



May 17, 2024

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Wednesday, May 22, 2024:

- 4:00PM Open meeting to approve the closed agenda.
- 4:01PM Closed meeting pursuant to Government Code 54956.8, Government Code 54956.9(d)(1), Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155.
- 5:00PM Open meeting.

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

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

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

KAWEAH DELTA HEALTH CARE DISTRICT
David Francis, Secretary/Treasurer

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

Kelsie Davis
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

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



KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

Wednesday May 22, 2024 {Regular Meeting}

OPEN MEETING AGENDA {4:00PM}

- 1. CALL TO ORDER**
- 2. APPROVAL OF AGENDA**
- 3. PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Kelsie Davis 559-624-2330) or kedavis@kaweahhealth.org to make arrangements to address the Board.
- 4. APPROVAL OF THE CLOSED AGENDA – 4:01PM**
 - 4.1. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2).
Ben Cripps, Chief Compliance & Risk Officer and Rachele Berglund, Legal Counsel
 - 4.2. QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.
Ben Cripps, Chief Compliance & Risk Officer and Rachele Berglund, Legal Counsel
 - 4.3. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2).
Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel
 - 4.4. CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(1).

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

- Martinez (Santillian) v KDHCDC Case # VCU279163
- Stanger v Visalia Medical Center Case # VCU284760
- Franks v KDHCDC Case #VCU290542
- Burns-Nunez v KDHCDC Case# VCU293109
- Oney v KDHCDC Case # VCU293813
- Parnell v Kaweah Health Case # VCU292139
- Benton v KDHCDC Case # VCU295014
- Cano v KDHCDC Case # VCU300701
- Gress v KDHCDC Case # VCU294286
- Kingsbury v KDHCDC Case # 299220
- Newport v KDHCDC Case # VCU295708
- Olivares v KDHCDC Case # VCU298480
- Vanni v KDHCDC Case # VCU299235
- M. Vasquez v KDHCDC Case # VCU297964
- Borba v KDHCDC Case # VCU301816
- Zamudio v KDHCDC Case # 302284
- Apkarian-Souza v KDHCDC Case # VCU303650
- Pendleton v KDHCDC Case #305571

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

Daniel Hightower, MD, Chief of Staff

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

Daniel Hightower, MD, Chief of Staff

- 4.7. **APPROVAL OF THE CLOSED MEETING MINUTES** –April 24, 2024.

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

Action Requested – Approval of the May 22, 2024, closed meeting agenda.

5. ADJOURN

CLOSED MEETING AGENDA {4:01PM}

1. **CALL TO ORDER**
2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2).
Ben Cripps, Chief Compliance & Risk Officer and Rachele Berglund, Legal Counsel
3. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.
Ben Cripps, Chief Compliance & Risk Officer and Rachele Berglund, Legal Counsel
4. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2).
Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel
5. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(1).
Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel

Martinez (Santillian) v KDHCD Case # VCU279163
Stanger v Visalia Medical Center Case # VCU284760
Franks v KDHCD Case #VCU290542
Burns-Nunez v KDHCD Case# VCU293109
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Kingsbury v KDHCD Case # 299220
Newport v KDHCD Case # VCU295708
Olivares v KDHCD Case # VCU298480
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M. Vasquez v KDHCD Case # VCU297964
Borba v KDHCD Case # VCU301816
Zamudio v KDHCD Case # 302284
Apkarian-Souza v KDHCD Case # VCU303650
Pendleton v KDHCD Case #305571
6. **CREDENTIALING** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.

Daniel Hightower, MD, Chief of Staff

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

Daniel Hightower, MD, Chief of Staff

8. **APPROVAL OF THE CLOSED MEETING MINUTES** –April 24, 2024.

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

Action Requested – Approval of the April 24, 2024, closed minutes.

9. **ADJOURN**

OPEN MEETING AGENDA {5:00PM}

1. **CALL TO ORDER**

2. **APPROVAL OF AGENDA**

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

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

5. **OPEN MINUTES** – Request approval of the April 24, 2024, open minutes.

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

Action Requested – Approval of the April 24, 2024, open minutes.

6. **RECOGNITIONS**

6.1. Presentation of [Resolution 2228 to Amanda Munoz](#), in recognition as the Kaweah Health World Class Employee of the month – May 2024 – *Director Levitan*

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

Daniel Hightower, MD, Chief of Staff

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

Action Requested – Approval of the May 22, 2024, medical staff credentials report.

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

Daniel Hightower, MD, Chief of Staff

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

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

Action Requested – Approval of the May 22, 2024, Consent Calendar

9.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Throughput](#)
- D. [Compliance Quarterly Report](#)
- E. Other Professional Service Reports:
 - E.1. [Outpatient Lab and Pathology](#)
 - E.2. [Sequoia Surgery Center](#)
 - E.3. [Orthopedics](#)

9.2. RESOLUTIONS

- A. [Resolution 2229](#) to Cheryl Clark in recognition of her 25 years of service and retirement.

9.3. CLAIMS

- A. Rejection of Claim – [Michaela Negrete v. Kaweah Health](#)
- B. Rejection of Claim – [Jennifer Smithson v. Kaweah Health](#)
- C. Rejection of Claim – [Roger Leroy Smithson Jr., v Kaweah Health](#)

9.4. POLICIES

- A. Administrative Policies
 - A.2. [AP. 134](#) Expenses Reimbursed by Foundation Restricted Funds- Reviewed
 - A.3. [AP. 148](#) Grants Policy – Revised
- B. Board Policies
 - B.4. [BOD 4](#) Executive Compensation – Revised
 - B.5. [BOD 5](#) Conflict of Interest – Revised

B.6. [BOD 6](#) Board Reimbursement or Travel and Service Clubs- Revised

B.7. [BOD 7](#) Presentation of Claims and Service Process – Revised

9.5. MEC

A. Privilege Form Revision – [Radiology](#)

B. Privilege Form Revision - [Gastroenterology](#)

10. [SURGICAL QUALITY IMPROVEMENT PROGRAM](#) – A review of key quality outcome and complication measures and associated action plans for the surgical populations. Christine Aleman, MSN, RN, Director of Cardiac & Surgical Services, Kyle Ota, Medical Director of Surgical Quality

11. [STRATEGIC PLAN – STRATEGIC GROWTH & INNOVATION](#) – Detailed review of Strategic Plan Initiative.

Ryan Gates, Chief Population Health Officer and JC Palermo, Director of Physician Recruitment

12. [FINANCIALS](#) – Review of the most current fiscal year financial results.

Malinda Tupper – Chief Financial Officer

13. REPORTS

13.1. [Chief Executive Officer Report](#) - Report on current events and issues.

Gary Herbst, Chief Executive Officer

13.2. [Board President](#) - Report on current events and issues.

Mike Olmos, Board President

CLOSED MEETING AGENDA

1. CALL TO ORDER

2. [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

3. ADJOURN

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Wednesday May 22, 2024

Page 6 of 6

*Mike Olmos – Zone I
President*

*Lynn Havard Mirviss – Zone II
Vice President*

*Dean Levitan, MD – Zone III
Board Member*

*David Francis – Zone IV
Secretary-Treasurer*

*Ambar Rodriguez – Zone V
Board Member*

5/17/2024 2:15:06 PM

7/345

Agenda item intentionally omitted

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY APRIL 24, 2024, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 4:01 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – Gary Herbst introduced Paul Stefanacci, MD, who is our new Chief Medical and Chief Quality Officer. Today is his first day and doing orientation with colleagues. Welcome!

Director Olmos asked for approval of the closed agenda.

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

PUBLIC PARTICIPATION – None.

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

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

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

R. Pendleton v KDHCD Case #305571

- 1.2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2).
Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management
- 1.3. **CONFERENCE WITH LEGAL COUSEL – EXISTING LITIGATION** – Pursuant to government code 54956.9(d)(1).
Pendleton vs. KDHCD
Rachele Berglund, Legal Counsel and Evelyn McEntire, Director of Risk Management
- 1.4. **CONFERENCE WITH LEGAL COUNSEL – QUALITY ASSURANCE** – pursuant to Health and Safety Code 32155 and 1461, report of first quarter quality assurance.
Rachele Berglund, Legal Counsel and Evelyn McEntire, Director of Risk Management
- 1.5. **CONFERENCE WITH LEGAL COUSEL – EXISTING LITIGATION** – Pursuant to government code 54956.9(d)(1)
KDHCD V. George Christiansen, etc.
Rachele Berglund, Legal Counsel and Marc Mertz, Chief Strategy Officer
- 1.6. **CONFERENCE WITH LEGAL COUSEL – EXISTING LITIGATION** – Pursuant to government code 54956.9(d)(1)
Diaz v. Kaweah Delta Health Care District
Tulare County Superior Court Case No.:VCU297155
Rachele Berglund, Legal Counsel and Dianne Cox, Chief Human Resource Officer
- 1.7. **CREDENTIALING** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.
Daniel Hightower, MD, Chief of Staff
- 1.8. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.
Daniel Hightower, MD, Chief of Staff
- 1.9. **APPROVAL OF THE CLOSED MEETING MINUTES** –March 27, 2024.
Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.
Action Requested – Approval of the April 24, 2024, closed meeting agenda.

ADJOURN - Meeting was adjourned at 4:04PM

Mike Olmos, President

Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer

Kaweah Delta Health Care District Board of Directors

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY APRIL 24, 2024, AT 5:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 5:15 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – N/A.

CLOSED SESSION ACTION TAKEN: Approval of the closed minutes from March 27, 2024

OPEN MINUTES – Requested approval of the open meeting minutes from March 27, 2024.

PUBLIC PARTICIPATION – None.

MMSC (Havard Mirviss/Rodriguez) to approve the open minutes from March 27, 2024,

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

RECOGNITIONS

Director Rodriguez presented Resolution 2223 to Michelle Hooper, in recognition as the Kaweah Health World Class Employee of the month – March 2024.

Director Rodriguez presented Resolution 2225 to Gale Thomas, in recognition of her 49 years of service and retirement.

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

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

- No report.

Public Participation – None.

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

MMSC (Havard Mirviss/Rodriguez) Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the Executive Committee of

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

CONSENT CALENDAR – Director Olmos entertained a motion to approve the April 24, 2024, consent calendar.

PUBLIC PARTICIPATION – None.

MMSC (Francis/Havard Mirviss) to approve the April 24, 2024, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis

MATERNAL CHILD HEALTH QUALITY REPORT – A review of key quality measures and actions plans focused and copy attached to the original of the minutes and to be considered a part thereof.

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

STRATEGIC PLAN – EMPOWER THROUGH EDUCATION – Detailed review of Strategic Plan Initiative and copy attached to the original of the minutes and to be considered a part thereof.
Lori Winston, MD, DIO, and Hannah Mitchell, Director of Organizational Development

INSTITUTIONAL GME PROGRAM REVIEW – Annual review of the 2023 initiatives of GME and copy attached to the original of the minutes and to be considered a part thereof.

Lori Winston, MD, DIO

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

Malinda Tupper – Chief Financial Officer

REPORTS

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

ADJOURN - Meeting was adjourned at 7:18PM

Mike Olmos, President

Kaweah Delta Health Care District and the Board of Directors

ATTEST:

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



RESOLUTION 2228

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Amanda Munoz with the World Class Service Excellence Award for the Month of May 2024, for consistent outstanding performance, and,

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

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

PASSED AND APPROVED this 22nd day of May 2024 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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

Physician Recruitment and Relations

Medical Staff Recruitment Report - May 2024

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

Date prepared: 5/15/2024

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

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

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

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

Stanford Health Care	
Cardiothoracic Surgery	1

Sequoia Cardiology Medical Group	
EP Cardiology	1

Oak Creek Anesthesia	
Anesthesia - General	1
Anesthesia - Cardiac	1

Valley Hospitalist Medical Group	
GI Hospitalist	1

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

Valley ENT	
Audiology	1
Otolaryngology	1

Mineral King Radiology Group	
Diagnostic Radiology	1
Interventional Radiology	1

Physician Recruitment and Relations
Medical Staff Recruitment Report - May 2024

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kaweahhealth.org - (559) 624-5456
 Date prepared: 5/15/2024

#	Specialty	Group	Date Added	Current Status
1	Vascular Surgery	South Valley Vascular	5/15/2024	Site Visit: Scheduling
2	OB/GYN	Kaweah Health Exeter	4/23/2024	Currently under review
3	Intensivist	Sound Physicians	4/9/2024	Site Visit: 4/11/2024
4	ENT	Valley ENT	4/9/2024	Currently under review
5	General Surgery	TBD	4/9/2024	Site Visit: Scheduling
6	Pulmonology	TBD	4/9/2024	Currently under review
7	Urology	TBD	4/9/2024	Site Visit: 6/11/2024
8	Urology	TBD	4/9/2024	Site Visit: 4/24/2024
9	EP Cardiology	TBD	4/9/2024	Currently under review
10	Pediatric Hospitalist	Valley Children's	4/4/2024	Site Visit: 4/8/2024
11	Gastroenterology	TBD	3/29/2024	Prescreen call pending
12	ENT	Valley ENT	3/29/2024	Site Visit: 6/14/24
13	CT Cardiac Surgery	TBD	3/29/2024	Currently under review
14	ENT	Valley ENT	3/29/2024	Currently under review
15	EP Cardiologist	TBD	3/29/2024	Prescreen call pending
16	Pediatric Hospitalist	Valley Children's	3/29/2024	Site Visit: 4/12/2024
17	Intensivist	Sound Physicians	3/29/2024	Site Visit: 3/20/2024
18	Intensivist	Sound Physicians	3/29/2024	Site Visit: 3/20/2024
19	Intensivist	Sound Physicians	3/29/2024	Site visit: 3/14/2024
20	OB/GYN	Visalia OB/GYN	3/29/2024	Currently under review
21	Cardiac Anesthesia	Oak Creek Anesthesia	3/15/2024	Site Visit: 4/18/24
22	Anesthesia - OB	Oak Creek Anesthesia	2/7/2024	Currently under review
23	Orthopedic Hand Surgeon	Orthopaedic Associates Medical Clinic, inc	2/2/2024	Leadership call pending
24	EP Cardiologist	TBD	2/2/2024	Currently under review
25	EP Cardiology	TBD	9/11/2023	Currently under review
26	Family Medicine	TBD	6/21/2023	Currently under review
27	Family Medicine	TBD	6/21/2023	Currently under review

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

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



Kaweah Health Medical Center

FY 2024 Strategic Plan

Monthly Performance Report

May 22, 2024



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



Kaweah Health

MORE THAN MEDICINE. LIFE ^{74/345}

Kaweah Health Strategic Plan: Fiscal Year 2024

Our Mission

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

Our Vision

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

Our Pillars

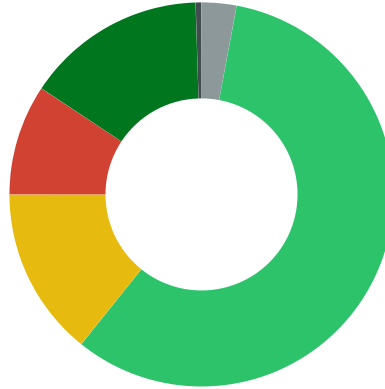
Achieve outstanding community health.
 Deliver excellent service.
 Provide an ideal work environment.
 Empower through education.
 Maintain financial strength.

Our Six Initiatives

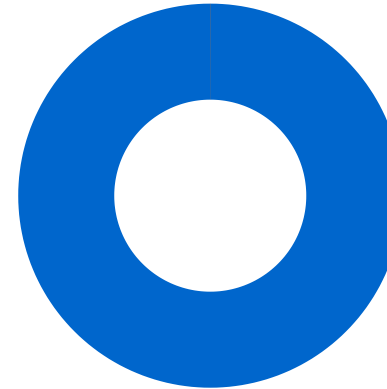
Empower Through Education
 Ideal Work Environment
 Strategic Growth and Innovation
 Organizational Efficiency and Effectiveness
 Outstanding Health Outcomes
 Patient Experience and Community Engagement

Kaweah Health Strategic Plan FY2024 Overview

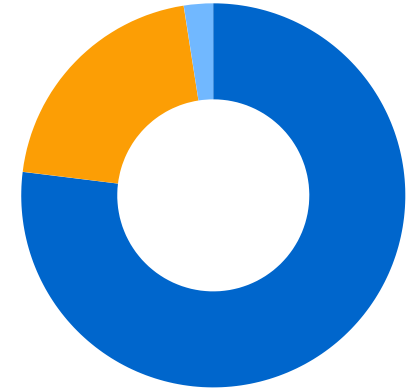
Statuses



Due Dates



Progress Updates



● Not Started	6	(3%)
● On Track	118	(58%)
● Off Track	29	(14%)
● At Risk	19	(9%)
● Achieved	31	(15%)
● Canceled	1	(0%)

● Not Past Due	155	(100%)
● Past Due	0	(0%)

● Up-to-Date	157	(77%)
● Late	42	(21%)
● Pending	5	(2%)

Empower Through Education

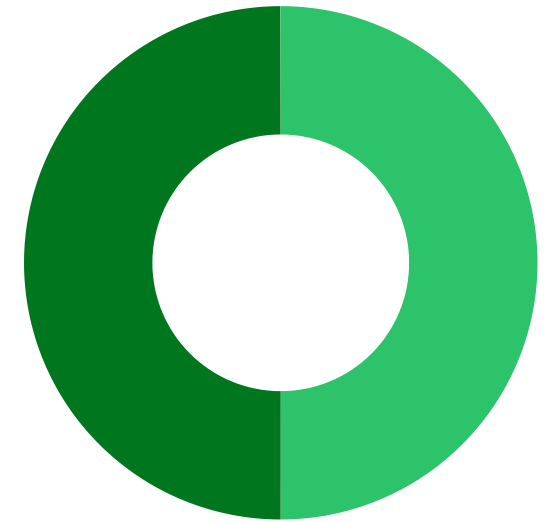
Champions: Dr. Lori Winston and Hannah Mitchell

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

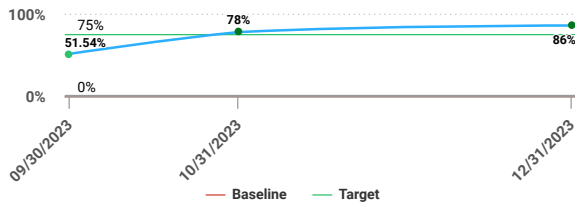
FY2024 Strategic Plan - Empower Through Education Strategies

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

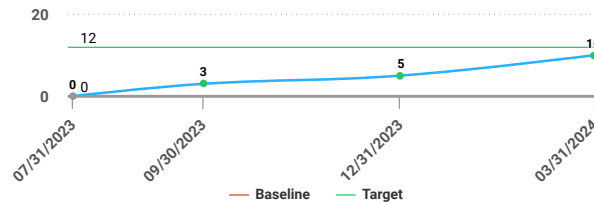
Objectives and Outcomes



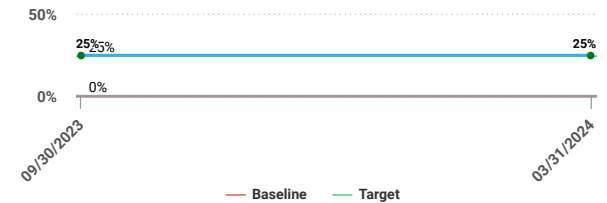
Automate the Week One Onboarding and Orientation Competencies for Patient Care Staff



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



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



Ideal Work Environment

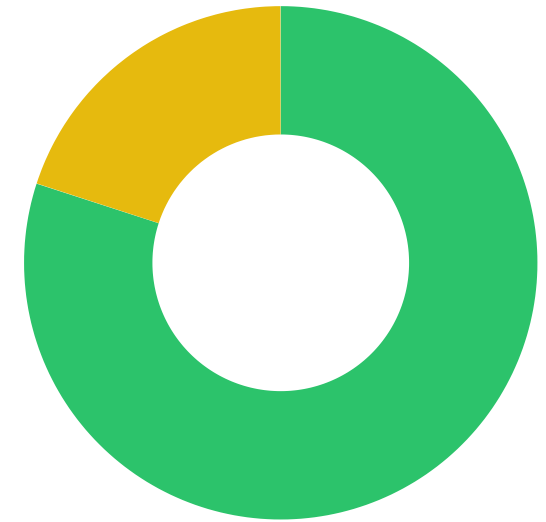
Champions: Dianne Cox and Raleen Larez

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

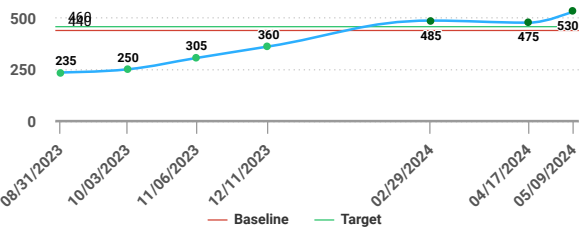
FY2024 Strategic Plan - Ideal Work Environment Strategies

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

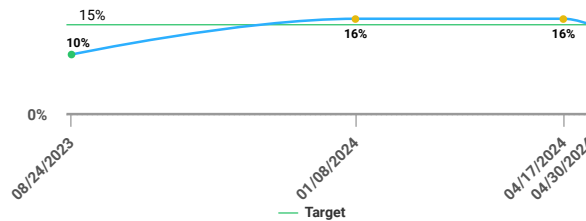
Objectives and Outcomes



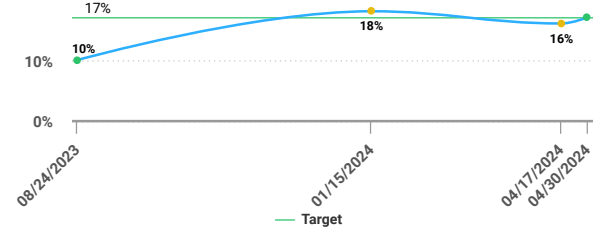
Increase to 460 Volunteers (by 6/30/24)



Decrease Overall KH Turnover Rate (< 15%)



Decrease Nursing Turnover Rate (< 17%)



Strategic Growth and Innovation

Champions: Ryan Gates and JC Palermo

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

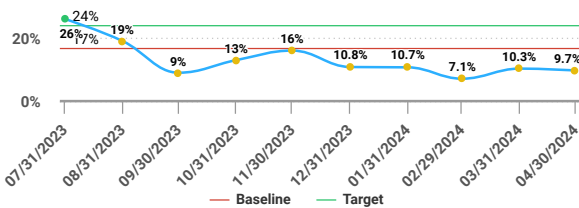
FY2024 Strategic Plan - Strategic Growth and Innovation Strategies

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

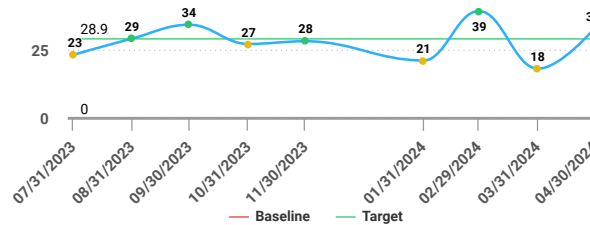
Objectives and Outcomes



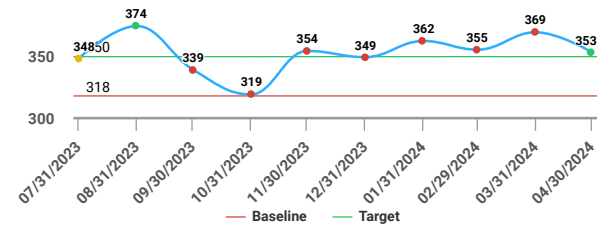
Increase the Percentage of Coronary Artery Bypass Graph Surgery Cases that are Elective



Increase Number of Urology Surgery Cases



Increase Monthly Endoscopy Case Volume



Organizational Efficiency and Effectiveness

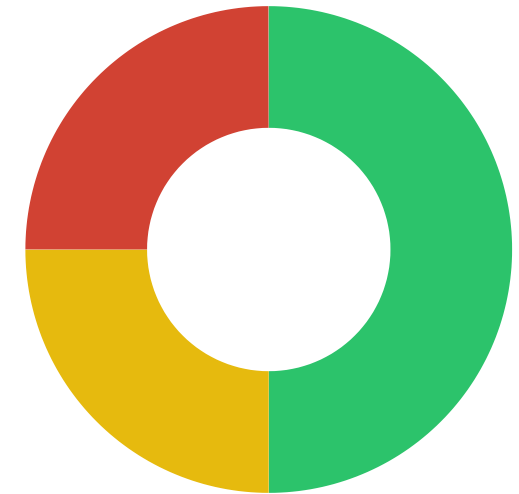
Champions: Jag Batth and Rebekah Foster

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

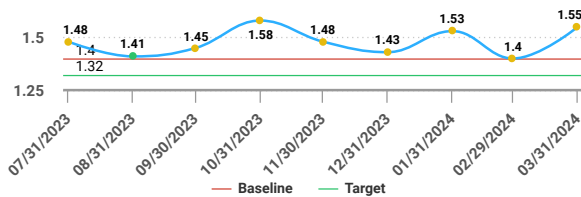
FY2024 Strategic Plan - Organization Efficiency and Effectiveness Strategies

#	Name	Description	Status	Assigned To	Last Comment
4.1	Patient Throughput and Length of Stay	Implement patient flow processes that are effective and efficient to improve patient throughput and lower the overall Length of Stay.	Off Track	Keri Noeske	All length of stay metrics moved up in March 2024. Work continues to identify opportunities to reduce length of stay. New project opportunities with improving efficiency with tests and treatments, expanding scope of case management, increasing engagement with non-hospitalist medical groups with discharges.
4.2	Increase Main and Cardiac Operating Room Efficiency/Capacity	Improve Operating Room Efficiency, Capacity and Utilization to meet surgery volume needs.	On Track	Lori Mulliniks	In April all metrics are moving in a positive direction. We are at goal related to reducing Main and Cardiac OR cancellation rates
4.3	Create a Process to Monitor Use of Tests and Treatments	Create and initiate a workgroup to identify areas of focus and establish benchmarks related to the use of tests and treatments.	On Track	Suzu Plummer	Benchmarks and goals have been established, as well as a monthly reporting process. Focus has shifted to efforts needed to move from benchmark to goal.
4.4	Optimize Revenue Cycle Efforts	Focus efforts on key revenue cycle metrics to increase collections and reduce denials.	At Risk	Frances Carrera	We are at risk of not meeting our goals related to reducing days in accounts receivable and point of care collections by the end of the fiscal year.

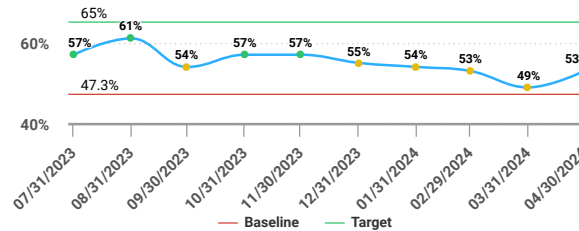
Objectives and Outcomes



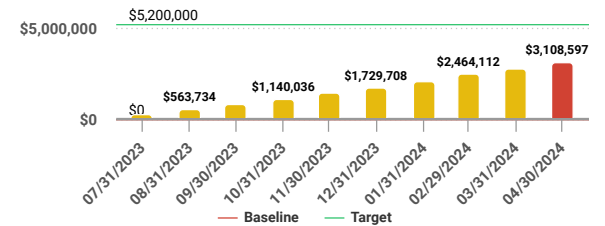
Decrease Inpatient Observed to Expected Length of Stay



Improve Elective Case Main Operating Room Utilization



Increase Front End Collections



Outstanding Health Outcomes

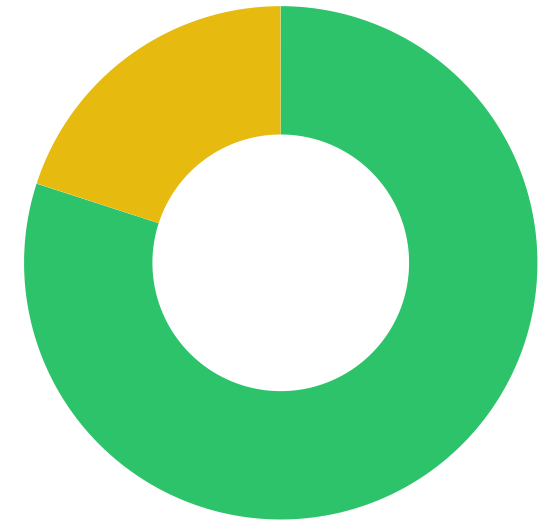
Champions: Dr. LaMar Mack and Sandy Volchko

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

FY2024 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To	Last Comment
5.1	Standardized Infection Ratio (SIR)	Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services	On Track	Sandy Volchko	Six strategies in progress to reduce Healthcare Acquired Infections (HAI): Reducing Line Utilization through Multidisciplinary Rounds in ICU and implementation of a Standardized Procedure to remove Indwelling urinary catheters; Reducing MRSA and HAIs through CHG skin decolonization, nasal decolonization, effective cleaning practices, improving hand hygiene compliance.
5.2	Sepsis Bundle Compliance (SEP-1)	Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.	On Track	Sandy Volchko	Multidisciplinary team identified root causes of non-compliance and is executing several strategies to address such as order set and documentation enhancements.
5.3	Mortality and Readmissions	Reduce observed/expected mortality through the application of standardized best practices.	On Track	Sandy Volchko	Best Practice Team members reconfigured, key performance indicators revised for each population and improvement strategy planning in process
5.5	Quality Improvement Program (QIP) Reporting	Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.	On Track	Sonia Duran-Aguilar	Proxy Performance out of Cozeva Population Health Tool shows Kaweah Health is meeting 9 Quality Measures out of 10; performance at 90% up from 30% earlier in the year. A lot of QI efforts in the RHCs to finish strong by the end of the year. Final Performance will be known by end of May 2024 for Calendar Year 2023.
5.6	Inpatient Diabetes Management	Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.	On Track	Sandy Volchko	

Objectives and Outcomes

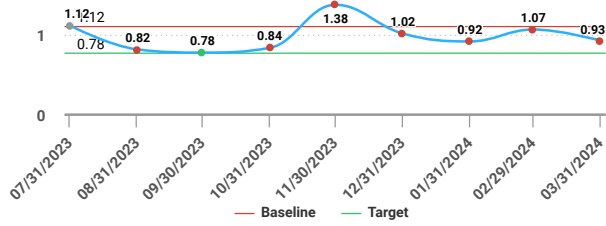


● On Track 4 (80%)
● Off Track 1 (20%)

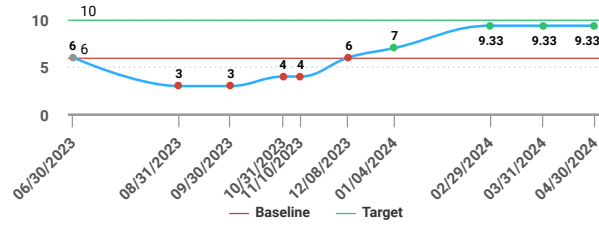
Outstanding Health Outcomes

Champions: Dr. LaMar Mack and Sandy Volchko

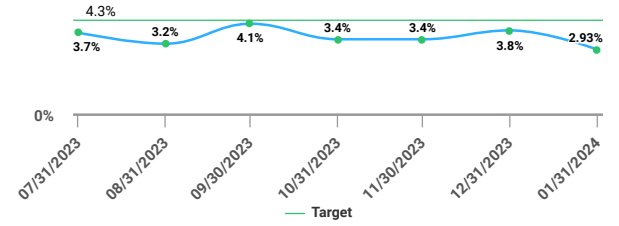
SEPSIS Mortality O/E



Meet 10 QIP Performance Measures



Hypoglycemia in Critical Care Patients (< 4.3%)



Patient and Community Experience

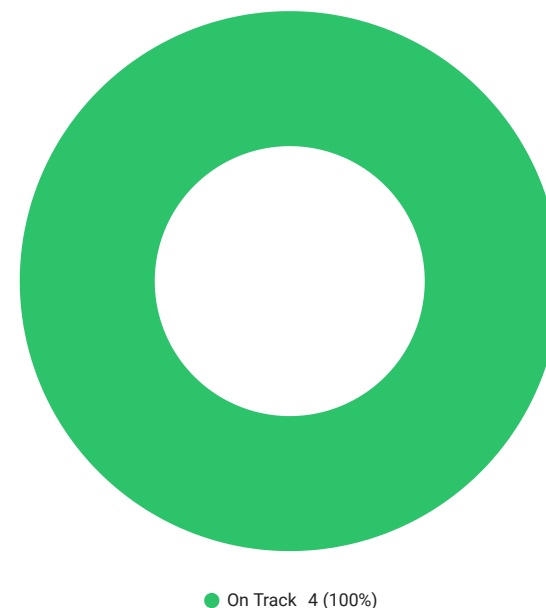
Champions: Keri Noeske and Deborah Volosin

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

FY2024 Strategic Plan - Patient and Community Experience Strategies

#	Name	Description	Status	Assigned To	Last Comment
6.1	Highlight World-Class Service/Outcomes (Hospitality Focus)	Develop strategies that provide our health care team the tools they need to deliver a world-class health care experience.	On Track	Keri Noeske	We use NRC for patient surveys. NRC identifies negative comments or concerns as Service Alerts with notification to leaders to allow for service recovery. Effective 3/1/24, inpatient units started responding to these alerts with resolutions tracked on a dashboard. The Executive Team and Kaweah Care Steering Committee review the Service Alert Dashboards at their monthly meetings.
6.2	Increase Compassionate Communication	To reach the 50th percentile in physician and nursing communication and responsiveness of staff on the HCAHPS survey.	On Track	Keri Noeske	A Compassionate Communication module was created by Organization Development and added to new employee orientation and the Learning Module in Workday.
6.3	Enhancement of Systems and Environment	To create a secure, warm and welcoming environment for patients and the community.	On Track	Keri Noeske	<p>We are enhancing our facilities and environment through continuous Facilities and EVS rounding. Departments now have updated flooring and staff lounges, additional trash cans have been placed around the main campus perimeter, and our teams are refurbishing the Mineral King Lobby and cafeteria to create a warmer, more modern environment.</p> <p>To address lost belongings, administrative assistants on each unit now have access to the lost belongings website and receive alerts for their areas, facilitating quicker recovery of items. Jenn Cooper, Executive Assistant in Administration, oversees all lost belongings alerts.</p>
6.4	Community Engagement	To provide an environment where community members and patients are able to assist staff in co-designing safe, high quality, and world-class care and services.	On Track	Deborah Volosin	The five advisory groups continue to meet on a monthly basis. Their feedback and concerns are taken into consideration as we look at our practices and procedures. We continue to do community webinars monthly and give updates on Kaweah Health at community meetings and forums.

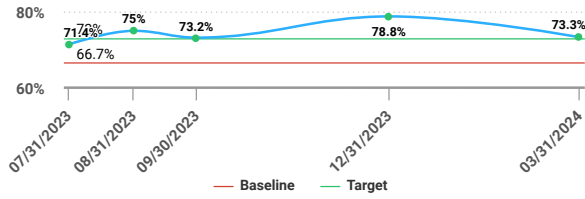
Objectives and Outcomes



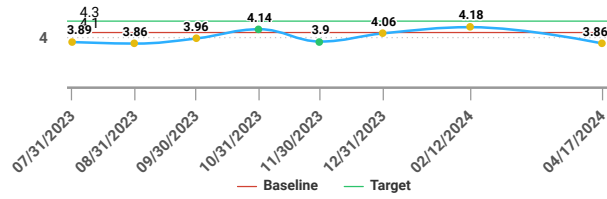
Patient and Community Experience

Champions: Keri Noeske and Deborah Volosin

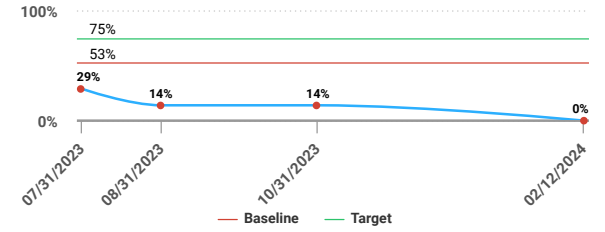
Achieve the 60th Percentile in Overall Rating Goal on HCAHPS Survey



Achieve 4.3 Patient Feedback Score Goal on ED Survey



Reunite 75% of Lost Belongings with Owners



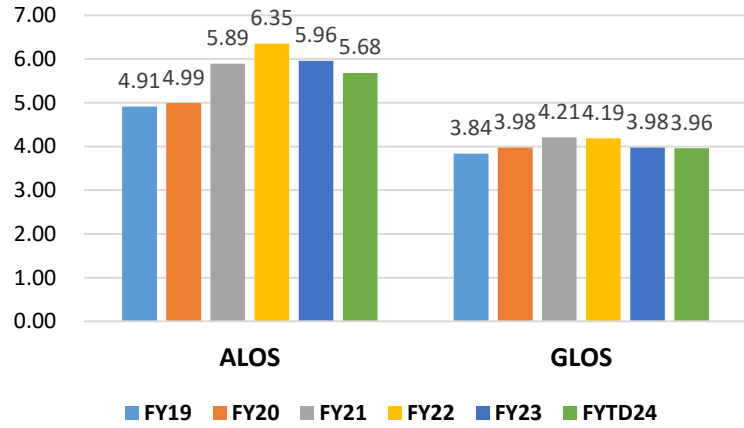
Throughput Steering Committee May 2024



kaweahhealth.org

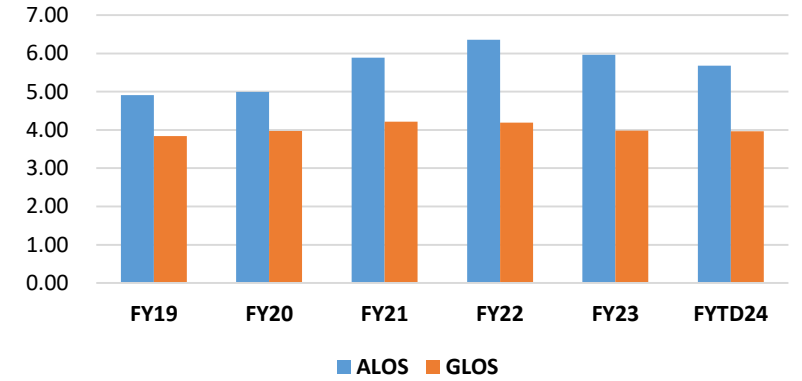


Trended ALOS and GMLOS

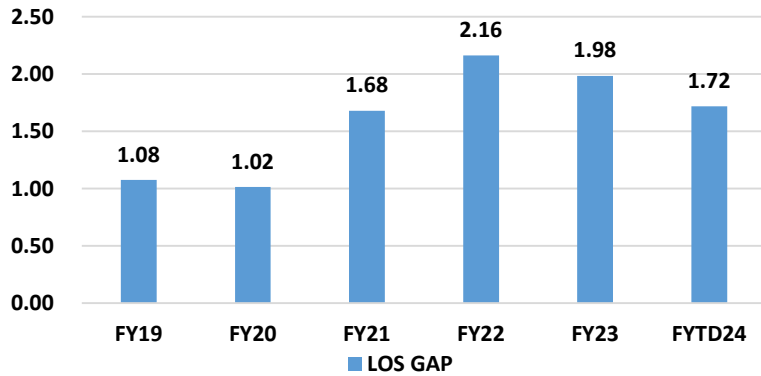


	ALOS	GLOS	LOS GAP
FY19	4.91	3.84	1.08
FY20	4.99	3.98	1.02
FY21	5.89	4.21	1.68
FY22	6.35	4.19	2.16
FY23	5.96	3.98	1.98
FYTD24	5.68	3.96	1.72

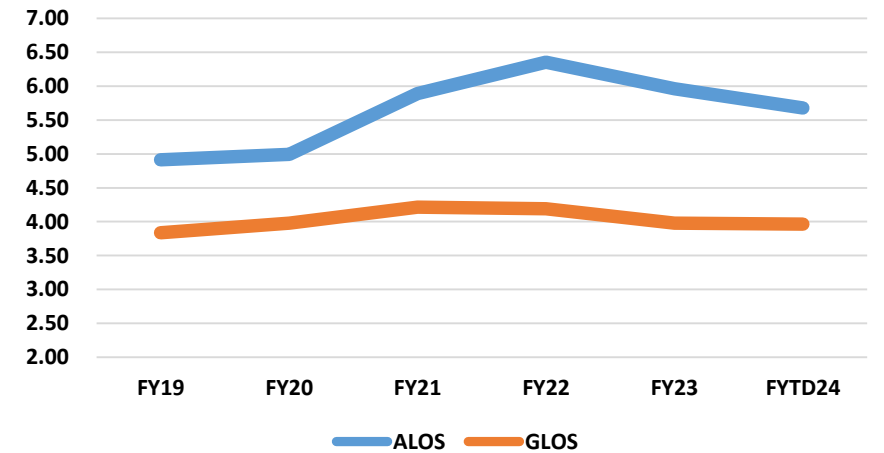
Trended ALOS and GMLOS



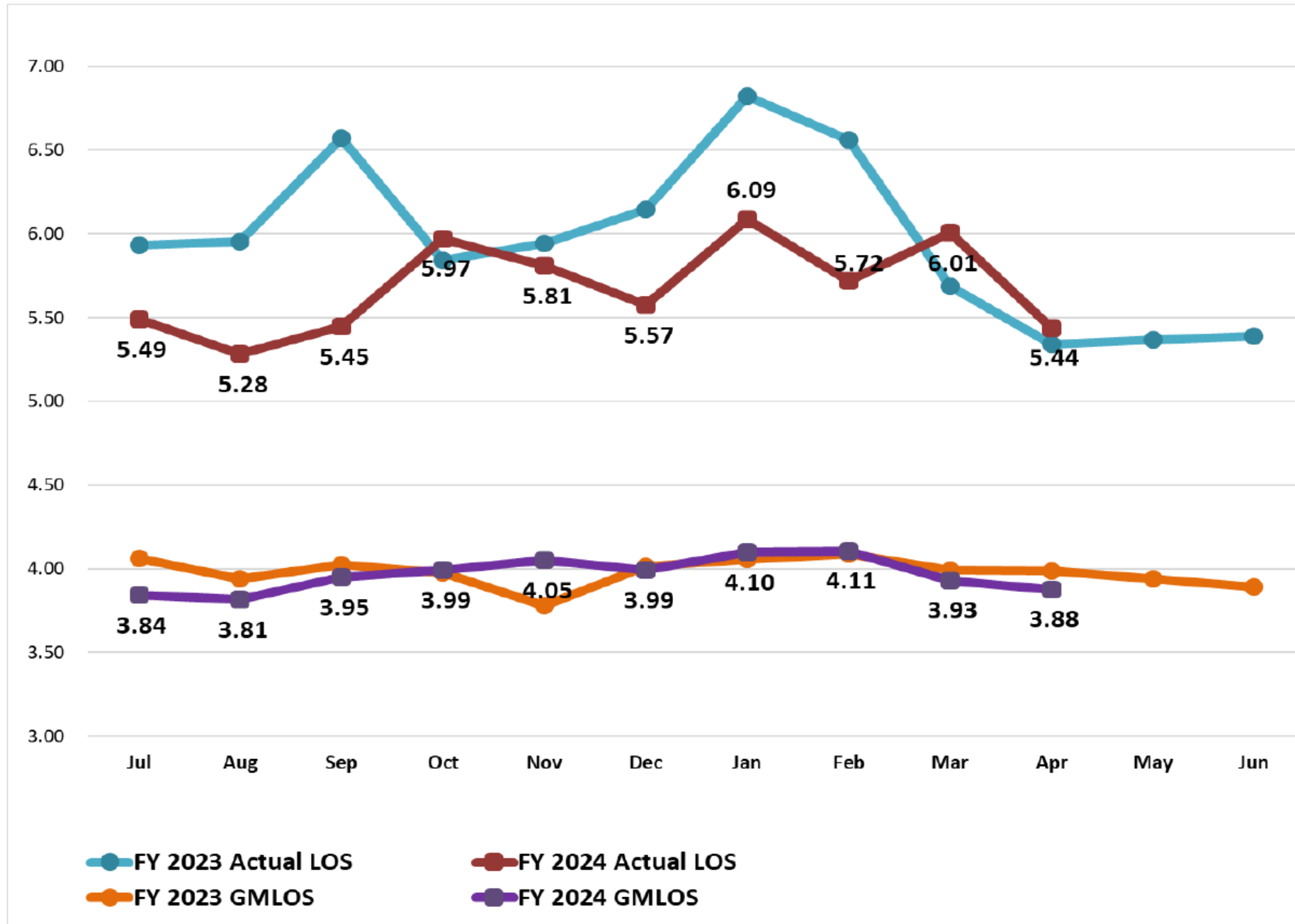
LOS GAP



Trended ALOS and GMLOS

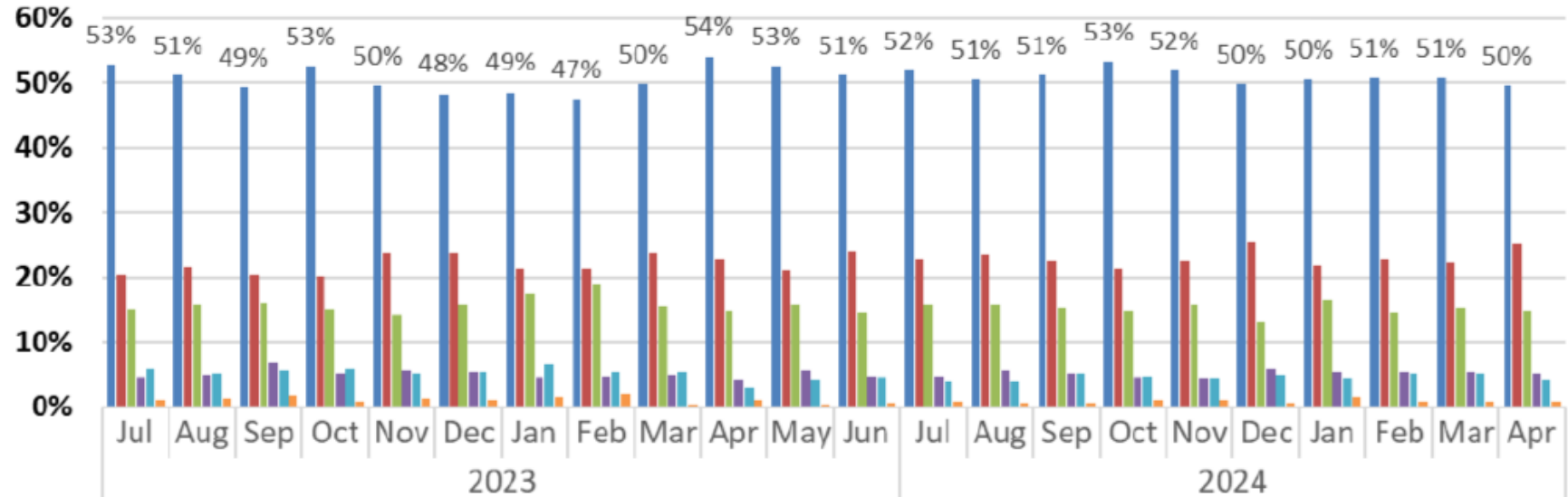


Average Length of Stay versus National Average (GMLOS)



Average Length of Stay Distribution

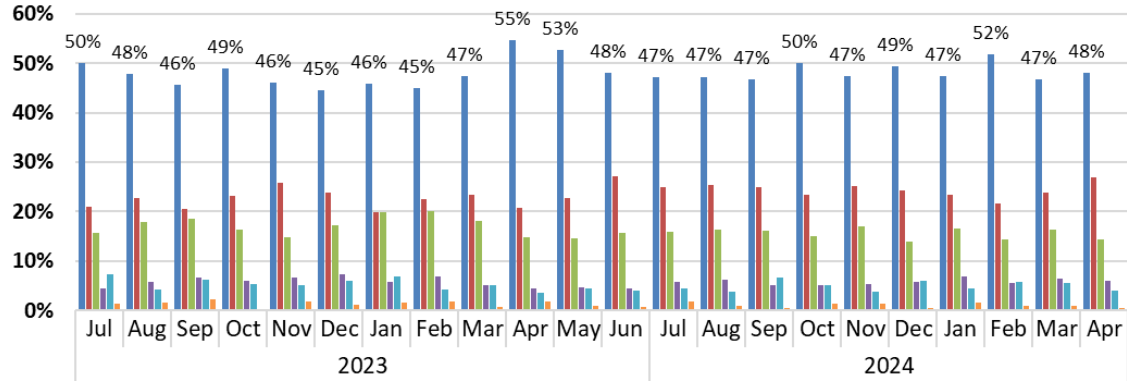
FY24 Overall LOS Distribution



at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	47%	50%	54%	53%	51%	52%	51%	51%	53%	52%	50%	50%	51%	51%	50%
1-2 days over GMLOS	20%	22%	20%	20%	24%	24%	21%	21%	24%	23%	21%	24%	23%	23%	23%	21%	22%	26%	22%	23%	22%	25%
2-6 days over GMLOS	15%	16%	16%	15%	14%	16%	17%	19%	16%	15%	16%	15%	16%	16%	15%	15%	16%	13%	16%	15%	15%	15%
6-10 days over GMLOS	5%	5%	7%	5%	6%	5%	5%	5%	5%	4%	6%	5%	5%	6%	5%	5%	4%	6%	6%	6%	5%	5%
10-30 days over GMLOS	6%	5%	6%	6%	5%	6%	7%	5%	5%	3%	4%	5%	4%	4%	5%	5%	4%	5%	4%	5%	5%	4%
30+ days over GMLOS	1.2%	1.2%	1.7%	1.0%	1.2%	1.1%	1.6%	1.9%	0.5%	1.2%	0.5%	0.8%	0.9%	0.8%	0.6%	1.1%	1.2%	0.7%	1.5%	1.0%	0.9%	0.9%

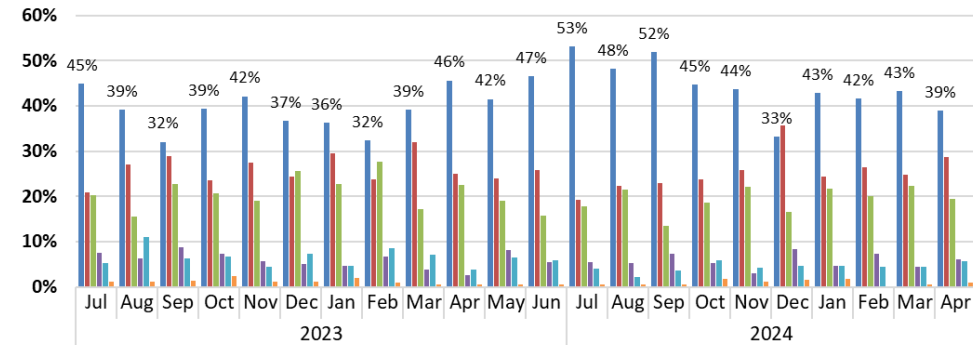
LOS Distribution

FY24 Hospitalist LOS Distribution



at GMLOS or Better	50%	48%	46%	49%	46%	45%	46%	45%	47%	55%	53%	48%	47%	47%	47%	50%	47%	49%	47%	52%	47%	48%
1-2 days over GMLOS	21%	23%	21%	23%	26%	24%	20%	22%	23%	21%	23%	27%	25%	25%	25%	23%	25%	24%	23%	22%	24%	27%
2-6 days over GMLOS	16%	18%	19%	16%	15%	17%	20%	20%	18%	15%	15%	16%	16%	16%	16%	15%	17%	14%	16%	14%	16%	14%
6-10 days over GMLOS	5%	6%	7%	6%	7%	7%	6%	7%	5%	5%	5%	4%	6%	6%	5%	5%	5%	6%	7%	5%	7%	6%
10-30 days over GMLOS	7%	4%	6%	5%	5%	6%	7%	4%	5%	3%	4%	4%	4%	4%	7%	5%	4%	6%	5%	6%	6%	4%
30+ days over GMLOS	1%	2%	2%	0%	2%	1%	2%	2%	1%	2%	1%	1%	2%	1%	1%	1%	1%	1%	2%	1%	1%	1%

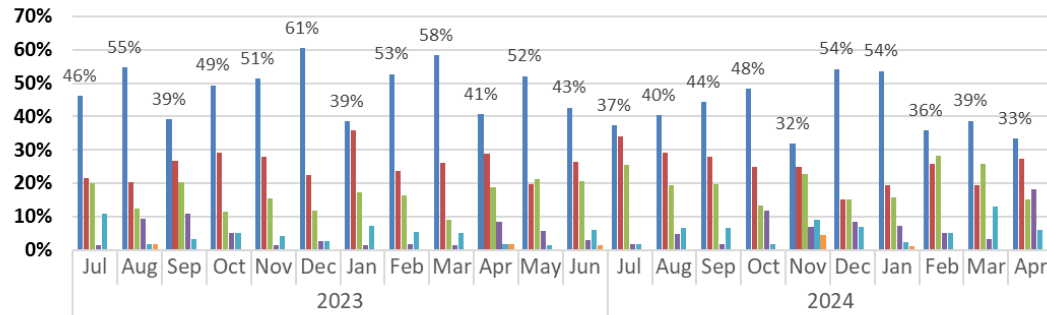
FY24 FHCN LOS Distribution



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

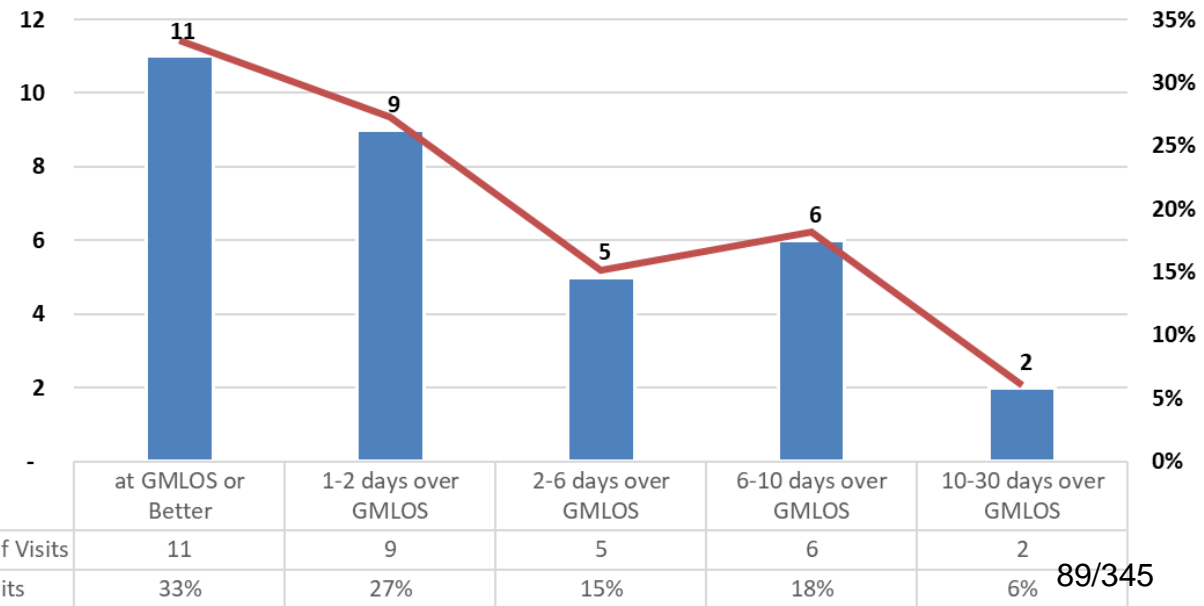
Humana LOS

FY24 Humana-Key Medical LOS Distribution



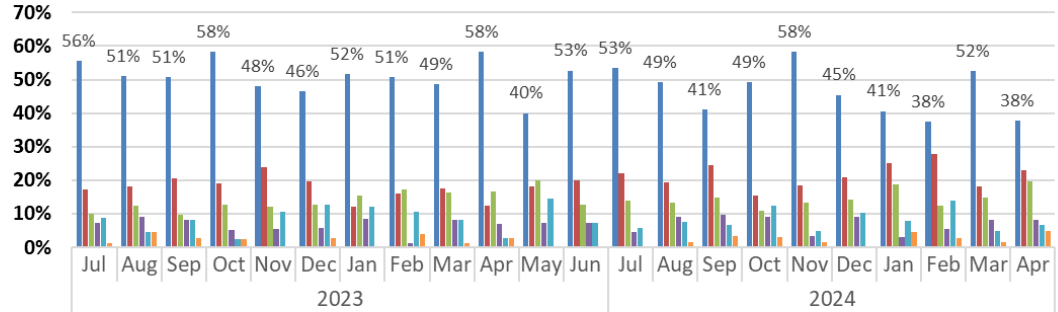
	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025
at GMLOS or Better	46%	55%	39%	49%	51%	61%	39%	53%	58%	41%	52%	43%	37%	40%	44%	48%	32%	54%	54%	36%	39%	33%
1-2 days over GMLOS	22%	20%	27%	29%	28%	22%	36%	24%	26%	29%	20%	26%	34%	29%	28%	25%	25%	15%	20%	26%	19%	27%
2-6 days over GMLOS	20%	13%	20%	11%	15%	12%	17%	16%	9%	19%	21%	21%	25%	19%	20%	13%	23%	15%	16%	28%	26%	15%
6-10 days over GMLOS	2%	9%	11%	5%	1%	3%	1%	2%	1%	8%	6%	3%	2%	5%	2%	12%	7%	8%	7%	5%	3%	18%
10-30 days over GMLOS	11%	2%	3%	5%	4%	3%	7%	5%	5%	2%	1%	6%	2%	6%	7%	2%	9%	7%	2%	5%	13%	6%
30+ days over GMLOS	0%	2%	0%	0%	0%	0%	0%	0%	0%	2%	0%	1%	0%	0%	0%	0%	5%	0%	1%	0%	0%	0%

Apr FY24 Humana-Key Medical LOS Distribution



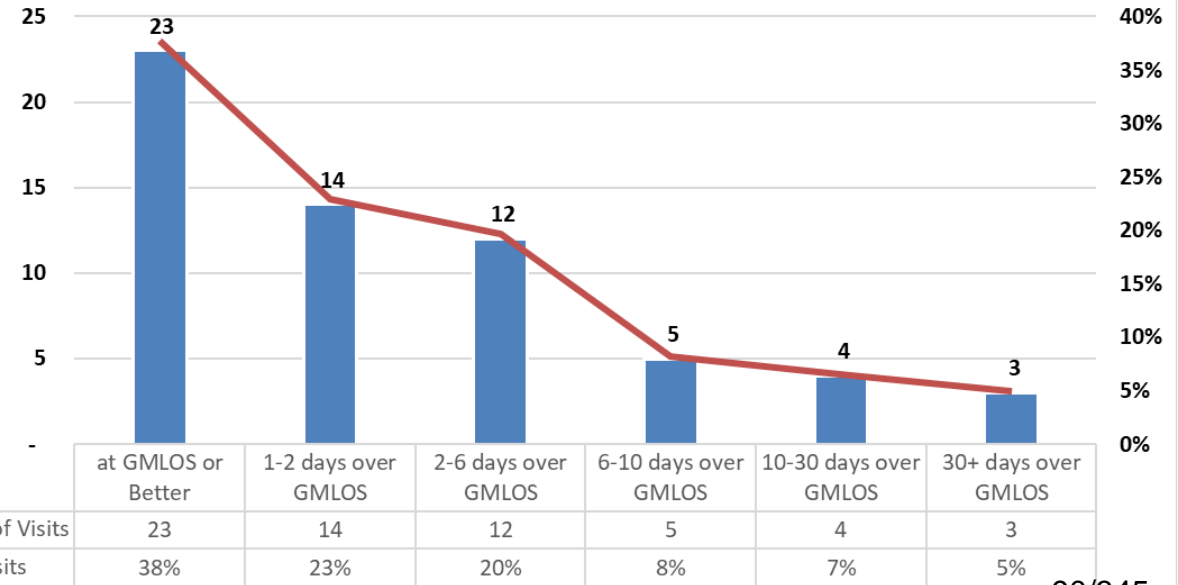
ACTSS LOS

FY24 ACTSS LOS Distribution



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
at GMLOS or Better	56%	51%	51%	58%	48%	46%	52%	51%	49%	58%	40%	53%	53%	49%	41%	49%	58%	45%	41%	38%	52%	38%
1-2 days over GMLOS	17%	18%	21%	19%	24%	20%	12%	16%	18%	13%	18%	20%	22%	19%	25%	15%	18%	21%	25%	28%	18%	23%
2-6 days over GMLOS	10%	13%	10%	13%	12%	13%	16%	17%	16%	17%	20%	13%	14%	13%	15%	11%	13%	14%	19%	13%	15%	20%
6-10 days over GMLOS	7%	9%	8%	5%	5%	6%	9%	1%	8%	7%	7%	7%	5%	9%	10%	9%	3%	9%	3%	6%	8%	8%
10-30 days over GMLOS	9%	5%	8%	3%	11%	13%	12%	11%	8%	3%	15%	7%	6%	7%	7%	12%	5%	10%	8%	14%	5%	7%
30+ days over GMLOS	1%	5%	3%	3%	0%	3%	0%	4%	1%	3%	0%	0%	0%	1%	3%	3%	2%	0%	5%	3%	2%	5%

Apr FY24 ACTSS LOS Distribution



Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

Age Group

(All)

Behavioral Health

(All)

Metric	Patient Type	Definition	Goal	Baseline**	Discharge Date				
					12/1/2023				4/30/2024
Observation Average Length of Stay (Obs ALOS) <i>(Lower is better)*</i>	Overall	Average length of stay (hours) for observation patients	36	44.46	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
					42.94	48.26	41.89	43.28	46.63
Inpatient Average Length of Stay (IP ALOS) <i>(Lower is better)*</i>	Overall	Average length of stay (days) for inpatient discharges	5.64	5.76	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
					5.56	6.09	5.72	6.01	5.44
Inpatient Observed-to-Expected Length of Stay <i>(Lower is better)**</i>	Overall	Observed LOS / geometric mean length of stay for inpatient discharges	1.32	1.47	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
					1.40	1.50	1.40	1.55	1.41
Discharges*	Inpatient	Count of inpatient discharges	N/A	1,368	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
		1,348	1,508	1,331	1,381	1,333			
	Observation	Count of observation discharges	N/A	424	480	386	392	372	465
		Overall	Count of inpatient and observation discharges	N/A	1,792	1,828	1,894	1,723	1,753

*All metrics above exclude Mother/Baby encounter data

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

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

Performance Scorecard

Leading Performance Metrics – Emergency Department

Age Group

(All)

Behavioral Health

(All)

Metric	Patient Type	Definition	Goal	Baseline**	Check In Date and Time				
					12/1/2023 12:00:00 AM				4/30/2024 11:59:59 PM
ED Boarding Time <i>(Lower is better)*</i>	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	150	310	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
	Observation	Median time (minutes) for admission order written to check out for observation patients	150	335	313	588	290	253	364
	Overall	Median time (minutes) for admission order written to check out for inpatient and observation patients	150	311	405	661	340	274	233
ED Admit Hold Volume <i>(Lower is better)*</i>	Overall >4 Hours	Count of patients (volume) with ED boarding time \geq 4 hours	N/A	607	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
					650	899	542	503	644
ED Length of Stay (ED LOS) <i>(Lower is better)*</i>	Discharged	Median ED length of stay (minutes) for discharged patients	214	284	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
	Inpatient	Median ED length of stay (minutes) for admitted patients	500	754	289	295	282	274	288
	Observation	Median ED length of stay (minutes) for observation patients	500	701	765	1,121	705	684	793
	Overall	Median ED length of stay (minutes) for admitted and discharged patients	N/A	333	705	1,106	722	628	729
ED Visits*	Discharged	Count of ED visits for discharged patients	N/A	6,363	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
	Inpatient	Count of ED Visits for admitted patients	N/A	1,191	7,107	6,380	5,925	6,407	6,156
	Observation	Count of ED Visits for observation patients	N/A	441	1,205	1,318	1,152	1,125	1,195
	Overall	Count of ED visits	N/A	7,995	477	412	405	425	451
				8,789	8,110	7,482	7,957	7,802	

*All metrics above exclude Mother/Baby encounter data.

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

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

Critical Issues / Barriers
<p>Critical Issues (e.g. Barriers): staffing challenges; alignment of staff incentives and organizational goals</p> <p>Deliverables:</p> <ul style="list-style-type: none"> • Clarify / update job descriptions and streamline corresponding workflows to allow Case Managers to operate at top of license • Interdisciplinary structure standard for daily care facilitation, discharge planning and corresponding training tools • Transparent anticipated discharge date for all care team and ancillary team members

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

Accomplishments / Next Steps

#	Milestones	Start Date	Due Date	Who	Status R/Y/G
1	LOS Barriers identification	11/14/23	7/24	Denice	●
2					

<p>Accomplishments:</p> <ul style="list-style-type: none"> • Discharge Lounge open and successfully taking patients. Increasing each month with patient bed hours saved. • Discharge nurse is also very successful. 13-18 patients discharged per day and 4-6 pts discharged by noon just through her efforts. <p>Next Steps:</p> <ul style="list-style-type: none"> • Working with the team to identify LOS barriers and will start working through workflow for those areas. Will have a list by July meeting. • Intently working on hiring second TS for consistency during week. • TS to work through Diagnostic and procedural delays. • Working on CM and CMA barriers to DC. • Conferring with payers on auth processes for DC to PACPs • Working with PACPs on accepting and reason for not, timely auth submittal.

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

Problem / Goals & Objectives / Metrics

Critical Issues / Barriers

Problem Statement: Average ED length of stay (LOS) is longest at 7 hours on Wednesdays despite being the 4th highest day from a volume perspective; Wednesdays also have the longest average ED LOS for admitted patients (11.7 hours), coinciding with Hospitalists' switch day

Critical Issues (e.g. Barriers): Staffing limitations: nursing, case management, etc.; changing patient acuity, discrepancies between admission criteria between ED and inpatient providers; alignment of staff incentives and organizational goals

Goals and Objectives: Decrease ED boarding time and ED admit hold volume by streamlining processes for admitting patients from the ED to inpatient units

Deliverables:

Metrics: ED boarding time overall 300 minutes, ED admit hold volume by time of day, ED average length of stay for admitted patients 736 minutes, bed request order / admission order volume by time of day, and bed assign to bed occupy (by level of care)

- Updated inpatient admission criteria policy, ED admission criteria, and corresponding training tools
- Interdisciplinary structure standard for ED to inpatient admission process and corresponding training tools

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

Accomplishments / Next Steps

#	Milestones	Start Date	Due Date	Who	Status R/Y/G
1	Initiating RN:RN hand-off, mitigating delays (sent to Clin ED for essential info flier for implementation)	August	July 24	Denice	●
2	ED launch point auto update with bed status with Cap-man go live	May 2022	July 24	Denice	●
3	Data capture from capman for time bed assignment received clean and ready bed to time pt arrives on unit	January 2023	June 24	Denice	●

- 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
 - initiation of the RN:RN hand off guiding principals has been implemented.
 - Work with ED and 1E teams to develop workflow for transporting pts to floor in a timely manner instead of waiting for transport.

- Next Steps:**
- Create baseline data on order to bed times, bed assign to actual arrival on unit times.
 - Tease data out to include census color, day of the week, staffing trends.
 - Ensure admitting providers are putting in orders timely, analyze processes for decision to admit.

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

Problem / Goals & Objectives / Metrics

Critical Issues / Barriers

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

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

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

Deliverables:

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

Overall Obs LOS: Nov. 43.67, Dec. 43.63, Jan. 49.26, Feb. 41.85, Mar. 43.18, Apr. 46.63
2S Obs LOS: Nov. 42.10, Dec. 46.07, Jan. 51.48, Feb. 42.91, Mar. 41.09, Apr. 47.26

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

Accomplishments / Next Steps

#	Milestones	Start Date	Due Date	Who	Status R/Y/G
1	Select outpatient procedure process: Treadmill, NM Stress Test, NM Treadmill, Holter Monitoring outpatient scheduling while admitted process - Finalized information on how patient results are followed up on since orders are not placed by the PCP, provider fees paid, etc.	5/8/23	Tentative Go Live 6/1/24	Tracy/Cheryl/Donna/Michael/Renee/Emma	●
2	Meeting with key healthcare plans to evaluate if prior authorization if required can be changed to not required. Key Medical Group is very interested so far, taking to their Board for final decision May/June.	11/23	Ongoing	Kim F./Suzy/Emma	●

Accomplishments:

- Observation dashboard ready for use 10/2023. April power plan usage 17.25% (up from 11.11% in Jan)
- PCP follow up process and resources finalized
- Medical observation patients are prioritized for placement on 2S
- Observation Powerplan updates went live 11/28/23: education to providers sent 11/27, Emma presented at Valley Hospitalist meeting 11/21, attended Department of Critical Care, Pulmonary Medicine & Adult Hospitalist meeting 12/18 to educate as well

Next Steps:

- Outpatient Procedure process implementation
- Review Observation Dashboard and share with key stakeholders: data shared with Director of Hospitalists 5/8/24 (Dr. Said)

COMPLIANCE PROGRAM ACTIVITY REPORT – Open Meeting
Ben Cripps, Chief Compliance and Risk Officer
February 2024 through April 2024

EDUCATION

Live Presentations

- Compliance and Patient Privacy – New Hire Orientation
- Compliance and Patient Privacy – Management Orientation
- Compliance and Patient Privacy – Tulare Rural Health Clinic
- Compliance and Patient Privacy – Woodlake Rural Health Clinic
- Patient Registration Collaboration Meeting – Patient Access Leaders

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

- Physician Gifts / Non-Monetary Compensation Limits 2024
- Email Encryption
- District Facsimile and Email Communication
- Code of Conduct

PREVENTION AND 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 areas 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
- **Patient Privacy Walkthrough** – Monthly observations of privacy practices throughout Kaweah Health; issues identified communicated to area Management for follow-up and education
- **User Access Privacy Audits** – Daily monitoring of user access to identify potential privacy violations
- **Office of Inspector General (OIG) Exclusion Attestations** – Quarterly monitoring of department OIG Exclusion List review and attestations

OVERSIGHT

- **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
- **Medicare Recovery Audit Contractor (RAC) and Medicare Probe Audit Activity** – Records preparation, tracking, appeal timelines, and reporting
- **Licensing Applications and Medi-Cal/Medicare Facility Enrollment** – 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. Applications currently in process:
 - Hospice Medicare revalidation
 - Sequoia Regional Cancer Center Medical Oncology
- **KD Hub Non–Employee User Access** – Oversight and administration of non-employee user onboarding, privacy education, and user profile tracking; evaluate, document, and respond to requests for additional system access; on-going management of non-employee KD Hub users; the annual renewal process with the new Compliance 360 workflow is currently in process
- **Operational Compliance Committee** – Consultation, oversight, and prevention; Comprised of eight (8) high-risk departments including Patient Accounting, Health Information Management, Revenue Integrity, Case Management, Patient Access and Clinical Documentation Improvement (CDI) Department, Radiology, and Rural Health Clinics. Meetings held bi-monthly to discuss regulations, policies, auditing and monitoring, and educational efforts within the departments.
- **Business Associate Agreements** – Oversight; Review of Business Associate Agreement template to ensure alignment with Federal and California state privacy laws. Template updated and published on the Kaweah Health intranet for ease of access.
- **Compliance Program Effectiveness Tool** – Oversight; A comprehensive Compliance Program Effectiveness Assessment, modeled after the Office of Inspector General’s published resource document to evaluate strengths and opportunities of the program. The assessment measured over 500 elements and was used as the basis for the development of many of the Compliance department’s annual plan. The following items have been thoughtfully reviewed and developed.

Objective	Task Completed
Compliance Policy Review: Regulatory assessment, effectiveness, and standardization	A review of Compliance policies conducted; updated regulatory language where necessary. Review to occur in alignment with policy expiration
Compliance Program team competency assessment tool	Developed competency tool for Compliance Analysts in alignment with Health Care Compliance Association (HCCA). Desired outcome to identify gaps and develop plan for advancing knowledge and skillsets.

Risk-Based Compliance Education: Further refine compliance education to focus on high-risk topics identified through hotline calls, HR matters, audits, and MAT question analysis. Identify gaps and implement focused education	Assessment of MAT quiz results to identify gap trends. Reviewed logs for Compliance issues, anonymous calls, HR issues. Data to be used to develop Annual Compliance Education hot topics.
Investigation Process: Develop written protocol for investigations to be conducted to ensure consistency and in accordance to policy	Developed written protocol for Compliance and Privacy Investigations in accordance with policy.
New Service line/facility orientation program: Ensure Compliance responsibilities are understood and implemented with new service lines and facilities	Process developed to outline Compliance program responsibilities for new facilities/service lines, including resources available
Policy Communication: Implement communication strategy to notify employees when substantial updates are made to Compliance policies	Communication process developed to notify employees when substantial changes are made to Compliance policies, as they impact the entire organization.

RESEARCH & CONSULTATION

- **Medicare Letters Important Message from Medicare (IMM) & Medicare Outpatient Observation Notice (Moon)** – Research and Consultation; Compliance was consulted to determine if Medicare Letters IMM and Moon notices needed to be initialed by Case Management employees at the time of document delivery. Research was conducted and confirmed that IMM and Moon notices should be dated and signed by employees only if patient or patient’s representative refused to sign notice. Regulations do not require employees to sign the notices if successful delivery and signature of notices are captured. Results of research were shared with Case Management leadership.

- **Intensity-Modulated Radiation Therapy (IMRT) Billing Questions** – Consultation and oversight; Compliance was contacted regarding the interpretation of regulatory guidance to allow for the billing of IMRT dose planning with non-IMRT treatments including Stereotactic radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) treatments. Compliance recommended that Legion, our Radiology Billing Consultant, be engaged for review of the matter. Following a review, Legion advised against billing IMRT dose planning in conjunction with the SRS and SBRT treatments. The Radiation Oncology Leadership agreed to follow the recommendation and refrain from billing such services together.

- **AB-1020 HCAI Regulatory Updates** - Research, consultation and oversight; Compliance provided research, consultation and oversight to implement compliance with HCAI’s updated requirements of the AB-1020, Health Care Debt and Fair Billing Act, effective January 2024. The Compliance Department worked closely with Patient Accounting and Patient Access leadership to implement policies, processes, and workflows to comply with the new requirements outlined in the bill. The implementation of the updated requirements involved updates to financial assistance policies, signage requirements and discharge notices. The final step for meeting compliance of the updated requirements is the development and issuance of the Discharge Notice, which is expected in June 2024. Additional processes have been put into place to ensure timely notification of such regulatory requirements in the future.

- **Medical Assistants taking Verbal Orders in the RHCs** – Consultation and oversight; Compliance was made aware of a concern regarding the practice of Medical Assistant's (MA's) submitting verbal orders from providers at the Rural Health Clinics (RHC). A review of processes with the RHC leadership team confirmed a misunderstanding that MA's were submitting verbal orders for providers; it was clarified that MA's are receiving verbal instruction from providers to propose orders for provider's to review, sign, and submit. The practice of proposing orders is within the scope for MA's. Education was provided to RHC staff about the appropriate scope and process for submitting proposed orders for provider review.
- **Required Notice to Hospice Patients** – Research and Consultation; Compliance provided guidance to the Hospice leadership team regarding the requirement of required Medical Board of California signage for patient review. Research of Cal. Code Regs. tit. 16 § 1355.4 indicated the option for the sign to be placed in an area visible for patients to see, or for the signage to be provided to the patient in a written notice format. Following a review by Hospice leadership, it was decided that the Medical Board of California Notice will be added to the Admission Packet.

AUDITING AND MONITORING

- **Skilled Nursing Facility (SNF) Probe and Educate** - As part of the effort to lower the SNF improper payment rate, CMS initiated a SNF five (5) Claim Probe & Educate Review program for every Medicare-billing SNF in the country. The Comprehensive Error Rate Testing (CERT) program projected an improper payment rate of 15.1% for SNF services in 2022, up from 7.79% in 2021. SNF service errors were determined to be the top driver of the overall Medicare Fee-for-Service improper payment rate. The goal of the SNF five (5) Claim Probe & Educate program is to assist SNF's in understanding how to bill appropriately under this new payment model and decrease the improper payment rate. On February 14, 2024, Kaweah Health was notified by Noridian (Medicare Claims Administrator) of our probe review consisting of five (5) prepayment SNF claims. Claims were submitted, and Preliminary results from Noridian indicate that all five (5) claims have passed review, however final results are outstanding.
- **Inpatient Rehabilitation Coding Audit** – To meet compliance with the Commission on Accreditation of Rehabilitation Facilities (CARF), Kaweah Health Inpatient Acute Rehabilitation Hospital (Inpatient Rehab)'s accrediting body, an external review of five (5) inpatient rehabilitation records for January 2024 were reviewed. The review's objective was to evaluate the accuracy of Inpatient Rehabilitation Facility Patient Assessment Instrument IRF-PAI criteria, including an assessment of ICD-10-CM diagnoses, etiology assignment, impairment group assignment, and tiered comorbidities. The audit noted a coding accuracy of 100%; the results of the review have been shared with HIM and Rehab Leadership.
- **Inpatient DRG Major Joint or Limb Reattachment and Anterior Posterior Spinal Fusion Procedure Audit** – Through a quarterly review of Medicare Acute Inpatient-specific Diagnosis Related Groups (DRGs) and discharges, it was identified that DRG's 483 (major joint or limb reattachment procedures of upper extremities) and 455 (combined anterior and posterior spinal fusion without Complication or Comorbidity/Major Complication or

Comorbidity (CC/MCCs)) were outliers for high utilization at Kaweah Health when compared to other hospitals in the comparison group. A review of forty-five (45) randomly selected patient accounts was conducted to assess the compliance of the use of DRGs 483 and 455. The results of the review noted an overall DRG accuracy of 91% coding accuracy, in which three (3) out of forty-five (45) accounts were over-coded, and one (1) out of forty-five (45) accounts was under-coded. The net financial error rate totaled 2%. The results were shared with HIM leadership. The affected accounts were corrected and rebilled.

- **Inpatient Rehab Facility (IRF) Audit** – Through an audit risk assessment process, Kaweah Health Inpatient Acute Rehabilitation Hospital (Inpatient Rehab) was determined to be a high-risk department as it has been the subject of recent Recovery Audit Contractor (RAC) and Probe requests; in addition to leadership changes. An internal review of twenty (20) randomly selected Medicare IRF patient accounts for the period of January 1, 2024 – February 29, 2024 were completed to determine the compliance of seven (7) elements of the admission process and medical necessity requirements. The audit noted a 100% compliance rate for six (6) of the seven (7) elements reviewed, and a 95% compliance rate for one (1) missing Plan of Care document, resulting in a 5% net financial error rate. The results were shared with IRF leadership.
- **Kaweah Health Cardiology Center Audit** – Through an audit risk assessment process, Kaweah Health Cardiology Center was determined to be a high-risk department due to multiple claim audit reviews, including a Supplemental Medical Review Contractor (SMRC) for Non-Invasive Cerebrovascular Studies as well as Noridian Targeted Probe and Educate reviews focused on diagnostic procedures. An internal review of thirty (30) randomly selected encounters for the period of January 2023 – June 2023 was conducted to determine the compliance of documentation for diagnostic testing and claim submission for diagnostic services performed at the Kaweah Health Cardiology Center. The review noted a 100% compliance rate for testing documentation and claim submission. The results were shared with Cardiology Center leadership.
- **Patient Status Audit** – Through an audit risk assessment process, patient status was determined to be a high-risk review due to being a closely monitored subject by CMS, in addition to historical compliance issues at Kaweah Health, resulting in a large repayment obligation for failing to comply with patient status requirements. A review of thirty (30) Medicare encounters for the period of April 2023 – November 2023 was completed to determine if claims were submitted in compliance with Medicare billing guidelines for patient status claims reflecting observation, short stay, 2-midnight rule and outpatient surgery. The results noted a 87% billing compliance rate for inaccurate observation hours noted on the claims, however the errors did not impact the amount reimbursed for affected claims. The net financial error rate totaled 0%. The findings of the review have been communicated to the Case Management, Patient Access, and Patient Accounting Departments Patient Access Leadership, and affected claims were corrected and rebilled.

Executive Summary
Kaweah Health Inpatient Rehab Audit Review
Audit Completed: April 2024
Presented to: Audit and Compliance Committee – May 2024

Background

Inpatient Rehabilitation Facilities (IRF) receive a predetermined payment per discharge for inpatient services furnished to Medicare Part A fee-for-service beneficiaries. In accordance with 42 CFR 412.622 (a)(3), in order for an IRF claim to be considered reasonable and necessary under section 1862(a)(1) of the Act, there must be reasonable expectations that the patient meets all of the following requirements at the time of the patient's admission:

1. Requires the active and ongoing therapeutic intervention of multiple therapy disciplines (physical therapy, occupational therapy, speech-language pathology, or prosthetics/orthotics therapy), one of which must be physical or occupational therapy.
2. Generally requires and can reasonably be expected to actively participate in, and benefit from, an intensive rehabilitation therapy program. Generally, the intensive rehabilitation therapy program consists of at least three (3) hours of therapy per day, at least five (5) days per week.
3. Is sufficiently stable at the time of admission to the IRF to be able to actively participate in the intensive rehabilitation therapy program that is described in paragraph (a)(3)(ii) of 42 CFR 412.622
4. Requires supervision by a rehabilitation physician. The requirement for medical supervision means that the rehabilitation physician must conduct face-to-face visits with the patient at least three (3) days per week throughout the patient's stay in the IRF to assess the patient both medically and functionally, as well as to modify the course of treatment as needed to maximize the patient's capacity to benefit from the rehabilitation process.

Audit

As a part of Kaweah Health's ongoing monitoring of potential risk areas, the Kaweah Health IRF was determined to be a risk area due to Probe audit reviews and RAC requests, as well as an upcoming Choice Demonstration for pre-payment or post-payment claim review for IRF Services expected in Summer 2024. In addition, changes within leadership of the IRF lead to potential risks.

The Compliance Department reviewed a random sample of twenty (20) Medicare IRF patients for the period of January 1, 2024 – February 29, 2024. The Electronic Health Record (.EHR) was reviewed for the following elements:

1. Preadmission Screening provided 48 hours preceding the admission date

2. Documentation that the rehabilitation physician concurred with the admission
3. The Plan of Care was completed within four (4) days of the admission date
4. The Inpatient Rehab Facility Patient Assessment Instrument (IRF-PAI) was completed
5. Interdisciplinary Team Conference Notes were signed by all team members (therapists, CM, MD etc.)
6. Therapy encounters were dated, timed, signed and equaled three (3) hours per day, at least five (5) days per week, or fifteen (15) hours of therapy per seven (7) consecutive days with documented barriers
7. History and Physical completed within 24 hours to support diagnosis and rationale

Findings

Following a review of the sampling population, the Compliance Department noted a 100% compliance rate for six (6) of the seven (7) elements reviewed. The audit noted a 95% compliance rate for one (1) missing Plan of Care document. The audit ultimately resulted in a 5% net financial error rate.

The findings of the review have been communicated to the KH IRF Leadership Team. It was also recommended that it would be advantageous for the documentation within the physician note to state that the physician met face-to-face with the patient to provide greater clarity within the patient note.

Conclusion

The Compliance Department will continue to reassess the risks associated with the review and determine if a reaudit will be required in the future.

Executive Summary
Kaweah Health Cardiology Center Review
Audit Completed: February 2024
Presented to: Audit and Compliance Committee – May 2024

Background

The Centers for Medicare & Medicaid Services (CMS) regulations govern Medicare payments for all Medicare services. Medicare requires that procedures are ordered by physicians, medically necessary, and contain complete documentation to support the claims, including interpretation and result reports for services performed.

Procedures and services provided at Kaweah Health’s Cardiology Center have been the subject of multiple claim audit reviews, including a Supplemental Medical Review Contractor (SMRC) for Non-Invasive Cerebrovascular Studies as well as Noridian Targeted Probe and Educate reviews focused on diagnostic procedures. Due to the presence of claim audits and prior compliance concerns, an audit focused on documentation compliance for diagnostic procedures at the Kaweah Health Cardiology Center was conducted.

Audit

The Compliance Department reviewed thirty (30) randomly selected encounters for the period of January 2023 – June 2023. The encounters were selected from procedures performed from a report that contained diagnostic testing in the Cardiology Clinic. The Electronic Health Record (EHR) was used to review and assess the following elements: whether the charge was supported by a physician order, the appropriateness of the billing modifier (as necessary), procedure authorization (if applicable), if the service ordered by the physician match the service billed on the claim, and if Kaweah Health was reimbursed for the charges billed. Additionally, the Local Coverage Determination (LCD) was reviewed to determine if the diagnosis code provided was listed as covered for the procedure performed.

Findings

Following a review of the sampling population, the Compliance Department noted a 100% compliance rate for the population in question based upon the scope of the review. The findings of the review have been communicated to Kaweah Health Cardiology Center and Patient Accounting Leadership.

Conclusion

The Compliance Department will continue to reassess the risk associated with the Cardiology Clinic determine if a reaudit will be required in the future.

Executive Summary

MRA Kaweah Health Inpatient DRG Review

Audit Completed: April 2024

Presented to: Audit and Compliance Committee – May 2024

Background

As a part of Kaweah Health’s proactive monitoring activity, a quarterly review of Medicare Inpatient Rehabilitation, Hospice, Mental Health, and Acute Inpatient-specific Diagnosis Related Groups (DRGs) and discharges is conducted, with a focus on accounts that have been identified as usage outliers, and high risk for payment errors. The electronic data report is issued through the Program for Evaluating Payment Patterns Electronic Reports (PEPPER). Through a recent PEPPER review, it was identified that DRG’s 483 (major joint or limb reattachment procedures of upper extremities) and 455 (combined anterior and posterior spinal fusion without Complication or Comorbidity/Major Complication or Comorbidity (CC/MCCs)) were outliers for high utilization at Kaweah Health when compared to other hospitals in the comparison group. An audit was conducted to assess the compliance of the use of DRGs 483 and 455.

Audit

MRA (external auditing agency) was engaged to conduct a review of forty-five (45) randomly selected patient accounts with DRGs 455 and 483 from August 2023 through January 2024. MRA assessed the accuracy of the MS-DRG 455 and MS-DRG 483 codes through a documentation review that included query, discharge status, and Present on Admission (POA) opportunities that could impact medical necessity, overall data integrity, and reimbursement accuracy. The results of the review noted an overall DRG accuracy of 91% coding accuracy, in which three (3) out of forty-five (45) accounts were over-coded, and one (1) out of forty-five (45) accounts was under-coded. The net financial error rate totaled 2%.

Findings

The findings of the review have been communicated with the coding leadership team, and education has been provided. Corrections were made to the accounts identified and have been rebilled.

Conclusion

The Compliance Department will continue to reassess the risks associated with DRGs 455 and 483 and determine if a reaudit will be required in the future.

Executive Summary
MRA Kaweah Health Inpatient Rehab
Audit Completed: April 2024
Presented to: Audit and Compliance Committee – May 2024

Background

Kaweah Health’s Inpatient Acute Rehabilitation Hospital (Inpatient Rehab) is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). A requirement of CARF accreditation involves a documented review of a sample patient population ensuring compliance with the standards of quality and regulatory requirements for admissions to the Inpatient Rehabilitation Facility (IRF) program. A small sample of Inpatient Rehab patient accounts are audited annually by an external coding agency to ensure the compliance with IRF requirements, coding, and CARF standards.

Audit

MRA (external auditing agency) was engaged to conduct a review of five (5) randomly selected patient accounts for January 2024. MRA assessed the accuracy of the ICD-10 diagnosis, etiology assignment, impairment group assignment, and tiered comorbidities.

The objectives of the review were as follows:

- Ensure the integrity and accuracy of ICD-10-CM diagnosis coding for Inpatient Rehabilitation services
- Validate appropriate usage of the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) to collect patient assessment data
- Validate the existence of specific documentation, assessments, interactions, planning, and signatures
- Identify documentation opportunities that could impact medical necessity, overall data integrity, and reimbursement accuracy

Findings

The results of the review noted 100% coding accuracy and documentation compliance, encompassing all data elements reviewed in totality for the Inpatient Rehab accounts. The findings of the review have been communicated to the Inpatient Rehab Leadership Team.

Conclusion

The Compliance Department will continue audit a small Inpatient Rehab population annually as required by the CARF accreditation.

Executive Summary
Patient Status Billing Review
Audit Completed: March 2024
Presented to: Audit and Compliance Committee – May 2024

Background

Medicare defines observation services as those furnished by a hospital including use of a bed and periodic monitoring by a hospital's nursing or ancillary staff, which are reasonable and necessary to evaluate an outpatient's condition to determine the need for possible inpatient admission. Observation services are covered only when provided by a physician order. Observation stays should not exceed forty-eight (48) hours. In most situations, observation hours exceeding the forty-eight (48) hours should be billed as non-covered unless the medical record supports the rare occurrence of a longer stay.

Observation patients must be regularly assessed to determine if discharge, continued observation care, or admission to inpatient status is the best care plan for the patient's condition. The choice of inpatient admission versus outpatient treatment is a complex patient specific judgment, which can be made only after the physician has considered several medical decision factors.

Medicare allows hospitals to change a patient's status from inpatient to outpatient only if either hospital utilization review or the patient's attending physician determines that, at the time of the admission to the hospital, the patient did not meet the hospital criteria for inpatient admission. Accordingly, condition code 44 is added to the claim to reflect inpatients that have changed to observation status.

Audit

As a part of Kaweah Health's ongoing monitoring of patient status billing, a review consisting of thirty (30) selected Medicare encounters for the period of April 2023 – November 2023 was conducted to determine if accounts met Medicare billing guidelines for patient status. The Electronic Health Record (EHR) and billing claim forms were used to validate billing and patient status.

The Compliance Department identified five (5) encounters in total were billed in error. It was identified that two (2) accounts did not reflect the updated observation admit time from the previous inpatient order, causing additional observation hours. Additionally, two (2) accounts were not reviewed appropriately by Case Management which resulted in a failure to apply code 44 on the claim. Finally, one (1) account reflected the improper admit time, however did have the correct number of IP days reflected on the claim. The net financial impact error rate was 0%, as the errors did not impact the payment of the claims.

Findings

The encounters containing errors were corrected and rebilled. The findings of the review have been communicated to the Case Management, Patient Access, and Patient Accounting Departments Patient Access Leadership, who provided education to the team members responsible for the errors.

Conclusion

The Compliance Department will continue to complete reviews to evaluate compliance with observation status billing guidelines annually.

REPORT TO THE BOARD OF DIRECTORS

Clinical Laboratory (7500)

Randall J. Kokka (624-5053)
Director of Clinical Laboratory Services
rkokka@kawahhealth.org
May 10, 2024

Summary Issue/Service Considered

- A synopsis of financial results for FY24 showed stable performance and profitability with particularly strong upward trending from FY23. To wit: net revenue was up 16% year-over-year at 9.2 million dollars, the Lab contribution margin was up 43% at over 4.3 million dollars, and net outpatient income was up 116% to 2.6 million dollars. The three main factors propelling these fiscal gains were a 7% increase in patient volume, an 8% increase in reimbursement per visit (driven primarily by Blue Cross and Blue Shield volumes) and a 7% decline in direct costs per visit.
- Examples of current strategic planning and service projects include final planning to consolidate two existing Hospital outpatient service centers into one new location for improved customer service, plans for the addition of two new patient service centers in surrounding areas, and development of the Plaza clinic test menu and lab sample collections.
- Employee-focused initiatives were embodied by (1) installation of an advanced automation line in December 2023, which markedly improved the staff working environment and functionality, (2) implementation of market equity adjustments for Lab support services personnel in April 2024, with licensed staff to follow, (3) the addition of key positions (Section Chief of Immunochemistry, Lab Coordinator), (4) the continuation of employee driven unit-based-council programs to improve morale and staff recognition (e.g. employee of the month and year awardees in three different categories, etc.). Note: in FY24, a Lab staff member was selected as the “employee of the month” for Kaweah Health, one of our Section Chiefs was recognized as the CAMLT “Clinical Lab Scientist of the year”, and a Lab Technician was recently recognized as a “Starlight Award” winner for the professional services division.

Quality/Performance Improvement Data

Continuous quality improvement (CQI) programs vigorously encompassed a variety of quality control and quality assurance initiatives, including monthly reports measuring:

- Daily “morning run” throughput and workload analysis to improve (decrease) patient length-of-stay. The Lab consistently achieved the benchmark goal (83% workload completion by 0730) since March of 2022 until a staffing shortage in November 2023 negatively affected performance, but with signs of recovery in April 2024.
- Blood culture contamination rates to drive improvement of sterile technique throughout the medical center. The Lab has met, or exceeded, the 2% benchmark goal for the past two years.
- STAT test turnaround time as a primary metric for improvement in test ordering, sample collection and test completion as it pertains to Emergency Department patients. The

Lab has consistently outperformed the benchmark level of “sixty minutes, or less” and reached the stretch goal of “30 minutes or less” throughout the fiscal year.

- Specimen rejection rates, with detailed analysis by cause, used to track and drive performance improvement in specimen collection. The Lab routinely outperformed the benchmark goal (0.4% or less) in each category.
- Proficiency testing success rate as the primary third party validation of testing quality and verification of compliance to regulatory requirements. The Lab continued to fully participate in, and successfully pass, rigorous proficiency testing programs administered by CAP, API and AAB throughout the year, documenting/confirming a high level of accuracy and competence.
- “Critical call” compliance rate as a fundamental patient safety measure. The Lab attained the benchmark level (100% compliance) on a consistent basis.
- The Clinical Laboratory continued to be fully accredited by the College of American Pathologists (CAP) and successfully passed a CAP accreditation survey in December of 2023. The Lab also maintained full licensure in good standing by the State of California (CDPH) and federally (CLIA).

Policy, Strategic or Tactical Issues

- The third phase of the Lab remodel project completed in December 2023; however, two more phases remain unfinished thereby limiting growth and capabilities. With the overall testing workload cresting to unprecedented levels in calendar year 2023, the completion of the remaining construction phases is of utmost importance.
- As in recent years, the Lab continued to experience a high degree of staffing pressure, particularly in the categories of licensed Clinical Lab Scientists and phlebotomists. Intermittent staffing shortages (e.g., we are currently down several CLS positions) must be a focal point for the provision of services. Principle to this effort is the continued support of our highly successful CLS Trainee program.
- We currently do not offer interfacing for lab orders and result reports to outside (non-Kaweah) facilities/clients. The Lab recently added four facilities to our client list and each would be greatly improved operationally if they were interfaced to our system.
- From a patient experience perspective, Lab outpatients do not currently have access to online registration and scheduling applications. Likewise, the patient portal can be cumbersome and delayed in terms of accessing results.
- The Lab would benefit from an improved online presence with targeted marketing based on market data and analysis in order to effectively grow and service the community and region.

Recommendations/Next Steps

The following opportunities and recommendations for outpatient service improvement are:

- After years of delays, expedite the completion of the remaining Lab construction phases to meet growing testing demands, with concurrent evaluation and acquisition of new equipment/analyzers to remain at the forefront of diagnostics.
- Fully vet and implement the proposed Cerner options for outpatient online registration and scheduling and improve functionality of the online patient portal.
- Working with consultants, complete an extensive lab outreach market study and develop a lab-based website to assist and educate providers and patients on testing and to promote Lab services in general.
- Develop interfaces with high volume clients and outside facilities to improve patient care and allow for further strategic growth.

Approvals/Conclusions

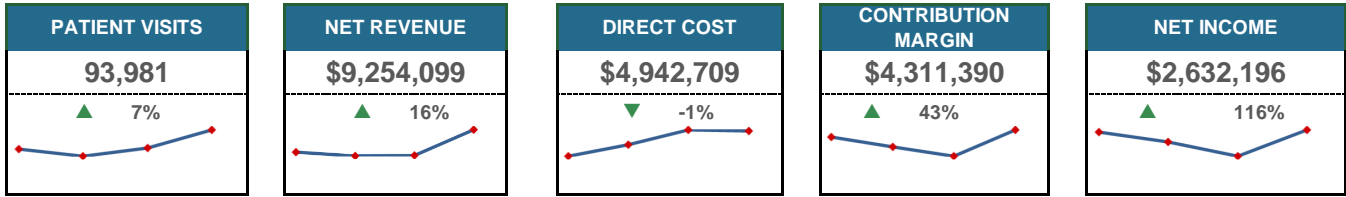
- As aforementioned, completion of the main Lab construction project (phases four and five) will undoubtedly result in improved operational and financial health and is the highest priority. For example, with the installation of a state-of-the-art “total lab automation line” during the third phase, the Kaweah Lab was immediately recognized as a “center of excellence” (the first one in Central California) by an industry leading medical technology manufacturer and is slated to host site visits from various other hospitals in 2024 and beyond. As a result of this designation, the Lab was able to negotiate extremely favorable terms from a variety of equipment and supply companies and has developed a reputation for excellence in the clinical lab field. Completion of the remaining construction project would allow for greater realization of testing potential.
- Expansion of Lab outpatient service centers is integral for program growth and patient satisfaction. Focus on the two new planned sites for this year, and future sites driven by market analysis, should remain as a fundamental organizational objective.
- Investment in software and connectivity (interfacing) will be vital to provide optimal patient care and client satisfaction and allow for strategic partnerships. From a patient forward perspective, it is imperative that we modernize our operations and offer patients convenient ways to register, schedule appointments and access their results online.
- From a staffing standpoint, the ongoing health and support of our CLS Trainee program is imperative. This program is the primary reason we have been able to operate without the need to hire expensive, less effective, CLS travelers. Clearly, the value of this program has been critical to our success and staffing integrity and must remain active and robust into the foreseeable future.
- For staff retention and employee morale, equity adjustments should be timely and market appropriate, particularly for licensed staff.

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Clinical Lab Service Line - *Non-COVID Population*

FY2024
Annualized

*KEY METRICS - FY 2024 NINE MONTHS ENDED MARCH 31, 2024

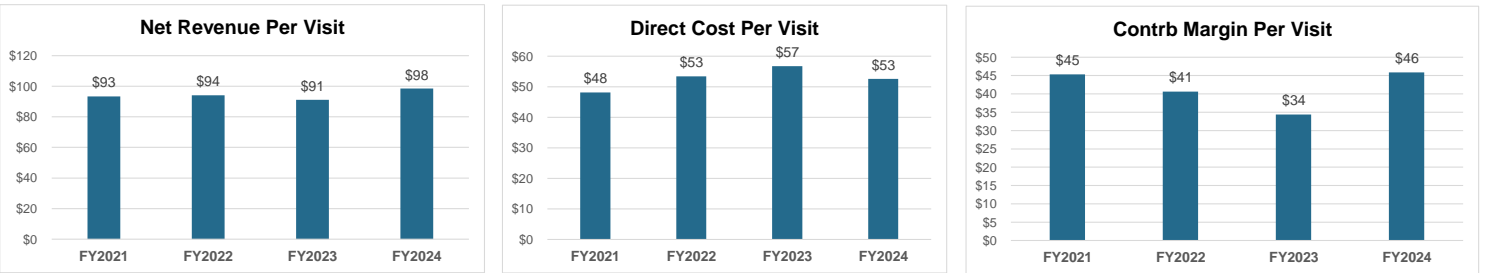


*Note: Arrows represent the change from prior year and the lines represent the 4-year

METRICS SUMMARY - 4 YEAR TREND

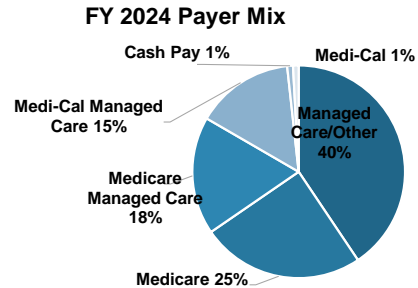
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	87,370	85,057	87,783	93,981	▲ 7%	
Net Revenue	\$8,161,532	\$7,998,880	\$8,001,336	\$9,254,099	▲ 16%	
Direct Cost	\$4,203,248	\$4,541,248	\$4,981,795	\$4,942,709	▼ -1%	
Contribution Margin	\$3,958,284	\$3,457,632	\$3,019,541	\$4,311,390	▲ 43%	
Indirect Cost	\$1,434,339	\$1,471,400	\$1,800,547	\$1,679,194	▼ -7%	
Net Income	\$2,523,945	\$1,986,232	\$1,218,994	\$2,632,196	▲ 116%	
Net Revenue Per Visit	\$93	\$94	\$91	\$98	▲ 8%	
Direct Cost Per Visit	\$48	\$53	\$57	\$53	▼ -7%	
Conrb Margin Per Visit	\$45	\$41	\$34	\$46	▲ 33%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (PATIENT VISITS)

PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other	44%	41%	40%	40%
Medicare	26%	27%	26%	25%
Medicare Managed Care	16%	17%	18%	18%
Medi-Cal Managed Care	12%	13%	14%	15%
Cash Pay	1%	1%	1%	1%
Medi-Cal	1%	1%	1%	1%



Report Notes:

The COVID-related visits are excluded from this report. In FY 2024, there are 1,068 COVID-related visits, representing 1% of the total Outpatient Lab volume.

In FY 2021, there were just over 27,000 COVID-related visits, representing 24% of the total Outpatient Lab volume.

Source: Outpatient Service Line Reports

Criteria: Service Line 1 = Lab and COVID -Related Master Flag= 0

**Kaweah Delta Health Care District
Report to the Board of Directors**

**Sequoia Surgery Center
May 2024**

**Gary Herbst, CEO
624-2330**

Summary Issue/Service Considered

Sequoia Surgery Center (SSC), a California limited liability company (LLC), was formed on August 1, 2010 upon the merger of Cypress Surgery Center (CSC) and the Center for Ambulatory Medicine & Surgery (CAMS). SSC operates a four-suite ambulatory surgery center where they performed approximately 5,600 outpatient surgeries and endoscopic procedures during 2023, 8.3% more than in 2022. Surgery services include orthopedics, general, gynecological, urological, plastic, podiatric, pain management and ENT. SSC gastroenterologists also perform a significant number of endoscopic procedures at the Center, primarily colonoscopies, which account for approximately 40% of all case volume.

