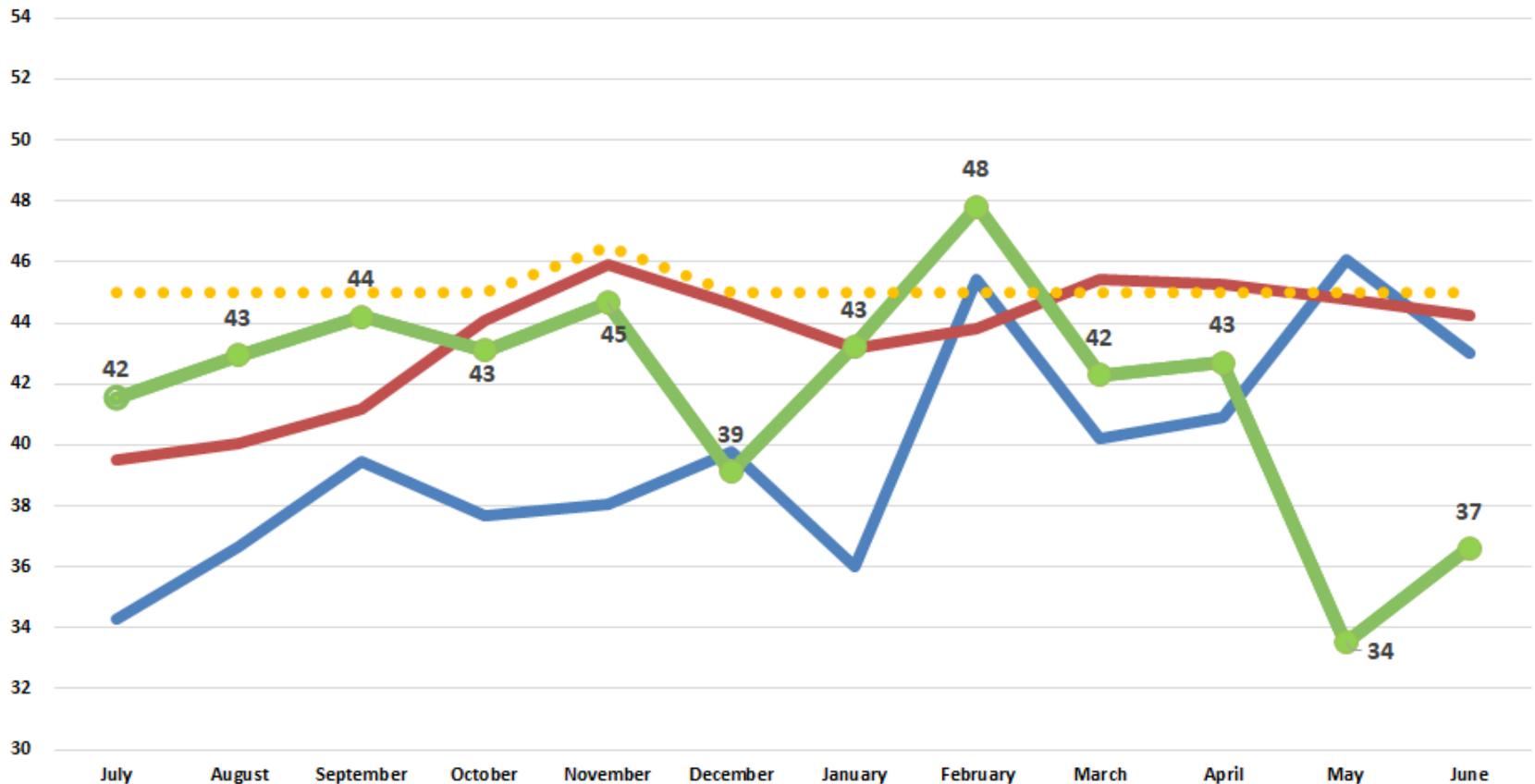
# Medical Center (Avg Patients Per Day)



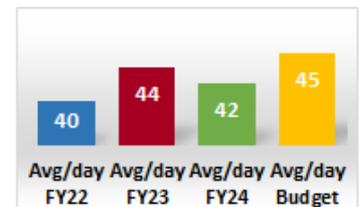
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



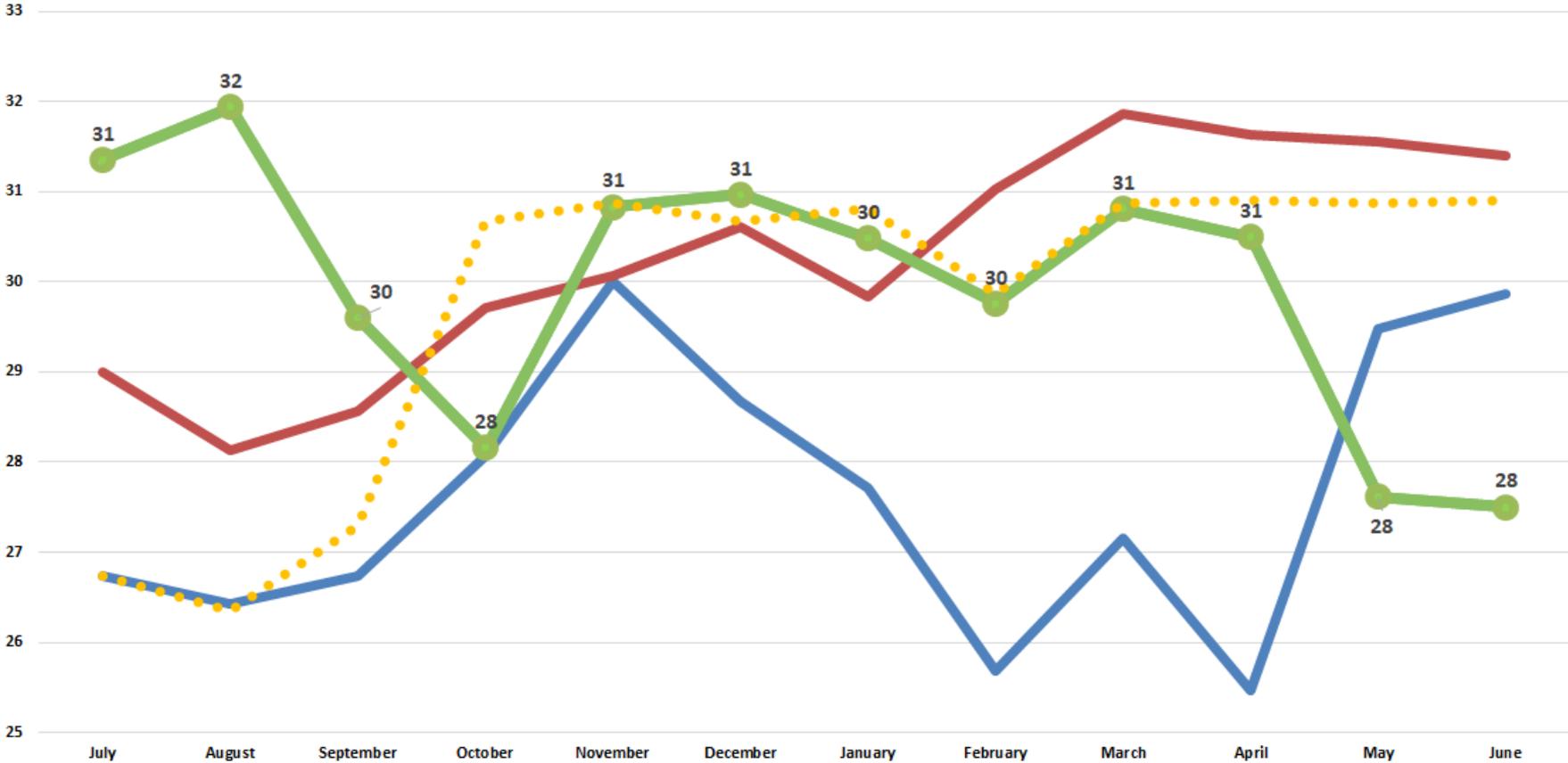
# Acute I/P Psych (Avg Patients Per Day)



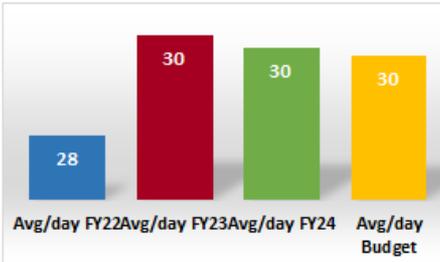
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



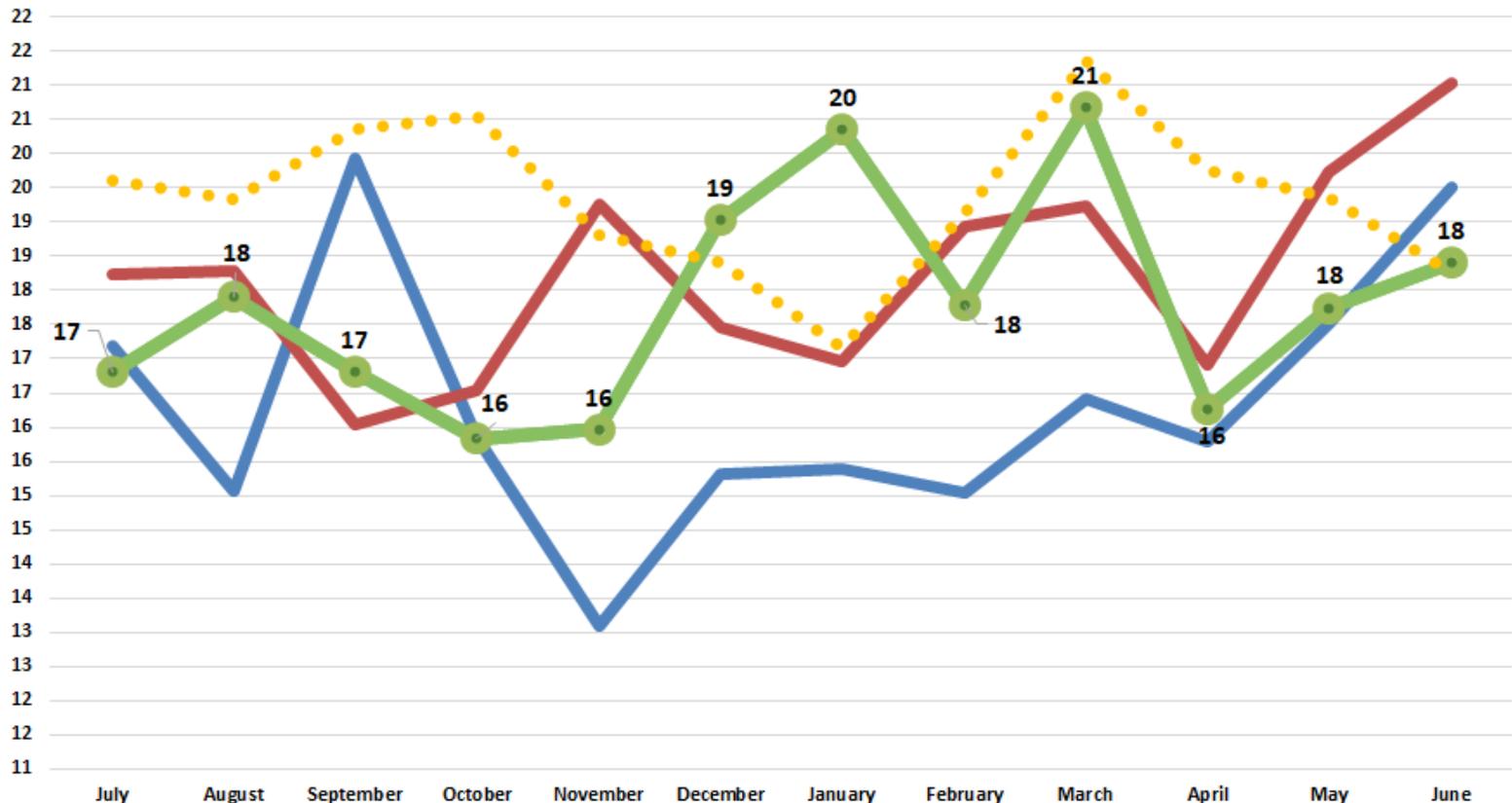
# Sub-Acute - Avg Patients Per Day



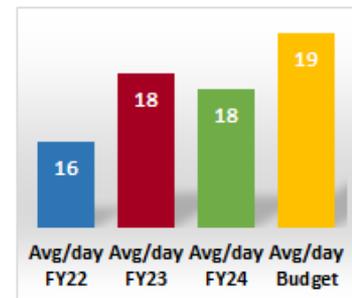
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



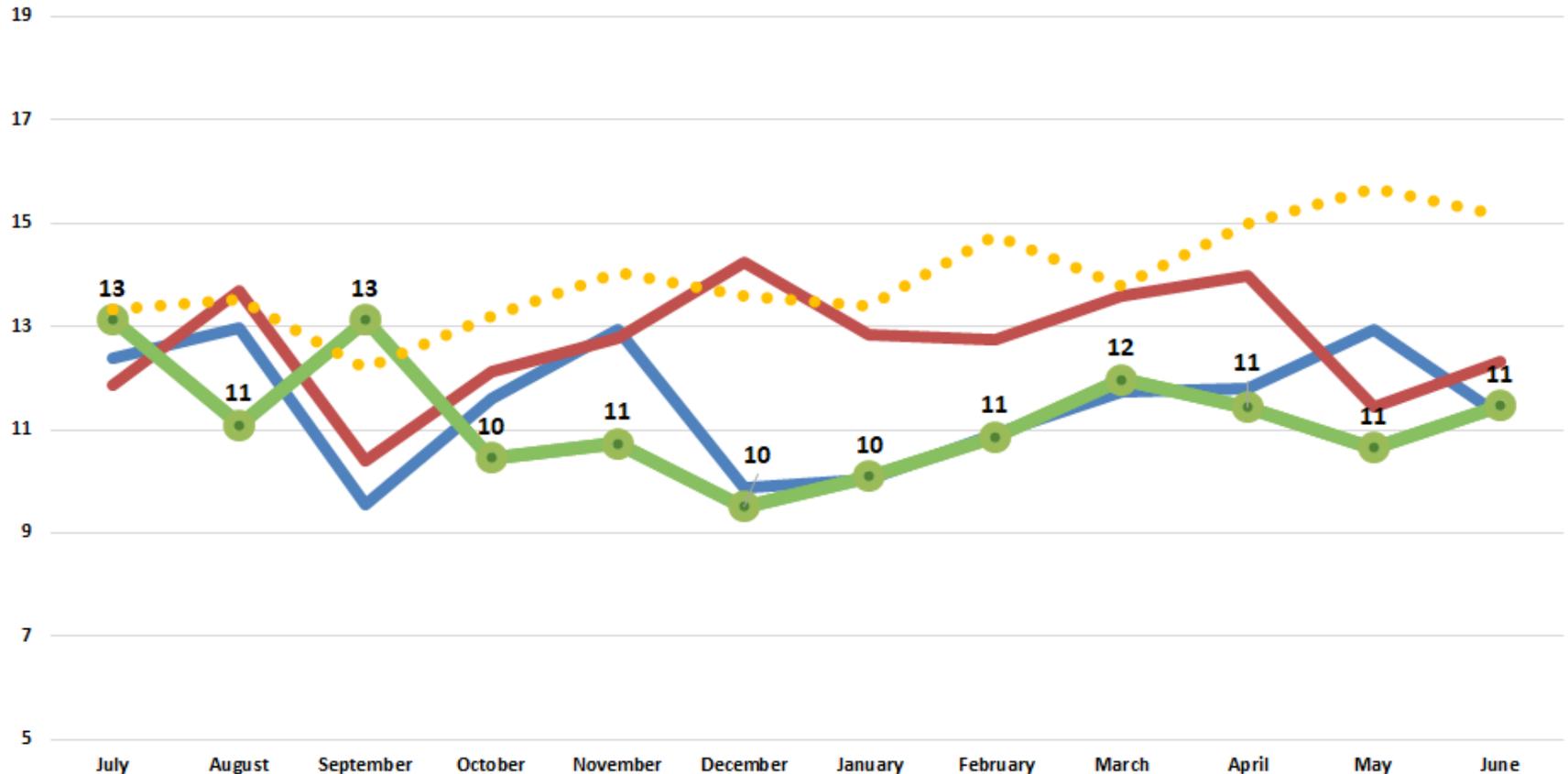
# Rehabilitation Hospital - Avg Patients Per Day



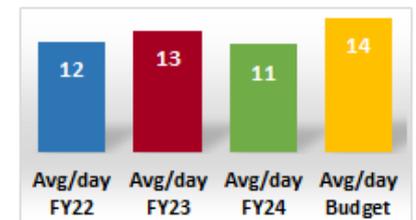
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



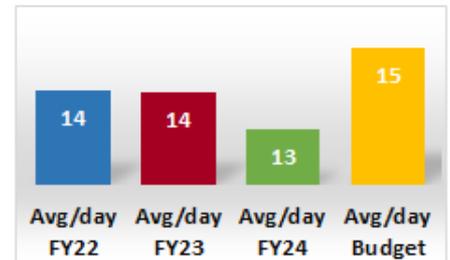
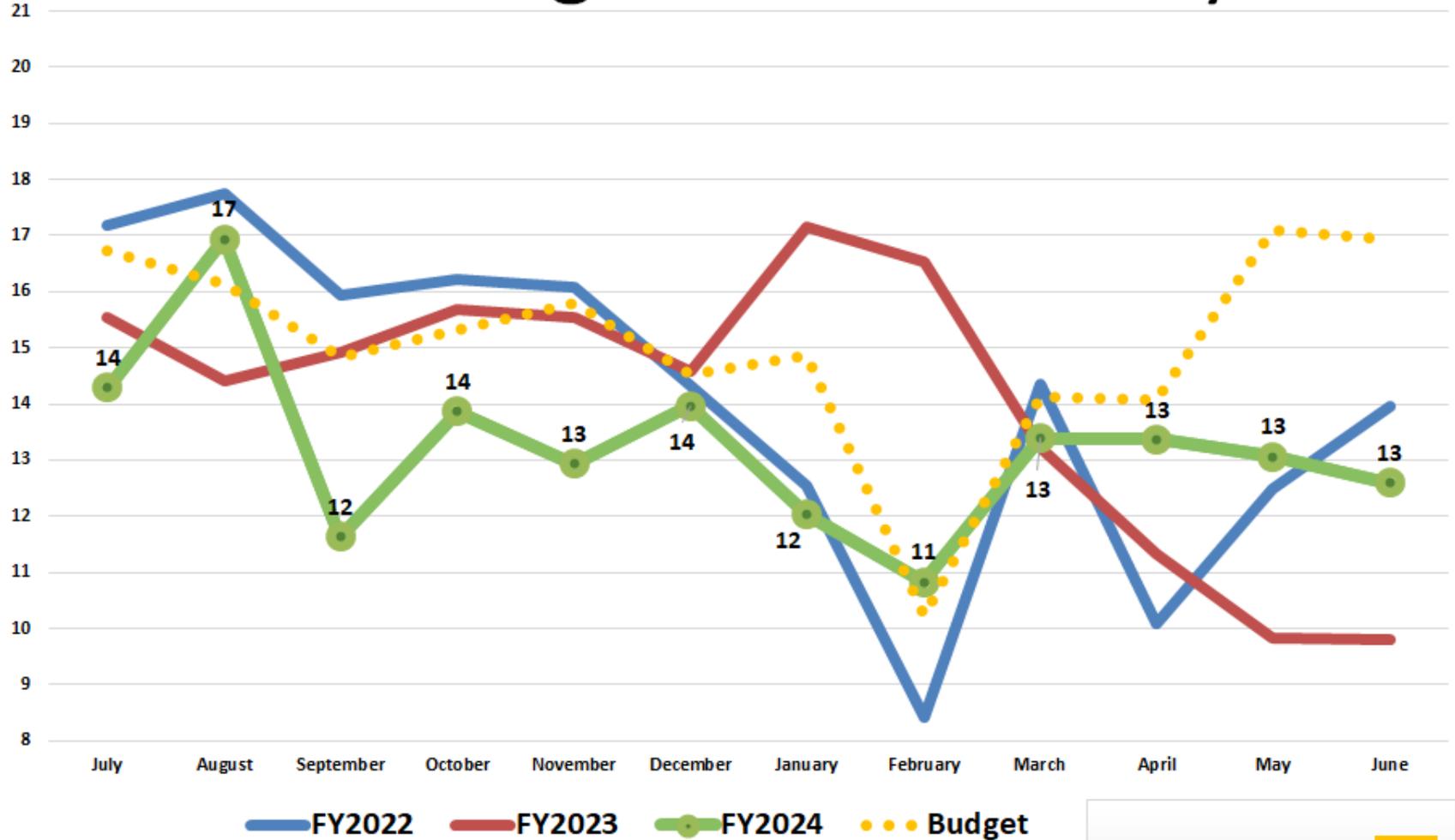
# TCS Ortho - Avg Patients Per Day



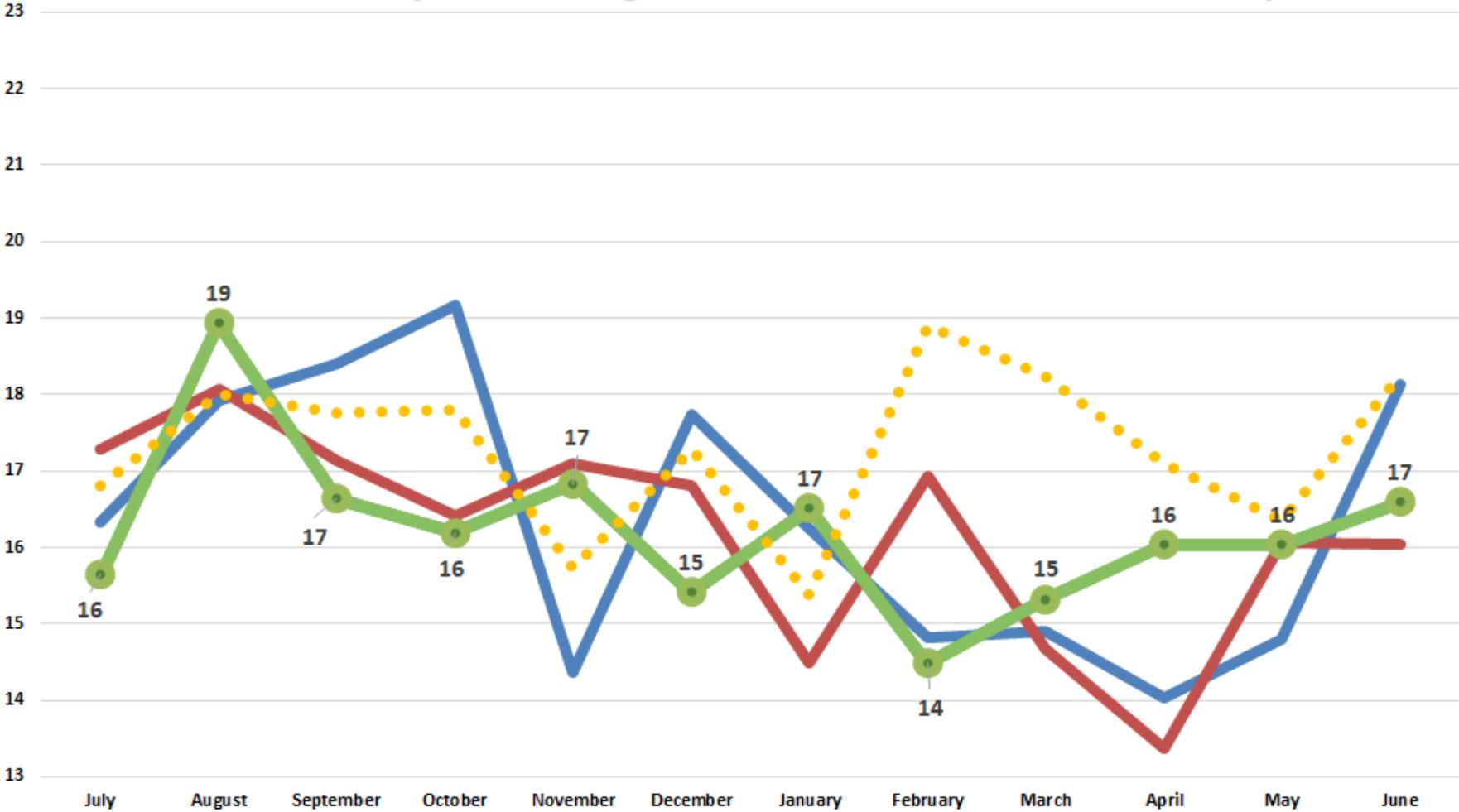
—●— FY2022  
 —●— FY2023  
 —●— FY2024  
 ●●● Budget



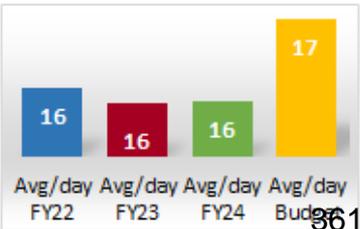
# NICU - Avg Patients Per Day



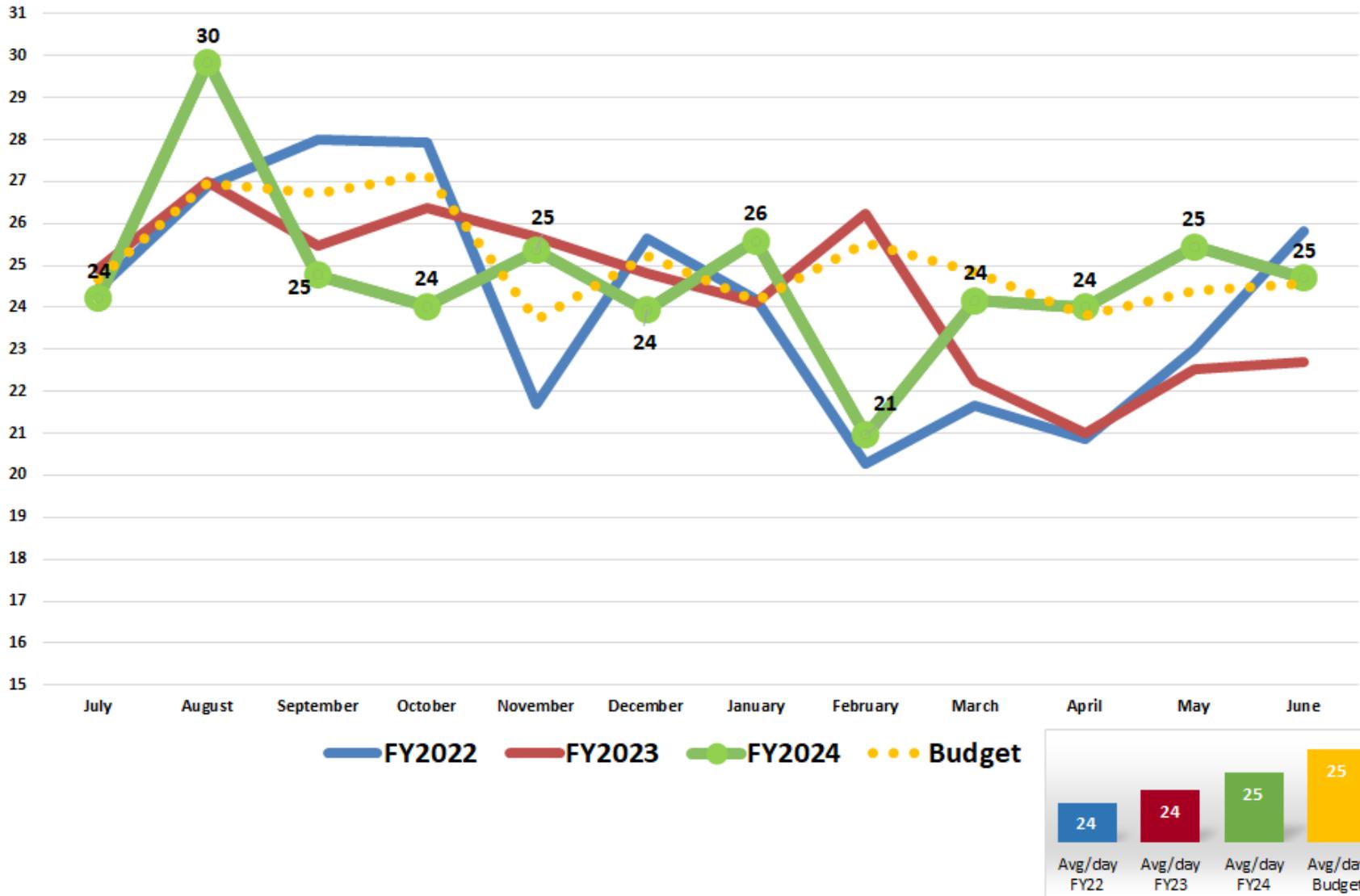
# Nursery - Avg Patients Per Day



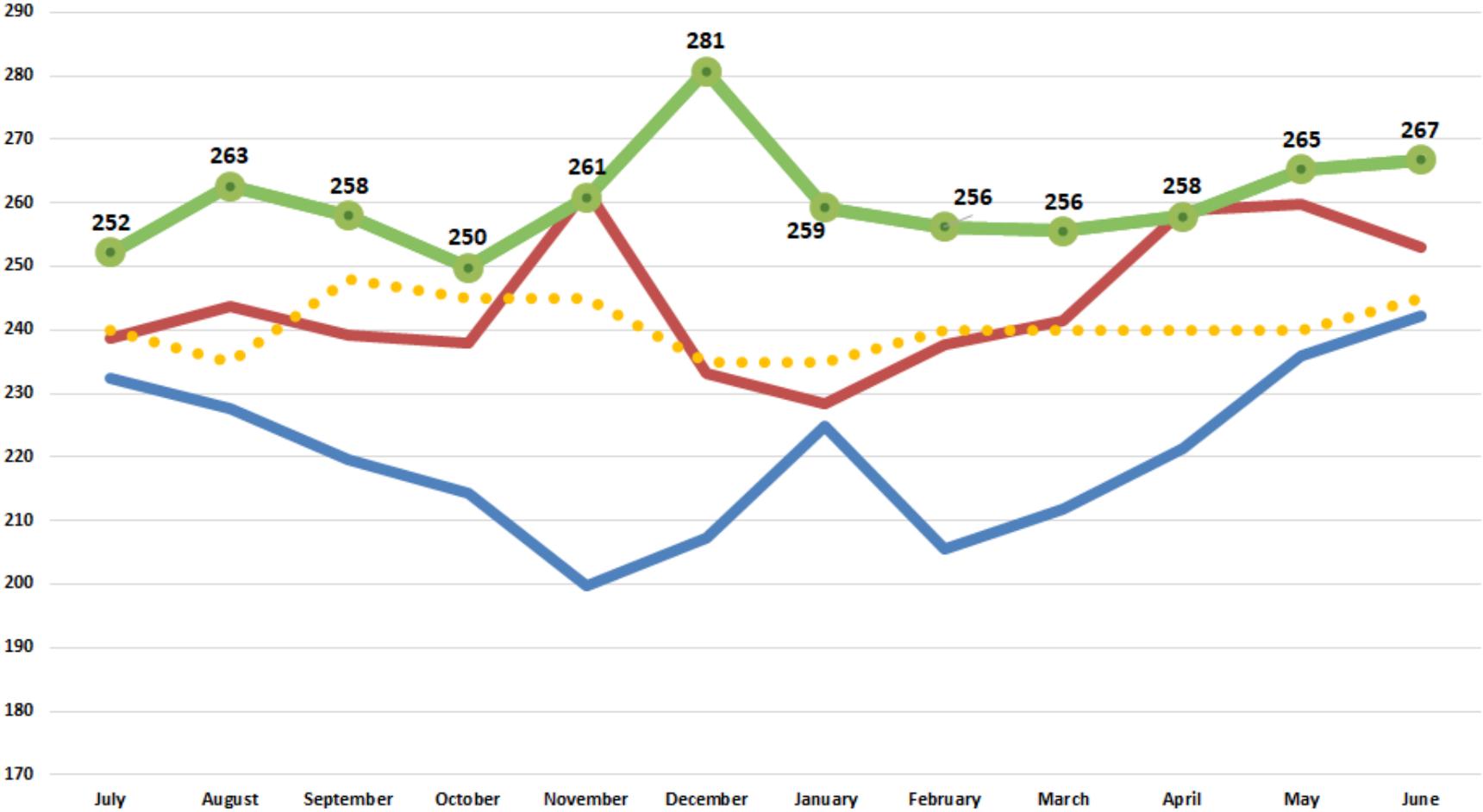
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



# Obstetrics - Avg Patients Per Day



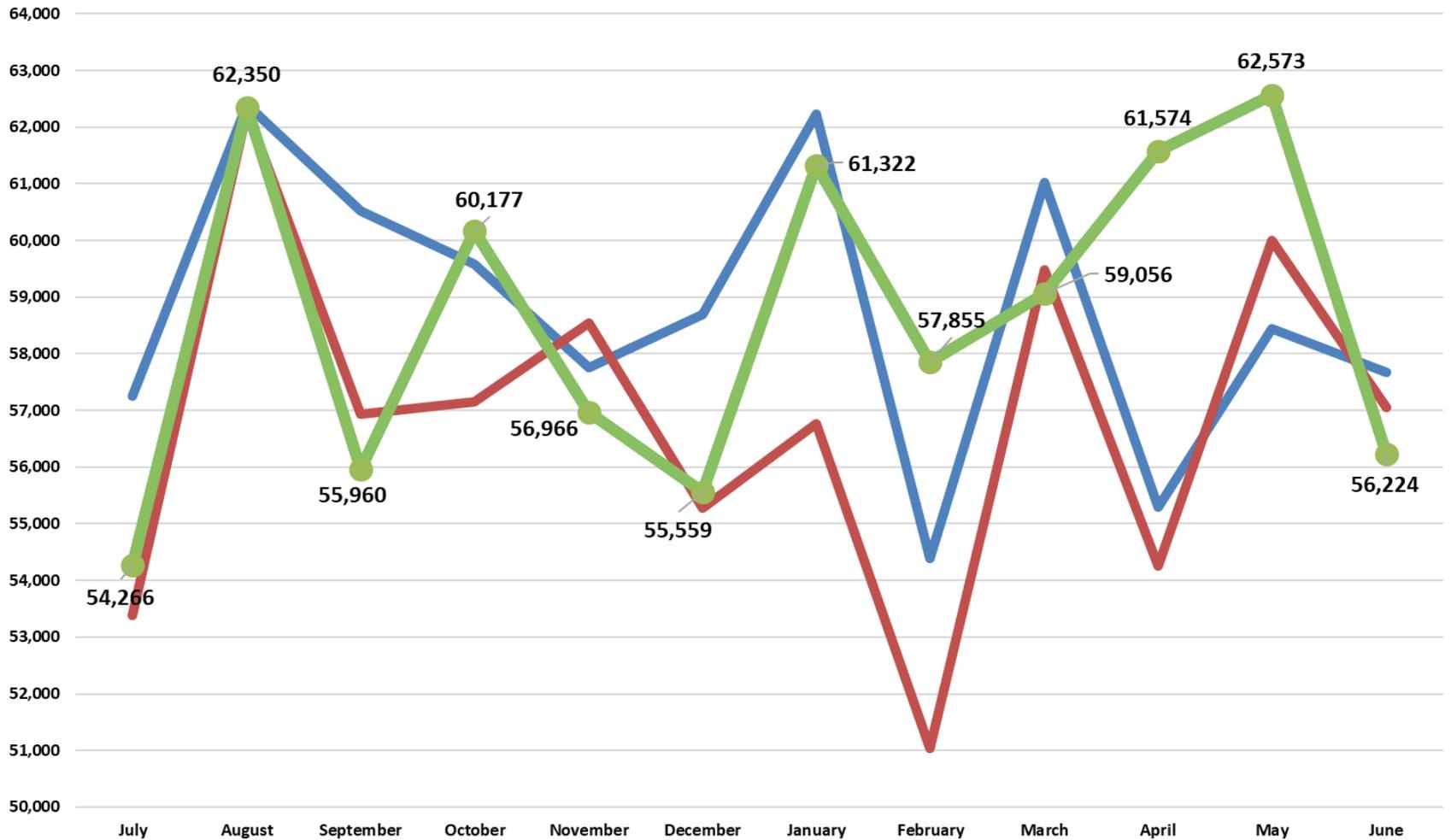
# ED - Avg Treated Per Day



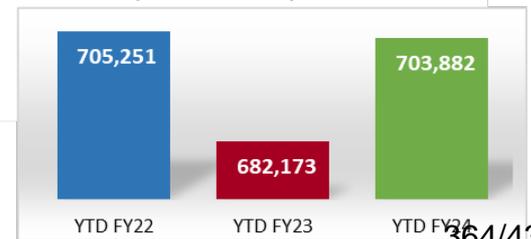
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget

220	244	260	241
Avg/day FY22	Avg/day FY23	Avg/day FY24	Avg/day Budget

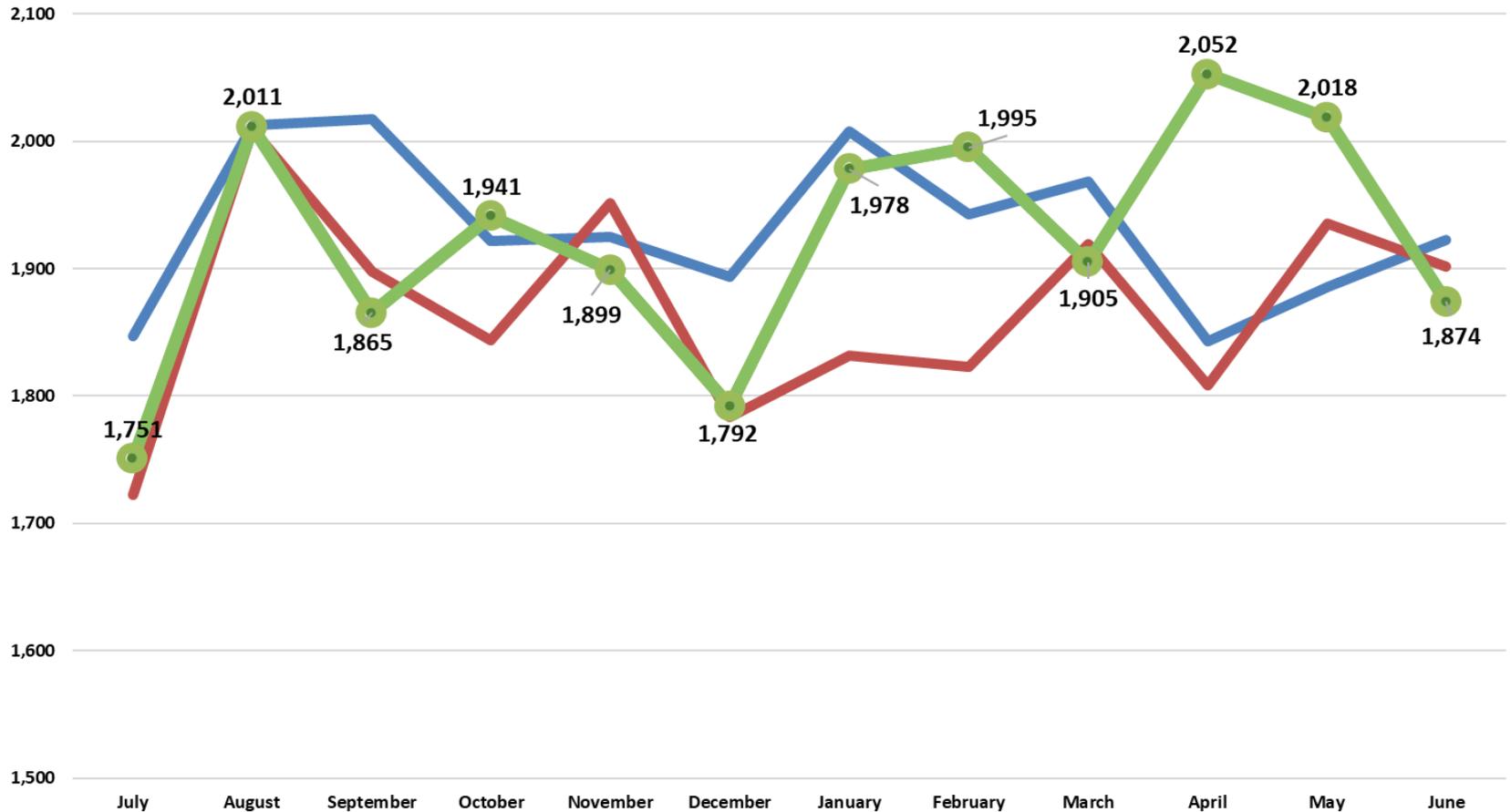
# Outpatient Registrations



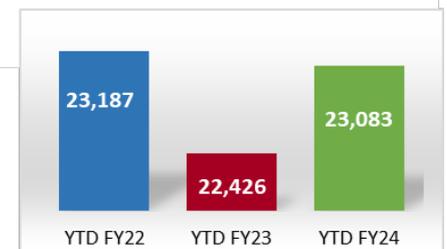
— FY2022 — FY2023 — FY2024



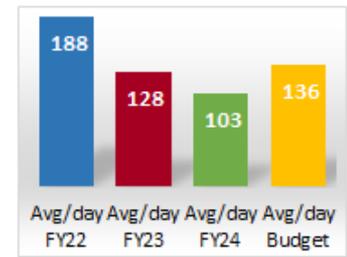
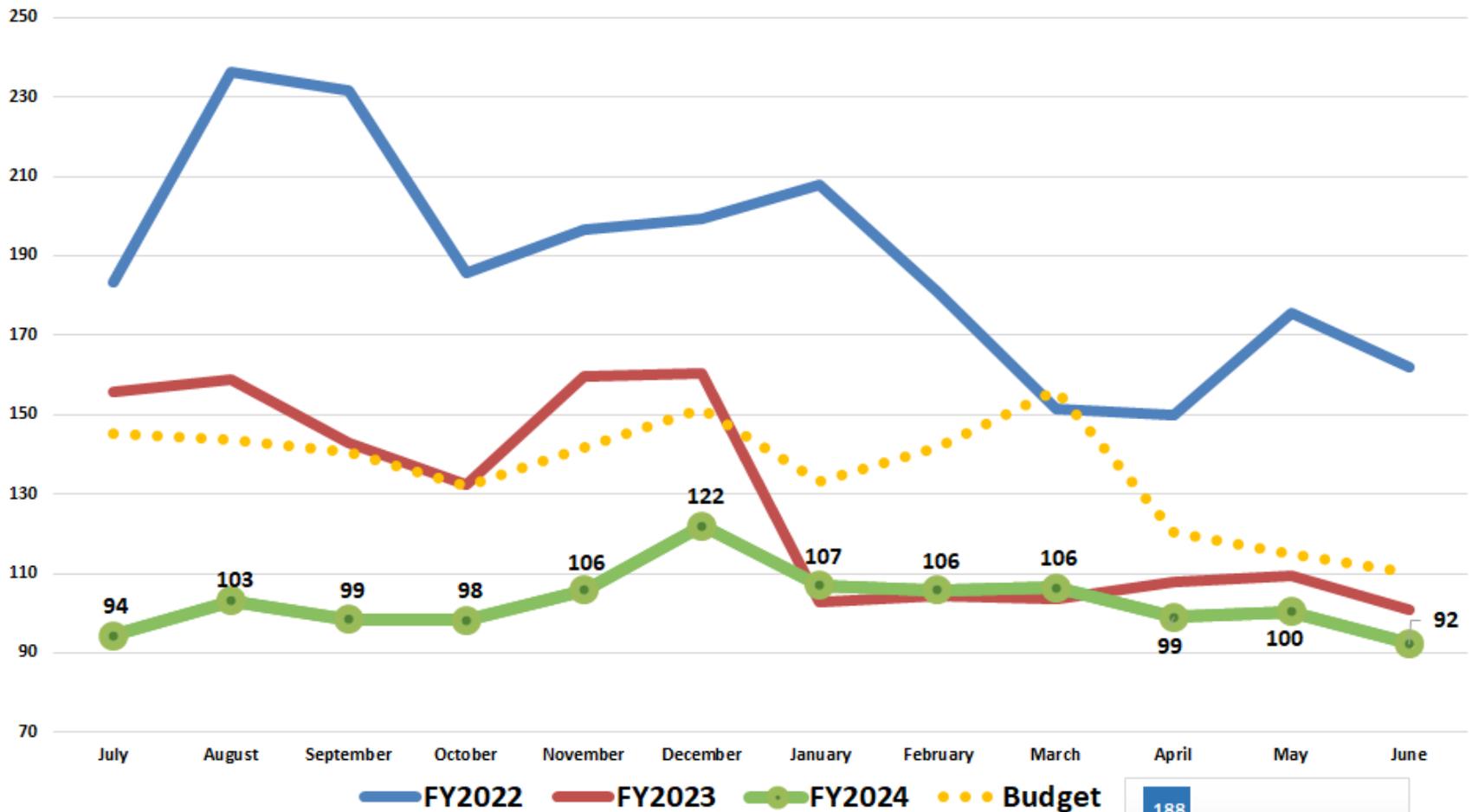
# Outpatient Registrations Per Day



