



November 23, 2022

## 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 November 30, 2022: 4:00PM Open Meeting; 4:01PM Closed meeting pursuant to Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155; 4:30PM Open Meeting.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT

Mike Olmos, Secretary/Treasurer

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

Cindy Moccio

Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

Governing Board

Legal Counsel

Executive Team

Chief of Staff

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

# KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

**Wednesday November 30, 2022**

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

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or [cmoccio@kaweahhealth.org](mailto:cmoccio@kaweahhealth.org) to make arrangements to address the Board.
4. **APPROVAL OF THE CLOSED AGENDA – 4:01PM**
  - 4.1. **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Monica Manga, MD Chief of Staff*
  - 4.2. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Monica Manga, MD Chief of Staff*
  - 4.3. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 6 Cases – *Ben Cripps, Chief Compliance & Risk Officer, and Rachele Berglund, Legal Counsel*
  - 4.4. **Approval of the closed meeting minutes** – October 26, 2022.

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

*Action Requested – Approval of the November 30, 2022 closed meeting agenda.*

## 5. **ADJOURN**

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

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

*Monica Manga, MD Chief of Staff*

3. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.  
*Monica Manga, MD Chief of Staff*
4. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 6 Cases  
*Ben Cripps, Chief Compliance & Risk Officer, and Rachele Berglund, Legal Counsel*
5. **APPROVAL OF THE CLOSED MEETING MINUTES** – October 26, 2022.  
*Action Requested – Approval of the closed meeting minutes – [October 26, 2022](#).*
6. **ADJOURN**

## OPEN MEETING AGENDA {4:30PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or [cmoccio@kaweahhealth.org](mailto:cmoccio@kaweahhealth.org) to make arrangements to address the Board.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the [October 26](#) and [November 9](#), 2022 open minutes.  
**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.  
*Action Requested – Approval of the open meeting minutes October 26 and November 9, 2022 open board of directors meeting minutes.*
6. **CREDENTIALS** - Medical Executive Committee requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval.  
*Monica Manga, MD Chief of Staff*  
**Public Participation** – Members of the public may comment on agenda items before action is taken and after the Board has discussed the item.  
*Recommended Action: Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from 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 MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees*

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

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

*Monica Manga, MD, Chief of Staff*

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

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

*Action Requested – Approval of the November 30, 2022 Consent Calendar.*

**8.1. REPORTS**

- A. [Medical Staff Recruitment](#)
- B. [Compliance](#)
- C. [Renal Services](#)
- D. [Strategic Plan](#)

**8.2. POLICIES – Emergency Preparedness**

- A. [DM 2228](#) – Continuity of Operations Plan and Recovery - New

**8.3. POLICIES – Board**

- A. [BOD5](#) – Conflict of Interest

**8.4. POLICIES – Administrative**

- A. [AP23](#) – Conflict of Interest {Revised}
- B. [AP171](#) - Medically Ineffective Care {Revised} – approved by MEC 11/2022

**8.5. Recommendation from the Medical Executive Committee November 16, 2022 – [Privileges in Urology.](#)**

**8.6. [Having reviewed and analyzed the Provider Needs Assessment conducted by Sg2 in 2020, which includes a specific list of the needed physician specialties through September 2023 in communities served by the District, the Board hereby finds that it will be in the best interests of the public health of the communities served by the District to have the District provide appropriate assistance in order to obtain licensed physicians and surgeons in the Needed Physician Specialties to practice in the communities served by the District. Therefore, the Board authorizes the District to provide the types of assistance authorized by Cal. Health & Safety Code §32121.3, to obtain licensed physicians and surgeons in the Needed Physician Specialties to practice in the communities served by the District.](#)**

- 8.7. Approval of the [amendment to indenture](#) between Kaweah Delta Health Care District and U.S. Bank Trust Company, National Association and authorizing the President of the Board, the District's Chief Executive Officer, its Chief Financial Officer, and/or its Director of Finance to execute documents and take any and all action needed to execute the amendment to indenture between U.S. Bank Trust Company, National Association and Kaweah Delta Health Care District.
9. [QUALITY – Leapfrog Hospital Safety Score and Healthgrades Report](#) – A review of current Kaweah Health quality and safety scores and ratings as reported by The Leapfrog Group and Healthgrades.  
*Sandy Volchko, RN, DNP, Director of Quality and Patient Safety*
10. [STRATEGIC PLAN - Empower Through Education](#) – Detailed review of Strategic Plan Initiative.  
*Lori Winston, MD, Chief Medical Education Officer & Lacey Jensen, RN, Director of Clinical Education*
11. [PATIENT THROUGHPUT PERFORMANCE](#) - Review of patient throughput performance improvement progress report.  
*Keri Noeske, RN, Chief Nursing Officer*
12. [BUDGET INITIATIVE – SUPPLIES/CONTRACTED SERVICES](#) – Review of the most current fiscal year financial results and the budget initiative; Revenue Cycle.  
*Steve Bajari, Director of Procurement & Logistics*
13. [FINANCIALS](#) – Review of the most current fiscal year financial results and the budget initiative; Revenue Cycle.  
*Malinda Tupper, Chief Financial Officer*
14. **REPORTS**
- 14.1. [Chief Executive Officer Report](#) - Report relative to current events and issues.  
*Gary Herbst, Chief Executive Officer*
- 14.2. [Board President](#) - Report relative to current events and issues.  
*David Francis, Board President*

15. **ADJOURN**

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

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**



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**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

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**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KAWEAH DELTA HEALTH CARE DISTRICT**

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**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

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**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

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**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**



**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**



**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**



**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**WEDNESDAY NOVEMBER 30, 2022**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 6-35**

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY OCTOBER 26, 2022 AT 4:00PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

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

Director Francis entertained a motion to approve the agenda.

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

**PUBLIC PARTICIPATION** – None

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

**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 v KDHCDC Case # VCU279163
- B. Foster v KDHCDC Case # VCU280726
- C. Stanger v Visalia Medical Center Case # VCU284760
- D. Rocha v KDHCDC Case VCU288014
- E. Shipman v KDHCDC Case # VCU287291
- F. Franks v KDHCDC Case #VCU290542
- G. Mora v Kaweah Health Case # VCU290884
- H. Parnell v Kaweah Health Case # VCU292139
- I. Whaley v KDHCDC Case # VCU288850
- J. Dorris v Kaweah Health Case VCU291837
- K. Stalcup v KDHCDC Case #VCU280708

**Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 6 Cases - *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*

**Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee —*Evelyn McEntire, Director of Risk Management*

**Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Monica Manga, MD Chief of Staff*

**Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Monica Manga, MD Chief of Staff*

**Approval of the closed meeting minutes** – September 28, 2022.

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

*MMSC (Havard Mirviss/Olmos) to approve the 10.26.2022 closed agenda. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss and Francis Absent – Gipson & Rodriguez*

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

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY OCTOBER 26, 2022 AT 5:00PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

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

Director Francis asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

**CLOSED SESSION ACTION TAKEN:** Approval the closed minutes from September 28, 2022.

**OPEN MINUTES** – Request approval of the open meeting minutes September 28, 2022.

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

*MMSC (Havard Mirviss/Olmos) to approve the open minutes from September 28, 2022. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss and Francis Absent – Gipson & Rodriguez*

**RECOGNITIONS** – Mike Olmos

- Presentation of Resolution 2174 to Robert Beckett (Technical Support Analyst), in recognition as the Kaweah Health World Class Employee of the Month recipient – October 2022.
- Presentation of Resolution 2175 to Richard Keys (Respiratory Therapist) retiring from Kaweah Health with 21 years of service.
- Presentation of Resolution 2176 to Sam Alvarado (Respiratory Therapist) retiring from Kaweah Health with 43 years of service.

**ANNUAL AUDITED FINANCIAL STATEMENT** – Report to Board from Moss Adams relative to the annual audited financial statement for fiscal year 2021/2022 (copy attached to the original of these minutes and considered a part thereof) - Kaweah Delta; Malinda Tupper, Chief Financial Officer, Jennifer Stockton, Director of Finance, Moss Adams; John Feneis and Brian Conner

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

*MMSC (Havard Mirviss/Olmos) to approval of the 2021/2022 Annual Audited Financial Statement. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss and Francis Absent – Gipson & Rodriguez*

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

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

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

*MMSC (Havard Mirviss/Olmos) 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 and Francis Absent – Gipson & Rodriguez*

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

- No Report.

**CONSENT CALENDAR** – Director Francis entertained a motion to approve the consent calendar (copy attached to the original of these minutes and considered a part thereof). Director Olmos requested the removal of item 10.1 and Director Francis noted he will be removing item 10.3.

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

*MMSC (Olmos/Havard Mirviss) to approve the consent calendar with the removal of item 10.1 {Reports; Neurosciences} and 10.3 {Approval of appointments, as recommended by the Kaweah Delta Health Care, Inc. dba Kaweah Health Medical Group Board President, Gary Herbst, to the Kaweah Health Medical Group board effective November 1, 2022: November 1, 2022 – October 31, 2025 – David Francis, Mark Mertz and as recommended by the Visalia Medical Clinic Board - Carol Machado, MD}. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss and Francis Absent – Gipson & Rodriguez*

**10.1C – Neuroscience** - Director Olmos inquired about the increase in the length of stay for surgery inpatients, the direct cost increase for inpatient and outpatients, the decrease of the contribution margin, why did the patient satisfaction scores decrease, how does high MediCal patient load impact financial outlook on elective outpatient services, what will be the impact to financials and to patients by removing elective outpatient services.

Summary of responses by Kevin Bartel;

- The neurosurgery case length of stay {LOS} is primary impacted by the case mix index of the patients that are seen - the health and condition complexity of the patients can have a dramatic impact on

how long their care lasts in the hospital. We have been trying to address overall challenges related to patient throughput over the past years, and there are other extenuating factors that also may have contributed to this increased LOS. The focus will be on identifying trends and finding ways to reduce this LOS for our inpatient cases.

- Inpatient - The cost to provide care to inpatients increased dramatically in the past year - room and board, nursing expense increases, OR/anesthesia expense, and physician fee expense. These were all compounded by the increased length of stay per case, as mentioned above. Outpatient - 92% of our outpatient expenses/direct cost come from physician fee expense. Relative to our reimbursement for OP surgery cases and OP clinic visits, this expense has consistently dominated any opportunity to be profitable in the outpatient elective side.
- While revenue per case actually increased with all payers, the direct cost per case increased 55% primarily due to increased physician fees that were allocated to this service.
- I reported the "overall rating" of patients who received care at Kaweah, who had a primary diagnosis/service included within Neurosurgery. The survey questions resulting in this overall rating encompass many aspects of their care and time at Kaweah, not just reflective of the Neurosurgery physicians/team (i.e. nursing communication, cleanliness, quietness, discharge instructions, etc). When looking specifically at the survey questions focusing on our Neurosurgeon care, "doctor communication" was measured at 88.11% in FY2022, compared with 94.53% in FY2021. Measures that were listed here were Doctor courtesy and respect, doctor listening, and doctor explanation.
- For outpatient surgery cases, all payers resulted in a negative contribution margin per case. MediCal patients held the highest case mix percentage (30%) of our cases, and also the highest contribution margin loss per case (\$11,465 per case loss).
- Financially, removing the outpatient elective practice will save approximately \$1.2million in expenses per her (direct cost savings - physician costs, clinic and salary direct expenses). The impact to patients is more difficult to determine. Removing our ability to see elective Neurosurgery cases (including a high MediCal population) will shift their care elsewhere.

**10.3** - Approval of appointments, as recommended by the Kaweah Delta Health Care, Inc. dba Kaweah Health Medical Group Board President, Gary Herbst, to the Kaweah Health Medical Group board effective November 1, 2022: November 1, 2022 – October 31, 2025 – David Francis, Mark Mertz and as recommended by the Visalia Medical Clinic Board - Carol Machado, MD} – no action at this time.

MMSC (Olmos/Havard Mirviss) *to approve consent calendar item 10.1 {Reports; Neurosciences}. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss and Francis Absent – Gipson & Rodriguez*

**QUALITY – Methicillin-resistant Staphylococcus Aureus (MRSA)** - A review of key metrics and action plans to reduce and prevent hospital acquired Methicillin-resistant Staphylococcus Aureus (copy attached to the original of these minutes and considered a part thereof) *Tendai Zinyemba, MBA, MSMIS, CHESP, Director - Environmental Services. Laundry, & Patient Transport*

**QUALITY – SEPSIS** - A review of the Centers for Medicare and Medicaid Services (CMS) Sepsis Core Measure Bundle performance, Sepsis outcomes and action plans that impact care of the septic patient population (copy attached to the original of these minutes and considered a part thereof) - *Sandy Volchko DNP, RN, CPHQ, CLSSBB, Director Quality & Patient Safety & Tom Gray, MD, Medical Director of Quality and Patient Safety*

**STRATEGIC PLAN - QUARTERLY UPDATE** – Quarterly progress review of Strategic Plan (copy attached to the original of these minutes and considered a part thereof) - *Marc Mertz, Chief Strategy Officer*



- This report will no longer be reported quarterly – It will be reported on the consent calendar monthly using the new tool for monitoring the strategic plan. Director Olmos requested a list of all of the Chief’s along with their email addresses and phone numbers for the Board to use as a reference if they should have questions about the report.

**STRATEGIC PLAN - OUTSTANDING HEALTH OUTCOMES** – Detailed review of Strategic Plan Initiative (copy attached to the original of these minutes and considered a part thereof) - *Doug Leeper, Chief Information Officer*

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

**COMMUNITY ENGAGEMENT** – Fiscal year 2021/2022 recap of community engagement efforts and events (copy attached to the original of these minutes and considered a part thereof) - *Deborah Volosin, Director of Community Engagement*

**FINANCIALS** – Review of the most current fiscal year financial results and budget (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*

- Healthgrades has released the announcement relative to the 18 awards to Kaweah Health across many service lines. KMPH Fox did a story about Kaweah’s cardiac program..

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

- Director Francis noted that these are not easy times we are going through and he thanked the Executive Team for keep their heads up and serving our community well.

**APPROVAL OF CLOSED AGENDA AS FOLLOWS:** Closed Meeting Agenda – Immediately following the 5:00PM open session

- **CEO Evaluation** – Discussion with the Board and the Chief Executive Officer relative to the evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1) – *Gary Herbst, CEO, Rachele Berglund, Legal Counsel & Board of Directors*

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

**ADJOURN** - Meeting was adjourned at 7:18PM

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

ATTEST:

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

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY NOVEMBER 9, 2022, AT 4:00PM, IN THE SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM

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

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

Director Francis asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

**STATE OF THE INDUSTRY** – Presentation from the Advisory Board – State of the Industry; global economic stressors, demand volatility, vertical ecosystems, and innovation investment (copy attached to the original of these minutes and considered a part thereof) - *Advisory Board: Julie Jaquiss-Collins, Director, Expert Partner and Ashley Antonelli, Director, Executive Strategy Research*

Chief Executive Officer Report – *Gary Herbst, Chief Executive Officer*

- Mr. Herbst announced that Dr. Brien is scheduled to start in mid-December.
- The District has a new beam linear accelerator that is now approved for use.
- We have signed, and we are waiting for a co-signature, on the termination agreement with Visalia Medical Clinic relative to the Kaweah Health Medical Group dissolution.

Board President Report – *David Francis, Board President*

- Reminder to the Board members, including himself, that the required Ethics training needs to be completed by 12/31/22.

**ADJOURN** - Meeting was adjourned at 5:45PM

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

ATTEST:

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



**Physician Recruitment and Relations  
Medical Staff Recruitment Report - November 2022**

Prepared by: Sarah Bohde, Physician Recruiter - sbohde@kaweahhealth.org - (559) 624-2772

Date prepared: 11/18/2022

Central Valley Critical Care Medicine	
Critical Care Hospitalist	2
Intensivist	1

Delta Doctors Inc.	
Family Medicine	2
OB/Gyn	1

Key Medical Associates	
Adult Hospitalist	1
Dermatology	1
Family Medicine/Internal Medicine	3
Gastroenterology	1
Pulmonology	1
Rheumatology*	1

Oak Creek Anesthesia	
Anesthesia - General	3
Anesthesia - Obstetrics	1
CRNA	3

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

Other Recruitment/Group TBD	
Dermatology*	2
Endocrinology*	1
EP Cardiology	1
Family Medicine*	3
Gastroenterology*	2
Hospice & Palliative Medicine	1
Neurology - Outpatient*	1
Otolaryngology*	2
Pulmonology - Outpatient*	1

Sequoia Oncology Medical Associates Inc.	
Hematology/Oncology	1

Stanford Health Care	
Cardiothoracic Surgery	2

USC Urology	
Urology	3

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

Valley Hospitalist Medical Group	
Adult Hospitalist	1
GI Hospitalist	1
Nocturnist	1

Valley ENT	
Audiology*	1
Otolaryngology*	1

\*Position reallocated from Kaweah Health Medical Group

Candidate Activity							Tracking Fields													
Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status	Contract Executed	Internal Progress Notes	HR Phone Interview	CV Forwarded	Group Phone Interview	References	Site Visit	Post-Visit Sur	FMV Range	Offer Status	Approved Comp	Other Approved Assistance	Contract	Onboarding Initiated
Anesthesia	Oak Creek Anesthesia	Christopherson, M.D.	David	08/25	Direct Email	Currently under review														
Anesthesia - Critical Care	Oak Creek Anesthesia	Malamud, M.D.	Yan	ASAP	PracticeMatch Email Blast	Site Visit: 10/17/22. Offer accepted - Contract in progress		Griffind is an EM APP that is connecting with Dr. Seng												
Anesthesia - Pain	Oak Creek Anesthesia	Duong, M.D.	Hai	ASAP	Direct	Currently under review														
Cardiothoracic Surgery	Independent	Coku, M.D.	Lindita	ASAP	Delta Locums	Currently under review														
Cardiothoracic Surgery	Independent	Williams, M.D.	Julio	08/22	Direct - 4/19/22	Initial Screening: 4/22/22; Providing locums/temp coverage in September 2022.		Initial Screening: 4/22/22; Providing locums/temp coverage in September 2022.												
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Coelho	Carly	TBD	Direct - 8/11/22	Offer accepted														
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Enriquez	Richard	01/23	Direct - 9/1/22	Offer accepted - Contract in progress														
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Havlicak	Ashley	01/23	Direct/Referral	Offer accepted														
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Jacobsen	Jace	01/23	Direct - 11/7/22	Offer accepted - Contract in progress														
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Ngo	Alexander	01/23	Direct - 10/12/22	Offer accepted - Contract in progress														
EP Cardiology	Independent	Cheema, M.D.	Kamal	08/23	Direct - PracticeLink	Currently under review. Has family in Fresno														
EP Cardiology	Independent	Dhir, M.D.	Sumer	08/23	Direct - PracticeLink	Currently under review														
EP Cardiology	Independent	Tsimplouis, M.D.	Apostolos	08/23	Direct - PracticeLink	Currently under review														
Family Medicine	Delta Doctors/Key Medical Associates	Whitach, M.D.	Sandra	08/23	Kaweah Health Resident	Currently under review														
Hospitalist	Valley Hospitalist Medical Group	Chovalys, M.D.	Jasmin	08/23	Direct - Practice Link	Currently under review														
Hospitalist	Valley Hospitalist Medical Group	Curran, M.D.	Justin	08/23	Direct - Loma Linda CareerMD Career Fair	Currently under review														
Hospitalist	Valley Hospitalist Medical Group	Gautum, M.D.	Monika	ASAP	Direct - Practice Link	Currently under review														
Hospitalist	Valley Hospitalist Medical Group	Issa, M.D.	Angela	08/23	Direct - Practice Link	Currently under review														
Hospitalist	Valley Hospitalist Medical Group	Khan, M.D.	Marjan	08/23	Direct - Practice Link	Currently under review														
Hospitalist	Valley Hospitalist Medical Group/Key Medical Associates	Adedji, M.D.	Anuoluwapo	08/23	Kaweah Health Resident	Currently under review														
Intensivist	Central Valley Critical Care Medicine	Barmaan, M.D.	Benjamin	08/23	Direct - Practice Link	Currently under review														
Intensivist	Central Valley Critical Care Medicine	Khanuja, M.D.	Simrandeep	TBD	Comp Health - 6/2/22	Currently under review														
Internal Medicine	Key Medical Associates	Virk, D.O.	Harman	09/23	Direct email	Currently under review														
Interventional Radiology	Mineral King Radiology Group	Youssef Ali, M.D.	Mahmoud	09/23	Direct email	Currently under review														
Medical Oncology	Sequoia Oncology Medical Associates	Gill, M.D.	Amitoj	TBD	Direct	Site Visit: 10/21/22														
Medical Oncology	Sequoia Oncology Medical Associates	Mohammadi, M.D.	Oranus	08/23	PracticeMatch - 3/31/22	Site Visit: 9/16/22		4/4 - SB spoke with Dr. Mohammadi for initial call												
Neonatology	Valley Children's	Agrawal, M.D.	Pulak	08/23	Valley Children's - 5/14/22	Offer accepted. Start date summer 2023														
Neonatology	Valley Children's	Nwokidi-Adenigbhe, M.D.	Uche	08/23	Valley Children's - 5/14/22	Offer accepted. Start date summer 2023														
Neonatology	Valley Children's	Brock, M.D.	Lee	ASAP	Valley Children's - 10/17/22	Site Visit: 11/9/22														
OB/GYN	Delta Doctors	Rangel Barrera, M.D.	Carlos	ASAP	Direct	Second Site Visit: 11/18/22														
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, Inc.	Bonner, M.D.	Ben	08/24	The Medicus Firm - 11/7/22	Currently under review														
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, Inc.	Dean, M.D.	Ryan	08/24	The Medicus Firm - 11/7/22	Currently under review														
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, Inc.	Khazai, M.D.	Ravand	08/23	The Medicus Firm - 10/31/22	Currently under review														
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, Inc.	Quaciniella, M.D.	Michael	08/24	Direct	Currently under review		Completing Ortho Trauma fellowship in 2024												
Rheumatology	Key Medical Associates	Garg, M.D.	Arina	TBD	Enterprise Medical Recruiter - 8/16/22	Currently under review														
Rheumatology	Key Medical Associates	Dhillon, M.D.	Joshpaul	08/23	Enterprise Medical Recruiter - 10/21/22	Currently under review														

Specialty	Group	Last Name	First Name	Availability
Anesthesia - Interventional Pain	Somnia	Bernhardt, M.D.	Brian	12/19
Anesthesiology - Cardiac	Somnia	Dahl, M.D.	Aaron	09/19
Anesthesiology - Pain	Somnia	Garas, M.D.	Marina	08/20
Anesthesiology - Pain	Somnia	Louka, M.D.	Sammy	07/19
Anesthesiology - Pain	Somnia	Pearson, M.D.	Linda Tiffany	TBD
Anesthesiology - Pain	Somnia	Subramanian, M.D.	Joysree	ASAP
Cardiology	TBD	Rasla, M.D.	Somwail	08/20
Dermatology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Saunders, M.D.	Kent	04/21
Family Medicine	Kaweah Delta Medical Foundation	Drannikov, M.D.	Eduard	TBD

Family Medicine	Key Medical Associates	Lee, M.D.	Paul Jie	07/19
Family Medicine	Key Medical Associates	Jones, M.D.	Nicholas	08/20
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Singh, M.D.	Sholin	08/20
Family Medicine - Associate Program Director	Kaweah Delta Faculty Medical Group	Ersland, M.D.	Brooke	TBD
Family Medicine - Associate Program Director	Kaweah Delta Faculty Medical Group	Hernandez, M.D.	Virginia	TBD
Family Medicine - Associate Program Director	Kaweah Delta Faculty Medical Group	Pascual, M.D.	Hendry	10/19
Family Medicine - Associate Program Director/Medical Director + Faculty	Kaweah Delta Faculty Medical Group	Rodriguez, M.D.	Joy Anne	12/19
Family Medicine - Core Faculty	Kaweah Delta Faculty Medical Group	Myrick, M.D., Ph.D.	Leila	07/20
Family Medicine - Core Faculty	Kaweah Delta Faculty Medical Group	Ramsahai, M.D	Karen	12/19
Family Medicine - Program Director	Kaweah Delta Faculty Medical Group	Goyal, M.D.	Shami	10/19
Family Medicine - Program Director	Kaweah Delta Faculty Medical Group	Kalliny, M.D., Ph.D.	Medhat	01/20
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Arellano-Banoni, M.D.	Gisela	10/19

Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Caulfield, M.D.	Ross	ASAP
Family Medicine Faculty - Part-time	Kaweah Delta Faculty Medical Group	Bautista, M.D., J.D.	Luis	TBD
Family Medicine/Core Faculty	Key Medical Associates/Kaweah Delta Faculty Medical Group	Arbuckle-Bernstein, M.D.	Veronica	08/20
Gastroenterology	Key Medical Associates	Jaafar, M.D.	Imad	08/20
Gastroenterology	TBD	Javia, M.D.	Siddharth	TBD
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Chen, M.D.	Vida	08/21
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Dever, M.D.	John	TBD
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Ling, M.D.	Christina	08/20
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Parsa, M.D.	Nour	08/20
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Shah, D.O.	Keval	01/20
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Woolard, M.D.	Shani	08/21
Gastroenterology/Hepatology	TBD	Nawaz, M.D.	Waqas	07/20
General Surgery/Surgical Critical Care	IQSA	Shaikh, M.D.	Mohammad	08/20
Hospitalist	Central Valley Critical Care Medicine	Abbasi, M.D.	Adil	02/20
Hospitalist	Central Valley Critical Care Medicine	Abdulkarim, M.D.	Seifedin	TBD

Hospitalist	Central Valley Critical Care Medicine	Ali, M.D.	Amer	TBD
Hospitalist	Central Valley Critical Care Medicine	Artashesyan,	Arshavir	TBD
Hospitalist	Central Valley Critical Care Medicine	Chavez, M.D.	Juan	TBD
Hospitalist	Central Valley Critical Care Medicine	Daryanani, D.O.	Michelle	07/19
Hospitalist	Central Valley Critical Care Medicine	Desta, M.D.	Edomias	08/20
Hospitalist	Central Valley Critical Care Medicine	Fayezizadeh, M.D.	Mojtaba	08/20
Hospitalist	Central Valley Critical Care Medicine	Hossain, D.O.	Bassam	10/19
Hospitalist	Central Valley Critical Care Medicine	Li, M.D., Ph.D.	Yuehua	08/20
Hospitalist	Central Valley Critical Care Medicine	Mavli, M.D.	Zakiamad	TBD
Hospitalist	Central Valley Critical Care Medicine	Ramakuri, M.D.	Monica	10/2019
Hospitalist	Central Valley Critical Care Medicine	Sharma, M.D.	Bhuwan	ASAP
Hospitalist	Central Valley Critical Care Medicine	Shurbaji, M.D.	Adam	TBD
Hospitalist	Central Valley Critical Care Medicine	Thonar, M.D.	Benjamin	TBD
Hospitalist	Central Valley Critical Care Medicine	Tran, M.D.	Van C.	08/20



Hospitalist	Central Valley Critical Care Medicine	Tran, M.D.	Michelle	TBD
Hospitalist	Central Valley Critical Care Medicine	Wang, M.D.	Yanning	07/20
Hospitalist	Central Valley Critical Care Medicine	Youssef, M.D.	Mina	07/20
Hospitalist	Central Valley Critical Care Medicine	Zhang, M.D.	Yixi	ASAP
Hospitalist	Key Medical Associates	Pursley, M.D.	Sarah	08/20
Hospitalist - Endocrinology	Key Medical Associates	Panach, M.D.	Kamaldeep "Kim"	08/19
Hospitalist - Nights	Valley Hospitalist Medical Group	Gadhia, M.D.	Shardul	TBD
Intensivist	Central Valley Critical Care Medicine	Adial, M.D.	Ajay	01/20
Intensivist	Central Valley Critical Care Medicine	Aftab, M.D.	Waqas	07/19
Intensivist	Central Valley Critical Care Medicine	Baveja, M.D.	Swati	07/20
Intensivist	Central Valley Critical Care Medicine	Bharati, M.D.	Pankaj	TBD
Intensivist	Central Valley Critical Care Medicine	Gabani, M.D.	Prashant	08/20
Intensivist	Central Valley Critical Care Medicine	Gooch, M.D.	Rebecca	08/19
Intensivist	Central Valley Critical Care Medicine	Greer, M.D.	Robert	08/20
Intensivist	Central Valley Critical Care Medicine	Mateen, M.D.	Pamir	TBD
Intensivist	Central Valley Critical Care Medicine	Rezayat, D.O.	Talayeh	08/20

Intensivist	Central Valley Critical Care Medicine	Sazgar, M.D.	Sasan	07/20
Internal Medicine	Key Medical Associates	Al-Khayyat, M.D.	Mohammed	07/20
Internal Medicine	Key Medical Associates	Al-Khayyat, M.D.	Mohammed	07/20
Maternal Fetal Medicine	Valley Children's Hospital	Steller, M.D.	Jonathan	07/20
Neonatology	Valley Children's Hospital	Box, M.D.	David	08/20
Neonatology	Valley Children's Hospital	Hanna, M.D.	Mina	TBD
Neonatology	Valley Children's Hospital	Patel, M.D.	Shalinkumar	TBD
Neonatology	Valley Children's Hospital	Reed, M.D.	Benjamin	TBD
Neurology	TBD	Bhasin, M.D.	Pramit	03/20
OB/GYN	Delta Doctors, Inc.	Asatryan, M.D.	Alis	08/20
OB/GYN	Delta Doctors, Inc.	Eperjesi, M.D.	Jan	TBD
OB/GYN	Delta Doctors, Inc.	Hayes, M.D.	Carl	TBD
OB/GYN	Delta Doctors, Inc.	Loeb, M.D.	Lola	09/19
OB/GYN	Delta Doctors, Inc.	Saleh, M.D.	Gamal	01/20
OB/GYN	Delta Doctors, Inc.	Suntay, M.D.	Berk	TBD
OMF	TBD	Dean, D.D.S., M.D.	Jennifer	08/20

Orthopedic Surgery	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Spychalski, M.D.	Jeffrey	TBD
Orthopedic Surgery - Spine	Orthopaedic Associates	Srinivas, M.D.	Ravi	08/20
Otolaryngology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Wilson, M.D.	Michael	08/20
Palliative Medicine	Independent	Mylavarapu, M.D.	Alexander	08/20
Palliative Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Watson, D.O.	Nori	04/18
Pediatrics	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Bhasin, M.D.	Akashni	03/20
Pediatrics	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Lopez, M.D.	Sarah	01/20
Pediatrics	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Mahajan, D.O.	Neha	08/20
Pediatrics	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Naves, M.D.	Charlene	06/20
Pediatrics	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Poudel, M.D.	Atul	
Pediatrics	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Wendt, M.D.	Allen	12/19
Pediatrics	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	White, M.D.	Natasha	TBD
Pediatrics	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Chaudhary, M.D.	Gulafsha	01/20
Pediatrics	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Garcia, M.D.	Hector	01/20
Plastic Surgery/OMF	Sequoia Institute for Surgical Services, Inc.	Nair, M.D.	Narayanan	10/19

Radiation Oncology	Sequoia Radiation Oncology Medical Associates	Manukian, M.D.	Gregor	08/20
Radiation Oncology	Sequoia Radiation Oncology Medical Associates	Raman, M.D.	Natarajan	ASAP
Radiology - Diagnostic	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Khairalseed, M.D.	Tagwa	09/20
Radiology - Diagnostic	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Nasehi, M.D.	Leyla	07/20
Radiology - Diagnostic	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Shah, D.O.	Deeshali	01/20
Rheumatology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Strukova, D.O.	Victoriya	08/20
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Myers, M.D.	Frank	08/20
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Peters, M.D.	Jennifer	01/20
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Yang, M.D.	Hailiu	07/20
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Brown, M.D.	Melissa	TBD
Hospitalist	Central Valley Critical Care Medicine	Kim, M.D.	Erica	08/20
Otolaryngology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Badran, M.D.	Karam	08/20
Hospitalist	Central Valley Critical Care Medicine	Bahri, M.D.	Ghazal	08/20
Hospitalist	Central Valley Critical Care Medicine	Shah, M.D.	Vatsal	08/20

Neurology	Kaweah Delta Medical Center	Bajwa, M.D.	Sami	07/20
Hospitalist	Key Medical Associates	Jamil, M.D.	Asma	07/20
Hospitalist	Key Medical Associates	Pursley, M.D.	Sarah	08/20
Family Medicine	Kaweah Delta Faculty Medical Group	Martinez, M.D.	Rafael	TBD
Intensivist	Central Valley Critical Care Medicine	Aboud, M.D.	Hussain	08/20
Maternal Fetal Medicine	Valley Children's Hospital	Steller, M.D.	Jonathan	TBD
Family Medicine	Delta Doctors, Inc.	Macias, M.D.	Lea	10/20
Otolaryngology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Neel, M.D.	Gregory	08/20
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Laciak, M.D.	Robert	ASAP
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Akhtar, M.D.	Hadi	08/21
Hospitalist	Central Valley Critical Care Medicine	Afroz, M.D.	Mahyar	08/20
Intensivist	Central Valley Critical Care Medicine	Ferdosian, M.D.	Behrouz	07/20
OB/GYN	Delta Doctors, Inc.	Guerrero-Hall, M.D.	Karla	07/20
OB/GYN	Delta Doctors, Inc.	Bazargan, D.O.	Mona	08/20
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Glass, M.D.	Michael	ASAP
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Sachdev, M.D.	Kiran	TBD
Pediatrician	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Valenzuela, M.D.	Andrew	TBD
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Aminsharifi, M.D.	Alireza	12/20
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Kaur, M.D.	Gursharnjit	08/20

Dermatology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Levine, M.D.	Richard	08/20
Family Medicine - Program Director	Kaweah Delta Faculty Medical Group	Martinez, M.D.	Mario	05/20
Otolaryngology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Roos, D.O.	Jason	05/20
Family Medicine	Key Medical Associates	Dougherty, MD	Michael	07/21
Neonatology	Valley Children's Hospital	Ali, M.D.	Anum	08/20
Neonatology	Valley Children's Hospital	Chouthai, M.D.	Nitin	TBD
Pediatric Hospitalist	Valley Children's Hospital	Goodrich, M.D.	John	TBD
Palliative Medicine	Independent	Tan, M.D.	Paul	08/20
Family Medicine	Key Medical Associates	Solis, M.D.	Trinidad	08/20
Hospitalist	Key Medical Associates	Sakkalaek, M.D.	Adeeb	TBD

Orthopedic Surgery - Hand	Orthopaedic Associates Medical Clinic, Inc.	Seiler, M.D.	Lucas	07/20
Family Medicine - Core Faculty	Kaweah Delta Faculty Medical Group	Ananth, M.D.	Mina Parvati	08/20
Family Medicine - Core Faculty	Kaweah Delta Faculty Medical Group	Roepcke, M.D.	Faye	08/20
Gastroenterology	Valley Hospitalist Medical Group/ VMC	Penfield, M.D.	Joshua	TBD
Hospitalist	Central Valley Critical Care Medicine	Rattan, M.D.	Bharat	TBD
General Surgery - Hand	Visalia Medical Clinic (Kaweah Delta Medical Foundation)/Orthopaedic Associates, Inc.	Whitaker, M.D.	Garrison	TBD
Gastroenterology	Visalia Medical Clinic	Moveji, M.D.	Sharareh	09/20

Hospitalist	Central Valley Critical Care Medicine	Rayale, M.D.	Mahad	TBD
Hospitalist	Central Valley Critical Care Medicine	Patadia, M.D.	Sasha	08/20
Hospitalist	Central Valley Critical Care Medicine	Sherpa, M.D.	Meena	TBD
Intensivist	Central Valley Critical Care Medicine	Arab, M.D.	Talal	08/20
Intensivist/Cardiac Anesthesia	Central Valley Critical Care Medicine	Huh, M.D.	Marc	TBD
Intensivist	Central Valley Critical Care Medicine	Schreiber, M.D.	Gilbert	ASAP
Dermatology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Thibault, M.D,	Marie-Josee	08/20
Diagnostic Radiology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Fonte, M.D.	Joseph	TBD
Intensivist	Central Valley Critical Care Medicine	Hanna, M.D.	Sameh	08/20

Intensivist	Central Valley Critical Care Medicine	Nishi, M.D.	Gregg	07/20
Hospitalist	Central Valley Critical Care Medicine	Lee, M.D.	Wilson	TBD
Intensivist	Central Valley Critical Care Medicine	Kokocki, M.D.	Stanley	ASAP
Hospitalist	Central Valley Critical Care Medicine	Aung, M.D.	Khin	TBD
Hospitalist	Central Valley Critical Care Medicine	Jimenez, M.D.	Alfonso	08/20
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Moraveji, M.D.	Sharareh	ASAP
Urogynecology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Rhee, M.D.	Sang	ASAP
Family Medicine	Key Medical Associates	Trapse, M.D.	Felix Meyer	ASAP
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Solis, M.D.	Trinidad	ASAP
Intensivist	Central Valley Critical Care Medicine	Gupta, M.D.	Leena	ASAP
Family Medicine	Visalia Family Practice/Key Medical Associates	Bashiri, M.D.	Maryam	08/20
Dermatology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Maranda, M.D.	Eric	09/21
Dermatology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Saunders, M.D.	Kent	04/21
Intensivist	Central Valley Critical Care Medicine	Escobar, M.D.	Luis	07/20
Internal Medicine	Key Medical Associates	Awad, M.D.	Omnia	08/21
Family Medicine	Delta Doctors, Inc.	Castillo, M.D.	Fausto	08/20
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Balachandran, M.D.	Banujan	08/21



Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Rios, M.D.	Juan	08/21
OB/GYN	Delta Doctors, Inc.	Panneerselvam, D.O.	Priya	08/21
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)/Key Medical Associates	Bland, D.O.	Scott	08/21
Family Medicine/Core Faculty	Visalia Medical Clinic (Kaweah Delta Medical Foundation)/Kaweah	Geiger, D.O.	Michael	08/21
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Sherid, M.D.	Muhammed	ASAP
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Dababneh, M.D.	Nader	TBD
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Hamdi, M.D.	Anas	08/22
Otolaryngology APP	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Assam	Micaela	ASAP
Otolaryngology/QuickCare APP	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Banerjee	Abha	ASAP
Otolaryngology APP	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Zakharova	Anastasiya	ASAP
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Talanki, M.D.	Varun	08/21
Anesthesiology - Cardiac	Oak Creek Anesthesia	Satoh, M.D.	Kei	08/21
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Ho, M.D.	Richard	08/21
Intensivist	Central Valley Critical Care Medicine	Agrawal, M.D.	Arun	08/21
Internal Medicine - Geriatrics	Key Medical Associates	O'Hara, D.O.	Gianna	08/21
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Sohlberg, M.D.	Ericka	08/21
Gastroenterology	Valley Hospitalist Medical Group	Aita, M.D.	John	ASAP

Otolaryngology APP	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Hultin	Michael	ASAP
Otolaryngology APP	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Wessel	Talina	ASAP
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Singh, M.D.	Marvin	ASAP
Palliative Medicine	Independent	Arafa-Price, M.D.	Ala	08/21
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Hong, M.D.	Jessica	09/21
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Gutierrez, M.D.	Mario	TBD
Anesthesia - Chronic Pain	Oak Creek Anesthesia Services, Inc./ Dr. Brandon Sorensen	Truong, M.D.	Khoa	08/21
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Al-Tai, M.D.	Zeena	08/21
Anesthesia - General	Oak Creek Anesthesia Services, Inc.	Barkley, M.D.	Kevin	08/21
Anesthesia - General	Oak Creek Anesthesia Services, Inc.	Lorico, M.D.	Lee Eric	04/21
Palliative Medicine	Independent	Hernandez, M.D.	Sarah	08/21
Intensivist	Central Valley Critical Care Medicine	Alperstein, M.D.	Adam	08/21
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Mohamed, M.D.	Hashem	ASAP
Intensivist	Central Valley Critical Care Medicine	Fischer, M.D.	Brian	TBD
Hospitalist	Central Valley Critical Care Medicine	Day, M.D.	Eric	09/21
Hospitalist	Central Valley Critical Care Medicine	Malhasian, M.D.	Armen	09/21
Otolaryngology APP	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Pascillas	Amanda	ASAP
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Sandoval, M.D.	Omar	08/21
Orthopedic Surgery - Total Joint	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Amin, M.D.	Raj	08/20
Intensivist	Central Valley Critical Care Medicine	Leger, M.D.	Kathleen	08/21

Dermatology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Totoraitis, M.D.	Kristin	08/21
Intensivist	Central Valley Critical Care Medicine	Shaikh, M.D.	Mohammed	ASAP
Maternal Fetal Medicine	Valley Children's Health Care	Behl, D.O.	Esha	04/21
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Demirchyan, M.D.	Daniel	08/21
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Mora-Roman Jr., MD	Ruben	08/21
Rheumatology	Key Medical Associates	Alkhairi, MBBS	Baker	08/22
Diagnostic Radiology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Bombard, M.D.	Tatyana	TBD
Family Medicine - Associate Program Director	Kaweah Delta Faculty Medical Group	Ramirez, M.D.	Magda	ASAP
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Qaseem, M.D.	Tahir	09/21
Otolaryngology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Burdett, D.O.	Jacob	09/22
Diagnostic Radiology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Dalle, D.O.	John	TBD
Diagnostic Radiology	Kaweah Health Medical Group	Murillo, M.D.	Horacio	TBD
Family Medicine	Kaweah Health Medical Group	Chaudhury, M.D.	Leena	TBD
CRNA	Oak Creek Anesthesia	Hester	Joshua	TBD
CRNA	Oak Creek Anesthesia	McGarrity	John	TBD
CRNA	Oak Creek Anesthesia	Mosley	Katarzyna	05/21
CRNA	Oak Creek Anesthesia	Yrjanson	Sable	TBD

Otolaryngology	Kaweah Health Medical Group	Head, M.D.	Christian	ASAP
Orthopedic Surgery - Hand	Kaweah Health Medical Group/ Orthopaedic Associates	Tomooka, D.O.	Beren	08/21
Dermatology - Mohs Surgery	Kaweah Health Medical Group	Chu, M.D.	Thomas	08/21
Physical Therapy	Kaweah Health Medical Group	Ivanoff, DPT	Lauren	TBD
Anesthesia - Program Director	Oak Creek Anesthesia	Husain, M.D.	Kamran	TBD
Anesthesia	Oak Creek Anesthesia	Eslahpazir, M.D.	Benjamin	07/22
Anesthesia	Oak Creek Anesthesia	Almaraz, M.D.	Gilbert	TBD
Otolaryngology	Kaweah Health Medical Group	Giese, M.D.	Rachel	TBD
Physical Therapy	Kaweah Health Medical Group	Harn	Daran Cody	10/21
Physical Therapy	Kaweah Health Medical Group	Kimmich	Rachel	09/21
Otolaryngology	Kaweah Health Medical Group	Nguy, M.D.	Peter	07/22
Physical Therapy	Kaweah Health Medical Group	Bogue	Kaitlin	09/21
Radiology	Kaweah Health Medical Group	Park, D.O.	Peter	08/22
Nurse Practitioner - Quick Care	Kaweah Health Medical Group	Heath	David	TBD
Dermatology - Mohs Surgery	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Chu, M.D.	Thomas	08/21
Dermatology	Kaweah Health Medical Group	Chang, M.D.	Judy	09/22

Dermatology - Mohs Surgery	Kaweah Health Medical Group	Lee, M.D.	Ming	09/22
Nurse Practitioner - Gastroenterology	Kaweah Health Medical Group	Garcia	Yesenia	TBD
Intensivist	Central Valley Critical Care Medicine	Montano, M.D.	Nicholas	07/22
Intensivist	Central Valley Critical Care Medicine	Li, M.D.	William	07/22
Intensivist	Central Valley Critical Care Medicine	Islam, M.D.	Tasbirul	TBD
Anesthesia	Oak Creek Anesthesia	Ajede, M.D.	Kehinde	09/22
Urology	Kaweah Health Medical Group	Guevara Mendez, M.D.	Alejandra (Alex)	08/23
Anesthesia	Oak Creek Anesthesia	Janiczek, M.D.	David	06/22

OB/GYN	Delta Doctors	Pelletier, M.D.	Carole-Anne	TBD
12/	Kaweah Health Medical Group	Zhang, M.D.	Huan	09/22
Otolaryngology	Kaweah Health Medical Group	Nguyen, D.O.	Cang	07/22
Hospitalist	Central Valley Critical Care Medicine	Legesse, M.D.	Ash	01/22
Intensivist	Central Valley Critical Care Medicine	Bolonduro, M.D.	Oluwamuyiwa	08/22
Interventional Radiology	Mineral King Radiology	Schwenke, M.D.	Matthew	08/22
Orthopedic Surgery (Trauma)	Orthopaedic Associates Medical Clinic, Inc.	Zourabian, M.D.	Steven	09/22
Gastroenterology	Kaweah Health Medical Group	Ali, M.D.	Asad	08/22
Anesthesia	Oak Creek Anesthesia	He, M.D.	Chaoying	ASAP

Family Medicine	Kaweah Health Medical Group	Gong, M.D.	Michael	07/22
Family Medicine	Kaweah Health Medical Group/Visalia Family Practice	Shin, M.D.	Chang-Sung	09/22
Neonatology	Valley Children's	Kannekanti, M.D.	Naveem	07/22
Hospitalist	Central Valley Critical Care Medicine	Cullan, M.D.	Jarrold	TBD
Hospitalist	Central Valley Critical Care Medicine	Guo, M.D.	Denghui	07/22
Hospitalist	Valley Hospitalist Medical Group	Kaur, M.D.	Kamalmeet	09/22
Hospitalist	Central Valley Critical Care Medicine	Nagy, D.O.	Omar	08/22
Hospitalist	Central Valley Critical Care Medicine	Singh, M.D.	Komaldeep	07/22
Hospitalist	Central Valley Critical Care Medicine	Zaidi, M.D.	Syeda	07/22
Anesthesia - Cardiac	Oak Creek Anesthesia	Wijesinghe	Isuru	06/22
Anesthesia - OB	Oak Creek Anesthesia	Wang, M.D.	Allen	07/23
Anesthesia - General	Oak Creek Anesthesia	Welling, M.D.	Eric	08/22
Anesthesia	Oak Creek Anesthesia	Lin, M.D.	Steven	ASAP
Hospitalist	Central Valley Critical Care Medicine	Grewal, M.D.	Sarbjot	07/22
Neonatology	Valley Children's	Kasniya, M.D.	Gangajal	07/22
Anesthesia	Oak Creek Anesthesia	Aiken, M.D.	Melanie	05/22
Anesthesia - Critical Care	Oak Creek Anesthesia	Dahl, M.D.	Aaron	TBD
Anesthesia	Oak Creek Anesthesia	Parker, M.D.	Michael	TBD

Pulmonology	Kaweah Health Medical Group	Qarni, M.D.	Asher	06/22
Otolaryngology	Kaweah Health Medical Group	Manosalva, M.D.	Rodolfo	08/22
Intensivist	Central Valley Critical Care Medicine	Sinha, M.D.	Nupur	TBD
Anesthesia	Oak Creek Anesthesia	Parker, M.D.	Michael	06/22
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Khan	Noor	06/22
Anesthesia - Critical Care	Oak Creek Anesthesia	Nafisi, M.D.	Shahram	TBD
Anesthesia - CC	Oak Creek Anesthesia	Chen, M.D.	Matthew	08/22
Anesthesia - Critical Care	Oak Creek Anesthesia	Isnassuos, M.D.	Mena	07/22
Otolaryngology	Kaweah Health Medical Group	Chabban, M.D.	Mohammad	04/22
EP Cardiology	Sequoia Cardiology Medical Group	Mohmand-Borkowski,	Adam	TBD
Rheumatologist	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Simakova	Ekaterina	TBD
Urogynecology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Rhee, M.D.	Sang	ASAP
Hematology/Oncology	Sequoia Oncology Medical Associates	Hinduja, M.D.	Sanjay	08/21
Otolaryngology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Park, M.D.	Joshua	08/21
Urology	TBD	Chopra, M.D.	Sameer	08/22
Anesthesia	Oak Creek Anesthesia	Cammarano, M.D.	Caitlin	08/22
Neonatology	Valley Children's	Agu, D.O.	Cindy	TBD

Neonatology	Valley Children's	Alim, M.D.	Justine	08/22
Anesthesia - OB	Oak Creek Anesthesia	Dyer, M.D.	James	TBD
Dermatology - Mohs Surgery	Kaweah Health Medical Group	Nguyen, M.D.	Harrison	09/23
Physical Therapist	Kaweah Health Medical Group	McGovern	Eric	08/22
Intensivist	Central Valley Critical Care Medicine	Mfone, M.D.	Fuhbe	TBD
Physical Therapist	Kaweah Health Medical Group	Khoury	Nadia	06/22
Intensivist	Central Valley Critical Care Medicine	Soto-Arape, M.D.	Ivan	TBD
Teleradiology	Kaweah Health Medical Group	Robbins, M.D.	Mark	ASAP
Anesthesia - Critical Care	Oak Creek Anesthesia	Tsytsikova, M.D.	Libby	08/22
Physical Therapist	Kaweah Health Medical Group	Mendes	Alan	ASAP
Physical Therapist	Kaweah Health Medical Group	Stirling	Michael	ASAP
Physical Therapy	Kaweah Health Medical Group	Kern	Jenette	TBD
Intensivist	Central Valley Critical Care Medicine	Athale, M.D.	Janhavi	09/22
Nephrology	Independent	Sourial, M.D.	Maryanne	ASAP
Urology	Kaweah Health Medical Group	Chopra, M.D.	Sameer	02/23
Anesthesia	Oak Creek Anesthesia	Sanguino, M.D.	Luis	08/23
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Evans	Sarah	08/22
Chief Medical Officer/Medical Director	Kaweah Health Medical Group	Quackenbush, M.D.	Todd	ASAP
Internal Medicine/Sleep Medicine	Kaweah Health Medical Group	Sarrami, M.D.	Kayvon	08/22
Psychiatry	Precision Psychiatry	Kumar, M.D.	Rachna	07/22
Psychiatry	Precision Psychiatry	Sangani, M.D.	Arul	07/22
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Rangel-Orozco, M.D.	Daniela	08/22
Anesthesia	Oak Creek Anesthesia	Sinha, M.D.	Ashish	05/22
Anesthesia	Oak Creek Anesthesia	Goldenmerry, M.D.	Yoaul	10/23
Anesthesia	Oak Creek Anesthesia	Aijaz, M.D.	Tabish	08/23
Anesthesia	Oak Creek Anesthesia	Kim, D.O.	Christopher	08/23
Anesthesia	Oak Creek Anesthesia	Olalemi, M.D.	Hafeez	08/23



Intensivist	Central Valley Critical Care Medicine	De Freese, M.D.	Marissa	TBD
Neonatology	Valley Children's	Balasundaram, M.D.	Palanikumar	08/23
Radiology - Diagnostic	Kaweah Health Medical Group	Gyapong, M.D.	Sylvia	08/23
EP Cardiology	Independent	Mareddy, M.D.	Chinmaya	08/23
Endocrinology	Kaweah Health Medical Group	Min, M.D.	Lie	ASAP
Hospitalist	Key Medical Associates	Lim, M.D.	Francis	ASAP
Urology	Kaweah Health Medical Group	Aram, M.D.	Pedram	07/23
Endocrinology	Kaweah Health Medical Group	Min, M.D.	Lie	ASAP
Endocrinology	Key Medical Associates	Nemati, M.D.	Maryam	09/23
Anesthesia - Critical Care	Oak Creek Anesthesia	Foroushani, M.D.	Fariba	TBD
Neonatology	Valley Children's	Al Kanjo, M.D.	Mohamed	08/23
Neonatology	Valley Children's	Sharma, M.D.	Amit	TBD
Anesthesia	Oak Creek Anesthesia	Clair, M.D.	Charndip	08/23
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Cummins	Anna	05/23
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Liu	Jia	03/23
Anesthesia - Critical Care/Cardiac	Oak Creek Anesthesia	Favis, M.D.	Roxanne	08/23
Radiology - Diagnostic	Kaweah Health Medical Group	Noorani, D.O.	Azeem	TBD
Radiology - Diagnostic	Kaweah Health Medical Group	Zurick, M.D.	Vernon	TBD
Medical Oncology	Sequoia Oncology Medical Associates	Palla, M.D.	Amruth	08/22
Rheumatology	Kaweah Health Medical Group	Li, M.D.	Zi Ying (Kimmie)	08/22

## Candidate Activity

Board Certification	CA Licensed	Referral Source
American Board of Anesthesiology, Certified	Active	Comp Health - 9/10/19
American Board of Anesthesiology, Certified; Critical Care Medicine, Certified	Active	Somnia
TBD	None	Fidelis Partners - 7/25/19; Spouse is Dr. Somwai Rasla, Cardiology
American Board of Anesthesiology, Certified; Pain Medicine, Certified	Active	Sonia - Active Locum
American Board of Anesthesiology, Diplomate; American Board of Anesthesiology - Pain Medicine, Diplomate;	None	ASRA Job Posting - 7/28/19
American Board of Anesthesiology, Certified	Active	Fidelis Partners - 7/25/19
American Board of Internal Medicine, Certified	None	Fidelis Partners - 7/25/19; Spouse is Marina Garas, Pain Anesthesiologist
American Board of Pediatrics, Certified; American Board of Dermatology, Certified	None	Fidelis Partners - 11/27/19
American Board of Family Medicine, Certified	Active	Prior KD Family Medicine resident

American Board of Family Medicine, Eligible	None	Carson Kolb - 2/2019
American Board of Family Medicine, Eligible	None	Carson Kolb
American Board of Family Medicine, Eligible	Active	Direct - UCSF Fresno Career Fair
American Board of Family Medicine, Certified	None	Internal Referral
American Board of Family Medicine, Certified	None	American Association of Family Practice
American Board of Family Medicine, Certified	Active	HealthCareers
American Board of Family Medicine, Certified	Active	MDstaffers - 8/30/19
American Board of Family Medicine, Eligible	None	Practice Match (Email)
American Board of Family Medicine, Certified; American Board of Lifestyle Medicine, Certified	Active	MDstaffers - 9/12/19
American Board of Family Medicine, Certified; Addiction Medicine, Certified	Pending	Practice Match
American Board of Family Medicine, Diplomate; American Board of Preventative Medicine - Occupational Medicine, Certified; Public Health & General Preventative Medicine, Certified	Active	AAFP - 8/23/19
American Board of Family Medicine, Certified	Active	Internal Referral

American Board of Family Medicine, Certified	Active	Direct Email
American Board of Family Medicine, Certified	Active	Practice Match
American Board of Family Medicine, Certified	Pending	Practice Link - GME position; Carson Kolb - Key Medical Associates position
American Board of Internal Medicine, Certified	In progress	2019 Digestive Disease Week Career Fair
American Board of Internal Medicine, Certified	None	Practice Link - 7/30/19
American Board of Internal Medicine, Diplomate	Active	Fidelis Partners - 6/28/19
American Osteopathic Board of Internal Medicine, Certified; Gastroenterology, Certified	Active	Comp Health - 10/7/19
American Board of Internal Medicine, Certified	Active	2019 DDW Career Fair
American Board of Internal Medicine, Certified	None	Physician Empire - 7/17/19
American Osteopathic Board of Internal Medicine, Certified; Gastroenterology, Certified	Active	Direct Candidate
American Board of Internal Medicine, Certified	Active	Comp Health 9/20/19
Eligible in 2020		Physician Empire - 11/5/
Board Eligible - General Surgery and Surgical Critical Care	Active	Direct Email - 8/15/19
American Board of Internal Medicine, Certified	Active	Vista Staffing - 9/6/19
American Board of Internal Medicine, Certified	Active	MDStaffers - 10/11/19

American Board of Internal Medicine, Certified	Active	Direct candidate
TBD	TBD	PracticeLink - 9/12/19
American Board of Internal Medicine, Certified	Active	MDstaffers - 10/7/19
American Osteopathic Board of Critical Care, Certified; American Osteopathic Board of Anesthesiology, Certified	None	Merritt Hawkins - 1/9/2019
TBD	None	Referral - Dr. Sukhvir Singh
American Board of Internal Medicine, Eligible	None	Doc Café - 7/3/2019
American Board of Internal Medicine, Eligible	None	Vista Staffing - 7/29/19
American Board of Internal Medicine, Eligible	Active	Vista Staffing - 11/5/2019
American Board of Family Medicine, Certified	Active	Direct Candidate
American Board of Internal Medicine, Eligible	None	Vista Staffing - 6/7/2019
American Board of Internal Medicine, Certified	Active	Vista Staffing - 12/9/2019
American Board of Internal Medicine, Eligible	Active	CareerMD Career Fair - Fresno, CA
American Board of Internal Medicine, Certified	Active	Vista Staffing - 8/15/19
American Board of Internal Medicine, Certified	Active	Mdstaffers - 9/6/19

American Board of Internal Medicine, Certified	Active	Mdstaffers - 10/9/19
TBD	Active	Vista Staffing - 11/18/19
American Board of Internal Medicine, Eligible	None	Vista Staffing - 10/1/19
American Board of Internal Medicine, Certified	Pending	Vista Staffing - 10/11/19
American Board of Family Medicine, Eligible	None	KMA - 1/2/2020
American Board of Internal Medicine, Certified; Endocrinology, Certified	Active	HealthCareers
American Board of Internal Medicine, Certified	None	Direct Candidate
American Board of Internal Medicine, Certified	None	Fidelis Partners - 2/25/19
American Board of Internal Medicine, Certified; Nephrology, Certified; Critical Care, Eligible	Active	Candidate applied directly - 1/3/19
American Board of Internal Medicine, Certified	None	Doc Café - 3/12/19
American Board of Internal Medicine, Certified	Active	Merritt Hawkins
TBD	None	PracticeLink - 6/27/19
American Board of Internal Medicine, Certified; American Board of Internal Medicine, Critical Care, Certified	None	Valley Children's - Spouse accepted Pediatrician position
TBD	Active	Vista Staffing - 11/18/19
American Board of Internal Medicine, Eligible	Active	Comp Health 11/18/19
American Board of Internal Medicine, Certified; Critical Care, Certified, Pulmonary, Certified	Active	PracticeMatch Career Fair - Los Angeles, 8/8/2019

American Board of Internal Medicine, Certified	Active	HealthCareers
TBD	None	Carson Kolb
American Board of Internal Medicine, Eligible	None	Carson Kolb
American Board of Pediatrics, Certified	Active	Valley Children's - 4/1/2019
TBD	None	Valley Children's - 4/20/19
American Board of Pediatrics, Certified	None	Valley Children's - 5/6/2019
American Board of Pediatrics, Certified	None	Valley Children's - 5/6/2019
American Board of Pediatrics, Certified	None	Valley Children's - 5/6/2019
American Board of Psychiatry and Neurology, Diplomate; Sleep Medicine, Vasular Neurology, Headache, and Clinical Neurophysiology - Diplomate	None	Vista Staffing - 9/23/19
American Board of Obstetrics & Gynecology, Eligible 2020	None	Comp Health - 11/6/19
American Board of Obstetrics and Gynecology, Certified	Active	Fidelis Partners - 4/1/19
TBD	Active	Physician Empire - 10/29/19
American Board of Obstetrics and Gynecology, Certified	Active	Mdstaffers - 8/22/19
American Board of Obstetrics & Gynecology, Certified	None	Mdstaffers - 9/6/19
American Board of Obstetrics and Gynecology, Certified	None	MDstaffers - 8/12/2019
TBD	TBD	Internal Referral

American Board of Orthopedic Surgery, Certified	Active	Mdstaffers
American Board of Orthopedic Surgery, Eligible	Active	Valley Children's - 8/15/18
TBD	None	Fidelis Partners - 6/26/2019
American Board of Hospice & Palliative Medicine, Eligible	None	Fidelis Partners - 9/30/19
American Osteopathic Board of Internal Medicine, Certified; American Board of Hospice & Palliative Medicine, Eligible	Active	Doximity - 11/01/2018
American Board of Pediatrics, Certified	None	Vista Staffing - 9/23/19
American Board of Pediatrics, Certified	None	Fidelis Partners - 10/10/19
American Osteopathic Board of Pediatrics, Eligible	Active	Enterprise Medical Services 9/19/19
TBD	None	Fidelis Partners - 7/26/19
American Board of Pediatrics, Certified	Active	Pacific Companies - 10/25/19
TBD	Active	Direct
American Board of Pediatrics, Certified	None	Vista Staffing - 5/1/19
American Board of Pediatrics, Certified	None	Fidelis Partners - 4/30/19
American Board of Surgery, Certified	Active	Enterprise Medical



TBD	None	PracticeLink - 10/15/19
American Board of Radiology, Certified	None	Direct candidate
American Board of Radiology, Eligible	None	Pacific Companies - 7/16/19
American Board of Radiology, Eligible	Active	Practice Match (text)
American College of Osteopathic Radiology, Certified	Active	Direct candidate
American Board of Internal Medicine, Certified	None	Fidelis Partners - 8/7/19
TBD	Active	Physician Empire - 7/9/19
American Board of Urology, Certified	None	Fidelis Partners - 7/29/19
American Board of Urology, Eligible 2020	None	Fidelis Partners - 6/11/19
American Board of Urology, Certified	None	Fidelis Partners - 11/22/19
American Board of Internal Medicine, Eligible	Active	Vista Staffing - 1/8/2020
American Board of Otolaryngology – Head and Neck Surgery, Eligible	Active	Fidelis Partners - 8/8/2019
American Board of Internal Medicine, Eligible	Active	Vista Staffing - 1/10/202
American Board of Internal Medicine, Eligible	None	Vista Staffing - 1/3/20

American Board of Psychiatry and Neurology, Certified; Vascular Neurology, Eligible; Clinical Neurophysiology/EEG, Eligible	Active	Direct - Referred by Dr. Ahmer Khalid, Adult Hospitalist
TBD	Active	KMA - 1/13/2020
American Board of Family Medicine, Eligible	None	KMA - 1/2/2020
American Board of Family Medicine, Certified	Active	Internal Referral
PracticeLink - 12/9/19	Site Visit: 1/31/20; References Requested	Poor Reference Rec'd
Valley Children's	Site Visit: 5/6/19; offer pending	
Direct - Current KDH Resident	Site Visit: 11/25/19; Offer accepted - pending signed agreement	3/19 - BT texted to f/up
AAO-HNS Job Posting	Site Visit: 1/31/20; Offer extended	Pending reply
Fidelis Partners - 2/18/2020	Currently under review	Scheduled call with VMC for 2/24 - Pending feedback
PracticeLink - 1/31/2020	Currently under review	1/31- SB emailed to connect 3/9 - SB emailed again to connect
Visa Staffing - 3/4/2020	Site Visit: 3/12/2020	
Comp Health 2/21/20	Site visit pending dates	
Pacific Companies - 2/4/2020	Site Visit: 3/6/20; Offer pending	
Physician Empire	Currently under review	
Fidelis Partners - 2/12/2020	Site Visit: 3/9/2020	2/13/20 - SB forwarded to VMC for review - Pending response from VMC
CompHealth - 3/9/2020	Currently under review	3/10 - SB sent to VMC
Physician Empire 4/22?20	Currently under review	
PracticeMatch Cleveland Job Fair - 3/2/2020	Currently under review	3/2 - SB forwarded to VMC for review
Direct - KD Resident	Virtual Interview: 3/30/20; References in process	Angel working to coordinate meeting for Friday, 3/13/20

Fidelis Partners- 5/6/20	Currently under review	
Internal Referral	Site Visit: 11/22/19; Administrative Start Date: 2/7/20; Clinical Start Date: May 2020	
Direct	2nd Site Visit: 1/27/20; Offer accepted; Start date: 5/1/20	
Key Medical Associates - 12/12/19	Site visit: 12/13/19; Offer extended	
Valley Children's - 12/10/2020	Site Visit: 12/17/20	Joining Madera site in August 2020
Valley Children's - 1/21/2020	Site Visit: 2/21/20	Group not pursuing
Valley Children's - 2/3/2020	Currently under review	Cancelled 3/16 visit due to COVID-19; Wants locums 7-days a week.
Fidelis Partners - 5/14/20	Site visit pending - Tentative 7/20/20	
Vista Staffing - 6/5/20	Currently under review	Feedback from Jessica R. - Overall, she was extremely pleasant and kind. I think she will be a kind physician overall but not quite the medical director leader and brand new presence we are needing for Tulare. I do believe she might be better in a clinic setting that she would not be the primary role and where she could grow in her confidence for a more independent practice.
Direct email	Currently under review	

Direct - Referred by Orthopaedic & Associates Medical Clinic, Inc.	Site visit: 2/10/20; Offer extended	Strongly considering positions closer to family in Nebraska
Direct - Referred by previous community physician	Site visit pending dates	Scheduled to speak with Dr. Zerlang on 3/11/20
Direct - Prior UCSF Fresno resident	Currently under review	Never responded, Dr. Martinez not interested
Practicematch 6/7/20	Phone interview pending	Never responded.
PracticeLink 5/1/20	Offer pending	Needs sponsorship
MD Staffers 6/2/20	Site visit: 6/29/20	F/up with OA.
Comp Health - 7/13/20	Currently under review	Wants to start in 2-months. Looking for a GI to start in Spring-Summer 2021

Direct	Currently under review	
Direct email	Currently under review	
PracticeLink - 5/7/20	Currently under review	
Vista Staffing - 1/18/20	Virtual Interview: 6/18/20	Accepted another position.
Comp Health - 4/2/20	Pending f/up on Intensivist opportunity. Practicing as locums with Somnia as Cardiac Anesthesiologist for 12-weeks.	
Direct	Currently under review - Not a fit per group.	
Fidelis Partners - 7/10/20	Currently under review	Phone call scheduled - 8/10/20; Not selected.
Pacific Companies - 4/13/20	Site visit pending dates; Tentative - September 2020	4/13 - Emailed to group
Vista Staffing Solutions	Currently under review	

PracticeLink - 4/1/20	Currently under review	
Vista Staffing Solutions 3/9/20	Currently under review	
CompHealth - 7/21/20	Currently under review	
Vista Staffing - 2/15/20	Site visit pending dates	SB scheduled for initial phone call - 3/11/20
Direct - 7/22/20; Grew up in Tulare, CA	Phone interview pending	7/22 - Sarah emailed
Comp Health - 7/15/20	Phone interview pending	
PracticeMatch Virtual Career Fair - 7/29/20	Currently under review	SB submitted - 7/30/2020
Direct - 8/13/20	Site visit: 8/26/2020	Sarah working on interview dates.
Vista Staffing - 6/15/20	References in process; Site visit: 9/11/2020	Call with Paul & Dr. Hall - 7/9 @ 1 PM
Direct - 9/15/20	Not BE/BC in IM	
Presented by Carson Kolb	Offer pending	
Fidelis Partners - 7/15/20	Site Visit: 8/21/2020      Offer extended	Site Visit: 8/21/2020
Fidelis Partners - 11/27/19	Site visit pending dates	Family in Fresno, returning to Central Valley 4/2021 after serving Army. 11/27 - Emailed to the group.
Vista Staffing      8/19/20	Currently under review	
Physician Empire      8/17/20	Currently under review	
Direct - 5/3/20	Site visit: 7/10/2020; Offer extended	Tulare RHC
Direct Referral	Site visit pending dates	SB f/uping up with Dr. Martinez to schedule interviews

Direct Referral	Currently under review	
Pacific Companies, Inc. 8/19/20	Currently under review	Delta Doctors asked to us hold on OB/GYN
Direct - 9/15/19	Pending site visit in late 2020	Pending visit in summer 2020; June 2020 Sarah reached back out. 7/29 - Sarah f/up with Dr. Bland. No response
Direct - UCSF Fresno Career Fair	Site Visit for VMC - 10/16/20 - Offer Extended; Site Visit for KDFMG - 10/21/20	
Pacific Companies - 7/28/20	Site Visit: 10/7/2020	
CompHealth - 10/24/20	Currently under review	
Direct - Referral	Initial site visit: 9/9/20 Formal site visit to follow	Will be in Visalia Labor Day weekend. Will schedule meeting with
Indeed posting	Phone Interview: 12/2/20	
Direct referral	Phone interview: 12/3/20	
Indeed posting	Phone Interview: 12/3/20	
HealthCareers - 1/24/20	Site visit pending dates	
Spouse of Dr. Richard Ho, Urologist	Not a good fit - Community; Accepted in Sacramento.	
Fidelis - 11/17/20	Not a good fit - Community; Accepted in Sacramento.	
Vista Staffing - 9/8/20	Site visit pending dates	Interested in leadership. On hold.
Key Medical Associates - 11/30/20	Offer declined.	
MDStaffers - 8/21/20	Site Visit: 11/16/20; Offer declined. Accepted in Santa Barbara	SB submitted - 8/24/2020
Carson Kolb - 8/4/20	Interested in part-time; Site visit pending dates	

Direct referral	Interview: 12/11/20; Offer extended	Countered, Unable to meet
Indeed posting	Interview: 12/11/20	Not licensed yet
Physician Empire - 12/2/20	Currently under review	
Fidelis - 11/17/20	Currently under review	
Direct Referral (Spouse of Dr. Khoa Truong, Pain Anesthesia)	Site Visit: 10/21/20; Offer extended	
Referred by Dr. Martinez - 8/14/20	Site visit pending dates	SB f/uping up with Dr. Martinez to schedule interviews
Spouse of Dr. Jessica Hong, GI	Site Visit Pending dates	
Pacific Companies - 7/13/20	Currently under review	SB f/uping up with Dr. Martinez to schedule interviews
Comp Health - 12/8/20	Currently under review	Group will know needs in April
Comp Health - 12/29/20	Currently under review	Group will know needs in April
PracticeMatch Email Blast	Site Visit Pending dates	10/1 - SB sent to Dr. Howard
Vista Staffing - 9/21/20	Site visit: 12/11/20; Reviewing draft contract - Acceoted another position.	
Direct Referral - Dr. Ahmed Amari	Site visit pending dates	
Comp Health - 11/4/20	Currently under review	
Direct referral - Dr. Diana Moers	Virtual Interview: 1/4/20	
Direct referral - Dr. Liza Diramerian	Virtual Interview: 1/19/20	
Indeed posting	Interview: 12/11/20	
Referred by Dr. Martinez -8/14/20	Site Visit: 11/24/20	
Direct referral	Site visit: 2/3/2021	Great candidate but orthos in community do not support another joint trained ORS at this time.
Comp Health - 8/24/20	Virtual Interview pending dates	

Direct - 1/12/21	Site Visit: 2/16/21; Offer pending	
Direct - 12/24/20	Offer extended for part-time	
Valley Children's Health Care	Site visit: 12/4/20; Offer declined	
MDStaffers - 1/29/20	Currently under review	SB pending Dr. Martinez's feedback
Direct Referral - Dr. Rafael Martinez	Site Visit: 2/17/21	
Enterprise Medical Recruiting - 2/12/21	Currently under review	
Curative -3/8/21	Currently under review	Phone call w/ VMC on Tuesday, 3/23/21
Current Core Faculty with Kaweah Delta Faculty Medical Group	Interview: 2/25/21	
Curative - 1/22/21	2nd Virtual meeting pending	1/22-SB emailed to connect w/ Dr. Tahir 1/25 - SB connected. Submitted to VMC
Physician Empire - 3/17/21	Currently under review	3/19 - SB emailed to connect for phone call
Merritt Hawkins - 2/26/21	Site Visit: 4/1/21; Offer pending	Decided to stay in El Centro CA
Merritt Hawkins - 3/4/21	Currently under review	
PracticeMatch - 4/27/21	Currently under review	
Director - 4/13/21	Accepted job in southern CA	
Direct - 3/19/21	Accepted another position	SB sent to group for review.
Direct - 3/29/21	Accepted job with AH in Hanford (More \$ and guaranteed hours)	SB sent to group for review
Direct - 3/22/21	No reply	SB sent to group for review.



Curative - 5/5/21	Currently under review	
Direct referral	Phone Interview: 12/2/20; Site Visit: 3/12/21; Offer extended	
Curative - 2/24/21	Site Visit: 4/6/21; Offer pending	Pending call w/ Dr. Whitaker prior to site visit. Angel arranging
Direct - 5/18/21	Zoom Meeting 5/28/21; Offer pending	Accepted position with ProPT
Direct - 5/17/21	Site Visit: 6/1/21; Zoom interview with Dr. Winston on 6/17/21	
CompHealth - 4/9/21	Accepted another position.	
PracticeMatch Text Blast - 6/25/21	Not BC	
Curative - 6/18/21	Site visit pending dates	Trying to stay in Texas, will stay in touch
CliniPost - 7/7/21	2nd Phone Interview: 7/15/21	No selected
CliniPost - 7/13/21	Phone Interview: 7/14/21; Decided to stay closer to family.	
Curative - 5/5/21	Site visit pending dates	
CliniPost - 7/12/21	Phone Interview: 7/13/21	
Merritt Hawkins - 6/4/21	Currently under review	
Direct referral - 7/29/21	Interview: 7/30/21; Offer Declined	
Curative - 2/24/21	Site Visit: 4/6/21; Offer pending	
Curative - 6/11/2021 (Spouse is Dr. Ming Lee, Dermatology-Mohs)	Site visit pending - November 2021	

Curative - 6/11/2021 (Spouse is Dr. Judy Chang, Dermatology)	Site visit pending - November 2021	
Direct	Site Visit: 9/23/21	
PracticeMatch - 6/28/21	Currently under review	
Vista Staffing - 7/12/21	Site visit pending dates (October 2021)	
PracticeLink - 5/5/21	Site Visit: 7/21/21	
Direct email	Currently under review	
Case Recruiters - 9/29/2021	Phone Interview Pending	
Direct	Offer accepted; pending execution of contract	

CareerMD Fresno Career Fair	Site Visit: 10/12/21	
Curative - 10/15/21	Phone Interview: 11/11/21; Declined site visit. Priorities have changed	
Curative - 3/15/21	Offer declined.	
Direct	Not Selected	
CompHealth - 11/10/21	Currently under review	
Merritt Hawkins - 11/10/21	Currently under review	
Direct outreach to program	Site Visit: 11/19/21	
Direct - PracticeLink	Site Visit pending dates (January/February 2022)	
Direct	Site Visit: 9/21/21; Offer accepted; Tentative Start Date: January 2022	

Direct - 12/13/21	Accepting another position (UCSF Fresno Faculty or Reno NV)	
Kaweah Health Resident	Initial interview: 10/15/21; Offer with Visalia Family Practice Pending; Wants to hold on OP. Evaluating IP vs OP.	
Valley Children's - 12/7/21	Site visit pending (January 2022)	
Direct - Internal Referral	Currently under review	
Direct - PracticeLink - 11/19/21	Currently under review	
Direct - 9/21/21	Offer extended	
Vista Staffing Solutions - 11/8/21	Site Visit: 11/13/21	
PracticeLink - 12/13/21	Currently under review	
Direct - CareerMD Career Fair	Currently under review	
MDStaffers - 11/9/21	Currently under review	
Direct - 11/26/21	Turned down. Need candidate who can start sooner. Will reach out if we start looking at 2023.	
Comp Health - 1/19/22	Currently under review	
Direct	Declined since Dr. He declined	
Direct	Site Visit: 1/24/22	No openings
Valley Children's - 12/10/21	Site Visit: 1/10/22; TD, not a fit; wanted to split time with KH and VCH.	
Direct - 2/22/22	Decided to stay in Fresno. Didn't want to commute.	
Direct/Referral	Site Visit: 2/11/22	
Medicus Firm	TD	Lost license in past

Health Plus Staffing - 2/11/22	Phone Interview: 2/16/22 at 4PM	
Integro - 1/14/22	Phone Interview: 1/25/22; F/up call with group ENT pending	
CompHealth - 10/22/21	Site Visit: 11/23/21; Offer extended	
Direct - 2/21/22	Not Selected	
Gaswork.com - 2/22/22	Currently under review	
Medicus Firm - 1/19/22	Dr. Nafisi is evaluating area	
Medicus Firm - 3/11/22	Not Selected; no CC fellowship	
Medicus Firm - 3/11/22	Site visit & references pending	
Curative - 1/19/22	Phone Interview pending	
	Currently under review	4/13 - Barry reached out to coordinate a call.
	Currently under review	Physician Empire 6/2/20
	Currently under review	PracticeMatch Virtual Career Fair - 7/29/20
American Board of Internal Medicine, Certified	Pending reply to email checking availability.	Direct - 5/12/2020
Loma Linda CareerMD Fair -12/5/19	Candidate on hold. Calendared to f/up in August.	5/8/20 - SB submitted to VMC
		Dr. Chopra, local physi
Kaweah Health Resident	CV Requested	
Valley Children's - 9/1/21	Site Visit: 9/20/21; Offer extended	3/14 - Requested update

Valley Children's - 3/14/22	Withdrawn/Location	
Direct - 3/10/22	Withdrawn/Location/Spouse	
Curative - 3/18/22	Withdrawn/Location	
CliniPost - 4/1/22	Withdrawn/Location	
PracticeMatch - 4/18/22	Currently under review	
CliniPost - 4/15/22	Phone Interview: 4/26/22 at 8:30am	
HealthPlus Staffing	Hold; pending visit with Dr. Sourial	
Pacific Companies	Phone Interview: 5/3/22 at 8AM	
Medicus Firm - 3/2/22	Site Visit: 5/9/22; Offer pending	
Indeed - 4/27/22	Offer declined - Comp	
CliniPost - 4/27/22	Phone Interview: 5/3/22 at 8:30AM; on hold. Pending date to retake boards.	
CliniPost - 6/10/22	Currently under review	
Comp Health - 1/6/22	Offer extended; contract under review	Not responding to offer.
Direct - Dr. Mina Sourial's spouse	Site Visit: 5/13/22; Interested in part-time after relocation. In conversation with Dr. Javed.	
Direct Referral	Unable to get CA linense until 2024	
Curative - 3/30/22	Site visit pending dates; Tentative: August/September 2022	
Direct - 6/20/22	Offer accepted then declined. She decided to stay in Fresno	
Direct - 3/1/22	Interview: 3/28/22; Start Date: 7/1/2022	
Direct - 11/27/21; Fiancé is current 2nd Year Anesthesia Resident at KH.	Site Visit: 1/10/22; Offer accepted; Start Date: 8/15/22	
Kawah Health Resident	Offer accepted; Start Date: 8/8/22	
Kawah Health Resident	Offer accepted; Start Date: 7/25/22	
Kawah Health Resident	Site Visit: 10/28/21; Offer accepted; Start Date: 8/1/22	
Medicus Firm - 2/16/22	Site Visit: 4/5/22; Hospital credentialing in progress; Tentative Start Date: August 3rd, 2022	
Medicus Firm - 4/5/22	Site Visit: 6/24/22	
Medicus Firm - 5/1/22	Currently under review	
Medicus Firm - 3/16/22	Site visit pending	
Comp Health - 5/10/22	Site visit pending	

Direct/referral - 1/18/22	Site visit pending dates	
Valley Childrens - 7/28/22	Site Visit: 9/30/22	
Pacific Companies - 8/16/22	Currently under review	
Direct - PracticeLink	Currently under review	
Direct - PracticeLink	Site visit pending dates	
Direct - Spouse is Endocrinologist candidate, Dr. Lei Min	Currently under review. Needs to work for a 501(c)(3)	
PracticeMatch - 3/1/22	Site Visit: 5/26/22; 2nd site visit pending (September)	
Direct - PracticeLink	Site visit pending dates	
Curative - 9/16/22	Currently under review	
CompHealth - 9/29/22	Currently under review	
Valley Children's - 3/14/22	Offer declined	
Valley Children's - 3/1/22	Site Visit: 3/29/22; Offer extended	
Direct - PracticeLink	Currently under review	
Comp Health - 8/25/22	Site visit pending in November 2022	
Comp Health - 5/16/22	Currently under review	
The Medicus Firm - 10/31/22	Currently under review	
Staff Care - 6/13/22	Site Visit: 7/18/22; Offer extended	
Current locum	Currently under review	
Direct/referral - 1/26/22	Site visit pending dates (Nov/Dec 2022 - Tentative)	
Direct - 11/27/21	Phone Interview: 12/15/21; Site Visit: 4/5/22; Will decide on location in November 2022.	

Current Status	Internal Progress Notes	HR Phone Interview	CV Forwarded	Group Phone Interview
Currently under review	9/15/19 - Not selected. Training does not fit need.			
Site visit: 5/29/19; offer declined	6/27 - Offer has went out to Dr. Dahl. I think we'll be able to work it out but I'm waiting on our Clinical Affairs department to connect with him. 7/16 - Emailed Megan to f/up on status.			
Currently under review	7/29 - SB emailed Dr. Garas to connect. SB interested if Dr. Garas is looking for Anes/Pain positioning with Peds only			
Converting from locum to Per Diem; Contract pending review	Converting from locum to Per Diem - Contract went out on 6/27. Dr. Louka <del>walked out on assignment.</del>			
Currently under review	7/29 - CV rec'd, pending initial contact. Not qualified for position. Did not complete regional or pain fellowship.			
Site Visit: 8/8/19	8/9 - References Requested	N/A	7/25/2019	7/29/2019
Currently under review	Sarah needs to review, not currently position we're recruiting. Need to take to ET if spouse is good candidate for Anes/Pain			
Decided to pursue positions in Fresno rather than in Visalia	Family in Fresno, returning to Central Valley 4/2021 after serving Army. 11/27 - Emailed to the group.			
F/up early 2020	1/30 - Reached out to Brittany Taylor to discuss needs. Brittany forwarded CV to KDMF for review. 3/7 - Sarah requested dates for visit			

Site Visit: 2/20/19; pending 2nd visit	6/27 - Emailed Alissa to f/up on status			
Site Visit: 9/14/19; Offer extended; Accepted position in Eugene Oregon.	Spouse is Cassandra Elizondo, FNP - Joining for visit			
Pending site visit in early 2020			Accepted another offer	
Site visit pending dates	Referred by Dr. Irene Gutierrez	Emailed 7/15 - Pending response from Dr. Gutierrez.		
Site Visit: 9/16/19	Call to f/up on interest, availability to start, invite for site visit	Not selected. Not a fit.		
Site visit pending dates	Worked as faculty at Clinica Sierra Vista.	7/11/19 - SB and Dr. Pascual connected; Staying in Bakersfield - spouse's job.	7/11- SB forwarded to Dr. G. 7/22- Forwarded to Dr. Winston &	8/7 - Oi
Site visit pending dates				
Site Visit: 7/9/19	7/15 - Emailed to f/up on site visit status with Dr. Gutierrez.			
Currently under review	9/12 - Emailed Ryan Larkin to coordinate call. BT. 9/19 - SB connected. Passing on candidate. Wanting in depth, plant- based medicine teaching to residents, no OB.			
Site Visit: 9/24/19	Dr. Winston to reach out to meet in Illinois while there. Site visit: 9/23 or 9/24; Spouse is Peds Anesth, Referred to Somnia and VCHC. Somnia TD'd, VC interested!			
Site Visit: 9/27/19; References requested	Has family in Visalia. 8/23 - SB & Dr. Kalliny connected; Gary & Dianne had f/up call. Not selected. Pending f/up with group.	8/23 - SB & Dr. Kalliny connected	8/23 - Forwarded to Ryan and Dr. Winston	
Site Visit: 9/25/19; Offer extended	Visit - September 2019; Pending updated group contract 11/27 - Texted to f/up on questions and decision		Offer rescinded	



Currently under review	12/11 - SB emailed to connect			
Currently under review	Wanting part-time: 10-12 hours/week			
Site visit: 8/23/19; Offer pending	7/25/19 - Not selected for APD, experience preferred. No faculty positions 9/13 - will get back to us week of 9/15 9/25 - Candidate declined. Decided to move	7/24/19 - BT	7/24/2019	N/A
Site visit: 7/27/19; Offer extended; 2nd visit: 11/9/19; Accepted with SVPH	<a href="mailto:imadjaafar@gmail.com">imadjaafar@gmail.com</a> ; <a href="tel:606-367-7908">606-367-7908 (text)</a> ; <a href="#">Prefers Independent!</a>	N/A	Emailed to connect with group	N/A
Currently under review	Needs sponsorship (h1B)			
Site Visit: 10/02/19; Offer extended - Not responding	Spouse is 2020 Urologist; Angel working on dates for visit.			
Phone interview: 10/10/19 at 2PM	10/9 - No longer interested. Cancelled call.			
Currently under review	Cell: 909-638-4269; christinaling837@gmail.com			
Currently under review	8/22 - Emailed Vicki to f/up. No reply from candidate. Bt	7/18 - SB emailed to connect		
Site Visit: 11/04/19	spouse is Diagnostic Radiologist; F/up call with Dr. Hall, Paul and Dr. Kingsford scheduled on 7/25/19.		6/17/2019	
Currently under review	9/20 - Requested firm schedule initial call.			
Pending call with PR	11/5 - SB emailed to connect			
Currently under review	8/15 - Emailed Dr. Cassaro to inquire about interest. (BT)			
Site Visit: 10/31/19	11/5/19 - SB passed down Dr. Abbasi - Per Dr. Malli, not a good fit			
Currently under review	10/22 - SB connected for a call. Pending candidate's interest			

Site Visit: 8/20/19	9/11 - Anu shared with SB, Dr. Malli not interested in candidate. Late to site visit			
Not selected				
Phone Interview: 10/7/19	Candidate not interested			
Site Visit: 1/25/19	2/11/19 - Still considering the opportunity. No formal offer extended 7/16 - Emailed MH to f/up; Another position accepted.			
Site Visit: 11/22/19; Accepted another position (Security of employed vs. 1099)	10/22 - SB connected for a call. Pending dates			
Site visit pending dates	7/10 - Phone call with SB on 7/11			
Currently under review				
Site Visit: 1/27/2020	Accepted position near San Jose, CA			
Site Visit: 9/10/19				
Currently under review	7/10 - Phone call with SB on 7/10. 7/15 - Wants to connect with Dr. Malli for further info. 7/19 - Dr.			
Site Visit: 1/13/20	12/10- SB connecting with Dr. Sharma	<b>Not selected. Not a fit.</b>		
Site visit: 7/16/19	7/16 - Need to verify references. Candidate wants to identify top two positions before providing references			
Currently under review				
Phone Interview: 10/4/19	10/4 - Pending f/up on questions			

Currently under review	Pending Dr. Tran response after 2nd round of F/up questions			
Site visit pending dates				
Currently under review	10/21- SB connected for a call. Pending dates			
Site visit pending dates	10/21 - SB connected for a call. Pending dates			
Site Visit: 1/10/2020	SB providing hospital tour			
Site Visit: 7/1/19; Offer extended	Spouse is OMF; Boarded in Endocrinology - Spouse unable to find position. BT reached out previously to assist, no reply.			
Site Visit: 10/25/19; Pending CA license application per group.	9/17 - Emailed to f/up on availability and requested references. Bt			
Currently under review	7/9 - Strider to f/up on availability			
Site Visit: 3/16/19; Offer pending	2/14/19 - Site visit date confirmed. Dr. Aftab will update on travel plans as it gets closer 7/10/19 - Dr. Bezwada will reach out to f/up. 10/15 - Anu is checking on status			
Currently under review	7/9/19 - Sarah & Brittany to f/up			
Site Visit: 04/19/19	7/16 - Emailed MH to f/up; Position accepted in So Cal, closer to family.			
Currently under review	7/15 - SB emailed to connect			
Currently under review	9/20 - SB emailed to follow up. 7/12 - Reviewing Intensivist info. Did not	Ending up not relocating to Central Valley -		
Site visit pending dates		Exploring other opportunities		
Site visit pending dates		Candidate not interested		
Currently under review	8/27 - SB connected for phone call.		8/28 - SB forwarded to Dr. Malli	

Site Visit Pending	Previously practiced in Fresno before going into fellowship. 9/24 - SB emailed to f/up	Decided to stay in Arizona	1/16/2019	
Site Visit: 5/29/19; offer extended	Accepted position in Los Angeles			
Site Visit: 5/29/19; offer pending				
Site Visit: 5/06/19; Offer pending	Accepted a position in Southern CA			
Site Visit: 5/13/19; Offer accepted - Valley Children's Main Campus				
Site Visit: 5/20/19; Offer accepted - Valley Children's Main Campus				
Site Visit: 5/14/19; Offer pending	Interested in VCH Main Campus; Took a position elsewhere.			
Site Visit: 5/24/19; Offer extended	Interested in VCH Main Campus; Interested in Big City			
Currently under review	Spouse - Dr. Akashni Bhasin, Peds			
Currently under review	11/15 - Dave called; wants Sarah to call. 11/18 - Not interested in location			
Site visit Pending dates	4/2 - Sarah sent to Dave Garrett, and Dr. Hall & Paul. 6/4 - SB emailed to			
Site Visit: 12/10/19	10/29 - Emailed to Dave			
Not Selected	Not selected per Dr. Sabogal.			
Site visit pending	9/6 - Emailed to Dave Garrett. 9/24 - Dave to connect Dr. Saleh with Dr. Sabogal & Khademi			
Currently under review	8/13 - Dave called and LMI 9/3 - out of country. Will call when he returns. 9/24 - * Strider to f/up			
Site visit pending	Referred by Dr. Anthony Lucero. Wants general oral surgery practice with	7/19 - Emailed to schedule	Pending reply from Modern Dentistry.	

