



September 20, 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, September 25, 2024:

- 4:00PM Open meeting to approve the closed agenda.
- 4:01PM Closed meeting pursuant to Government Code 54956.8, Government Code 54956.9(d)(1), Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155.
- 4:15PM Open meeting.

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

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

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

KAWEAH DELTA HEALTH CARE DISTRICT  
David Francis, Secretary/Treasurer

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

Kelsie Davis  
Board Clerk / Executive Assistant to CEO

**DISTRIBUTION:**

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



## KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

**Wednesday September 25, 2024 {Regular Meeting}**

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

1. CALL TO ORDER
2. APPROVAL OF AGENDA
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
4. **APPROVAL OF THE CLOSED AGENDA – 4:01PM**  
**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.  
*Action Requested – Approval of the September 25, 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). 1 Case  
*Dianne Cox, Chief Human Resource Officer and Rachele Berglund, Legal Counsel*
3. **CONFERENCE WITH LEGAL COUNSEL – [ANTICIPATED LITIGATION](#)** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2). 1 Case  
*Evelyn McEntire and Rachele Berglund, Legal Counsel*
4. **CONFERENCE WITH LEGAL COUNSEL – [PENDING LITIGATION](#)** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(1). – Written Report  
*Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*  
  
Martinez (Santillian) v KDHCDC Case # VCU279163  
Franks v KDHCDC Case No. VCU290542

Wednesday September 25, 2024

9/20/2024 9:31:57 AM

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

Burns-Nunez v KDHCDC Case No. VCU293109  
Oney v KDHCDC Case No. VCU293813  
Parnell v KDHCDC Case No. VCU292139  
Benton v KDHCDC Case No. VCU295014  
Cano v KDHCDC Case No. VCU300701  
Newport v KDHCDC Case No. VCU295708  
Vanni v KDHCDC Case No. VCU299235  
M. Vasquez v KDHCDC Case No. VCU297964  
Borba v KDHCDC Case No. VCU301816  
Zamudio v KDHCDC Case No. 302284  
Apkarian-Souza v KDHCDC Case No. VCU303650  
Pendleton v KDHCDC Case No. 305571  
Rhodes v. KDHCDC Case No. VCU306460  
Negrete v. KDHCDC Case No. VCU309437  
Newport v. KDHCDC Case No. 1:23-CV-01752-NODJ-SAB

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.  
*Julianne Randolph, MD*
6. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.  
*Julianne Randolph, MD*
7. **APPROVAL OF THE CLOSED MEETING MINUTES** –From August 28, 2024, closed meeting 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 August 28, 2024, closed minutes.*
8. **ADJOURN**

## **OPEN MEETING AGENDA {4:15PM}**

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.

Wednesday September 25, 2024

*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. [OPEN MINUTES](#) – Request approval of the August 28, 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 August 28, 2024, open minutes.*

6. **RECOGNITIONS**

6.1. Presentation of [Resolution 2238 to Hilda Jimenez](#) in recognition as the Kaweah Health World Class Employee of the month – September 2024 – *Director Levitan*

6.2. Presentation of [Resolution 2239 to Joseph Lambert](#) in recognition of his 41 years of service and retirement. – *Director Levitan*

6.3. Presentation of Achievement to the Rapid Response Team in achieving gold status from the American Hospital Association. – *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.

*Julianne Randolph, MD*

**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 September 25, 2024, medical staff credentials report.*

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

*Julianne Randolph, MD*

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 September 25, 2024, Consent Calendar*

9.1. **REPORTS**

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Throughput](#)
- D. [Environment of Care](#)
- E. Other Professional Service Reports:
  - E.1. [Urgent Care Centers](#)
  - E.2. [Rural Health Clinics](#)
  - E.3. [Inpatient Medical Services](#)

Wednesday September 25, 2024

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Secretary-Treasurer

Ambar Rodriguez – Zone V  
Board Member

- E.4. [NW Senior Housing, LLC](#)
- E.5. [Quail Park Retirement Village, LLC](#)
- E.6. [Laurel Court at Quail Park](#)

## 9.2. MEC

- A. Privilege Form Revision – [Radiology](#)
- B. Privilege Form Revision – [APP, NP/PA](#)

## 9.3. CLAIMS

- A. Rejection of Claim Letter- [Sarah Martin](#)
- B. Rejection of Claim Letter- [John L. Maxey, Jr.](#)

## 9.4. RESOLUTIONS

- A. [Resolution 2240 to Catherine Stevens](#) in recognition of her 27 years of service and retirement.

- 10. [ENGAGEMENT SURVEY](#)- High-Level review of recent employee and physician survey results and key takeaways. – *Suzanne Jackson, Workforce & Engagement Advisor, Press Ganey & Dianne Cox, Chief Human Resource Officer*
- 11. [STRATEGIC PLAN- PHYSICIAN ALIGNMENT](#)- Detailed review of Strategic Plan Initiative – *Ryan Gates, Chief Population Health Officer and JC Palermo, Director of Physician Recruitment*
- 12. [KAWEAH HEALTH BEST PRACTICE TEAM](#)- A review of outcome, key process measures and related actions focused on the evidenced-based care of patients with Heart Failure, Pneumonia, and Congested Obstructive Pulmonary Disease. – *Michael Tedaldi, MD, Medical Director of Best Practice Teams & Wendy Jones, Director of Respiratory Services.*
- 13. [FINANCIALS](#) – Review of the most current fiscal year financial results. *Malinda Tupper – Chief Financial Officer*
- 14. **REPORTS**
  - 14.1. [Chief Executive Officer Report](#) - Report on current events and issues. *Gary Herbst, Chief Executive Officer*
  - 14.2. [Board President](#) - Report on current events and issues. *Mike Olmos, Board President*

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**Wednesday September 25, 2024**

**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**

**Agenda item intentionally omitted**

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY AUGUST 28, 2024, AT 3:45PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; 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 3:45 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

**CONSENT CALENDAR-** Director Olmos entertained a motion to approve the Special August 28, 2024, consent calendar.

Public Participation – None.

*MMSC (Francis/Havard Mirviss) to approve the Special August 28, 2024, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis*

Director Olmos asked for approval of the Special Closed agenda – 3:46pm.

Public Participation- None.

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

**ADJOURN** - Meeting was adjourned at 3:46PM

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 AUGUST 28, 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. Blume; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer; D. Cox, Chief Compliance Officer; K. Noeske, Chief Nursing Officer; P. Stefanacci, Chief Medical & Quality Officer; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 4:11 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

Director Olmos asked for approval of the closed agenda.

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

**ADJOURN** - Meeting was adjourned at 4:11PM

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 JULY 24, 2024, AT 4:15PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; D. Hightower, MD; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; J. Batth, Chief Operating Officer; D. Cox, Chief Human Resource Office; B. Cripps, Chief Compliance Officer; P. Stefanacci, Chief Medical & Quality Officer; K. Noeske, Chief Nursing Officer; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 4:53 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – Armondo Murrieta introduced himself to the board and stated he is the new Board Member for Zone V.

**CLOSED SESSION ACTION TAKEN:** approval of the closed meeting minutes from June 26, 2024, and July 24, 2024.

**OPEN MINUTES** – Requested approval of the open meeting minutes from July 24, 2024.

**PUBLIC PARTICIPATION** – None.

*MMSC (Francis/Levitan) to approve the open minutes from July 24, 2024.*

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

**RECOGNITIONS**

Director Rodriguez presented Resolution 2235 to Yajaira Madera Avonce, in recognition as the Kaweah Health World Class Employee of the month – August 2024.

Director Rodriguez presented Resolution 2237 to Jennifer Cawley, in recognition of her 32 years of service and retirement from Kaweah Health.

Resolution 2236 to Gloria Lizardo was a no show.

**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, Chief of Staff*

- No report.

**Public Participation** – None.

Director Olmos requested a motion for the approval of the credentials report as presented August 28, 2024.

*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 August 28, 2024, consent calendar.

**PUBLIC PARTICIPATION** – None.

*MMSC (Havard Mirviss/Francis) to approve the August 28, 2024, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis*

**STROKE PROGRAM QUALITY REPORT** – A review of key quality indicators and action plans related to the care of the stroke population. Copy attached to the original of the minutes and to be considered a part thereof.

*Sean Oldroyd, OD, Stroke Program Medical Director*

**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 5:50PM

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 2238**

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

**PASSED AND APPROVED this 25th day of September 2024 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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



## **RESOLUTION 2239**

**WHEREAS, Joseph Lambert, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 41 years of service; and,**

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

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

**NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Joseph Lambert for 41 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 25<sup>th</sup> day of September 2024 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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

# Board Report - Physician Group Targets - Sep. 2024



	Other Recruitment/Group TBD	Delta Doctors	Key Medical Associates	Orthopaedic Associates	Sequoia Cardiology	Oak Creek Anesthesia	Valley ENT	Valley Children's
1	CT Surgery x2	Adult Psychiatry x1	Gastroenterology x1	Orthopedic Surgery (General) x1	EP Cardiology x1	Anesthesia - Cardiac x1	Audiology x1	Maternal Fetal Medicine x2
2	Dermatology x2	Family Medicine x2	Pediatrics x1	Orthopedic Surgery (Hand) x1		Anesthesia - General x1	Otolaryngology x1	Neonatology x1
3	Family Medicine x3		Pulmonology x1					Pediatric Cardiology x1
4	Gastroenterology x2		Rheumatology x1					Pediatric Hospitalist x1
5	General Cardiology x1							
6	Neurology - Outpatient x1							
7	OB/GYN - x2							
8	Pediatrics x1							
9	Pulmonology - Outpatient x1							
10	Urology x3							

# Board Report - Physician Recruitment - Sep. 2024



	Specialty	Group	Phase	Expected Start Date
1	Neonatology	Valley Childrens	Site Visit	
2	Cardiothoracic Surgery	TBD	Site Visit	
3	Rheumatology	TBD	Screening	
4	Cardiology (EP)	TBD	Screening	
5	Family Medicine	TBD	Screening	
6	Family Medicine	TBD	Screening	
7	ENT	Valley ENT	Screening	
8	Occ Med	TBD	Screening	
9	Endocrinology	TBD	Screening	
10	Family Medicine	TBD	Screening	
11	Cardiology (EP)	TBD	Screening	
12	Cardiology (EP)	TBD	Screening	
13	Rheumatology	TBD	Screening	
14	Occ Med	TBD	Screening	
15	Pulmonology	TBD	Screening	
16	Anesthesia (CC)	Oak Creek	Screening	
17	ENT	Valley ENT	Screening	
18	Cardiology (EP)	TBD	Screening	
19	Gastroenterology	TBD	Screening	
20	Diagnostic Radiology	Mineral King Radiology	Screening	
21	OB/GYN	TBD	Screening	
22	Anesthesia (Cardiac)	Oak Creek	Screening	
23	Family Medicine	KH Faculty MG	Screening	
24	Orth Surgeon (Hand)	Orthopedic Assoc	Screening	
25	General Surgery	TBD	Screening	
26	Neuropsychiatry	TBD	Screening	
27	OB/GYN	TBD	Screening	
28	General Surgery	TBD	Screening	
29	Orth Surgeon (General)	Orthopedic Assoc	Screening	
30	Pulmonology	Sound/ 1099 - KH Direct	Screening	
31	General Surgery	TBD	Screening	
32	PM&R	TBD	Screening	
33	Neurology	TBD	Screening	
34	ENT	Valley ENT	Screening	
35	Occ Med	TBD	Screening	
36	Vascular Surgery	South Valley Vasc	Screening	
37	Occ Med	TBD	Screening	
38	Cardiology (EP)	TBD	Screening	
39	Gastroenterology	TBD	Screening	
40	Urology	1099 - KH Direct	Offer Extended	
41	Family Medicine	TBD	Offer Extended	
42	Vascular Surgery	South Valley Vasc	Offer Extended	
43	Cardiothoracic Surgery	1099 - KH Direct	Offer Accepted	01/05/25
44	Dermatology	1099 - KH Direct	Offer Accepted	02/01/25
45	Intensivist	Sound	Offer Accepted	09/30/24
46	Ped Hospitalist	Valley Childrens	Offer Accepted	10/14/24
47	Intensivist	Sound	Offer Accepted	09/04/24
48	Anesthesia (CRNA)	Oak Creek	Offer Accepted	01/01/25

	Specialty	Group	Phase	Expected Start Date
49	General Surgery	TBD	Offer Accepted	09/01/25
50	Anesthesia (CRNA)	Oak Creek	Offer Accepted	01/01/25
51	Anesthesia (Cardiac)	Oak Creek	Offer Accepted	10/01/24
52	OBGYN	W2 - KH Friendly PC	Offer Accepted	10/01/25
53	Ped Hospitalist	Valley Childrens	Offer Accepted	09/23/24
54	Pulmonology	1099 - KH Direct	Offer Accepted	03/01/25
55	Intensivist	Sound	Offer Accepted	10/01/24





# FY 2025 Strategic Plan

Monthly Performance Report  
Sept 25, 2024



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



**Kaweah Health**

MORE THAN MEDICINE. LIFE <sup>70/328</sup>

### Kaweah Health Strategic Plan: Fiscal Year 2025

**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**

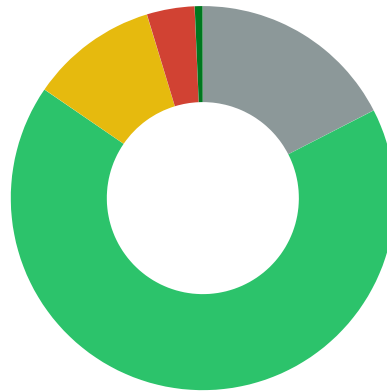
*Achieve outstanding community health.  
Deliver excellent service.  
Provide an ideal work environment.  
Empower through education.  
Maintain financial strength.*

**Our Five Initiatives**

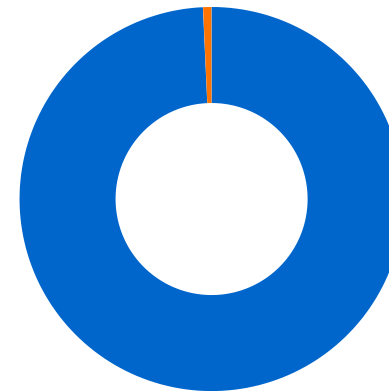
*Ideal Environment  
Strategic Growth and Innovation  
Outstanding Health Outcomes  
Patient Experience and Community Engagement  
Physician Alignment*

**Kaweah Health Strategic Plan FY2025 Overview**

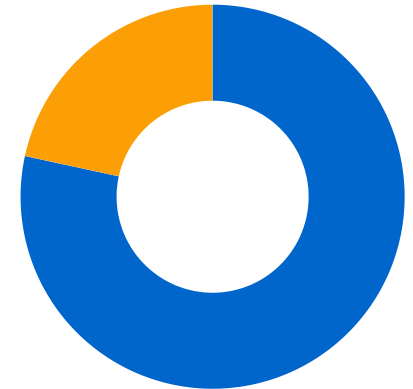
Statues



Due Dates



Progress Updates



● Not Started	26 (17%)
● On Track	100 (67%)
● Off Track	16 (11%)
● At Risk	6 (4%)
● Achieved	1 (1%)

● Not Past Due	140 (99%)
● Past Due	1 (1%)

● Up-to-Date	109 (78%)
● Late	30 (22%)
● Pending	0 (0%)

## Ideal Environment

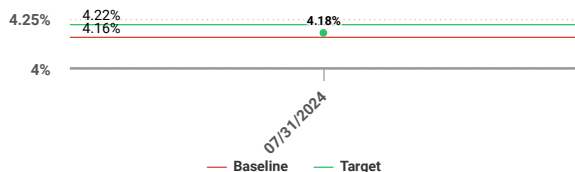
**Champions: Dianne Cox and Hannah Mitchell**

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

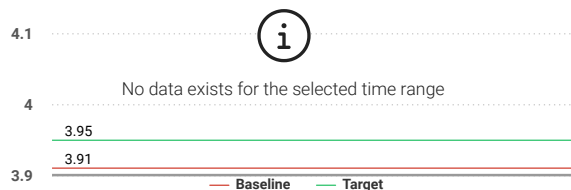
### FY2025 Strategic Plan - Ideal Environment Strategies

#	Name	Description	Status	Assigned To	Last Comment
1.1	Integrate Kaweah Care Culture	Integrate Kaweah Care culture into the various aspects of the organization.	On Track	Dianne Cox	<p>The Kaweah Care Steering Committee and its subcommittees are dedicated to embedding the Kaweah Care culture throughout the organization.</p> <p>Employee Engagement and Experience: We have planned a year-round calendar of exciting events to boost employee engagement and synergy, along with recognizing achievements through Starlight awards and Team Pyramid awards.</p> <p>Ideal Practice Environment Committee: Our focus is on enhancing the provider experience by improving the environment, systems, and overall culture.</p> <p>Patient Engagement and Experience Committee: We work on service recovery, patient navigation, managing lost belongings, improving customer service, enhancing the environment, and ensuring timely communication and transitions.</p>
1.2	Ideal Practice Environment	Ensure a practice environment that is friendly and engaging for providers, free of practice barriers.	On Track	Lori Winston	<p>We have initiated several efforts aimed at enhancing provider experience:</p> <p>Team Rounding: Brief team rounding (60-90 seconds per room) involving a physician, RN, and case manager to streamline communication and improve patient care.</p> <p>Dedicated Workspaces: Will be establishing workstations in key locations including 5T, the library, and various hospital areas. Restoration/remodeling of the Medical Staff lounge, female locker room, and surgery spaces to better support provider needs.</p>
1.3	Growth in Nursing School Partnerships	Increase the pool of local RN candidates with the local schools to increase RN cohort seats and increase growth and development opportunities for Kaweah Health Employees	On Track	Dianne Cox	<p>We have formed partnerships with local high schools for the Career Technical Education program, including Visalia Unified, Cutler, Orosi, Hanford West, Tulare Joint Union, and Lindsay.</p> <p>Additionally, we are rolling out several initiatives: a Leadership Academy, an Emerging Leaders Program, Charge Nurse Development, and Mentorship and Succession Planning. A comprehensive calendar has been created to support and schedule all upcoming learning events.</p>

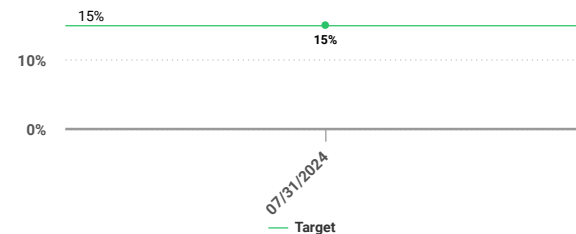
Employee Engagement Survey Score Greater Than 4.2%



Physician and APP Engagement Survey Score Greater Than 3.95%



Decrease Overall Turnover Rate (< 15%)



### Strategic Growth and Innovation

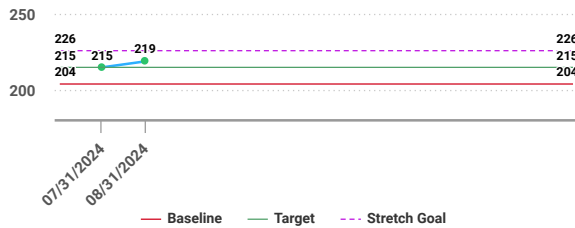
#### Champions: Jag Batth and Kevin Bartel

**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**.

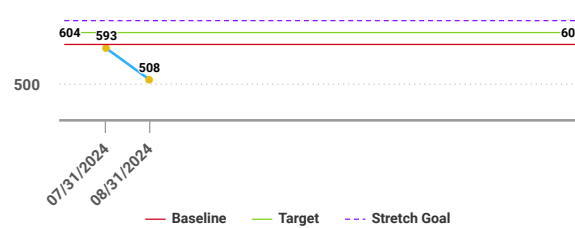
#### FY2025 Strategic Plan - Strategic Growth and Innovation Strategies

#	Name	Description	Status	Assigned To	Last Comment
2.1	Grow Targeted Surgery/Procedure Volumes	Grow volumes in key service lines, including Orthopedics, Endoscopy, Urology and Cardio Thoracic services.	Off Track	Kevin Bartel	Only 1 of the 4 surgical volume goals (orthopedic) was met for August 2024. All others were off track due for varying reasons. Urology saw improvement in surgical volume, but is still limited primarily by lack of consistent USC subspecialist presence and limited on-call coverage. Endoscopy had multiple physicians on vacation in August which impacted overall volume, and cardiothoracic saw a dramatic decrease in elective volume primarily driven by service line decisions to change affiliated partnerships, with recruitment ongoing to backfill for CTS surgeons.
2.2	Expand Clinic Network	Strategically expand and enhance the existing clinic network to increase access at convenient locations for the community.	On Track	Ivan Jara	We continue to evaluate and pursue growth opportunities through recruitment, acquisitions, new locations, quality initiatives, state/federal programs, and a team-based care model. All areas currently have active projects supporting the expansion of the clinic network.
2.3	Innovation	Implement and optimize new tools and applications to improve the patient experience, communication, and outcomes.	Off Track	Jag Batth	The innovation metric is comprised of a variety of tactics and ideas that bring innovation to Kaweah Health. Some of these initiatives are on track, but others are not and plans are being developed to re-engage appropriate resources that should result in improved results.
2.4	Enhance Health Plan Programs	Improve relationships with health plans and community partners and participate in local/state/federal programs and funding opportunities to improve overall outcomes for the community.	On Track	Sonia Duran-Aguilar	Monthly meetings with MCPs to discuss CalAIM and quality remain underway. Were just awarded \$647,946 by DHCS to grow capacity for ECM and CS. Funding will go towards salary savings for RN Case Managers.
2.5	Explore Organizational Affiliations and Partnerships	Pursue organizational affiliations and partnerships.	On Track	Marc Mertz	We continue to evaluate opportunities with partners and affiliates.

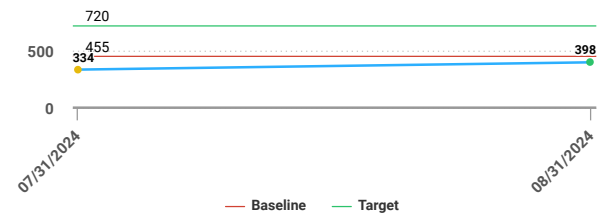
Perform 215 Orthopedic Surgery Cases Per Month



Perform 636 Endoscopy Cases Per Month



Increase Enrollment to 720 Lives in Enhanced Care Management



### Outstanding Health Outcomes

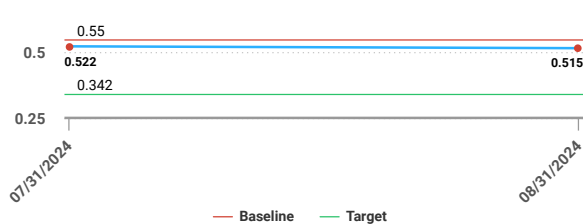
**Champions: Dr. Paul Stefanacci and Sandy Volchko**

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

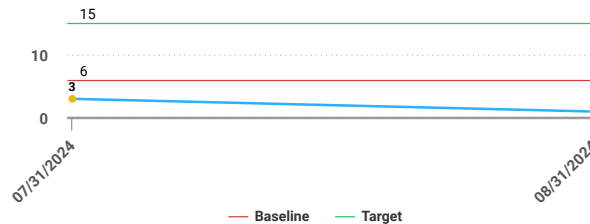
#### FY2025 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To	Last Comment
3.1	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	Off 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.
3.2	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.
3.3	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.
3.4	Quality Improvement Program (QIP) Reporting	Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.	Off Track	Sonia Duran-Aguilar	Anthem Blue Cross data recently loaded on to Cozeva, but numbers are not accurate. Unable to provide Performance at this time.
3.5	Health Equity	Identify health disparities that improve affordable access to care by enhancing care coordination and more effective treatment through healthy living.	On Track	Sonia Duran-Aguilar	Monthly Health Equity Committee Meeting in place. Identification of disparities for Population of Focus (Pregnant Persons) remains underway. Discussion of focus on Maternal/Child Outcomes disparities.
3.6	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	An inpatient diabetes management team has been established to focus on optimizing diabetes care for patients using Glucomander (GM), aiming to reduce hypoglycemia rates to or below SHM benchmarks for both critical and non-critical patients, and to minimize recurrent hypoglycemia in these settings to meet or fall below SHM benchmarks.  For clinical scenarios where GM is not suitable for managing glycemic excursions, non-Glucomander power plans are utilized.

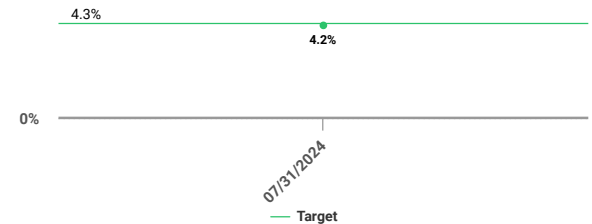
Decrease Standardized Infection Ratio (SIR) CAUTI to < 0.401



Meet or exceed 15 QIP measures in 2024



Hypoglycemia in Critical Care Patients (< 4.3%)



## Patient Experience and Community Engagement

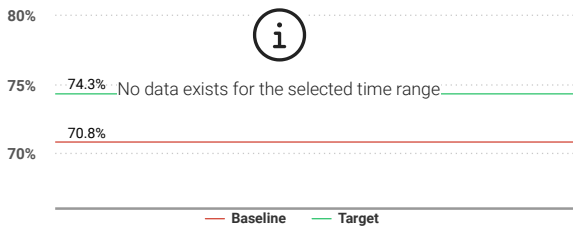
Champions: Keri Noeske and Deborah Volosin

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

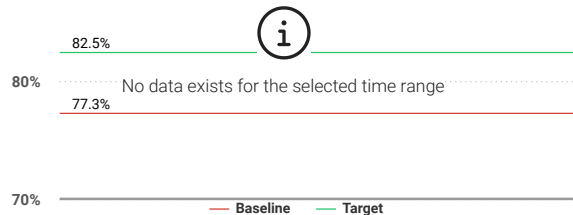
### FY2025 Strategic Plan - Patient Experience and Community Engagement Strategies

#	Name	Description	Status	Assigned To	Last Comment
4.1	Highlight World-Class Service/Outcomes (Hospitality Focus)	Develop strategies that give our health care team the tools they need to deliver a world-class health care experience. We aim to be in the 90th percentile over the next three years.	On Track	Keri Noeske	Three tactics of this strategy have been reported as on track. Patient Navigation has made great progress in integrating a "First-call" Resolution program to all RHC's. We are on track to hit out target for Best Image/Reputation Score. Lastly, new signage will be install soon to assist in patient wayfinding.
4.2	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	FY25 expands training and expectations to deliver consistent, compassionate communication.
4.3	Enhancement of Systems and Environment	To create a secure, warm and welcoming environment for patients and the community.	Not Started	Keri Noeske	
4.4	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 Community Advisory Councils continue to meet and provide feedback and work on projects and initiatives. (Patient Guide review, Things to Know While You Wait QR code for ED waiting room and patient rooms, feedback for Lost & Found)

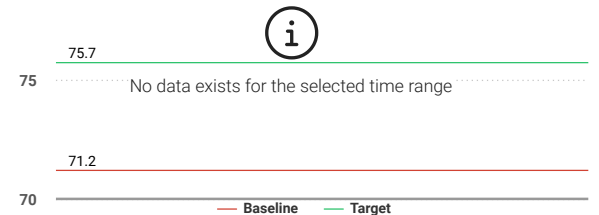
#### Achieve a score of 74.3 in HCAHPS Overall Rating



#### Achieve a score of 82.5 in Nursing Communication Inpatient Score



#### Achieve a score of 75.7 in the Cleanliness of Clinic Environment



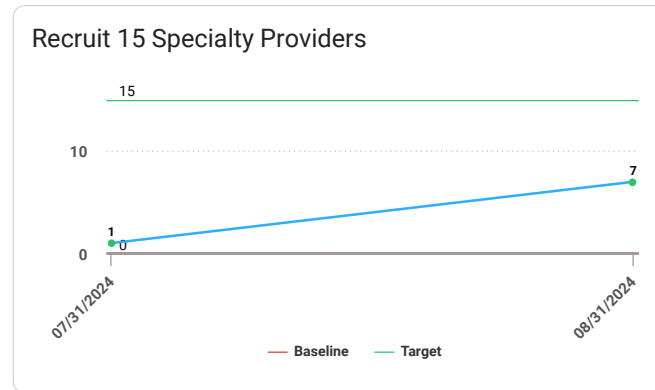
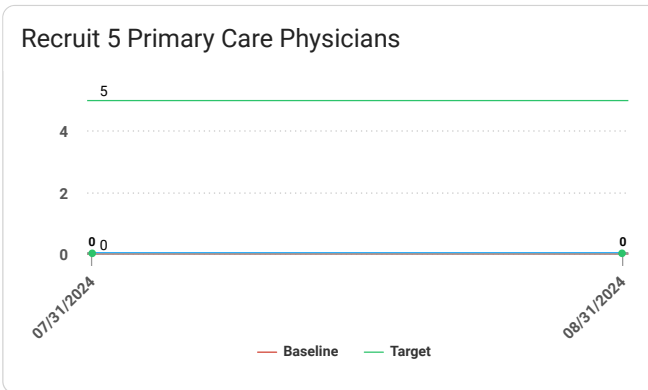
## Physician Alignment

Champions: Ryan Gates and JC Palermo

**Objective: Develop services and opportunities that improve alignment with and support for contracted and affiliated physician practices.**

### FY2025 Strategic Plan -Physician Alignment - Strategies

#	Name	Description	Status	Assigned To	Last Comment
5.1	Recruit Providers	Develop a recruitment strategy and employment options for physicians that will assist with recruitment of providers to support community needs and Kaweah Health's growth.	On Track	JC Palermo	A committee has been formed and has started to meet. With the goal of being quicker to make decisions and place offers in front of physicians, we are taking a proactive stance at outlining short-and-long term business models, along with predetermining recruitment assistance and compensation based on specialty. This committee is currently meeting every two weeks while we establish changes and then will meet at least monthly moving forward.
5.2	Physician Alignment and Practice Support	Develop services and opportunities that improve alignment with and support for contracted and affiliated physician practices.	On Track	Ryan Gates	Review of contract provided by MSO complete by Kaweah executives with minor clarification, sent back to MSO for finalization of agreement.



# Throughput Steering Committee

## 9/17/2024

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<b>In person meeting cancelled, information sent to team via email.</b>	
<b>Agenda Item</b>	<b>Owner and Action Item</b>
Data Review <ul style="list-style-type: none"><li>• Review dashboards and scorecard</li><li>• Data Sharing with Medical Staff</li></ul>	Team
New Business <ul style="list-style-type: none"><li>• Discharge Order to Discharge Time</li><li>• Patient Progression</li><li>• ED to Inpatient Admission Process</li><li>• Observation Program</li></ul>	Denice C and Emma M Denice C Denice C / ED Director Emma M



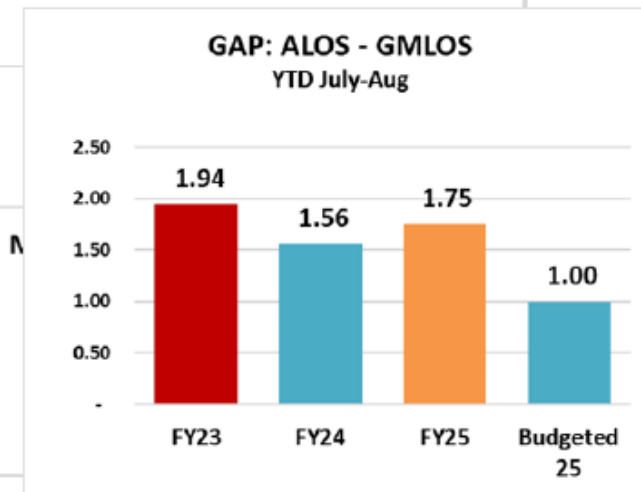
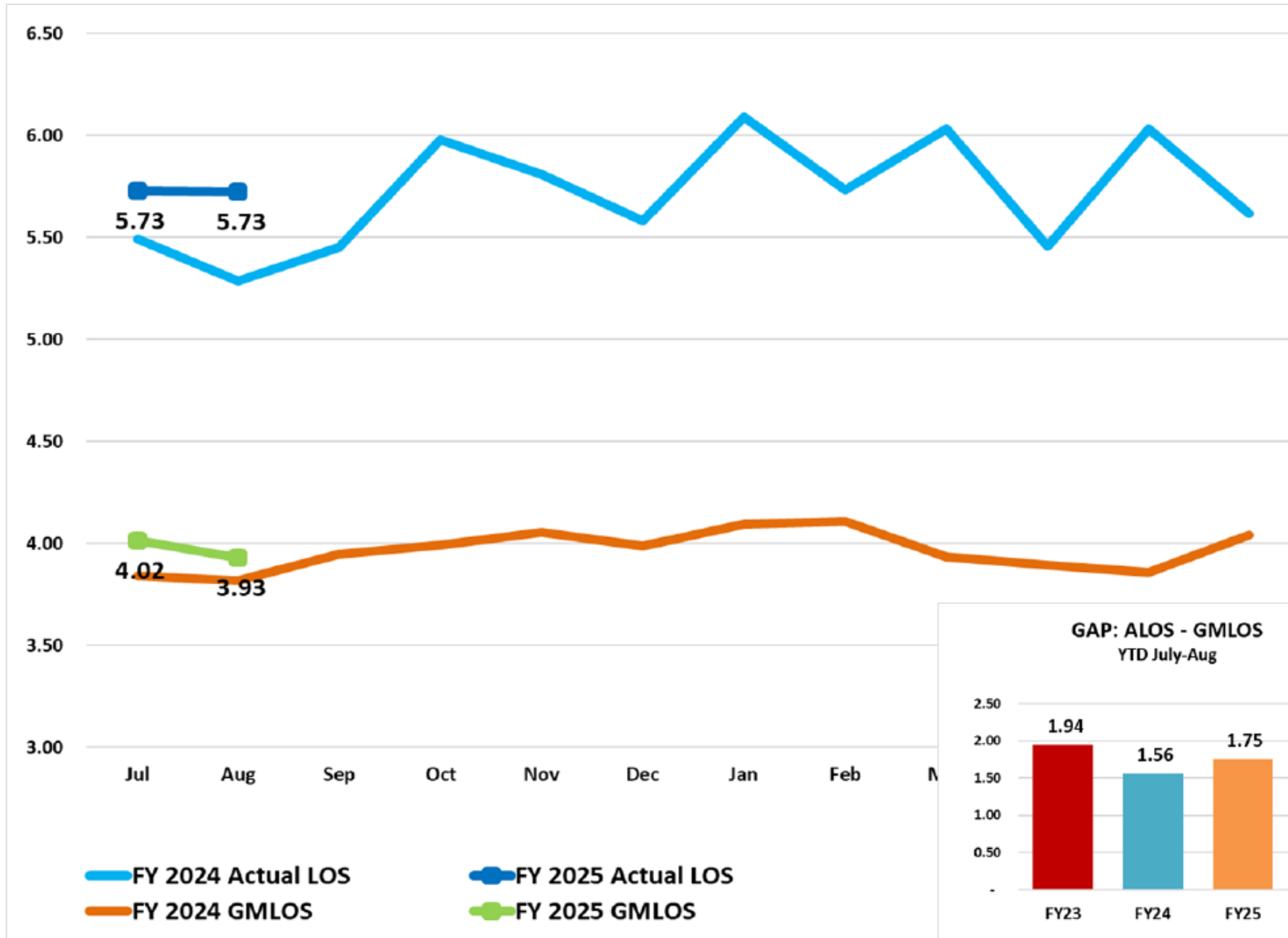
# Throughput Steering Committee September 2024



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

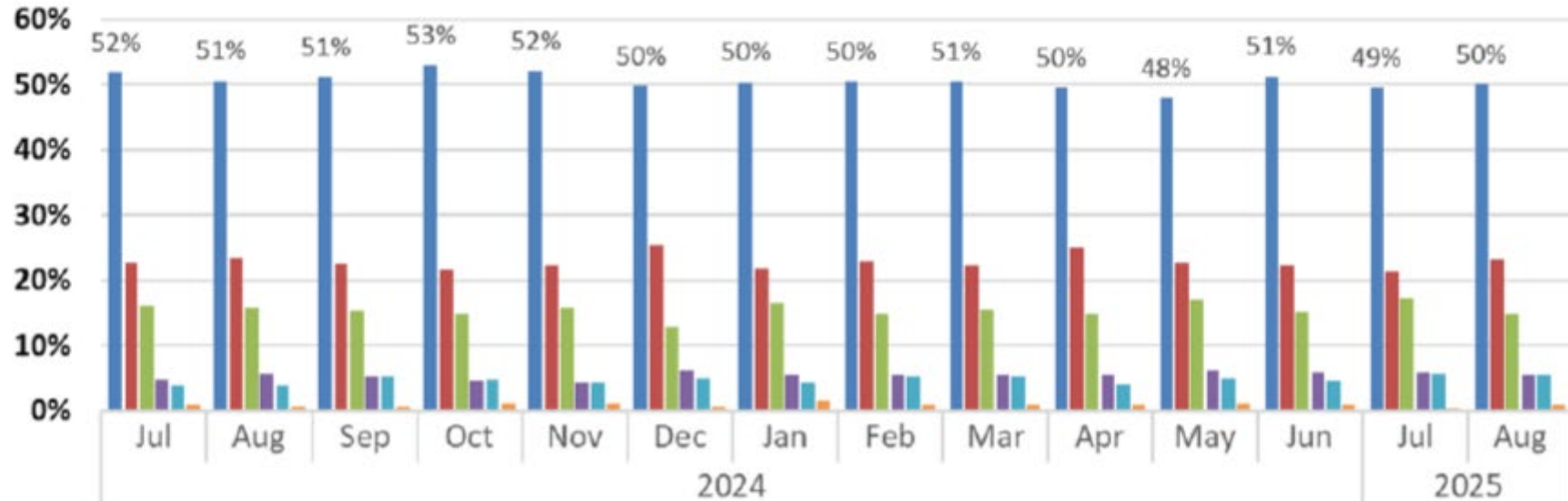


# Average Length of Stay versus National Average (GMLOS)



# Average Length of Stay Distribution

## FY25 Overall LOS Distribution



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
at GMLOS or Better	52%	51%	51%	53%	52%	50%	50%	50%	51%	50%	48%	51%	49%	50%
1-2 days over GMLOS	23%	23%	23%	22%	22%	26%	22%	23%	22%	25%	23%	22%	21%	23%
2-6 days over GMLOS	16%	16%	15%	15%	16%	13%	16%	15%	16%	15%	17%	15%	17%	15%
6-10 days over GMLOS	5%	6%	5%	5%	4%	6%	6%	6%	5%	5%	6%	6%	6%	5%
10-30 days over GMLOS	4%	4%	5%	5%	4%	5%	4%	5%	5%	4%	5%	5%	6%	6%
30+ days over GMLOS	0.9%	0.8%	0.6%	1.1%	1.2%	0.7%	1.5%	1.0%	0.9%	0.9%	1.2%	0.8%	0.5%	0.8%

# Performance Scorecard

## Leading Performance Metrics – Inpatient & Observation

Age Group

(All)

Behavioral Health

(All)

Metric	Patient Type	Definition	Goal	Baseline**	Discharge Date				
					4/1/2024				8/31/2024
<b>Observation Average Length of Stay (Obs ALOS)</b> <i>(Lower is better)*</i>	Overall	Average length of stay (hours) for observation patients	36	41.29	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
					45.80	43.94	41.13	38.28	35.96
<b>Inpatient Average Length of Stay (IP ALOS)</b> <i>(Lower is better)*</i>	Overall	Average length of stay (days) for inpatient discharges	5.64	5.75	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
					5.44	6.07	5.67	5.80	5.73
<b>Inpatient Observed-to-Expected Length of Stay</b> <i>(Lower is better)**</i>	Overall	Observed LOS / geometric mean length of stay for inpatient discharges	1.32	1.48	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
					1.41	1.58	1.41	1.45	1.46
<b>Discharges*</b>	Inpatient	Count of inpatient discharges	N/A	1,358	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
	Observation	Count of observation discharges	N/A	795	1,291	1,361	1,314	1,455	1,381
	Overall	Count of inpatient and observation discharges	N/A	2,153	863	842	814	746	750
					2,154	2,203	2,128	2,201	2,131

\*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				
					4/1/2024 12:00:00 AM				8/31/2024 11:59:59 PM
<b>ED Boarding Time</b> <i>(Lower is better)*</i>	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	150	271	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
					363	208	303	405	198
	Observation	Median time (minutes) for admission order written to check out for observation patients	150	300	233	272	311	422	328
	<b>Overall</b>	Median time (minutes) for admission order written to check out for inpatient and observation patients	150	273	355	212	303	406	201
<b>ED Admit Hold Volume</b> <i>(Lower is better)*</i>	<b>Overall &gt;4 Hours</b>	Count of patients (volume) with ED boarding time $\geq$ 4 hours	N/A	552	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
					643	411	596	723	434
<b>ED Length of Stay (ED LOS)</b> <i>(Lower is better)*</i>	Discharged	Median ED length of stay (minutes) for discharged patients	214	292	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
					288	290	297	317	290
	Inpatient	Median ED length of stay (minutes) for admitted patients	500	726	793	612	766	909	632
	Observation	Median ED length of stay (minutes) for observation patients	500	696	729	619	781	876	660
	<b>Overall</b>	Median ED length of stay (minutes) for admitted and discharged patients	N/A	340	338	337	351	372	329
<b>ED Visits*</b>	Discharged	Count of ED visits for discharged patients	N/A	6,447	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
					6,156	6,664	6,436	6,567	6,454
	Inpatient	Count of ED Visits for admitted patients	N/A	1,199	1,194	1,163	1,213	1,280	1,215
	Observation	Count of ED Visits for observation patients	N/A	424	451	477	427	383	378
	<b>Overall</b>	Count of ED visits	N/A	8,069	7,801	8,304	8,076	8,230	8,047

\*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

## Critical Issues / Barriers

**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

**Critical Issues (e.g. Barriers):** staffing challenges; alignment of staff incentives and organizational goals

**Goals and Objectives:** clarify care team roles and responsibilities; streamline and standardized multidisciplinary huddles to support advanced discharge planning and discharge before noon goal

**Deliverables:**

- 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

**Metrics:** **Questionable, may change.** % of inpatients with discharge orders before 10 am and accuracy of predicted discharges and discharges before noon

## 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					

**Accomplishments:**

- 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.

**Next Steps:**

- Working with the team to identify LOS barriers and will start working through workflow for those areas. List attached.
- Hired second TS, currently working on standardized forms and processes.
- TS to work through Diagnostic and procedural delays by creating standardized processes for escalation. Also, will create re-pat for tertiary accepted pts back to originating facility.
- 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**

# Identified Barriers to DC

- IMAGING-MRI, IR, CT, etc.-TS are creating processes and will hand off to floors once accomplished, multiple barriers, this will be a project for the UR Committee also. [Meeting with Renee Susan Plummer, Leah, Josh Day, TS, for planning stages to hinder delays.](#)
- Insurance Authorizations-Do we own the process, with some of our SNFs we have already started owning this process, this is a discussion on the next PACPs agenda. [Working on freeing up 4T CM to be committed “auth” nurse for SNF inpt and ED SNF placements](#)
- Floor nurses and Physicians holding DC for SDoH without consulting PFS, CM. We will be working with Floor leaders on this along with Physicians. Current process is to deal with each situation as they arise until education is done.
- Medi-cal secondary for custodial DC. Preemptively starting Medi-cal on prior admissions because we see “the writing on the wall” This has been discussion in Throughput huddles, and coordination with Financial advisors has been had also. [Initial meeting with financial Counselors completed.](#)
- Complex care starting earlier or consulting on resources, Floor Cm are aware and are identifying need for help earlier in stay, will continue to nurture this process until it is set in.

# Rounding Revamp

- Committed time, committed place, rapid fire, one nurse at a time.
- Bedside Rounding should be done with Dr and Bedside Nurse only in room.
- HUC will make sure nurses are reminded before rounding and hustle them in. Clarification-Hospitalist patients done during rounding, then Cm and nursing touch base quickly on “other” patients?
- Cm will facilitate the questions to start. What date do you anticipate DC? What are we doing medically during that time for the pt to dc? If new HD getting the Hep Panel and PPD done asap. If SNF does insurance provide that, has PT eval been done? Clarification-rounding only on DC Plan, no need for SBAR report from nursing, CM should know the pt as Doc should also.
- Go Live Date Sept 30<sup>th</sup> working through issues with preemptive failures.



Problem / Goals & Objectives / Metrics	Critical Issues / Barriers
<p><b>Problem Statement:</b> 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</p> <p><b>Goals and Objectives:</b> Decrease ED boarding time and ED admit hold volume by streamlining processes for admitting patients from the ED to inpatient units</p> <p><b>Metrics:</b> ED boarding time, ED admit hold volume by time of day, ED average length of stay for admitted patients, bed request order / admission order volume by time of day, and bed assign to bed occupy (by level of care)</p>	<p><b>Critical Issues (e.g. Barriers):</b> 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</p> <p><b>Deliverables:</b></p> <ul style="list-style-type: none"> <li>Updated inpatient admission criteria policy, ED admission criteria, and corresponding training tools</li> <li>Interdisciplinary structure standard for ED to inpatient admission process and corresponding training tools</li> </ul>
Plan (brief description of tasks, consider feedback loop, measures for success & communication plan)	Accomplishments / Next Steps

#	Milestones	Start Date	Due Date	Who	Status R/Y/G
1	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	July 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.
- Dr TU educating on process for "Request to Admit" will only be put in after contact initiated with admitting Doc. This will ensure the start time is consistent on each pt admit.
- Data for overuse of CT, indicates 36% of pts received CT vs 40% nst average.

**Next Steps:**

- Have identified that reports from Capman do not seem to be correct. Working with Nancy Palsgaard and Jerry Martin to create accurate reports to analyze for baseline data on order to bed times, bed assign to actual arrival on unit times.
- 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**

# Request to Admit to Admit

- Need to clarify when the Ed Docs put in the “Request to Admit” orders in. As they decide it should happen? After they actually consult the Hospitalist/Attending? Dr Tu educating to only put in order for “Request to Admit” after initiating contact with Admitting Doc. End of Oct will establish constant start time for admitting process, and establish baseline for admit order entry delays.
- Hospitalist/Attending- Do they prioritize seeing the pt first, go over chart, wait for results? When do they decide to put in the admit orders?
- Does this process involve nursing staff?
- When does CM look at the situation? Working on 4T CM change in duties to an Auth for all SNF referrals and Placement from ED/Gatekeeper UR
- Is current practice compliant with policy?

# Admit to “Head in a Bed”

- Bed Assignment is contingent on Census color, Pod availability, Staffing, etc.
- How soon is the ED nurse calling report to upstairs
- If call is attempted x 2 take patient up and do bedside report?
- If report is called look at transport times.

## Problem / Goals & Objectives / Metrics

## Critical Issues / Barriers

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

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

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

**Deliverables:**  
Overall Obs LOS: Mar. 43.18, Apr. 47.34, May 45.56, June 41.13, July 38.28, Aug 35.96  
2S Obs LOS: Mar. 41.09, Apr. 46.8, May 40.59, June 43.15, July 42.68, 38.32

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

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

## Accomplishments / Next Steps

#	Milestones	Start Date	Due Date	Who	Status R/Y/G
1	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	●
2	Evaluate and implement a second discharge/throughput round on 2S, continue to work on moving long obs and inpts off the unit (even through high census times)	7/24	8/24	Bre/Emma	●
3	Optimization and utilization review of observation power plan with key stakeholder physicians *Need: Provider specific LOS data	7/24	9/24	Emma/Stakeholder Physicians	●

**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
- Outpatient appointment (NM Lexi, Treadmill, Holter, PCP) process implemented 6/3/24, 1<sup>st</sup> patient completed NM LexiScan on 7/12 (discharged 7/10)

**Next Steps:**

- Outpatient appointment process optimization: consider expanding the providers that are included
- Collaborate with radiology on MRI/CT delays
- Evaluate EEG outpatient appointment process
- Evaluate a targeted afternoon discharge round huddle on 2S
- Ongoing optimization of observation dashboard



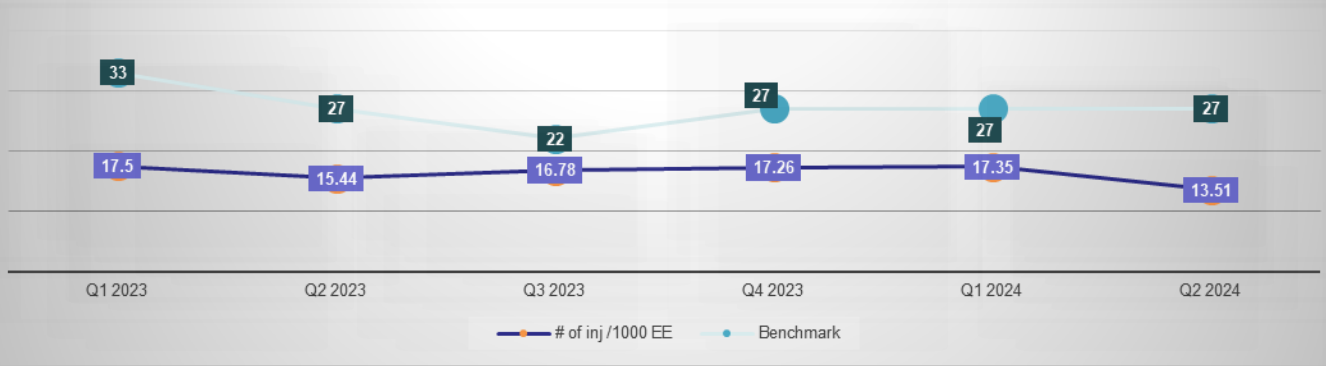
**Environment of Care  
2<sup>nd</sup> Quarter Report  
April 1, 2024 through June 30, 2024  
Presented by  
Maribel Aguilar, Safety Officer  
[maaguila@kaweahhealth.org](mailto:maaguila@kaweahhealth.org)  
559-624-2381**



Kaweah Health  
Performance Monitoring 2<sup>nd</sup> Quarter 2024  
EOC

Performance Standard: Our goal for 2024 is to maintain a safety record that is better than the national benchmark for workplace injuries and illnesses. To achieve this, we are planning to implement new processes that focus on reducing workplace injuries, keeping track of injury trends by department and type, and improving awareness of potential risks. Our Workers Compensation Program will be providing educational opportunities that align with the most common types of injuries in each department.

### # Injuries/1000 Employees vs National Benchmark



#### Evaluation:

- 48 OSHA Recordable Injuries in Q2
- 64 COVID 19 claims, 3 Work Comp
- Provided 17 ergo evaluations Q2
- 20 Sharps Exposure in Q2

Type of Injury	Q1	Q2	Q3	Q4	Total '24	Annualized '24	Totals '23
Total Incidents	170	133			303	606	537
COVID 19 + OSHA Recordable	188	64			252	504	991
Lost time cases	51	48			99	198	323
Strain/Sprain	38	35			73	152	182
Sharps Exp.	49	37			86	172	104
# of Employees (EE) end of QTR	16	20			36	72	69
	4943	4998					

#### Plan for Improvement:

We have devised a set of processes to ensure safety and prevent accidents at our workplace. These measures include:

- Providing Managers and Directors with quarterly notifications of Work Injury Reports (WIR), which will contain up-to-date year-to-date information.
- Offering education through quick reference guides that can be posted in break rooms, Mandatory Annual Training (MAT) and/or education provided by clinical education or ancillary departments.
- Conducting follow-ups with managers to identify prevention opportunities and/or process changes and policy reviews. The investigation and follow-up may include photos, videos, and interviews of witnesses and managers.
- Increasing Sharps education in General Orientation by Infection Prevention and Manager Orientation by EHS. Demonstrating the correct sharps activation in new hire physicals with all employees handling sharps.
- Utilizing Physical Therapist Aide in Employee Health for Ergo evaluations. Evaluating for proper body mechanics to prevent injury, stretching exercises, and equipment recommendations to ensure safety with our jobs.
- Working with Infection Prevention to track exposures and outbreaks amongst Health Care Workers in 2024.

#### OSHA recordable injuries and illnesses are as follows:

- Fatalities (reportable)
- Hospitalizations (reportable)
- Claim with lost work day, or modified work with restrictions (recordable)
- Medical treatment other than First Aid (recordable)

**Total Incidents** include First Aid and Report Only

## Infection Prevention Component:

Performance Standard:

## INFECTION PREVENTION COMPREHENSIVE ROUNDS

### Comprehensive Rounds 2024 Infection Prevention Goal:

Will audit for 3 specific observations related to rigid biohazard instrument transport containers:

- (1) Whether used instrumentation/scopes are placed in a rigid biohazard instrument transport container.
- (2) Whether enzymatic/wetting solution is present along all surfaces of used instrumentation/scopes and that enzymatic/wetting solution has not dried out
- (3) That the rigid biohazard instrument transport container is secured “locked” when in use.

**Goal:** 100% compliance (no fallouts).

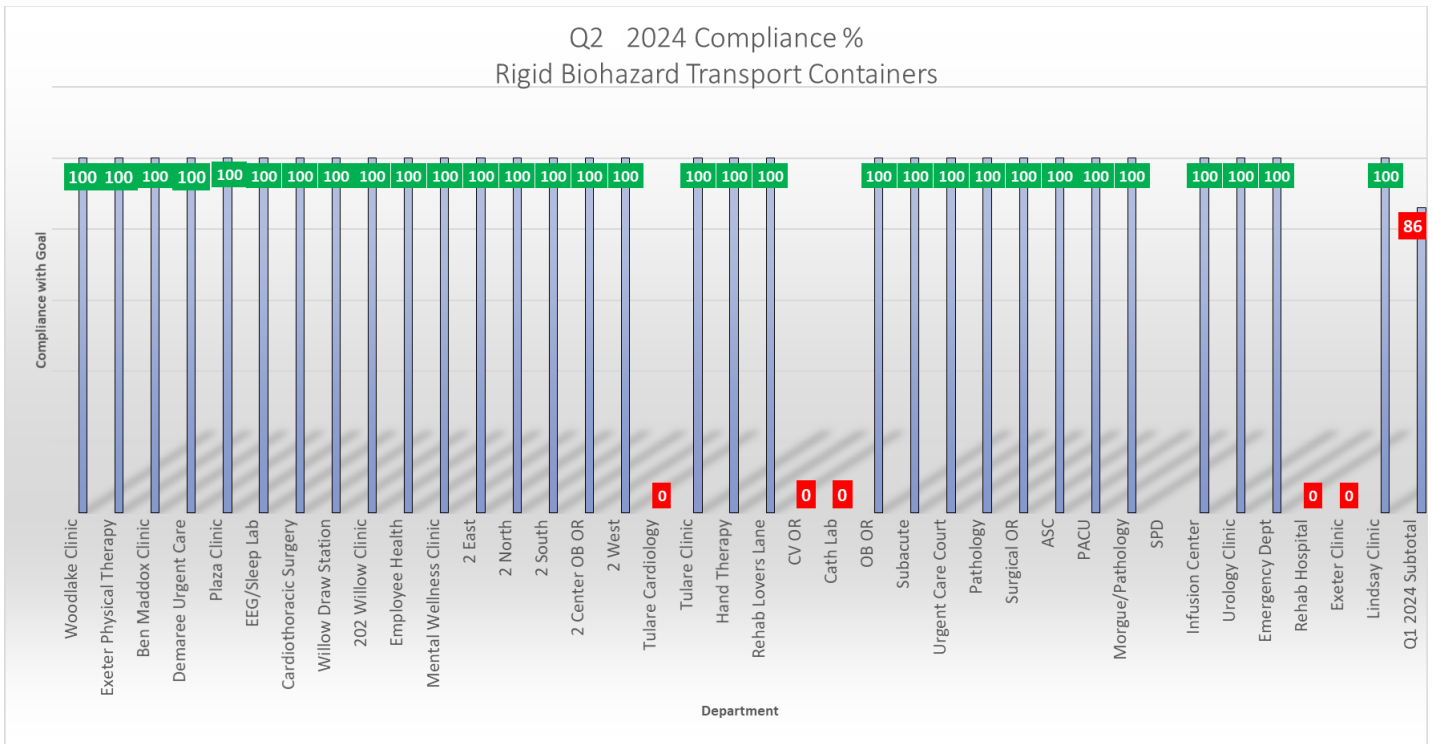
**Minimum Performance Level:** 95% overall compliance.

### Evaluation:

Q2 2024 Compliance Rate: **86%**. **Goal not met.**

35 departments were surveyed for Q2 2024.

5 departments observed out of compliance with elements of appropriate rigid biohazard instrument transport container usage.



### Plan for Improvement:

Methods to mitigate these events from occurring:

1. Appropriate use of rigid biohazard instrument transport container by staff in department observed.
2. “Tip-of-the-day” and “One-Page-Wonder” information sheet (available in existing policy) distributed in advance of audits and each time a fallout is observed.

## Infection Prevention Component:

Performance Standard:

## INFECTION PREVENTION HAZARD ROUNDS

### Weekly EOC Hazard Rounds 2024 Infection Prevention Goal:

Will audit for presence of medical supplies, devices and/or medication within 3 feet on either side of sinks present in patient care areas, including outpatient care clinical settings. If present, the audit result is considered a fallout. If not present, the audit result is considered a success.

**Goal:** 100% compliance (no fallouts).

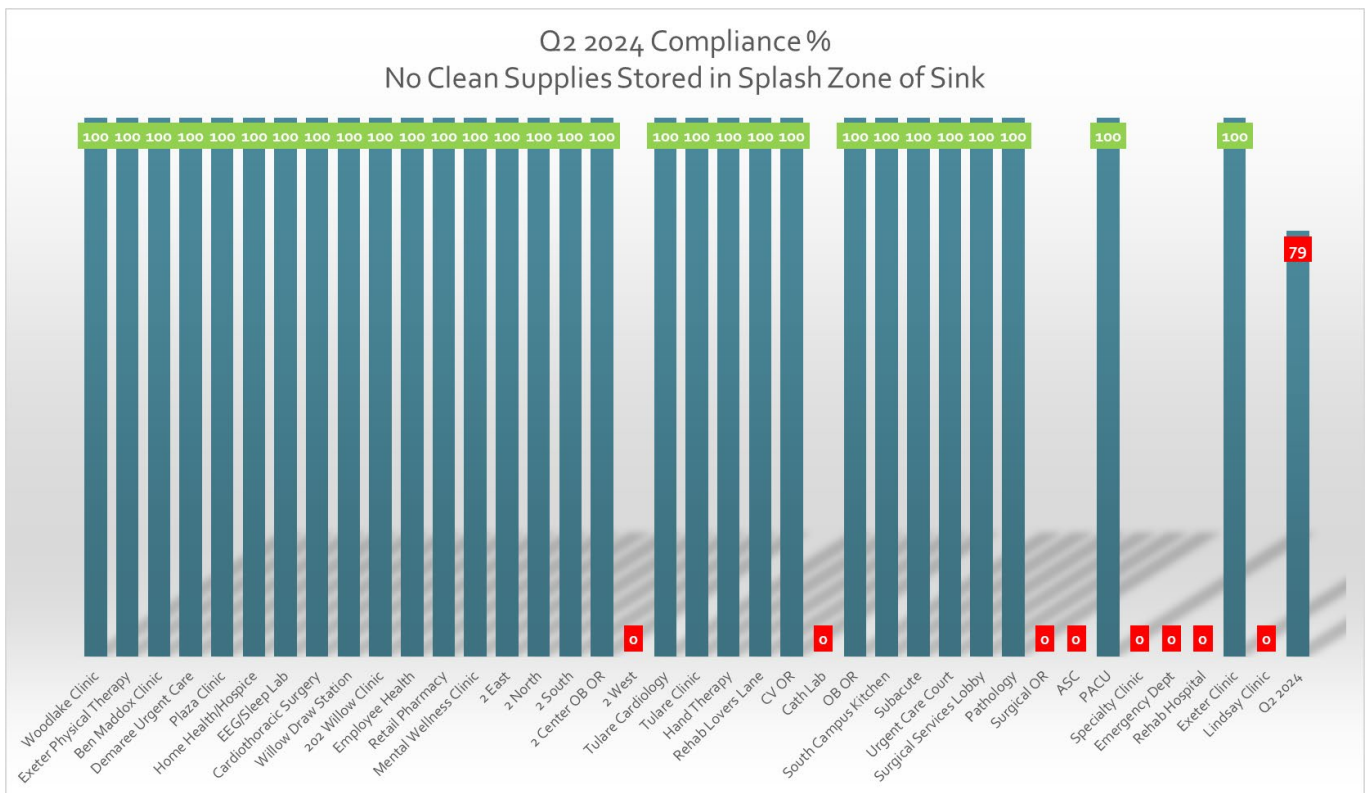
**Minimum Performance Level:** 95% overall compliance.

### Evaluation:

Q2 2024 Compliance Rate: **79%**. **Goal not met.**

38 departments were surveyed for Q2 2024.

8 departments were observed out of compliance with medical supplies, devices and/or medication stored within 3 feet on either side of sinks.



### Plan for Improvement:

Methods to mitigate these events from occurring:

1. Eliminate clutter/storage of supplies, devices, medication within 3 feet on either side of a patient care sink.
2. Install an approved hard plastic barrier that prevents water exposure to medical supplies, devices and/or medication that are present within 3 feet on either side of patient care sinks.
3. "Tip-of-the-day" and "One-Page-Wonder" distributed in advance of audits and each time a fallout is observed.



# Safety (Risk Management)

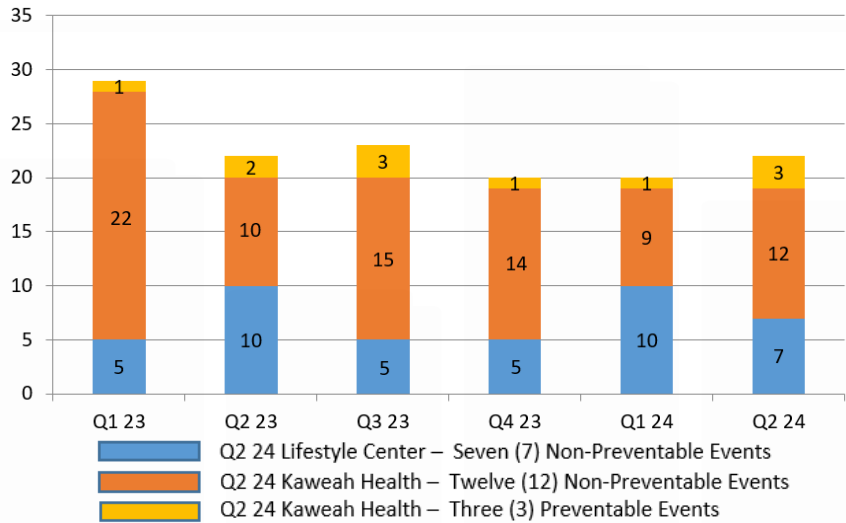
## Second Quarter 2024

**Performance Standard:** Reports of preventable non-patient safety related events in a KDHCDC facility.

**Goal:** Will decrease by two (2) events or more when compared to 2023

**Minimum Performance Level:** Report non-patient safety related events within 7 days

### Non-Patient Safety Reports 2023 - 2024



#### Evaluation:

In 2<sup>nd</sup> Qtr. 2024, We identified three preventable safety events which required medical intervention.

Goal was **not met** for 2<sup>nd</sup> Qtr.

## Safety

### Second Quarter 2024

**Performance Standard:** During hazardous surveillance rounding, sprinkler heads will be monitored for damage, corrosion, foreign material, and paint.

**Goal:** 100% compliance with doors not accessible to the public

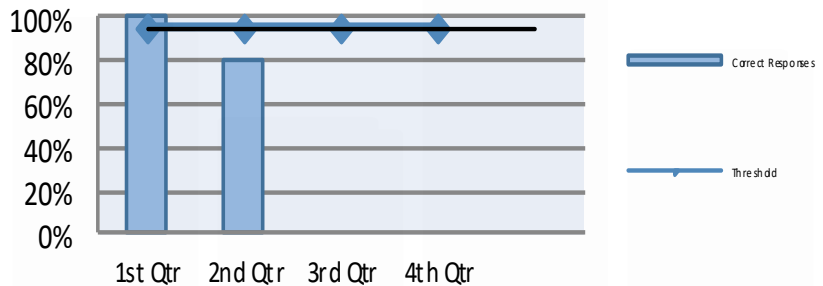
**Minimum Performance Level:** 95% compliance with sprinkler head components.

#### Evaluation:

Thirty departments were surveyed in the 2<sup>nd</sup> quarter. Fifteen of those departments had sprinklers and in 5 it was found to contain foreign material, which resulted in a 80% compliance rate.

95% minimum performance level **was not met** for this quarter.

### Sprinkler Head Compliance



#### Detailed Plan for Improvement:

Environmental Services (EVS) work orders were placed at the time the issue was identified. Will continue to work with EVS as issues are identified.

# Utilities Management

## Second Quarter 2024

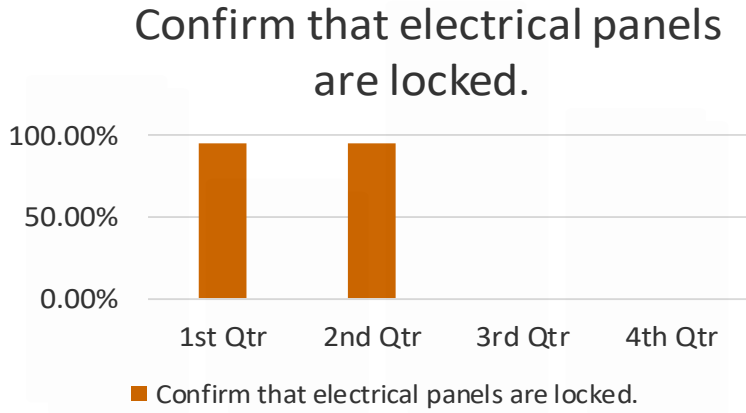
**Performance Standard:** Inspections will be performed during EOC rounds to confirm that electrical panels are locked.

**Goal:** 100% Compliance

**Minimum Performance Level:** 95% compliance with locked electrical panels.

**Evaluation:**  
41 Departments or buildings were surveyed in the 2nd quarter. Two electrical panels were found unlocked, this resulted in 95.75% compliance rate.

Minimum Performance Level **was not met** during this quarter.



**Detailed Plan for Improvement:**  
We are searching for a universal surface mount panel lock that is keyless and self latching.

# Utilities Management

## Second Quarter 2024

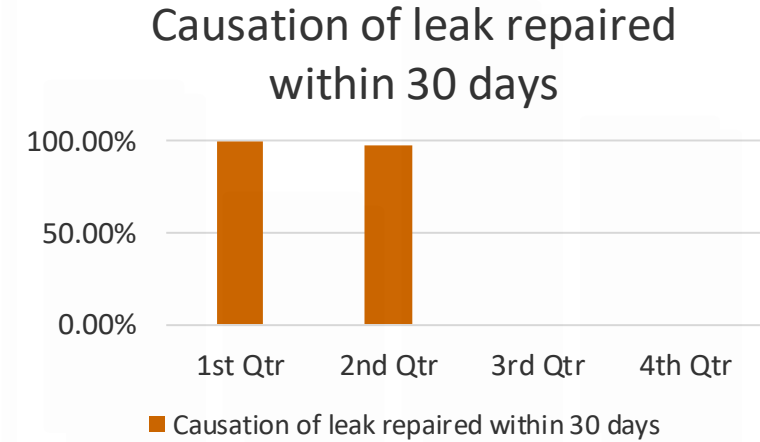
**Performance Standard:** Inspections will be performed during EOC rounds to identify any ceiling tiles that are damaged/stained. The expectation is staff that work in the area have placed a Facilities Maintenance work order and the Goal is to correction of causation within 30 days of work order being placed.

**Goal:** 100% Compliance

**Minimum Performance Level:** 100% compliance with ceiling tile corrections.

**Evaluation:**  
41 Departments or buildings were surveyed in the 2nd quarter. Seven stained ceiling tiles were documented. The correction of causation of six were repaired within 30 days of work order being placed. This resulted in 97.6% compliance rate.

Minimum Performance Level **was not met** during this quarter.



**Detailed Plan for Improvement:**  
The repair of the one outstanding work order has was completed after 30 day.

# Security Services

## Second Quarter 2024

**Performance Standard:** During hazardous surveillance rounding, units will be evaluated for authorized personnel doors/exit door accessibility to the public.

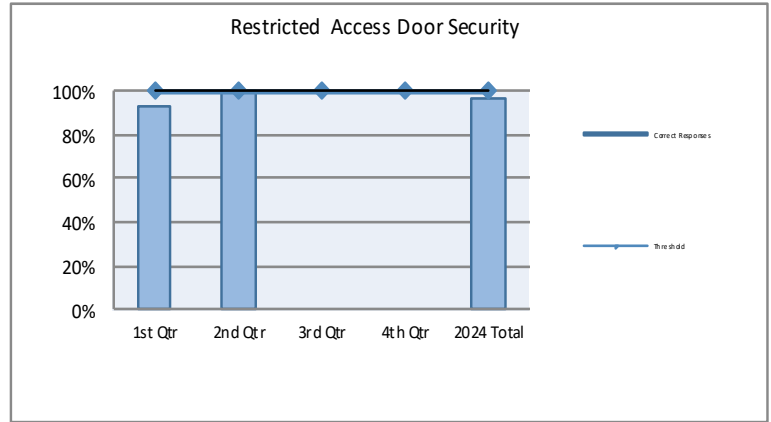
**Goal:** 100% compliance with doors not accessible to the public

**Minimum Performance Level:** 95% compliance with door security.

### Evaluation:

Forty-eight departments were surveyed in the 2<sup>nd</sup> quarter. In all departments surveyed no authorized personnel only doors were found accessible to the public, which resulted in a 100% compliance rate.

**100% minimum performance level was met for this quarter.**



### Detailed Plan for Improvement:

Security staff will continue to follow up with Department Leadership of areas with restricted accesses found unsecure to identify causes and partner to identify solutions. Explore addition of signage to restricted access doors where appropriate..

# Environmental Services (EVS) – Environment of Care Rounds (EOC)

## Second Quarter 2024

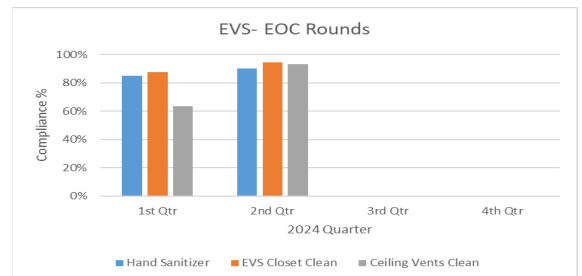
**Performance Standard:** During EOC rounds, as applicable, the following is evaluated: hand sanitizer not expired; EVS closets are clean; ceiling vents are clean.

**Goal:** 95% -100% Compliance

**Minimum Performance Level:** 100 % compliance with standards

### Evaluation:

1. Hand Sanitizer not expired: 36/40 = 90% (**Not Met**)
2. EVS Closets clean: 35/37 = 95% (**Met**)
3. Ceiling vents clean: 41/44 = 93% (**Not Met**)



### Detailed Plan for Improvement:

Director re-educated EVS Managers on completing EOC rounding logs in a standardized manner (completed by 5/1/24). Electronic system (RLDatix) has gone live and we're able to record data real-time and also extrapolate reports. We have seen an improvement in recording of findings by EVS Leadership as shown by the increase in all denominators (doubled in quantity when compared to prior quarter). This has also translated to an increase in compliance percentages (EVS Closets clean met 95% goal), while the other 2 measures are above 90% compliance but still under 95% goal (highlighted in orange). We will continue to closely monitor through:

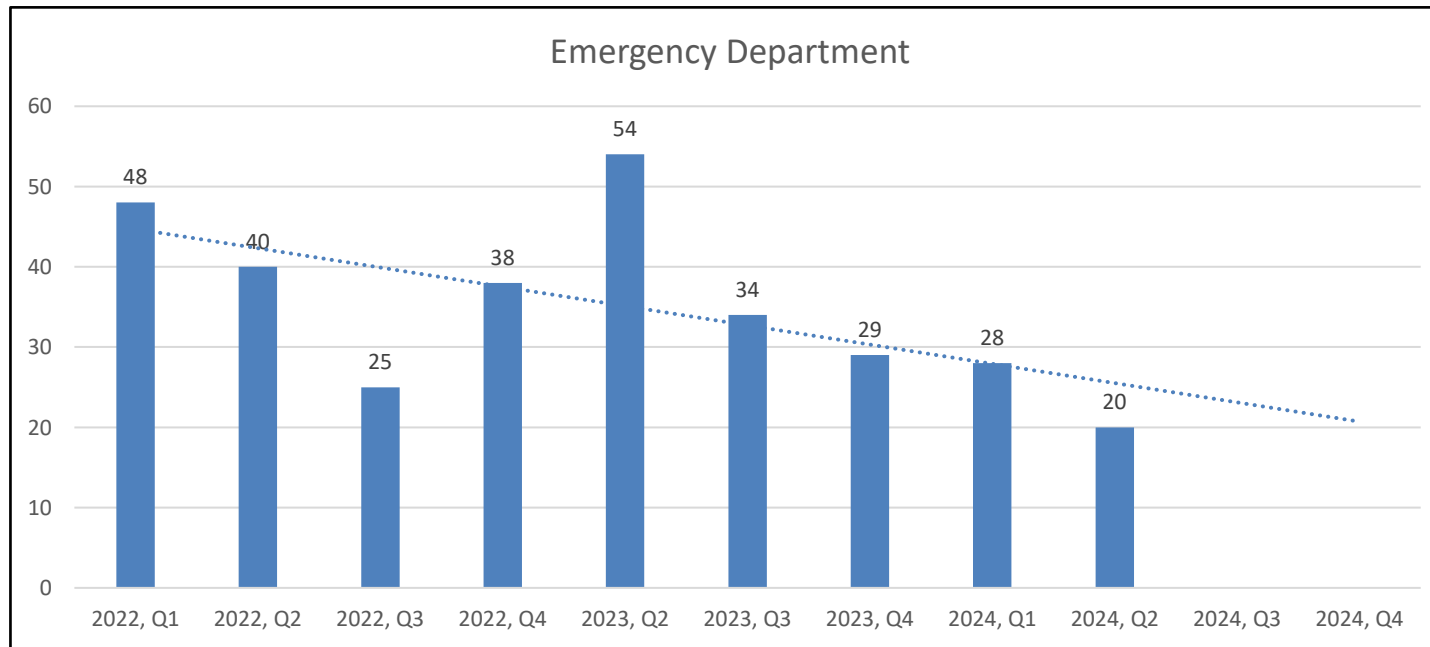
- EVS Leadership to proactively monitor areas routinely while completing departmental rounds (ongoing).
- EVS Managers to coach staff in non-compliant areas and also recognize compliance as appropriate.



Workplace Violence Report  
Safety Department  
2024, 2<sup>nd</sup> Quarter

Kaweah Health  
Workplace Violence Report  
2022-2024 TD

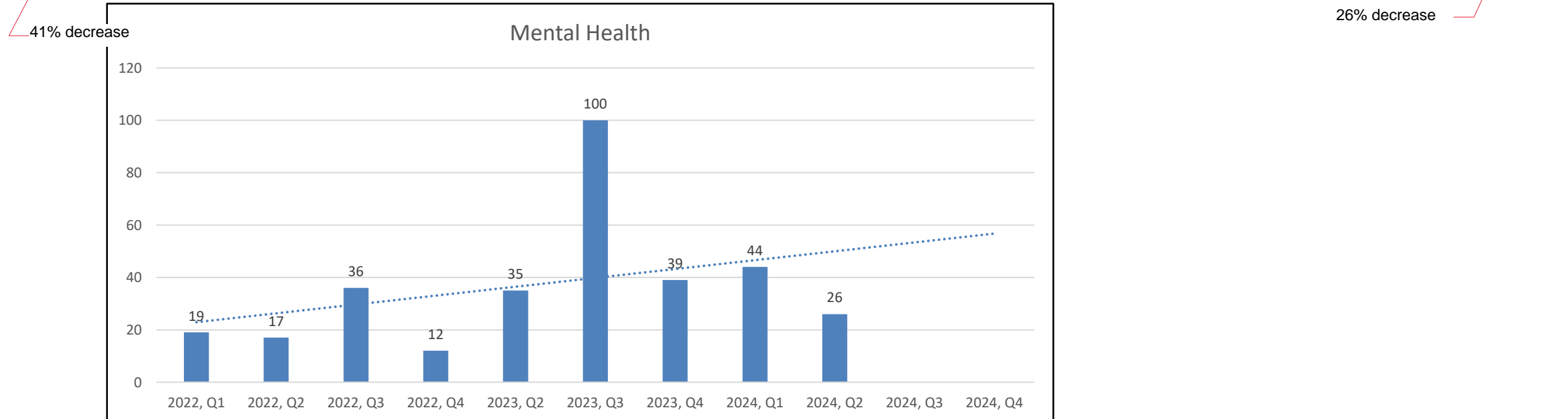
Year/Qtr	2 North	2 South	2 West-ICU	3 North	3 South	3 Tower-CV ICU	3 West	4 North	4 South	4 Tower	5 Tower	ASC	Acequia Lobby	CT	ED	Exeter Clinic	Finance Bldg	Hospice	KKC	Labor & Delivery	Lindsay Clinic
2022, Q1	5	1	1	9	3	0	2	3	1	2	1	0	0	0	48	0	0	1	1	0	0
2022, Q2	0	4	0	5	2	0	0	0	3	1	0	0	0	0	40	0	0	0	0	0	0
2022, Q3	0	1	2	13	2	0	4	5	2	7	6	2	0	0	25	0	0	0	0	0	0
2022, Q4	5	3	0	10	9	0	2	2	3	2	3	0	0	0	38	0	0	0	0	4	0
<b>Total 2022</b>	<b>10</b>	<b>9</b>	<b>3</b>	<b>37</b>	<b>16</b>	<b>0</b>	<b>8</b>	<b>10</b>	<b>9</b>	<b>12</b>	<b>10</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>151</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>
2023, Q1	1	1	0	1	4	2	2	1	1	1	0	0	3	1	34	0	0	0	0	0	0
2023, Q2	6	0	0	3	2	2	0	1	2	2	1	0	1	0	54	0	0	0	0	0	0
2023, Q3	2	0	1	2	3	0	0	0	4	1	2	0	0	0	34	0	0	0	0	0	0
2023, Q4	3	1	1	4	0	1	1	8	7	7	5	0	0	0	29	0	0	0	0	1	0
<b>Total 2023</b>	<b>12</b>	<b>2</b>	<b>2</b>	<b>10</b>	<b>9</b>	<b>5</b>	<b>3</b>	<b>10</b>	<b>14</b>	<b>11</b>	<b>8</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>151</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
2024, Q1	1	↓5	↓1	↓0	↓6	0	↓1	↓9	↑3	↑3	↑0	0	0	0	↓28	0	0	0	0	↓1	0
<b>2024, Q2</b>	<b>1</b>	<b>↓1</b>	<b>↓0</b>	<b>↓4</b>	<b>↓5</b>	<b>0</b>	<b>↓0</b>	<b>↓2</b>	<b>↑10</b>	<b>↑4</b>	<b>↑1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>↓20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>↓0</b>	<b>0</b>
2024, Q3																					
2024, Q4																					
<b>Total 2024</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>11</b>	<b>0</b>	<b>1</b>	<b>11</b>	<b>13</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>



28% decrease

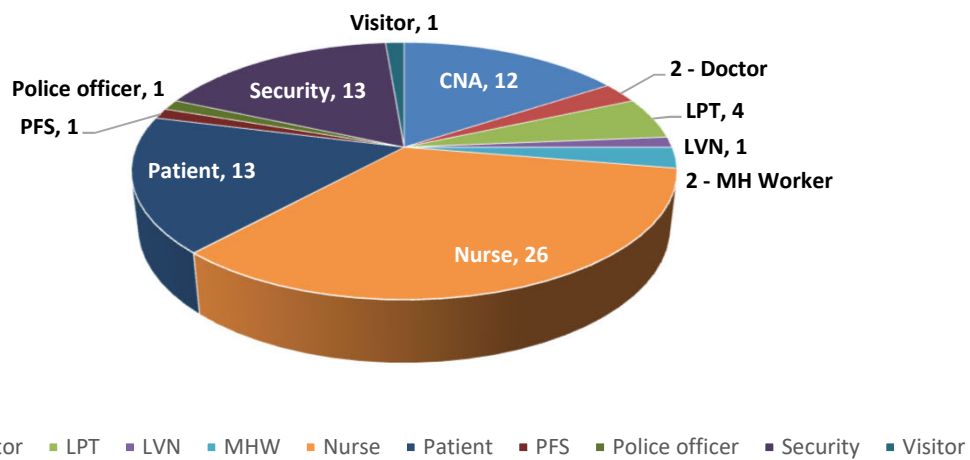
Kaweah Health  
 Workplace Violence Report  
 2022-2024 TD

Year/Qtr	Mental Health	MK Lobby	Mother-baby	MRI	PACU	PBX-Operator	Parking Lot	Pediatrics	Public Area	Rehab Hospital	Respiratory	Sub-Acute, S. Campus	TLC	UCC, S. Court	Visalia Dialysis	Visalia SRCC	West Campus	X-Ray	Total	
2022, Q1	19	0	0	0	0	0	0	1	0	0	0	2	2	1	0	0	0	0	0	103
2022, Q2	17	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	75
2022, Q3	36	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	108
2022, Q4	12	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	95
<b>Total 2022</b>	<b>84</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>381</b>
2023, Q1	39	0	0	0	0	0	1	1	0	0	0	0	1	1	0	0	0	0	0	95
2023, Q2	35	0	1	2	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	115
2023, Q3	100	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	152
2023, Q4	39	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	109
<b>Total 2023</b>	<b>213</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>471</b>
2024, Q1	44	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	103
<b>2024, Q2</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>76</b>
2024, Q3																				0
2024, Q4																				0
<b>Total 2024</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>179</b>



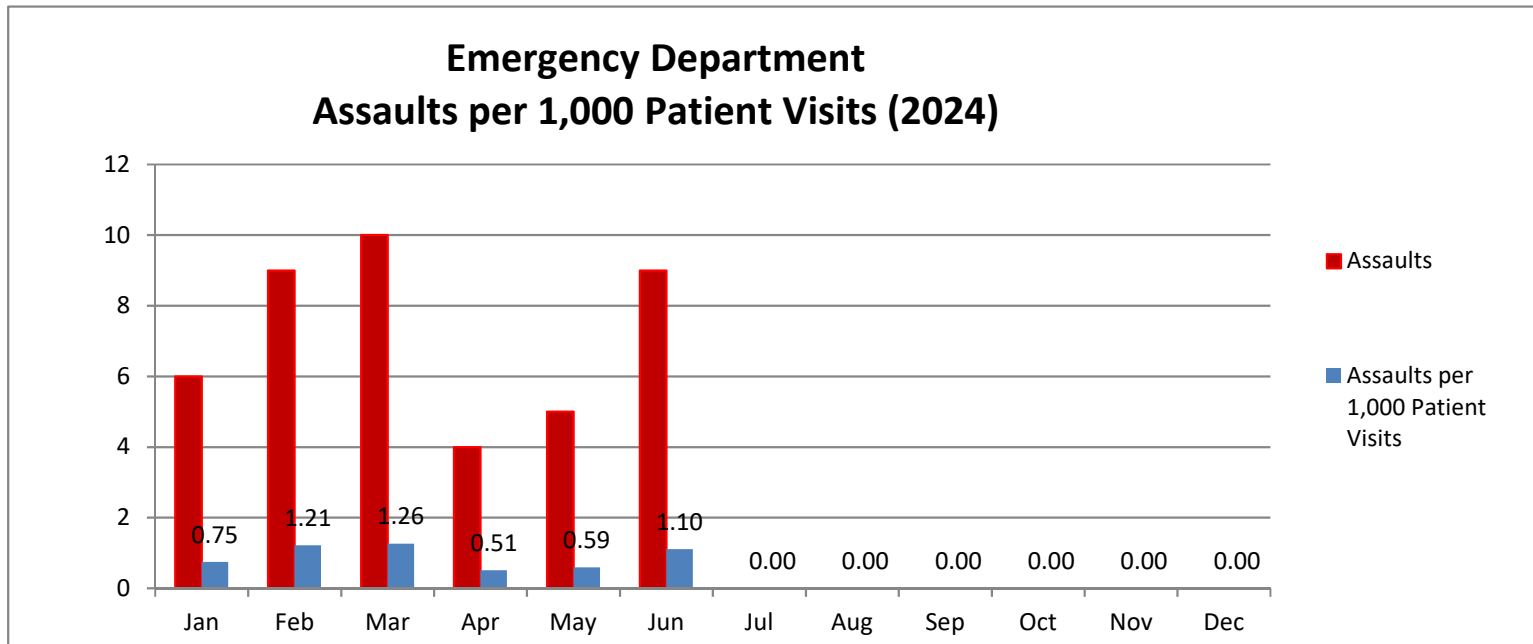
## Workplace Violence Report 2024, 2nd Quarter - Victim Type / Count

Victim Type	Count
CNA	12
Doctor	2
LPT	4
LVN	1
MHW	2
Nurse	26
Patient	13
PFS	1
Police officer	1
Security	13
Visitor	1
<b>Total</b>	<b>76</b>



**EMERGENCY DEPARTMENT**

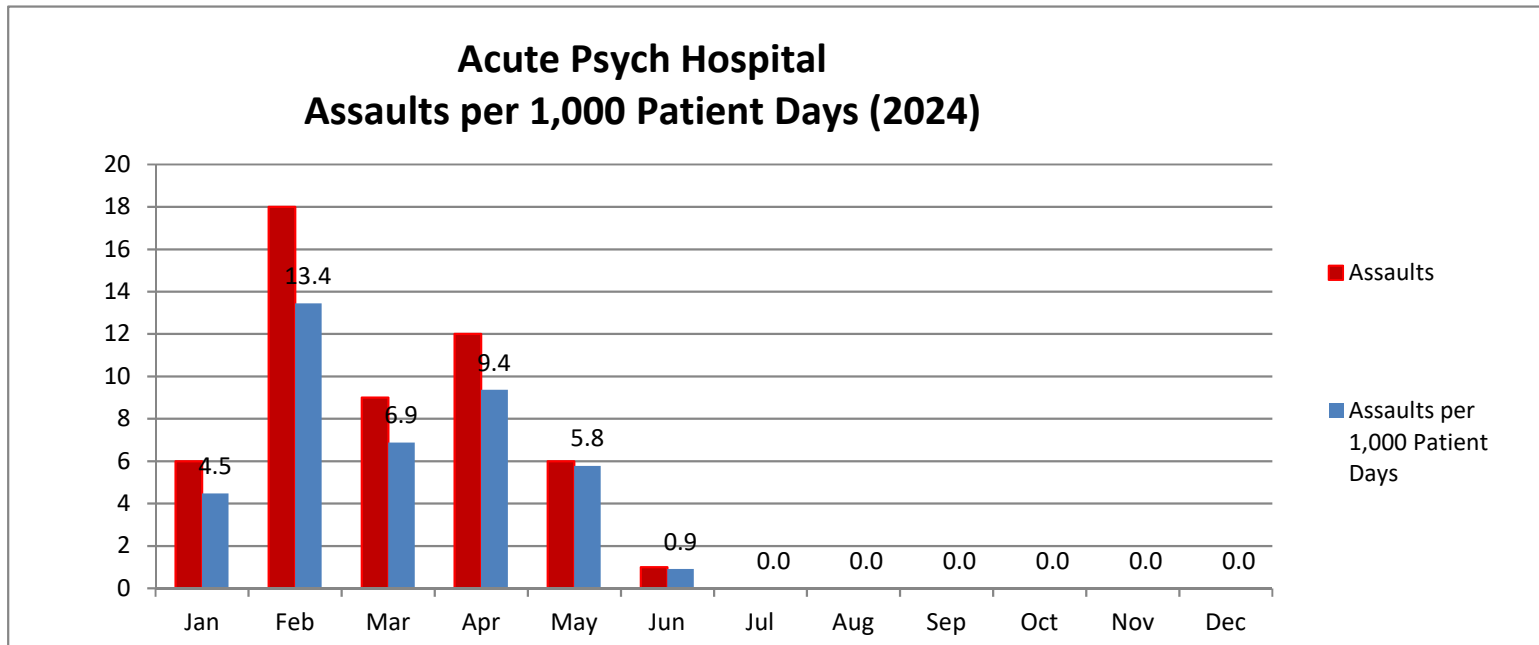
YR 2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Patient Days</b>	8,035	7,430	7,921	7,898	8,416	8,161						
<b>Assaults</b>	6	9	10	4	5	9						
<b>Assaults per 1,000 Patient Visits</b>	0.75	1.21	1.26	0.51	0.59	1.10						





**MENTAL HEALTH**

YR 2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Patient Days</b>	1,340	1,339	1,311	1,281	1,039	1,098						
<b>Assaults</b>	6	18	9	12	6	1						
<b>Assaults per 1,000 Patient Days</b>	4.5	13.4	6.9	9.4	5.8	0.9						



# EOC Component: Medical Equipment Preventive Maintenance (PM) Compliance

Performance Standard:  
Performance Standard:

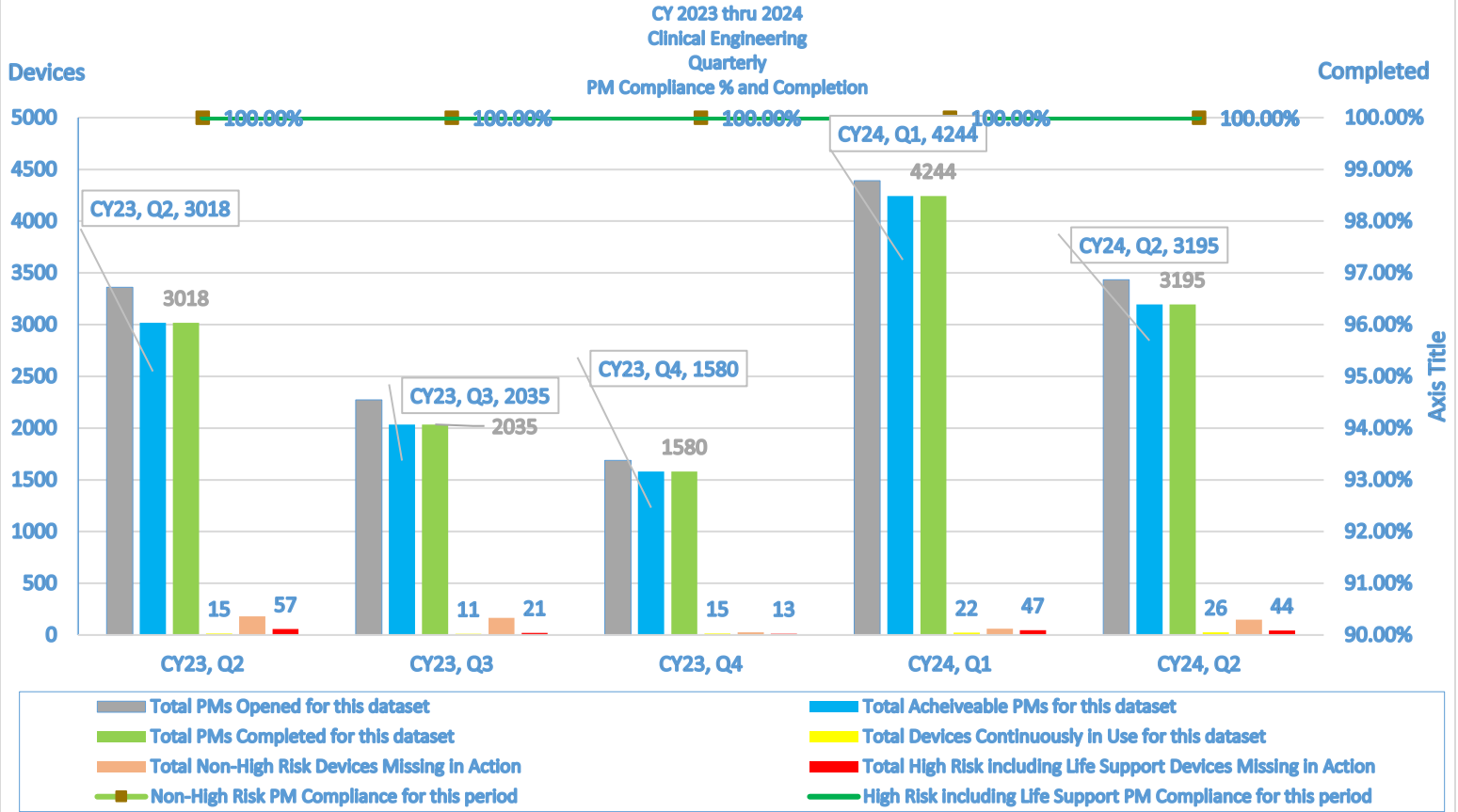
Maintain a 100% compliance rate on non-high risk and high risk Medical Equipment  
<2% Total of High Risk Devices to be Missing for Preventative Maintenance per quarter

**Evaluation:**

For the reporting quarter, CY 2024, Q2 (Apr-Jun), Medical Device count available to receive Preventive Maintenance is 3195 and all of those devices received Preventive Maintenance. All Medical Devices this Quarter received PM or were marked as In Use or Missing in Action (MIA) as defined by policy.

PM Compliance for Non-High Risk Devices is 100% and **meets** the 100% Compliance Goal.  
PM Compliance for High Risk Including Life Support Devices is 100% and **meets** the 100% Compliance Goal.

**Performance Improvement Goal:** Total High Risk Devices MIA count is 44 for the Quarter. Total HRiLS MIA devices as % of total HRiLS inventory is 0.95%. Goal **met**.



Calander Year 2024	Quarter 2			Q2 Total
Category	Apr-24	May-24	Jun-24	CY24, Q2
Total PMs Opened for this dataset	1203	1226	1005	3434
Total Administrative Closures for this dataset	9	6	6	21
Total Devices Continuously in Use for this dataset	11	7	8	26
Total Non-High Risk Devices Missing in Action	41	44	63	148
Total High Risk including Life Support Devices Missing in Action	12	32	0	44
Total Achievable PMs for this dataset	1130	1137	928	3195
Total PMs Completed for this dataset	1130	1137	928	3195
Total PMs Not Completed	0	0	0	0
Total PM Compliance	100.00%	100.00%	100.00%	100.00%
Non-High Risk PM Compliance for this period	100.00%	100.00%	100.00%	100.00%
High Risk including Life Support PM Compliance for this period	100.00%	100.00%	100.00%	100.00%

**Plan for Improvement:** Clinical Engineering leadership will provide education during all new employee orientations and routinely meet with department managers to emphasize the importance of medical equipment maintenance. They will also train staff on how to recognize when maintenance is due and, if overdue, what actions both the device user and leadership can take for quick correction.

# REPORT TO THE BOARD OF DIRECTORS

## Urgent Care Court and Demaree

**Ryan Gates**, Chief Population Health Officer, 559-624-5647

**Ivan Jara**, Director of Outpatient Clinics, 559-624-6971

**Date:** September 25, 2024

### Summary Issue/Service Considered

Kaweah Health operates two Urgent Cares located in central and northwest Visalia. The Urgent Cares are highly utilized access points for many patients residing in Tulare County and beyond. The core services of the urgent cares include non-emergent, episodic care where medical attention is needed within 12 hours. These facilities provide a wide range of access to care by maintaining extended hours 365 days a year with the Court Street location open from 9:00 a.m. to 9:00 p.m. and Demaree location open from 8:00 a.m. to 7:00 p.m. Urgent care services are provided by emergency medicine physicians, advance practice providers, and supported by medical assistants and licensed vocational nurses. Imaging and laboratory services are also offered on-site.