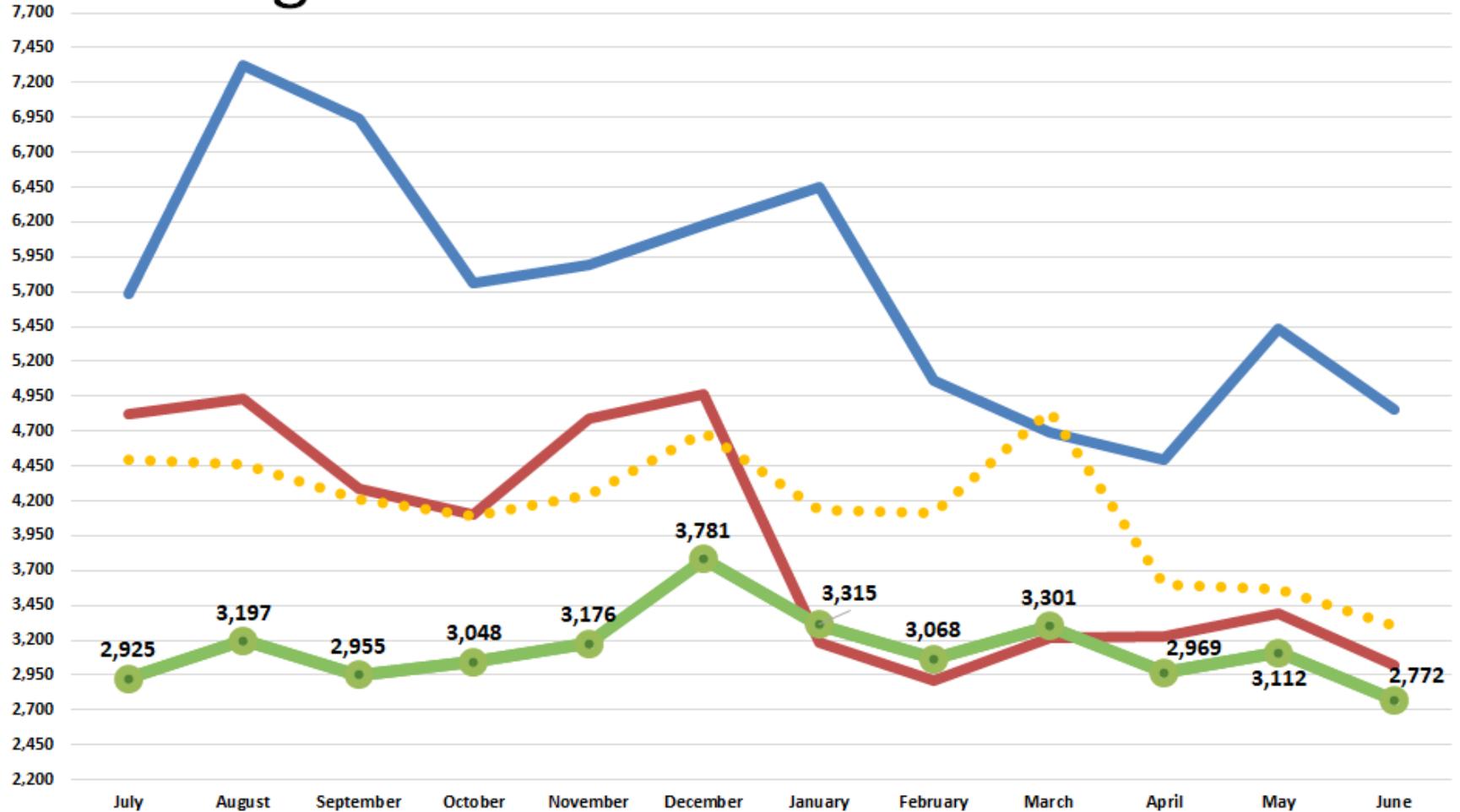
— FY2022 — FY2023 — FY2024



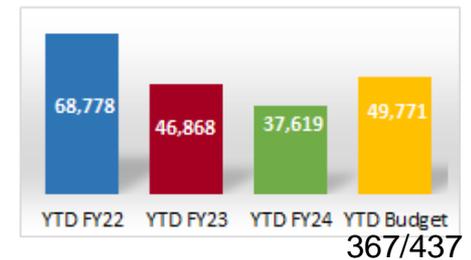
# Urgent Care – Court Avg Visits Per Day



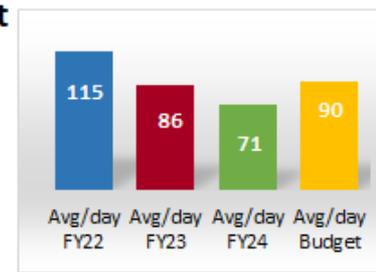
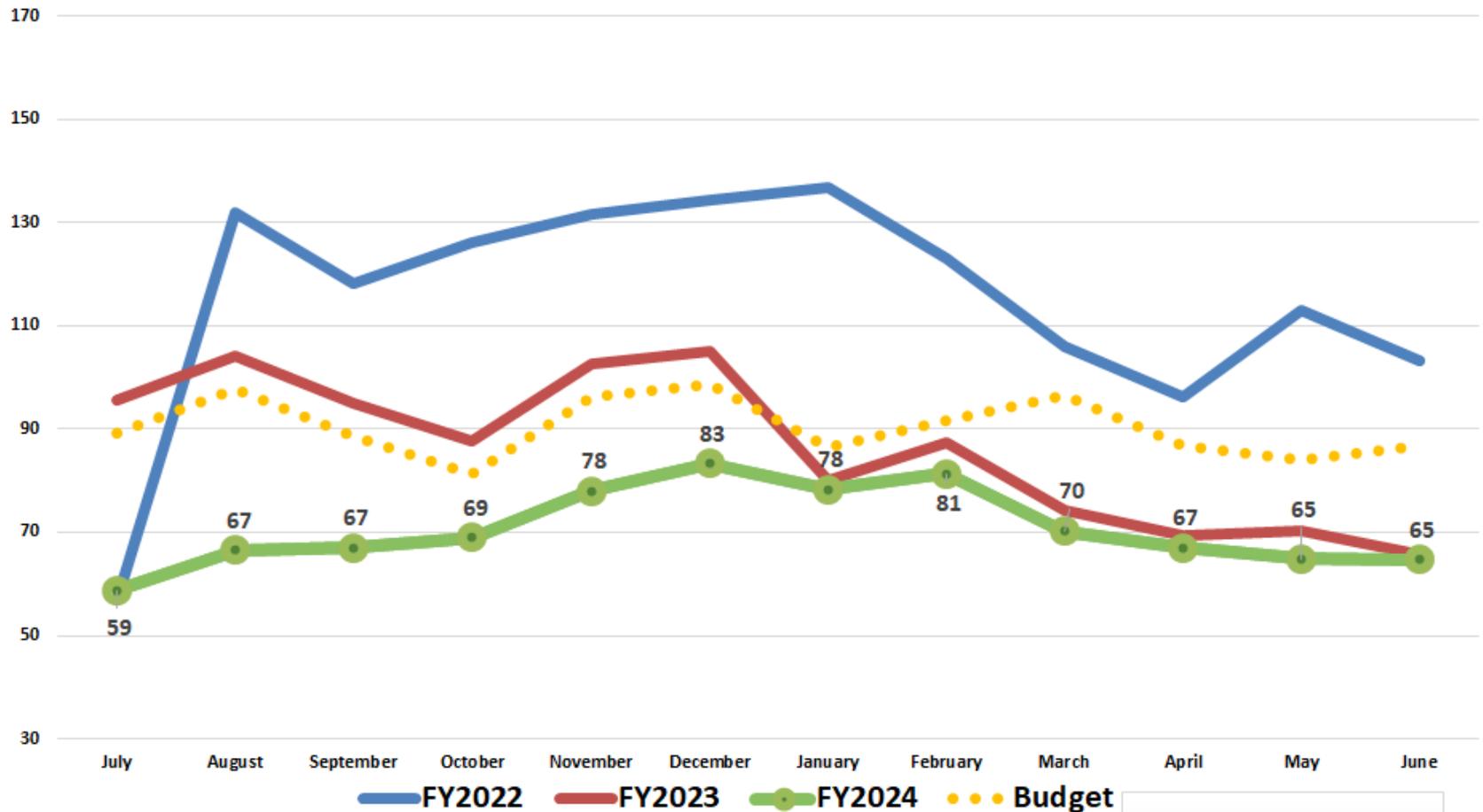
# Urgent Care – Court Total Visits



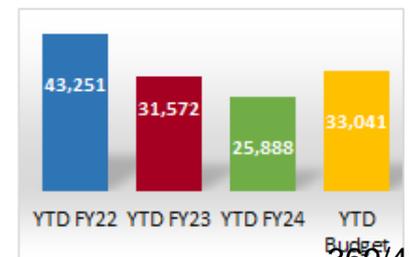
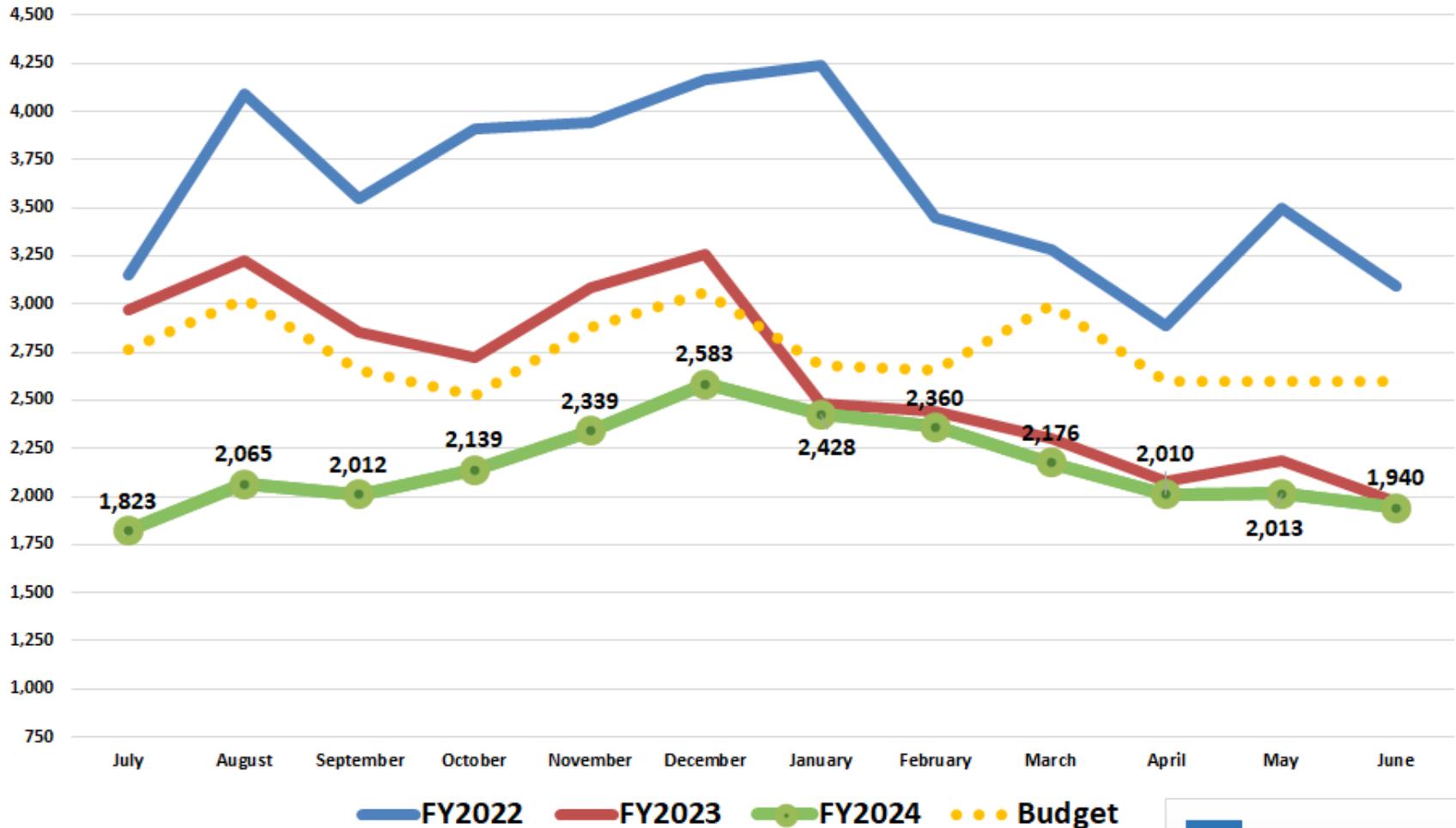
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



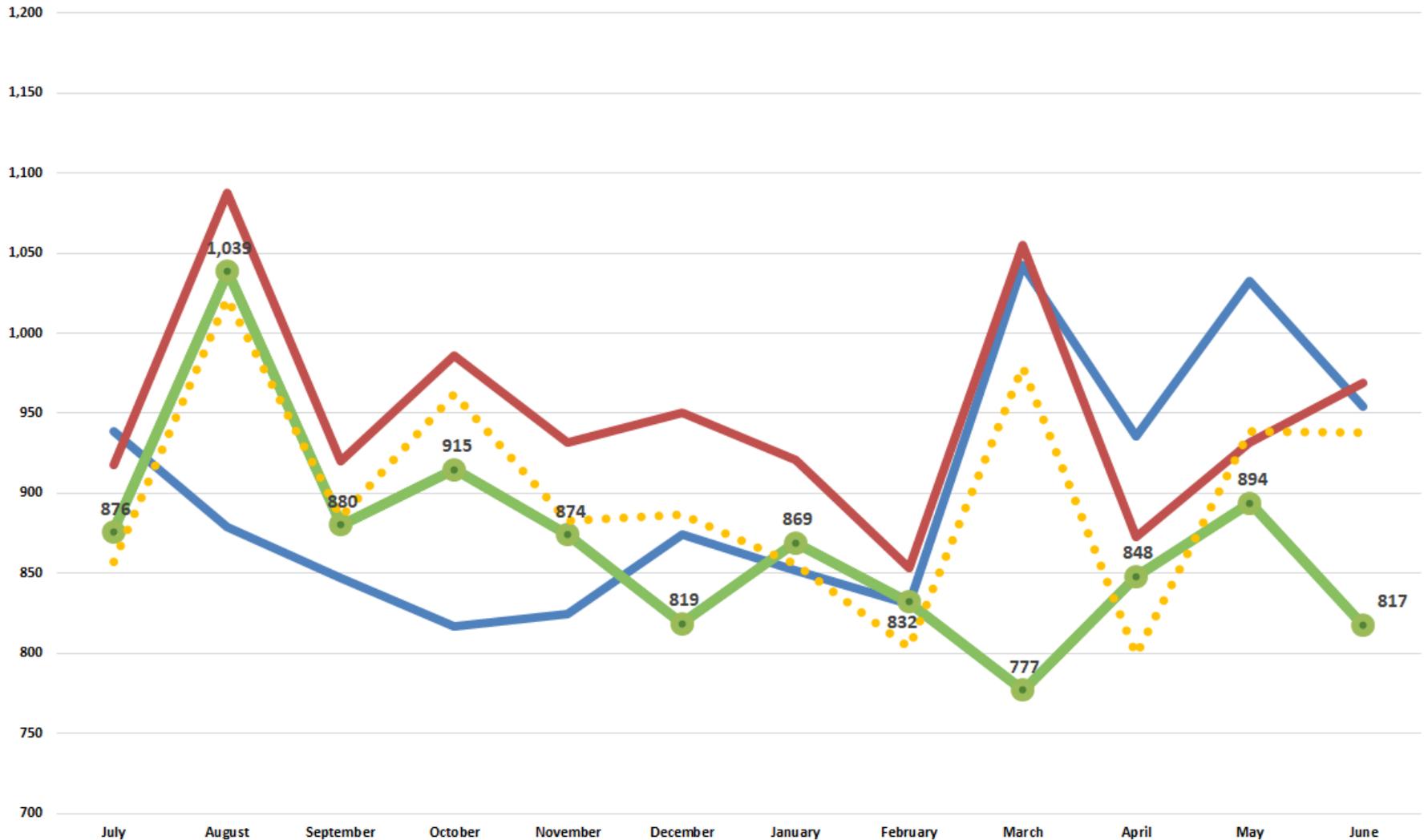
# Urgent Care – Demaree Avg Visits Per Day



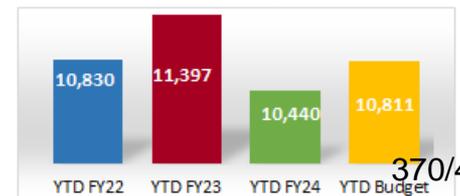
# Urgent Care – Demaree Total Visits



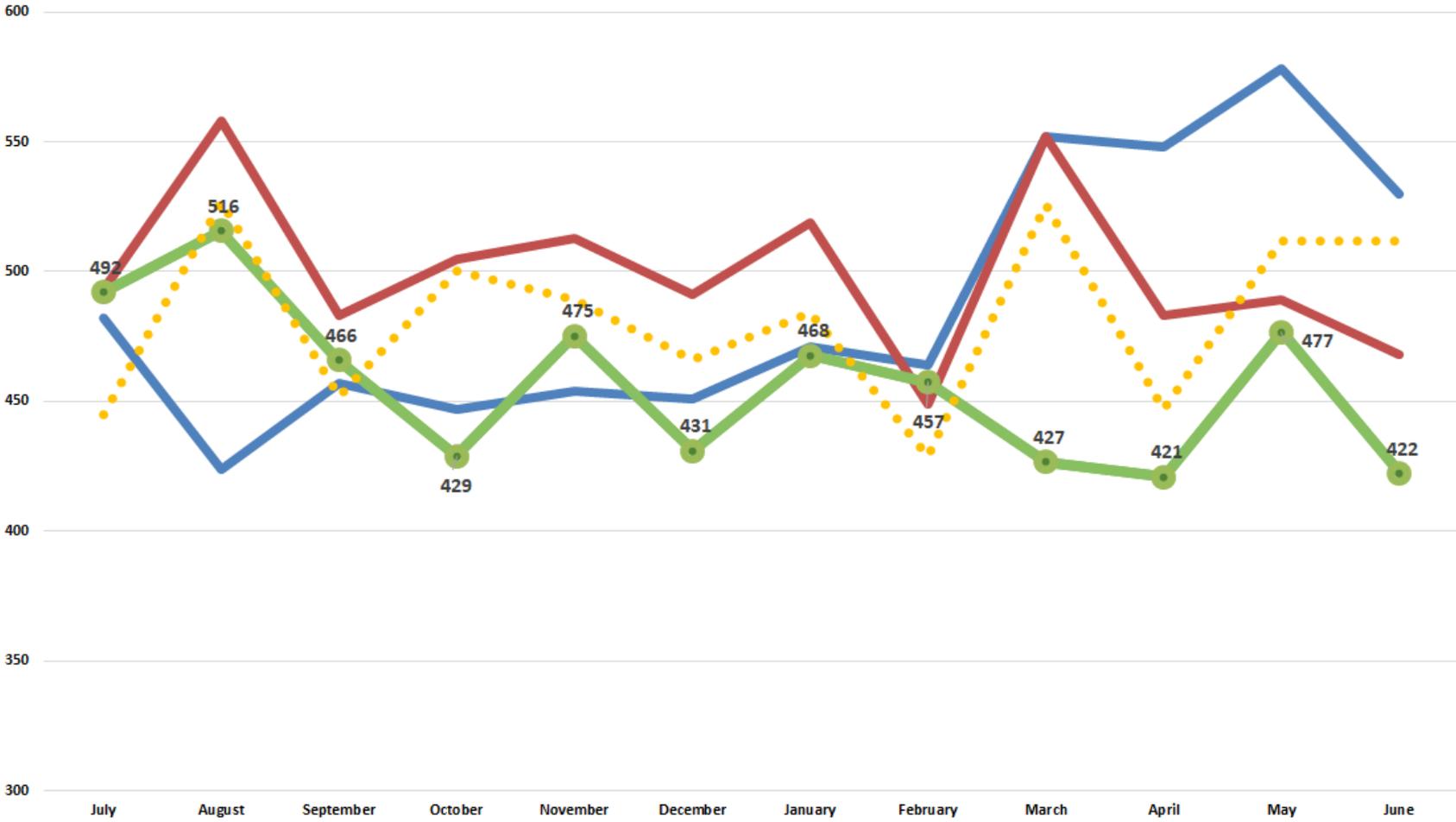
# Surgery (IP & OP) – 100 Min Units



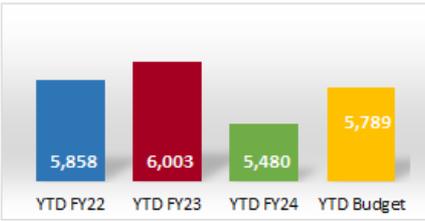
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



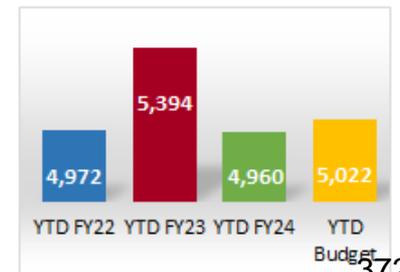
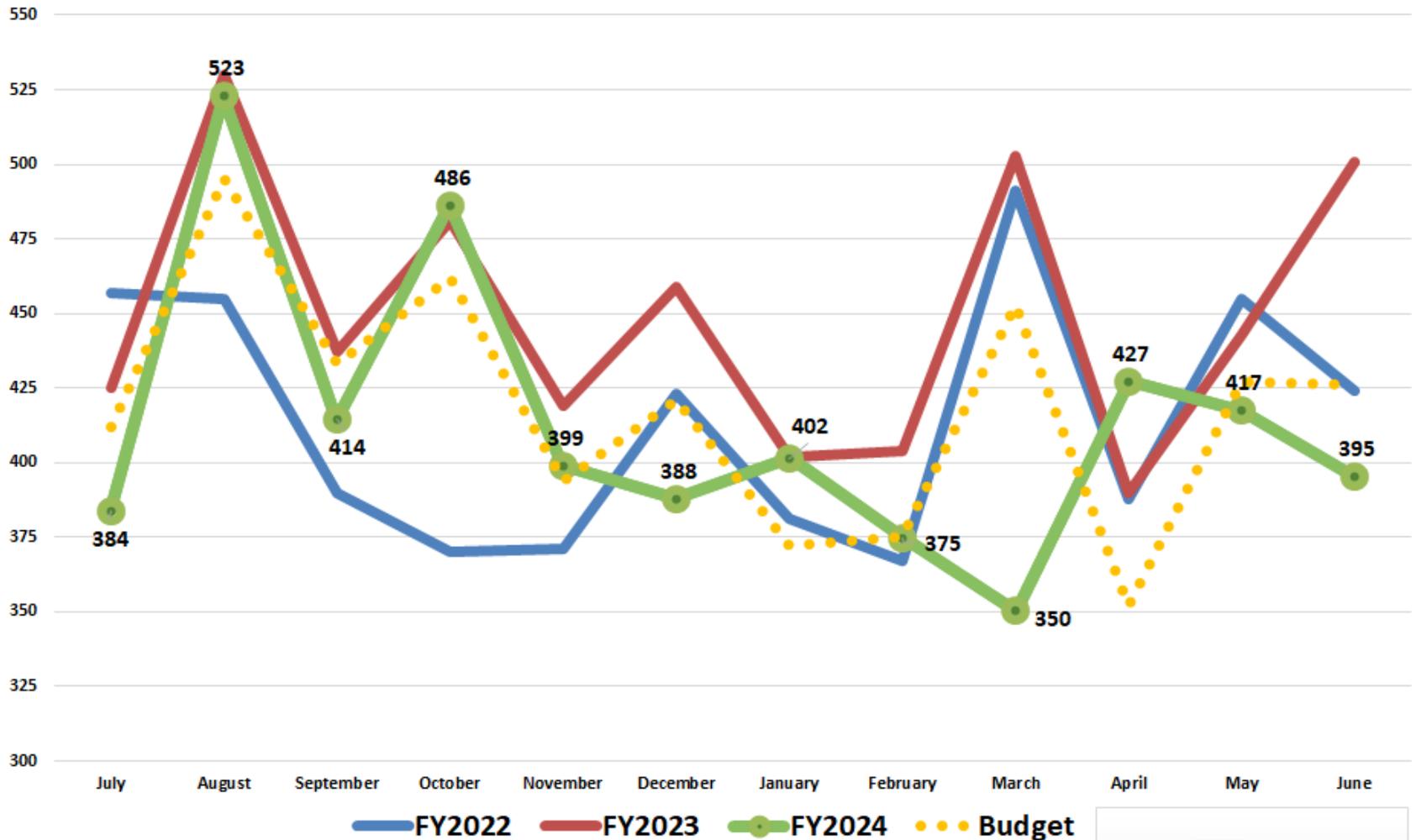
# Surgery (IP Only) - 100 Min Unit



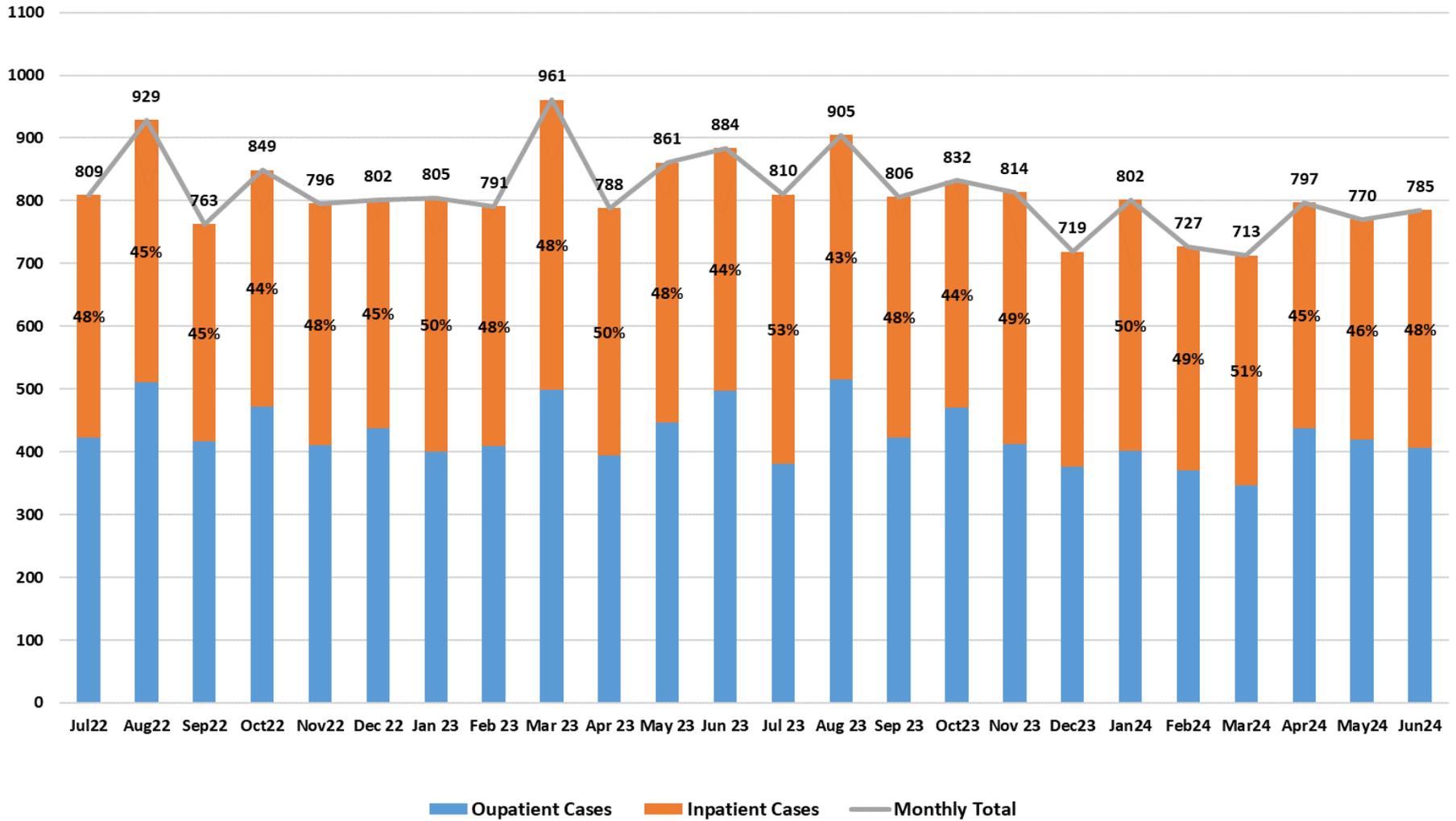
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



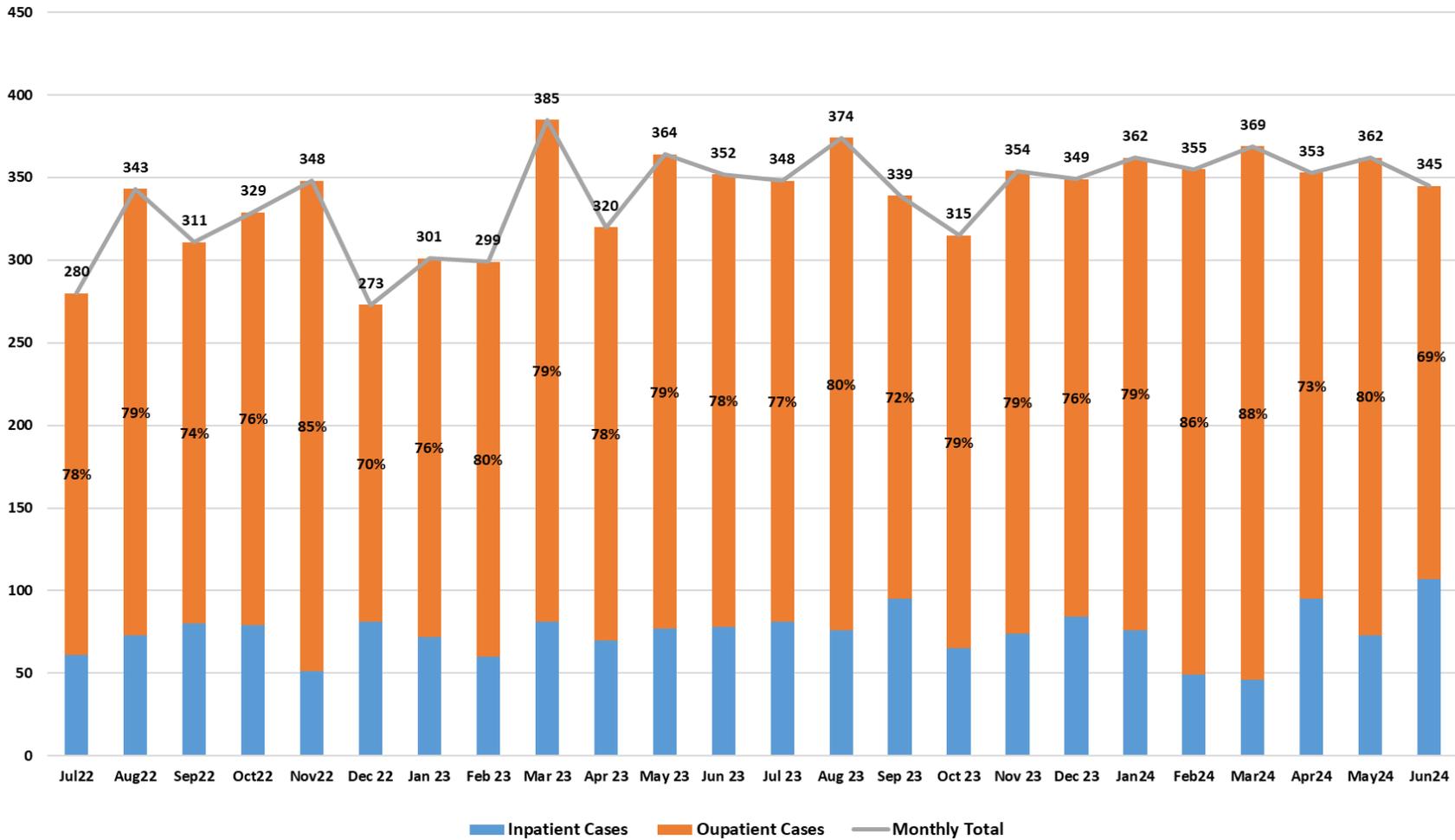
# Surgery (OP Only) - 100 Min Units



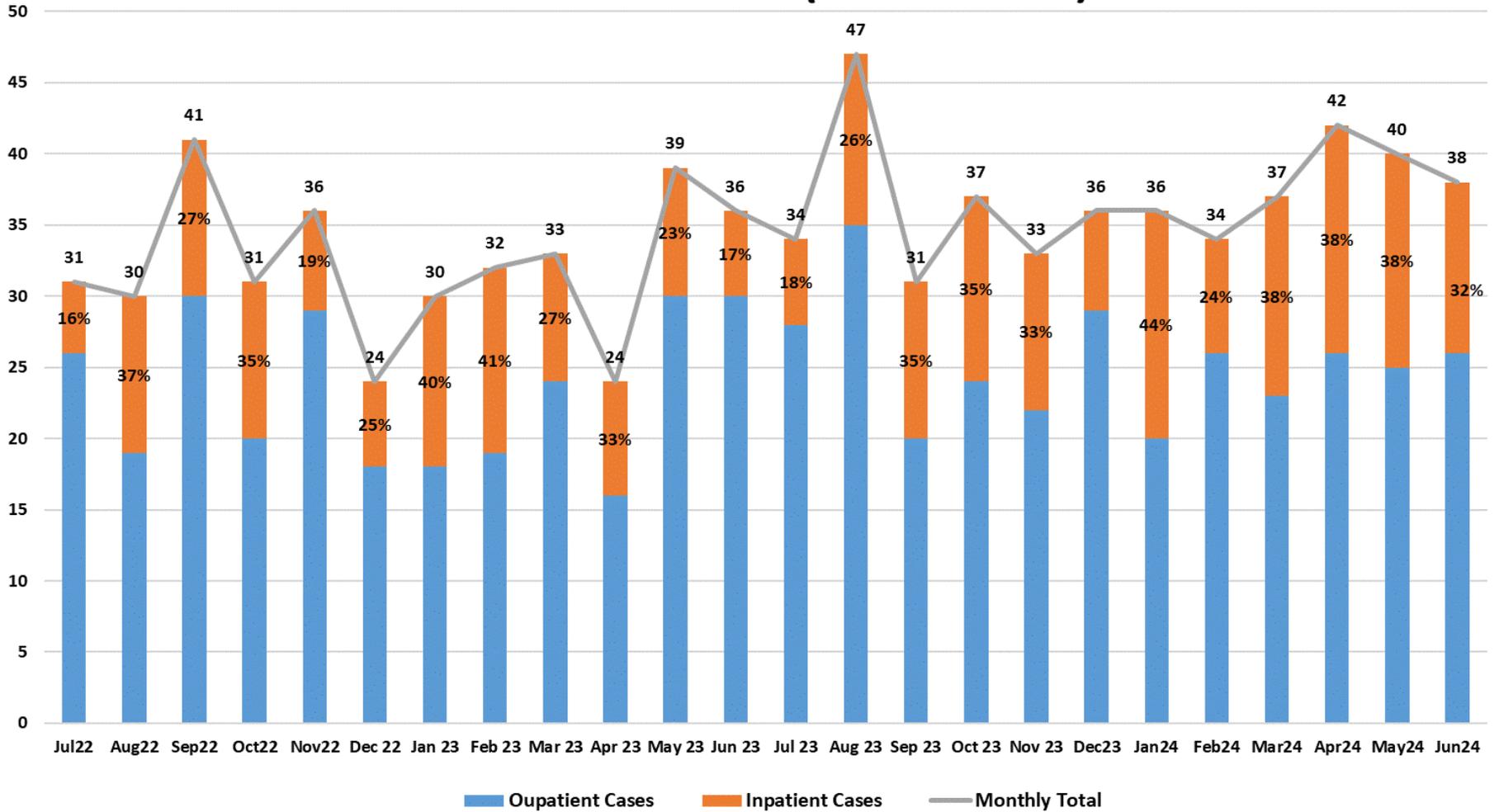
# Surgery Cases (IP & OP)



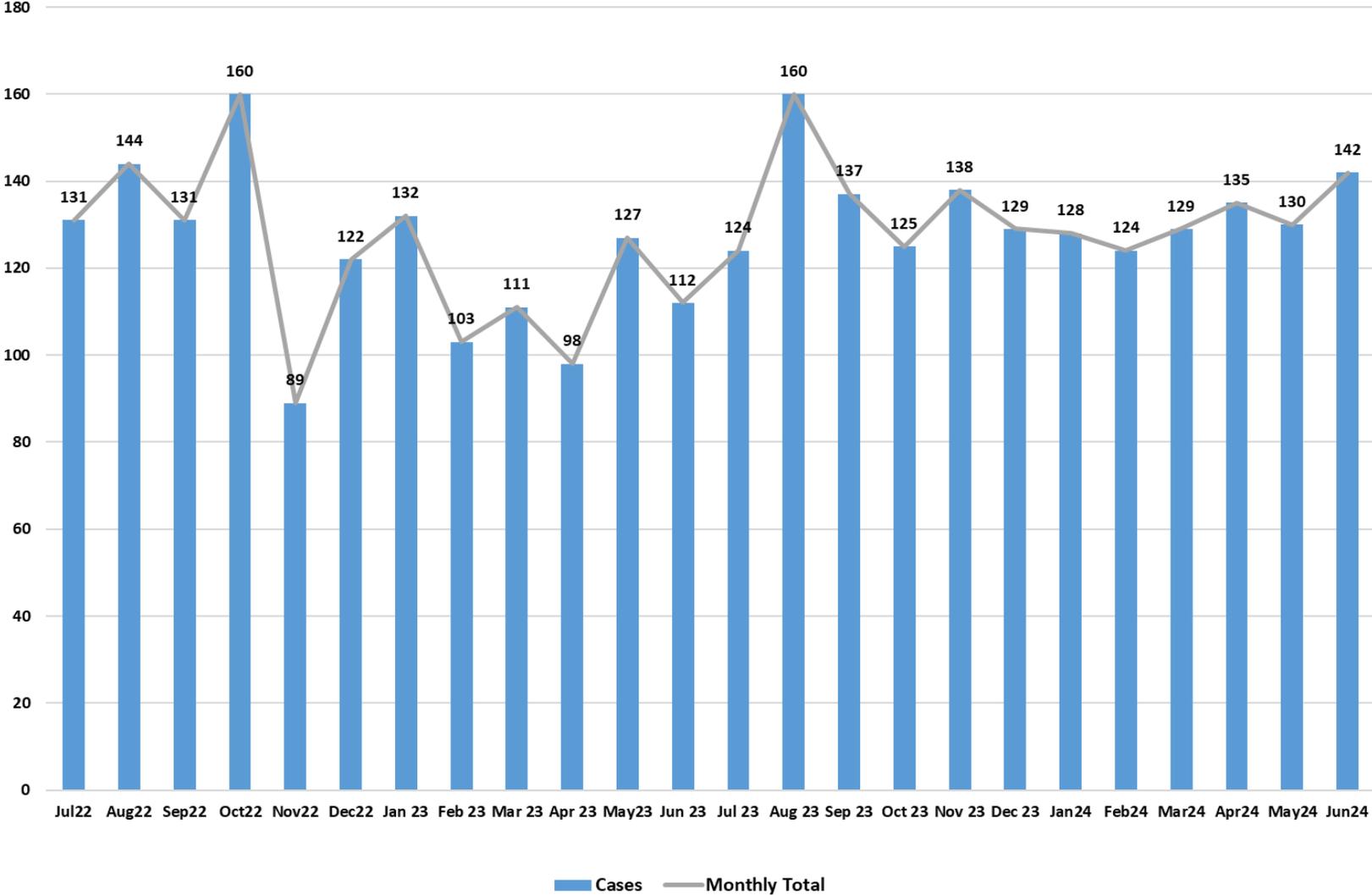
# Endo Cases (Endo Suites)