SSC is owned by thirteen (13) surgeons and Kaweah Health. SSC is owned 69.4% by physicians and 30.6% by Kaweah Health. SSC is governed and managed by a formal Board of LLC members, including Kaweah Health, elected to the Board by the LLC members, and chaired by Dr. Frank Feng, orthopedic surgeon. Director Dave Francis serves as Kaweah Health's representative on the SSC Board of Members. Anesthesiology services are provided by independent certified registered nurse anesthetists. Dr. Burton Redd, orthopedic surgeon, serves as SSC's Medical Director, and Tricia Vetter, a former charge nurse at Kaweah Health Medical Center, serves as the Center's Administrator.

In conjunction with the merger of CSC and CAMS, CSC created a separate limited liability company, Cypress Company, LLC (CyCo), to which it transferred all real estate assets (land and building), along with the associated mortgage debt, as well as cash, accounts receivable and certain debt incurred with the buy-out of partner interests. CyCo leases the surgery facility to SSC under a long-term operating lease. CyCo is owned by ten (10) surgeons (all former members of CSC) and Kaweah Health. CyCo is owned 60.0% by physicians and 40.0% by Kaweah Health.

Financial/Statistical Information

January 1 to December 31 (Compiled Financial Statements):

Year	Case Volume	Net Revenue	Operating Costs	Net Income
2024 Feb (2 Mos.)	984	\$2,471,558	\$1,991,146	\$480,412
2023	5,636	13,828,402	11,101,825	2,726,577
2022	5,205	11,887,338	10,531,181	1,356,157
2021	5,305	12,161,902	10,441,094	1,720,808

Quality/Performance Improvement Data

1. SSC is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). AAAHC awards three-year accreditations similar to the Joint Commission. SSC was just recently surveyed by AAAHC in December 2023 and received confirmation of its full three-year accreditation in January 2024.

Policy, Strategic or Tactical Issues

1. SSC's primary competition for outpatient surgery includes Kaweah Health, Sierra Pacific Orthopedic Center (Fresno), and private physician offices.
2. SSC's primary strategy for growing and retaining its business is to selectively offer ownership interests to active, community surgeons with an interest in actively managing and using the Center. Additionally, SSC management and physician leaders actively reach out to new physicians that enter the marketplace, offering SSC as an alternative to Kaweah Health and other surgical facilities. As of April 2024, SSC has approximately 6.9% of its 10,000 shares held in treasury and available for sale to existing owners or new potential owners.
3. In past years, SSC and CyCo have been evaluating the physical expansion of its facility through the construction of a new 4-suite ambulatory surgical center to be located approximately 30 feet from the current SSC facility. However, after extensive discussion and debate back in December 2020, a super-majority of the members present voted to defer the project for an indefinite period of time.

That said, SSC and CyCo recently completed a "modernization" project that brought an aesthetic facelift to the interior of SSC (primarily the patient waiting room and registration area) as well as the addition of seatrains for storage of supplies, equipment and pharmaceuticals.

4. The biggest strategic initiative being considered right now by SSC, CyCo and Kaweah Health is the construction of a new 28,000 square foot ambulatory surgery facility at the Sequoia Gateway project site located at Caldwell and Highway 99; a joint venture with SSC and other interested physicians, local investors and a private equity company (Montecito); initial plans recommend eight operating rooms and three procedure rooms.

We have engaged a consulting firm by the name of Amblitel to perform a formal financial feasibility study which has now been completed and is ready to review with interested physicians and other investors.

5. We are aware that Adventist Health has also hired a consultant to evaluate the feasibility of developing a competing ambulatory surgery center in Visalia. They have reached out to many local surgeons to see if they would be interested in investing in and utilizing an Adventist Health ASC. It is our understanding that Adventist Health has historically not allowed physicians to be owners in their facilities but with respect to this proposed ASC they are considering allowing physicians to own up to 49% of the joint venture. The 13 surgeons who are currently invested in SSC are prohibited from investing in any other ASC so long as they are investors in SSC. All but one of Visalia Medical Clinic's surgeons are investors in SSC.

Recommendations/Next Steps/Approvals/Conclusions

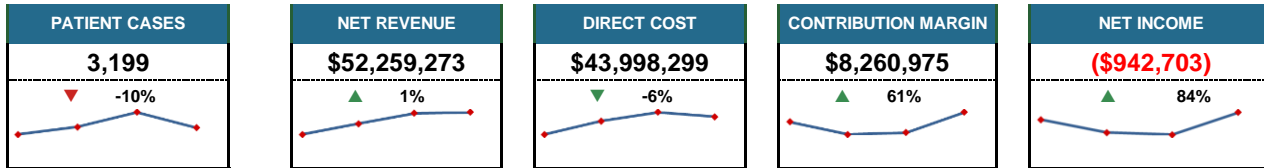
SSC will continue to emphasize high-quality, customer-oriented, and personal outpatient surgery services to physicians and patients of Visalia with the objective of differentiating itself from the more institutional feel of a large hospital system. It will actively evaluate opportunities to recruit new physicians to its Center and offer membership ownership opportunities when appropriate. It will continue to evaluate low margin services and replace them with high margin services. It will continue to evaluate opportunities to reduce supply costs through consolidation or change of vendors and more efficient utilization and it will focus on improving overall economies of scale made possible by the merger of CSC and CAMS.

KAWEAH HEALTH ANNUAL BOARD REPORT

Orthopedic Services - Summary

FY2024 Annualized

KEY METRICS - FY 2024 NINE MONTHS ENDED MARCH 31, 2024



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

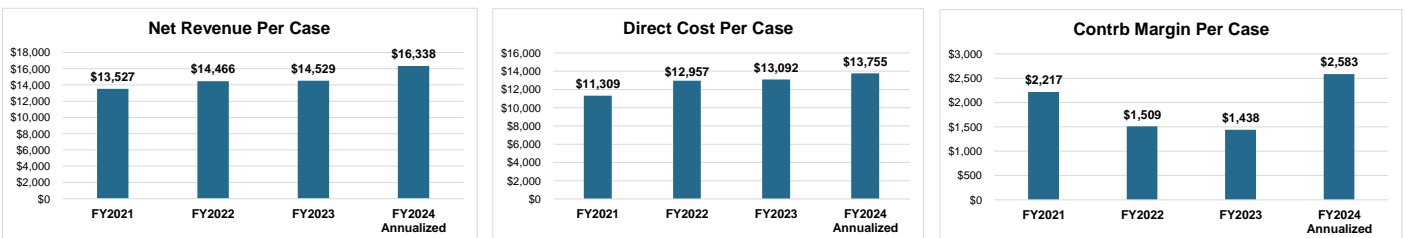
METRICS BY SERVICE LINE - FY 2024 Annualized

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Inpatient Orthopedic -Surgical Services	959	\$30,060,920	\$23,754,864	\$6,306,056	\$1,443,939
Inpatient Orthopedic - Medical Services	345	\$4,738,391	\$3,725,709	\$1,012,681	(\$187,741)
OP Orthopedic Surgeries	1,895	\$17,459,963	\$16,517,725	\$942,237	(\$2,198,900)
Service Line Totals	3,199	\$52,259,273	\$43,998,299	\$8,260,975	(\$942,703)

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	3,046	3,216	3,559	3,199	-10%	
Net Revenue	\$41,202,065	\$46,523,470	\$51,710,075	\$52,259,273	1%	
Direct Cost	\$34,447,601	\$41,669,587	\$46,593,970	\$43,998,299	-6%	
Contribution Margin	\$6,754,464	\$4,853,883	\$5,116,105	\$8,260,975	61%	
Indirect Cost	\$9,277,048	\$10,247,874	\$11,035,702	\$9,203,677	-17%	
Net Income	(\$2,522,584)	(\$5,393,991)	(\$5,919,597)	(\$942,703)	84%	
Net Revenue Per Case	\$13,527	\$14,466	\$14,529	\$16,338	12%	
Direct Cost Per Case	\$11,309	\$12,957	\$13,092	\$13,755	5%	
Contrb Margin Per Case	\$2,217	\$1,509	\$1,438	\$2,583	80%	

GRAPHS



Notes:

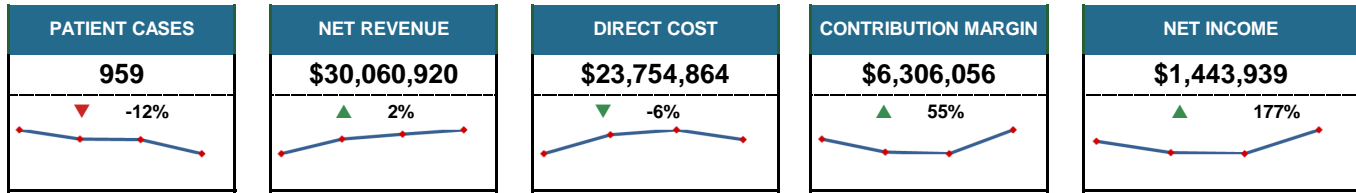
Source: Inpatient and Outpatient Service Line Reports
 Selection Criteria Inpatient Data: Entity ID= KDHS, Service Line 1= Orthopedics, Surg vs Medical (S/M)
 Selection Criteria for OP Orthopedic Surgeries: Service Line 1= O/P Surgery and Surgeon Specialty =
 Neurological Surgery, Podiatrist, Sugery - Surgery of the Hand & Orthopaedic Surgery

KAWEAH HEALTH ANNUAL BOARD REPORT

Orthopedic Services - Inpatient Surgery

FY2024 Annualized

KEY METRICS - FY 2024 NINE MONTHS ENDED MARCH 31, 2024

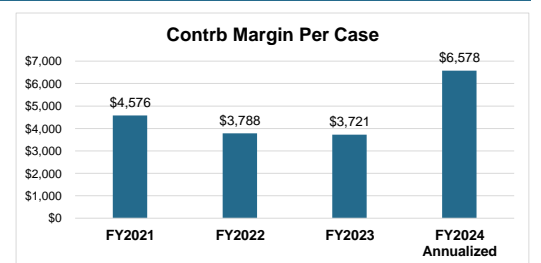
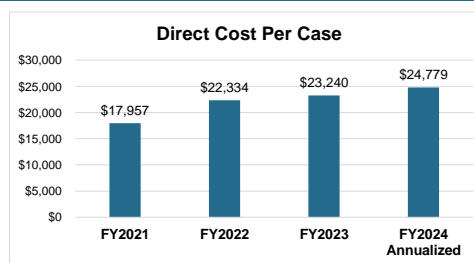
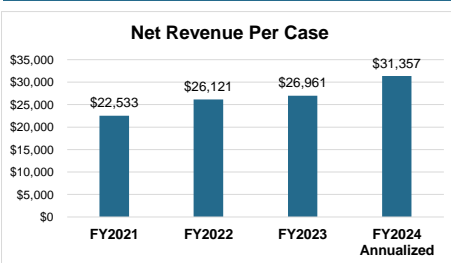


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

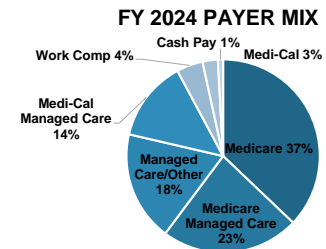
METRIC	FY2021	FY2022	FY2023	FY2024 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	1,190	1,101	1,092	959	▼ -12%	
Patient Days	4,940	5,686	5,659	4,897	▼ -13%	
ALOS	4.15	5.16	5.18	5.18	▶ 0%	
GM LOS	3.35	3.52	3.61	3.77	▶ 4%	
Opportunity LOS	0.80	1.64	1.57	1.41	▼ -10%	
Net Revenue	\$26,814,533	\$28,759,540	\$29,441,891	\$30,060,920	▲ 2%	
Direct Cost	\$21,369,096	\$24,589,355	\$25,378,188	\$23,754,864	▼ -6%	
Contribution Margin	\$5,445,437	\$4,170,185	\$4,063,703	\$6,306,056	▲ 55%	
Indirect Cost	\$5,576,170	\$5,875,631	\$5,945,222	\$4,862,117	▼ -18%	
Net Income	(\$130,733)	(\$1,705,446)	(\$1,881,519)	\$1,443,939	▲ 177%	
Net Revenue Per Case	\$22,533	\$26,121	\$26,961	\$31,357	▲ 16%	
Direct Cost Per Case	\$17,957	\$22,334	\$23,240	\$24,779	▲ 7%	
Contrb Margin Per Case	\$4,576	\$3,788	\$3,721	\$6,578	▲ 77%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS CHARGES)

PAYER	FY2021	FY2022	FY2023	FY2024 Annualized
Medicare	38%	37%	36%	37%
Medicare Managed Care	23%	23%	25%	23%
Managed Care/Other	20%	18%	15%	18%
Medi-Cal Managed Care	12%	14%	17%	14%
Work Comp	3%	5%	4%	4%
Medi-Cal	4%	3%	3%	3%
Cash Pay	0%	0%	1%	1%



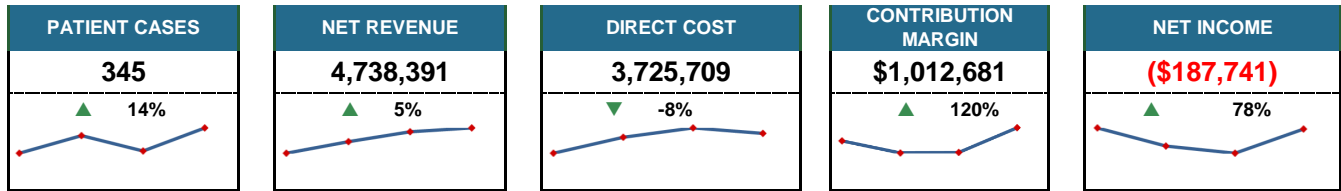
Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: Inpatient Service Line is Orthopedics, Surgery Flag = 1

KAWEAH HEALTH ANNUAL BOARD REPORT

Orthopedic Services - Inpatient Medical Service Line

FY2024 Annualized

KEY METRICS - FY 2024 NINE MONTHS ENDED MARCH 31, 2024

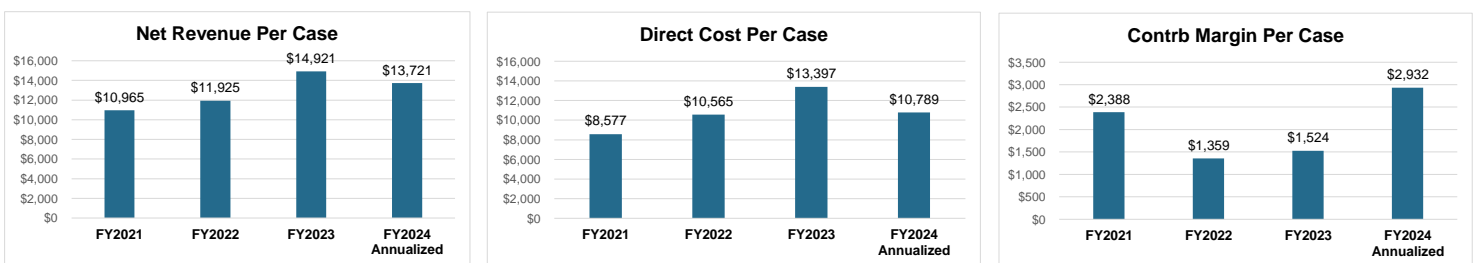


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

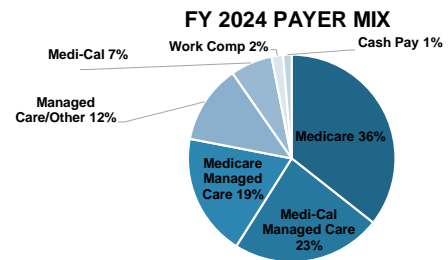
Metric	FY2021	FY2022	FY2023	FY2024 Annualized	% Change from Prior Yr	4 Yr Trend
Patient Cases	298	331	302	345	▲ 14%	
Patient Days	1,581	2,072	2,086	2,104	▲ 1%	
ALOS	5.31	6.26	6.91	6.09	▼ -12%	
GM LOS	3.42	3.41	3.34	3.44	■ 3%	
Opportunity LOS	1.88	2.85	3.57	2.65	▼ -26%	
Net Revenue	\$3,267,462	\$3,947,059	\$4,506,148	\$4,738,391	▲ 5%	
Direct Cost	\$2,555,964	\$3,497,093	\$4,045,852	\$3,725,709	▼ -8%	
Contribution Margin	\$711,498	\$449,966	\$460,296	\$1,012,681	▲ 120%	
Indirect Cost	\$870,565	\$1,088,220	\$1,297,701	\$1,200,423	▼ -7%	
Net Income	(\$159,067)	(\$638,254)	(\$837,405)	(\$187,741)	▲ 78%	
Net Revenue Per Case	\$10,965	\$11,925	\$14,921	\$13,721	▼ -8%	
Direct Cost Per Case	\$8,577	\$10,565	\$13,397	\$10,789	▼ -19%	
Contrb Margin Per Case	\$2,388	\$1,359	\$1,524	\$2,932	▲ 92%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS CHARGES)

Payer	FY2021	FY2022	FY2023	FY2024 Annualized
Medicare	42%	39%	36%	36%
Medi-Cal Managed Care	24%	18%	27%	23%
Medicare Managed Care	13%	15%	18%	19%
Managed Care/Other	9%	14%	11%	12%
Medi-Cal	10%	12%	6%	7%
Work Comp	1%	1%	2%	2%
Cash Pay	2%	1%	1%	1%



Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: Entity ID: KDHS, Service Line 1= Orthopedics, Surg vs Medical = M

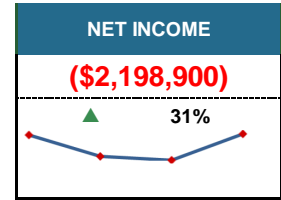
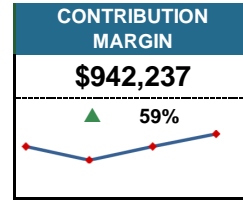
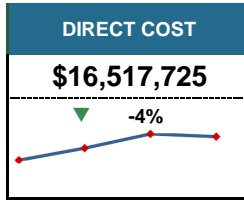
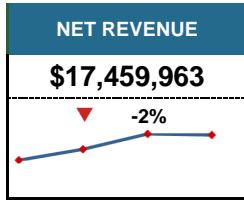
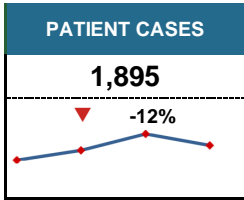
KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024 Annualized

Orthopedic Services - Outpatient Surgery Service Line

*Includes: Orthopedic Surgery, Neurological Surgery, Podiatry, and Surgery of the Hand.

KEY METRICS - FY 2024 NINE MONTHS ENDED MARCH 31, 2024

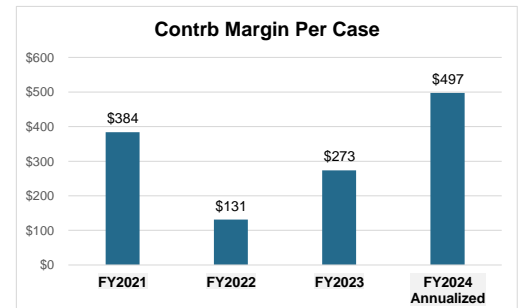
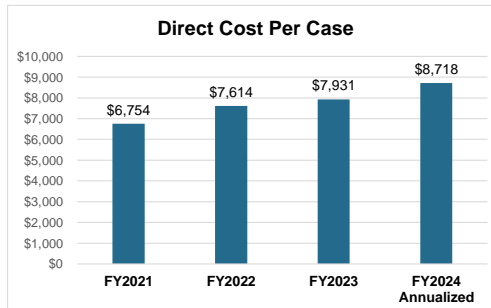
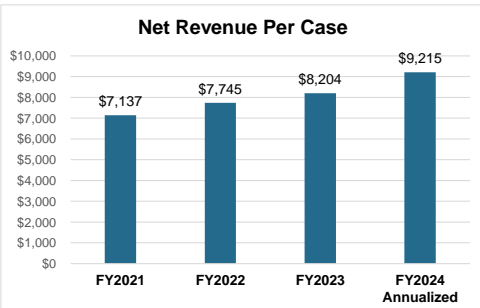


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	1,558	1,784	2,165	1,895	-12%	
Net Revenue	\$11,120,070	\$13,816,871	\$17,762,036	\$17,459,963	-2%	
Direct Cost	\$10,522,541	\$13,583,139	\$17,169,930	\$16,517,725	-4%	
Contribution Margin	\$597,529	\$233,732	\$592,106	\$942,237	59%	
Indirect Cost	\$2,830,313	\$3,284,023	\$3,792,779	\$3,141,137	-17%	
Net Income	(\$2,232,784)	(\$3,050,291)	(\$3,200,673)	(\$2,198,900)	31%	
Net Revenue Per Case	\$7,137	\$7,745	\$8,204	\$9,215	12%	
Direct Cost Per Case	\$6,754	\$7,614	\$7,931	\$8,718	10%	
Contrb Margin Per Case	\$384	\$131	\$273	\$497	82%	

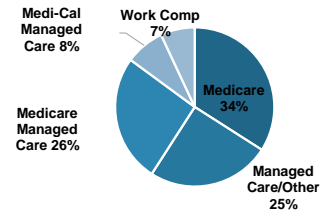
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Patient Cases)

PAYER	FY2021	FY2022	FY2023	FY2024 Annualized
Medicare	33%	33%	34%	34%
Managed Care/Other	33%	28%	28%	25%
Medicare Managed Care	13%	18%	22%	26%
Medi-Cal Managed Care	10%	8%	9%	8%
Work Comp	10%	11%	6%	7%

FY 2024 PAYOR MIX



Notes:

Source: Outpatient Service Line Reports

Selection Criteria for OP Orthopedic Surgeries: Service Line 1= O/P Surgery and Surgeon Specialty = Neurological Surgery, Podiatrist, Surgery - Surgery of the Hand & Orthopaedic Surgery



RESOLUTION 2229

WHEREAS, Cheryl Clark, is retiring from duty at Kaweah Delta Health Care District (Kaweah Health) after 25 years of service; and,

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

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

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Cheryl Clark for 25 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 22nd day of May 2024 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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



May 22, 2024

Andrew H. Walkon, ESQ
Walkon Law Firm
34700 Pacific Coast Highway, Suite 201
Capistrano Beach, CA 92624

**Sent via Certified Mail No.
9589071052700415219902
Return Receipt Required**

RE: Notice of Rejection of Claim of Michaela and Eric Negrete vs. Kaweah Health

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on April 11, 2024, was rejected on its merits by the Board of Directors on May 22, 2024.

WARNING

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

Sincerely,

David Francis
Secretary/Treasurer, Board of Directors
cc: Richard Salinas, Attorney at Law



May 22, 2024

Robert D. Bassett, Esq.
Quinlan, Kershaw & Fanucchi
2125 Merced St.
Fresno, CA 93721

**Sent via Certified Mail No.
9589071052700415219889
Return Receipt Required**

RE: Notice of Rejection of Claim of Jennifer Smithson vs. Kaweah Delta District Hospital

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on April 17, 2024, was rejected on its merits by the Board of Directors on May 22, 2024.

WARNING

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

Sincerely,

David Francis
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law



May 22, 2024

**Sent via Certified Mail No.
9589071052700415219896
Return Receipt Required**

Robert D. Bassett, Esq.
Quinlan, Kershaw & Fanucchi
2125 Merced St.
Fresno, CA 93721

RE: Notice of Rejection of Claim of Roger Leroy Smithson Jr. vs. Kaweah Delta District Hospital

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on April 17, 2024, was rejected on its merits by the Board of Directors on May 22, 2024.

WARNING

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

Sincerely,

David Francis
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

The Kaweah Health Foundation manages and maintains funds donated for specific purposes and utilized by Kaweah Health departments as approved by the Foundation Board of Directors. This policy ensures the appropriate approval and reimbursement of such funds for employees, vendors, etc.

All expenditures covered by a Foundation “fund” shall be approved by the Director of Foundation or designee prior to the expense being incurred.

This policy does not cover grant funds reimbursed by the Foundation, the purchase of equipment valued at \$2,000 or more, **or the purchase of any patient care equipment regardless of price.** Expenditures related to grants, equipment valued at \$2,000 or more, **and patient care equipment** are to flow through the normal processing for the Kaweah Health and reimbursed by the Foundation in accordance with KH Foundation policies.

Foundation checks are processed weekly. All purchase orders, or invoices received by the Foundation by the end of business Friday will be processed for payment the following Thursday. Individuals receiving reimbursement will be notified by the Foundation once reimbursement has taken place.

PROCEDURE:

I. Items to be ordered through Materials Management

- A. The requester shall send a completed purchase order with appropriate signatures including all necessary backup to the Director of Foundation or designee.
- B. The Director of Foundation or designee will review the purchase order and determine if it is an approved expense. The Director of Foundation or designee will then forward a copy of the approved purchase order (with the appropriate Foundation fund coding and signatures) to Materials Management for processing, retaining a copy of the submitted purchase order
- C. Materials Management will process the purchase order and communicate the ordering of the product to the originator of the request.
- D. The invoice will be processed once received in accordance with Finance policies and procedures.

The completed check and backup will be returned to the Foundation Coordinator or designee; copies will be made as needed for file information.

Employee Expense Reimbursements – Expenses incurred by an employee and to be reimbursed by the Foundation are to be handled in accordance with AP19, Travel and Other Business Expenses found in the Kaweah Health Policy Manual.

Mileage Reimbursement – Intra District mileage incurred by an employee and to be reimbursed by the Foundation are to be handled in accordance with AP84, Mileage Reimbursement as outlined in AP84 of the Kaweah Health Policy Manual.

Vendor Invoices – for all other invoices to be reimbursed by the Foundation funds.

1. A signed appropriately coded invoice shall be sent to the Director of Foundation or designee.
2. The Director of Foundation or designee will review the invoice, with appropriate backup, and the invoice to determine if it is an approved expense.
3. The Director of Foundation or designee will then forward the approved invoice (with the appropriate Foundation fund coding and memo) to Materials Management for processing.

The invoice will be processed in accordance with current finance policies and procedures.



Policy Number: AP148	Date Created: Not Set
Document Owner: Kelsie Davis, Board Clerk, Assist to CEO	Date Approved: Not Set
Approvers: Board of Directors (Administration)	
Grants	

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

PURPOSE: To ensure that the appropriate guidelines and procedures are followed when applying for, administering and closing grants, regardless of which Kaweah Delta Health Care District (dba Kaweah Health) department manages the grants.

POLICY: All grant requests will be prepared and submitted under the auspices of the Kaweah Health Foundation following the procedures outlined in this policy. Kaweah Health and Kaweah Health Foundation by written agreement state that all grant funds awarded to the Foundation will be held by the Foundation and that Kaweah Health will implement the grant programs. The Foundation will reimburse Kaweah Health for appropriate grant expenditures after they are incurred.

DEFINITION: A “grant” is defined as: A funding commitment or contract that is received upon approval of the submitted “Application”, “Request for Proposal” (RFP), “Request for Application” (RFA), inquiry letter or other such request that includes, at a minimum, a reason for the request, how the funds will be used and the amount of funds requested.

A “match” is defined as a requirement on the part of the District and/or grant partners to provide in-kind services and/or dollars matching the requested grant amount or a portion of it.

PROCEDURE:

All grants, at a minimum, must be approved by the Chief of the requesting Department and the Director of the Foundation.

Process for grants under \$50,000

For a grant under \$50,000, the Director of the Kaweah Health Foundation has the authority to approve the grant request and submit it to the granting agency. The requesting department’s executive team member must approve the request and have the Grants Coordinator review/edit/assist in the completion of the application.

Process for grants over \$50,000

For grants over \$50,000, the Executive Team, at the recommendation of the Director of the Foundation, must approve the grant request. Minutes of the Executive Team meeting where approval is given are filed in the grant file maintained at the Foundation. A summary

of the grant program and a proposed budget range, including any match requirements, is presented to the Executive Team by the Chief of the department requesting submission of the grant.

Preparation and submission of grant applications for all District departments

Upon receipt of the appropriate approvals as outlined above, the Chief of the requesting department will assign a staff person to work with the Grants Coordinator to complete the application, which may include the development of the proposed project, collection of data, development of the budget contract policy compliance, financial requirements and any other requirements of the granting agency.

The Grants Coordinator will complete the grant application in collaboration with the Chief and/or designated department staff. In some instances additional planning meetings may occur. Strategic Planning staff will be responsible for coordinating these strategic planning sessions and including other staff and/or agencies. Completion of the proposal will be reviewed by the Grants Coordinator and department staff. The Director of the Foundation will review the final application prior to submission.

The Grants Coordinator is responsible for submitting the grant application to the potential funder on time, with all pertinent and required information including a budget in a format established by the funder. The Chief and/or designee of the department submitting the proposed program for funding will receive a copy of the final grant application. The official version of the submitted grant application will be maintained in the grant file residing in the Foundation.

Drafts of grant application sections assigned to the departments and collaborating (outside) partners are due no later than 10 days prior to grant submission due date. If the draft is not provided by that time it may not be possible to submit the grant or the partner may not be included in the final grant application.

Grant acceptances / denials and grant contracts

All notifications from the grantors of grant proposal acceptances or denials will be received by the Foundation. The Grants Coordinator will notify the department personnel, finance department staff and department Chief of the grantor's decision.

Once the grant contract is received by the Foundation, it will be reviewed by the Grants Coordinator, the Director of the Foundation, the department Chief, a finance department representative, a compliance team member and the grant program director. The Grants Coordinator will coordinate any questions or proposed edits (if allowed) to the grant contracts with the grantor. The final contract will be signed by the Director of the Foundation on behalf of the Foundation or the CEO or Chief for grant contracts directed to Kaweah Delta Health Care District (Kaweah Health). AP.179 Bridge Policy for Federal Grants and Awards Management may be included in compliance policies for HRSA grants.

Education and training requirements for program managers

Upon receipt of the grant, an orientation session will be provided by the Grants Coordinator and the Grant Analyst this session will review the grant contractual agreement, scope of work, budget, implementation process, necessary programmatic and fiscal documentation, subcontract process, if appropriate, and any other issue pertinent to the implementation of the particular grant.

Acquisition, management and disposal of equipment acquired with grant funds

Unless a grant agreement states otherwise, all equipment acquired by the District for use in grant programs for which the Foundation reimburses the District is the property of the District.

Grant management and changes

The responsibility of the implementation and management of a grant-funded project lies with the vice president of the department in which the program resides. At the discretion of the Chief, this responsibility can be delegated to a director, coordinator or a position specific to the grant.

All proposed budget or program changes must be approved by the Chief of the department where the grant is being implemented and the Grant Coordinator, Grant Analyst, or Director of the Foundation. Once this internal approval is given and documented, the request for changes can be submitted to the funding agency by the director in charge of program implementation.

All progress and final grant reports (both programmatic and budgetary) are to be prepared by in conjunction with both Foundation staff and grant program personnel. Reports must be reviewed by the Chief of that department and the Grant Analyst as evidenced by the signatures of these parties on the draft and/or final copies of the reports. All reports are expected to be submitted in accordance with the grantor's requirements.

A quarterly review of all District and Foundation grants is completed by the Executive Team. The Committee will meet quarterly to review the report in person or via email. If the meeting is held via email, it will be documented by a return email of a majority of committee members. Departmental personnel responsible for the grants may be called upon to present information and/or answer questions about their grants at these quarterly meetings of the Foundation Grants Committee.

Grant Expenditure Review and Payment Process (Responsibility of Development Coordinator)

The reimbursement of all grant expenditures will comply with District reimbursement policies (see Administrative Policy Manual, AP 19) and any grant specific guidelines stated in the grant contract. All grant expenditures must have appropriate backup such as an invoice, receipt, etc. and any purchases from inventory will not be reimbursed. In the event of HRSA grants, Bridge Policy AP 179 Is included in the expenditure review and payment process.

A review of all grant expenses by the Director of the Foundation, Grant Analyst and Grants Coordinator is completed prior to submission to the District for reimbursement is required.

Proper expenditure of grant funds is the ultimate responsibility of the Chief of the department implementing the grant. At their discretion they may delegate a staff person (program coordinator or department director) in the department implementing the grant.

Employee Salaries and Benefits Reimbursed by Grants

If a grant limits the dollar amount of total payroll reimbursement and a grant employee's full salary is not able to be reimbursed under the grant without a modification to the benefit percentage, the reason for modification should be clearly documented within the grant file.

District employee benefit percentages are established each year by the Finance Department. When the grant budgets are being created, this percentage will be used. It will be clear what the grant will pay for, determined by the grant guidelines, and any match that Kaweah Health is responsible to cover.

Grant Salary Information

District personnel salary information is used both for grant writing and reporting purposes. Salary and benefits information is made available to personnel who are directly responsible for the management of grant activity and also to those who are responsible for the preparation of grant reporting. The Director of the Foundation ensures that all personnel who handle salary information are informed that they are expected to keep this information in the strictest confidence and are not to use this information for any other purpose other than grant-related business. If Executive Team salary information is needed, either the appropriate Chief or the Chief of Human Resources will provide this information.

Bioterrorism Grant Processes

The funds for Bioterrorism grants are distributed through the Tulare County Health and Human Services Agency and are paid out to the grantees either through expense reimbursement or by the County making the purchases on behalf of the grantees. The policies and procedures outlined herein shall be followed in the case of Bioterrorism Grant funds with the following exceptions:

- A. Receive letter or e-mail from the County verifying the amount of grant funds.
- B. Complete purchase orders and have signed by Supervisor, Chief of the department and submit to the Foundation. Include all equipment costs, including shipping and tax. Must be signed that the Foundation will reimburse by (1) Director of the Foundation.
- C. Order from vendor through purchasing.
- D. The Foundation will bill the county based upon the purchase orders submitted.

Grant analyst will reimburse the District once the items are received. This is tracked by approval of each item on the General Ledger report on the monthly performance report and then submitted to the Grant analyst

- F. **Copy the Grant Coordinator on correspondence.**

Grant Close-Out Processes

Grant Analyst will contact all grantor agencies during the process of closing grants if any fund balances remain to determine what should be done with these balances, unless already specified in the agreement with the grantor agency. All correspondence with the grantor agencies should be documented and kept in the

grant files. If contact with any of the grantor agencies is made by telephone, a request should be made to the contact person at such agencies to document via letter or email the agreement that was reached related to the remaining funds. If grantor gives permission to use the remaining funds, efforts should be made to use the funds as soon as possible for the uses the grantor specifies. If the grantor requests return of unused funds, the Grant Analyst will forward the request including all appropriate backup for the request, to the finance department so that refund check can be processed.

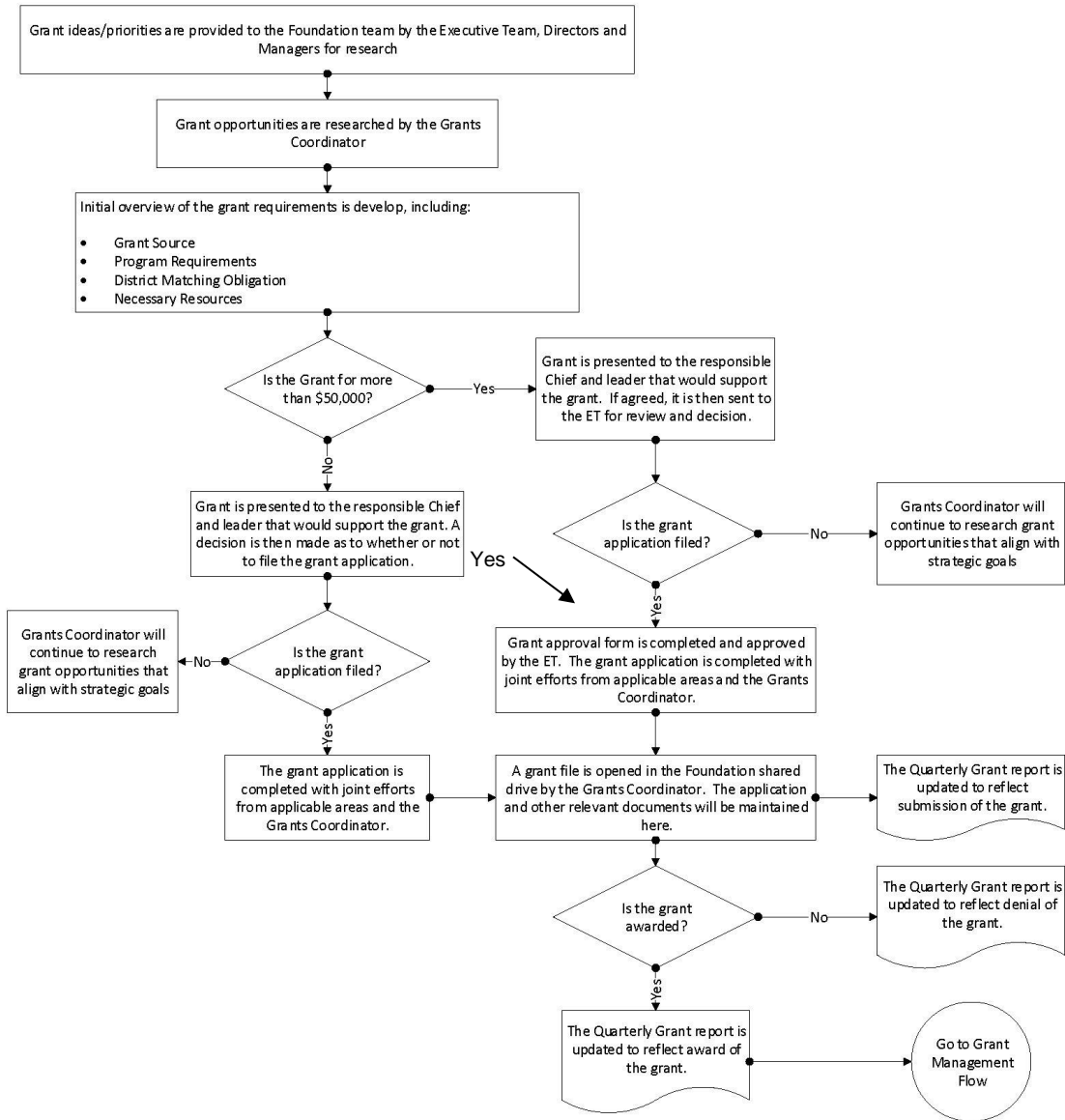
The Finance Department will post monthly interest to those grants requiring it. The Finance Department will be notified by the Grant Analyst when grant funds are exhausted and/or a grant is closed to help avoid the continued accrual of interest.

At the conclusion of each grant the Grant Analyst will insure that a grant completion report containing a cost/benefit analysis is prepared within 30 days of grant completion utilizing the approved grant completion form. The Grant Analyst will compile all audit necessary paperwork including but not limited to payroll records, expense reports and equipment reimbursement records. The Grant Analyst will submit the grant completion report to the Director of the Foundation who will review it for completeness and then provide a summary to the Kaweah Health Executive Team.

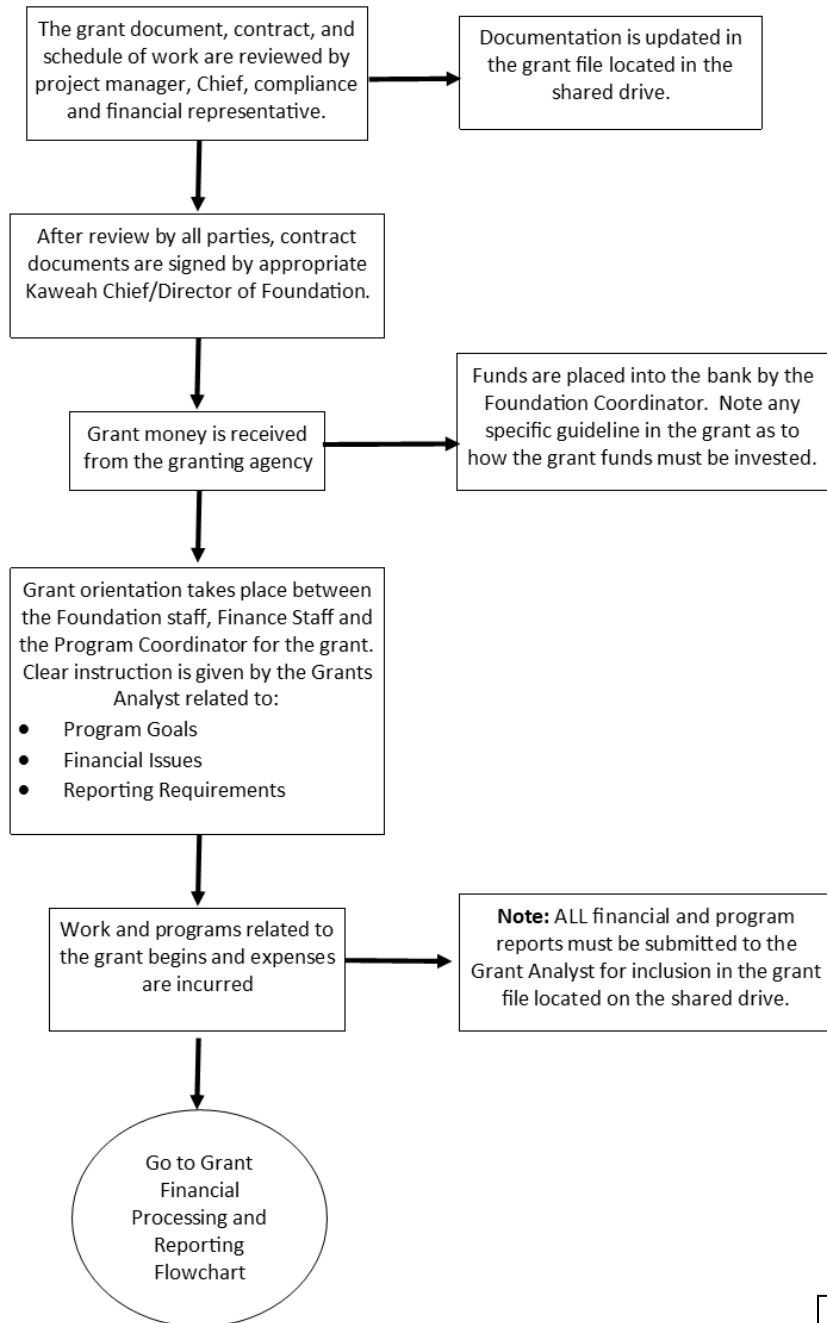
HIPAA Compliance in Grant Reporting

The Director of the Foundation and Grants Coordinator will review each grant before application is made to ensure that U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations are followed. All Development staff members must inform the Director of the Foundation of "informal" grant reporting requirements as well as formal grant reporting requirement.

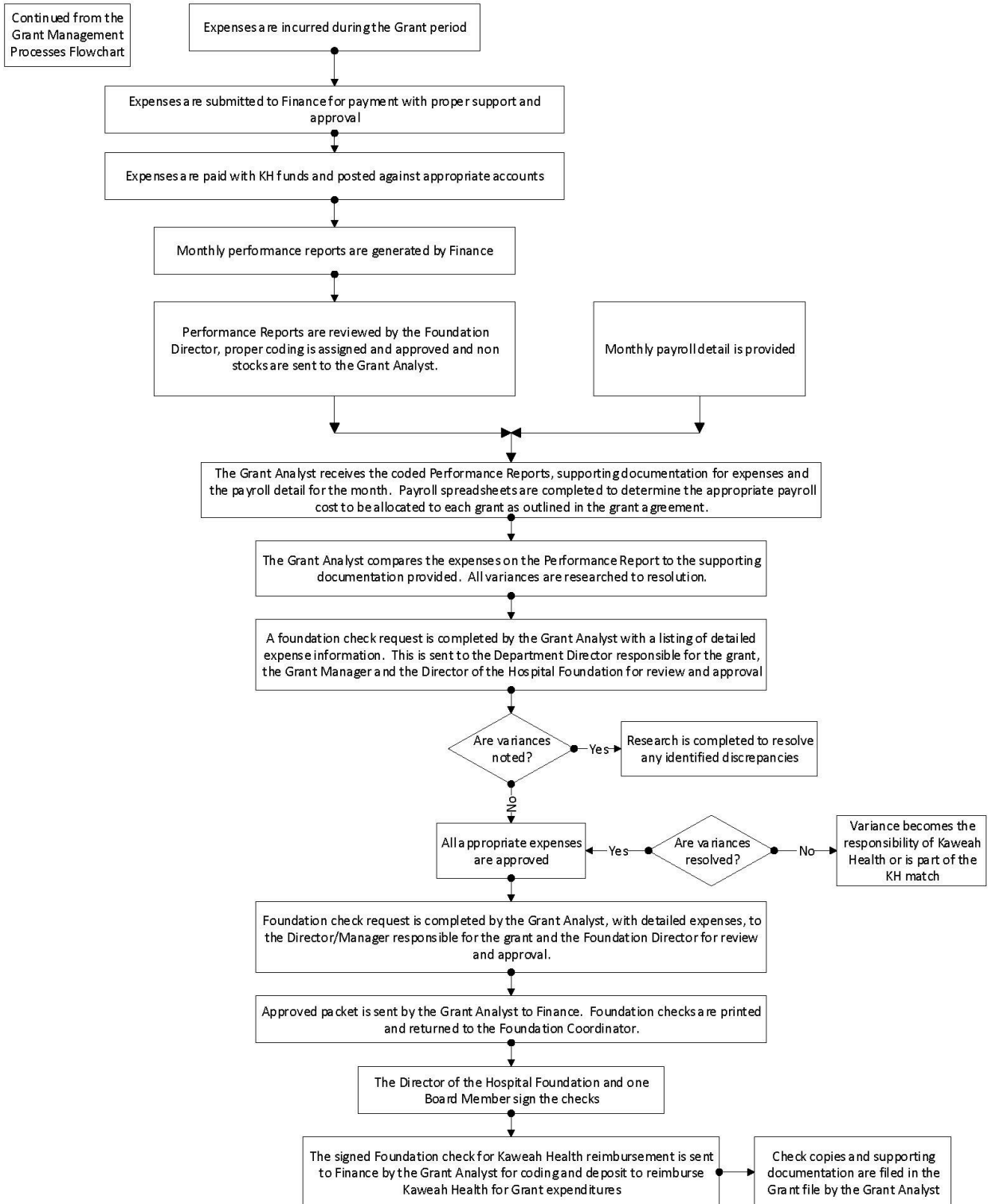
Kaweah Health Hospital Foundation Grant Application and Approval Process



Kaweah Health Hospital Foundation Grant Management Processes



Kaweah Health Hospital Foundation Grant Financial Processing and Reporting



**Kaweah Health Foundation
Executive Team Grant Approval Form**

Date to Executive Team:

Grantor:

Federal/State or Private Foundation:

Amount requested:

Cost sharing/match:

Deadline:

Grant duration period:

KH program(s) benefitted:

ET in Charge:

KH Staff Lead:

Program director/staffing needs:

Purpose/Objectives:

Operational Feasibility

Data Requirements

Reporting requirements:

Approved by: _____ Date: _____

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

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

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

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

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

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

POLICY:**I. Chief Executive Officer**

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

consideration and may make adjustments for the overall consideration (which may include health, life and disability benefits, deferred compensation or other retirement benefits, and other perquisites common in the industry) provided to CEOs in comparable institutions, with a view toward having the total overall consideration provided to Kaweah Health's CEO be at or near the median of the total overall consideration provided to CEOs at comparable institutions.

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

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

at comparable institutions. If the CEO believes that any member of the Executive Team should, on the basis of such information, have his/her salary or incentive compensation re-set above the median for executives in functionally comparable positions at comparable institutions, the CEO shall obtain the prior approval of the Board.

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

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

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 that desires to do so. For the purpose of providing a Conflict of Interest Code for Kaweah Delta Health Care District {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 Health, its Board of Directors, and its employees. The Chief Executive Officer shall ensure that a current copy of the Standard Code is kept on file in the Kaweah Health administrative office with this Conflict of Interest Code. A copy of the current version of the Standard Code is attached hereto as "Exhibit C" for information purposes only.

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

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

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

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

II. Other Affected Positions

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

III. Filing Deadlines

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

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

EXHIBIT "A"

**KAWEAH DELTA HEALTH CARE DISTRICT
{KAWEAH HEALTH}**

CONFLICT OF INTEREST CODE

Disclosure Categories

<u>Designated Positions</u>	<u>Category of Interests Required to be Disclosed</u>
Members of the Board of Directors	1
Employees	
Chief Executive Officer	1
Chief Financial Officer	1
Chief Operating Officer	1
Chief Medical and Quality Officer	1
Chief Nursing Officer	1
Chief Information & Cybersecurity Officer	1
Chief Human Resources Officer	1
Chief Strategy Officer	1
Chief of Population Health	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
Director of Risk Management	1
Director of Facilities	1
Director of Facilities Planning Services	1
All Directors of Kaweah Delta Health Care District	4B
Consultants	
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. Kaweah Health must make a written determination whether a consultant must disclose financial interests. The determination shall include a description of the consultant's duties and a statement of the extent of the disclosure requirements, if any, based upon that description. All such determinations are public records and shall be retained for public inspection with this conflict of interest code.

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

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

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

(From the Tulare County Counsel)

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

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

Designated persons in this category must report:

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

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

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

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

3. Interests in Real Property (only):

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

4. General Contracting (two options):

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

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

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

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

5. Regulatory, Permit or Licensing Duties:

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

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

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

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

EXHIBIT "C"
KAWEAH DELTA HEALTH CARE DISTRICT
{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. ¹

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 the employee has which are of the kind described in the disclosure categories to which the employee 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 the employee 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. If a person reports for military service as defined in the Servicemembers Civil Relief Act, the deadline for the annual statement of economic interest is 30 days following the person's return to office, provided the person, or someone authorized to represent the person's interests, notifies the filing officer in writing prior to the applicable filing deadline that the person is subject to that federal statute and is unable to meet the applicable deadline, and provides the filing officer verification of the person's military status.

(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 the person did not make or participate in the making of, or use the person's position to influence any decision and did not receive or become entitled to receive any form of payment as a result of the person's 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 the person 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 property³ is required to be reported,⁴ 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,⁵ 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,⁶ 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 the employee is a director, officer, partner, trustee, employee, or in which the employee 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.

(B) 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.

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

(D) 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 \$500.

(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 \$500 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 the member's or employee's statement of economic interests.

(B) 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.

(C) 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 the officer 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 the election to office through the date that the officer 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 the official 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 the officer's election to office through the date the officer 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 the employee 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 the employee's 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 the official's 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 the official's 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 the employee should not make a governmental decision because the employee 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 the employee's 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 the employee's 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.

¹ 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.

²See 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.

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

⁴Investments 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.

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

⁶Income 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.

Note: Authority cited: Section 83112, Government Code. Reference: Sections 87103(e), 84300-87302, 89501, 89502 and 89503, Government Code.

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

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

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

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

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

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

I. Travel

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

II. Service Club District Reimbursed Memberships

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

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

Policy Number: BOD7	Date Created: 10/30/2013
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 09/06/2023
Approvers: Board of Directors (Administration)	
Presentation of Claims and Service Process	

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

POLICY: This policy is intended to precisely identify those individuals who may receive (1) Claims under the Government Claims Act on behalf of Kaweah Health and (2) those individuals who may receive a Summons and Complaint on behalf of Kaweah Health.

Suits for money or damages filed against a public entity such as Kaweah Delta Health Care District (Kaweah Health) are regulated by statutes contained in division 3.6 of the California Government Code, commonly referred to as the Government Claims Act.

Government Code § 905 requires, subject to certain exceptions, the presentation of all Claims for money or damages against local public entities such as Kaweah Health. Claims for personal injury and property damages must be presented within six (6) months after accrual; all other Claims must be presented within one (1) year.

Presentation of a Claim is generally governed by Government Code § 915, which provides that a Claim, any amendment thereto, or an application for leave to present a late Claim shall be presented to Kaweah Health by either delivering it to the clerk, secretary or auditor thereof, or by mailing it to the clerk, secretary, auditor, or to the governing body at its principal office.

A Summons and Complaint are the legal documents that initiate a lawsuit. Service of process on a public entity such as Kaweah Health is generally governed by Code of Civil Procedure § 416.50, which provides that a summons may be served by delivering a copy of the summons and complaint to the clerk, secretary, president, presiding officer or other head of its governing body.

PROCEDURE:

I. **Presentation of a Government Claim**

- A. Personal Delivery. Only the Board Clerk, the Board Secretary, or the Auditor (Authorized Individuals) are authorized to receive delivery of a Government Claim (Claim) on behalf of Kaweah Health. In the absence of all Authorized Individuals, the Chief Compliance and Risk Officer (Designee) is authorized to receive personal delivery of a Claim on behalf of Kaweah Health. No other individual is authorized to receive delivery of a Claim on behalf of Kaweah Health.
- B. Mailing. Only an Authorized Individual is authorized to receive mailing of a Claim on behalf of Kaweah Health. No other individual is authorized to receive mailing of a Claim on behalf of Kaweah Health, unless the Claim is addressed to the Board of Directors and mailed to the Board of Directors of Kaweah Health at 400 West Mineral King Avenue, Visalia, California, 93291, the principal office of the Board of Directors.
- C. Processing a Presented Claim. If a Claim is (1) delivered to an Authorized Individual or Designee; or (2) received in the mail addressed to an Authorized Individual; or (3) received in the mail addressed to the Board of Directors of Kaweah Health at 400 West Mineral King Avenue, Visalia, California, 93291, the Claim shall be immediately provided to the Board Clerk who shall record the date, time and manner of delivery/ mailing in a log to be maintained in the Board Clerk's office. The Board Clerk shall then make prompt arrangements to have a copy of the Claim, as well as the log information for the Claim, provided to the Kaweah Health Risk Management Department and to the legal counsel for Kaweah Health who will be representing Kaweah Health with respect to the Claim. In the event a Claim is received by the Auditor in the absence of the Board Clerk, the Claim shall be marked with the date/time and manner of delivery/ mailing recorded. The Claim shall be immediately forwarded to the Risk Management Department to be processed as noted above.

If delivery of a Claim is attempted on any individual other than an Authorized Individual and Designee (where applicable), then the person attempting delivery shall be advised by the individual on whom delivery of a Claim is being attempted that he/she is not authorized to receive delivery of a Claim on behalf of Kaweah Health and he/she shall decline to accept delivery. If a Claim is delivered to any individual other than an Authorized Individual or Designee (where applicable), then the Claim shall be promptly forwarded directly to Kaweah Health's general counsel for possible return to the sender. The general counsel shall advise Kaweah Health's Risk Management Department of the handling of the improperly presented Claim.

If a Claim is received in the mail that is not addressed to an Authorized Individual and is not addressed to the Board of Directors of the District at 400 West Mineral King Avenue, Visalia, California, 93291, then the Claim shall be promptly forwarded directly to Kaweah Health's general counsel for possible return to the sender. Kaweah Health's general counsel shall advise the Risk Management Department of the handling of the improperly presented Claim.

II. Service of Summons and Complaint.

- A.** Personal Delivery. Only the Board Clerk, the Board Secretary or the Board President is authorized to accept delivery of a Summons and Complaint on behalf of Kaweah Health. Only in the absence of the Board Clerk, the Board Secretary, or the Board President, the Chief Compliance and Risk Management Officer is authorized to receive personal delivery of a Summons and Complaint on behalf of Kaweah Health. No other individual, and no other manner of service, is authorized in the absence of a court order or a specific authorization from the Board President, who is granted limited authority as described in this policy.
- B.** Processing a Delivered Summons and Complaint. If a Summons and Complaint are delivered to the Board Clerk, the Board Secretary or the Board President, they shall be immediately provided to the Board Clerk so the date, time and manner of delivery can be recorded by the Board Clerk in a log to be maintained in the Board Clerk's office. In the absence of the Board Clerk, the Board Secretary, or the Board President, the Chief Compliance & Risk Management Officer is authorized to receive personal delivery of a Summons and Complaint on behalf of Kaweah Health. The Board Clerk shall then make prompt arrangements to have a copy of the Summons and Complaint, as well as the log information for the Summons and Complaint, provided to the Risk Management Department and to the legal counsel for Kaweah Health, who will be representing Kaweah Health with respect to the litigation.

If service of a Summons and Complaint is attempted on any individual other than the Board Clerk, the Board Secretary or the Board President, then the person attempting delivery shall be advised by the individual on whom delivery is being attempted that he/she is not authorized to accept service of a Summons and Complaint on behalf of Kaweah Health and he/she shall decline to accept service.

An exception to the forgoing may be made only in circumstances where legal counsel for Kaweah Health receives prior authorization from the Board President to accept service of a Summons and Complaint on behalf of Kaweah Health.

If a Summons and Complaint is received under circumstances other than by delivery to the Board Clerk, the Board Secretary or the Board President, or through receipt by legal counsel with prior authorization from the Board President to accept service on behalf of Kaweah Health, then the Summons and Complaint shall be promptly forwarded directly to Kaweah Health's general counsel for possible return to the party who attempted service. Kaweah Health's general counsel shall advise the Risk Management Department of the handling of the improperly served Summons and Complaint.

"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 Radiology

Name: _____
Please Print

TeleHealth: Provide interpretative, diagnostic or treatment services by means of telemedicine devices (*must request privilege & meet criteria on page 2*).

RADIOLOGY PRIVILEGES	
<p>Education: M.D. or D.O. and successful completion of an ACGME or AOA-accredited residency / fellowship in diagnostic radiology AND Current certification or active participation in the examination process leading to certification in diagnostic radiology by the American Board of Radiology or the American Osteopathic Board of Radiology. Board certification must be obtained within 5 years of completion of residency (Board certification must be maintained per Medical Staff Bylaws).</p> <p>Certification: CA Radiology X-Ray Supervisor and Operator Certificate</p> <p>Initial Criteria: Must be able to demonstrate performance and interpretation of at least 400 general radiology examinations, 200 CT examinations, 200 magnetic resonance (MR) examinations, and 200 ultrasounds in the last 2 years OR Successful completion of an ACGME or AOA accredited residency program or clinical fellowship within the past 12 months.</p> <p>Renewal Criteria: Documentation of the number of procedures indicated below performed in the last 2 years. (May include cases performed at non Kaweah Health facilities) 400 general radiology examinations 200 CT examinations 200 magnetic resonance (MR) examinations 200 ultrasounds</p> <p>FPPE Requirements: Minimum of 10 cases/charts</p>	

DIAGNOSTIC RADIOLOGY CORE PRIVILEGES		
Request	Procedure	Approve
<input type="checkbox"/>	Privileges to diagnose, perform history and physical exam, and consult through diagnostic workup planning, radiation monitoring, performing and interpreting diagnostic procedures. <ul style="list-style-type: none"> • Routine radiographic studies including the head, neck, chest, abdomen and extremities • Computer tomography of the head, neck, chest, abdomen, pelvis, and extremities as well as their associated vasculatures • Magnetic resonance imaging of the head, neck, spine, body, and chest including the heart, abdomen, pelvis, and extremities as well as their associated vasculatures • Fluoroscopic procedures • Radiologic procedures of the genitourinary and gastrointestinal tracts • Image guided needle or nonvascular catheter procedures for biopsy, aspirations, and/or drainage • Radiologic procedures upon the musculoskeletal system • PET • CT guided procedures • Ultrasound procedures • Advanced ultrasound procedures: endovaginal ultrasound, Doppler imaging of veins and arteries, Carotid Duplex • Diagnostic neuroradiology • Mammography Ultrasound Guided biopsies • MR-Guided Breast Procedures • Nuclear Medicine 	<input type="checkbox"/>

DIAGNOSTIC RADIOLOGY ADDITIONAL PRIVILEGES					
(Must also meet the Criteria Above)					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Procedural Sedation	Successful completion of the Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	Successful completion of the Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam		<input type="checkbox"/>
<input type="checkbox"/>	Supervision of Oral administration of ablative I-131 for benign thyroid disease.	Authorized user status on Kaweah Health's Nuclear Regulatory Commission License.	Authorized user status on Kaweah Health's Nuclear Regulatory Commission License.		<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment) to include nerve root blocks/epidural steroid injections, and discography.	CA Radiology X-Ray Supervisor and Operator Certificate	Maintenance of valid Radiology Certificate		<input type="checkbox"/>
<input type="checkbox"/>	Mammography (Includes the following studies and procedures related to the breast: screening and diagnostic radiography, ductography, diagnostic ultrasonography, radiologically controlled needle localization, radiographic stereotactic fine needle biopsy/aspiration of lesions, and radiographic stereotactic core needle biopsy of lesions.)	960 cases in 2 years: 15 Category 1 CME credits specific to breast imaging every 3 years	960 cases in 2 years: 15 Category 1 CME credits specific to breast imaging every 3 years		<input type="checkbox"/>
<input type="checkbox"/>	Percutaneous Balloon Kyphoplasty/Vertebroplasty	Successful completion of a training course in percutaneous Balloon Kyphoplasty/Vertebroplasty and performed a minimum of 5 cases in last two years.	Minimum of 5 cases in the last 2 years	Minimum of 2 Chart Reviews	<input type="checkbox"/>

<input type="checkbox"/>	Peripheral Vascular Interventions to include diagnostic and therapeutic angiography, angioplasty, and stenting-arterial, venous, grafts, and fistulas (excluding carotid stenting and intracranial intervention)	One Year special training or practicing in diagnostic and therapeutic general angiography and performed a minimum of 10 cases in last 2 years	Minimum of 10 cases in 2 years	Minimum of 5 Chart Reviews	<input type="checkbox"/>
<input type="checkbox"/>	Percutaneous Thrombolysis/Thrombectomy	Successful completion of a training course in Thrombolysis/Thrombectomy and performed a minimum of 10 cases in last two years.	Minimum of 10 cases in 2 years	Minimum of 5 Chart Reviews	<input type="checkbox"/>
<input type="checkbox"/>	Radiofrequency, Microwave, and/or cryoablation of solid Organ and Bone Lesions.	Completion of a one year accredited fellowship in vascular and interventional radiology OR Completion of an approved training course in percutaneous ablation	Minimum of 5 cases in 2 years	Minimum of 2 Chart Reviews	<input type="checkbox"/>

INTERVENTIONAL RADIOLOGY CORE PRIVILEGES
(Must also meet Initial Criteria)

Initial Criteria: Radiology Core Privileges Criteria **AND** Completion of a one-year accredited fellowship in vascular and interventional radiology **AND/OR** Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in vascular and interventional radiology by the ABR or completion of a certificate of added qualification in angiography and interventional radiology by the AOBRR. At least **10** vascular and interventional radiology procedures in the last two years **OR** Successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Renewal Criteria: Documentation of 10 Vascular and Interventional radiology procedures in the last 2 years.

FPPE Requirements: Minimum of 5 cases/charts

Request	Procedure	Approve
<input type="checkbox"/>	<p>Privileges included in the Core: Privileges to evaluate, diagnose, consult and treat patients of all ages by various radiologic imaging modalities (fluoroscopy, digital radiography, CT, sonography, and MRI).</p> <ul style="list-style-type: none"> • Angiography/Arteriography • Angioplasty • Coil occlusions of aneurysms • Endovenous laser therapy • Insertion and Management of central venous and dialysis access line • Lymphography • Therapeutic infusion of vasoactive agents • Therapeutic vascular radiology, including balloon angioplasty, stent placement, atherectomy, intra-arterial and IV thrombolytic therapy, and embolization/ablation, including transarterial chemoembolization (excluding carotid and intracranial intervention) • Uterine artery embolization for leiomyoma • Venography and venous sampling • Percutaneous Thrombolysis/Thrombectomy • Percutaneous bile duct dilation, stenting, and stone removal; percutaneous gallstone and renal stone removal; percutaneous GU & GYN tract dilation and stenting; percutaneous gastrostomy or enterostomy; and other procedures requiring similar technical skills 	<input type="checkbox"/>

TELEMEDICINE PRIVILEGE REQUEST
(Privileges below granted for those providing Teleradiology Only)

<input type="checkbox"/>	General Radiology to include interpreting diagnostic procedures (CT, Film, MRI, Nuclear Medicine, and Ultrasound)	Same as Diagnostic Radiology Core, excluding CA Radiology X-Ray Supervisor and Operator Certificate	Same as Diagnostic Radiology Core, excluding CA Radiology X-Ray Supervisor and Operator Certificate	10 Chart Reviews (Diagnostic Radiology Core can be Counted)	<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*

Privileges in Gastroenterology

Name: _____ Date: _____

Please Print

GASTROENTEROLOGY PRIVILEGES - INITIAL CRITERIA

Education: M.D. or D.O. and successful completion of an accredited residency in Internal Medicine and fellowship in Gastroenterology approved by the ACGME, AOA or the Royal College of Physician & Surgeons of Canada (*if board certified by an ABMS Board or actively pursuing ABMS Board Certification*). Board certification must be obtained within 5 years of completion of residency.

Current Clinical Experience: Documentation of inpatient or consultative services for at least 100 gastroenterology patients during the past 2 years OR Successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Renewal Criteria: Inpatient or consultative services for at least 100 gastroenterology patients during the past 2 years AND Maintain certification or active participation in the examination process leading to certification in Gastroenterology by the ABIM/AOBIM;

FPPE: Minimum of 1 concurrent review for Colonoscopy and EGD; 4 retrospective chart reviews

Request	GASTROENTEROLOGY CORE PRIVILEGES	Approve
<input type="checkbox"/>	Core Privileges include: Perform Medical H&P; evaluate diagnosis, provide consultation and treat (may include telehealth) patients with illnesses, injuries, and disorders of the stomach, intestines, and related structures, such as the esophagus, liver, gallbladder, pancreas and nutrition. Core privileges include biopsy, polypectomy, injection/coagulation for hemostasis and/or tissue ablation and percutaneous liver biopsy, pH probe and esophageal manometry, Nonvariceal hemostasis - upper and lower, snare Polypectomy, Variceal hemostasis, Esophageal dilation, Flexible sigmoidoscopy, Colonoscopy (with or without biopsy; with or without polypectomy), Diagnostic Esophagogastroduodenoscopy (EGD), PEG	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active staff status)	<input type="checkbox"/>

GENERAL INTERNAL MEDICINE CORE PRIVILEGES

Renewal Criteria: 25 patient contacts in the past two years AND Maintenance of Board Certification in Internal Medicine.

FPPE: 6 retrospective chart reviews

Request	Privileges/Procedures	Approve
<input type="checkbox"/>	Perform H&P, evaluate, diagnose, treat and provide consultation (may include telehealth) to adolescent and adult patients with common and complex illnesses, diseases and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric and genitourinary systems.	<input type="checkbox"/>

ADVANCED GASTROENTEROLOGY PRIVILEGES

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	EUS	<u>Documentation of training during fellowship or a didactic and hand-on program during which the candidate has performed 150 supervised cases to include a minimum of 50 EUS-guided FNAs, 75 pancreaticobiliary cases, 75 mucosal cancer staging cases, and evaluation of 40 subepithelial lesions. If the training is older than 2 years, the candidate must provide proof of 50 cases successfully completed within 12 months of requesting privileges.</u> <u>Documentation of training to include 150 supervised cases: 50 EUS guided FNA and 75 pancreaticobiliary cases within the last 2 years; OR</u> <u>Documentation of training AND 20 procedures in the last 2 years.</u>	20 procedures in the last 2 years.	Minimum of 4 concurrent review, to include 2 FNA	<input type="checkbox"/>
<input type="checkbox"/>	ERCP <i>Prerequisite: Fluoroscopy Certificate</i>	<u>Documentation of training during fellowship or a didactic and hand-on program during which the candidate has performed 200 supervised cases. If the training is older than 2 years, the candidate must provide proof of 50 cases successfully completed within 12 months of requesting privileges.</u> <u>Documentation of training and 25 (Includes 5 stent and 20 sphincterotomies placements) in the last 2 years</u>	25 in the last 2 years	Minimum of 2 concurrent review	<input type="checkbox"/>

Surgical Quality Improvement Program (SQIP) Report



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

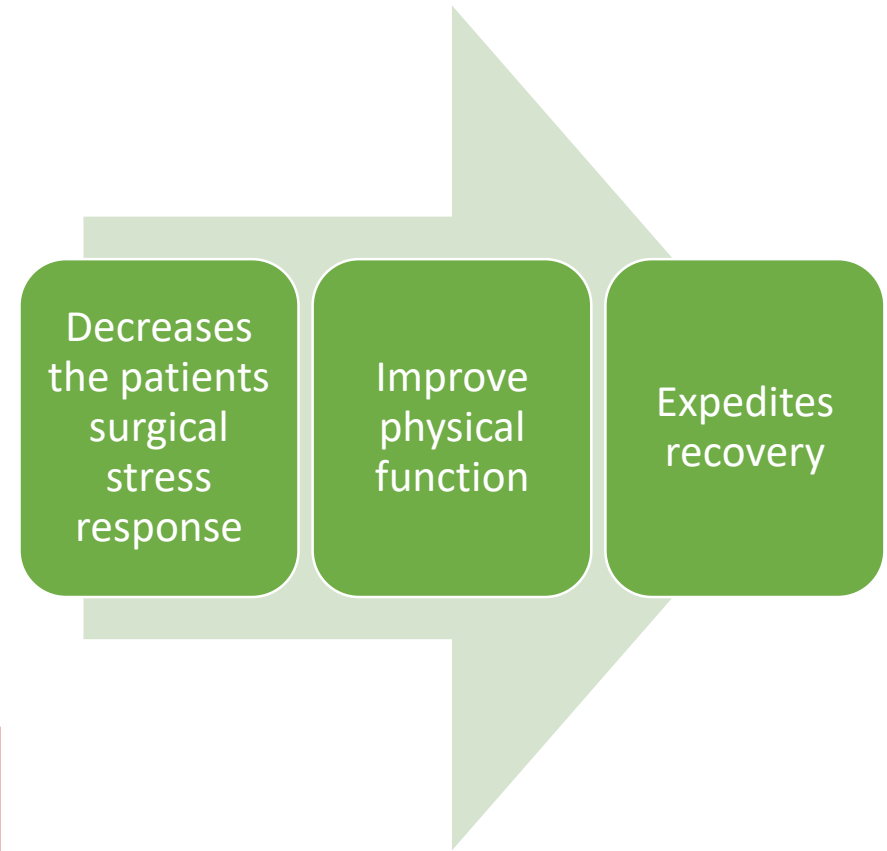
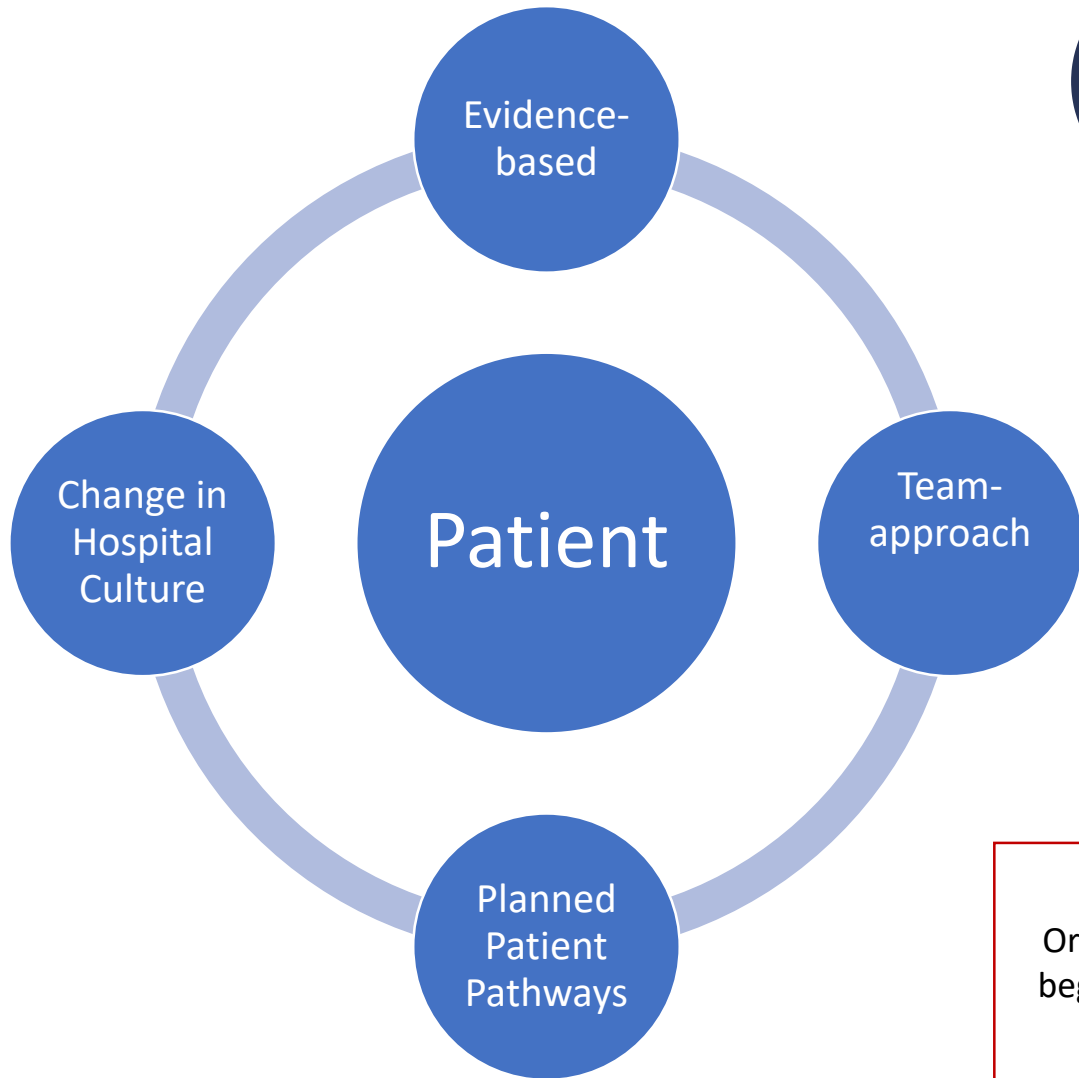


Kawah Health
MORE THAN MEDICINE. LIFE

Surgical Quality Improvement Program

- Is a program designed to help improve quality across the surgical patients care.
- It assesses structures to enable quality data to drive our improvement processes.
- Utilize MIDAS automated electronic surgical quality and the National Healthcare Safety Network (NHSN) surgical site infection data to populate an overall dashboard to track and trend.

Enhanced Recovery After Surgery (ERAS)



Colorectal Surgery,
Orthopedic Surgery, and
beginning phases of GYN
Surgery

Surgical Quality Dashboard

		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD Total
ERAS Elective Colorectal (n=)	ISCR Benchmark	10	5	8	7	7	5	7	7	7	13	5	4	85
Preop Oral Antibiotics	68.68%	57% 4/7	33% 1/3	0% 0/4	67% 2/3	33% 1/3	50% 1/2	100% 6/6	83% 5/6	67% 4/6	92% 11/12	100% 3/3	100% 4/4	71% 42/59
Multi-modal Pain Management	84.12%	90% 9/10	100% 5/5	100% 8/8	86% 6/7	86% 6/7	80% 4/5	100% 7/7	86% 6/7	100% 7/7	100% 12/12	80% 4/5	75% 3/4	92% 77/84
Postop VTE Chemoprophylaxis	75.16%	N/C	100% 1/1	75% 3/4	100% 3/3	100% 3/3	100% 2/2	100% 3/3	100% 2/2	75% 3/4	63% 5/8	40% 2/5	100% 1/1	78% 28/36
Postop Mobilization	63.82%	100% 9/9	100% 5/5	100% 7/7	100% 6/6	100% 7/7	80% 4/5	100% 7/7	67% 4/6	100% 7/7	83% 10/12	80% 4/5	50% 2/4	90% 72/80
Postop Intake of Liquids	86.15%	100% 10/10	100% 5/5	100% 8/8	100% 7/7	100% 7/7	80% 4/5	100% 7/7	100% 7/7	100% 5/5	100% 11/11	100% 5/5	100% 4/4	99% 80/81
Foley Removal	95.77%	100% 4/4	100% 1/1	100% 3/3	100% 1/1	100% 3/3	67% 2/3	100% 3/3	100% 3/3	100% 2/2	80% 4/5	100% 3/3	100% 3/3	94% 32/34

Surgical Quality Dashboard

CMS Patient Safety Indicators (PSIs)-Perioperative Complications of Care (per 1,000 discharges)

	CMS Benchmark	Apr-23	May-23	Jun-23*	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
PSI 4 - Death with serious treatable complication	161.73 / 143.04*	454.55 5/11	111.11 2/18	318.18 7/22	71.43 1/14	214.27 3/14	333.33 4/12	0.00 0/9	200 2/10	250 4/16	437.5 7/16	214.29 13/14	375 6/16	254.34 44/173
PSI 5- Retained surgical item	0.03	0.00 0/1218	0.00 0/1300	0.00 0/1302	0.00 0/1285	0.00 0/1315	0.82 1/1223	0.00 0/1252	0.00 0/1229	0.00 0/1257	0.00 0/1432	0.00 0/1247	0.00 0/1300	0.07 1/15326
PSI 9** - Perioperative Hemorrhage or Hematoma	2.60 / 2.39*	0.00 0/298	16.34 5/306	3.35 1/298	3.31 1/302	0.00 0/294	3.62 1/277	3.72 1/269	0.00 0/245	0.00 0/222	6.65 2/301	0.00 0/221	0.00 0/265	3.34 11/3296
PSI 10** - Postoperative Kidney Injury	1.32 / 0.92*	0.00 0/97	0.00 0/91	0.00 0/97	0.00 0/81	0.00 0/81	11.77 1/85	0.00 0/96	0.00 0/77	0.00 0/70	0.00 0/93	0.00 0/75	0.00 0/92	0.97 1/1035
PSI 11**-Postoperative Respiratory Failure	7.88 / 6.47*	0.00 0/95	0.00 0/92	0.00 0/97	10.87 1/92	0.00 0/97	12.05 1/83	10.20 1/98	12.35 1/81	0.00 0/69	0.00 0/99	12.50 1/80	0.00 0/94	5.66 6/1060
PSI 12** - Perioperative PE/VTE	3.86 / 3.41*	3.24 1/309	0.00 0/316	3.15 1/318	9.49 3/316	0.00 0/316	0.00 0/289	3.61 1/277	7.82 2/257	8.70 2/230	9.68 3/310	8.51 2/235	0.00 0/264	4.37 15/3433
PSI 13** - Postoperative Sepsis	5.23 / 4.09*	0.00 0/92	0.00 0/90	0.00 0/94	0.00 0/82	0.00 0/81	0.00 0/82	0.00 0/91	0.00 0/71	0.00 0/68	0.00 0/89	0.00 0/75	0.00 0/91	0.00 0/1009
PSI 14** - Postoperative Wound Dehiscence	0.86 / 0.82*	0.00 0/70	0.00 0/51	0.00 0/53	0.00 0/79	0.00 0/81	0.00 0/45	0.00 0/69	17.86 1/56	0.00 0/46	0.00 0/64	16.13 1/62	0.00 0/62	2.71 2/739
PSI 15** - Accidental Puncture or Laceration	1.29 / 1.04*	0.00 0/238	0.00 0/202	4.55 1/220	3.73 1/268	0.00 0/256	4.53 1/221	0.00 0/242	0.00 0/225	0.00 0/236	0.00 0/248	0.00 0/214	0.00 0/218	1.08 3/2787
PSI 90 -Adverse Events Compsite	1.00	0.42 0.17/0.42	0.98 0.43/0.44	0.57 0.24/0.42	2.08 0.65/0.31	0.00 0/0.42	1.07 0.35/0.33	1.72 0.61/0.36	2.33 0.82/0.35	1.03 0.35/0.34	2.30 0.78/0.34	1.54 0.60/0.39	0.00 0/0.41	1.15 5.19/4.53
Complication elective THA/TKA	2.30 / 3.2*	0.00 0/9	0.00 0/5	0.00 0/13	0.00 0/7	100 1/1	0.00 0/7	0.00 0/3	0.00 0/3	0.00 0/1	0.00 0/3	0.00 0/2	0.00 0/10	1.59 1/63

Patient Safety Indicators (PSI's)

- Claims-based quality measures (ICD-10 Billing Codes)
- Provides information on potentially avoidable safety events that represent opportunities for improvement in the delivery of care. More specifically, they focus on potential in-hospital complications and adverse events following surgeries and procedures.
- SQIP is in partnership with the Quality Department and the PSI Committee to monitor Patient Safety Indicator events and trends. **Currently monitoring nine (9) indicators** along with Surgical Site Infections.
 - PSI cases reviewed for coding and documentation accuracy and clinical quality opportunities.
- Current priority work in **Pulmonary Embolism/Deep Vein Thrombosis (PE/DVT)** prevention processes.

Surgical Site Infections (SSIs)

		Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Total
SSI Colon	Actual	0	0	2	0	0	0	2	1	0	0	2	2	11
	Predicted (benchmark)	0.53	1.06	0.702	0.512	0.758	0.851	1.279	N/A	0	0	1.48	1.23	0.82
SSI Abdominal Hysterectomy	Actual	1	0	1	0	1	0	0	0	0	0	1	0	4
	Predicted (benchmark)	0.203	0.187	0.702	0.512	0.702	0.164	0.125	0	0	0	0.19	0.227	0.24
Ht/Wt Documented	99%	97%	99%	99%	98%	98%	98%	99%	97%	98%	99%	99%	99%	99%
		423/438	390/392	450/454	430/439	457/468	417/424	423/427	428/440	432/442	418/424	419/439	449/445	5162/5216

*Some surgical site infection events are identified up to 90 days post procedure which might result in lower than actual number of monthly SSI events reported compared to year-end results.

- **Surgical Site Infection data:**

- SSI Colon:

- We are better than predicted with 11 cases within the last calendar year, March 2023-March 2024.

- SSI Abdominal Hysterectomy:

- We have had 4 within the same time.

Live with passion.

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





FY 2024 Strategic Plan

Strategic Growth and Innovation
May 22, 2024



kaweahhealth.org



Kaweah Health

MORE THAN MEDICINE. LIFE ^{170/345}

Recruit Providers

Champion: JC Palermo

Objective: *Develop and Implement Strategies and Practices to Recruit and Retain Providers.*

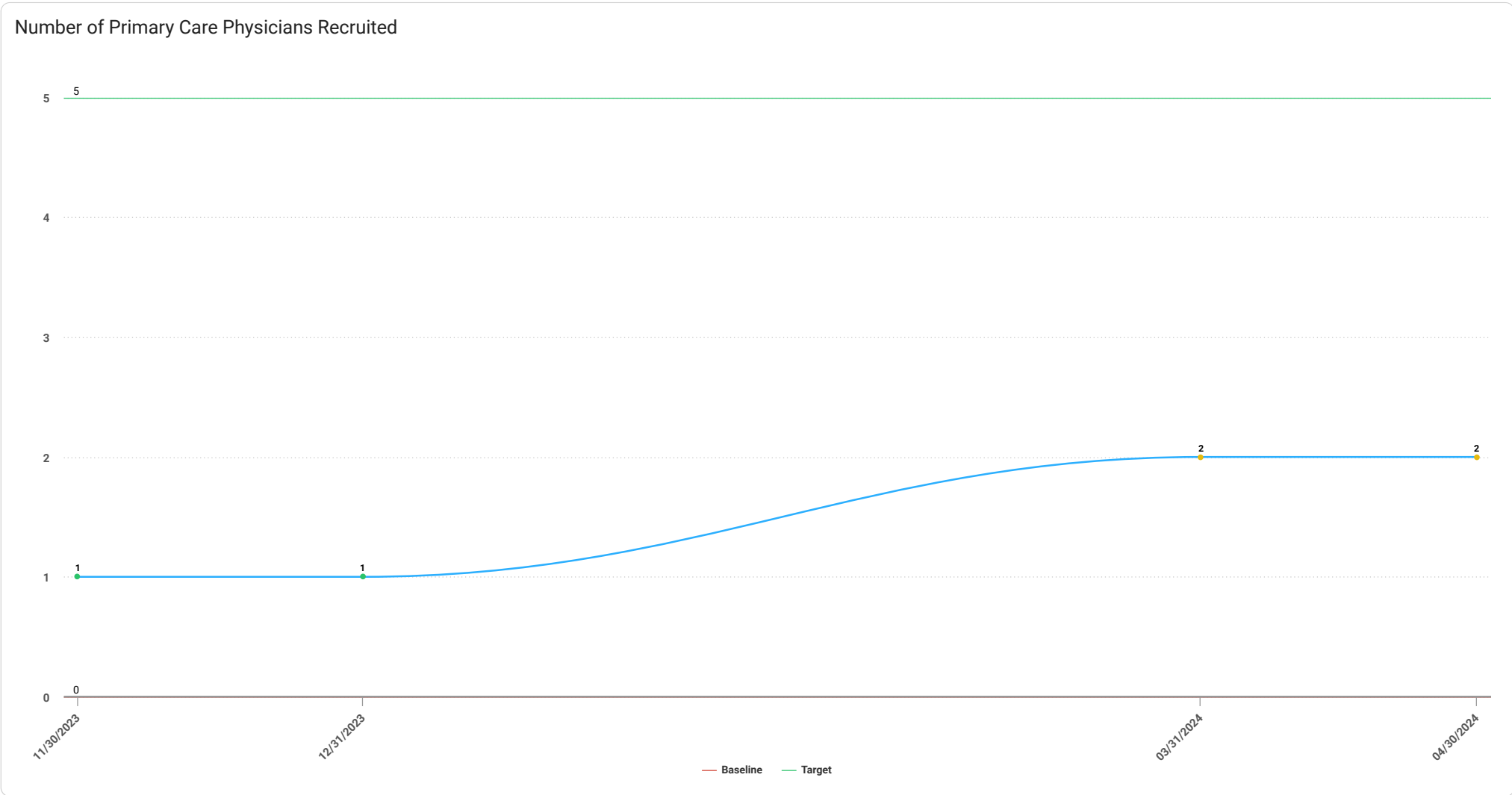
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.1	Objective	Develop New Recruitment Strategy for Top Physician Needs	07/01/2023	06/30/2024	JC Palermo	On Track	We continue to strategize around and target specialists and family care practice physicians utilizing the Physician Needs Assessment, feedback and partnerships with local physician practices, and the Kaweah Health strategic plan.
3.1.1.1	Outcome	Recruit 5 Primary Care Physicians	07/01/2023	06/30/2024	JC Palermo	Off Track	Dr. Rafael Martinez - Ben Maddox, KH Resident has signed with Key.
3.1.1.2	Outcome	Recruit 15 Specialty Physicians	07/01/2023	06/30/2024	JC Palermo	Achieved	FYTD we have recruited: 4 Anesthesiologists, 1 each - Intensivist, Hospice/Palliative Care, Hospitalist, Endocrinologist, Radiation Oncologist, Neonatologist, Pediatric Hospitalist, Ortho Traumatologist, Medical Oncologist, Interventional Cardiologist, 2 CT Surgeons, 10 CRNA.

Recruit Providers

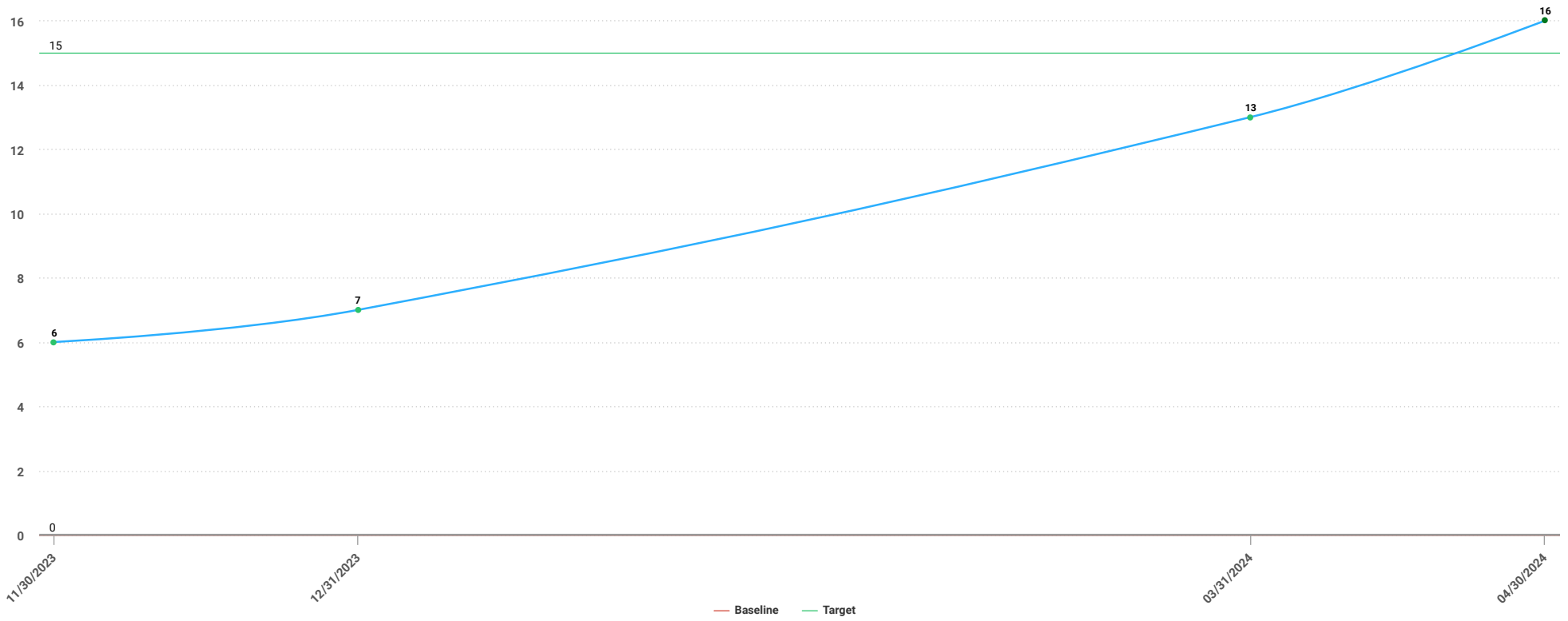
Champion: JC Palermo

Number of Primary Care Physicians Recruited



Recruit Providers Champion: JC Palermo

Number of Specialty Physicians Recruited



Inpatient and Surgery Volumes

Champions: Tracy Salsa, Christine Aleman, Kevin Bartel

Objective: Increase Inpatient and Surgical Volumes in Targeted Areas.

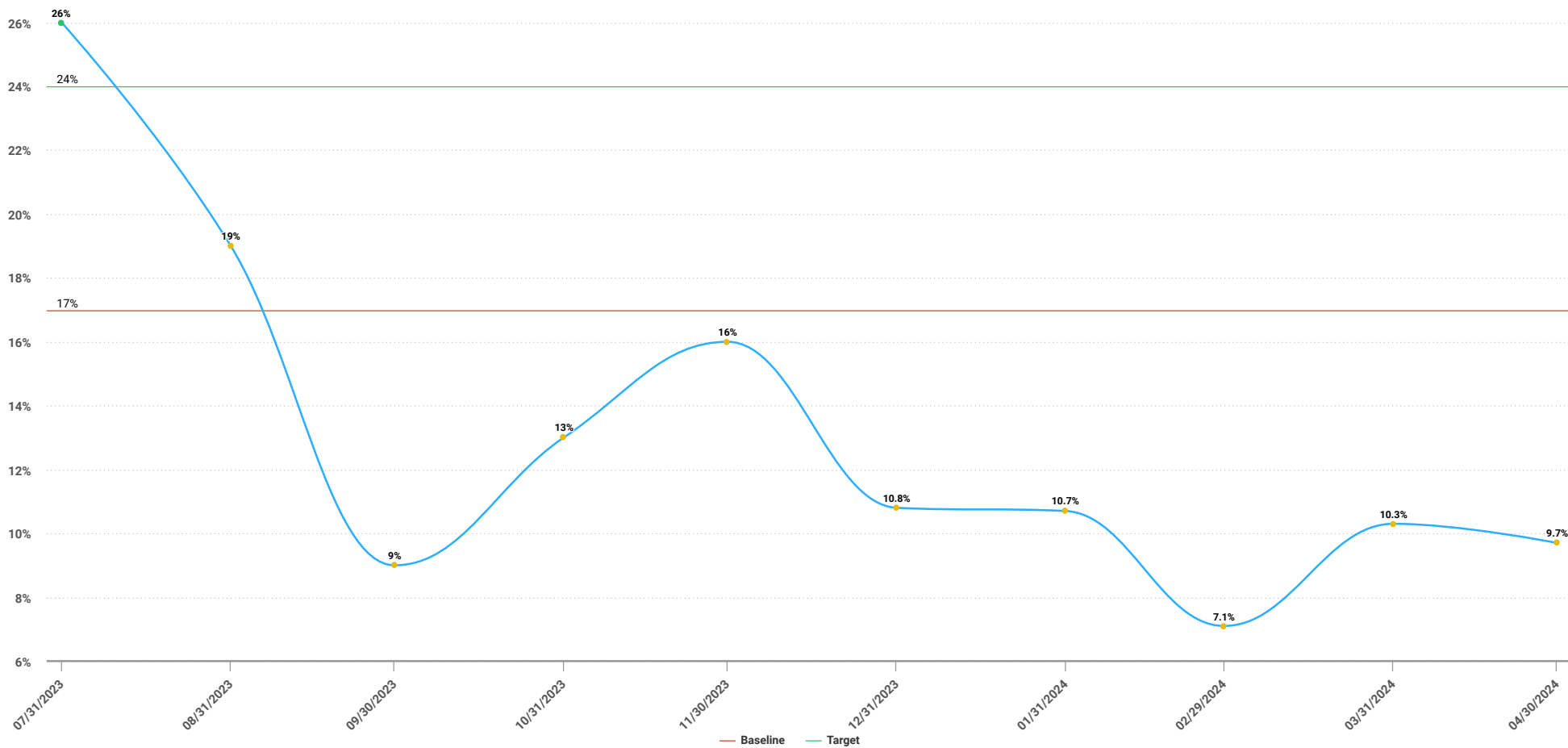
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.1.1	Outcome	Increase the Percentage of Coronary Artery Bypass Graph Surgery Cases that are Elective	07/01/2023	06/30/2024	Lori Mulliniks	Off Track	March had a total of 29 cases of which only 3 were Coronary Artery Bypass Graph Surgery Cases.
3.2.2.1	Outcome	Increase Number of Urology Surgery Cases	07/01/2023	06/30/2024	Kevin Bartel	Off Track	FYTD 2024 through March (9 months) has shown a 23% increase in IP Urology surgery volume compared with this same time frame in FYTD 2023. The February target for IP Urology surgeries was met, and the FYTD 2024 monthly IP surgery average (28) is slightly below the target of 28.9. The primary barrier to additional IP surgeries continues to be limited on-call Urology coverage at Kaweah (40-50%) each month.
3.2.2.2	Outcome	Decrease Urology Cases Transferred out of Kaweah Health	07/01/2023	06/30/2024	Kevin Bartel	On Track	FYTD 2024 through April (10 months), there have been a total of 43 Urology cases that were transferred out of Kaweah Health due to the reason of "Specialist not available", which is indicative of our lack of full-time Urology call coverage at Kaweah currently. This averages to 4.3 transfers per month, still below our target of 4.75 transfers per month.

Inpatient and Surgery Volumes

Champions: Tracy Salsa, Christine Aleman, Kevin Bartel

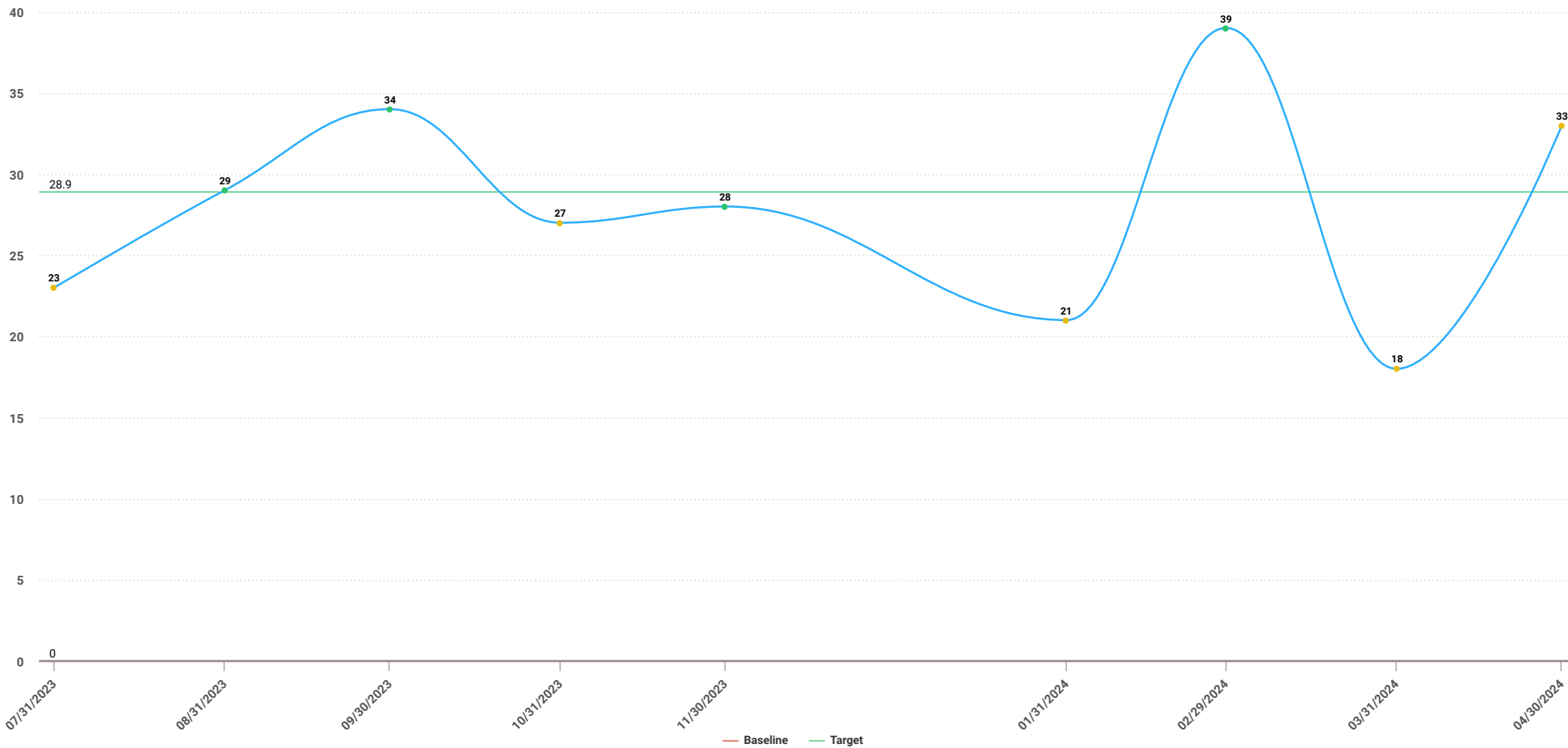
Increase the Percentage of Elective Coronary Artery Bypass Graph Surgeries



Inpatient and Surgery Volumes

Champions: Tracy Salsa, Christine Aleman, Kevin Bartel

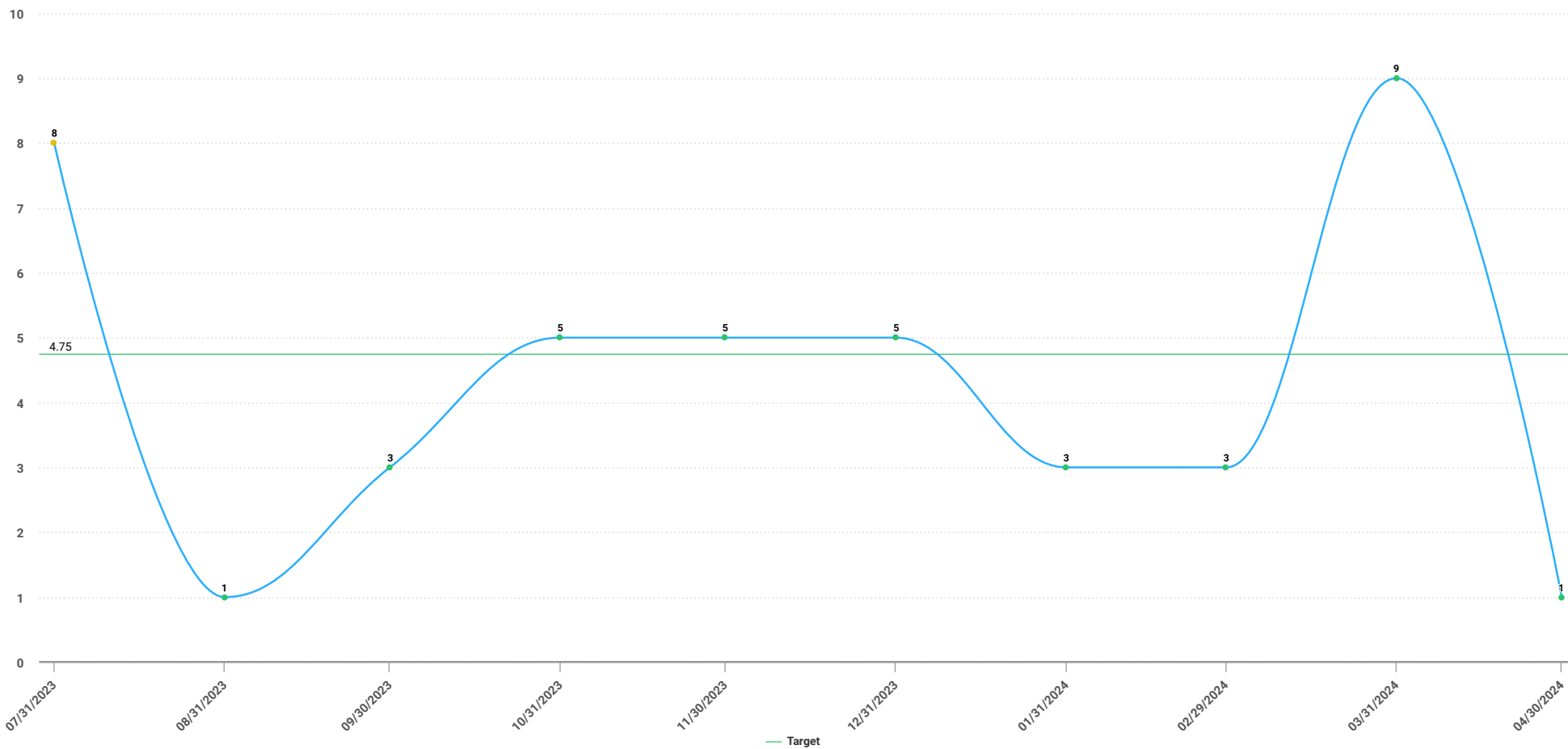
Increase Urology Surgery Cases by 20% from FY 2023 Volumes



Inpatient and Surgery Volumes

Champions: Tracy Salsa, Christine Aleman, Kevin Bartel

Decrease the Number of Urology Cases Transferred out of Kaweah Health in FY 2024 by 40%



Outpatient Services Champions: Ivan Jara, Melissa Quinonez, and Christine Aleman

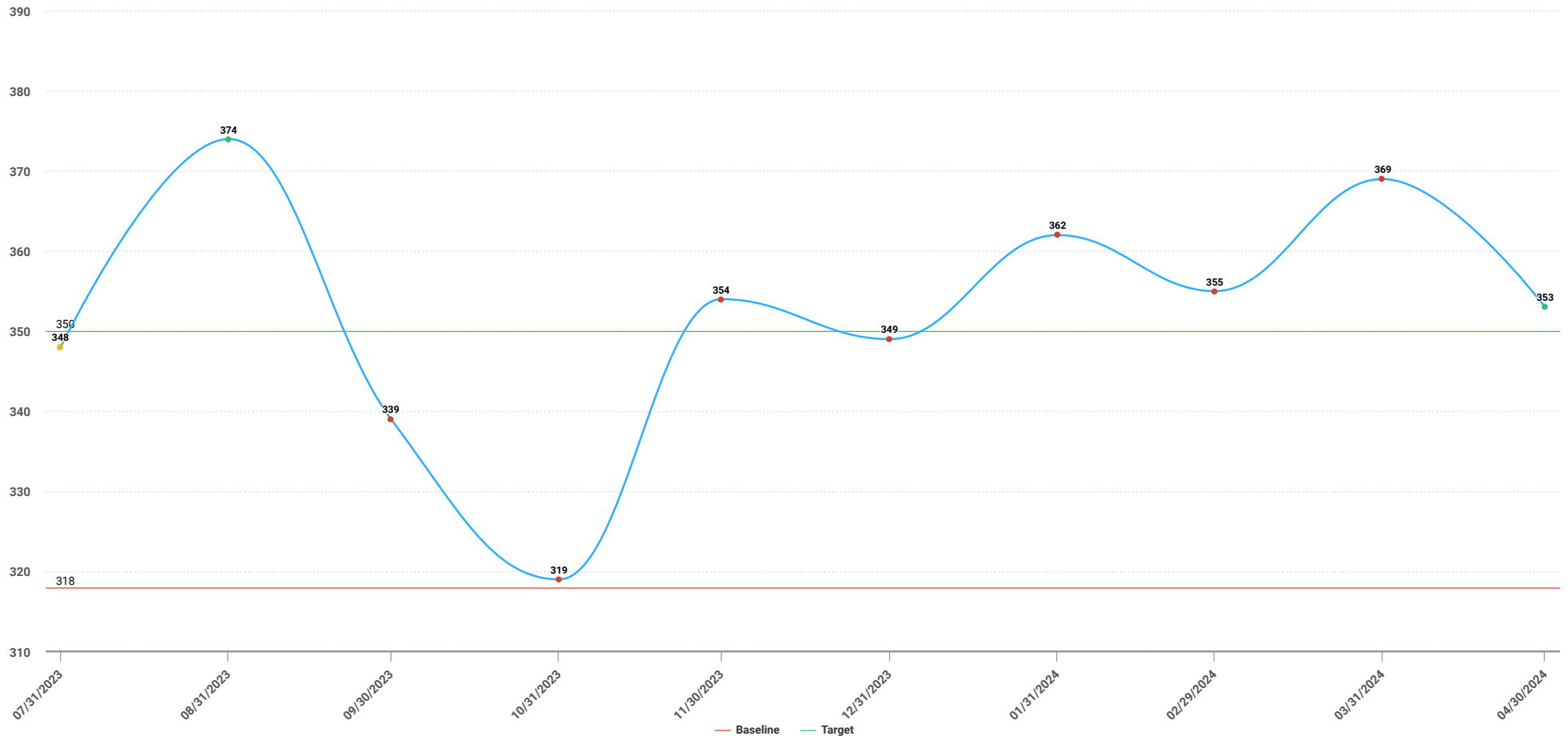
Objective: Increase Outpatient Services and Volumes by Focusing on Targeted Areas for Expansion and Growth.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.1.1	Outcome	Open 202 Willow Clinic (Employee Clinic, Commercial, Walk In and Employee Wellness Programs)	05/01/2023	10/13/2023	Ivan Jara	Achieved	Clinic opened.
3.3.1.2	Outcome	Open Industrial Park Clinic (Occupational Medicine)	10/31/2022	09/29/2023	Ivan Jara	Achieved	Clinic has opened.
3.3.1.3	Outcome	Open a Youth Crisis Stabilization Unit	07/01/2023	10/31/2024	Melissa Quinonez	Off Track	Finalizing service agreements. Final documents due to go to the County Board of Directors this summer. If approved, will begin bidding on renovations for the building. Expected opening of CSU now expected for Spring of 2025.
3.3.1.4	Outcome	Increase Monthly Endoscopy Case Volume	07/01/2023	06/30/2024	Lori Mulliniks	On Track	Of the 369 March procedures, 260 (70%) were performed by Adventist aligned providers, which is the highest percentage to date. Effective 3/15/24, the Assistant Director of Surgery who oversaw Endoscopy, became employed by Adventist. The Assistant Nurse Manager, who will oversee Endo, has brought new ideas from her previous hospital and has implemented new customer service ideas (both provider and patient) in order to compete. We continue to recruit additional providers.