Currently under review	8/16 - Emailed to VMIC for review. 8/22 - Emailed to f/up on preferred start date. Rt. 9/2019 - Not			
Site Visit: 6/28/19	Not a fit.			
Currently under review	7/16 - Not responding to contact			
Site visit: 11/5/19; Offer Declined. Accepted position near parents, and where he trained in Las Vegas, NV.	10/14 - Sandra was planning to call on 10/14.			
Site Visit Pending June 2019	6/2019 - Not responding to contact.			
Currently under review	Spouse is Neurologist. Trouble finding placement.			
Site visit: 11/14/19	10/14 - Site visit pending dates (November - Tentative) 11/18 - Not			
Currently under review	10/21 - SB asked firm to schedule call. Firm said candidate not returning calls			
Currently under review	Interested in 4-day work week;	7/26 - Sarah emailed to schedule. Pending		
	Hold pending Tulare Clinic Needs. Dr. Currie accepted Visalia position.			
Site Visit: 11/6/19; Offer pending	Declined our offer			
HOLD				
Site Visit: 5/21/19; Offer extended	6/2019 - Final interview in Bakersfield week of 6/24.			
Site Visit: 5/31/19; Offer extended	7/15/19 - Will reply this week.			
2nd Site Visit: 3/25/19; Offer accepted, pending signed contract	6/2019 - Not responding... Per Tom, do not reach out to Dr. Liu or Nair. If they reach out, f/up with Tom			

Currently under review				
Site visit pending		<b>Jul-19</b>		<b>Jun-19</b>
Currently under review	7/19 - Pending f/up on Dr. Deeshali Shah	7/19 - Pending f/up on Dr. Deeshali Shah		
Site visit pending - Tentative 01/2020	Pending dates after start of fellowship			
Site Visit: 11/04/19	Spouse is GI - Dr. Keval Shah			
Currently under review	8/7 - Pending call with HR. Available 8/8 or 9 at 9AM. 8/22 - Emailed to schedule call. Bt 9/10 - Never responded to contact.	8/22 - emailed		
Currently under review	8/22 - Emailed Vicki to f/up. No reply from candidate. Bt	7/11 - SB emailed to connect. Candidate responded that he		
Currently under review				
Site Visit: 10/02/19; Offer extended	Fiancé is completing GI fellowship in 2021; 6/14/19 - Phone interview			
Phone Interview in process	Angel working on scheduling call			
Site visit pending dates				
Site Visit: 10/14/19; Offer extended	8/20 Emailed to VMC for review; Emailed intro to Dr. Badran. - bt 9/13 - Fiancé is NP, interested in surgical/IP but open		8/20/2019	Pending Dr. Calloway ret
Currently under review				
Site Visit: 2/24/2020				







Turn on location. Considering a position closer to family. Will reach out if anything				
Took another position in LA.				

<b>Not a fit</b>				

Visa sponsorship				





Pending Dates for phone interview				

Pending Dates for phone interview				
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Anu checking on Dr. Malli's calendar to suggest dates in October	Location - chose to stay closer to LA			

Focusing on Fresno/Clovis positions				
3/15 - SB connected. Submitted to VMC				
Rec'd feedback from another physician about Dr. Legesse				
OB/CC				
Accepted another position				
12/6 - Pursuing another position.				
Wife applied for Anesthesia residency at KH. Might be nice to connect her with Dr. Winston during the visit?				

Pending Dr. Shin's feedback on practicing o/p				
Withdrawn				
12/2 - Contract emailed.				
<b>Friend of Dr. Bachar - Wife doesn't want to live here.</b>				



Declined due to location				
From Anu - I know Dr. Sinha was really back and forth after she spoke with Dr. Malli. She also wanted a lot of benefits that we wouldn't be able to offer her with it being a 1099 position. That was where was left off.				
<b>Spouse wants Los Angeles; staying in touch.</b>				

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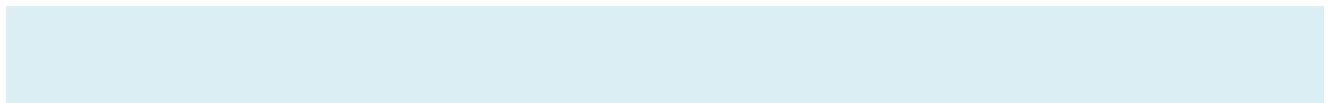

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Hold for now. F/up in 2021.



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**Tracking Fields**

References	Site Visit	Post-Visit Survey	FMV Range	Offer Status	Approved Comp	Other Approved Assistance	Contract	Onboarding Initiated
Requested 8/9	#####							

	Pending dates							

#####

	Pending							

KMA	#####	N/A		Pending - Emailed Gary for				












	<b>Dates Pending</b>							


turn from vacation (week of 9/2)								
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Last Name	First Name	Group	Specialty	start date	term date	Assistance Offered	Assistance Provided	Repayment Due	Reason for Leaving
Yeatts	Dale	CVCCM	Intensivist	2017					
Miguel	Erik	Vituity	EM	2017					
Sukhija	Kunal	Vituity	EM	2017					
Tariq	Asma	Vituity	FM Core Faculty	2017					
Ramirez	Magda	Vituity	FM APD	2017					
Ellis	Desti	Vituity	FM (UCC)	2017					
Sabogal	Juan Carlos	KEMG	OB/GYN	2017					
Gupta	Ankur	SCMG	Interventional Cardiology	2017					
Abu-El-Hajia	Basil	SCMG	EP Cardiology	2017	2018				Poor fit.
Hamdi	Abdulrahman	SVV	Vascular Surgery	2017					
Samourjian	Edward	SVV	Vascular Surgery	2017	2018		\$ -		To relocate closer to family.
Dosado	Jose	VCHC	Neonatology	2017					
Younis	Usama	VCHC	Neonatology	2017					
Zakieh	Abdulhafiz	VCHC	Neonatology	2017					
Atchabahian	Lara	VMC	IM	2017	2018				To relocate closer to family.
Rafie	Reza	VMC	General Cardiology	2017					PRN; completing Interventional Fellowship
Joshi	Rohini	VMC	Neurology	2017					
Serna	Michael	Aligned Tele Health	Psychiatry	2018					
Psihos	Peter	CVCCM	intensivist	2018					
Parungao	Jodi	Vituity	FM Core Faculty	2018					
Kirkpatrick	Vincent	IQ Surgical Associates	General Surgery	2018					
Eldadah	Maher	VCHC	Pediatric Hospitalist	2018					
Sykes	Michelle	VCHC	Pediatric Cardiology	2018					
Malhorta	Reetu	VCHC	Pediatric Hospitalist	2018					
Kaur	Resham	VCHC	Pediatric Hospitalist	2018					
Jacob	Saul	VCHC	Pediatric Hospitalist	2018					
Chen	David	VHMG	Adult Hospitalist	2018	Jan-19	\$ 140,000.00		\$ 40,442.78	To relocate closer to family.
Bopari	Namrita	VHMG	Adult Hospitalist	2018					
Patel	Naresh	VHMG	Adult Hospitalist	2018					
Gumaste	Purva	VHMG	Adult Hospitalist	2018	Jan-19	\$ 15,000.00	\$ 15,000.00	15,000 (Group owes)	Accepted a position with FHCN.
Kanjil	Rehan	VHMG	Adult Hospitalist	2018					
Howard	Ryan	VHMG	Adult Hospitalist	2018					
Saadabadi	Zohreh	VHMG	Adult Hospitalist	2018					
Machado	Carol	VMC	General Surgery	2018					
Christiansen	Chris	VMC	Family Medicine	2018					
Ford	Joseph	VMC	Urology	2018					
Saif	Noman	VMC	Endocrinology	2018					
Chan	Roy	VMC	Family Medicine	2018					
Khalid	Saba	VMC	Pediatrics	2018					
Said	Sarmad	VMC	General Cardiology	2018					
Pua	Shirley	VMC	Gastroenterology	Feb-18					
Nye, D.O.	David	South Valley Vascular	Vascular Surgery	6/28/2019		\$ -	\$ -	\$ -	
Rafie, M.D.	Reza	VMC	Interventional Cardiology	7/1/2019					
Thussu, M.D.	Neelesh	Key Medical Associates	Hospitalist	10/19					

Hole, D.O.	James	Valley Children's Hospital	Maternal Fetal Medicine - Medical Director	9/23/2019																
Aboaziza, M.D.	Ahmad	Valley Children's Hospital	Neonatology	9/9/2019																
Amari, M.D.	Ahmed	Delta Doctors	Family Medicine	11/1/2019																
Hospitalist	Central Valley Critical Care Medicine	Milani, M.D.	Kasra	01/20	American Board of Internal Medicine, Certified	Active	Vista Staffing - 8/12/2019	Site Visit: 8/22/19; Offer accepted; Start Date: 1/28/2020	9/17 - PRA Emailed											
Pediatrics	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Currie, D.O.	Kristen	03/20	Practice Match- 9/17/19	Site Visit: 10/28/19 Offer accepted; Start date: 3/16/20	9/17 - Emailed to f/u on availability for a call.	9/20/19 at 1PM												
Neonatology	Valley Children's Hospital	Ibonia, M.D.	Katrina	03/20	Valley Children's - 8/1/2019	Site Visit: 8/27/19; Offer accepted; Start date: 3/9/20														
Radiation Oncology	Sequoia Radiation Oncology Medical Associates	Chang, D.O.	Tangel	06/20	ASTRO Conference 2017	Site Visit: 10/7/19; 2nd visit: 10/28/19; Offer accepted; Start Date: 6/15/20														
Intensivist	Central Valley Critical Care Medicine	Rubinchkivova, M.D.	Yelena	07/20	Fidelis Partners - 8/14/19	Site Visit: 10/21/19; offer accepted; Start Date: July 17, 2020														





# Compliance Program Activity Report – Open Session

August 2022 through October 2022

Ben Cripps, Chief Compliance & Risk Officer



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



# Education

## Live Presentations

- Compliance and Patient Privacy – Management Orientation
- Operational Compliance Educational Update – Kaweah Health Medical Group
- Compliance and Privacy Education
  - Tulare Rural Health Clinic
  - Radiology and Imaging
  - Lindsay Rural Health Clinic
  - Exeter Rural Health Clinic
  - Urgent Cares
  - Clinical Documentation Improvement (CDI)

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

- Visitor Guidelines
- Compliance Anonymous Information Line
- Compliance Assessments

# Prevention & Detection

- **California Department of Public Health (CDPH) All Facility Letters (AFL)** – Review and distribute AFLs to areas potentially affected by regulatory changes; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk.
- **Medicare and Medi-Cal Monthly Bulletins** – Review and distribute bulletins to areas potentially affected by the regulatory change; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk.
- **Office of Inspector General (OIG) Monthly Audit Plan Updates** – Review and distribute OIG audit Plan issues to area potentially affected by audit issue; department responses reviewed and tracked to identify potential current/future risk.
- **California State Senate and Assembly Bill Updates** – Review and distribute legislative updates to areas potentially affected by new or changed bill; department responses reviewed and tracked to address regulatory change and identify potential current/future risk.

# Prevention & Detection (continued)

- **Patient Privacy Walkthrough** – Observation of regulatory signage and privacy practices throughout Kaweah Health; issues identified communicated to area management for follow-up and education.
- **User Access Privacy Audits** – Fairwarning daily monitoring of user access to identify potential privacy violations.
  - Kaweah Health Employees
  - Non-employee users
- **Office of Inspector General (OIG) Exclusion Attestations** – Quarterly monitoring of department OIG exclusion list review and attestations.
- **Medicare PEPPER Report Analysis** – Quarterly review of Medicare Inpatient Rehabilitation, Hospice, Mental Health, and Acute Inpatient PEPPER statistical reports to identify outlier and/or areas of risk; evaluate with Kaweah Health leadership quarterly at PEPPER Review meeting.

# Oversight, Research & Consultation

## Ongoing

- **Fair Market Value (FMV) Oversight** – Ongoing oversight and administration of physician payment rate setting and contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts.
- **Licensing Applications** – Forms preparation and submission of licensing application to the California Department of Public Health (CDPH); ongoing communication and follow-up regarding status of pending applications.
  - *Kaweah Health / USC Urology Clinic Licensing – Consultation and submission of licensing application to the California Department of Public Health (CDPH); ongoing communication, scheduling and oversight of on-site licensing visit; survey completed on October 6, 2022, without deficiencies; clinic licensed and operable.*



# Oversight, Research & Consultation

## New

Linqcare Consent Telehealth Workflow – Research and consultation regarding verbal consent process for Rural Health Clinic (RHC) Mental Health Telehealth provider/services. Research determined that verbal consent for telehealth treatment is appropriate for the Conditions Of Admission (COA) and COAs are not required to be printed or mailed to the patient unless requested. Research and findings were shared with leadership.

Provider Acting As Locum – Research and consultation to determine whether a locum at a Rural Health Clinic (RHC) can cover physician vacancies. Research determined that Locums may only be used to fill certain types of vacancies according to CMS guidelines. Research and findings were shared with leadership.

Dialysis Coding – Consultation on appropriate charting for dialysis patients. The Compliance Department completed a comprehensive review of the billing guidelines surrounding this concern. In addition, we met with the provider to evaluate their charting and billing practices. Following our review and subsequent discussion, the Compliance Department determined that appropriate practices were in place to ensure billing compliance. The results were shared with Dialysis leadership.

# Oversight, Research & Consultation

## New

EMTALA and Patient Rights Signage – Consultation to ensure signage is properly displayed. The Compliance Department worked with Risk Management and Emergency Department Leadership to ensure appropriate placement of signage in accordance with CMS regulations and Kaweah Health policy. In addition, the Compliance Department and Leadership determined modifications of EMTALA signage were necessary, and new processes were implemented to ensure compliance going forward.

Billing Surgeons for the use of Registered Nurse First Assistants (RNFAs) – Research and consultation on billing surgeons for the use of RNFAs during procedures. The Compliance Department determined billing surgeons for the use of RNFAs is sound from a regulatory perspective; however, from an operational perspective, it is impossible to implement given the unique billing and contracting requirements with the various physician groups.

# Auditing & Monitoring

## New

Admit Source D – An internal audit was completed of all encounters in which a patient was transferred to the Mental Health, Skilled Nursing or Rehabilitation Facilities between January 2022 – July 2022 to evaluate the proper use and reporting of Admission Source D. The audit noted a 95% compliance rate. Education was provided to staff. All errors were reviewed and corrected by Patient Access Leadership.

Inpatient Rehabilitation Audit – An external audit of five (5) randomly selected rehabilitation inpatient accounts was completed to evaluate Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) key areas and coding guidelines. The audit noted a 99.8% accuracy. The results of the review have been shared with leadership.

# Projects

No Surprises Act – Provided consultation to evaluate new compliance standards for the No Surprises Act (effective January 2022). The new law aims to protect consumers from excessive out-of-pocket costs and prohibits surprise balance bills when receiving emergency health care services from out-of-network providers at in-network facilities. The bill also requires healthcare facilities to provide good-faith estimates for procedures for cash-pay patients and new signage requirements. A spreadsheet was created outlining all elements of the Act, all of which are now compliant as of October 26, 2022.

Business Associate Agreement Validation – Extensive review, validation and collection of Business Associate Agreements (BAA) within the Compliance 360 Contract Database System. In collaboration with the Materials Management Department, who oversees all non-provider contracts, Compliance has initiated a validation process of BAAs to ensure accurate storage within the system and removal of non-valid agreements. Leadership has been re-educated to ensure BAAs are acquired, when appropriate, when executing new agreements. The result of the extensive review is intended to identify and execute (when necessary) agreements for all required vendors and ensure an organized process through the contracts management system for ease of access.

# Live with passion.

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



# REPORT TO THE BOARD OF DIRECTORS

## Renal Services

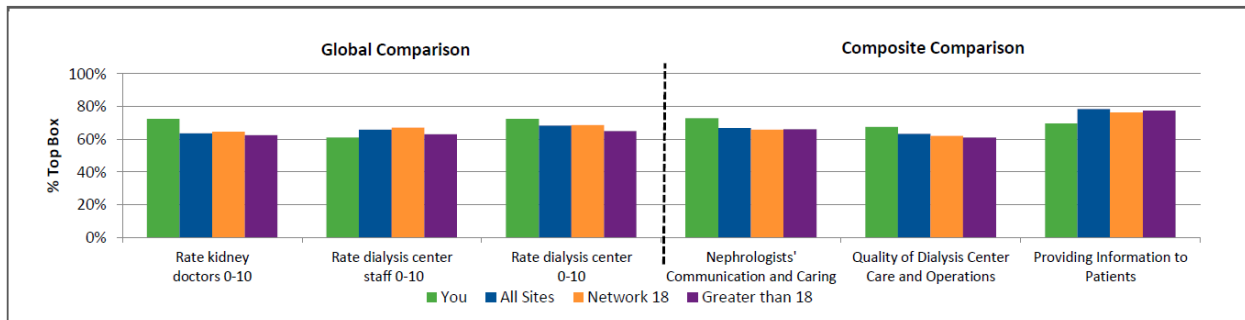
Amy Baker, MSN, RN  
 Director of Renal Services  
 (559) 624-5423  
 November 30, 2022

### Summary Issue/Service Considered

- Working to build census after significant census drop with new dialysis clinic opening in Visalia and patient loss due to Covid Pandemic.
- Recruiting new Nurse Manager for Dialysis Clinic to establish consistent leadership.
- Improve internal processes to expedite care of patients at clinic. This includes optimizing patient treatment schedule and employee work schedule.
- Actively monitor all quality measures with a focused effort on KT/V goals, our fistula rate and blood stream infections.
- Nursing remains focused on patient satisfaction scores and patient education.
- Working to reduce costs per treatment.

### Quality/Performance Improvement Data

#### Patient Satisfaction Scores:



Press Ganey completes our clinic patient satisfaction scores twice a year. For October 2021 to January 2022 eighteen patients completed surveys. Patients rated the dialysis center 72.2% putting us in the 67<sup>th</sup> percentile compared to other clinics within our region(Network 18). Patients rated the kidney doctors at 72.2% as well, putting us in the 73<sup>th</sup> percentile compared to other clinics within our region (Network 18).

#### KT/V Scores:

	Goal 2020	Goal 2021	Goal 2022	Actual 2020	Actual 2021	Actual 2022
%KT/V>1.2	99.15%	97.61%	97.61%	98.35%	95.66%	96.43%

A KT over V score measures how well a patient is being dialyzed. It measures the adequacy or how well the treatment is cleaning the patients blood. We did improve from the previous year but still have room for improvement. Our dialysis team is monitoring patients labs and working with nephrologists to adjust treatments to ensure treatments are adequate. We are also discussing patients who are not meeting goal weekly during Hemodialysis Core meeting to address issues. The Hemodialysis Core meeting are an intradisciplinary meeting with dieticians, registered nurses and social workers to ensure the best care is delivered to our patients.

**Fistula and Catheter Rates:**

	Goal 2020	Goal 2021	Goal 2022	2020	2021	2022
<b>Fistula Rate</b>	70%	62%	62%	59.27%	53.46%	54.48%
<b>Long term Catheter Rate (Greater than 90 days)</b>	10.7%	17%	17%	23.40%	24.39%	23.83%

We continue to promote Fistula First to prevent complications associated with catheters. This is the industry standard. We have consolidated roles amongst back office staff and continue to provide a lot of patient education about fistula's. All participants of the intradisciplinary care team assistance with stressing the importance of a fistula to the patient.

**Bloodstream Infection Rates (BSI):**

	Goal 2020	Goal 2021	Goal 2022	2020	2021	2022
<b>BSI Ratio Standard Infection Ratio (SIR)</b>	0	0	0	1.758	2.679	2.340

Bloodstream infections can occur when bacteria or fungus enter the blood stream. With patients receiving hemodialysis three times a week there chances of obtaining a blood stream infection is higher than the general population. At the Dialysis Clinic, we take every precaution to prevent blood stream infections. The number of actual infections divided by the number of expected infections gives us a standard infection ratio (SIR). To ensure best practice we have implemented employee audits by our Clinical Educator. These audits include observations of hand hygiene compliance, medication preparation and administration, and central venous access exit site care. We have provided education to our patients about the importance of washing their hands and fistula sites prior to initiating dialysis and the importance of using chlorhexidine.

**Policy, Strategic or Tactical Issues**

- Review monthly, all quality data, in our Quality Assessment and Performance Improvement committee (QAPI) meeting to ensure we are meeting our goals. If a goal is not met then further evaluation is completed to see what needs to be done to correct fall out.
- Work to recruit more patients to the clinic. This involves reaching out to the nephrologist to request more admissions to the clinic. We are developing a marketing flyer for 4 North

to advertise Dialysis Clinic. Dialysis Clinic will be featured in upcoming Vital Signs magazine.

- Reviewing current policies for clinic and updating order sets for admission.
- Made patient dialysis schedule efficient and balance new admission demands.

## Recommendations/Next Steps

- Educate and retain Registered Nurses and Certified Hemodialysis Technicians to decrease turn over and burn out.
- Focus on employee engagement by focusing on top opportunities from last Employee Engagement Pulse survey.
- Continue with employee weekly updates to facilitate information from leadership to employees. Also have daily Employee Safety Huddle at 10:30 to discuss safety concerns for staff and patients. This has helped address several clinic issues and increased overall moral.
- Focus on improving supply utilization by eliminating unnecessary items on supply list.
- Look at vendor contracts to explore better pricing options.
- Continue to work closely with pharmacy to monitor medication trends and evaluate cost versus benefit to patient.

## Approvals/Conclusions

- Strive for overall quality outcomes and set goals to continue to improve.
- Increase CAPD and Hemodialysis patient volumes to improve financial strength of clinic.
- Monitor patient to Nurse assignments to ensure productive ratios are maintained to improve financial strength of clinic.
- Continue to work with supply vendors specifically Fresenius to decrease supply cost.
- Assess supplies to make efficient work flow and eliminate any redundant supplies.
- Evaluate hemodialysis standards in care to make appropriate pharmaceutical decisions for patients and clinic.

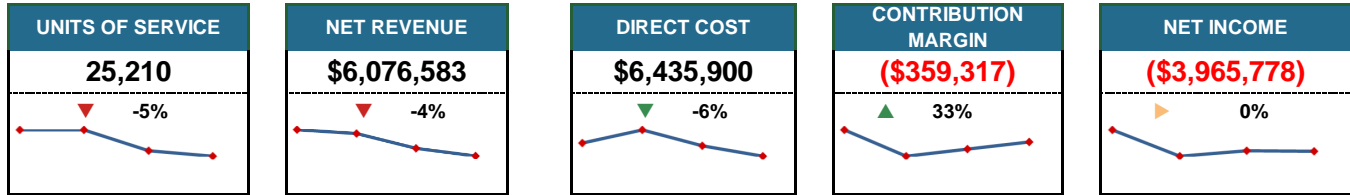


# KAWEAH HEALTH ANNUAL BOARD REPORT

## Outpatient Dialysis Services

FY2022

### KEY METRICS - FY 2022 TWELVE MONTHS ENDED JUNE 30, 2022

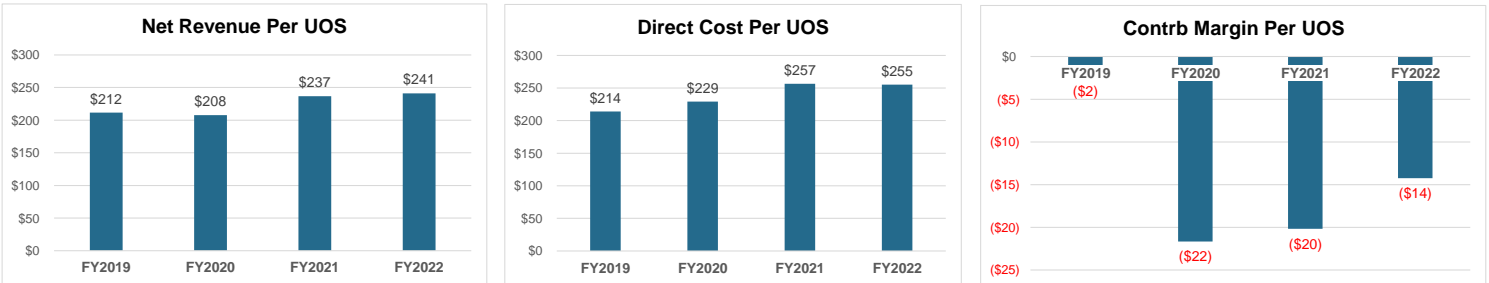


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	32,445	32,468	26,621	25,210	▼ -5%	
Net Revenue	\$6,866,074	\$6,741,820	\$6,298,161	\$6,076,583	▼ -4%	
Direct Cost	\$6,941,671	\$7,445,048	\$6,835,296	\$6,435,900	▼ -6%	
Contribution Margin	(\$75,598)	(\$703,228)	(\$537,135)	(\$359,317)	▲ 33%	
Indirect Cost	\$2,301,681	\$3,648,405	\$3,413,907	\$3,606,462	▲ 6%	
Net Income	(\$2,377,279)	(\$4,351,632)	(\$3,951,042)	(\$3,965,778)	▶ 0%	
Net Revenue Per UOS	\$212	\$208	\$237	\$241	▲ 2%	
Direct Cost Per UOS	\$214	\$229	\$257	\$255	▼ -1%	
Contrb Margin Per UOS	(\$2)	(\$22)	(\$20)	(\$14)	▲ 29%	

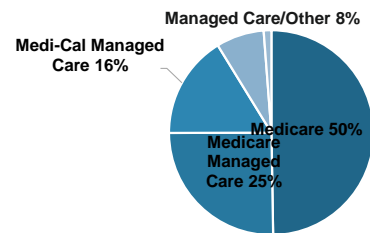
### PER CASE TRENDED GRAPHS



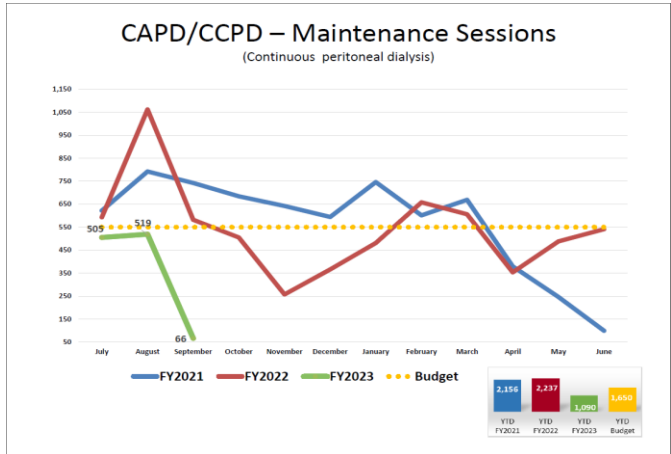
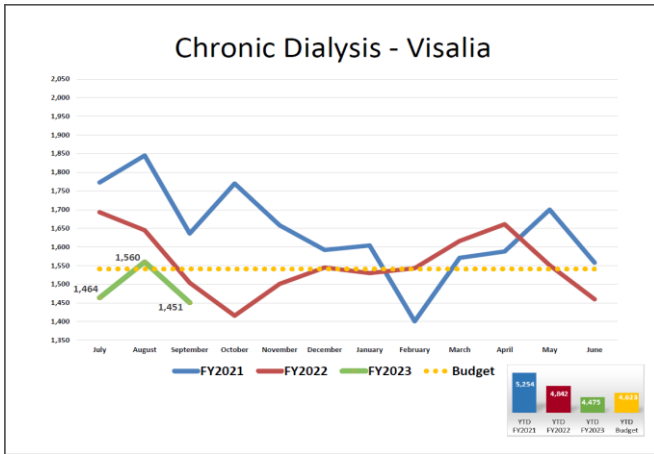
### PAYER MIX - 4 YEAR TREND (Gross Revenue)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	64%	60%	51%	50%
Medicare Managed Care	11%	16%	23%	25%
Medi-Cal Managed Care	16%	16%	16%	16%
Managed Care/Other	8%	7%	9%	8%
Medi-Cal	1%	1%	0%	1%
Medicare Combined	75%	76%	74%	75%

### FY 2022 Payer Mix



STATISTIC GRAPHS



Notes:

Source: Outpatient Service Line Reports

Criteria: Outpatient Service Lines Dialysis (includes CAPD and Hemodialysis)



Kaweah Health Medical Center

# FY 2023 Strategic Plan

## Monthly Performance Report

### November 30, 2022










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

147/384



# SELECTING THE RIGHT ACHIEVEIT STATUS

STATUS	DEFINITION/HOW TO UTILIZE
	<p>Use this status when a plan item has a start date in the future. The system won't ask the assigned-to user for updates until the start date has passed</p>
	<p>Status given to a project that is running within budget, timeline, and expected results. Plan to discuss these projects at the end of your management meeting, if time allows, after you have addressed red and yellow items that require more attention.</p>
	<p>Status given when some aspect of the project could potentially derail or deserves special attention. E.g., You may be within budget, but can already foresee an issue with a vendor that might extend your timeline in the weeks ahead and potentially compromise your results. We call these items out to discuss how management can remove potential obstacles, or adjust parameters (budget, timeline, expected results) as needed.</p>
	<p>Status given when some aspect of the project has fallen dramatically behind, encountered a major setback, or ran significantly over budget. Plan to discuss these times at the beginning of your meeting and come prepared to offer potential solutions or remedial efforts.</p>
	<p>What can we learn from this successful plan item that we can apply to other areas of the business?</p>
	<p>This status is used for items that did not achieve a defined outcome or metric target.</p>
	<ol style="list-style-type: none"> <li>1. On Hold: select canceled for a project that will be re-started at a future date. Update the status, new start and due date, if applicable, and add a comment.</li> <li>2. Canceled: select canceled for a project that is no longer being worked on and will not be restarted in the future. Update the status and add a comment.</li> </ol>

## Kaweah Health Strategic Plan: Fiscal Year 2023

### Our Mission

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

### Our Vision

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

### Our Pillars

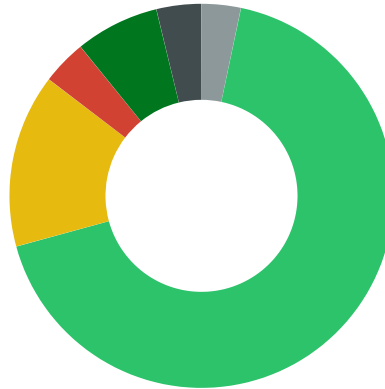
- Achieve outstanding community health.*
- Deliver excellent service.*
- Provide an ideal work environment.*
- Empower through education.*
- Maintain financial strength.*

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

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

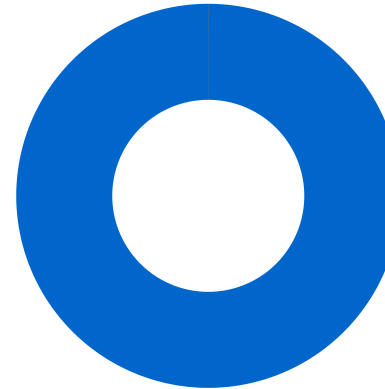
### Kaweah Health Strategic Plan FY2023 Overview

Aggregate Status



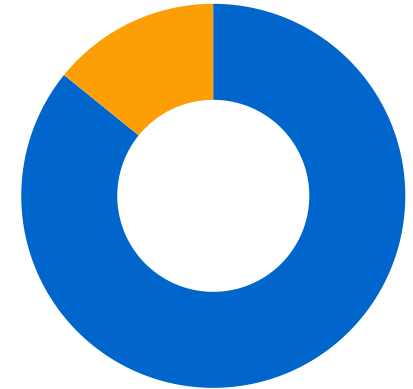
- 7 Not Started (3%)
- 143 On Track (67%)
- 31 Off Track (15%)
- 8 At Risk (4%)
- 15 Achieved (7%)
- 8 Canceled (4%)

Due Dates



- 212 Not Past Due (100%)
- 0 Past Due (0%)

Progress Updates



- 182 Up-to-date (86%)
- 30 Late (14%)

Empower Through Education

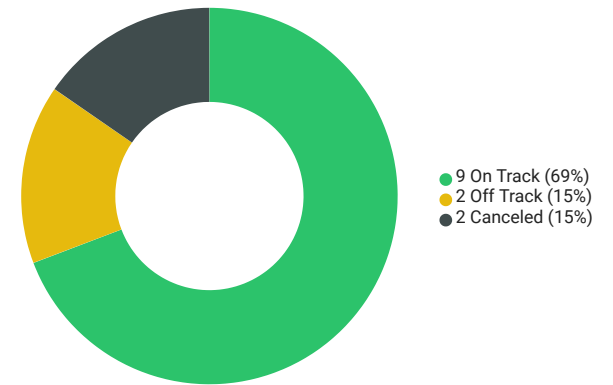
Champions: Lori Winston, MD and Lacey Jensen

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

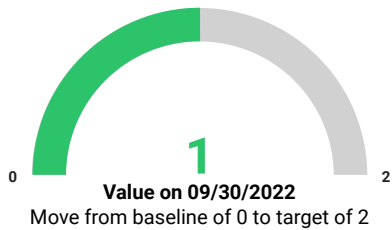
FY2023 Strategic Plan - Empower Through Education Strategies

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

Objectives and Outcomes

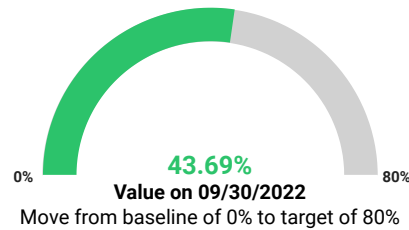


Launch interdisciplinary educational opportunitie...



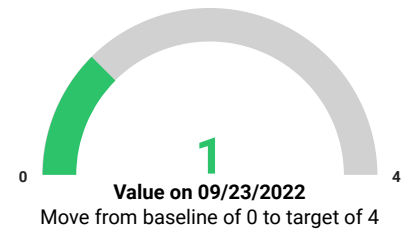
Showing data for: Jul 1 - Sep 30, 2022

ACGME Faculty Development



Showing data for: Jul 1 - Sep 30, 2022

Maintain quarterly Schwartz rounds



Showing data for: Jul 1 - Sep 30, 2022

### Ideal Work Environment

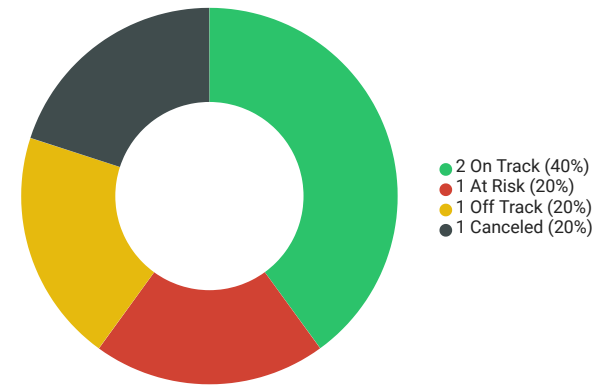
Champions: Dianne Cox and Raleen Larez

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

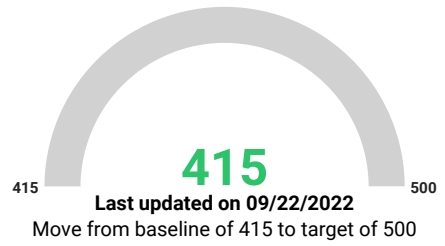
#### FY2023 Strategic Plan - Ideal Work Environment Strategies

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

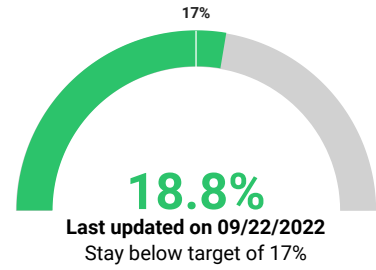
#### Objectives and Outcomes



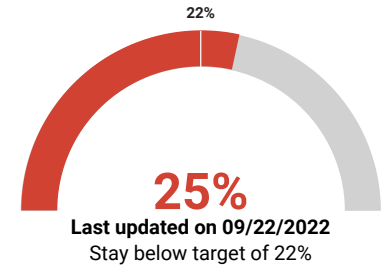
#### Expand Volunteer Programs



#### Decrease overall KH turnover rate



#### Decrease nursing turnover rate



Strategic Growth and Innovation

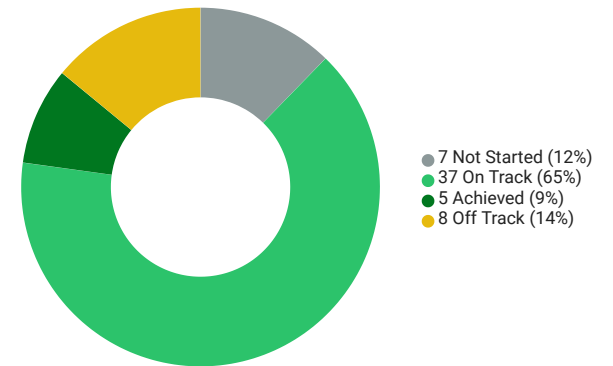
Champions: Marc Mertz and Ivan Jara

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

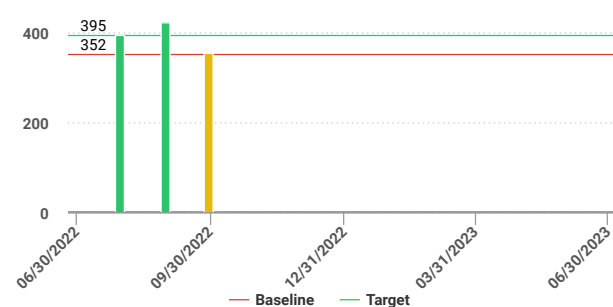
FY2023 Strategic Plan - Strategic Growth and Innovation Strategies

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

Objectives and Outcomes

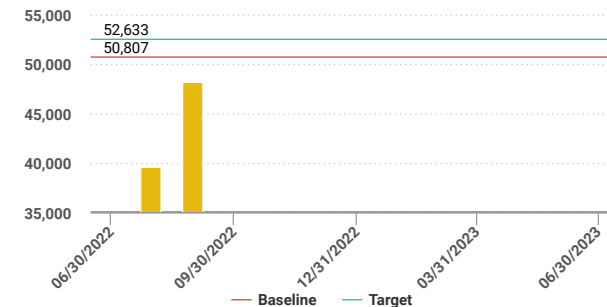


Perform 395 inpatient surgeries per month



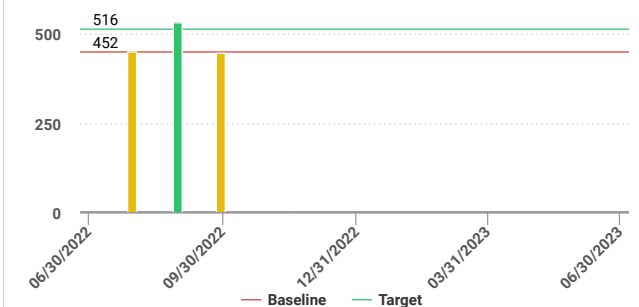
Showing data for: Jul 1, 2022 - Jun 30, 2023

See 52,633 ambulatory visits per month



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

Perform 516 monthly outpatient surgeries



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



## Organizational Efficiency and Effectiveness

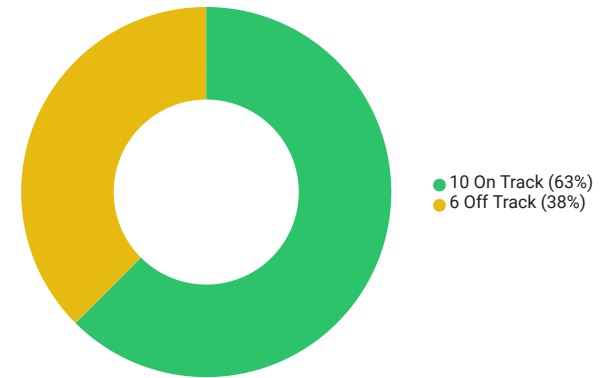
**Champions: Jag Batth and Rebekah Foster**

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

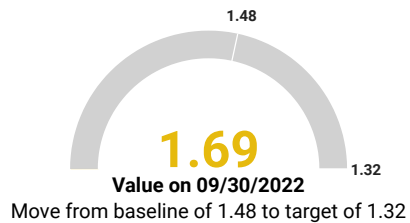
### FY2023 Strategic Plan - Organization Efficiency and Effectiveness Strategies

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

### Objectives and Outcomes

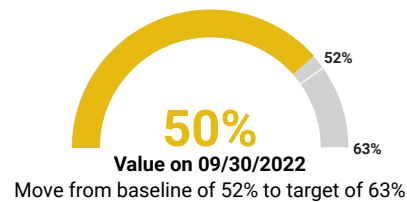


### Inpatient Observed to Expected Length of Stay



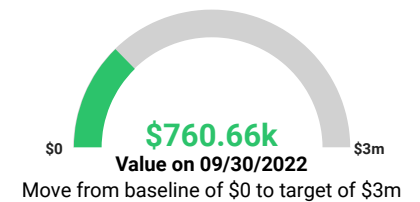
Showing data for: Sep 1 – 30, 2022

### Overall OR Utilization



Showing data for: Sep 1 – 30, 2022

### Identified Cost Savings and Revenue Opportunities



Showing data for: Jul 1 – Sep 30, 2022

Outstanding Health Outcomes

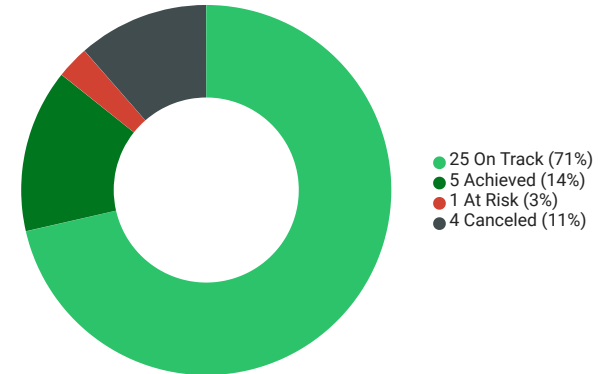
Champions: Doug Leeper and Sonia Duran-Aguilar

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

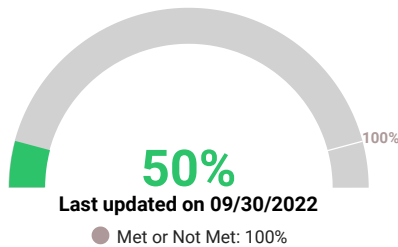
FY2023 Strategic Plan - Outstanding Health Outcomes Strategies

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

Objectives and Outcomes



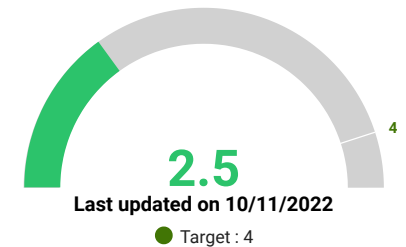
Team Rounds Rollout to Valley Hospitalist and AC...



Meet QIP measure performance



Medicare Advantage STAR Rating for RHC/SHWC



Patient and Community Experience

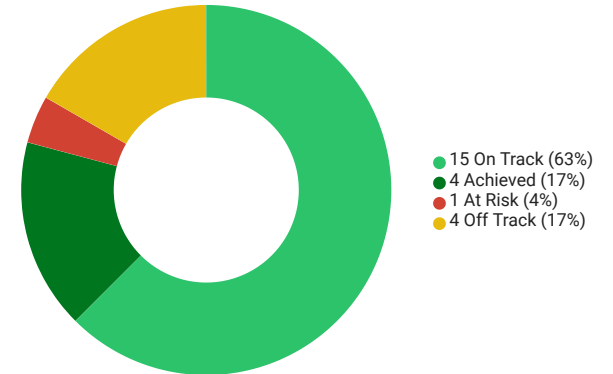
Champions: Keri Noeske

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

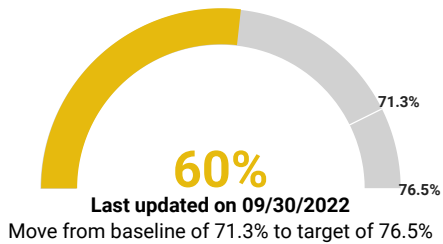
FY2023 Strategic Plan - Patient and Community Experience Strategies

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

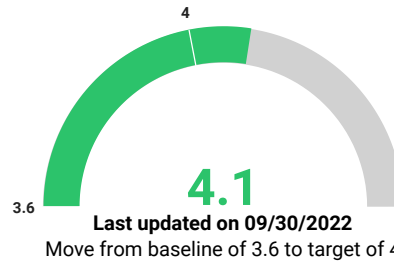
Objectives and Outcomes



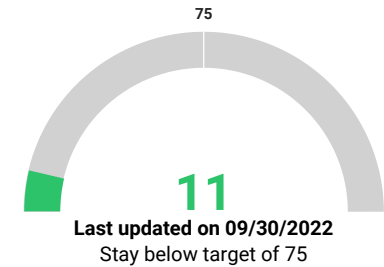
Achieve Overall Rating Goal on HCAHPS Survey



Achieve Patient Feedback Score Goal on ED Survey



Decrease lost belongings by 25%



<b>Policy Number:</b> DM 2228	<b>Date Created:</b> 08/10/2022
<b>Document Owner:</b> Maribel Aguilar (Safety Officer/Life Safety Mgr)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)</b>	
<b>Continuity of Operations and Recovery</b>	

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

**Policy:** The Continuity of Operations Plan (COOP) provides a mechanism to assist with the implementation of coordinated COOP strategies that initiate activation, relocation, and continuity of operations for the agency/organization. The COOP is an All-Hazards plan that addresses the full spectrum of threats from natural, manmade, and technological sources including national security emergencies.

**Procedure:**

1 Healthcare Continuity of Operations

1.2 Pre-Incident Risk Assessment

Kaweah Health has reviewed the following guidance to identify hazards, risks, and vulnerabilities to, regional and local health departments, Health Care Coalition, and Healthcare Organization.

CCMSA Hazard Vulnerability Analysis  
 Kaweah Health Hazard Vulnerability Analysis

**Hazard Vulnerability Analysis**

Kaweah Health Hazard Vulnerability Analysis-Pre-Identified Hazards and Risks

Hazard	Type	Probability	Human Impact	Property Impact	Business Impact	Preparedness	Internal Response	External Response	Risk
Epidemic	Natural	High	High	Low	High	High	Moderate	Moderate	High
Mass Casualty	Human	Moderate	Moderate	Low	High	Moderate	High	High	High
Patient Surge	Human	High	Moderate	n/a	Low	Moderate	Moderate	Low	High
Chemical Exposure	Haz. Material	High	Moderate	Low	Moderate	Moderate	Moderate	High	High
Fog	Natural	High	Moderate	Low	Moderate	High	Moderate	Moderate	High
Temperature Extremes	Natural	High	Moderate	Low	Moderate	Moderate	High	High	High

### Central California Health Care Coalition Hazard Vulnerability Analysis

Hazard	Type	Probability	Human Impact	Property Impact	Business Impact	Preparedness	Internal Response	External Response	Risk
Cyber Attack	Tech	High	Low	Moderate	Moderate	Low	Low	Low	High
Pandemic	Natural	High	High	Low	High	Moderate	Moderate	Moderate	High
Patient Surge	Human	High	High	Low	High	Moderate	Moderate	Moderate	High
Active Shooter	Human	Moderate	High	Moderate	High	Moderate	Low	Moderate	High
Hazmat Incident	Haz. Material	High	Moderate	Low	Moderate	Moderate	Moderate	High	High
Seasonal Influenza	Human	High	Low	Low	Moderate	Moderate	Moderate	Moderate	High

### 1.3 Continuity Elements

#### ORDERS OF SUCCESSION

Kaweah Health has established and maintained Orders of Succession for key positions in the event leadership is incapable of performing authorized duties. The designation as a successor enables that individual to serve in the same position as the principal in the event of that principal’s death, incapacity, or resignation.

#### Kaweah Health Succession Plan

Key Position (Position Title)	Successor 1	Successor 2	Successor 3
CEO	Chief Nursing Officer	Chief Operating Officer	Chief Strategy Officer
Chief Nursing Officer	Chief Operating Officer	Chief Population Health Officer	Chief Strategy Officer
Chief Human Resource Officer	Chief Compliance/Risk Officer	Chief Financial Officer	Chief Strategy Officer
Chief Operating Officer	Chief Nursing Officer	Chief Population Health Officer	Chief Human Resource Officer
Chief Finance Officer	CEO	Chief Compliance/Risk Officer	Chief Population Health Officer
Chief Strategy Officer	Chief Operations Officer	Chief Compliance/Risk Officer	Chief Population Health Officer
Chief Compliance/Risk Officer	Chief Human Resource Officer	Chief Strategy Officer	Chief Nursing Officer

### DELEGATION OF AUTHORITY

Kaweah Health has established Delegations of Authority to provide successors the legal authority to act on behalf of the Organization for specific purposes and to carry out specific duties. Delegations of Authority will take effect when normal channels of direction are disrupted and will terminate when these channels are reestablished.

#### Kaweah Health Delegation of Authority

Authority	Type of Authority	Position Holding	Triggering Conditions
Close Facility/Evocation or alternate care sites	Emergency Authority	Executive Leadership	When conditions make coming to or remaining in the facility unsafe
Represent Organization when engaging Govt. Officials	Administrative authority	Senior Leadership	When the pre-identified senior leadership is not available
Activate Organization MOU's/MAA's	Administrative Authority	Senior Leadership	When the pre-identified senior leadership is not available

### CONTINUITY FACILITIES

Kaweah Health has identified continuity facilities to conduct business and/or provide clinical care to maintain essential functions when the original property, host facility, or contracted arrangement where the Organization conducts operations is unavailable for the duration of the continuity event. The table below lists the pre-arranged Alternate Sites, Devolution Sites, and Telework Options.

#### Exhibit 4: Kaweah Health Facility Continuity Plan

Continuity Facility	Type of Facility	Location of Facility	Accommodations
Kaweah Health	Alternate Site	Emergency Department Parking Lot (Tent)	Identified meeting room with telephones internet access, satellite radio access, 2 desktop computers, laptop connectivity

Kaweah Health Rehab Hospital	Alternate Site	840 S. Akers St. Visalia Ca 93277	Possible meeting room with telephones, internet access, shared ham radio capability, shared satellite phone capability, No desktop computers, laptop connectivity
Kaweah Health Mental Health Hospital	Alternate Site	1100 S. Akers St. Visalia Ca 93277	Possible meeting room with telephones, internet access, shared ham radio capability, shared satellite phone capability, laptop connectivity
Kaweah Health South Campus	Alternate Site	1633 S. Court. St. Visalia Ca 93277	Possible meeting room with telephones, internet access, shared ham radio capability, shared satellite phone capability, No
Home Telework	Devolution Site	Home of Record HCC Leadership	Warm Site, telephones, internet access, no ham radio, no satellite phone, desktop computers, laptop connectivity

## CONTINUITY COMMUNICATIONS

Kaweah Health maintains a robust and effective communications system to provide connectivity to internal response players, key leadership, and state and federal response and recovery partners. The Organization has established communication requirements that address the following factors:

- Organizations possess, operate and maintain, or have dedicated access to communication capabilities at their primary facilities, off-sites and pre-identified alternate care sites
- Organization leadership and members possess mobile, in-transit communications capabilities to ensure continuation of incident specific communications between leadership and partner emergency response points of contact
- Organizations have signed agreements with other pre-identified alternate care sites to ensure they have adequate access to communication resources
- Organizations possess interoperable redundant communications that are maintained and operational as soon as possible following a continuity activation, and are readily available for a period of sustained usage for up to 30 days following the event

## ESSENTIAL RECORDS MANAGEMENT

Kaweah Health keeps all essential hardcopy records in a mobile container that can be relocated to alternate sites. In addition, electronic records, plans, and contact lists are maintained by the organization leadership and can be accessed online and retrieved on system hard drives when applicable and appropriate. Access to and use of these records and systems enables the performance of essential functions and reconstitution to normal operations.

## DEVOLUTION OF CONTROL AND DIRECTION

Kaweah Health devolution option requires the transition of roles and responsibilities for performance of Organization essential functions through pre- authorized delegations of authority and responsibility. The authorities are delegated from Organization leadership to other representatives in order to sustain essential functions for an extended period. The devolution option will be triggered when one or more

Organization leaders are unable to perform the required duties of the position. The responsibilities of the position will be immediately transferred to designated personnel in the delegation of authority matrix. Personnel delegated to conduct Organization activities will do so until termination of devolution option.

## 1.4 Healthcare Primary Mission Essential Function (PMEF) & Mission Essential Functions (MEF's)

### 1.4.1 Health Care Service Delivery (PMEF)

The provision of health care continuity provided in all inpatient and outpatient environments.

State Health Authority Essential Supporting Activities include:

- Collect situational assessment data from Local/Regional Health Departments (L/RHD), Healthcare Coalitions (HCC), and HCOs on their ability to provide patient care
- Collect L/RHD, HCC, and HCO data to generate regional and statewide health care service delivery situation report
- Disseminate health care service delivery situation reports to Federal ESF-8
- Prepare Action Request Forms (ARF) to request assistance from ESF-8 lead
- Local/Regional Health Department Essential Supporting Activities include:
- Collect situational assessment data on the impact of the disruption of public health service delivery in the local and regional area
- Partner with local emergency management and social services to determine public
- health priorities associated with services needed to recover from physical or mental/behavioral injury, illness, or exposure sustained as a result of the incident
- Work with U.S. Dept. of Health & Human Services (DHHS) Incident Response



- Coordination Team (IRCT) to assess requirements to return to normal public health care service delivery
- Disseminate health care service delivery data to state health authorities and ESF-8

partners

Healthcare Coalition Essential Supporting Activities include:

- Collect situational assessment data from member HCOs on their ability to provide patient care
- Collect individual facility data to generate coalition health care service delivery situational report
- Disseminate health care service delivery data to state health authorities
- Assist coalition members in returning to full operational status
- Healthcare Organization Essential Supporting Activities include:
- Determine the extent of disruption to health care service delivery
- Determine if event has caused a complete or partial disruption of health care service delivery
- Determine if relocation of health care service delivery to alternate care sites is an option for short-term continuation of service
- Work with local emergency management and regional HCC(s) to obtain assistance in returning to normal health care delivery operations

#### **1.4.2 Access to Health Workforce (MEF)**

The ability to deploy a credentialed health workforce to provide patient care to support healthcare service delivery in all environments.

State Health Authority Essential Supporting Activities include:

- Conduct statewide assessment of health workforce shortage
- Assist LHDs, HCCs, HCOs, and Public Health in activating volunteer registries
- In coordination with community partners, assist HCCs and HCOs with the deployment management of volunteers during response and continuity operations
- Prepare Action Request Forms (ARF) to request assistance from ESF-8 lead
- Local/Regional Health Departments Essential Supporting Activities include:
- Conduct Local/Regional assessment of health workforce shortage
- Coordinate the assignment of public health agency volunteers to public health, medical, mental/behavioral health, and non-specialized tasks as directed by the incident
- Refer spontaneous volunteers not needed for public health response to other organizations in need of volunteers to close gaps in the healthcare workforce during continuity operations
- Disseminate volunteer management situation reports to state health authorities
- Healthcare Coalition Essential Supporting Activities include:
- Conduct healthcare workforce shortage assessment within coalition boundaries

- Coordinate with volunteer groups to supplement medical & non-medical personnel
- Disseminate reports of regional staffing shortages to local & state health authorities

Healthcare Organization Essential Supporting Activities include:

- Identify medical and nonmedical staffing shortages during response and continuity operations
- Recall additional staff incrementally to assist in disaster continuity operations
- Coordinate with contracted staffing agencies to increase availability of critical medical staff
- Integrate credentialed, licensed, independent practitioners into continuity medical operations
- Coordinate with volunteer groups to supplement medical & non-medical personnel
- Disseminate reports of HCO staffing shortages to local incident management & state health authorities

#### **1.4.3 Community/Facility Critical Infrastructure (MEF)**

Fully operational critical community/facility infrastructure including power, water, and sanitation etc., to support patient care environments

State Health Authority Essential Supporting Activities include:

- Identify and assess situational reports on critical infrastructure disruption affecting healthcare sector
- Work to ensure healthcare sector, especially hospitals, are included on the priority restoration plan
- Coordinate with ESF-8 to request assistance from ESF-3 for Public Works and
- Engineering support
- Local/Regional Health Department Essential Supporting Activities include:
- Determine local/regional disruption of critical infrastructure that affects public health sector
- Collect reports on critical infrastructure disruption
- Disseminate reports to state health authorities
- Advocate for priority service resumption for public health facilities through continuity operations and recovery phase
- Healthcare Coalition Essential Supporting Activities include:
- Determine local/regional disruption of critical infrastructure that affects public health sector
- Collect reports on critical infrastructure disruption
- Disseminate reports to state health authorities
- Advocate for priority service resumption for public health facilities through continuity operations and recovery phase

Healthcare Organization Essential Supporting Activities include:

- Determine extent of disruption/loss/damage of facility critical infrastructure
- a. Electrical System

- b. Water System
- c. Ventilation
- d. Fire Protection System
- e. Fuel Sources
- f. Medical Gas & Vacuum Systems
- g. Communication Infrastructure
  - Prioritize restoration efforts to meet the operational goals of health care service delivery
  - Disseminate reports of HCO critical infrastructure disruption/loss/damage to local emergency management and to state health authorities
  - Advocate for priority service resumption directly to local incident management

#### 1.4.4 Access to Healthcare Supply Chain (MEF)

Full access to the healthcare supply chain including medical & non-medical supplies, pharmaceuticals, blood products, industrial fuels, and medical gases etc.

State Health Authority Essential Supporting Activities include:

- Determine statewide disruption of healthcare supply chain
- Determine priority medical and non-medical supply items needed by public health and HCOs
- Activate and distribute equipment and pharmaceutical cache contents to public health departments and HCOs
- Coordinate with ESF-8 to request assistance from ESF-7 Logistics Management and Resource Support
- Local/Regional Health Departments Essential Supporting Activities include:
- Determine local/regional disruption of healthcare supply chain
- Determine priority medical and non-medical supply items needed by public health departments
- Allocate and distribute medical countermeasures and pharmaceutical cache contents to identified recipients
- Coordinate with SHA for supply requests
- Disseminate healthcare supply chain disruption Situation Reports (Sitreps) to SHA

Healthcare Coalition Essential Supporting Activities include:

- Determine regional disruption of healthcare supply chain
- Determine specific medical and non-medical supply needs of members
- Coordinate with local/regional state health departments to distribute cache contents to HCOs
- Coordinate with private sector vendors on distribution and resumption of normal supply delivery
- Disseminate healthcare supply chain disruption SitReps to SHA
- Healthcare Organization Essential Supporting Activities include:
- Determine estimated shortfalls identified during the continuity event of needed supplies for the HCO
- Prioritize medical and non-medical supply items needed by HCO through medical/surgical supply formularies

- Redirect supplies already within the hospitals supply chain to areas first impacted
- Activate pre-event supply orders with vendors
- Coordinate with SHA for supply requests
- Disseminate HCO supply chain disruption Sitreps to SHA

#### **1.4.5 Access to Medical/Non-Medical Transportation System (MEF)**

Fully functional medical & non-medical transportation system that can meet the operational needs of the healthcare sector during the response & continuity phases of an event

State Health Authority Essential Supporting Activities include:

- Determine statewide medical transportation needs during response and continuity operations
- Prioritize state medical transportation assets to service highly impacted areas first
- Prepare and disseminate Action Request Forms to request assistance with medical transportation from ESF-8
- Coordinate with HHS/ESF8 to activate National Federal Ambulance Contracts
- Local/Regional Health Departments Essential Supporting Activities include:
- Determine local/regional medical transportation needs for public health
- Prioritize local/regional health department medical transportation assets to service highly impacted areas first
- Coordinate with SHA to request medical transportation assets
- Healthcare Coalition Essential Supporting Activities include:
- Determine regional medical transportation needs during response and continuity operations
- Determine specific needs of member HCOs
- Coordinate with regional EMS/Air Ambulance Providers to close gaps in system transportation needs
- Advocate for coalition members for medical transportation assistance
- Healthcare Organization Essential Supporting Activities include:
- Determine additional medical/non-medical transportation needs to support response and continuity operations
- Identify an EMS Coordinator and a Transportation Coordinator to manage patient transport
- Coordinate with regional EMS/Air Ambulance Providers to close gaps in system transportation needs
- Provide transportation assistance to staff that may need transportation to facility
- Disseminate requests for transportation assistance to local emergency management and SHA

#### **1.4.6 Healthcare Information Systems (MEF)**

Fully functional information technology and communications infrastructure that support high availability of the healthcare sector's data management and information sharing capability.

State Health Authority Essential Supporting Activities include:

- Determine statewide disruption of communication/information technology capabilities
- Activate redundant communication capabilities if necessary
- Coordinate with service providers to restore communication/information technology capabilities
- Coordinate with local/regional health departments, HCCs, and HCOs to disseminate critical response and recovery information to the public
- Coordinate with ESF-2 through ESF-8 for restoration or repair of telecommunications infrastructure
- Local/Regional Health Departments Essential Supporting Activities include:
- Determine local/regional disruption of public health communication/information technology capabilities
- Activate redundant communication capabilities if necessary
- Coordinate with local emergency management to secure priority service restoration to communication/information technology capabilities
- Coordinate with state health authorities to disseminate critical response and continuity operations information
- Healthcare Coalition Essential Supporting Activities include:
- Determine extent of disruption of communication/information technology capabilities within coalition boundaries
- Activate redundant communication capabilities if necessary
- Coordinate with local/state emergency management to secure priority service restoration to communication/information technology capabilities
- Coordinate with state health authorities to disseminate critical response and continuity operations information
- Healthcare Organization Essential Supporting Activities include:
- Determine extent of disruption of communication/information technology capabilities at facilities
- Activate redundant communication capabilities if necessary
- Coordinate with local/state emergency management to secure priority service restoration to communication/information technology capabilities
- Coordinate with state health authorities to disseminate critical response and continuity operations information

#### **1.4.7 Healthcare Administration/Finance (MEF)**

Fully operational administrative and financial capability including maintaining & updating patient records, adapting to disaster recovery program requirements, payroll continuity, supply chain financing, claims submission, and losses covered by insurance and legal issues.

State Health Authority Essential Supporting Activities include:

- Collect disaster response data to be used in After-Action Reports
- Monitor statewide patient movement and update patient records
- Modify state health program requirements as dictated by authorizing entities
- Keep track of disaster related expenditures
- Request disaster assistance from federal agencies
- Provide disaster assistance to regions and localities
- Monitor employee/contractor payroll systems

Local/Regional Health Departments Essential Supporting Activities include:

- Collect disaster response data to be used in After-Action Reports
- Monitor patient movement and update patient records
- Keep up with changing health program requirements and make modifications when directed by authorizing entity
- Monitor costs relating to supply chain management and acquisition
- Keep track of overall disaster related expenditures
- Monitor employee/contractor payroll systems

Healthcare Coalition Essential Supporting Activities include:

- Collect disaster response data to be used in After-Action Reports
- Keep coalition members informed on changing program requirements
- Keep coalition members informed about any available disaster assistance from federal, state and local authorities
- Healthcare Organization Essential Supporting Activities include:
  - Collect disaster response data to be used in After-Action Reports
  - Modify and maintain healthcare information management practices according to changing program requirements directed by authorizing entities
  - Coordinate the use of paper systems to track patients, health issues and other critical data in the event electronic systems are compromised
  - Explore possible sources of disaster assistance that may be available to an organization; request assistance when appropriate
  - Monitor employee/contractor payment systems; implement alternative payment systems if available
  - Activate disaster recovery contracts
  - Initiate “disaster orders” to increase supply chain availability
  - Monitor and adjust claims submission conditions according to changing federal & state requirements
  - Monitor, document, and address legal issues
  - Monitor document losses for the preparation of insurance claims

1.6 Hospital Mission Essential Functions

- Emergency Services (Emergency Department)
- Surgical Services (Operating Room)
- Laboratory Services (Lab)
- Health Information Management (HIM)
- Patient Care Unit (PCU)

- Central Supply (CS)
- Human Resources (HR)
- Obstetrics
- Pharmacy Services
- Public Relations
- Food Services
- Security
- Laundry
- Radiology
- Patient Access/Financial Services

### 1.7 Continuity Plan Operational Phases & Implementation

Kaweah Health continuity implementation process includes the following four phases:

#### Readiness & Preparedness:

- Develop Continuity of Operations Program (COOP)
- Review COOP Plans annually
- Facilitate COOP drills and exercises that activate plans in coordination with regional, state and federal plans
- Revise COOP plans accordingly

#### Activation:

- Utilizing state and regional information sharing platforms, initiate an alert and notification to all partners executing the transition from immediate emergency response to COOP activation
- Establish appropriate liaisons between LHD/HCC/HCO and state health disaster response and recovery officials
- Provide situational updates to response partners, state health authorities, and local/regional emergency management through information sharing platforms when applicable
- If the event disrupts the availability of response leadership to assist response partners in activating continuity operations procedures, delegation of authority and devolution options will be instituted to ensure continuation of essential functions

#### Continuity Operations:

- Prioritize COOP activities to focus on rapid resumption of Mission Essential Functions (MEF) and Essential Supporting Activities (ESA)
- Develop a Common Operating Picture (COP) to assess and inform key stakeholders of status
- Communicate needs to state health authorities and local emergency management officials to establish priority resumption of critical services
- Inform response partners of available Federal/State/Local resources and the process to access needed infrastructure, supplies, transportation, and human capital

- Assist response partners in preparing a reconstitution strategy when transitioning from immediate response activity through continuity operations to the recovery phase of the event

#### Reconstitution:

- Assist response partners in implementing reconstitution operations
- Collect situational assessment data from response partners who are reconstituting healthcare operations and provide updates to State Health Authorities and Local/County/State Emergency Management and Recovery personnel
- Partner through the SHA with State Emergency Management, applicable Federal
- Essential Support Functions (ESF), and Federal Recovery Support Functions (RSF) to ensure a timely and smooth transition of HCOs to:
  1. Re-Enter Healthcare Facilities
  2. Re-Open Healthcare Facilities
  3. Re-Patriation of Patients
  4. Resumption of Normal Healthcare Service Delivery

## 2 Healthcare Disaster Recovery

### 2.1 Purpose

To establish pre-incident disaster recovery planning and post-incident disaster recovery roles and responsibilities in accordance with the concepts and principles recommended from the National Disaster Recovery Framework (NDRF). Additional guidance was incorporated from the National Guidance for Healthcare System Preparedness, Healthcare System Recovery Capability, and the Public Health Preparedness, Community Recovery Capability.

### 2.2 Post-Incident Disaster Recovery Roles & Responsibilities

**State Health Authority** Disaster Recovery Roles/Responsibilities include

- Establish communication with State Disaster Recovery Manager
- Advocate for priority restoration of health care service delivery
- Maintain volunteer management systems; demobilize volunteer personnel according to demobilization plans
- Advocate for priority restoration of healthcare sector critical infrastructure
- Maintain and replenish state-owned healthcare supply caches
- Determine demobilization procedures for transportation assets
- Advocate for restoration of healthcare sector information technology and communication networks
- Prepare After-Action Reports, Corrective Action and Improvement Plans

**Local/Regional Health Department Disaster Recovery Roles/Responsibilities include:**

- Establish communication with the SHA Disaster Recovery POC



- Through established communication networks educate constituents regarding applicable health interventions being recommended by public health
- In conjunction with local response partners, inform the community of the availability of
- any disaster or community case management services being offered that provide assistance for community members impacted by the incident
- Maintain public health service delivery with an emphasis on patients with special medical
- needs, at-risk populations, and individuals with functional needs
- Maintain local volunteer deployment; demobilize personnel according to demobilization plan
- Work with local, state, and federal partners to ensure timely reconstruction of public health related critical infrastructure
- Maintain and replenish local public health supply caches
- Activate demobilization procedures for public health transportation assets
- Work with local emergency management and service providers to ensure full restoration of public health information technology and communication networks
- Prepare After-Action Reports, Corrective Action and Improvement Plans

**Healthcare Coalition Disaster Recovery Roles/Responsibilities include:**

- Advocate for full health care service delivery restoration for member facilities and organizations within coalition boundaries
- Continue to interface with volunteer groups and staffing agencies to monitor and assess the needs of member organizations to supplement their workforce during the recovery phase
- Advocate for members to receive priority critical infrastructure restoration and reconstruction
- Replenish and demobilize regional supply caches maintained by the coalition
- Activate demobilization procedures for any transportation assets maintained by the coalition
- Advocate for full restoration information technology and communication systems for coalition members
- Prepare After-Action Reports, Corrective Action and Improvement Plans
- Healthcare Organization Disaster Recovery Roles/Responsibilities include:
- Prioritize health care service delivery recovery objectives by organizational essential functions
- Maintain, modify, and demobilize healthcare workforce according to the needs of the facility
- Work with local emergency management, service providers, and contractors to ensure priority restoration and reconstruction of critical building systems
- Maintain and replenish pre-incident levels of medical and non-medical supplies
- Work with local, regional, and state Emergency Medical System providers, patient transportation providers, and non-medical transportation providers to restore pre-incident transportation capability and capacity

- Work with local emergency management, service providers, and contractors to restore information technology and communications systems
- Prepare After-Action Reports, Corrective Action and Improvement Plan

## **Appendix B: Financial Sustainability**

### **B.1 Federal Disaster Declaration**

#### **Robert T. Stafford Disaster Relief and Emergency Assistance Act**

At the request of the Governor of an affected State, or a Chief Executive of an affected Indian Tribe, the President may declare a major disaster or emergency if an event is beyond the combined response capabilities of the State, Tribal, and jurisdictional governments. Among other things, this declaration allows Federal assistance to be mobilized and directed in support of State, Tribal, and jurisdictional response efforts. Under the Stafford Act, the President can also declare an emergency without a Gubernatorial request if primary responsibility for response rests with the Federal Government because the emergency involves a subject area for which the United States exercises exclusive responsibility and authority. In addition, in the absence of a specific request, the President may provide accelerated Federal assistance and Federal support where necessary to save lives, prevent human suffering, or mitigate severe damage, and notify the State of that activity.

FEMA administers disaster relief funding allowed under the Stafford Act.

Reimbursement eligibility rules apply for certain aspects of emergency medical care including:

- Treatment and monitoring of disaster victims requiring medical care
- Vaccinations for disaster victims, emergency workers and medical staff
- Only private nonprofit healthcare facilities may directly apply for FEMA assistance grants
- For-Profit entities may be indirectly eligible through established mutual aid agreements, emergency operations plans or memorandums of understanding with other nonprofit entities
- FEMA's role as "payer of last resort" requires individuals, as well as entities like hospitals and other medical facilities, to exhaust all other forms of insurance and reimbursement before seeking assistance FEMA

### **B.2 Hospital Reimbursement Issues**

The Healthcare Coalition should pre-identify all member HCOs within the coalition boundaries that may be eligible for FEMA reimbursement under the Stafford Act. Special attention should be focused and explored on potential indirect reimbursement to other member HCO's who are afforded eligibility through coalition agreements.

#### **B.2.1 FEMA Reimbursement for Acute Care Hospitals**

A Quick Guide: FEMA Reimbursement for Acute Care Hospitals provides an overview of FEMA's reimbursement process and outlines the tasks and corresponding timelines

that must be met by acute care hospitals to successfully apply to FEMA for reimbursement of disaster related expenses incurred as a result of the event.

A copy of the guide can be downloaded here:

[http://www.ynhhs.org/emergency/pdfs/FEMA-ACH\\_ReimbursementGuide.pdf](http://www.ynhhs.org/emergency/pdfs/FEMA-ACH_ReimbursementGuide.pdf)

FEMA Disaster Assistance Policy: Emergency Medical Care and Medical Evacuations

[http://www.fema.gov/pdf/government/grant/pa/9525\\_4.pdf](http://www.fema.gov/pdf/government/grant/pa/9525_4.pdf)

### **B.3 Pandemic Influenza & Reimbursement**

In March 2007, FEMA issued a new Disaster Assistance Policy (DAP) that establishes the types of “emergency protective measures that are eligible under the Public Assistance Program during a Federal response to an outbreak of human influenza pandemic in the U.S. and its territories.” The Pandemic DAP may cover additional reimbursement costs related to the management, control, and reduction of immediate threats to public health and safety. Specific health and social service expenditures that may be reimbursable include:

- Purchase and distribution of food, water, ice, medicine, and other consumable supplies
- The movement of supplies and personnel
- Emergency medical care in a shelter or temporary medical facility
- Temporary medical facilities when existing facilities are overloaded
- Sheltering for safe refuge of patients when existing facilities are overloaded
- Communicating health and safety information to the public
- Storage and internment of unidentified human remains
- Mass mortuary services

A copy of the FEMA Human Influenza Pandemic DAP can be downloaded here:

[http://www.fema.gov/pdf/government/grant/pa/9523\\_17.pdf](http://www.fema.gov/pdf/government/grant/pa/9523_17.pdf)

Payment for care at Hospital Alternate Care Sites:

[http://www.cms.gov/About-CMS/Agency-](http://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/AlternativeCareSiteFactSheet.pdf)

[Information/H1N1/downloads/AlternativeCareSiteFactSheet.pdf](http://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/AlternativeCareSiteFactSheet.pdf)

### **B.4 Waiver of Federal Laws & Program Requirements**

#### **Public Health Service Act**

The Public Health Service (PHS) Act forms the foundation of HHS’ legal authority for responding to public health emergencies. Among other things, it authorizes the HHS Secretary to lead all Federal public health and medical response to public health emergencies and incidents covered by the National Response Framework; to direct the U.S. PHS and other components of the Department to respond to a public health emergency; to declare a public health emergency (PHE) and take such actions as may be appropriate to respond to the PHE consistent with existing authorities; to assist states in meeting health emergencies; to control communicable diseases; to maintain the Strategic National Stockpile; to provide for the operation of the National Disaster

Medical System; to establish and maintain a Medical Reserve Corps; and to potentially provide targeted immunity for covered countermeasures to manufacturers, distributors, certain classes of people involved in the administration of a program to deliver covered treatments to patients, and their employees. The PHS Act was amended by the Pandemic and All-Hazards Preparedness Act of 2006 (PAHPA) and more recently by the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, which have broad implications for the Department's preparedness and response activities.

## **B.5 Medicare/Medicaid Waivers in Disasters**

Section 1135 Waiver (See DM 2227)

The Social Security Act authorizes Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and social services programs of the Department. It authorizes the Secretary, among other things, to temporarily modify or waive certain Medicare, Medicaid, CHIP, and HIPAA requirements when the Secretary has declared a public health emergency and the President has declared an emergency or a major disaster under the Stafford Act, or a national emergency under the National Emergencies Act.

Sanctions may be waived under Section 1135 for the following requirements:

- Conditions of Participation
- Licensure Requirements
- EMTALA
- Physician Self-referrals
- HIPAA Regulations
- Out-of-network payments

Examples of requirements waived/modified under section 1135 waivers:

- Hospitals - recordkeeping requirements, certification for organ transplants
  - Inpatient beds - modifications to expand the number of beds
  - Critical Access Hospitals - waiver of classification requirements for critical access hospitals, inpatient rehabilitation facilities, long term care facilities, and psychiatric units
  - EMTALA sanctions - waiving EMTALA sanctions for transferring patients to other facilities for assessment if the original facility is in the area where a public health emergency has been declared (other provisions of EMTALA remain in full effect)
- EMTALA Medical Treatment and Labor Act (EMTALA) Requirements and Options for Hospitals in a Disaster:

[http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter09\\_52.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter09_52.pdf)

- HIPAA - waiving certain HIPPA privacy requirements so that healthcare providers can talk to family members (other provisions of HIPAA remain in full effect)

Information on requesting a Section 1135 waiver:

<http://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/requestingawaiver101.pdf>

### Section 1115 Medicaid Waivers

Section 1115 authorizes the HHS Secretary to conduct demonstration projects that further the goals of Medicaid, Medicare and CHIP. This waiver has been used to ease some of the statutory requirements during a disaster for persons eligible for Medicaid, Medicare and CHIP.

The CMS template for the Section 1115 disaster waiver program noted the following “Standard Features” regarding healthcare provider reimbursement issues:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Section-1115-Demonstrations.html>

## **B.6 Claims Submission during a Disaster**

The coalition and its member HCOs may experience operational circumstances that may impede their ability to meet many of the Medicare requirements, including conditions of participation, certification, and proper claims submission procedures. The coalition will assist its member HCOs in meeting federal and state requirements through the following methods:

- Monitor and report regional staffing issues that may affect claims submission
- Alert state and federal authorities on medical surge conditions that may overwhelm the healthcare system and create a backlog of claims submissions for both Medicaid/Medicare and private payer submissions
- Monitor and document volunteer and out-of-state personnel who are working with HCO's in the region to assess if they will impact the hospitals ability to be reimbursed by Medicare
- Monitor the impact of any declaration of Crisis Standards of Care in the region as it relates to claims submission and reimbursement
- Monitor and report issues relating to the HCO's ability to maintain records, submit electronic claims, and process checks to pay employees, contractors, and vendors.

## **B.7 Accelerated Payment/Advanced Payment from Medicare**

The Medicare accelerated payment provisions all Part A healthcare providers to receive payment after services have been provided but before the healthcare provider submits a claim to CMS.

There are three situations that may justify accelerated payment:

1. A delay in payment from the Fiscal Intermediary (FI) for covered services rendered to beneficiaries whereby the delay causes financial difficulties for the healthcare provider;
2. Highly exceptional situations where a healthcare provider has incurred a temporary delay in its bill processing beyond the healthcare providers normal billing cycle; or
3. Highly exceptional situations where CHS deems an accelerated payment is appropriate.

Medicare Financial Management Manual: Chapter 3 Page 64 Section 150 Accelerated Payments

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/fin106c03.pdf>

## **B.8 Insurance Strategies for Disaster Recovery**

The healthcare coalition will engage its members' executive leadership, finance department officials, legal counsel, and emergency preparedness coordinators in discussions, seminars, and workshops to present hazard and risk assessments prepared in the region to assist member organizations in maintaining relevant insurance products to protect against losses from a disaster.

Topics should cover:

- Consequences of closure by government order
- Cancellation of services due to a lack of staff
- Activation of Crisis Standards of Care plans
- Lack of reimbursement for services provided
- Loss of power, water or communication
- Disruption of electronic payment system
- Disruption/failure of healthcare supply chain

### **B.8.1 Types of Insurance for Contingencies**

**Business Interruption Insurance:** compensates the HCO for lost income if the HCO has to vacate the premises due to disaster related damage that is covered under its property insurance policy. Policies typically cover profits the HCO would have earned based on financial records had the disaster not occurred. The policy will cover operating expenses that are continuous through the disaster event.

**Civil Authority Insurance (CAI):** is an extension of business interruption coverage, and compensates an HCO for lost income and additional expenses arising out of suspension of the insured's operations necessitated by an order of civil authority ("closure order") which prevents access to the insured's property.

**Ingress/Egress Insurance:** similar to CAI coverage except that closure order from a civil authority is not necessary. To trigger coverage, many ingress/egress policies require, because of the damage to the property, that the property be completely inaccessible.

**Contingent or Dependent Business Interruption Insurance:** protects the earnings of the insured following physical loss or damage to the property of the insured's suppliers or customers, as opposed to its own property.

Dependent property is frequently defined as "property operated by others upon whom you depend to:

1. Deliver materials or services to you or to others for your account (not including utilities)
2. Accept your products or services
3. Manufacture products for delivery to your customers under contract for sale
4. Attract customers to your business"

**Accounts Receivable Insurance:** protects HCOs against their inability to collect their accounts receivable because of the loss of supporting records that have been destroyed by a covered-cost cause of loss. This type of insurance also covers "the extra collection

expenses that are incurred because of such loss or damage and other reasonable expenses incurred to re- establish records of accounts receivable after loss or damage.”

If you have suffered substantial economic injury and are one of the following types of businesses located in a declared disaster area, you may be eligible for an SBA Economic Injury Disaster Loan (EIDL):

- Small business
- Small agricultural cooperative
- Most private nonprofit organizations

### Loan Amounts and Use

Substantial economic injury means the business is unable to meet its obligations and to pay its ordinary and necessary operating expenses. EIDLs provide the necessary working capital to help small businesses survive until normal operations resume after a disaster.

The SBA can provide up to \$2 million to help meet financial obligations and operating expenses that could have been met had the disaster not occurred. Your loan amount will be based on your actual economic injury and your company's financial needs, regardless of whether the business suffered any property damage.

### Eligibility and Terms

The interest rate on EIDLs will not exceed 4 percent per year. The term of these loans will not exceed 30 years. The repayment term will be determined by your ability to repay the loan.

EIDL assistance is available only to small businesses when SBA determines they are unable to obtain credit elsewhere.

A business may qualify for both an EIDL and a physical disaster loan. The maximum combined loan amount is \$2 million.

### SBA Disaster Loan Application

<https://disasterloan.sba.gov/ela/>

SBA Disaster Loan Fact Sheets for Businesses of all Sizes

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

*techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."*





Policy Number: BOD5	Date Created: 11/01/2011
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Conflict of Interest</b>	

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

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

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

Adopted by the Board of Directors of Kaweah Delta Health Care District effective ~~April 27, 2020~~June 29, 2022.

**PROCEDURE:**

## I. Members, Board of Directors and Chief Executive Officer

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

## II. Other Affected Positions

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

## III. Filing Deadlines

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

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

**EXHIBIT "A"**

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

CONFLICT OF INTEREST CODE

**Disclosure Categories**

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

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

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

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

*(From the Tulare County Counsel)*

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

Approved

**EXHIBIT "B"****KAWEAH DELTA HEALTH CARE DISTRICT  
DBA KAWEAH HEALTH****CONFLICT OF INTEREST CODE****Disclosure Categories****1. Full Disclosure:**

Designated persons in this category must report:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

approval

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

**CONFLICT OF INTEREST CODE**

**Standard Code**

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

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

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

(1) Section 1. Definitions.

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

(2) Section 2. Designated Employees.

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

(3) Section 3. Disclosure Categories.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Contents of Initial Statements.

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

(B) Contents of Assuming Office Statements.

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



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

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

(D) Contents of Leaving Office Statements.

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

(7) Section 7. Manner of Reporting.

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

(A) Investments and Real Property Disclosure.

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

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

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

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

5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.

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

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

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

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

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

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

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

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

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

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

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

(8.2) Section 8.2. Loans to Public Officials.

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

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

(C) No elected officer of a state or local government agency shall, from the date of his or her election to office

through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

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

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

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

(8.3) Section 8.3. Loan Terms.

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

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

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

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

(8.4) Section 8.4. Personal Loans.

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

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.
2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:
  - a. The date the loan was made.
  - b. The date the last payment of one hundred dollars (\$100) or more was made on the loan.
  - c. The date upon which the debtor has made payments on the loan aggregating to less than two hundred fifty dollars (\$250) during the previous 12 months.

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

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

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

(9) Section 9. Disqualification.

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

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

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

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

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

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

(9.3) Section 9.3. Legally Required Participation.

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

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

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

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

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

(10) Section 10. Disclosure of Disqualifying Interest.

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

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

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

(12) Section 12. Violations.

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

NOTE: Authority cited: Section 83112, Government Code.

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

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

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

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

<sup>4</sup>Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

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

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

Approved



<b>Policy Number:</b> AP23	<b>Date Created:</b> 11/01/1995
<b>Document Owner:</b> Cindy Moccio (Board Clerk/Exec Assist-CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration)	
<b>Conflict of Interest</b>	

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

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

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

Adopted by the Board of Directors of Kaweah Delta Health Care District effective ~~April 27, 2020~~June 29, 2022.

**PROCEDURE:**

- I. Members, Board of Directors and Chief Executive Officer  
All members of the Kaweah ~~Delta Health Care District~~Health Board of Directors and the individual occupying the position of Chief Executive Officer must complete and

file Statements of Economic Interest with the Office of the Chief Executive Officer. Disclosure must include items listed in Exhibit "B"

## II. Other Affected Positions

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

## III. Filing Deadlines

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

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



**EXHIBIT "A"**

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

**CONFLICT OF INTEREST CODE**

**Disclosure Categories**

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

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

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

- (1) Negotiates, without significant substantive review, with a governmental entity or private person regarding certain governmental decisions; or*

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

*(From the Tulare County Counsel)*

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

Approval

**EXHIBIT "B"**

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

**CONFLICT OF INTEREST CODE**

**Disclosure Categories**

1. **Full Disclosure:**

Designated persons in this category must report:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

approval

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

**CONFLICT OF INTEREST CODE**

**Standard Code**

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

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

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

(1) Section 1. Definitions.

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

(2) Section 2. Designated Employees.

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

(3) Section 3. Disclosure Categories.

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

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

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

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

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

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

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

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code. <sup>2</sup>

(5) Section 5. Statements of Economic Interests: Time of Filing.

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

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

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

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

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

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

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

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

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

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

(A) Contents of Initial Statements.

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

(B) Contents of Assuming Office Statements.

Assuming office statements shall disclose any reportable investments, interests in real property and business positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.

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

(D) Contents of Leaving Office Statements.

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

(7) Section 7. Manner of Reporting.

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

(A) Investments and Real Property Disclosure.

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

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

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

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

5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.

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

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

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

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

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

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

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

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

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

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

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

(8.2) Section 8.2. Loans to Public Officials.