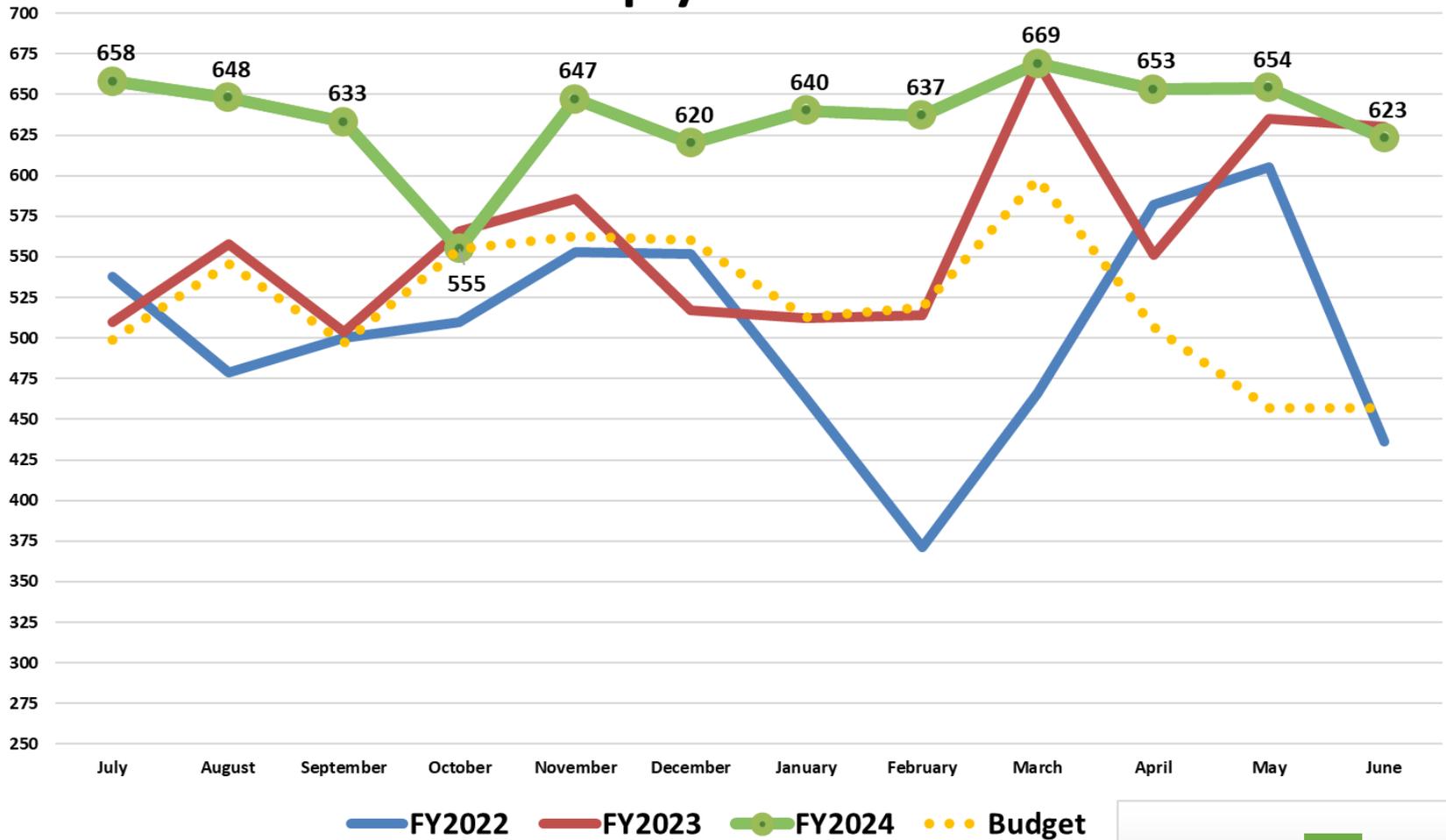
# Robotic Cases (IP & OP)



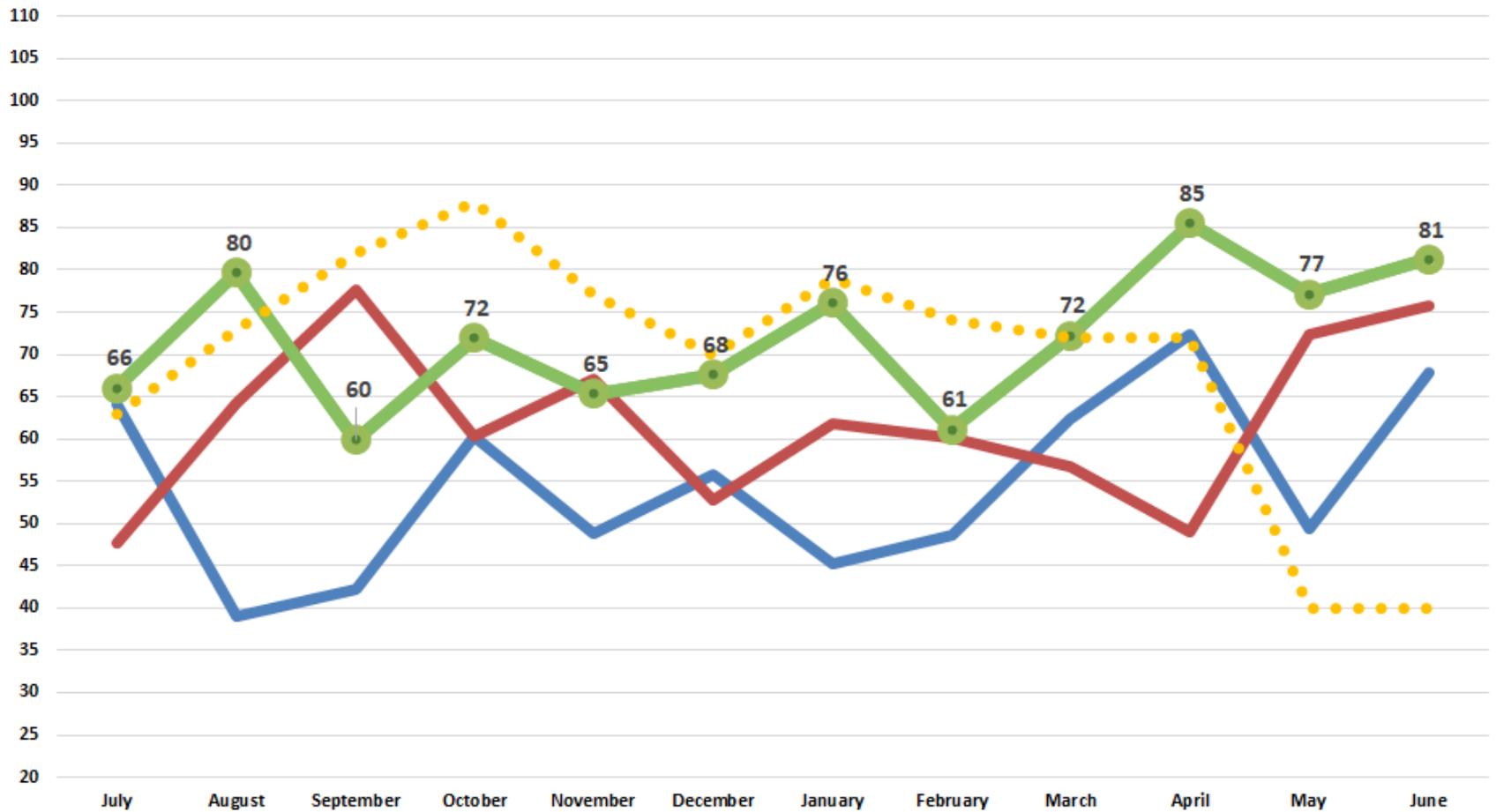
# OB Cases



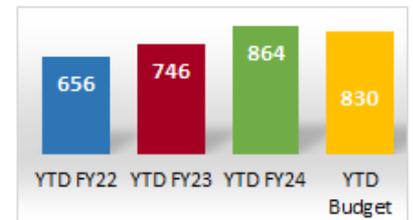
# Endoscopy Procedures



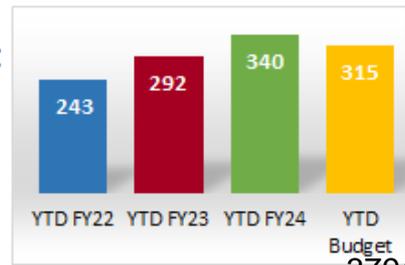
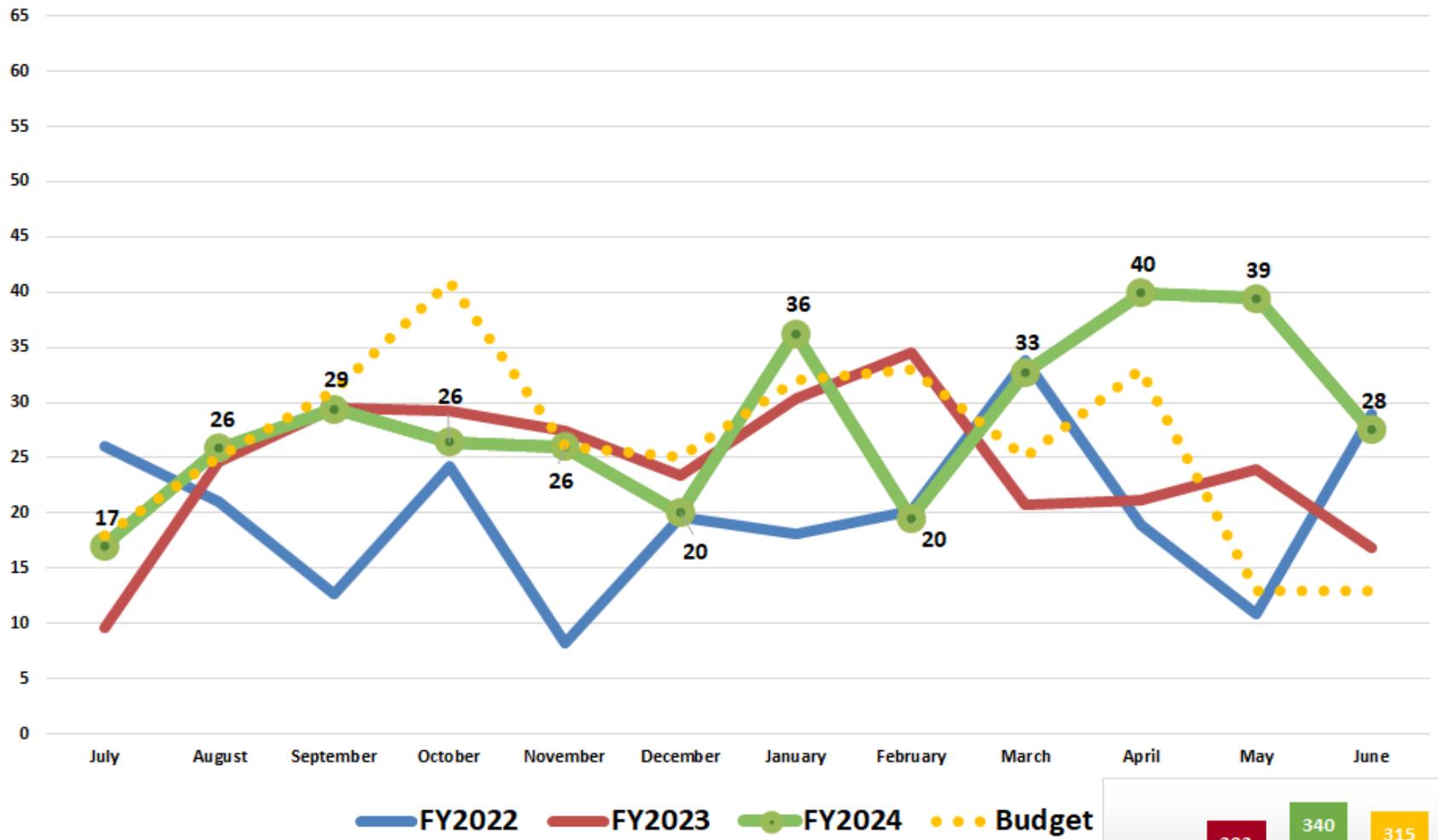
# Robotic Surgery (IP & OP) - 100 Min Units



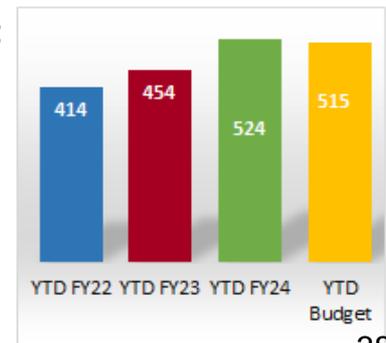
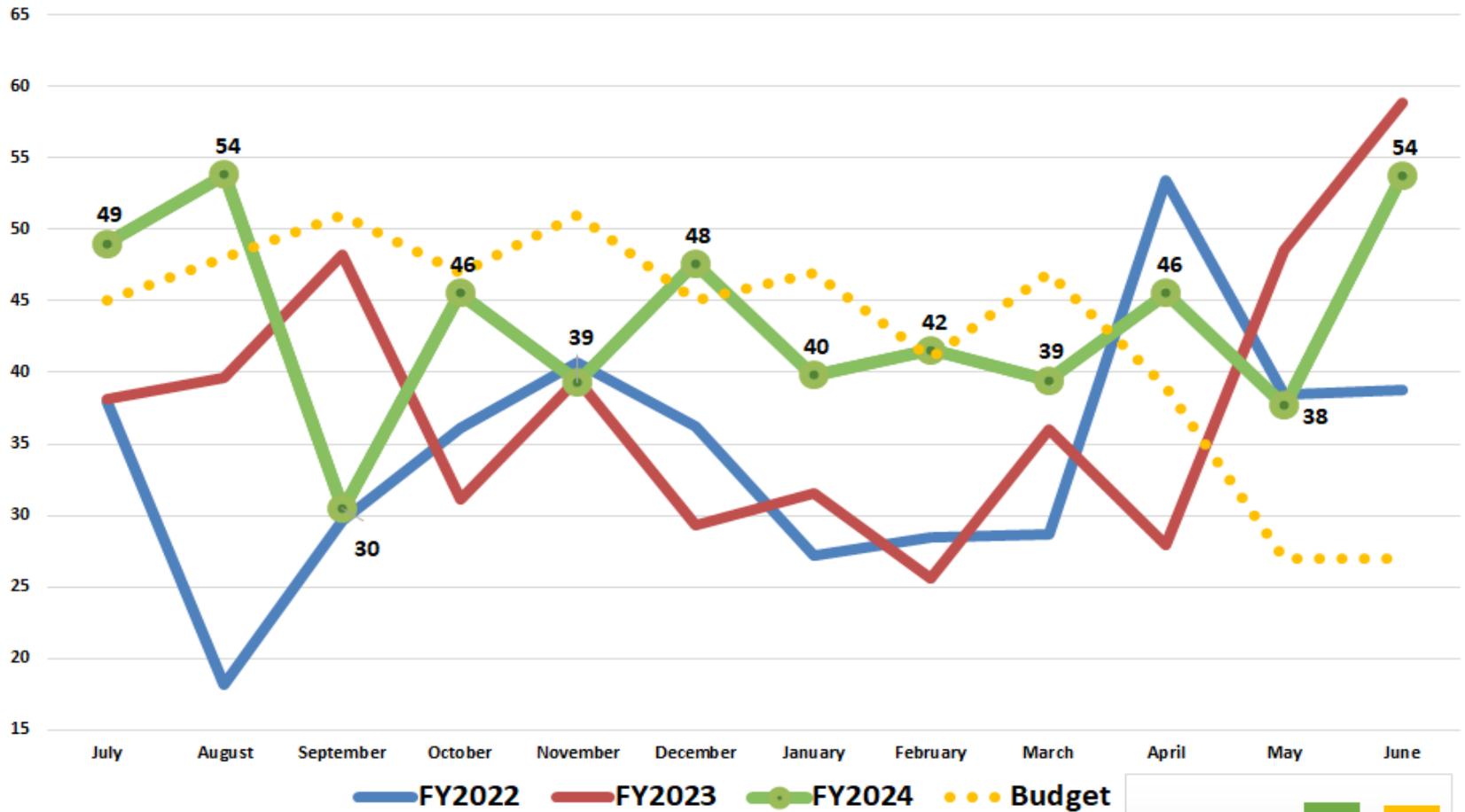
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



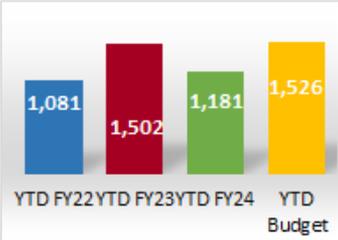
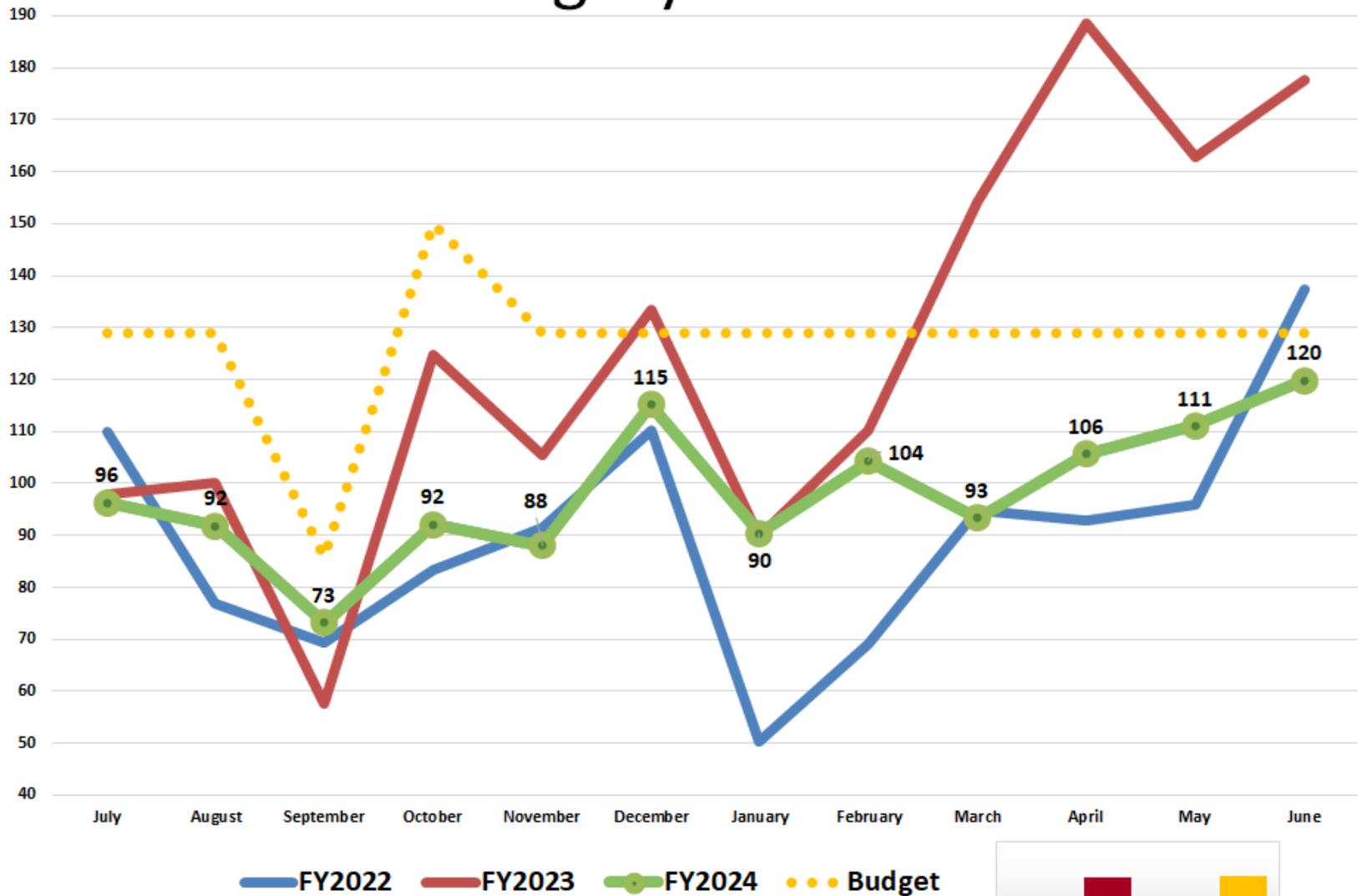
# Robotic Surgery Minutes (IP Only)



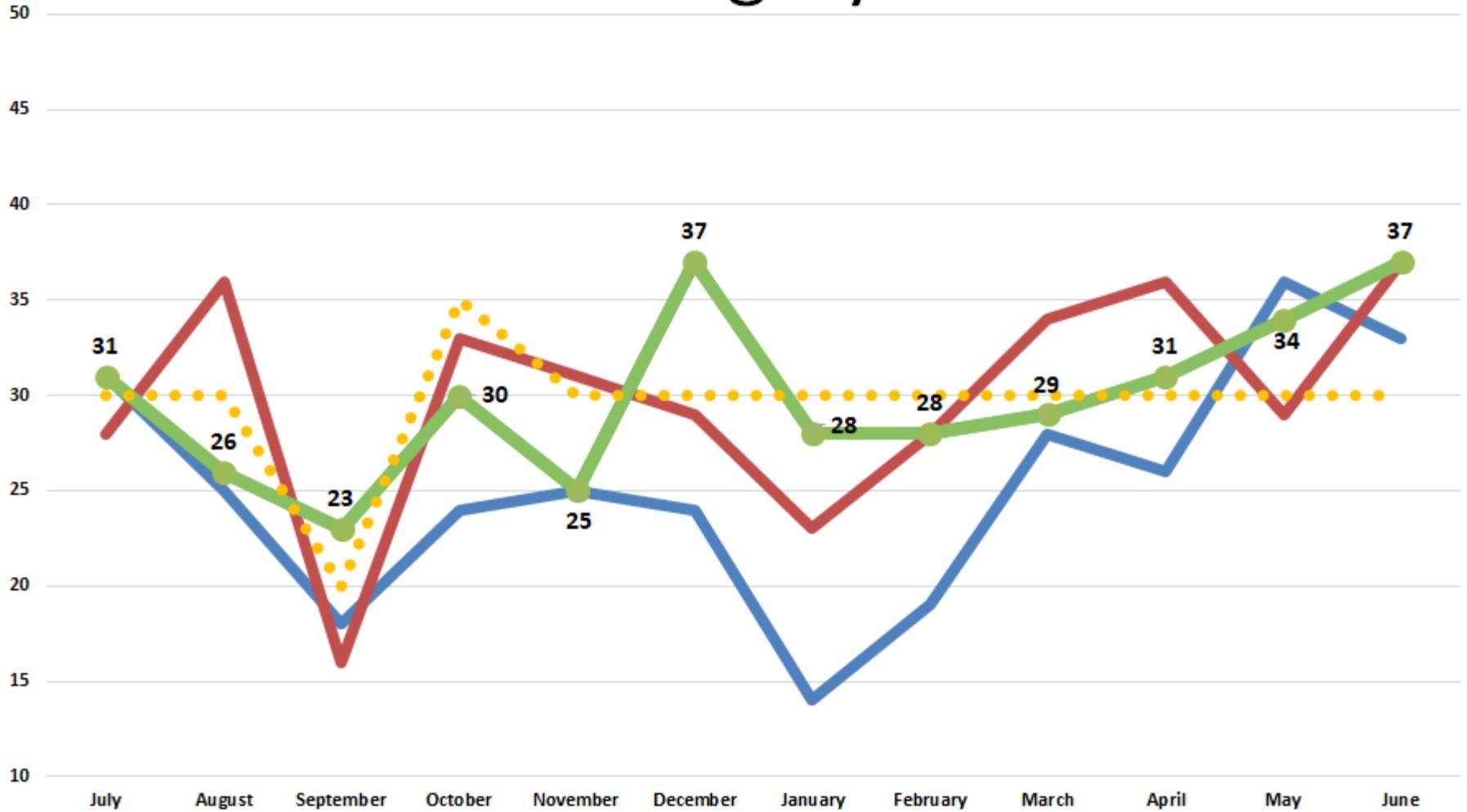
# Robotic Surgery Minutes (OP Only)



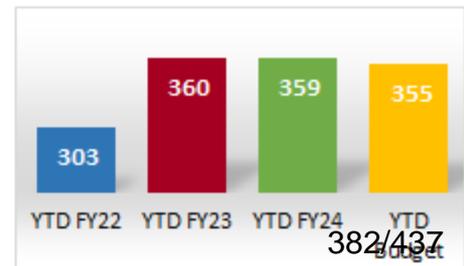
# Cardiac Surgery - 100 Min Units



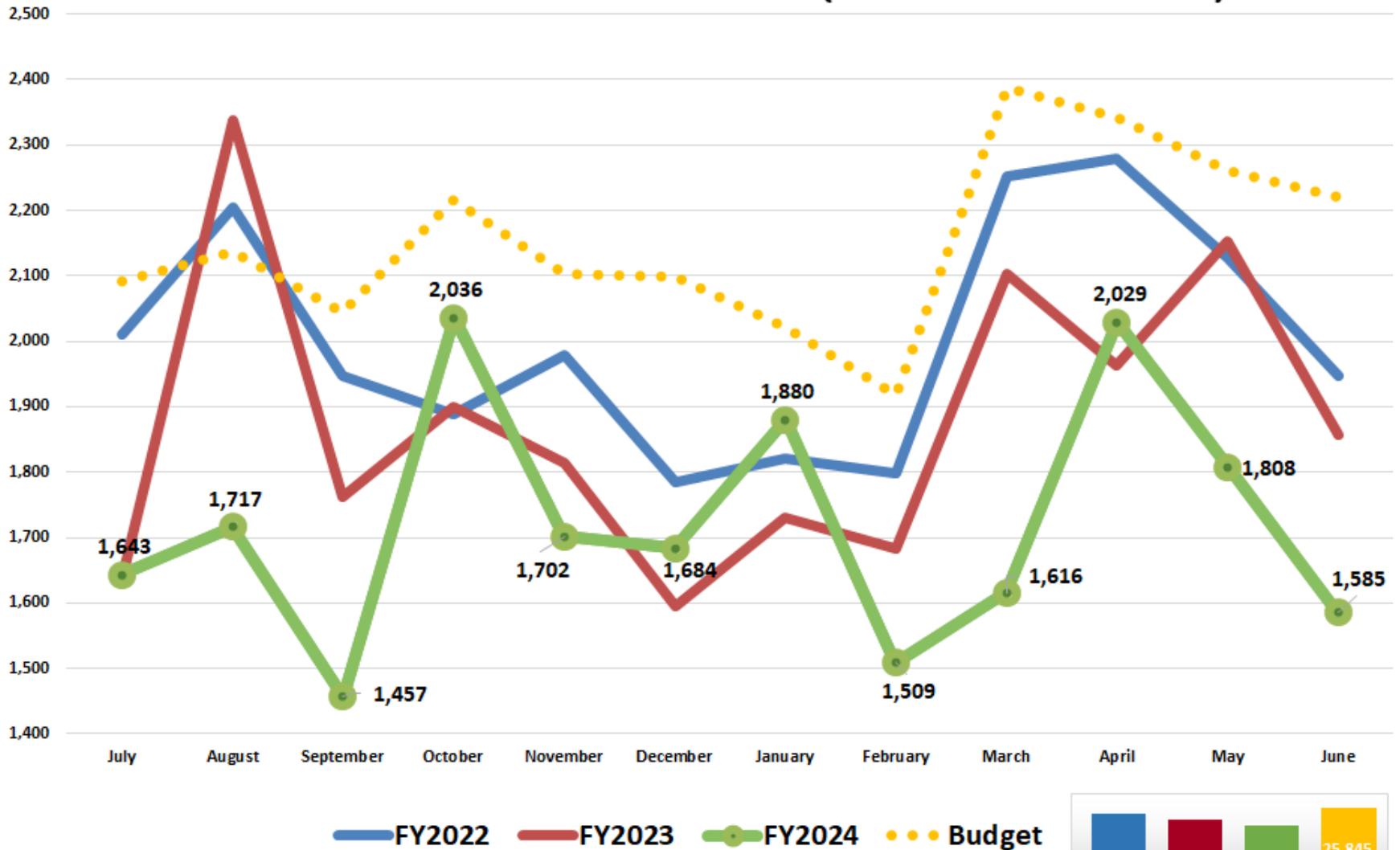
# Cardiac Surgery Cases



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

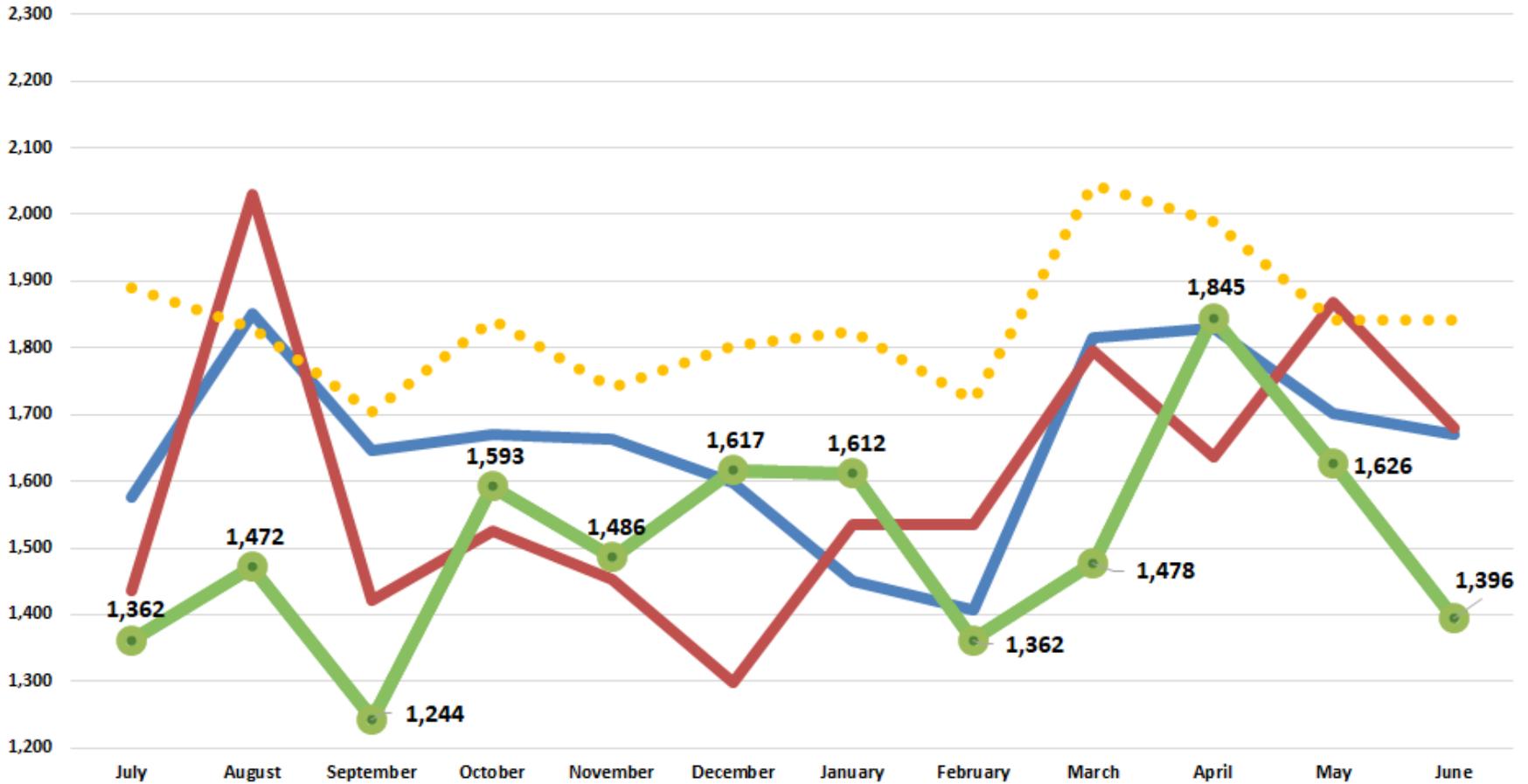


# Rad Onc Treatments (Vis. & Hanf.)



24,042	22,537	20,666	25,845
YTD FY22	YTD FY23	YTD FY24	YTD Budget

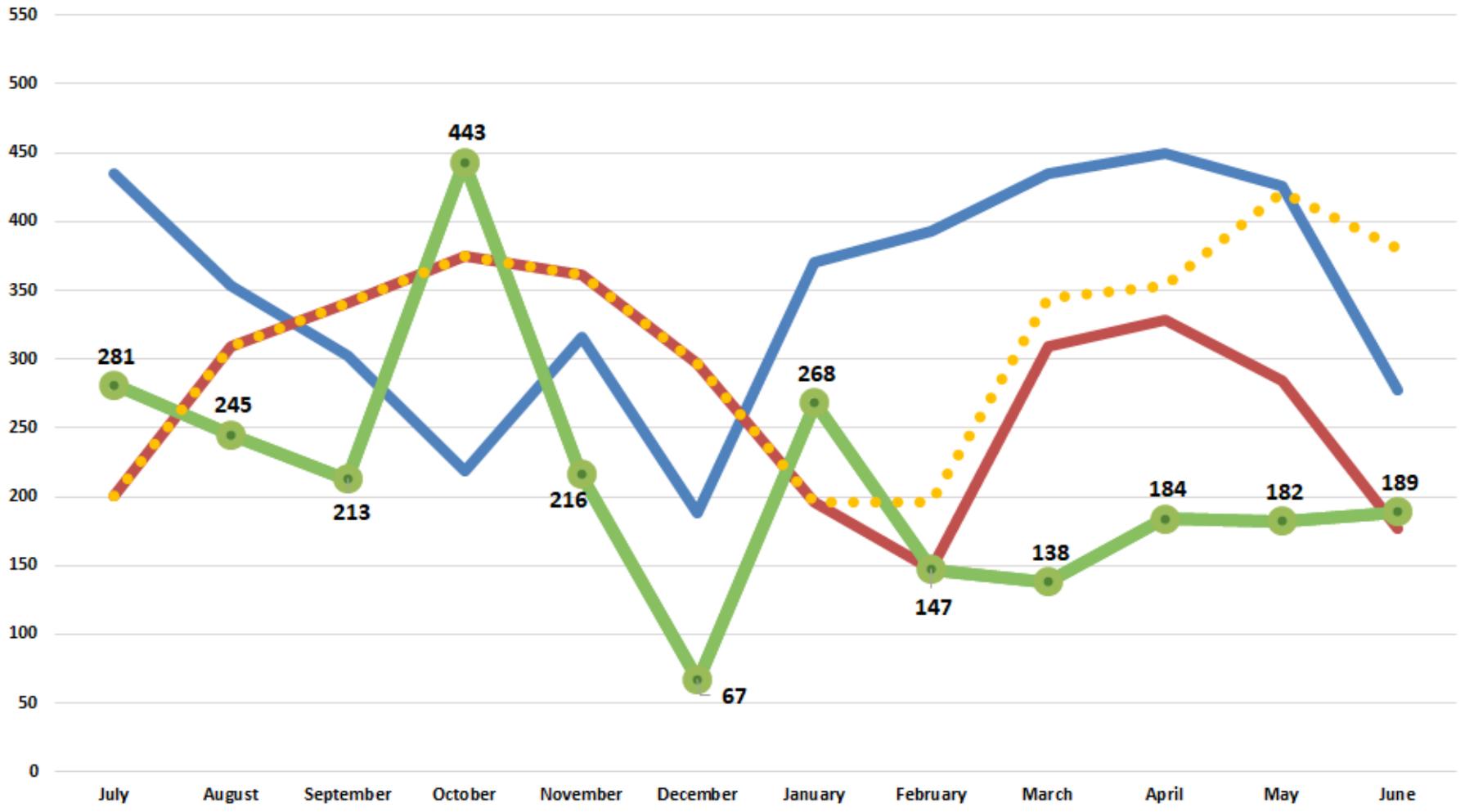
# Rad Onc Visalia



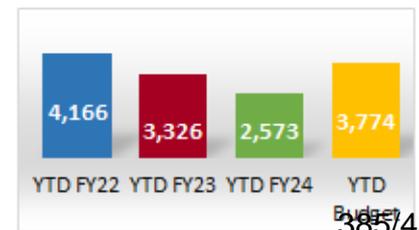
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



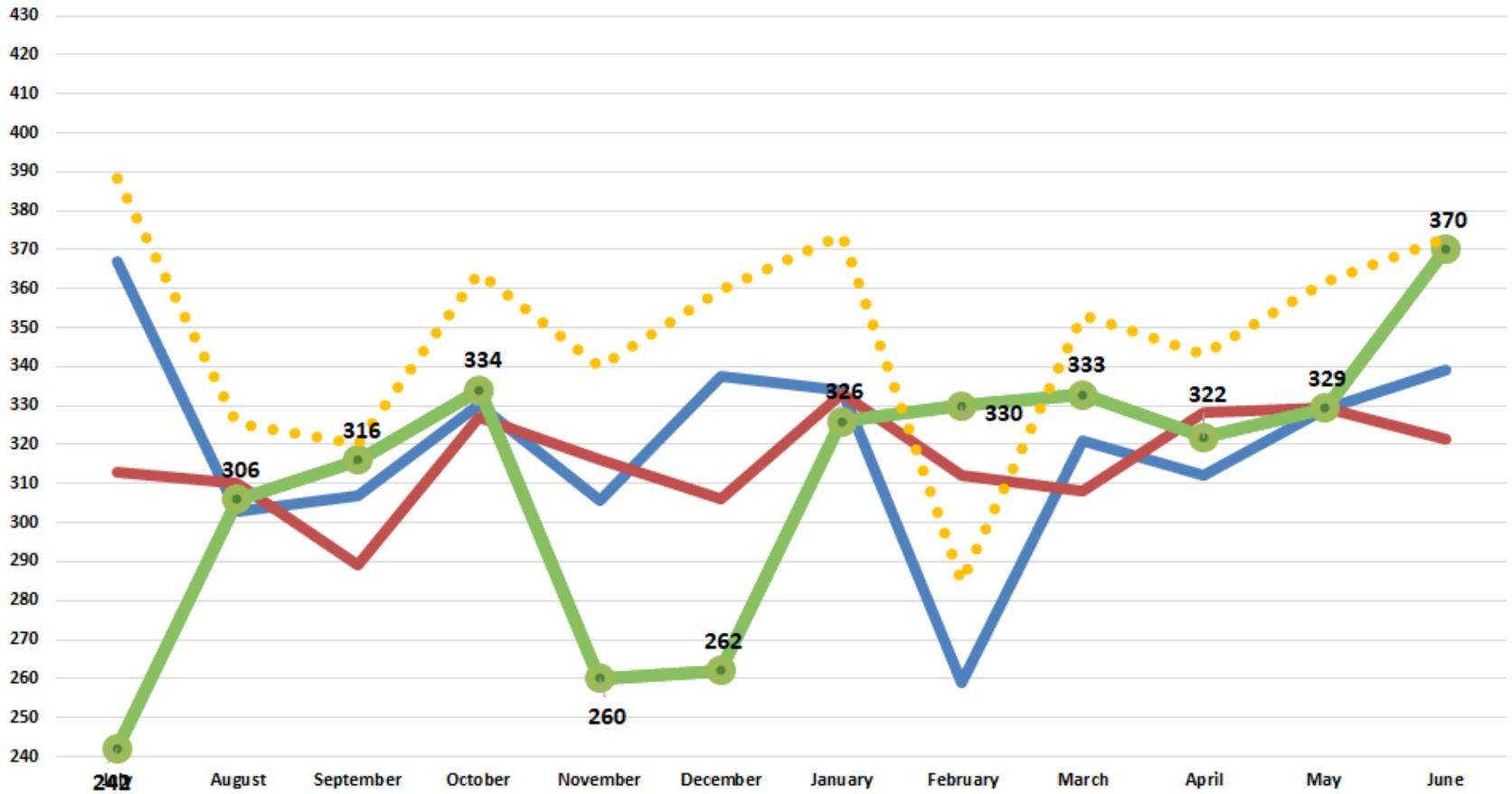
# Rad Onc Hanford



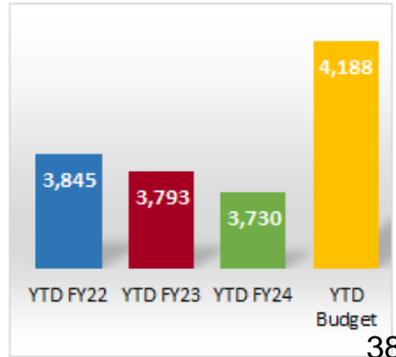
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