The primary age groups presenting for episodic care services are children 5-10 years old and adults 18-25 years old. The populations served comprise approximately 41% Medi-Cal, 36% Medicare, 13% commercial/private insurance, and 4% self/cash pay. There are significant differences in payer mixes between the urgent cares with UC Court seeing a higher Medi-Cal population and UC Demaree seeing a higher commercial population.

The Urgent Cares have implemented various forms of communication for patients to access episodic care services. Patients may proactively register for their visit and “hold their place in line” through an online scheduling platform that allows them to wait from the comfort and safety of their home, similar to a virtual lobby. Telehealth services have also provided virtual services to thousands of patients since 2020.

### Quality/Performance Improvement Data

#### Financial Performance:

During FY 24, the urgent cares ended with a contribution margin of \$2.9 million or \$45 per case and a total of 63,068 visits. This represents the highest contribution margin in the past four years due to additional funding from the Medi-Cal Managed Care Directed Payments program. Urgent care visits have seen a steady decrease for the past three years. The major contributing factors have been normalizing demand for COVID-19 testing, changes with payer contracts, and provider capacity restrictions.

Telehealth visits represented 8% of total visits. This has been the lowest number of telehealth visits the urgent cares have seen in the past 4 years. Due to billing guidelines, telehealth visits may not have any onsite testing included in the visit, making the previously implemented workflows of testing from your vehicle or walking in to only perform a test, unbillable and restricted. Reimbursement for telehealth services has seen a four-year low with our largest payer group, commercial insurances.

The Urgent Cares continue to see an overall positive trend in their contribution margin. However, with increases in labor costs due to California’s new minimum wage laws, the cost per visit has increased steadily year over year, making FY 24 the year with the highest cost per visit compared to the past four years. Despite these increases in direct costs, this service line remains financially sustainable and of significant strategic importance to support the lower acuity medical needs of our community and a necessary support and buffer for Kaweah Health’s emergency department.

**Throughput**

Patients receiving services at Urgent Care Demaree tend to have a visit duration of 57 minutes from check-in time, while patients receiving services at Urgent Care Court tend to have a visit duration of about 98 minutes. Patients with higher acuity conditions will routinely present to UC Court versus UC Demaree. Transfers from UC Court to the emergency department occur on a regular basis. On average, patients will spend a total of 79 minutes to complete their visit.

63,558

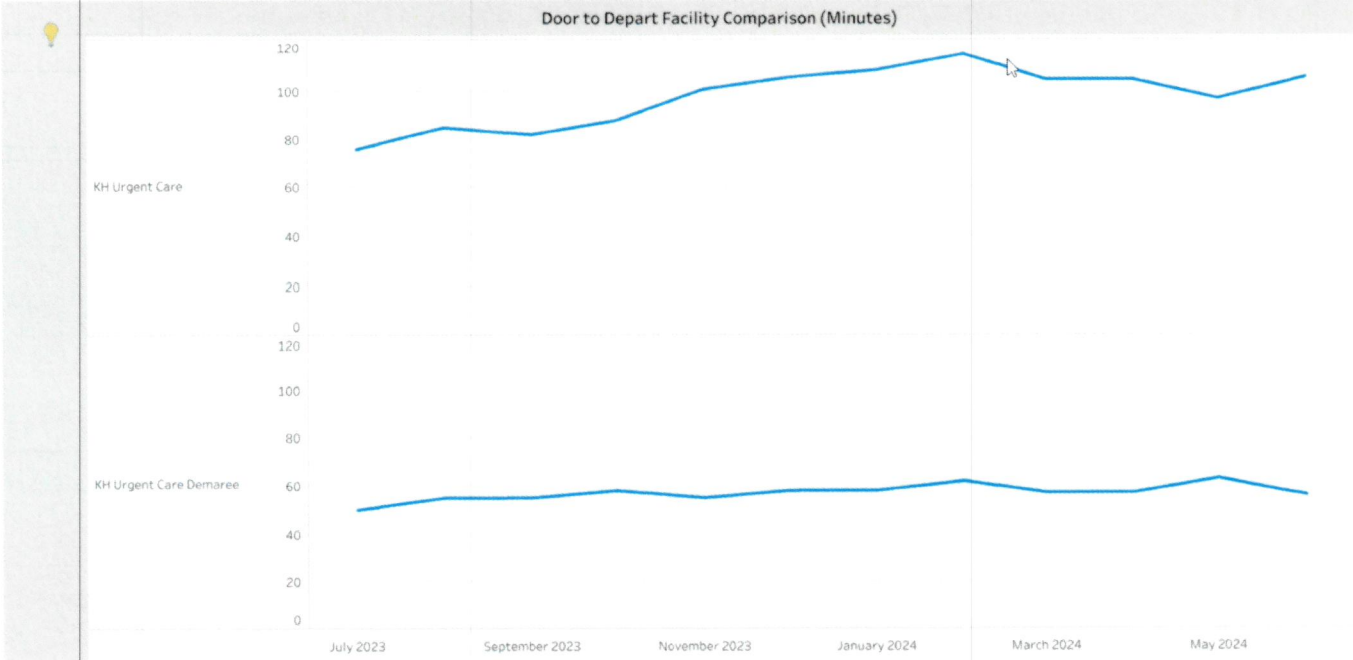
visits

41,189

Patients

79

Median Door to Depart (Minutes)



# Patient Experience

The Urgent Cares use their online virtual lobby platform to outreach and obtain basic feedback from patients regarding their experience. During FY 24, the average patient ratings received scored over 9 points out of a maximum score of 10 points. Patients may also leave comments to recognize individuals or provide opportunities for improvement.



Kaweah Health Urgent Care on Court

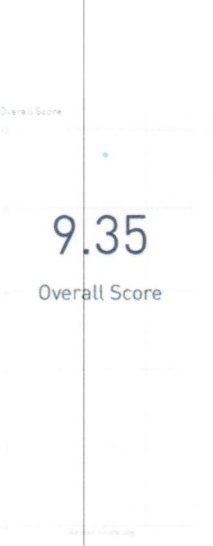
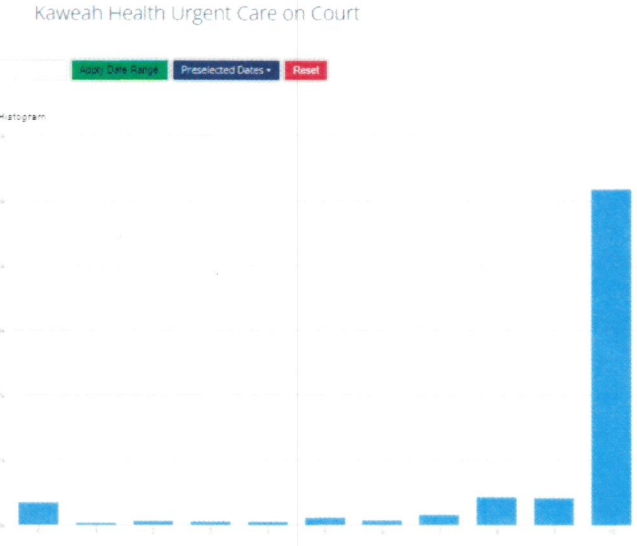
07/01/2023 > 06/30/2024

Individual Survey | Email Signup

View Data Range | Preselected Dates | Reset

Summary

DATES	DATE RANGE	AVERAGE SCORE
Selected Dates	2023-07-01 to 2024-06-30	8.93
Last Year	2024-09-09 to 2024-09-18	8.77
Last Month	2024-08-01 to 2024-09-01	8.76



Kaweah Health Urgent Care on Demaree

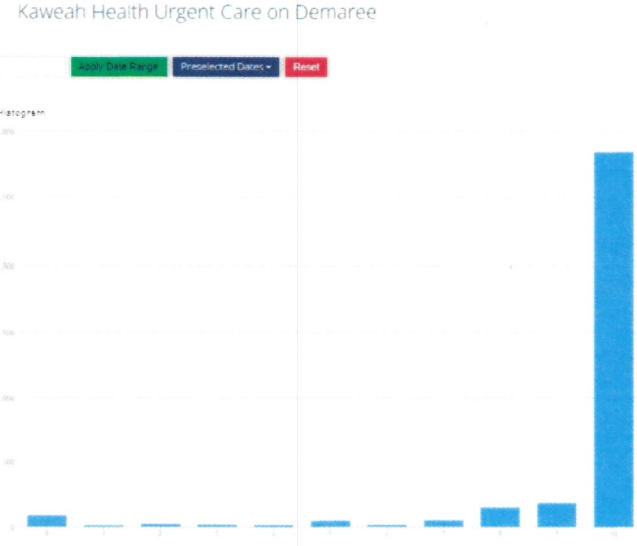
07/01/2023 > 06/30/2024

Individual Survey | Email Signup

View Data Range | Preselected Dates | Reset

Summary

DATES	DATE RANGE	AVERAGE SCORE
Selected Dates	2023-07-01 to 2024-06-30	9.35
Last Year	2024-09-09 to 2024-09-18	9.23
Last Month	2024-08-01 to 2024-09-01	9.24



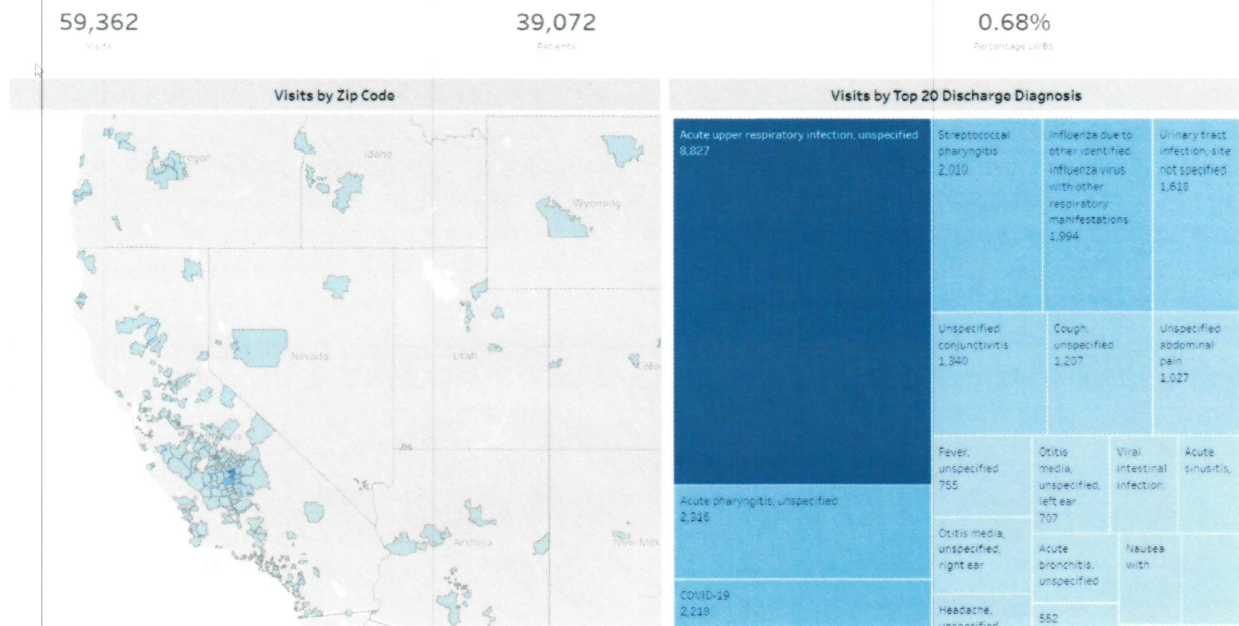
## Employee Engagement

Employee engagement remains a top priority for the urgent care leadership. During 2022, survey data represented a decrease in staff engagement, most likely attributed to the long-term effects of the pandemic. Most recent survey data signifies UC Demaree returning to near historical scores and is currently 0.15 points above the organizational average. UC Court has made great progress with 2024 survey data representing a historical high for the department.

Workgroup	2024 Survey Averages	2022 Survey Averages	2021 Survey Averages	Increase/Decrease from 2022	Respondents	Response Rate
Urgent Care Center-UCC Demaree	4.22	4.15	4.26	0.07	13	68%
Urgent Care Center-UCC South	4.19	3.90	3.97	0.29	22	81%

## Policy, Strategic or Tactical Issues

The Urgent Care clinics play an essential role in same-day expanded access to the community, employees, and the lives assigned to Kaweah. They also help support the over utilization of emergency services, providing timely access to less acute conditions. The majority of patients presenting to the urgent cares include complaints of acute upper respiratory infection, acute pharyngitis, and lastly, COVID-19. Due to the expanded access, the urgent cares capture patients from multiple surrounding counties and neighboring states.



The Urgent Cares have maintained a strong presence and reputation in the community. The goal for this service line is to continue to capture and rebuild market share through it's:

- Convenient locations
- Online “virtual waiting room” strategy
- Expedited service
- High-quality care
- Excellent customer service.

## **Recommendations/Next Steps**

The Kaweah Health Urgent Cares will continue to have the broadest range of medical services and hours of access for the community of Tulare County. They will continue to directly support the local emergency department in treating patients with non-emergent issues. This service line will also continue to expand services through telehealth and by maintaining open access 365 days a year.

We will continue to maintain strong partnerships with Kaweah Health and community providers in order to support each other, our community, and to ensure the continuing success of Kaweah Health’s Urgent Care services. With pending approvals to adjustments to the District Hospital Directed Payments (DHDP) methodology, the strategic position of urgent care services for our community will be revisited in FY25.

## **Approvals/Conclusions**

No additional approvals are needed at this time.

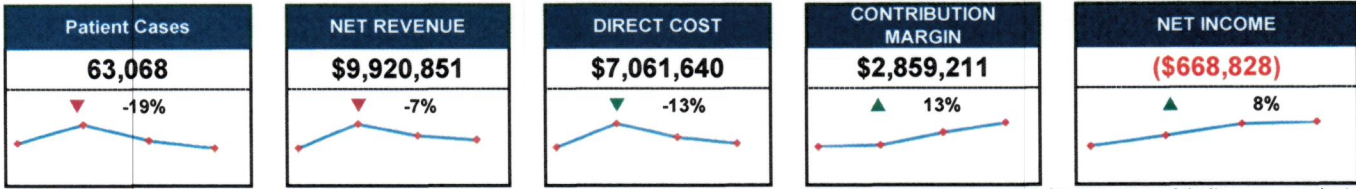
The Kaweah Health Urgent Cares continue to be a highly successful service line for the organization; providing outstanding episodic services to the community it serves.

# KAWEAH HEALTH ANNUAL BOARD REPORT

## URGENT CARE CLINICS - Summary

FY2024

### KEY METRICS - FY 2024 YEAR ENDED JUNE 30, 2024



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

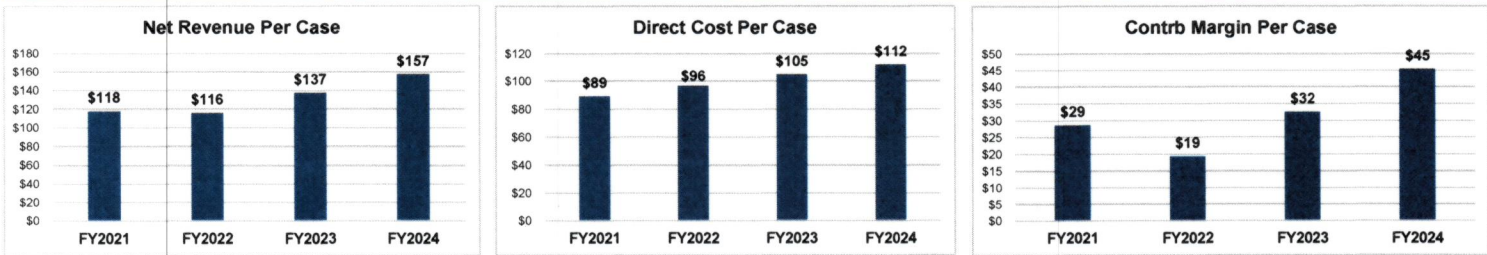
### METRICS BY SERVICE LINE - FY 2024

SERVICE LINE	Patient Cases	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Urgent Care Court	37,301	\$6,047,663	\$4,352,222	\$1,695,441	(\$399,691)
Urgent Care Demaree	25,767	\$3,873,188	\$2,709,418	\$1,163,770	(\$269,137)
Urgent Care Clinic Totals	63,068	\$9,920,851	\$7,061,640	\$2,859,211	(\$668,828)

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	72,716	110,304	77,841	63,068	-19%	
Net Revenue	\$8,550,267	\$12,766,212	10,675,596	\$9,920,851	-7%	
Direct Cost	\$6,474,566	\$10,642,176	8,151,060	\$7,061,640	-13%	
Contribution Margin	\$2,075,701	\$2,124,036	2,524,536	\$2,859,211	13%	
Indirect Cost	\$3,659,477	\$3,304,574	3,254,887	\$3,528,039	8%	
Net Income	(\$1,583,776)	(\$1,180,538)	(730,351)	(\$668,828)	8%	
Net Revenue Per Case	\$118	\$116	\$137	\$157	15%	
Direct Cost Per Case	\$89	\$96	\$105	\$112	7%	
Contrb Margin Per Case	\$29	\$19	\$32	\$45	40%	
Telehealth %	33%	50%	19%	8%		

### GRAPHS



### Urgent Care – Court Total Visits



### Urgent Care – Demaree Total Visits



#### Notes:

Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Lines Urgent Care Center  
 Criteria: specific selection for each Service Line (noted on the individual Service Line Tabs)



# KAWEAH HEALTH ANNUAL BOARD REPORT

## URGENT CARE CLINICS - Urgent Care Court

FY2024

### KEY METRICS - FY 2024 YEAR ENDED JUNE 30, 2024

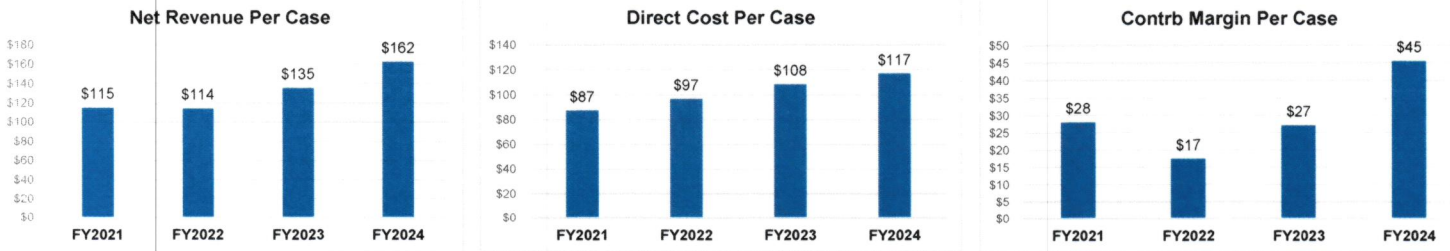


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

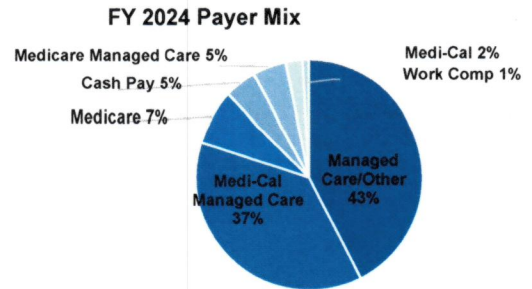
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	49,269	67,666	46,428	37,301	▼ -20%	
Net Revenue	\$5,671,313	\$7,719,193	6,275,833	\$6,047,663	▼ -4%	
Direct Cost	\$4,293,900	\$6,536,263	5,023,150	\$4,352,222	▼ -13%	
Contribution Margin	\$1,377,413	\$1,182,930	1,252,683	\$1,695,441	▲ 35%	
Indirect Cost	\$2,199,615	\$1,982,067	1,881,600	\$2,095,132	▲ 11%	
Net Income	(\$822,202)	(\$799,137)	(628,917)	(\$399,691)	▲ 36%	
Net Revenue Per Case	\$115	\$114	\$135	\$162	▲ 20%	
Direct Cost Per Case	\$87	\$97	\$108	\$117	▲ 8%	
Contrb Margin Per Case	\$28	\$17	\$27	\$45	▲ 68%	
Telehealth %	32%	51%	17%	6%		

### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (Based on Volume)

PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other	36%	36%	37%	43%
Medi-Cal Managed Care	42%	46%	44%	37%
Medicare	11%	9%	7%	7%
Cash Pay	5%	5%	5%	5%
Medicare Managed Care	3%	2%	4%	5%
Medi-Cal	2%	2%	2%	2%
Work Comp	1%	1%	1%	1%



Level Of Care	FY2021	FY2022	FY2023	FY2024
Level I	0%	0%	0%	0%
Level II	6%	3%	6%	6%
Level III	41%	55%	52%	86%
Level IV	51%	41%	40%	7%
Level V	0%	1%	2%	0%
No Level	3%	0%	0%	1%

**KEY METRICS - FY 2024 YEAR ENDED JUNE 30, 2024**

**Urgent Care – Court Total Visits**



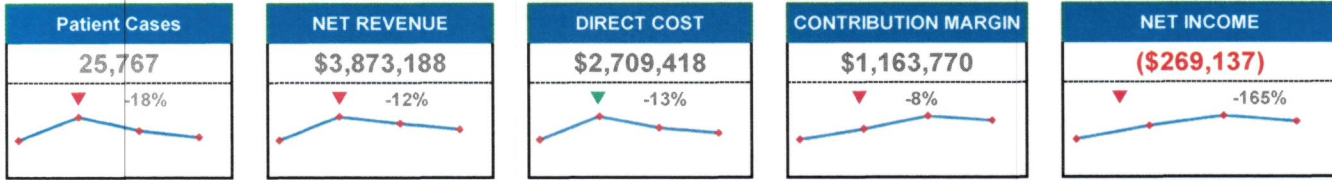
Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is Urgent Care and Secondary Service Line is Urgent Care Court

# KAWEAH HEALTH ANNUAL BOARD REPORT

## URGENT CARE CLINICS - Urgent Care Demaree

FY2024

### KEY METRICS - FY 2024 YEAR ENDED JUNE 30, 2024

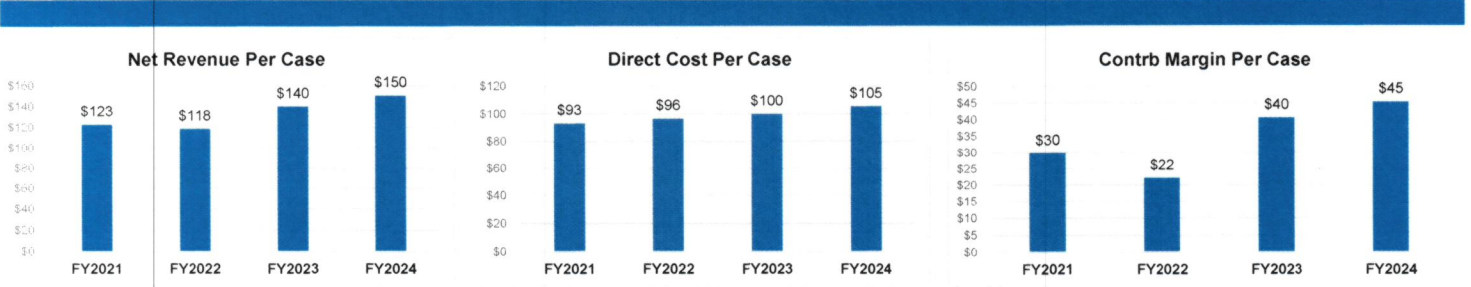


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

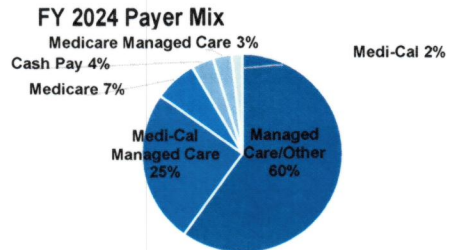
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	23,447	42,638	31,413	25,767	▼ -18%	
Net Revenue	\$2,878,954	\$5,047,019	4,399,763	\$3,873,188	▼ -12%	
Direct Cost	\$2,180,666	\$4,105,913	3,127,910	\$2,709,418	▼ -13%	
Contribution Margin	\$698,288	\$941,106	1,271,853	\$1,163,770	▼ -8%	
Indirect Cost	\$1,459,862	\$1,322,507	1,373,287	\$1,432,907	▲ 4%	
Net Income	(\$761,574)	(\$381,401)	(101,434)	(\$269,137)	▼ -165%	
Net Revenue Per Case	\$123	\$118	\$140	\$150	▲ 7%	
Direct Cost Per Case	\$93	\$96	\$100	\$105	▲ 6%	
Contrb Margin Per Case	\$30	\$22	\$40	\$45	▲ 12%	
Telehealth %	35%	48%	21%	10%		

### PER CASE TRENDED GRAPHS (Based on Volume)



### PAYER MIX - 4 YEAR TREND (Based on Volume)

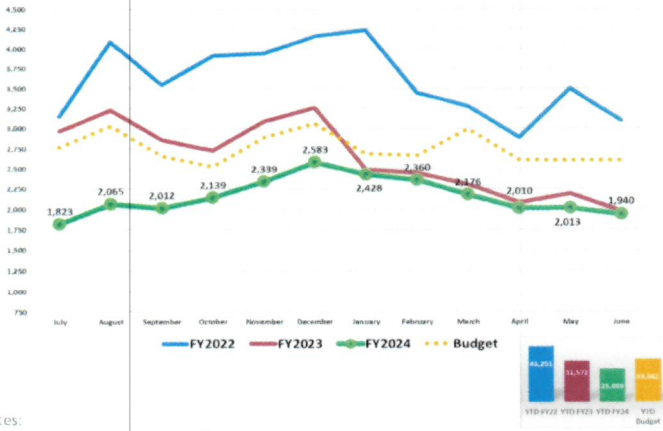
PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other	49%	48%	53%	60%
Medi-Cal Managed Care	32%	35%	31%	25%
Medicare	11%	8%	7%	7%
Cash Pay	4%	5%	5%	4%
Medicare Managed Care	2%	2%	3%	3%
Medi-Cal	2%	2%	2%	2%



Level Of Care	FY2021	FY2022	FY2023	FY2024
Level I	5%	0%	0%	0%
Level II	32%	3%	5%	5%
Level III	62%	48%	39%	75%
Level IV	0%	46%	45%	18%
Level V	0%	2%	11%	0%
No Level	0%	0%	0%	0%

KEY METRICS - FY 2024 YEAR ENDED JUNE 30, 2024

Urgent Care – Demaree Total Visits



Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is Urgent Care and Secondary Service Line is Urgent Care Demaree

# REPORT TO THE BOARD OF DIRECTORS

## Rural Health Clinics

Ryan Gates, Chief Population Health Officer, 559-624-5647

Ivan Jara, Director of Outpatient Clinics, 559-624-6971

Date: September 25, 2024

### Summary

1. Kaweah Health currently operates five Rural Health Clinics located in our primary service area of Tulare County. The locations include Exeter, Dinuba, Lindsay, Woodlake, and Tulare. The populations served consist of approximately 50% Medi-Cal, 26% Medicare, 24% commercial/private, and 1% self/cashpay.
2. Kaweah's Health Rural Health Clinics continue to play an important role in expanding access to primary, specialty, and behavioral health care services in rural communities. We currently offer 18 specialty services across the clinics and support over 98 providers. During FY 23 and 24, the rural health clinics onboarded 14 new providers, increasing access and services to our patients and communities. The Rural Health Clinics also support a Graduated Medical Education (GME) Adult Psychiatry program, Child Psychiatry Fellowship, Family Medicine, and Medical and Advanced Practice student rotations.
3. The Rural Health Clinics have designed and implemented intentional organizational clinic structures to support growth, quality, and the services we provide. In addition, the operational and quality teams work side by side to deliver world-class care to the populations served. This collaboration has led to the implementation of a variety of changes that have improved efficiencies as well as quality and financial outcomes.
4. The team-based care model practiced at the Rural Health Clinics provides patients with access to their healthcare provider during all hours of operation. An engaged and dedicated clinician leadership team has brought a culture of learning and collaboration between primary care providers, specialists, and administration. Patients also have access to resources such as pharmacists, community care coordinators, and transportation services.
5. Care delivery is being reinvented through telehealth and by developing community partnerships with organizations within our service area to expand the reach of our high-quality care. These partnerships and technologies help bring needed care to our communities beyond our four walls.
6. Kaweah Health Rural Health Clinics are also largely responsible for the outcomes of our risk-based care transformation programs (i.e. Quality Improvement Program (QIP), Health Homes, Enhanced Care Management (ECM), Humana Medicare Advantage, etc.)

7. Intentional efforts are being made to improve the patient's experience in how they access their healthcare provider and clinic. Technologies that allow for bi-directional texting, emailing your healthcare team, and accessing your health information through a patient portal are available to all patients.

## Quality/Financial Performance Data

### 1. Quality Performance Data

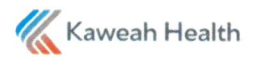
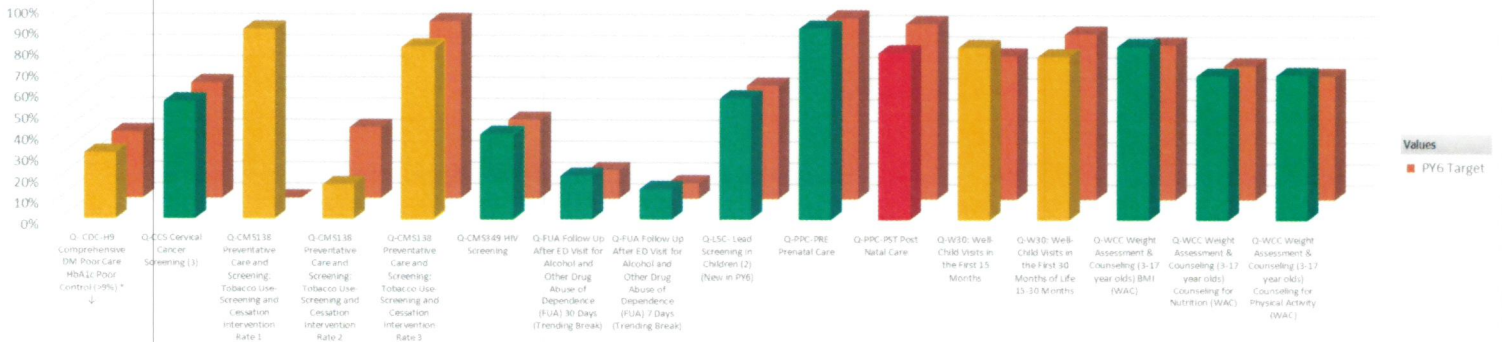
- a. Humana Medicare Advantage
  - i. Risk Adjustment Factor (RAF): 1.094 in 2023
  - ii. CMS Quality Score: HEDIS & Patient Safety Star Rating 3.32 in 2023
  - iii. Practitioner Assessment Forms: 40.32% completed in 2023
- b. Quality Improvement Performance
  - i. The Rural Health Clinics reported on 10 quality measures and performed on 7.5 quality measures during Program Year 6 (2023), achieving an overall quality score of 87.50%. The clinics achieved full performance on 6 measures, partial performance on 3 measures and no performance on 1 measure. Performance is achieved by meeting DHCS Targets and despite improving performance from 2022 to 2023, some measures did not hit DHCS target. Details included below.

### Quality Measures Reported in 2023

#### Performance

1. Q-CMS349 HIV Screening
2. Q-PPC-PRE Prenatal Care
3. Q-LSC: Blood Lead Screening (new in PY 6)
4. Q-CCS Cervical Cancer Screening
5. Q-WCC Weight Assessment & Counseling (3-17 year olds)
6. Q-FUA Follow Up After ED Visit for Alcohol and Other Drug Abuse of Dependence (FUA)
7. Q- CDC-H9 Comprehensive DM Poor Care HbA1c Poor Control (>9%)
8. Q-W30: Well-Child Visits in the First 30 Months of Life (W30)
9. Q-CMS138 Preventative Care and Screening: Tobacco Use-Screening and Cessation Intervention
10. Q-PPC-PST Post Natal Care

Quality Measure Performance 2023



Quality Measure

Kaweah Health QIP Performance Scorecard		QIP Performance		Improvement
Quality Measure	2022	2023	22-23	
Q-FUA Follow Up After ED Visit for Alcohol and Other Drug Abuse of Dependence (FUA) 30 Days <i>(Trending Break)</i>	11.11%	20.41%	9.30%	
Q-FUA Follow Up After ED Visit for Alcohol and Other Drug Abuse of Dependence (FUA) 7 Days <i>(Trending Break)</i>	5.56%	14.29%	8.73%	
Q-CDC-H9 Comprehensive DM Poor Care HbA1c Poor Control (>9%) * ↓	30.33%	31.02%	0.69%	
Q-CMS138 Preventative Care and Screening: Tobacco Use-Screening and Cessation Intervention Rate 1	95.82%	89.69%	-6.13%	
Q-CMS138 Preventative Care and Screening: Tobacco Use-Screening and Cessation Intervention Rate 2	5.44%	16.21%	10.77%	
Q-CMS138 Preventative Care and Screening: Tobacco Use-Screening and Cessation Intervention Rate 3	82.32%	81.04%	-1.29%	
Q-CMS349 HIV Screening	33.54%	39.65%	6.11%	
Q-W30: Well-Child Visits in the First 15 Months	70.12%	81.42%	11.29%	
Q-W30: Well-Child Visits in the First 30 Months of Life 15-30 Months	79.27%	77.10%	-2.17%	
Q-WCC Weight Assessment & Counseling (3-17 year olds) BMI (WAC)	71.06%	81.89%	10.83%	
Q-WCC Weight Assessment & Counseling (3-17 year olds) Counseling for Physical Activity (WAC)	35.84%	68.40%	32.56%	
Q-WCC Weight Assessment & Counseling (3-17 year olds) Counseling for Nutrition (WAC)	34.76%	67.95%	33.19%	
Q-LSC- Lead Screening in Children (2) <i>(New in PY6)</i>	41.08%	57.06%	15.98%	
Q-PPC-PRE Prenatal Care	84.78%	90.35%	5.56%	
Q-PPC-PST Post Natal Care	82.61%	78.76%	-3.84%	
Q-CCS Cervical Cancer Screening (3)	52.84%	55.25%	2.41%	

A lower rate indicates better performance ↓

## 2. Financial Performance Data

- a. Net Revenue: \$29,208,689 (5% increase)
- b. Direct Cost: \$21,682,441 (10% increase)
- c. Contribution Margin: \$7,526,248 (8% decrease)
  - i. **2<sup>nd</sup> highest contribution margin in the past four years**
- d. Net Income: \$1,823,588 (42% decrease)
- e. Patient Cases: 137,026 (4% increase over prior year)
- f. Telehealth: 17,950 (13% of FY 2024 visits & 11% of contribution margin)
- g. Exeter Clinic:
  - i. Accounts for 50% of visits and 45% of contribution margin
  - ii. Net Revenue per visit \$206
  - iii. Contribution Margin per visit of \$50
- h. Lindsay Clinic:
  - i. Accounts for 15% of visits and 10% of contribution margin
  - ii. Net Revenue per visit \$205
  - iii. Contribution Margin per visit of \$38
- i. Dinuba Clinic:
  - i. Accounts for 11% of visits and 14% of contribution margin
  - ii. Net Revenue per visit increased to \$238
  - iii. Contribution Margin per visit of \$67
- j. Woodlake Clinic:
  - i. Accounts for 9% of visits and 13% of contribution margin
  - ii. Net Revenue per visit \$228
  - iii. Contribution Margin per visit of \$81
- k. Tulare Clinic:
  - i. Accounts for 15% of visits and 18% of contribution margin
  - ii. Net Revenue per visit \$217
  - iii. Contribution Margin per visit of \$64

## 3. Employee Engagement Data:

- a. The Rural Health Clinics teams experienced significant increases in overall engagement scores along with high levels of participation.

Workgroup	2024 Survey Averages	2022 Survey Averages	2021 Survey Averages	Increase/Decrease from 2022	Workgroup Size	Response Rate
RHC Tulare Clinic	4.47	3.97	4.38	0.50	19	100%
RHC-Dinuba Health Clinic	4.36	3.98	4.52	0.38	17	100%
RHC-Exeter Health Clinic	4.22	4.04	3.48	0.18	61	95%
RHC-Lindsay Health Clinic	4.07	3.79	3.75	0.28	16	100%
RHC-Woodlake Health Clinic	4.56	4.46	4.02	0.10	10	100%



## 4. Patient Experience

- a. The rural health clinics have seen consistent improvement in patient responses regarding their experience in our clinics. The goal for the rural health clinics is to achieve the 50<sup>th</sup> percentile in 'Provider would recommend'.

### Trend



## Policy, Strategic or Tactical Issues

1. Expand community access through strategic planning and the execution of net new clinic locations.
2. Focus on providing consistent, high-quality customer service to all patients.
3. Maintain standardization in care delivery, workflows, access, policies, and practices across all clinics.

## Recommendations/Next Steps

1. Kaweah Health Rural Health Clinics are to maintain their recognition status as a Patient-Centered Medical Home and their Behavioral Health Integration distinction through the National Committee for Quality Assurance. These efforts help drive quality initiatives, improve patient care standards, and increase access to care within the clinics.
2. Continue to partner with and support clinician leadership to collaboratively support high-quality patient care and access within our populations served.
3. Maintain a focus on employee engagement in efforts to drive high-performing teams, retention, and a culture of safety.
4. Execute Patient Navigation initiatives to support patient engagement, quality, workflow efficiencies, and care coordination.
5. Provide resources that include Community Care Coordinators, Pharmacists, Educators, and transportation services to support patients with social determinants of health.

6. Develop partnerships with Health Plans and local organizations to expand non-traditional access to care in a cost-effective manner.
7. Expand primary care and specialty access through the use of advanced practice providers.
8. Strive towards making healthcare access easy for our patients by driving telehealth accessibility, same-day appointments, and by having expanded methods of communicating with their healthcare team.

### **Approvals/Conclusions**

The Kaweah Health Rural Health Clinics serve as important access points to care for our medically underserved communities. The revenues gained from efficiently operating the Rural Health Clinics support our organization's strategic pillar of maintaining financial strength. The Rural Health Clinics will continue to expand high-quality access to care for the communities we serve while in parallel supporting our valuable clinicians and staff members delivering care.

# KAWEAH HEALTH ANNUAL BOARD REPORT

## RURAL HEALTH CLINICS -Summary

FY2024

### KEY METRICS - FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024



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

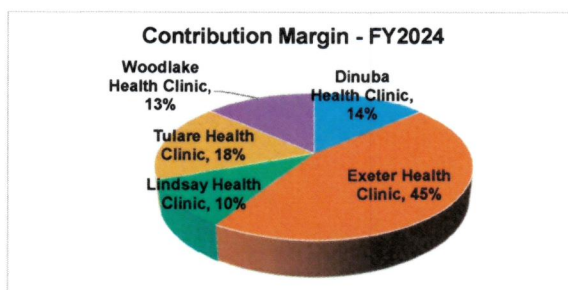
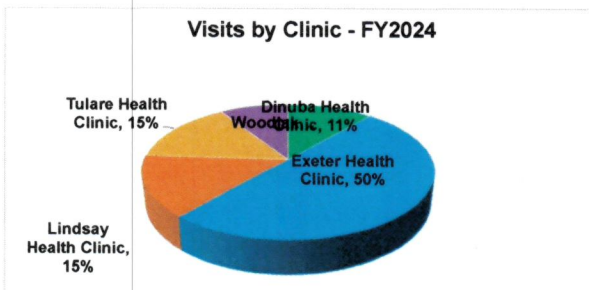
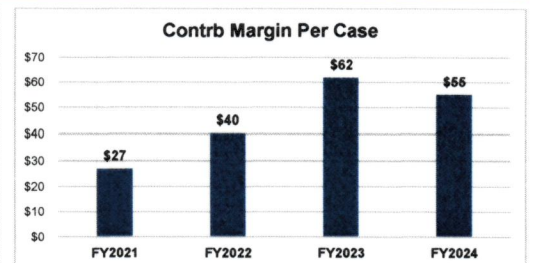
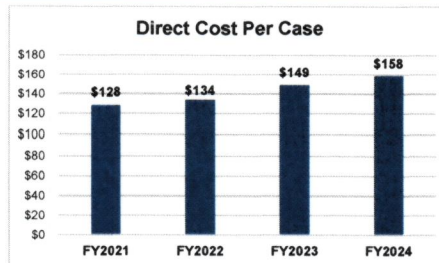
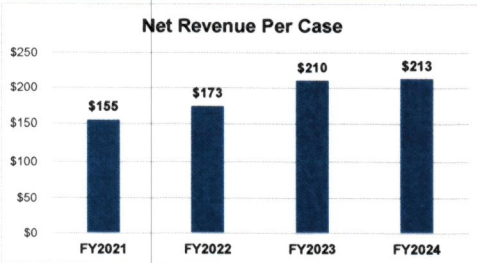
### METRICS BY SERVICE LINE - FY 2024

SERVICE LINE	Patient Cases	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Exeter	68,523	\$14,119,657	\$10,720,515	\$3,399,143	\$205,967
Tulare	20,588	\$4,467,567	\$3,143,286	\$1,324,282	\$363,028
Dinuba	15,390	\$3,667,748	\$2,639,414	\$1,028,333	\$530,324
Woodlake	12,403	\$2,832,559	\$1,828,933	\$1,003,626	\$611,931
Lindsay	20,122	\$4,121,158	\$3,350,294	\$770,865	\$112,337
<b>Rural Clinic Totals</b>	<b>137,026</b>	<b>\$29,208,689</b>	<b>\$21,682,441</b>	<b>\$7,526,248</b>	<b>\$1,823,588</b>

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	133,805	139,810	132,111	137,026	▲ 4%	
Net Revenue	\$20,684,908	\$24,241,888	\$27,800,324	\$29,208,689	▲ 5%	
Direct Cost	\$17,106,731	\$18,666,235	\$19,647,666	\$21,682,441	▲ 10%	
Contribution Margin	\$3,578,176	\$5,575,653	\$8,152,659	\$7,526,248	▼ -8%	
Indirect Cost	\$3,863,512	\$4,620,061	\$4,988,924	\$5,702,660	▲ 14%	
Net Income	(\$285,336)	\$955,592	\$3,163,735	\$1,823,588	▼ -42%	
Net Revenue Per Case	\$155	\$173	\$210	\$213	▲ 1%	
Direct Cost Per Case	\$128	\$134	\$149	\$158	▲ 6%	
Contrb Margin Per Case	\$27	\$40	\$62	\$55	▼ -11%	

### GRAPHS



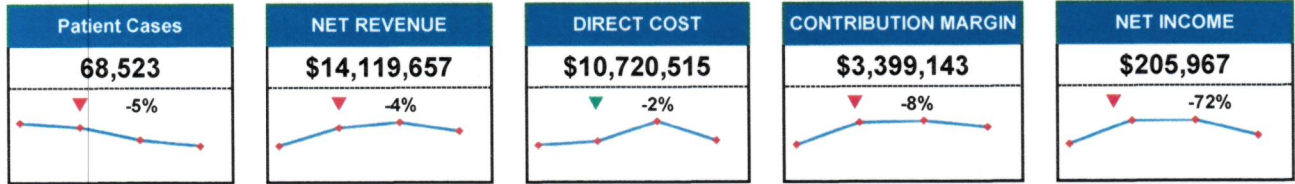
Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Lines in the rural clinics; specific selection for each Service Line (noted on the individual Service Line Tabs).

# KAWEAH HEALTH ANNUAL BOARD REPORT

## RURAL HEALTH CLINICS - Exeter Health Clinic

FY2024

### KEY METRICS - FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

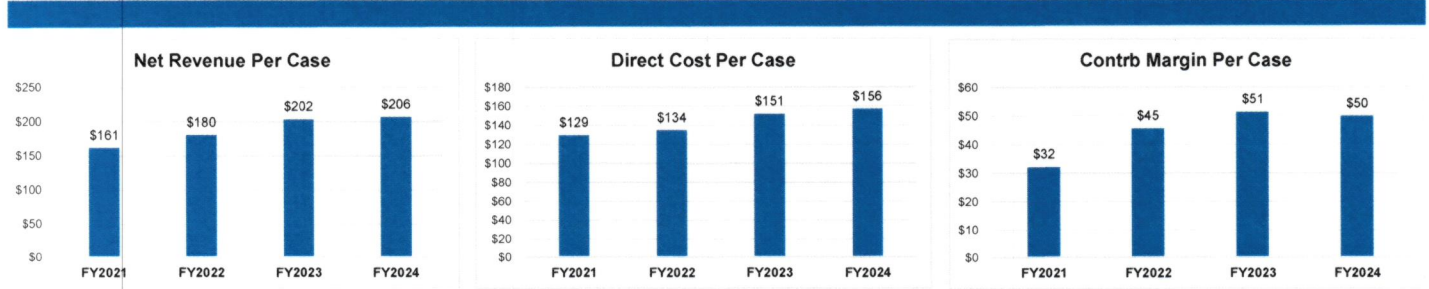


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	82,664	79,732	72,314	68,523	▼ -5%	
Net Revenue	\$13,320,026	\$14,332,614	\$14,640,580	\$14,119,657	▼ -4%	
Direct Cost	\$10,666,505	\$10,710,603	\$10,942,250	\$10,720,515	▼ -2%	
Contribution Margin	\$2,653,521	\$3,622,011	\$3,698,330	\$3,399,143	▼ -8%	
Indirect Cost	\$2,716,552	\$2,920,307	\$2,973,198	\$3,193,175	▲ 7%	
Net Income	(\$63,031)	\$701,704	\$725,132	\$205,967	▼ -72%	
Net Revenue Per Case	\$161	\$180	\$202	\$206	▲ 2%	
Direct Cost Per Case	\$129	\$134	\$151	\$156	▲ 3%	
Contrb Margin Per Case	\$32	\$45	\$51	\$50	▼ -3%	

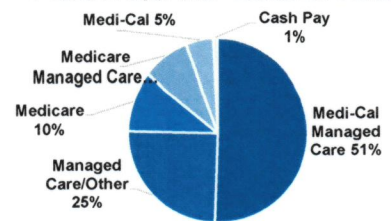
### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (VISITS)

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	45%	52%	51%	51%
Managed Care/Other	20%	19%	19%	25%
Medicare	14%	10%	10%	10%
Medicare Managed Care	7%	7%	8%	9%
Medi-Cal	13%	10%	10%	5%
Cash Pay	1%	2%	1%	1%

### FY2024 Payer Mix - Based on Visits



Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is Exeter Health Clinic

# KAWEAH HEALTH ANNUAL BOARD REPORT

## RURAL HEALTH CLINICS - Lindsay Health Clinic

FY2024

### KEY METRICS - FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

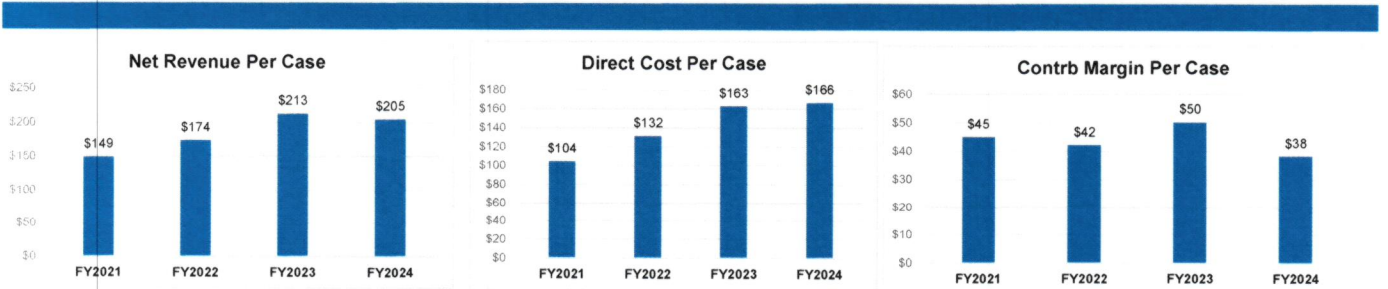


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

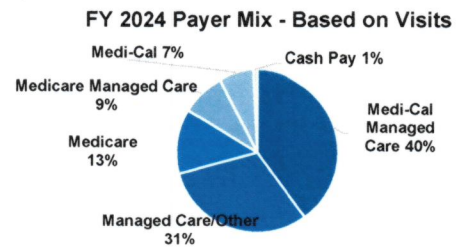
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	22,687	22,171	18,289	20,122	▲ 10%	
Net Revenue	\$3,385,058	\$3,851,683	\$3,892,077	\$4,121,158	▲ 6%	
Direct Cost	\$2,364,262	\$2,916,493	\$2,972,687	\$3,350,294	▲ 13%	
Contribution Margin	\$1,020,796	\$935,189	\$919,390	\$770,865	▼ -16%	
Indirect Cost	\$403,794	\$493,447	\$639,652	\$658,527	▲ 3%	
Net Income	\$617,002	\$441,742	\$279,738	\$112,337	▼ -60%	
Net Revenue Per Case	\$149	\$174	\$213	\$205	▼ -4%	
Direct Cost Per Case	\$104	\$132	\$163	\$166	▲ 2%	
Contrb Margin Per Case	\$45	\$42	\$50	\$38	▼ -24%	

### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (VISITS)

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	33%	39%	38%	40%
Managed Care/Other	25%	21%	21%	31%
Medicare	23%	16%	16%	13%
Medicare Managed Care	5%	7%	10%	9%
Medi-Cal	12%	12%	15%	7%
Cash Pay	2%	4%	1%	1%



Notes:

Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is Lindsay Health Clinic

# KAWEAH HEALTH ANNUAL BOARD REPORT

## RURAL HEALTH CLINICS - *Dinuba Health Clinic*

FY2024

### KEY METRICS - FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

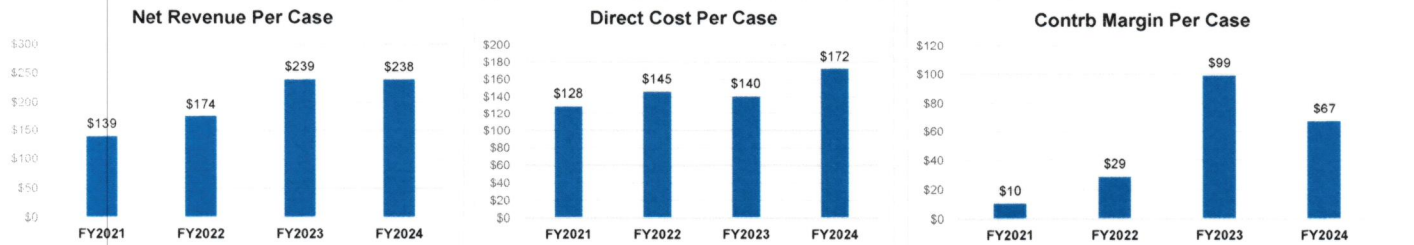


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	18,615	17,559	16,910	15,390	▼ -9%	
Net Revenue	\$2,581,767	\$3,050,403	\$4,035,181	\$3,667,748	▼ -9%	
Direct Cost	\$2,390,548	\$2,548,699	\$2,364,739	\$2,639,414	▲ 12%	
Contribution Margin	\$191,220	\$501,703	\$1,670,442	\$1,028,333	▼ -38%	
Indirect Cost	\$443,773	\$458,566	\$465,739	\$498,009	▲ 7%	
Net Income	(\$252,553)	\$43,137	\$1,204,702	\$530,324	▼ -56%	
Net Revenue Per Case	\$139	\$174	\$239	\$238	▶ 0%	
Direct Cost Per Case	\$128	\$145	\$140	\$172	▲ 23%	
Contrb Margin Per Case	\$10	\$29	\$99	\$67	▼ -32%	

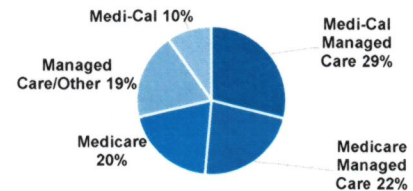
### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (VISITS)

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	32%	31%	26%	29%
Medicare Managed Care	14%	18%	20%	22%
Medicare	19%	18%	19%	20%
Managed Care/Other	28%	22%	19%	19%
Medi-Cal	5%	9%	15%	10%

### FY2024 Payer Mix - Based on Visits



Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is Dinuba Health Clinic

# KAWEAH HEALTH ANNUAL BOARD REPORT

## RURAL HEALTH CLINICS - Woodlake Health Clinic

FY2024

### KEY METRICS - FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

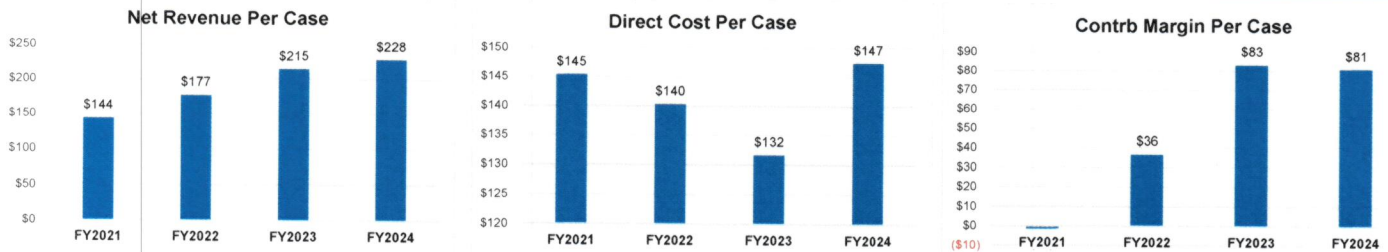


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

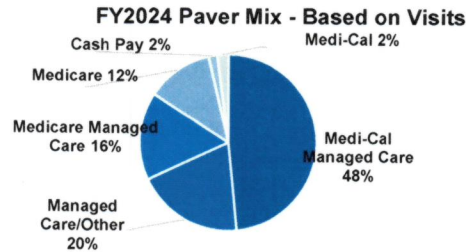
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	9,467	9,941	12,827	12,403	▼ -3%	
Net Revenue	\$1,361,478	\$1,757,272	\$2,755,801	\$2,832,559	▲ 3%	
Direct Cost	\$1,376,081	\$1,394,872	\$1,688,006	\$1,828,933	▲ 8%	
Contribution Margin	(\$14,603)	\$362,400	\$1,067,794	\$1,003,626	▼ -6%	
Indirect Cost	\$277,718	\$261,838	\$360,748	\$391,695	▲ 9%	
Net Income	(\$292,321)	\$100,561	\$707,047	\$611,931	▼ -13%	
Net Revenue Per Case	\$144	\$177	\$215	\$228	▲ 6%	
Direct Cost Per Case	\$145	\$140	\$132	\$147	▲ 12%	
Contrb Margin Per Case	(\$2)	\$36	\$83	\$81	▼ -3%	

### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (VISITS)

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	38%	40%	47%	48%
Managed Care/Other	22%	21%	19%	20%
Medicare Managed Care	17%	19%	17%	16%
Medicare	19%	17%	13%	12%
Cash Pay	3%	2%	2%	2%
Medi-Cal	2%	1%	2%	2%



Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is Woodlake Health Clinic

# KAWEAH HEALTH ANNUAL BOARD REPORT

## RURAL HEALTH CLINICS - Tulare Health Clinic

FY2024

### KEY METRICS - FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

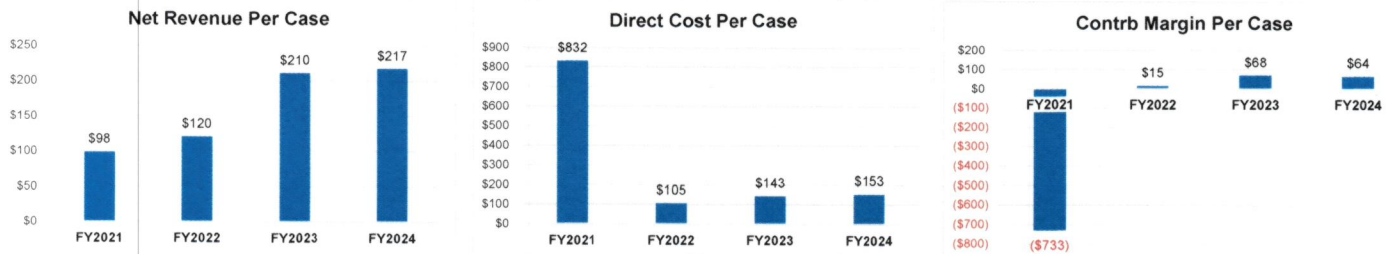


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	372	10,407	11,771	20,588	▲ 75%	
Net Revenue	\$36,579	\$1,249,917	\$2,476,686	\$4,467,567	▲ 80%	
Direct Cost	\$309,335	\$1,095,567	\$1,679,983	\$3,143,286	▲ 87%	
Contribution Margin	(\$272,756)	\$154,350	\$796,703	\$1,324,282	▲ 66%	
Indirect Cost	\$21,676	\$485,903	\$549,588	\$961,254	▲ 75%	
Net Income	(\$294,433)	(\$331,553)	\$247,115	\$363,028	▲ 47%	
Net Revenue Per Case	\$98	\$120	\$210	\$217	▲ 3%	
Direct Cost Per Case	\$832	\$105	\$143	\$153	▲ 7%	
Contrb Margin Per Case	(\$733)	\$15	\$68	\$64	▼ -5%	

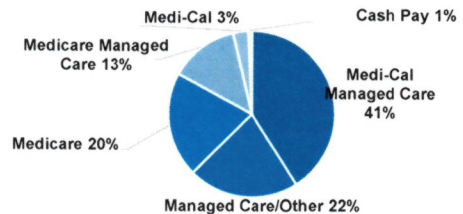
### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (VISITS)

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	24%	32%	42%	41%
Managed Care/Other	48%	39%	28%	22%
Medicare	20%	16%	14%	20%
Medicare Managed Care	3%	3%	13%	13%
Medi-Cal	1%	2%	2%	3%
Cash Pay	4%	7%	1%	1%

### FY2024 Payer Mix - Based on Visits



Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is Tulare Health Clinic



# REPORT TO THE BOARD OF DIRECTORS

## **Inpatient Medicine Services** (General Medicine, Gastroenterology, Neurology, Endocrine, Nephrology, Multiple Significant Trauma (MST), Dermatology, and Urology)

Emma Mozier, MSN, RN, CNML

Director of Medical Surgical Services

559-624-2825

September 10, 2024

### Summary Issue/Service Considered

- Case type examples for included medical services:
  - General Medicine: Mainly Sepsis
  - Gastroenterology: G.I. hemorrhage, Cirrhosis & alcoholic hepatitis, Disorders of pancreas & liver, GI Obstruction
  - Neurology: Intracranial hemorrhage or cerebral infarction, Transient ischemia, Seizures
  - Endocrine: Nutritional & misc metabolic disorders, Diabetes, Endocrine Disorders
  - Nephrology: Renal failure, Kidney & urinary tract infections
  - MST: Multiple Significant Trauma, Major Chest Trauma, Traumatic Injury, Non-extensive Burns
  - Dermatology: Cellulitis, Trauma to the skin, subcutaneous tissue & breast, Skin Ulcers
  - Urology: Urinary stones w/o lithotripsy w/o MCC, Inflammation of Reproductive System (next board report all urology cases will move to main urology board report)
- Main themes for FY 2024: patient days are stable- down 1% in FY24 with average length of stay at a 3-year low, patient discharges are up 3% and back at FY22 levels, and average length of stay (ALOS) went down 5% from prior year but remains at 1.84 opportunity days.
- Contribution margin for the selected inpatient medical services is \$31.3 million for FY 2024, with \$16.9 million (54%) provided by supplemental governmental funding.
- Contribution margin more than doubled over prior year due to majority savings in Registry Nursing, declining ALOS, increased reimbursement from payers and increased supplemental government funds.
- Quality initiatives continue to be a focus for our inpatient units: Catheter Associated Urinary Tract Infections (CAUTI), Central Line Associated Blood Stream Infections (CLABSI), Falls, Hospital Acquired Pressure Injuries (HAPI), Surgical Site Infections (SSI).
- Nursing retention and recruitment continue to be a high priority for both nursing leadership as well as our Human Resources department.

## Quality/Performance Improvement Data

CLINICAL QUALITY	Organization Wide				
	1Q23	2Q23	3Q23	4Q23	1Q24
Central line associated blood stream infection (CLABSI)	0.845	1.382	1.527	0.747	1.471
Target	0.589	0.589	0.390	0.486	0.486
Catheter associated urinary tract infection (CAUTI)	0.00	0.573	0.387	0.479	1.044
Target	0.65	0.65	0.478	0.401	0.401
Falls/1000 pt days	1.32	2.25	1.97	1.47	1.48
Target	1.72	2.18	2.15	2.20	2.17
Injury Falls/1000 pt days	0.18	0.63	0.39	0.26	0.22
Target	0.46	0.46	0.47	0.48	0.45
HAPI Stage 2+/1000 pt days *Hospital Acquired Pressure Injury	1.06	0.68	0.84	1.47	1.43
Target	1.03	1.03	1.03	1.03	0.93
Hand Hygiene Compliance				95.1%	94.6%
Target				95%	95%

Quality Focus Teams (QFT) for CLABSI, CAUTI, HAPI, and Sepsis are actively working on quality of care improvements. Each group is working on initiatives related to their focus. HAPI QFT specifically is working on a robust plan to reduce the prevalence.

## Policy, Strategic or Tactical Issues

- All units monitor clinical and LOS performance. As barriers and themes are identified, the leader works with the respective committee groups for support.
  - Our LOS committee continues its work to reduce LOS, identify and remove throughput and discharge barriers. Our hospitalist physician groups are also engaged and working to identify opportunities to care.
  - Unit based councils also discuss and brainstorm at the unit level to improve discharge processes, times and follow-up.
  - An interdisciplinary approach is in place to ensure collaboration in the inpatient process for patients receiving timely access to procedures, tests and decisions
- Leadership is engaged with their staff through action planning from the Safety Attitude's Questionnaire and Employee Engagement Survey.
- Patient Experience is decentralized with individual departments focusing initiatives on specific needs in their areas.
- Patient leaders implementing patient rounds to assess safety, compliance, and provide support to patient care team members.

## Recommendations/Next Steps

- Continue to focus on quality and LOS initiatives to meet organizational goals.
- Work with Human Resources, Clinical Education, and the Advance Practice Nurses to onboard, support and train new and existing nurses to improve recruitment and retention.

- Promote active engagement of our physician partners to increase efficiency of care and use of resources and services while patient in our care.

## Approvals/Conclusions

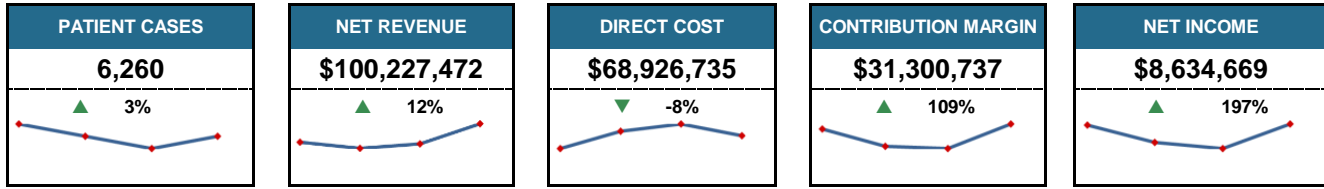
- Leadership continues to work through employee engagement opportunities and provide support to frontline care staff. We value the team members and want to ensure they have the best environment to care for their patients.
- Strive for overall quality outcomes and set goals to continue to improve. We still have opportunities to improve LOS as well as quality goals related to CAUTI, CLABSI and HAPI. These are still a primary focus.
- Leadership remains vigilant, reviewing budget reports and striving for financial strength within each department. This includes monitoring staff pay practices, supply management, and LOS.

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Inpatient Medical Service Lines (not already reported) - Inpatient Summary

FY2024

### KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024



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

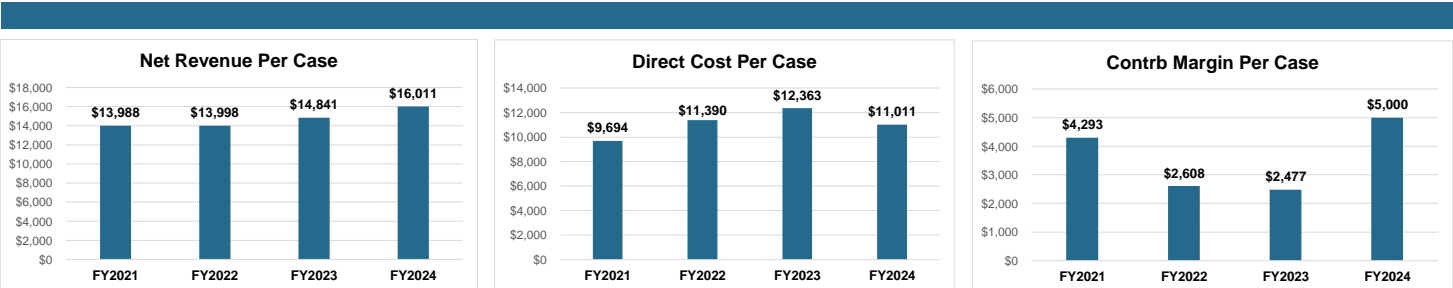
### METRICS BY SERVICE LINE - FY 2024

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
GASTROENTEROLOGY	1,645	\$24,401,662	\$15,308,720	\$9,092,942	\$4,083,342
NEUROLOGY	1,325	\$23,398,657	\$15,973,962	\$7,424,695	\$2,087,589
GENERAL MEDICINE	938	\$21,183,874	\$16,319,145	\$4,864,730	(\$278,517)
NEPHROLOGY	1,014	\$12,632,118	\$8,817,323	\$3,814,795	\$838,264
ENDOCRINE	841	\$10,815,789	\$7,657,386	\$3,158,403	\$585,877
DERMATOLOGY	344	\$4,304,494	\$2,907,373	\$1,397,122	\$411,688
IP MEDICAL TRAUMA	103	\$2,804,697	\$1,578,549	\$1,226,148	\$703,537
UROLOGY	50	\$686,180	\$364,277	\$321,902	\$202,890
<b>IP MEDICAL SERVICES TOTAL</b>	<b>6,260</b>	<b>\$100,227,472</b>	<b>\$68,926,735</b>	<b>\$31,300,737</b>	<b>\$8,634,669</b>

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	6,476	6,261	6,054	6,260	▲ 3%	
Patient Days	33,987	35,041	33,963	33,504	▼ -1%	
ALOS	5.25	5.60	5.61	5.35	▼ -5%	
Net Revenue	\$90,584,100	\$87,639,243	\$89,845,156	\$100,227,472	▲ 12%	
Direct Cost	\$62,779,472	\$71,310,310	\$74,848,346	\$68,926,735	▼ -8%	
Contribution Margin	\$27,804,628	\$16,328,933	\$14,996,810	\$31,300,737	▲ 109%	
Indirect Cost	\$20,117,293	\$20,857,840	\$23,881,852	\$22,666,067	▼ -5%	
Net Income	\$7,687,335	(\$4,528,907)	(\$8,885,042)	\$8,634,669	▲ 197%	
Net Revenue Per Case	\$13,988	\$13,998	\$14,841	\$16,011	▲ 8%	
Direct Cost Per Case	\$9,694	\$11,390	\$12,363	\$11,011	▼ -11%	
Contrb Margin Per Case	\$4,293	\$2,608	\$2,477	\$5,000	▲ 102%	

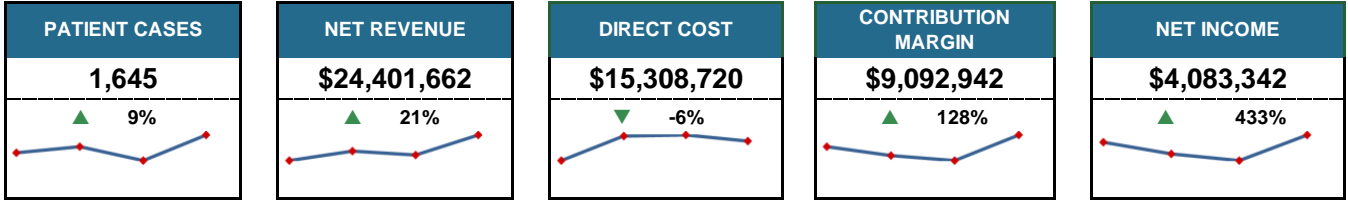
### GRAPHS



Notes:  
 Source: Inpatient Service Line Reports  
 Criteria: Inpatient Medical Services, not yet reported.  
 Criteria: Service Name Kaweah Health Medical Center

Inpatient Medical Service Lines - *Gastroenterology*

KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024

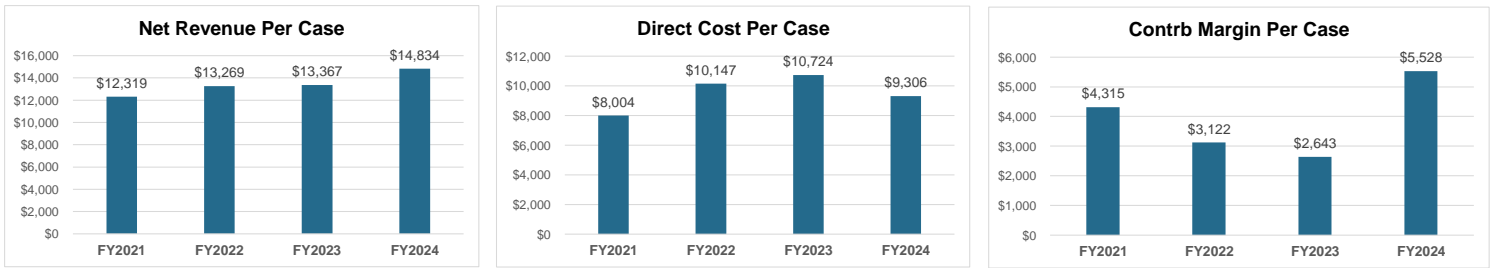


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

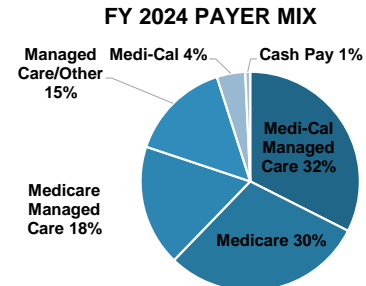
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	1,551	1,585	1,512	1,645	▲ 9%	
Patient Days	6,658	7,938	7,662	7,553	▼ -1%	
ALOS	4.29	5.01	5.07	4.59	▼ -9%	
GM LOS	3.52	3.54	3.50	3.53	▲ 1%	
Net Revenue	\$19,106,750	\$21,031,359	\$20,211,127	\$24,401,662	▲ 21%	
Direct Cost	\$12,413,728	\$16,082,408	\$16,214,261	\$15,308,720	▼ -6%	
Contribution Margin	\$6,693,022	\$4,948,950	\$3,996,865	\$9,092,942	▲ 128%	
Indirect Cost	\$4,057,539	\$4,776,205	\$5,224,015	\$5,009,600	▼ -4%	
Net Income	\$2,635,483	\$172,745	(\$1,227,149)	\$4,083,342	▲ 433%	
Net Revenue Per Case	\$12,319	\$13,269	\$13,367	\$14,834	▲ 11%	
Direct Cost Per Case	\$8,004	\$10,147	\$10,724	\$9,306	▼ -13%	
Contrb Margin Per Case	\$4,315	\$3,122	\$2,643	\$5,528	▲ 109%	
Opportunity Days	0.77	1.47	1.57	1.06	▼ -32%	

PER CASE TRENDED GRAPHS



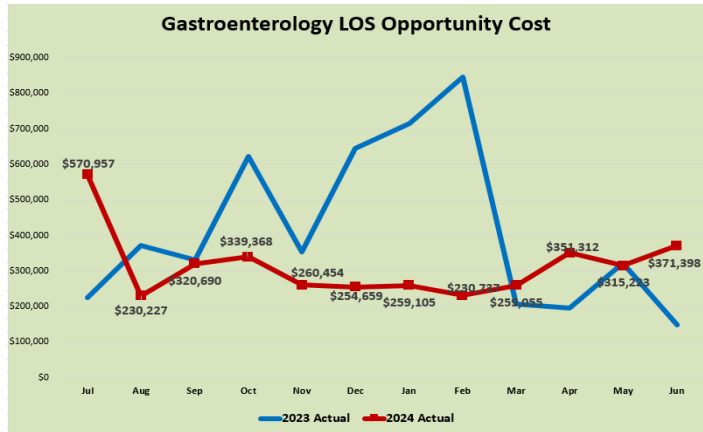
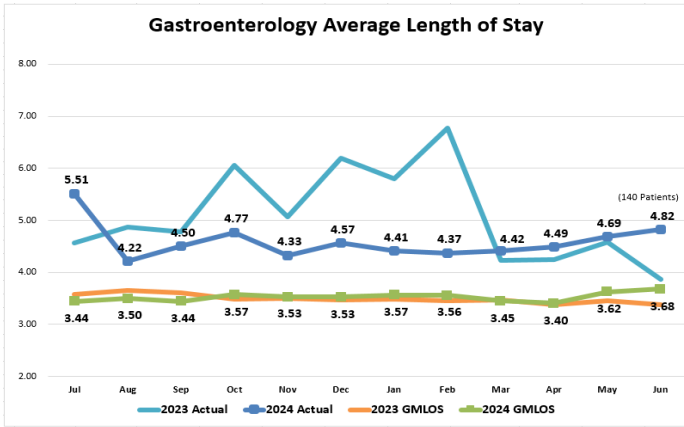
PAYER MIX - 4 YEAR TREND (GROSS CHARGES)

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	29%	26%	29%	32%
Medicare	34%	31%	32%	30%
Medicare Managed Care	15%	17%	18%	18%
Managed Care/Other	14%	16%	15%	15%
Medi-Cal	7%	9%	5%	4%
Cash Pay	1%	1%	0%	1%



Inpatient Medical Service Lines - **Gastroenterology**

KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024



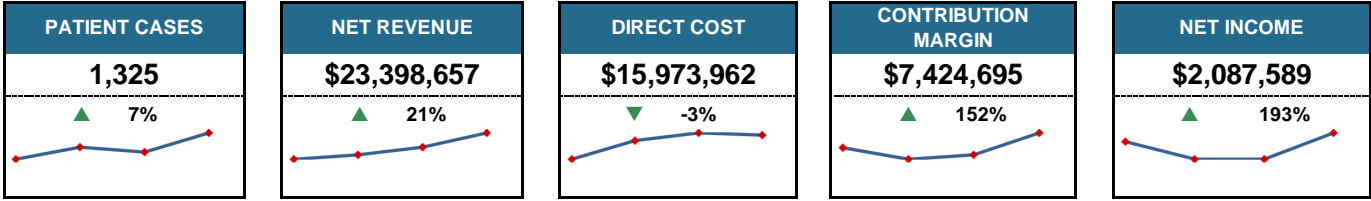
Source: Inpatient Service Line Report  
 Criteria: Service Name Kaweah Delta Medical Center  
 Service Line is Gastroenterology and DRG Type = Medical

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Inpatient Medical Service Lines - Neurology

FY2024

### KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024

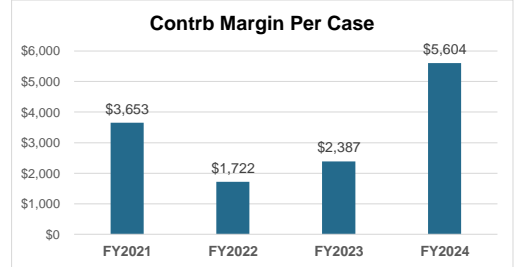
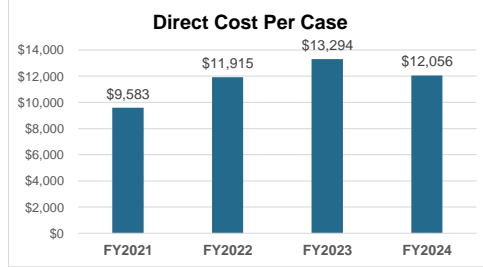
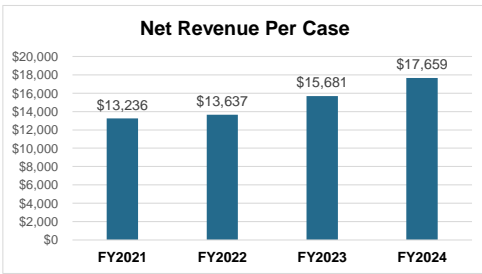


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

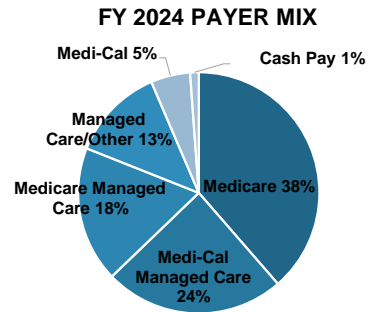
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	1,200	1,256	1,234	1,325	▲ 7%	
Patient Days	6,407	7,573	7,596	8,039	▲ 6%	
ALOS	5.34	6.03	6.16	6.07	▼ -1%	
GM LOS	3.42	3.34	3.36	3.37	▶ 0%	
Net Revenue	\$15,883,195	\$17,128,087	\$19,350,942	\$23,398,657	▲ 21%	
Direct Cost	\$11,499,211	\$14,965,440	\$16,405,037	\$15,973,962	▼ -3%	
Contribution Margin	\$4,383,984	\$2,162,647	\$2,945,905	\$7,424,695	▲ 152%	
Indirect Cost	\$3,749,001	\$4,406,091	\$5,186,278	\$5,337,106	▲ 3%	
Net Income	\$634,983	(\$2,243,444)	(\$2,240,373)	\$2,087,589	▲ 193%	
Net Revenue Per Case	\$13,236	\$13,637	\$15,681	\$17,659	▲ 13%	
Direct Cost Per Case	\$9,583	\$11,915	\$13,294	\$12,056	▼ -9%	
Contrb Margin Per Case	\$3,653	\$1,722	\$2,387	\$5,604	▲ 135%	
Opportunity Days	1.91	2.69	2.80	2.70	▼ -3%	

### PER CASE TRENDED GRAPHS



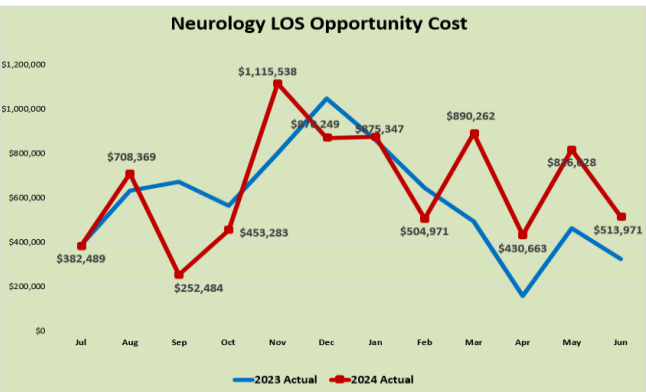
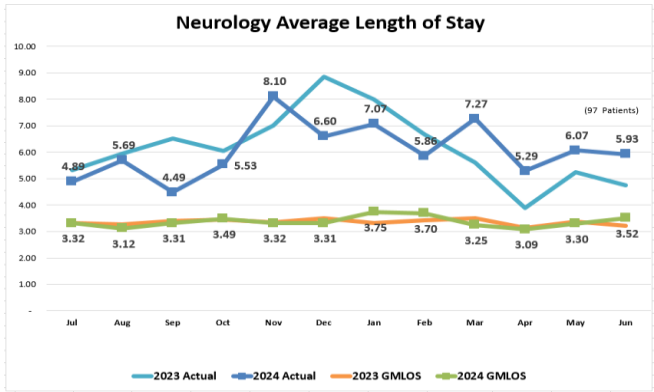
### PAYER MIX - 4 YEAR TREND (GROSS CHARGES)

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	40%	39%	33%	38%
Medi-Cal Managed Care	19%	23%	24%	24%
Medicare Managed Care	17%	17%	19%	18%
Managed Care/Other	15%	13%	16%	13%
Medi-Cal	7%	7%	7%	5%
Cash Pay	1%	1%	1%	1%



*Inpatient Medical Service Lines - Neurology*

KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024



Notes:  
 Source: Inpatient Service Line Report  
 Criteria: Service Name Kaweah Delta Medical Center  
 Service Line is Neurology and DRG Type is Medical

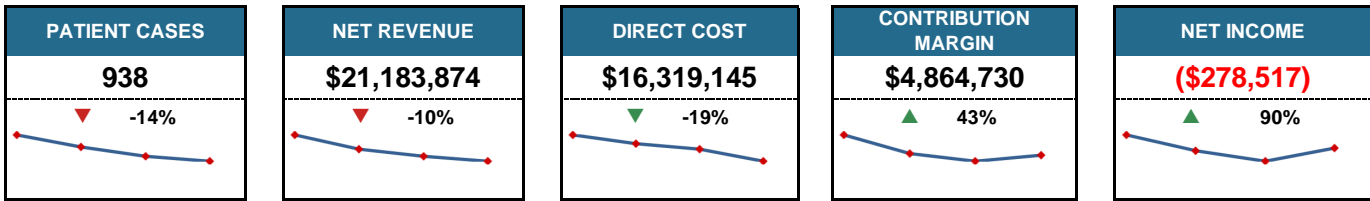


# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

## Inpatient Medical Service Lines - General Medicine

### KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024

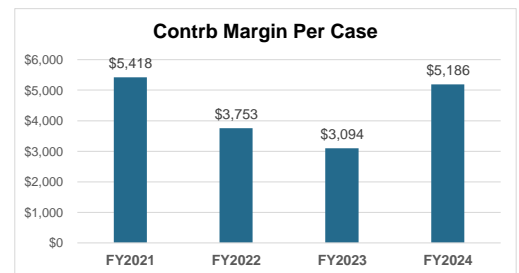
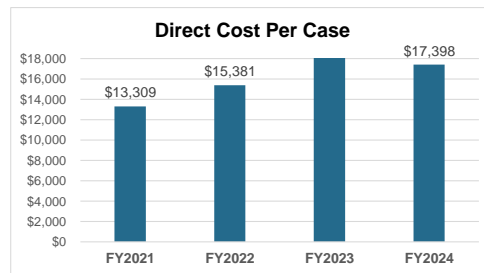
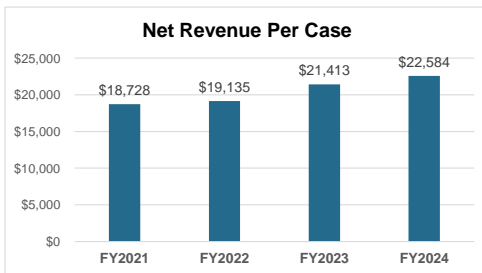


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

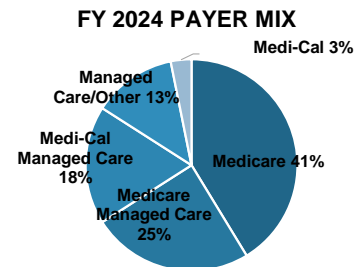
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	1,842	1,416	1,096	938	▼ -14%	
Patient Days	12,397	9,483	7,679	6,399	▼ -17%	
ALOS	6.73	6.70	7.01	6.82	▼ -3%	
GM LOS	4.44	4.42	4.52	4.62	▲ 2%	
Net Revenue	\$34,496,404	\$27,094,591	\$23,468,182	\$21,183,874	▼ -10%	
Direct Cost	\$24,515,573	\$21,779,788	\$20,077,105	\$16,319,145	▼ -19%	
Contribution Margin	\$9,980,831	\$5,314,803	\$3,391,077	\$4,864,730	▲ 43%	
Indirect Cost	\$7,545,006	\$6,127,244	\$6,299,725	\$5,143,246	▼ -18%	
Net Income	\$2,435,825	(\$812,441)	(\$2,908,648)	(\$278,517)	▲ 90%	
Net Revenue Per Case	\$18,728	\$19,135	\$21,413	\$22,584	▲ 5%	
Direct Cost Per Case	\$13,309	\$15,381	\$18,319	\$17,398	▼ -5%	
Contrb Margin Per Case	\$5,418	\$3,753	\$3,094	\$5,186	▲ 68%	
Opportunity Days	2.29	2.27	2.49	2.20	▼ -12%	

### PER CASE TRENDED GRAPHS



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

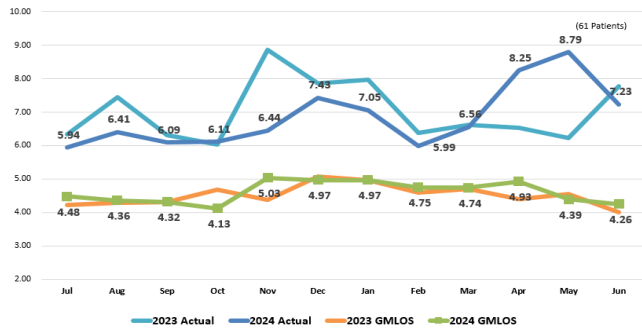
PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	40%	38%	39%	41%
Medicare Managed Care	13%	15%	16%	25%
Medi-Cal Managed Care	24%	22%	22%	18%
Managed Care/Other	14%	18%	15%	13%
Medi-Cal	9%	6%	6%	3%



## Inpatient Medical Service Lines - General Medicine

### KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024

General Medicine Average Length of Stay



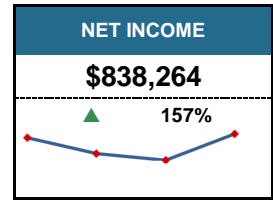
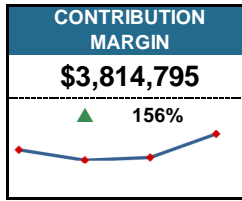
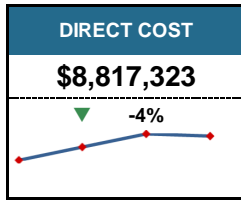
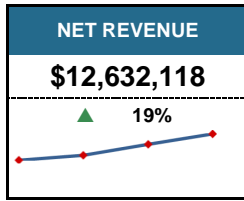
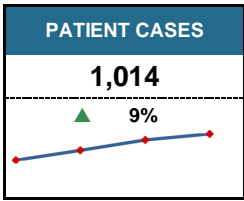
General Medicine LOS Opportunity Cost



Notes:  
 Source: Inpatient Service Line Report  
 Criteria: Service Name Kaweah Delta Medical Center  
 Service Line is General Medicine

**Inpatient Medical Service Lines - Nephrology**

KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024

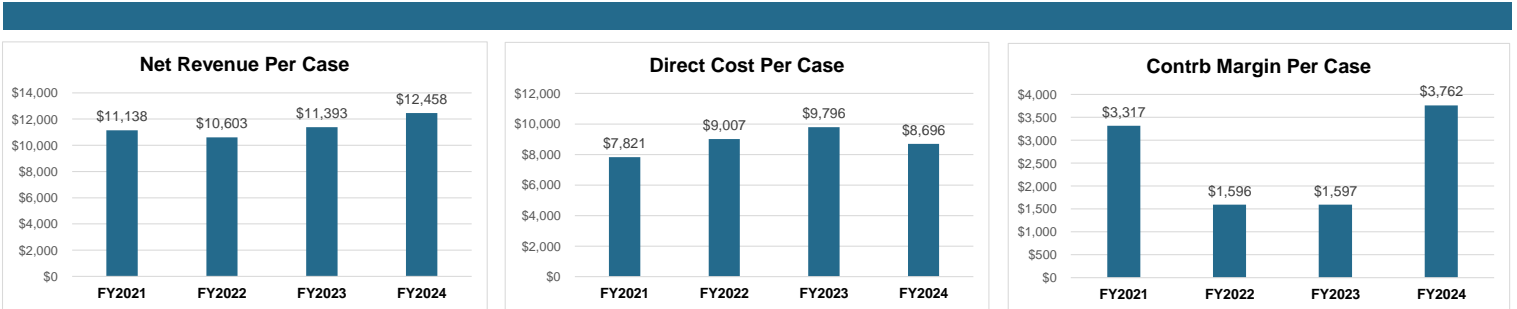


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	676	798	934	1,014	▲ 9%	
Patient Days	3,271	4,059	4,878	4,974	▲ 2%	
ALOS	4.84	5.09	5.22	4.91	▼ -6%	
GM LOS	3.56	3.59	3.51	3.48	▼ -1%	
Net Revenue	\$7,528,971	\$8,460,905	\$10,640,721	\$12,632,118	▲ 19%	
Direct Cost	\$5,286,898	\$7,187,627	\$9,149,324	\$8,817,323	▼ -4%	
Contribution Margin	\$2,242,073	\$1,273,278	\$1,491,397	\$3,814,795	▲ 156%	
Indirect Cost	\$1,764,477	\$2,165,110	\$2,970,493	\$2,976,531	▶ 0%	
Net Income	\$477,596	(\$891,832)	(\$1,479,096)	\$838,264	▲ 157%	
Net Revenue Per Case	\$11,138	\$10,603	\$11,393	\$12,458	▲ 9%	
Direct Cost Per Case	\$7,821	\$9,007	\$9,796	\$8,696	▼ -11%	
Contrb Margin Per Case	\$3,317	\$1,596	\$1,597	\$3,762	▲ 136%	
Opportunity Days	1.28	1.50	1.71	1.43	▼ -17%	

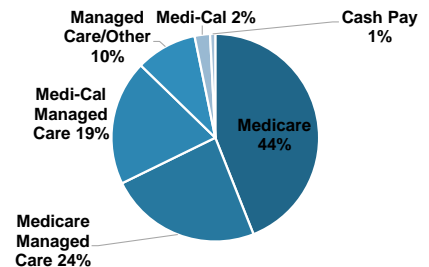
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS CHARGES)

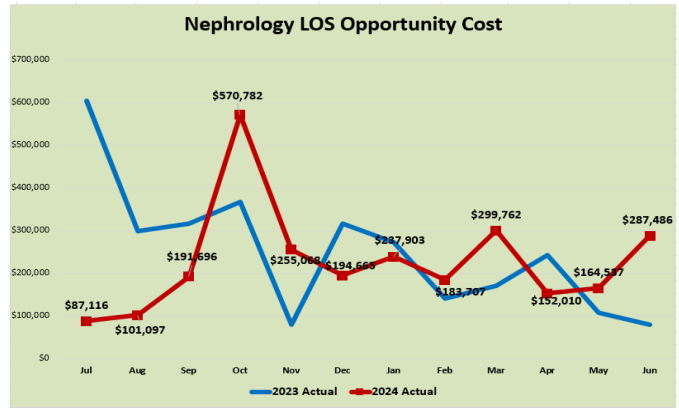
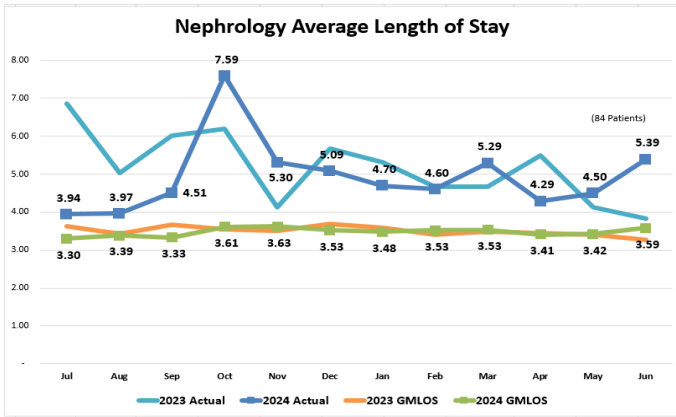
PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	42%	48%	43%	44%
Medicare Managed Care	20%	18%	21%	24%
Medi-Cal Managed Care	18%	19%	22%	19%
Managed Care/Other	11%	11%	11%	10%
Medi-Cal	7%	4%	3%	2%
Cash Pay	0%	0%	0%	1%

FY 2024 PAYER MIX



**Inpatient Medical Service Lines - Nephrology**

**KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024**



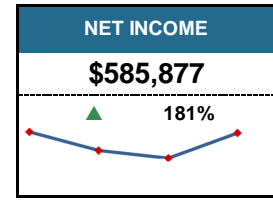
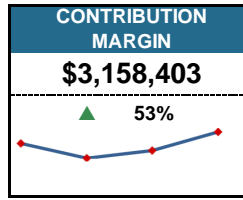
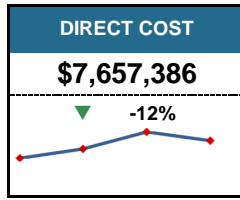
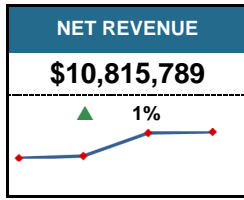
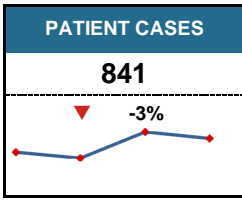
Notes:  
 Source: Inpatient Service Line Report  
 Criteria: Service Name Kaweah Delta Medical Center  
 Service Line is Nephrology and DRG Type is Medical

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

## Inpatient Medical Service Lines - Endocrine

### KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024

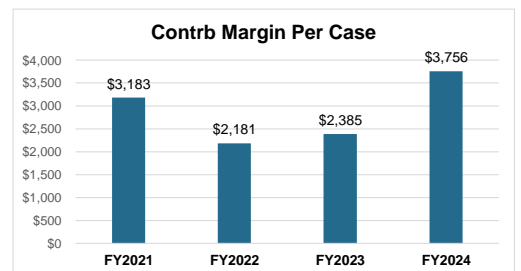
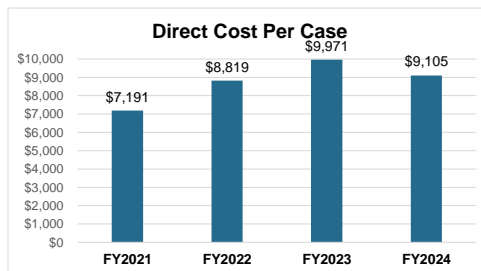
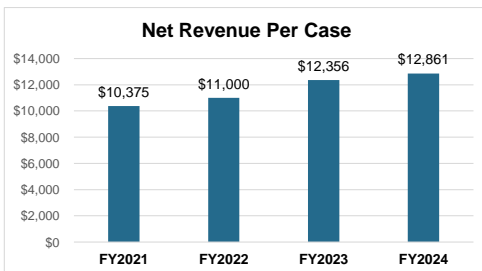


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	782	757	868	841	▼ -3%	
Patient Days	3,184	3,395	3,911	3,958	▲ 1%	
ALOS	4.07	4.48	4.51	4.71	▲ 4%	
GM LOS	3.12	3.11	3.16	3.19	▲ 1%	
Net Revenue	\$8,112,926	\$8,327,214	\$10,725,218	\$10,815,789	▲ 1%	
Direct Cost	\$5,623,455	\$6,676,182	\$8,654,777	\$7,657,386	▼ -12%	
Contribution Margin	\$2,489,471	\$1,651,033	\$2,070,442	\$3,158,403	▲ 53%	
Indirect Cost	\$1,859,777	\$1,986,658	\$2,789,500	\$2,572,526	▼ -8%	
Net Income	\$629,695	(\$335,626)	(\$719,058)	\$585,877	▲ 181%	
Net Revenue Per Case	\$10,375	\$11,000	\$12,356	\$12,861	▲ 4%	
Direct Cost Per Case	\$7,191	\$8,819	\$9,971	\$9,105	▼ -9%	
Contrb Margin Per Case	\$3,183	\$2,181	\$2,385	\$3,756	▲ 57%	
Opportunity Days	0.95	1.37	1.35	1.51	▲ 13%	