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

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

(C) No elected officer of a state or local government agency shall, from the date of his or her election to office



through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

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

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

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

(8.3) Section 8.3. Loan Terms.

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

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

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

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

(8.4) Section 8.4. Personal Loans.

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

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.
2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:
  - a. The date the loan was made.
  - b. The date the last payment of one hundred dollars (\$100) or more was made on the loan.
  - c. The date upon which the debtor has made payments on the loan aggregating to less than two hundred fifty dollars (\$250) during the previous 12 months.

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

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

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

(9) Section 9. Disqualification.

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

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

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

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

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

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

(9.3) Section 9.3. Legally Required Participation.

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

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

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

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

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

(10) Section 10. Disclosure of Disqualifying Interest.

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

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

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

(12) Section 12. Violations.

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

NOTE: Authority cited: Section 83112, Government Code.

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

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

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

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

<sup>4</sup>Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

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

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

*"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."*



<b>Policy Number:</b> AP171	<b>Date Created:</b> No Date Set
<b>Document Owner:</b> Cindy Moccio (Board Clerk/Exec Assist-CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration), Medical Executive Committee	
<b>Medically Ineffective Care</b>	

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

**PURPOSE:**

This policy is intended to provide a mechanism for resolution of conflicts when the treatment team believes that: continuing treatment is non-beneficial, or when the burden of suffering and intrusiveness of treatment significantly outweighs any potential benefit, or when a treatment is contrary to generally accepted medical standards, but the patient/surrogate or conservator continues to request the disputed treatment. This policy is developed to:

- A. Provide written guidelines that will assist with end of life decisions when treatment is considered medically ineffective.
- B. Assure that patients and/or family, conservator, or surrogates are informed and involved in decisions related to care or treatment that is considered medically ineffective.
- C. Outline a process for physicians and staff to follow when a patient or his/her surrogate decision maker has requested treatment that in the best judgment of the Responsible Physician (as defined below) is medically ineffective in compliance with the relevant California statutes and case law regarding health care decisions.

**DEFINITIONS:**

- A. Medically Ineffective or Non-Beneficial Treatment: Any medical treatment or study that, in the Responsible Physician’s professional judgment, produces effects that cannot reasonably be expected to be experienced by the patient as beneficial or to accomplish that patient’s expressed and recognized medical goals, or has no realistic chance of returning the patient to a level of health that permits survival outside of the acute care setting.
- B. Responsible Physician: The attending/treating physician whose responsibility it is to make most major medical decisions with the patient.

If a patient's attending physician is unable or unwilling to participate in this process, the Chief of Staff, after consultation with the applicable department chair, may appoint a responsible physician to discharge the responsibilities identified in this policy.

- C. Surrogate/Conservator/Agent: An individual designated to make healthcare decisions on behalf of an unemancipated minor (usually a parent) or an adult patient who lacks the capacity to make such decisions. In cases where there is no legally designated agent via an advance directive, the physician will identify the most appropriate surrogate based on his or her determination of the person who has demonstrated the most knowledge of the patient's wishes and values, and can best provide substituted judgment.
- D. Capacity: A person's ability to understand the nature and consequences of proposed health care, including its significant benefits, risk, and alternatives, and to make and communicate a health care decision.

#### **PRINCIPLES:**

- A. ~~KDHCD~~ [Kaweah Delta Health Care District dba Kaweah Health](#) supports Opinion 2.035 of the American Medical Association, which has been adopted for use by the California Medical Association: "Futile Care: Physicians are not ethically obligated to deliver care that in their best professional judgment will not have a reasonable chance of benefitting their patients. Patients should not be given treatments simply because they demand them. Denial of treatment should be justified by reliance on openly stated ethical principles and acceptable standards of care, not the concept of futility which cannot be meaningfully defined..."
- B. ~~KDHCD~~ [Kaweah Health](#) and physicians of the ~~KDHCD~~ [Kaweah Health](#) Medical Staff are not obligated to provide a patient with medical treatment that in the Responsible Physician's best judgment will not be beneficial. This policy applies to all patients regardless of race, color, national origin, religion disability, age, sex, marital/family status, socioeconomic status, sexual orientation or genetic identification. This policy is in compliance with California Probate Code sec. 4735 and 4736;
  - 1. Section 4735: A health care provider or health care institution may decline to comply with an individual health care instruction or health care decision that requires medically ineffective health care or health care contrary to generally accepted health care standards applicable to the health care provider or institution.
  - 2. Section 4736: A health care provider or health care institution that declines to comply with an individual health care instruction or health care decision shall do all of the following:
    - a. Promptly inform the patient, if possible, and any person then authorized to make health care decisions for the patient.

- b. Unless the patient or person then authorized to make health care decisions for the patient refuses assistance, immediately make all reasonable efforts to assist in the transfer of the patient to another health care provider or institution that is willing to comply with the instructions or decision.
- c. Provide continuing care to the patient until a transfer can be accomplished or until it appears that a transfer cannot be accomplished. In all cases, appropriate pain relief and other palliative care should be continued.

**PROCEDURE:**

- A. Prior to a determination of medically ineffective care the physician and other members of the care team will have engaged with the patient and/or surrogate decision makers in goals of care conversations that are effective in identifying the patient/surrogate's goals and interests; identifying treatment options consistent with these goals and interests; and specifying when the goals or interests are not achievable or are contrary to generally accepted health care standards.

The determination that a particular treatment or intervention is medically ineffective is made through consultation involving the attending physician, the care team and the patient or surrogate decision maker, when available. If a patient lacks decisional capacity and has no surrogate decision maker, the attending physician and care team may make a determination of medically ineffective care after consultation with the Bioethics Committee. If conflicts arise among care givers or between care givers and the patient or surrogate, the Bioethics Committee shall address such conflicts. The determination is to be entered into the progress notes by the Attending Physician and will include a summary of discussions with care team members and others.

- B. At no point will determinations of medically ineffective care be made based on financial issues, the patient's age, lifestyle, previous compliance with medical treatment or lack thereof, or the personal values of the physician or care team.
- C. The attending physician will engage the patient with decision-making capacity or the incapacitated patient's surrogate when a treatment is deemed to be medically ineffective. The physician will explain the reasons for this determination and discuss options for ensuring the patient's comfort and dignity, including comfort care and palliative care consultation, if appropriate.

The physician will seek the patient or surrogate's assent with the treatment plan prior to implementation.

- D. If assent is obtained from the patient/surrogate decision maker, the physician will document this in the patient's chart and will write appropriate orders.

- E. Consultation with the Bioethics Committee shall be conducted: (a) if there is disagreement between caregivers; (b) if there is disagreement between caregivers and the patient or surrogate.

### **CONFLICT RESOLUTION:**

Conflicts related to the determination of medically ineffective care between physicians, patients, family members, surrogates, conservators, nurses and other health care personnel will be addressed as follows:

- A. If conflict arises among members of the treatment team, such as a dispute between nursing and physician(s), a team meeting should be held to discuss the case and try to arrive at a consensus regarding the treatment plan.
- B. If conflict arises between family members, or between the Responsible Physician and the patient or surrogate, a family conference should be held with the treatment team to attempt to achieve consensus regarding prognosis, goals of care, and treatment plan.
- C. When the Responsible Physician, after consensus of the treatment team, determines that a treatment is non-beneficial, he or she should inform the patient or surrogate of this determination, including the rationale supporting this determination. The Responsible Physician should recommend that the non-beneficial treatment(s) be replaced with optimal comfort/palliative care while reassuring the surrogate/family that the patient will not be abandoned.
- D. If the conflict persists, the Responsible Physician should offer to seek another opinion(s) from one or more additional physicians ("consultant") with the appropriate expertise, with input from the patient or surrogate about the choice of the consulting physician who will provide the second opinion. In addition, the patient/surrogate may seek counsel and input from other individuals to provide spiritual counsel or social support.
- E. If the conflict persists, or if at any point in the process a values conflict is identified, involvement of the Ethics Committee should be requested. The Ethics Committee may meet with the members of the treatment team as well as the patient/surrogate. The role of the Ethics Committee is to apply bioethical principles to help facilitate a resolution of the conflict in accordance with the Medical Staff Bylaws.
- F. If the Ethics Committee supports the patient's/surrogate's position and the Responsible Physician remains unpersuaded, the patient/surrogate will be offered transfer of care to another physician who is willing to offer treatment.



Until transfer is accomplished, the Responsible Physician is responsible for continuing treatment.

- G. If the Ethics Committee supports the Responsible Physician's determination that certain proposed treatments are non-beneficial, the patient/ surrogate should be notified in writing of this determination and informed that the futile/medically ineffective treatment will not be provided.
- H. If the patient/ surrogate still disagree with withdrawing/withholding the disputed treatment, then Risk Management, Administration and the Chief of the Medical Staff (or designee) must be notified for case review.
  - 1. It is the responsibility of the patient/surrogate to find an acceptable medical practitioner or institution and arrange for the transfer of the patient.

Reasonable efforts will immediately be made to assist in the transfer of the patient, unless the patient or surrogate refuses assistance.
  - 2. The patient/surrogate can seek a judicial mandate to continue treatment at KDMC. Continuing care will be provided to the patient until a transfer can be accomplished or it appears that the transfer cannot be accomplished. No new treatment, which has been determined to be futile/medically ineffective, will be initiated unless court-ordered.
  - 3. If the patient has not been transferred or a judicial mandate has not been issued within a reasonable period of time, not to exceed fifteen (15) days, the treatment in question may be withheld or withdrawn.

*"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."*

**Privileges in Urology**

Name: \_\_\_\_\_

*Please Print*

<b>UROLOGY</b>					
<p><b>Education &amp; Training:</b> MD or DO; <b>AND</b> Successful completion of a urology residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by the Royal College of Physicians &amp; Surgeons of Canada, if board certified by an ABMS board, or actively pursuing board certification by an ABMS board (Obtained within 5 years).</p> <p><b>Current Clinical Competence:</b> Documentation of the performance of at least 50 urological procedures in the past 2 years or successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past 12 months</p> <p><b>Renewal Criteria:</b> Maintenance of Board Certification and documentation of 25 procedures reflective of the privileges requested.</p> <p><b>FPPE:</b> Direct observation of a minimum of five (5) major diverse procedures (i.e. Any Laparoscopic; Robotic surgery; or Nephrectomy; pyeloplasty; Partial Nx; Radical Prostate; Radical Cystectomy; medium or large turbt; Ureteroscopy with Laser Lithotripsy.)</p>					
<b>Request</b>	<b>CORE PRIVILEGES</b>	<b>Approve</b>			
<input type="checkbox"/>	<p>The ability to evaluate, perform H&amp;P, diagnose, treat (surgically or medically), and provide consultation (may include telehealth) to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. 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<input type="checkbox"/>	<p><b><u>CORE PRIVILEGES THAT REQUIRE FLUOROSCOPY</u></b> <i>(Prerequisite: Current &amp; Valid CA Fluoroscopy or Radiology Supervisor Permit)</i></p> <p>The ability to evaluate, perform H&amp;P, diagnose, treat (surgically or medically), and provide consultation (may include telehealth) to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. The core privileges in this specialty include the following procedures list and such other procedures that are extensions of the same techniques and skills.</p> <ul style="list-style-type: none"> <li>• <u>Percutaneous aspiration or tube insertion</u></li> <li>• <u>Surgery of the ureter and renal pelvis, including uterolysis, insertion/removal of ureteral stent, and ureterocele repair (open or endoscopic)</u></li> </ul> <p><b><u>Endourology/stone disease</u></b></p> <ul style="list-style-type: none"> <li>• <u>Extracorporeal shockwave lithotripsy</u></li> </ul> <p><b><u>Endoscopic surgery</u></b></p> <ul style="list-style-type: none"> <li>• <u>Transvesical ureterolithotomy</u></li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active or Courtesy staff status)	<input type="checkbox"/>

**ADVANCED PROCEDURES**

Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Use of surgical laser	Training in residency <b>OR</b> completion of an approved eight-hour minimum CME course that included training in laser principles & a letter of reference from preceptor experienced & credentialed in laser privileges <b>AND</b> a minimum of 24 laser procedures in the last 2 years. <i>(Prerequisite: Current &amp; Valid CA Fluoroscopy or Radiology Supervisor Permit)</i>	A minimum of 24 laser procedures in the last 2 years <i>(Prerequisite: Current &amp; Valid CA Fluoroscopy or Radiology Supervisor Permit)</i>	<input type="checkbox"/>
<input type="checkbox"/>	Laparoscopic radical nephrectomy	Minimum of 6 procedures in the last 2 years.	6 in the past 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Robotic Procedures (e.g. Prostate; Kidney, etc)	Minimum of 12 procedures in the last 2 years.	12 in the past 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Radium seed implantation for prostate cancer in conjunction with radiation oncologist	Minimum of 6 procedures in the last 2 years.	6 in the past 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Percutaneous nephrolithotomy (PCNL)	Minimum of 10 procedures in the last 2 years. Or completion of residency in the last 12 months. <i>(Prerequisite: Current &amp; Valid CA Fluoroscopy or Radiology Supervisor Permit)</i>	10 in the past 2 years <i>(Prerequisite: Current &amp; Valid CA Fluoroscopy or Radiology Supervisor Permit)</i>	<input type="checkbox"/>
<input type="checkbox"/>	Sacral nerve stimulation for treatment of bladder dysfunction	Minimum of 6 procedures in the last 2 years.	6 in the past 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Fluoroscopy ( <i>required</i> )	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	<input type="checkbox"/>
<input type="checkbox"/>	Procedural Sedation	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	<input type="checkbox"/>

<input type="checkbox"/>	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth:  ___Dinuba ___Exeter ___Lindsay ___Tulare ___Woodlake ___SHWC – Willow ___Specialty Clinic	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	<input type="checkbox"/>
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**Acknowledgment of Practitioner:**

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

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

Name: \_\_\_\_\_  
*Print*

Signature: \_\_\_\_\_  
*Applicant* *Date*

Signature: \_\_\_\_\_  
*Department of Surgery Chair* *Date*



## Physician Recruitment Plan Fiscal Year 2023

*As supported by the Provider Needs Assessment conducted by Sg2 in 2020, below is a list of the specialties included in our fiscal year 2023 physician recruitment plan.*

- Adult Hospitalist
- Anesthesiology
- Anesthesiology Program Director (Added)
- Cardiothoracic Surgery
- Dermatology
- Diagnostic Radiology
- Endocrinology
- EP Cardiology
- Family Medicine
- Family Medicine Associate Program Director
- Family Medicine Core Faculty
- Gastroenterology
- Intensivist
- Internal Medicine
- Maternal Fetal Medicine
- Medical Oncology
- Neonatology
- Neurology
- OB/GYN
- Orthopedic Surgery\_General (Added)
- Orthopedic Surgery\_Hand
- Orthopedic Surgery\_Trauma
- Otolaryngology
- Palliative
- Pediatrics
- Psychiatry
- Pulmonology
- Rheumatology
- Surgery – Trauma (Added)
- Urology

*Date Prepared: November 16, 2022*

*Prepared by: J.C. Palermo, Director of Physician Recruitment and Relations  
jpalermo@kaweahhealth.org | (559)624-5456*

**AMENDMENT TO INDENTURE**

THIS AMENDMENT TO INDENTURE (this “Amendment”) is made and entered into as of November 1, 2022 between U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION, a national banking association organized and existing under the laws of the United States of America, as Trustee (the “Trustee”) and the KAWEAH DELTA HEALTH CARE DISTRICT, a local health care district duly organized and existing under and pursuant to The Local Health Care District Law of the State of California, constituting Division 23 of the California Health and Safety Code (the “District”).

**WITNESSETH:**

WHEREAS, the District is a local health care district duly organized and existing under and pursuant to The Local Health Care District Law of the State of California, constituting Division 23 of the California Health and Safety Code; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District Revenue Bonds, Series 1999A, in the original aggregate principal amount of \$42,000,000, pursuant to an Indenture, dated as of May 1, 1999 (the “Indenture”), between the District and the Prior Trustee; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District Revenue Bonds, Series 2003A, in the original aggregate principal amount of \$10,720,000 and its Kaweah Delta Health Care District Revenue Bonds, Taxable Series 2003, in the original aggregate principal amount of \$16,000,000, pursuant to the Indenture, as supplemented by a First Supplemental Indenture, dated as of June 1, 2003 (the “First Supplement”), between the District and the Prior Trustee; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District (Tulare County, California) Revenue Bonds, Series 2004, in the original aggregate principal amount of \$78,370,000, pursuant to the Indenture, as supplemented by a Second Supplemental Indenture, dated as of August 1, 2004 (the “Second Supplement”), between the District and the Prior Trustee; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District (Tulare County, California) Revenue Bonds, Series 2005, in the original aggregate principal amount of \$27,500,000, pursuant to the Indenture, as supplemented by a Third Supplemental Indenture, dated as of May 1, 2005 (the “Third Supplement”), between the District and the Prior Trustee; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District (Tulare County, California) Revenue and Refunding Bonds, Series 2006, in the original aggregate principal amount of \$33,935,000, pursuant to the Indenture, as supplemented by a Fourth Supplemental Indenture, dated as of December 1, 2006 (the “Fourth Supplement”), between the District and the Prior Trustee; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District (Tulare County, California) Revenue and Refunding Bonds, Series

2011A, in the original aggregate principal amount of \$5,255,000, and its Kaweah Delta Health Care District (Tulare County, California) Revenue and Refunding Bonds, Series 2011B, in the original aggregate principal amount of \$8,235,000, pursuant to the Indenture, as supplemented by a Fifth Supplemental Indenture, dated as of May 1, 2011 (the “Fifth Supplement”), between the District and the Prior Trustee; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District (Tulare County, California) Revenue and Refunding Bonds, Series 2012, in the original aggregate principal amount of \$75,800,000 (the “2012 Bonds”), pursuant to the Indenture, as supplemented by a Sixth Supplemental Indenture, dated as of July 1, 2012 (the “Sixth Supplement”), between the District and the Prior Trustee; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District (Tulare County, California) Revenue Refunding Bonds, Series 2015A, in the original aggregate principal amount of \$19,361,000 (the “2015A Bonds”), pursuant to the Indenture, as supplemented by a Seventh Supplemental Indenture, dated as of October 1, 2015 (the “Seventh Supplement”), between the District and the Trustee; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District (Tulare County, California) Revenue Bonds, Series 2015B, in the original aggregate principal amount of \$98,425,000 (the “2015B Bonds”), pursuant to the Indenture, as supplemented by an Eighth Supplemental Indenture, dated as of December 1, 2015 (the “Eighth Supplement”), between the District and the Trustee; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District (Tulare County, California) Revenue Refunding Bonds, Series 2017A, in the original aggregate principal amount of \$13,700,000 (the “2017A Bonds”) and Kaweah Delta Health Care District (Tulare County, California) Revenue Refunding Bonds, Series 2017B, in the original aggregate principal amount of \$20,000,000 (the “2017B Bonds”), pursuant to the Indenture, as supplemented by a Ninth Supplemental Indenture, dated as of April 1, 2017 (the “Ninth Supplement”), between the District and the Trustee; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District (Tulare County, California) Revenue Refunding Bonds, Series 2017C, in the original aggregate principal amount of \$59,511,000 (the “2017C Bonds”), pursuant to the Indenture, as supplemented by a Tenth Supplemental Indenture, dated as of December 1, 2017 (the “Tenth Supplement”), between the District and the Trustee; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District (Tulare County, California) Revenue Bonds, Series 2020A, in the original aggregate principal amount of \$6,800,000 (the “2020A Bonds”) and Kaweah Delta Health Care District (Tulare County, California) Revenue Bonds, Series 2020B, in the original aggregate principal amount of \$8,200,000 (the “2020B Bonds”), pursuant to the Indenture, as supplemented by an Eleventh Supplemental Indenture, dated as of January 1, 2020 (the “Eleventh Supplement”), between the District and the Trustee; and

WHEREAS, the District has heretofore issued, sold and delivered its Kaweah Delta Health Care District (Tulare County, California) Revenue Refunding Bonds, Series 2022, in the original aggregate principal amount of \$32,035,000 (the “2022 Bonds”), pursuant to the Indenture, as supplemented by a Twelfth Supplemental Indenture, dated as of April 1, 2022 (the “Twelfth Supplement”, and collectively with the First Supplement through the Eleventh Supplement, the “Indenture”), between the District and the Trustee; and

WHEREAS, pursuant to Section 12.01(b)(2) of the Indenture, the Indenture and the rights and obligations of the District, of the Trustee and of the Holders of the Bonds may be modified or amended from time to time and at any time by an indenture or indentures supplemental thereto, which the District and the Trustee may enter into without the consent of the Bondholders if, in the opinion of counsel for the Trustee the provisions of such supplemental indenture shall not materially adversely affect the interests of the Holders, and provided such supplemental indenture is made for the purpose of curing an ambiguity, inconsistency or omission, or curing or correcting any defective provision, or is in regard to matters or questions arising under the Indenture, all as the District may deem necessary or desirable and not inconsistent with the Indenture; and

WHEREAS, pursuant to Section 14.17 of the Indenture, any provision thereof requiring the consent of, or control or proceedings by, the Bond Insurer shall be in effect for so long as, and only during such as, the Bond Insurer Policy is in effect and no Bond Insurer Default has occurred and is then continuing; and

WHEREAS, as of the date hereof the Bond Insurer Policy is no longer in effect and, as such, in accordance with Section 12.01(b)(2) of the Indenture, the District has determined and does hereby determine to amend the Indenture in order to, among other things, cure ambiguities regarding certain terms and provisions related to the consent and approvals of the Bond Insurer; and

NOW THEREFORE, in consideration of the mutual covenants and agreements hereinafter contained, and intending to be legally bound hereby, the Trustee and the District desire to modify and amend the Indenture, as previously amended and supplemented, as hereinafter set forth.

## **AGREEMENT**

Section 1. Recitals. The Recital paragraphs set forth above are incorporated herein by reference.

Section 2. Definitions. Unless otherwise set forth herein, capitalized terms used but not defined herein shall have the meanings given to them in the Indenture.

Section 3. Amendment to Indenture. The following modifications to the Indenture are hereby authorized, acknowledged and approved by the Trustee and the District:

(i) **Section 5.09(b)** of the Indenture is hereby amended and restated in its entirety as follows:



“In lieu of maintaining and depositing moneys in the Reserve Fund (if required by below), the District may deposit with the Trustee a letter of credit, ~~subject to the written approval of the Bond Insurer,~~ (i) which is issued by a bank with a credit rating at the time of deposit of such letter of credit into the Reserve Fund of at least investment grade from each Rating Agency rating the Bonds, (ii) the repayment obligation with respect to which is not secured by a lien on assets of the District senior to any lien which secures the Bonds and (iii) which has a term of at least five years from the date of issuance thereof. If the credit rating of the bank issuing such letter of credit falls below investment grade, the District shall within twelve months of such downgrading either (i) substitute a new letter of credit satisfying the requirements of this paragraph, (ii) fund the Reserve Fund through the deposit of cash or an irrevocable surety bond policy satisfying the requirements of the immediately succeeding paragraph or (iii) fund the Reserve Fund through a combination of (i) and (ii). At least six months prior to the expiration date of a letter of credit on deposit in the Reserve Fund, the District shall either (i) substitute a new letter of credit satisfying the requirements of this paragraph, (ii) fund the Reserve Fund through the deposit of cash or an irrevocable surety bond policy satisfying the requirements of the immediately succeeding paragraph or (iii) fund the Reserve Fund through a combination of (i) and (ii). Any such letter of credit shall permit the Trustee to draw amounts thereunder for deposit in the Reserve Fund which, together with any moneys on deposit in, or surety bond policy available to fund, the Reserve Fund, are not less than the Reserve Fund Requirement and which may be applied to any purpose for which moneys in the Reserve Fund may be applied. The Trustee shall make a drawing on such letter of credit (i) whenever moneys are required for the purpose for which Reserve Fund moneys may be applied, and (ii) prior to any expiration or termination thereof; provided, however, that no such drawing need be made if other moneys or an irrevocable surety bond are available in the Reserve Fund in the amount of the Reserve Fund Requirement.”

(ii) **Section 5.09(c)** of the Indenture is hereby amended and restated in its entirety as follows:

“In lieu of maintaining and depositing moneys in the Reserve Fund (if required by subsection (e) or (f), below), the District also may maintain in effect an irrevocable surety bond policy, ~~subject to the written approval of the Bond Insurer,~~ (i) which is issued by a bond insurance company with a claims-paying ability rating at the time of deposit of such surety bond policy into the Reserve Fund of at least investment grade from each Rating Agency rating the Bonds, (ii) the repayment obligation with respect to which is not secured by a lien on assets of the District senior to any lien which secures the Bonds and (iii) has a term of at least five years from the date of issuance thereof. If the credit rating of the bond insurance company issuing such surety bond policy falls below investment grade, the District shall either (i) substitute a new surety bond policy satisfying the requirements of this paragraph, (ii) fund the Reserve Fund through the deposit of cash or a letter of credit satisfying the requirements of the immediately preceding paragraph or (iii) fund the Reserve Fund through a combination of (i) and (ii). At least six months prior to the expiration date of a surety bond policy on deposit in the Reserve Fund, the District shall either (i) substitute a new surety bond policy satisfying the requirements of this paragraph, (ii) fund the Reserve Fund through the deposit of cash or a letter of credit satisfying the requirements of the immediately preceding paragraph or (iii) fund the Reserve Fund through a combination of (i) and (ii). Any such surety bond policy shall permit the Trustee to obtain amounts thereunder for deposit in the Reserve Fund which, together with any moneys on deposit

in, or letter of credit available to fund, the Reserve Fund, are not less than the Reserve Fund Requirement and which may be applied to any purpose for which moneys in the Reserve Fund may be applied. The Trustee shall make a drawing on such surety bond policy (i) whenever moneys are required for the purposes for which Reserve Fund moneys may be applied, and (ii) prior to any expiration or termination thereof; provided, however, that no such drawing need be made if other moneys or a letter of credit are available in the Reserve Fund in the amount of the Reserve Fund Requirement.”

(iii) **Section 5.09(d)** of the Indenture is hereby amended and restated in its entirety as follows:

“Moneys in the Reserve Fund may be released upon the Request of the District ~~with the written consent of the Bond Insurer~~ together with a written certification from an Authorized Representative to the Trustee that the District is, and will be upon release, in compliance with all material terms and conditions set forth in the Indenture, including all financial covenants and ratios required to be maintained herein.”

(iv) **Section 5.09(e)** of the Indenture is hereby amended and restated in its entirety as follows:

“The District covenants to maintain a Cushion Ratio equal to 1.5:1.0 for the entire term of the Bonds and will ~~provide to the Bond Insurer with~~ prepare semiannual reports to demonstrate compliance with this requirement, which semiannual reports the District will prepare within forty-five (45) days of the end of each semiannual period. If a semiannual report indicates noncompliance with this Cushion Ratio requirement, the District covenants to deposit within a period of thirty (30) days from the filing or completion of such report the amount (or surety bond policy or letter of credit ~~approved by the Bond Insurer~~) necessary to bring the amount in the Reserve Fund up to the Reserve Fund Requirement. The Trustee shall hold such funds as security until (i) ~~the Bond Insurer provides the Trustee with written instructions to release such funds to the District, or~~ (ii) the District files a report with the Trustee ~~and Bond Insurer~~ based on audited financial statements for two subsequent Fiscal Years demonstrating compliance with this Cushion Ratio requirement, in which case the Trustee shall immediately release these funds upon a Request of the District ~~and give written notice to the Bond Insurer of such action.~~”

(v) **Section 5.09(f)** of the Indenture is hereby amended and restated in its entirety as follows:

“Based on the audited financial statements each year, the District shall ~~provide the Bond Insurer with~~ prepare a calculation of the ratio determined by dividing the Income Available for Debt Service for such Fiscal Year by the Maximum Annual Debt Service on all outstanding Indebtedness. The District will also, based on the internal financial statements for the period covering the first six months of each Fiscal Year, within forty-five (45) days of the end of the first six months of each Fiscal Year, calculate the ratio of Income Available for Debt Service for such six-month period to fifty percent (50%) of the Maximum Annual Debt Service on all outstanding Long-term Indebtedness. The calculation of such ratio shall be included in the semiannual report described above. If such ratio is less than 1.35:1.00 for any period reported,

the District covenants to deposit within a period of thirty (30) days from the filing or completion of such report as described above, the amount (or surety bond policy or letter of credit ~~approved by the Bond Insurer~~) necessary to bring the amount in the Reserve Fund up to the Reserve Fund Requirement. The Trustee shall hold such funds as security for the Bonds until ~~(i) the Bond Insurer provides the Trustee with written instructions to release such funds to the District, or (ii) the District files a report with the Trustee and Bond Insurer based on audited financial statements for two subsequent Fiscal Years demonstrating compliance with this supplemental rate covenant, in which case the Trustee shall immediately release these funds upon a Request of the District and give written notice to the Bond Insurer of such action.~~”

(vi) **Section 5.09(g)** of the Indenture is hereby amended and restated in its entirety as follows:

“If the Corporation fails to meet the contingent funding requirements in the 30-day periods described above, an Event of Default shall occur and be deemed to be an Event of Default under ~~Section 7.01(e)~~ 10.01(c) hereof unless the ~~Bond Insurer Trustee~~ (i) provides in writing for a “cure period” or (ii) waives in writing the requirement altogether.”

(vii) **Section 6.03(b)** of the Indenture is hereby amended and restated in its entirety as follows:

“Within one hundred and fifty (150) days after the end of each Fiscal Year, the District shall compute, or cause to be computed, the Long-Term Debt Service Coverage Ratio for such Fiscal Year and promptly furnish to the Trustee a Certificate setting forth the results of such computation. The District further covenants and agrees that if in such Fiscal Year the Long-Term Debt Service Coverage Ratio shall have been less than 1.25:1.0 (or 1.10:1.0 so long as Days Cash on Hand as of the end of such Fiscal Year are at least seventy-five (75) days), it will promptly employ an Independent Consultant to make recommendations as to a revision of the rates, fees and charges or the methods of operations of the District which will result in producing Long-Term Debt Service Coverage Ratio at least equal to 1.25:1.0 (or 1.10:1.0, as the case may be) in the current Fiscal Year. Copies of the recommendations of the Independent Consultant shall be filed by the District with the Trustee ~~and the initial underwriter of the Series 199A Bonds~~. The District shall, promptly upon its receipt of such recommendations, subject to applicable requirements or restrictions imposed by law, revise its rates, fees and charges or its methods of operation and shall take such other action as shall be in conformity with such recommendations; provided, that the District shall not be required to take any action if the District files with the Trustee ~~and the initial underwriter of the Bonds~~ a certified copy of a resolution of the District Board to the effect that the District Board has determined in good faith that such recommendations, in whole or in part, are not in the best interests of the District. In the event that the District shall fail to comply with the recommendations of the Independent Consultant, the District shall notify the Trustee and, subject to applicable requirements or restrictions imposed by law and the proviso of the preceding sentence, the Trustee may, in addition to the rights and remedies elsewhere set forth herein, institute and prosecute an action or proceeding in any court or before any board or commission having jurisdiction to compel the District to comply with the recommendations and requirements of this subsection (b). If the District complies and continues to comply in all material respects with the recommendations of the Independent Consultant in respect to said rates, fees, charges and methods of operation and

the Long-Term Debt Service Coverage Ratio (as projected by the Independent Consultant in its recommendations as to rates, fees and charges or the methods of operations of the District) is not less than 1.0:1.0 in any Fiscal Year, the District will be deemed to have complied with the covenants contained in this Section for such Fiscal Year or Fiscal Years notwithstanding that the Long-Term Debt Service Coverage Ratio shall be less than 1.25:1.0 (or 1.10:1.0, as the case may be); provided that this sentence shall not be construed as in any way excusing the District from taking any action or performing any duty required under this Indenture or be construed as constituting a waiver of any other Event of Default.”

Section 4. Effective Date. This Amendment shall become effective as of the date first written above.

Section 5. Full Force and Effect. Except as otherwise modified herein, the terms and provisions of the Indenture, as previously amended and supplemented, shall remain unchanged and are hereby ratified and confirmed.

Section 6. Execution in Several Counterparts; Electronic Means. This Amendment may be simultaneously executed in several counterparts, all of which shall constitute one and the same instrument and each of which shall be, and shall be deemed to be, an original. The parties hereto agree the transactions described herein may be conducted and related documents may be sent and stored by electronic means. Each party agrees, and acknowledges that it is such party’s intent, that if such party signs this agreement using an electronic signature, it is signing, adopting, and accepting this agreement and that signing this agreement using an electronic signature is the legal equivalent of having placed its handwritten signature on this agreement on paper. Each party acknowledges that it is being provided with an electronic or paper copy of this agreement in a usable format.

Section 7. No Amendment. The provisions of this Amendment shall not be modified or amended save in writing, executed by all the parties hereto.

Section 8. Governing Law. This Amendment and all documents executed and delivered in connection herewith shall be governed by and construed in accordance with the laws of the State of California.

*[Signature Page Follows]*

IN WITNESS WHEREOF, KAWEAH DELTA HEALTH CARE DISTRICT and U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION have each caused this Amendment to Indenture to be executed in its name and in its behalf, all as of the date and year first above written.

**KAWEAH DELTA HEALTH CARE DISTRICT**

By: \_\_\_\_\_  
President of the Board of Directors

Attest:

\_\_\_\_\_  
Secretary-Treasurer of the Board of Directors

**U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION, as Trustee**

By: \_\_\_\_\_  
Authorized Signatory

# Fall 2022 Kaweah Health Quality & Patient Safety Ratings

Sandy Volchko DNP, RN, CPHQ, CLSSBB  
Director Quality & Patient Safety

November 2022



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



# Leapfrog Fall 2022 Hospital Safety Score

November 2022



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



# Acronyms

- CAUTI - catheter-associated urinary tract infection
- C Diff - Clostridioides difficile
- CLABSI - central line-associated bloodstream infection
- CPOE – Computerized Provider Order Entry
- Gemba – Observing the work where the work is done
- HAC – Healthcare Acquired Condition
- H-COMP – refers to questions from the Hospital Consumer Assessment of Healthcare Providers Survey
- HH – Hand Hygiene
- ISS – Information systems
- PSIs – Patient Safety Indicator
- SP – Safe Practice
- SSI – Surgical Site Infection
- QIC – Quality Improvement Committee



# Background

## Leapfrog Group & Hospital Safety Grade

### Leapfrog Group Mission:

To trigger giant leaps forward in the safety, quality and affordability of U.S. health care by using transparency to support informed health care decisions and promote high-value care.

The Leapfrog Hospital Safety Grade is the only hospital rating focused exclusively on hospital safety. Its A, B, C, D or F letter grades are a quick way for consumers to choose the safest hospital to seek care.

Upwards of 200,000 people die annually due to preventable mistakes in hospitals, according to the Journal of Patient Safety. To draw attention to this epidemic, in 2012 The Leapfrog Group decided to expand its focus beyond employers to reach consumers directly. Out of this vision came the Leapfrog Hospital Safety Grade, a letter grade rating of how safe hospitals are for patients. The Safety Grade provides consumers with the critical information on how likely they are to experience accidents, injuries, errors or harm while in the hospital.



# Key Points

## Leapfrog Hospital Safety Grade

### Components of the Safety Score

Submitted annually thorough Leapfrog Survey:

- Safe Practices (National Quality Forum)

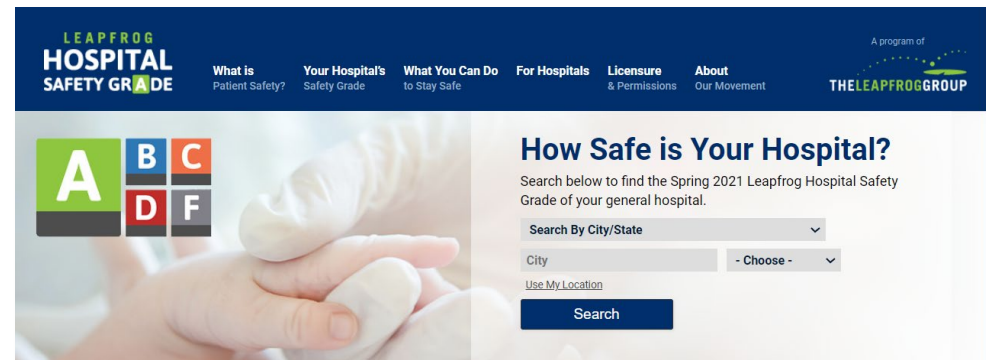
From Hospital Compare\*:

- 5 Patient Experience Measures
- 3 Healthcare acquired conditions (HACs)
- 5 Healthcare acquired infections (HAIs)
- 6 Patient Safety Indicators (PSIs)

\*Data date ranges vary

Note:

- Performance on each component is based on a z-score. This means Kaweah's score is dependent on how other hospitals perform which is unknown to any hospital until the day the scores are released to the public.



# Kaweah Health Performance Hospital Safety Score

- Safety score has improved and sustained since Oct 2021
- Previous to October 2017 Kaweah Health had 6 consecutive A grades

Time Frame	Kaweah Health Grade
October 2022	A
May 2022	A
October 2021	A
May 2021	B
December 2020	B
May 2020	C
October 2019	C
May 2019	C
October 2018	C
May 2018	A
October 2017	B

# Kaweah Health Leapfrog Hospital Safety Score 2022 vs 2019 Comparison

Measure Domain	Measure	Kaweah Health Fall 2022 score	Fall NATIONAL 2022 Mean	Kaweah Health Fall 2019 score	Oct NATIONAL 2019 Mean	Final Weight	Data Timeframes
Process/Structural Measures	Computerized Physician Order Entry (CPOE)	100	86.98	100	77.10	5.8%	June 2022
	Bar Code Medication Administration (BCMA)	100	86.96	100	80.28	5.7%	June 2022
	ICU Physician Staffing (IPS)	100	66.72	100	55.61	7.0%	June 2022
	Safe Practice 1: Culture of Leadership Structures and Systems	120.00	116.27	120	117.20	3.2%	June 2022
	Safe Practice 2: Culture Measurement, Feedback, & Intervention	100.00	115.02	120	116.65	3.4%	June 2022
	Safe Practice 9: Nursing Workforce	100.00	97.80	100	97.91	4.3%	June 2022
	Hand Hygiene	40	69.57	60	56.97	4.9%	June 2022
	H-COMP-1: Nurse Communication	90	90.15	89	90.90	3.1%	10/01/2020 - 09/30/2021
	H-COMP-2: Doctor Communication	89	90.02	88	90.89	3.1%	10/01/2020 - 09/30/2021
	H-COMP-3: Staff Responsiveness	84	81.91	84	84.34	3.1%	10/01/2020 - 09/30/2021
	H-COMP-5: Communication about Medicines	78	74.97	76	77.94	3.2%	10/01/2020 - 09/30/2021
	H-COMP-6: Discharge Information	86	85.52	85	86.60	3.1%	10/01/2020 - 09/30/2021
	Outcome Measures	Foreign Object Retained	0.000	0.02	0.08	0.02	4.3%
Air Embolism		0.000	0.0016	0.0000	0.0010	2.4%	07/01/2018 – 12/31/2019
Falls and Trauma		0.181	0.41	0.24	0.44	4.9%	07/01/2018 – 12/31/2019
CLABSI		1.252	1.11	1.28	0.73	4.5%	01/01/2021 – 12/31/2021
CAUTI		0.933	0.90	1.05	0.79	4.5%	01/01/2021 – 12/31/2021
SSI: Colon		0.703	0.80	0.80	0.84	3.4%	01/01/2021 – 12/31/2021
MRSA		2.020	1.13	2.17	0.84	4.4%	01/01/2021 – 12/31/2021
C. Diff.		0.498	0.49	0.59	0.69	4.4%	01/01/2021 – 12/31/2021
PSI 4: Death rate among surgical inpatients with serious treatable conditions		155.29	159.66	212.08	162.89	2.0%	07/01/2018 – 12/31/2019
CMS Medicare PSI 90: Patient safety and adverse events composite		0.86	1.00	n/a	n/a	15.2%	07/01/2018 – 12/31/2019
<b>SAFETY SCORE/GRADE</b>		<b>3.2063 "A"</b>		<b>2.8426 "C"</b>			

Letter Grade Key: A = >3.133 B= >2.964 C= >2.476 D= >2.047

# National Means in Key Safety Areas: 2019 vs 2022

## Improved Nationally (Means Reported Through Leapfrog 2022 Survey):

- Computerized Provider Order Entry (CPOE) (+9.8 points)
  - Points awarded for the degree of medication orders entered via CPOE and the ability of the system to detect and alert potential medication errors through
- Bar Code Medication Administration (BCMA) (+6.7 points)
  - Points awarded for the degree of use of BCMA systems to prevent medication errors
- ICU Physician Staffing (+11.1 points)
  - Points awarded for the degree of presence and responsiveness of board certified intensivists in ICU units
- Hand Hygiene (+12.6 points)
  - Points awarded for volume of hand hygiene observations and several key HH program components such as HH observation validation, monitoring and reporting of HH metrics and education.

## Decreased (Got Worse) Nationally (Means Reported Through CMS):

- H-COMP 3 - Staff Responsiveness (-2.43)
  - HCAHPS composite measure which reports two specific areas: How responsive you were to call lights, and how responsive you were to toileting needs.
- H-COMP Communication about Medicines (-2.97)
  - The two questions the HCAHPS survey asks with regards to communicating on medications are: “How often did the hospital staff explain the purpose of the medication?” “How often did the hospital staff explain the side effects in a way that the patient could understand?”
- Healthcare Acquired Infections – Standardized Infection Ratio
  - CLABSI (+0.38)
  - CAUTI (+0.11)
  - MRSA (+0.29)

# Leapfrog Hospital Safety Score Regional Comparison

Hospitals within 100 Miles	Fall 2022 Grade
Adventist Medical Center - Reedley	A
Adventist Medical Center - Hanford	A
Adventist Medical Center - Selma	C
Sierra View Medical Center	C
Community Regional Medical Center	D
Clovis Community Medical Center	C
Saint Agnes Medical Center	C
Kaiser Permanente Medical Center – Fresno	A
Adventist Medical Center – Delano	C
Madera Community Hospital	C
Bakersfield Heart Hospital	C
Bakersfield Memorial Hospital	B
Adventist Health – Bakersfield	A
Mercy Hospital – Downtown	C
Kern Medical Center	C
Mercy Hospital – Southwest	C
Mercy Medical Center	C
Twin Cities Community Hospital	A
<b>Other Facilities</b>	
Cleveland Clinic -Euclid Hospital	C
Johns Hopkins Hospital	A
University of California Ronald Reagan UCLA Medical Center	B
Harbor UCLA Medical Center	C
Mayo Clinic	A

# Action Summary

## Improve and Sustain

- Between the Fall 2019 and Fall 2022 safety grade periods Kaweah Health improved in 11 measures, remained the same in 9 (top score or data not updated), and 2 measures got worse (Falls and HH)
- Maintain the CPOE and Safe Practice scores
  - heavy focus in past in ISS clinical decision support tools have lead to success in the CPOE measure, this needs to sustain and group work is established
  - Continued support in full implementation of safe practices which includes: safety culture measurement, dissemination and improvement actions; robust hand hygiene program, regular review and analysis of staffing involved adverse events
- INFECTION PREVENTION
  - Gemba rounds daily to ensure best practices applied daily
  - Culture of culturing work
  - MRSA targeted decolonization
  - BioVigil, and include in person HH observations & intervention from Infection Prevention during regular rounds
- HAC and PSIs:
  - Timely review and action: 1) coding & documentation, and 2) Clinical issues identified and addressed
  - Redesign of Fall Prevention Program, currently reporting action plans to QIC



# 2023 Quality Ratings & Awards Overview

September 2022

Prepared for:





# 2023 Hospital Ratings Public Release

What we release and when:

**Specialty  
Excellence Awards**  
October



Public Release: **Tuesday, October 25<sup>th</sup>**

**Ratings** for 33 commonly treated procedures & conditions (e.g. Heart Failure, Pneumonia)

**Specialty Excellence Awards** – Top 5%/10% in the Nation -- for 17 Key Specialty Areas (e.g. Joint Replacement)

**America's 100 Best Hospitals for Specialty Care** – Roughly Top 2% – for 14 Key Specialty Areas (same areas as SEAs)

# Healthgrades® 2023 Clinical Outcomes Methodology

- *Independently analyze each short-term acute care hospital in the country: ~4,500 hospitals*
- **Hospitals may not opt-in or opt-out**
- *3-years of Medicare patient data (2019-2021)\**
- *Risk-Adjusted statistical model considers acuity of your patients, driving a predicted value*
- *Star ratings determined by actual performance vs. predicted performance*

- ★★★★★ Outcomes **better** than expected ~ 15%
- ★★★☆☆ Outcomes **as expected** ~ 70%
- ★☆☆☆☆ Outcomes **worse** than expected ~ 15%



## Mortality Rates

Did patients die during or after their care?



## Complication Rates

Did patients experience unexpected issues during their hospital stay?

\*All COVID-19 patients removed from analysis

# Kaweah Health Medical Center: Clinical Achievements



- Recipient of Healthgrades® America's 250 Best Hospitals Award™ for 5 Years in a row (2019-2023)

**All Overall America's 50/100/250 Best Hospital Messages are Embargoed until January 2023**

# Kaweah Health Medical Center: 2023 Clinical Achievements



- *One of Healthgrades America's 50 Best Hospitals for Cardiac Surgery™ for 6 Years in a row (2018-2023)- **1 of 3 hospitals in CA and the ONLY in the Central Valley***

**All Messaging and Ratings are Embargoed until October 25, 2022**

# Cardiac Surgery Excellence Award



- *Recipient of the Healthgrades Cardiac Surgery Excellence Award™ for 7 Years in a row (2017-2023)*
- ***The only hospital in CA to be Named Among the Top 5% in the Nation for Cardiac Surgery for 6 Years in a row (2018-2023)***

- The Cardiac Surgery specialty award recognizes hospitals with superior clinical outcomes in heart bypass surgery and heart valve surgery, representing the top 10% in the nation.
- To be considered for an award in this specialty area, a hospital must be evaluated in both of the above procedures based on MedPAR data.
- The Cardiac Surgery award is determined by the volume-weighted average of coronary artery bypass graft (CABG) surgery and valve surgery z-scores.

# Pulmonary Care



- *Recipient of the Healthgrades Pulmonary Care Excellence Award™ for 10 Years in a row (2014-2023)*
- *Named Among the Top 5% in the Nation for Overall Pulmonary Services for 3 Years in a row (2021-2023)*

- The Pulmonary Care specialty award recognizes hospitals with superior clinical outcomes in treating chronic obstructive pulmonary disease (COPD) and pneumonia, representing the top 10% in the nation.
- To be considered for an award in this specialty area, a hospital must be evaluated in both conditions based on MedPAR data.
- We calculate the average z-scores for these conditions using in-hospital mortality and in-hospital + 30-day mortality.

# Critical Care Excellence Award



- *Recipient of the Healthgrades Critical Care Excellence Award™ for 4 Years in a row (2020-2023)*
- *Named Among the Top 10% in the Nation for Critical Care for 4 Years in a row (2020-2023)*

- The Critical Care specialty award recognizes hospitals with superior clinical outcomes in treating pulmonary embolism, respiratory system failure, sepsis, and diabetic emergencies, representing the top 10% in the nation.
- To be considered for an award in this specialty area, a hospital must be evaluated in at least three out of four of the conditions listed above based on MedPAR data.
- The Critical Care award is based on a volume-weighted average of these average z-scores.

# Kaweah Health Medical Center: 2023 Clinical Achievements



- *Five-Star Recipient for Coronary Bypass Surgery for 7 Years in a row (2017-2023)*
- *Five-Star Recipient for Valve Surgery for 3 Years in a row (2021-2023)*
- *Five-Star Recipient for Treatment of Heart Failure for 3 Years in a row (2021-2023)*
- *Five-Star Recipient for Spinal Fusion Surgery in 2023*
- *Five-Star Recipient for Treatment of Stroke for 9 Years in a row (2015-2023)*



# Kaweah Health Medical Center: 2023 Clinical Achievements



- *Five-Star Recipient for Treatment of Pneumonia for 10 Years in a row (2014-2023)*
- *Five-Star Recipient for Treatment of GI Bleed for 2 Years in a row (2022-2023)*
- *Five-Star Recipient for Treatment of Sepsis for 11 Years in a row (2013-2023)*
- *Five-Star Recipient for Treatment of Respiratory Failure for 5 Years in a row (2019-2023)*

# Healthgrades Award Hierarchy



All awards use Medicare inpatient data from the Medicare Provider Analysis and Review (MedPAR) database from the Centers for Medicare and Medicaid Services (CMS)

# Kaweah Health Medical Center

## (MEDPAR 2019-2021) STAR REPORT (1 of 3)

2023 Medpar Ratings	Mortality Inhospital		Mortality Inhospital + 30		Complications
<b>Cardiac</b>					
Coronary Bypass Surgery	★★★	▼	★★★★★		
Valve Replacement Surgery	★★★★★		★★★★★		
Coronary Interventional Procedures (Angioplasty/ Stent)	★	▼	★	▼	
Acute Myocardial Infarction (Angioplasty/Stent Treatment Available)	★★★	▼	★★★		
Congestive Heart Failure	★★★★★	▲	★★★	▼	
Cardiac Pacemaker Implants					★★★
Cardiac Defibrillator Implants					★ ▼
<b>Critical Care</b> ❖					
Pulmonary Embolism	★★★		★★★		
Diabetic Acidosis and Coma					★★★
Sepsis	★★★★★		★★★★★		
Respiratory Failure	★★★★★		★★★★★		

**All Messaging and Ratings are Embargoed until October 25, 2022**

# Kaweah Health Medical Center

## (MEDPAR 2019-2021) STAR REPORT (2 of 3)

2023 Medpar Ratings	Mortality Inhospital	Mortality Inhospital + 30	Complications
<b>Gastrointestinal Care</b>			
Bowel Obstruction	★★★★	★★★★	
GI Bleed	★★★★★	★★★★	
Pancreatitis	★★★★	★★★★	
Cholecystectomy			★★★★
Colorectal Surgeries	★★★★	★★★★	
Upper Gastrointestinal Surgery	★★★★	★★★★	
<b>Individual</b>			
Prostate Removal Surgery			★
<b>Neurosciences</b>			
Stroke	★★★★★	★★★★ ▼	
Neurosurgery	★★★★	★★★★	

**All Messaging and Ratings are Embargoed until October 25, 2022**

# Summary & Action

- Improvements: 3 to 5 stars in Heart Failure
- Decreases in Start Ratings:
  - 5 to 3 star Coronary Bypass Surgery, COPD & Acute Myocardial Infarction in-hospital mortality; Heart Failure and Stroke 30 day mortality.
  - Decrease 3 to 1 star Coronary Interventional Procedures in-hospital and 30 day mortality; Cardiac Defibrillator Implants procedure complications.
    - Robust quality program with data abstraction and participation in the American College of Cardiology (ACC) registry
    - 1-star rating in PCI & pacer mortalities discussed at Cardiology Co-Management meeting 11/17
    - Cardiology Co-Management group requested to examine data – meeting to be scheduled for this purpose
    - Contributing factors known with related action plans developed to address
    - Consistent adherence to action plans remains a challenge
    - Development of Cardiovascular Service Line Steering Committee as additional avenue to review outcomes & drive action plan adherence
  - Prostate Removal Surgery complications remains at 1 star (2022 ratings included: 8 / 85 cases over 3 years, five with post op ileus resolved in 1-2 days, one transient hypotension, one post op fever), cases preceded 2021 reviewed by Medical Director of Surgical Quality.
- Next Steps: Detailed review of each population with Healthgrades to include all stakeholders. Healthgrades reviews assist in identifying potential opportunities for continued improvement
- Next Steps: Continued work in Cardiology Service line in monitoring and improving key patient outcome metrics that are submitted to the American College of Cardiology and reported through the Kaweah Health Quality Program

# Questions?

**Live with passion.**

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



## Empower Through Education - Expand Education Offerings

Champions: Lacey Jensen, Dr. Sokol, Faculty Development Committee

### Problem / Goals & Objectives

**Problem Statement:**

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

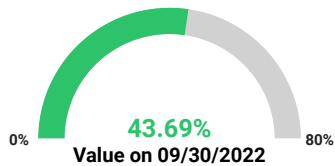
**Goals and Objectives:**

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

### Plan

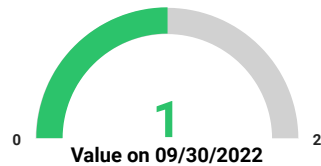
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.1	Objective	Achievement of faculty development for compliance with ACGME	07/01/2022	06/30/2023	Lori Winston	On Track	This is an annual measure, but we are reporting quarterly performance. This is a responsibility of each of the Program Directors to ensure their faculty are participating in their own ongoing development.
1.1.2	Objective	Launch interdisciplinary educational opportunities (L&D, PeriOp)	07/01/2022	06/30/2023	Lacey Jensen	On Track	L&D completed two interdisciplinary simulations on Post-partum Hemorrhage. Kicking off Periop interdisciplinary simulation project in October.
1.1.3	Objective	Implement training, governance, and increased functionality of Lippincott Procedures, Advisors and Professional Development.	07/01/2022	06/30/2023	Lacey Jensen	On Track	Training for Clinical Educators complete. Next steps is to form stakeholder advisory group for project implementation.

#### Faculty development for ACGME Compliance



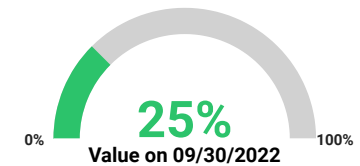
Showing data for: Jul 2 – Oct 1, 2022

#### Launch Interdisciplinary Educational Opportunities



Showing data for: Jul 2 – Oct 1, 2022

#### Lippincott Training, Governance and Functionality



Showing data for: Jul 1 – Sep 30, 2022

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

## Problem / Goals & Objectives

**Problem Statement:**

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

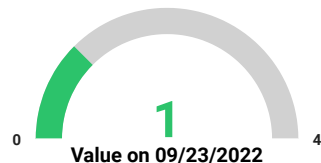
**Goals and Objectives:**

Increase emotional support and promote wellness.

## Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.1	Objective	Maintain quarterly Schwartz rounds	07/01/2022	06/30/2023	Dianne Cox	On Track	The first Schwarz Round session has been completed and rounds will continue every 2-3 months throughout the year. Chaplain Services is available to employees 24 hours a day for emotional support and monthly Self Care and Employee Assistance Program Publications continue to be sent to employees.

### Schwartz Rounds Completion



**Value on 09/23/2022**  
Move from baseline of 0 to target of 4

Showing data for: Jul 2 - Oct 1, 2022



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

### Problem / Goals & Objectives

**Problem Statement:**

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

**Goals and Objectives:**

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

### Plan

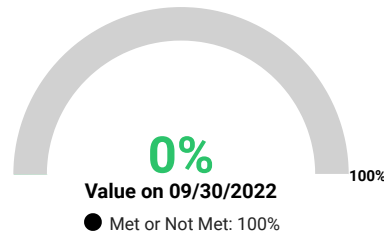
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.3.1	Objective	Complete Annual DMAIC Training Session	07/01/2022	06/30/2023	Sandy Volchko	On Track	We will continue to support DMAIC training this year and complete one session by 6/30/23.
1.3.2	Objective	Launch Just Culture Certificate Program	07/01/2022	06/30/2023	Hannah Mitchell	On Track	The Just Culture Certification program will be launched in January 2023.
1.3.3	Objective	Launch Medical Staff Leadership Training	07/01/2022	06/30/2023	Lori Winston	On Track	Dr. Seng is leading this initiative and holding regular GOLD (Guided Organizational Leadership Development) sessions for the Medical Staff. The first cohort is on schedule for completion in January 2023.

#### Continue DMAIC Trainings



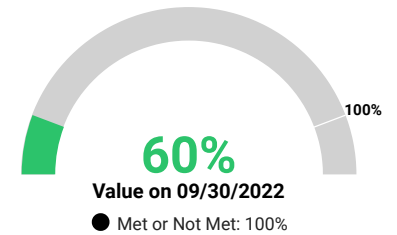
Showing data for: Jul 2 – Oct 1, 2022

#### Launch Just Culture Certificate Program



Showing data for: Jul 2 – Oct 1, 2022

#### Launch Medical Staff Leadership Training



Showing data for: Jul 2 – Oct 1, 2022

## Empower Through Education - Mentorship and Succession Planning

Champions: Hannah Mitchell, Succession Planning Committee

### Problem / Goals & Objectives

**Problem Statement:**

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

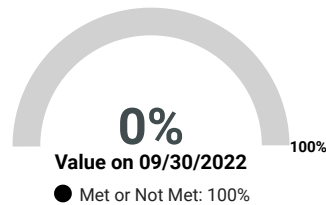
**Goals and Objectives:**

Develop and roll out formal mentoring and succession planning programs.

### Plan

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

#### Expand Mentorship Program



Showing data for: Jul 2 - Oct 1, 2022

## Empower Through Education - Increase Nursing Cohort Seats

Champions: Jaime Morales, Human Resources

### Problem / Goals & Objectives

**Problem Statement:**

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

**Goals and Objectives:**

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

### Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.5.1	Objective	Partnering for two new cohorts to begin in FY23 and an additional three new cohorts to begin in CY 23, for a total of five new cohorts by December 2023.	07/01/2022	06/30/2023	Dianne Cox	On Track	In November 2022, the BRN approved a Unitek/KH School of Nursing. COS and SJVC are both pending BRN approval to allow SJVC to add 36 seats in fiscal year 2024 (August 2023) and COS to add 40 seats in fiscal year 2024.
1.5.2	Objective	Student Nurse Intern (SNI) seats- Graduate the Fall 2022 Class and Launch the Spring 2023 Class	07/01/2022	06/30/2023	Dianne Cox	On Track	We are on track to graduate the Fall 2022 SNI students and launch the next class in the Spring of 2023.

#### Add Additional Nursing Cohorts



Showing data for: Jul 2 – Oct 1, 2022

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

### Problem / Goals & Objectives

**Problem Statement:**

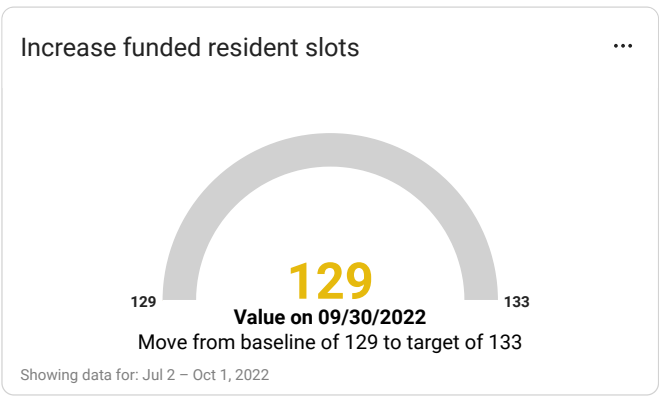
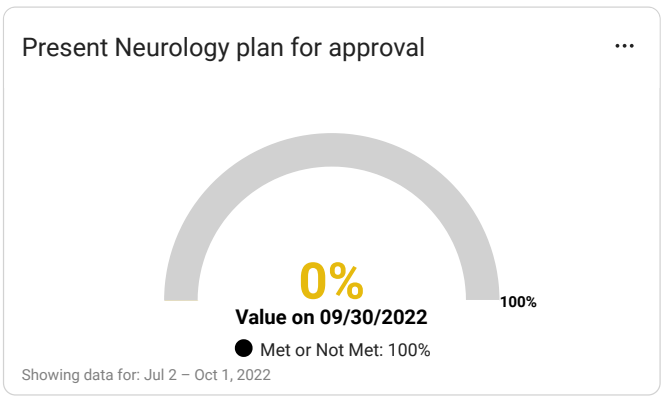
The geographic area that Kaweah Health serves has a shortage of physicians, particularly specialists.

**Goals and Objectives:**

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

### Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.6.1	Objective	Present Neurology Residency Plan for Board Approval	07/01/2022	06/30/2023	Lori Winston	Off Track	Ongoing work is taking place to build this service. However, funding for this program presents some challenges and is being evaluated.
1.6.2	Objective	Increase funded resident slots	07/01/2022	06/30/2023	Lori Winston	Off Track	There are concerns that we will not receive the additional four positions due to rotations that take residents to other facilities that impact Kaweah's achievement of full funding for current assigned CMS cap.



# Throughput/LOS

November 2022 Board Update



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

## Patient Progression

### Monthly Accomplishments:

- All CM staff have remote access to work from home on weekends – increasing the staffing capability for the team through extra shifts.
- Have filled all of the open CM positions and will commence onboarding and training all new CMs with full staffing in place by January 1<sup>st</sup>.
- New Throughput Supervisor role working on throughput projects – Meds to Beds, better utilization of the daily discharge list, creating resource guide for CM and floors for what service availability throughout the district that impact discharge, working on creating better LVN discharge role and function in discharge before noon initiative.

### Critical Issues/Barriers:

- Staffing challenges; alignment of staff incentives and organizational goals
- Change culture of assessing patient needs – mentality that patient needs to be here.
- Psychosocial needs of patients: responsibility of hospital vs families

## Transfer Center Operations

### Monthly Accomplishments:

- Increased transfers have been accepted to Kaweah over the last month, inpatient census has been lower.
- Built internal database to better handle incoming/outgoing transfers for both ED and inpatient. Will be utilizing this system for better data management.
- Revised and updated transfer back agreement form – ensures once our higher level of care intervention is complete, patient transfers back to sending facility. Pending forms committee approval.

### Critical Issues/Barriers:

- Increased inpatient census makes accepting incoming transfers difficult.
- On-call physician or surgeon declining cases without reviewing. Working with medical staff leaders to breakdown barriers and enforce expectations.
- Transfer Back Agreement revised to use and track when they need to come back.

## Emergency Department (ED) to Inpatient Admission Process

### Monthly Accomplishments:

- Implementation of staffing by demand matrix for the ED RNs
- Initiating RN:RN hand-off, mitigating delays (sent to Clin ED for essential info flier for implementation)
- ED launch point auto update with bed status with Cap-man go live
- Moved ED Case Managers into Bed allocation office and have restructured the ED CM roles and workflow to handle admissions more effectively.

### Critical Issues/Barriers:

- Staffing limitations: nursing, case management, etc.; changing patient acuity and COVID patient volume; discrepancies between admission criteria between ED and inpatient providers; alignment of staff incentives and organizational goals
- Capacity manager reporting in the transfer center. Need handoff data for timing of the patients.

## ED Care Model Redesign

### Monthly Accomplishments:

- Weekly meetings to evaluate workflows. Spaghetti diagrams to streamline workflows. Committee members engagement: Providers, NSG leadership, Frontline staff

### Critical Issues/Barriers:

- Staffing limitations, changing acuity and surge
- Create modified work plan to use the spaces and remove the Intake space.
- Staffing callouts limit the ability to use Zone 6, compete for admit beds with admit holds, CT procedures

## Long Stay Committee

### Monthly Accomplishments:

- Reviewing 1-5 days over LOS each Tuesday along with a quick check-in on complex team patients.
- Changed workflow to review top stay patients weekly for any barrier workflows that could be addressed and changed for next time. Risk and other ancillary teams are involved in weekly meetings

### Critical Issues/Barriers:

- SNF Placement, Patient Behavior, Lack of Family Involvement, Psychiatric/Mental Health Resources.
- Experience of case managers in identifying barriers early. Need to develop education model to bring new information back to frontline team.
- Limited experience problem solving for the barriers identified. Need to develop more critical thinking skills for the committee to help with creative problem solving.

## Patient Placement

### Monthly Accomplishments:

- Finalize patient placement matrix & communicated plan to all stakeholders.
- Implemented phase 1 of patient placement matrix (by DRG).
- Will review again in 6 months to look at additional matrix for providers.

### Critical Issues/Barriers:

- Alignment with Cerner Capacity Manager implementation.
- Optimize outpatient service line.



## Observation Program

### Monthly Accomplishments:

- Officially moved 2 South back to an observation unit starting 10/3/22.
- September saw a decrease in observation length of stay.

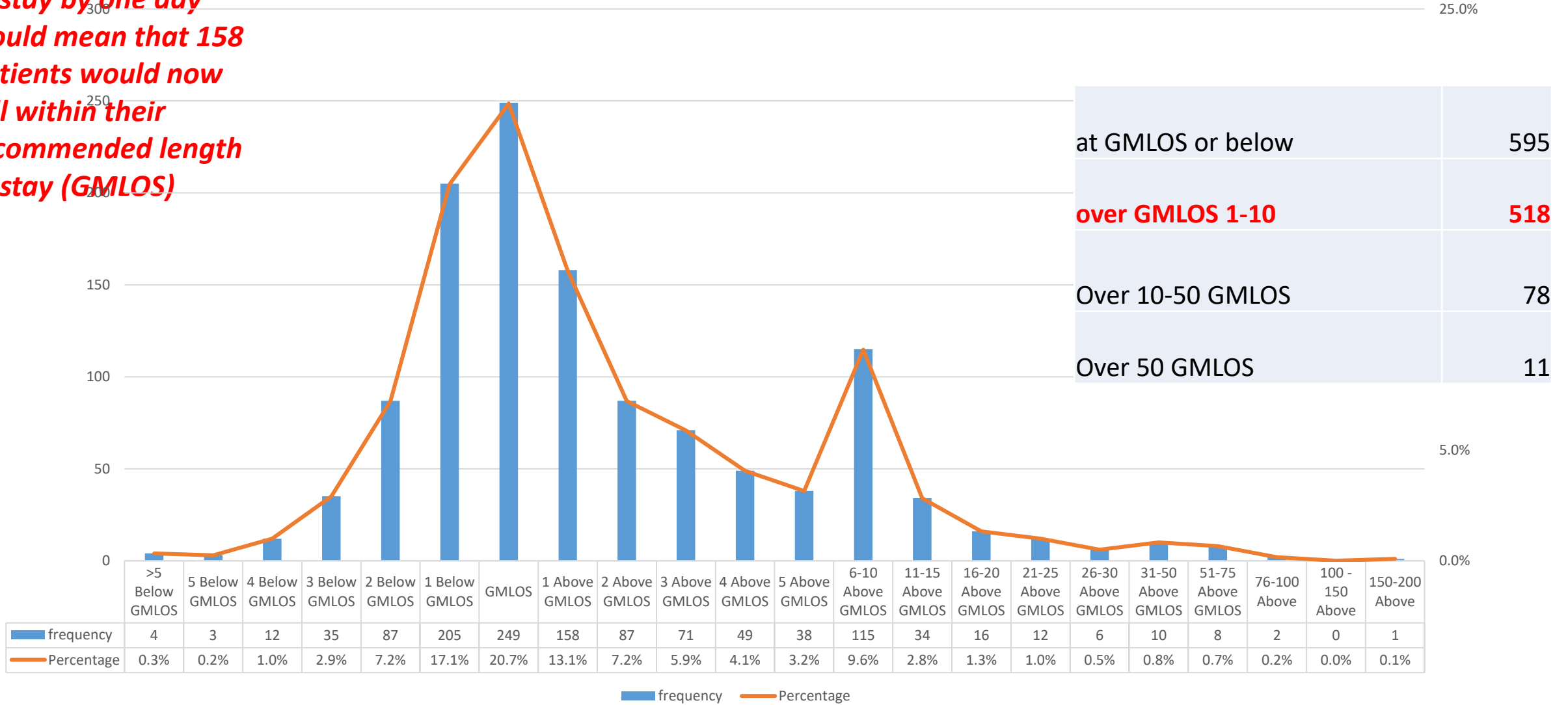
### Critical Issues/Barriers:

- Retrain staff for Observation Level of Care
- Provider response to observation patient care/follow up.

**Improving our length of stay by one day would mean that 158 patients would now fall within their recommended length of stay (GMLOS)**

## Hospital LOS Distribution September 2022 - 1202 Discharges

25.0%

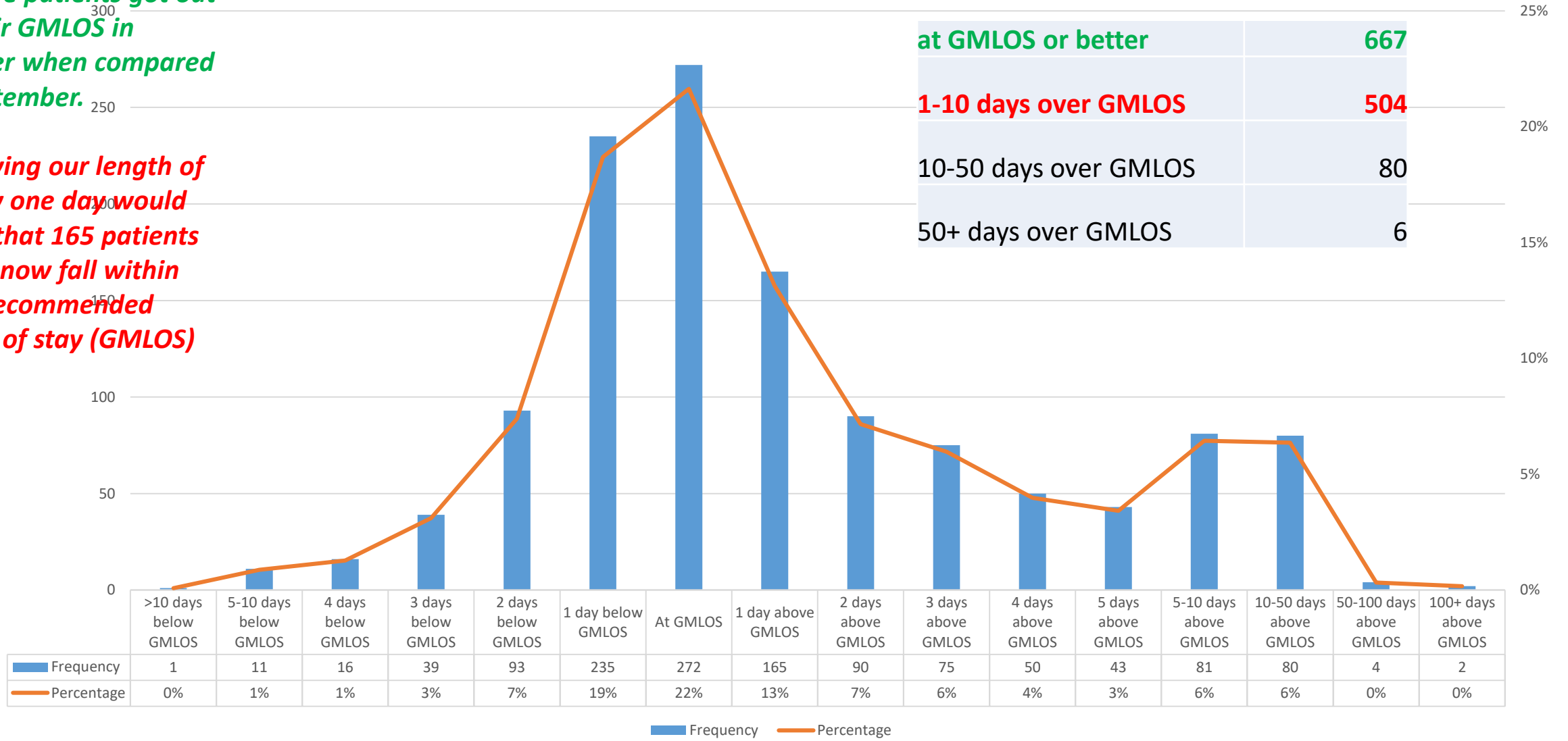


### October 2022 LOS Distribution - 1257 Discharges

**72 more patients got out by their GMLOS in October when compared to September.**

**Improving our length of stay by one day would mean that 165 patients would now fall within their recommended length of stay (GMLOS)**

at GMLOS or better	667
1-10 days over GMLOS	504
10-50 days over GMLOS	80
50+ days over GMLOS	6



# Draft Performance Scorecard

## Leading Performance Metrics – Inpatient & Observation

Metric	Patient Type	Definition	Goal	Current Performance Compared to Baseline					
				Jan - Nov '21 Baseline (Monthly Average or Median)	Jun '22	Jul '22	Aug '22	Sep '22	Oct '22
<b>Observation Average Length of Stay (Obs ALOS)</b> <i>(Lower is better)</i>	<b>Overall</b>	Average length of stay (hours) for observation patients	<b>37.9</b>	<b>44.01</b>	50.43	52.05	66.00	58.69	51.44
<b>Inpatient Average Length of Stay (IP ALOS)</b> <i>(Lower is better)</i>	<b>Overall</b>	Average length of stay (days) for inpatient discharges	<b>5.64</b>	<b>6.31</b>	6.18	6.03	5.89	6.72	5.95
	Non-COVID		<b>N/A</b>	<b>5.62</b>	5.67	5.75	5.59	6.47	5.73
	COVID		<b>N/A</b>	<b>10.63</b>	13.47	7.94	8.93	10.38	13.50
<b>Inpatient Observed-to-Expected Length of Stay</b> <i>(Lower is better)</i>	<b>Overall</b>	Observed LOS / geometric mean length of stay for inpatient discharges	<b>1.32</b>	<b>1.48</b>	1.58	1.53	1.53	1.69	1.51
<b>% of Discharges Before 12 PM</b> <i>(Higher is better)</i>	<b>Overall</b>	% of inpatients discharged before 12 PM	<b>35%</b>	<b>11.5%</b>	12.4%	13.0%	13.0%	13.6%	14.3%
<b>Surgical Backfill Volume</b> <i>(Higher is better)</i>	<b>Overall</b>	Incremental inpatient elective surgical cases over baseline; pending established baseline	<b>TBD</b>	<b>TBD</b>	TBD	TBD	TBD	TBD	TBD
<b>Discharges</b>	<b>Overall</b>	Count of IP & observation discharges	<b>N/A</b>	<b>1,768</b>	1,679	1,650	1,728	1,553	1,598
	Inpatient-Non-COVID	Count of non-COVID IP discharges	<b>N/A</b>	<b>1,264</b>	1,252	1,141	1,204	1,097	1,166
	Inpatient-COVID	Count of COVID IP discharges	<b>N/A</b>	<b>197</b>	87	170	120	76	34
	Observation	Count of observation discharges	<b>N/A</b>	<b>307</b>	340	339	404	380	398

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

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

# Draft Performance Scorecard

## Leading Performance Metrics – Emergency Department

Metric	Patient Type	Definition	Goal	Current Performance Compared to Baseline					
				Jan - Nov '21 Baseline (Monthly Average or Median)	Jun '22	Jul '22	Aug '22	Sep '22	Oct '22
<b>ED Boarding Time</b> <i>(Lower is better)</i>	<b>Overall</b>	Median time (minutes) for admission order written to check out for inpatients and observation patients	<b>286</b>	<b>336</b>	458	443	461	274	190
	Inpatients	Median time (minutes) for admission order written to check out for admitted patients	<b>287</b>	<b>338</b>	452	437	451	274	184
	Observation Patients	Median time (minutes) for admission order written to check out for observation patients	<b>259</b>	<b>304</b>	602	705	620	263	277
<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	<b>N/A</b>	<b>640</b>	804	772	772	550	409
<b>ED Average Length of Stay (ED ALOS)</b> <i>(Lower is better)</i>	<b>Overall</b>	Median ED length of stay (minutes) for admitted and discharged patients	<b>N/A</b>	<b>347</b>	378	364	361	317	329
	Discharged Patients	Median ED length of stay (minutes) for discharged patients	<b>214</b>	<b>268</b>	300	299	290	260	270
	Inpatients	Median ED length of stay (minutes) for admitted inpatients	<b>612</b>	<b>720</b>	916	864	907	677	568
	Observation Patients	Median ED length of stay (minutes) for observation patients	<b>577</b>	<b>679</b>	1,164	1,079	1,085	759	624
<b>ED Visits</b>	<b>Overall</b>	Count of ED visits	<b>N/A</b>	<b>5,594</b>	6,124	6,388	6,487	5,917	6,018
	Discharged	Count of ED visits for discharged patients	<b>N/A</b>	<b>3,998</b>	4,585	4,842	4,936	4,502	4,549
	Inpatients	Count of ED Visits for admitted patients	<b>N/A</b>	<b>1,216</b>	1,164	1,180	1,136	1,037	1,069
	Observation Patients	Count of ED Visits for observation patients	<b>N/A</b>	<b>380</b>	375	366	415	378	400

\*Previous month to be updated for admitted patients to align with exclusion criteria

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

# CFO Financial Report

## Month Ending October 2022

# Key Takeaways

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- Economy: Inflation outpacing reimbursement
- Volume: Overall patient volume and acuity are lower than prior year and budget, but tracking higher than FY19-FY21.
- Contract Labor: Rates and hours are coming down
- Premium Pay: Overtime and shift bonus at an all time low.



## Health systems suffer while payer profits soar

Laura Dyrda ([Twitter](#)) - Thursday, November 3rd, 2022



Large health systems are reporting big losses this year while insurers continue to turn billion-dollar profits.

Humana reported \$1.2 billion in third quarter profits, a slight drop from the same period last year. The company has focused on regaining Medicare Advantage market share and increased quarterly revenues 10.2 percent year over year.

Cigna's third quarter profits jumped 70 percent year over year, hitting \$2.8 billion. The company reported \$45.3 billion in third quarter revenues and raised its annual earnings outlook based on the results. The company now projects \$179 billion for full year 2022 adjusted revenue.

CVS Health also beat investor expectations in the third quarter and raised its earnings outlook. The company's third quarter revenue jumped almost 10 percent year over year to \$81.2 billion, although it reported \$3.4 billion in losses after agreeing to pay into a \$5 billion global opioid lawsuit settlement over 10 years.

At the same time, health systems are reporting multimillion and even billion-dollar losses. Chicago-based CommonSpirit Health reported \$1.3 billion operating loss for the 12-months end on June 30. Ascension, based in St. Louis, also reported a \$1.8 billion loss for the fiscal year's end in June.

Community Health System reported a \$42 million net loss for the third quarter in October and both Dallas-based Tenet Healthcare and Nashville, Tenn.-based HCA Healthcare reported more than 50 percent drops in quarterly net income from 2021 to 2022.

The profitability mismatch between the nation's largest payers and health systems of all sizes will be front and center during contract negotiations in the coming year. There have already been high profile contract impasses between insurers and large systems, with some leading to contract termination.

### Latest articles on Finance:

[Kaiser Permanente reports \\$1.5B Q3 loss](#)





## CEO Message

Carmela Coyle

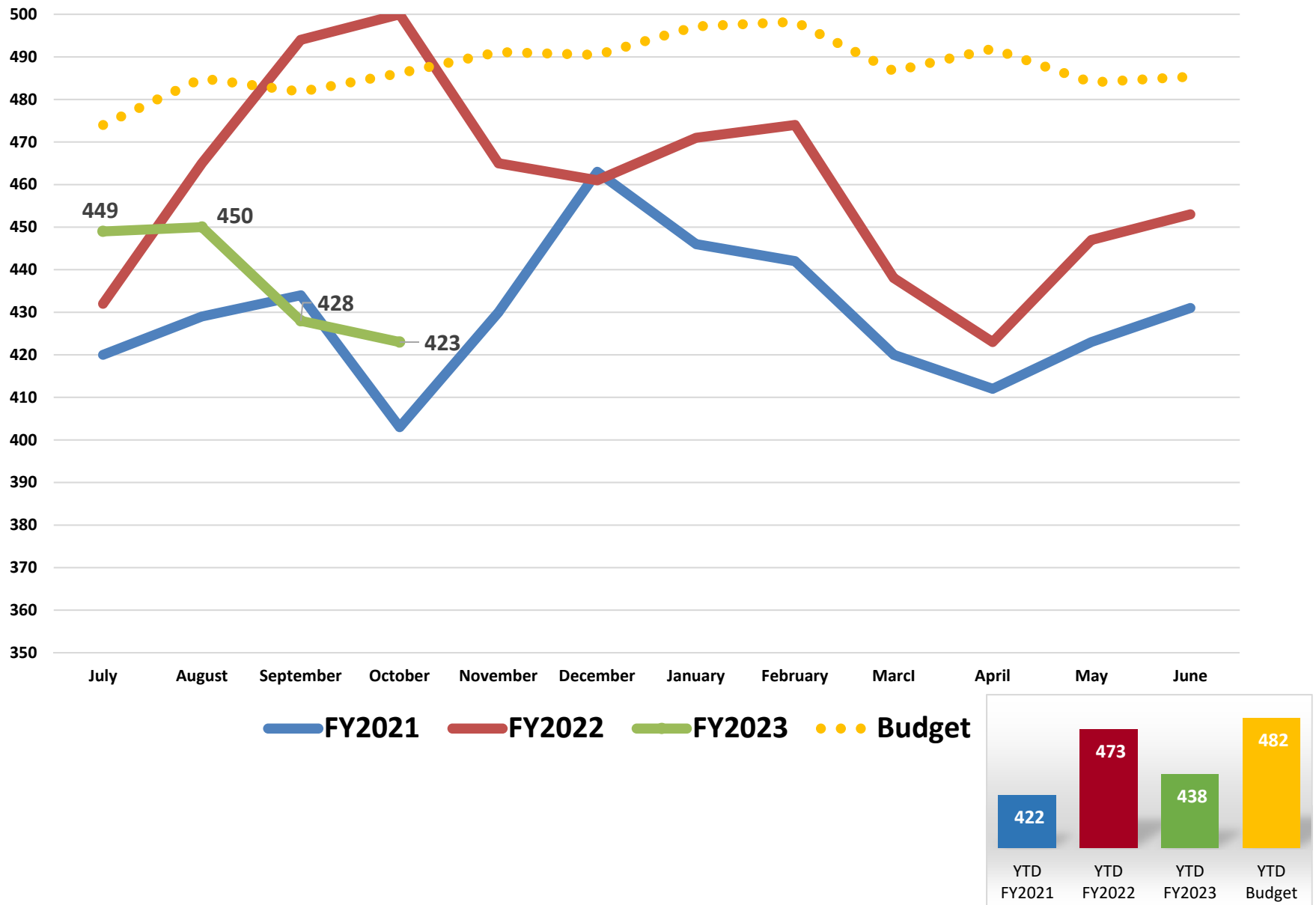
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On Monday, the American Hospital Association (AHA) delivered to the leaders of the U.S. Senate and House of Representatives a **letter outlining priorities for hospitals for the remainder of this year**, a lame-duck session following the Nov. 8 midterm election.

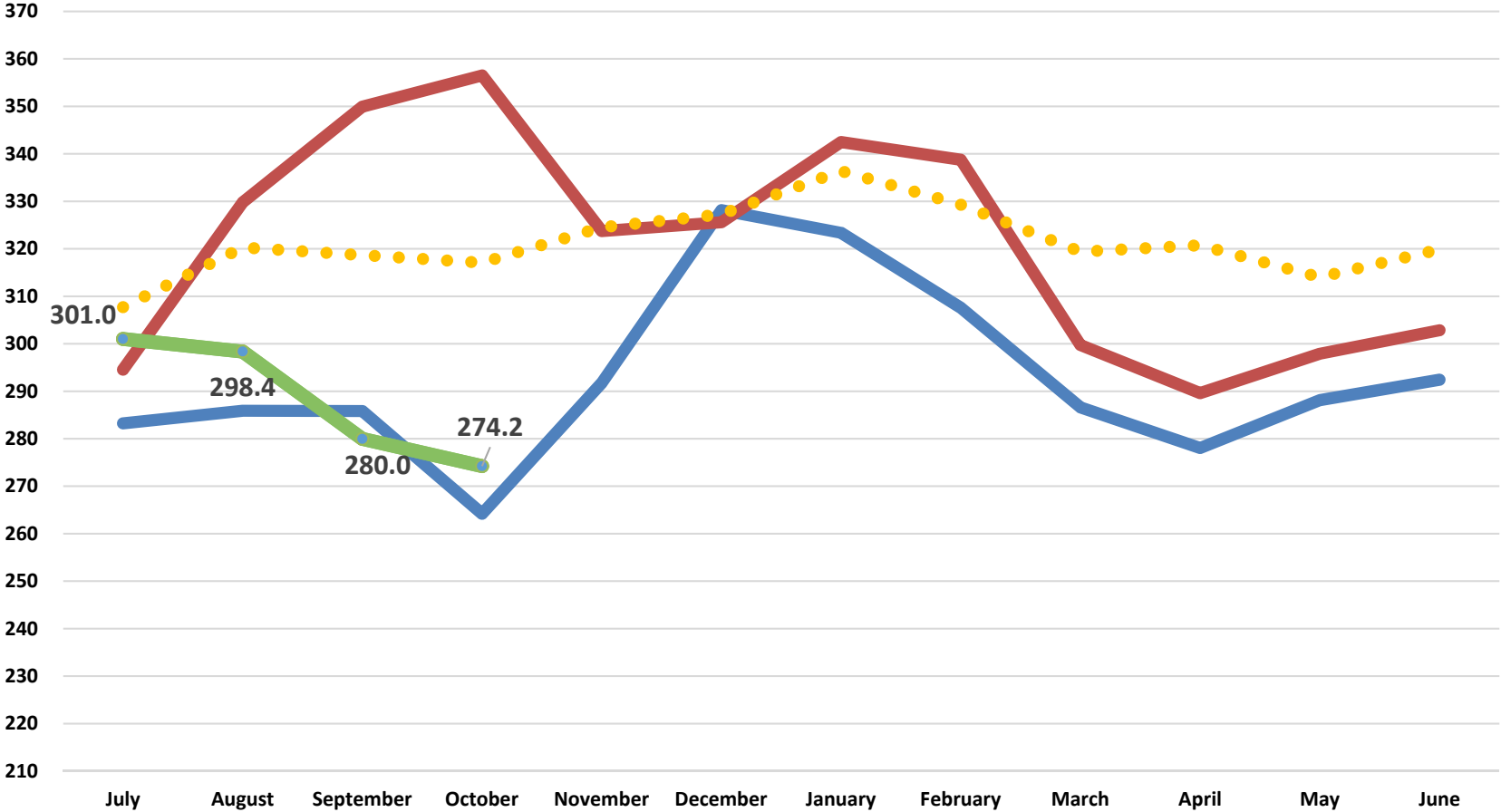
Included among the issues is a push to mitigate backlogs for patient discharge — a major concern for California hospitals as well as those throughout the nation — by establishing a federal per diem payment for these patients. From AHA’s letter:

“Significant workforce shortages at facilities, such as those in post-acute and behavioral health, are making it more difficult for acute care hospitals to discharge patients to the appropriate care setting. This means patients must remain in inpatient beds longer than is medically necessary. As a result, hospitals must bear the costs of caring for patients for those excess days without any reimbursement. We ask Congress to establish a temporary per diem payment targeted to hospitals to address this issue.”