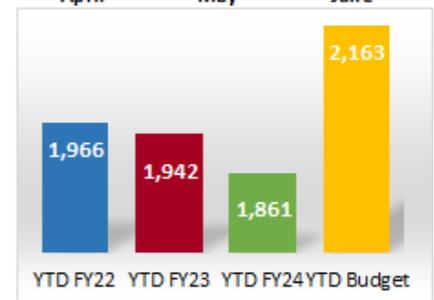
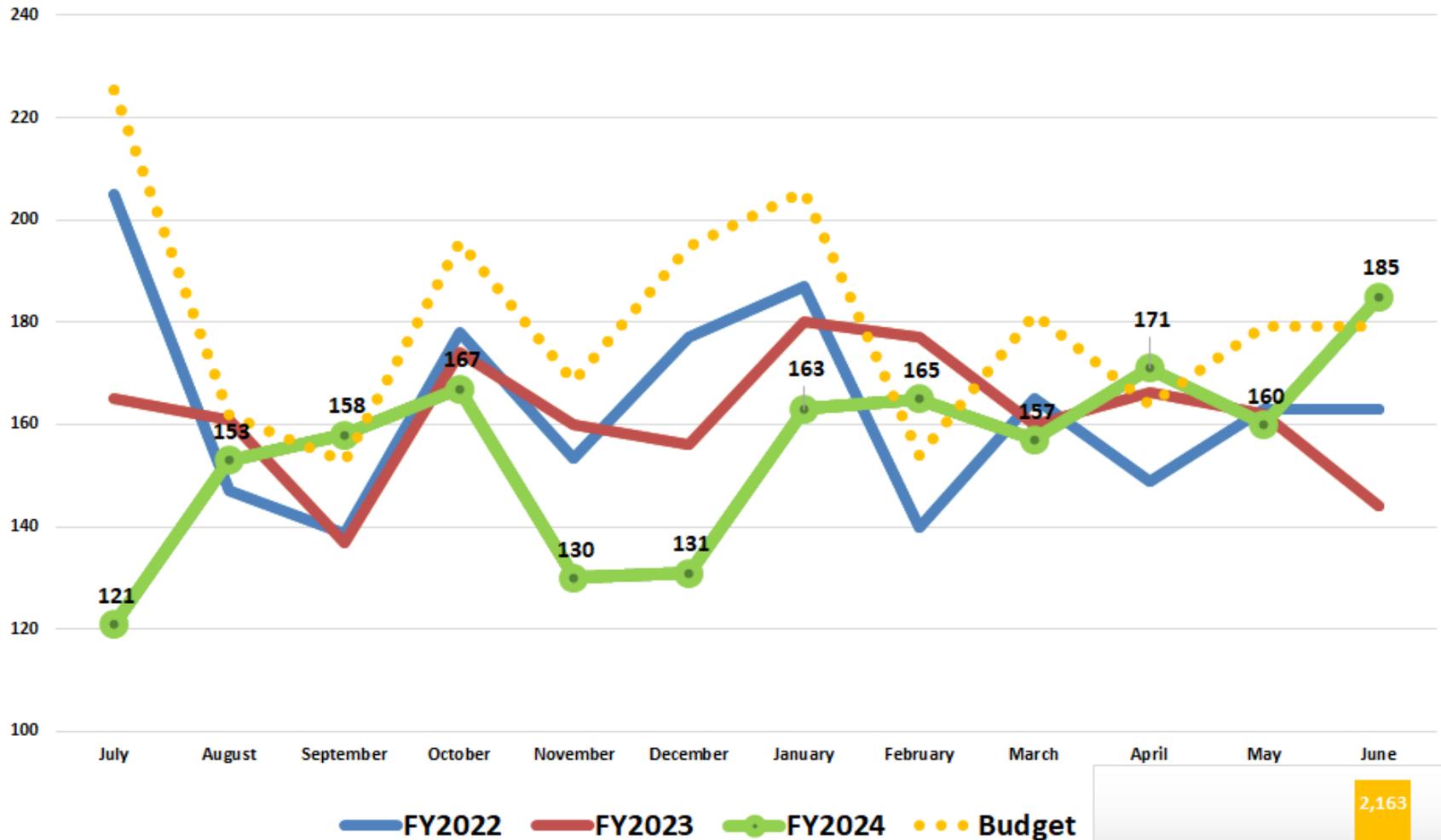
# Cath Lab (IP & OP) – 100 Min Units



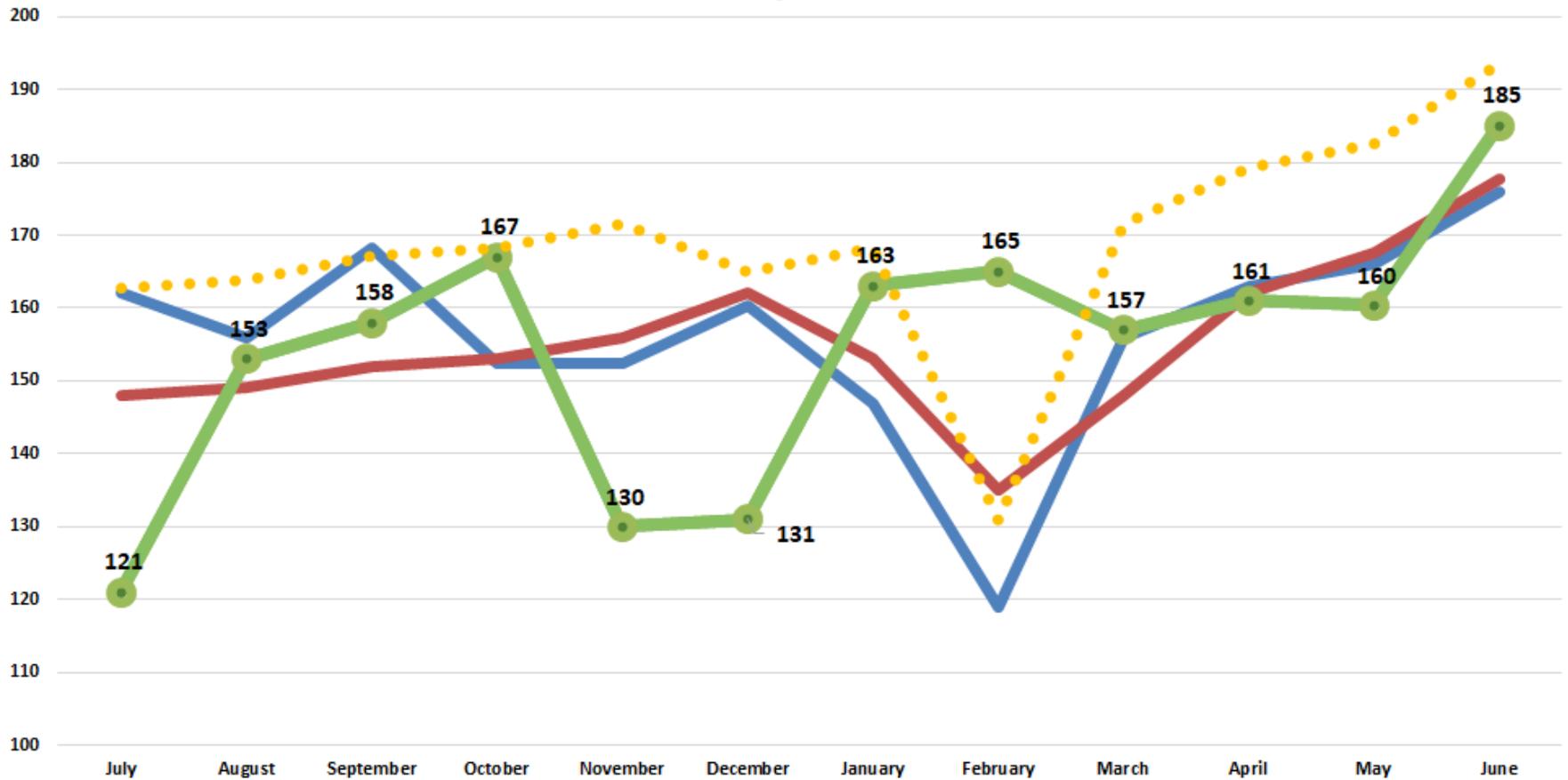
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



# Cath Lab (IP Only) – 100 Min Units



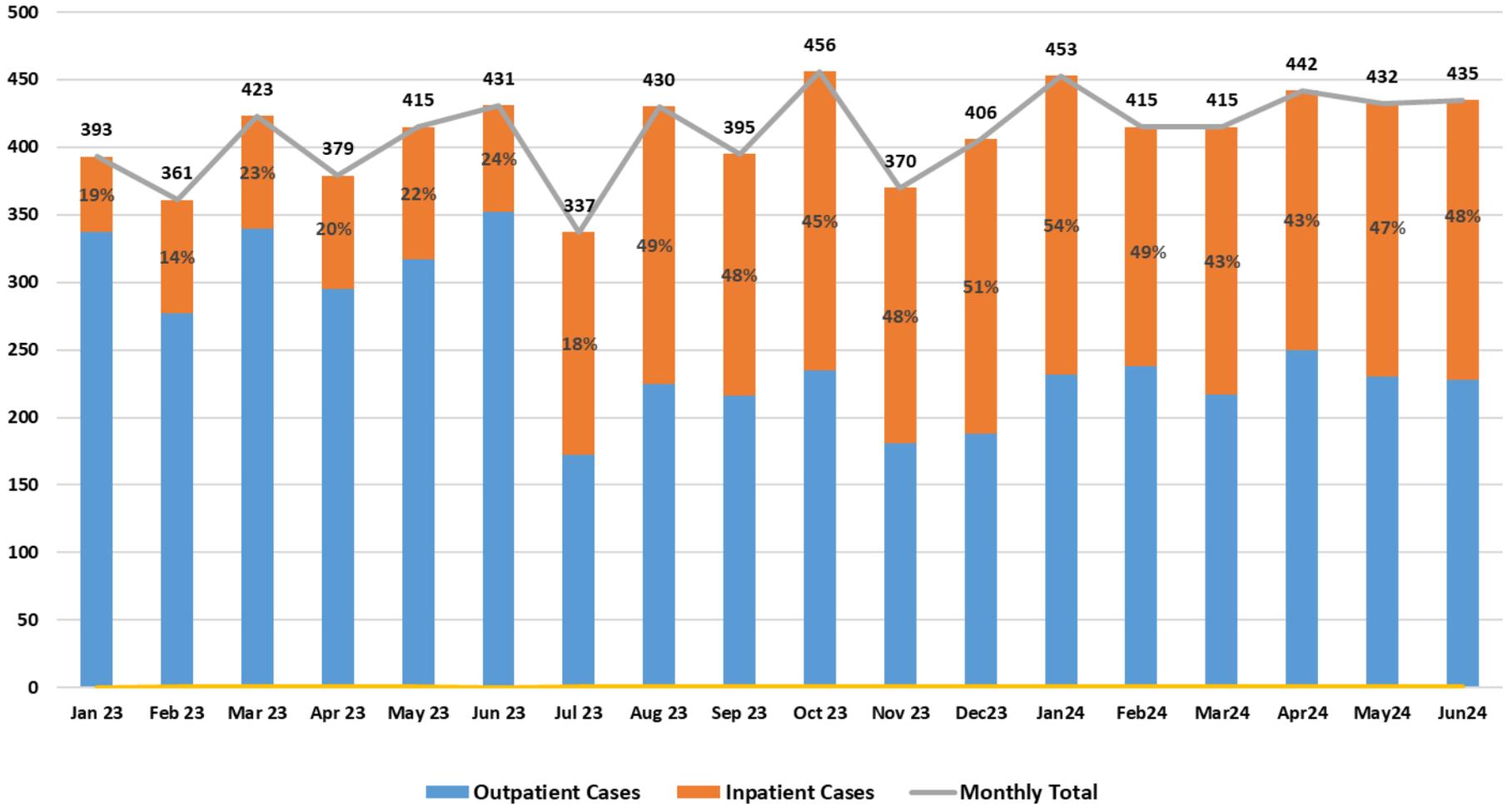
# Cath Lab (OP Only) – 100 Min Units



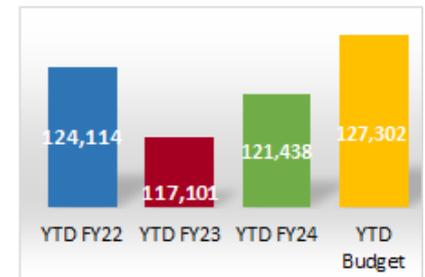
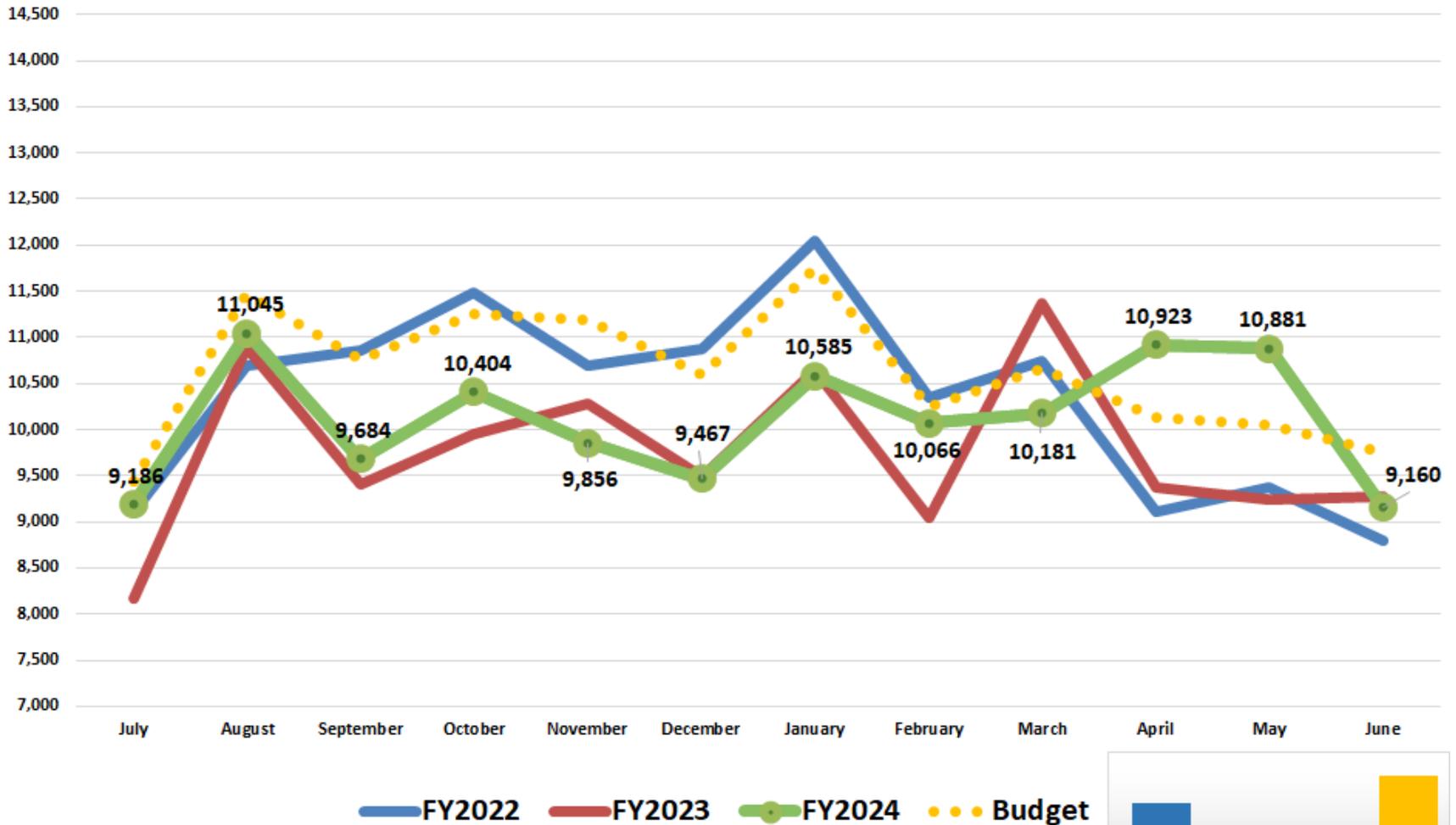
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



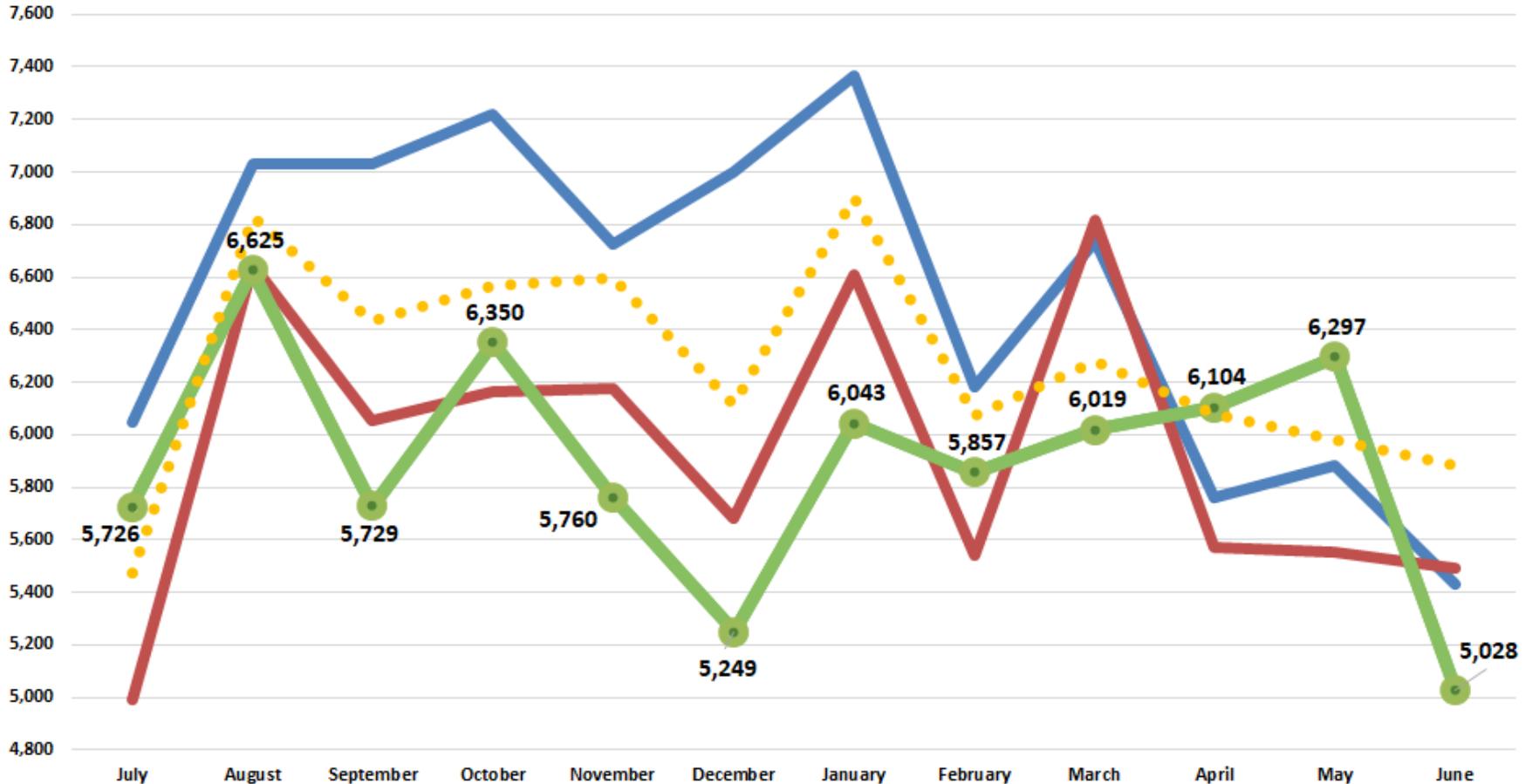
# Cath Lab Patients (IP & OP)



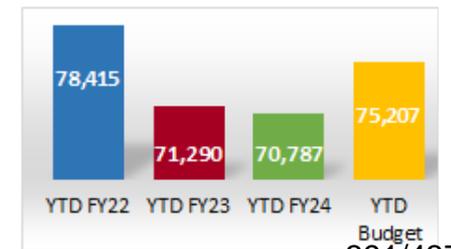
# Rural Health Clinics Registrations



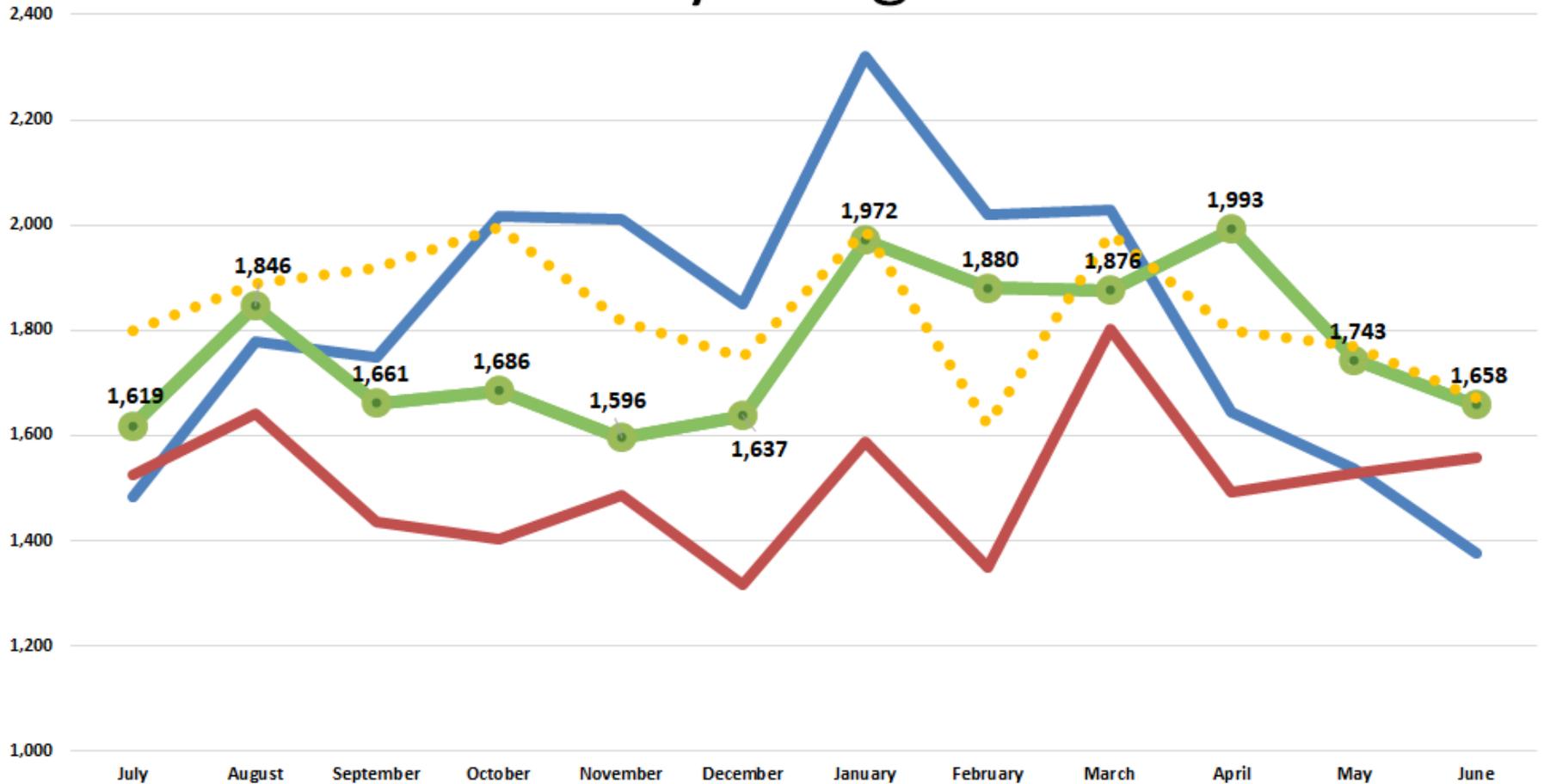
# RHC Exeter - Registrations



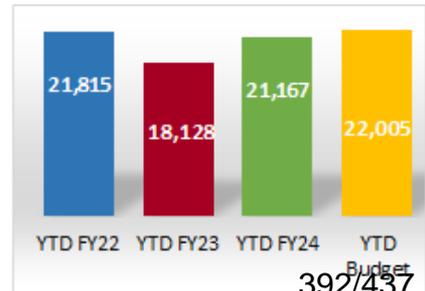
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 ●●● Budget



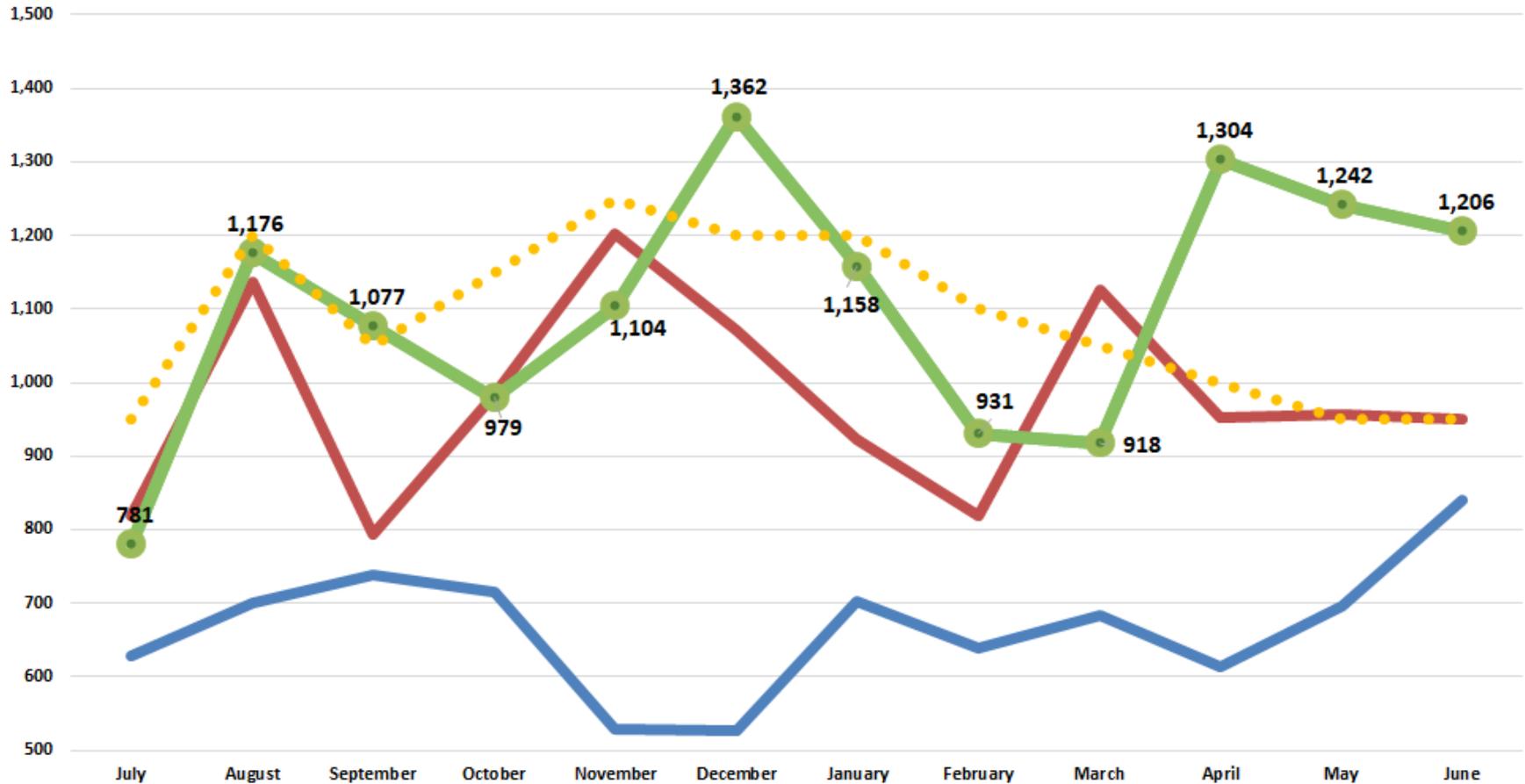
# RHC Lindsay - Registrations



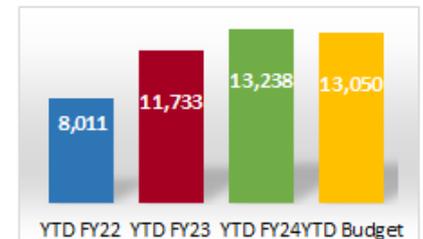
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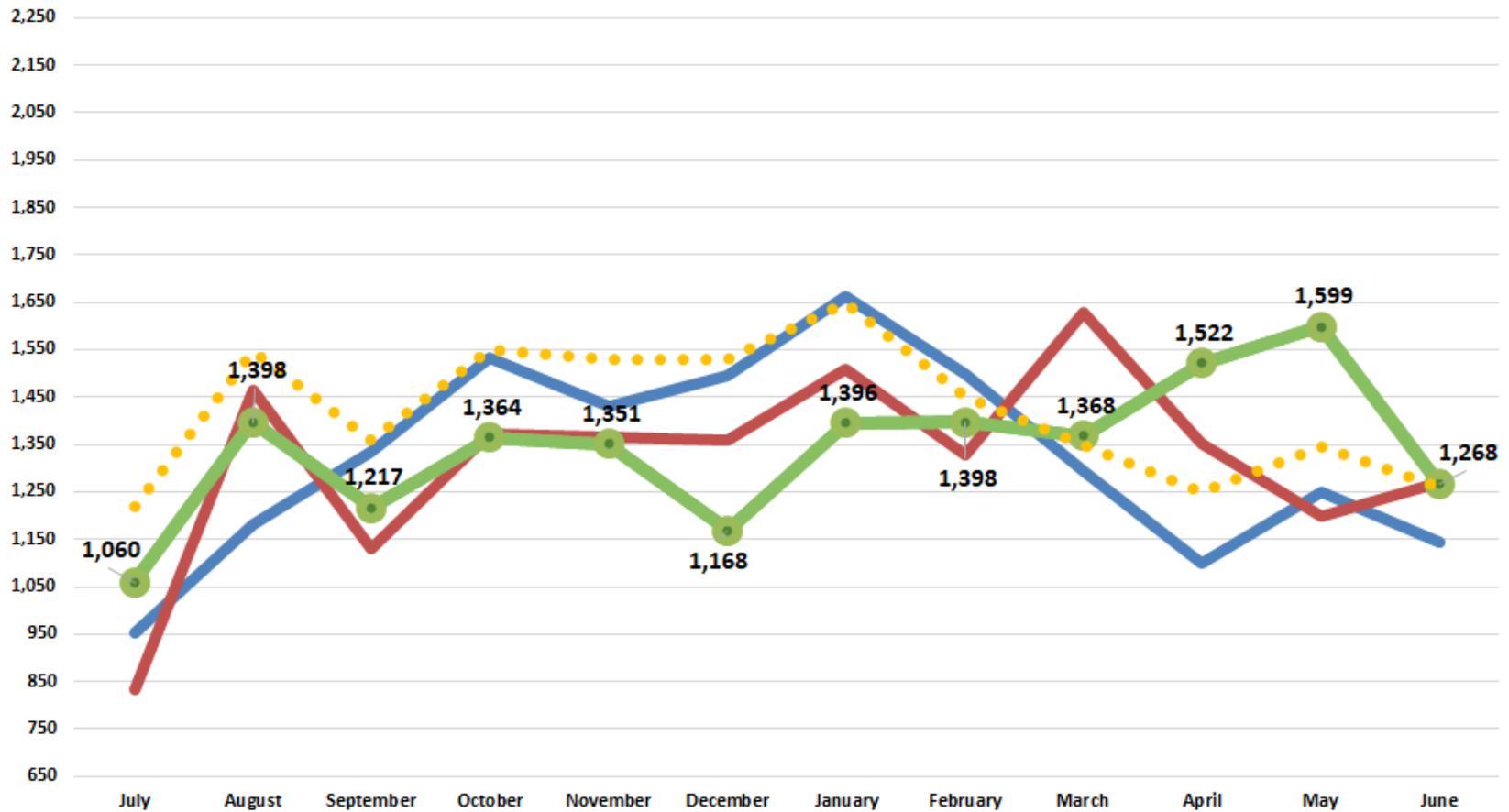
# RHC Woodlake - Registrations



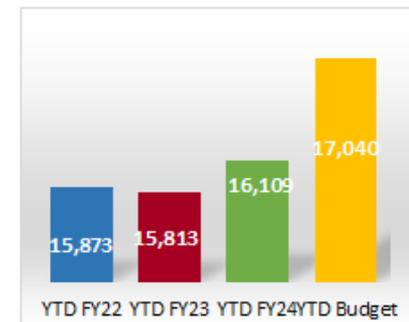
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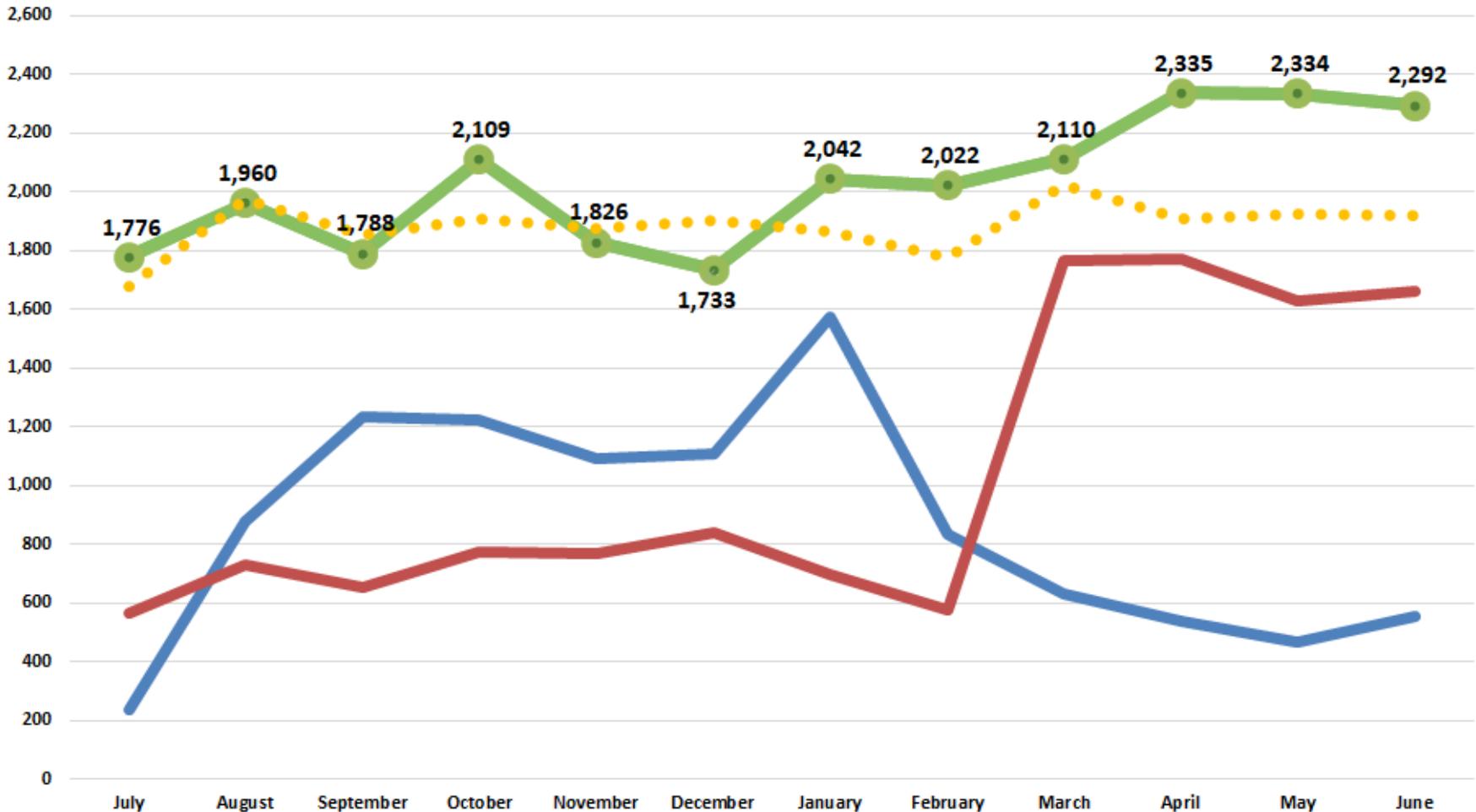
# RHC Dinuba - Registrations



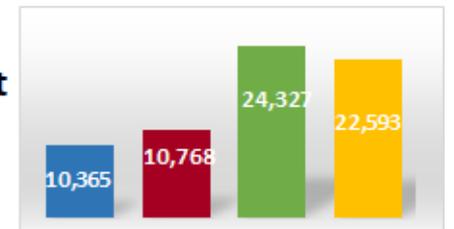
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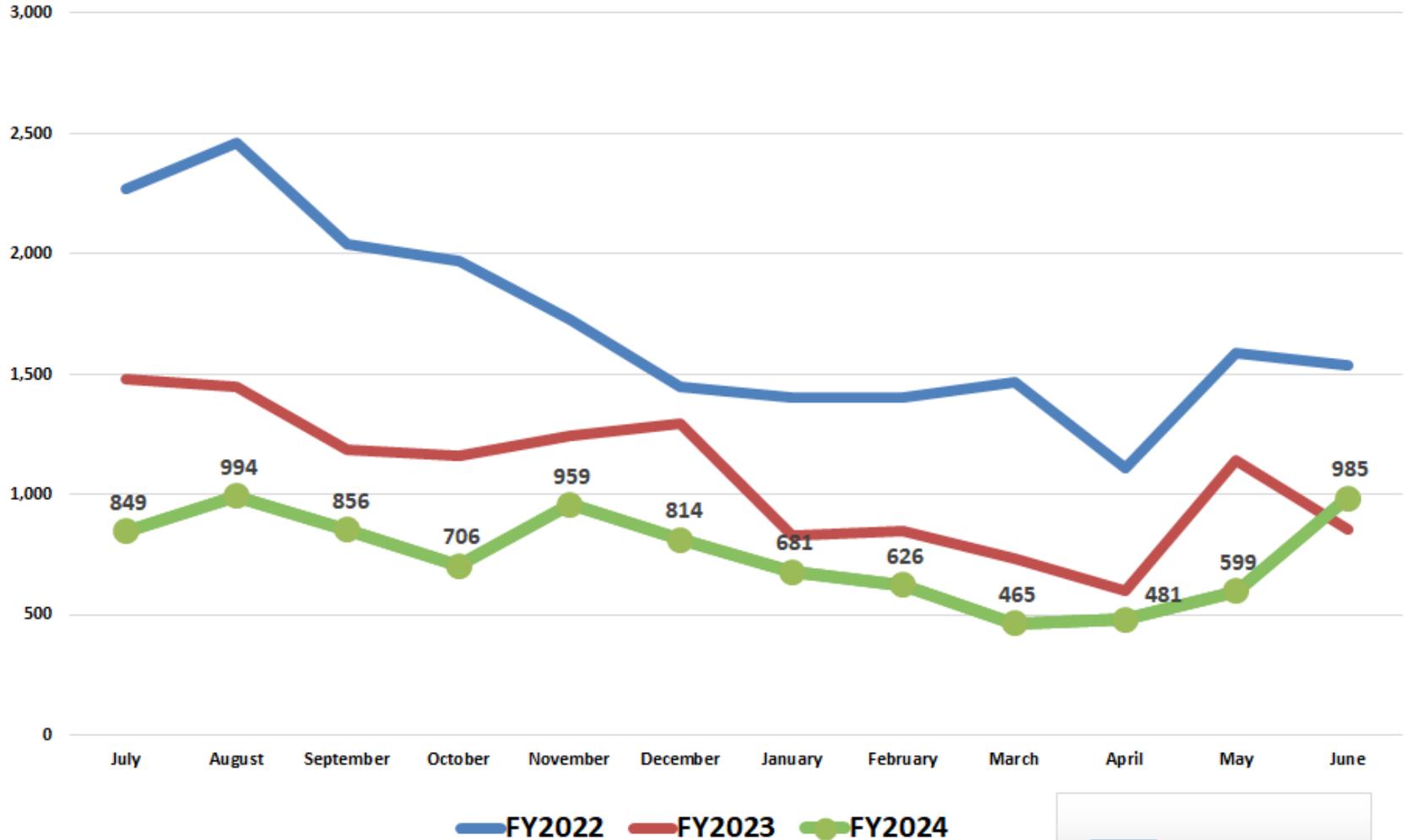
# RHC Tulare - Registrations