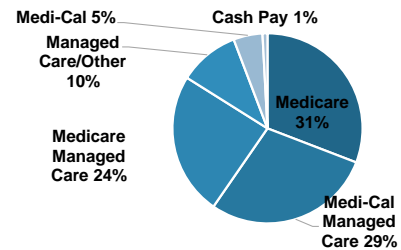
### PER CASE TRENDED GRAPHS



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

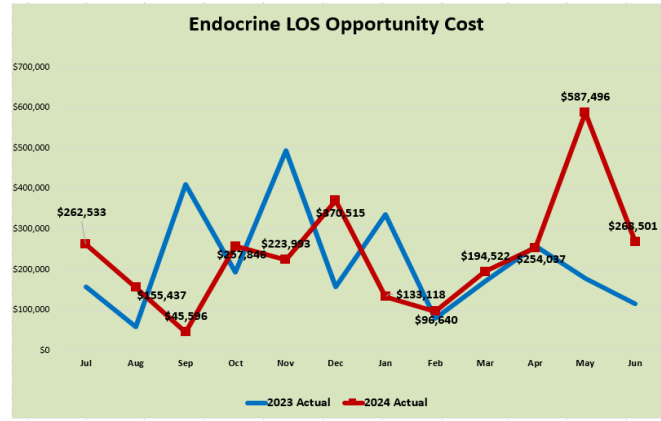
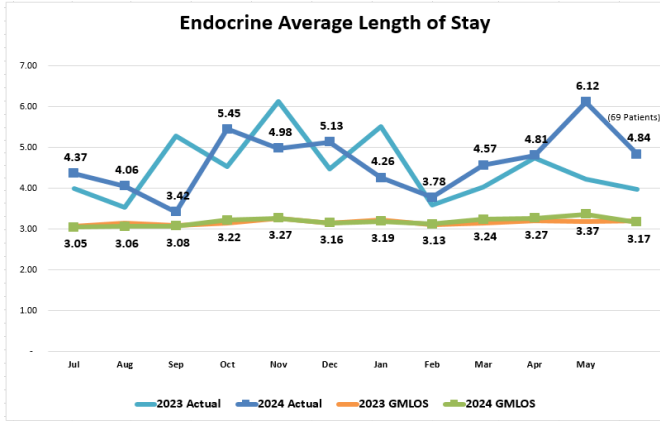
PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	37%	29%	32%	31%
Medi-Cal Managed Care	26%	34%	28%	29%
Medicare Managed Care	15%	19%	17%	24%
Managed Care/Other	13%	10%	15%	10%
Medi-Cal	8%	8%	6%	5%
Cash Pay	1%	1%	1%	1%

### FY 2024 PAYER MIX



Inpatient Medical Service Lines - **Endocrine**

KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024



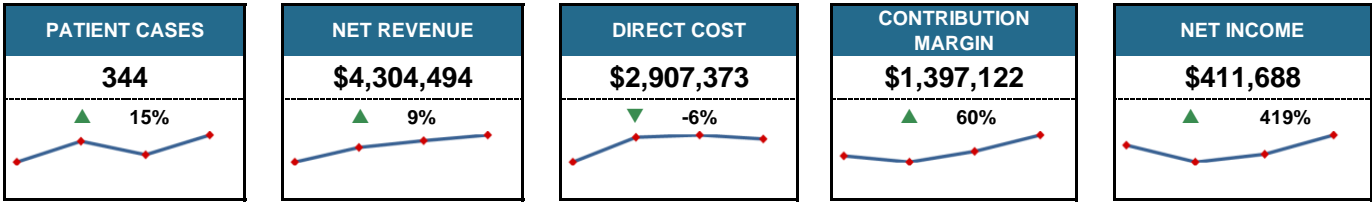
Notes:  
 Source: Inpatient Service Line Report  
 Criteria: Service Name Kaweah Delta Medical Center  
 Service Line is Endocrine and DRG Type is Medical

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Inpatient Medical Service Lines - *Dermatology*

FY2024

### KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024

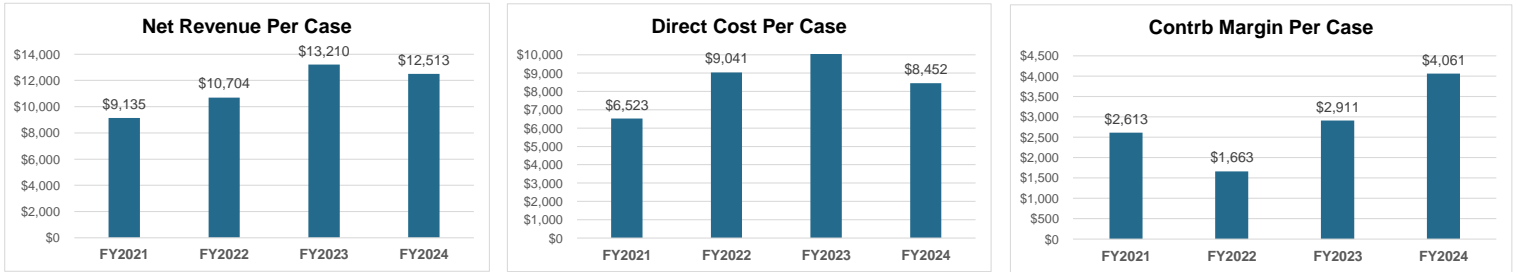


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

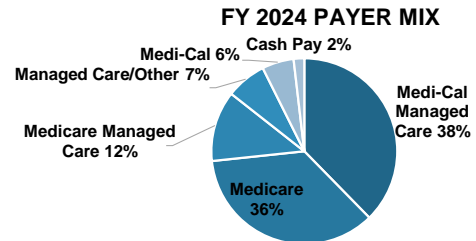
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	285	330	300	344	▲ 15%	
Patient Days	1,225	1,736	1,687	1,678	▼ -1%	
ALOS	4.30	5.26	5.62	4.88	▼ -13%	
GM LOS	3.45	3.51	3.61	3.50	▼ -3%	
Net Revenue	\$2,603,577	\$3,532,359	\$3,963,135	\$4,304,494	▲ 9%	
Direct Cost	\$1,858,972	\$2,983,624	\$3,089,824	\$2,907,373	▼ -6%	
Contribution Margin	\$744,606	\$548,734	\$873,310	\$1,397,122	▲ 60%	
Indirect Cost	\$625,111	\$902,639	\$1,002,273	\$985,433	▼ -2%	
Net Income	\$119,495	(\$353,905)	(\$128,963)	\$411,688	▲ 419%	
Net Revenue Per Case	\$9,135	\$10,704	\$13,210	\$12,513	▼ -5%	
Direct Cost Per Case	\$6,523	\$9,041	\$10,299	\$8,452	▼ -18%	
Contrb Margin Per Case	\$2,613	\$1,663	\$2,911	\$4,061	▲ 40%	
Opportunity Days	0.84	1.76	2.01	1.38	▼ -32%	

### PER CASE TRENDED GRAPHS



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

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	35%	38%	31%	38%
Medicare	31%	30%	27%	36%
Medicare Managed Care	11%	12%	19%	12%
Managed Care/Other	11%	12%	11%	7%
Medi-Cal	11%	6%	10%	6%
Cash Pay	2%	1%	2%	2%



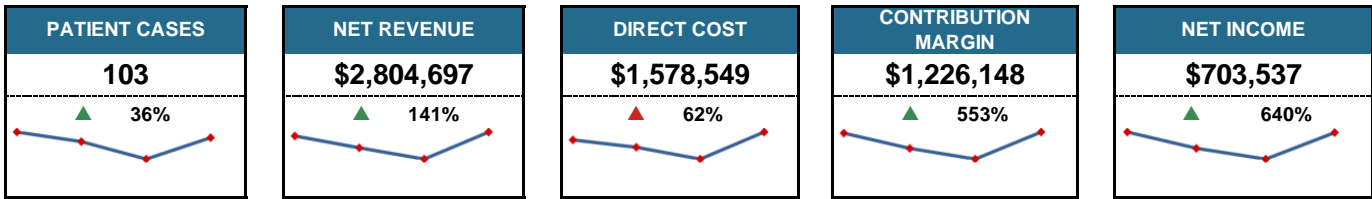
Notes:  
 Source: Inpatient Service Line Report  
 Criteria: Service Name Kaweah Delta Medical Center  
 Service Line is Dermatology and DRG Type is Medical

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Inpatient Medical Service Lines - *Multiple Significant Trauma*

FY2024

### KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024

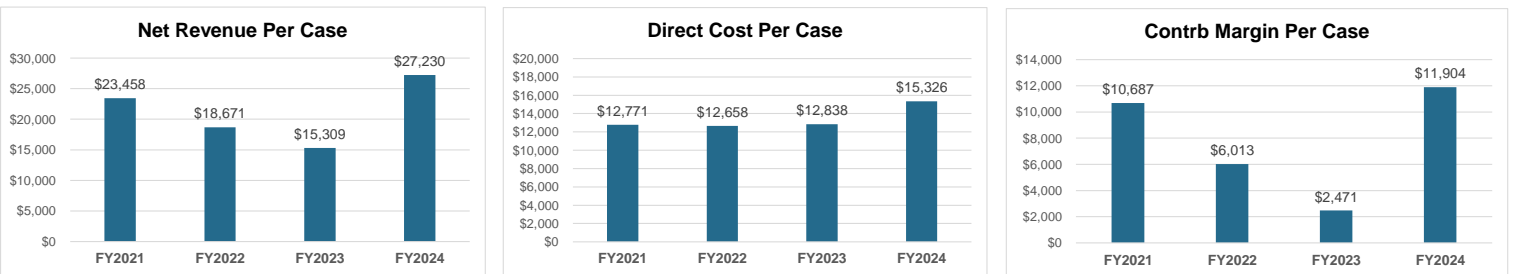


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	110	98	76	103	▲ 36%	
Patient Days	741	645	403	722	▲ 79%	
ALOS	6.74	6.58	5.30	7.01	▲ 32%	
GM LOS	3.77	3.77	3.61	3.74	▲ 4%	
Net Revenue	\$2,580,330	\$1,829,753	\$1,163,472	\$2,804,697	▲ 141%	
Direct Cost	\$1,404,811	\$1,240,499	\$975,675	\$1,578,549	▲ 62%	
Contribution Margin	\$1,175,519	\$589,254	\$187,798	\$1,226,148	▲ 553%	
Indirect Cost	\$458,888	\$389,299	\$318,000	\$522,611	▲ 64%	
Net Income	\$716,630	\$199,955	(\$130,202)	\$703,537	▲ 640%	
Net Revenue Per Case	\$23,458	\$18,671	\$15,309	\$27,230	▲ 78%	
Direct Cost Per Case	\$12,771	\$12,658	\$12,838	\$15,326	▲ 19%	
Conrb Margin Per Case	\$10,687	\$6,013	\$2,471	\$11,904	▲ 382%	
Opportunity Days	2.96	2.81	1.69	3.27	▲ 93%	

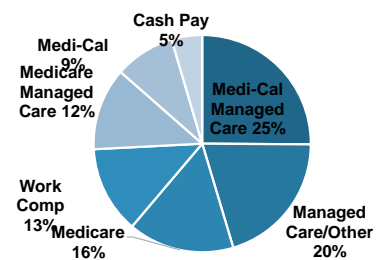
### PER CASE TRENDED GRAPHS



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

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	38%	27%	29%	25%
Managed Care/Other	17%	10%	18%	20%
Medicare	18%	24%	25%	16%
Work Comp	6%	3%	0%	13%
Medicare Managed Care	7%	13%	13%	12%
Medi-Cal	14%	19%	9%	9%
Cash Pay	1%	4%	7%	5%

### FY 2024 PAYER MIX



Notes:  
 Source: Inpatient Service Line Report  
 Criteria: Service Name Kaweah Delta Medical Center  
 Service Line is Trauma and DRG Type is Medical

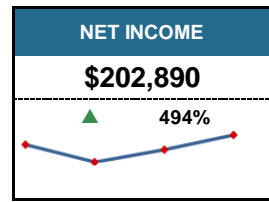
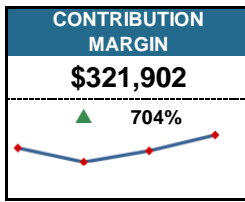
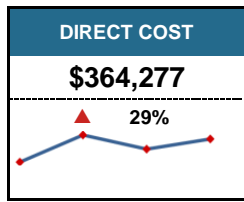
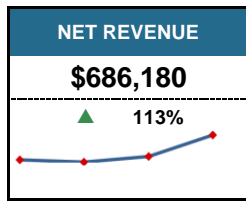
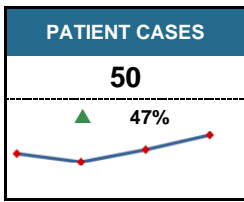


# KAWEAH HEALTH ANNUAL BOARD REPORT

## Inpatient Medical Service Lines - Urology

FY2024

### KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024

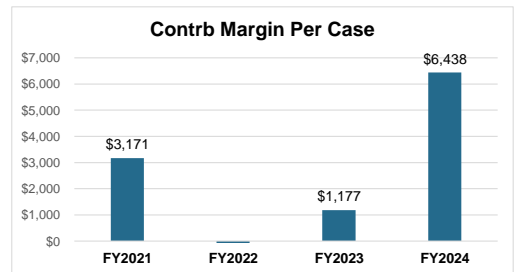
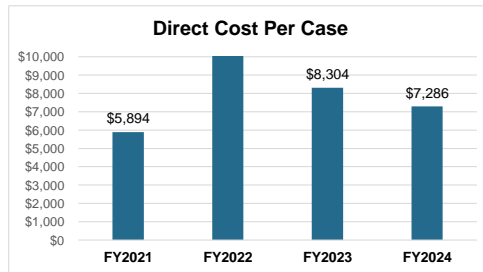
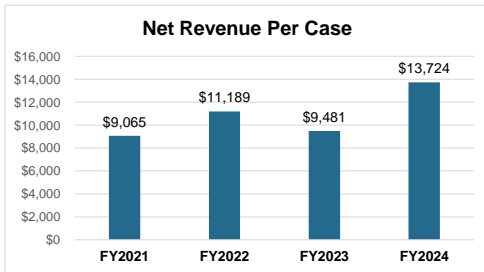


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

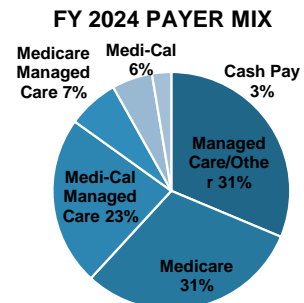
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	30	21	34	50	▲ 47%	
Patient Days	104	212	147	181	▲ 23%	
ALOS	3.47	10.10	4.32	3.62	▼ -16%	
GM LOS	2.97	3.13	2.62	2.69	▲ 3%	
Net Revenue	\$271,947	\$234,976	\$322,358	\$686,180	▲ 113%	
Direct Cost	\$176,825	\$394,742	\$282,344	\$364,277	▲ 29%	
Contribution Margin	\$95,122	(\$159,767)	\$40,015	\$321,902	▲ 704%	
Indirect Cost	\$57,495	\$104,593	\$91,569	\$119,013	▲ 30%	
Net Income	\$37,627	(\$264,360)	(\$51,554)	\$202,890	▲ 494%	
Net Revenue Per Case	\$9,065	\$11,189	\$9,481	\$13,724	▲ 45%	
Direct Cost Per Case	\$5,894	\$18,797	\$8,304	\$7,286	▼ -12%	
Contrb Margin Per Case	\$3,171	(\$7,608)	\$1,177	\$6,438	▲ 447%	
Opportunity Days	0.50	6.97	1.70	0.93	▼ -46%	

### PER CASE TRENDED GRAPHS



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

PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other	23%	4%	14%	31%
Medicare	33%	81%	28%	31%
Medi-Cal Managed Care	33%	5%	31%	23%
Medicare Managed Care	9%	0%	27%	7%
Medi-Cal	0%	10%	1%	6%
Cash Pay	2%	0%	0%	3%



Notes:  
Source: Inpatient Service Line Report  
Criteria: Service Name Kaweah Delta Medical Center  
Service Line is Urology and DRG Type is Medical

# REPORT TO THE BOARD OF DIRECTORS

## Quail Park Retirement Village (Cypress)

Marc Mertz, Chief Strategy Officer, 624-2511  
September 25, 2024

### Summary Issue/Service Considered

The Quail Park Cypress campus consists of a senior independent living facility (Quail Park Retirement Village) and a secure memory care facility (Laurel Court). These are organized as separate legal entities.

The independent living facility, established in 2002, is a 127-unit senior retirement village owned 44 percent by Kaweah Health and 56 percent by Living Care Senior Housing. Denis Bryant from Living Care is the Managing Member. Lynn Havard Mirviss and Marc Mertz represent Kaweah Health on the Quail Park and Memory Care Center Boards of Members. Cathy Boshaw and the Elling Halverson estate represent Living Care Senior Housing on the two boards. Kaweah Health and Living Care have equal voting rights on the boards.

### Quality/Performance Improvement Data

The Quail Park Retirement Village at Cypress has historically operated nearly at capacity, significantly above industry benchmarks. As recently as June 2019, Quail Park Retirement Village had a 28-unit waiting list. Like all senior living facilities, Quail Park was significantly impacted by COVID-19 beginning in 2020. Many individuals chose to delay moving into senior living facilities. According to The National Investment Center for Seniors Housing & Care (NIC), occupancy rates for US assisted living facilities reached a record low of 77.7% at the end of 2020. Similarly, occupancy in independent living facilities also reached a record low of 83.5% at the end of 2020.

Quail Park's occupancy continued to be significant depressed as a result of the pandemic and increased competitive pressures in the market (including our own introduction of Quail Park at Shannon Ranch), and decreased from 2020 until 2022 when it went to 75%. Since 2022, it has been slowly increasing and is now at 83%.

	Aug. 2020	July 2021	Aug. 2022	Aug. 2023	July 2024
Occupancy Rate	87%	81%	75%	77%	83%

During fiscal year 2024 (July 1, 2023 through June 30, 2024), Quail Park Retirement Village generated an operating loss and was unable to generate funds to pay distributions to its owners. On the contrary, the owners were asked to contribute cash in the form of loans to support operations. Kaweah Health's share of these loans was \$195,249 during FY2024. \$92,136 was loaned in December of 2023, and then another \$103,113 was loaned in May of 2024. These loans are repayable to Kaweah at 5% interest. Rather than use cash reserves to fund these loans, Kaweah Health borrowed the entire amount from the Kaweah Health Hospital Foundation's Betty Quilla Fund, which was established to support senior housing in Tulare County. This fund will be

repaid as Kaweah Health receives funds from Quail Park. The total loan receivable from Quail Park at Cypress is \$415,248.

With occupancy now at 83% and expected to increase to 90% in fall of 2024, this property will soon return to profitability. Initial profits will be used to fund necessary maintenance and enhancements to the facilities, including facia, gutter repairs, and stucco repairs on the Cottages. We anticipate loan repayments beginning in early 2025.

While the recent performance of this facility has been below expectations and the need to loan funds to support operations has been unfortunate, it is important to appreciate the impact this facility has had to Kaweah Health and the community since its inception. Since 2002, Kaweah Health has received \$5,569,500 in equity distributions from the operation of this facility. In addition, multiple loan refinancing for the property has yielded an additional \$5,934,840 in distributions to Kaweah Health, for total distributions of \$11,504,340. This is based on an initial investment of \$900,000 in land and \$688,700 in cash. The cash was provided by the Betty Quilla Fund.

In addition to the financial benefit to Kaweah Health, Quail Park Retirement Village has now been a premier senior housing facility in Tulare County and offers our community members a higher level option for senior housing. This was the exact intent of Betty Quilla's generous donation. In fact, all funds in that account (approximately \$2,400,000 not including loans receivable) are restricted for the exclusive use on projects that enhance senior living in Tulare County.

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

COVID-19 had a significant negative impact on the occupancy rates of senior living facilities nationwide. Quail Park Retirement Village was not spared, and it has taken years to recover. The opening of the Quail Park at Shannon Ranch facilities have probably also contributed to the lower occupancy at the Cypress location. This facility is also on the higher end of facilities, services, and rates, in our community.

In FY2024, management has taken significant steps to maintain competitiveness and to increase occupancy. Leadership of the facility has been replaced, and marketing efforts have been increased.

## **Recommendations/Next Steps**

Continue to operate Quail Park Retirement Village as a high-level senior retirement center. Continue to work closely with management to maintain attractive and safe facilities, with excellent service. Aggressively market the facility to our community.

## **Approvals/Conclusions**

Despite a challenging FY2024, Quail Park is filling a significant health care need in our community, providing exceptional services to its residents, and at the same time has generated a significant income stream for Kaweah Health over the course of the project. A return to profitability is expected in fiscal year 2025.

# REPORT TO THE BOARD OF DIRECTORS

## Quail Park at Shannon Ranch

Marc Mertz, Chief Strategy Officer, 624-2511  
September 25, 2024

### Summary Issue/Service Considered

In 2016, Kaweah Health approved construction of a new 120-unit independent, assisted, and memory care senior living project called Quail Park at Shannon Ranch near the intersection of Demaree and Flagstaff in northwest Visalia. The 139,000 square foot project is located on a 3.65 acre site next to the 6,100 square foot Urgent Care Center which Kaweah Health opened on a 1.01 acre parcel on the east side of Demaree. The main independent living facility has 100 units ranging from studios to 2-bedroom units, and the secure memory care facility has 20 rooms.

Kaweah Health owns 33 and one third percent of the project, which is held by Northwest Visalia Senior Housing. Other partners are Shannon Senior Care, LLC, BTV Senior Housing, LLC, BEE, Inc., and Millennium Advisors. Shannon Senior Care is owned by members of the Shannon family; BTV is owned by Bernard te Velde, Jr.; BEE is owned by Cathy Boshaw and Doug Eklund of the Seattle area; Millennium Advisors is owned primarily by Denis Bryant, the current managing partner of Quail Park and the Memory Care Center.

The approximately \$40 million project broke ground in March 2018 and was completed in early 2020. All Kaweah Health equity contributions to the project have originated from the Bettie Quilla Fund at Kaweah Health Hospital Foundation. The Quilla Fund is restricted by the donor for support of senior living projects in collaboration with Kaweah Health. Kaweah Health made a total equity contribution in Quail Park Shannon Ranch of \$3,997,000.

### Quality/Performance Improvement Data

During the facility's planning, and before COVID-19, management expected that occupancy of the main building would reach 50% within 90 days of opening and that the memory care center would be completely filled within that same period. Early deposits and waiting lists supported this. However, by July 2020 occupancy of the independent living building reached just 7% and the memory care was at 35%.

During the next several years, management worked hard to provide a safe environment for residents and visitors during COVID while maintaining the premier senior living facility in the region. Local management of Shannon Ranch has remained consistent since the facilities opened, but the marketing staff has turned over several times. A wide variety of marketing efforts have been deployed, including offering limited-time discounts to encourage people to move in, radio ads, billboards, home marketing visits, referral programs, social media campaigns, radio talk show host promotion, and more. Shannon Ranch frequently invites local clubs and organizations to meet in their conference room as a way to promote the facility.

Occupancy in the 20-unit memory care building reached capacity by 2022 and has remained there since then. Occupancy in the main building has been slower to increase. By July 2024, occupancy in the independent living building increased to 76%.

Occupancy Rate	July 2020	July 2021	Aug 2022	July 2023	July 2024
Independent Living	7%	28%	56%	64%	76%
Memory Care	35%	50%	100%	100%	100%

Due primarily to the lower-than-expected occupancy, Quail Park at Shannon Ranch (including memory care) has operated at a loss since it has opened. To offset these losses, the owners of Northwest Visalia Senior Housing have made a series of cash calls to fund operations. These contributions are being treated as loans payable with a 5% interest rate. During FY2024, Kaweah Health made \$411,907 in such loans to Shannon Ranch. Since fiscal year 2020, Kaweah Health has made total loan payments of \$2,355,877 to Shannon Ranch. This amount is based on Kaweah Health’s ownership percentage, and all owner have made proportional loans. All of the loans from Kaweah Health have been funded entirely from the Bettie Quilla Fund, which is held at the Hospital Foundation. Approximately \$2,400,000 remains in the Bettie Quilla fund, not counting the loan receivable balance. These funds are restricted, and can only be used for senior housing projects.

### Policy, Strategic or Tactical Issues

The overall occupancy rate of 80% is now at a point at which the facilities should breakeven financially. Unfortunately, the 3-year bridge loan for the property has a variable interest rate that is approaching 10% the loan is due in October 2024. The ownership has been aggressively pursuing a new \$30 million loan, and at fiscal year-end was in negotiations with several local, regional, and national banks. The intent is to obtain a longer-term loan at a lower interest rate, hopefully with an interest-only period, that allows Shannon Ranch to operate at a break-even or small profit as occupancy rates continue to improve. The proceeds from the new loan will pay off the current bridge loan.

### Recommendations/Next Steps

Continue to support the startup of Quail Park at Shannon Ranch as performance improves.

### Approvals/Conclusions

Quail Park at Shannon Ranch opened at perhaps the worst possible time. However, the facility is the premier senior living in Visalia and perhaps the Central Valley. The amenities and services offered are unrivaled in the market. As the pandemic abates, this facility will be a significant asset to the community. The recent increase in occupancy has been encouraging and is expected to continue. With a new loan and improved occupancy, this property is expected to be cash flow positive by late 2024 or early 2025. The priority will be the repayment of outstanding loans before equity distributions are made to owners.

# REPORT TO THE BOARD OF DIRECTORS

## Quail Park Laurel Court (Memory Care)

Marc Mertz, Chief Strategy Officer, 624-2511  
September 25, 2024

### Summary Issue/Service Considered

Quail Park (Cypress campus) consists of a senior independent living facility (Quail Park Retirement Village) and a secure memory care facility (Laurel Court or Memory Care Center). These are organized as separate legal entities.

The 40-unit Memory Care Center (Laurel Court) is an Alzheimer's/Dementia facility located east of the Rehabilitation Hospital on Kaweah Health's west campus. It is owned 44 percent by Kaweah Health and 56 percent by Living Care Senior Housing. Denis Bryant from Living Care is the Managing Member.

Denis Bryant is the manager of both entities. Lynn Havard Mirviss and Marc Mertz represent Kaweah Health on the Memory Care Board. Cathy Boshaw and the Halverson family represent Living Care Senior Housing. Kaweah Health and Living Care have equal voting rights on the boards.

### Quality/Performance Improvement Data

The 40-unit Memory Care Center, which opened in July 2012, historically operated at nearly 100% occupancy, often with an extensive waiting list. With the onset of the pandemic in early 2020, occupancy rates fell, as families did not want to move in new residents, and unfortunately, as residents passed away. Occupancy continued to decline until it reached a low in 2023 at 60%. Changes to the marketing staff and enhanced marketing efforts have seen improved occupancy during 2024, reaching as high as 90% towards the end of the year.

Memory Care	Aug 2020	July 2021	Aug 2022	July 2023	July 2024
Occupancy Rate	82.5%	77.5%	60.0%	60%	80%

Note: 2023 and 2024 occupancy rates are pending from Living Care

The Memory Care Center made no profit distributions to owners between July 2023 and June 2024. Fortunately, Kaweah Health was not asked to fund any loans to Memory Care during this fiscal year. Since the Memory Care Center opened in 2012, it has paid Kaweah Health a total of \$1,573,000 in profit distributions through June 2024. Kaweah Health has received an additional \$1,461,040 in refinance distributions from this property. Total distributions are \$3,034,040 based on an original Kaweah Health investment of \$990,936. Of the \$990,936 investment, \$720,000 was invested via land donation and \$270,936 was invested in cash provided from the Bettie Quilla Fund.

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

COVID-19 had a significant negative impact on the occupancy rates of senior living facilities nationwide. The Quail Park independent living and memory care centers were not spared, and it has taken years to recover. The opening of the Quail Park at Shannon Ranch facilities have probably also contributed to the lower occupancy at the Cypress locations, as it increased supply and competition in the senior living market.

Living Care made changes in the management and marketing staffing over the Memory Care Center during 2024, and improvements were realized towards the end of the year. Facility improvements were also made during the year to ensure that the building and the furnishings remain in good shape and on the higher end of senior facilities.

## **Recommendations/Next Steps**

Continue to operate the Memory Care facility as a high-level senior retirement center with services related to dementia care.

## **Approvals/Conclusions**

Despite several years of challenging performance, the Memory Care Center is filling a significant health care need in our community, providing exceptional services to its residents.

**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*).

<b>RADIOLOGY PRIVILEGES</b>
<p><b>Education: M.D. or D.O. and</b> successful completion of an ACGME or AOA-accredited residency / fellowship in diagnostic radiology <b>AND</b> 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><b>Certification:</b> CA Radiology X-Ray Supervisor and Operator Certificate</p> <p><b>Initial Criteria:</b> 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 <b>OR</b> Successful completion of an ACGME or AOA accredited residency program or clinical fellowship within the past 12 months.</p> <p><b>Renewal Criteria:</b> 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><b>FPPE Requirements:</b> Minimum of 10 cases/charts</p>

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

<b>DIAGNOSTIC RADIOLOGY ADDITIONAL PRIVILEGES</b> (Must also meet the Criteria Above)					
<b>Request</b>	<b>Procedure</b>	<b>Initial Criteria</b>	<b>Renewal Criteria</b>	<b>FPPE</b>	<b>Approve</b>
<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 <b>OR</b> Completion of an approved training course in percutaneous ablation	Minimum of 5 cases in 2 years	Minimum of 2 Chart Reviews	<input type="checkbox"/>
<input type="checkbox"/>	<u>Peripheral Nerve Stimulator Placement</u>	<u>Documentation of training, either during residency/fellowship or via training course AND 5 cases in the last 2 years.</u>	<u>Minimum of 5 in the last 2 years</u>	<u>Minimum of 5 procedures under direct observation</u>	<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 AOBR. 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><u>Privileges included in the Core:</u> 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"> <li>• Angiography/Arteriography</li> <li>• Angioplasty</li> <li>• Coil occlusions of aneurysms</li> <li>• Endovenous laser therapy</li> <li>• Insertion and Management of central venous and dialysis access line</li> <li>• Lymphography</li> <li>• Therapeutic infusion of vasoactive agents</li> <li>• 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)</li> <li>• Uterine artery embolization for leiomyoma</li> <li>• Venography and venous sampling</li> <li>• Percutaneous Thrombolysis/Thrombectomy</li> <li>• Percutaneous bile duct dilation, stenting, and stone removal; percutaneous gallstone and renal stone removal; percutaneous GU &amp; GYN tract dilation and stenting; percutaneous gastrostomy or enterostomy; and other procedures requiring similar technical skills</li> </ul>	<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*

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

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*

**NURSE PRACTITIONER / PHYSICIAN ASSISTANT**

<b>Initial Criteria</b>				
<p><b>Physician Assistant:</b> Completion of an ARC-PA approved program; Current certification by the NCCPA (<i>Obtain certification within one year of completion of PA program or granting of privileges</i>); Current licensure to practice as a PA by the California Physician Assistant Board; <b>OR</b></p> <p><b>Nurse Practitioner:</b> Completion of an advanced nursing program accredited by the Commission of Collegiate of Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) with emphasis on the NP's specialty area; current certification by the ANCC or AANP (<i>Obtain certification within one year of completion of Masters/Doctorate program</i>); <b>AND</b></p> <p><b>Certifications:</b> BLS or ACLS and full schedule California DEA; Emergency Medicine: ACLS &amp; PALS (Must obtain within 12 months of hire)</p> <p><b>Current Clinical Experience:</b> Documentation of patient care for 100 patients in the past two years OR completion of NP/PA training program within the last 12 months. <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage &amp; Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted <b>AND</b> Completion of an Implicit Bias Training prior to or within 30 days of privilege granted</p> <p><b>Renewal Criteria:</b> Documentation of patient care for 100 patients in the past 24 months AND maintenance of current certification by NCCPA, ANCC, or AANP (For PA's granted privileges prior to March 2016 that are not certified by the NCCPA: Must provide 100 CMEs within the last 2 year period, 50 of which must be category I, as defined by the NCCPA for Certification); AND full schedule DEA license; AND Urgent Care: BLS OR ACLS; Emergency Medicine: ACLS&amp; PALS <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage &amp; Hypertensive Disorder in Pregnancy Education Modules within the last 24 months <b>AND</b> Completion of an Implicit Bias Training within the last 24 months</p> <p><b>FPPE:</b> A minimum of 5 cases by Direct Observation and Retrospective Chart Review at the supervising physician's discretion.</p>				
Request	<b>GENERAL CORE PRIVILEGES</b>			Approve
	Includes procedures on the following list and such other procedures that are extensions of the same techniques and skills (may include telehealth):			
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Application of traction; simple and/or superficial foreign body removal</li> <li>• Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures</li> <li>• Apply/remove cast; diagnosis/treatment and strapping of sprains; splinting and reduction of fractures and dislocations;</li> <li>• Assess, work up and perform differential diagnosis by means of H&amp;P, medical decision making, laboratory and/or other studies, ECG's and diagnostic imaging</li> <li>• Counsel and instruct patients, families, and caregivers as appropriate</li> <li>• Direct care as specified by medical staff-approved protocols; Make daily rounds on hospitalized patients, as appropriate; Initiate appropriate referrals;</li> </ul>	<ul style="list-style-type: none"> <li>• Implement palliative care and end-of-life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions</li> <li>• Implement therapeutic intervention for specific conditions when appropriate</li> <li>• Insert and remove nasogastric tube; provide tracheostomy care</li> <li>• Order and initial interpretation of diagnostic testing and therapeutic modalities;</li> <li>• Pelvic examinations, including pap smears, and IUD removal</li> <li>• Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses; insertion of packing</li> <li>• Perform History &amp; Physical/ MSE;</li> <li>• Perform other emergency treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Prescribe &amp; Administer medications per formulary of designated certifying board</li> <li>• Record progress notes;</li> <li>• Removal of drains, sutures, staples, &amp; packing</li> <li>• Remove arterial catheters, central venous catheters, chest tubes;</li> <li>• Short-term and indwelling urinary bladder catheterization; venous punctures for blood sampling, cultures, and IV catheterization; superficial surgical procedures</li> <li>• Laceration repair (not requiring plastics intervention); nasal packing; excision of simple skin lesion; removal of impacted cerumen; nail trephination &amp; removal; excision of thrombosed hemorrhoids;</li> <li>• Tonometry / Wood's &amp; Slit Lamp exam of the eye</li> <li>• Write Discharge Summaries and Instructions, as appropriate</li> </ul>	<input type="checkbox"/>
<b>POPULATION:</b>				
<input type="checkbox"/>	Adult: Patients >18 years of age			<input type="checkbox"/>
<input type="checkbox"/>	Pediatric: Well newborn up to 18 years of age			<input type="checkbox"/>
<b>SETTING:</b>				
<input type="checkbox"/>	Acute Care Services for Inpatients at a Kaweah Health facility			<input type="checkbox"/>
<input type="checkbox"/>	<b>Emergency Medicine Additional Core Privileges:</b> <ul style="list-style-type: none"> <li>• Direct care per Emergency Medicine protocol (i.e. Tintinalli's edition)</li> <li>• Point of Care Ultrasound</li> <li>• Replacement of PEG tubes</li> <li>• Insert and remove oralgastric tube</li> <li>• Intraosseous Line insertion with EZ-10</li> <li>• Perform other emergency treatment per protocol (i.e. Tintinalli's edition)</li> </ul>			<input type="checkbox"/>
<input type="checkbox"/>	<b>Outpatient Services</b> at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: ___Dinuba ___Exeter ___Lindsay ___Tulare ___Woodlake ___KHMC - Willow ___Dialysis Clinic ___Hospice ___Specialty Clinic ___Wound Care Center ___Cardiology Center ___Neuroscience Center ___KHMC - Ben Maddox ___KHMC - Plaza ___Urgent Care – Court Street ___Urgent Care – Demaree ___SRCC <u>Visalia</u> <u>SRCC Hanford</u>			<input type="checkbox"/>

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*

<b>ADVANCED PRIVILEGES</b>					
Initial FPPE is deemed to have been satisfied based on successful completion of a preceptorship at Kaweah Health within 6 months prior to the grant of clinical privileges					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Arthrocentesis & Joint Aspiration	2 in the last 2 years.	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Biopsy of the cervix	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	<u>Bone Marrow Aspiration &amp; Biopsy</u>	<u>Documentation of training of a minimum of 2 procedures AND direct observation of 1 procedure performed in the last 2 years</u>	<u>2 procedures in the last 2 years.</u>	<u>A minimum of 2 concurrent</u>	<input type="checkbox"/>
<input type="checkbox"/>	Bronchoscopy	20 procedures in the last 2 years	10 procedures in the last 2 years	Minimum of 5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Cerebral Spinal Fluid (CSF Shunt Tap)	2 in the last 2 years	1 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Colposcopy	Documentation of training and 10 procedures in the last 2 years.	10 procedures in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Complex Wound Care (Wound debridement, application of skin substitutes, complicated management and wound biopsy) (Wound Care Center Only)	20 procedures in the last 2 years	20 procedures in the last 2 years	First 2 concurrent cases	<input type="checkbox"/>
<input type="checkbox"/>	Endometrial Biopsy	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal Intubation	10 in the last 2 years	8 in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Hospice: Rounding on home-bound patients enrolled in KDHC Hospice Services	Initial Criteria for Core Privileges	20 patient contacts in the last 2 years.	2 concurrent or retrospective chart reviews.	<input type="checkbox"/>
<input type="checkbox"/>	Hyperbaric Oxygen Therapy Pre-requisite: Hyperbaric Course approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) (Wound Care Center Only)	Completion of 40 hour Hyperbaric Course <b>and</b> documentation of 20 cases in the last 2 years.	20 procedures <b>AND</b> documentation of 10 CME in wound care/hyperbaric medicine in the last 2 years	2 direct observation & 2 retrospective chart reviews	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of Arterial Lines	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of central venous access or dialysis catheters	5 in the last 2 years	5 in the last 2 years	Minimum of 2 -any site concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of Chest Tubes	5 in the last 2 years	5 in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Joint Injection	Documentation of training and 5 procedures in the last 2 years (Use of Sim Lab acceptable for up to 2)	2 procedures in the last 2 years (Sim Lab procedures not accepted)	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Laceration Repair – Complex and Layered	3 in the last 2 years	3 in the last 2 years	3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar Puncture	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Myelogram	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Nephrology: Changing dry weight, checking declots (Dialysis Centers Only)	Initial Criteria for Core Privileges	20 nephrology patient contacts in the last 2 years	2 concurrent or retrospective chart reviews.	<input type="checkbox"/>

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*

<input type="checkbox"/>	Nexplanon insertion	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<b>ADVANCED PRIVILEGES - CONTINUED</b> FPPE requirement waived if provider has successfully completed training (preceptorship) at Kaweah Health within the last 6 months					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	OB Care: Prenatal and post-partum care	Documentation of training and 20 prenatal/ post-partum cases in the last 2 years. <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted <b>AND</b> Completion of an Implicit Bias Training prior to or within 30 days of privilege granted	20 prenatal/ post-partum cases in the last 2 years. <b>AND</b> Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months <b>AND</b> Completion of an Implicit Bias Training within the last 24 months	2 concurrent or retrospective chart reviews.	<input type="checkbox"/>
<input type="checkbox"/>	OB ultrasonography: Evaluation of fetal presentation, number, confirmation of cardiac activity, position and placental placement	Completion of Basic Obstetric Ultrasound course in limited U/S and 10 in the last 2 years.	10 in the last 2 years.	3 concurrent and/or retrospective chart reviews	<input type="checkbox"/>
<input type="checkbox"/>	Orthopedic Advanced Privileges to include Open fracture superficial closure – loose approximation of open fracture closure under direct supervision (prior to definitive surgical closure by the surgeon in the OR) and the following procedures: ___ Joint Injection & Arthrocentesis	5 Joint Injections or Arthrocentesis in the last 2 years	15 procedures in the last 2 years	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Paracentesis (may or may not include the use of ultrasound guidance)	5 in the last 2 years	5 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Paragard and Mirena IUD insertion	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Perform pharmacological and non-pharmacological stress tests	10 in the last 2 years	10 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Placement of External Ventricular Drainage Device	3 in the last 2 years	3 the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Placement of Intracranial Monitoring Devices	3 in the last 2 years	3 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Radiation Oncology: Assist with simulations; high dose rate brachytherapy, intravenous radioactive therapy, oral radioactive administration and atrontium beta-irradiation application	A minimum of 3-month training period with a radiation oncologist OR previous experience.	10 in the last 2 years	A minimum of 10 (including Core) concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Radiologic procedures to include CT, Fluoroscopy, and Ultrasound of deep & superficial organs and organ systems (including aspirations, biopsies, drainages, or injections)	25 in the last 2 years	25 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Removal of Intra-Aortic Balloon Pump	5 in the last 2 years	2 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Removal of Intra-cardiac lines or temporary Epicardial Pacer Wires	2 in the last 2 years	1 in the last 2 years	2 concurrent	<input type="checkbox"/>

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*

<b>ADVANCED PRIVILEGES - CONTINUED</b>					
FPPE requirement waived if provider has successfully completed training (preceptorship) at Kaweah Health within the last 6 months					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Replacement of tracheostomy tubes >1 month since time of tracheostomy	5 in the last 2 years	5 in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Surgical Assistant ( <i>may not perform opening and/or closing surgical procedures at or below the fascia on a patient under anesthesia without the personal presence of a supervising physician and surgeon</i> ).	10 in the last 2 years	10 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	5 in the last 2 years	5 in the last 2 years	Minimum of 2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Tilt Table	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Uncomplicated Ventilator Management	5 in the last 2 years	5 in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Urology Advanced Privileges to include: __ Urodynamics __ PTNS (percutaneous tibial nerve stimulation) __ Cystoscopy __ Cystoscopy with stent removal	10 Urodynamics cases in the last 2 years AND 10 PTNS cases in the last 2 years AND 5 Cystoscopy cases in the last 2 years AND 6 Cystoscopy cases with stent removal in the last 2 years	10 in the last 2 years	A minimum of 1 concurrent	<input type="checkbox"/>

<b>ADDITIONAL PRIVILEGES</b>					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	None	<input type="checkbox"/>
<input type="checkbox"/>	Image-guided techniques as an adjunct to privileged procedures	Documentation of training and 10 procedures in the last 2 years.	10 procedures in the last 2 years.	None	<input type="checkbox"/>
<input type="checkbox"/>	Administration of Moderate Sedation	Successful completion of Kaweah Health sedation exam	Successful completion of Kaweah Health sedation exam	None	<input type="checkbox"/>

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*
**Acknowledgment of Practitioner:**

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

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

 \_\_\_\_\_  
*Advanced Practice Provider Signature* *Date*

 \_\_\_\_\_  
*Supervising/Collaborating Physician Signature* *Date*
**DEPARTMENT CHAIR SIGNATURE(S) :**

 \_\_\_\_\_  
*Department of Cardiovascular Services* *Date*

 \_\_\_\_\_  
*Department of Critical Care, Pulmonary & Adult Hospitalist* *Date*

 \_\_\_\_\_  
*Department of Emergency Medicine* *Date*

 \_\_\_\_\_  
*Department of Family Medicine* *Date*

 \_\_\_\_\_  
*Department of Internal Medicine* *Date*

 \_\_\_\_\_  
*Department of OB/GYN* *Date*

 \_\_\_\_\_  
*Department of Pediatrics* *Date*

 \_\_\_\_\_  
*Department of Psychiatry & Neurosciences* *Date*

 \_\_\_\_\_  
*Department of Radiology* *Date*

 \_\_\_\_\_  
*Department of Surgery* *Date*

[KAWEAH HEALTH LETTERHEAD]

September 25, 2024

Jeremy M. Dobbins, Esq.  
LAW OFFICE OF JEREMY M. DOBBINS PC  
125 E. Divisadero St.  
Fresno, CA 93721

**RE: Notice of Return of Untimely Claim, in part, of Sarah Martin v. Kaweah Delta Health Care District**

NOTICE IS HEREBY GIVEN, the Claim you presented to the Kaweah Delta Health Care District Board of Directors, received August 22, 2024, is being returned, **in part**; specifically, that portion of your Claim as it relates to damages or injuries occurring on May 9, 2022, was not presented within six (6) months after the event or occurrence as required by law. See sections 901 and 911.2 of the Government Code. Because the Claim was not presented with the time allowed by law, no action was taken on the Claim.

**WARNING**

Your only recourse at this time is to apply without delay to Kaweah Delta Health Care District Board of Directors for leave to present a late claim. See sections 911.4 to 912.2, inclusive, and section 946.6 of the Government Code. Under some circumstances, leave to present a late claim will be granted. See Government Code section 911.6.

**RE: Notice of Rejection of Claim, in part, of Sarah Martin v. Kaweah Delta Health Care District**

NOTICE IS HEREBY GIVEN, the Claim which you presented to Kaweah Delta Health Care District Board of Directors, received August 22, 2024, as it relates to damages or injuries occurring June 26, 2024, was rejected on its merits by the Kaweah Delta Health Care District Board of Directors on September 25, 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 in a municipal or superior court of the State of California on this Claim. See Government Code section 945.6. This time limitation applies only to causes of action arising under California law for which a Claim is mandated by the California Government tort Claims Act, Government Code



sections 900 *et seq.* Other causes of action, including those arising under federal law, may have shorter time limitations for filing.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult with an attorney, you should do so immediately.

Sincerely,

Dave Francis  
Secretary, Kaweah Delta Health Care District Board of Directors

cc: Rachele Berglund, Attorney at Law



September 25, 2024

Sent via Certified Mail  
No.9589071052700415219537  
Returned Receipt Requested

John L. Maxey Jr  
2890 Huntington Blvd Apt 138  
Fresno, CA 93721

**RE: Claim of John L. Maxey Jr vs. Kaweah Delta Health Care District**

NOTICE IS HEREBY GIVEN that the claim dated September 06, 2024, you presented to Kaweah Delta Health Care District is being returned because it was not presented within six (6) months after the event or occurrence as required by law. See 901 and 911.2 of the Government Code. Because the claim was not presented within the time allowed by law, no action was taken on the claim.

Your only recourse at this time is to apply, without delay, to Kaweah Delta Health Care District for leave to present a late claim. See Sections 911.4 to 912.2, inclusive, and Section 946.6 of the Government Code. Under some circumstances, leave to present a late claim will be granted. See Section 911.6 of the Government Code.

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



## **RESOLUTION 2240**

**WHEREAS, Catherine Stevens, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 27 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 Catherine Stevens for 27 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 25<sup>th</sup> day of September 2024 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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



# Kaweah Health System

2024 | Workforce Engagement

Prepared by: **Suzanne T. Jackson, MA,**  
Workforce & Engagement Advisor

**August 28, 2024**



# Engagement Survey Results Snapshot

EMPLOYEE

PHYSICIAN & PROVIDER

## Strengths

- 93% of respondents like the work they do.
- 71% of respondents say they have sufficient time to provide the best care / services (*up significantly since 2021, +0.21*).
- Feeling like “my director” is a good communicator and treats me with respect.

## Opportunities

- Focus on items significantly below the national benchmark at the overall organizational and department levels. (*see recommendation slides*)

## Strengths

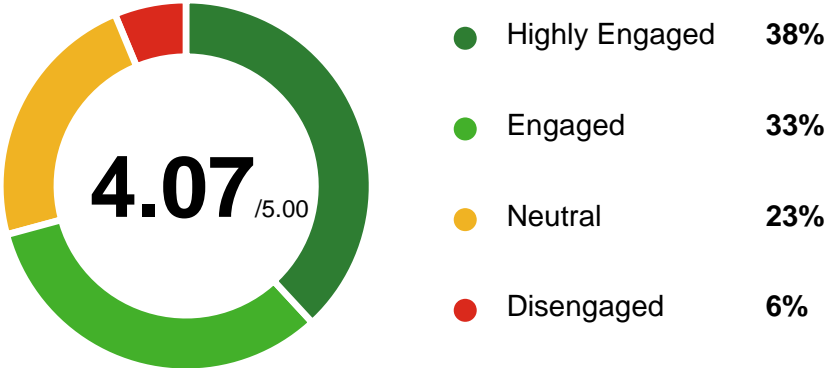
- New Press Ganey items (Endorsement):
  - ❑ “I would recommend Kaweah Health to my patients for care” shows 68% of respondents feel favorable (Agree or Strongly Agree).
  - ❑ “I would recommend Kaweah Health to other clinicians as a place to refer and/or admit their patients” shows 71% of respondents feel favorable (Agree or Strongly Agree).

## Opportunities

- Focus on areas where alignment is critically low, specifically with having confidence in hospital administration’s leadership and being responsive to physician feedback. (*see recommendation slides*)

# Engagement Survey Results Snapshot

Your Organization's **Employee** Engagement Score and Respondent Distribution



**73%** Response Rate (3,214 out of 4,377)

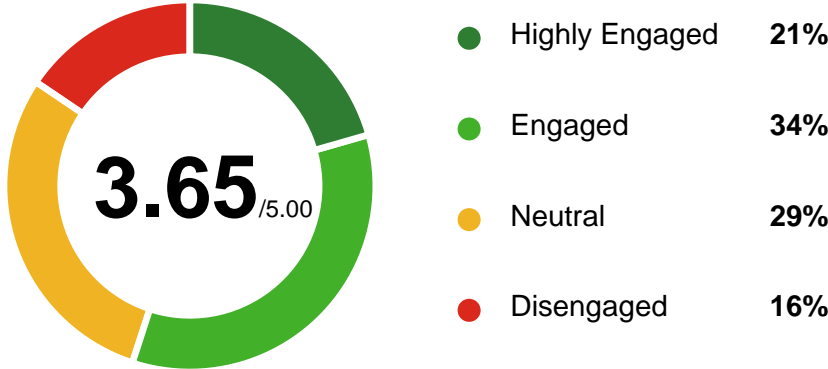
**+0.14** vs. 2021 full census survey

**52<sup>nd</sup>** Rank vs. National Healthcare Avg

**47<sup>th</sup>** Rank vs. AHA-9 Regional Avg

**61<sup>st</sup>** Rank vs. National Acute Care Avg

Your Organization's **Physician & Provider** Engagement Score and Respondent Distribution



**45%** Response Rate (402 out of 180)

**-0.26** vs. 2021 full census survey

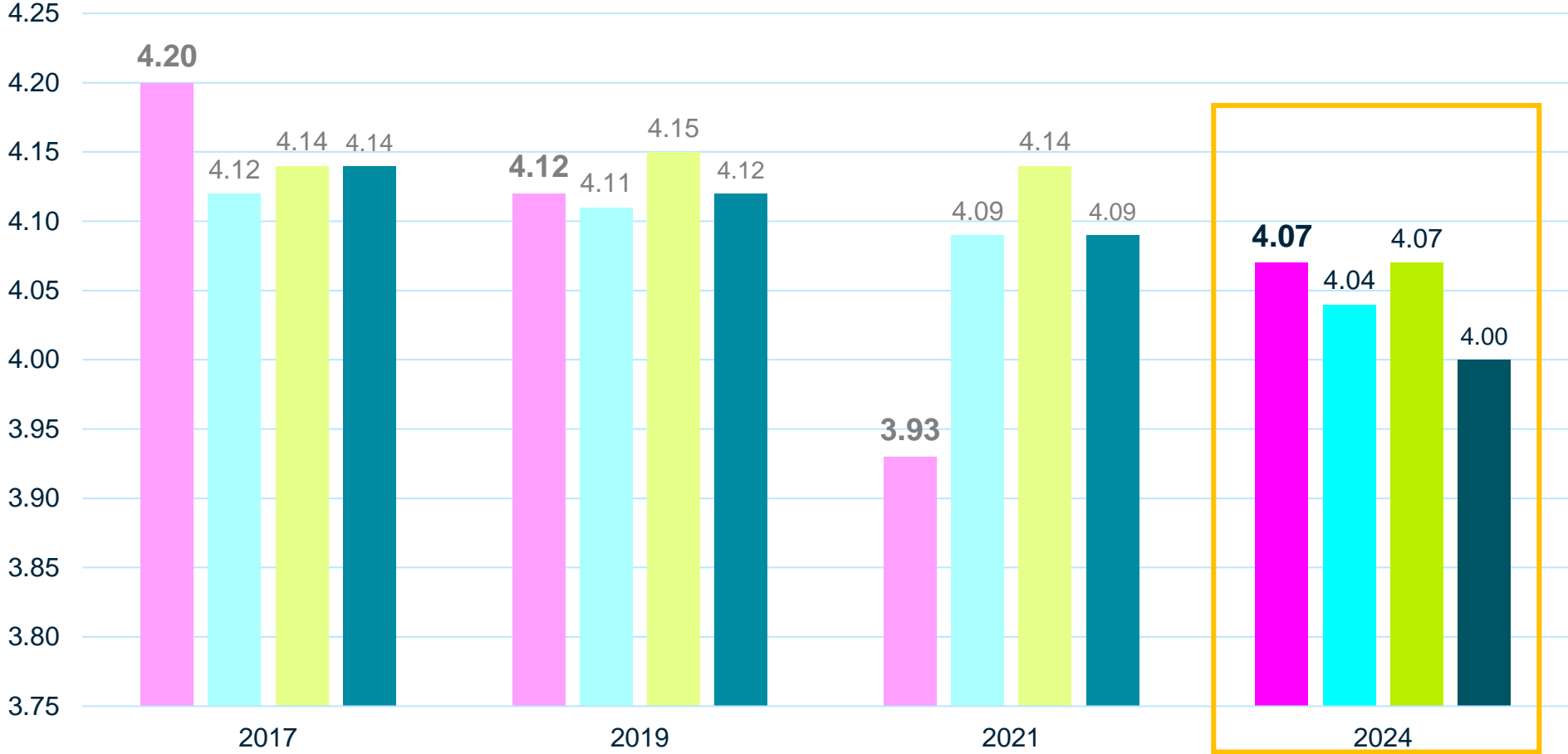
**19<sup>th</sup>** Rank vs. National Physician Avg

**8<sup>th</sup>** Rank vs. AHA-9 Regional Avg

**18<sup>th</sup>** Rank vs. National Acute Care Avg

# Your Employee Engagement Relative to Historical and Peer Performance

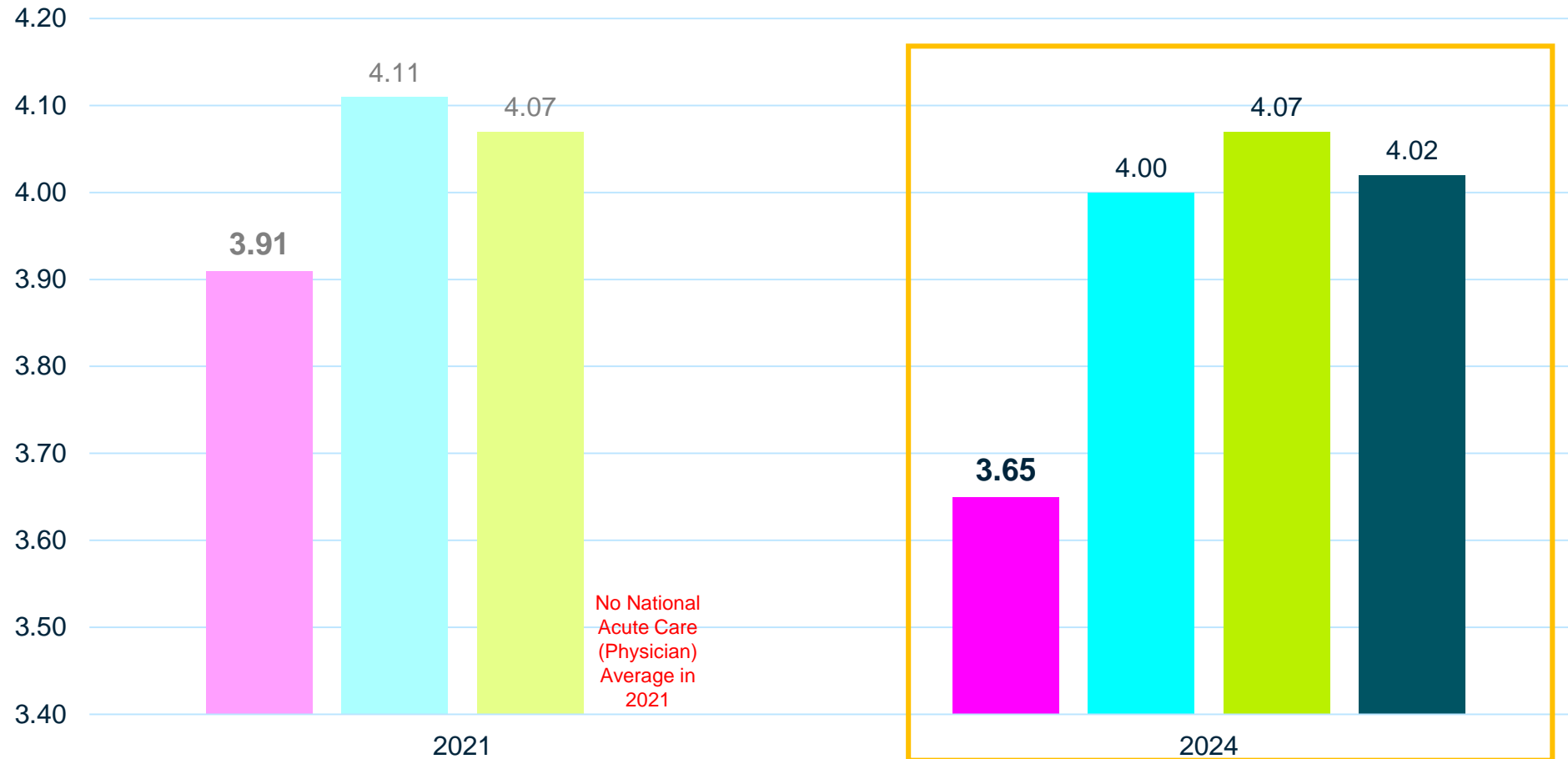
AHA-9 Region includes CA, OR, WA, HI, AK, NV



- **Kaweah Health**
- **National Healthcare Average**
  - 480 Clients
  - 4,997 Facilities
  - 1.8 million+ Respondents
- **AHA-9 Regional Average**
  - 44 Clients
  - 333 Facilities
  - 97,671 Respondents
- **National Acute Care Average**
  - 191 Clients
  - 921 Facilities
  - 628,887 Respondents

# Your Physician/Provider Engagement Relative to Historical and Peer Performance

AHA-9 Region includes CA, OR, WA, HI, AK, NV



■ Kaweah Health    
 ■ National Physician Average    
 ■ AHA-9 Regional Average    
 ■ National Acute Care Average

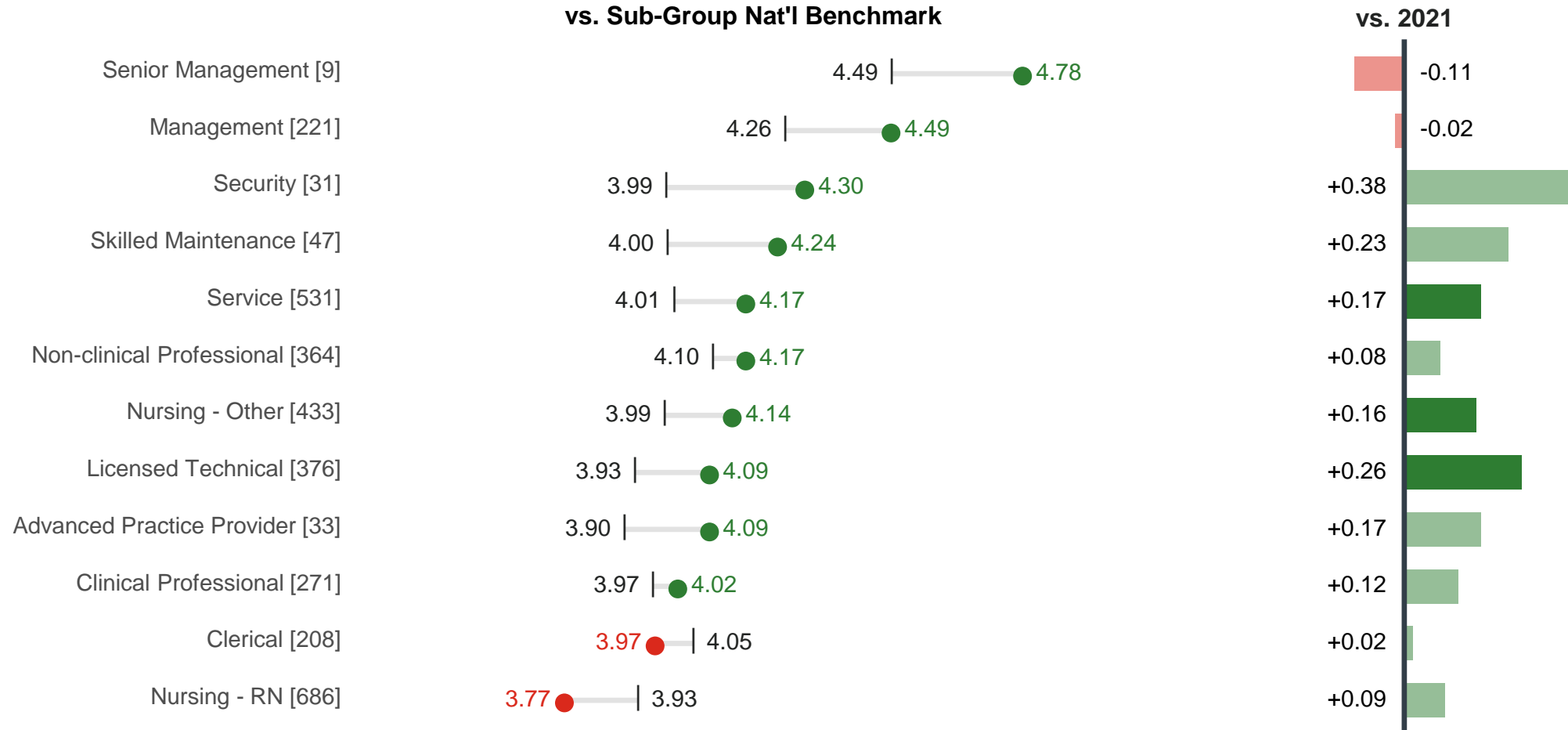
- 388 Clients
- 3,299 Facilities
- 123,438 Respondents

- 33 Clients
- 148 Facilities
- 7,287 Respondents

- 142 Clients
- 462 Facilities
- 30,140 Respondents



# Employee -Engagement Score by Position

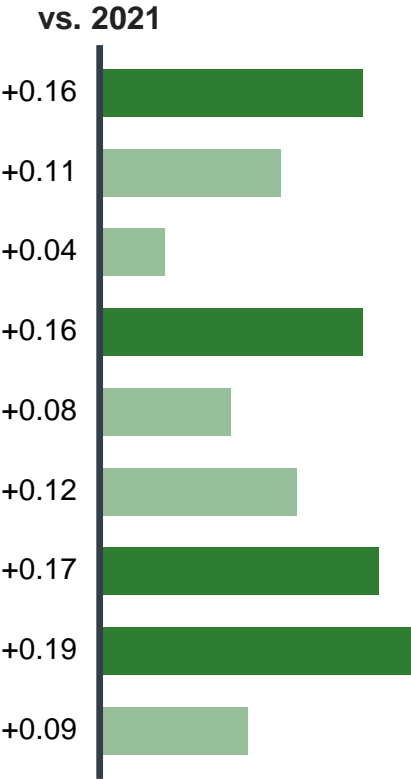
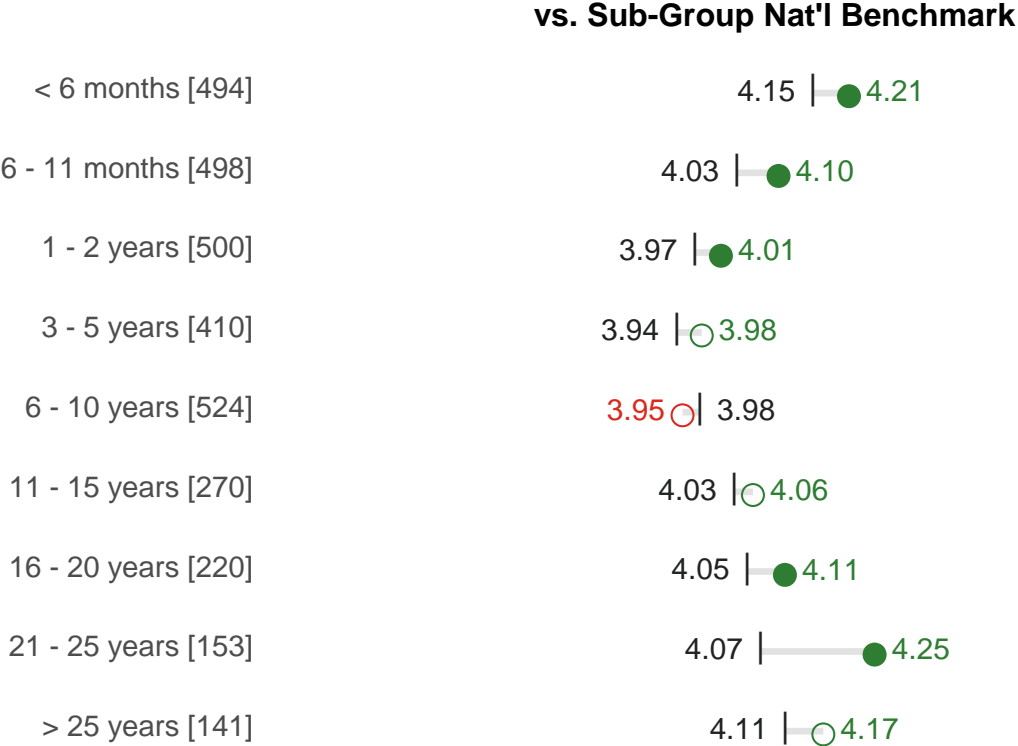


Dark shading indicates that change from last survey is statistically significant (alpha = 0.05).

vs. Benchmark (|): ● Below ● Above

Statistically Significant: ● Yes ○ No

# Employee -Engagement Score by Tenure



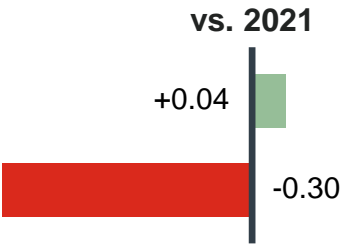
Dark shading indicates that change from last survey is statistically significant (alpha = 0.05).

vs. Benchmark (|): ● Below ● Above

Statistically Significant: ● Yes ○ No



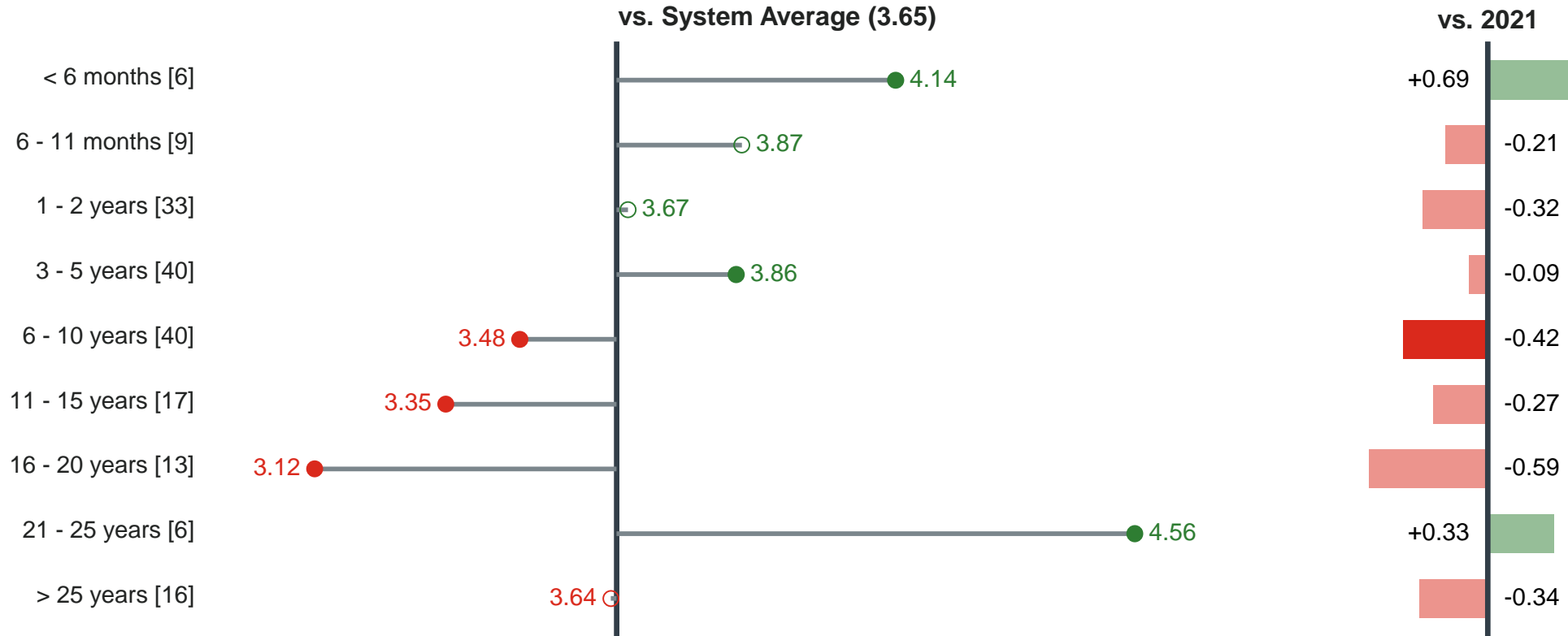
# Phys/Prov - Engagement Score by Provider Type



Dark shading indicates that change from last survey is statistically significant (alpha = 0.05).

vs. Benchmark (|): ● Below ● Above  
 Statistically Significant: ● Yes ○ No

# Phys/Prov - Engagement Score by Years of Affiliation



Dark shading indicates that change from last survey is statistically significant (alpha = 0.05).

vs. Overall Average: ● Below ● Above

Statistically Significant: ● Yes ○ No

# Recommendations – System-wide Approach - EMP

Focus on items that are significantly below the national benchmark

1

Kaweah Health conducts business in an ethical manner.

- Communicate positively and reinforce the organization's values.
- Solicit employee feedback on how ethically work is being conducted in the unit.

2

Different units/departments work well together at Kaweah Health.

- Foster inter-departmental communication and collaboration.
- Build rapport and appreciation between departments.
- Demonstrate the desired behaviors supportive of unit-to-unit/department-to-department teamwork.
- Leaders should model the behaviors of good unit-to-unit or department-to-department teamwork

3

Kaweah Health provides high-quality care and service.

- Define what high-quality care and service look like.
- Resolve reported quality and service issues promptly.

# Recommendations – Department-Level Approach - EMP

Focus on items that are significantly below the national benchmark

1

My manager cares about my job satisfaction.

- Develop an understanding of employees' job satisfaction and career goals.
- Demonstrate that employee engagement is a top priority.
- Help employees optimize their work and avoid burnout.
- Promote good health to improve employees' job satisfaction.

2

My workgroup leadership values great customer service.

- Clearly articulate the mission, vision, and values of the organization.
- Cascade organizational goals and expectations related to fulfilling the organization's strategy.
- Create a disciplined approach to managing by walking around and rounding on employees to uncover their needs.
- Reward and recognize employees formally and informally.
- Reward and recognize employees on a regular basis.
- When providing employee recognition, personalize your approach based on the individual's preferences.
- Build rewards and recognition into the organization's systems and processes.

3

I am satisfied with the recognition I receive for doing a good job.

# Recommendations - Physician/Provider

1

Review reasoning why engagement and alignment are so low for the following:

- Department = Cardiovascular Services, Family Medicine, and Psychiatry & Neurosciences
- Years of Affiliation = Between 6 and 20 years

2

Focus on areas low scoring (3.74 or lower) regarding having confidence in hospital administration's leadership.

- Be transparent about improvement efforts.
- Be accepting to opposing views.
- Involve physicians in the strategic planning process wherever possible.

3

Focus on areas low scoring (3.74 or lower) regarding perceptions of hospital administration being responsive to feedback from physicians.

- Communicate the results of the Physician Engagement survey openly with medical staff. Explain what will be done to address issues raised and provide a time frame when possible. Establish a communications calendar that links actions being taken to results from the survey.
- Ensure the committee initiatives and priorities are aligned with the organizational goals for safety and patient-centricity.

# Questions?





# FY 2025 Strategic Plan

Physician Alignment  
Sept 25, 2024



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



**Kaweah Health**

MORE THAN MEDICINE. LIFE 174/328

Recruit Providers Champions: Ryan Gates and JC Palermo

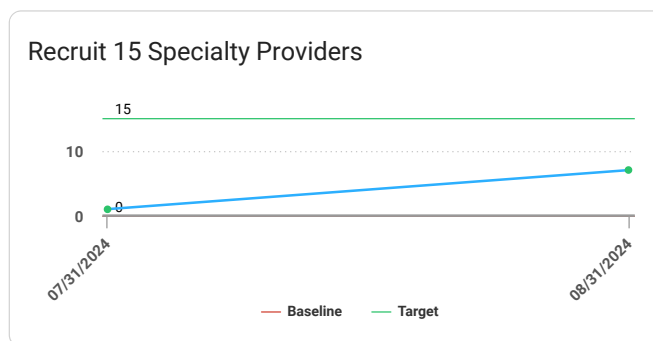
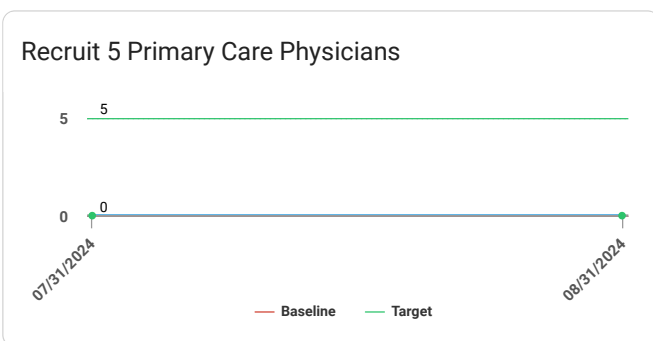
**Description:** Develop a recruitment strategy and employment options for physicians that will assist with recruitment of providers to support community needs and Kaweah Health's growth.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.1	Develop Employment Options for Physicians.	07/01/2024	06/30/2025	Ryan Gates	On Track	MOU with single-share holder physician completed and a contract with MSO has been reviewed with minor edits/clarifications and sent to legal counsel. The contract is currently with the MSO for finalization and execution. Bylaws for the Friendly PC are complete and legal counsel is engaged for formation of corporation.
5.1.2	Beginning early in their residencies, build partnerships with and educate Kaweah Health residents related to practice opportunities and recruitment packages.	07/01/2024	06/30/2025	JC Palermo	On Track	Physician Recruitment is partnering with Resident Leaders to schedule presentations and entertain discussions during didactics meetings.
5.1.3	Support independent physician practices with succession planning and jointly explore options for long term practice sustainability and growth.	07/01/2024	06/30/2025	JC Palermo	On Track	We continue to partner and plan with our local physician practices. We have recently received a signed LOI for a general surgeon and returning Kaweah Health resident to join a local surgery practice.
5.1.4	Continue to work directly with local physicians and medical groups to assist in recruitment and placement of new physicians in their practices.	07/01/2024	06/30/2025	JC Palermo	On Track	We are working through contracting with a local primary care provider to transition the practice to a Kaweah Health clinic. We continue to meet with local doctors and have open discussions.

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.4.1	Recruit 5 Primary Care Physicians	07/01/2024	06/30/2025	JC Palermo	On Track	We have opportunities posted looking for candidates nationally and are also outlining opportunities that will be extended to our residents in the coming months.
5.1.4.2	Recruit 15 Specialty Providers	07/01/2024	06/30/2025	JC Palermo	On Track	Since July 1st we have signed: 2 Pediatric Hospitalists, 1 Psychiatrist, 1 Dermatologist, 1 Pulmonologist, 1 General Surgeon, and 1 Cardiothoracic Surgeon.



Physician Alignment and Practice Support Champions: Ryan Gates and JC Palermo

**Description:** Develop services and opportunities that improve alignment with and support for contracted and affiliated physician practices.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.2.1	Engage local physician community to understand their medical practice objectives, challenges, opportunities and support needs.	07/01/2024	06/30/2025	Ryan Gates	On Track	Meetings have been had with several local physicians and medical groups and are ongoing. Conversations have positive, supportive and physicians are appreciative of the efforts being made by Kaweah to improve our recruitment, retention and support of physicians practicing in our local community.
5.2.2	Develop medical practice support models to ensure the success of local and regional physicians based upon identified needs and opportunities.	07/01/2024	06/30/2025	Ryan Gates	On Track	MSO partnership and Friendly PC development are underway. We have contracted with 3 physicians within the last 90-days utilizing new compensation models that are in line with and can flow into the future state medical practice support infrastructure being developed.
5.2.3	Explore opportunities for established and new physicians to invest in and practice at a new ambulatory surgery center and clinics.	07/01/2024	06/30/2025	Ryan Gates	On Track	Conversations have been had and are ongoing with both new and established physicians.
5.2.4	Continue to work with Key Medical Group in joint recruitment and support for physician practices in our community.	07/01/2024	06/30/2025	Ryan Gates	On Track	Kaweah Health leadership continues to meet bi-monthly with Key Medical Group leadership to discuss physician recruitment and retention opportunities for our local community.
5.2.5	Promote Kaweah Health services and the physicians that support them.	07/01/2024	06/30/2025	Ryan Gates	On Track	Kaweah Health leadership continues to coordinate promotion of services and providers with the Kaweah Health marketing and physician recruitment departments. Social media, TV, print ads, magazine articles, bus ads, billboards, provider meetings, etc. are all examples of strategies used to promote services and the physicians that provide them.

# Outstanding Health Outcomes (OHO) QUALITY & PATIENT SAFETY PRIORITY

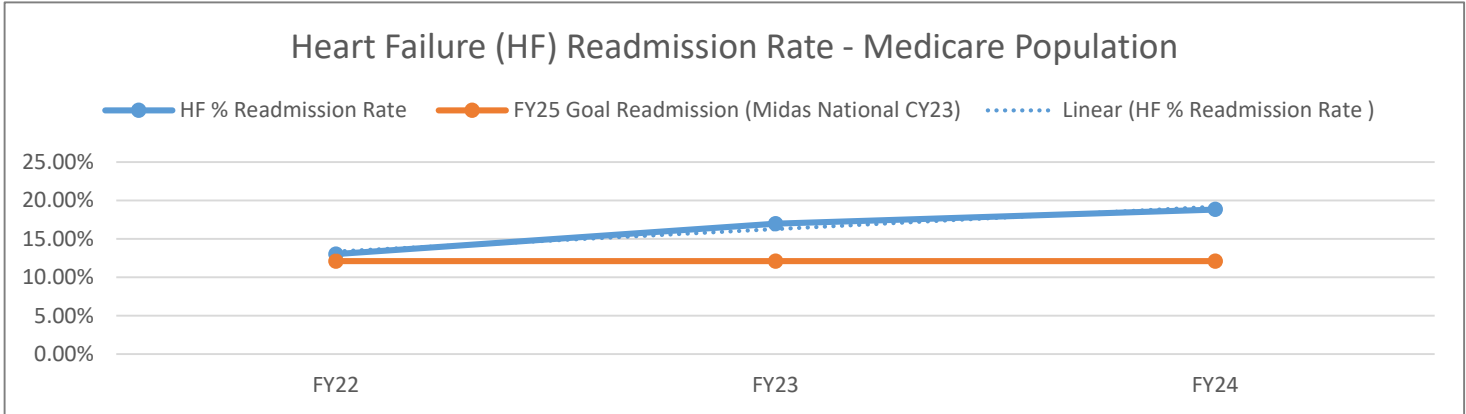
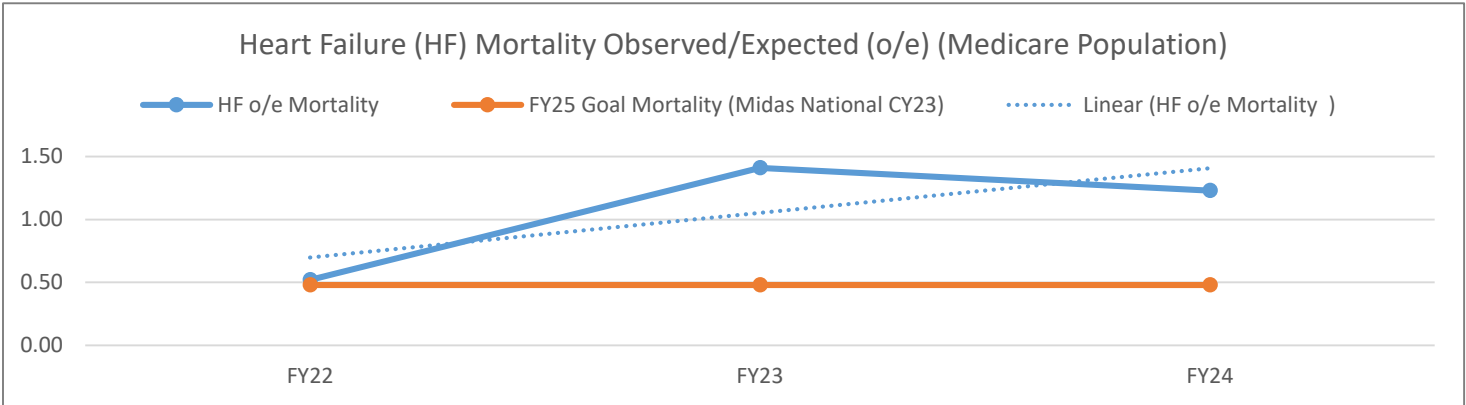
Mortality & Readmission Reduction  
Heart Failure (HF), Chronic Obstructive Pulmonary Disease  
(COPD) & Pneumonia (PN)  
August 2024



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



# OHO FY25 Plan: Mortality & Readmission Reduction Heart Failure – Historical Baseline



## FY25 GOAL

(CMS population)

Decrease HF Hospital Readmissions to < 12.10

Decrease HF Mortality Rates to < 0.48

## FY25 PLAN – Mortality & Readmissions Heart Failure

### High Level Action Plan

- Identify HF patients with an EF ≤ 40%
  - EMR identification of ejection fraction
- Provide Guideline Directed Medical Therapy at discharge

### % of Patients Prescribed each of Four Medications at Discharge

Baseline data 1/2/24-4/29/24 and n = 5

- 60% ACE/ARB/ARNI
- 100% Beta Blocker
- 0% SGLT2i
- 0% MRA
- Goal = 100%

# OHO Update: Mortality & Readmission Reduction Heart Failure- FY25

## The last data point did not meet goal because:

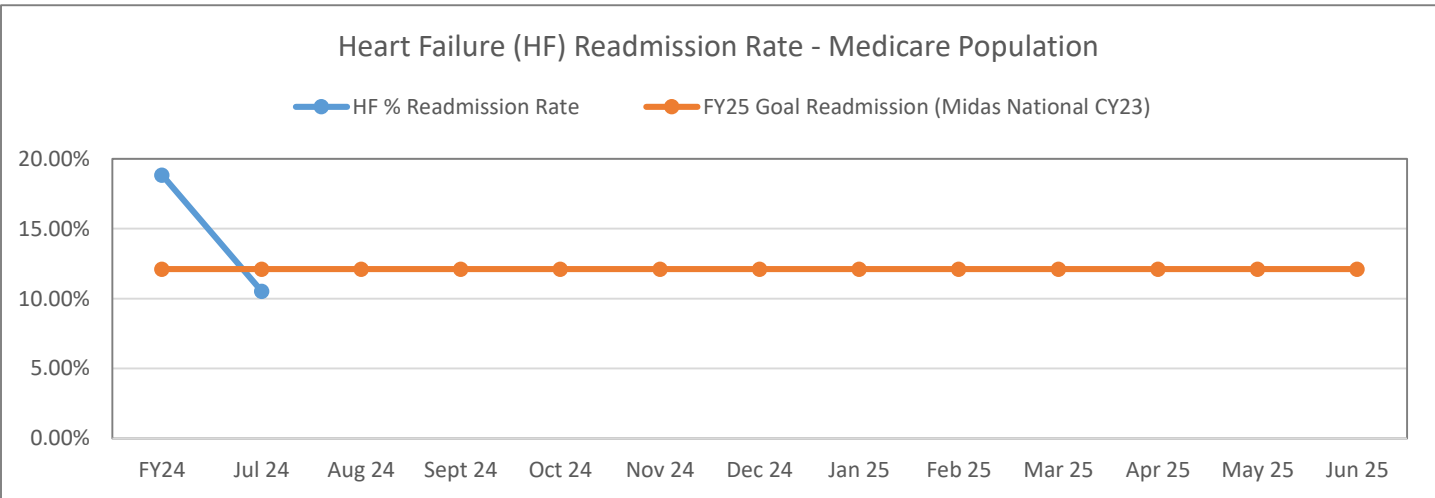
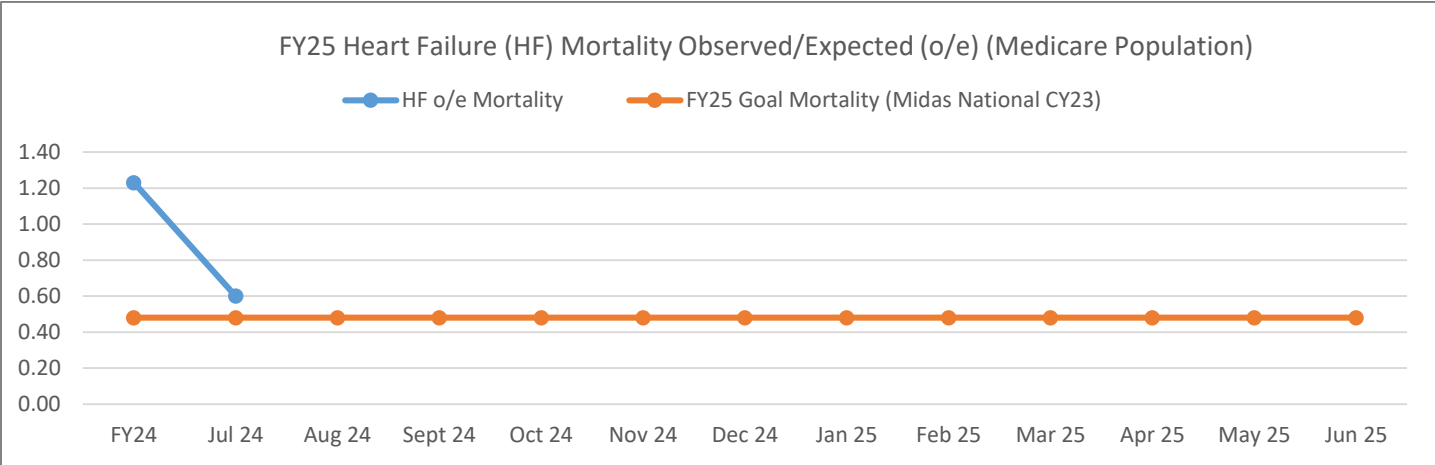
- Evidenced-based medications are not being prescribed upon discharge
  - According to the American College of Cardiology (ACC) and American Heart Association (AHA), patients with heart failure with reduced ejection fraction (HFrEF) should be treated with a combination of four medications: Angiotensin receptor/neprilysin inhibitors (ARNI), Beta blockers, Mineralocorticoid receptor antagonists (MRAs), and Sodium-glucose cotransporter-2 inhibitors (SGLT2i). These medications are sometimes called the "fantastic four". Some of these medications can help strengthen the heart muscle, lower blood pressure, and treat the heart muscle.