# Average Daily Census



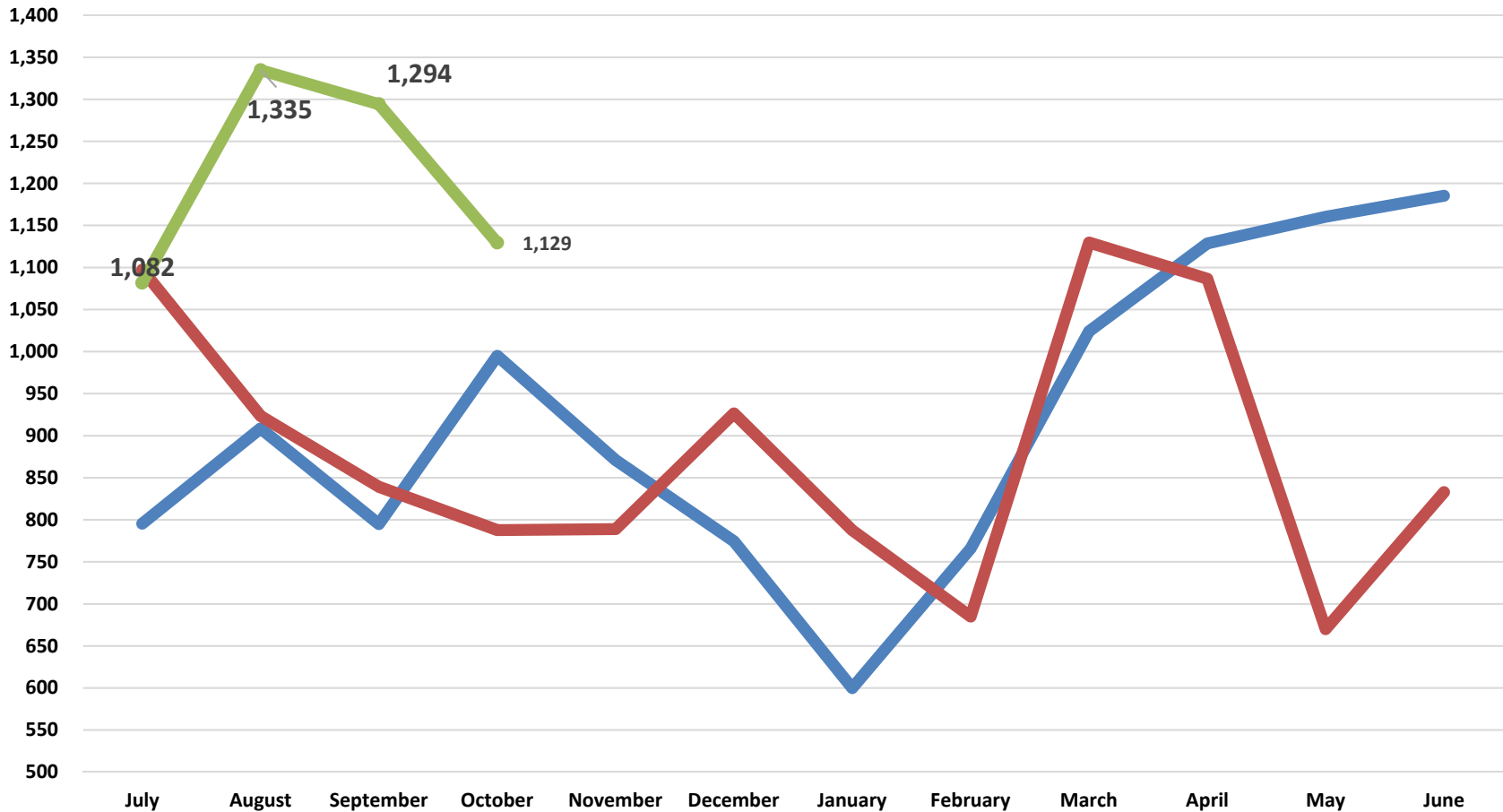
# Medical Center – Avg. Patients Per Day



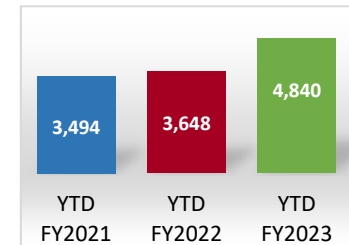
—●— **FY2021**   
 —●— **FY2022**   
 —●— **FY2023**   
 ●●● **Budget**

279.8	332.7	288.4	315.9
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

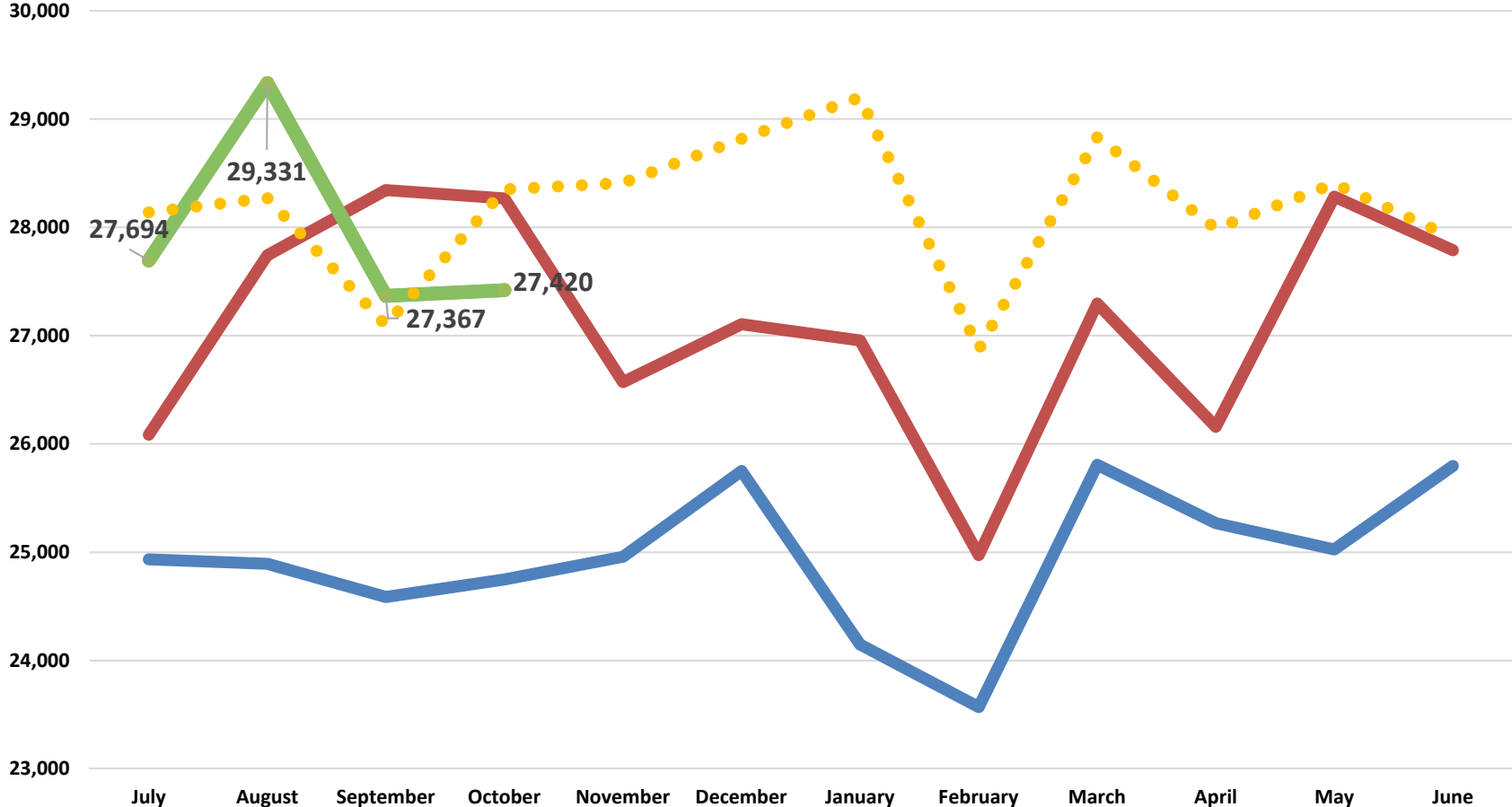
# Observation Days



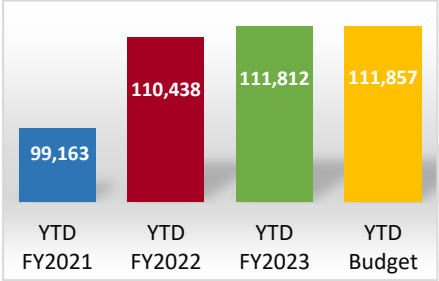
— FY2021 — FY2022 — FY2023



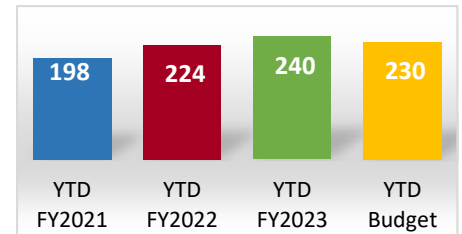
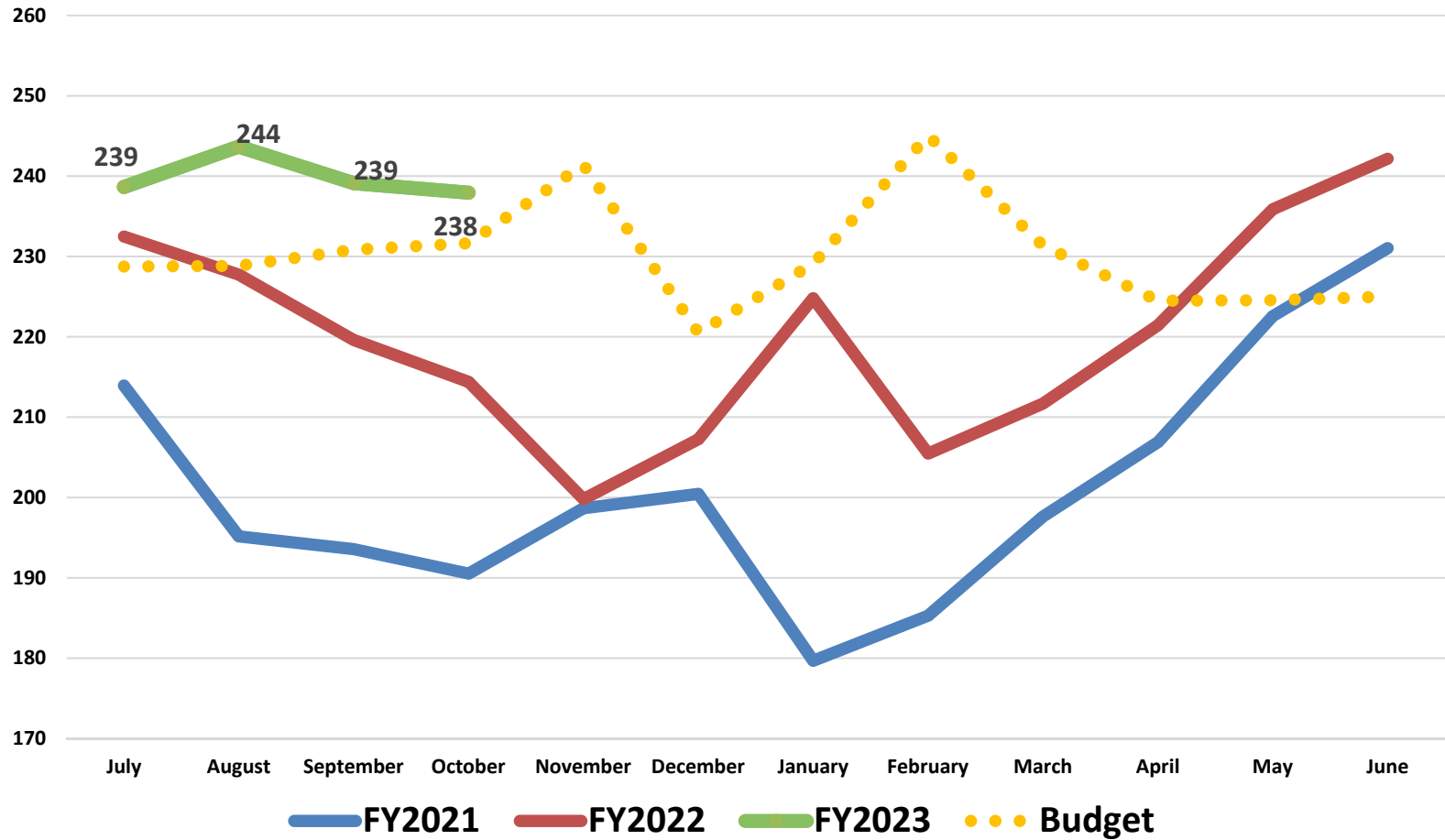
# Adjusted Patient Days



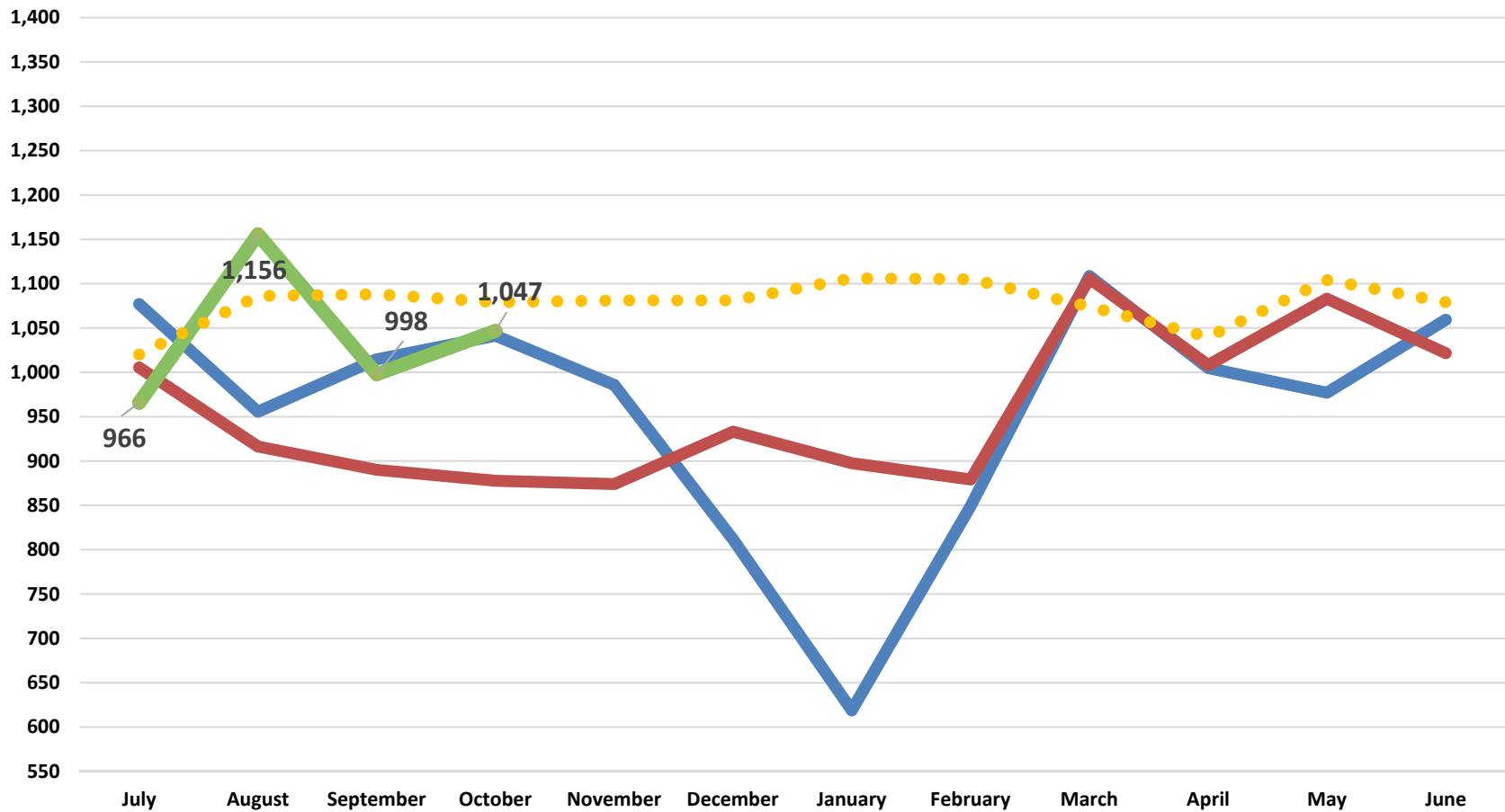
— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget



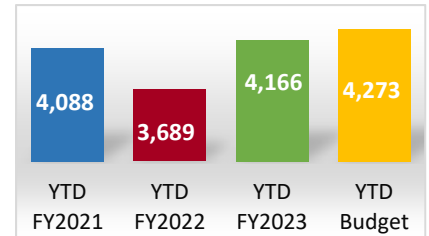
# Emergency Dept – Avg Treated Per Day



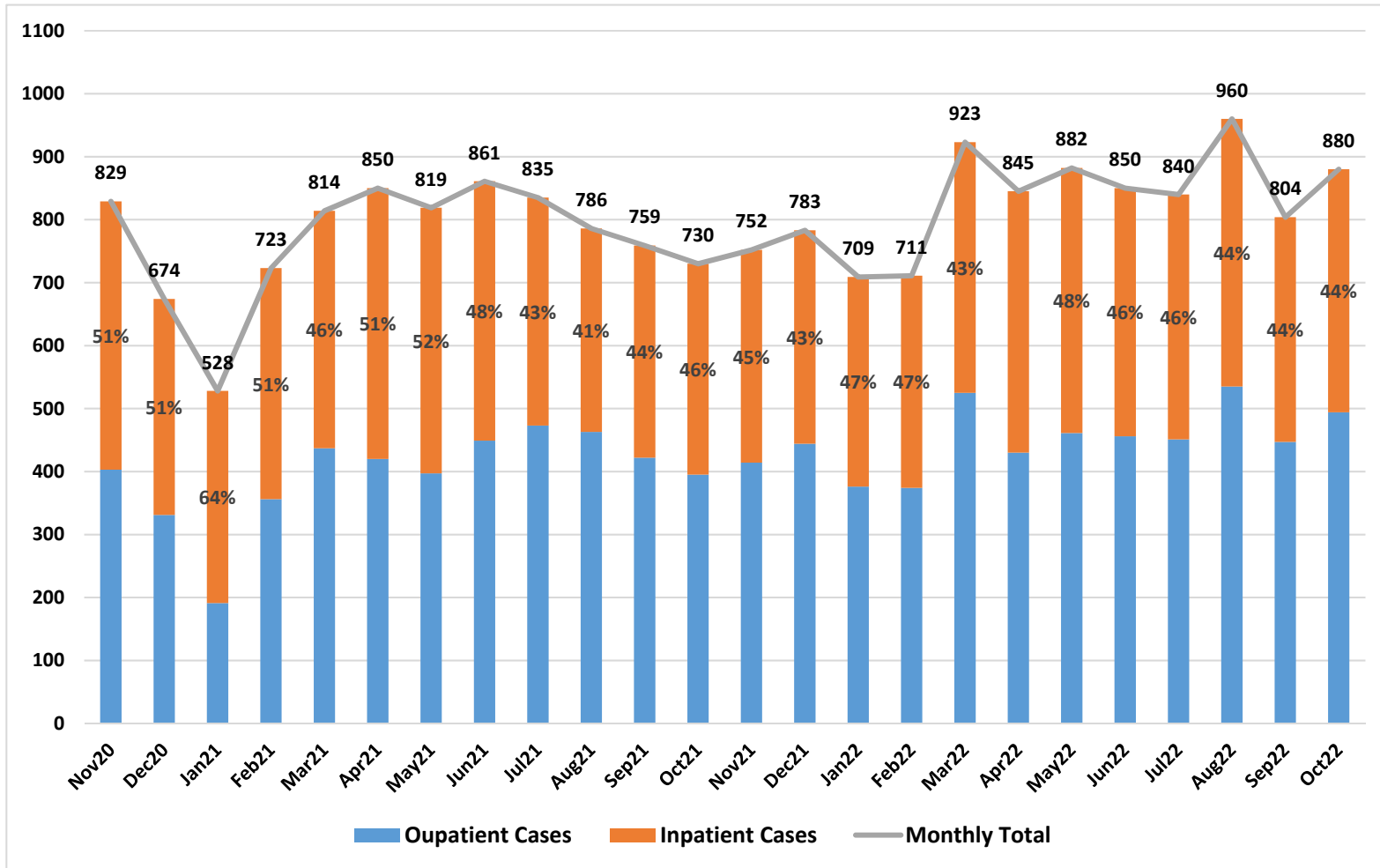
# Surgery (IP & OP) – 100 Min Units



— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget



# Surgery Cases





## Statistical Results – Fiscal Year Comparison (Oct)

	Actual Results			Budget	Budget Variance	
	Oct 2021	Oct 2022	% Change	Oct 2022	Change	% Change
<b>Average Daily Census</b>	<b>501</b>	<b>423</b>	<b>(15.5%)</b>	<b>483</b>	<b>(60)</b>	<b>(12.3%)</b>
<b>KDHCD Patient Days:</b>						
Medical Center	11,052	8,501	(23.1%)	9,829	(1,328)	(13.5%)
Acute I/P Psych	1,168	1,366	17.0%	1,621	(255)	(15.7%)
Sub-Acute	870	921	5.9%	951	(30)	(3.2%)
Rehab	492	513	4.3%	606	(93)	(15.3%)
TCS-Ortho	360	376	4.4%	409	(33)	(8.1%)
TCS	479	447	(6.7%)	506	(59)	(11.7%)
NICU	503	486	(3.4%)	500	(14)	(2.8%)
Nursery	594	509	(14.3%)	544	(35)	(6.4%)
<b>Total KDHCD Patient Days</b>	<b>15,518</b>	<b>13,119</b>	<b>(15.5%)</b>	<b>14,966</b>	<b>(1,847)</b>	<b>(12.3%)</b>
<b>Total Outpatient Volume</b>	<b>47,957</b>	<b>42,997</b>	<b>(10.3%)</b>	<b>48,146</b>	<b>(5,149)</b>	<b>(10.7%)</b>

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

	Actual Results			Budget	Budget Variance	
	FYTD 2022	FYTD 2023	% Change	FYTD 2023	Change	% Change
<b>Average Daily Census</b>	<b>473</b>	<b>436</b>	<b>(7.7%)</b>	<b>478</b>	<b>(42)</b>	<b>(8.8%)</b>
<b>KDHCD Patient Days:</b>						
Medical Center	40,904	35,480	(13.3%)	38,857	(3,377)	(8.7%)
Acute I/P Psych	4,551	5,069	11.4%	6,302	(1,233)	(19.6%)
Sub-Acute	3,320	3,549	6.9%	3,416	133	3.9%
Rehab	2,090	2,126	1.7%	2,333	(207)	(8.9%)
TCS-Ortho	1,433	1,480	3.3%	1,607	(127)	(7.9%)
TCS	1,593	1,976	24.0%	2,010	(34)	(1.7%)
NICU	2,064	1,863	(9.7%)	1,980	(117)	(5.9%)
Nursery	2,208	2,119	(4.0%)	2,337	(218)	(9.3%)
<b>Total KDHCD Patient Days</b>	<b>58,163</b>	<b>53,662</b>	<b>(7.7%)</b>	<b>58,842</b>	<b>(5,180)</b>	<b>(8.8%)</b>
<b>Total Outpatient Volume</b>	<b>190,926</b>	<b>179,255</b>	<b>(6.1%)</b>	<b>191,032</b>	<b>(11,777)</b>	<b>(6.2%)</b>

# Other Statistical Results – Fiscal Year Comparison (Oct)

	Actual Results				Budget	Budget Variance	
	Oct 2021	Oct 2022	Change	% Change	Oct 2022	Change	% Change
<b>Adjusted Patient Days</b>	<b>28,267</b>	<b>27,420</b>	<b>(847)</b>	<b>(3.0%)</b>	<b>28,345</b>	<b>(925)</b>	<b>(3.3%)</b>
<b>Outpatient Visits</b>	<b>47,957</b>	<b>42,997</b>	<b>(4,960)</b>	<b>(10.3%)</b>	<b>48,146</b>	<b>(5,149)</b>	<b>(10.7%)</b>
Surgery Minutes-General & Robotic (I/P & O/P)	940	1,120	180	19.1%	1,158	(38)	(3.3%)
Endoscopy Procedures (I/P & O/P)	510	566	56	11.0%	647	(81)	(12.5%)
ED Total Registered	6,729	7,443	714	10.6%	7,181	262	3.6%
Home Health Visits	2,744	2,996	252	9.2%	3,050	(54)	(1.8%)
Dialysis Treatments	1,416	1,535	119	8.4%	1,541	(6)	(0.4%)
KHMG RVU	32,313	34,361	2,048	6.3%	39,465	(5,104)	(12.9%)
O/P Rehab Units	19,031	19,309	278	1.5%	19,315	(6)	(0.0%)
Radiation Oncology Treatments (I/P & O/P)	1,889	1,900	11	0.6%	2,300	(400)	(17.4%)
Radiology/CT/US/MRI Proc (I/P & O/P)	17,055	16,917	(138)	(0.8%)	16,693	224	1.3%
Cath Lab Minutes (IP & OP)	330	327	(3)	(0.9%)	403	(76)	(18.9%)
Infusion Center	398	392	(6)	(1.5%)	449	(57)	(12.7%)
OB Deliveries	427	410	(17)	(4.0%)	400	10	2.5%
Physical & Other Therapy Units	17,841	16,699	(1,142)	(6.4%)	19,180	(2,481)	(12.9%)
GME Clinic visits	1,165	1,089	(76)	(6.5%)	1,320	(231)	(17.5%)
RHC Registrations	11,487	9,947	(1,540)	(13.4%)	10,560	(613)	(5.8%)
Hospice Days	4,256	3,587	(669)	(15.7%)	4,250	(663)	(15.6%)
Urgent Care - Court	5,757	4,106	(1,651)	(28.7%)	3,922	184	4.7%
Urgent Care - Demaree	3,910	2,722	(1,188)	(30.4%)	2,488	234	9.4%

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

	Actual Results				Budget	Budget Variance	
	FY 2022	FY 2023	Change	% Change	FY 2023	Change	% Change
<b>Adjusted Patient Days</b>	<b>110,442</b>	<b>111,639</b>	<b>1,197</b>	<b>1.1%</b>	<b>111,817</b>	<b>(178)</b>	<b>(0.2%)</b>
<b>Outpatient Visits</b>	<b>190,926</b>	<b>179,255</b>	<b>(11,671)</b>	<b>(6.1%)</b>	<b>191,032</b>	<b>(11,777)</b>	<b>(6.2%)</b>
Surgery Minutes-General & Robotic (I/P & O/P)	3,901	4,424	523	13.4%	4,517	(93)	(2.1%)
ED Total Registered	27,946	29,891	1,945	7.0%	28,291	1,600	5.7%
Endoscopy Procedures (I/P & O/P)	2,027	2,138	111	5.5%	2,494	(356)	(14.3%)
Home Health Visits	11,249	11,790	541	4.8%	12,018	(228)	(1.9%)
Physical & Other Therapy Units	72,294	71,332	(962)	(1.3%)	76,115	(4,783)	(6.3%)
KHMG RVU	129,614	127,197	(2,417)	(1.9%)	140,140	(12,943)	(9.2%)
Radiology/CT/US/MRI Proc (I/P & O/P)	67,500	66,196	(1,304)	(1.9%)	65,792	404	0.6%
OB Deliveries	1,661	1,628	(33)	(2.0%)	1,623	5	0.3%
Dialysis Treatments	6,258	6,010	(248)	(4.0%)	6,164	(154)	(2.5%)
Radiation Oncology Treatments (I/P & O/P)	8,052	7,638	(414)	(5.1%)	9,307	(1,669)	(17.9%)
Cath Lab Minutes (IP & OP)	1,307	1,239	(68)	(5.2%)	1,585	(346)	(21.8%)
O/P Rehab Units	79,975	75,068	(4,907)	(6.1%)	79,271	(4,203)	(5.3%)
RHC Registrations	42,140	38,421	(3,719)	(8.8%)	42,220	(3,799)	(9.0%)
Hospice Days	16,923	15,084	(1,839)	(10.9%)	17,099	(2,015)	(11.8%)
GME Clinic visits	4,784	4,074	(710)	(14.8%)	5,020	(946)	(18.8%)
Urgent Care - Demaree	14,698	11,769	(2,929)	(19.9%)	9,576	2,193	22.9%
Infusion Center	1,709	1,316	(393)	(23.0%)	1,760	(444)	(25.2%)
Urgent Care - Court	25,710	18,149	(7,561)	(29.4%)	14,732	3,417	23.2%

## Oct Financial Comparison (000's)

	Actual Results		Budget	Budget Variance	
	Oct 2021	Oct 2022	Oct 2022	Change	% Change
<b>Operating Revenue</b>					
Net Patient Service Revenue	\$55,674	\$54,432	\$58,140	(\$3,709)	(6.4%)
Other Operating Revenue	15,591	17,291	18,452	(1,162)	(6.3%)
<b>Total Operating Revenue</b>	<b>71,265</b>	<b>71,723</b>	<b>76,592</b>	<b>(4,869)</b>	<b>(6.4%)</b>
<b>Operating Expenses</b>					
Employment Expense	36,627	40,625	38,752	1,874	4.8%
Other Operating Expense	38,774	36,904	38,085	(1,181)	(3.1%)
<b>Total Operating Expenses</b>	<b>75,402</b>	<b>77,529</b>	<b>76,837</b>	<b>692</b>	<b>0.9%</b>
<b>Operating Margin</b>	<b>(\$4,137)</b>	<b>(\$5,807)</b>	<b>(\$245)</b>	<b>(\$5,562)</b>	
Stimulus Funds	137	0	255	(255)	
<b>Operating Margin after Stimulus</b>	<b>(\$4,000)</b>	<b>(\$5,807)</b>	<b>\$10</b>	<b>(\$5,817)</b>	
Non Operating Revenue (Loss)	595	452	371	81	
<b>Excess Margin</b>	<b>(\$3,404)</b>	<b>(\$5,355)</b>	<b>\$381</b>	<b>(\$5,736)</b>	
<b>Operating Margin %</b>	<b>(5.8%)</b>	<b>(8.1%)</b>	<b>(0.3%)</b>		
<b>OM after Stimulus%</b>	<b>(5.6%)</b>	<b>(8.1%)</b>	<b>0.0%</b>		
<b>Excess Margin %</b>	<b>(4.7%)</b>	<b>(7.4%)</b>	<b>0.5%</b>		
<b>Operating Cash Flow Margin %</b>	<b>(1.4%)</b>	<b>(3.6%)</b>	<b>4.2%</b>		

## YTD (July-Oct) Financial Comparison (000's)

	Actual Results FYTD Jul-Oct		Budget FYTD	Budget Variance	FYTD
	FYTD2022	FYTD2023	FYTD2023	Change	% Change
<b>Operating Revenue</b>					
Net Patient Service Revenue	<b>\$214,768</b>	<b>\$209,933</b>	<b>\$226,895</b>	<b>(\$16,962)</b>	<b>(7.5%)</b>
Other Operating Revenue	62,162	70,380	73,426	(3,046)	(4.1%)
<b>Total Operating Revenue</b>	<b>276,930</b>	<b>280,313</b>	<b>300,321</b>	<b>(20,008)</b>	<b>(6.7%)</b>
<b>Operating Expenses</b>					
Employment Expense	141,071	163,225	152,985	10,239	6.7%
Other Operating Expense	145,570	151,454	150,671	784	0.5%
<b>Total Operating Expenses</b>	<b>286,641</b>	<b>314,679</b>	<b>303,656</b>	<b>11,023</b>	<b>6.6%</b>
<b>Operating Margin</b>	<b>(\$9,711)</b>	<b>(\$34,366)</b>	<b>(\$3,335)</b>	<b>(\$31,031)</b>	
Stimulus Funds	575	97	1,011	(914)	
<b>Operating Margin after Stimulus</b>	<b>(\$9,136)</b>	<b>(\$34,269)</b>	<b>(\$2,324)</b>	<b>(\$31,945)</b>	
Nonoperating Revenue (Loss)	1,342	(2,668)	1,469	(4,136)	
<b>Excess Margin</b>	<b>(\$7,794)</b>	<b>(\$36,937)</b>	<b>(\$855)</b>	<b>(\$36,082)</b>	

<b>Operating Margin %</b>	<b>(3.5%)</b>	<b>(12.3%)</b>	<b>(1.1%)</b>
<b>OM after Stimulus%</b>	<b>(3.3%)</b>	<b>(12.2%)</b>	<b>(0.8%)</b>
<b>Excess Margin %</b>	<b>(2.8%)</b>	<b>(13.3%)</b>	<b>(0.3%)</b>
<b>Operating Cash Flow Margin %</b>	<b>1.1%</b>	<b>(7.6%)</b>	<b>3.5%</b>

## October Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Oct 2021	Oct 2022	% Change	Oct 2022	Change	% Change
<b>Operating Revenue</b>						
Net Patient Service Revenue	\$55,674	\$54,432	(2.2%)	\$58,140	(\$3,708)	(6.4%)
Supplemental Gov't Programs	4,383	5,410	23.4%	5,257	152	2.9%
Prime/QIP Program	667	743	11.4%	757	(14)	(1.9%)
Premium Revenue	5,156	5,943	15.3%	6,459	(516)	(8.0%)
Management Services Revenue	3,137	2,733	(12.9%)	3,478	(745)	(21.4%)
Other Revenue	2,249	2,462	9.5%	2,501	(38)	(1.5%)
Other Operating Revenue	15,591	17,291	10.9%	18,452	(1,162)	(6.3%)
<b>Total Operating Revenue</b>	<b>71,265</b>	<b>71,723</b>	<b>0.6%</b>	<b>76,592</b>	<b>(4,869)</b>	<b>(6.4%)</b>
<b>Operating Expenses</b>						
Salaries & Wages	30,538	29,473	(3.5%)	30,167	(694)	(2.3%)
Contract Labor	1,872	5,941	217.4%	2,398	3,542	147.7%
Employee Benefits	4,217	5,212	23.6%	6,186	(975)	(15.8%)
<b>Total Employment Expenses</b>	<b>36,627</b>	<b>40,625</b>	<b>10.9%</b>	<b>38,752</b>	<b>1,874</b>	<b>4.8%</b>
Medical & Other Supplies	11,714	11,523	(1.6%)	10,799	724	6.7%
Physician Fees	9,674	9,859	1.9%	9,364	495	5.3%
Purchased Services	2,023	1,349	(33.3%)	1,677	(328)	(19.6%)
Repairs & Maintenance	2,702	2,542	(5.9%)	2,560	(18)	(0.7%)
Utilities	860	942	9.5%	913	29	3.2%
Rents & Leases	474	552	16.3%	489	63	12.8%
Depreciation & Amortization	2,634	2,651	0.7%	2,834	(183)	(6.4%)
Interest Expense	501	590	17.8%	611	(21)	(3.5%)
Other Expense	1,563	1,510	(3.4%)	2,160	(651)	(30.1%)
Humana Cap Plan Expense	3,642	2,680	(26.4%)	3,242	(562)	(17.3%)
Management Services Expense	2,988	2,707	(9.4%)	3,436	(729)	(21.2%)
<b>Total Other Expenses</b>	<b>38,774</b>	<b>36,904</b>	<b>(4.8%)</b>	<b>38,085</b>	<b>(1,181)</b>	<b>(3.1%)</b>
<b>Total Operating Expenses</b>	<b>75,402</b>	<b>77,529</b>	<b>2.8%</b>	<b>76,837</b>	<b>692</b>	<b>0.9%</b>
<b>Operating Margin</b>	<b>(\$4,137)</b>	<b>(\$5,807)</b>	<b>40.4%</b>	<b>(\$245)</b>	<b>(\$5,562)</b>	<b>2272.2%</b>
Stimulus Funds	137	0	0.0%	255	(255)	
<b>Operating Margin after Stimulus</b>	<b>(\$4,000)</b>	<b>(\$5,807)</b>	<b>45.2%</b>	<b>\$10</b>	<b>(\$5,817)</b>	
Nonoperating Income						
Nonoperating Revenue (Loss)	595	452	(24.1%)	371	81	
<b>Excess Margin</b>	<b>(\$3,404)</b>	<b>(\$5,355)</b>	<b>57.3%</b>	<b>\$381</b>	<b>(\$5,736)</b>	
<b>Operating Margin %</b>	<b>(5.8%)</b>	<b>(8.1%)</b>		<b>(0.3%)</b>		
<b>OM after Stimulus%</b>	<b>(5.6%)</b>	<b>(8.1%)</b>		<b>0.0%</b>		

# YTD Financial Comparison (000's)

	Actual Results FYTD Jul-Oct			Budget FYTD	Budget Variance	FYTD
	FYTD2022	FYTD2023	% Change	FYTD2023	Change	% Change
<b>Operating Revenue</b>						
Net Patient Service Revenue	\$214,768	\$209,933	(2.3%)	\$226,895	(\$16,962)	(7.5%)
Supplemental Gov't Programs	17,243	20,437	18.5%	20,860	(424)	(2.0%)
Prime/QIP Program	2,667	2,970	11.4%	3,003	(33)	(1.1%)
Premium Revenue	20,646	23,743	15.0%	25,837	(2,094)	(8.1%)
Management Services Revenue	13,130	12,775	(2.7%)	13,799	(1,024)	(7.4%)
Other Revenue	8,477	10,455	23.3%	9,927	528	5.3%
Other Operating Revenue	62,162	70,380	13.2%	73,426	(3,046)	(4.1%)
<b>Total Operating Revenue</b>	<b>276,930</b>	<b>280,313</b>	<b>1.2%</b>	<b>300,321</b>	<b>(20,008)</b>	<b>(6.7%)</b>
<b>Operating Expenses</b>						
Salaries & Wages	118,094	116,539	(1.3%)	119,021	(2,482)	(2.1%)
Contract Labor	6,067	25,996	328.5%	9,467	16,530	174.6%
Employee Benefits	16,910	20,689	22.3%	24,497	(3,808)	(15.5%)
<b>Total Employment Expenses</b>	<b>141,071</b>	<b>163,225</b>	<b>15.7%</b>	<b>152,985</b>	<b>10,239</b>	<b>6.7%</b>
Medical & Other Supplies	46,255	44,424	(4.0%)	42,819	1,605	3.7%
Physician Fees	33,859	37,150	9.7%	36,416	734	2.0%
Purchased Services	9,812	6,962	(29.0%)	6,649	313	4.7%
Repairs & Maintenance	9,626	9,781	1.6%	10,228	(447)	(4.4%)
Utilities	2,984	3,717	24.6%	3,393	324	9.5%
Rents & Leases	1,955	2,139	9.4%	2,285	(146)	(6.4%)
Depreciation & Amortization	10,536	10,598	0.6%	11,334	(736)	(6.5%)
Interest Expense	2,200	2,356	7.1%	2,423	(67)	(2.8%)
Other Expense	6,121	6,979	14.0%	8,571	(1,592)	(18.6%)
Humana Cap Plan Expense	9,617	14,692	52.8%	12,919	1,772	13.7%
Management Services Expense	12,604	12,658	0.4%	13,633	(976)	(7.2%)
<b>Total Other Expenses</b>	<b>145,570</b>	<b>151,454</b>	<b>4.0%</b>	<b>150,671</b>	<b>784</b>	<b>0.5%</b>
<b>Total Operating Expenses</b>	<b>286,641</b>	<b>314,679</b>	<b>9.8%</b>	<b>303,656</b>	<b>11,023</b>	<b>3.6%</b>
<b>Operating Margin</b>	<b>(\$9,711)</b>	<b>(\$34,366)</b>	<b>(253.9%)</b>	<b>(\$3,335)</b>	<b>(\$31,031)</b>	
Stimulus Funds	575	97	(83.1%)	1,011	(914)	
<b>Operating Margin after Stimulus</b>	<b>(\$9,136)</b>	<b>(\$34,269)</b>	<b>275.1%</b>	<b>(\$2,324)</b>	<b>(\$31,945)</b>	
Nonoperating Income						
Nonoperating Revenue (Loss)	1,342	(2,668)	(298.7%)	1,469	(4,136)	
<b>Excess Margin</b>	<b>(\$7,794)</b>	<b>(\$36,937)</b>	<b>373.9%</b>	<b>(\$855)</b>	<b>(\$36,082)</b>	
<b>Operating Margin %</b>	<b>(3.5%)</b>	<b>(12.3%)</b>		<b>(1.1%)</b>		
<b>OM after Stimulus%</b>	<b>(3.3%)</b>	<b>(12.2%)</b>		<b>(0.8%)</b>		



# Kaweah Health Medical Group

## Fiscal Year Financial Comparison (000's)

	Actual Results FYTD July – Oct			Budget FYTD	Budget Variance	FYTD
	Sep 2021	Sep 2022	% Change	Sep 2022	Change	% Change
<b>Operating Revenue</b>						
Net Patient Service Revenue	\$15,187	\$16,041	5.6%	\$17,397	(\$1,357)	(7.8%)
Other Revenue	245	234	(4.1%)	399	(164)	(41.2%)
Other Operating Revenue	245	234	(4.1%)	399	(164)	(41.2%)
<b>Total Operating Revenue</b>	<b>15,431</b>	<b>16,275</b>	<b>5.5%</b>	<b>17,796</b>	<b>(1,521)</b>	<b>(8.5%)</b>
<b>Operating Expenses</b>						
Salaries & Wages	3,864	4,075	5.5%	4,404	(329)	(7.5%)
Employee Benefits	597	789	32.1%	902	(114)	(12.6%)
<b>Total Employment Expenses</b>	<b>4,461</b>	<b>4,864</b>	<b>9.0%</b>	<b>5,306</b>	<b>(442)</b>	<b>(8.3%)</b>
Medical & Other Supplies	2,414	2,755	14.1%	2,425	330	13.6%
Physician Fees	9,186	9,252	0.7%	10,036	(784)	(7.8%)
Purchased Services	326	303	(7.2%)	359	(56)	(15.6%)
Repairs & Maintenance	733	836	14.1%	931	(95)	(10.2%)
Utilities	174	231	32.7%	235	(3)	(1.5%)
Rents & Leases	830	855	2.9%	887	(32)	(3.6%)
Depreciation & Amortization	265	227	(14.3%)	257	(31)	(12.0%)
Interest Expense	1	0	(100.0%)	0	0	0%
Other Expense	424	394	(7.0%)	614	(219)	(35.7%)
<b>Total Other Expenses</b>	<b>14,352</b>	<b>14,852</b>	<b>3.5%</b>	<b>15,742</b>	<b>(890)</b>	<b>(5.7%)</b>
<b>Total Operating Expenses</b>	<b>18,814</b>	<b>19,716</b>	<b>4.8%</b>	<b>21,048</b>	<b>(1,332)</b>	<b>(6.3%)</b>
Stimulus Funds	0	0	0.0%	0	0	0.0%
<b>Excess Margin</b>	<b>(\$3,382)</b>	<b>(\$3,441)</b>	<b>(1.7%)</b>	<b>(\$3,252)</b>	<b>(\$189)</b>	<b>(5.8%)</b>
<b>Excess Margin %</b>	<b>(21.9%)</b>	<b>(21.1%)</b>		<b>(18.3%)</b>		

# Key Bond Covenants

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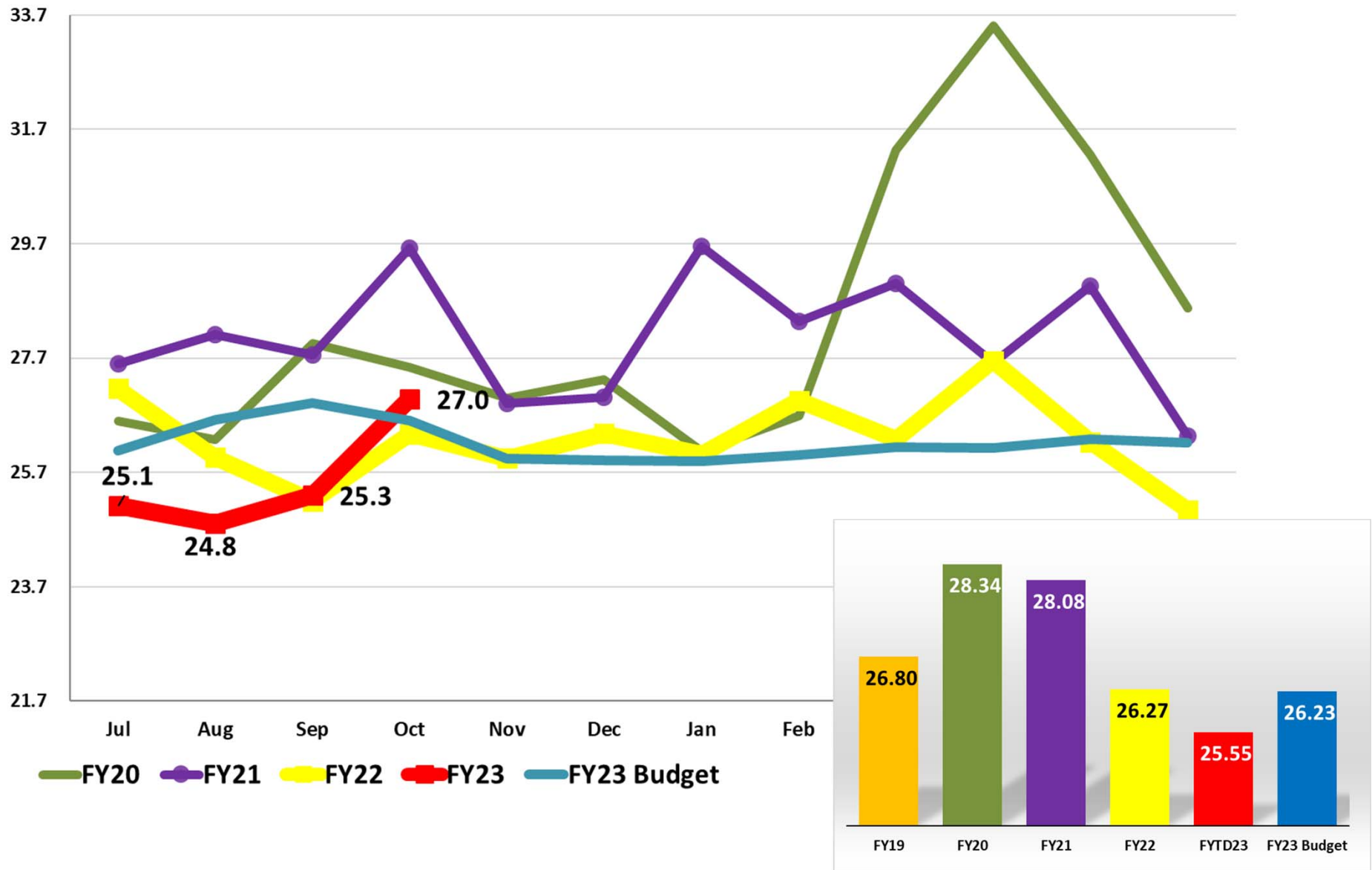
- Debt Reserve Fund Covenants: measured semiannually, 12/31/2022 and 6/30/2023. If the Long Term Debt Service Coverage Ratio falls under 1.35, we would have to report this to our trustee 45 days after month end. After that report, we are required to set aside an amount equal to our maximum annual debt service (approx. \$17.5M). The District must deposit this amount in a reserve fund or can secure a letter of credit within 30 days.
- Financial Covenants: measured 6/30/2023 – Within 150 days after the end of the fiscal year (November 2023) the District shall calculate the Days Cash on Hand and the Long Term Debt Service Coverage ratio based on the audited financial statements each year.
  - If the Long Term Debt Service Coverage Ratio is less than 1.25 ( or 1.10 if Days Cash on Hand is at least 75 days), or if the Days Cash on Hand is less than 90 days, the District will have to hire an independent consultant.
  - Independent Consultant: The role of the consultant is to make recommendations as to a revision of the rates, fee and charges or methods of operations of the district that will result in producing Long Term Debt Service Coverage Ratio at least to 1.25:1.0 (or 1.1:1.0 if days cash on hand is at least 75), and/or Days Cash on Hand of at least 90 days, depending on which financial covenant is not met. The District will need to comply with the consultant’s recommendations unless the Board determines that the recommendations are not in the best interest of the District. If the District complies in all material respects with the consultant’s recommendations, the District will be deemed to have complied with the financial covenants.

# Month of October - Budget Variances

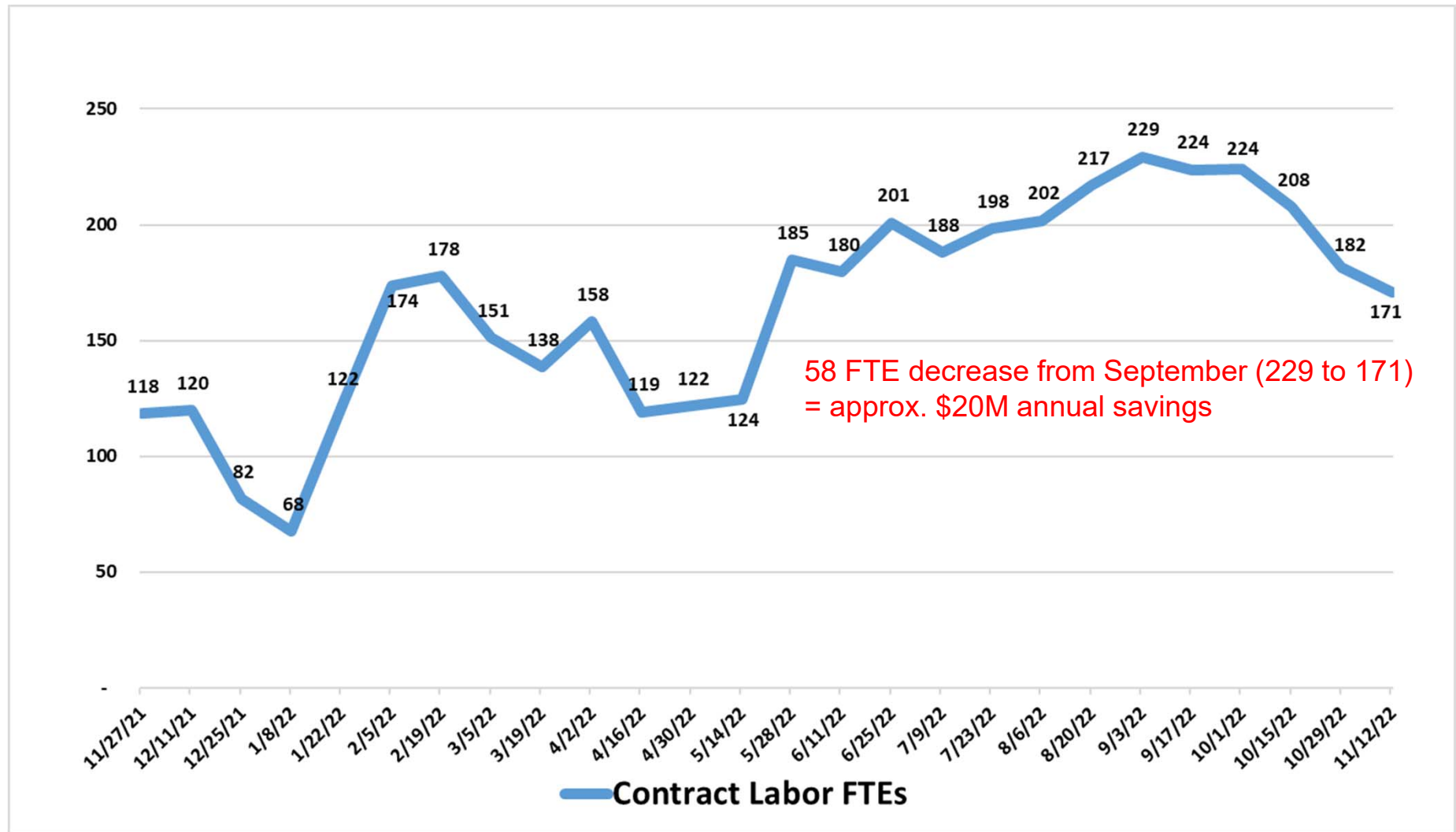
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- **Net Patient Revenues:** Net patient revenue was under budget by \$3.7M (6.4%) in October. This decrease was due to the impact of 12.3% lower than anticipated inpatient volume and 10.7% lower outpatient volume.
- **Salaries and Contract Labor:** The \$2.8M unfavorable variance is primarily due to the amount of contract labor utilized during the month with \$1.7M representing unbudgeted premium on this labor. During October, shift bonuses were \$557K and unbudgeted COVID supplemental sick pay was \$179K. There was also a \$795K reduction budgeted due to the anticipated reduction in our length of stay that has not yet materialized. The productivity ratios are still favorable in terms of worked hours per volume but higher than prior month.
- **Medical and Other Supplies:** In October, there was \$196K related to COVID supplies and a \$275K reduction budgeted for length of stay that has not yet materialized.
- **Physician Fees:** Experienced an overage of \$495K in October due to increased locum cost, increased volumes in certain areas, and decreases in offsetting collections.

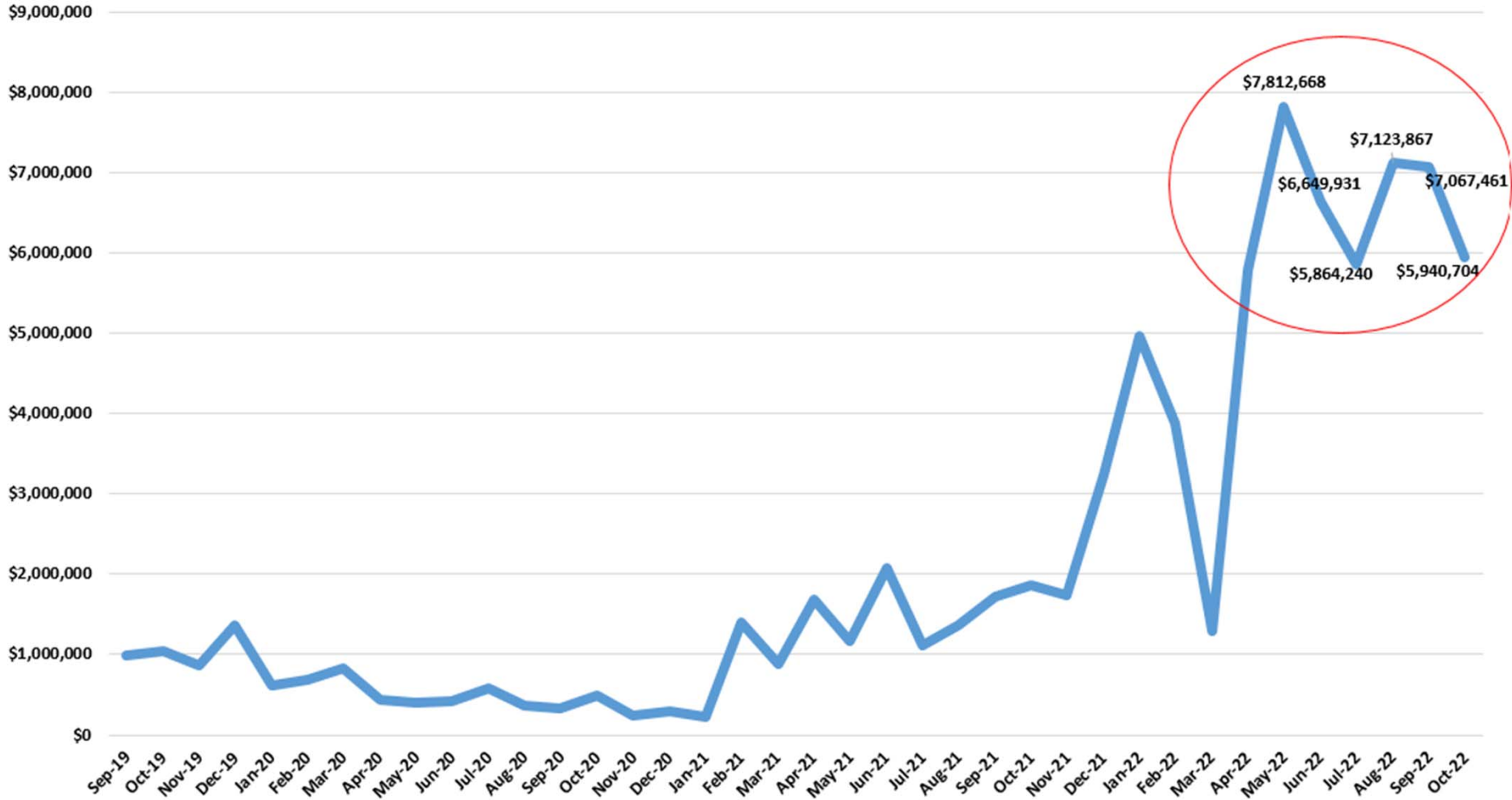
# Productivity: Worked Hours/Adjusted Patient Days



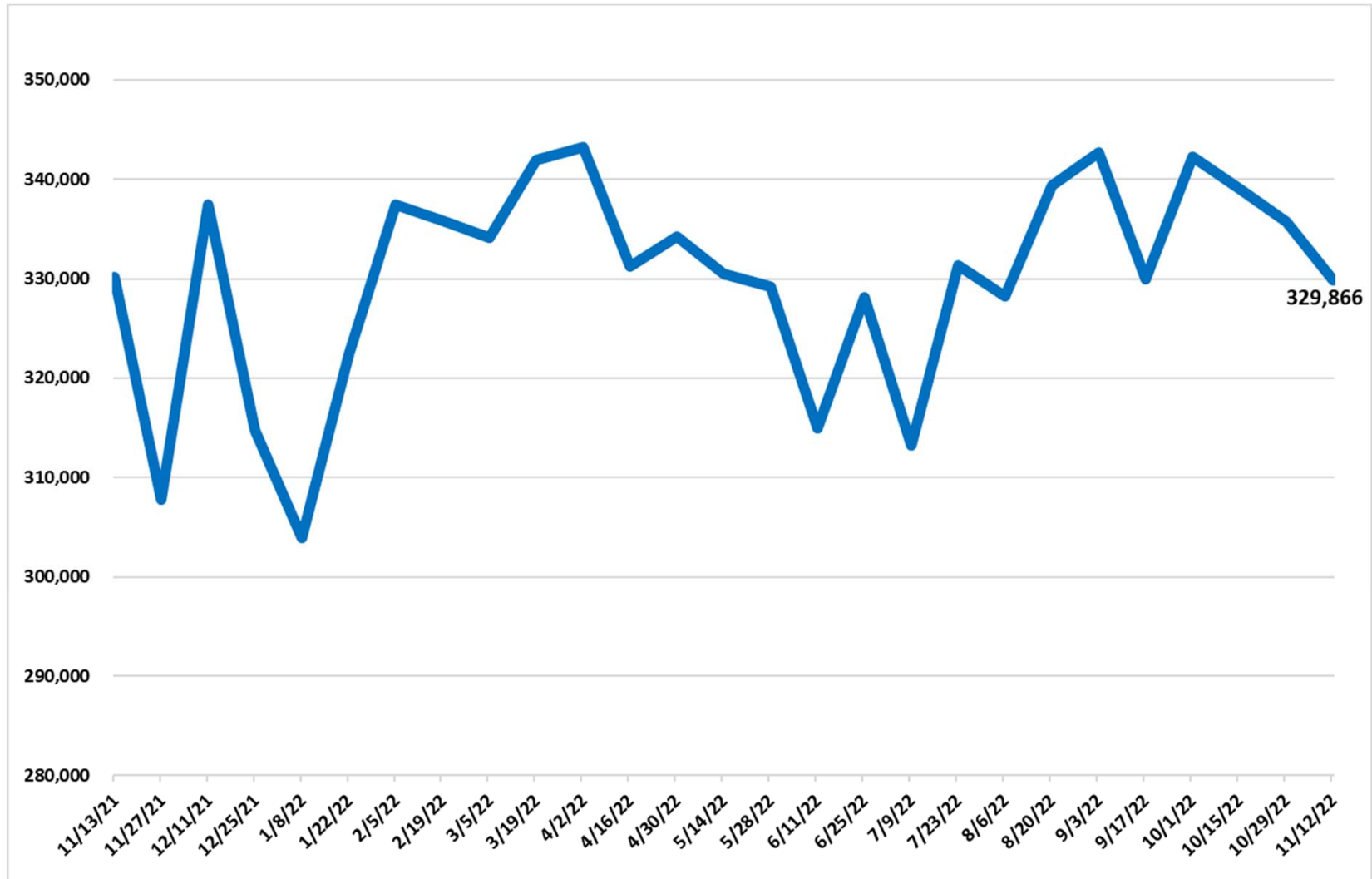
# Contract Labor Full Time Equivalents (FTEs)



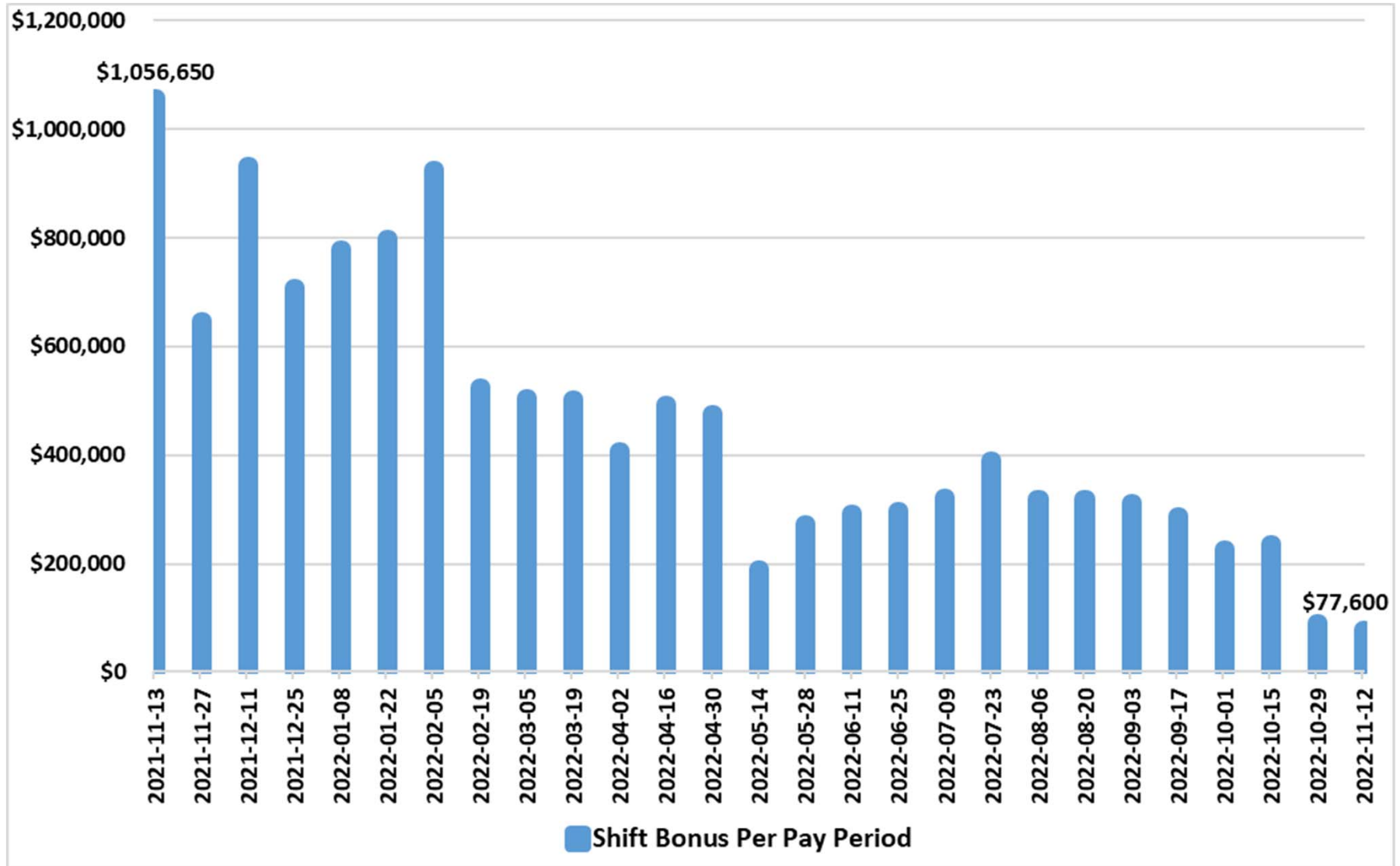
# Contract Labor Expense



# Productive Hours

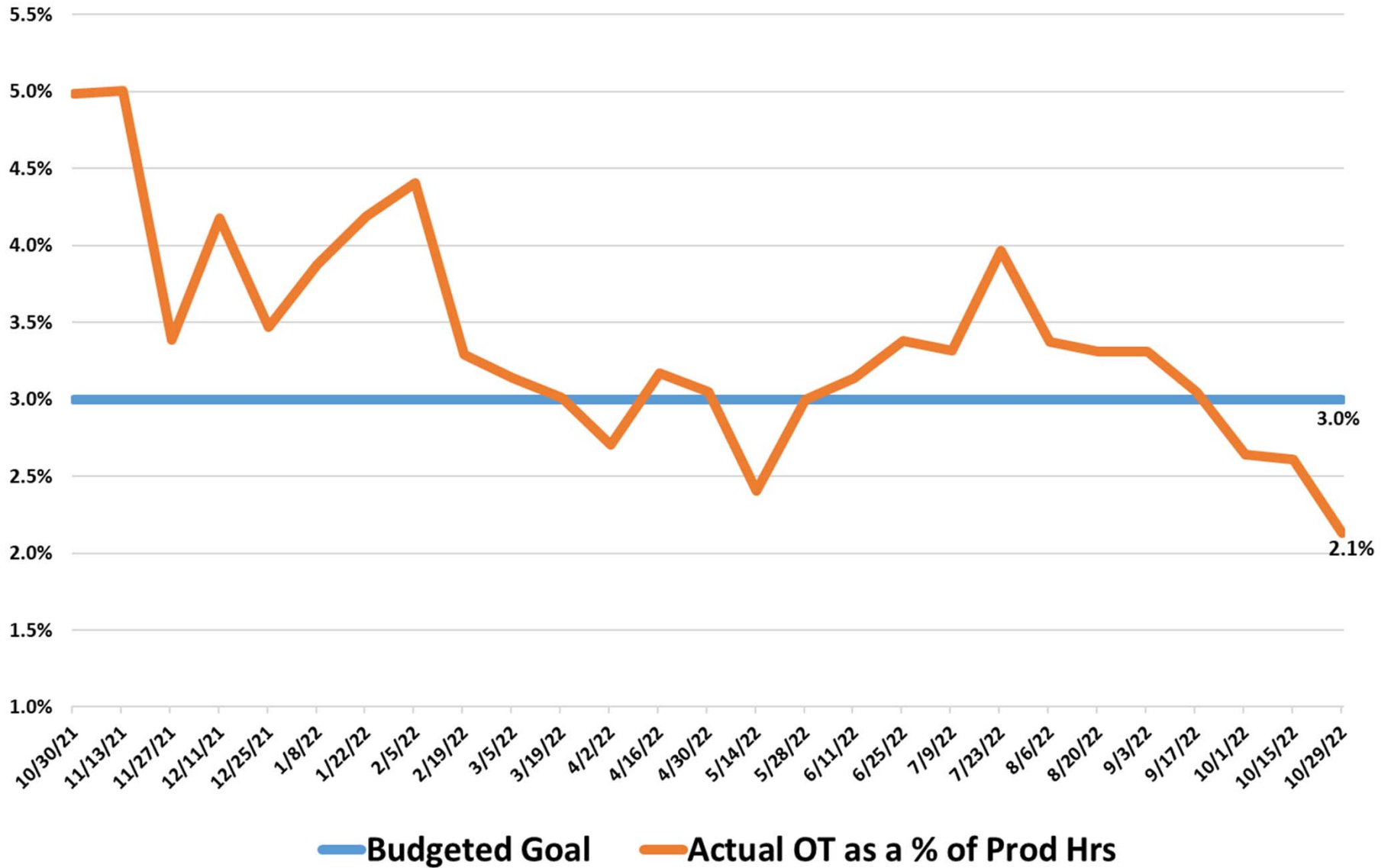


# Shift Bonus





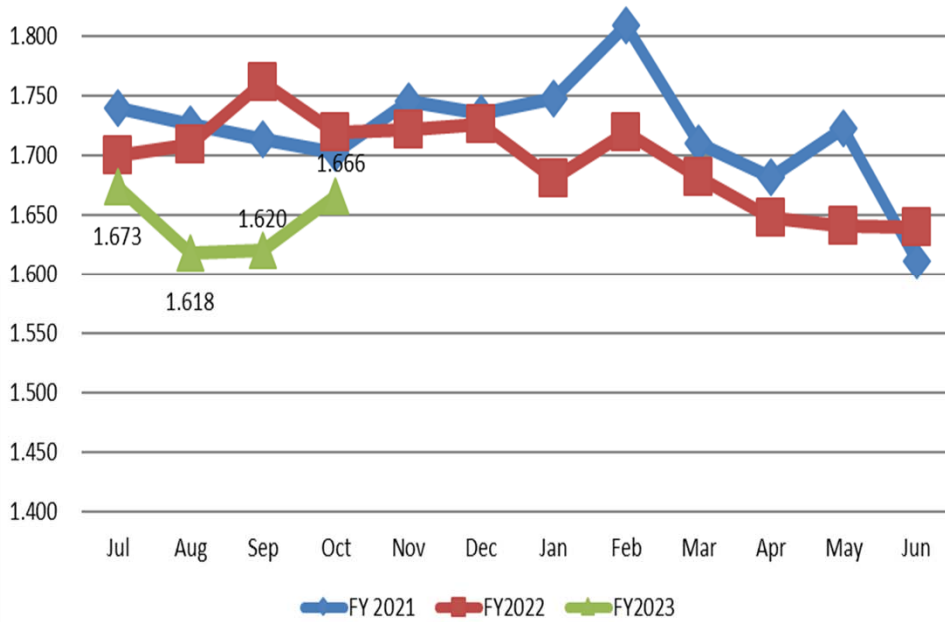
# Overtime as a % of Productive Hours and \$



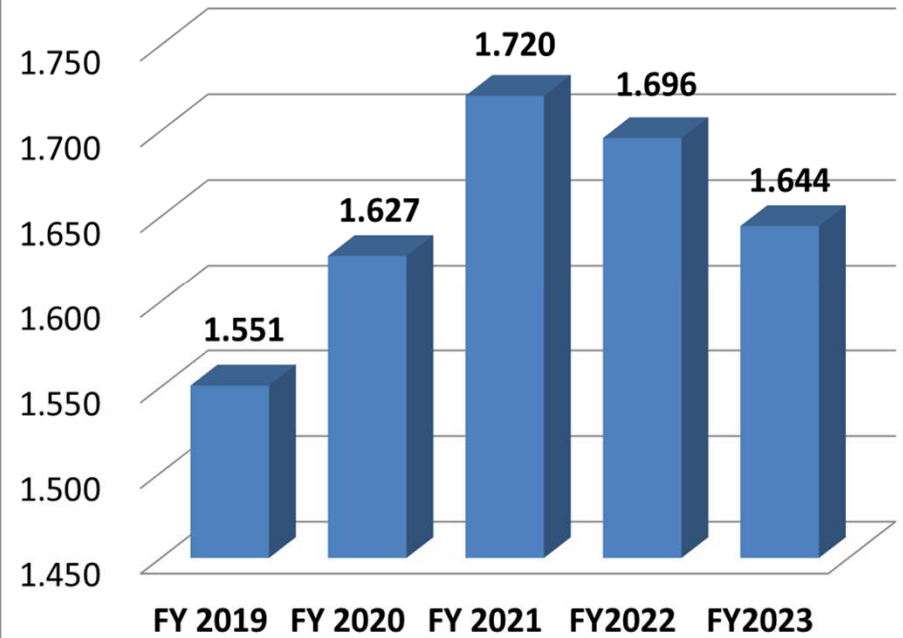
# Overtime Biweekly Expense



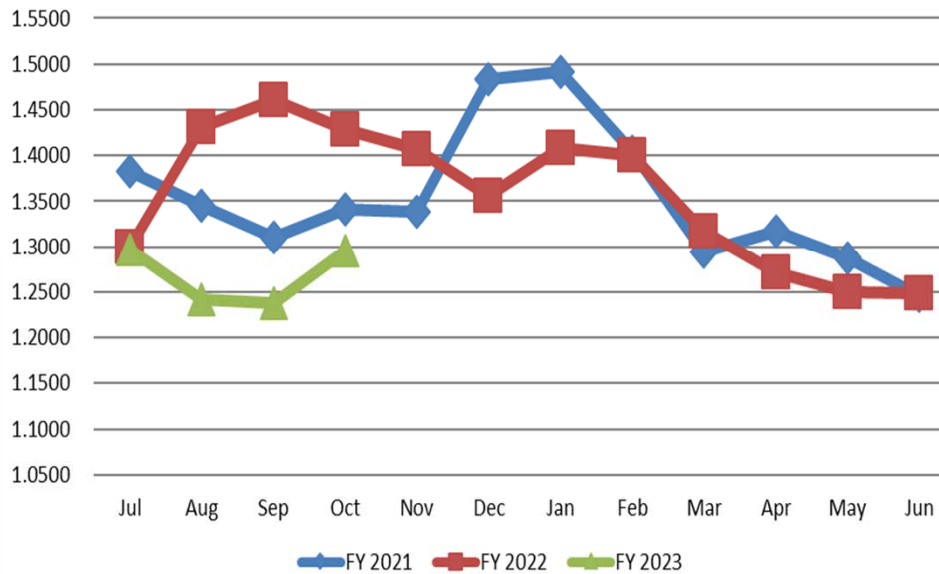
### Case Mix Index w/o Normal Newborns



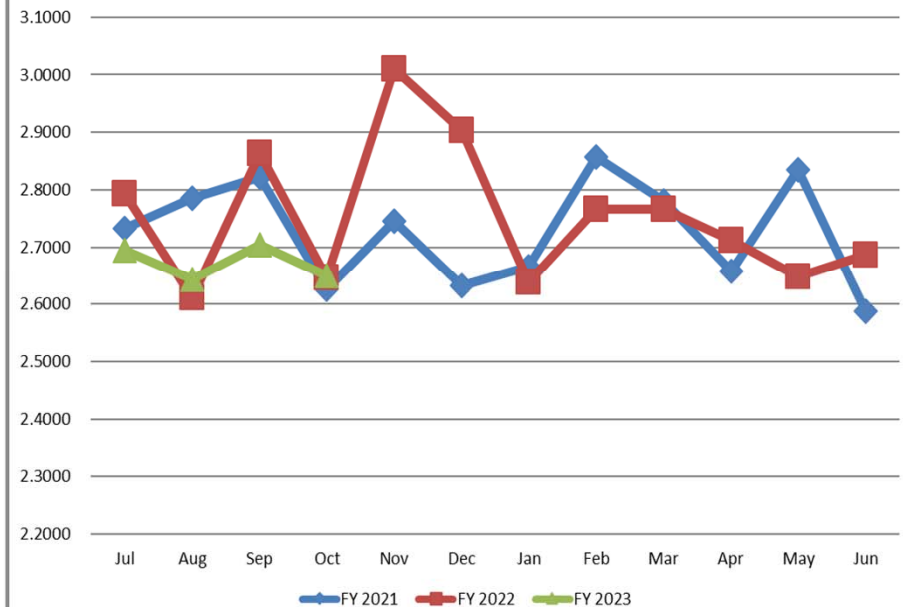
### Case Mix Index w/o Normal Newborns - All



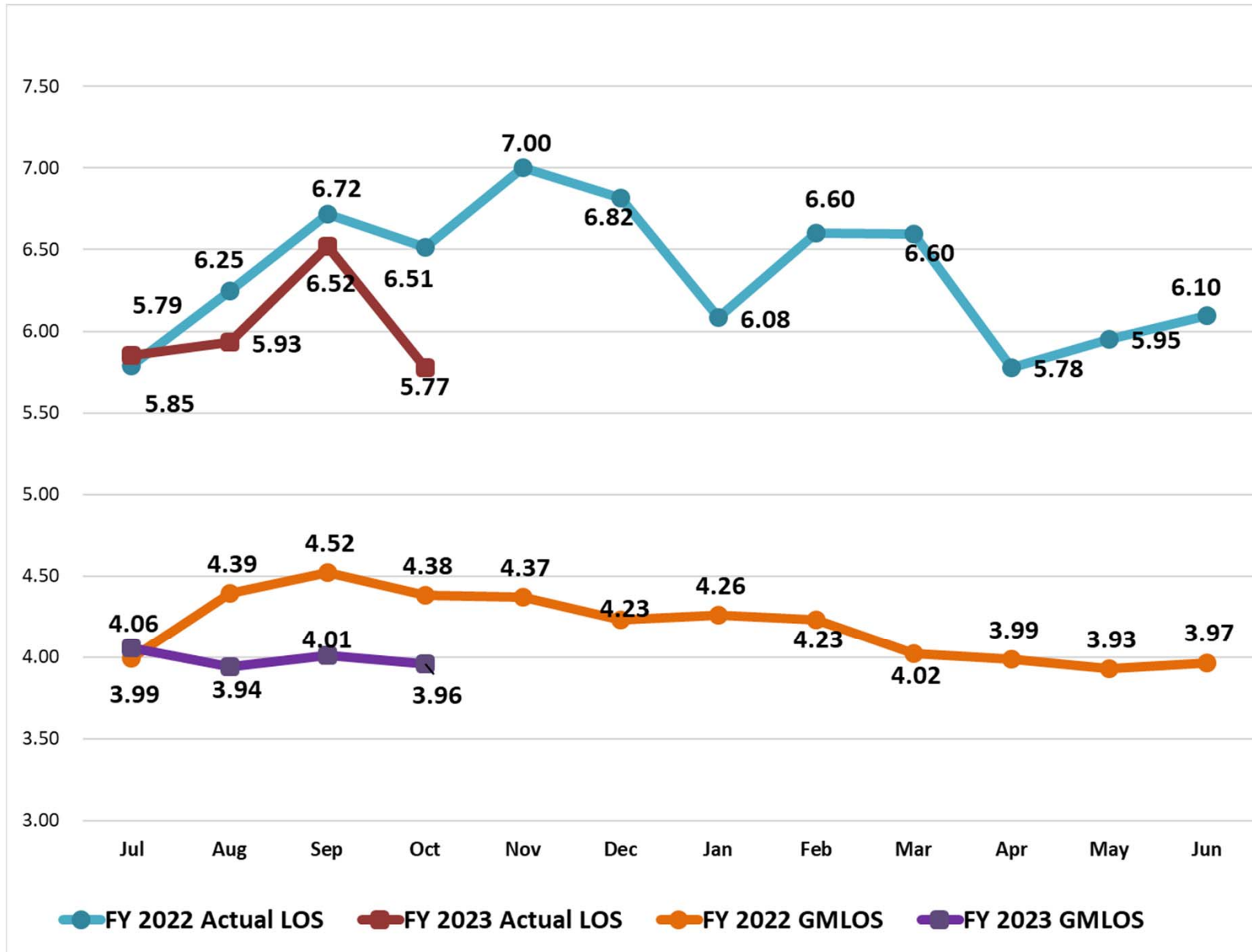
### Case Mix **Medical** w/o Normal Newborns



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



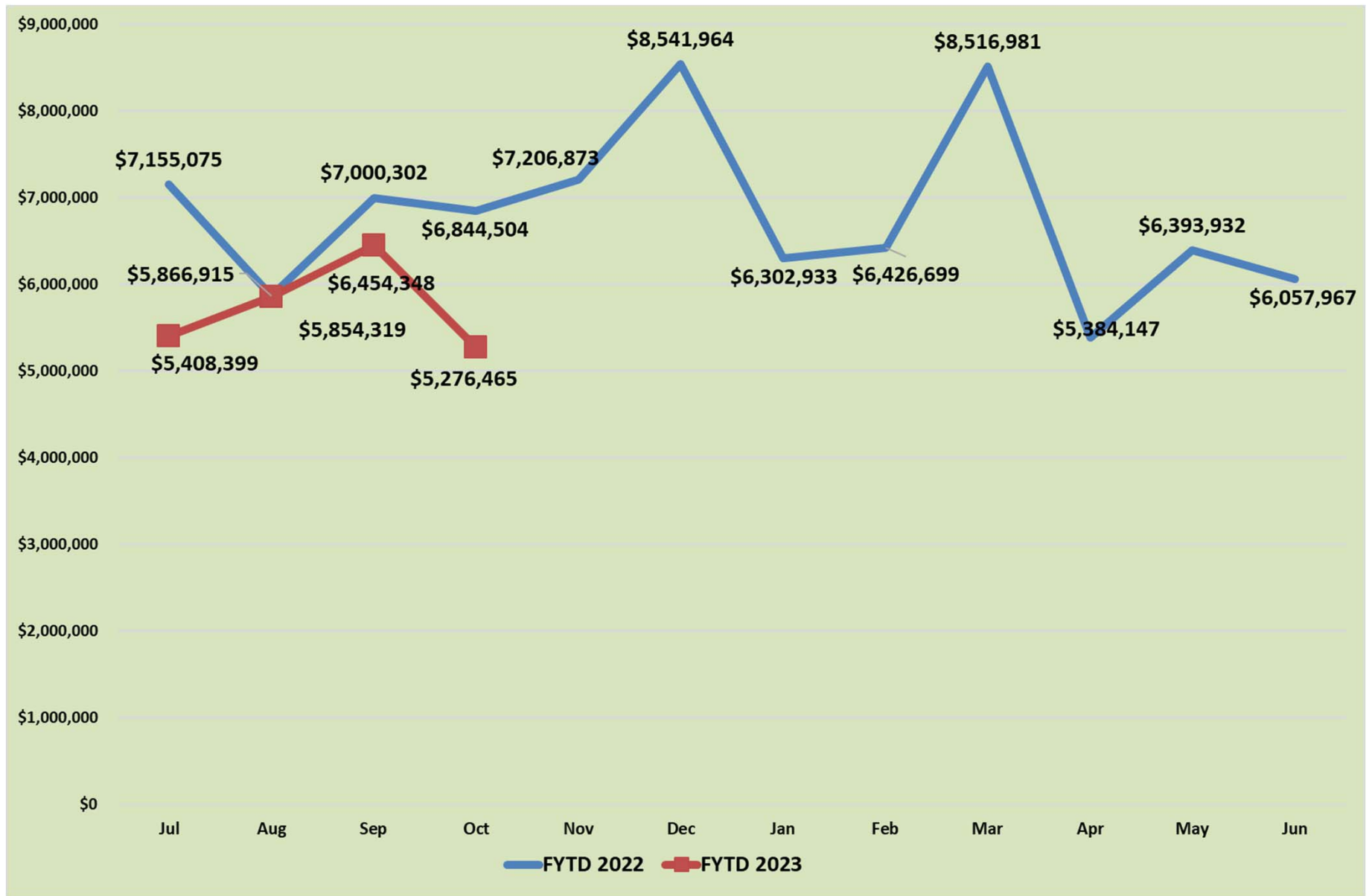
# Average Length of Stay versus National Average (GMLOS)



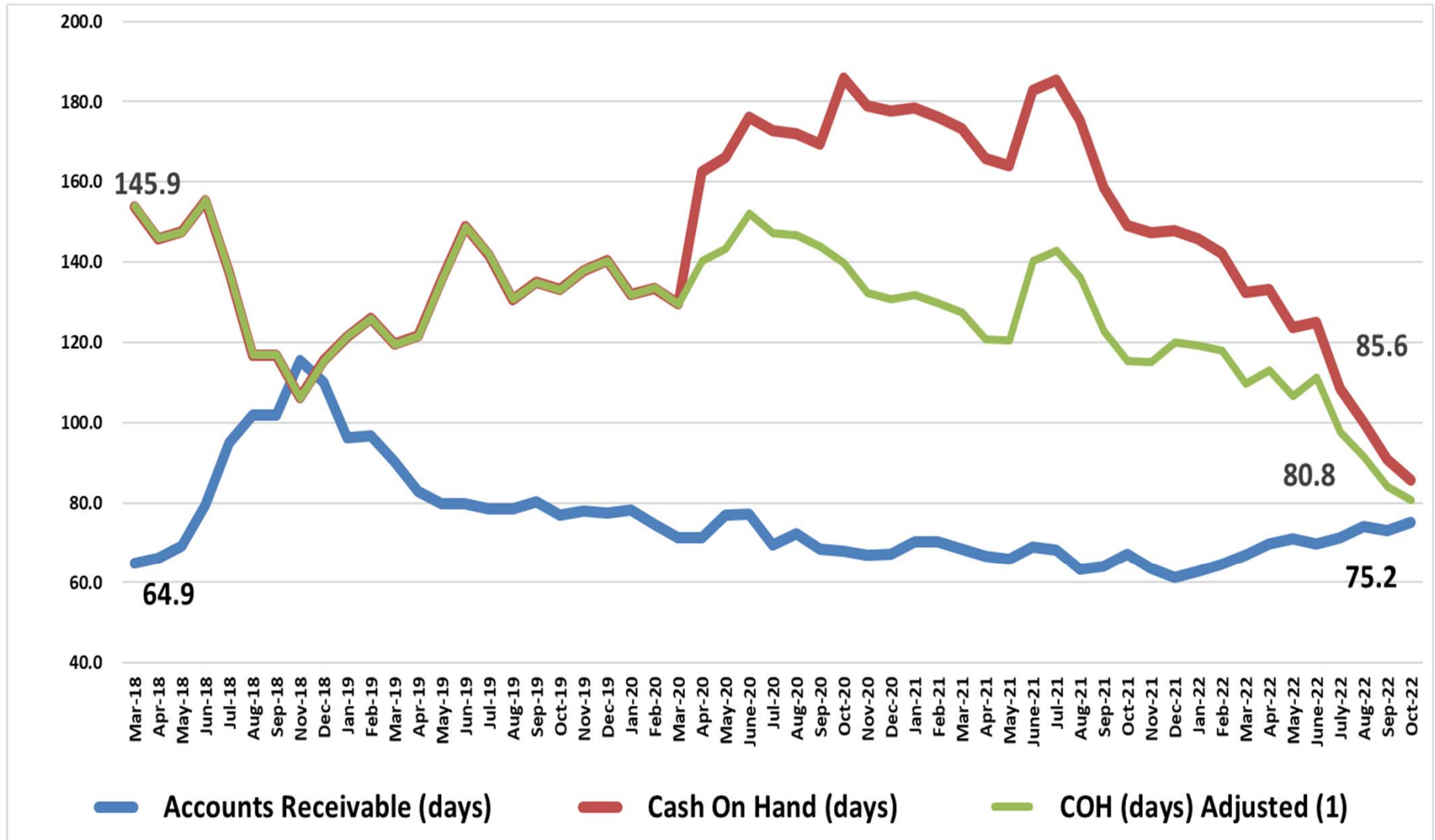
# Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients			Gap Diff	%
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP		
Mar-20	5.20	4.04	1.16	5.17	4.03	1.14	0.02	2%
Apr-20	5.30	4.25	1.05	5.20	4.17	1.03	0.02	1%
May-20	5.25	4.16	1.09	4.74	4.06	0.68	0.40	37%
Jun-20	5.61	4.11	1.50	4.98	3.95	1.03	0.47	31%
Jul-20	5.61	4.32	1.29	5.01	4.05	0.96	0.33	25%
Aug-20	5.70	4.23	1.47	5.00	3.95	1.05	0.42	28%
Sep-20	5.93	4.17	1.76	5.33	4.00	1.33	0.43	24%
Oct-20	5.21	4.09	1.12	4.98	3.98	1.00	0.12	10%
Nov-20	5.66	4.21	1.45	5.40	4.07	1.33	0.12	8%
Dec-20	6.32	4.50	1.82	5.16	3.97	1.19	0.63	34%
Jan-21	7.07	4.72	2.35	5.61	4.15	1.46	0.90	38%
Feb-21	6.73	4.37	2.36	5.64	4.01	1.63	0.73	31%
Mar-21	5.76	4.07	1.69	5.04	3.92	1.12	0.57	34%
Apr-21	5.40	3.98	1.42	5.22	3.89	1.33	0.09	7%
May-21	5.57	4.00	1.57	5.34	3.92	1.42	0.15	10%
Jun-21	5.76	3.90	1.86	5.68	3.88	1.80	0.06	3%
Jul-21	5.79	3.99	1.80	5.69	3.94	1.75	0.05	3%
Aug-21	6.25	4.39	1.86	5.95	4.05	1.90	(0.04)	-2%
Sep-21	6.72	4.52	2.20	5.89	4.08	1.81	0.39	18%
Oct-21	6.51	4.38	2.13	5.34	4.00	1.34	0.79	37%
Nov-21	7.00	4.37	2.63	5.75	3.95	1.80	0.83	32%
Dec-21	6.82	4.23	2.59	6.12	3.98	2.14	0.45	17%
Jan-22	6.08	4.26	1.82	5.96	3.96	2.00	(0.18)	-10%
Feb-22	6.60	4.23	2.37	5.86	3.82	2.04	0.33	14%
Mar-22	6.60	4.02	2.58	5.67	3.89	1.78	0.80	31%
Apr-22	5.78	3.99	1.79	5.66	3.97	1.69	0.10	6%
May-22	5.95	3.93	2.02	5.59	3.87	1.72	0.30	15%
Jun-22	6.10	3.97	2.13	5.61	3.88	1.73	0.40	19%
Jul-22	5.85	4.06	1.79	5.64	3.89	1.75	0.04	2%
Aug-22	5.93	3.94	1.99	5.59	3.82	1.77	0.22	11%
Sep-22	6.52	4.01	2.51	6.27	3.93	2.34	0.17	7%
Oct-22	5.77	3.96	1.81	5.56	3.89	1.67	0.14	8%
<b>Average</b>	<b>6.01</b>	<b>4.17</b>	<b>1.84</b>	<b>5.49</b>	<b>3.97</b>	<b>1.52</b>	<b>0.32</b>	<b>17%</b>