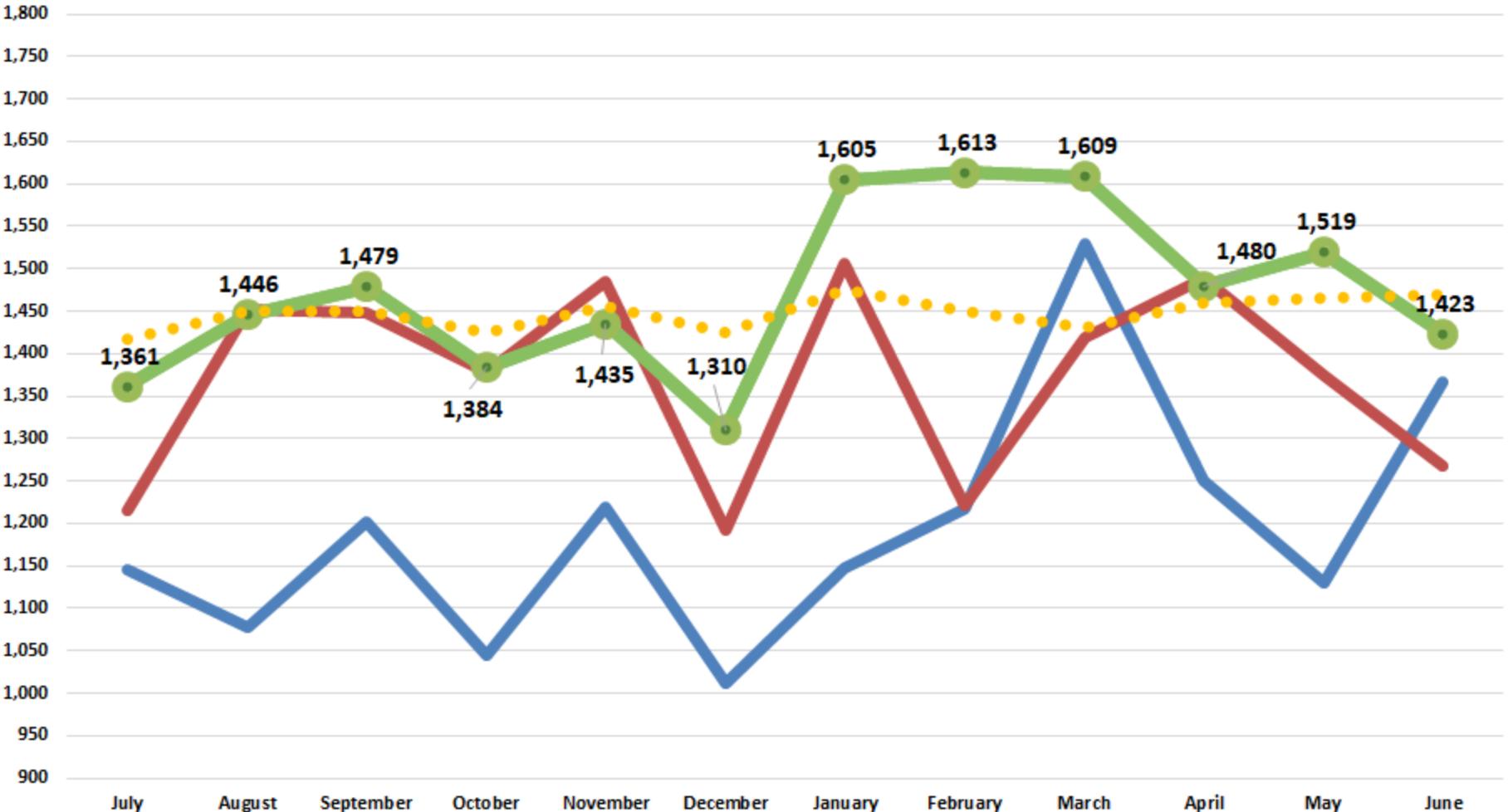
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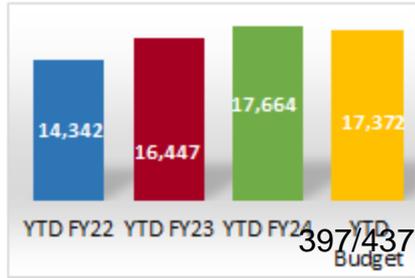
# Neurosurgery Clinic - wRVU's



# Sequoia Cardiology Registrations

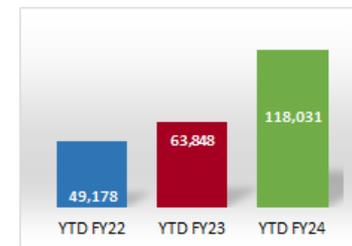
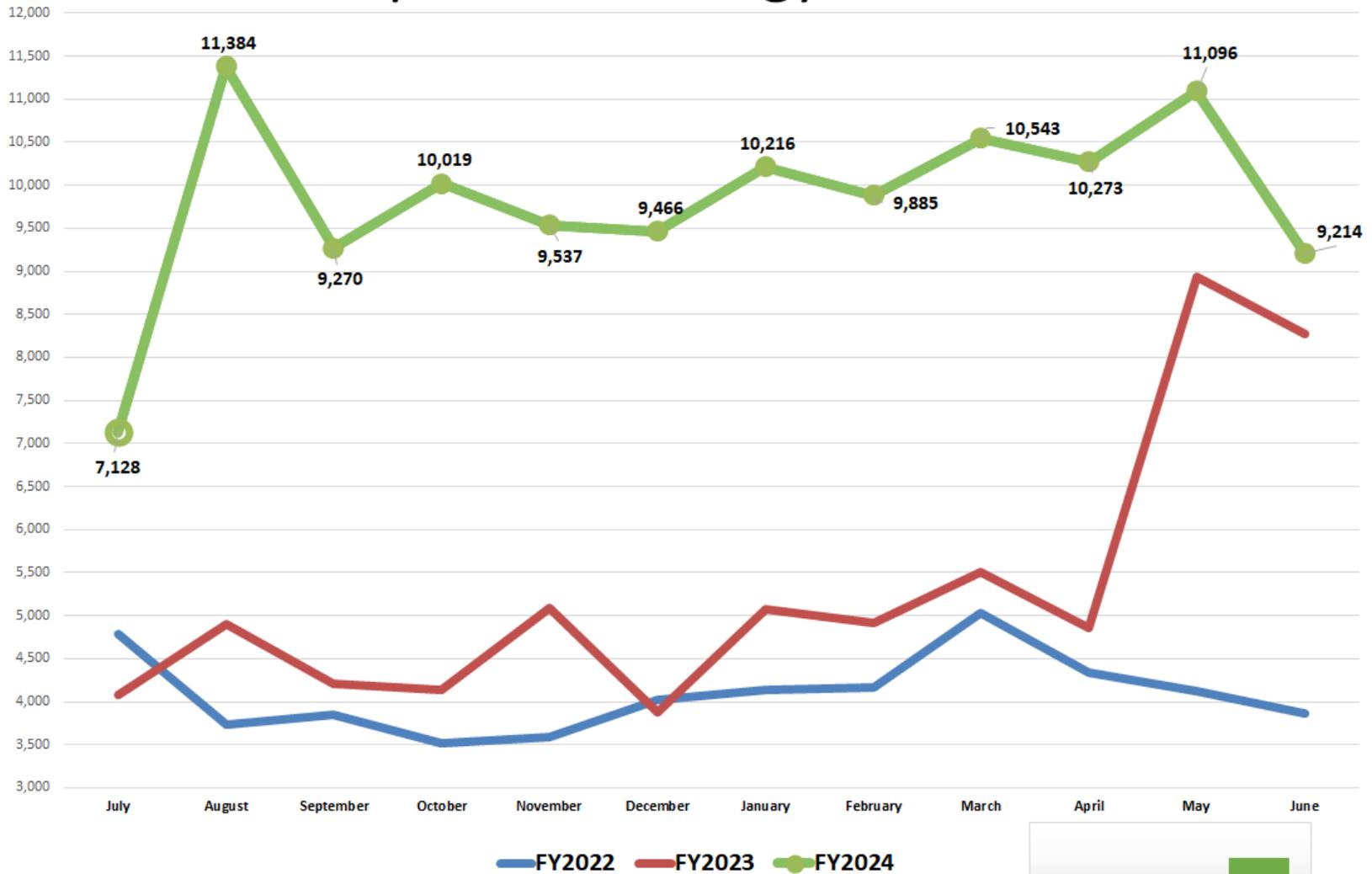


—●— FY2022   
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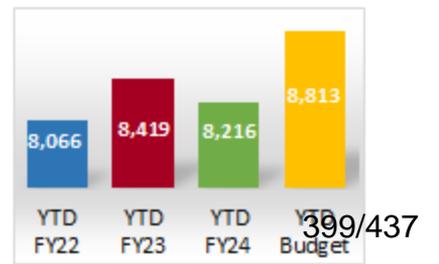
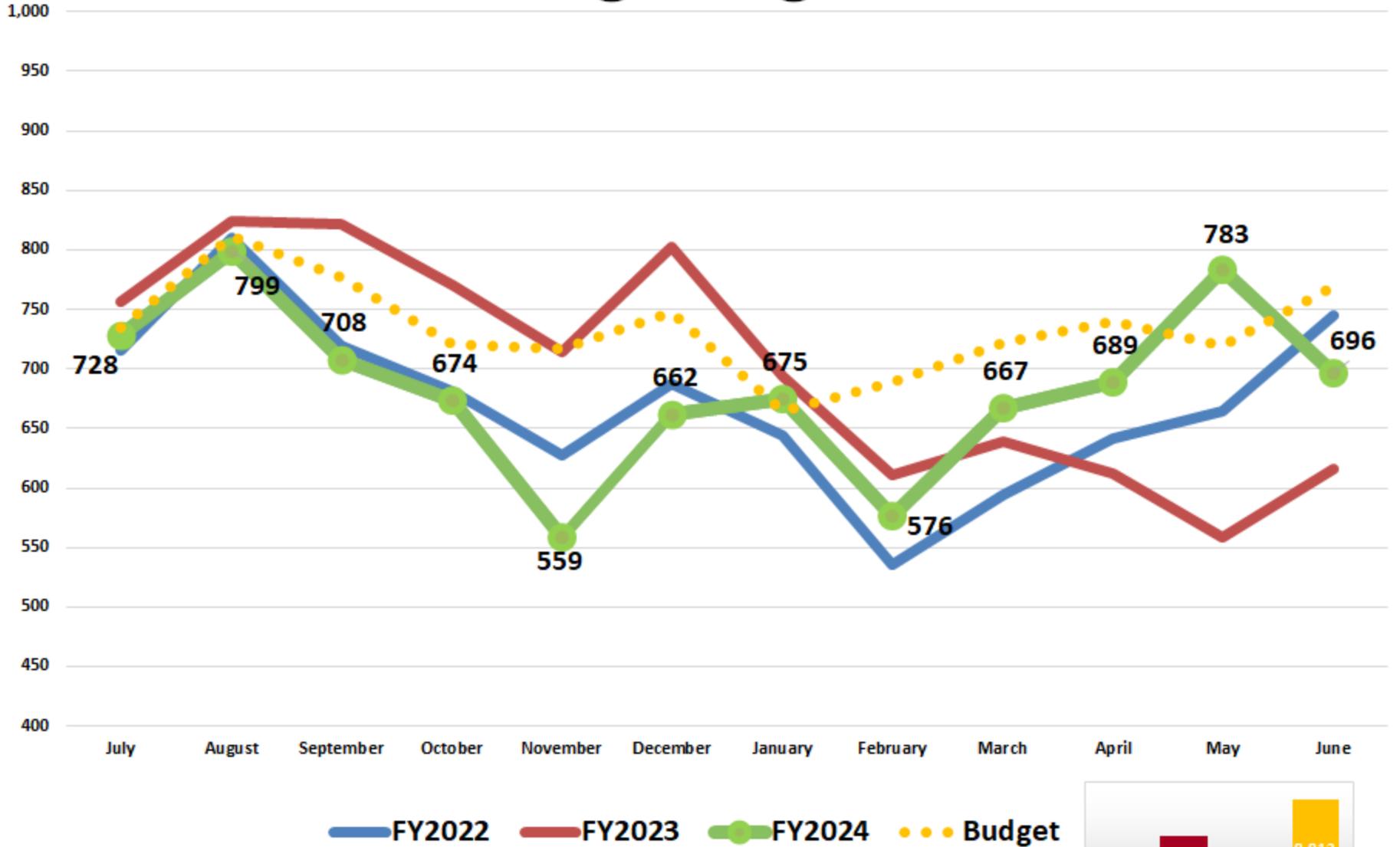


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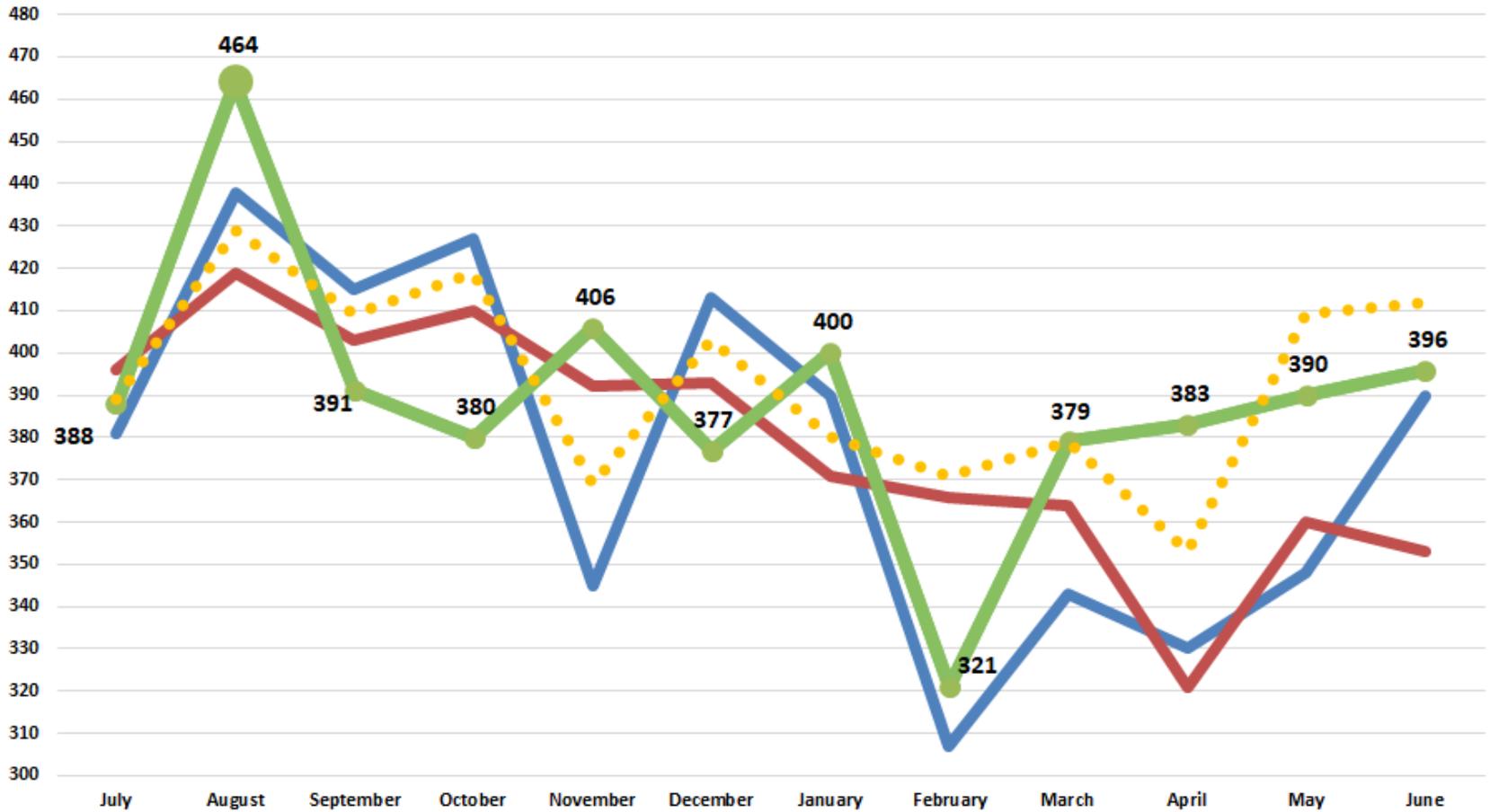
# Sequoia Cardiology - wRVU's



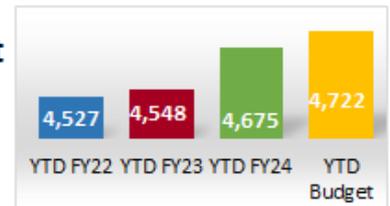
# Labor Triage Registrations



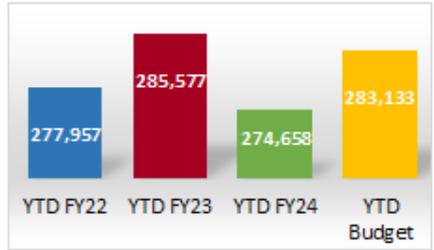
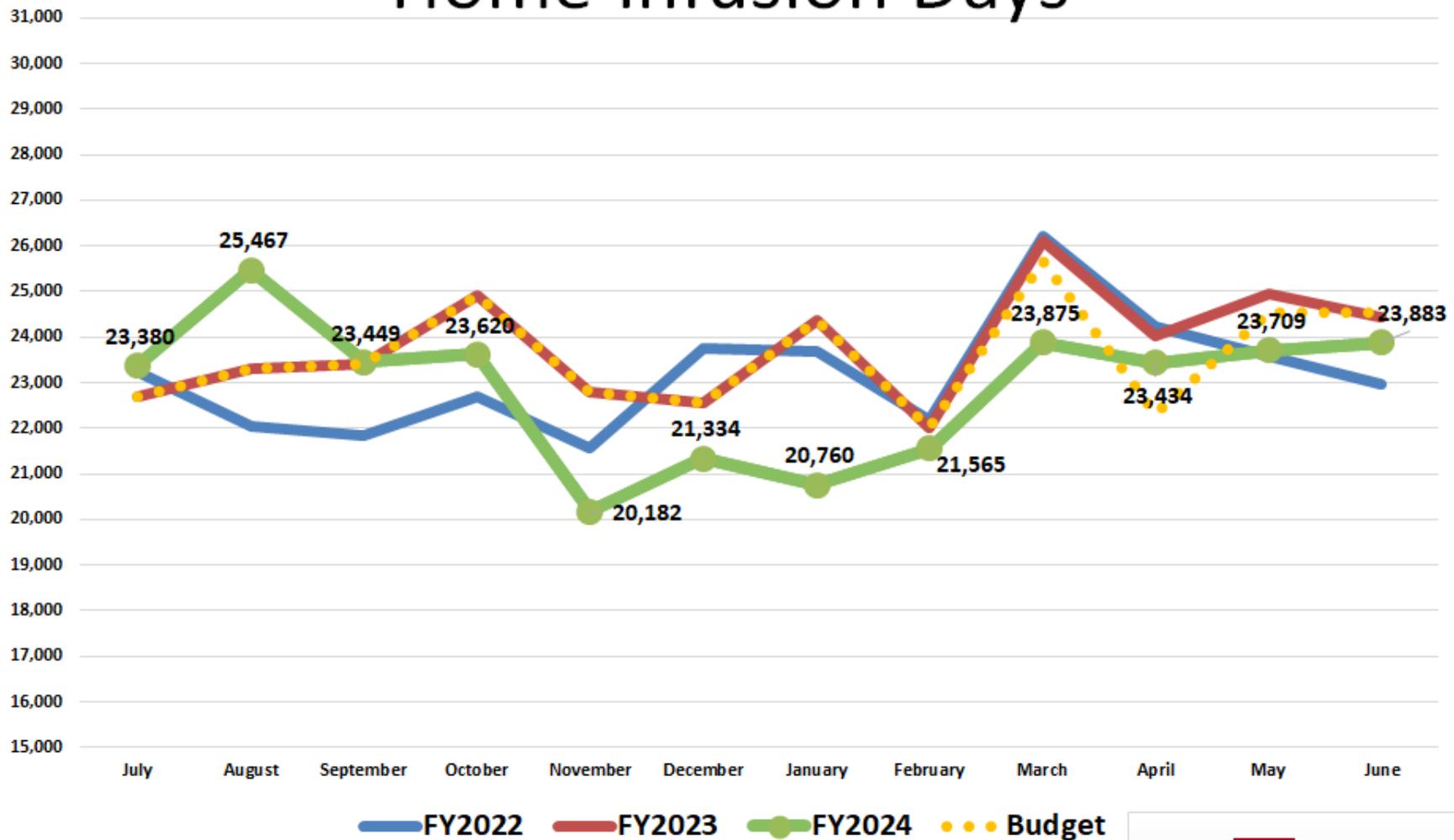
# Deliveries



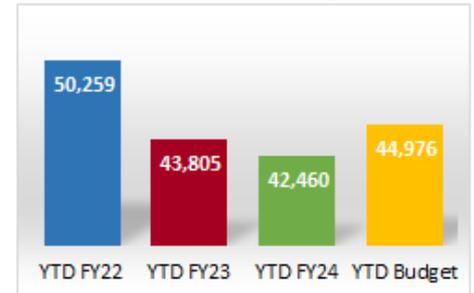
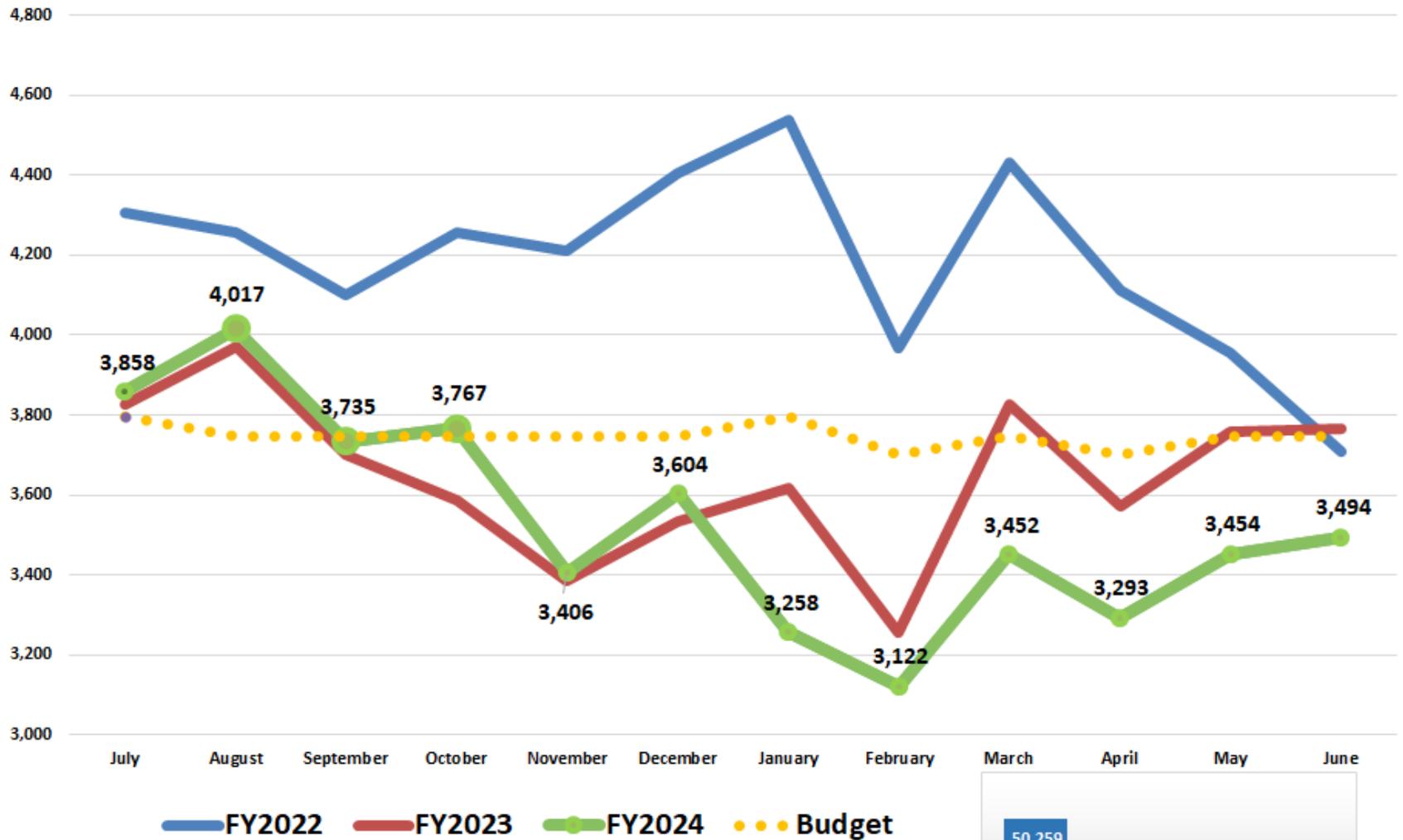
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 —●— FY2024   
 ●●● Budget



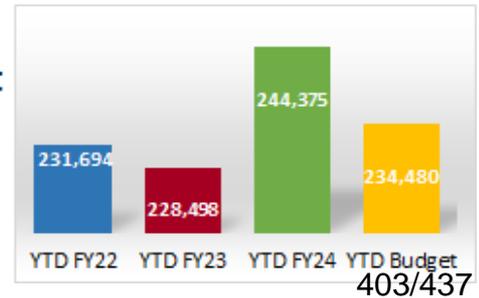
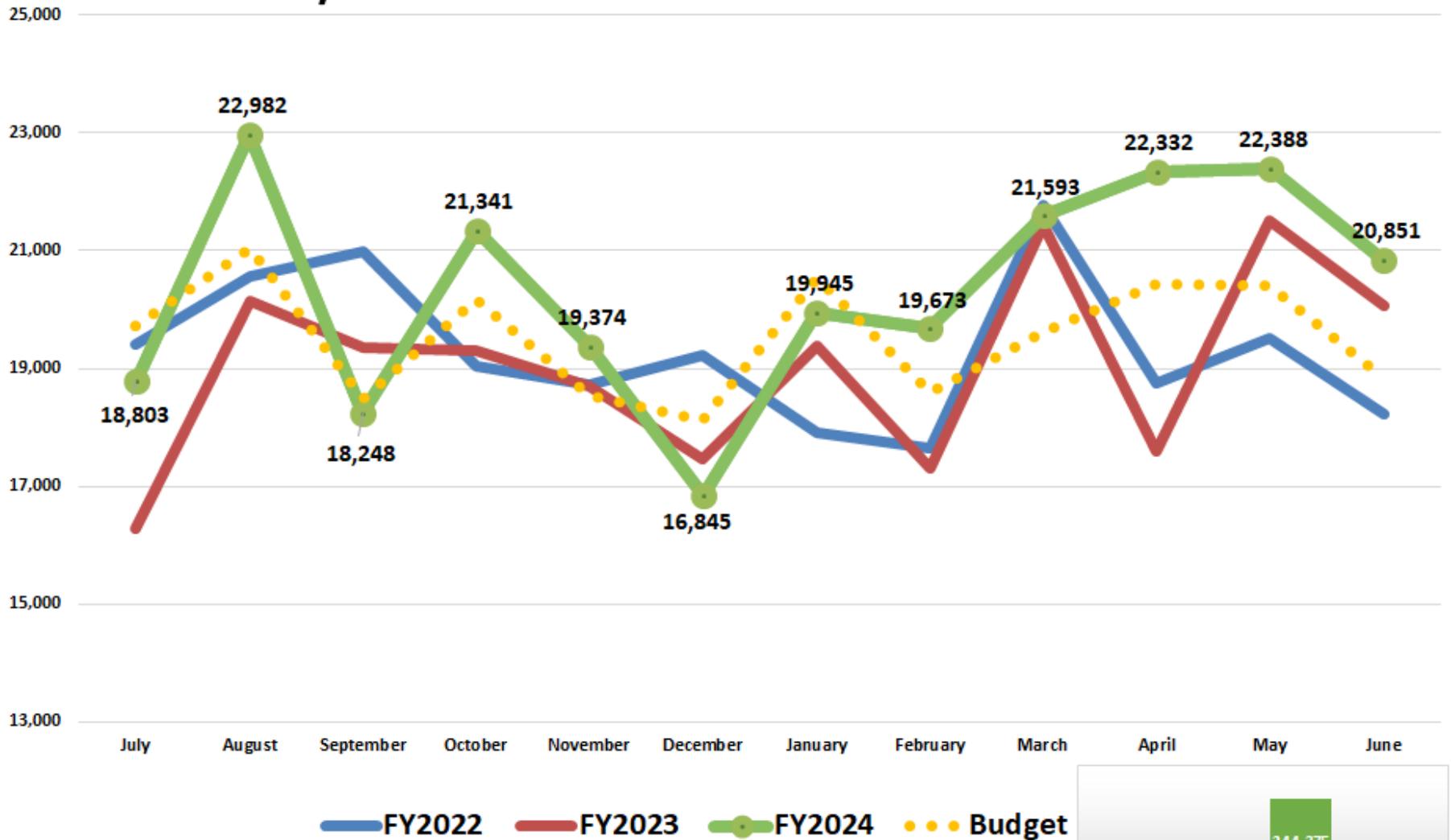
# Home Infusion Days



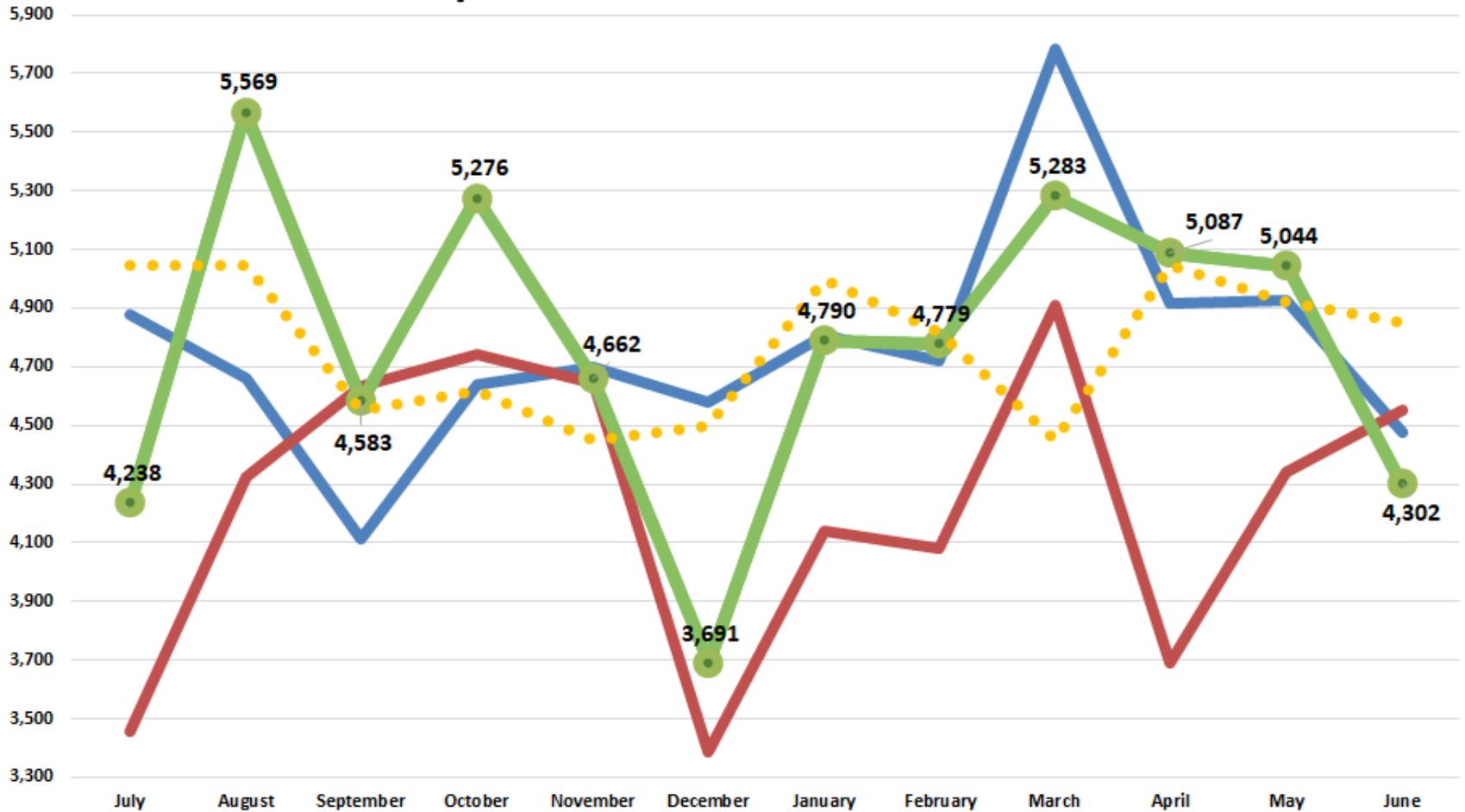
# Hospice Days



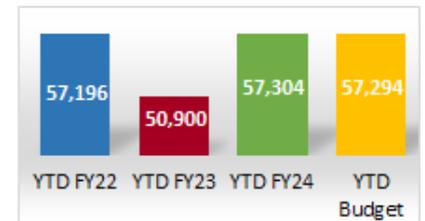
# All O/P Rehab Svcs Across District



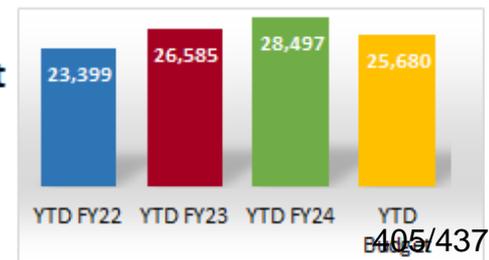
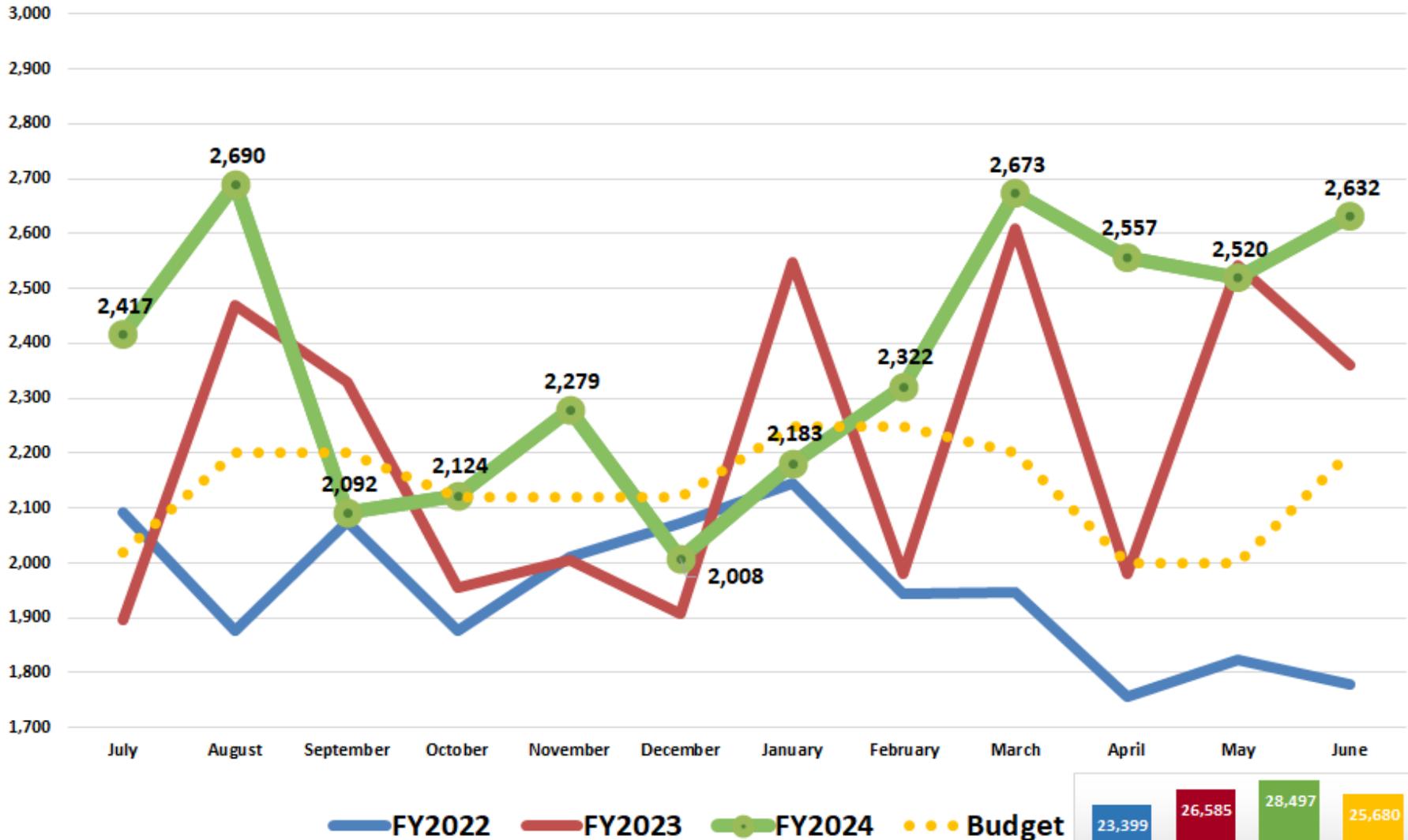
# O/P Rehab Services



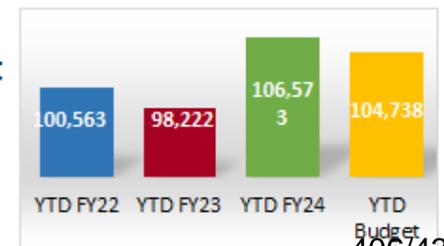
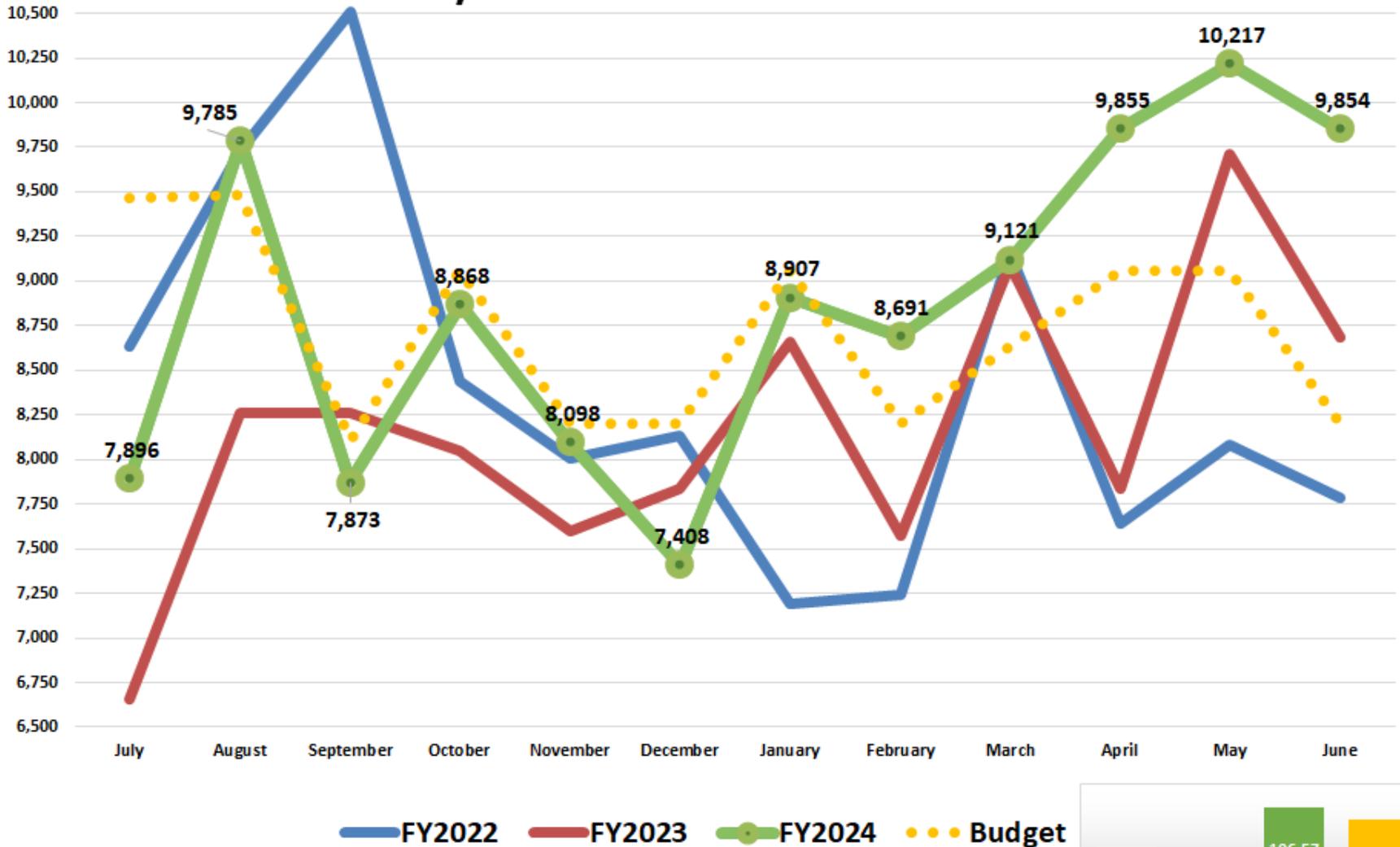
—●— FY2022   
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 ●●● Budget