## Targeted Opportunities (What specifically is causing the fallout?)

- SGLT2i medication is not on Kaweah Health formulary.
- Insurance companies not covering ARNI (Entresto) despite strongest evidence that it impacts patient outcomes
- There are medical contraindications for why certain patients can't take these medications – need better info on how often these contraindications are happening

CURRENT IMPROVEMENT ACTIVITIES	EXPECTED COMPLETION DATE	BARRIERS
Work with P&T to get SGLT2i on formulary so it can be ordered for patients as inpatients	Being reviewed at the Oct. P & T	None
Develop workflow in Cerner (mirrors Stroke patient discharge workflow which successfully ensures stroke patients are discharge on correct medications) which uses a discharge power form to remind providers to prescribe the evidenced based medications, or if contraindication to select the contraindication from a list (measures can be accurate and exclude patients with contraindications)	TBD	none

# OHO Update: Mortality & Readmission Reduction Heart Failure - FY25



**FY25 GOAL** (CMS population)  
 Decrease HF Hospital Readmissions to < 12.10  
 Decrease HF Mortality Rates to < 0.48

## FY25 PLAN – Mortality & Readmissions Heart Failure

### High Level Action Plan

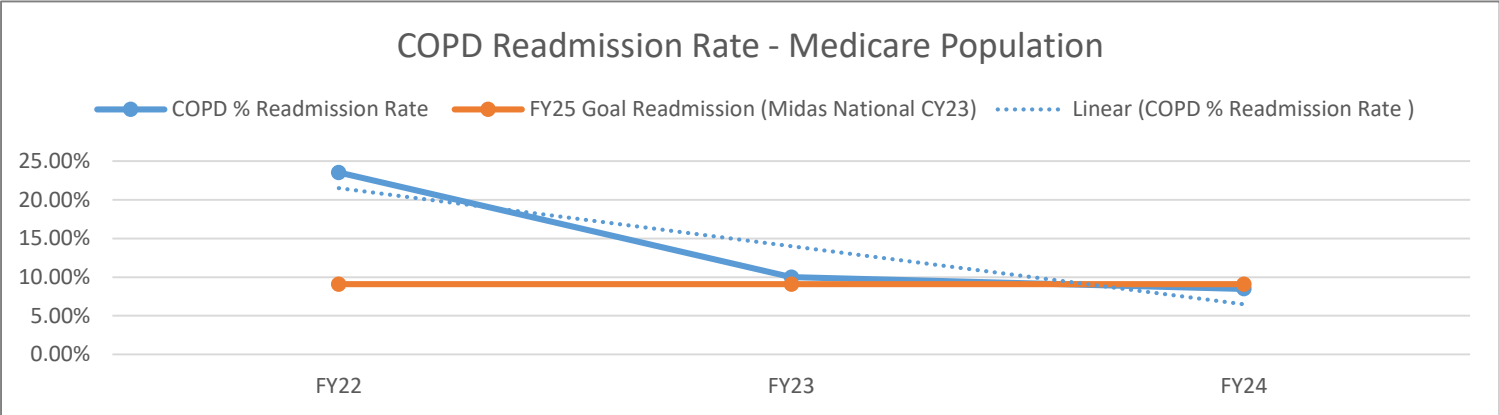
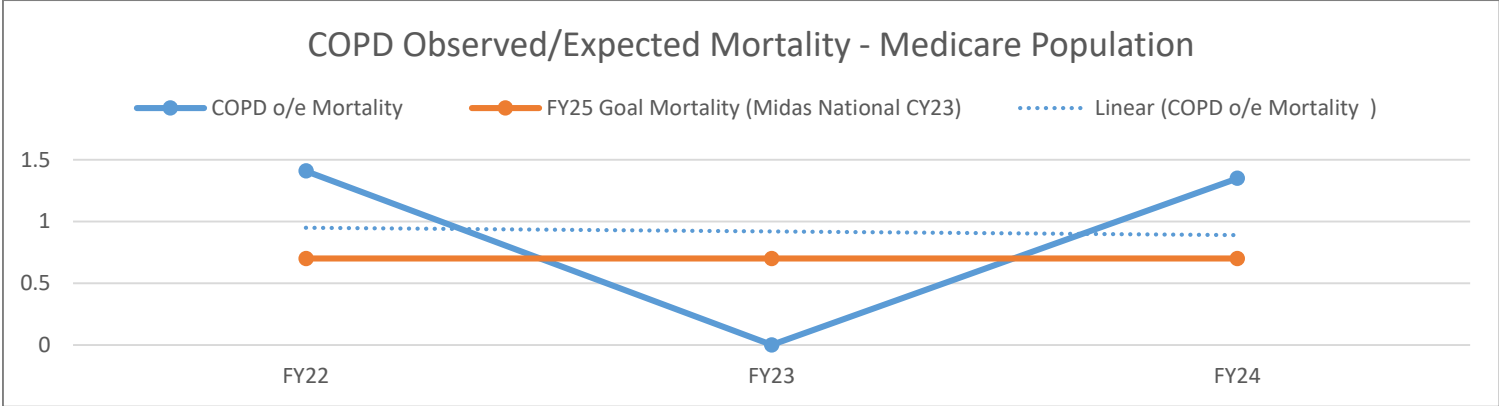
- Identify HF patients with an EF ≤ 40%
  - EMR identification of ejection fraction
  - **Completed** 6/2024
- Provide Guideline Directed Medical Therapy at discharge
  - Baseline data established September 2024, updates to be provided in next report

% of Patients Prescribed each of Four Medications at Discharge

- Baseline data
- ACE/ARB/ARNI
  - Beta Blocker
  - SGLT2i
  - MRA
- Goal = 100%

# OHO FY25 Plan: Mortality & Readmission Reduction

## COPD - Historical Baseline



### FY25 GOAL

(CMS population)

Decrease COPD Hospital Readmissions to < 9.09

Decrease COPD Mortality Rates to < 0.70

### FY25 PLAN – Mortality & Readmissions COPD

#### High Level Action Plan

- Provide Evidence Based steroid treatment while hospitalized - Prednisone 40mg PO daily x 5 days
  - Baseline Data – 50% of patients prescribed Prednisone during hospitalization (n=4)
  - Goal = 100%
- Provide Guideline Directed Medical Therapy at discharge - LAMA/LABA inhaler
  - Baseline Data – 50% of patients prescribed LAMA/LABA upon discharge (n=4)
  - Goal = 100%



# OHO Monthly Update: Mortality & Readmission Reduction COPD – FY25

## The last data point did not meet goal because:

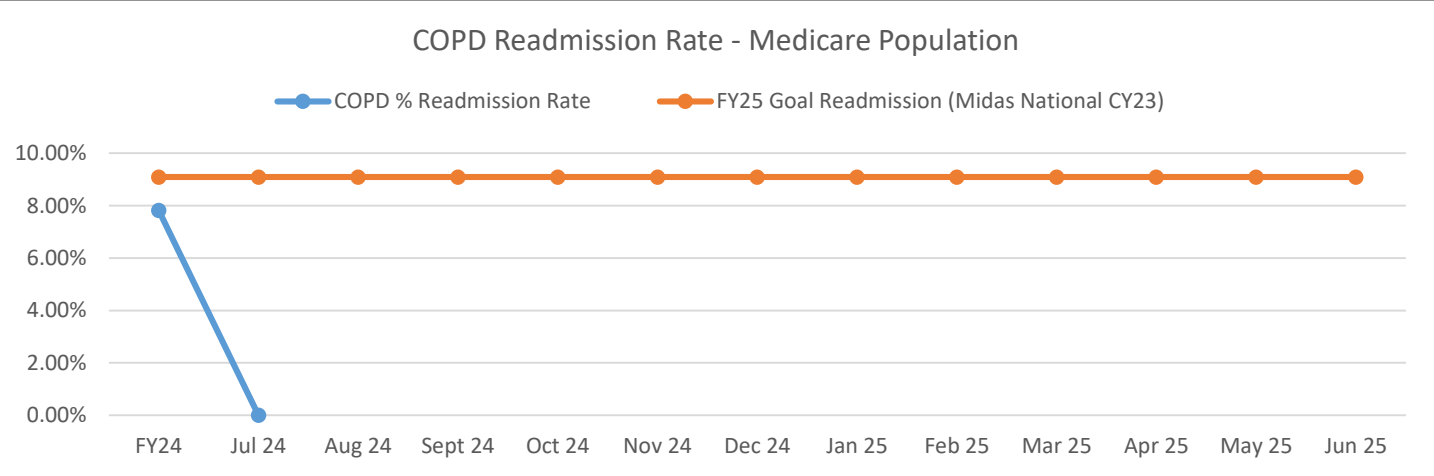
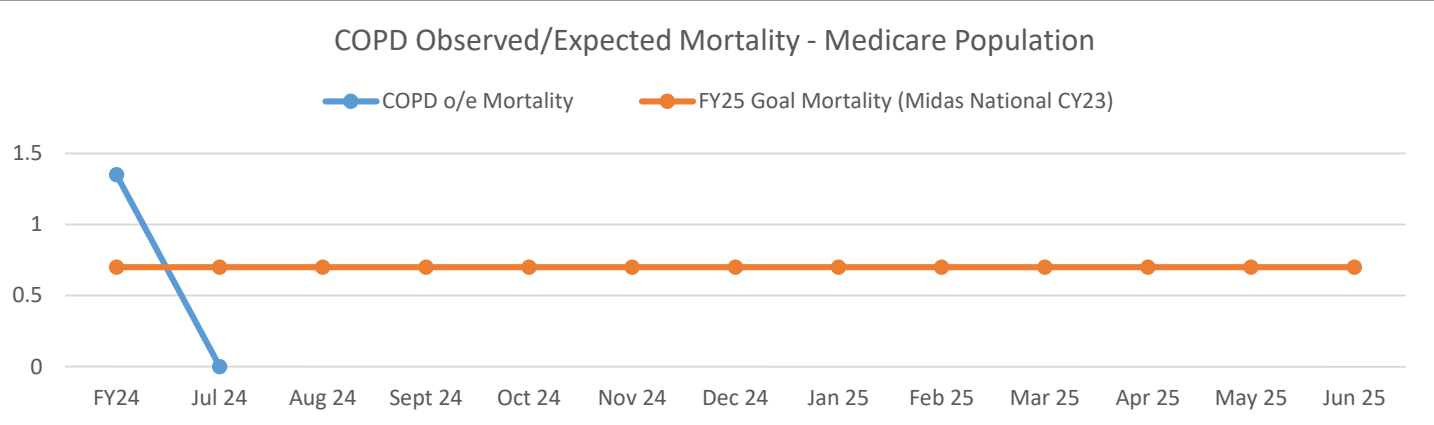
- Patients not being discharged on the evidenced-based meds that affect patient outcomes
  - Cost of inhalers – some patients revert to Advair at home because it is very inexpensive, (but not a recommended medication) compared to LAMA/LABA inhalers
- Using IV solumedrol rather than PO prednisone – high dose steroids can actually cause patient harm

## Targeted Opportunities (What specifically is causing the fallout?)

1. Because of limited pulmonology, the decision of discharge medications fall more to discharging hospitalists. Hospitalists prescribe nebulizers for COPD inpatients, not inhalers that are used in the outpatient setting. Therefore they have understandably less knowledge on what insurance companies cover which inhalers supplied by community pharmacies
2. Provider “inertia” in using IV solumedrol – i.e. physicians have always done this and continue to do it

CURRENT IMPROVEMENT ACTIVITIES	EXPECTED COMPLETION DATE	BARRIERS
Preselected prednisone on power form	11/1/2024	none
Distribute a list to hospitalists which indicates which inhalers are covered by which insurance companies so they can order upon discharge. KH Retail Pharmacy Meds to Beds program can be used while a list is being put together	TBD	none

# OHO Monthly Update: Mortality & Readmission Reduction COPD – FY25



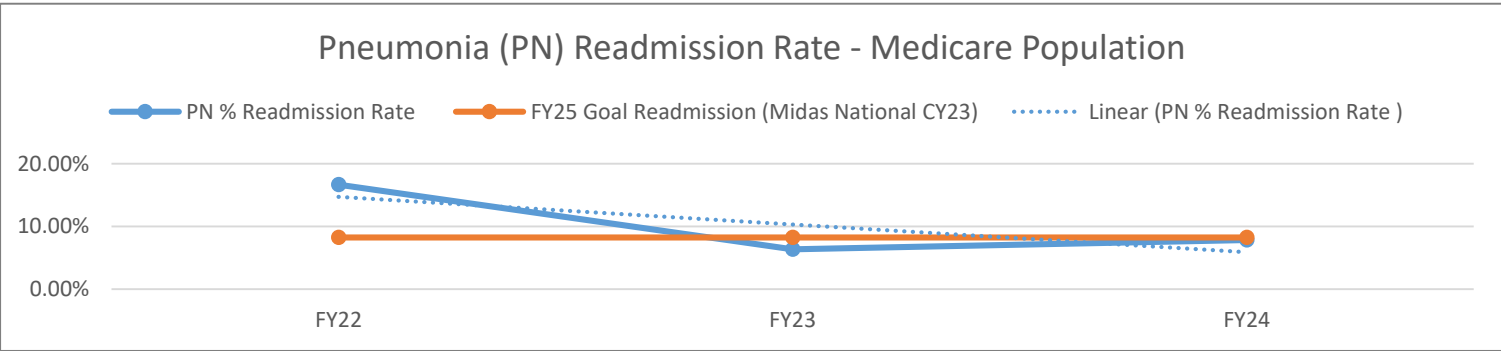
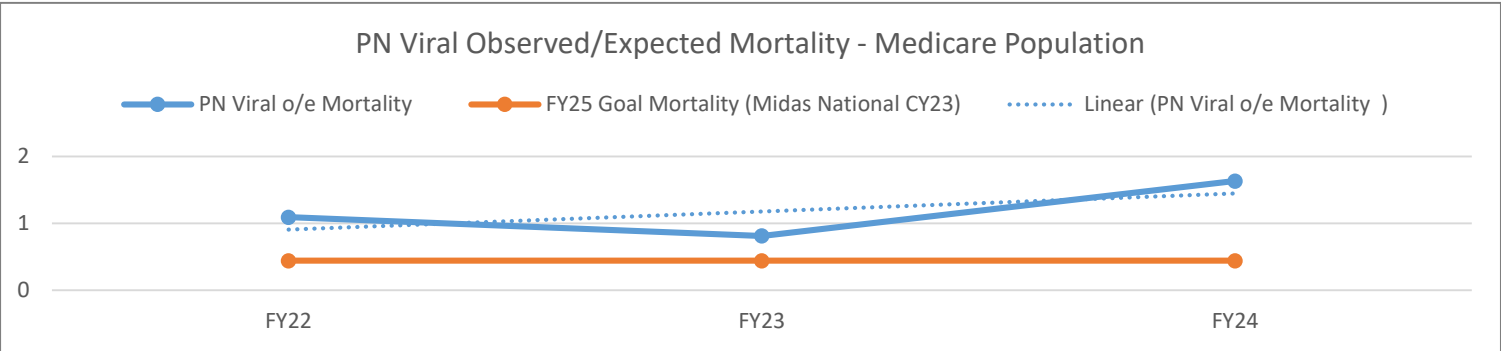
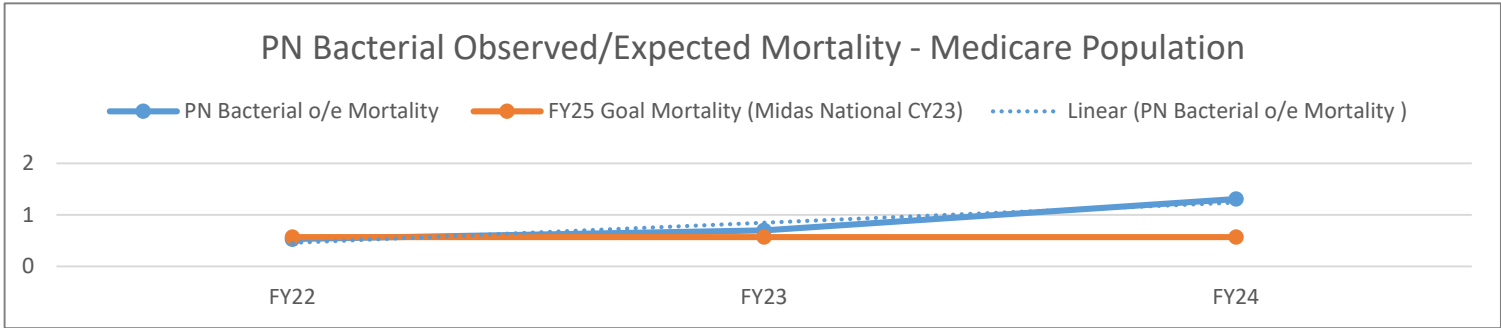
**FY25 GOAL** (CMS population)  
 Decrease COPD Hospital Readmissions to < 9.09  
 Decrease COPD Mortality Rates to < 0.70

## FY25 PLAN – Mortality & Readmissions COPD

### High Level Action Plan

- Provide Evidence Based steroid treatment while hospitalized - Prednisone 40mg PO daily x 5 days
  - Status: Baseline data established September 2024, updates to be provided in next report
- Provide Guideline Directed Medical Therapy at discharge - LAMA/LABA inhaler
  - Baseline data established September 2024, updates to be provided in next report

# OHO FY25 Plan: Mortality & Readmission Reduction Pneumonia (PN) - Historical Baseline



## FY25 PLAN – Mortality & Readmissions Pneumonia

### High Level Action Plan

- Utilize Evidence-based order set for patients admitted with Community Acquired Pneumonia
  - Baseline Data – 50% of bacterial PN patients, and 71% of viral PN pt’s with order set in place (n=13)
  - Goal = 100%
- Order the appropriate antibiotics upon admission for patients with Community Acquired Pneumonia
  - Utilize preferred empirical antibiotic treatment, data pending

### FY25 GOAL (CMS population)

- Decrease PN Viral/Bacterial Hospital Readmissions to <8.24
- Decrease PN Bacterial Mortality Rates to < 0.57
- Decrease PN Viral Mortality Rates to < 0.43

# OHO Monthly Update: Mortality & Readmission Reduction Pneumonia – FY25

## The last data point did not meet goal because:

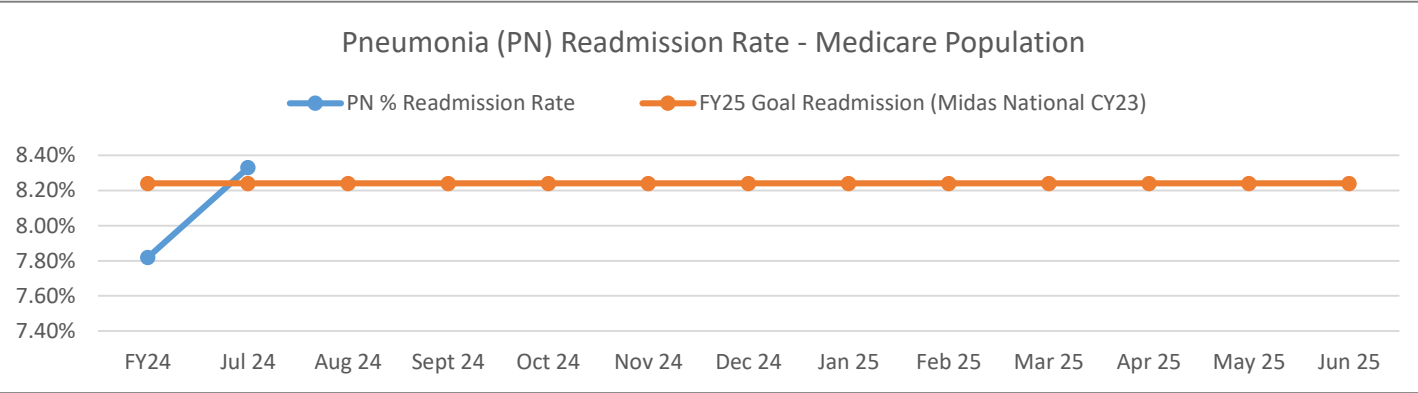
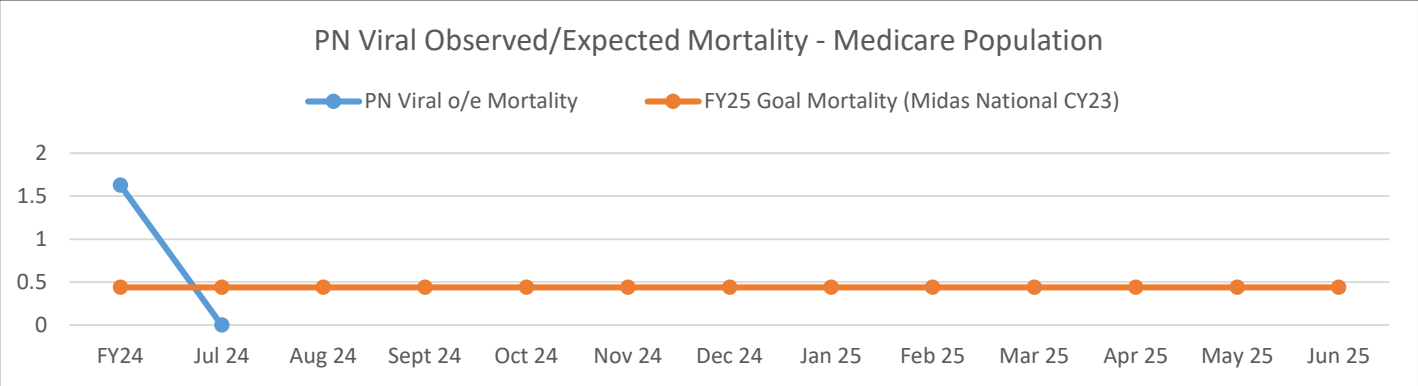
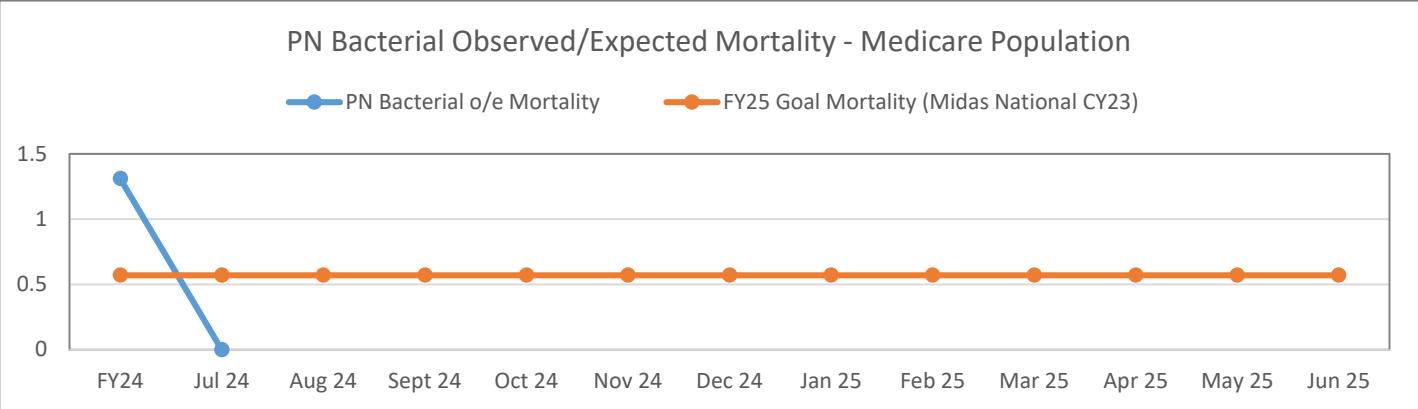
- Community Acquired Order Set not being used
- PN patients not on the correct evidenced based antibiotic (Abx) type

## Targeted Opportunities (What specifically is causing the fallouts?)

1. Abx Stewardship
2. PN order set not being used when there is a competing diagnosis

CURRENT IMPROVEMENT ACTIVITIES	EXPECTED COMPLETION DATE	BARRIERS
Dr. Tedaldi attends monthly Hospitalist meeting to encourage utilization of admission power plans.	On going	None

# OHO Monthly Update: Mortality & Readmission Reduction Pneumonia - FY25



## FY25 PLAN – Mortality & Readmissions Pneumonia

### High Level Action Plan

- Utilize Evidence-based order set for patients admitted with Community Acquired Pneumonia
  - Med Pneumonia Admission Order Set, Status: Baseline data established September 2024, updates to be provided in next report
- Order the appropriate antibiotics upon admission for patients with Community Acquired Pneumonia
  - Utilize preferred empirical antibiotic treatment, data pending

**FY25 GOAL** (CMS population)  
 Decrease PN Viral/Bacterial Hospital Readmissions to <8.24  
 Decrease PN Bacterial Mortality Rates to < 0.57  
 Decrease PN Viral Mortality Rates to < 0.43

# Thank you

## Live with passion.

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



# CFO Financial Report

## Month Ending August 2024

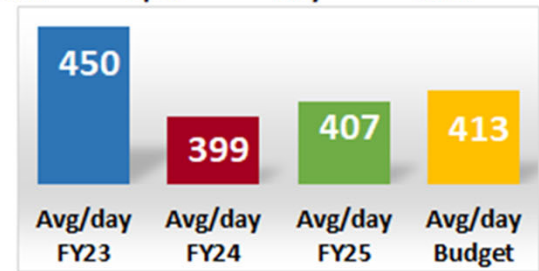
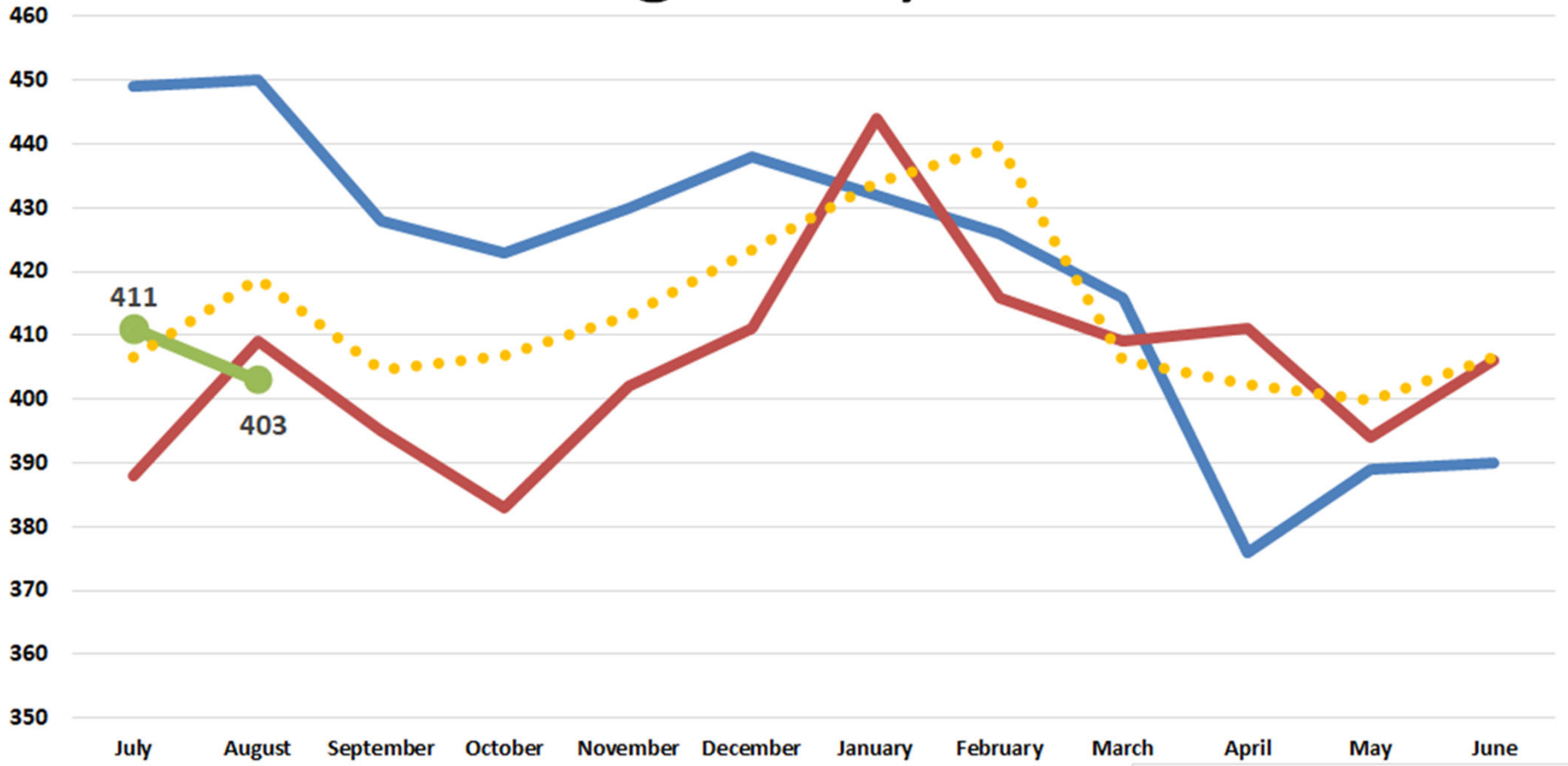


[kawahhealth.org](https://www.kawahhealth.org)



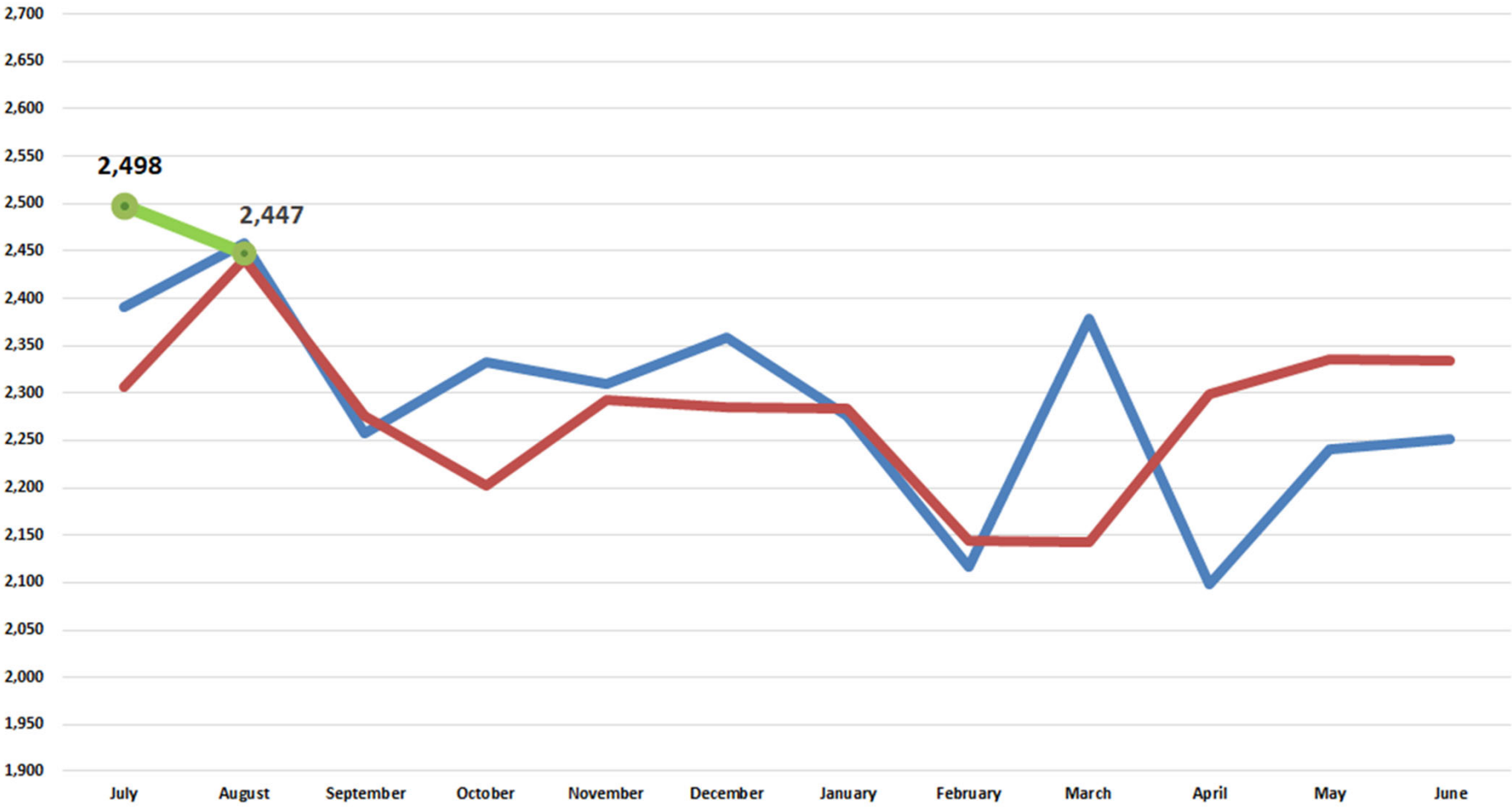
**Kawah Health**<sup>™</sup>  
MORE THAN MEDICINE. LIFE.

# Average Daily Census

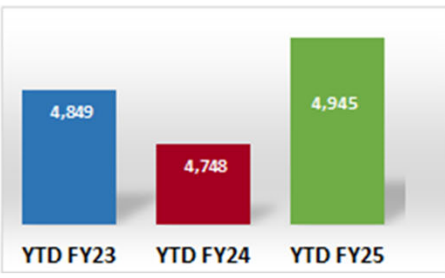




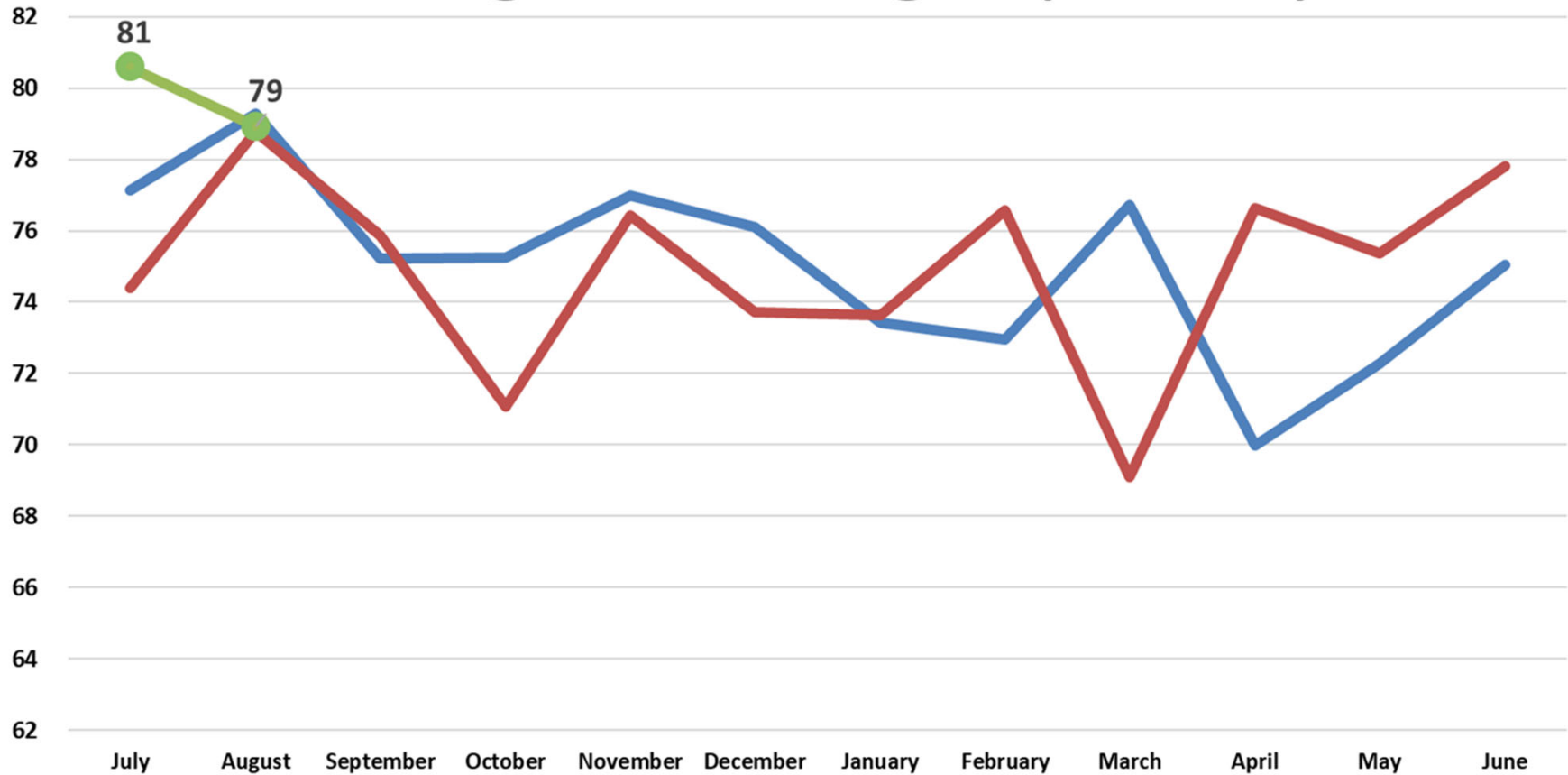
# Discharges



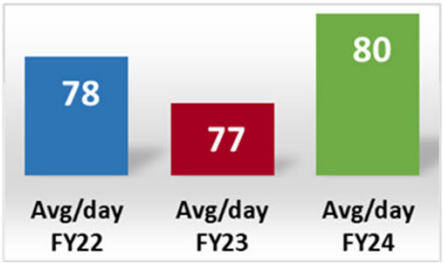
—● FY2023   
 —● FY2024   
 —● FY2025



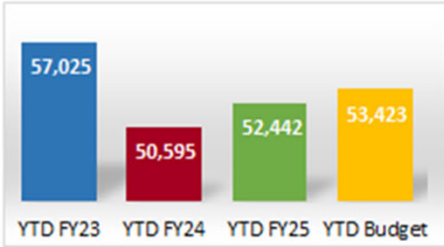
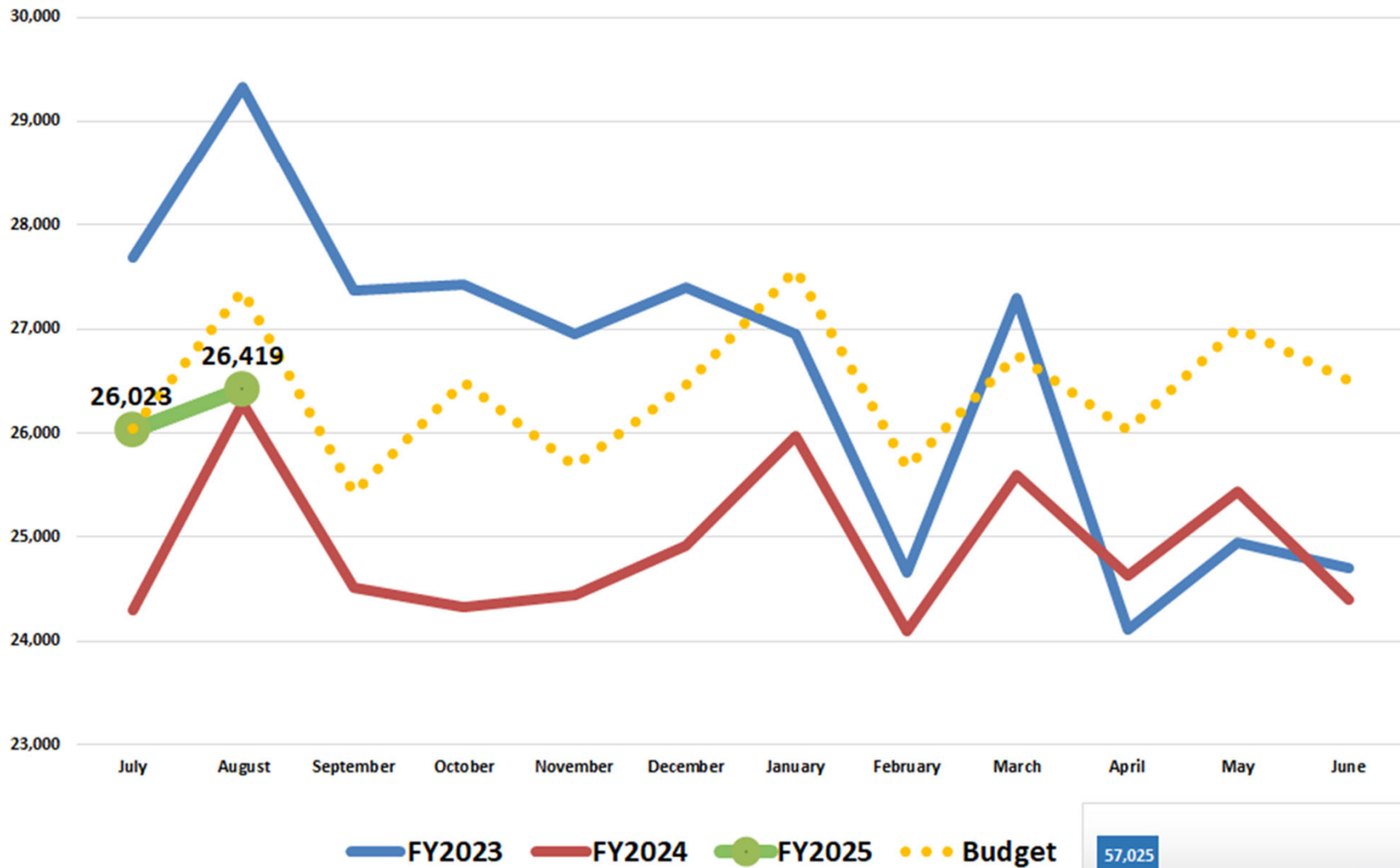
# Average Discharges per day



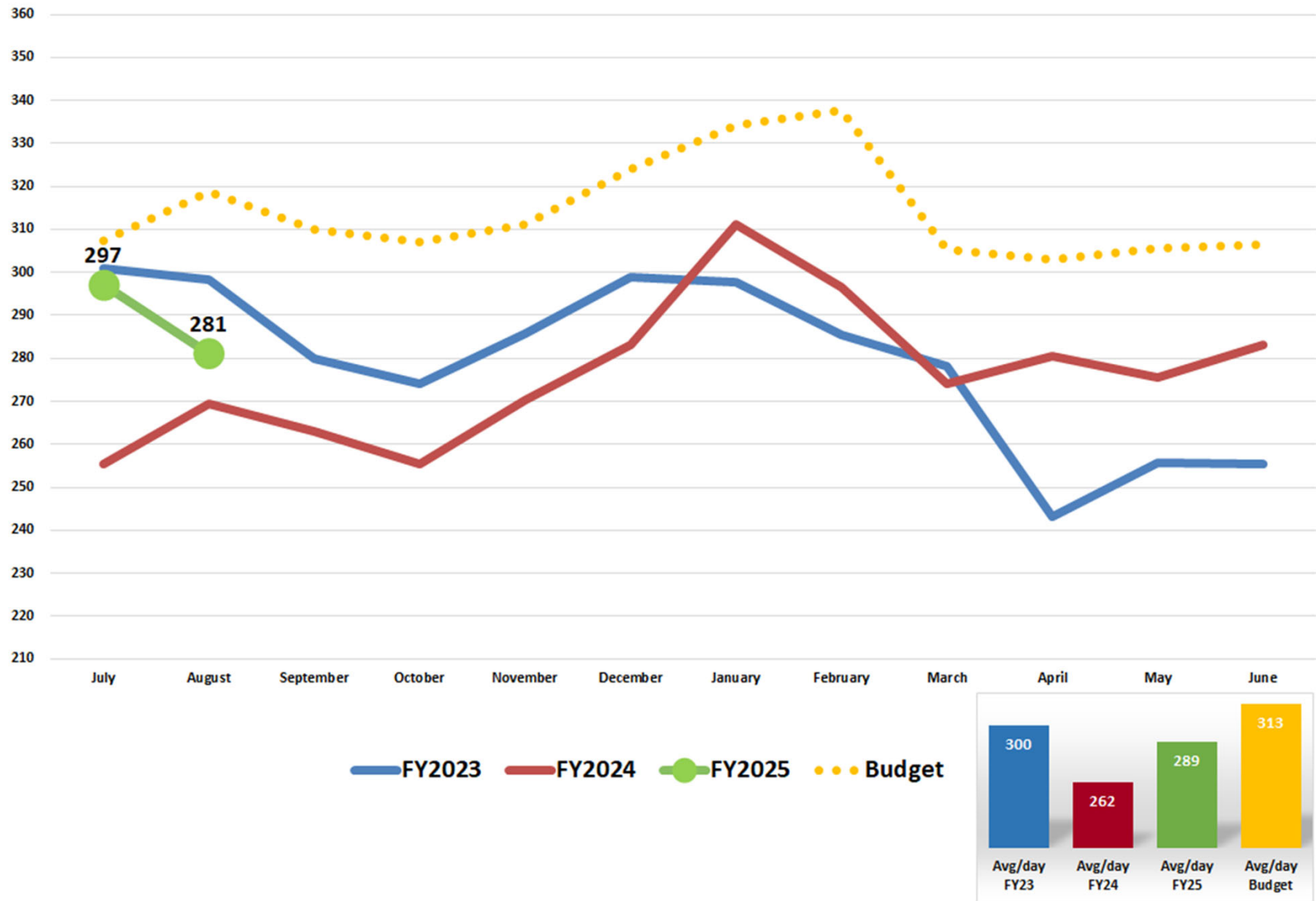
— FY2023     
 — FY2024     
 —● FY2025



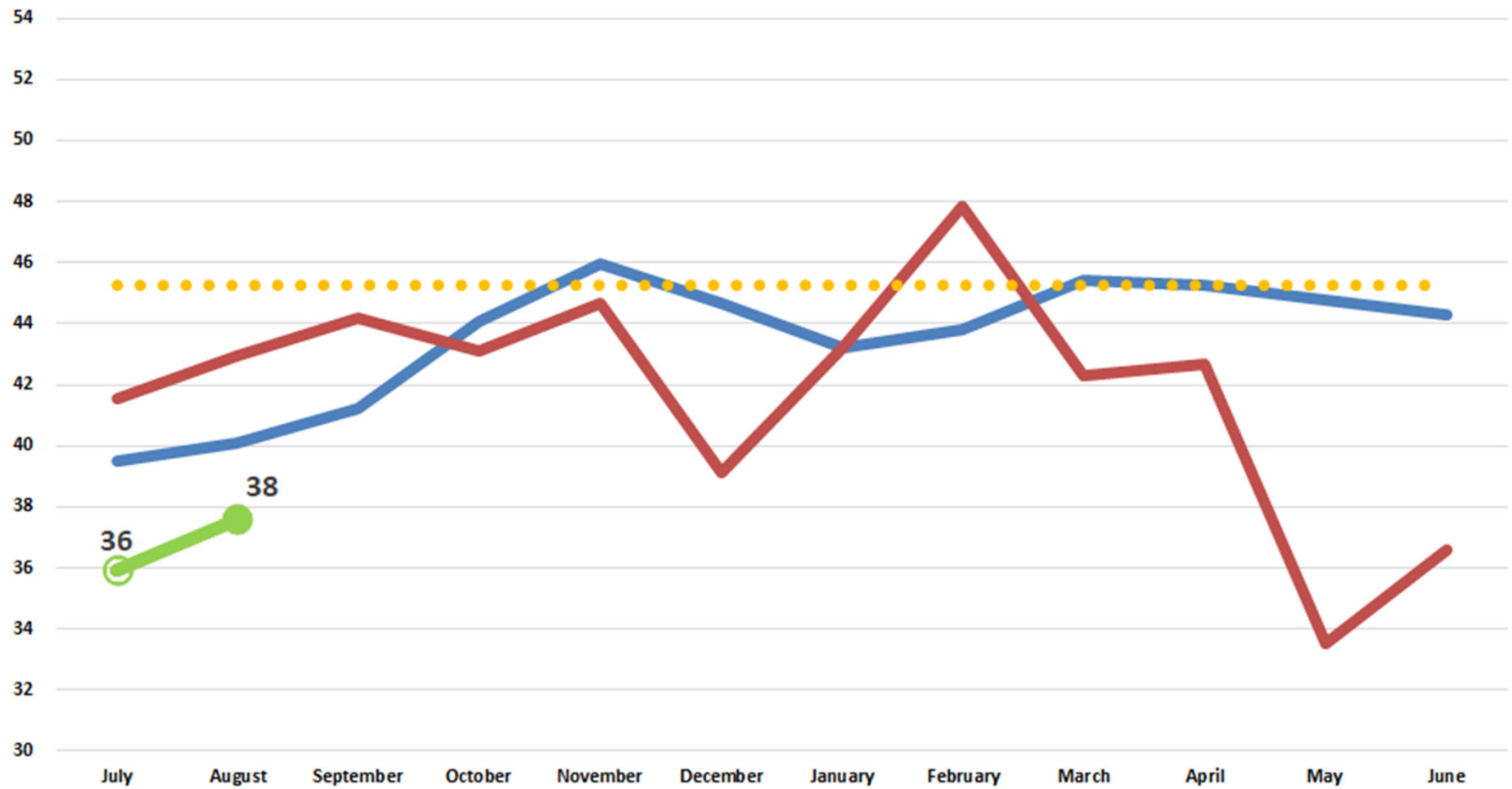
# Adjusted Patient Days



# Medical Center (Avg Patients Per Day)



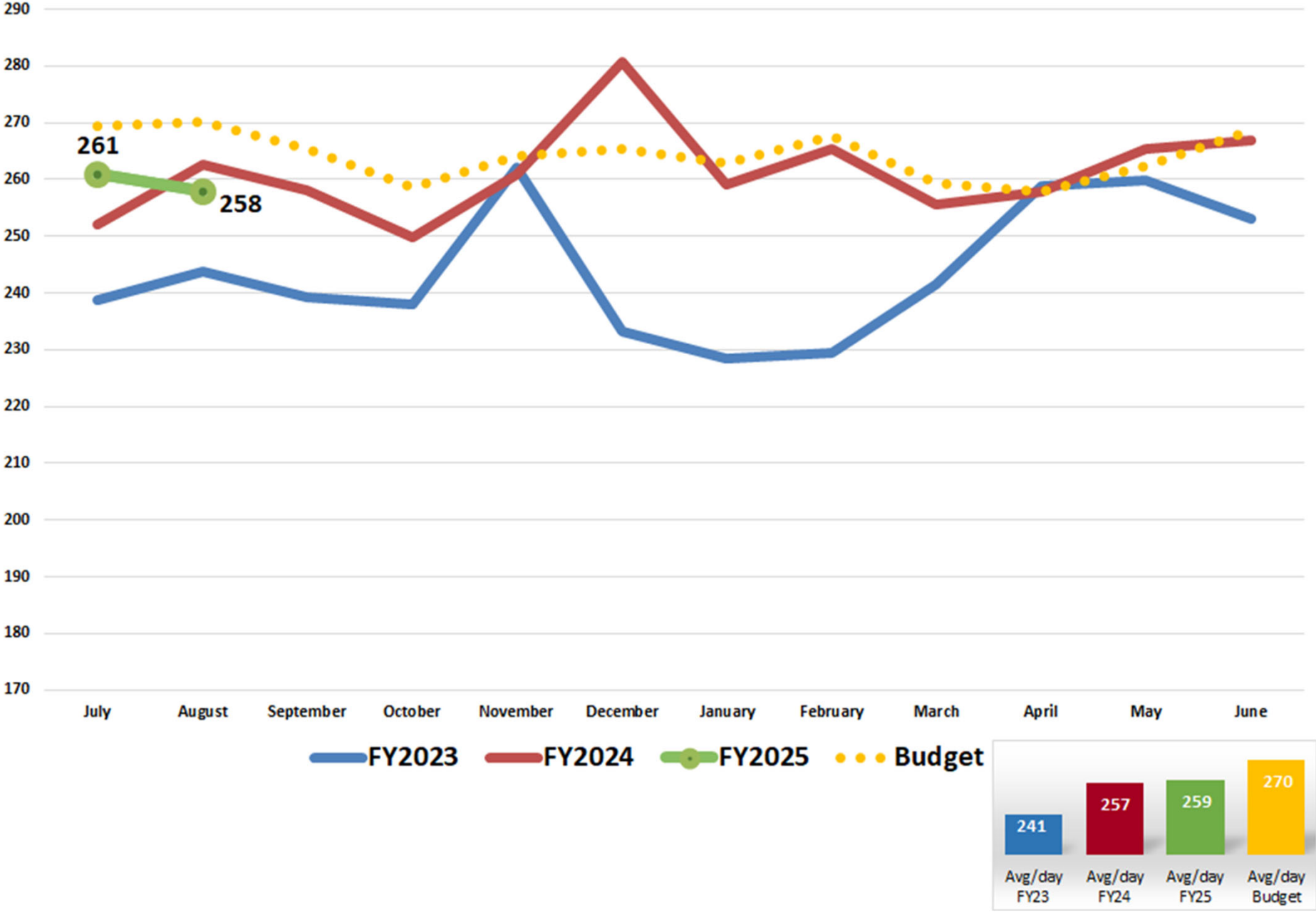
# Acute I/P Psych (Avg Patients Per Day)



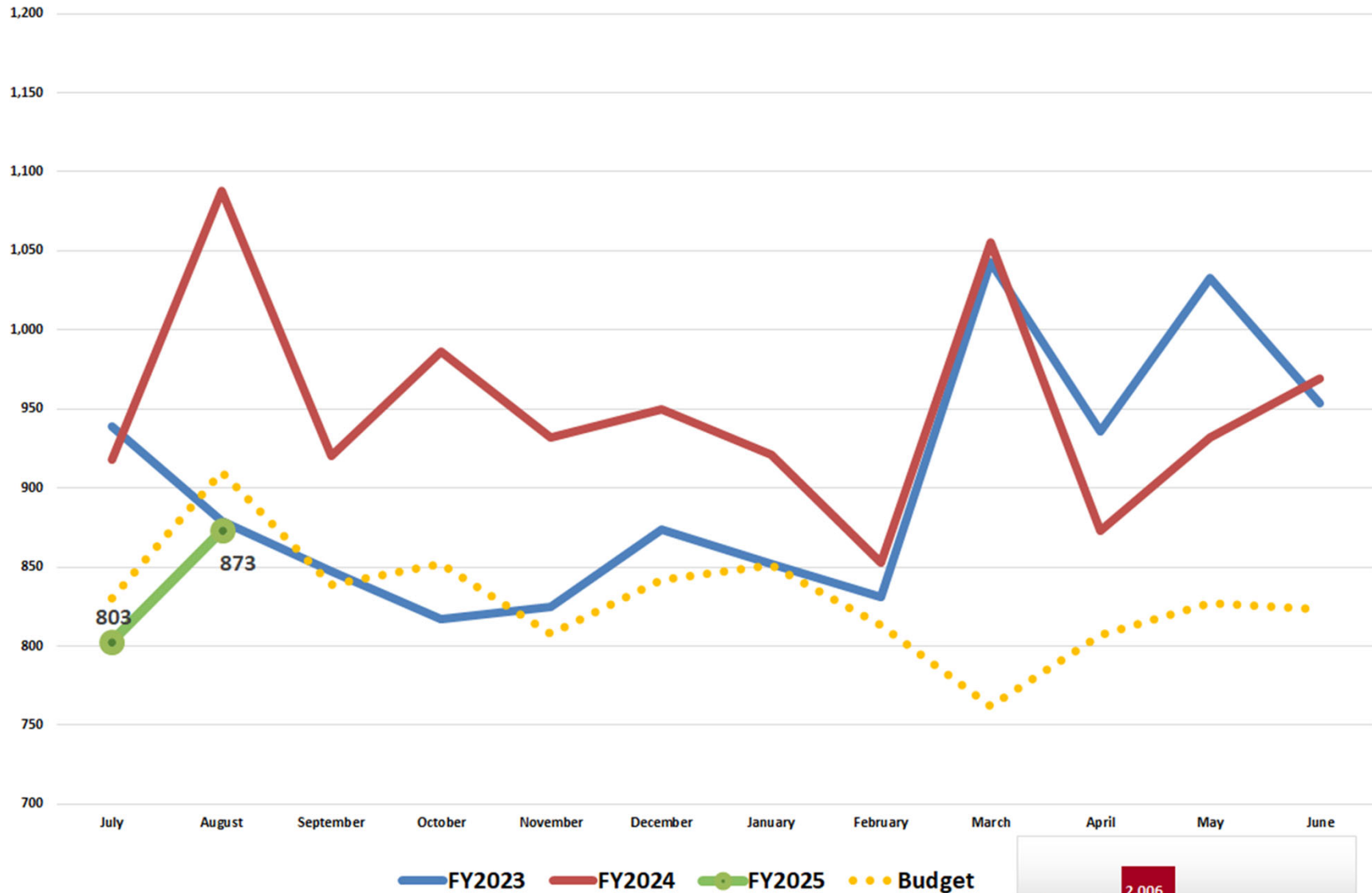
— FY2023   
 — FY2024   
 — FY2025   
 ••• Budget

40	42	37	45
Avg/day FY23	Avg/day FY24	Avg/day FY25	Avg/day Budget

# ED - Avg Treated Per Day

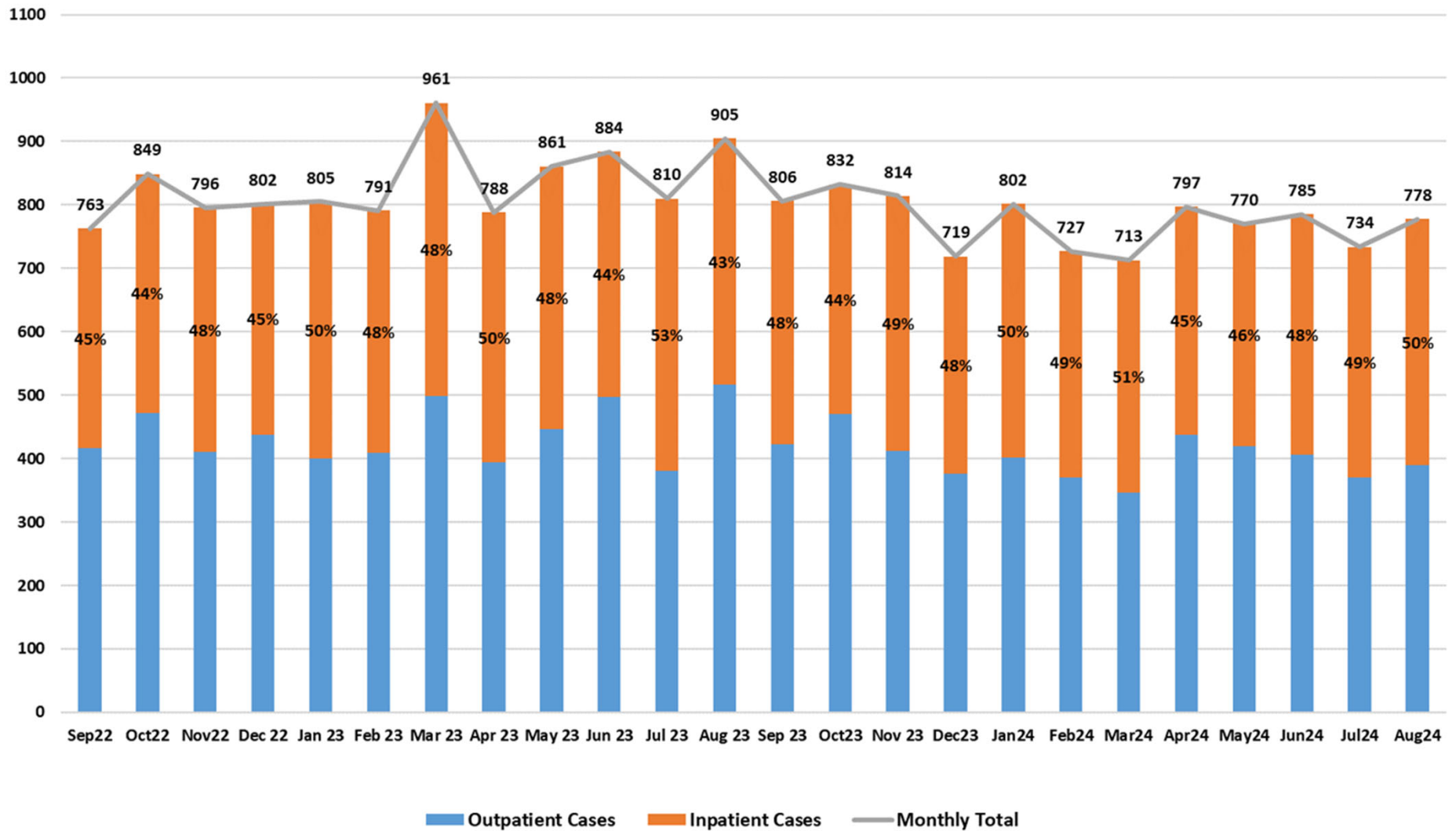


# Surgery (IP & OP) – 100 Min Units



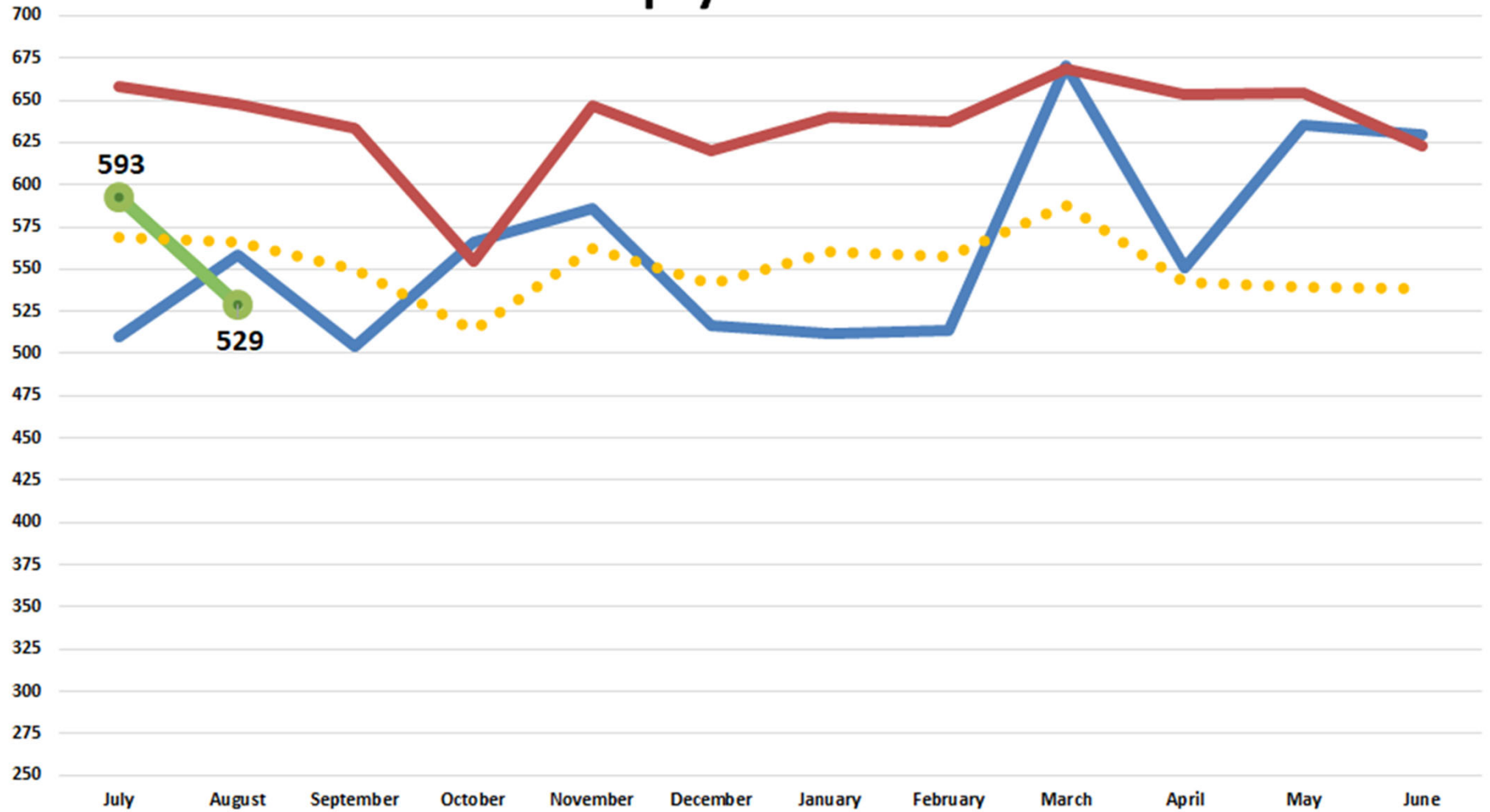
YTD FY23	YTD FY24	YTD FY25	YTD Budget
1,818	2,006	1,676	1,740

# Surgery Cases (IP & OP)

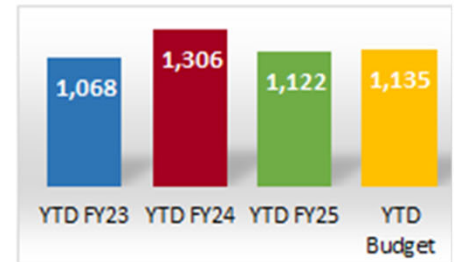




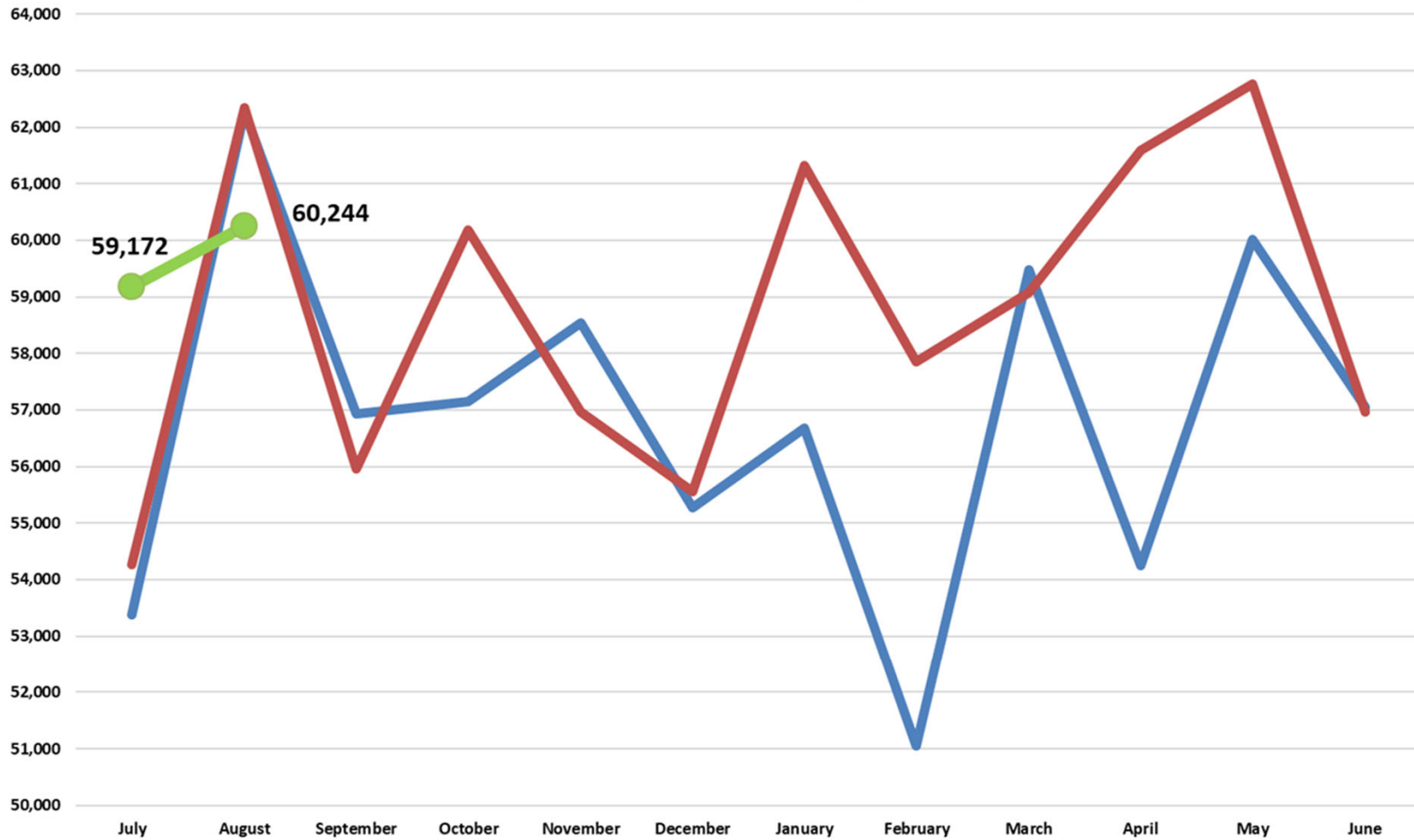
# Endoscopy Procedures



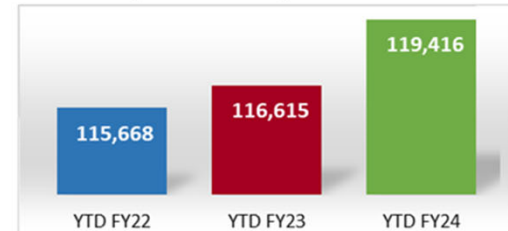
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



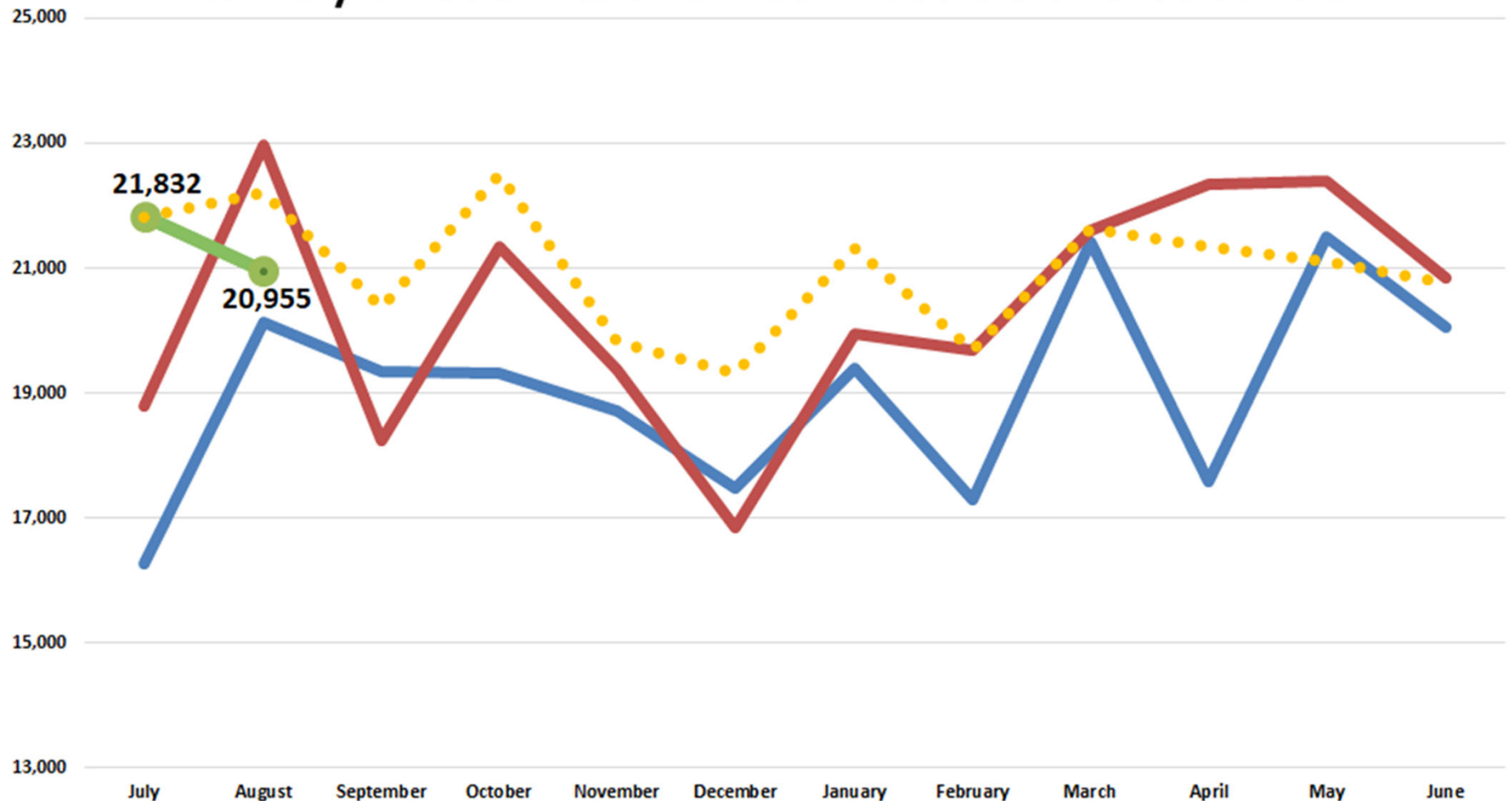
# Outpatient Registrations



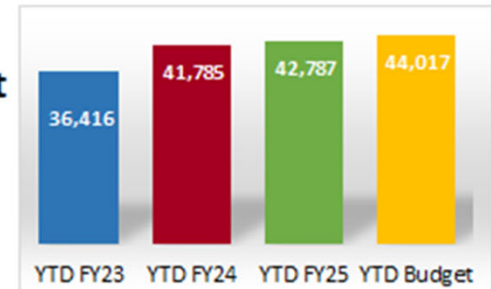
— FY2023 — FY2024 — FY2025



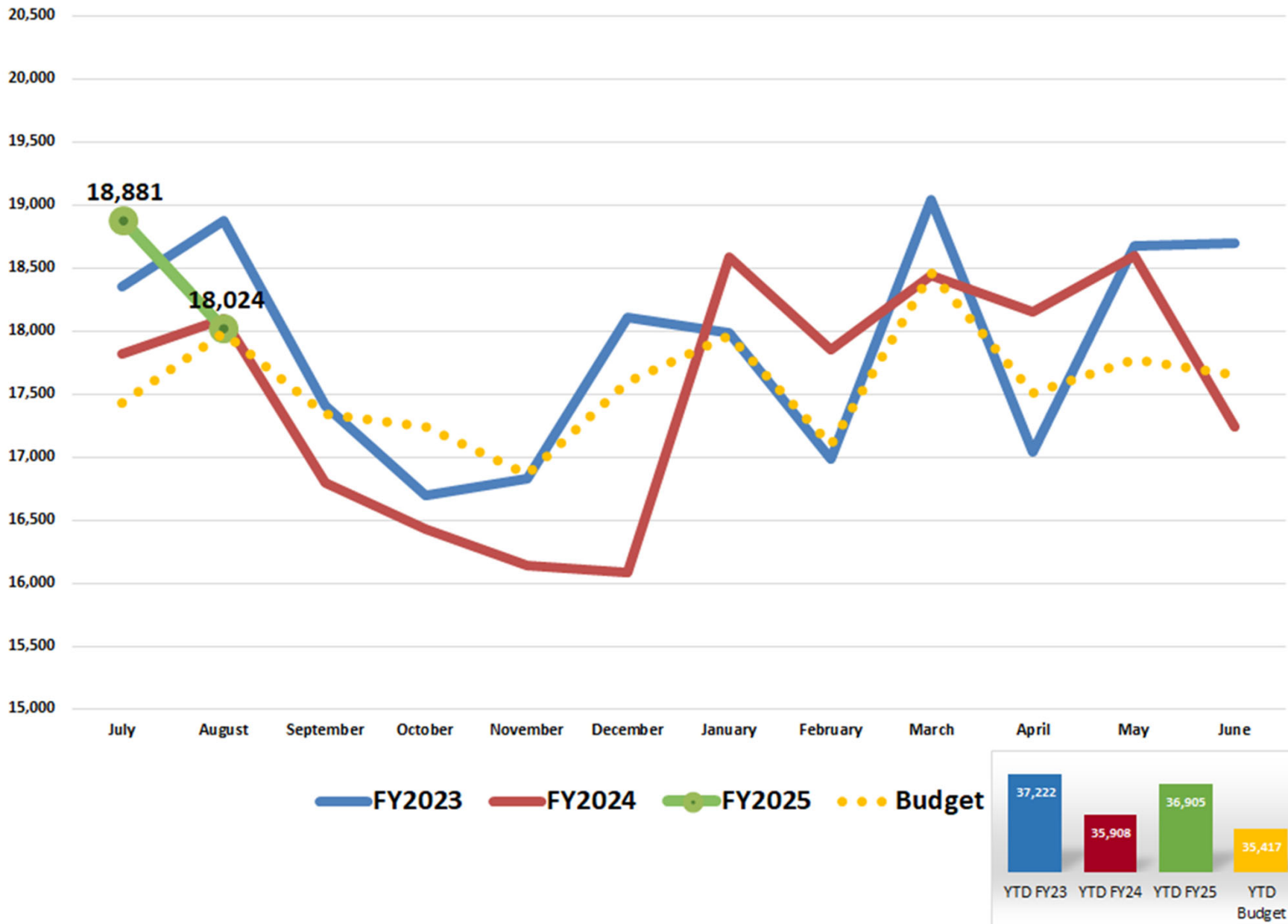
# All O/P Rehab Svcs Across District



— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget



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



## Statistical Results – Fiscal Year Comparison (Aug)

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

<b>Average Daily Census</b>	<b>409</b>	<b>403</b>	<b>(1.4%)</b>	<b>419</b>	<b>(16)</b>	<b>(3.7%)</b>
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**KDHCD Patient Days:**

Medical Center	8,351	8,711	4.3%	8,678	33	0.4%
Acute I/P Psych	1,331	1,166	(12.4%)	1,403	(237)	(16.9%)
Sub-Acute	990	906	(8.5%)	930	(24)	(2.6%)
Rehab	555	452	(18.6%)	554	(102)	(18.4%)
TCS-Ortho	344	362	5.2%	424	(62)	(14.6%)
NICU	525	375	(28.6%)	500	(125)	(25.0%)
Nursery	587	532	(9.4%)	500	32	6.4%

<b>Total KDHCD Patient Days</b>	<b>12,683</b>	<b>12,504</b>	<b>(1.4%)</b>	<b>12,989</b>	<b>(485)</b>	<b>(3.7%)</b>
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<b>Total Outpatient Volume</b>	<b>62,341</b>	<b>60,233</b>	<b>(3.4%)</b>	<b>61,660</b>	<b>(1,427)</b>	<b>(2.3%)</b>
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## Statistical Results – Fiscal Year Comparison (Jul-Aug)

Actual Results			Budget	Budget Variance	
FYTD 2024	FYTD 2025	% Change	FYTD 2025	Change	% Change

<b>Average Daily Census</b>	<b>399</b>	<b>407</b>	<b>2.0%</b>	<b>413</b>	<b>(6)</b>	<b>(1.4%)</b>
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**KDHCD Patient Days:**

Medical Center	16,267	17,918	10.1%	17,086	832	4.9%
Acute I/P Psych	2,619	2,280	(12.9%)	2,806	(526)	(18.7%)
Sub-Acute	1,962	1,788	(8.9%)	1,860	(72)	(3.9%)
Rehab	1,076	932	(13.4%)	1,100	(168)	(15.3%)
TCS-Ortho	751	630	(16.1%)	792	(162)	(20.5%)
NICU	968	751	(22.4%)	950	(199)	(20.9%)
Nursery	1,072	944	(11.9%)	1,000	(56)	(5.6%)

<b>Total KDHCD Patient Days</b>	<b>24,715</b>	<b>25,243</b>	<b>2.1%</b>	<b>25,594</b>	<b>(351)</b>	<b>(1.4%)</b>
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<b>Total Outpatient Volume</b>	<b>116,622</b>	<b>119,412</b>	<b>2.4%</b>	<b>123,321</b>	<b>(3,909)</b>	<b>(3.2%)</b>
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# Other Statistical Results – Fiscal Year Comparison (Aug)

	Actual Results				Budget	Budget Variance	
	Aug 23	Aug 24	Change	% Change	Aug 24	Change	% Change
Rural Health Clinics Registrations	13,005	14,062	1,057	8.1%	13,342	720	5.4%
RHC Exeter - Registrations	6,625	6,717	92	1.4%	6,944	(227)	(3.3%)
RHC Lindsay - Registrations	1,846	2,010	164	8.9%	1,662	348	20.9%
RHC Woodlake - Registrations	1,176	1,218	42	3.6%	1,300	(82)	(6.3%)
RHC Dinuba - Registrations	1,398	1,587	189	13.5%	1,436	151	10.5%
RHC Tulare - Registrations	1,960	2,530	570	29.1%	2,000	530	26.5%
Urgent Care – Court Total Visits	3,197	2,235	(962)	(30.1%)	3,218	(983)	(30.6%)
Urgent Care – Demaree Total Visits	2,065	1,400	(665)	(32.2%)	2,100	(700)	(33.3%)
KH Medical Clinic - Ben Maddox Visits	870	868	(2)	(0.2%)	1,100	(232)	(21.1%)
KH Medical Clinic - Plaza Visits	0	327	327	0.0%	543	(216)	(39.8%)
KH Medical Willow Clinic Visits	0	189	189	0.0%	423	(234)	(55.3%)
KH Medical Clinic - Plaza Visits	0	327	327	0.0%	543	(216)	(39.8%)
KH Cardiology Center Visalia Registrations	1,446	1,552	106	7.3%	1,538	14	0.9%
KH Mental Wellness Clinic Visits	292	316	24	8.2%	340	(24)	(7.1%)
Urology Clinic Visits	310	430	120	38.7%	570	(140)	(24.6%)
Wound Care Visits	1,258	830	(428)	(34.0%)	1,450	(620)	(42.7%)

# Other Statistical Results – Fiscal Year Comparison (Aug)

	Actual Results				Budget	Budget Variance	
	Aug 23	Aug 24	Change	% Change	Aug 24	Change	% Change
All O/P Rehab Svcs Across District	22,982	20,955	(2,027)	(8.8%)	22,199	(1,244)	(5.6%)
Physical & Other Therapy Units (I/P & O/P)	18,091	18,024	(67)	(0.4%)	17,987	37	0.2%
Radiology - CT - All Areas	4,912	4,411	(501)	(10.2%)	4,916	(505)	(10.3%)
Radiology - MRI - All Areas	909	847	(62)	(6.8%)	912	(65)	(7.1%)
Radiology - Ultrasound - All Areas	2,744	3,046	302	11.0%	2,774	272	9.8%
Radiology Modality - Diagnostic Radiology	9,684	9,081	(603)	(6.2%)	9,700	(619)	(6.4%)
Radiology – Main Campus	15,443	14,631	(812)	(5.3%)	15,493	(862)	(5.6%)
Radiology - Ultrasound - Main Campus	2,081	2,347	266	12.8%	2,111	236	11.2%
West Campus - Diagnostic Radiology	1,185	1,116	(69)	(5.8%)	1,160	(44)	(3.8%)
West Campus - CT Scan	561	531	(30)	(5.3%)	561	(30)	(5.4%)
West Campus - MRI	397	408	11	2.8%	423	(15)	(3.5%)
West Campus - Ultrasound	663	699	36	5.4%	663	36	5.4%
West Campus - Breast Center	1,810	1,838	28	1.5%	1,839	(1)	(0.0%)
Med Onc Visalia Treatments	1,438	1,174	(264)	(18.4%)	1,597	(423)	(26.5%)
Rad Onc Visalia Treatments	1,472	1,469	(3)	(0.2%)	1,597	(128)	(8.0%)
Rad Onc Hanford Treatments	245	210	(35)	(14.3%)	246	(36)	(14.6%)



# Other Statistical Results – Fiscal Year Comparison (Aug)

	Aug 23	Aug 24	Change	% Change	Aug 24	Change	% Change
ED - Avg Treated Per Day	263	258	(5)	(1.8%)	270	(12)	(4.6%)
Surgery (IP & OP) – 100 Min Units	1,088	873	(215)	(19.7%)	910	(37)	(4.0%)
Endoscopy Procedures	648	529	(119)	(18.4%)	566	(37)	(6.5%)
Cath Lab (IP & OP) - 100 Min Units	329	345	16	4.9%	318	27	8.5%
Cardiac Surgery Cases	26	29	3	11.5%	36	(7)	(19.4%)
Deliveries	464	410	(54)	(11.6%)	449	(39)	(8.6%)
Clinical Lab	239,392	238,296	(1,096)	(0.5%)	247,724	(9,428)	(3.8%)
Reference Lab	5,792	7,771	1,979	34.2%	6,350	1,421	22.4%
Dialysis Center - Visalia Visists	1,444	1,545	101	7.0%	1,757	(212)	(12.1%)
Infusion Center - Outpatient Visits	451	498	47	10.4%	457	41	9.0%
Hospice Days	4,017	3,514	(503)	(12.5%)	3,817	(303)	(7.9%)
Home Health Visits	3,223	2,898	(325)	(10.1%)	3,336	(438)	(13.1%)
Home Infusion Days	25,467	22,963	(2,504)	(9.8%)	23,309	(346)	(1.5%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Aug 23	YTD Aug 24	Change	% Change	YTD Aug 24	Change	% Change
Rural Health Clinics Registrations	23,967	27,020	3,053	12.7%	25,044	1,976	7.9%
RHC Exeter - Registrations	12,351	12,679	328	2.7%	12,936	(257)	(2.0%)
RHC Lindsay - Registrations	3,465	3,900	435	12.6%	3,325	575	17.3%
RHC Woodlake - Registrations	1,957	2,479	522	26.7%	2,303	176	7.7%
RHC Dinuba - Registrations	2,458	3,227	769	31.3%	2,680	547	20.4%
RHC Tulare - Registrations	3,736	4,735	999	26.7%	3,800	935	24.6%
Urgent Care – Court Total Visits	6,122	4,395	(1,727)	(28.2%)	6,187	(1,792)	(29.0%)
Urgent Care – Demaree Total Visits	3,888	2,405	(1,483)	(38.1%)	4,000	(1,595)	(39.9%)
KH Medical Clinic - Ben Maddox Visits	1,609	1,677	68	4.2%	2,100	(423)	(20.1%)
KH Medical Clinic - Plaza Visits	0	610	610	0.0%	1,064	(454)	(42.7%)
KH Medical Willow Clinic Visits	0	320	320	0.0%	780	(460)	(59.0%)
KH Medical Clinic - Plaza Visits	0	610	610	0.0%	1,064	(454)	(42.7%)
KH Cardiology Center Visalia Registrations	2,807	3,115	308	11.0%	3,081	34	1.1%
KH Mental Wellness Clinic Visits	550	628	78	14.2%	670	(42)	(6.3%)
Urology Clinic Visits	533	654	121	22.7%	1,055	(401)	(38.0%)
Wound Care Visits	2,240	875	(1,365)	(60.9%)	2,650	(1,775)	(67.0%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Aug 23	YTD Aug 24	Change	% Change	YTD Aug 24	Change	% Change
All O/P Rehab Svcs Across District	41,785	42,787	1,002	2.4%	44,017	(1,230)	(2.8%)
Physical & Other Therapy Units (I/P & O/P)	35,908	36,905	997	2.8%	35,417	1,488	4.2%
Radiology - CT - All Areas	9,282	9,279	(3)	(0.0%)	9,404	(125)	(1.3%)
Radiology - MRI - All Areas	1,735	1,768	33	1.9%	1,781	(13)	(0.7%)
Radiology - Ultrasound - All Areas	5,372	6,330	958	17.8%	5,469	861	15.7%
Radiology Modality - Diagnostic Radiology	18,873	19,099	226	1.2%	19,157	(58)	(0.3%)
Radiology – Main Campus	30,059	31,024	965	3.2%	30,525	499	1.6%
Radiology - Ultrasound - Main Campus	4,156	4,927	771	18.6%	4,249	678	16.0%
West Campus - Diagnostic Radiology	2,235	2,203	(32)	(1.4%)	2,236	(33)	(1.5%)
West Campus - CT Scan	1,023	925	(98)	(9.6%)	1,023	(98)	(9.6%)
West Campus - MRI	729	850	121	16.6%	806	44	5.5%
West Campus - Ultrasound	1,216	1,403	187	15.4%	1,220	183	15.0%
West Campus - Breast Center	3,482	3,644	162	4.7%	3,503	141	4.0%
Med Onc Visalia Treatments	2,706	2,305	(401)	(14.8%)	3,004	(699)	(23.3%)
Rad Onc Visalia Treatments	2,834	3,166	332	11.7%	3,004	162	5.4%
Rad Onc Hanford Treatments	526	504	(22)	(4.2%)	478	26	5.4%

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Aug 23	YTD Aug 24	Change	% Change	YTD Aug 24	Change	% Change
ED - Avg Treated Per Day	257	259	2	0.8%	270	(10)	(3.9%)
Surgery (IP & OP) – 100 Min Units	2,006	1,676	(330)	(16.5%)	1,740	(64)	(3.7%)
Endoscopy Procedures	1,306	1,122	(184)	(14.1%)	1,135	(13)	(1.1%)
Cath Lab (IP & OP) - 100 Min Units	699	697	(2)	(0.3%)	577	120	20.8%
Cardiac Surgery Cases	57	59	2	3.5%	70	(11)	(15.7%)
Deliveries	852	819	(33)	(3.9%)	847	(28)	(3.3%)
Clinical Lab	462,293	494,109	31,816	6.9%	482,785	11,324	2.3%
Reference Lab	10,900	15,980	5,080	46.6%	12,941	3,039	23.5%
Dialysis Center - Visalia Visists	3,099	3,074	(25)	(0.8%)	3,514	(440)	(12.5%)
Infusion Center - Outpatient Visits	832	920	88	10.6%	914	6	0.7%
Hospice Days	7,875	6,969	(906)	(11.5%)	7,656	(687)	(9.0%)
Home Health Visits	6,022	5,919	(103)	(1.7%)	6,464	(545)	(8.4%)
Home Infusion Days	48,847	46,709	(2,138)	(4.4%)	47,677	(968)	(2.0%)

# August Financial Comparison (000's)

	Comparison to Budget - Month of August				Comparison to Prior Year - Month of August			
	Budget Aug-2024	Actual Aug-2024	\$ Change	% Change	Actual Aug-2023	Actual Aug-2024	\$ Change	% Change
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$54,830	\$53,450	(\$1,380)	-2.6%	\$49,531	\$53,450	\$3,919	7.3%
Supplemental Gov't Programs	\$7,712	\$7,485	(\$227)	-3.0%	\$6,383	\$7,485	\$1,102	14.7%
Prime Program	\$792	\$792	\$0	0.0%	\$822	\$792	(\$30)	-3.8%
Premium Revenue	\$7,547	\$7,596	\$49	0.6%	\$7,930	\$7,596	(\$334)	-4.4%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$3,621	\$0	(\$3,621)	0.0%
Other Revenue	\$4,409	\$4,151	(\$258)	-6.2%	\$3,702	\$4,151	\$449	10.8%
Other Operating Revenue	\$20,460	\$20,024	(\$436)	-2.2%	\$22,458	\$20,024	(\$2,434)	-12.2%
<b>Total Operating Revenue</b>	<b>\$75,290</b>	<b>\$73,474</b>	<b>(\$1,816)</b>	<b>-2.5%</b>	<b>\$71,989</b>	<b>\$73,474</b>	<b>\$1,485</b>	<b>2.0%</b>
<b>Operating Expenses</b>								
Salaries & Wages	\$32,304	\$31,963	(\$341)	-1.1%	\$28,285	\$31,963	\$3,678	11.5%
Contract Labor	\$1,439	\$1,146	(\$293)	-25.6%	\$2,140	\$1,146	(\$994)	-86.8%
Employee Benefits	\$5,900	\$5,949	\$49	0.8%	\$6,594	\$5,949	(\$645)	-10.8%
<b>Total Employment Expenses</b>	<b>\$39,643</b>	<b>\$39,058</b>	<b>(\$585)</b>	<b>-1.5%</b>	<b>\$37,019</b>	<b>\$39,058</b>	<b>\$2,039</b>	<b>5.2%</b>
Medical & Other Supplies	\$16,235	\$14,959	(\$1,276)	-8.5%	\$13,861	\$14,959	\$1,098	7.3%
Physician Fees	\$7,185	\$7,546	\$361	4.8%	\$6,793	\$7,546	\$753	10.0%
Purchased Services	\$1,817	\$1,606	(\$211)	-13.1%	\$2,075	\$1,606	(\$469)	-29.2%
Repairs & Maintenance	\$2,082	\$2,561	\$480	18.7%	\$1,434	\$2,561	\$1,127	44.0%
Utilities	\$1,130	\$955	(\$175)	-18.3%	\$1,032	\$955	(\$76)	-8.0%
Rents & Leases	\$154	\$122	(\$32)	-26.6%	\$156	\$122	(\$34)	-27.8%
Depreciation & Amortization	\$3,302	\$3,145	(\$157)	-5.0%	\$2,841	\$3,145	\$304	9.7%
Interest Expense	\$608	\$586	(\$22)	-3.8%	\$604	\$586	(\$18)	-3.1%
Other Expense	\$2,268	\$1,992	(\$276)	-13.8%	\$1,795	\$1,992	\$197	9.9%
Humana Cap Plan Expenses	\$3,766	\$4,436	\$669	15.1%	\$4,331	\$4,436	\$105	2.4%
<b>Total Other Expenses</b>	<b>\$38,546</b>	<b>\$37,908</b>	<b>(\$638)</b>	<b>-1.7%</b>	<b>\$34,922</b>	<b>\$37,908</b>	<b>\$2,986</b>	<b>7.9%</b>
<b>Total Operating Expenses</b>	<b>\$78,189</b>	<b>\$76,965</b>	<b>(\$1,224)</b>	<b>-1.6%</b>	<b>\$71,941</b>	<b>\$76,965</b>	<b>\$5,025</b>	<b>6.5%</b>
<b>Operating Margin</b>	<b>(\$2,899)</b>	<b>(\$3,492)</b>	<b>(\$593)</b>		<b>\$48</b>	<b>(\$3,492)</b>	<b>(\$3,540)</b>	
<b>Stimulus/FEMA</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		<b>\$1,610</b>	<b>\$0</b>	<b>(\$1,610)</b>	
<b>Operating Margin after Stimulus/FEMA</b>	<b>(\$2,899)</b>	<b>(\$3,492)</b>	<b>(\$593)</b>		<b>\$1,658</b>	<b>(\$3,492)</b>	<b>(\$5,150)</b>	
Nonoperating Revenue (Loss)	\$658	\$896	\$238		\$602	\$896	\$294	
<b>Excess Margin</b>	<b>(\$2,241)</b>	<b>(\$2,596)</b>	<b>(\$354)</b>		<b>\$2,259</b>	<b>(\$2,596)</b>	<b>(\$4,855)</b>	

# Year to Date: July through August Financial Comparison (000's)

	Comparison to Budget - YTD August				Comparison to Prior Year - YTD August			
	Budget YTD Aug-2024	Actual YTD Aug-2024	\$ Change	% Change	Actual YTD Aug-2023	Actual YTD Aug-2024	\$ Change	% Change
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$106,624	\$104,316	(\$2,308)	-2.2%	\$95,010	\$104,316	\$9,306	8.9%
Supplemental Gov't Programs	\$14,997	\$15,177	\$181	1.2%	\$12,765	\$15,177	\$2,412	15.9%
Prime Program	\$1,584	\$1,584	\$0	0.0%	\$1,643	\$1,584	(\$59)	-3.8%
Premium Revenue	\$15,094	\$14,703	(\$391)	-2.7%	\$15,861	\$14,703	(\$1,158)	-7.9%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$6,899	\$0	(\$6,899)	0.0%
Other Revenue	\$8,818	\$8,046	(\$772)	-9.6%	\$6,449	\$8,046	\$1,597	19.8%
Other Operating Revenue	\$40,493	\$39,510	(\$982)	-2.5%	\$43,618	\$39,510	(\$4,108)	-10.4%
<b>Total Operating Revenue</b>	<b>\$147,117</b>	<b>\$143,826</b>	<b>(\$3,290)</b>	<b>-2.3%</b>	<b>\$138,628</b>	<b>\$143,826</b>	<b>\$5,198</b>	<b>3.6%</b>
<b>Operating Expenses</b>								
Salaries & Wages	\$63,797	\$63,531	(\$265)	-0.4%	\$56,502	\$63,531	\$7,029	11.1%
Contract Labor	\$2,912	\$2,064	(\$848)	-41.1%	\$3,770	\$2,064	(\$1,706)	-82.6%
Employee Benefits	\$11,808	\$11,727	(\$82)	-0.7%	\$12,922	\$11,727	(\$1,195)	-10.2%
<b>Total Employment Expenses</b>	<b>\$78,518</b>	<b>\$77,322</b>	<b>(\$1,196)</b>	<b>-1.5%</b>	<b>\$73,194</b>	<b>\$77,322</b>	<b>\$4,129</b>	<b>5.3%</b>
Medical & Other Supplies	\$31,509	\$29,779	(\$1,730)	-5.8%	\$26,888	\$29,779	\$2,891	9.7%
Physician Fees	\$14,370	\$14,607	\$237	1.6%	\$13,828	\$14,607	\$779	5.3%
Purchased Services	\$3,633	\$3,187	(\$446)	-14.0%	\$3,491	\$3,187	(\$304)	-9.5%
Repairs & Maintenance	\$4,163	\$4,226	\$63	1.5%	\$3,625	\$4,226	\$601	14.2%
Utilities	\$2,049	\$1,829	(\$220)	-12.0%	\$1,791	\$1,829	\$38	2.1%
Rents & Leases	\$308	\$246	(\$62)	-25.3%	\$248	\$246	(\$2)	-0.9%
Depreciation & Amortization	\$6,604	\$6,304	(\$299)	-4.8%	\$5,665	\$6,304	\$639	10.1%
Interest Expense	\$1,217	\$1,195	(\$21)	-1.8%	\$1,190	\$1,195	\$5	0.5%
Other Expense	\$4,535	\$3,956	(\$580)	-14.7%	\$3,472	\$3,956	\$483	12.2%
Humana Cap Plan Expenses	\$7,533	\$8,389	\$857	10.2%	\$8,203	\$8,389	\$187	2.2%
<b>Total Other Expenses</b>	<b>\$75,921</b>	<b>\$73,718</b>	<b>(\$2,202)</b>	<b>-3.0%</b>	<b>\$68,400</b>	<b>\$73,718</b>	<b>\$5,319</b>	<b>7.2%</b>
<b>Total Operating Expenses</b>	<b>\$154,439</b>	<b>\$151,040</b>	<b>(\$3,398)</b>	<b>-2.2%</b>	<b>\$141,593</b>	<b>\$151,040</b>	<b>\$9,447</b>	<b>6.3%</b>
<b>Operating Margin</b>	<b>(\$7,322)</b>	<b>(\$7,214)</b>	<b>\$108</b>		<b>(\$2,965)</b>	<b>(\$7,214)</b>	<b>(\$4,249)</b>	
<b>Stimulus/FEMA</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		<b>\$3,220</b>	<b>\$0</b>	<b>(\$3,220)</b>	
<b>Operating Margin after Stimulus/FEMA</b>	<b>(\$7,322)</b>	<b>(\$7,214)</b>	<b>\$108</b>		<b>\$255</b>	<b>(\$7,214)</b>	<b>(\$7,469)</b>	
Nonoperating Revenue (Loss)	\$1,315	\$2,086	\$770		\$1,219	\$2,086	\$867	
<b>Excess Margin</b>	<b>(\$6,007)</b>	<b>(\$5,129)</b>	<b>\$878</b>		<b>\$1,474</b>	<b>(\$5,129)</b>	<b>(\$6,602)</b>	

# August 2023-2024 : Trended Financial Information (000's)

	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	FY 2025
Patient Service Revenue	\$49,531	\$47,195	\$47,502	\$48,225	\$48,629	\$49,472	\$49,778	\$54,365	\$51,284	\$52,509	\$54,906	\$50,866	\$53,450	\$104,316
Other Revenue	\$22,458	\$21,039	\$21,928	\$21,261	\$20,979	\$24,379	\$22,470	\$19,194	\$25,720	\$27,433	\$23,867	\$19,487	\$20,024	\$39,510
<b>Total Operating Revenue</b>	<b>\$71,989</b>	<b>\$68,234</b>	<b>\$69,431</b>	<b>\$69,486</b>	<b>\$69,608</b>	<b>\$73,851</b>	<b>\$72,248</b>	<b>\$73,559</b>	<b>\$77,004</b>	<b>\$79,942</b>	<b>\$78,773</b>	<b>\$70,353</b>	<b>\$73,474</b>	<b>\$143,826</b>
Employee Expense	\$37,019	\$35,180	\$38,961	\$37,597	\$37,268	\$37,645	\$37,074	\$41,984	\$38,077	\$38,990	\$36,919	\$38,264	\$39,058	\$77,322
Other Operating Expense	\$34,922	\$33,204	\$31,579	\$33,162	\$32,981	\$35,742	\$36,449	\$33,382	\$36,864	\$37,539	\$35,001	\$35,811	\$37,908	\$73,718
<b>Total Operating Expenses</b>	<b>\$71,941</b>	<b>\$68,384</b>	<b>\$70,540</b>	<b>\$70,759</b>	<b>\$70,249</b>	<b>\$73,388</b>	<b>\$73,523</b>	<b>\$75,367</b>	<b>\$74,941</b>	<b>\$76,530</b>	<b>\$71,920</b>	<b>\$74,075</b>	<b>\$76,965</b>	<b>\$151,040</b>
<b>Net Operating Margin</b>	<b>\$48</b>	<b>(\$150)</b>	<b>(\$1,110)</b>	<b>(\$1,273)</b>	<b>(\$641)</b>	<b>\$464</b>	<b>(\$1,275)</b>	<b>(\$1,807)</b>	<b>\$2,063</b>	<b>\$3,413</b>	<b>\$6,853</b>	<b>(\$3,722)</b>	<b>(\$3,492)</b>	<b>(\$7,214)</b>
Stimulus/FEMA	\$1,610	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,603)	(\$1,603)	\$0	\$0	\$0
NonOperating Income	\$602	\$626	\$665	\$578	\$5,057	\$969	\$618	\$1,781	\$550	\$847	\$1,177	\$1,190	\$896	\$2,086
<b>Excess Margin</b>	<b>\$2,259</b>	<b>\$477</b>	<b>(\$444)</b>	<b>(\$695)</b>	<b>\$4,416</b>	<b>\$1,433</b>	<b>(\$657)</b>	<b>(\$26)</b>	<b>\$2,613</b>	<b>\$2,657</b>	<b>\$6,426</b>	<b>(\$2,533)</b>	<b>(\$2,596)</b>	<b>(\$5,129)</b>

## Profitability

Operating Margin %	0.1%	(0.2%)	(1.6%)	(1.8%)	(0.9%)	0.6%	(1.8%)	(2.5%)	2.7%	4.3%	8.7%	(5.3%)	(4.8%)	(5.0%)
Operating Margin %excl. Int	0.9%	0.7%	(0.7%)	(1.0%)	(0.1%)	1.4%	(0.9%)	(1.6%)	3.7%	5.0%	9.6%	(4.4%)	(4.0%)	(4.2%)
Operating EBIDA	\$3,493	\$3,265	\$2,340	\$2,111	\$2,732	\$3,957	\$1,994	\$1,628	\$5,507	\$7,184	\$11,028	\$46	\$239	\$286
Operating EBIDA Margin	4.9%	4.8%	3.4%	3.0%	3.9%	5.4%	2.8%	2.2%	7.2%	9.0%	14.0%	0.1%	0.3%	0.2%

## Liquidity Indicators

Day's Cash on Hand	84.7	83.3	83.7	81.1	83.5	81.4	79.0	74.7	91.0	86.8	106.1	97.4	89.8	89.8
Day's in Accounts Receivable	74.6	76.6	79.1	78.4	77.6	72.5	71.0	70.1	65.3	66.4	64.4	64.0	68.5	68.5
Unrestricted Funds (000's)	\$185,762	\$182,518	\$183,138	\$178,653	\$183,624	\$179,987	\$176,827	\$168,012	\$204,886	\$196,335	\$240,319	\$222,873	\$207,438	\$207,438

## Debt & Other Indicators

Debt Service Coverage (MADs)	2.57	2.54	2.37	2.23	2.67	2.71	2.06	2.01	2.40	2.50	2.80	0.70	0.50	0.50
Discharges (Monthly)	2,442	2,276	2,203	2,293	2,285	2,283	2,144	2,142	2,299	2,299	2,334	2,498	2,447	2,473
Adj Discharges (Case mix adj)	7,884	7,580	7,417	7,743	7,344	7,228	7,111	6,827	7,226	7,616	7,438	8,455	8,215	8,333
Adjusted patient Days (Mo.)	26,289	24,516	24,321	24,447	24,965	25,976	24,096	25,597	24,634	25,435	24,398	26,023	26,419	26,221
Cost/Adj Discharge	\$9.1	\$9.0	\$9.5	\$9.1	\$9.6	\$10.2	\$10.3	\$11.0	\$10.4	\$10.0	\$9.7	\$8.8	\$9.4	\$18.1
Compensation Ratio	75%	75%	82%	78%	77%	76%	74%	77%	74%	74%	67%	75%	73%	74%

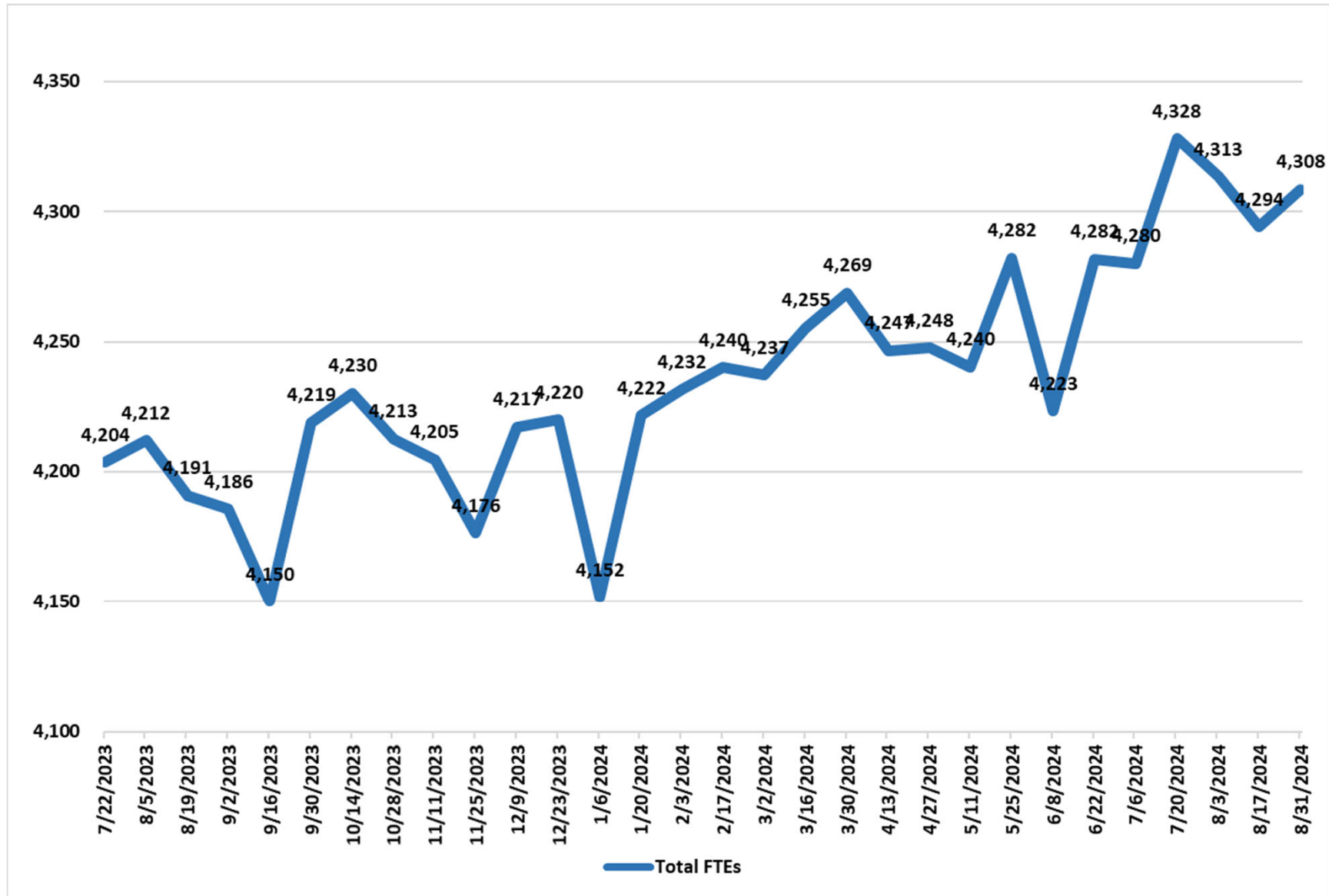
# Month of August - Budget Variances

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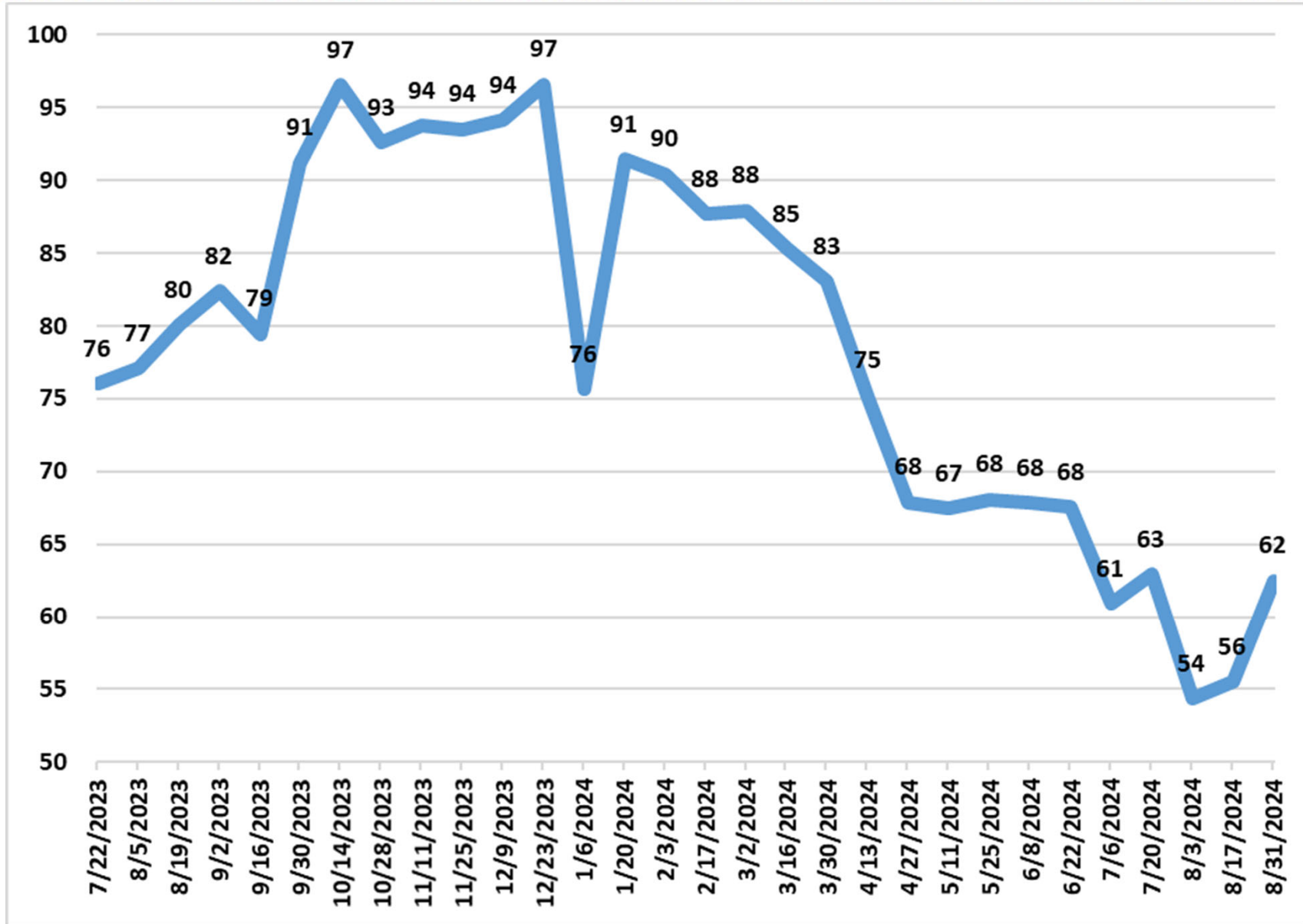
- **Net Patient Service Revenue:** In August, net patient revenue was slightly under budget by \$1.3M (2.6%) due to overall volumes and lower acuity.
- **Other Revenue:** The negative \$258K variance in other revenue in August is due to slightly less revenue relating to the SRCC medical oncology related retail pharmacy revenue.
- **Medical & Other Supply Expense:** The favorable \$1.2M variance is due to pharmacy cost being lower than budget due to Medical Oncology infusion and retail pharmacy volume being lower than anticipated.