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



# Trended Liquidity Ratios



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

**KAWEAH DELTA HEALTH CARE DISTRICT**

**RATIO ANALYSIS REPORT**

**OCTOBER 31, 2022**

	Current Month Value	Prior Month Value	June 30, 2022 Audited Value	2021 Moody's Median Benchmark		
				Aa	A	Baa
<b>LIQUIDITY RATIOS</b>						
Current Ratio (x)	2.4	2.2	2.0	1.4	<b>1.7</b>	1.6
Accounts Receivable (days)	75.2	73.0	69.4	48.3	<b>48.3</b>	47.5
Cash On Hand (days)	85.6	90.9	125.1	341.3	<b>268.4</b>	206.5
Cushion Ratio (x)	12.0	12.9	17.4	52.4	<b>31.5</b>	19.9
Average Payment Period (days)	49.4	51.2	61.8	97.6	<b>86.4</b>	94.0
<b>CAPITAL STRUCTURE RATIOS</b>						
Cash-to-Debt	99.4%	106.4%	128.3%	323.4%	<b>220.4%</b>	170.1%
Debt-To-Capitalization	33.0%	32.7%	31.3%	20.6%	<b>29.1%</b>	36.3%
Debt-to-Cash Flow (x)	(3.3)	(2.8)	7.2	2.1	<b>2.6</b>	3.3
Debt Service Coverage	(3.7)	(4.3)	1.4	9.6	<b>6.0</b>	4.5
Maximum Annual Debt Service Coverage (x)	(3.7)	(4.4)	1.4	8.2	<b>5.5</b>	3.9
Age Of Plant (years)	15.0	14.8	12.3	10.8	<b>12.4</b>	13.5
<b>PROFITABILITY RATIOS</b>						
Operating Margin	(12.2%)	(13.6%)	(4.3%)	4.1%	<b>3.1%</b>	2.2%
Excess Margin	(12.2%)	(13.6%)	(2.9%)	8.1%	<b>6.7%</b>	4.8%
Operating Cash Flow Margin	(7.6%)	(9.0%)	1.0%	9.6%	<b>8.8%</b>	7.5%
Return on Assets	(11.9%)	(13.3%)	(2.8%)	5.8%	<b>4.9%</b>	3.9%



**KAWEAH DELTA HEALTH CARE DISTRICT**  
**CONSOLIDATED INCOME STATEMENT (000's)**  
**FISCAL YEAR 2022 & 2023**

Fiscal Year	Operating Revenue			Operating Expenses				Operating Expenses Total	Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense						
<b>2022</b>													
Jul-21	51,502	15,035	66,537	32,678	7,922	9,596	15,217	65,413	1,124	582	1,706	1.7%	2.5%
Aug-21	49,714	16,024	65,737	33,434	8,527	13,004	15,414	70,379	(4,642)	990	(3,651)	(7.1%)	(5.5%)
Sep-21	57,879	15,513	73,391	38,332	7,736	11,942	17,438	75,448	(2,056)	(388)	(2,445)	(2.8%)	(3.3%)
Oct-21	55,674	15,592	71,266	36,627	9,674	11,714	17,386	75,402	(4,136)	732	(3,403)	(5.8%)	(4.7%)
Nov-21	54,846	22,162	77,008	33,634	10,261	10,623	15,629	70,146	6,862	7,129	13,991	8.9%	16.6%
Dec-21	51,115	21,796	72,911	37,366	9,479	10,687	15,532	73,064	(153)	2,057	1,904	(0.2%)	2.5%
Jan-22	56,862	17,469	74,331	38,931	9,210	10,913	15,143	74,197	134	568	702	0.2%	0.9%
Feb-22	47,933	17,525	65,458	36,102	8,812	10,406	15,848	71,168	(5,710)	787	(4,924)	(8.7%)	(7.4%)
Mar-22	52,555	16,609	69,164	37,920	9,045	11,180	18,266	76,412	(7,247)	(470)	(7,717)	(10.5%)	(11.2%)
Apr-22	49,729	23,436	73,165	40,828	8,829	10,685	17,410	77,752	(4,588)	(568)	(5,156)	(6.3%)	(7.1%)
May-22	56,673	18,552	75,225	40,040	9,329	11,914	17,162	78,445	(3,220)	(436)	(3,656)	(4.3%)	(4.9%)
Jun-22	51,040	23,102	74,142	50,244	9,413	8,179	19,349	87,186	(13,044)	126	(12,918)	(17.6%)	(17.4%)
<b>2022 FY Total</b>	<b>\$ 635,520</b>	<b>\$ 222,815</b>	<b>\$ 858,335</b>	<b>\$ 456,137</b>	<b>\$ 108,238</b>	<b>\$ 130,842</b>	<b>\$ 199,795</b>	<b>\$ 895,011</b>	<b>\$ (36,676)</b>	<b>\$ 11,108</b>	<b>\$ (25,568)</b>	<b>(4.3%)</b>	<b>(2.9%)</b>
<b>2023</b>													
Jul-22	52,368	18,113	70,480	41,319	8,892	9,593	18,601	78,406	(7,926)	552	(7,374)	(11.2%)	(10.4%)
Aug-22	54,965	17,672	72,637	42,122	9,585	11,666	17,888	81,261	(8,623)	326	(8,297)	(11.9%)	(11.4%)
Sep-22	48,168	17,304	65,472	39,158	8,814	11,642	17,869	77,483	(12,010)	(3,901)	(15,911)	(18.3%)	(25.8%)
Oct-22	54,432	17,291	71,723	40,625	9,859	11,523	15,522	77,529	(5,807)	452	(5,355)	(8.1%)	(7.4%)
<b>2023 FY Total</b>	<b>\$ 209,933</b>	<b>\$ 70,380</b>	<b>\$ 280,313</b>	<b>\$ 163,225</b>	<b>\$ 37,150</b>	<b>\$ 44,424</b>	<b>\$ 69,881</b>	<b>\$ 314,679</b>	<b>\$ (34,366)</b>	<b>\$ (2,570)</b>	<b>\$ (36,936)</b>	<b>(12.3%)</b>	<b>(13.3%)</b>
<b>FYTD Budget</b>	<b>226,895</b>	<b>74,437</b>	<b>301,332</b>	<b>152,985</b>	<b>36,416</b>	<b>42,819</b>	<b>71,436</b>	<b>303,656</b>	<b>(2,324)</b>	<b>1,469</b>	<b>(855)</b>	<b>(0.8%)</b>	<b>(0.3%)</b>
<b>Variance</b>	<b>\$ (16,962)</b>	<b>\$ (4,057)</b>	<b>\$ (21,019)</b>	<b>\$ 10,239</b>	<b>\$ 734</b>	<b>\$ 1,605</b>	<b>\$ (1,555)</b>	<b>\$ 11,023</b>	<b>\$ (32,042)</b>	<b>\$ (4,039)</b>	<b>\$ (36,082)</b>		
<b>Current Month Analysis</b>													
<b>Oct-22</b>	<b>\$ 54,432</b>	<b>\$ 17,291</b>	<b>\$ 71,723</b>	<b>\$ 40,625</b>	<b>\$ 9,859</b>	<b>\$ 11,523</b>	<b>\$ 15,522</b>	<b>\$ 77,529</b>	<b>\$ (5,807)</b>	<b>\$ 452</b>	<b>\$ (5,355)</b>	<b>(8.1%)</b>	<b>(7.4%)</b>
<b>Budget</b>	<b>58,140</b>	<b>18,707</b>	<b>76,847</b>	<b>38,752</b>	<b>9,364</b>	<b>10,799</b>	<b>17,923</b>	<b>76,837</b>	<b>10</b>	<b>371</b>	<b>381</b>	<b>0.0%</b>	<b>0.5%</b>
<b>Variance</b>	<b>\$ (3,708)</b>	<b>\$ (1,417)</b>	<b>\$ (5,124)</b>	<b>\$ 1,874</b>	<b>\$ 495</b>	<b>\$ 724</b>	<b>\$ (2,400)</b>	<b>\$ 692</b>	<b>\$ (5,817)</b>	<b>\$ 81</b>	<b>(5,736)</b>		

# KAWEAH DELTA HEALTH CARE DISTRICT

## FISCAL YEAR 2022 & 2023

Fiscal Year	Patient		Adjusted Patient		DFR & Bad Debt %	Net Patient	Personnel	Physician	Supply	Total	Personnel	Physician	Supply	Total
	Days	ADC	Days	I/P Revenue %		Revenue/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Fees/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Expense/ Net Patient Revenue	Fees/ Net Patient Revenue	Expense/ Net Patient Revenue	Expense/ Net Patient Revenue
<b>2022</b>														
Jul-21	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%	15.4%	18.6%	127.0%
Aug-21	14,421	465	27,742	52.0%	77.3%	1,792	1,205	307	469	2,537	67.3%	17.2%	26.2%	141.6%
Sep-21	14,836	495	28,344	52.3%	75.0%	2,042	1,352	273	421	2,662	66.2%	13.4%	20.6%	130.4%
Oct-21	15,518	501	28,267	54.9%	75.8%	1,970	1,296	342	414	2,667	65.8%	17.4%	21.0%	135.4%
Nov-21	13,969	466	26,571	52.6%	74.8%	2,064	1,266	386	400	2,640	61.3%	18.7%	19.4%	127.9%
Dec-21	14,305	461	27,106	52.8%	76.4%	1,886	1,378	350	394	2,695	73.1%	18.5%	20.9%	142.9%
Jan-22	14,611	471	26,955	54.2%	74.3%	2,109	1,444	342	405	2,753	68.5%	16.2%	19.2%	130.5%
Feb-22	13,263	474	24,973	53.1%	75.8%	1,919	1,446	353	417	2,850	75.3%	18.4%	21.7%	148.5%
Mar-22	13,570	438	27,296	49.7%	76.7%	1,925	1,389	331	410	2,799	72.2%	17.2%	21.3%	145.4%
Apr-22	12,698	423	26,159	48.5%	77.0%	1,901	1,561	338	408	2,972	82.1%	17.8%	21.5%	156.4%
May-22	13,858	447	28,283	49.0%	74.6%	2,004	1,416	330	421	2,774	70.7%	16.5%	21.0%	138.4%
Jun-22	13,603	453	27,788	49.0%	77.5%	1,837	1,808	339	294	3,137	98.4%	18.4%	16.0%	170.8%
<b>2022 FY Total</b>	<b>168,040</b>	<b>460</b>	<b>325,602</b>	<b>51.6%</b>	<b>75.9%</b>	<b>1,952</b>	<b>1,401</b>	<b>332</b>	<b>402</b>	<b>2,749</b>	<b>71.8%</b>	<b>17.0%</b>	<b>20.6%</b>	<b>140.8%</b>
<b>2023</b>														
Jul-22	13,910	449	27,688	50.2%	75.6%	1,891	1,492	321	346	2,832	78.9%	17.0%	18.3%	149.7%
Aug-22	13,865	447	29,148	47.6%	76.4%	1,886	1,445	329	400	2,788	76.6%	17.4%	21.2%	147.8%
Sep-22	12,768	426	27,367	46.7%	77.4%	1,760	1,431	322	425	2,831	81.3%	18.3%	24.2%	160.9%
Oct-22	13,119	423	27,421	47.8%	75.7%	1,985	1,482	360	420	2,827	74.6%	18.1%	21.2%	142.4%
<b>2023 FY Total</b>	<b>53,662</b>	<b>436</b>	<b>111,641</b>	<b>48.1%</b>	<b>76.3%</b>	<b>1,880</b>	<b>1,462</b>	<b>333</b>	<b>398</b>	<b>2,819</b>	<b>77.8%</b>	<b>17.7%</b>	<b>21.2%</b>	<b>149.9%</b>
<b>FYTD Budget</b>	<b>58,842</b>	<b>478</b>	<b>111,817</b>	<b>52.6%</b>	<b>75.1%</b>	<b>2,029</b>	<b>1,368</b>	<b>326</b>	<b>383</b>	<b>2,720</b>	<b>67.4%</b>	<b>16.0%</b>	<b>18.9%</b>	<b>133.8%</b>
<b>Variance</b>	<b>(5,180)</b>	<b>(42)</b>	<b>(176)</b>	<b>(4.6%)</b>	<b>1.1%</b>	<b>(149)</b>	<b>94</b>	<b>7</b>	<b>15</b>	<b>99</b>	<b>10.3%</b>	<b>1.6%</b>	<b>2.3%</b>	<b>16.1%</b>
<b>Current Month Analysis</b>														
<b>Oct-22</b>	<b>13,119</b>	<b>423</b>	<b>27,421</b>	<b>47.8%</b>	<b>75.7%</b>	<b>1,985</b>	<b>1,482</b>	<b>360</b>	<b>420</b>	<b>2,827</b>	<b>74.6%</b>	<b>18.1%</b>	<b>21.2%</b>	<b>142.4%</b>
<b>Budget</b>	<b>14,966</b>	<b>483</b>	<b>28,345</b>	<b>52.8%</b>	<b>75.1%</b>	<b>2,051</b>	<b>1,367</b>	<b>330</b>	<b>381</b>	<b>2,802</b>	<b>66.7%</b>	<b>16.1%</b>	<b>18.6%</b>	<b>132.2%</b>
<b>Variance</b>	<b>(1,847)</b>	<b>(60)</b>	<b>(923)</b>	<b>(5.0%)</b>	<b>0.6%</b>	<b>(66)</b>	<b>114</b>	<b>29</b>	<b>39</b>	<b>25</b>	<b>8.0%</b>	<b>2.0%</b>	<b>2.6%</b>	<b>10.3%</b>

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

	Oct-22	Sep-22	Change	% Change	Jun-22 (Audited)
<b>ASSETS AND DEFERRED OUTFLOWS</b>					
<b>CURRENT ASSETS</b>					
Cash and cash equivalents	\$ 6,085	\$ 3,076	\$ 3,009	97.83%	\$ 21,693
Current Portion of Board designated and trusted assets	18,002	16,568	1,435	8.66%	14,121
Accounts receivable:					
Net patient accounts	144,079	138,023	6,057	4.39%	135,946
Other receivables	32,169	31,296	873	2.79%	27,575
	176,248	169,319	6,930	4.09%	163,521
Inventories	13,929	14,281	(352)	-2.47%	14,025
Medicare and Medi-Cal settlements	69,498	67,045	2,452	3.66%	58,593
Prepaid expenses	14,195	15,400	(1,205)	-7.83%	13,050
Total current assets	297,957	285,689	12,268	4.29%	285,004
<b>NON-CURRENT CASH AND INVESTMENTS -</b>					
less current portion					
Board designated cash and assets	197,715	215,700	(17,985)	-8.34%	266,148
Revenue bond assets held in trust	2	11	(9)	-81.48%	8
Assets in self-insurance trust fund	941	938	3	0.27%	1,040
Total non-current cash and investments	198,658	216,649	(17,991)	-8.30%	267,197
<b>INTANGIBLE RIGHT TO USE LEASE,</b>					
net of accumulated amortization	14,376	14,376	-	0.00%	\$ 14,376
<b>CAPITAL ASSETS</b>					
Land	17,542	17,542	-	0.00%	17,542
Buildings and improvements	425,565	425,551	14	0.00%	425,542
Equipment	325,157	325,116	41	0.01%	325,209
Construction in progress	23,094	21,540	1,554	7.21%	15,620
	791,358	789,749	1,609	0.20%	783,912
Less accumulated depreciation	469,955	467,378	2,577	0.55%	459,744
	321,403	322,372	(968)	-0.30%	324,168
<b>OTHER ASSETS</b>					
Property not used in operations	1,567	1,571	(4)	-0.27%	1,584
Health-related investments	4,174	4,175	(1)	-0.03%	4,620
Other	12,891	12,894	(3)	-0.02%	12,511
	18,631	18,640	(9)	-0.05%	18,715
Total other assets	18,631	18,640	(9)	-0.05%	18,715
Total assets	850,796	857,554	(6,758)	-0.79%	909,460
<b>DEFERRED OUTFLOWS</b>	34,261	34,298	(37)	-0.11%	34,410

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

	Oct-22	Sep-22	Change	% Change	Jun-22 (Audited)
<b>LIABILITIES AND NET ASSETS</b>					
<b>CURRENT LIABILITIES</b>					
Accounts payable and accrued expenses	\$ 47,917	\$ 53,141	\$ (5,223)	-9.83%	\$ 62,542
Accrued payroll and related liabilities	64,455	60,868	3,587	5.89%	70,913
Long-term debt, current portion	9,846	9,846	-	0.00%	11,759
Total current liabilities	122,218	123,855	(1,636)	-1.32%	145,214
<b>LEASE LIABILITY, net of current portion</b>	\$ 14,677	\$ 14,677	\$ 0	0.00%	\$ 14,677
<b>LONG-TERM DEBT, less current portion</b>					
Bonds payable	239,590	239,598	(8)	0.00%	239,618
Notes payable	7,895	7,895	-	0.00%	7,895
Total long-term debt	247,472	247,488	(16)	-0.01%	247,512
<b>NET PENSION LIABILITY</b>	39,349	39,459	(110)	-0.28%	39,789
<b>OTHER LONG-TERM LIABILITIES</b>	32,355	32,092	263	0.82%	30,968
Total liabilities	456,071	457,570	(1,500)	-0.33%	478,161
<b>NET ASSETS</b>					
Invested in capital assets, net of related debt	67,233	68,294	(1,061)	-1.55%	68,426
Restricted	34,207	33,361	845	2.53%	31,905
Unrestricted	327,545	332,626	(5,081)	-1.53%	365,378
Total net position	428,985	434,282	(5,297)	-1.22%	465,709
Total liabilities and net position	\$ 885,056	\$ 891,852	\$ (6,796)	-0.76%	\$ 943,870

# Statistical Report

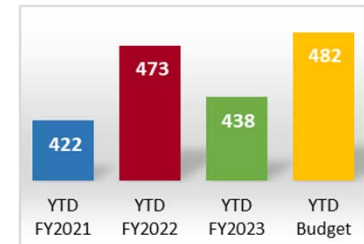
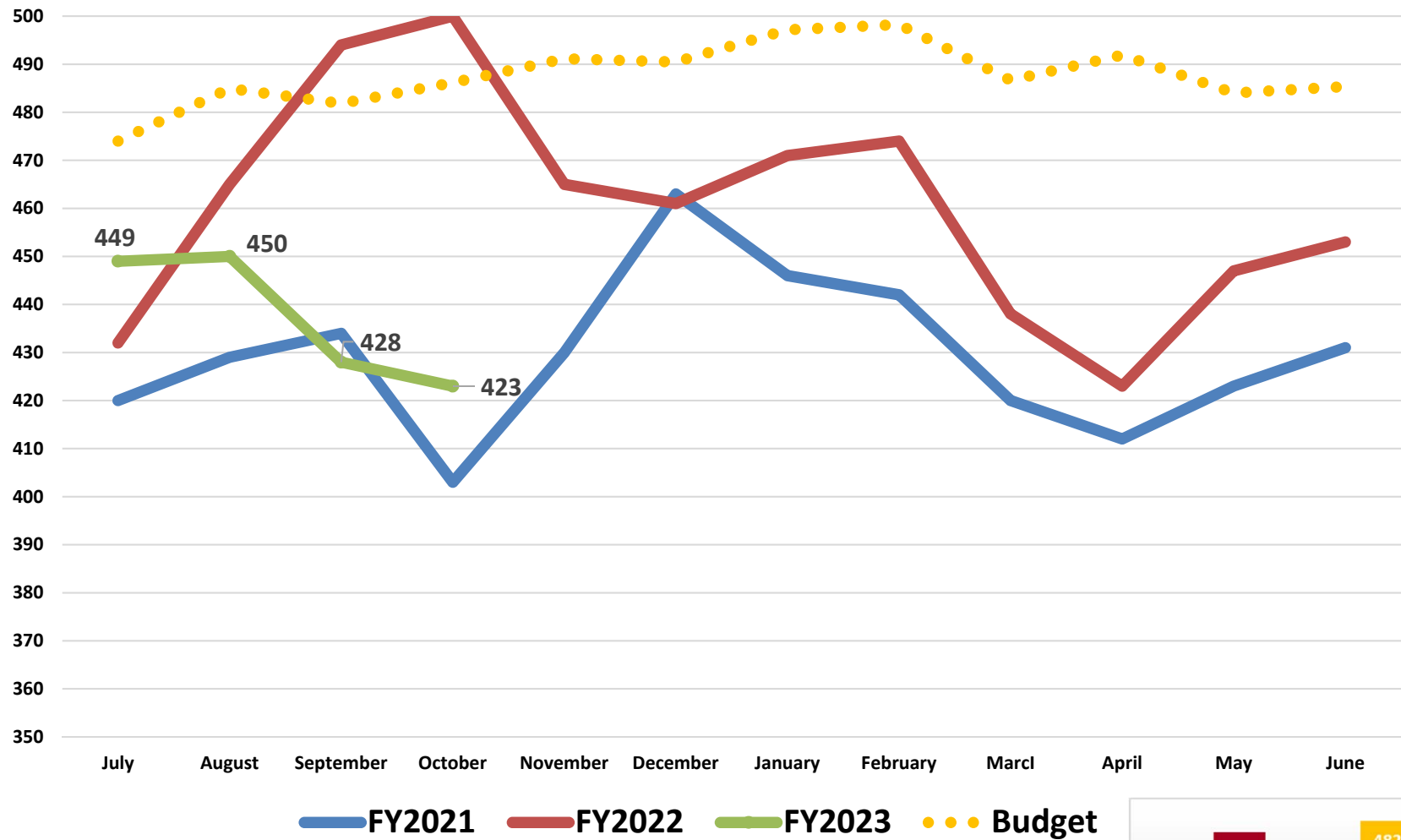
## October 2022



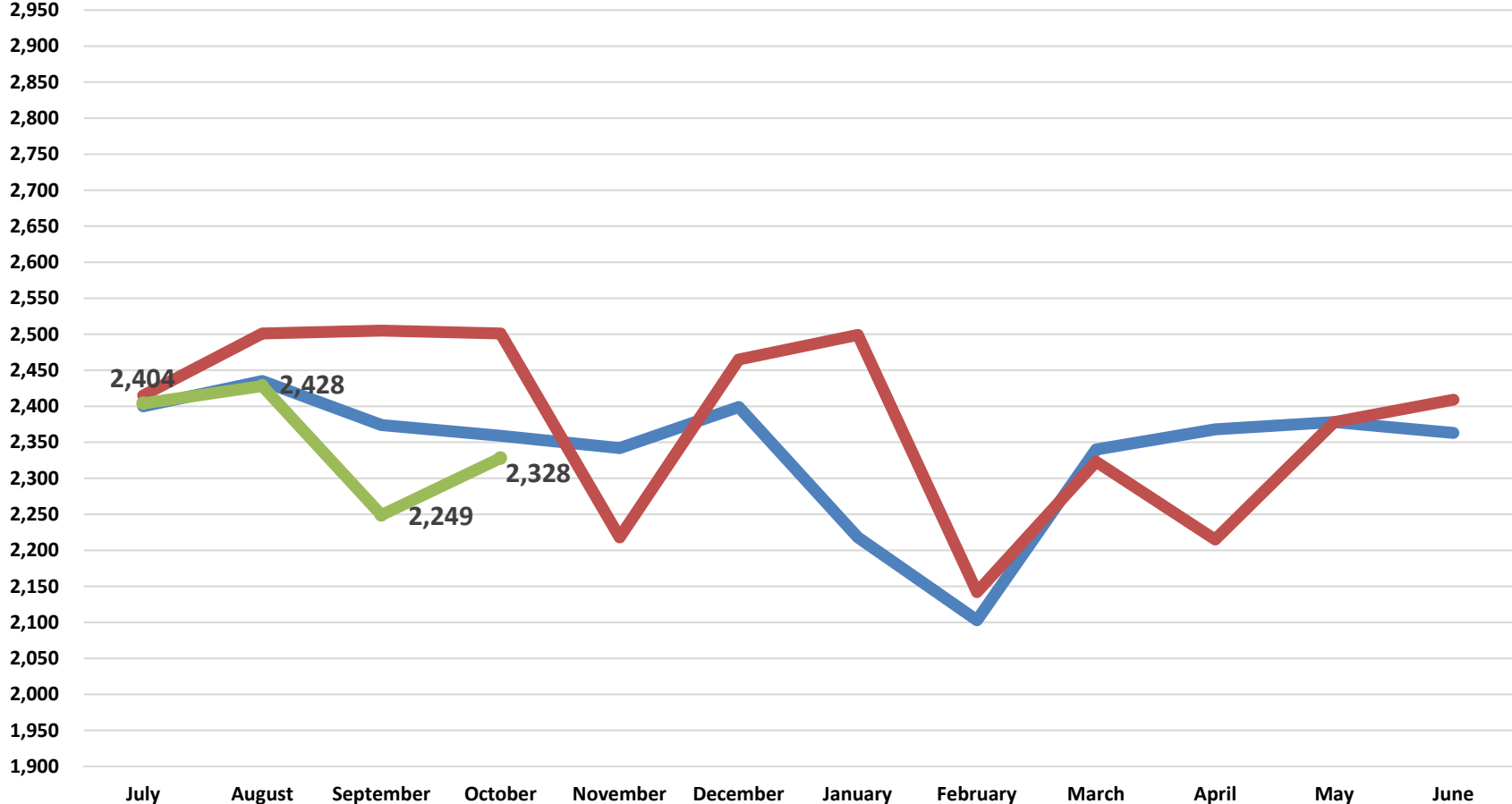
[kawahhealth.org](https://www.kawahhealth.org)



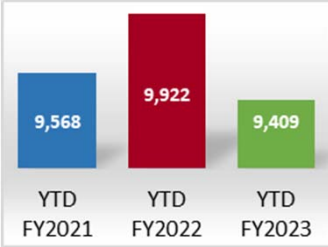
# Average Daily Census



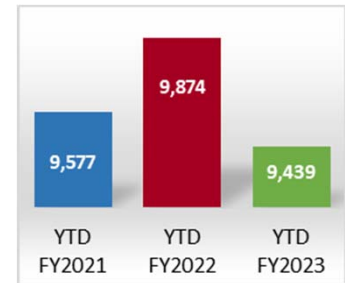
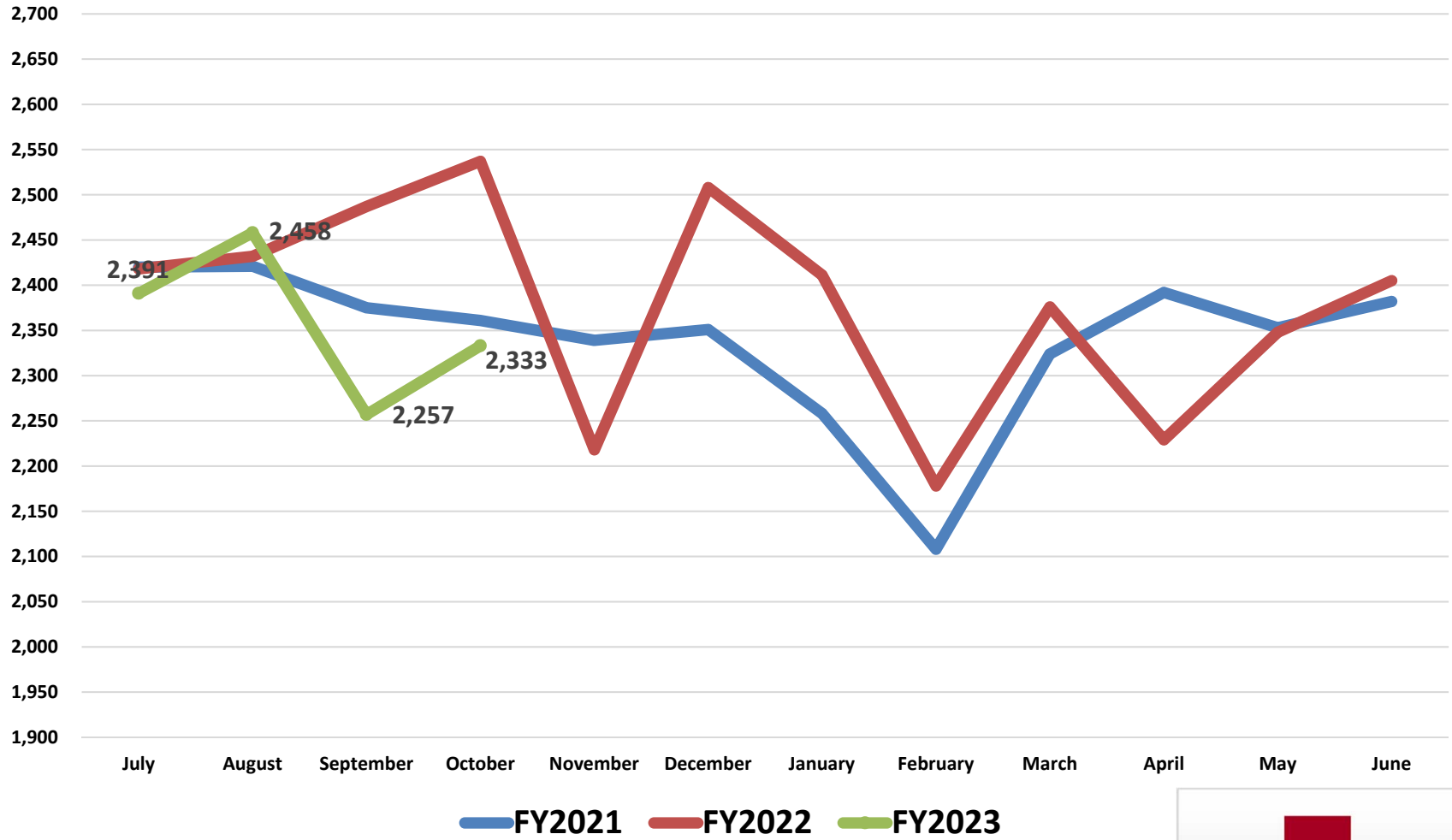
# Admissions



— FY2021 — FY2022 — FY2023

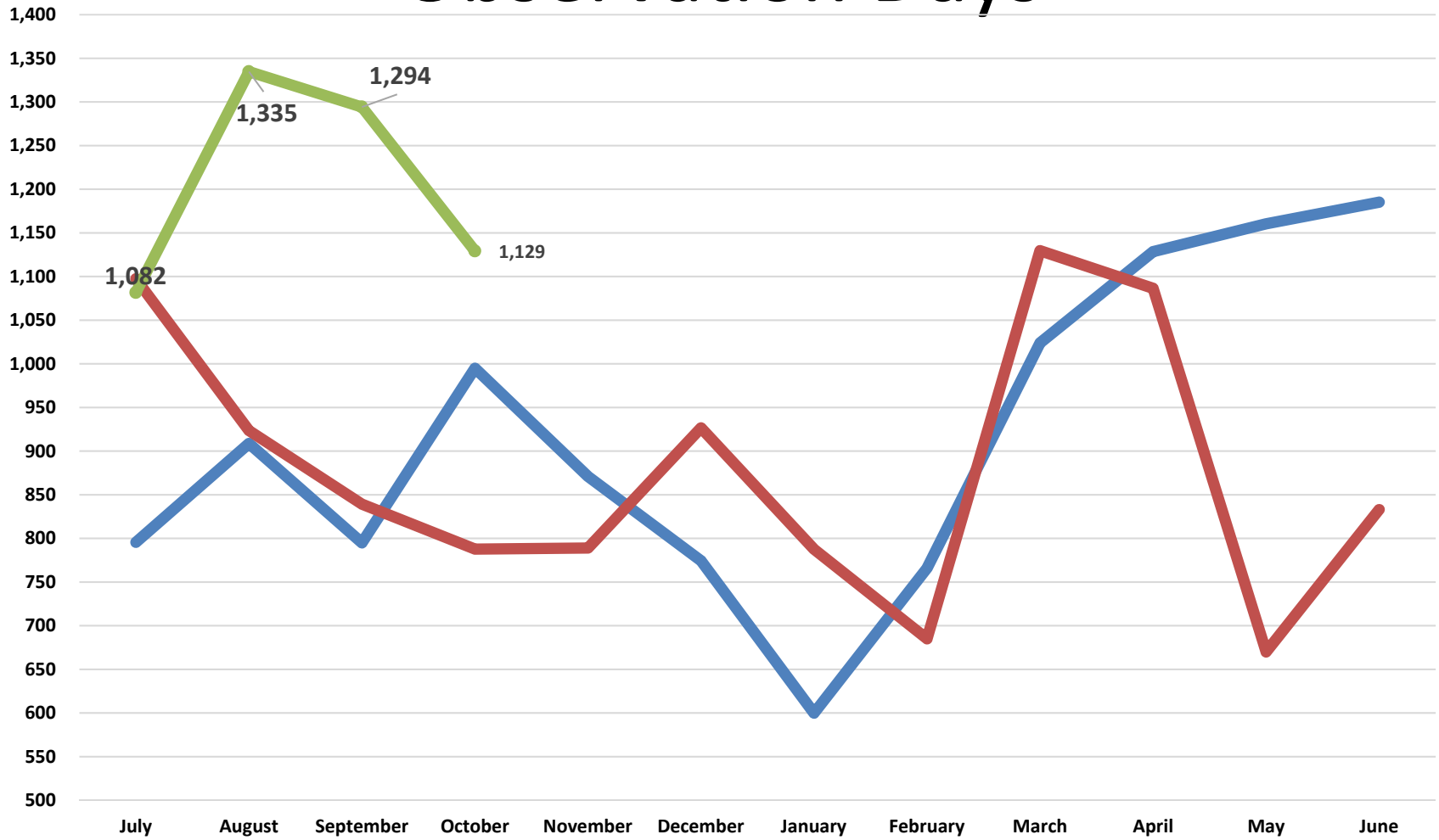


# Discharges

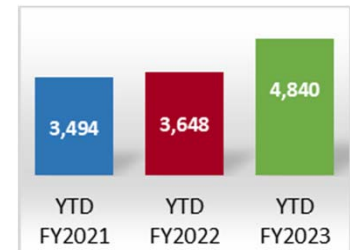




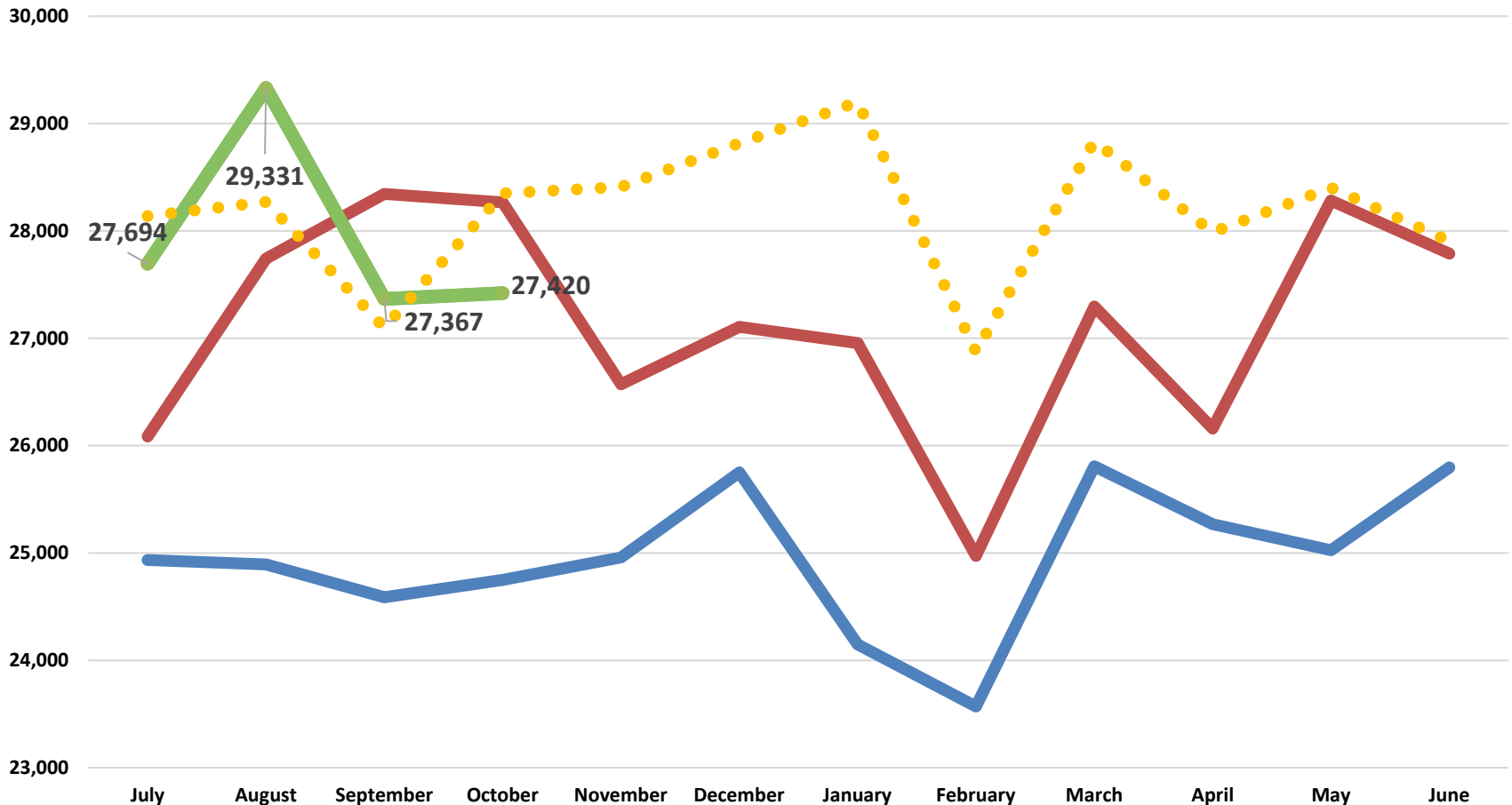
# Observation Days



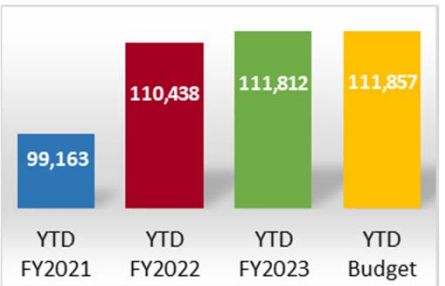
— FY2021 — FY2022 — FY2023



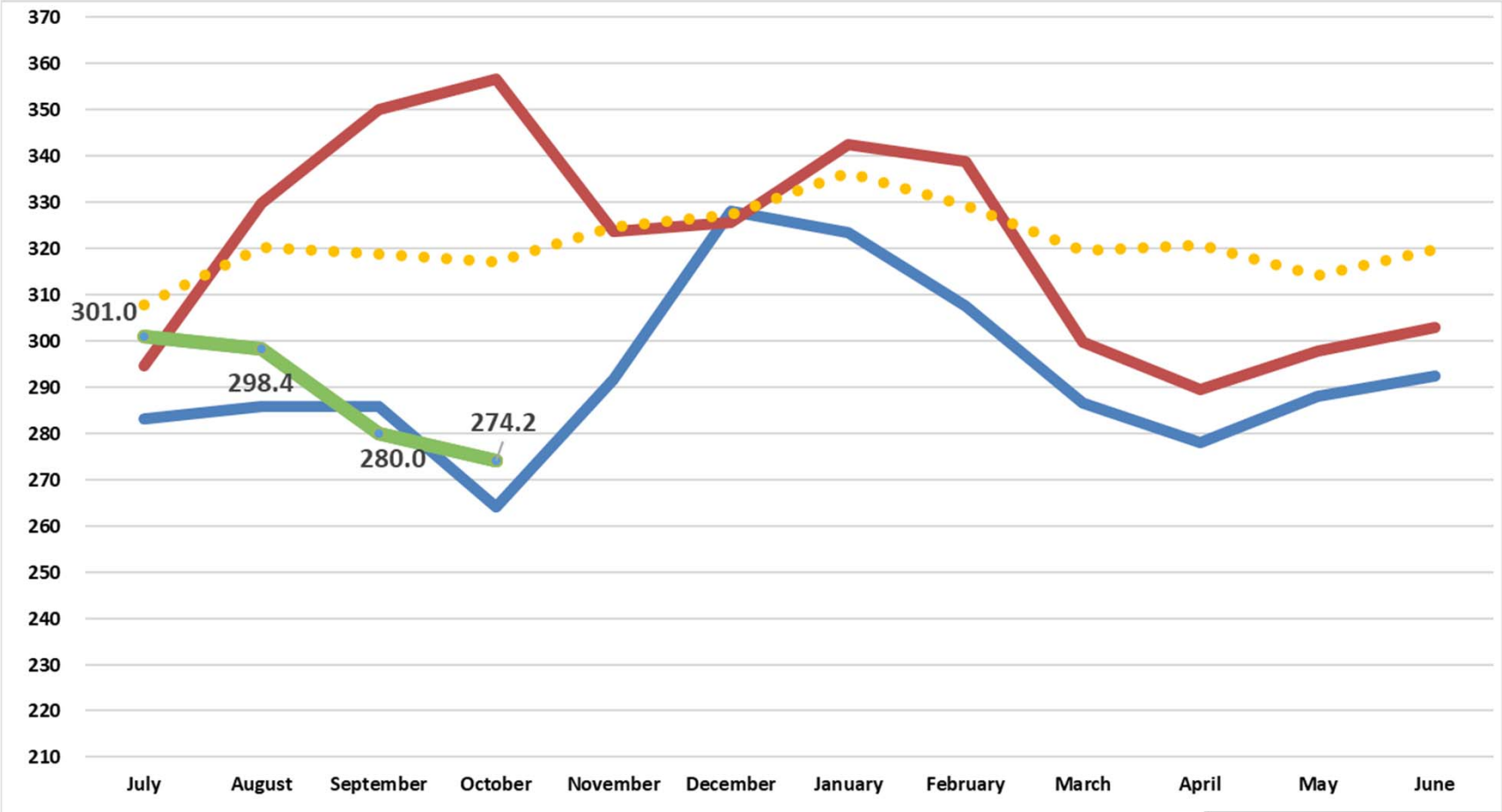
# Adjusted Patient Days



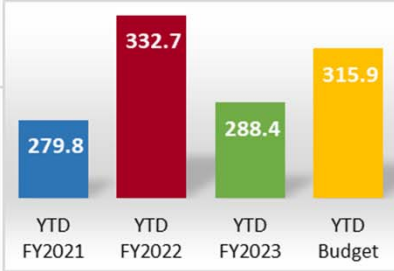
— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget



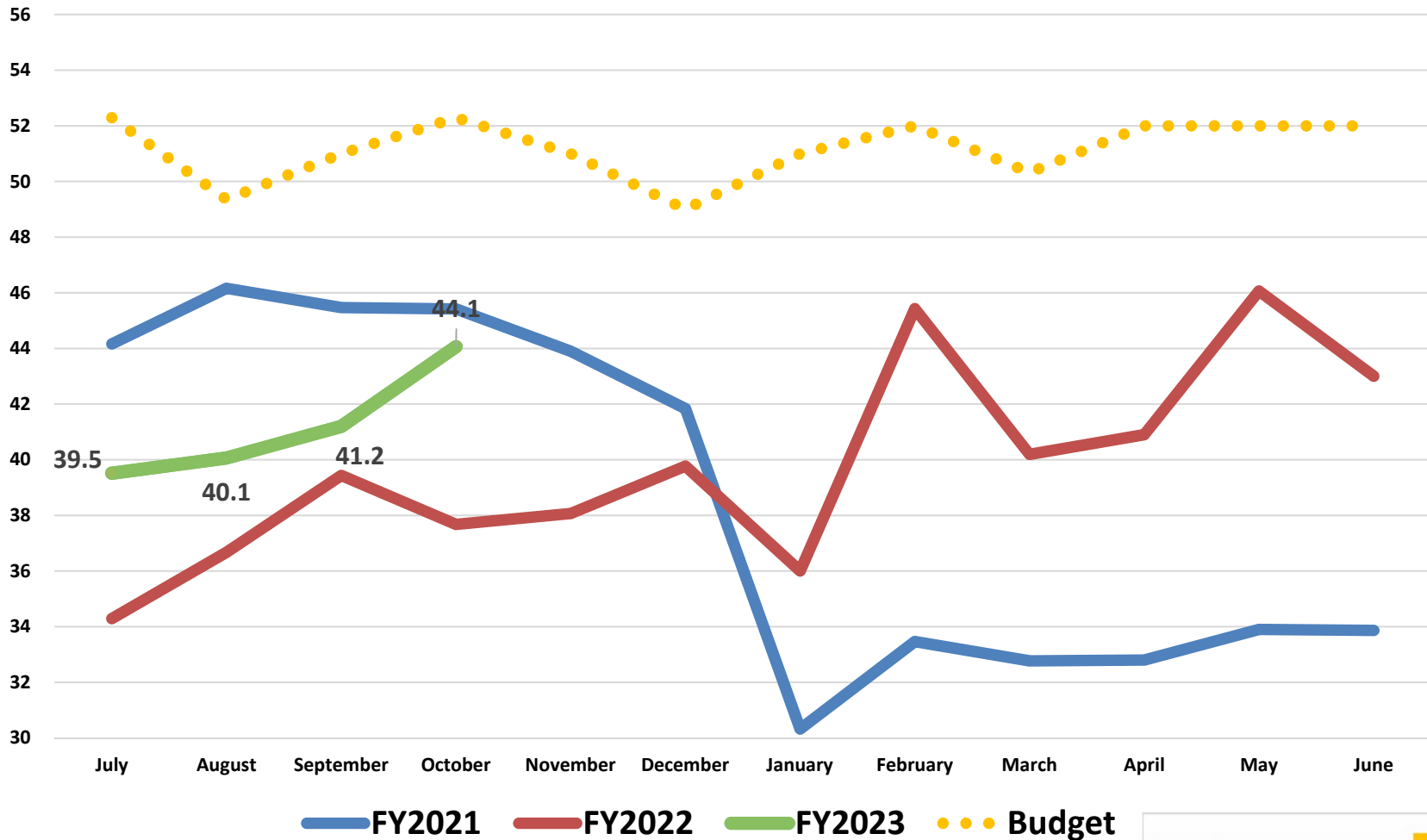
# Medical Center – Avg. Patients Per Day



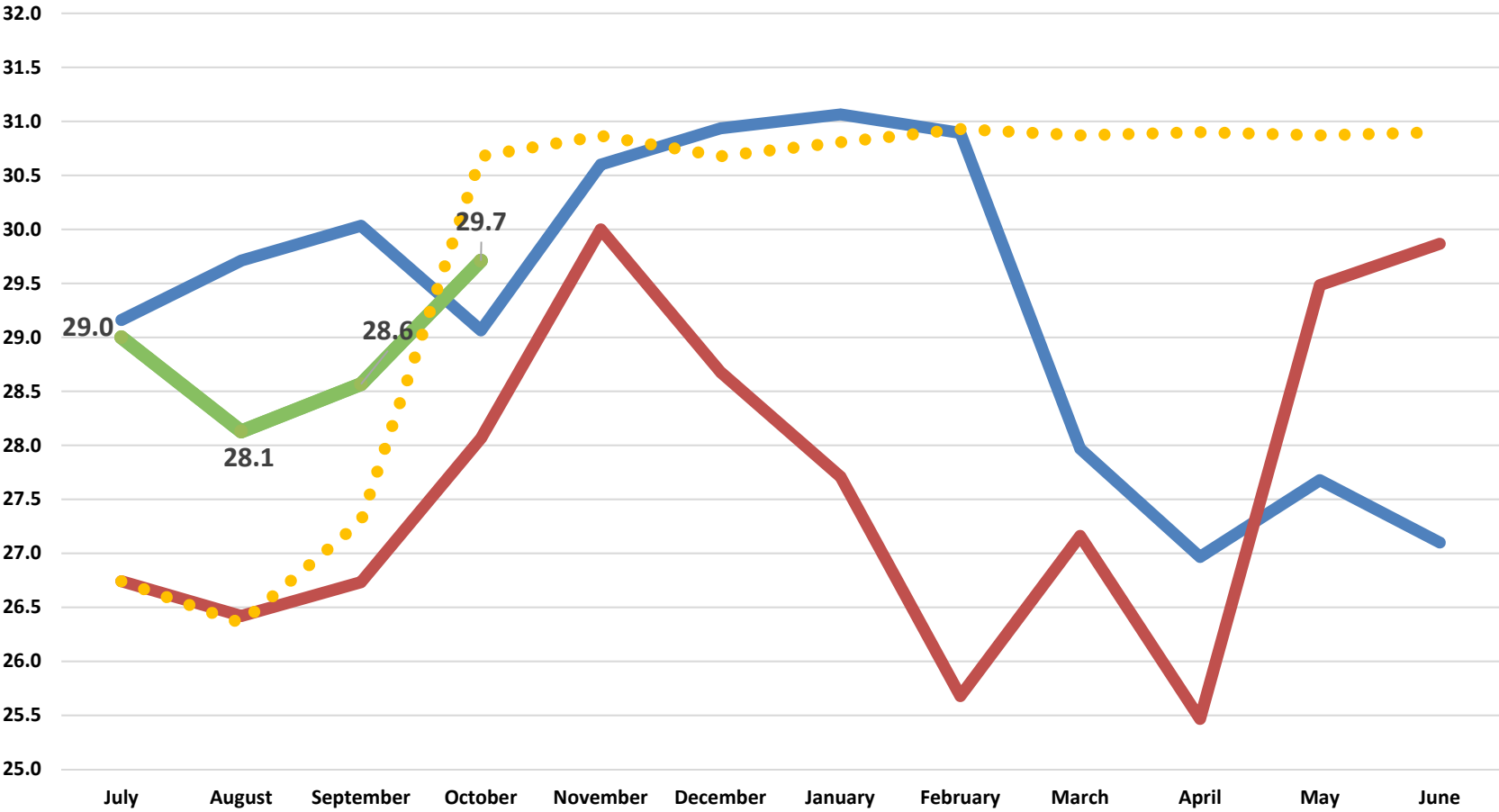
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



# Acute I/P Psych - Avg. Patients Per Day



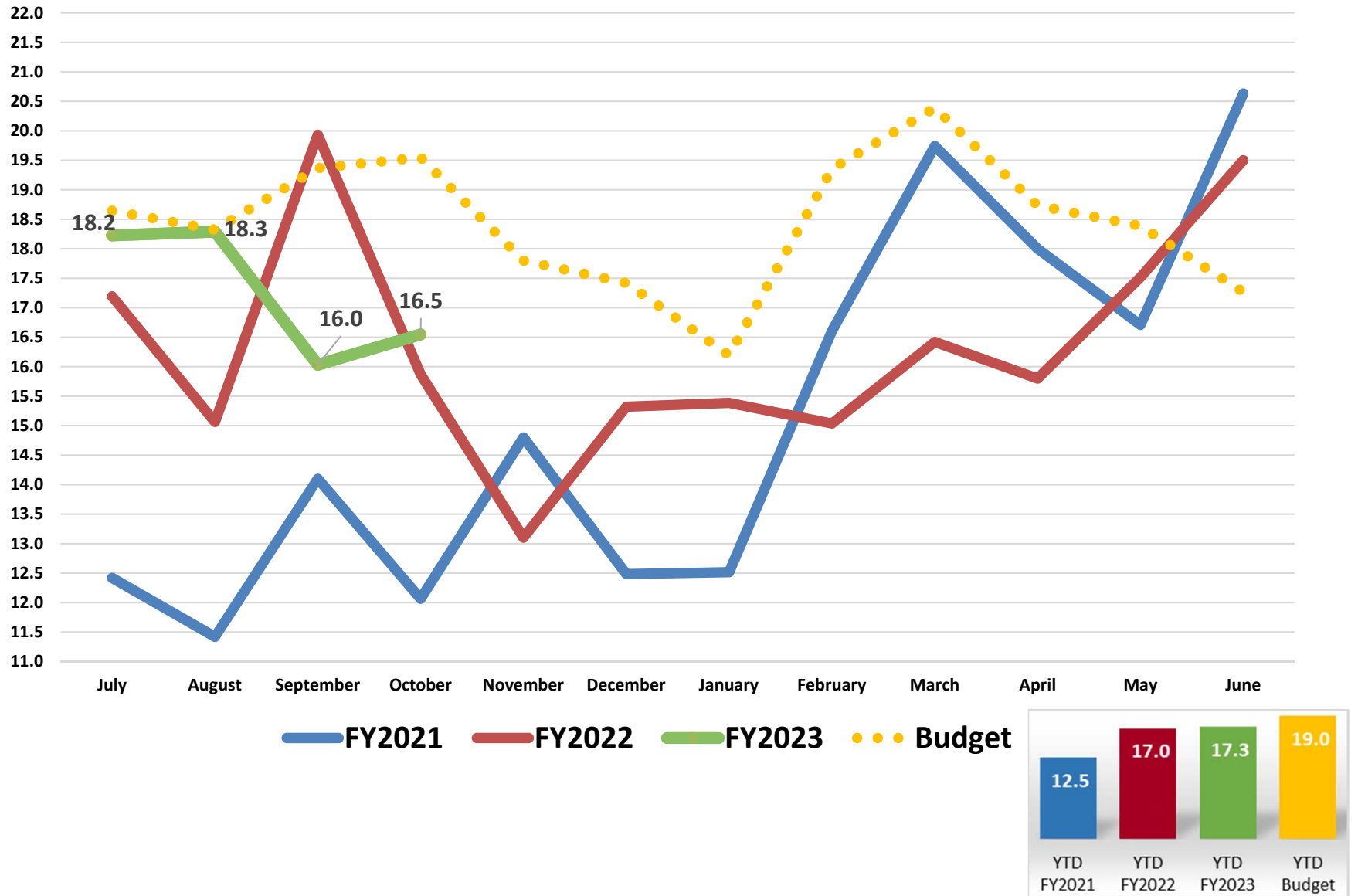
# Sub-Acute - Avg. Patients Per Day



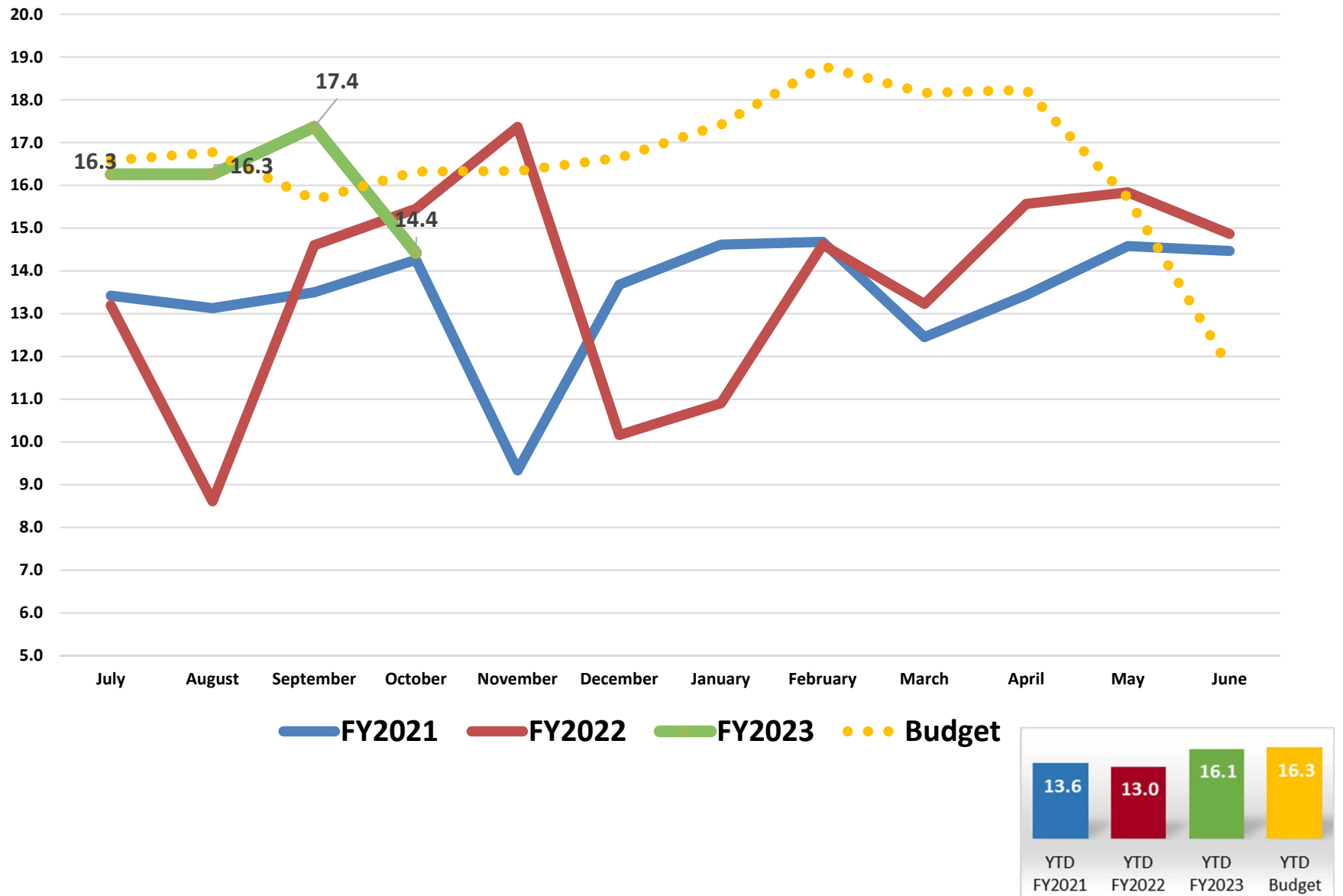
— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget



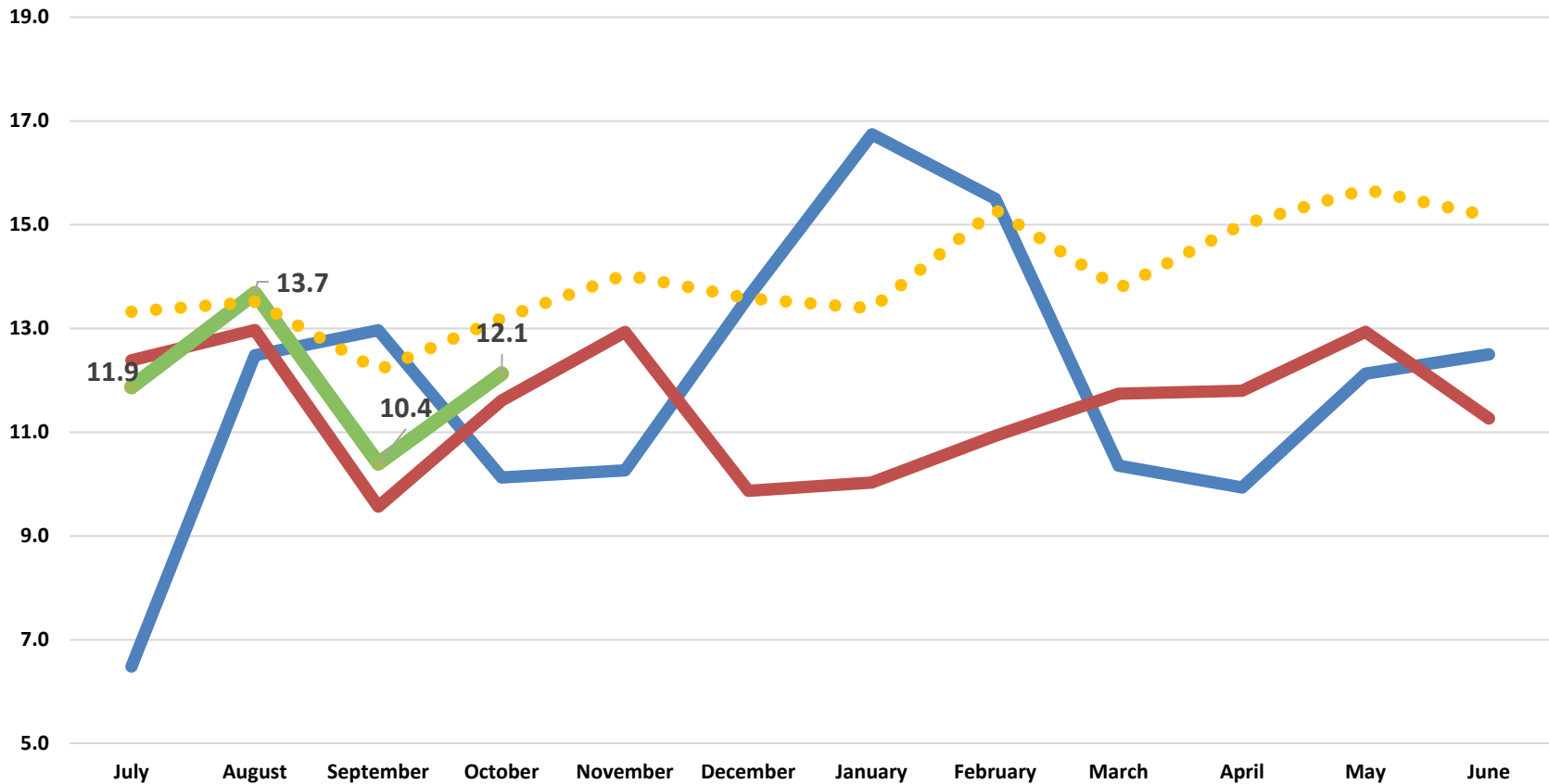
# Rehabilitation Hospital - Avg. Patients Per Day



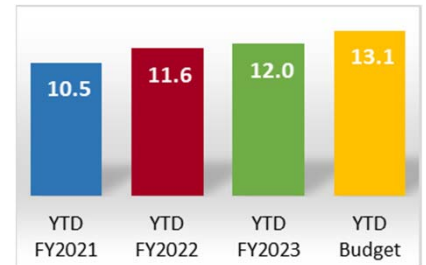
# Transitional Care Services (TCS) - Avg. Patients Per Day



# TCS Ortho - Avg. Patients Per Day

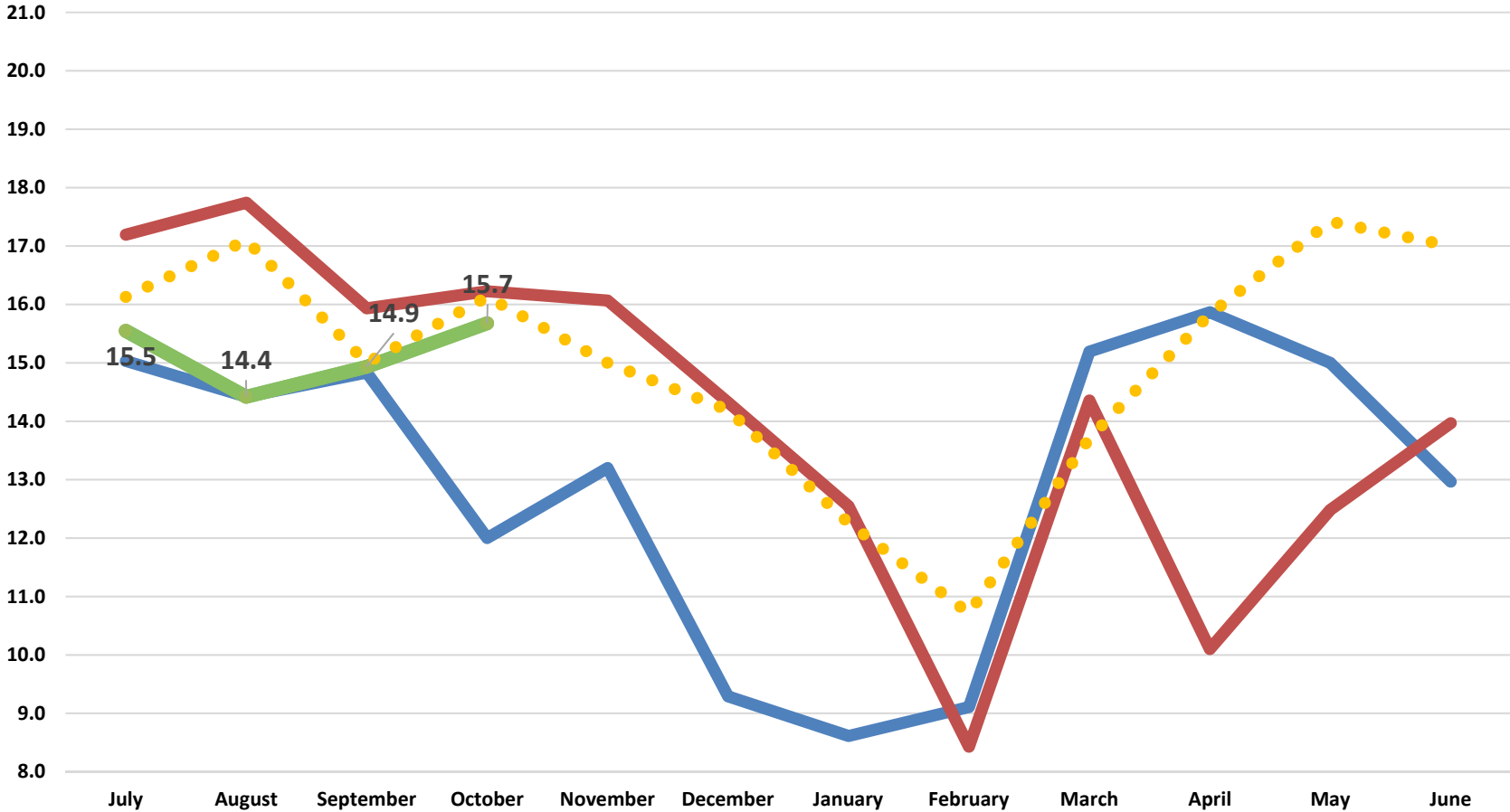


— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget

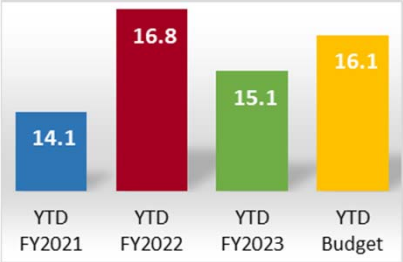




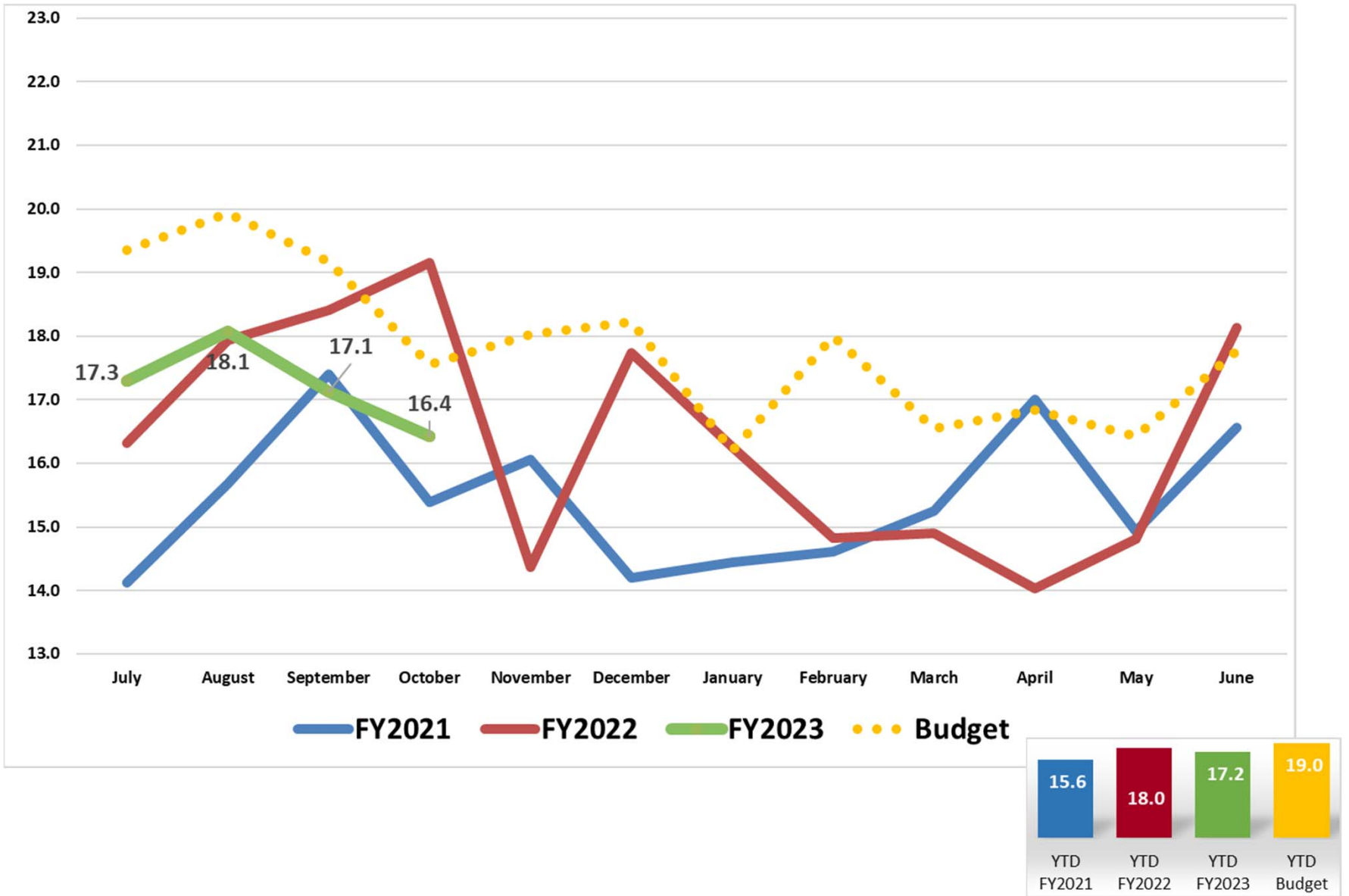
# NICU - Avg. Patients Per Day



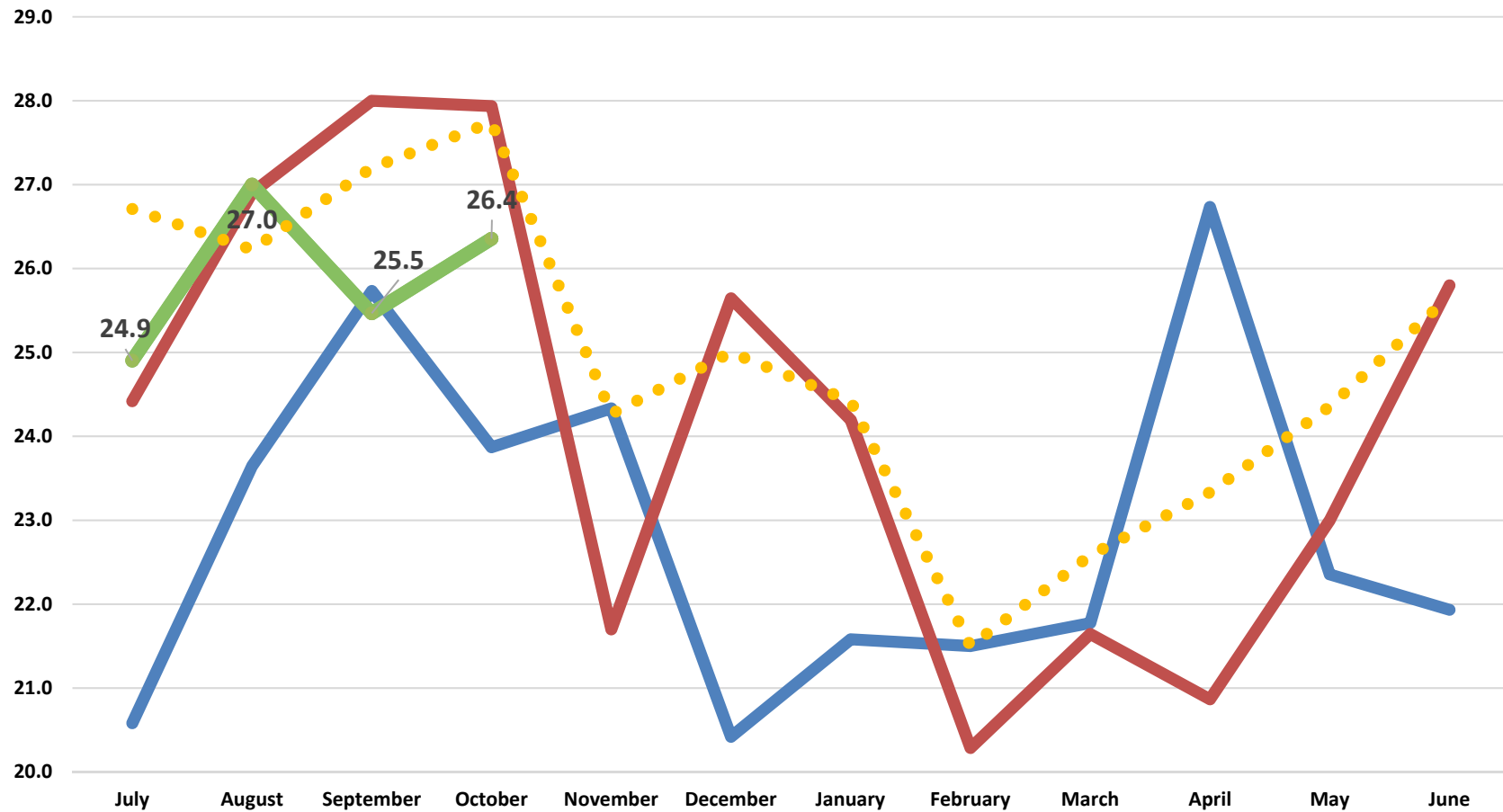
— FY2021   
 — FY2022   
 — FY2023   
 ••• Budget



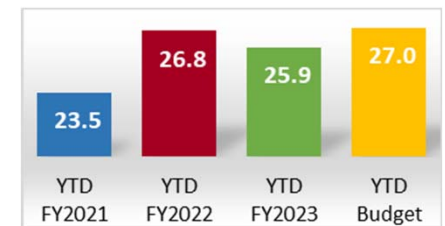
# Nursery - Avg. Patients Per Day



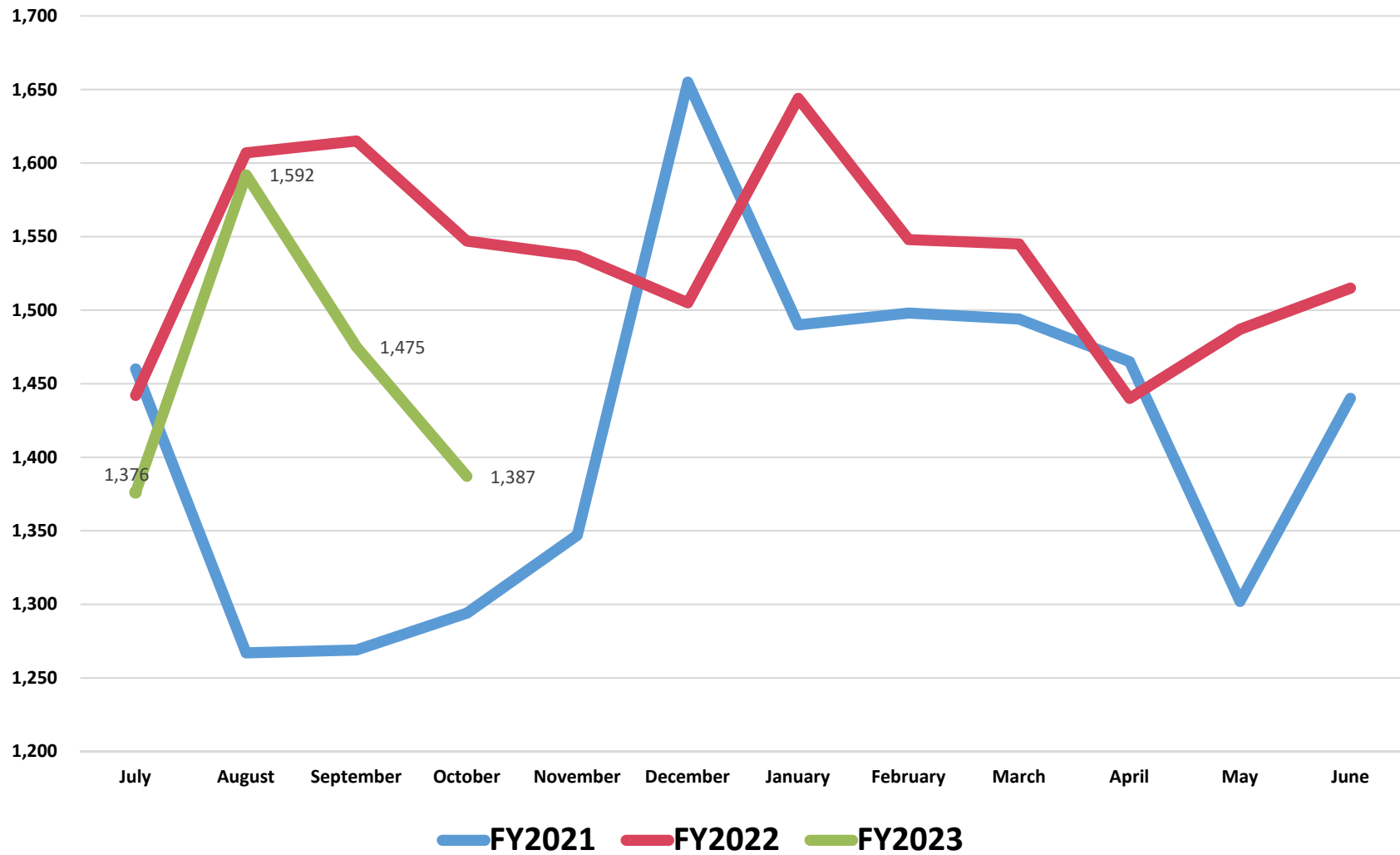
# Obstetrics - Avg. Patients Per Day



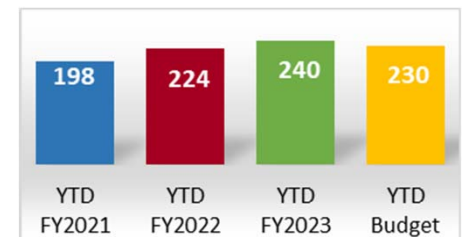
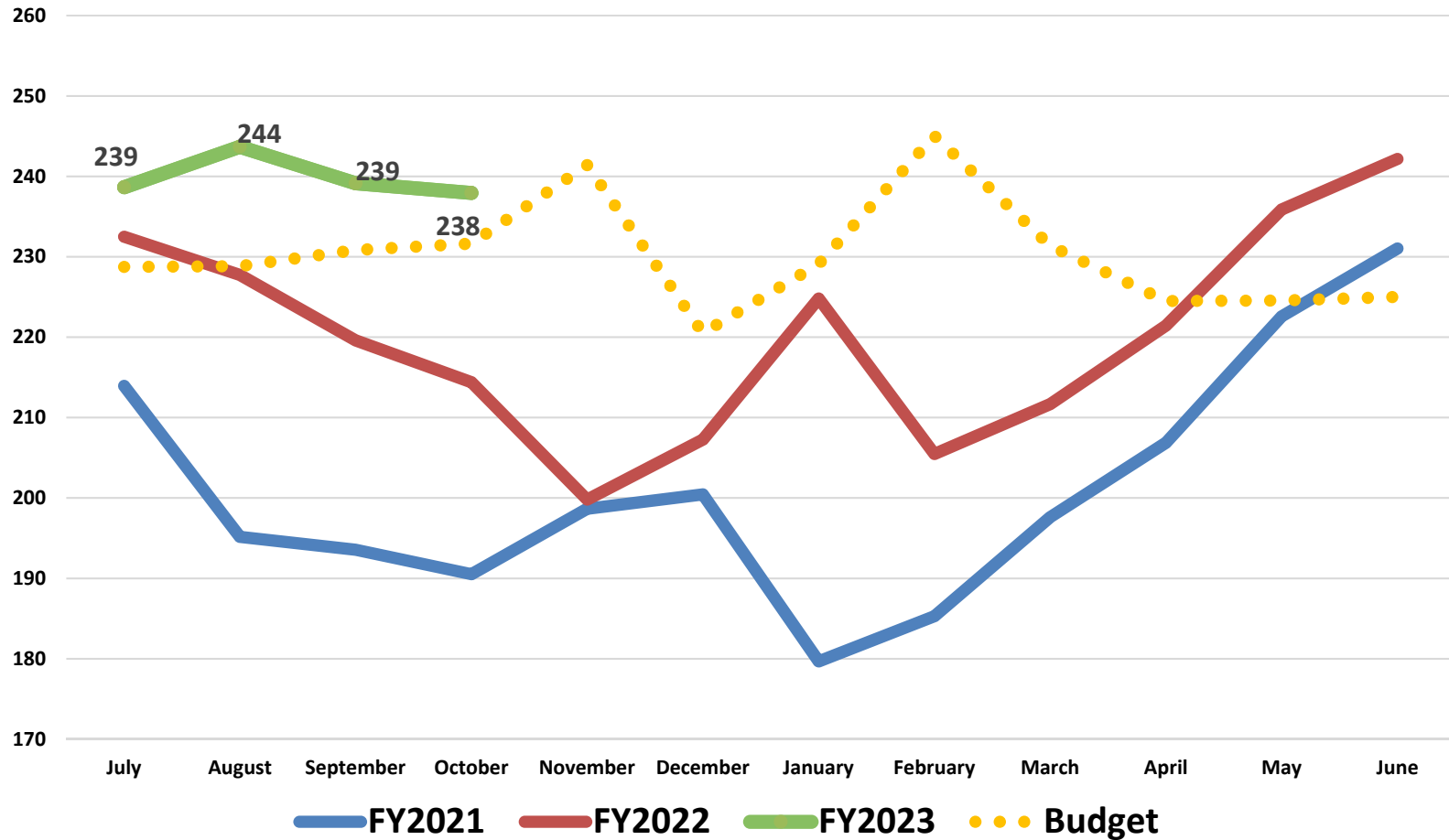
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