Outpatient Services Champions: Ivan Jara, Melissa Quinonez, and Christine Aleman

Increase Monthly Endoscopy Case Volume



Innovation Champion: Jacob Kennedy

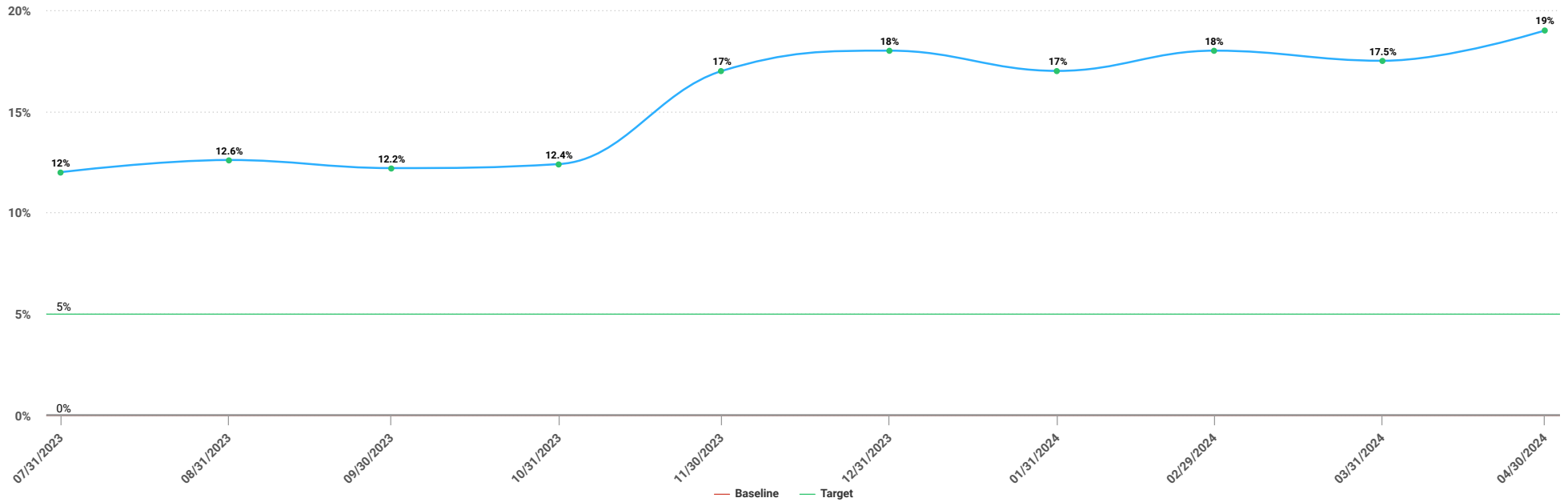
Objective: Implement and Optimize Innovative Technological Solutions.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.4.1.1	Outcome	Increase Volume of Text Messages to Patients as a Percent of Total Call Volume	07/01/2023	06/30/2024	Jacob Kennedy	On Track	Patients continue to use text messaging as a means to communicate with the call center. We continue to let patients know of this option via hold messages and word of mouth from the call center staff.
3.4.1.2	Outcome	Reduce the Patient Call Abandonment Rate	07/01/2023	06/30/2024	Jacob Kennedy	On Track	We exceeded our target for the abandonment rate in the month of April! We reduced from 13% in March to 5.2% in April. This was reduction was due mainly to improved staffing ratios and closer monitoring of average talk times. Hold times also reduced for our patients improving patient satisfaction considerably.
3.4.1.3	Outcome	Reduce the Average Hold Time for Patients (in seconds)	07/01/2023	06/30/2024	Jacob Kennedy	On Track	We lowered the average hold time for patients from 143 seconds in March to 55 seconds in April. As stated above, this is due mainly to better staffing ratios and lower average talk times overall.
3.4.1.4	Outcome	Reduce the Time to Receive Authorization Approval (in days)	01/01/2024	06/30/2024	Jacob Kennedy	Off Track	We saw improvement in this area, but still have some work to do to meet our average auth approval time for referrals. While we have improved the time it takes to get prior-auth requests to the healthplans for approvals, we are often at the mercy of those healthplans to get an answer back.
3.4.1.5	Outcome	Reduce the Time From Referral to Scheduled Appointment (in days)	01/01/2024	06/30/2024	Jacob Kennedy	Off Track	We saw a slight improvement in this area, but still have some work to do to get to the target of 5 days. While we have improved the time it takes to get referrals to the specialists for scheduling, we are often at the mercy of those specialists to get an answer back.
3.4.1.6	Outcome	Increase the Percent of Telehealth Visits vs Face to Face Visits	07/01/2023	06/30/2024	Jacob Kennedy	Off Track	We saw a decrease in telehealth vs in person visits in April. Providers and patients tend to want to meet face-to-face for a majority of appointments.

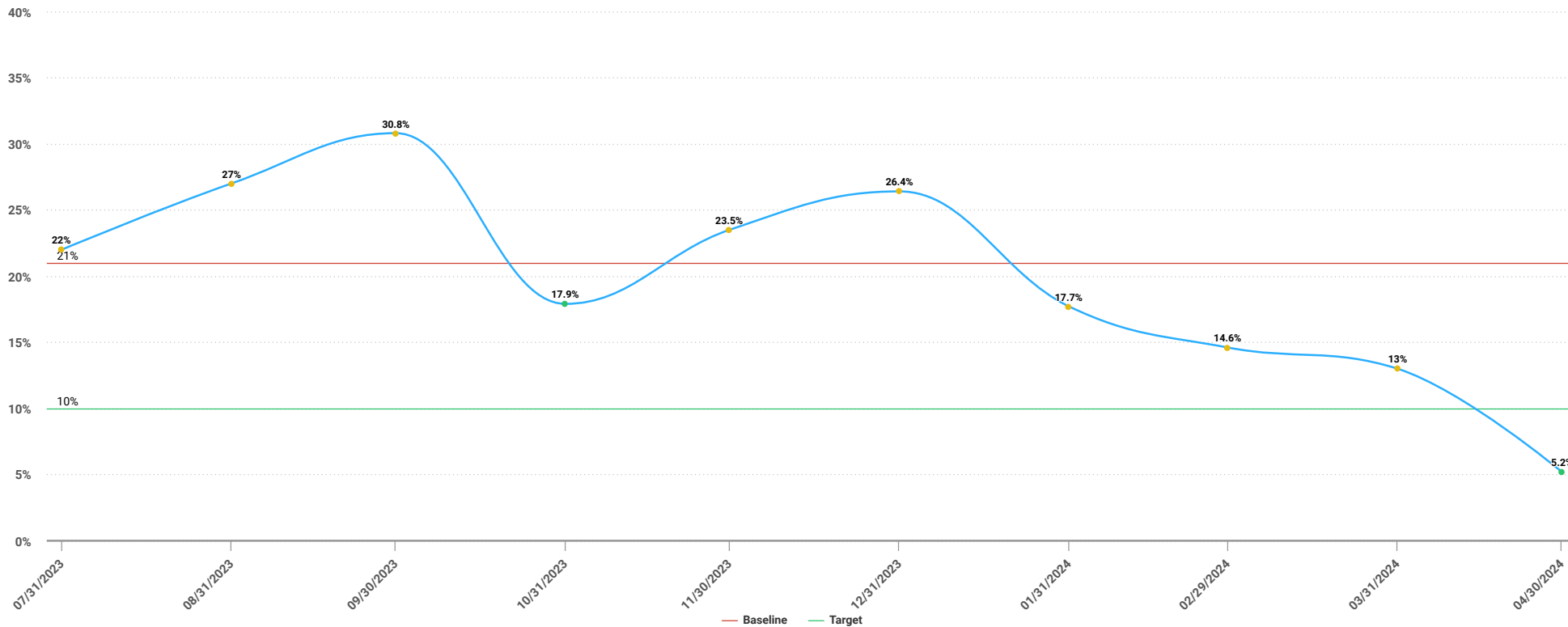
Innovation Champion: Jacob Kennedy

Increase Volume of Text Messages to Patients as a Percent of Total Call Volume



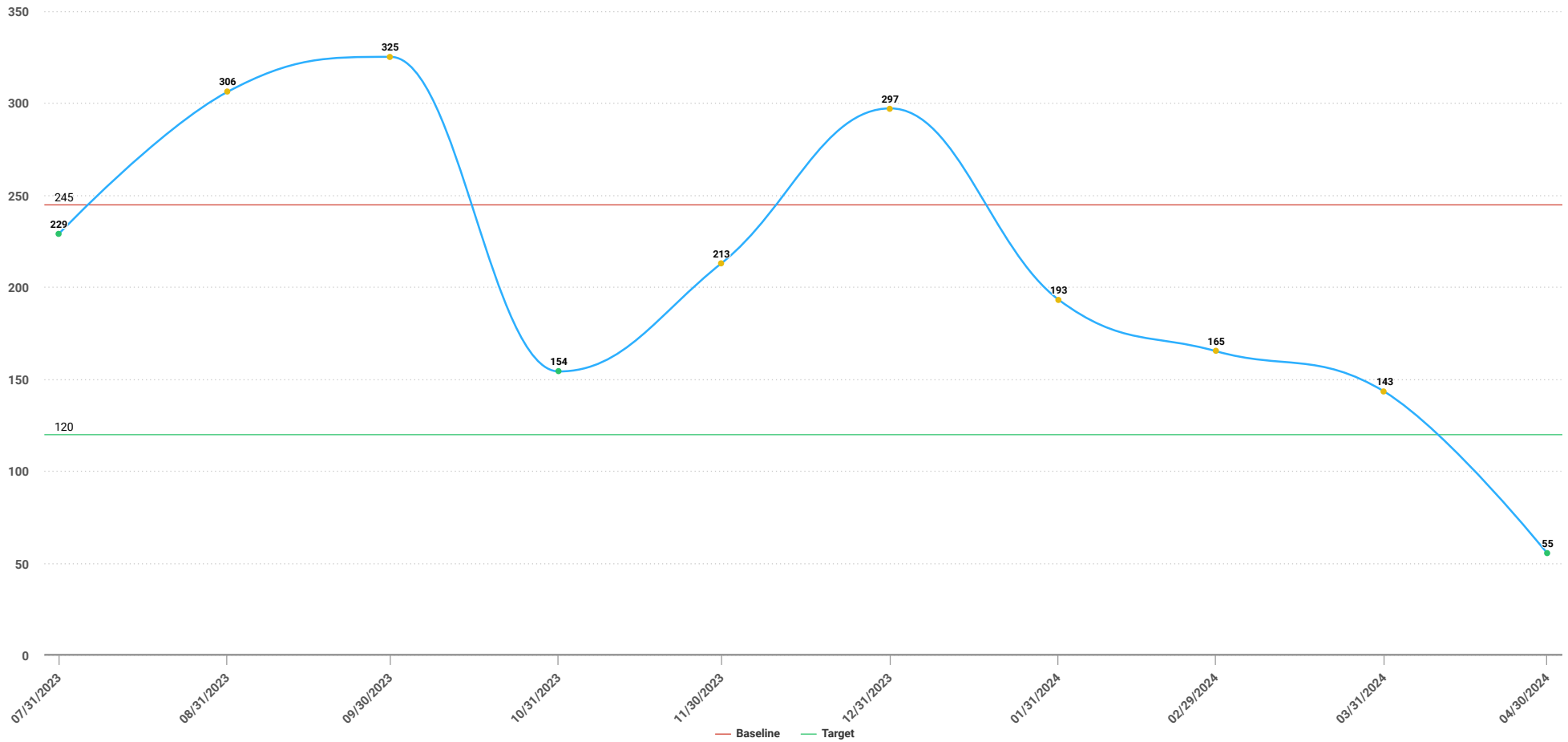
Innovation Champion: Jacob Kennedy

Reduce the Patient Call Abandonment Rate



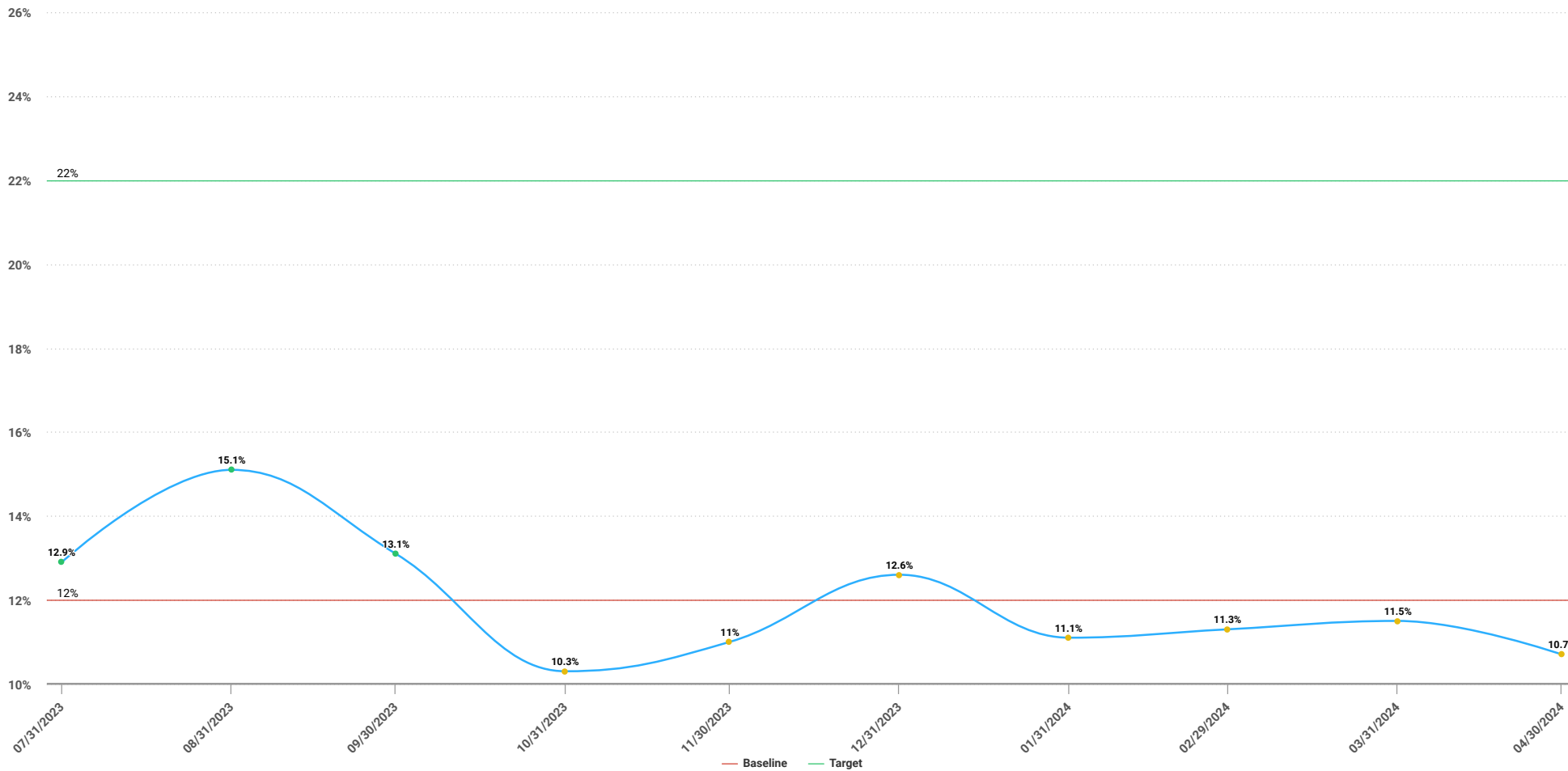
Innovation Champion: Jacob Kennedy

Reduce the Average Hold Time for Patients (in seconds)



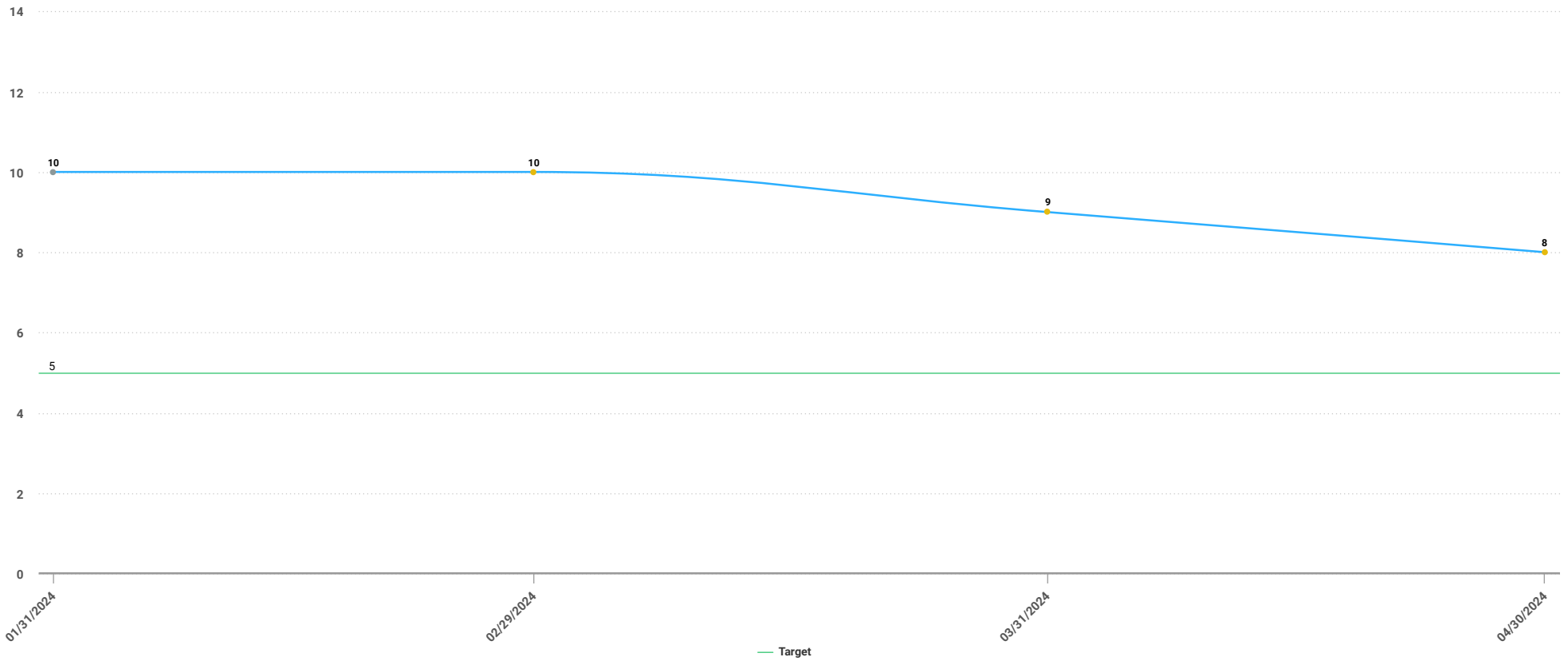
Innovation Champion: Jacob Kennedy

Increase the Percent of Telehealth Visits vs Face to Face Visits



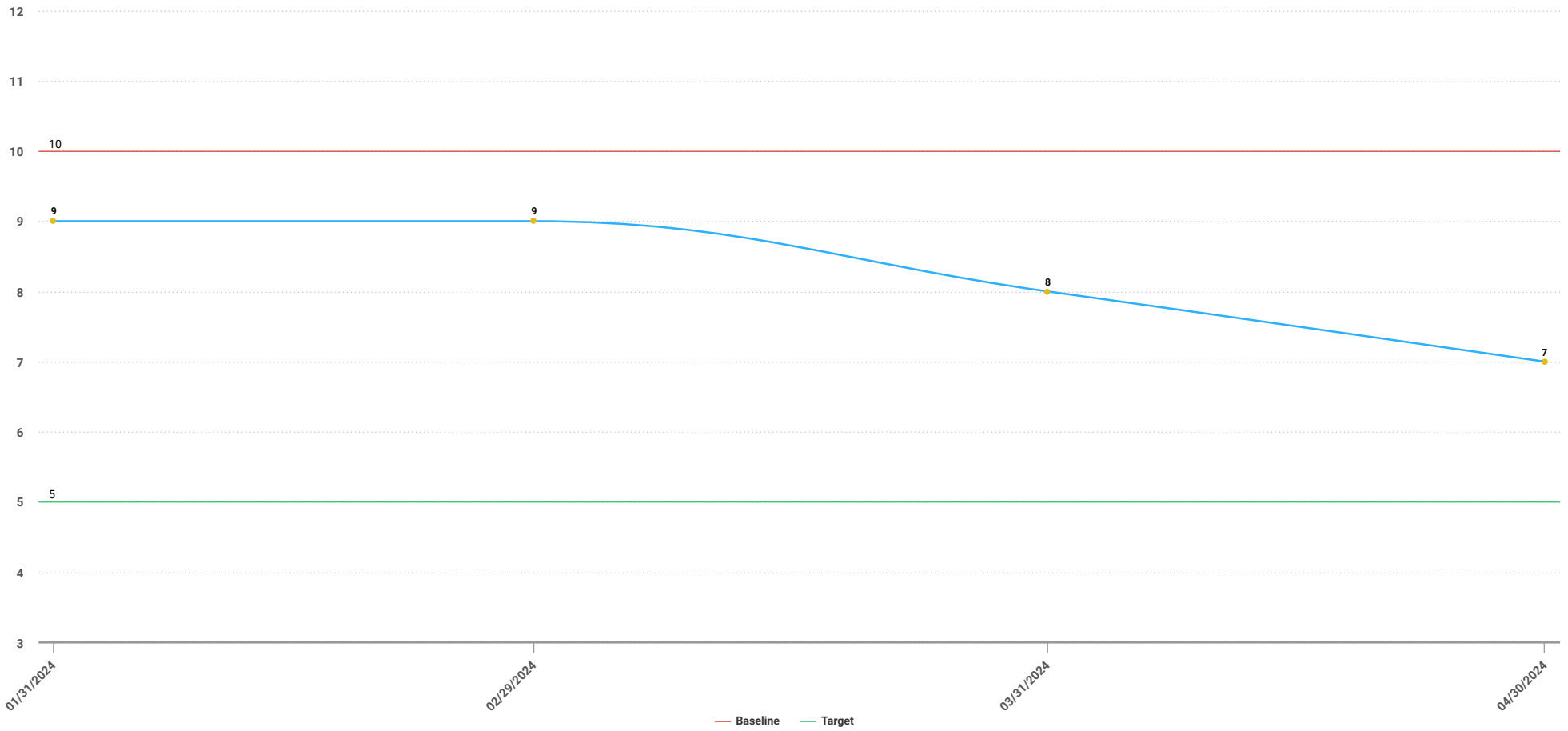
Innovation Champion: Jacob Kennedy

Reduce the Time From Referral to Scheduled Appointment (in days)



Innovation Champion: Jacob Kennedy

Reduce the Time to Receive Authorization Approval (in days)



Health Plan & Community Partnerships

Champions: Marc Mertz and Sonia Duran Aguilar

Objective: Expand Existing and Develop New Partnerships with Community Partners and Healthplans.

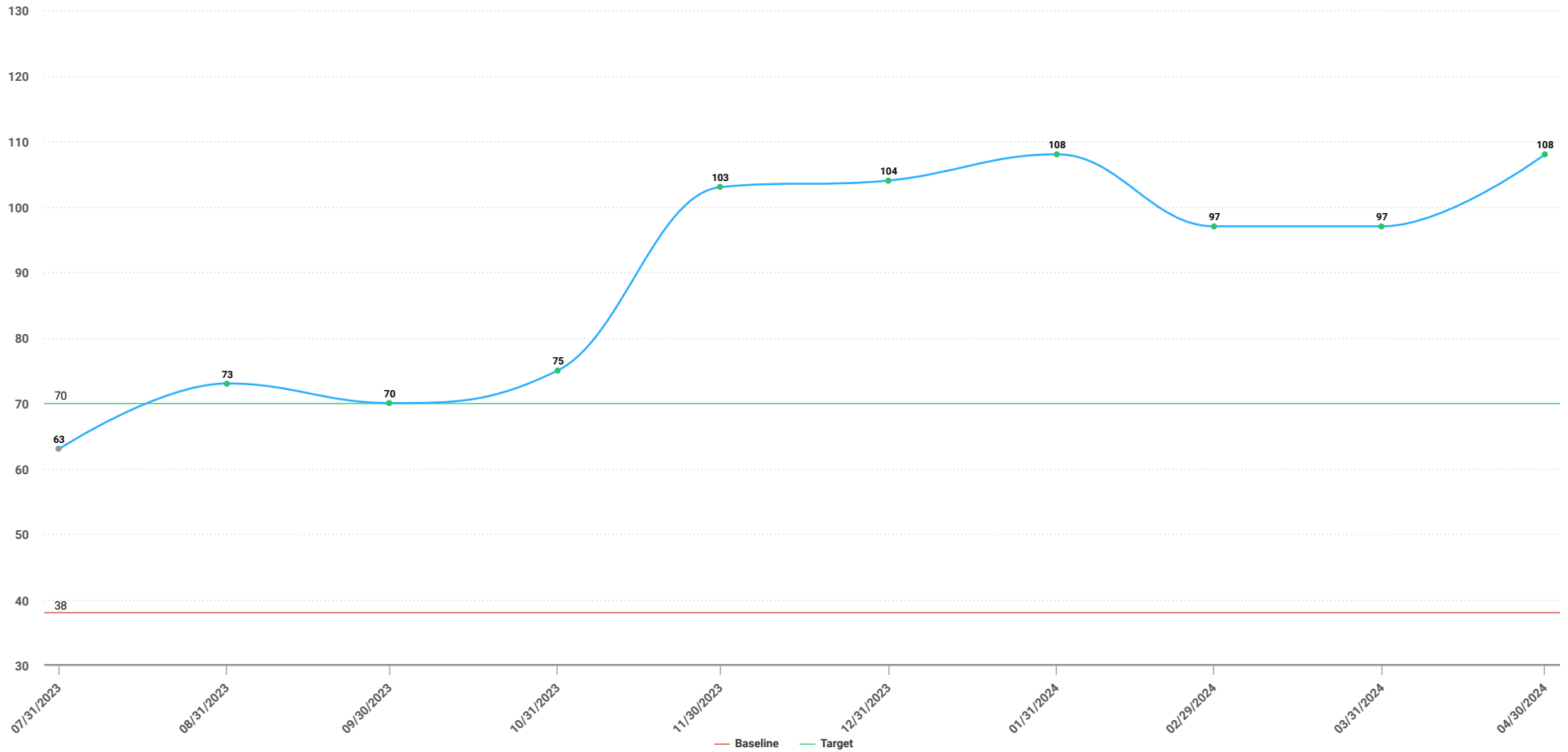
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.5.1.1	Outcome	Develop a Plan for Gateway Partnerships, Including Financial Projections and Approval by the Board	07/01/2023	06/30/2024	Marc Mertz	On Track	Financial projections completed and real estate structure nearly completed. Next step is to schedule meetings with potential physician partners.
3.5.1.2	Outcome	Cal AIM: Increase Enrollment in Enhanced Care Management	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	Due to staff turnover and onboarding of new teammates, enrolled numbers have slightly dipped. Currently there are 62 members in outreach, which we expect to have enrolled by June.
3.5.1.3	Outcome	Cal AIM: Increase Enrollment in Community Supports	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	Have added additional CCC to the team, we continue to see growth in enrollment. There is lots of need for our unsheltered neighbors in this community.

Health Plan & Community Partnerships

Champions: Marc Mertz and Sonia Duran Aguilar

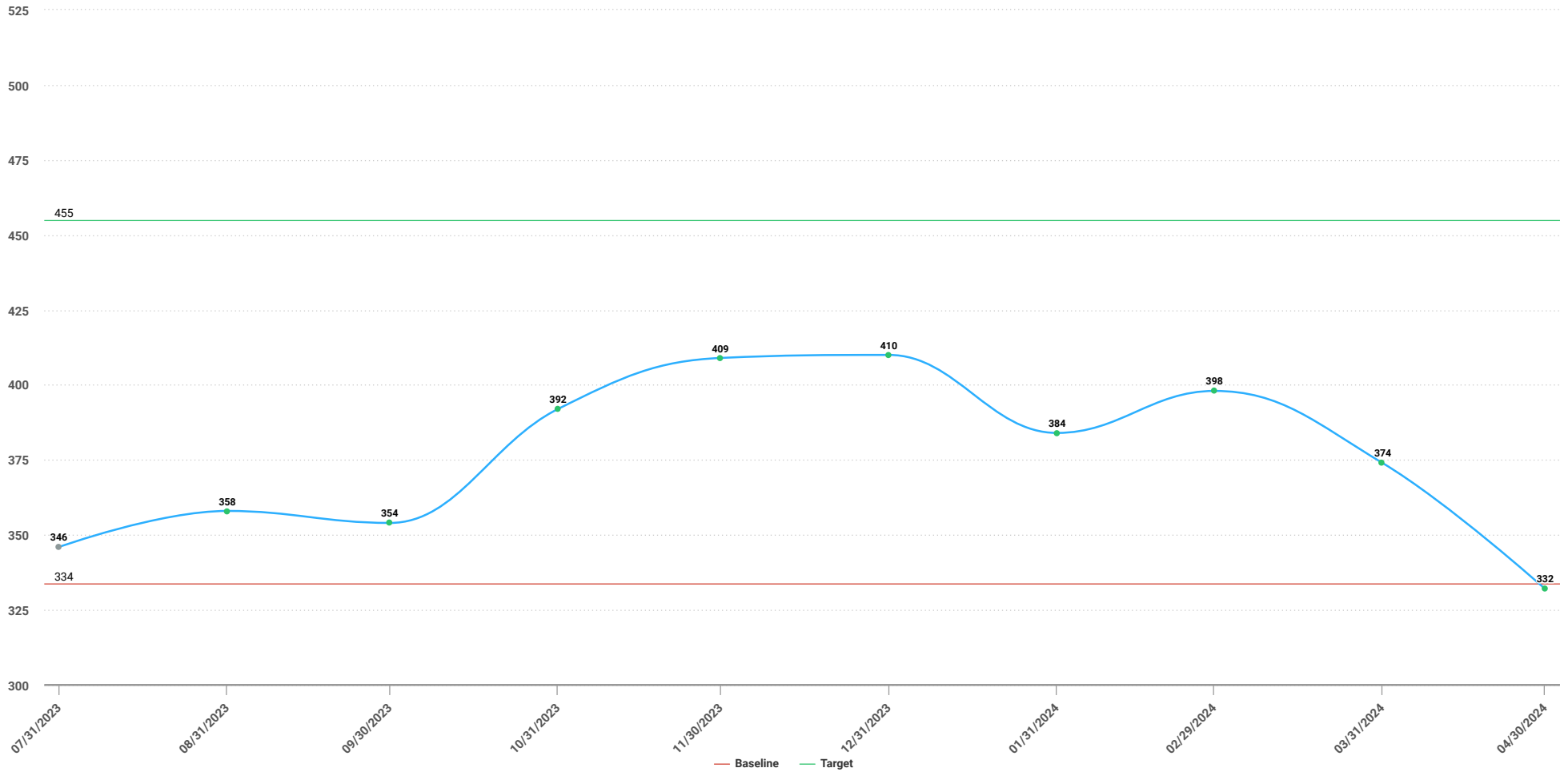
Increase the Lives Enrolled in Community Supports



Health Plan & Community Partnerships

Champions: Marc Mertz and Sonia Duran Aguilar

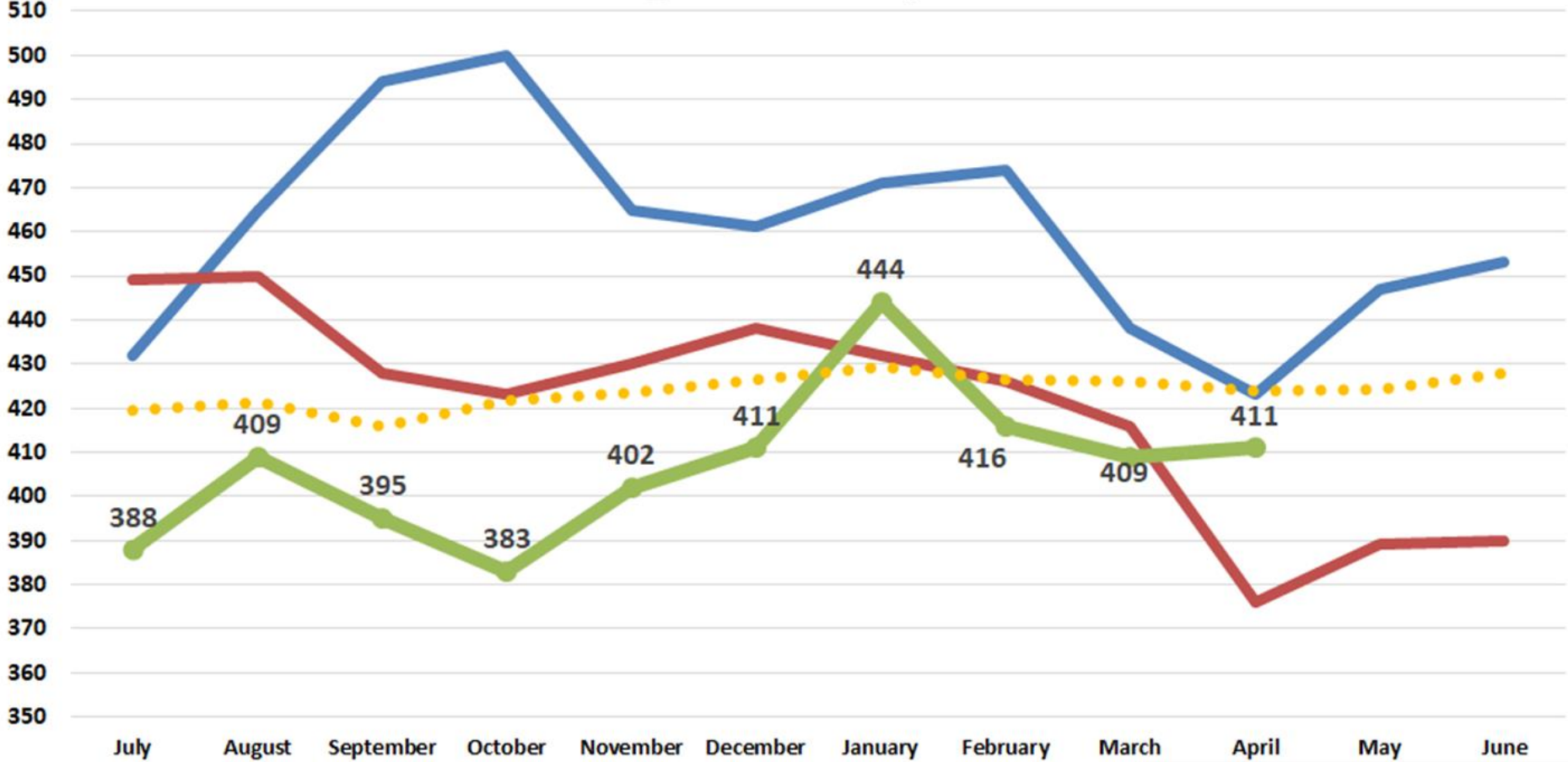
Increase the Lives Enrolled in Enhanced Care Management



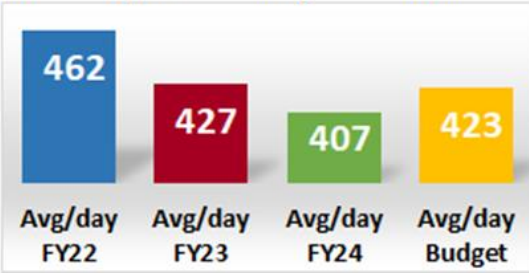
CFO Financial Report

Month Ending April 2024

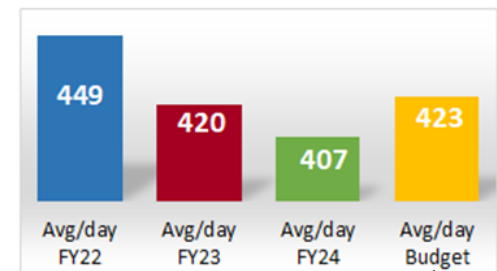
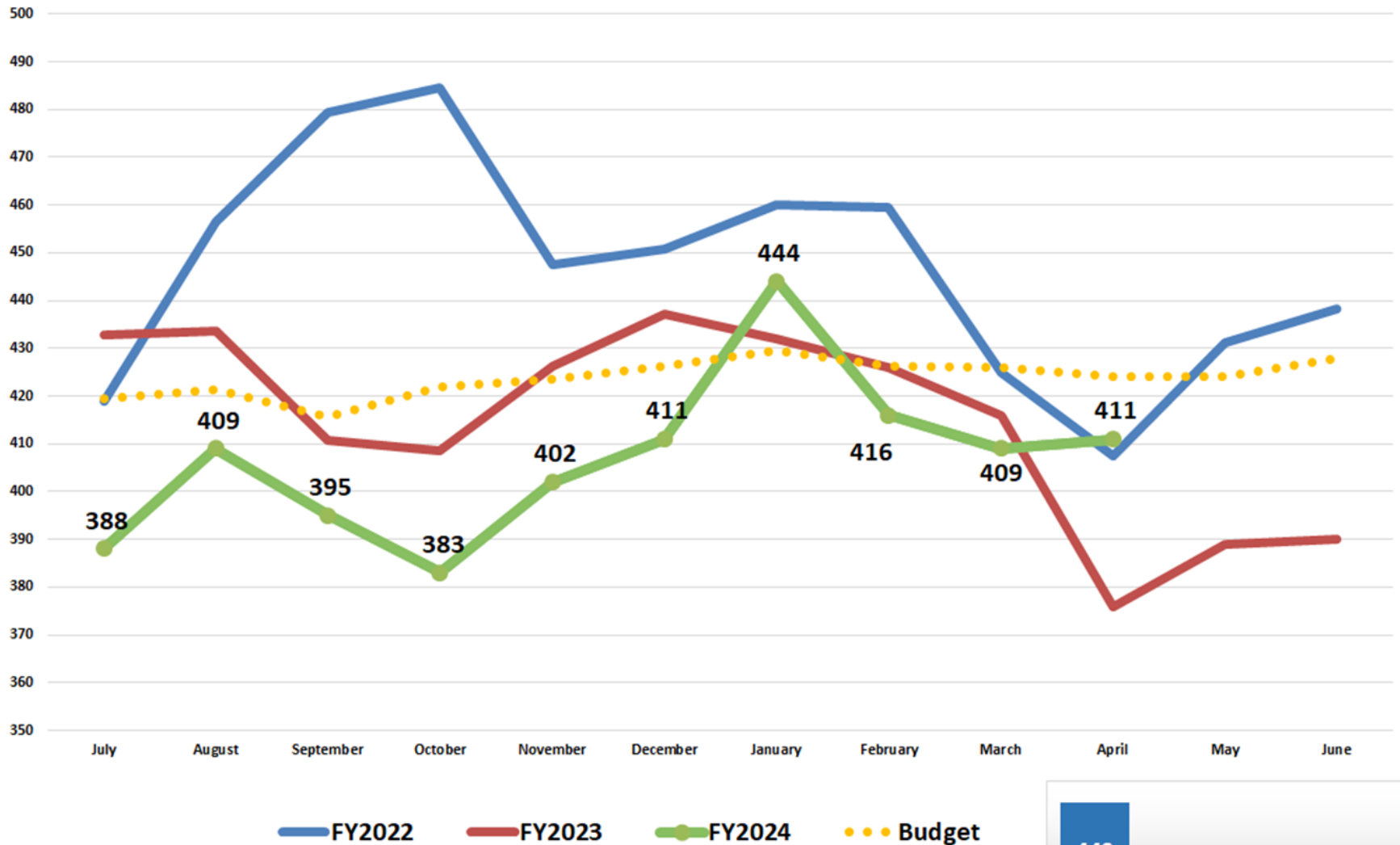
Average Daily Census



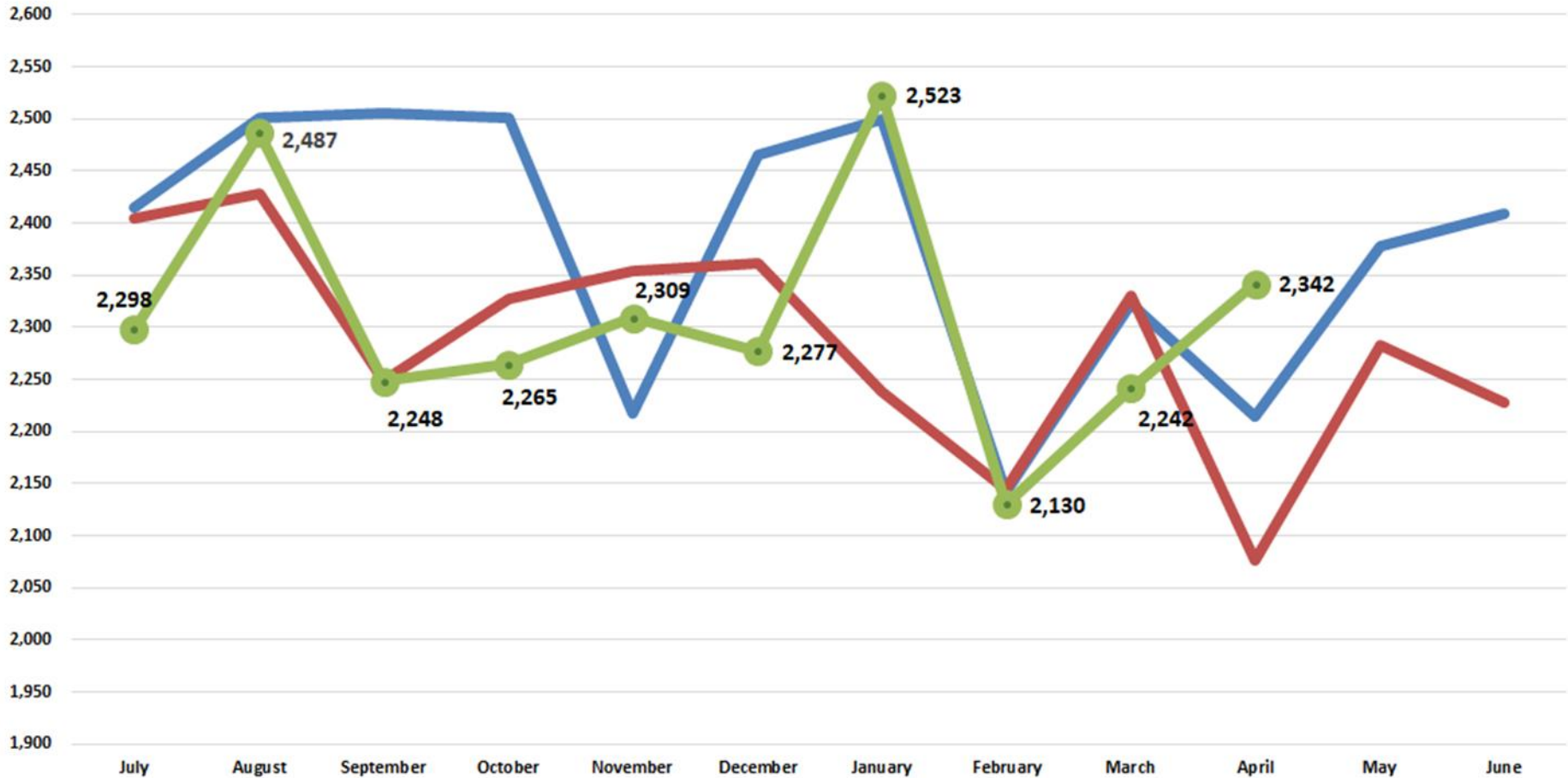
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 ●●● Budget



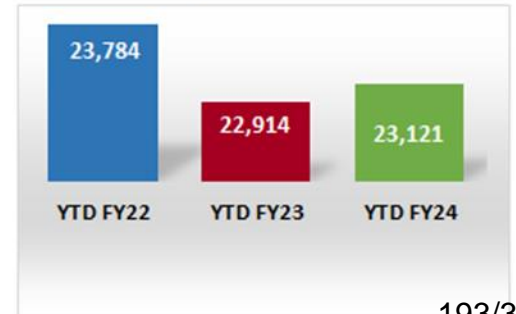
Average Daily Census w/o TCS



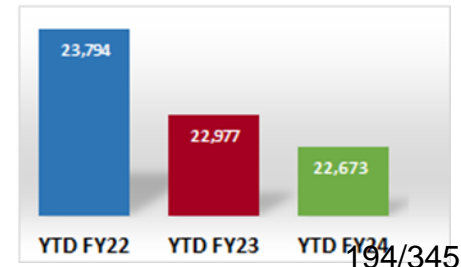
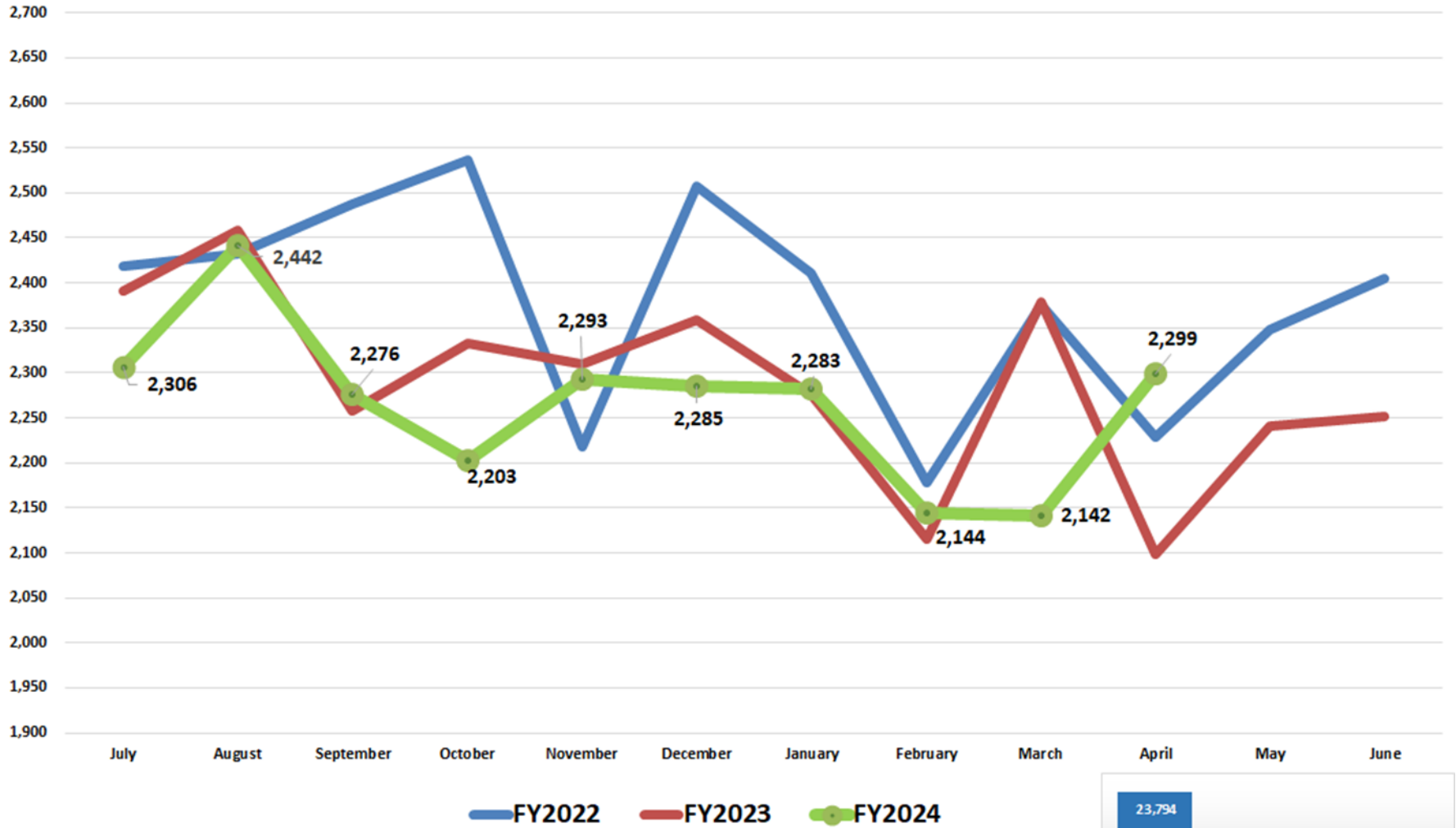
Admissions



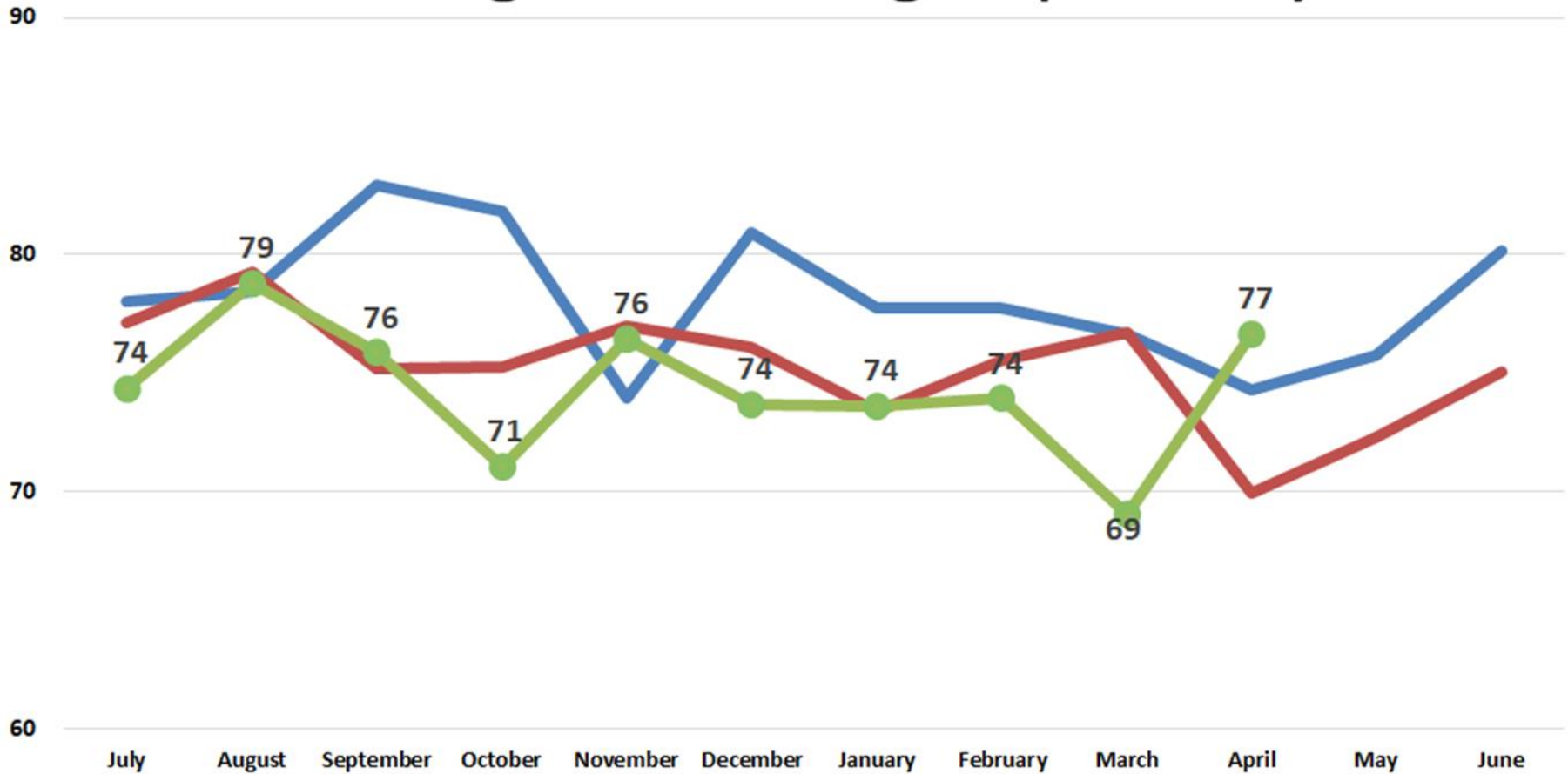
— FY2022 — FY2023 — FY2024



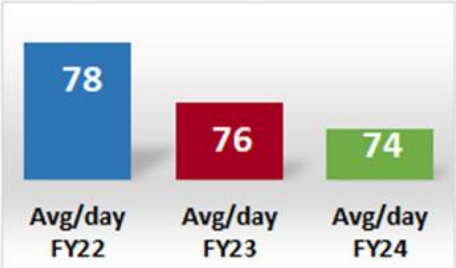
Discharges



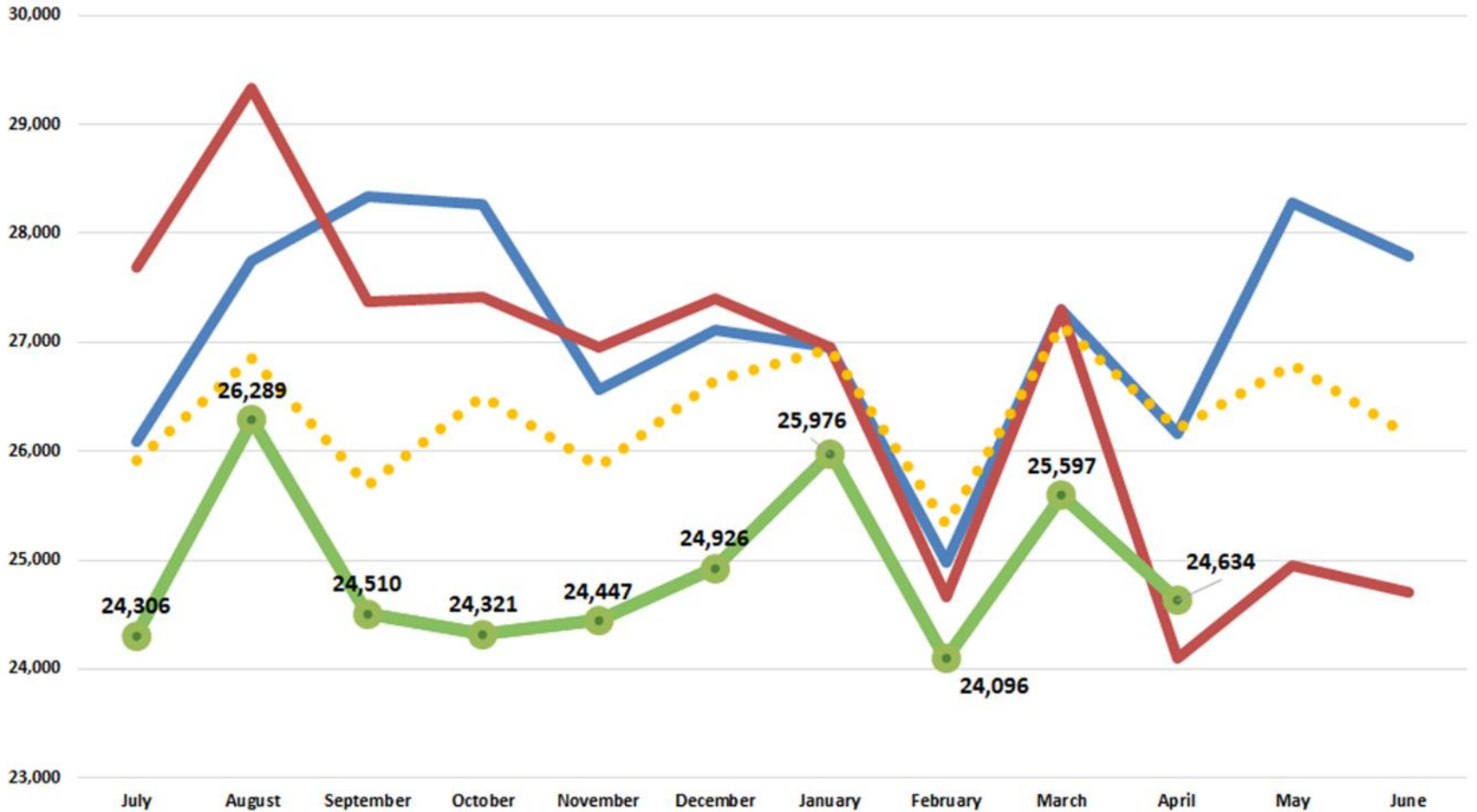
Average Discharges per day



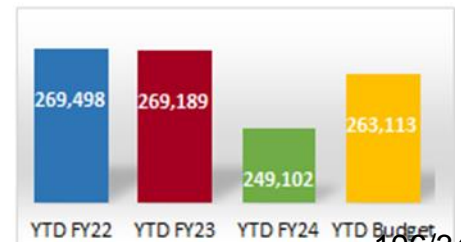
— FY2022 — FY2023 — FY2024



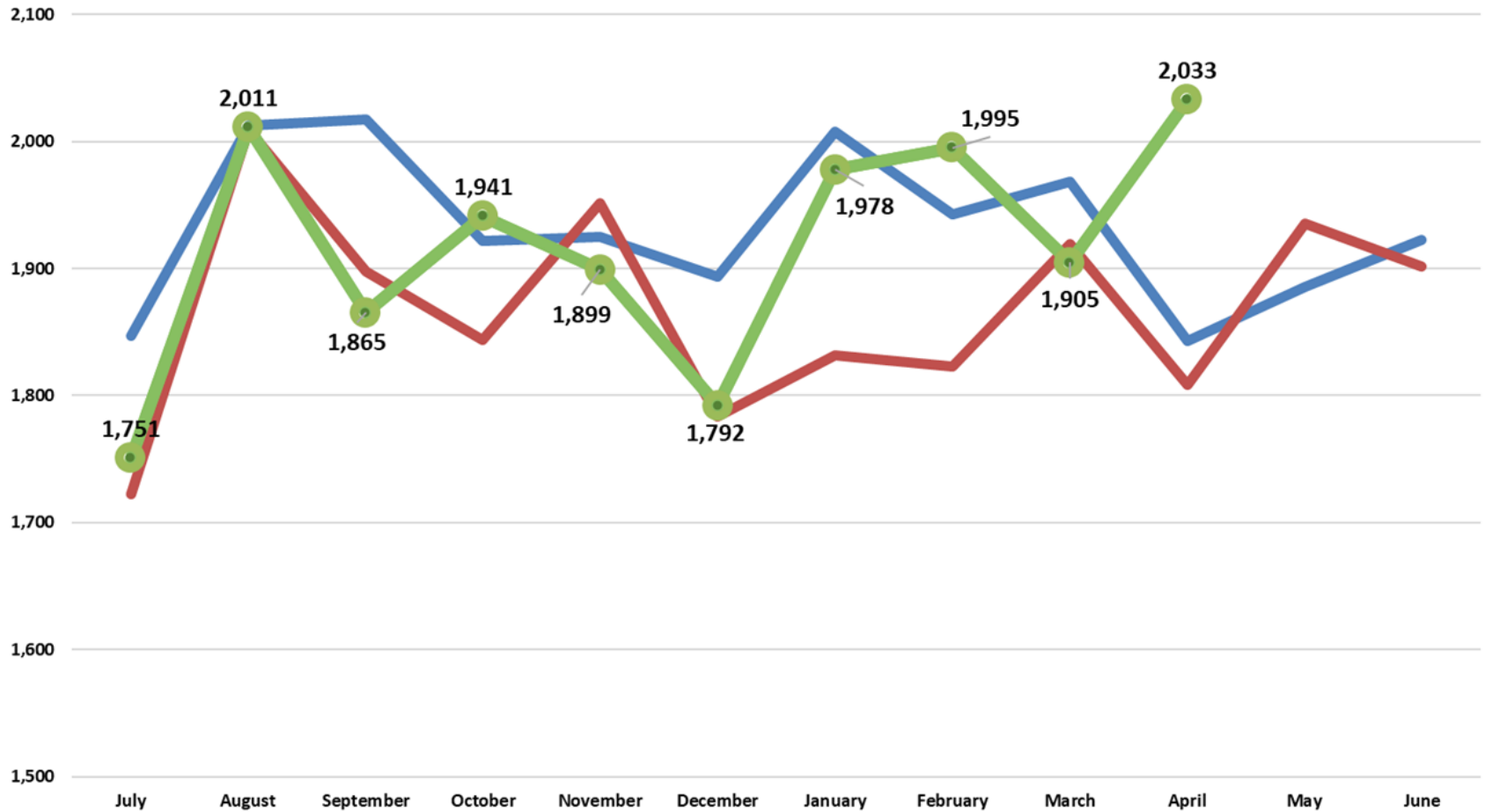
Adjusted Patient Days



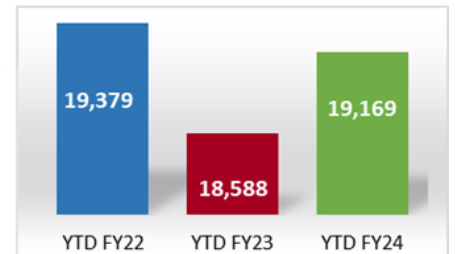
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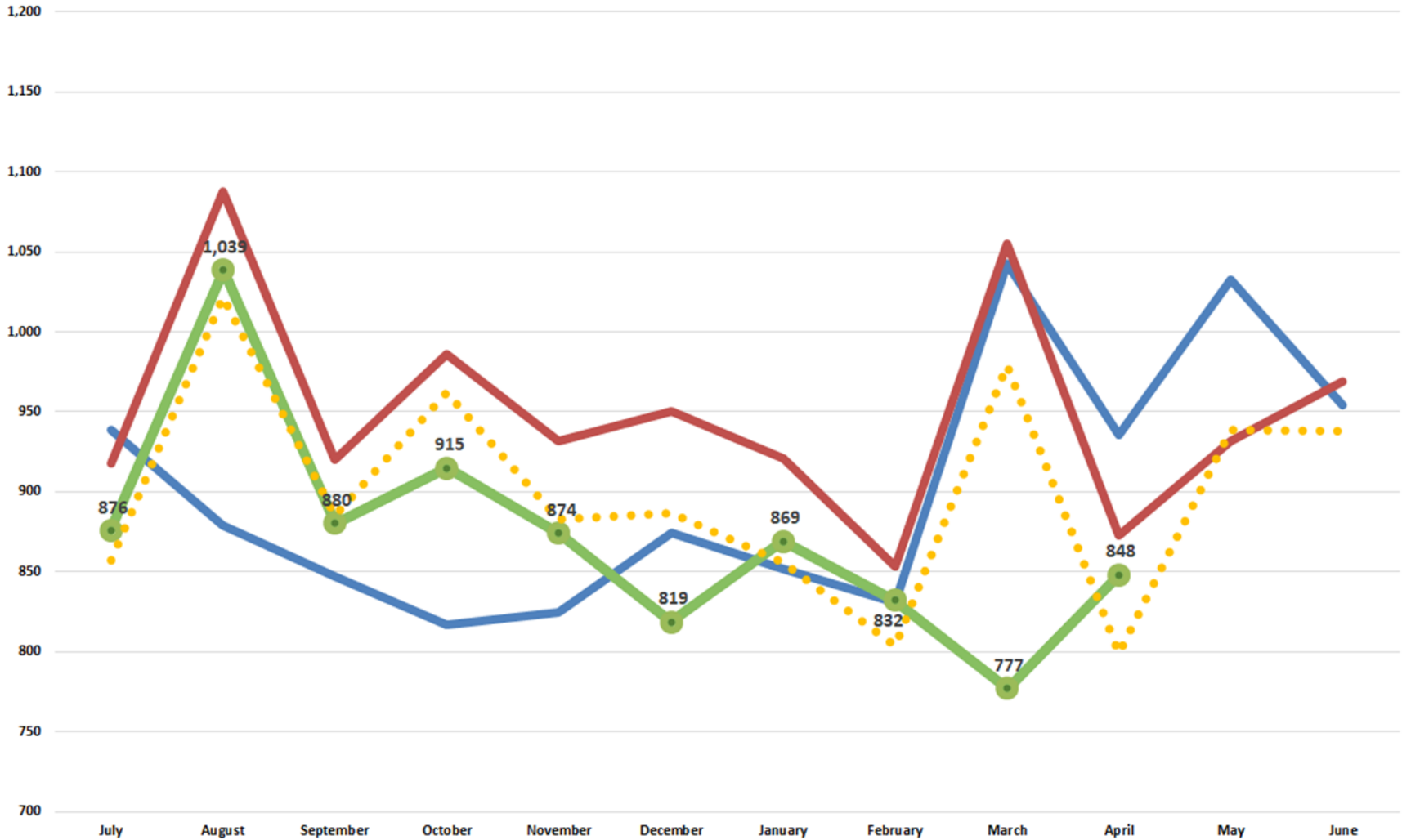
Outpatient Registrations Per Day



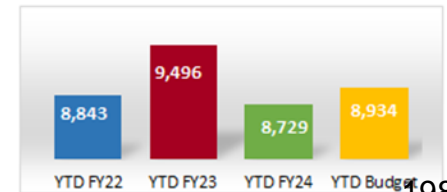
FY2022 FY2023 FY2024



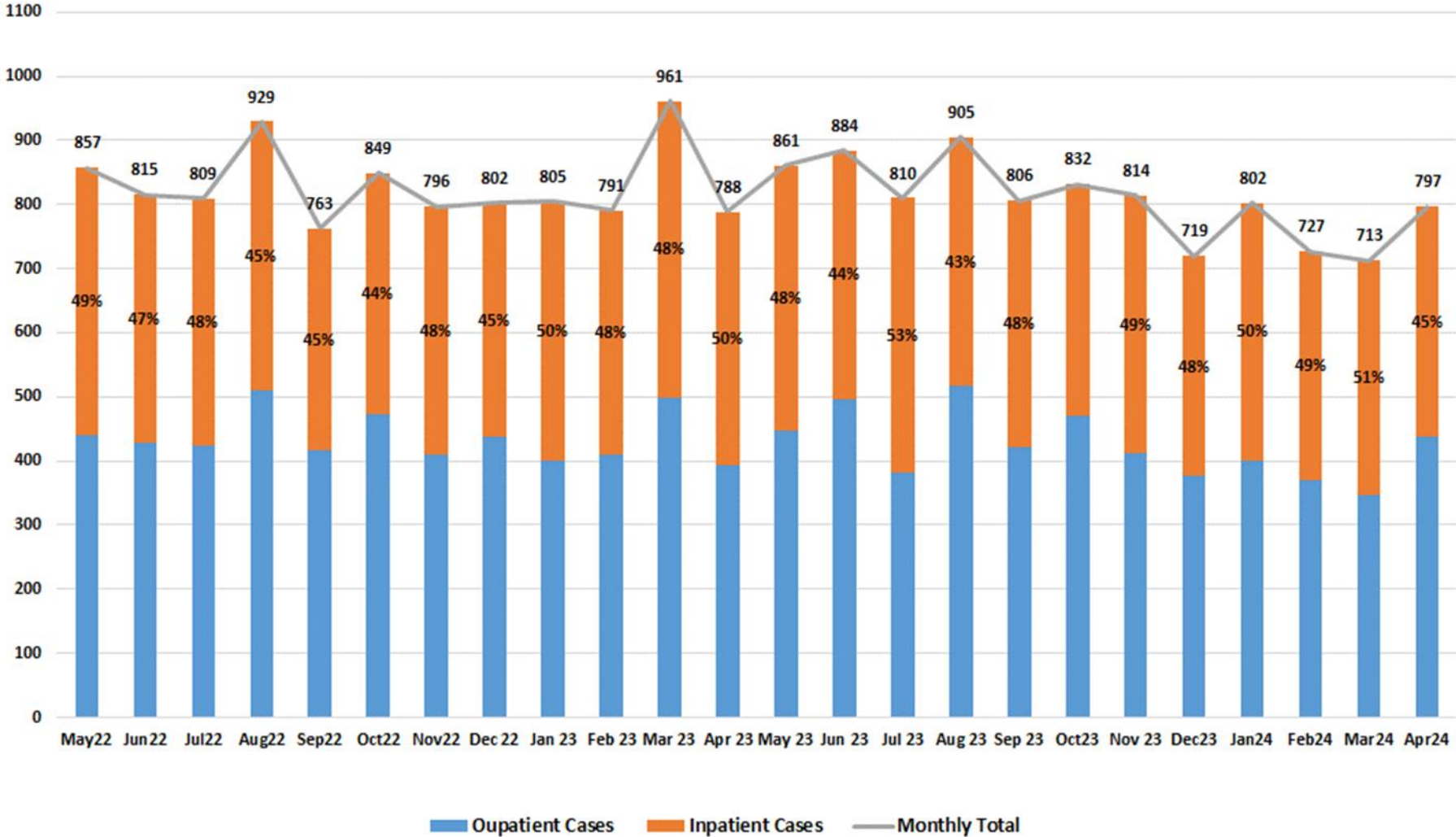
Surgery (IP & OP) – 100 Min Units



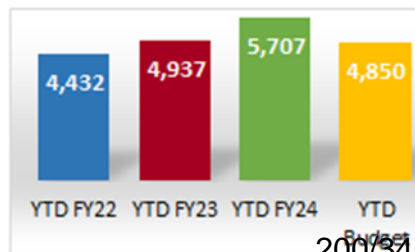
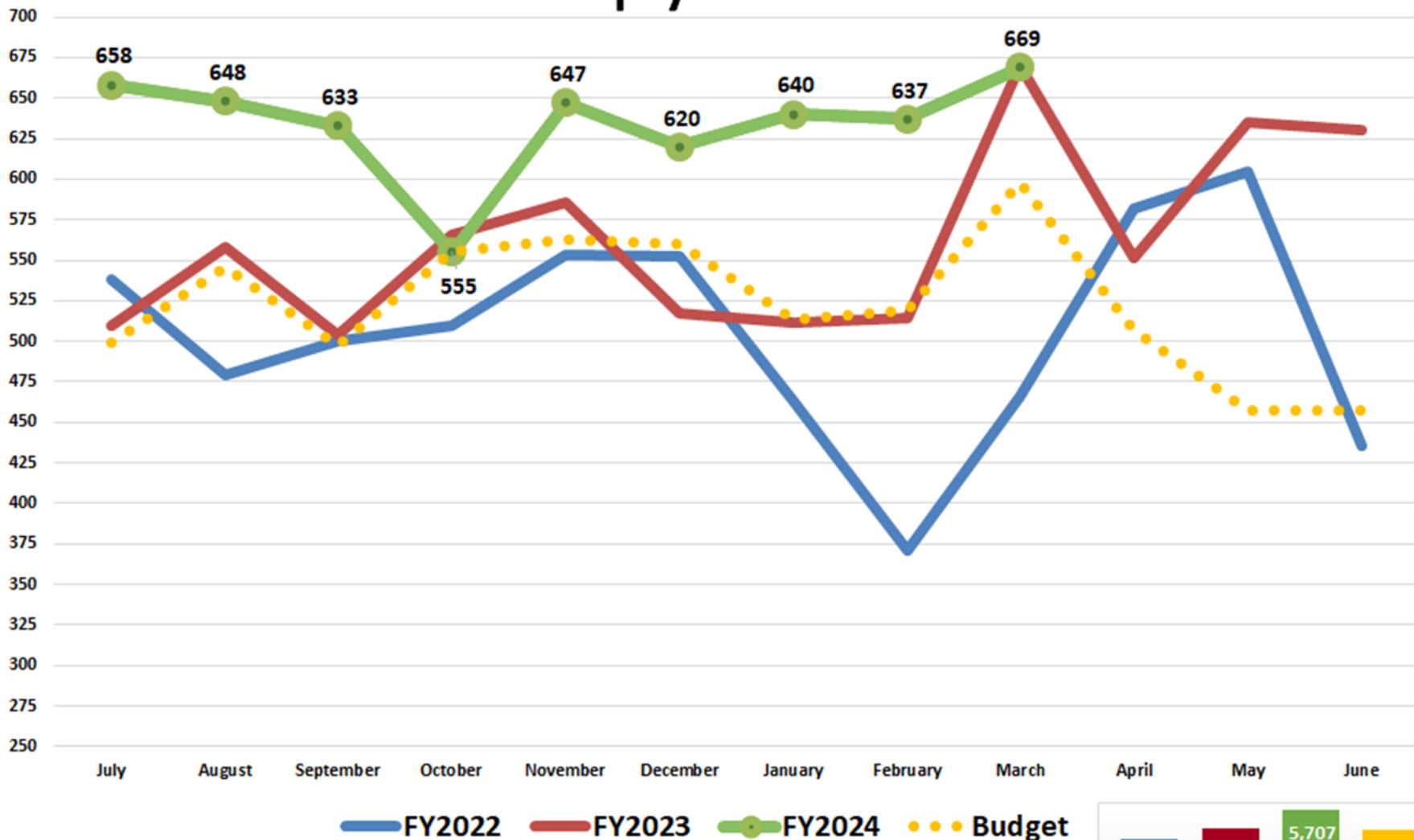
—●— FY2022
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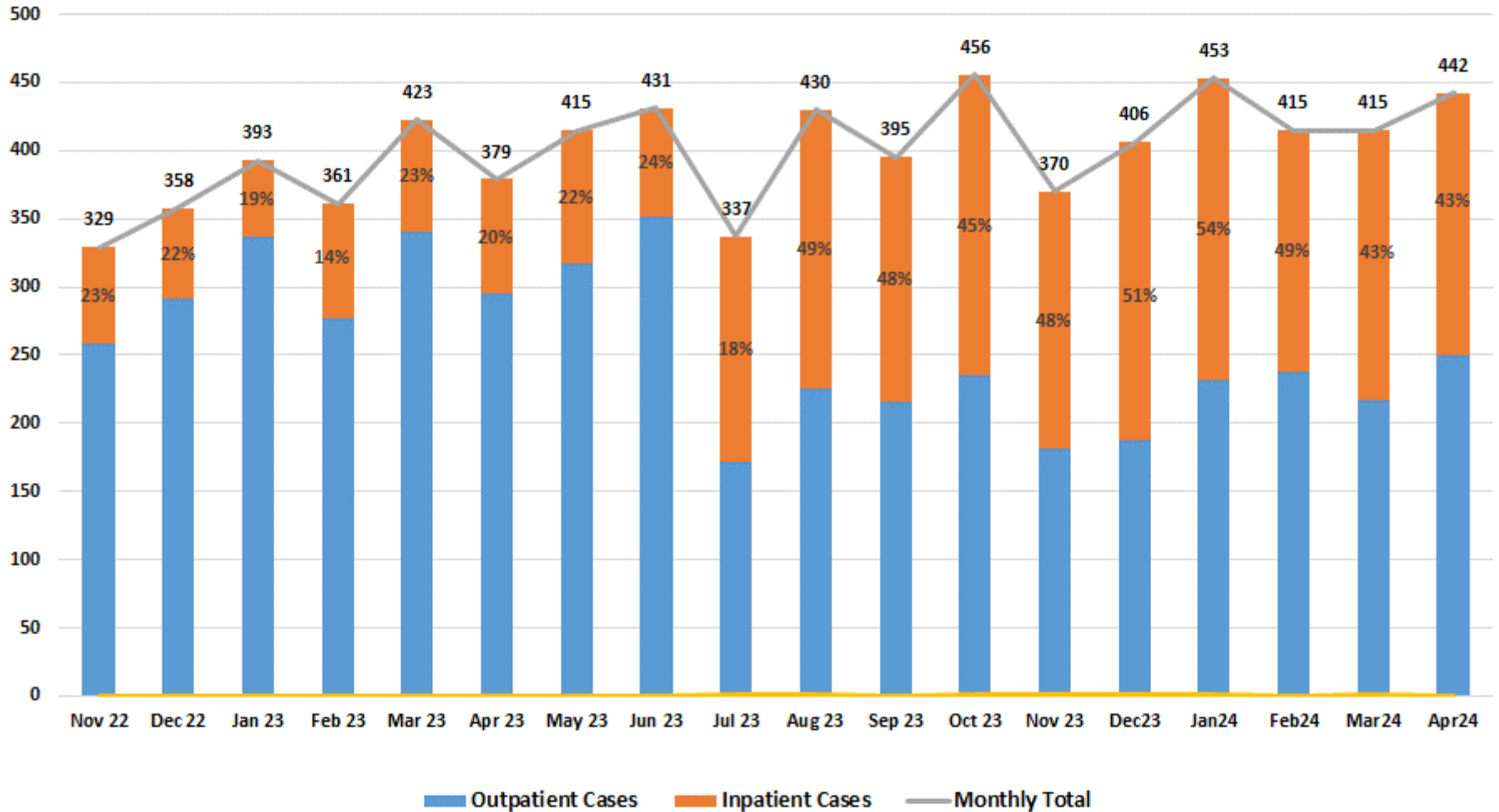
Surgery Cases (IP & OP)



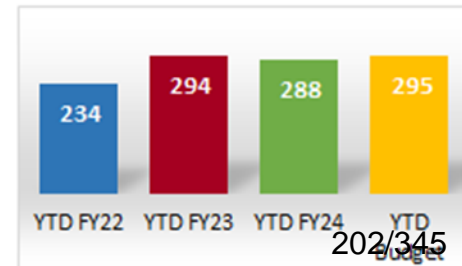
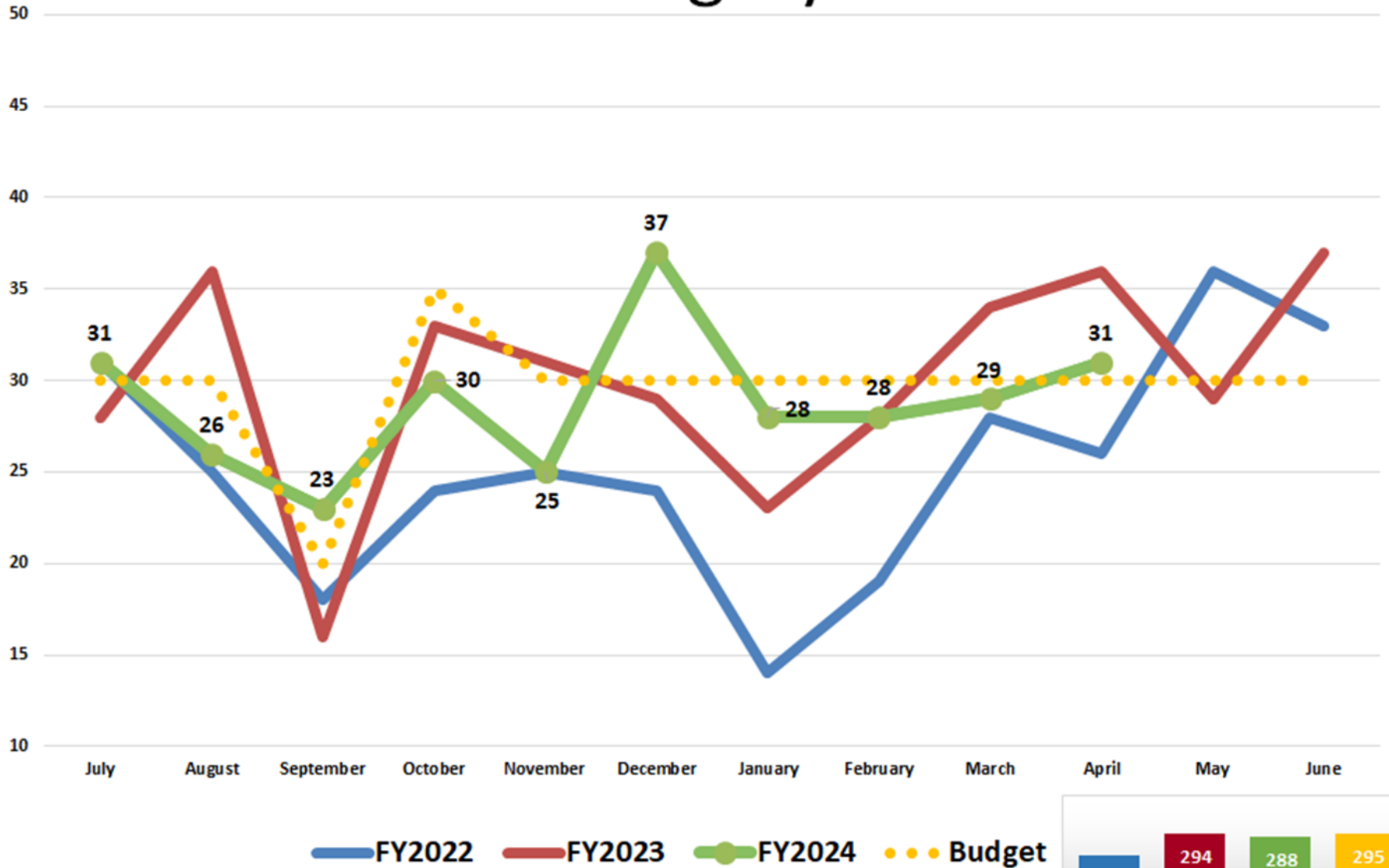
Endoscopy Procedures



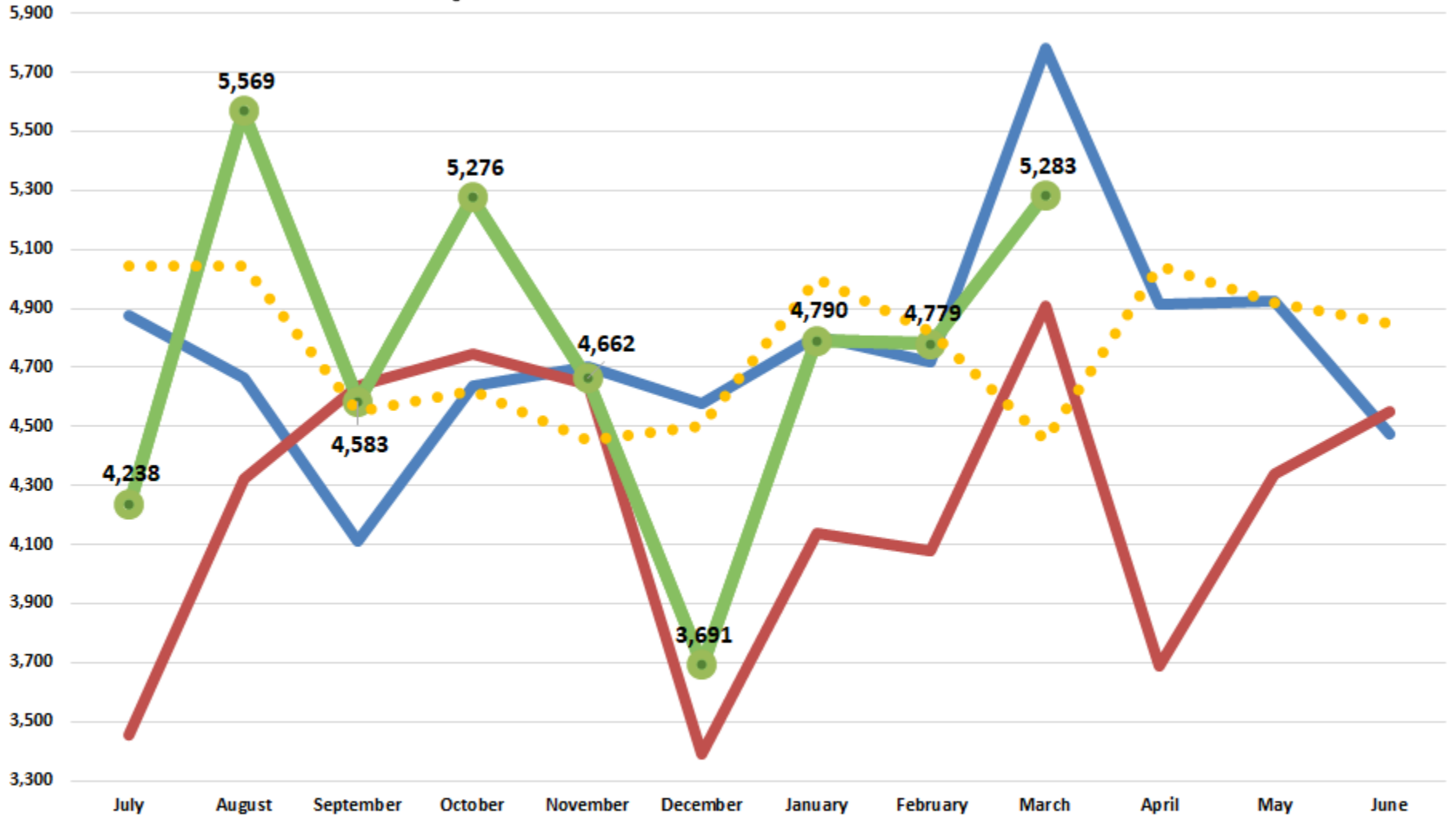
Cath Lab Patients (IP & OP)



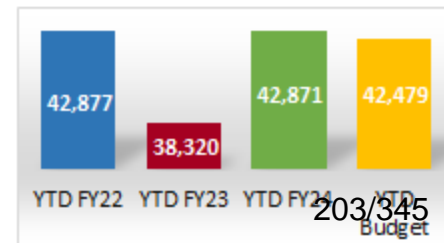
Cardiac Surgery Cases



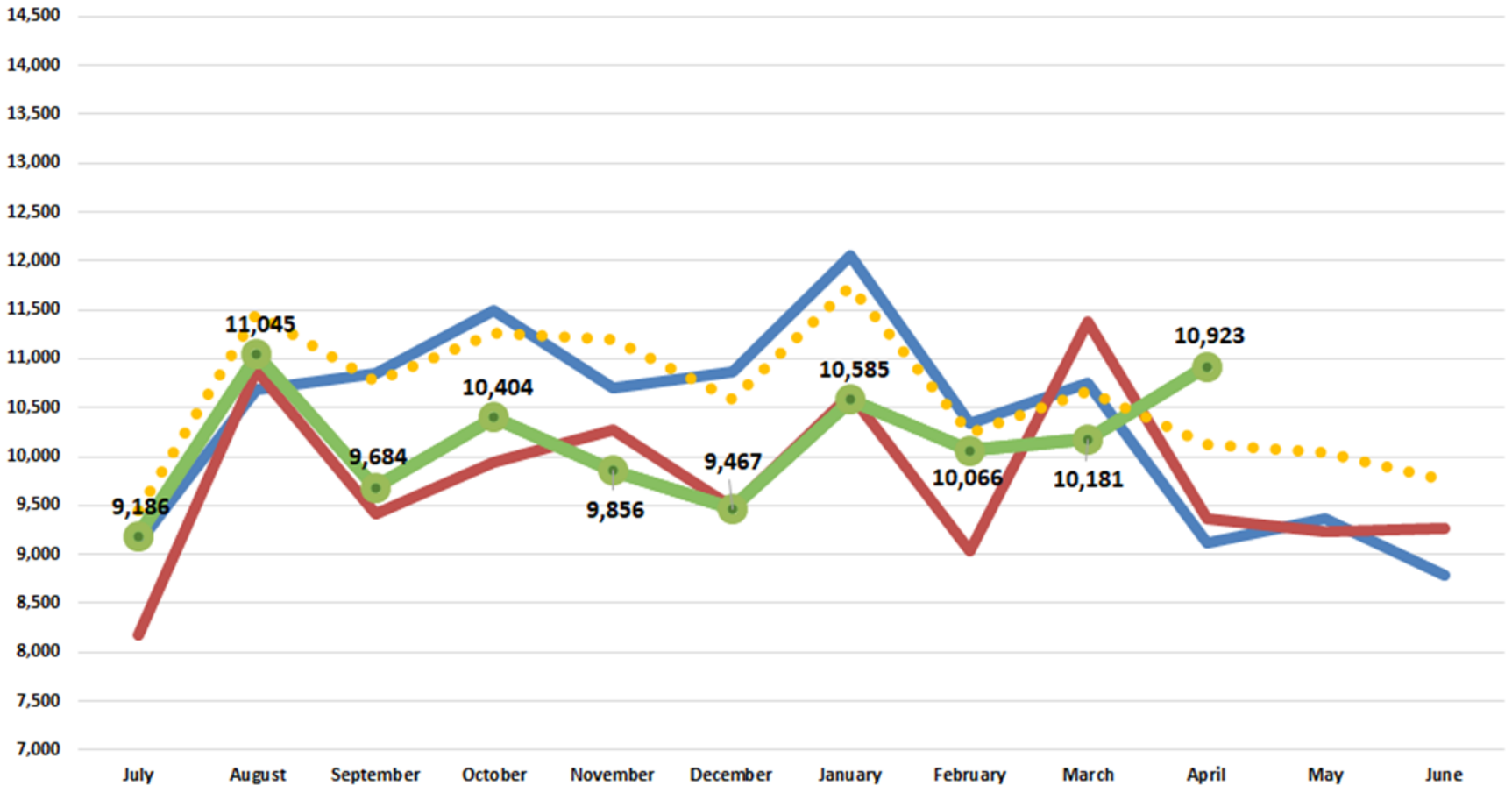
O/P Rehab Services



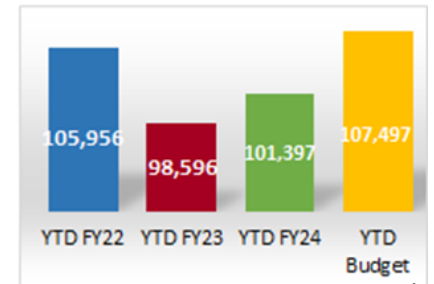
—●— FY2022
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 ●●● Budget



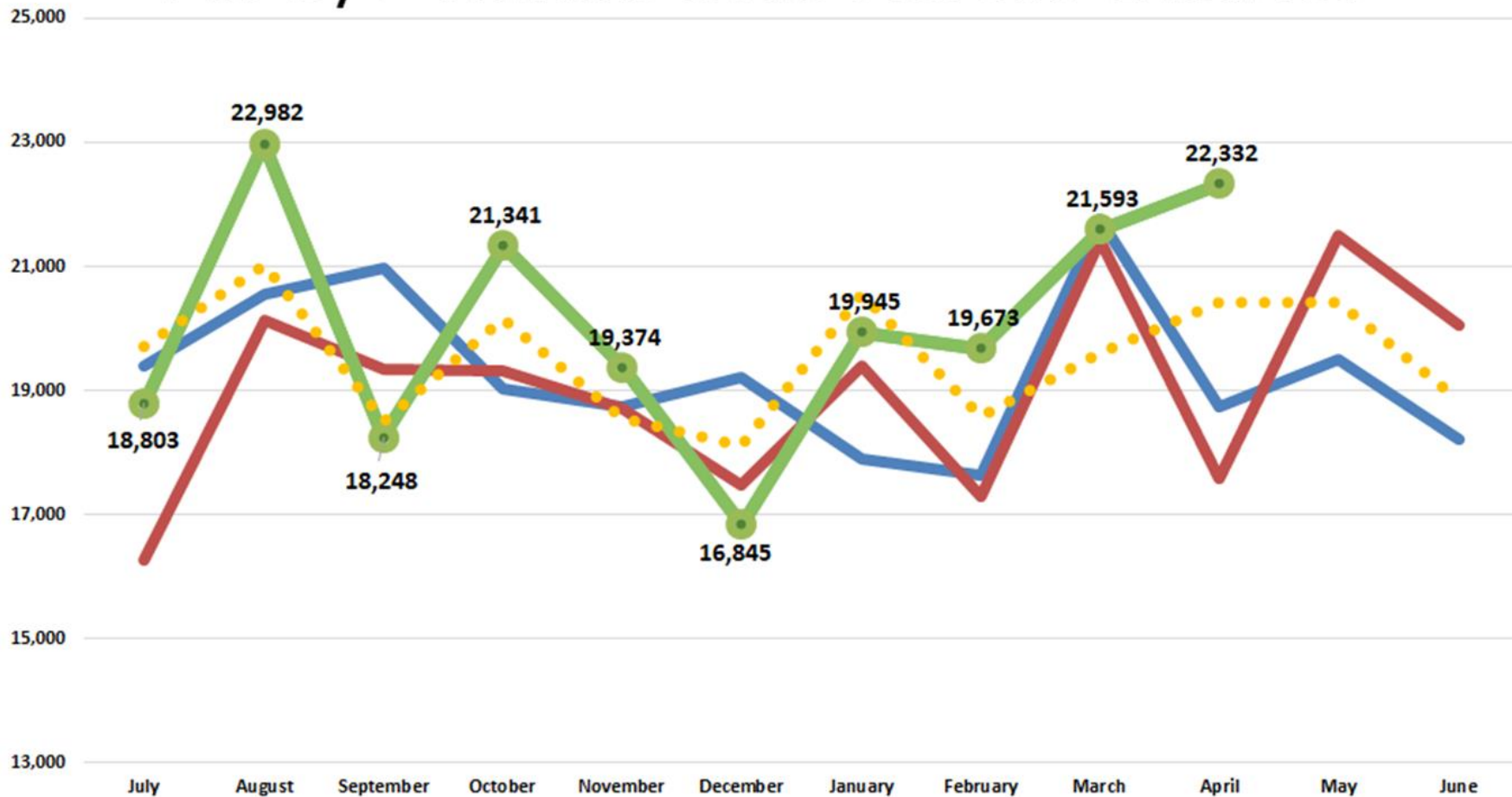
Rural Health Clinics Registrations



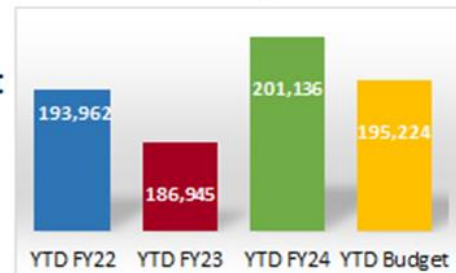
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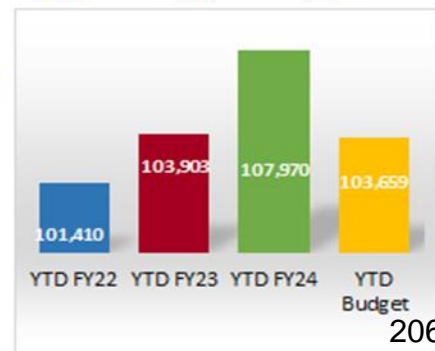
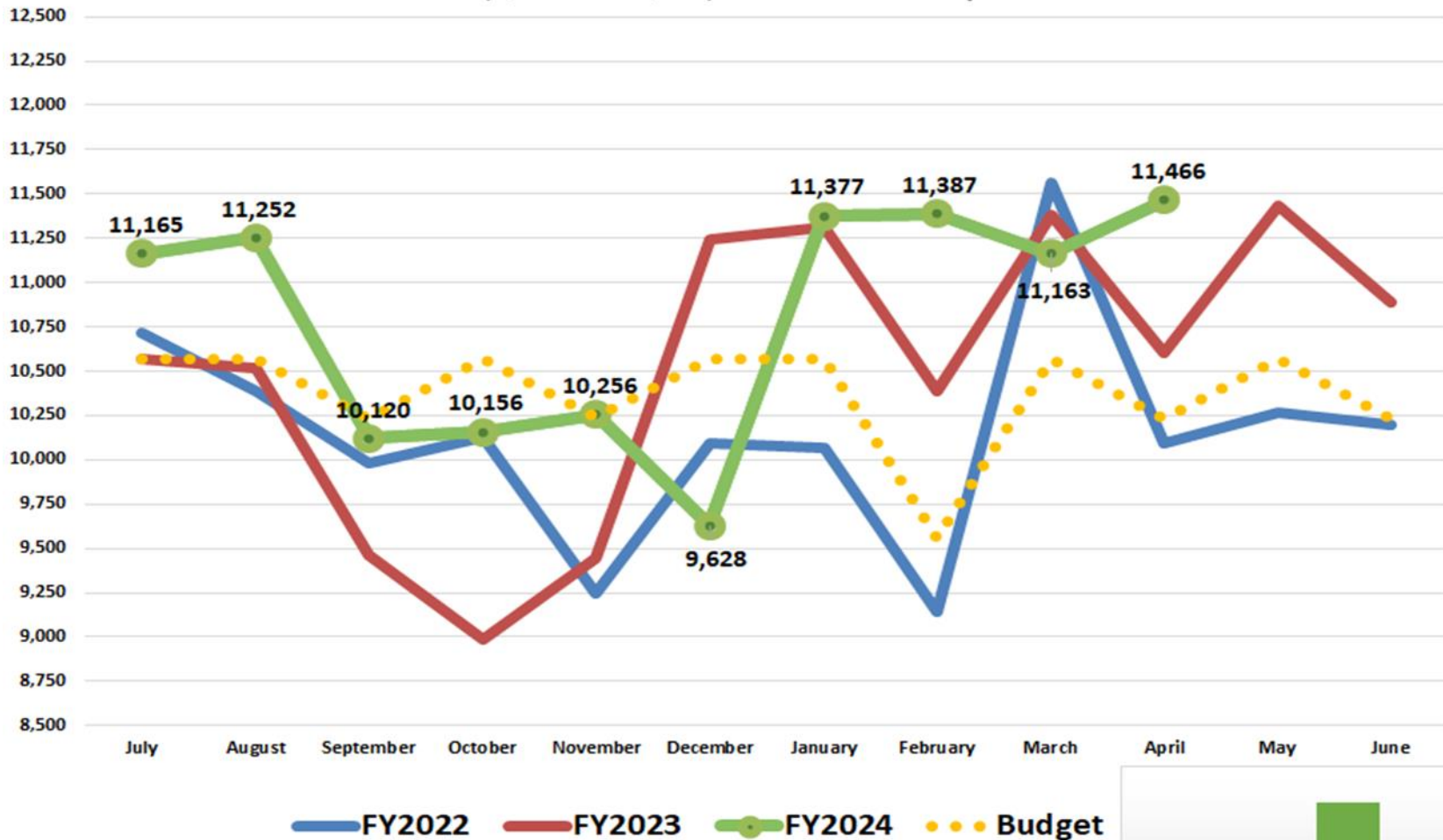
All O/P Rehab Svcs Across District