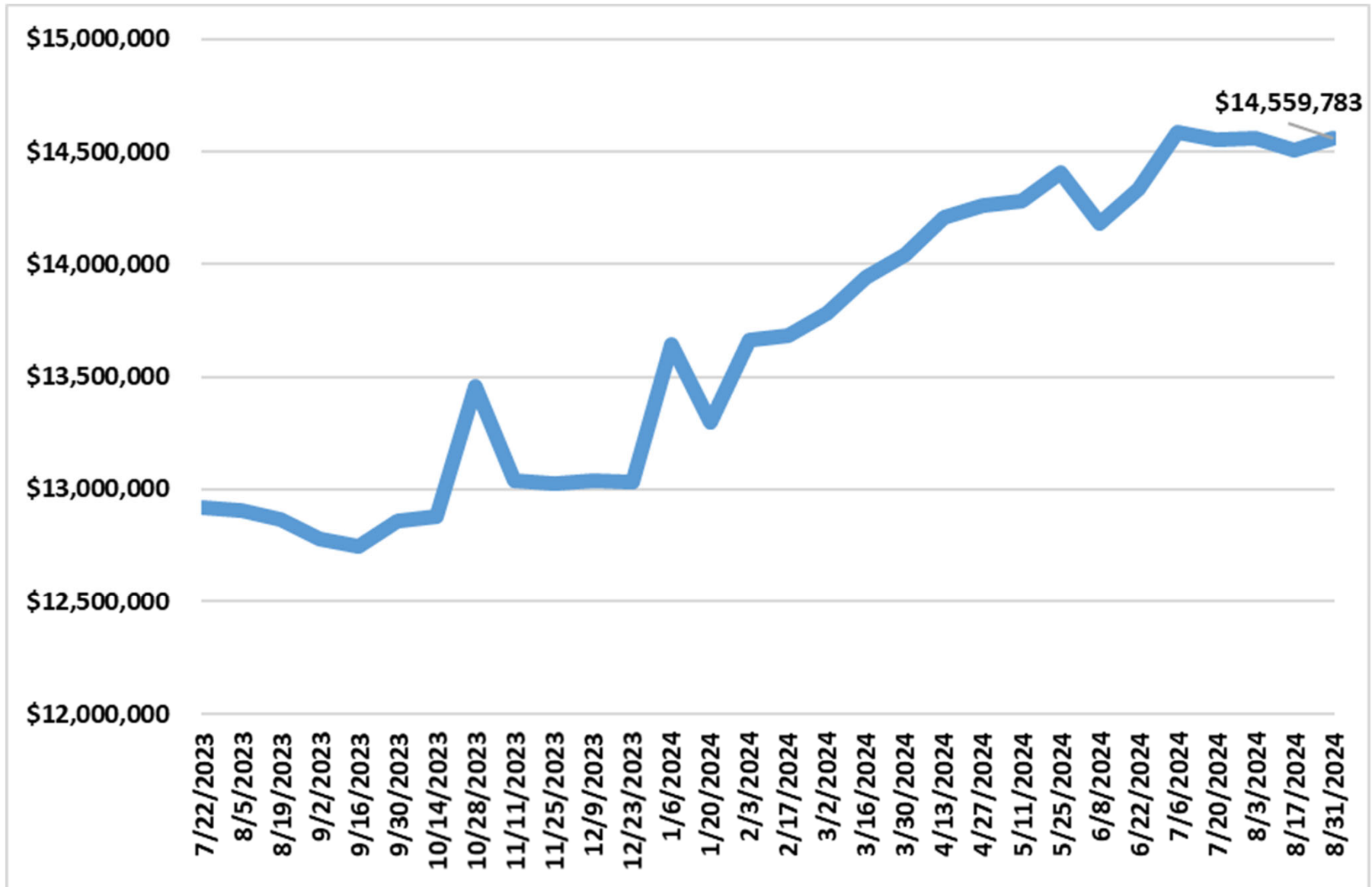
# Total FTEs (includes Contract Labor)



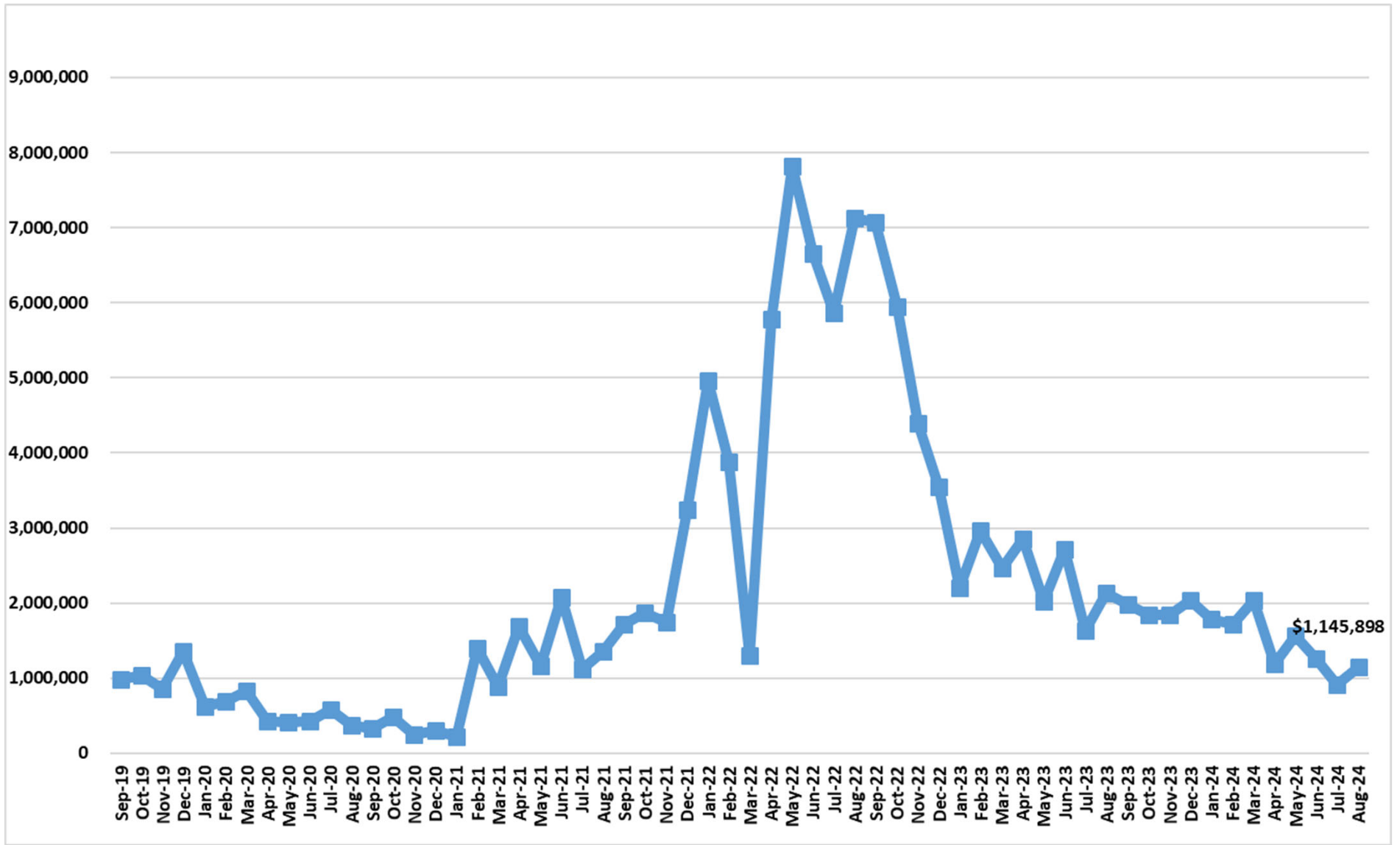
# Contract Labor Full Time Equivalents (FTEs)



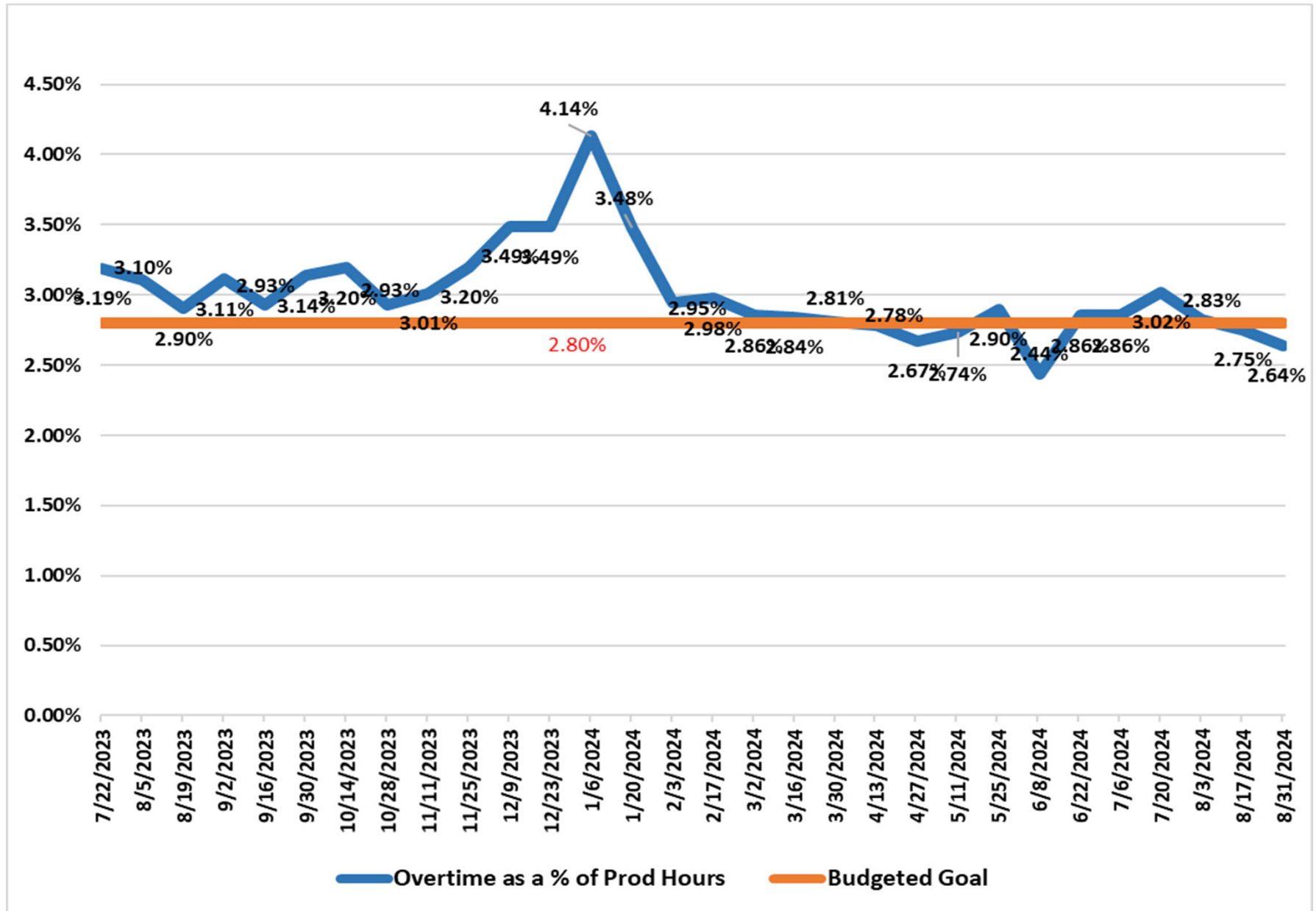
# Total Payroll: excludes contract labor and PTO cash out



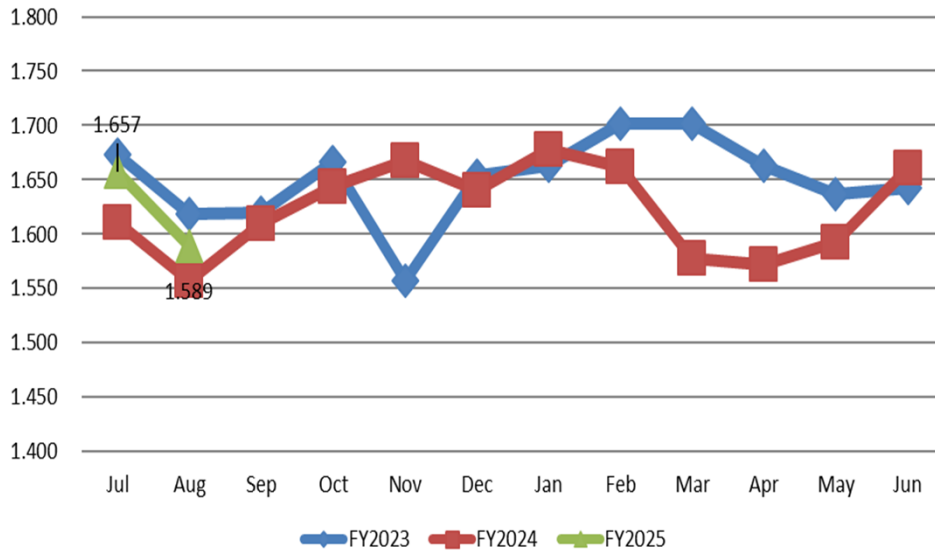
# Contract Labor Expense



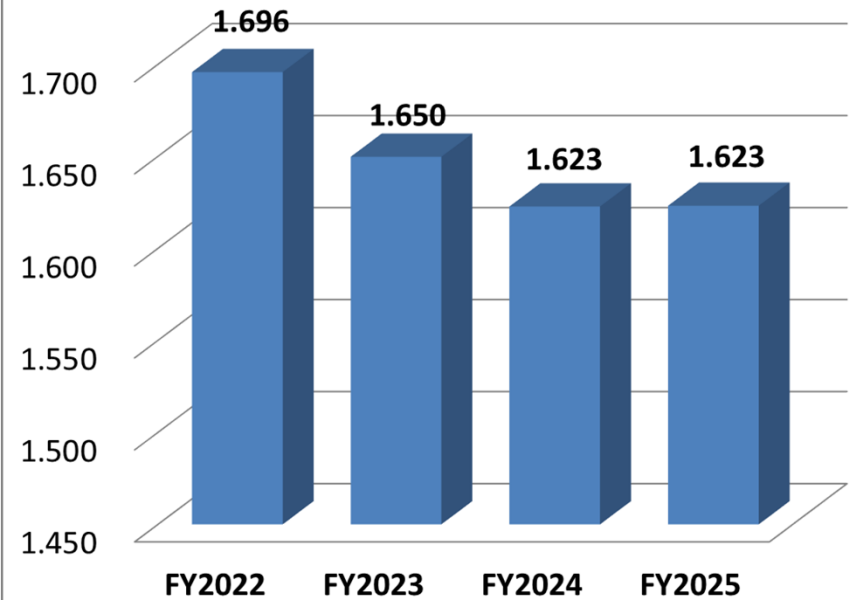
# Overtime as a % of Productive Hours



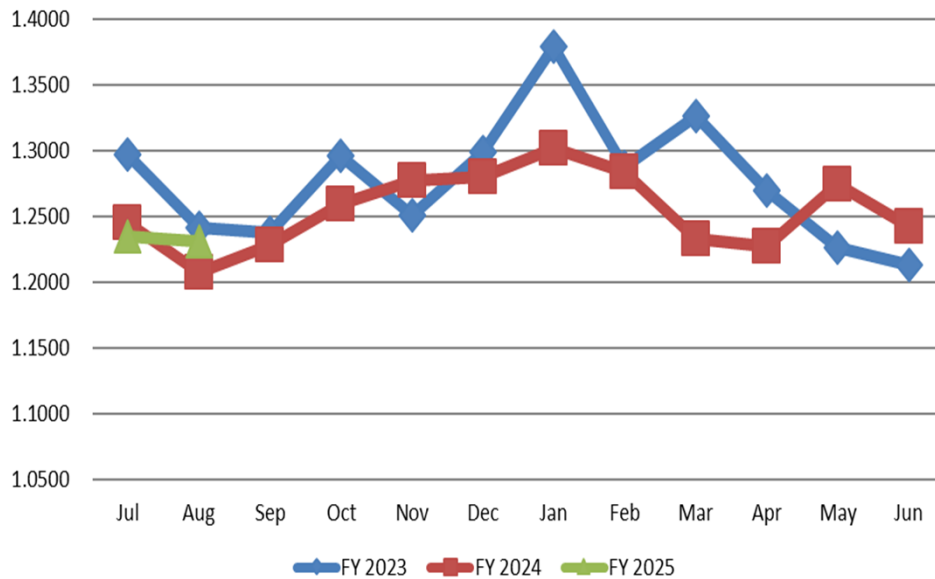
**Case Mix Index w/o Normal Newborns**



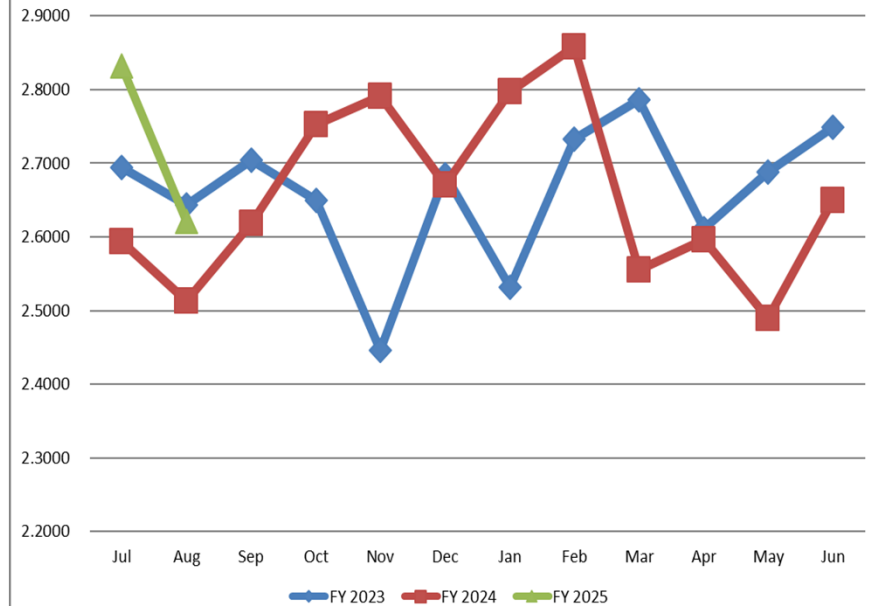
**Case Mix Index w/o Normal Newborns - All**



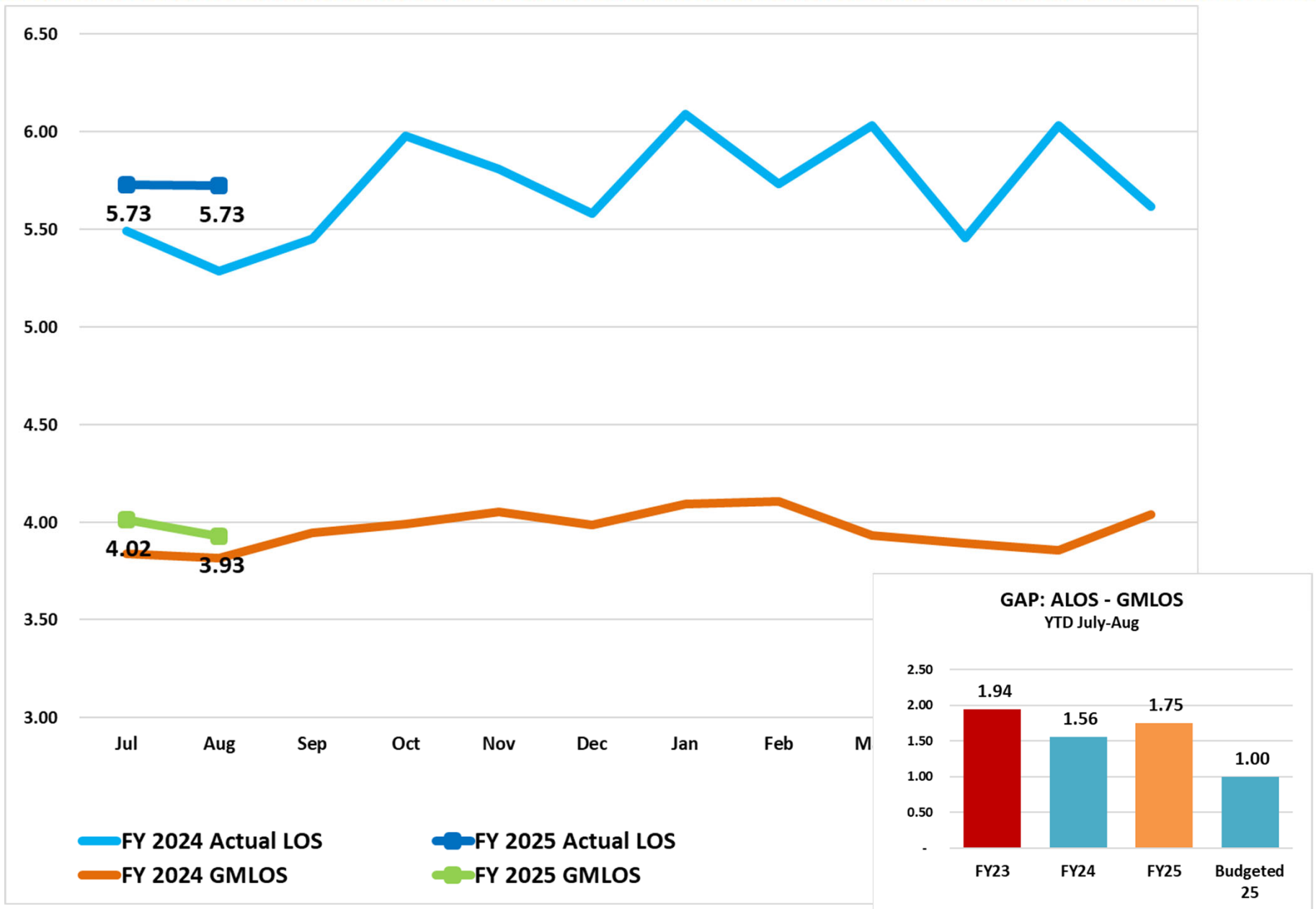
**Case Mix **Medical** w/o Normal Newborns**



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



# Average Length of Stay versus National Average (GMLOS)



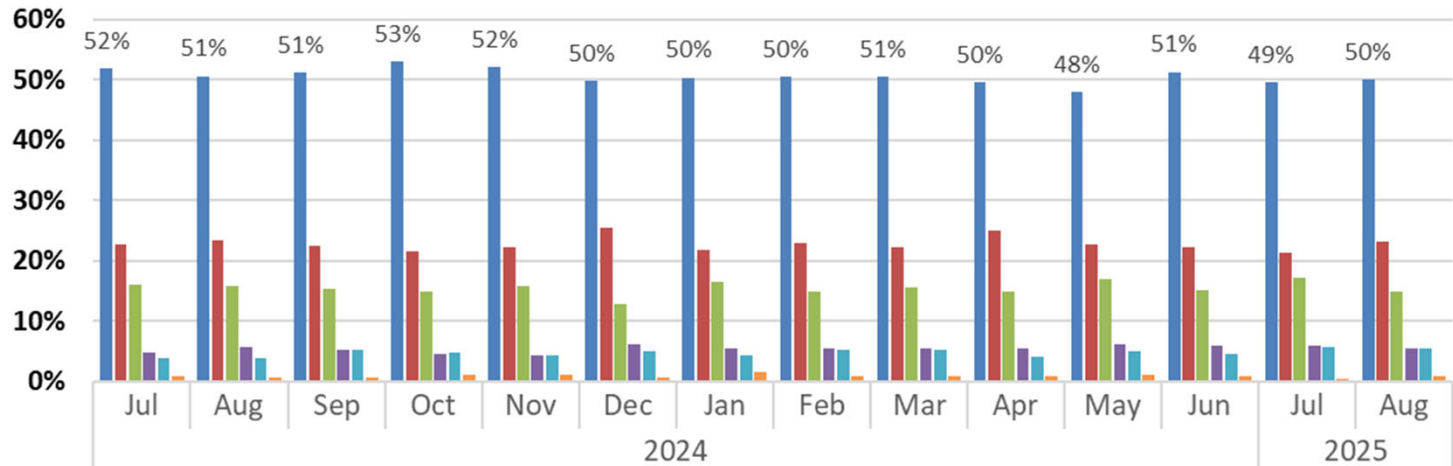
## Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients		
	ALOS	GMLOS	GAP
Aug-22	5.96	3.94	2.02
Sep-22	6.57	4.02	2.55
Oct-22	5.84	3.98	1.86
Nov-22	5.94	3.78	2.16
Dec-22	6.14	4.02	2.12
Jan-23	6.82	4.06	2.76
Feb-23	6.56	4.09	2.47
Mar-23	5.69	3.99	1.70
Apr-23	5.34	3.99	1.35
May-23	5.37	3.94	1.43
Jun-23	5.39	3.90	1.49
Jul-23	5.49	3.84	1.65
Aug-23	5.29	3.82	1.47
Sep-23	5.45	3.95	1.50
Oct-23	5.98	3.99	1.99
Nov-23	5.81	4.05	1.76
Dec-23	5.58	3.99	1.59
Jan-24	6.09	4.10	1.99
Feb-24	5.73	4.11	1.63
Mar-24	6.03	3.94	2.10
Apr-24	5.46	3.90	1.56
May-24	6.03	3.86	2.17
Jun-24	5.62	4.04	1.57
Jul-24	5.73	4.02	1.71
Aug-24	5.73	3.93	1.80
<b>Average</b>	<b>5.83</b>	<b>3.97</b>	<b>1.86</b>



# Average Length of Stay Distribution

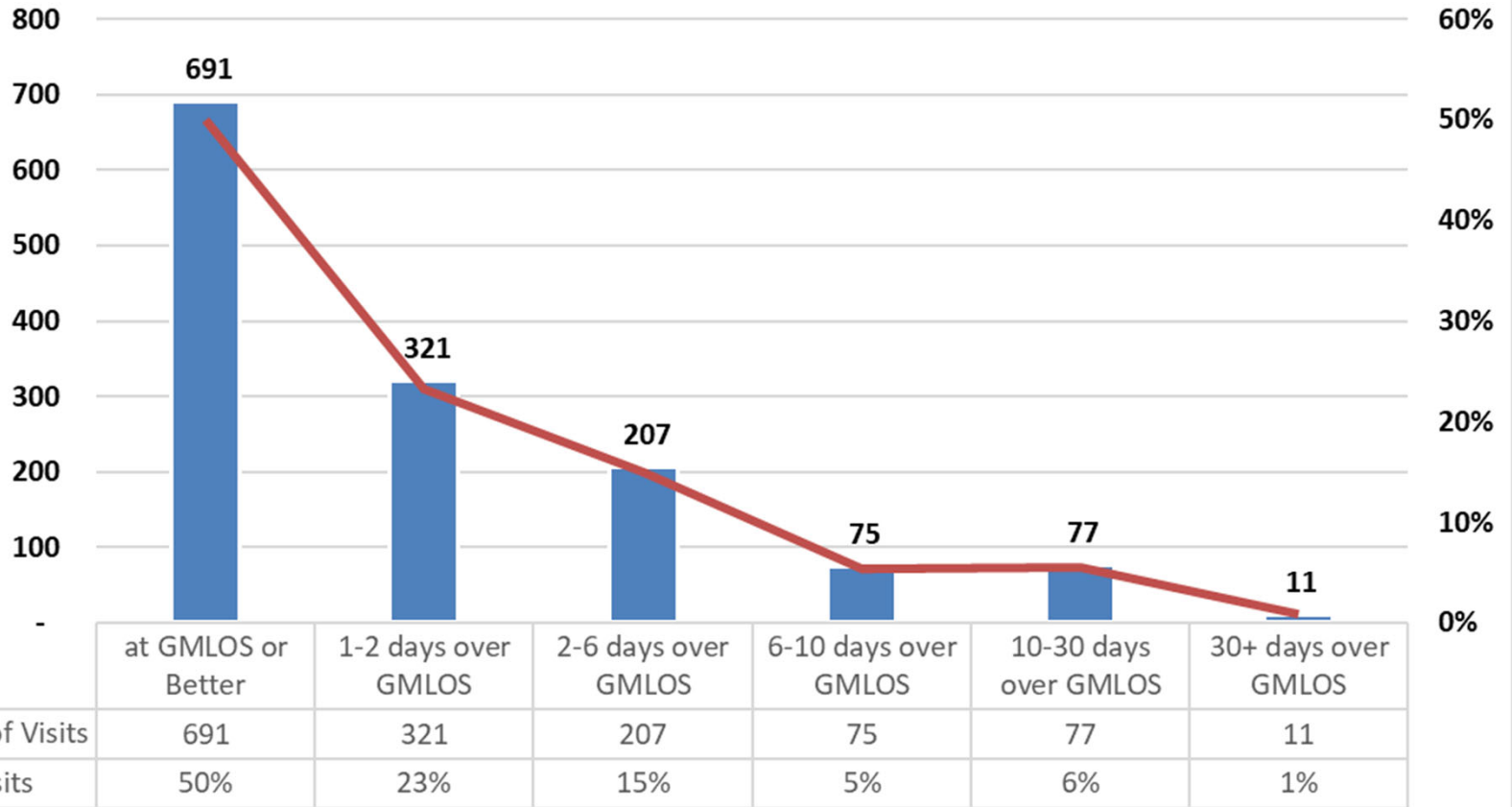
## FY25 Overall LOS Distribution



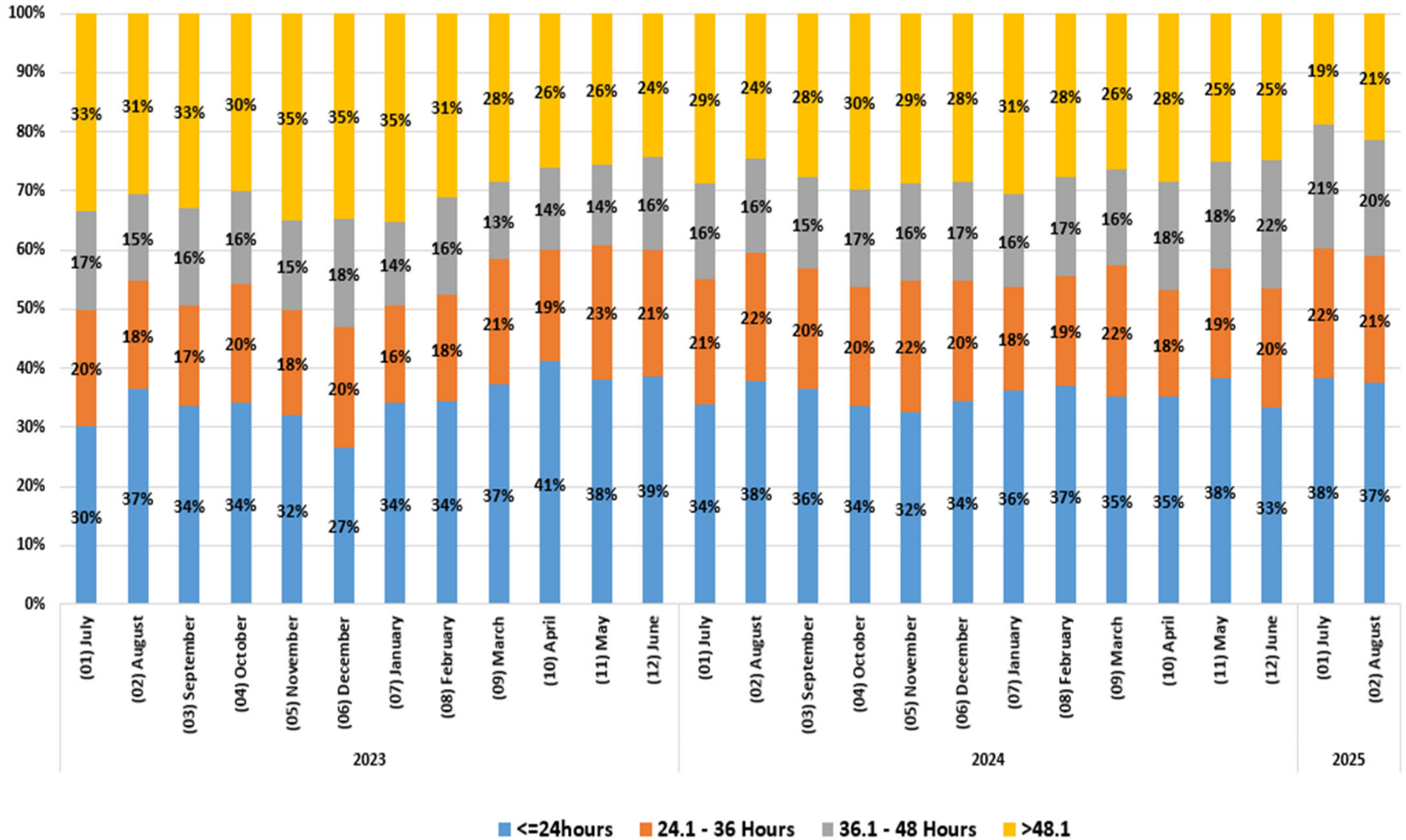
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
at GMLOS or Better	52%	51%	51%	53%	52%	50%	50%	50%	51%	50%	48%	51%	49%	50%
1-2 days over GMLOS	23%	23%	23%	22%	22%	26%	22%	23%	22%	25%	23%	22%	21%	23%
2-6 days over GMLOS	16%	16%	15%	15%	16%	13%	16%	15%	16%	15%	17%	15%	17%	15%
6-10 days over GMLOS	5%	6%	5%	5%	4%	6%	6%	6%	5%	5%	6%	6%	6%	5%
10-30 days over GMLOS	4%	4%	5%	5%	4%	5%	4%	5%	5%	4%	5%	5%	6%	6%
30+ days over GMLOS	0.9%	0.8%	0.6%	1.1%	1.2%	0.7%	1.5%	1.0%	0.9%	0.9%	1.2%	0.8%	0.5%	0.8%

# Length of Stay Distribution

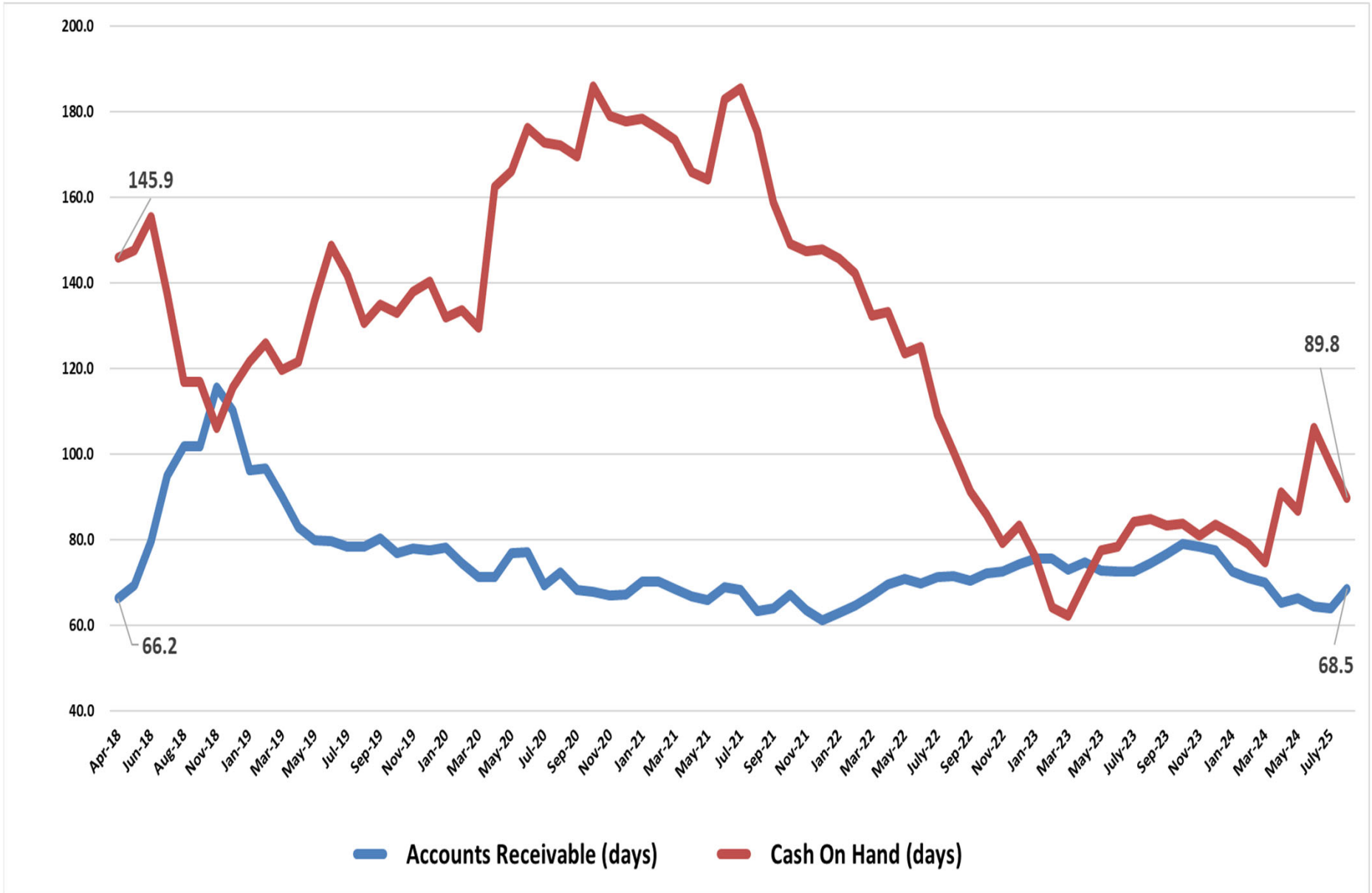
## Aug FY 2025 Overall LOS Distribution



# Monthly Discharges of Observation Patients by their Length of Stay



# Trended Liquidity Ratios



# Ratio Analysis Report

	Current	Prior	June 30,	2022 Moody's		
	Month	Month	2024	Median Benchmark		
	Value	Value	Unaudited	Aa	A	Baa
	Value	Value	Value			
<b>LIQUIDITY RATIOS</b>						
Current Ratio (x)	2.5	2.5	2.4	1.5	<b>1.8</b>	1.7
Accounts Receivable (days)	68.5	64.0	64.4	48.7	<b>48</b>	43.8
Cash On Hand (days)	89.8	97.4	106.1	276.5	<b>206.5</b>	157.6
Cushion Ratio (x)	9.5	10.1	10.8	44.3	<b>24.9</b>	17.3
Average Payment Period (days)	51.8	49.9	54.6	79	<b>66.7</b>	68.1
<b>CAPITAL STRUCTURE RATIOS</b>						
Cash-to-Debt	93.9%	99.8%	107.6%	259.9%	<b>173.7%</b>	128.6%
Debt-To-Capitalization	35.0%	34.8%	34.7%	23.4%	<b>31.8%</b>	37.5%
Debt-to-Cash Flow (x)	19.1	18.1	3.6	2.8	<b>3.6</b>	5
Debt Service Coverage	0.5	0.7	3.5	6.1	<b>4.5</b>	2.8
Maximum Annual Debt Service						
Coverage (x)	0.7	0.6	2.8	5.9	<b>3.8</b>	2.4
Age Of Plant (years)	13.9	13.8	13.3	11.4	<b>12.8</b>	13.7
<b>PROFITABILITY RATIOS</b>						
Operating Margin	(5.0%)	(5.3%)	0.4%	1.5%	<b>0.1%</b>	(2.1%)
Excess Margin	(3.5%)	(3.5%)	2.0%	4.8%	<b>2.7%</b>	(.3%)
Operating Cash Flow Margin	0.2%	0.1%	5.7%	6.1%	<b>5.6%</b>	3.6%
Return on Assets	(3.5%)	(3.5%)	2.0%	3.3%	<b>1.9%</b>	(.3%)

# Consolidated Statements of Net Position (000's)

	Aug-24	Jun-24
	(Unaudited)	
<b>ASSETS AND DEFERRED OUTFLOWS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 6,919	\$ 20,643
Current Portion of Board designated and trusted assets	14,880	13,919
Accounts receivable:		
Net patient accounts	139,689	138,856
Other receivables	20,379	25,412
	160,068	164,268
Inventories	14,090	13,738
Medicare and Medi-Cal settlements	98,384	77,210
Prepaid expenses	11,806	8,398
Total current assets	306,147	298,176
<b>NON-CURRENT CASH AND INVESTMENTS -</b>		
less current portion		
Board designated cash and assets	195,407	211,916
Revenue bond assets held in trust	19,403	19,326
Assets in self-insurance trust fund	830	482
Total non-current cash and investments	215,639	231,724
<b>INTANGIBLE RIGHT TO USE LEASE,</b>	13,495	10,480
net of accumulated amortization		
<b>INTANGIBLE RIGHT TO USE SBITA,</b>	11,416	12,153
net of accumulated amortization		
<b>CAPITAL ASSETS</b>		
Land	17,542	20,544
Buildings and improvements	428,209	428,209
Equipment	334,529	334,316
Construction in progress	24,689	15,683
	804,969	798,752
Less accumulated depreciation	517,031	512,107
	287,938	286,645
<b>OTHER ASSETS</b>		
Property not used in operations	4,480	1,485
Health-related investments	2,284	1,637
Other	17,297	17,120
Total other assets	24,061	20,242
Total assets	858,697	859,419
<b>DEFERRED OUTFLOWS</b>	36,496	37,845
<b>Total assets and deferred outflows</b>	<b>\$ 895,193</b>	<b>\$ 897,264</b>

# Consolidated Statements of Net Position (000's)

	Aug-24	Jun-24
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 31,720	\$ 33,886
Accrued payroll and related liabilities	62,515	61,037
SBITA liability, current portion	4,146	4,146
Lease liability, current portion	2,248	2,123
Bonds payable, current portion	10,374	12,585
Notes payable, current portion	9,850	9,850
Total current liabilities	120,852	123,627
<b>LEASE LIABILITY, net of current portion</b>	11,521	8,636
<b>SBITA LIABILITY, net of current portion</b>	5,094	5,846
<b>LONG-TERM DEBT, less current portion</b>		
Bonds payable	214,700	214,713
Notes payable	20,750	20,750
Total long-term debt	235,450	235,463
<b>NET PENSION LIABILITY</b>	49,324	49,236
<b>OTHER LONG-TERM LIABILITIES</b>	37,035	36,107
Total liabilities	459,276	458,914
<b>NET ASSETS</b>		
Invested in capital assets, net of related debt	62,864	66,425
Restricted	54,254	52,030
Unrestricted	318,799	319,895
Total net position	435,917	438,350
Total liabilities and net position	<b>\$ 895,194</b>	<b>\$ 897,264</b>

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**Aug 31, 2024**

<u>Board designated funds</u>	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIF		4.58	Various		20,552,371	
CAMP		5.41	CAMP		42,564,441	
Allspring		4.88	Money market		109,214	
PFM		4.88	Money market		596,569	
Allspring	13-Sep-24	0.60	MTN-C	Caterpillar Finl Mtn	500,000	
Allspring	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	650,000	
PFM	1-Nov-24	0.57	Municipal	Mississippi ST	300,000	
Allspring	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	600,000	
Allspring	6-Dec-24	2.15	MTN-C	Branch Banking Trust	1,300,000	
Allspring	15-Dec-24	1.00	U.S. Govt Agency	US Treasury Bill	550,000	
Allspring	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000	
Allspring	15-Jan-25	1.13	U.S. Govt Agency	US Treasury Bill	3,300,000	
Allspring	21-Jan-25	2.05	MTN-C	US Bank NA	1,400,000	
PFM	7-Feb-25	1.88	MTN-C	National Rural Mtn	125,000	
Allspring	7-Mar-25	2.13	MTN-C	Deere John Mtn	550,000	
American Business Bank	20-Mar-25	4.50	CD	American Business Bank	235,500	
CalPrivate Bank	20-Mar-25	4.50	CD	CalPrivate Bank	235,500	
Citizens National Bank of Texas	20-Mar-25	4.50	CD	Citizens National Bank of Texas	235,500	
Community Bank of the Day	20-Mar-25	4.50	CD	Community Bank of the Day	203,034	
East West Bank	20-Mar-25	4.50	CD	East West Bank	235,500	
Farmers Bank and Trust Company	20-Mar-25	4.50	CD	Farmers Bank and Trust Company	235,500	
Frontier Bank of Texas	20-Mar-25	4.50	CD	Frontier Bank of Texas	235,500	
Optus Bank	20-Mar-25	4.50	CD	Optus Bank	198,863	
Poppy Bank	20-Mar-25	4.50	CD	Poppy Bank	235,500	
Republic Bank	20-Mar-25	4.50	CD	Republic Bank	206,240	
St. Louis Bank	20-Mar-25	4.50	CD	St. Louis Bank	235,500	
Willamette Valley Bank	20-Mar-25	4.50	CD	Willamette Valley Bank	235,500	
Optus Bank	27-Mar-25	4.50	CD	Optus Bank	22,383	
Western Alliance - CDARS	31-Mar-25	4.50	CD	Western Alliance	250,000	
Allspring	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000	
PFM	15-Apr-25	2.70	MTN-C	Home Depot Inc	65,000	
Allspring	1-May-25	0.74	Municipal	San Diego County	300,000	
Allspring	15-May-25	2.75	U.S. Govt Agency	US Treasury Bill	980,000	
PFM	15-May-25	0.93	Municipal	University Calf Ca	185,000	
Allspring	1-Jun-25	0.92	Municipal	Connecticut ST	400,000	
PFM	1-Jun-25	3.15	MTN-C	Emerson Electric Co	265,000	
Allspring	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000	
Allspring	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000	
PFM	1-Jul-25	1.26	Municipal	Florida ST	600,000	
Allspring	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000	
Allspring	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000	
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000	
PFM	15-Aug-25	0.62	ABS	Kubota Credit	11,084	
Allspring	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000	
PFM	25-Aug-25	3.75	U.S. Govt Agency	FHLMC	260,287	
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	15-Sep-25	0.36	ABS	John Deere Owner	23,852	
PFM	15-Sep-25	3.88	MTN-C	Abbott Laboratories	195,000	
Allspring	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000	
Allspring	25-Sep-25	0.98	MTN-C	Bk of America	1,300,000	
Allspring	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000	
Allspring	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000	
PFM	17-Nov-25	0.56	ABS	Kubota Credit	37,972	
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000	
PFM	15-Dec-25	0.00	ABS	Carmax Auto Owner	2,425	
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	1,395,000	
PFM	31-Jan-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	6-Feb-26	1.75	MTN-C	State Street Corp	1,000,000	
PFM	12-Feb-26	0.86	MTN-C	Goldman Sachs	205,000	
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	17-Feb-26	0.00	ABS	Carmax Auto Owner	28,106	
PFM	28-Feb-26	2.50	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000	
PFM	30-Mar-26	2.90	MTN-C	State Street Corp	420,000	
Allspring	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000	
PFM	31-Mar-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	2-Apr-26	3.38	MTN-C	Bank of America	250,000	
PFM	19-Apr-26	3.50	MTN-C	Bank of America	295,000	
Allspring	21-Apr-26	4.75	MTN-C	Morgan Stanley	1,000,000	
Allspring	25-Apr-26	3.91	MTN-C	Wells Fargo co	800,000	
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,435,000	
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000	
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000	
PFM	31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000	
PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	152,600	
Allspring	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000	
Allspring	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000	
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	990,000	
Allspring	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000	
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000	
PFM	7-Jul-26	5.25	ABS	American Honda Mtn	145,000	
PFM	8-Jul-26	3.05	MTN-C	Walmart INC	205,000	
PFM	17-Jul-26	5.08	MTN-C	Cooperatieve CD	400,000	
PFM	20-Jul-26	0.00	ABS	Honda Auto Rec Own	99,143	
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	880,000	



**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**Aug 31, 2024**

PFM	7-Aug-26	5.45	MTN-C	Wells Fargo Bank Na	545,000
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	800,000
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000
PFM	18-Sep-26	5.61	MTN-C	Natixis Ny	405,000
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	2,210,000
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	1-Oct-26	2.95	MTN-C	JP Morgan	415,000
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000
PFM	1-Nov-26	4.76	Municipal	California St Univ	125,000
PFM	4-Nov-26	0.02	MTN-C	American Express Co	445,000
PFM	13-Nov-26	5.60	MTN-C	National Rural Mtn	160,000
PFM	15-Nov-26	3.55	MTN-C	Lockheed Martin	203,000
Allspring	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	2,000,000
Allspring	4-Dec-26	5.49	MTN-C	Citibank N A	1,000,000
PFM	11-Jan-27	1.70	MTN-C	Deere John Mtn	220,000
Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000
PFM	15-Jan-27	1.95	MTN-C	Target Corp	330,000
PFM	26-Feb-27	4.80	MTN-C	Cisco Sys	260,000
PFM	15-Mar-27	6.03	MTN-C	Daimler Trucks	325,000
PFM	18-Mar-27	4.99	MTN-C	State Street Corp	335,000
PFM	25-Mar-27	3.22	U.S. Govt Agency	FHLMC	575,000
PFM	30-Mar-27	4.80	MTN-C	Hormel Food Corp	115,000
PFM	15-Apr-27	0.00	ABS	Carmax Auto Owner	488,241
PFM	15-Apr-27	2.50	MTN-C	Home Depot Inc	220,000
Allspring	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	970,000
PFM	30-Apr-27	0.50	U.S. Govt Agency	US Treasury Bill	250,000
PFM	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	800,000
PFM	13-May-27	5.00	MTN-C	Paccar Financial Mtn	95,000
PFM	15-May-27	2.38	U.S. Govt Agency	US Treasury Bill	925,000
PFM	15-May-27	1.70	MTN-C	IBM Corp	230,000
PFM	15-May-27	3.70	MTN-C	Unitedhealth Group	85,000
PFM	17-May-27	4.14	ABS	Capital One Prime	239,810
Allspring	21-May-27	5.41	MTN-C	Goldman Sachs	1,100,000
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St	1,000,000
PFM	26-Jul-27	4.60	MTN-C	Blackrock Funding	185,000
PFM	30-Jul-27	4.65	MTN-C	Honeywell	185,000
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000
PFM	15-Aug-27	2.25	U.S. Govt Agency	US Treasury Bill	190,000
PFM	31-Aug-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Allspring	1-Oct-27	4.66	Municipal	San Francisco Ca	1,000,000
PFM	31-Oct-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Allspring	15-Nov-27	5.49	ABS	Nissan Auto Lease	500,000
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	200,000
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer	310,000
Allspring	18-Jan-28	5.66	ABS	Mercedes Benz Auto	1,000,000
PFM	7-Feb-28	3.44	MTN-C	Bank New York Mellon Mtn	300,000
Allspring	16-Feb-28	4.47	MTN-C	GM Finl Consumer	1,000,000
PFM	18-Feb-28	5.41	ABS	Honda Auto	350,000
PFM	25-Feb-28	0.00	ABS	BMW Vehicle Owner	95,000
PFM	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	17-Apr-28	0.00	ABS	Hyundai Auto	115,000
PFM	17-Apr-28	5.00	MTN-C	Bank of America	525,000
Allspring	22-Apr-28	5.57	MTN-C	JP Morgan	1,100,000
PFM	30-Apr-28	3.50	U.S. Govt Agency	US Treasury Bill	750,000
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill	600,000
PFM	15-May-28	0.00	ABS	Ally Auto Rec	195,000
PFM	15-May-28	4.87	MTN-C	American Express Co	150,000
PFM	15-May-28	4.79	MTN-C	Bank of America	180,000
PFM	15-May-28	5.23	MTN-C	Ford CR Auto Owner	160,000
PFM	26-May-28	5.50	MTN-C	Morgan Stanley	280,000
PFM	31-May-28	3.63	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	16-Jun-28	5.59	ABS	GM Finl con Auto Rec	110,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	530,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	436,729
PFM	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn	120,000
PFM	25-Jul-28	4.19	U.S. Govt Agency	FNMA	540,000
PFM	15-Aug-28	5.69	MTN-C	Harley Davidson	500,000
PFM	15-Aug-28	5.90	ABS	Fifth Third Auto	385,000
PFM	25-Aug-28	0.00	U.S. Govt Agency	FHLMC	545,000
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC	545,000
PFM	15-Sep-28	5.23	MTN-C	American Express	445,000
PFM	15-Sep-28	5.16	MTN-C	Chase Issuance Trust	435,000
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC	410,000
PFM	25-Sep-28	0.00	U.S. Govt Agency	FHLMC	535,000
PFM	29-Sep-28	5.80	MTN-C	Citibank N A	535,000
PFM	30-Sep-28	4.63	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	25-Oct-28	5.80	MTN-C	Bank New York Mtn	1,000,000
PFM	25-Oct-28	0.00	U.S. Govt Agency	FHLMC	200,000
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC	300,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	775,000
Allspring	15-Nov-28	4.98	MTN-C	Bank of America	394,000
PFM	25-Nov-28	0.00	U.S. Govt Agency	FHLMC	280,000
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC	325,000
PFM	25-Dec-28	0.00	U.S. Govt Agency	FHLMC	315,000
PFM	31-Dec-28	3.75	U.S. Govt Agency	US Treasury Bill	1,200,000
PFM	31-Dec-28	1.38	U.S. Govt Agency	US Treasury Bill	500,000
PFM	16-Jan-29	4.60	MTN-C	Chase Issuance Trust	490,000
PFM	31-Jan-29	4.60	MTN-C	Paccar Financial Mtn	160,000

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
Aug 31, 2024**

PFM	8-Feb-29	4.60	MTN-C	Air products	295,000
PFM	8-Feb-29	4.60	MTN-C	Texas Instrs	370,000
PFM	15-Feb-29	4.94	MTN-C	Wells Fargo Card	560,000
PFM	20-Feb-29	4.90	MTN-C	Cummins INC	195,000
PFM	22-Feb-29	4.90	MTN-C	Bristol Myers Squibb	200,000
Allspring	26-Feb-29	5.18	ABS	BMW Vehicle Owner	1,100,000
PFM	26-Feb-29	4.85	MTN-C	Cisco Sys	225,000
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca	165,000
PFM	28-Feb-29	4.25	U.S. Govt Agency	US Treasury Bill	750,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	50,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	220,000
Allspring	15-Mar-29	0.00	abs	John Deere Owner	1,000,000
Allspring	15-Mar-29	5.38	ABS	Hyundai Auto Rec	1,000,000
PFM	25-Mar-29	5.18	U.S. Govt Agency	FHLMC	315,000
Allspring	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	225,000
PFM	4-Apr-29	4.80	MTN-C	Adobe Inc	225,000
Allspring	15-Apr-29	5.59	MTN-C	Ford CR Auto Owner	1,000,000
PFM	15-Apr-29	5.59	MTN-C	Ford CR Auto Owner	415,000
Allspring	30-Apr-29	4.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	25-May-29	4.72	U.S. Govt Agency	FHLMC	460,000
Allspring	31-May-29	4.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	20-Jun-29	5.98	MTN-C	Verizon Master Trust	1,000,000
Allspring	25-Jun-29	4.75	MTN-C	Home Depot Inc	500,000
PFM	25-Jun-29	4.75	MTN-C	Home Depot Inc	95,000
Allspring	16-Jul-29	4.65	MTN-C	American Express	1,025,000
PFM	17-Jul-29	4.50	MTN-C	Pepsico inc	280,000
PFM	25-Jul-29	4.54	U.S. Govt Agency	FHLMC	515,000
PFM	25-Jul-29	4.62	U.S. Govt Agency	FHLMC	410,000
Allspring	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	500,000
PFM	6-Aug-29	4.84	MTN-C	Citibank N A	295,000
PFM	9-Aug-29	4.55	MTN-C	Toyota Motor	195,000
PFM	14-Aug-29	4.20	MTN-C	Eli Lilly Co	65,000
PFM	1-May-27	5.41	MTN-C	Goldman Sachs	220,000
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	335,000

\$ 185,454,865

	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
<b><u>Self-insurance trust</u></b>						
Wells Fargo Bank			Money market	110900	967,173	
Wells Fargo Bank			Fixed income - L/T	152300	901,288	1,868,460
<b><u>2015A revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	545,900	545,900
<b><u>2015B revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	1,059,837	1,059,837
<b><u>2017C revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	1,679,514	1,679,514
<b><u>2020 revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	373,536	373,536
<b><u>2022 revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	769,478	769,478
<b><u>2014 general obligation bonds</u></b>						
CAMP			Interest Payment fund	152440	2,169,515	2,169,515
<b><u>Master Reserve fund</u></b>						
US Bank				142102	(1,220,137)	
US Bank				142103	20,622,982	19,402,845
<b><u>Operations</u></b>						
Wells Fargo Bank		0.16	Checking	100100	(1,796,226)	
Wells Fargo Bank		0.16	Checking	100500	7,186,587	5,390,361
<b><u>Payroll</u></b>						
Wells Fargo Bank		0.16	Checking	100200	(137,420)	
Wells Fargo Bank		0.16	Checking	100300	936,952	
Wells Fargo Bank		0.16	Checking	100300	15,905	815,437

6,205,798

**Total investments** \$ 219,529,749  
**231/328**

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
Aug 31, 2024**

**Kaweah Delta Medical Foundation**

Wells Fargo Bank	Checking	100100		<b>\$ 7,435</b>
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**Sequoia Regional Cancer Center**

Wells Fargo Bank	Checking	100500	14,004	<b>\$ 14,004</b>
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**Kaweah Delta Hospital Foundation**

Central Valley Community Checking	Investments	100100	670,973	
Various	S/T Investments	142200	5,018,105	
Various	L/T Investments	142300	12,539,997	
Various	Unrealized G/L	142400	3,261,838	
				<b>\$ 21,490,914</b>

**Summary of board designated funds:**

Plant fund:

Uncommitted plant funds			\$ 138,214,590	142100
Committed for capital			17,846,817	142100
			156,061,407	
GO Bond reserve - L/T			1,992,658	142100
401k Matching			6,222,505	142100
Cost report settlement - current	2,135,384			142104
Cost report settlement - L/T	1,312,727			142100
			3,448,111	
Development fund/Memorial fund			104,184	112300
Workers compensation - current	5,180,000			112900
Workers compensation - L/T	12,446,000			113900
			17,626,000	
			\$ 185,454,865	

**Investment summary by institution:**

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	\$ -		0.0%	-	0.0%
Cal Trust	-		0.0%	-	0.0%
CAMP	42,564,441		19.4%	42,564,441	22.2%
Local Agency Investment Fund (LAIF)	20,552,371		9.4%	20,552,371	10.7%
CAMP - GOB Tax Rev	2,169,515		1.0%	-	0.0%
Allspring	59,682,066		27.2%	1,868,460	30.2%
PFM	59,655,966		27.2%	59,655,966	31.1%
Western Alliance	250,000			250,000	0.1%
American Business Bank	235,500			235,500	0.1%
CalPrivate Bank	235,500			235,500	0.1%
Citizens National Bank of Texas	235,500			235,500	0.1%
Community Bank of the Day	203,034			203,034	0.1%
East West Bank	235,500			235,500	0.1%
Farmers Bank and Trust Company	235,500			235,500	0.1%
Frontier Bank of Texas	235,500			235,500	0.1%
Optus Bank	221,247			221,247	0.1%
Poppy Bank	235,500			235,500	0.1%
Republic Bank	206,240			206,240	0.1%
St. Louis Bank	235,500			235,500	0.1%
Willamette Valley Bank	235,500			235,500	0.1%
Wells Fargo Bank	8,074,259		3.7%	8,074,259	4.2%
Signature Bank	-		0.0%	-	0.0%
US Bank	23,831,110		10.9%	23,831,110	0.0%
<b>Total investments</b>	<b>\$ 219,529,749</b>		<b>100.0%</b>	<b>\$ 27,869,086</b>	<b>191,660,663</b>

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
Aug 31, 2024**

<b>Investment summary of surplus funds by type:</b>		<b>Investment Limitations</b>
Negotiable and other certificates of deposit	\$ 3,000,021	57,498,000 (30%)
Checking accounts	6,205,798	
Local Agency Investment Fund (LAIF)	20,552,371	75,000,000
CAMP	42,564,441	
Medium-term notes (corporate) (MTN-C)	38,407,000	57,498,000 (30%)
U.S. government agency	66,427,016	
Municipal securities	6,520,000	
Money market accounts	705,783	38,332,000 (20%)
Commercial paper	-	47,915,000 (25%)
Asset Backed Securities	7,278,232	38,332,000 (20%)
Supra-National Agency	-	57,498,000 (30%)
	<u>\$ 191,660,663</u>	

<b>Return on investment:</b>	
<b>Current month</b>	<u>2.96%</u>
<b>Year-to-date</b>	<u>3.77%</u>
<b>Prospective</b>	<u>3.32%</u>
<b>LAIF (year-to-date)</b>	<u>4.55%</u>
<b>Budget</b>	<u>2.82%</u>

<b>Fair market value disclosure for the quarter ended Jun 30, 2024 (District only):</b>	<b>Quarter-to-date</b>	<b>Year-to-date</b>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(3,245,641)
Change in unrealized gain (loss) on investments (income statement effect)	\$ -	-

<b>Investment summary of CDs:</b>	
American Business Bank	\$ 235,500
CalPrivate Bank	235,500
Citizens National Bank of Texas	235,500
Community Bank of the Day	203,034
East West Bank	235,500
Farmers Bank and Trust Company	235,500
Frontier Bank of Texas	235,500
Poppy Bank	235,500
Republic Bank	206,240
St. Louis Bank	235,500
Willamette Valley Bank	235,500
Optus Bank	221,247
Western Alliance	250,000
	<u>\$ 3,000,021</u>

<b>Investment summary of asset backed securities:</b>	
Ally Auto Rec	\$ 195,000
American Honda Mtn	145,000
BMW Vehicle Owner	1,195,000
Fifth Third Auto	385,000
Capital One Prime	239,810
Carmax Auto Owner	671,372
GM Finl con Auto Rec	110,000
Honda Auto	350,000
Honda Auto Rec Own	99,143
Hyundai Auto	115,000
Hyundai Auto Rec	1,000,000
John Deere Owner	1,023,852
Kubota Credit	49,055
Mercedes Benz Auto	1,200,000
Nissan Auto Lease	500,000
	<u>\$ 7,278,232</u>

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**Aug 31, 2024**

**Investment summary of medium-term notes (corporate):**

Abbott Laboratories	\$	195,000
Adobe Inc		225,000
American Express		1,470,000
American Express Co		595,000
Air products		295,000
Astrazeneca		165,000
Astrazeneca LP		265,000
Bank of America		1,644,000
Bank New York Mellon Mtn		300,000
Bank New York Mtn		1,000,000
Bk of America		1,300,000
Blackrock Funding		455,000
Bp Cap Mkts Amer		310,000
Branch Banking Trust		1,300,000
Bristol Myers Squibb		200,000
Chase Issuance Trust		925,000
Caterpillar Finl Mtn		1,320,000
Cisco Sys		485,000
Citibank N A		1,830,000
Cooperatieve CD		400,000
Cummins INC		195,000
Daimler Trucks		325,000
Deere John Mtn		770,000
Eli Lilly Co		65,000
Emerson Electric Co		265,000
Ford CR Auto Owner		1,575,000
GM Finl Consumer		1,000,000
Goldman Sachs		1,525,000
Harley Davidson		500,000
Home Depot Inc		880,000
Honeywell		185,000
Hormel Food Corp		115,000
IBM Corp		640,000
John Deere Mtn		620,000
JP Morgan		1,515,000
Lockheed Martin		203,000
Morgan Stanley		1,280,000
National Rural Mtn		285,000
Natixis Ny		405,000
Paccar Financial Mtn		255,000
Pepsico inc		280,000
Procter Gamble Co		1,300,000
State Street Corp		1,755,000
Target Corp		1,230,000
Texas Instrs		370,000
Toyota Motor		1,595,000
Unifedhealth Group		85,000
US Bank NA		1,400,000
Verizon Master Trust		1,000,000
Walmart INC		205,000
Wells Fargo Bank Na		545,000
Wells Fargo Card		560,000
Wells Fargo co		800,000
	<b>\$</b>	<b>38,407,000</b>

**Investment summary of U.S. government agency:**

Federal National Mortgage Association (FNMA)	\$	4,040,000
Federal Home Loan Bank (FHLB)		525,000
Federal Home Loan Mortgage Corp (FHLMC)		9,207,016
US Treasury Bill		52,655,000
	<b>\$</b>	<b>66,427,016</b>

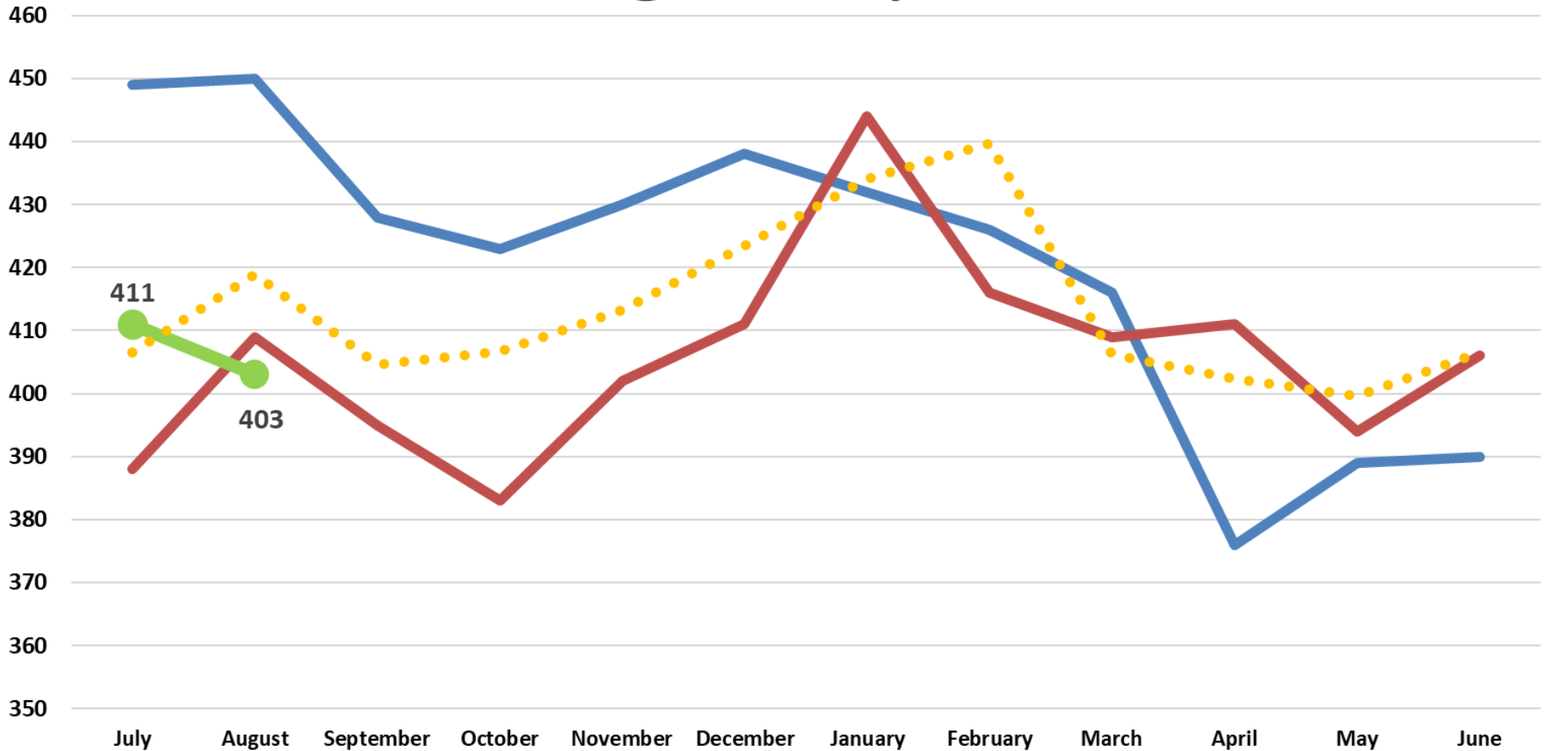
**Investment summary of municipal securities:**

Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
California St Univ		125,000
Connecticut ST		400,000
Florida ST		600,000
Los Angeles Ca		270,000
Massachusetts St		1,000,000
Mississippi ST		300,000
San Diego County		300,000
San Francisco Ca		1,000,000
San Juan Ca		190,000
Santa Cruz Ca		400,000
University Calf Ca		185,000
	<b>\$</b>	<b>6,520,000</b>

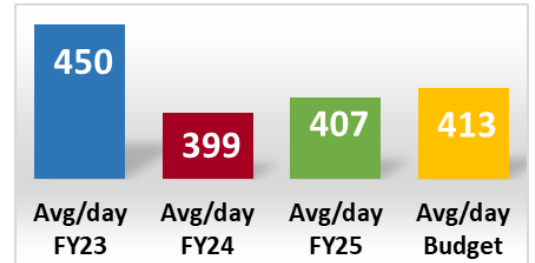
# Statistical Report

## August 2024

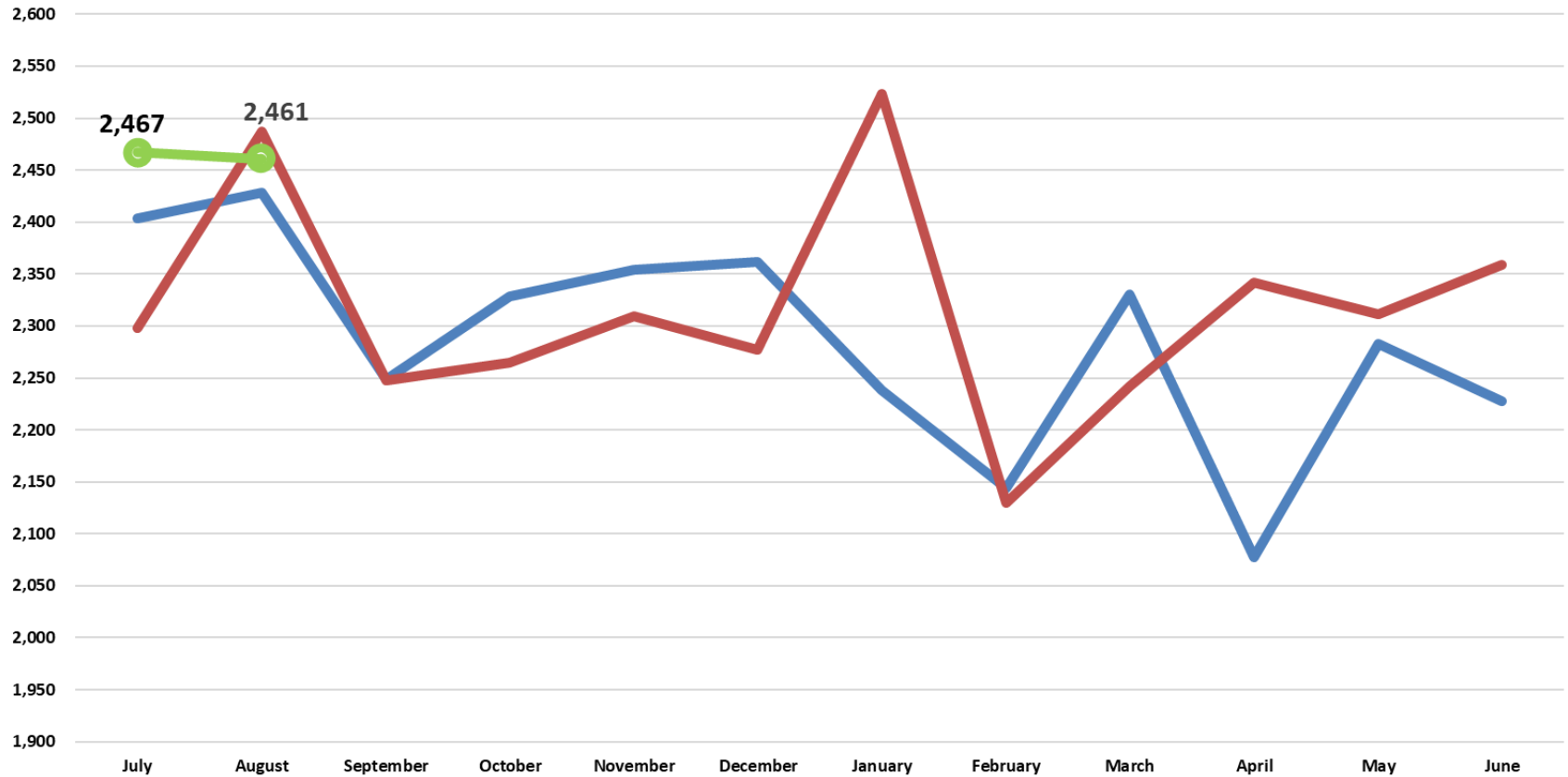
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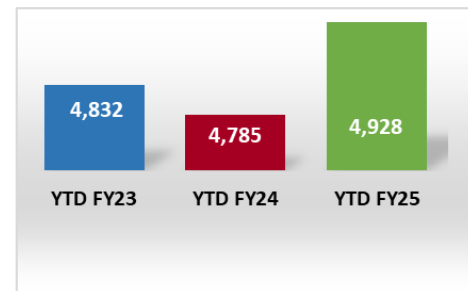
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 —●— FY2024    
 —●— FY2025    
 ●●● Budget



# Admissions

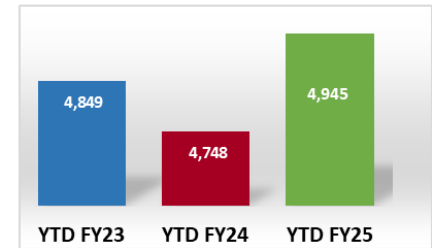
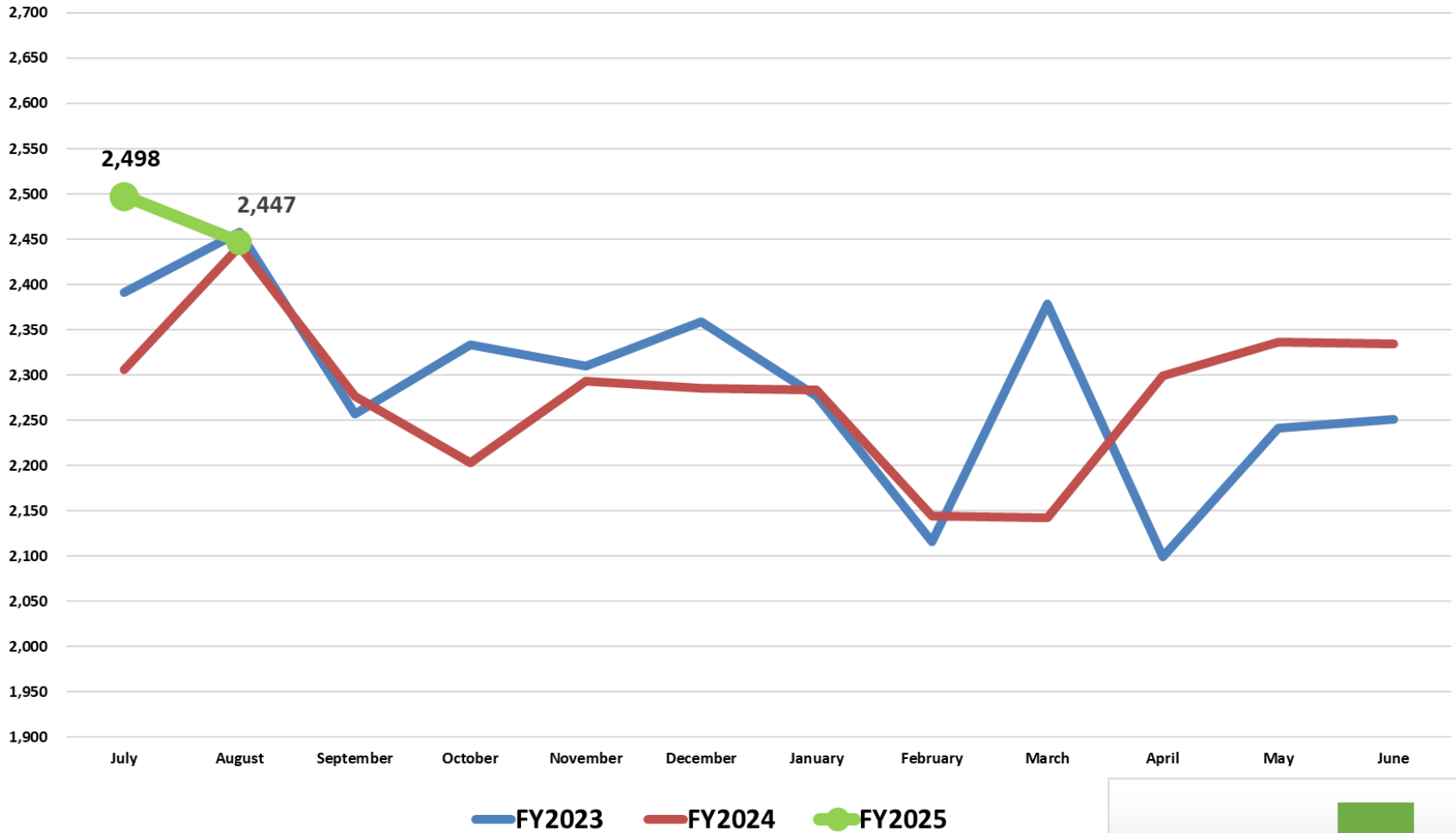


— FY2023   
 — FY2024   
 —● FY2025

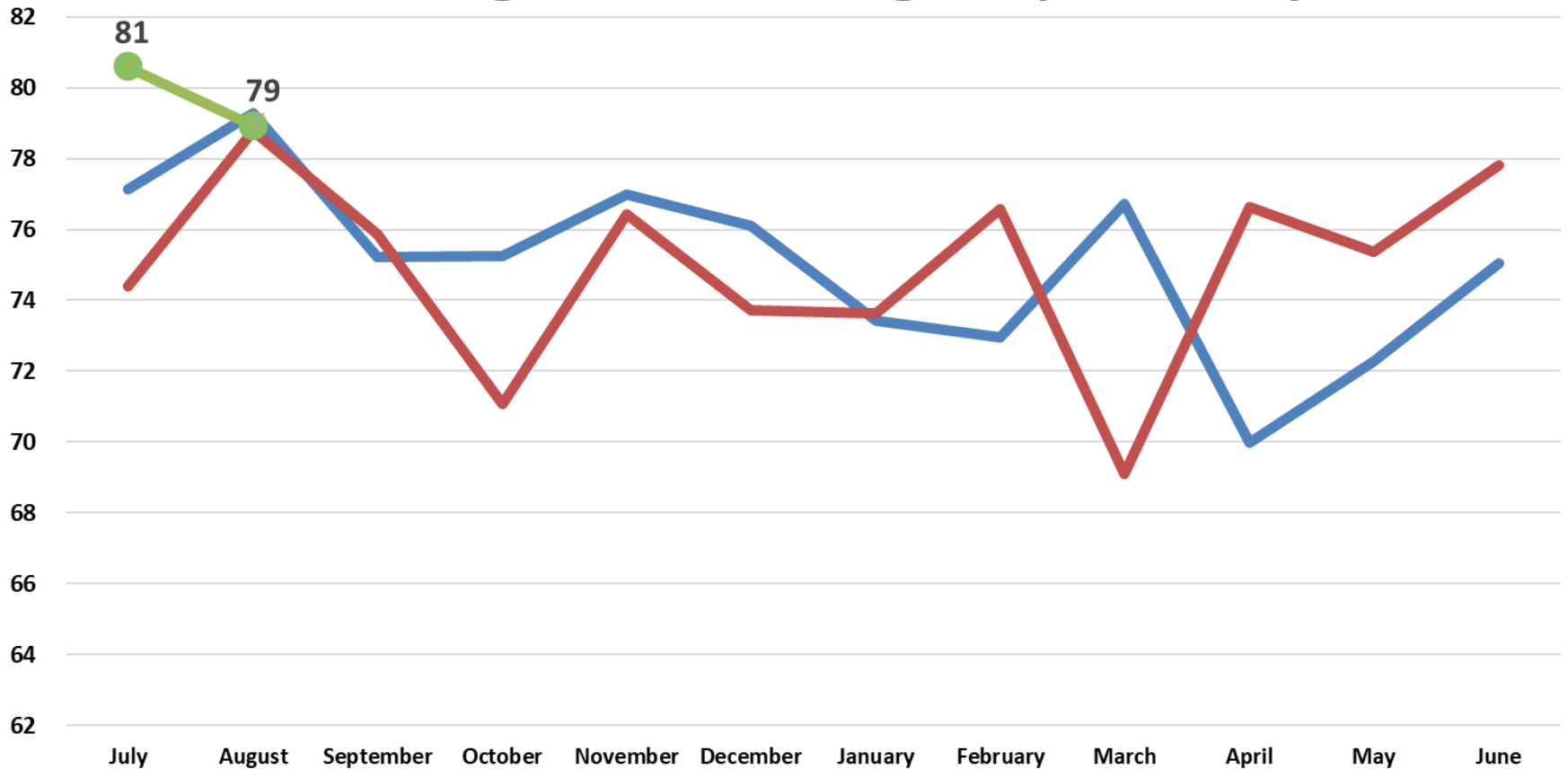




# Discharges



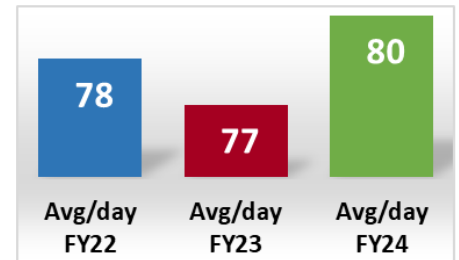
# Average Discharges per day



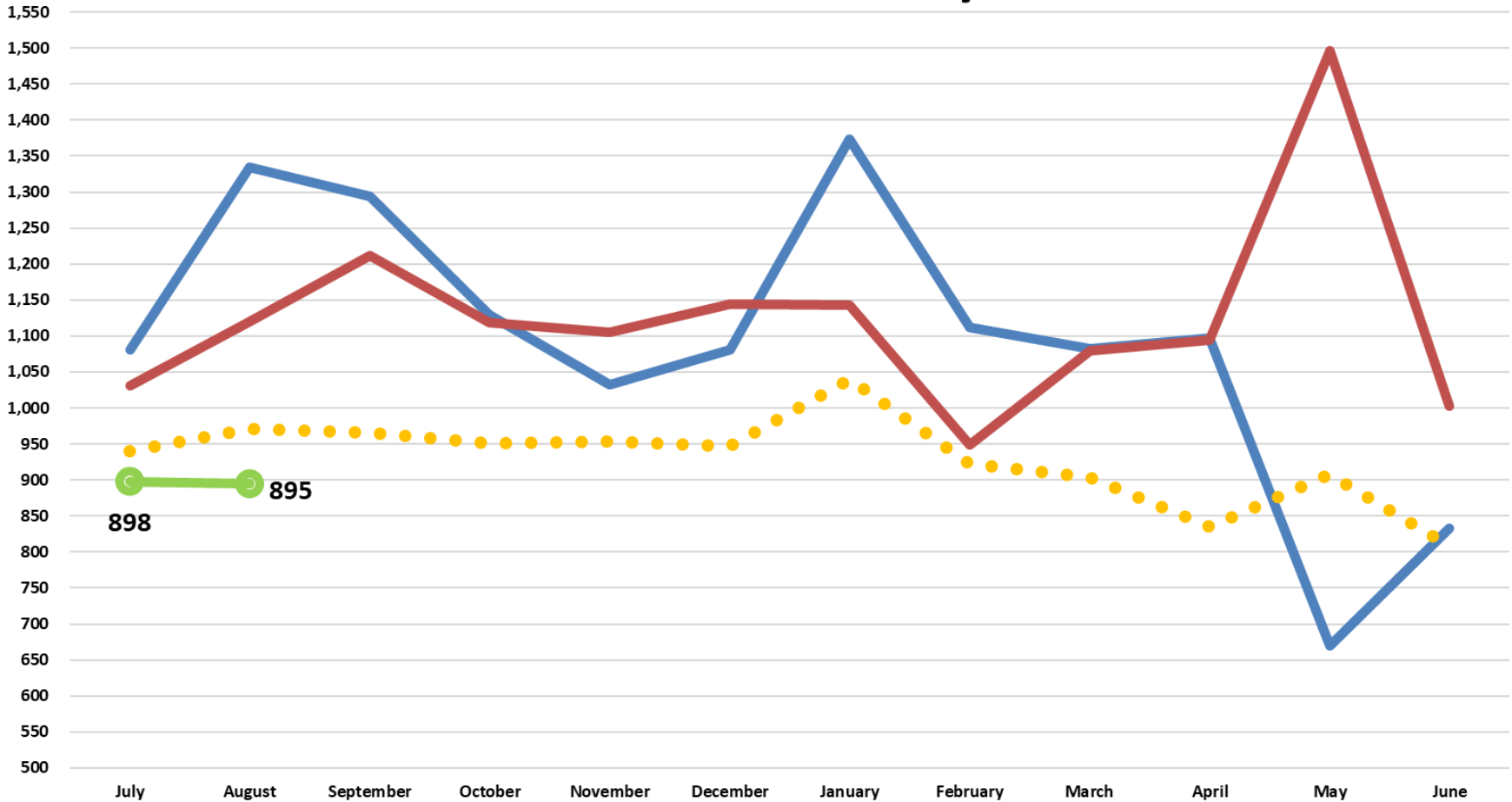
FY2023

FY2024

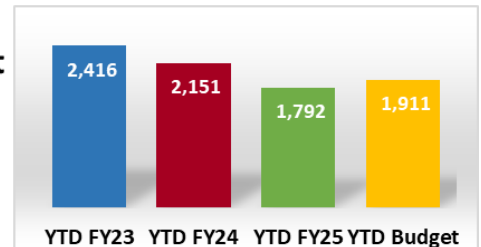
FY2025



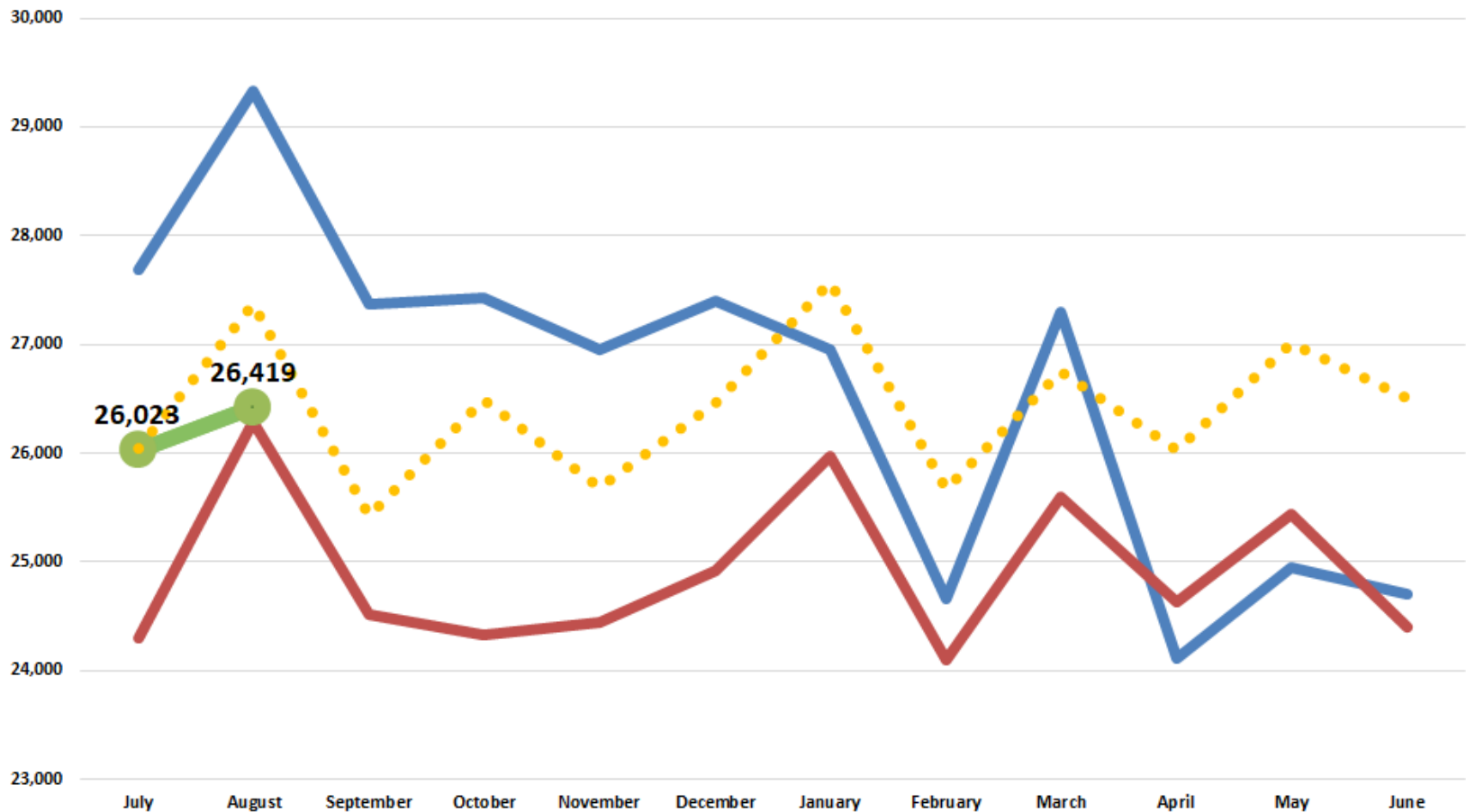
# Observation Days



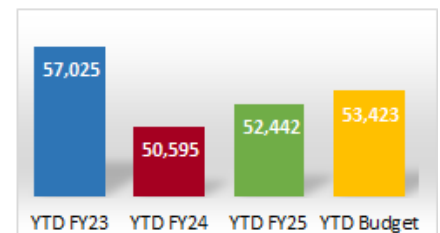
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