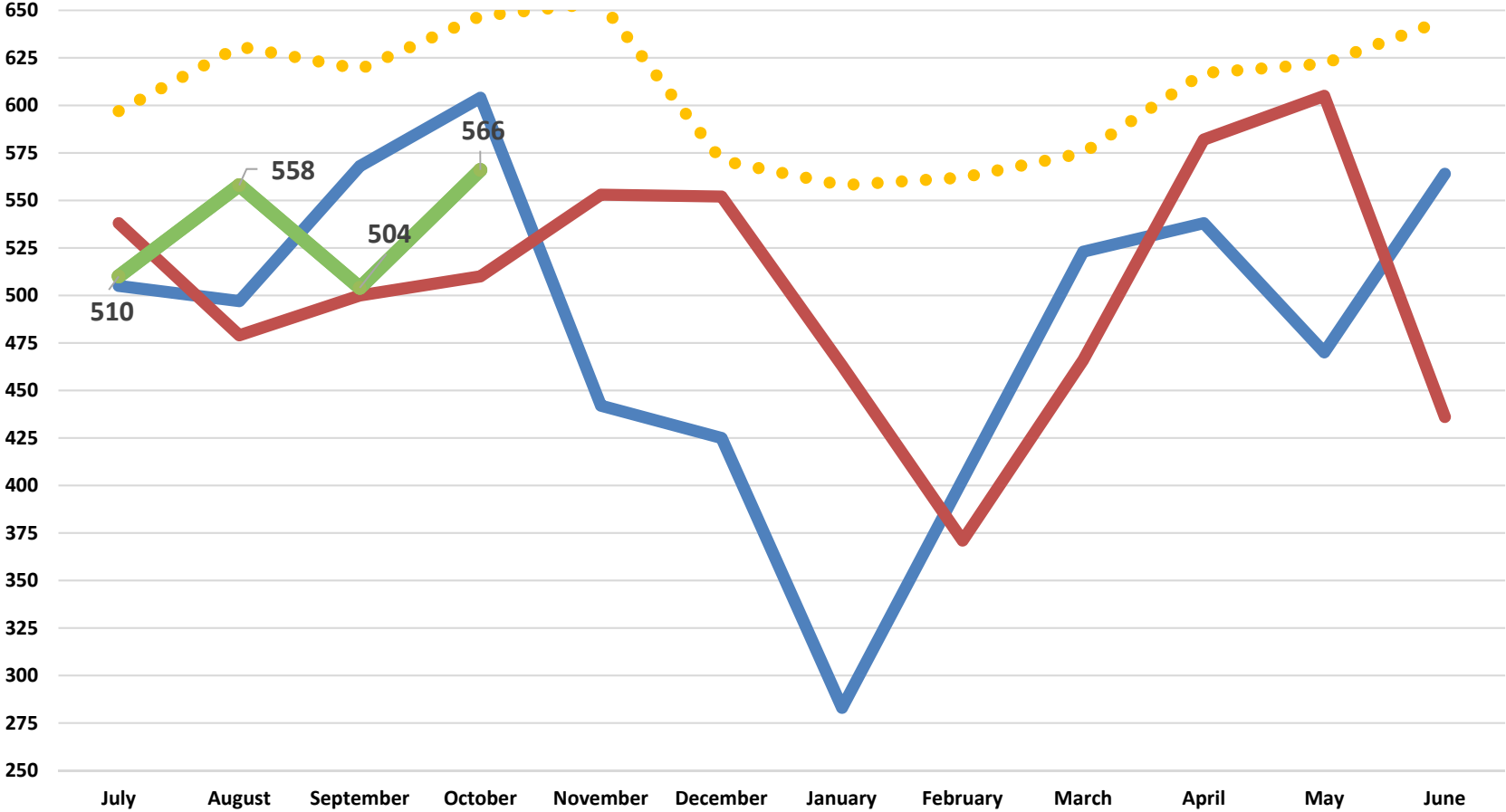
# Outpatient Registrations per Day



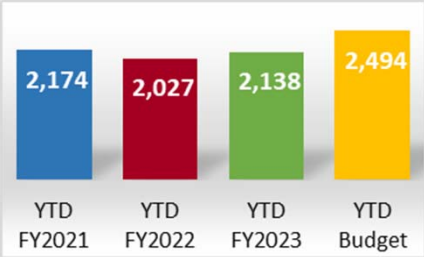
# Emergency Dept – Avg Treated Per Day



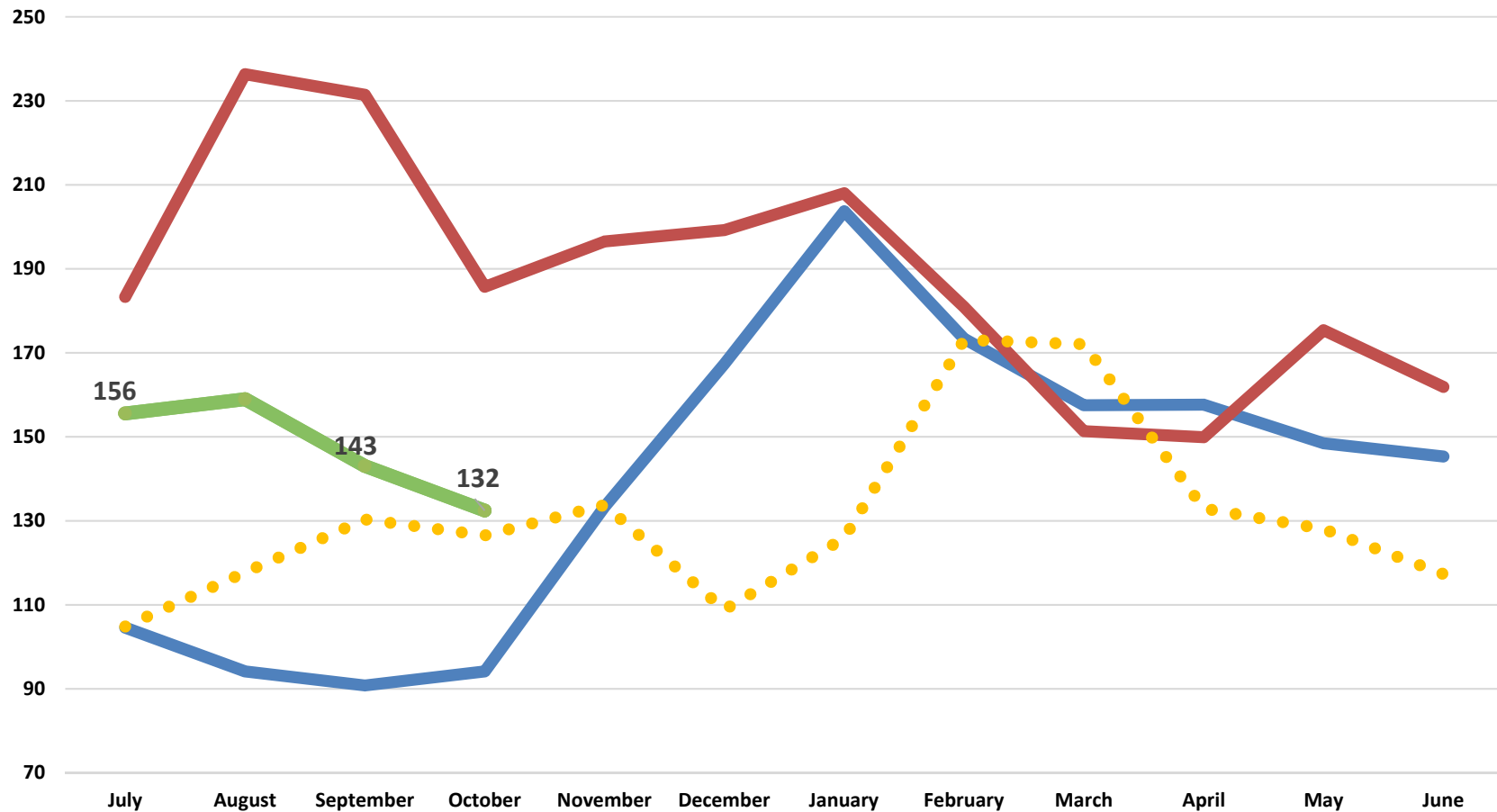
# Endoscopy Procedures



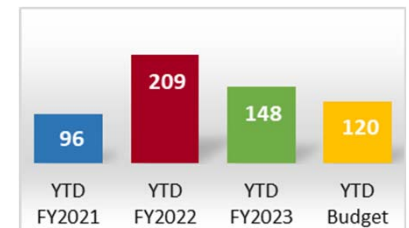
— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget



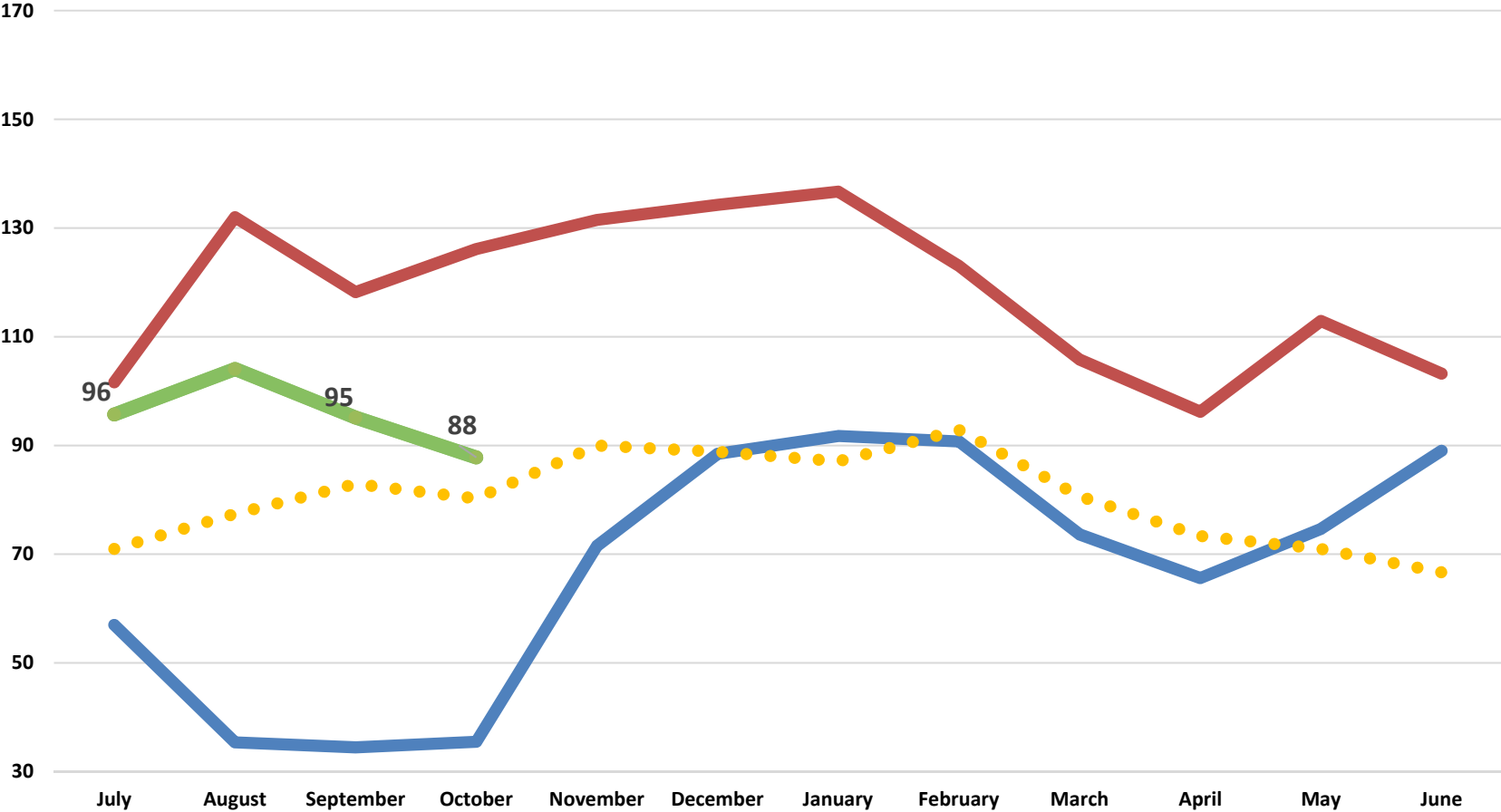
# Urgent Care – Court Average Visits Per Day



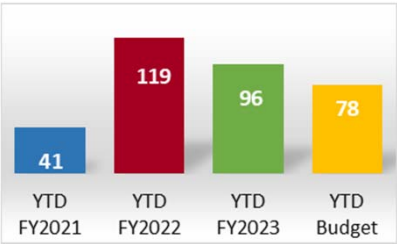
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



# Urgent Care – Demaree Average Visits Per Day

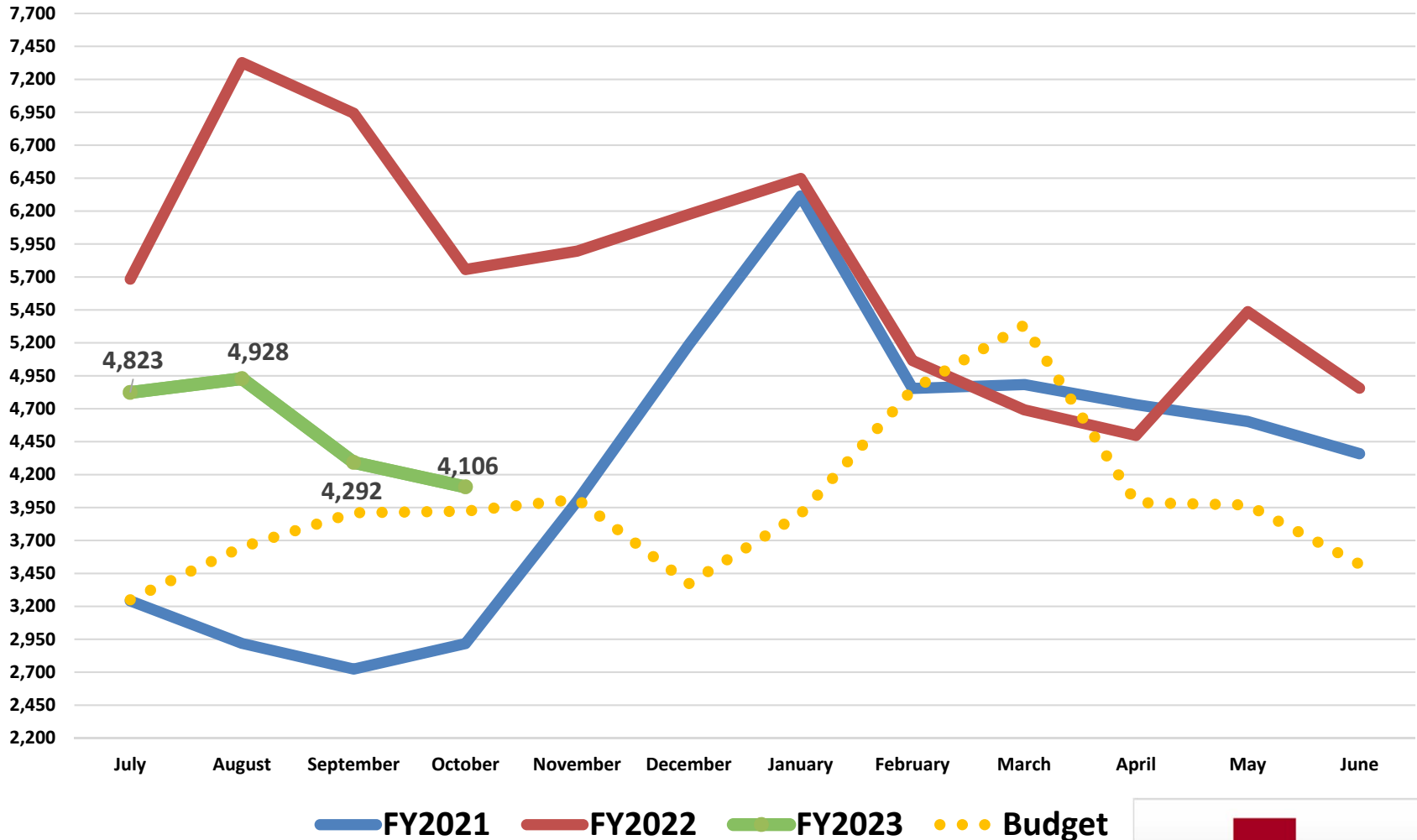


—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget

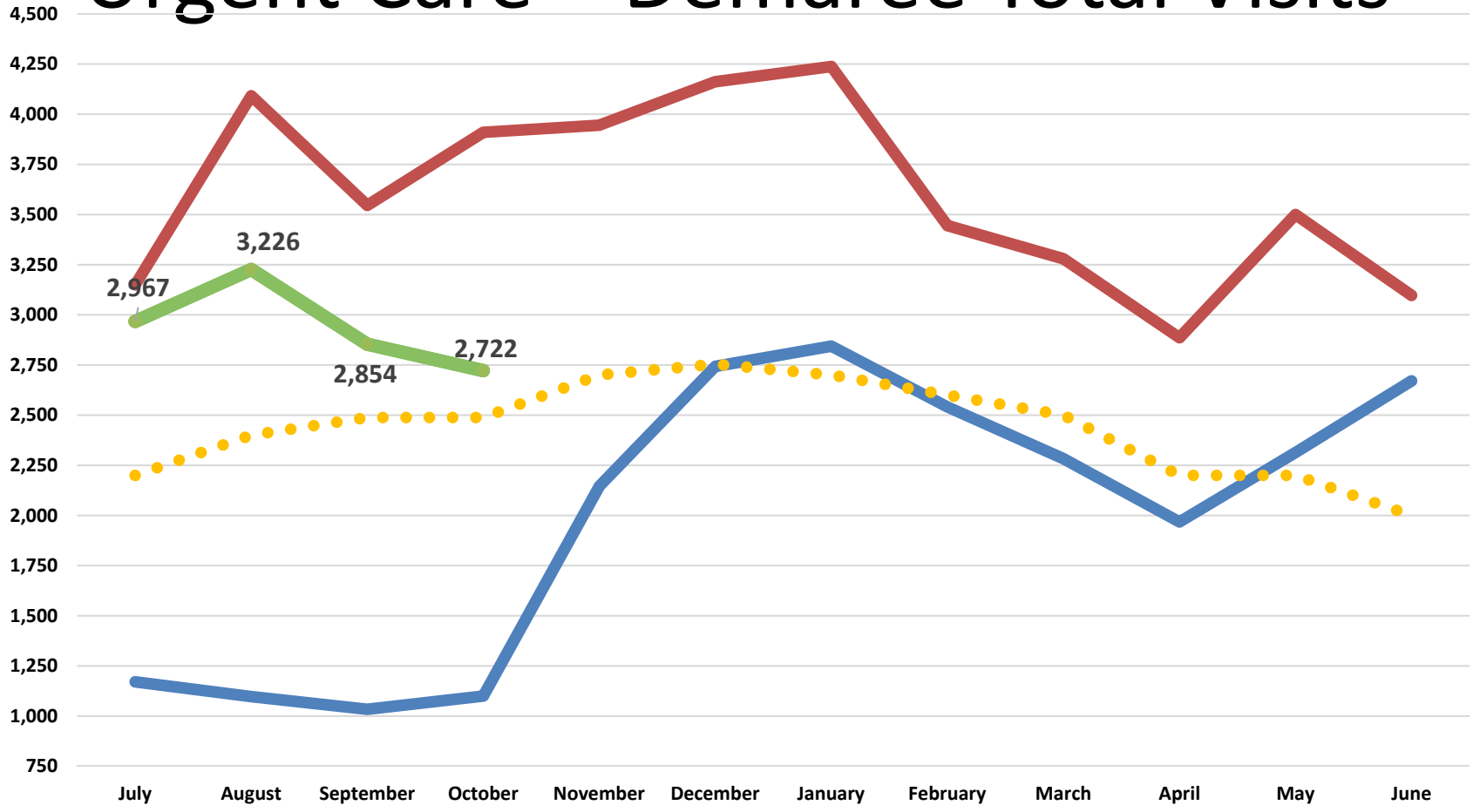




# Urgent Care – Court Total Visits



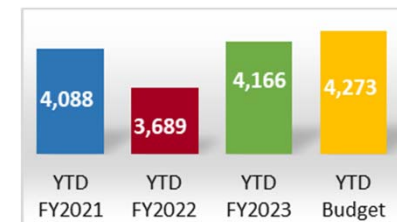
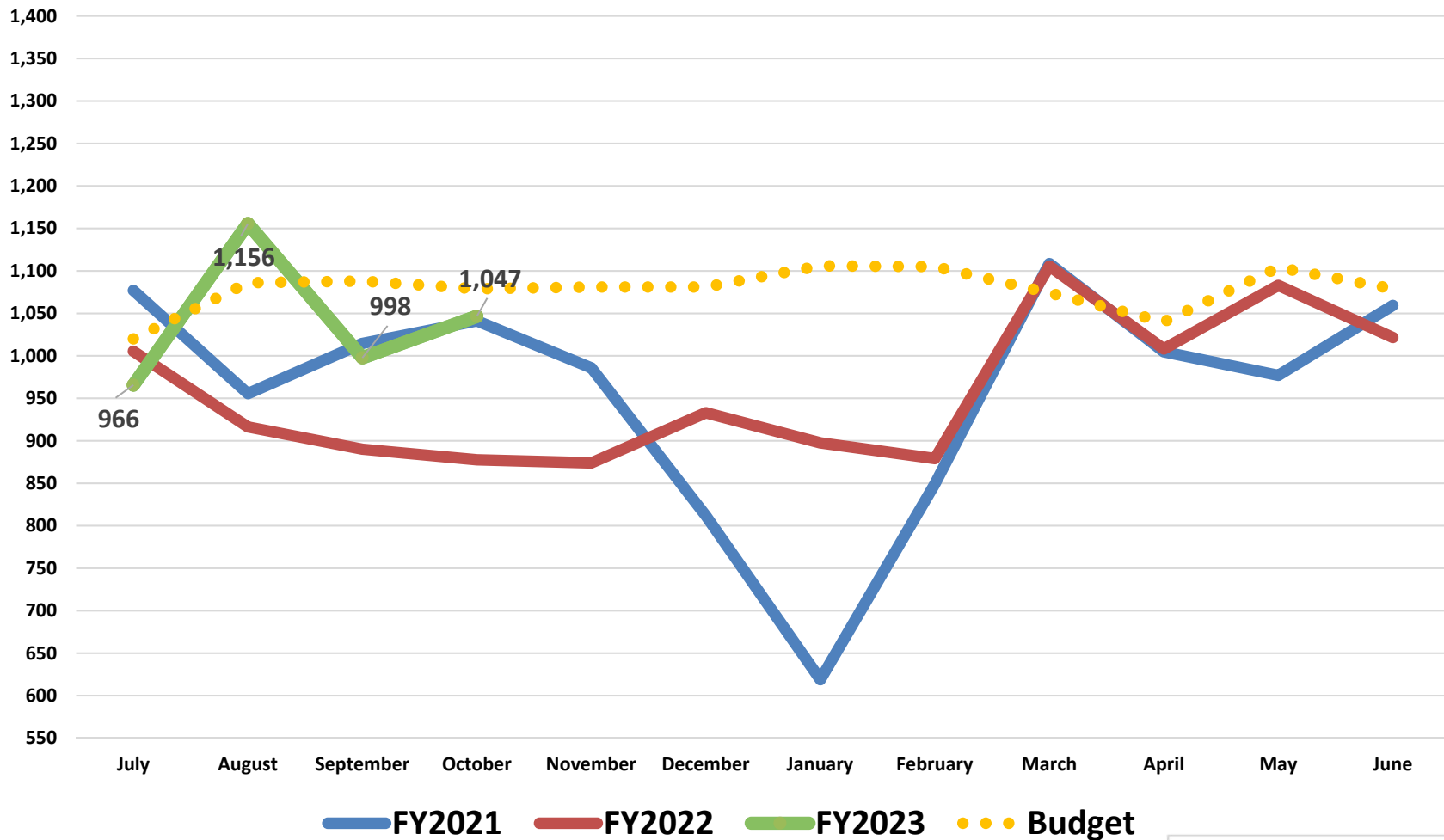
# Urgent Care – Demaree Total Visits



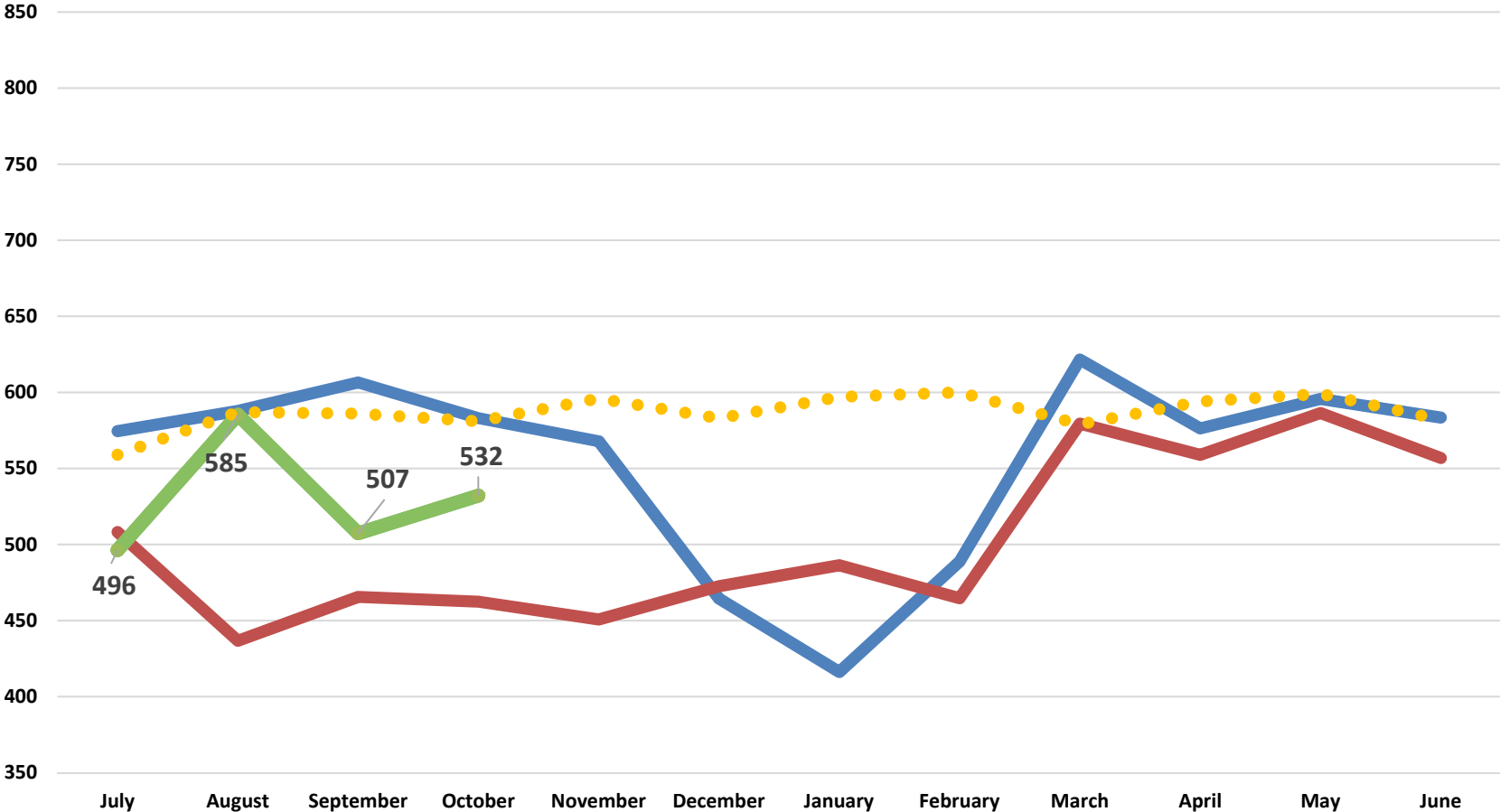
— FY2021   
 — FY2022   
 — FY2023   
 ••• Budget

4,402	14,698	11,769	9,576
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

# Surgery (IP & OP) – 100 Min Units



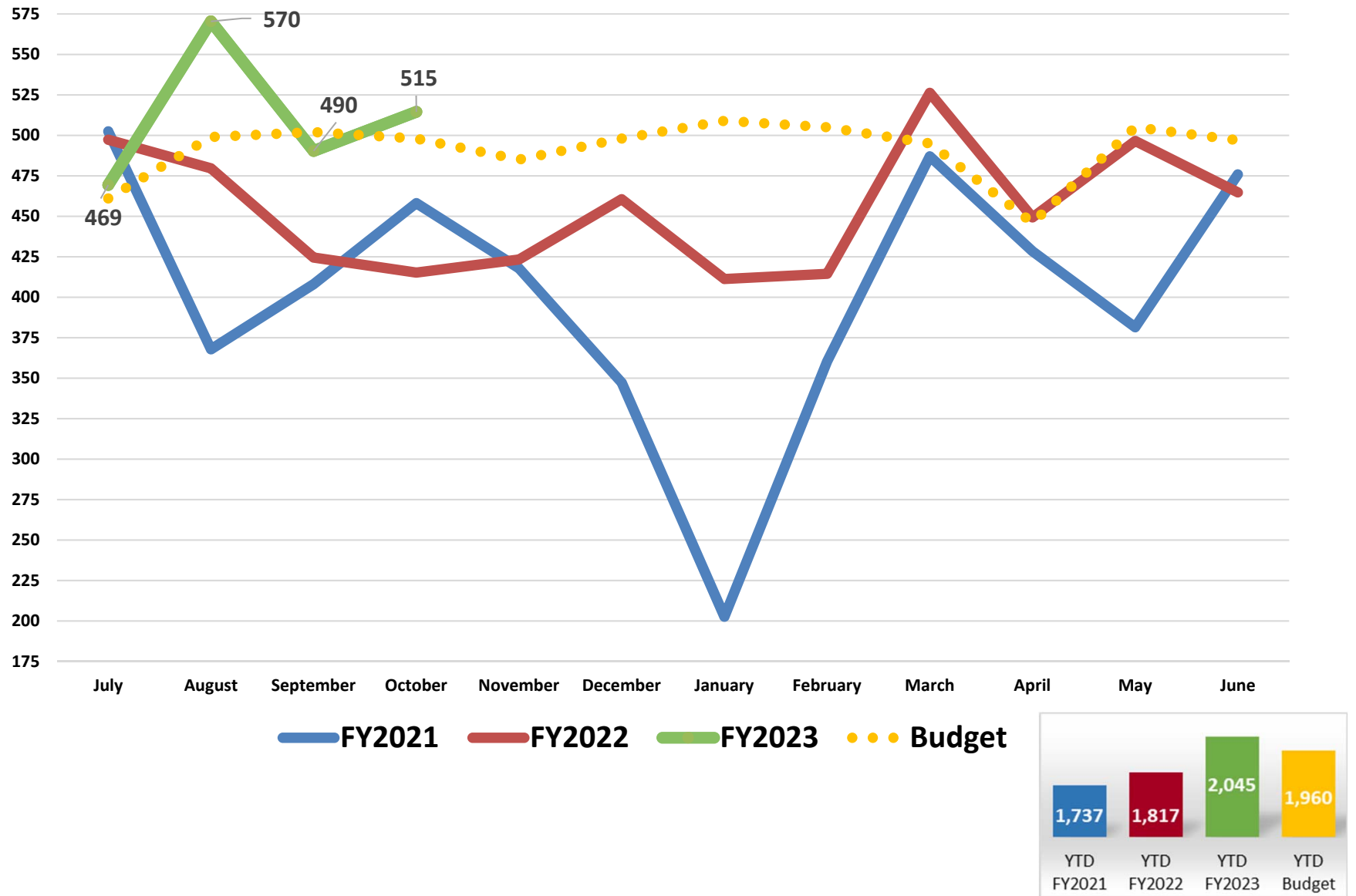
# Surgery (IP Only) – 100 Min Units



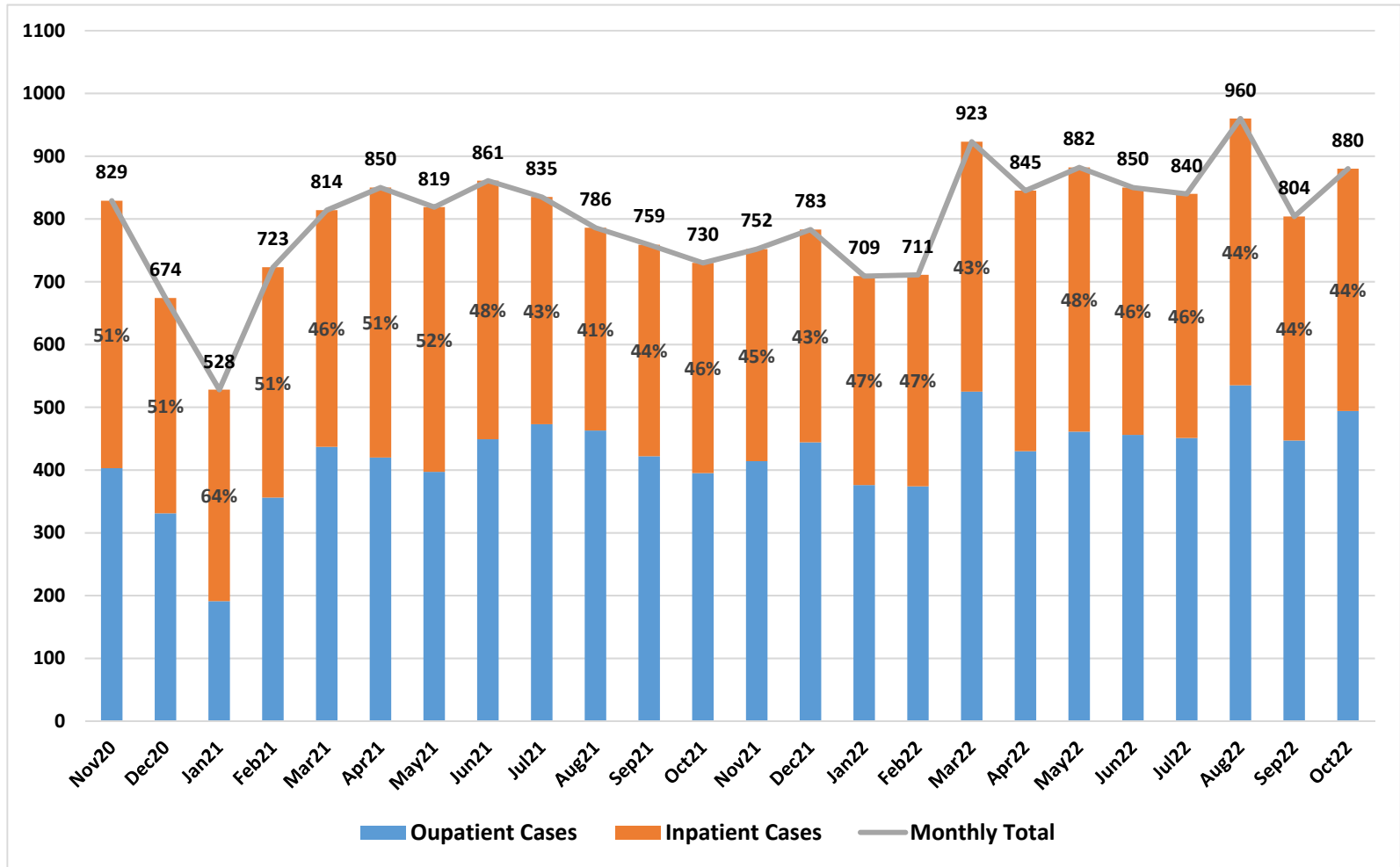
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



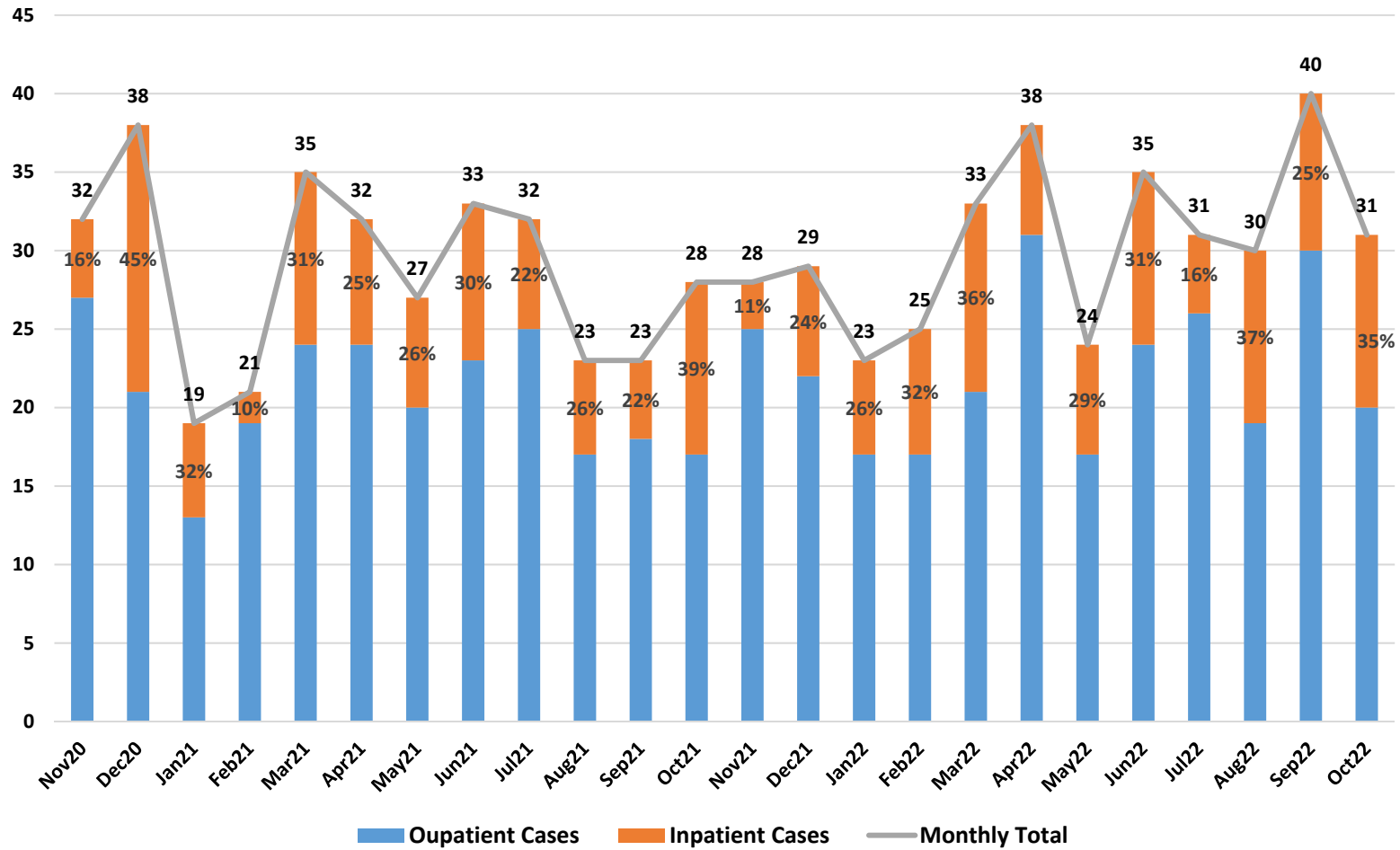
# Surgery (OP Only) – 100 Min Units



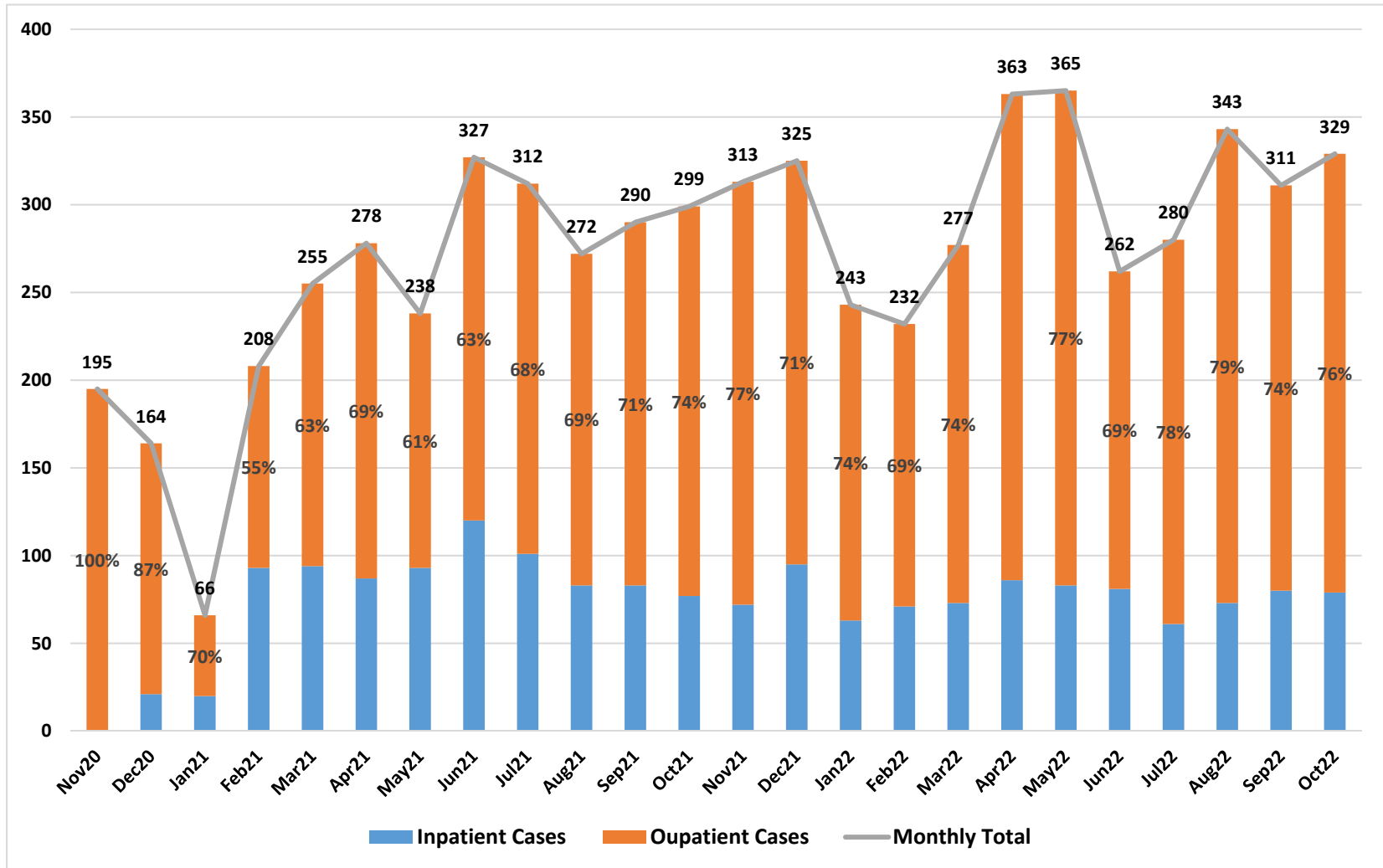
# Surgery Cases



# Robotic Cases

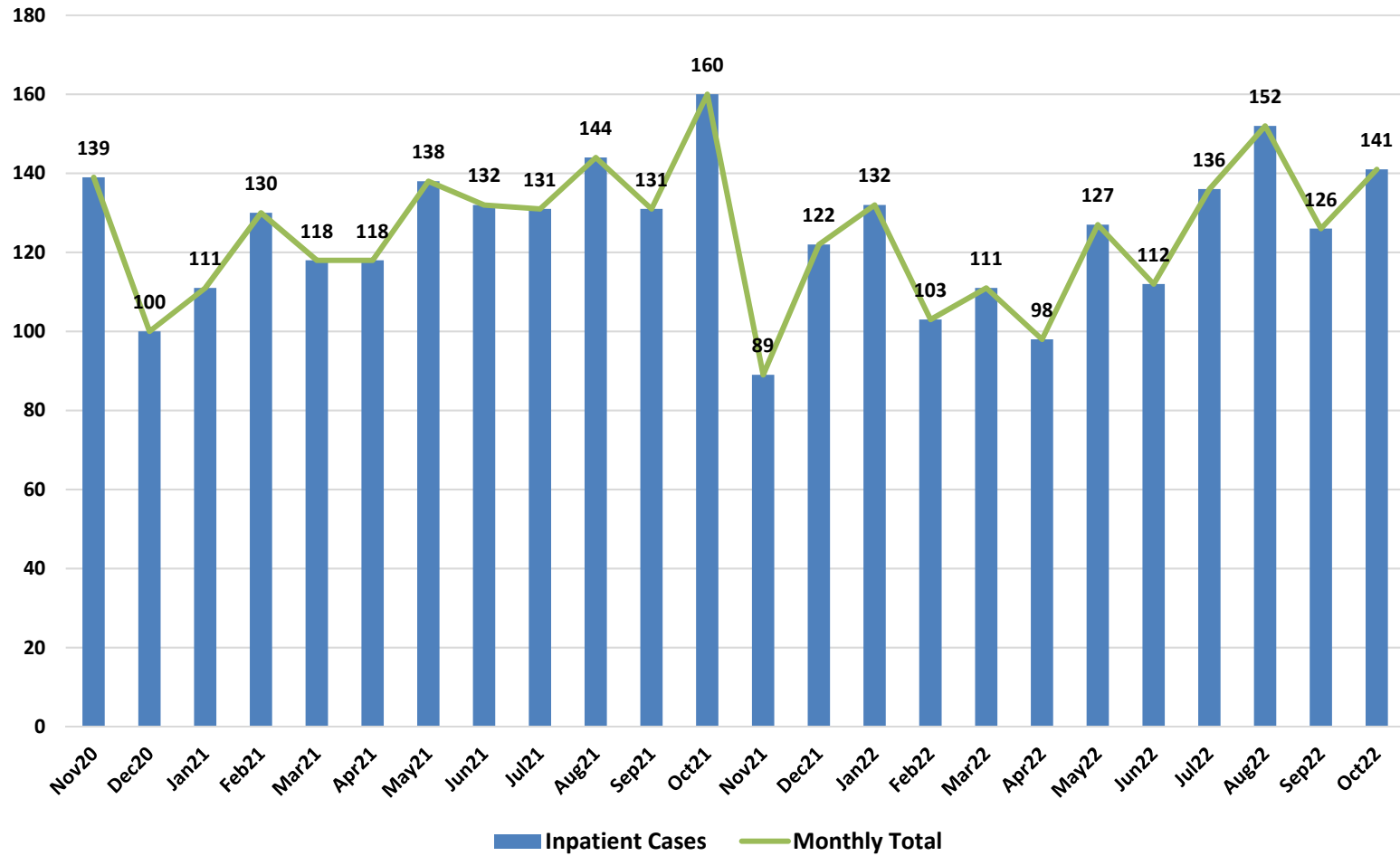


# Endo Cases (Endo Suites)

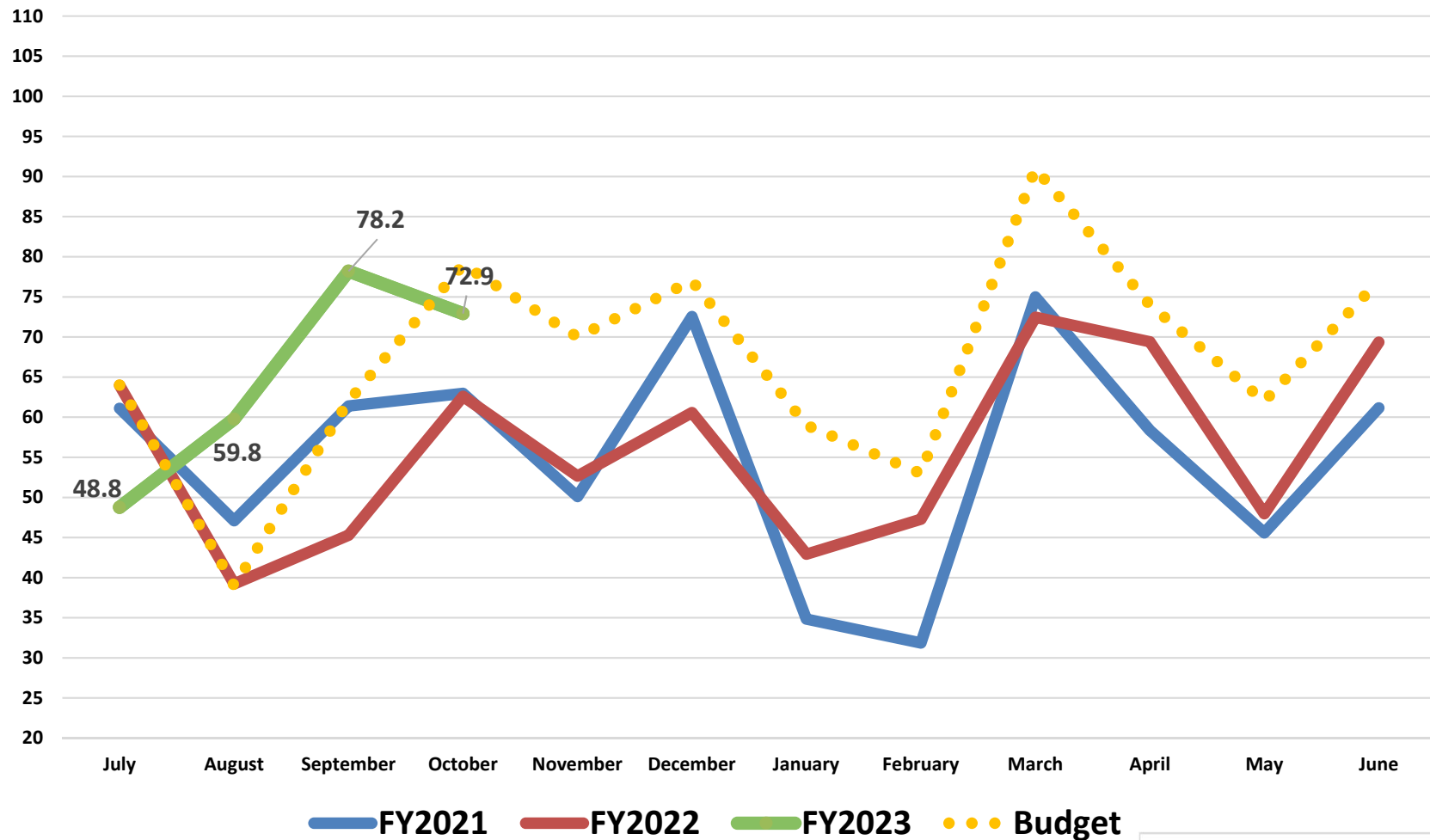




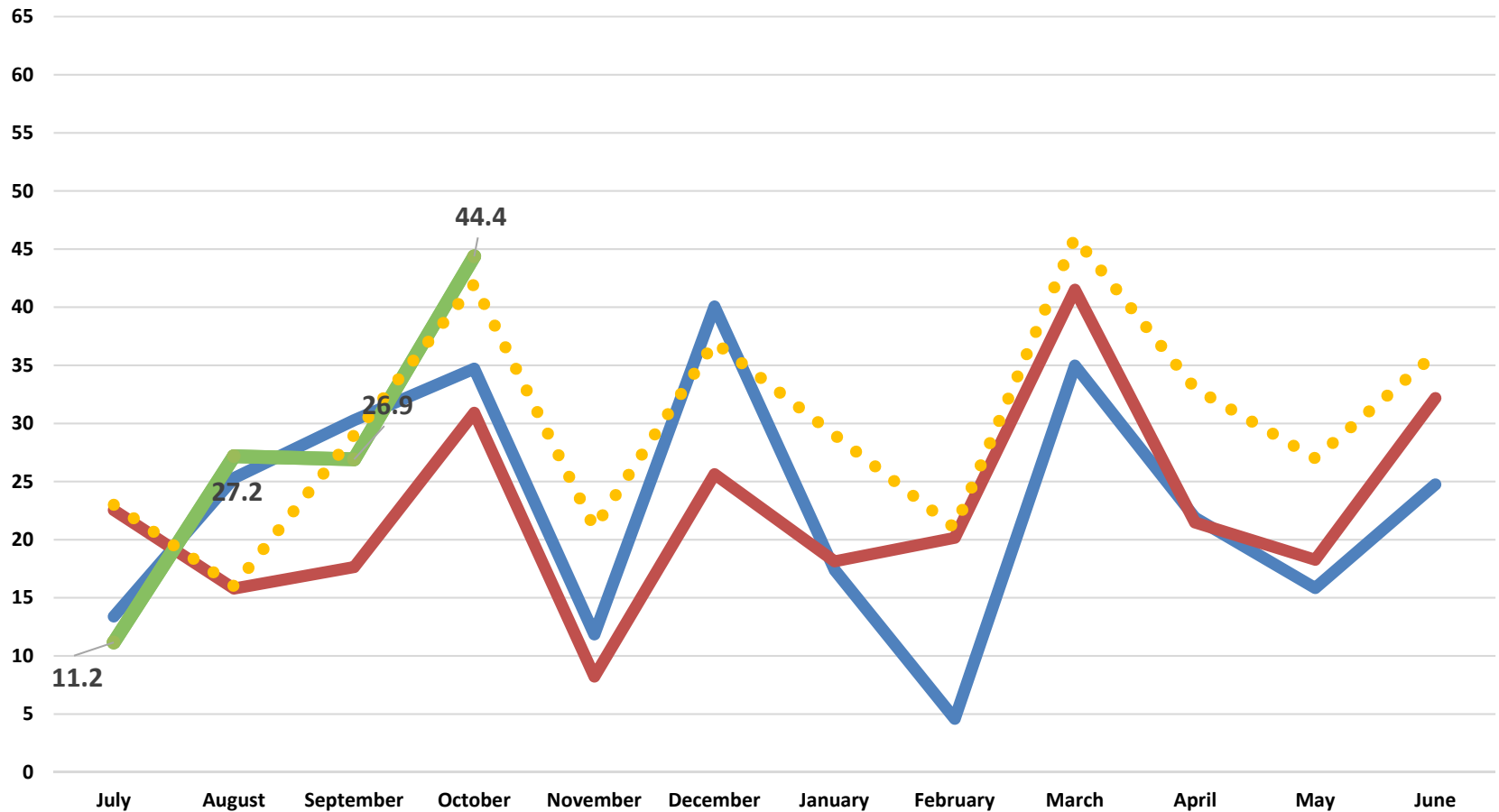
# OB Cases



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



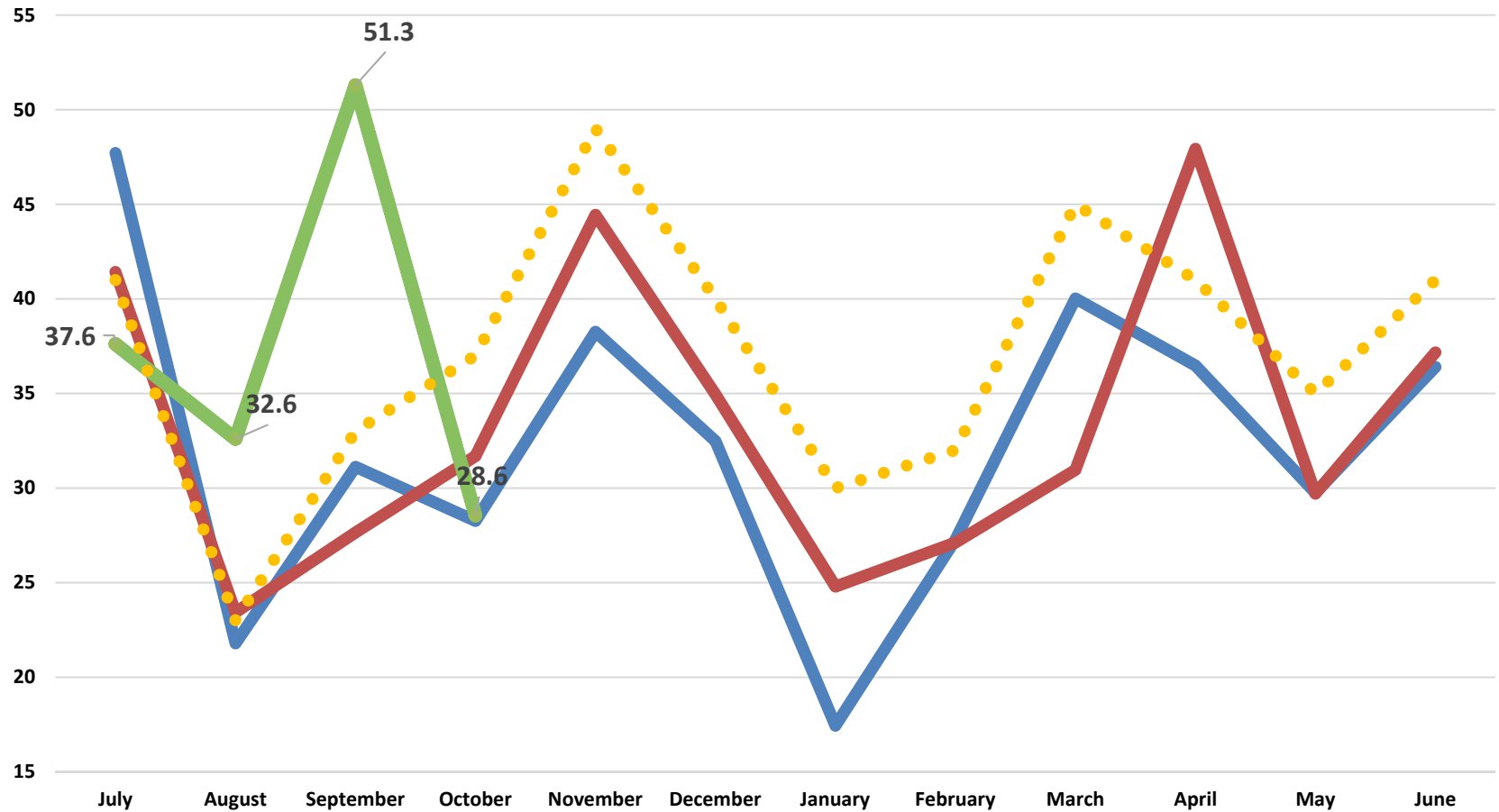
# Robotic Surgery (IP Only) – 100 Min Units



— FY2021   
 — FY2022   
 — FY2023   
 ••• Budget



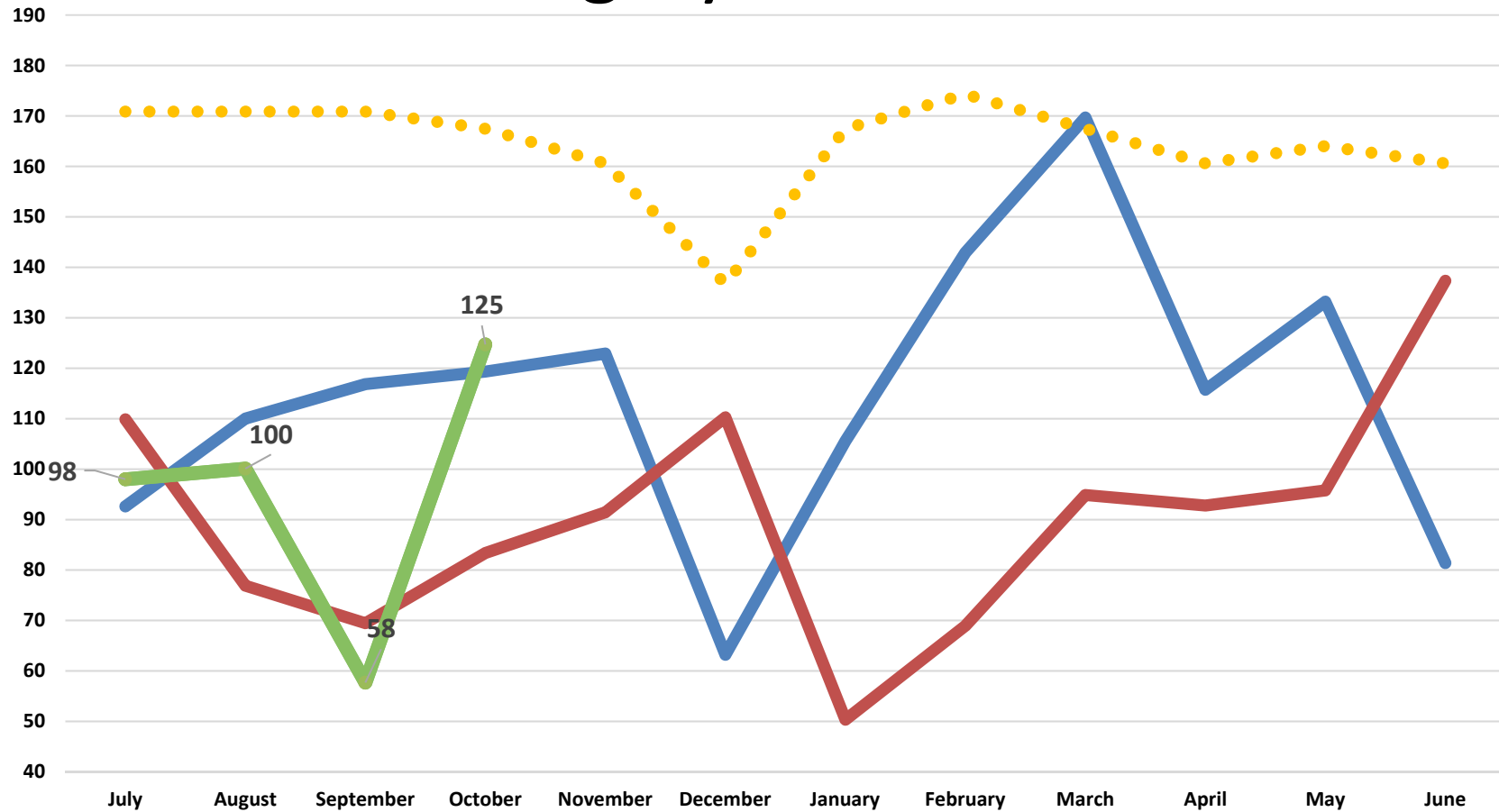
# Robotic Surgery (OP Only) – 100 Min Units



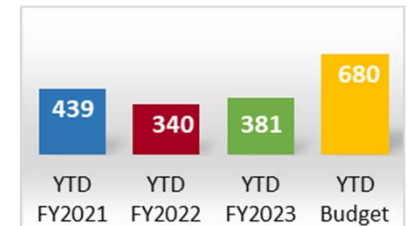
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget

128.9	124.2	150.1	134.0
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

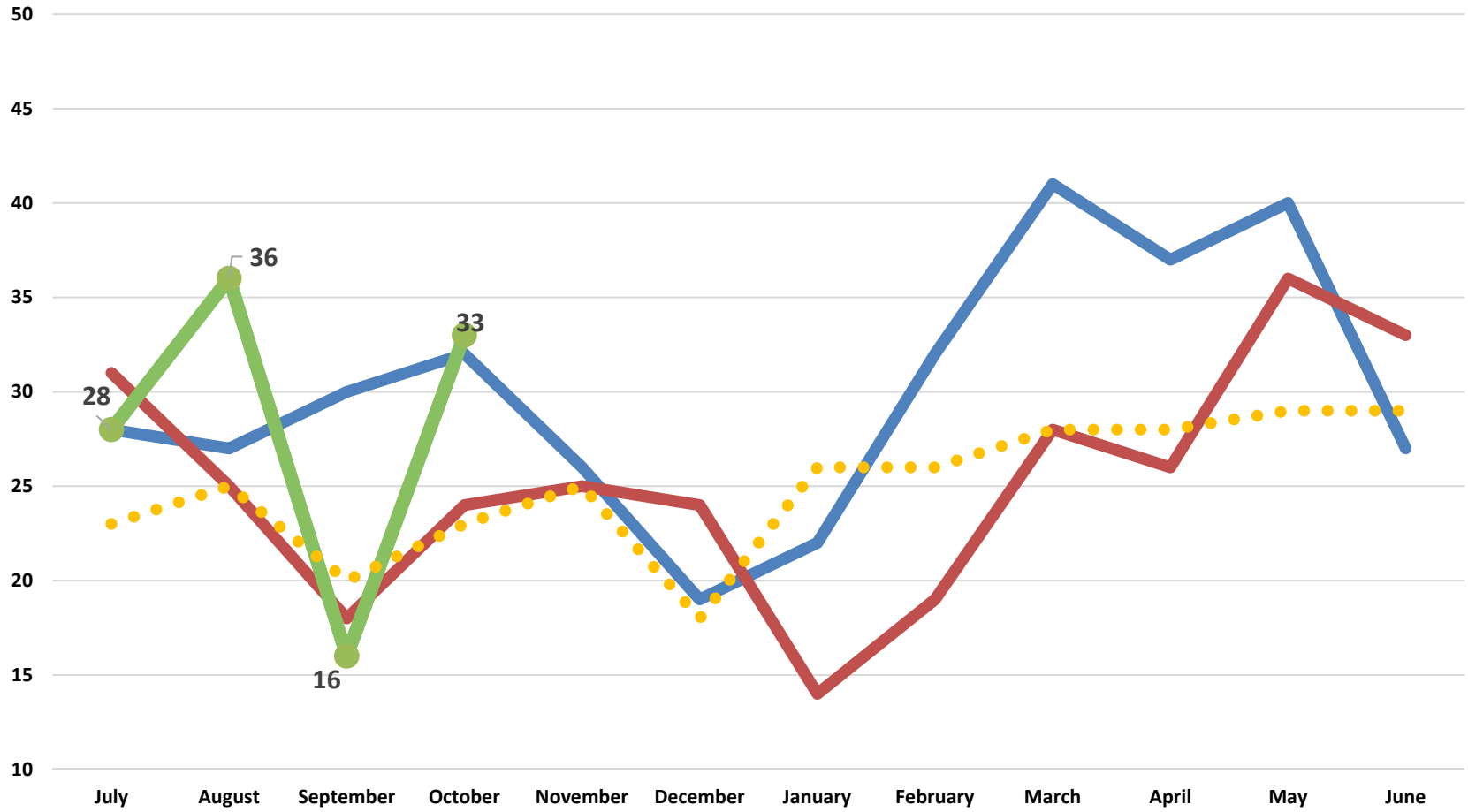
# Cardiac Surgery – 100 Min Units



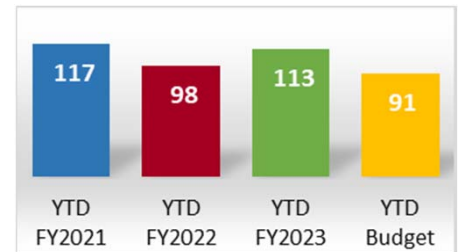
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



# Cardiac Surgery – Cases

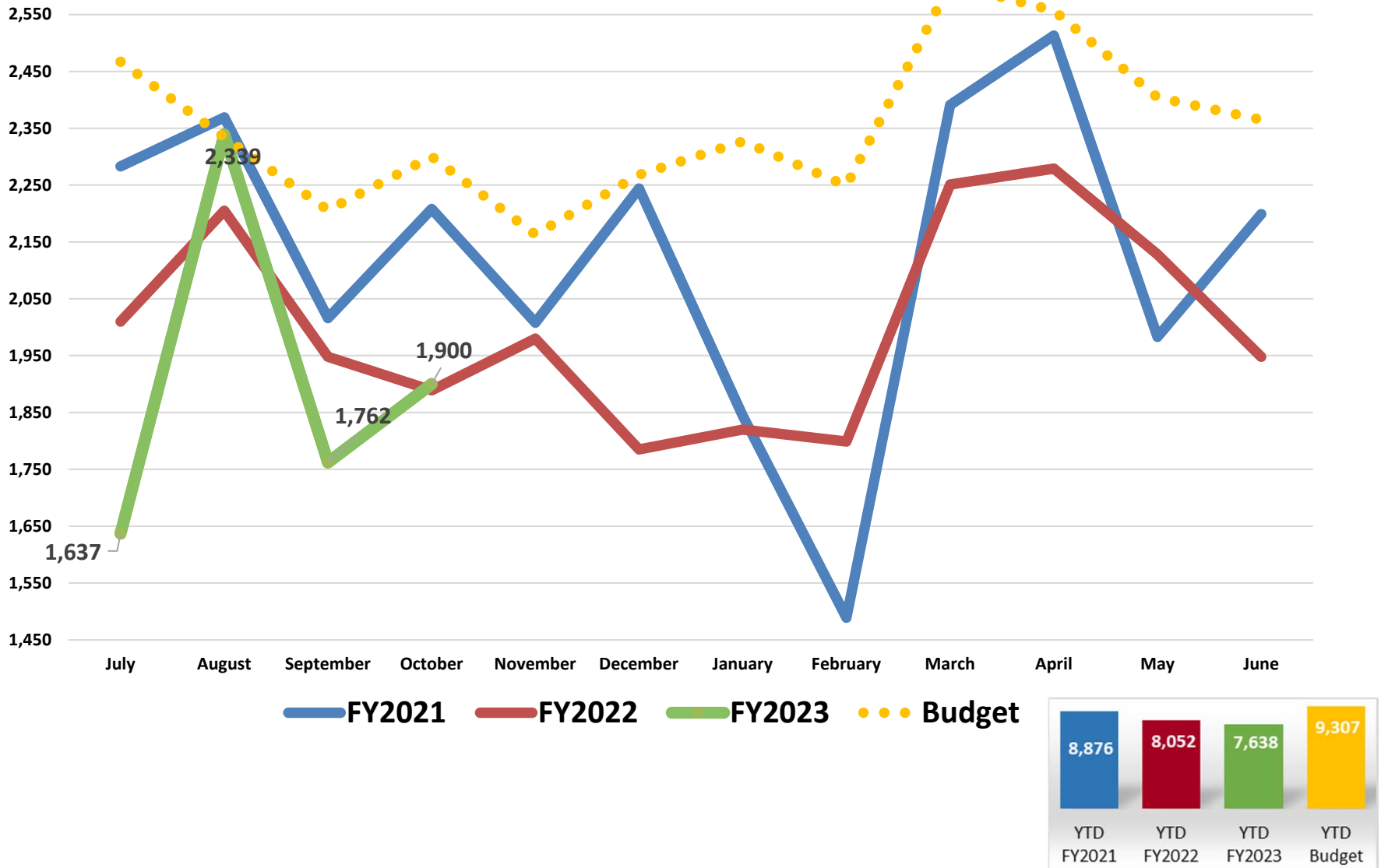


—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget

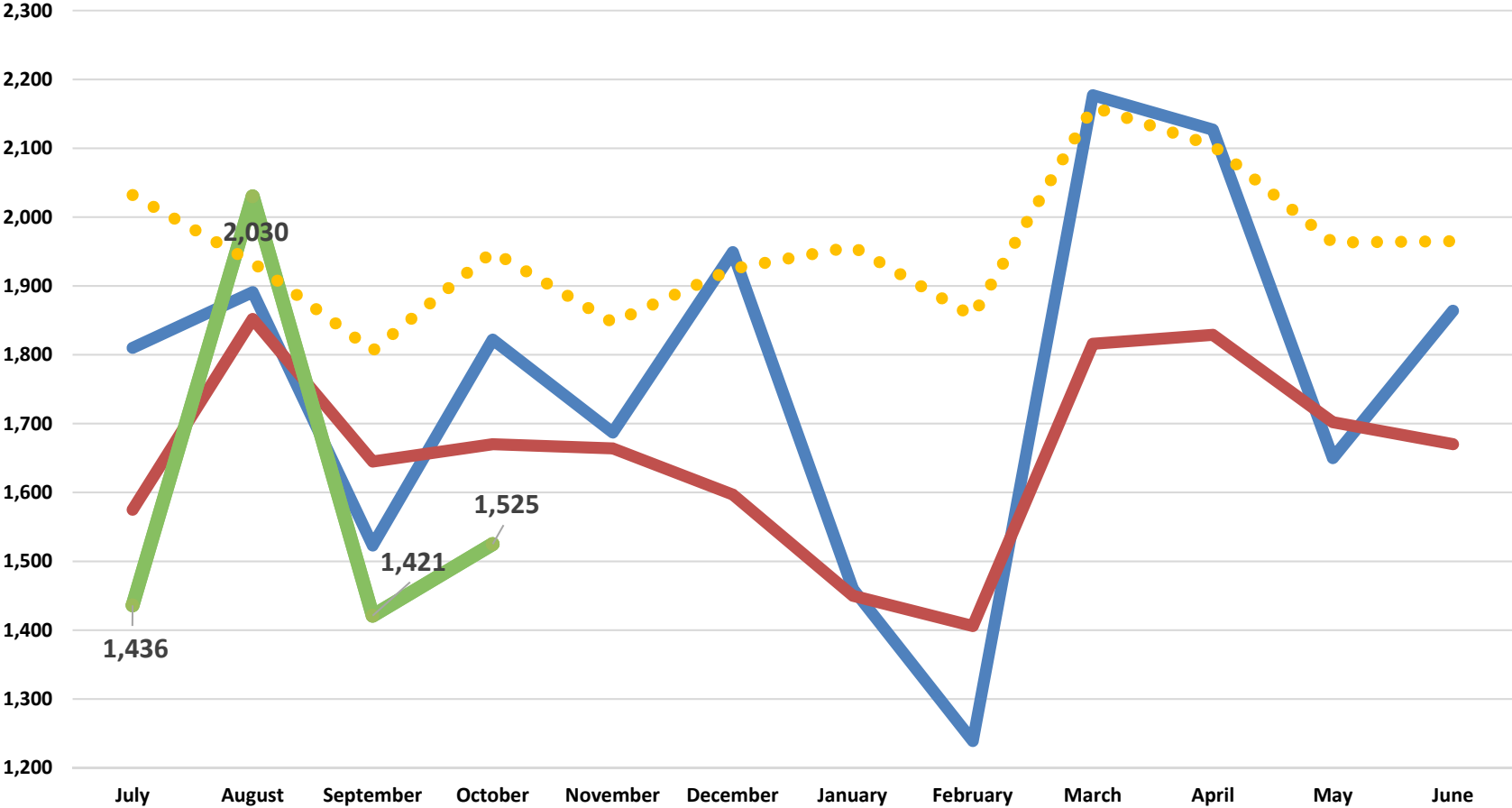


# Radiation Oncology Treatments

## Hanford and Visalia



# Radiation Oncology - Visalia

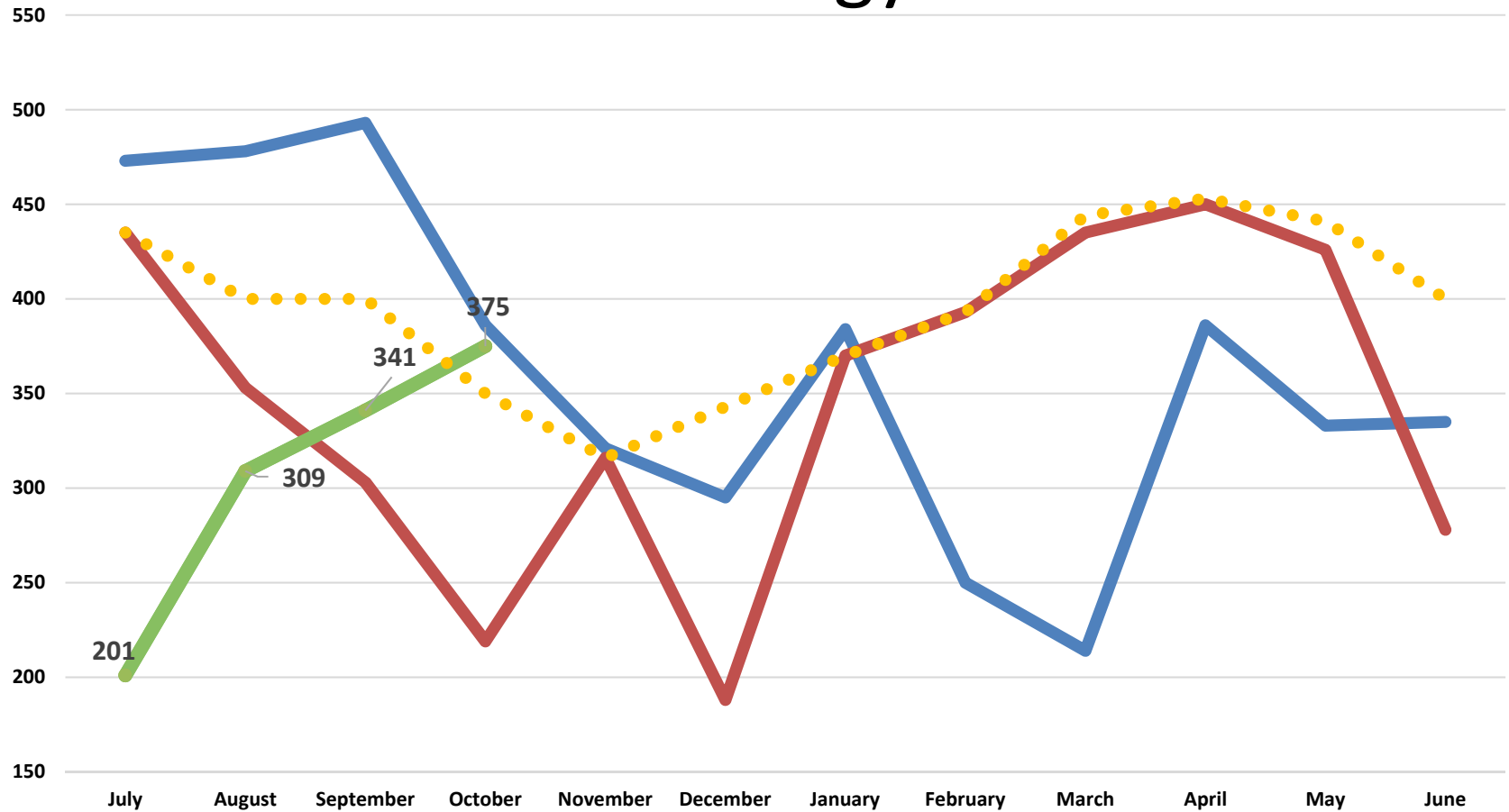


— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget

7,046	6,742	6,412	7,722
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget



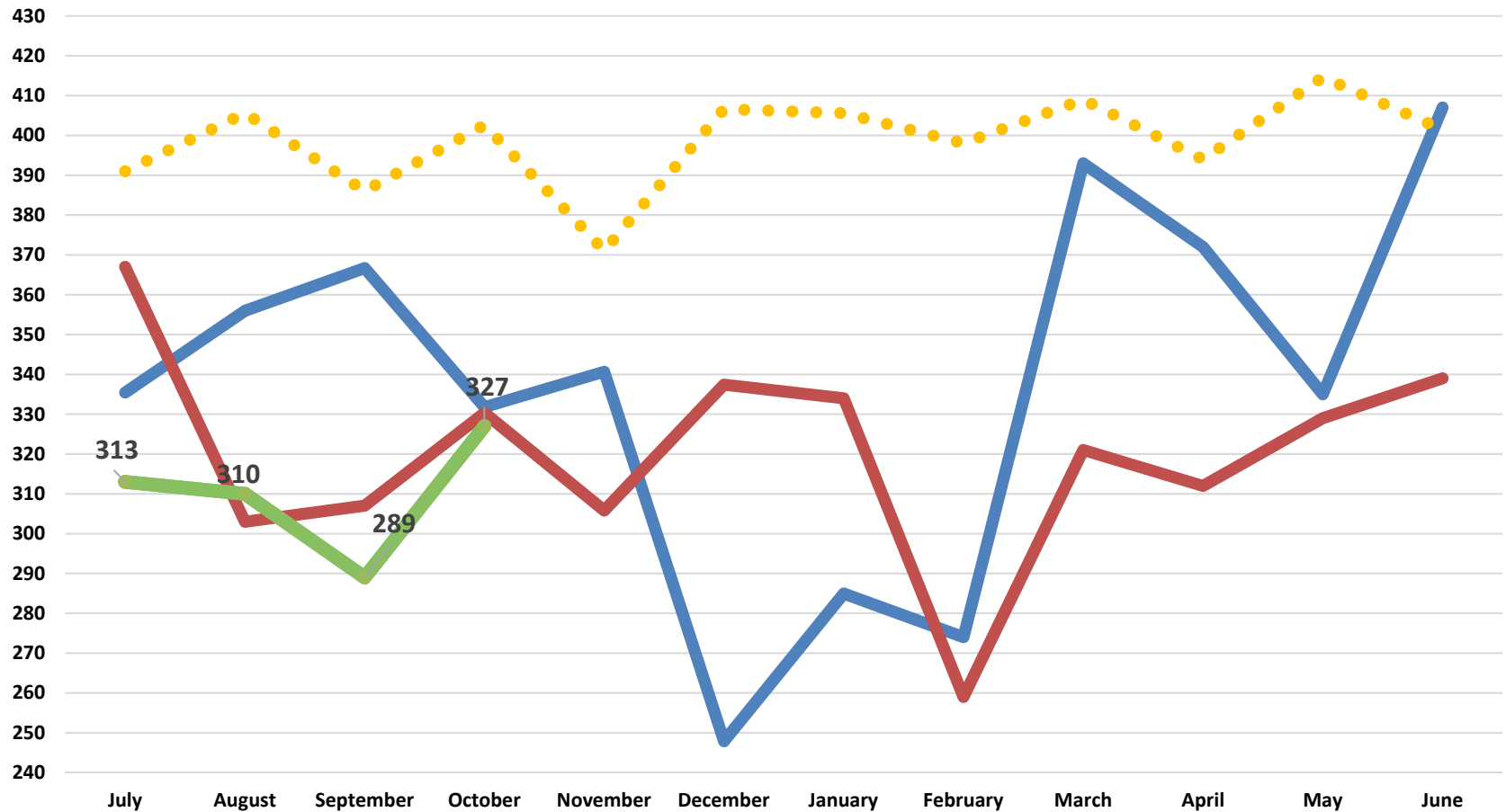
# Radiation Oncology - Hanford



—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



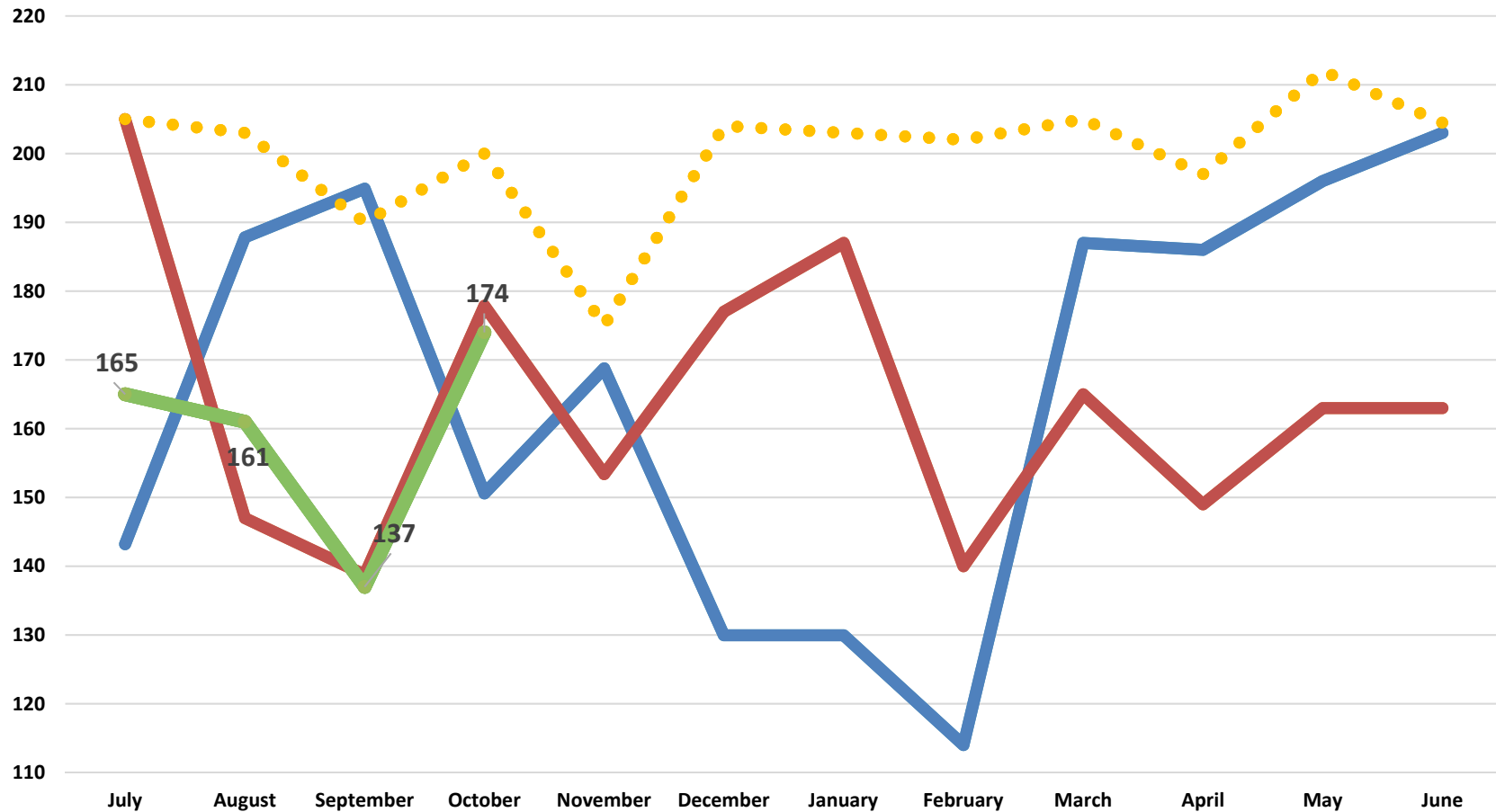
# Cath Lab (IP & OP) – 100 Min Units



—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



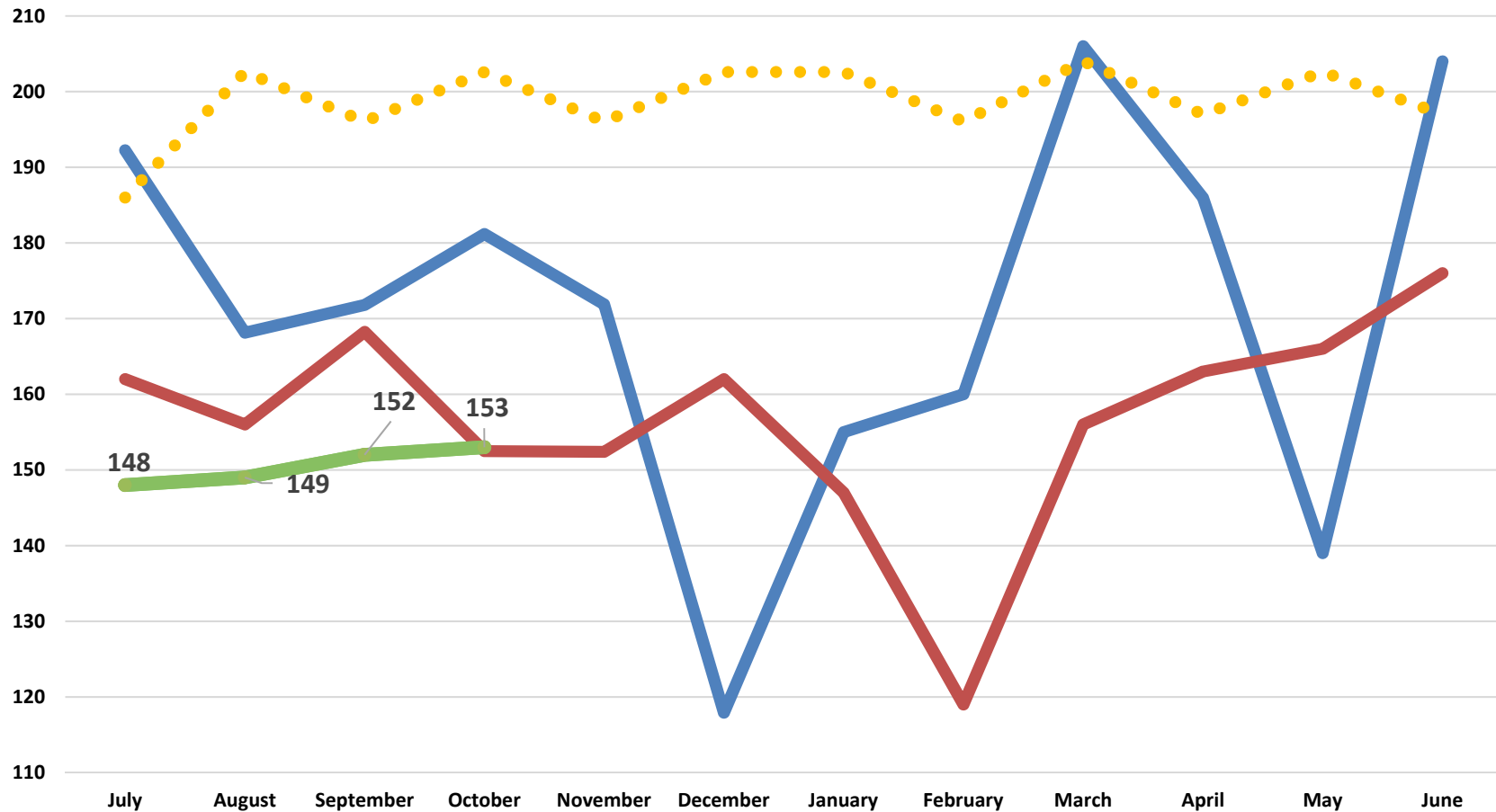
# Cath Lab (IP Only) – 100 Min Units



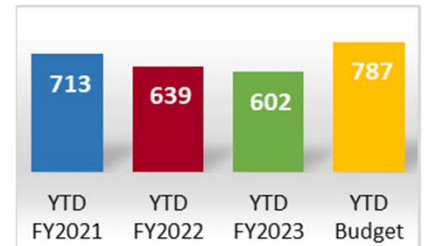
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