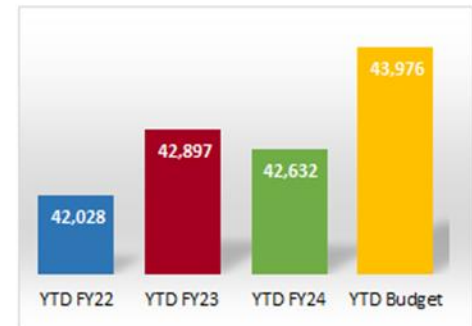
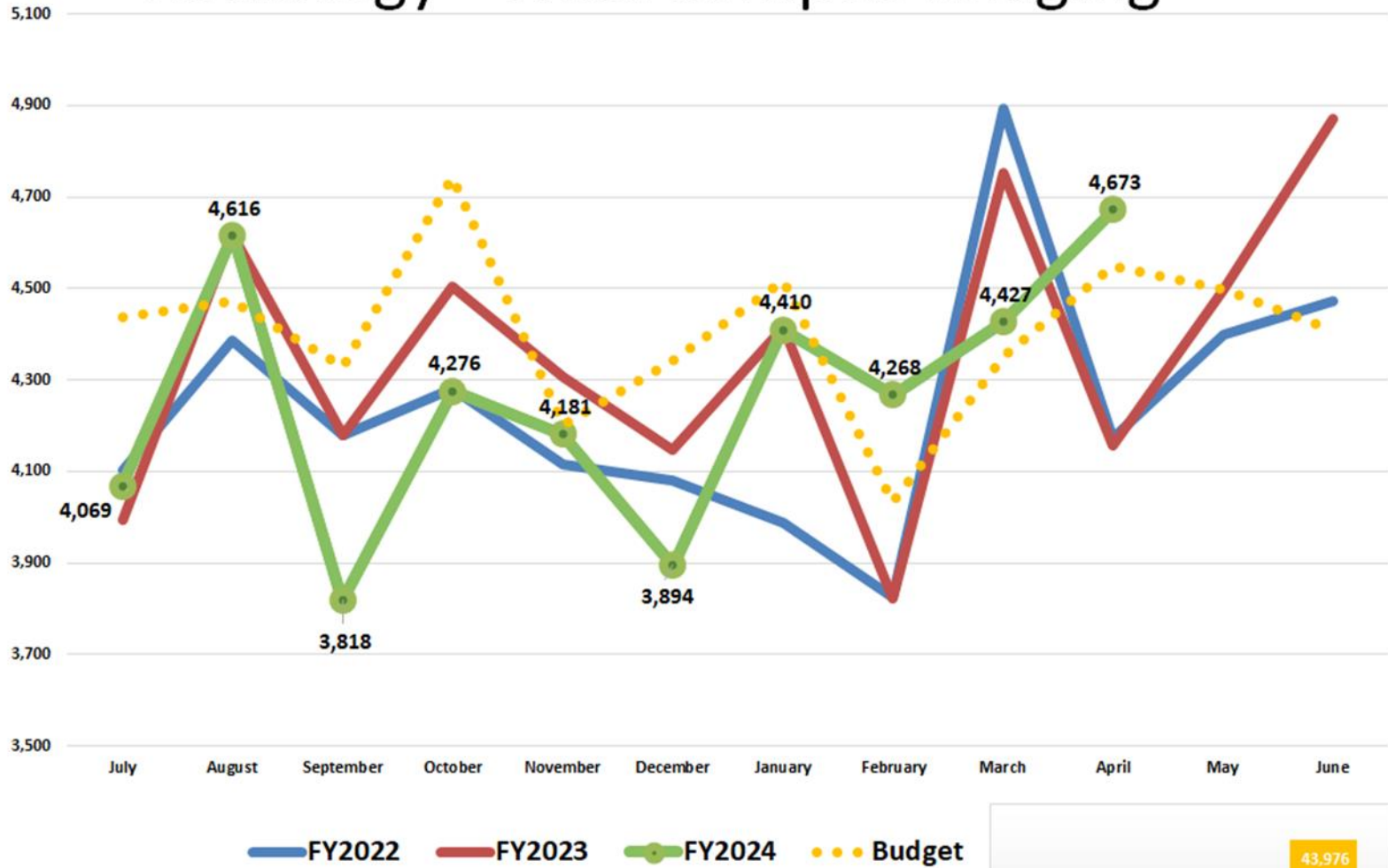
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 —●— FY2024
 ●●● Budget



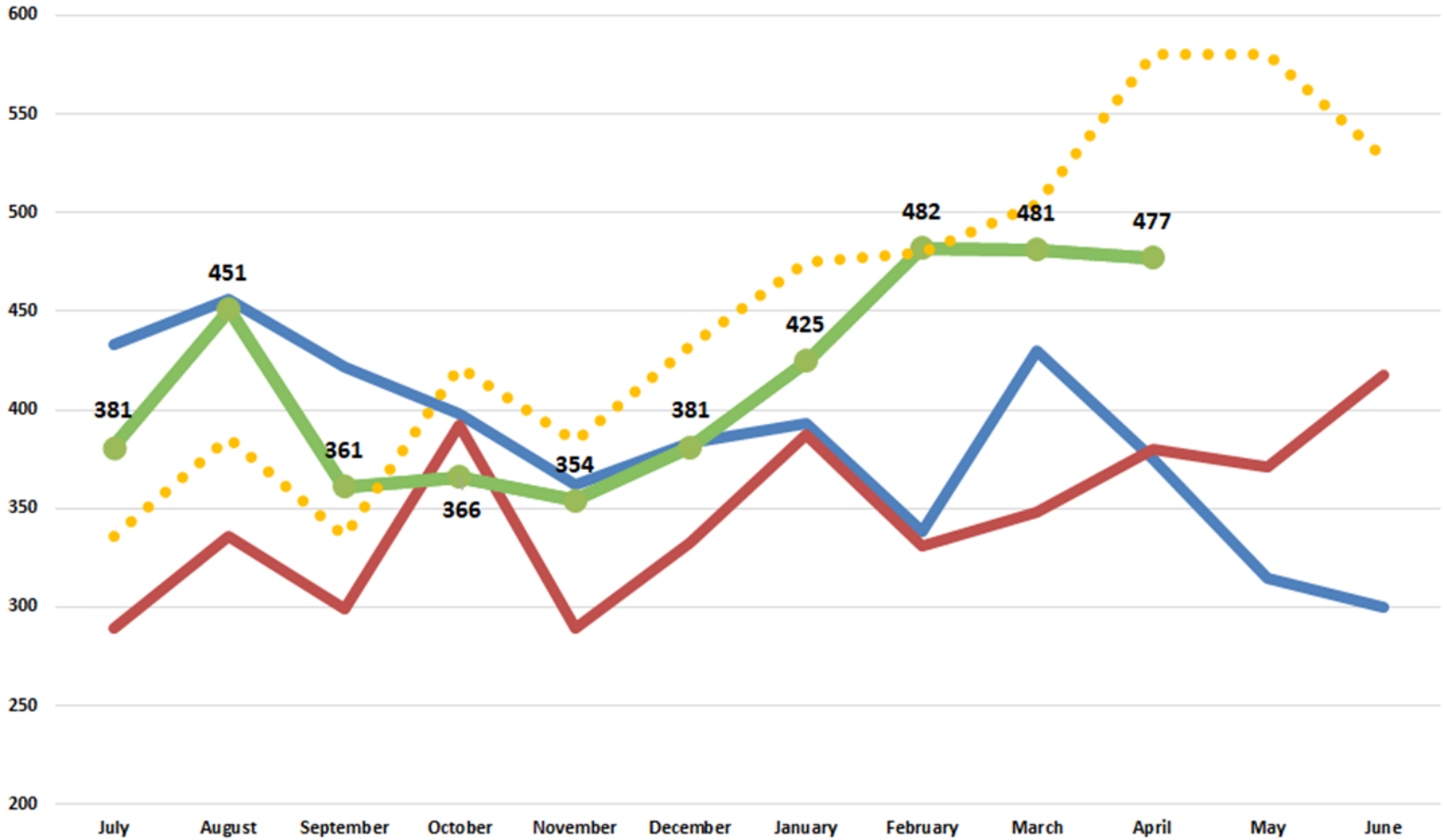
Physical & Other Therapy Units (I/P & O/P)-Main Campus



Radiology - West Campus Imaging



Infusion Center - Outpatient Visits



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



Statistical Results – Fiscal Year Comparison (Apr)

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

Average Daily Census	375.6	411	9.3%	424	(13)	(3.2%)
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KDHCD Patient Days:

Medical Center	7,294	8,411	15.3%	8,466	(55)	(0.6%)
Acute I/P Psych	1,358	1,281	(5.7%)	1,350	(69)	(5.1%)
Sub-Acute	949	915	(3.6%)	927	(12)	(1.3%)
Rehab	507	488	(3.7%)	593	(105)	(17.7%)
TCS-Ortho (Short Stay Rehab)	419	343	(18.1%)	450	(107)	(23.8%)
NICU	340	401	17.9%	422	(21)	(5.0%)
Nursery	401	481	20.0%	513	(32)	(6.2%)

Total KDHCD Patient Days	11,268	12,320	9.3%	12,721	(401)	(3.2%)
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Total Outpatient Volume	54,240	60,990	12.4%	54,378	6,612	12.2%
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Statistical Results – Fiscal Year Comparison (Jul-Apr)

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

Average Daily Census	426	407	(4.6%)	423	(17)	(3.9%)
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KDHCD Patient Days:

Medical Center	86,467	83,826	(3.1%)	86,523	(2,697)	(3.1%)
Acute I/P Psych	13,163	13,105	(0.4%)	13,770	(665)	(4.8%)
Sub-Acute	9,131	9,286	1.7%	8,998	288	3.2%
Rehab	5,404	5,416	0.2%	5,932	(516)	(8.7%)
TCS-Ortho (Short Stay Rehab)	3,900	3,428	(12.1%)	4,169	(741)	(17.8%)
TCS	2,115	0	(100.0%)	0	0	0.0%
NICU	4,526	4,071	(10.1%)	4,481	(410)	(9.1%)
Nursery	4,932	4,944	0.2%	5,275	(331)	(6.3%)

Total KDHCD Patient Days	129,638	124,076	(4.3%)	129,148	(5,072)	(3.9%)
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Total Outpatient Volume	565,101	584,483	3.4%	552,846	31,637	5.7%
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Other Statistical Results – Fiscal Year Comparison (Apr)

	Actual Results				Budget	Budget Variance	
	Apr 2023	Apr 2024	Change	% Change	Apr 2024	Change	% Change
Adjusted Patient Days	24,106	24,634	528	2.2%	26,200	(1,566)	(6.0%)
Outpatient Visits	54,240	60,990	6,750	12.4%	54,378	6,612	12.2%
O/P Rehab Units	17,582	22,332	4,750	27.0%	20,434	1,898	9.3%
Infusion Center	380	477	97	25.5%	580	(103)	(17.8%)
OB Deliveries	321	383	62	19.3%	353	30	8.5%
Endoscopy Procedures (I/P & O/P)	551	653	102	18.5%	507	146	28.8%
RHC Registrations	9,367	10,923	1,556	16.6%	10,130	793	7.8%
Dialysis Treatments	1,434	1,578	144	10.0%	1,550	28	1.8%
Radiology/CT/US/MRI Proc (I/P & O/P)	16,660	18,189	1,529	9.2%	16,460	1,729	10.5%
Physical & Other Therapy Units	17,039	18,150	1,111	6.5%	18,414	(264)	(1.4%)
Radiation Oncology Treatments (I/P & O/P)	1,964	2,029	65	3.3%	2,342	(313)	(13.4%)
Cath Lab Minutes (IP & OP)	328	337	9	2.7%	343	(6)	(1.7%)
ED Total Registered	7,856	7,898	42	0.5%	7,200	698	9.7%
Home Health Visits	3,077	3,008	(69)	(2.2%)	3,212	(204)	(6.4%)
Urgent Care - Demaree	2,077	2,010	(67)	(3.2%)	2,600	(590)	(22.7%)
Surgery Minutes-General & Robotic (I/P & O/P)	992	934	(58)	(5.8%)	871	63	7.2%
Hospice Days	3,573	3,293	(280)	(7.8%)	3,700	(407)	(11.0%)
Urgent Care - Court	3,232	2,969	(263)	(8.1%)	3,604	(635)	(17.6%)

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

	Actual Results				Budget	Budget Variance	
	FY 2023	FY 2024	Change	% Change	FY 2024	Change	% Change
Adjusted Patient Days	269,658	249,102	(20,556)	(7.6%)	263,113	(14,011)	(5.3%)
Outpatient Visits	565,101	584,483	19,382	3.4%	552,846	31,637	5.7%
Infusion Center	3,384	4,159	775	22.9%	4,335	(176)	(4.1%)
Endoscopy Procedures (I/P & O/P)	5,488	6,360	872	15.9%	5,357	1,003	18.7%
ED Total Registered	74,419	80,246	5,827	7.8%	73,249	6,997	9.6%
O/P Rehab Units	186,945	201,136	14,191	7.6%	195,224	5,912	3.0%
Radiology/CT/US/MRI Proc (I/P & O/P)	165,135	175,255	10,120	6.1%	164,993	10,262	6.2%
RHC Registrations	98,596	101,397	2,801	2.8%	107,497	(6,100)	(5.7%)
Dialysis Treatments	14,912	15,258	364	2.3%	15,500	(242)	(1.6%)
OB Deliveries	3,835	3,889	54	1.4%	3,901	(12)	(0.3%)
Home Health Visits	30,273	30,667	394	1.3%	31,263	(596)	(1.9%)
Physical & Other Therapy Units	177,319	174,387	(2,932)	(1.7%)	188,336	(13,949)	(7.4%)
Cath Lab Minutes (IP & OP)	3,142	3,085	(57)	(1.8%)	3,453	(368)	(10.7%)
Hospice Days	36,278	35,512	(766)	(2.1%)	37,480	(1,968)	(5.3%)
Radiation Oncology Treatments (I/P & O/P)	18,529	17,273	(1,256)	(6.8%)	21,362	(4,089)	(19.1%)
Surgery Minutes-General & Robotic (I/P & O/P)	10,644	9,434	(1,210)	(11.4%)	9,684	(250)	(2.6%)
Urgent Care - Demaree	27,417	21,935	(5,482)	(20.0%)	27,841	(5,906)	(21.2%)
Urgent Care - Court	40,455	31,735	(8,720)	(21.6%)	42,899	(11,164)	(26.0%)

April Financial Comparison without KHMG (000's)

	Without KHMG				Without KHMG			
	Comparison to Budget - Month of April				Comparison to Prior Year - Month of April			
	Budget APR-2024	Actual APR-2024	\$ Change	% Change	APR-2023	APR-24	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$48,113	\$51,284	\$3,171	6.2%	\$45,955	\$51,284	\$5,329	10.4%
Supplemental Gov't Programs	\$6,273	\$11,441	\$5,168	45.2%	\$6,060	\$11,441	\$5,382	47.0%
Prime Program	\$808	\$822	\$13	1.6%	\$1,633	\$822	(\$812)	-98.8%
Premium Revenue	\$7,675	\$7,319	(\$356)	-4.9%	\$8,685	\$7,319	(\$1,365)	-18.7%
Management Services Revenue	\$3,328	\$3,166	(\$162)	-5.1%	\$3,280	\$3,166	(\$114)	-3.6%
Other Revenue	\$2,408	\$2,972	\$563	19.0%	\$2,629	\$2,972	\$342	11.5%
Other Operating Revenue	\$20,493	\$25,720	\$5,227	20.3%	\$22,287	\$25,720	\$3,433	13.3%
Total Operating Revenue	\$68,606	\$77,004	\$8,398	10.9%	\$68,242	\$77,004	\$8,762	11.4%
Operating Expenses								
Salaries & Wages	\$28,391	\$30,200	\$1,809	6.0%	\$26,687	\$30,200	\$3,513	11.6%
Contract Labor	\$1,135	\$1,187	\$53	4.4%	\$2,865	\$1,187	(\$1,678)	-141.3%
Employee Benefits	\$6,563	\$6,690	\$127	1.9%	\$6,174	\$6,690	\$516	7.7%
Total Employment Expenses	\$36,089	\$38,077	\$1,988	5.2%	\$35,725	\$38,077	\$2,352	6.2%
Medical & Other Supplies	\$13,422	\$13,618	\$196	1.4%	\$12,404	\$13,618	\$1,214	8.9%
Physician Fees	\$6,665	\$8,492	\$1,827	21.5%	\$6,849	\$8,492	\$1,643	19.3%
Purchased Services	\$1,470	\$1,539	\$69	4.5%	\$1,313	\$1,539	\$227	14.7%
Repairs & Maintenance	\$2,366	\$2,381	\$15	0.6%	\$2,675	\$2,381	(\$294)	-12.3%
Utilities	\$827	\$807	(\$20)	-2.5%	\$680	\$807	\$126	15.6%
Rents & Leases	\$162	\$164	\$2	1.0%	\$114	\$164	\$50	30.5%
Depreciation & Amortization	\$2,914	\$2,674	(\$240)	-9.0%	\$2,945	\$2,674	(\$272)	-10.2%
Interest Expense	\$568	\$770	\$202	26.2%	\$607	\$770	\$163	21.2%
Other Expense	\$2,113	\$1,739	(\$373)	-21.4%	\$1,786	\$1,739	(\$47)	-2.7%
Humana Cap Plan Expenses	\$3,701	\$4,681	\$979	20.9%	\$3,190	\$4,681	\$1,491	31.9%
Total Other Expenses	\$34,209	\$36,865	\$2,656	7.2%	\$32,564	\$36,865	\$4,301	11.7%
Total Operating Expenses	\$70,297	\$74,942	\$4,644	6.2%	\$68,289	\$74,942	\$6,653	8.9%
Operating Margin	(\$1,691)	\$2,063	\$3,754		(\$47)	\$2,063	\$2,110	
Stimulus/FEMA	\$1,558	\$0	(\$1,558)		\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	(\$133)	\$2,063	\$2,196		(\$47)	\$2,063	\$2,110	
Nonoperating Revenue (Loss)	\$465	\$550	\$85		\$515	\$550	\$35	
Excess Margin	\$331	\$2,613	\$2,281		\$468	\$2,613	\$2,145	

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

	Without KHMG				Without KHMG			
	Comparison to Budget - YTD April				Comparison to Prior Year - YTD April			
	Budget Apr-2024	Actual Apr-2024	\$ Change	% Change	Apr-2023	Apr-2024	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$486,135	\$491,461	\$5,326	1.1%	\$485,730	\$491,461	\$5,731	1.2%
Supplemental Gov't Programs	\$63,780	\$74,288	\$10,508	14.1%	\$56,697	\$74,288	\$17,590	23.7%
Prime Program	\$8,216	\$9,854	\$1,638	16.6%	\$11,509	\$9,854	(\$1,655)	-16.8%
Premium Revenue	\$77,771	\$74,040	(\$3,732)	-5.0%	\$65,564	\$74,040	\$8,476	11.4%
Management Services Revenue	\$33,837	\$32,740	(\$1,096)	-3.3%	\$32,232	\$32,740	\$509	1.6%
Other Revenue	\$24,540	\$29,668	\$5,127	17.3%	\$26,423	\$29,668	\$3,245	10.9%
Other Operating Revenue	\$208,144	\$220,589	\$12,445	5.6%	\$192,425	\$220,589	\$28,164	12.8%
Total Operating Revenue	\$694,279	\$712,050	\$17,770	2.5%	\$678,155	\$712,050	\$33,895	4.8%
Operating Expenses								
Salaries & Wages	\$288,933	\$290,679	\$1,745	0.6%	\$274,992	\$290,679	\$15,687	5.4%
Contract Labor	\$14,527	\$18,219	\$3,692	20.3%	\$44,523	\$18,219	(\$26,304)	-144.4%
Employee Benefits	\$66,797	\$68,083	\$1,285	1.9%	\$54,434	\$68,083	\$13,649	20.0%
Total Employment Expenses	\$370,258	\$376,981	\$6,723	1.8%	\$373,949	\$376,981	\$3,032	0.8%
Medical & Other Supplies	\$133,993	\$134,343	\$351	0.3%	\$132,148	\$134,343	\$2,195	1.6%
Physician Fees	\$66,651	\$67,631	\$980	1.4%	\$67,747	\$67,631	(\$116)	-0.2%
Purchased Services	\$14,946	\$14,968	\$22	0.1%	\$15,006	\$14,968	(\$38)	-0.3%
Repairs & Maintenance	\$23,683	\$19,713	(\$3,969)	-20.1%	\$22,752	\$19,713	(\$3,038)	-15.4%
Utilities	\$9,391	\$8,423	(\$968)	-11.5%	\$8,173	\$8,423	\$251	3.0%
Rents & Leases	\$1,621	\$1,619	(\$2)	-0.1%	\$1,231	\$1,619	\$388	24.0%
Depreciation & Amortization	\$29,138	\$31,820	\$2,682	8.4%	\$29,094	\$31,820	\$2,725	8.6%
Interest Expense	\$5,779	\$6,220	\$441	7.1%	\$6,173	\$6,220	\$47	0.8%
Other Expense	\$21,524	\$19,130	(\$2,394)	-12.5%	\$17,528	\$19,130	\$1,602	8.4%
Humana Cap Plan Expenses	\$37,015	\$37,897	\$882	2.3%	\$36,775	\$37,897	\$1,122	3.0%
Total Other Expenses	\$343,740	\$341,764	(\$1,976)	-0.6%	\$336,627	\$341,764	\$5,137	1.5%
Total Operating Expenses	\$713,998	\$718,745	\$4,747	0.7%	\$710,576	\$718,745	\$8,169	1.1%
Operating Margin	(\$19,719)	(\$6,695)	\$13,024		(\$32,422)	(\$6,695)	\$25,727	
Stimulus/FEMA	\$15,837	\$3,220	(\$12,617)		\$287	\$3,220	\$2,933	
Operating Margin after Stimulus/FEM.	(\$3,881)	(\$3,475)	\$406		(\$32,134)	(\$3,475)	\$28,659	
Nonoperating Revenue (Loss)	\$4,736	\$12,064	\$7,327		\$3,621	\$12,064	\$8,442	
Excess Margin	\$855	\$8,589	\$7,734		(\$28,513)	\$8,589	\$37,102	

Month of April - Budget Variances

- **Net Patient Service Revenue:** In April actual net patient revenue exceeded budget by \$3.2M (6.2%) due to the mix of services in the month.
- **Supplemental Gov't programs:** The positive \$5.2M variance in supplemental revenue is April due to the recognition of additional fee-for-service funds for FY23 and more than expected rate range funds for calendar year 2022.
- **Salaries and Wages:** The negative variance of \$1.8M (6.0%) is primarily due to the increase in our pay rates due to the increases in our minimum wages and market increases.
- **Physician fees:** The \$1.8M negative variance in April was due to the timing of payments and also additional locum expenses.
- **Repairs and maintenance and amortization expense YTD April:** There was a YTD adjustment related to the adoption of GASB96 effective with the FY23 audit. This statement relates to subscription based IT software contracts and requires certain contracts to be recorded as an asset and liability on the balance sheet, and also requires the asset to be amortized over the length of the contract. Previously these contracts were recorded as service contract expenses in the repairs and maintenance line item on the income statement.

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

Income Statement	FY 2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	FYTD 2024	
Patient Service Revenue	\$611,350	\$45,479	\$49,531	\$47,195	\$47,502	\$48,225	\$48,629	\$49,472	\$49,778	\$54,365	\$51,284	\$491,461	
Other Revenue	\$240,615	\$21,161	\$22,458	\$21,039	\$21,928	\$21,261	\$20,979	\$24,379	\$22,470	\$19,194	\$25,720	\$220,589	
Total Operating Revenue	\$851,965	\$66,640	\$71,989	\$68,234	\$69,431	\$69,486	\$69,608	\$73,851	\$72,248	\$73,559	\$77,004	\$712,050	
Employee Expense	\$462,214	\$36,176	\$37,019	\$35,180	\$38,961	\$37,597	\$37,268	\$37,645	\$37,074	\$41,984	\$38,077	\$376,982	
Other Operating Expense	\$448,205	\$33,478	\$34,922	\$33,204	\$31,579	\$33,162	\$32,981	\$35,742	\$36,449	\$33,382	\$36,864	\$341,763	
Total Operating Expenses	\$910,418	\$69,654	\$71,941	\$68,384	\$70,540	\$70,759	\$70,249	\$73,388	\$73,523	\$75,367	\$74,941	\$718,745	
Net Operating Margin	(\$58,453)	(\$3,014)	\$48	(\$150)	(\$1,110)	(\$1,273)	(\$641)	\$464	(\$1,275)	(\$1,807)	\$2,063	(\$6,695)	
Stimulus/FEMA	\$609	\$1,610	\$1,610	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,220	
NonOperating Income	\$10,627	\$617	\$602	\$626	\$665	\$578	\$5,057	\$969	\$618	\$1,781	\$550	\$12,063	
Excess Margin	(\$47,218)	(\$787)	\$2,259	\$477	(\$444)	(\$695)	\$4,416	\$1,433	(\$657)	(\$26)	\$2,613	\$8,588	
Profitability													Moody's A
Operating Margin %	(6.9%)	(4.5%)	0.1%	(0.2%)	(1.6%)	(1.8%)	(0.9%)	0.6%	(1.8%)	(2.5%)	2.7%	(0.9%)	0.1%
Operating Margin %excl. Interest	(6.0%)	(3.6%)	0.9%	0.7%	(0.7%)	(1.0%)	(0.1%)	1.4%	(0.9%)	(1.6%)	3.7%	(0.1%)	
Operating EBIDA	(\$11,318)	\$395	\$3,493	\$3,265	\$2,340	\$2,111	\$2,732	\$3,957	\$1,994	\$1,628	\$5,507	\$27,422	
Operating EBIDA Margin	(1.3%)	0.6%	4.9%	4.8%	3.4%	3.0%	3.9%	5.4%	2.8%	2.2%	7.2%	3.9%	5.6%
Liquidity Indicators													
Day's Cash on Hand	78.3	84.2	84.7	83.3	83.7	81.1	83.5	81.4	79.0	74.7	91.0	91.0	206.5
Day's in Accounts Receivable	72.5	72.6	74.6	76.6	79.1	78.4	77.6	72.5	71.0	70.1	65.3	65.3	48.0
Surplus/Unrestricted Funds (000's)	\$186,803	\$181,339	\$185,762	\$182,518	\$183,138	\$178,653	\$183,624	\$179,987	\$176,827	\$168,012	\$204,886	\$204,886	
Capital Expenditures (000's)	\$23,394	\$301	\$816	\$563	\$621	\$1,399	\$1,706	\$1,725	\$765	\$984	\$482	\$9,362	\$14,000
Debt & Other Indicators													
Debt Service Coverage (MADS)	(0.1)	1.62	2.57	2.54	2.37	2.23	2.67	2.71	2.06	2.01	2.40	2.40	3.80
Discharges (Monthly)	2,289	2,306	2,442	2,276	2,203	2,293	2,285	2,283	2,144	2,142	2,299	2,267	
Adj Discharges (Case mix adj)	7,600	7,504	7,884	7,580	7,417	7,743	7,344	7,228	7,111	6,827	7,226	7,380	
Adjusted patient Days (Mo.)	26,609	24,306	26,289	24,516	24,321	24,447	24,965	25,976	24,096	25,597	24,634	24,915	
Cost/Adj Discharge	\$10.0	\$9.3	\$9.1	\$9.0	\$9.5	\$9.1	\$9.6	\$10.2	\$10.3	\$11.0	\$10.4	\$9.7	
Compensation Ratio	76%	80%	75%	75%	82%	78%	77%	76%	74%	77%	74%	77%	

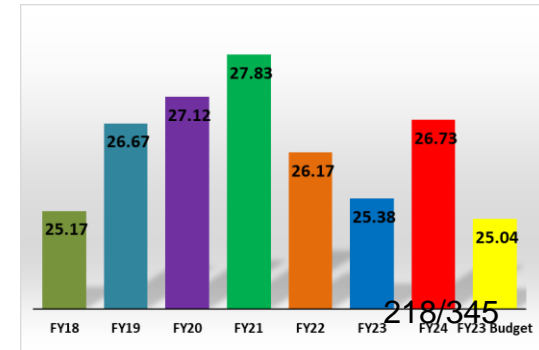
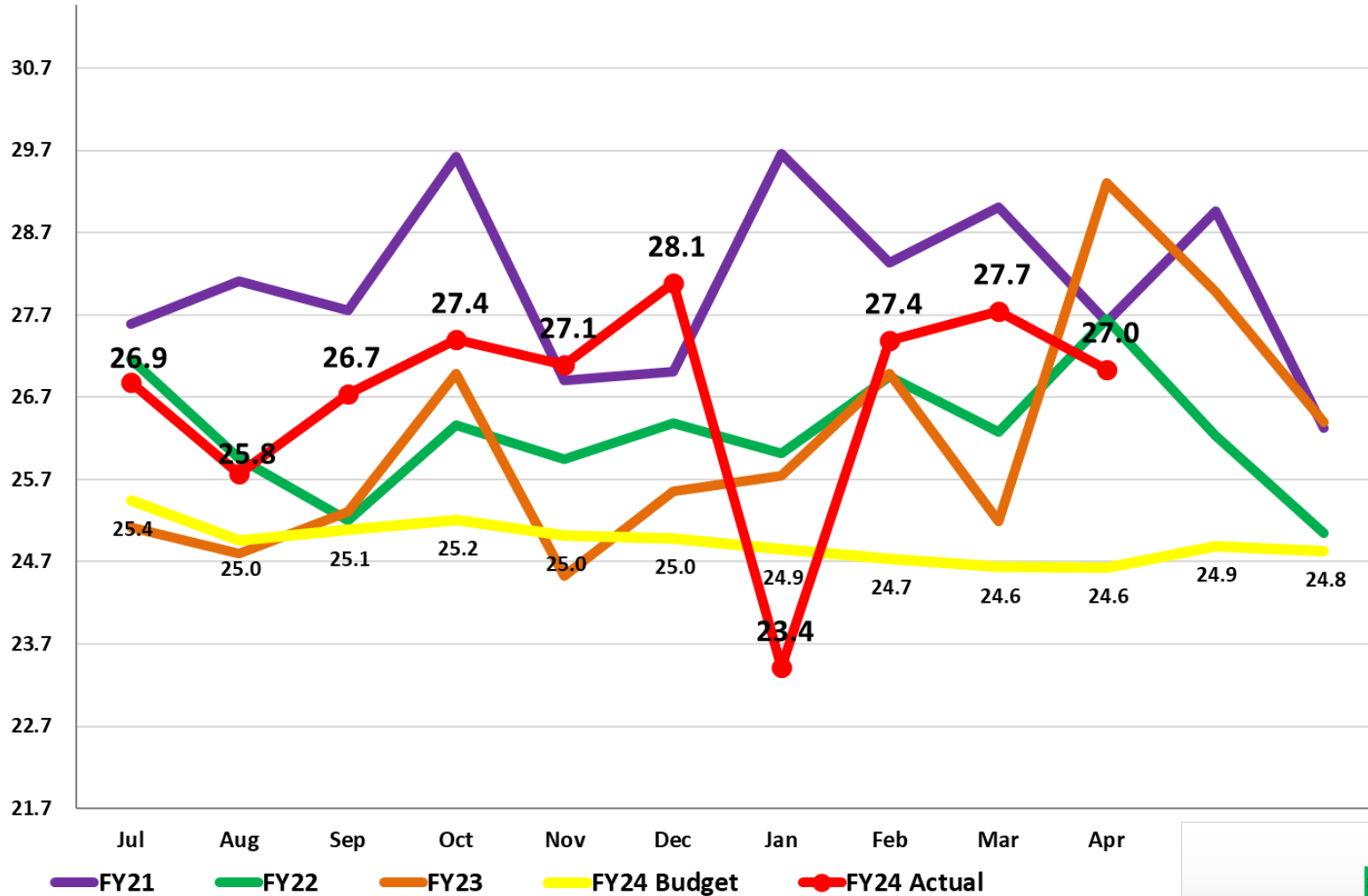
Trended Supplemental Income

	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	FYTD
HQAF	1,653,189	1,653,189	1,653,189	1,653,189	1,653,189	1,653,189	2,422,159	1,653,189	1,653,189	1,653,189	17,300,860
Directed Payments	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	17,714,680
Medi-Cal DSH	802,083	802,083	802,083	802,083	802,083	802,083	2,697,915	1,895,832	1,895,832	1,895,832	13,197,909
Rate Range	1,730,548	1,730,548	1,730,548	1,730,548	1,730,548	1,730,548	1,730,548	1,730,548	1,730,548	2,731,414	18,306,346
Fee for Service	420,707	420,707	420,707	420,707	420,707	420,707	420,707	420,707	420,707	3,389,423	7,175,786
	6,377,995	6,377,995	6,377,995	6,377,995	6,377,995	6,377,995	9,042,797	7,471,744	7,471,744	11,441,326	73,695,581

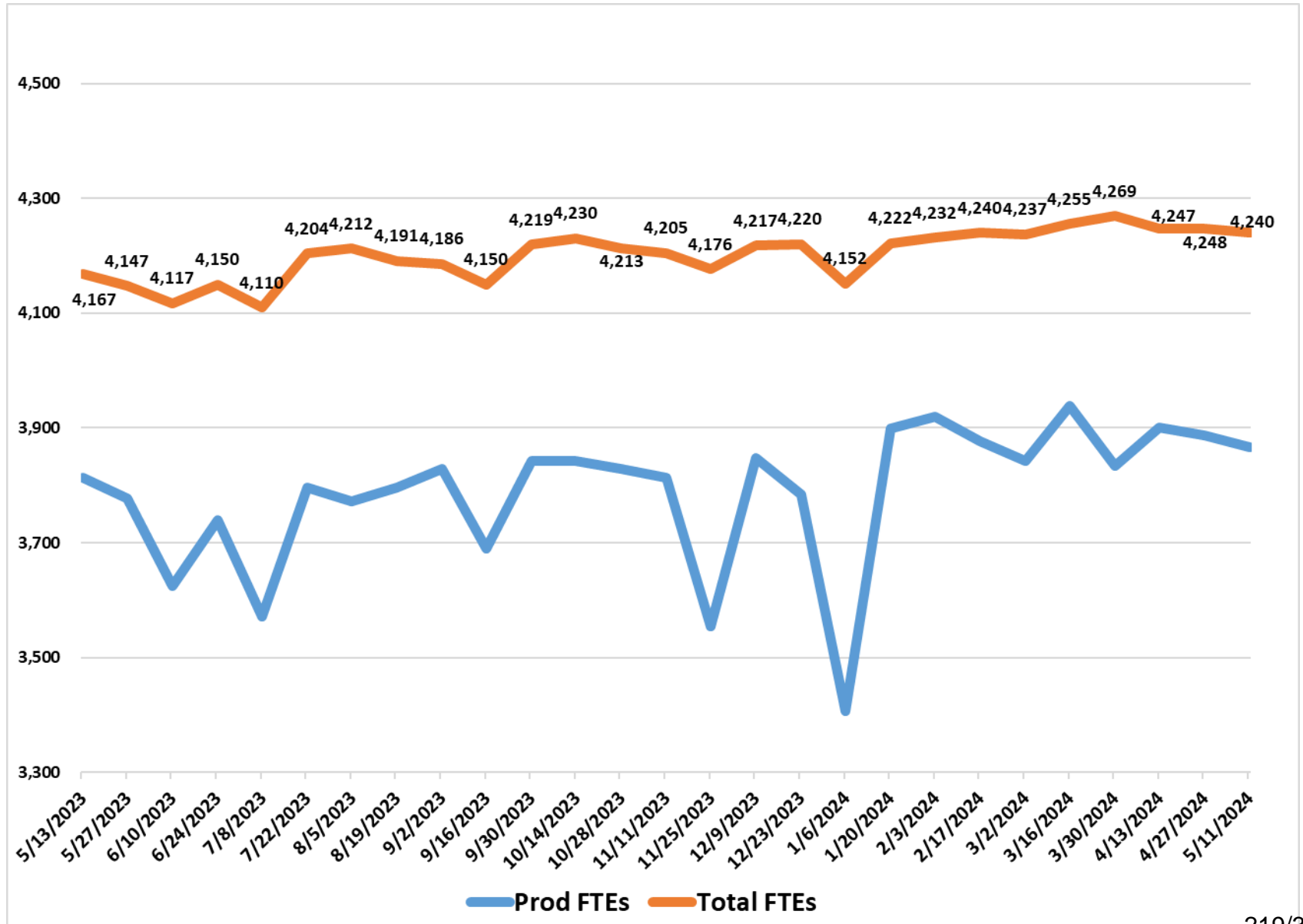
April 2024 includes a true up for CY22 Rate range (\$1.1M). FY23 Fee for service (\$2.4M) and FY24 Fee for service (\$555K)

- Hospital Quality Assurance Fee:** The hospital quality assurance fee (HQAF) was established in 2009 by private hospitals as a way for them to draw down federal funds for the uncompensated portion of care they provide to Medi-Cal beneficiaries (similar to our AB 113 program). When the HQAF was developed public hospitals negotiated to receive funding via this mechanism as well. Funding is distributed based on inpatient Medi-Cal volume with enhanced payments for hospitals which are DSH or rural. *Public hospital funding is renegotiated each time there is a new HQAF program (roughly every 3 years) and has grown at a small pace, in line with the overall growth of the overall program.*
- Directed payments:** Beginning with CY23, the California Department of Health Care Services created a new funding initiative in consultation with DHLF. This is a state directed payment and represents uniform dollar increases that is established by the state for Medi-Cal inpatient and outpatient hospital services for the rating period covering Calendar Years beginning January 1 2023. This is the first significant new Medi-Cal supplemental funding program for district hospitals in a number of years.
- Medi-Cal DSH:** The Disproportionate Share Hospital (DSH) Program is a Medi-Cal supplemental payment program that was established in 1981. It reimburses hospitals for some of the uncompensated care costs associated with furnishing inpatient hospital services to Medi-Cal beneficiaries and uninsured individuals. Kaweah's share of funding has grown significantly over the years due to the increased patient load and achievement of teaching hospital status a few years ago. *While overall funding levels of DSH have increased over time, there are currently significant reductions contained in federal law which propose to reduce the funding by 50%. Previous hospital advocacy has been successful in delaying the federal DSH reductions on six prior occasions.*
- Rate Range:** Most Medi-Cal beneficiaries are enrolled in Managed Care Plans (MCP). MCP's are paid a per member per month (PMPM) amount by DHCS to arrange and pay for the care of their members. DHCS calculates a lower, midpoint, and upper PMPM rate and pays the MCP's at the lower rate. CMS will provide federal funding as high as the upper rate. Public hospitals provide IGT's to draw down "rate range", the difference between the upper and lower rates, thus providing public hospitals with more federal funding. Rate range increases when additional beneficiaries and services are transitioned to managed care. Over the past decade there has been a large shift in beneficiaries to managed care such that now over 90% of beneficiaries are in managed care. *Managed care has stabilized and thus funding from this source should remain relatively constant.*
- FFS Inpatient Funds:** Assembly Bill 113 (AB 113) established the district and municipal hospital IGT fund in 2011. AB 113 allows hospitals to claim federal funding for the uncompensated portion of inpatient care that hospitals provide to Medi-Cal beneficiaries in the fee-for-service program. The program uses 4 different tiers to determine the allocation of funds based on Charity Revenue, Bad Debt Revenue and Medi-Cal Charges. *The number of beneficiaries in the fee-for-service program has declined in the past decade as more beneficiaries were transitioned to managed care, however that decline has leveled off and funding levels are expected to remain stable for the foreseeable future.*

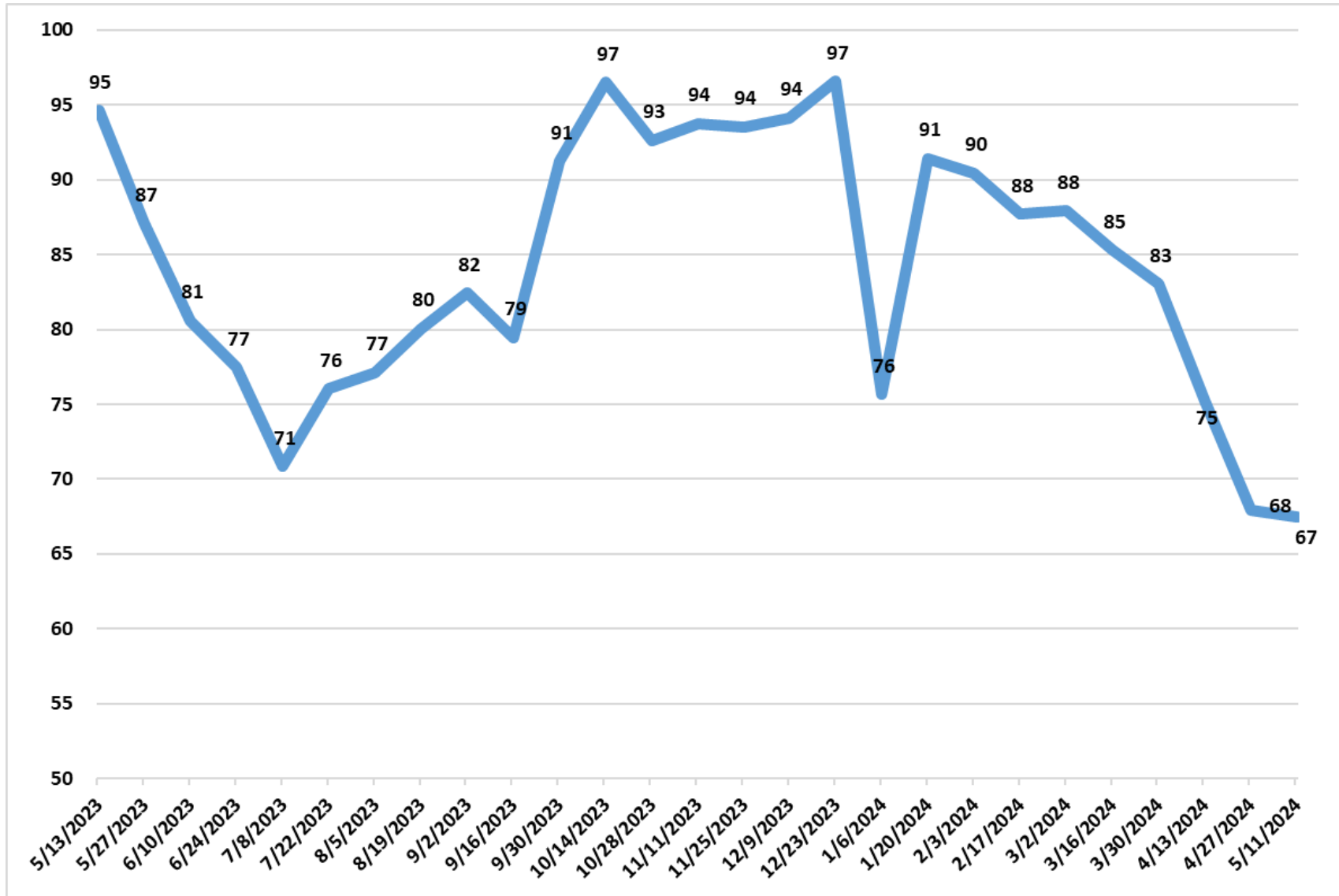
Productivity: Worked Hours/Adjusted Patient Days



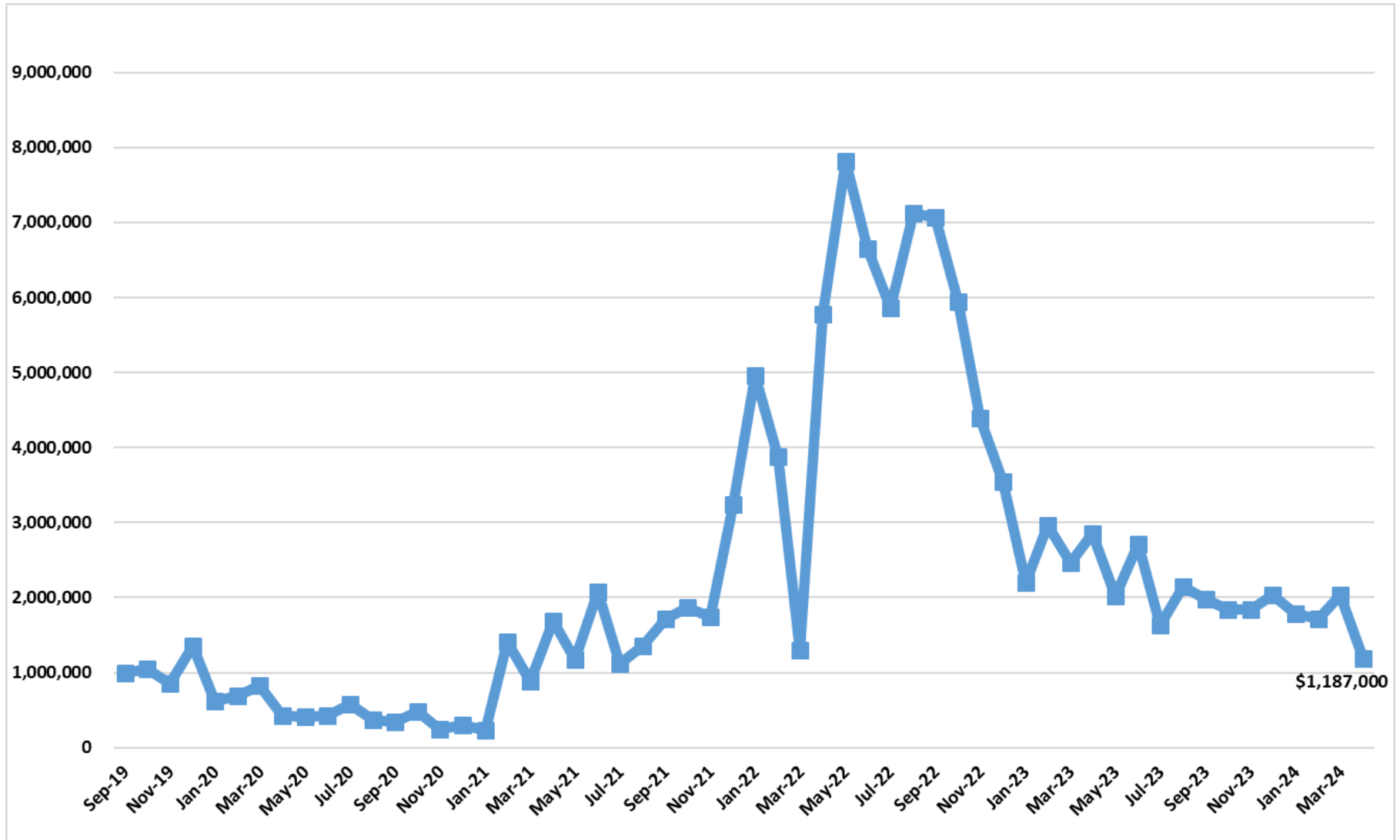
Productive and Total FTEs without KHMG



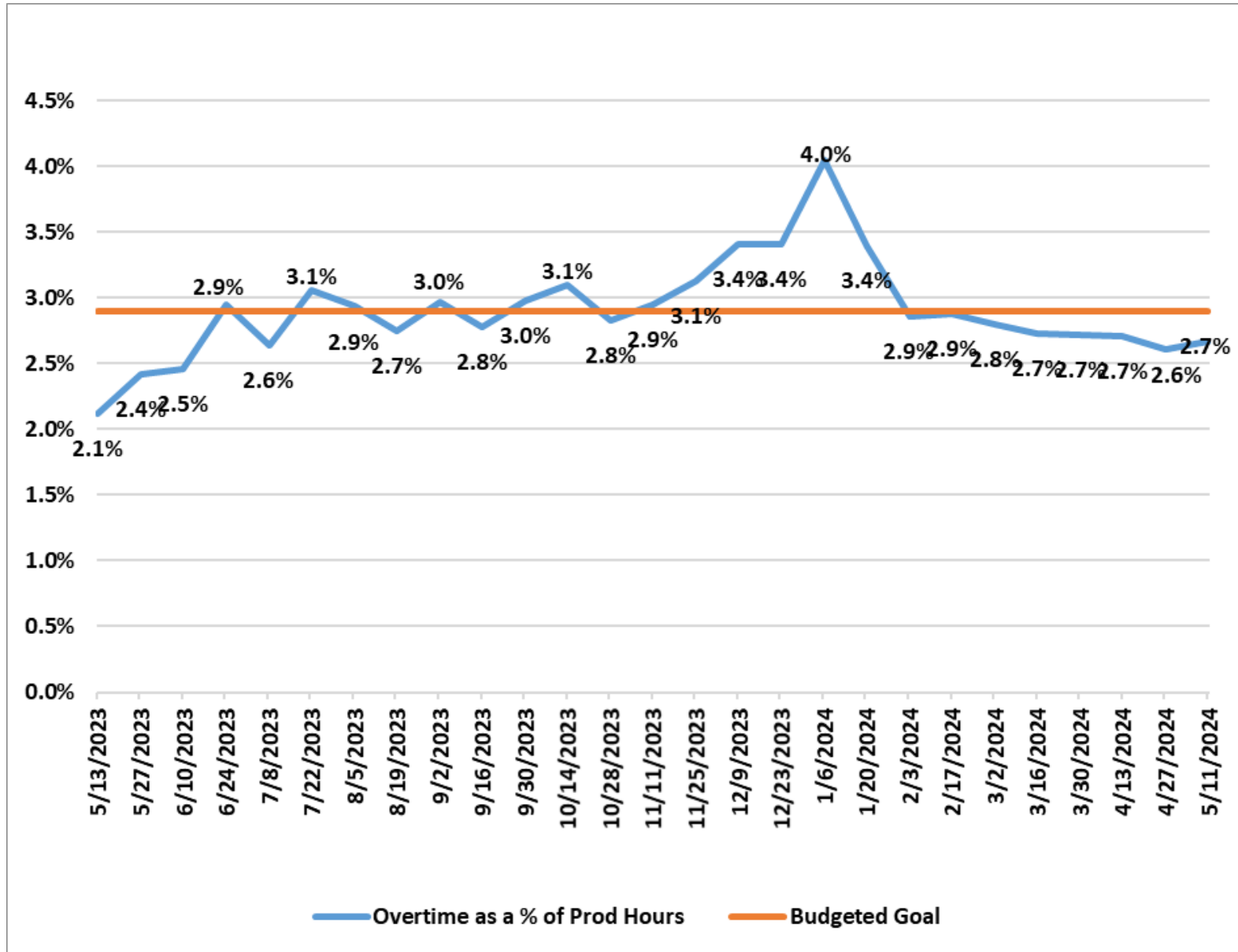
Contract Labor Full Time Equivalents (FTEs)



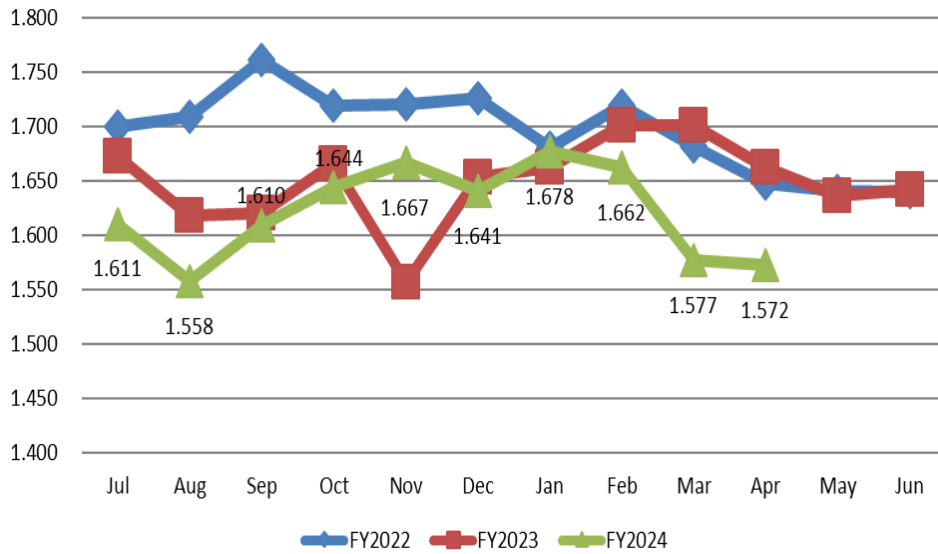
Contract Labor Expense



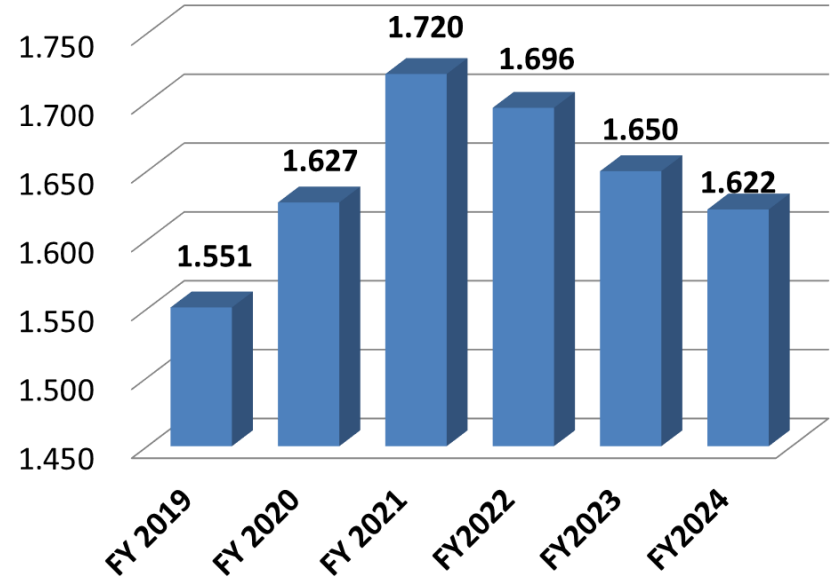
Overtime as a % of Productive Hours



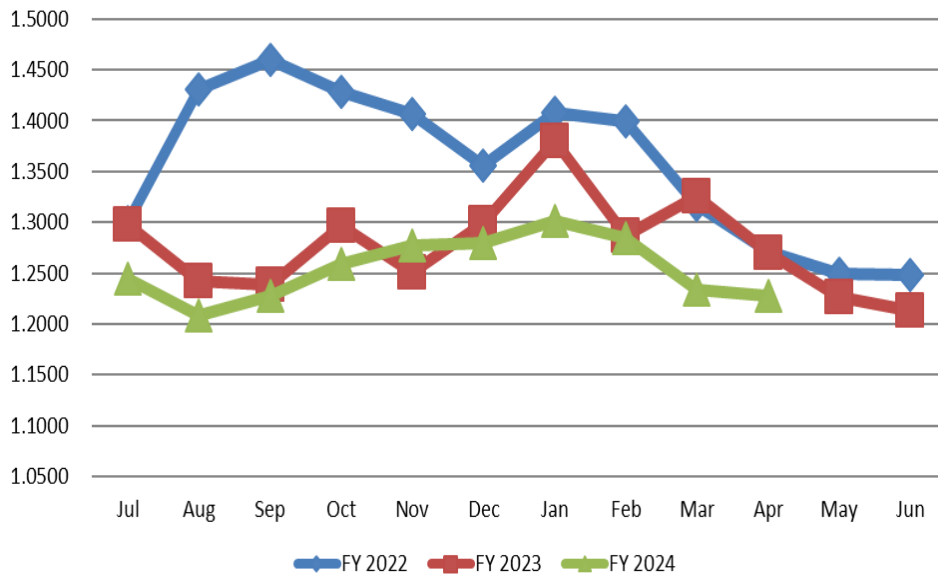
Case Mix Index w/o Normal Newborns



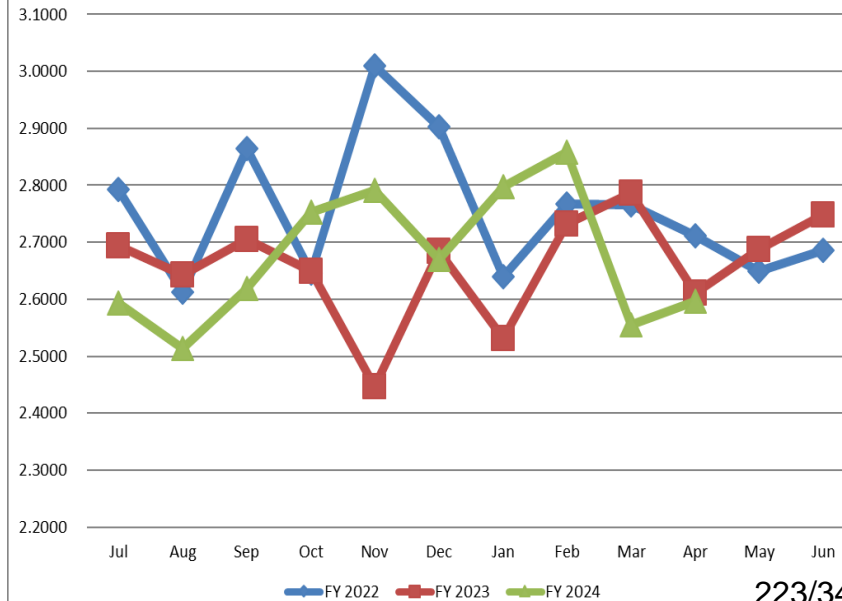
Case Mix Index w/o Normal Newborns - All



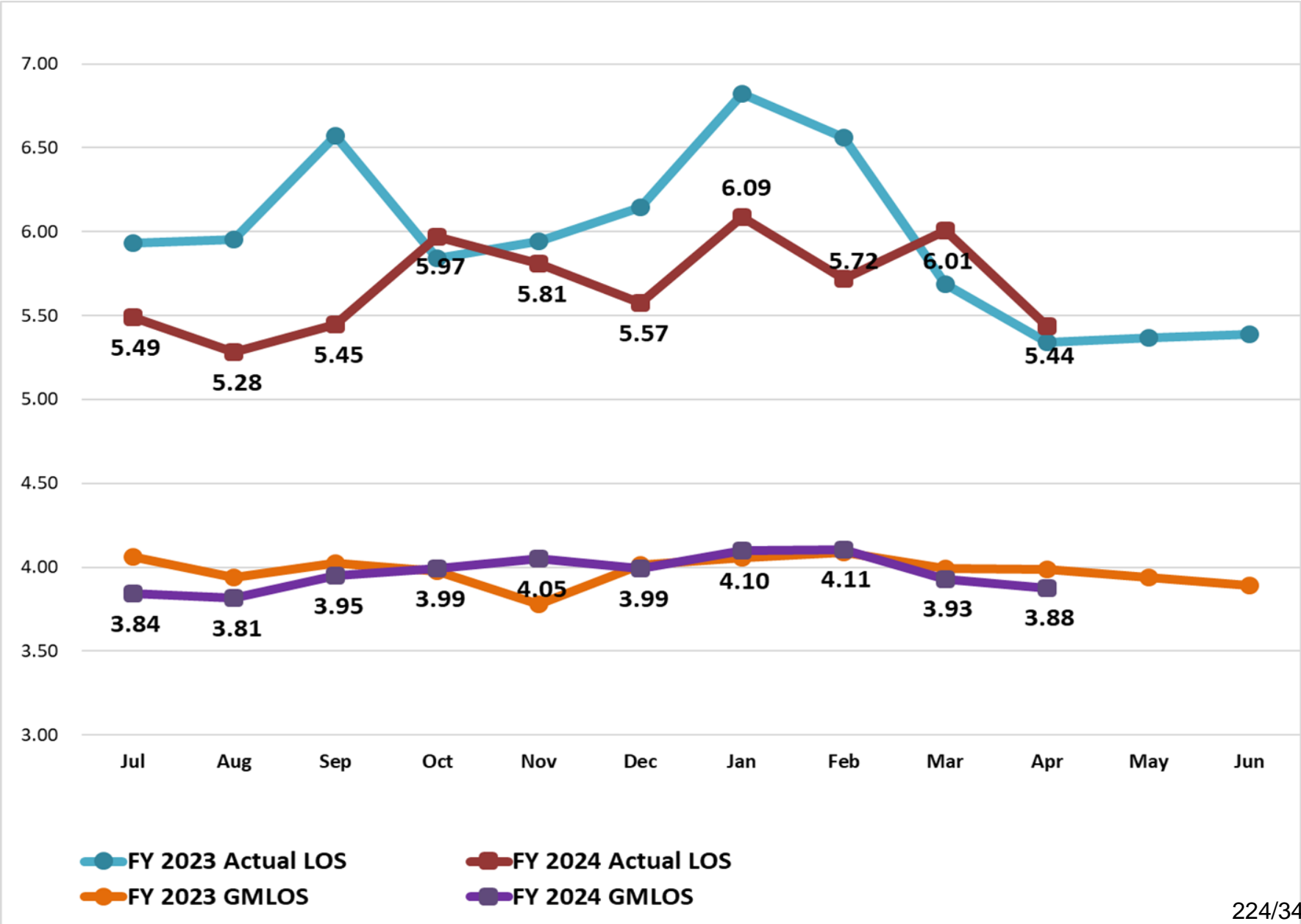
Case Mix **Medical** w/o Normal Newborns



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



Average Length of Stay versus National Average (GMLOS)

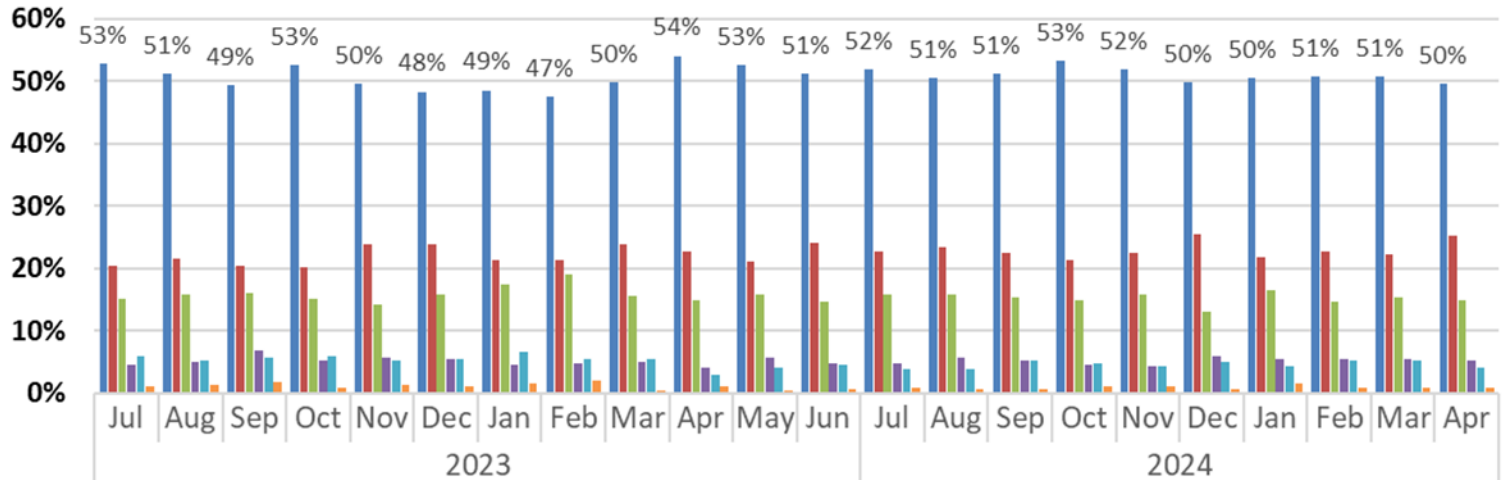


Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients		
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP
Apr-22	5.79	3.99	1.80	5.67	3.98	1.69
May-22	5.97	3.94	2.03	5.61	3.88	1.73
Jun-22	6.11	3.97	2.14	5.63	3.88	1.75
Jul-22	5.93	4.06	1.87	5.66	3.90	1.76
Aug-22	5.96	3.94	2.02	5.62	3.82	1.80
Sep-22	6.57	4.02	2.55	6.32	3.95	2.37
Oct-22	5.84	3.98	1.86	5.63	3.91	1.72
Nov-22	5.94	3.78	2.16	5.88	3.74	2.14
Dec-22	6.14	4.01	2.13	5.69	3.92	1.77
Jan-23	6.82	4.06	2.76	6.31	3.95	2.36
Feb-23	6.56	4.09	2.47	6.36	4.04	2.32
Mar-23	5.69	3.99	1.70	5.56	3.93	1.63
Apr-23	5.34	3.99	1.35	5.06	3.94	1.12
May-23	5.37	3.94	1.43	5.14	3.91	1.23
Jun-23	5.39	3.89	1.50	5.33	3.86	1.47
Jul-23	5.49	3.84	1.65	5.47	3.82	1.65
Aug-23	5.28	3.81	1.47	5.22	3.77	1.45
Sep-23	5.45	3.95	1.50	5.40	3.92	1.48
Oct-23	5.97	3.99	1.98	5.92	3.97	1.95
Nov-23	5.81	4.05	1.75	5.61	4.02	1.59
Dec-23	5.57	3.99	1.58	5.55	3.96	1.59
Jan-24	6.09	4.10	1.99	5.95	4.08	1.87
Feb-24	5.72	4.11	1.61	5.73	4.09	1.64
Mar-24	6.01	3.93	2.08	5.92	3.89	2.02
Apr-24	5.44	3.88	1.56	5.35	3.87	1.48
	5.85	3.97	1.88	5.66	3.92	1.74

Average Length of Stay Distribution

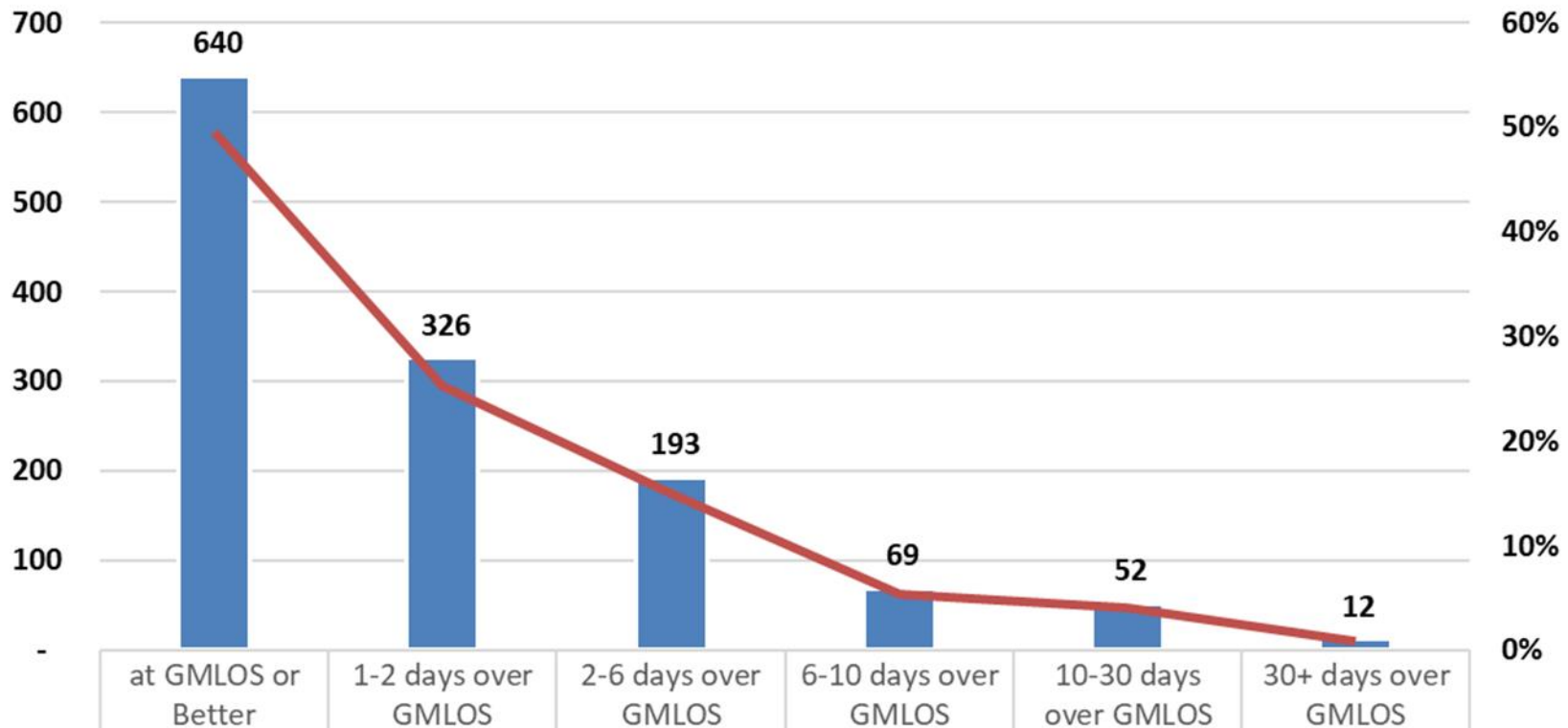
FY24 Overall LOS Distribution



at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	47%	50%	54%	53%	51%	52%	51%	51%	53%	52%	50%	50%	51%	51%	50%
1-2 days over GMLOS	20%	22%	20%	20%	24%	24%	21%	21%	24%	23%	21%	24%	23%	23%	23%	21%	22%	26%	22%	23%	22%	25%
2-6 days over GMLOS	15%	16%	16%	15%	14%	16%	17%	19%	16%	15%	16%	15%	16%	16%	15%	15%	16%	13%	16%	15%	15%	15%
6-10 days over GMLOS	5%	5%	7%	5%	6%	5%	5%	5%	5%	4%	6%	5%	5%	6%	5%	5%	4%	6%	6%	6%	5%	5%
10-30 days over GMLOS	6%	5%	6%	6%	5%	6%	7%	5%	5%	3%	4%	5%	4%	4%	5%	5%	4%	5%	4%	5%	5%	4%
30+ days over GMLOS	1.2%	1.2%	1.7%	1.0%	1.2%	1.1%	1.6%	1.9%	0.5%	1.2%	0.5%	0.8%	0.9%	0.8%	0.6%	1.1%	1.2%	0.7%	1.5%	1.0%	0.9%	0.9%

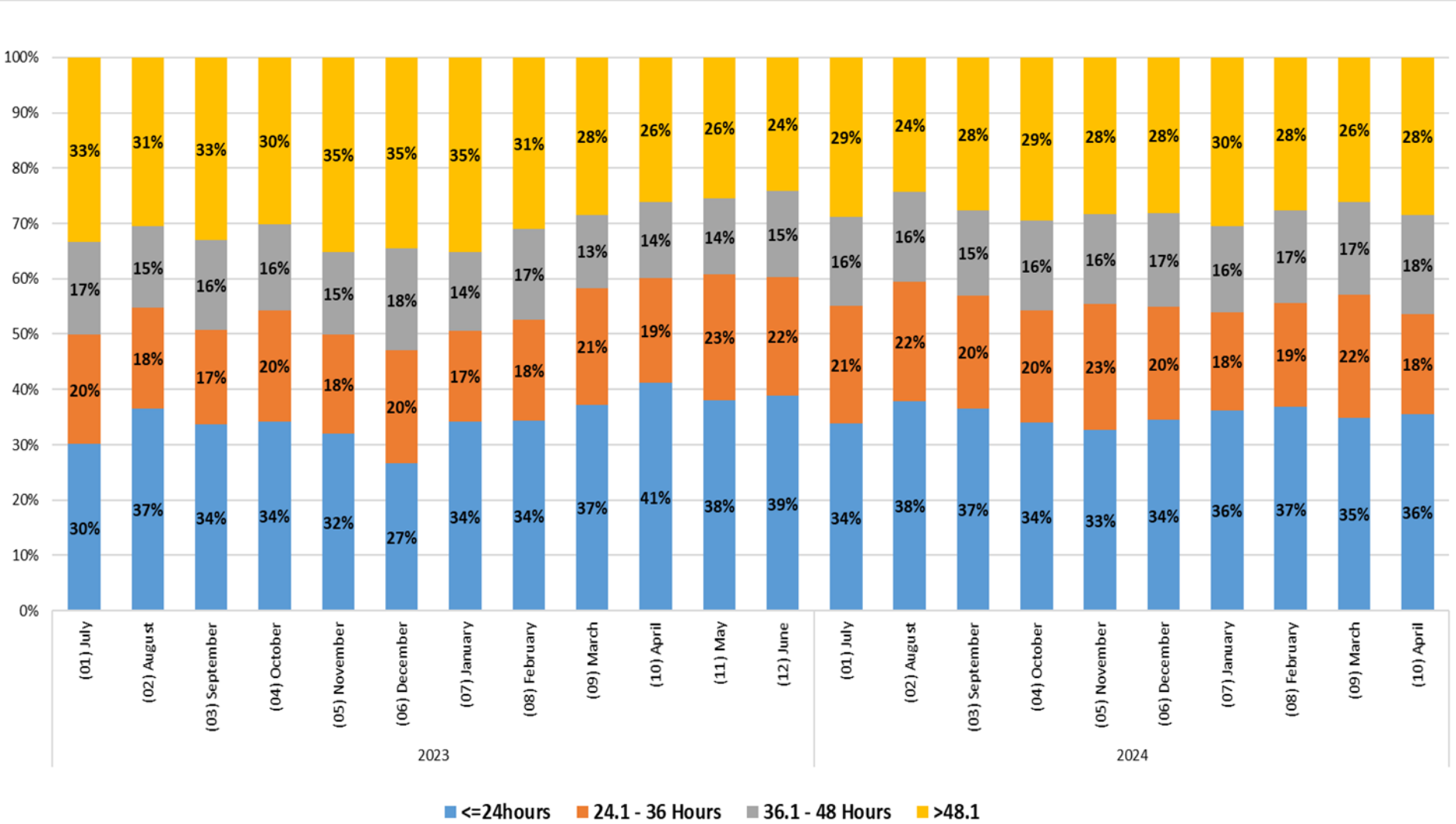
Average Length of Stay Distribution

Apr FY 2024 Overall LOS Distribution

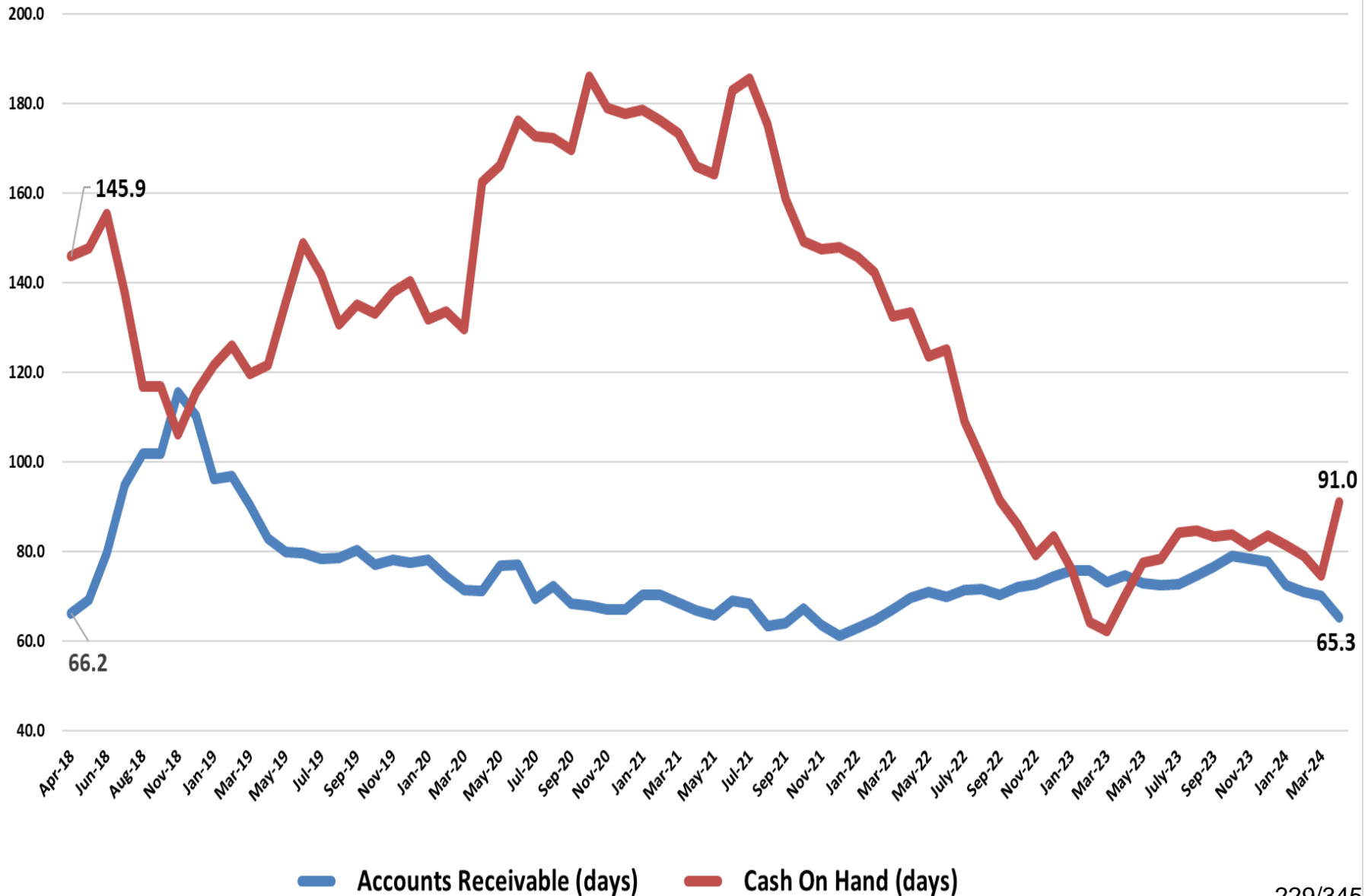


Count of Visits	640	326	193	69	52	12
% of Visits	50%	25%	15%	5%	4%	1%

Monthly Discharges of Observation Patients by their Length of Stay



Trended Liquidity Ratios



Ratio Analysis Report

	Current Month Value	Prior Month Value	June 30, 2023 Audited Value	2022 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.8	3.2	2.7	1.5	1.8	1.7
Accounts Receivable (days)	65.3	70.1	72.5	48.7	48	43.8
Cash On Hand (days)	91.0	74.7	78.3	276.5	206.5	157.6
Cushion Ratio (x)	9.0	7.4	10.3	44.3	24.9	17.3
Average Payment Period (days)	50.9	49.3	44.7	79	66.7	68.1
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	87.8%	72.0%	84.7%	259.9%	173.7%	128.6%
Debt-To-Capitalization	36.8%	36.9%	35.2%	23.4%	31.8%	37.5%
Debt-to-Cash Flow (x)	4.4	5.1	(128.9)	2.8	3.6	5
Debt Service Coverage	3.0	2.5	(0.1)	6.1	4.5	2.8
Maximum Annual Debt Service Coverage (x)	2.4	2.0	(0.1)	5.9	3.8	2.4
Age Of Plant (years)	13.3	15.1	12.2	11.4	12.8	13.7
PROFITABILITY RATIOS						
Operating Margin	(.9%)	(1.4%)	(6.9%)	1.5%	0.1%	(2.1%)
Excess Margin	1.2%	0.9%	(5.5%)	4.8%	2.7%	(.3%)
Operating Cash Flow Margin	4.4%	3.5%	(1.3%)	6.1%	5.6%	3.6%
Return on Assets	1.2%	0.9%	(5.7%)	3.3%	1.9%	(.3%)

Consolidated Statements of Net Position (000's)

	Apr-24	Mar-24	Change	% Change	Jun-23 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 4,628	\$ 4,000	\$ 629	15.72%	\$ 4,127
Current Portion of Board designated and trusted assets	24,530	23,062	1,468	6.37%	14,978
Accounts receivable:					
Net patient accounts	131,913	136,553	(4,641)	-3.40%	132,621
Other receivables	46,993	53,948	(6,955)	-12.89%	27,475
	178,905	190,501	(11,595)	-6.09%	160,096
Inventories	14,350	14,514	(164)	-1.13%	13,117
Medicare and Medi-Cal settlements	93,342	109,745	(16,404)	-14.95%	81,412
Prepaid expenses	9,366	10,106	(740)	-7.33%	9,037
Total current assets	325,121	351,928	(26,807)	-7.62%	282,767
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	192,497	156,252	36,244	23.20%	174,916
Revenue bond assets held in trust	19,224	19,161	62	0.33%	18,605
Assets in self-insurance trust fund	517	520	(2)	-0.45%	956
Total non-current cash and investments	212,238	175,933	36,304	20.64%	194,477
INTANGIBLE RIGHT TO USE LEASE,	11,052	11,300	(248)	-2.19%	11,249
net of accumulated amortization					
INTANGIBLE RIGHT TO USE SBITA,	12,381	8,418	3,963	47.08%	8,417
net of accumulated amortization					
CAPITAL ASSETS					
Land	20,544	20,544	-	0.00%	17,542
Buildings and improvements	428,046	428,039	7	0.00%	427,105
Equipment	332,566	331,782	784	0.24%	328,663
Construction in progress	22,175	22,484	(309)	-1.37%	25,413
	803,332	802,849	482	0.06%	798,723
Less accumulated depreciation	507,363	504,723	2,640	0.52%	486,537
	295,968	298,126	(2,158)	-0.72%	312,186
OTHER ASSETS					
Property not used in operations	1,492	1,496	(3)	-0.22%	1,533
Health-related investments	1,834	1,883	(49)	-2.59%	2,841
Other	14,245	14,155	91	0.64%	13,350
Total other assets	17,571	17,533	39	0.22%	17,724
Total assets	874,331	863,237	11,094	1.29%	826,820
DEFERRED OUTFLOWS	23,755	23,788	(33)	-0.14%	24,083
Total assets and deferred outflows	\$ 898,086	\$ 887,025	\$ 11,061	1.25%	\$ 850,903

Consolidated Statements of Net Position (000's)

	Apr-24	Mar-24	Change	% Change	Jun-23
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	\$ 29,352	\$ 28,019	\$ 1,334	4.76%	\$ 30,636
Accrued payroll and related liabilities	62,003	59,431	2,572	4.33%	50,478
SBITA liability, current portion	2,734	2,734	-	0.00%	2,734
Lease liability, current portion	2,614	2,614	-	0.00%	2,614
Bonds payable, current portion	10,105	10,105	-	0.00%	12,159
Notes payable, current portion	7,895	7,895	-	0.00%	7,895
Total current liabilities	114,704	110,798	3,906	3.53%	106,516
LEASE LIABILITY, net of current portion	8,597	8,833	(237)	-2.68%	8,741
SBITA LIABILITY, net of current portion	7,869	4,425	3,444	77.82%	4,426
LONG-TERM DEBT, less current portion					
Bonds payable	227,312	227,318	(7)	0.00%	227,378
Notes payable	22,705	22,705	-	0.00%	9,850
Total long-term debt	250,017	250,023	(7)	0.00%	237,228
NET PENSION LIABILITY	52,201	51,277	924	1.80%	42,961
OTHER LONG-TERM LIABILITIES	35,536	35,159	376	1.07%	30,984
Total liabilities	468,923	460,517	4,963	1.08%	426,430
NET ASSETS					
Invested in capital assets, net of related debt	60,709	60,709	-	0.00%	75,776
Restricted	62,569	62,569	-	0.00%	50,013
	303,229	303,229	-	0.00%	294,258
Total net position	429,163	426,508	-	0.00%	420,047
Total liabilities and net position	\$ 898,086	\$ 887,025	\$ 11,061	1.25%	\$ 850,903

FY25 Preliminary Budget Presentation May 22, 2024

FY2025 | Budget Update

March 22nd: Volume, Capital and Operational budget workbooks **Completed**

April 17th - May 10th: 1st round budget meetings (446 Budgets) **Completed**

May 22th: Board of Directors presented preliminary budget concepts **Completed**

May 22nd - June 14th : Analysis and Breakout budget meetings with leaders

June 18th : Final Budget Discussions at Special Board meeting

June 26th: Final Presentation to the Board of Directors

FY2025 Preliminary Budget Review

- **Guiding Principles**
- **Changes to Service**
- **Key Volume Projections**
- **Contract Labor**

Note: The FY24 Projected amounts are based on 10 months of actual (July 2023-April 2024) plus 2 projected months for May and June 2024.

Guiding Principles | FY 2025

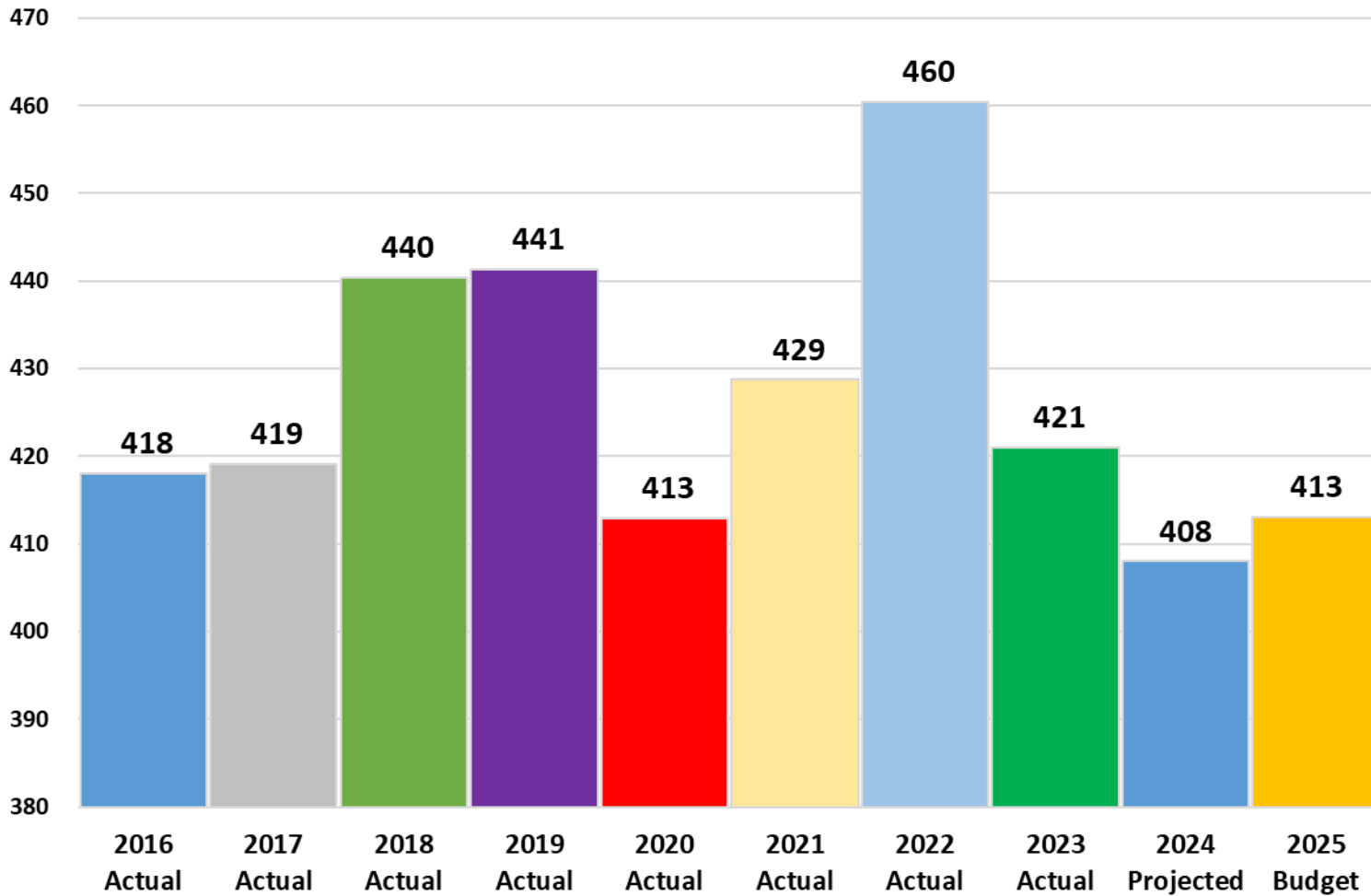
- Bond Covenants: Budget must show a minimum of a 1.75 Maximum Annual Debt Service Ratio and 90 Days Cash on Hand
- Volume: Assumes pandemic is over. See slide on changes to services and volume projections
- Capital Budget not to exceed \$14M and will depend on final budgeted cash flow results
- Maintain or reduce productivity ratios
- Assumes 125 FTE vacancy factor – same as prior year
- Reduce reliance on contract, shift bonus and premium pay
- Inflation: 2-10% increase in supply costs
- Projected FY24 based off of 10 months actual and 2 months estimated

Key Statistical Indicators | Changes to Services

New and Expanded Services Impacting Budget FY25

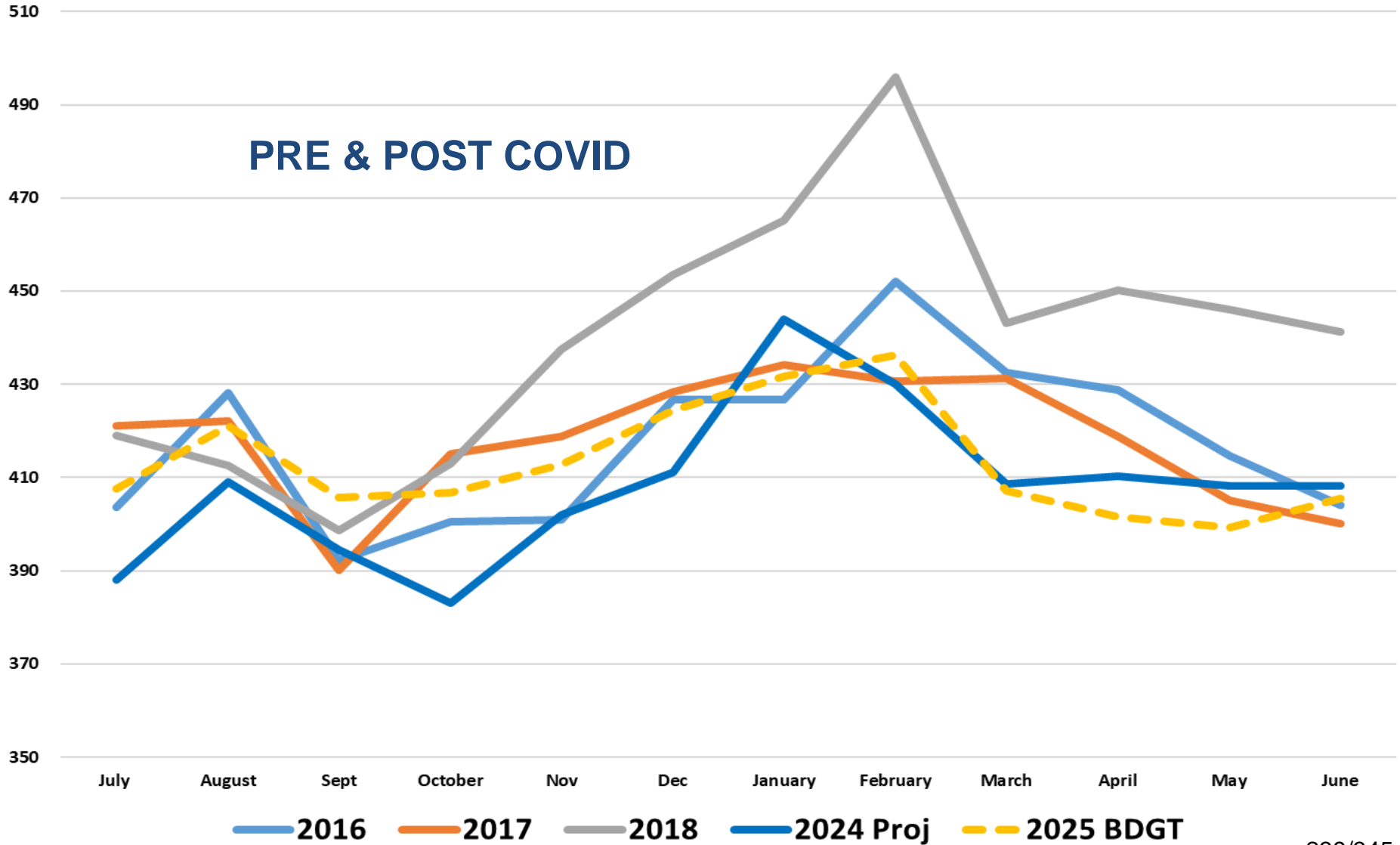
- Transition of SRCC Medical Oncology Practice
- New Health Clinic
- Plaza Diagnostic Imaging
- Neurology
- Wound Care Center
- Equity and Practice Transformation Program
- Willow Clinic: New Ortho Services and Employee Clinic
- Gift Shop
- Discharge Lounge
- Infusion Center Expansion
- Annual GME Resident Increase
- Care Coordination Grant
- PATH Cited Grant

Key Statistical Indicators | Average Daily Census

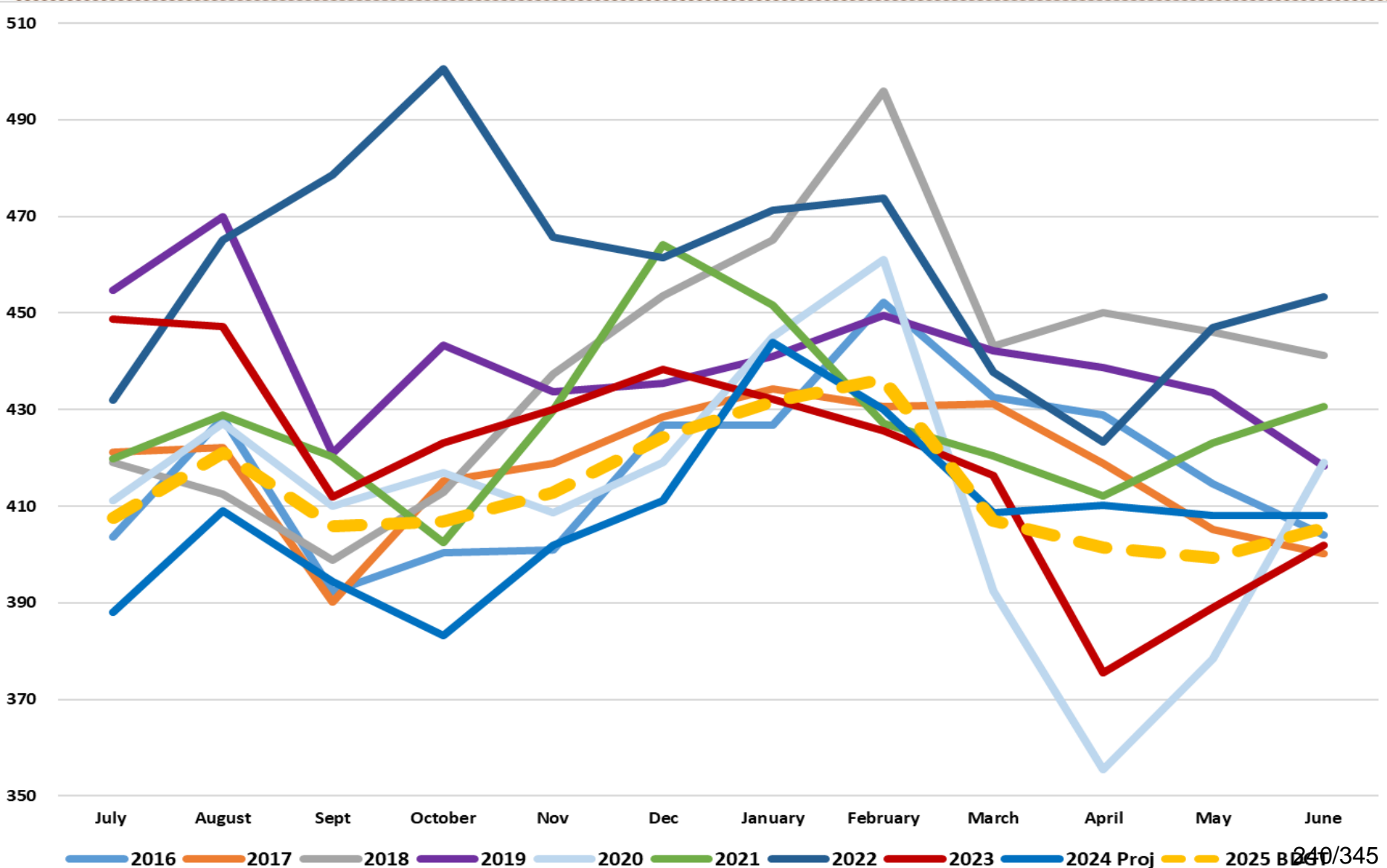


Key Statistical Indicators | Trended Avg. Daily Census

PRE & POST COVID



Key Statistical Indicators | Trended Avg. Daily Census



Key Statistical Indicators | Inpatient days

	FY19 Actual	FY24 Projected	FY25 Budget	Change Bdgt FY25-Proj FY24	% Change from FY24 Proj	% Occupied	# Available Beds
Downtown Campus excluding Mom/Baby	98,353	95,662	96,540	877	0.9%	83%	318
Downtown Campus Mom/Baby*	17,253	15,808	15,625	(183)	(1.2%)	45%	95
Acute Psych	17,184	15,735	16,516	782	5.0%	72%	63
Acute Rehab	6,756	6,503	6,646	143	2.2%	40%	45
Sub Acute	11,311	11,149	10,950	(199)	(1.8%)	94%	32
Skilled Nursing - West Short Stay	4,816	4,116	4,625	509	12.4%	33%	38
Inpatient Days	155,673	148,973	150,902	1,929	1.3%	70%	591

* Includes Nursery 32 beds

** Excludes Skilled Nursing - South Campus (22 beds)

Key Statistical Indicators | Volume

	FY 19 Actual	FY 24 Projected	FY 25 Budget	Change Bdgt FY25-Proj FY24	% Change from FY24 Proj.
Inpatient Days *	155,673	148,973	150,902	1,929	1.3%
Emergency Department Visits	84,834	96,295	96,468	173	0.2%
Surgery Minutes	11,788	10,475	9,809	(666)	(6.4%)
Cath Lab Minutes	4,403	3,704	3,623	(81)	(2.2%)
Deliveries	4,764	4,669	4,691	21	0.5%
Rural Health Clinic Visits	97,806	145,397	146,977	1,580	1.1%
Urgent Care - Court	49,071	38,103	38,401	298	0.8%
Urgent Care - Demaree	19,202	26,336	26,993	657	2.5%
KH Medical Clinic - Willow	0	0	8,215	0	0.0%
Sequoia Cardiology Clinic	11,101	27,877	28,944	1,067	3.8%
Neuroscience Center	4,125	1,860	2,793	933	50.2%
Outpatient Rehabilitation Units	281,398	278,222	289,732	11,510	4.1%
Physical & Other Therapy Units	213,759	209,379	210,912	1,533	0.7%
Home Health Visits	28,794	36,821	37,687	866	2.4%
Hospice	39,947	42,638	44,974	2,336	5.5%
Radiation Oncology	25,031	20,739	21,313	574	2.8%
Radiology Xray	117,573	160,125	170,082	9,958	6.2%
Radiology CT	49,111	53,693	54,692	999	1.9%
Radiology MRI	9,199	10,012	10,476	464	4.6%
Radiology US	26,756	31,585	31,705	120	0.4%

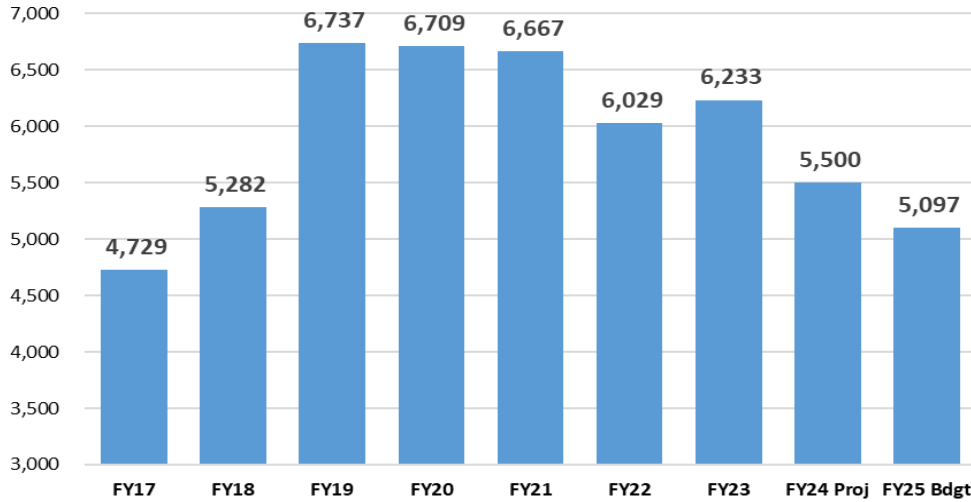
*Excludes Skilled Nursing - South Campus (22 beds)