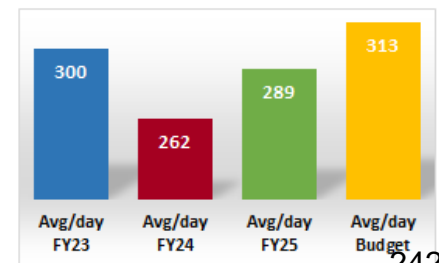
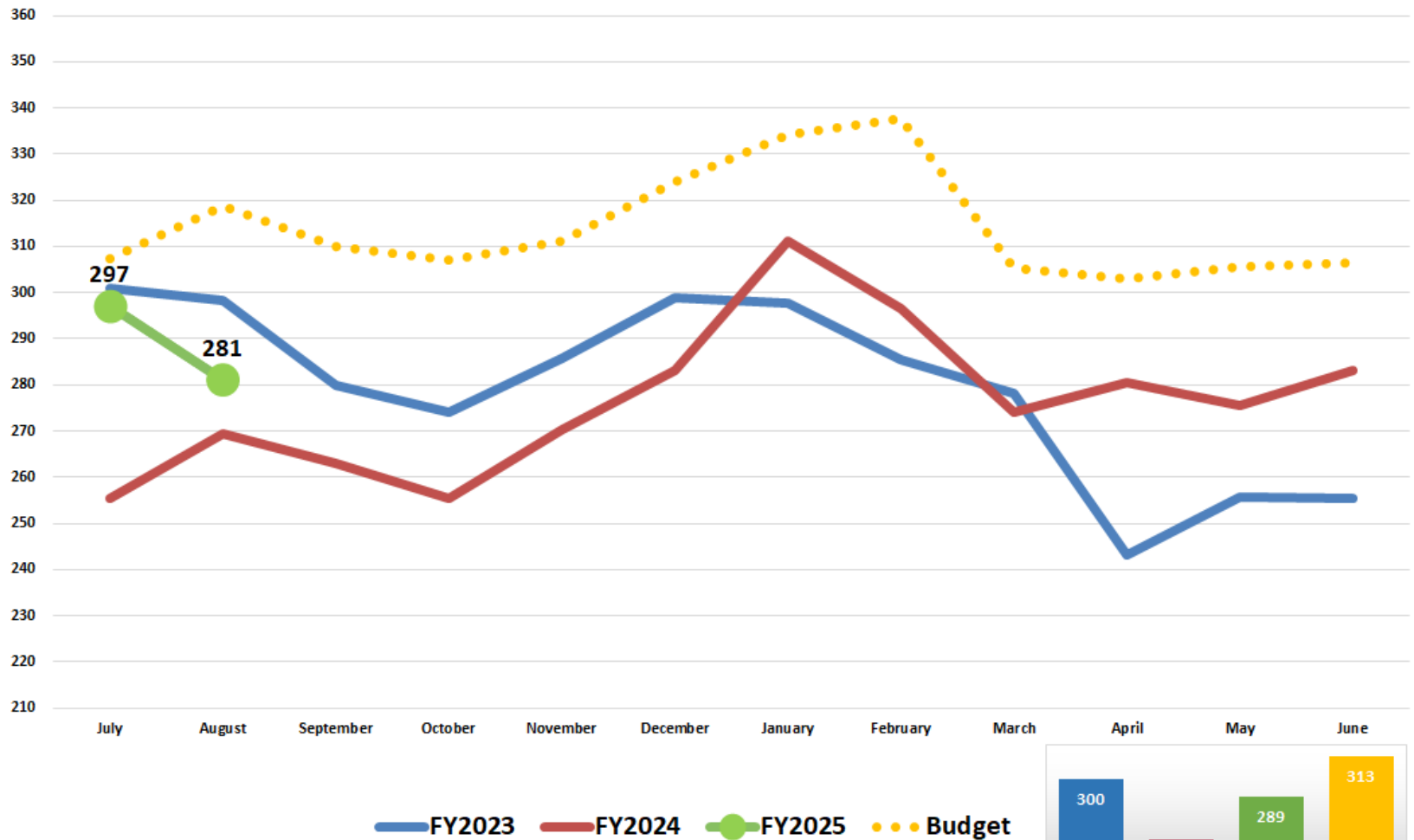
# Adjusted Patient Days



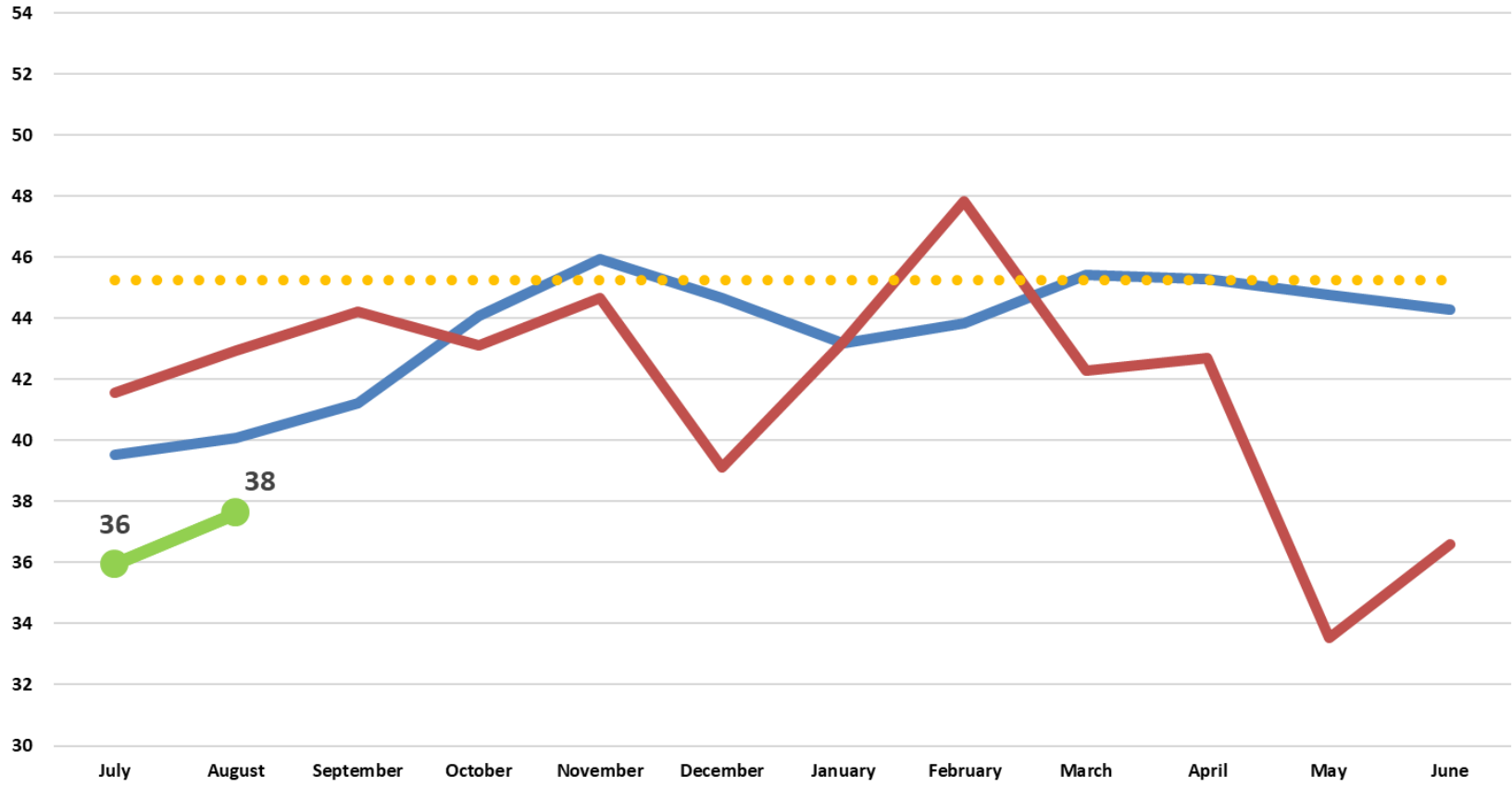
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



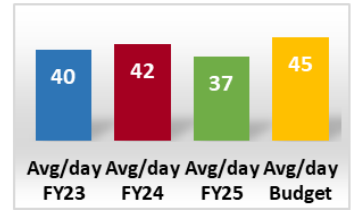
# Medical Center (Avg Patients Per Day)



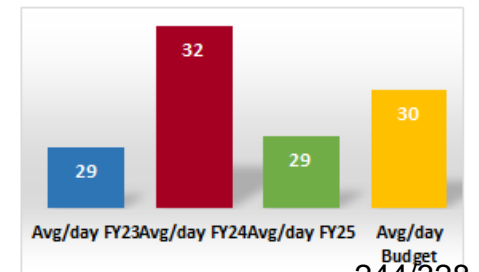
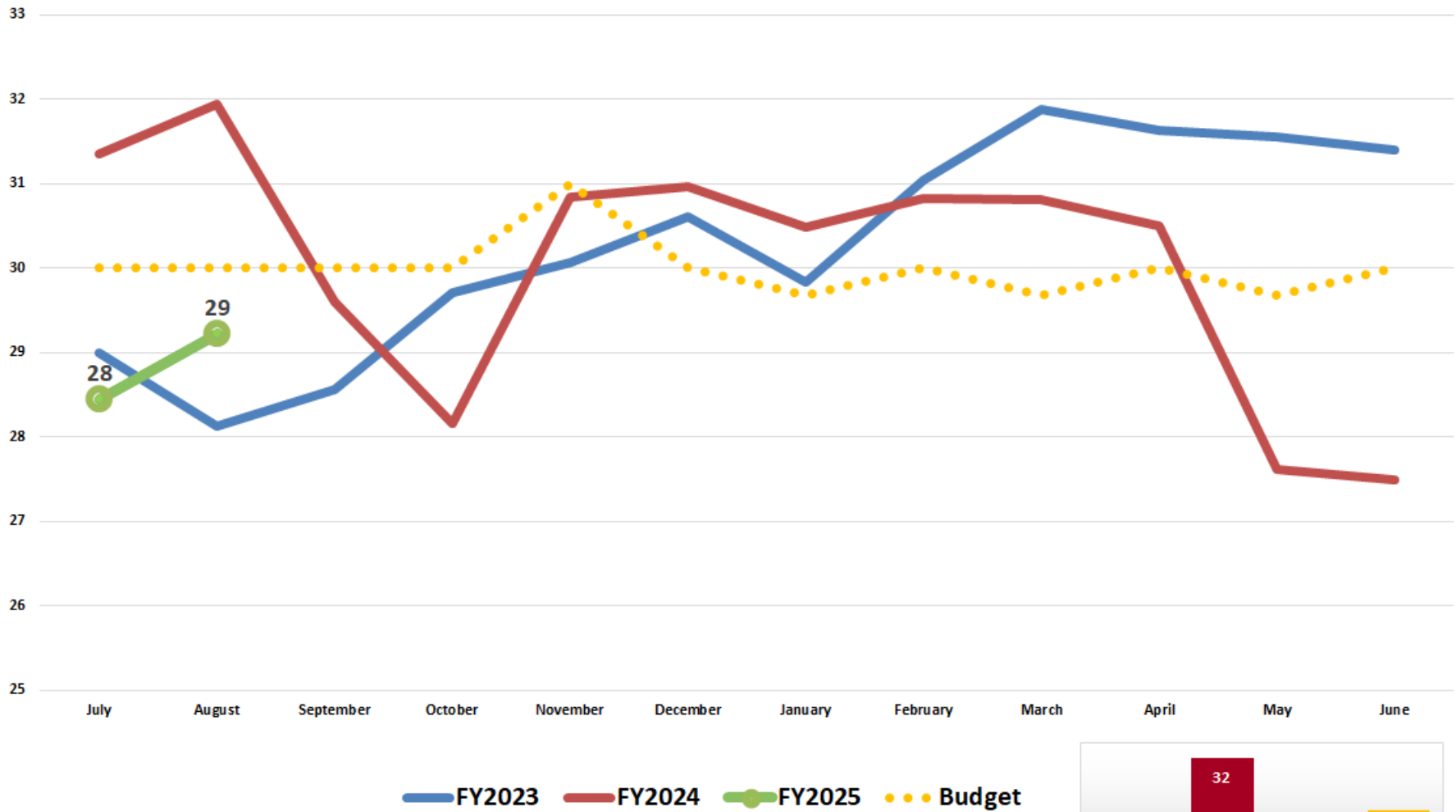
# Acute I/P Psych (Avg Patients Per Day)



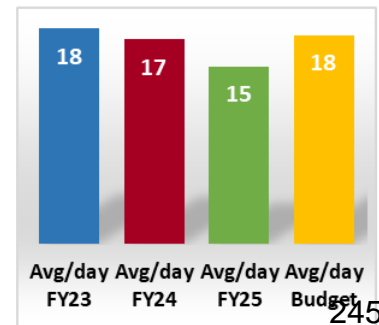
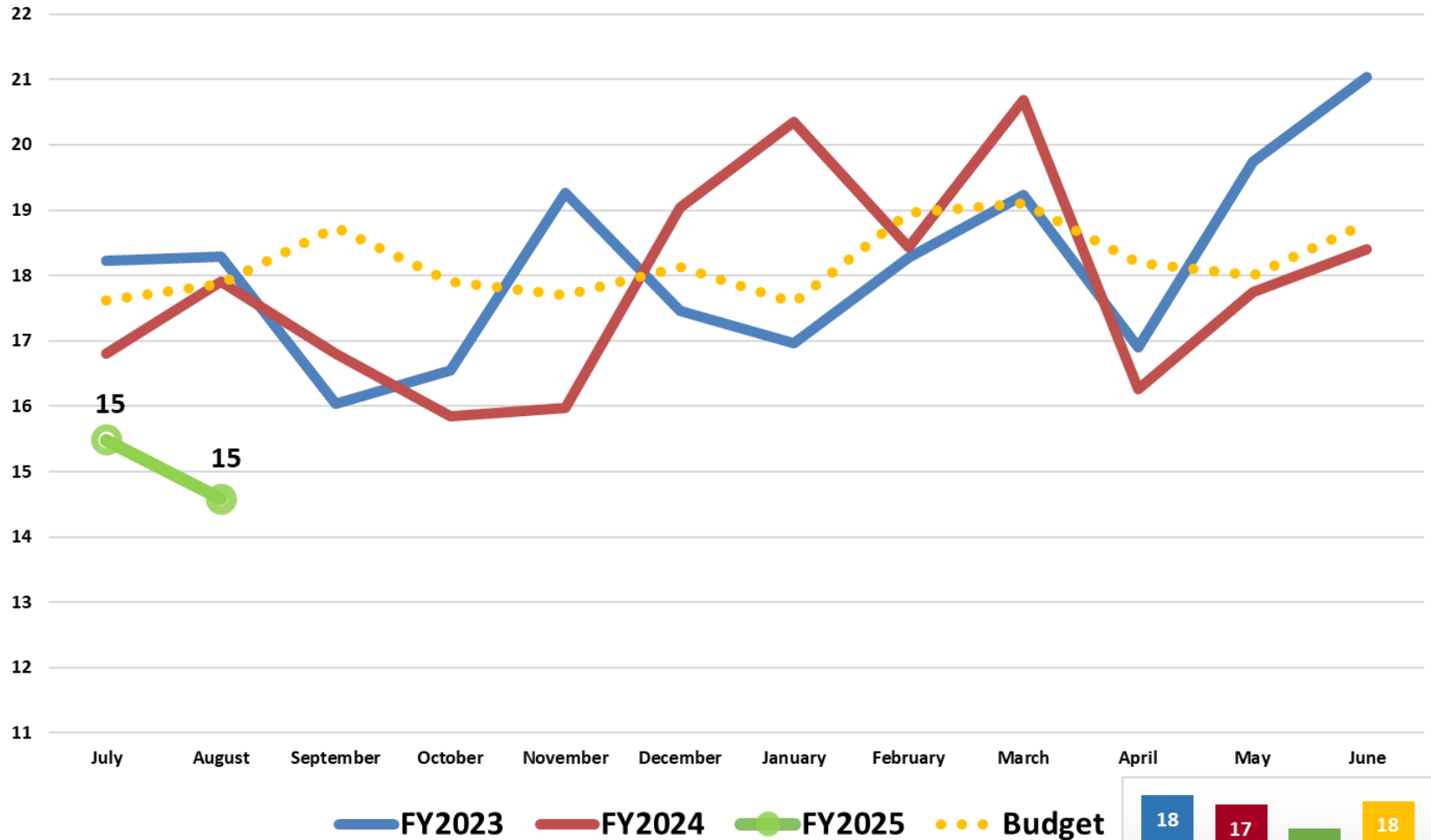
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



# Sub-Acute - Avg Patients Per Day

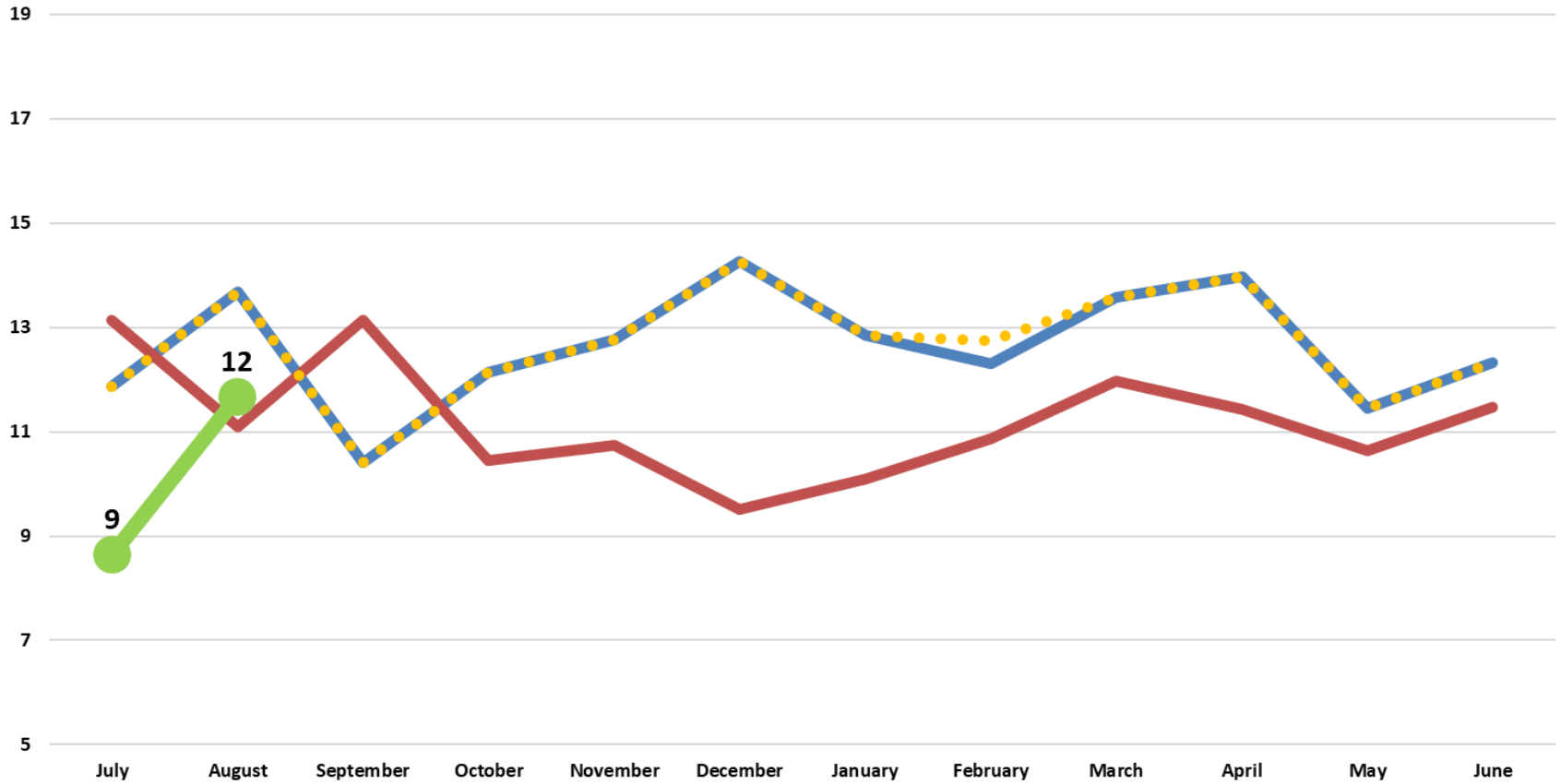


# Rehabilitation Hospital - Avg Patients Per Day

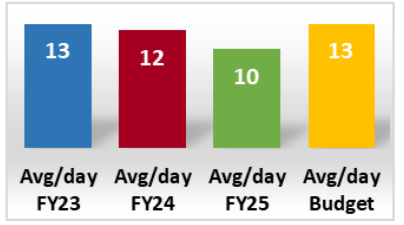




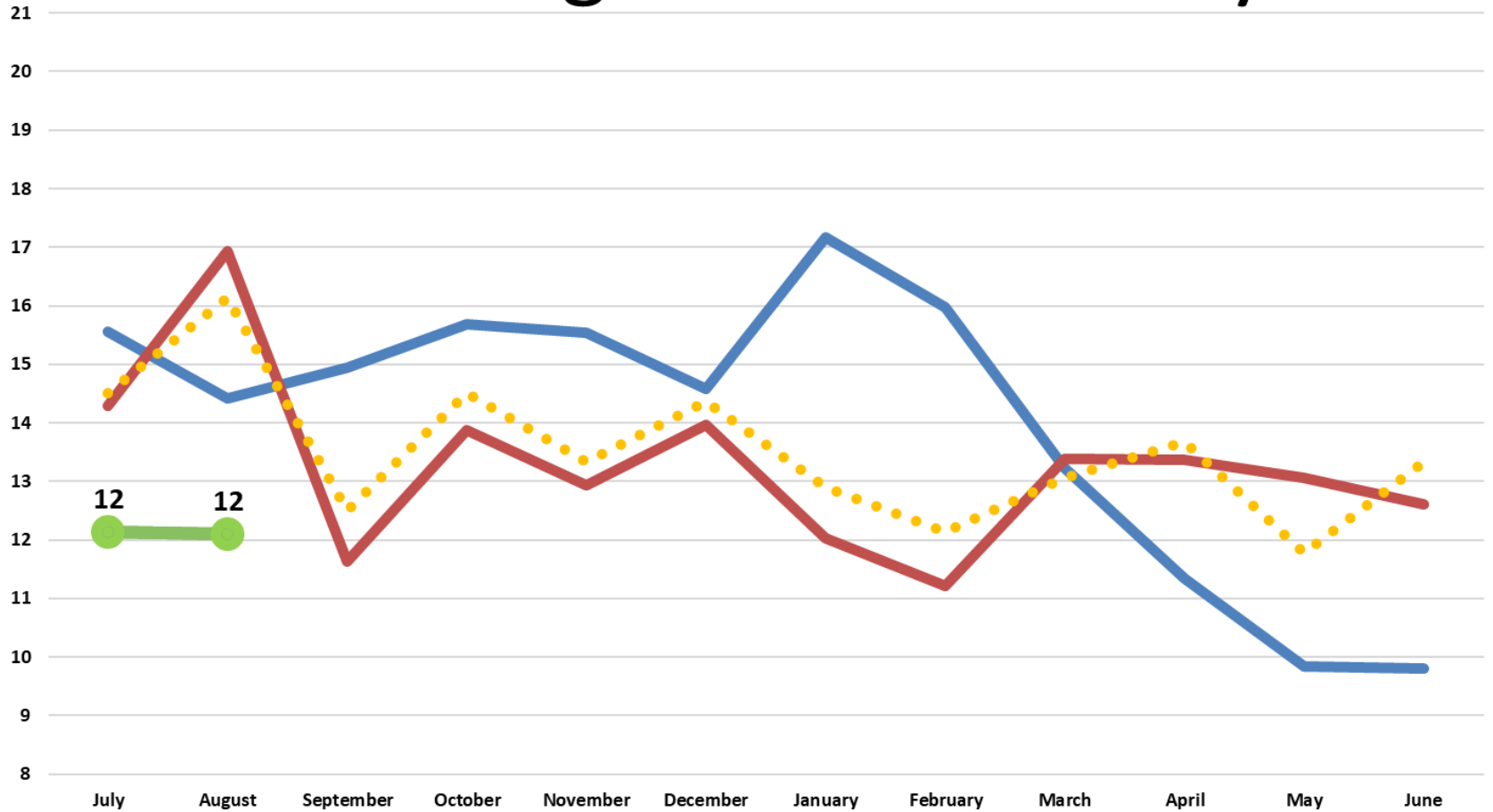
# TCS Ortho - Avg Patients Per Day



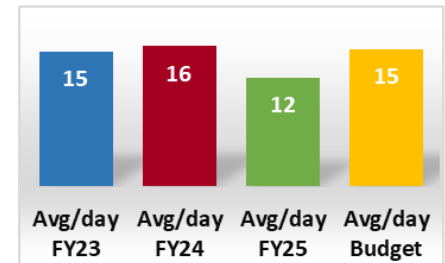
—●— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget



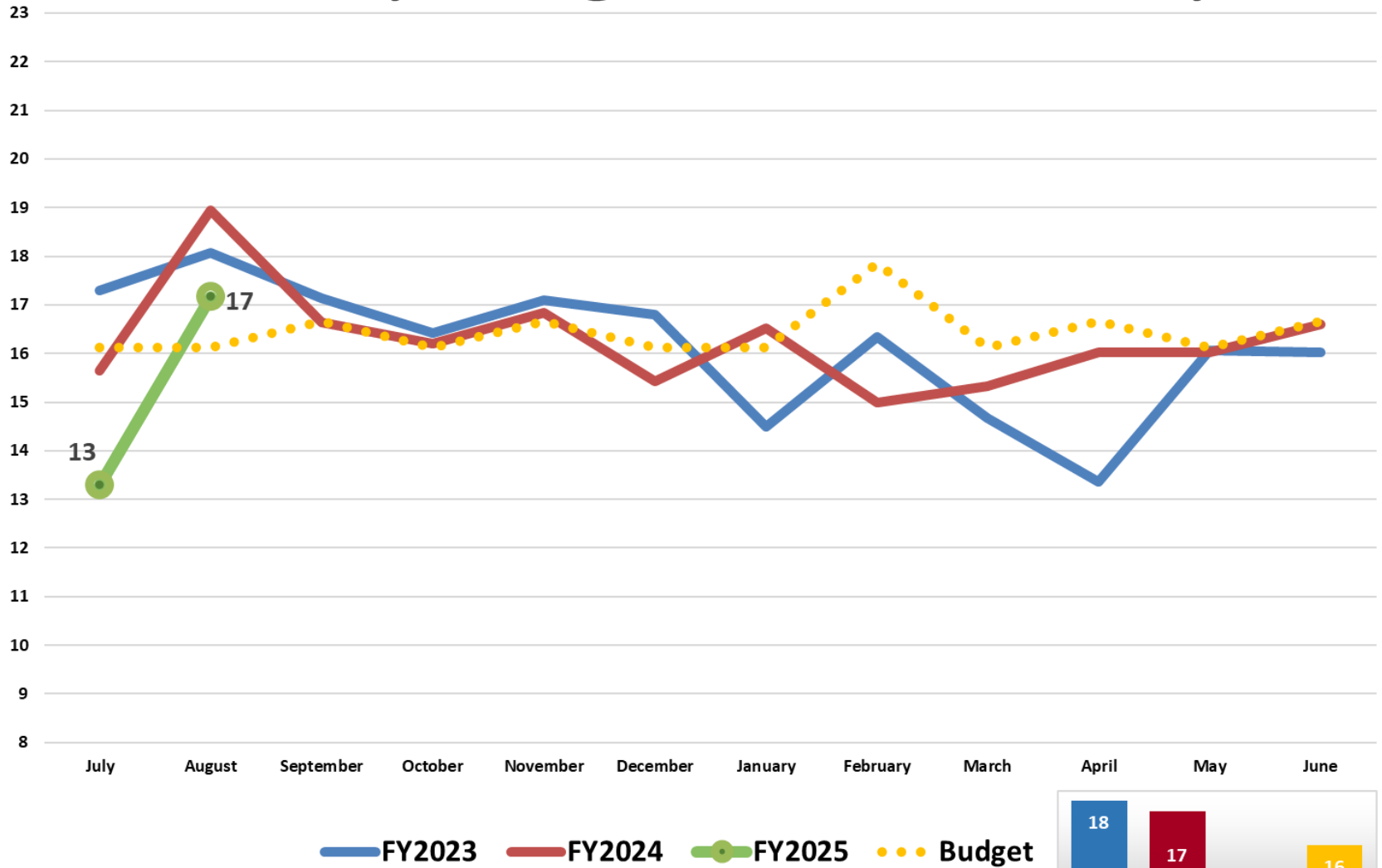
# NICU - Avg Patients Per Day



—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

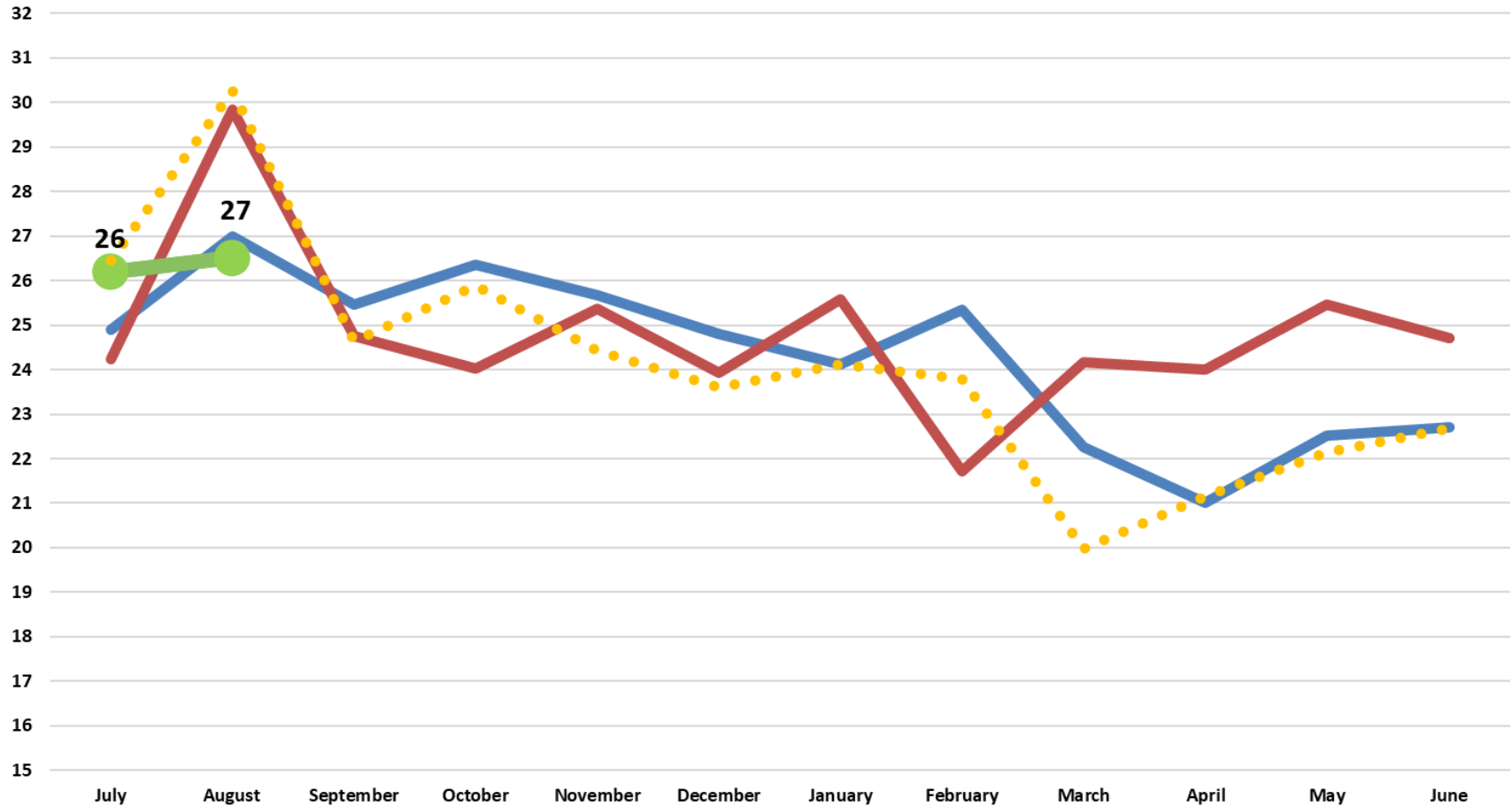


# Nursery - Avg Patients Per Day



18	17	15	16
Avg/day FY23	Avg/day FY24	Avg/day FY25	Avg/day Budget

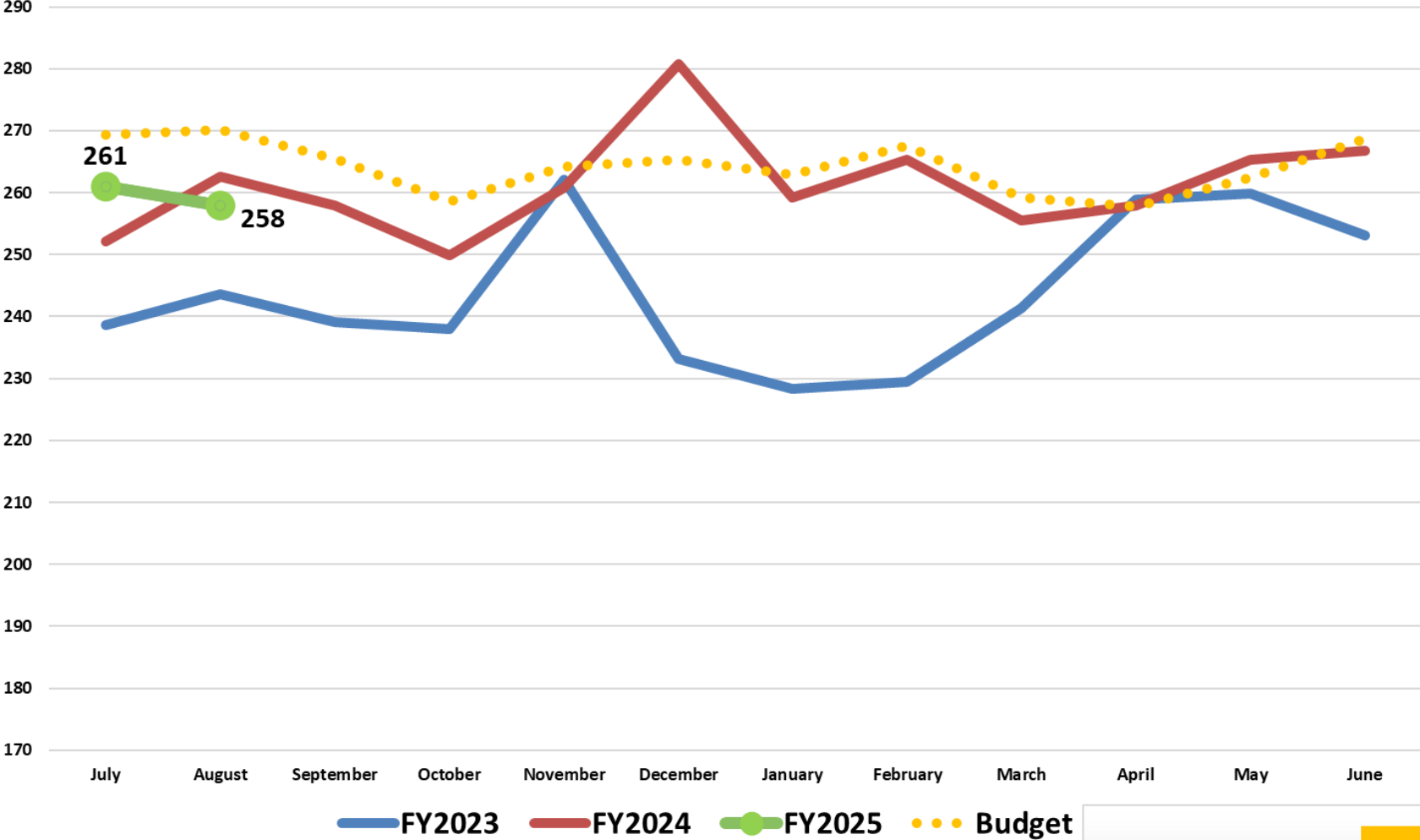
# Obstetrics - Avg Patients Per Day



—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

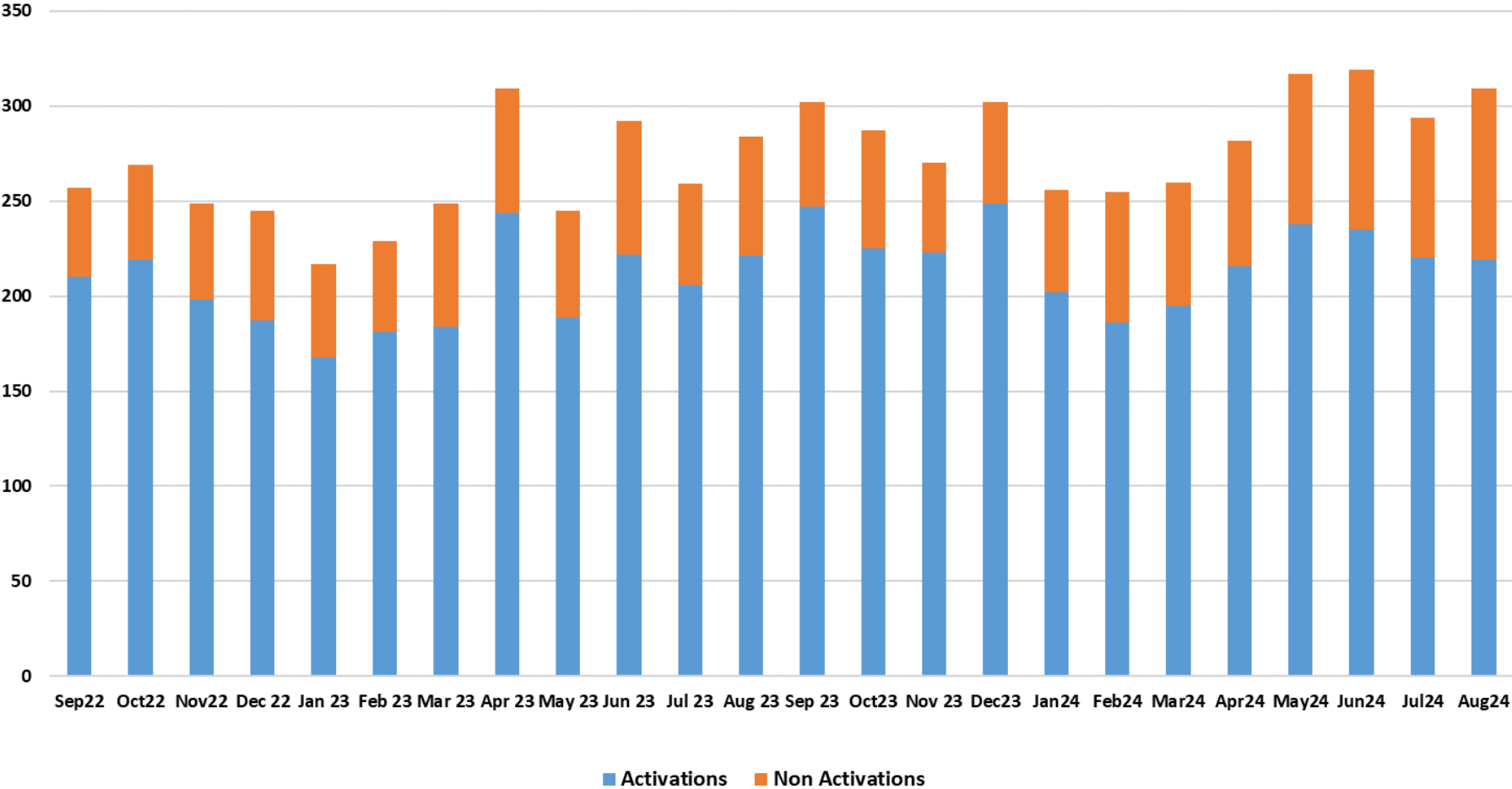
<b>26</b>	<b>27</b>	<b>26</b>	<b>28</b>
Avg/day FY23	Avg/day FY24	Avg/day FY25	Avg/day Budget

# ED - Avg Treated Per Day

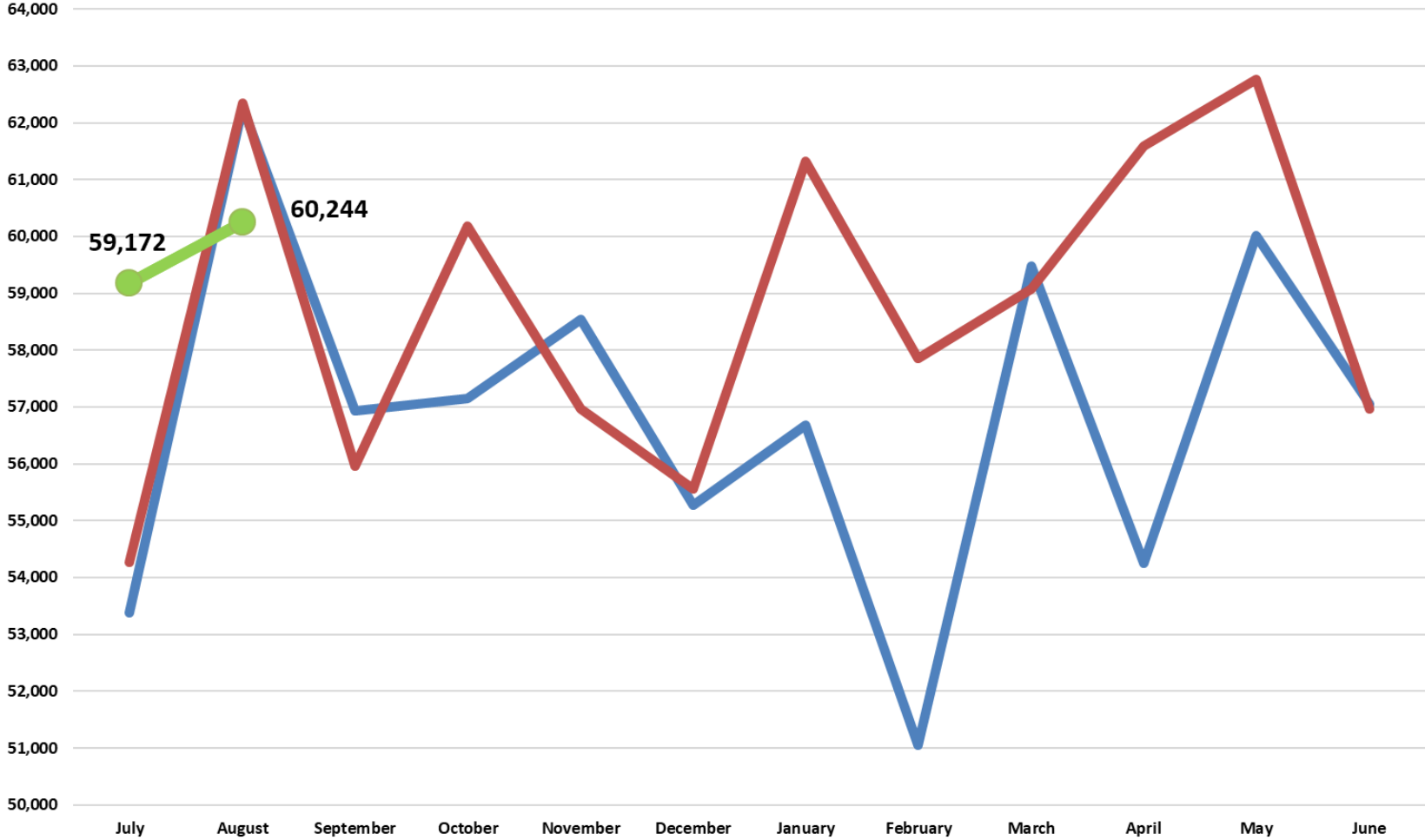


241	257	259	270
Avg/day FY23	Avg/day FY24	Avg/day FY25	Avg/day Budget

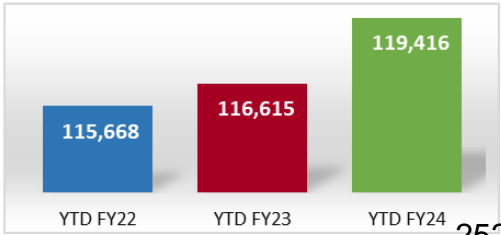
# Trauma Activations & Non Activations



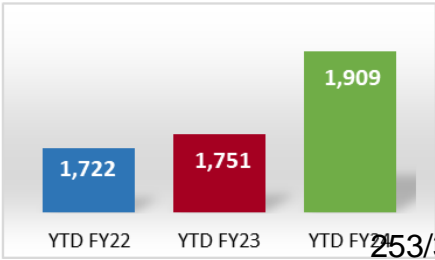
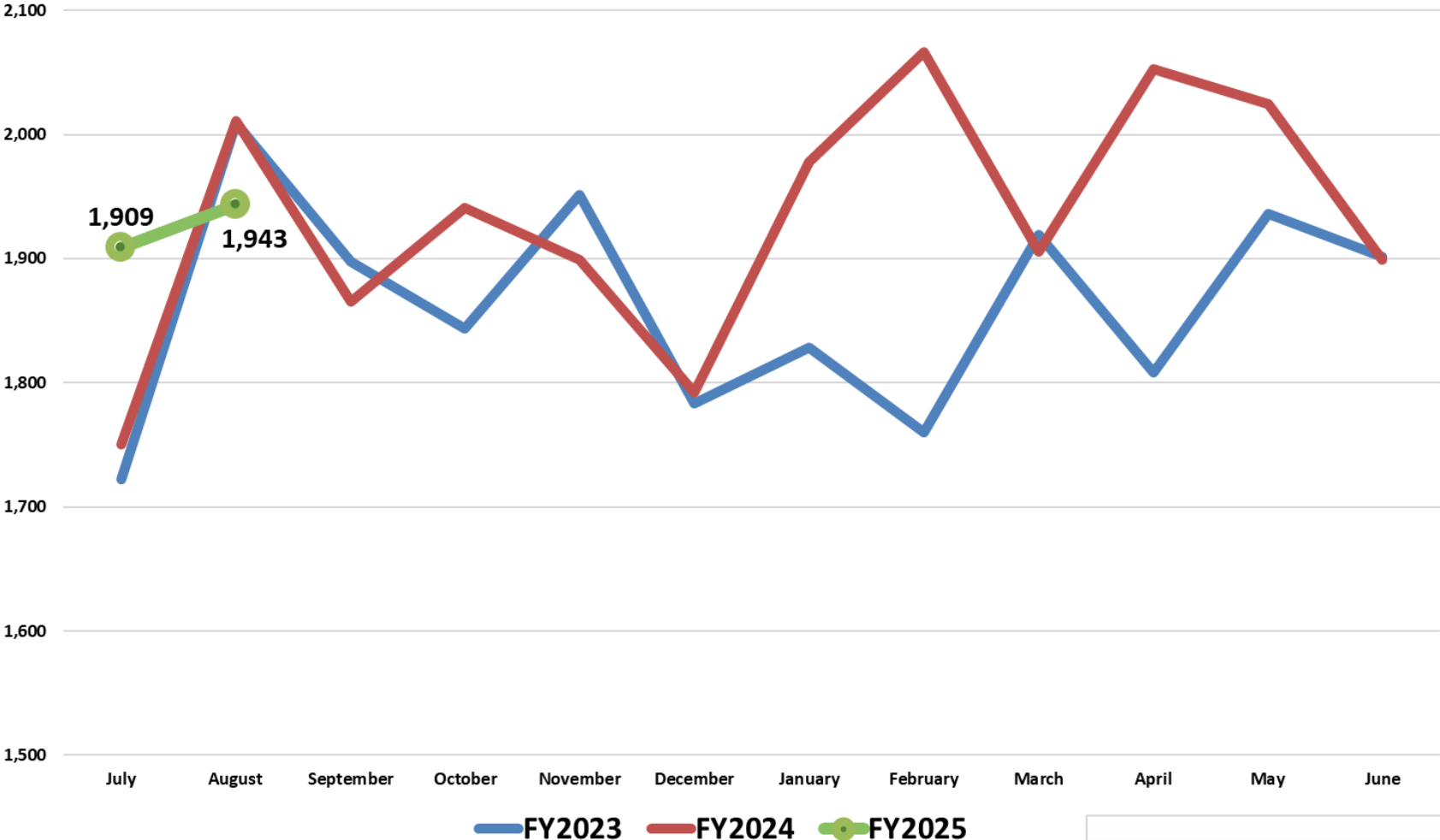
# Outpatient Registrations



— FY2023 — FY2024 — FY2025

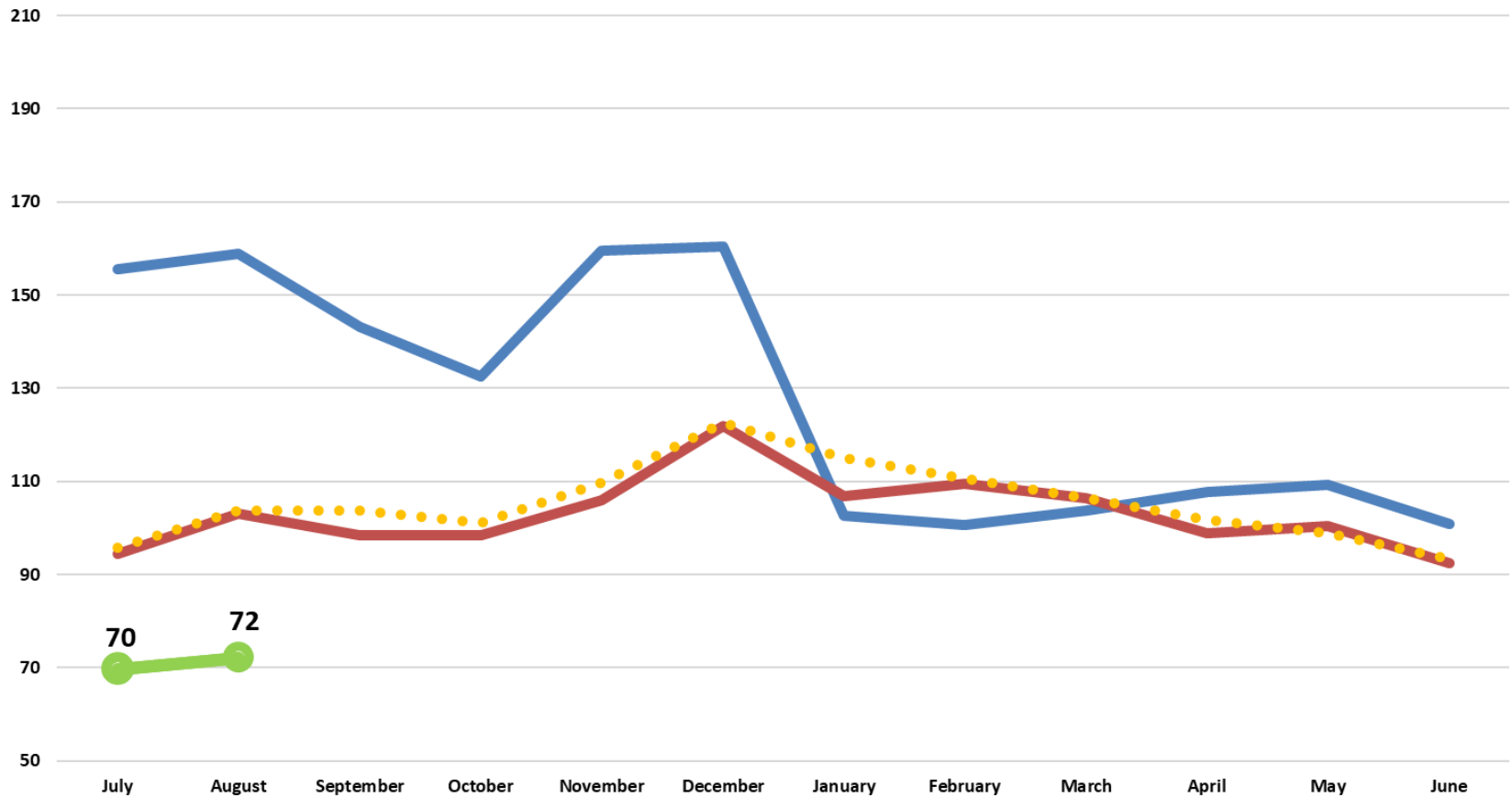


# Outpatient Registrations Per Day

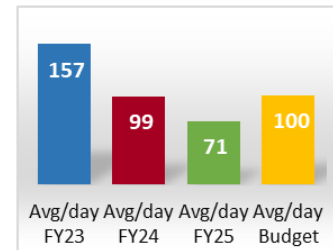




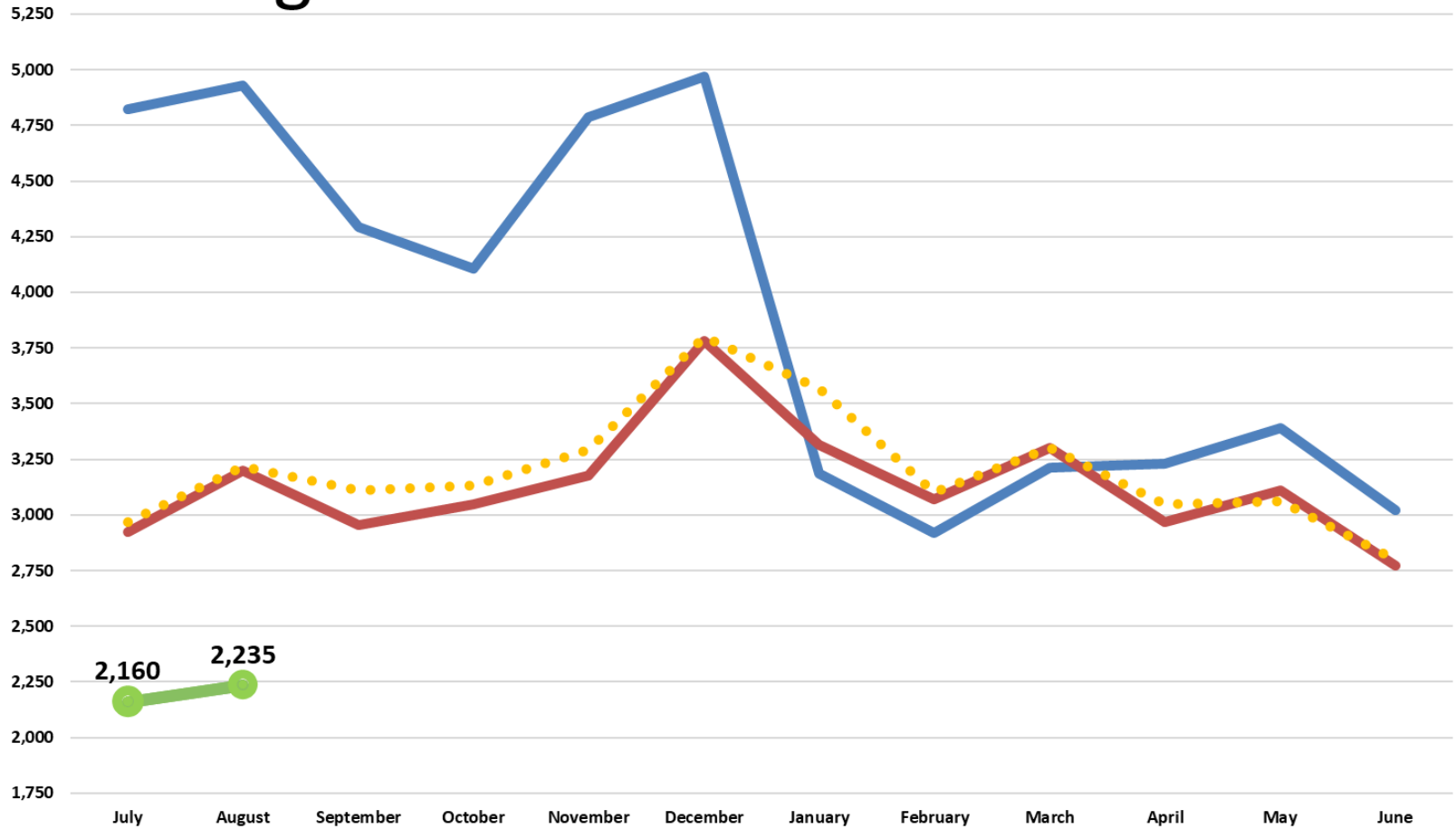
# Urgent Care – Court Avg Visits Per Day



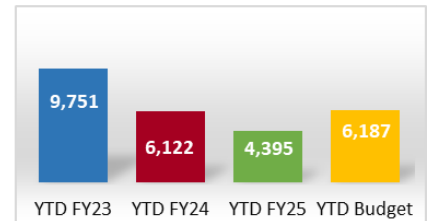
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●●● Budget



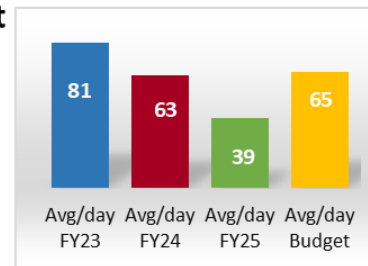
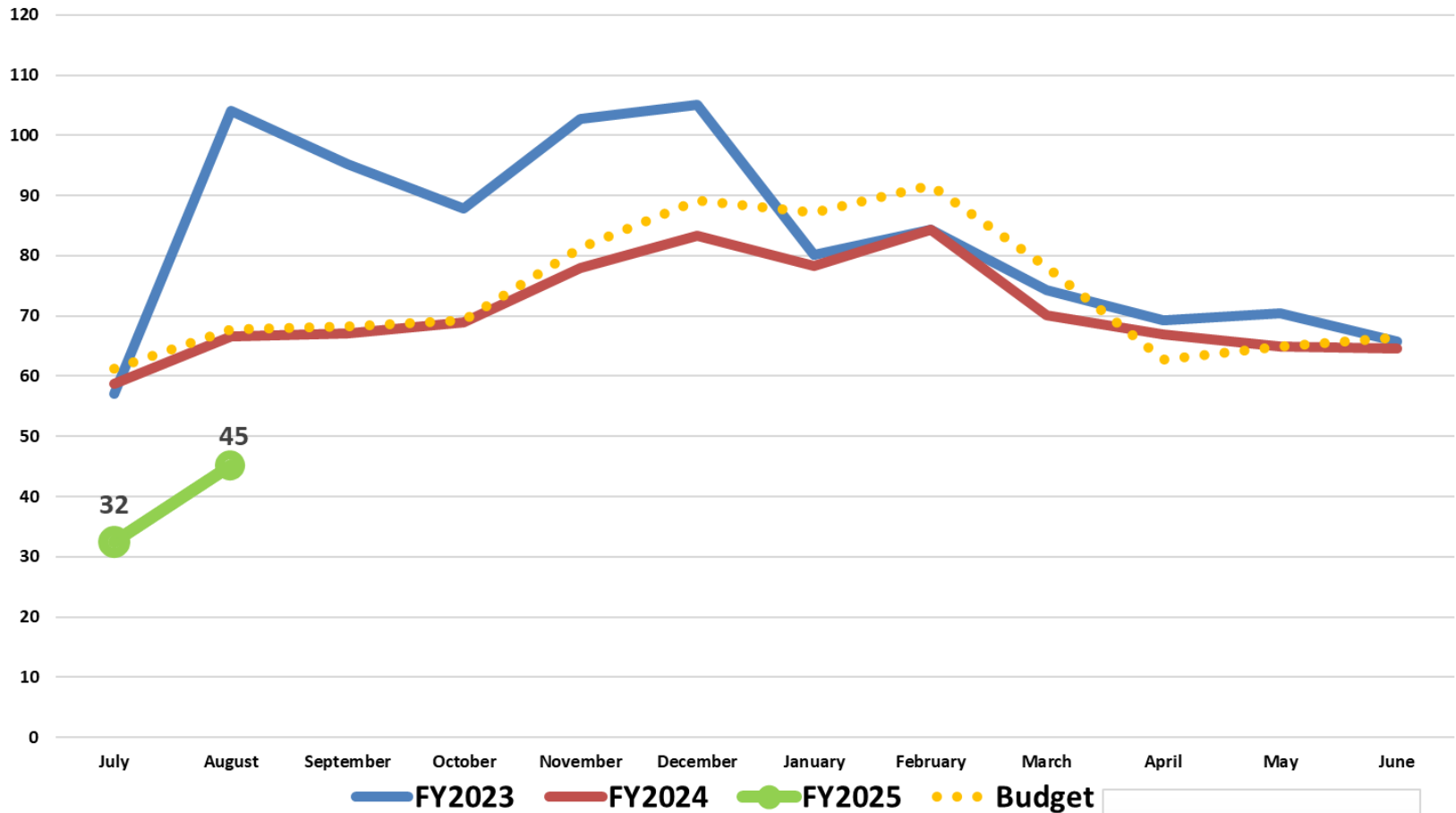
# Urgent Care – Court Total Visits



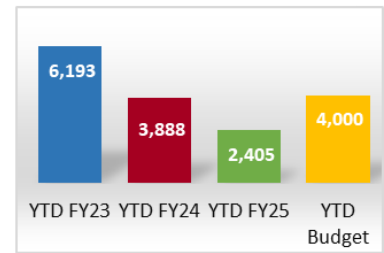
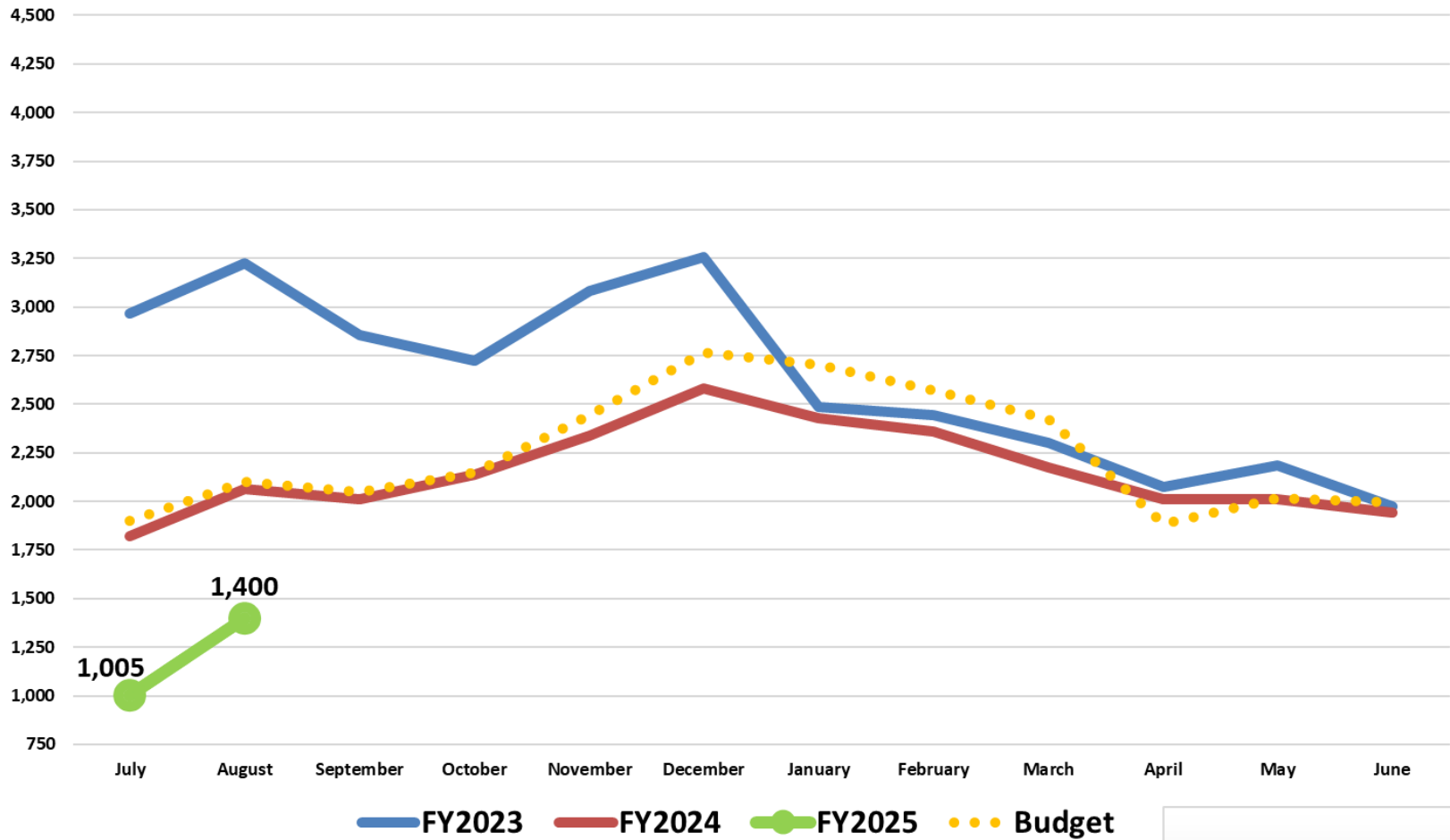
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



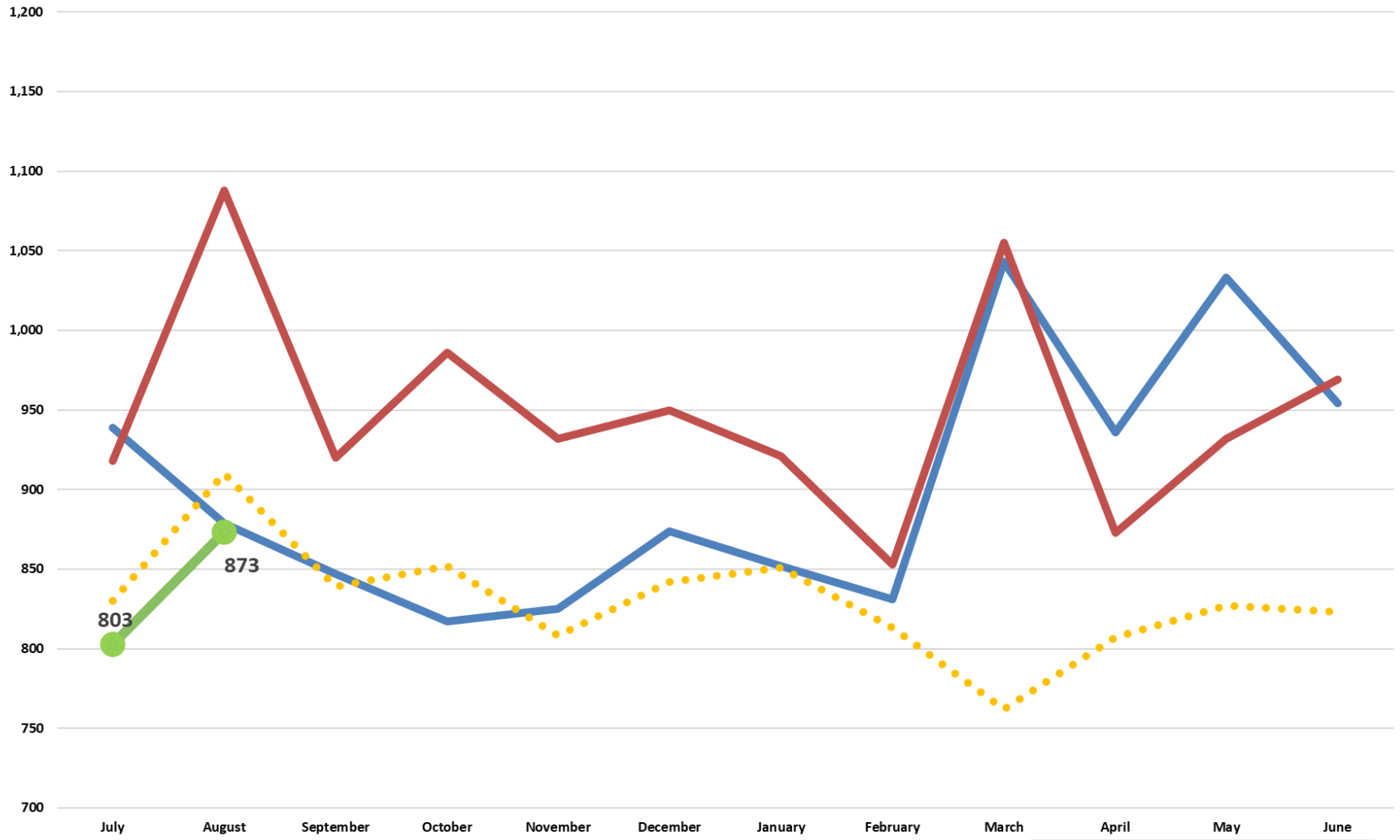
# Urgent Care – Demaree Avg Visits Per Day



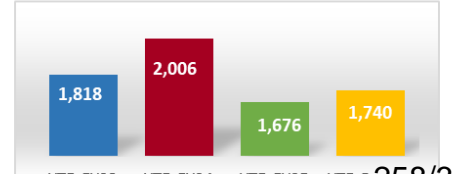
# Urgent Care – Demaree Total Visits



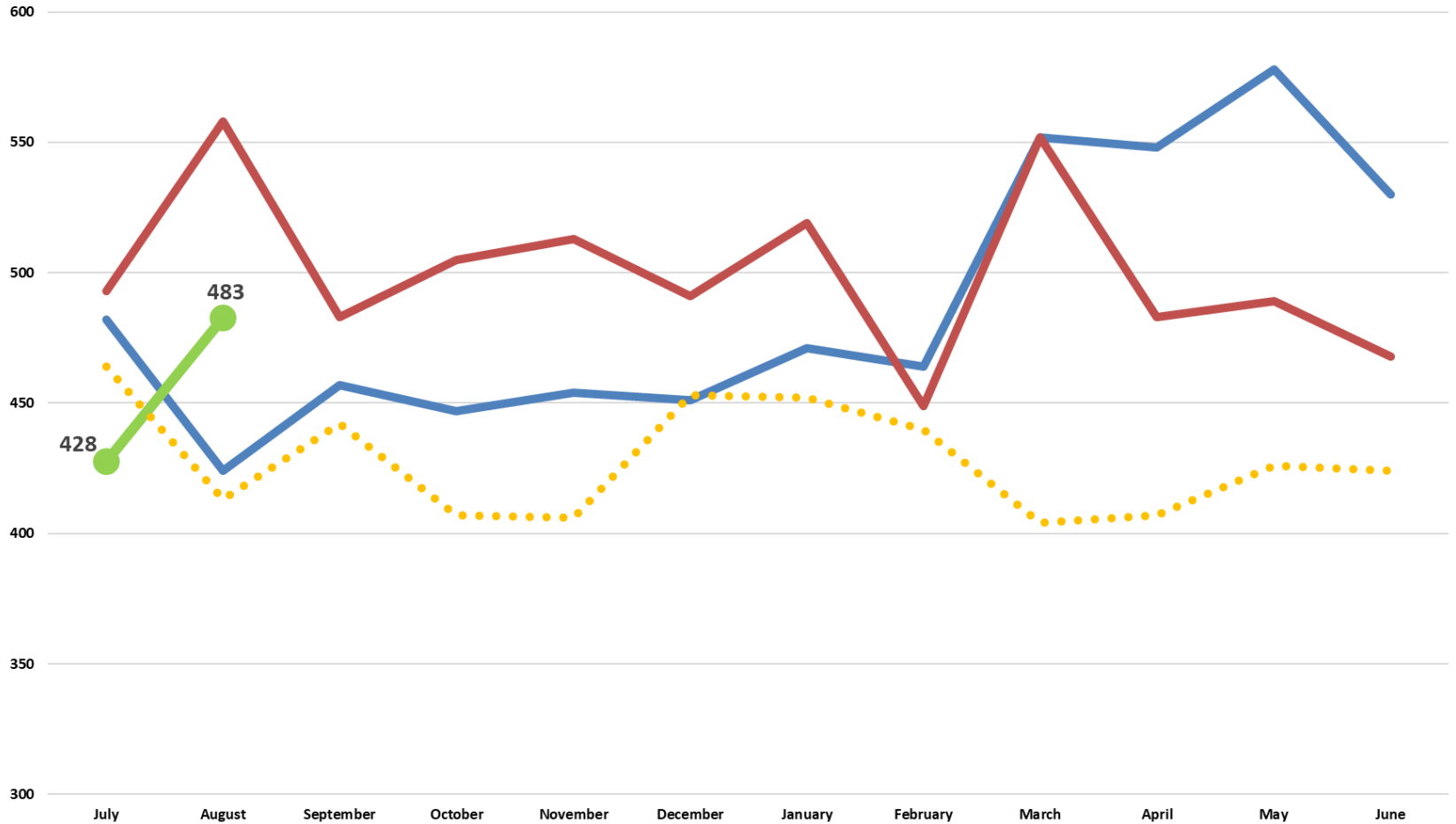
# Surgery (IP & OP) – 100 Min Units



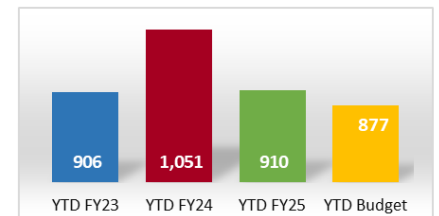
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



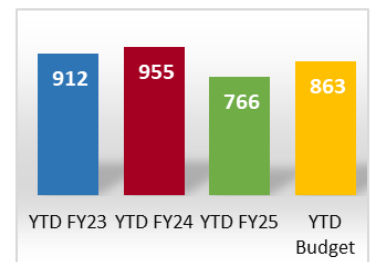
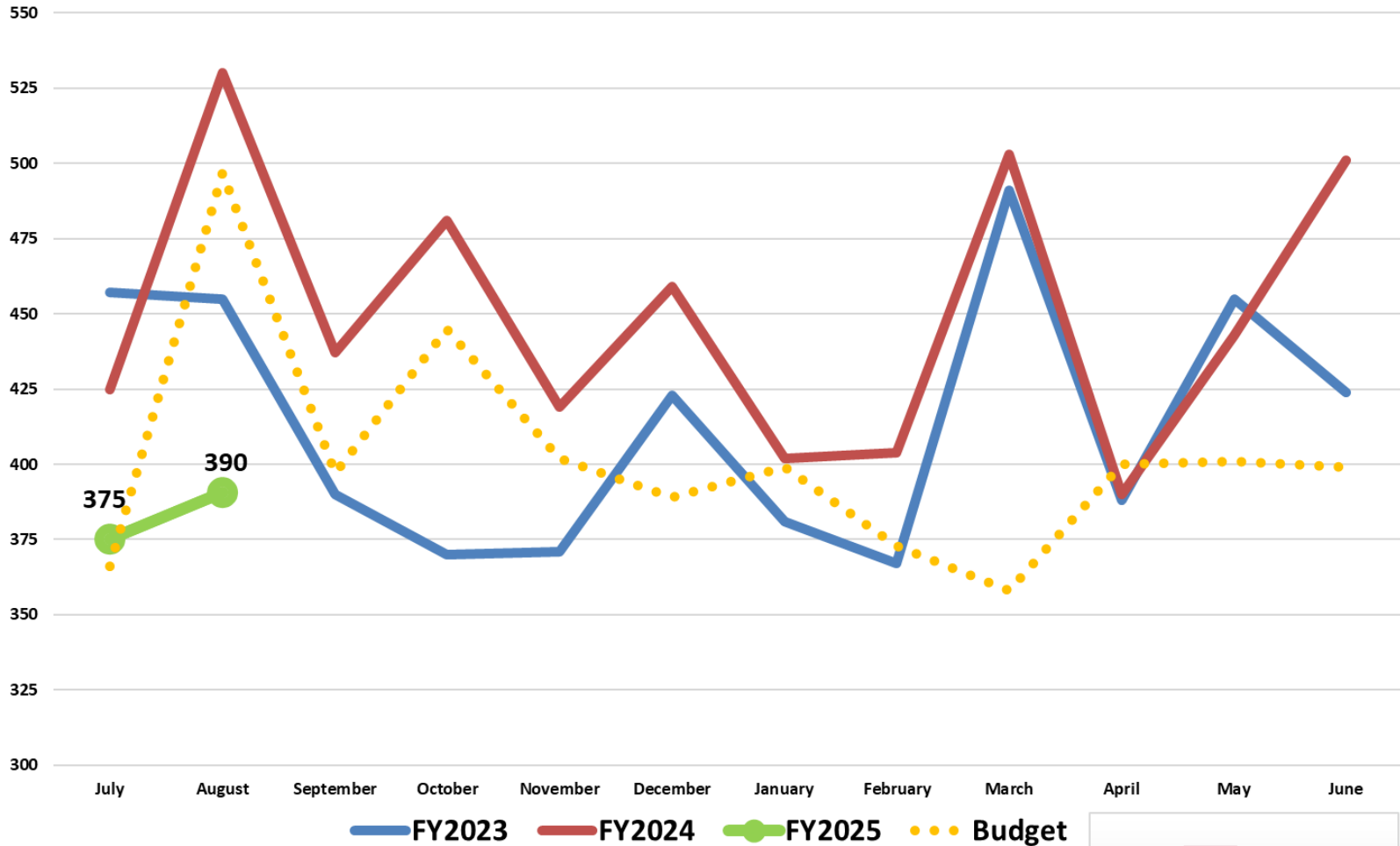
# Surgery (IP Only) - 100 Min Unit



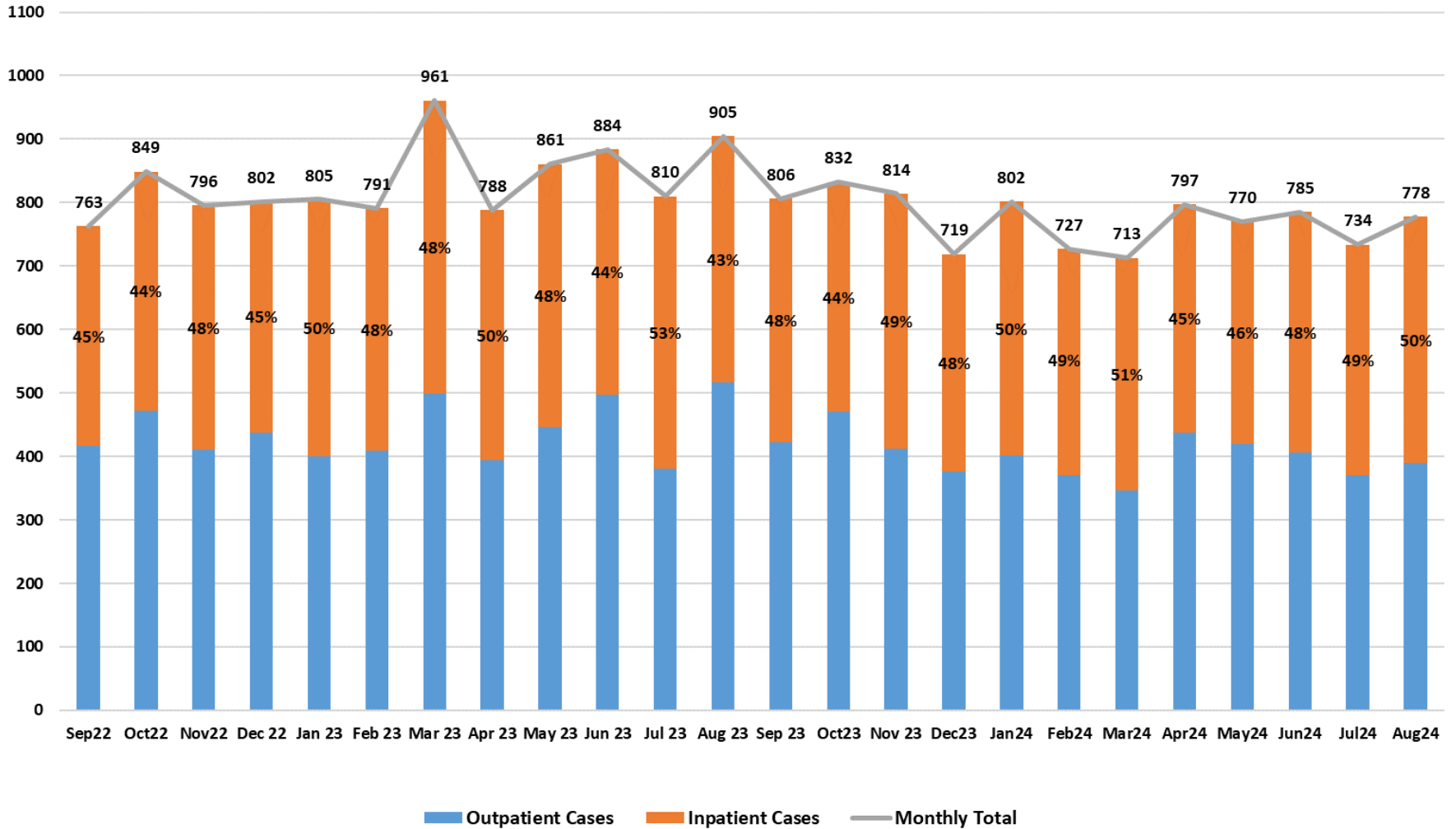
—● FY2023   
 —● FY2024   
 —● FY2025   
 ●●● Budget



# Surgery (OP Only) - 100 Min Units

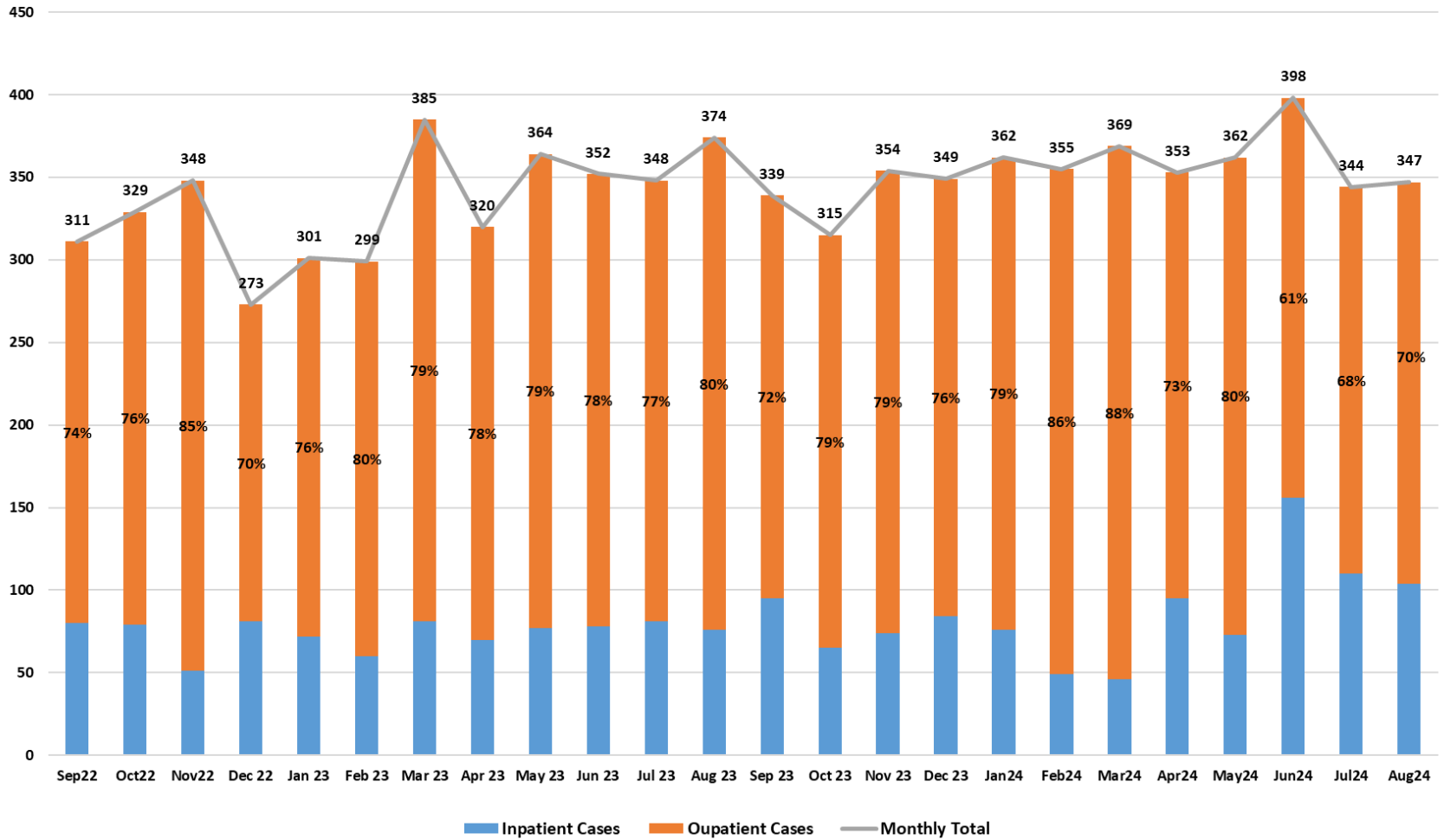


# Surgery Cases (IP & OP)

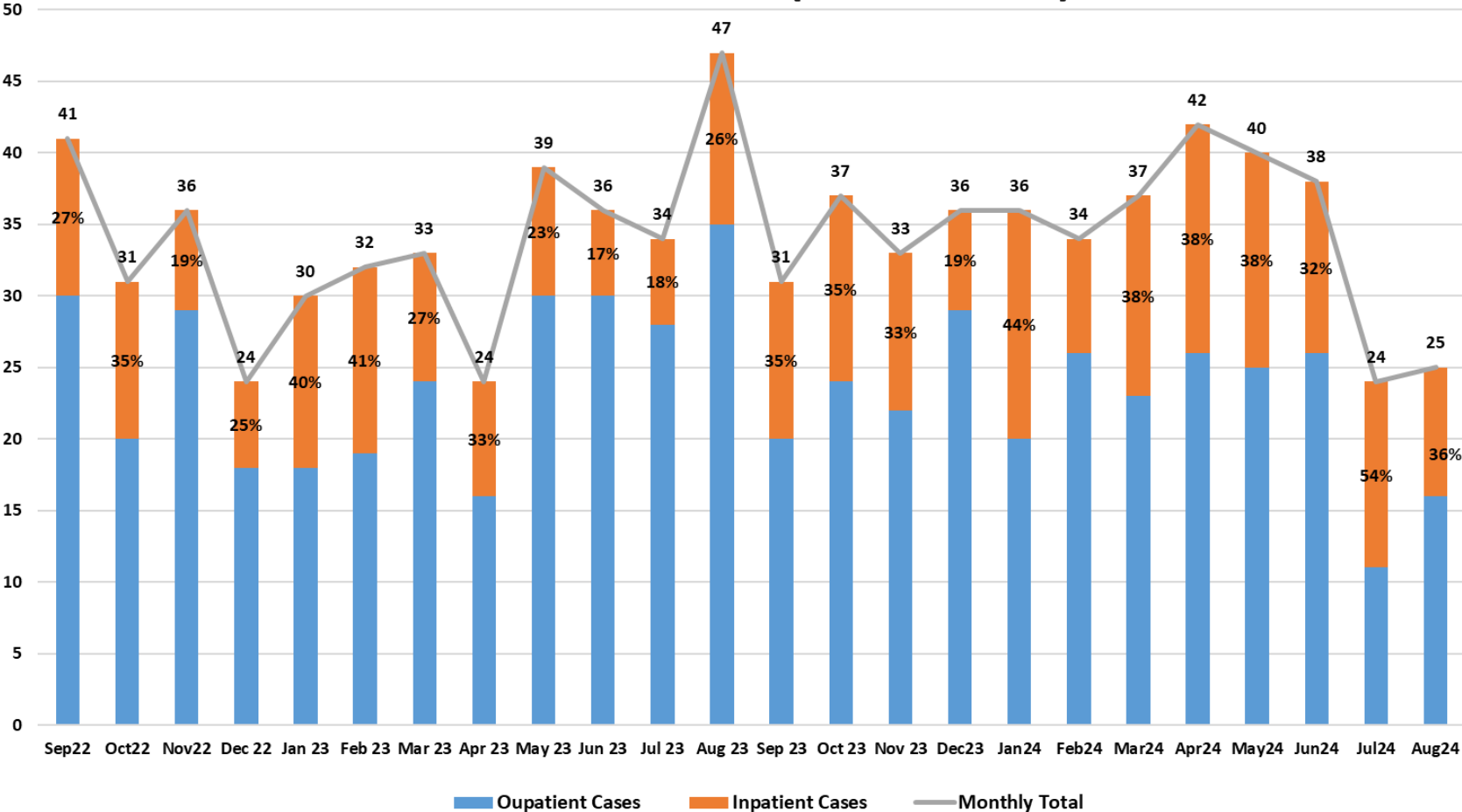




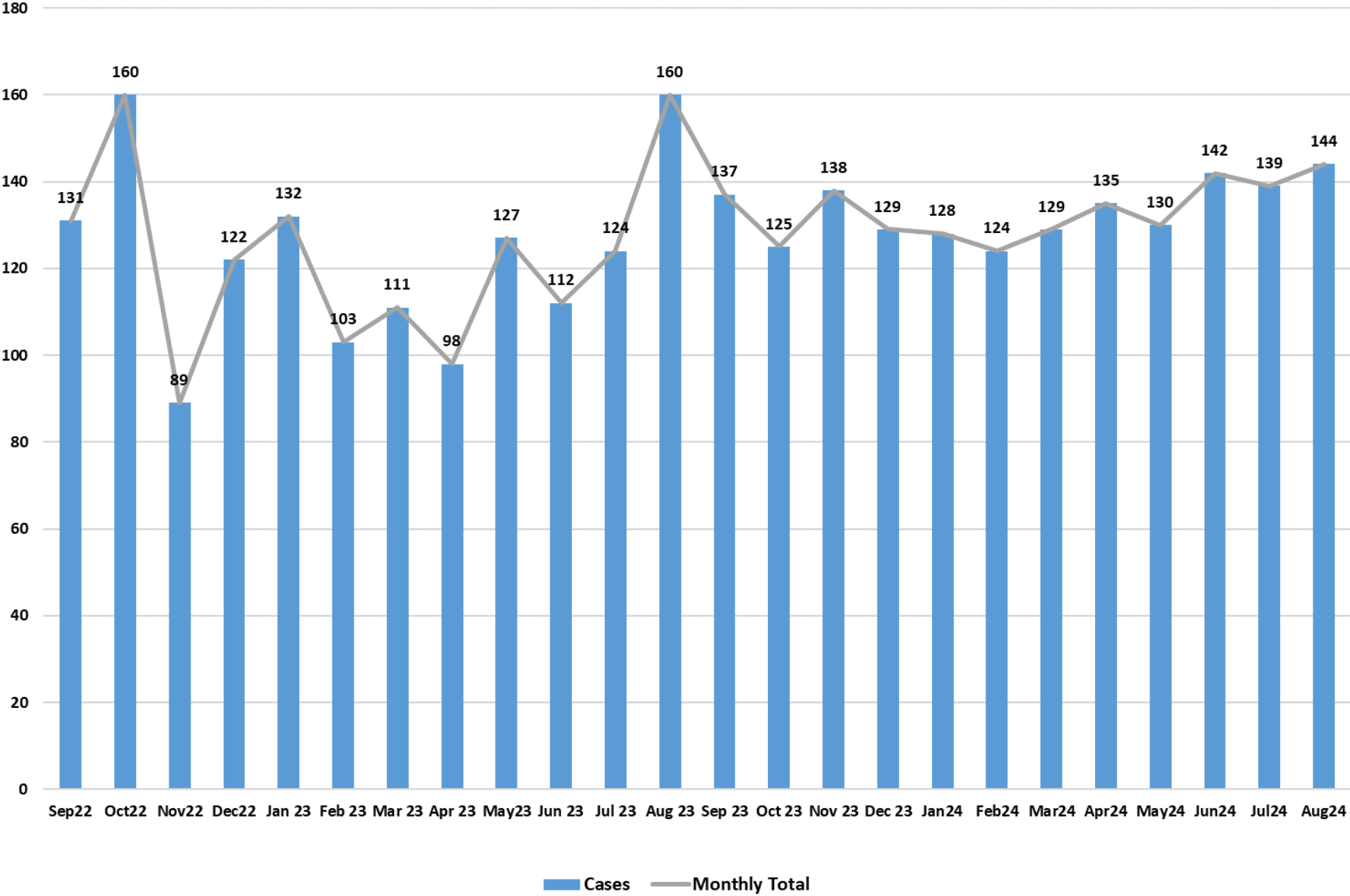
# Endo Cases (Suites A & B and OR )