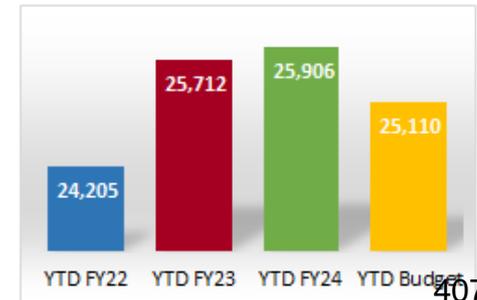
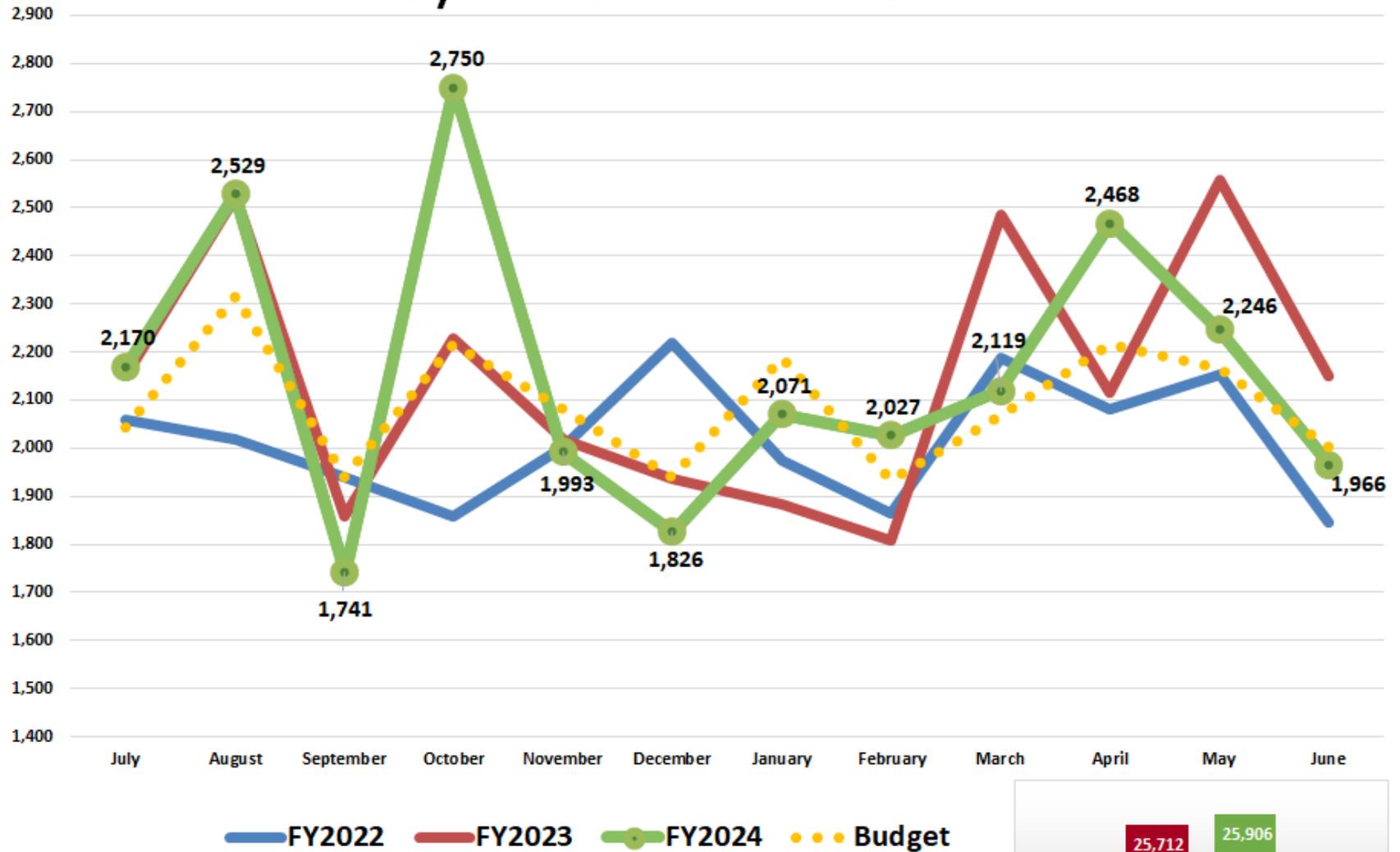
# O/P Rehab - Exeter



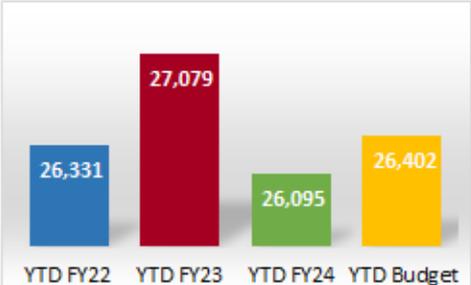
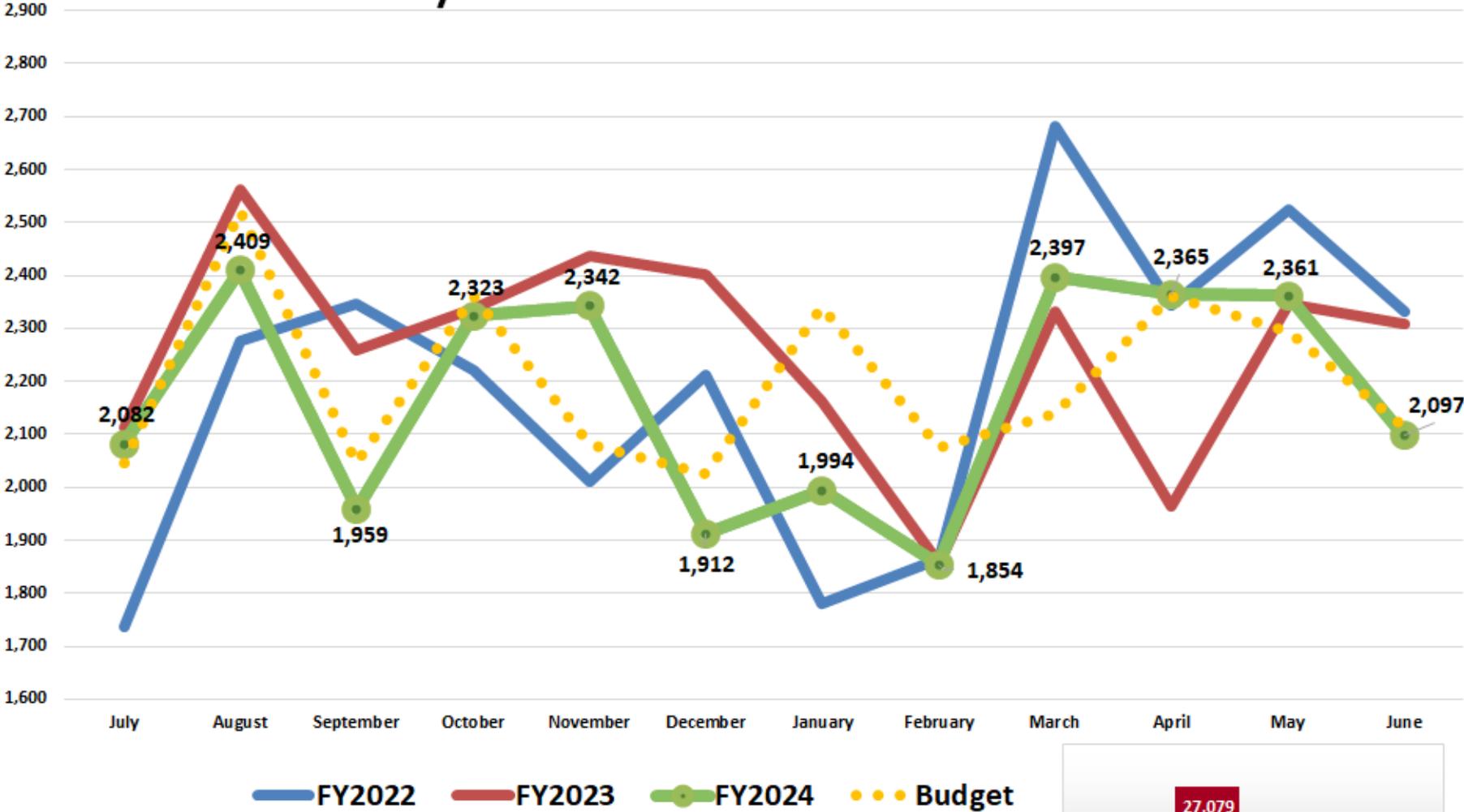
# O/P Rehab - Akers



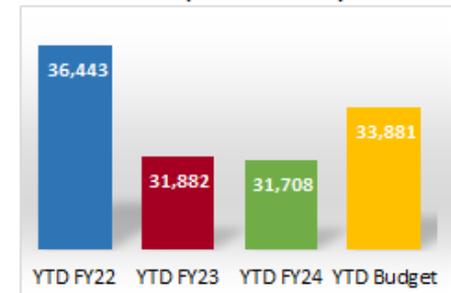
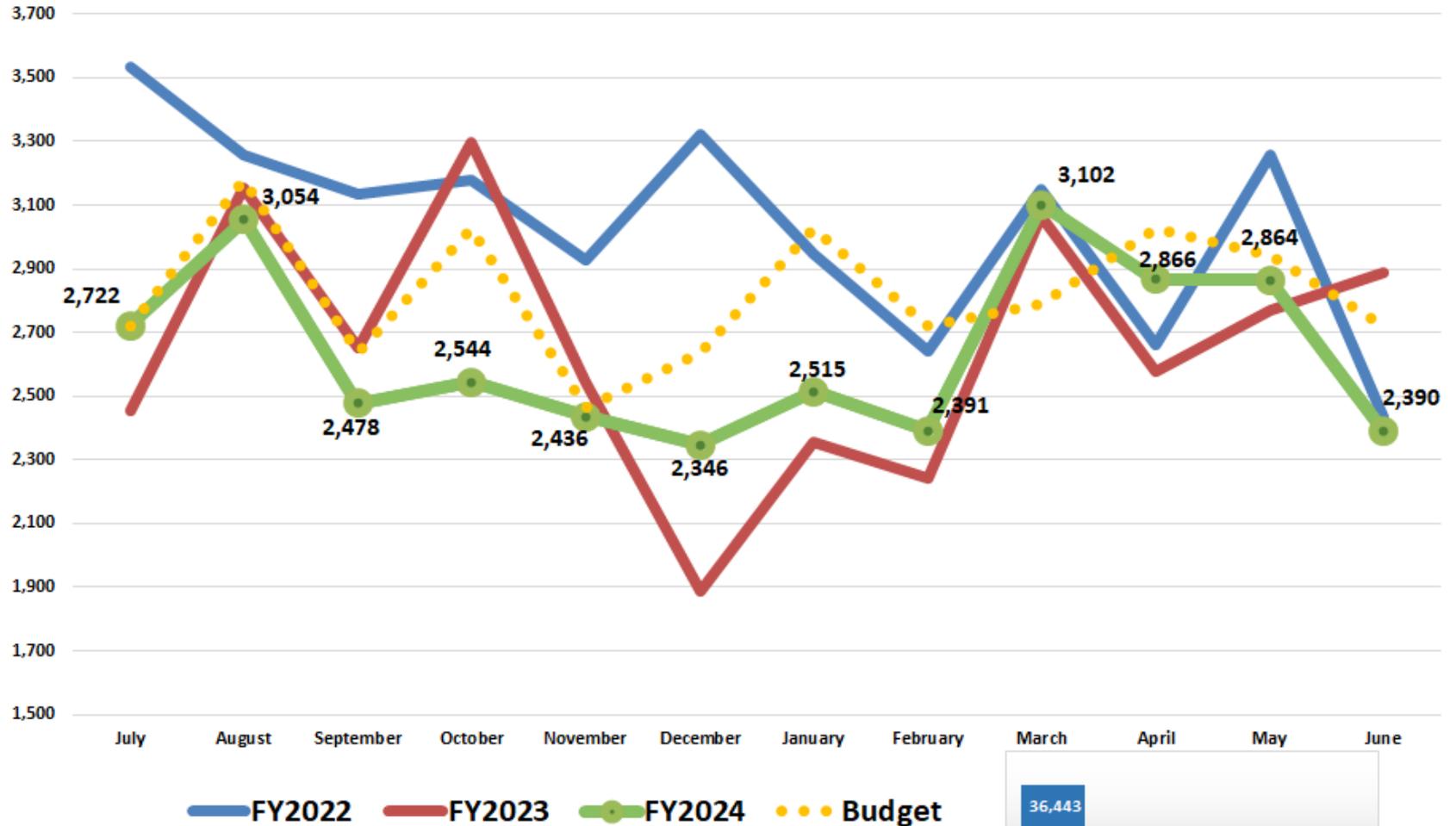
# O/P Rehab - LLOPT



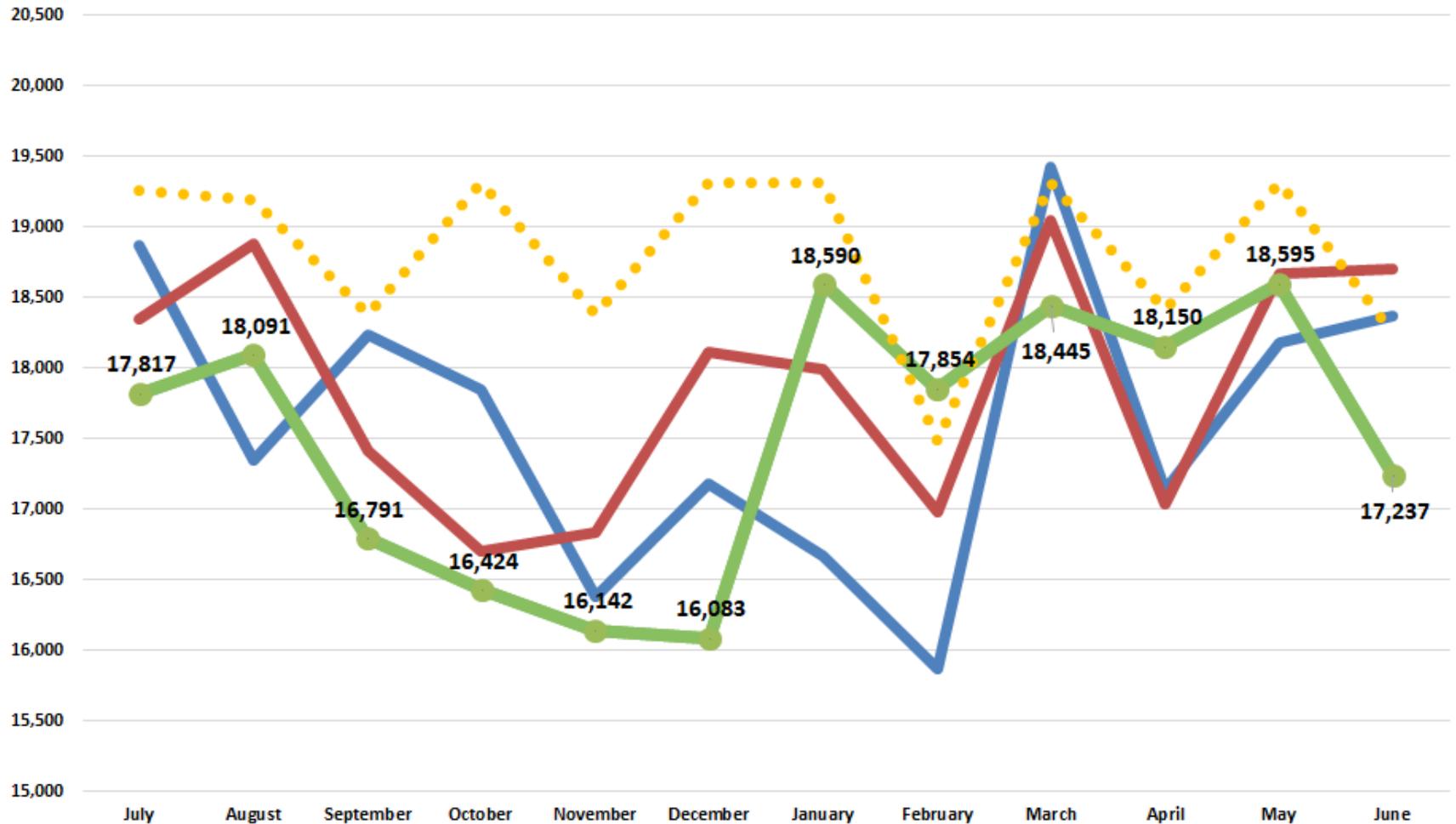
# O/P Rehab - Dinuba



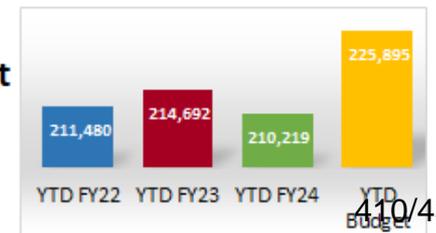
# Therapy - Cypress Hand Center



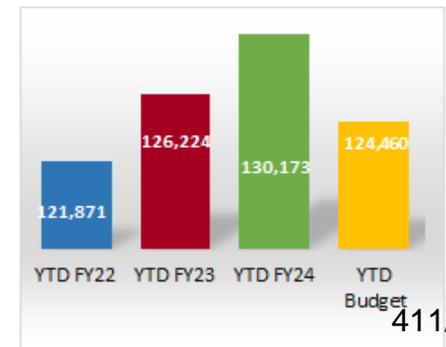
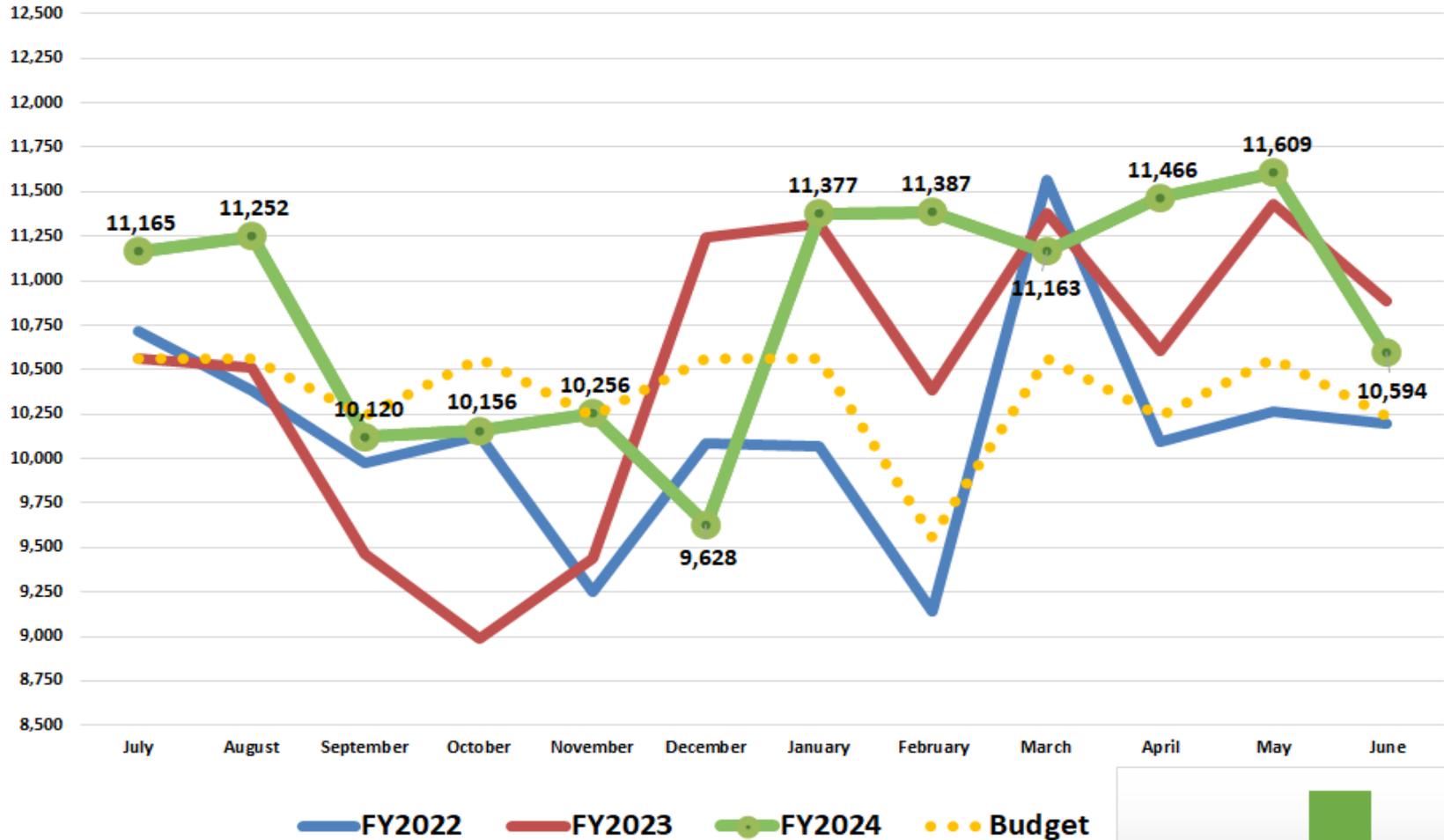
# Physical & Other Therapy Units (I/P & O/P)



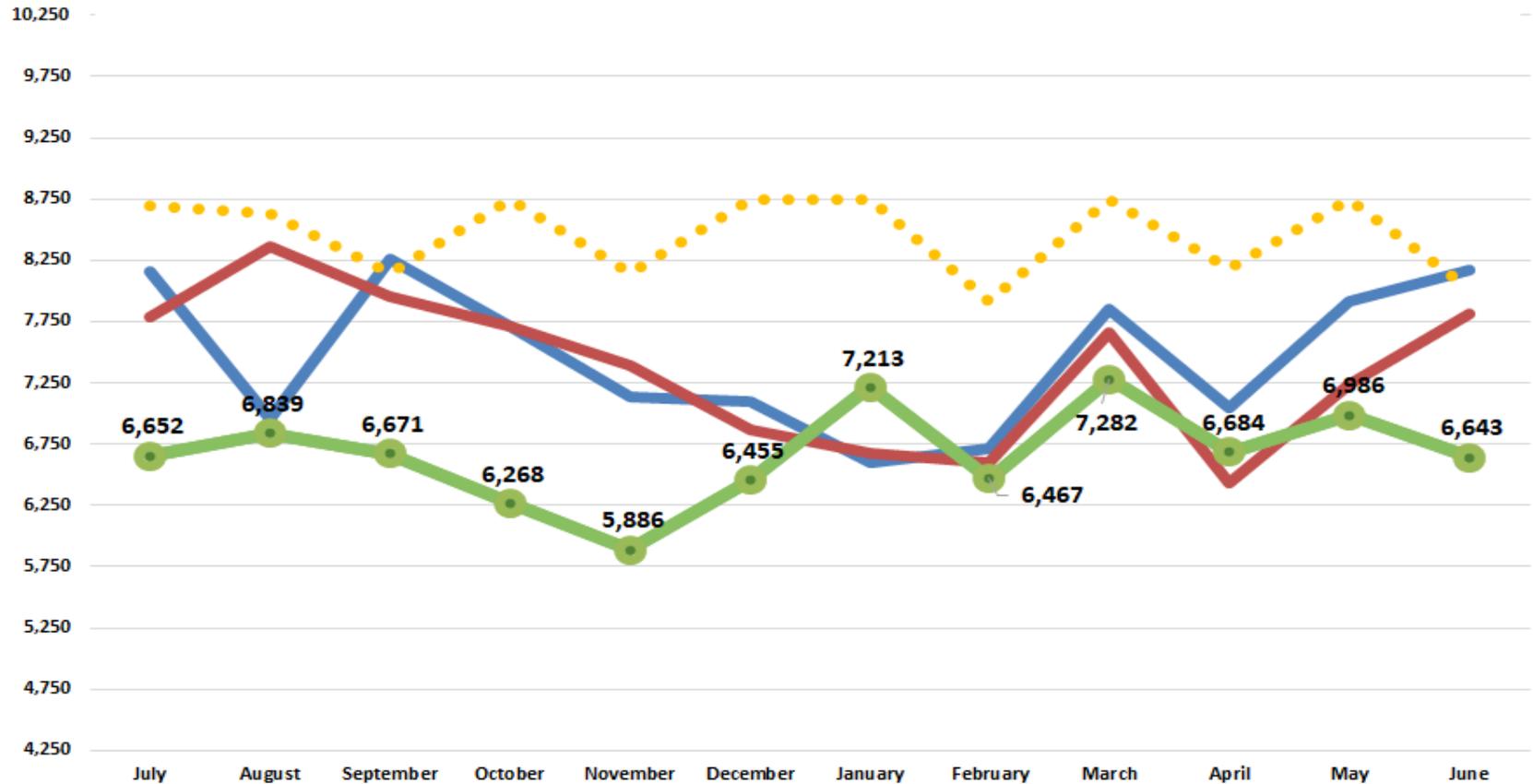
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 ●●● Budget



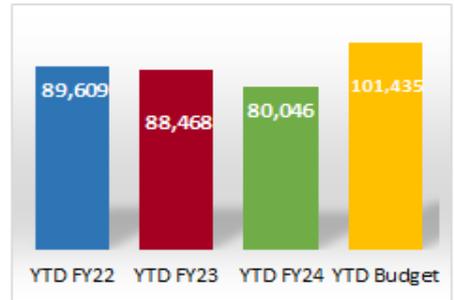
# Physical & Other Therapy Units (I/P & O/P)-Main Campus



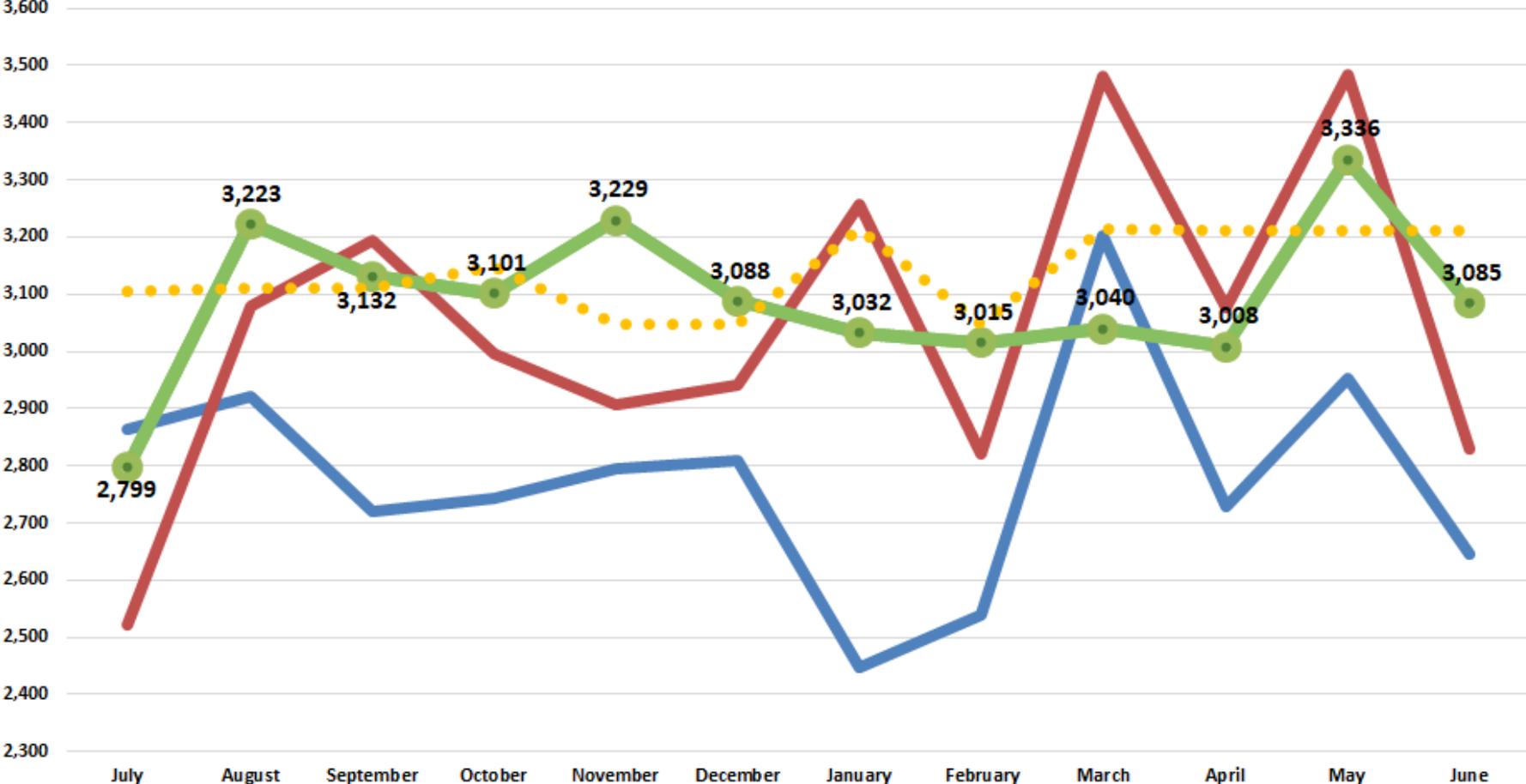
# Physical & Other Therapy Units (I/P & O/P)- KDRH & South Campus



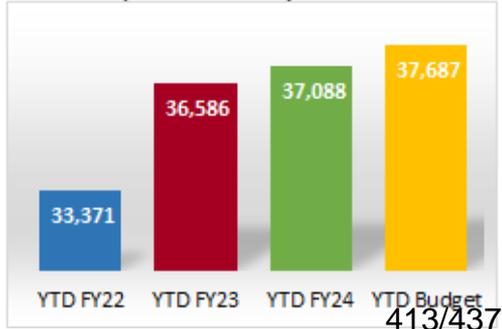
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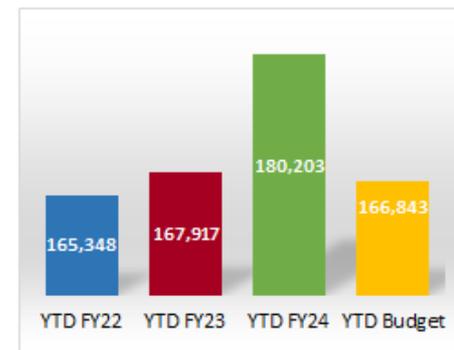
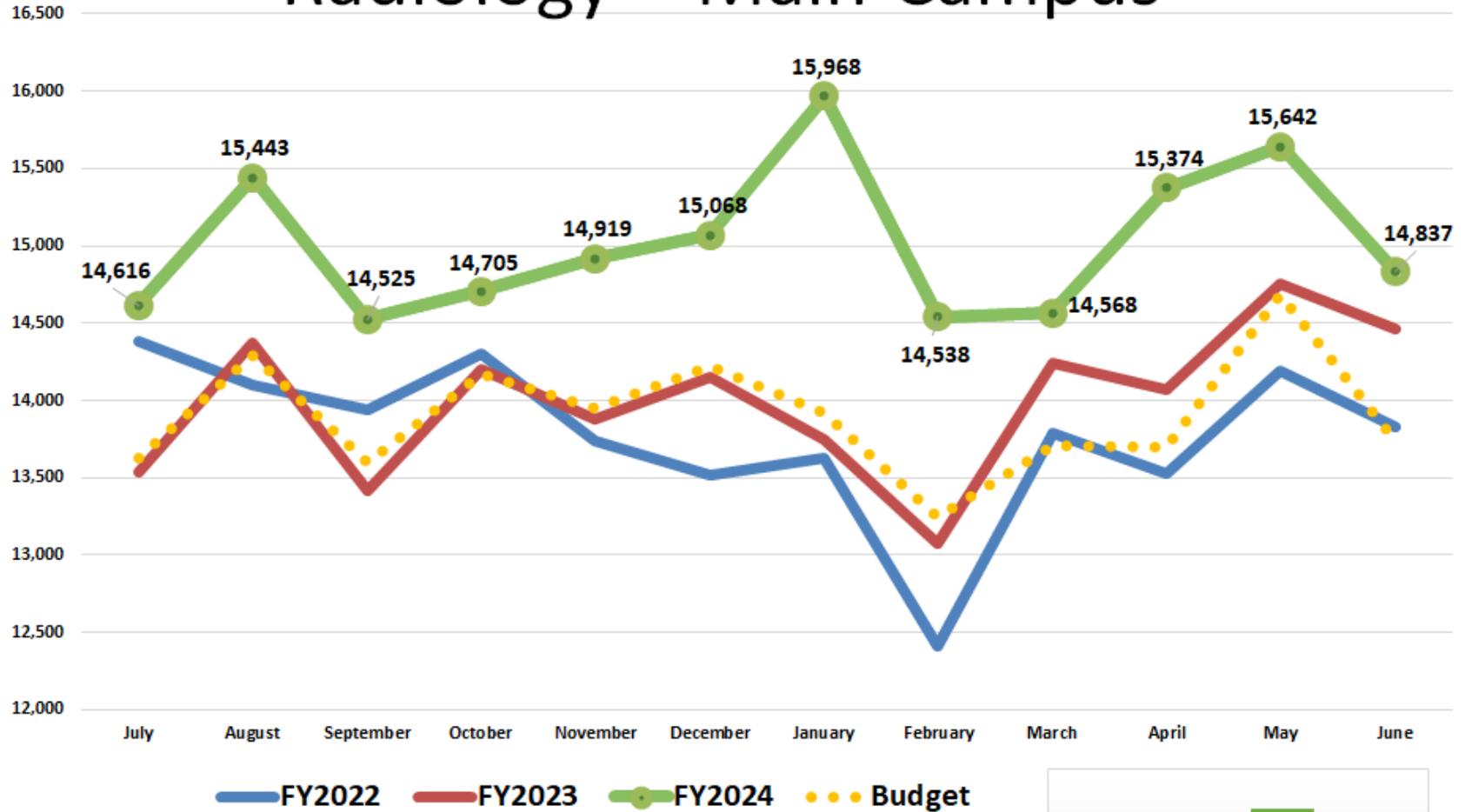
# Home Health Visits



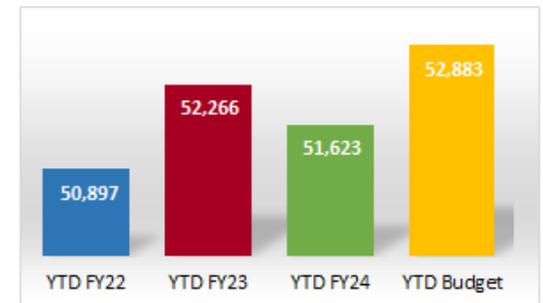
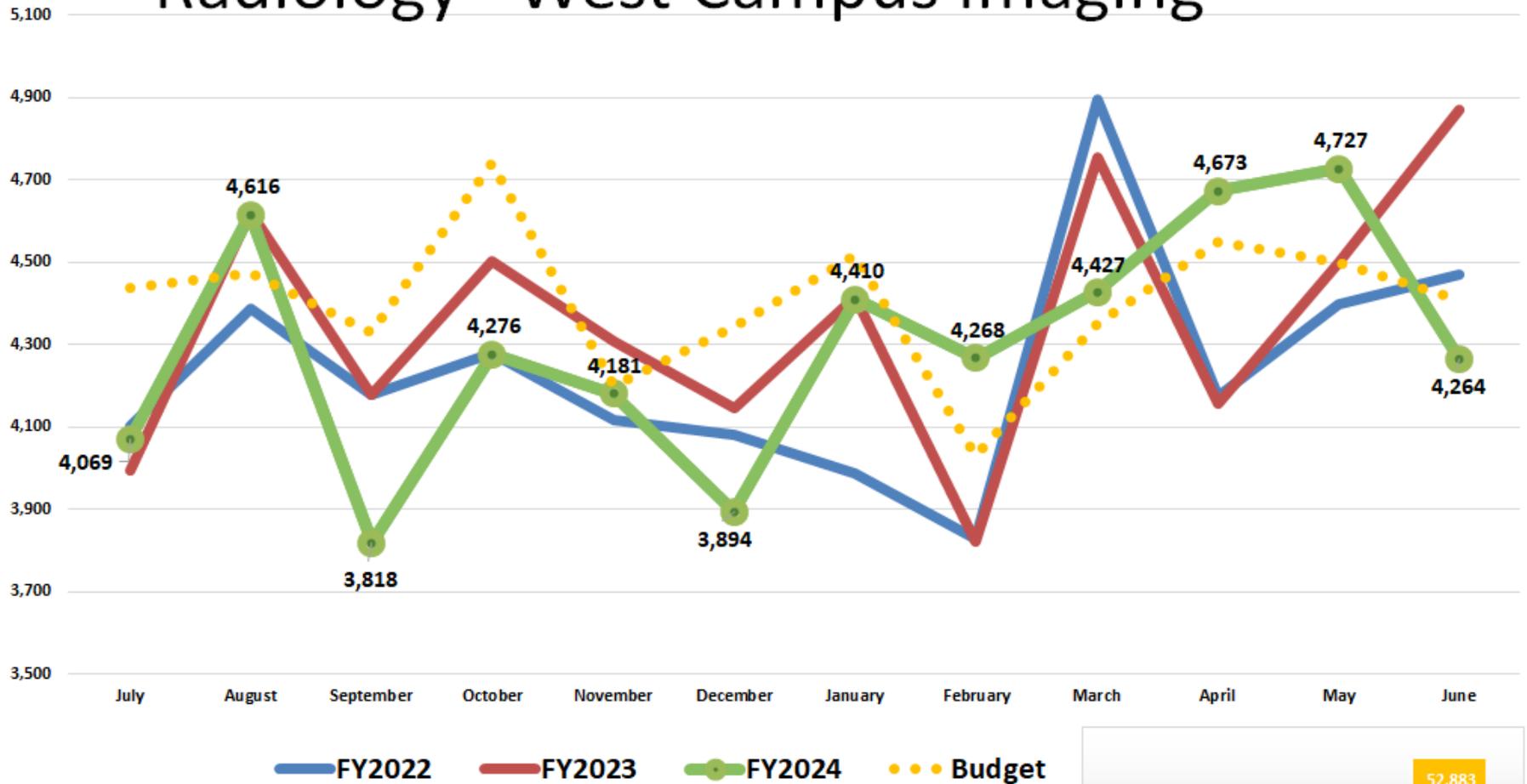
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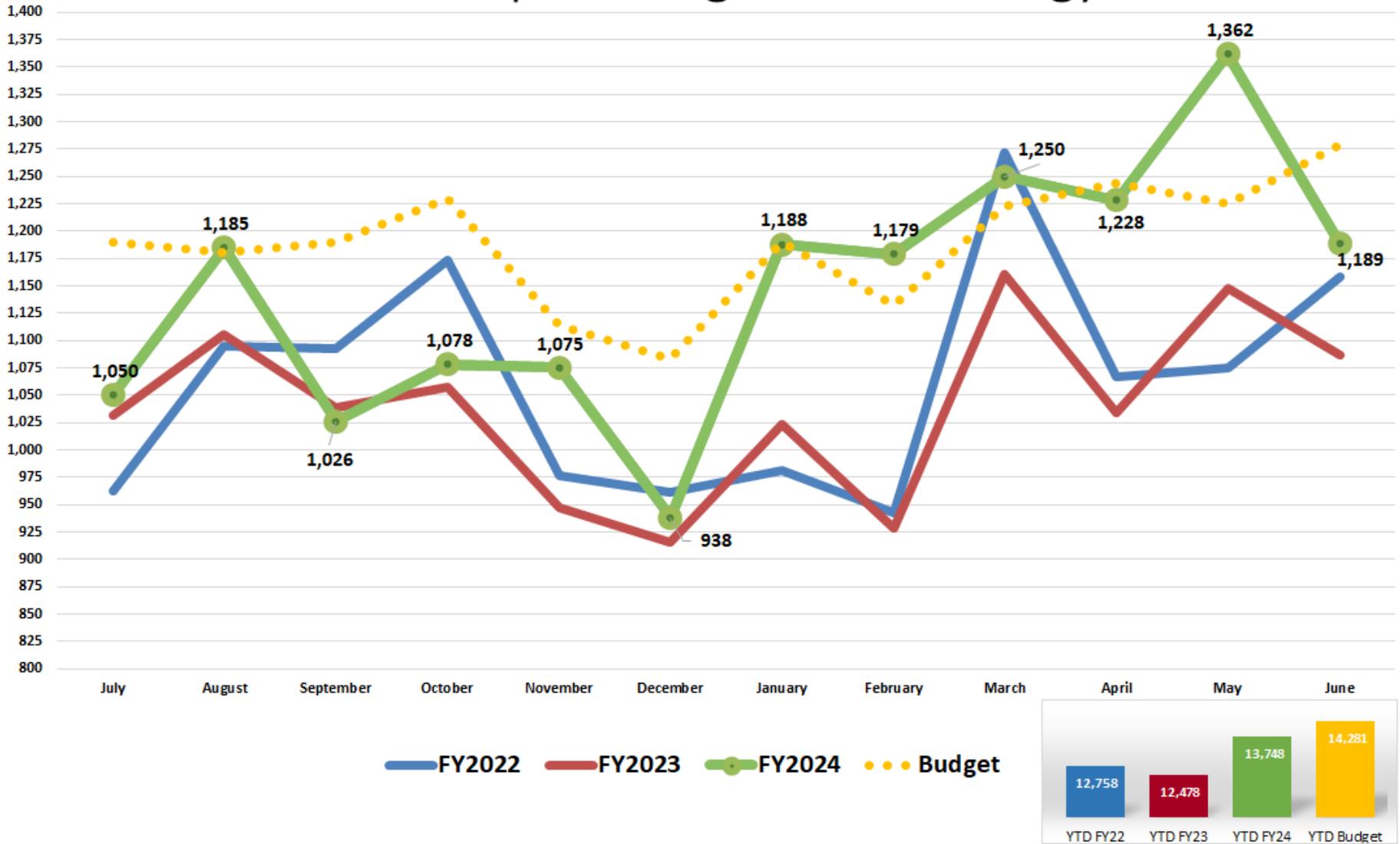
# Radiology – Main Campus