Key Statistical Indicators | Contract Labor FTEs

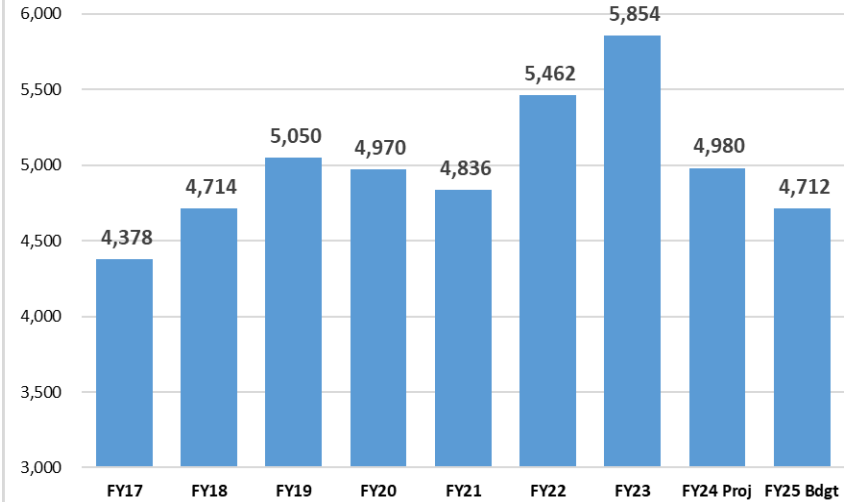
	FY24 Budget	FY24 Projected	FY25 Budget	FY25 Budget less FY24 Projected
Registered Nursing	52.9	76.7	64.3	(12.4)
Other Clinical	6.4	5.5	2.7	(2.8)
Other Administrative	4.9	8.4	6.2	(2.2)
Contracted FTEs	64.2	90.6	73.2	(17.4)
90% of Contract Labor Hours Detail by Department				
Emergency-ED	7.6	20.9	20.3	(0.7)
M/S Oncology-3S	8.6	8.5	9.3	0.8
M/S CDU-2S	10.3	8.9	9.1	0.3
M/S Ortho Neuro-4S	9.9	10.8	8.1	(2.7)
Neonatal ICU-NICU	2.7	5.2	4.8	(0.4)
Telemetry-14	3.8	3.5	3.6	0.1
Radiology-KHMC	-	1.9	3.0	1.1
Medical/Surgical-3N	1.3	1.3	2.7	1.4
ICCU-15	3.8	3.1	2.7	(0.4)
Nuclear Medicine-KHMC	2.0	1.9	2.0	0.1
	50.1	65.9	65.6	(0.4)

FY25 Trended Budget Volume Graphs

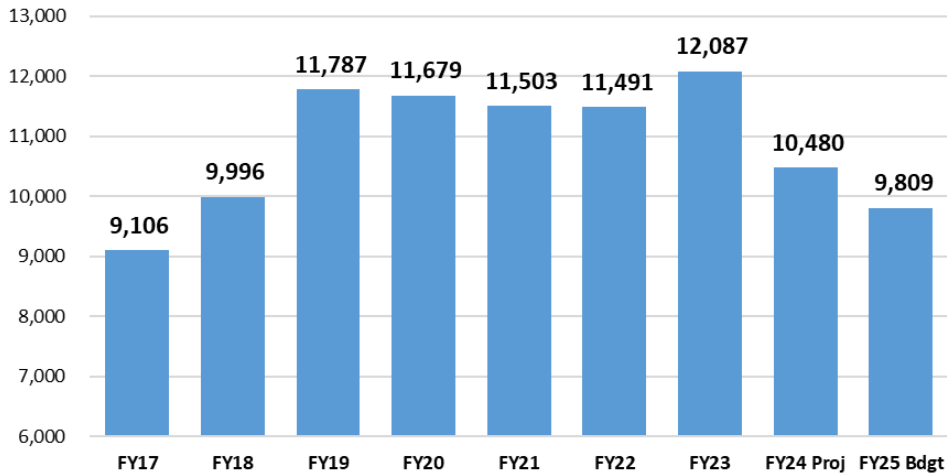
Inpatient Surgery Minutes per 100



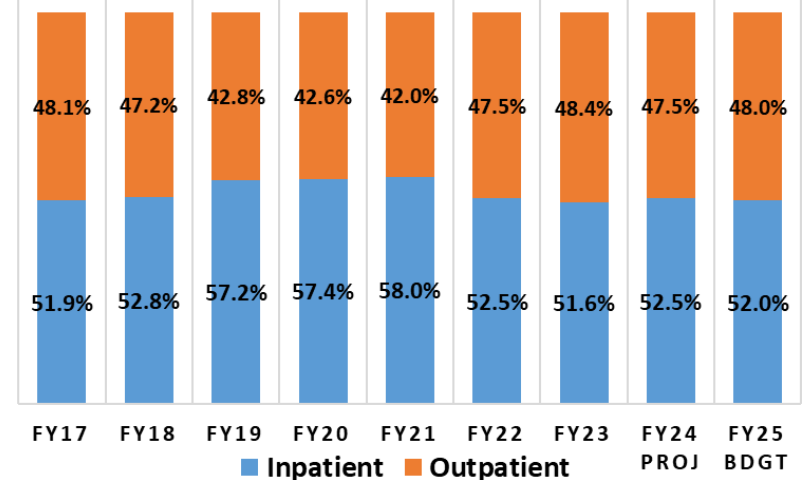
Outpatient Surgery Minutes per 100



Total Surgery Minutes per 100

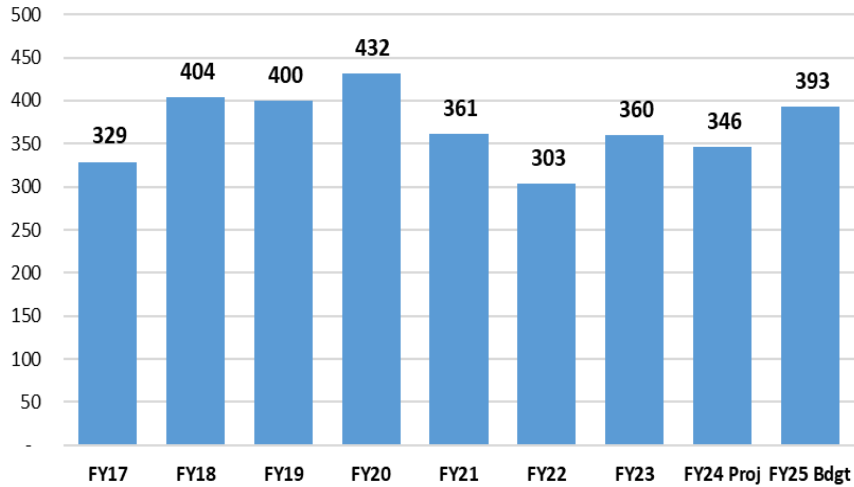


Surgeries by Patient Type %

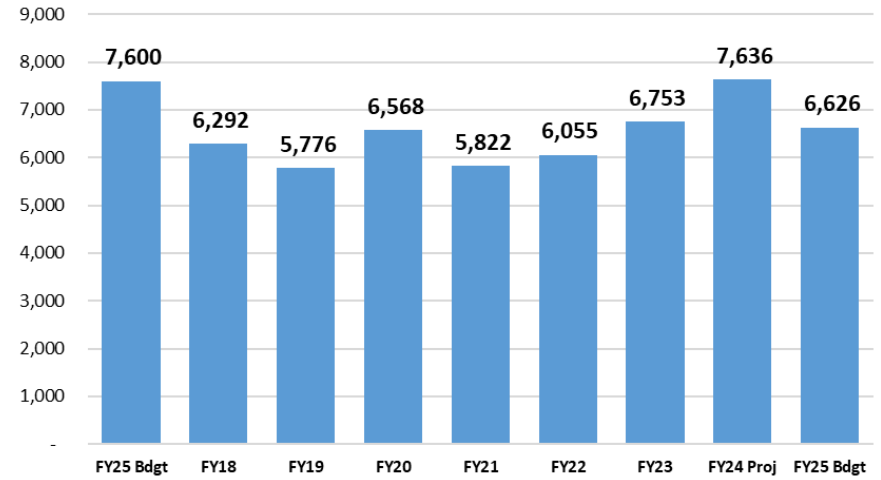


FY25 Trended Budget Volume Graphs

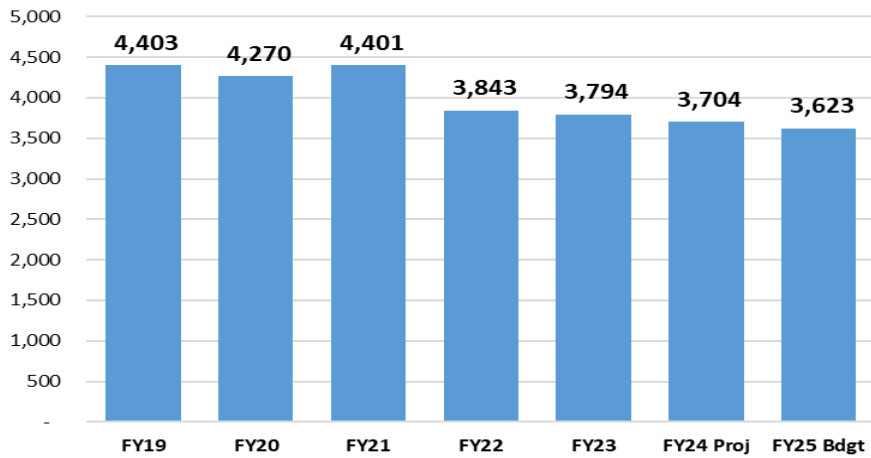
Cardiac Surgeries



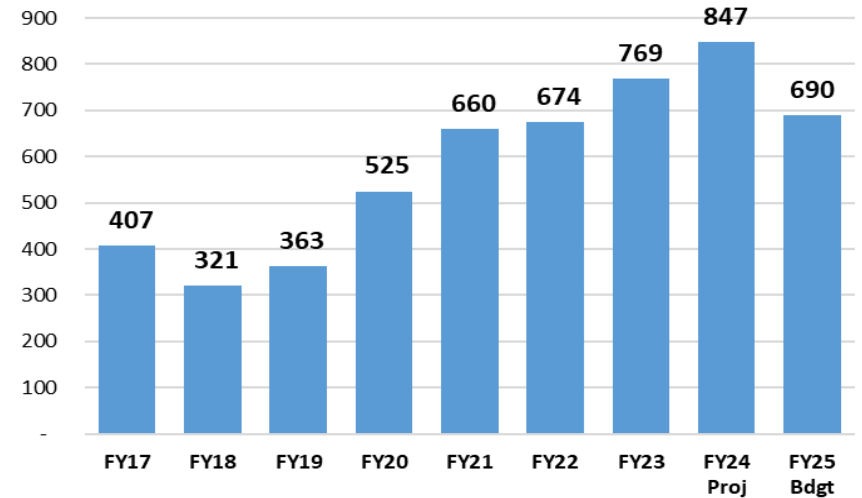
Endoscopy Procedure Hours



Cath Lab Minutes per 100

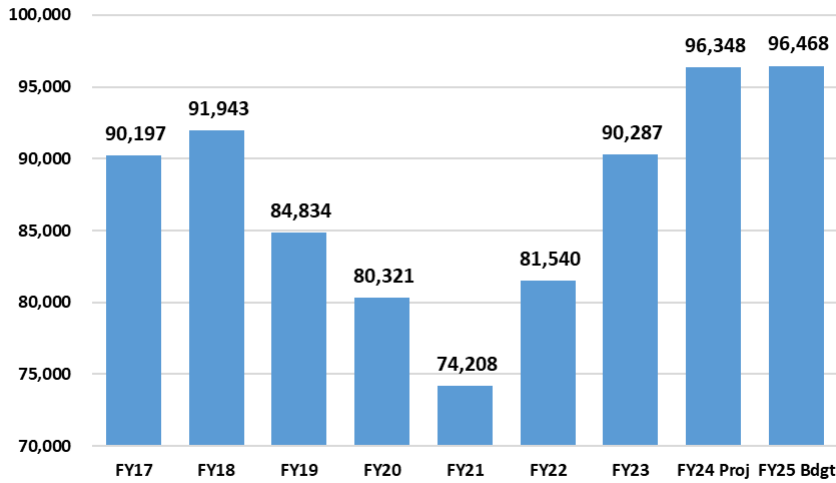


Robotic Surgery Minutes per 100

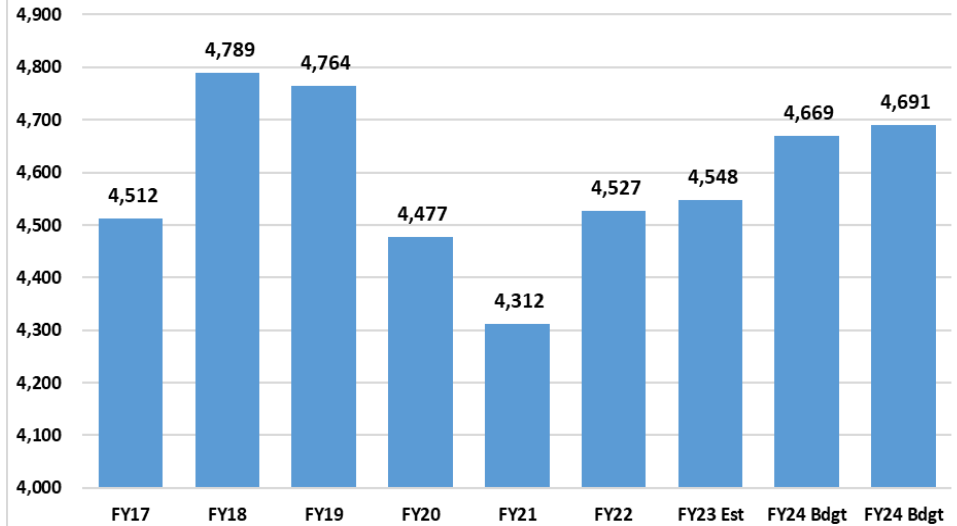


FY25 Trended Budget Volume Graphs

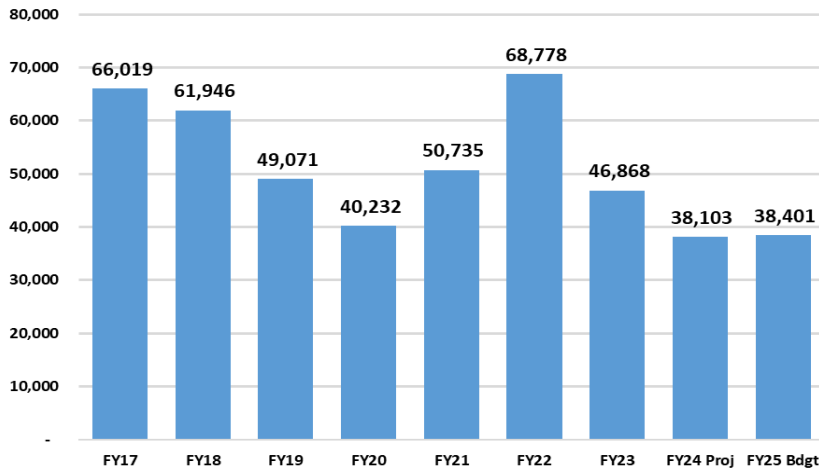
Emergency Visits



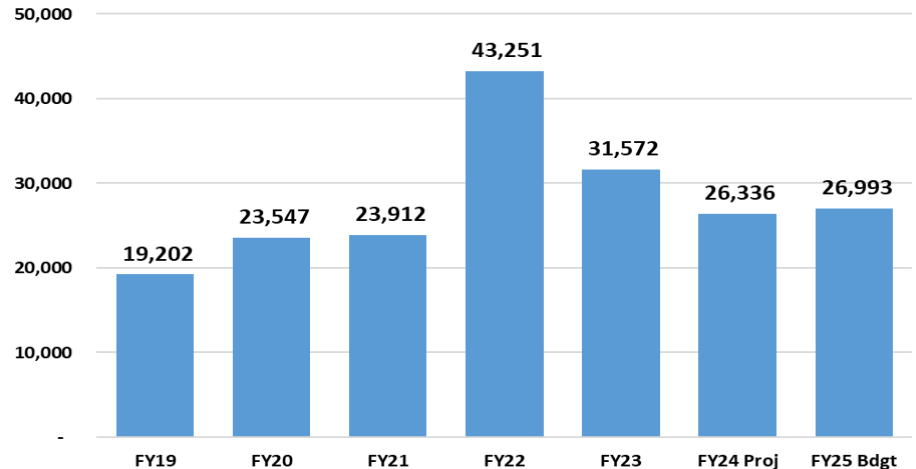
Deliveries



Urgent Care Registrations - Court Street

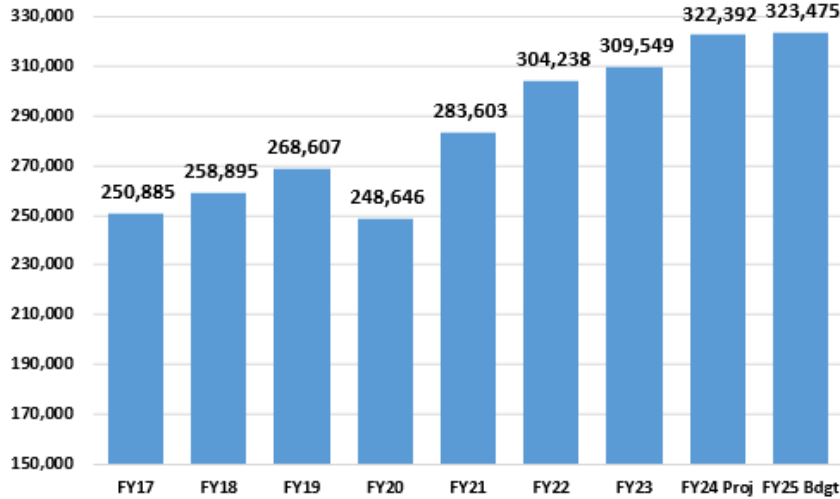


Urgent Care Registrations - Demaree

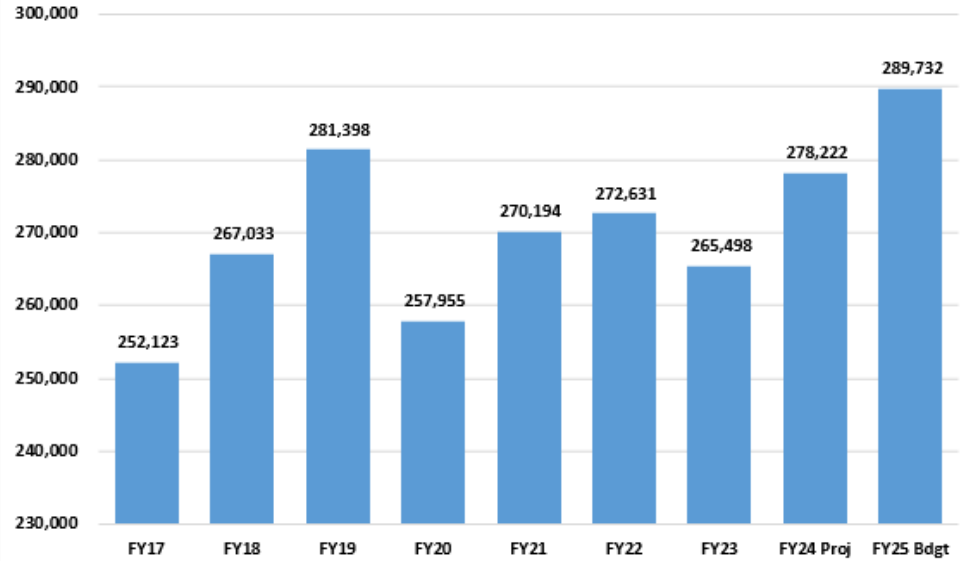


FY25 Trended Budget Volume Graphs

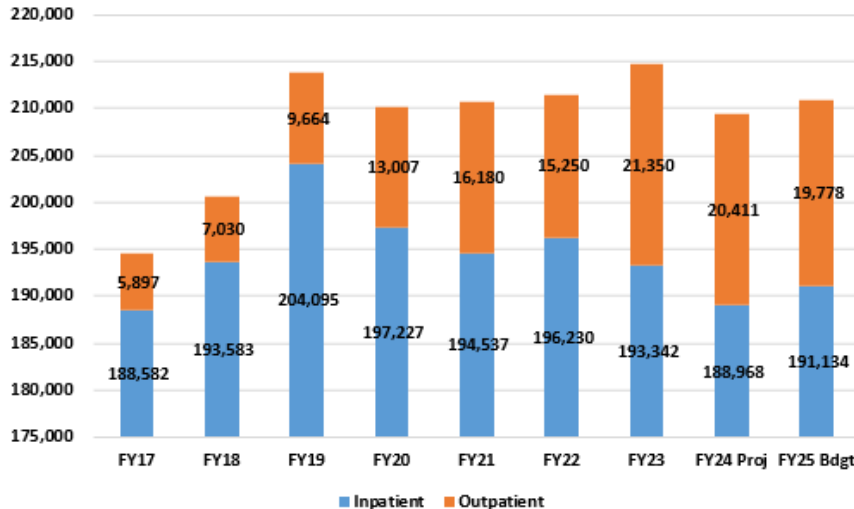
All Modalities Radiology Procedures



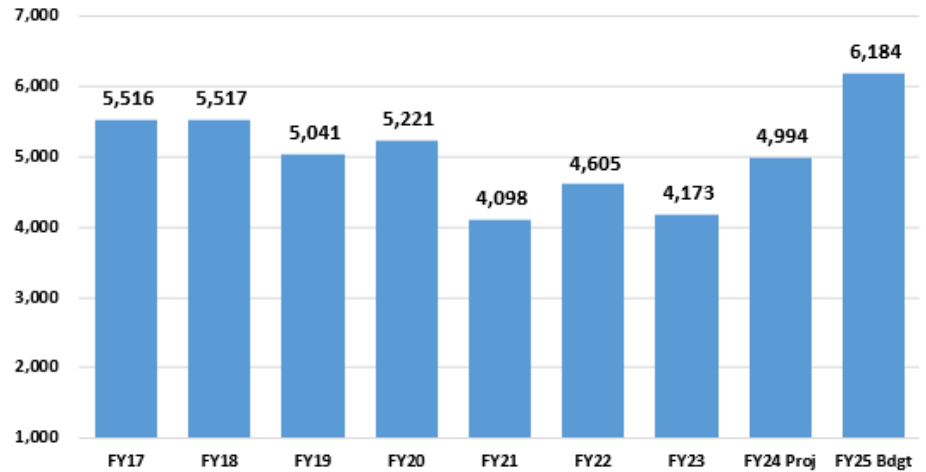
Outpatient Rehabilitation Services



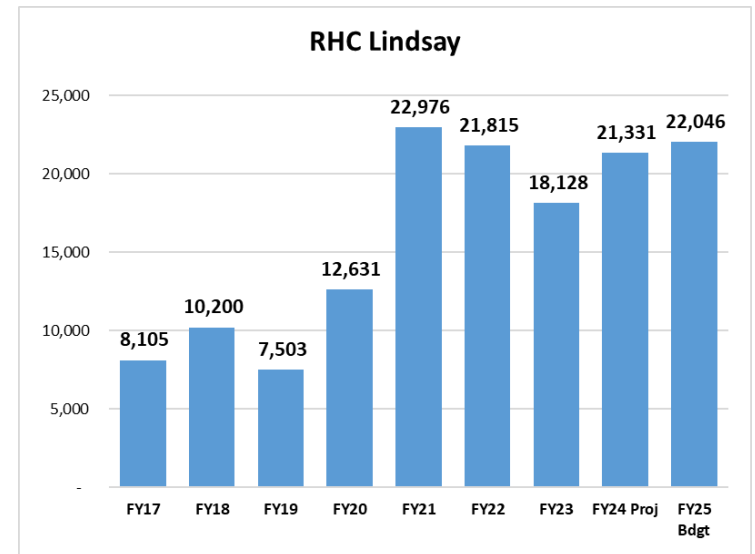
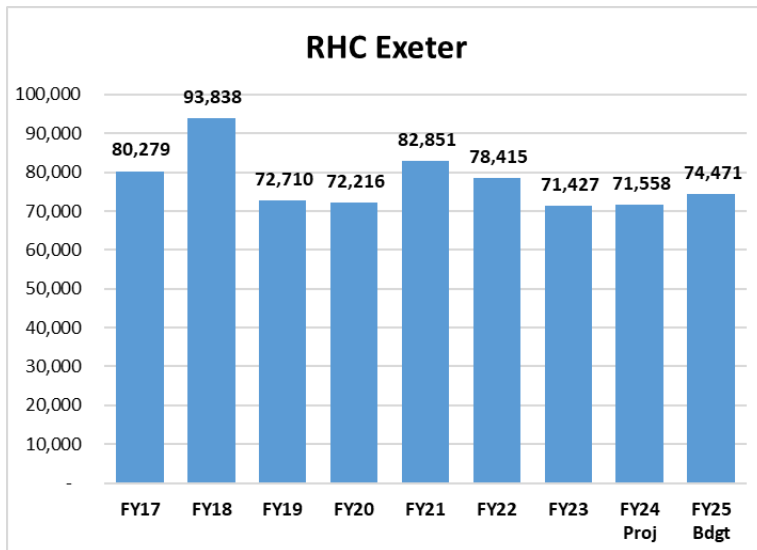
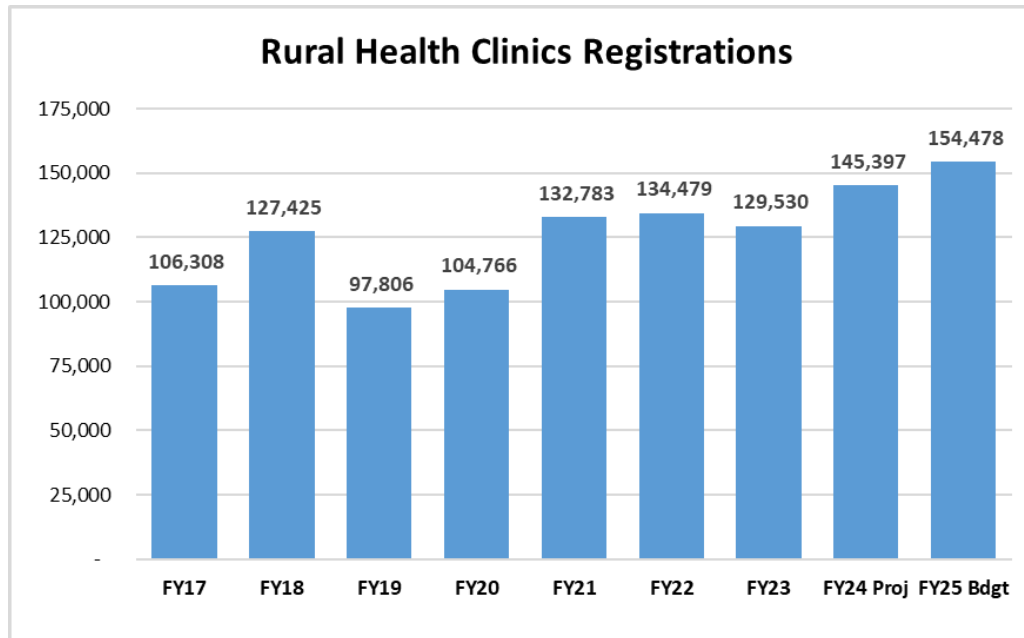
Therapies - ST, PT, OT



Infusion Center

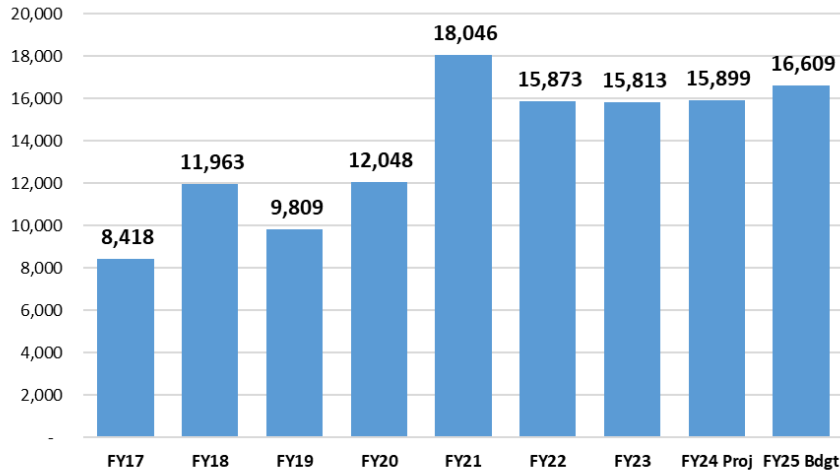


FY25 Trended Budget Volume Graphs

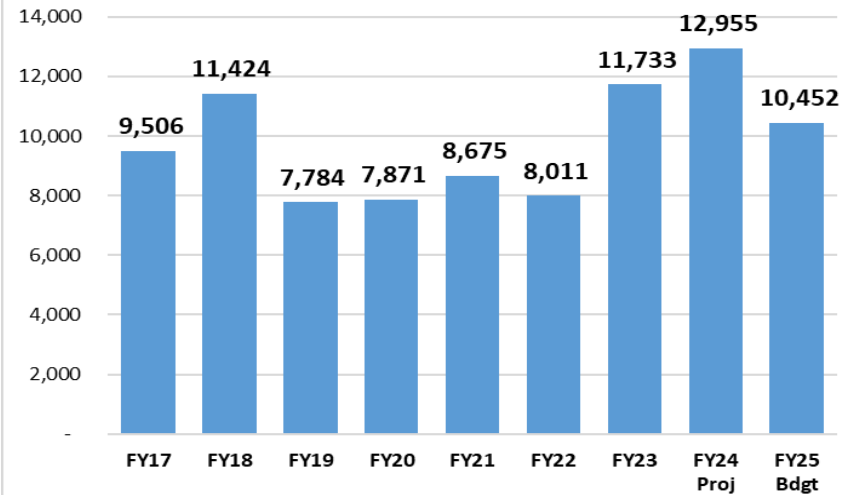


FY25 Trended Budget Volume Graphs

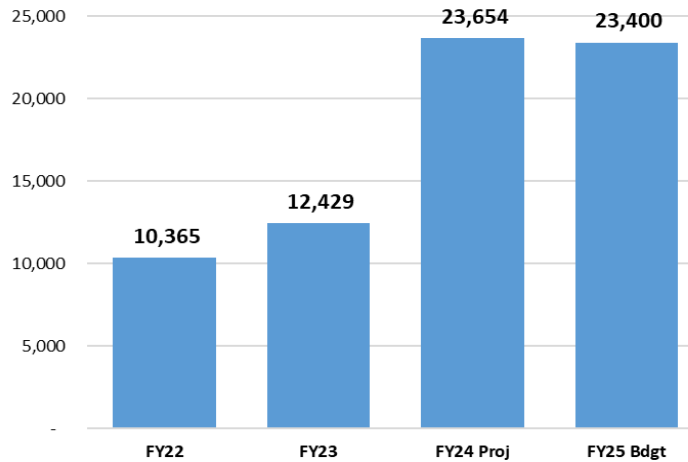
RHC Dinuba



RHC Woodlake Antelope

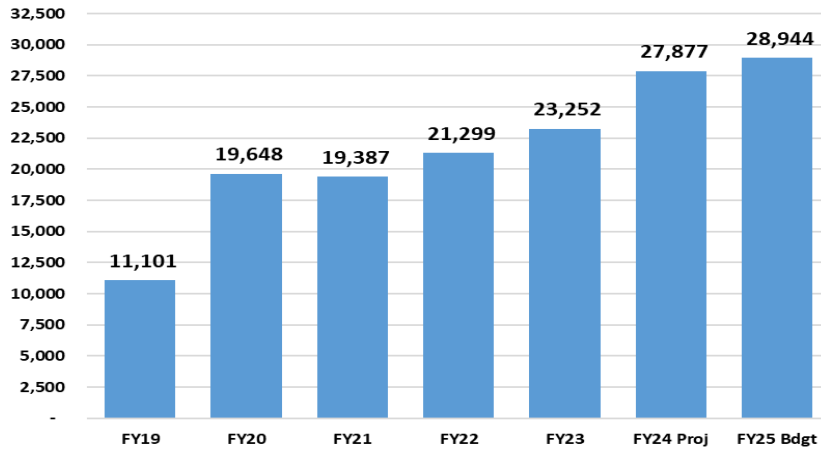


RHC Tulare

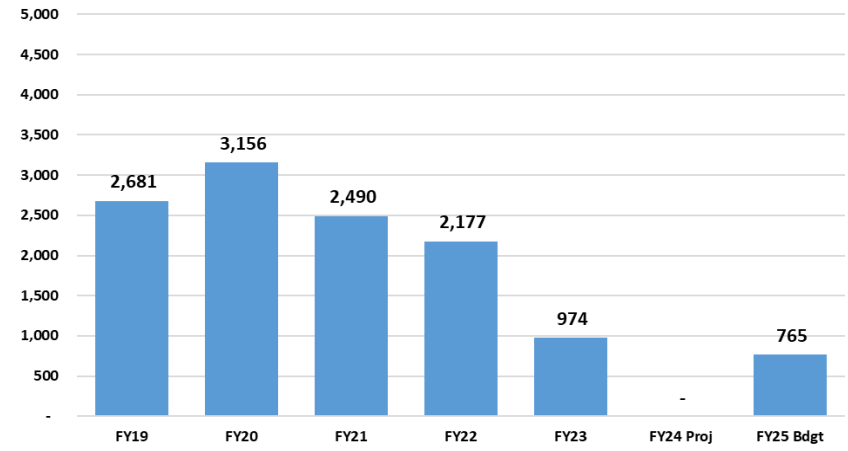


FY25 Trended Budget Volume Graphs

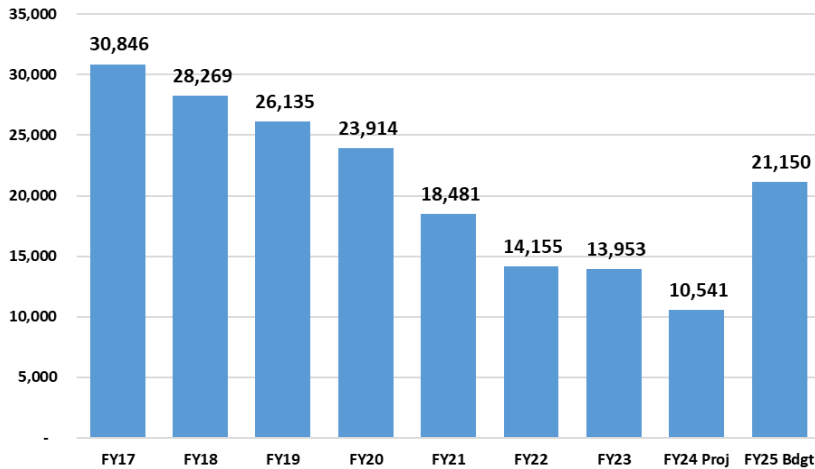
Cardiology Clinic Registrations



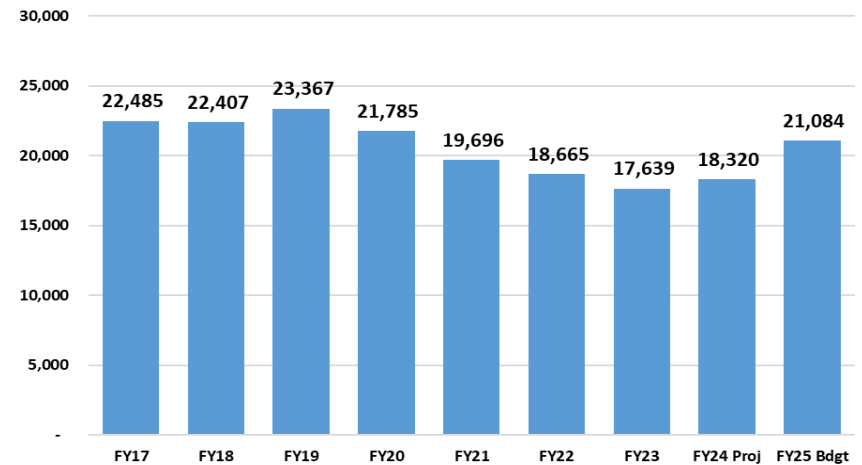
Neuroscience Center Registrations



Wound Care Visits

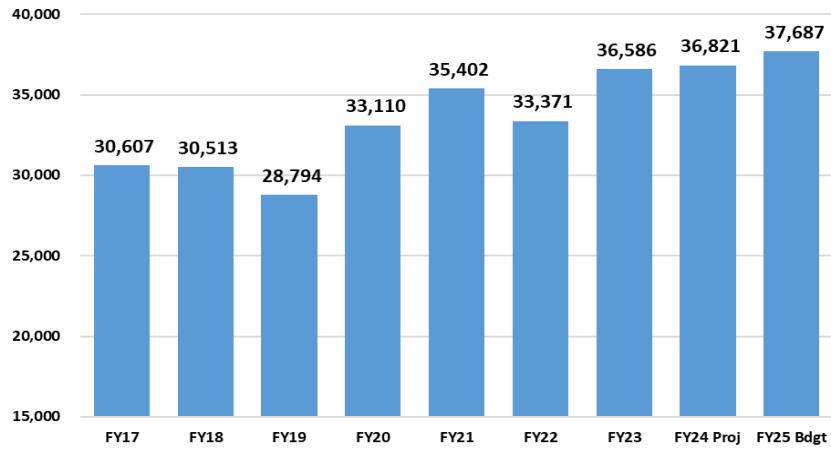


Outpatient Dialysis Treatments

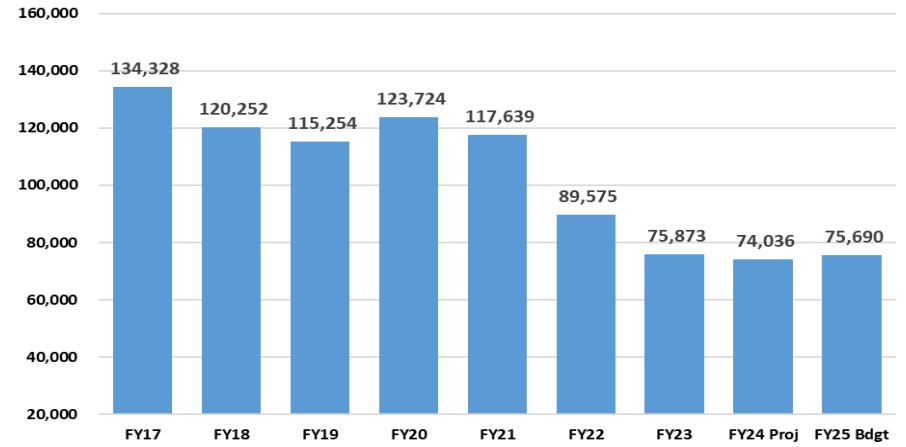


FY25 Trended Budget Volume Graphs

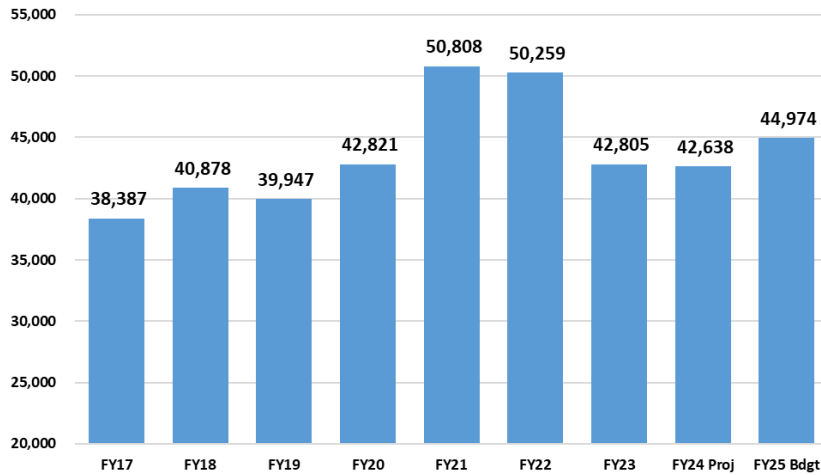
Home Health Outpatient Visits



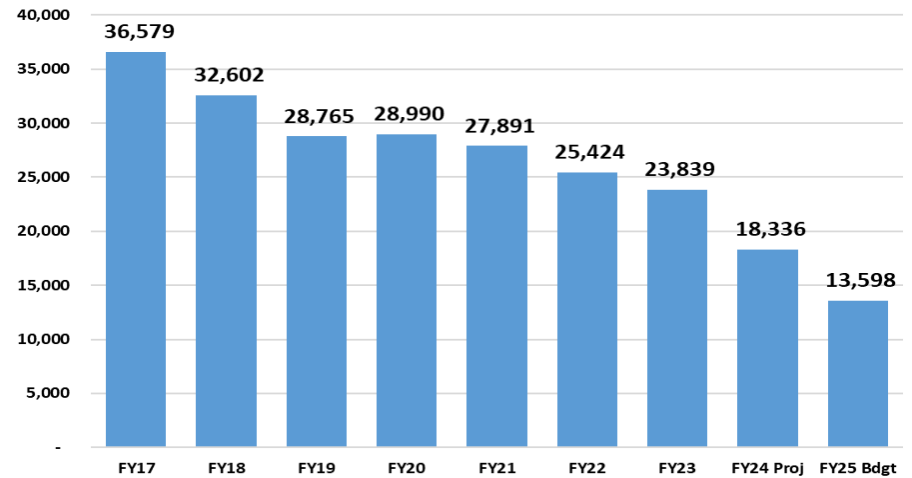
Private Homecare Outpatient Hours



Hospice Outpatient Days



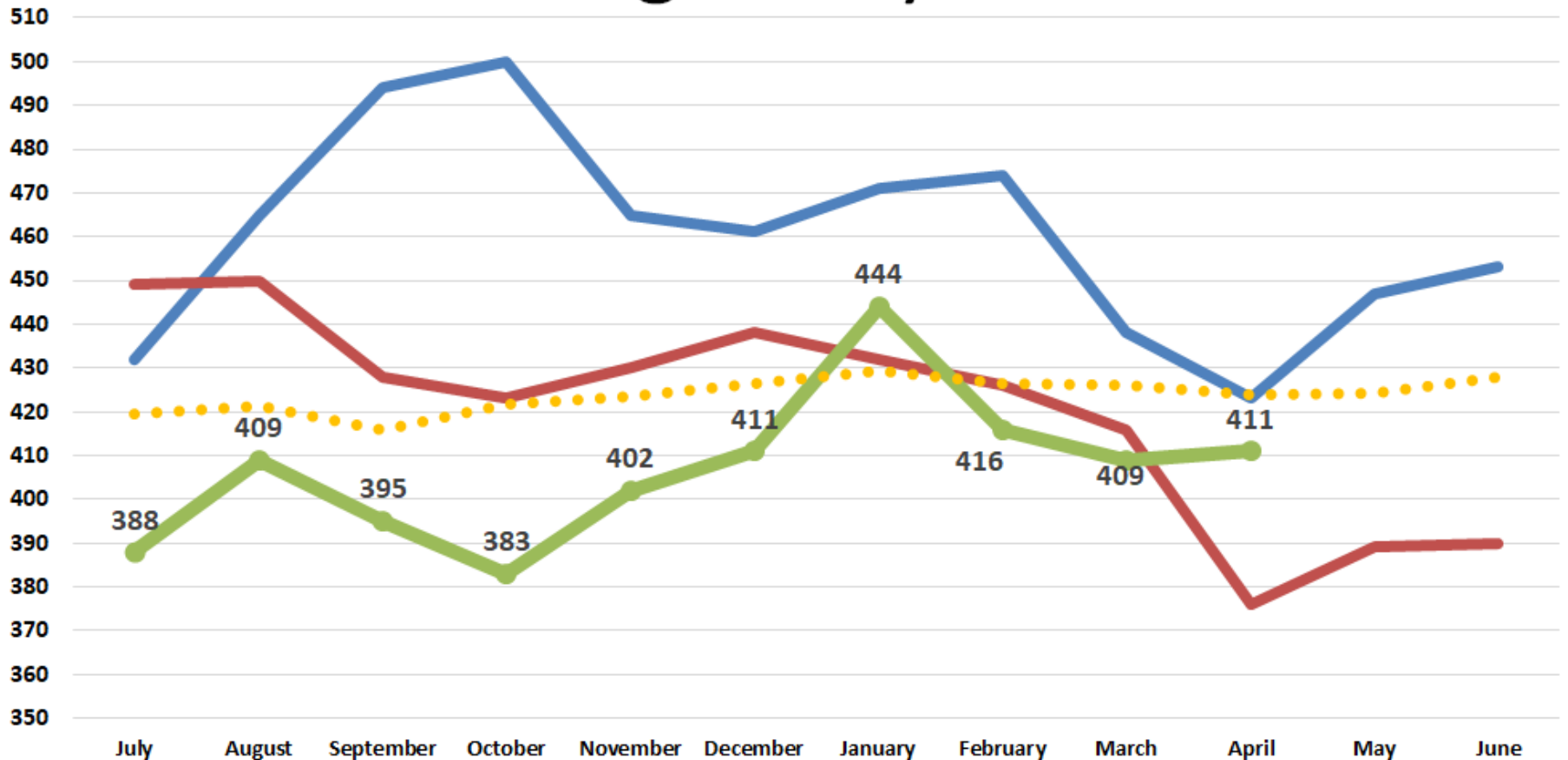
Specialty Home Care Hours



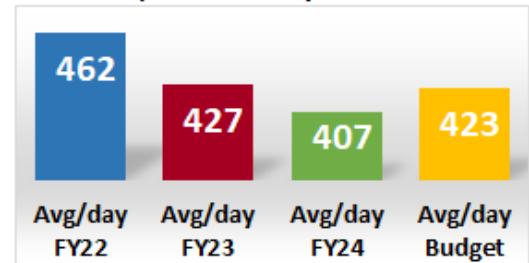
Statistical Report

April 2024

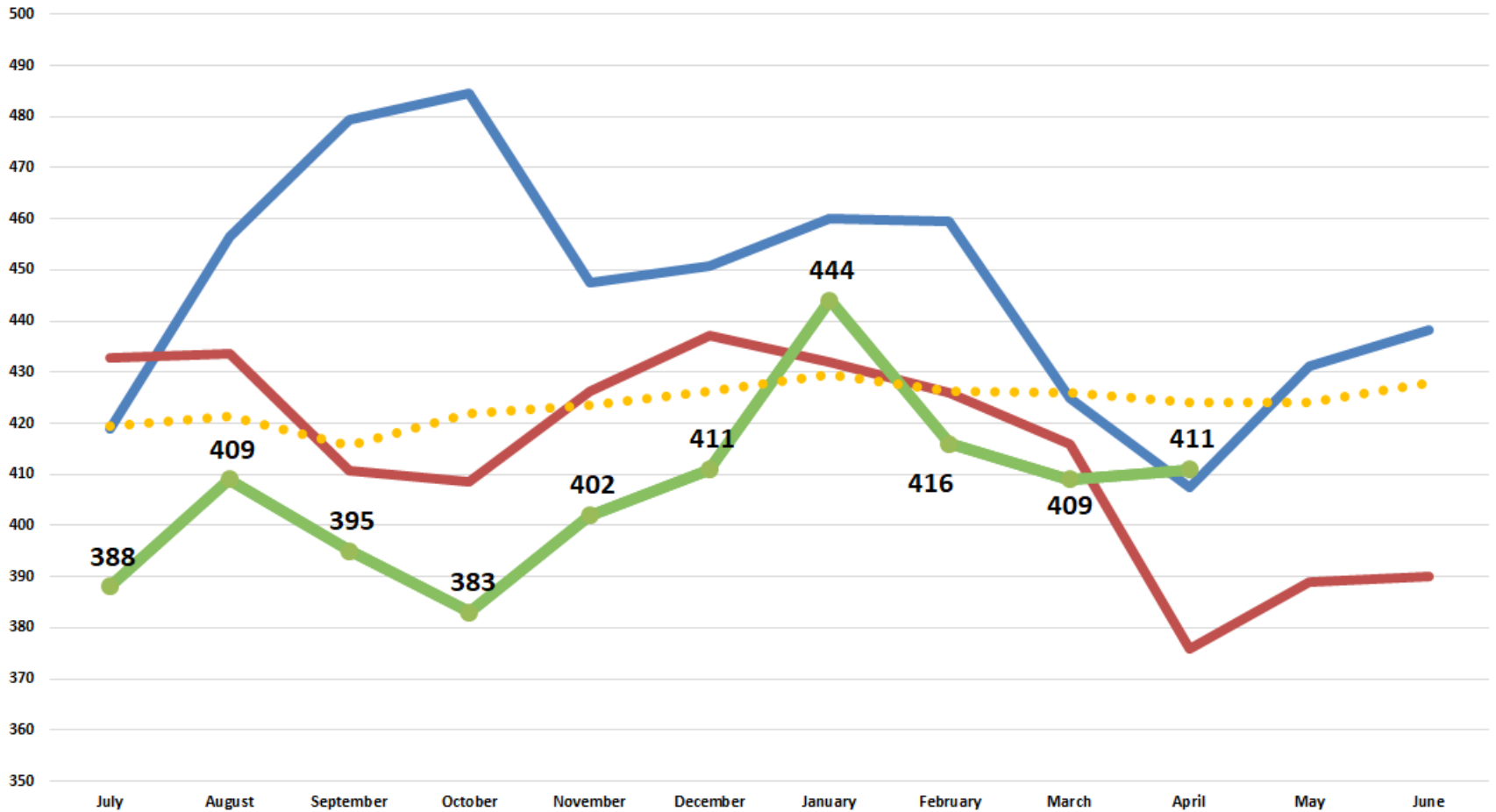
Average Daily Census



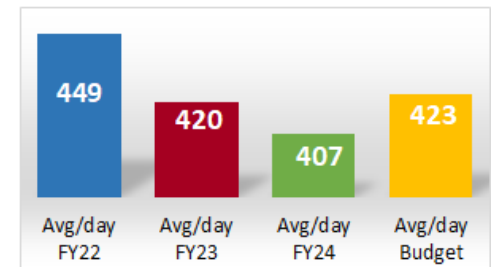
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



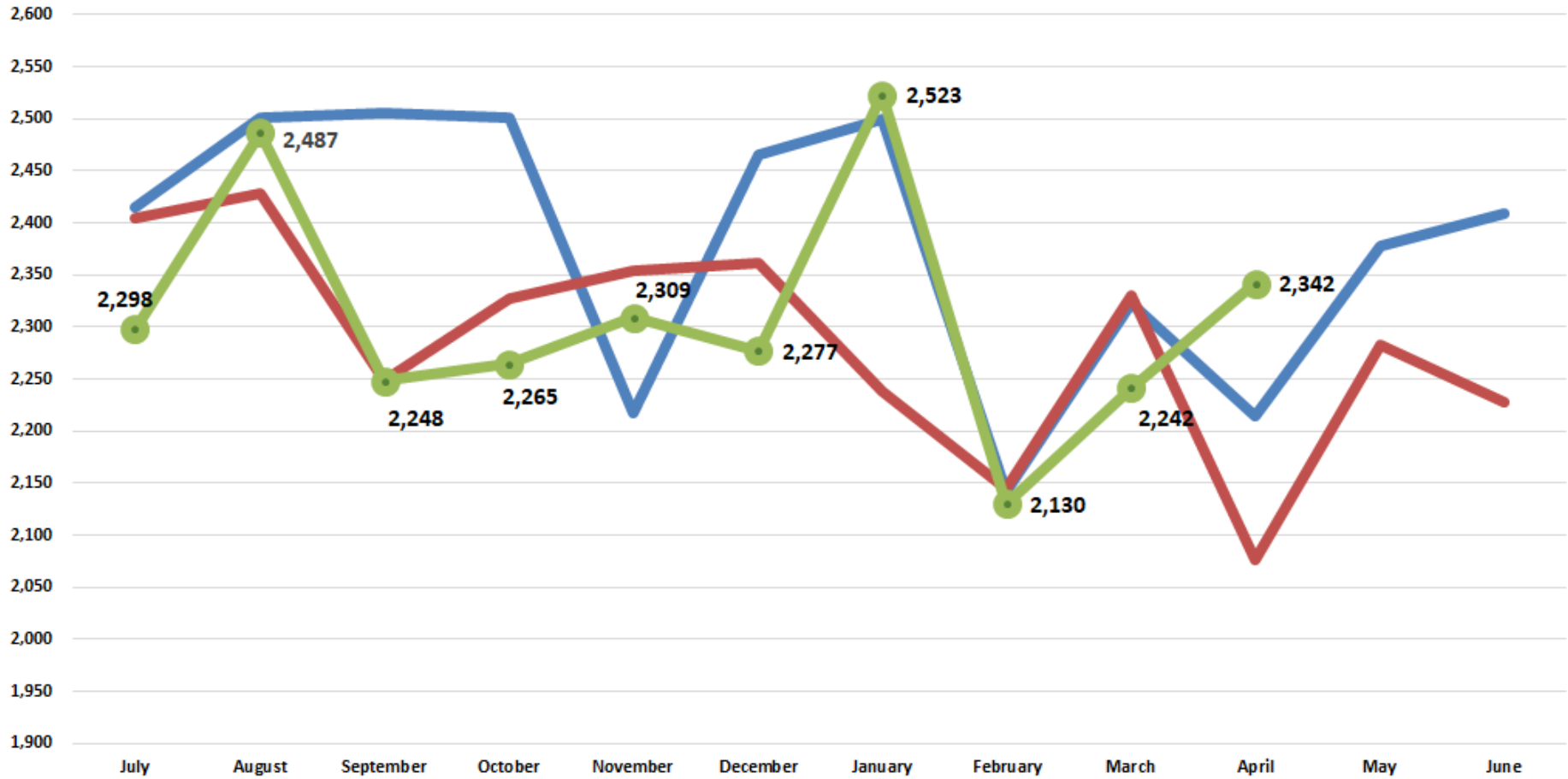
Average Daily Census w/o TCS



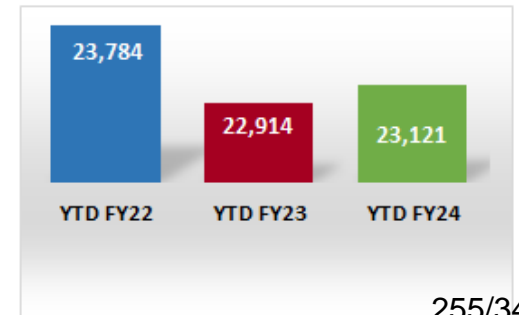
—●— FY2022
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 ●●● Budget



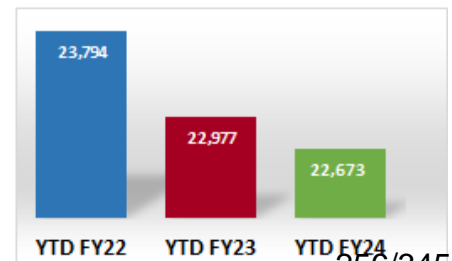
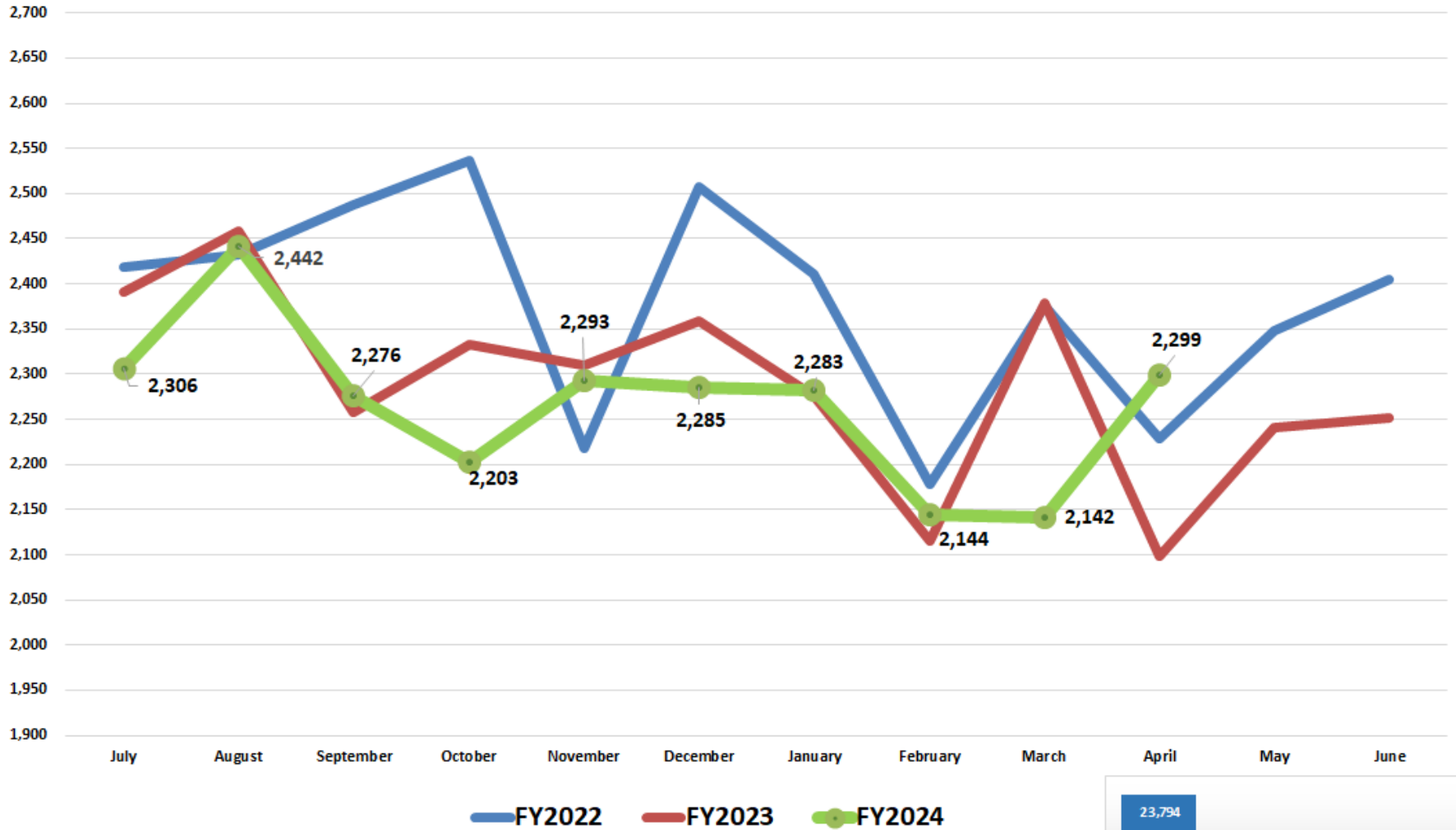
Admissions



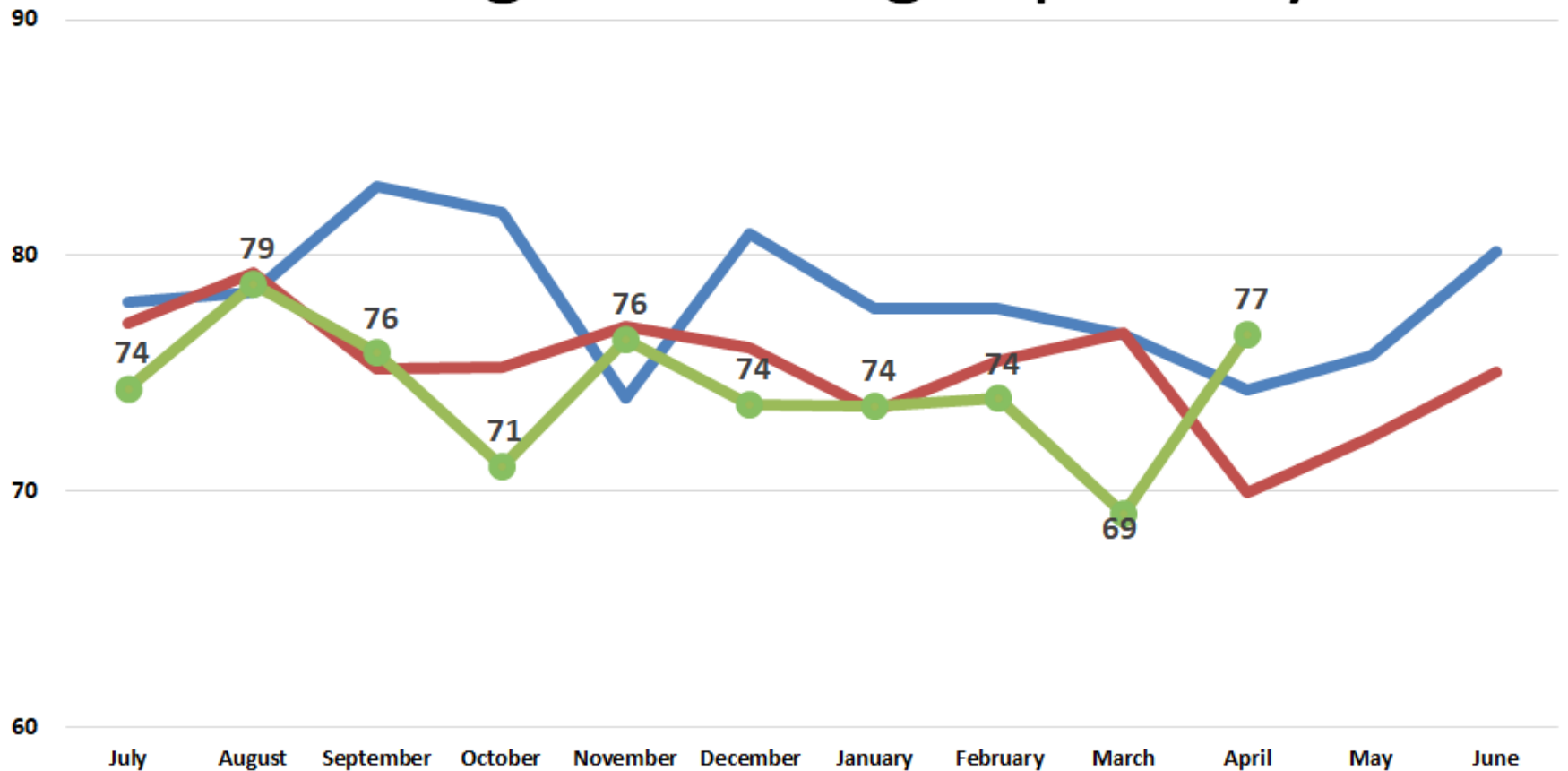
—● FY2022
 —● FY2023
 —● FY2024



Discharges



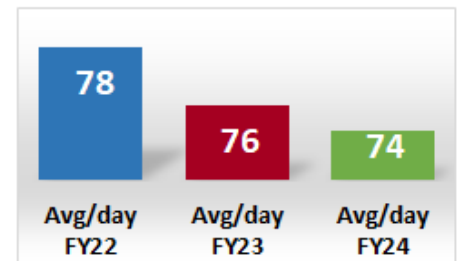
Average Discharges per day



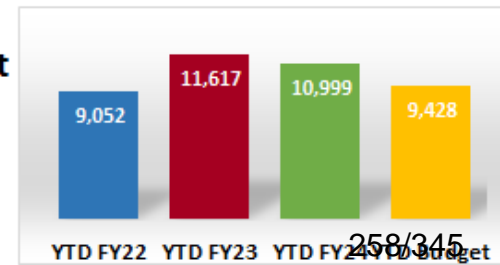
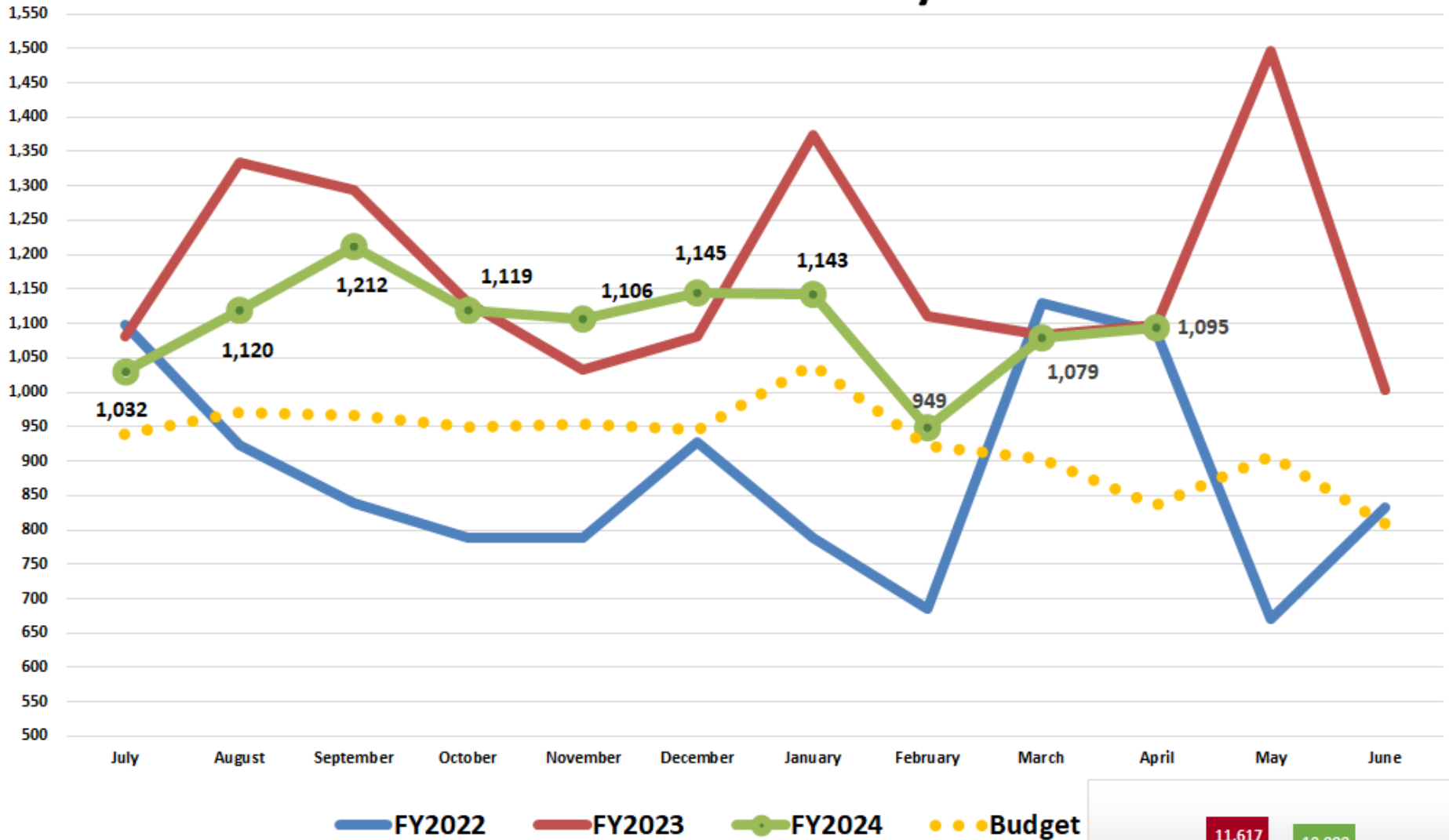
FY2022

FY2023

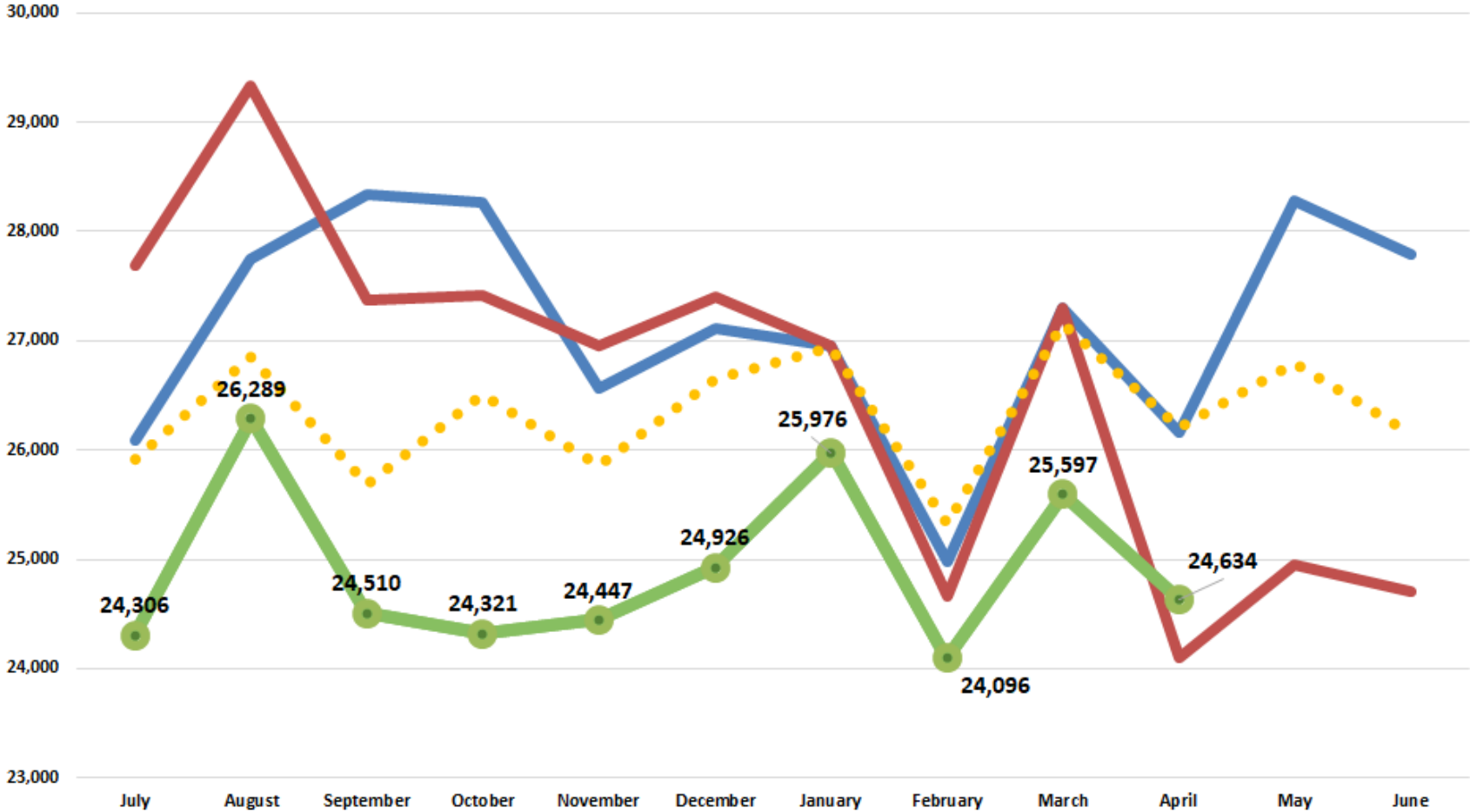
FY2024



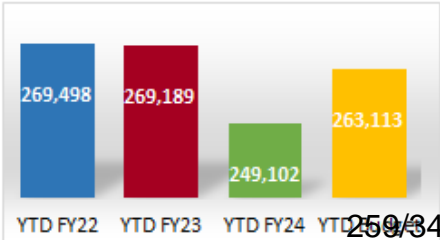
Observation Days



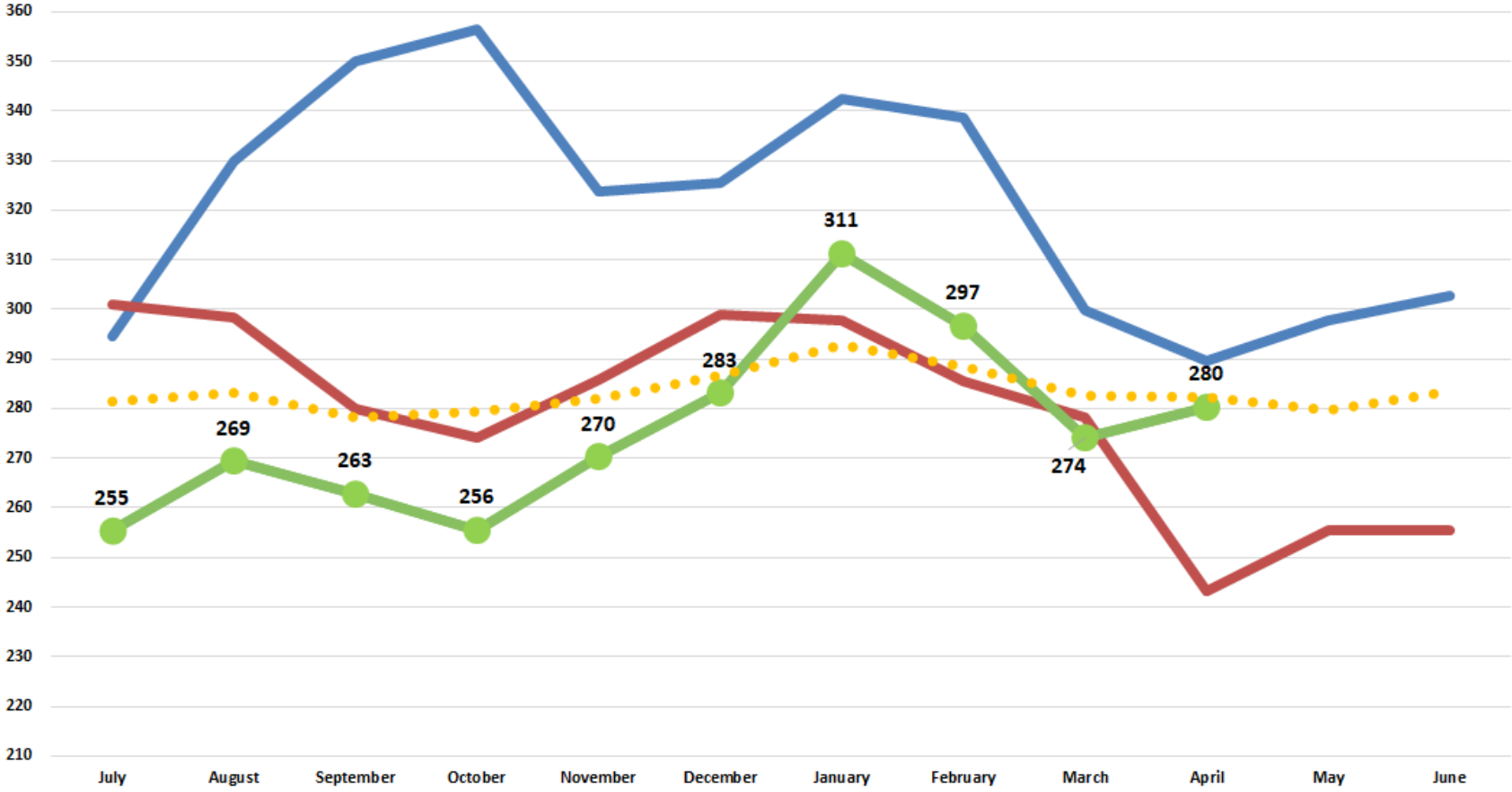
Adjusted Patient Days



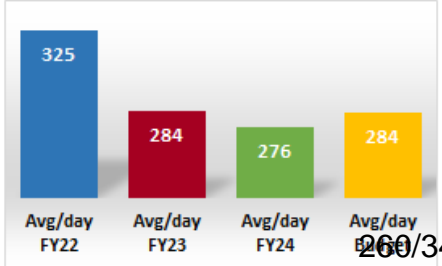
—●— FY2022
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 ●●● Budget



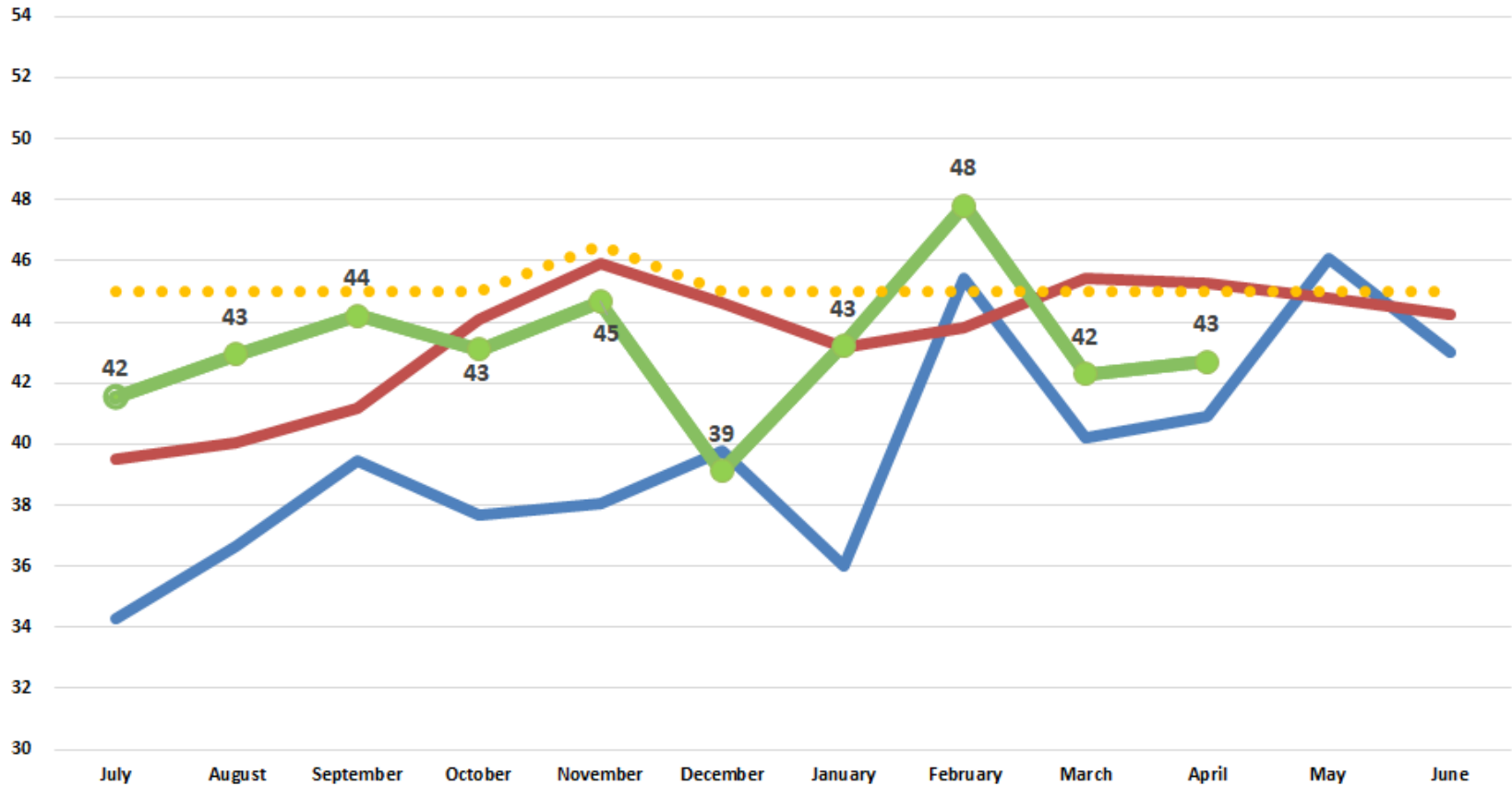
Medical Center (Avg Patients Per Day)



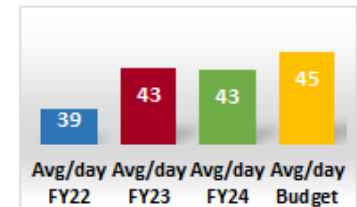
—●— FY2022
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 ●●● Budget



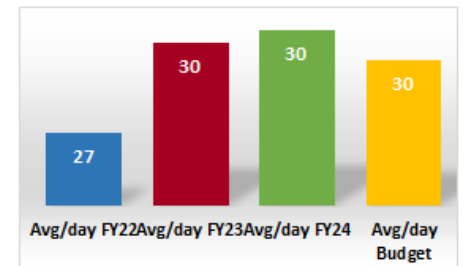
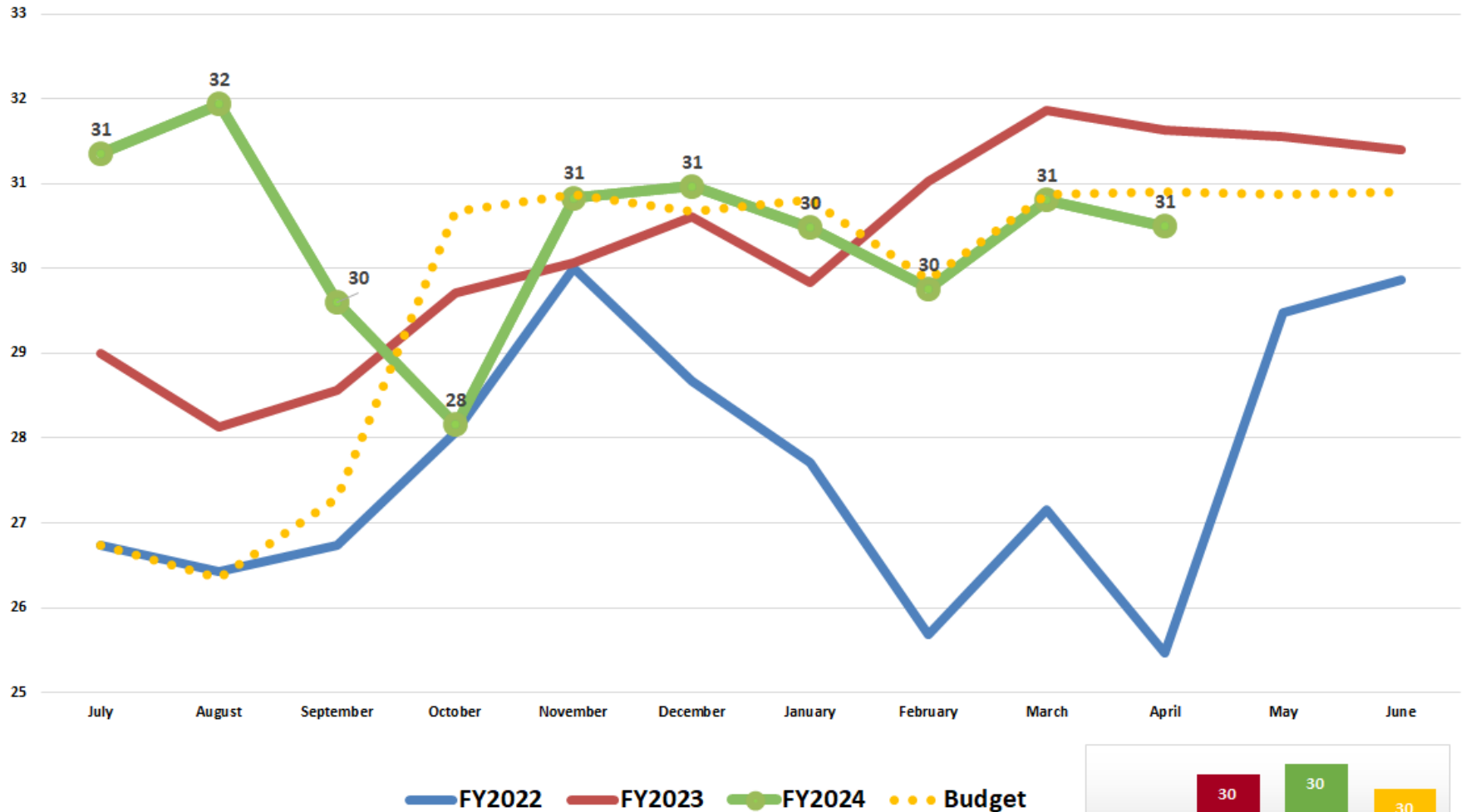
Acute I/P Psych (Avg Patients Per Day)



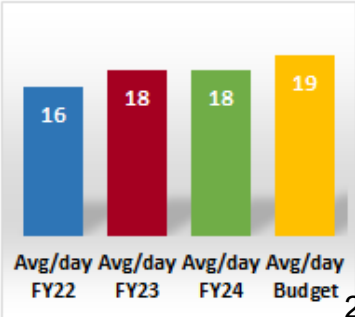
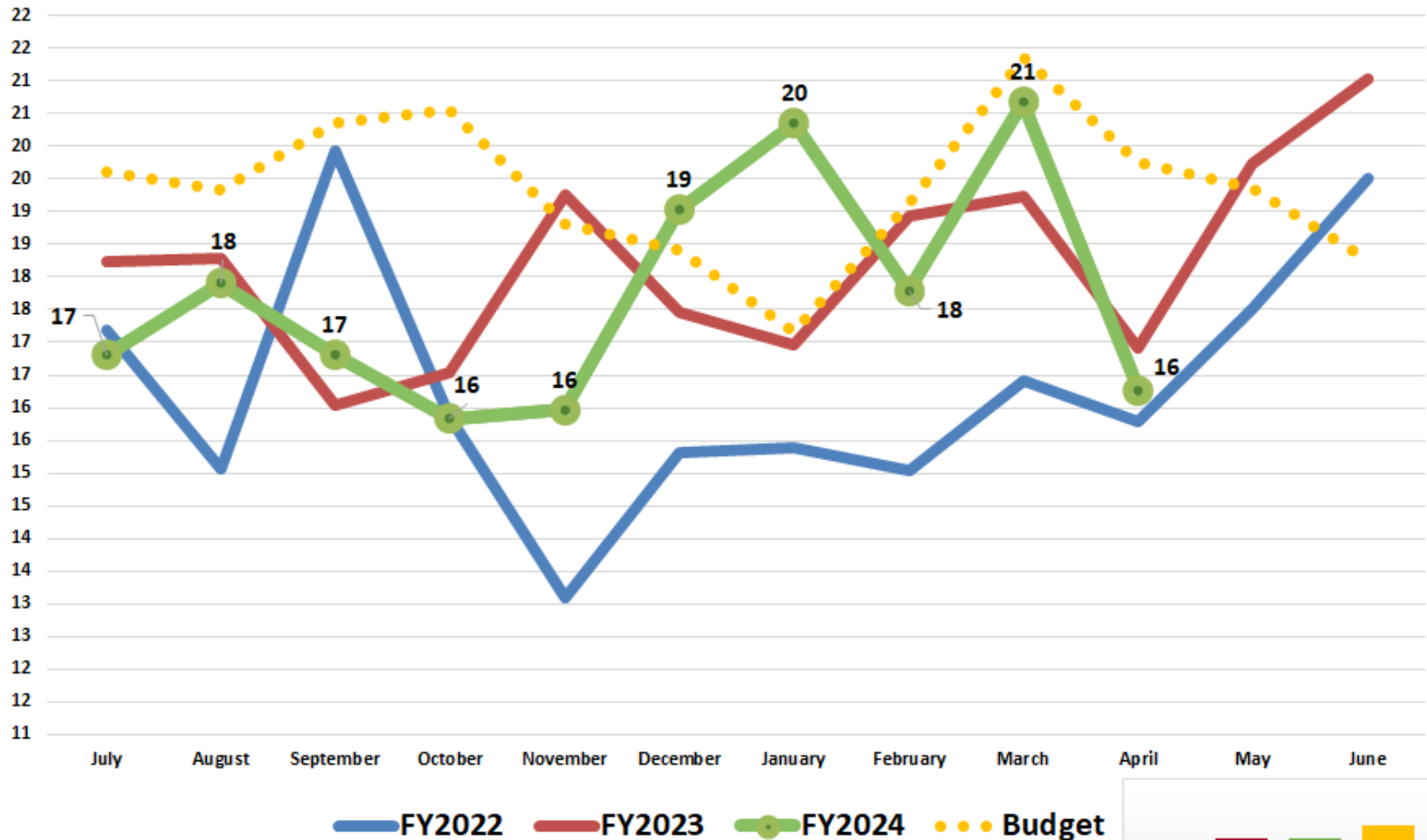
—●— FY2022
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 —●— FY2024
 ●●● Budget



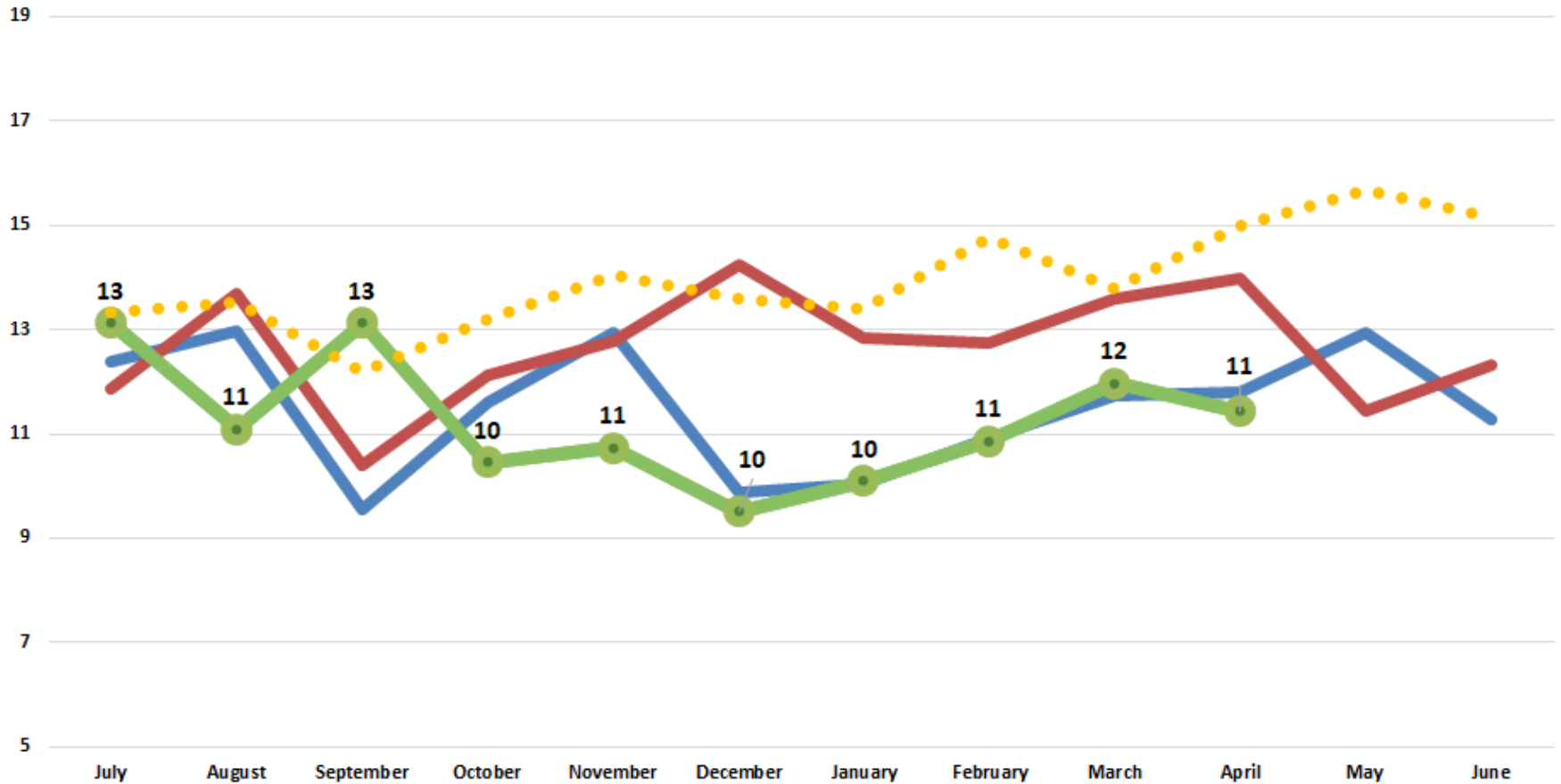
Sub-Acute - Avg Patients Per Day



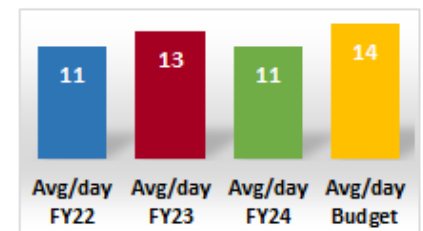
Rehabilitation Hospital - Avg Patients Per Day



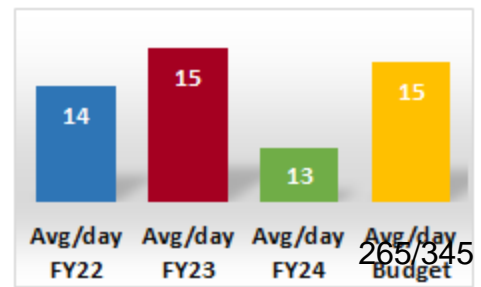
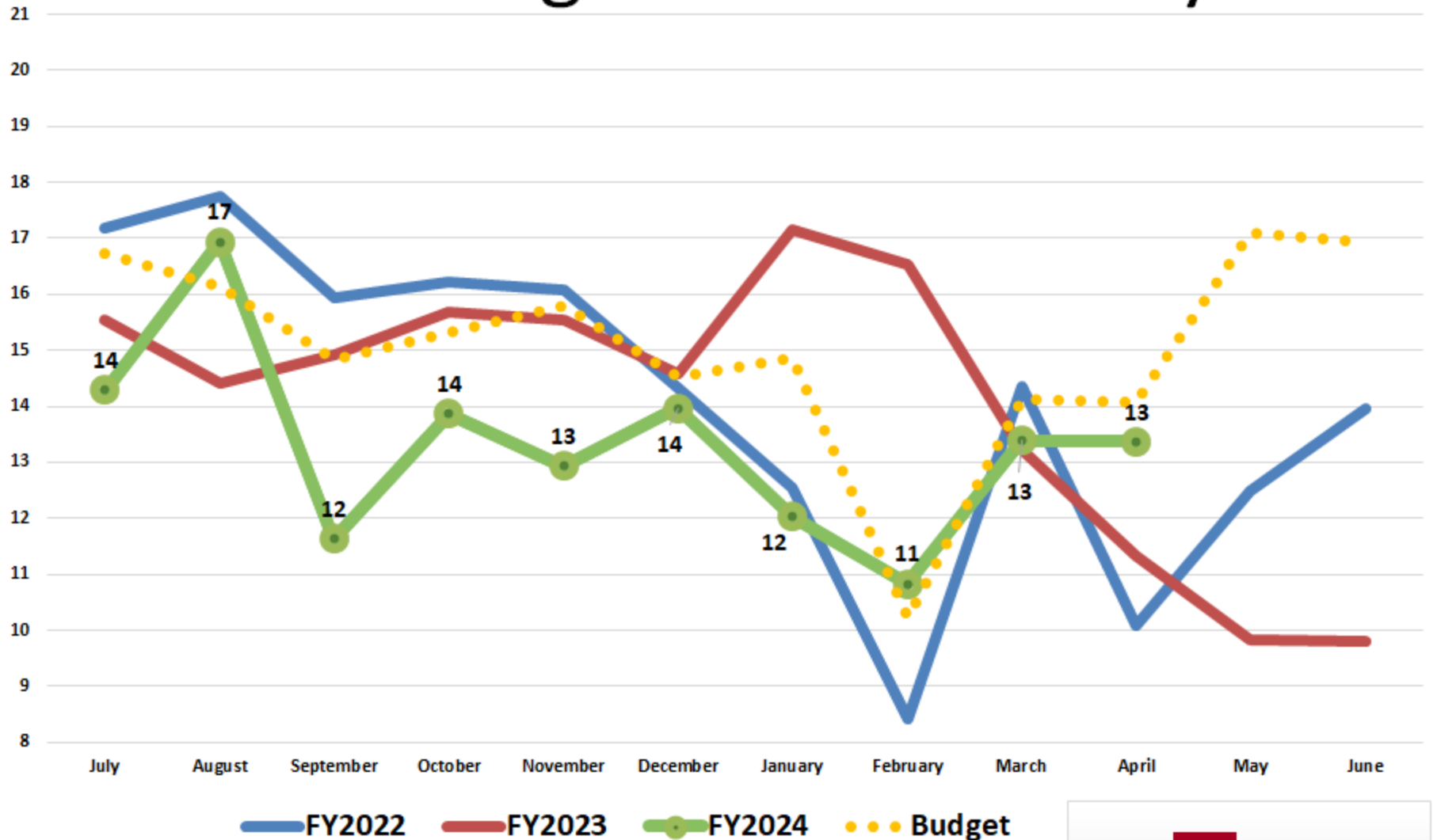
TCS Ortho - Avg Patients Per Day



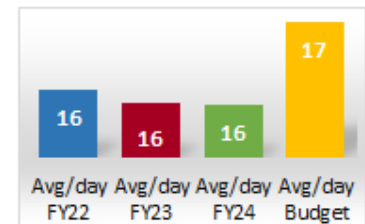
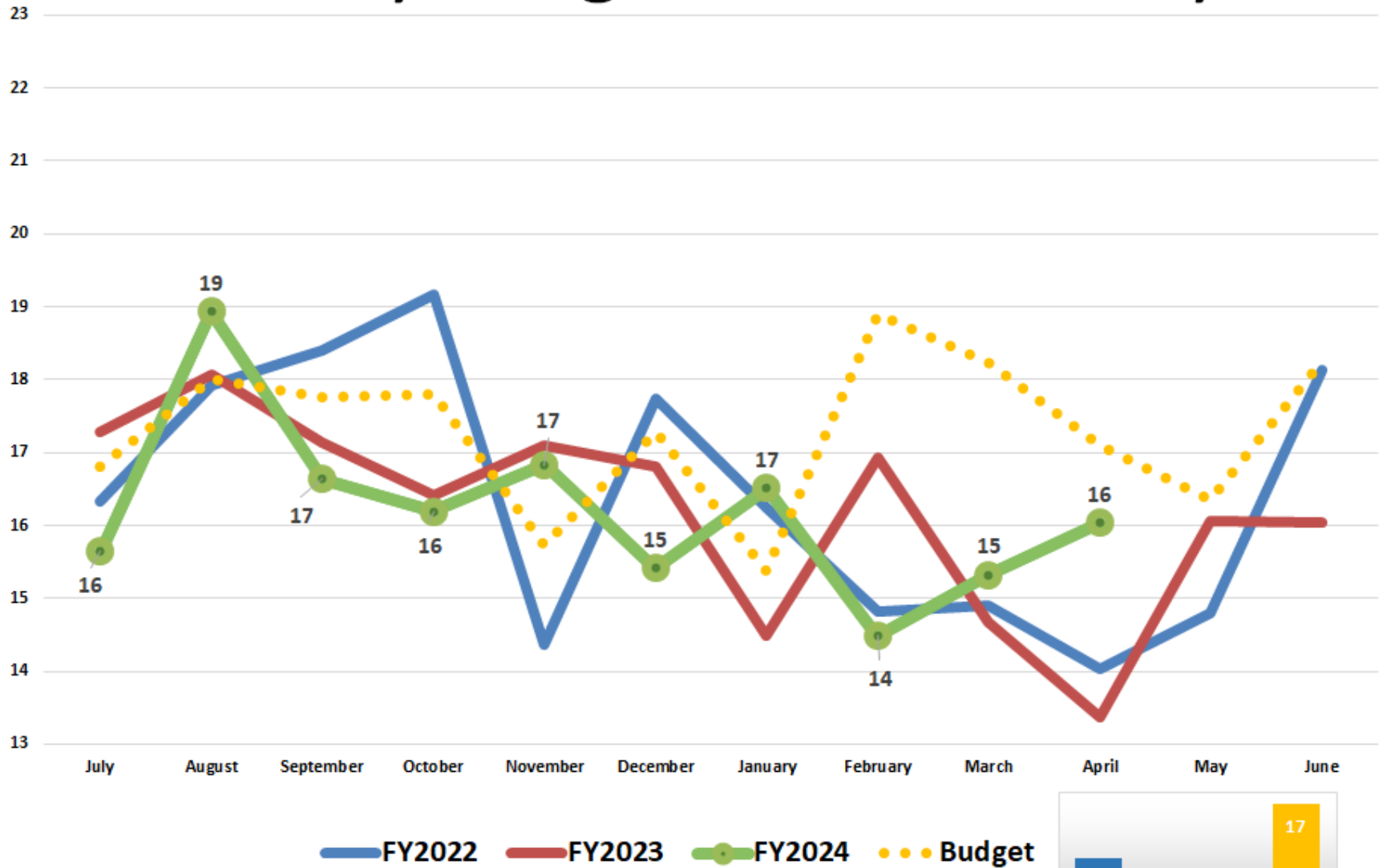
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



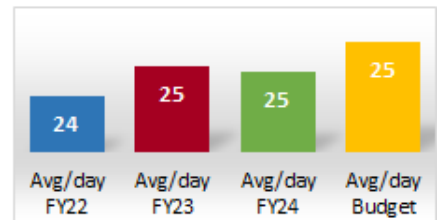
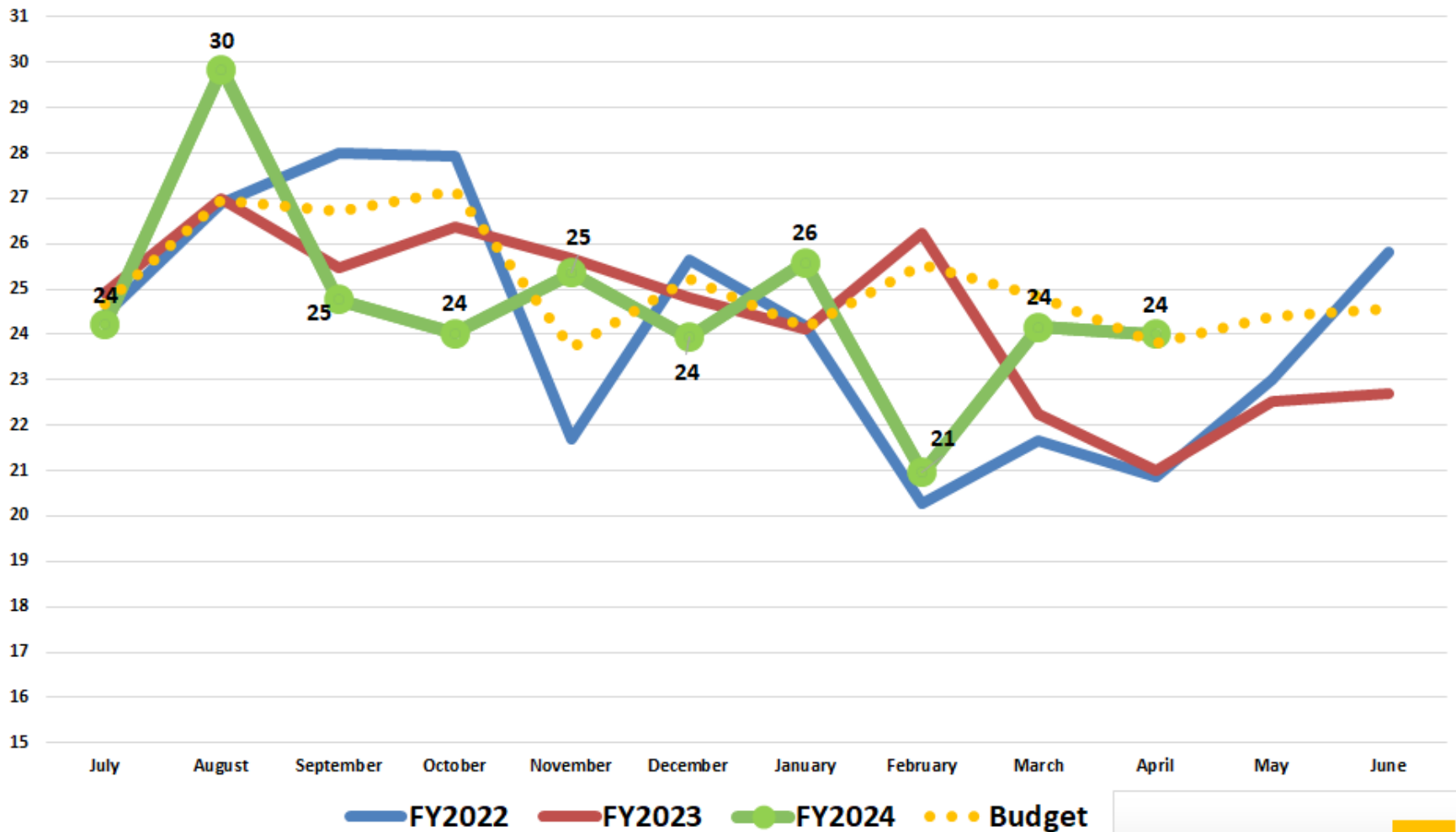
NICU - Avg Patients Per Day



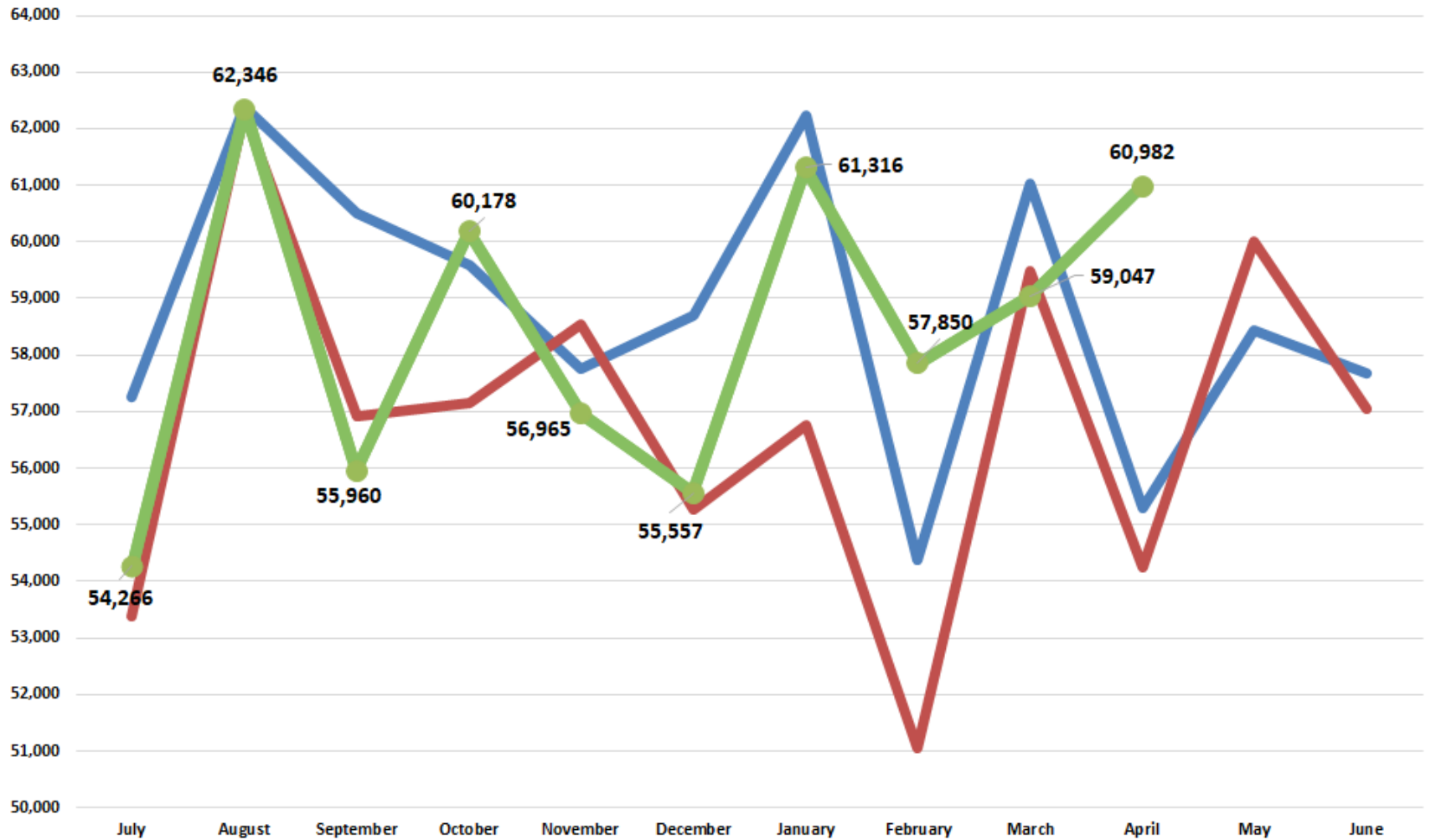
Nursery - Avg Patients Per Day



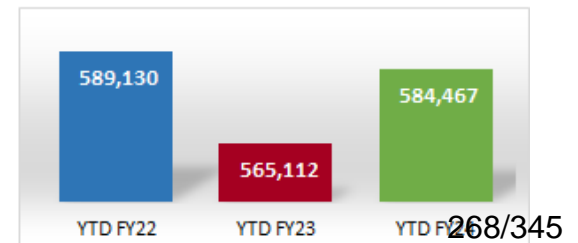
Obstetrics - Avg Patients Per Day



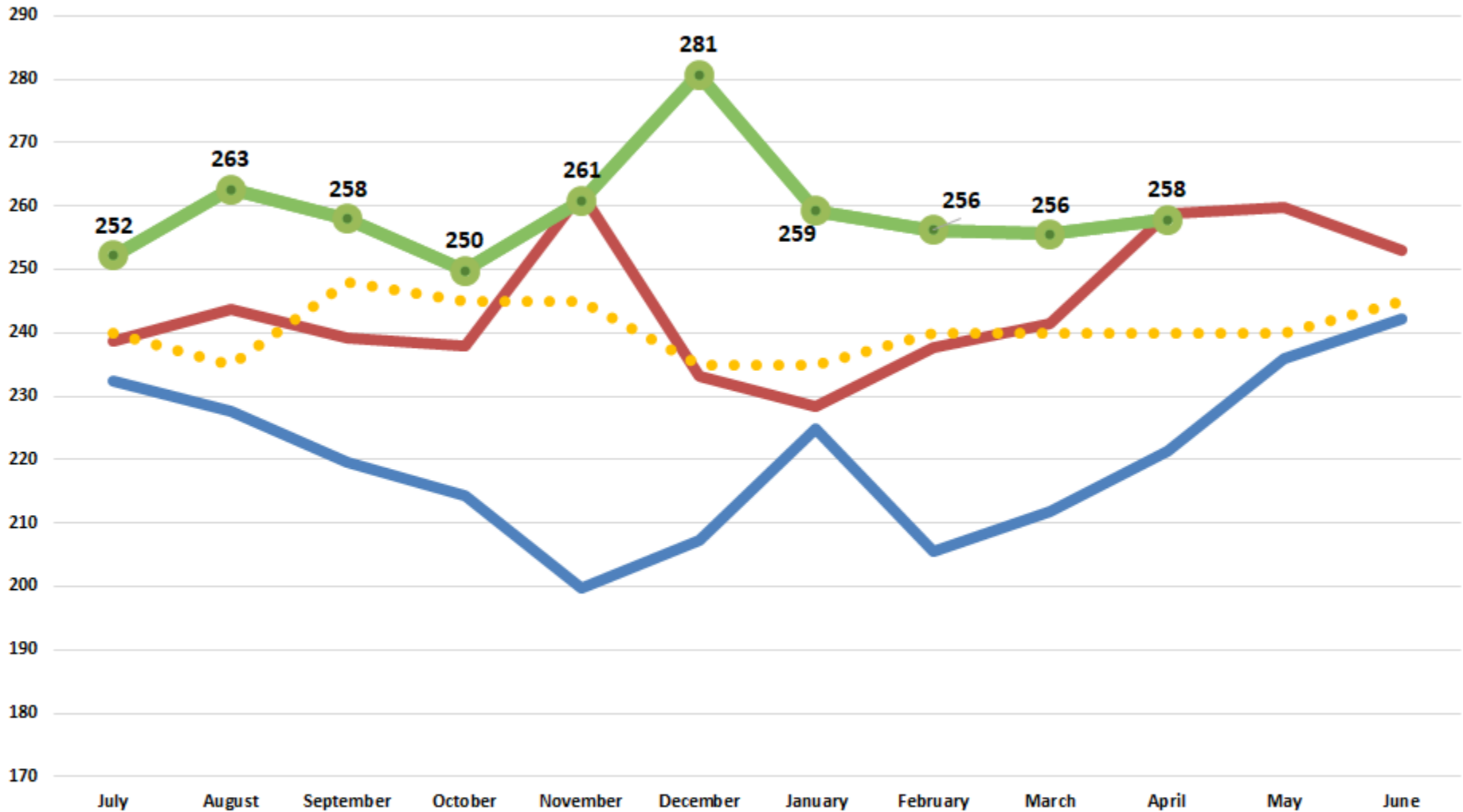
Outpatient Registrations



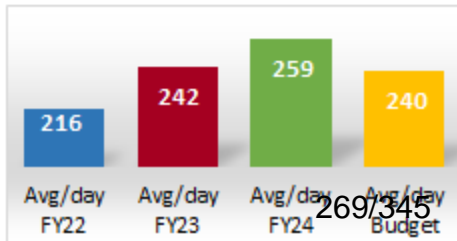
— FY2022 — FY2023 — FY2024



ED - Avg Treated Per Day

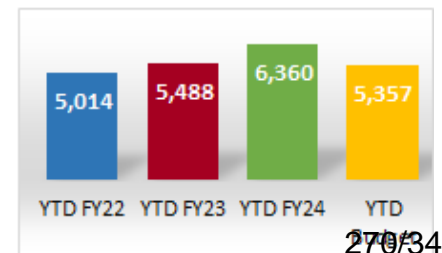
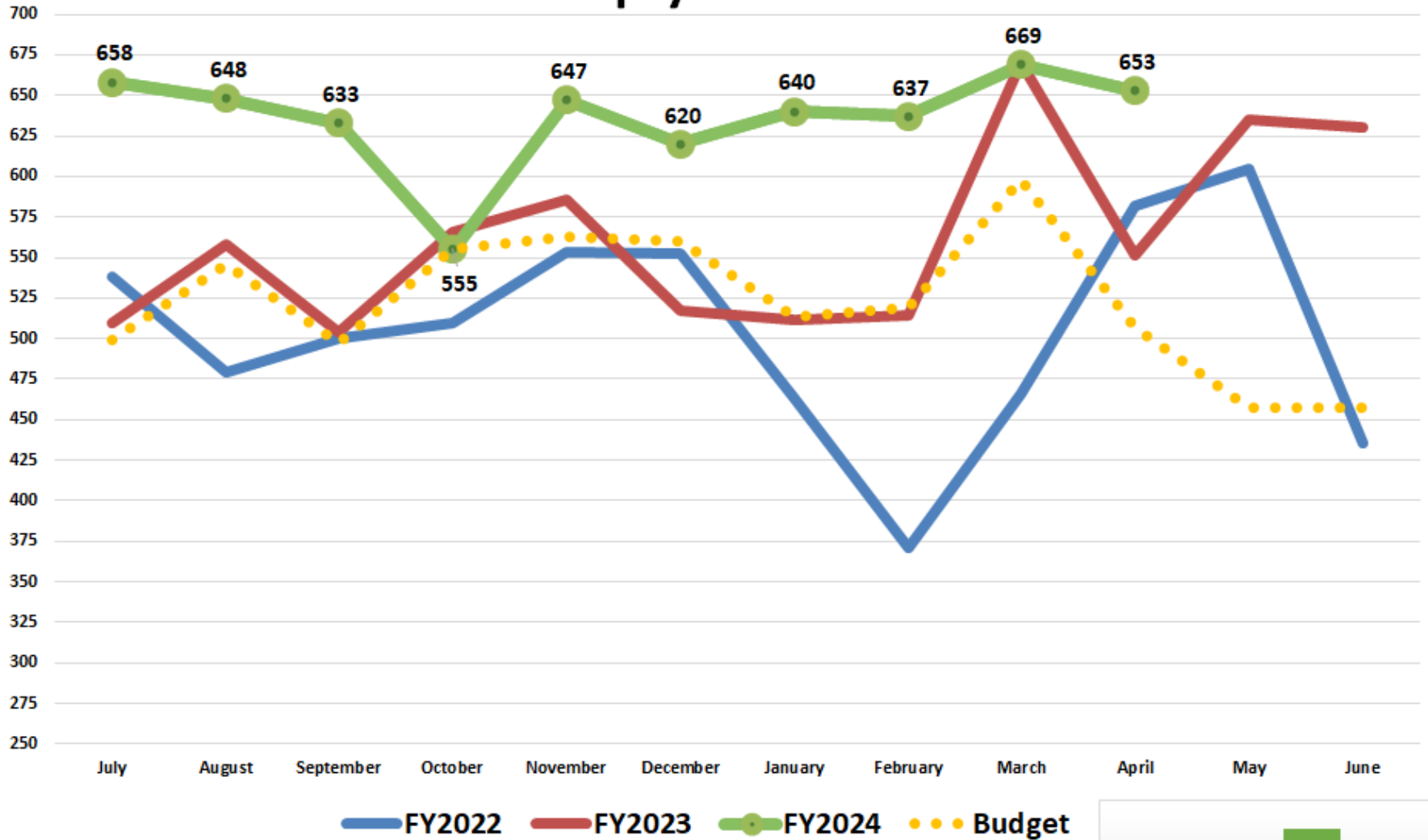


—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget

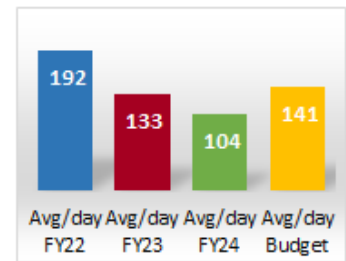
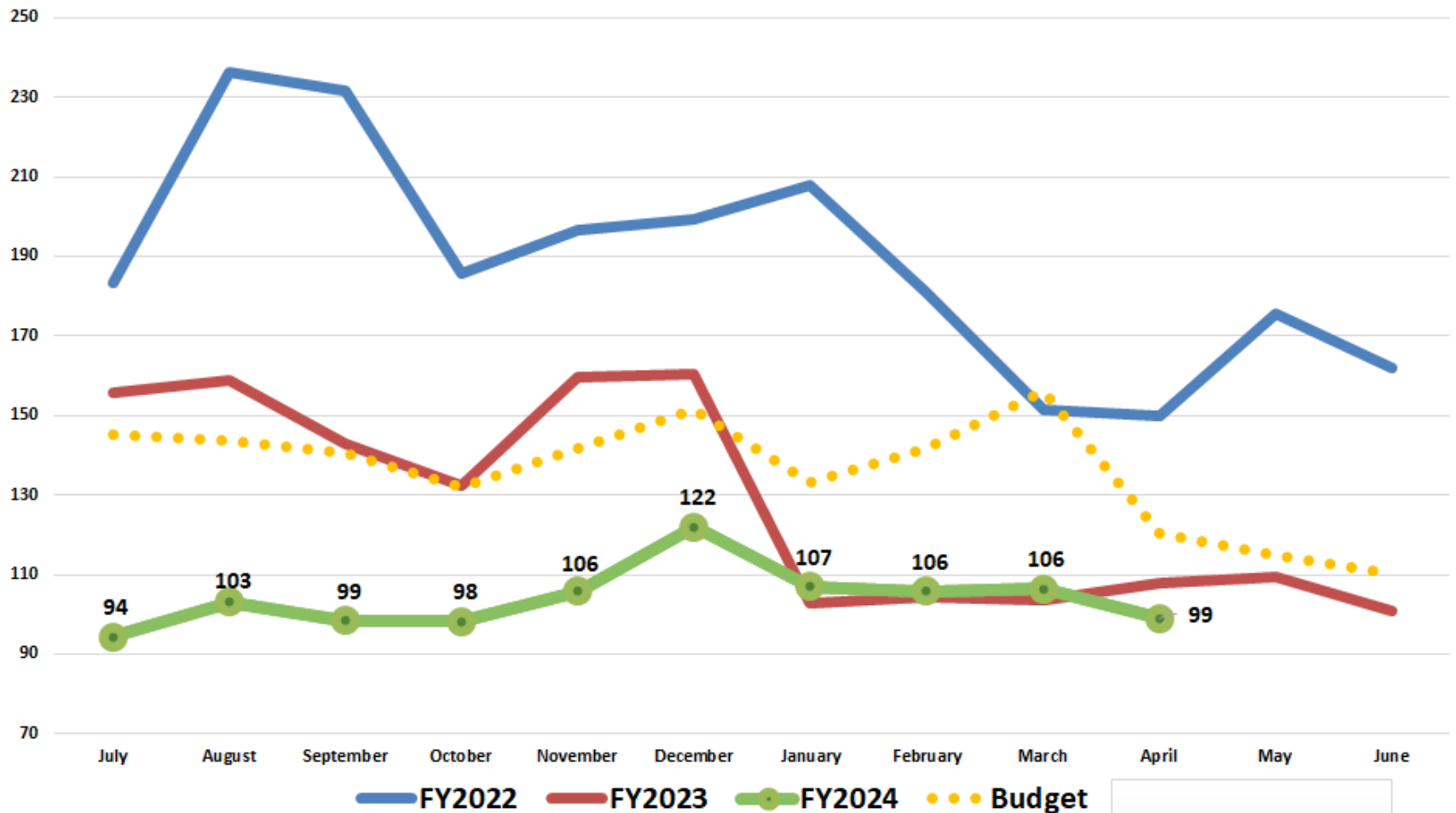


269/345

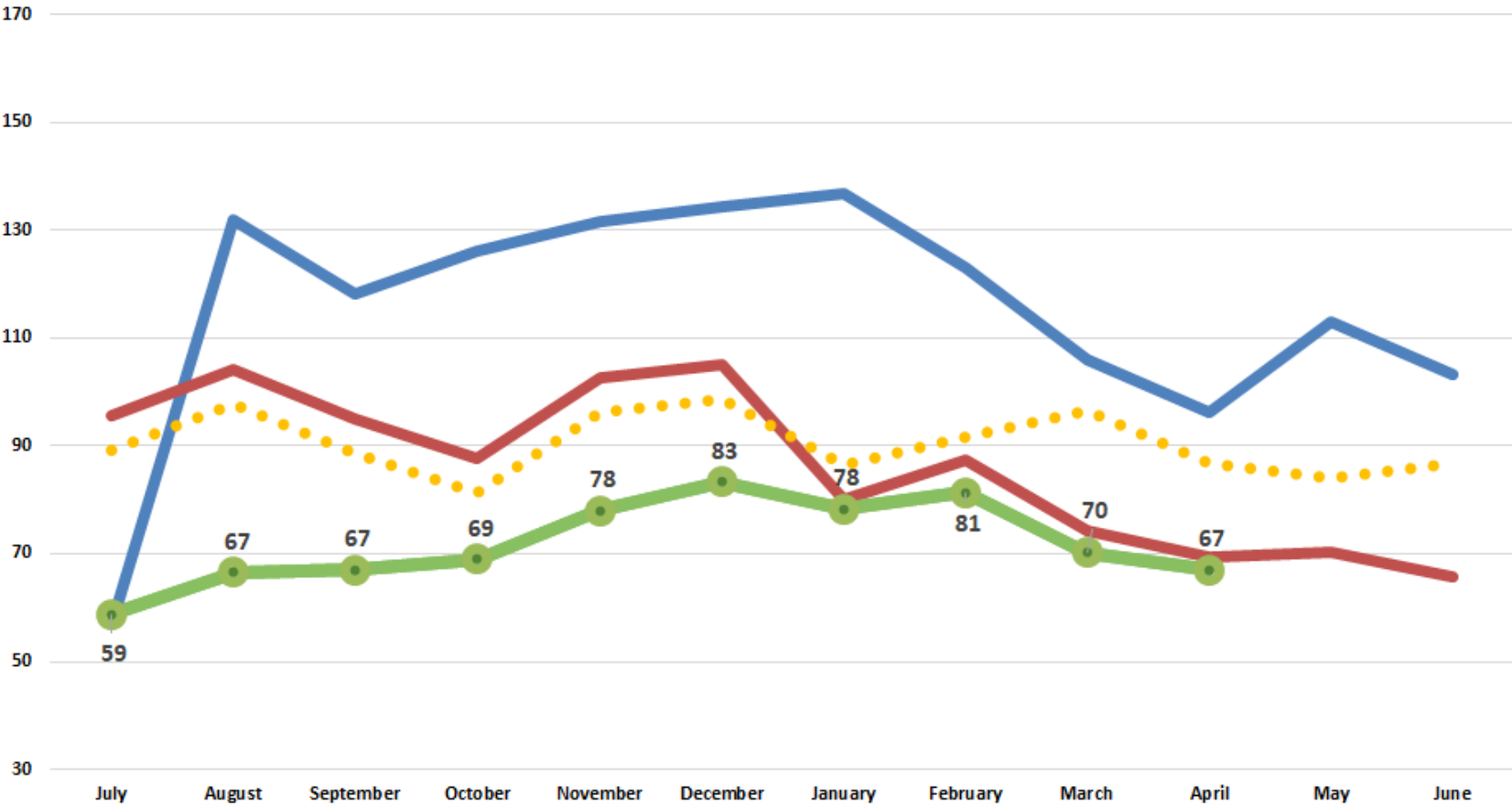
Endoscopy Procedures



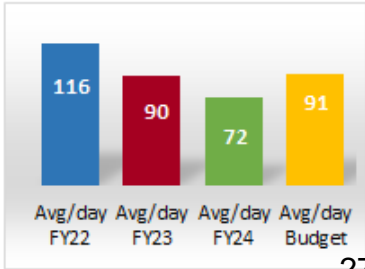
Urgent Care – Court Avg Visits Per Day



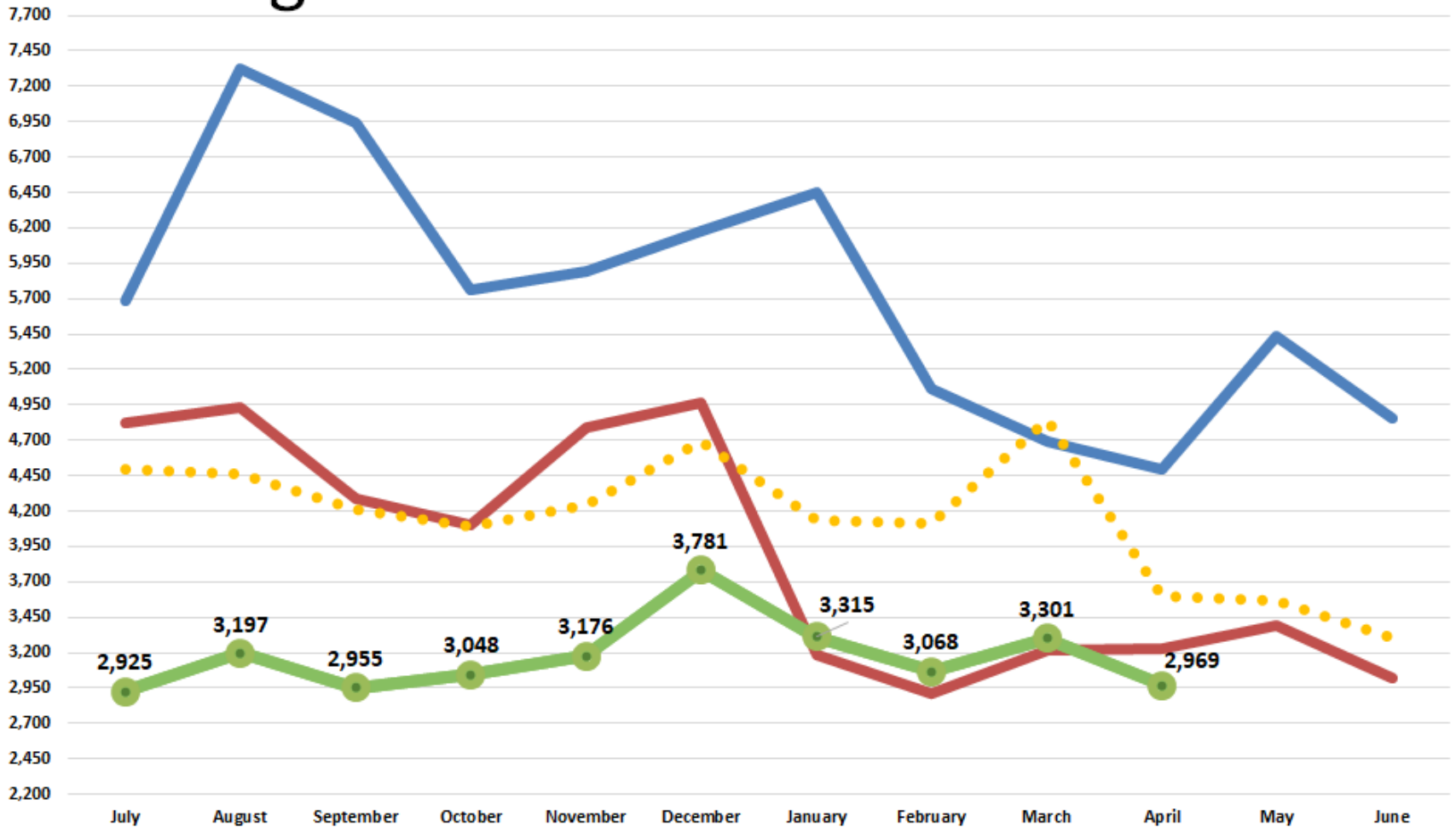
Urgent Care – Demaree Avg Visits Per Day



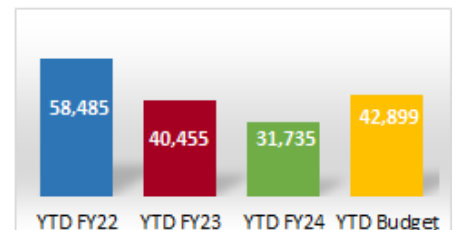
—●— FY2022
 —●— FY2023
 —●— FY2024
 - - - ● - - - Budget



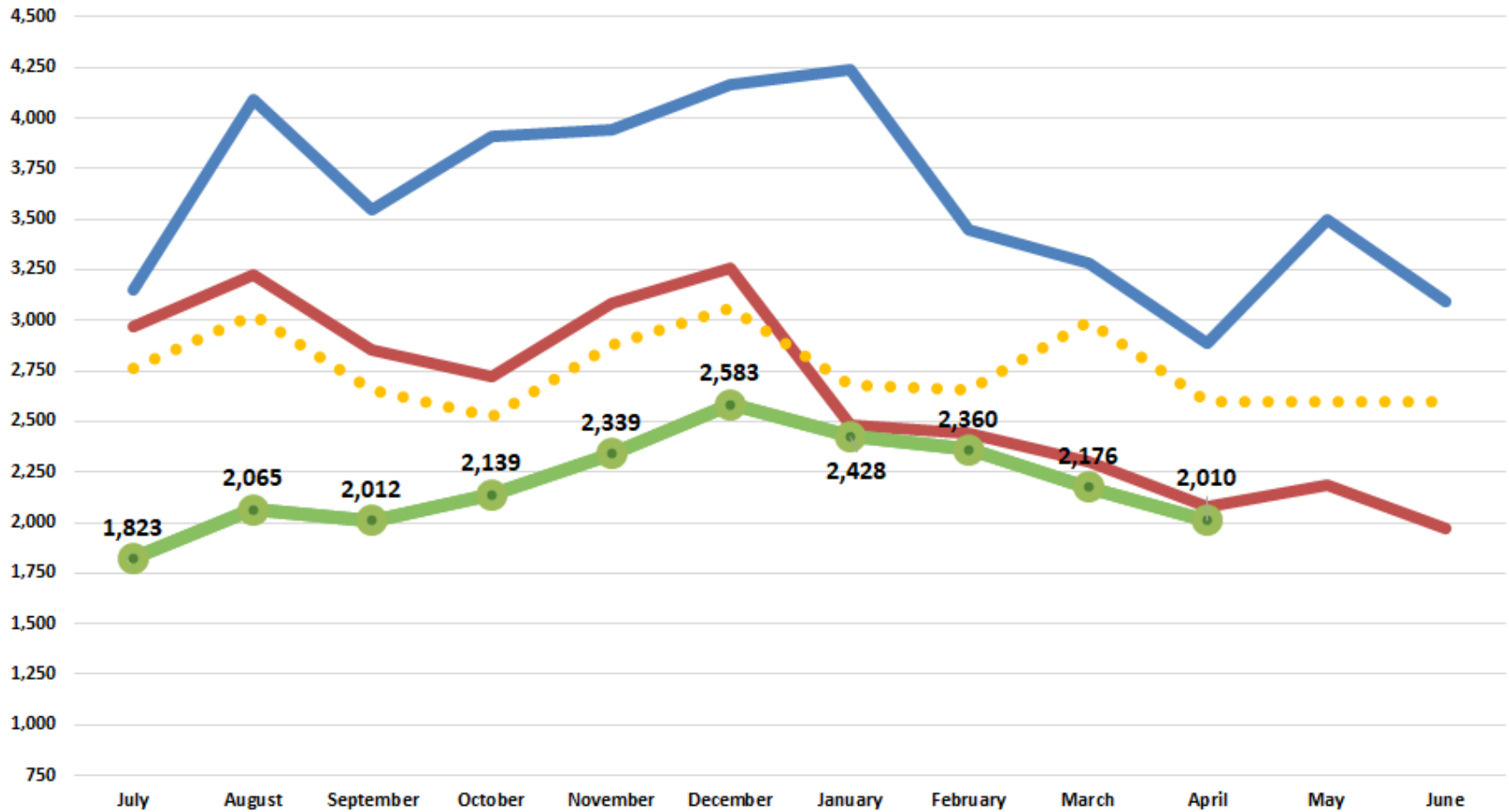
Urgent Care – Court Total Visits



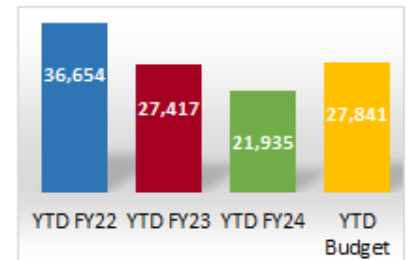
—●— FY2022
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 ●●● Budget



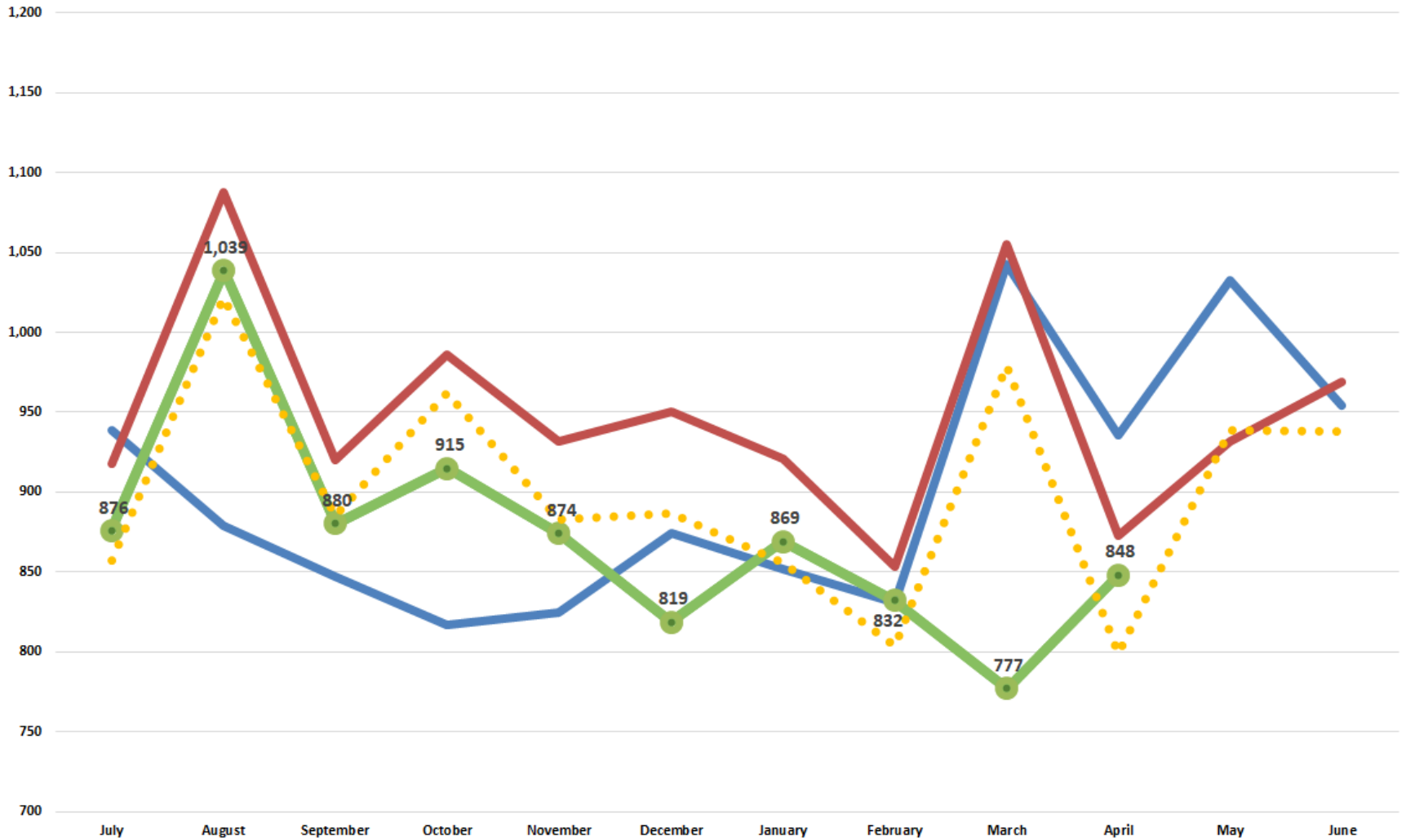
Urgent Care – Demaree Total Visits



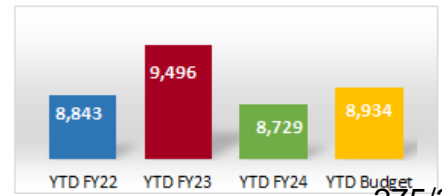
—●— FY2022
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 ●●● Budget



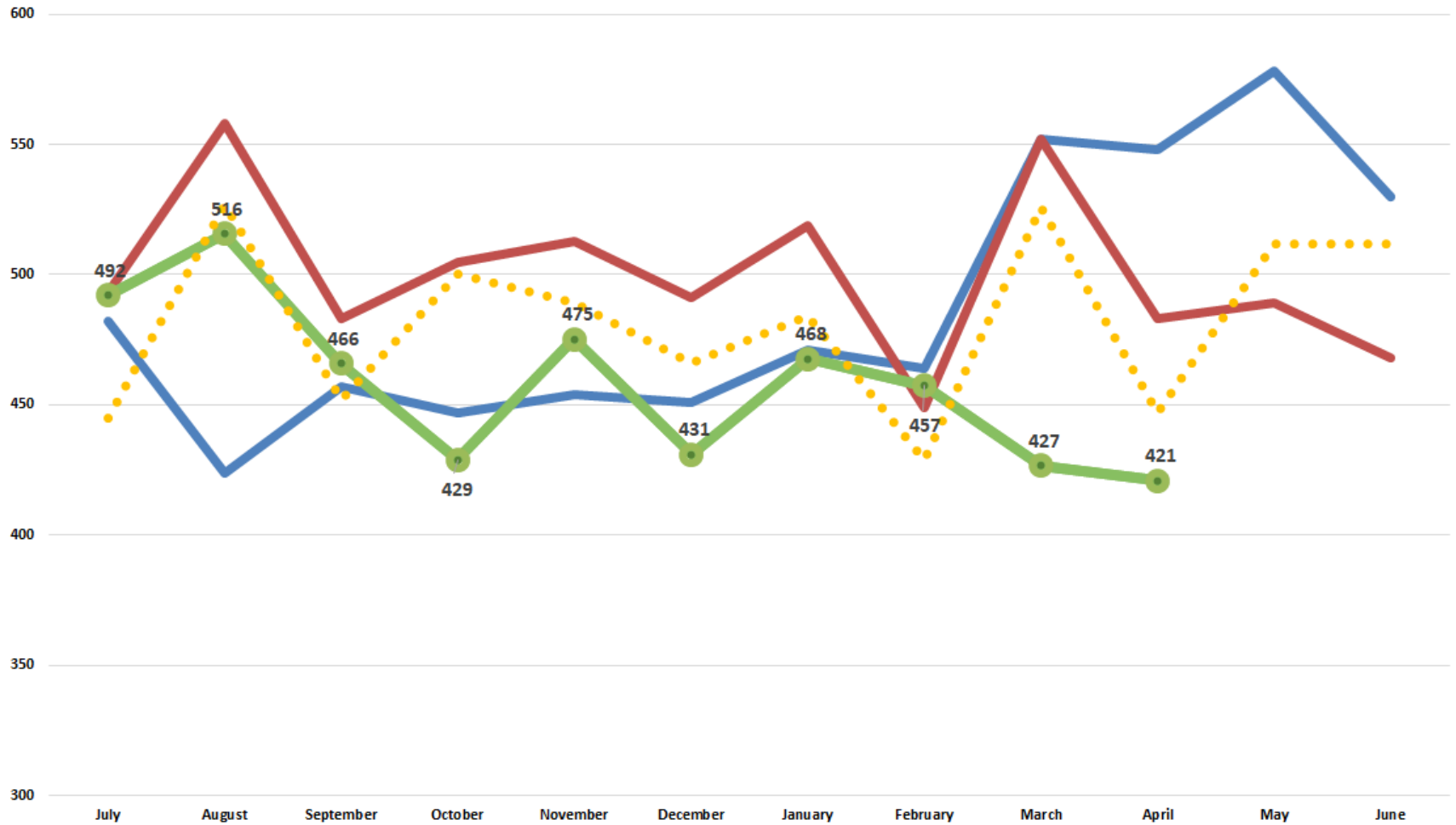
Surgery (IP & OP) – 100 Min Units



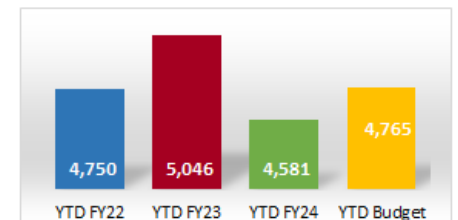
—●— FY2022
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 ●●● Budget



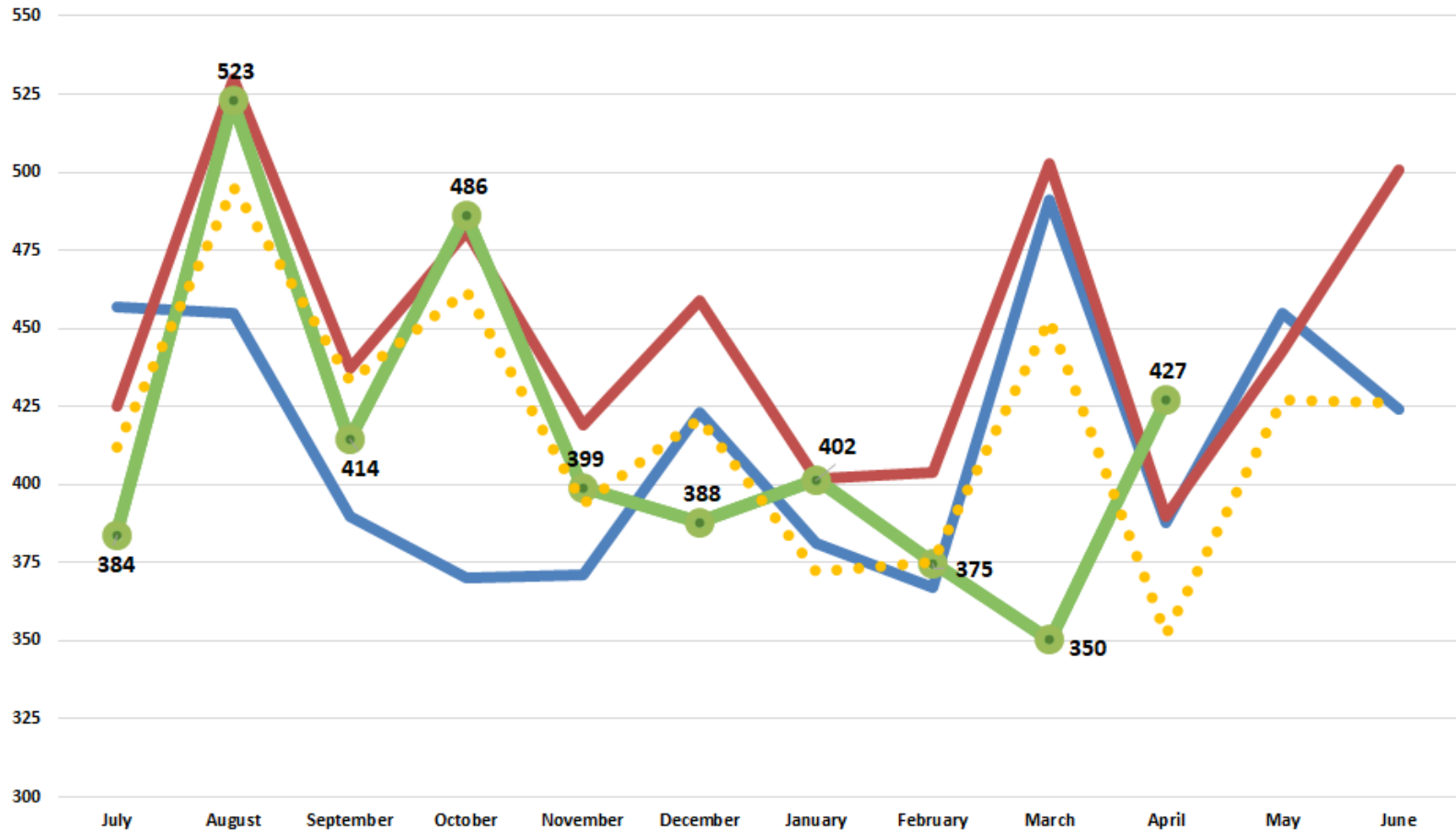
Surgery (IP Only) - 100 Min Unit



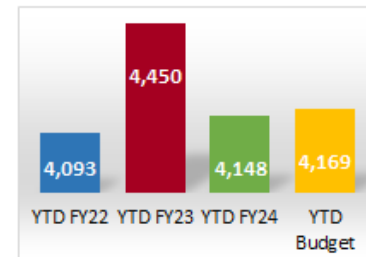
— FY2022 — FY2023 — FY2024 ●●● Budget



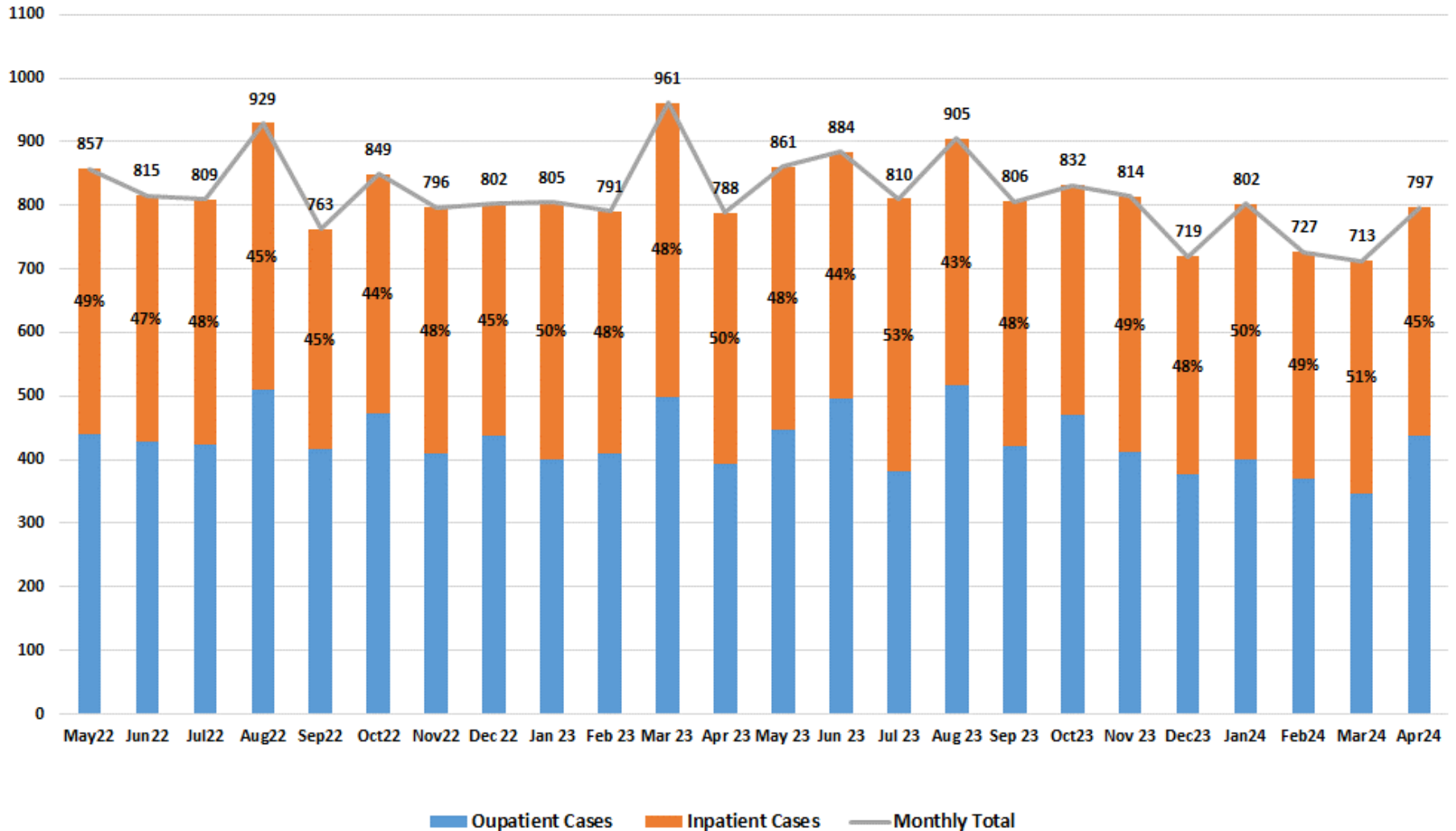
Surgery (OP Only) - 100 Min Units



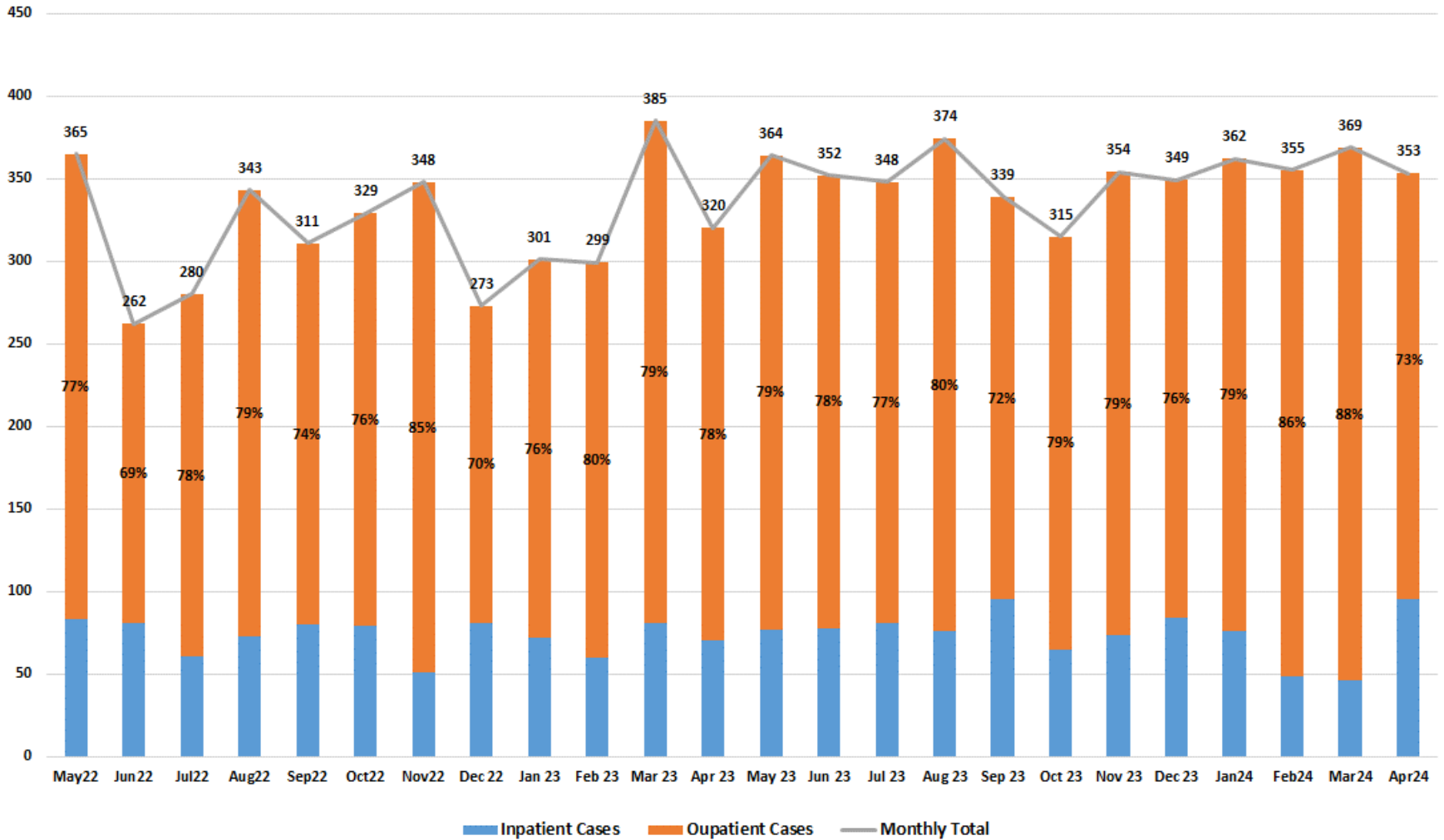
—●— FY2022
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 ●●● Budget



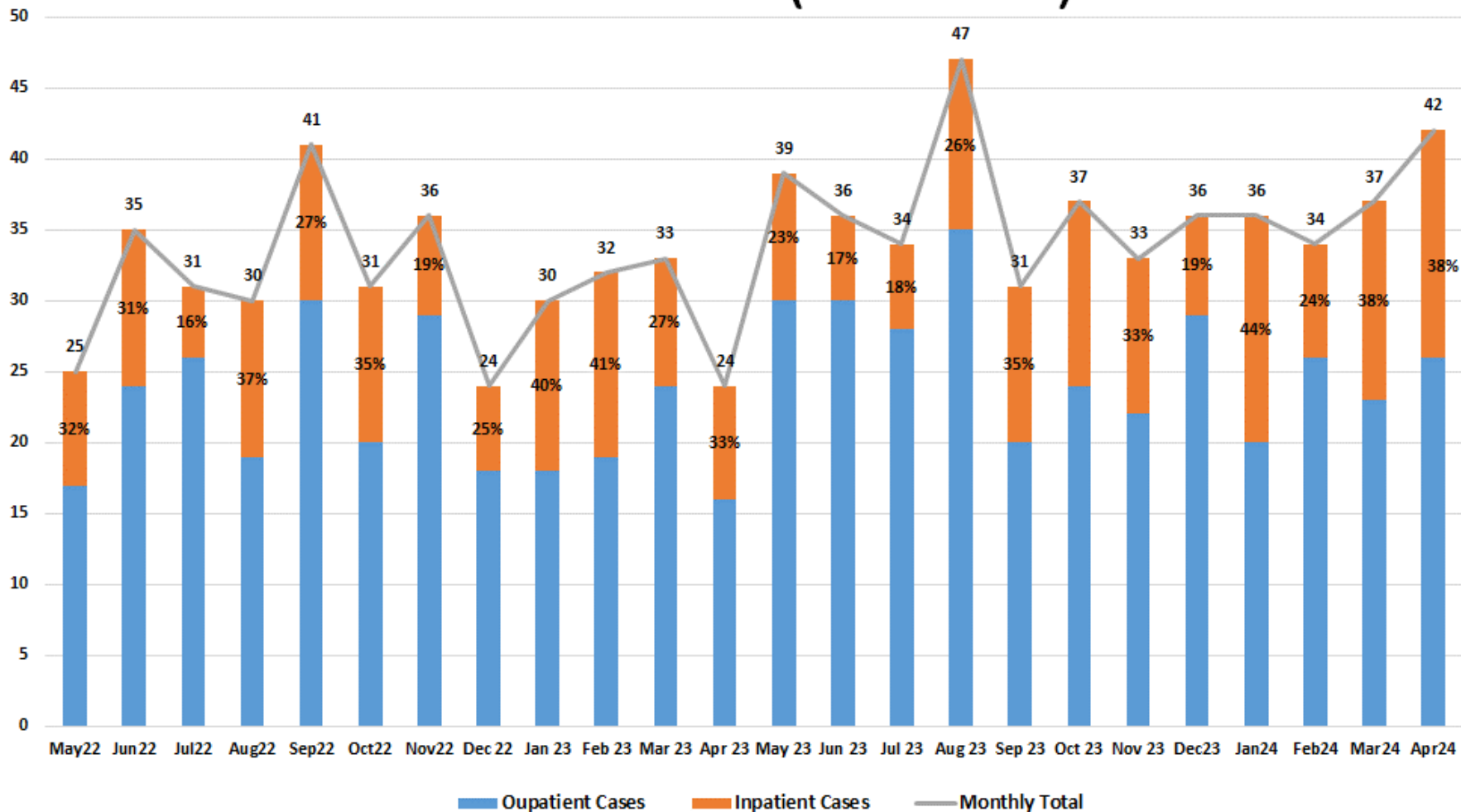
Surgery Cases (IP & OP)



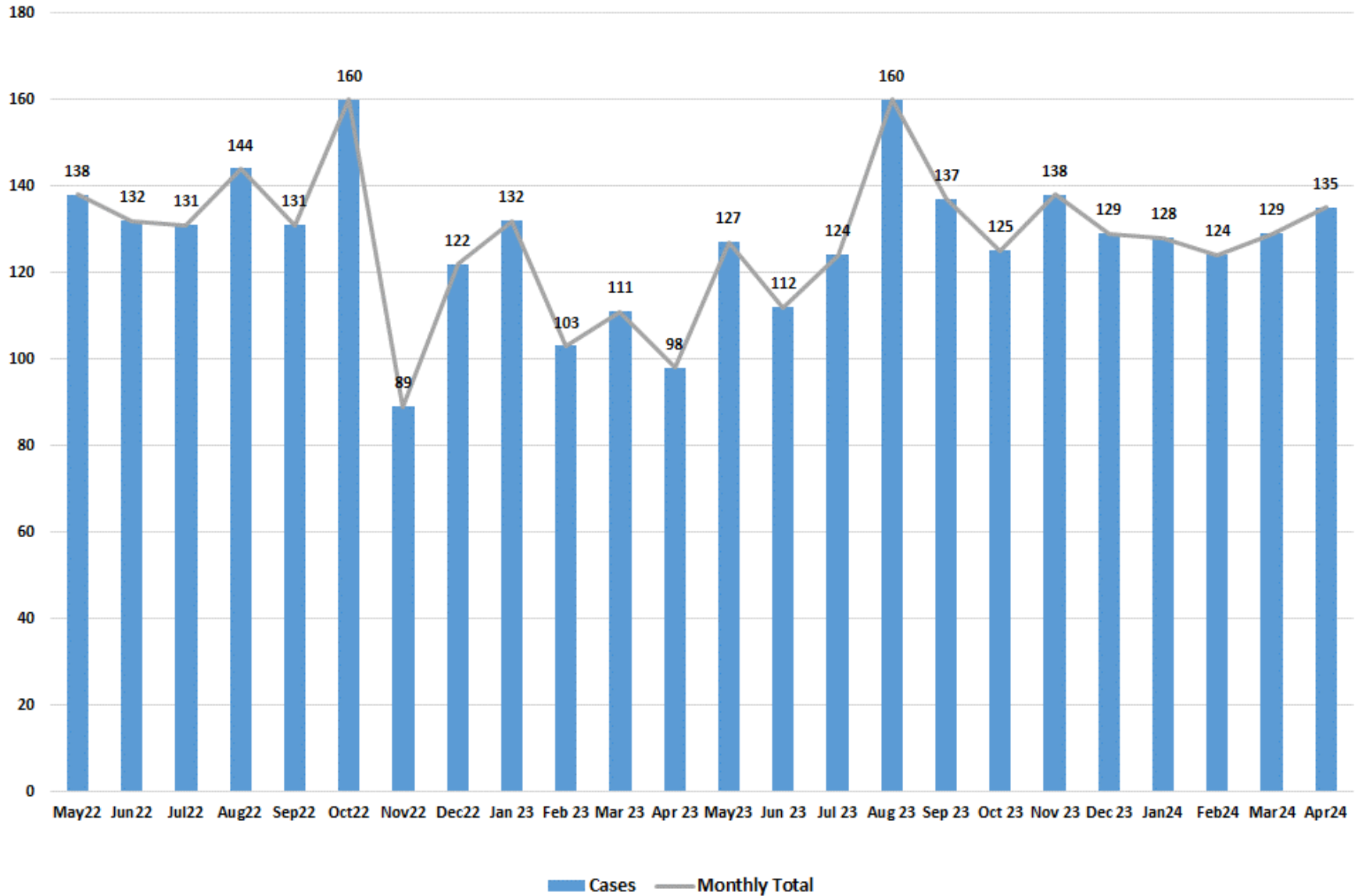
Endo Cases (Endo Suites)



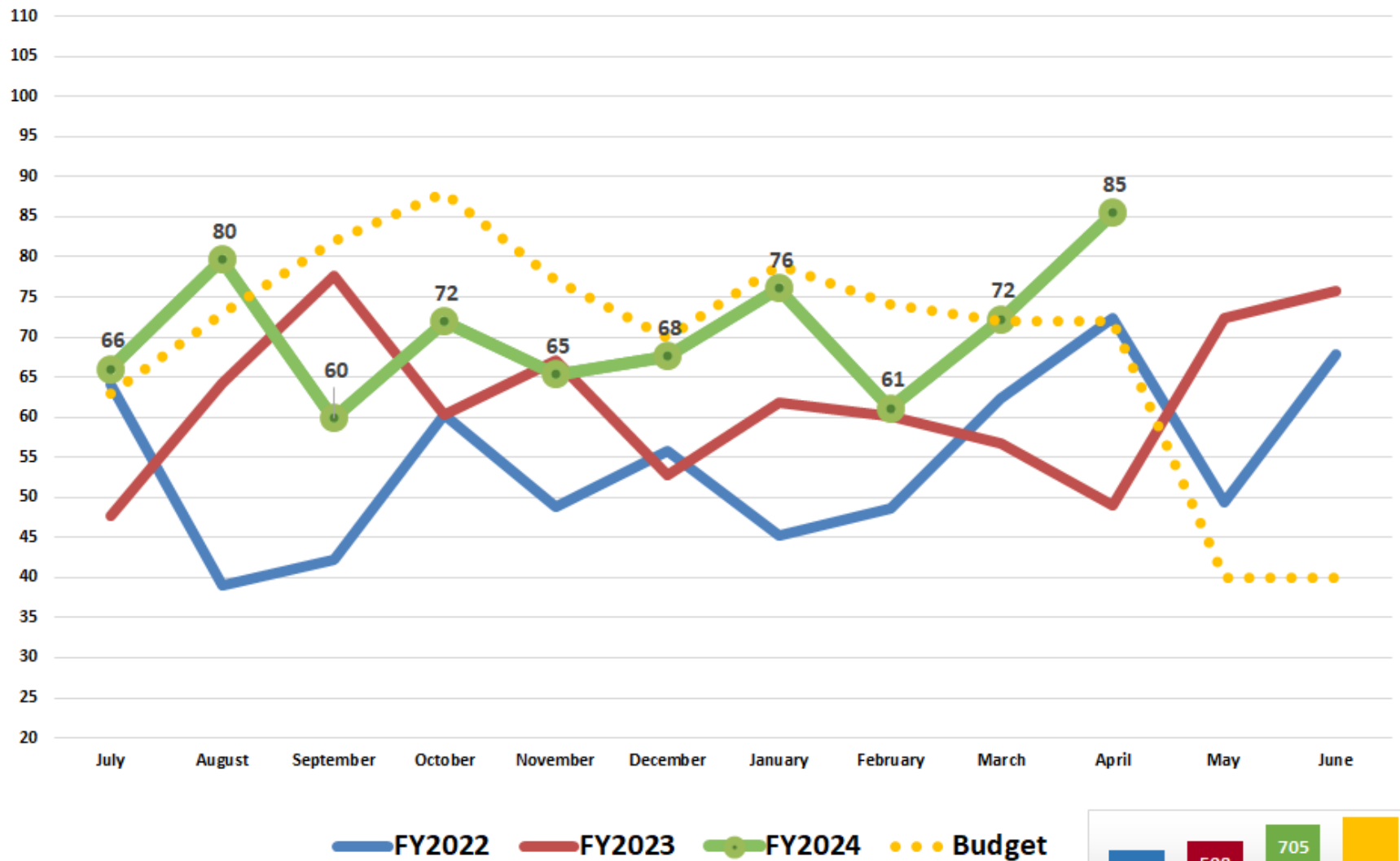
Robotic Cases (IP & OP)



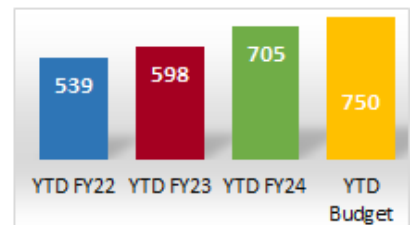
OB Cases



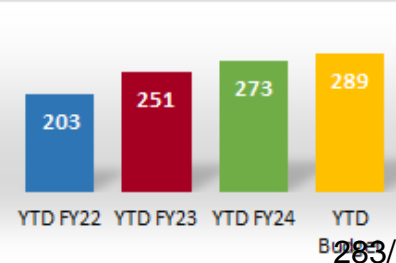
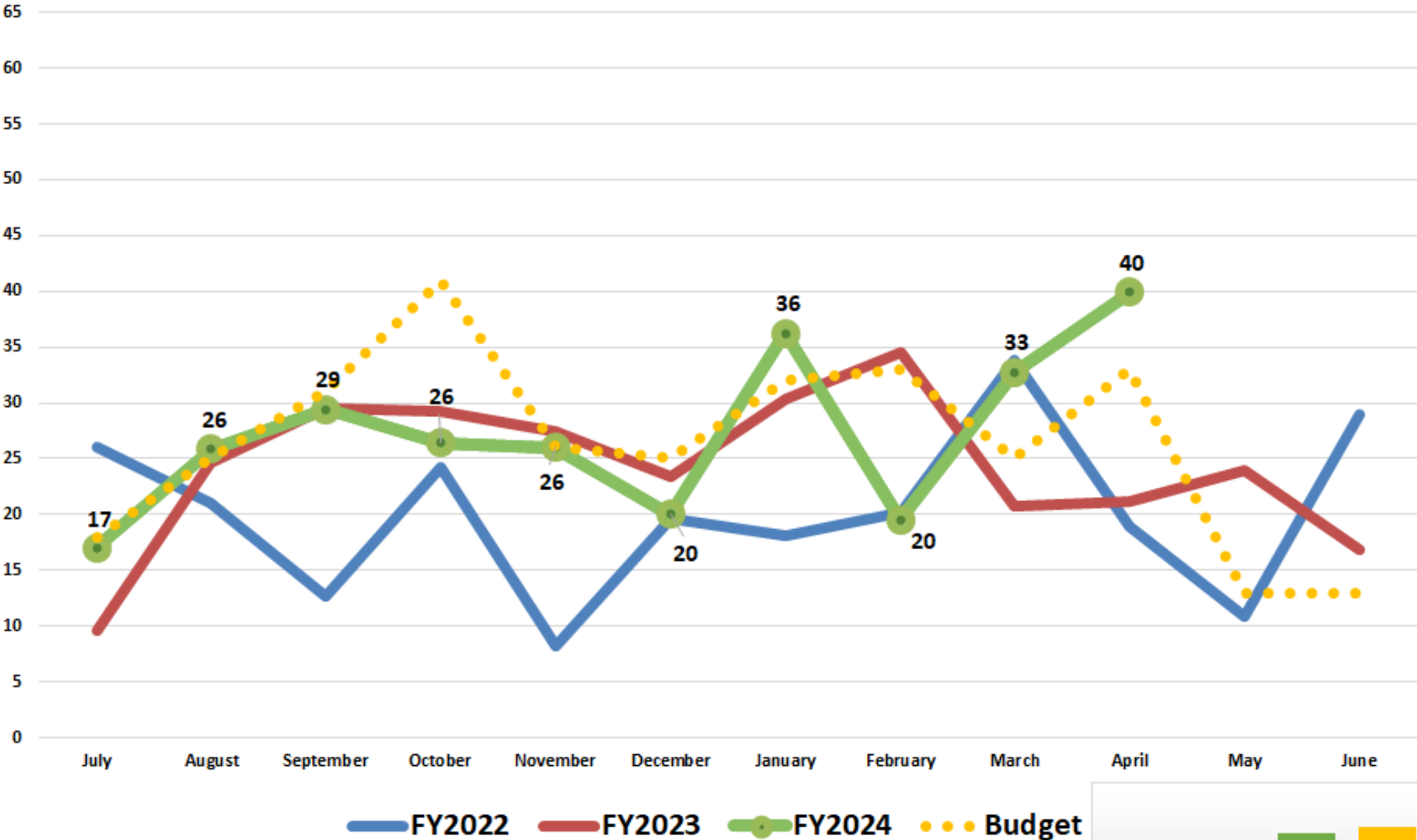
Robotic Surgery (IP & OP) - 100 Min Units



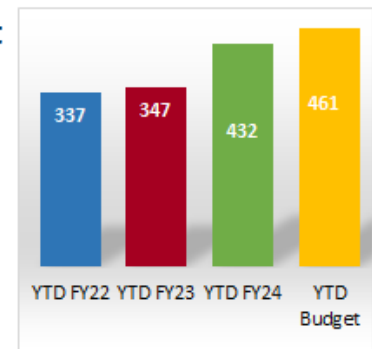
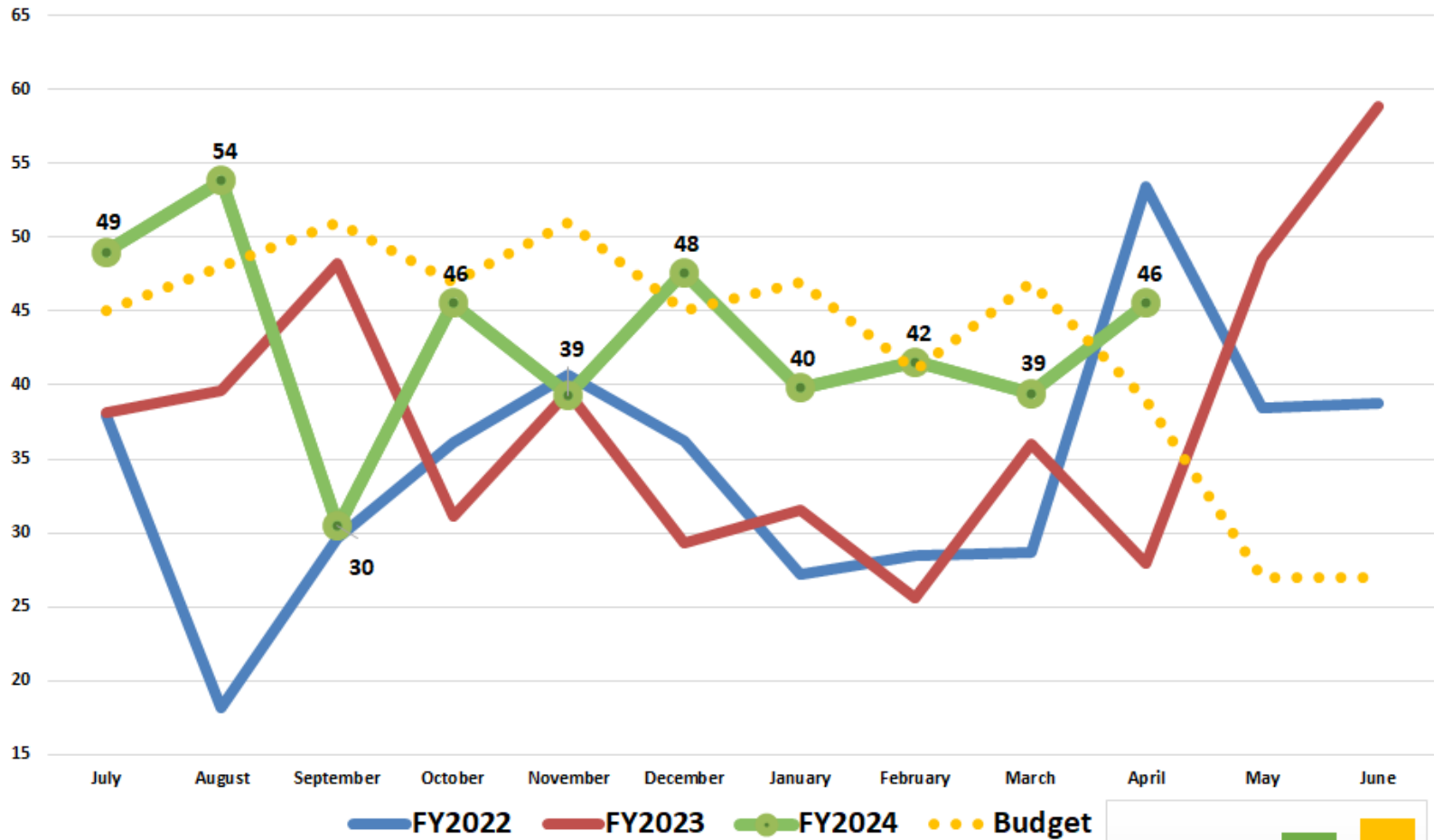
—● FY2022
 —● FY2023
 —● FY2024
 ⋯ Budget



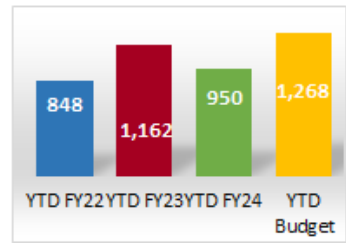
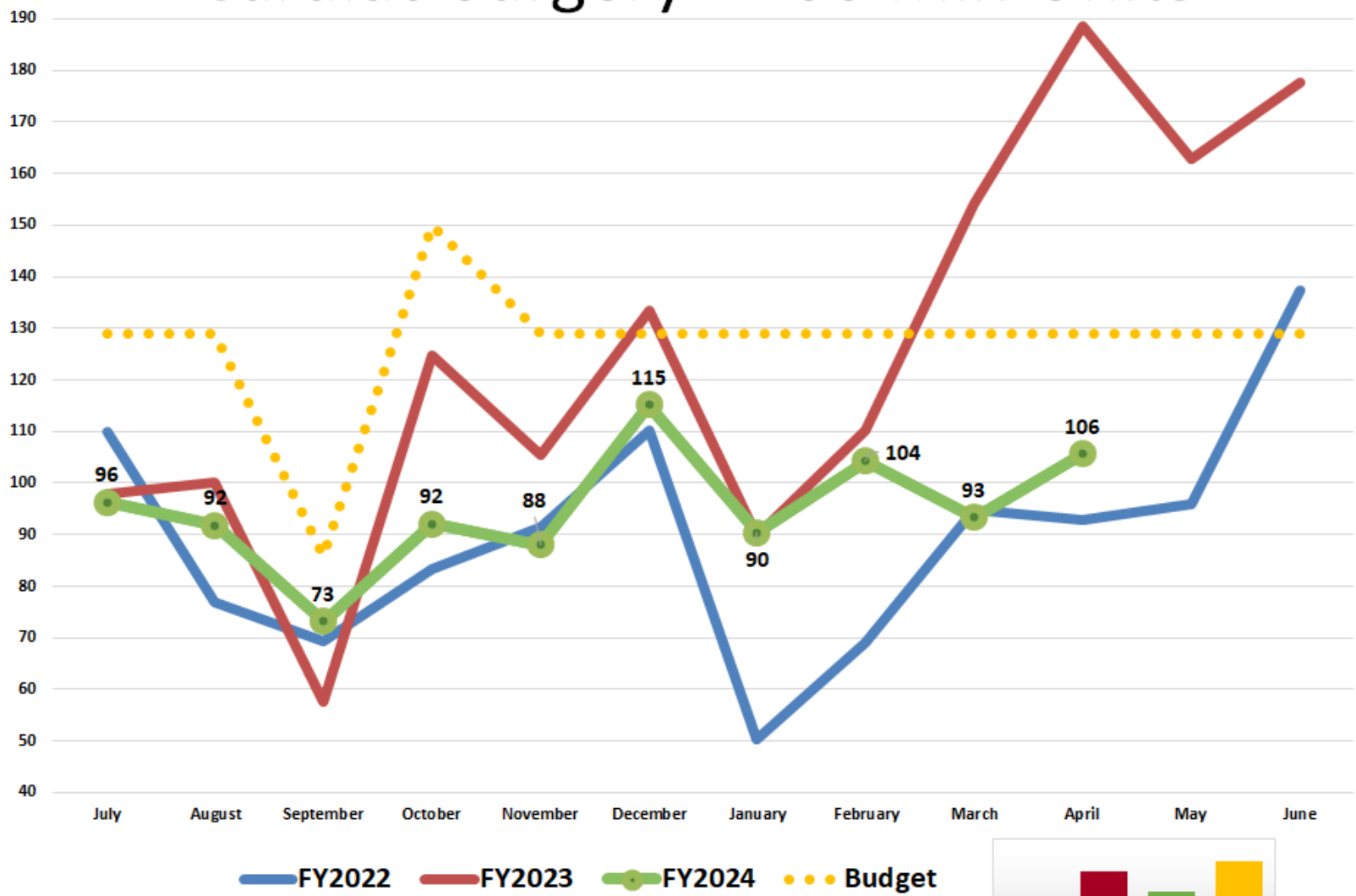
Robotic Surgery Minutes (IP Only)



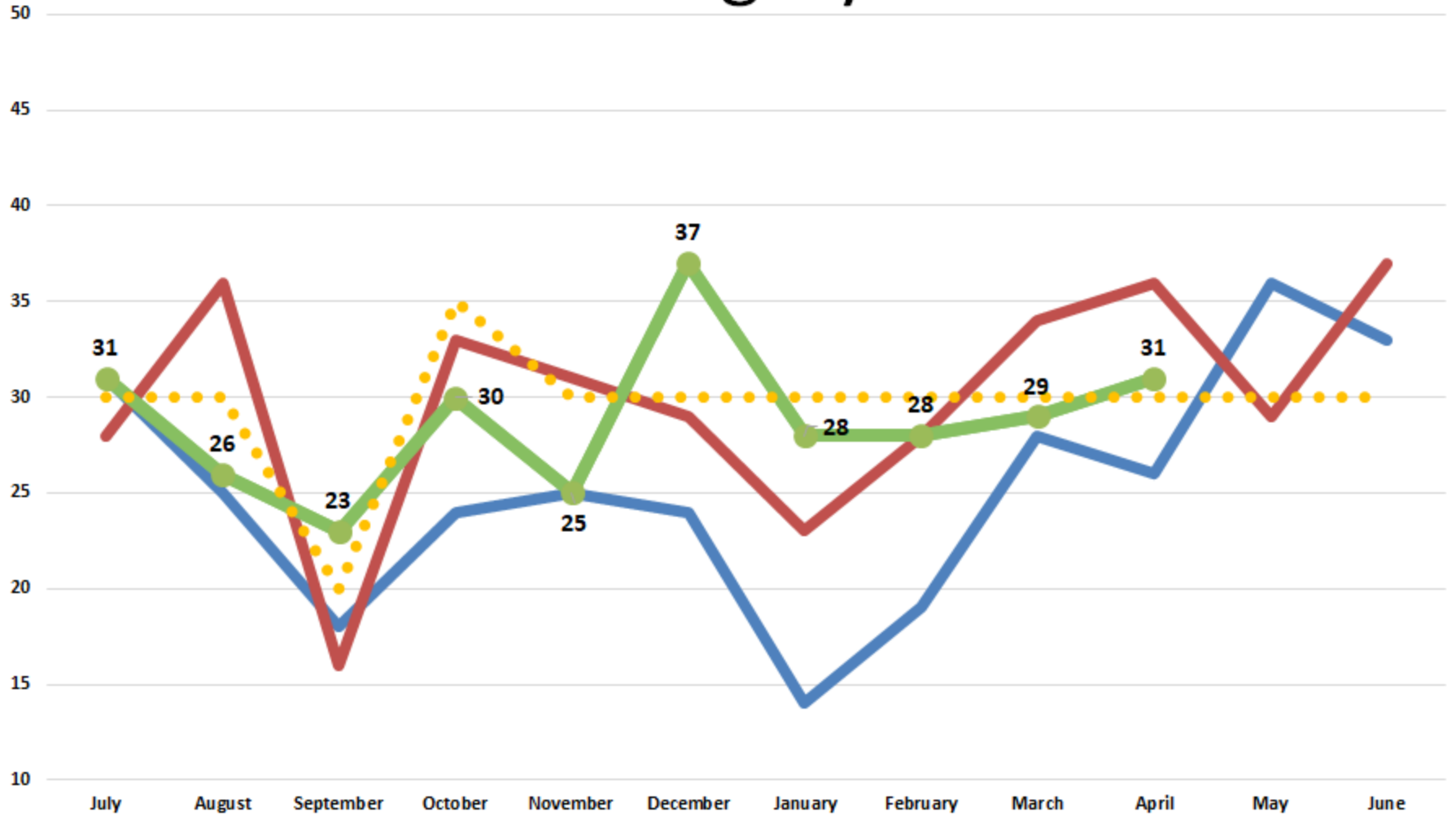
Robotic Surgery Minutes (OP Only)



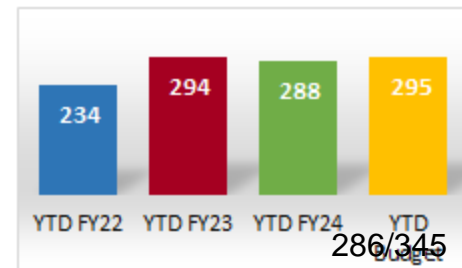
Cardiac Surgery - 100 Min Units



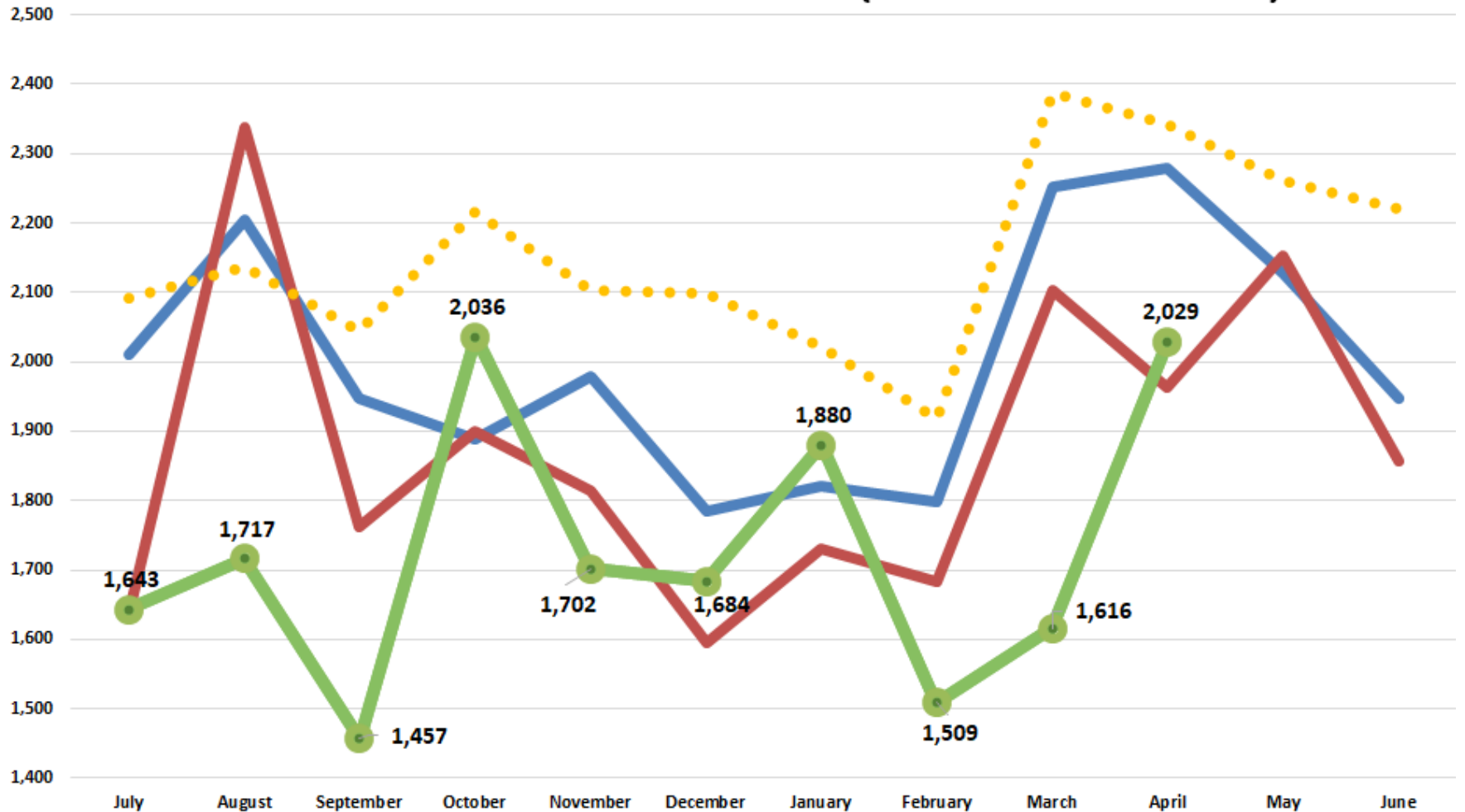
Cardiac Surgery Cases



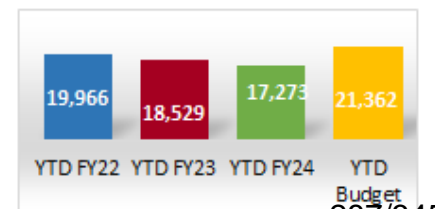
FY2022 FY2023 FY2024 Budget



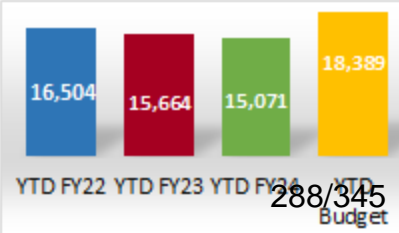
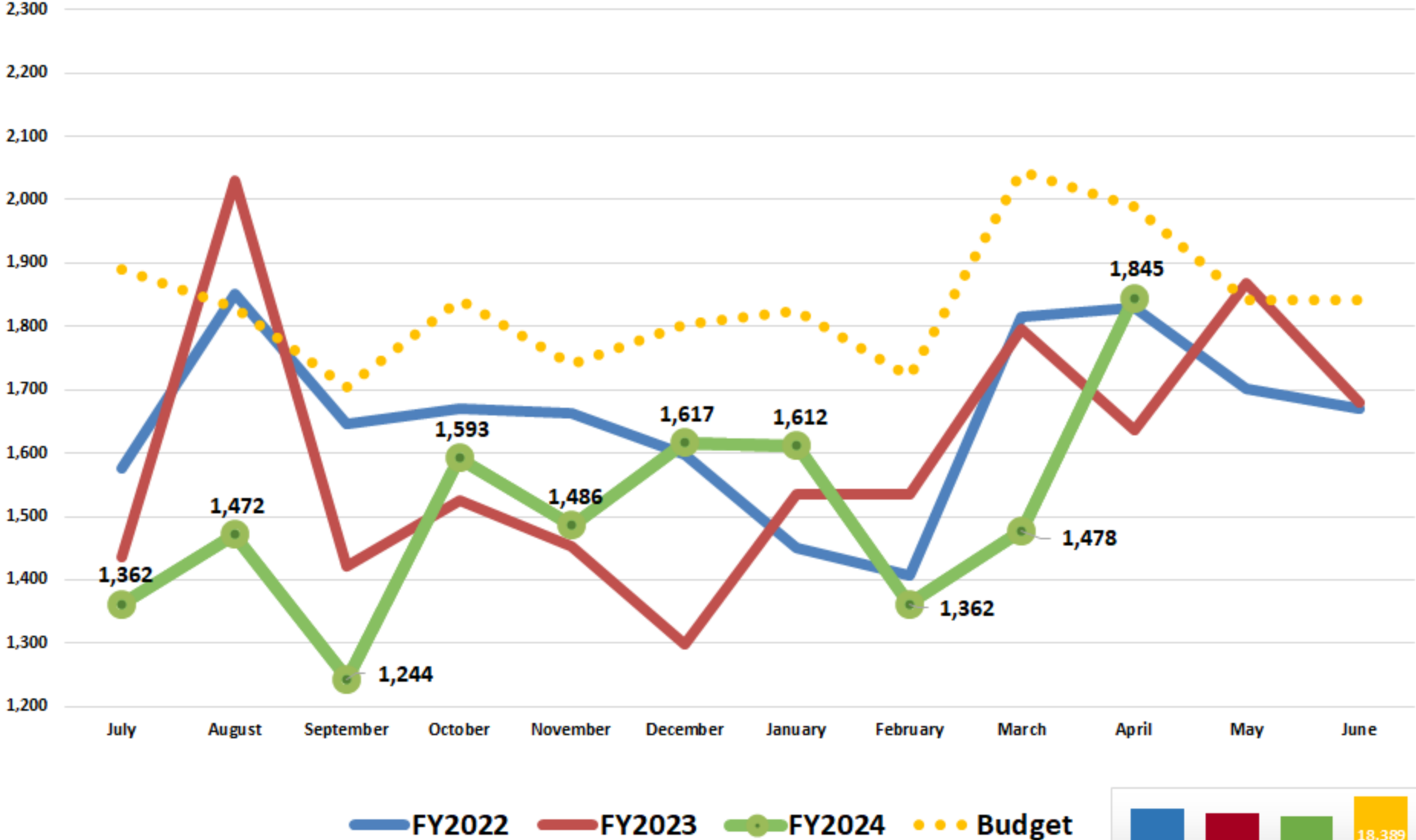
Rad Onc Treatments (Vis. & Hanf.)



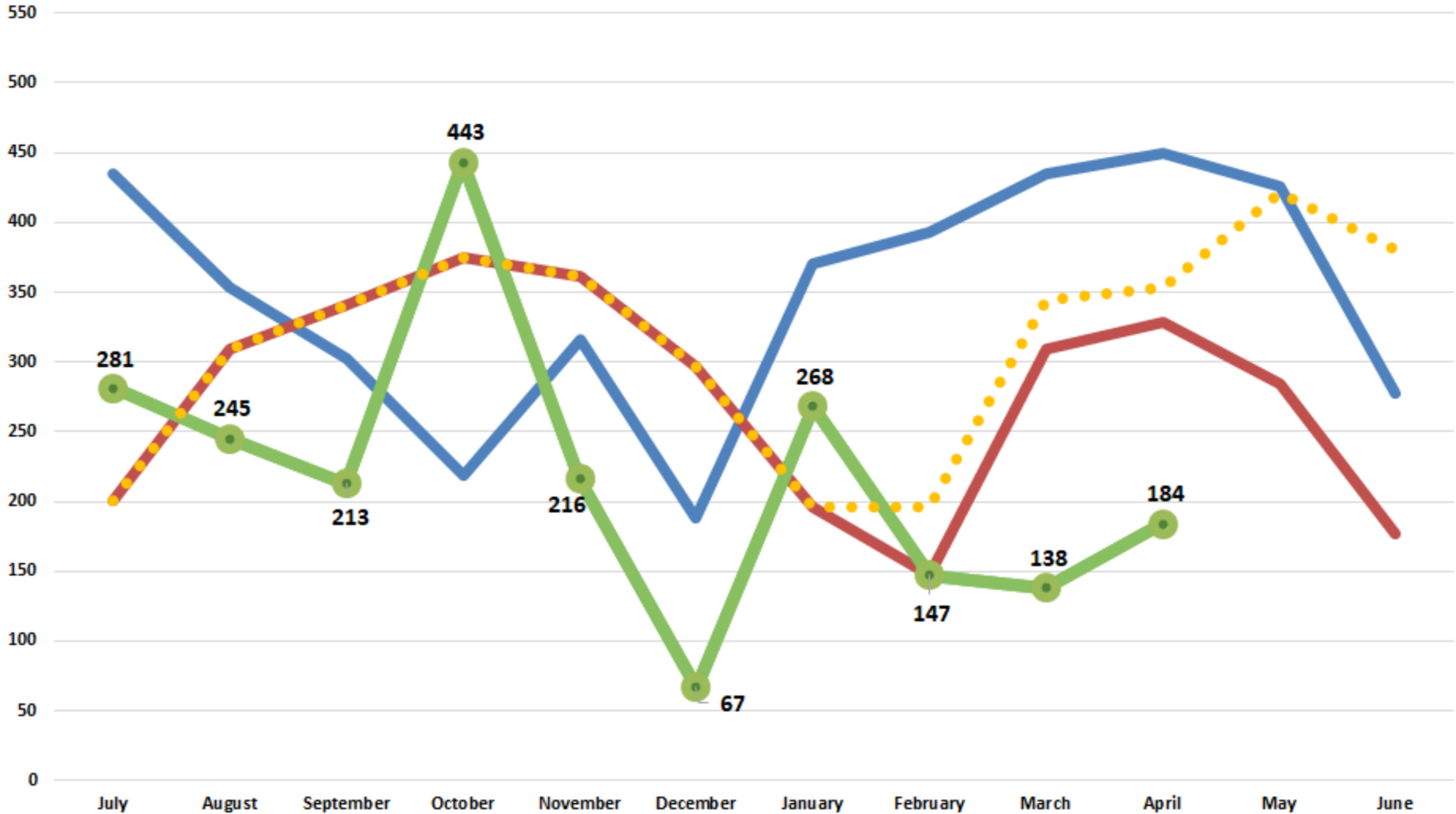
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



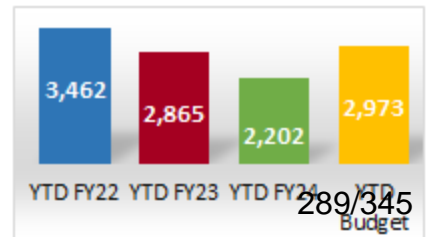
Rad Onc Visalia



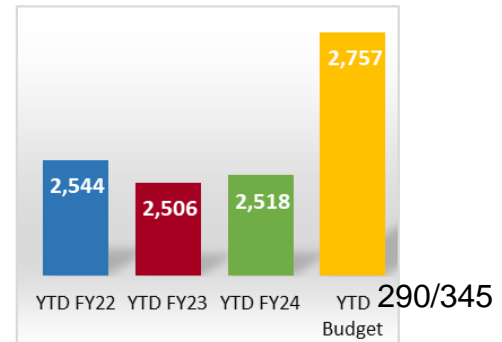
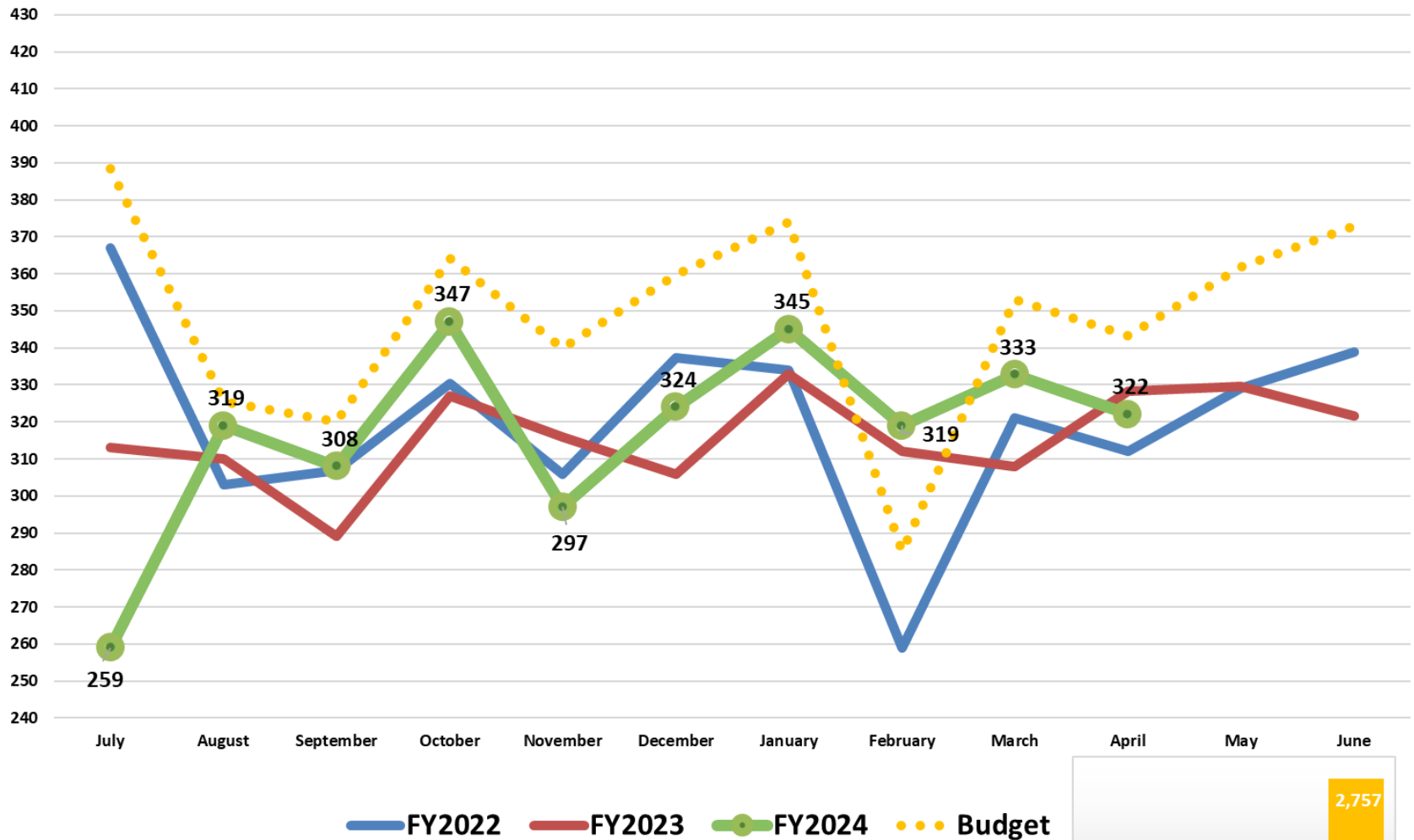
Rad Onc Hanford



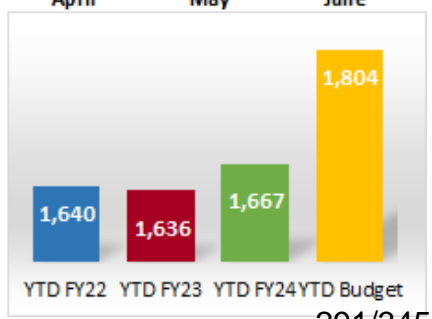
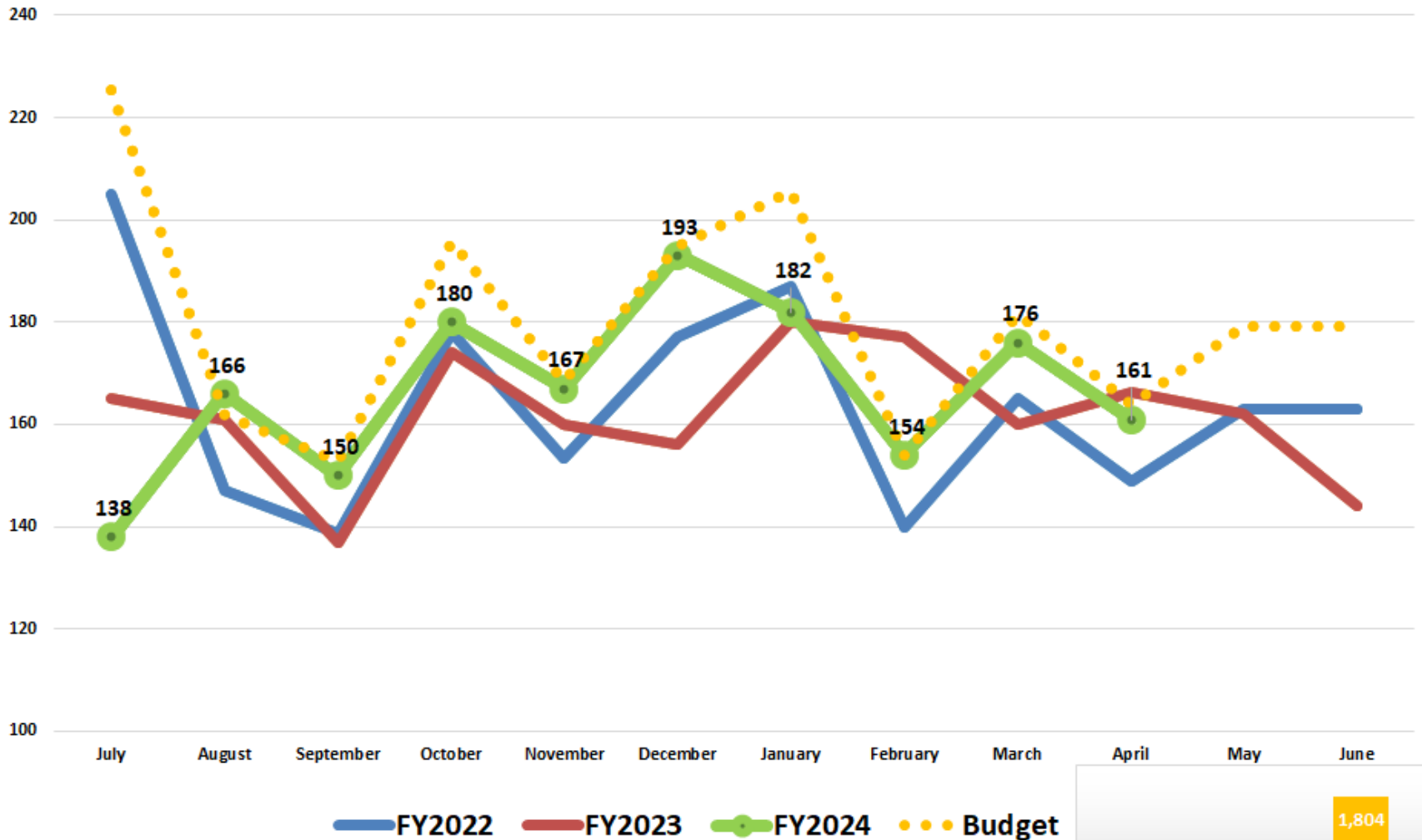
—●— FY2022
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 ●●● Budget



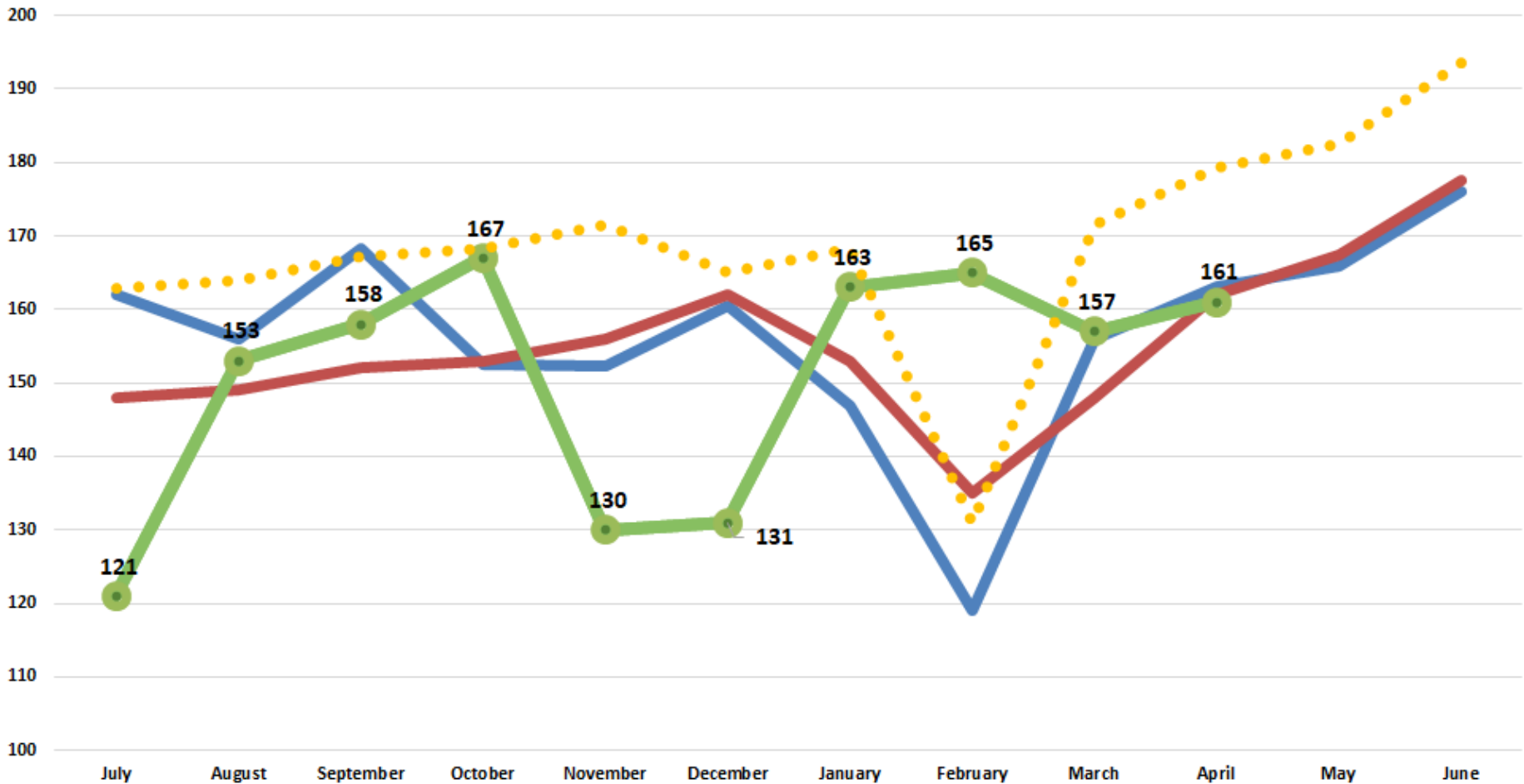
Cath Lab (IP & OP) – 100 Min Units



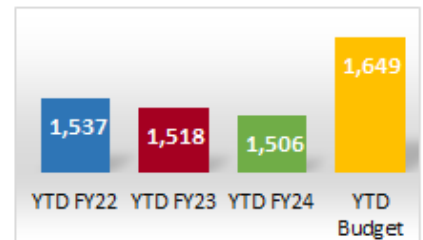
Cath Lab (IP Only) – 100 Min Units



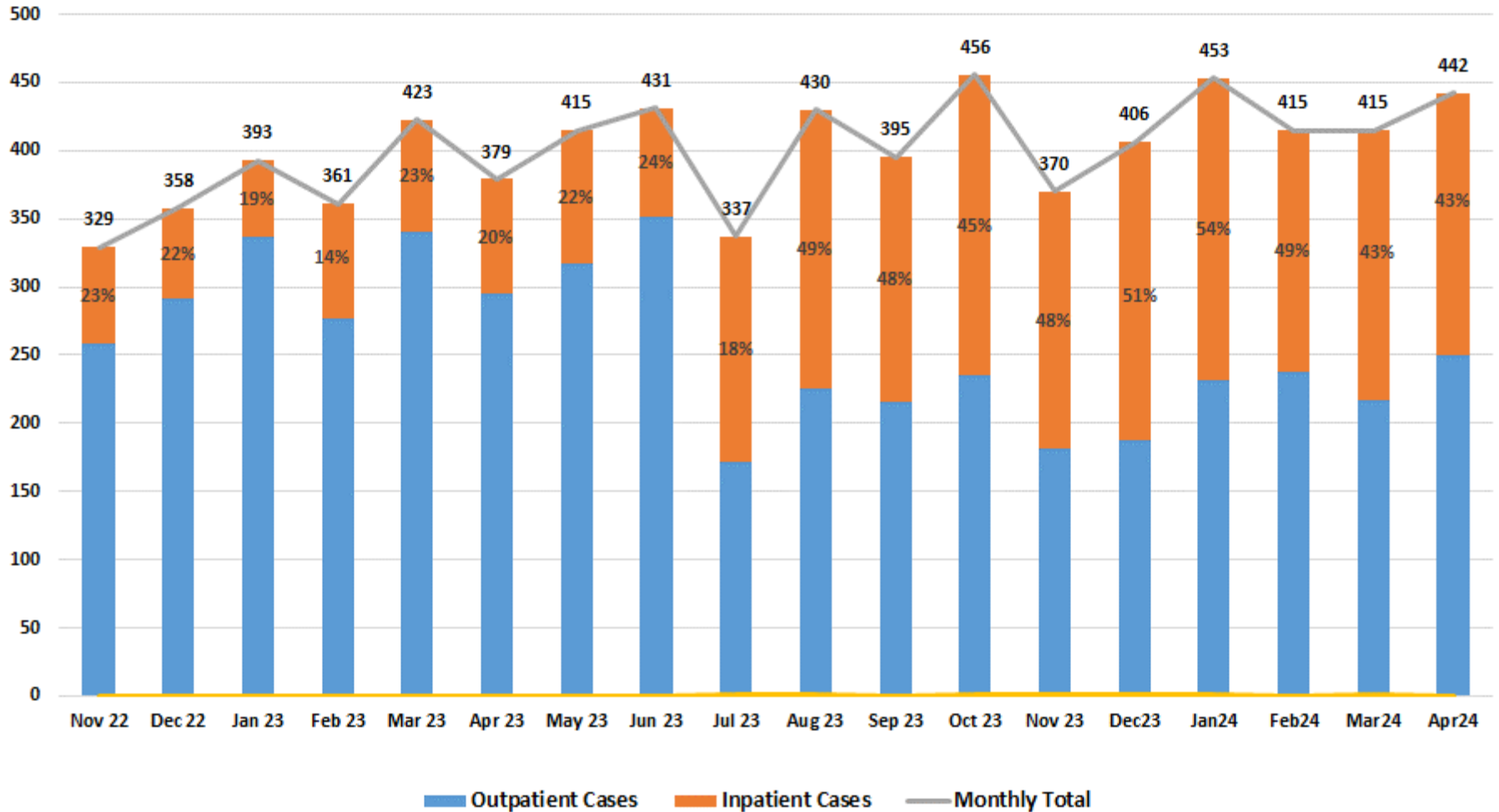
Cath Lab (OP Only) – 100 Min Units



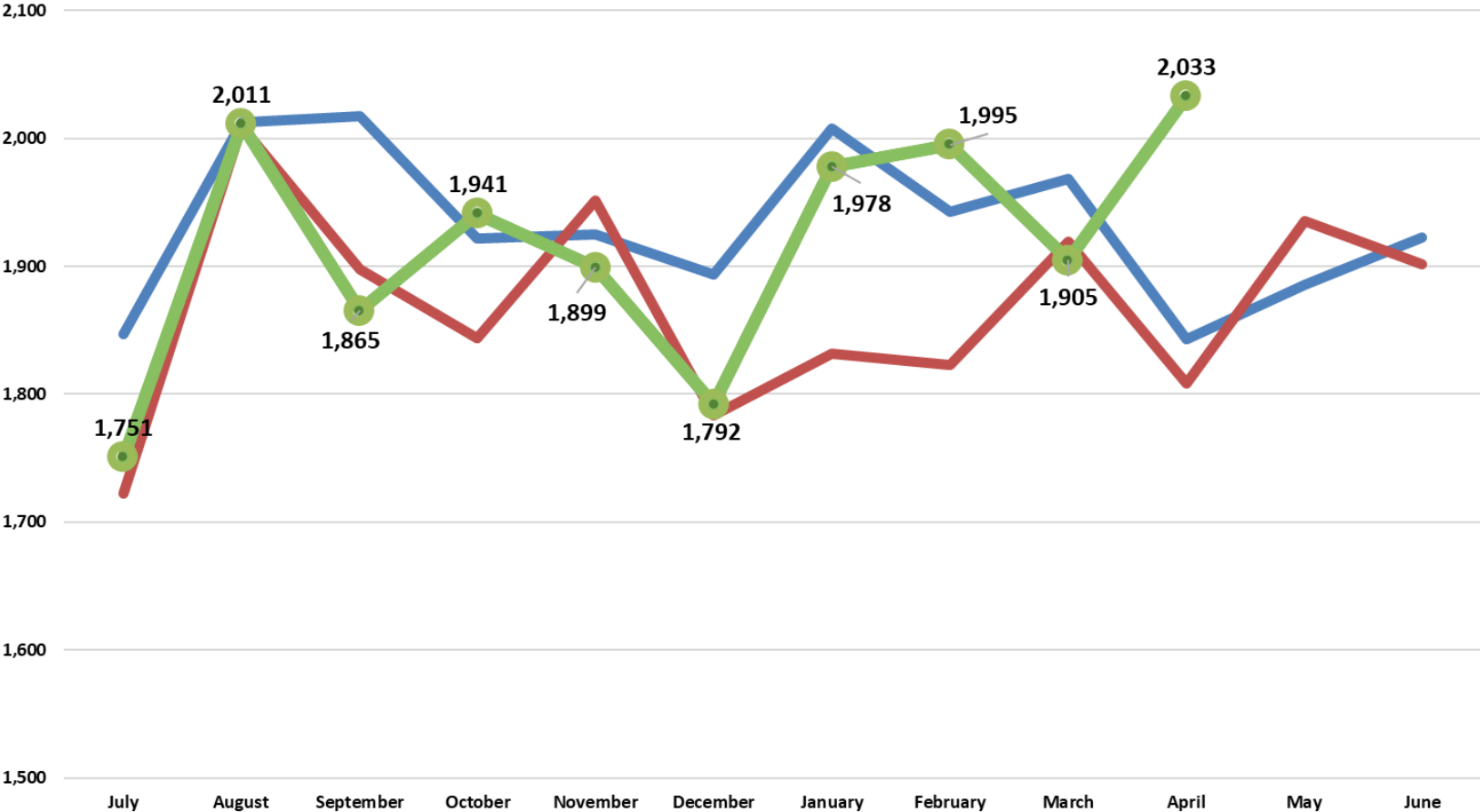
—●— FY2022
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 ●●● Budget



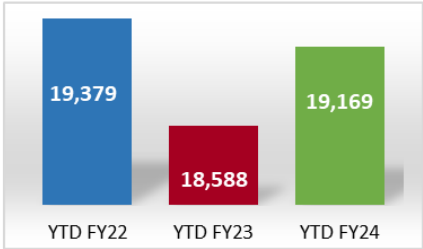
Cath Lab Patients (IP & OP)



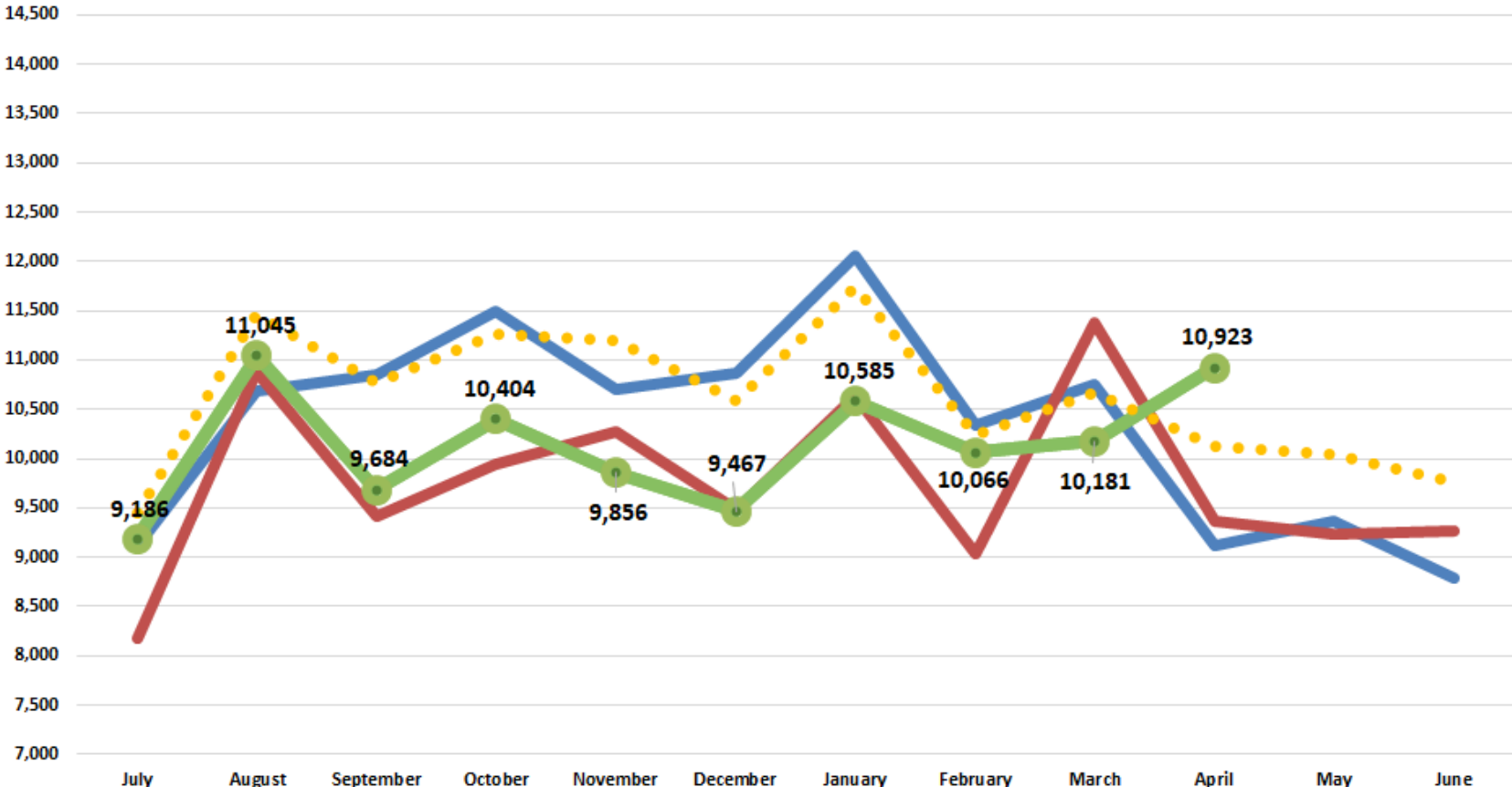
Outpatient Registrations Per Day



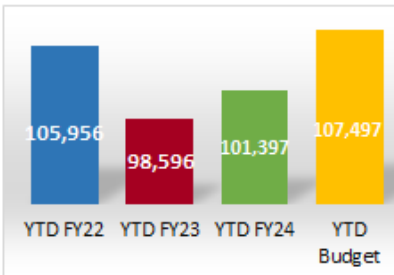
— FY2022 — FY2023 ● FY2024



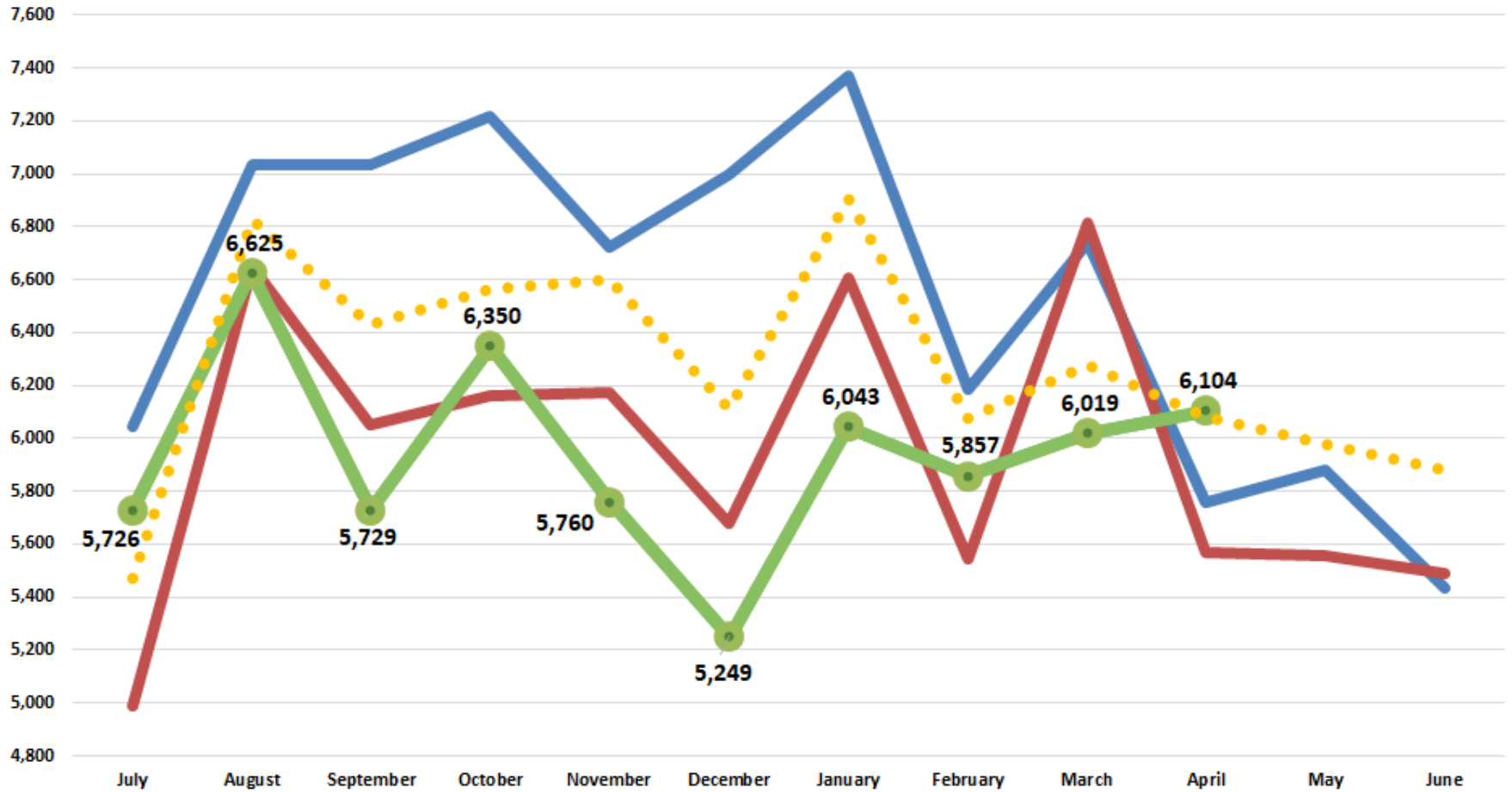
Rural Health Clinics Registrations



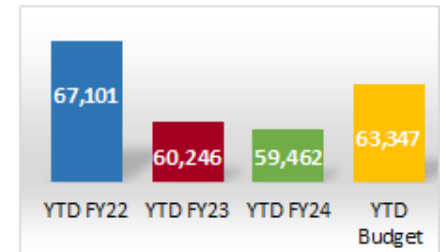
—●— FY2022
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 ●●● Budget



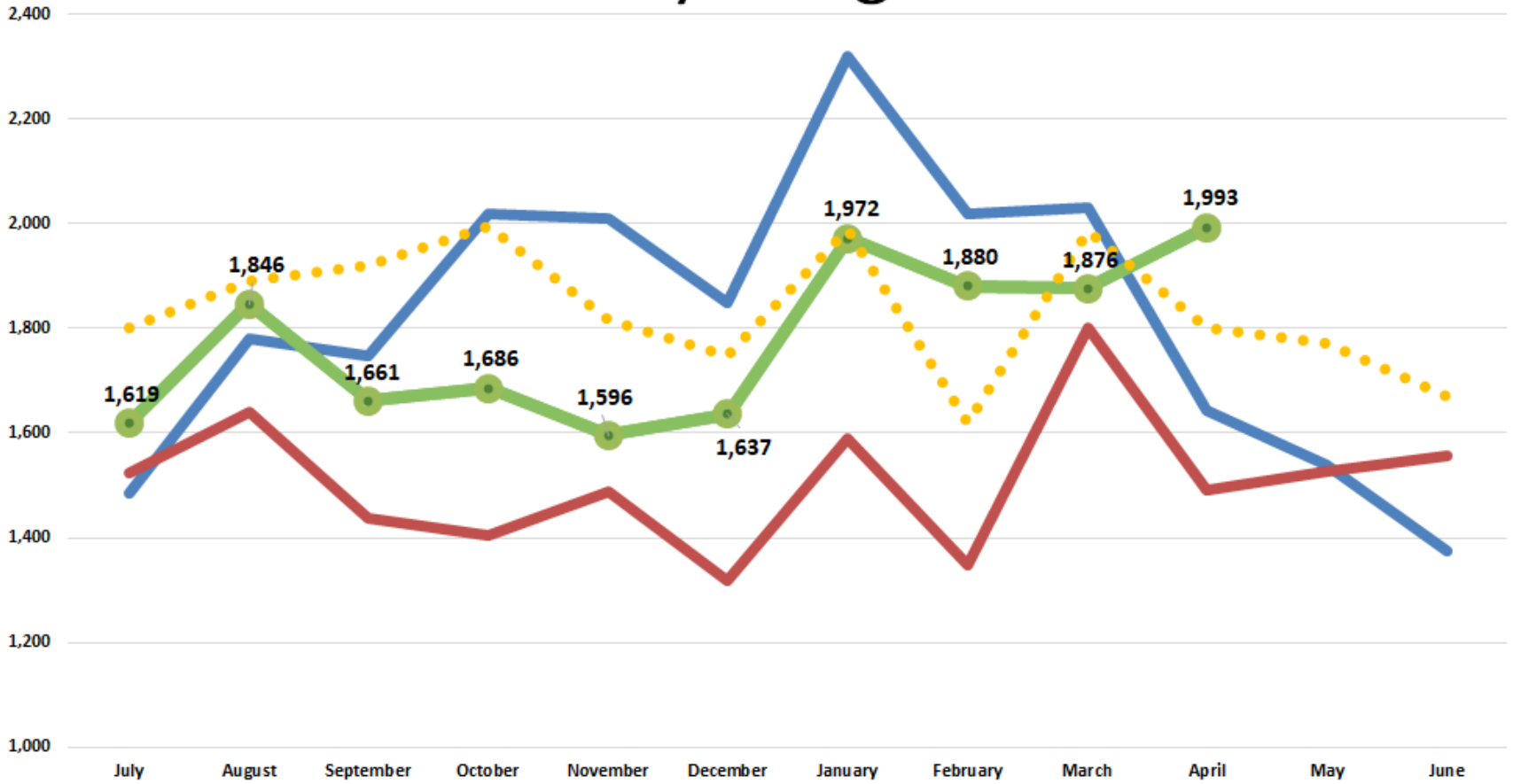
RHC Exeter - Registrations



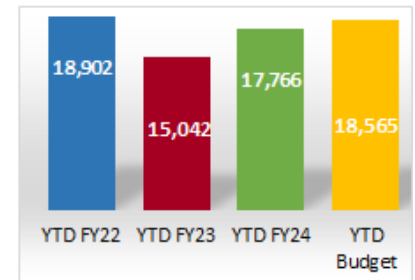
—●— FY2022
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 —●— FY2024
 ●●● Budget



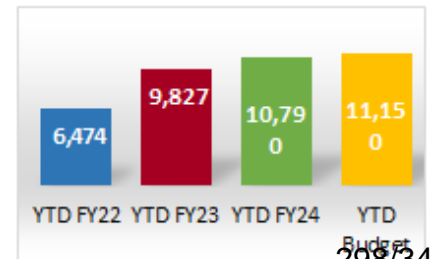
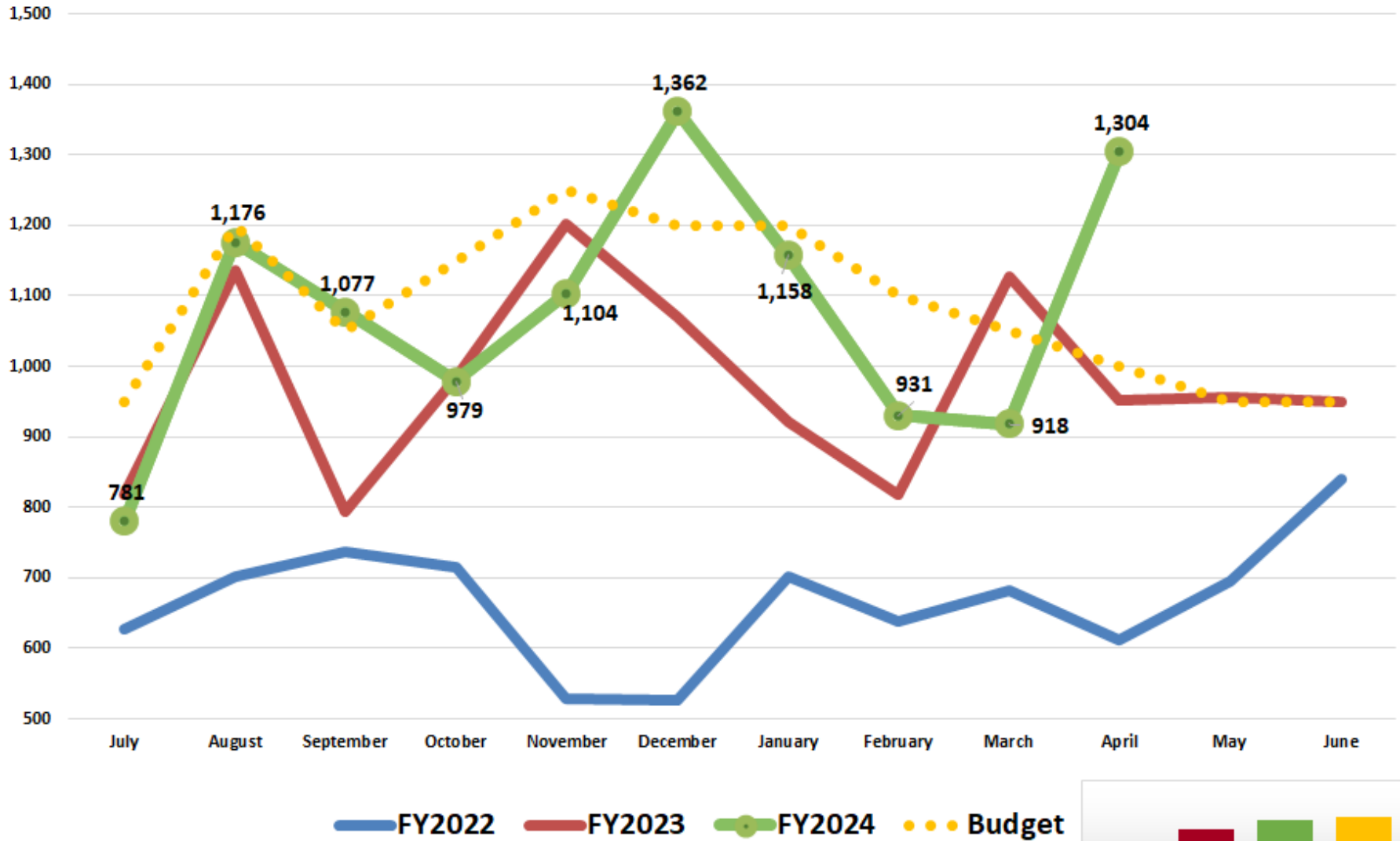
RHC Lindsay - Registrations



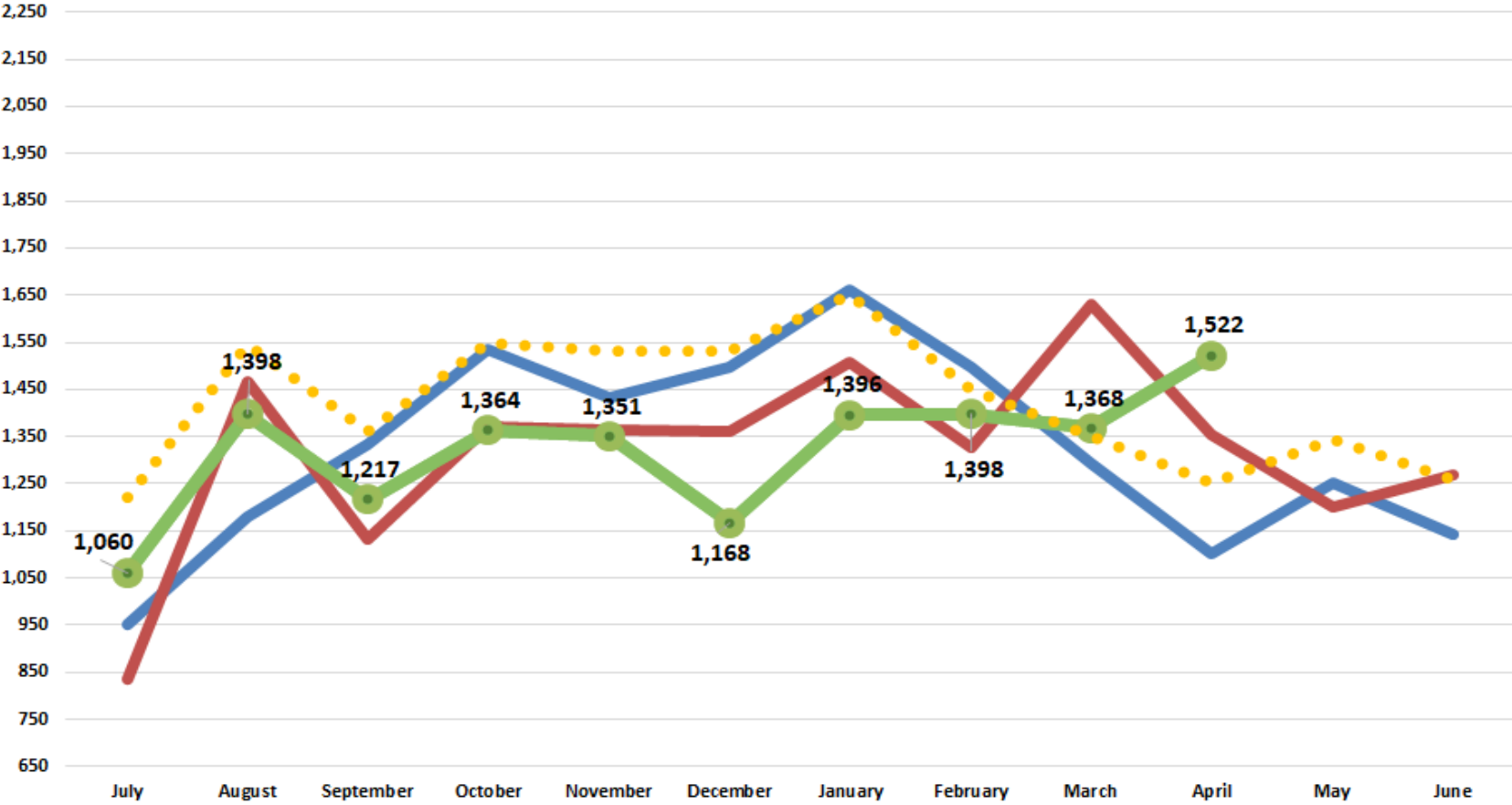
—●— FY2022
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 - - -●- - - Budget



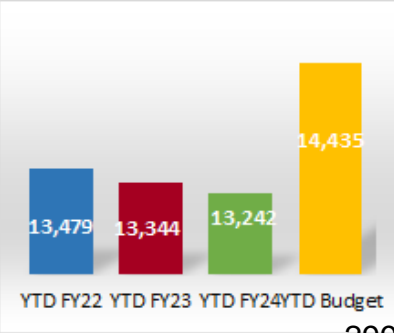
RHC Woodlake - Registrations



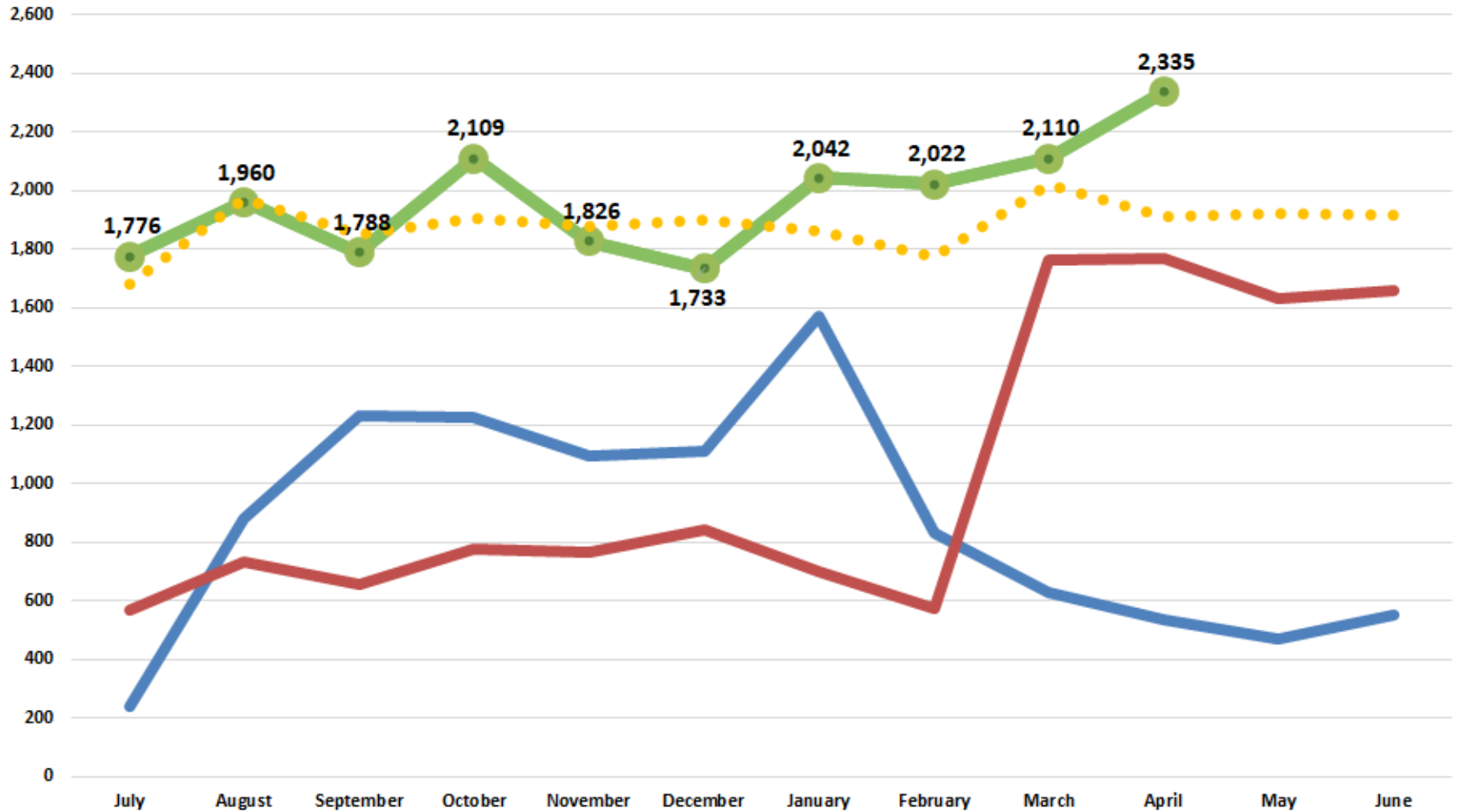
RHC Dinuba - Registrations



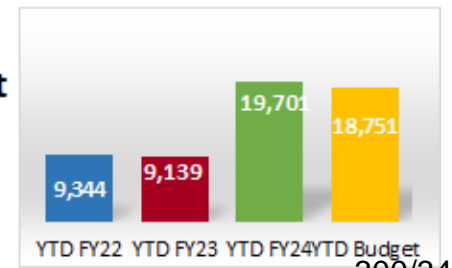
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 ●●● Budget



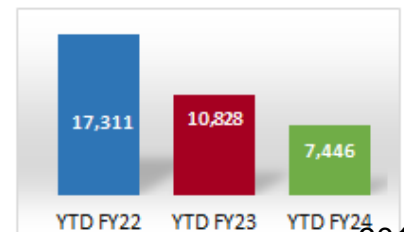
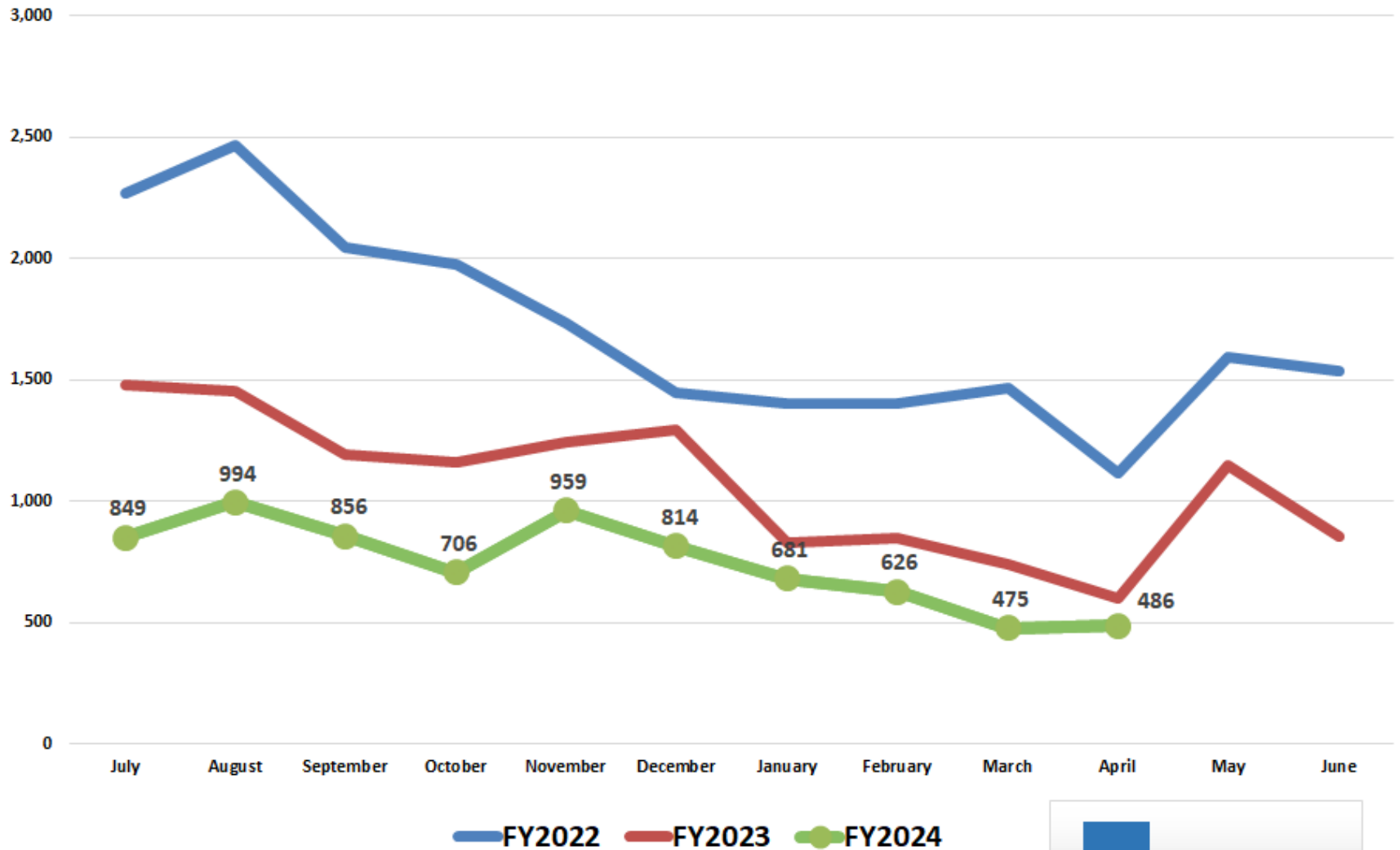
RHC Tulare - Registrations



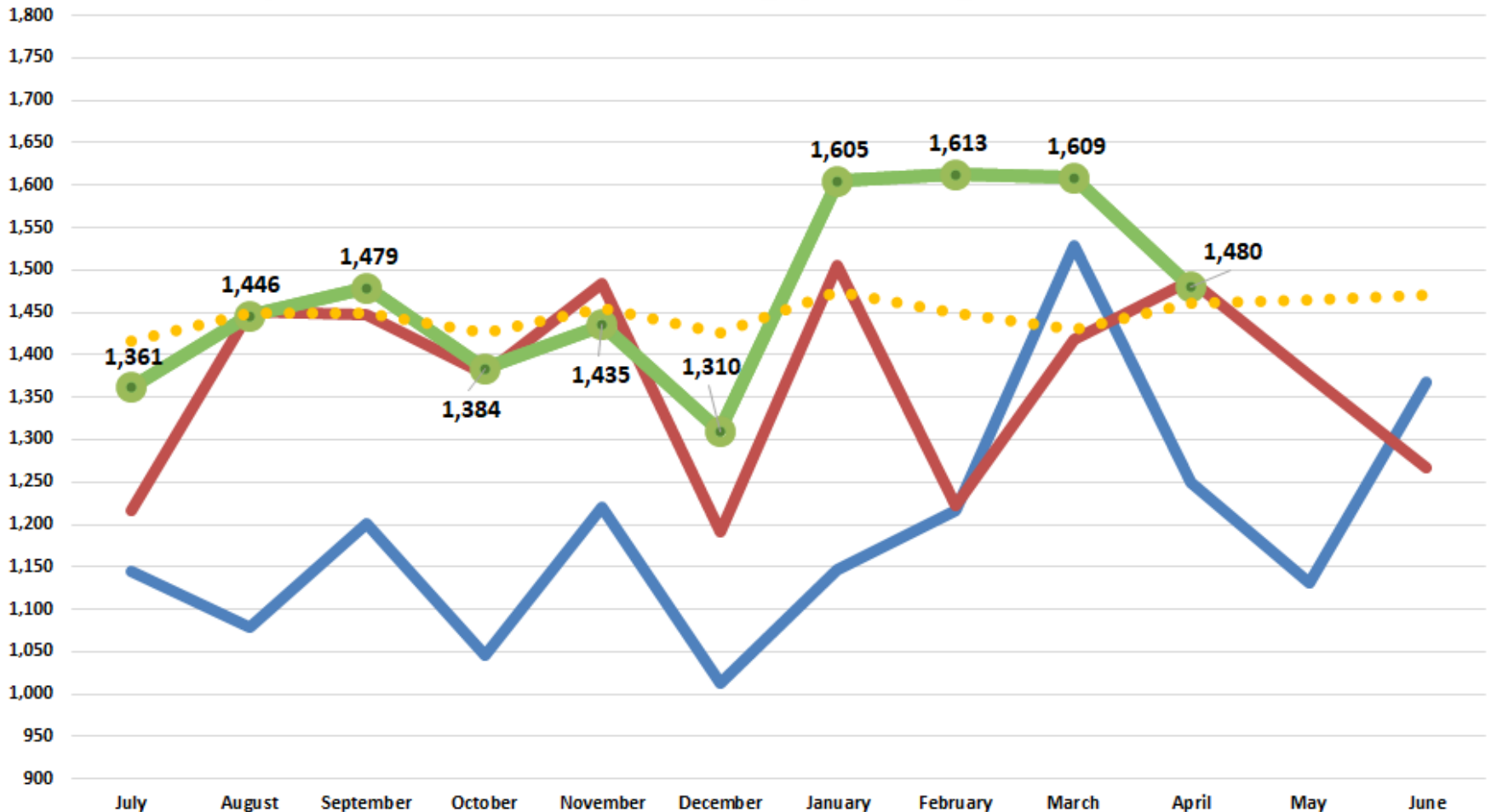
—●— FY2022
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 —●— FY2024
 ●●● Budget



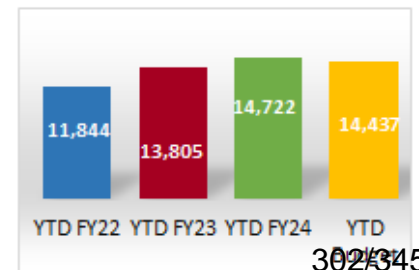
Neurosurgery Clinic - wRVU's



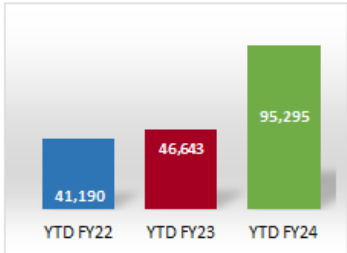
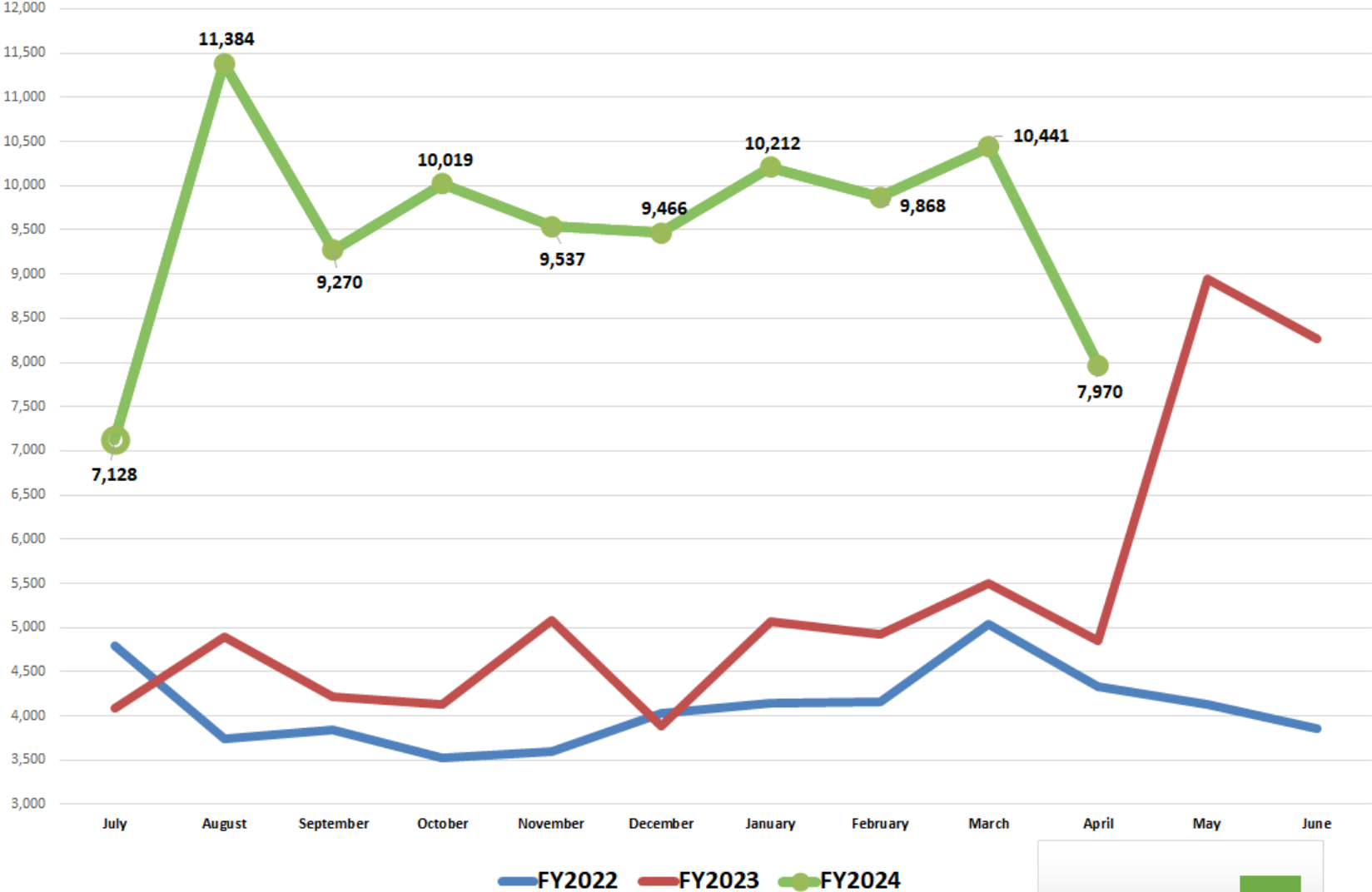
Sequoia Cardiology Registrations



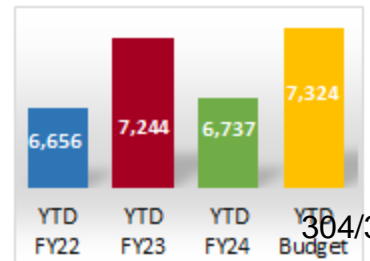
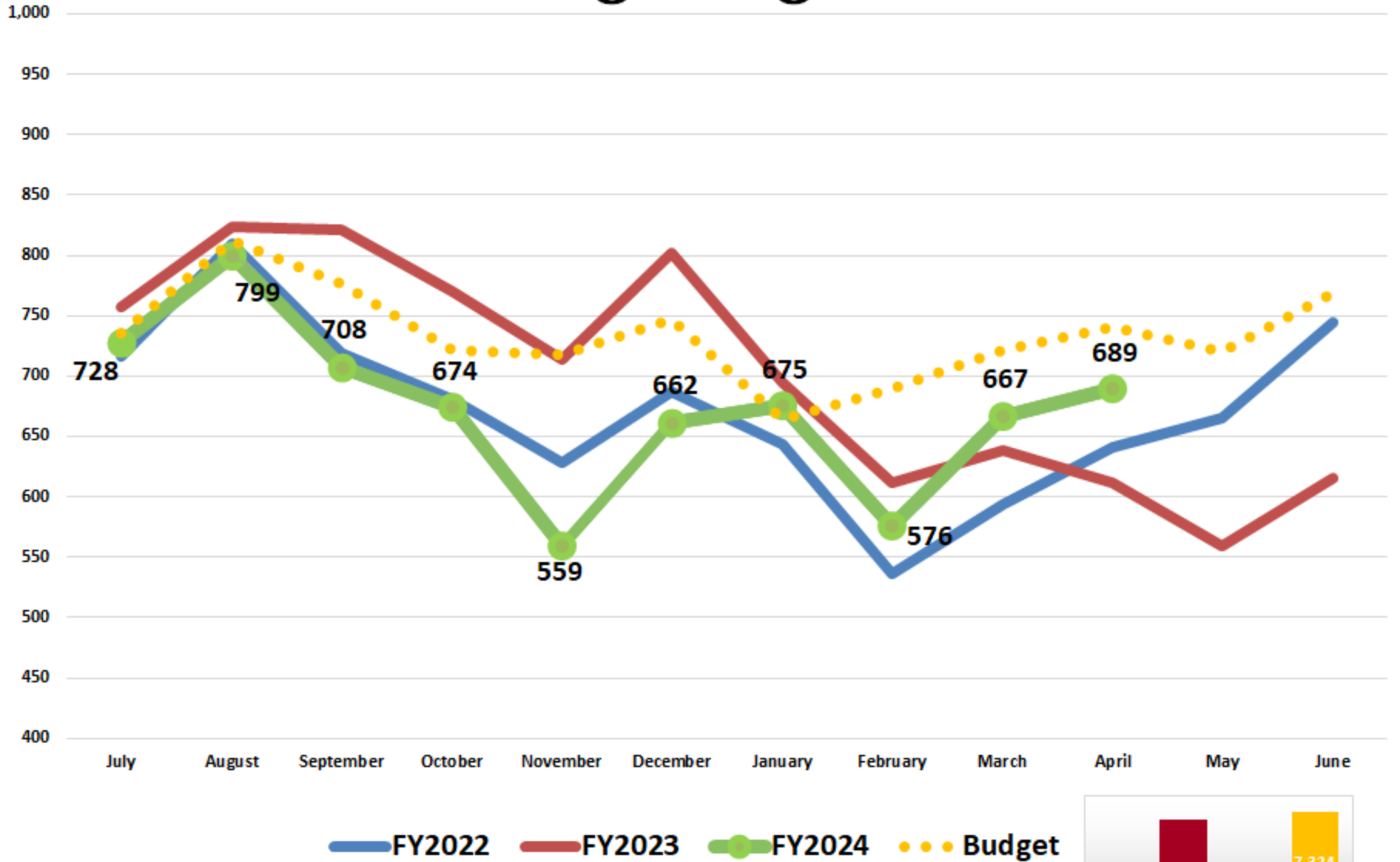
—●— FY2022
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 ●●● Budget



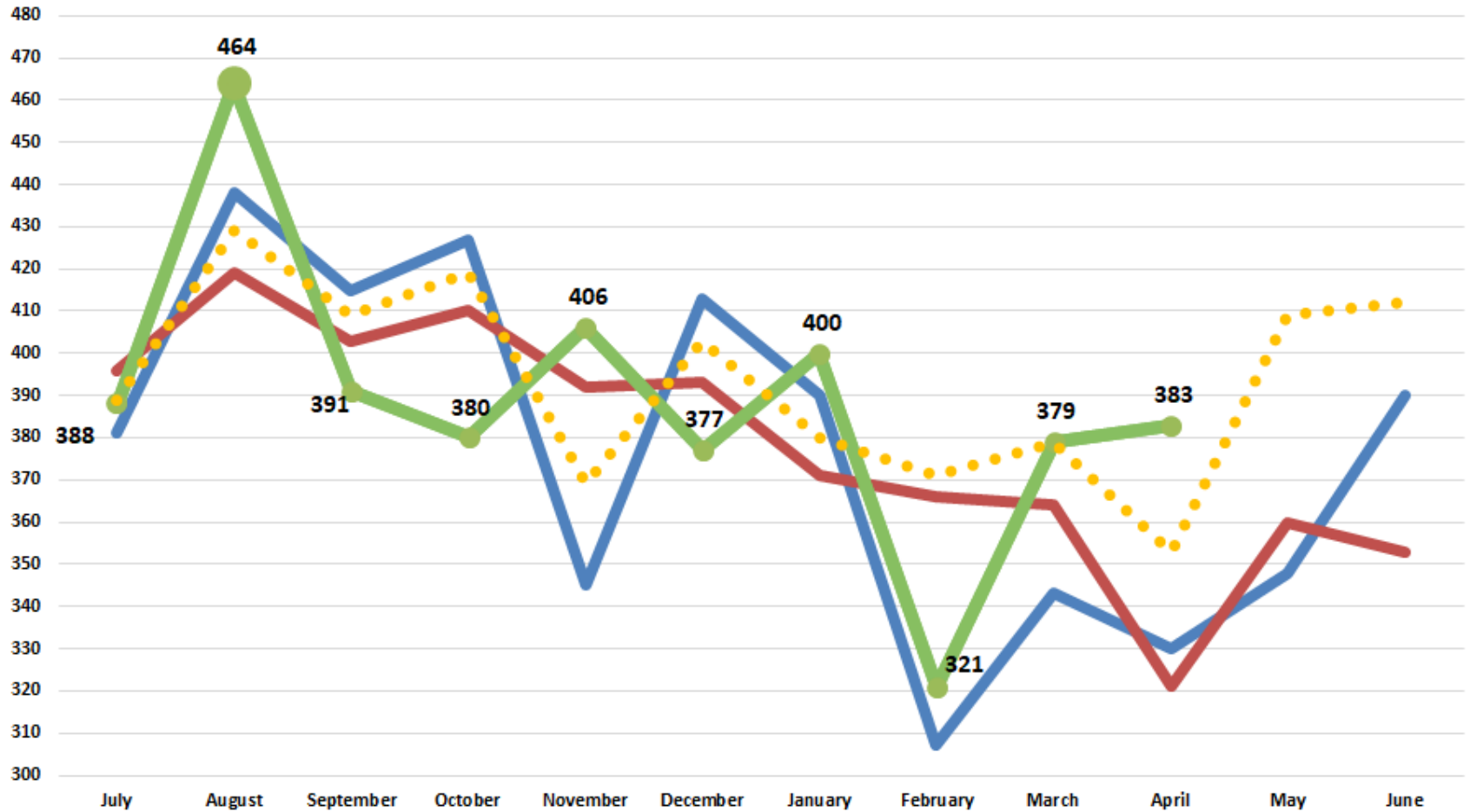
Sequoia Cardiology - wRVU's



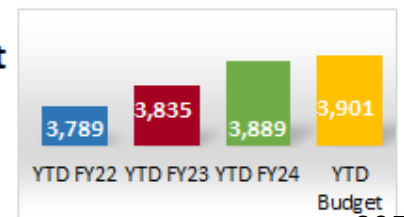
Labor Triage Registrations



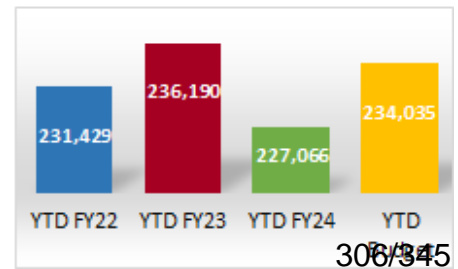
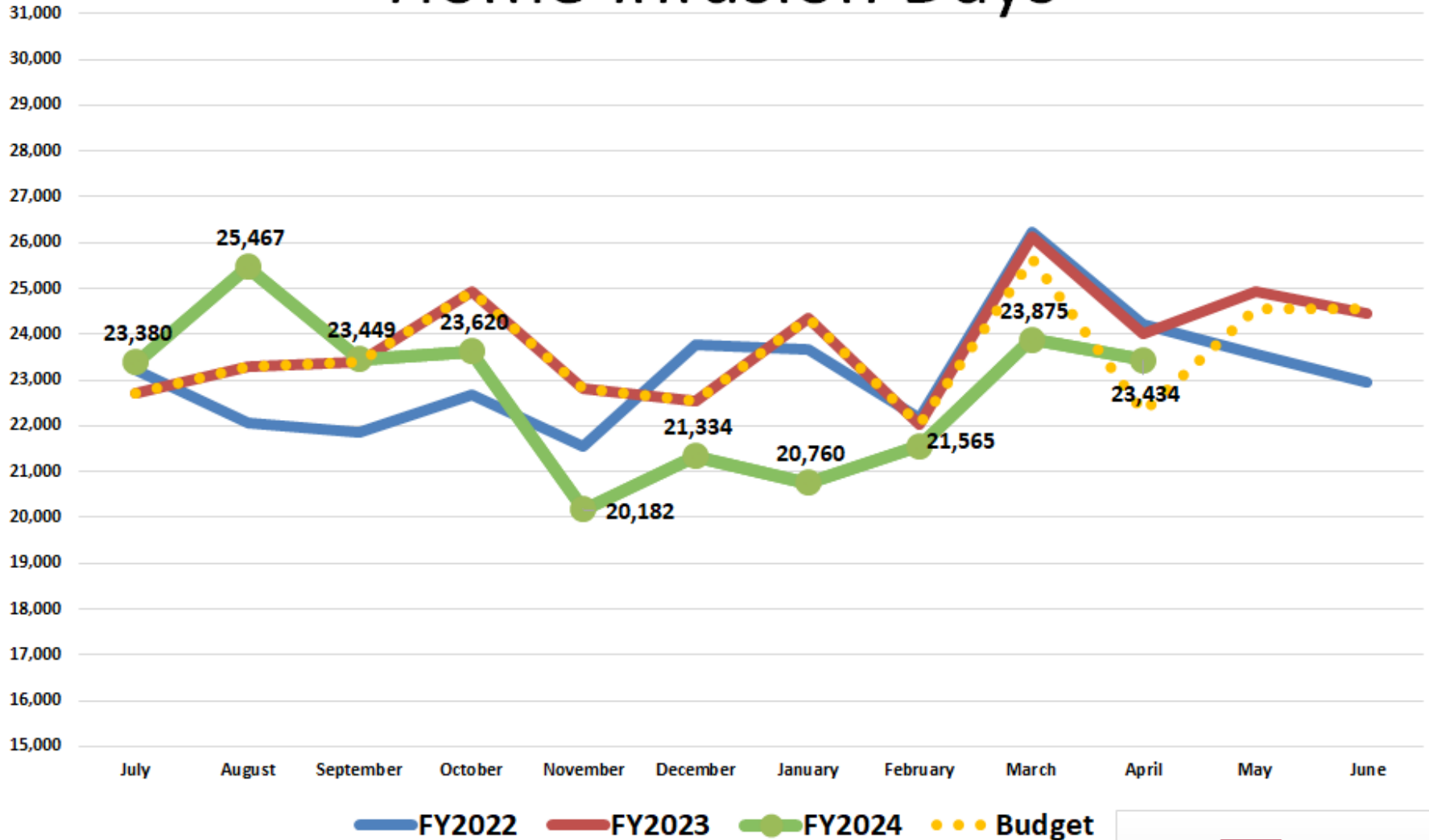
Deliveries



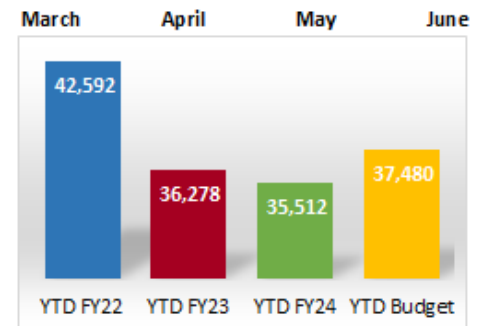
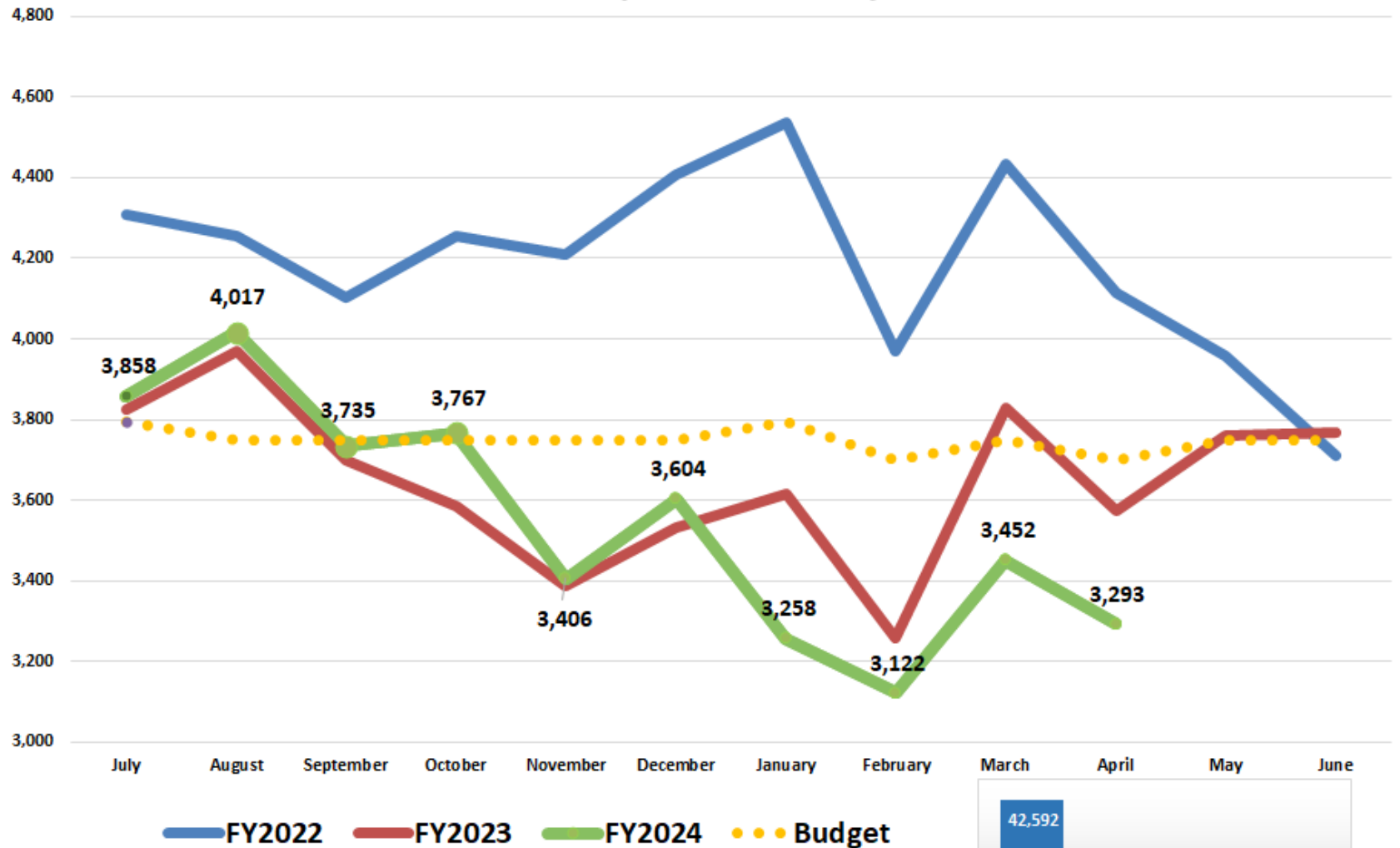
—●— FY2022
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 —●— FY2024
 ●●● Budget



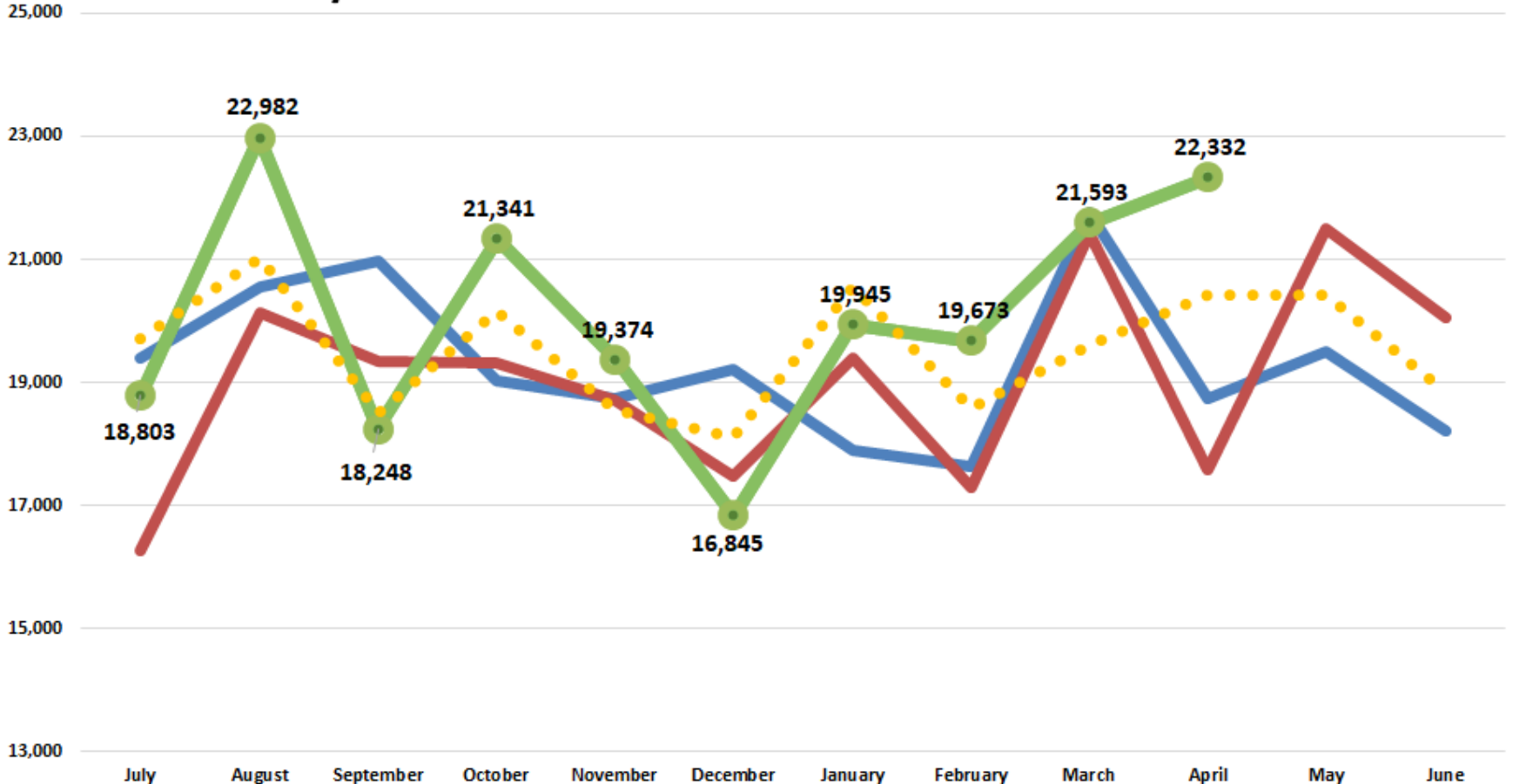
Home Infusion Days



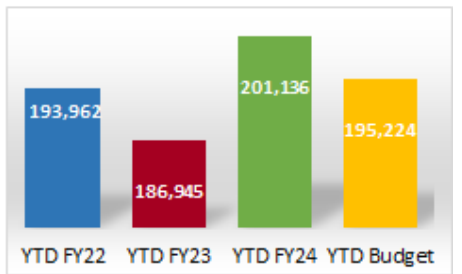
Hospice Days



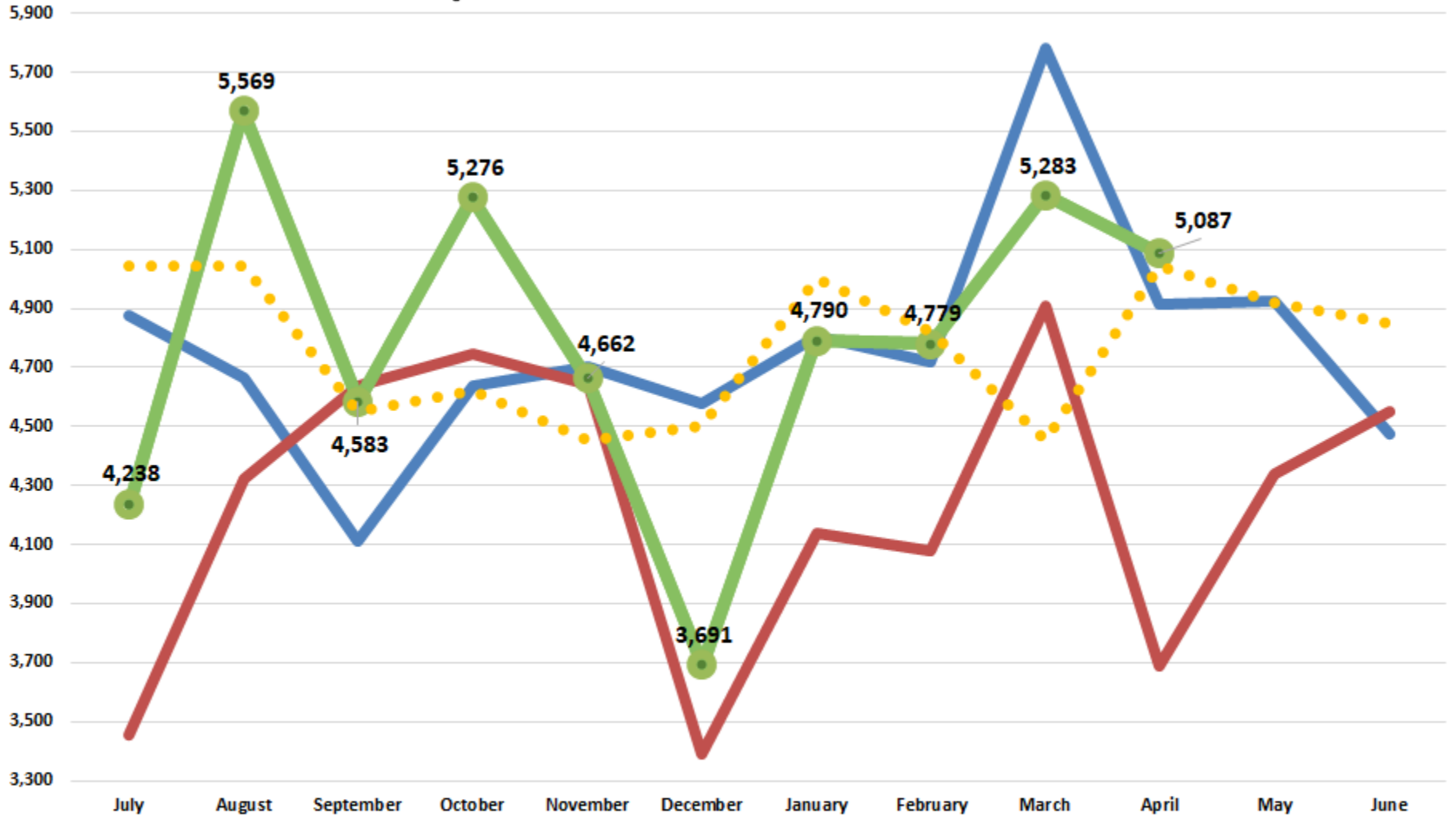
All O/P Rehab Svcs Across District



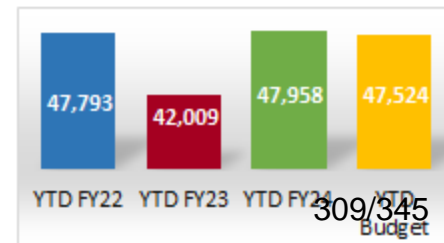
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



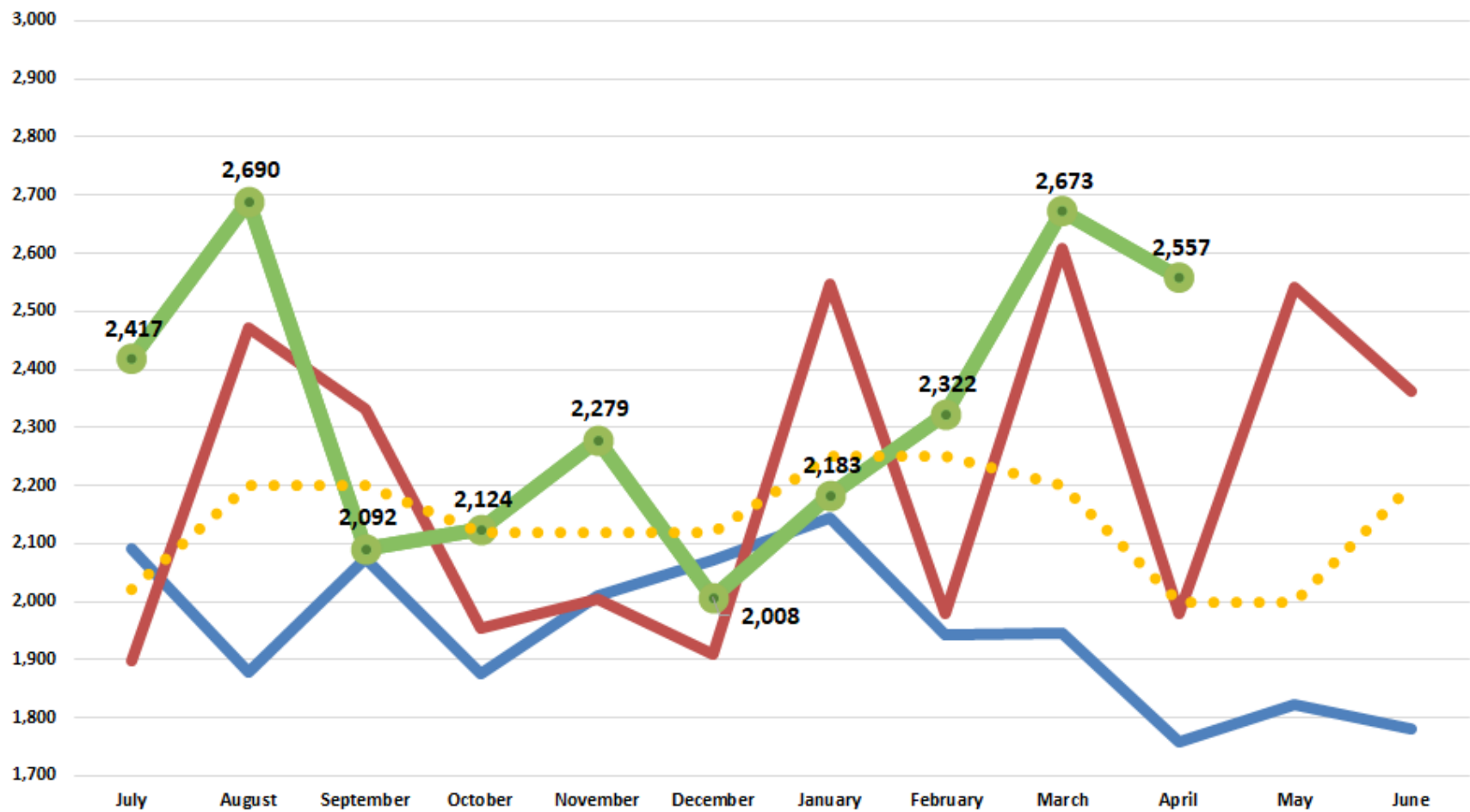
O/P Rehab Services



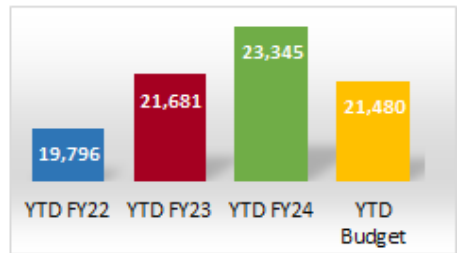
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 ●●● Budget



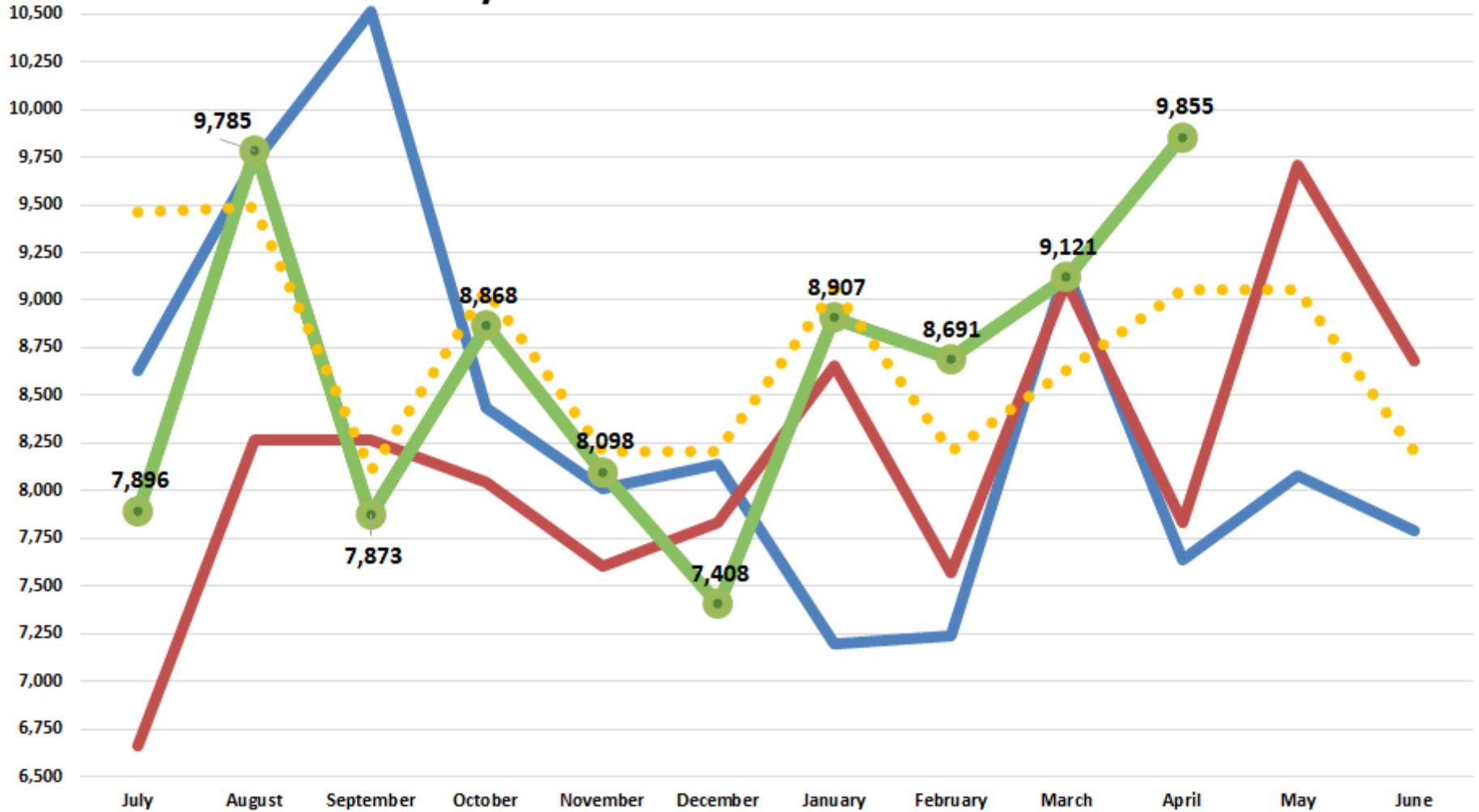
O/P Rehab - Exeter



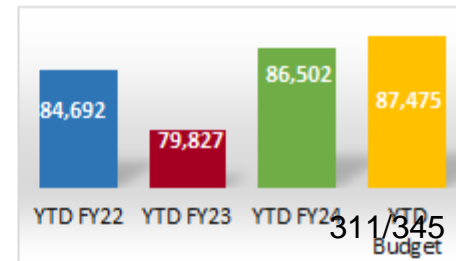
—●— FY2022
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 ●●● Budget



O/P Rehab - Akers

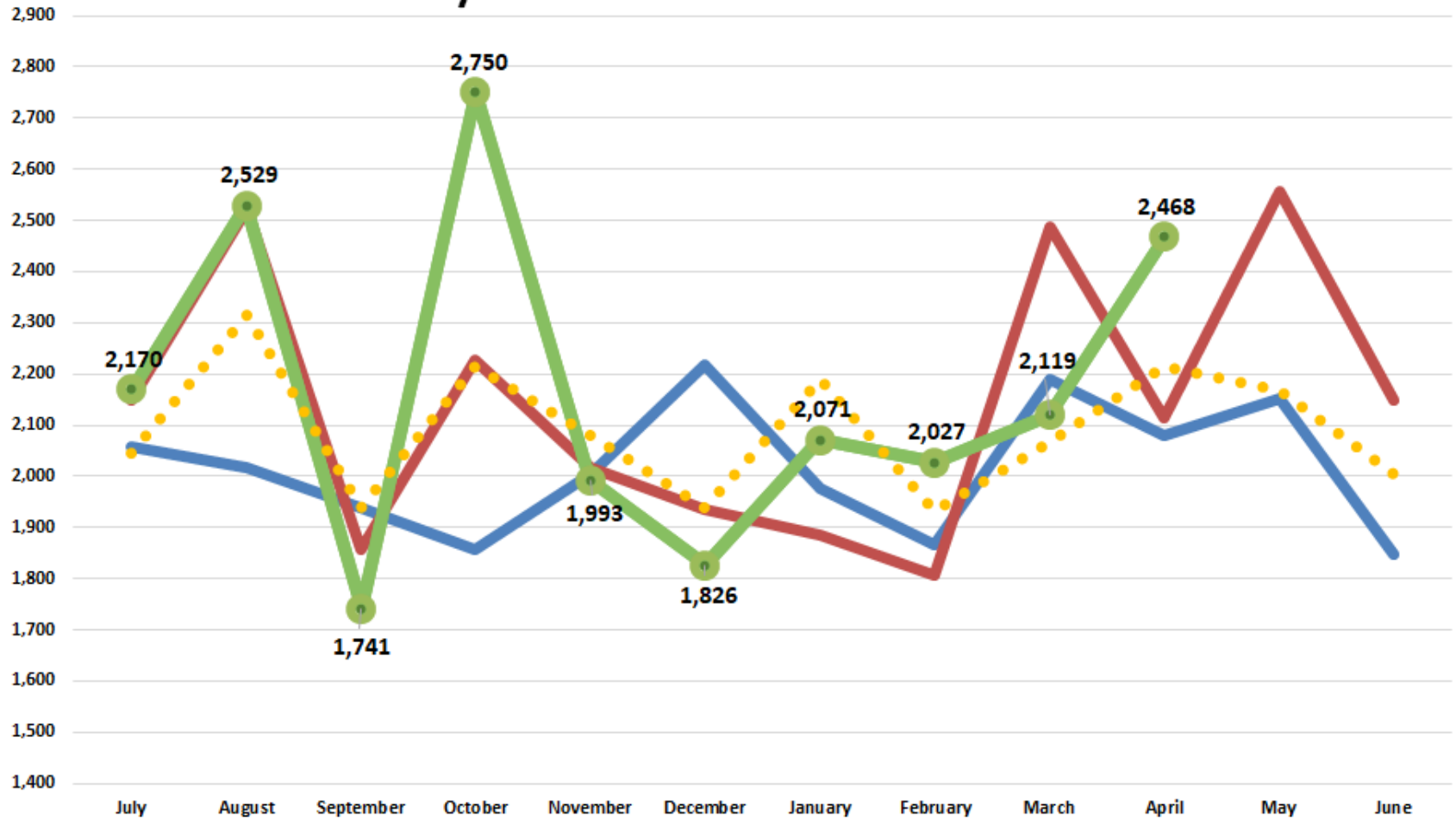


—●— FY2022
 —●— FY2023
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 ●●● Budget

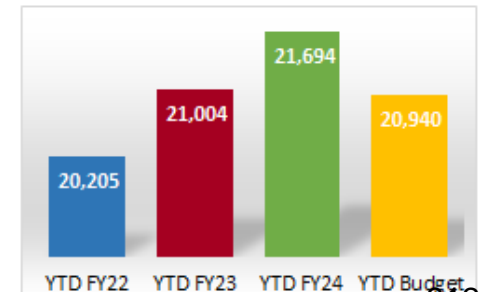


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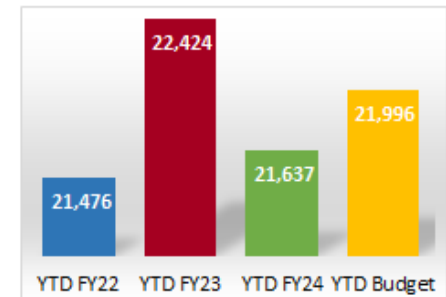
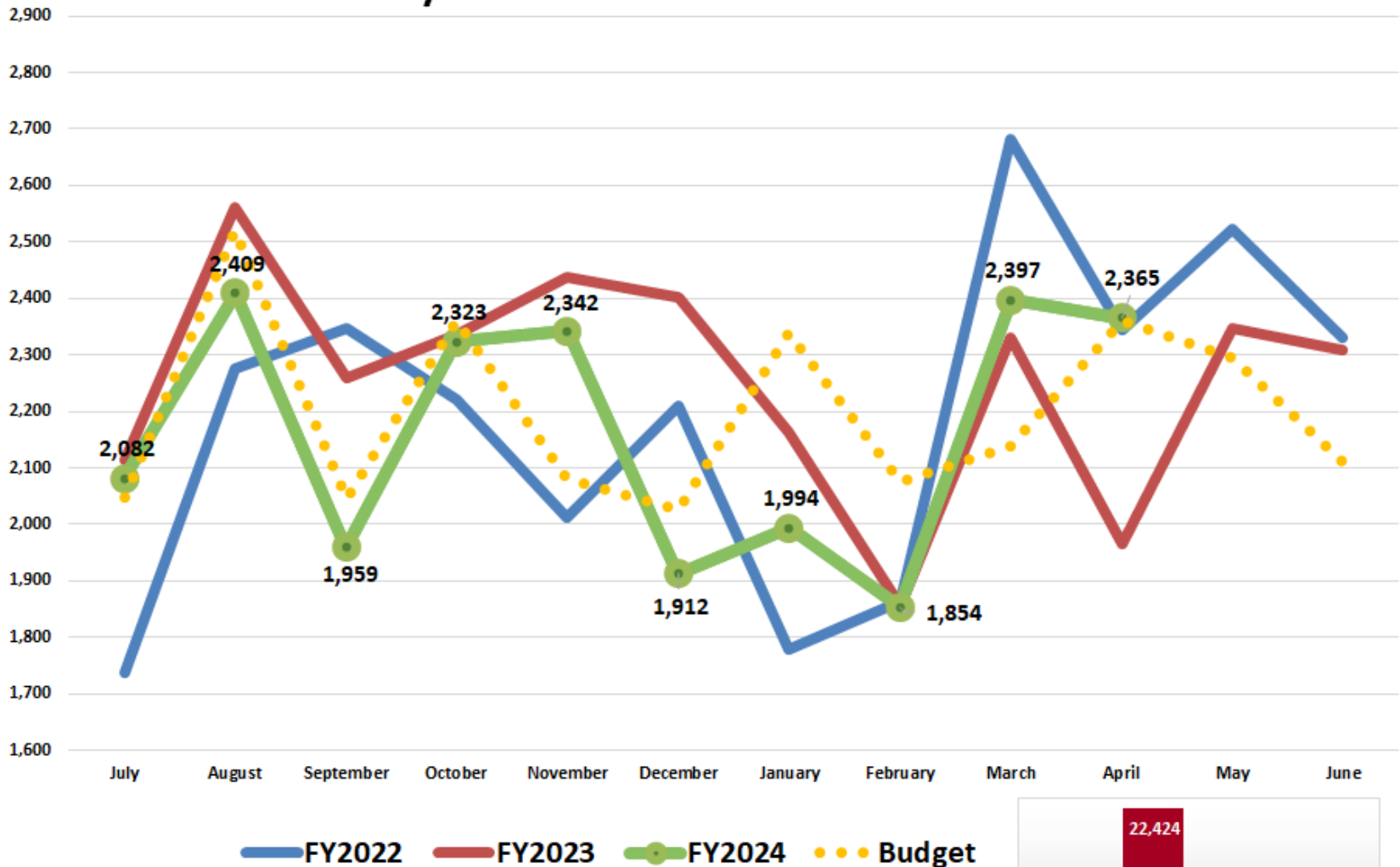
O/P Rehab - LLOPT



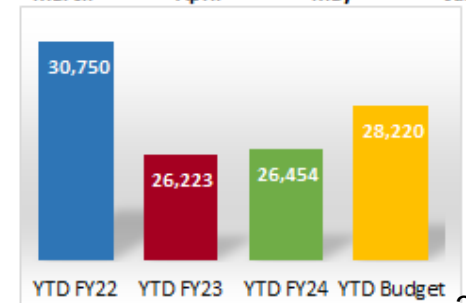
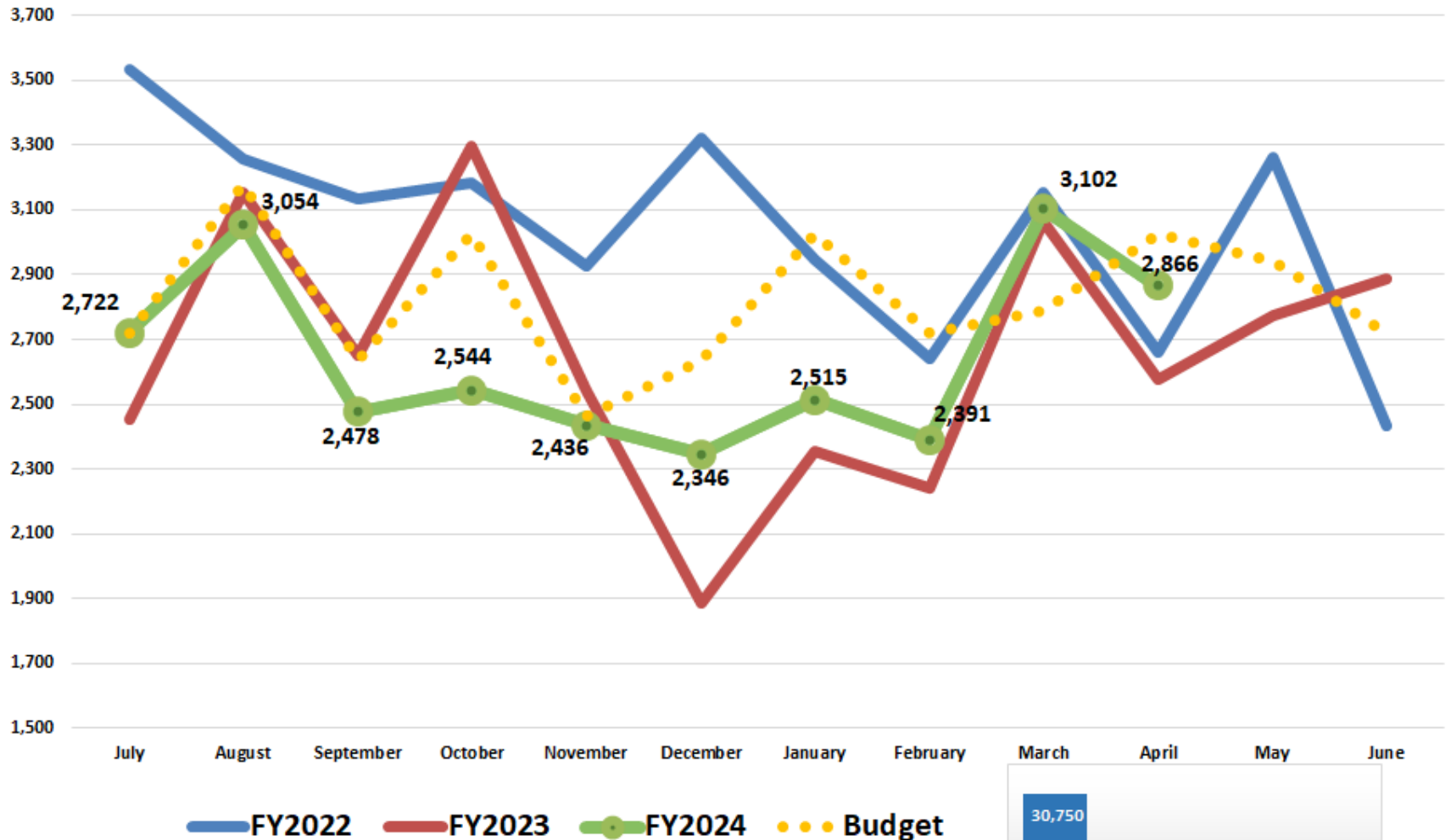
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 ●●● Budget



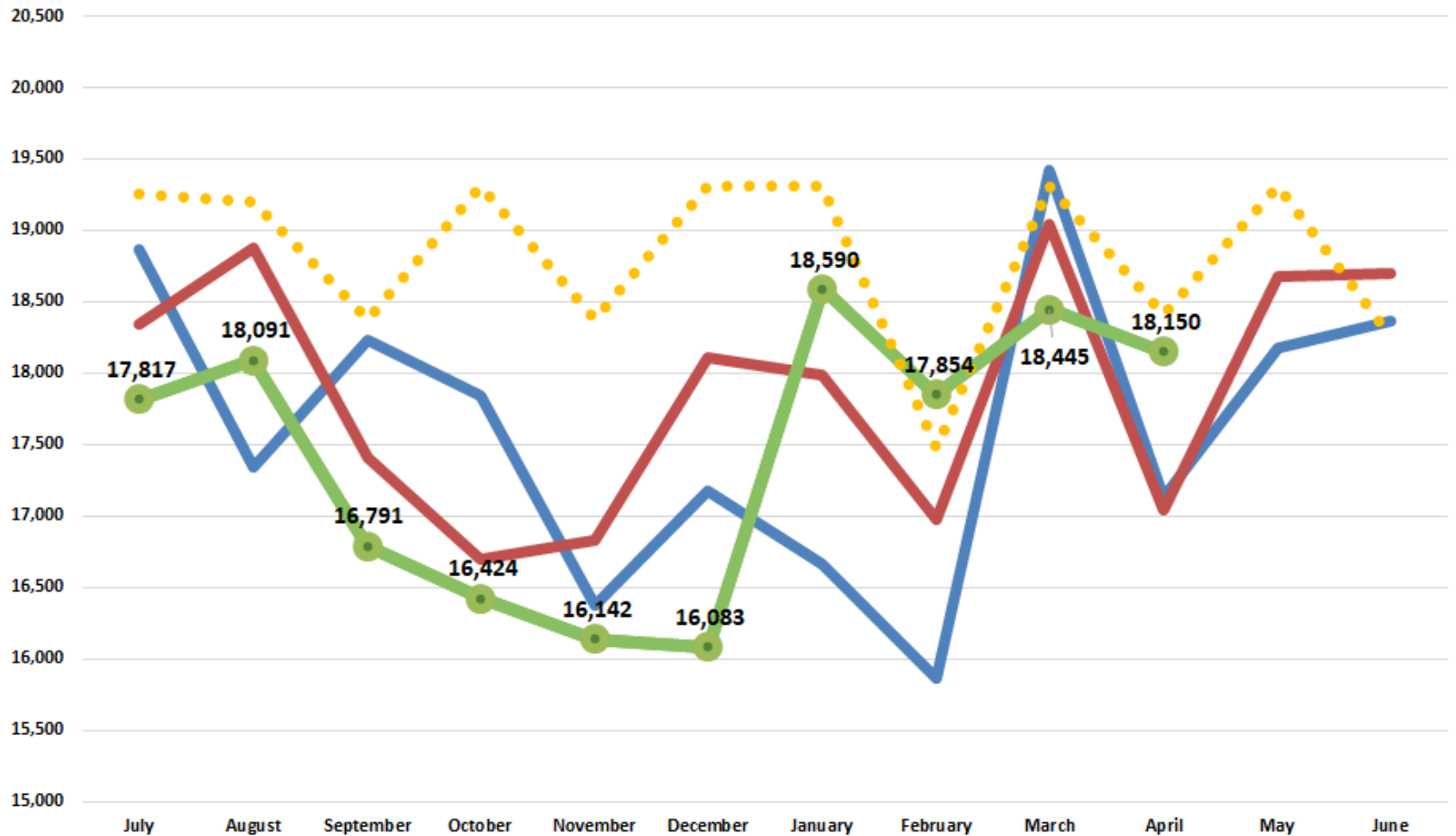
O/P Rehab - Dinuba



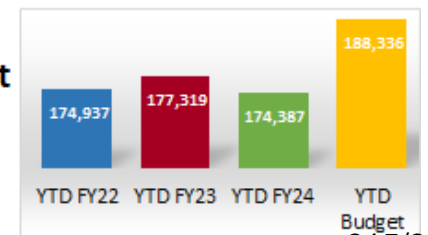
Therapy - Cypress Hand Center



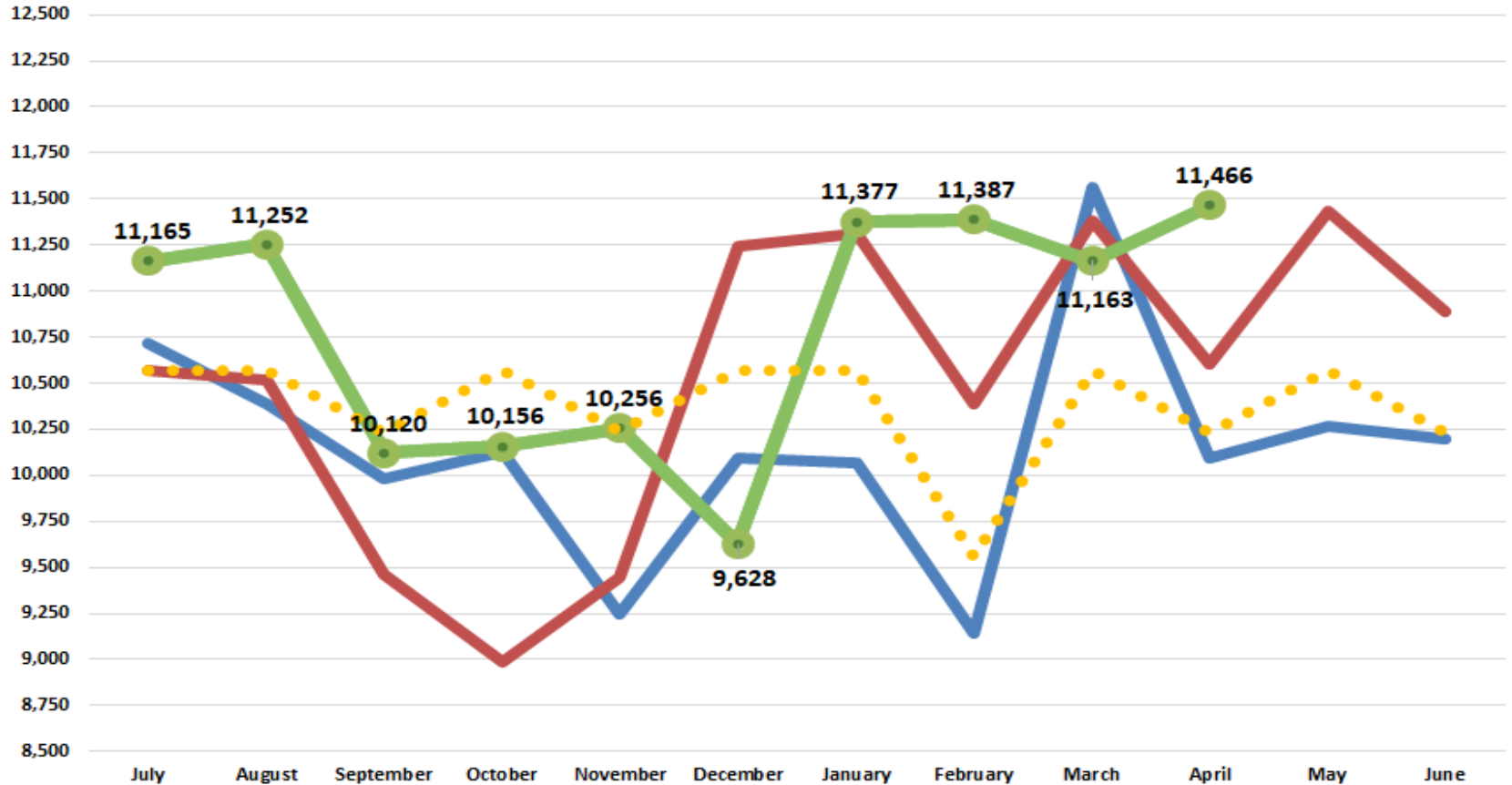
Physical & Other Therapy Units (I/P & O/P)