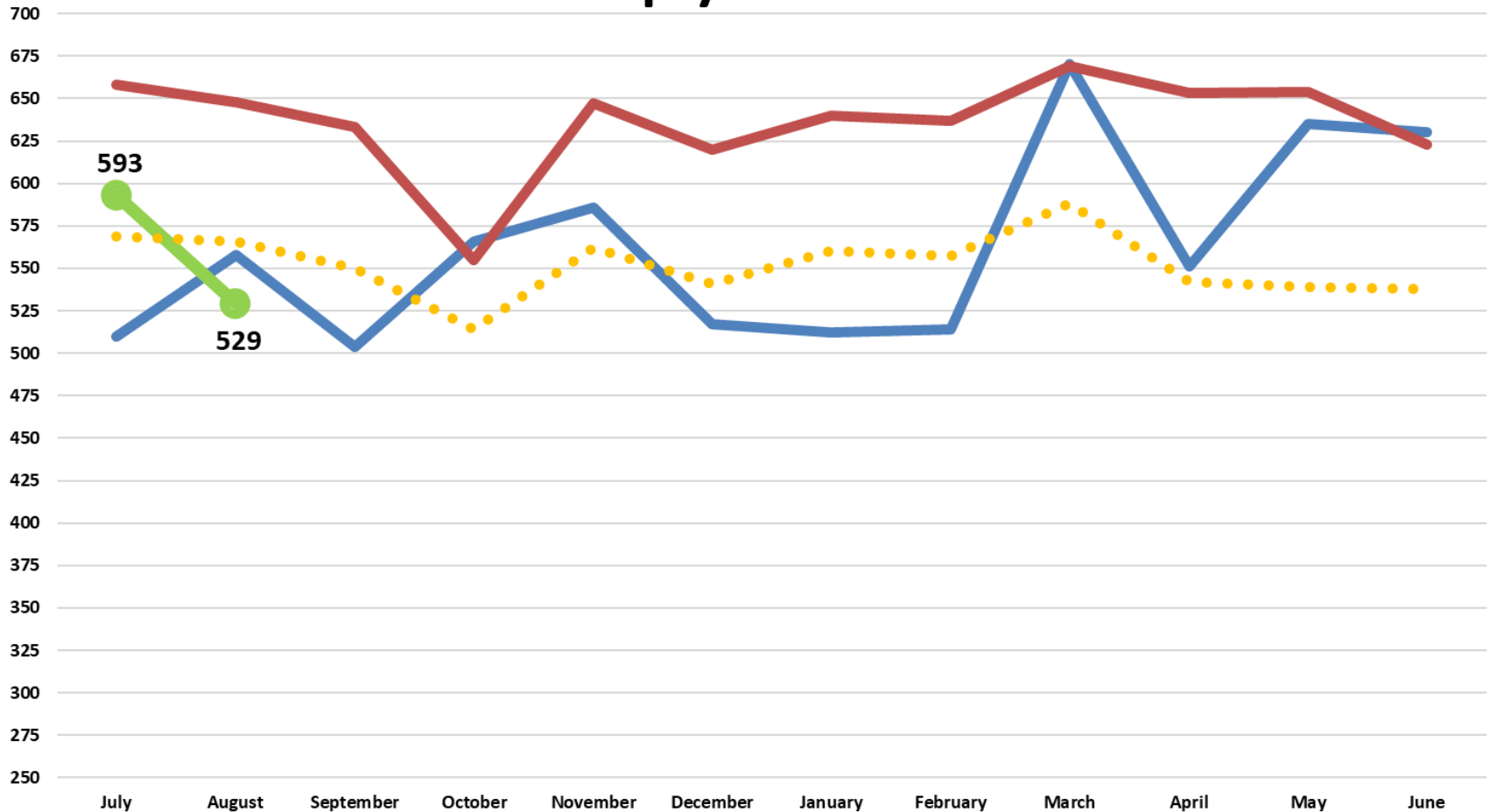
# Robotic Cases (IP & OP)



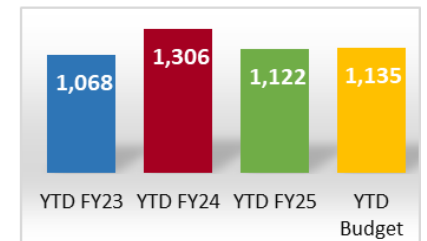
# OB Cases



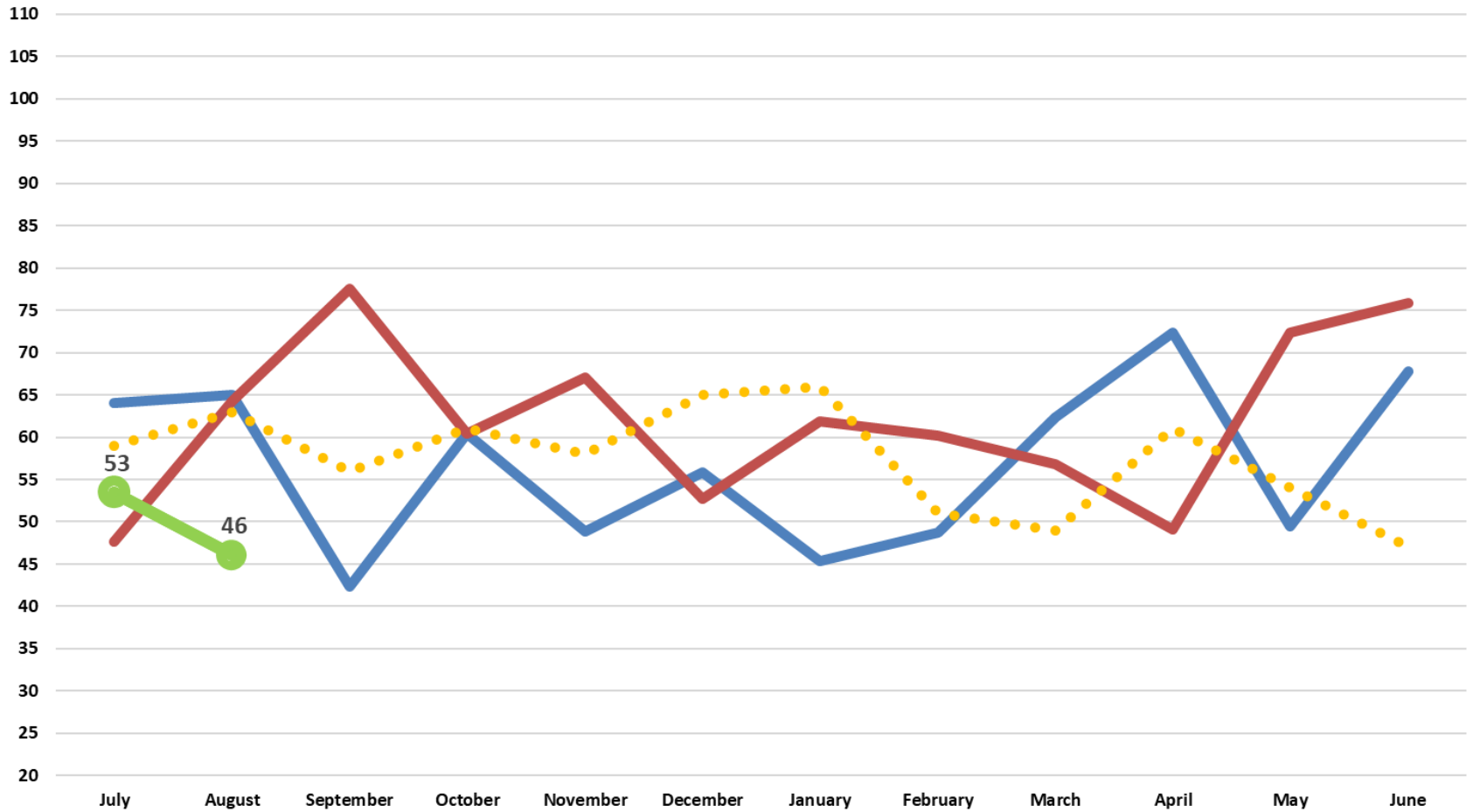
# Endoscopy Procedures



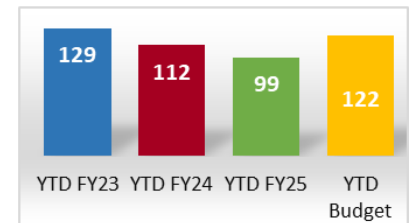
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



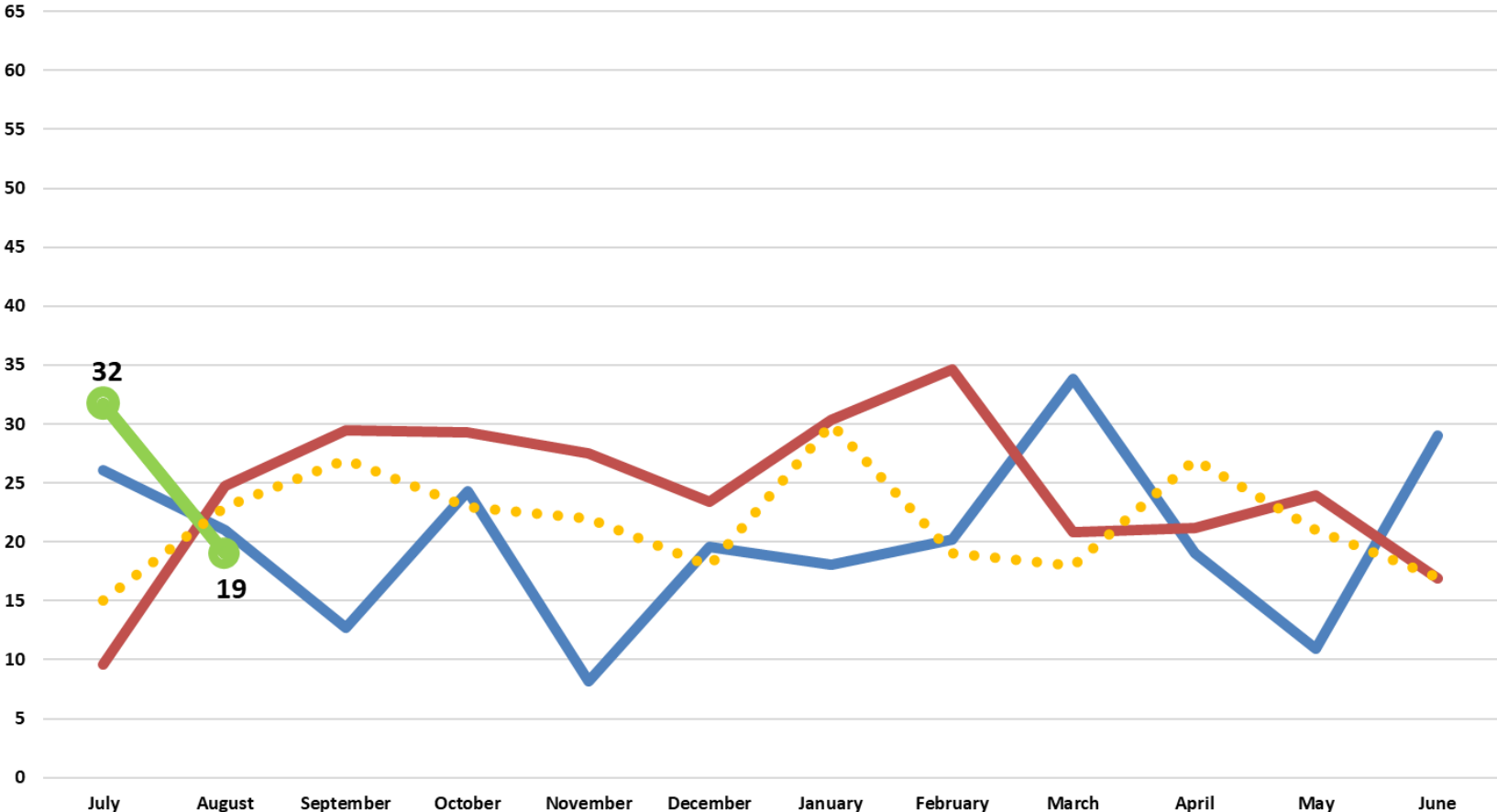
# Robotic Surgery (IP & OP) - 100 Min Units



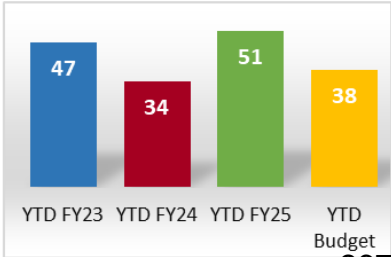
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



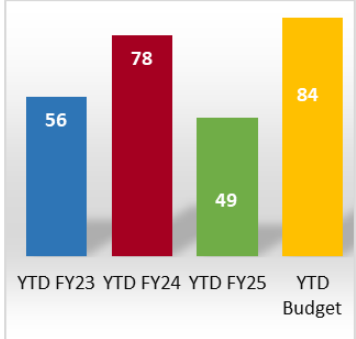
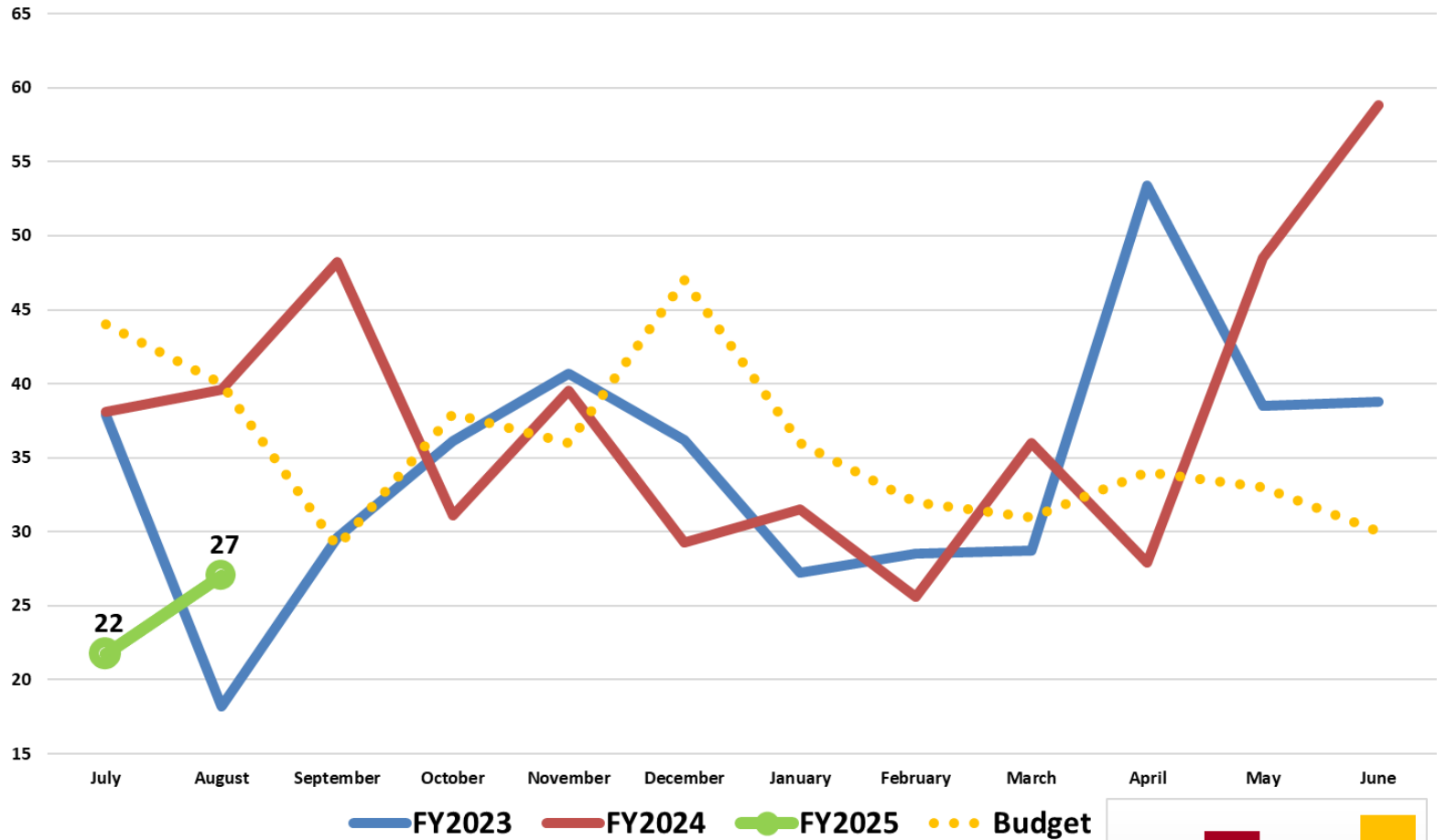
# Robotic Surgery Minutes (IP Only)



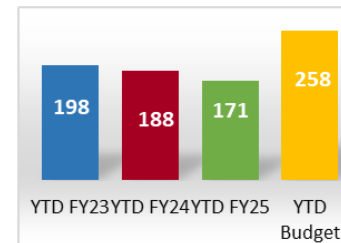
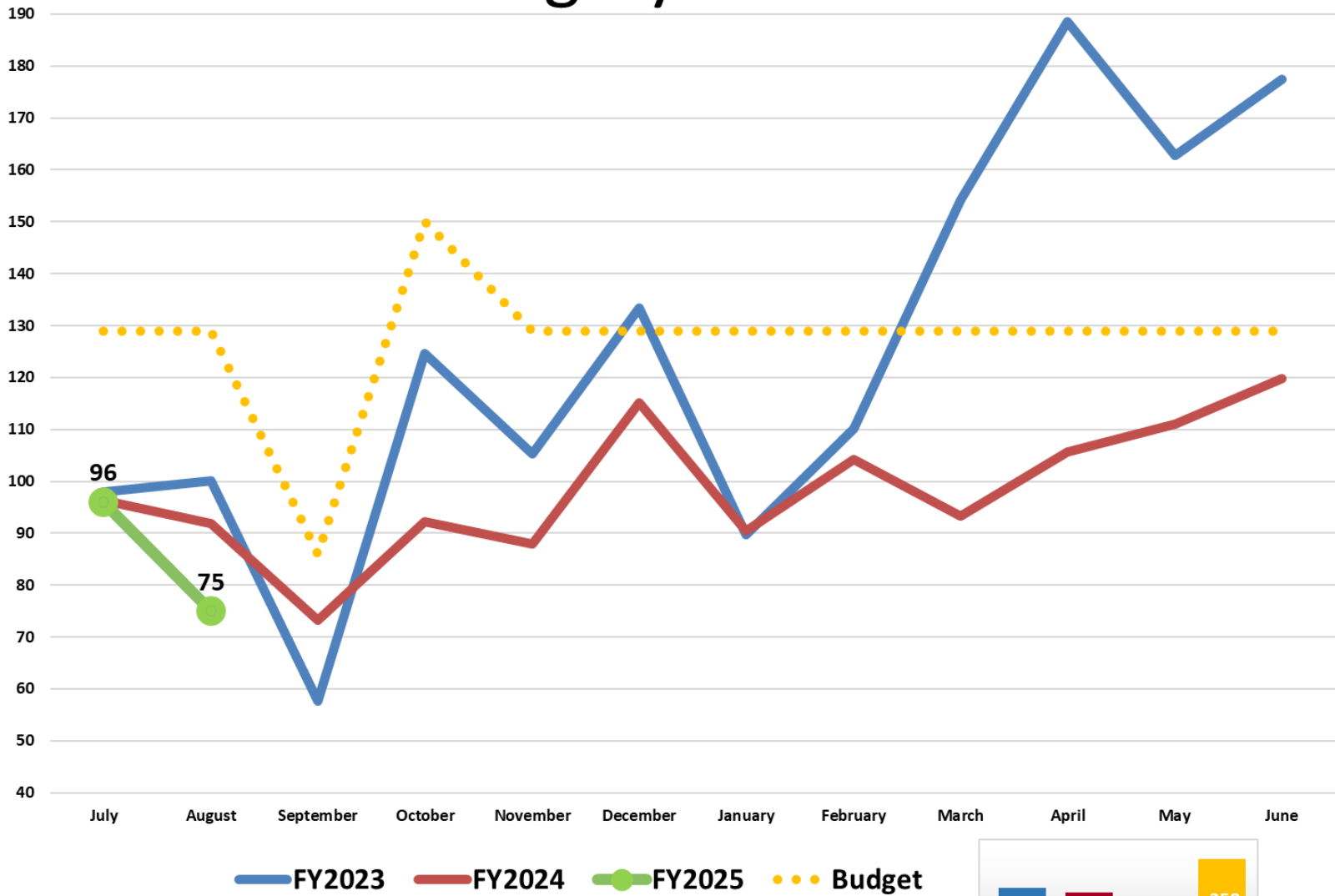
—● FY2023   
 —● FY2024   
 —● FY2025   
 ●●● Budget



# Robotic Surgery Minutes (OP Only)

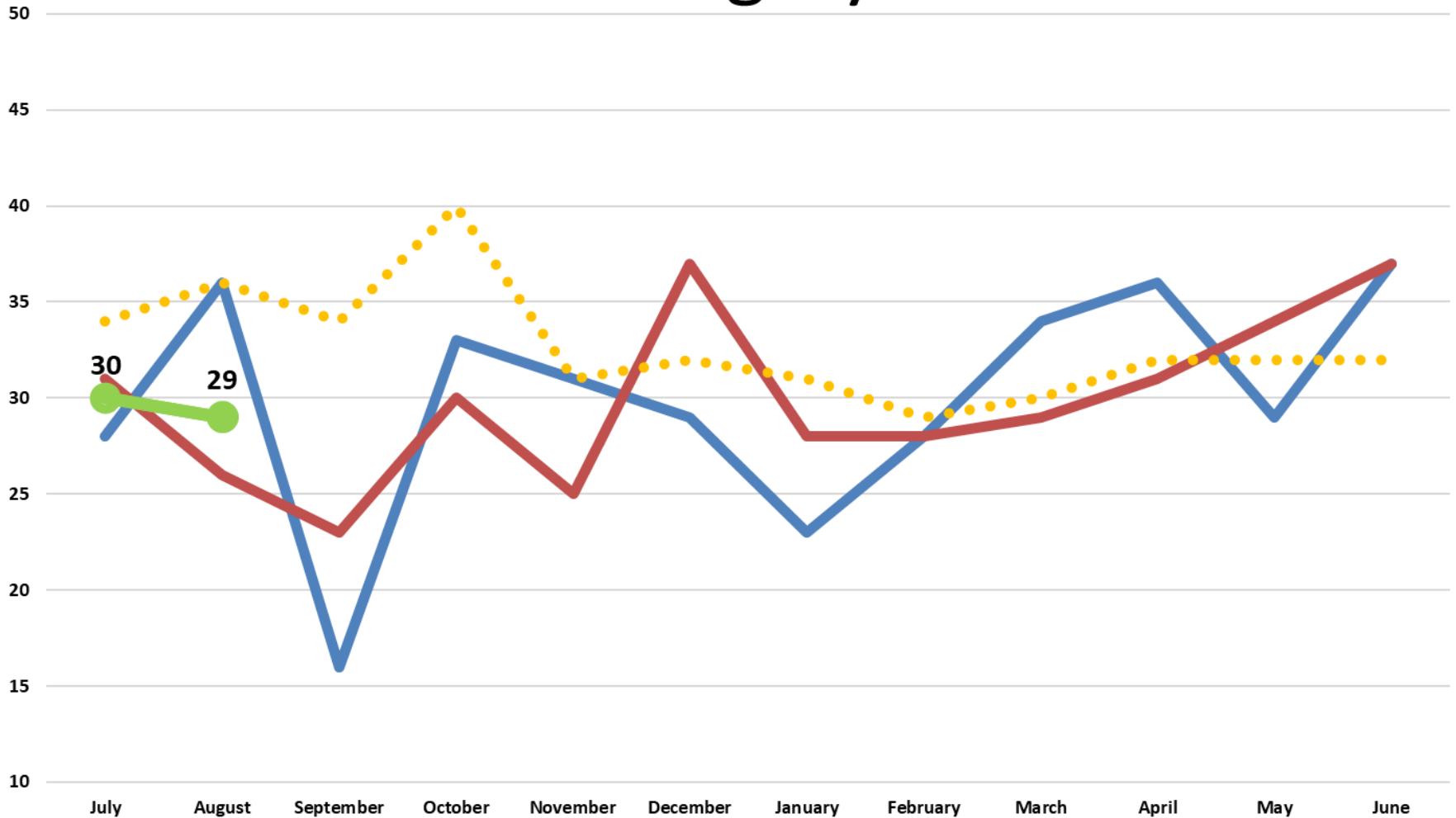


# Cardiac Surgery - 100 Min Units

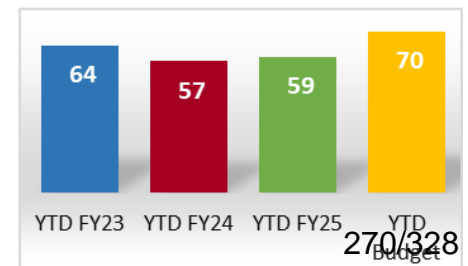




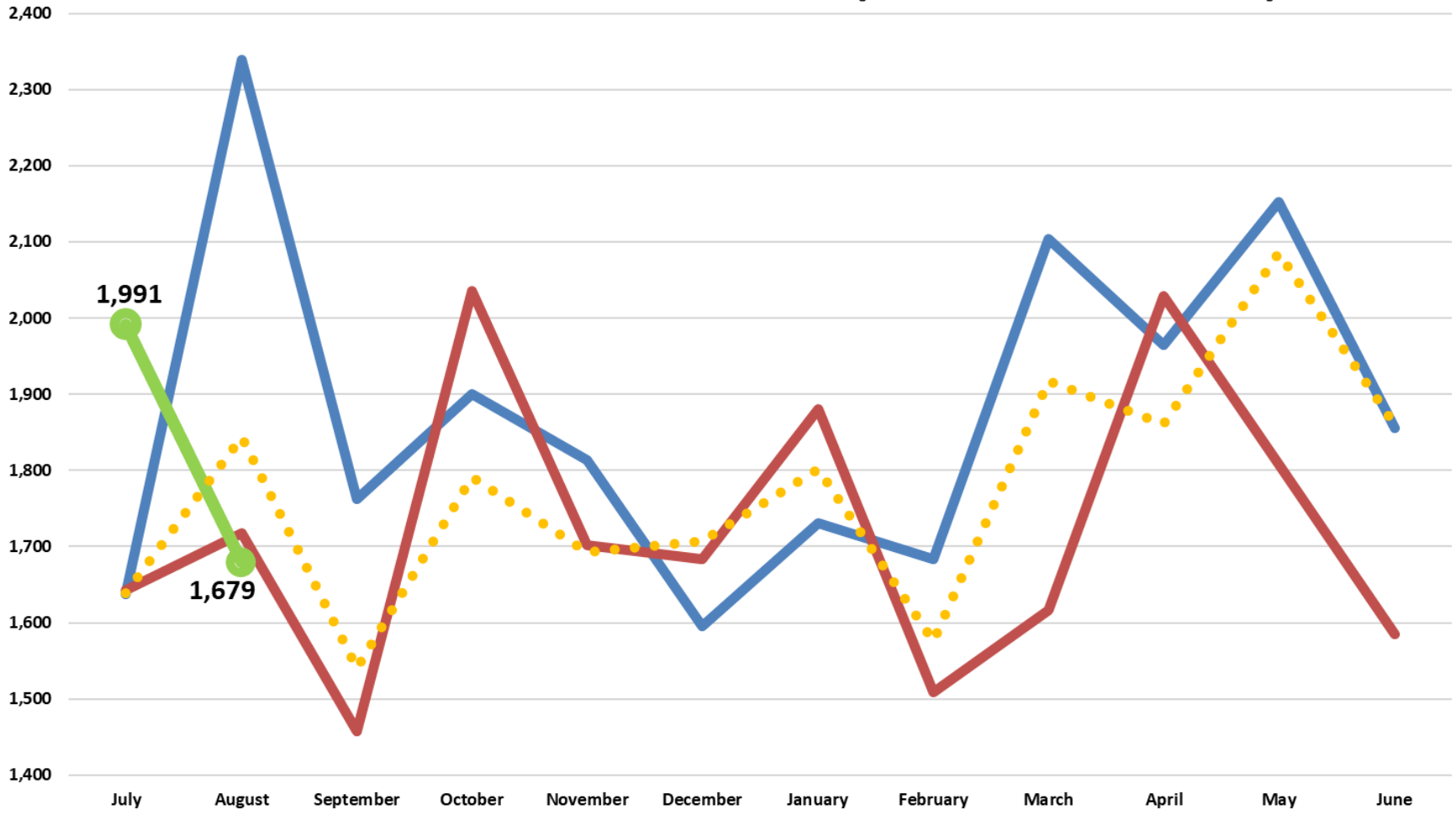
# Cardiac Surgery Cases



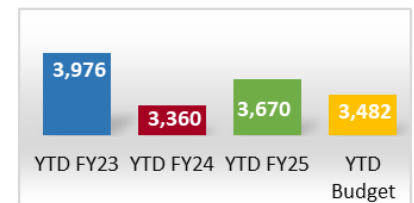
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



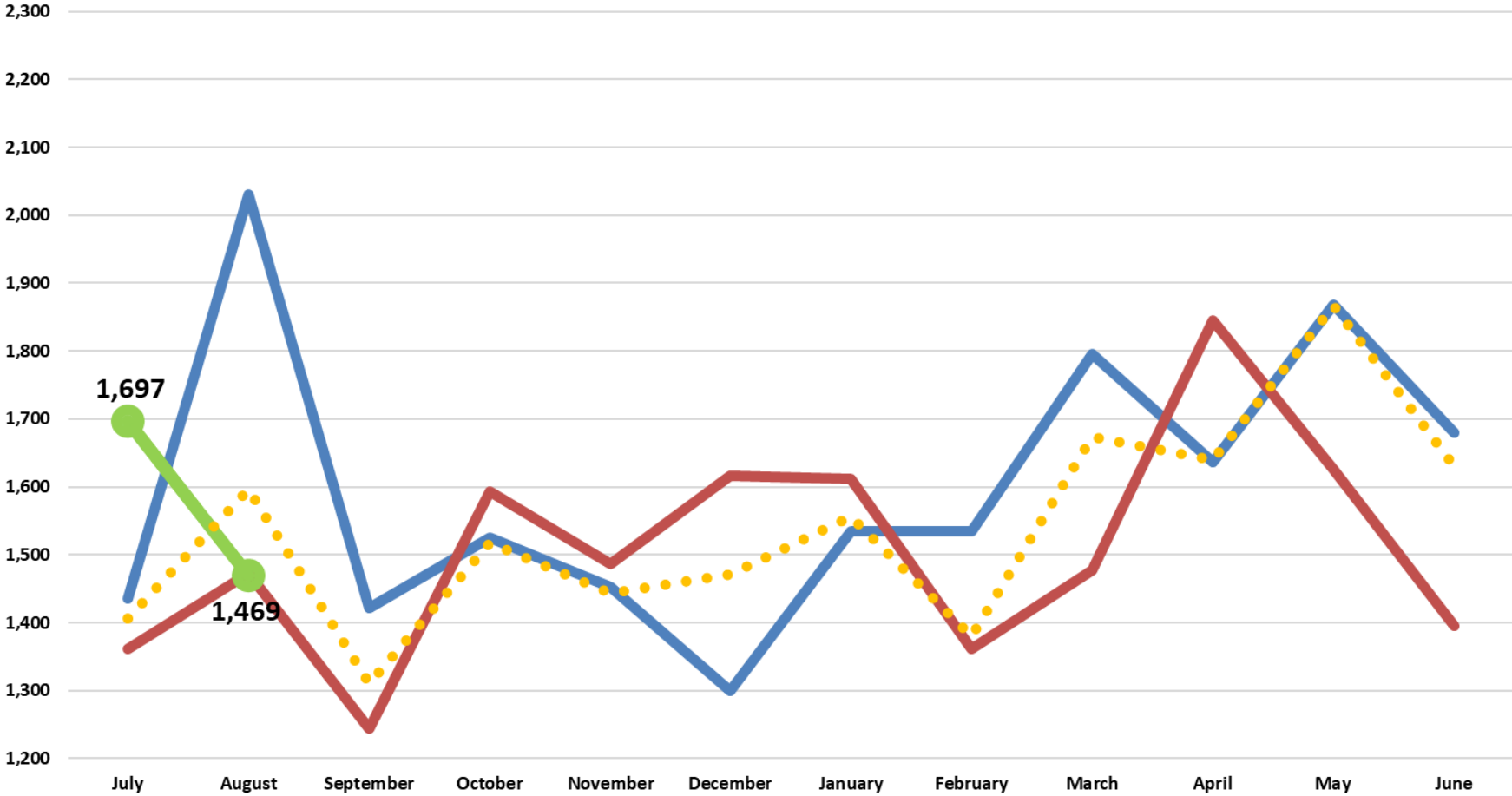
# Rad Onc Treatments (Vis. & Hanf.)



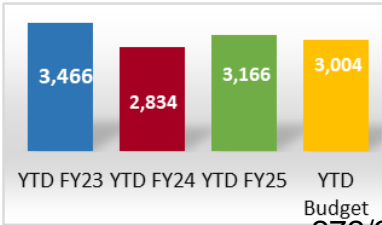
— FY2023   
 — FY2024   
 —● FY2025   
 ●● Budget



# Rad Onc Visalia

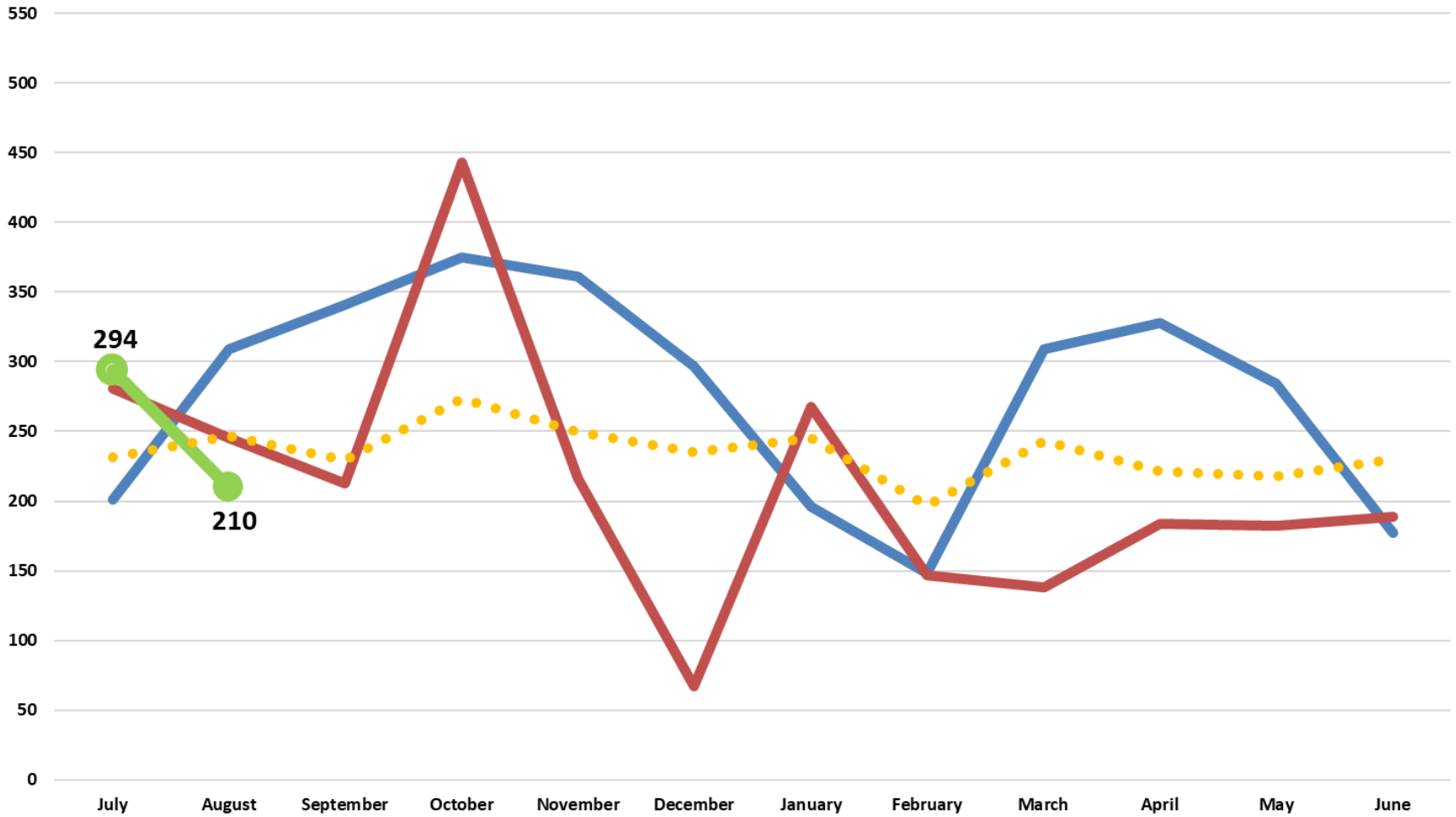


— FY2023   
 — FY2024   
 —● FY2025   
 ●● Budget

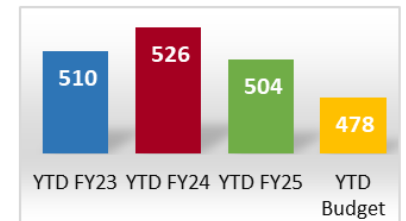


272/328

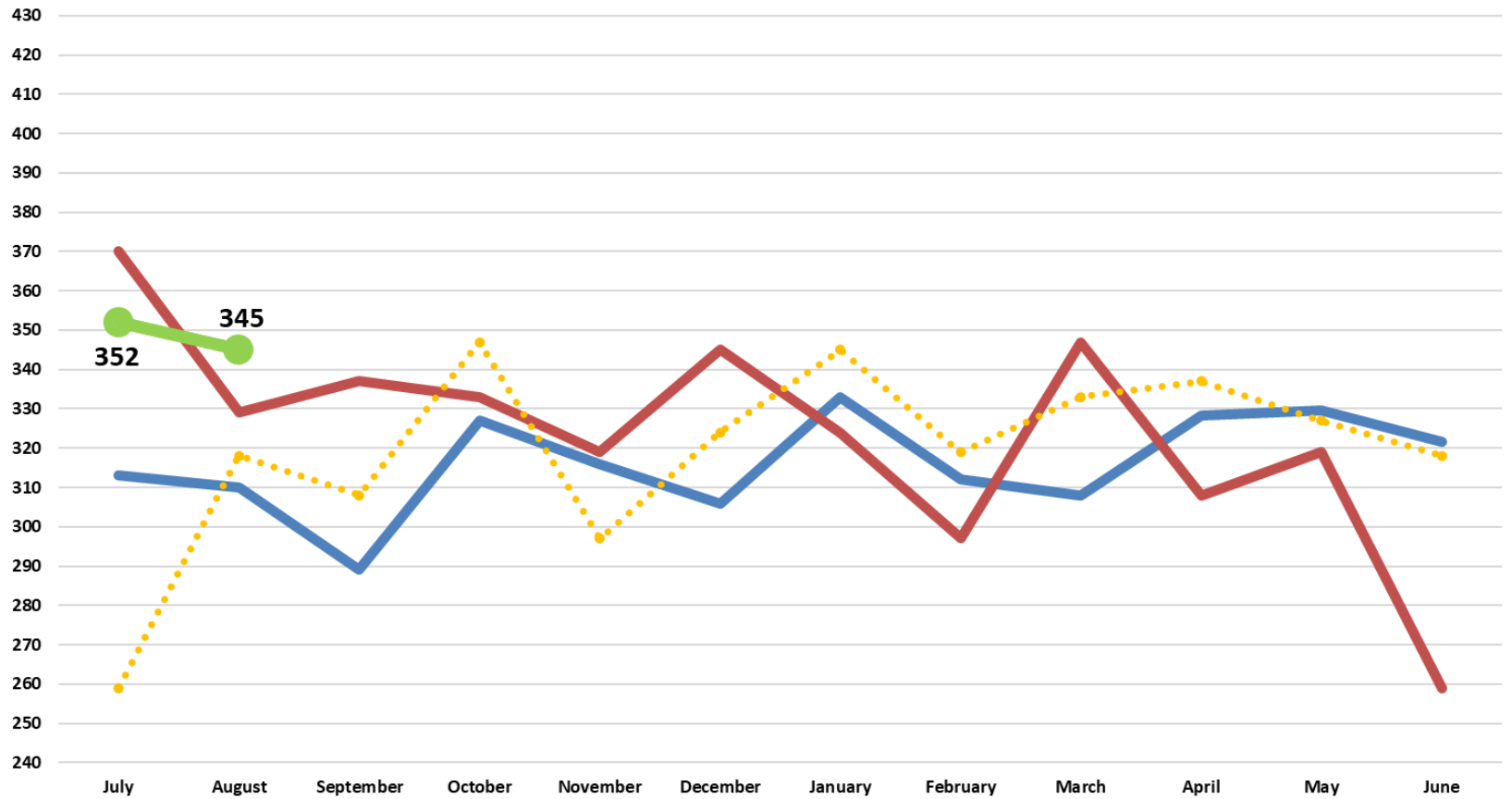
# Rad Onc Hanford



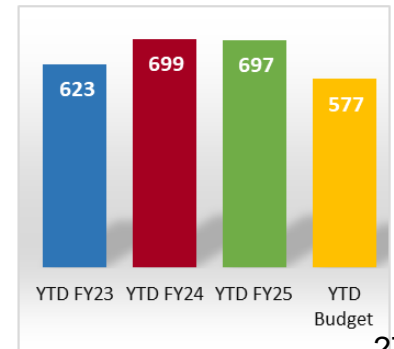
— **FY2023**  
 — **FY2024**  
 —●— **FY2025**  
 ●●● **Budget**



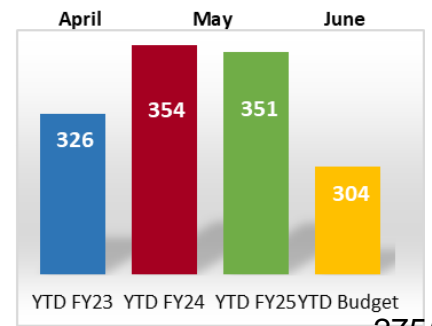
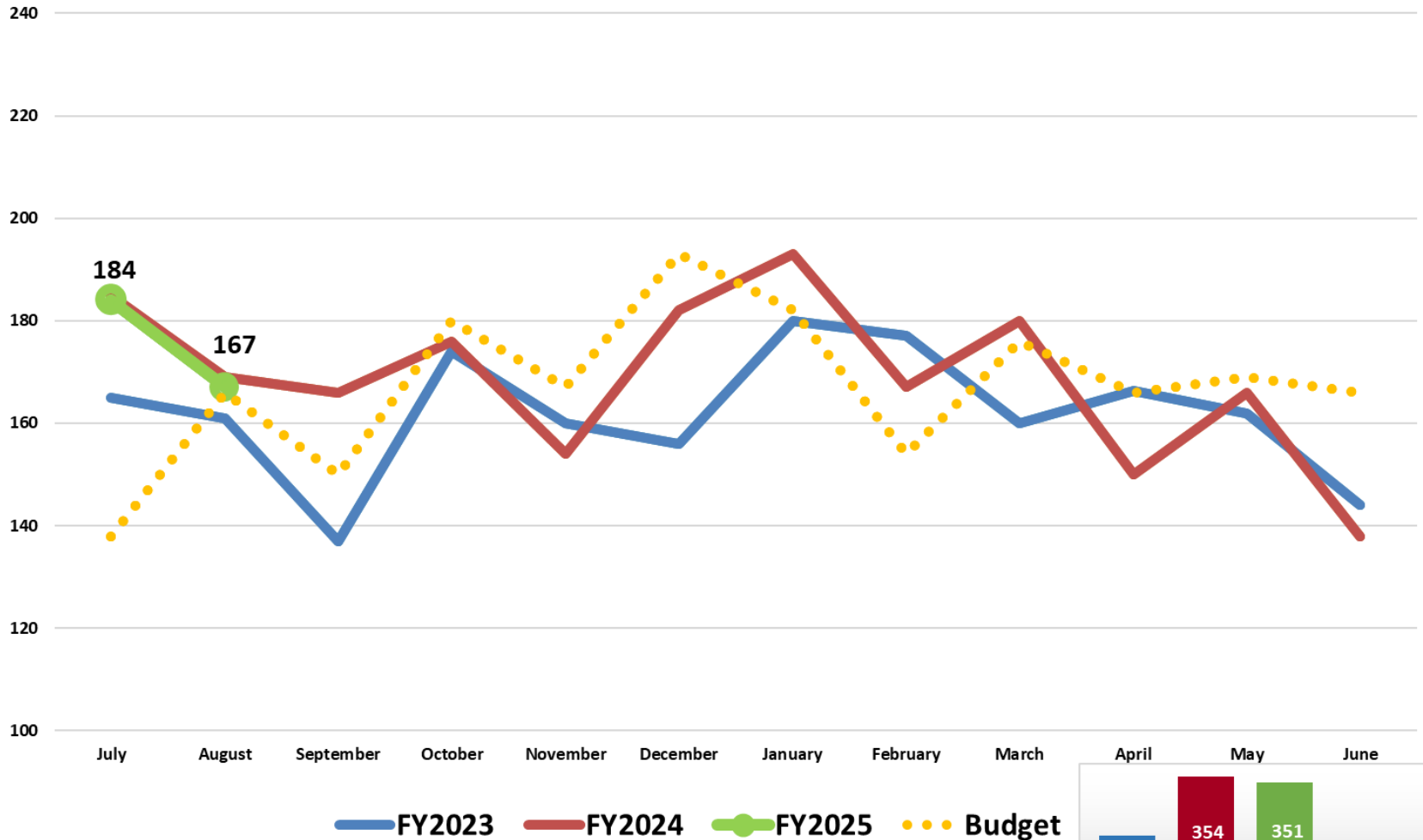
# Cath Lab (IP & OP) – 100 Min Units



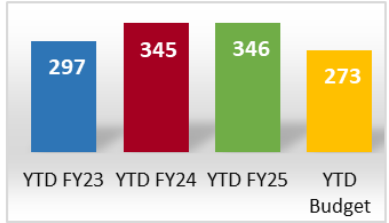
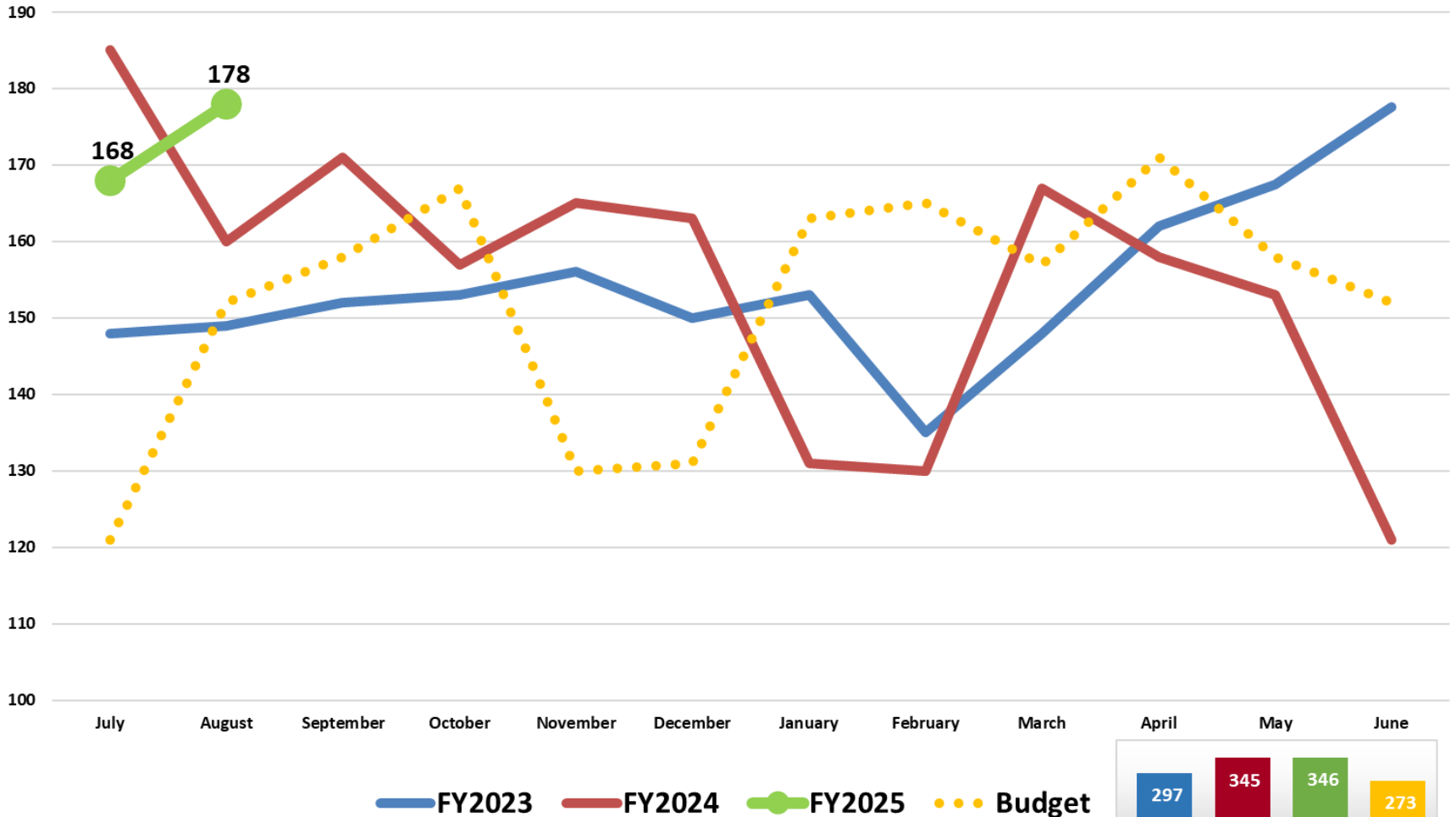
— FY2023   
 — FY2024   
 —● FY2025   
 ⋯ Budget



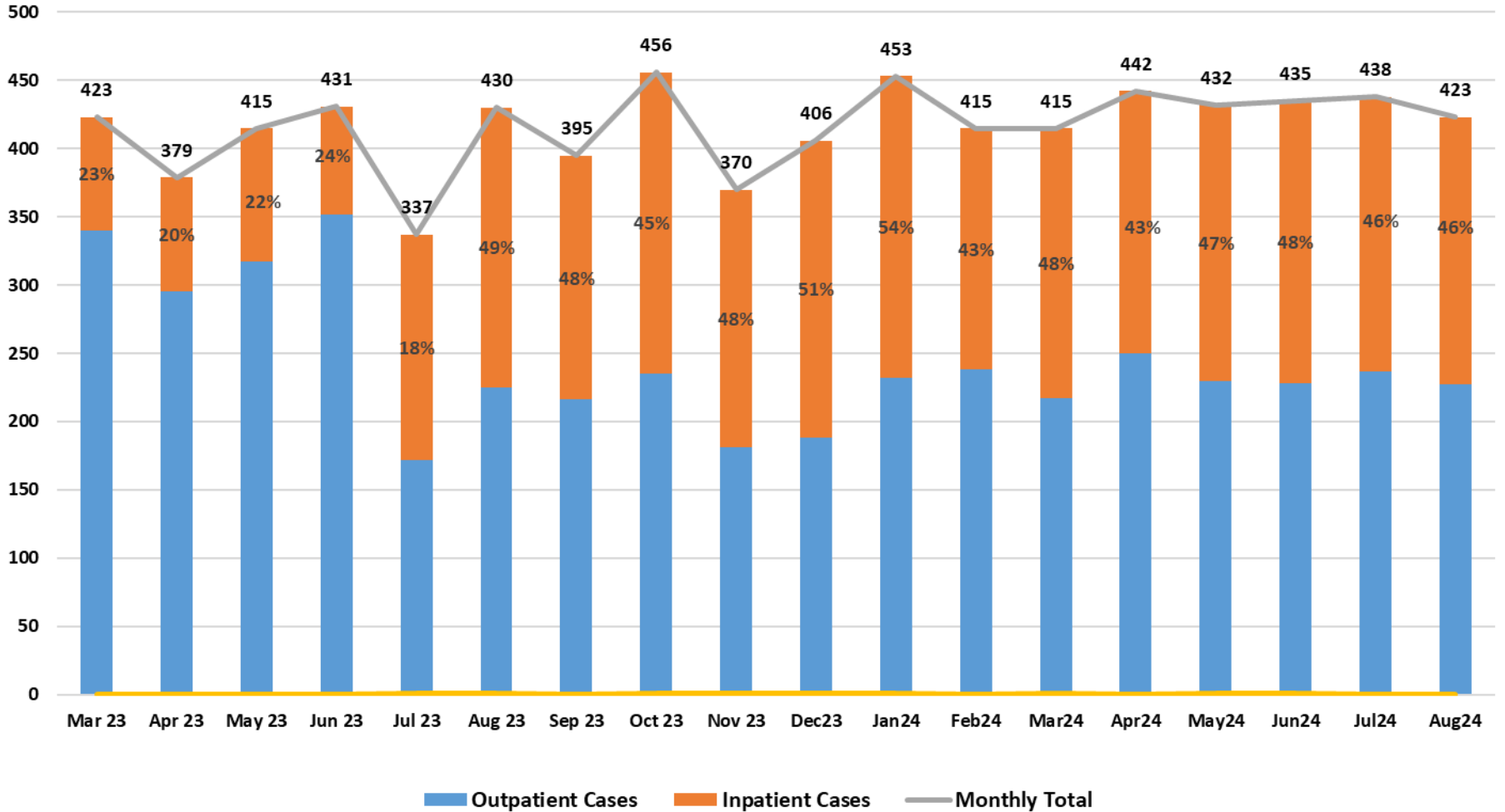
# Cath Lab (IP Only) – 100 Min Units



# Cath Lab (OP Only) – 100 Min Units

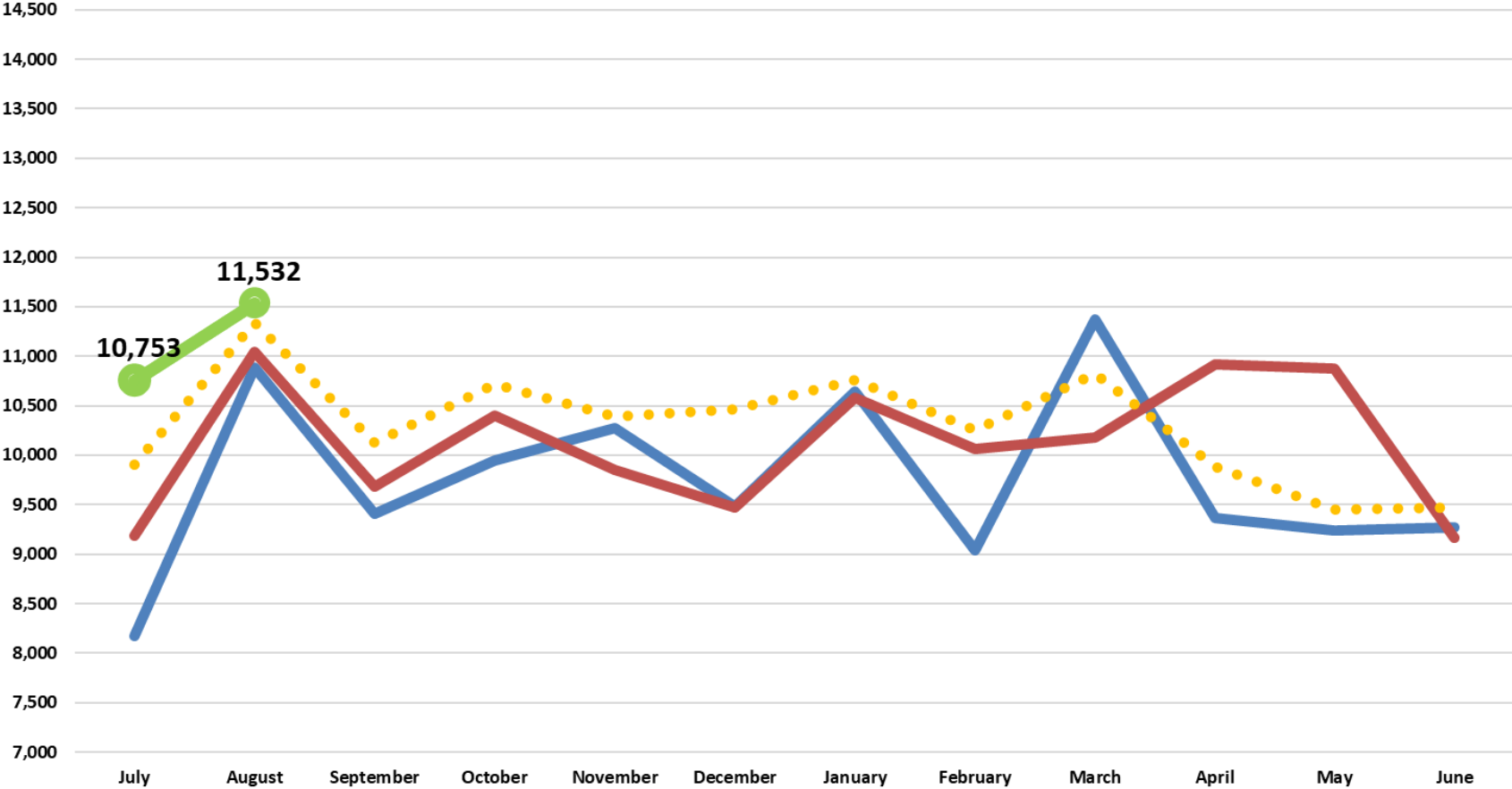


# Cath Lab Patients (IP & OP)

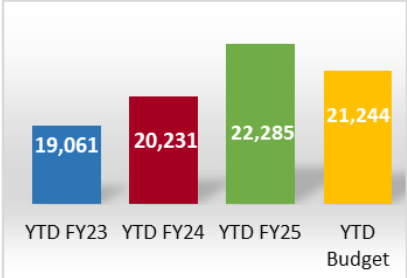




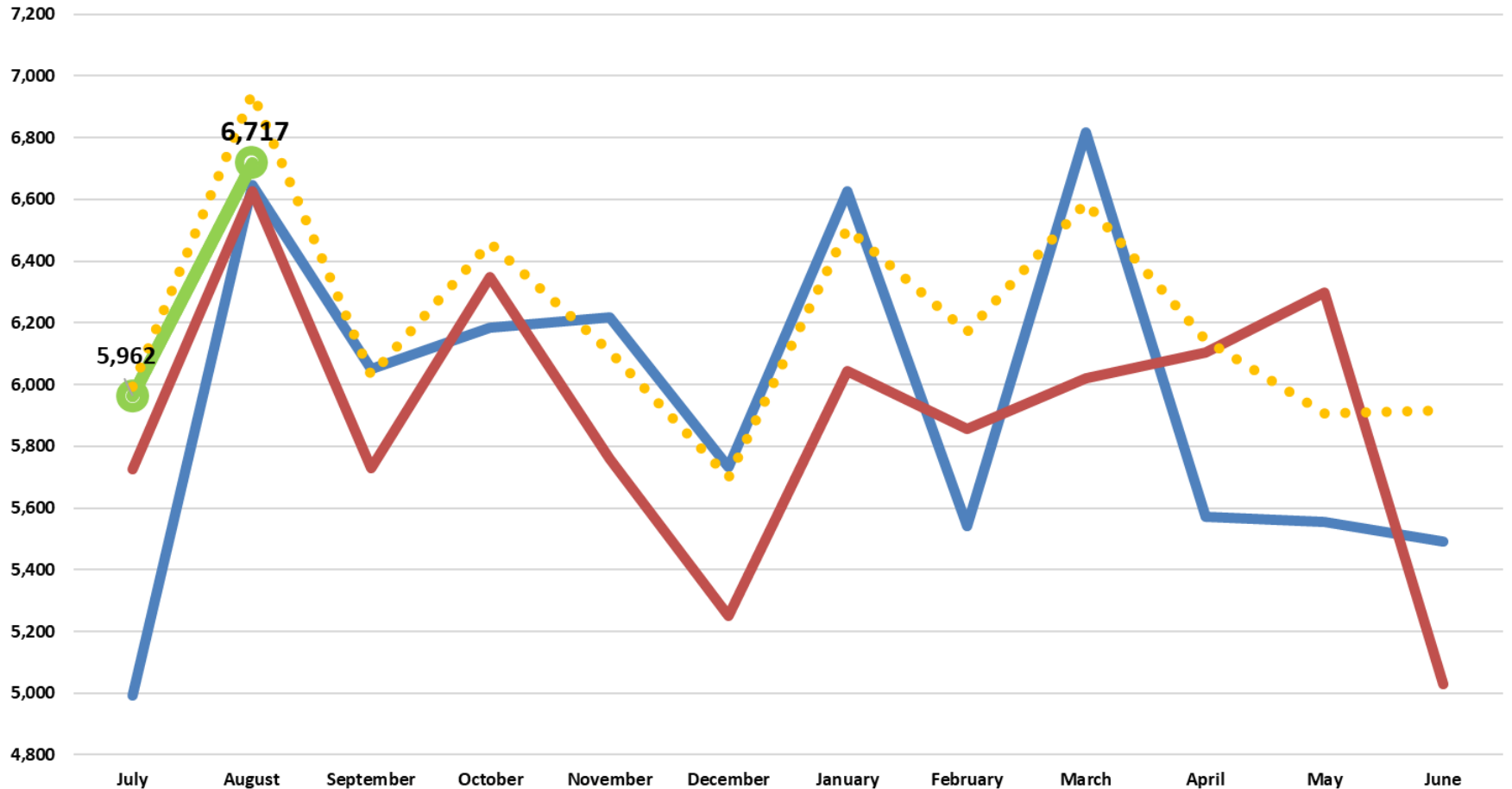
# Rural Health Clinics Registrations



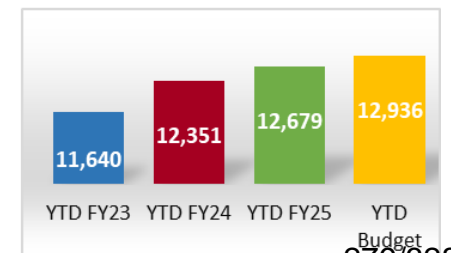
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



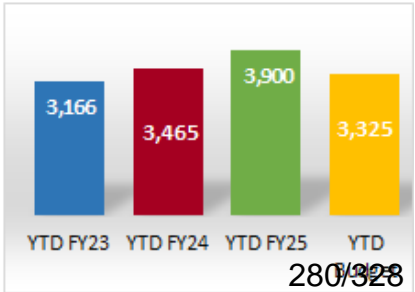
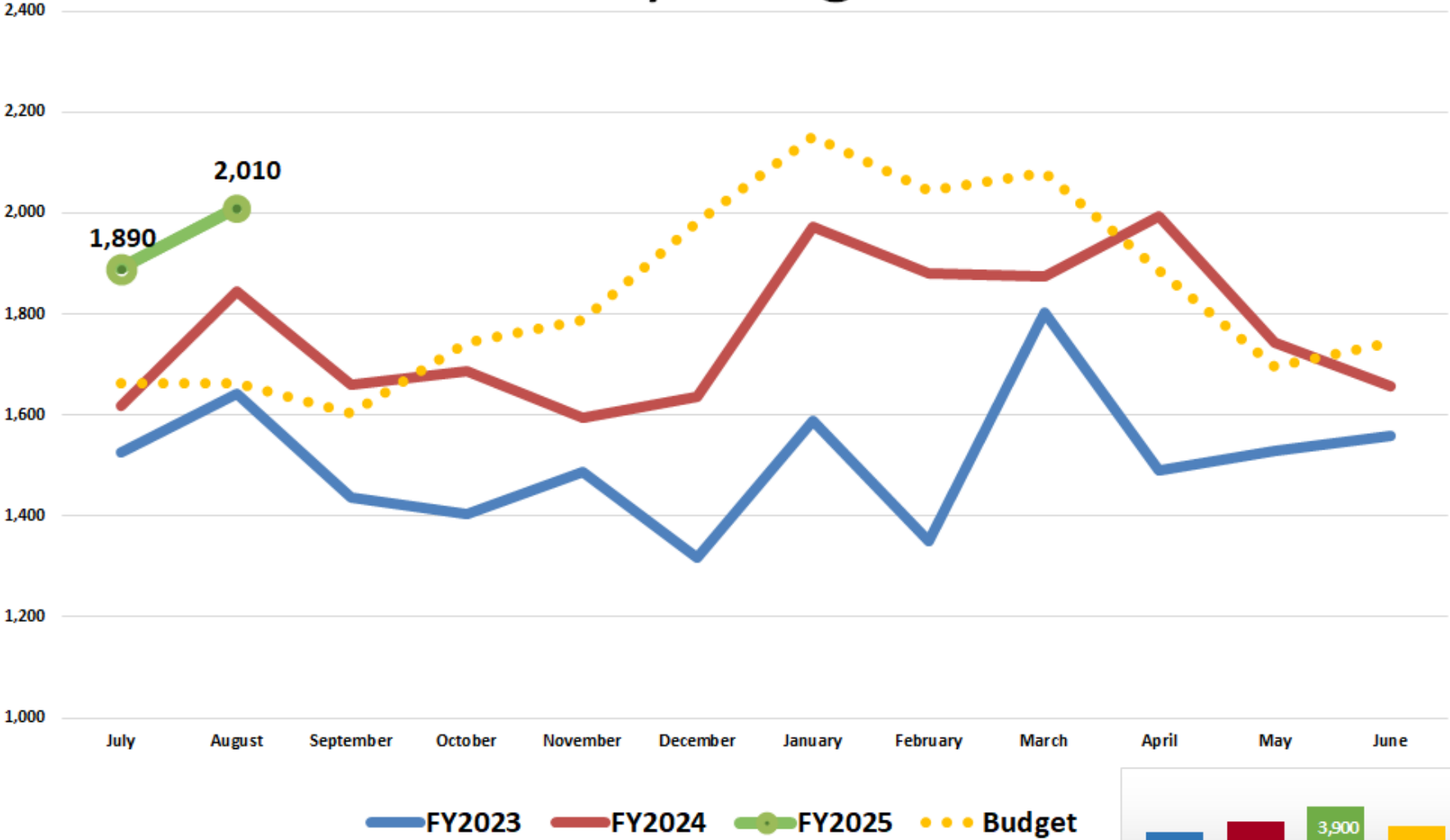
# RHC Exeter - Registrations



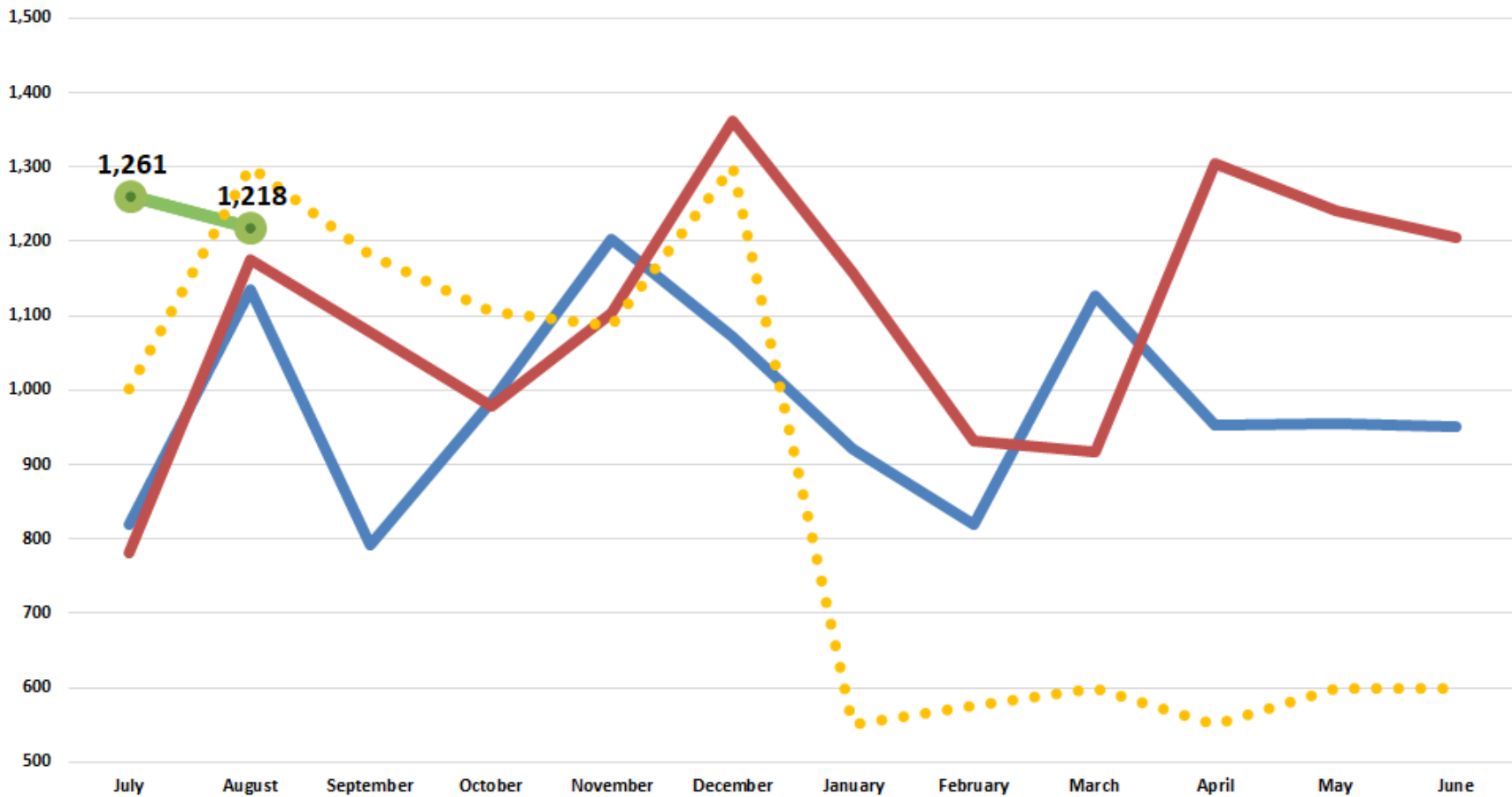
— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget



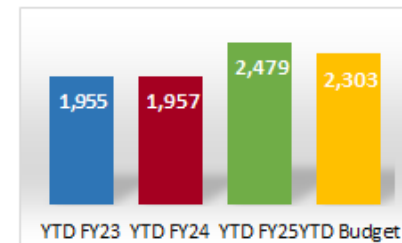
# RHC Lindsay - Registrations



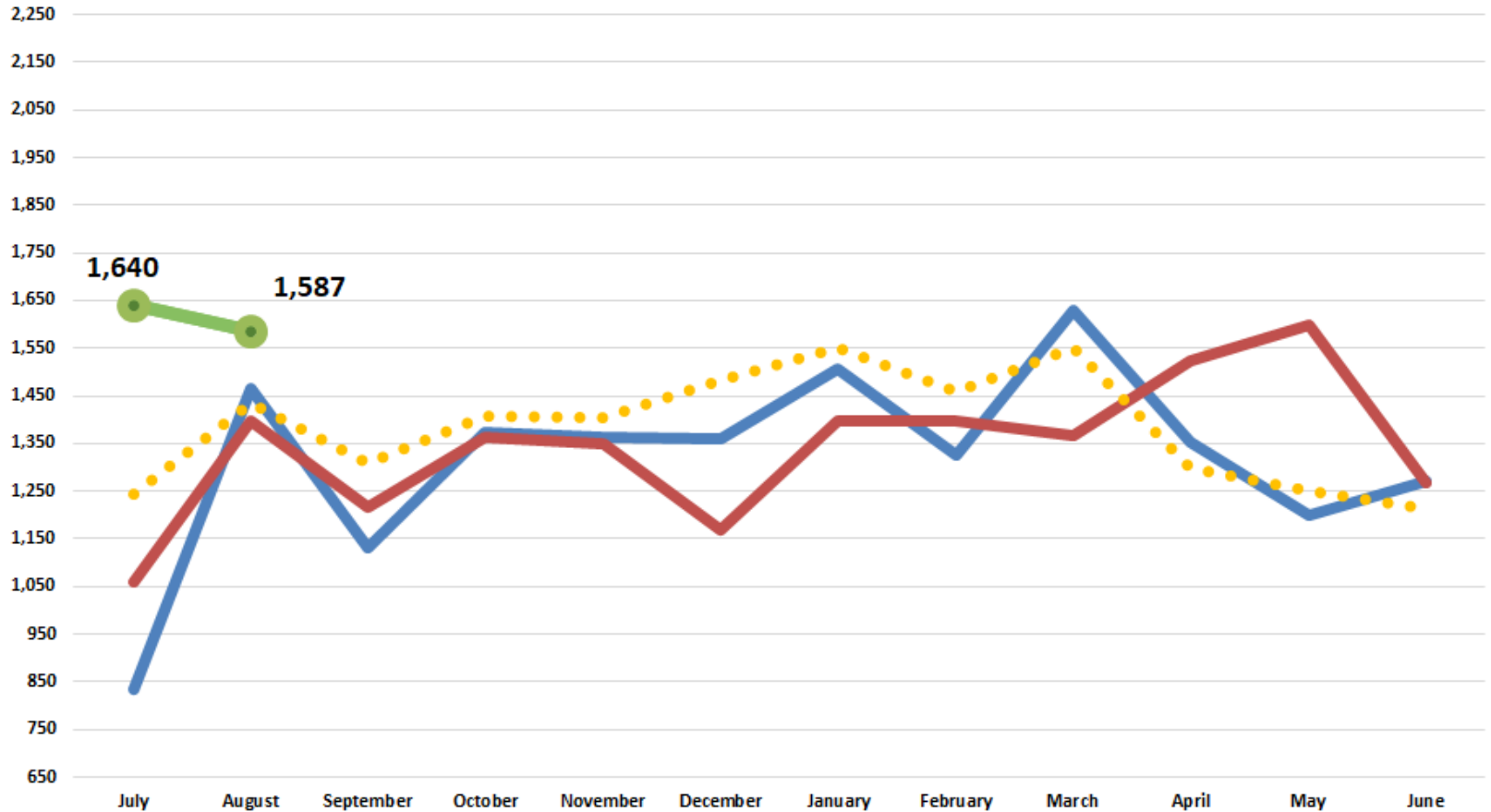
# RHC Woodlake - Registrations



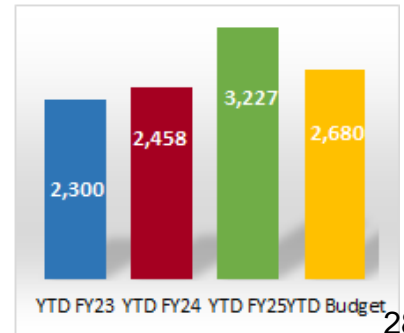
— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



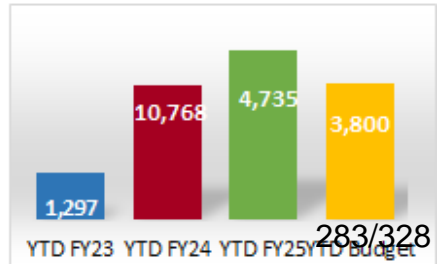
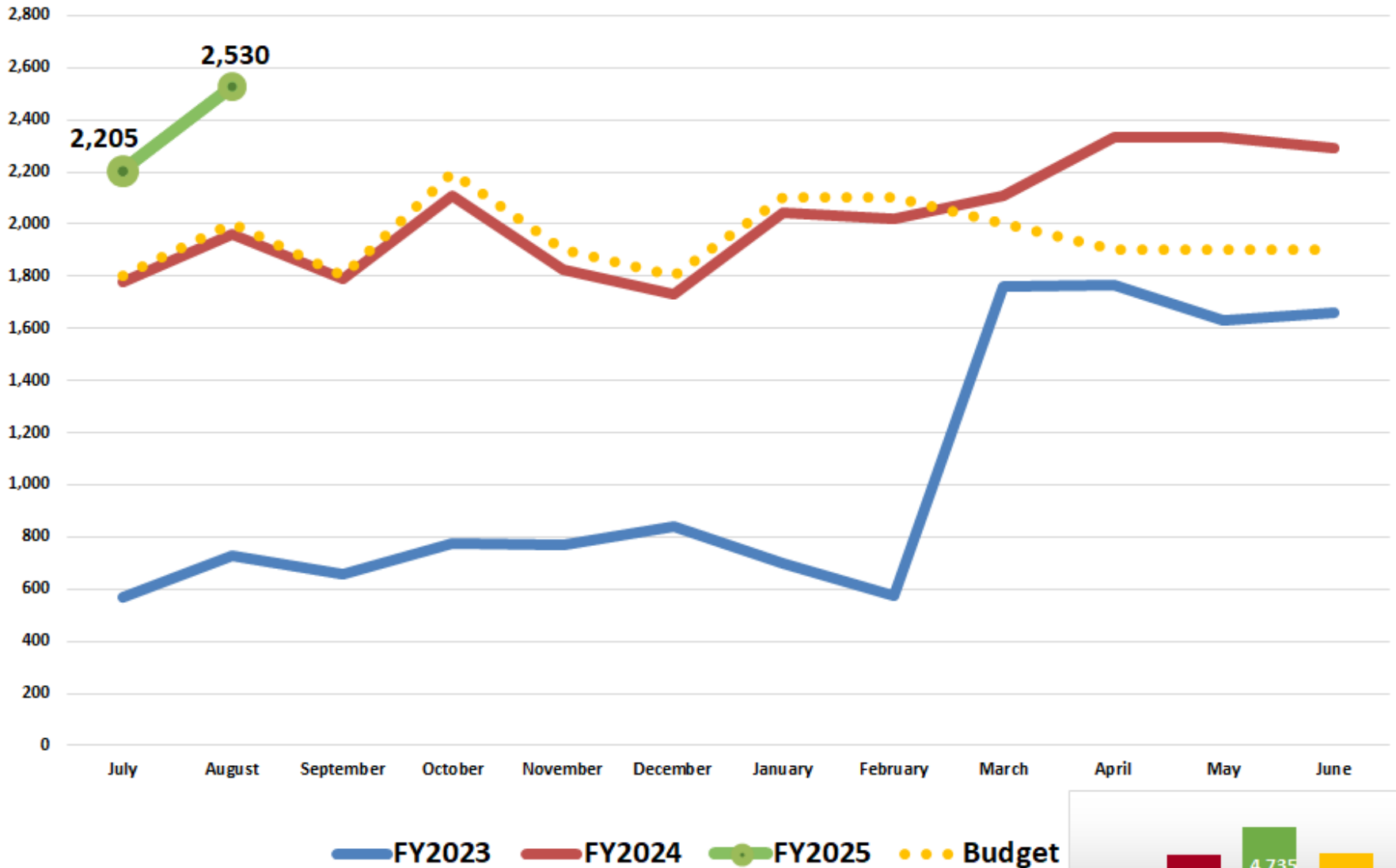
# RHC Dinuba - Registrations



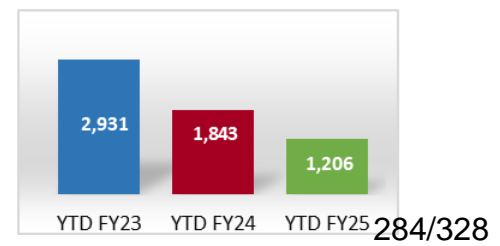
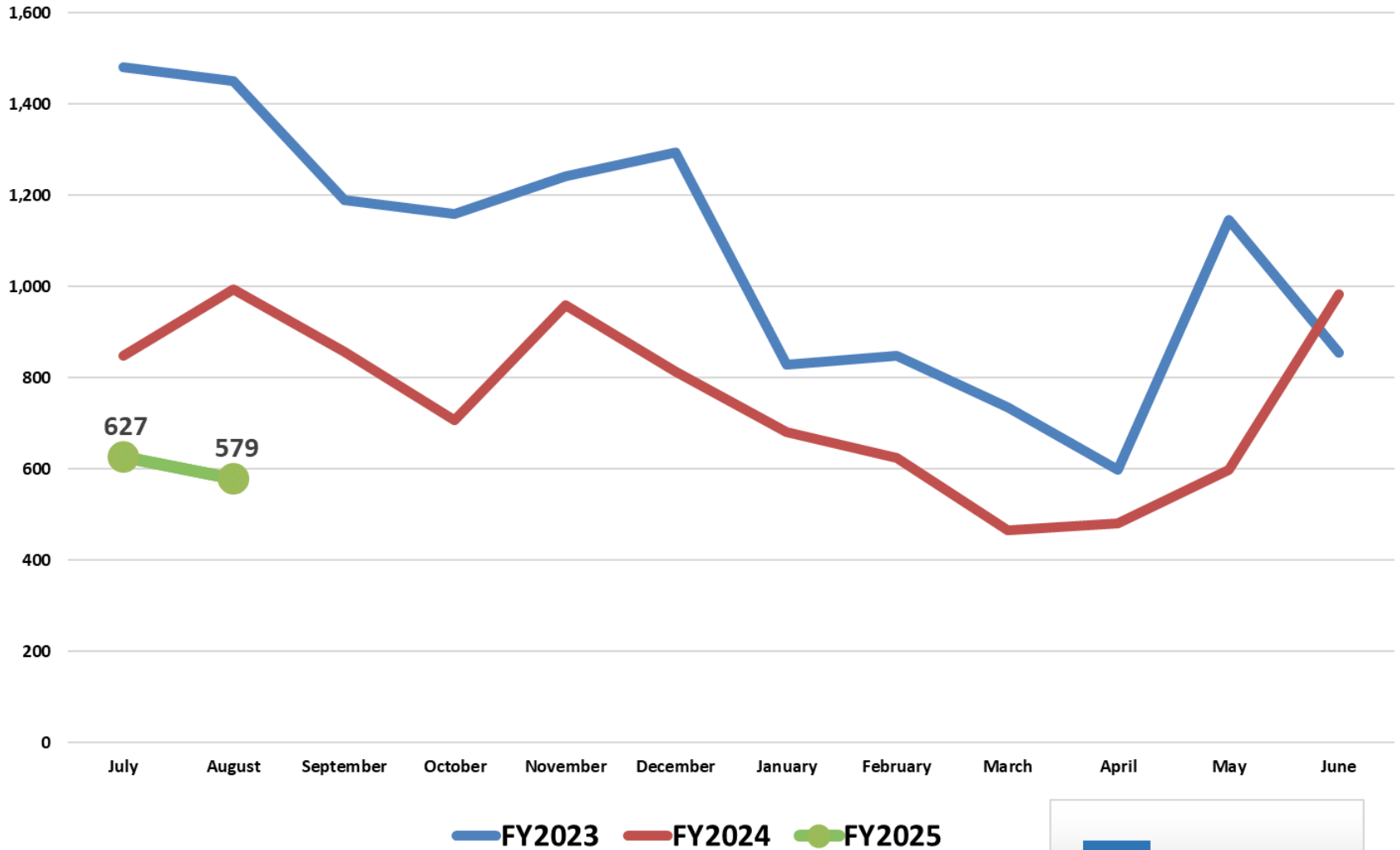
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



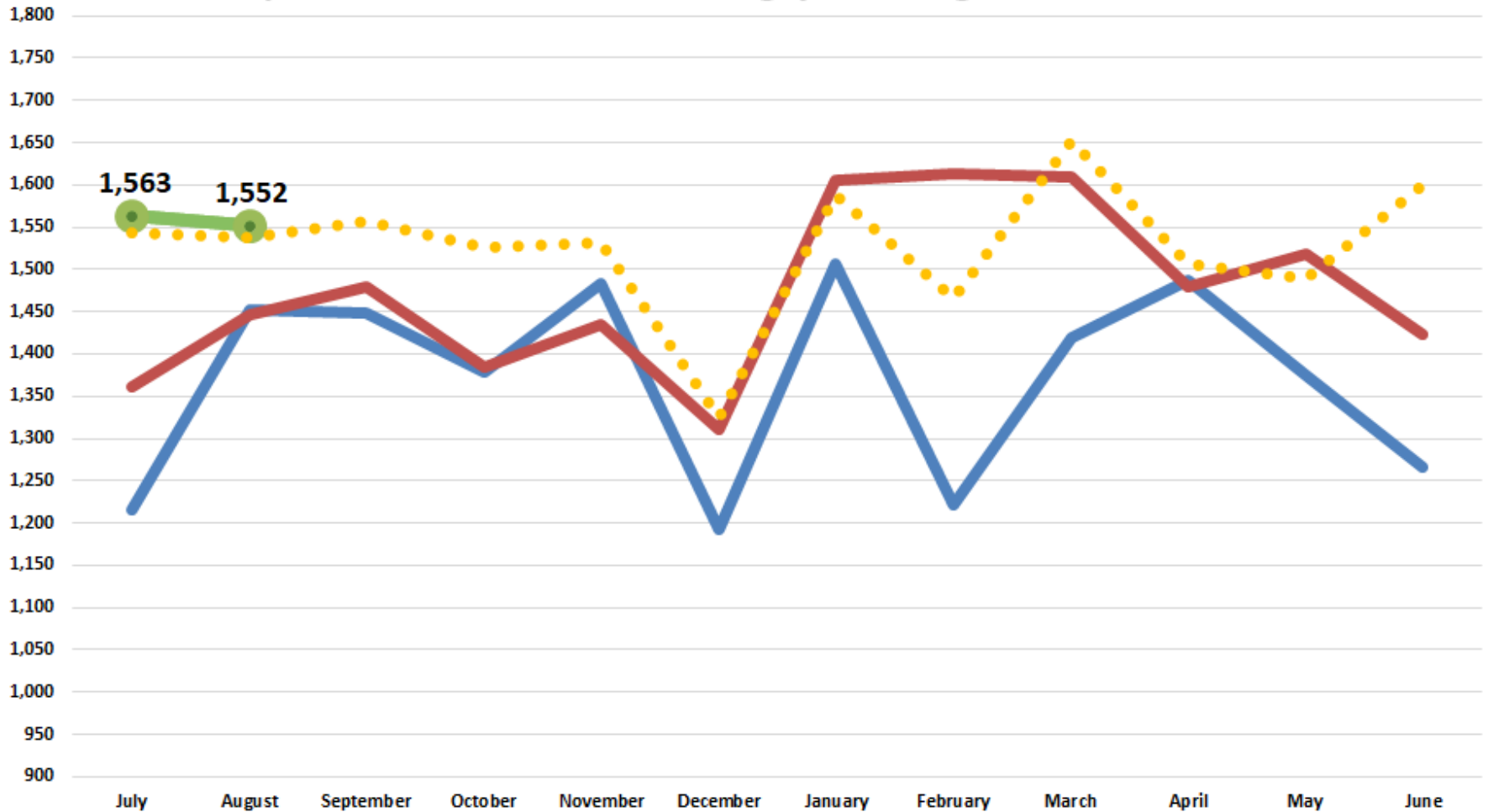
# RHC Tulare - Registrations



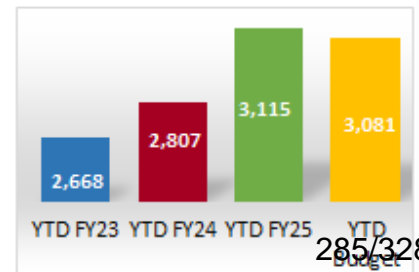
# Neurosurgery Clinic - wRVU's



# Sequoia Cardiology Registrations

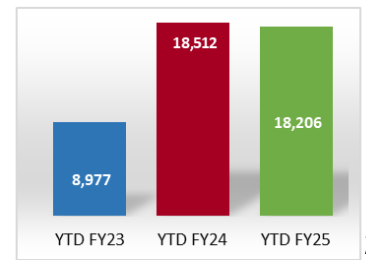
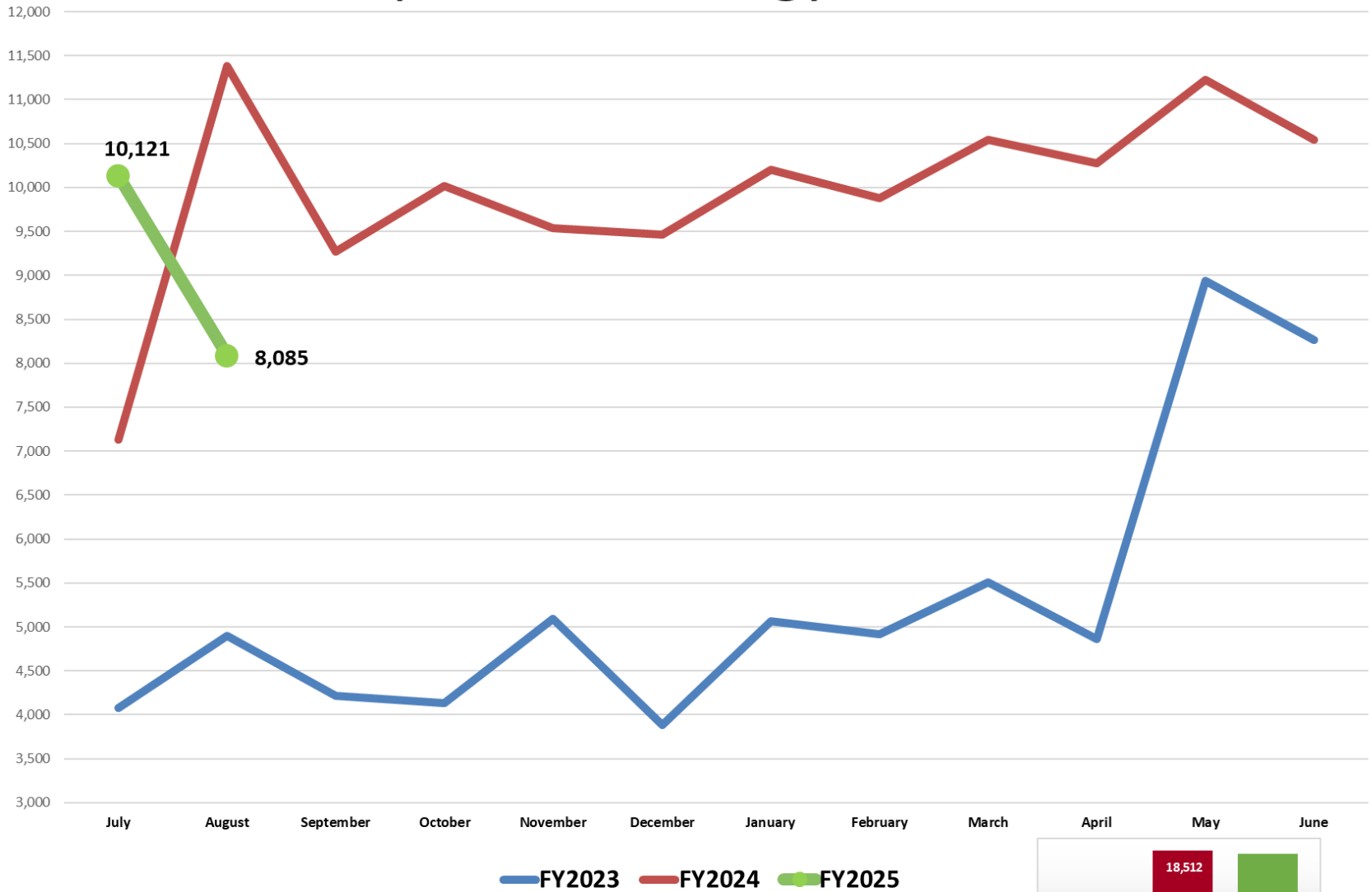