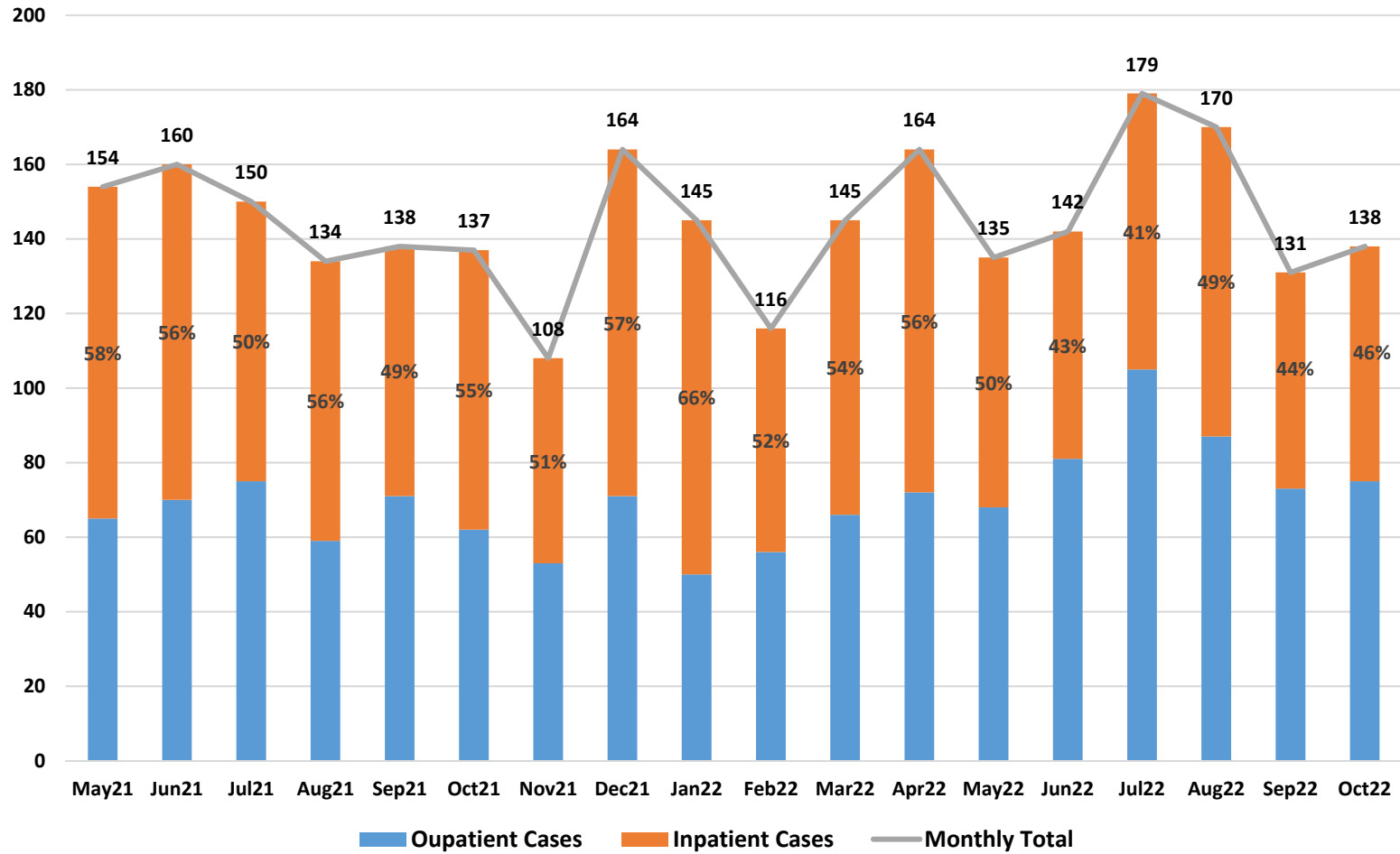
# Cath Lab (OP Only) – 100 Min Units



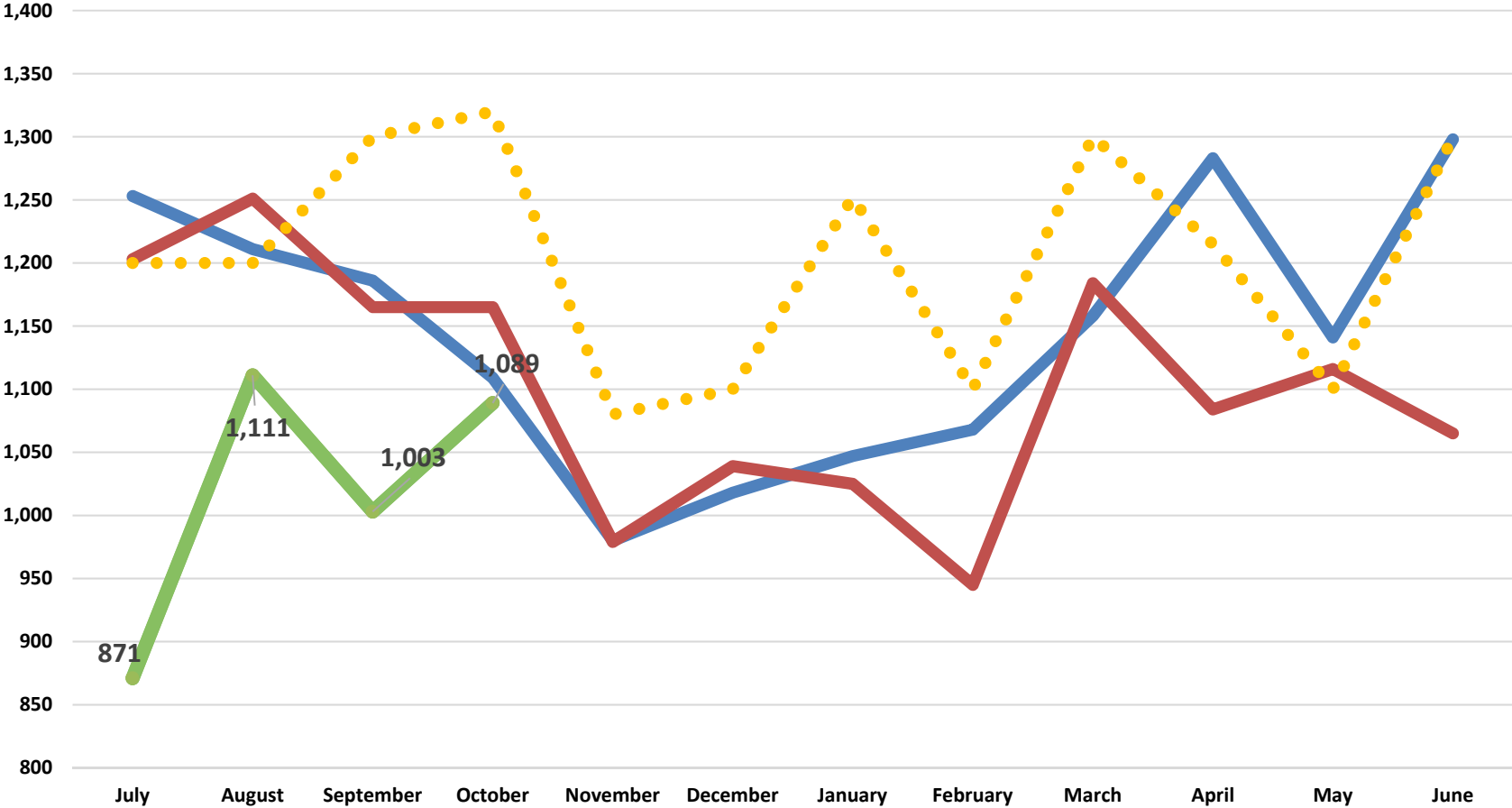
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



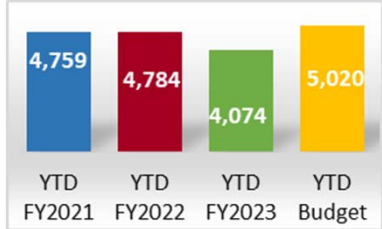
# Cath Lab (IP & OP) - Patients



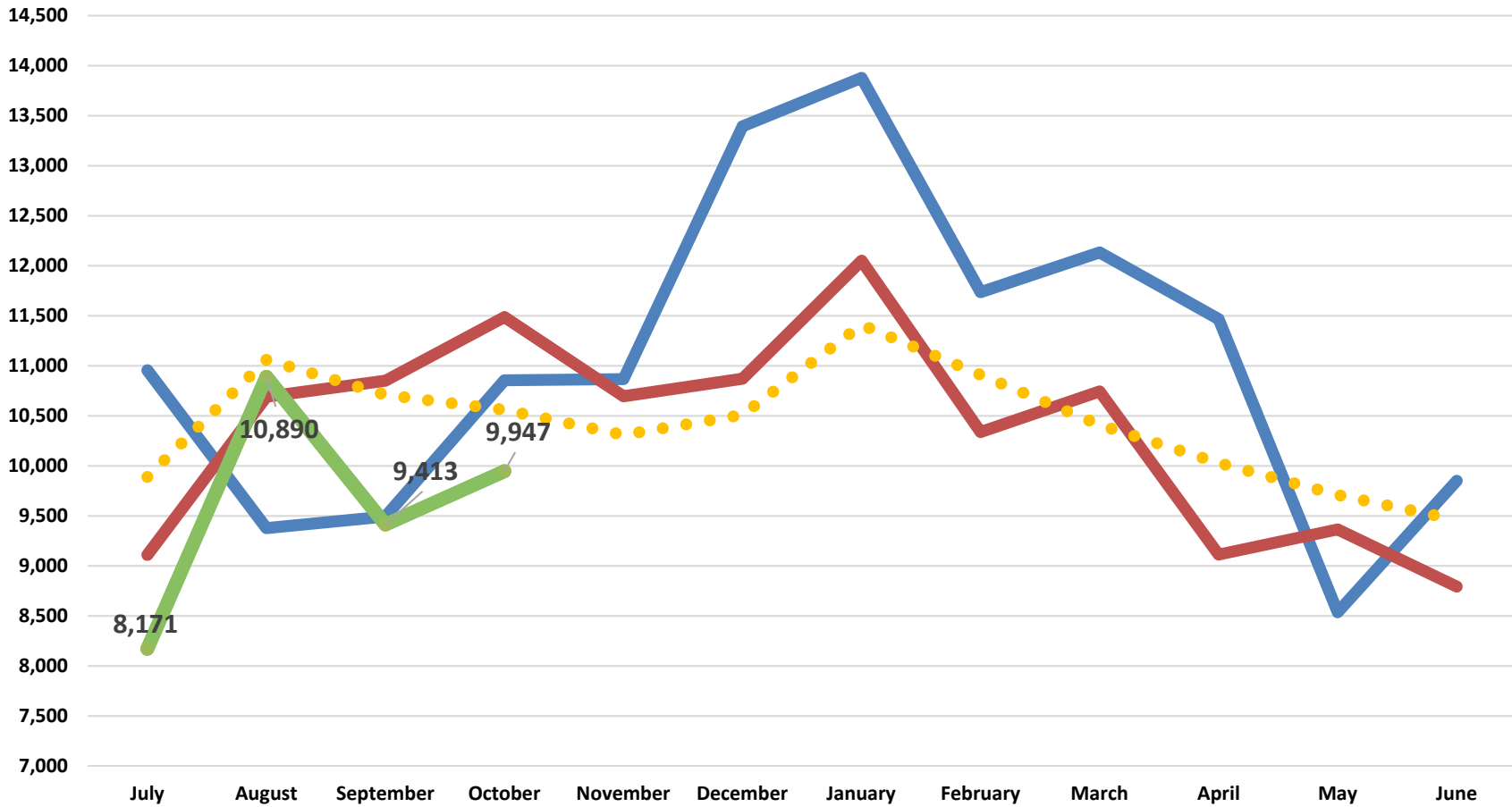
# GME Family Medicine Clinic Visits



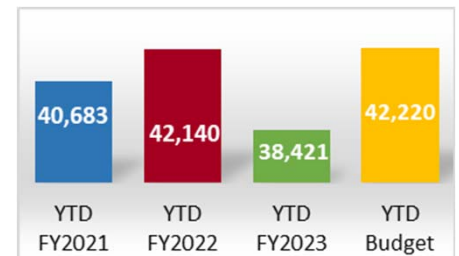
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



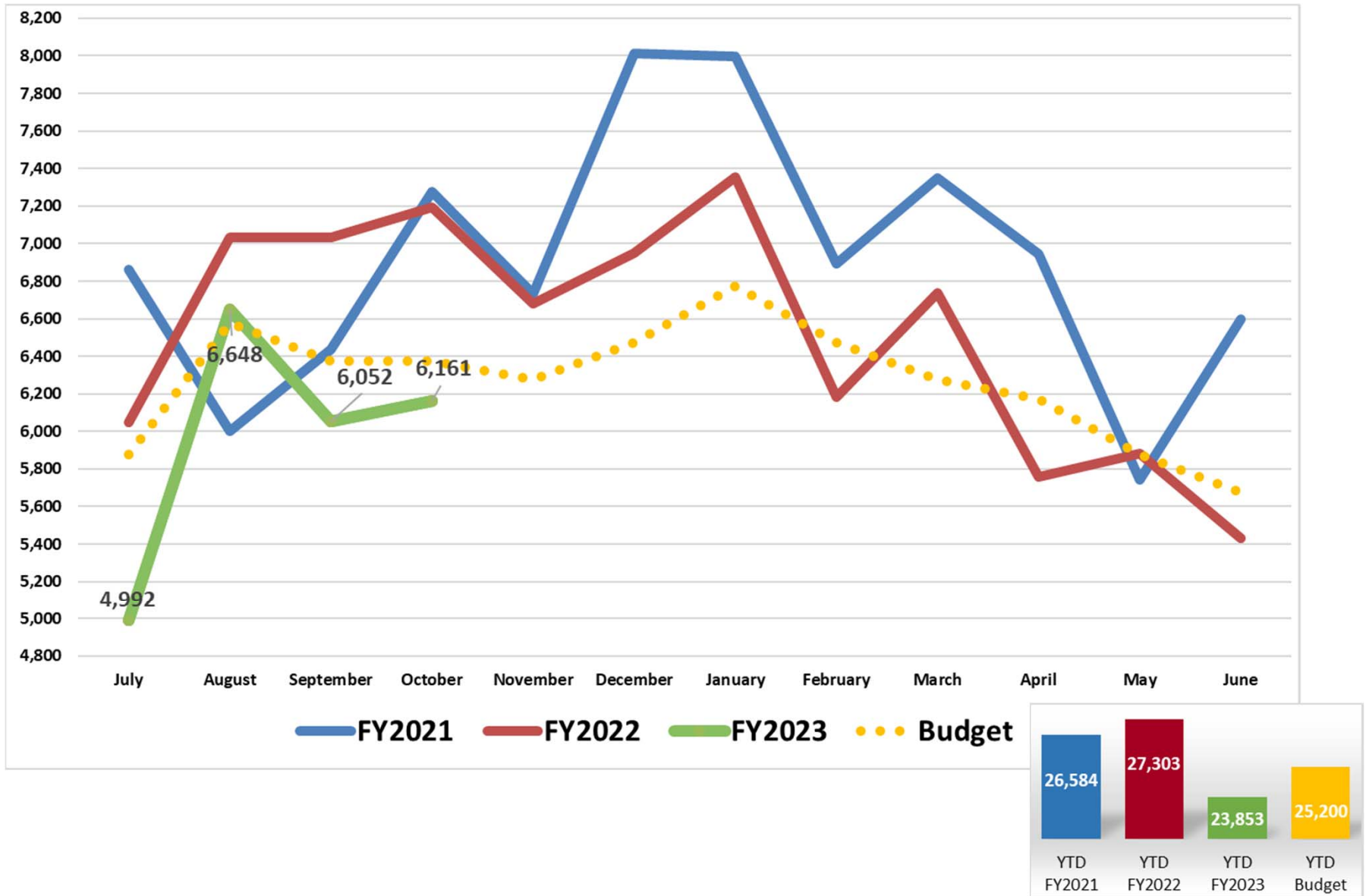
# Rural Health Clinic Registrations



— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget

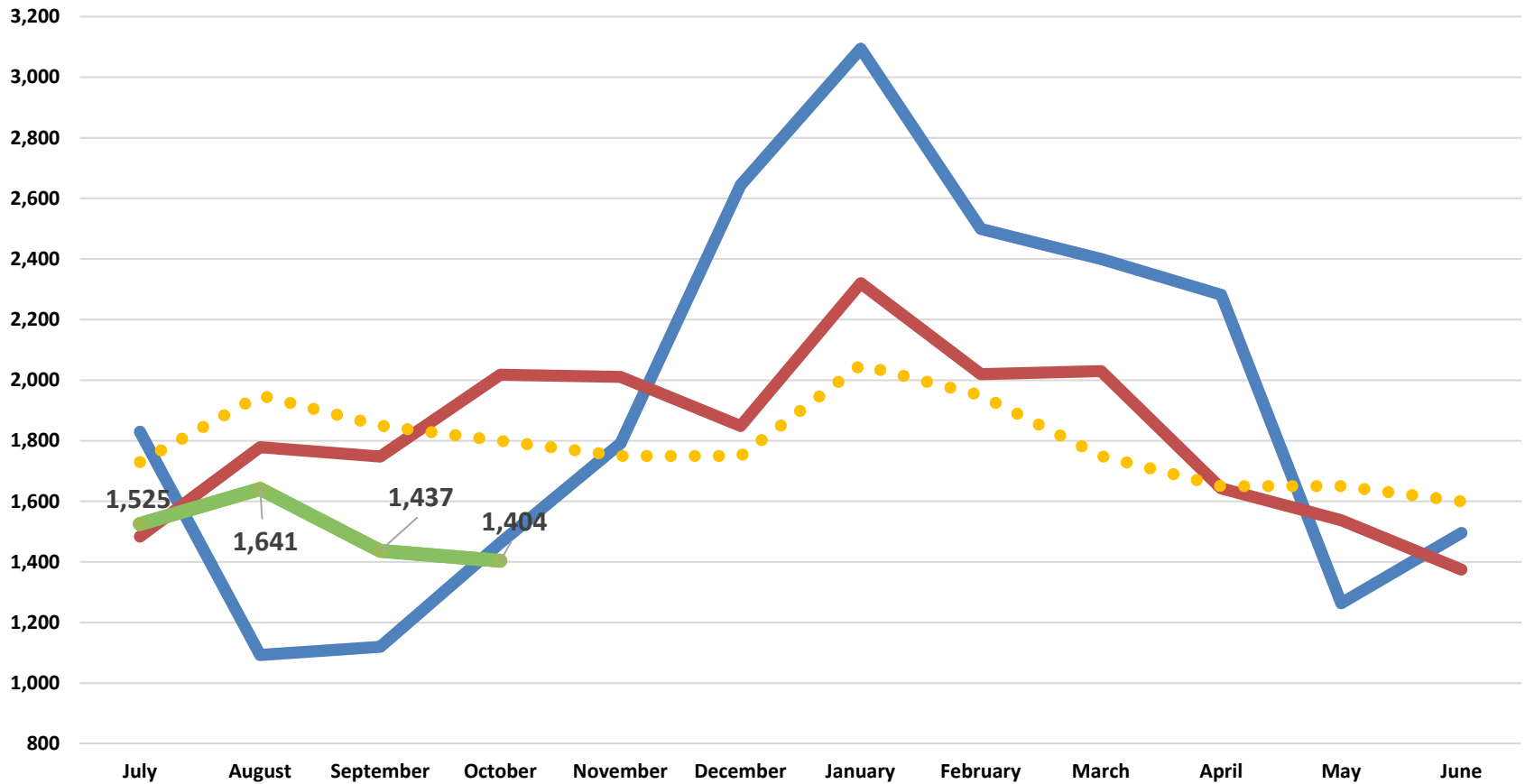


# Exeter RHC - Registrations

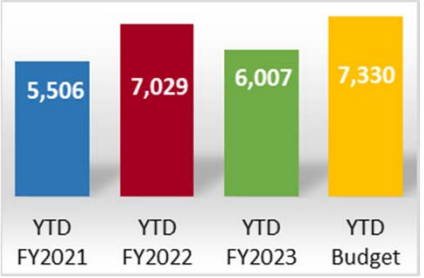




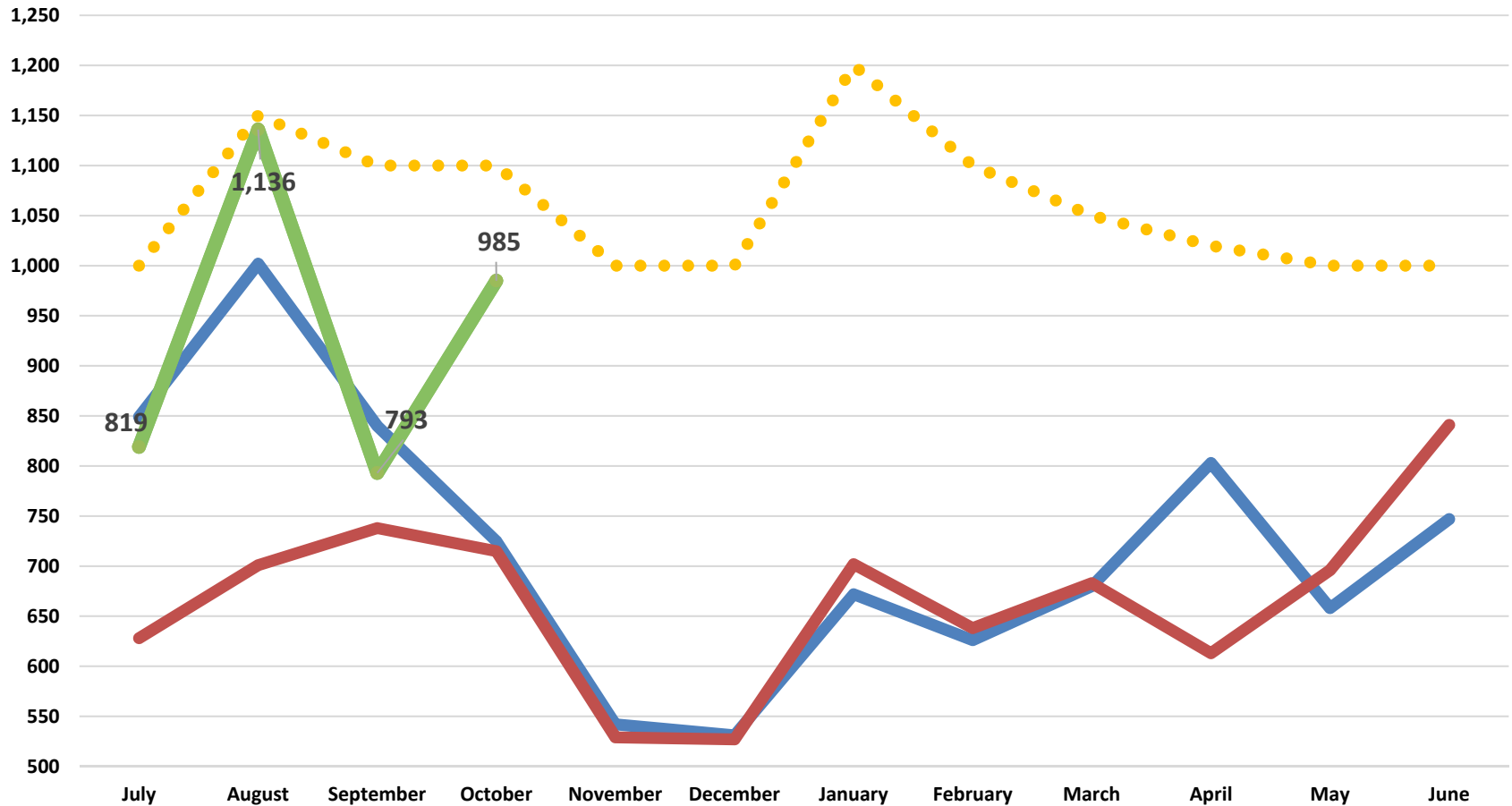
# Lindsay RHC - Registrations



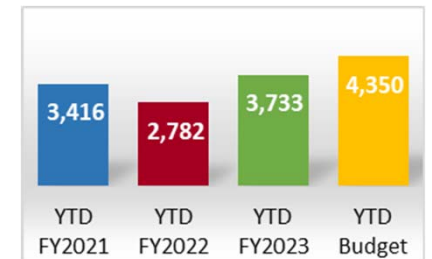
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



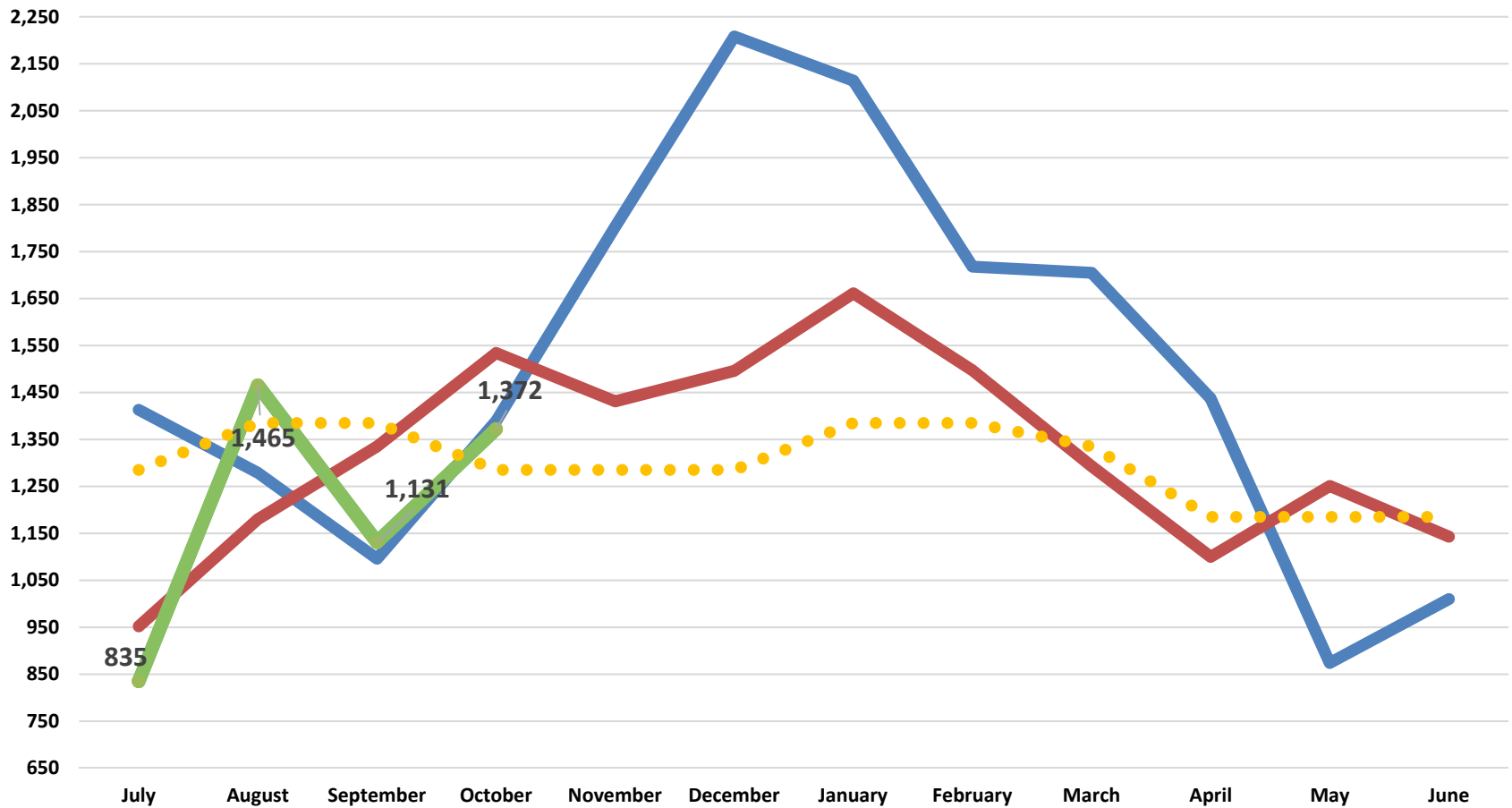
# Woodlake RHC - Registrations



—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



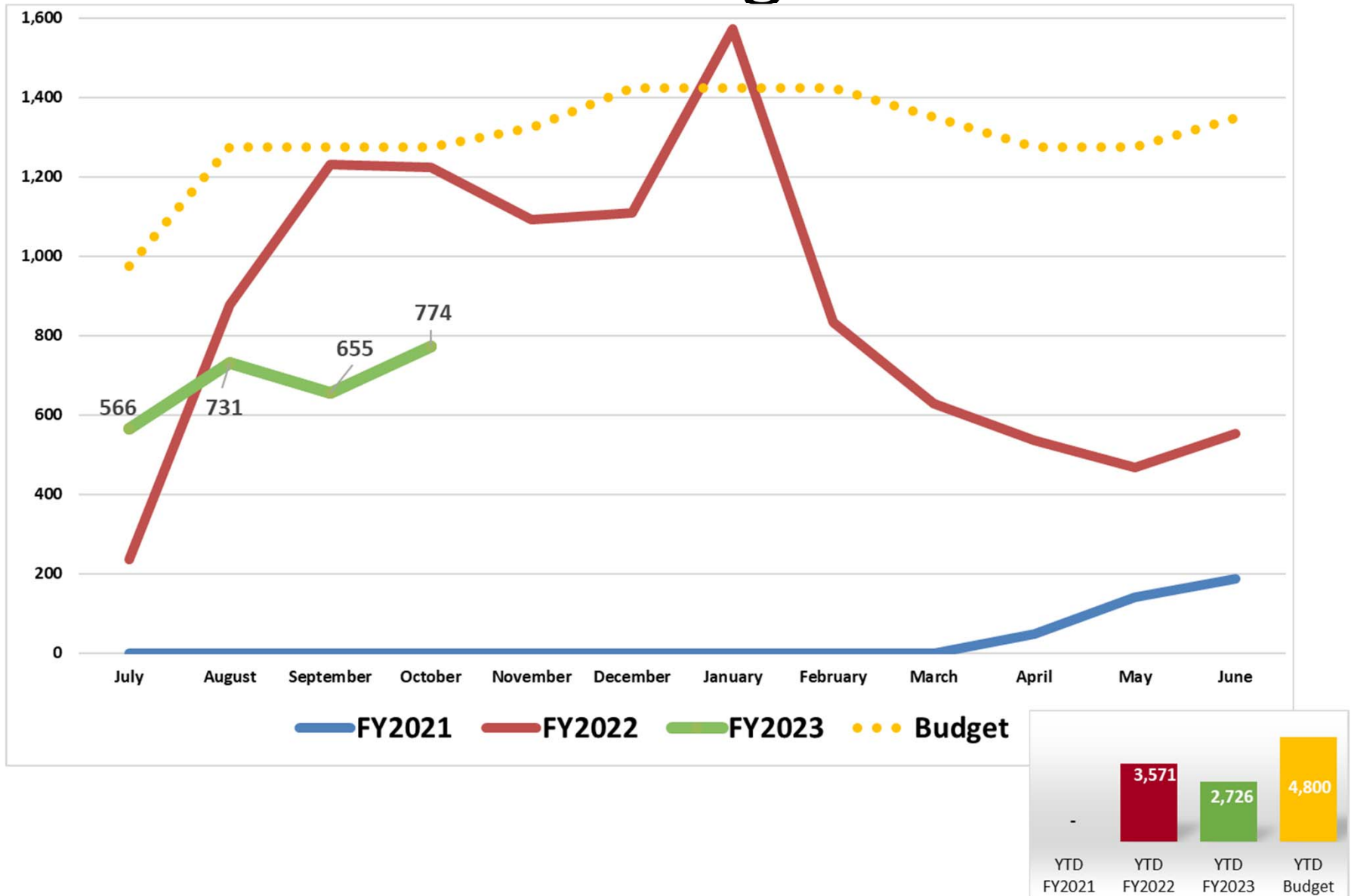
# Dinuba RHC - Registrations



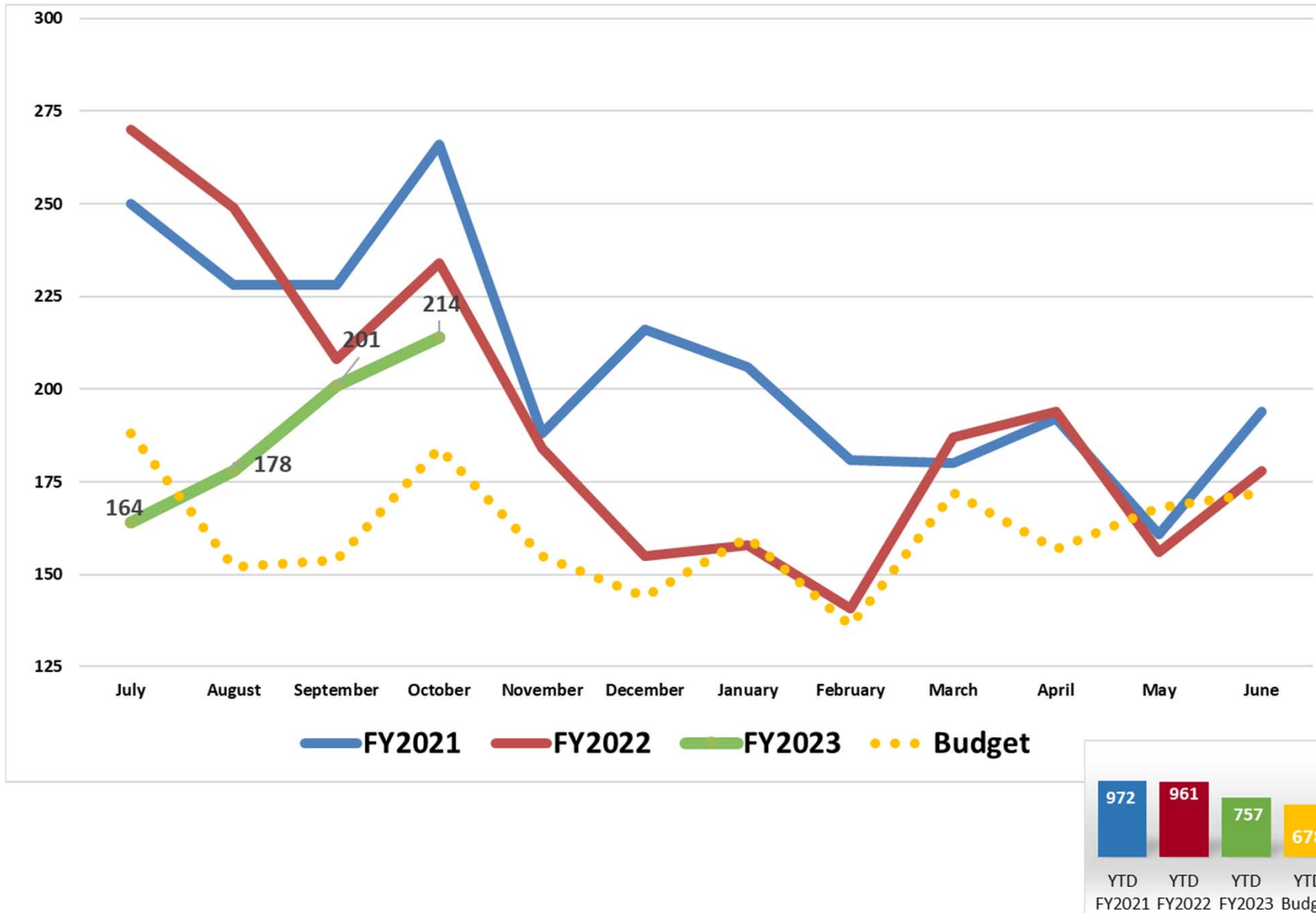
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



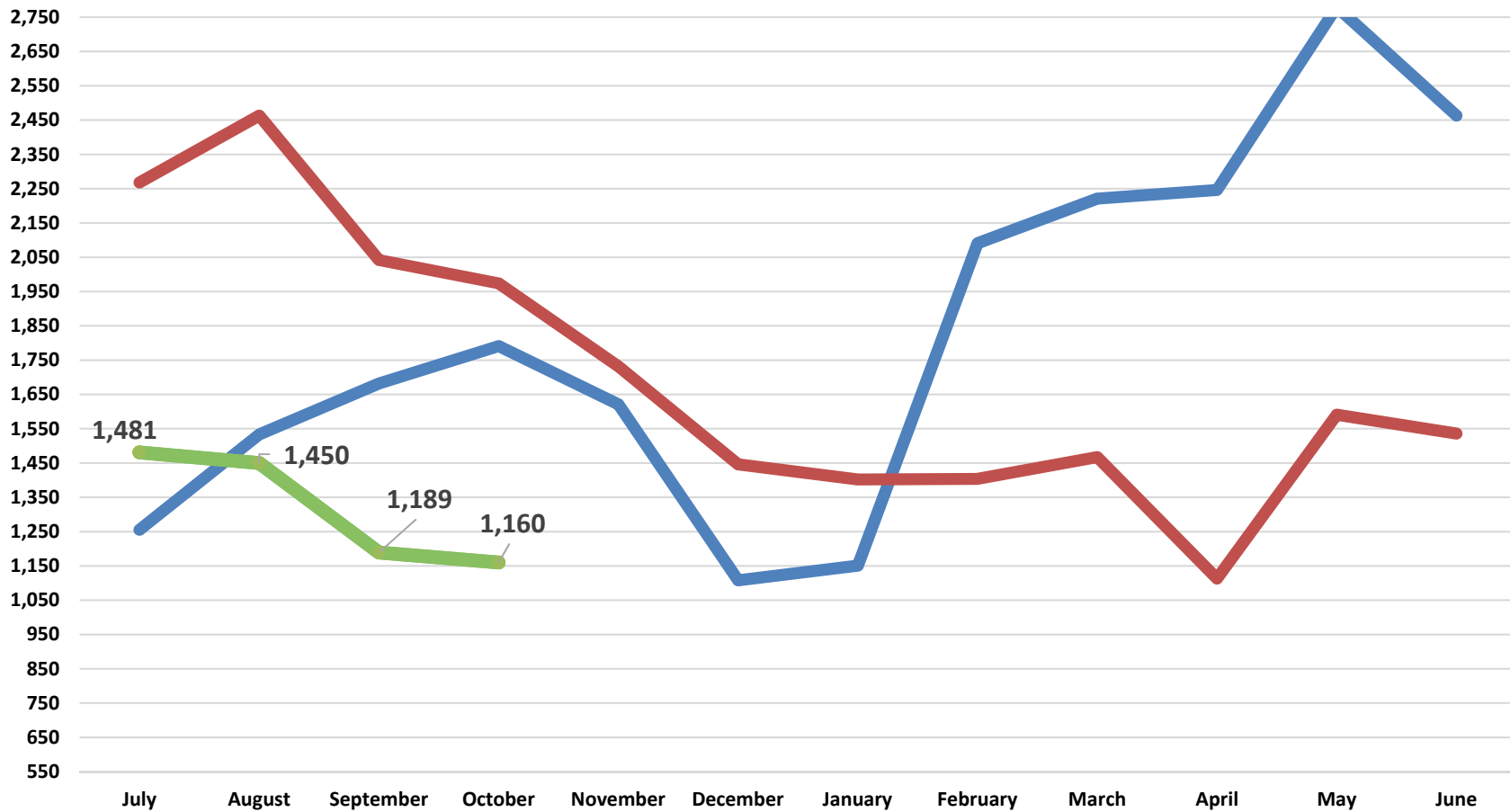
# Tulare RHC - Registrations



# Neurosurgery Clinic - Registrations



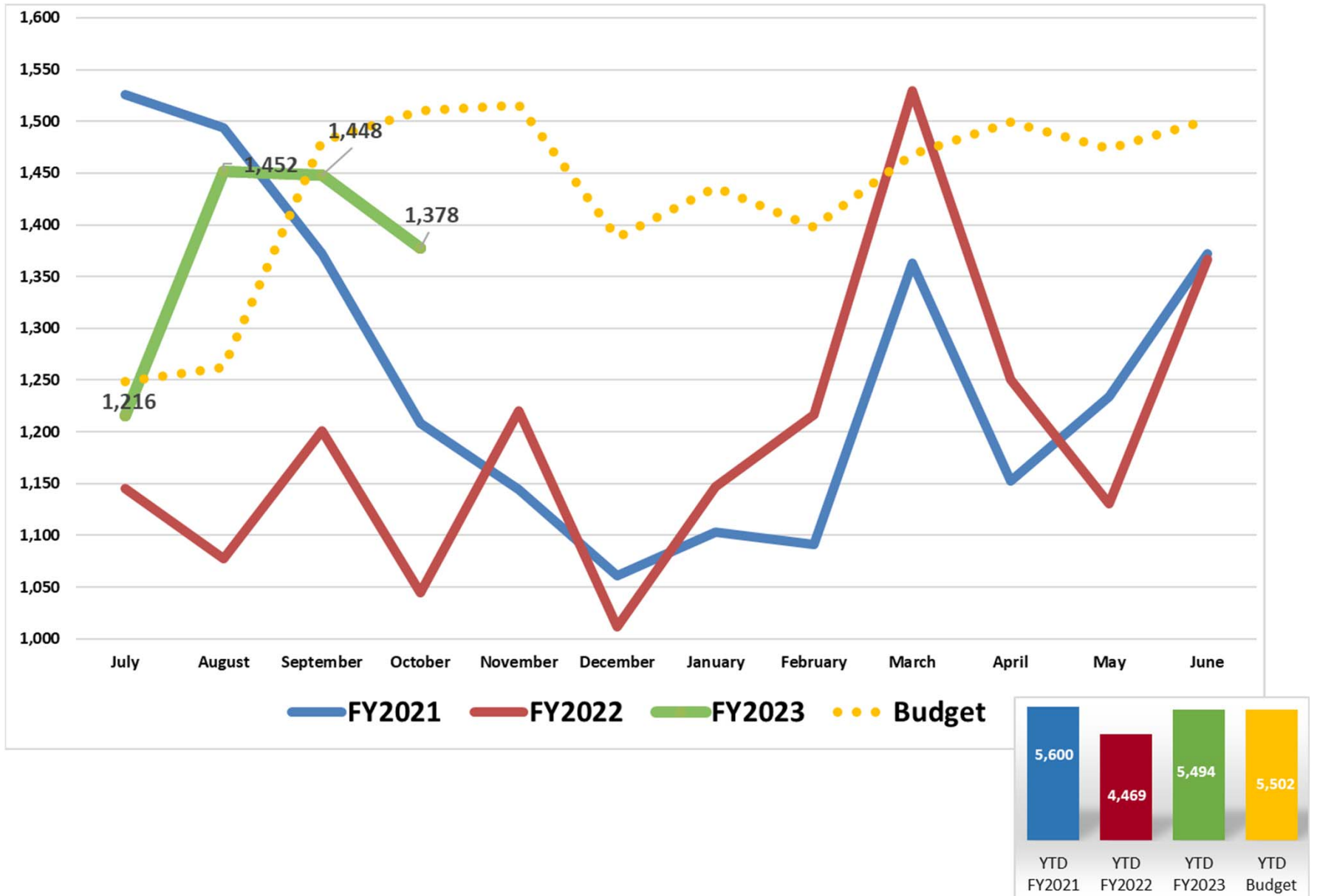
# Neurosurgery Clinic - wRVU's



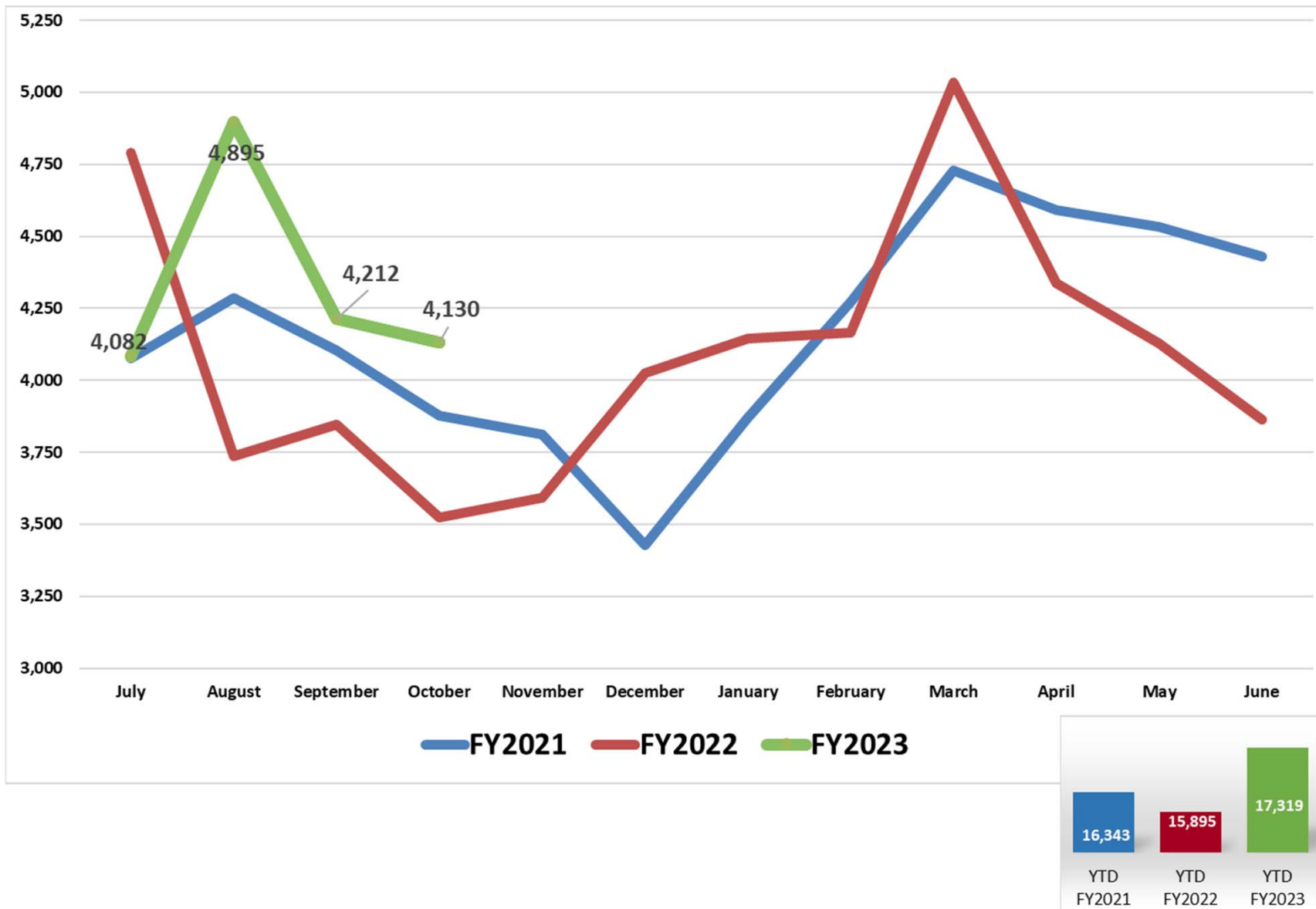
— FY2021 — FY2022 — FY2023



# Sequoia Cardiology - Registrations

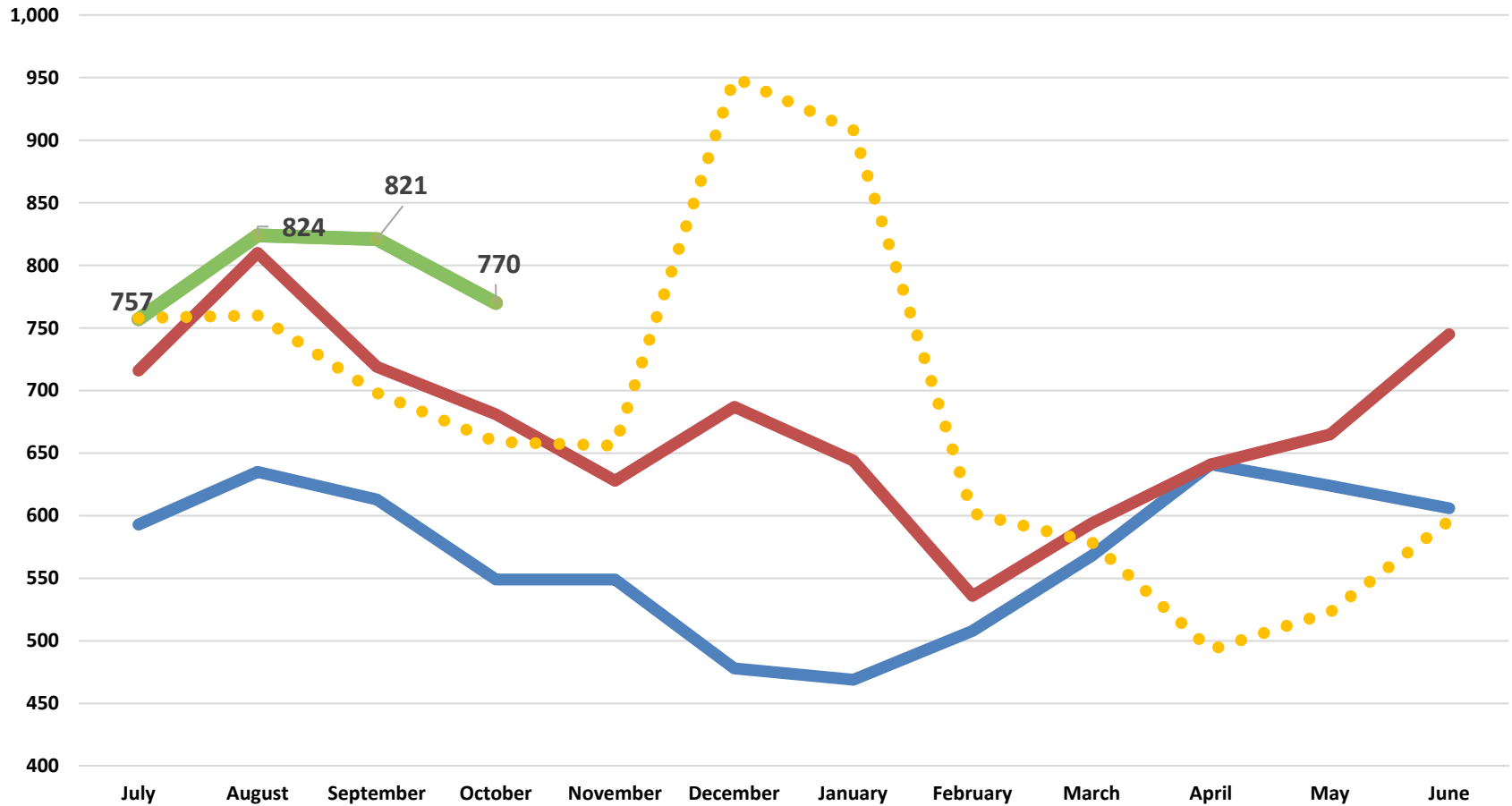


# Sequoia Cardiology – wRVU's

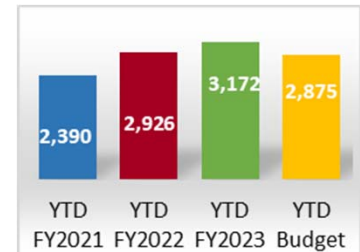




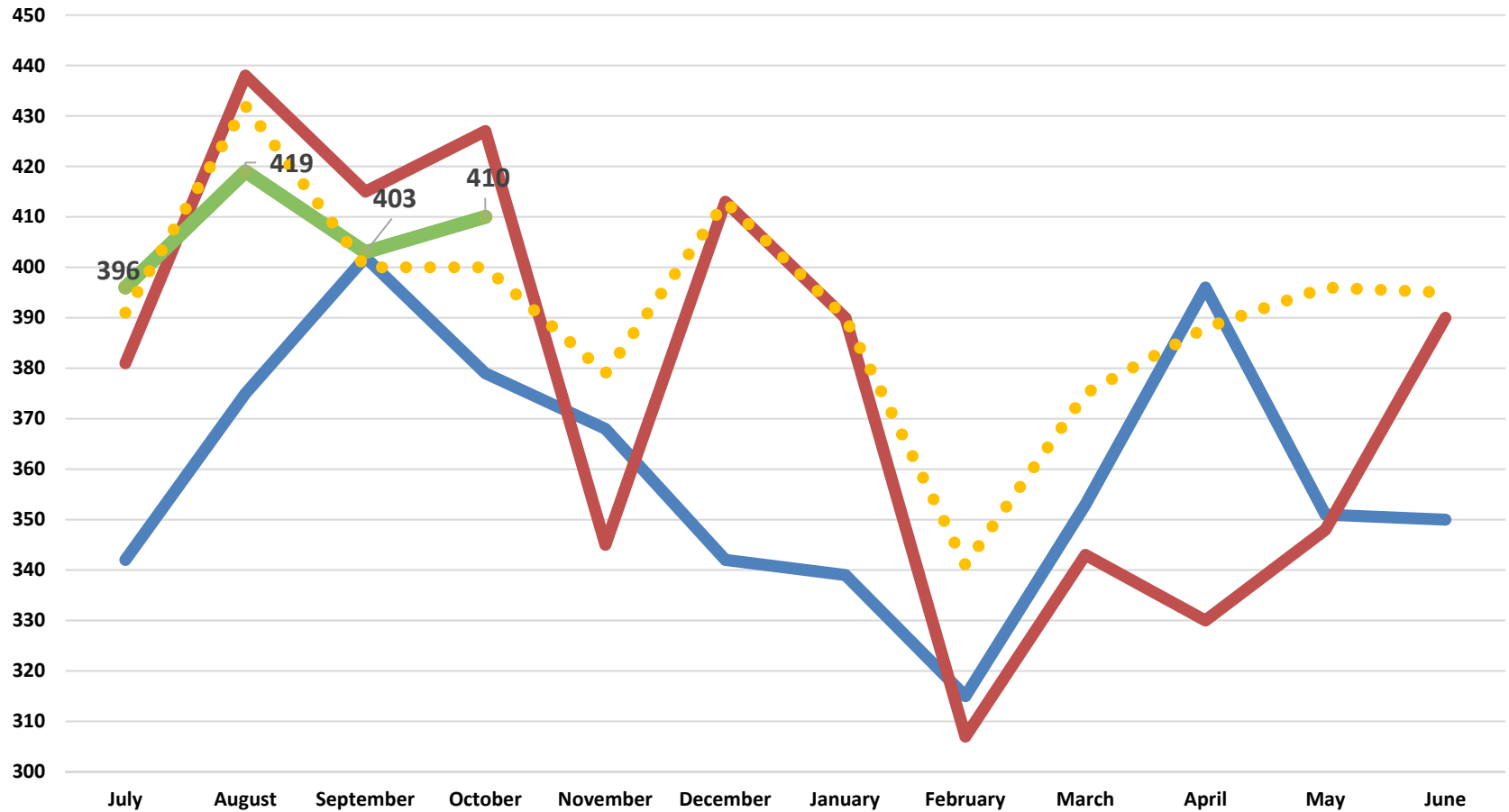
# Labor Triage Registrations



— FY2021   
 — FY2022   
 — FY2023   
 ••• Budget



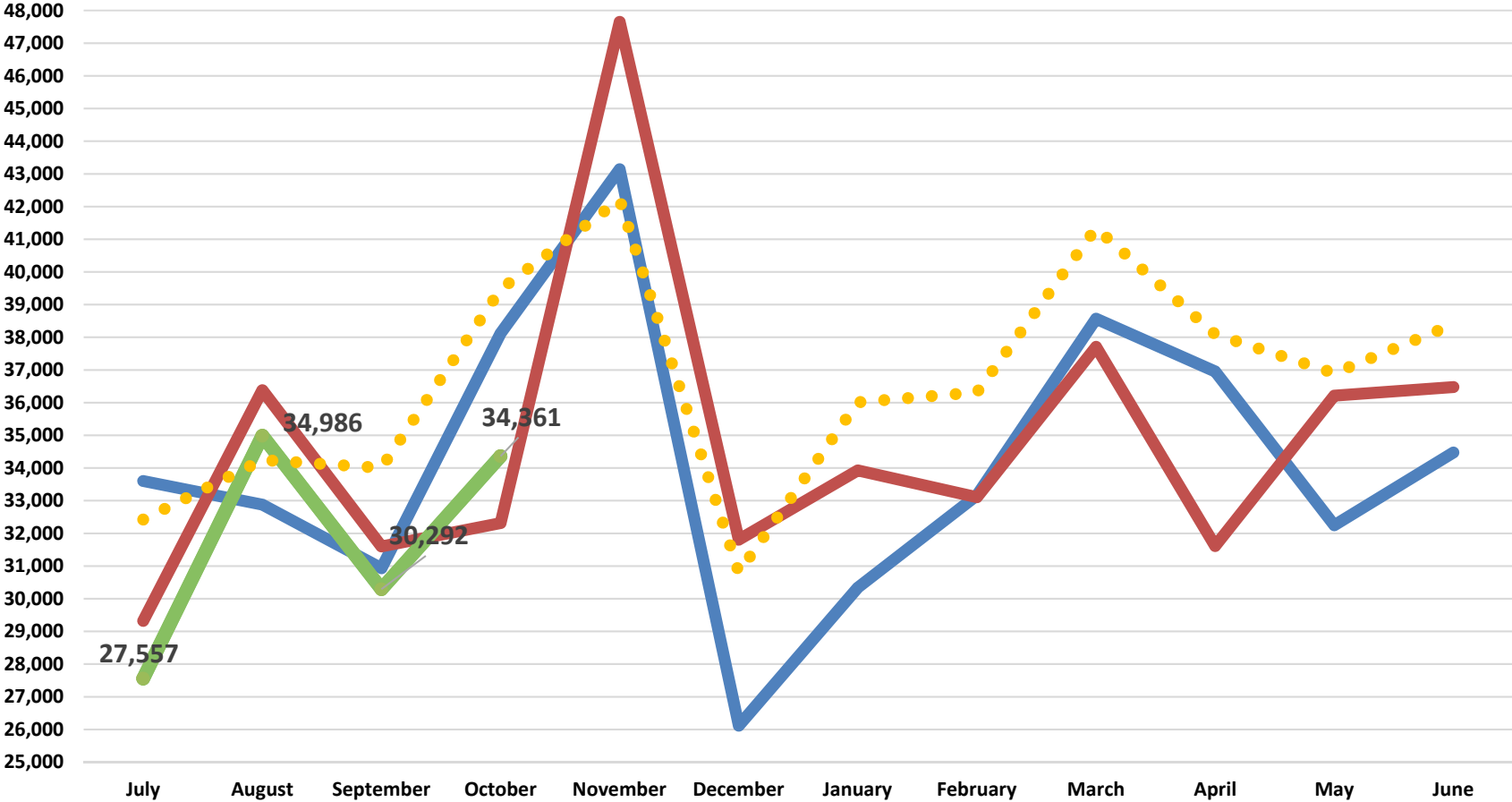
# Deliveries



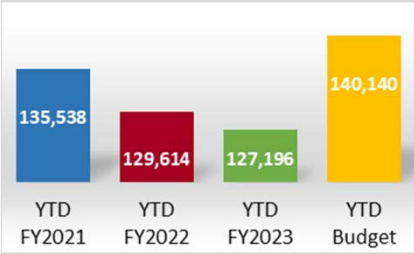
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



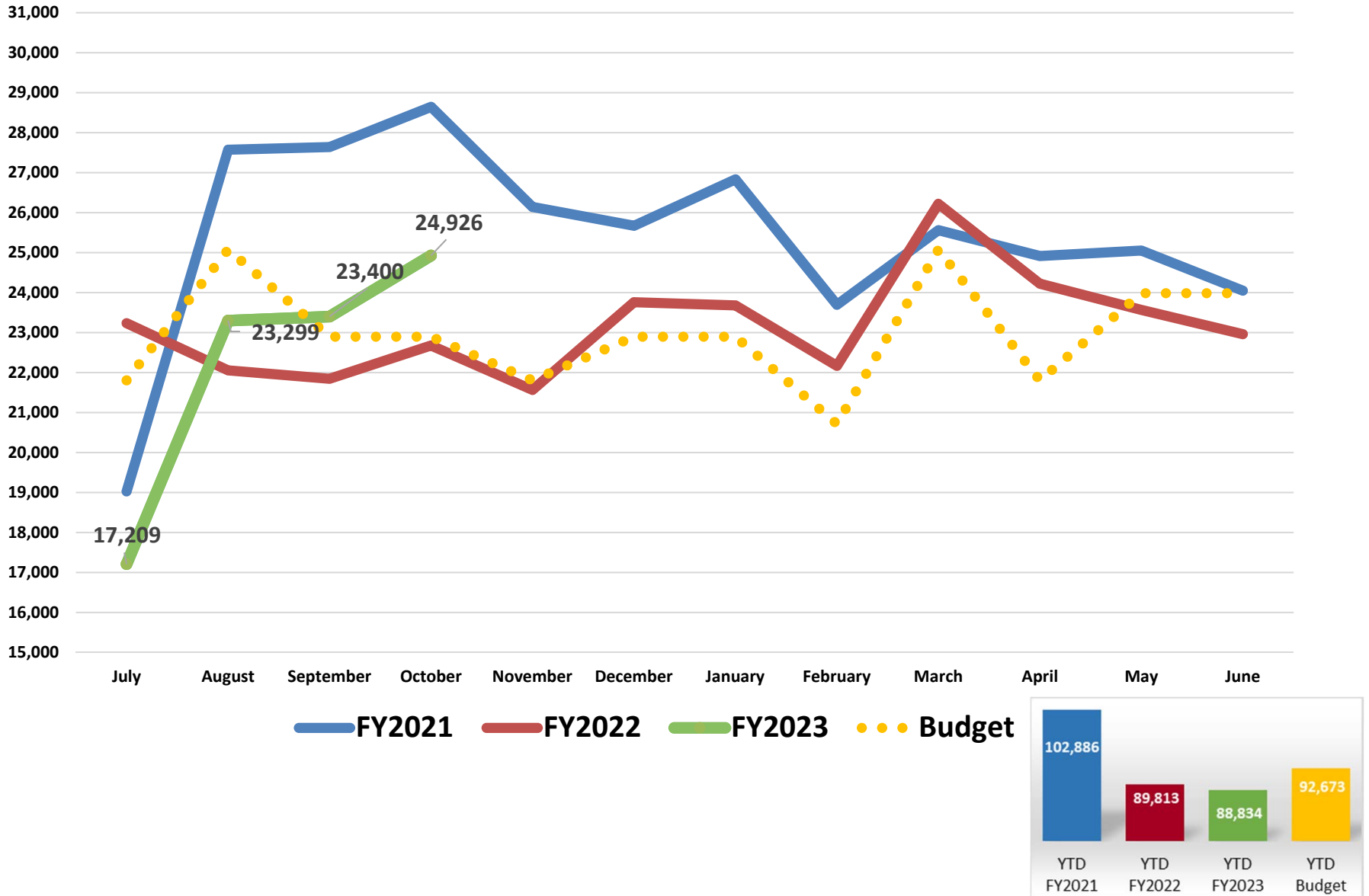
# KHMG RVU's



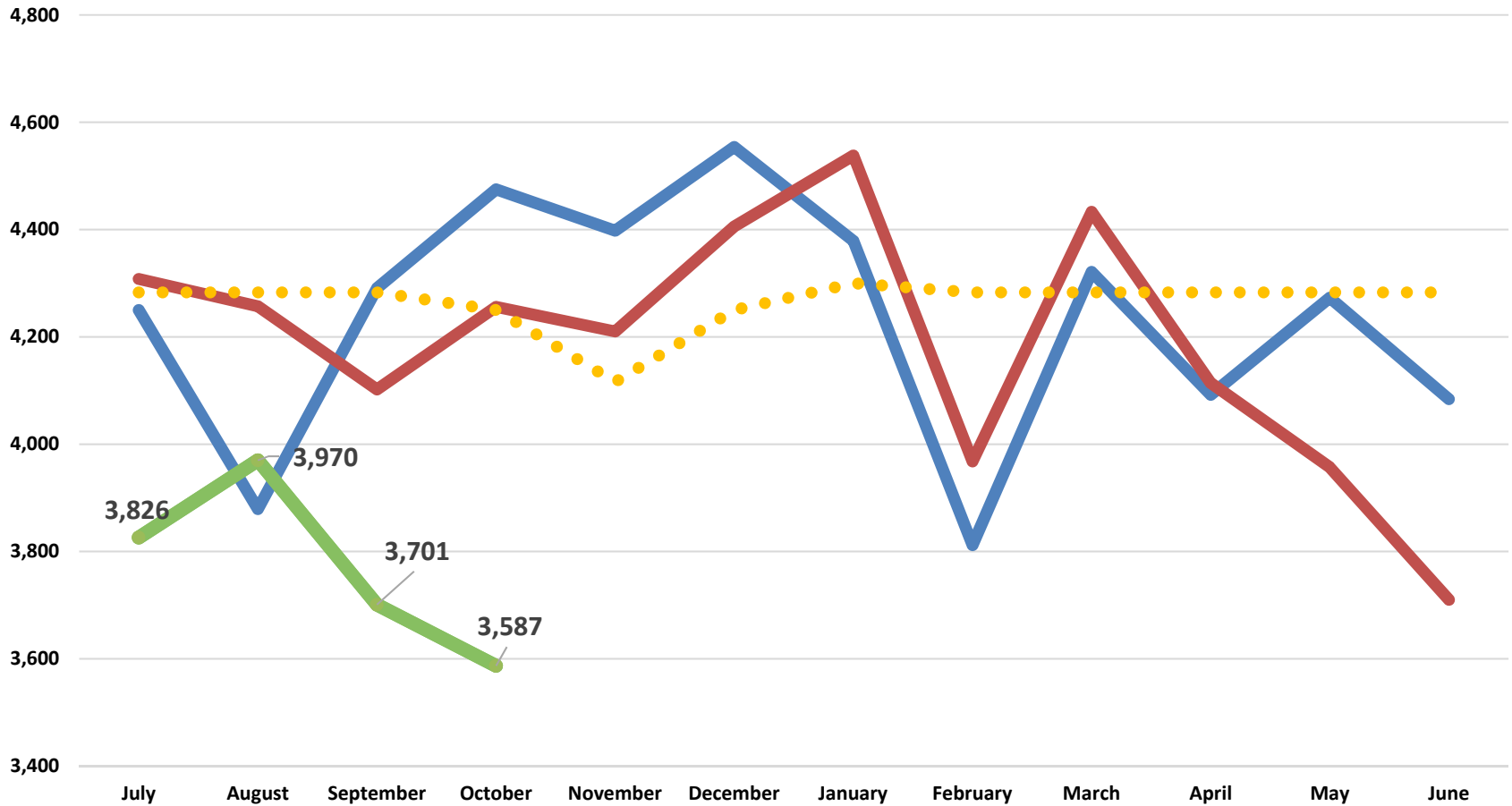
— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget



# Home Infusion Days



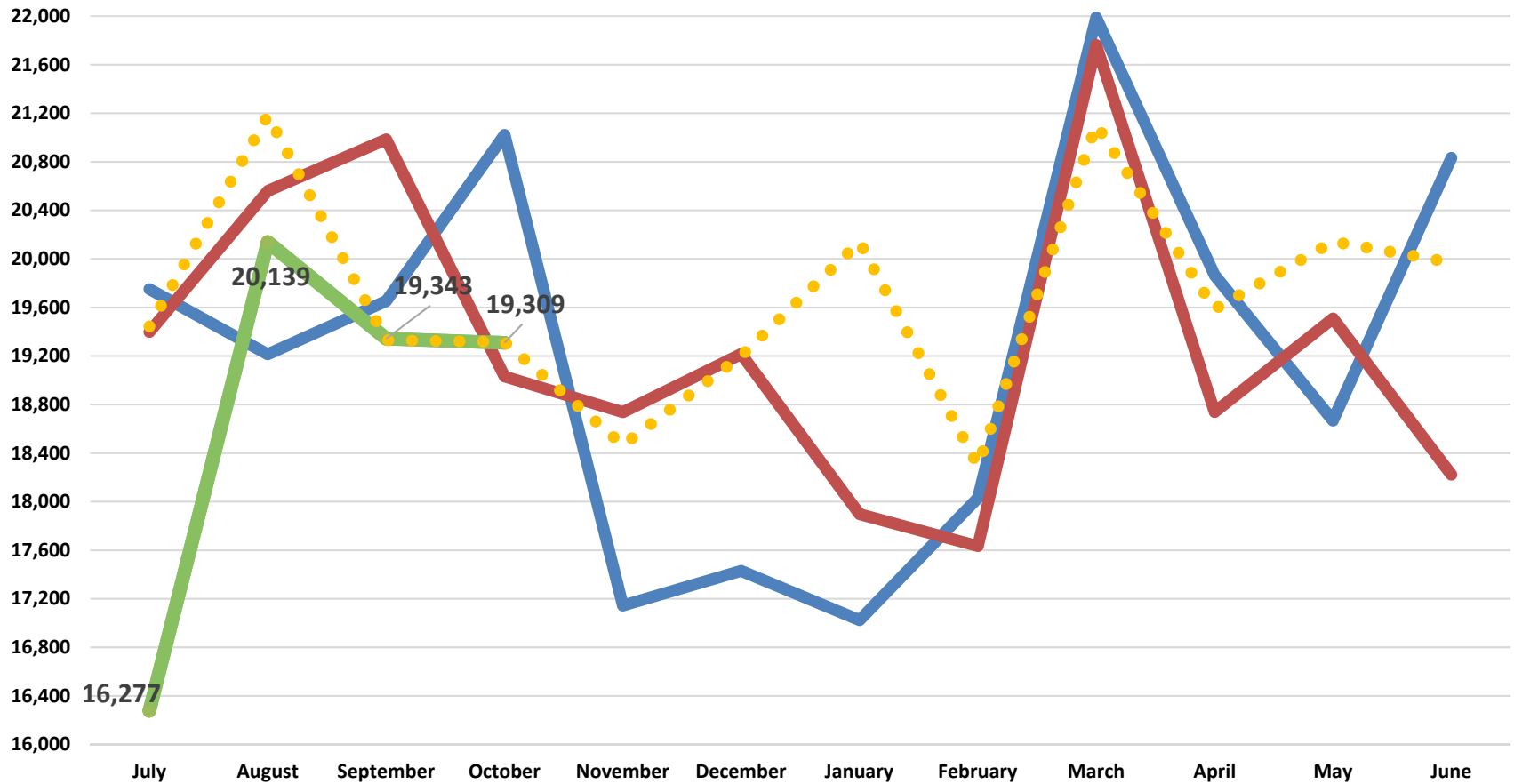
# Hospice Days



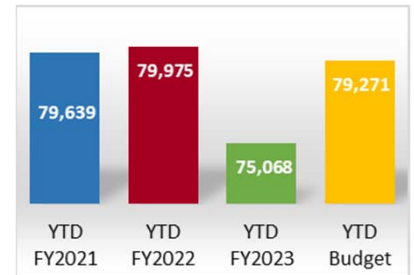
—●— **FY2021**   
 —●— **FY2022**   
 —●— **FY2023**   
 ●●● **Budget**



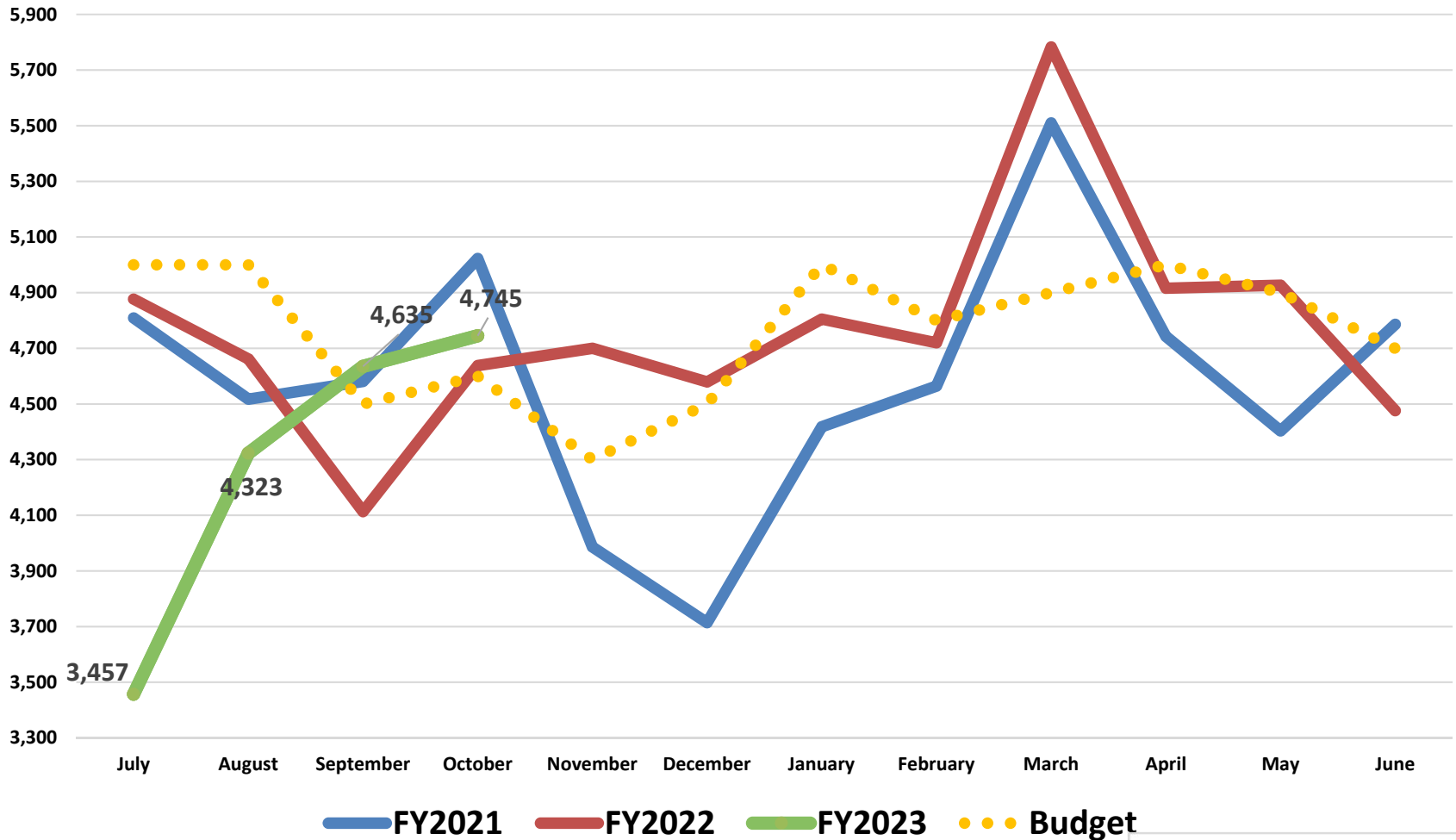
# All O/P Rehab Services Across District



— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget

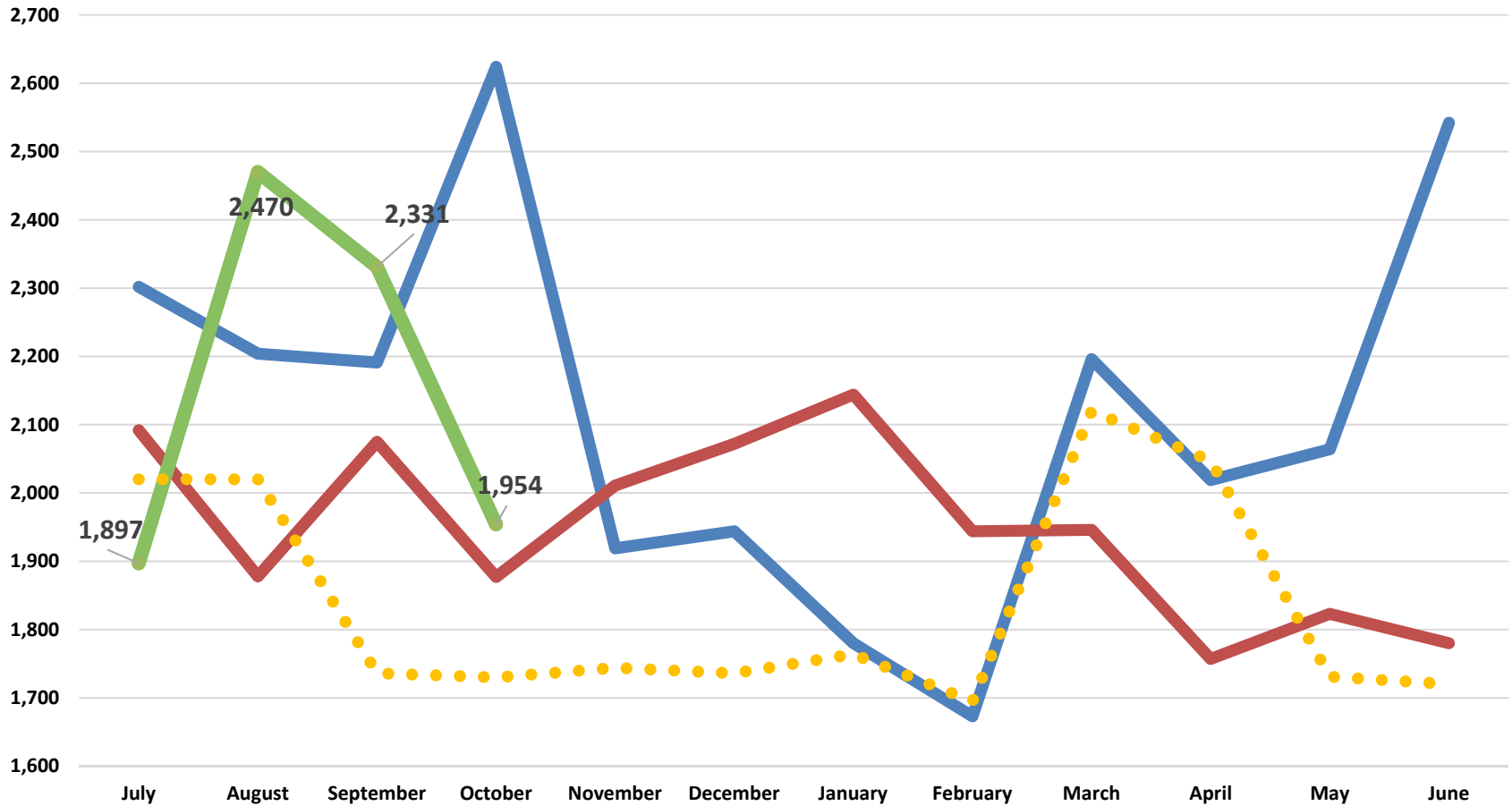


# O/P Rehab Services

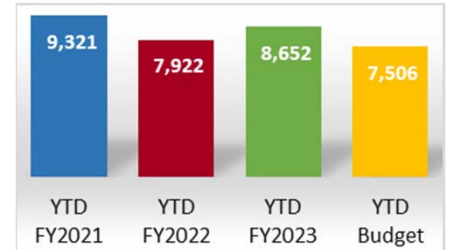


18,930	18,290	17,160	19,100
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

# O/P Rehab - Exeter

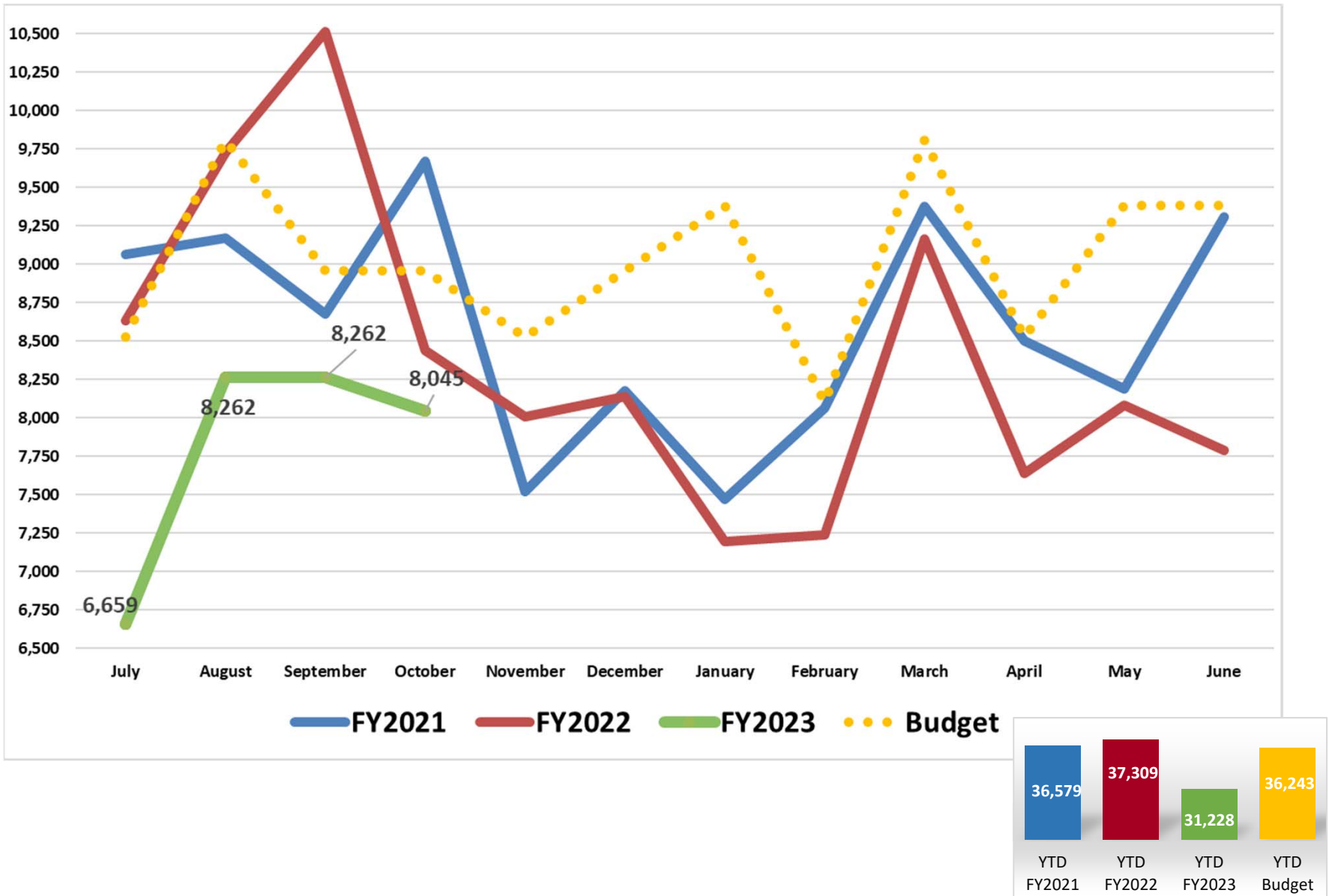


—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget

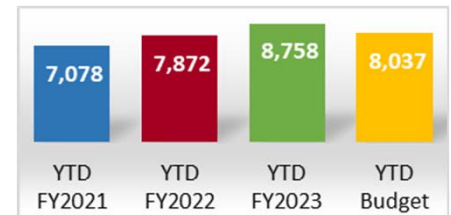
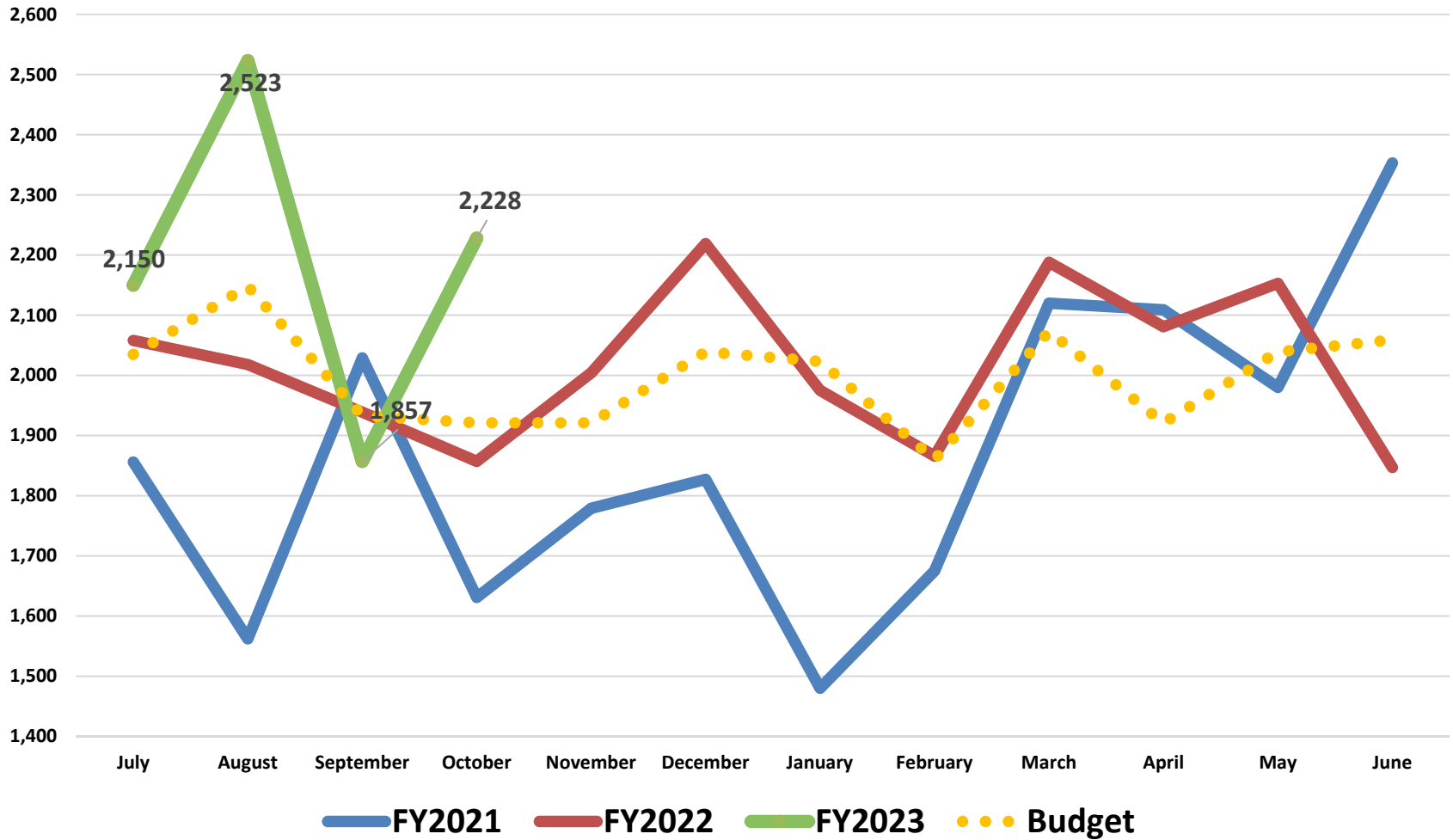