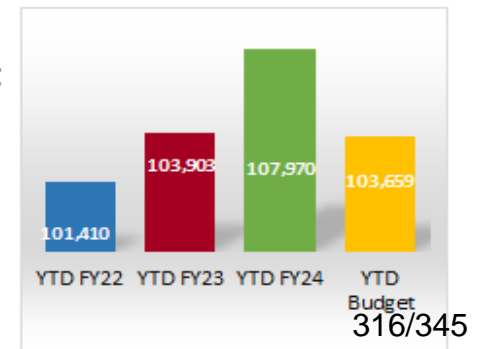
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 ●●● Budget



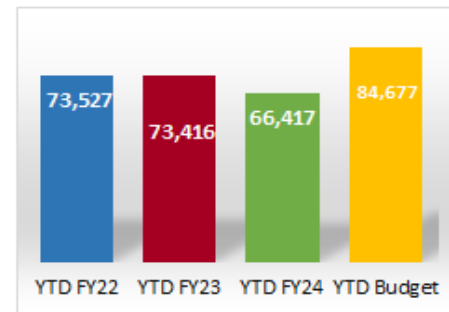
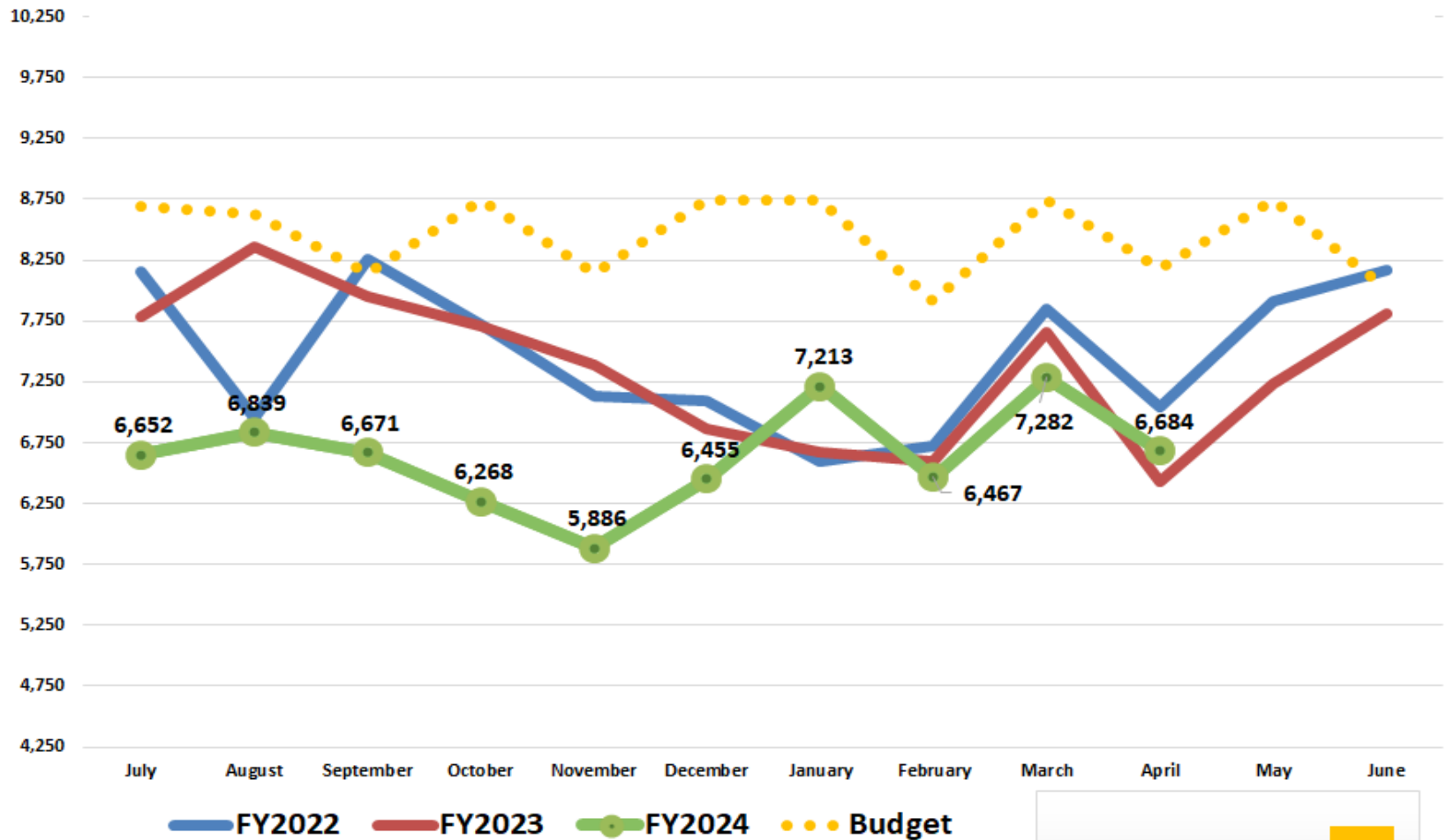
Physical & Other Therapy Units (I/P & O/P)-Main Campus



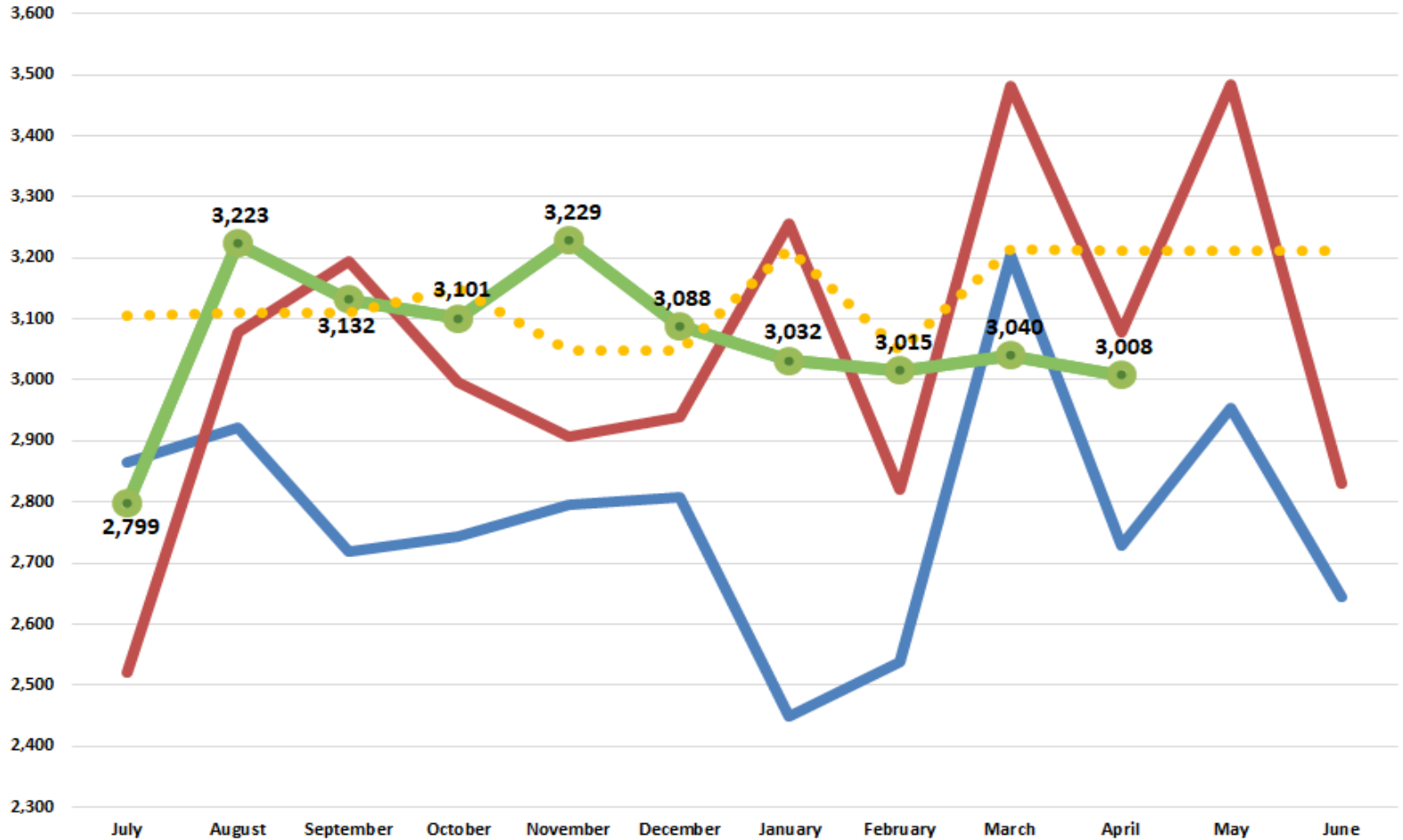
—●— FY2022
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 ●●● Budget



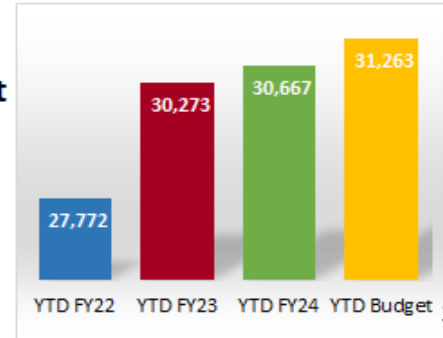
Physical & Other Therapy Units (I/P & O/P)- KDRH & South Campus



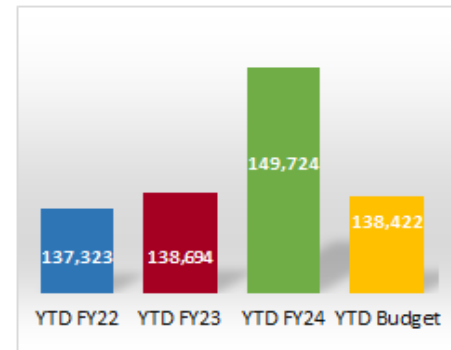
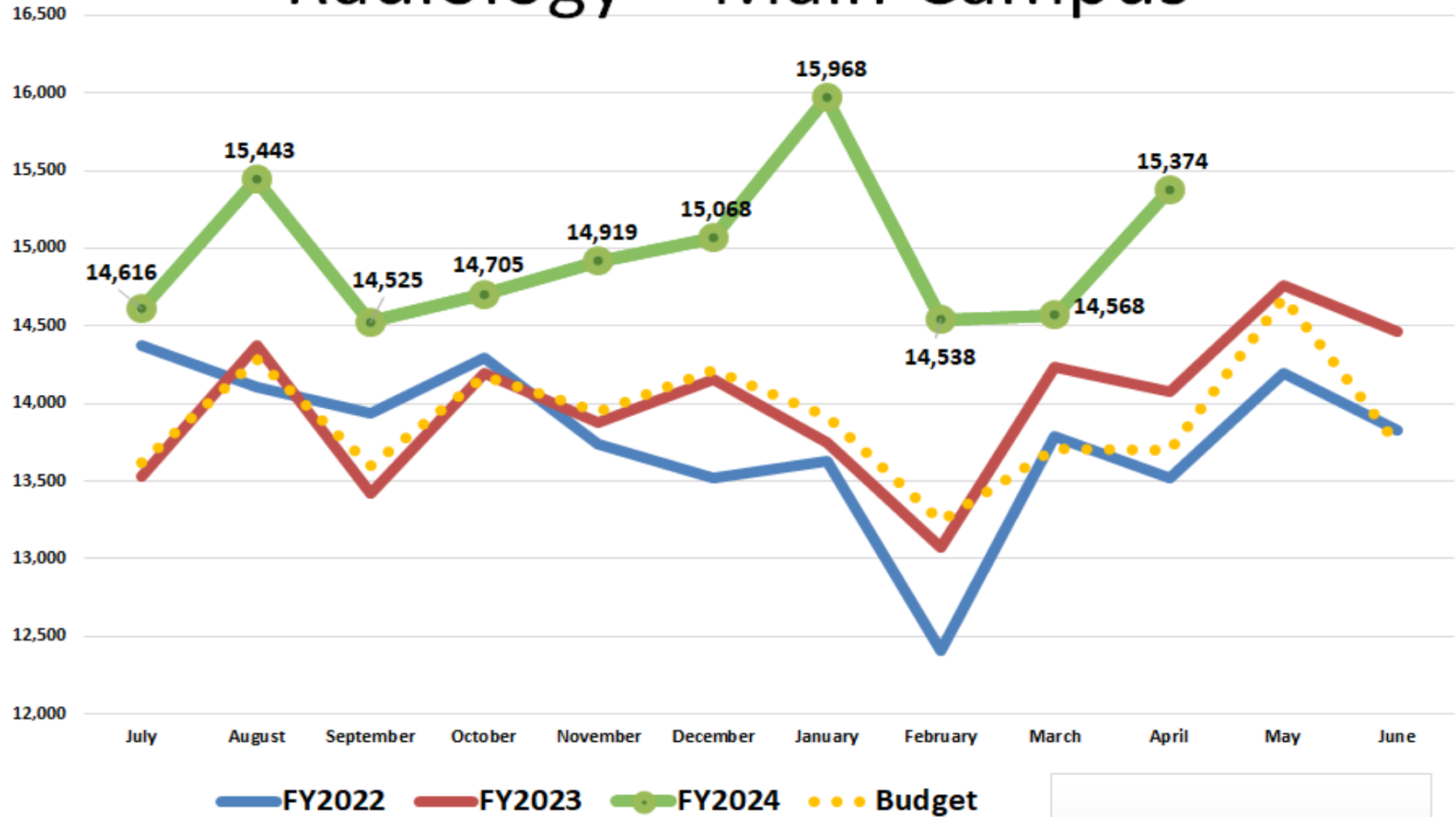
Home Health Visits



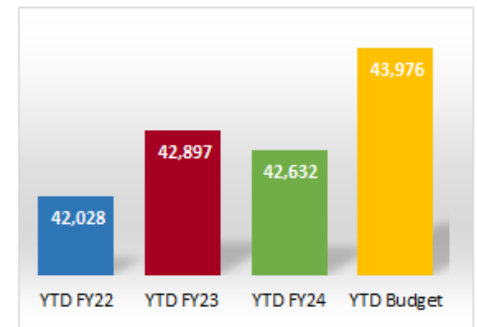
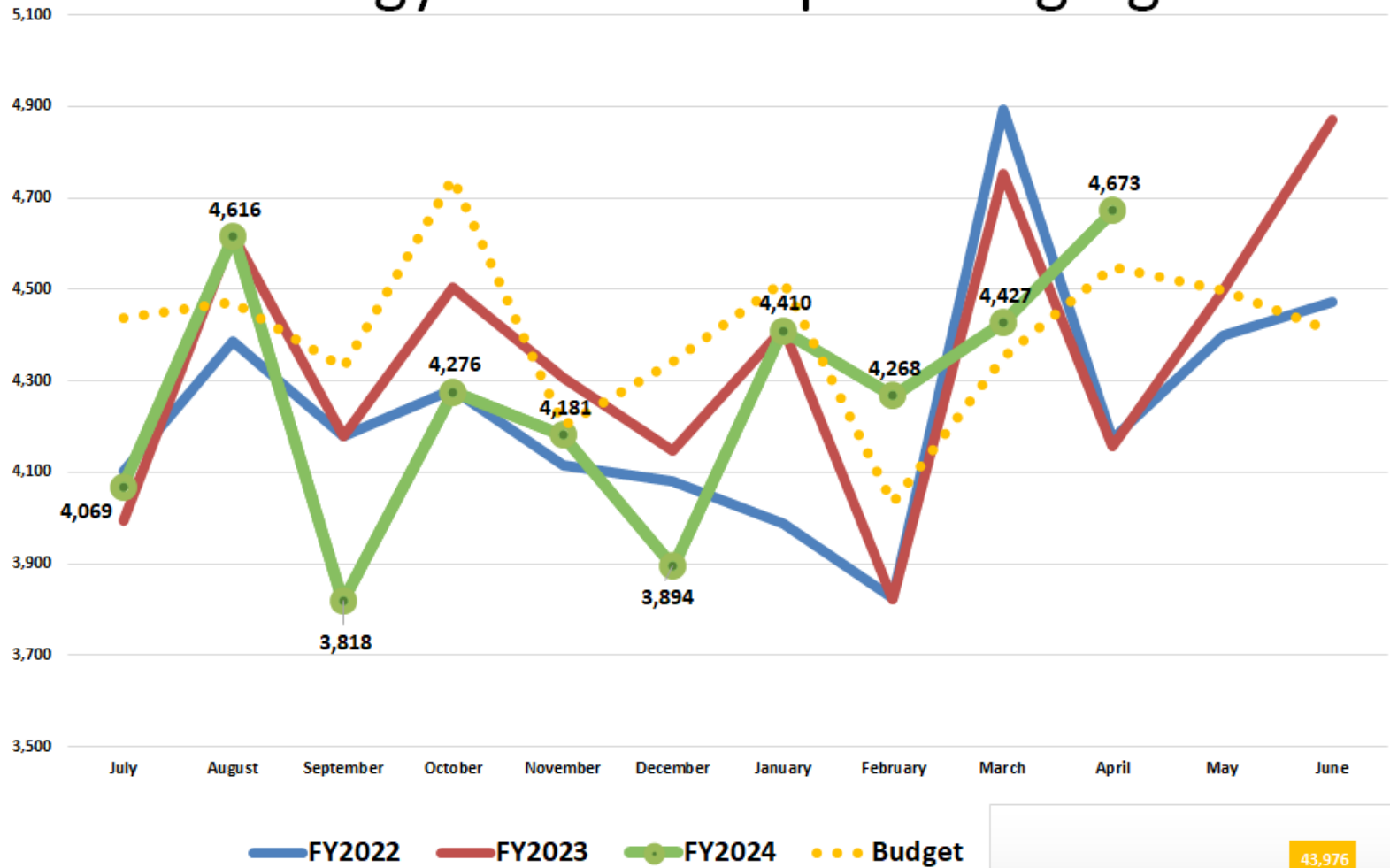
—●— FY2022
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 ●●● Budget



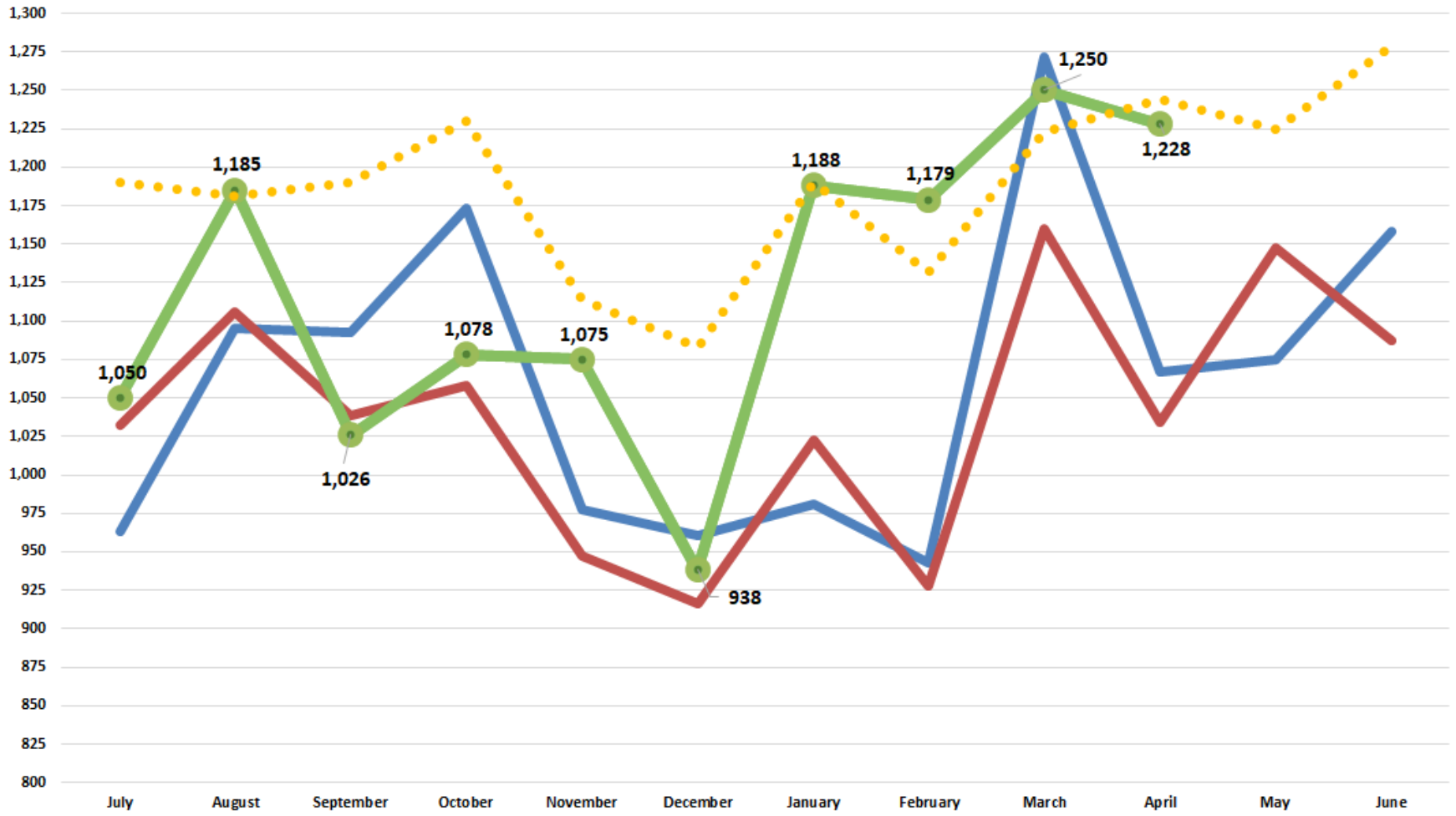
Radiology – Main Campus



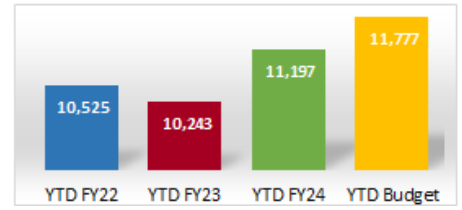
Radiology - West Campus Imaging



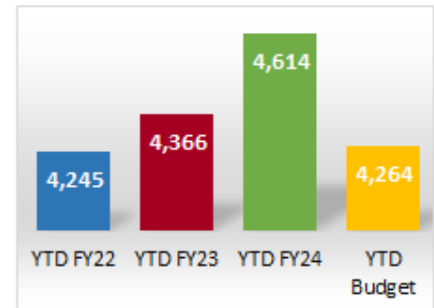
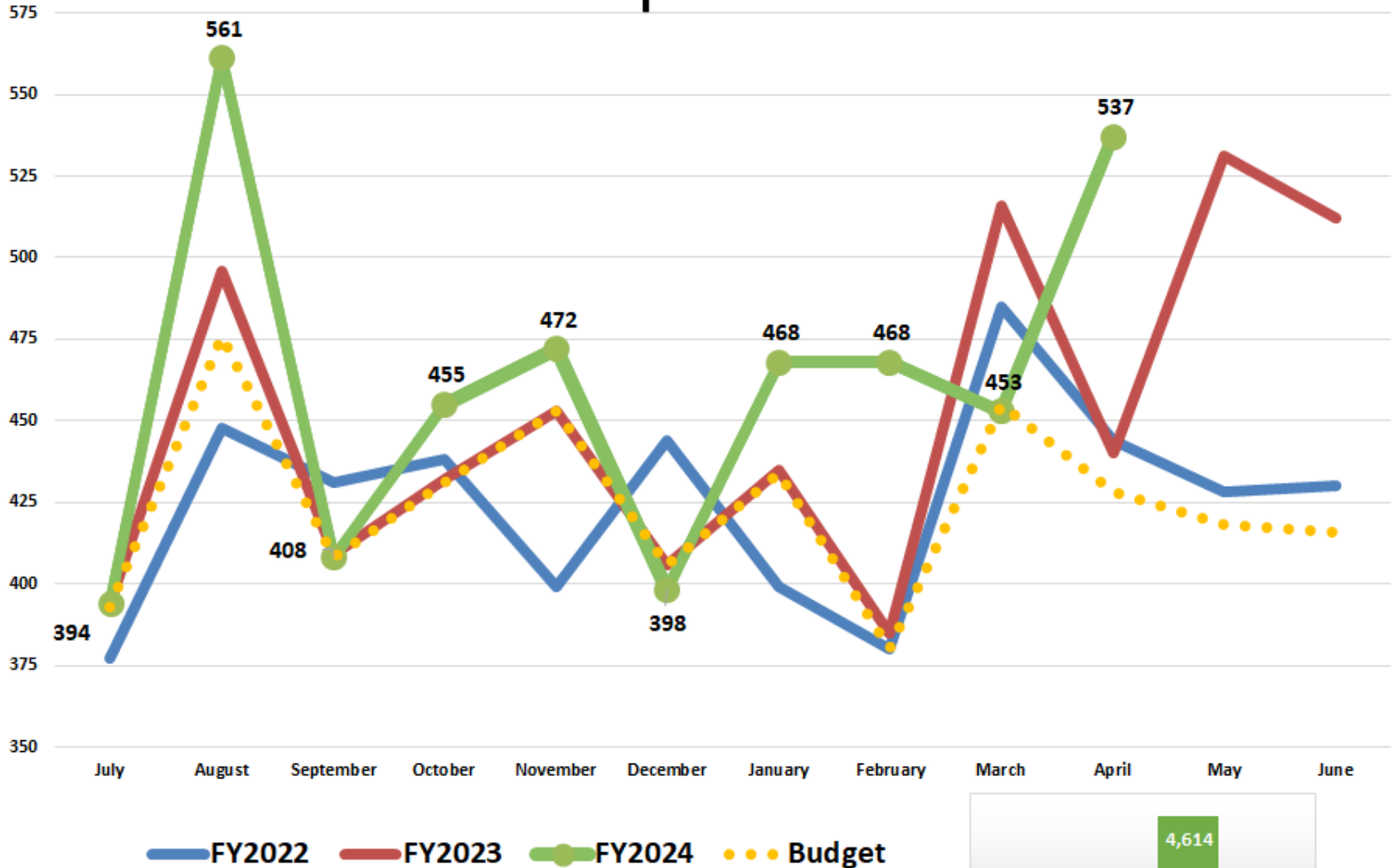
West Campus - Diagnostic Radiology



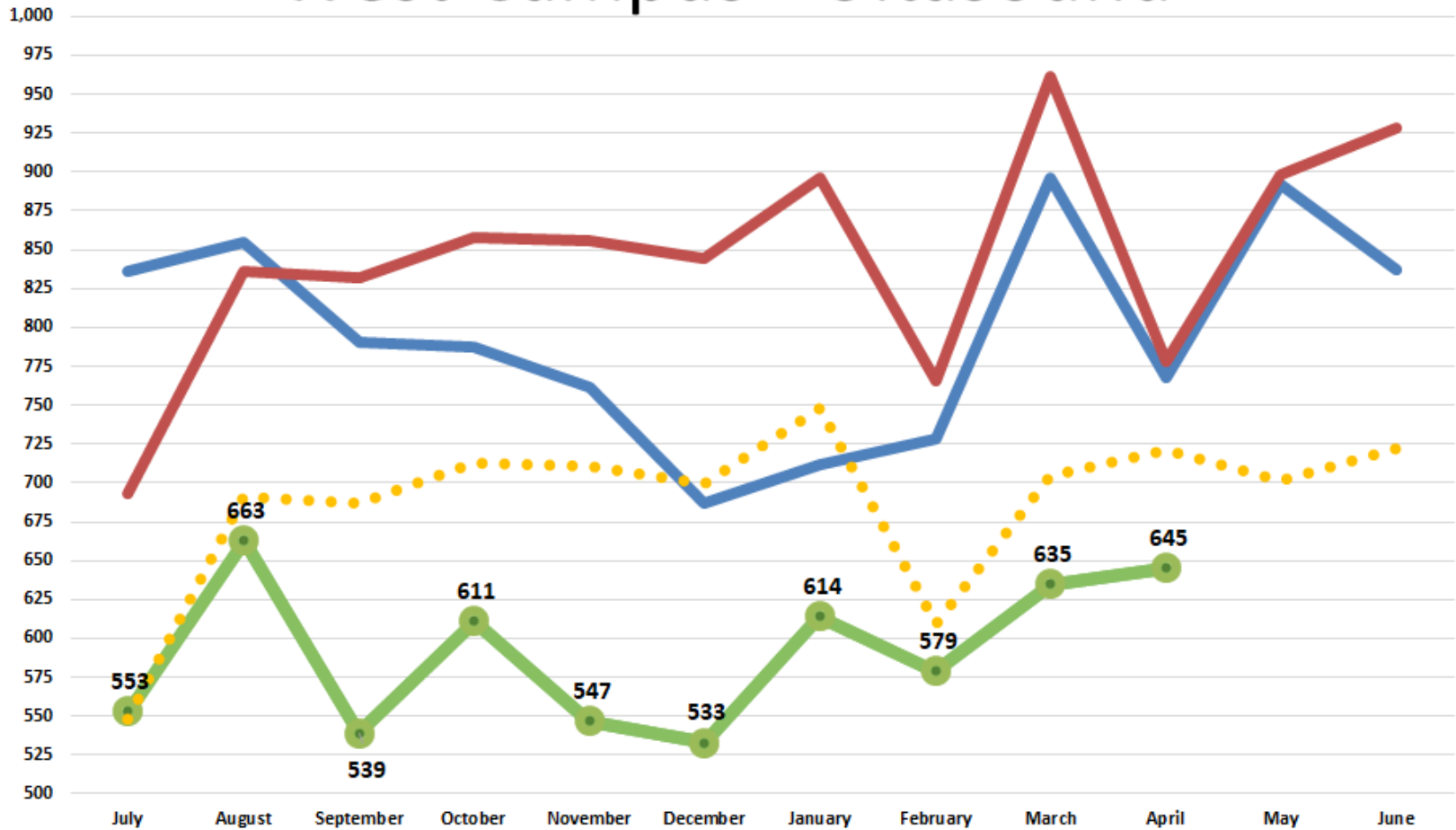
—●— FY2022
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 ●●● Budget



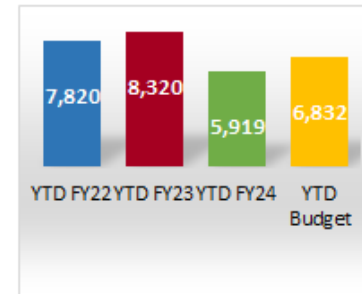
West Campus - CT Scan



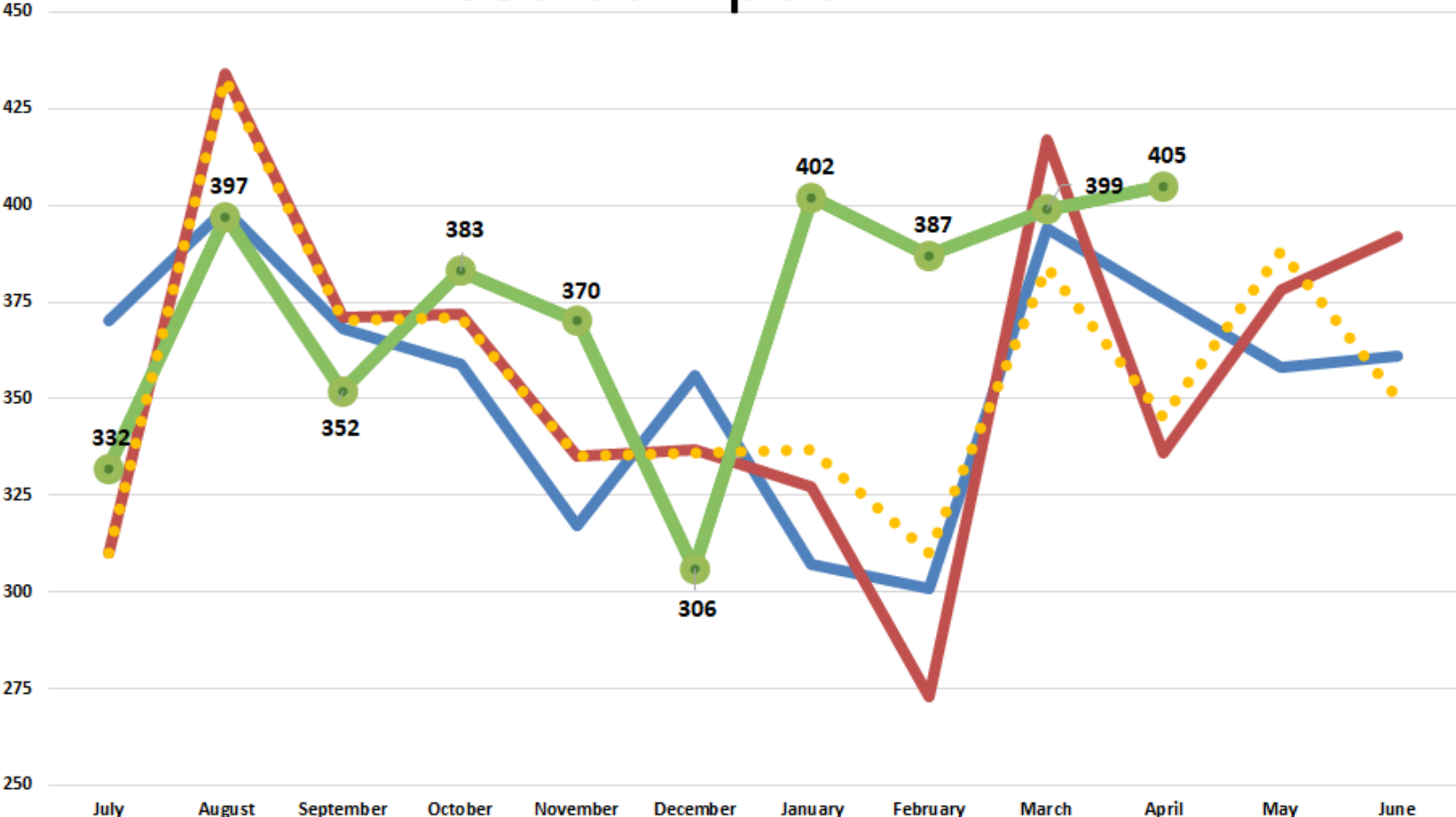
West Campus - Ultrasound



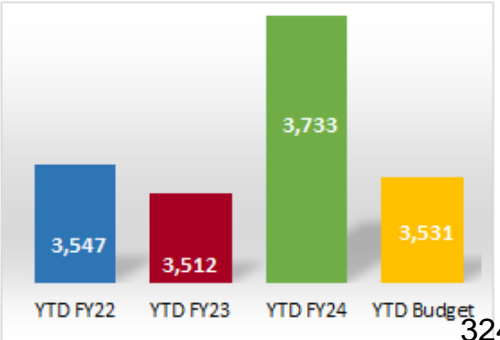
—●— FY2022
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 ●●● Budget



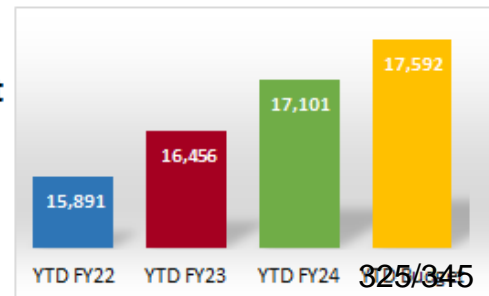
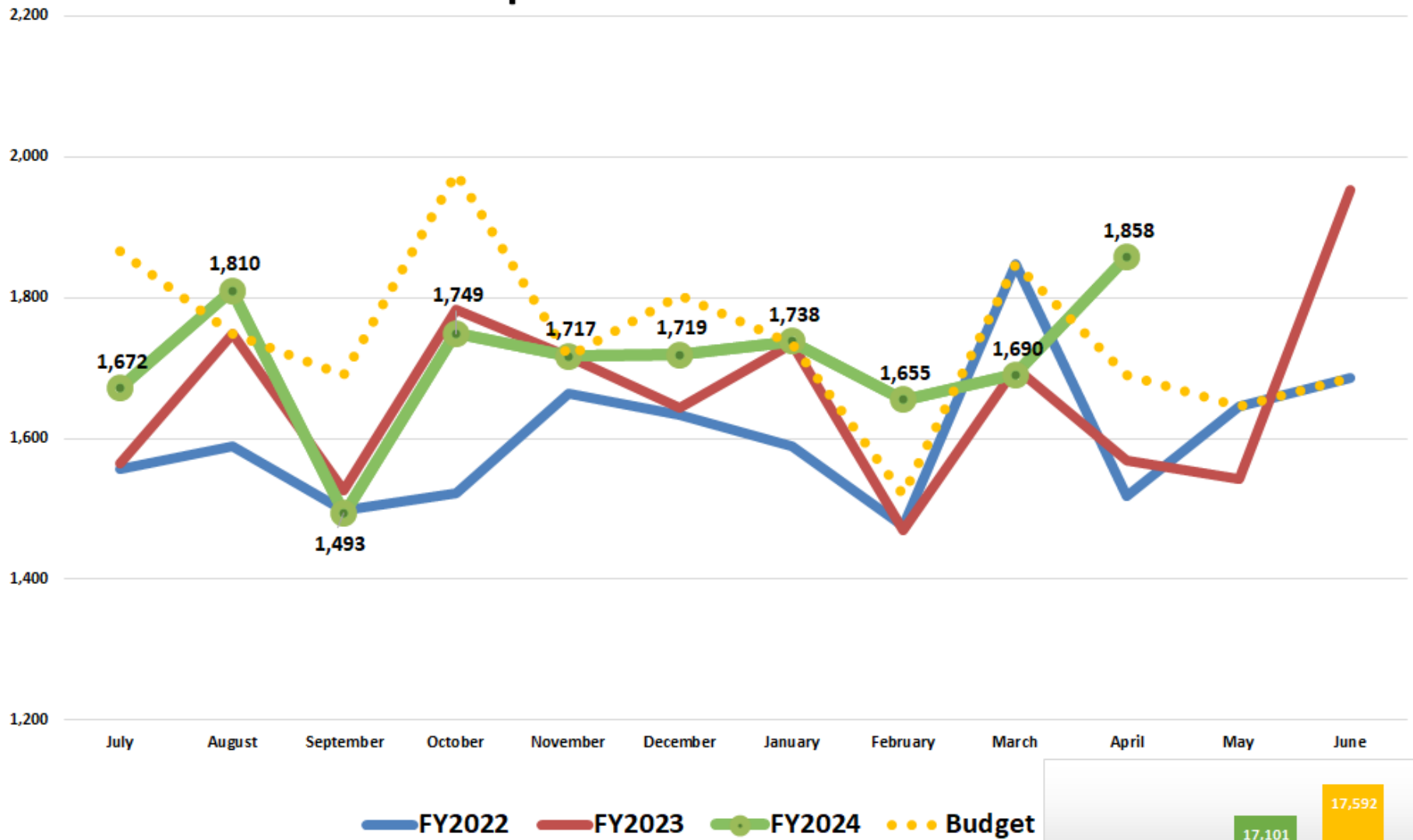
West Campus - MRI



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

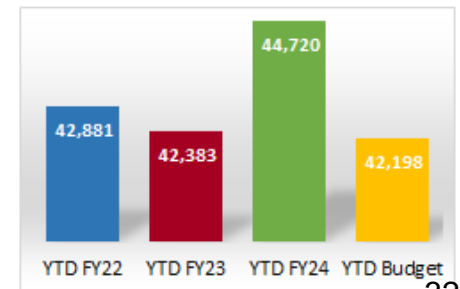
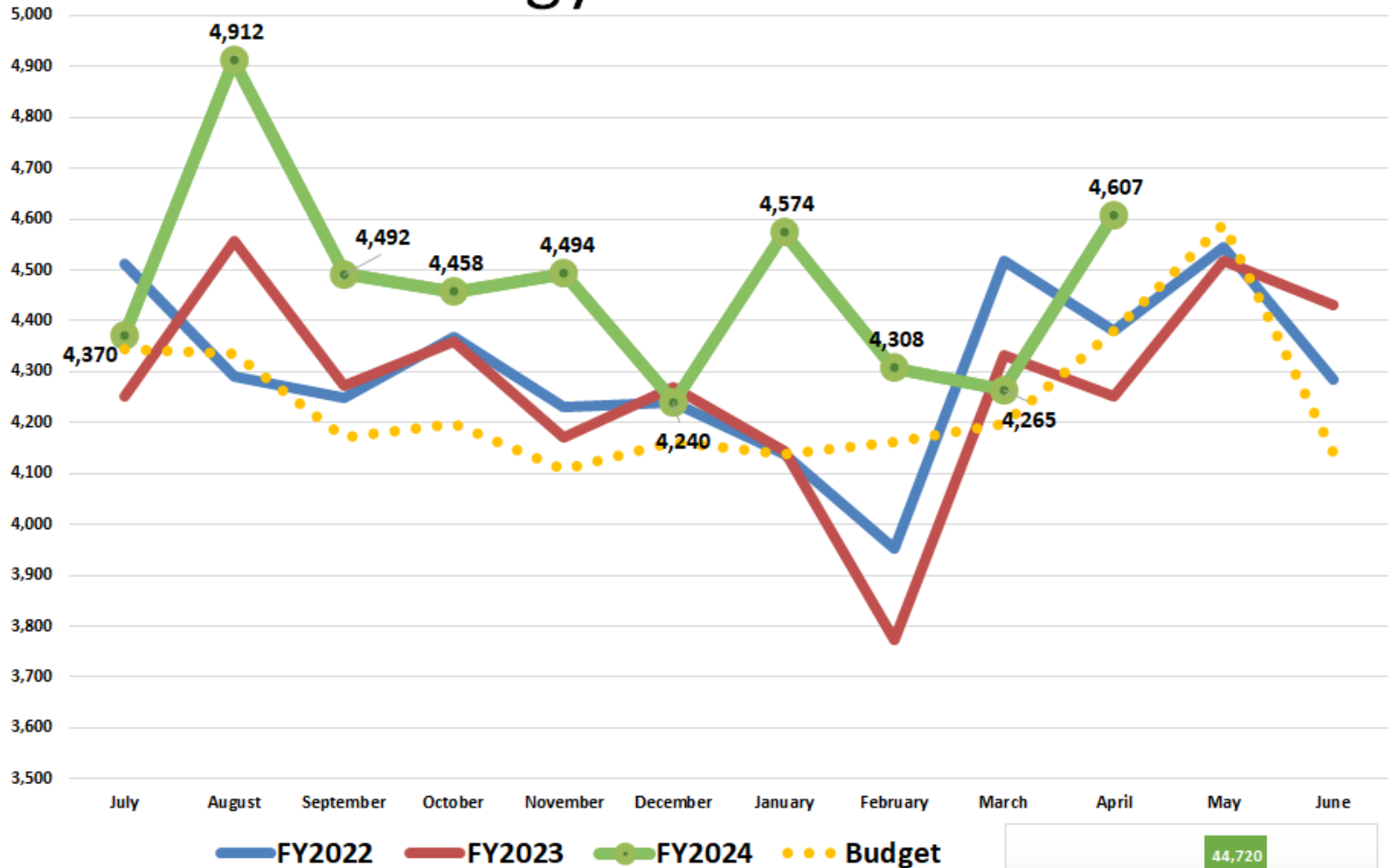


West Campus - Breast Center

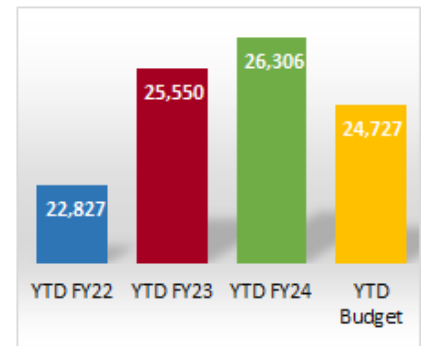
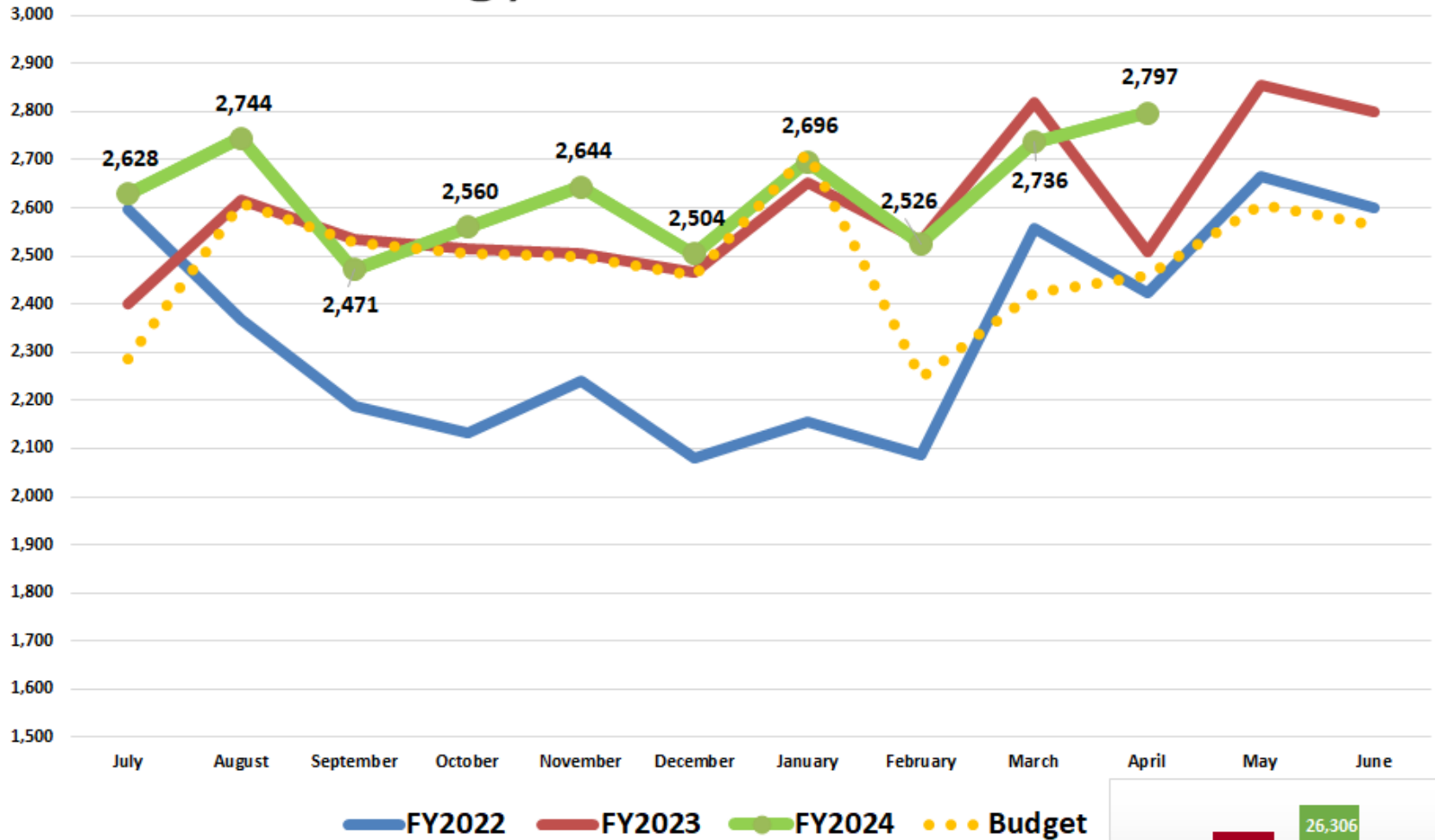


325/345

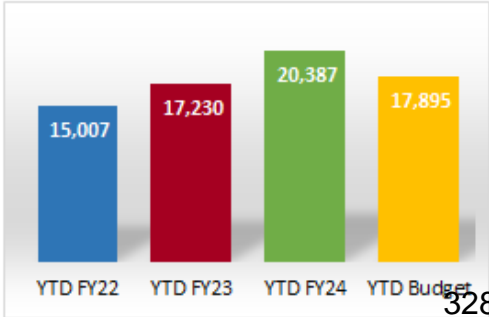
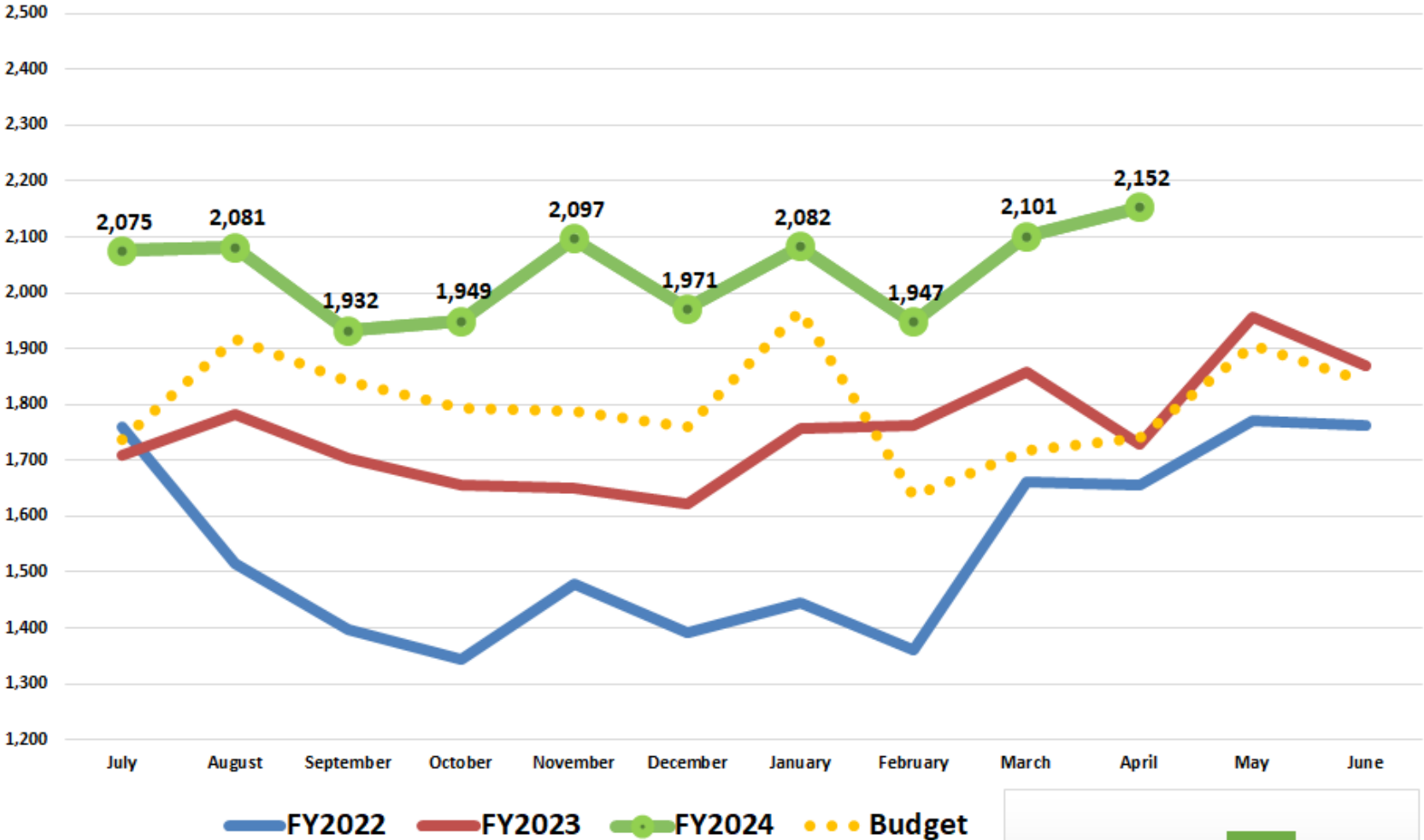
Radiology - CT - All Areas



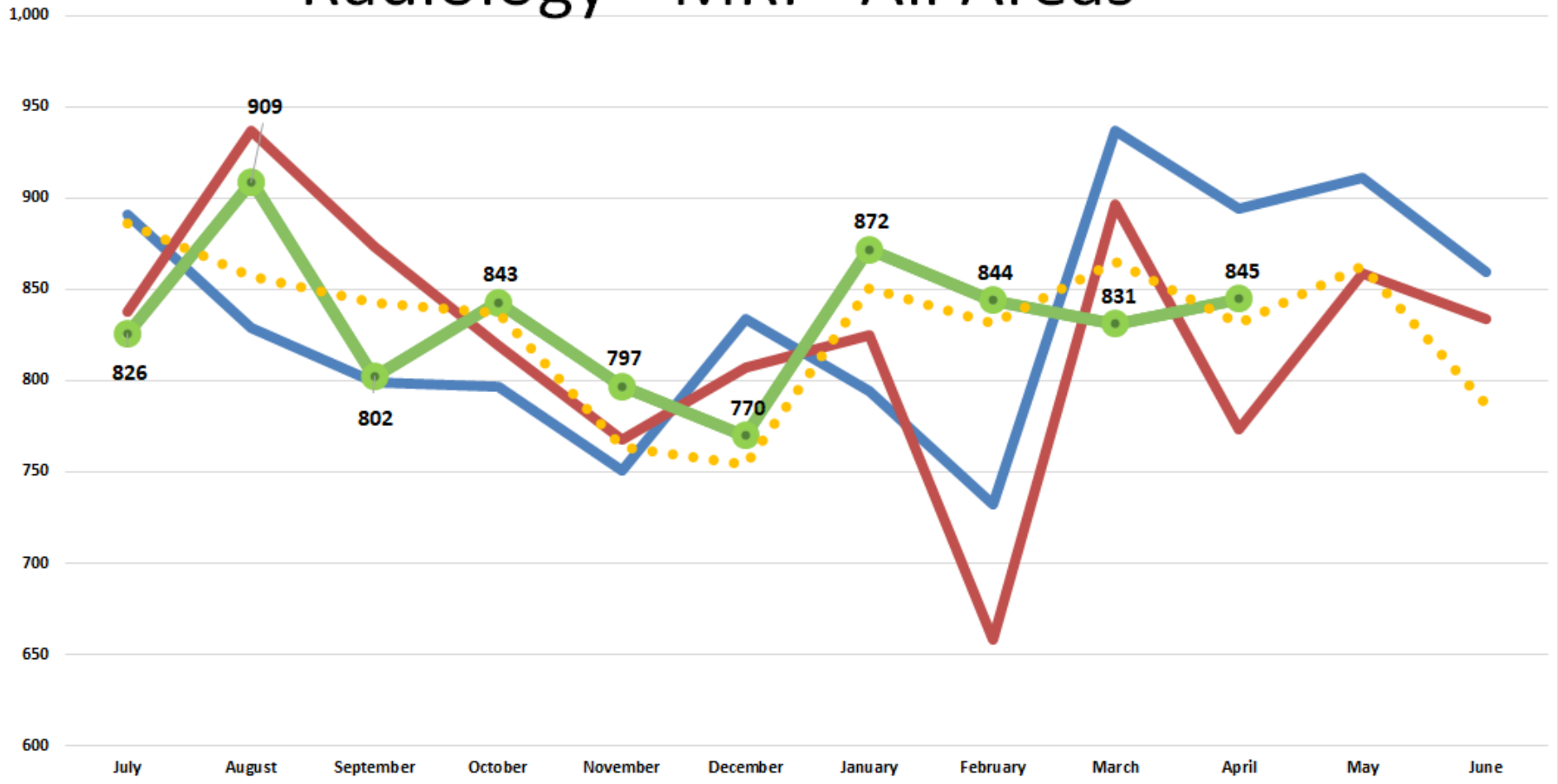
Radiology - Ultrasound - All Areas



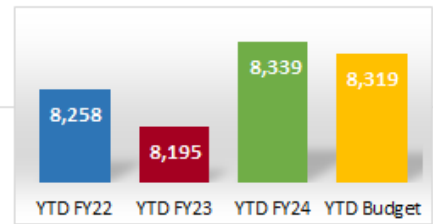
Radiology - Ultrasound - Main Campus



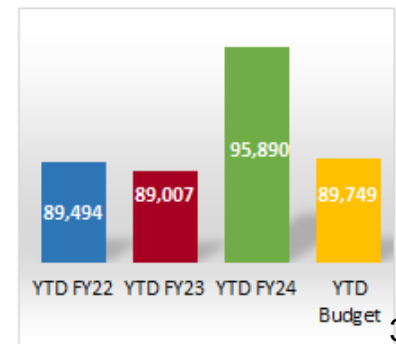
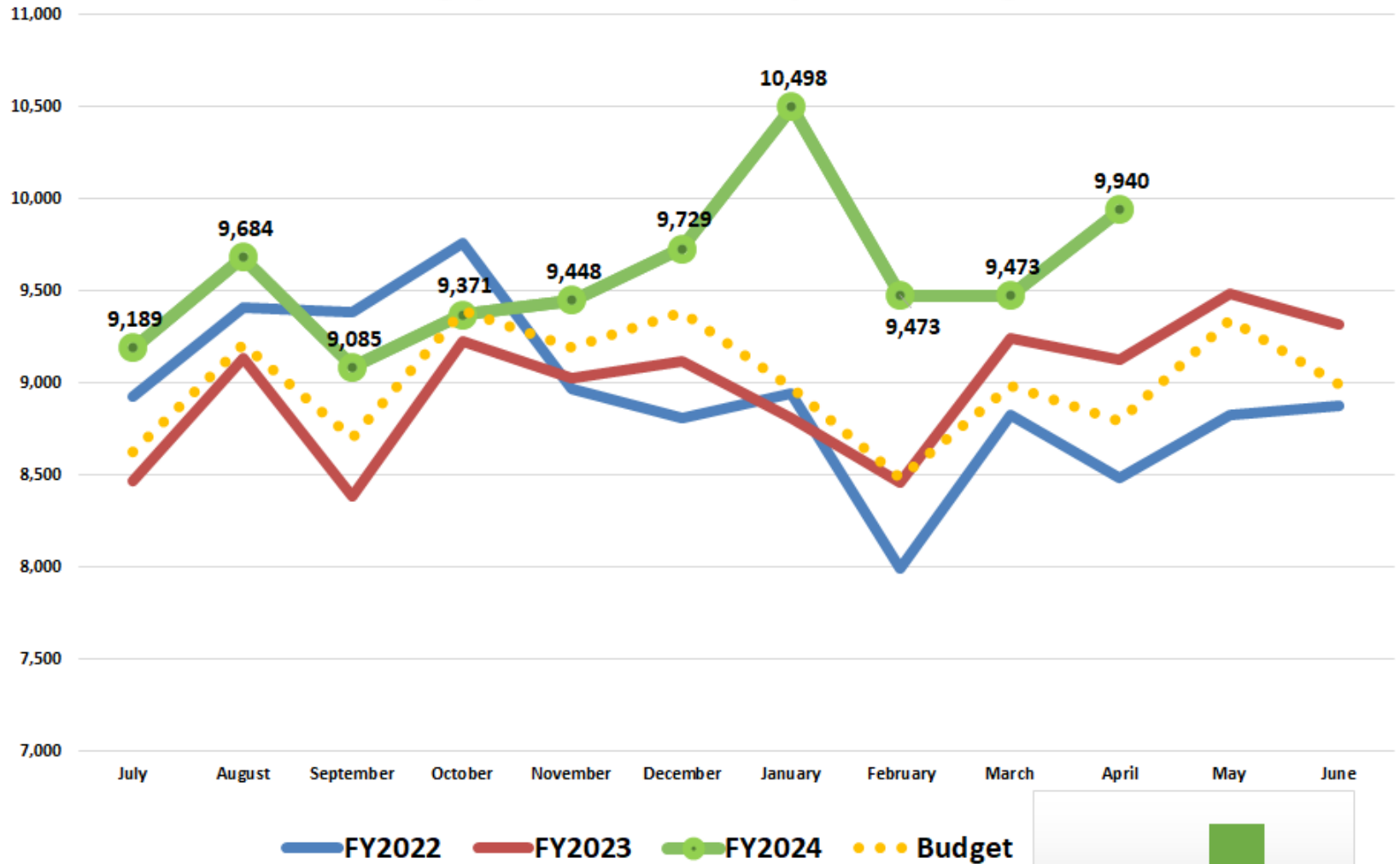
Radiology - MRI - All Areas



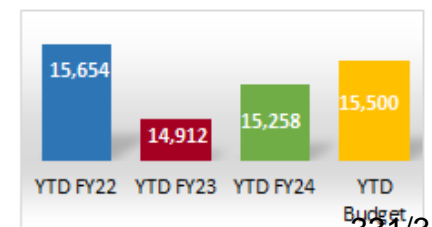
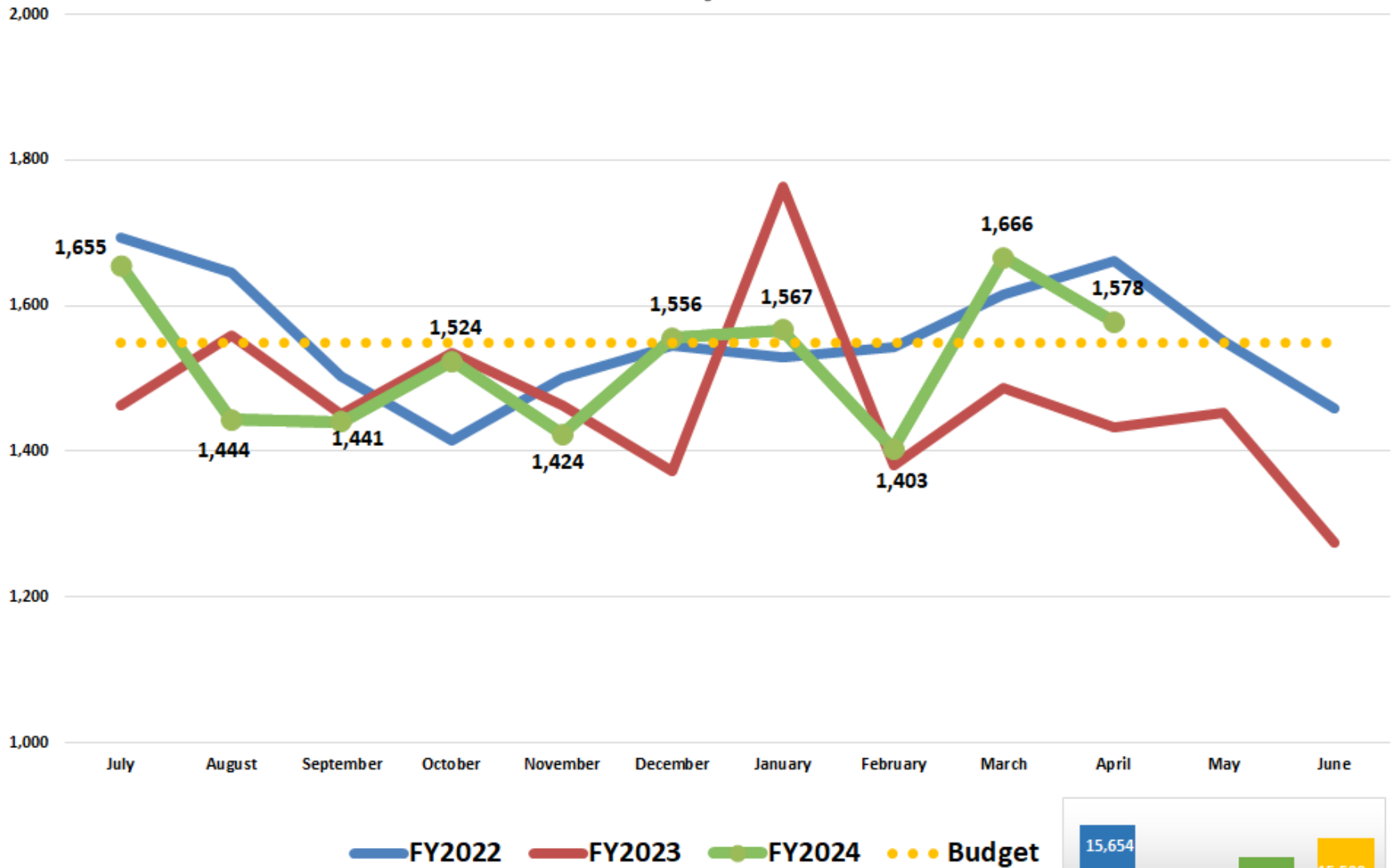
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



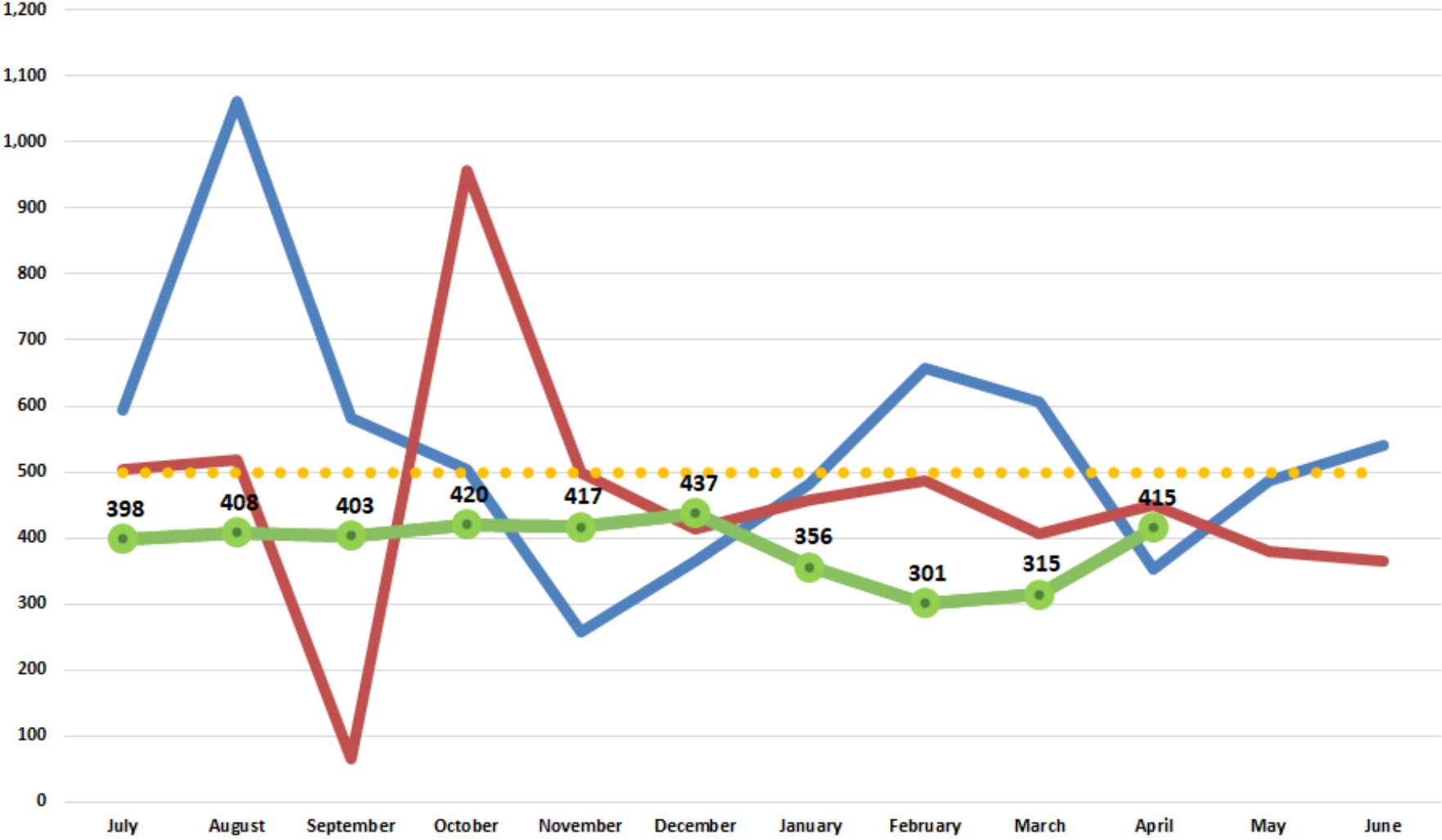
Radiology Modality - Diagnostic



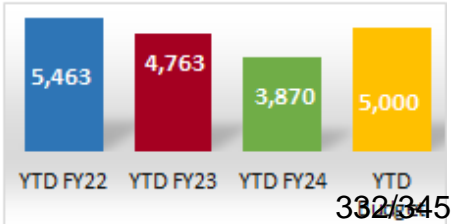
Chronic Dialysis - Visalia



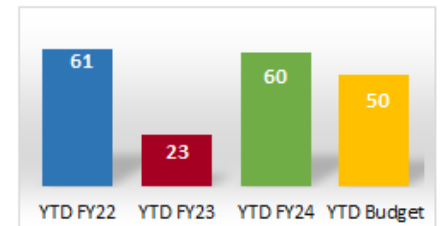
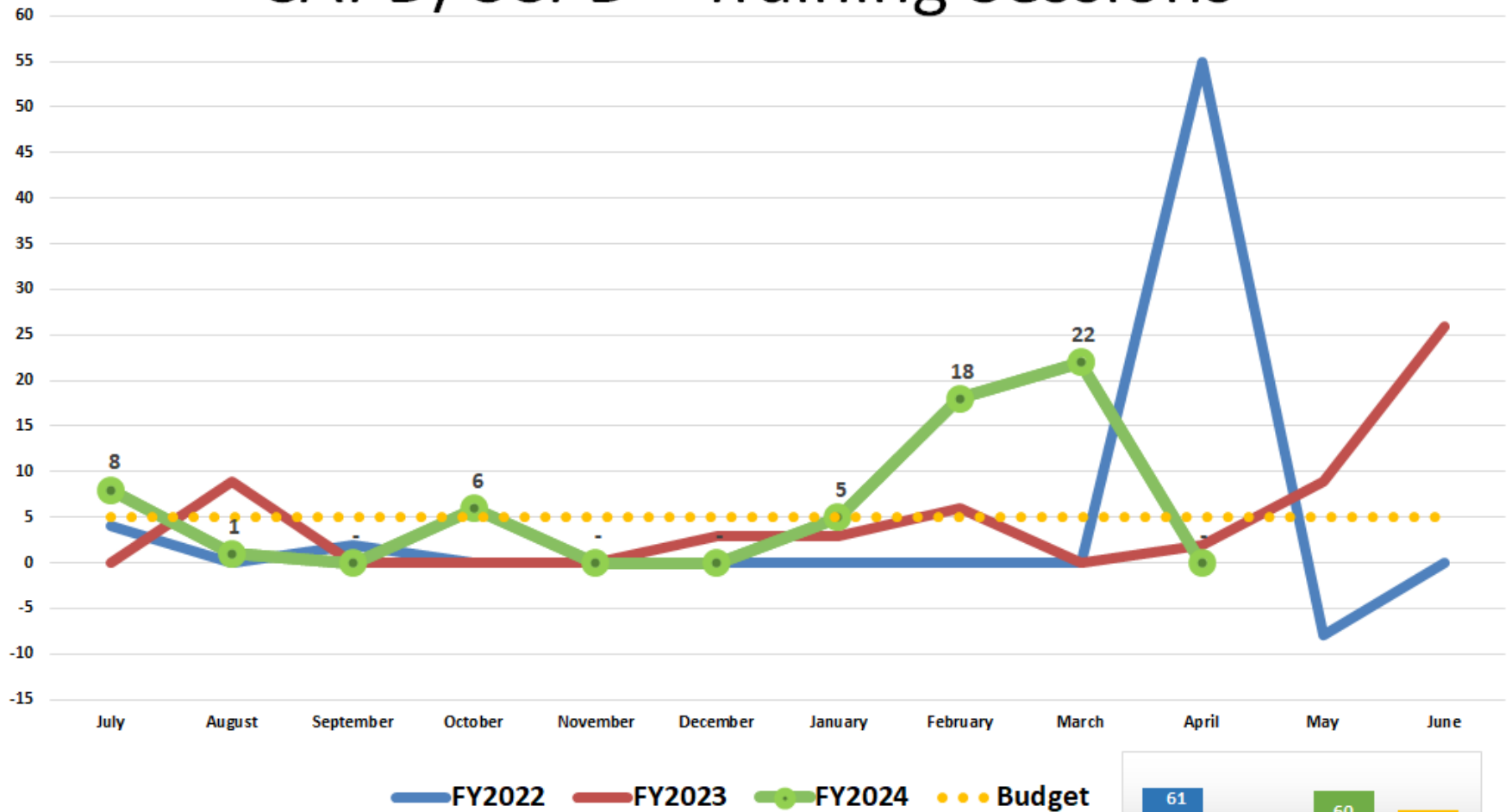
CAPD/CCPD - Maintenance Sessions



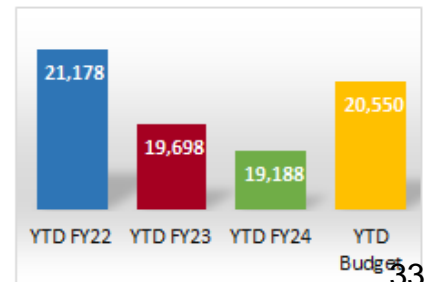
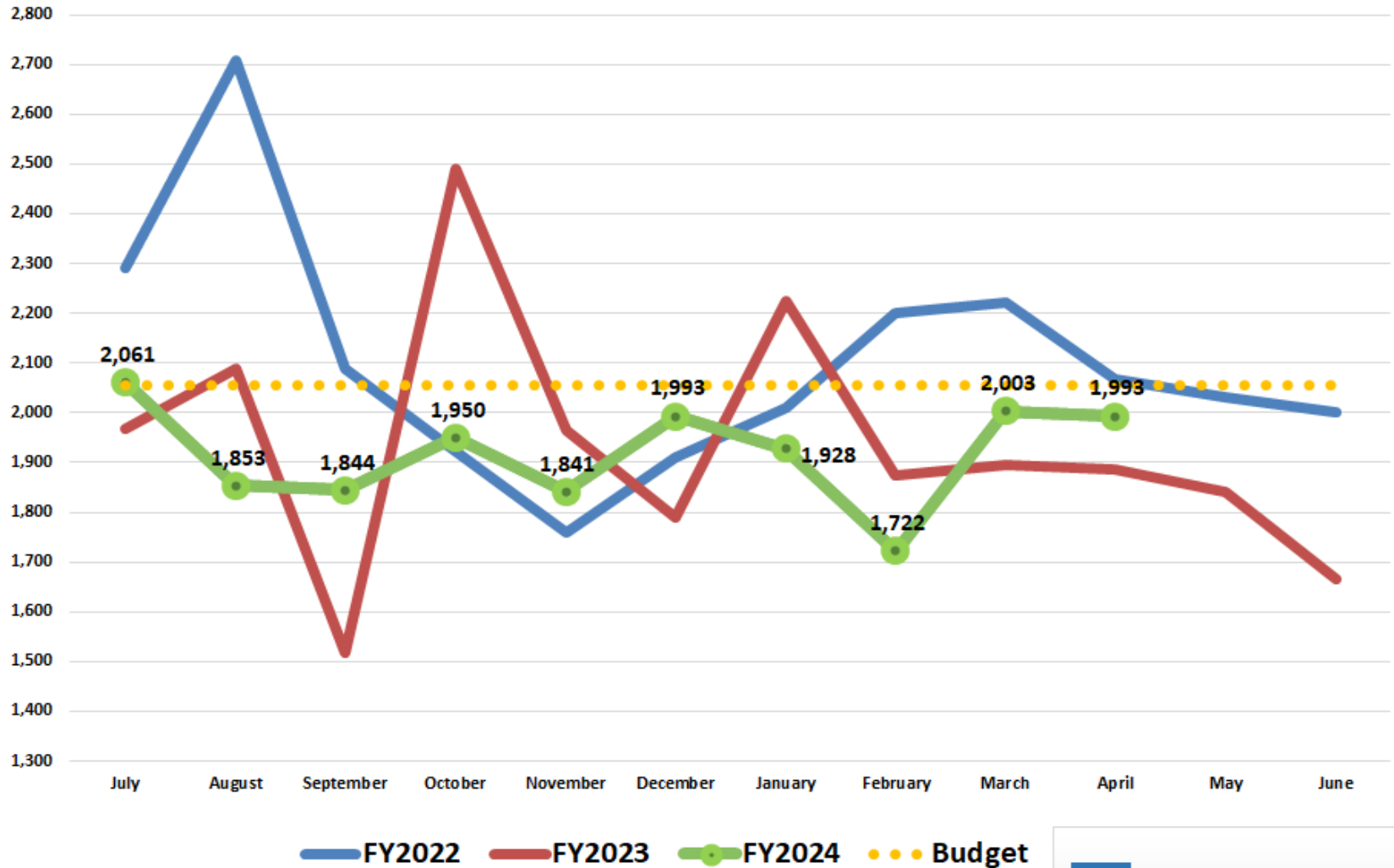
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



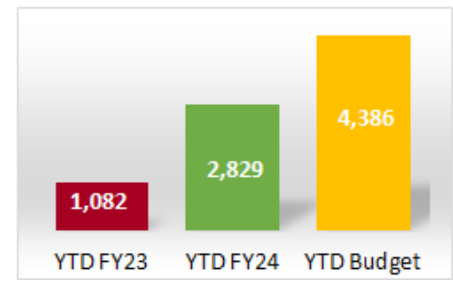
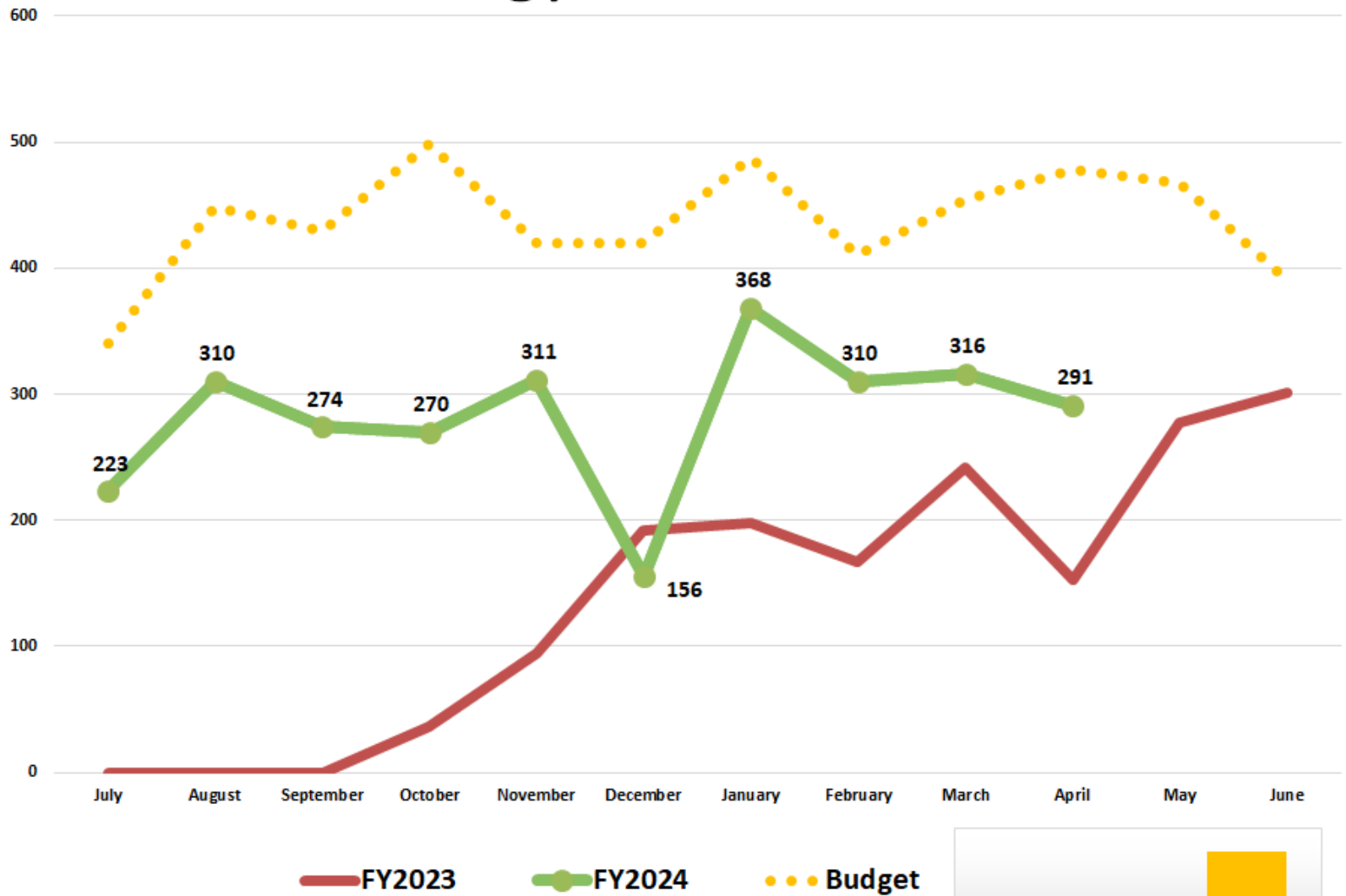
CAPD/CCPD - Training Sessions



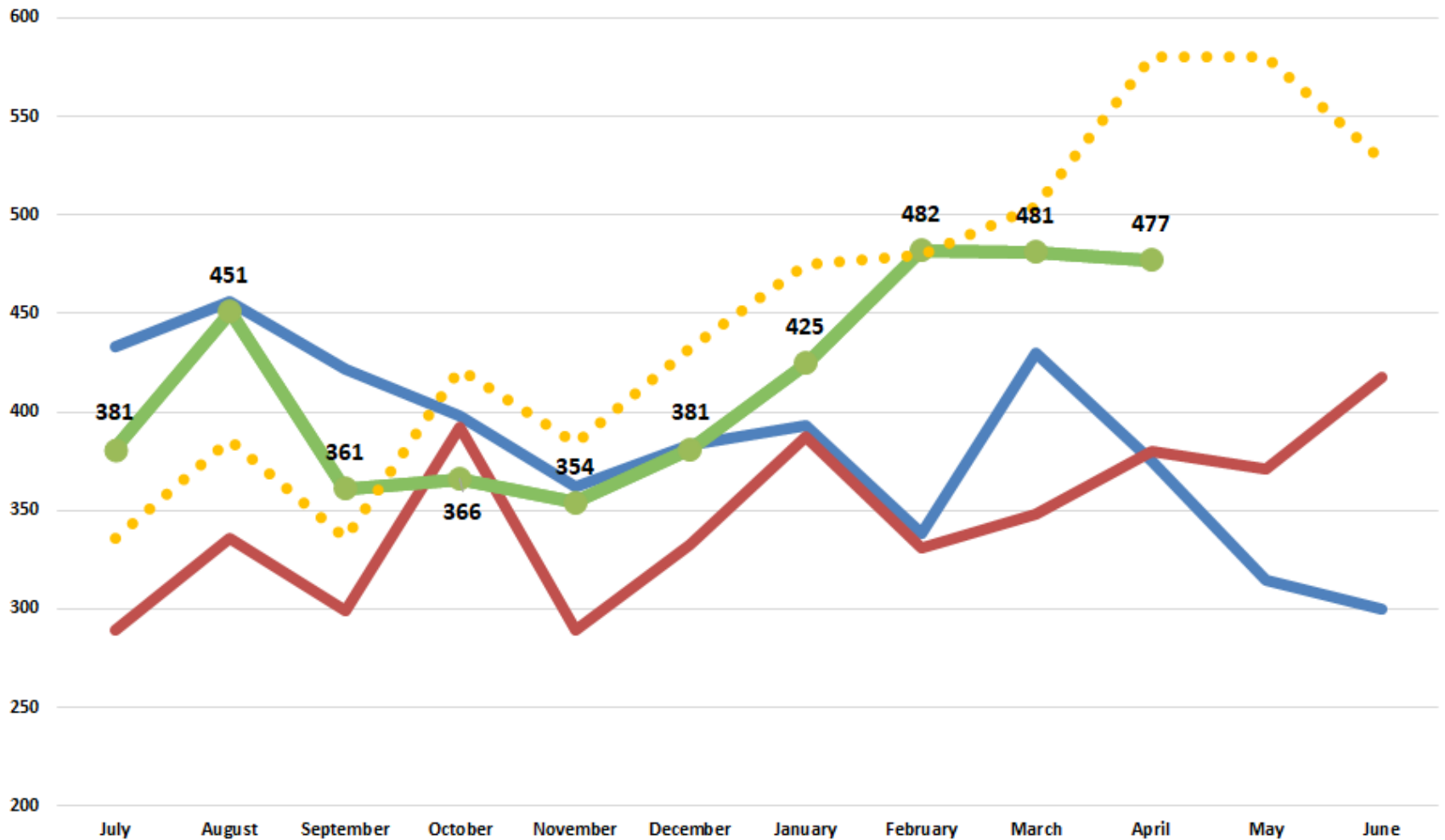
All CAPD & CCPD



Urology Clinic Visits



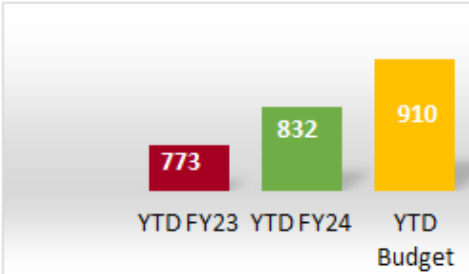
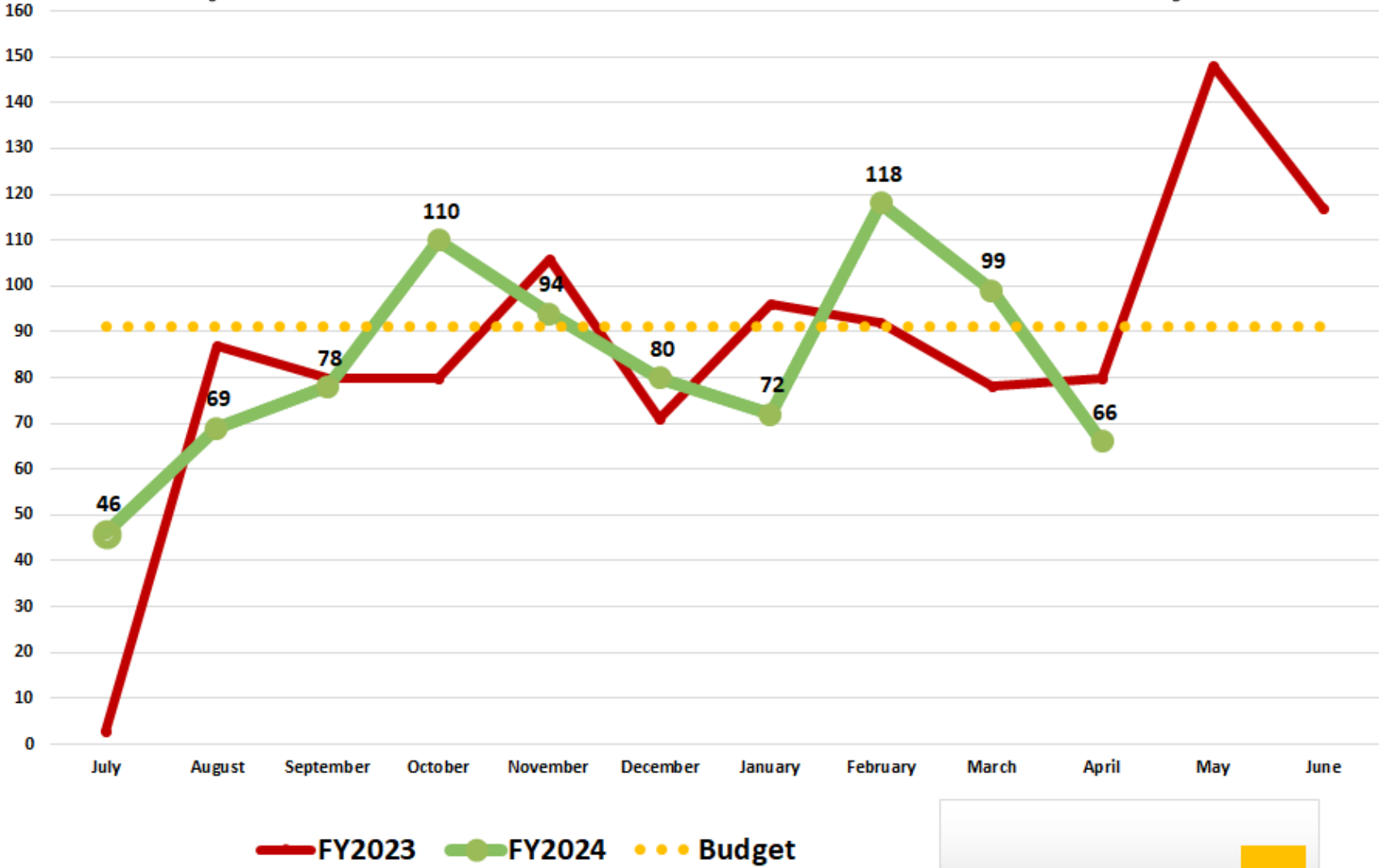
Infusion Center - Outpatient Visits



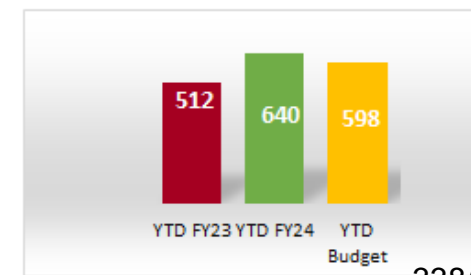
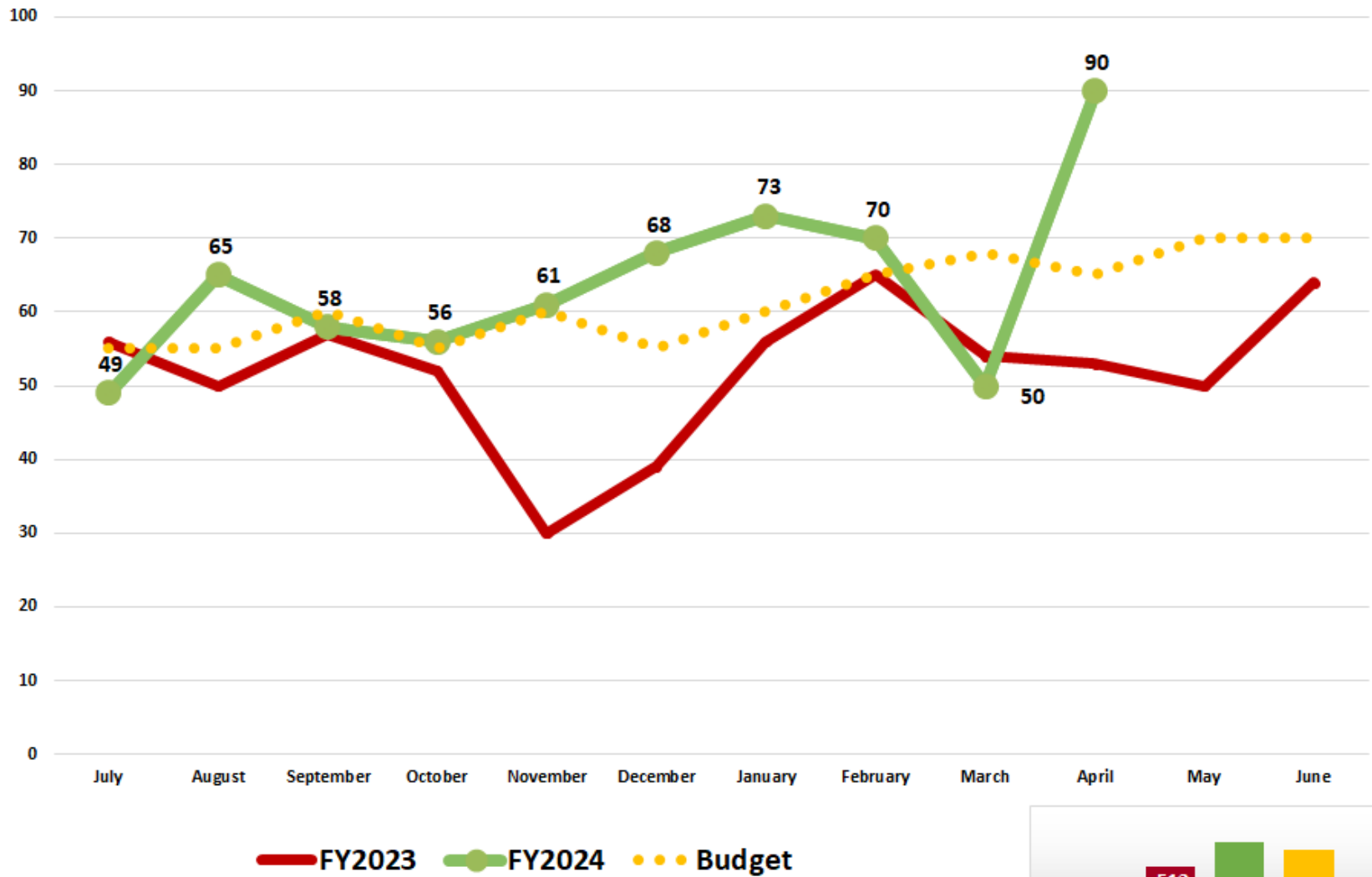
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget

3,990	3,384	4,159	4,335
YTD FY22	YTD FY23	YTD FY24	YTD Budget

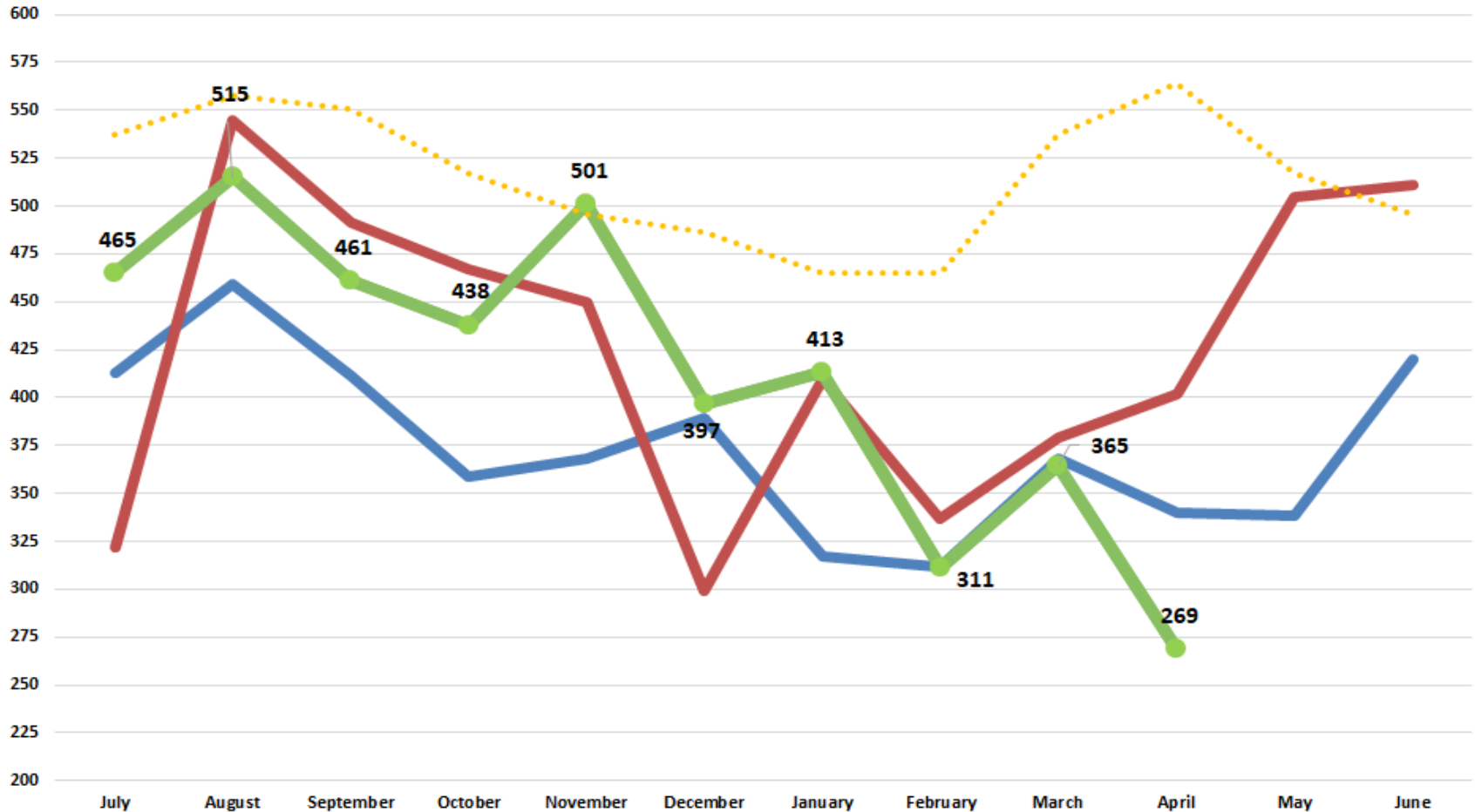
Open Arms House - Patient Days



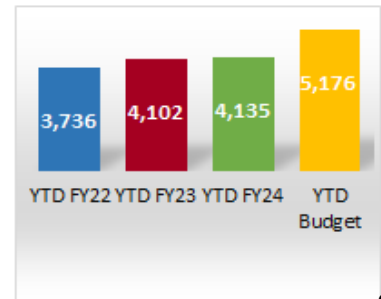
Cardiothoracic Surgery Clinic - Visits



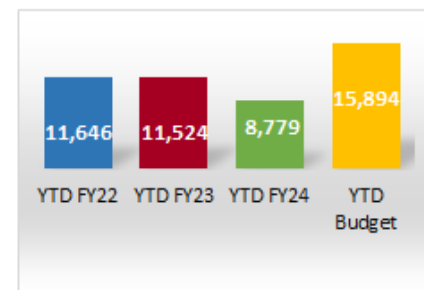
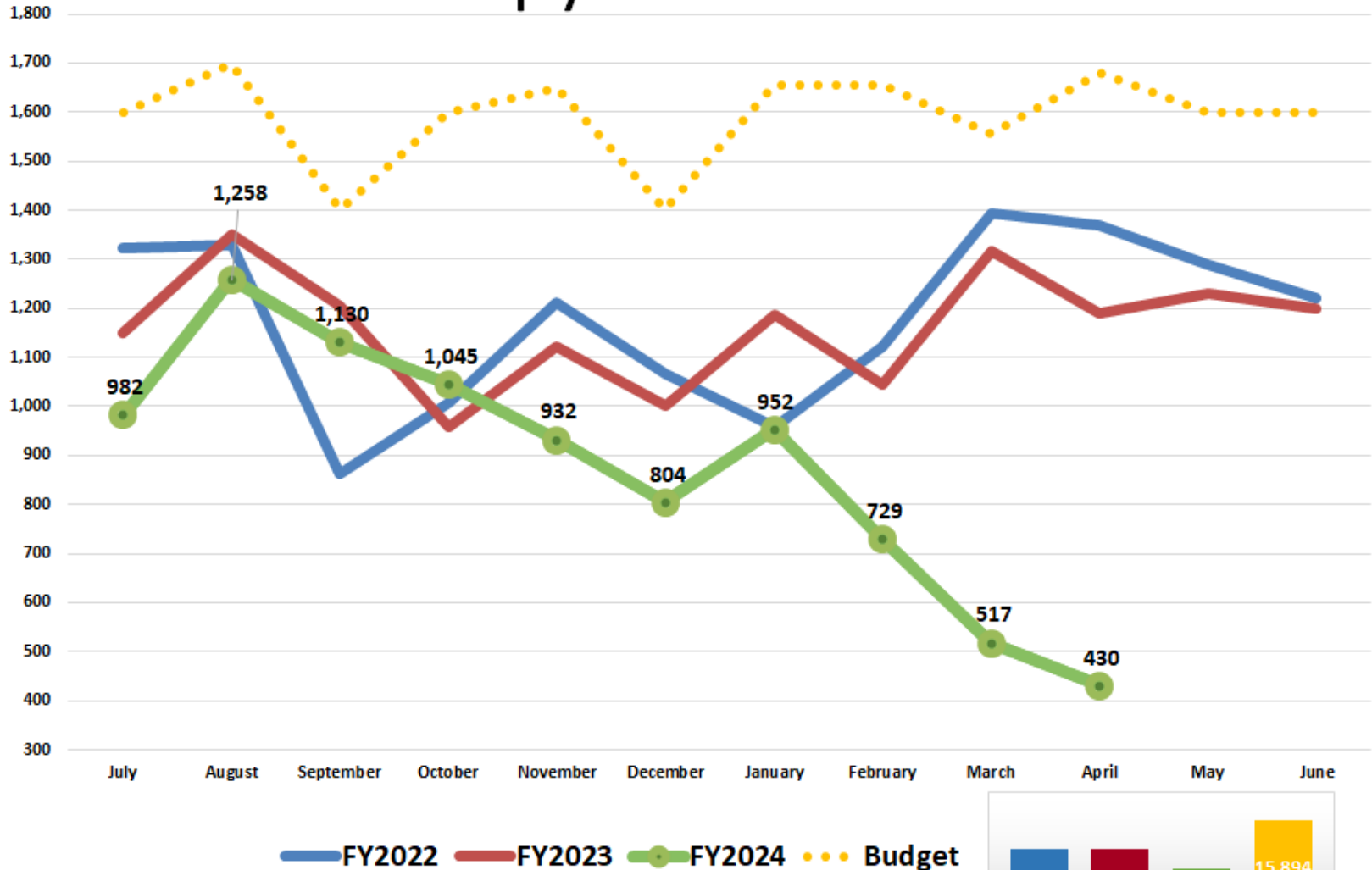
Cardiac Rehabilitation



—●— FY2022
 —●— FY2023
 —●— FY2024
 -.-.- Budget



Therapy-Wound Care



Agenda item intentionally omitted