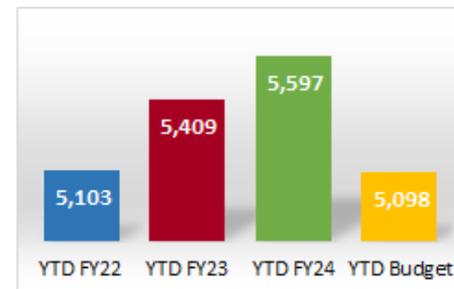
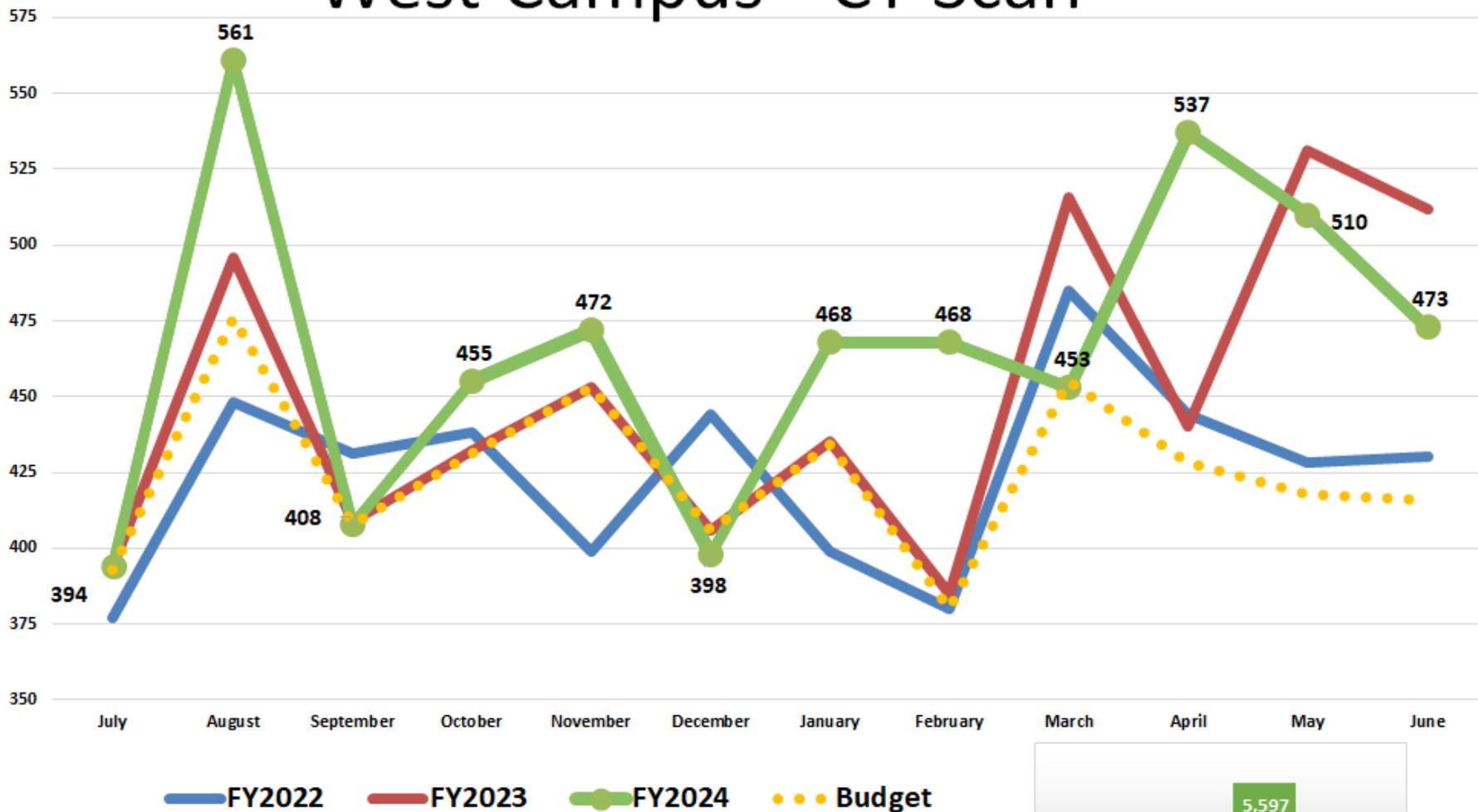
# Radiology - West Campus Imaging



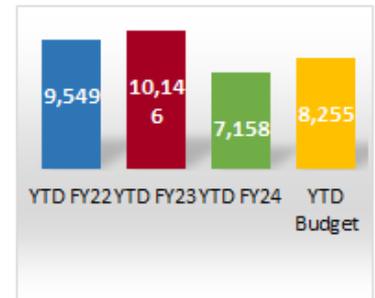
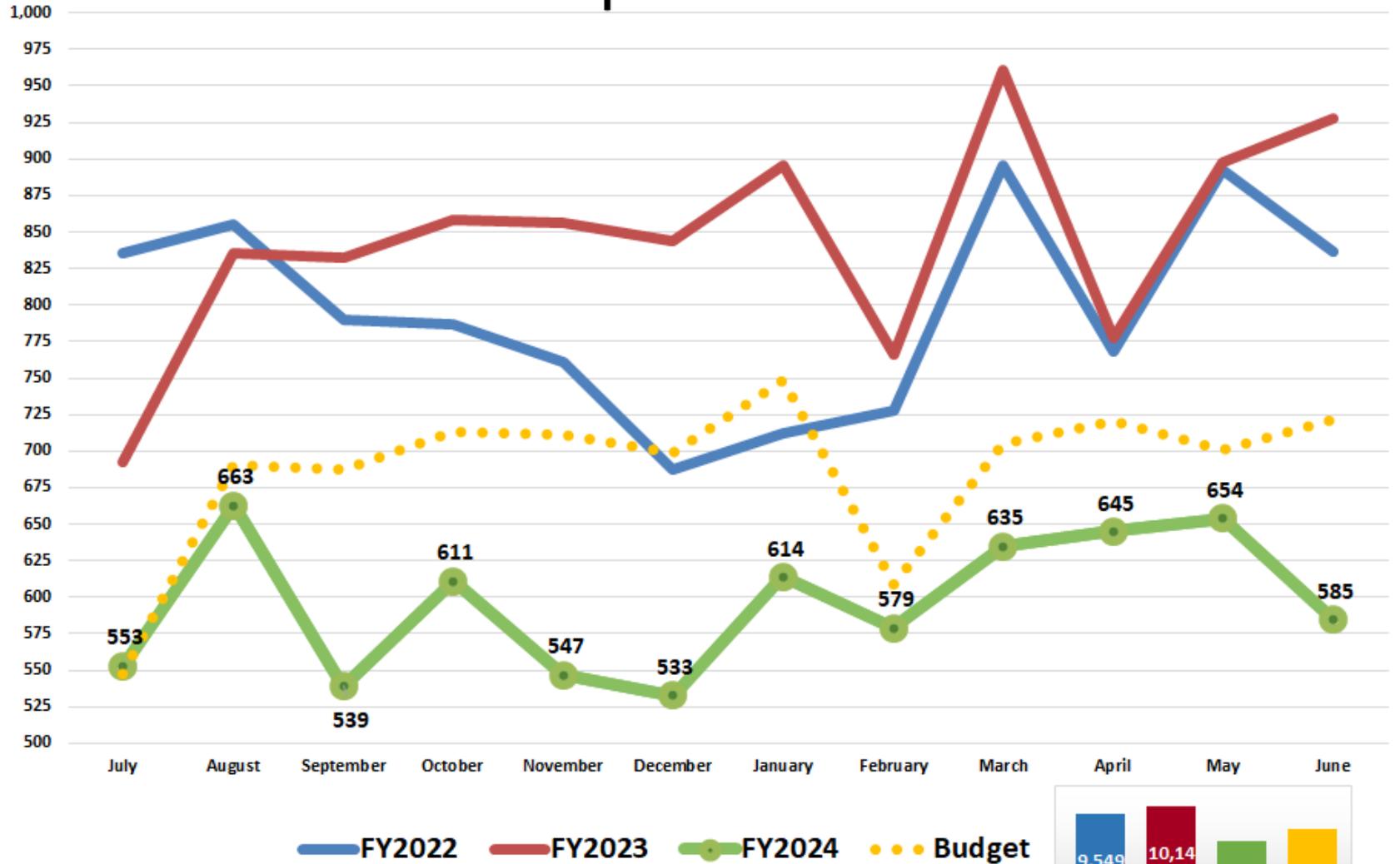
# West Campus - Diagnostic Radiology



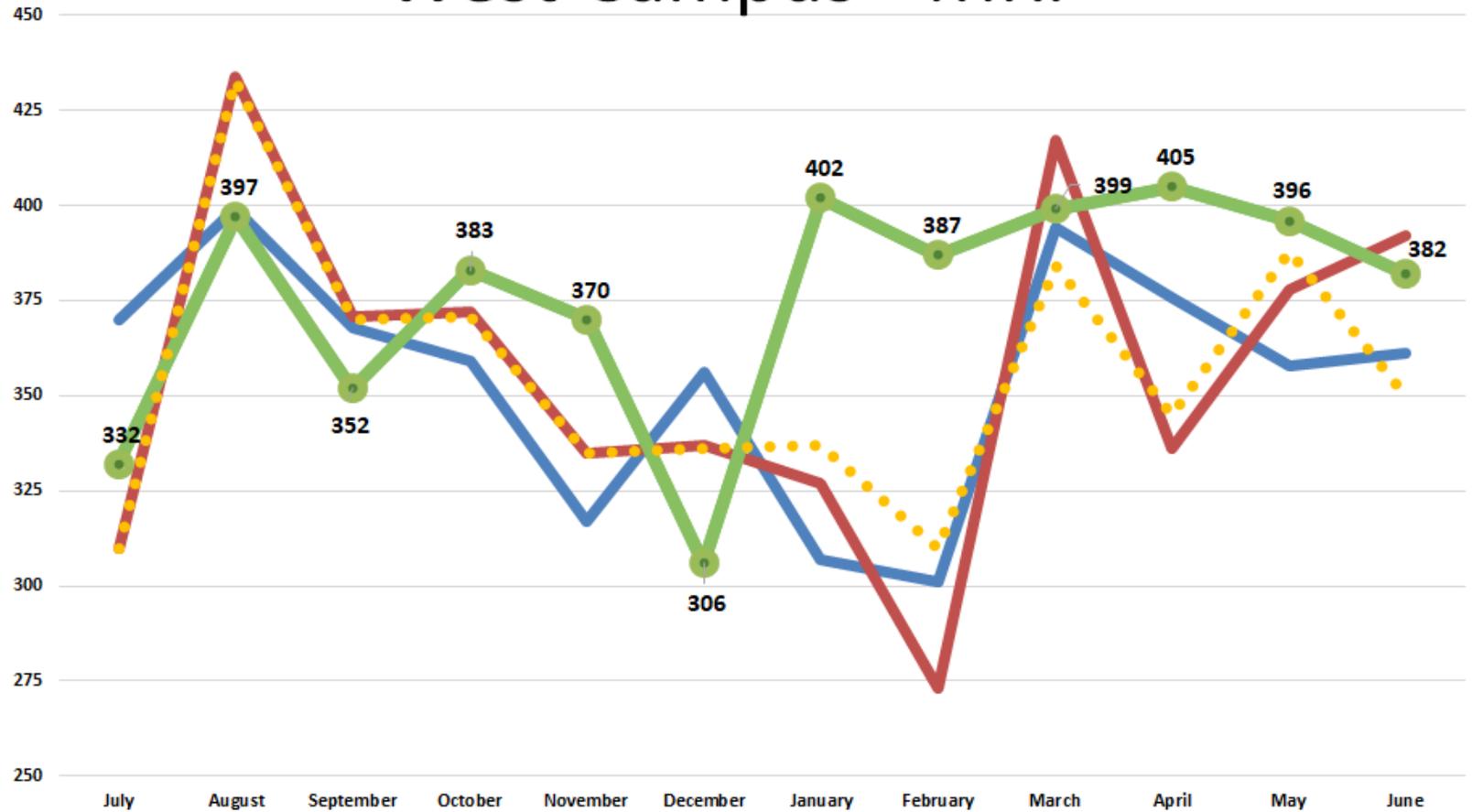
# West Campus - CT Scan



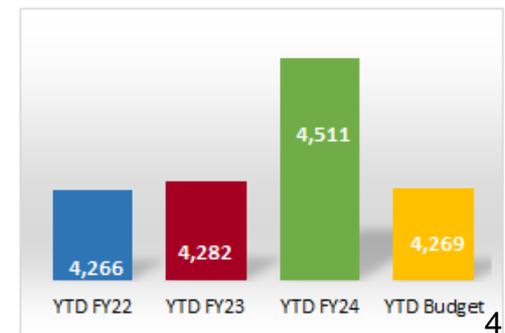
# West Campus - Ultrasound



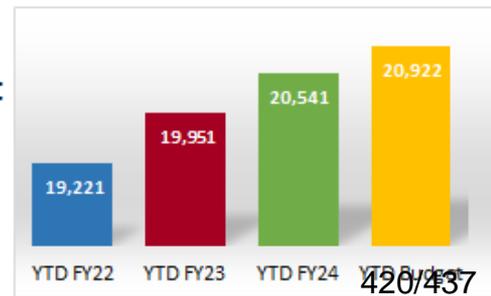
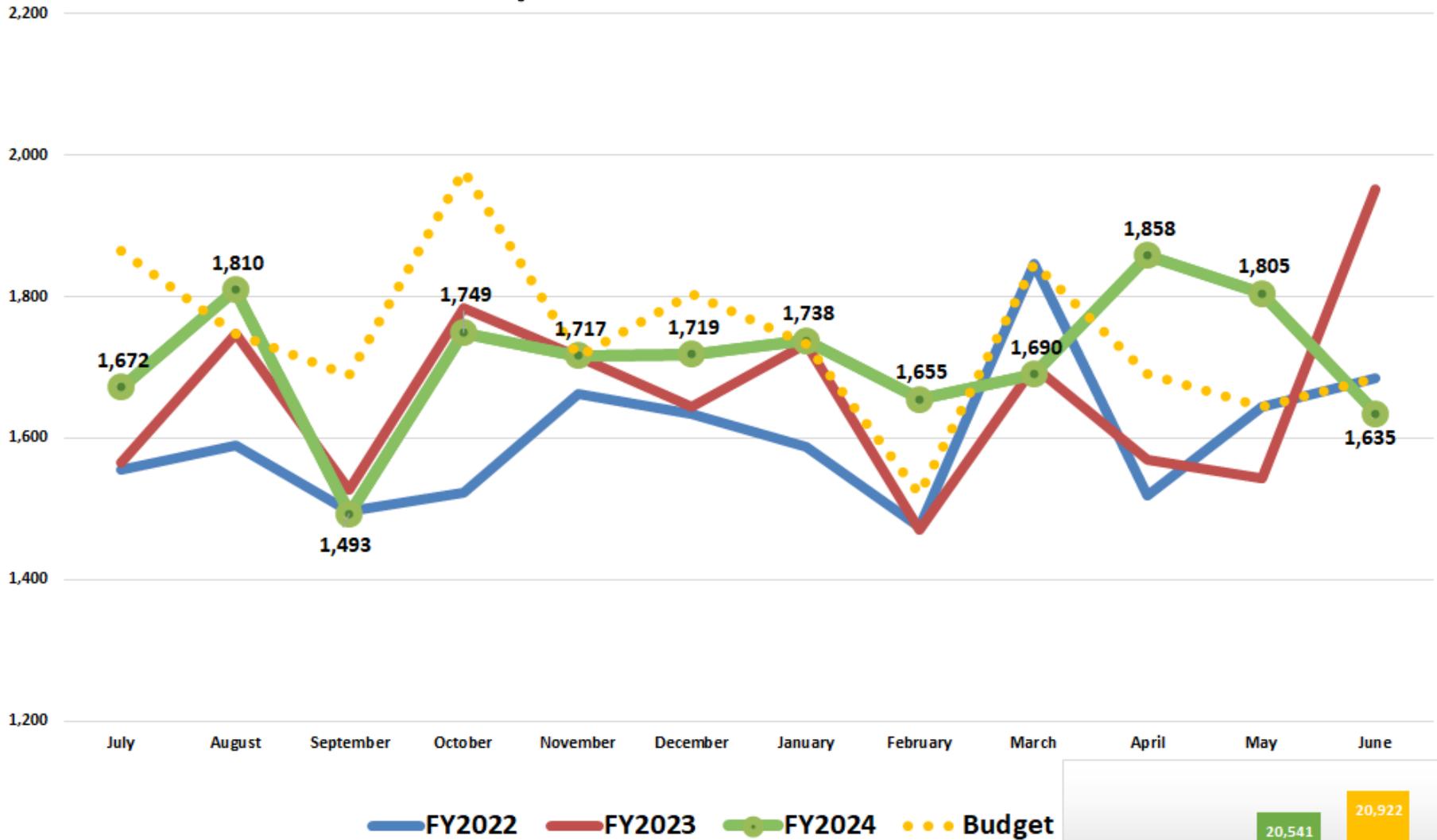
# West Campus - MRI



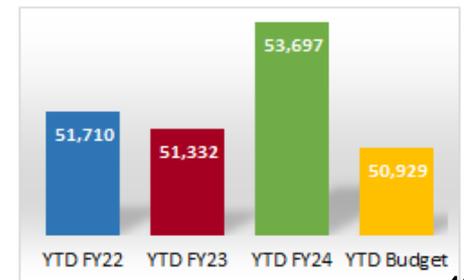
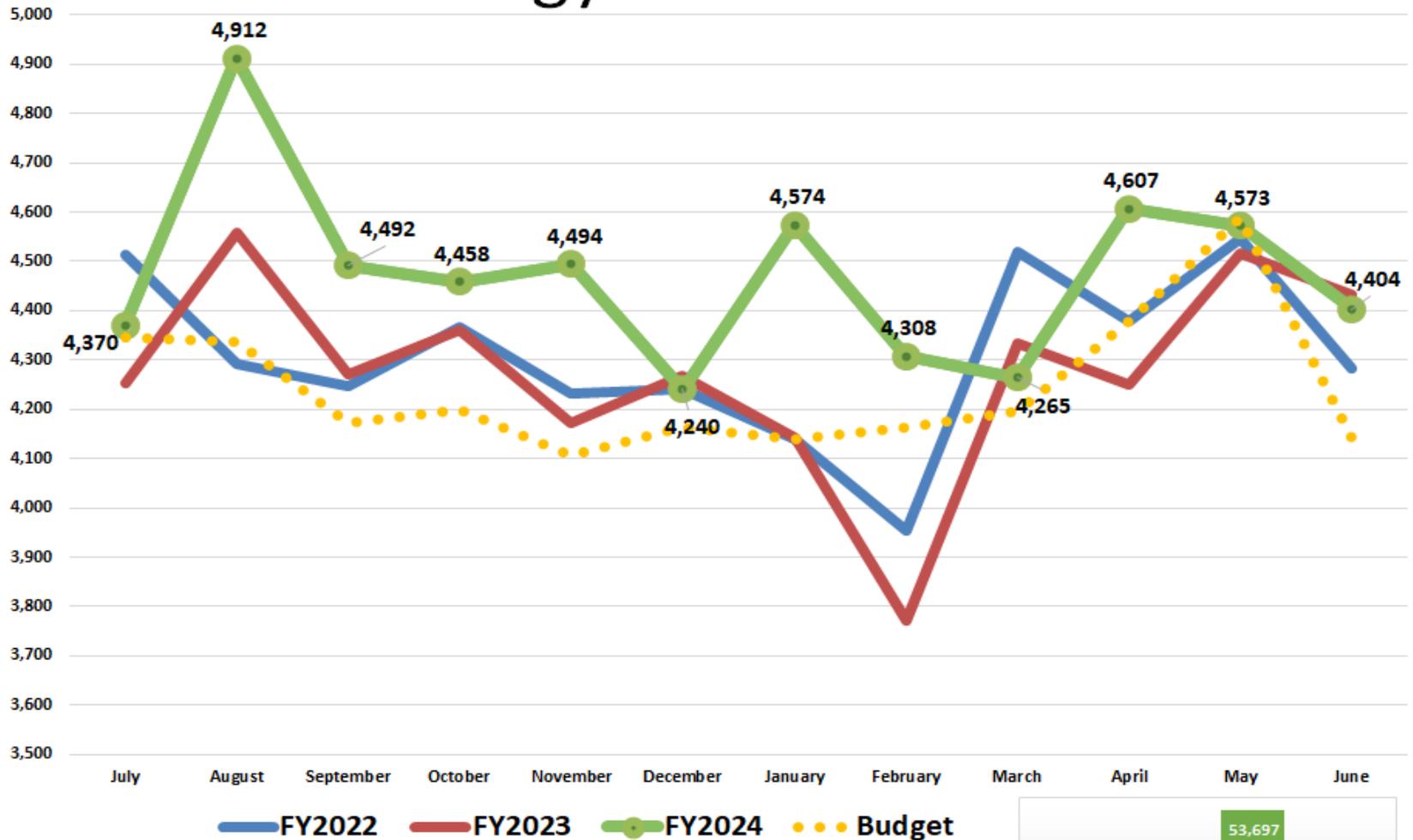
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 ●●● Budget



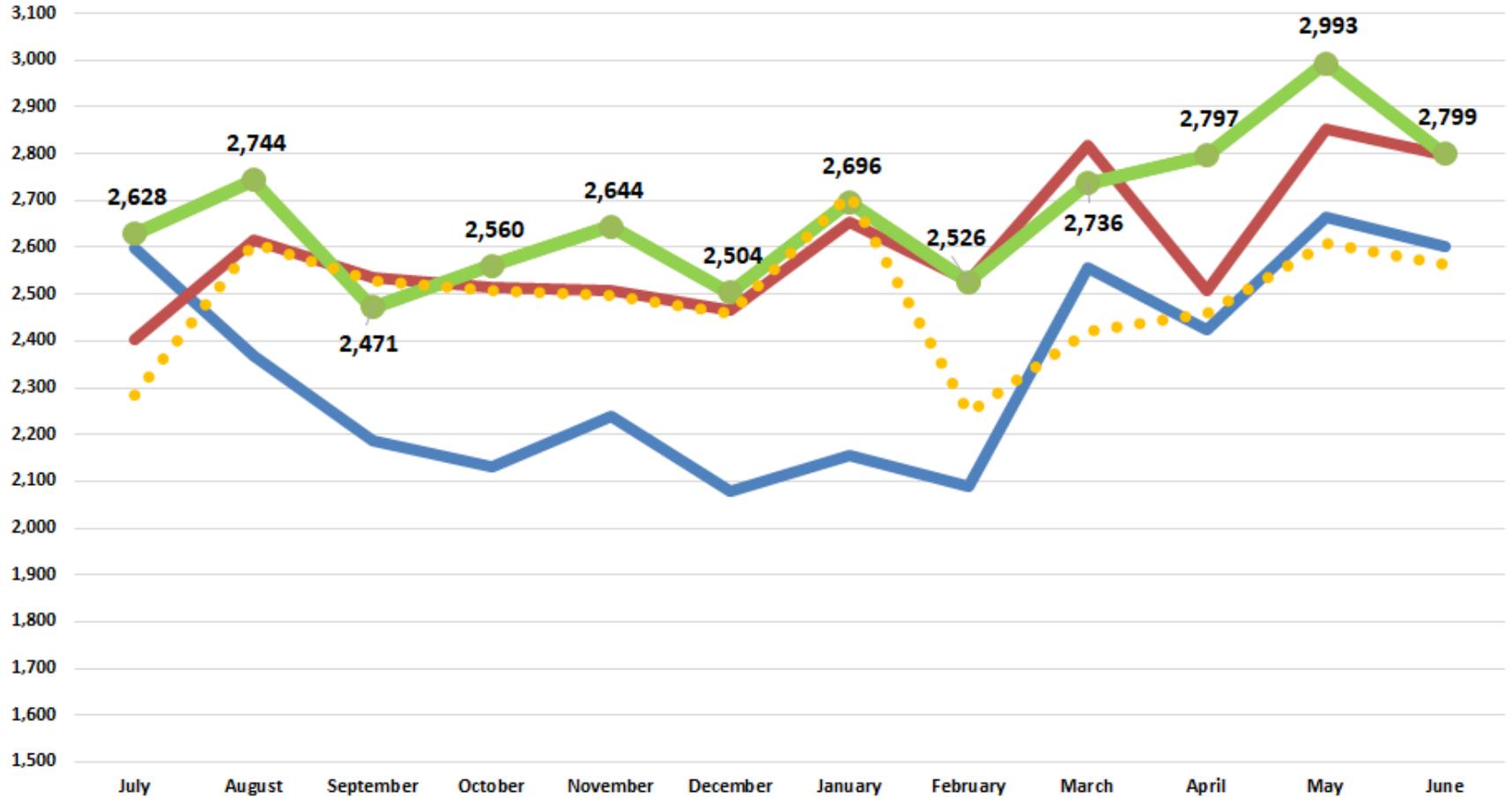
# West Campus - Breast Center



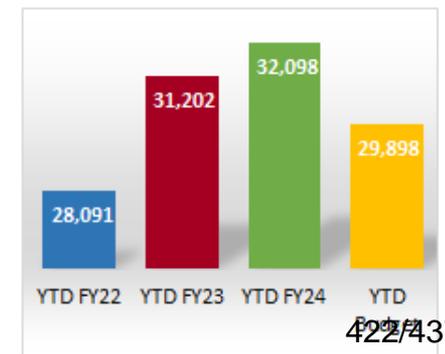
# Radiology - CT - All Areas



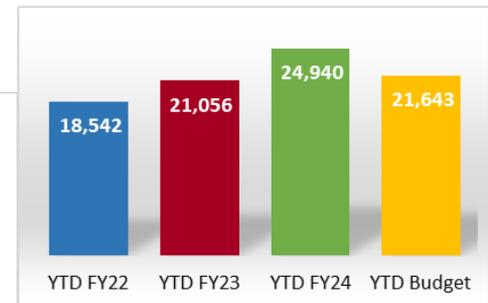
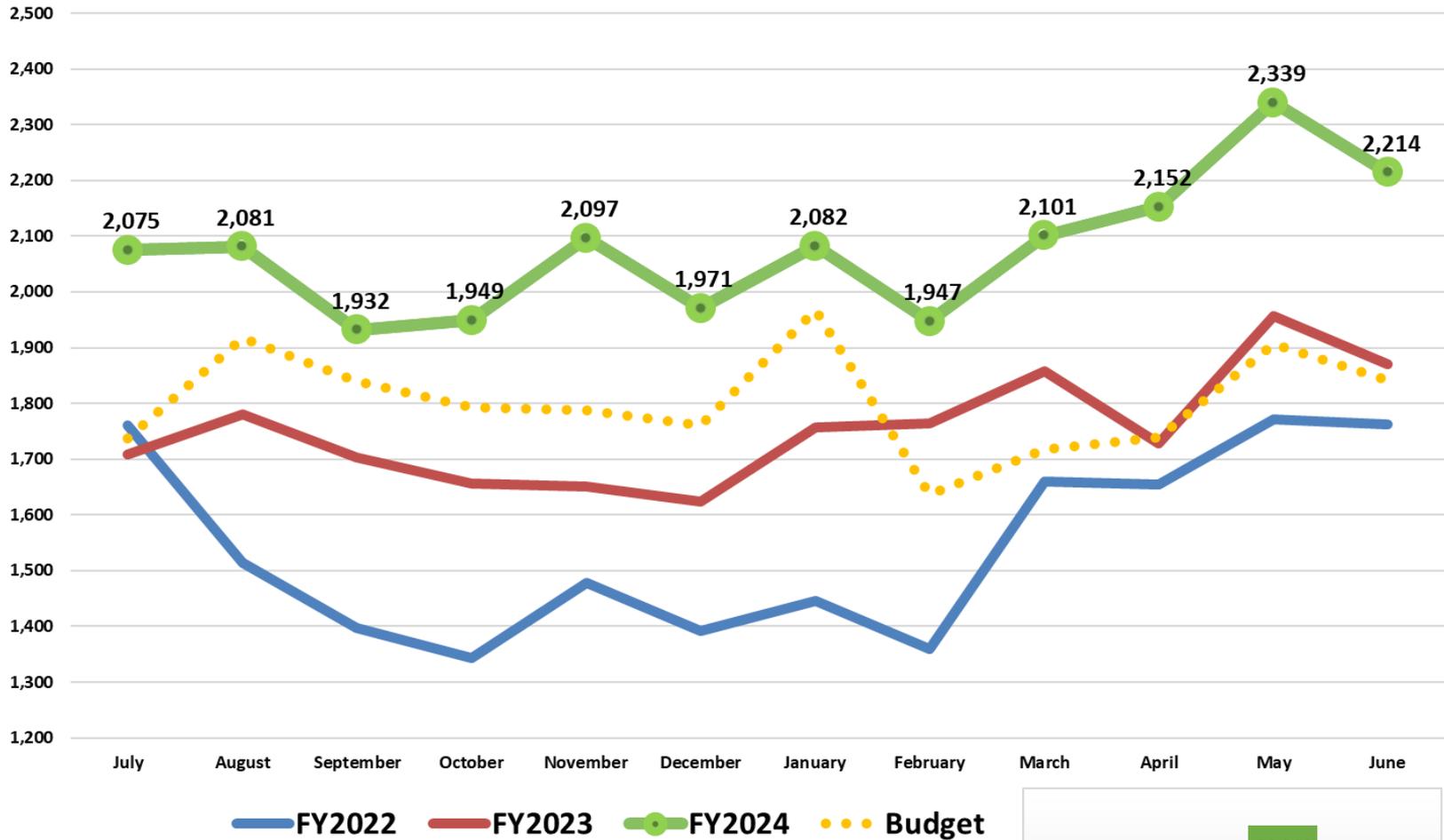
# Radiology - Ultrasound - All Areas



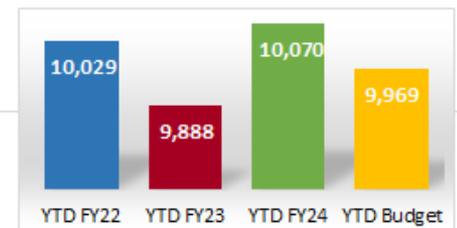
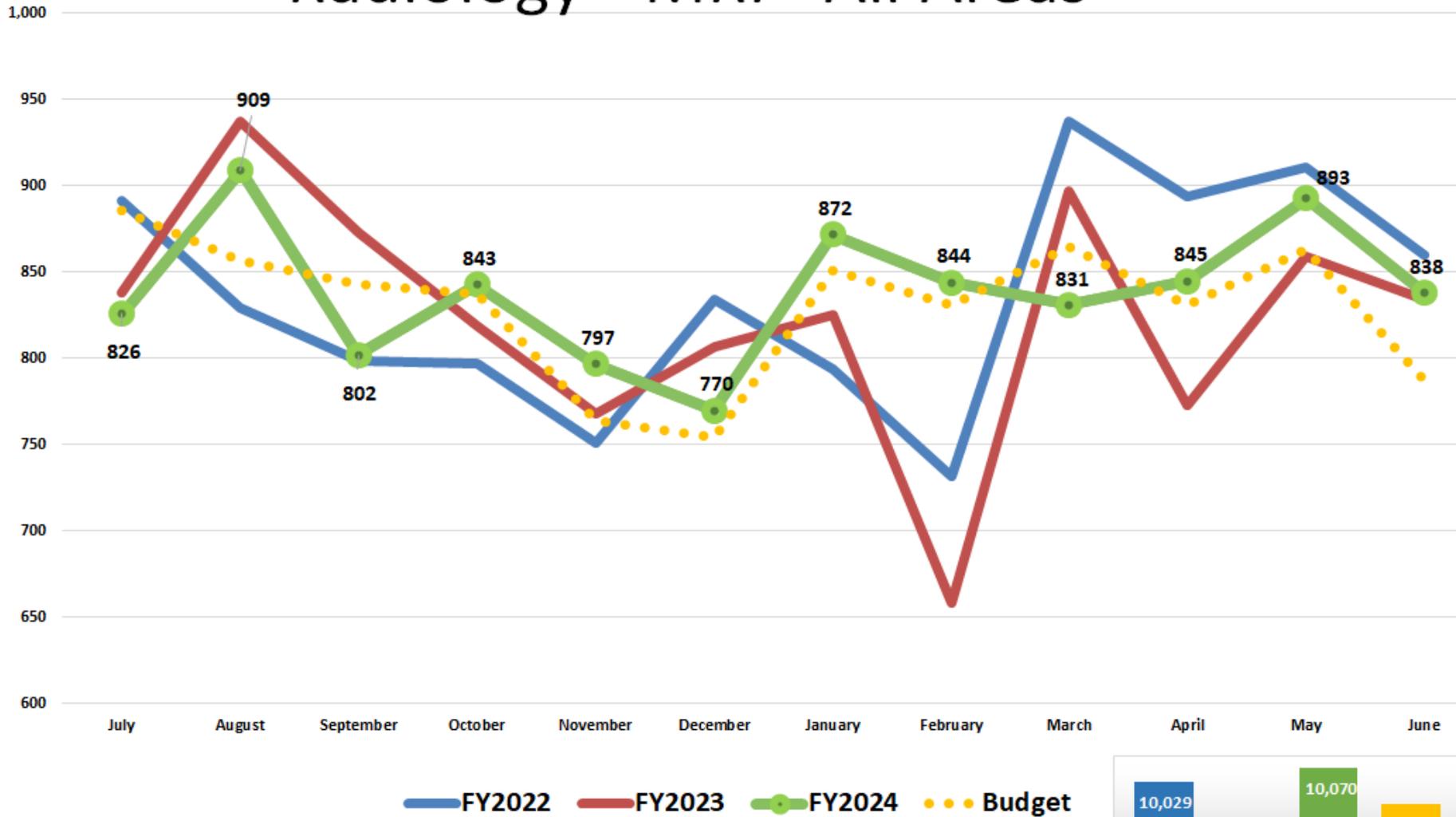
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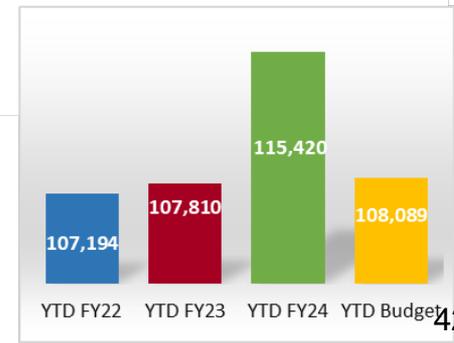
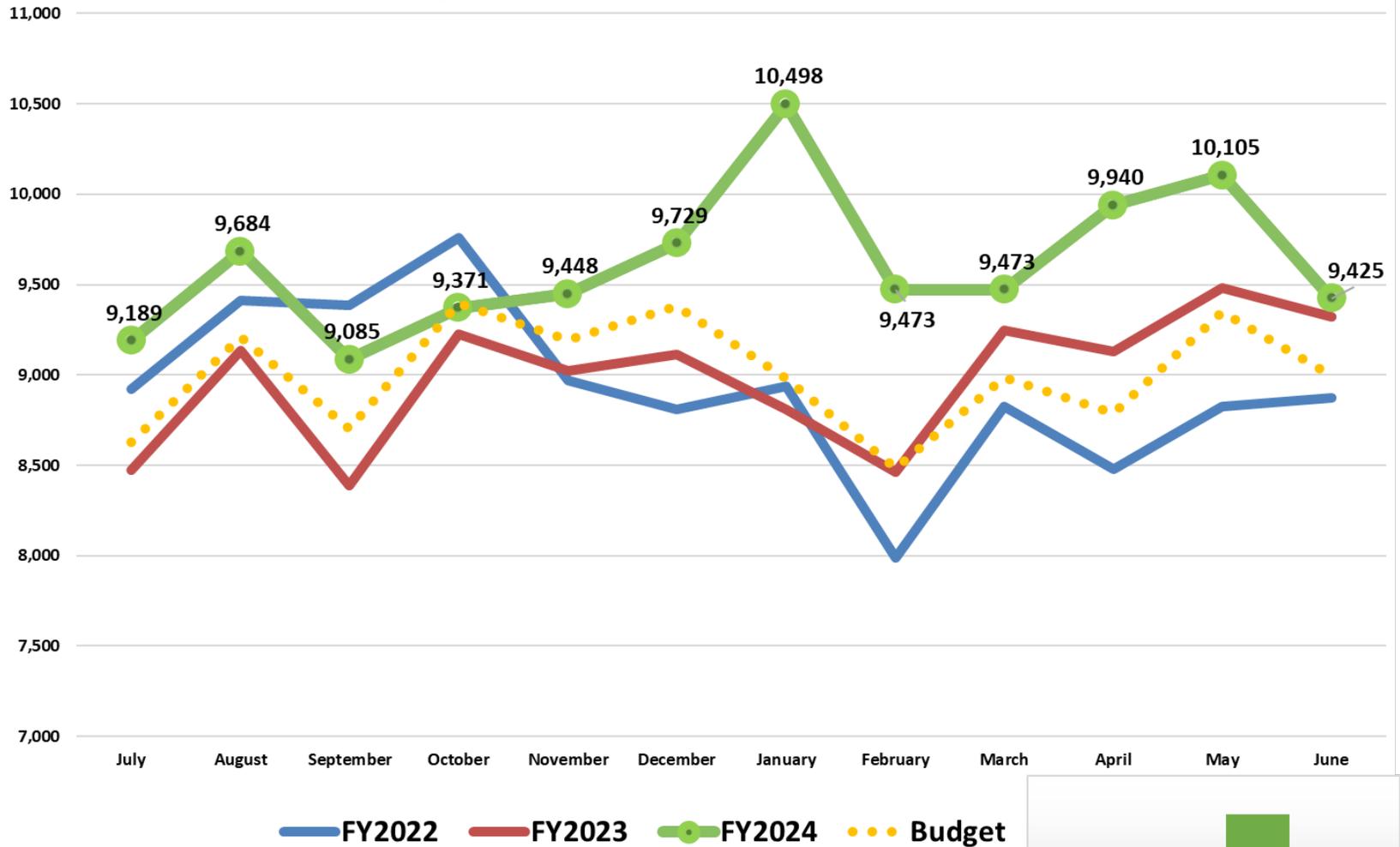
# Radiology - Ultrasound - Main Campus