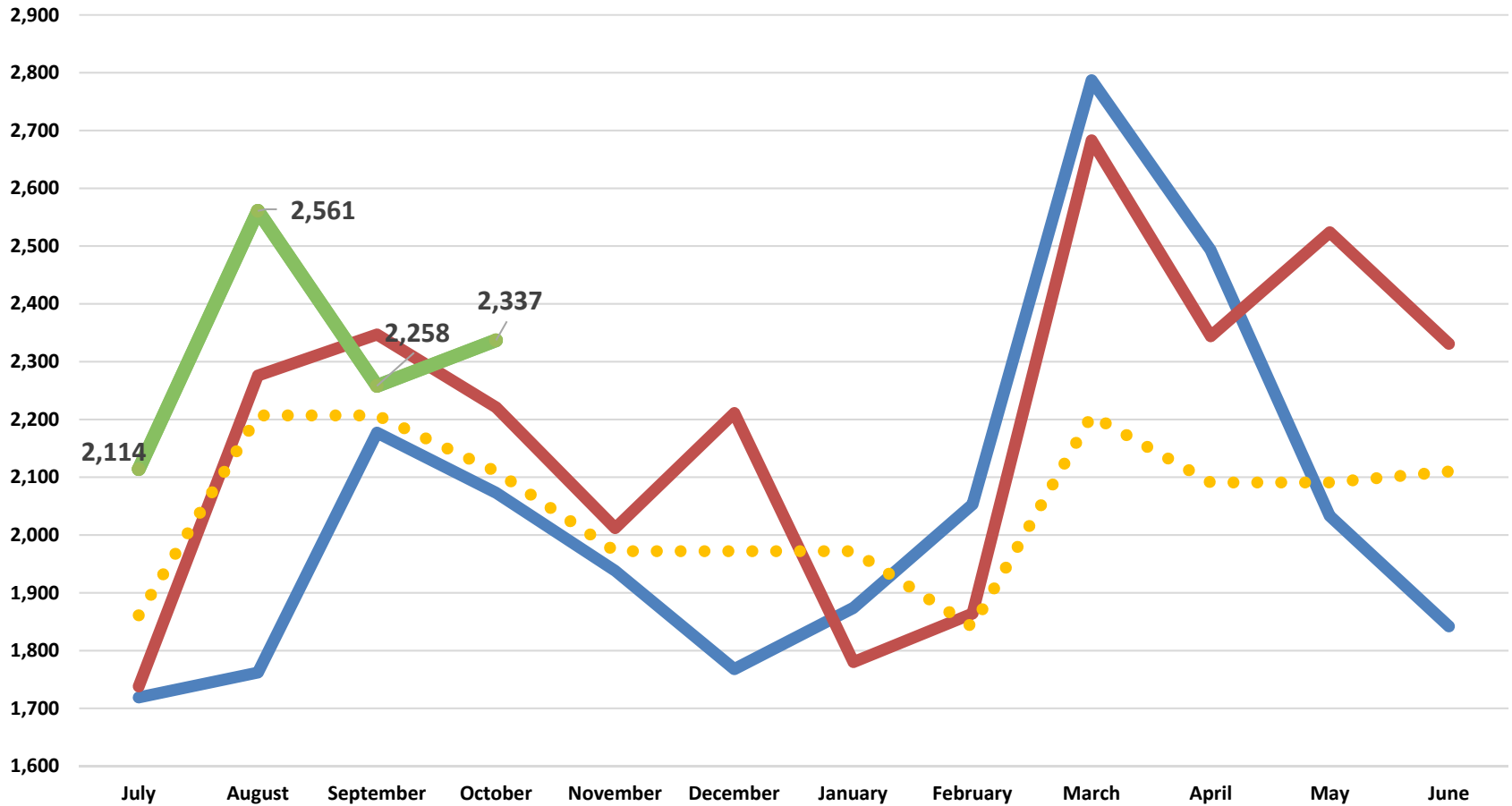
# O/P Rehab - Akers



# O/P Rehab - LLOPT



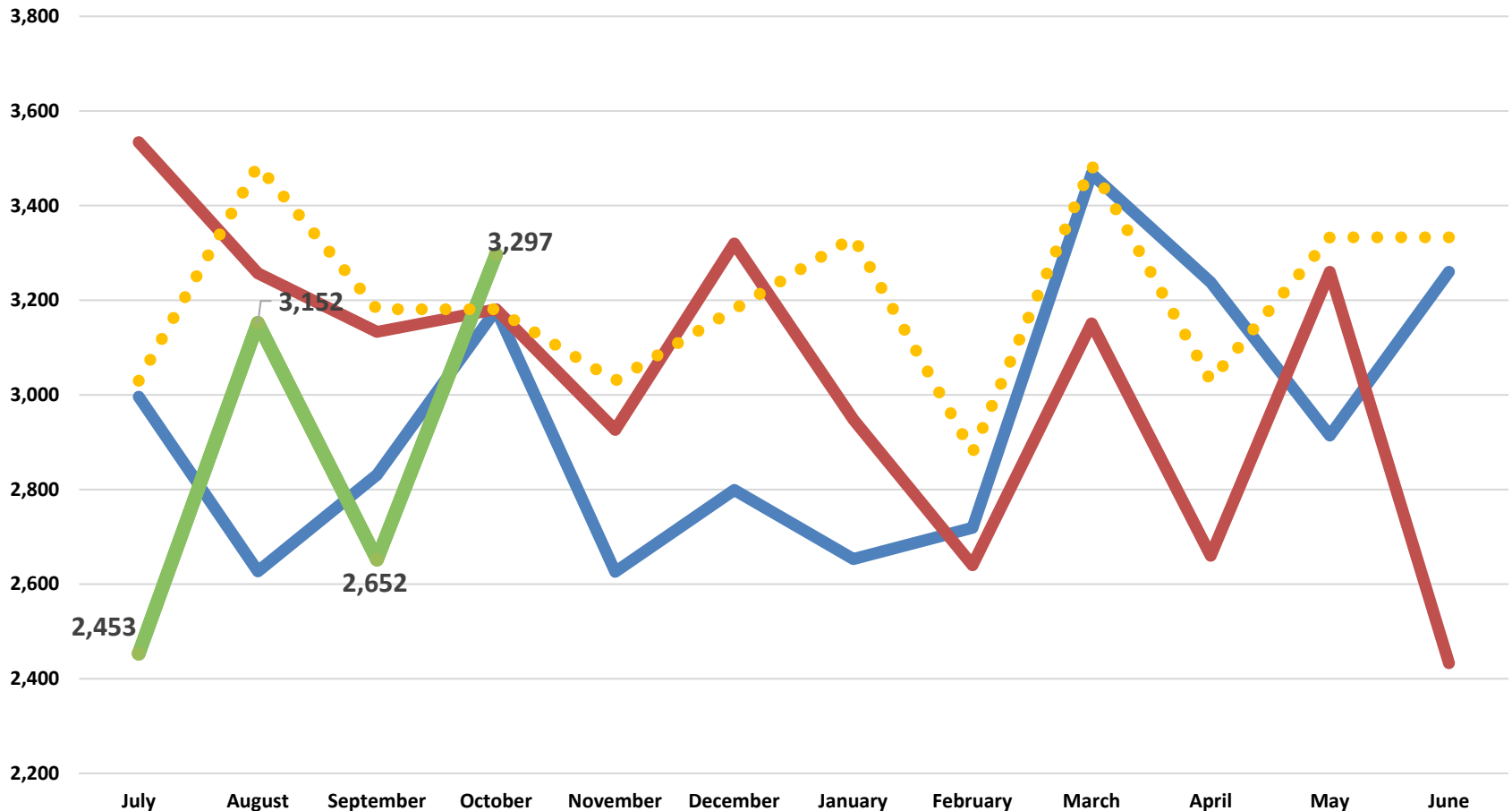
# O/P Rehab - Dinuba



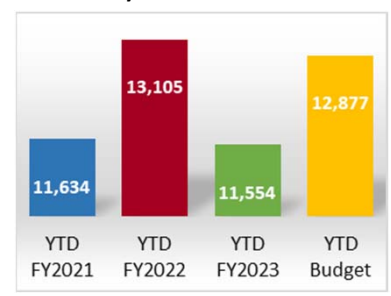
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



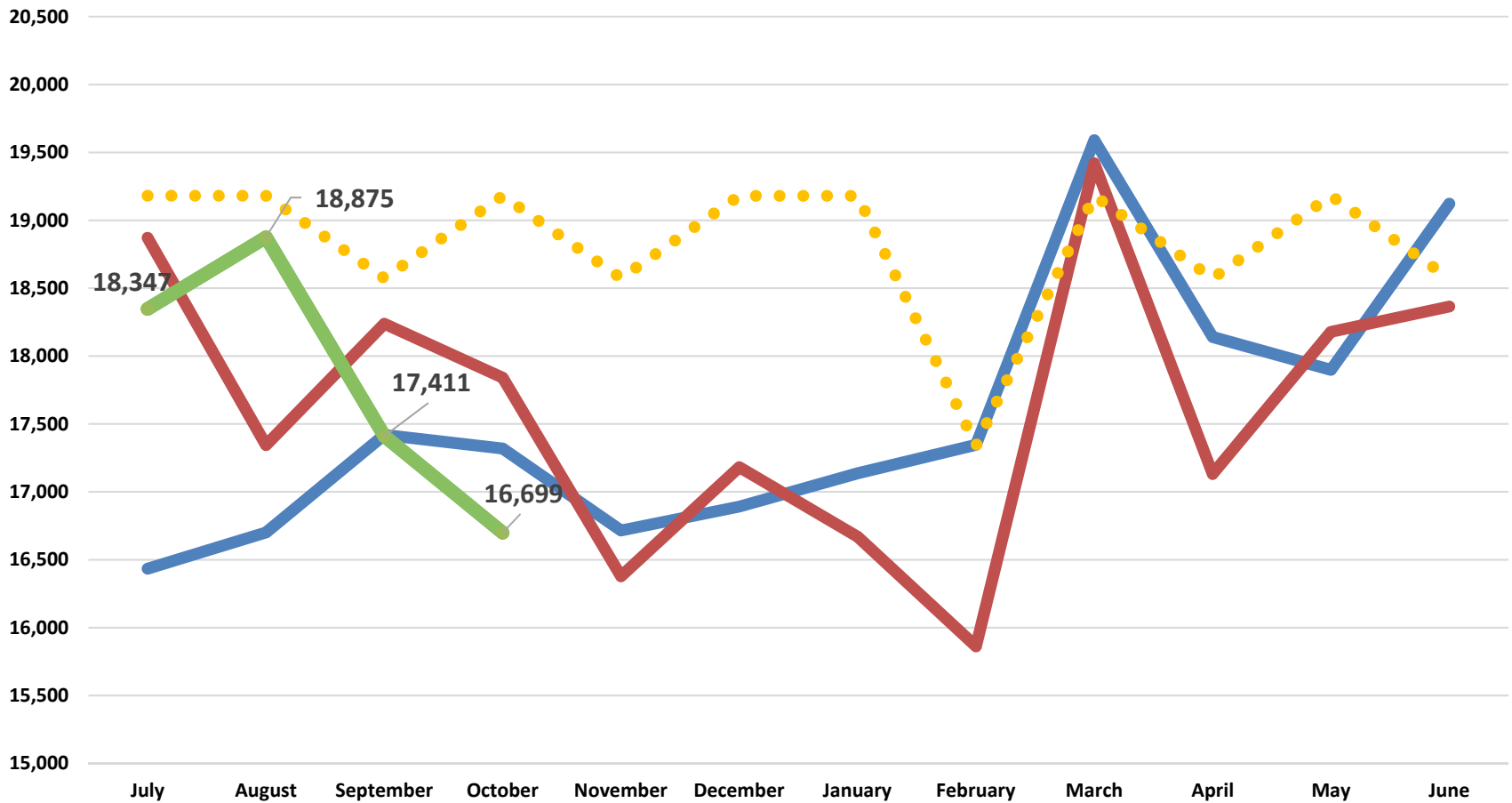
# Therapy - Cypress Hand Center



— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget



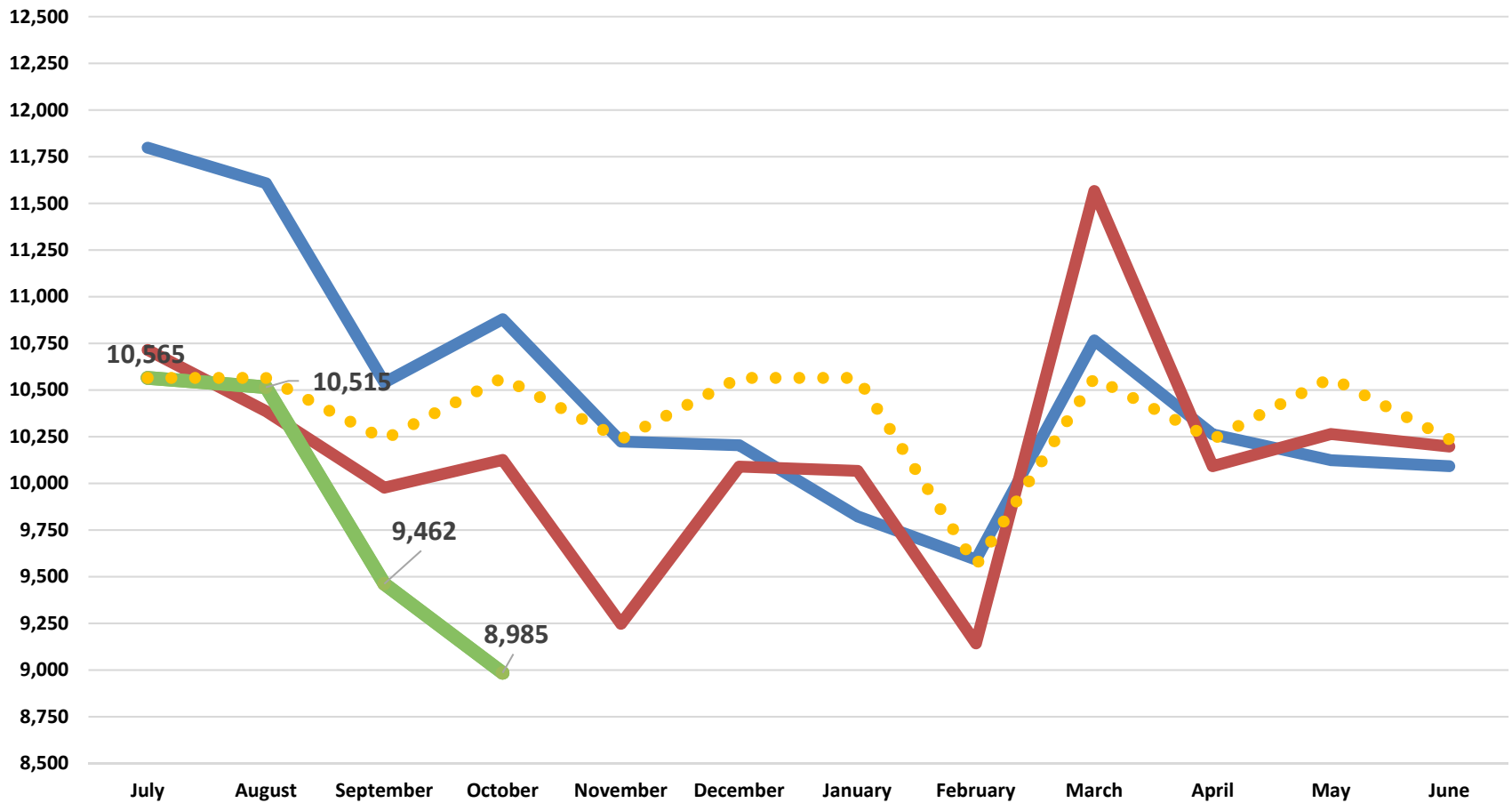
# Physical & Other Therapy Units (I/P & O/P)



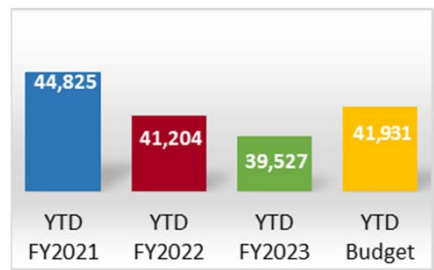
— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget



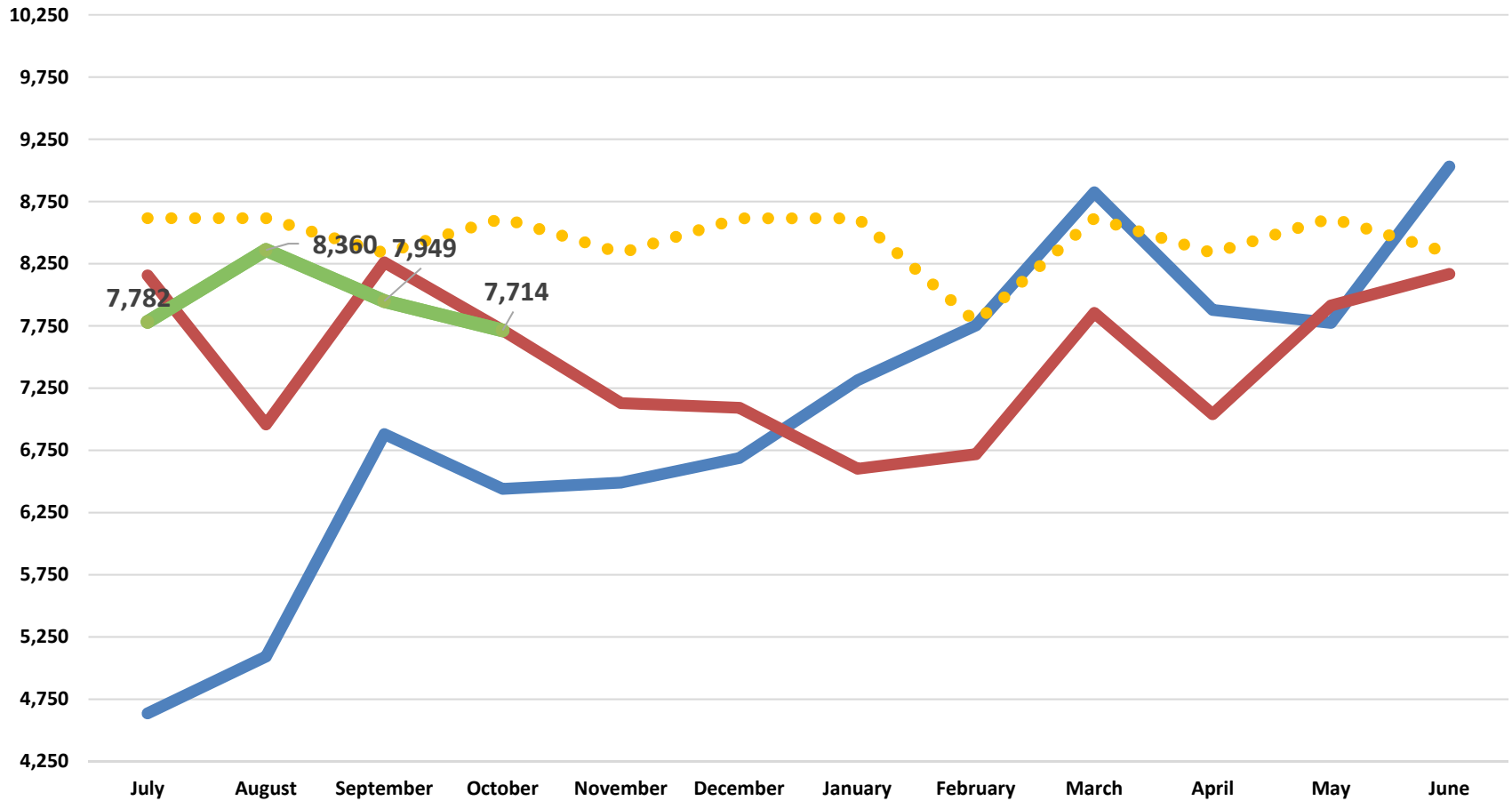
# Physical & Other Therapy Units (I/P & O/P)-Main Campus



—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



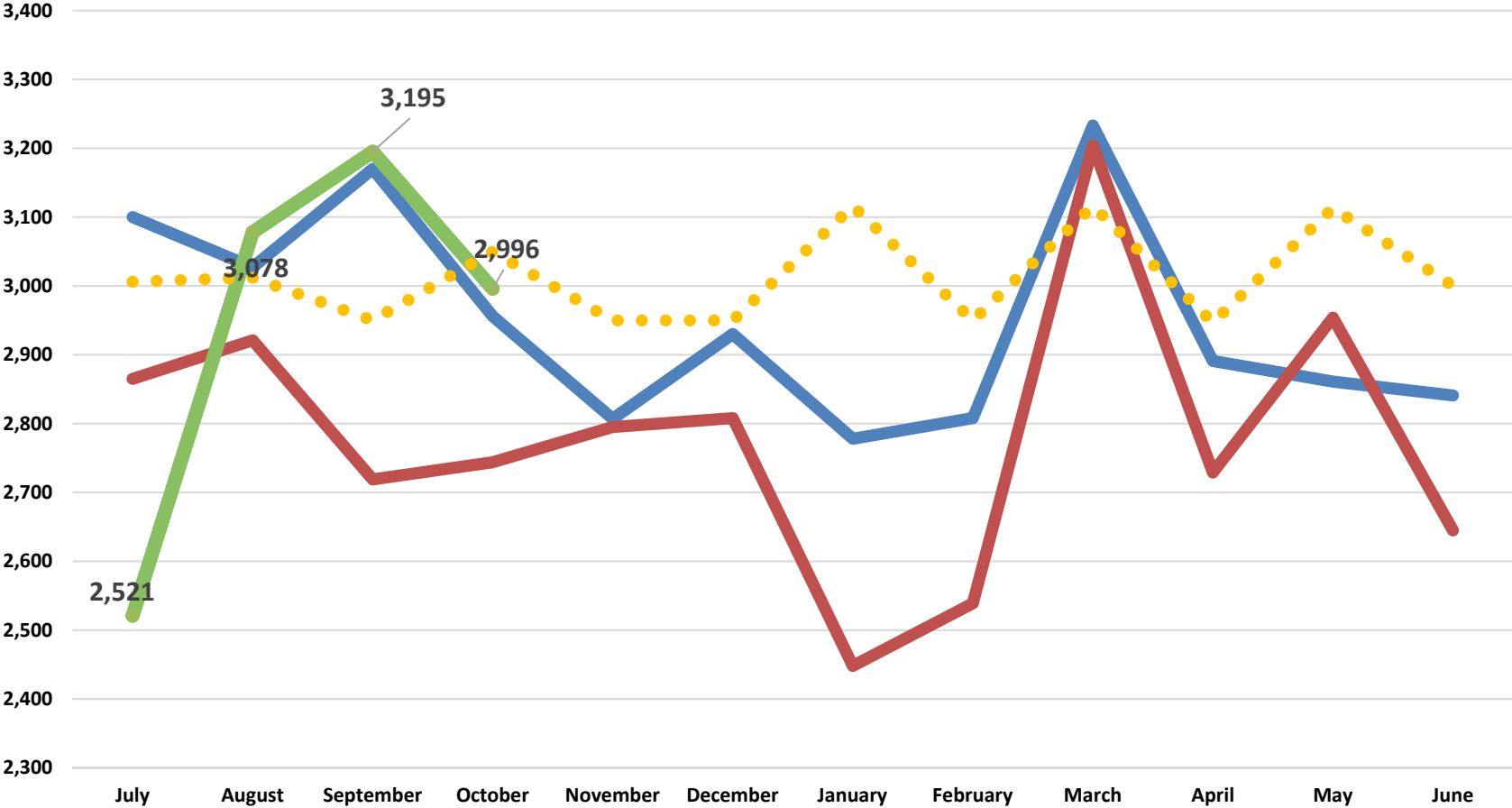
# Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



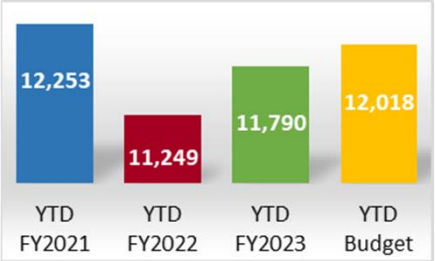
— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget



# Home Health Visits

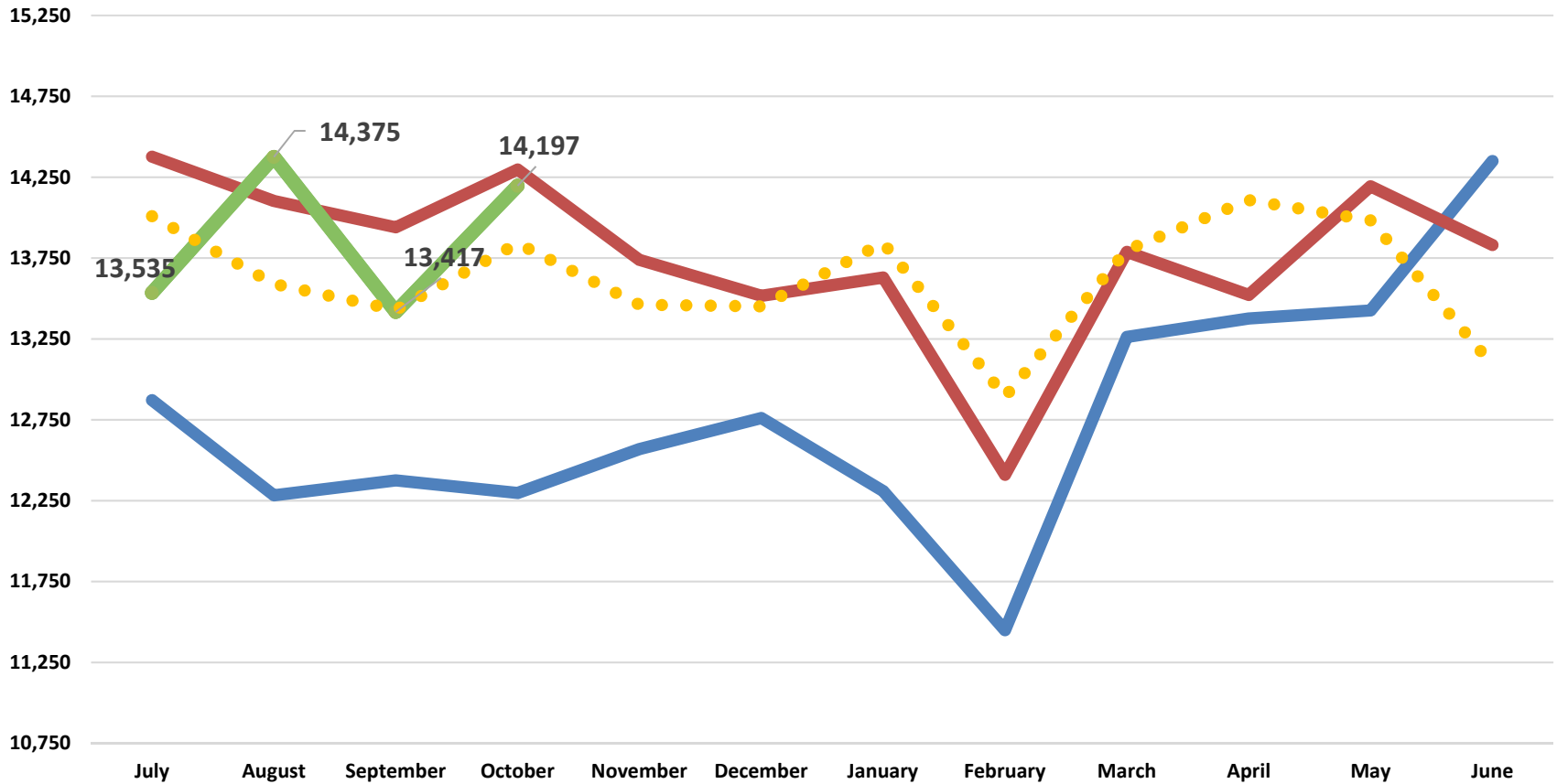


—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget

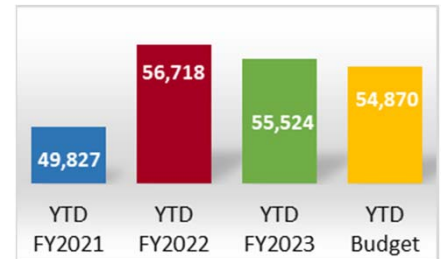




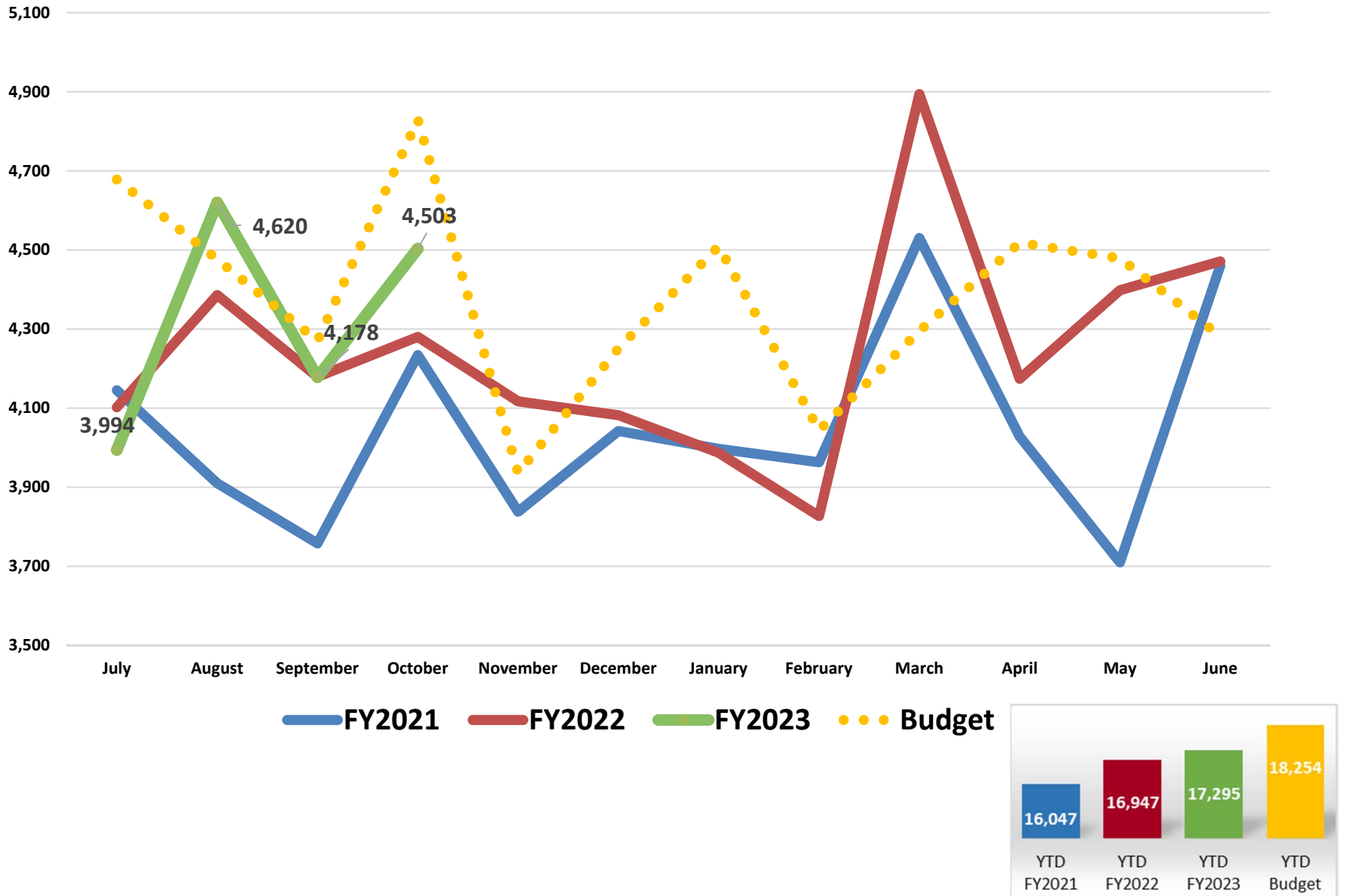
# Radiology – Main Campus



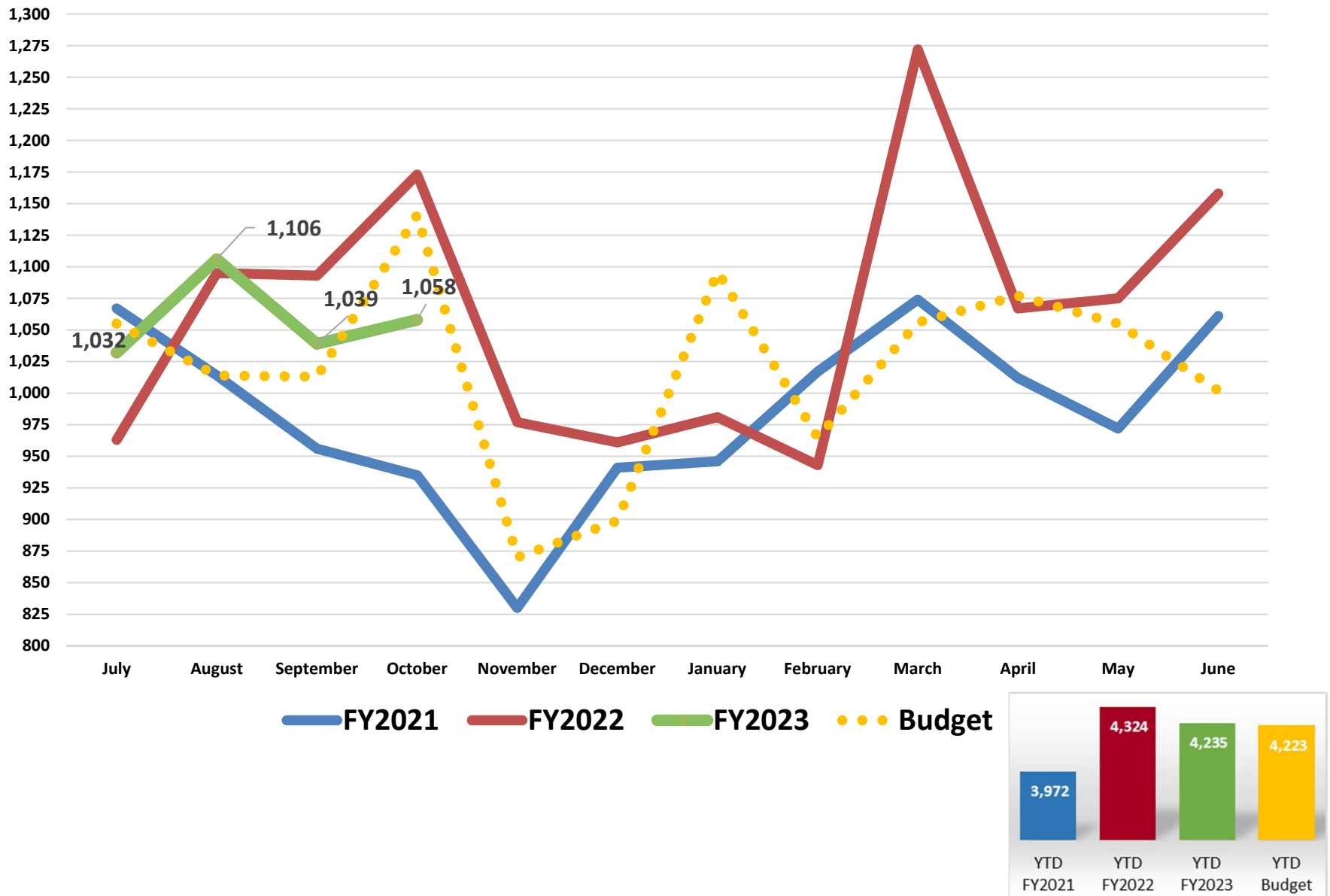
— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget



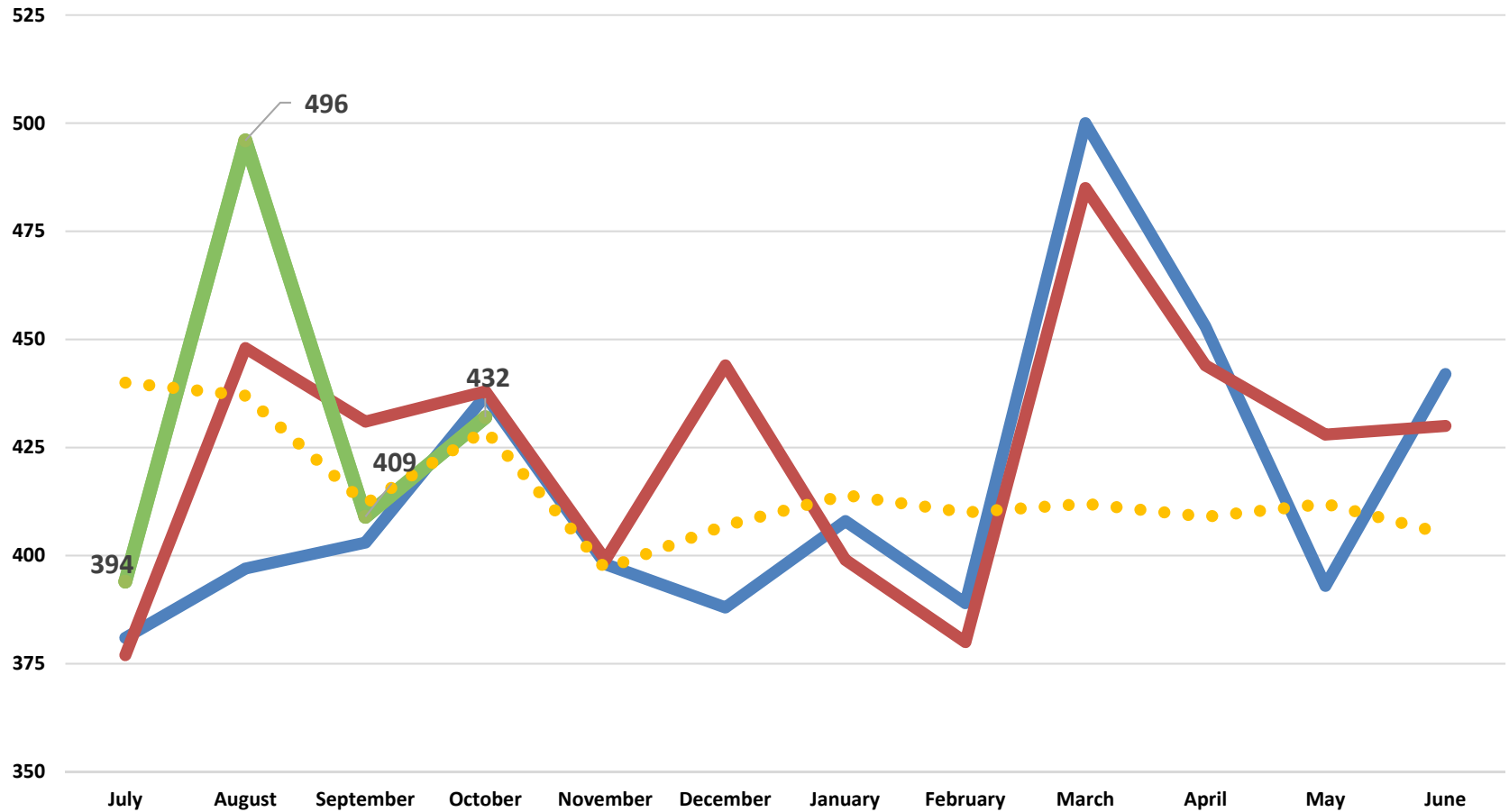
# Radiology – West Campus Imaging



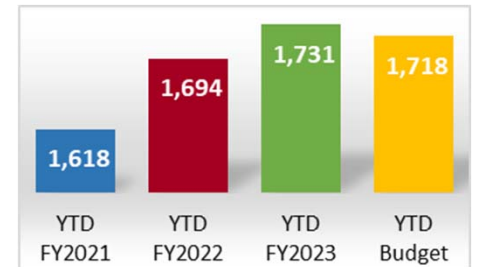
# West Campus – Diagnostic Radiology



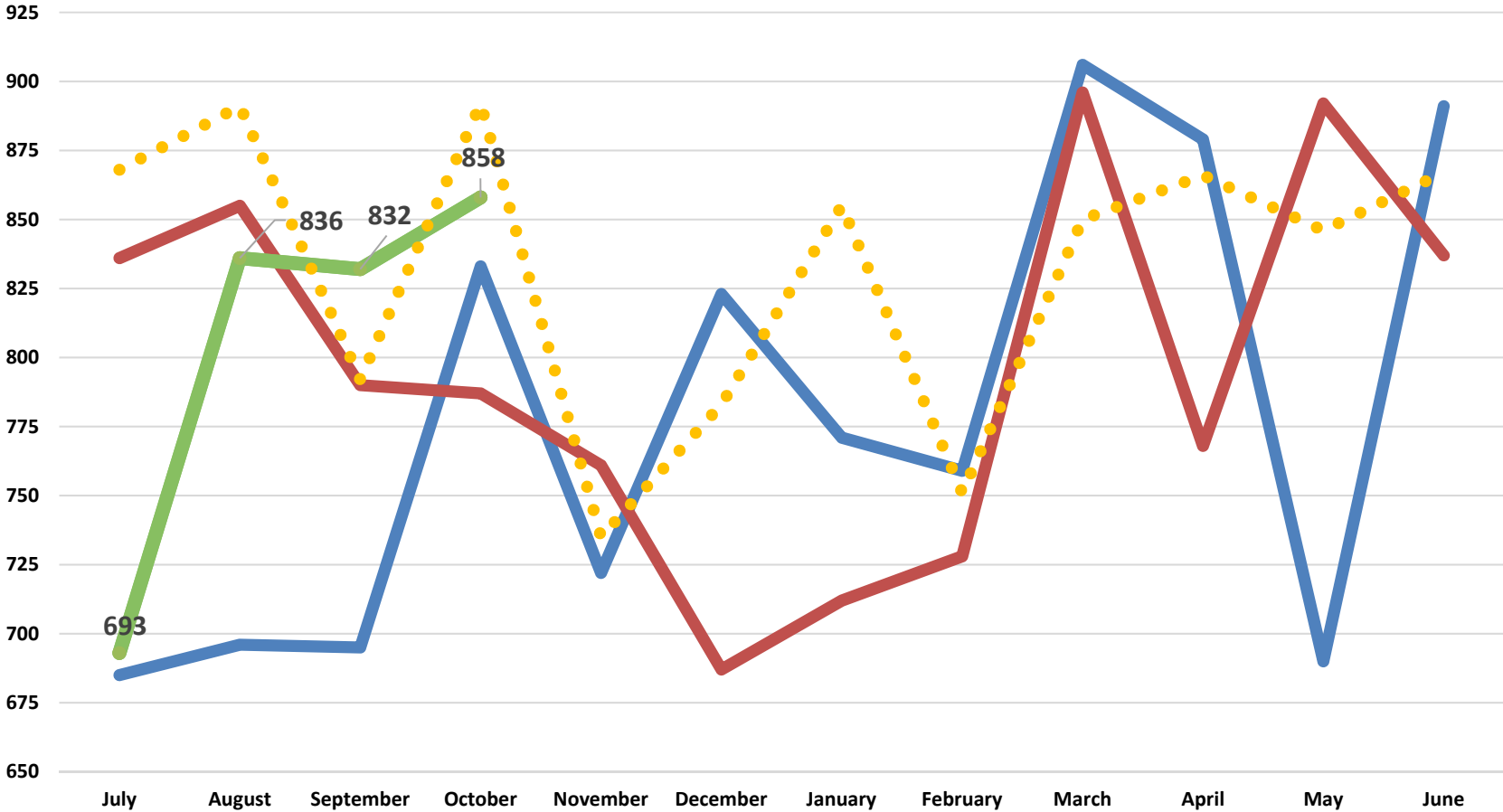
# West Campus – CT Scan



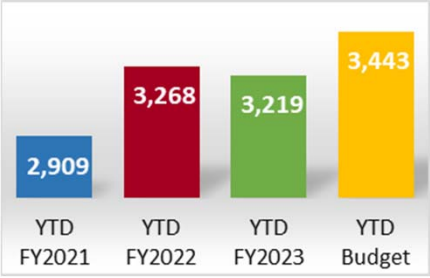
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



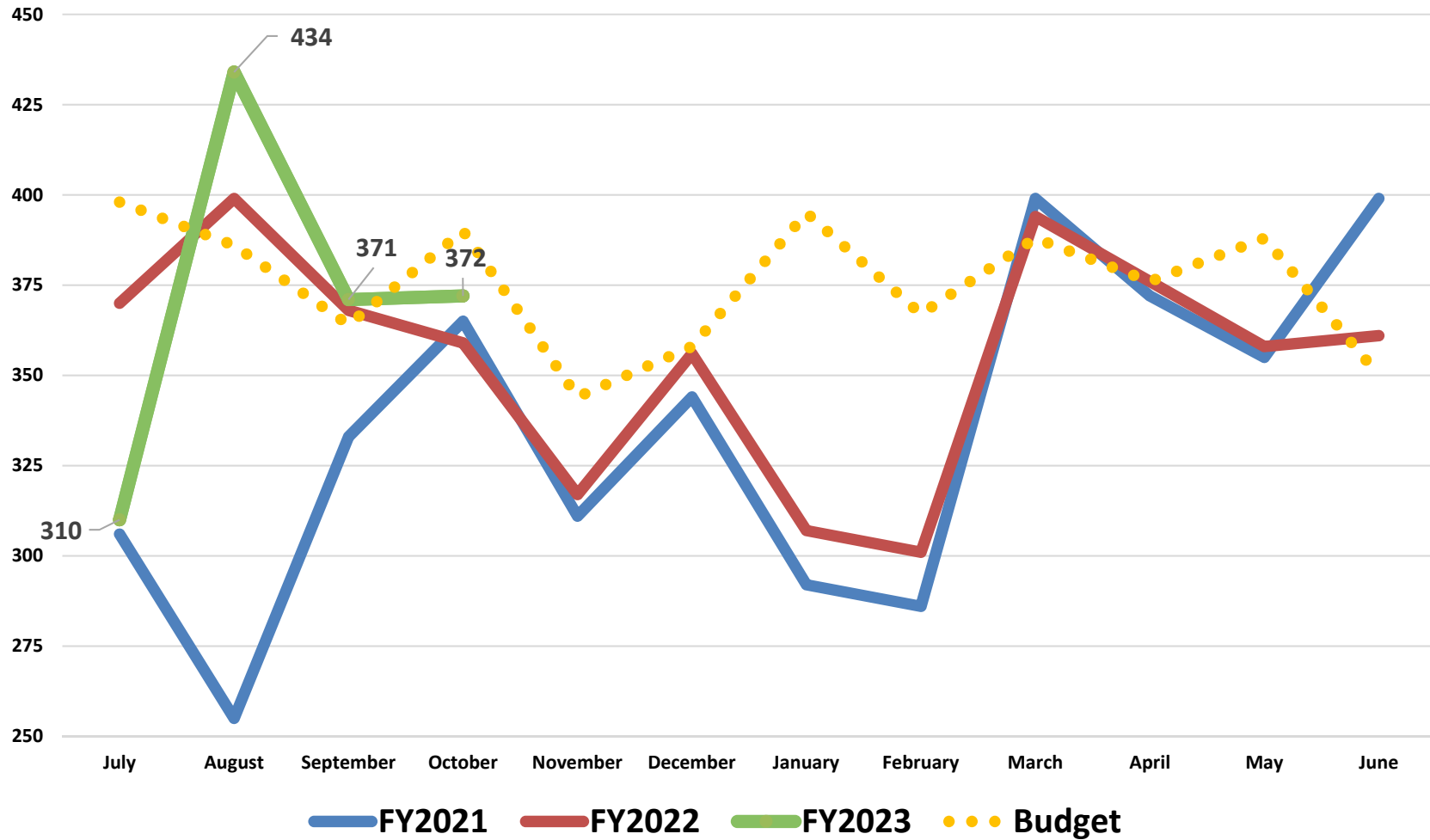
# West Campus - Ultrasound



— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget

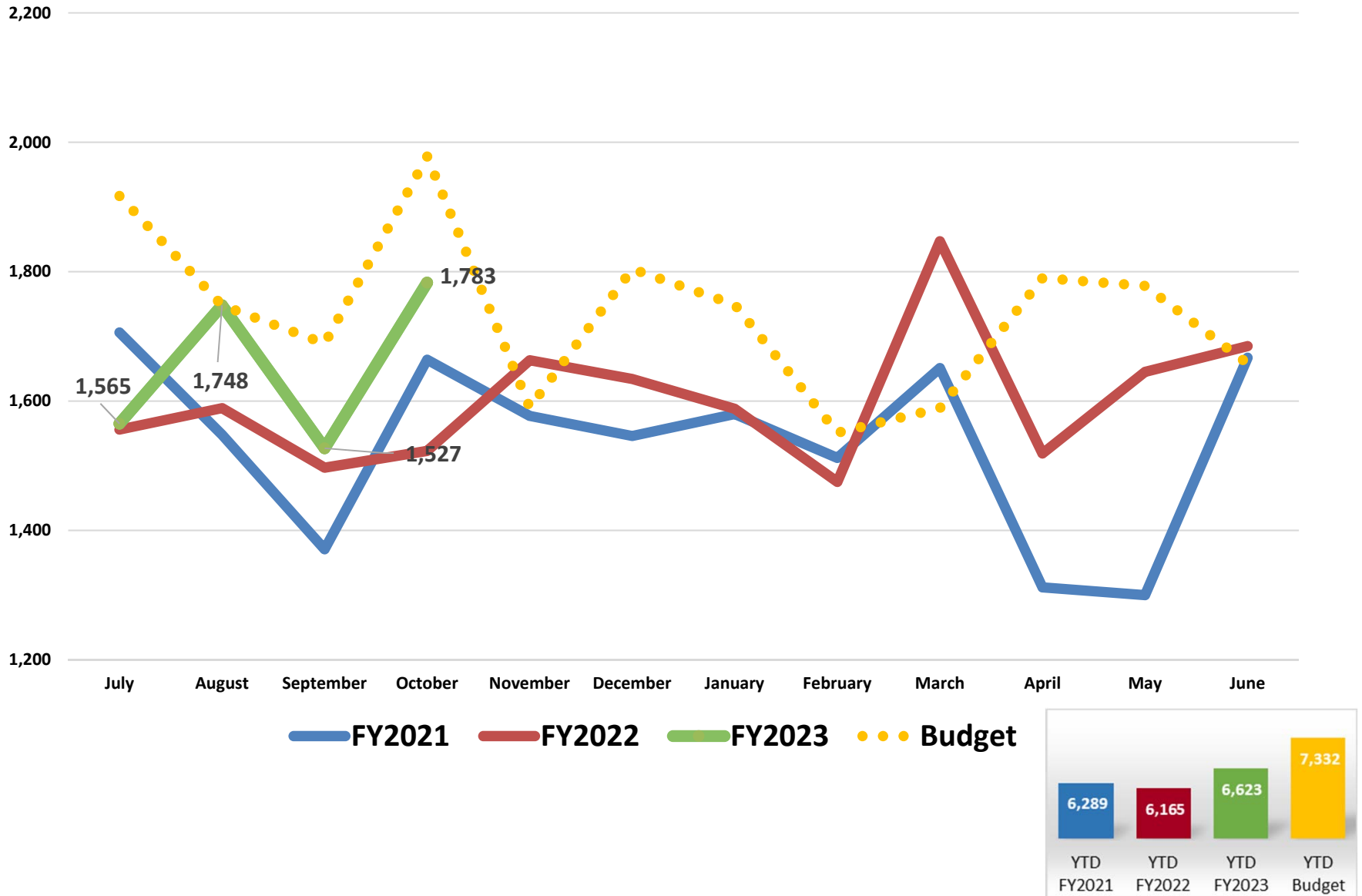


# West Campus - MRI

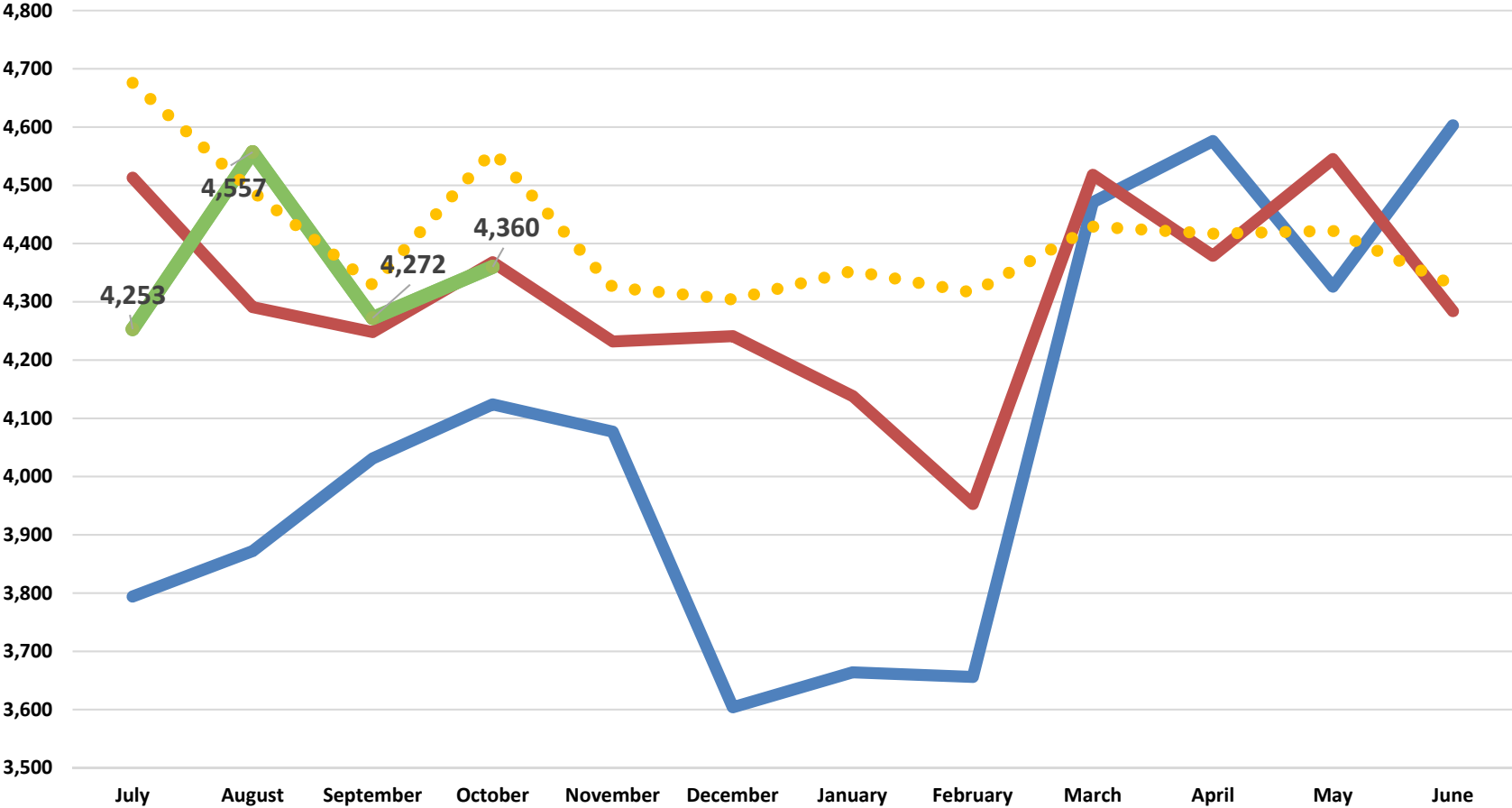


1,259	1,496	1,487	1,538
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

# West Campus – Breast Center



# Radiology all areas – CT

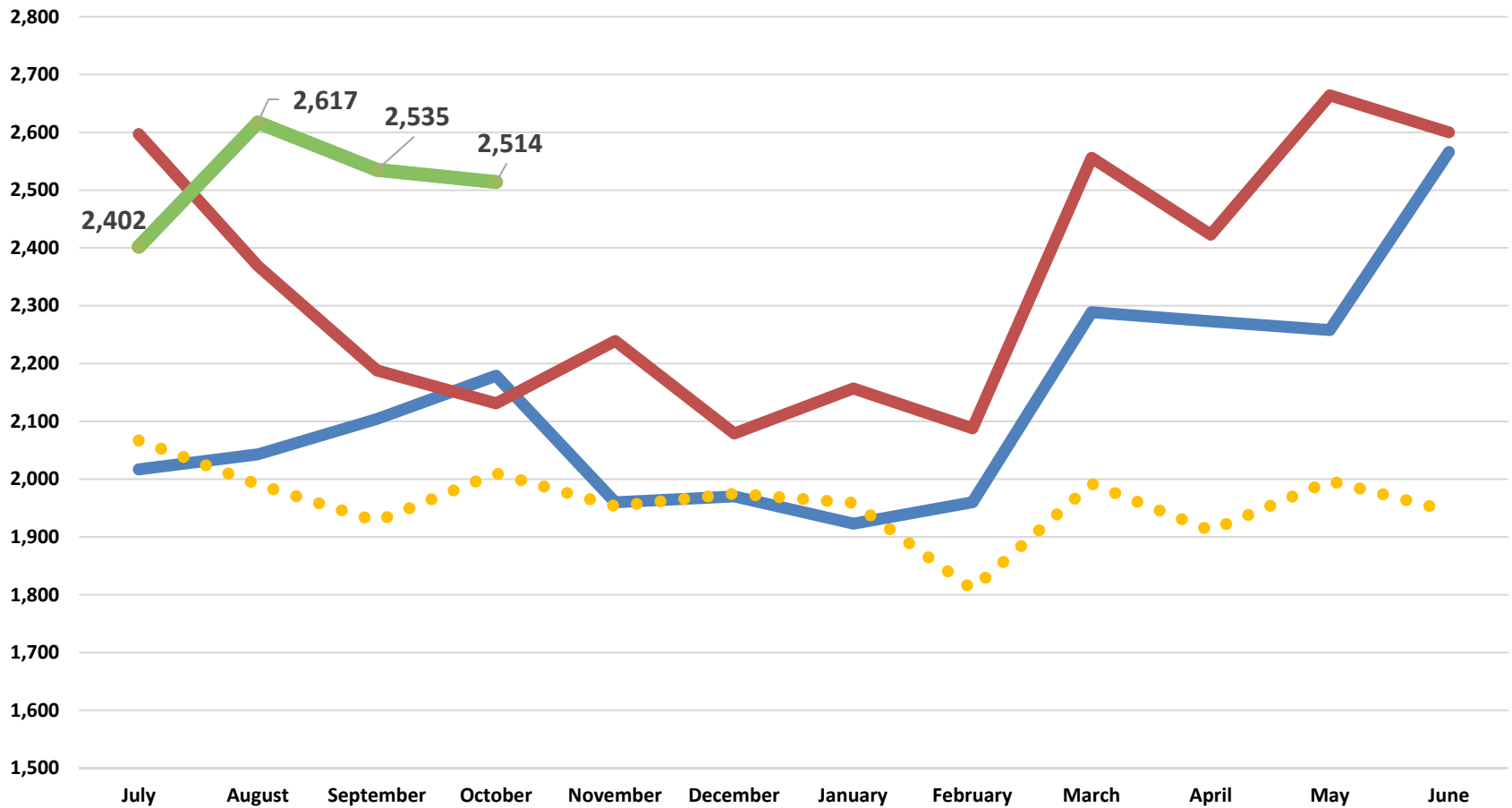


— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget





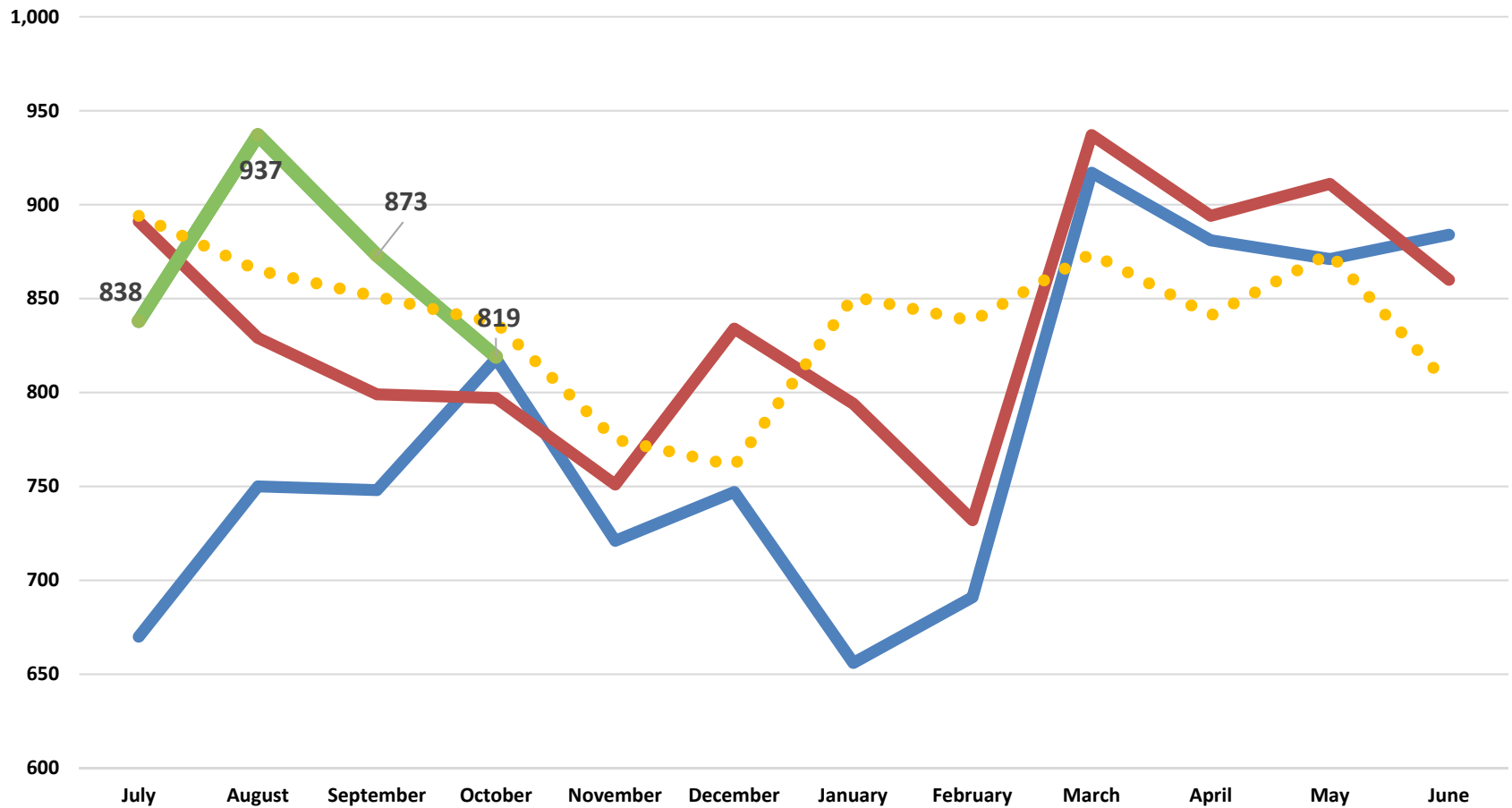
# Radiology all areas – Ultrasound



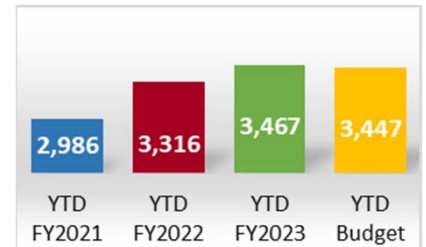
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



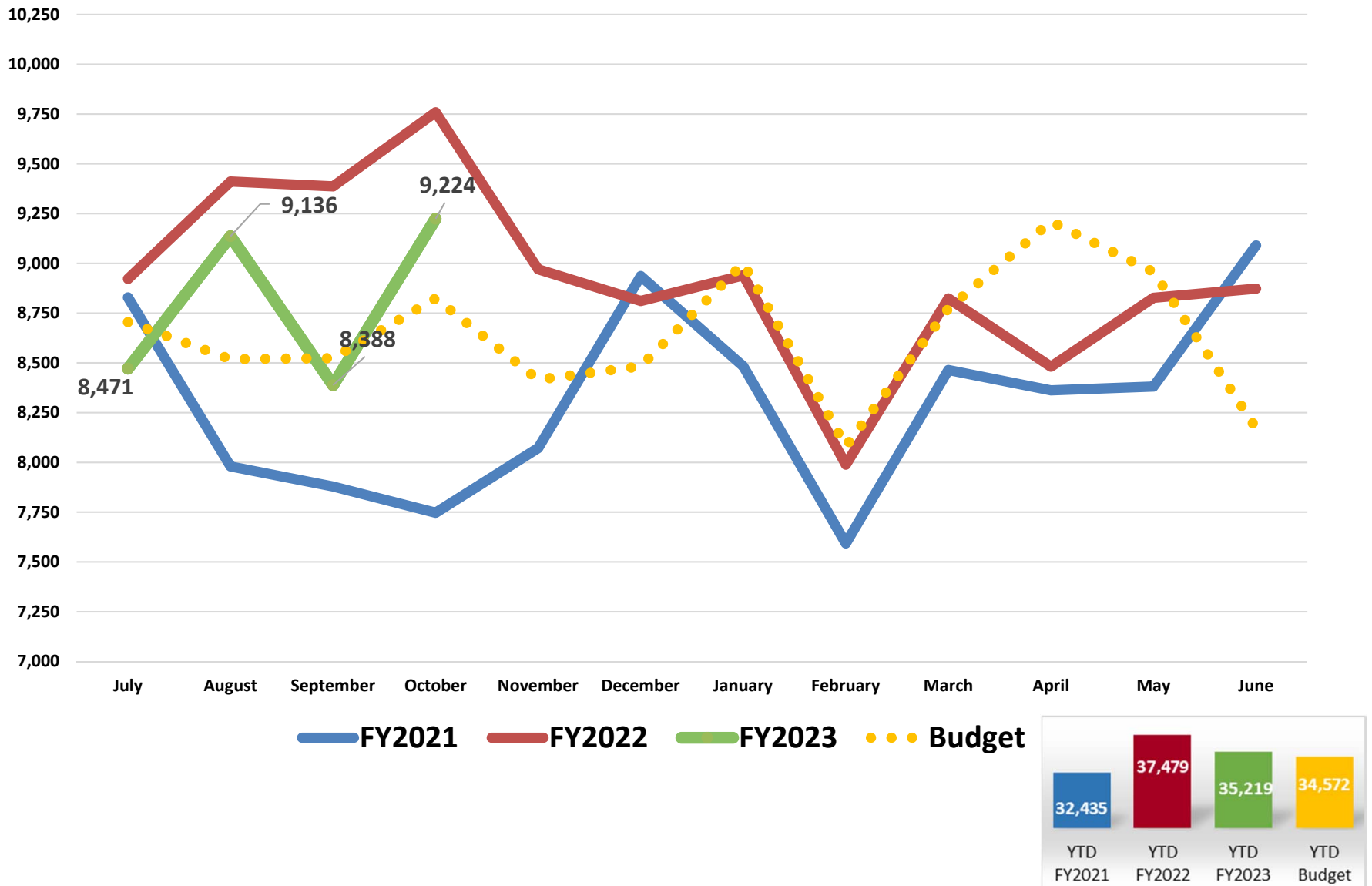
# Radiology all areas – MRI



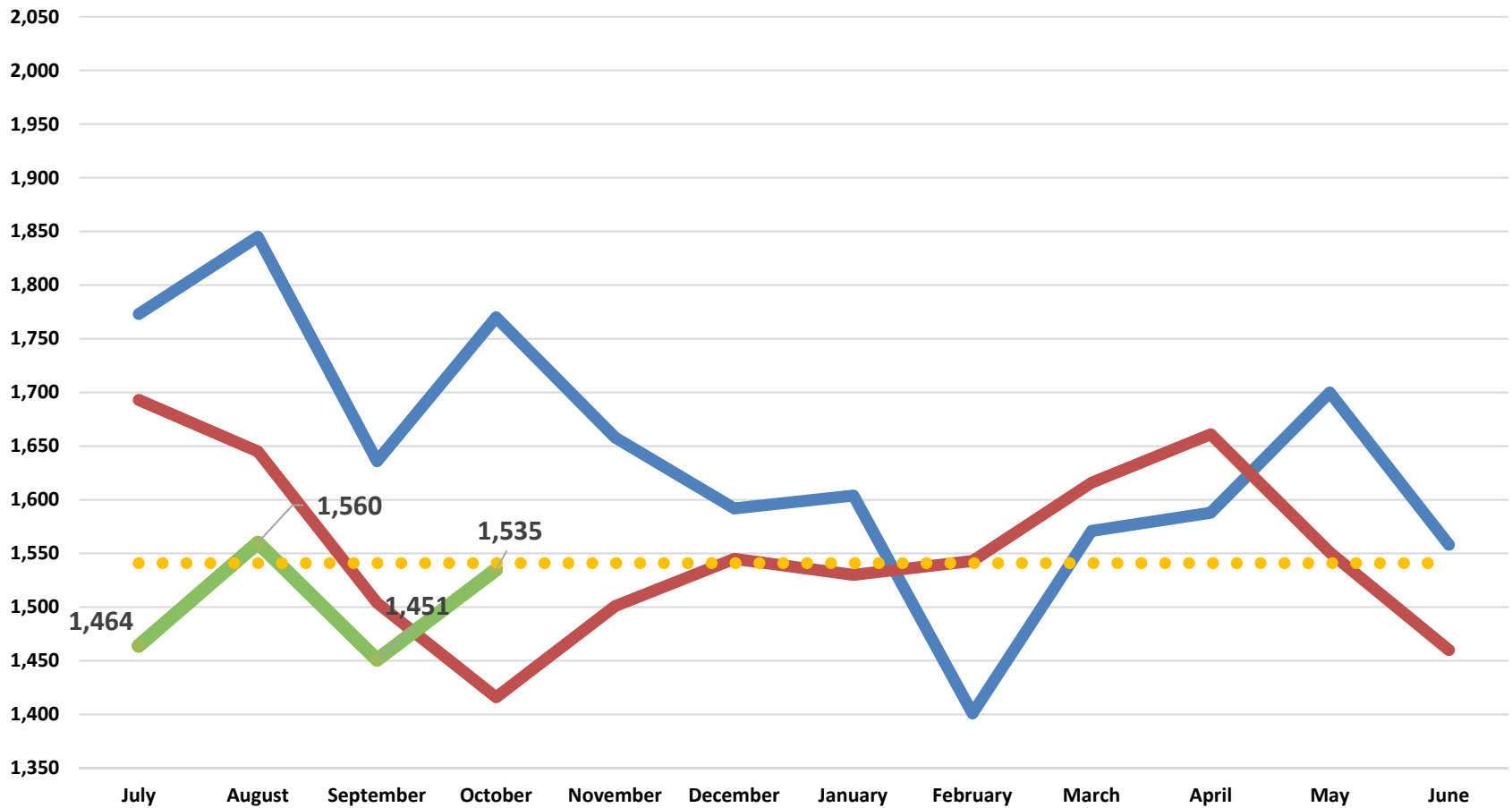
—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



# Radiology Modality – Diagnostic Radiology



# Chronic Dialysis - Visalia

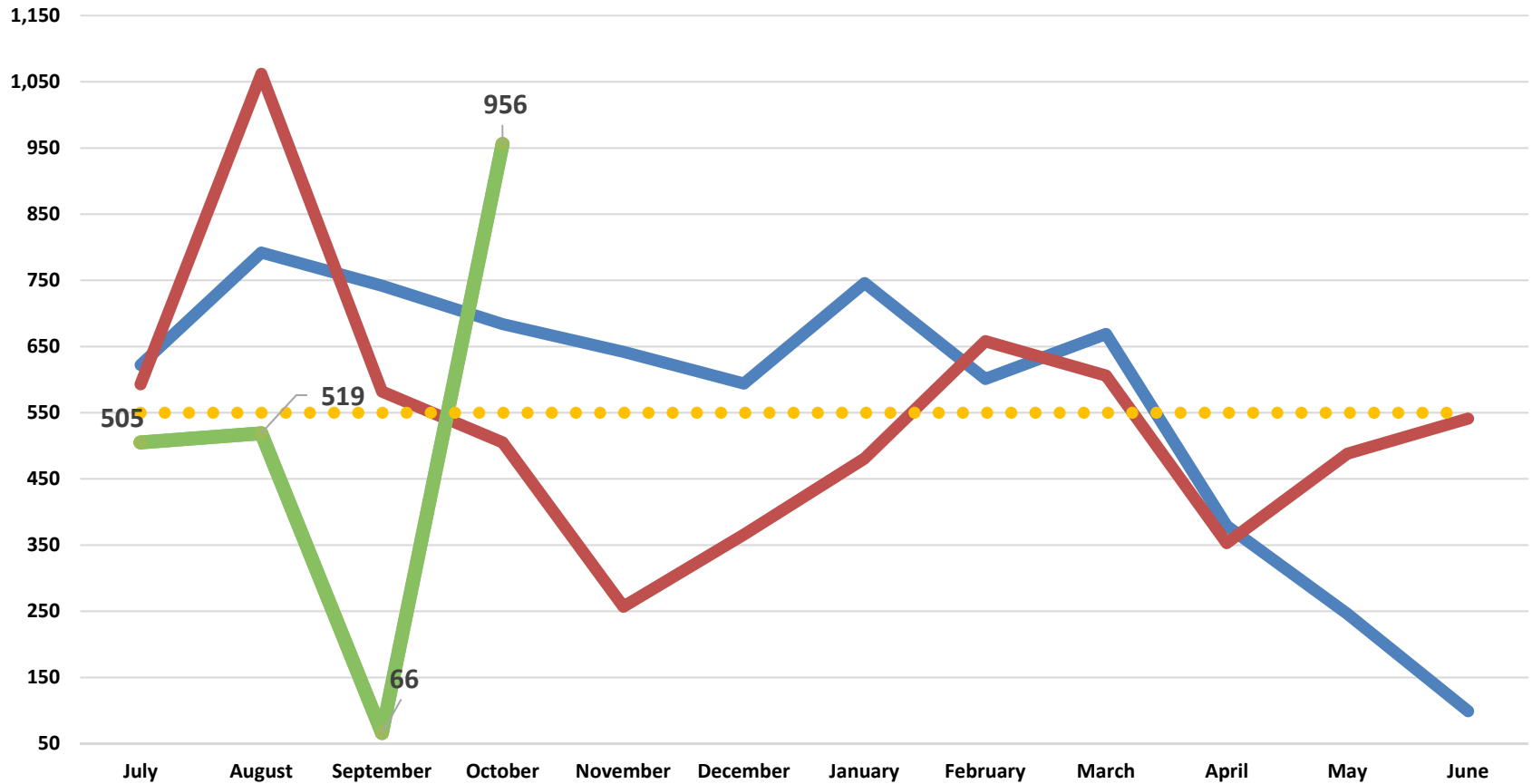


—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget



# CAPD/CCPD – Maintenance Sessions

(Continuous peritoneal dialysis)

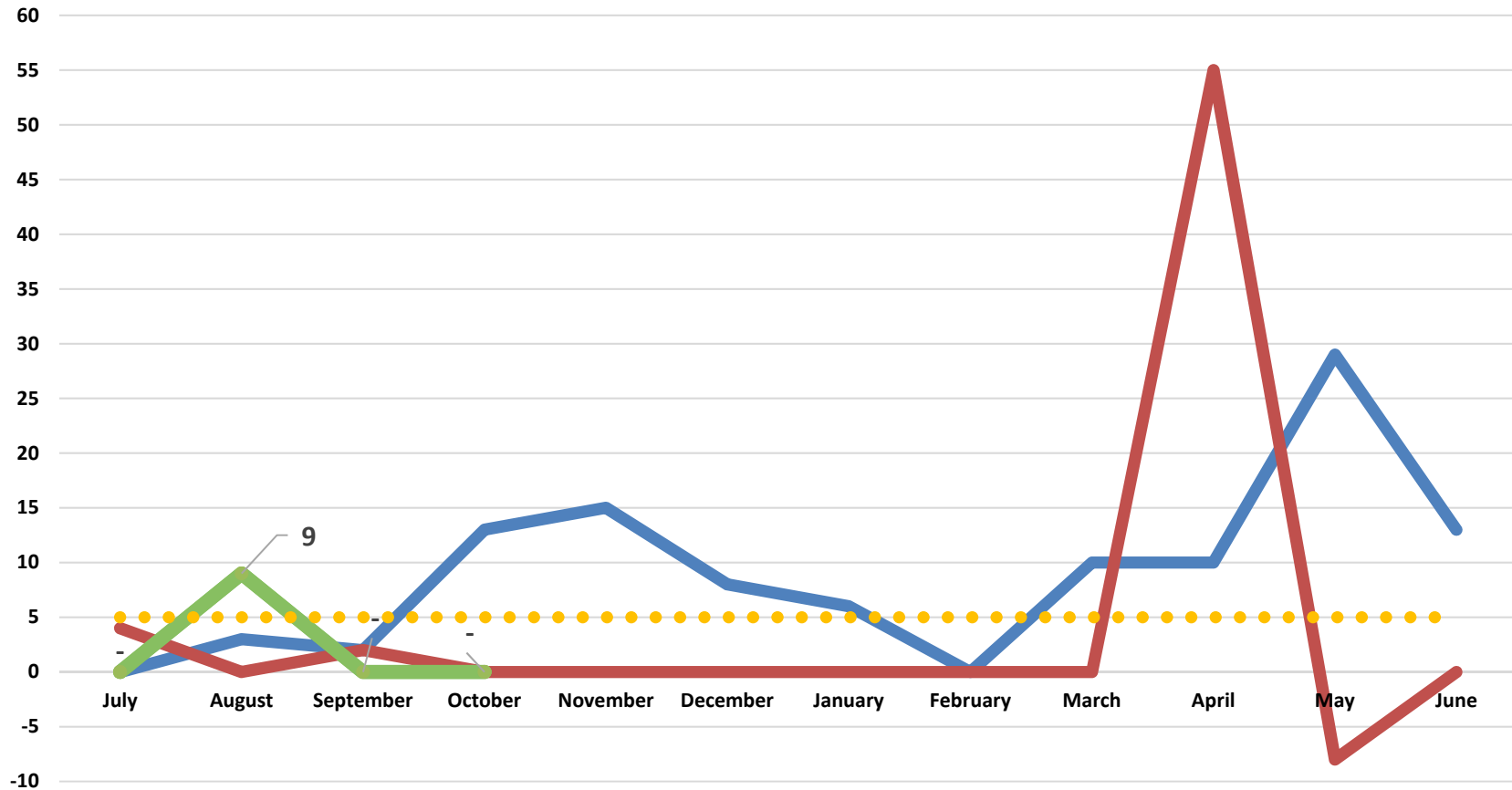


—●— FY2021   
 —●— FY2022   
 —●— FY2023   
 ●●● Budget

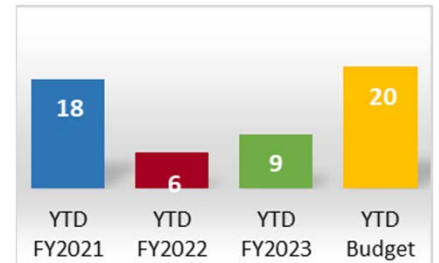
2,840	2,742	2,046	2,200
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

# CAPD/CCPD – Training Sessions

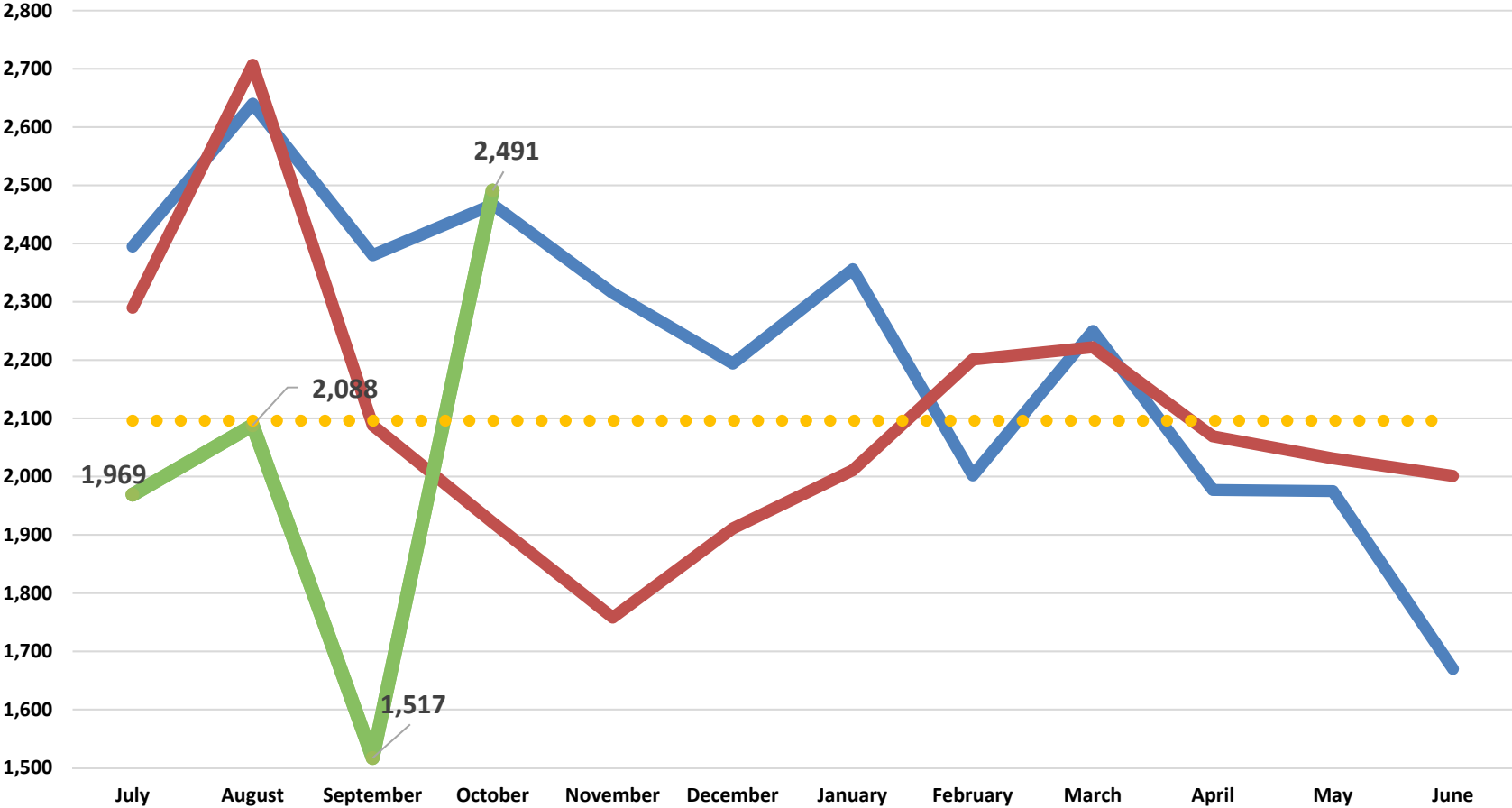
(Continuous peritoneal dialysis)



— FY2021   
 — FY2022   
 — FY2023   
 ●●● Budget



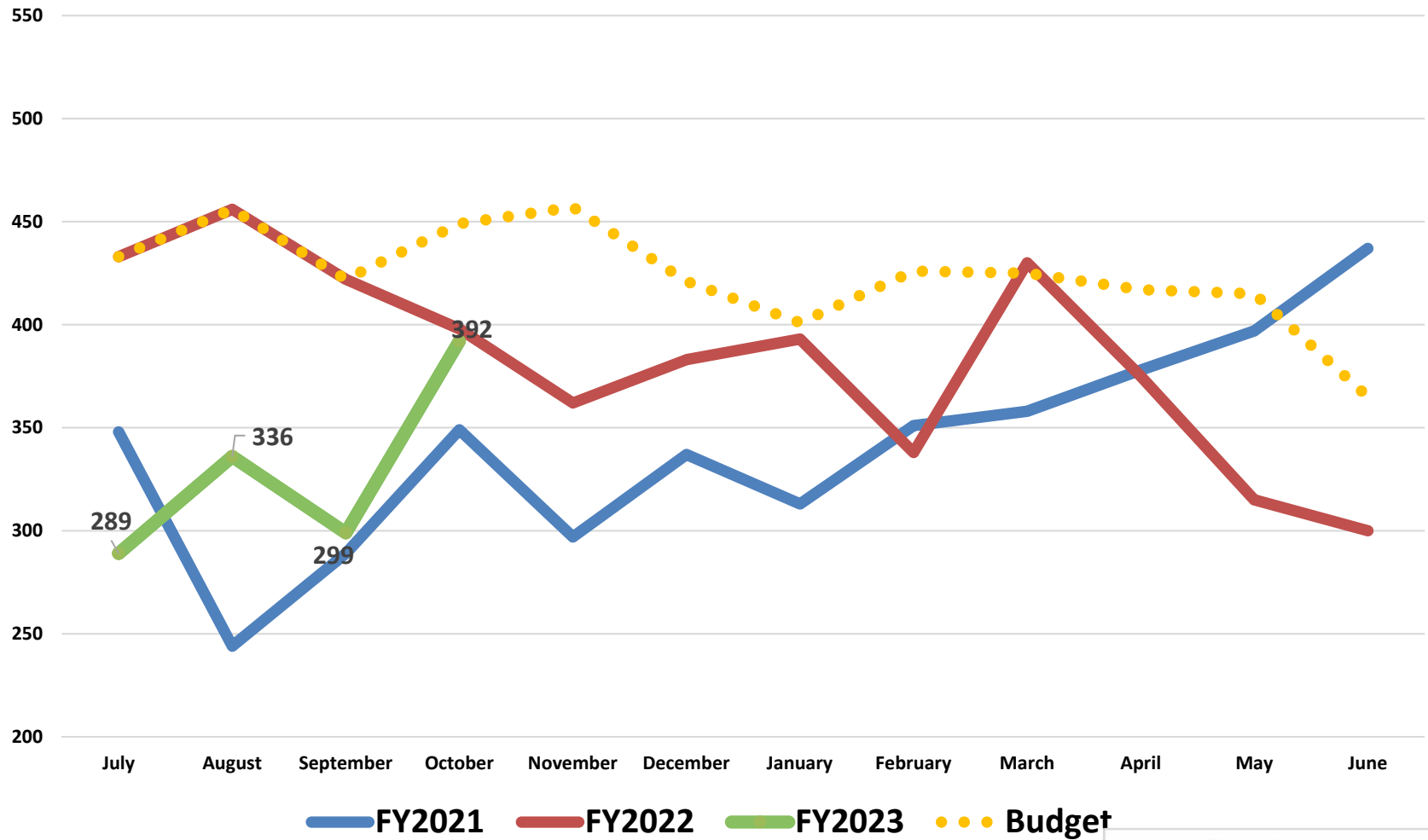
# All CAPD & CCPD



—●— **FY2021**   
 —●— **FY2022**   
 —●— **FY2023**   
 ●●● **Budget**

9,882	9,006	8,065	8,384
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

# Infusion Center – Outpatient Visits



1,230	1,709	1,316	1,760
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget