



April 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 April 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
- 5:00PM Open Meeting

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

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

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





## **KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING**

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

**Wednesday April 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. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Kelsie Davis 559-624-2330) or kedavis@kaweahhealth.org to make arrangements to address the Board.

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

**4.1. CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION**– Pursuant to Government Code 54956.9(d)(1)

*Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*

- A. Martinez (Santillian) v KDHCD Case # VCU279163
- B. Stanger v Visalia Medical Center Case # VCU284760
- C. Franks v KDHCD Case #VCU290542
- D. Burns-Nunez v KDHCD Case# VCU293109
- E. Oney v KDHCD Case # VCU293813
- F. Parnell v Kaweah Health Case # VCU292139
- G. Benton v KDHCD Case # VCU295014
- H. Cano v KDHCD Case # VCU300701
- I. Gress v KDHCD Case # VCU294286
- J. Kingsbury v KDHCD Case # 299220

- K. Newport v KDHCD Case # VCU295708
- L. Olivares v KDHCD Case # VCU298480
- M. Vanni v KDHCD Case # VCU299235
- N. M. Vasquez v KDHCD Case # VCU297964
- O. Borba v KDHCD Case # VCU301816
- P. Zamudio v KDHCD Case # 302284
- Q. Apkarian-Souza v KDHCD Case # VCU303650
- R. Pendleton v KDHCD Case #305571

- 4.2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2).  
*Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
- 4.3. **CONFERENCE WITH LEGAL COUSEL – EXISTING LITIGATION** – Pursuant to government code 54956.9(d)(1).  
*Pendleton vs. KDHCD*  
*Rachele Berglund, Legal Counsel and Evelyn McEntire, Director of Risk Management*
- 4.4. **CONFERENCE WITH LEGAL COUNSEL – QUALITY ASSURANCE** – pursuant to Health and Safety Code 32155 and 1461, report of first quarter quality assurance.  
*Rachele Berglund, Legal Counsel and Evelyn McEntire, Director of Risk Management*
- 4.5. **CONFERENCE WITH LEGAL COUSEL – EXISTING LITIGATION** – Pursuant to government code 54956.9(d)(1)  
*KDHCD V. George Christiansen, etc.*  
*Rachele Berglund, Legal Counsel and Marc Mertz, Chief Strategy Officer*
- 4.6. **CONFERENCE WITH LEGAL COUSEL – EXISTING LITIGATION** – Pursuant to government code 54956.9(d)(1)  
*Diaz v. Kaweah Delta Health Care District*  
*Tulare County Superior Court Case No.:VCU297155*  
*Rachele Berglund, Legal Counsel and Dianne Cox, Chief Human Resource Officer*
- 4.7. **CREDENTIALING** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.  
*Daniel Hightower, MD, Chief of Staff*
- 4.8. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.

*Daniel Hightower, MD, Chief of Staff*

4.9. **APPROVAL OF THE CLOSED MEETING MINUTES** –March 27, 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 April 24, 2024, closed meeting agenda.*

5. **ADJOURN**

**CLOSED MEETING AGENDA {4:01PM}**

5. **CALL TO ORDER**

6. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION**– Pursuant to Government Code 54956.9(d)(1)

*Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*

- A. Martinez (Santillian) v KDHCD Case # VCU279163
- B. Stanger v Visalia Medical Center Case # VCU284760
- C. Franks v KDHCD Case #VCU290542
- D. Burns-Nunez v KDHCD Case# VCU293109
- E. Oney v KDHCD Case # VCU293813
- F. Parnell v Kaweah Health Case # VCU292139
- G. Benton v KDHCD Case # VCU295014
- H. Cano v KDHCD Case # VCU300701
- I. Gress v KDHCD Case # VCU294286
- J. Kingsbury v KDHCD Case # 299220
- K. Newport v KDHCD Case # VCU295708
- L. Olivares v KDHCD Case # VCU298480
- M. Vanni v KDHCD Case # VCU299235
- N. M. Vasquez v KDHCD Case # VCU297964
- O. Borba v KDHCD Case # VCU301816
- P. Zamudio v KDHCD Case # 302284
- Q. Apkarian-Souza v KDHCD Case # VCU303650
- R. Pendleton v KDHCD Case #305571

7. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2).

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

8. **CONFERENCE WITH LEGAL COUSEL – EXISTING LITIGATION** – Pursuant to government Code 54956.9(d)(1).

*Pendleton vs. KDHC*

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

9. **CONFERENCE WITH LEGAL COUNSEL – QUALITY ASSURANCE** – pursuant to Health and Safety Code 32155 and 1461, report of first quarter quality assurance.

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

10. **CONFERENCE WITH LEGAL COUSEL – EXISTING LITIGATION** – Pursuant to government Code 54956.9(d)(1)

KDHC V. George Christiansen, etc.

*Rachele Berglund, Legal Counsel and Marc Mertz, Chief Strategy Officer*

11. **CONFERENCE WITH LEGAL COUSEL – EXISTING LITIGATION** – Pursuant to government Code 54956.9(d)(1)

Diaz v. Kaweah Delta Health Care District

Tulare County Superior Court Case No.:VCU297155

*Rachele Berglund, Legal Counsel and Dianne Cox, Chief Human Resource Officer*

12. **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*

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

*Daniel Hightower, MD, Chief of Staff*

14. **APPROVAL OF THE CLOSED MEETING MINUTES** –March 27, 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.

15. **ADJOURN**

## **OPEN MEETING AGENDA {5:00PM}**

1. **CALL TO ORDER**

2. **APPROVAL OF AGENDA**

3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five

minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Kelsie Davis 559-624-2330) or kedavis@kaweahhealth.org to make arrangements to address the Board.

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

5. **OPEN MINUTES** – Request approval of the March 27, 2024, open minutes.

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

*Action Requested – Approval of the March 27, 2024, open minutes.*

6. **RECOGNITIONS**

6.1. Presentation of [Resolution 2223 to Michelle Hooper](#), in recognition as the Kaweah Health World Class Employee of the month – March 2024 – *Director Rodriguez*

6.2. Presentation of [Resolution 2225 to Gale Thomas](#), in recognition of her 49 years of service and retirement. – *Director Rodriguez*

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 April 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 April 24, 2024, Consent Calendar*

9.1. **REPORTS**

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Throughput](#)
- D. [Risk Management 1<sup>st</sup> Quarter Report](#)
- E. Other Outpatient Services Reports:
  - E.1. [KDHIP](#)- Jag/James/Clint
  - E.2. [Retail Pharmacy](#)- Jag/James/Clint
  - E.3. [Lifestyle Center](#)- Jag/Patrick Tazio

**9.2. RESOLUTIONS**

- A. [Resolution 2222 Election Resolution for the November 2024 Board Election](#)
- B. [Resolution 2224 to Madisson Emerson](#), in recognition as the Kaweah Health World Class Employee of the month – April 2024
- C. [Resolution 2226 to Bradley Donabedian](#), in recognition of his 21 years of service and retirement.
- D. [Resolution 2227 to Alice Vega](#), in recognition of her 33 years of service and retirement.
- E. [Employer-Employee Relations Resolution No. 1458](#)

**9.3. CLAIMS**

- A. Rejection of Claim of [Catarina Munoz](#)

**9.4. POLICIES**

- A. Human Resource Policies
  - A.1. [HR. 04- Special Pay Practices](#) - Revised
  - A.2. [HR. 70- Meal Periods Res Breaks and Breast Feeding, and/or Lactation Accommodations](#) - Revised
  - A.3. [HR. 173- Employee Emergency Relief](#) – Revised
- B. Administrative Policies
  - B.1. [AP. 183 Consent](#)- Reviewed

**10. [MATERNAL CHILD HEALTH QUALITY REPORT](#)** – A review of key quality measures and actions plans focused.

*Melissa Filiponi, BSN, PHN, RNC-MNN Director of Maternal Child Health*

**11. STRATEGIC PLAN – [EMPOWER THROUGH EDUCATION](#)** – Detailed review of Strategic Plan Initiative.

*Lori Winston, MD, DIO, and Hannah Mitchell, Director of Organizational Development*

**12. [INSTITUTIONAL GME PROGRAM REVIEW](#)** – Annual review of the most current initiatives of GME.

*Lori Winston, MD, DIO*



13. **FINANCIALS** – Review of the most current fiscal year financial results.

*Malinda Tupper – Chief Financial Officer*

14. **REPORTS**

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

*Gary Herbst, Chief Executive Officer*

14.2. **Board President** - Report on current events and issues.

*Mike Olmos, Board President*

*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>.*

**Agenda item intentionally omitted**

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MARCH 27, 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; D. Hightower, MD, Vice Chief of Staff; G. Herbst, CEO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; T. Gray, MD, Chief Medical & Quality Officer; B. Cripps, Chief Compliance Officer; D. Cox, Chief Compliance Officer; R. Berglund, Legal Counsel; and K. Davis, recording

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

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

Director Olmos asked for approval of the closed agenda.

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

- 1.1. **CONFERENCE WITH REAL PROPERTY NEGOTIATOR {GOVERNMENT CODE SECTION 54956.8}** – Property: APN 078350050. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin and Marc Mertz. Price and terms to be determined.  
*Ryan Gates, Chief Population Health Officer; Marc Mertz, Chief Strategy Officer and Deborah Volosin, Director of Community Engagement*
- 1.2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2).  
*Ben Cripps, Chief Compliance & Risk Officer, Evelyn McEntire, Director of Risk Management, and Rachele Berglund, Legal Counsel*
- 1.3. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(1).  
*Ben Cripps, Chief Compliance & Risk Officer, Evelyn McEntire, Director of Risk Management, and Rachele Berglund, Legal Counsel*
- 1.4. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(1). Service Employees International Union United Healthcare Workers West, Charging Party, v. Kaweah Delta Health Care District, Respondent. Public Employment Relations Board, Case No. SA-CE-1195-M  
*Dianne Cox, Chief Human Resource Officer and Rachele Berglund, Legal Counsel*
- 1.5. **CREDENTIALING** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs,

the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.

*Daniel Hightower, MD, Chief of Staff*

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

*Daniel Hightower, MD, Chief of Staff*

- 1.7. **APPROVAL OF THE CLOSED MEETING MINUTES** –February 28, 2024, and March 6, 2024.

**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 FEBRUARY 28, 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; 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 5:00 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – Tom Cutler presented before the board. Mr. Cutler used all five minutes to talk to the board about a paper that took 8 months to sign and showed why he wanted the paper to be signed.

**CLOSED SESSION ACTION TAKEN:** Approval of the closed minutes from February 28, 2024, and March 6, 2024. Director Olmos also reported completed closed session topics, on two job offers. One to the new board clerk Kelsie Davis executed 2/9/2024, and the other to Dr. Paul Stefanacci as the new Chief Quality and Medical Officer that was executed 3/15/2024.

**OPEN MINUTES** – Requested approval of the open meeting minutes from February 28, 2024, and March 6, 2024.

**PUBLIC PARTICIPATION** – None.

*MMSC (Francis/Havard Mirviss) to approve the open minutes from February 28, 2024, and March 6, 2024. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis.*

**RECOGNITIONS**

Presentation by Melissa Filiponi and Amy Baker of Distinguished Physician Award Winners 2024 – as nominated and voted on by nurses in shared decision making through the Professional Practice Council.

- Teacher: Roger Haley, M.D.
- Professional Collaboration: Sreedhar Adapa, M.D.
- Communication: Enrique Valladares, M.D.
- Compassionate Care: Lee Brock, M.D.
- Patient Advocacy: Julianne Randolph, D.O.

Presentation by Melissa Filiponi and Amy Baker of Distinguished Resident Award Winners 2024- as nominated and voted on by nurses in shared decision making through the Professional Practice Council.

- Teacher: Adrian Yabut, D.O.
- Professional Collaboration: Danielle Ruediger, M.D.

- Communication: Rachel Handelsman, M.D.
- Compassionate Care: Andrew Hanalla, M.D.
- Patient Advocacy: Jared Caballes, M.D.

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

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

- No report.

**Public Participation** – None.

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

*MMSC (Havard Mirviss/Francis) 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 March 27, 2024, consent calendar.

**PUBLIC PARTICIPATION** – None.

*MMSC (Havard Mirviss/Rodriguez) to approve the March 27, 2024, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis*

**HANDOFF QUALITY FOCUS TEAM REPORT** – A review of key measures and actions to enhance the handoff of information between care team members.

Franklin Martin, Director of Trauma Services

**STRATEGIC PLAN – Ideal Work Environment** – Detailed review of Strategic Plan Initiative.

*Dianne Cox, Chief Human Resource Officer & Raleen Larez, Director of Employee Relations*

**FISCAL YEAR 2025 STRATEGIC PLAN** – Detailed Review of 2025 Strategic Plan objectives and attached hereto with the minutes. *Marc Mertz, Chief Strategy Officer*

Director Olmos made a motion to approve the Fiscal Year Strategic Plan that was presented to the strategic planning committee meeting March 13, 2024, and now has been presented to the full board.

**Public Participation** – None.

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

**FINANCIALS** – Review of the most current fiscal year financial results. (Copy attached to the original of these minutes and considered a part thereof) – *Malinda Tupper – Chief Financial Officer*

### **REPORTS**

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

- Director Olmos noted that Dr. Dean Levitan’s board orientation is now almost concluded.
- Director Olmos noted that Dr. Dean Levitan attended on behalf of the board the Little Free Library Ribbon Cutting that happened March 5<sup>th</sup> outside of Kaweah Kids.
- Director Olmos congratulated Mr. Herbst on behalf of the board on his 32<sup>nd</sup> Anniversary with Kaweah Health.

**ADJOURN** - Meeting was adjourned at 7:19PM

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 SPECIAL KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MARCH 27, 2024, AT 6:30PM 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; G. Herbst, CEO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; T. Gray, MD, Chief Medical & Quality Officer; B. Cripps, Chief Compliance Officer; D. Cox, Chief Compliance Officer; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 7:20 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*

**APPROVAL OF CLOSED AGENDA AS FOLLOWS:** Closed Meeting Agenda – Immediately following the 6:30PM open session

**5.1. CONFERENCE WITH REAL PROPERTY NEGOTIATOR {GOVERNMENT CODE SECTION 54956.8}** – Property: APN 119-110-024 and 119-850-015. Negotiating Party: Kaweah Delta Health Care District: Marc Mertz and Deborah Volosin. Price and terms to be determined. – Marc Mertz, *Chief Strategy Officer*

**ADJOURN** - Meeting was adjourned at 7:21PM

Mike Olmos, President

Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer

Kaweah Delta Health Care District Board of Directors



## **RESOLUTION 2223**

**WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Michelle Hooper with the World Class Service Excellence Award for the Month of March 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 Elli Santana, LVN for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.**

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

**President, Kaweah Delta Health Care District**

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



## **RESOLUTION 2225**

**WHEREAS, Gale Thomas, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 49 years of service; and,**

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

**WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her excellence in caring and service,**

**NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Gale Thomas for 49 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 April 2024 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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

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

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kaweahhealth.org - (559) 624-5456  
 Date prepared: 4/17/2024

<b>Valley Children's Health Care</b>	
Maternal Fetal Medicine	2
Neonatology	1
Pediatric Cardiology	1
Pediatric Hospitalist	1

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

<b>Key Medical Associates</b>	
Endocrinology	1
Family Medicine/Internal Medicine	3
Gastroenterology	1
Pediatrics	1
Pulmonology	1
Rheumatology	1

<b>Orthopaedic Associates Medical Clinic, Inc.</b>	
Orthopedic Surgery (General)	1
Orthopedic Surgery (Hand)	1

<b>Stanford Health Care</b>	
Cardiothoracic Surgery	2

<b>Sequoia Cardiology Medical Group</b>	
EP Cardiology	1

<b>Oak Creek Anesthesia</b>	
Anesthesia - General/Medical Director	1
Anesthesia - Obstetrics	1
Anesthesia - Regional Pain	1
Anesthesia - Cardiac	1

<b>USC Urology</b>	
Urology	3

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

<b>Valley ENT</b>	
Audiology	1
Otolaryngology	1

<b>Mineral King Radiology Group</b>	
Diagnostic Radiology	1
Interventional Radiology	1

<b>Valley Hospitalist Medical Group</b>	
GI Hospitalist	1

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

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kawahhealth.org - (559) 624-5456  
 Date prepared: 4/17/2024

#	Specialty	Group	Date Added	Current Status
1	Orthopedic Hand Surgeon	Orthopaedic Associates	2/2/2024	Leadership call pending
2	EP Cardiologist	TBD	2/2/2024	Currently under review
3	Gastroenterology	TBD	3/29/2024	Prescreen call pending
4	EP Cardiology	TBD	9/11/2023	Currently under review
5	Family Medicine	TBD	6/21/2023	Currently under review
6	Family Medicine	TBD	6/21/2023	Currently under review
7	Anesthesia - OB	Oak Creek Anesthesia	2/7/2024	Currently under review
8	ENT	Valley ENT	3/29/2024	Site Visit: 6/14/24
9	CT Cardiac Surgery	TBD	3/29/2024	Currently under review
10	Cardiac Anesthesia	Oak Creek Anesthesia	3/15/2024	Site Visit: 4/18/24
11	ENT	Valley ENT	1/3/1900	Currently under review
12	EP Cardiologist	TBD	3/29/2024	Prescreen call pending
13	Pediatric Hospitalist	Valley Children's	3/29/2024	Site Visit: 4/12/2024
14	Intensivist	Sound Physicians	3/29/2024	Site Visit: 3/20/2024
15	Intensivist	Sound Physicians	3/29/2024	Site Visit: 3/20/2024
16	Intensivist	Sound Physicians	3/29/2024	Site visit: 3/14/2024
17	Pediatric Hospitalist	Valley Children's	4/4/2024	Site Visit: 4/8/2024
18	OB/GYN	Visalia OB/GYN	3/29/2024	Currently under review
19	Intensivist	Sound Physicians	4/9/2024	Site Visit: 4/11/2024
20	ENT	Valley ENT	4/9/2024	Currently under review
21	OB/GYN	Visalia OB/GYN	4/9/2024	Currently under review
22	Nephrology	Renal Medical Group	4/9/2024	Currently under review
23	General Surgery	TBD	4/9/2024	Currently under review
24	Pulmonology	TBD	4/9/2024	Currently under review (Provided to us from Ben Housley)
25	Urology	TBD	4/9/2024	Site visit pending in July
26	Urology	TBD	4/9/2024	Site Visit: 4/24/2024
27	EP Cardiology	TBD	4/9/2024	Currently under review

#	Specialty	Group	Offer Sent
1	Family Medicine	Direct/1099	11/2/2023
2	Family Medicine	Direct/1099	11/7/2023
3	Psychiatry	TBD	12/5/2023
4	Neurology	Kawah Neurology	1/4/2024
5	Urology	Direct/1099	4/2/2024
6	Anesthesia - Cardiac	Oak Creek	2/2/2024
7	Pulmonology	TBD	Pending
8	Bariatric/General Surgery	TBD	Pending
9	Hospitalist	Key Medical Associates	4/3/2024
10	Family Medicine	Key Medical Associates	Pending
11	Hospitalist	Key Medical Associates	Pending

#	Group	Offer Sent	Expected Start Date
1	Anesthesia - General	Oak Creek Anesthesia	Spring 2024
2	CRNA	Oak Creek Anesthesia	Spring 2024
3	CRNA	Oak Creek Anesthesia	Spring 2024
4	CRNA	Oak Creek Anesthesia	Spring 2024
5	CRNA	Oak Creek Anesthesia	Spring 2024
6	CRNA	Oak Creek Anesthesia	Spring 2024
7	Anesthesia	Oak Creek Anesthesia	Fall 2024
8	Anesthesia - Critical Care	Oak Creek Anesthesia	Fall 2024
9	Orthopedic Trauma	Orthopaedic Associates Medical Clinic	Summer 2024
10	Hospice & Palliative Medicine	Independent	Summer 2024
11	CRNA	Oak Creek Anesthesia	
12	Endocrinology	Direct/1099	Pending Credentialing
13	Radiation Oncology	SROSI	Summer 2024
14	Cardiothoracic Surgery	Stanford	Summer 2024
15	CRNA	Oak Creek Anesthesia	Summer 2024
16	OB Medical Director of Anesthesia	Oak Creek Anesthesia	Summer 2024
17	Medical Oncology	Sequoia Oncology Medical Associates	
18	Family Medicine	Key Medical Associates	Summer 2024
19	Interventional Cardiology	Independent	Fall 2024
20	Intensivist	Sound Physicians	TBD
21	Hospitalist	Key Medical Associates	TBD



# FY 2024 Strategic Plan

## Monthly Performance Report

### April 24, 2024



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

## Kaweah Health Strategic Plan: Fiscal Year 2024

### Our Mission

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

### Our Vision

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

### Our Pillars

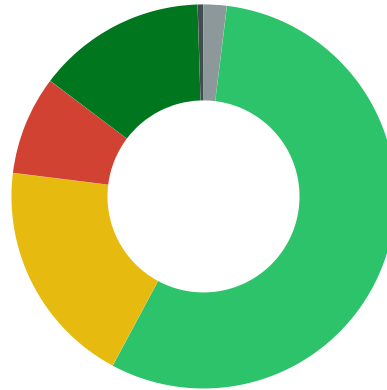
Achieve outstanding community health.  
 Deliver excellent service.  
 Provide an ideal work environment.  
 Empower through education.  
 Maintain financial strength.

### Our Six Initiatives

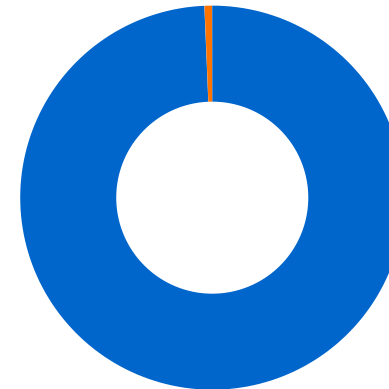
Empower Through Education  
 Ideal Work Environment  
 Strategic Growth and Innovation  
 Organizational Efficiency and Effectiveness  
 Outstanding Health Outcomes  
 Patient Experience and Community Engagement

### Kaweah Health Strategic Plan FY2024 Overview

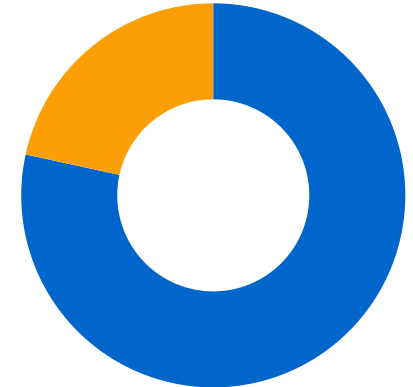
Statuses



Due Dates



Progress Updates



● Not Started	4	(2%)
● On Track	114	(56%)
● Off Track	39	(19%)
● At Risk	17	(8%)
● Achieved	29	(14%)
● Canceled	1	(0%)

● Not Past Due	156	(99%)
● Past Due	1	(1%)

● Up-to-Date	160	(78%)
● Late	44	(22%)
● Pending	0	(0%)

### Empower Through Education

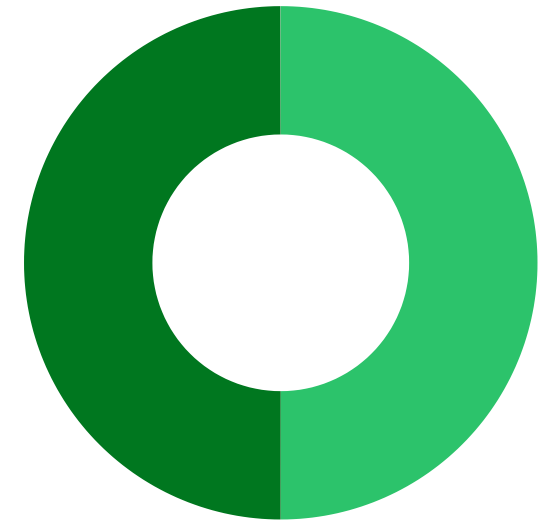
Champions: Dr. Lori Winston and Hannah Mitchell

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

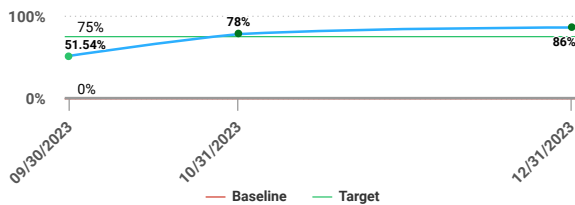
#	Name	Description	Status	Assigned To	Last Comment
1.1	Expand Online Learning Opportunities and Participation	Increase and optimize existing and new educational opportunities and platforms to support on line and computer based learning.	Achieved	Hannah Mitchell	Goals have been met and exceeded.
1.2	Increase 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.	On Track	Kimberly Sokol	We are on track to meet all of the goals we have set for this strategy.
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.	On Track	Hannah Mitchell	We are on track to achieving the metrics for this strategy.

#### Objectives and Outcomes

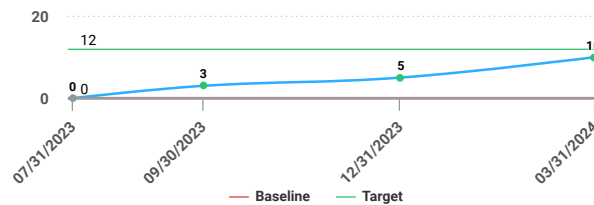


● On Track 2 (50%)  
● Achieved 2 (50%)

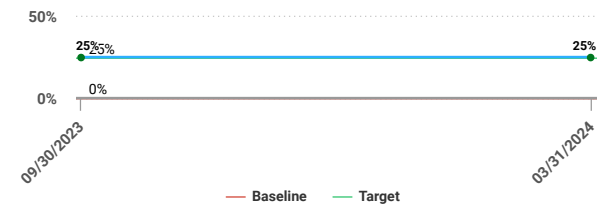
#### Automate the Week One Onboarding and Orientation Competencies for Patient Care Staff



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



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





### Ideal Work Environment

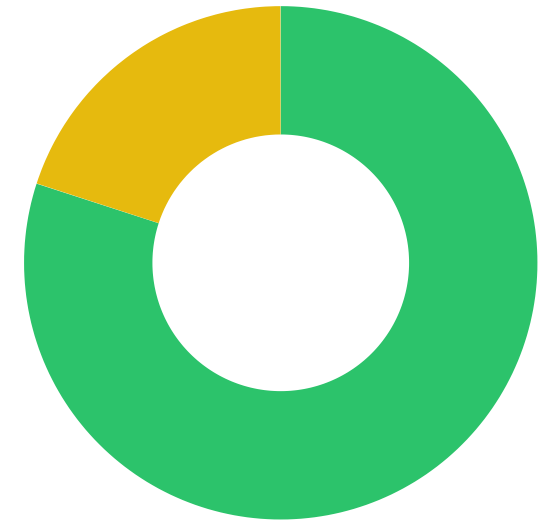
Champions: Dianne Cox and Raleen Larez

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

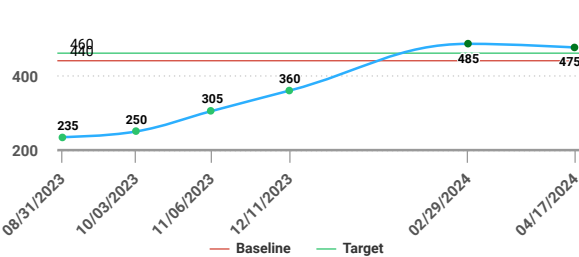
#### FY2024 Strategic Plan - Ideal Work Environment Strategies

#	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.	Off Track	Dianne Cox	Kaweah Care Steering Committee sub group on Employee Engagement and Experience started March 2024. Enhancing 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.	On Track	Lori Winston	Ongoing effort with the support of the Medical Staff Office.
2.3	Kaweah Care Culture	Recreate Kaweah Care culture into the various aspects of the organization.	On Track	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.	On Track	Dianne Cox	
2.5	Growth in Nursing School Partnerships	Increase the pool of local RN candidates with the local schools to increase RN cohort seats.	On Track	Dianne Cox	Expanding partnerships beyond nursing (imaging tech). Ongoing partnerships with high schools and middle schools.

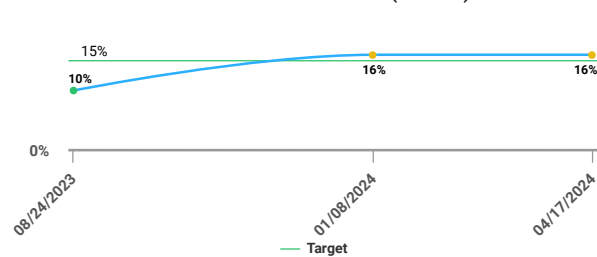
#### Objectives and Outcomes



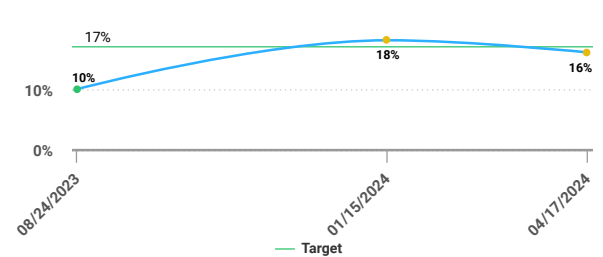
#### Increase to 460 Volunteers (by 6/30/24)



#### Decrease Overall KH Turnover Rate (< 15%)



#### Decrease Nursing Turnover Rate (< 17%)



Strategic Growth and Innovation

Champions: Ryan Gates and JC Palermo

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

FY2024 Strategic Plan - Strategic Growth and Innovation Strategies

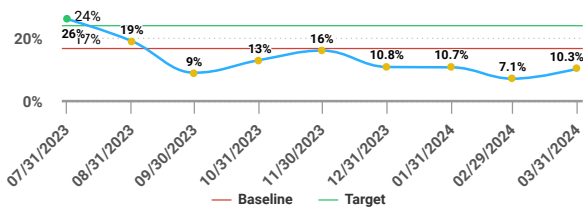
#	Name	Description	Status	Assigned To	Last Comment
3.1	Recruit and Retain Providers	Develop a recruitment strategy around top physician needs to recruit and retain physicians and providers to address unmet community needs and to support Kaweah Health's growth.	On Track	JC Palermo	On track to meet recruitment goals for this year.
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.	Off Track	Kevin Bartel	We continue to work to improve our elective CABG case volume and our Urology case volumes are slightly below the current goal for the year.
3.3	Grow Targeted Outpatient Volumes	Increase access to outpatient care in locations that are convenient to our community.	Off Track	Ivan Jara	The 202 Willow Clinic and the Youth Crisis Stabilization Unit are delayed related to their planned opening dates.
3.4	Innovation	Implement and optimize new tools and applications to improve the patient experience, patient communication and patient outcomes.	Off Track	Jacob Kennedy	We will continue to work on optimizing and improving these systems to further enhance the patient experience and work toward achieving established goals.
3.5	Expand Health Plan & Community Partnerships	Improve and strengthen relationships with health plans, community partners, and participate in local/state/federal programs and funding opportunities to improve access, quality, and outcomes for the community.	On Track	Sonia Duran-Aguilar	We continue to grow the program and are currently at capacity with both ECM and CS.

Objectives and Outcomes

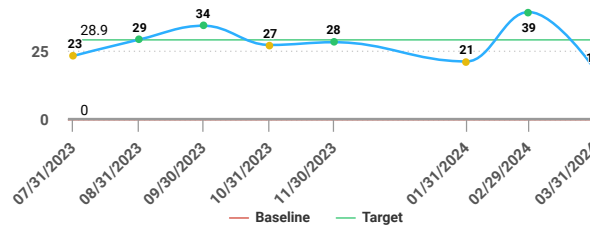


● On Track 2 (40%)  
● Off Track 3 (60%)

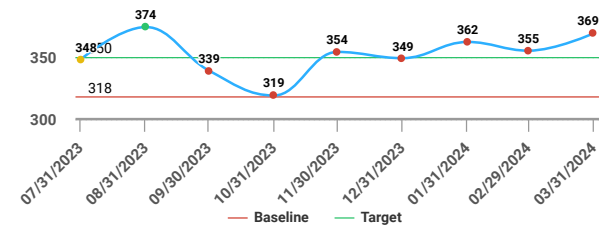
Increase the Percentage of Coronary Artery Bypass Graph Surgery Cases that are Elective



Increase Number of Urology Surgery Cases



Increase Monthly Endoscopy Case Volume



Organizational Efficiency and Effectiveness

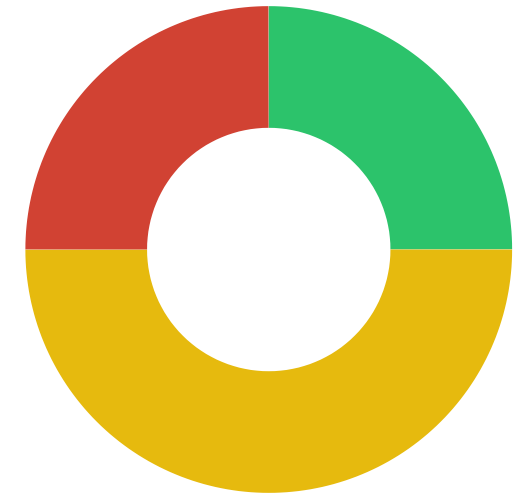
Champions: Jag Batth and Rebekah Foster

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

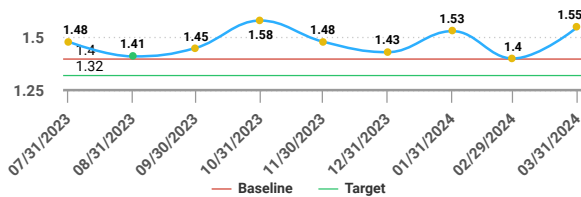
FY2024 Strategic Plan - Organization Efficiency and Effectiveness Strategies

#	Name	Description	Status	Assigned To	Last Comment
4.1	Patient Throughput and Length of Stay	Implement patient flow processes that are effective and efficient to improve patient throughput and lower the overall Length of Stay.	Off Track	Keri Noeske	All length of stay metrics moved up in March 2024. Work continues to identify opportunities to reduce length of stay. New project opportunities with improving efficiency with tests and treatments, expanding scope of case management, increasing engagement with non-hospitalist medical groups with discharges.
4.2	Increase Main and Cardiac Operating Room Efficiency/Capacity	Improve Operating Room Efficiency, Capacity and Utilization to meet surgery volume needs.	Off Track	Lori Mulliniks	We continue to increase exception reporting to address improvements and are starting a weekly meeting to review each procedure resulting in a loss and address improvements. We have increased transparency with surgeons related to our goals by attending department meetings and providing monthly reports to surgeons. Three of our five metrics are off track and two are on track.
4.3	Create a Process to Monitor Use of Tests and Treatments	Create and initiate a workgroup to identify areas of focus and establish benchmarks related to the use of tests and treatments.	On Track	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.	At Risk	Frances Carrera	We are at risk of not meeting our goals related to reducing days in accounts receivable and point of care collections by the end of the fiscal year.

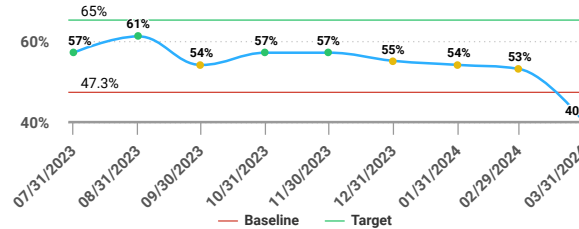
Objectives and Outcomes



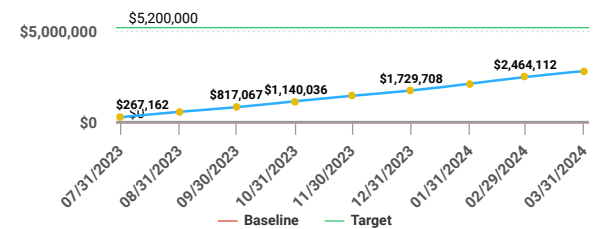
Decrease Inpatient Observed to Expected Length of Stay



Improve Elective Case Main Operating Room Utilization



Increase Front End Collections



### Outstanding Health Outcomes

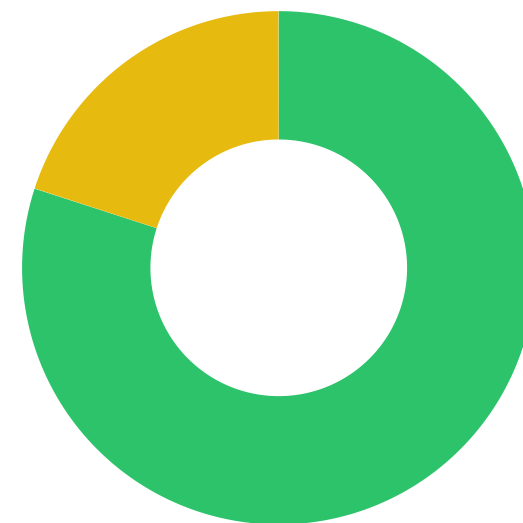
Champions: Dr. LaMar Mack and Sandy Volchko

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

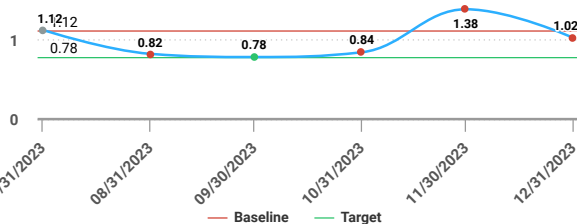
#### FY2024 Strategic Plan - Outstanding Health Outcomes Strategies

#	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	On Track	Sandy Volchko	
5.2	Sepsis Bundle Compliance (SEP-1)	Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.	On Track	Sandy Volchko	Will be reviewing and modifying the metric/target.
5.3	Mortality and Readmissions	Reduce observed/expected mortality through the application of standardized best practices.	On Track	Sandy Volchko	
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.	On Track	Sonia Duran-Aguilar	Proxy Performance out of Cozeva Population Health Tool shows Kaweah Health is meeting 9 Quality Measures out of 10; performance at 90% up from 30% earlier in the year. A lot of QI efforts in the RHCs to finish strong by the end of the year. Final Performance will be known by May 2024 for Calendar Year 2023.
5.6	Inpatient Diabetes Management	Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.	On Track	Sonia Duran-Aguilar	

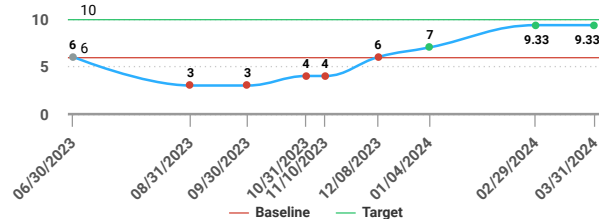
#### Objectives and Outcomes



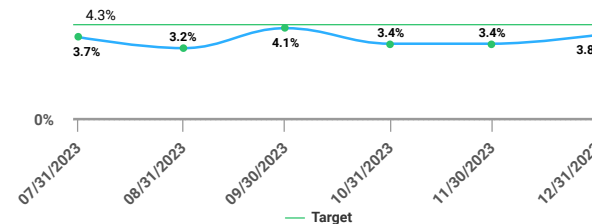
#### SEPSIS Mortality O/E



#### Meet 10 QIP Performance Measures



#### Hypoglycemia in Critical Care Patients (< 4.3%)



## Patient and Community Experience

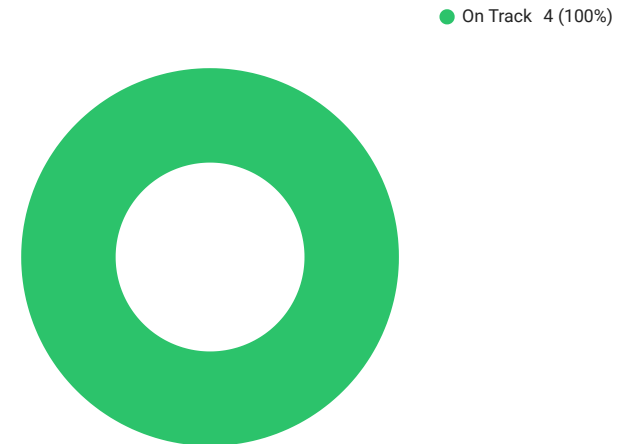
**Champions: Keri Noeske and Deborah Volosin**

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

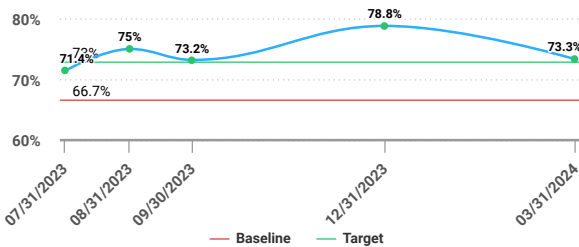
### FY2024 Strategic Plan - Patient and Community Experience Strategies

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

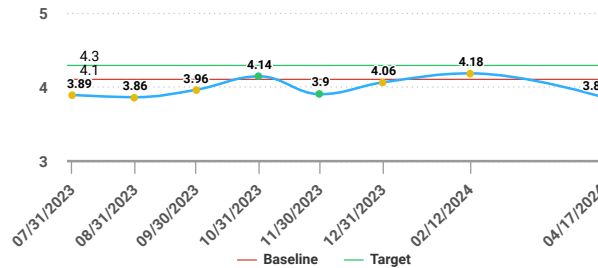
### Objectives and Outcomes



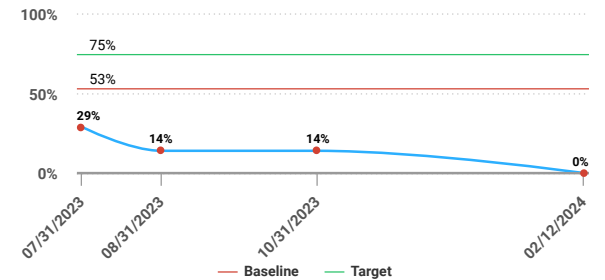
Achieve the 60th Percentile in Overall Rating Goal on HCAHPS Survey



Achieve 4.3 Patient Feedback Score Goal on ED Survey



Reunite 75% of Lost Belongings with Owners



# Throughput Steering Committee

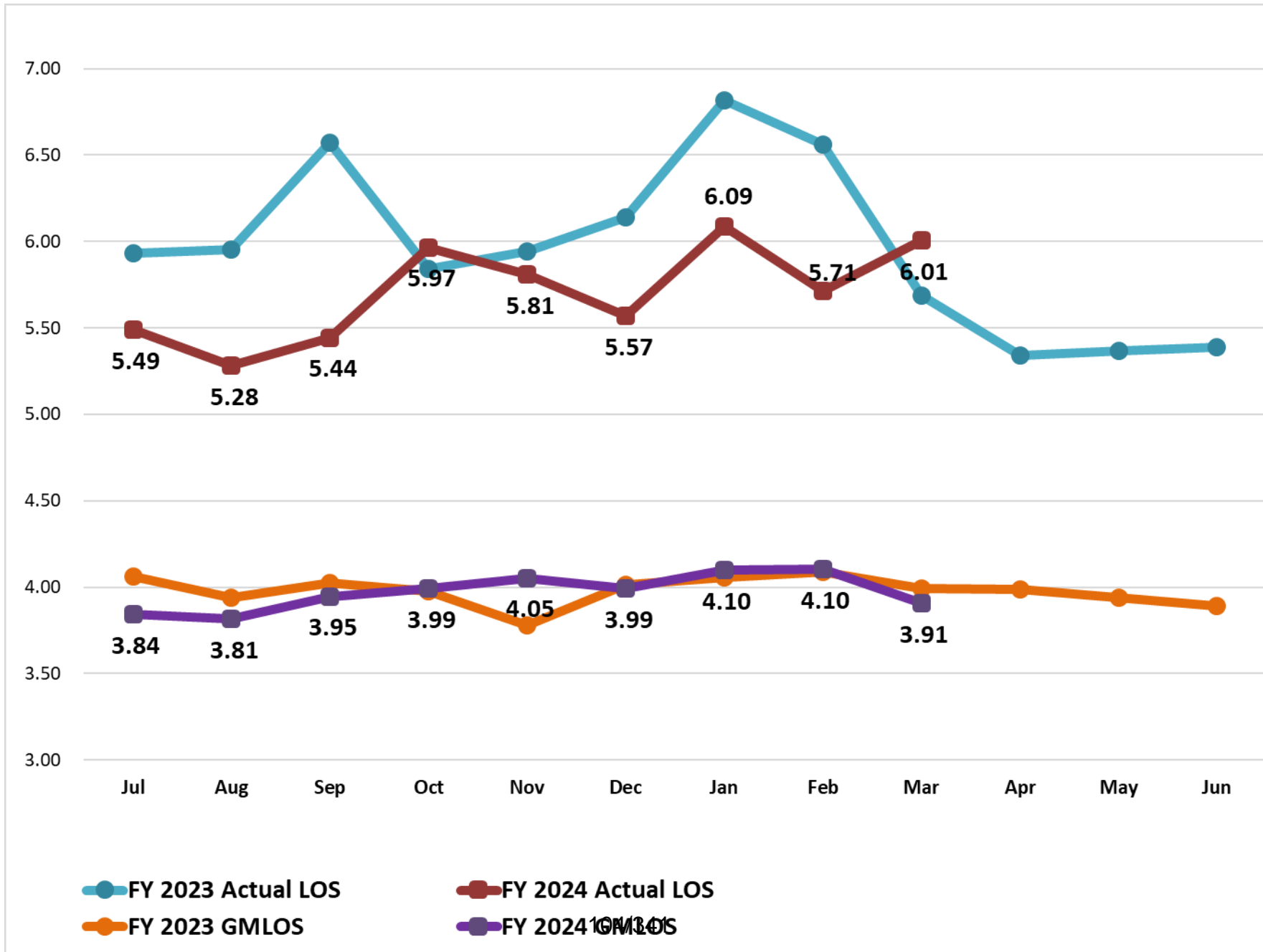
## April 2024



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

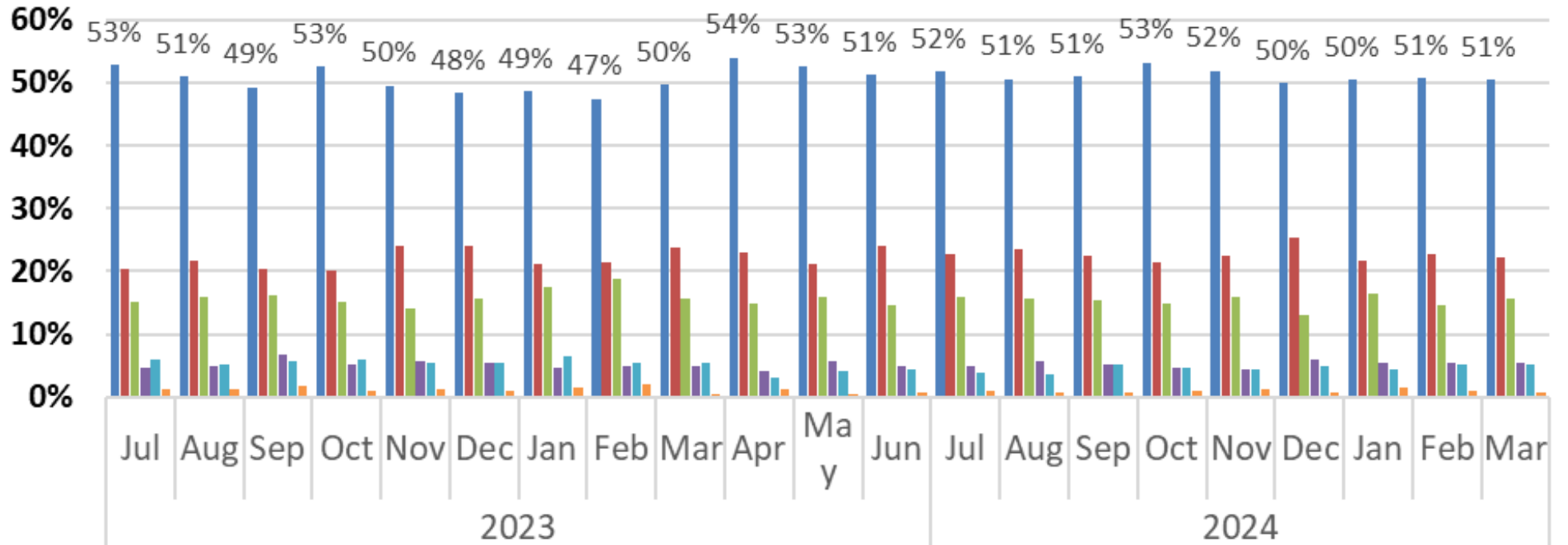


# Average Length of Stay versus National Average (GMLOS)



# Average Length of Stay Distribution

## FY24 Overall LOS Distribution

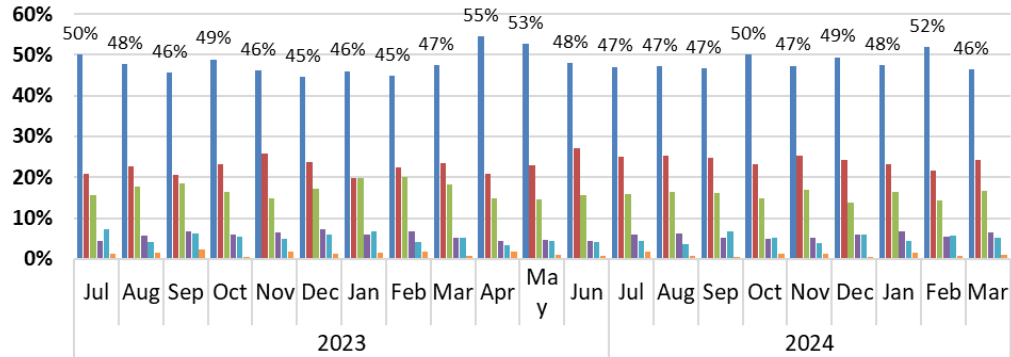


at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	47%	50%	54%	53%	51%	52%	51%	51%	53%	52%	50%	50%	51%	51%
1-2 days over GMLOS	20%	22%	20%	20%	24%	24%	21%	21%	24%	23%	21%	24%	23%	23%	23%	21%	22%	25%	22%	23%	22%
2-6 days over GMLOS	15%	16%	16%	15%	14%	16%	17%	19%	16%	15%	16%	15%	16%	16%	15%	15%	16%	13%	16%	15%	16%
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%
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%
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%



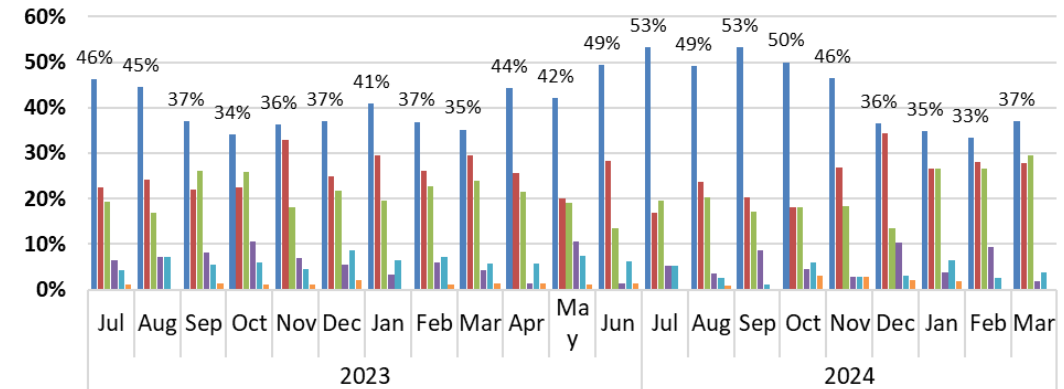
# LOS Distribution

## FY24 Hospitalist LOS Distribution



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ma y	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
at GMLOS or Better	50%	48%	46%	49%	46%	45%	46%	45%	47%	55%	53%	48%	47%	47%	47%	50%	47%	49%	48%	52%	46%
1-2 days over GMLOS	21%	23%	21%	23%	26%	24%	20%	22%	23%	21%	23%	27%	25%	25%	25%	23%	25%	24%	23%	22%	24%
2-6 days over GMLOS	16%	18%	19%	16%	15%	17%	20%	20%	18%	15%	15%	16%	16%	16%	16%	15%	17%	14%	16%	14%	17%
6-10 days over GMLOS	5%	6%	7%	6%	7%	7%	6%	7%	5%	5%	5%	4%	6%	6%	5%	5%	5%	6%	7%	5%	6%
10-30 days over GMLOS	7%	4%	6%	5%	5%	6%	7%	4%	5%	3%	4%	4%	4%	4%	4%	7%	5%	4%	6%	5%	6%
30+ days over GMLOS	1%	2%	2%	0%	2%	1%	2%	2%	1%	2%	1%	1%	2%	1%	1%	1%	1%	1%	2%	1%	1%

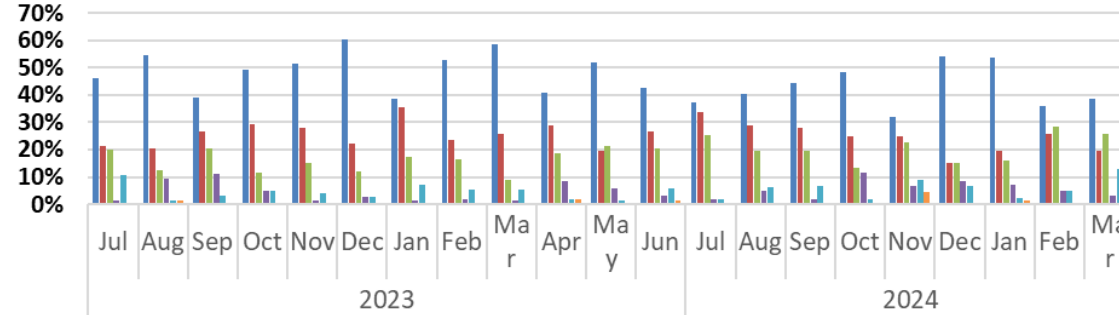
## FY24 FHCN LOS Distribution



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ma y	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
at GMLOS or Better	46%	45%	37%	34%	36%	37%	41%	37%	35%	44%	42%	49%	53%	49%	53%	50%	46%	36%	35%	33%	37%
1-2 days over GMLOS	23%	24%	22%	22%	33%	25%	30%	26%	30%	26%	20%	28%	17%	24%	20%	18%	27%	34%	27%	28%	28%
2-6 days over GMLOS	19%	17%	26%	26%	18%	22%	20%	23%	24%	21%	19%	14%	19%	20%	17%	18%	18%	14%	27%	27%	30%
6-10 days over GMLOS	6%	7%	8%	11%	7%	5%	3%	6%	4%	1%	11%	1%	5%	4%	9%	5%	3%	10%	4%	9%	2%
10-30 days over GMLOS	4%	7%	5%	6%	5%	9%	7%	7%	6%	6%	7%	6%	5%	3%	1%	6%	3%	3%	6%	3%	4%
30+ days over GMLOS	1%	0%	1%	1%	1%	2%	0%	1%	1%	1%	1%	1%	0%	1%	0%	3%	3%	2%	2%	0%	0%

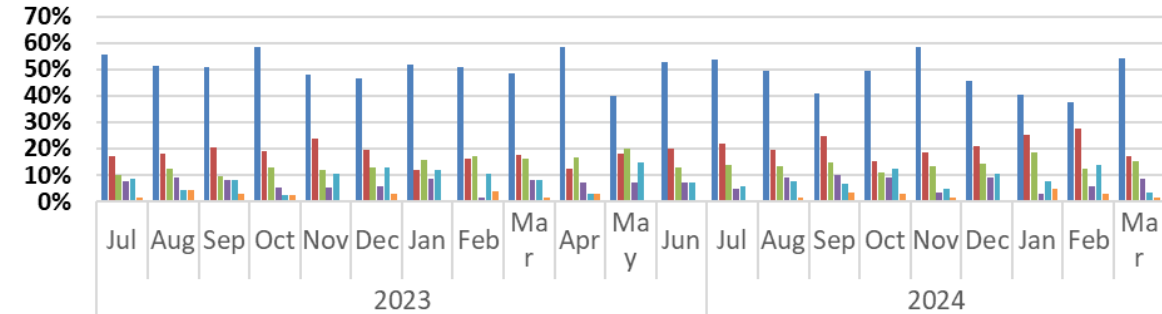
# ACTSS & Humana LOS

## FY24 Humana-Key Medical LOS Distribution



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%
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%
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%
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%
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%
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%

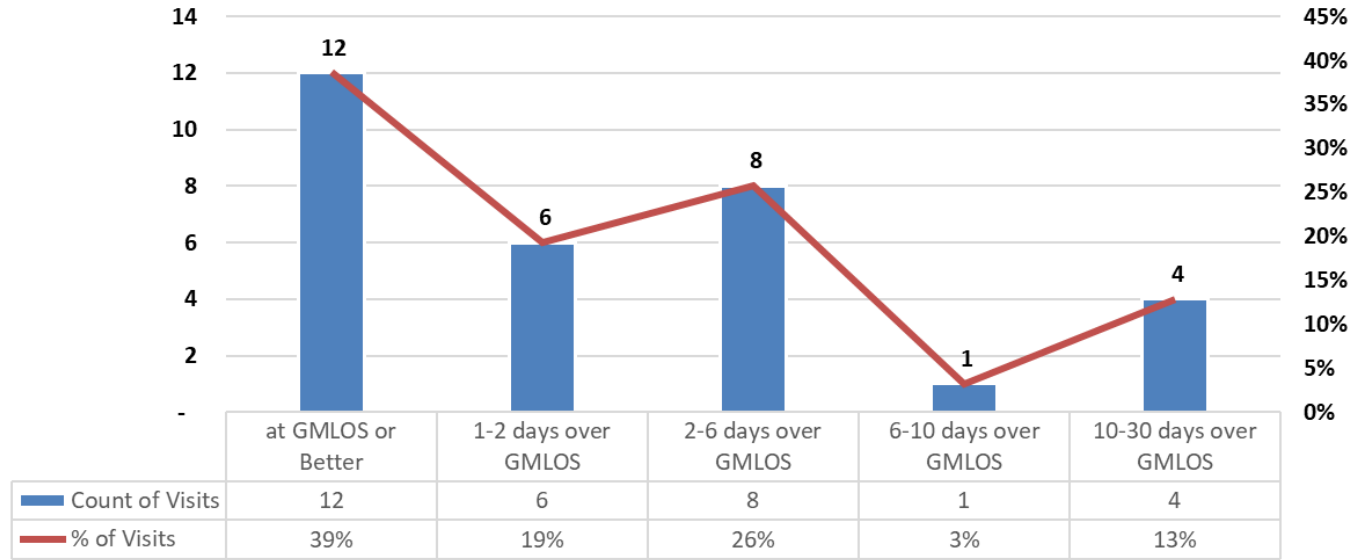
## FY24 ACTSS LOS Distribution



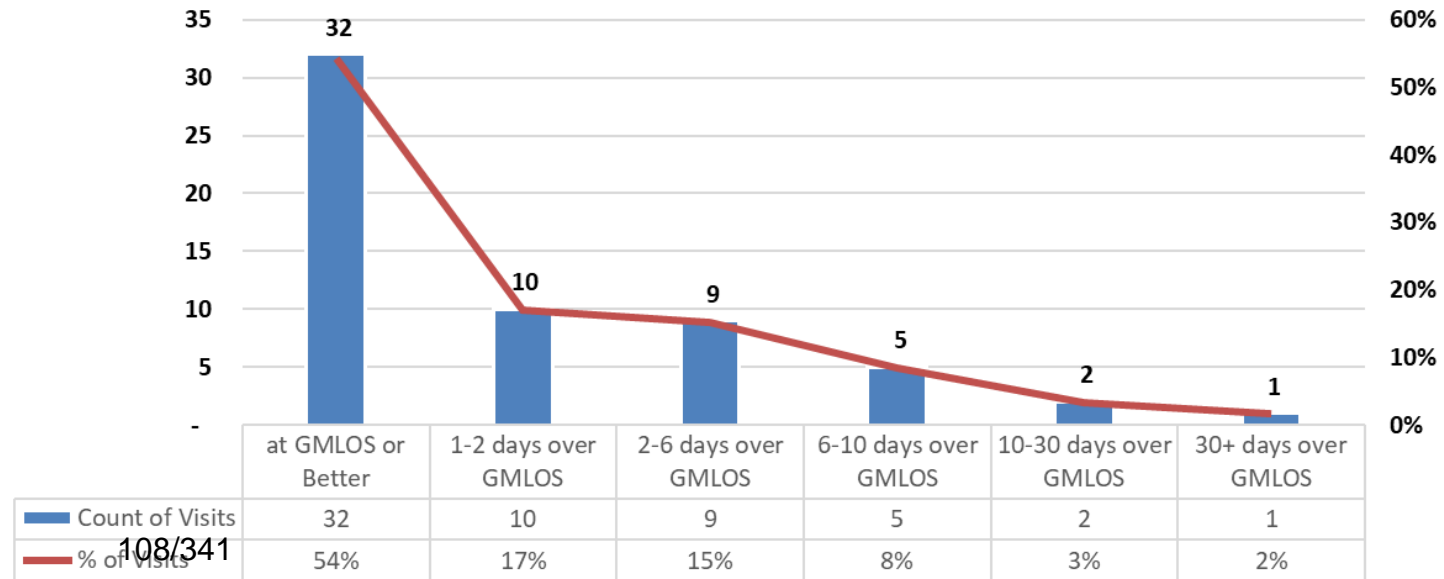
at GMLOS or Better	56%	51%	51%	58%	48%	46%	52%	51%	49%	58%	40%	53%	53%	49%	41%	49%	58%	45%	41%	38%	54%
1-2 days over GMLOS	17%	18%	21%	19%	24%	20%	12%	16%	18%	13%	18%	20%	22%	19%	25%	15%	18%	21%	25%	28%	17%
2-6 days over GMLOS	10%	13%	10%	13%	12%	13%	16%	17%	16%	17%	20%	13%	14%	13%	15%	11%	13%	14%	19%	13%	15%
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%
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%	3%
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%

# ACTSS & Humana LOS

## Mar FY24 Humana-Key Medical LOS Distribution



## Mar FY24 ACTSS LOS Distribution



# Performance Scorecard

## Leading Performance Metrics – Inpatient & Observation

Age Group

(All) ▼

Behavioral Health

(All) ▼

Metric	Patient Type	Definition	Goal	Baseline**	Discharge Date				
					11/1/2023				3/31/2024
<b>Observation Average Length of Stay (Obs ALOS)</b> <i>(Lower is better)*</i>	Overall	Average length of stay (hours) for observation patients	36	43.86	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
					43.81	42.94	48.26	41.89	43.18
<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	5.84	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
					5.79	5.56	6.09	5.72	6.01
<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	1.49	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
					1.44	1.40	1.50	1.40	1.55
<b>Discharges*</b>	Inpatient	Count of inpatient discharges	N/A	1,367	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
	Observation	Count of observation discharges	N/A	420	1,306	1,348	1,508	1,331	1,383
	Overall	Count of inpatient and observation discharges	N/A	1,787	448	480	386	392	374
					1,754	1,828	1,894	1,723	1,757

\*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				
					11/1/2023 12:00:00 AM				3/31/2024 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	268	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
					188	313	588	290	253
	Observation	Median time (minutes) for admission order written to check out for observation patients	150	315	312	405	661	340	274
	<b>Overall</b>	Median time (minutes) for admission order written to check out for inpatient and observation patients	150	270	190	317	590	291	253
<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	553	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
					405	650	899	542	503
<b>ED Length of Stay (ED LOS)</b> <i>(Lower is better)*</i>	Discharged	Median ED length of stay (minutes) for discharged patients	214	280	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
					272	289	295	282	274
	Inpatient	Median ED length of stay (minutes) for admitted patients	500	703	568	765	1,121	705	685
	Observation	Median ED length of stay (minutes) for observation patients	500	663	571	705	1,106	722	628
	<b>Overall</b>	Median ED length of stay (minutes) for admitted and discharged patients	N/A	328	321	333	353	335	319
<b>ED Visits*</b>	Discharged	Count of ED visits for discharged patients	N/A	6,369	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
					6,201	7,107	6,380	5,925	6,407
	Inpatient	Count of ED Visits for admitted patients	N/A	1,178	1,153	1,205	1,318	1,152	1,126
	Observation	Count of ED Visits for observation patients	N/A	437	477	477	412	405	425
	<b>Overall</b>	Count of ED visits	N/A	7,984	7,831	8,789	8,110	7,482	7,958

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

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

## Discharges Before Noon by Calendar Year

Year of Discharge Date	Discharge Date		% of Total Count of Mig..
	2023	2024	
2023	11.7%		11.5% 14.0%
2024		11.0%	

## Discharges Before Noon

Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
11.3%	12.7%	12.0%	11.3%	13.3%	11.6%	11.0%	11.8%	12.7%	11.8%	12.7%	10.9%	10.0%

## Discharges Before Noon by Nurse Unit

Unit Group	Loc Nurse Unit	Month of Discharge Date												% of Total Count of Mig..
		Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	
Med/Surg	KHMC 1E Emergency Room ..	31.3%	25.0%	25.0%	20.0%	25.0%	57.1%	60.0%		33.3%	53.3%	30.6%	23.1%	16.7%
	KHMC 2N Medical Surgical	8.1%	14.2%	14.1%	12.4%	17.6%	6.9%	10.2%	11.6%	13.6%	13.8%	8.3%	6.5%	10.3%
	KHMC 2S Medical Surgical	11.2%	12.8%	18.3%	20.3%	12.5%	11.3%	7.7%	13.0%	10.7%	8.2%	6.0%	9.8%	9.2%
	KHMC 3N Medical Surgical	11.2%	11.3%	11.8%	9.5%	16.9%	17.5%	12.4%	12.6%	17.1%	7.6%	17.5%	20.1%	13.8%
	KHMC 3S Medical Surgical	8.8%	12.4%	14.8%	11.9%	10.1%	14.4%	11.5%	10.9%	9.3%	15.0%	14.0%	11.4%	8.7%
	KHMC 4N Medical Surgical	9.7%	4.5%	6.2%	5.1%	7.9%	5.6%	4.5%	11.9%	9.8%	9.6%	7.6%	5.9%	2.0%
	KHMC 4S Medical Surgical	8.9%	6.8%	7.8%	6.3%	10.8%	8.6%	7.8%	7.0%	6.3%	7.8%	12.6%	10.5%	4.7%
	KHMC 14 Medical Surgical	9.2%	8.9%	2.6%	3.3%	5.3%	7.1%	11.7%	6.8%	6.6%	10.2%	6.3%	7.6%	7.9%
	KHMC BP Broderick Pavilion	18.3%	23.5%	14.3%	20.9%	15.5%	20.8%	14.7%	16.7%	24.4%	18.8%	18.2%	12.3%	17.6%
KHMC PE Pediatrics	21.4%	21.1%	12.5%	14.3%	40.0%	14.3%	9.5%		8.6%	4.8%	23.8%	6.1%	5.6%	
ICU	KHMC 3W ICU	21.2%	33.3%	27.3%	25.0%	18.8%	19.0%	13.0%	19.0%	28.0%	18.8%	11.1%	4.3%	9.1%
	KHMC 15 ICU	8.6%	22.2%	21.9%	12.9%	17.5%	6.3%	11.9%	14.3%	14.8%	8.3%	12.3%	11.5%	10.6%
	KHMC CV Intensive Care	12.2%	27.3%	29.4%	7.1%	23.5%	33.3%	15.4%	21.4%	25.8%	15.8%	7.1%	10.3%	25.0%
	KHMC IC Intensive Care	29.4%	23.5%	20.0%	37.5%	31.3%	6.3%	21.7%	30.4%	25.0%	13.6%	16.2%	26.1%	20.7%

## Discharges Before Noon by Nurse Unit Calendar Year

Unit Group	Loc Nurse Unit	Discharge Date		% of Total Count of Mig..	Month of Discharge D..	Discharge Date		% of Total Count of Mig..
		2023	2024			2023	2024	
Med/Surg	KHMC 1E Emergency Room Overflow	36.0%	26.2%	5.1% 14.0%	January		12.3%	9.7% 14.0%
	KHMC 2N Medical Surgical	12.2%	8.3%		February		10.9%	
	KHMC 2S Medical Surgical	12.9%	8.4%		March	11.3%	9.7%	
	KHMC 3N Medical Surgical	12.9%	16.9%		April	12.3%		
	KHMC 3S Medical Surgical	11.9%	11.6%		May	11.9%		
	KHMC 4N Medical Surgical	7.5%	5.1%		June	11.0%		
	KHMC 4S Medical Surgical	7.8%	9.3%		July	13.0%		
	KHMC 14 Medical Surgical	7.1%	7.2%		August	11.4%		
	KHMC BP Broderick Pavilion	18.9%	16.1%		September	10.7%		
	KHMC PE Pediatrics	11.5%	11.8%		October	11.4%		
ICU	KHMC 3W ICU	22.2%	8.7%	November	12.5%			
	KHMC 15 ICU	13.6%	11.5%	December	11.6%			
	KHMC CV Intensive Care	20.0%	14.0%					
	KHMC IC Intensive Care	24.7%	20.2%					

# Observed-to-Expected Length of Stay

Unit Group	Loc Nurse Unit	Month of Discharge Date												Running Sum of O/E LOS	
		Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24		Mar 24
Med/Surg	KHMC 1E Emergency Room ...	0.36	0.36	0.28	0.16	0.37	0.27	0.32	0.31	0.23	0.36	0.34	0.32	0.31	
	KHMC 2N Medical Surgical	1.45	1.20	1.24	1.45	1.59	1.45	1.30	1.54	1.49	1.35	1.52	1.53	1.54	
	KHMC 2S Medical Surgical	1.46	0.84	0.76	0.89	0.77	0.79	0.64	0.73	0.75	0.98	1.16	0.95	0.85	
	KHMC 3N Medical Surgical	1.66	1.25	1.41	1.58	1.26	1.38	1.53	1.44	1.42	1.44	1.70	1.55	1.56	
	KHMC 3S Medical Surgical	1.77	1.64	1.54	1.63	1.46	1.62	1.47	2.18	1.46	1.69	1.40	1.59	1.80	
	KHMC 4N Medical Surgical	1.44	1.67	1.50	1.16	1.66	1.40	1.56	1.44	1.39	1.42	1.94	1.36	1.62	
	KHMC 4S Medical Surgical	1.54	1.72	1.63	1.51	1.59	1.87	1.75	1.53	2.28	1.91	1.58	1.54	1.83	
	KHMC 14 Medical Surgical	1.43	1.23	1.58	1.46	1.68	1.33	1.38	1.38	1.52	1.34	1.75	1.43	1.50	
	KHMC BP Broderick Pavilion	0.71	0.66	0.71	0.81	0.76	0.78	0.75	0.70	0.62	0.82	1.00	0.71	0.74	
KHMC PE Pediatrics	0.67	1.01	0.73	0.68	1.48	0.80	0.69	0.67	0.72	0.73	1.01	0.96	0.65		
ICU	KHMC 3W ICCU	1.38	0.99	1.34	1.42	1.17	1.25	1.54	4.21	1.56	1.56	1.32	2.14	1.18	
	KHMC 15 ICCU	1.08	1.26	0.97	1.14	1.33	0.86	1.01	1.13	0.95	0.98	1.27	1.37	3.13	
	KHMC CV Intensive Care	1.09	1.16	0.86	1.13	1.11	1.00	0.91	0.91	0.77	1.00	1.23	0.61	1.09	
	KHMC IC Intensive Care	0.89	0.77	1.01	1.05	0.94	0.73	1.18	0.78	0.95	0.97	1.23	1.05	1.01	
<b>Grand Total</b>	<b>1.43</b>	<b>1.35</b>	<b>1.38</b>	<b>1.38</b>	<b>1.44</b>	<b>1.39</b>	<b>1.38</b>	<b>1.52</b>	<b>1.44</b>	<b>1.40</b>	<b>1.50</b>	<b>1.40</b>	<b>1.55</b>		

# Observed-to-Expected Length of Stay by Calendar Year

Unit Group	Loc Nurse Unit	Disch Dt Tm		RUNNING_SUM([O/E L..
		2023	2024	
Med/Surg	KHMC 1E Emergency Room Overflow	0.31	0.34	
	KHMC 2N Medical Surgical	1.42	1.55	
	KHMC 2S Medical Surgical	0.91	0.99	
	KHMC 3N Medical Surgical	1.47	1.61	
	KHMC 3S Medical Surgical	1.66	1.61	
	KHMC 4N Medical Surgical	1.49	1.66	
	KHMC 4S Medical Surgical	1.75	1.67	
	KHMC 14 Medical Surgical	1.47	1.60	
	KHMC BP Broderick Pavilion	0.76	0.85	
	KHMC PE Pediatrics	0.76	0.91	
ICU	KHMC 3W ICCU	1.72	1.56	
	KHMC 15 ICCU	1.10	1.98	
	KHMC CV Intensive Care	1.02	1.02	
	KHMC IC Intensive Care	0.95	1.17	
<b>Grand Total</b>	<b>1.43</b>	<b>1.50</b>		

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

Unit Group	Loc Nurse Unit	Month of Discharge Date												
		Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Med/Surg	KHMC 1E Emergency Room Overflow	22.23	11.15	10.19	11.61	13.39	18.12	13.64	17.22	13.33	13.74	19.44	14.67	16.27
	KHMC 2N Medical Surgical	54.88	35.85	121.75	44.14	46.15	46.34	42.32	47.62	53.51	39.14	52.37	39.75	37.44
	KHMC 2S Medical Surgical	49.06	39.02	40.23	38.31	39.89	37.38	42.58	41.48	42.10	45.89	51.01	43.13	41.09
	KHMC 3N Medical Surgical	48.51	46.84	47.76	62.46	50.97	46.16	71.45	61.40	55.34	55.34	34.73	56.41	52.45
	KHMC 3S Medical Surgical	38.14	51.67	56.98	52.46	44.45	95.43	61.97	91.23	33.00	45.76	67.25	77.86	44.16
	KHMC 4N Medical Surgical	60.94	72.09	76.54	52.79	56.63	53.64	63.76	48.96	60.22	52.31	99.47	67.24	59.89
	KHMC 4S Medical Surgical	201.90	69.99	64.81	39.20	42.90	38.61	173.69	54.49	78.22	63.30	93.16	30.35	83.62
	KHMC 14 Medical Surgical	64.28	15.29	402.90	32.99	37.25	43.01	63.08	33.50	38.45	46.33	61.53	53.62	70.96
	KHMC BP Broderick Pavilion	25.15	23.55	25.30	22.30	33.06	27.63	27.42	28.75	27.73	28.19	30.59	31.88	33.02
	KHMC PE Pediatrics	23.79	24.64	24.81	22.78	35.35	30.57	21.80	18.25	20.38	27.07	16.27	22.19	19.62
ICU	KHMC 3W ICCU								31.28		69.45	63.10		
	KHMC 15 ICCU		14.80	23.88			18.83				32.20			
	KHMC CV Intensive Care	49.26					45.72	92.84	28.08	34.62	70.57	117.40	01.65	



Problem / Goals & Objectives / Metrics
<p><b>Problem Statement:</b> between January 1 – August 31, 2021, observed-to-expected length of stay (O/E LOS) was 1.44 and discharges before noon were well below the organizational goal of 25%, which led to higher than optimal occupancy rates, a large volume of ED holds (census of upwards to 20-40 per day) and limited bed availability for elective surgical cases or external transfers</p> <p><b>Goals and Objectives:</b> clarify care team roles and responsibilities; streamline and standardized multidisciplinary huddles to support advanced discharge planning and discharge before noon goal</p> <p><b>Metrics:</b> O/E LOS 1.48, 12.7% of inpatients discharged before noon, % of inpatients with discharge orders before 10 am and accuracy of predicted discharges and discharges before noon</p>

Critical Issues / Barriers
<p><b>Critical Issues (e.g. Barriers):</b> staffing challenges; alignment of staff incentives and organizational goals</p> <p><b>Deliverables:</b></p> <ul style="list-style-type: none"> <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>

**Plan**  
(brief description of tasks, consider feedback loop, measures for success & communication plan)

**Accomplishments / Next Steps**

#	Milestones	Start Date	Due Date	Who	Status R/Y/G
1	LOS Barriers identification	11/14/23	1/15/24	RFoster	●
2					

<p><b>Accomplishments:</b></p> <ul style="list-style-type: none"> <li>• Discharge Lounge open and successfully taking patients. Increasing each month with patient bed hours saved.</li> <li>• Discharge nurse is also very successful. 13-18 patients discharged per day and 4-6 pts discharged by noon just through her efforts.</li> </ul> <p><b>Next Steps:</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. Will have a list by January’s meeting.</li> <li>• Throughput Supervisors working on staff orientation education. Will roll out in ongoing orientation as well as in staff meetings routinely</li> <li>• Working with Jag on procedures workflow to streamline weekend backup of IR procedures</li> </ul>
---

**On target / not yet started (not due); delay/slight concern; off target/serious concerns**

# Transfer Center Operations

Denice Cabeje/Dr. Kahwaji

## Problem / Goals & Objectives / Metrics

**Problem Statement:** Increased denials of incoming admissions due to increased census is causing loss of revenue and patient stream from other facilities.

**Goals and Objectives:** Targeted evaluation of workforce deployment and opportunities to improve efficiency in nurse staffing in the ED and optimize the overall patient flow.  
 Focused assessments and analyses highlighting the priority areas of opportunity to appropriately reduce acute care ALOS

**Metrics:** Incoming transfers per month, Repatriation of patients to sending facilities, Number of declined or cancelled transfers.

## Critical Issues / Barriers

**Critical Issues (e.g. Barriers):**

- Increased inpatient census makes accepting incoming transfers difficult.
- On-call physician or surgeon declining cases without reviewing.

**Deliverables:**

- Updated transfer center policies and workflow for accepting incoming transfers. EMTALA policies have been updated and are currently (3/19/24) being reviewed by Ben Cripps and Legal Dept.
- Better communication with Physician advisor to escalate denials that could have resulted in a potential transfer. This has been completed.
- Cross-train ED CMs and TC RNs to handle both ED and inpt transfers for better coverage. This has been completed.

## Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

## Accomplishments / Next Steps

**Accomplishments:**

- Sent new transfer agreement to forms committee for approval with update language. This was completed and are in use.

**Next Steps:**

- Work with physician leadership to share statistics and education to various groups on cost of denying transfers, and sending transfers out to other facilities when we can service the patients needs here. Will be reaching out to Julie Reed today.
- Developing process for Ed to inpatient direct admits for transfers. This went live on 01/25/24 in Med-Surg. Currently Medi-edi pts are sent up after medical triage.
- Set up times to meet with Ambulance companies to reduce cost of repatriations for USC and Stanford. In progress need to set up more discussion with Royal Ambulance or Agrrement.
- Updated EMTALA education going to be provided to TC staff at staff meeting 3/21/24. This was completed and is being uploaded to WorkDay for tracking.

On target / not yet started (not due); delay/slight concern; off target/serious concerns

#	Milestones	Start Date	Due Date	Who	Status R/Y/G
1	Develop workflow and tracking sheet for current incoming transfers for potential repatriation back to sending facility. Still a manual process. Working with ISS on this.	6/2022	11/2022	CM leadership	●

## Problem / Goals & Objectives / Metrics

## Critical Issues / Barriers

**Problem Statement:** Observation patient length of stay has increased. Observation patients are not co-horted to support a streamlined workflow for this population for quick turn around.

**Critical Issues (e.g. Barriers):** None at this time

**Goals and Objectives:** Improve efficiency of care in order to reduce overall observation patient length of stay.

**Deliverables:**  
Overall Obs LOS: Oct 43.89, Nov. 43.67, Dec. 43.63, Jan. 49.26, Feb. 41.85, Mar. 43.18  
2S Obs LOS: Sept 42.61, Oct 41.48, Nov. 42.10, Dec. 46.07, Jan. 51.48, Feb. 42.91, Mar. 41.09

**Metrics:** Observation hours, creating list of other metrics to monitor (ex: time of admit to order, readmission rate, etc)

## Plan (brief description of tasks, consider feedback loop, measures for success & communication plan)

## Accomplishments / Next Steps

#	Milestones	Start Date	Due Date	Who	Status R/Y/G
1	Select outpatient procedure process: Treadmill, NM Stress Test, NM Treadmill, Holter Monitoring outpatient scheduling while admitted process - Finalized information on how patient results are followed up on since orders are not placed by the PCP, provider fees paid, etc.	5/8/23	Tentative Go Live 5/7/24	Tracy/Cheryl/Donna/Michael/Renee/Emma	●
2	Meeting with key healthcare plans to evaluate if prior authorization if required can be changed to not required. Key Medical Group is very interested so far.	11/23	Ongoing	Kim F./Suzy/Emma	●

**Accomplishments:**

- Observation dashboard ready for use 10/2023. Feb. power plan usage 17.25% (up from 11.11% in Jan)
- PCP follow up process and resources finalized
- Medical observation patients are prioritized for placement on 2S
- Observation Powerplan 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 & Adult Hospitalist meeting 12/18 to educate as well

**Next Steps:**

- 2S Nurse Manager returned from LOA early April, resumed robust d/c rounds and work with Director on other observation related initiatives.
- Outpatient Procedure process implementation
- Review Observation Dashboard and share with key stakeholders

## Goals & Objectives

## Critical Issues / Barriers

Create a workgroup to Identify Areas of Focus related to the use of tests and treatments throughout Kaweah Health. The workgroup will identify benchmarks and related goals and implement actions to move performance to established goals.

- Stable leadership on 2S returning 4/08
- Large portion of PT orders on obs pts are coming from ED and 1E Physician education continues with using the order set with observation unit, 1 on 1 meetings

## Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

## Accomplishments / Next Steps

#	Milestones	Start Date	Due Date	Who	Status R/Y/G
1	Workgroup launching in January to address CT and MRI usage in the ED. Detailed work plan steps will be identified	1/23/24		April McKee	●
2	Request updates to the Observation Status Dashboard to allow for better insight into Lab, Radiology and Therapy usage in that patient population	1/24/24		Luke Schneider	●
3	Blood Utilization Committee to Focus on Reduction of Blood Waste.			Jag Batth	●
4	Identify goals related to each of the focus areas as it relates to expected reduction and strategies to achieve those reductions	3/06/24		T&T Team	●
5					●
6					●

- Accomplishments:
- Established monthly reporting cadence for data to update via AchieveIT dashboard
  - Care Select trial went live on 4/01/24 with 4 providers. Feedback next month.
  - The use of the Obs order set is improving after reviewing obs dashboard  
Continue to fine-tune the observation dashboard
- Next Steps:
- Establish baseline for order to draw time for Stat Orders for obs pts
  - (still pending) Establish CT/MRI usage goal based on 2023 CT MRI usage in ED
  - 1 on 1 mtgs with key admitters to Obs regarding the use of order set ED workgroup to determine the the trial care slect and launch date
  - Establish Biofire usage goal for the year-25% reduction
  - Determine baseline and goals for PT orders for Obs patients

On target / not yet started (not due); delay/slight concern; off target/serious concerns

# BOD Risk Management Report – Open 1st Quarter 2024

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



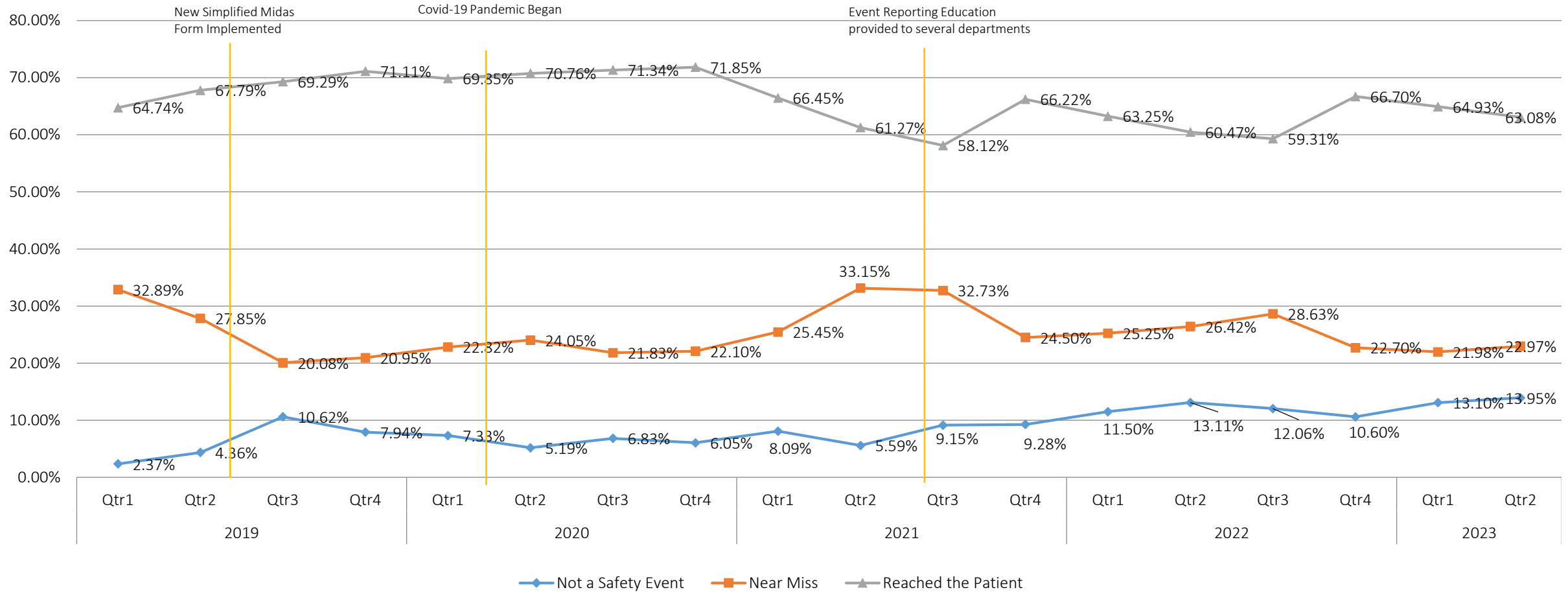
[kaweahhealth.org](https://kaweahhealth.org)



# 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.

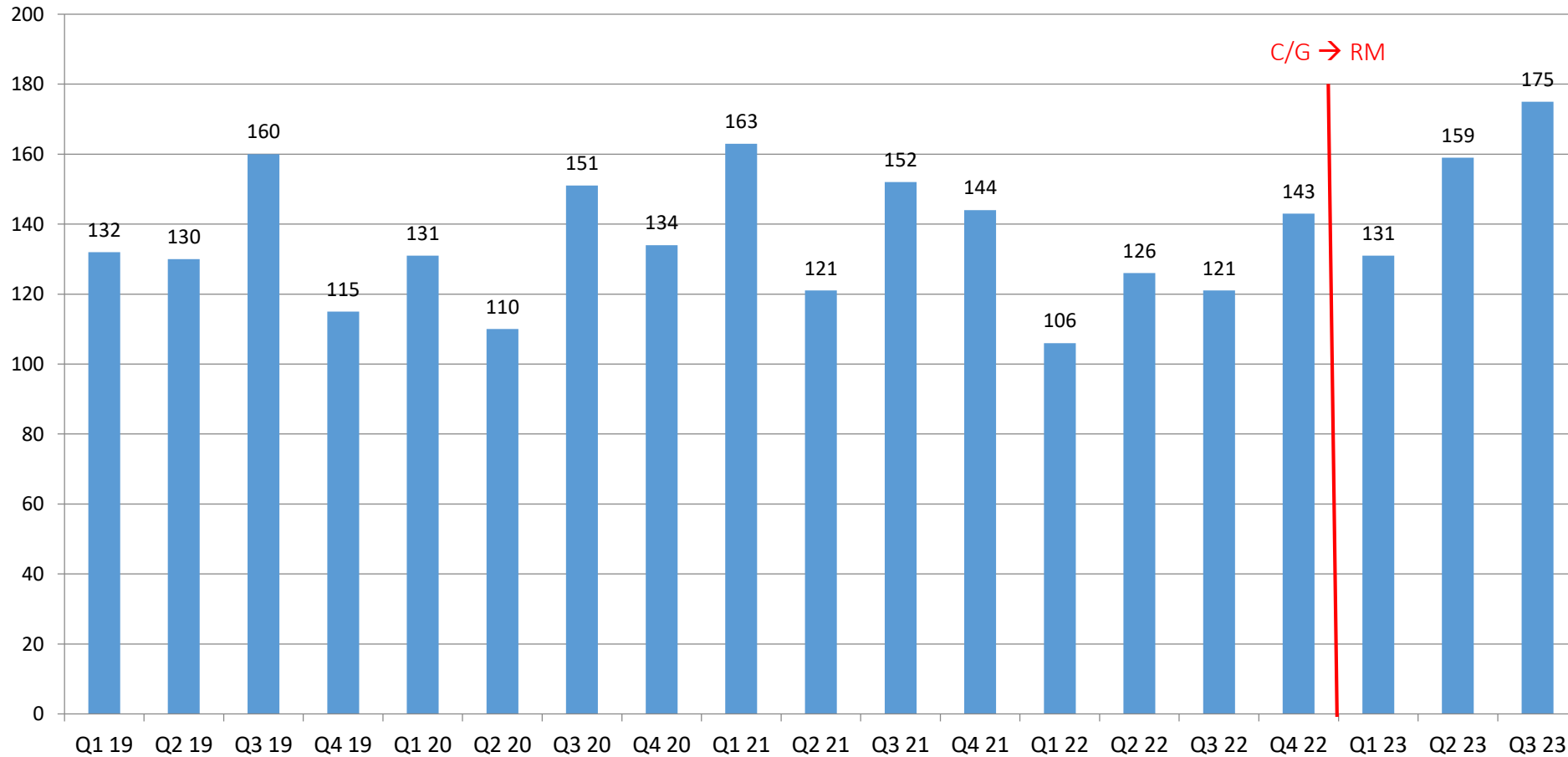
# Midas Risk Events - Rate by Significance



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 2019-2023



## Trends:

- Communication - Staff
- Professionalism- Staff
- Clinical Care - Staff

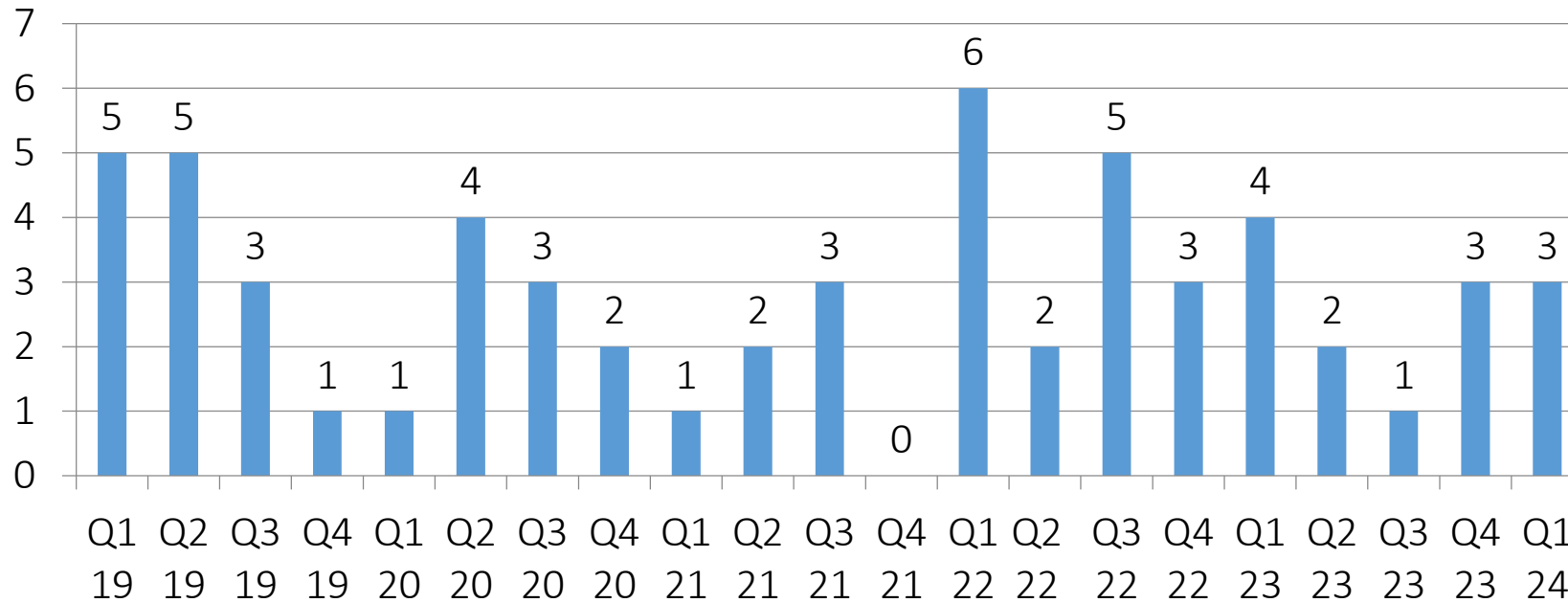
## Actions:

- 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.
- Response letter template revised to improve patient satisfaction.