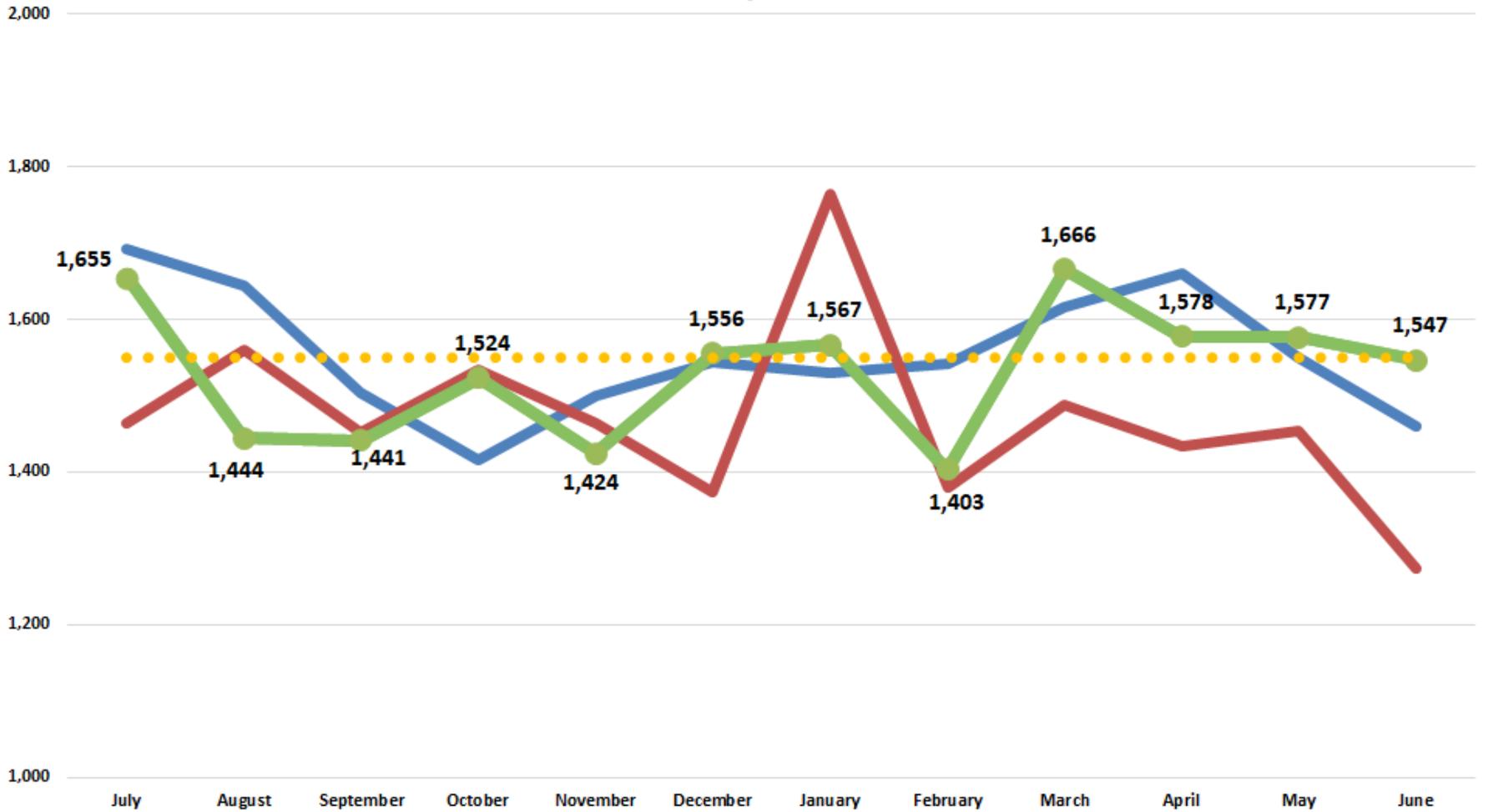
# Radiology - MRI - All Areas



# Radiology Modality - Diagnostic



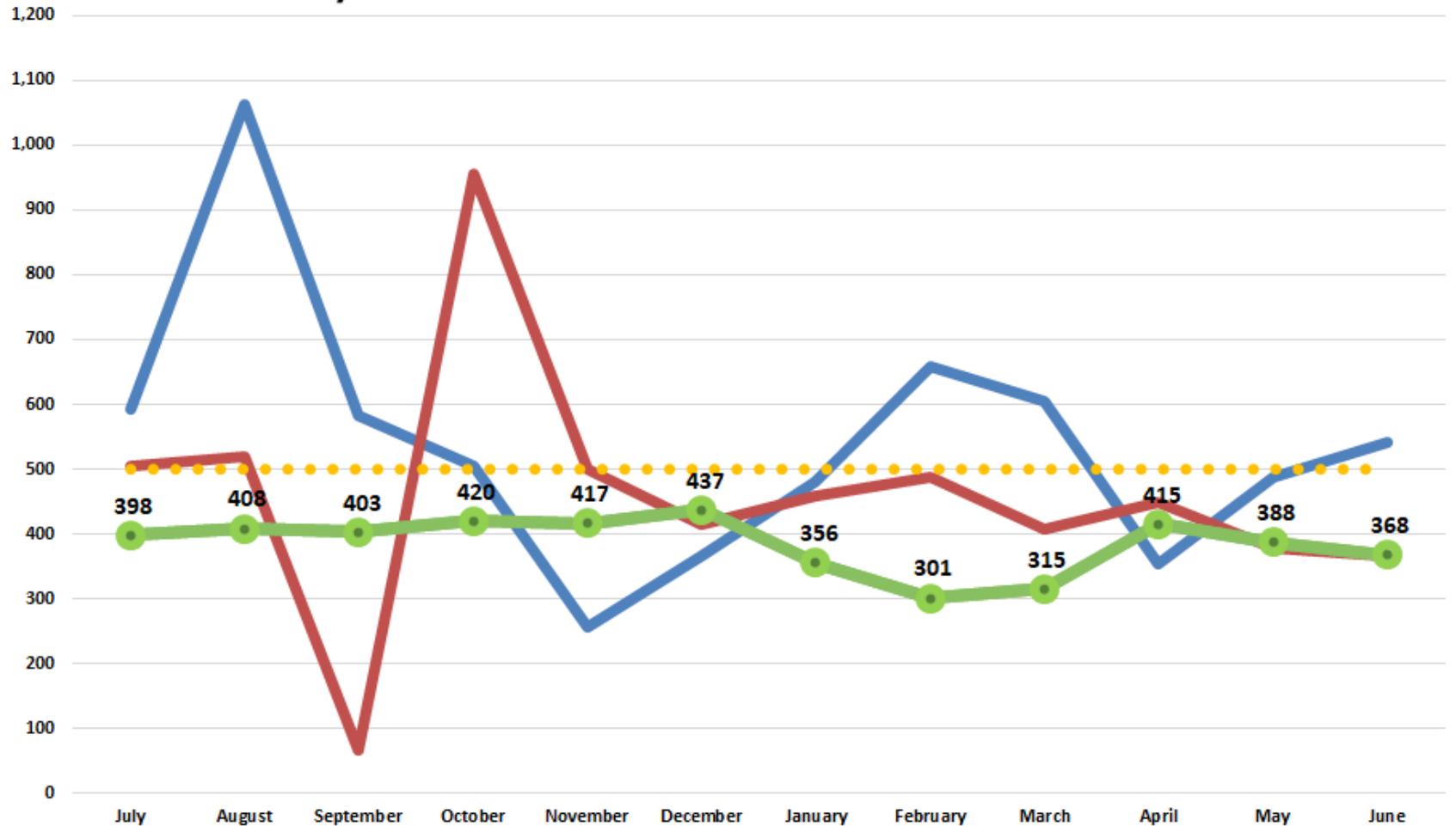
# Chronic Dialysis - Visalia



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



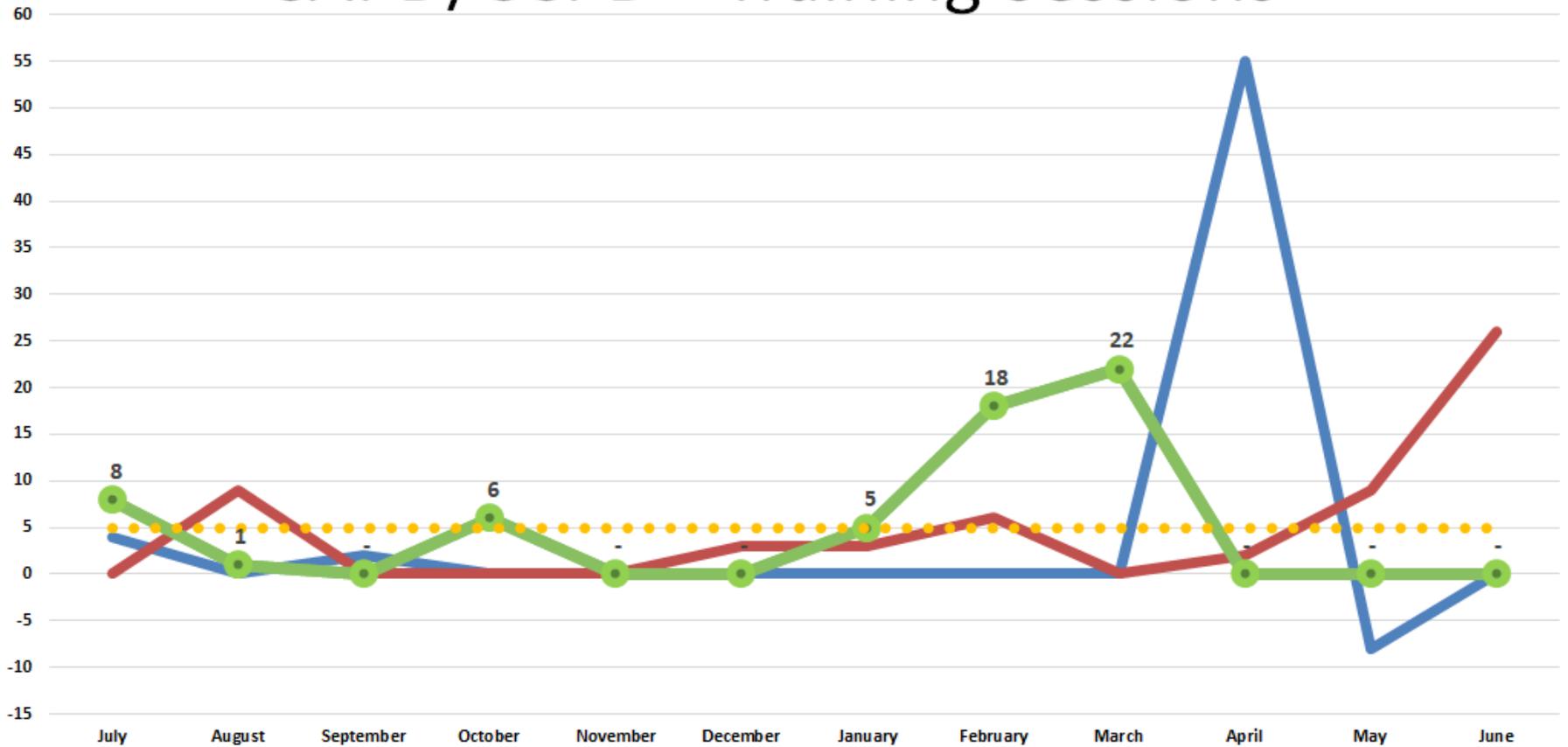
# CAPD/CCPD - Maintenance Sessions



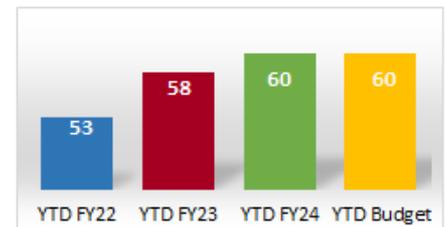
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 ●●● Budget



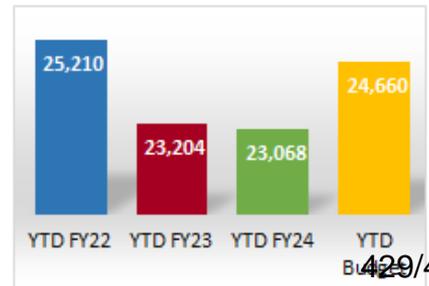
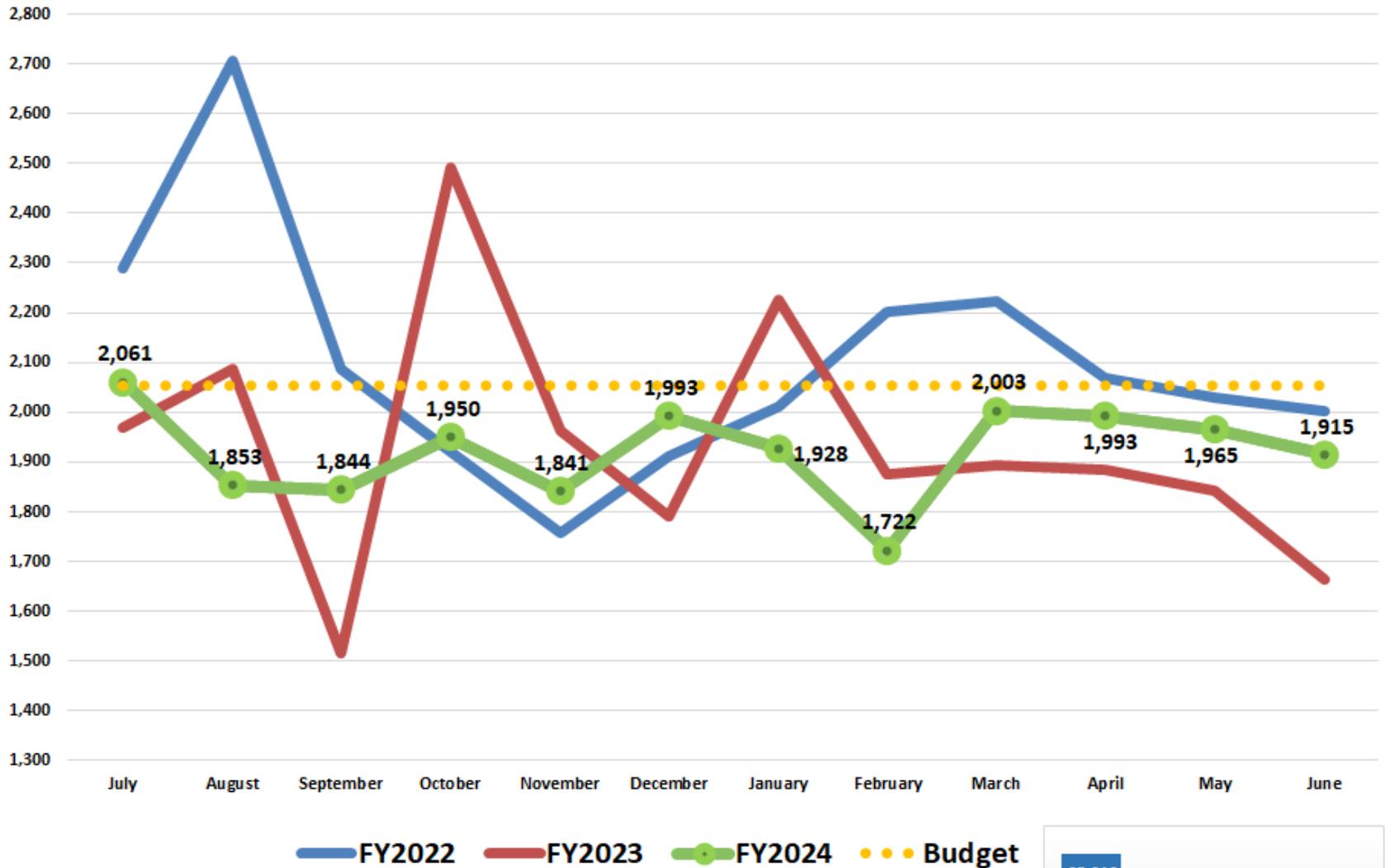
# CAPD/CCPD - Training Sessions



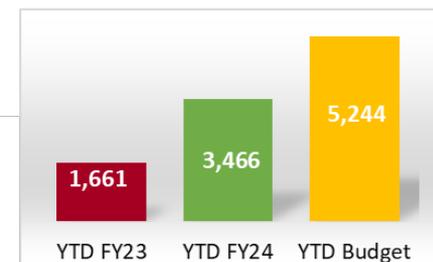
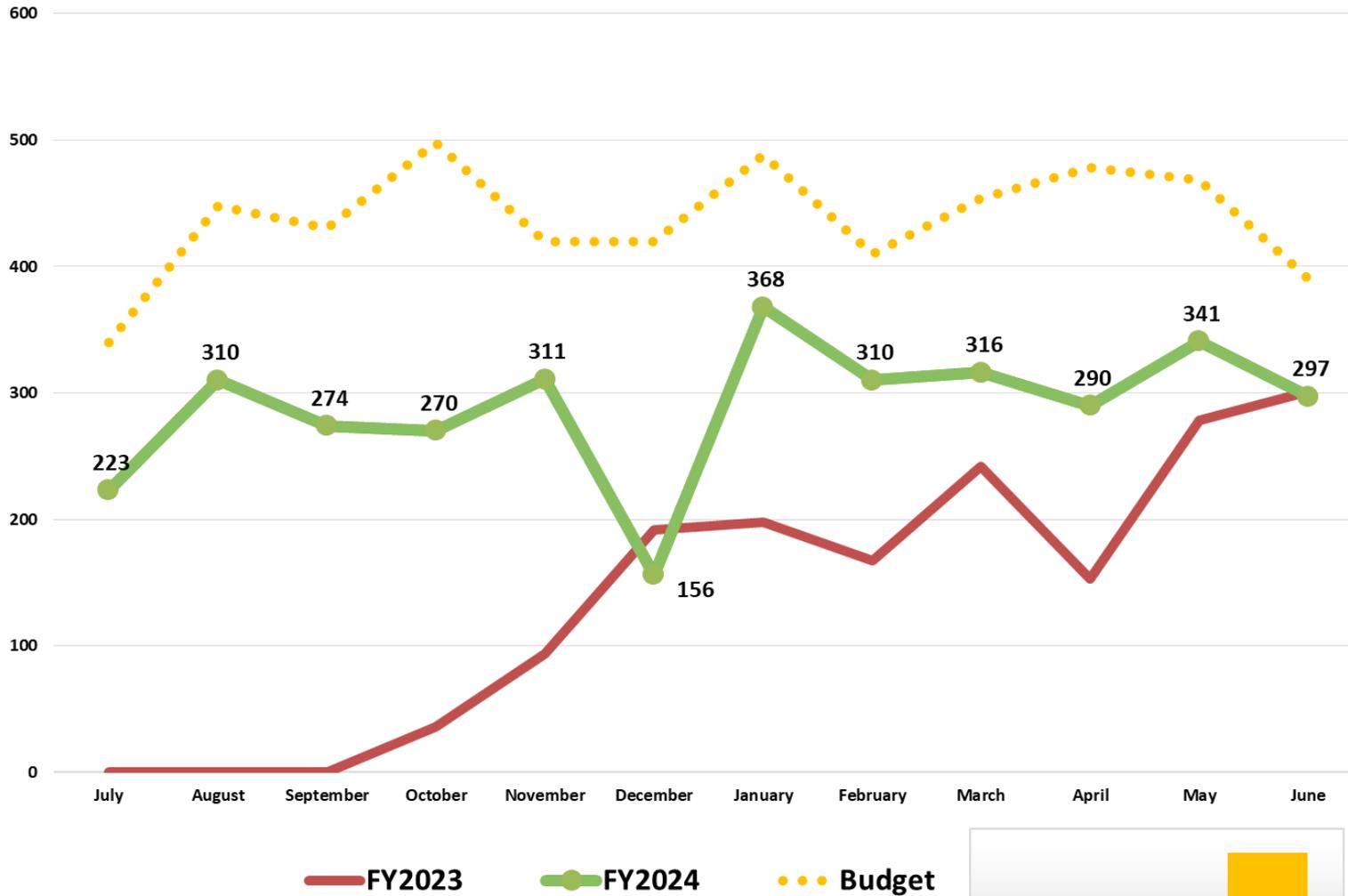
—●— FY2022   
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 ●●● Budget



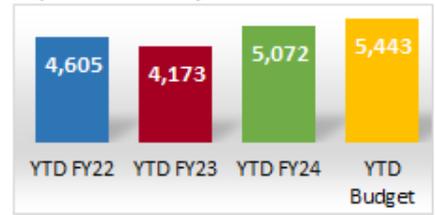
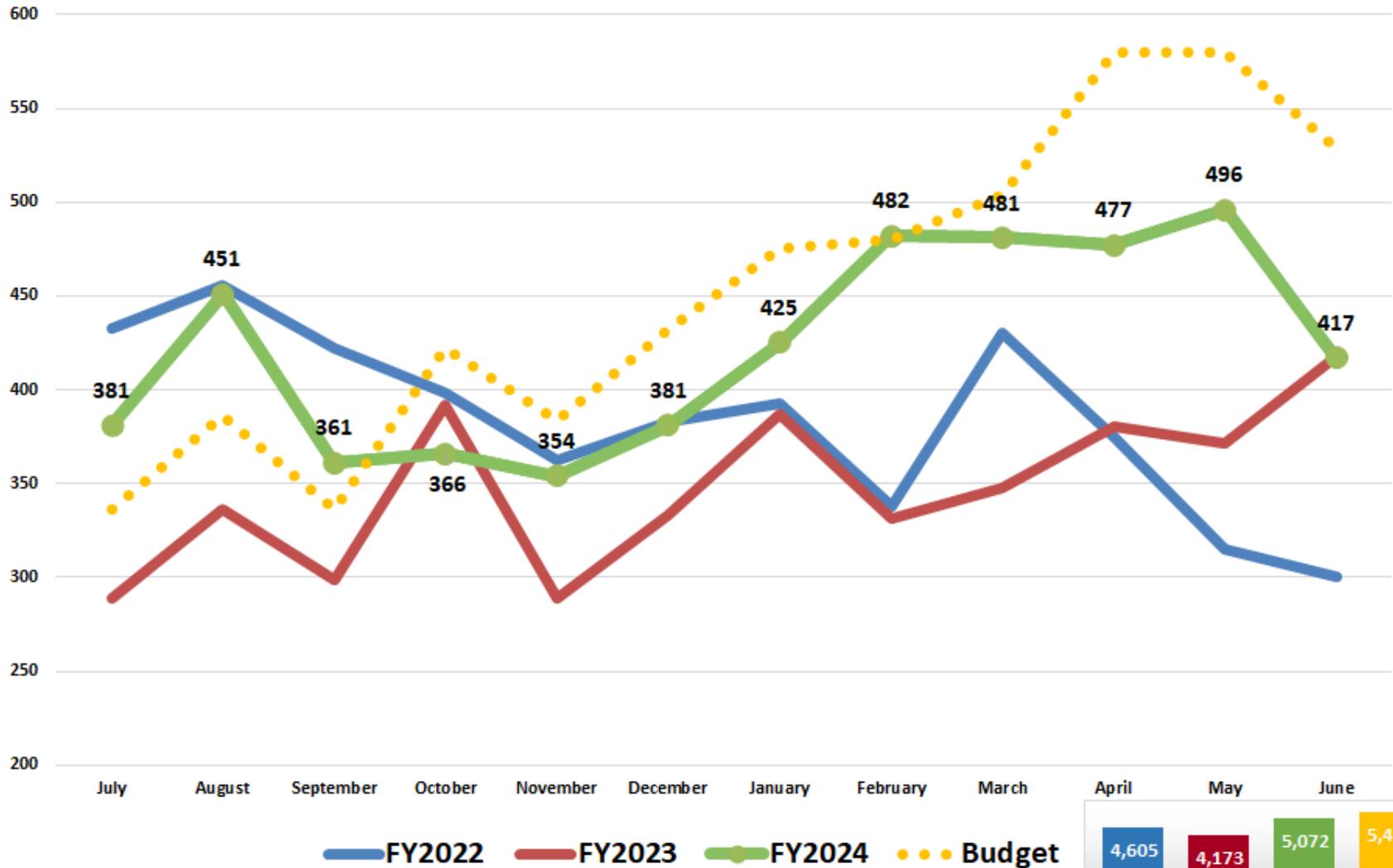
# All CAPD & CCPD



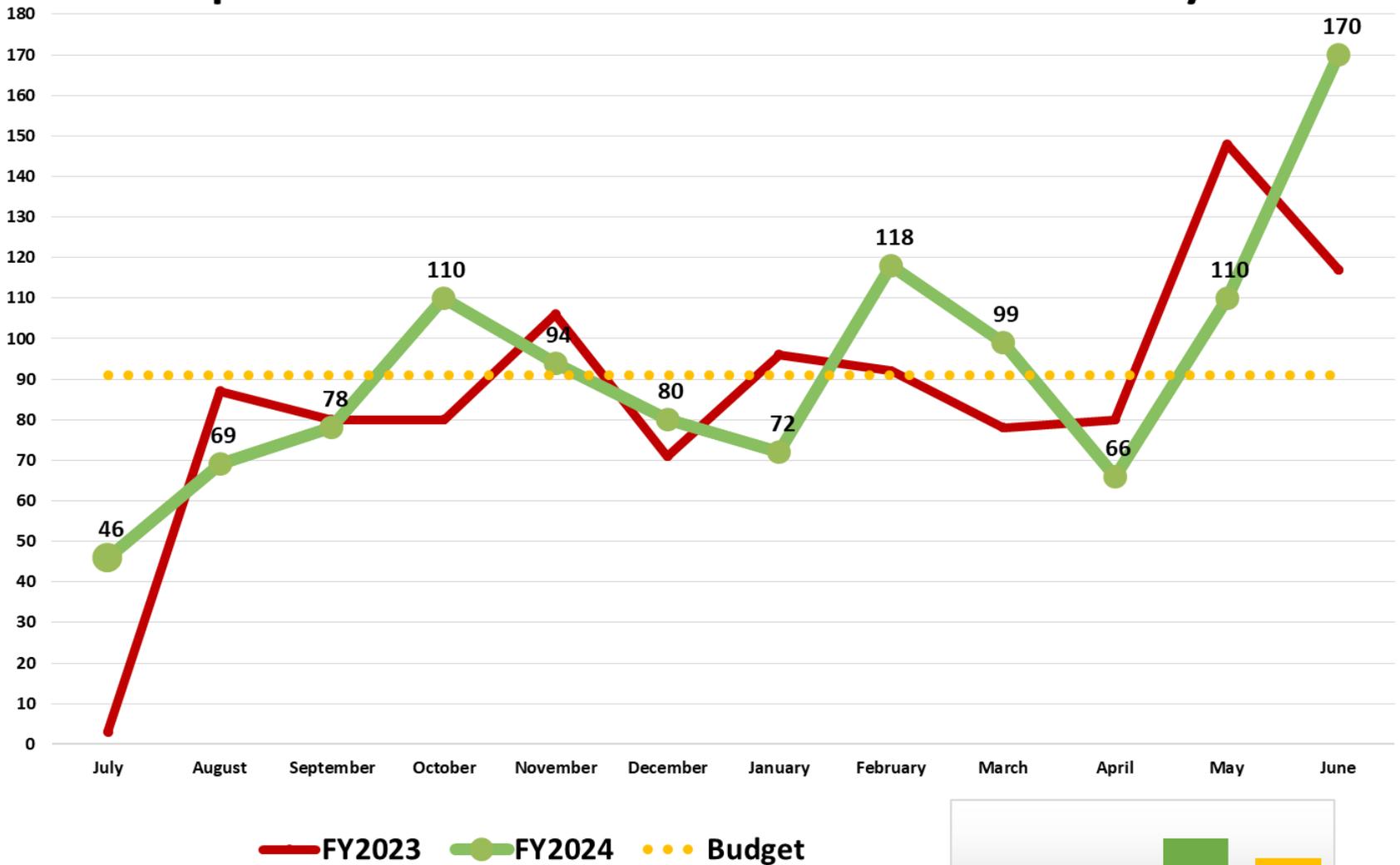
# Urology Clinic Visits



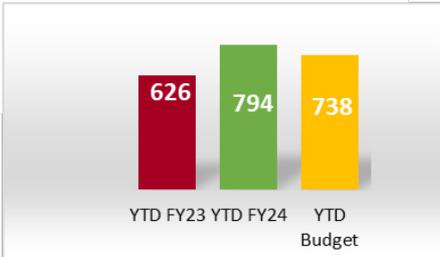
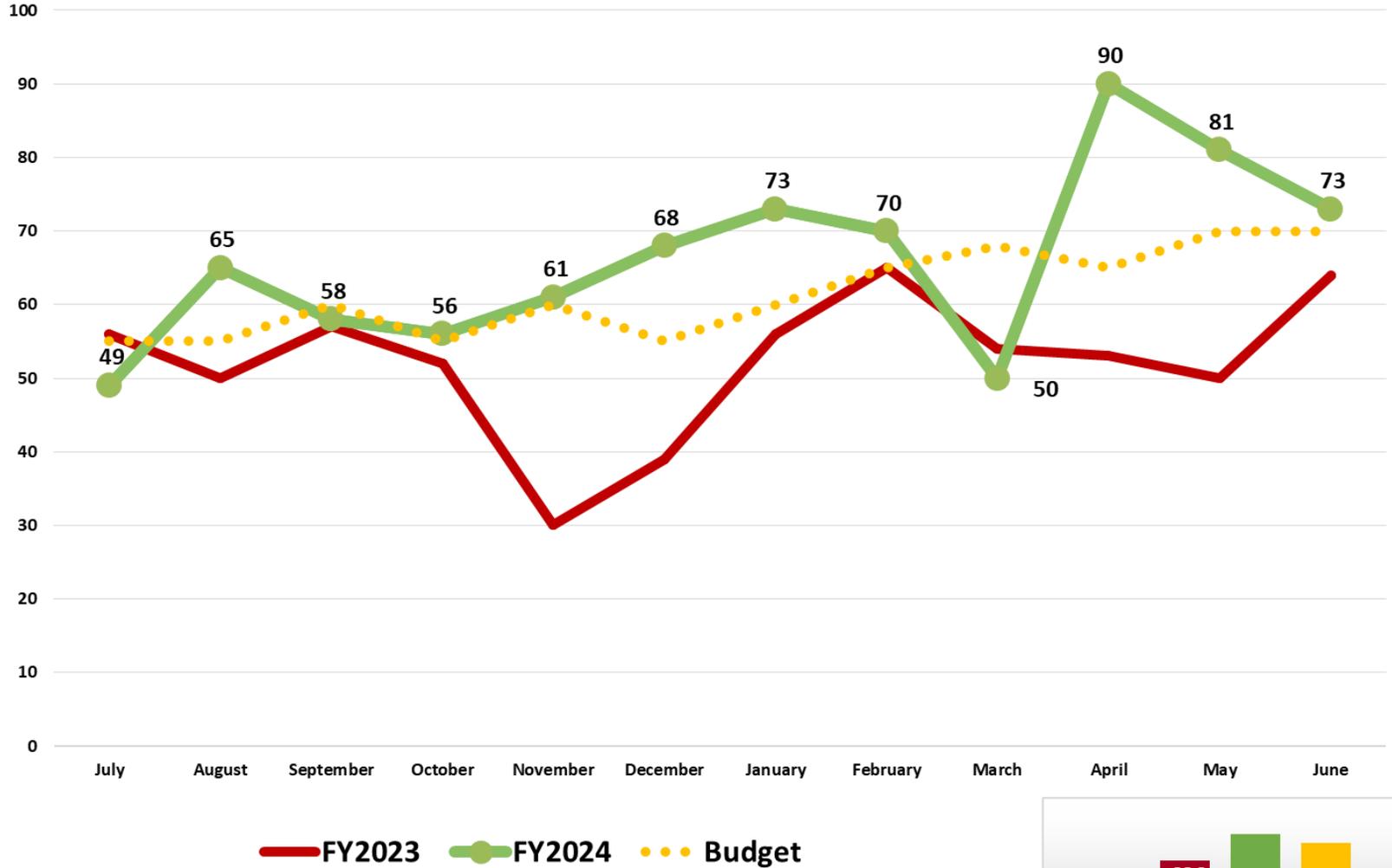
# Infusion Center - Outpatient Visits



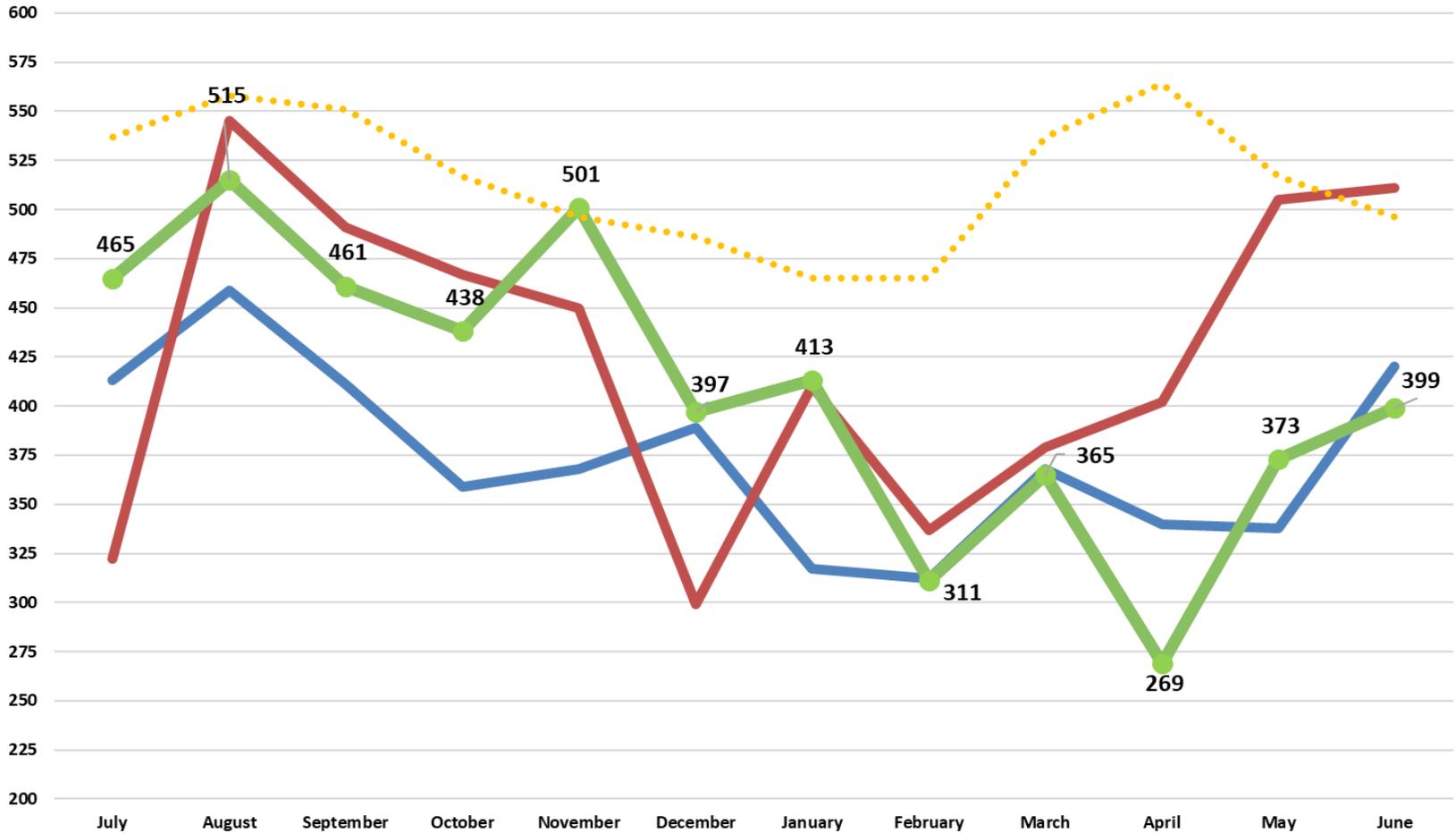
# Open Arms House - Patient Days



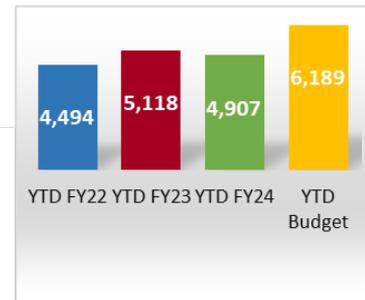
# Cardiothoracic Surgery Clinic - Visits



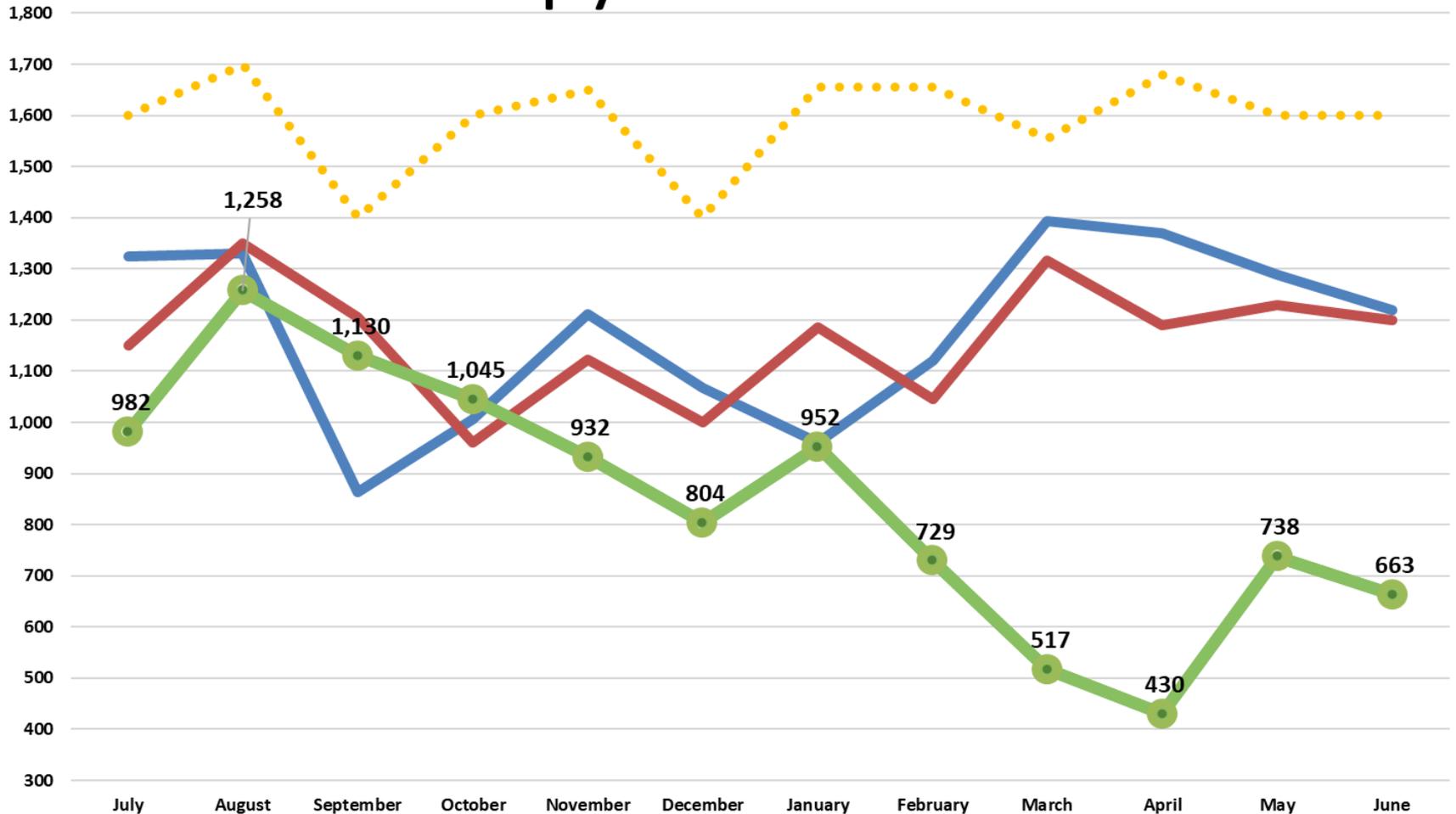
# Cardiac Rehabilitation



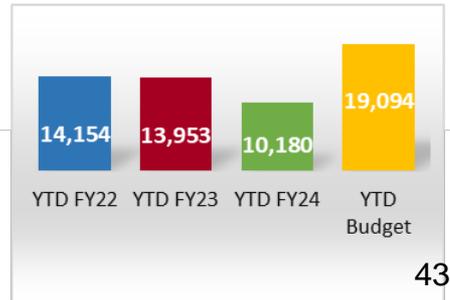
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 ····· Budget



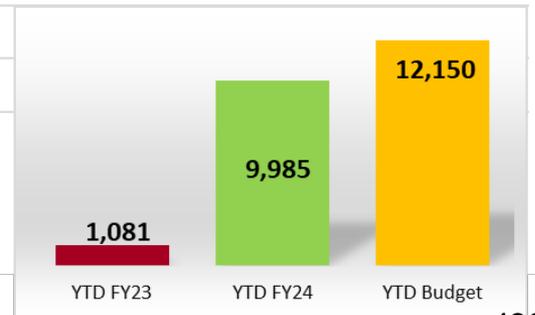
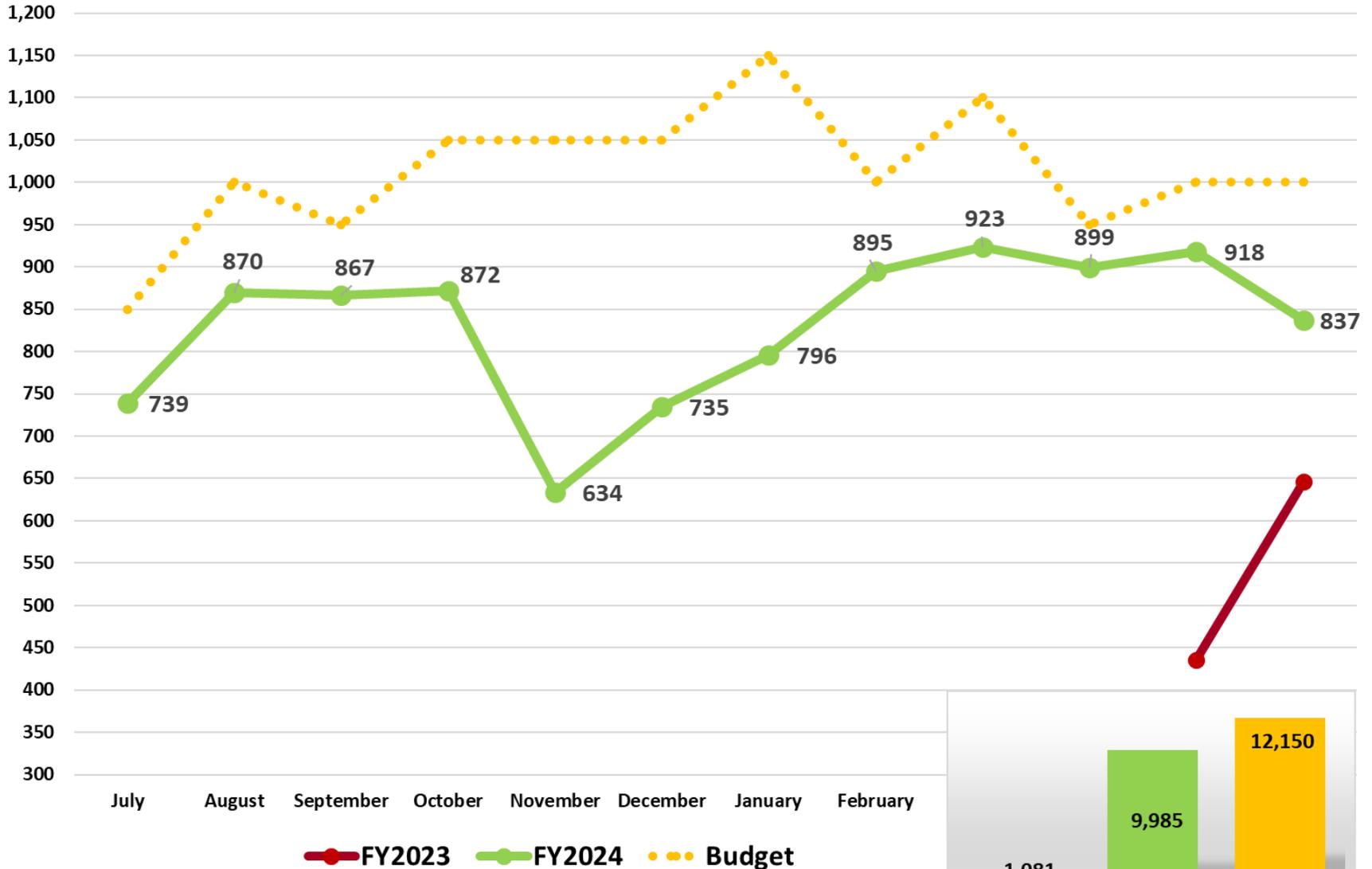
# Therapy-Wound Care



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



# KH Medical Clinic - Ben Maddox



# KH Medical Clinic - Plaza