# Claims

## 2019 - 2024



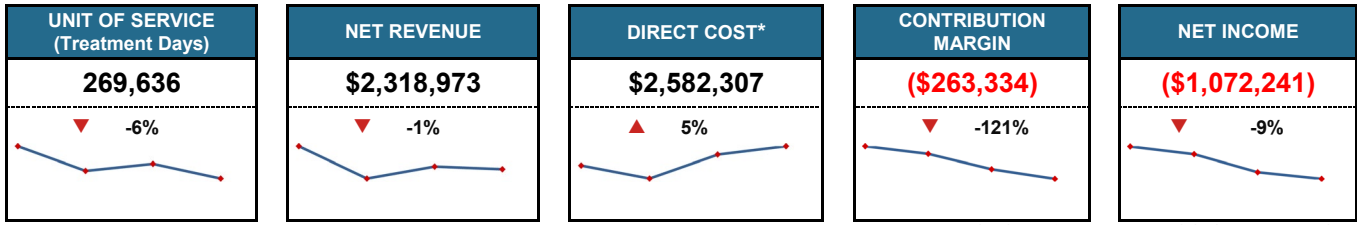
***New Claims Received per Quarter***

Total cases closed during 1st Quarter 2024 – Three (3)

Kaweah Health Home Infusion Pharmacy

FY 2024 The Annualized Eight Months Ended February 29, 2024

KEY METRICS - FY 2024 ANNUALIZED



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

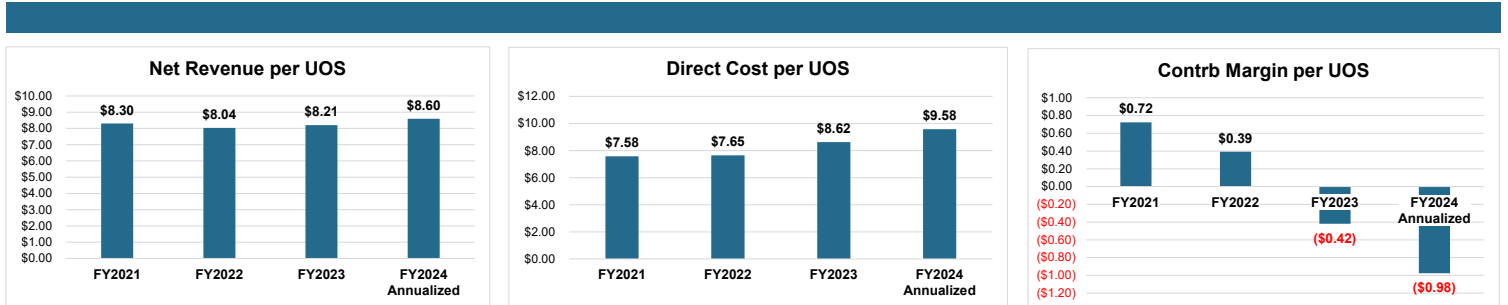
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Unit of Service (Treatment Days)	304,802	277,957	285,577	269,636	▼ -6%	
Net Revenue	\$2,530,285	\$2,234,321	\$2,343,389	\$2,318,973	▼ -1%	
Direct Cost	\$2,309,950	\$2,125,396	\$2,462,750	\$2,582,307	▲ 5%	
* Contribution Margin	\$220,335	\$108,925	(\$119,361)	(\$263,334)	▼ -121%	
Indirect Cost	\$883,863	\$868,206	\$868,239	\$808,907	▼ -7%	
* Net Income	(\$663,528)	(\$759,281)	(\$987,600)	(\$1,072,241)	▼ -9%	
Net Revenue per UOS	\$8.30	\$8.04	\$8.21	\$8.60	▲ 5%	
Direct Cost per UOS	\$7.58	\$7.65	\$8.62	\$9.58	▲ 11%	
Conrb Margin per UOS	\$0.72	\$0.39	(\$0.42)	(\$0.98)	▼ -134%	

\*IMPORTANT NOTE:

Benefits of drug cost savings passed through to KH Hospice are estimated to be ~ \$1.1M annually which are not recognized on KHHIP service line reporting but do help provide an ongoing positive contribution margin to KH Hospice. This revenue is reflected in the hospice business line with operational costs in home infusion business line.

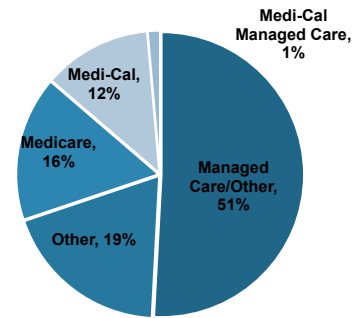
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2021	FY2022	FY2023	FY2024 Annualized
Managed Care/Other	41%	48%	55%	51%
Other	21%	16%	19%	19%
Medicare	11%	18%	11%	16%
Medi-Cal	8%	12%	14%	12%
Medi-Cal Managed Care	20%	6%	1%	1%

FY 2024 Annualized Payer Mix



Notes:

- The "Managed Care/Other" payer category represents Mgd. Care patients and KDH Employees.
- The "Other" payer category represents Hospice, Dialysis, County Indigent and Cash Pay.

# REPORT TO THE BOARD OF DIRECTORS

## **Kaweah Health Home Infusion Pharmacy**

James McNulty, Director of Pharmacy (624-2470)

Clint Brown, Assistant Director of Pharmacy (624-4588)

April 15, 2024

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

- Kaweah Health Home Infusion Pharmacy (KHHIP) is a closed-door pharmacy that services the community, along with patients discharged from the hospital who need prolonged intravenous medication therapy at home. In addition, KHHIP is the preferred pharmacy for Kaweah Home Health and is contracted with Kaweah Health Hospice to provide all of their pharmacy needs. 75% of the KHHIP's volume (UOS) are directly related to KH Hospice, but accounts for only 14% of the associated revenue. KHHIP is able to leverage 340b drug savings and passes these on to Kaweah Health Hospice to reduce their overall drug spend and maximize savings for the organization. The overall organizational drug savings (decreased drug costs) are reflected in the Hospice business line, but operational costs and impact are tied to KHHIP business line which may not accurately demonstrate the true value KHHIP provides to the organization.

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

- KHHIP annualized Units of Service (UOS) were 269,636, a 6% decrease from FY 23
- Net Revenue totaled \$2.32M, a 1% decrease from FY 23
- Net Revenue/UOS saw a positive upward shift of 5% compared to FY23
- Direct Costs have increased 11% associated with inflation related increased cost of goods along with operational costs to support Hospice service line
- Direct Costs/UOS saw an increase of 11% compared to FY23
- KHHIP had a negative contribution margin of \$263K
- KHHIP saw a payer mix reduction in Managed Care (4%) which historically is the largest revenue generator for KHHIP
- KHHIP saw a blended 41% decrease in REV/visit (\$17 →\$10) compared to FY23 largely focused on decreases REV/visit with Managed and Medi-Cal
- KHHIP directly contributed to overall organizational savings by passing on 340b pharmaceutical costs to Kaweah Hospice (estimated FY24 drug cost savings of \$1.1M)
- KHHIP is able to pass on the direct savings drug benefits to KH Hospice to help decrease organizational cost estimated to be ~ \$1.1M annually. The drug savings are reflected in the Hospice business line, but operational costs are tied to KHHIP business line.

### **Quality/Performance Improvement Data**

KHHIP tracks and trend several clinical quality indicators on an annual basis as required from both the Stage Board of Pharmacy and The Joint Commission. Two examples of those quality indicators are listed below:

- High Risk Medication Error Rates: Goal is to ensure 100% accuracy with compounding High Alert-High Risk Medications to reduce potential error and patient harm. This quality metric involves medications considered to be high risk by KH Home Infusion (TPN with additives, pain pumps, anxiolytic drips, etc) The process involves independent review of orders and double check by two pharmacists during medication processing and preparation. Date range evaluated was July 1, 2022 – June 30, 2023.
  - 83 opioid/anxiolytic compounds were evaluated w/ 98% accuracy for preparation and dispensing (2 missing RPH initials indicating quality step completed)
  - 948 TPN compounds were evaluated w/ 99% accuracy for preparation and dispensing (8 missing Tech or RPH initials indicating quality step completed)
- Prescription Transcription/Dispensing Accuracy: The goal of this quality metric is to ensure appropriate and accurate dispensing of medication orders to minimize medication errors and potential patient harm. The target is to achieve >90% accuracy with transcribing, processing, labeling, and dispensing prescriptions.
  - 7,892 prescriptions were processed during July 1, 2022 – June 30, 2023 with a total of 99.99% accuracy.

## Policy, Strategic or Tactical Issues

- Continue work with marketing and physician liaisons to more actively and aggressively market KHHIP services to the hospital and community providers to increase infusion based patient volume
- Work with KH Hospice to evaluate current contractual agreement and see if opportunity exists to adjust to better reflect recognized cost savings and operational expense to support
- Continue to identify other areas of cost savings associated with cost of goods sold
- Continue to evaluate KHHIP payer contracts to determine if there is increased opportunity for reimbursement

## Recommendations/Next Steps

- Work with physician groups to increase awareness and encourage service utilization to optimize patient volume and net revenue
- Evaluate contracts for market rates, including internal contracts (Hospice)
- Continue to focus on quality metrics to ensure high quality patient care with strategies focused on mitigating medication errors and potential patient harm.

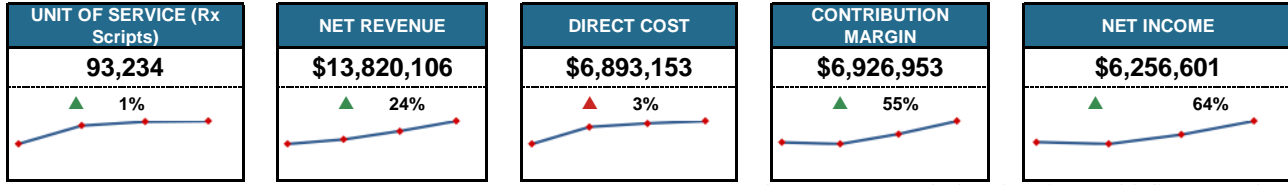
## Approvals/Conclusions

Kaweah Health Home Infusion Pharmacy is a world class pharmacy offering multiple services for the community and the organization. Over 75% of the business line is dedicated to meeting the pharmacy needs of Kaweah Health Hospice. It is important to recognize that KHHIP saved KH Hospice an estimated \$1.1M in drug spend costs for FY24 by directly passing on 340b savings. This is not recognized in the financial reports or contribution margin for KHHIP and should not be undervalued or overlooked as an overall contribution and cost savings initiative to the organization. By passing along direct drug cost savings, the direct costs for KH Hospice are significantly reduced resulting in an increased overall contribution margin. Over the next year, increased attention and focus will be given to evaluating and optimizing the KHHIP service line, evaluating contracts (external/internal) to see if there is additional revenue opportunity. In addition we will continue working with marking to increase provider based knowledge and understanding of services offered by KHHIP and the benefits it offers patients.

**Kaweah Health Retail Pharmacy**

FY 2024 Annualized on the Eight Months Ended February 29, 2024

**KEY METRICS - FY 2024 ANNUALIZED**

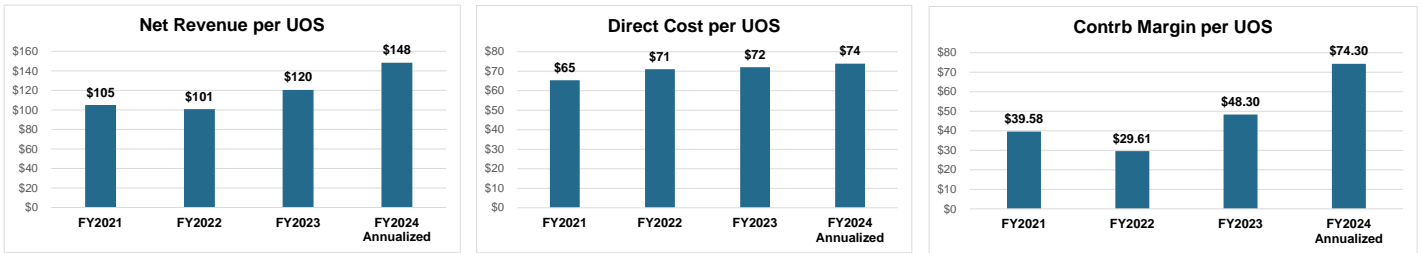


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

**METRICS SUMMARY - 4 YEAR TREND**

METRIC	FY2021	FY2022	FY2023	FY2024 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Unit of Service (Rx Scripts)	74,869	89,538	92,613	93,234	▲ 1%	
Net Revenue	\$7,858,221	\$9,014,270	\$11,150,512	\$13,820,106	▲ 24%	
Direct Cost	\$4,894,583	\$6,362,814	\$6,676,975	\$6,893,153	▲ 3%	
Contribution Margin	\$2,963,638	\$2,651,456	\$4,473,537	\$6,926,953	▲ 55%	
Indirect Cost	\$535,100	\$540,078	\$666,006	\$670,352	▲ 1%	
Net Income	\$2,428,538	\$2,111,378	\$3,807,531	\$6,256,601	▲ 64%	
Net Revenue per UOS	\$105	\$101	\$120	\$148	▲ 23%	
Direct Cost per UOS	\$65	\$71	\$72	\$74	▲ 3%	
Contrb Margin per UOS	\$40	\$30	\$48	\$74	▲ 54%	

**PER CASE TRENDED GRAPHS**



# REPORT TO THE BOARD OF DIRECTORS

## **Kaweah Health Retail Pharmacy**

James McNulty, Director of Pharmacy (624-2470)

Clint Brown, Assistant Director of Pharmacy (624-4588)

April 15, 2024

## **Summary Issue/Service Considered**

Kaweah Health Retail Pharmacy (KHRP) is an open door pharmacy that services the community. In addition, it offers a meds-to-beds program for patients discharged from the hospital to increase medication adherence and decrease re-admissions. The pharmacy also works closely with the Kaweah Health Specialty Center (KHSC) ambulatory care pharmacy team to process prescriptions for the employees and their dependents that are participating in the Employee Wellness Specialty program designed for those with chronic illnesses. This team has also recently started (1/1/24) a Pharmacotherapy Review Clinic (PRC) to optimize savings on specialty meds for employees/dependents. These collaborative programs improve health outcomes for the patients and decreases drug costs for the organization. In addition to servicing these programs, the pharmacy also coordinates with the ambulatory pharmacy team at KHSC, to offer the community a medication assistance program for patients that cannot afford their medications. This improves medication adherence, decreases health complications, and prevents potential ED visits and/or hospitalizations for medication related issues. The pharmacy hours are Monday – Friday 9-7pm, Saturday 9-4pm and Sunday 10-4pm.

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

- 93,234 prescriptions were processed, resulting in a 1% increase from FY23
- Net Revenue totaled \$13.82M which was a 24% increase from FY23
- KHRP had a positive contribution margin of \$6.93M resulting in a 55% increase from FY23
- Overall Net Income was \$6.26M an increase of 64% from FY23
- The pharmacy still saw significant growth and financial success with key contributions from the following services:
  - Ambulatory Pharmacy Service Programs, 8% total volume and 48% of total revenue (\$6.62M)
    - Med-Assist (program operated by ambulatory care pharmacy team at Kaweah Health Specialty Clinic and eligible prescriptions filled at Kaweah Health Pharmacy)
    - Employee Wellness Program & Pharmacotherapy Review Clinic (program operated by ambulatory care pharmacy team at Kaweah Health Specialty Clinic and eligible prescriptions filled at Kaweah Health Pharmacy )
  - Concierges Service
    - 50% of total volume
    - 16% of total Revenue (annualized at \$2.85M)
  - Community
    - 42% of total volume
    - 36% of total Revenue (annualized at \$4.57M)

## Quality/Performance Improvement Data

**340B Regulatory Compliance:** The 340b program is a highly regulated program by the federal government and ensuring 100% accuracy and compliance is paramount to the ongoing success of the services provided through the pharmacy. Goal is to perform weekly prescription audits to monitor eligibility of 340b-qualified prescriptions. Claims are ran through a spreadsheet to ensure the pharmacy is correctly billing and being appropriately reimbursed for the eligible prescriptions. The audit identifies trends in systematic processing errors and allows changes to avoid this moving forward, in turn, mitigating compliance risk and maximizing pharmacy profitability. In addition eligible claims are ran through software to ensure they qualify, allowing us to purchase drug at a reduced cost, and our 340b team reviews this monthly to maximize drug cost savings wherever possible.

**Meds-to-Beds Concierges Rx Capture:** Goal is to monitor the number of patients that are eligible to receive medications at time of discharge from our pharmacy that actually receive them compared to those eligible and choose to have their prescriptions filled at an outside pharmacy upon discharge. Literature suggests that hospital readmission are as high as 25-30% as a direct result of medication related errors and/or discharge medications not being picked-up post discharge. This service was specifically designed to reduce readmission rates and decrease healthcare costs associated with readmissions. Data indicates that hospitals with a meds-to-beds program typically capture 50-65% of eligible discharged medications. Our goal has been to capture at least 80% of the eligible discharged prescriptions. Current capture rate is >90%. The total revenue from concierges scripts totaled \$2.85M. The true benefit to this program is largely undervalued as it does not capture the total dollars saved through readmission prevention, nor does it calculate totals in savings and benefits by improving throughput.

## Policy, Strategic or Tactical Issues

- Focus on expansion of the Employee Wellness and Pharmacotherapy Review Clinic programs by increasing awareness amongst employees and dependents
- Focus on expansion and optimization of the Med-Assist Program with continued work with SIH leadership, working with key HUMANA providers within our community, and increasing our pharmacist presence within designated provider clinics to promote, screen and enroll eligible patients
- Focus on oral oncology from SRCC acquisition to increase prescription volume and associated revenue

## Recommendations/Next Steps

- Continue to offer world-class care to our community, patients, employees and their dependents
- Continue to grow and expand Med Assist, Pharmacotherapy Review Clinic and Employee Wellness programs
- Optimize oral oncology dispensing and patient care through SRCC-MO acquisition

## Approvals/Conclusions

Kaweah Health Pharmacy is a world-class ambulatory care retail pharmacy that offers multiple services for the community, hospital patients, and our employees and their dependents. The pharmacy optimizes patient care by leveraging 340b savings to lower drug cost for the pharmacy, maximize reimbursement margins, and pass on savings to the patient to increase medication adherence and decrease overall healthcare costs. In addition, the services provided help reduce readmission rates and unnecessary health care costs for the organization. Overall, Kaweah Health Retail Pharmacy is a financially stable business that has seen significant growth through specialty pharmacy optimization. Growth is expected to continue as we optimize specialty medication dispensing, including oral oncolytics. A great portion of the financial success for the pharmacy is a direct result of the collaborative effort with our Ambulatory Care Pharmacy team and the specialized patient services they offer.



# REPORT TO THE BOARD OF DIRECTORS

## The Lifestyle Fitness Center

Patrick Tazio, Director  
(559) 624-3407  
April 24, 2024

### Summary Issue/Service Considered

1. Providing medically based health and fitness services for the prevention and rehabilitation of lifestyle related illnesses.
2. Ensuring that the Lifestyle Fitness Center continues to provide a full continuum of programs and services to the community.

### Analysis of financial/statistical data:

The Lifestyle Fitness Center has continued to see a strong post-pandemic recovery. Net Revenue has increased by 7% over the past four years. The FY 2024 contribution margin of \$562,461 is higher than FY 2021 and FY 2022, although a 9% decrease from FY2023.

Membership enrollment continues to remain strong at just under 11,000 active members. This is a 3% growth over the prior year and 6% over the past four years.

UOS (Units of Service) are calculated on the number of members per month added cumulatively over the budget year.

Net revenue per UOS for FY 2024 is at \$30.67, which is slightly higher than FY 2023, however expenses per UOS are also higher at \$26.31 compared to \$25.27 per UOS in FY 2023. This resulted in a contribution margin of \$4.36 per UOS in 2024 versus \$5.07 per UOS in 2023. However, a rate increase was recently implemented in April of this year, which will result in an estimated \$146,000 in additional revenue annually and improve our contribution margin.

### Quality/Performance Improvement Data

As of March 31, 2024 there are 10,738 members currently enrolled at the Center, 42% are regularly community memberships, 22% are Silver Sneakers (Medicare Advantage) memberships, 17% are Kaweah Health employee memberships, 11% are senior memberships, 2% corporate memberships and 2% student memberships.

Increased enrollment has also increased daily utilization with over 41,000 member and guests check-ins monthly, averaging 1,400 visits daily and close to 500,000 annually.

Prior to COVID-19, we already had a well-established cleaning schedule for the equipment. However, we now we have increased our cleaning frequency and installed additional hand-sanitizers throughout the facility. There are disinfectant spray bottles and cleaning towels placed on each piece of equipment. The free weight equipment, showers and locker rooms are sanitized nightly.

## Policy, Strategic or Tactical Issues

1. The Lifestyle Fitness Center has seen a steady increase in membership enrollments throughout the last two years up from 9,600 members in July 2023 to 10,738 in March 2024.
2. Club 50 – The Lifestyle Fitness Center staff's and facilitates a low-cost senior fitness program at The Boys & Girls Club on Mondays, Wednesdays and Fridays from 8 a.m. – 12 noon; serving over 200 members.
3. Quail Park – Personal Trainers from the Lifestyle Fitness Center provide exercise classes daily at the assisted living and memory care facilities.
4. Scholarships – The Lifestyle Fitness Center currently has 45 members with a medical need on a reduced rate scholarship and 80 scholarships available.
5. Community Benefits – The Lifestyle Fitness Center has contributed over \$85,000 in community benefits programs. Services are in the form of health screenings, lecture presentations, workshops, scholarships, community based exercise programs, Club 50 at the Boys & Girls Club and membership donations.
6. Personal Trainers and Exercise Physiologist at the Center are continually researching new training methods to achieve the greatest benefits and results for our members. Group Exercise Classes are closely monitored adding new formats to stay current with new fitness trends.
7. Aquatic Classes and Programs are routinely evaluated adding new classes and services as trends change within the industry. Learn to swim programs and private swim lessons remain very popular, with classes filling quickly.
8. The men's and women's dry saunas in the pool area continue to be very popular and highly utilized. We are currently evaluating adding this amenity into the men's and women's locker room remodel to increase capacity and privacy.

## Recommendations/Next Steps

1. Work closely with the Marketing Department to continue developing strong membership campaigns to attract new members and maintain a strong brand image.
2. Closely monitor enrollments and cancellations of members.
3. Focus on retention of existing members.
4. Closely monitor financial performance and adjust expenses accordingly.
5. Continue to promote Recovery Services (cryo-therapy and compression-therapy) as ancillary revenue and service line.
6. Plan to replace the original twenty-eight year old lockers and renovate the locker rooms in order to remain competitive and attract new members.

## Approvals/Conclusions

In the coming year, The Lifestyle Center will focus on:

1. Maintaining strong Membership Enrollment Campaigns.
2. Continuing to build a customer base with our Recovery Services.
3. Continuing to review profitability and contribution margin to identify opportunities for volume growth, cost containment, member satisfaction and employee engagement.
4. Continue to provide World-Class Service to our members and the community.

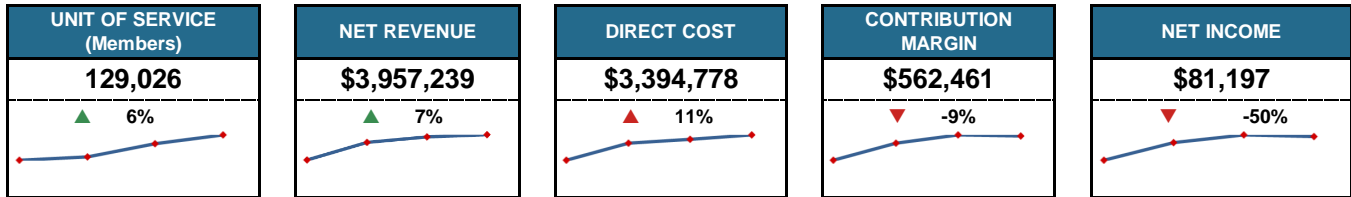
# KAWEAH HEALTH ANNUAL BOARD REPORT

*Lifestyle Fitness Center*

FY2024 Annualized

\* FY 2024 Annualized: EIGHT MONTHS ENDED FEBRUARY 29, 2024

## KEY METRICS - FY 2024 ANNUALIZED

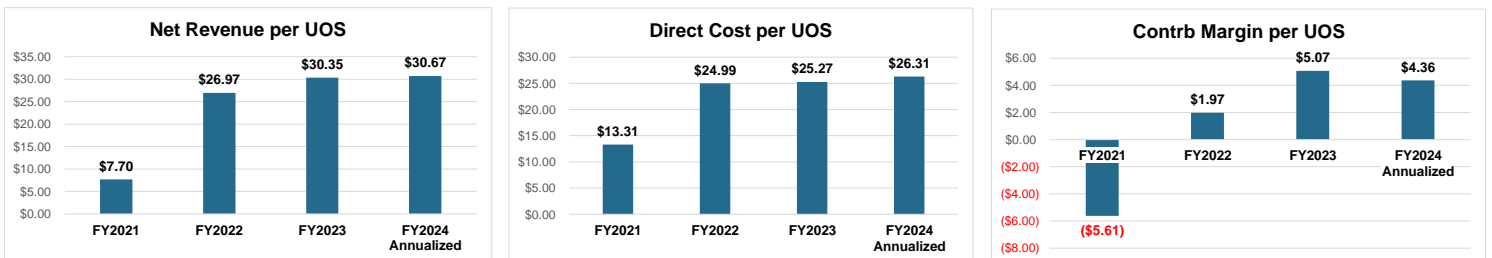


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

## METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Unit of Service (Members)	107,221	110,022	121,429	129,026	▲ 6%	
Net Revenue	\$825,748	\$2,966,811	\$3,684,873	\$3,957,239	▲ 7%	
Direct Cost	\$1,427,469	\$2,749,898	\$3,068,663	\$3,394,778	▲ 11%	
Contribution Margin	(\$601,721)	\$216,913	\$616,210	\$562,461	▼ -9%	
Indirect Cost	\$399,934	\$410,382	\$452,930	\$481,265	▲ 6%	
Net Income	(\$1,001,655)	(\$193,469)	\$163,280	\$81,197	▼ -50%	
Net Revenue per UOS	\$7.70	\$26.97	\$30.35	\$30.67	▲ 1%	
Direct Cost per UOS	\$13.31	\$24.99	\$25.27	\$26.31	▲ 4%	
Contrb Margin per UOS	(\$5.61)	\$1.97	\$5.07	\$4.36	▼ -14%	

## PER CASE TRENDED GRAPHS



### Notes:

Source: Non-Cerner Service Line Report, Lifestyle Fitness Center

Kaweah Health received \$125,000 of reimbursement in FY 2021 from our Business Interruption insurance carrier, which would partially cover the interruption of the service.

BEFORE THE BOARD OF DIRECTORS OF THE

**Kaweah Delta Health Care District**

Resolution Ordering Even-Year Board of Directors )  
Election; Consolidation of Elections; and ) RESOLUTION  
Specifications of the Election Order ) NO. 2222

WHEREAS, California Elections Code requires a general district election be held in each district to choose a successor for each elective officer whose term will expire on the first Friday in December following the election to be held on the first Tuesday after the first Monday in November in each even-numbered year; and

WHEREAS, other elections may be held in whole or in part of the territory of the district, and it is to the advantage of the district to consolidate pursuant to Elections Code Section 10400; and

WHEREAS, Elections Code Section 10520 requires each district involved in a general election to reimburse the county for the actual costs incurred by the county elections official in conducting the election for that district; and

WHEREAS, Elections Code Section 13307(3c) requires that before the nominating period opens, the governing body must determine whether a charge shall be levied against each candidate submitting a candidate's statement to be sent to the voters; and

WHEREAS, Elections Code Section 12112 requires the elections official of the principal county to publish a notice of the election once in a newspaper of general circulation in the district;

NOW, THEREFORE, IT IS ORDERED that an election be held within the territory included in this district on the 5th day of November 2024, for the purpose of electing members to the board of directors of said district in accordance with the following specifications:

# SPECIFICATIONS OF THE ELECTION ORDER

1. The Election shall be held on Tuesday, the 5th day of November 2024. The purpose of the election is to choose members of the board of directors for the **following seats** (list offices and terms):

Zone 1 -12/02/2024 – 12/4/2028

Zone 3 -12/02/2024 – 12/4/2028

Zone 5 -12/02/2024 – 12/4/2028

2. This governing board hereby requests and consents to the consolidation of this election with other elections which may be held in whole or in part of the territory of the district, as provided in Elections Code 10400.

3. The district will reimburse the county for the actual cost incurred by the county elections official in conducting the general district election upon receipt of a bill stating the amount due as determined by the elections official.

4. The district has determined that the Candidate will pay for the Candidate’s Statement.  
**(District or Candidate)**  
The Candidate’s Statement will be limited to 200 words.

5. The district directs that the County Registrar of Voters of the principal county publish the notice of election in the **following newspaper**, which is a newspaper of general circulation that is regularly circulated in the territory: The Visalia Times Delta and The Fresno Bee.

THE FOREGOING RESOLUTION WAS ADOPTED upon motion of Director Olmos, seconded by Director \_\_\_\_\_, at a regular meeting on this 24th day of April, 2024, by the following vote:

AYES : \_\_\_\_\_

NAYS : \_\_\_\_\_

ABSENT: \_\_\_\_\_

\_\_\_\_\_  
Secretary of Kaweah Delta Health Care District



## **RESOLUTION 2224**

**WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Madisson Emerson with the World Class Service Excellence Award for the Month of April 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 Elli Santana, LVN for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.**

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

**President, Kaweah Delta Health Care District**

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



## **RESOLUTION 2226**

**WHEREAS, Bradley Donabedian, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 21 years of service; and,**

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

**WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her excellence in caring and service,**

**NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Bradley Donabedian for 21 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 April 2024 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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



## **RESOLUTION 2227**

**WHEREAS, Alice Vega, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 33 years of service; and,**

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

**WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her excellence in caring and service,**

**NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Alice Vega for 33 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 April 2024 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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



# Table of Contents

- Section 1 – Authority ..... 2
- Section 2 – Definitions.....2
- Section 3 – Supervisory, Confidential and Management Employees.....4
- Section 4 – Professional Employees.....4
- Section 5 – Petitions for Recognition .....4
- Section 6 – Bargaining Units .....7
- Section 7 – Elections .....8
- Section 8 – Unit Modification.....9
- Section 9 – Assignment of Classifications.....10
- Section 10 – Petition for Decertification .....10
- Section 11 – Meet and Confer.....11
- Section 12 – Mediation of Disputes (Impasse).....11
- Section 13 – Fact Finding .....12
- Section 14 – District and Employee Rights .....13
- Section 15 – Concerted Action/Strikes and Work Stoppages .....13
- Section 16 – Use of District Facilities .....14
- Section 17 – Enforcement of Violations of Sections 3500-3511 of the Government Code, as Amended.....14
- Section 18 – Construction of Rules .....15
- Section 19 – Amendments to the Rules .....15

**RESOLUTION NO. 1458**

**A RESOLUTION OF THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT  
AMENDING AND RESTATING THE EMPLOYER-EMPLOYEE RELATIONS RESOLUTION 1458 OF  
KAWEAH DELTA HEALTH CARE DISTRICT**

WHEREAS, Section 3500 *et seq.* of the Government Code of the State of California states that one of its purposes is to promote the improvement of employer-employee relations between public employers and their employees by establishing uniform and orderly methods of communication between employees and the public agencies by which they are employed and by providing a uniform basis for recognizing the right of public employees to join organizations of their own choice and to be represented by those organizations in their employment relationships with public agencies; and

WHEREAS, Sections 3507 and 3507.5 of the California Government Code empower a Health Care District to adopt reasonable rules and regulations, for the administration of employer-employee relations and for the designation of Management Employees and confidential employees; and

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District (District) has previously adopted Resolution No. 1458, relating to Employer-Employee Relations of the District and its employees, and has readopted and modified Resolution Nos. 207 and 868 from time to time; and

WHEREAS, certain amendments to the Government Code have been enacted since Resolution 1458 affecting employees of public employers and the Board of Directors has resolved to update and revise its prior resolution to reflect the amendments to the law; and

WHEREAS said amendments and additions will promote the improvement of employer-employee relations between Employees of the District and the District; and

WHEREAS, no “employee organization,” as defined in Section 3501 of the California Government Code now represents any Employees employed by at the District.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT DOES HEREBY RESOLVE AS FOLLOWS:

**Section 1 - Authority**

- 1.1 These Employer-Employee Labor Relations Rules (“Rules”) are adopted pursuant to Government Code section 3500 *et seq.*, as amended.

**Section 2 - Definitions**

- 2.1 For purposes of these Rules, the following terms shall have the meanings indicated:

- 2.1.1 “District” shall mean Kaweah Delta Health Care District, and when appropriate, “District” refers to the Board of Directors or any duly authorized representative of Kaweah Delta Health Care District.
- 2.1.2 “Confidential employee” means any employee who is required to develop or present management positions with respect to Employer-Employee Relations or whose duties normally require access to confidential information contributing significantly to the development of management positions.
- 2.1.3 “Day” or “days” means calendar day or days unless otherwise specified.
- 2.1.4 “District Employee Relations Representative” means the District’s principal representative in all matters of Employer-Employee Relations who shall be the District’s Chief Executive Officer or his/her designee.
- 2.1.5 “Employee” shall mean any person regularly employed by the District except those persons elected by popular vote.
- 2.1.6 “Eligible Employee” shall mean an Employee who is shown on the records of the District to be employed on the date of a petition for exclusive majority recognition in one or more of the classifications in an appropriate unit and shall include Employees who have been on a continuous leave of absence of six months or less.
- 2.1.7 “Employee organization” means any organization that includes Employees of the District and that has as one of its primary purposes the representation of those employees in their employment relations with the District.
- 2.1.8 “Exclusive representative” means any labor organization that is certified under these Rules to represent a majority (50% plus one) of the Employees in the appropriate bargaining unit.
- 2.1.9 “Fact finding” means the identification of the major issues in a particular dispute, review of the positions of the parties, resolution of factual differences, and the making of recommendations for settlement of the issues between the parties.
- 2.1.10 “Impasse” means that the parties to a dispute over matters within the scope of representation have reached a point in meeting and negotiating at which their differences in positions are so substantial or prolonged that future meetings would be futile.
- 2.1.11 “Limited-term employee” means any employee hired for a specified employment period.
- 2.1.12 “Management employee” means any employee with responsibility to administer or formulate District policies or programs, including but not limited to the Chief Executive Officer, Chief Officers, Directors, Administrative Staff, Department Heads, Supervisors and Professional Employee.

2.1.13 “Mediation” shall have the same meaning as that set forth in Government Code section 3501(e), as amended.

2.1.14 “Meet and confer in good faith” shall have the same meaning as that set forth in Government Code section 3505, as amended.

2.1.15 “Professional employee” means any employee engaged in work requiring specialized knowledge and skills attained through completion of a recognized course of instruction, usually of a prolonged nature in a post-secondary institution of higher learning.

2.1.16 “Recognized employee organization” shall mean the employee organization which has been formally acknowledged by the District as an employee organization that represents Employees of the District.

2.1.17 “Scope of representation” shall have the same meaning as that set forth in Government Code section 3504, as amended.

### **Section 3 – Supervisory, Confidential and Management Employees**

3.1 Supervisory, Confidential and Management Employees shall be designated by the District based upon the definition set forth in Section 2.12 of these Rules. Such Employees may not represent any Employee Organization that represents other non-supervisory, non-confidential, or non-management Employees of the District on matters within the scope of representation.

### **Section 4 – Professional Employees**

4.1 Professional employees shall be designated by the District based on the definition set forth in Section 2.1.15 of these Rules. Professional employees shall not be included in a bargaining unit with nonprofessional employees unless approved by the District and a majority of the Professional employees. District will not unreasonably withhold recognition of mixed units if there is a community of interest and the majority of affected employees express their desire to be part of a mixed unit.

### **Section 5 - Petitions for Recognition**

5.1 Submission of Petition

An Employee Organization seeking certification as a Recognized Employee Organization of Employees in an appropriate unit shall file a petition with the District Employee Relations Representative containing the information identified in subsections 5.1.1 and 5.1.2 that follow.

5.1.1 Background information

a) Name and address of the Employee Organization;

b) Names, titles and phone numbers of the officers and representatives who are authorized to speak on behalf of the Employee Organization;

- c) The name, title and signature of the person filing the petition;
- d) A statement that the Employee Organization has, as one of its primary purposes, the representation of Employees in their employment relations with the District;
- e) A statement that the Employee Organization's Employee Support for certification includes District employees who work in similar positions to those District Employees;
- f) A statement as to whether the Employee Organization is a local entity or chapter of any international, national, state, or regional organization and, if so, the name(s) and address(es) of those entities;
- g) A copy of the Employee Organization's constitution and bylaws and those of any organization with which it is affiliated;
- h) The names and addresses of at least one person to whom notice sent by email will be deemed sufficient notice to the Employee Organization for any purpose related to its representation of District Employees;
- i) A statement that the Employee Organization has no restriction on membership based on race, color, creed, religion, national origin,
- j) A statement that the Employee Organization will abide by these Rules.

5.1.2 Unit description and showing of interest

- a) A statement that the Employee Organization wishes to be certified as the Exclusive Representative of the Employees in the unit claimed to be appropriate;
- b) A description, by job titles, of the unit claimed to be appropriate;
- c) The approximate number of Employees in the unit of petition;
- d) A statement that the Union has in its possession written proof of a showing of interest by at least 30 percent of the Employees in the unit claimed to be appropriate, consisting of the printed names and personal dated signatures in support of the petition, or on authorization cards; or union membership cards in the Employee Organization requesting Exclusive Representation;
- e) Any signatures dated more than twelve months prior to the date the petition is filed will not be counted for the showing of interest.
- f) Eligible signatures shall be those of District Employees who are employed in the petitioned-for unit on the payroll period immediately preceding the date the petition.

Employees who are ill, on vacation, on leave of absence or sabbatical, temporarily laid off, and employees who are in the military service of the United States shall be eligible to vote. The signatures of temporary employees whose term of employment is twelve (12) months or less, and persons who are not employees of the District may not be used to support the petition.

## 5.2 Processing of Petition

5.2.1 The District Employee Relations Representative or his/her designee shall review all petitions to determine if the criteria noted in subsection 5.1 have been met. Within 21 days of receipt of the petition, the District Employee Relations Representative or his or her designee shall inform the petitioning Employee Organization and any other interested Employee Organization, by email, as to whether the criteria have been met. If the criteria have been met, the District Employee Relations Representative or his or her designee shall post a notice informing employees in the proposed unit of the petition and of any other logistical information that the District Employee Relations Representative or his or her designee deems relevant.

5.2.2 In the event that the District Employee Relations Representative or his or her designee determines that the petitioned-for unit is not appropriate based on the criteria set forth in Section 6 of these Rules, the petitioner shall be so notified and given 10 days from receipt of the District's response to amend its petition to conform with an appropriate bargaining unit.

5.2.3 In the event that the petitioner disagrees with the District Employee Relations Representative determination regarding the appropriateness of the bargaining unit, the petitioner may request either mediation or a non-binding recommendation from the Department of Industrial Relations, State Mediation and Conciliation Service ("SMCS"). Such request must be made in writing to the District Employee Relations Representative within 10 days of receipt of the notification from the District responding to the appropriateness of the bargaining unit.

5.2.4 The SMCS shall verify the showing of interest signatures submitted with the petition in accordance with subsection B (2) above, determine the showing of interest percentage, and notify the parties of the results.

5.2.5 Upon receipt of the notice from SMCS of at least a 30 percent but less than 50 % plus one showing of interest in the petitioned-for unit, the Executive Officer shall order an election to be conducted by the SMCS, in accordance with the election procedures in Section 7 of these Rules.

5.2.6 The District shall grant exclusive recognition to an employee organization that is certified by the SMCS as having a majority (50% plus one) showing of interest, unless another labor organization has previously been lawfully recognized as the exclusive representative of all or part of the same unit.

5.2.7 In the event that the SCMS determines that a second labor organization has the support of at least 30 percent of the employees in the unit for which recognition is sought, the SCMS shall notify the District and both labor organizations seeking exclusive representation. The

Executive Officer shall order an election to be conducted by the SCMS to establish which labor organization, if any, has majority status.

5.2.8 If no other labor organization has demonstrated at least a 30 percent showing of interest in accordance with Section 5.1.2(d), and SMCS has certified a majority showing of interest by a labor organization, SMCS shall send a notice of certification to the exclusive representative and to the District Employee Relations Representative.

5.2.9 Within five days of receipt of this notice of certification, the District Employee Relations Representative shall, post a notice to the Employees in the appropriate bargaining unit granting exclusive representation to the labor organization that has been certified as the Exclusive Representative, after meeting and conferring with the exclusive representative about the contents of the notice.

Within 10 days from the date any notice to Employees under subsection 5.2.1 has been posted, any other Employee Organization may file a competing petition seeking recognition as the Exclusive Representative of Employees in the same unit. The competing petition must contain the same information as is set forth in Section 5.1.2(d), including at least a 30 percent showing of interest.

#### **Section 6 - Bargaining Units**

- 6.1 The District Employee Relations Representative or designee shall determine the appropriateness of bargaining units by applying the criteria set forth in this rule.
- 6.2 Community of interest among employees, as well as the efficient operation of the District, shall be the primary factors considered in determining the appropriateness of any bargaining unit. In determining the appropriateness of any bargaining unit, consideration shall be given to avoiding undue proliferation of bargaining units. In addition, the following shall be applied in determining an appropriate unit:
  - 6.2.1 District employees in a single classification shall all be included in the same unit.
  - 6.2.2 The history of determinations of appropriate units in the District, although history shall be considered but shall not be the sole criterion.
  - 6.2.3 Confidential employees shall not be included in the same unit with nonconfidential employees.
  - 6.2.4 Supervisory employees shall not be included in the same unit with nonsupervisory employees.
  - 6.2.5 Management employees shall not be included in the same unit with the non-management employees.
  - 6.2.6 Professional employees shall not be required to be included in the same unit with non-professional employees, unless there is a demonstrable community of interest and the majority of affected employees express their desire to be part of a mixed unit.

- 6.3 Exhibit 6.3, **to be attached to these Rules**, contains descriptions of the appropriate bargaining units of District employees. In the event of a dispute between an employee organization and the District Employee Relations Representative or his or her designee as to the appropriateness of any unit, the dispute shall be submitted to the SMCS for a non-binding recommendation.

### **Section 7 - Elections**

- 7.1 Once there has been a final determination by the District Employee Relations Representative as to an appropriate bargaining unit, the SMCS shall conduct a secret-ballot election in the unit if otherwise appropriate.
- 7.2 The SMCS shall consult with the parties participating in the election to set an election date. A pre-election conference shall be scheduled before the election to review the voter eligibility list in accordance with PERB Regulation 32726.
- 7.3 The eligible voters shall be given a choice on the ballot to vote for representation by the petitioning employee organization(s) and no representation. If the parties do not agree on placement of each choice on the ballot, the placement will be determined by SMCS.
- 7.4 The SMCS shall distribute and receive the ballots by United States mail. The ballots shall be mailed to all eligible voters to the mailing address contained in the District's payroll records. The ballot material will include a stamped envelope addressed to the SMCS for return of the completed ballot.
- 7.5 The SMCS must challenge anyone whose name is not on the list of eligible voters. Any observer has the right to make other challenges and can also challenge anyone whose name is not on the list of eligible voters. The SMCS shall make a final decision on all challenged ballots.
- 7.6 The SMCS either shall certify that no organization has received a majority of valid votes cast (50 percent plus 1) or shall certify the choice receiving a majority of the valid votes cast as the recognized employee organization.
- 7.7 Where three or more choices are on the ballot and none of the choices receives a majority of the valid votes cast, a runoff election shall be held, using the procedures set forth in this section, between the two choices receiving the highest number of votes. The choice receiving a majority of the valid votes cast in the runoff election shall then be certified. The runoff election will be conducted within 15 days after the date the ballots of the original election are counted.
- 7.8 As to each bargaining unit, there shall be no more than one election under these Rules in any 12-month period, not including necessary run-off election under PERB Regulation 61145. As to each bargaining unit, there shall be no more than one election under these Rules in any 12-month period.
- 7.9 The cost of conducting elections, if any, shall be borne equally by all parties to the election.



## **Section 8 - Unit Modification**

### 8.1 Criteria

A petition for modification of an existing unit may be filed with the District Employee Relations Representative by a Recognized Employee Organization representing Employees in the unit(s) affected by the proposed modification or by the District Employee Relations Representative or his or her designee.

### 8.2 Contents of Petition

The petition shall contain the following information:

- 8.2.1 The name of the petitioner;
- 8.2.2 A description of the current unit;
- 8.2.3 A description of the proposed modification;
- 8.2.4 The job classifications of employees affected by the proposed modification;
- 8.2.5 A statement setting forth the reasons why the petitioner desires the modification;  
and,
- 8.2.6 Any other relevant information petitioner chooses to include.

### 8.3 Processing of Petition

8.3.1 The District Employee Relations Representative or his or her designee shall review all petitions seeking modification filed by Recognized Employee Organizations to determine if the criteria noted in Section 8.1 and 8.2 have been met. Within 15 days of receipt of the petition, the District Employee Relations Representative or his or her designee shall inform the petitioning Employee Organization and any other interested Employee Organization, by United States mail, as to whether the criteria of this section have been met. If the criteria have been met, the District Employee Relations Representative or his or her designee shall determine whether to grant the petition for modification. The criteria set forth in Section 6 of these Rules regarding appropriate bargaining units shall be applicable to determine whether the requested modification is appropriate. In the event that the employee organization disagrees with the unit modification, it may request mediation or a non-binding recommendation from the SMCS.

8.3.2 The District Employee Relations Representative or his or her designee may file a petition to modify an established bargaining unit. This petition must be served upon the Recognized Employee Organization that represents the bargaining unit setting forth the modification desired as well as the rationale supporting the modification. The criteria set forth in section 6 of these Rules regarding appropriate bargaining units shall be applicable to determine whether the requested modification is appropriate. In the event that the employee organization disagrees

with the unit modification, it may request mediation or a non-binding recommendation from the SMCS.

**Section 9 - Assignment of Classifications**

- 9.1 The District Employee Relations Representative or his or her designee shall, where appropriate, allocate new positions/classifications and delete positions/classifications that no longer exist, consistent with the criteria set forth in section 6 of these Rules regarding appropriate bargaining units, and will also consider the history of tasks performed by existing units.

**Section 10 - Petition for Decertification**

10.1 Criteria

A petition for decertification may be filed by any employee in the unit proposed for decertification or by the employee organization seeking decertification. No decertification petition may be filed earlier than 12 months following certification of the employee organization. A petition may be filed during the period 90 to 120 days prior to the expiration date of any existing MOU, or any time after the expiration date of the MOU or at any time provided that such MOU has been in effect for three years or more, then there shall be no restriction as to time of filing the petition. The bargaining unit for the decertification shall be the same as the existing bargaining unit.

10.2 Contents of Petition

The petition shall contain the following information:

10.2.1 The name of the petitioner;

10.2.2 A description of the current unit;

10.2.3 The number of employees in the current unit; and

10.2.4 A showing of interest by at least 30 percent of the employees in the unit, consisting of the printed names and personal dated signatures in support of the petition for decertification. Signatures must have been obtained no more than 12 months prior to the date the petition for decertification is filed. Eligible signatures shall be those of Employees who are on District payroll records effective the beginning of the payroll period immediately preceding the date the petition was filed. The signature of temporary employees, limited-term employees and persons who are not employees of the District may not be used to support the petition. The signatures of employees who are in a leave of absence without pay without right to return status may not be used to support the petition.

10.2.5 Any other relevant information.

10.3 Processing of Petition

The District Employee Relations Representative or his or her designee shall review all decertification petitions filed by Employees or by Employee Organizations to determine whether the criteria noted in Sections 8.1 and 8.2 have been met. Within 15 days of receipt of the petition, the District Employee Relations Representative or his or her designee shall inform the petitioning Employees or Employee Organization and any other interested Employee Organization, by United States mail, as to whether the criteria have been met.

If the criteria set forth in subsections 8.1 and 8.2 have been met, a secret-ballot election, as set forth in Section 7 of these Rules, shall be held.

10.4 Disclaimer of Interest

A recognized employee organization may disclaim interest in further representation of employees in the unit by filing a statement to that effect with the District Employee Relations Representative or his or her designee.

**Section 11 - Meet and Confer**

11.1 The District's obligation to meet and confer under Government Code section 3505 *et seq.*, as amended, shall apply only to Employee Organizations certified by PERB/SMCS or recognized by the District as representing a majority of Employees in an appropriate bargaining unit, pursuant to Section 6 of these Rules.

11.2 The District and the Recognized Employee Organization shall each appoint a negotiating committee. The Employee Organization must meet and confer with the District to determine a reasonable number of employee representatives depending on the circumstances. The District shall provide reasonable release time without loss of pay for employees when formally meeting and conferring with the District's negotiating committee.

11.3 Upon written request of either committee, the negotiating committees shall meet and confer in good faith on matters within the scope of representation, as defined in Government Code section 3504, as amended.

11.4 When agreement is reached by the negotiating committees, they shall jointly prepare a written memorandum of understanding.

**Section 12 – Mediation of Disputes (Impasse)**

12.1. Impasse/Factfinding Procedures of the Act

12.1.1 Impasse procedures may be invoked only after all other attempts made by both parties to reach agreement through good faith negotiation have been unsuccessful.

12.1.2 Any party involved in the negotiation of specific issues on matters within the scope of representation may invoke the impasse procedure by filing with the other party (or parties) affected a written request for an impasse meeting together with a statement of its position on the

disputed issues. The District and Recognized Employee Organization shall promptly schedule an impasse meeting. The purpose of such impasse meeting is to permit review of the position of all parties in a final good faith effort to reach agreement on the disputed issues.

12.1.3 If agreement is not concluded at the impasse meeting, the parties together may mutually agree upon a method of resolving the dispute including, but not limited to, mediation or fact-finding with a third-party neutral, consistent with the Impasse/factfinding procedures and timelines of the Act (Cal. Gov. Code Sections 3505.4-3505.7). Unless the parties in writing mutually request them to do so, mediators or fact-finders shall make no public recommendation nor take any public position regarding the issues. All mediation and fact-finding sessions shall be conducted in private.

12.1.4 The cost for the services of a mediator and/or fact-finding or the chair of a fact-finding panel used by the parties, and other mutually incurred costs of mediation and fact-finding, shall be borne equally by the District and the Recognized Employee Organization. The cost for a fact-finding panel member selected by each party, and other separately incurred costs shall be borne by such party.

12.1.5 If the parties are at Impasse and (1) the District has provided a written declaration of impasse and (2) the Recognized Employee Organization has failed to submit the differences to a fact-finding panel within the time limits of Government Code Section 3505.4 or (3) has otherwise not complied with the provisions of Government Code Sections 3505.4 through 3505.7, or (4) after the mediation and fact-finding procedures have been exhausted and no earlier than 15 days after the fact-finders' written findings of fact and recommended terms of settlement have been submitted to the parties, the District may, after conducting a public hearing, implement, in whole or in part, its last, best and final offer by the District to the Employee Organization. Any action by the Board of Directors on such an impasse shall be final and binding.

### **Section 13 – Fact Finding**

Fact finding is advisory in nature and shall be conducted if requested by the employee organization. The parties shall stipulate to the specific procedures to be used, except that the following is required:

13.1 A time limit of 120 days shall be imposed upon fact finding and the 120 days shall run from the declaration of impasse.

13.2 The fact finder may be the person appointed to mediate pursuant to Section 12 of these Rules, or a fact finder may be appointed pursuant to Section 12.

13.3 The parties shall prepare a fact finding agreement, which shall state the issues to be submitted and such other matters as are deemed appropriate.

13.4 The advisory report of the fact finder shall be confidential and provided to the parties in writing. Within 10 days from receipt of the advisory report, the findings and recommendations shall be made publicly available. The advisory report shall be submitted directly to the parties within 30 days of the conclusion of fact finding or submission of closing briefs. The advisory report shall be strictly limited to the issues originally submitted for fact finding.

13.5 The District and the labor organization will divide the costs of fact finding equally. However, if the District Employee Relations Representative decides not to accept the advisory recommendation of the fact finder, the District will pay the cost of the fact finding. Conversely, if the labor organization decides not to accept the recommendation of the fact finder, the labor organization will pay the cost of the fact finding.

#### **Section 14 – District and Employee Rights**

14.1 It is the exclusive right of the District to determine the organization of the District, the necessity for its constituent departments, set standards for employee performance and customer service, and to exercise control and direction over District operations that are not otherwise within the scope of representation. It is also the exclusive right of the District to direct its employees, take disciplinary action for proper cause, relieve its employees from duty based upon lack of work or reduced levels of service, and to determine the means and personnel by which the District’s operations are to be conducted.

14.2 Except as otherwise provided by law, District employees shall have the right to form, join, and participate in the activities of employee organizations of their own choosing for the purpose of representation on all matters of employer-employee relations. District employees shall have the right to refuse to join or participate in the activities of Employee Organizations and shall have the right to represent themselves in their employment relations with the District, subject to limitations (if any) on collectively bargained terms and conditions of employment contained in an MOU.

#### **Section 15 - Concerted Action/Strikes and Work Stoppages**

- 15.1 The District operates the only acute care hospital in the Visalia area and only trauma center within the County of Tulare, there is a rebuttable presumption that a no-notice strike by District employees will create a substantial and imminent threat to the public’s health and safety. This section is designed to protect the public’s health and safety.
- 15.2 In the event District employees represented by an Employee Organization and/or Recognized Employee Organization intend to strike, engage in a work slowdown or stoppage, sick out or other concerted refusal to perform customary duties (hereafter collectively referred to as “strike”), the District favors at least 72 hours and prefers the Employee Organization provide at least ten (10) Days’ advance written notice of its intention to strike. Such written notice should specify the date and time the Employee(s) intend to strike.
- 15.3 In the event the District determines a strike, whether noticed or not, creates a substantial and imminent threat to the public’s health and safety, District shall promptly notify the Employee Organization(s) and reserves the right to seek injunctive relief from PERB on its behalf. District reserves any and all other rights available to it under applicable law.
- 15.4 A strike that occurs prior to impasse and completion of any statutorily required impasse resolution procedure creates a rebuttable presumption the Employee Organization has breached its duty to bargain in good faith.

**Section 16 - Use of District Facilities**

- 16.1 Recognized Employee Organizations shall be allowed to use specific meeting areas at District facilities for official business of the Employee Organizations. Such use shall not interfere with the District's normal operations and shall not result in additional cost to the District. A Recognized Employee Organization desiring to use the District's facilities shall give 24 hours prior notice and request use of District facilities by contacting the District's Human Resources office.
- 16.2 Recognized Employee Organizations may use designated bulletin board space to post official business of the Employee Organization. Libelous, obscene, offensive, or defamatory material will not be permitted. In addition, posted material shall not be of a partisan political nature, nor shall it pertain to public issues that do not involve the District or its relations with District employees. Bulletin board space may not be used for any personal purpose, including the sale of personal items. The District Employee Relations Representative or his or her designee may remove postings that do not comply with the requirements of this section.
- 16.3 The authorized representative of a Recognized Employee Organization shall have the right to come onto the District's premises to engage in representational activities. The authorized representative shall notify the District Employee Relations Representative or his or her designee at the time he or she comes onto the District's premises for the purpose of ensuring that the terms of the MOU are being followed. The authorized representative shall not meet with or otherwise disrupt employees during their work time, not including applicable rest or meal periods where an employee is not under the control of the District.
- 16.4 Except for occasional and limited use, nothing in this Section shall be interpreted as permitting any Employee Organization or any unit employee to use the District's internal mail system or intranet, its facsimile machines, or the District's voice or for any purpose other than the normal business of the District.

**Section 17 – Enforcement of Violations of Sections 3500-3511 of the Government Code, as Amended**

17.1 Prior to initiating a complaint under Government Code section 3509, as amended, the aggrieved party may serve written notice on the responding party setting forth the provision(s) of the Government Code alleged to have been violated and fully set forth the nature of the alleged violation. Such written notice must be served within 15 days from the date the aggrieved party knew or should have known of the alleged violation. The responding party shall respond to the allegation(s) in writing within 15 days. If the aggrieved party is not satisfied with the response, it shall, within 5 days of its receipt of the response, request in writing that the matter be submitted to non-binding arbitration.

17.2 The parties may mutually agree to an arbitrator, who will issue a nonbinding decision. If the parties are unable to mutually select an arbitrator to issue a non-binding decision, they shall request a list of seven experienced labor arbitrators from the SMCS. The arbitrator shall be selected by striking names from the list provided, with the aggrieved party striking first.

**Section 18 - Construction of Rules**

18.1 These Rules are intended to be consistent with the provisions of Government Code Sections 3500-3511, as amended, and should be so interpreted.

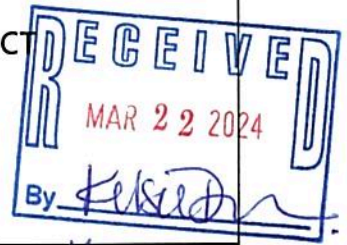
18.2 If any provision of these Rules or the application of such provision to any person, organization, employee, or circumstance shall be held to be invalid, the remainder of these Rules or application of such provision to persons, organizations, employees, or circumstances, other than those held invalid, shall not be affected thereby.

**Section 19 - Amendments to the Rules**

19.1 It is recognized that the provisions of these Rules may require amendment from time to time. The District Employee Relations Representative or his or her designee shall consult in good faith with Recognized Employee Organizations prior to implementing any such amendments. Any amendments shall be in writing.

DRAFT

CLAIM AGAINST KAWEAH DELTA HEALTH CARE DISTRICT  
&  
KAWEAH HEALTH MEDICAL CENTER  
(California Government Code §910 et seq.)



**Respondent:** Kaweah Delta Health Care District, Kaweah Health Medical Center  
400 West Mineral King  
Visalia, California 93291-6237  
**Claimant's Name:** Catarina Munoz

Hand Delivered  
3:18 pm

**Claimant's Complete Address:**  
Catarina Munoz  
243 N Lyndsay Way  
Dinuba, CA 93618

**Send Notices to:**  
Steven E. Alfieris, Esq. / Dias Law Firm, Inc.  
502 West Grangeville Boulevard  
Hanford, CA 93230

**Telephone Number:** 559-585-7330

**Date of Accident/Incident:** On or about 9/23/23 through on or about 10/20/23.

**Date of Injuries, Damages, or Losses:** The negligence by Respondents, includes, but is not limited to, the administration of medication to Claimant in her right arm that resulted in a massive wound on her right forearm. The medication was administered in a fashion that was below the standard of care and was administrated sometime between on or about September 23, 2023 and on or about October 20, 2023. Claimant is left with massive scarring and limited use of her right arm.

**Location Where Incident Occurred:** Kaweah Health Care Medical Center, Visalia, California

**How Did the Accident/Incident Occur:** Employees of Respondent administered medication into Claimant's right arm. The administration of the medication was below the standard of care and resulted in injuries to Claimant and requires restorative surgery/scar revision.

**Describe The Injury Or Damage:** Massive wound to Claimant's right arm. Scarring to Claimant's right arm. Loss of use to Claimant's right arm.

**Name of Kaweah Health Medical Center Employee(s) Believed To Be Involved:** Claimant is not presently aware of the names of the employees that were involved.

**If Applicable, Date Reported to Police Department:** N/A



<b>Name of City Department Reported:</b> N/A
<b>Dollar Amount of Claim, If Under \$10,000, Or If Over \$10,000, Then Name of the Court Jurisdiction:</b> \$1,000,000.00 – Tulare County Superior Court, Visalia, California
<b>How Was The Amount Calculated:</b> General damages pursuant to MICRA and special damages for future medical care related to the loss of use and care of Claimant's right arm and scar revision.
<b>Claimant(s) Date(s) of Birth:</b> 5/12/1973

**Name, Address and Telephone Number of Any Witnesses To The Occurrence or Transaction Which Gave Rise To The Claim Asserted:** Claimant is unaware of the names of Kaweah Health Medical Center employees that witnessed the occurrence.

As for Claimant's family members:

**Alyssa Solis (Daughter)**  
243 N Lyndsay Way  
Dinuba, CA 93618  
(559) 859-8824

**Roberto Gonzalez (Son)**  
243 N Lyndsay Way  
Dinuba, CA 93618  
(559) 859-8824

**Linda Munoz (Sister)**  
243 N Lyndsay Way  
Dinuba, CA 93618  
(559) 859-8824

**If the Claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors or hospitals providing treatment:** Plaintiff was treated at Kaweah Health Medical Center and followed for care with Dr. Lechtman.

**Date:** March 22, 2024

**Signature:** Steven E. Alfieris, Esq. 

## PROOF OF SERVICE

I, the undersigned, declare:

I am a citizen of the United States of America, am over the age of eighteen (18) years, and not a party to the within action. I am an employee of DIAS LAW FIRM, INC., Attorneys at Law, and my business address is 502 West Grangeville Blvd., Hanford California 93230.

On March 22, 2024, I caused to be served the following document(s) on the parties involved addressed as follows:

Clerk, Board of Directors  
Kaweah Delta Health Care District  
400 W. Mineral King  
Visalia, CA 93291  
Email: [kedavis@kaweahhealth.org](mailto:kedavis@kaweahhealth.org)

XXXXX **BY U.S. MAIL - CERTIFIED, RETURN RECEIPT REQUESTED:** I caused each envelope, with postage thereon fully prepaid, to be placed in the United States mail at Fresno, California.

XXXXX **BY ELECTRONIC MAIL -** The above-reference document was transmitted by attaching a copy of the document(s) in PDF format sent from [adriana@diaslaw.com](mailto:adriana@diaslaw.com) the email addresses of the parties listed above, pursuant to Code of Civil Procedure section 1010.6, subd. (a) and (e), permitting electronic service of notices or documents that may be served by mail, express mail, overnight delivery, or facsimile transmission.

XXXXX **BY PERSONAL SERVICE TO THE CLERK OF THE BOARD FOR KAWEAH HEALTH CARE DISTRICT LOCATED AT 400 WEST MINERAL KING, VISALIA CALIFORNIA 93291.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed at Visalia, California on March 22, 2024.

  
\_\_\_\_\_  
Adriana Olivera



**DIAS LAW FIRM, INC.**  
ATTORNEYS AT LAW

Clerk, Board of Directors  
Kaweah Delta Health Care District  
400 W. Mineral King  
Visalia, CA 93291

<b>Policy Number:</b> HR.04	<b>Date Created:</b> 12/19/2019
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b>
<b>Approvers: Board of Directors (Human Resources)</b>	
<b>Special Pay Practices</b>	

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

Designated departments may have special pay practices that provide for competitive compensation and/or incentives for employees to work varying shifts or additional shifts. All special pay practices are approved by the Hospital and are subject to change at any time. In all cases, Wage and Hour Law will apply.

### **Pay Practices:**

- Other Hours- Base rate of pay for additional hours or shifts worked for certain exempt positions.
- MICN: \$1.50 for active MICN certification. Effective upon submission/validation of certification to Human Resources.
  - TNCC: \$1.50 for active TNCC certification. Effective upon submission/validation of certification to Human Resources. Eligible job codes include:
    - RN: 2217 2247 in ED
    - Charge Nurse: 2277 in ED
    - Assistant Nurse Manager: 2187/2188 in ED

### **Donning and Doffing Sterile Scrubs**

Employees who work in surgical services or sterile procedural areas are entitled to up to 10 minutes to change into provided sterile scrubs before and after their shift.

### **Sleep Pay**

Hourly rate paid to Surgery and Cath Lab employees for those who require an 8-hour gap between the current shift worked and the next scheduled shift. The employee will be paid at the start of the next scheduled shift but is not expected to work until the 9th hour after finishing a prior shift.

### **Private Home Care Holiday**

Rate is based on where the employee travels. Holiday differential is received for Kaweah Health observed holidays, in addition to Mother's Day and Easter.

### **Private Home Care On-Call**

Eligible Job Codes:

- PHC Staffing Coordinator: 0123 (Base rate of pay for a minimum of 1-hour for on-call)

*“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”*

<b>Policy Number:</b> HR.70	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b>
<b>Approvers:</b> Board of Directors (Administration)	
<b>Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation</b>	

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

**PURPOSE:**

It is important that Kaweah Health employees receive their meal periods and rest breaks. These assist staff in attending to personal matters as well as downtime. Kaweah Health will facilitate meal periods and rest breaks by relieving employees of duties for specified amounts of time. In addition, Kaweah Health will provide rest and recovery periods related to heat illness for occupations that may be affected by same (i.e. Maintenance employees who work outdoors). Kaweah Health supports new mothers who desire to express milk for their infants while at work. Kaweah Health will provide the use of a room, or other location to the nursing mothers work area for expressing milk.

**MEAL PERIOD POLICY AND PROCEDURE:**

For non-exempt employees working more than five hours per day, including 8-, 9-, or 10-hour shift employees, Kaweah Health will provide, and employees are expected to take a 30-minute duty-free meal period. The meal period will be scheduled to start within the first five hours of each shift, i.e. the meal period must start before the end of the fifth hour in the shift. An employee who works routinely six hours or less per day may voluntarily choose to waive the meal period in writing.

For non-exempt employees working more than ten hours per day, including 12-hour shift employees, Kaweah Health will provide, and employees are expected to take a second 30-minute duty-free meal period; this meal period must start before the end of the tenth hour of the shift. Employees working more than ten hours, but less than twelve hours may choose to waive, in writing, one of the two meal periods provided. If one of the two meal periods is waived, the single meal period will be scheduled approximately in the middle of the workday as practicable. An employee working more than 12 hours is authorized and expected to take a third 30-minute meal period.

Meal periods will be made available and provided by Kaweah Health Leaders; it is each employee's responsibility to ensure that they are taking appropriate meal periods as set forth in the policy. If an employee voluntarily delays a meal period that is permitted. Kaweah Health retains the right to set work schedules, including meal periods and rest break schedules.

Meal periods will be unpaid only if the employee is relieved of all duty for at least 30 minutes and the employee is not interrupted during the meal period with work-related requests. Non-exempt employees may leave the organization premises during meal periods, but are to notify their supervisor if they do leave, and inform them when they return.

Employees who are not provided a 30- minute meal period of uninterrupted time in a timely manner as described are entitled to one hour of pay at their regular rate of pay (pay code MPRB1hour). An employee who is not provided with a meal period according to policy must,

on the day of the missed and/or interrupted meal period complete a time adjustment sheet and notify their leader. The leader will authorize payment of premium pay in the timekeeping system. Note that if the employee voluntarily delays their meal period, no additional pay of one hour will be paid.

In particular circumstances and based solely on the nature of the work, and with the approval of Human Resources, a revocable On-Duty Meal Period Agreement can be completed by the employee and Kaweah Health. This typically applies when there are few employees in a department or night shift is limited.

The beginning and end of each meal period must be accurately recorded on the time card or timekeeping system.

### **REST BREAK POLICY AND PROCEDURE:**

By way of this policy, non-exempt employees are also authorized, permitted, and expected to take a 10-minute rest break for every four hours of work or major fraction thereof. Employees must work at least 3.5 hours to be entitled to a rest break. Rest breaks should be taken in the middle of each 4- hour period in so far as it is practicable. These rest breaks are authorized by Kaweah Health; but it is each employee's responsibility to ensure that they are taking appropriate rest breaks.

Rest breaks are considered paid time, and employees do not clock out and clock in for taking such breaks. Leaving the organization premises is not permitted during a rest break.

If for some reason, an employee's rest break is not authorized or permitted, the employee will be entitled to one hour of pay at their regular rate of pay. An employee who is not authorized or permitted to take a rest break according to policy must complete a time adjustment sheet by the end of the current pay period and notify their leader. Only one premium payment per day will be paid for missing one or more rest breaks.

### **ADDITIONAL INFORMATION:**

An employee may be entitled to no more than two hours of premium pay per day (one for a meal period that was not provided and one for one or more rest breaks that were not authorized or permitted). Employees are required to submit time adjustment sheets by the end of the current pay period for the missed or interrupted meal break or unauthorized rest break listing the reason or reasons for a missed or shortened meal period or a missed rest break.

Employees may not shorten the normal workday by not taking or combining breaks, nor may employees combine rest breaks and meal periods for an extended break or meal period

Non-Exempt employees are entitled to rest breaks as follows:

- Less Than 3.5 Hours: An employee who works less than three-and-a-half is not entitled to a rest break.
- 3.5 Hours or More: An employee who works three-and-a-half hours or more is entitled to one ten-minute rest period.
- More than 6 Hours: An employee who works more than six hours is entitled to two ten-minute rest periods, for a total of 20 minutes of resting time during their shift.
- More than 10 Hours: An employee who works more than ten hours is entitled to three ten-minute rest periods, for a total of 30 minutes of resting time during their shift.

- An employee is entitled to another ten-minute rest period every time they pass another four-hour, or major fraction thereof, milestone.

How Many Meal Breaks Must be Taken:

- 5 Hours or Less: An employee who works five hours or less is not entitled to a meal break.
- More than 5 Hours: An employee who works more than five hours is entitled to one 30- minute meal break.
- More than 10 Hours: An employee who works more than ten hours is entitled to a second 30-minute meal break.

### **BREASTFEEDING AND/OR LACTATION ACCOMMODATION**

Kaweah Health is compliant with the Pregnant Workers Fairness Act (PWFA) requirements and the Providing Urgent Maternal Protections for Nursing Mothers Act (PUMP Act). Kaweah Health will provide a reasonable amount of break time to allow an employee to express breast milk for that employee's infant child. The break time will run concurrently, if possible, with any rest break or meal period time already provided to the nursing mother. If it is not possible for the break time that is already provided to the employee, the break time shall be unpaid.

Kaweah Health will make reasonable efforts to provide the nursing mother with the use of a room or other location in close proximity to their work area for the nursing mother to express milk in private. If a refrigerator cannot be provided, Kaweah Health may provide another cooling device suitable for storing milk, such as a lunch cooler.

There are several designated lactation rooms that may be found throughout Kaweah Health. Their locations are the following:

- a) Mineral King Wing, 1<sup>st</sup> Floor MK lobby by Lab Station
- b) Mineral King Wing, 2<sup>nd</sup> Floor on the left heading to ICU
- c) Mineral King Wing, 3<sup>rd</sup> Floor on the left just past the stairwell
- d) Acequia Wing, Mother/Baby Department
- e) Support Services Building, 3<sup>rd</sup> Floor, (Computer available)
- f) South Campus, next to Urgent Care Lobby
- g) Imaging Center/Breast Center Office (Computer available)
- h) Mental Health Hospital, Breakroom Suite
- i) Visalia Dialysis, Conference Room, (Computer available)
- j) Exeter Health Clinic, Family Practice Department, (Computer available)
- k) Woodlake Health Clinic, (Computer available)
- l) Dinuba Health Clinic, (Computer available)
- m) Lindsay Health Clinic, (Computer available)
- n) Rehabilitation Hospital, next to Outpatient Speech Therapy Office

*“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures.”*



<b>Policy Number:</b> HR.173	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b>
<b>Approvers:</b> Board of Directors (Administration)	
<b>Employee Emergency Relief</b>	

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

**POLICY:**

This policy was developed to assist employees with personal financial emergencies. The funding of this program is through unused Section 125 funds and donations by employees of Kaweah Health. The unused Section 125 funds will be donated to the Kaweah Health Hospital Foundation and restricted to use for the Kaweah Health Employee Emergency Relief.

**PROCEDURE:**

To seek assistance from the emergency fund, an application (attached Exhibit) must be fully completed and signed by the employee and department director. The application must be submitted to the Human Resources Department. Applications for assistance shall be reviewed and approved by the Chief Human Resources Officer.

I. Eligibility

- A. All full-time and part-time employees are eligible after successfully completing the introductory period of employment. Employees may not be in the Disciplinary Action Process with a Level II counseling or higher.
- B. One application per household.
- C. Requests must be submitted to Human Resources in writing by the employee needing assistance. A Manager/Director acknowledgment of submission for Human Resources review is required.
- D. Application must be submitted to Human Resources within sixty (60) days of the emergency event or condition resulting in a need for assistance.
- E. Any misrepresentation on this application may be sufficient cause for rejection of the application and disciplinary action up to and including termination of employment.
- F. Employees requesting assistance must meet at least one of the required criteria.

## II. Criteria

The requesting employee may be asked to provide documentation for any of the criteria listed below (i.e. direct financial impact that creates a hardship for the household):

Expenses associated with:

1. Death of an immediate family member
2. A catastrophic event affecting the employee (Example: home fire or natural disaster)
3. Financial hardship related to educational pursuits
4. Adoption

## III. Definition of Immediate Family

For the purpose of this policy, immediate family is defined as mother, father, sister, brother, spouse, registered domestic partner, child, grandchild, grandparent, legal guardian, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, sister-in-law, step child, step parent, step brother, and step sister.

## IV. Disbursement

- Awards will be disbursed as approved by the Chief Human Resources Officer or designee provided funds are available.
- Awards are not to exceed a maximum of \$1,000.
- Employees are eligible to reapply for assistance every five (5) years. Exceptions to the policy can be approved by the Chief Human Resources Officer after review and approval.

## V. Donations

Should the Employee Emergency Relief program be discontinued, the Kaweah Health Hospital Foundation and Human Resources will determine the use of the funds. No additional donations to the Employee Emergency Relief Fund will be accepted

*“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions, and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Laws, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”*

**Kaweah Health**  
**Employee Emergency Relief Application**  
**(Submit to the Human Resources Department)**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_ Employee # \_\_\_\_\_ Phone # \_\_\_\_\_

Amount of Request \$ \_\_\_\_\_ (Maximum \$1,000)

**Emergency Criteria (Please check one)**

- Death of an immediate family member
- A catastrophic event affecting the employee. (Example: Fire or Natural Disaster)
- Financial hardship related to Educational pursuits
- Adoption

***\*Funds may take up to one month to be distributed.***

(Brief explanation of your situation): \_\_\_\_\_ Date of Incident: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

Our goal is to pay some of your expenses to help assist you with this unforeseen emergency. Please list the expenses that you need assistance with as well as the amount of assistance needed. Please attach unpaid invoices. (Unfortunately, we can only make payments to third parties. We cannot write a check directly to you. Funds cannot be used to pay **Medical Insurance Premiums.**)

---

---

---

---

---

---

---

---

---

---

I certify that all statements above are true and correct. Any misrepresentation on this application may be sufficient cause for rejection of the application. I also certify that I have read the Employee Emergency Relief Policy HR 173.

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/Manager Verification \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Human Resources use only

Date Received: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Has the employee applied and been awarded in the past three (5) years? Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Approved: (Amount) \_\_\_\_\_ Denied (Reason): \_\_\_\_\_

Given to the Foundation (Date): \_\_\_\_\_ Check to be ready on (Date): \_\_\_\_\_

Funds distributed to (Co. Name): \_\_\_\_\_ Date: \_\_\_\_\_

Policy Number: AP183	Date Created: 01/01/1998
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Set
Approvers: Board of Directors (Administration)	
<b>Consent</b>	

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

**POLICY:** It is the responsibility of the Patient Access Services (PAS) Registrar to obtain legal consent for medical treatment as documented on the Conditions of Admission (COA) form. All requirements governing consent are regulated by the State and Federal Government, or The Joint Commission (TJC). The California Hospital Association (CHA) Consent Manual may be used as a resource for regulations governing consent.

For purposes of consent for medical treatment a patient may be in the following categories:

1. Adult with capacity.
2. Adult who has appointed an agent or surrogate to make health care decisions (see Chapter 3 of the CHA Consent Manual, regarding agents and surrogates).
3. Conservatee not specifically adjudicated to lack the capacity to make health care decisions.
4. Adult lacking capacity without a conservator, agent, or surrogate for health care decisions (whether the patient temporarily or permanently lacks capacity).
5. Unemancipated minor.
6. Emancipated or self-sufficient minor or minor seeking certain types of treatment; sensitive services including but not limited to FPACT, Behavioral Health, Substance Use, or other types of treatment (Refer to CHA Consent Manual Chapter 4 and 8 for additional types of treatment information).
7. Dependent child, ward of the juvenile court, foster, or guardianship of minor child.

**PROCEDURE:**

1. Adult Consent
  - a. Any person 18 years of age and older may sign Conditions of Admission.
2. Minor Consent:

- a. For patients under the age of 18, the parent or legal guardian must sign the Conditions of Admission on behalf of the patient. The Registration should take appropriate steps to: confirm the legal authority of the individual bringing in the minor patient is the parent, guardian, legal representative, or foster parent and has the authority to obtain medical treatment on behalf of the patient. These steps may include, but are not limited to, requesting a copy of paperwork (e.g. ID, birth certificate, court documents, or other documentation).
  - b. Once obtained, the document shall be placed in the medical record and scanned in the Electronic Medical Record at the medical record number level under the documentation type "minor custody". The documentation will be accessible to staff for reference if the minor patient returns for future services.
  - c. NOTE: If the minor has authority to consent under state law, then the minor is "generally" the person authorized to consent to treatment. Examples include, but are not limited to, pregnancy, contraception, abortion, sexual assault, infectious/contagious communicable diseases, sexually transmitted diseases, aids/HIV, rape, outpatient mental health services, or general medical care for emancipated youth.
2. Verbal Consent:
- a. If for any reason a patient is unable to sign and has no legal guardian or conservator, they may give a verbal consent. Registrar shall write the reason patient is unable to sign on the area marked "Reason for Signature". There must be two (2) witnesses (hospital staff) and both must sign "other" section of the Conditions of Admission
3. Minor Consent without Parent:
- a. If patient is under 18 and not accompanied by parent or guardian, the Registrar must attempt to contact minor patient's parent or legal guardian by telephone. If the legal representative can be reached by phone, the Registrar must have another hospital staff member witness the consent. The Registrar should verify the identity of the legal guardian by asking their name and the child's name and date of birth. Once obtained, the Registrar must request and confirm permission/authorization to treat their minor at Kaweah Health. Both witnesses (Registrar and hospital staff member) must sign "other" section of the Conditions of Admission form.
  - b. If patient has a written consent from parent or guardian giving permission to treat patient, the adult accompanying the patient must sign the Conditions of Admission and indicate the relationship to patient. A copy of the written consent must be obtained to be scanned in the patient's record for that visit.
  - c. For additional questions and concerns refer to the current year CHA Consent Manual.

- d. If you are unable to understand the manual or require further support, please contact your Supervisor, Manager, or the Risk Management 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."*

# Maternal Child Health

Quality Report  
April 2024




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



# Labor and Delivery

## 2023 Quality Data

 <b>Maternal Child Health Data Dashboard</b>														
LABOR AND DELIVERY	Goal	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	YTD
Early Elective Deliveries: PC-01	0%	0%	8.7%	2%	0%	4.2%	5.6%	1.7%	4.3%	2%	9%	5.1%	4.1%	3.9%
Nullip Term Singleton Vertex : PC-02	23.6%	34.6%	21.9%	24.0%	22.6%	25.7%	25.8%	26.5%	21.4%	30.0%	21.8%	24.8%	28.3%	25.6%
Severe Unexpected Complications in Term Newborns: PC-06.1	5%	29.00%	3.26%	13.29%	11.00%	3.56%	0%	8.88%	5.60%	8.90%	9.30%	9.30%	3.1%	8.77%
Decision to Ready Time	90%	54%	56%	36%	34%	52%	52%	64%	46%	66%	70.00%	66.00%	54.00%	54.2%
Delay of Scheduled Inductions	95%	67%	79%	76%	90.9%	84.7%	86.96%	92.9%	76%	84%	83.0%	76.0%	87.3%	82.0%
Pitocin Use for Labor Induction/Augmentation	90%	100%	96.7%	96.7%	93.3%	90%	96.7%	100%	100%	100%	100.00%	100.00%	100.00%	97.8%
Pitocin Increase Compliance	90%	86.7%	63.3%	86.7%	83.3%	80%	83.3%	100%	97%	92%	96.00%	96.00%	97.00%	88.4%
Bar Code Medication Administration	95%	97.8%	97.6%	97.2%	96.1%	96.9%	96.46%	97.02%	97.43%	97.7%	96.80%	97.60%	97.00%	97.1%
BIOVIGIL Compliance	95%	96.9%	97.2%	97%	97.5%	97.5%	97.5%	97.7%	96.4%	97.2%	96.4%	96.1%	96.8%	97.0%

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



# Initiatives

**Reducing Primary Cesarean Deliveries:** We are working to assist our first-time moms in being successful in delivering vaginally. Cesarean sections are one of the most common surgical procedures performed and it sets the stage for the future deliveries of our patients. Staff were educated on promoting vaginal births; we created patient education on tools and processes; and we are collaborating with our providers for patient advocacy.


**Reducing Delay of Scheduled Inductions:** We are working with our providers to ensure inductions are scheduled appropriately. Staff have been educated regarding timely initiation of the induction to minimize any delays in care to the patient. Timely initiation of the induction allows us to increase our throughput.

**Biovigil Compliance:** Hands are the main pathway of germ transmission during health care. Biovigil compliance is important to ensure that we are protecting our patients while providing world-class care. Staff have been educated on the importance of hand hygiene as well as how Biovigil compliance is used outside of hand hygiene such as contact tracing and workflow evaluation.



# Mother Baby

## 2023 Quality Data



**Maternal Child Health Data Dashboard**

MOTHER-BABY	Goal	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	YTD
Exclusive Breastmilk: PC-05	52.4%	66.2%	61%	63.4%	64.7%	66.7%	63.2%	54.2%	66.7%	61.0%	62.6%	60.3%	55.0%	62.1%
Latch Assessment Compliance	100%	70%	70%	87%	90.0%	90%	47.36%	60%	60%	70%	72.0%	52.0%	66.0%	69.5%
Bar Code Medication Administration	95%	97.6%	97.9%	97.6%	98.6%	98.7%	98.3%	99%	99%	98.9%	98.3%	98.6%	98.0%	98.4%
BIOVIGIL Compliance	95%	97.5%	97.5%	97.8%	97.1%	97.7%	97.6%	97.6%	97.9%	98.2%	97.4%	97.0%	97.5%	97.6%

**KEY**

>10% above goal/benchmark	Within 10% of goal/benchmark	Outperforming/meeting goal/benchmark
---------------------------	------------------------------	--------------------------------------

# Initiatives

**Breastfeeding:** We continue to focus efforts around promoting, educating, and assisting our patients with breastfeeding. All Mother Baby staff have received didactic education including completion of hands-on competencies.

**LATCH Score Assessments:** A LATCH score is an assessment that the licensed nurse does that demonstrates how well the baby is breastfeeding. A LATCH score must be charted and documented at least once per shift. Staff have been educated and the team is working with Information Support Services team to create an alert in Cerner to prompt staff to document their assessment when they assist with breastfeeding.

**Early Urinary Catheter Removal following Cesarean Delivery:** Enhanced recovery after a cesarean delivery is evidenced-based and entails a multidisciplinary approach to improving the surgical care for elective cesarean sections. Early removal of the urinary catheter following surgery promotes a decrease in surgical complications and prepares patients for discharge. The Mother Baby team is responsible for removing the urinary catheter within 12 hours of the delivery. Staff were educated and the team rounds on patients with urinary catheters daily to facilitate their removal.



# NICU

## 2023 Quality Data

Kaweah Health MORE THAN MEDICINE. LIFE.		Maternal Child Health Data Dashboard													
NEONATAL-NICU		Goal	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	YTD
CLABSI per 1000 Patient Days		0	0	0	0	0	0	0	0	0	0	0	0	0	0
VAP per 1000 Patient Days		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Any Breastmilk for NICU Babies		100%	N/A	N/A	N/A	N/A	N/A	85.9%	93.5%	90.2%	97.6%	97.8%	83.3%	91.4%	
Bar Code Medication Administration		95%	99%	99%	99.6%	99.3%	99.3%	99.2%	99.3%	98.8%	99.2%	99.2%	99.5%	99.0%	99.2%
BIOVIGIL Compliance		95%	99.5%	99.5%	99.6%	99.5%	99.4%	99.6%	99.5%	99.3%	99.1%	99.0%	99.1%	99.2%	99.4%
<b>KEY</b>		<div style="background-color: red; color: white; padding: 2px;">&gt;10% above goal/benchmark</div>		<div style="background-color: yellow; padding: 2px;">Within 10% of goal/benchmark</div>		<div style="background-color: green; padding: 2px;">Outperforming/meeting goal/benchmark</div>									

# Initiatives

**Lactation Program:** All licensed staff will complete didactic training over the next 6 months. Our Developmental Care Coordinator is training all of our licensed Neonatal Intensive Care Unit staff in how to provide lactation support to our Neonatal Intensive Care Unit families.


**Any Breastmilk for Neonatal Intensive Care Unit Babies:** Breastmilk is important for our neonatal intensive care unit babies. It provides vital nutrients, antibodies, and helps protect against infections, especially critical for premature infants with developing immune systems. Our team is providing patient education and supporting our families with their choice. We are working towards ensuring all of our babies receive some breastmilk during their stay including the use of donor breast milk if the mother is having difficulties producing.

**Biovigil Compliance:** Hands are the main pathway of germ transmission during health care. Biovigil compliance is important to ensure that we are protecting our patients while providing world-class care. Staff have been educated on the importance of hand hygiene as well as how Biovigil compliance is used outside of hand hygiene such as contact tracing and workflow evaluation.



# Pediatrics

## 2023 Quality Data

 <b>Maternal Child Health Data Dashboard</b>														
PEDIATRICS	Goal	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	YTD
PEW Compliance	90%	96%	100%	91.6%	95.0%	100%	100%	100%	100%	98%	100.0%	100.0%	100.0%	98.4%
PIV Compliance	90%	97%	95%	96%	97%	98.8%	100%	98%	100%	100%	92.0%	100.0%	96.0%	97.5%
Patient Falls per 1000 Patient Days	0	0	0	0	0	0	0	0	0	0	0	1	0	0.0833
CAUTI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CLABSI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HAPI per 1000 Patients Days	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Injury Falls per 1000 Patient Days	0.17	0	0	0	0	0	0	0	0	0	0	0	0	0
Bar Code Medication Administration	95%	98.6%	96.3%	97.1%	99.5%	98.8%	98.7%	97.6%	100%	99%	98.6%	98.0%	99.0%	98.4%
BIOVIGIL Compliance	95%	97.3%	96.9%	97.9%	97.1%	97.6%	98.1%	97.5%	98.1%	98%	97.5%	98.2%	97.6%	97.6%

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

# Initiatives

**Aerogen:** Aerogen is a device that allows us to administer continuous Albuterol treatments in conjunction with high flow oxygen. It is used in respiratory management. Utilizing this device has allowed us to keep more of our pediatric patients at Kaweah Health. We are seeing patient mobility sooner, decrease in the length of time a patient is on high flow oxygen, and a shorter length of stay.

**Pediatric Falls:** Our Pediatrics team has reopened our playroom to encourage patient ambulation and safe play in a structured environment. Falls occur when the patient is active and ready to be up out of bed. We encourage their active play in this environment where we provide play mats, toys, and activities. If a patient is in isolation we do have play mats that can be taken into the patients room along with toys and activities.

**Child Activities and Ambulation:** Engaging our pediatric patient population in activities and ambulation provides an opportunity for them to be active while recovering from their illness. Staff are offering each patient an age-specific activity every shift. Staff are also walking our patients outside of their room (if able) every shift to increase their mobility and decrease their length of stay.

**Biovigil Compliance:** Hands are the main pathway of germ transmission during health care. Biovigil compliance is important to ensure that we are protecting our patients while providing world-class care. Staff have been educated on the importance of hand hygiene as well as how Biovigil compliance is used outside of hand hygiene such as contact tracing and workflow evaluation.



# The pursuit of healthiness







Kaweah Health Medical Center

# FY 2024 Strategic Plan

Empower Through Education  
April 24, 2024



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

# Empower Through Education

April 2024



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



# Empower Through Education

## *Key Areas of Focus*

Online Learning  
Opportunities and  
Participation

SIM Lab and Use of  
Simulation in  
Education

Educational  
Opportunities for  
External Learners

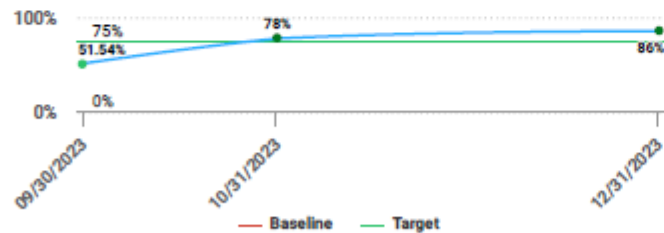
Leadership  
Education

# Online Learning Opportunities and Participation

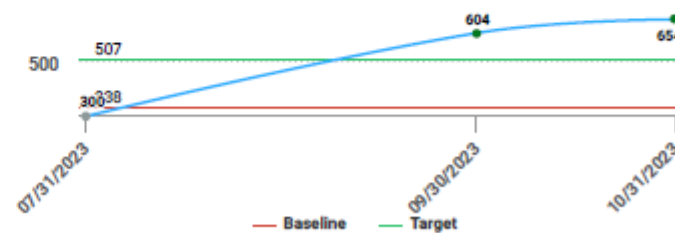
*Champions: Mara Lawson and Hannah Mitchell*

Plan							
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.1	Objective	Increase and Optimize Educational Opportunities and Platforms for Online Learning	07/01/2023	06/30/2024	Hannah Mitchell	Achieved	Goals have been met and exceeded.
1.1.1.1	Outcome	Automate the Week One Orientation Lists for Patient Care Staff	07/01/2023	06/30/2024	Mara Lawson	Achieved	74 of 86 are completed
1.1.1.2	Outcome	Increase OpenSesame Course Content	07/01/2023	06/30/2024	Hannah Mitchell	Achieved	Current course content in Workday Learning.

Automate 75% of the Week One Orientation Lists for Patient Care Staff

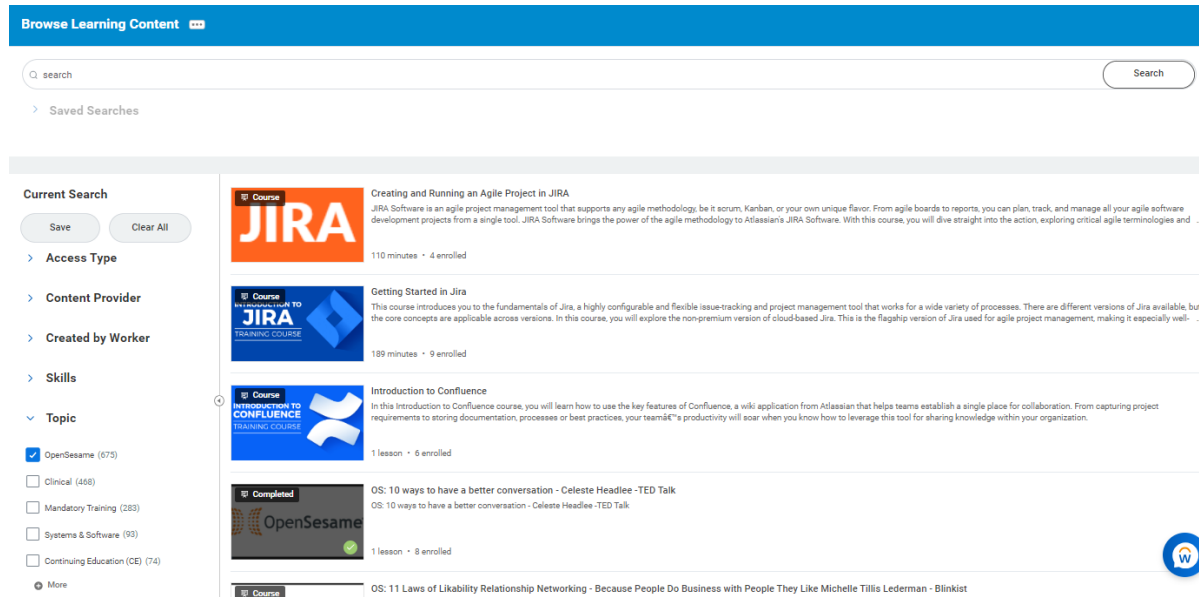


Increase OpenSesame Course Content by 50%



# OpenSesame Content

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



Workday > Learning > Discover > Browse Topics

A screenshot of the "OpenSesame Training Suggestion Form". The form has a title "OpenSesame Training Suggestion Form" and a "Print All" button in the top right corner. The form contains several input fields: "Employee Name" (filled with "Hannah Mitchell"), "Employee's Email" (filled with "hnmitchel@KaveahHealth.o"), "Employees Phone Number" (filled with "(559) 624-5528"), "Target audience (e.g. self, department, or organization):", "Course name and publisher (from OpenSesame.com, see instructions below for access):", and "Training topic (please be specific):". Below these fields are radio buttons for "Desired seat time (if applicable):" with options: "1-10 Minutes", "11-30 Minutes", "31-59 Minutes", and "1 Hour +". At the bottom of the form, there is a note: "OpenSesame access instructions: Go to OpenSesame.com, select My Account (top right) and create a free account. Once you have" and two buttons: "Save and Submit" and "Save for later".

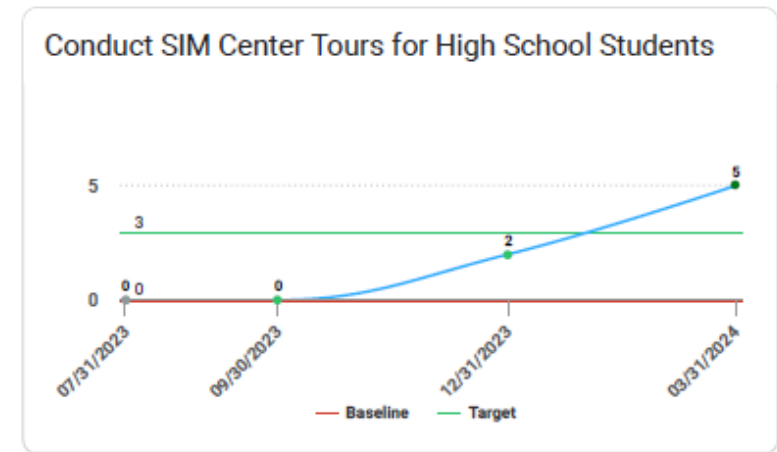
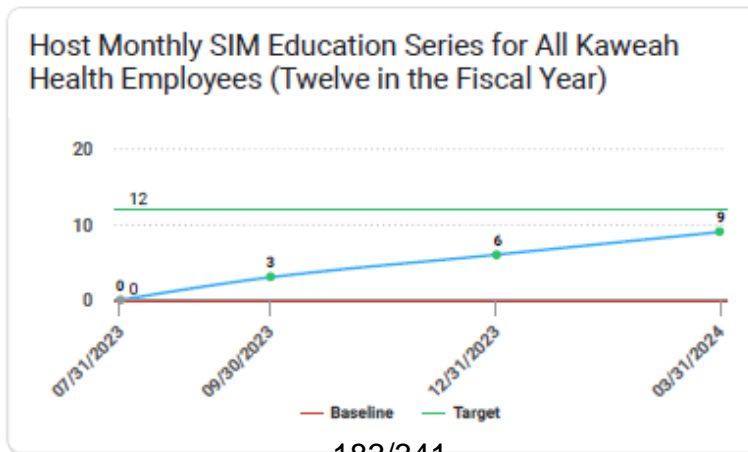
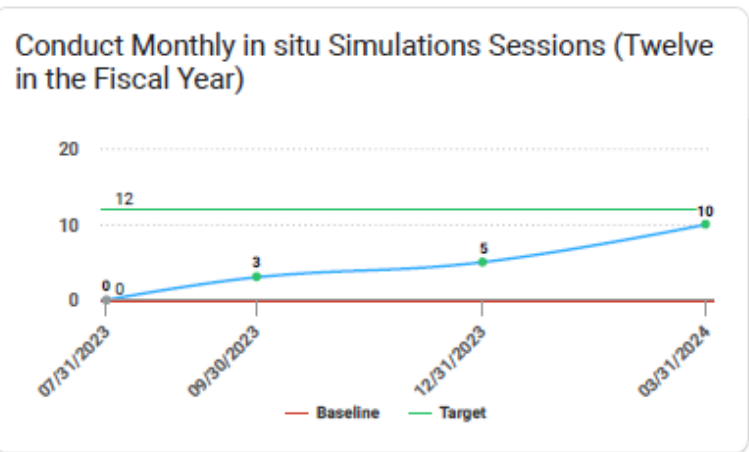
Kaveah Compass > Search "OpenSesame Training Suggestion Form"

# SIM Lab and Use of Simulation in Education

*Champion: Dr. Sokol*

## Plan

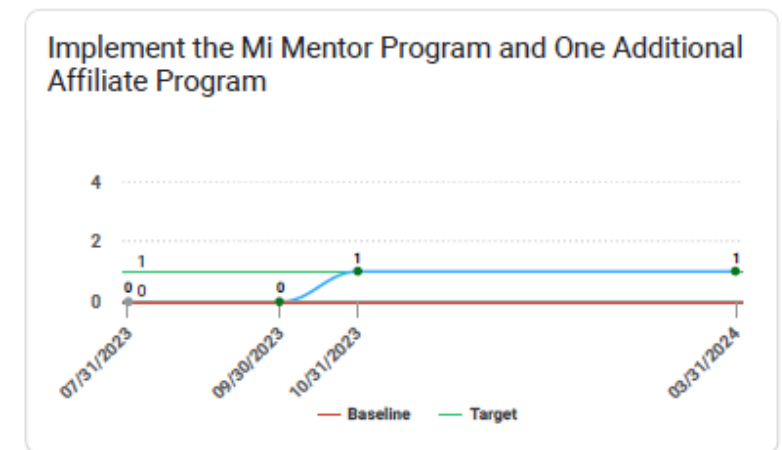
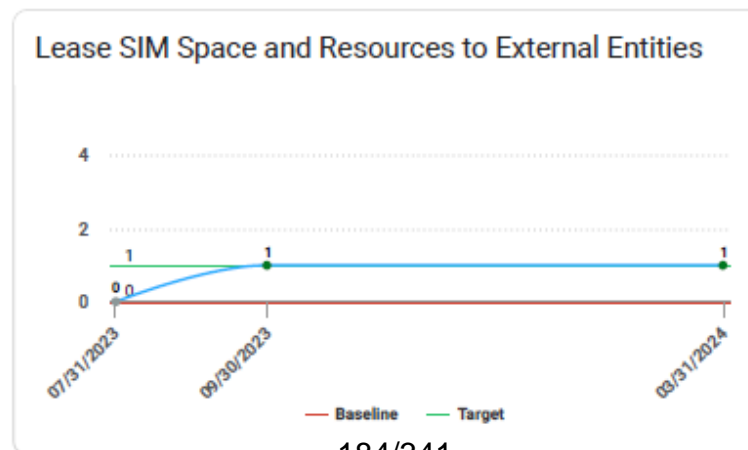
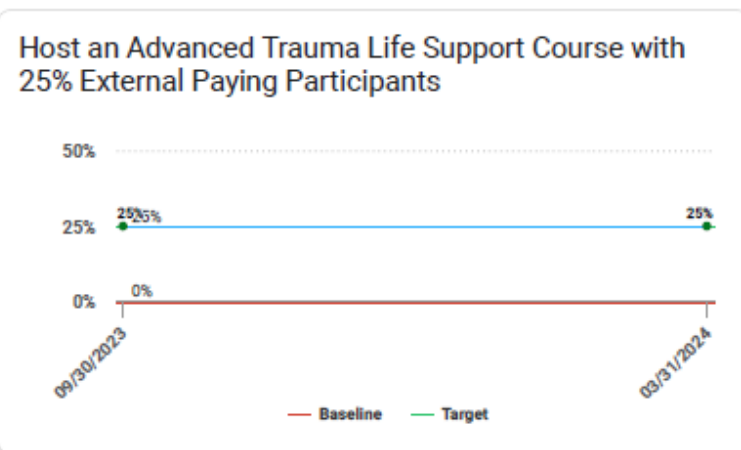
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.1	Objective	Expand Exposure to the SIM Lab and Simulation Training Concepts	07/01/2023	06/30/2024	Kimberly Sokol	On Track	We are on track to meet all of the goals we have set for this strategy.
1.2.1.1	Outcome	Conduct Monthly in situ Simulations (Twelve in the Fiscal Year)	07/01/2023	06/30/2024	Kimberly Sokol	On Track	Ten of the twelve scheduled simulations have taken place.
1.2.1.2	Outcome	Host Monthly SIM Education Series for All Kaweah Health Employees (Twelve in the Fiscal Year)	07/01/2023	06/30/2024	Kimberly Sokol	On Track	Nine of the twelve scheduled SIM education sessions have occurred.
1.2.1.3	Outcome	Conduct SIM Center Tours for High School Students	07/01/2023	06/30/2024	Kimberly Sokol	Achieved	Goal has been met and exceeded.
1.2.2	Objective	Develop and Execute a SIM Center Specific Fundraising Strategy	07/01/2023	06/30/2024	Kimberly Sokol	On Track	We are currently working with the Foundation to develop this strategy.



# Educational Opportunities for External Learners

*Champion: Dr. Sokol*

Plan							
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.3.1	Objective	Include External Learners in Existing and New Training and Educational Opportunities	07/01/2023	06/30/2024	Kimberly Sokol	Achieved	We have achieved all of the goals established for this strategy.
1.3.1.1	Outcome	Host an Advanced Trauma Life Support Course with 25% Paying Participants	07/01/2023	12/31/2023	Kimberly Sokol	Achieved	We have achieved the established goal.
1.3.1.2	Outcome	Lease SIM Space and Resources For Use by External Entities	07/01/2023	12/31/2023	Kimberly Sokol	Achieved	We have achieved our goal.
1.3.2	Objective	Increase Exposure and Opportunities for Shadowing and Observing	07/01/2023	06/30/2024	Lori Winston	Achieved	
1.3.2.1	Outcome	Implement the Mi Mentor Program and One Additional Affiliate Program	07/01/2023	06/30/2024	Lori Winston	Achieved	We have achieved our goal.



# Sim Lab in Action

External Users



High School Students



In Situ Simulation



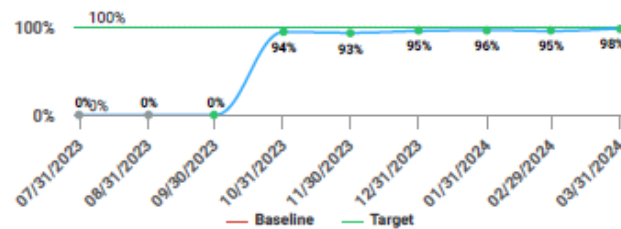


# Leadership Education

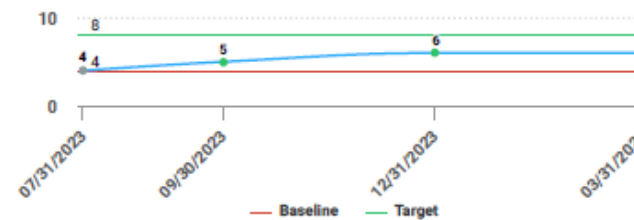
*Champions: Hannah Mitchell, Mara Lawson, Keri Noeske, and Dr. Gray*

Plan							
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.4.1	Objective	Improve Leadership Skills Through Targeted Training Assignments	07/01/2023	06/30/2024	Hannah Mitchell	Achieved	Program launched 4/3/24.
1.4.1.1	Outcome	Completion Rate for Assigned Leader Learning Modules	07/01/2023	06/30/2024	Hannah Mitchell	On Track	Average completion rate through March assignment is 98%.
1.4.1.2	Outcome	Expand Charge Nurse Curriculum from Four to Eight Classes per Year	07/01/2023	06/30/2024	Mara Lawson	Canceled	Based upon feedback from the classes, the decision was made to keep the number of classes offered at 6 and not 8.
1.4.2	Objective	Develop, build and launch Leadership Academy	07/01/2023	06/30/2024	Hannah Mitchell	Achieved	First cohort launched. On track to complete a second cohort by the end of FY24.
1.4.3	Objective	Develop, Build and Launch an Emerging Leaders Program	01/01/2024	06/30/2024	Hannah Mitchell	Achieved	Program launched 4/3/24.
1.4.4	Objective	Develop Leadership Training Curriculum for Operational Directors, Division Chiefs and Medical Staff Service Line Directors	07/01/2023	06/30/2024	Keri Noeske	Off Track	Curriculum development underway. Medical staff governance structure change planned for Fall 2024 - curriculum roll out with new structure and leadership changes.

Completion Rate for Assigned Leader Learning Modules

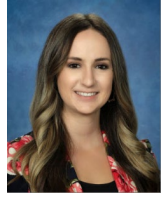


Expand Charge Nurse Curriculum from Four to Eight Classes per Year



# Emerging Leaders Program

## Cohort 1: April - June



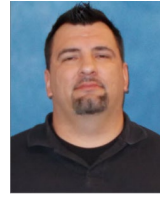
Chelsea Stafford



Christian Herrera



Christina Denney



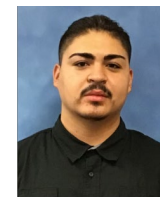
Danny Pavlovich



Destinee Flores



Devon Carter



Elijah Avalos



Michelle Lorah



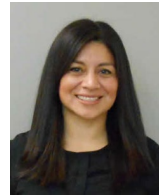
Monica Lopez



Sarah Bohde



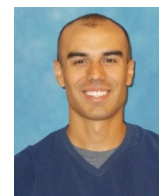
Tim Alvarado



Geraldine Ramirez



Gloria Ortega



Tony Zapata



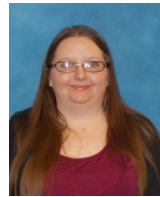
Yolanda Casas



Jennifer Carrillo



Katerena Lopez



Kim Roller



Kirk Mills



Lilliana Arrechea



Mara Miller



Megan Goddard

# **Annual Institutional Review (AIR) Academic Year 2022-2023**

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

All GME  
Programs have  
ACGME  
continued  
accreditation  
status

# Psychiatry - Continued Accreditation Feb 09, 2024

8-7-7-3 = 25



## ZERO CITATIONS!

Commended for substantial compliance with ACGME requirements

## Mission

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

# Psychiatry Performance on Institutional Indicators



Faculty Survey



Resident Survey



Step 3 pass rates



In-training exam scores



Board pass rates



# Transitional Year Residency Program - Continued Accreditation Dec 05, 2023

ZERO CITATIONS!



## Mission

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

### Program Aims:

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

# Transitional Year Performance on Institutional Indicators

12 residents per year



Test performance

Step 3 Pass rates



Resident Survey

\*\*Education compromised by non-physician obligations

Response rate for Institutional res survey

Adequately manage pt care in 80hrs/wk

Info not lost during transfers

Work with FM on Transitions of Care during inpatient rotations

ED Kaizen outcomes, Measure # days ED Staffed w/ sufficient numbers of nurses

New coordinator hired with input from faculty

Educate program directors on how to answer survey questions

Faculty Survey

Participated in efforts to recruit diverse GME staff

Response rate for Institutional survey

Work to help implement team rounds for teaching hospitalist teams

Program coordinator to ensure residents & faculty complete annual program evaluation



# Emergency Medicine - Continued Accreditation Feb 7, 2024

13 -13-11 =37

Commended on DEI efforts & PRIME/REACH involvement

Ortho office is compliant

Push Cerner messenger & ask MEC to address admission acceptance process

**CITATIONS** - Lactation facilities at Orthopedic associates office, Coordinator cannot be member of clinical competence committee

Area for Improvement - Non-Physician Tasks performed by residents, Faculty Teaching & Supervision, Assign mentors for research & blocks of time in curriculum for completion

## Mission

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

Improve RN staffing of ED

Pair residents w/ Faculty on research projects

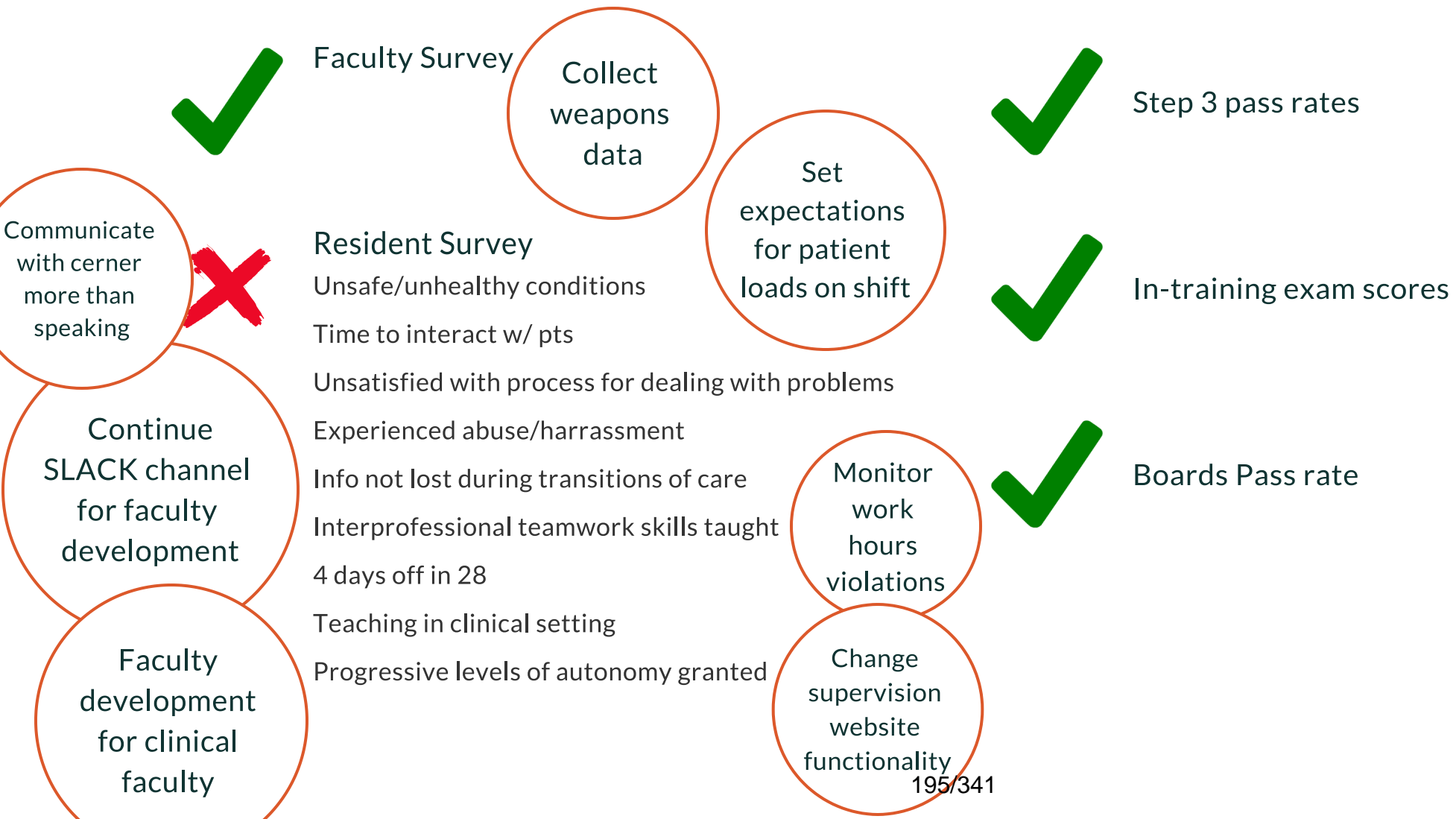
Faculty development for all faculty, not only core

Pantera's Box - feedback on non-physician tasks

ACGME "Encourages program to continue to discourage the residents from performing non-physician tasks"



# EM Performance on Institutional Indicators



# General Surgery - Continued Accreditation Jan 4, 2024

5-3-3-3-3 = 17

PGY4  
Inclusion of  
Qualifying  
Exam

Curricular changes  
(ABSITE prep, study  
aids, mock boards)  
have already been  
implemented.

## CITATION

Performance on Board Exams



## Mission

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

# Surgery Performance on Institutional Indicators



Case logs



Step 3 Pass rates



Resident Survey



Didactic by Tupper on finance

Encourage faculty to attend national conferences to get faculty development



## Faculty Survey

Institutional Annual survey to faculty less than 75% compliant

Interprofessional teamwork skills modeled or taught

Residents/fellows instructed in cost-effectiveness

Engaged by program in efforts to retain diverse residents/fellows

Participated in efforts to recruit diverse: Learners/Med studs, Residents, faculty, GME staff

Participated in faculty development and/or scholarly activities to enhance professional skills in: Education & in Fostering resident well-being

In-training exam scores

Program to ensure future faculty compliance

Session by Dr. Guzman on DEI GME recruitment data

Residents are exposed to teamwork skills, encouraged to participate as time allows

# Family Medicine - Continued Accreditation Jan 24, 2024

7-6-7 = 20

Director &  
Coordinator to  
ensure residents  
complete the  
survey

## ZERO CITATIONS!

Areas of Concern:

1. Educational Environment - resident survey across 6 domains - not enough data to get results this year
2. Faculty Scholarly activity

Provide more  
faculty  
development in  
the area of  
scholarly  
pursuits



## Mission

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

## Program Aims:

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

# Family Medicine Performance on Institutional Indicators

## Faculty Survey - Progress reports

- Satisfied w/ development & education
- Faculty members act unprofessionally
- Satisfied with process to deal confidentially with problems and concerns
- Witnessed/experienced abuse, harassment, mistreatment, discrimination, or coercion
- Effectively emphasizes culture of patient safety
- Residents participate in safety investigation and analysis of safety events
- Faculty members committed to educating residents
- Residents prepared for unsupervised practice
- Learning environment conducive to education
- Engaged by program in efforts to recruit/retain diverse residents

Gather & report data on pt safety for CCC

Educate residents on more ways to report anonymously

Remediation with scheduled study time

## Step 3 Pass Rate

- Test performance
- Boards Pass Rates
- In-training exam scores

## Faculty Survey - Special Reviews

- Information not lost during shift changes, patient transfers, or the hand-over process
- Effective teamwork in patient care
- Interprofessional teamwork skills modeled or taught
- Program director effectiveness
- Faculty members satisfied with process for evaluation as educators

Escalate call center issues to ET & comb NRC for help to highlight

Amy Shaver delivered HR session for faculty

Hire more faculty to help with reliance on per diems

More consistent resident discipline

Faculty to attend transitions of care

Faculty to set 5 year goals in annual evaluations

199/341

Get faculty to national conferences

Educate faculty on RCA attendance

Increasing autonomy during clinic

# Anesthesiology - Continued Accreditation Sept 11, 2023

4-4-4-4 = 16

## Citations

1. Lack of reliable & stable relationship with an effective IM program
2. Program supervision policy language

Plus 1 Area of Concern:  
Resident and Faculty  
scholarly activity

Pair residents and faculty to complete scholarly projects together & set expectations for graduation

## Aim

To produce anesthesiologists who will become leaders and experts in their fields with special emphasis on recruiting and retaining talented physicians who will deliver culturally competent and high-quality care to the citizens of California's Central Valley

Draft of JPA history to SVMC  
ACGME site visitor, Execute on planned rotations of Anes residents to SVMC



# Anesthesiology Performance on Institutional Indicators



ITE scores



Resident Survey  
Impact of other learners on education

Satisfied with safety & health conditions

Monitor learners in OR,  
Put Block resident in OB on Fridays

Improved call room cleaning frequency



Faculty Survey  
ACGME faculty survey completion rate <85%

Faculty development in Practice-based learning & Improvement

Participated in efforts to recruit diverse GME staff

Institutional Annual survey to faculty less than 75% compliant (50%)



Case logs



Board pass rates

Faculty Development on survey completion & how to do PBLI



# Child & Adolescent Psychiatry Fellowship - Continued Accreditation Feb 9, 2024

3-3 = 6

ZERO CITATIONS!



## Mission

Our mission is to train child & adolescent psychiatrists that will positively impact the health of youth & their families in the Central Valley. We strive to address mental health disparities & to reduce inequities in health care & serves a diverse patient population. Our fellows will be capable of practicing in a variety of settings, with an emphasis on caring for the underserved & in rural communities. Clinical & educational experiences will highlight professional responsibilities & an adherence to ethical principles.

# Child & Adolescent Psychiatry Performance on Institutional Indicators



Faculty Survey



Fellow Survey



Board pass rates



In-training exam scores



# 23-24 Kaweah Health Residents who Matched into a future Fellowship Program

## Anesthesiology

- Kinh-Vy Nguyen, MD – UC Irvine Regional Anesthesiology and Acute Pain Fellowship
- Adrian Yabut, DO – University of Michigan Pain Fellowship

## Emergency Medicine

- Matthew Bordbari, DO – University of Utah Anesthesiology/Critical Care Medicine Fellowship
- Ethan Hartman, MD – Advent Health Orlando Critical Care Medicine Fellowship
- Kevin Lieu, MD – UCSF Toxicology
- Andrew Moss, MD – Hospice & Palliative Care at University of Nevada

## Surgery

- Jacob Kirkorowicz, MD – Surgical Critical Care, Stanford Health Care
- Julia Ruffo, MD – Thoracic Surgery and Vascular Surgery, U Tennessee
- Natalie Joumblat, MD – General Cosmetic Surgery Fellowship Sarasota Surgical Arts

## Psychiatry

- Chris Jaime, DO – **Kaweah Health** Child and Adolescent Psychiatry Fellowship Program
- Maureen Karina, MD – Creighton University Child and Adolescent Psychiatry Fellowship Program
- Jessica Kuo, DO – UC San Diego Child and Adolescent Psychiatry Fellowship Program
- Yusuf Sherzad, MD – USC Child and Adolescent Psychiatry Fellowship Program



# Scholarships for Medical Student Rotations at Kaweah Health

Awarded 4 in total

2 Grant-funded and 2 Foundation-funded

For medical students who are from the Central Valley and/or Underrepresented in Medicine (URM) with diverse lived experiences



# Central Valley Graduate Retention Rates by Program

Overall 41% (73/179)



QUESTIONS?

2025



# CFO Financial Report

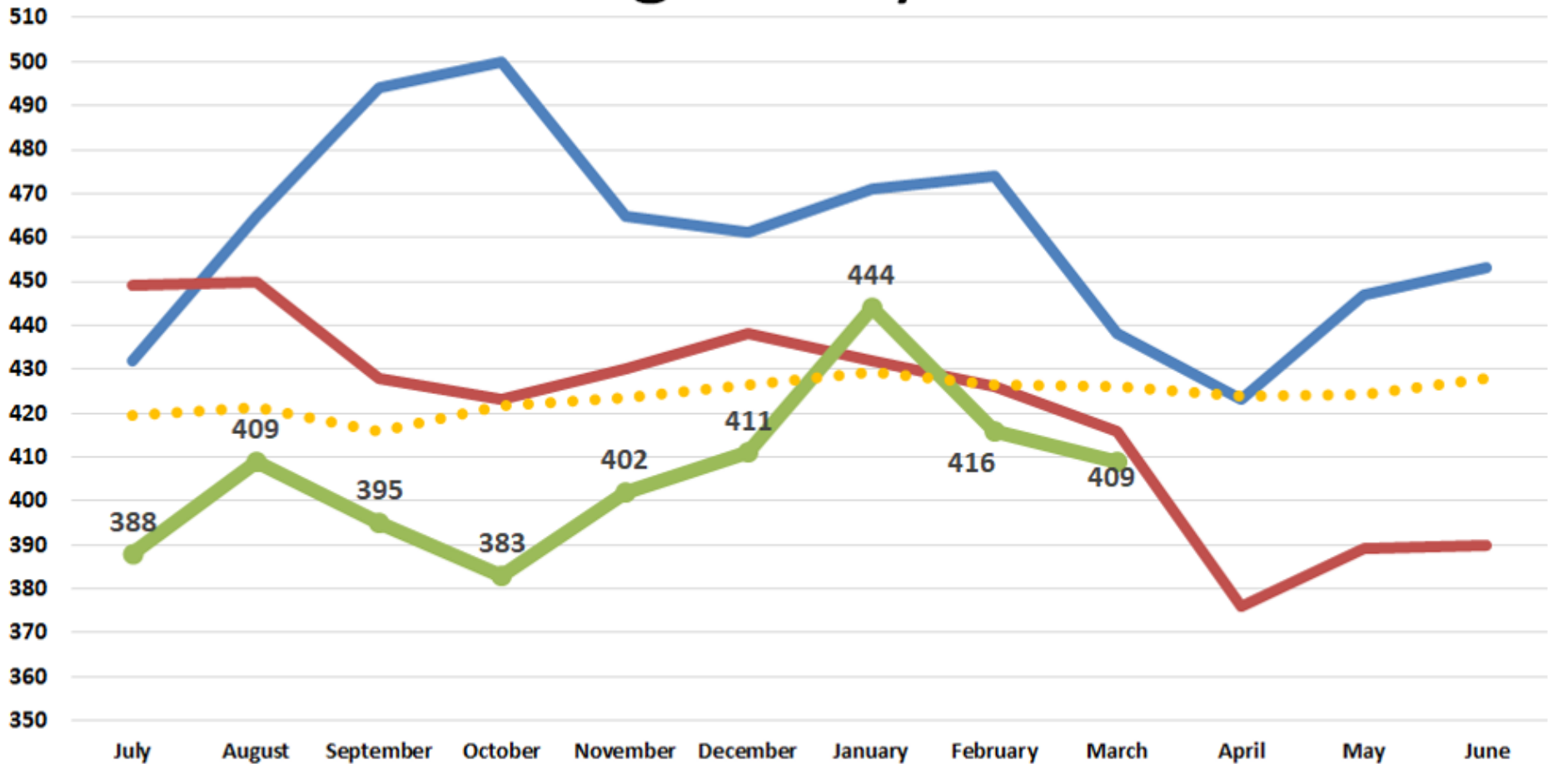
## Month Ending March 2024

## Key Takeaways

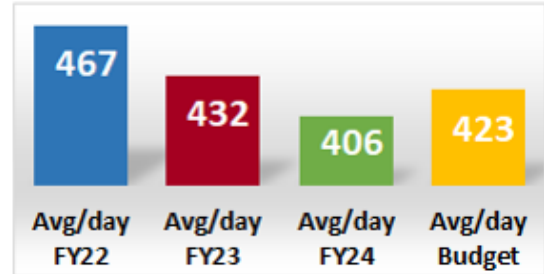
- 1. Margins this month were at 3.96%, continuing a strong start to 2024.** However, data this month do not reflect the full impact of the Change Healthcare outage, which began February 21st.
- 2. Gross revenue continues to rise at a faster rate than net revenue, highlighting payer mix changes.** Bad debt and charity care have also risen over the last few years.
- 3. Revenue growth is primarily being driven from the outpatient setting.** There continues to be a decline in inpatient revenue and increase in outpatient revenue.



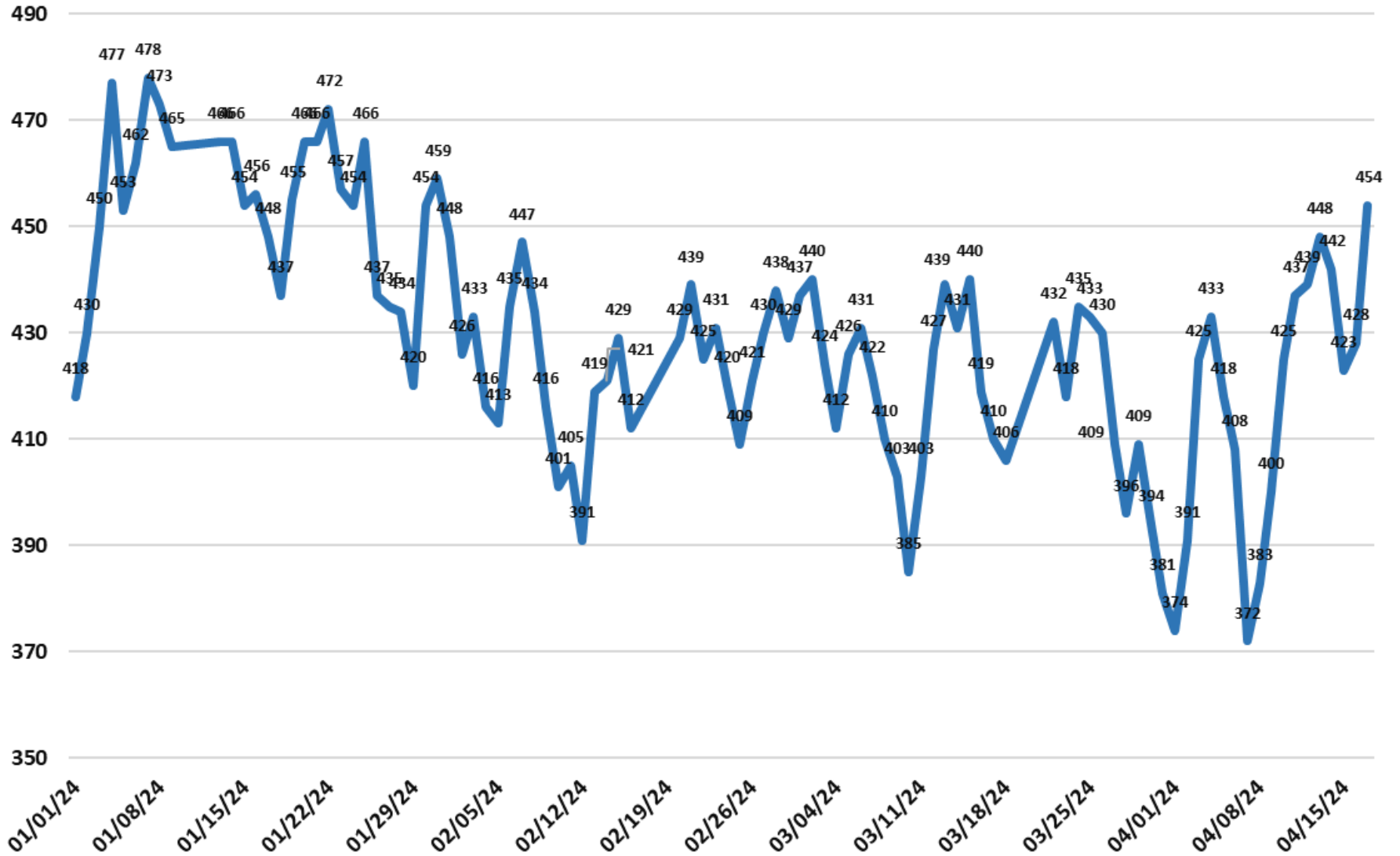
# Average Daily Census



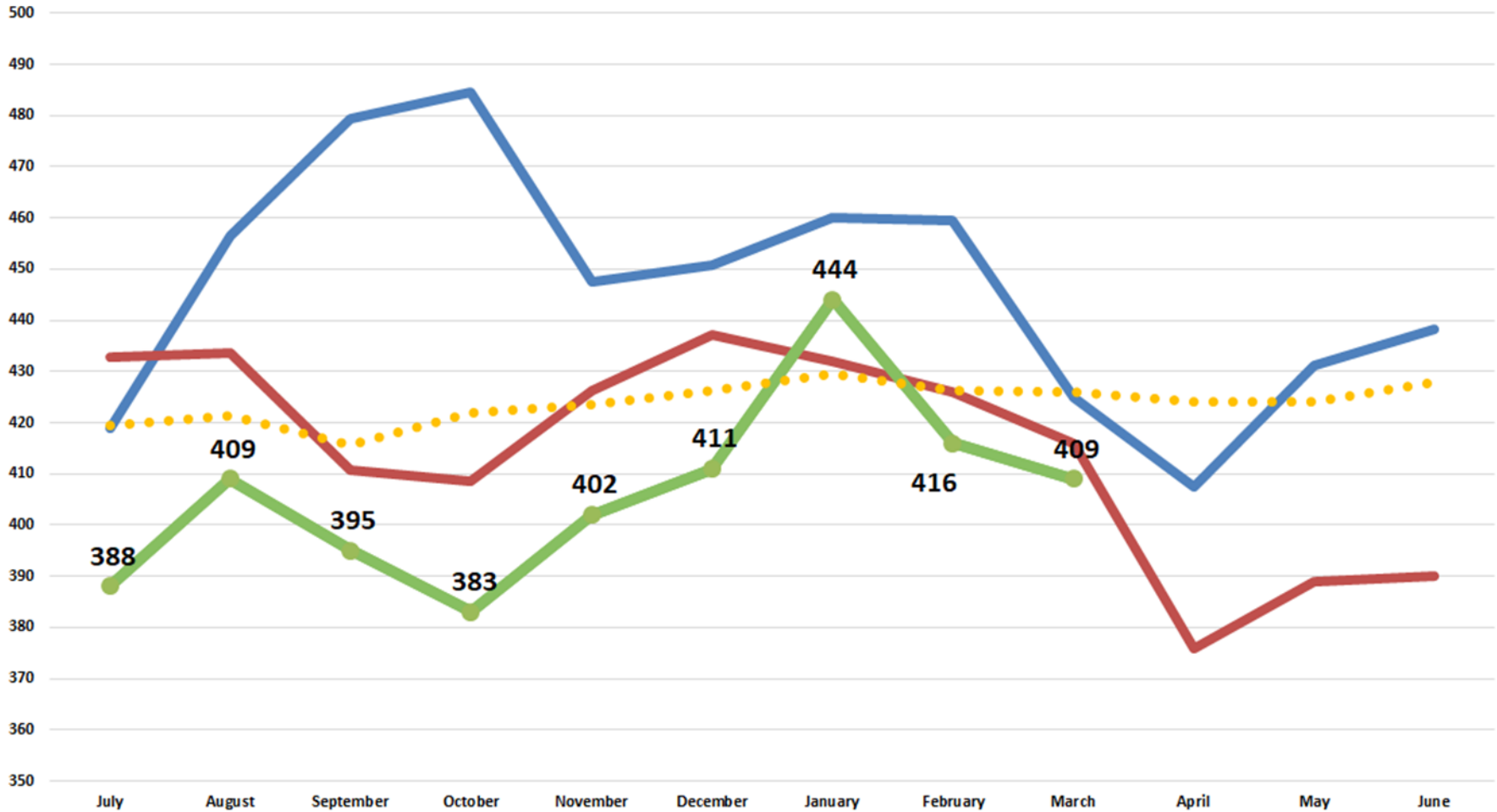
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



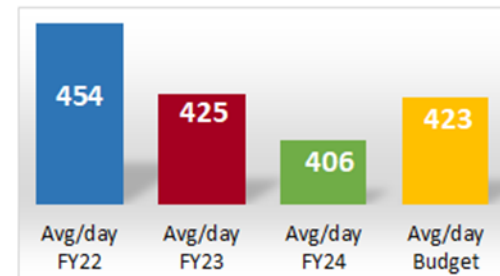
# Patients in a Bed Including Observation



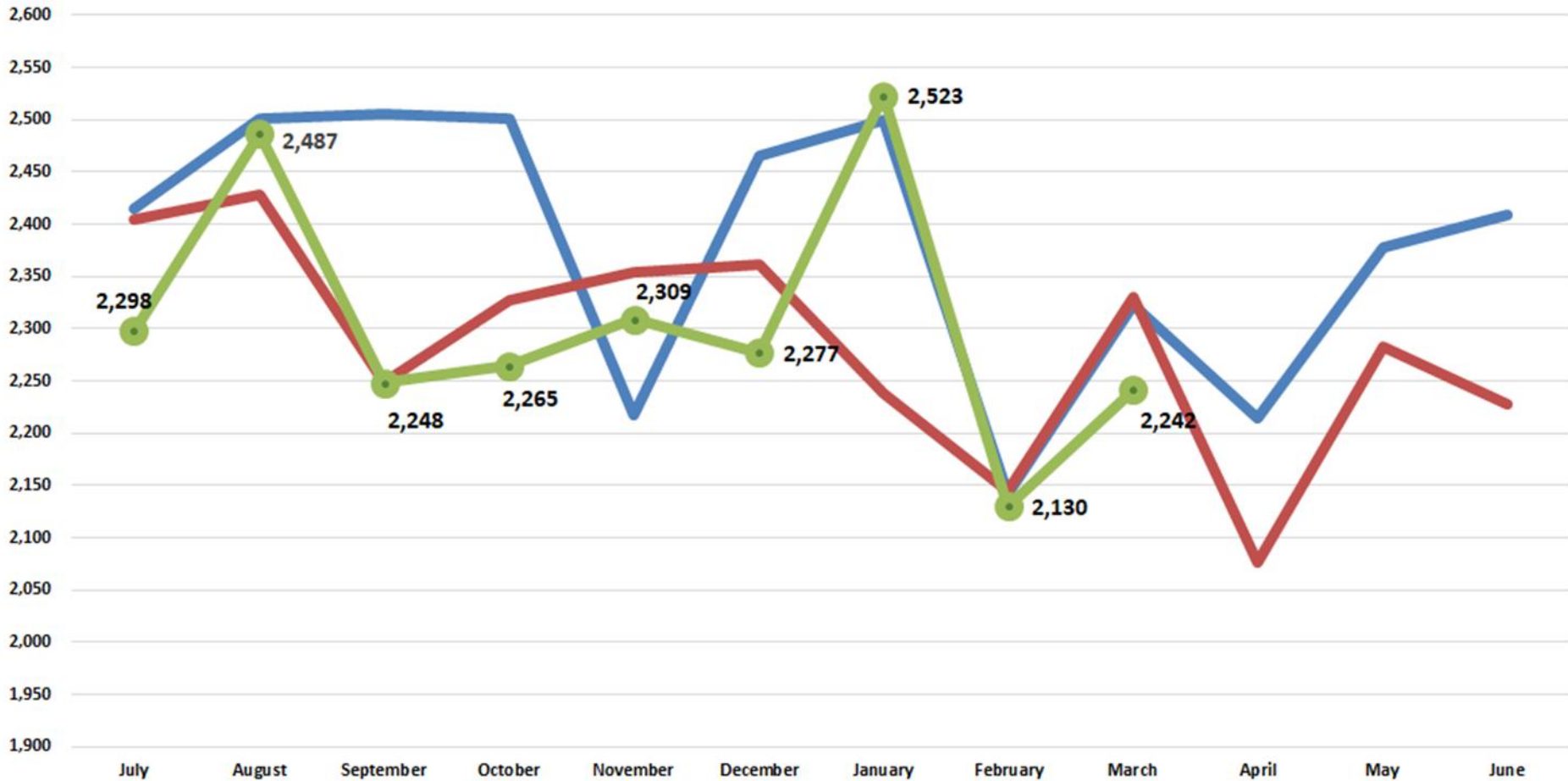
# Average Daily Census w/o TCS



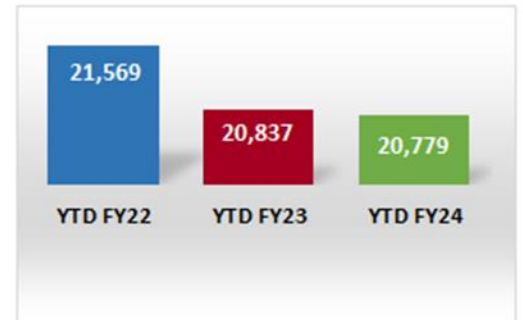
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



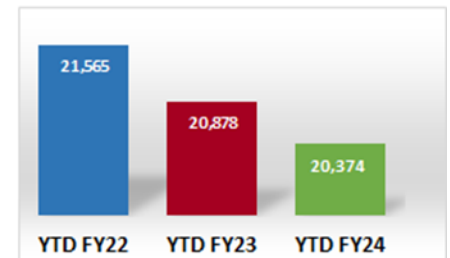
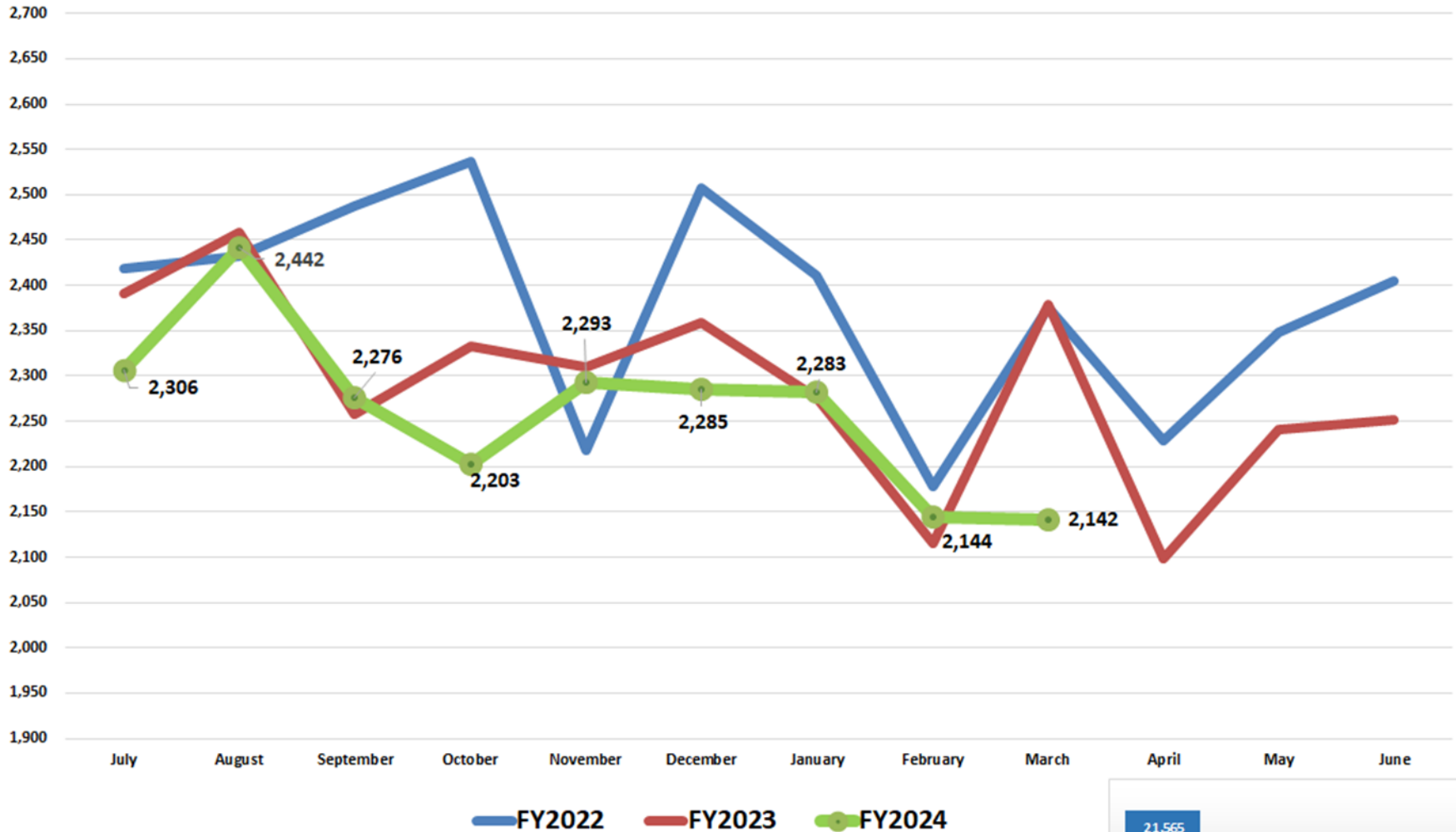
# Admissions



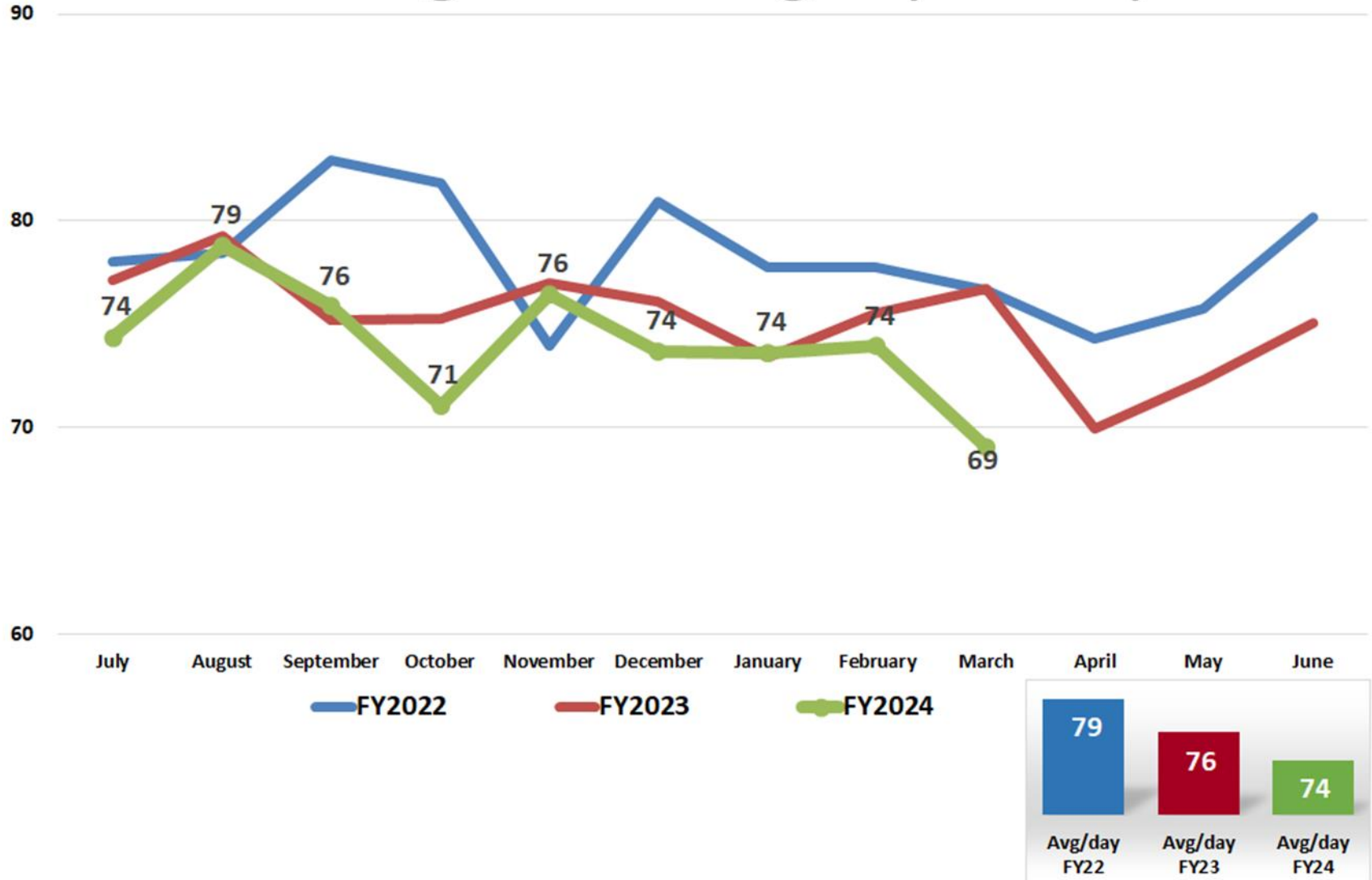
— FY2022 — FY2023 — FY2024



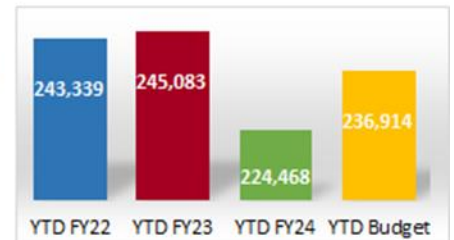
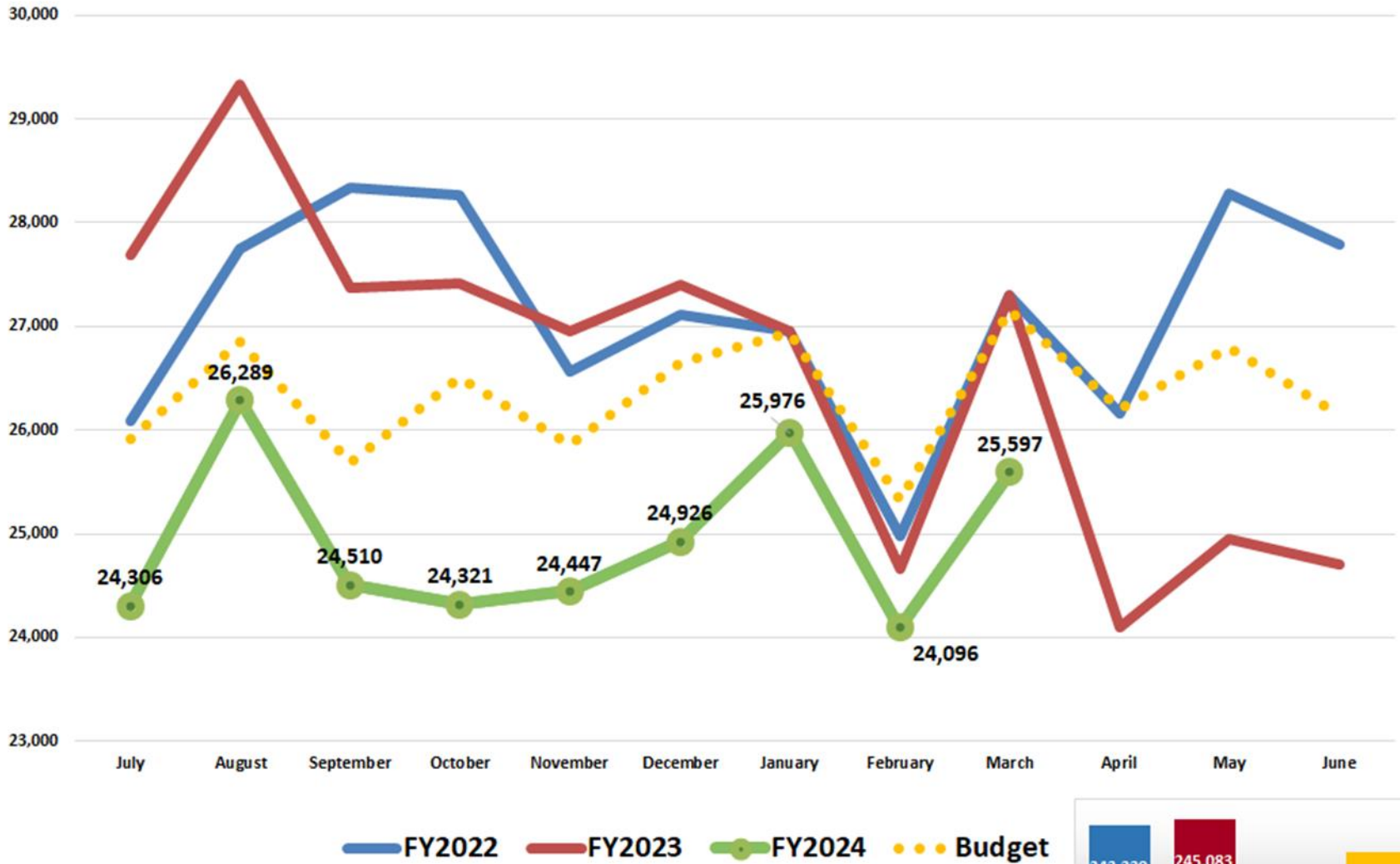
# Discharges



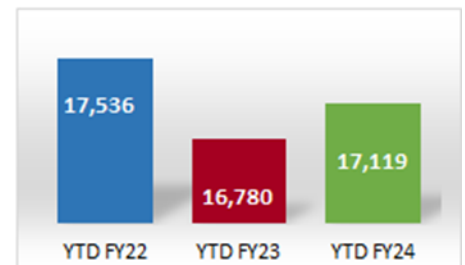
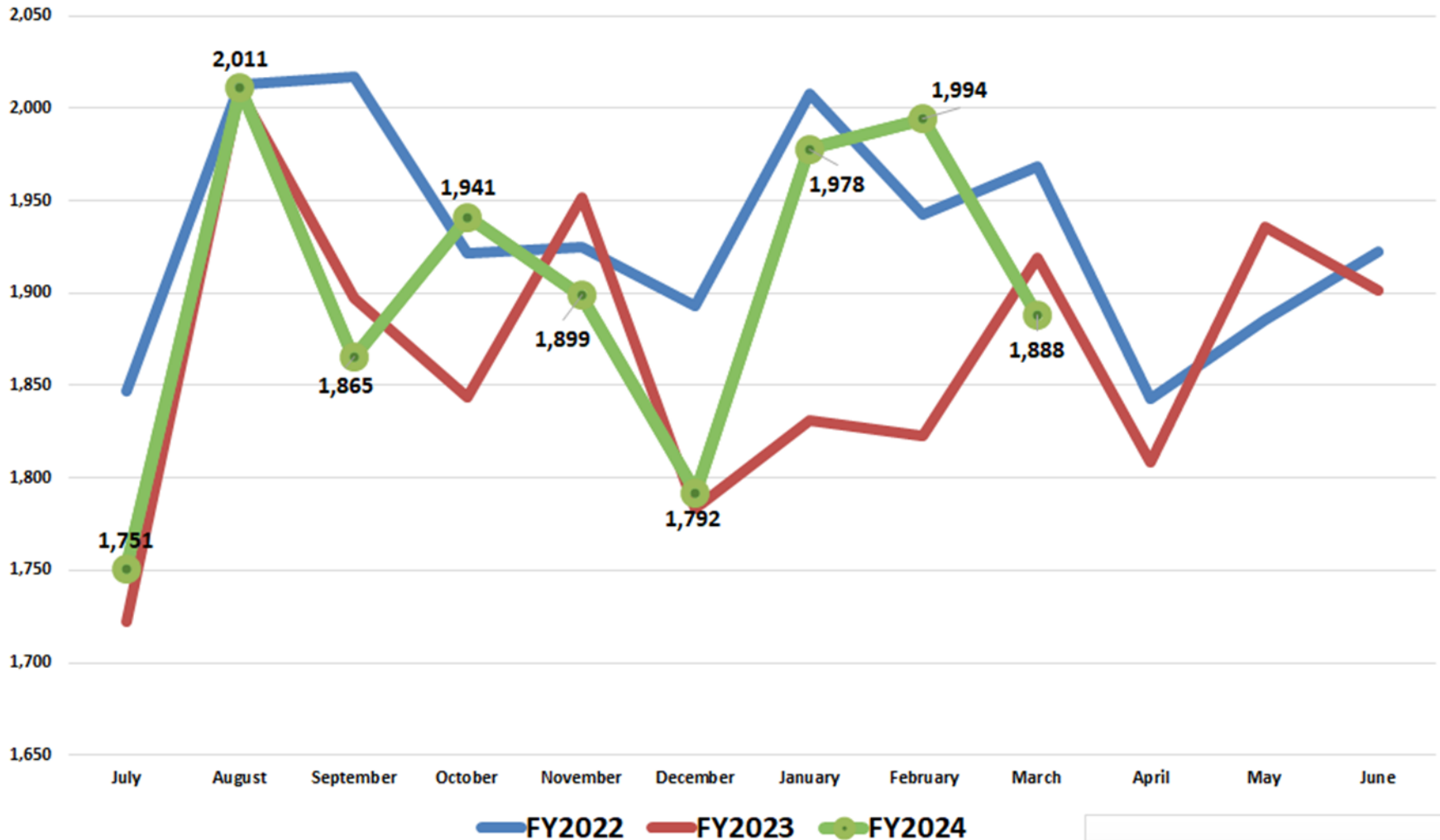
# Average Discharges per day



# Adjusted Patient Days

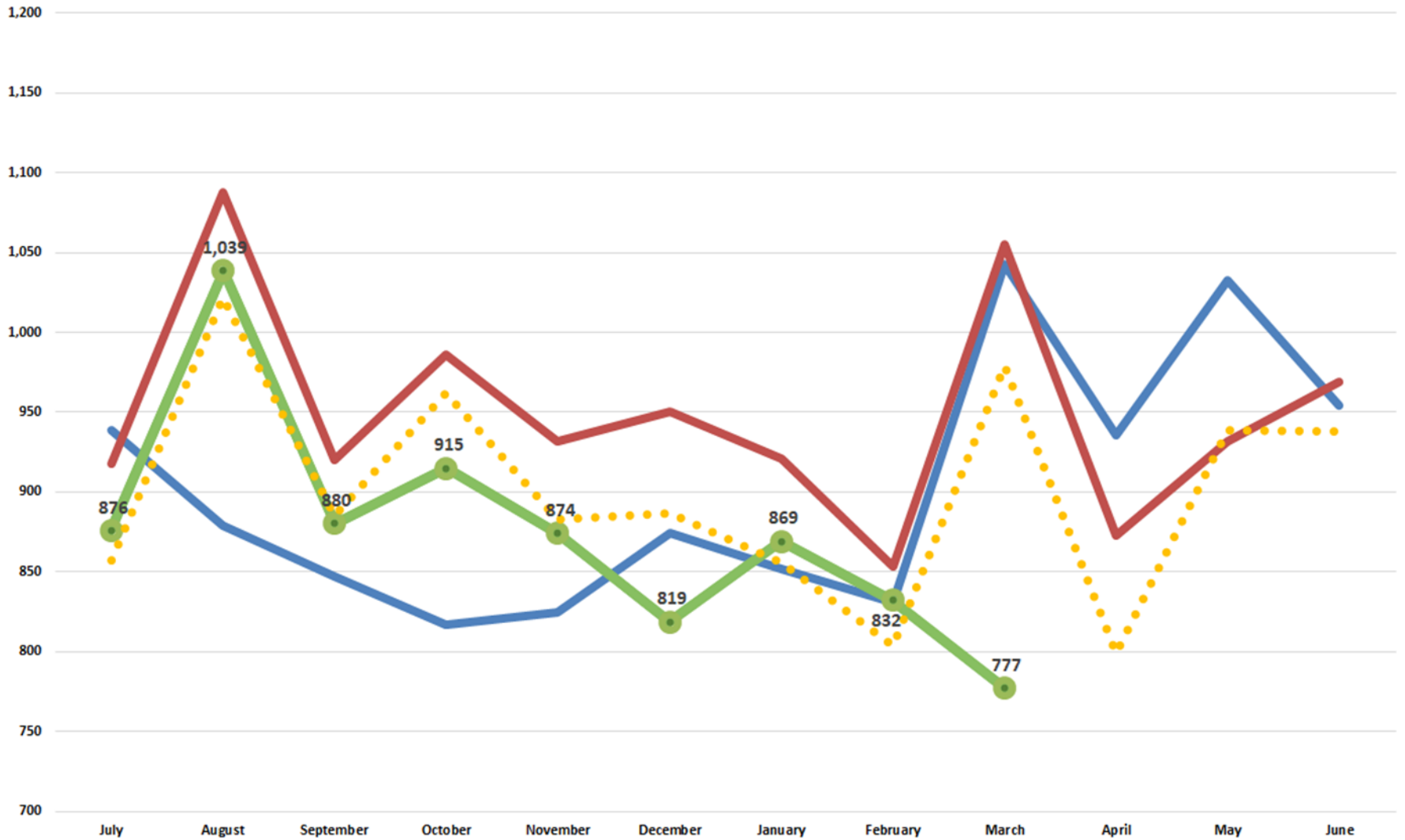


# Outpatient Registrations Per Day

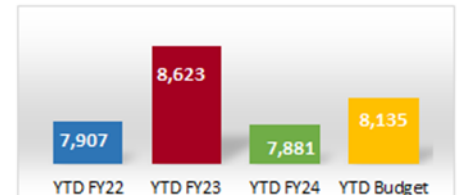




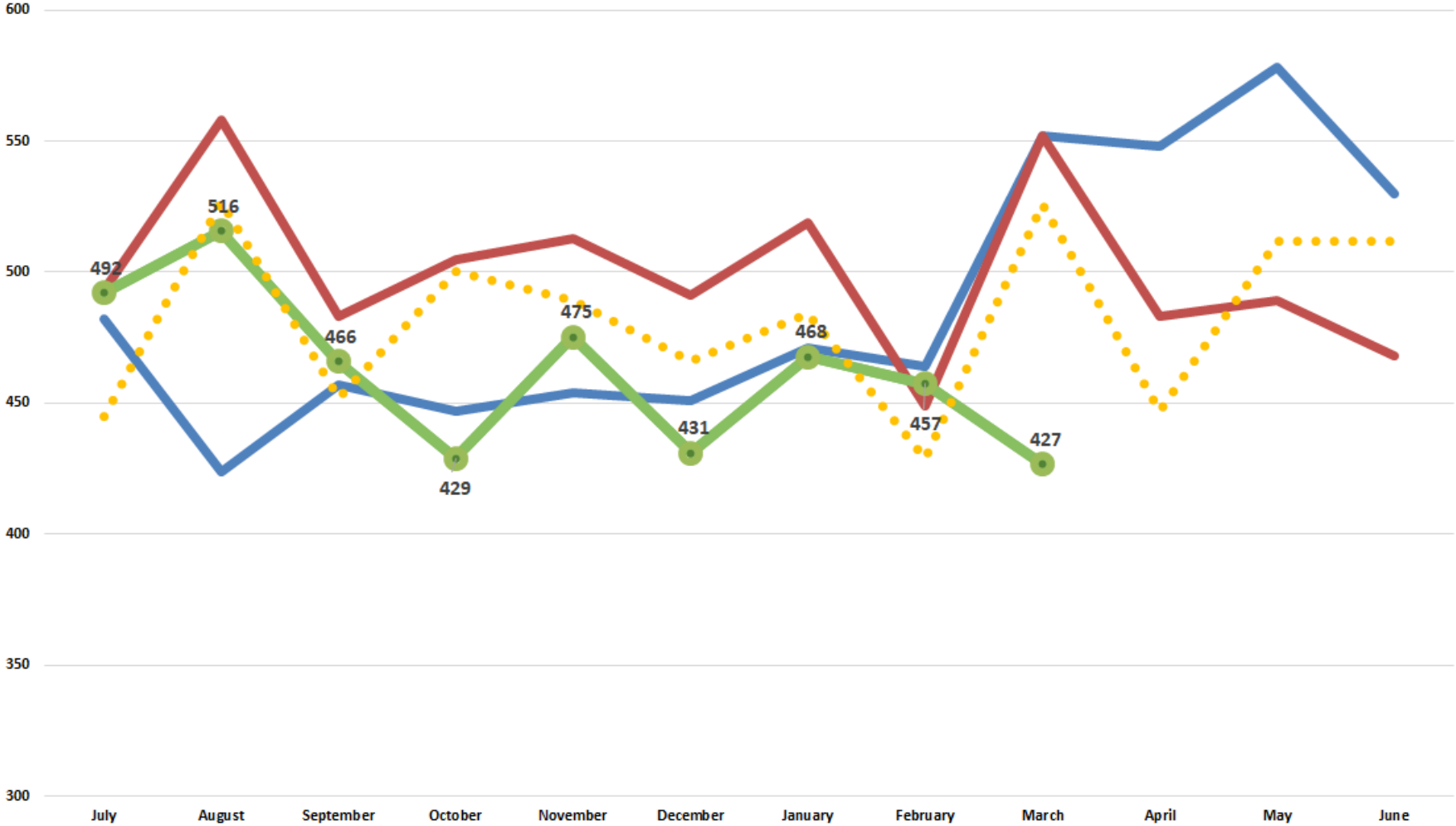
# Surgery (IP & OP) – 100 Min Units



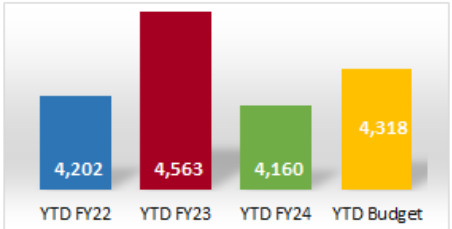
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



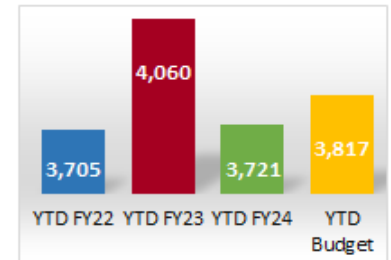
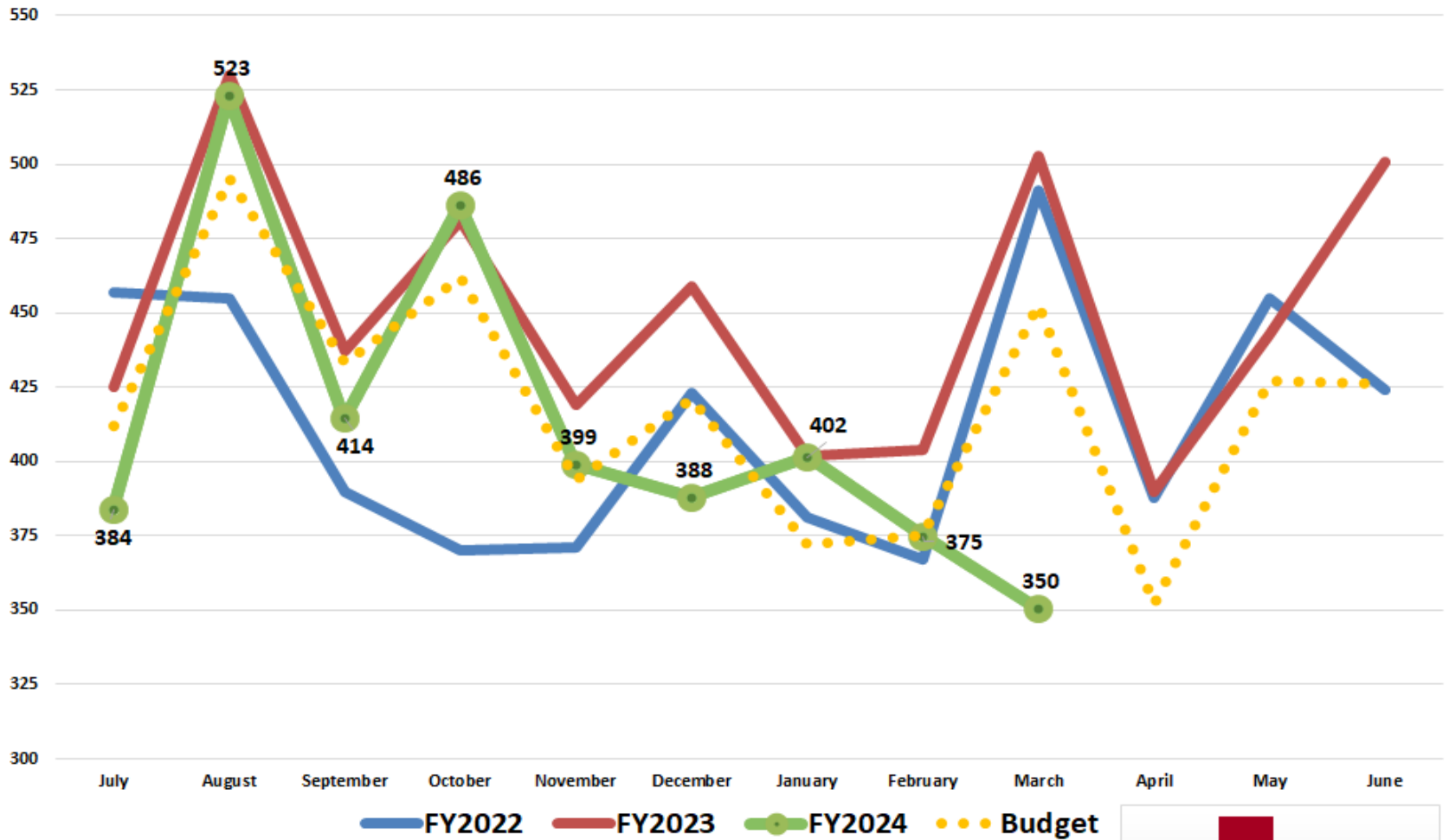
# Surgery (IP Only) - 100 Min Unit



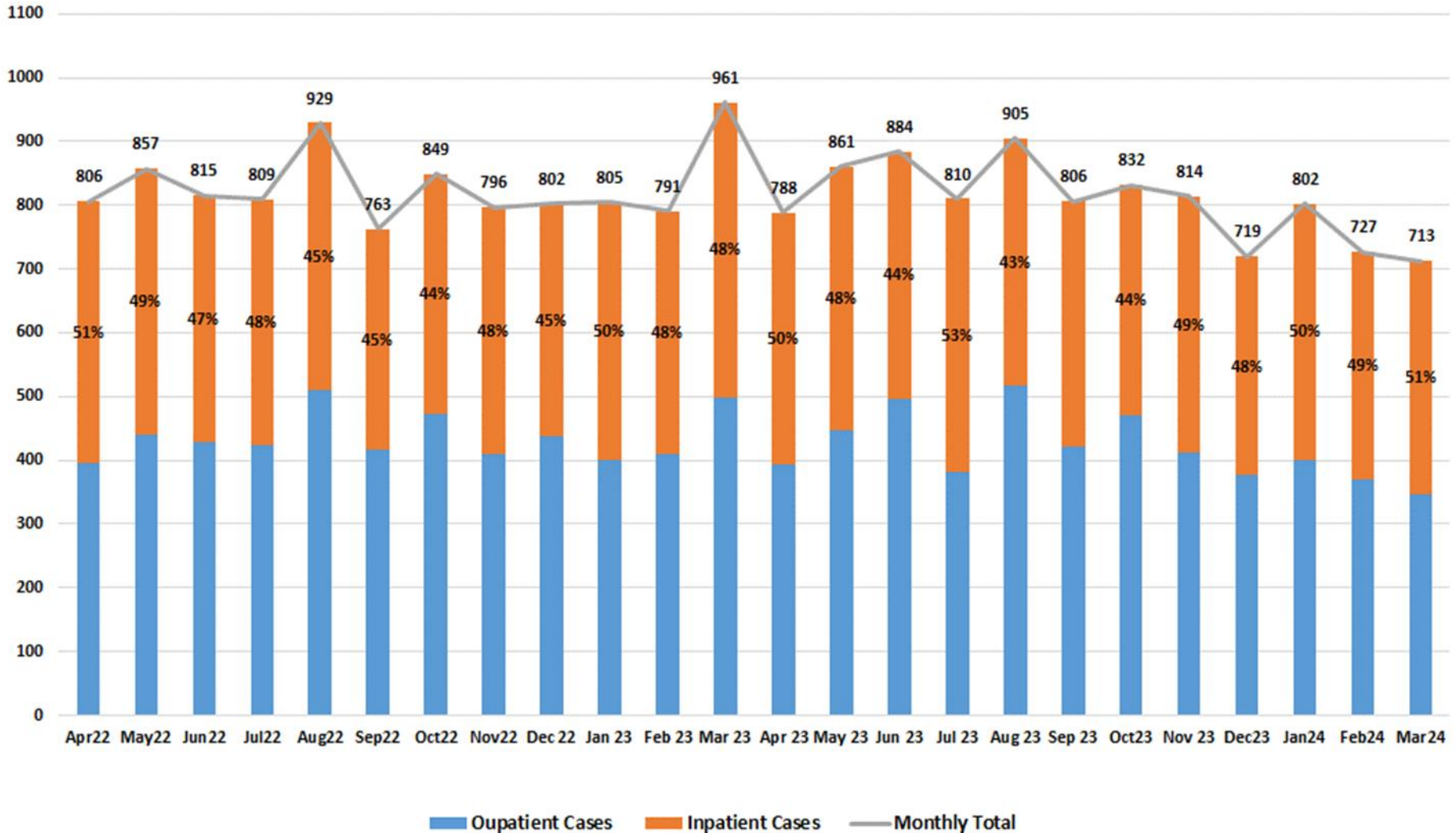
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



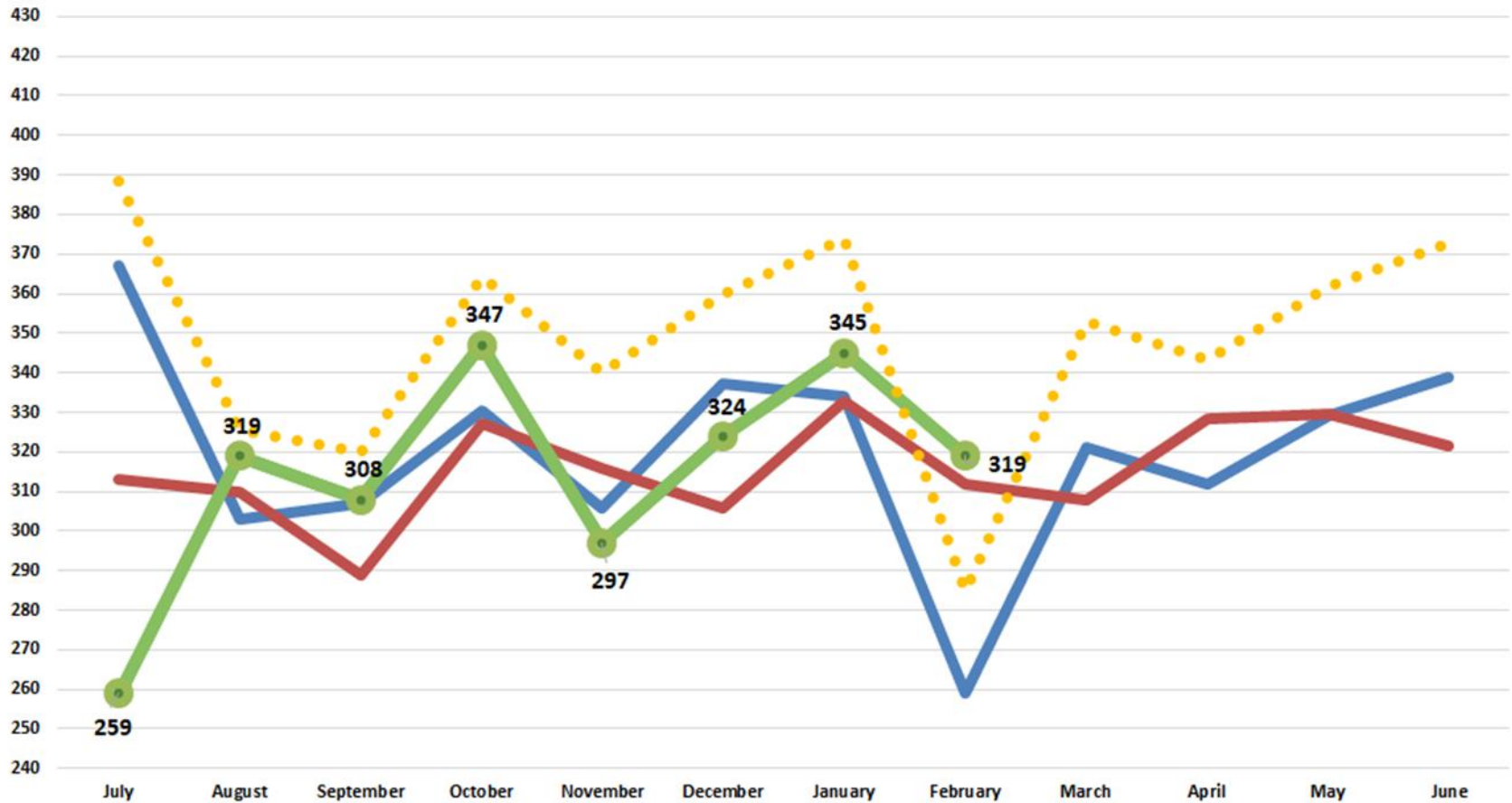
# Surgery (OP Only) - 100 Min Units



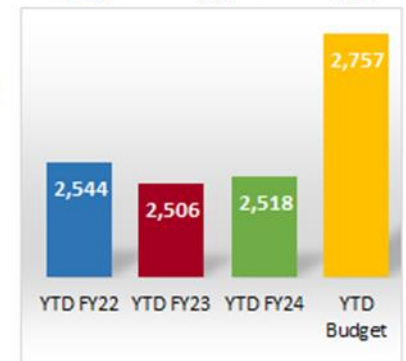
# Surgery Cases (IP & OP)



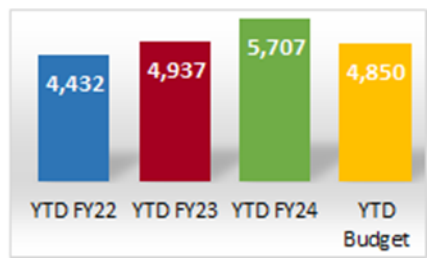
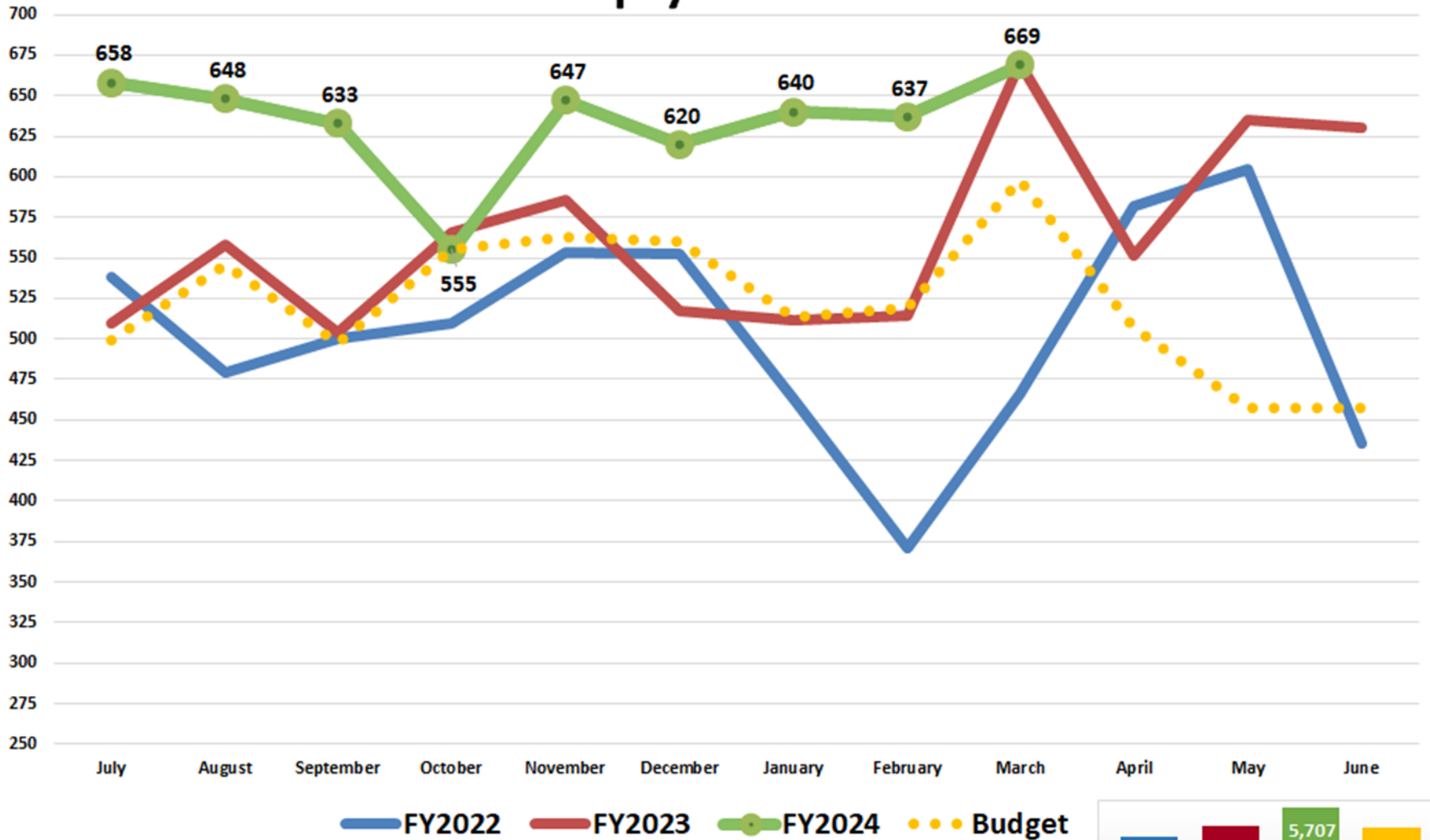
# Cath Lab (IP & OP) – 100 Min Units



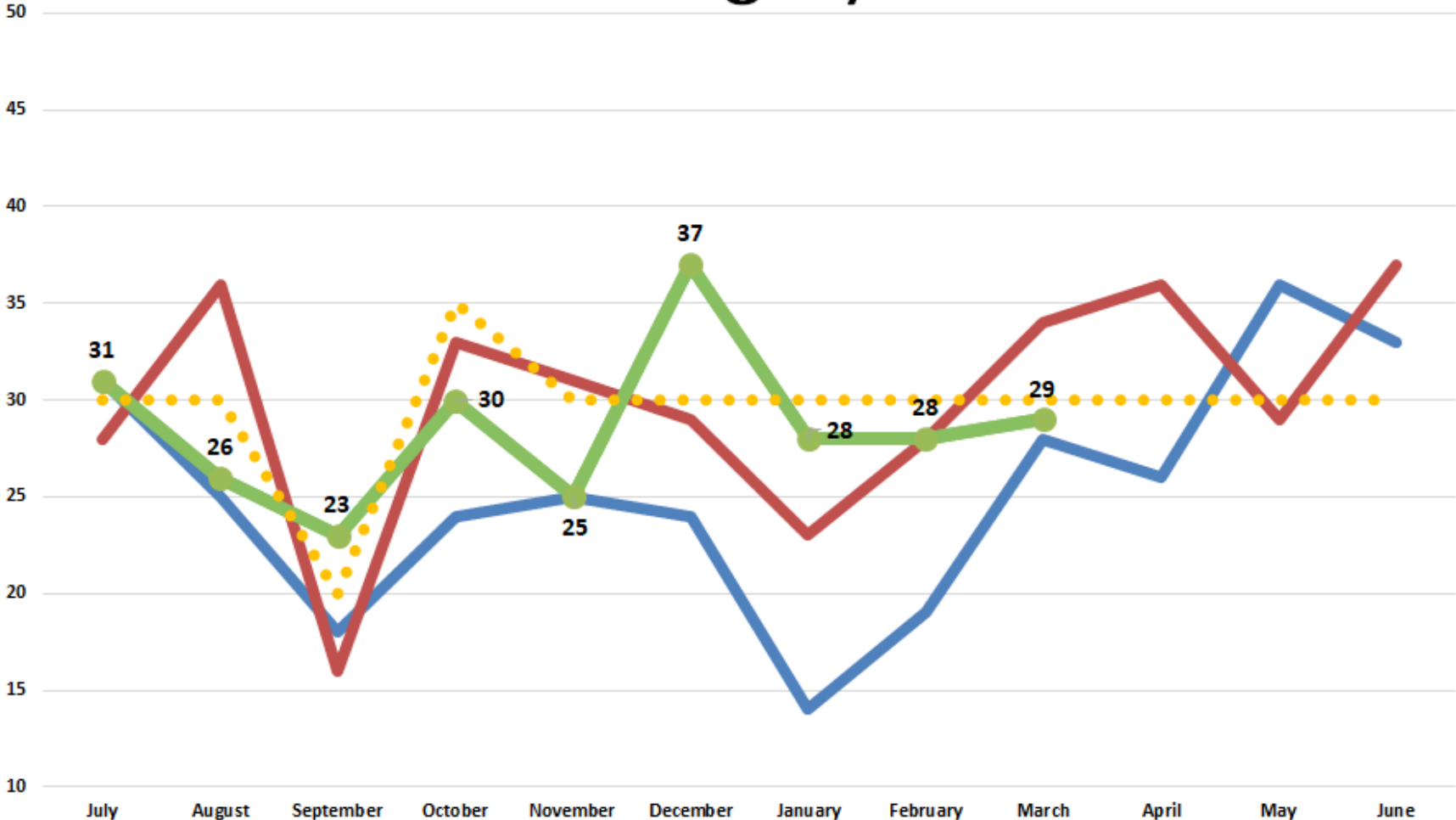
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



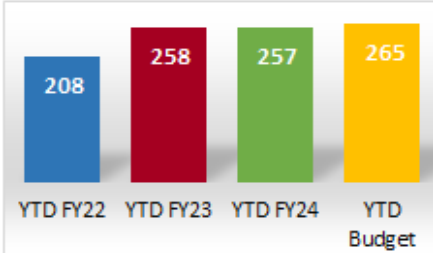
# Endoscopy Procedures



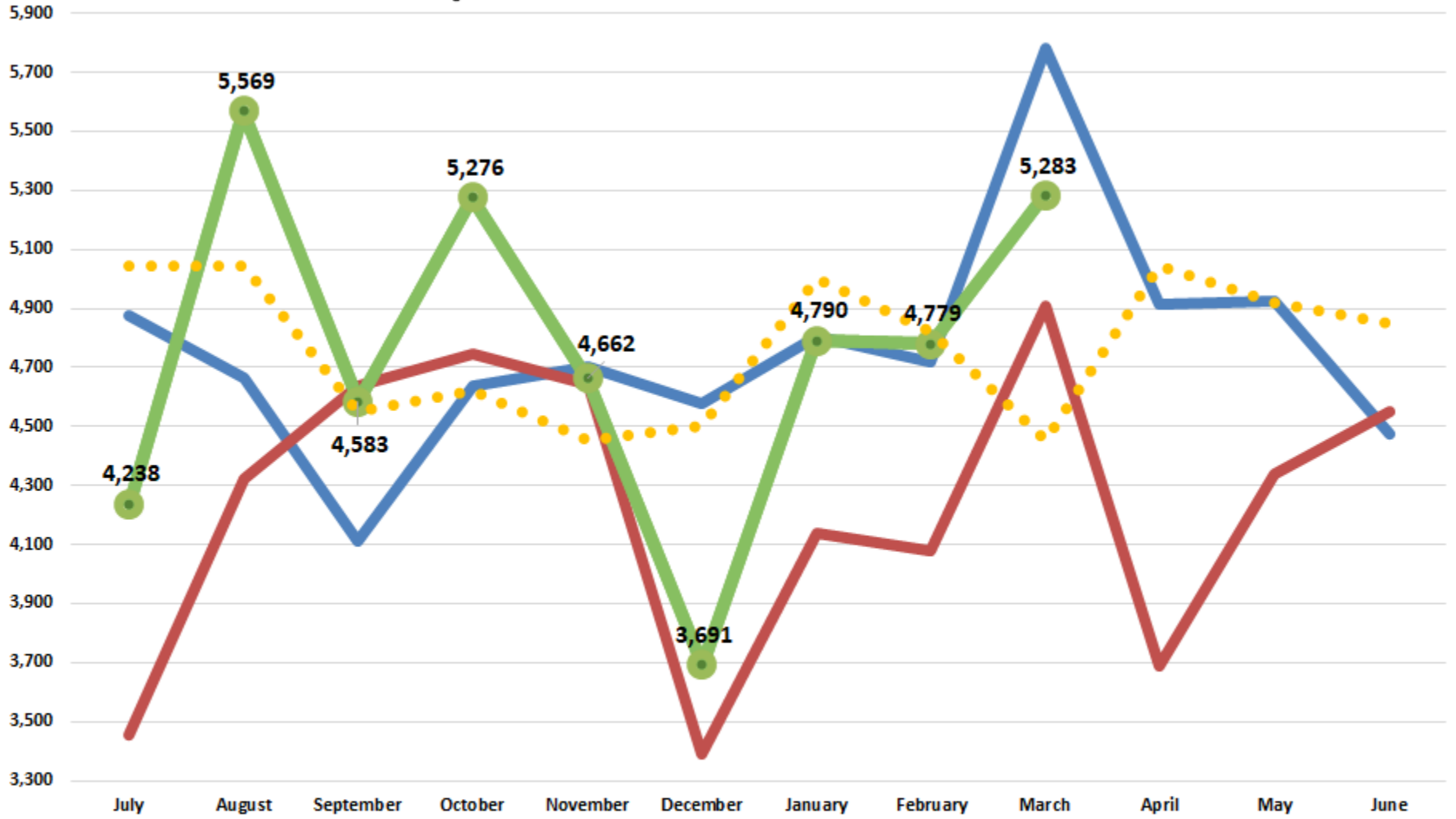
# Cardiac Surgery Cases



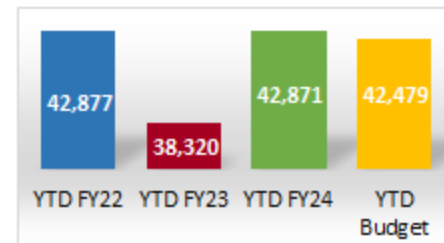
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



# O/P Rehab Services



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





## Statistical Results – Fiscal Year Comparison (Mar)

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

<b>Average Daily Census</b>	<b>416</b>	<b>409</b> <span style="color: green;">▲</span>	<b>(1.9%)</b>	<b>426</b>	<b>(17)</b>	<b>(4.1%)</b>
-----------------------------	------------	---	---------------	------------	-------------	---------------

### KDHCD Patient Days:

Medical Center	8,627	8,498	(1.5%)	8,763	(265)	(3.0%)
Acute I/P Psych	1,408	1,311	(6.9%)	1,395	(84)	(6.0%)
Sub-Acute	988	955	(3.3%)	957	(2)	(0.2%)
Rehab	596	641	7.6%	662	(21)	(3.2%)
TCS-Ortho	421	371	(11.9%)	427	(56)	(13.1%)
NICU	410	415	1.2%	438	(23)	(5.3%)
Nursery	455	475	4.4%	565	(90)	(15.9%)

<b>Total KDHCD Patient Days</b>	<b>12,905</b>	<b>12,666</b> <span style="color: green;">▲</span>	<b>(1.9%)</b>	<b>13,207</b>	<b>(541)</b>	<b>(4.1%)</b>
---------------------------------	---------------	--	---------------	---------------	--------------	---------------

<b>Total Outpatient Volume</b>	<b>59,489</b>	<b>58,528</b>	<b>(1.6%)</b>	<b>56,191</b>	<b>2,337</b>	<b>4.2%</b>
--------------------------------	---------------	---------------	---------------	---------------	--------------	-------------



# Other Statistical Results – Fiscal Year Comparison (Mar)

	Actual Results				Budget	Budget Variance	
	Mar 2023	Mar 2024	Change	% Change	Mar 2024	Change	% Change
<b>Adjusted Patient Days</b>	<b>27,485</b>	<b>25,597</b>	<b>(1,888)</b>	<b>(6.9%)</b>	<b>27,157</b>	<b>(1,560)</b>	<b>(5.7%)</b>
<b>Outpatient Visits</b>	<b>59,489</b>	<b>58,528</b>	<b>(961)</b>	<b>(1.6%)</b>	<b>56,191</b>	<b>2,337</b>	<b>4.2%</b>
Infusion Center	348	481	133	<b>38.2%</b>	504	<b>(23)</b>	<b>(4.6%)</b>
Dialysis Treatments	1,487	1,666	179	<b>12.0%</b>	1,550	116	<b>7.5%</b>
Cath Lab Minutes (IP & OP)	308	333	25	<b>8.1%</b>	353	<b>(20)</b>	<b>(5.7%)</b>
ED Visit	7,553	8,036	483	<b>6.4%</b>	5,952	2,084	<b>35.0%</b>
OB Deliveries	364	379	15	<b>4.1%</b>	379	0	<b>0.0%</b>
Urgent Care - Court	3,214	3,301	87	<b>2.7%</b>	4,848	<b>(1,547)</b>	<b>(31.9%)</b>
O/P Rehab Units	21,433	21,593	160	<b>0.7%</b>	19,605	1,988	<b>10.1%</b>
Radiology/CT/US/MRI Proc (I/P & O/P)	17,294	17,305	11	<b>0.1%</b>	16,470	835	<b>5.1%</b>
Endoscopy Procedures (I/P & O/P)	670	669	<b>(1)</b>	<b>(0.1%)</b>	598	71	<b>11.9%</b>
Physical & Other Therapy Units	19,041	18,445	<b>(596)</b>	<b>(3.1%)</b>	19,311	<b>(866)</b>	<b>(4.5%)</b>
Urgent Care - Demaree	2,303	2,176	<b>(127)</b>	<b>(5.5%)</b>	2,990	<b>(814)</b>	<b>(27.2%)</b>
Hospice Days	3,828	3,452	<b>(376)</b>	<b>(9.8%)</b>	3,748	<b>(296)</b>	<b>(7.9%)</b>
RHC Registrations	11,374	10,181	<b>(1,193)</b>	<b>(10.5%)</b>	10,665	<b>(484)</b>	<b>(4.5%)</b>
Home Health Visits	3,482	3,040	<b>(442)</b>	<b>(12.7%)</b>	3,215	<b>(175)</b>	<b>(5.4%)</b>
Radiation Oncology Treatments (I/P & O/P)	2,104	1,616	<b>(488)</b>	<b>(23.2%)</b>	2,388	<b>(772)</b>	<b>(32.3%)</b>
Surgery Minutes (I/P & O/P)	1,181	849	<b>(332)</b>	<b>(28.1%)</b>	1,051	<b>(202)</b>	<b>(19.2%)</b>

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

	Actual Results				Budget	Budget Variance	
	FY 2023	FY 2024	Change	% Change	FY 2024	Change	% Change
<b>Adjusted Patient Days</b>	<b>245,476</b>	<b>224,468</b>	<b>(21,008)</b>	<b>(8.6%)</b>	<b>236,914</b>	<b>(12,446)</b>	<b>(5.3%)</b>
<b>Outpatient Visits</b>	<b>510,861</b>	<b>522,937</b>	<b>12,076</b>	<b>2.4%</b>	<b>498,468</b>	<b>24,469</b>	<b>4.9%</b>
Infusion Center	3,004	3,682	678	22.6%	3,755	(73)	(1.9%)
Endoscopy Procedures (I/P & O/P)	4,937	5,707	770	15.6%	4,850	857	17.7%
ED Visit	66,563	72,348	5,785	8.7%	52,197	20,151	38.6%
Radiology/CT/US/MRI Proc (I/P & O/P)	148,475	157,066	8,591	5.8%	148,533	8,533	5.7%
O/P Rehab Units	169,363	178,804	9,441	5.6%	174,790	4,014	2.3%
Home Health Visits	27,196	27,659	463	1.7%	28,052	(393)	(1.4%)
Dialysis Treatments	13,478	13,680	202	1.5%	13,950	(270)	(1.9%)
RHC Registrations	89,229	90,474	1,245	1.4%	97,474	(7,000)	(7.2%)
Cath Lab Minutes (IP & OP)	2,826	2,851	25	0.9%	3,110	(259)	(8.3%)
OB Deliveries	3,514	3,506	(8)	(0.2%)	3,548	(42)	(1.2%)
Hospice Days	32,705	32,219	(486)	(1.5%)	33,780	(1,561)	(4.6%)
Physical & Other Therapy Units	160,280	156,237	(4,043)	(2.5%)	169,922	(13,685)	(8.1%)
Radiation Oncology Treatments (I/P & O/P)	16,565	15,244	(1,321)	(8.0%)	19,020	(3,776)	(19.9%)
Surgery Minutes (I/P & O/P)	9,652	8,501	(1,151)	(11.9%)	8,813	(312)	(3.5%)
Urgent Care - Demaree	25,340	19,925	(5,415)	(21.4%)	25,241	(5,316)	(21.1%)
Urgent Care - Court	37,223	28,776	(8,447)	(22.7%)	39,295	(10,519)	(26.8%)

# March Financial Comparison without KHMG (000's)

	Without KHMG				Without KHMG			
	Comparison to Budget - Month of March				Comparison to Prior Year - Month of March			
	Budget MAR-2024	Actual MAR-2024	\$ Change	% Change	MAR-2023	MAR-24	\$ Change	% Change
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$50,142	\$54,365	\$4,224	7.8%	\$50,981	\$54,365	\$3,384	6.2%
Supplemental Gov't Programs	\$6,483	\$7,472	\$989	13.2%	\$7,962	\$7,472	(\$490)	-6.6%
Prime Program	\$835	\$822	(\$13)	-1.6%	\$3,935	\$822	(\$3,114)	-379.0%
Premium Revenue	\$7,931	\$7,005	(\$925)	-13.2%	\$6,985	\$7,005	\$20	0.3%
Management Services Revenue	\$3,439	\$3,255	(\$185)	-5.7%	\$3,149	\$3,255	\$105	3.2%
Other Revenue	\$2,489	\$641	(\$1,848)	-288.2%	\$3,442	\$641	(\$2,801)	-437.0%
Other Operating Revenue	\$21,176	\$19,194	(\$1,982)	-10.3%	\$25,474	\$19,194	(\$6,280)	-32.7%
<b>Total Operating Revenue</b>	<b>\$71,318</b>	<b>\$73,559</b>	<b>\$2,242</b>	<b>3.0%</b>	<b>\$76,455</b>	<b>\$73,559</b>	<b>(\$2,896)</b>	<b>-3.9%</b>
<b>Operating Expenses</b>								
Salaries & Wages	\$29,443	\$32,185	\$2,742	8.5%	\$28,131	\$32,185	\$4,054	12.6%
Contract Labor	\$1,092	\$2,031	\$939	46.2%	\$2,478	\$2,031	(\$447)	-22.0%
Employee Benefits	\$6,806	\$7,768	\$961	12.4%	\$5,258	\$7,768	\$2,509	32.3%
<b>Total Employment Expenses</b>	<b>\$37,342</b>	<b>\$41,984</b>	<b>\$4,642</b>	<b>11.1%</b>	<b>\$35,868</b>	<b>\$41,984</b>	<b>\$6,116</b>	<b>14.6%</b>
Medical & Other Supplies	\$14,011	\$13,330	(\$680)	-5.1%	\$13,969	\$13,330	(\$639)	-4.8%
Physician Fees	\$6,665	\$6,115	(\$550)	-9.0%	\$7,116	\$6,115	(\$1,001)	-16.4%
Purchased Services	\$1,519	\$995	(\$524)	-52.7%	\$1,410	\$995	(\$415)	-41.7%
Repairs & Maintenance	\$2,378	\$2,527	\$149	5.9%	\$2,431	\$2,527	\$96	3.8%
Utilities	\$907	\$676	(\$231)	-34.2%	\$848	\$676	(\$172)	-25.5%
Rents & Leases	\$162	\$161	(\$1)	-0.5%	\$140	\$161	\$21	12.9%
Depreciation & Amortization	\$2,914	\$2,792	(\$122)	-4.4%	\$2,927	\$2,792	(\$136)	-4.9%
Interest Expense	\$587	\$644	\$56	8.7%	\$607	\$644	\$36	5.7%
Other Expense	\$2,183	\$1,927	(\$256)	-13.3%	\$1,913	\$1,927	\$14	0.7%
Humana Cap Plan Expenses	\$3,701	\$4,215	\$514	12.2%	\$4,798	\$4,215	(\$583)	-13.8%
<b>Total Other Expenses</b>	<b>\$35,027</b>	<b>\$33,382</b>	<b>(\$1,645)</b>	<b>-4.9%</b>	<b>\$36,160</b>	<b>\$33,382</b>	<b>(\$2,778)</b>	<b>-8.3%</b>
<b>Total Operating Expenses</b>	<b>\$72,369</b>	<b>\$75,367</b>	<b>\$2,998</b>	<b>4.0%</b>	<b>\$72,028</b>	<b>\$75,367</b>	<b>\$3,338</b>	<b>4.4%</b>
<b>Operating Margin</b>	<b>(\$1,051)</b>	<b>(\$1,807)</b>	<b>(\$756)</b>		<b>\$4,427</b>	<b>(\$1,807)</b>	<b>(\$6,234)</b>	
<b>Stimulus/FEMA</b>	<b>\$1,610</b>	<b>\$0</b>	<b>(\$1,610)</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>Operating Margin after Stimulus/FEMA</b>	<b>\$558</b>	<b>(\$1,807)</b>	<b>(\$2,366)</b>		<b>\$4,427</b>	<b>(\$1,807)</b>	<b>(\$6,234)</b>	
Nonoperating Revenue (Loss)	\$484	\$1,781	\$1,297	267.3%	\$538	\$1,781	\$1,242	230.7%
<b>Excess Margin</b>	<b>\$1,043</b>	<b>(\$26)</b>	<b>(\$1,069)</b>		<b>\$4,965</b>	<b>(\$26)</b>	<b>(\$4,992)</b>	

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

	Without KHMG				Without KHMG			
	Comparison to Budget - YTD March				Comparison to Prior Year - YTD March			
	Budget Mar-2024	Actual Mar-2024	\$ Change	% Change	Mar-2023	Mar-2024	\$ Change	% Change
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$438,022	\$440,177	\$2,155	0.5%	\$439,775	\$440,177	\$401	0.1%
Supplemental Gov't Programs	\$57,507	\$62,846	\$5,340	8.5%	\$50,638	\$62,846	\$12,209	19.4%
Prime Program	\$7,408	\$9,032	\$1,624	18.0%	\$9,876	\$9,032	(\$844)	-9.3%
Premium Revenue	\$70,096	\$66,720	(\$3,376)	-5.1%	\$56,879	\$66,720	\$9,841	14.7%
Management Services Revenue	\$30,508	\$29,574	(\$934)	-3.2%	\$28,951	\$29,574	\$623	2.1%
Other Revenue	\$22,132	\$26,696	\$4,564	17.1%	\$23,793	\$26,696	\$2,903	10.9%
Other Operating Revenue	\$187,651	\$194,869	\$7,218	3.7%	\$170,138	\$194,869	\$24,731	12.7%
<b>Total Operating Revenue</b>	<b>\$625,673</b>	<b>\$635,046</b>	<b>\$9,373</b>	<b>1.5%</b>	<b>\$609,913</b>	<b>\$635,046</b>	<b>\$25,133</b>	<b>4.0%</b>
<b>Operating Expenses</b>								
Salaries & Wages	\$260,542	\$260,479	(\$63)	0.0%	\$248,306	\$260,479	\$12,174	4.7%
Contract Labor	\$13,393	\$17,032	\$3,639	21.4%	\$41,658	\$17,032	(\$24,626)	-144.6%
Employee Benefits	\$60,234	\$61,393	\$1,158	1.9%	\$48,260	\$61,393	\$13,133	21.4%
<b>Total Employment Expenses</b>	<b>\$334,169</b>	<b>\$338,904</b>	<b>\$4,734</b>	<b>1.4%</b>	<b>\$338,224</b>	<b>\$338,904</b>	<b>\$680</b>	<b>0.2%</b>
Medical & Other Supplies	\$120,571	\$120,725	\$154	0.1%	\$119,744	\$120,725	\$982	0.8%
Physician Fees	\$59,986	\$59,139	(\$847)	-1.4%	\$60,898	\$59,139	(\$1,758)	-3.0%
Purchased Services	\$13,476	\$13,429	(\$47)	-0.3%	\$13,694	\$13,429	(\$265)	-2.0%
Repairs & Maintenance	\$21,316	\$21,255	(\$61)	-0.3%	\$20,077	\$21,255	\$1,178	5.5%
Utilities	\$8,564	\$7,617	(\$948)	-12.4%	\$7,492	\$7,617	\$125	1.6%
Rents & Leases	\$1,459	\$1,455	(\$3)	-0.2%	\$1,117	\$1,455	\$338	23.2%
Depreciation & Amortization	\$26,224	\$25,223	(\$1,001)	-4.0%	\$26,149	\$25,223	(\$926)	-3.7%
Interest Expense	\$5,211	\$5,450	\$239	4.4%	\$5,566	\$5,450	(\$116)	-2.1%
Other Expense	\$19,411	\$17,390	(\$2,021)	-11.6%	\$15,742	\$17,390	\$1,649	9.5%
Humana Cap Plan Expenses	\$33,313	\$33,216	(\$97)	-0.3%	\$33,585	\$33,216	(\$369)	-1.1%
<b>Total Other Expenses</b>	<b>\$309,531</b>	<b>\$304,899</b>	<b>(\$4,632)</b>	<b>-1.5%</b>	<b>\$304,063</b>	<b>\$304,899</b>	<b>\$836</b>	<b>0.3%</b>
<b>Total Operating Expenses</b>	<b>\$643,701</b>	<b>\$643,803</b>	<b>\$103</b>	<b>0.0%</b>	<b>\$642,287</b>	<b>\$643,803</b>	<b>\$1,516</b>	<b>0.2%</b>
<b>Operating Margin</b>	<b>(\$18,027)</b>	<b>(\$8,757)</b>	<b>\$9,270</b>		<b>(\$32,374)</b>	<b>(\$8,757)</b>	<b>\$23,617</b>	
<b>Stimulus/FEMA</b>	<b>\$14,279</b>	<b>\$3,220</b>	<b>(\$11,059)</b>		<b>\$287</b>	<b>\$3,220</b>	<b>\$2,933</b>	
<b>Operating Margin after Stimulus/FEMA</b>	<b>(\$3,748)</b>	<b>(\$5,537)</b>	<b>(\$1,790)</b>		<b>(\$32,087)</b>	<b>(\$5,537)</b>	<b>\$26,550</b>	
Nonoperating Revenue (Loss)	\$4,272	\$11,513	\$7,242		\$3,106	\$11,513	\$8,408	
<b>Excess Margin</b>	<b>\$524</b>	<b>\$5,976</b>	<b>\$5,452</b>		<b>(\$28,981)</b>	<b>\$5,976</b>	<b>\$34,957</b>	

# Month of March- Budget Variances

---

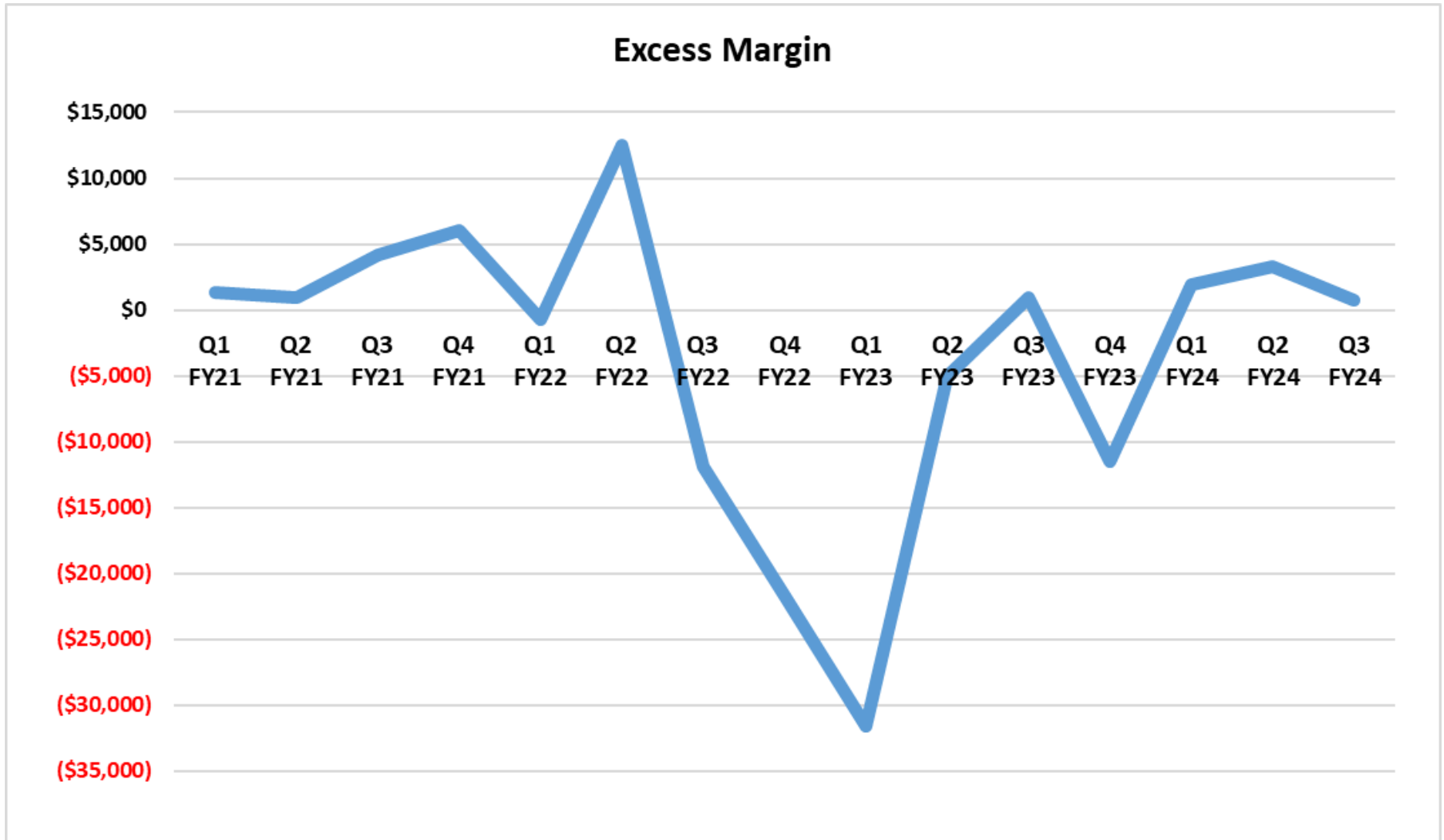
- **Net Patient Service Revenue:** In March, actuals were more than budget by \$4.2M, (7.8%), primarily due a \$2.8M reclass between Net Patient Service Revenue and Other income. This reclass is related to our Cal Aim program and matches up the Revenue that was recorded this fiscal year and the related program reductions in Other Income.
- **Other Revenue: \$1.8M variance** - See explanation above for Net Patient Service Revenue.
- **Salaries and Wages:** The negative variance of \$2.7M (8.5%) is primarily due to the increase in our pay rates due to the increases in our minimum wages and market increases. For pay period ending 3/30/2024, we experienced a \$2.4/hour increase overall compared to 12/23/2023 average pay rate.
- **Contract Labor:** Our contract labor continues to be over budget, The main departments using Contract labor are Emergency Department, Labor Delivery, and our M/S Ortho Neuro Unit.
- **Employee Benefits:** The \$961K negative budget variance is primarily the increase in our payroll taxes due to the market/merit increases. In addition, the 401K timing compared to budget was felt. In the new calendar year we have begun accruing a full match versus ½ match.

# FYTD July-March : Trended Financial Information (000's)

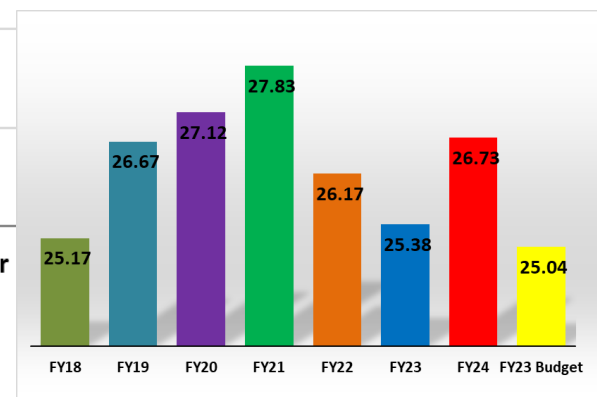
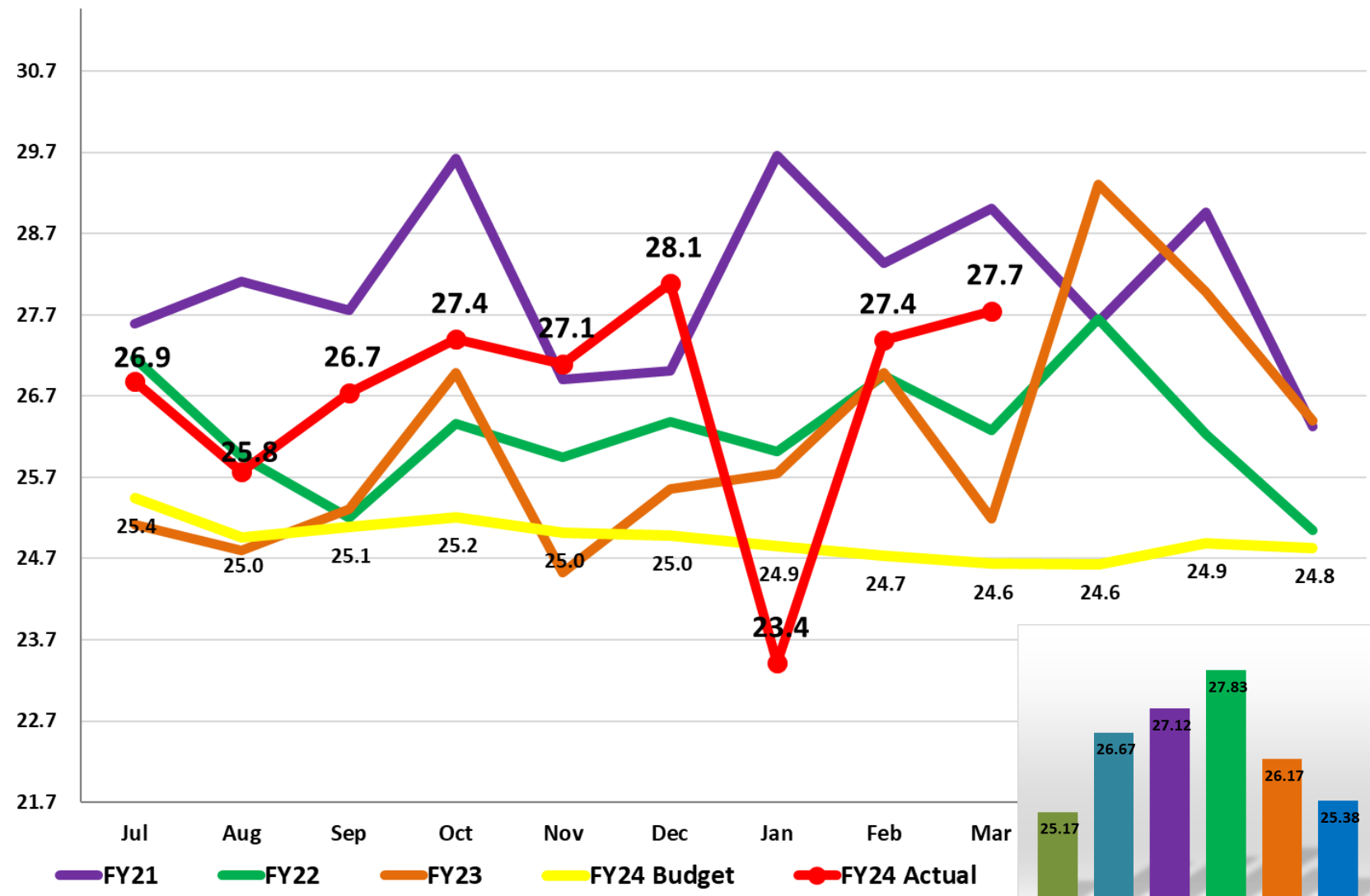
Income Statement	FY 2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	FYTD 2024	
Patient Service Revenue	\$611,350	\$45,479	\$49,531	\$47,195	\$47,502	\$48,225	\$48,629	\$49,472	\$49,778	\$54,365	\$440,177	
Other Revenue	\$240,615	\$21,161	\$22,458	\$21,039	\$21,928	\$21,261	\$20,979	\$24,379	\$22,470	\$19,194	\$194,869	
<b>Total Operating Revenue</b>	<b>\$851,965</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>\$635,046</b>	
Employee Expense	\$462,214	\$36,176	\$37,019	\$35,180	\$38,961	\$37,597	\$37,268	\$37,645	\$37,074	\$41,984	\$338,905	
Other Operating Expense	\$448,205	\$33,478	\$34,922	\$33,204	\$31,579	\$33,162	\$32,981	\$35,742	\$36,449	\$33,382	\$304,899	
<b>Total Operating Expenses</b>	<b>\$910,418</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>\$643,804</b>	
<b>Net Operating Margin</b>	<b>(\$58,453)</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>(\$8,758)</b>	
Stimulus/FEMA	\$609	\$1,610	\$1,610	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,220	
NonOperating Income	\$10,627	\$617	\$602	\$626	\$665	\$578	\$5,057	\$969	\$618	\$1,781	\$11,513	
<b>Excess Margin</b>	<b>(\$47,218)</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>\$5,975</b>	
<b>Profitability</b>												Moody's A
Operating Margin %	(6.9%)	(4.5%)	0.1%	(0.2%)	(1.6%)	(1.8%)	(0.9%)	0.6%	(1.8%)	(2.5%)	(1.4%)	0.1%
Operating Margin %excl. Interest	(6.0%)	(3.6%)	0.9%	0.7%	(0.7%)	(1.0%)	(0.1%)	1.4%	(0.9%)	(1.6%)	(0.5%)	
Operating EBIDA	(\$11,318)	\$395	\$3,493	\$3,265	\$2,340	\$2,111	\$2,732	\$3,957	\$1,994	\$1,628	\$21,915	
Operating EBIDA Margin	(1.3%)	0.6%	4.9%	4.8%	3.4%	3.0%	3.9%	5.4%	2.8%	2.2%	3.5%	5.6%
<b>Liquidity Indicators</b>												
Day's Cash on Hand	78.3	83.6	84.3	82.7	83.0	81.9	82.8	80.8	78.4	74.7	74.7	206.5
Day's in Accounts Receivable	72.5	72.6	74.6	76.6	79.1	78.4	77.6	72.5	71.0	70.1	70.1	48.0
Surplus/Unrestricted Funds (000's)	\$186,803	\$179,968	\$184,877	\$181,136	\$181,748	\$180,573	\$182,100	\$178,571	\$175,409	\$168,012	\$168,012	
Capital Expenditures (000's)	\$23,394	\$301	\$816	\$563	\$621	\$1,399	\$1,706	\$1,725	\$765	\$984	\$8,880	\$14,000
<b>Debt &amp; Other Indicators</b>												
Debt Service Coverage (MADS)	(0.1)	1.63	2.57	2.54	2.37	2.23	2.67	2.71	2.06	2.01	2.01	3.80
Discharges (Monthly)	2,289	2,306	2,442	2,276	2,203	2,293	2,285	2,283	2,144	2,144	2,264	
Adj Discharges (Case mix adj)	7,600	7,504	7,884	7,580	7,417	7,743	7,344	7,228	7,111	6,833	7,398	
Adjusted patient Days (Mo.)	26,609	24,306	26,289	24,516	24,321	24,447	24,965	25,976	24,096	25,597	24,946	
Cost/Adj Discharge	\$10.0	\$9.3	\$9.1	\$9.0	\$9.5	\$9.1	\$9.6	\$10.2	\$10.3	\$11.0	\$12.4	
Compensation Ratio	76%	80%	75%	75%	82%	78%	77%	76%	74%	77%	77%	



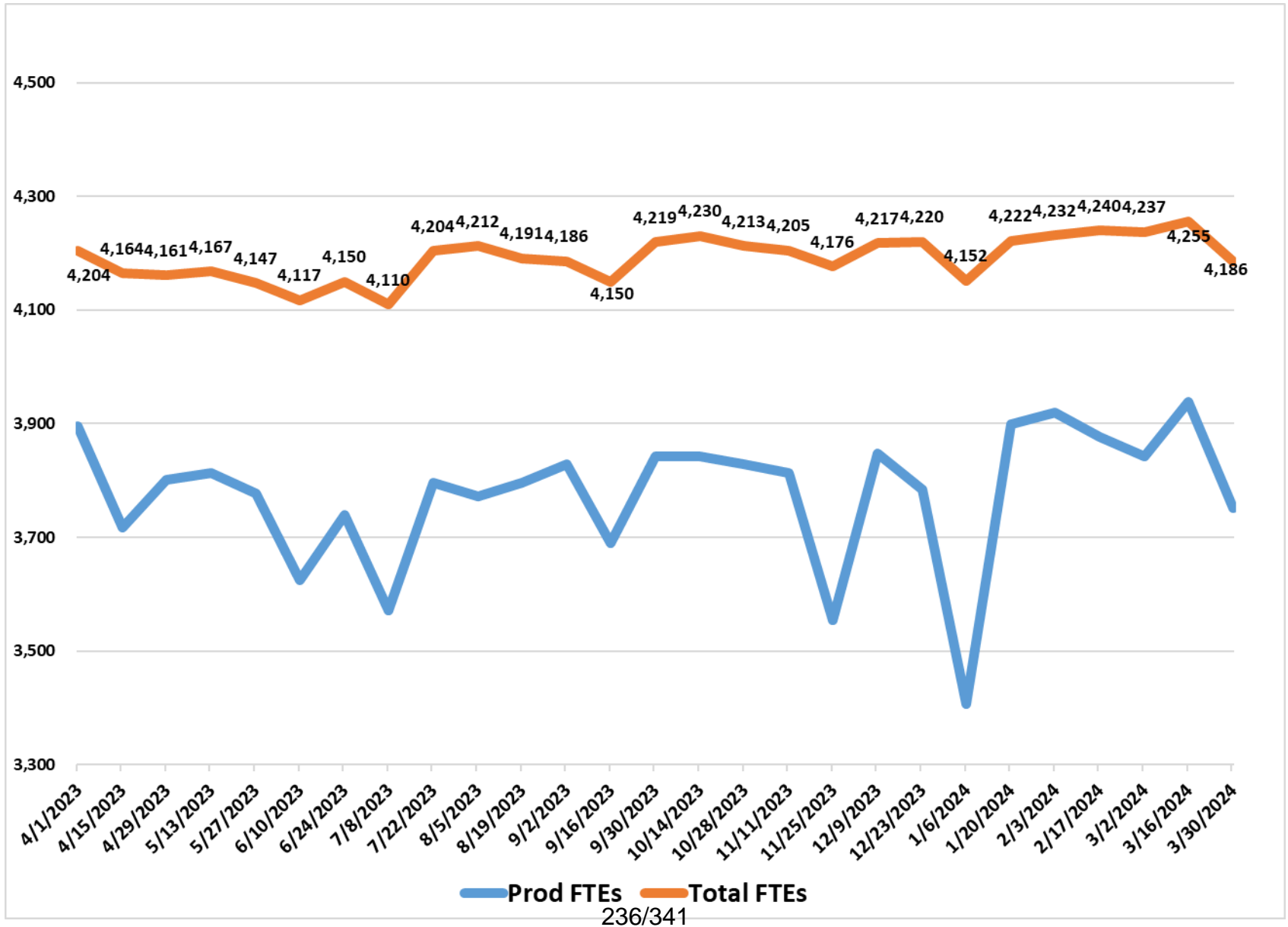
# Quarterly Comparison: Excess Margin(000's)



# Productivity: Worked Hours/Adjusted Patient Days



# Productive and Total FTEs without KHMG



# Pay Rate Changes:

Minimum Wage & Market Impacts between Pay Periods Ending 12/23/23 & 3/30/24

---

<b>Job Classification</b>	<b>Rate Change</b>
00 - Management/Supervision	<b>\$3.03</b>
01 - Technicians/Specialist	<b>\$0.44</b>
02 - Registered/Nursing	<b>\$4.52</b>
03 - Licensed Vocational Nurses	<b>\$3.83</b>
04 - Aides/Orderlies	<b>\$3.80</b>
05 - Clerical/Other Administrative	<b>\$1.95</b>
06 - Environmental/Food Service	<b>\$1.36</b>
09 - Other Salaries Wages	<b>\$0.24</b>
<b>Grand Total</b>	<b>\$2.39</b>

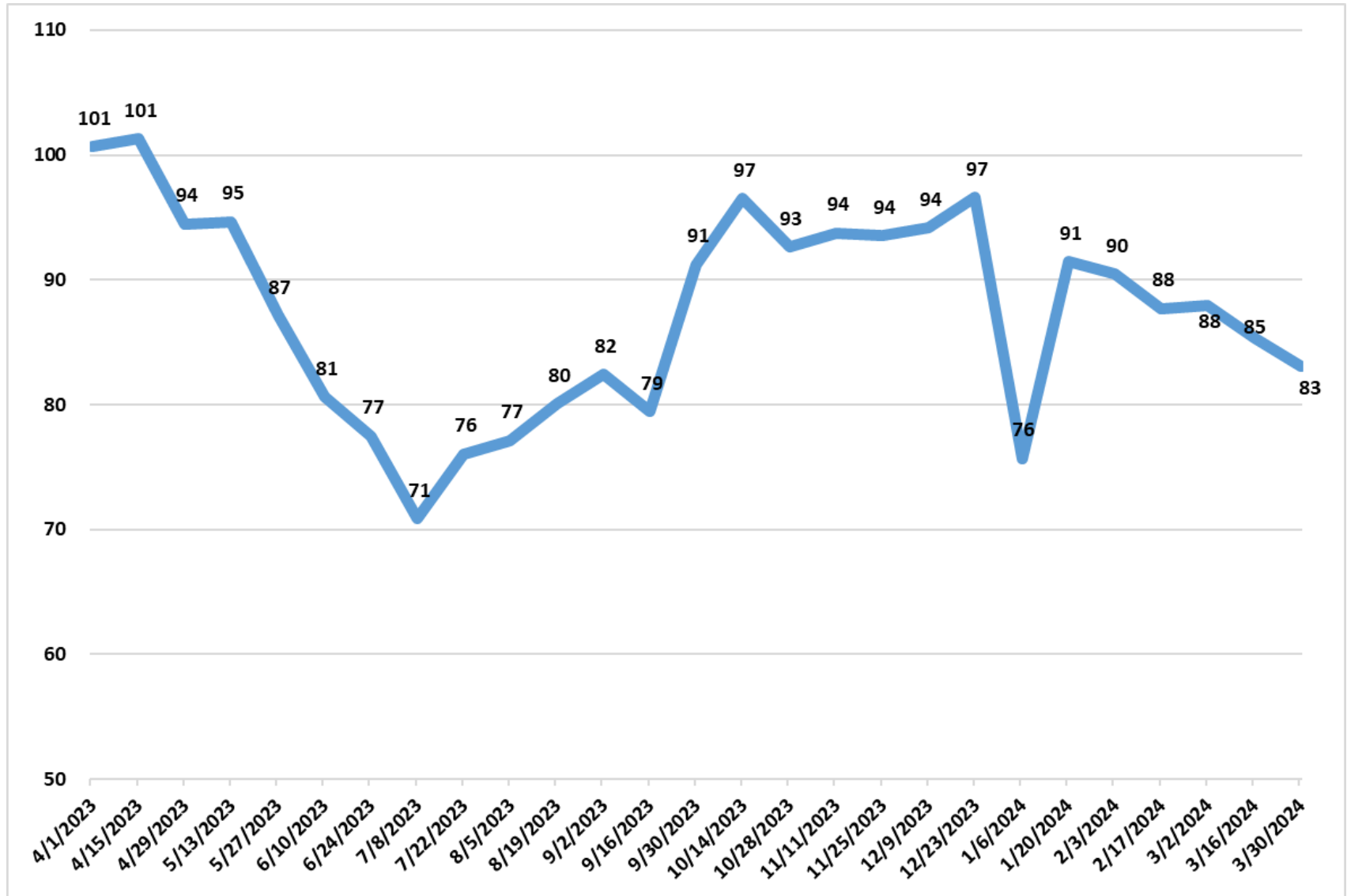
**\$ 800,001 Biweekly Impact**

**\$ 1,771,430 Monthly Impact**

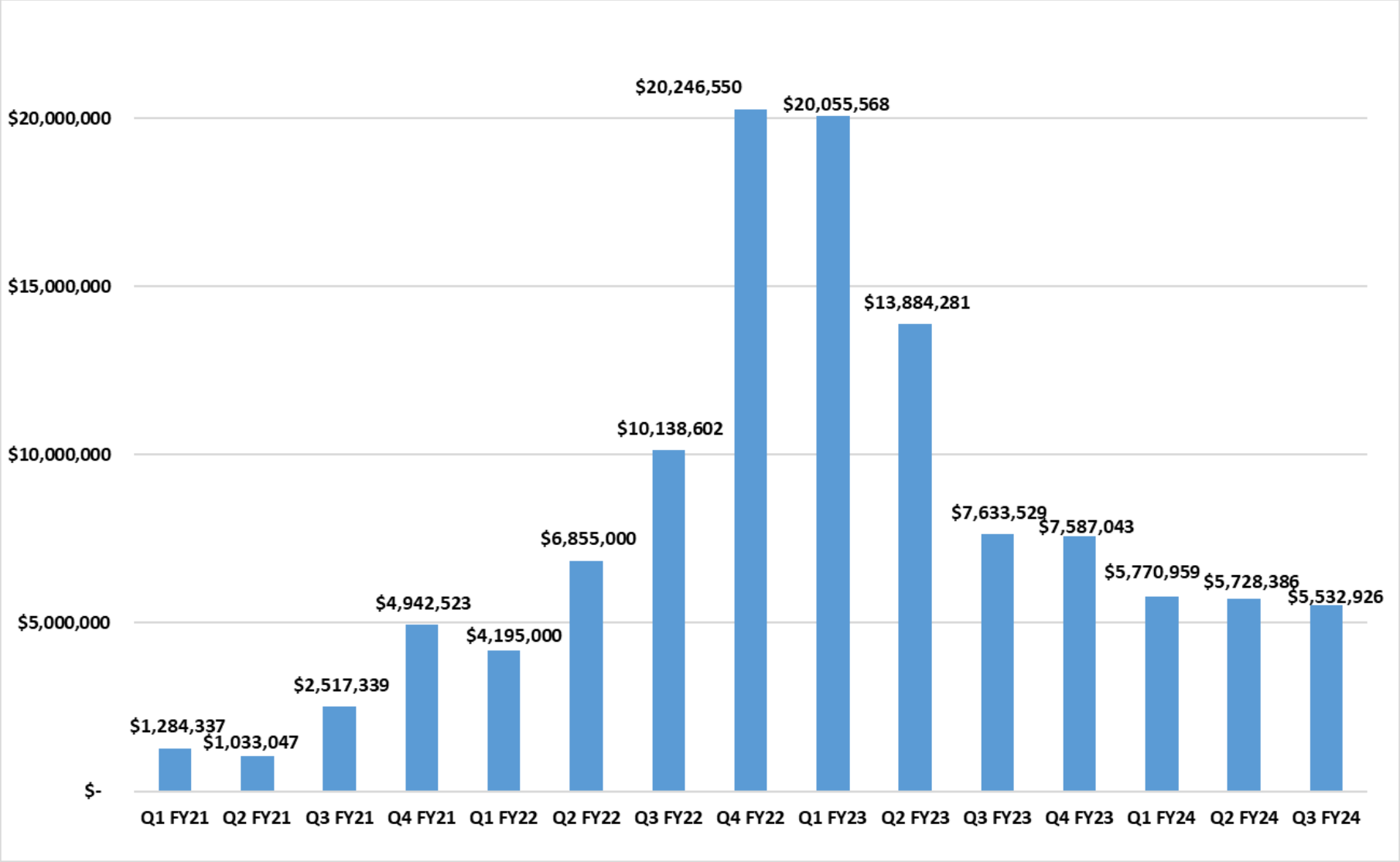
# Contract Labor by Department

Contract Labor Hours	Pay Period Ending Date		
	3/2/2024	3/16/2024	3/30/2024
Emergency-ED	1,860	1,834	1,922
M/S Ortho Neuro-4S	839	764	770
M/S CDU-2S	714	765	742
Labor Delivery	791	731	679
M/S Oncology-3S	495	502	559
Neonatal ICU-NICU	378	258	296
Radiology-KHMC	342	301	277
ICCU-15	264	248	292
Telemetry-14	226	295	259
SRCC Medical Oncology-Visalia	265	269	216
Medical/Surgical-3N	149	181	68
Nuclear Medicine-KHMC	108	156	95
OT-KHMC	80	77	81
Endoscopy	71	84	80
OT-KHRH/SNF	71	79	70
M/S Cardiac-2N	99	74	12
Cardiovascular ICU-CVICU	42	60	81
CT Scan-KHMC	71	71	36
Surgery	105	40	
Nuclear Medicine-KHDC	39		35
M/S Renal-4N		24	37
Pet CT-KHDC	10		24
OB Postpartum		12	
ICCU-3W	12		
M/S Broderick Pavillion-3E			12
<b>Grand Total</b>	<b>23,804</b>	<b>6,824</b>	<b>6,643</b>

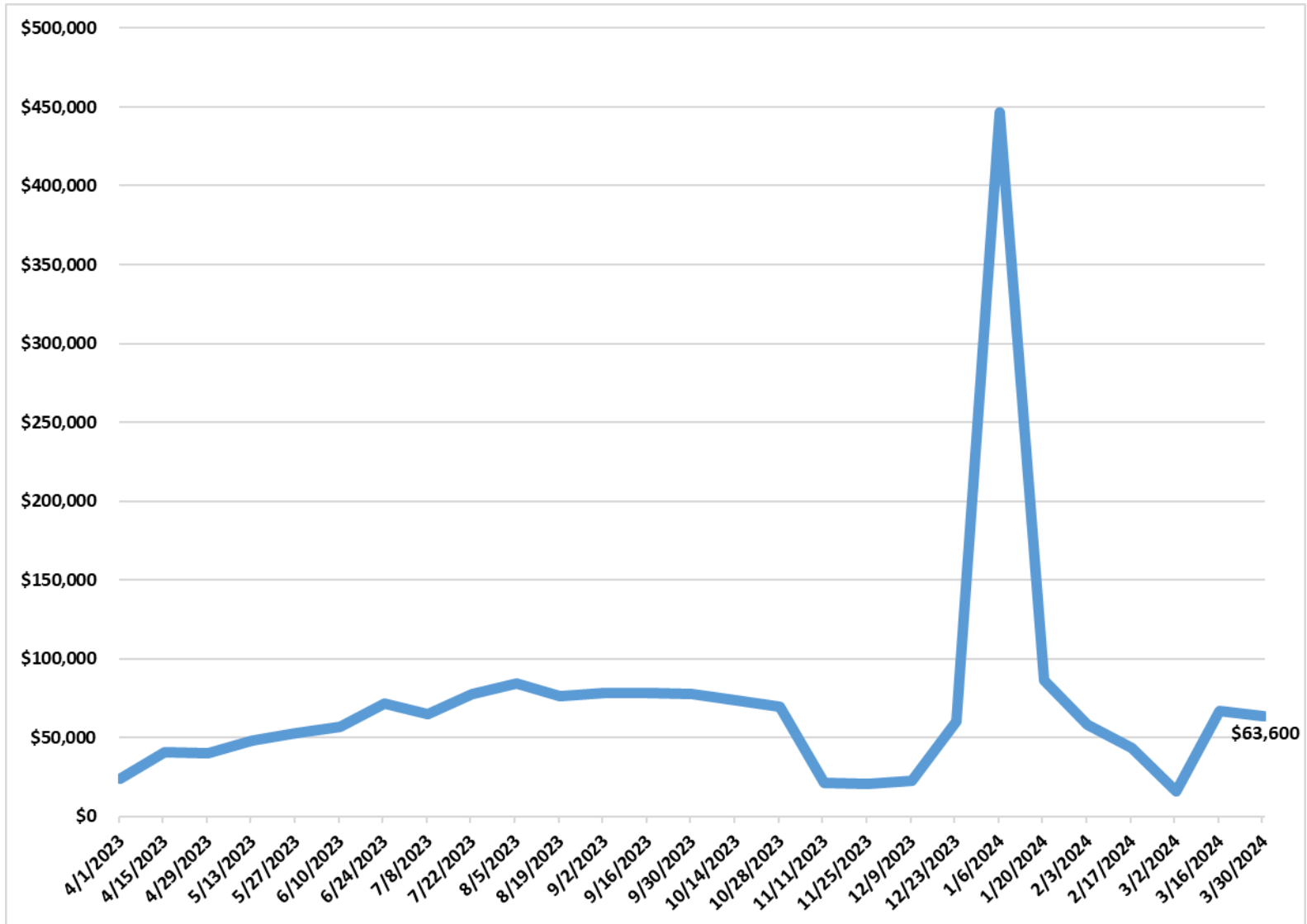
# Contract Labor Full Time Equivalents (FTEs)



# Quarterly Comparison: Contract Labor Expense

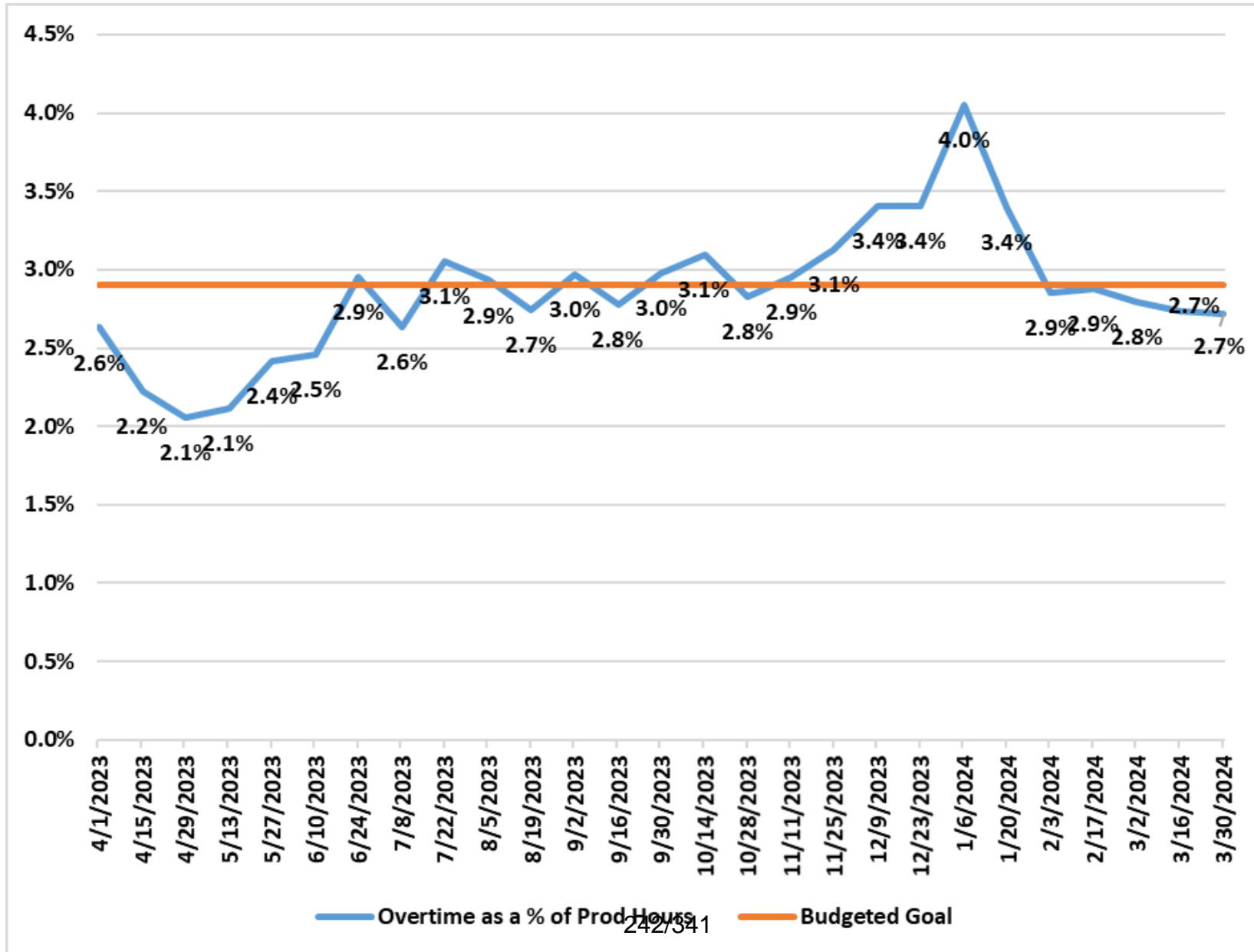


# Shift Bonus Expense

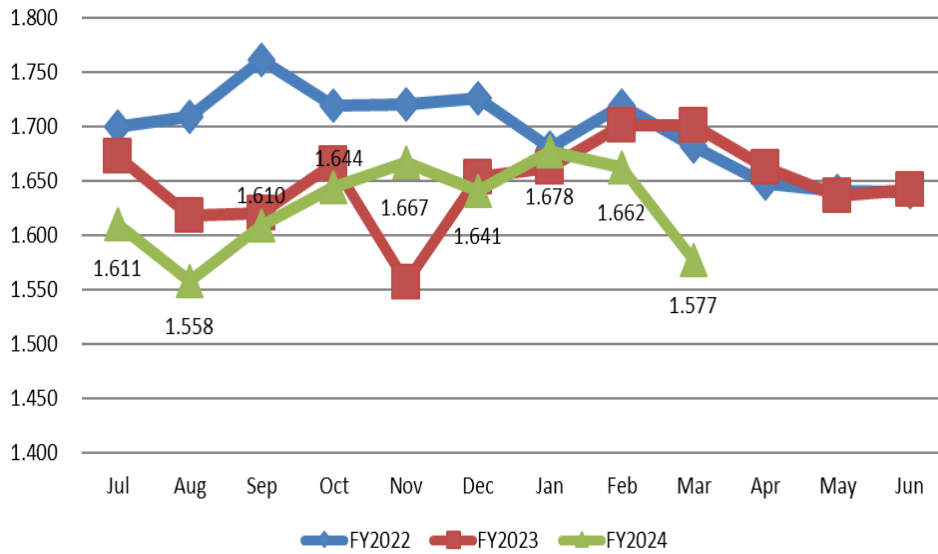




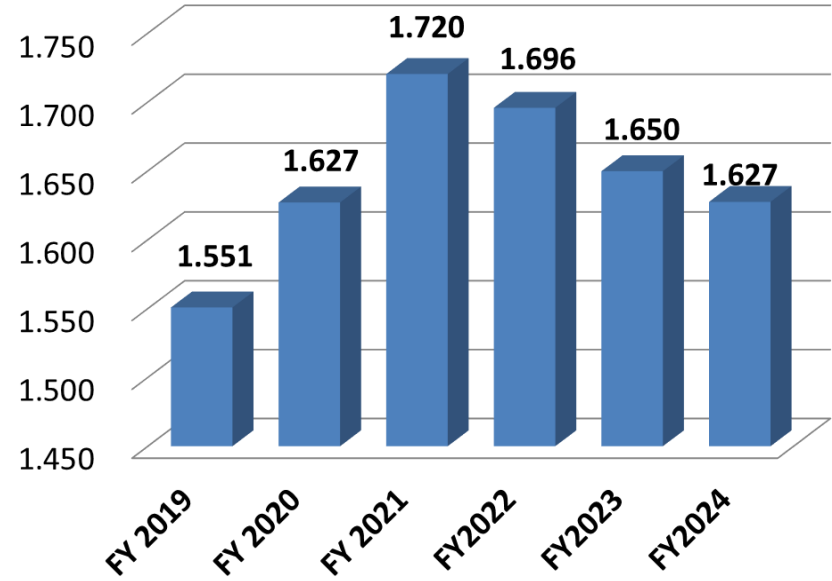
# Overtime as a % of Productive Hours



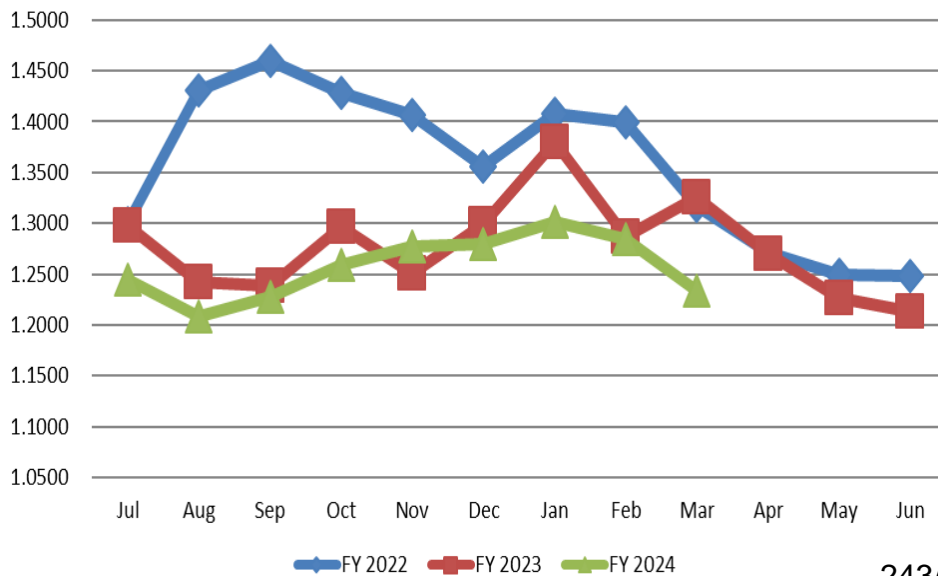
### Case Mix Index w/o Normal Newborns



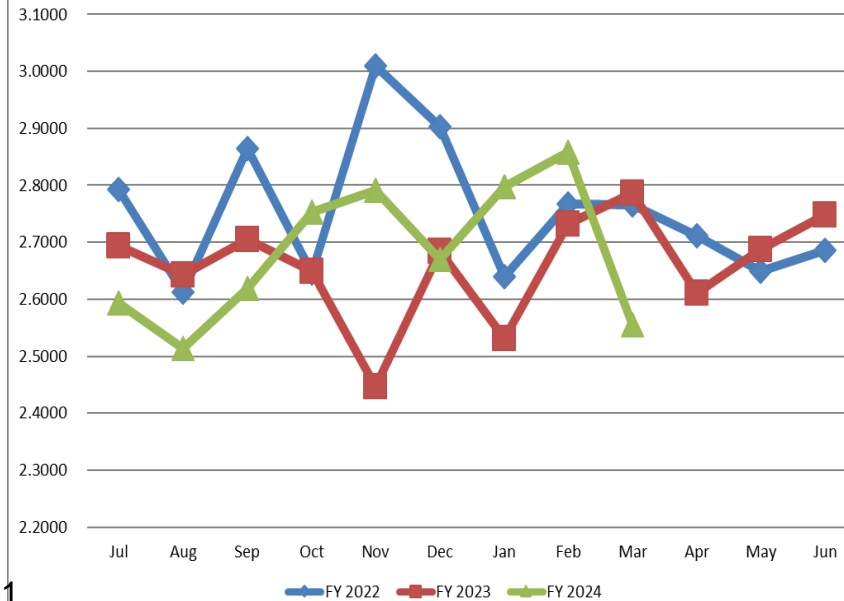
### Case Mix Index w/o Normal Newborns - All



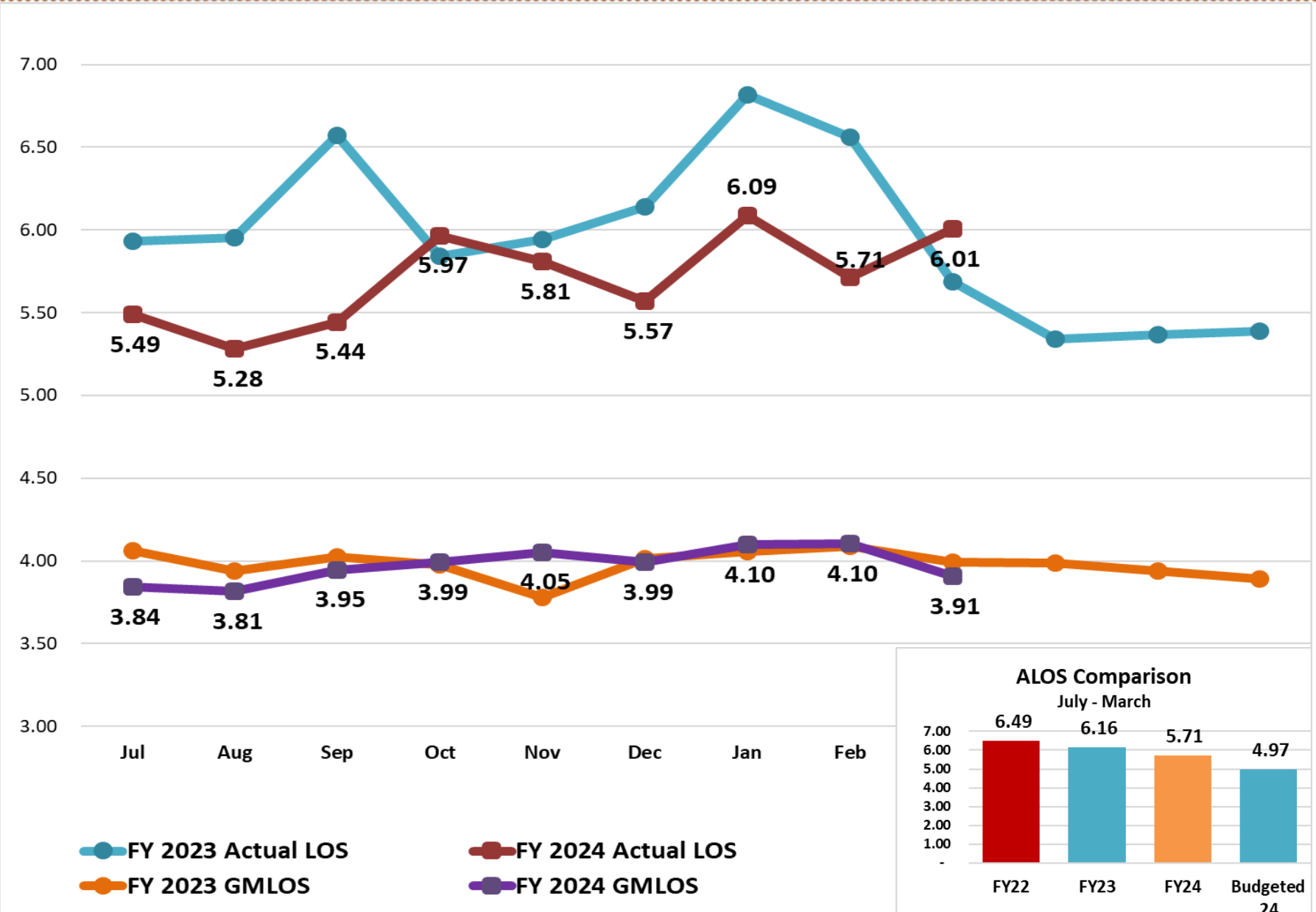
### Case Mix **Medical** w/o Normal Newborns



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



# Average Length of Stay versus National Average (GMLOS)

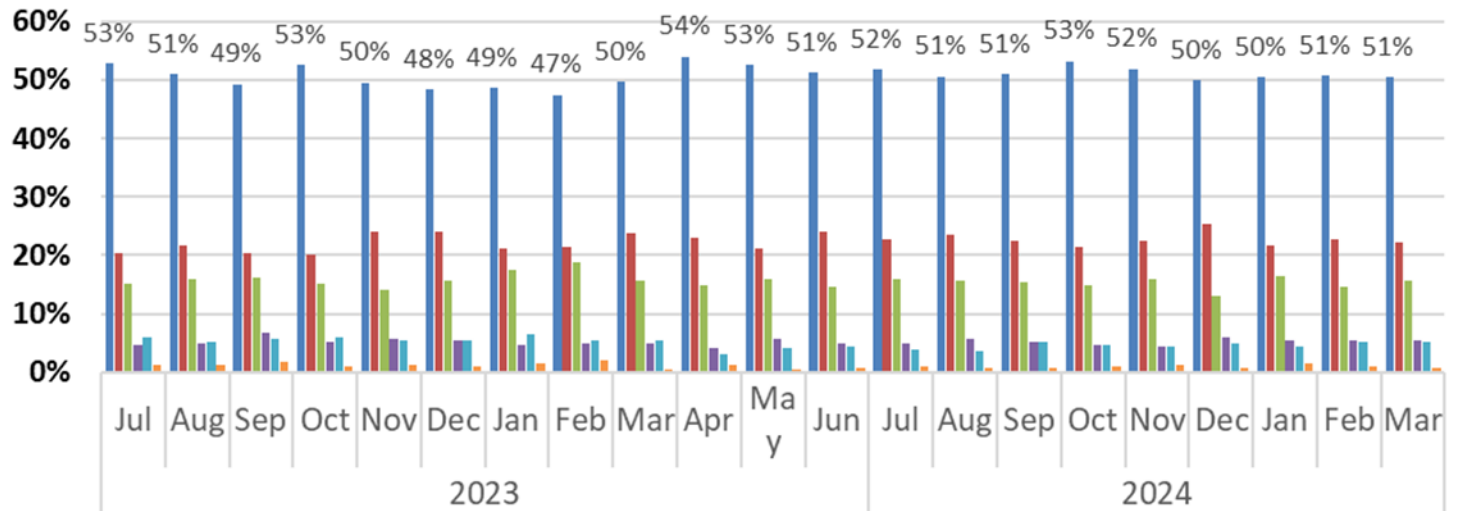


# Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients		
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP
Mar-22	6.60	4.02	2.58	5.97	3.97	2.00
Apr-22	5.79	3.99	1.80	5.86	3.83	2.03
May-22	5.98	3.94	2.04	5.86	3.89	1.97
Jun-22	6.11	3.97	2.14	5.67	3.98	1.69
Jul-22	5.93	4.06	1.87	5.61	3.88	1.73
Aug-22	5.95	3.94	2.01	5.63	3.88	1.75
Sep-22	6.57	4.02	2.55	5.66	3.90	1.76
Oct-22	5.83	3.98	1.85	5.62	3.82	1.80
Nov-22	5.94	3.78	2.16	6.32	3.95	2.37
Dec-22	6.14	4.01	2.13	5.63	3.91	1.72
Jan-23	6.82	4.06	2.76	5.88	3.74	2.14
Feb-23	6.56	4.09	2.47	5.69	3.92	1.77
Mar-23	5.69	3.99	1.70	6.30	3.95	2.35
Apr-23	5.34	3.99	1.35	6.36	4.04	2.32
May-23	5.36	3.94	1.42	5.56	3.93	1.63
Jun-23	5.38	3.89	1.49	5.05	3.94	1.11
Jul-23	5.49	3.84	1.65	5.14	3.91	1.23
Aug-23	5.28	3.81	1.47	5.47	3.82	1.65
Sep-23	5.44	3.95	1.50	5.22	3.77	1.45
Oct-23	5.97	3.99	1.98	5.39	3.91	1.48
Nov-23	5.81	4.05	1.75	5.92	3.97	1.95
Dec-23	5.57	3.99	1.58	5.60	4.02	1.59
Jan-24	6.09	4.10	1.99	5.55	3.96	1.59
Feb-24	5.71	4.10	1.61	5.95	4.08	1.87
Mar-24	6.01	3.91	2.10	5.73	4.09	1.64
	<b>5.93</b>	<b>3.99</b>	<b>1.94</b>	<b>5.72</b>	<b>3.92</b>	<b>1.80</b>

# Average Length of Stay Distribution

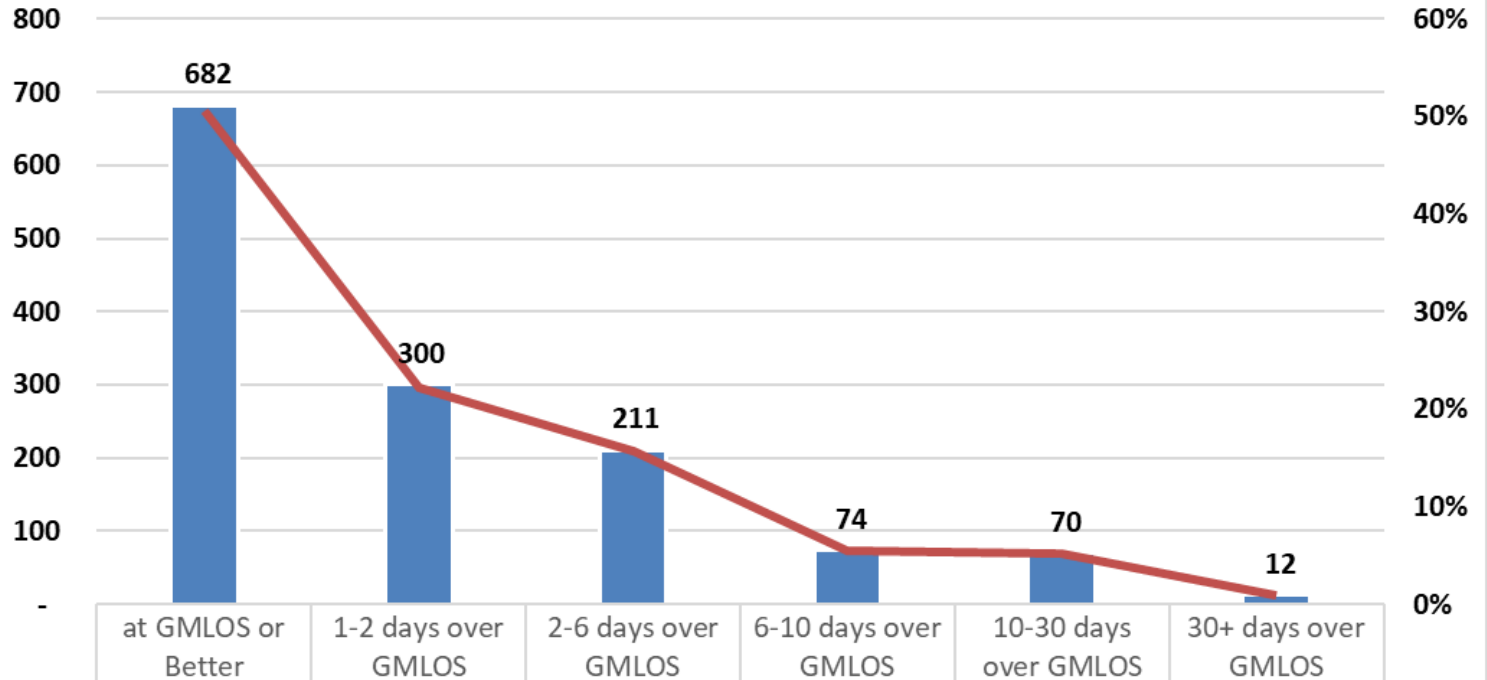
## FY24 Overall LOS Distribution



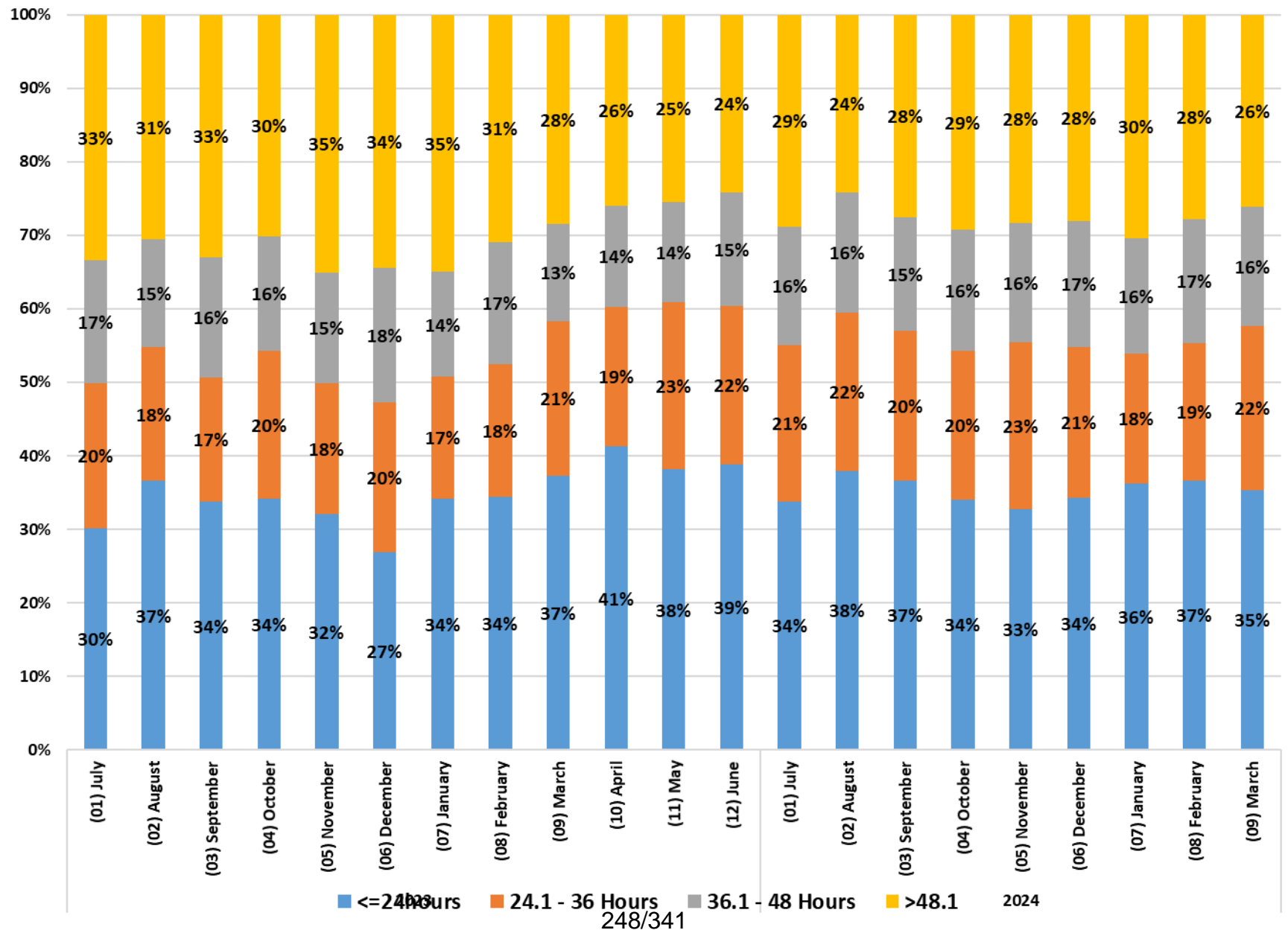
■ at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	47%	50%	54%	53%	51%	52%	51%	51%	53%	52%	50%	50%	51%	51%
■ 1-2 days over GMLOS	20%	22%	20%	20%	24%	24%	21%	21%	24%	23%	21%	24%	23%	23%	23%	21%	22%	25%	22%	23%	22%
■ 2-6 days over GMLOS	15%	16%	16%	15%	14%	16%	17%	19%	16%	15%	16%	15%	16%	16%	15%	15%	16%	13%	16%	15%	16%
■ 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%
■ 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%
■ 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%

# Average Length of Stay Distribution

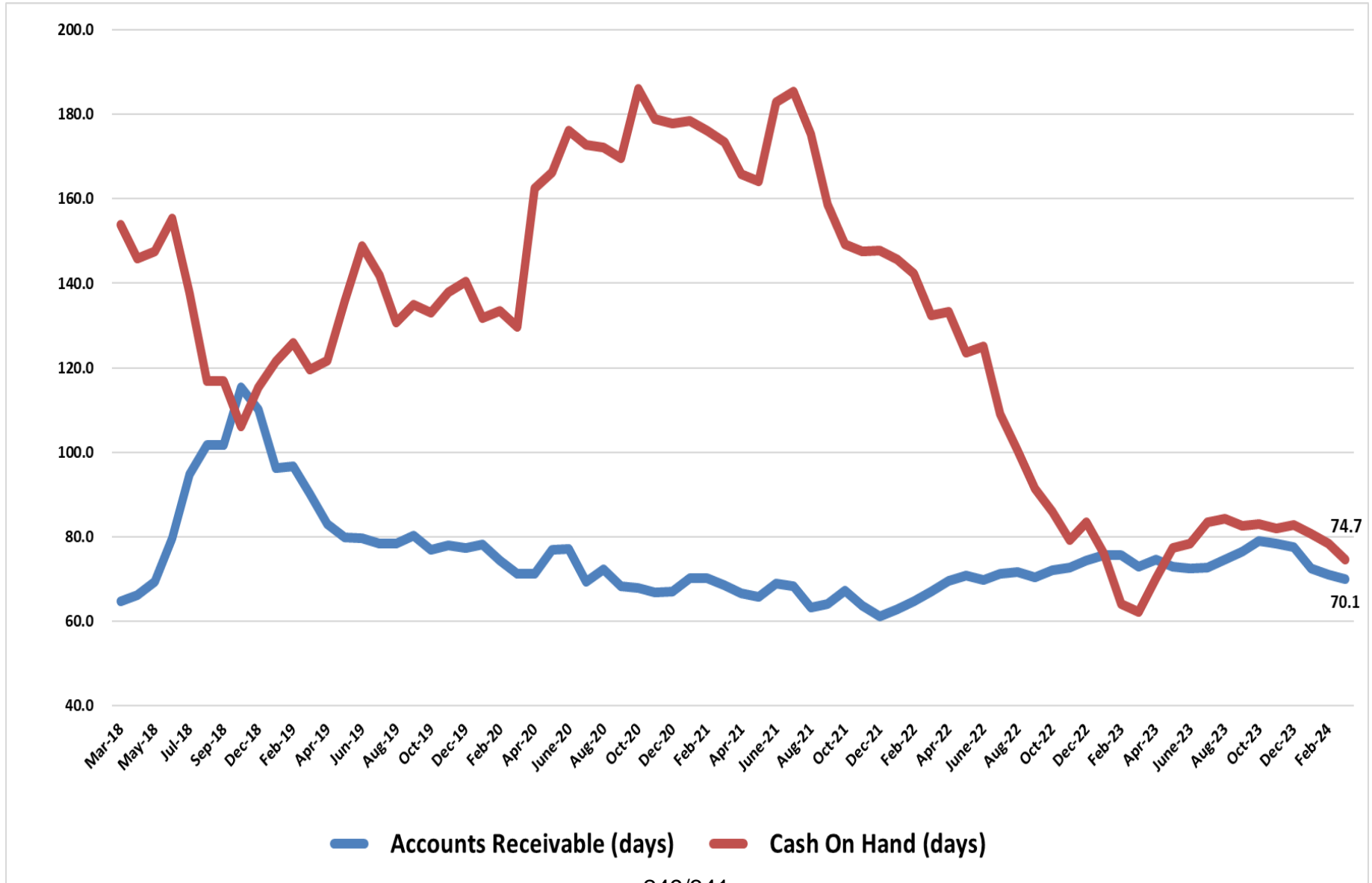
## Mar FY 2024 Overall LOS Distribution



# Monthly Discharges of Observation Patients by their Length of Stay



# Trended Liquidity Ratios





# Ratio Analysis Report

	Current	Prior	6/30/2023	2022 Moody's		
	Month	Month	6/30/2023	Median Benchmark		
	Value	Value	Value	Aa	A	Baa
<b>LIQUIDITY RATIOS</b>						
Current Ratio (x)	3.2	3.1	2.7	1.5	<b>1.8</b>	1.7
Accounts Receivable (days)	70.1	71.0	72.5	48.7	<b>48</b>	43.8
Cash On Hand (days)	74.7	78.4	78.3	276.5	<b>206.5</b>	157.6
Cushion Ratio (x)	7.4	7.7	10.3	44.3	<b>24.9</b>	17.3
Average Payment Period (days)	49.3	48.5	44.7	79	<b>66.7</b>	68.1
<b>CAPITAL STRUCTURE RATIOS</b>						
Cash-to-Debt	72.0%	72.7%	84.7%	259.9%	<b>173.7%</b>	128.6%
Debt-To-Capitalization	36.8%	37.5%	35.2%	23.4%	<b>31.8%</b>	37.5%
Debt-to-Cash Flow (x)	5.1	5.1	(128.9)	2.8	<b>3.6</b>	5
Debt Service Coverage	2.5	2.6	(0.1)	6.1	<b>4.5</b>	2.8
Maximum Annual Debt Service Coverage (x)	2.0	2.1	(0.1)	5.9	<b>3.8</b>	2.4
Age Of Plant (years)	15.1	15.0	12.2	11.4	<b>12.8</b>	13.7
<b>PROFITABILITY RATIOS</b>						
Operating Margin	(1.4%)	(1.2%)	(6.9%)	1.5%	<b>0.1%</b>	(2.1%)
Excess Margin	0.9%	1.0%	(5.5%)	4.8%	<b>2.7%</b>	(.3%)
Operating Cash Flow Margin	3.5%	3.6%	(1.3%)	6.1%	<b>5.6%</b>	3.6%
Return on Assets	0.9%	1.0%	(5.7%)	3.3%	<b>1.9%</b>	(.3%)

# Consolidated Statements of Net Position (000's)

	Mar-24	Feb-24	Change	% Change	Jun-23
					<b>(Audited)</b>
<b>ASSETS AND DEFERRED OUTFLOWS</b>					
<b>CURRENT ASSETS</b>					
Cash and cash equivalents	\$ 4,000	\$ (1,957)	\$ 5,957	-304.34%	\$ 4,127
Current Portion of Board designated and trusted assets	23,062	21,644	1,418	6.55%	14,978
Accounts receivable:					
Net patient accounts	136,553	133,134	3,420	2.57%	132,621
Other receivables	53,948	56,627	(2,679)	-4.73%	27,475
	190,501	189,761	740	0.39%	160,096
Inventories	14,514	14,276	237	1.66%	13,117
Medicare and Medi-Cal settlements	109,745	105,732	4,013	3.80%	81,412
Prepaid expenses	10,106	10,573	(467)	-4.42%	9,037
Total current assets	351,928	340,028	11,899	3.50%	282,767
<b>NON-CURRENT CASH AND INVESTMENTS -</b>					
less current portion					
Board designated cash and assets	156,252	171,024	(14,772)	-8.64%	174,916
Revenue bond assets held in trust	19,161	19,166	(5)	-0.02%	18,605
Assets in self-insurance trust fund	520	518	1	0.28%	956
Total non-current cash and investments	175,933	190,708	(14,775)	-7.75%	194,477
<b>INTANGIBLE RIGHT TO USE LEASE,</b>	11,300	11,548	(248)	-2.15%	11,249
net of accumulated amortization					
<b>INTANGIBLE RIGHT TO USE SBITA,</b>	8,418	8,418	-	0.00%	8,417
net of accumulated amortization					
<b>CAPITAL ASSETS</b>					
Land	20,544	20,544	-	0.00%	17,542
Buildings and improvements	428,039	428,039	-	0.00%	427,105
Equipment	331,782	331,450	332	0.10%	328,663
Construction in progress	22,484	21,832	652	2.99%	25,413
	802,849	801,865	984	0.12%	798,723
Less accumulated depreciation	504,723	502,242	2,481	0.49%	486,537
	298,126	299,623	(1,497)	-0.50%	312,186
<b>OTHER ASSETS</b>					
Property not used in operations	1,496	1,499	(3)	-0.22%	1,533
Health-related investments	1,883	1,844	38	2.07%	2,841
Other	14,155	14,161	(7)	-0.05%	13,350
Total other assets	17,533	17,505	28	0.16%	17,724
Total assets	863,237	867,829	(4,592)	-0.53%	826,820
<b>DEFERRED OUTFLOWS</b>	23,788	23,821	(33)	-0.14%	24,083
<b>Total assets and deferred outflows</b>	<b>\$ 887,025</b>	<b>\$ 891,649</b>	<b>\$ (4,625)</b>	<b>-0.52%</b>	<b>\$ 850,903</b>

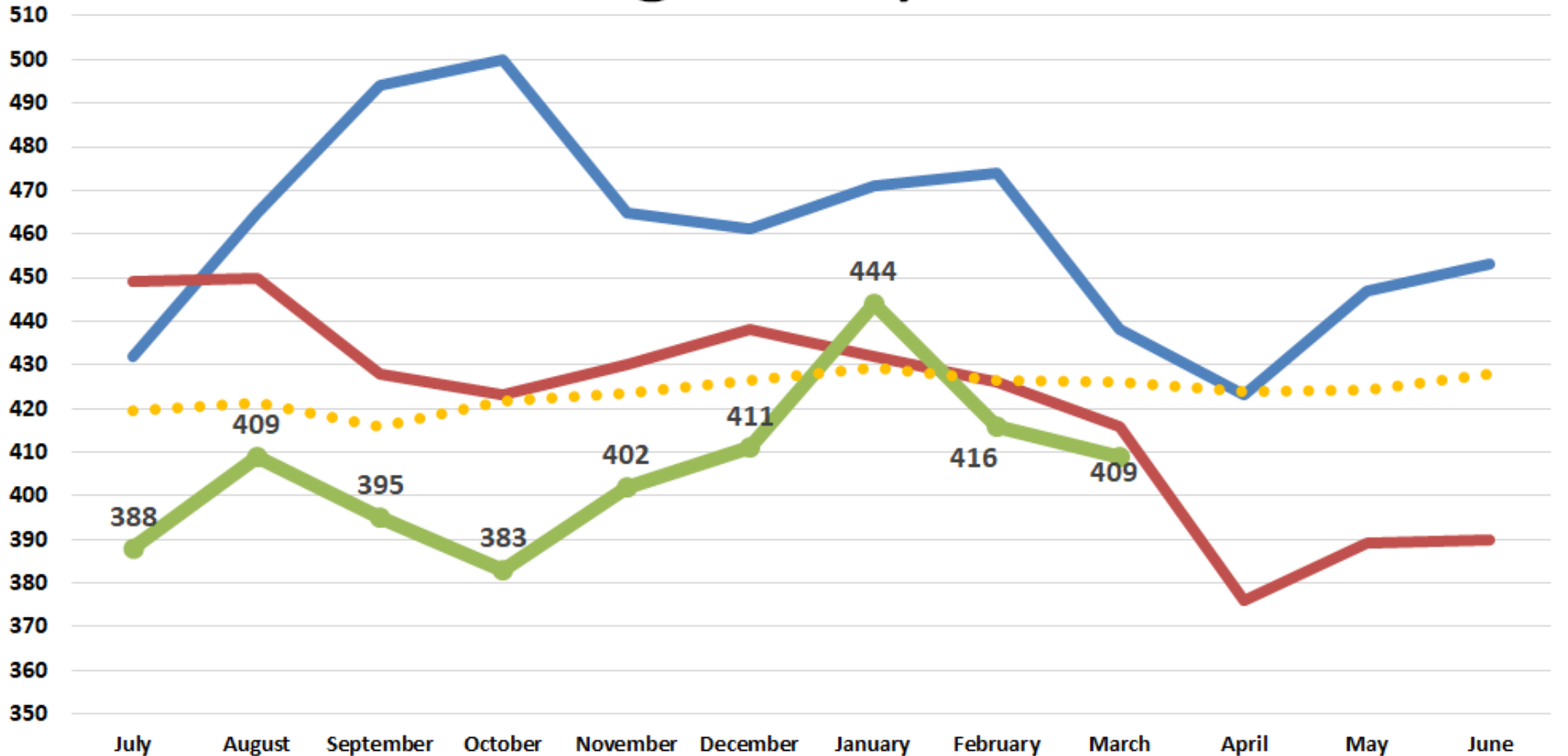
# Consolidated Statements of Net Position (000's)

	Mar-24	Feb-24	Change	% Change	Jun-23
<b>LIABILITIES AND NET ASSETS</b>					
<b>CURRENT LIABILITIES</b>					
Accounts payable and accrued expenses	\$ 28,019	\$ 27,696	\$ 323	1.17%	\$ 30,636
Accrued payroll and related liabilities	59,431	57,458	1,972	3.43%	50,478
SBITA liability, current portion	2,734	2,734	-	0.00%	2,734
Lease liability, current portion	2,614	2,614	-	0.00%	2,614
Bonds payable, current portion	10,105	10,105	-	0.00%	12,159
Notes payable, current portion	7,895	7,895	-	0.00%	7,895
Total current liabilities	110,798	108,503	2,295	2.12%	106,516
<b>LEASE LIABILITY, net of current portion</b>	8,833	9,075	(241)	-2.66%	8,741
<b>SBITA LIABILITY, net of current portion</b>	4,425	4,425	-	0.00%	4,426
<b>LONG-TERM DEBT, less current portion</b>					
Bonds payable	227,318	227,325	(7)	0.00%	227,378
Notes payable	22,705	30,600	(7,895)	-25.80%	9,850
Total long-term debt	250,023	257,925	(7,901)	-3.06%	237,228
<b>NET PENSION LIABILITY</b>	51,277	50,353	924	1.84%	42,961
<b>OTHER LONG-TERM LIABILITIES</b>	35,159	34,880	279	0.80%	30,984
Total liabilities	460,517	465,161	(4,644)	-1.00%	426,430
<b>NET ASSETS</b>					
Invested in capital assets, net of related debt	62,199	62,193	7	0.01%	75,776
Restricted	61,024	58,497	2,527	4.32%	50,013
Total net position	303,284	305,798	(2,514)	-0.82%	294,258
Total liabilities and net position	\$ 887,025	\$ 891,649	\$ (4,625)	-0.52%	\$ 850,903

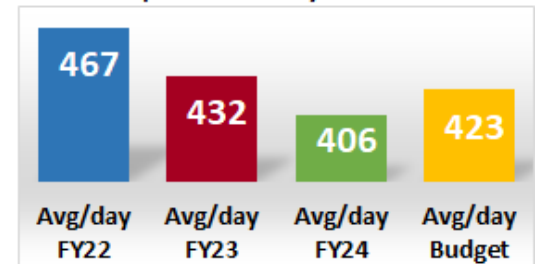
# Statistical Report

## March 2024

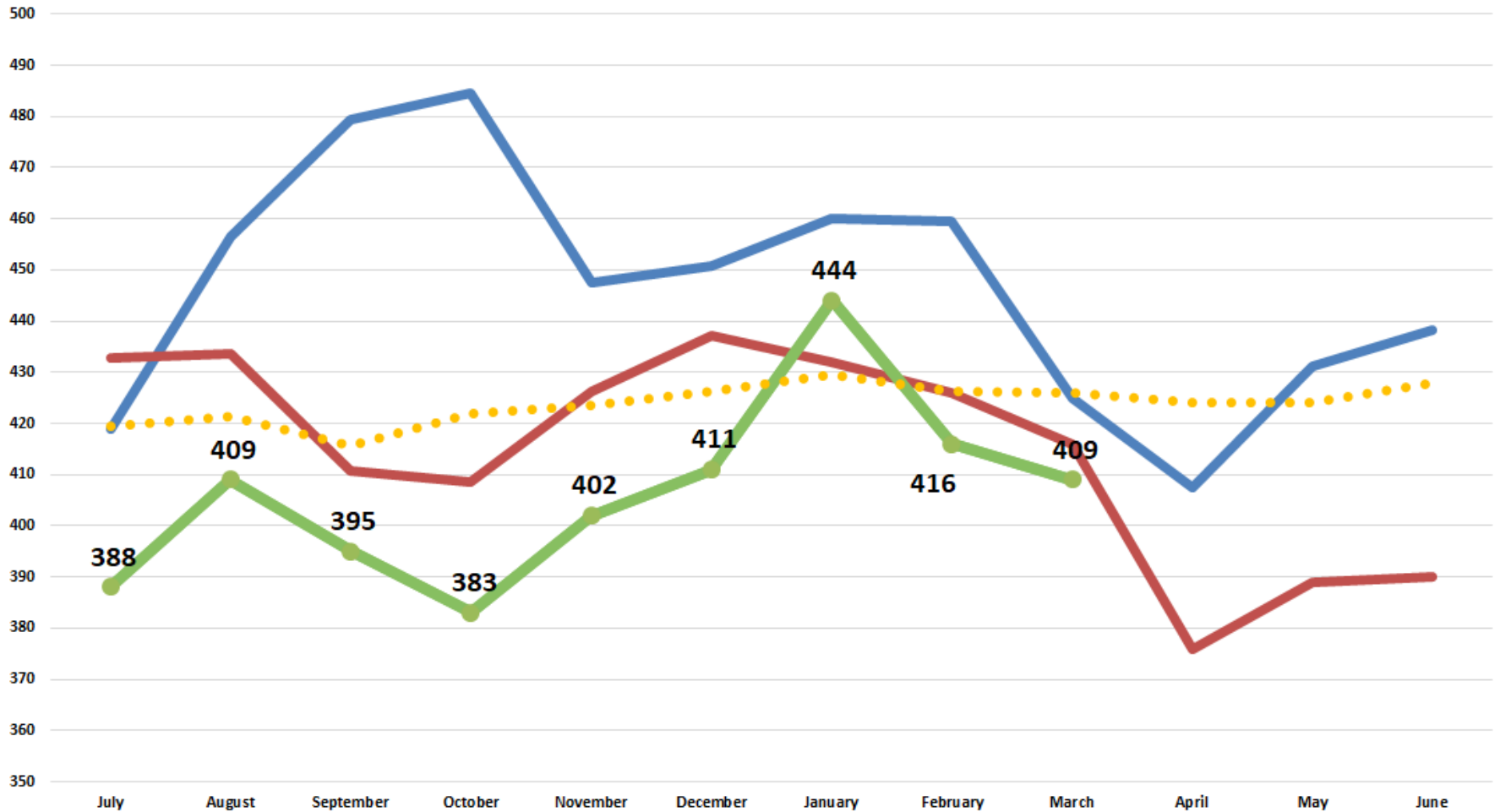
# Average Daily Census



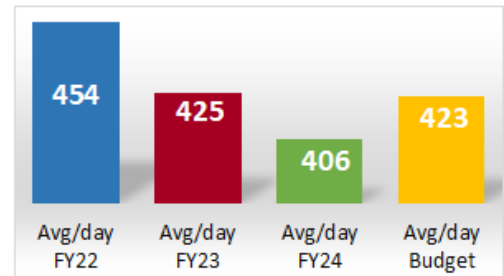
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



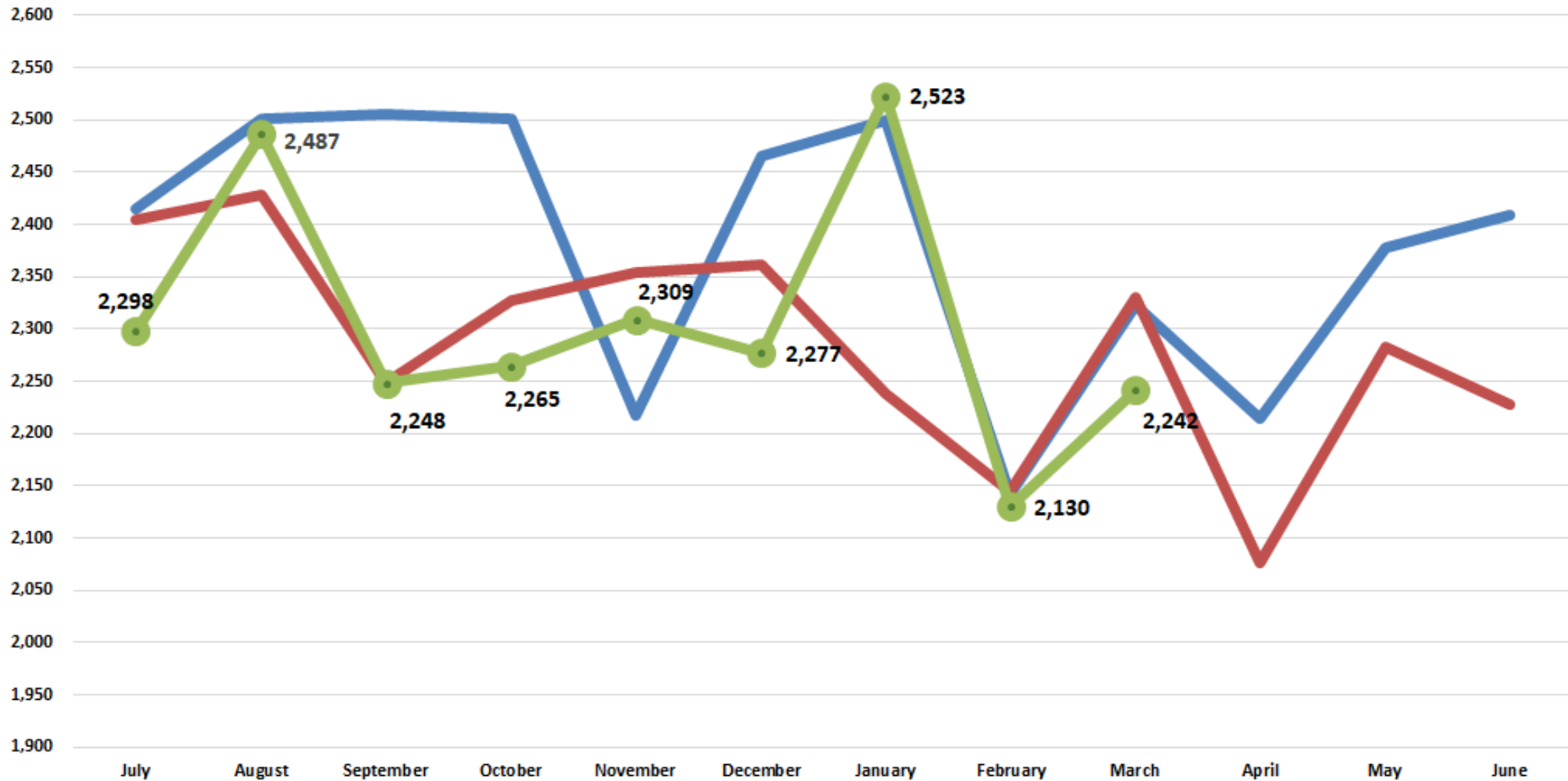
# Average Daily Census w/o TCS



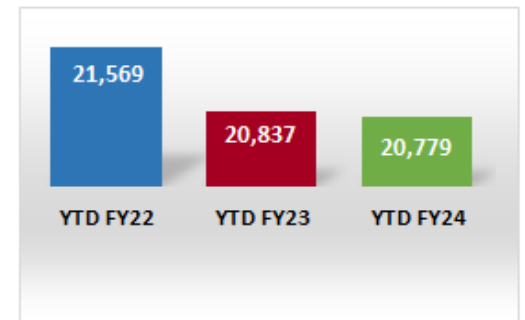
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



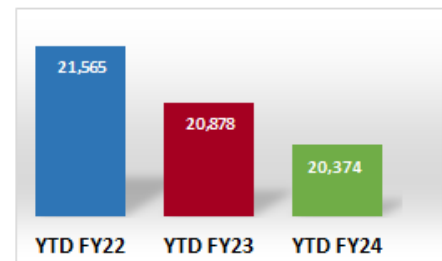
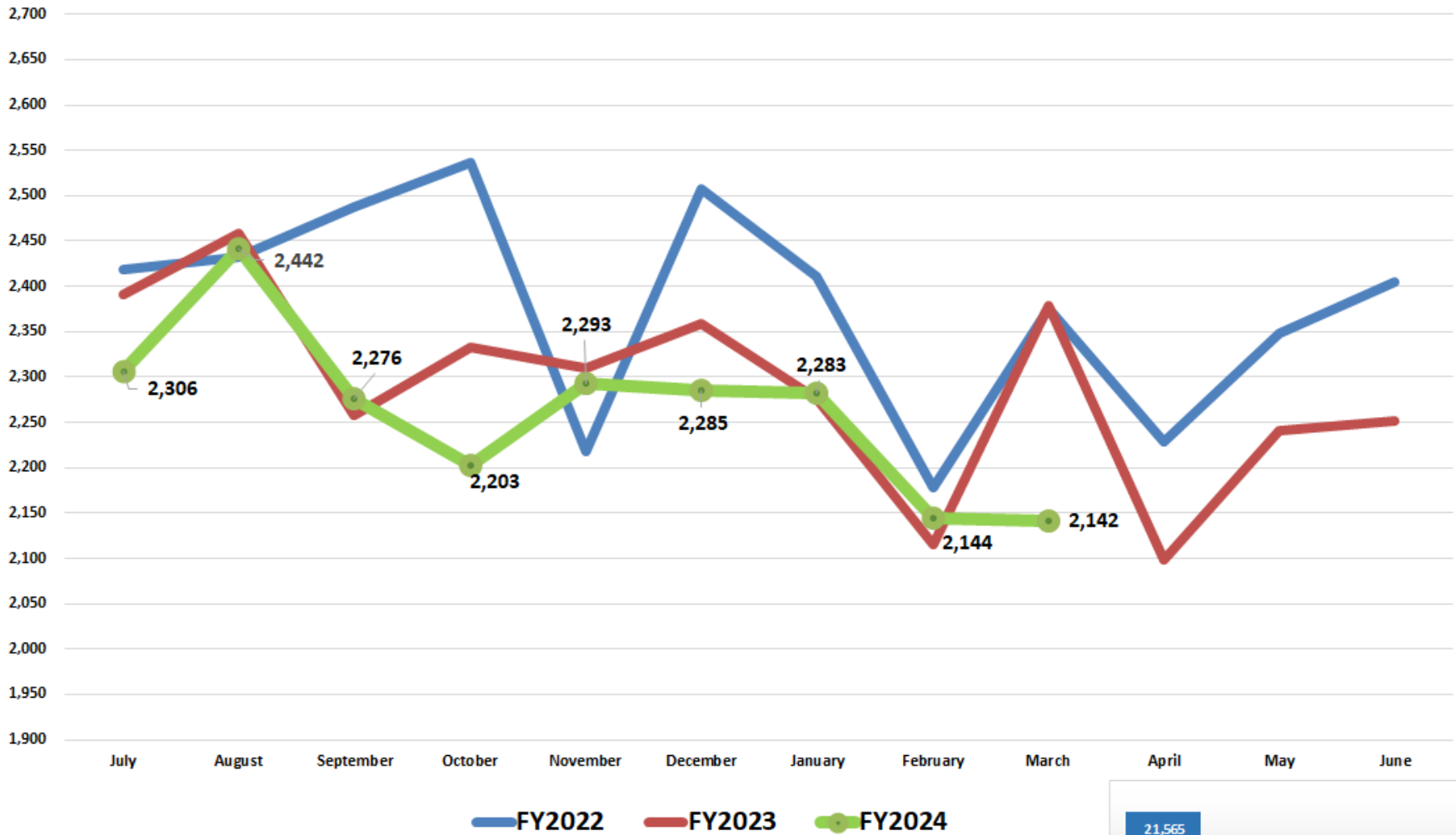
# Admissions



— FY2022 — FY2023 — FY2024

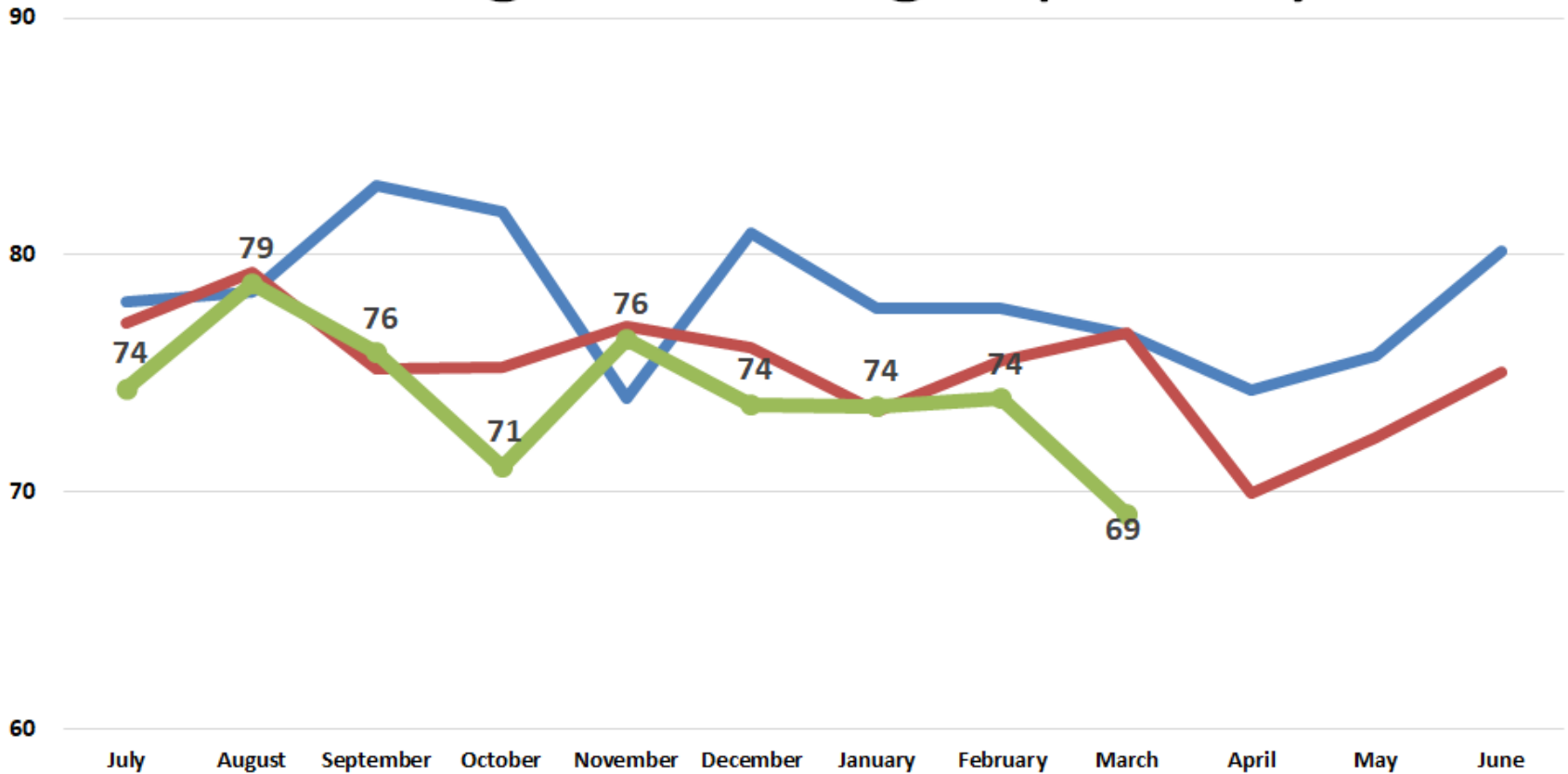


# Discharges





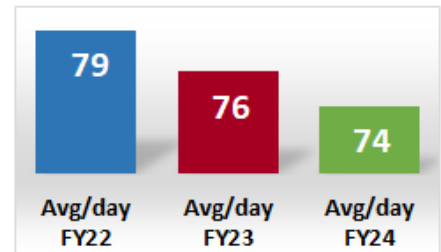
# Average Discharges per day



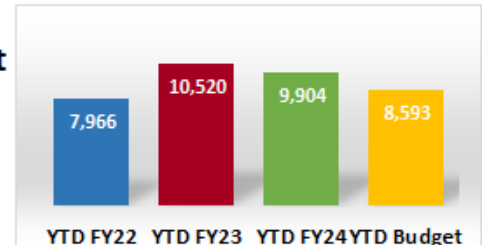
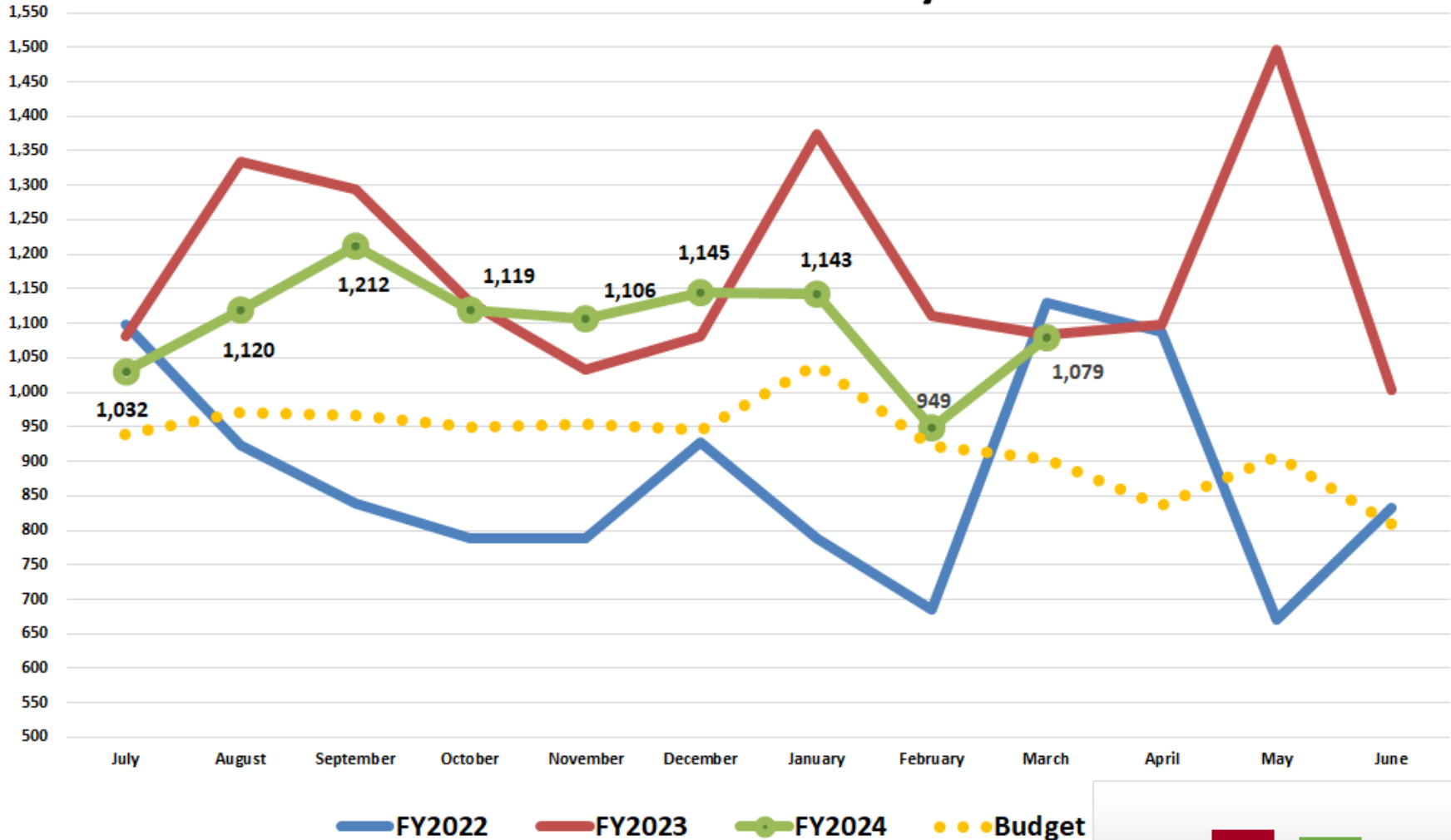
FY2022

FY2023

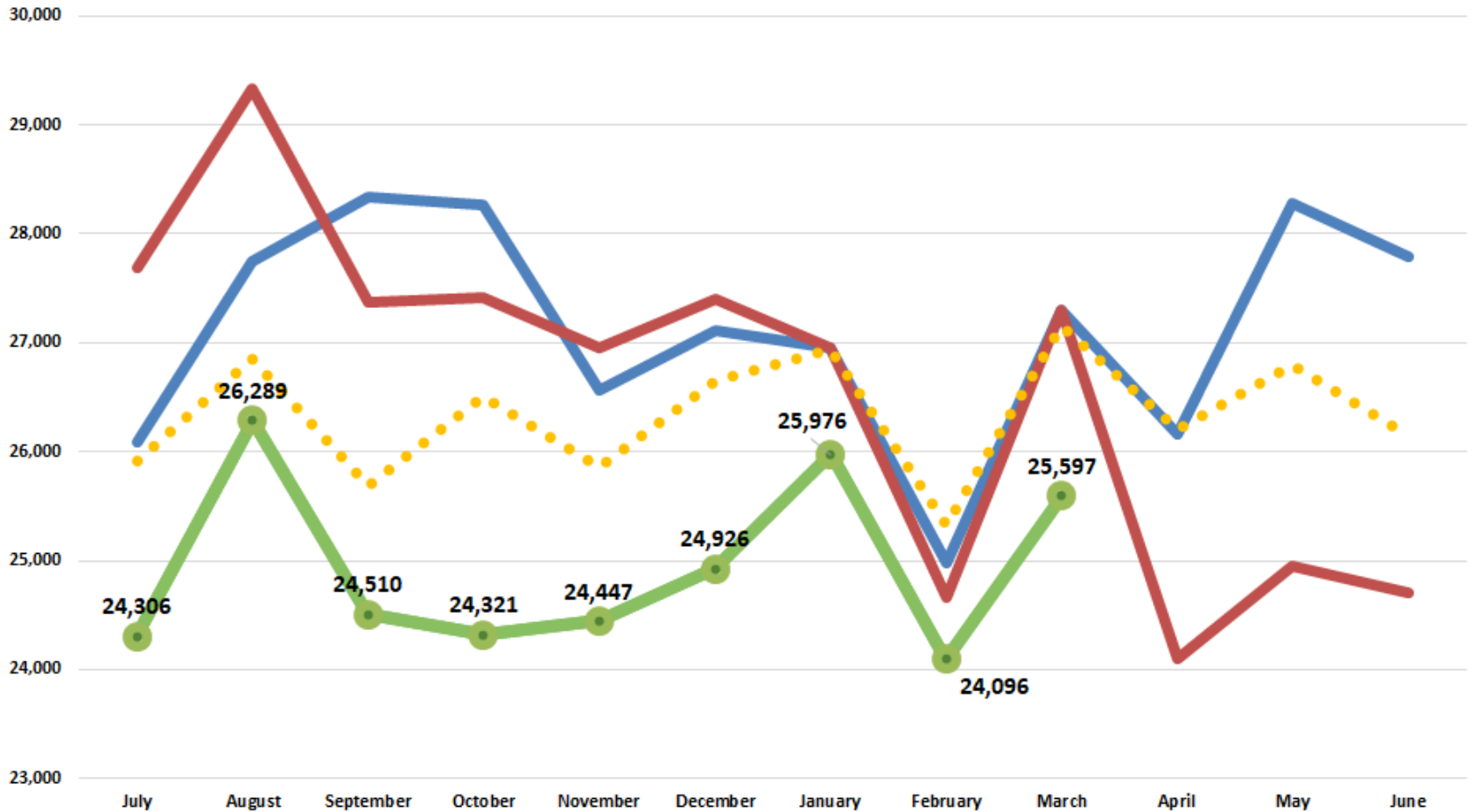
FY2024



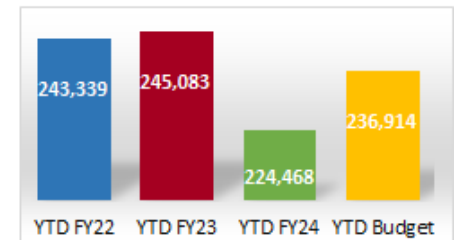
# Observation Days



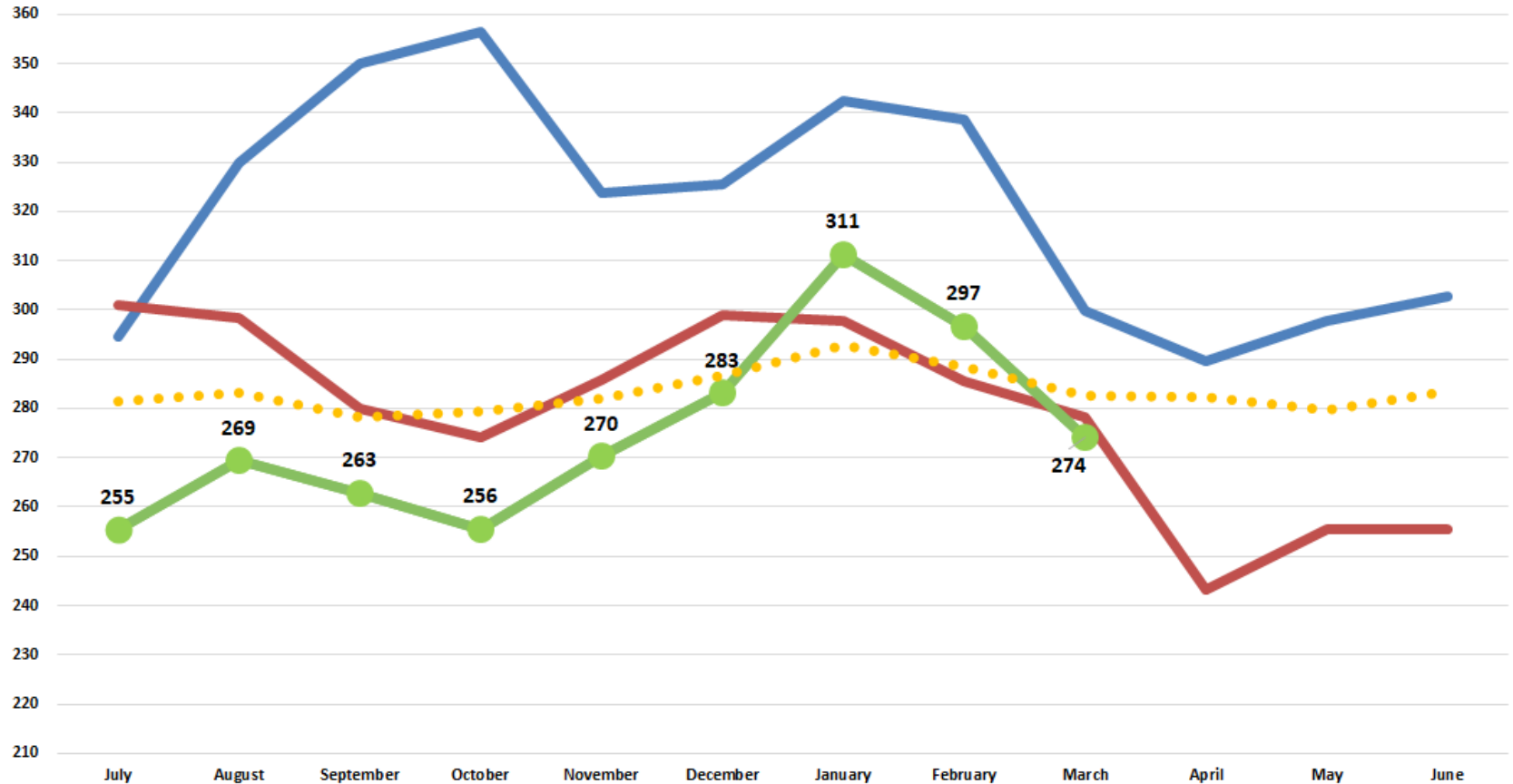
# Adjusted Patient Days



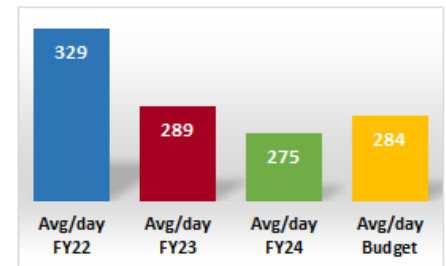
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



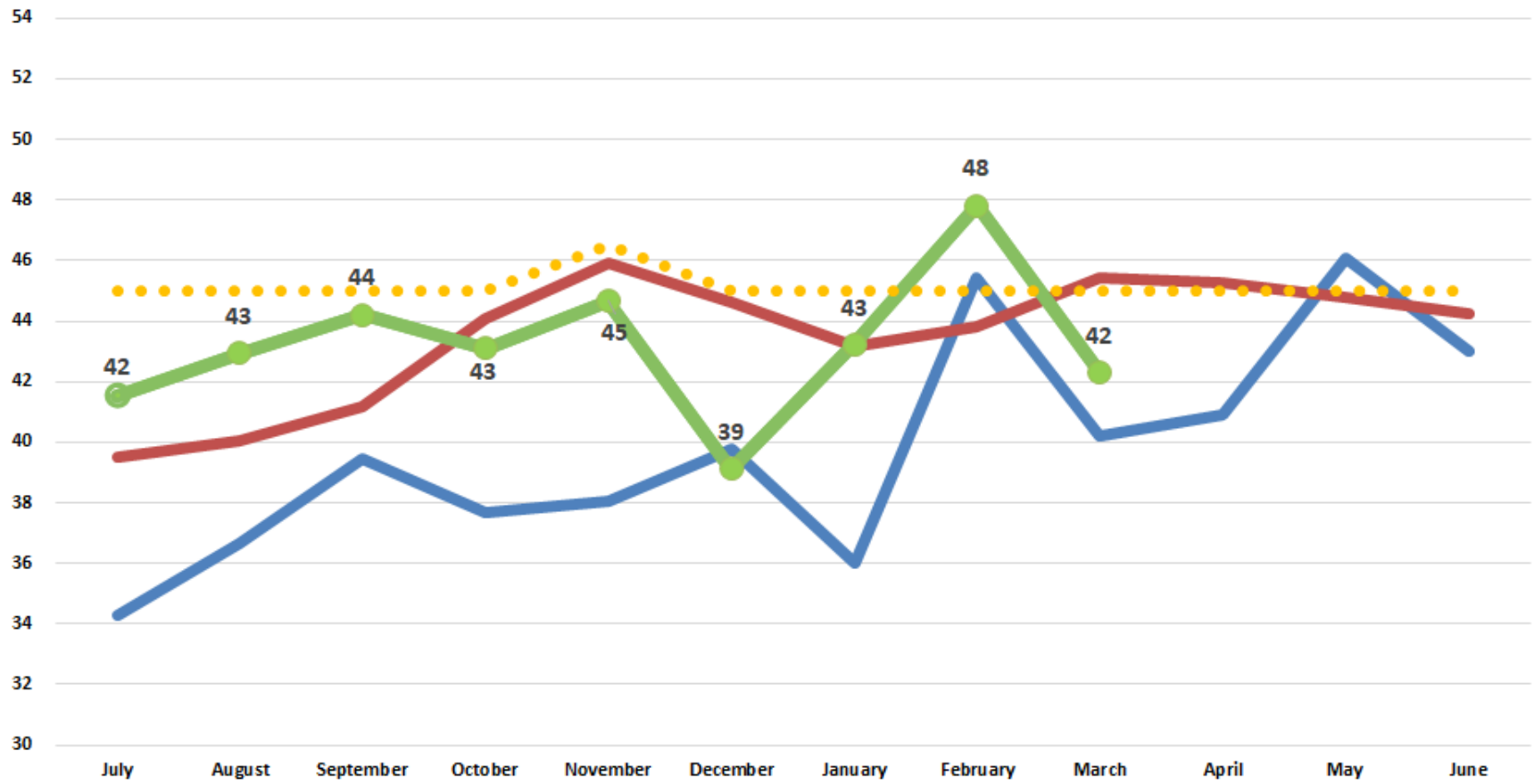
# Medical Center (Avg Patients Per Day)



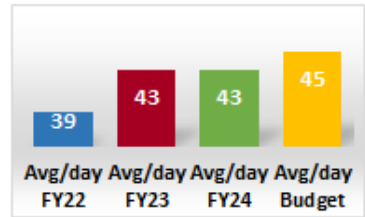
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



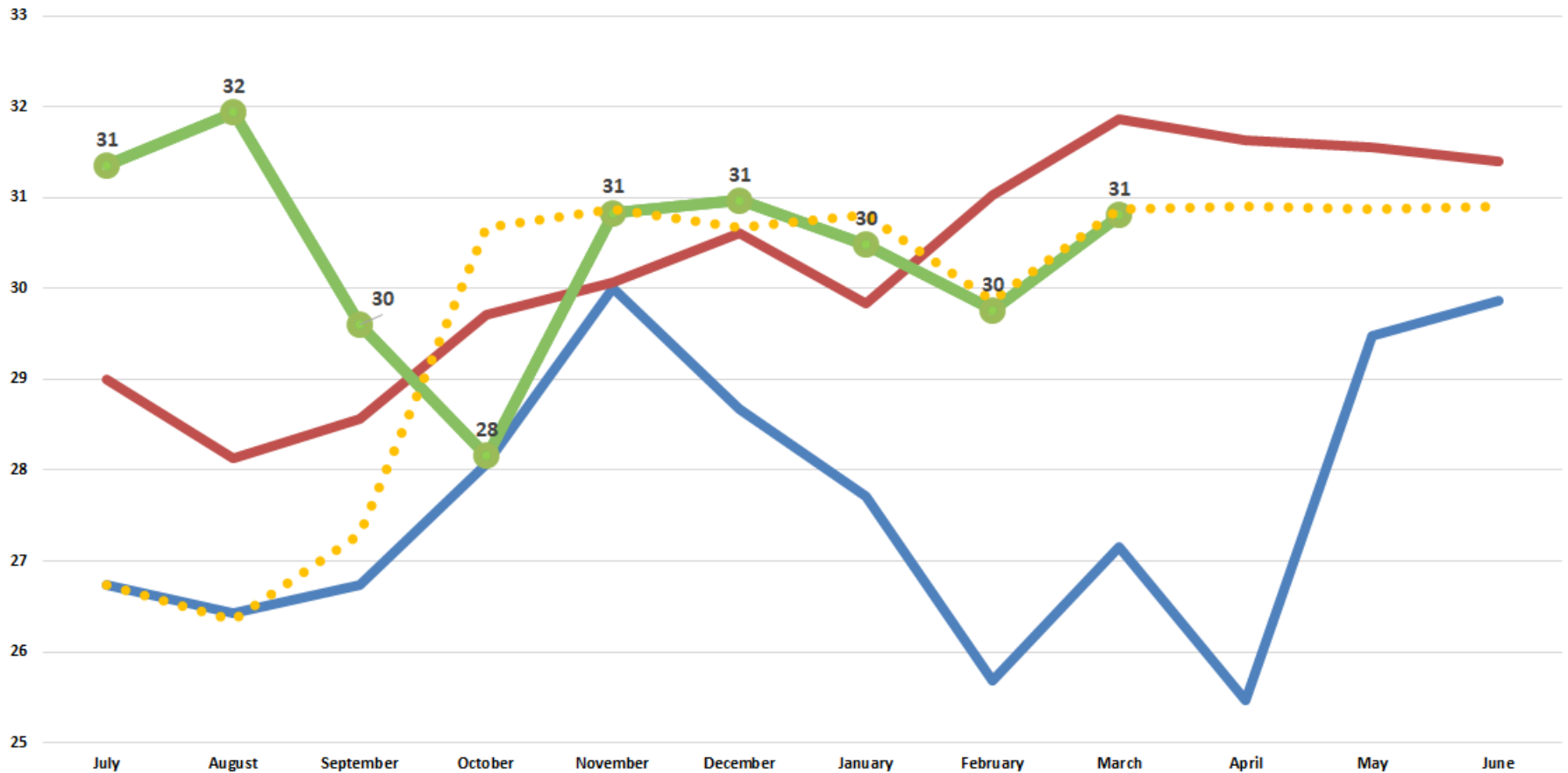
# Acute I/P Psych (Avg Patients Per Day)



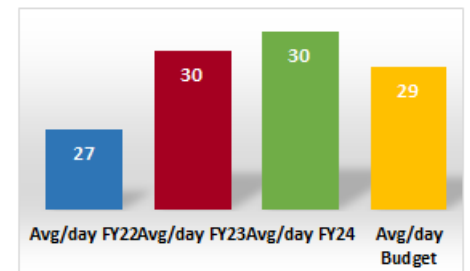
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



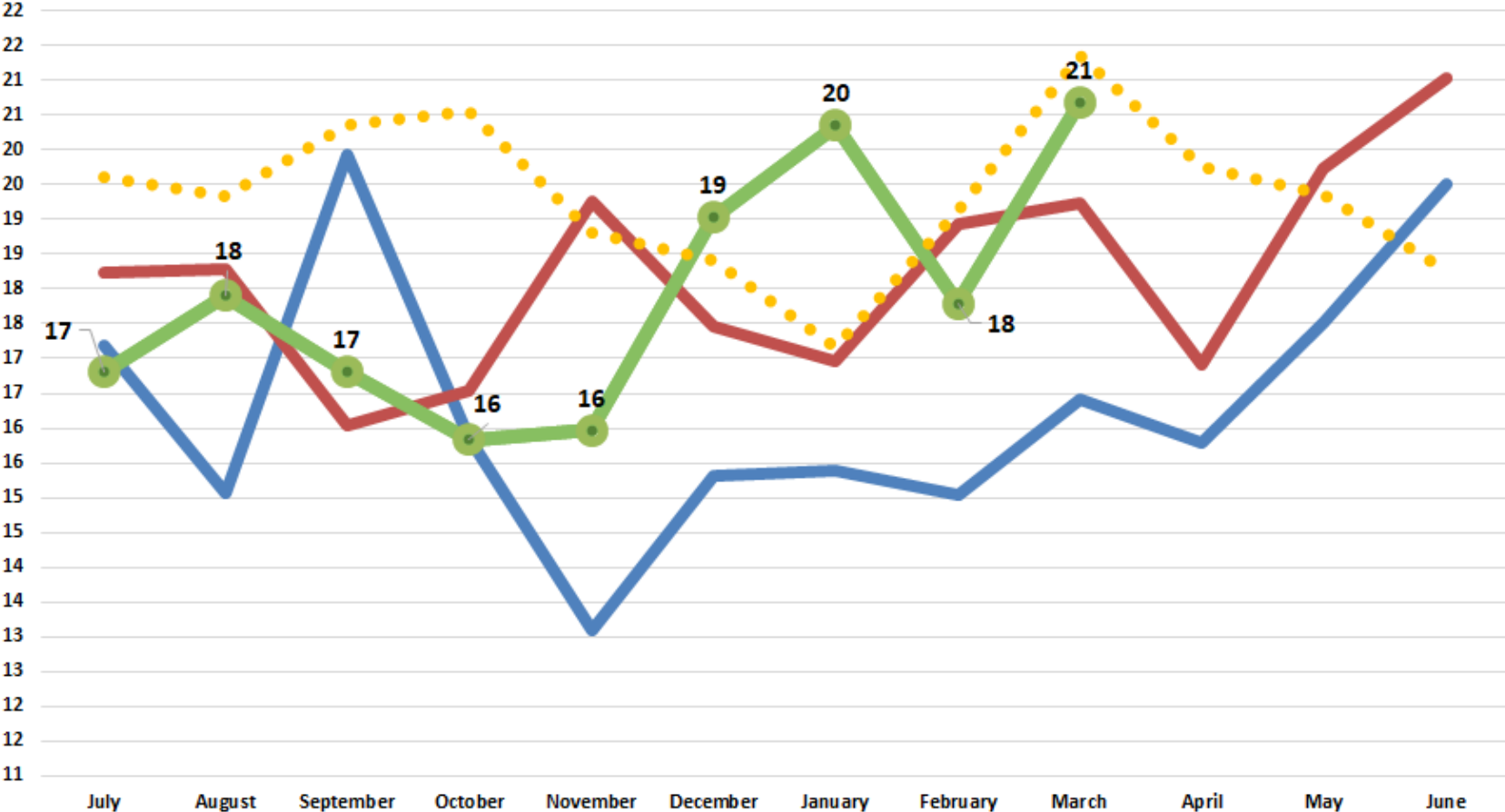
# Sub-Acute - Avg Patients Per Day



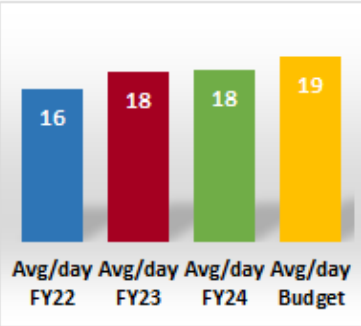
— FY2022   
 — FY2023   
 — FY2024   
 ••• Budget



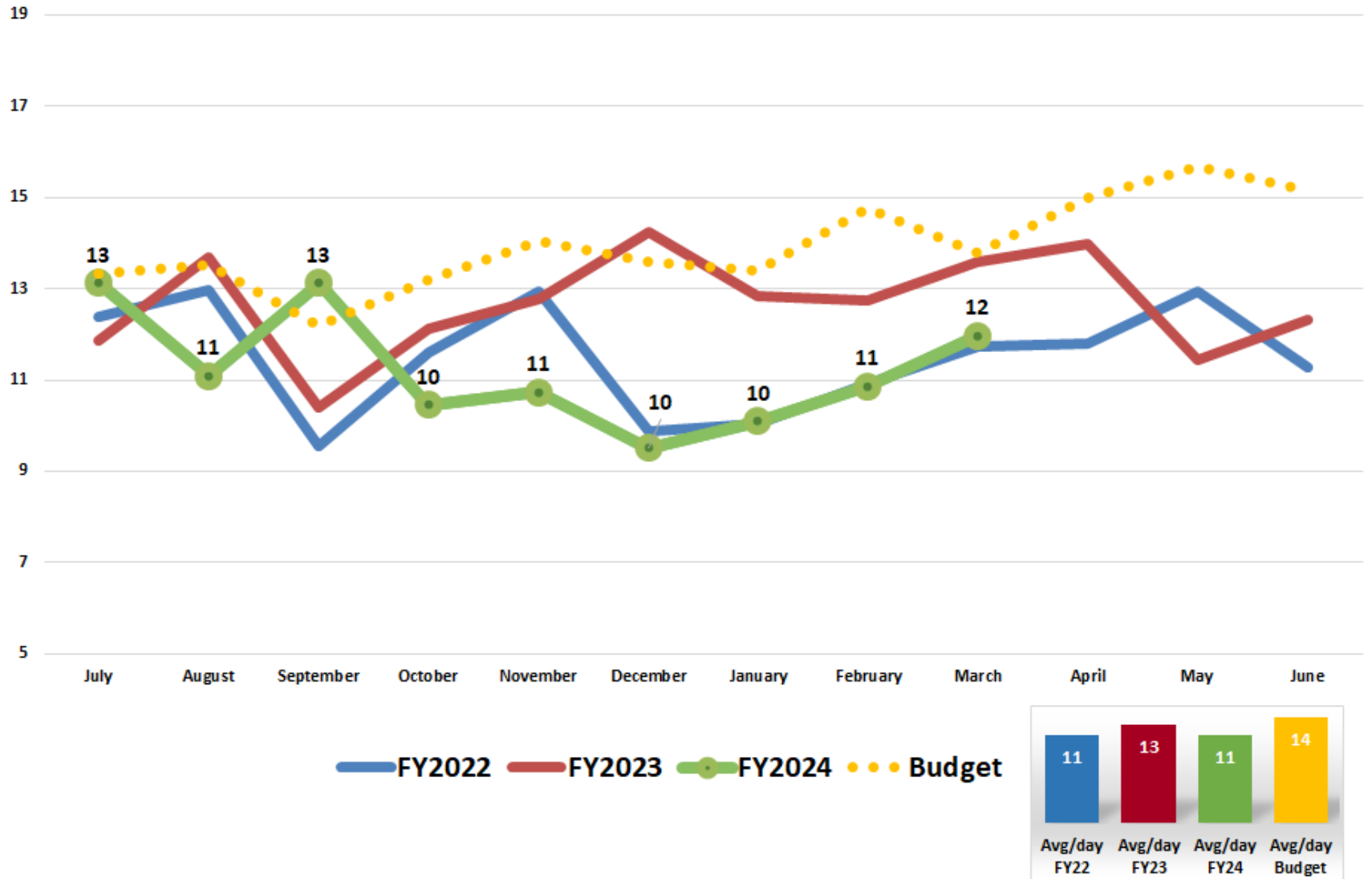
# Rehabilitation Hospital - Avg Patients Per Day



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

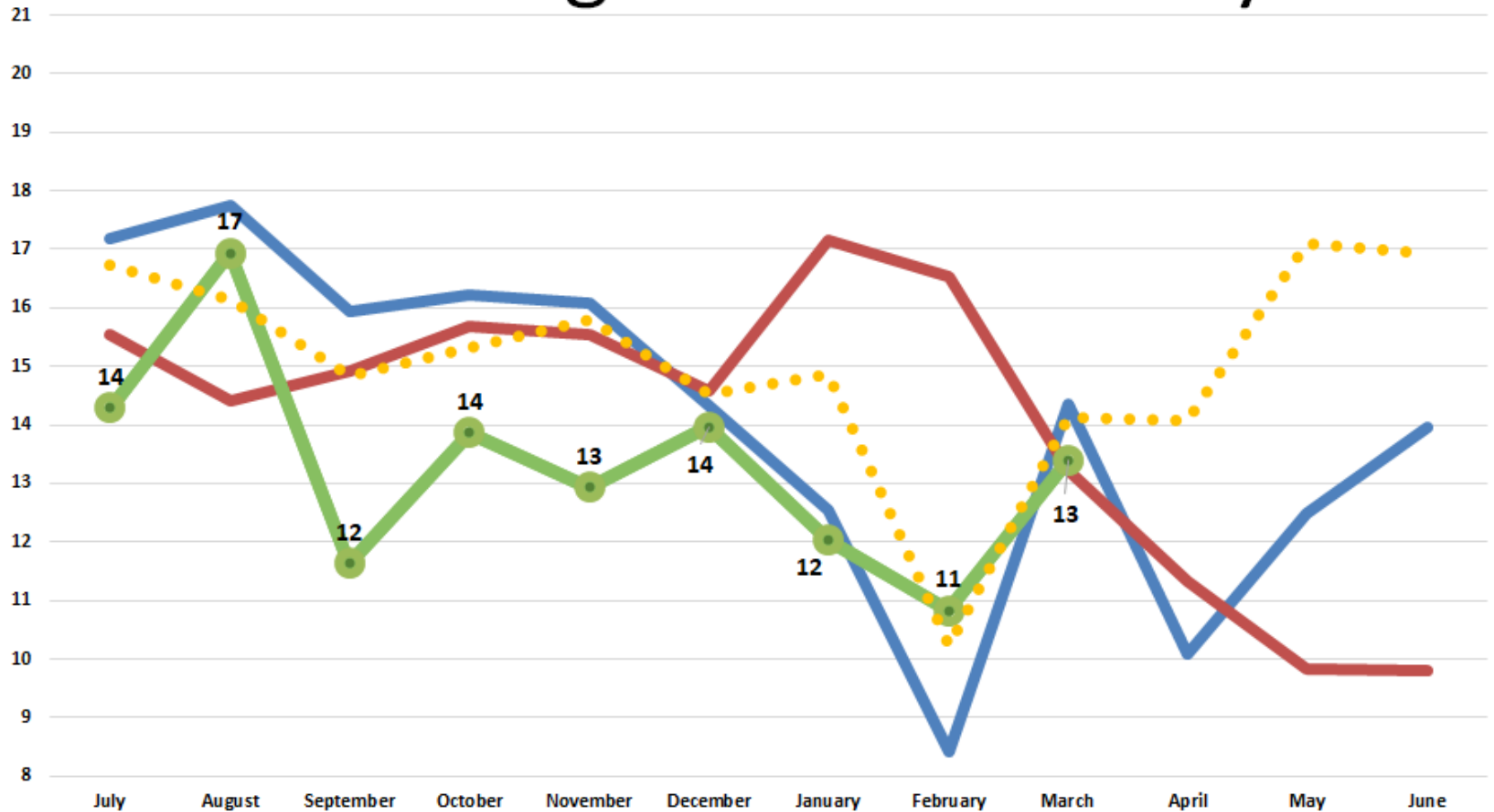


# TCS Ortho - Avg Patients Per Day

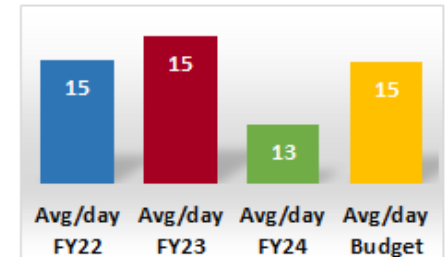




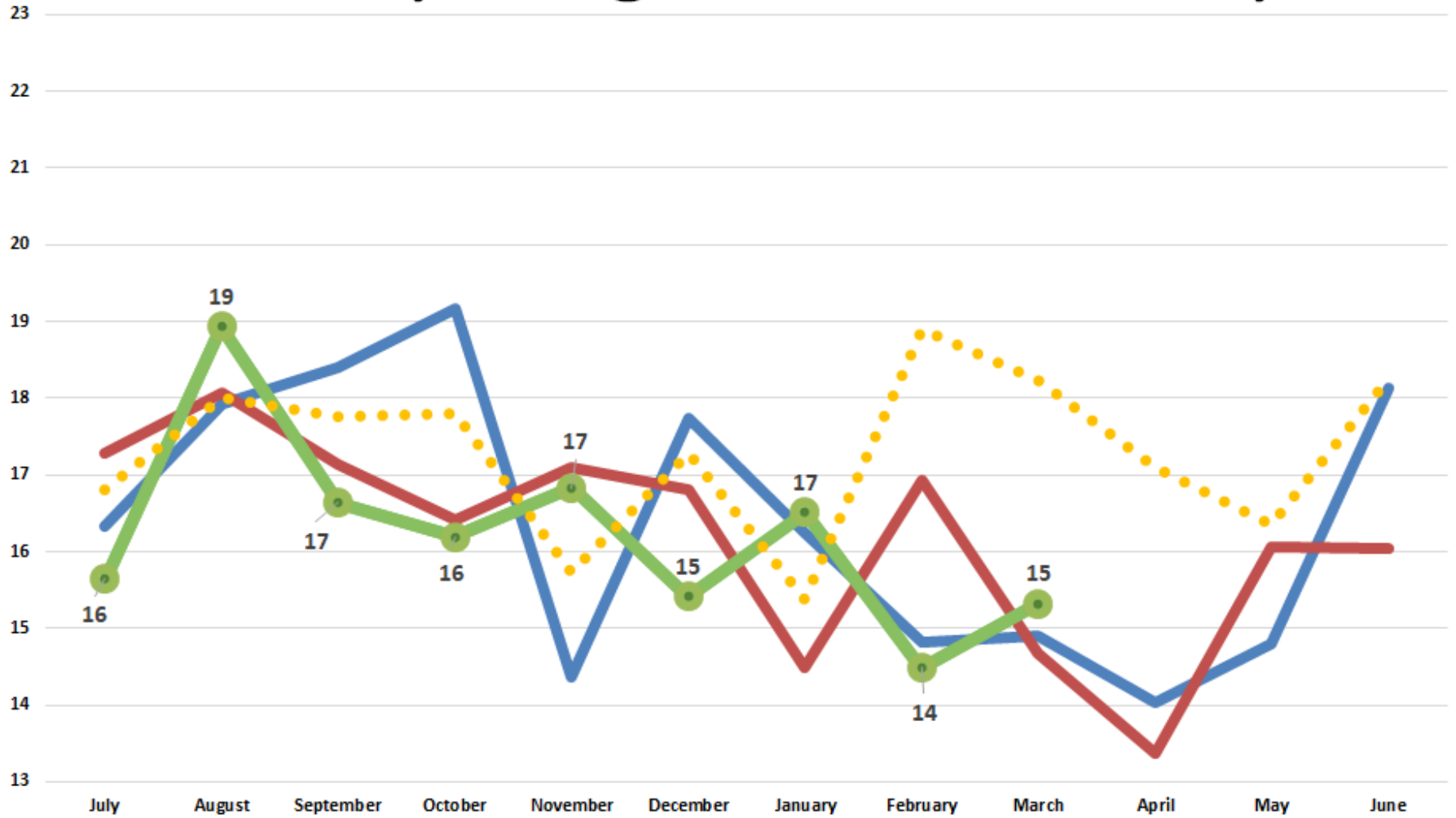
# NICU - Avg Patients Per Day



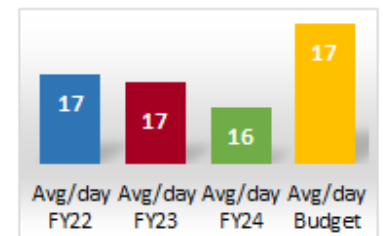
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



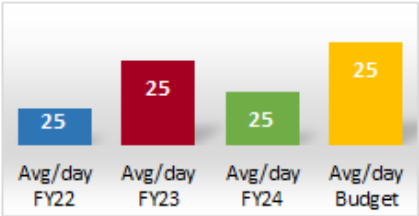
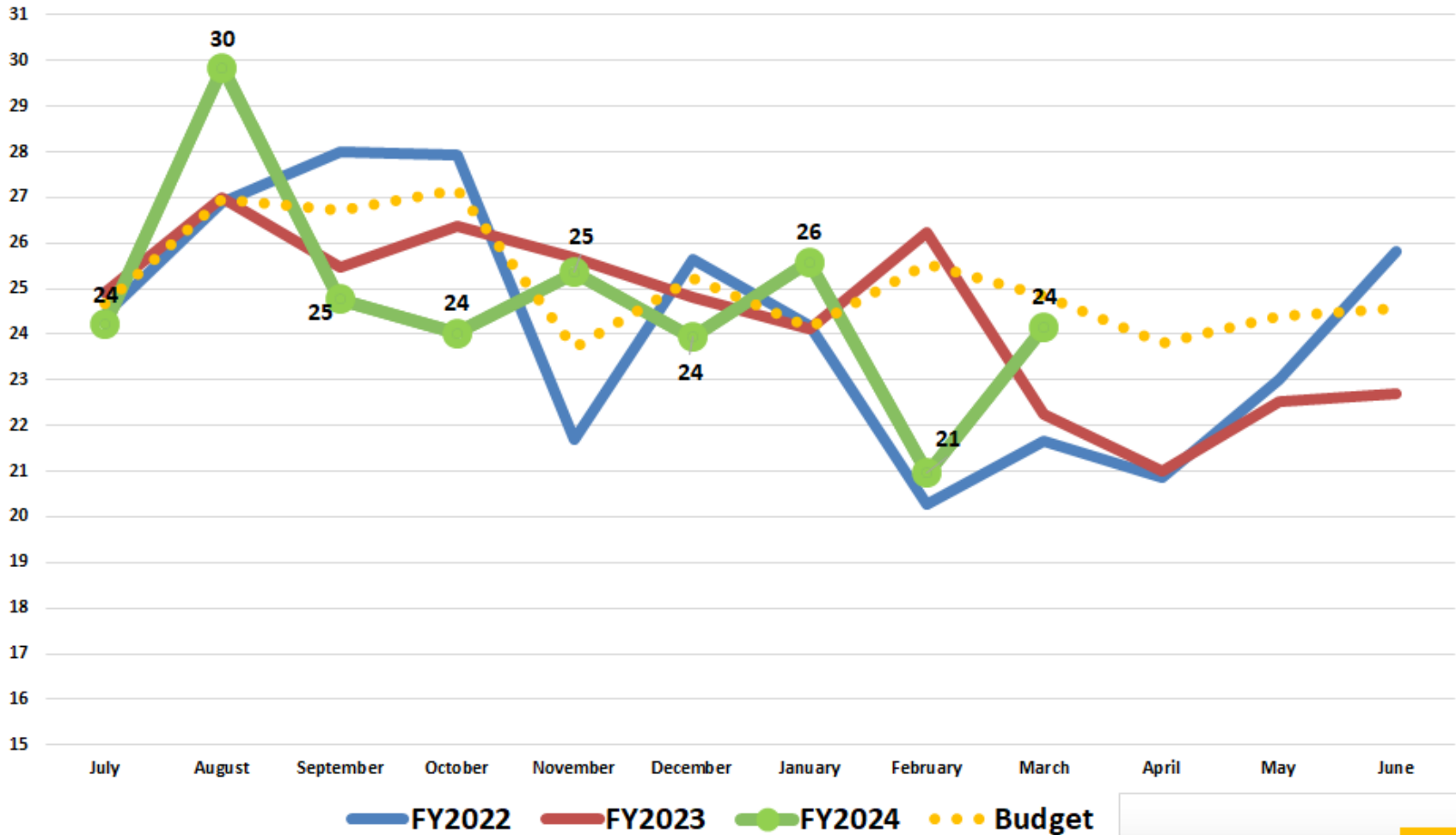
# Nursery - Avg Patients Per Day



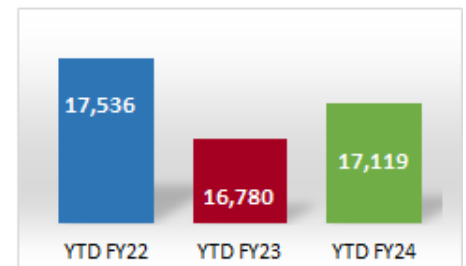
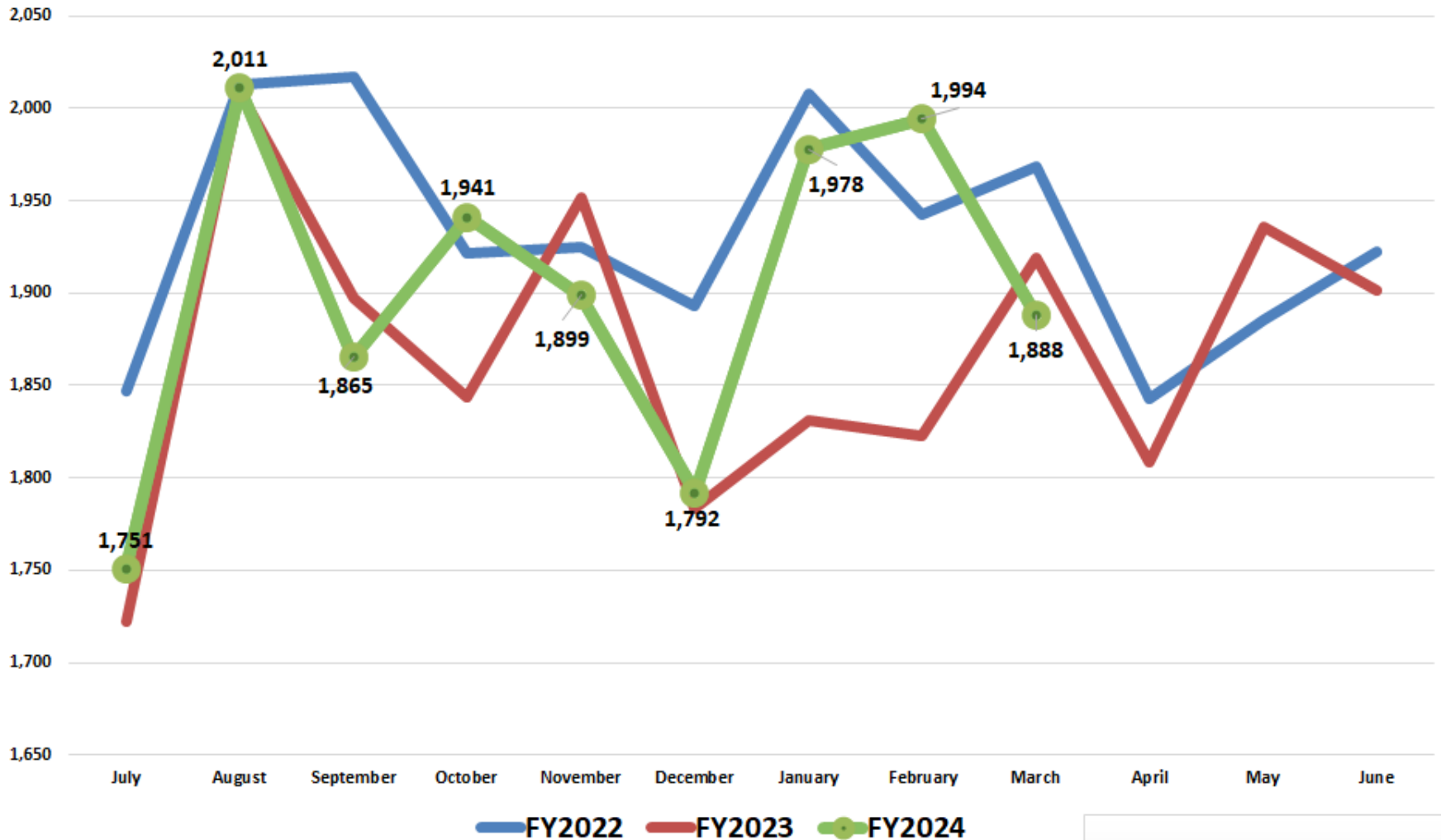
—● FY2022   
 —● FY2023   
 —● FY2024   
 ●● Budget



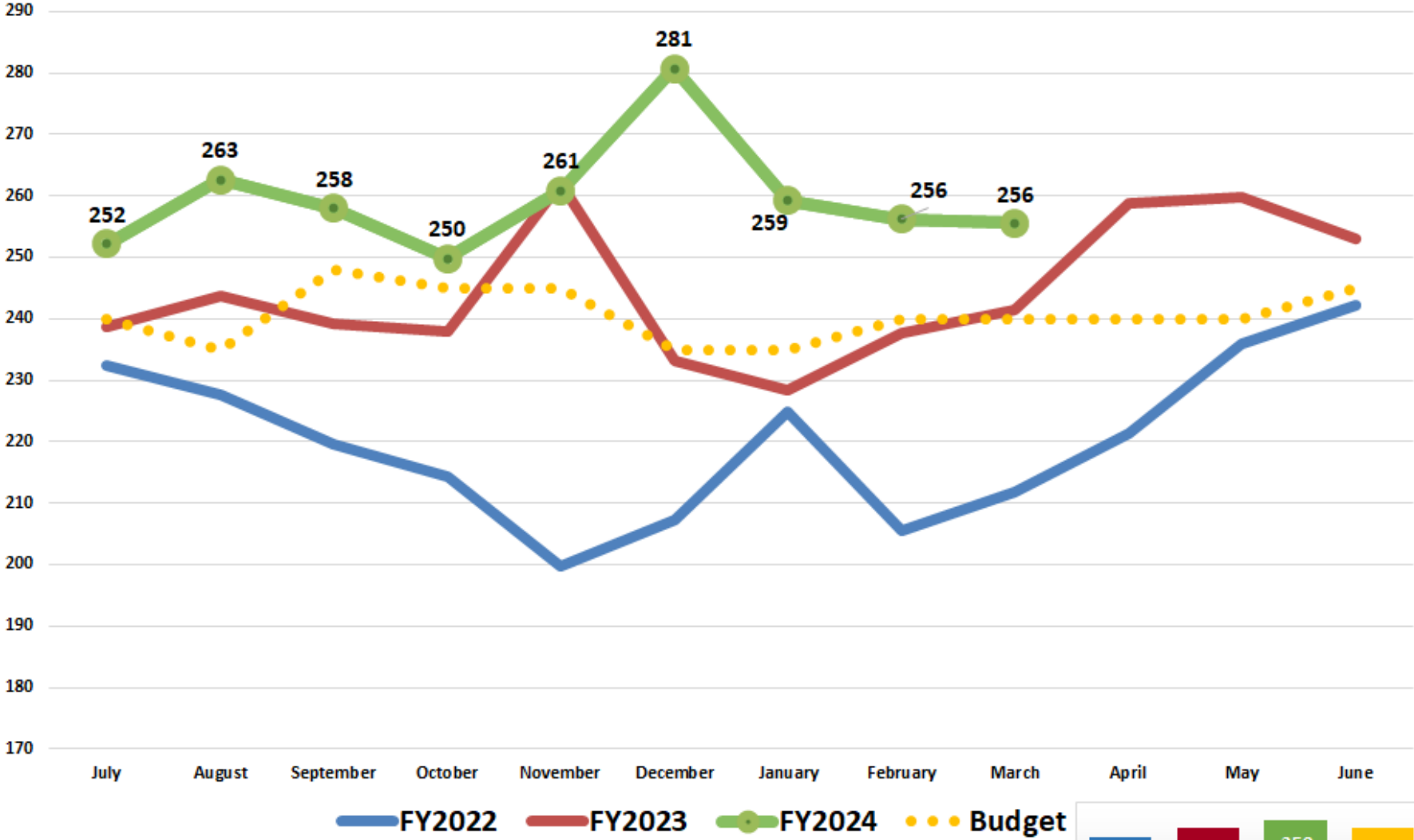
# Obstetrics - Avg Patients Per Day



# Outpatient Registrations Per Day

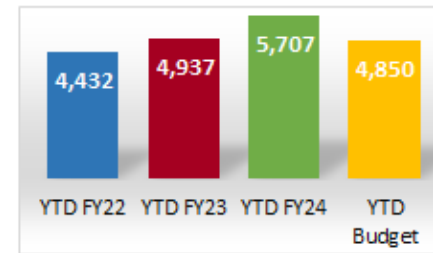
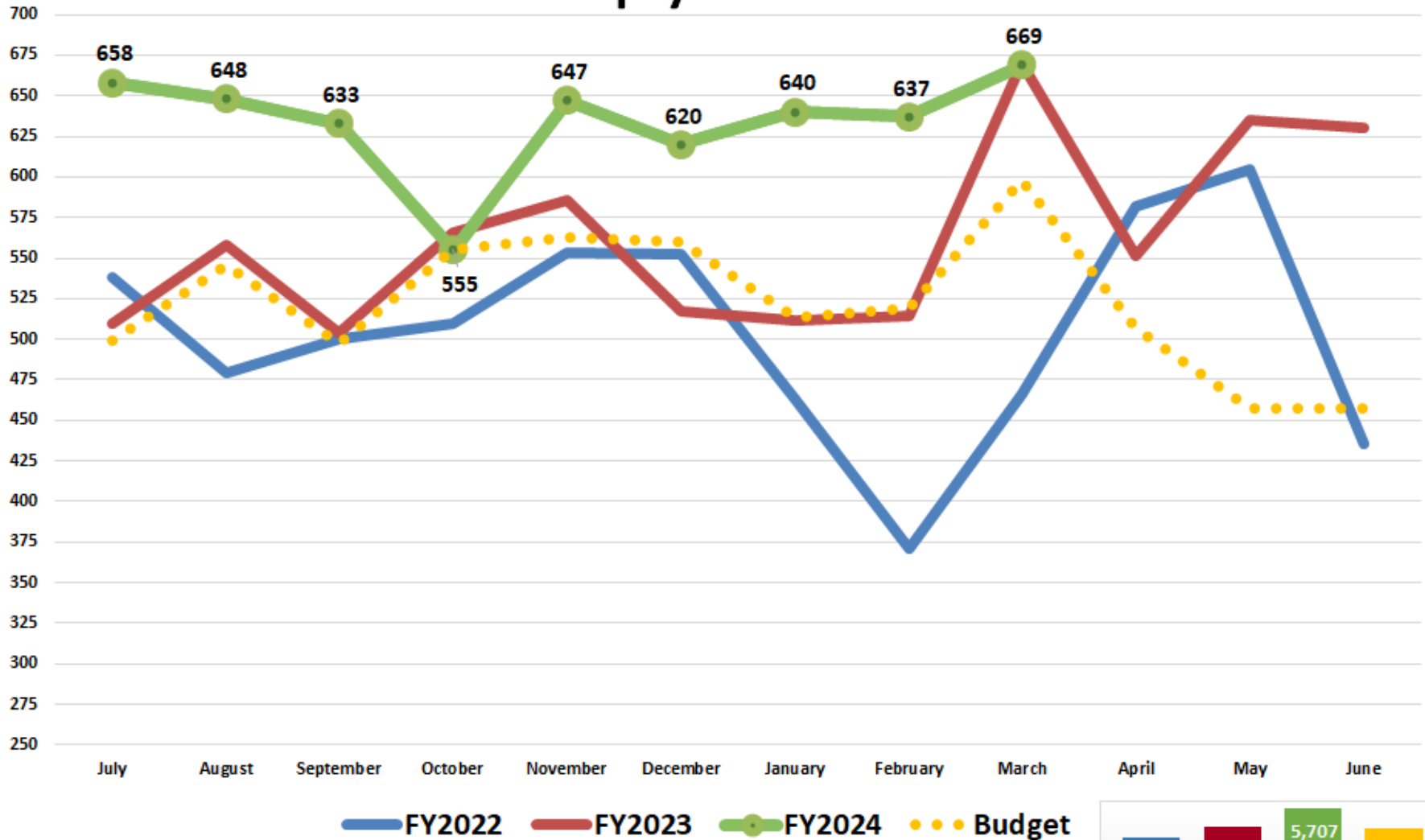


# ED - Avg Treated Per Day

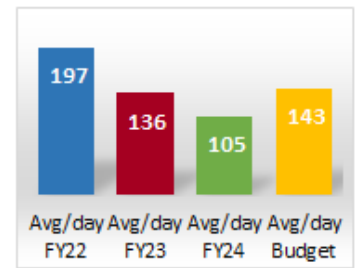
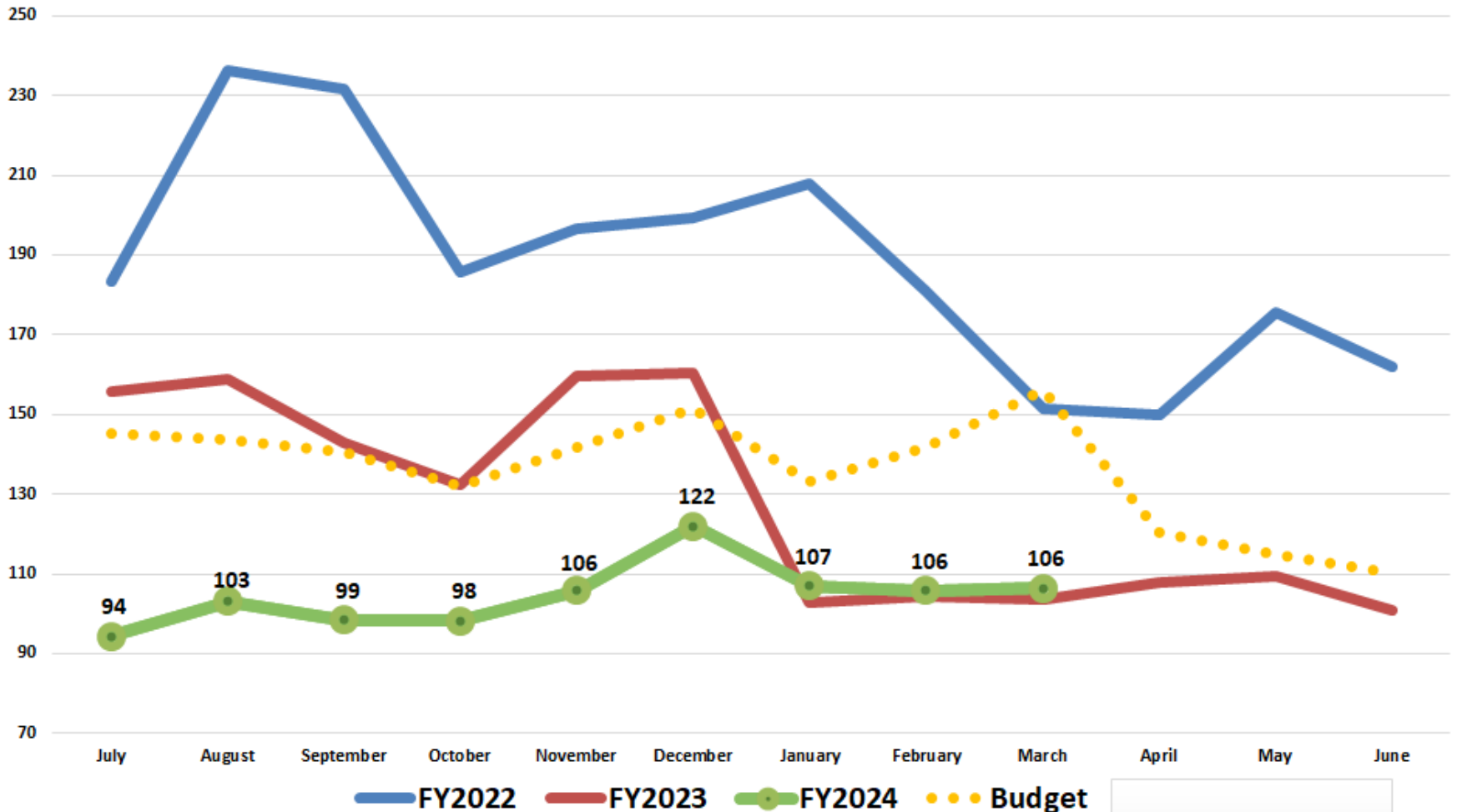


216	240	259	240
Avg/day FY22	Avg/day FY23	Avg/day FY24	Avg/day Budget

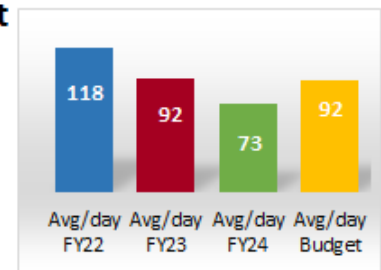
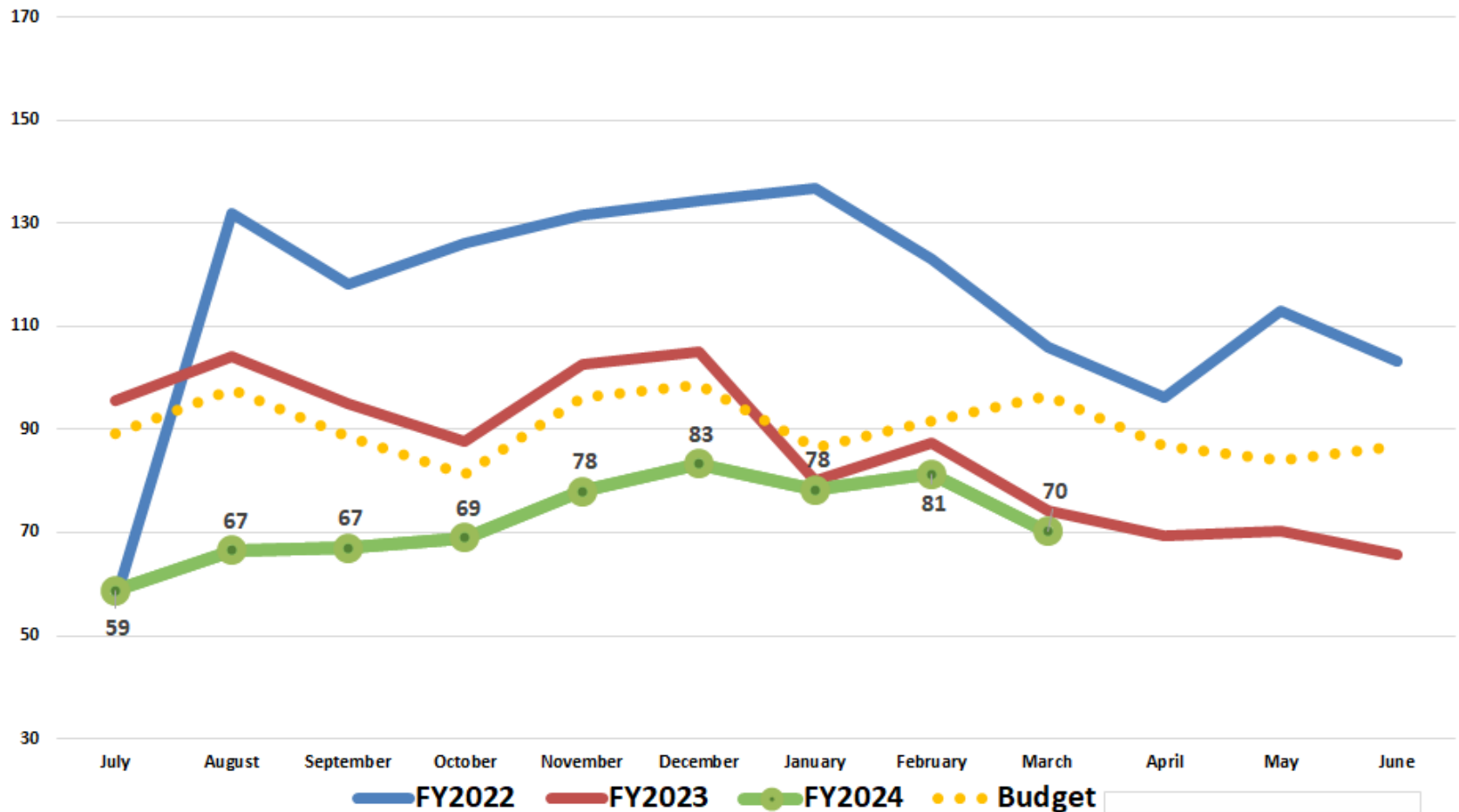
# Endoscopy Procedures



# Urgent Care – Court Avg Visits Per Day

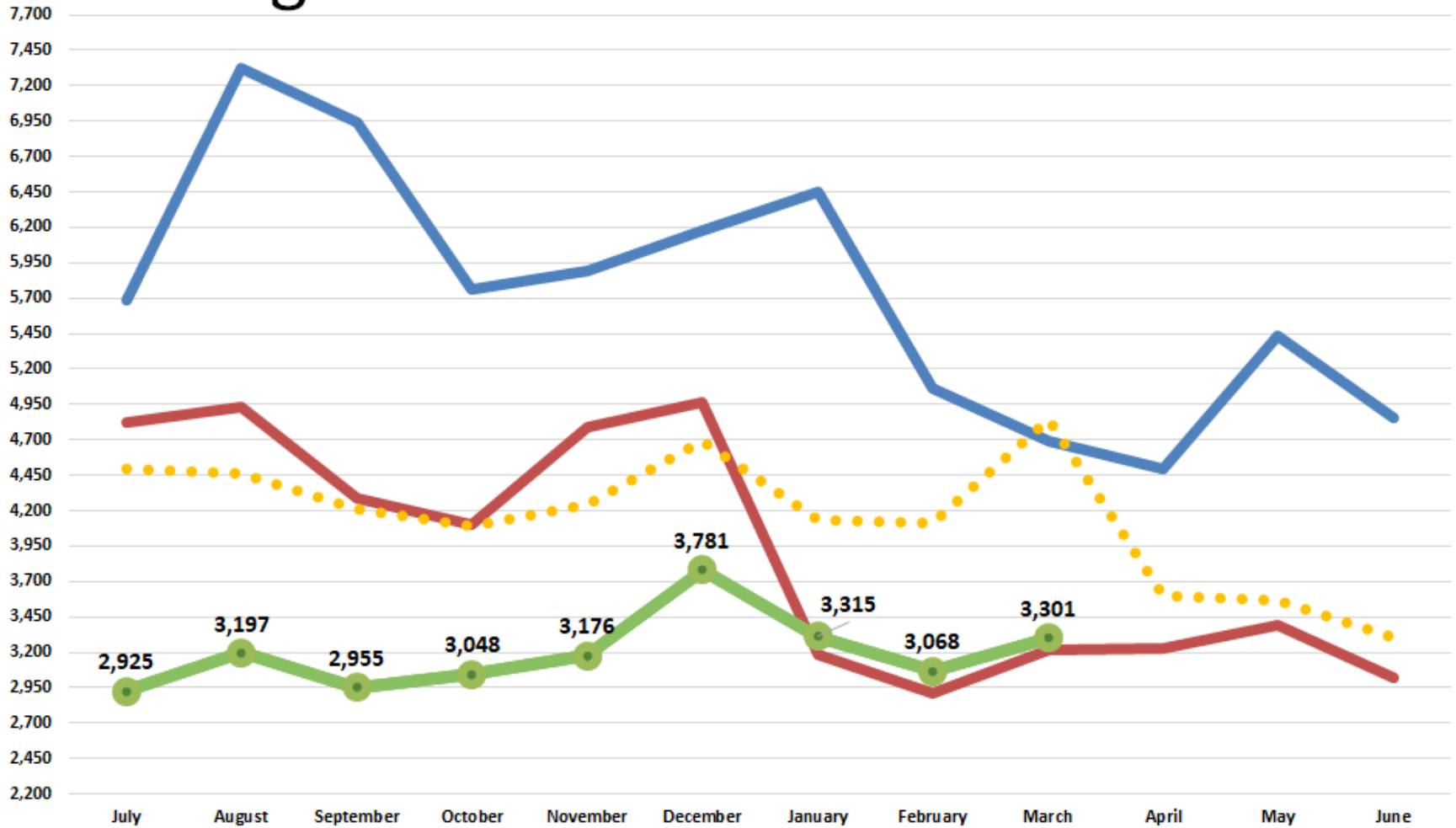


# Urgent Care – Demaree Avg Visits Per Day

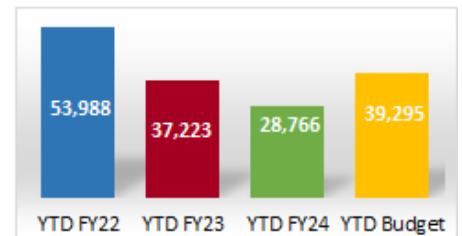




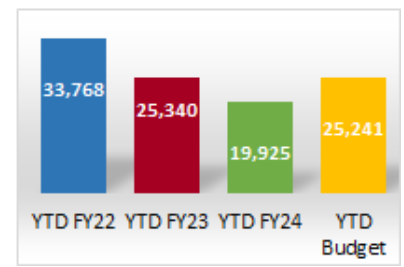
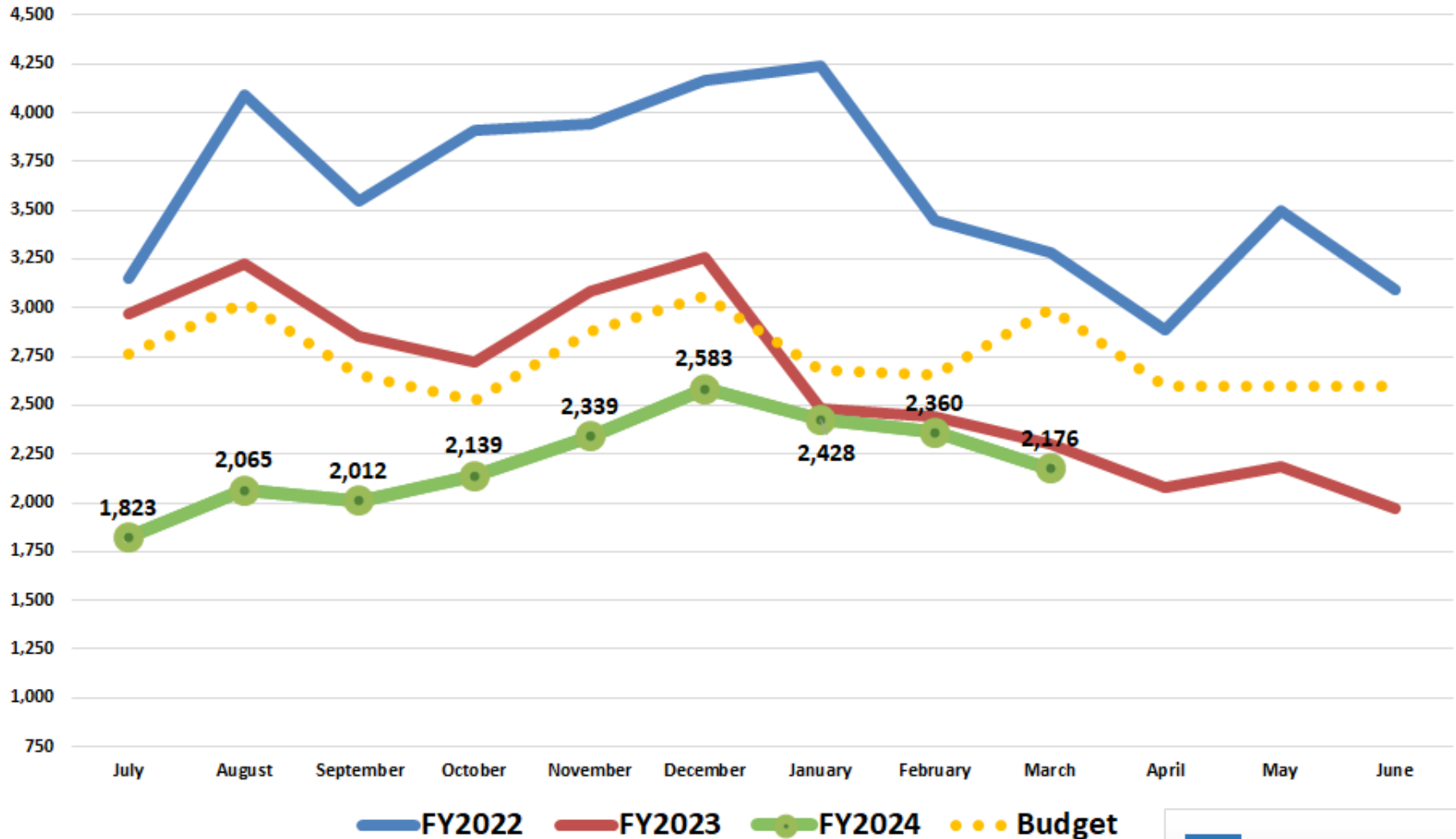
# Urgent Care – Court Total Visits



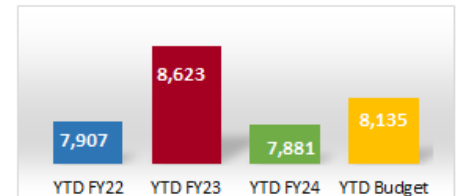
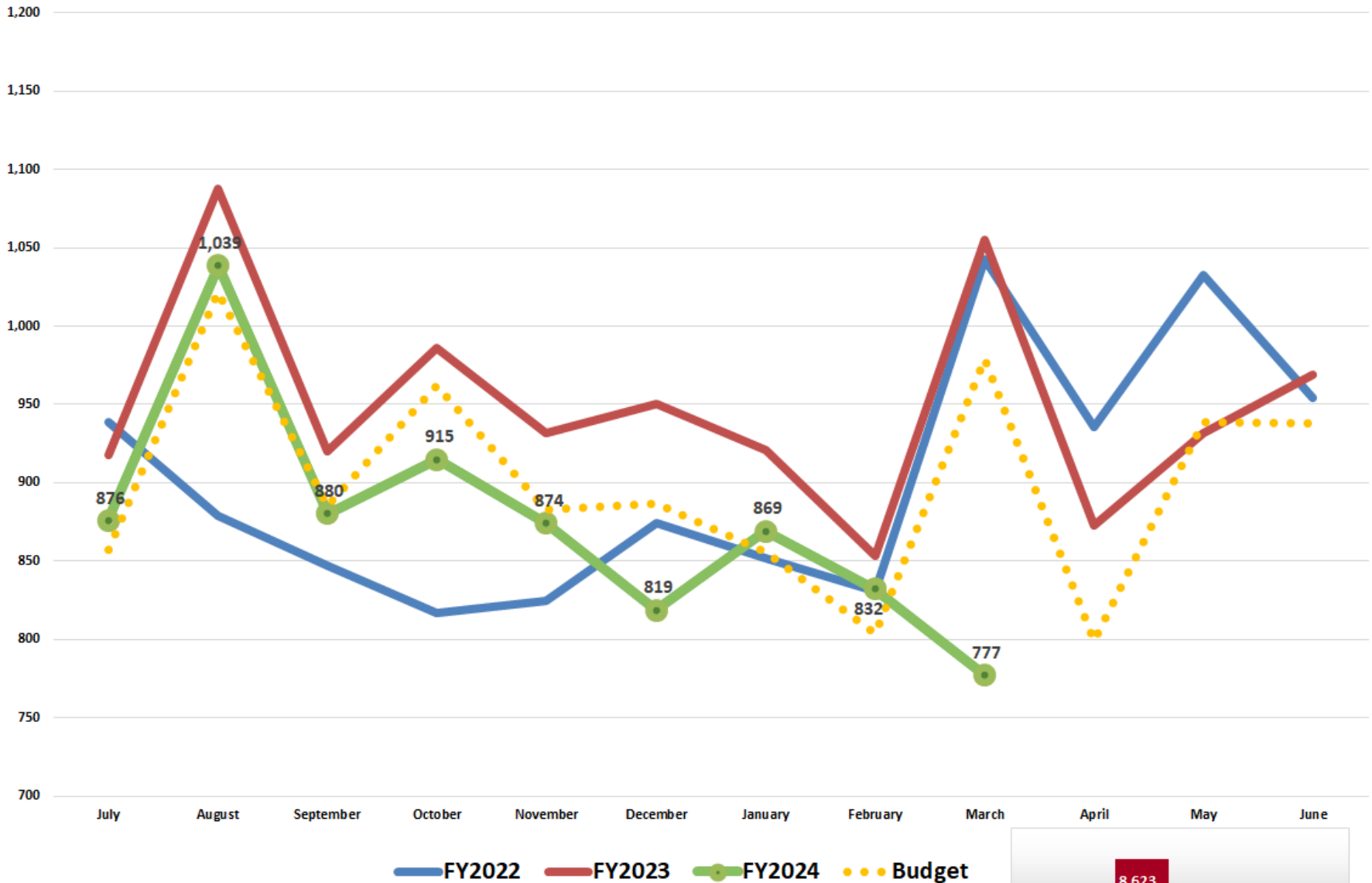
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



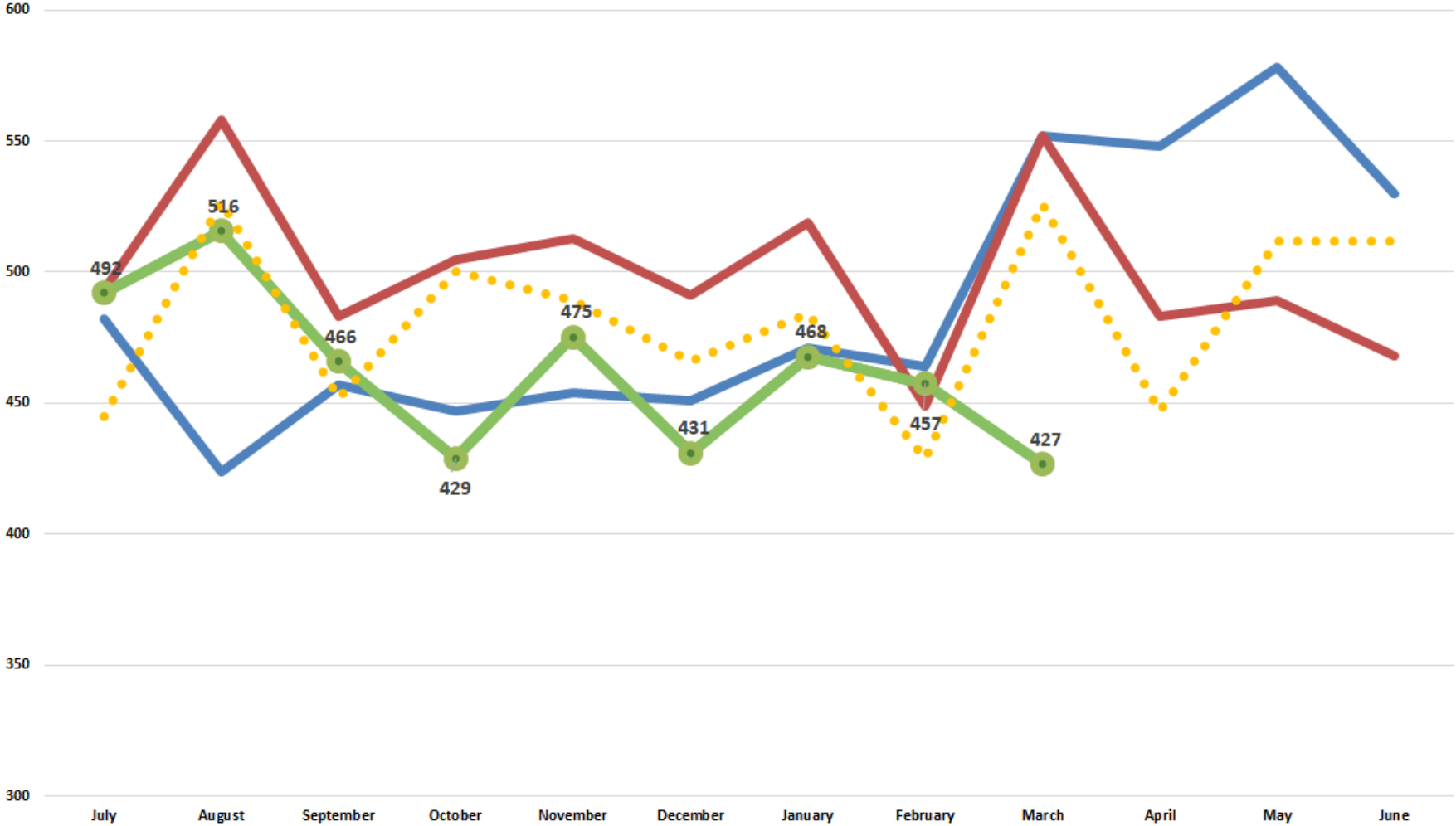
# Urgent Care – Demaree Total Visits



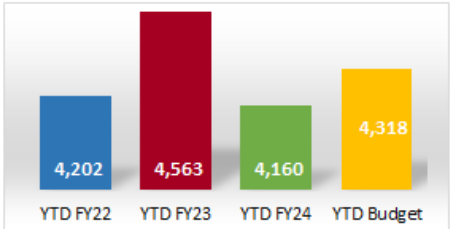
# Surgery (IP & OP) – 100 Min Units



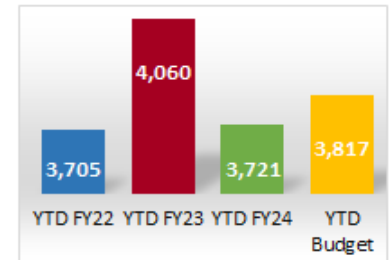
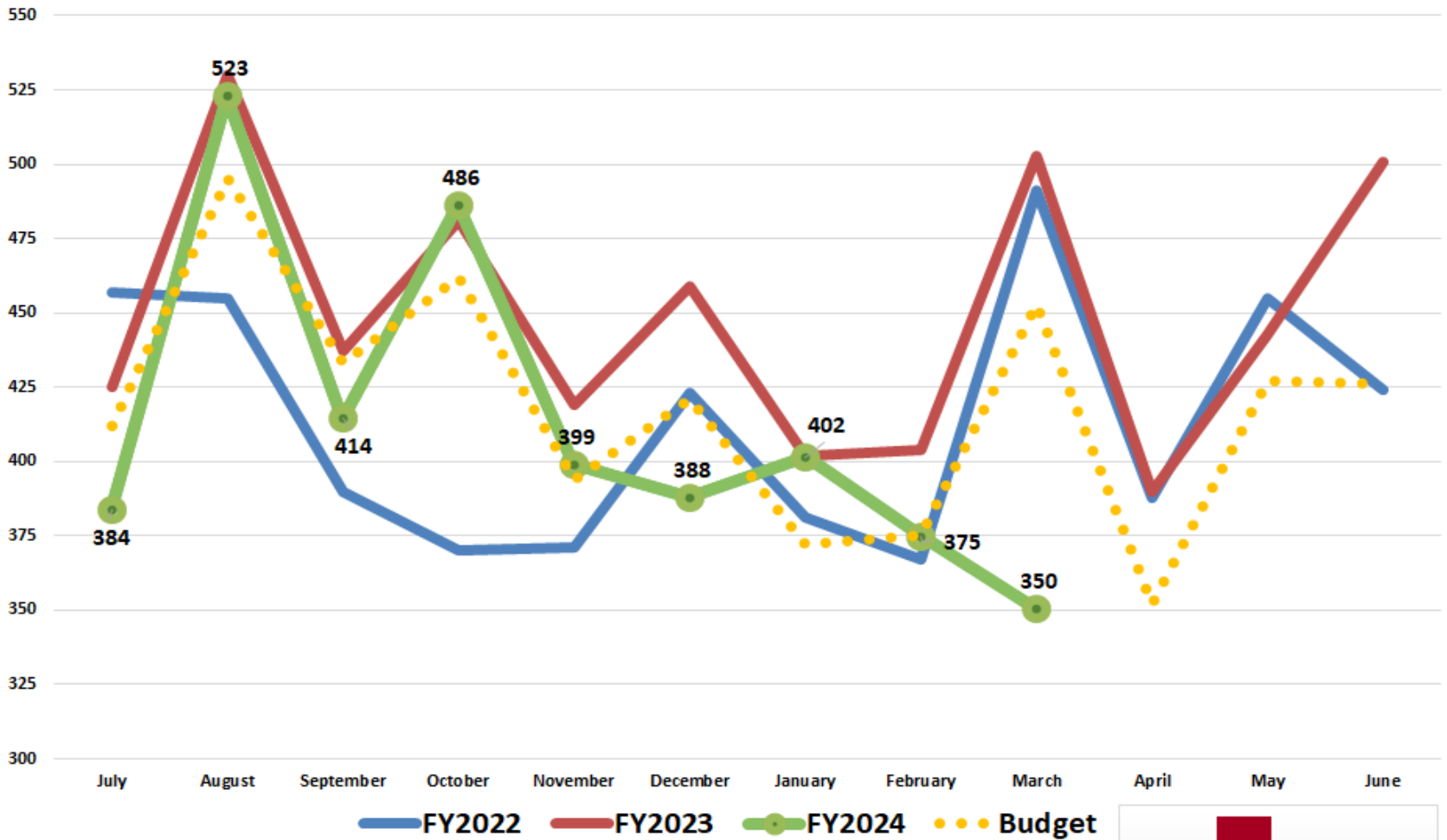
# Surgery (IP Only) - 100 Min Unit



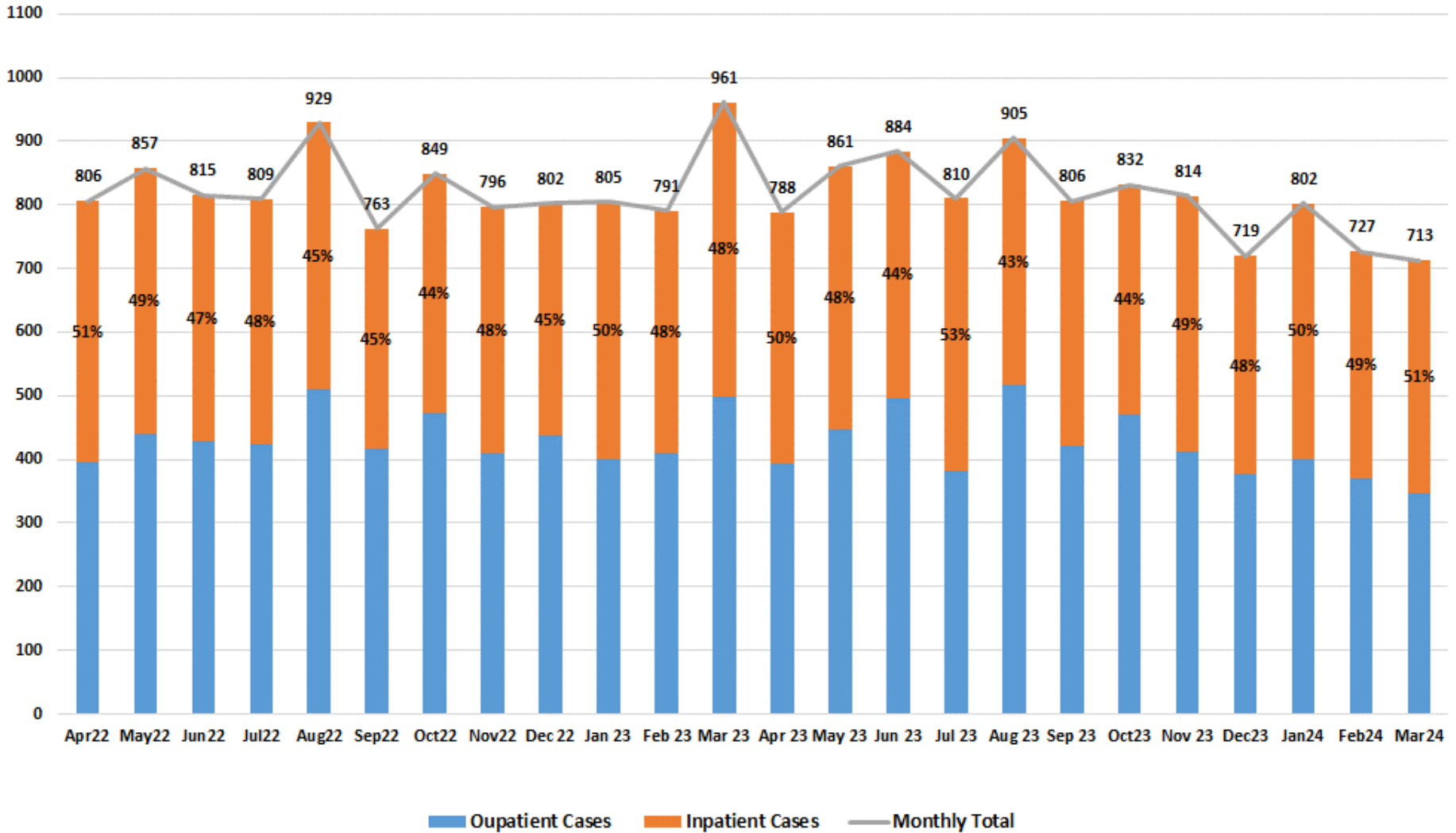
—● FY2022   
 —● FY2023   
 —● FY2024   
 ●●● Budget



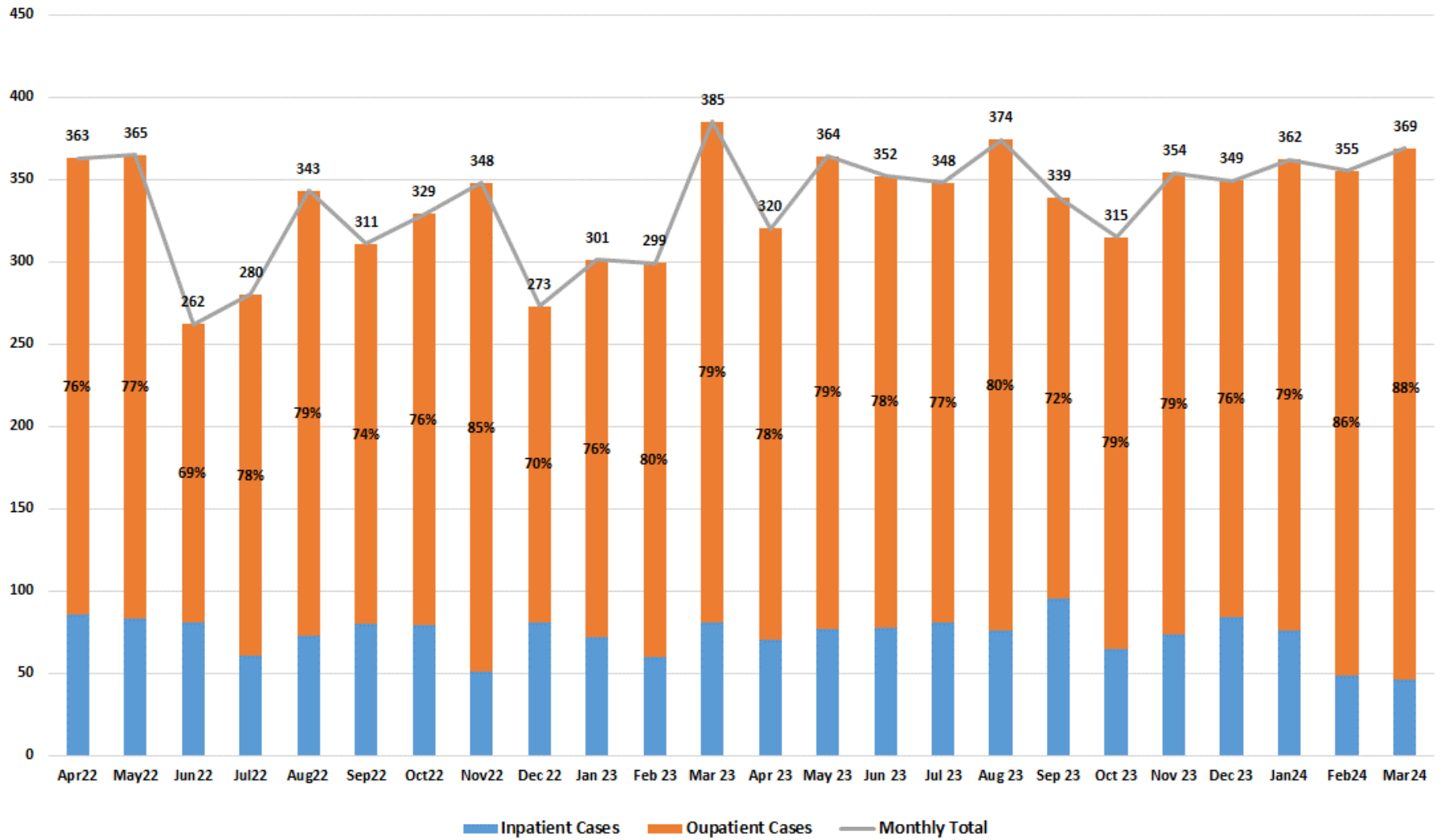
# Surgery (OP Only) - 100 Min Units



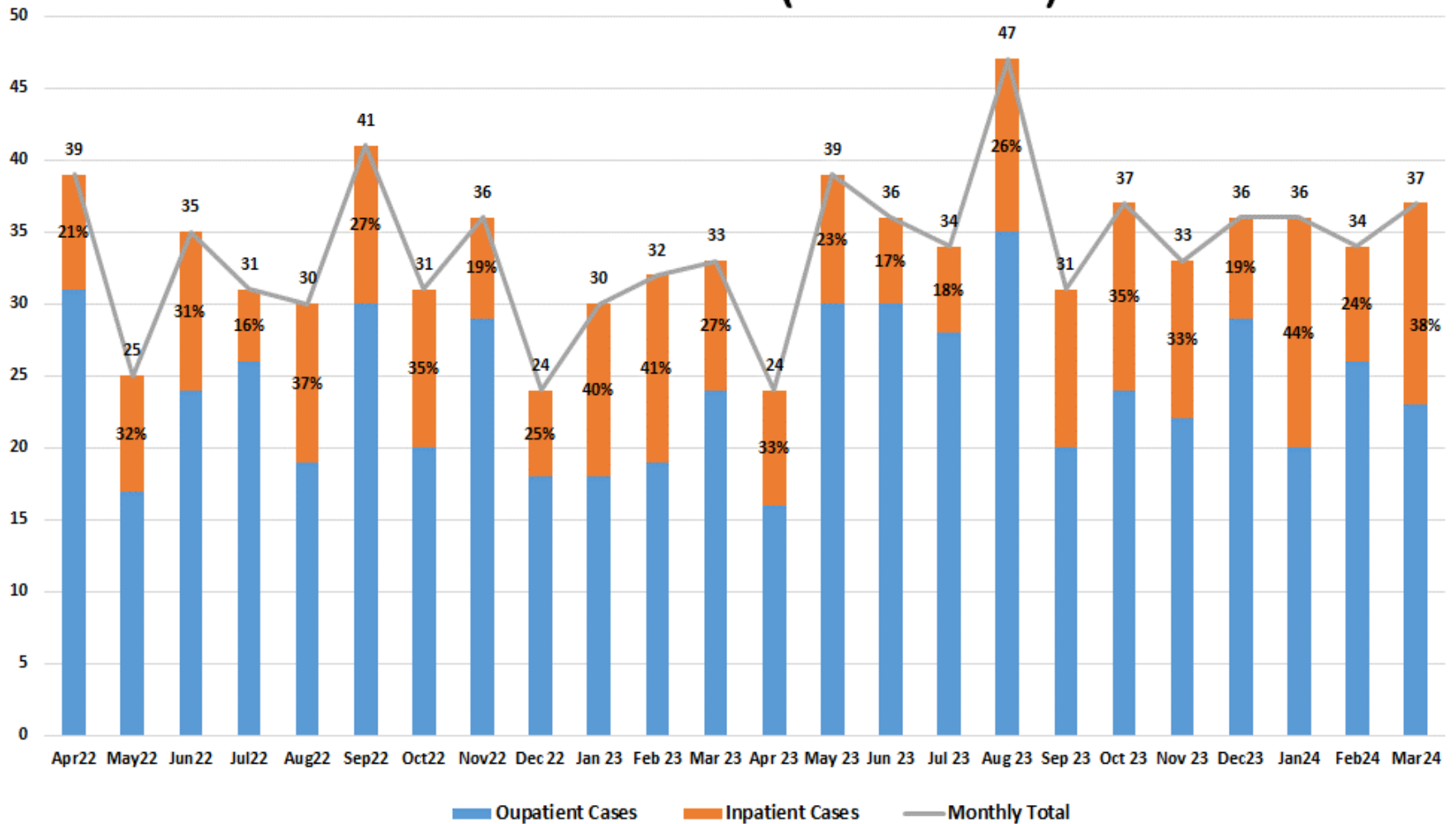
# Surgery Cases (IP & OP)



# Endo Cases (Endo Suites)

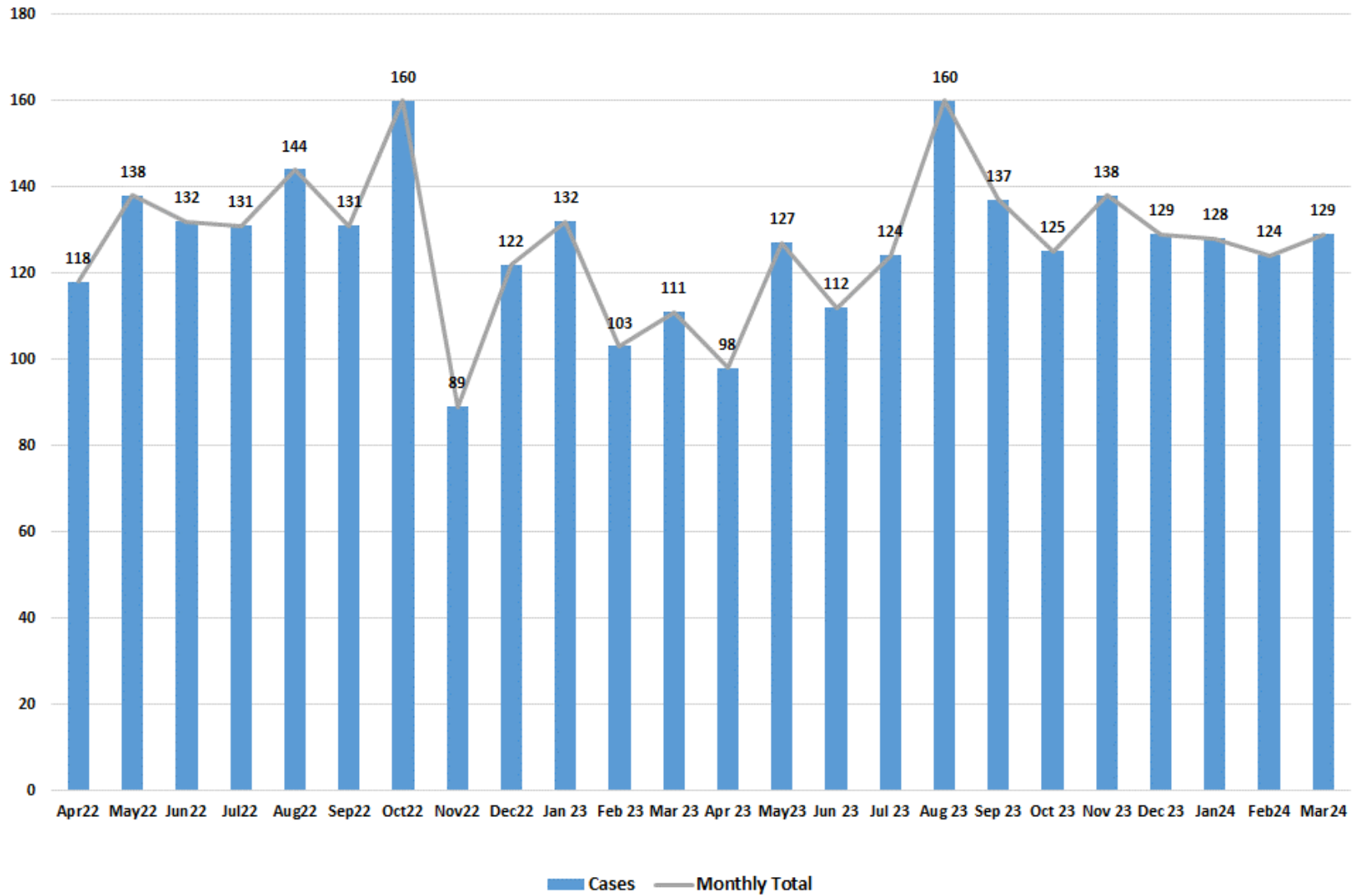


# Robotic Cases (IP & OP)

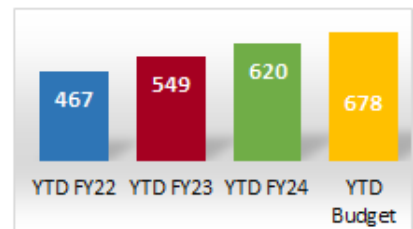
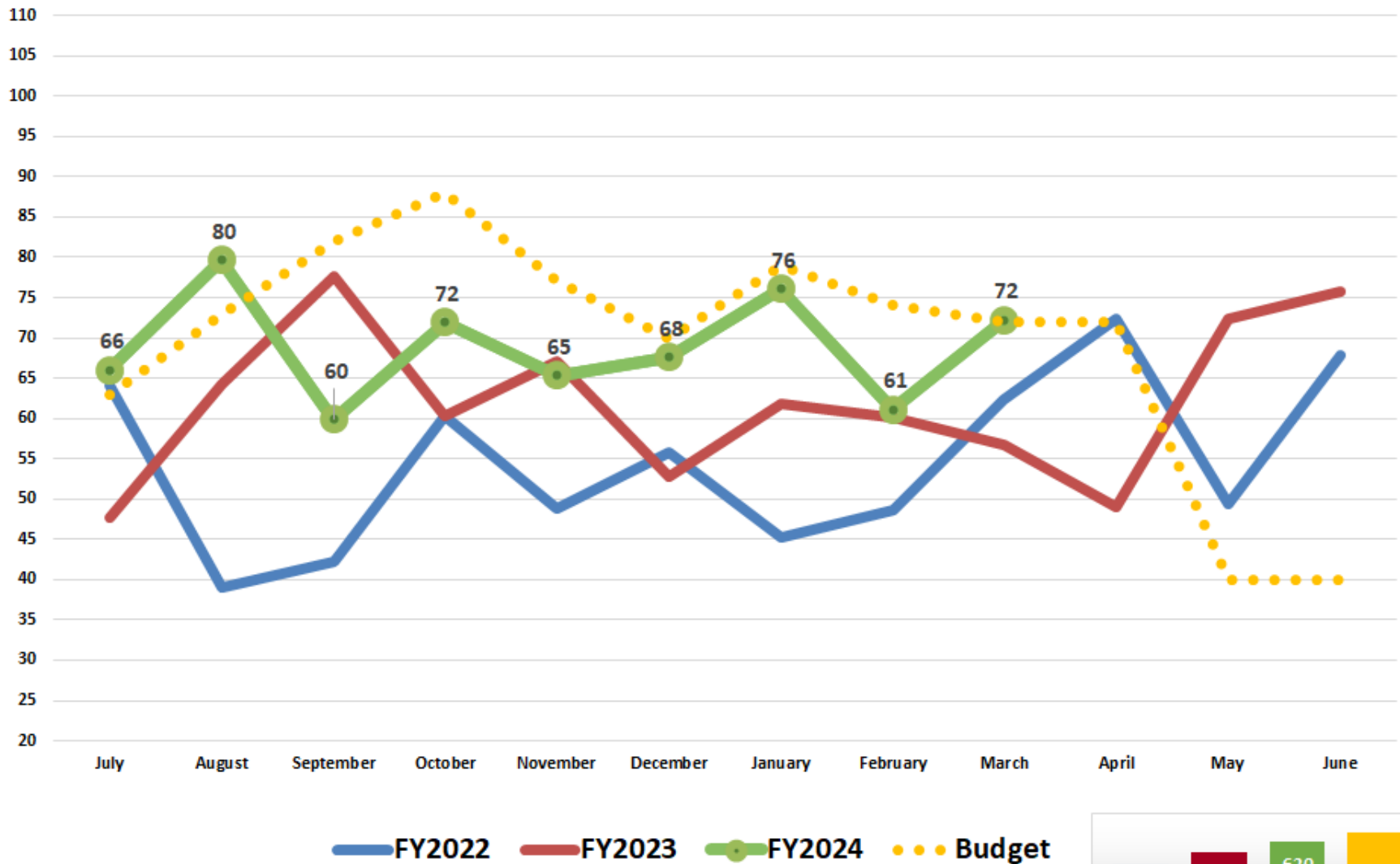




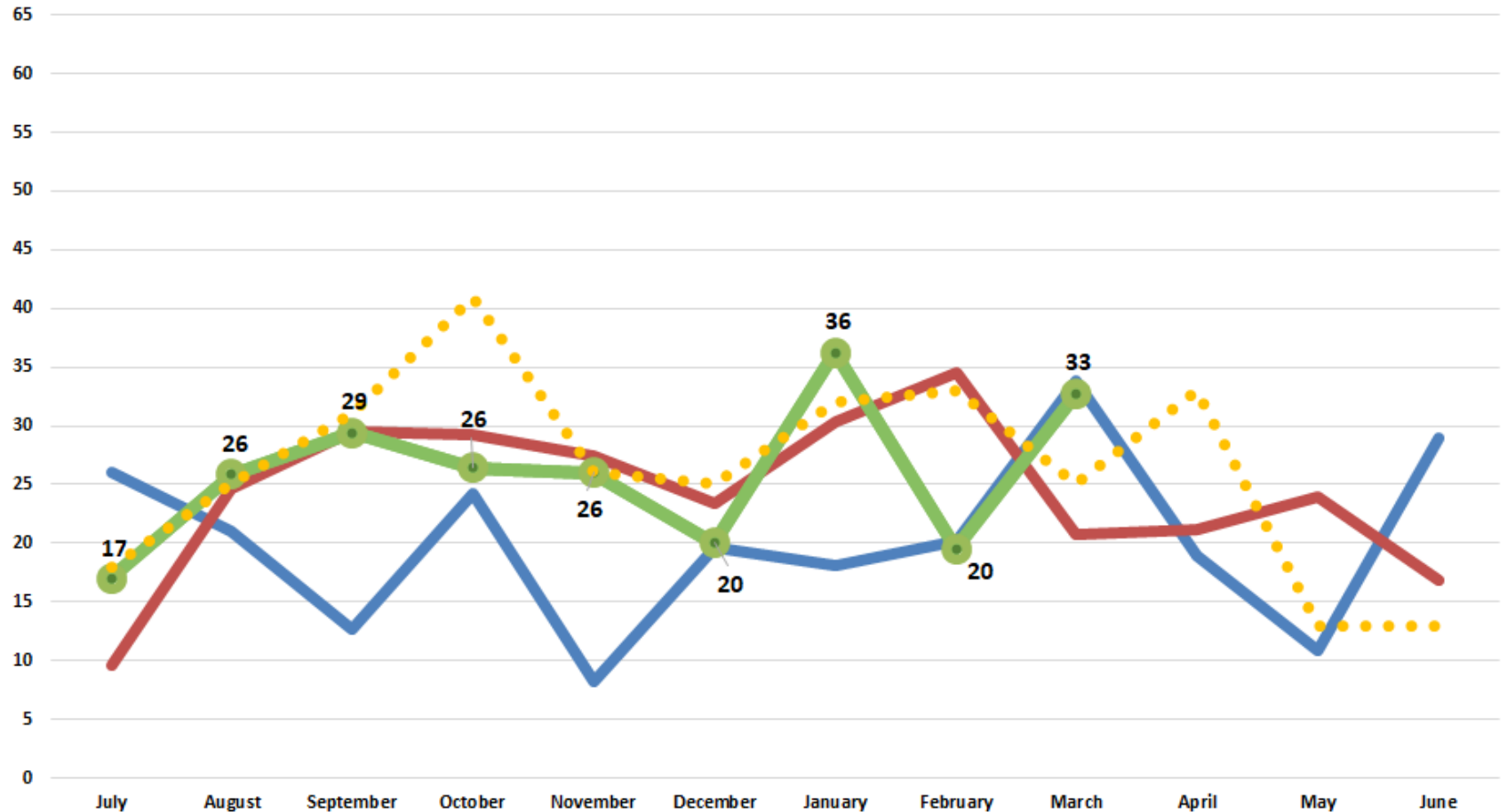
# OB Cases



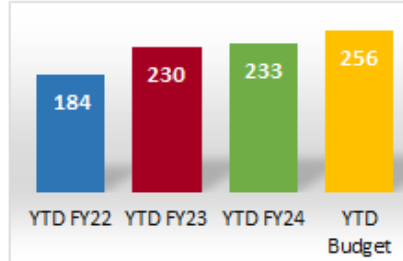
# Robotic Surgery (IP & OP) - 100 Min Units



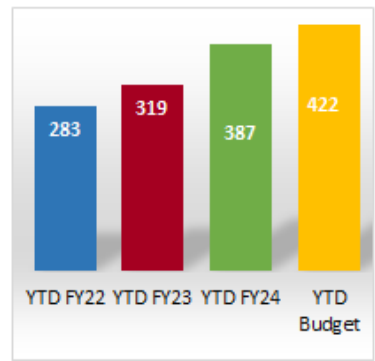
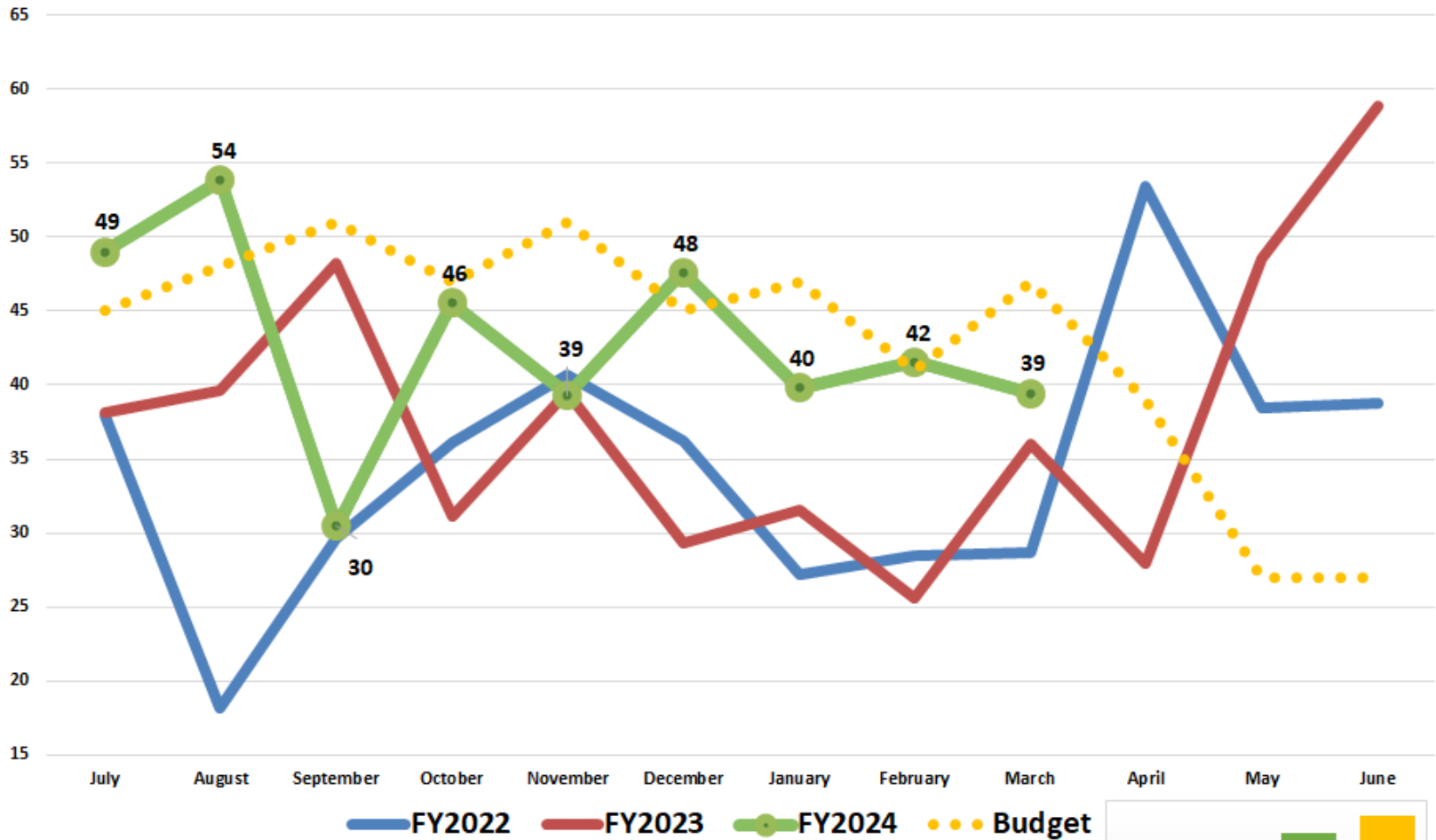
# Robotic Surgery Minutes (IP Only)



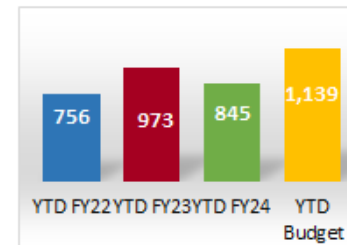
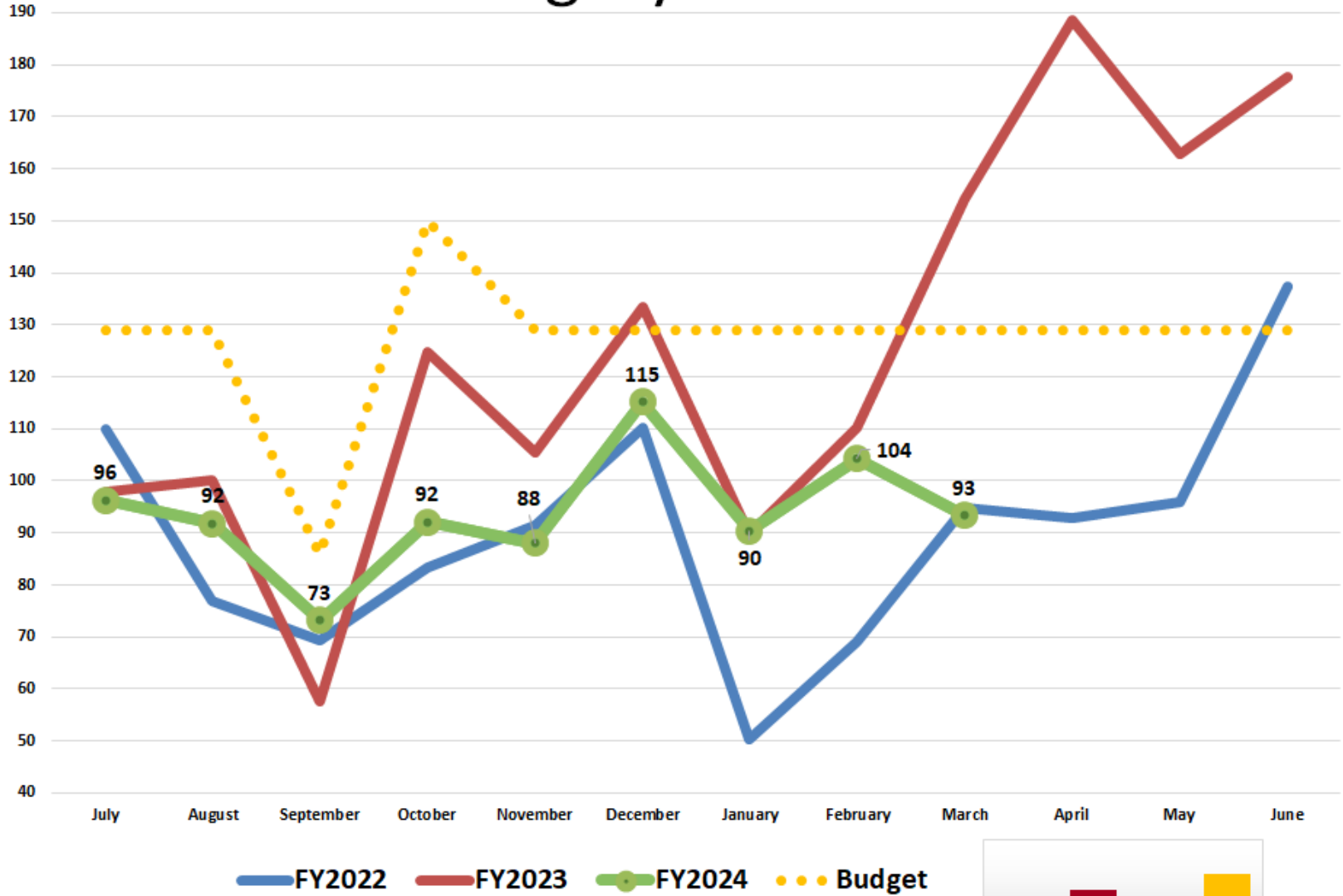
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



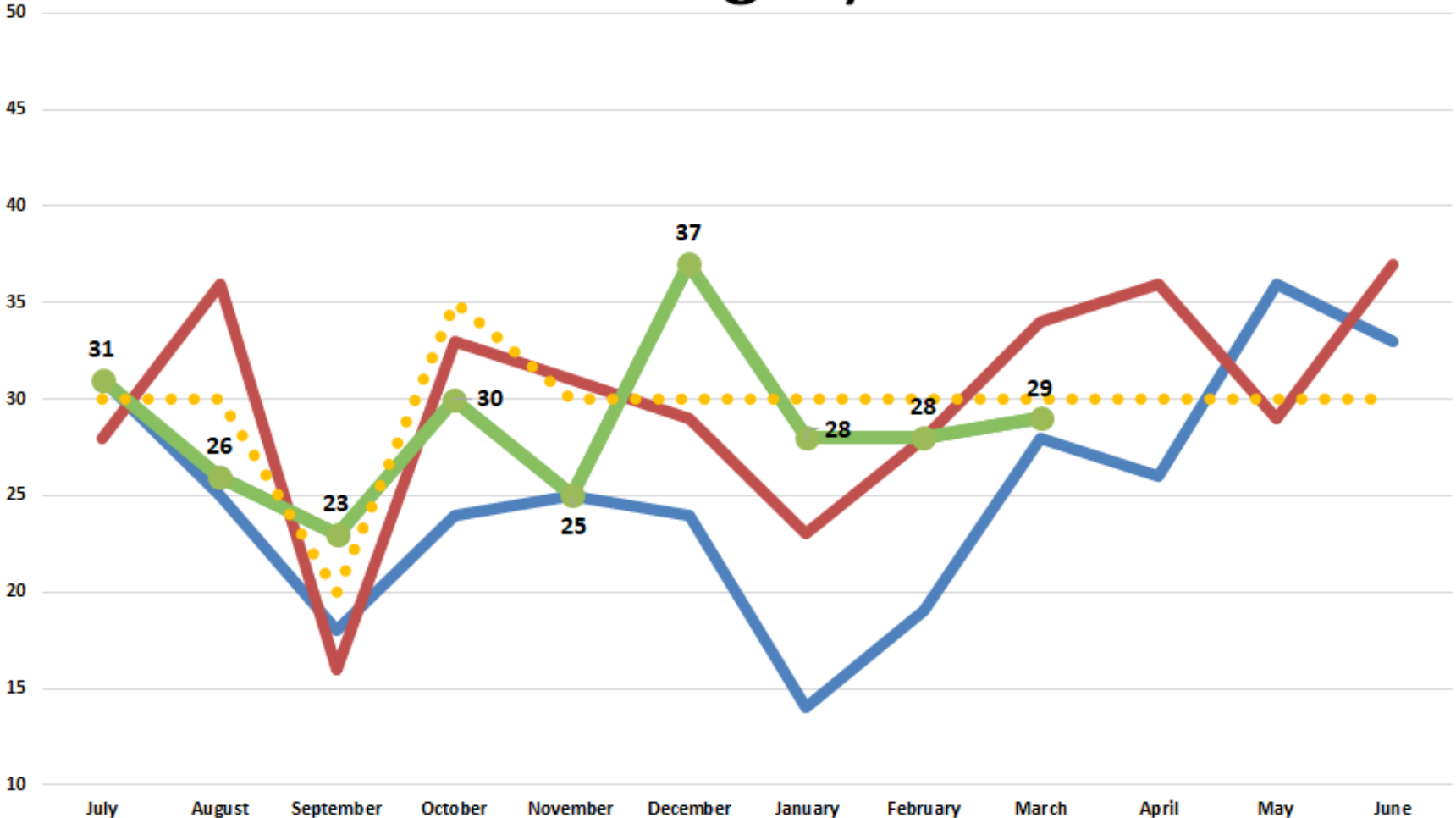
# Robotic Surgery Minutes (OP Only)



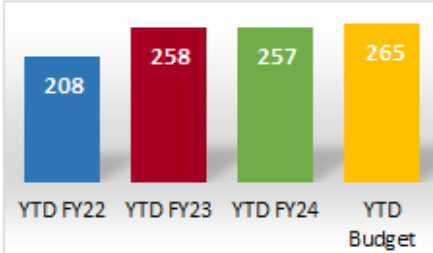
# Cardiac Surgery - 100 Min Units



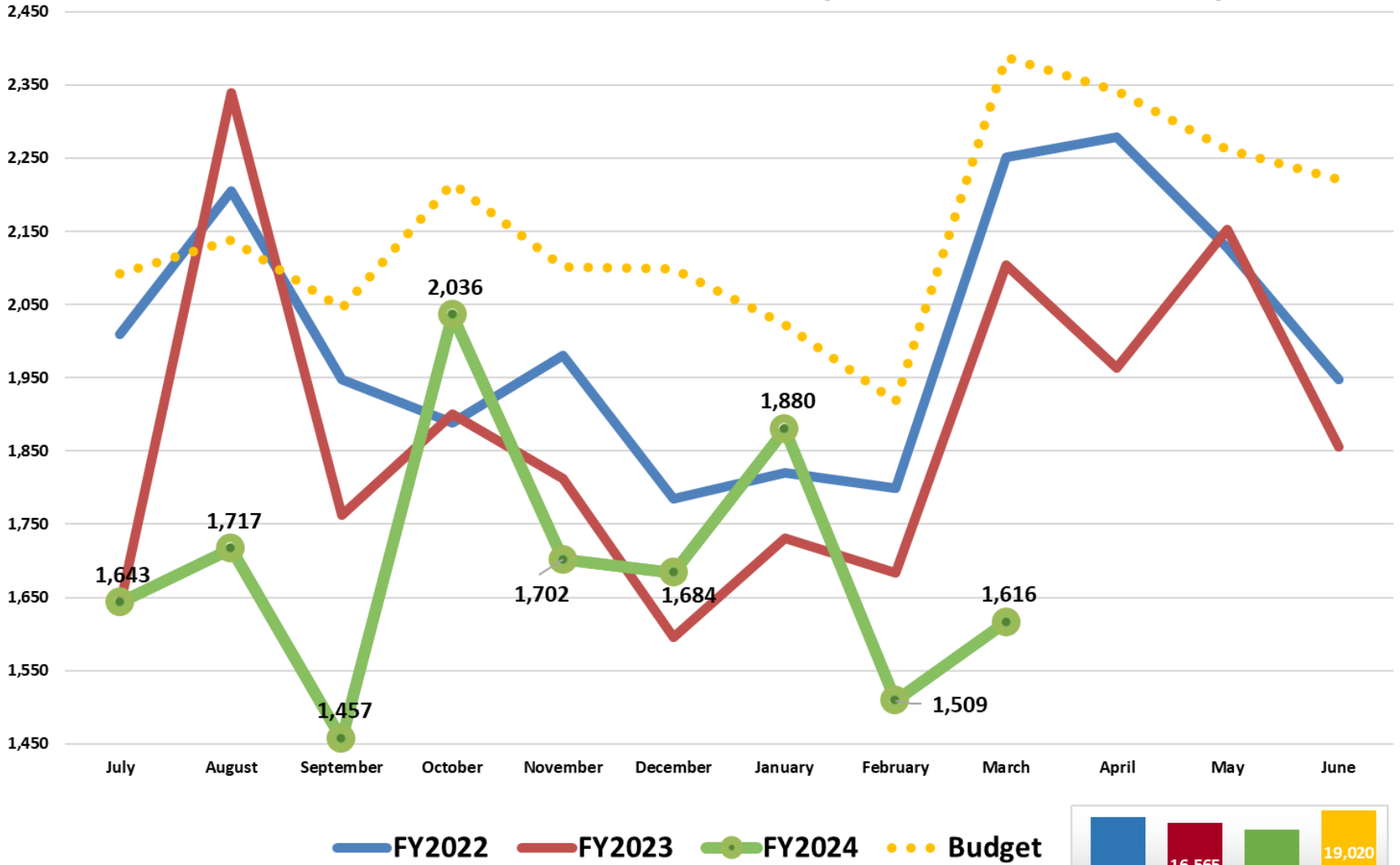
# Cardiac Surgery Cases



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

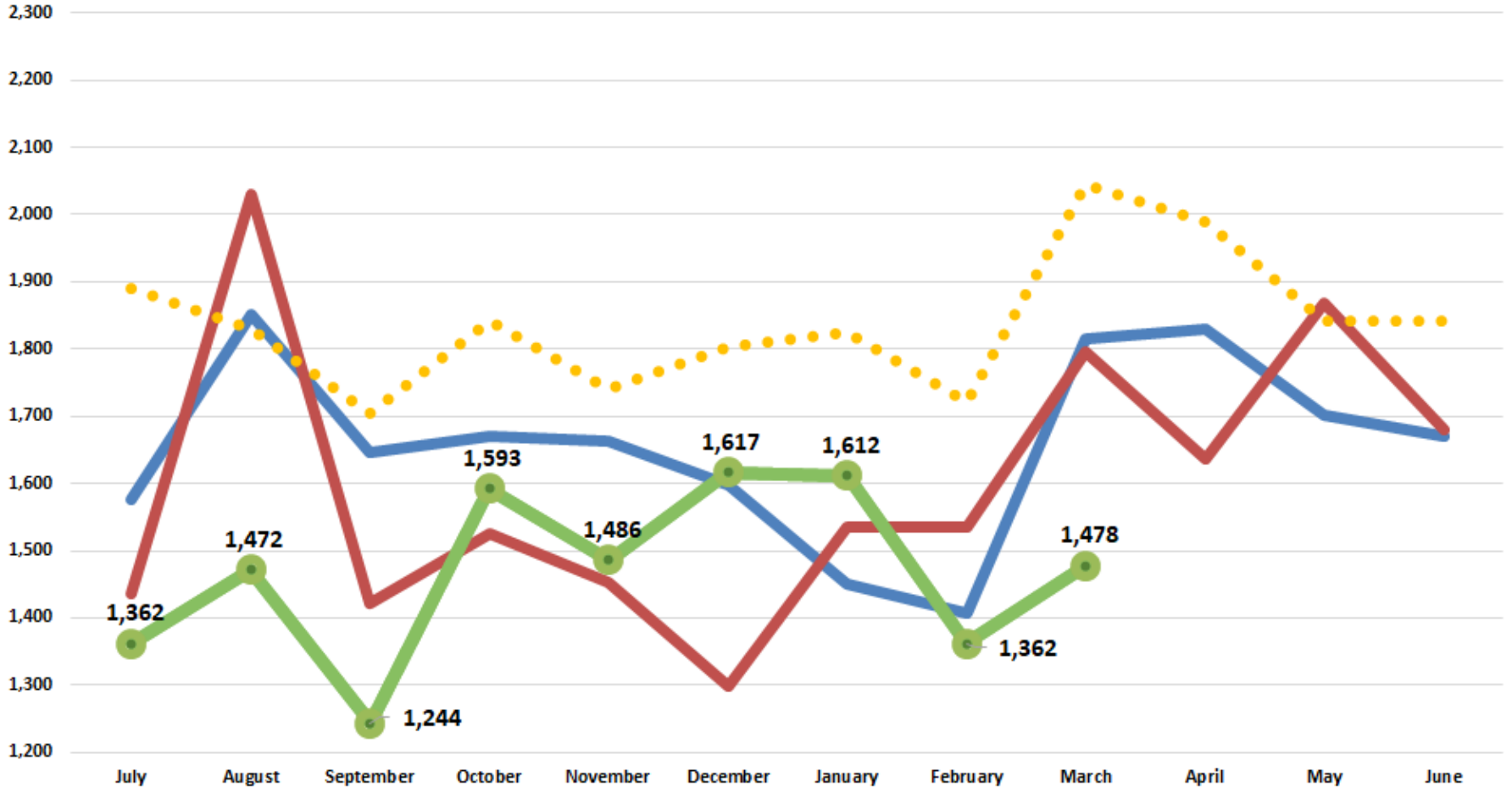


# Rad Onc Treatments (Vis. & Hanf.)



17,687	16,565	15,244	19,020
YTD FY22	YTD FY23	YTD FY24	YTD Budget

# Rad Onc Visalia

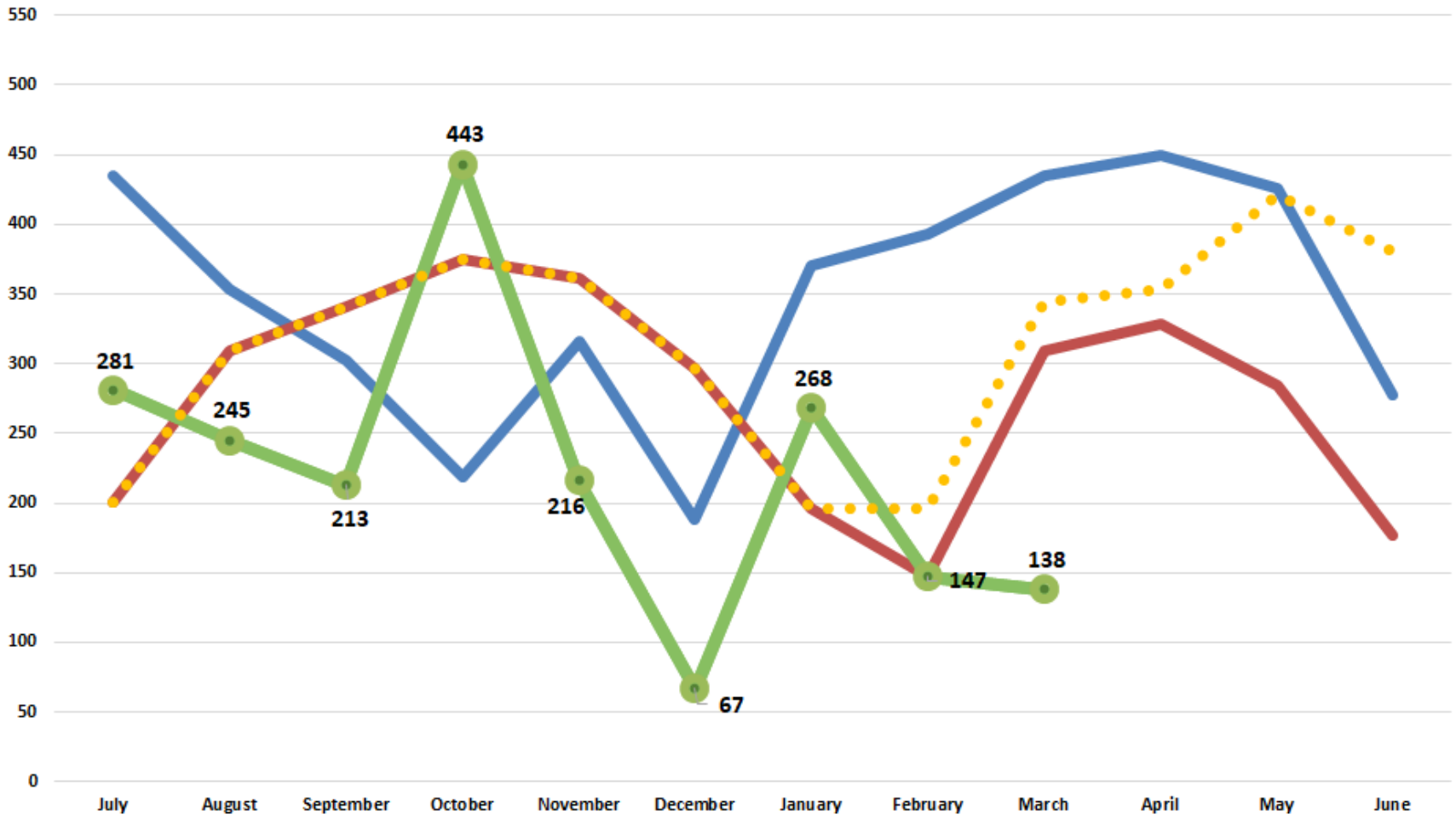


—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget

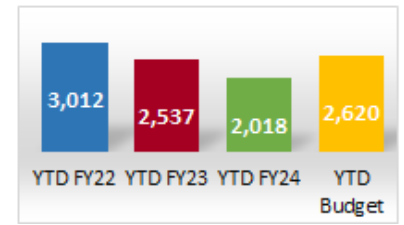




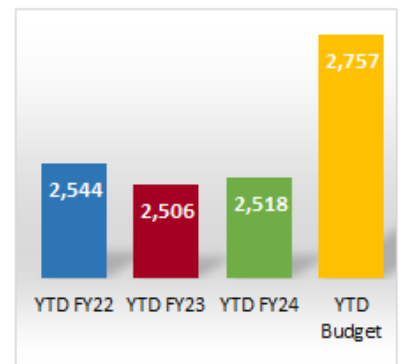
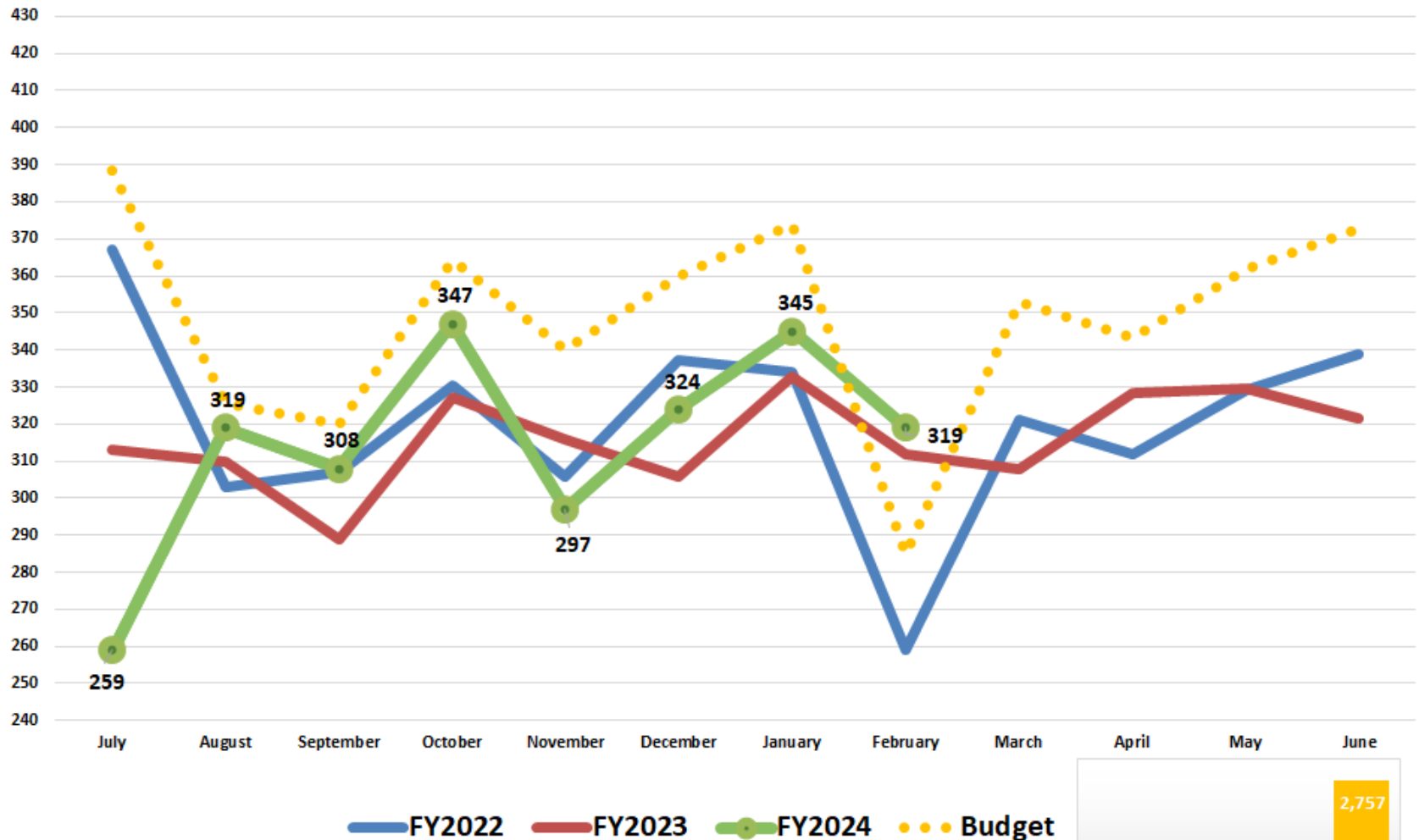
# Rad Onc Hanford



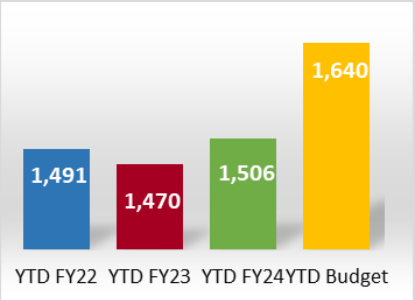
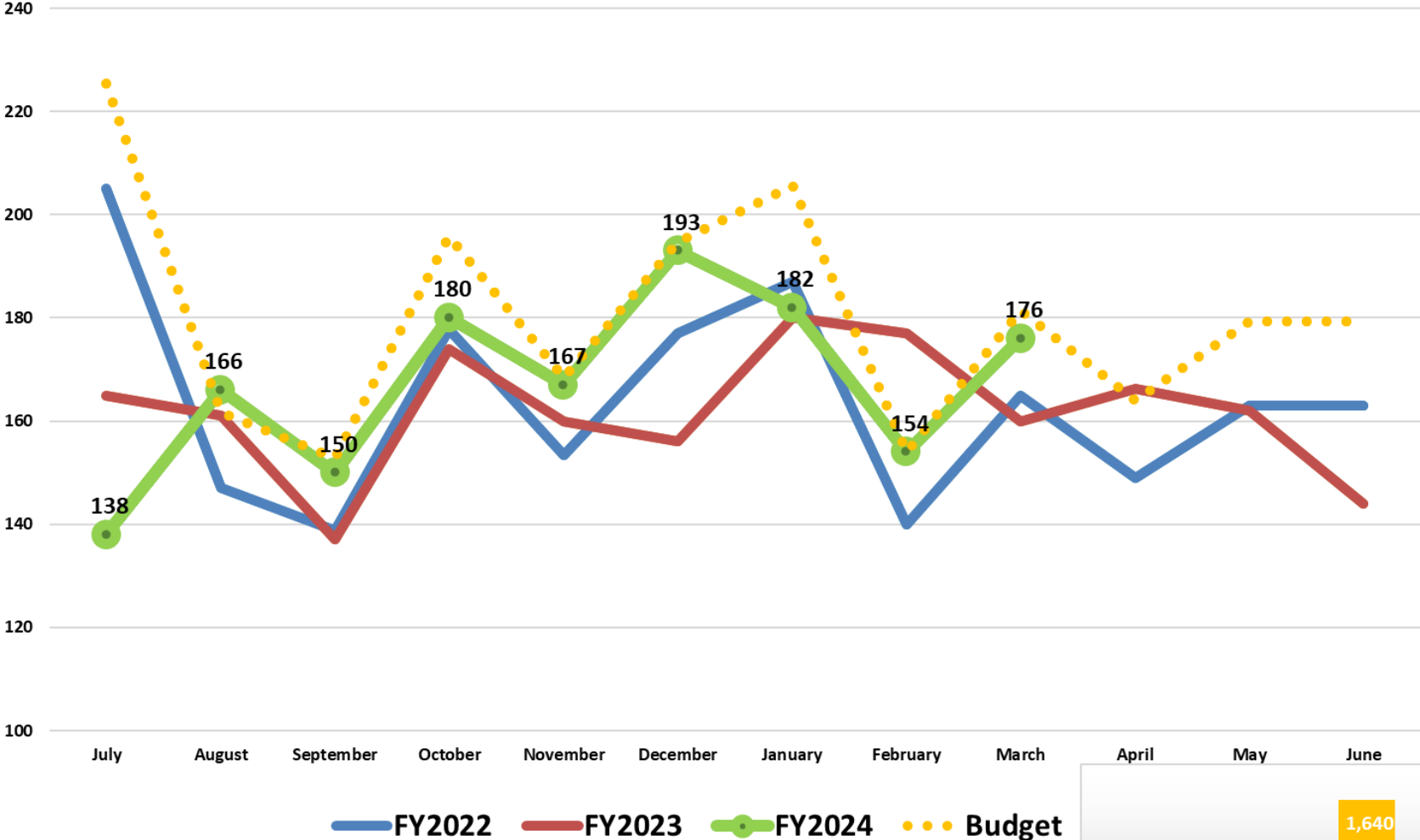
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



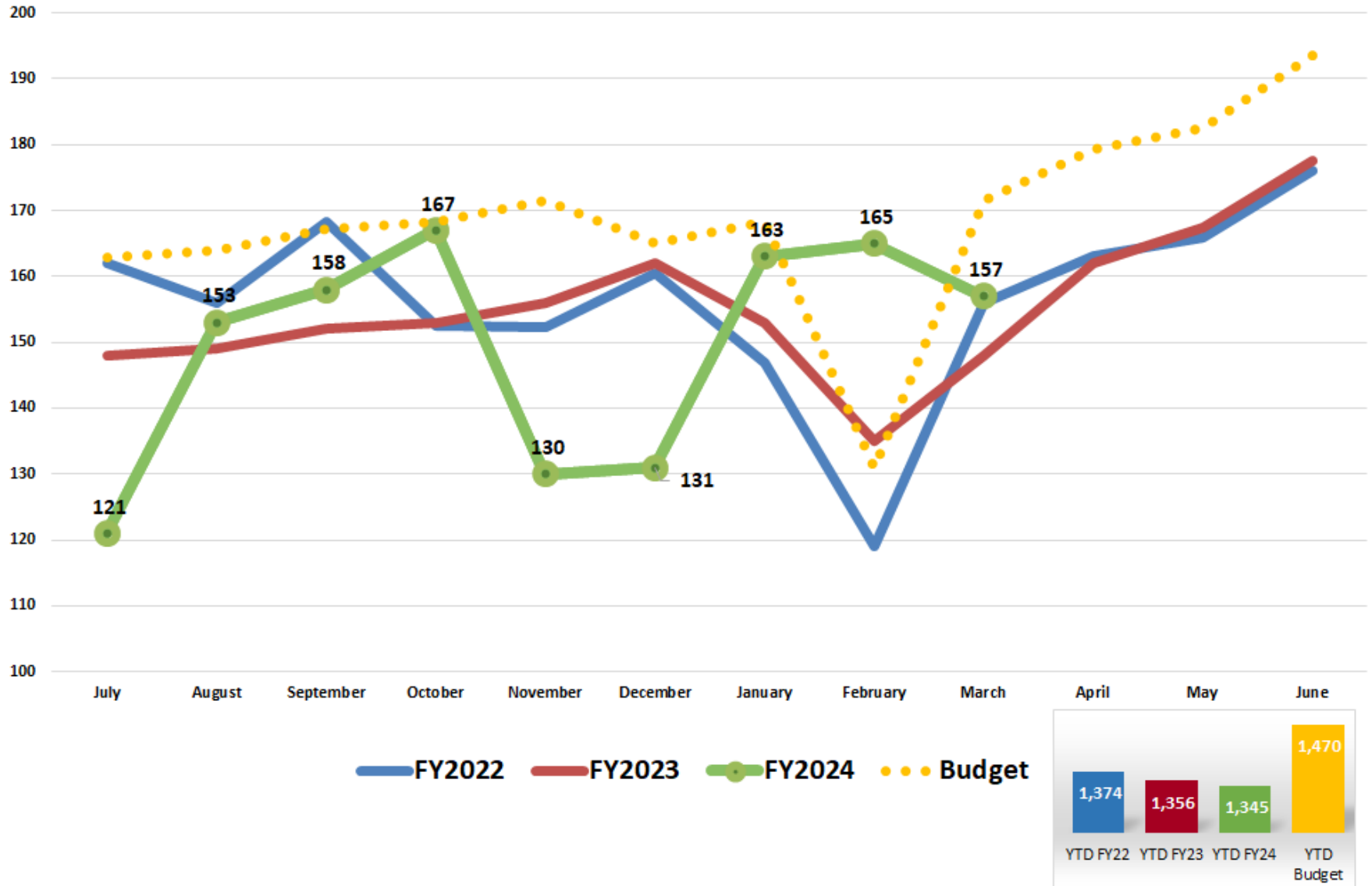
# Cath Lab (IP & OP) – 100 Min Units



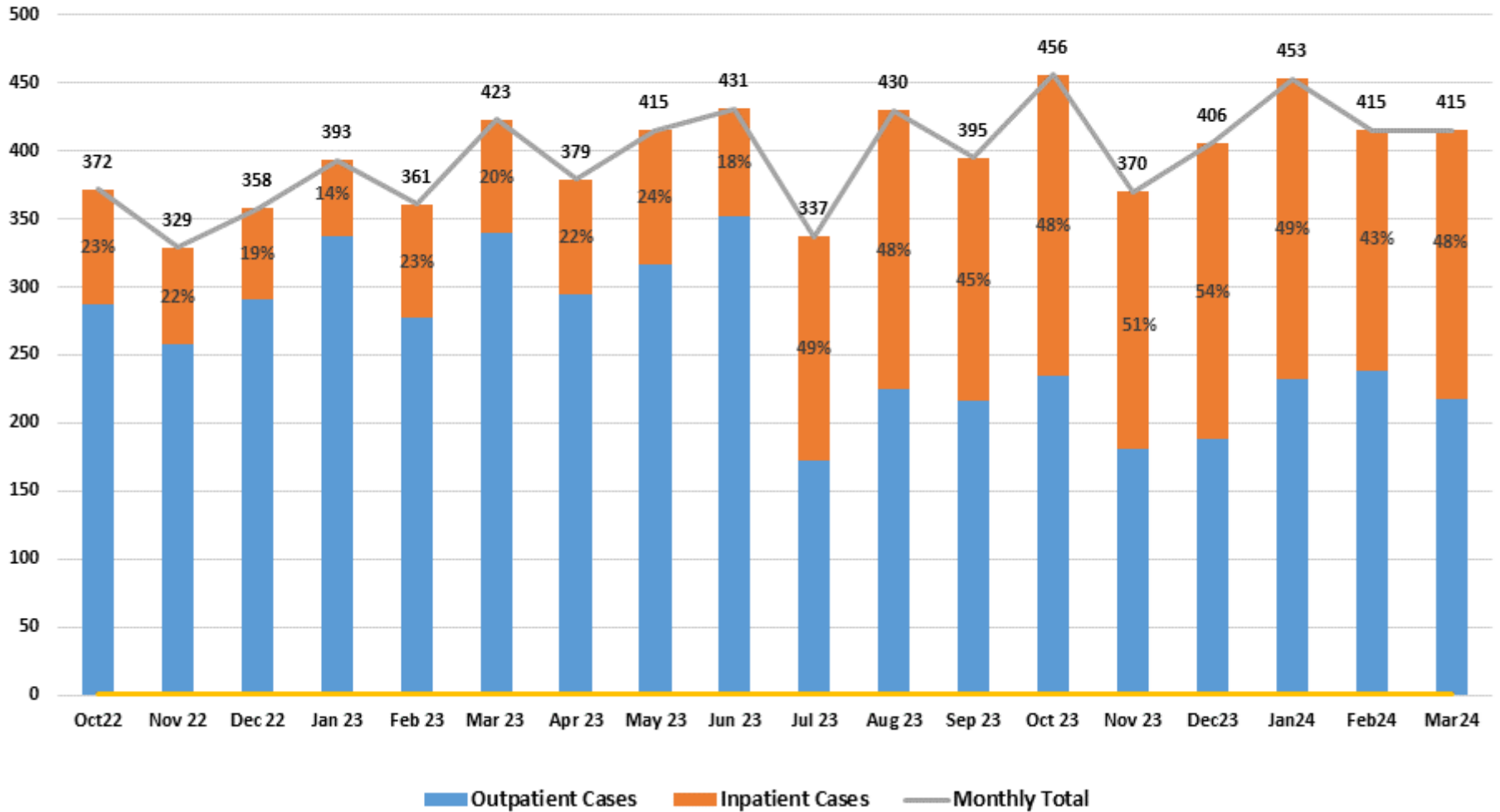
# Cath Lab (IP Only) – 100 Min Units



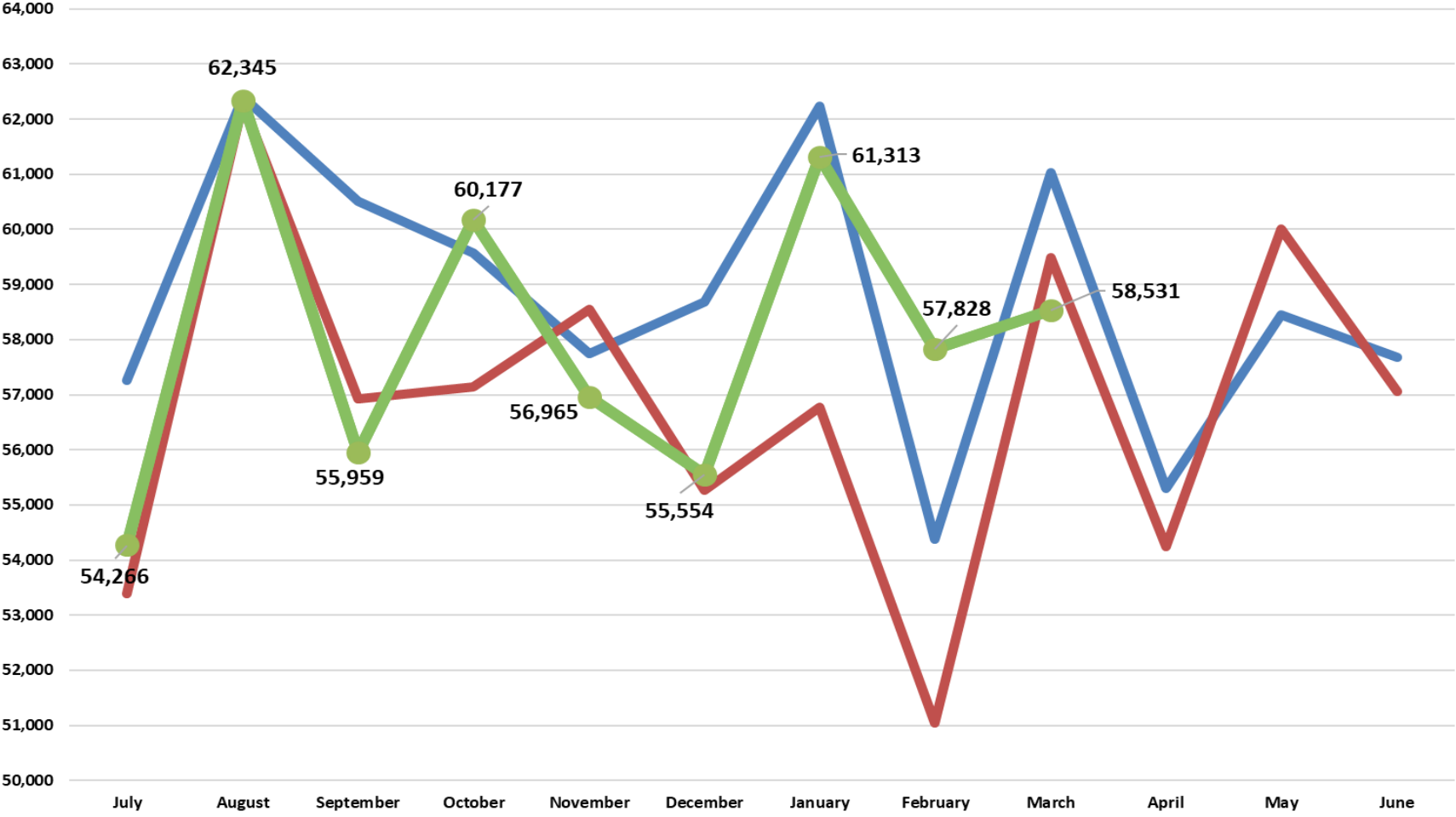
# Cath Lab (OP Only) – 100 Min Units



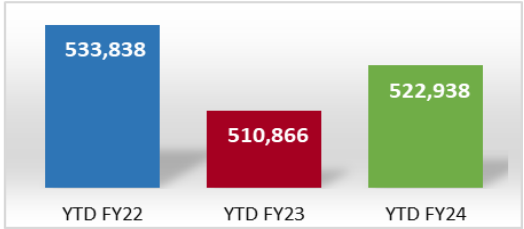
# Cath Lab Patients (IP & OP)



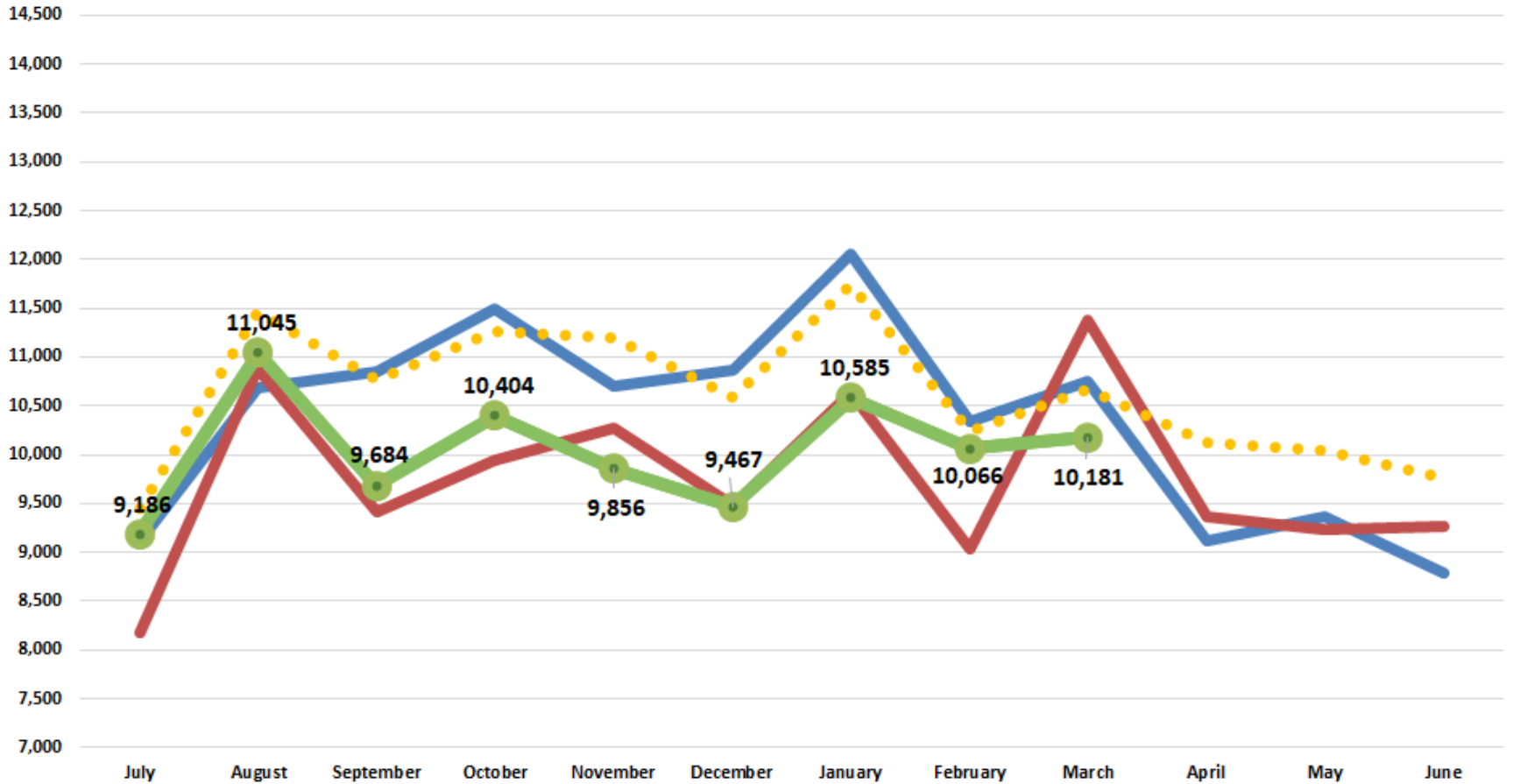
# Outpatient Registrations



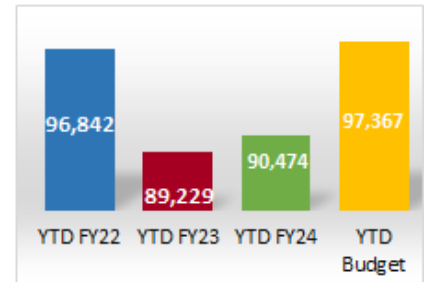
— FY2022 — FY2023 — FY2024



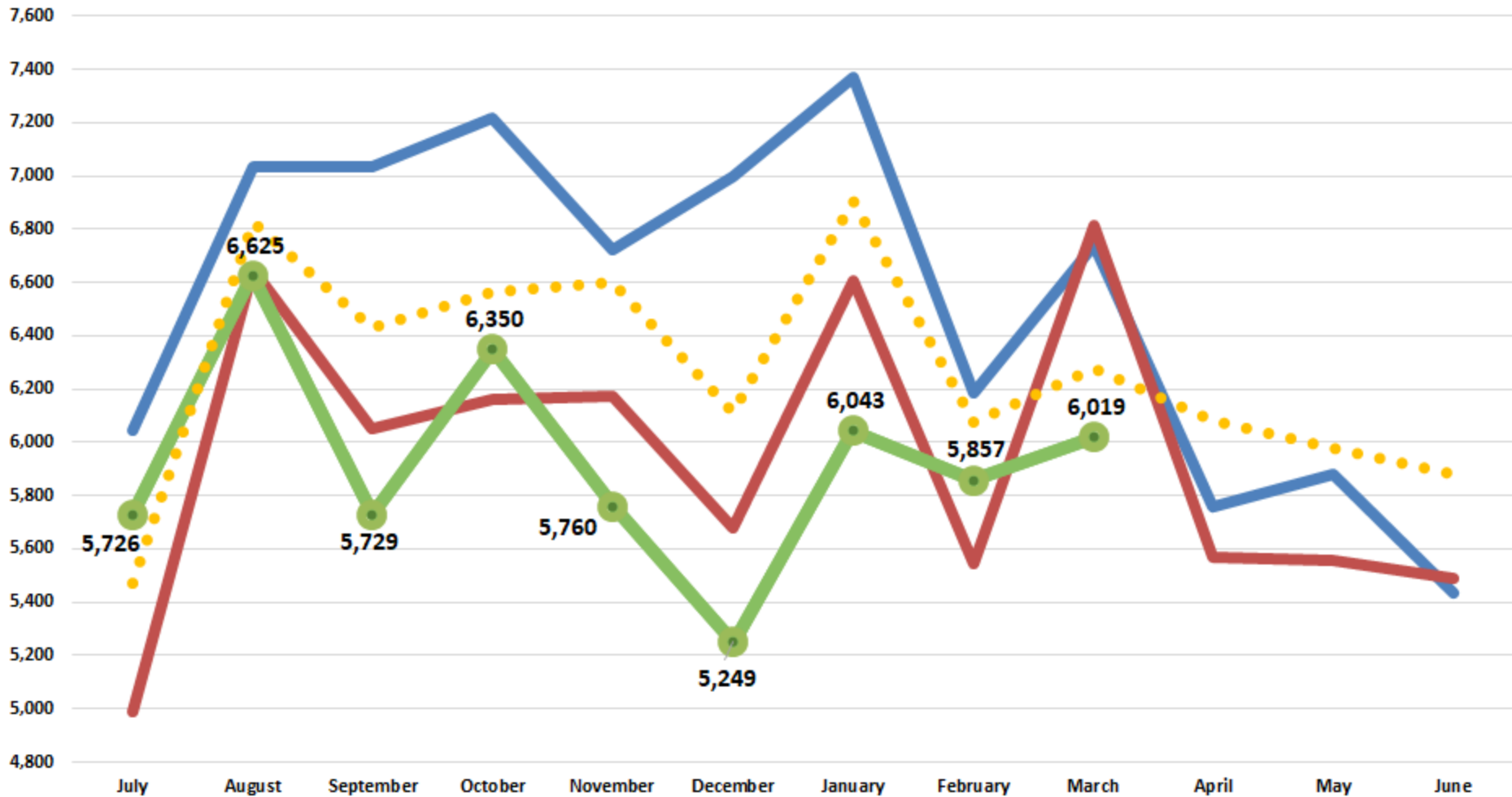
# Rural Health Clinics Registrations



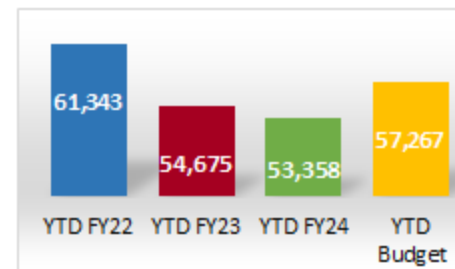
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



# RHC Exeter - Registrations

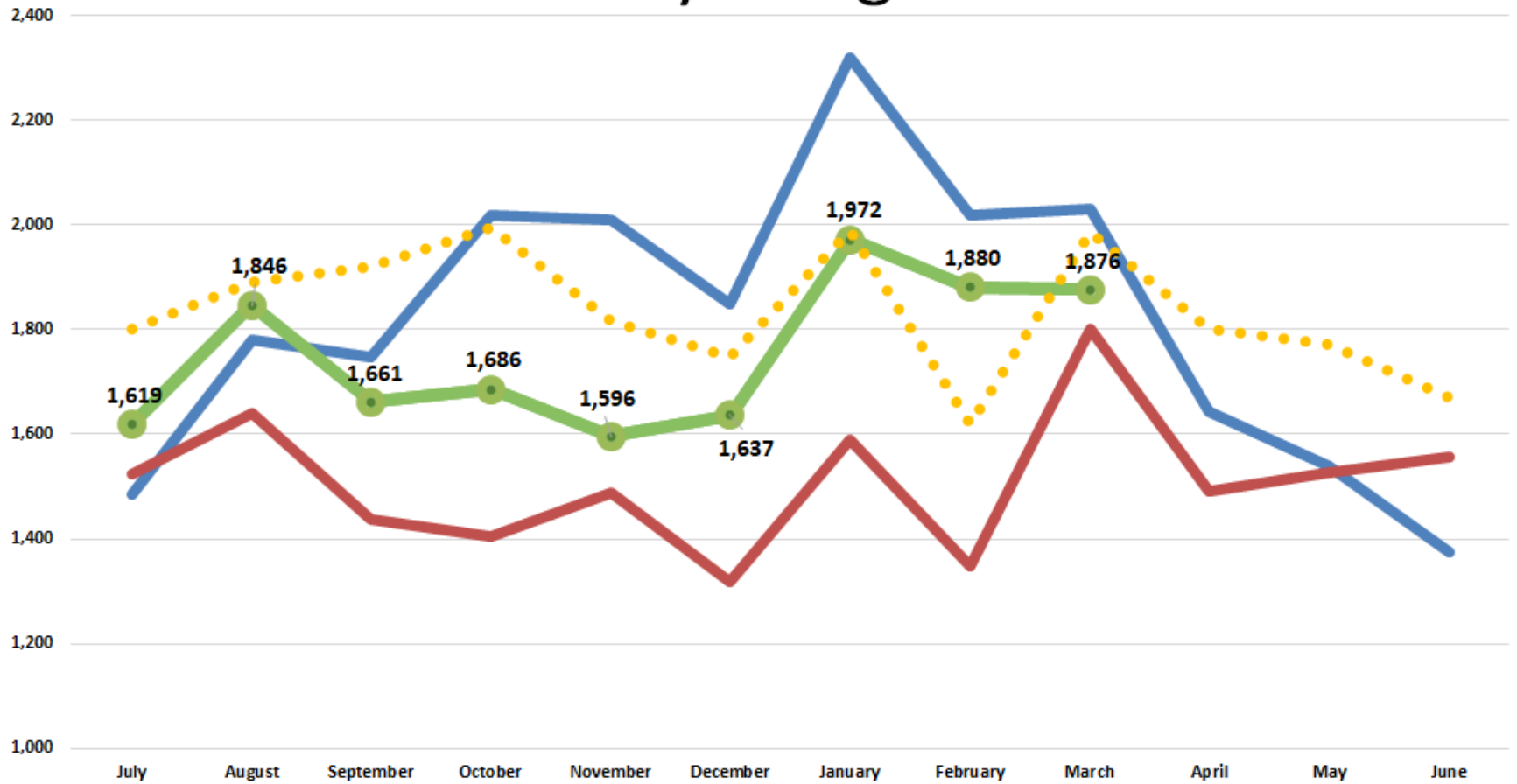


—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget

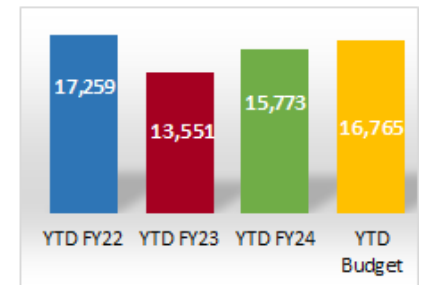




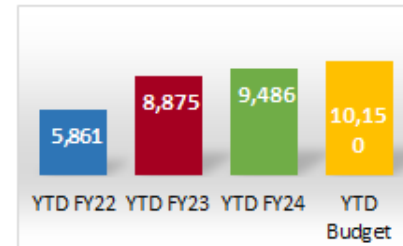
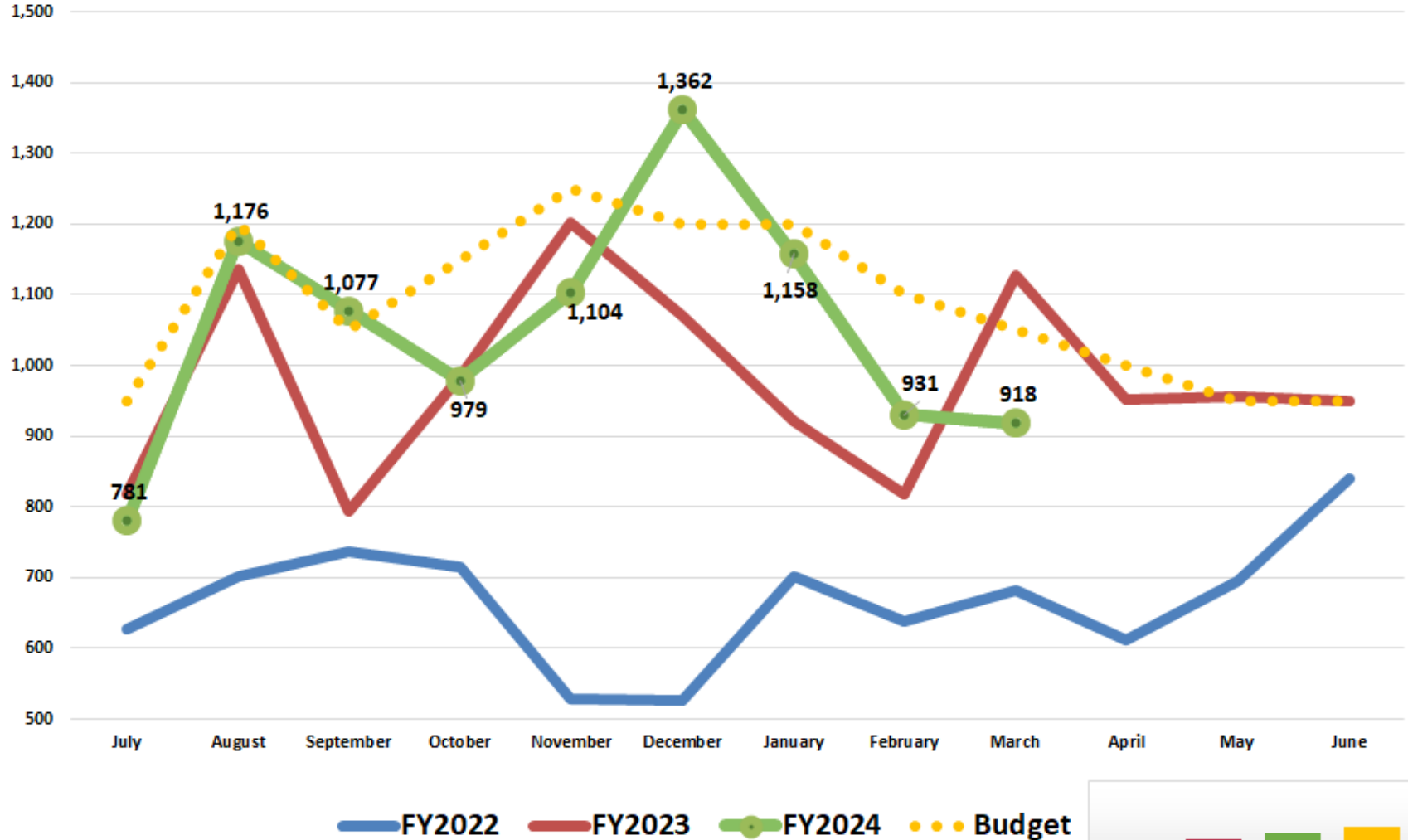
# RHC Lindsay - Registrations



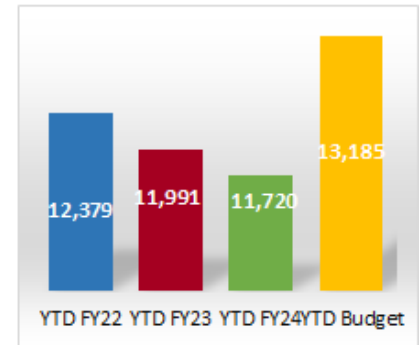
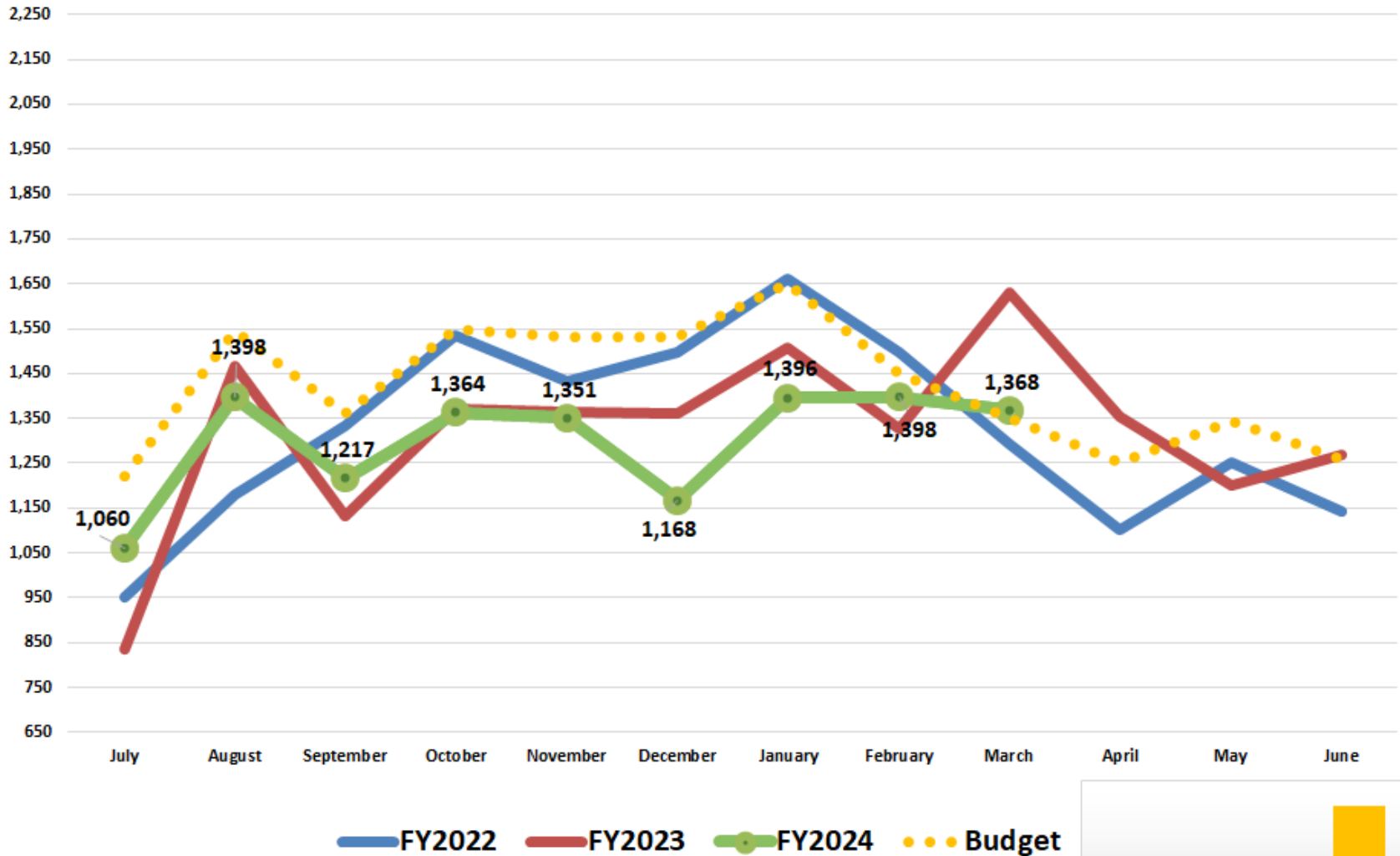
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



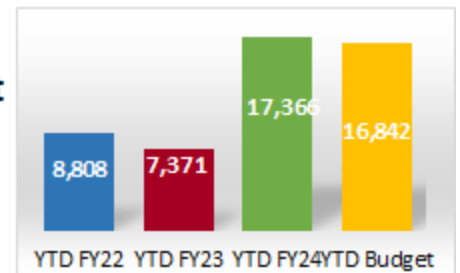
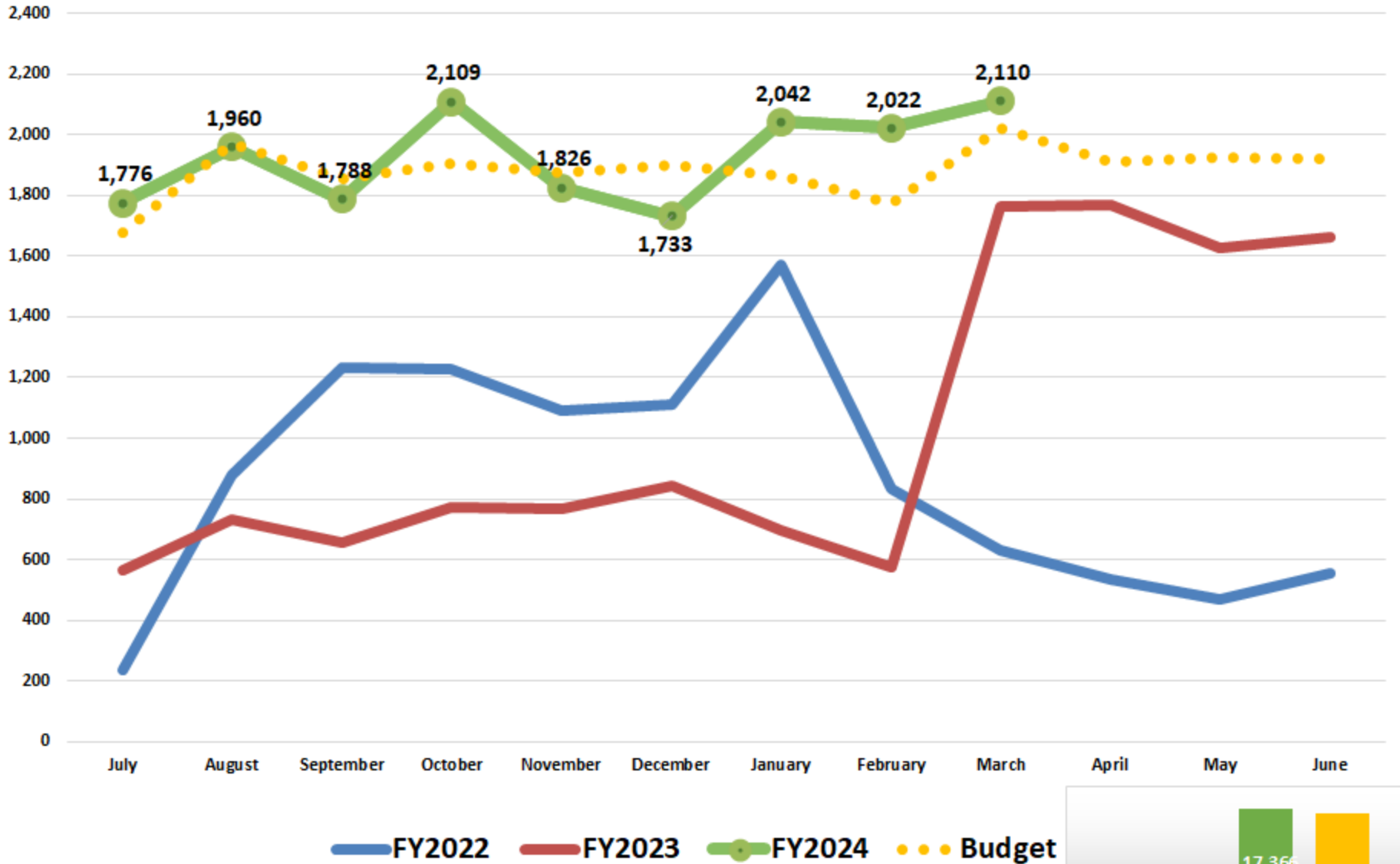
# RHC Woodlake - Registrations



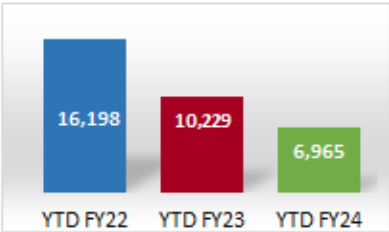
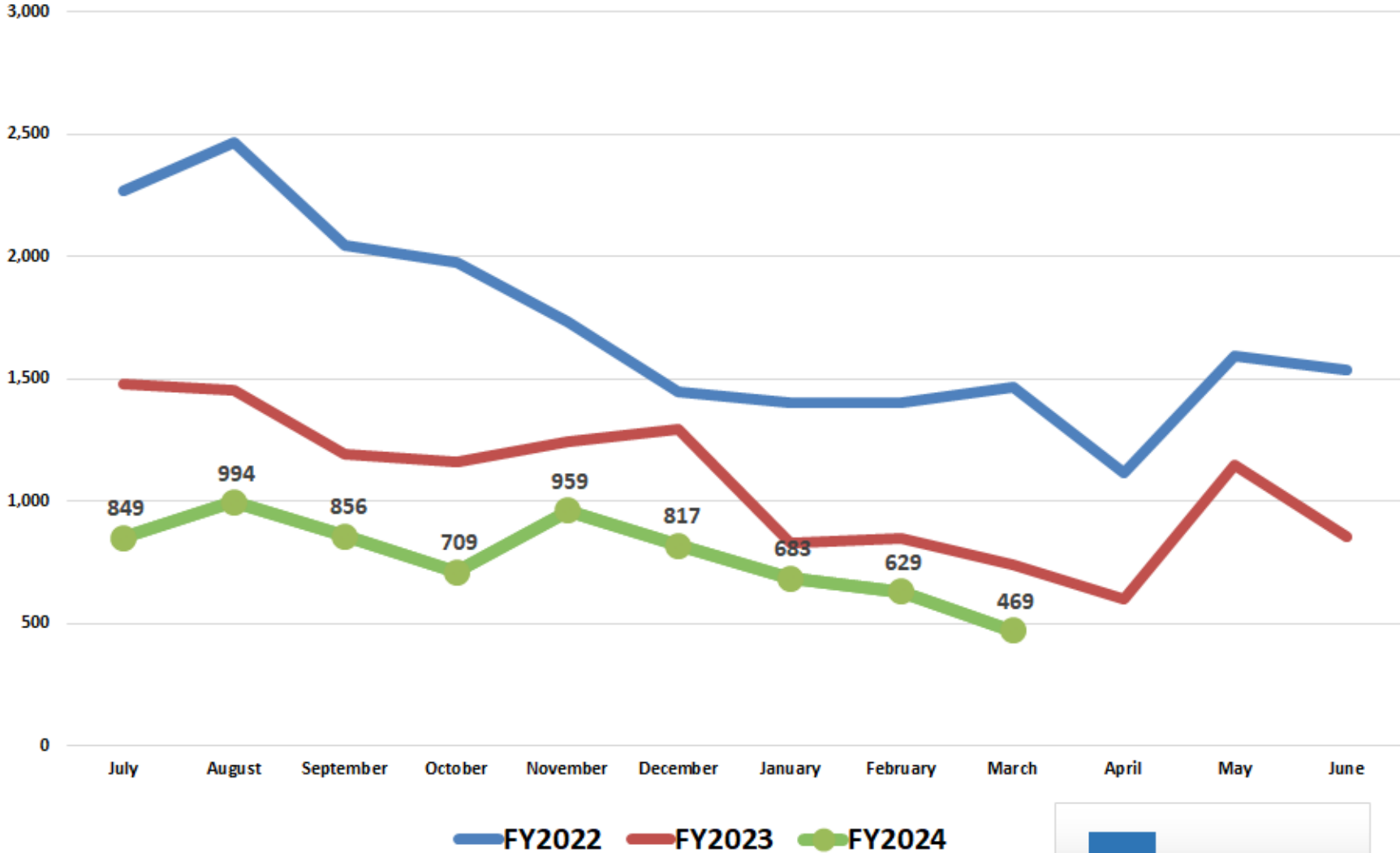
# RHC Dinuba - Registrations



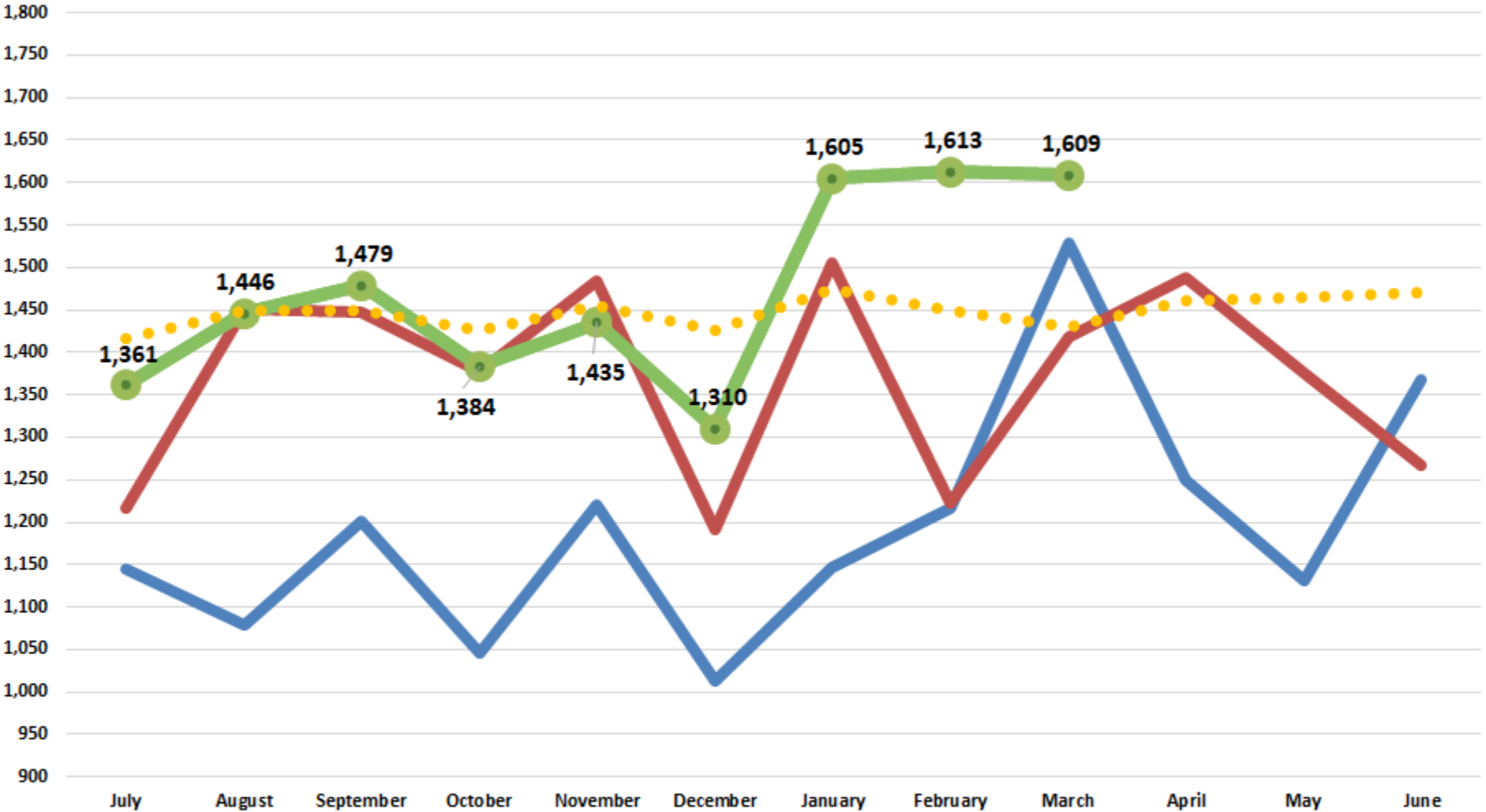
# RHC Tulare - Registrations



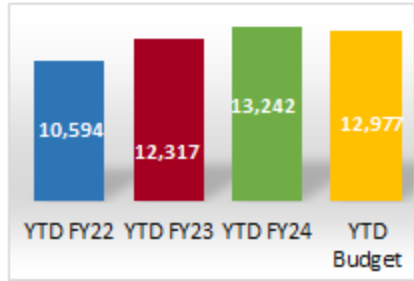
# Neurosurgery Clinic - wRVU's



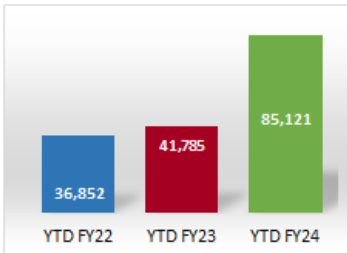
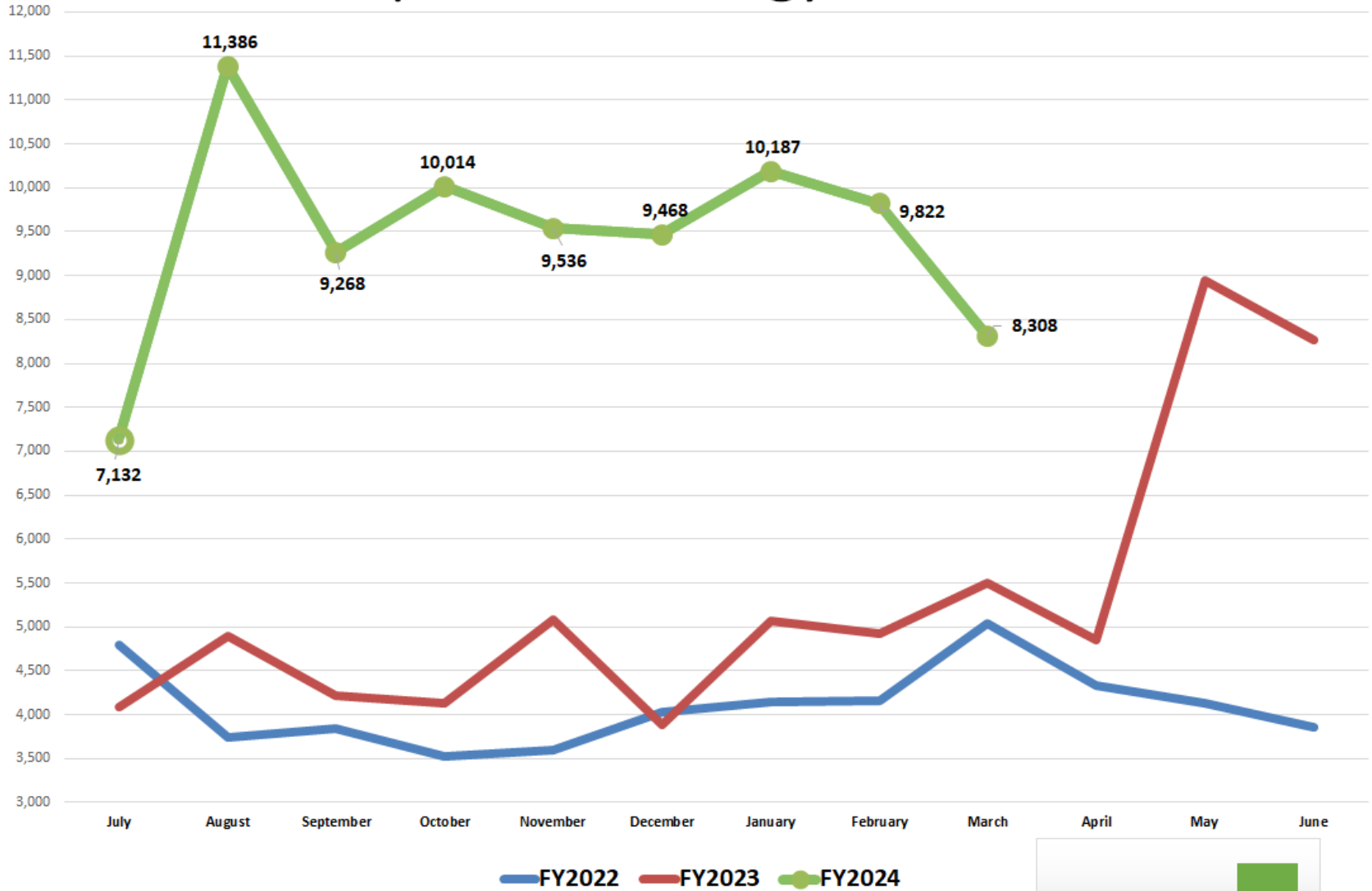
# Sequoia Cardiology Registrations



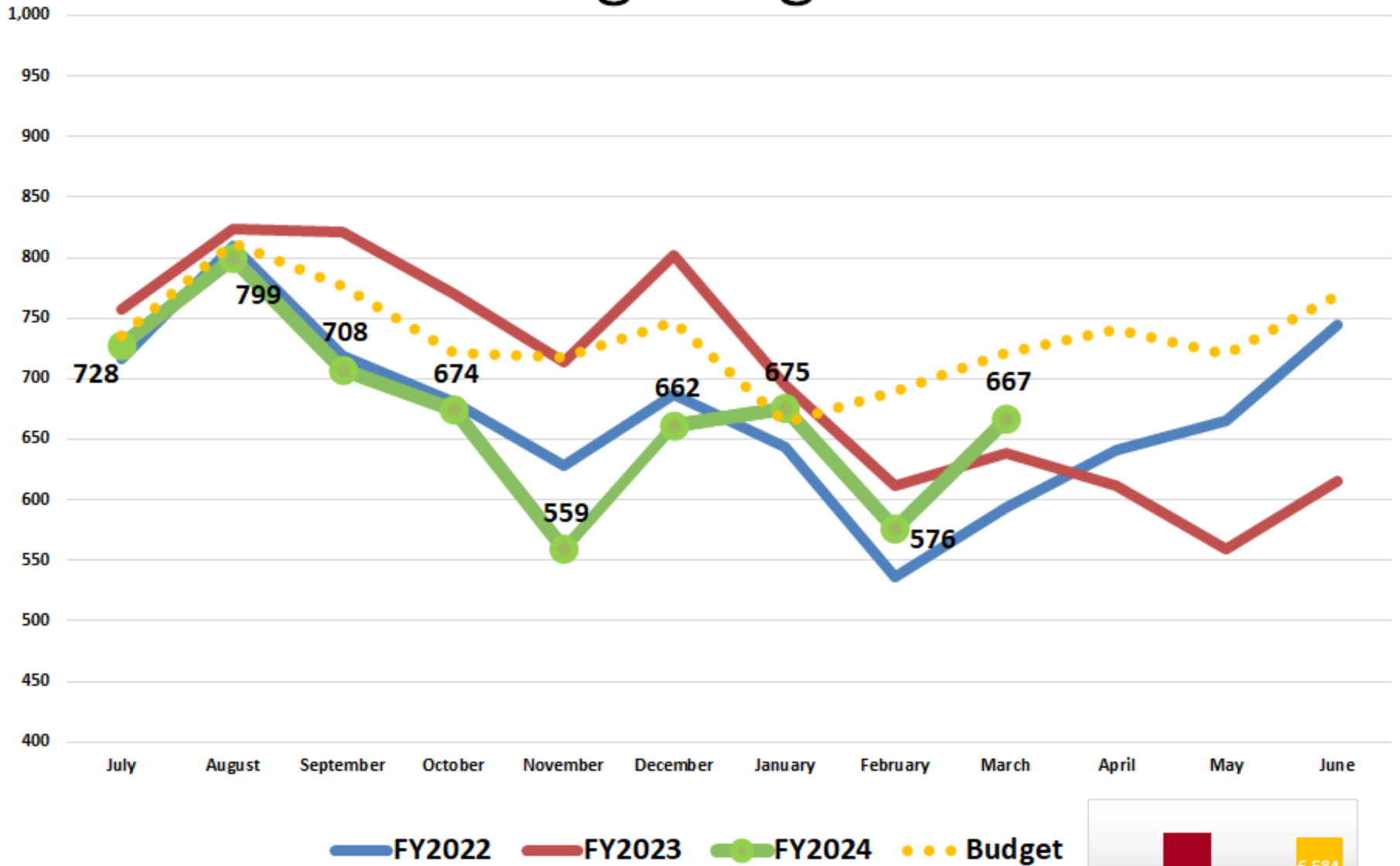
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



# Sequoia Cardiology - wRVU's



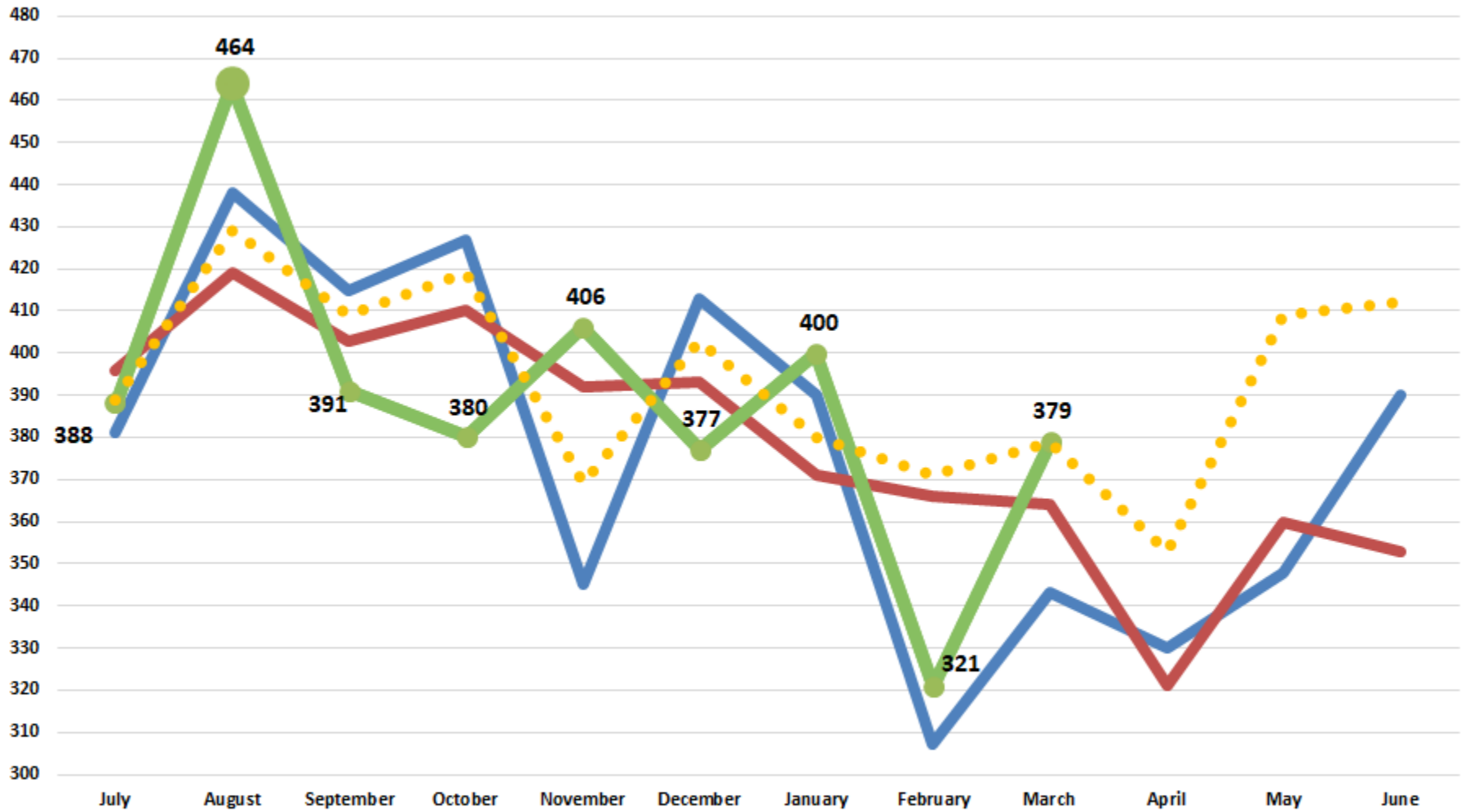
# Labor Triage Registrations



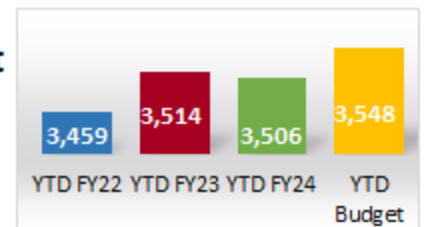
6,015	6,632	6,048	6,584
YTD FY22	YTD FY23	YTD FY24	YTD Budget



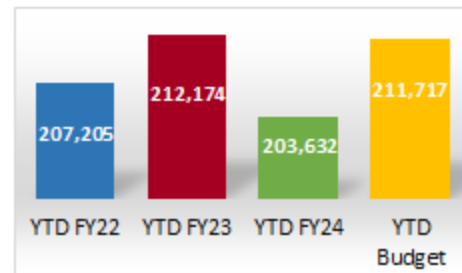
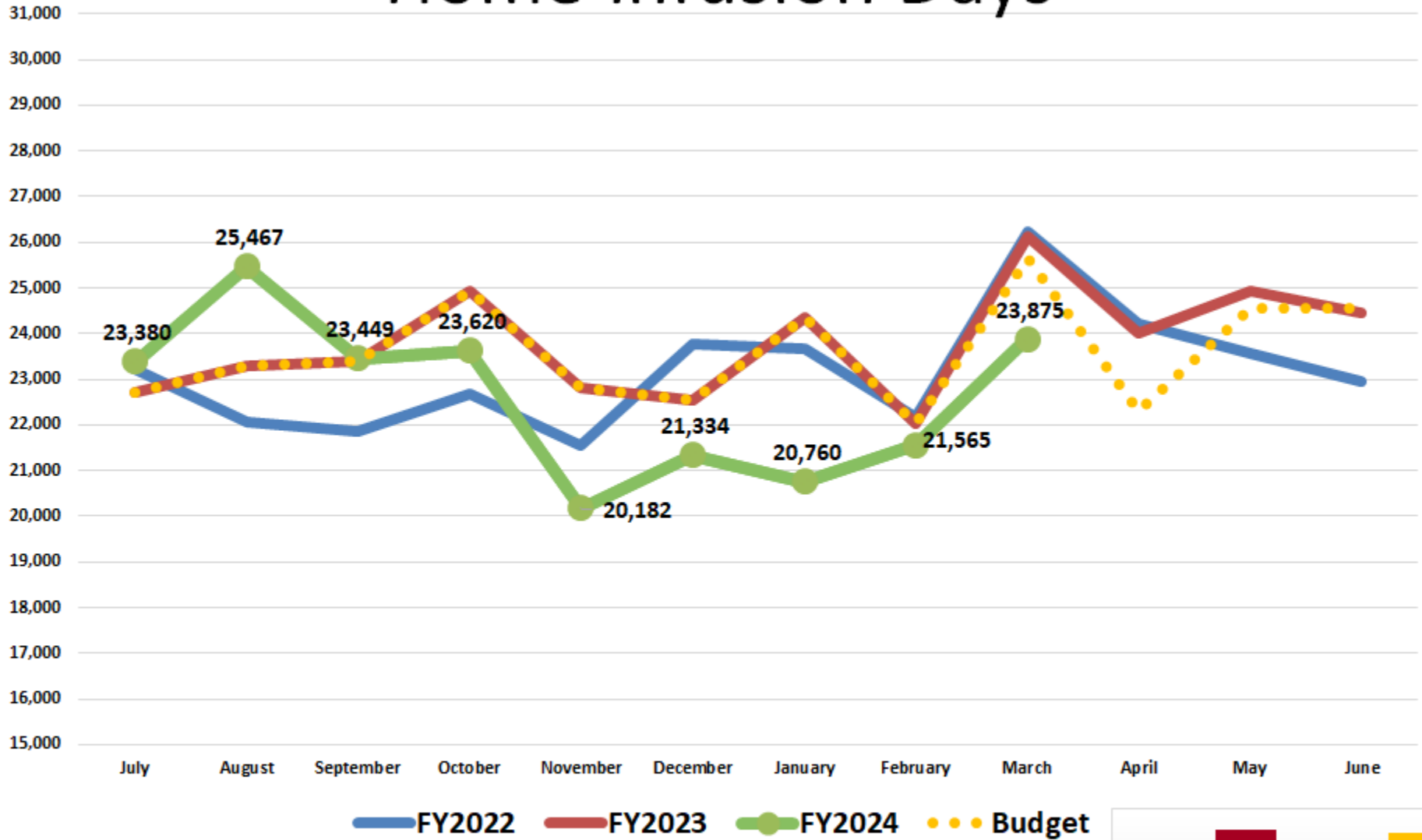
# Deliveries



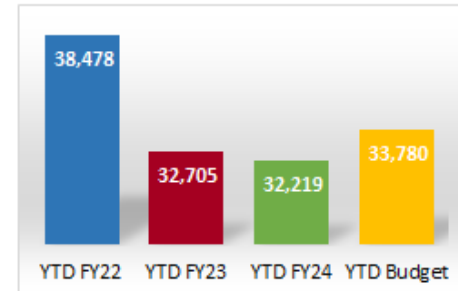
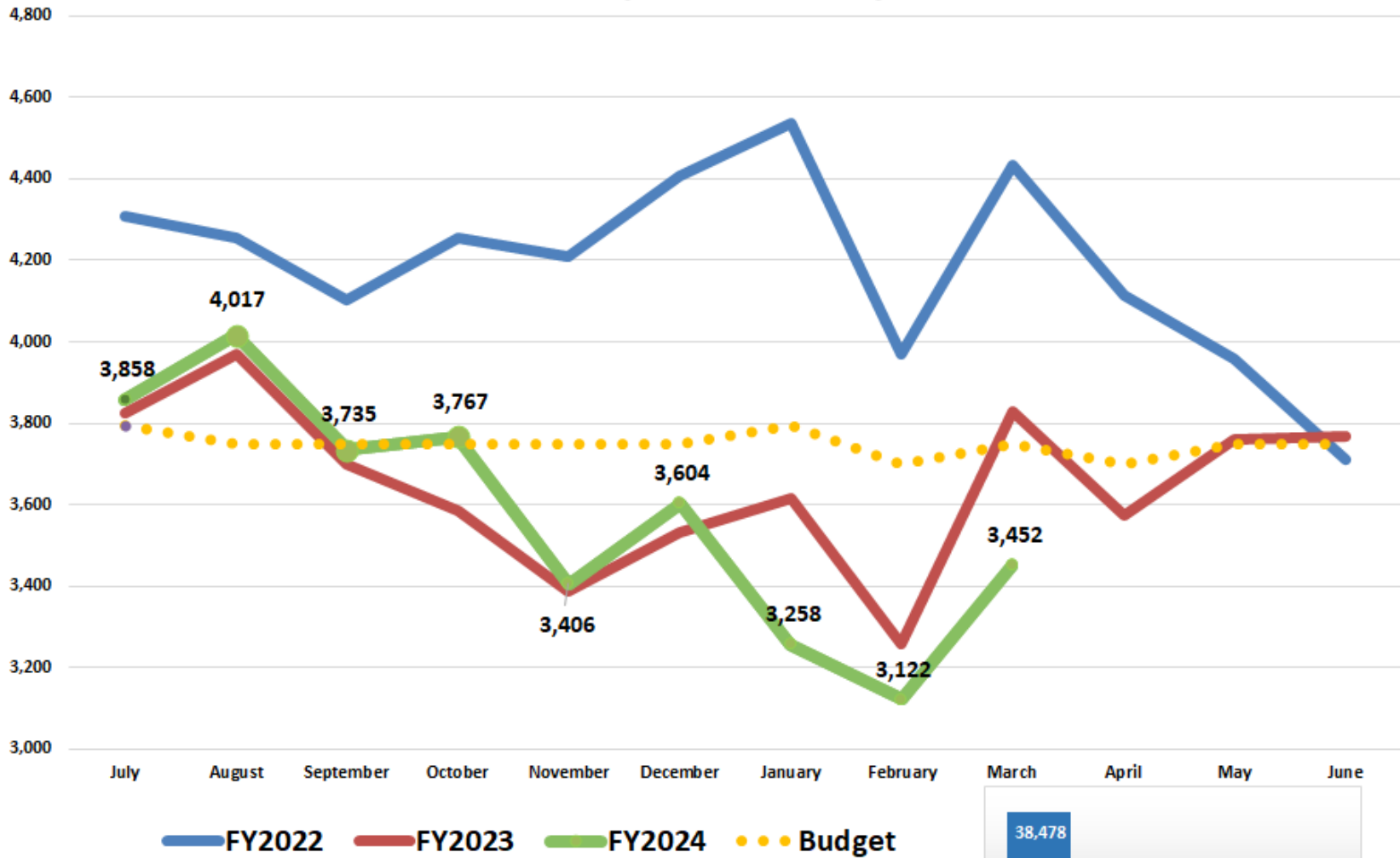
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



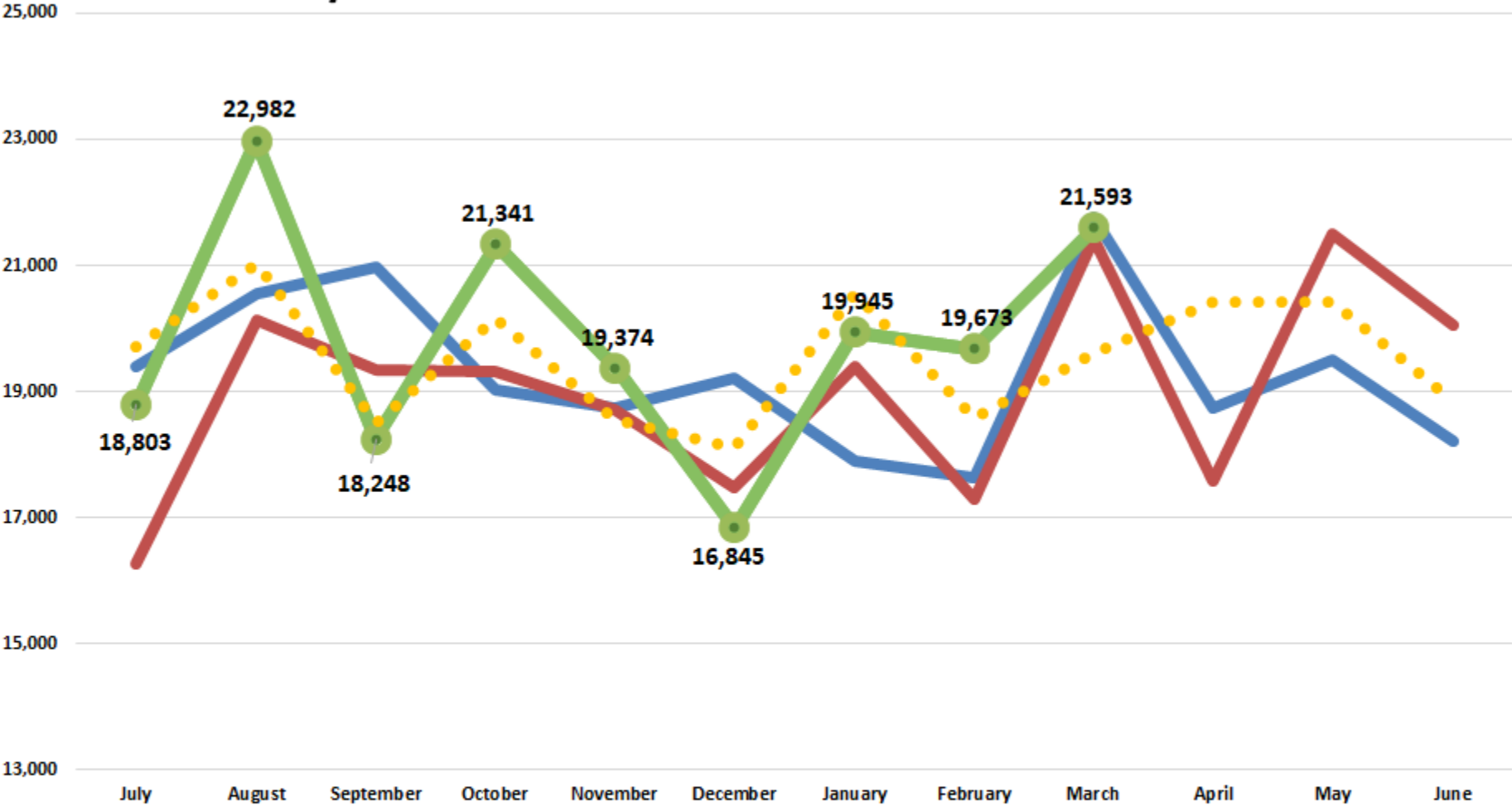
# Home Infusion Days



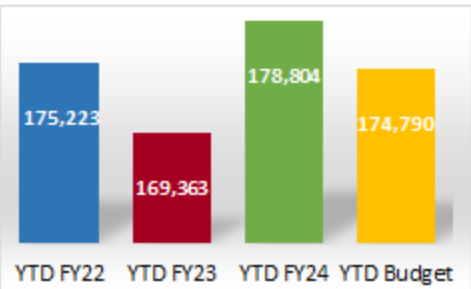
# Hospice Days



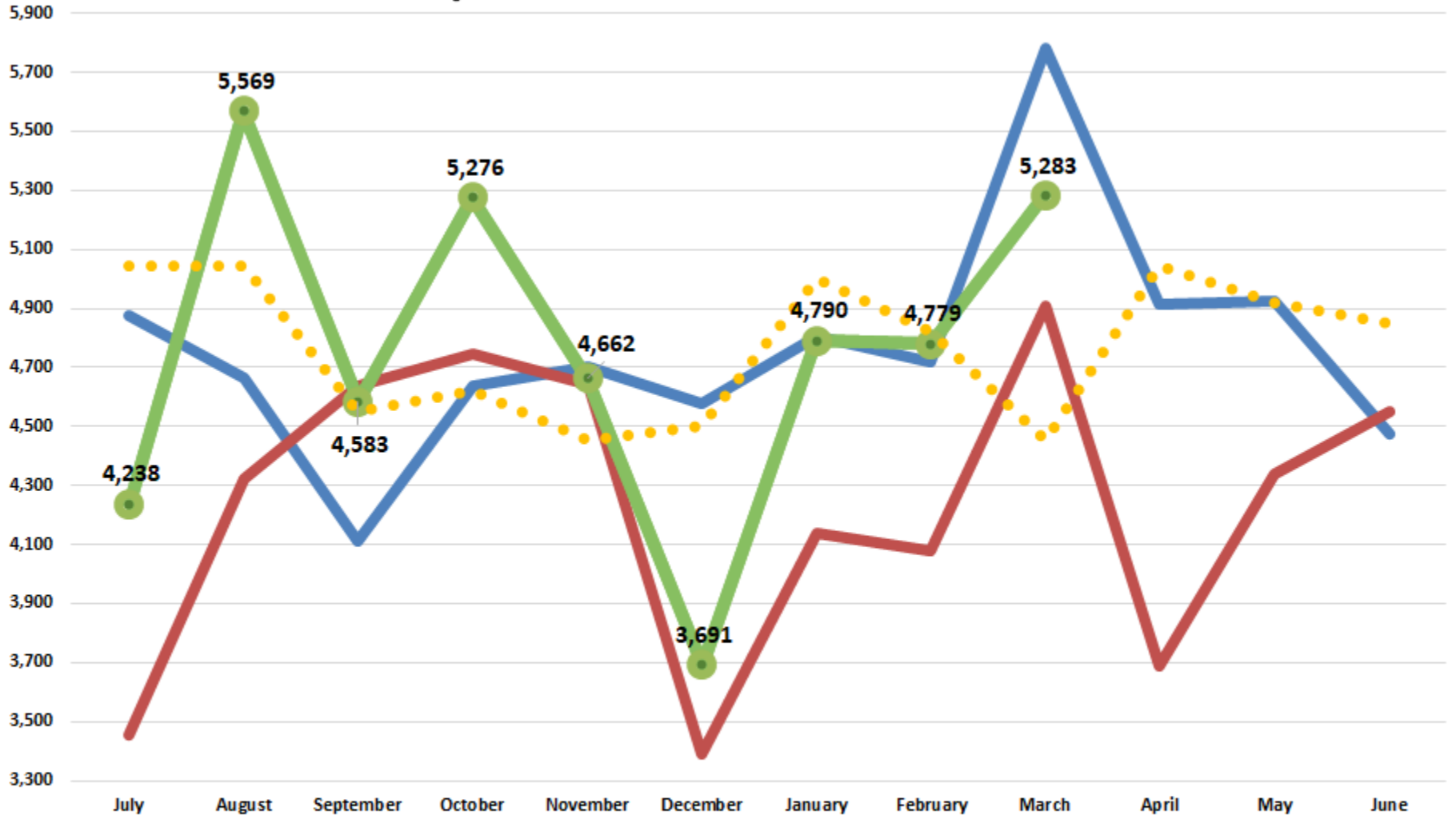
# All O/P Rehab Svcs Across District



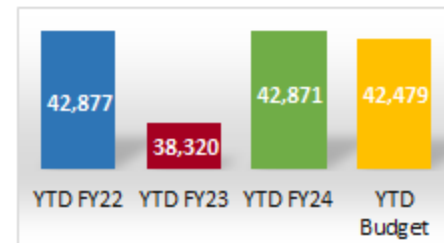
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



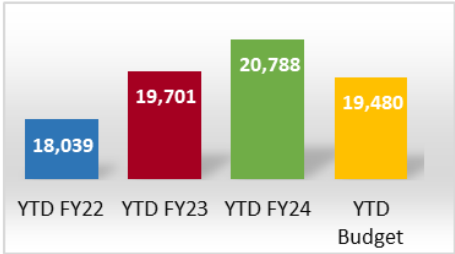
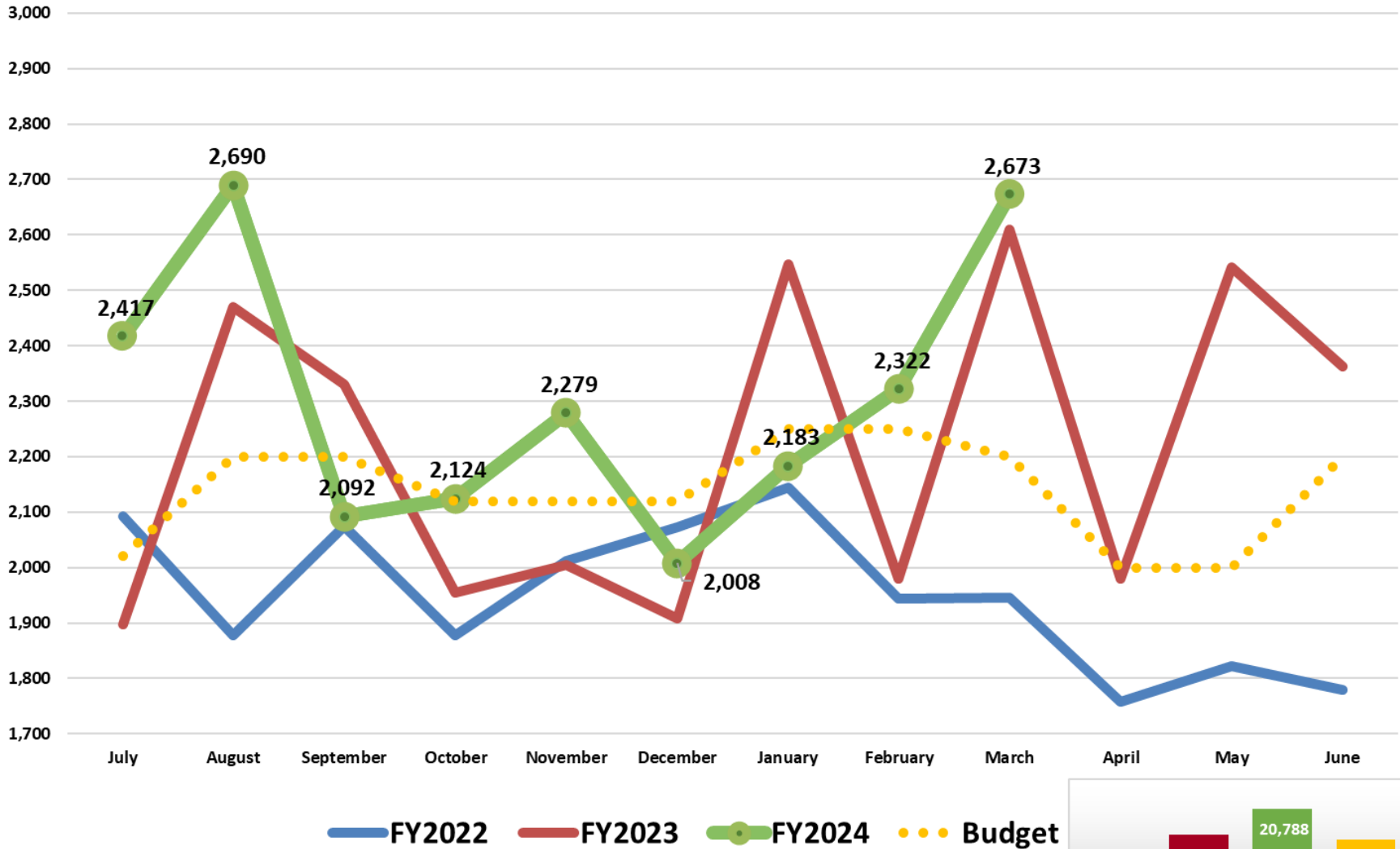
# O/P Rehab Services



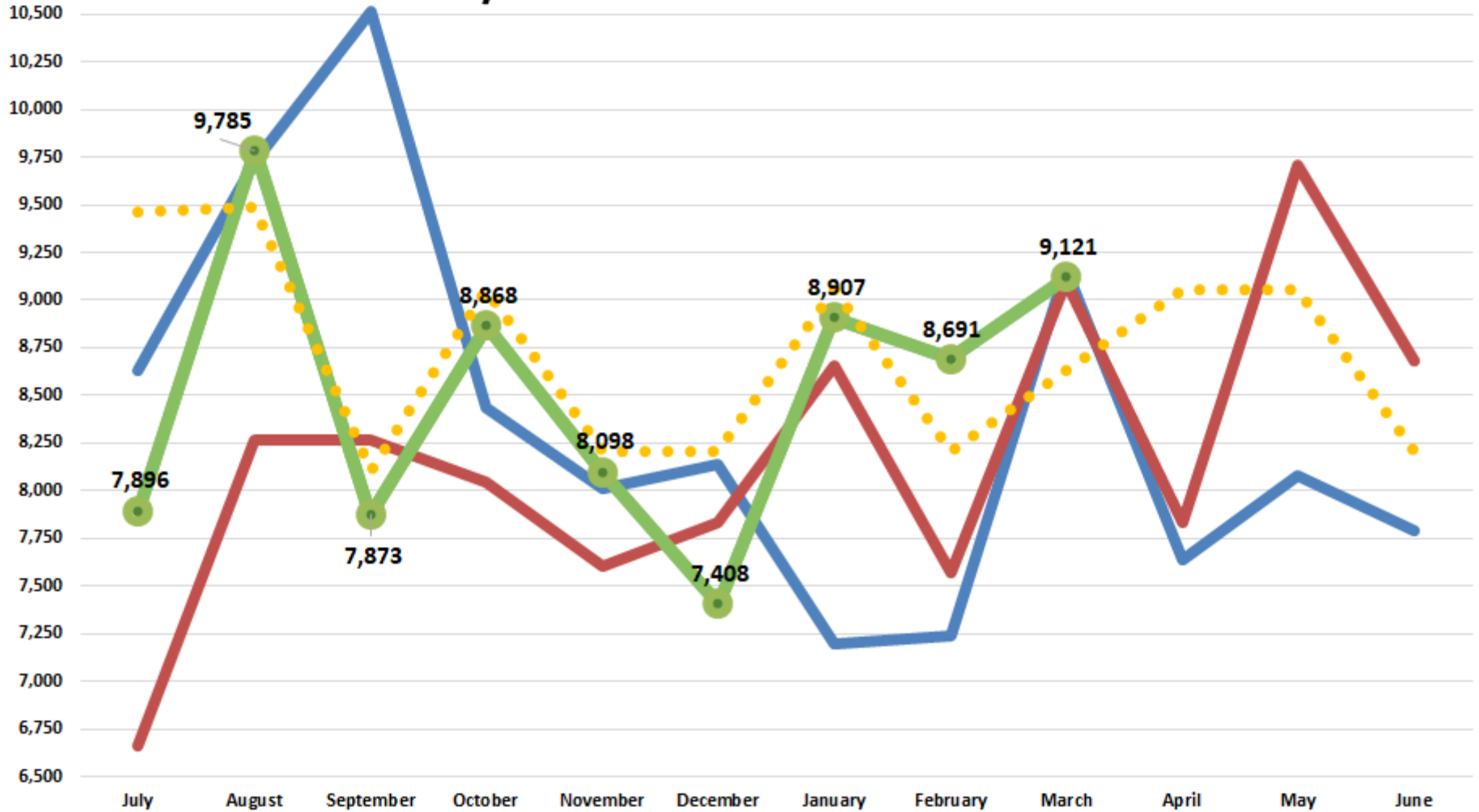
—● FY2022   
 — FY2023   
 —● FY2024   
 ●●● Budget



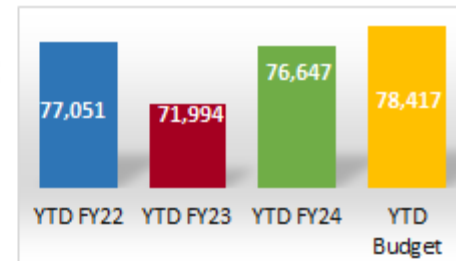
# O/P Rehab - Exeter



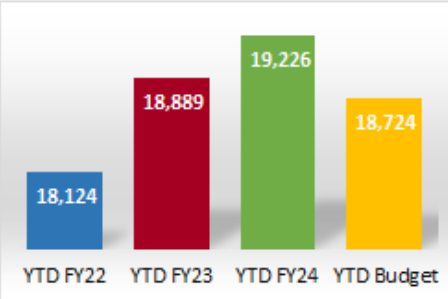
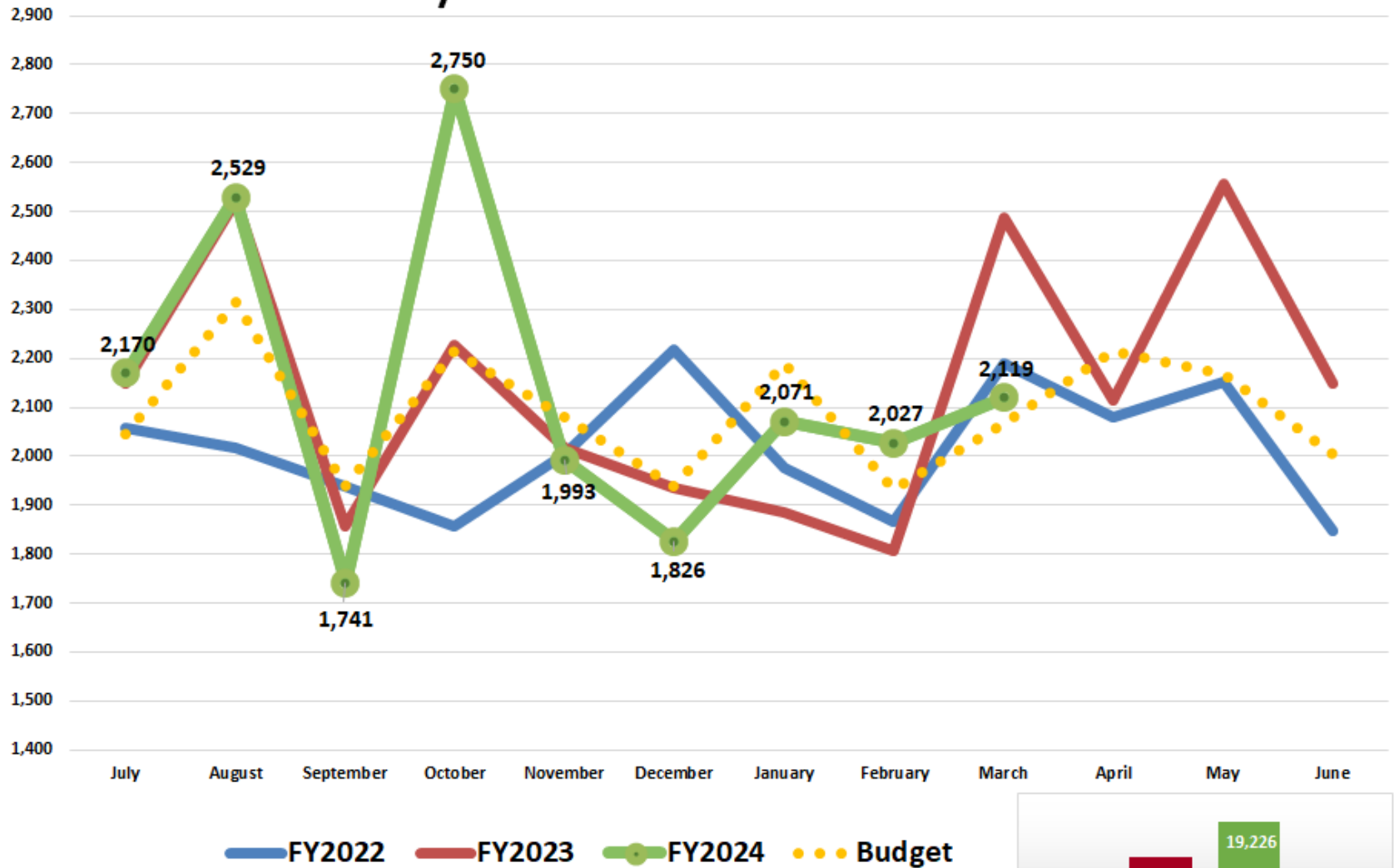
# O/P Rehab - Akers



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

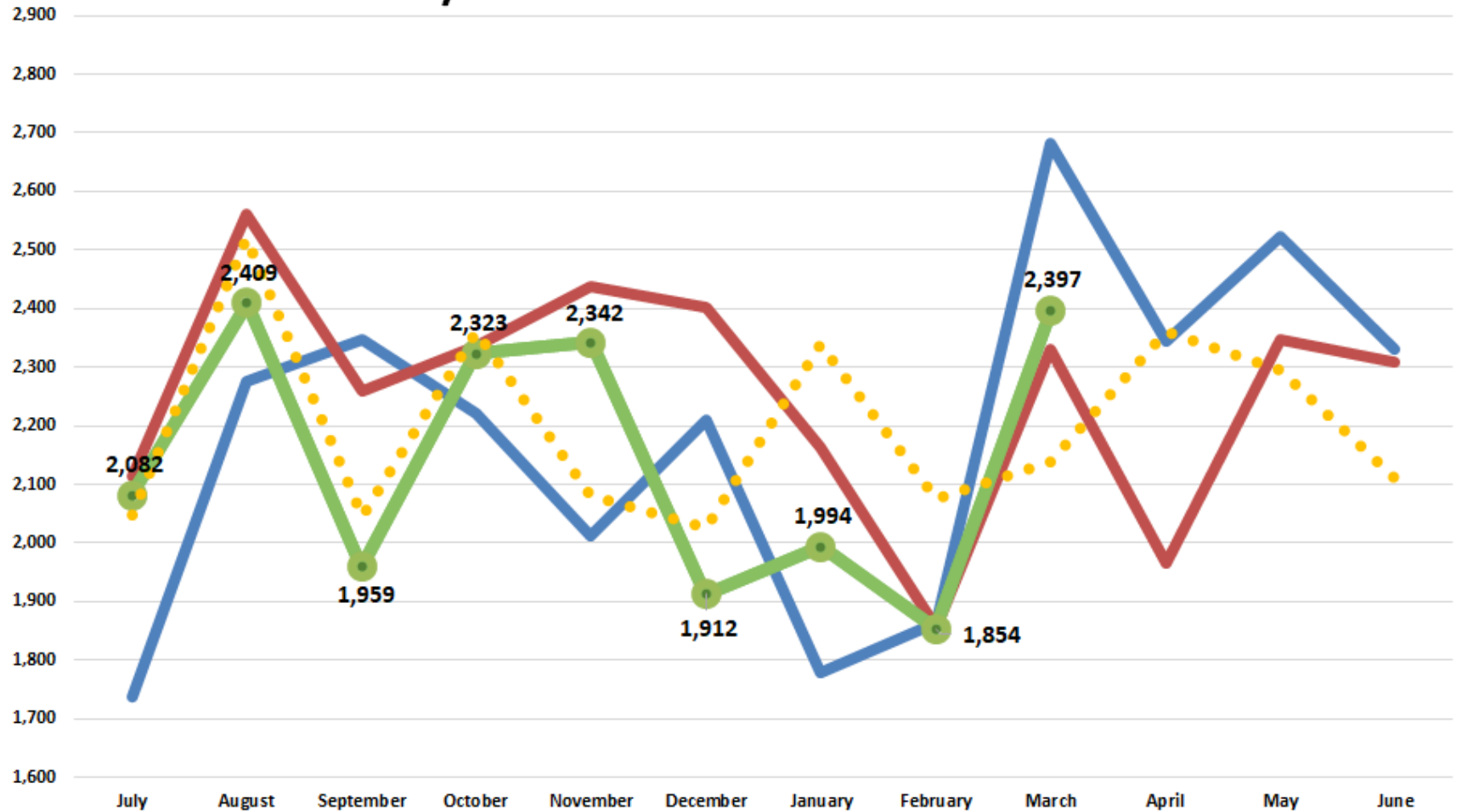


# O/P Rehab - LLOPT

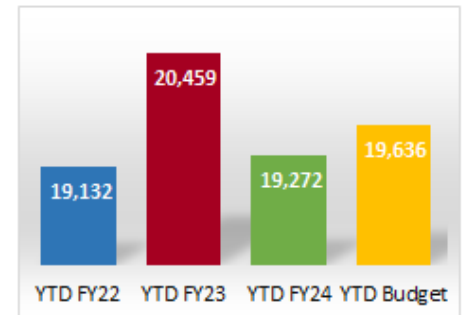




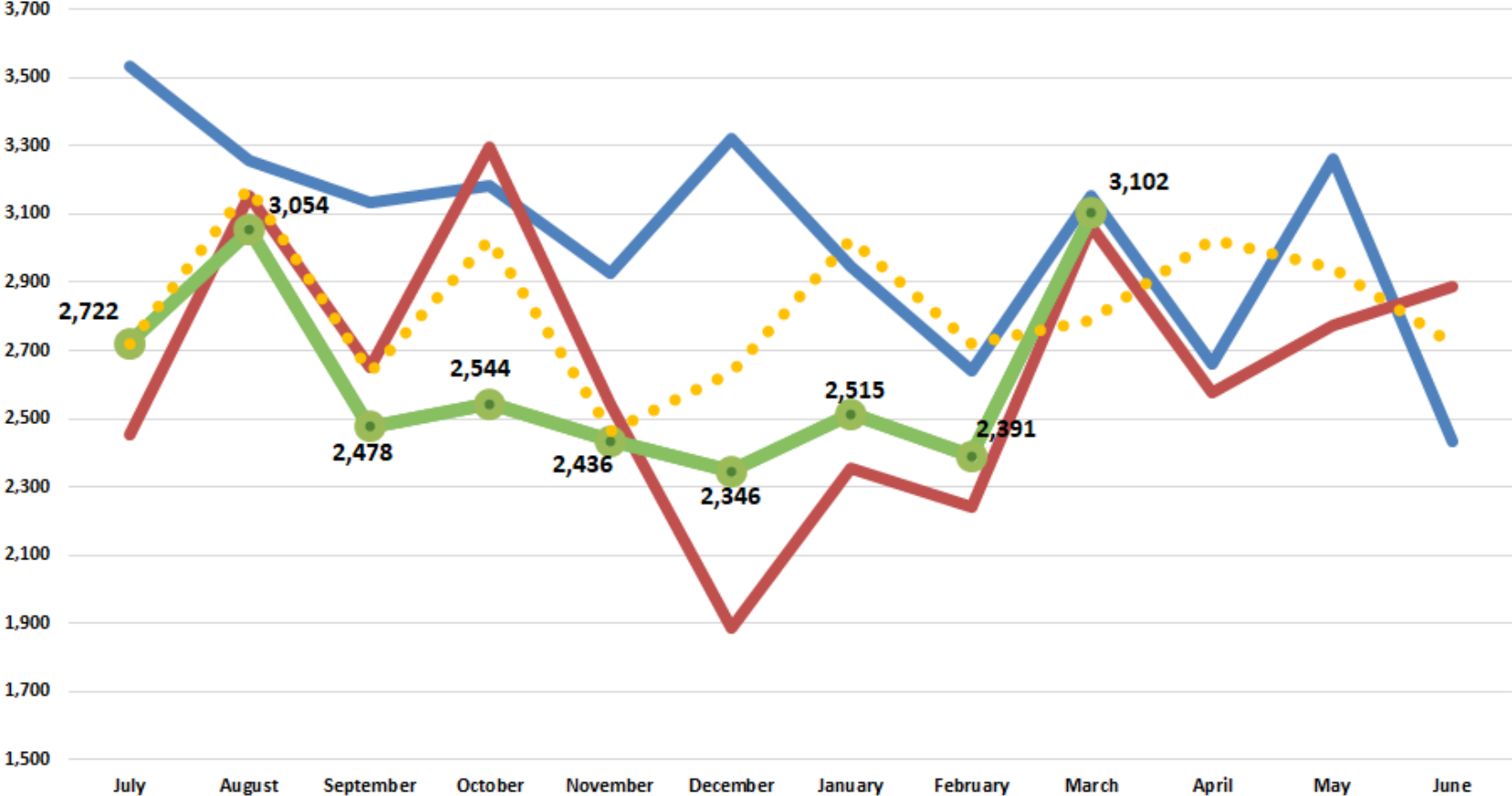
# O/P Rehab - Dinuba



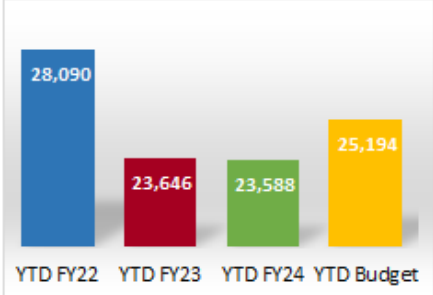
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



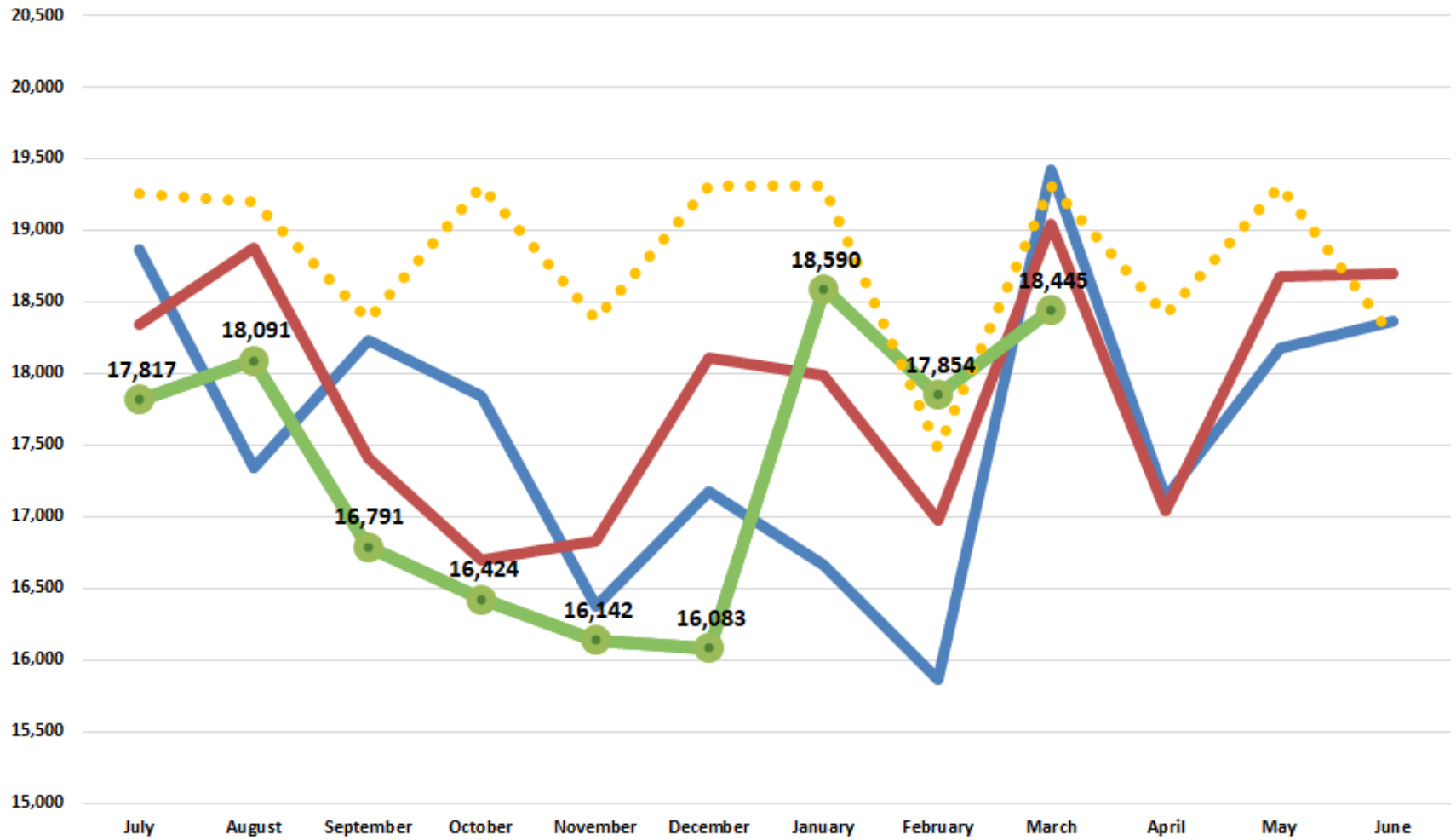
# Therapy - Cypress Hand Center



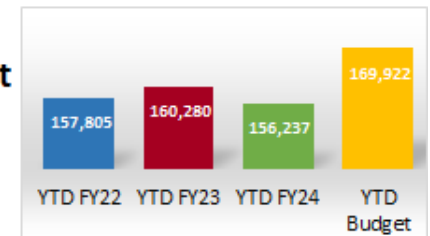
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



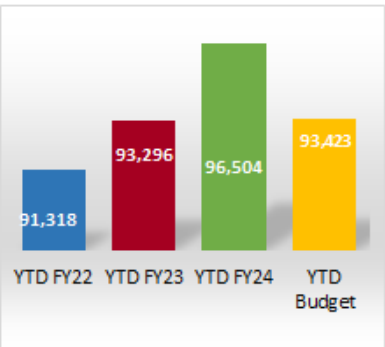
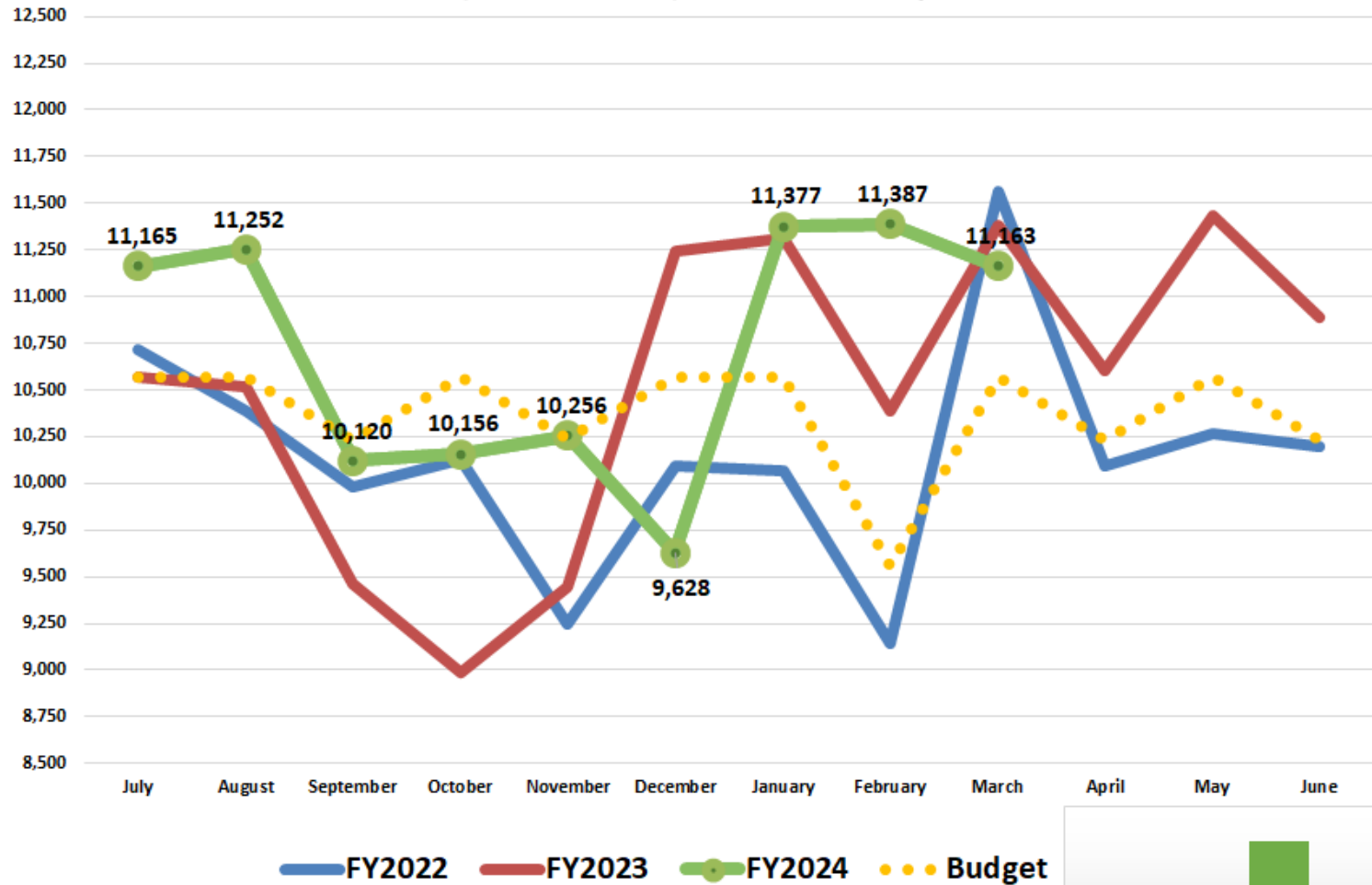
# Physical & Other Therapy Units (I/P & O/P)



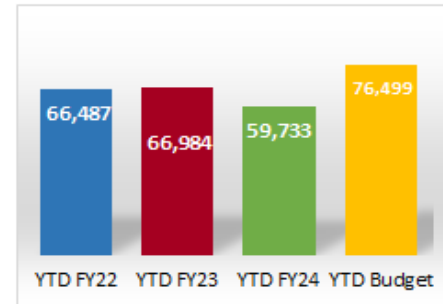
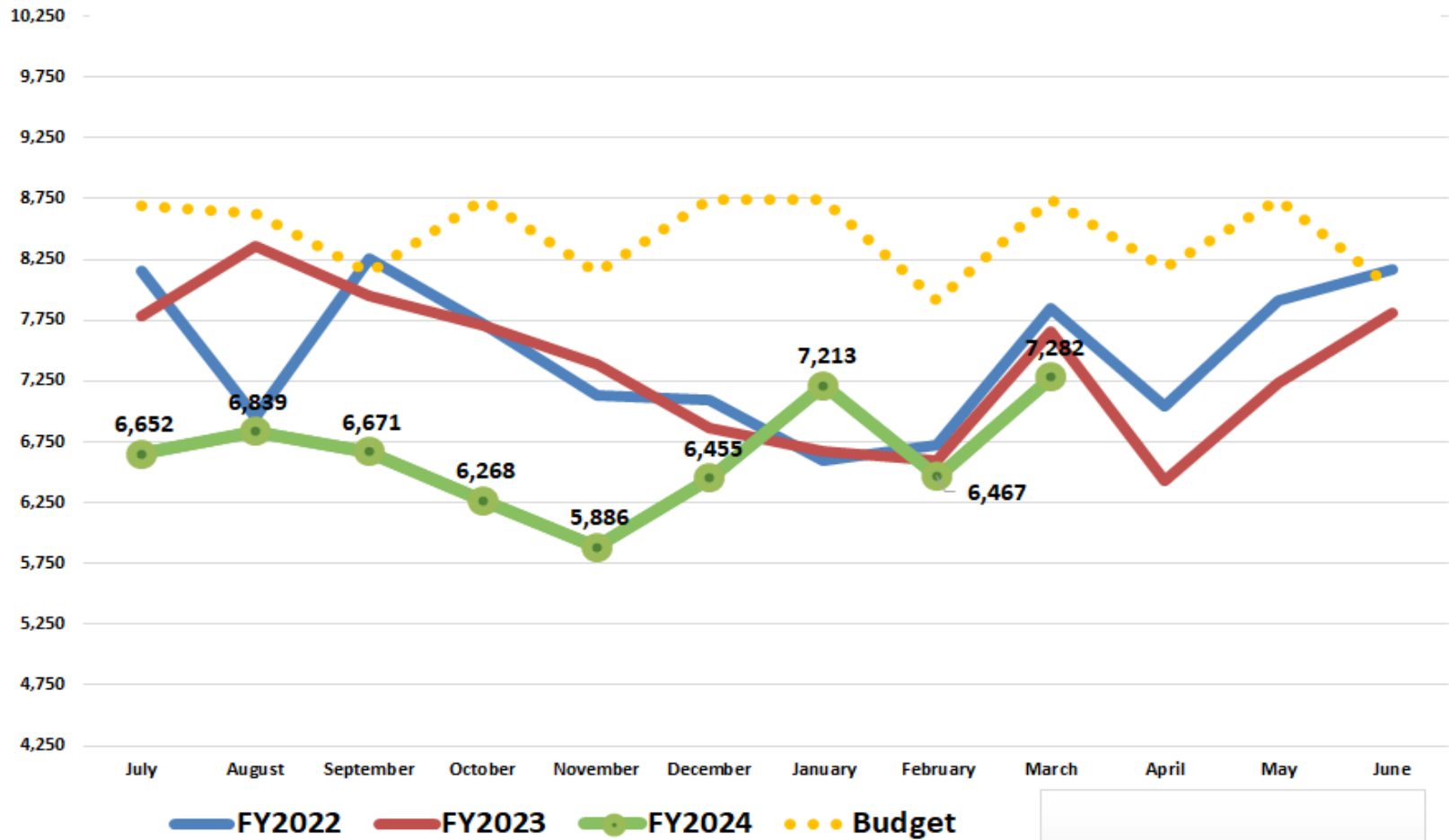
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



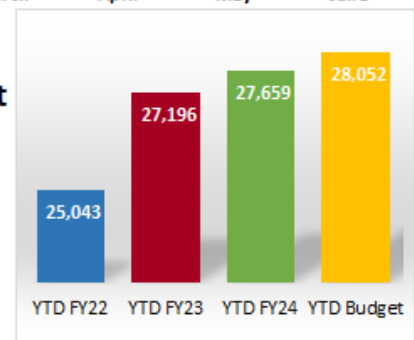
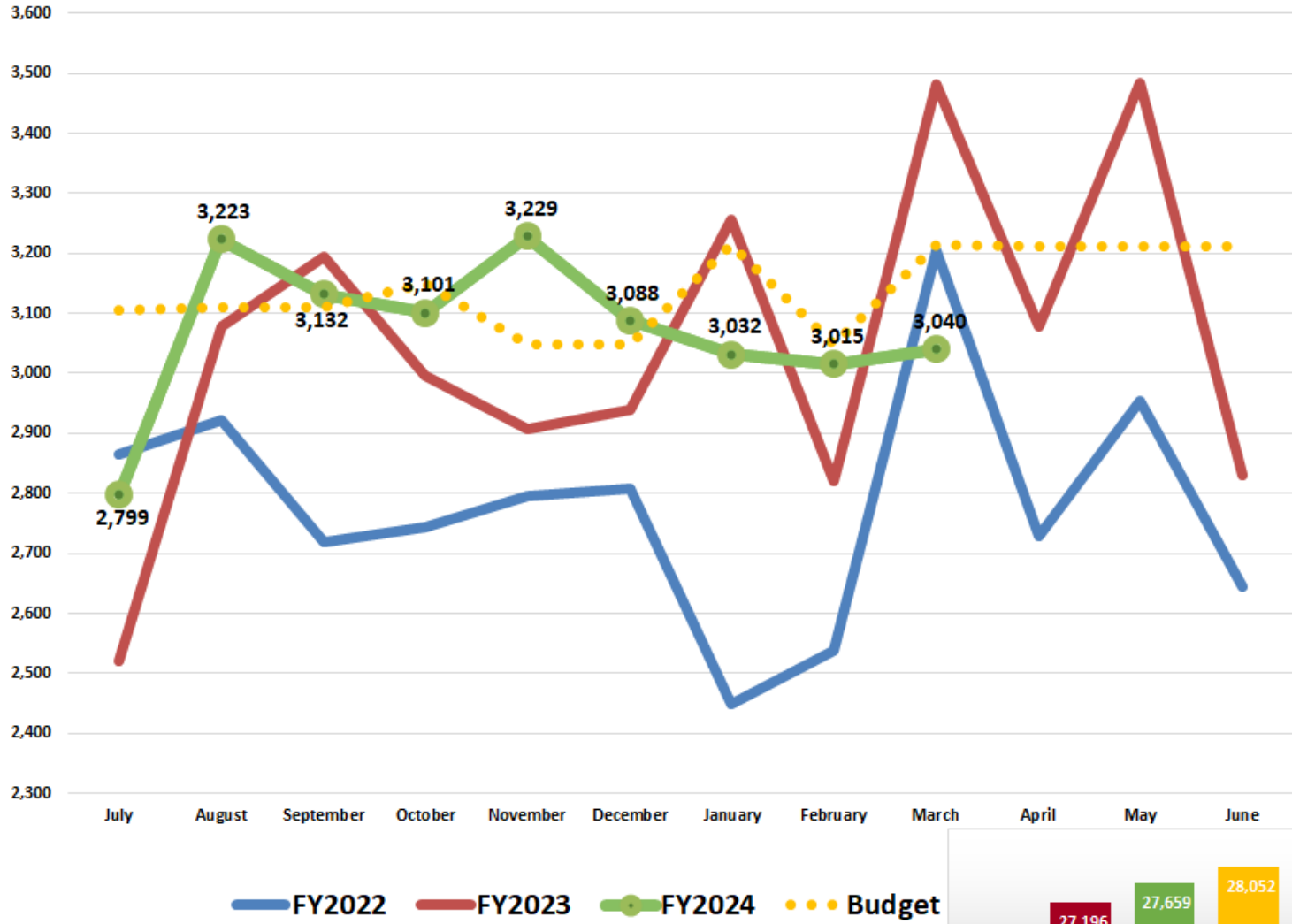
# Physical & Other Therapy Units (I/P & O/P)-Main Campus



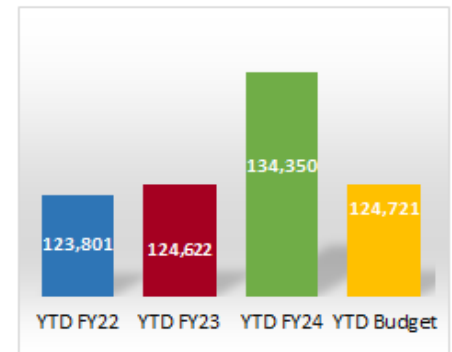
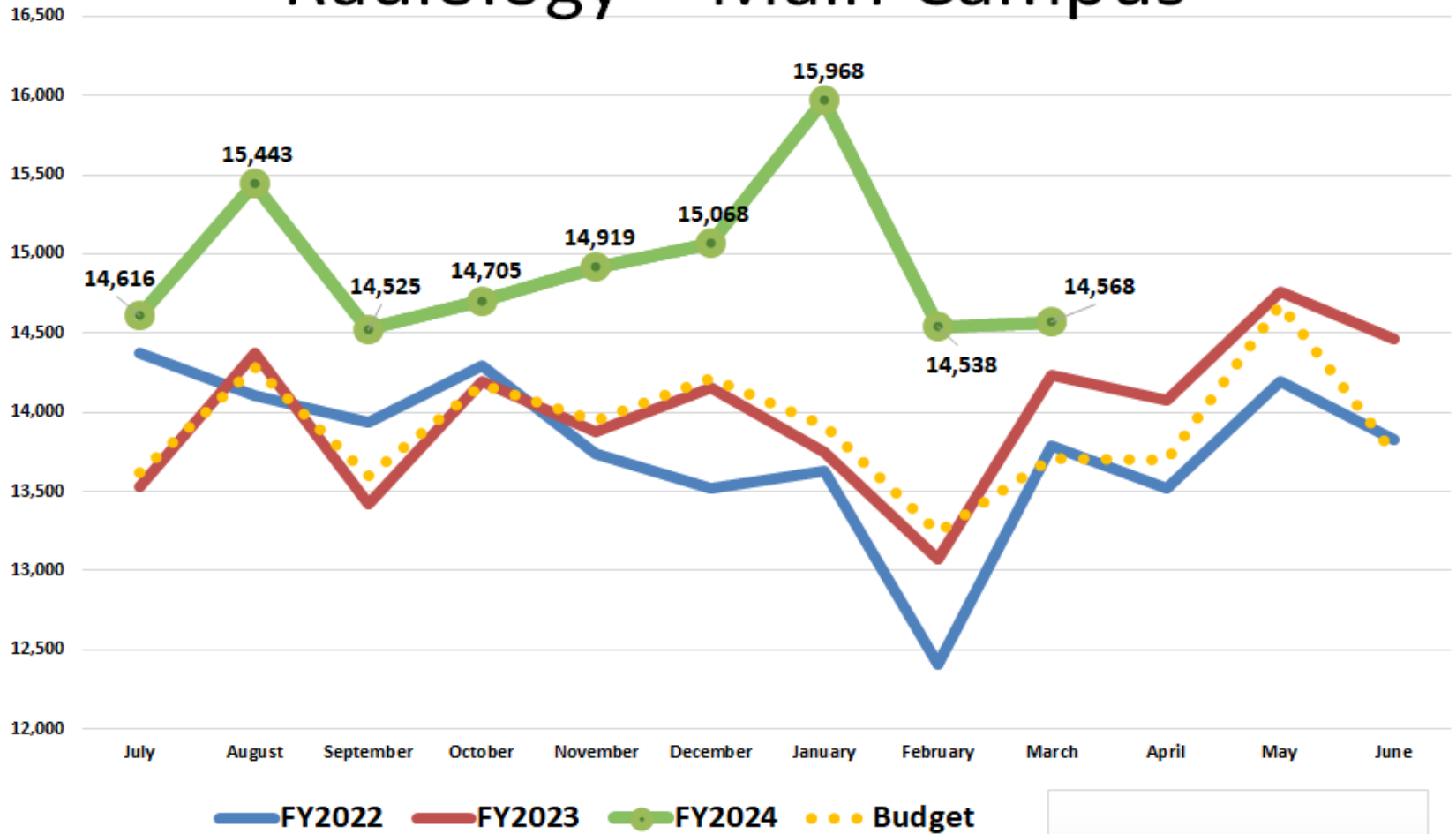
# Physical & Other Therapy Units (I/P & O/P)- KDRH & South Campus



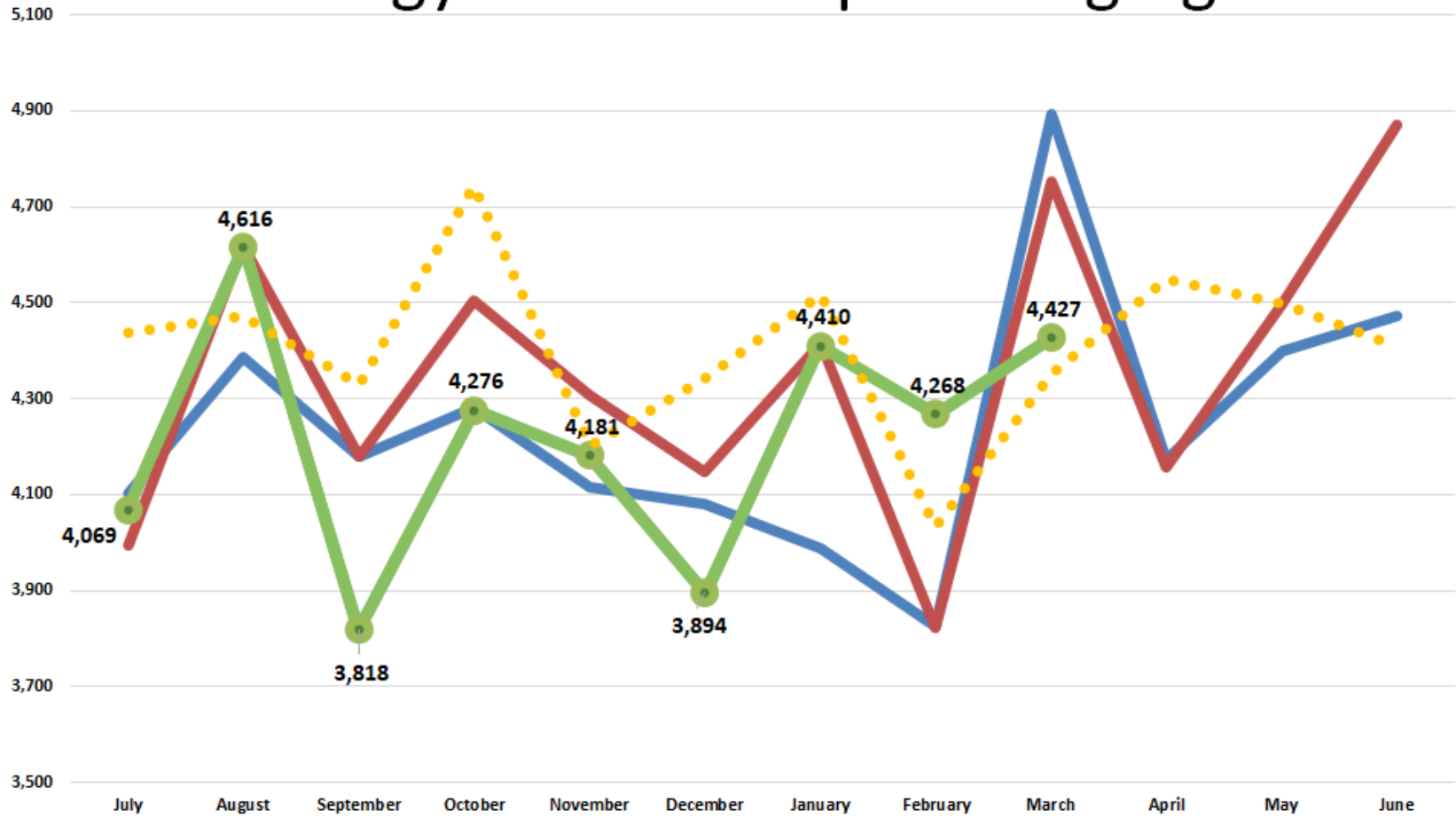
# Home Health Visits



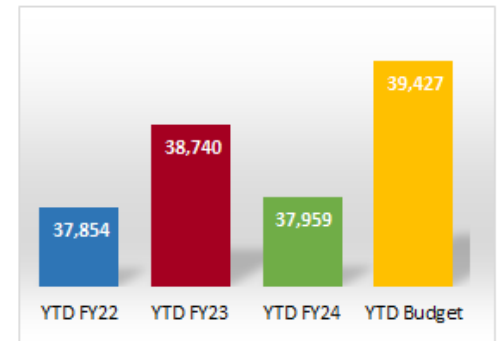
# Radiology – Main Campus



# Radiology - West Campus Imaging

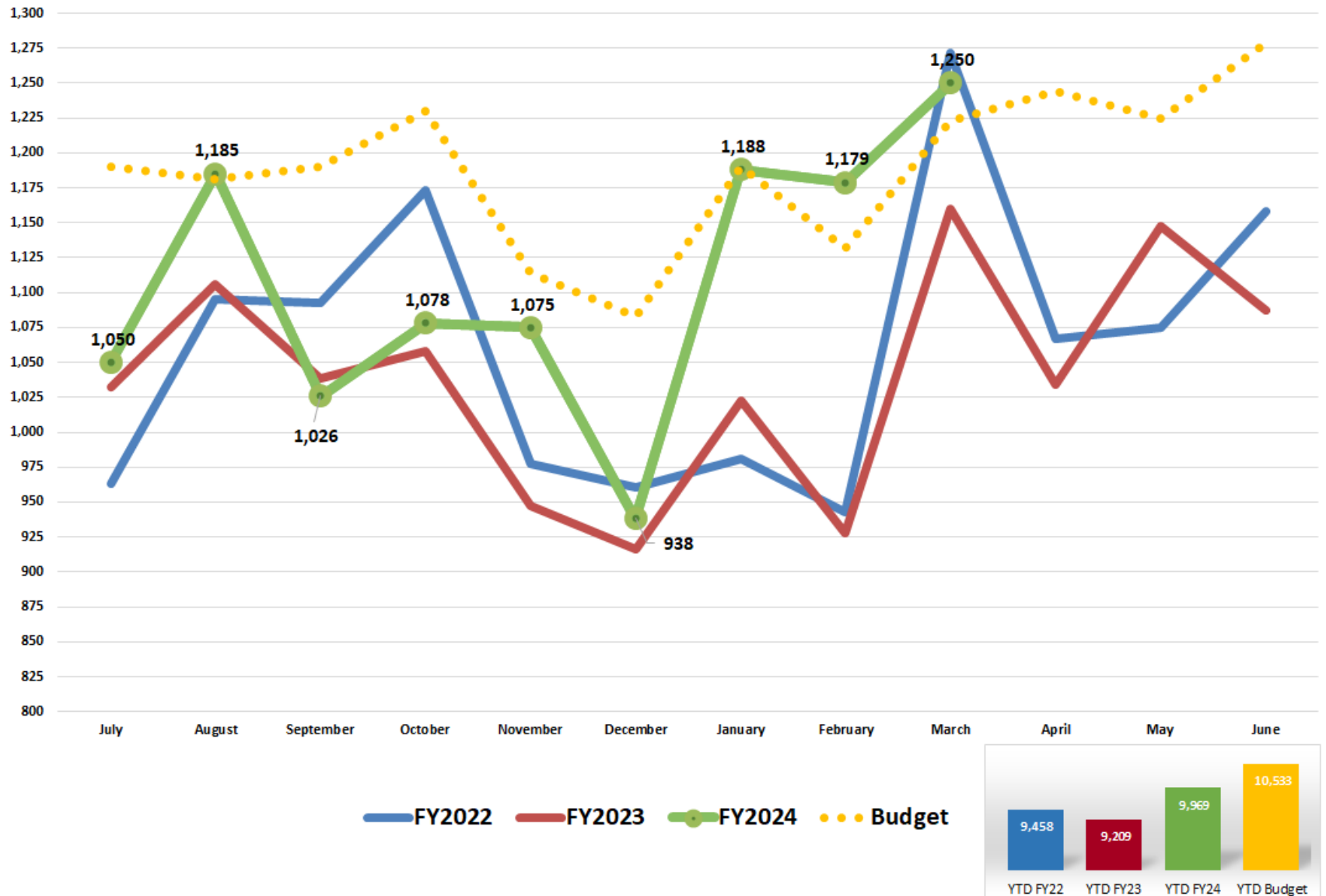


—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget

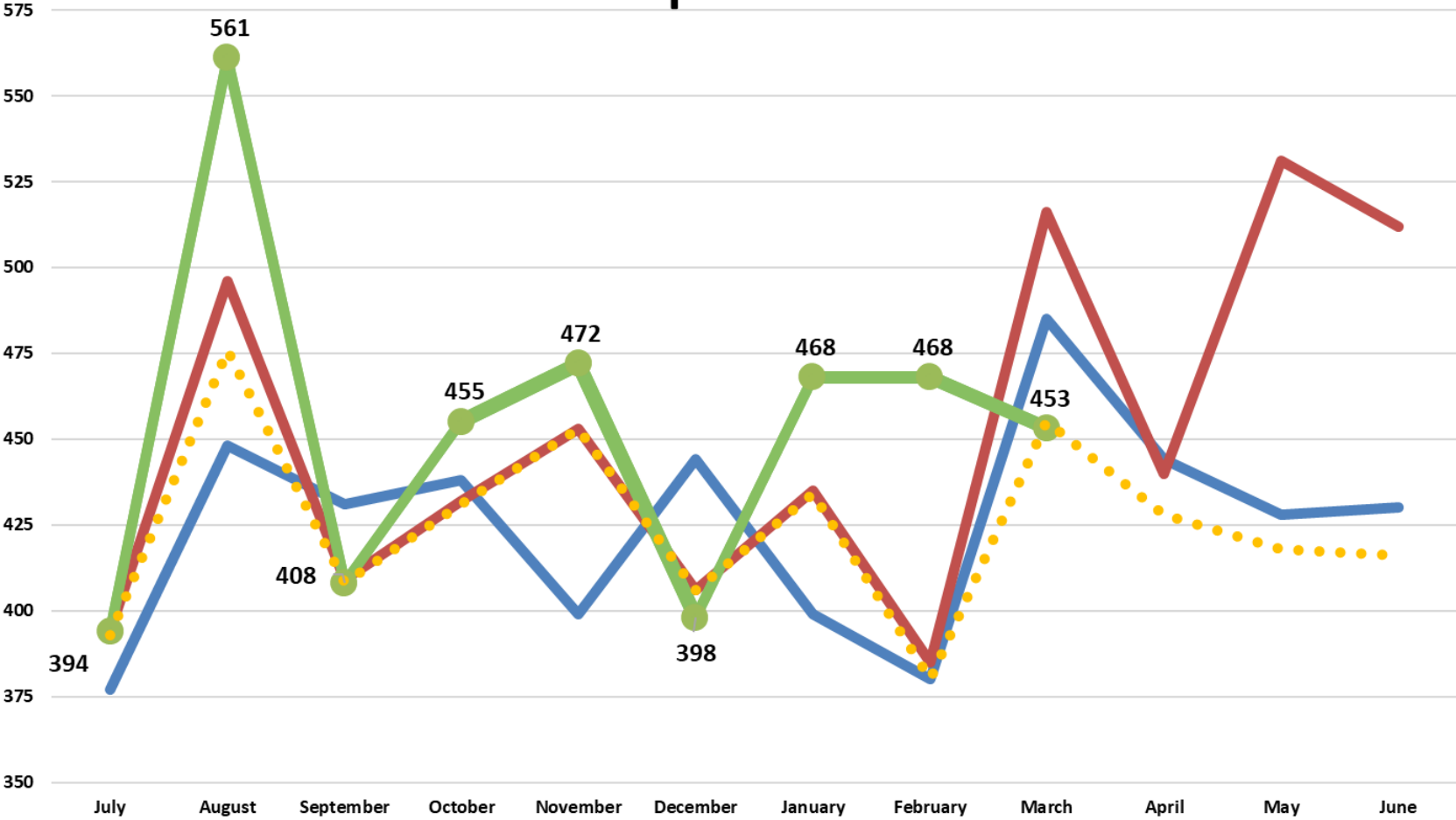




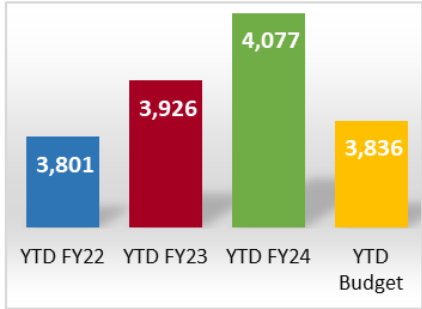
# West Campus - Diagnostic Radiology



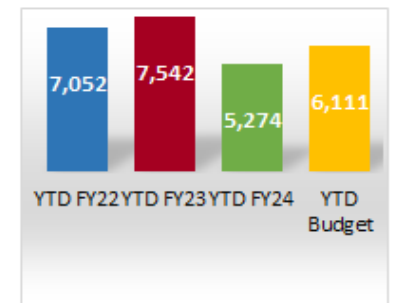
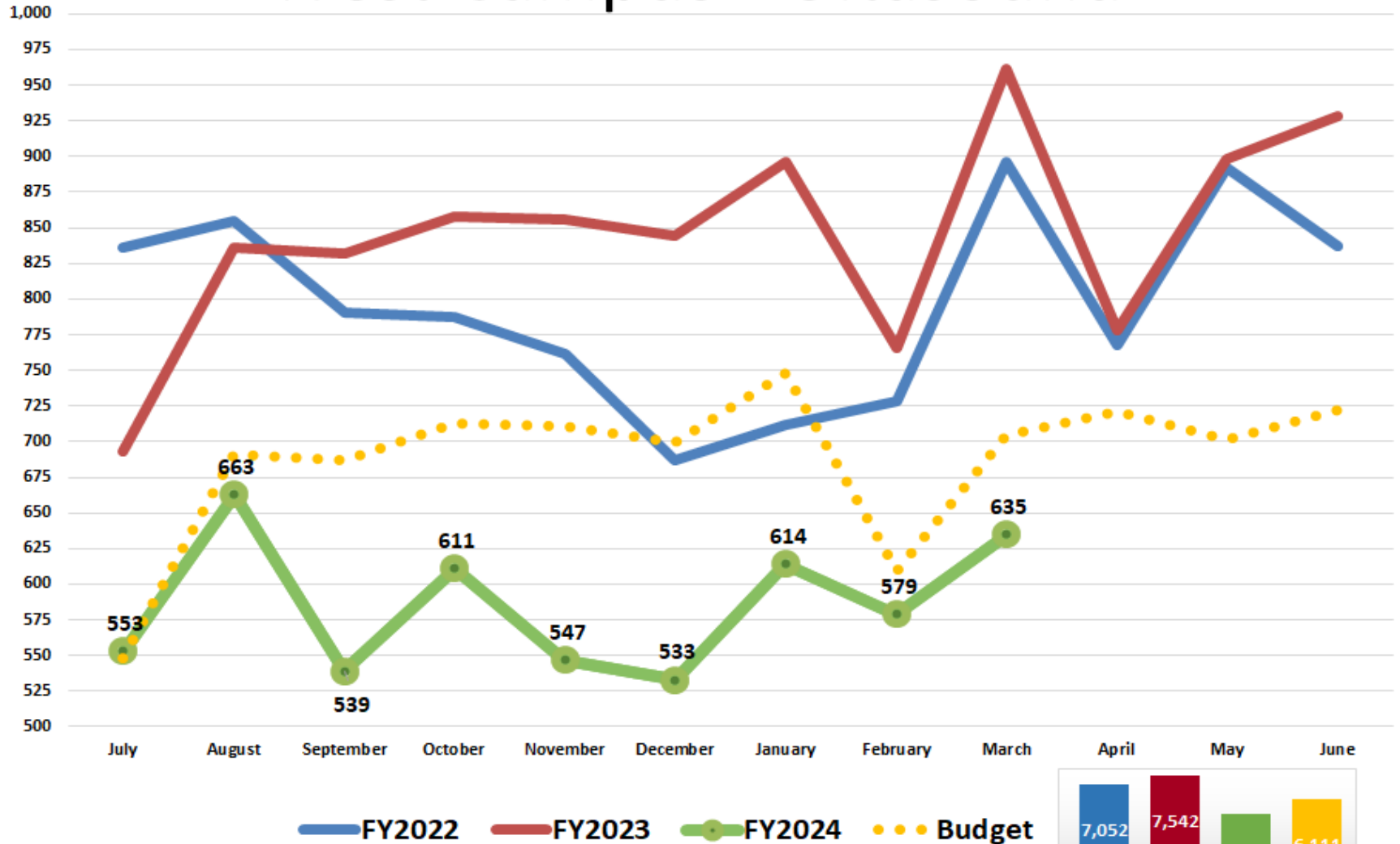
# West Campus - CT Scan



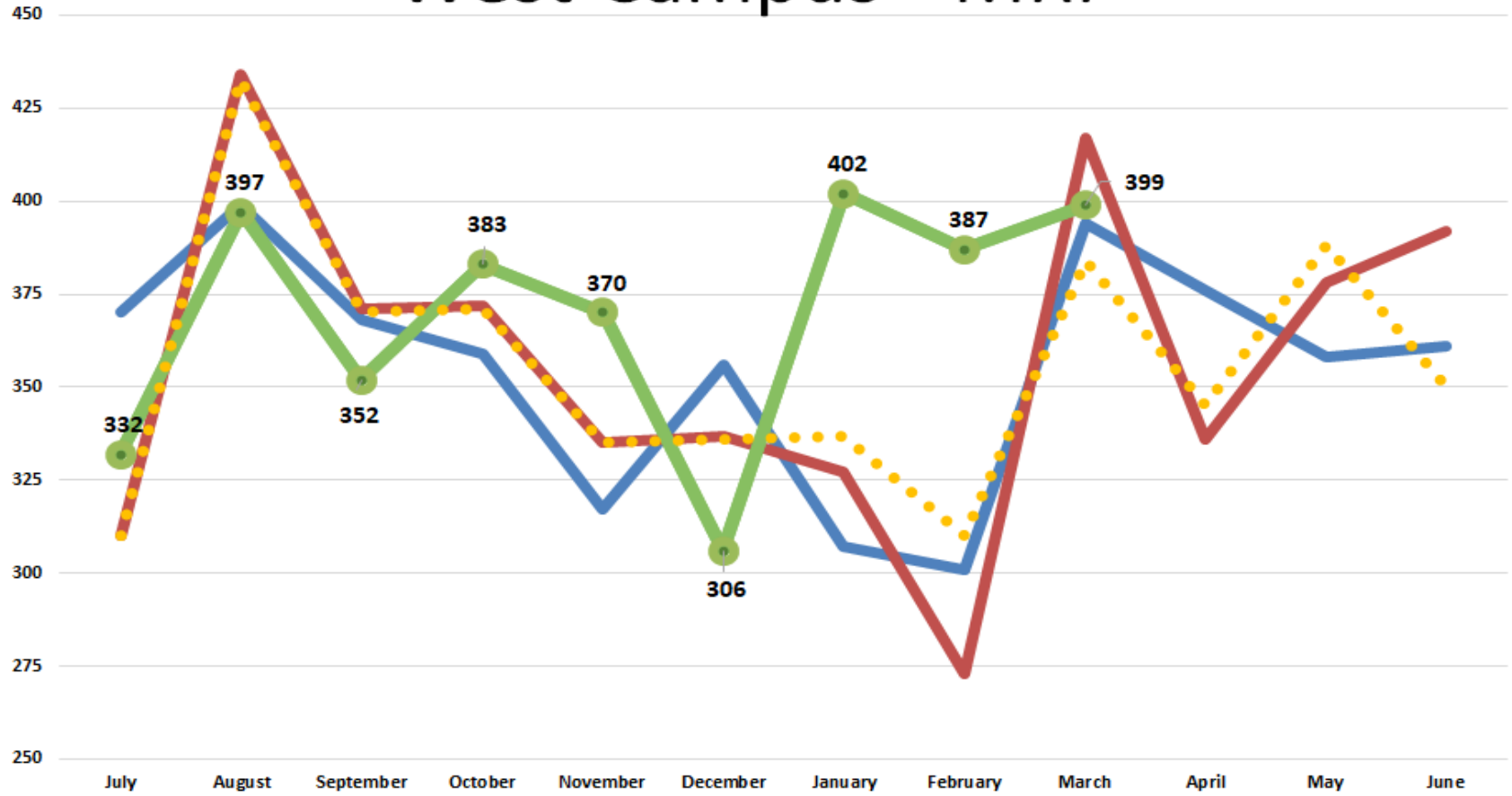
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



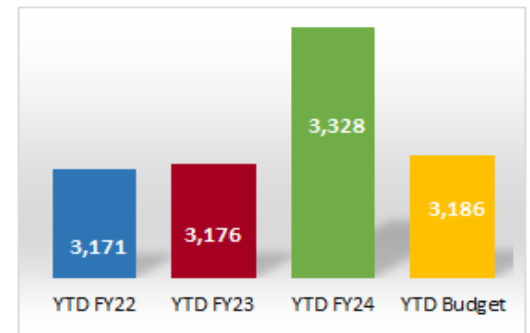
# West Campus - Ultrasound



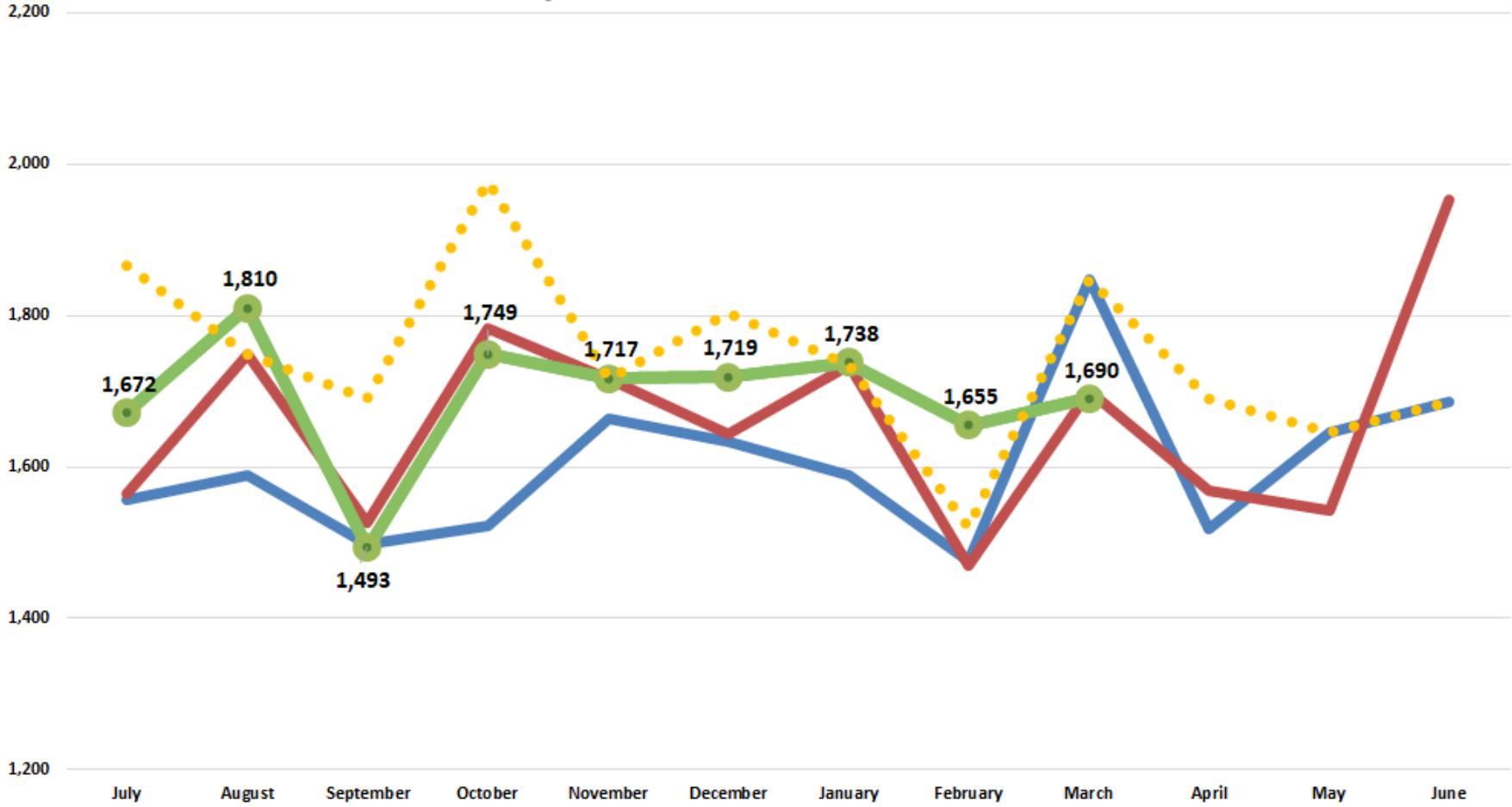
# West Campus - MRI



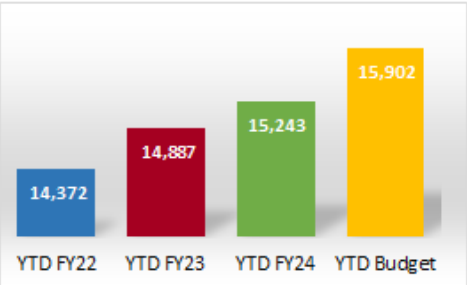
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



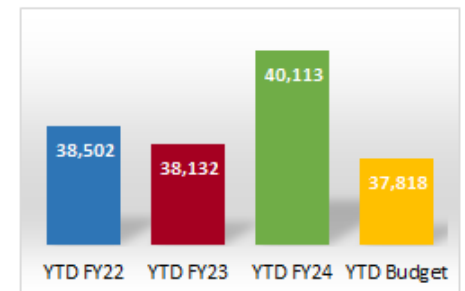
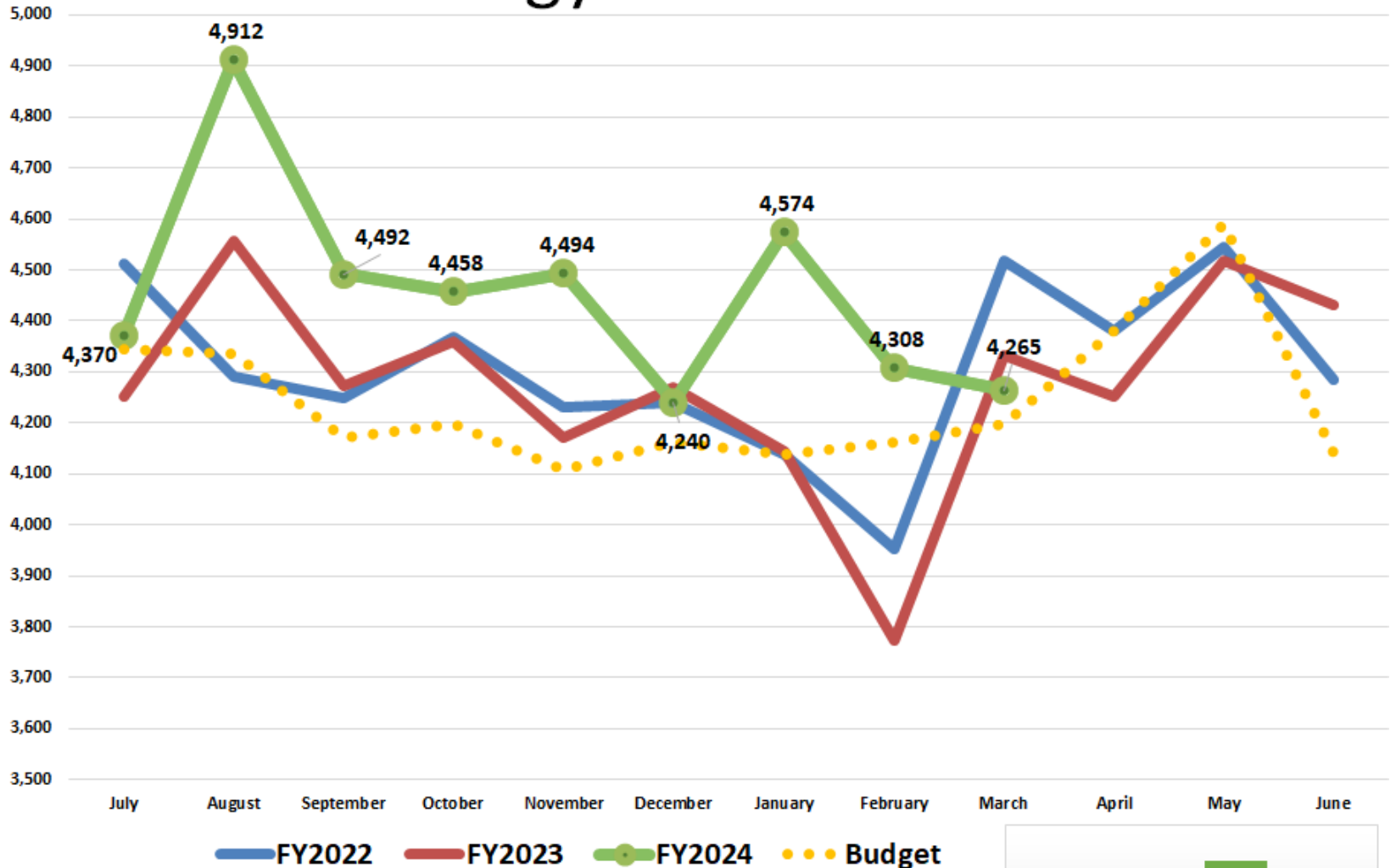
# West Campus - Breast Center



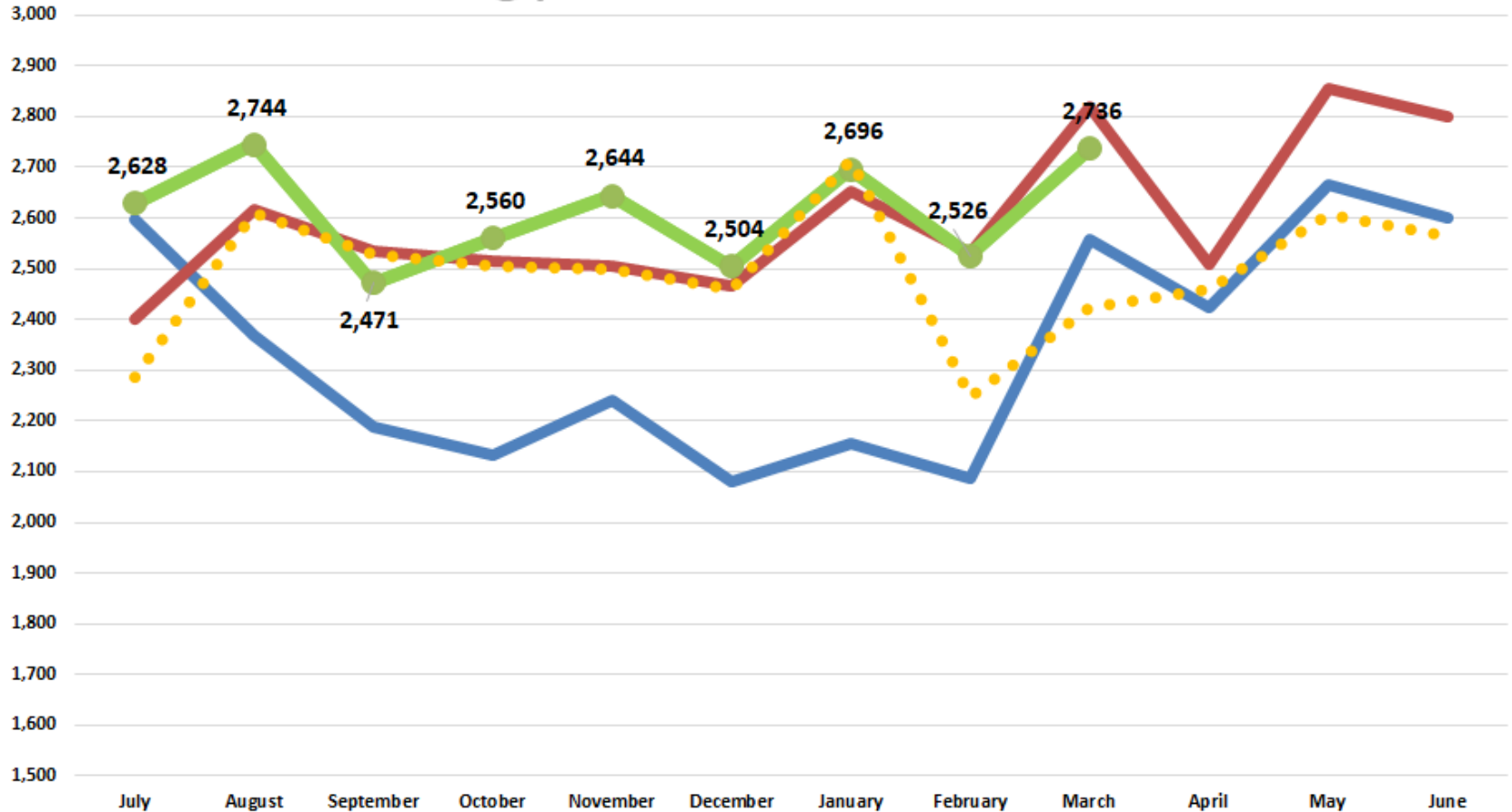
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



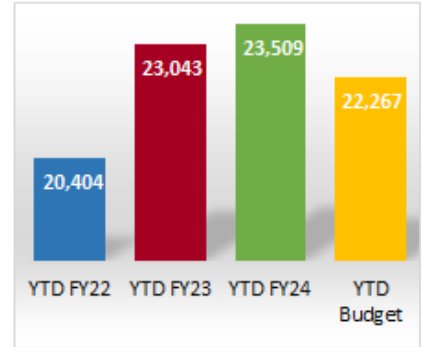
# Radiology - CT - All Areas



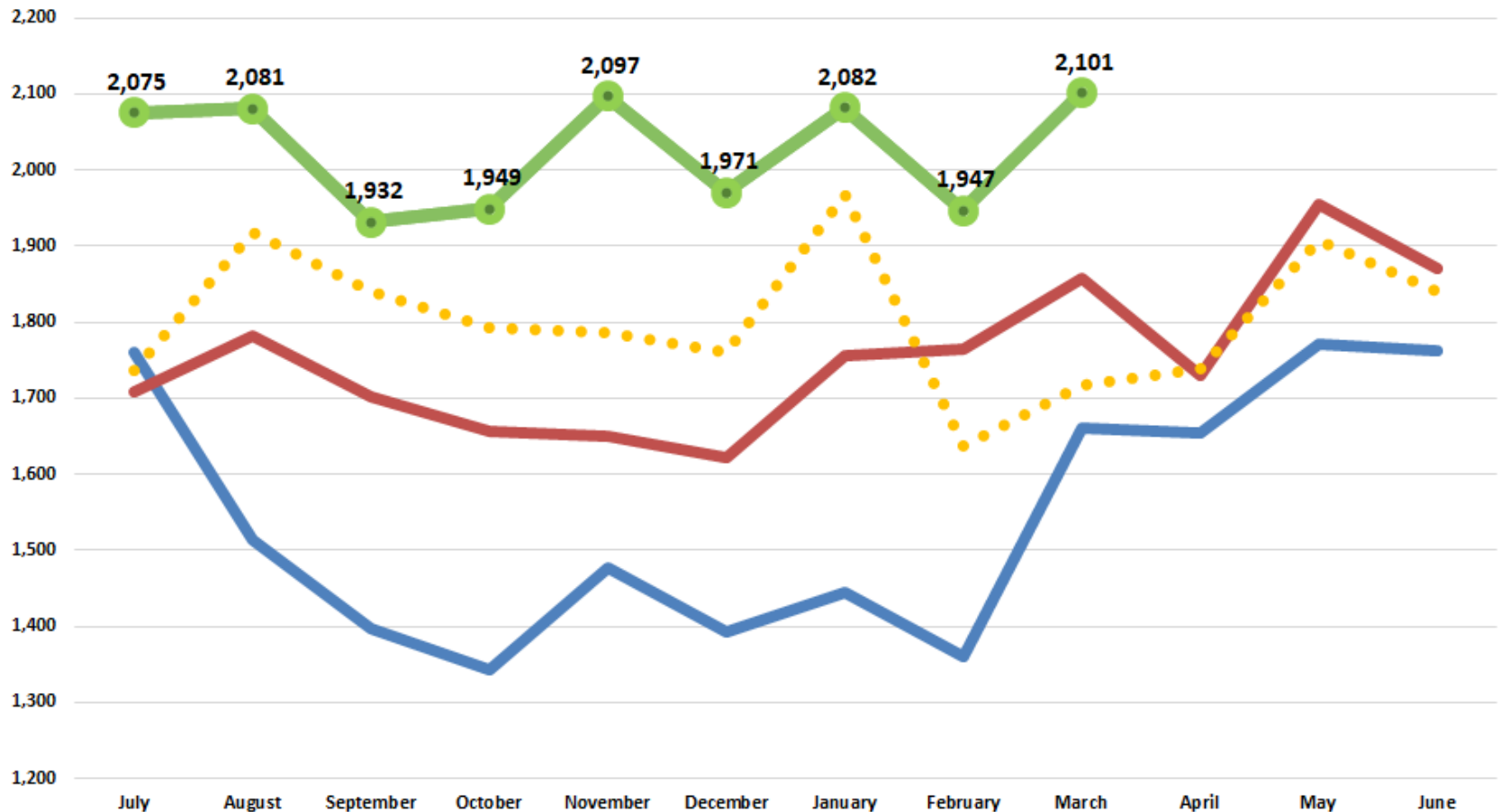
# Radiology - Ultrasound - All Areas



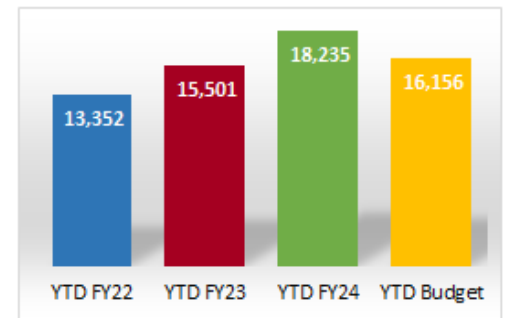
— FY2022   
 — FY2023   
 —● FY2024   
 ●●● Budget



# Radiology - Ultrasound - Main Campus

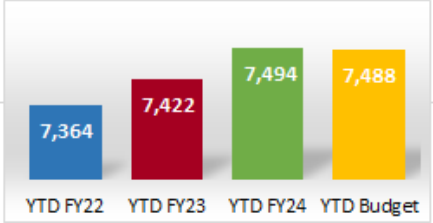
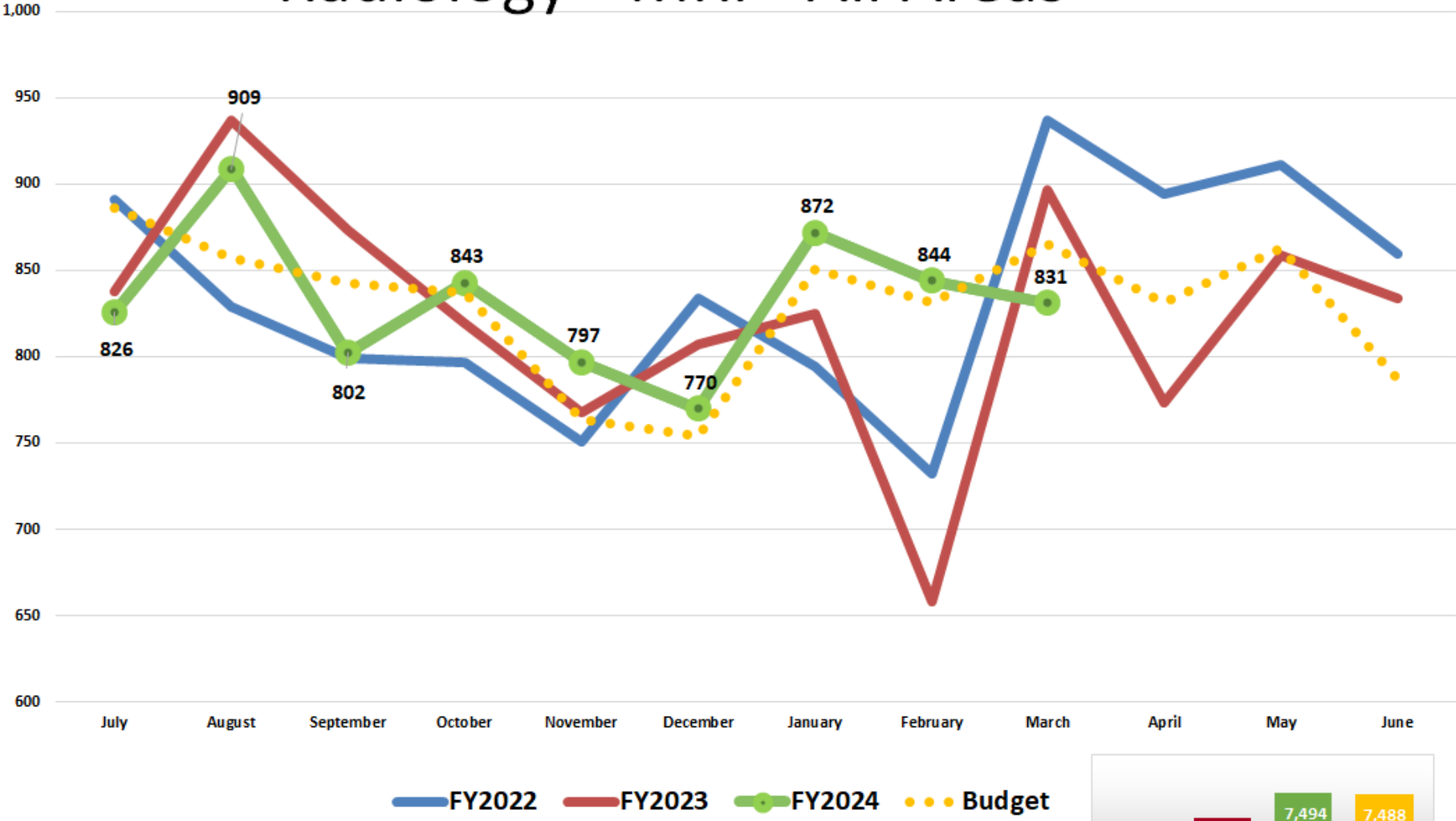


— FY2022   
 — FY2023   
 —●— FY2024   
 ●●● Budget

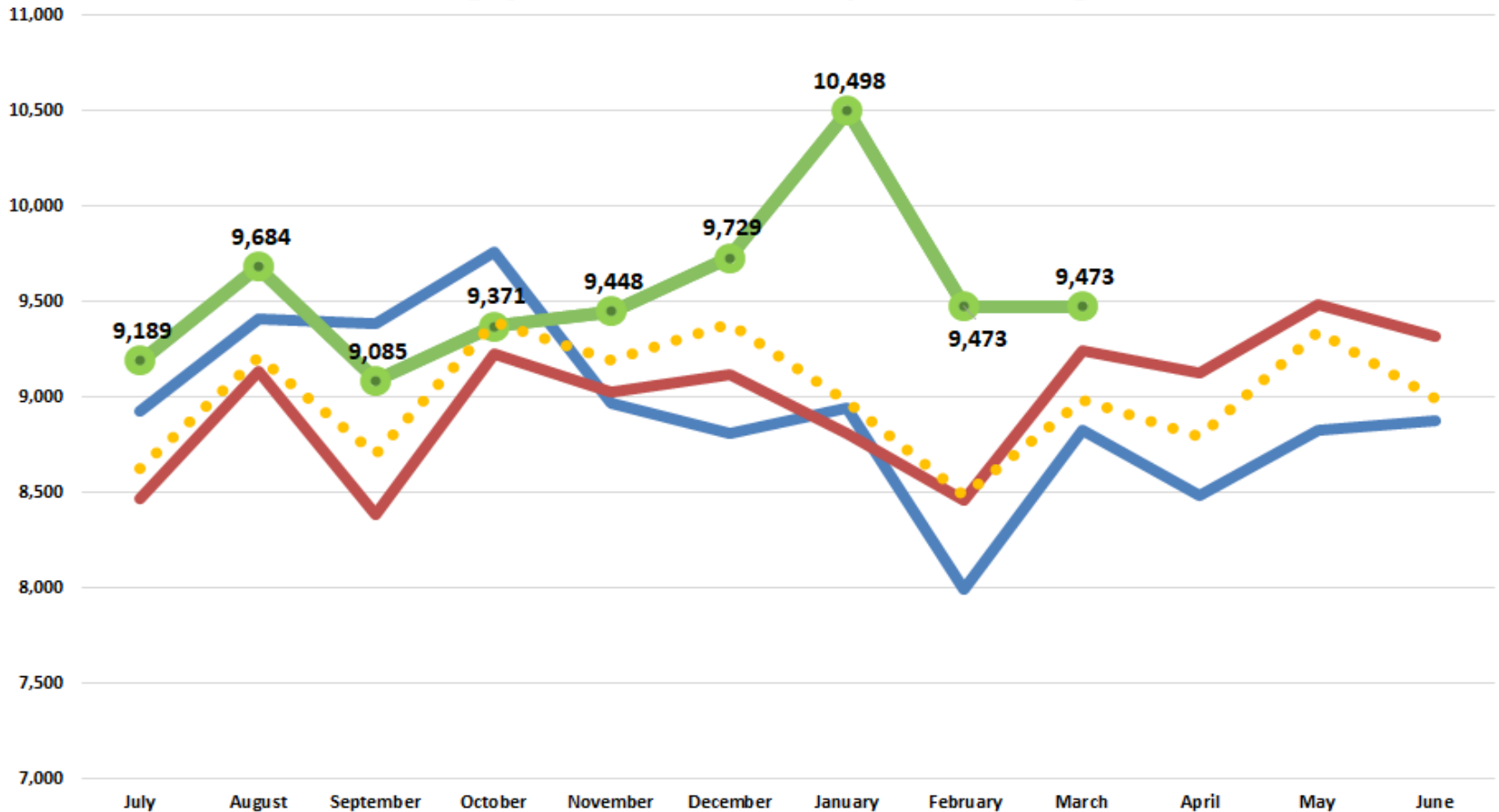




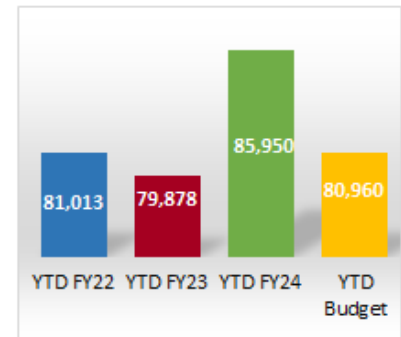
# Radiology - MRI - All Areas



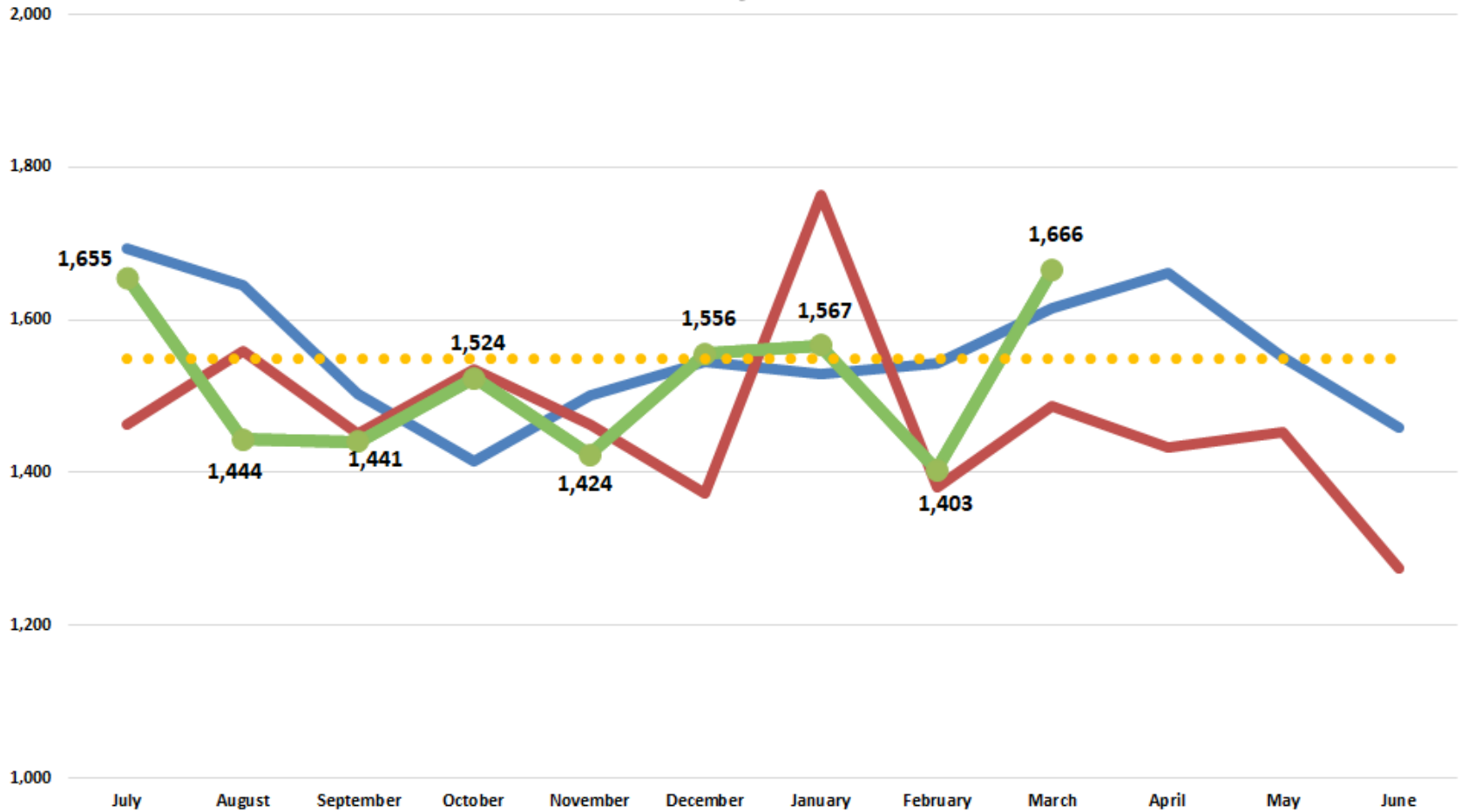
# Radiology Modality - Diagnostic



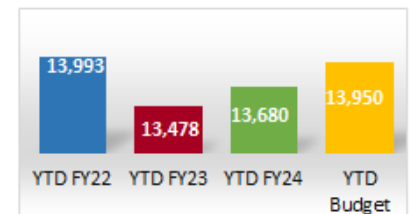
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



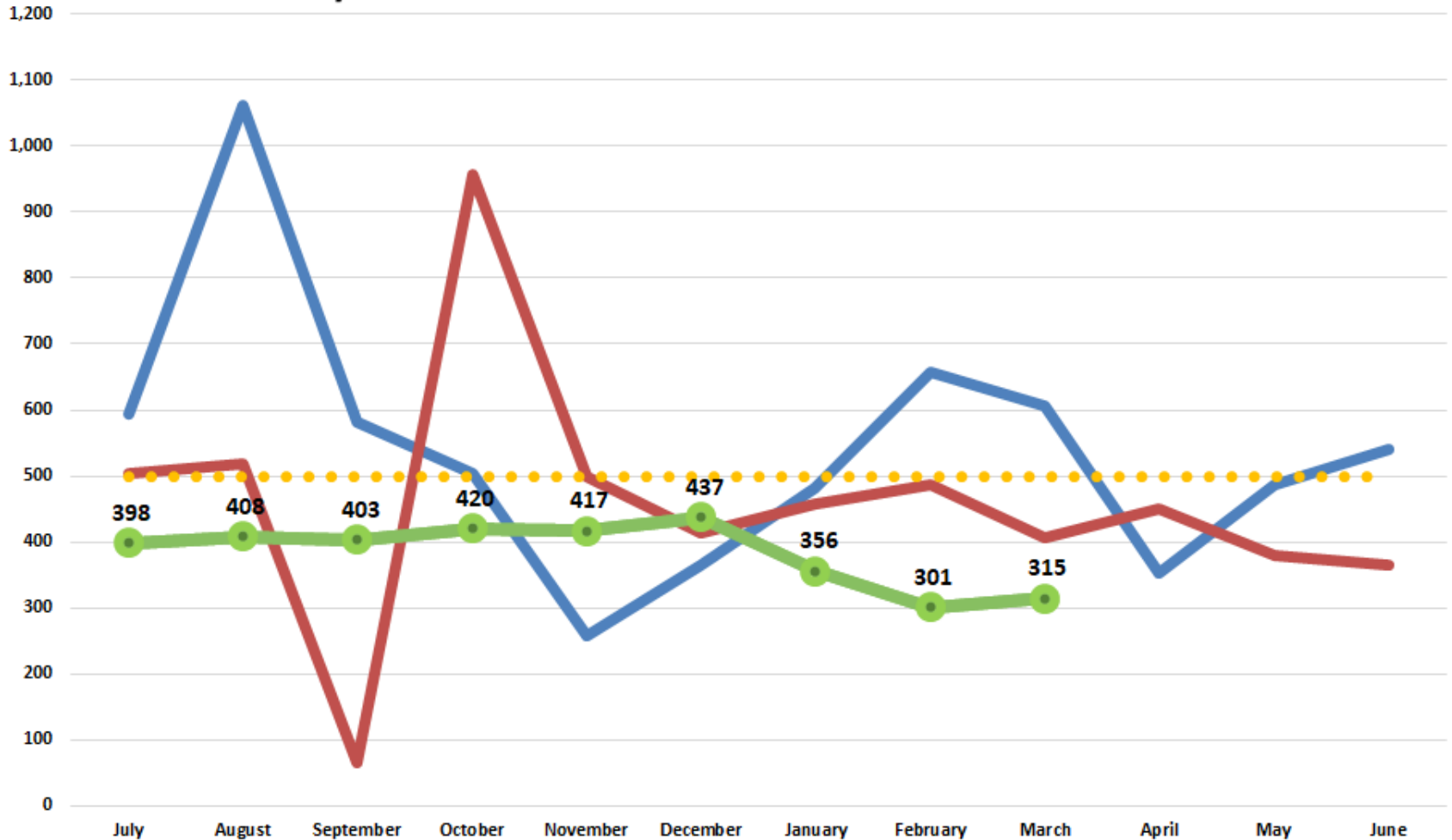
# Chronic Dialysis - Visalia



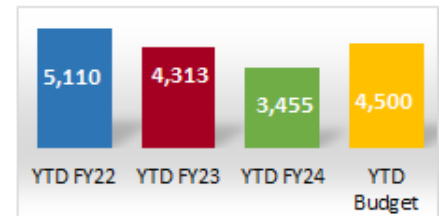
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



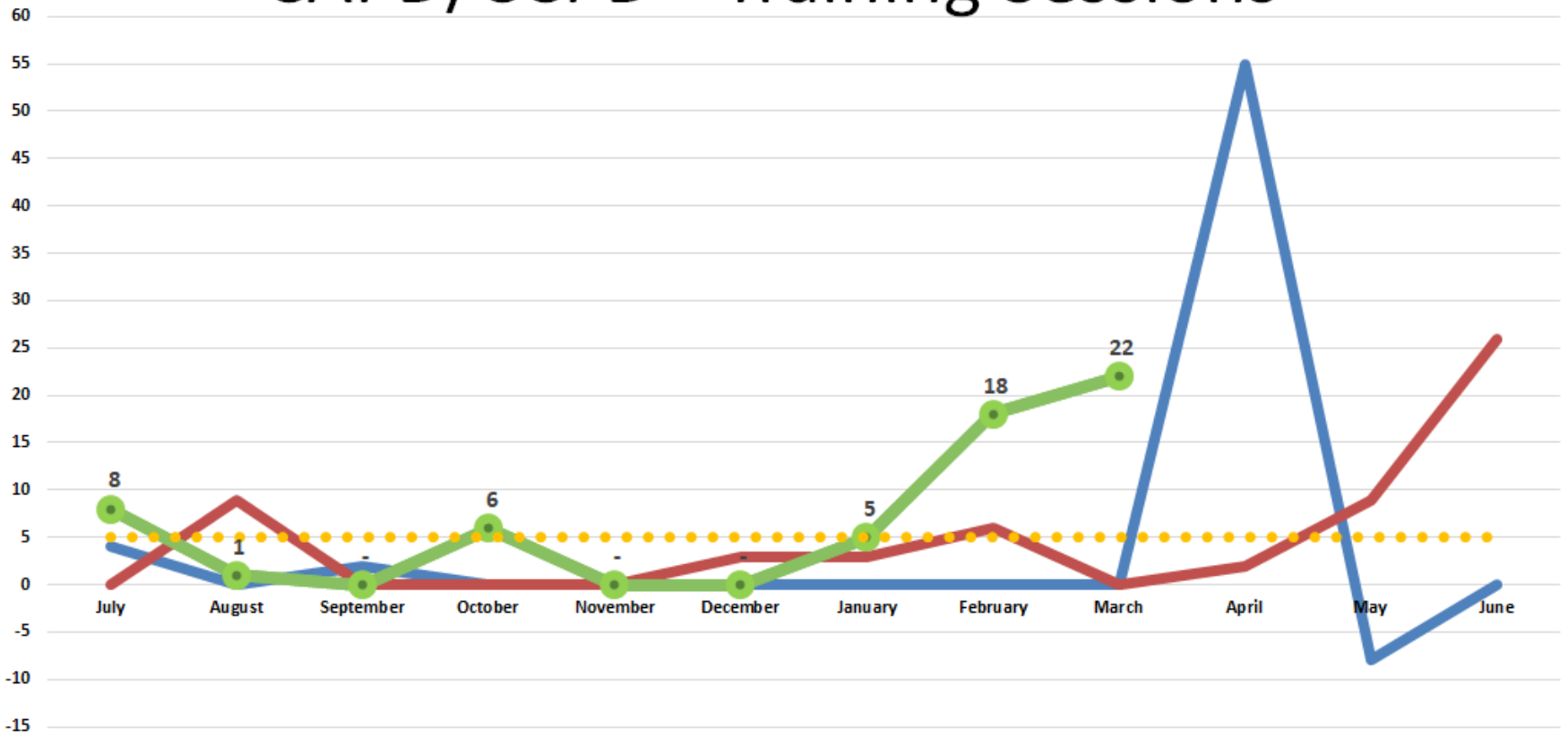
# CAPD/CCPD - Maintenance Sessions



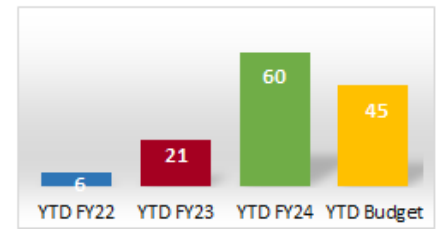
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●●● Budget



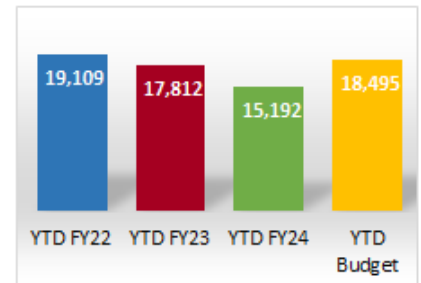
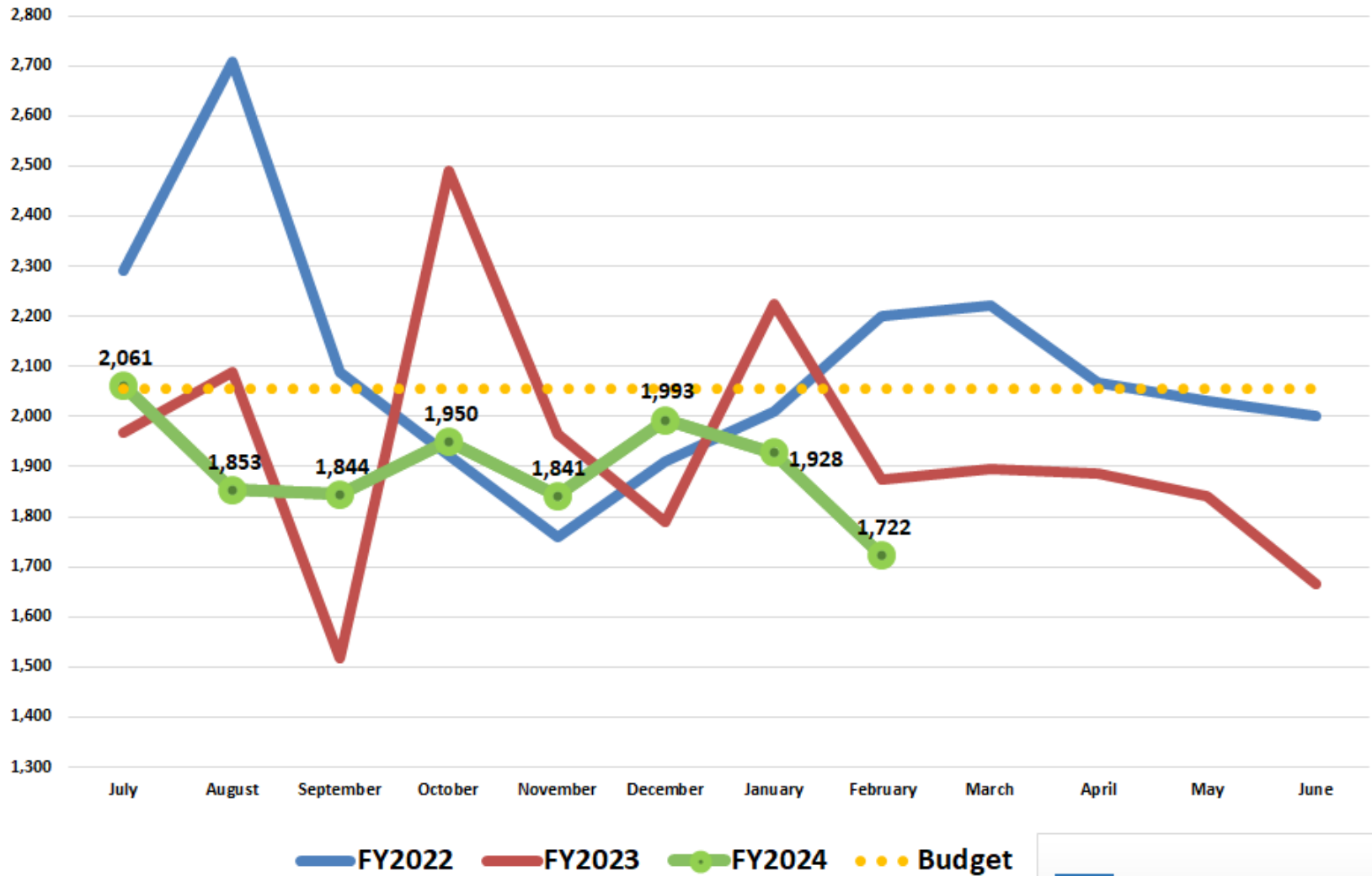
# CAPD/CCPD - Training Sessions



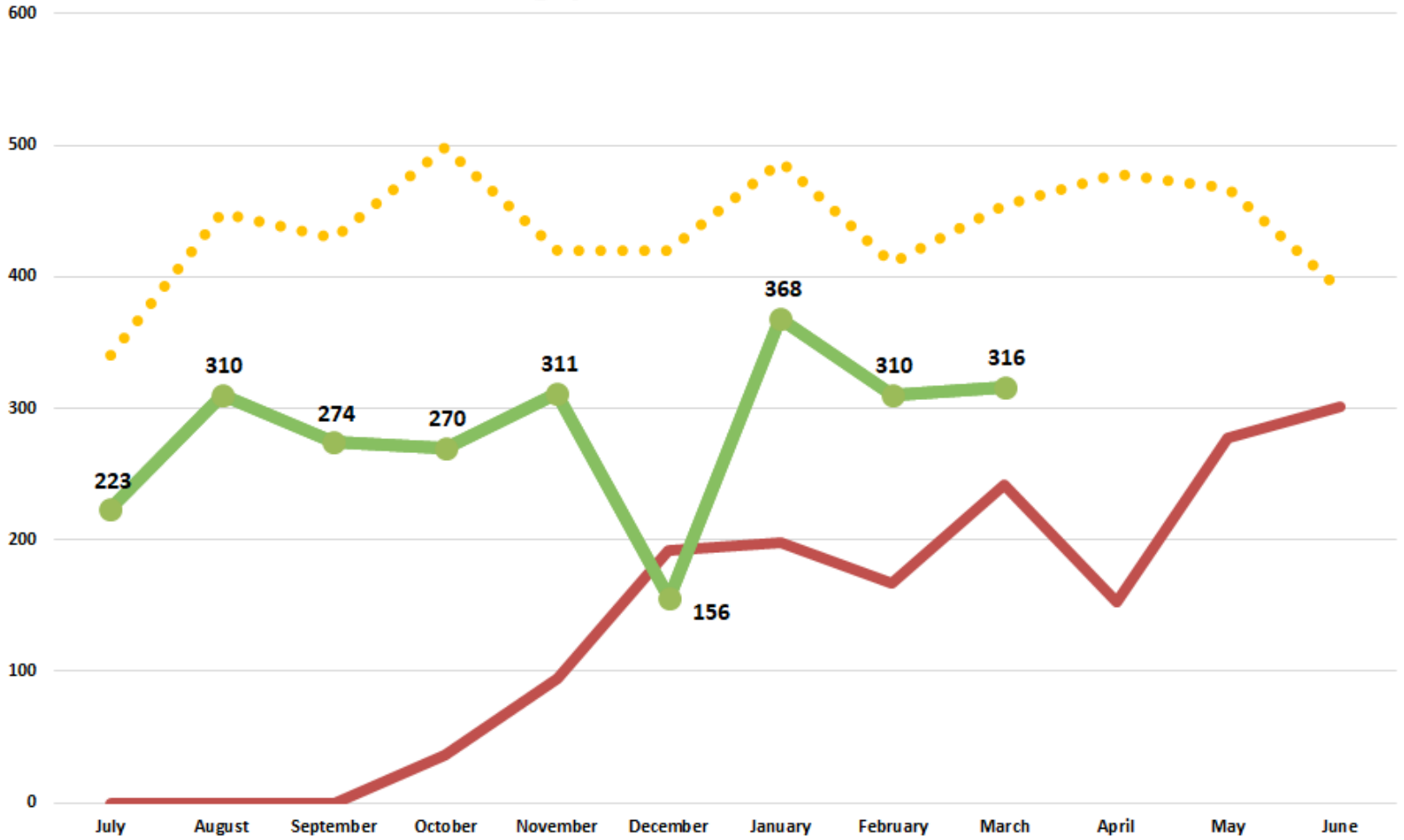
—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget



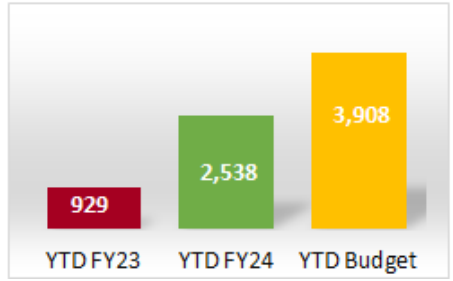
# All CAPD & CCPD



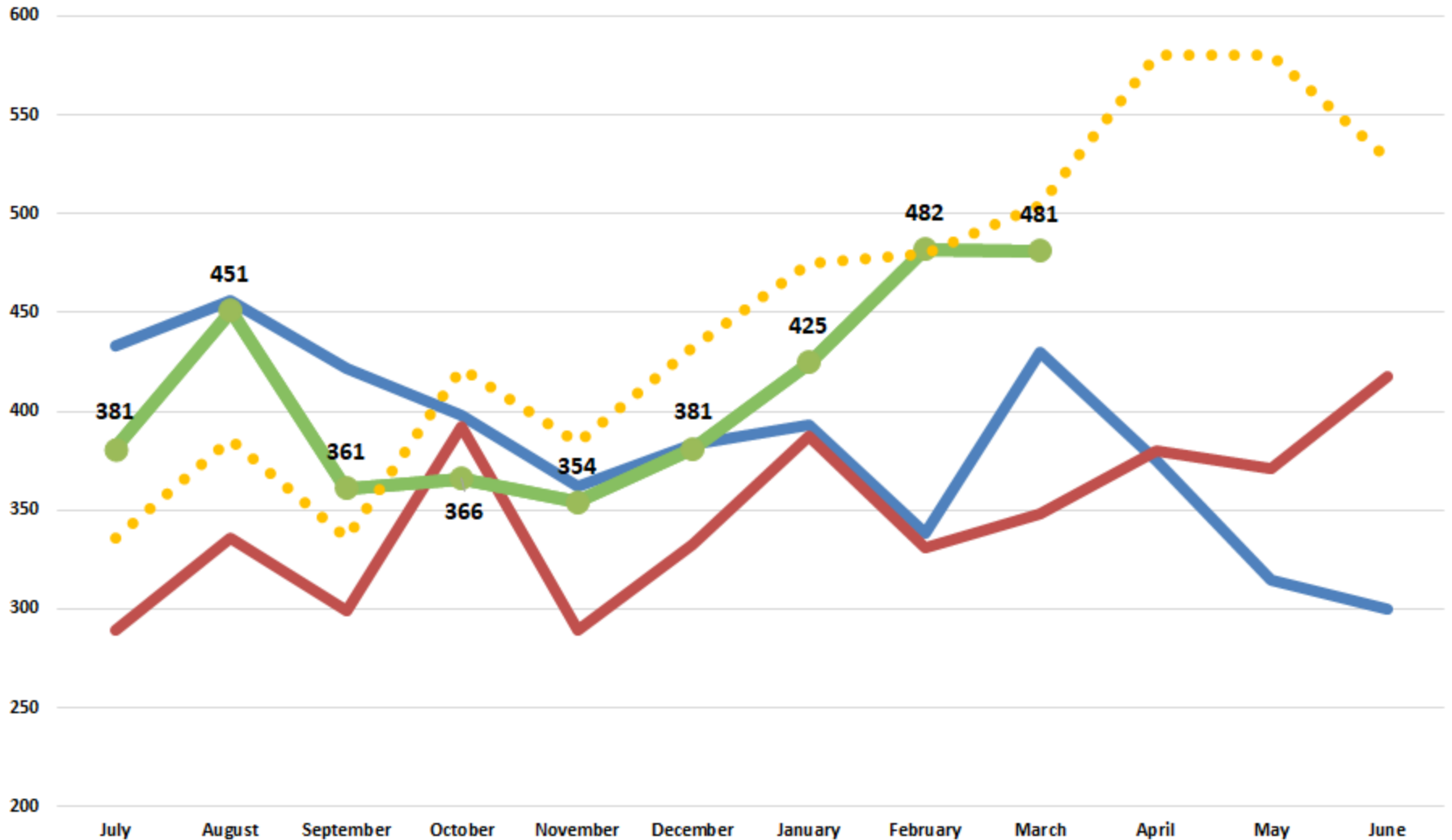
# Urology Clinic Visits



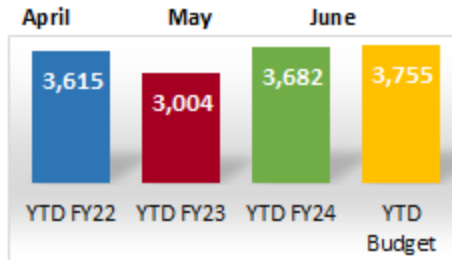
—●— **FY2023**    
 —●— **FY2024**    
 ●●● **Budget**



# Infusion Center - Outpatient Visits

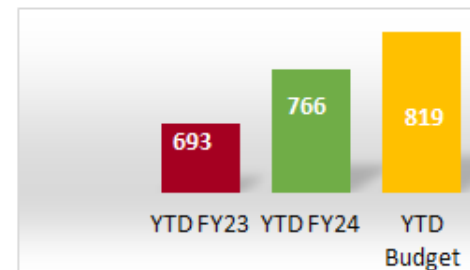
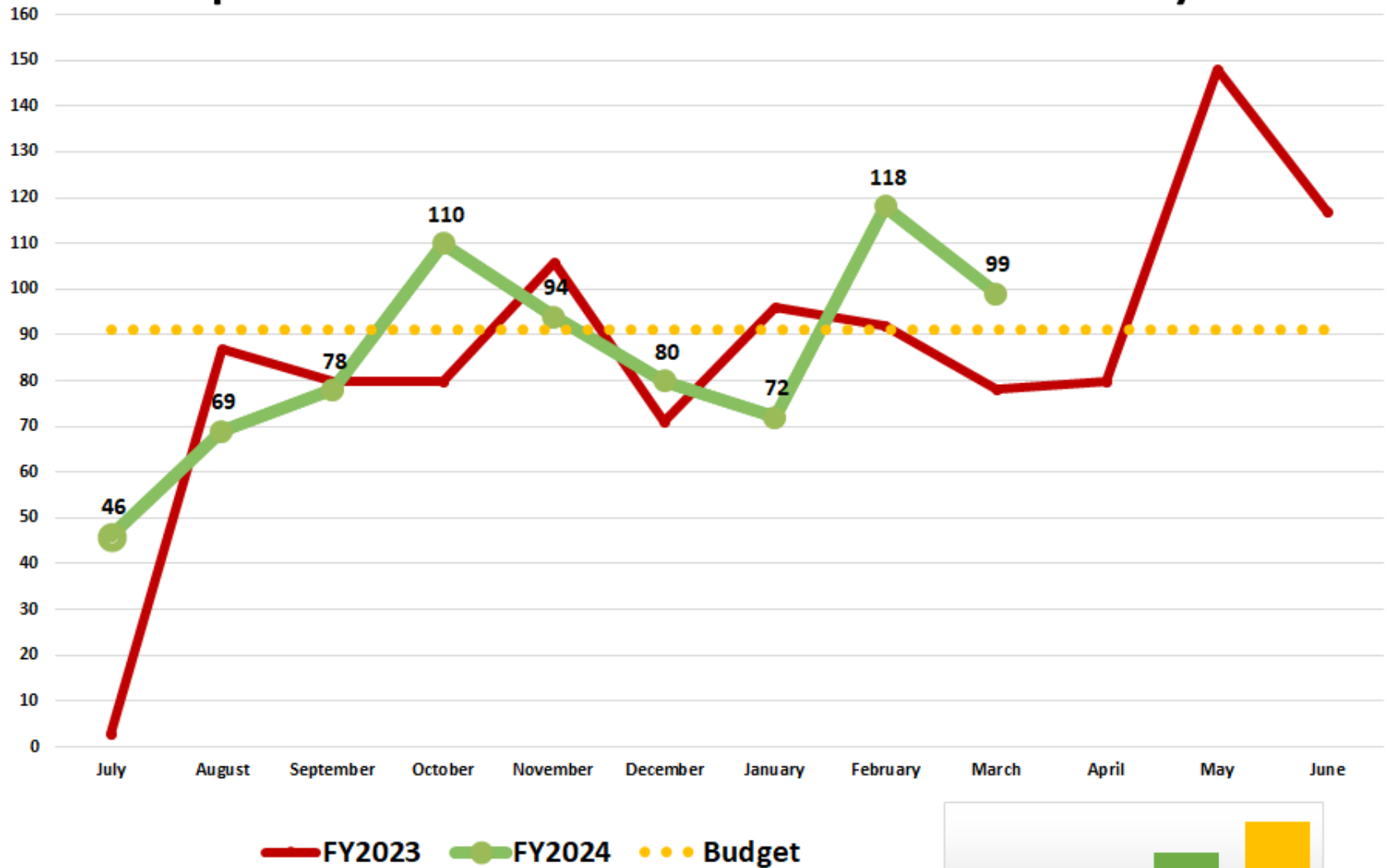


—●— FY2022   
 —●— FY2023   
 —●— FY2024   
 ●●● Budget

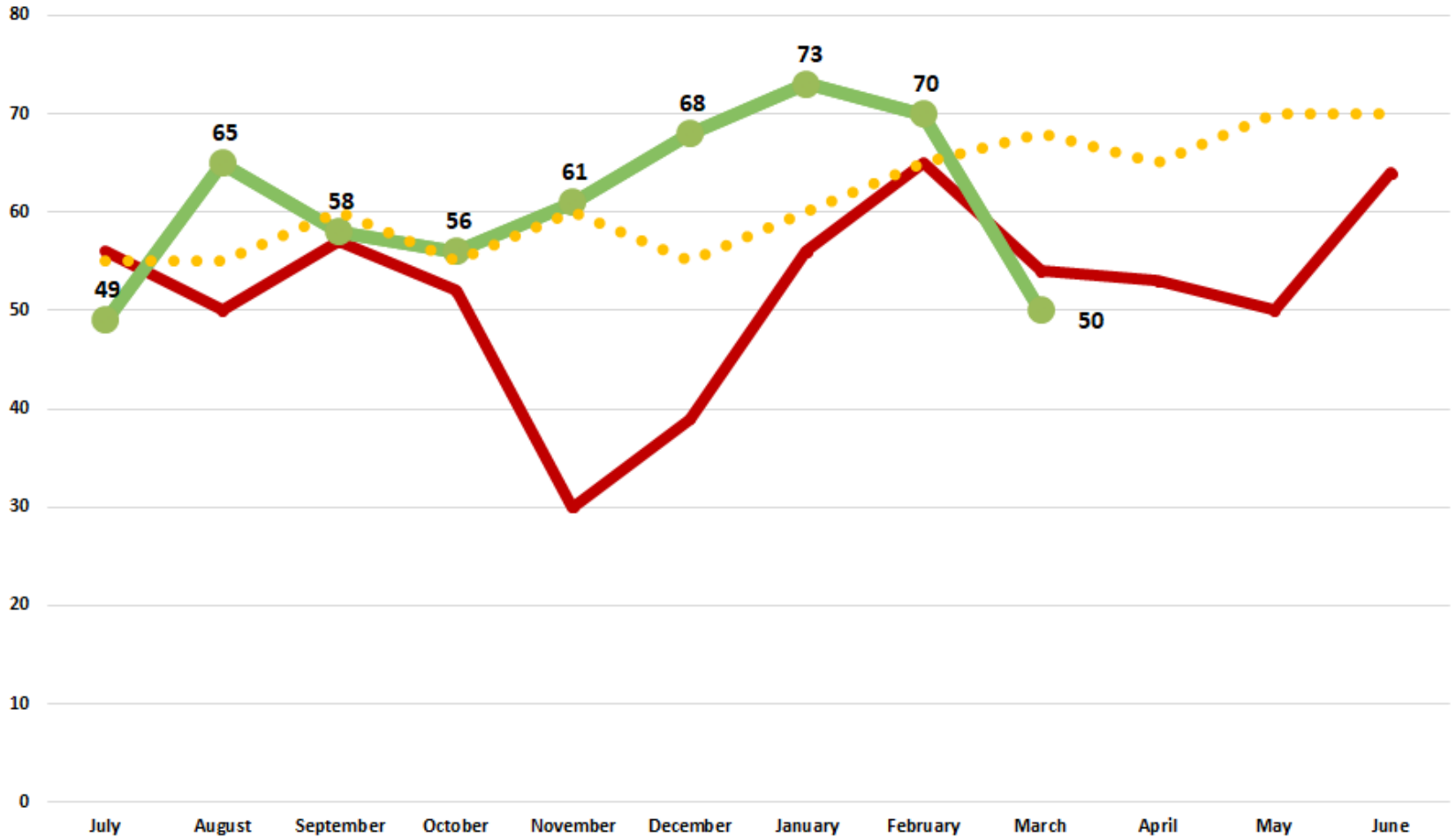




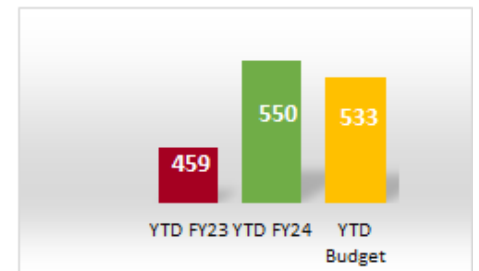
# Open Arms House - Patient Days



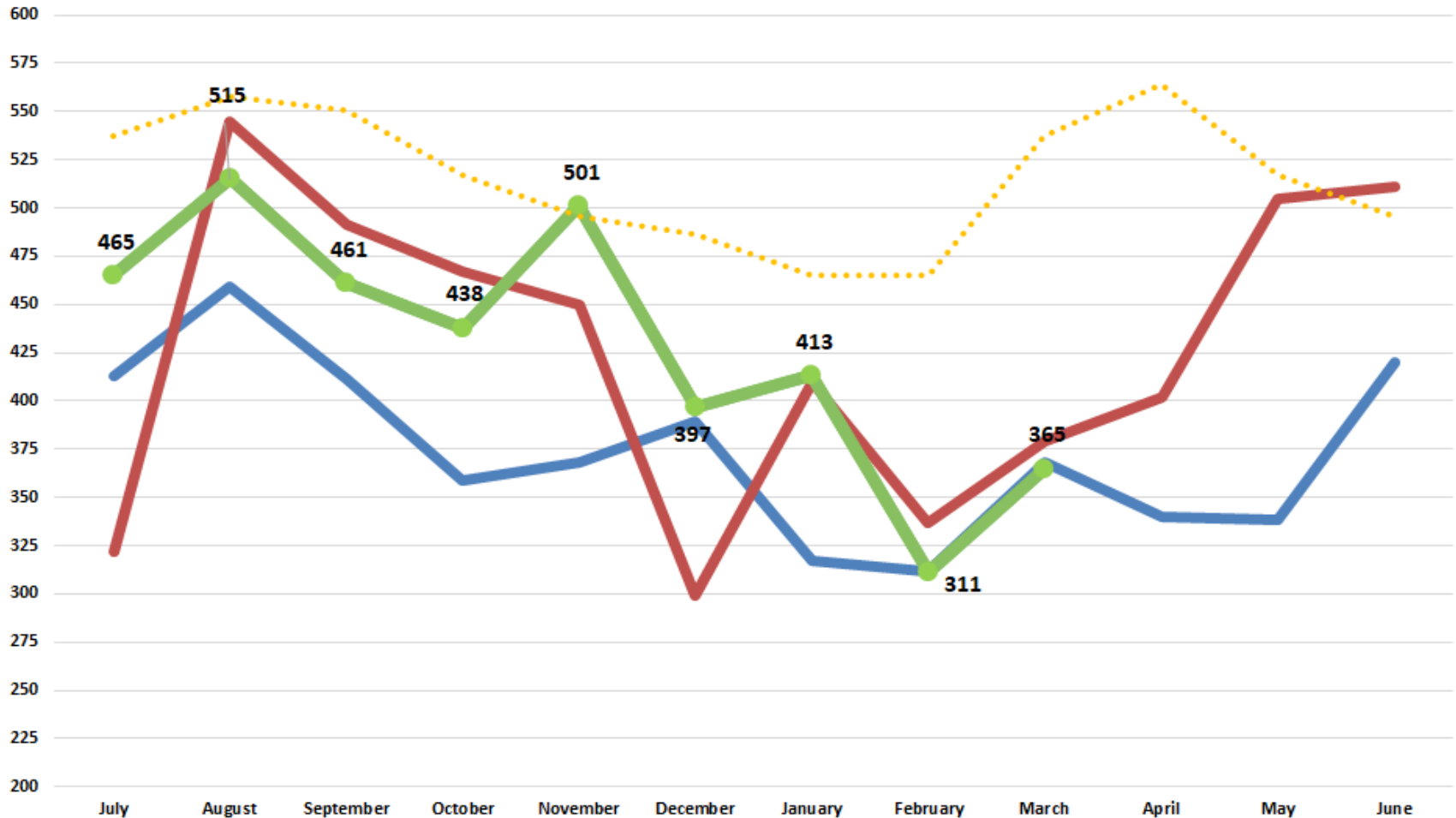
# Cardiothoracic Surgery Clinic - Visits



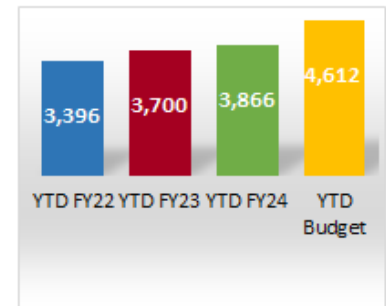
—●— FY2023   
 —●— FY2024   
 ●●● Budget



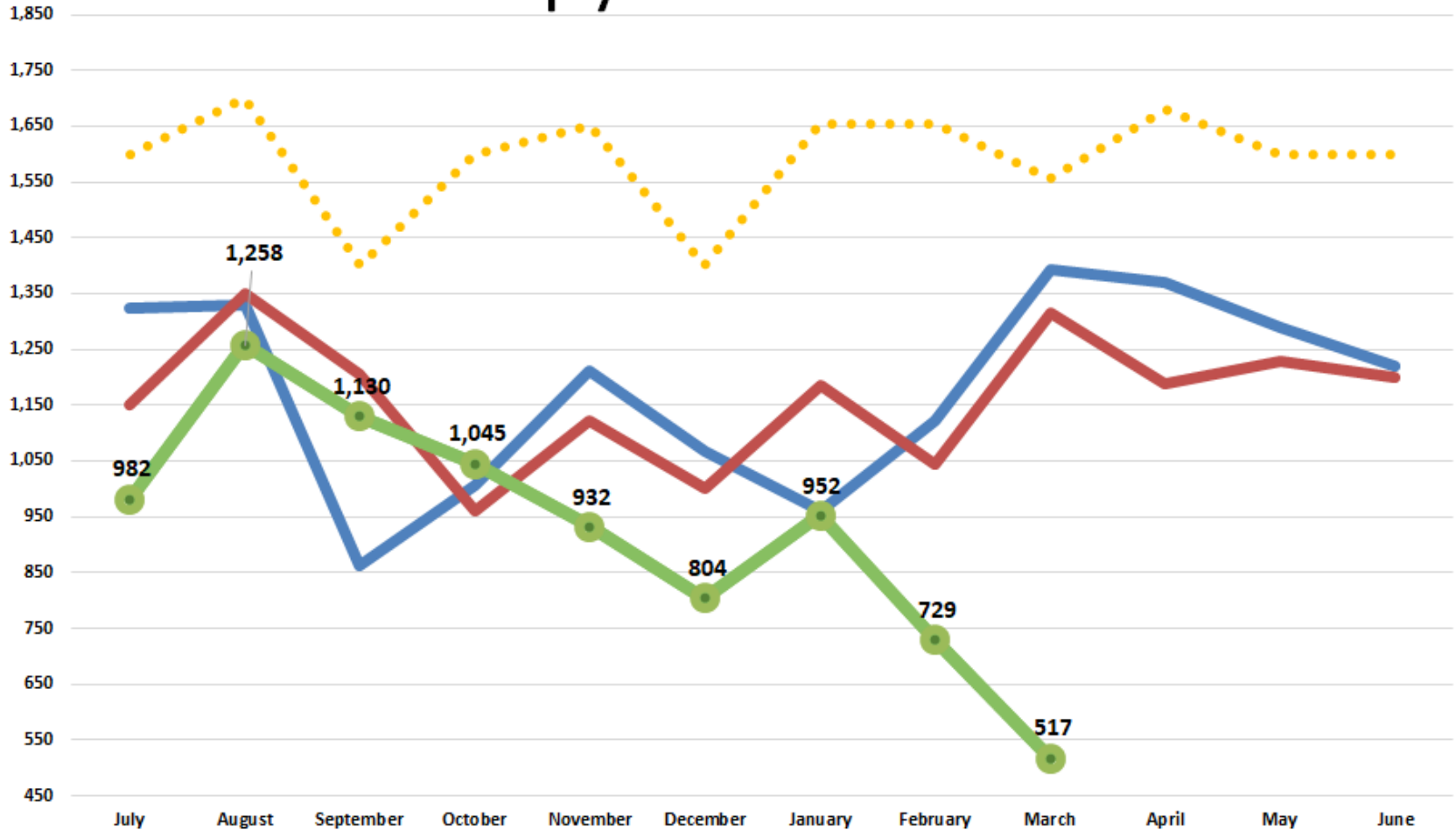
# Cardiac Rehabilitation



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



# Therapy-Wound Care



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