—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

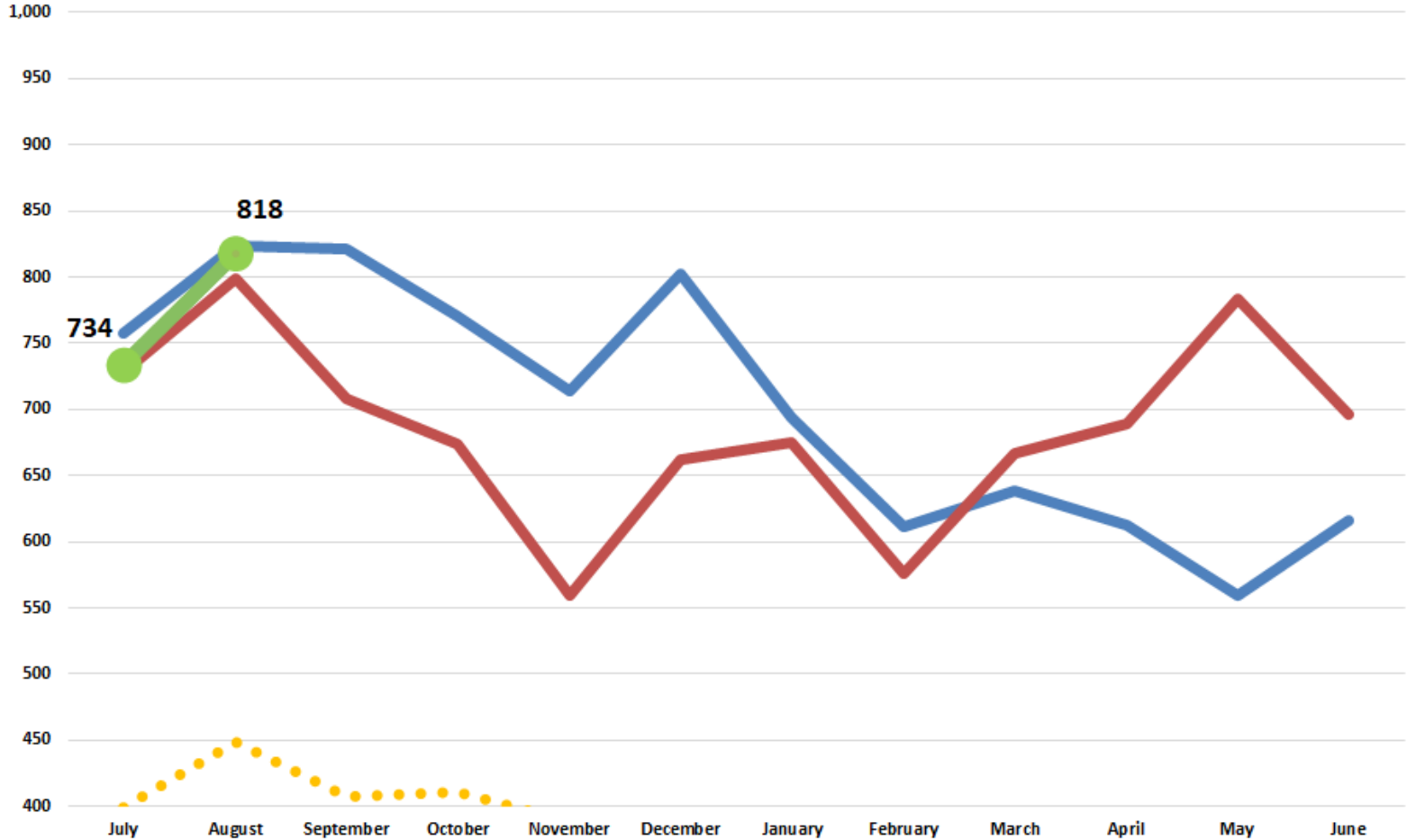




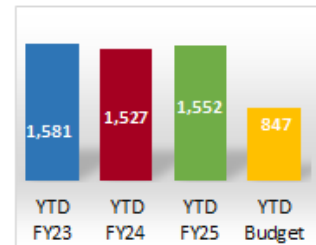
# Sequoia Cardiology - wRVU's



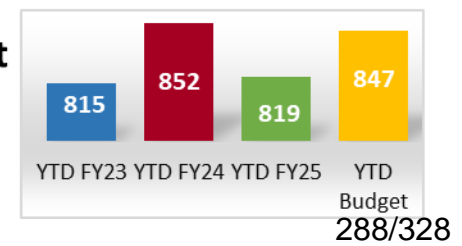
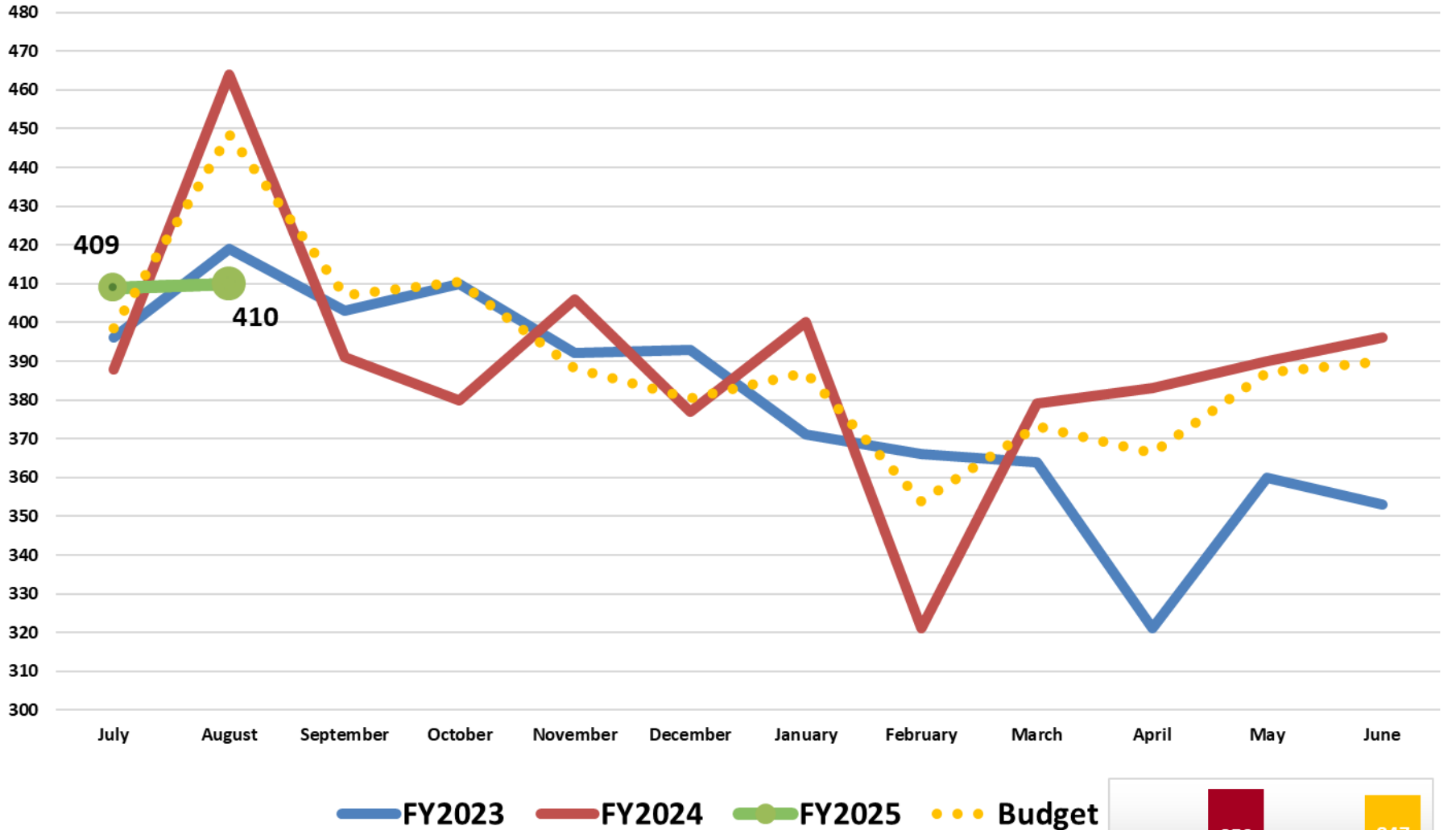
# Labor Triage Registrations



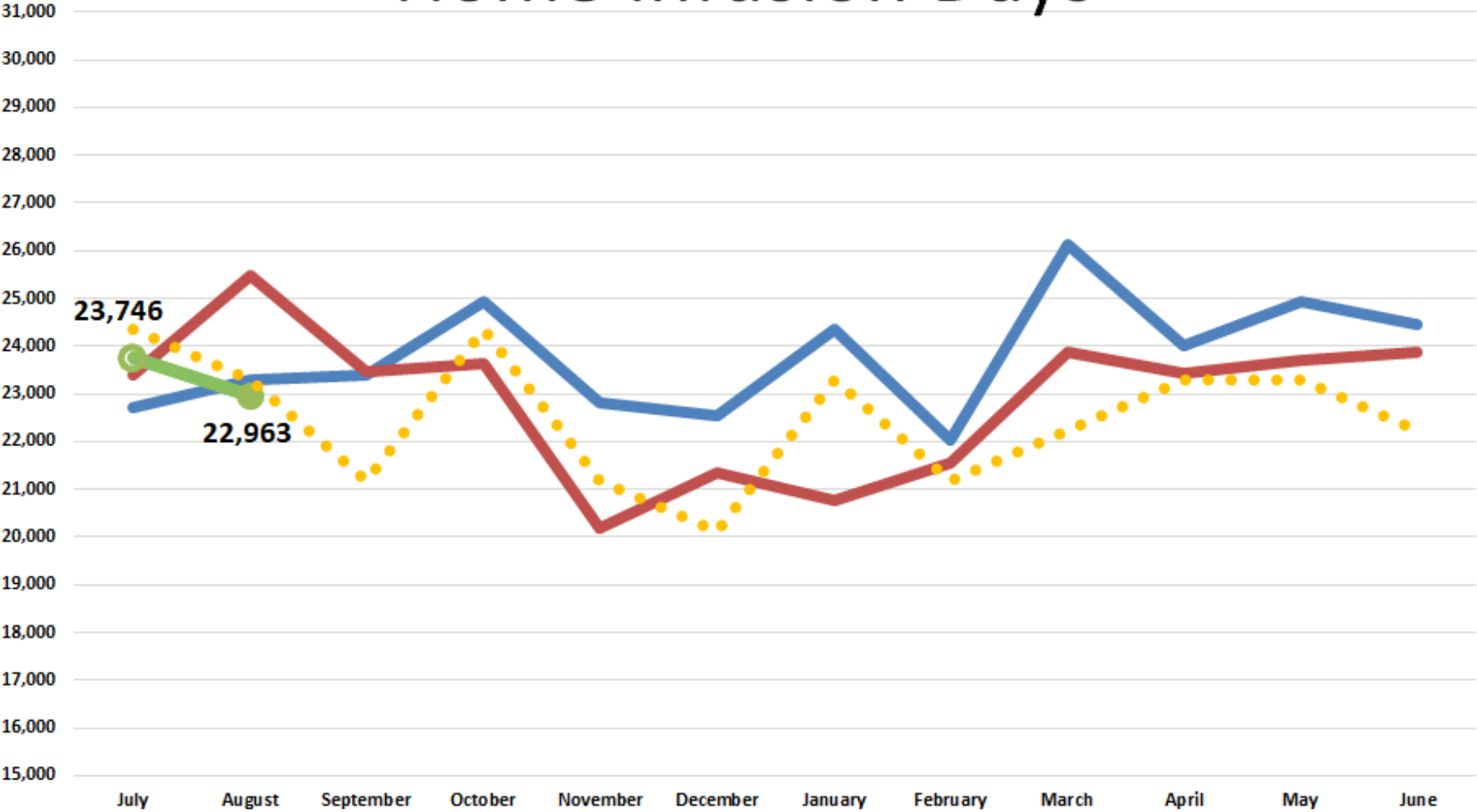
—● FY2023   
 —● FY2024   
 —● FY2025   
 ●●● Budget



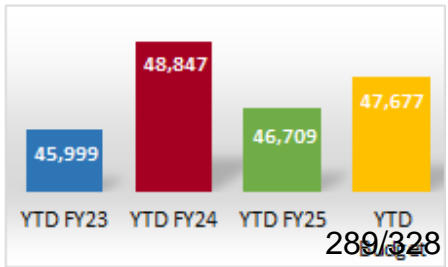
# Deliveries



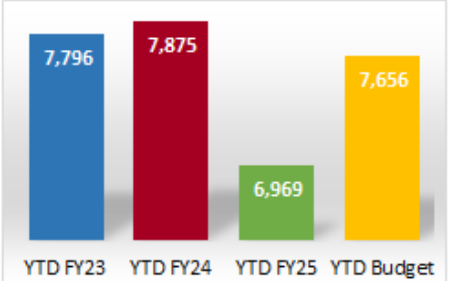
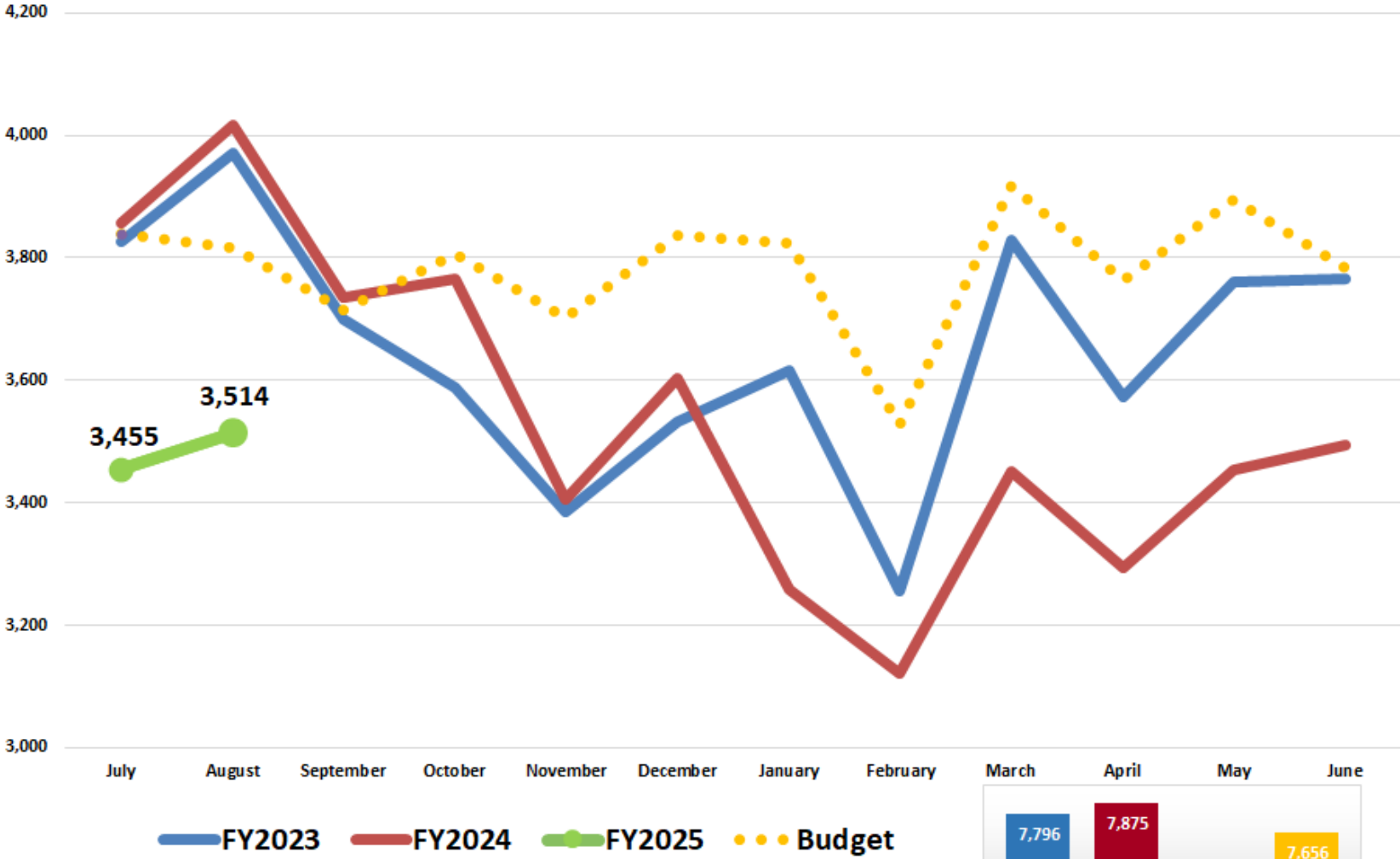
# Home Infusion Days



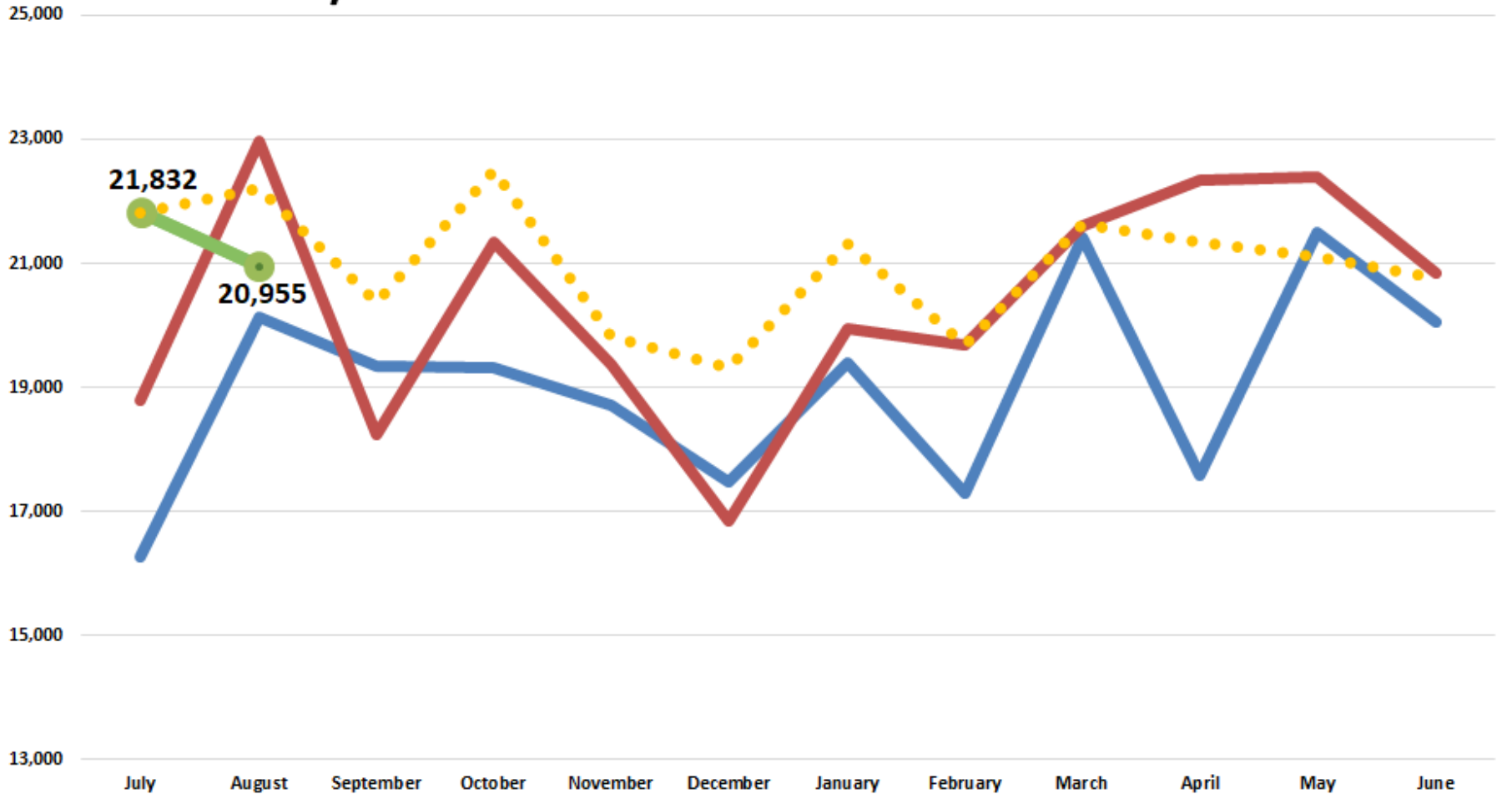
—●— FY2023   
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 —●— FY2025   
 ●●● Budget



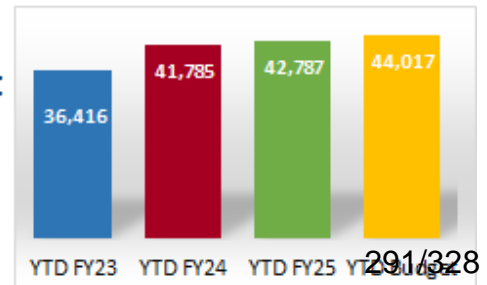
# Hospice Days



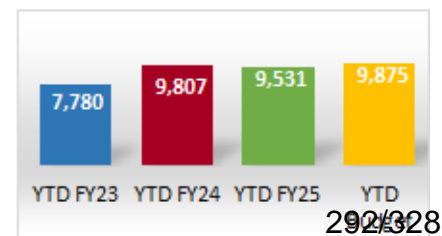
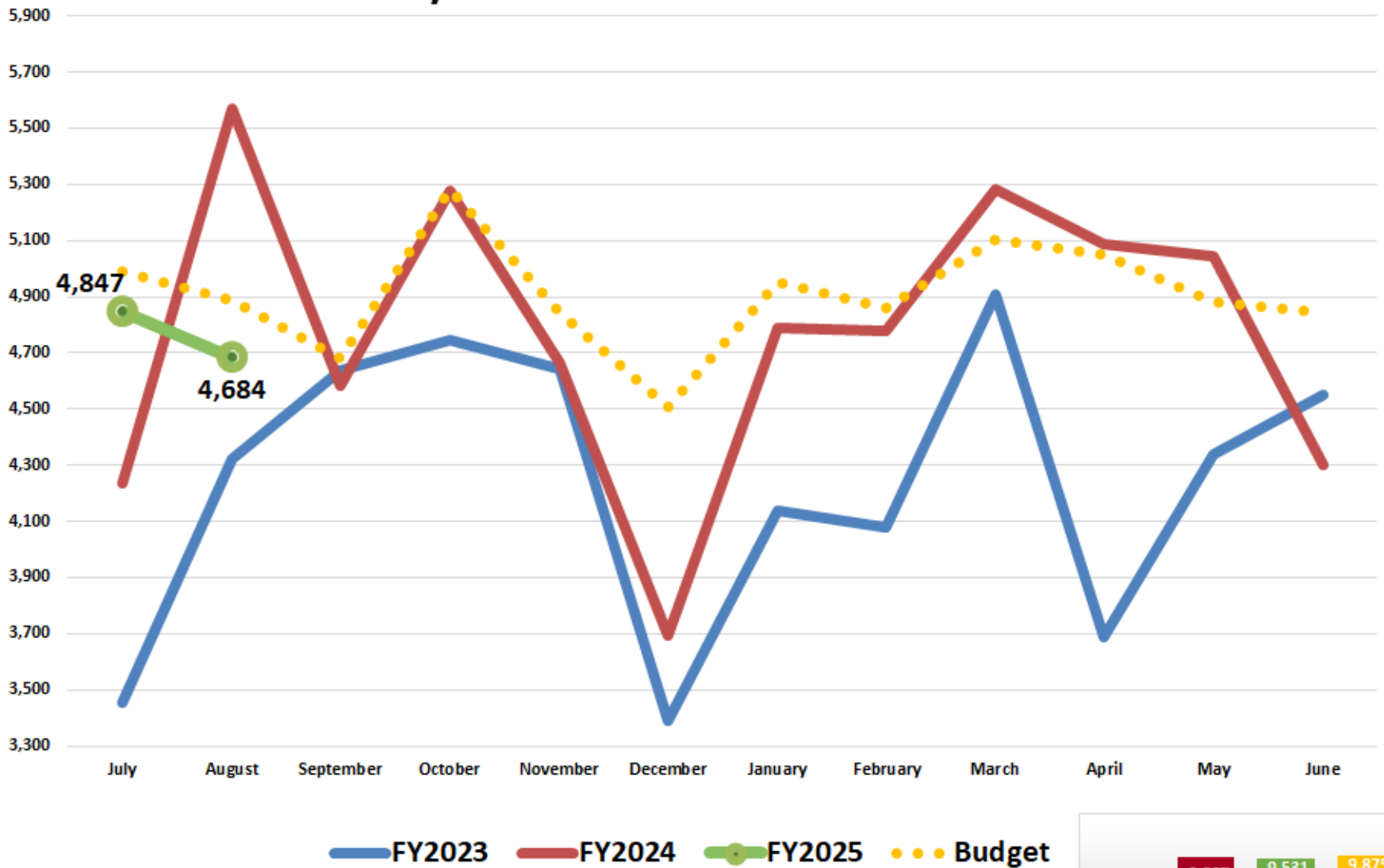
# All O/P Rehab Svcs Across District



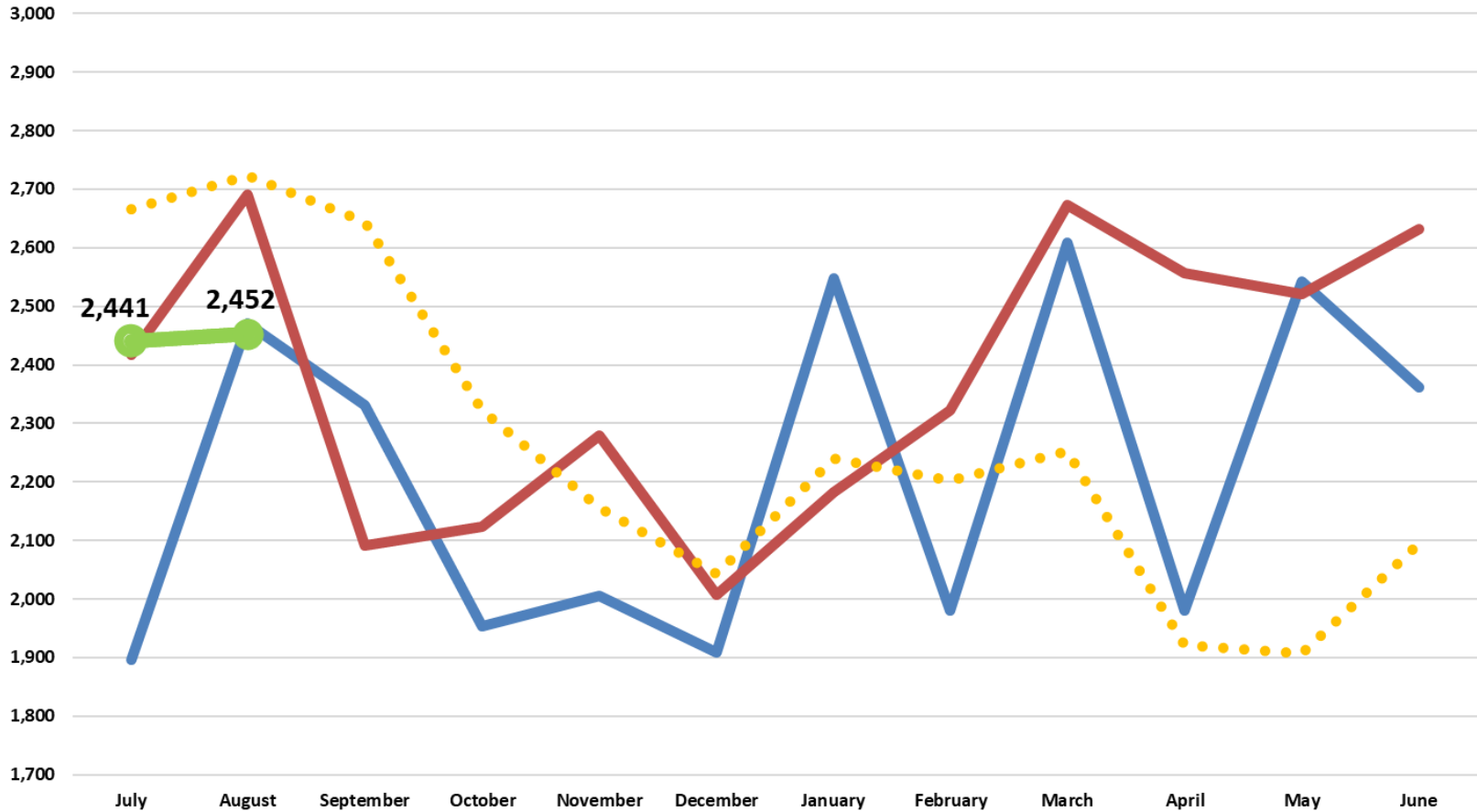
—●— FY2023   
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 —●— FY2025   
 ●●● Budget



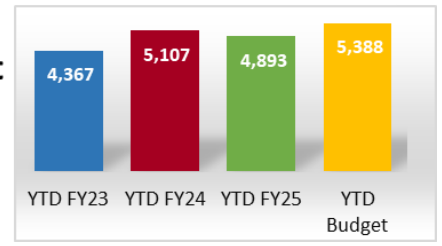
# O/P Rehab Services



# O/P Rehab - Exeter

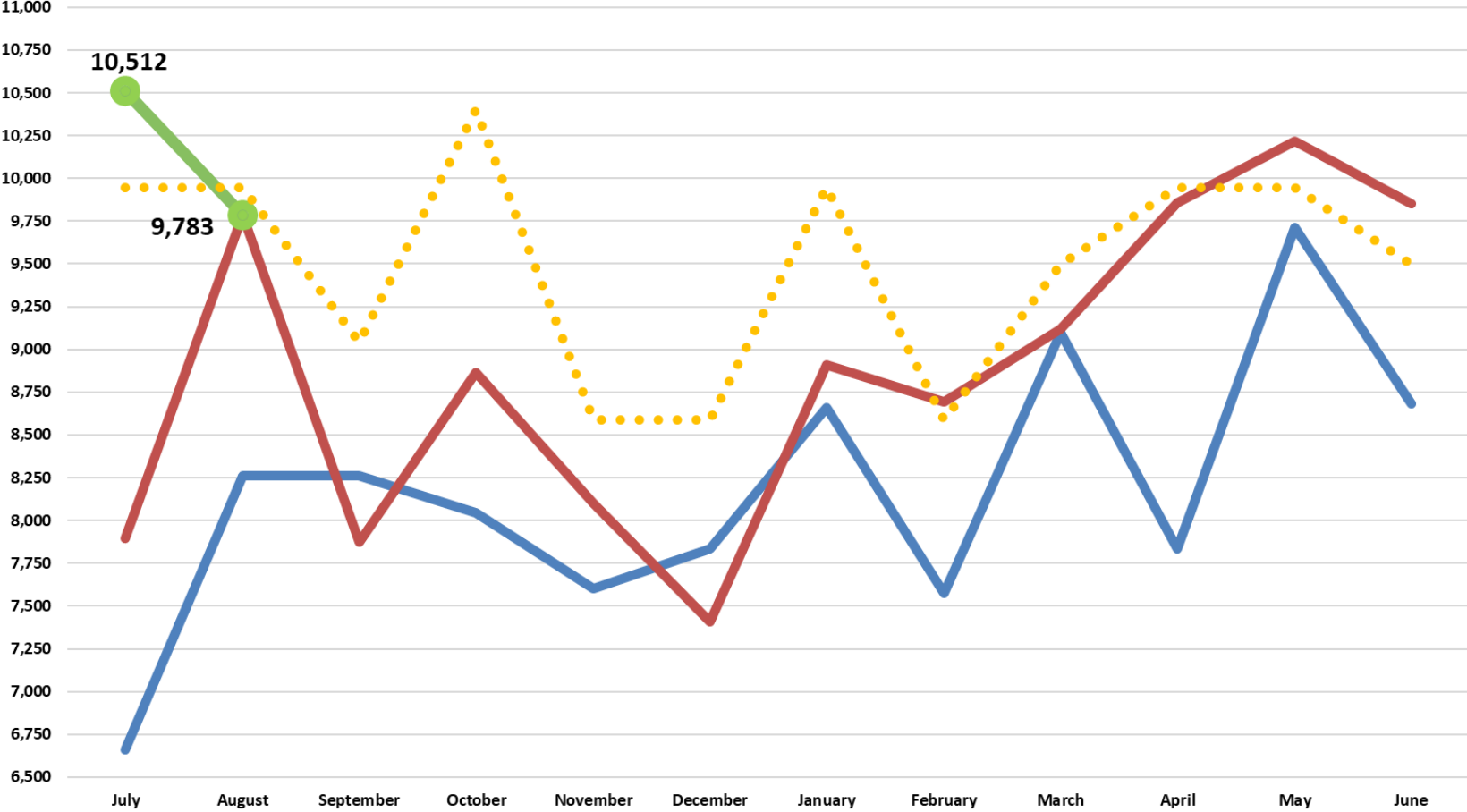


—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

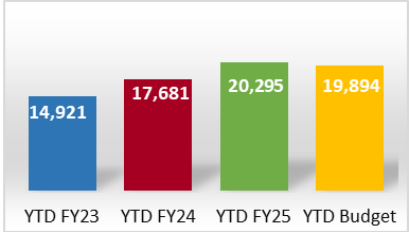




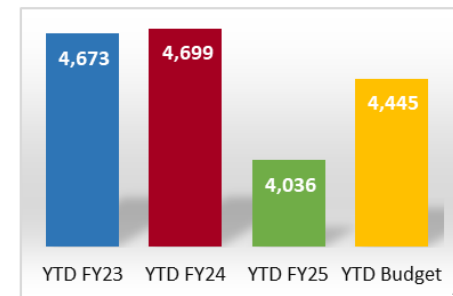
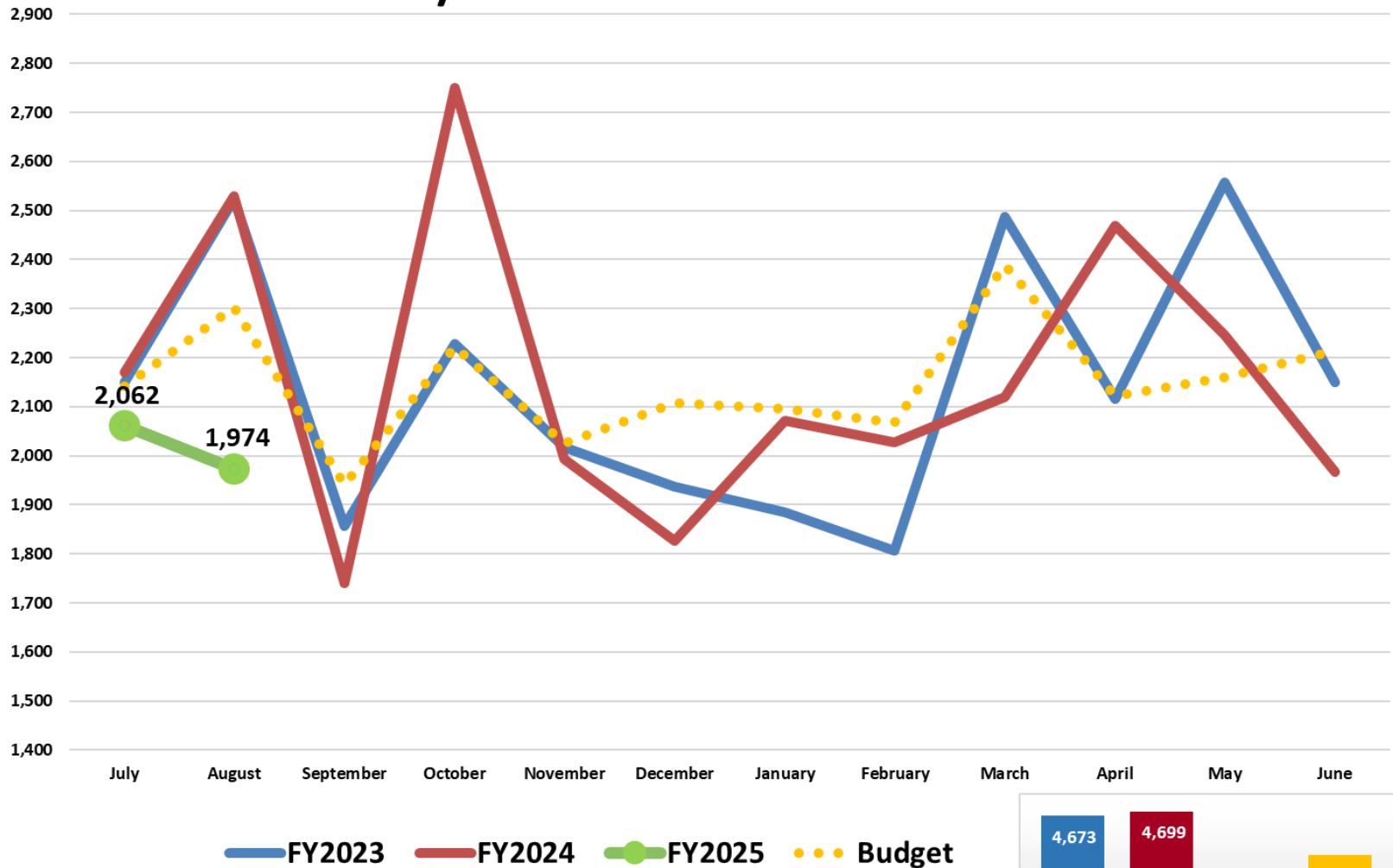
# O/P Rehab - Akers



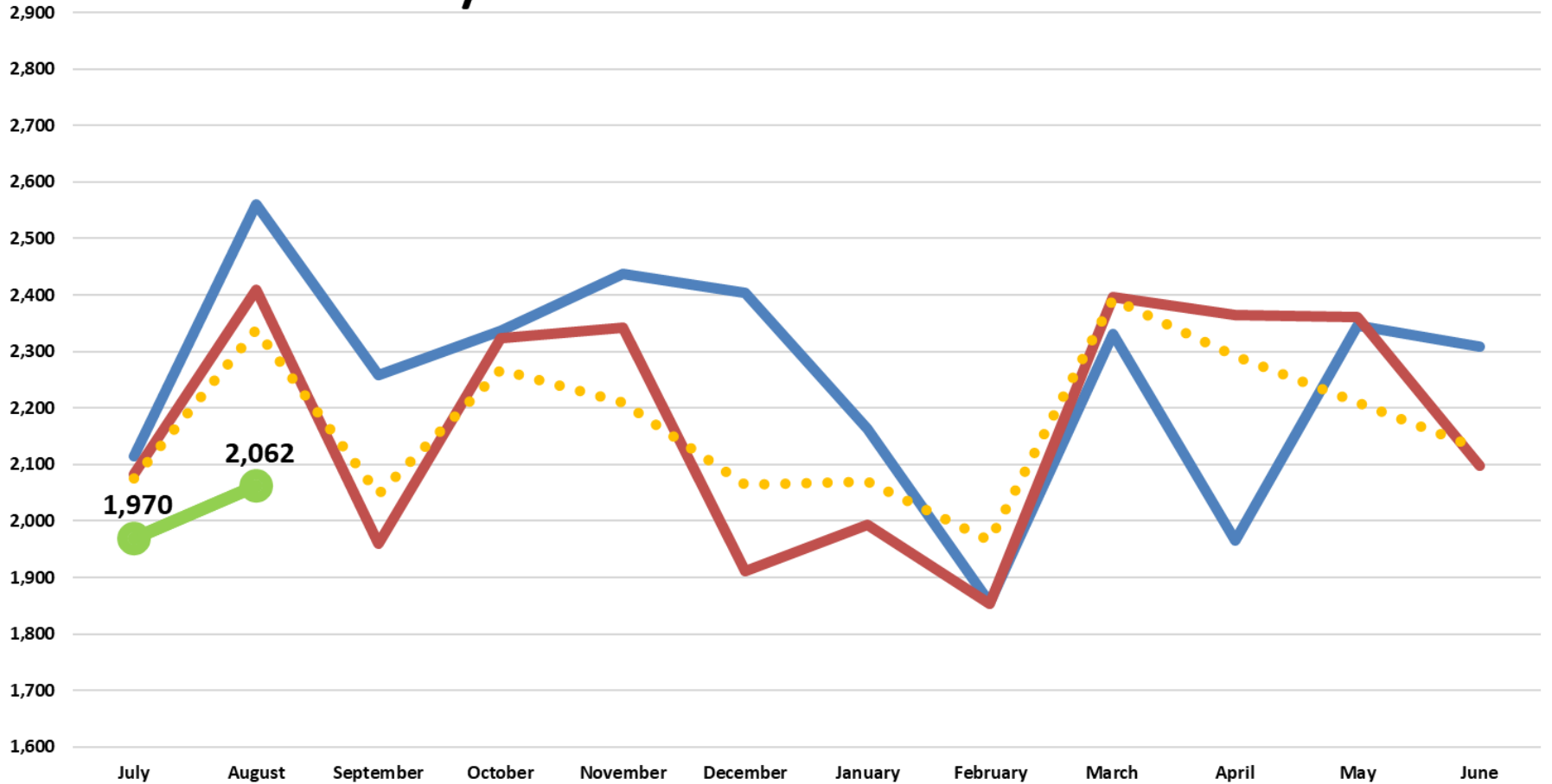
— FY2023 — FY2024 ● FY2025 ●● Budget



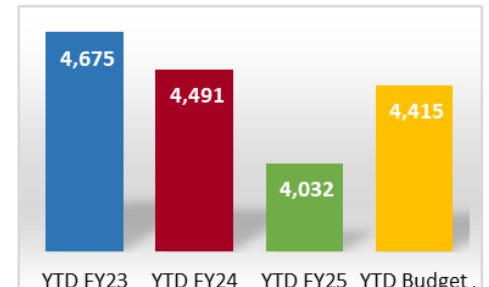
# O/P Rehab - LLOPT



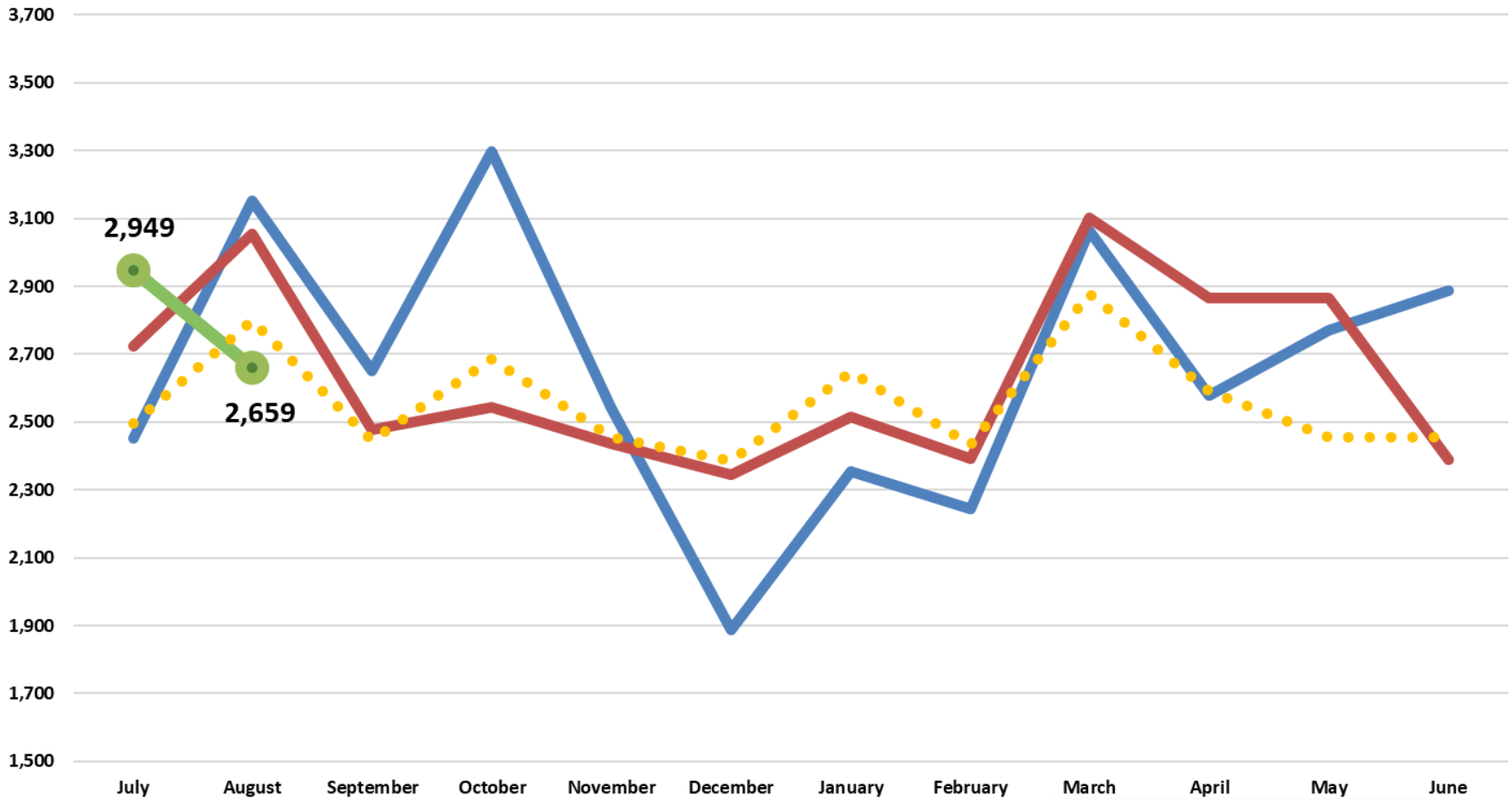
# O/P Rehab - Dinuba



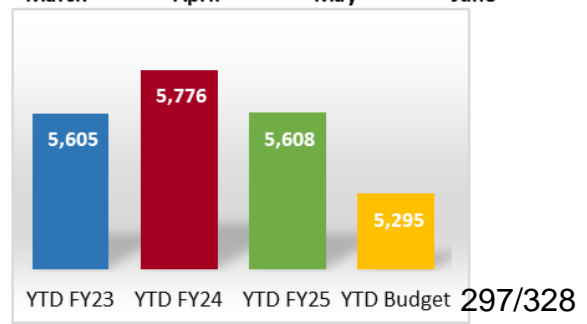
—●— FY2023   
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 —●— FY2025   
 ●●● Budget



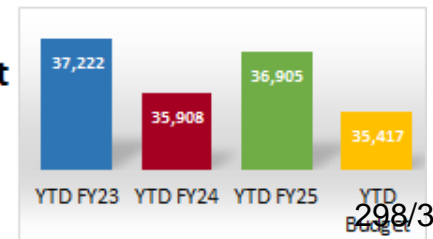
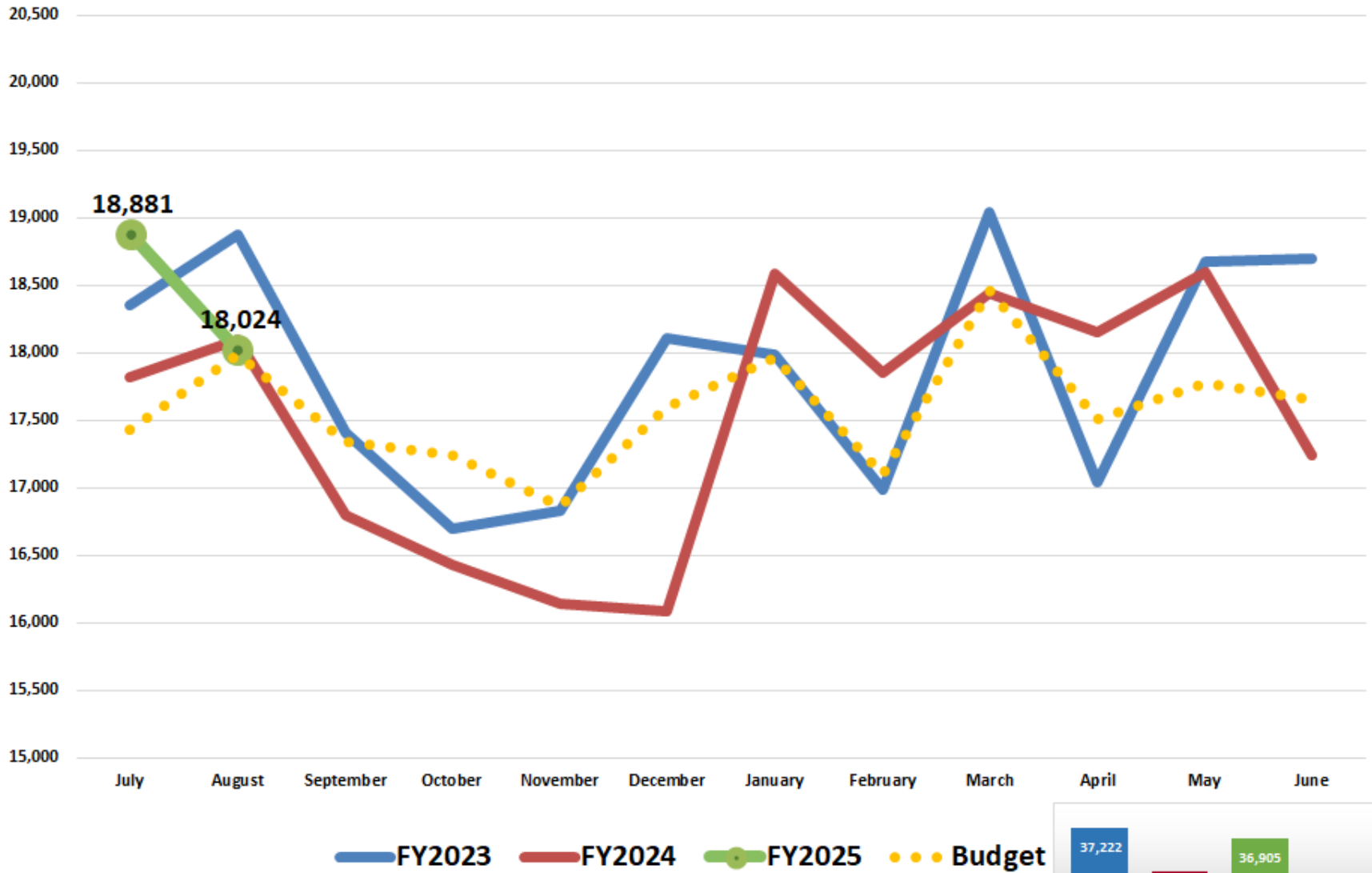
# Therapy - Cypress Hand Center



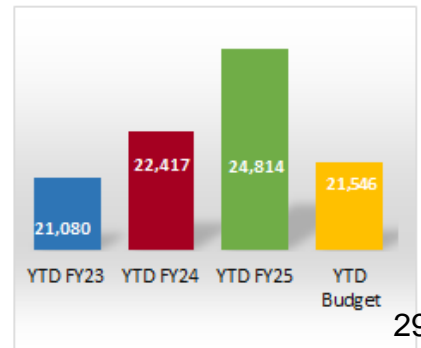
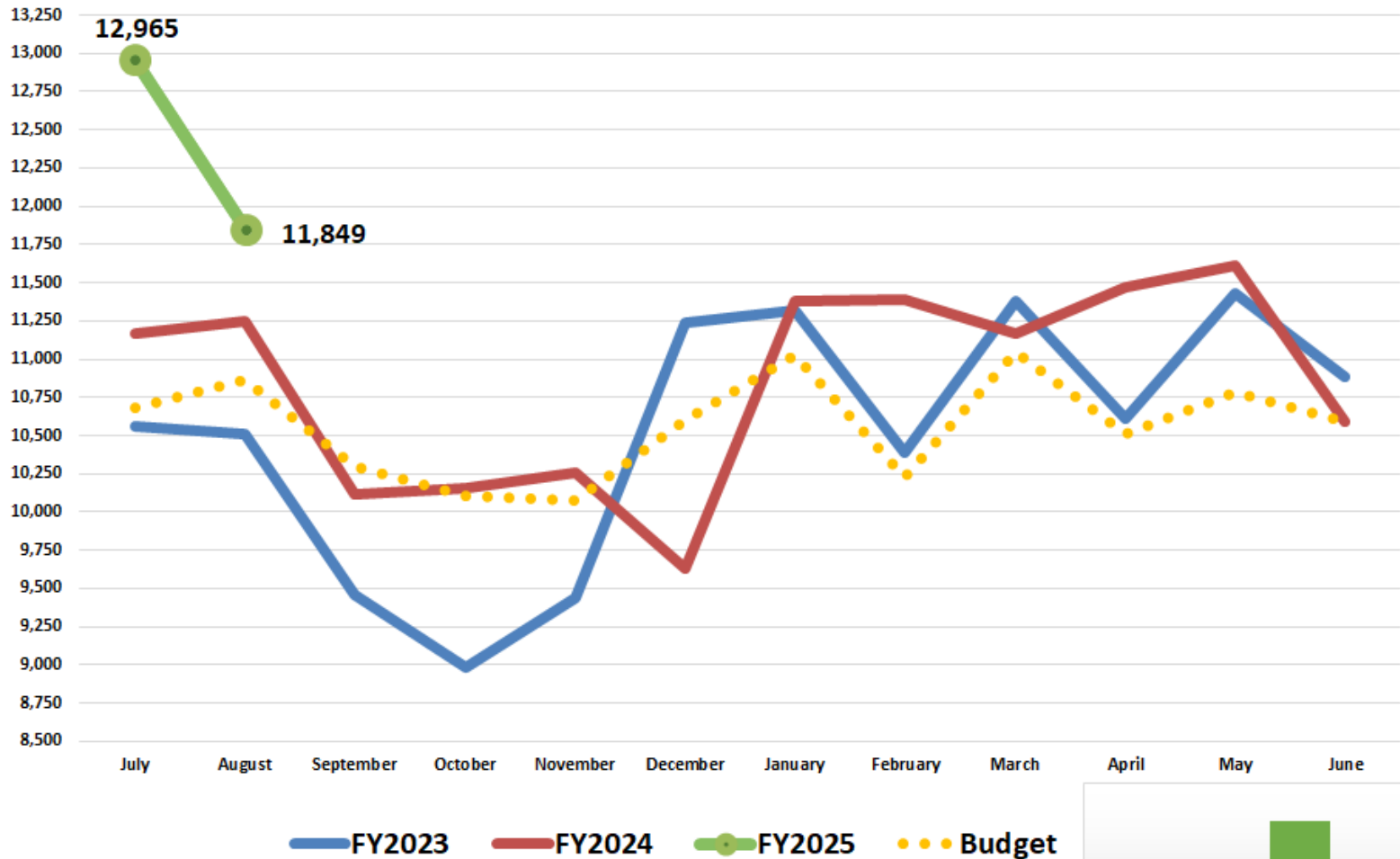
—●— FY2023   
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 —●— FY2025   
 ●●● Budget



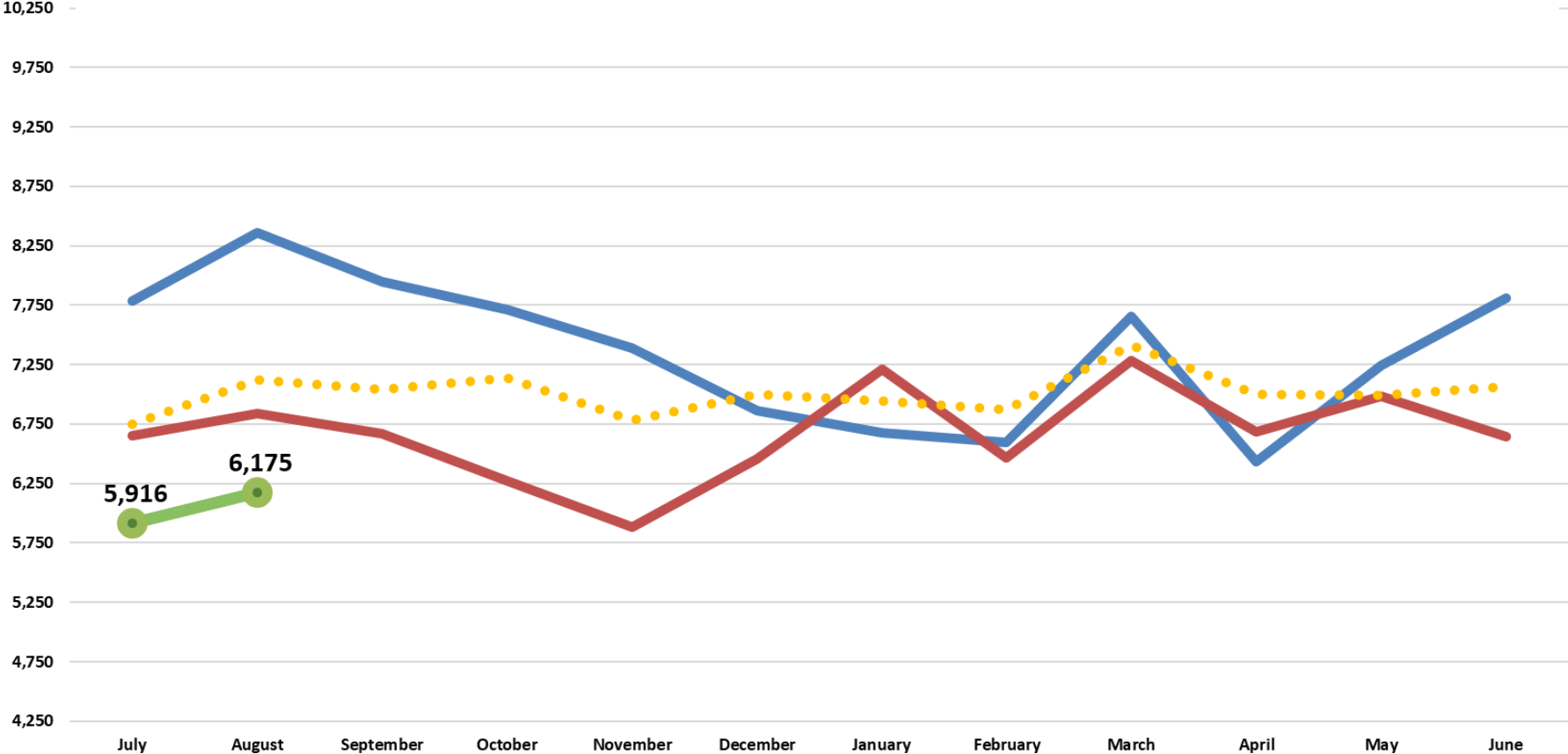
# Physical & Other Therapy Units (I/P & O/P)



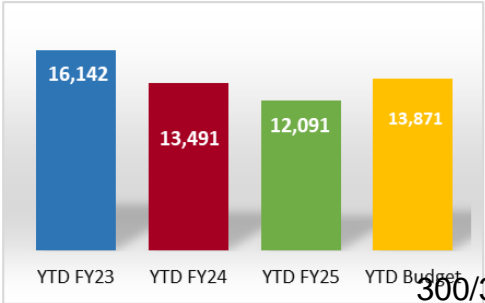
# Physical & Other Therapy Units (I/P & O/P)-Main Campus



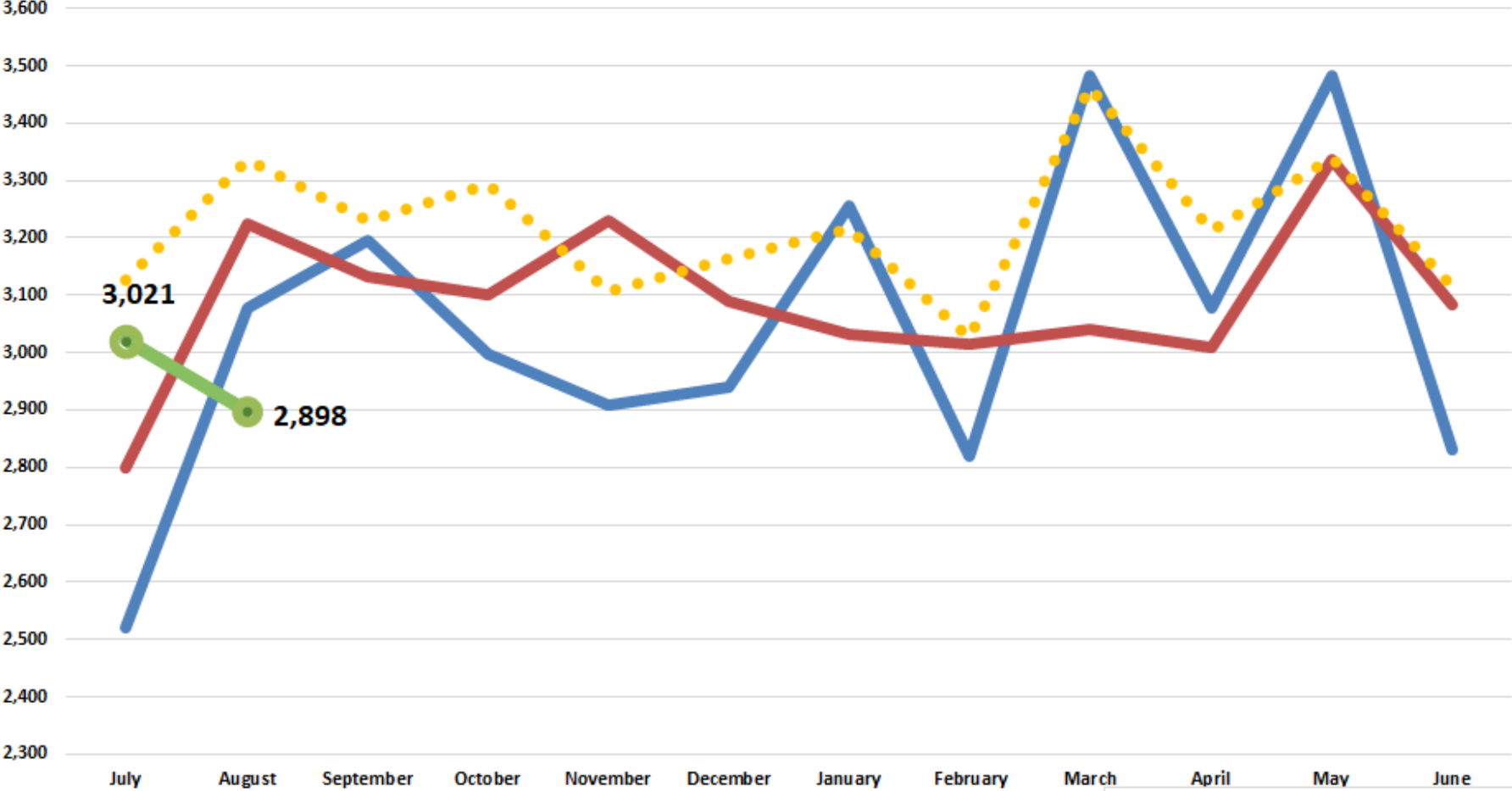
# Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



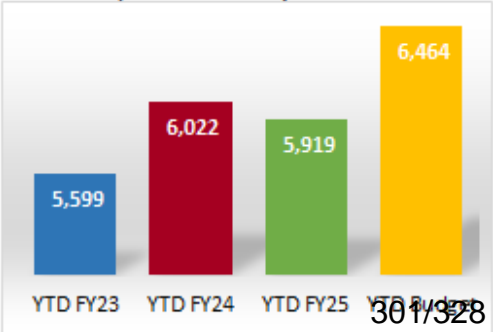
—●— FY2023    
 —●— FY2024    
 —●— FY2025    
 ●●● Budget



# Home Health Visits

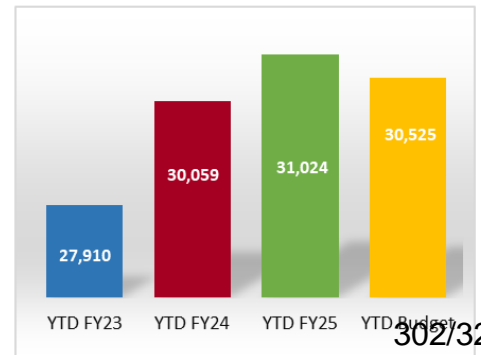
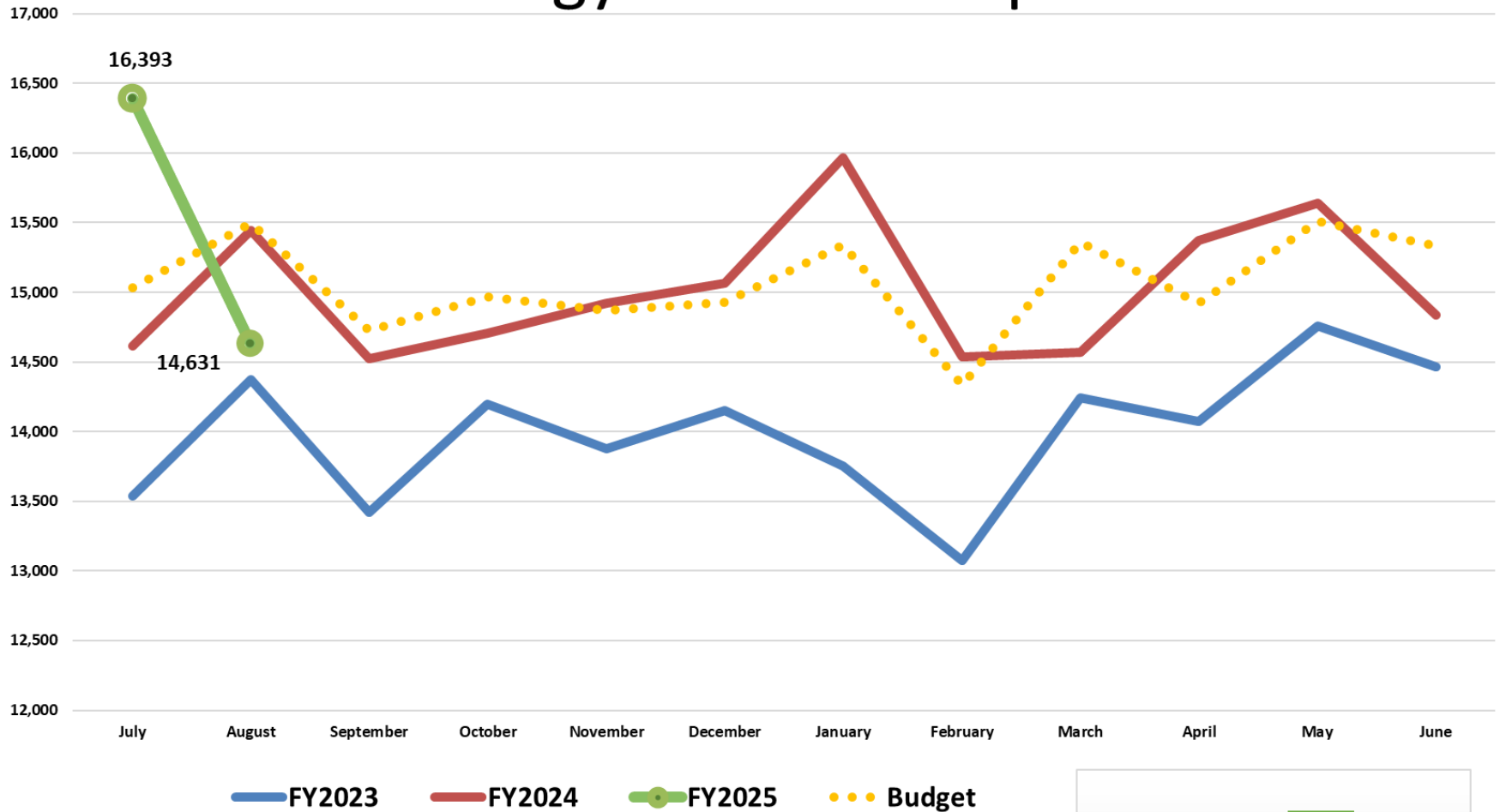


— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget

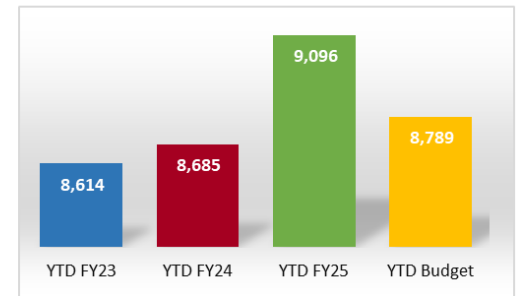
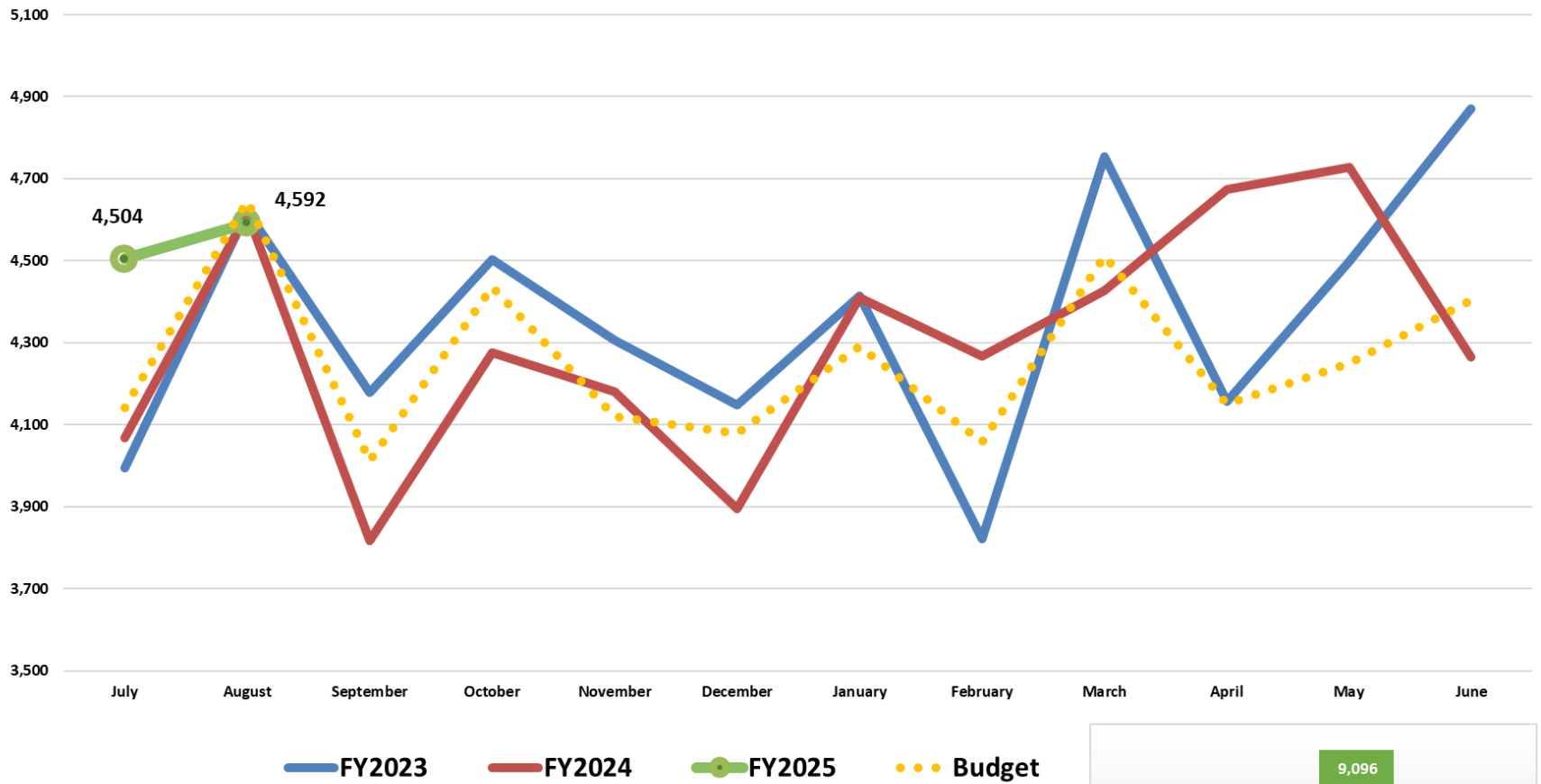




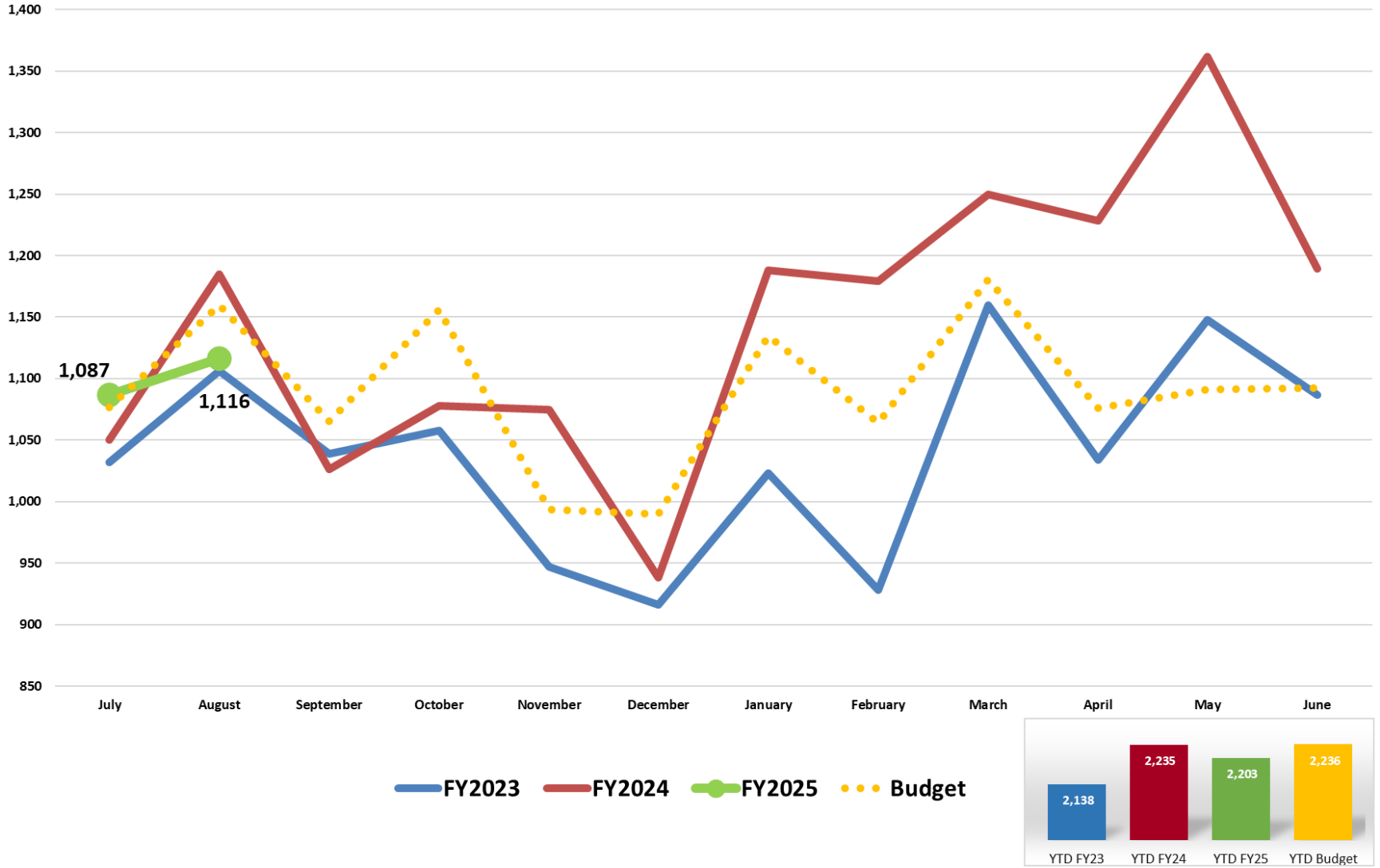
# Radiology – Main Campus



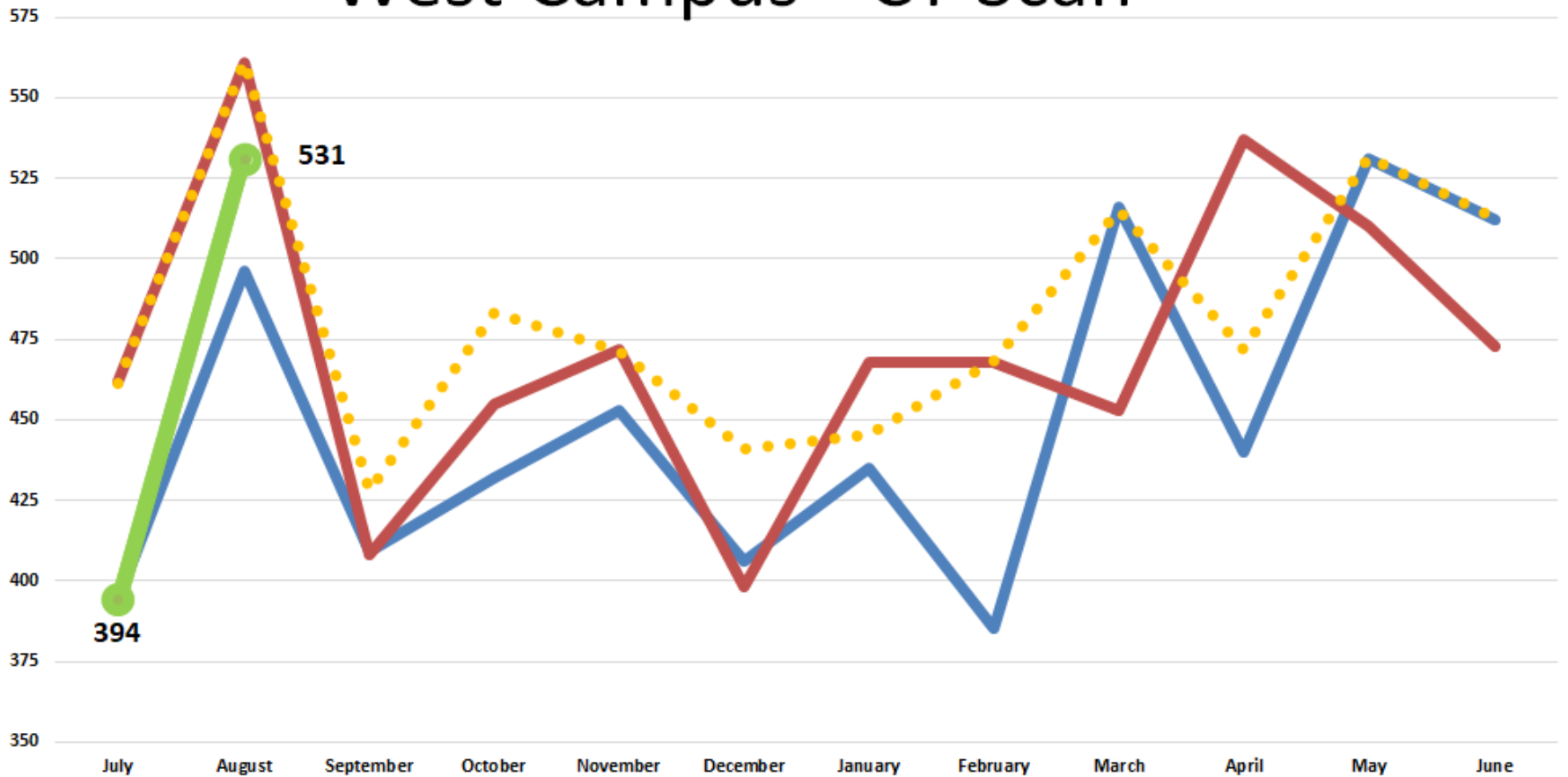
# Radiology - West Campus Imaging



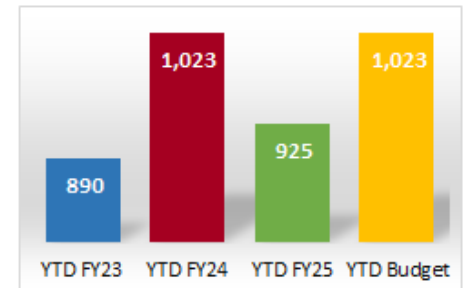
# West Campus - Diagnostic Radiology



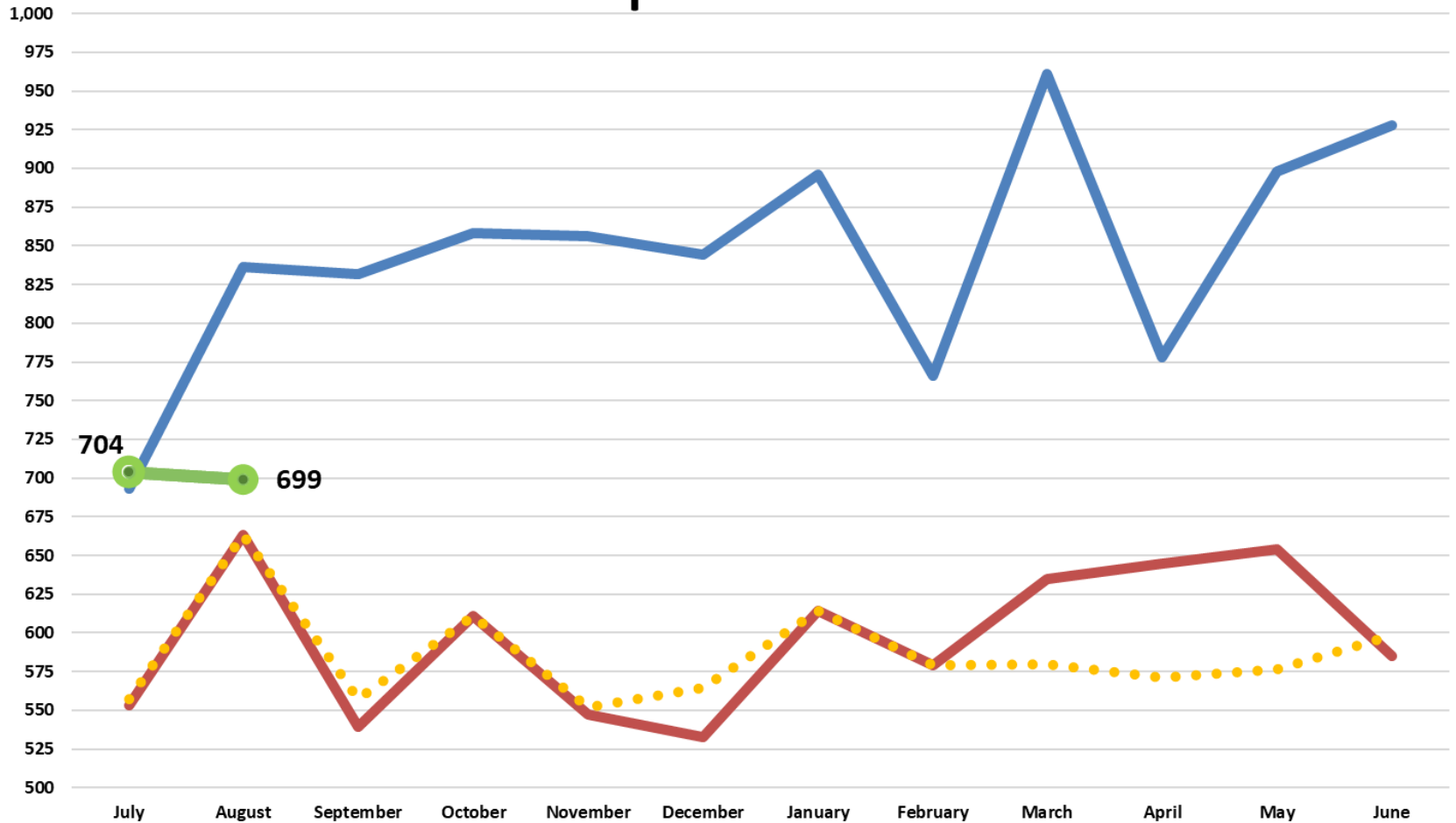
# West Campus - CT Scan



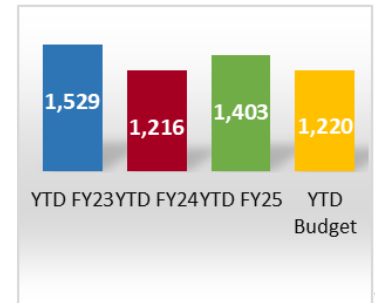
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



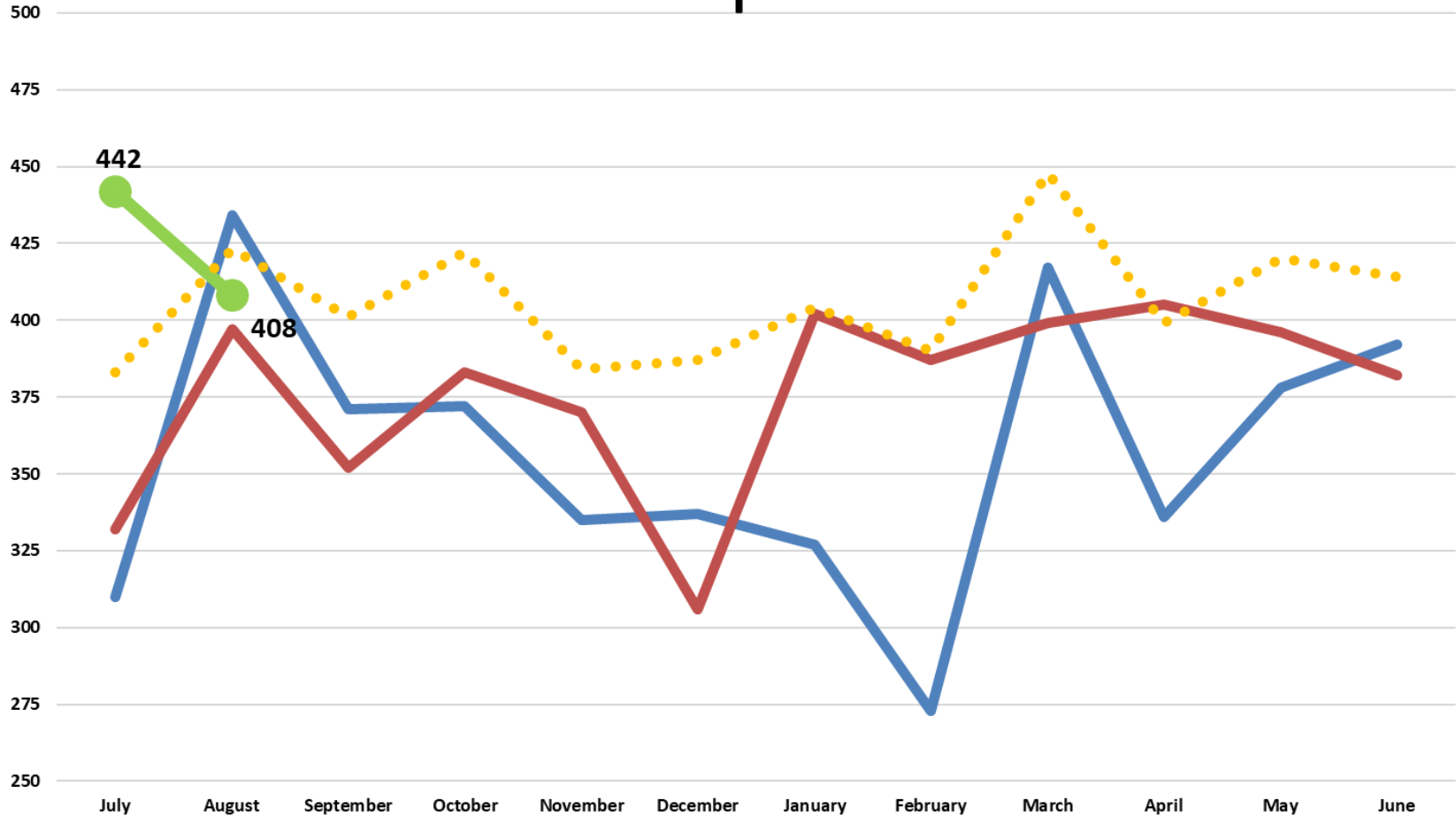
# West Campus - Ultrasound



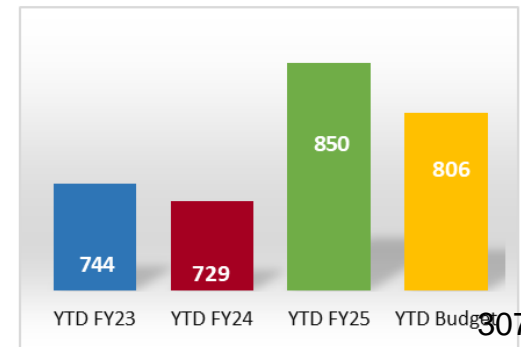
— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget



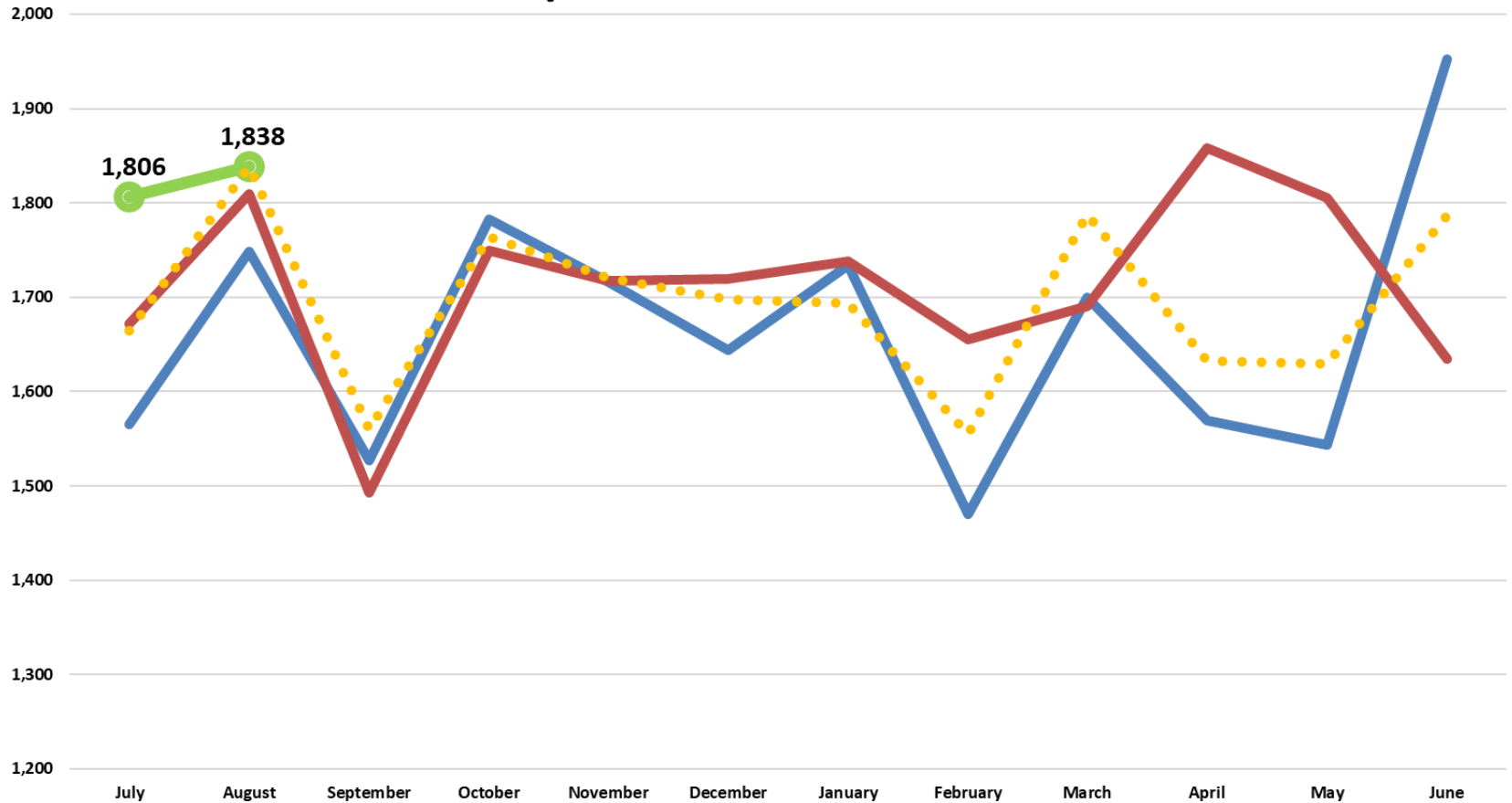
# West Campus - MRI



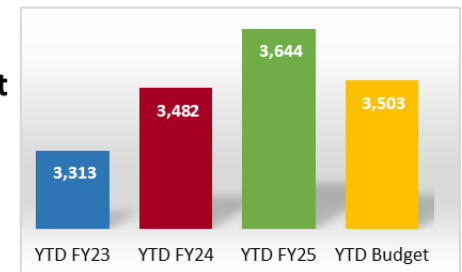
—●— FY2023   
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 —●— FY2025   
 ●●● Budget



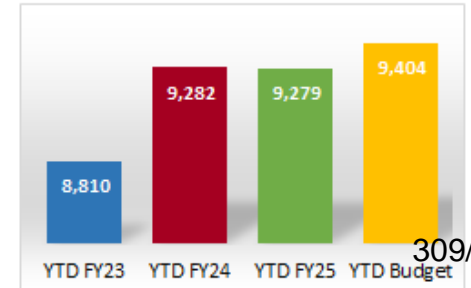
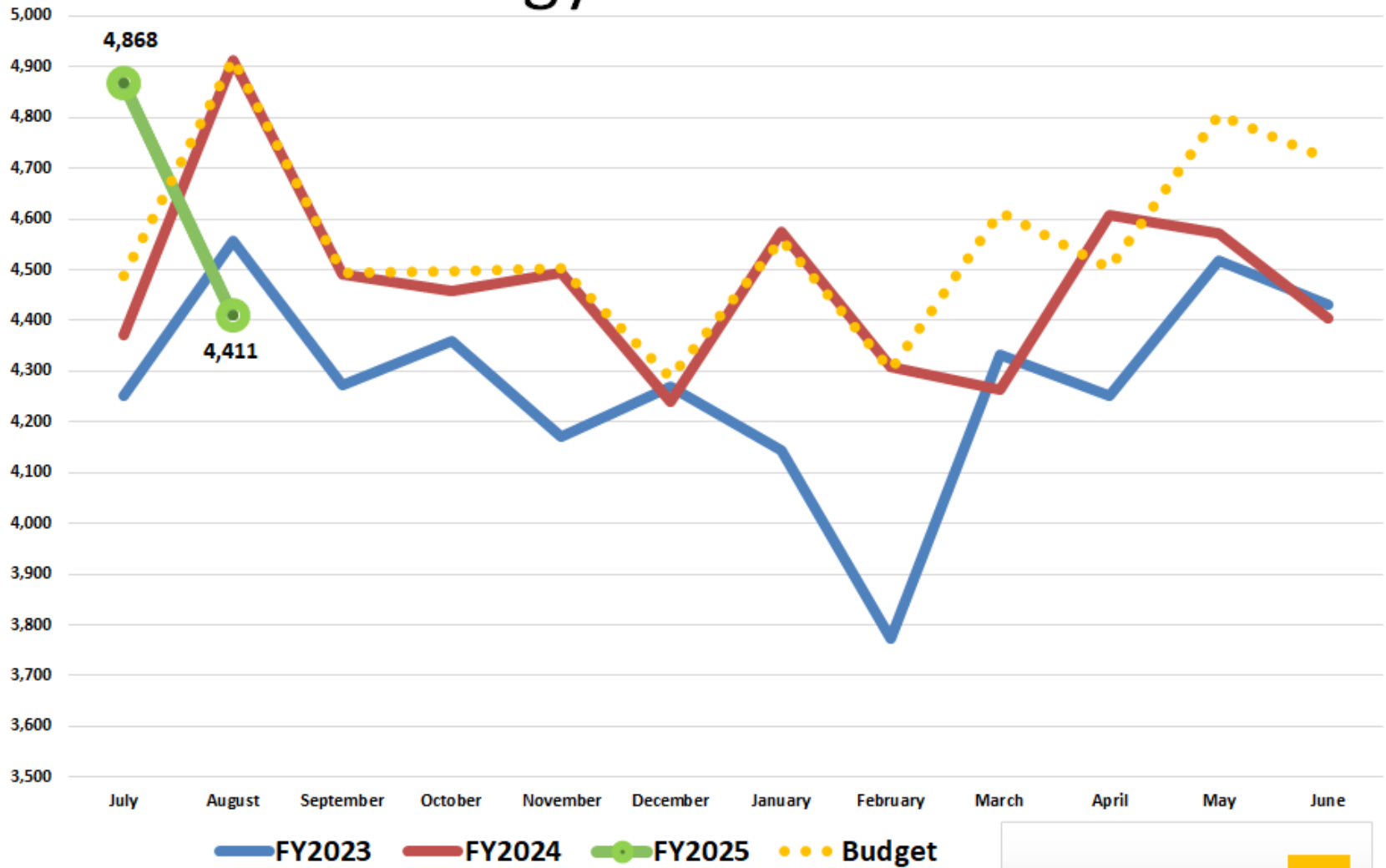
# West Campus - Breast Center



— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget

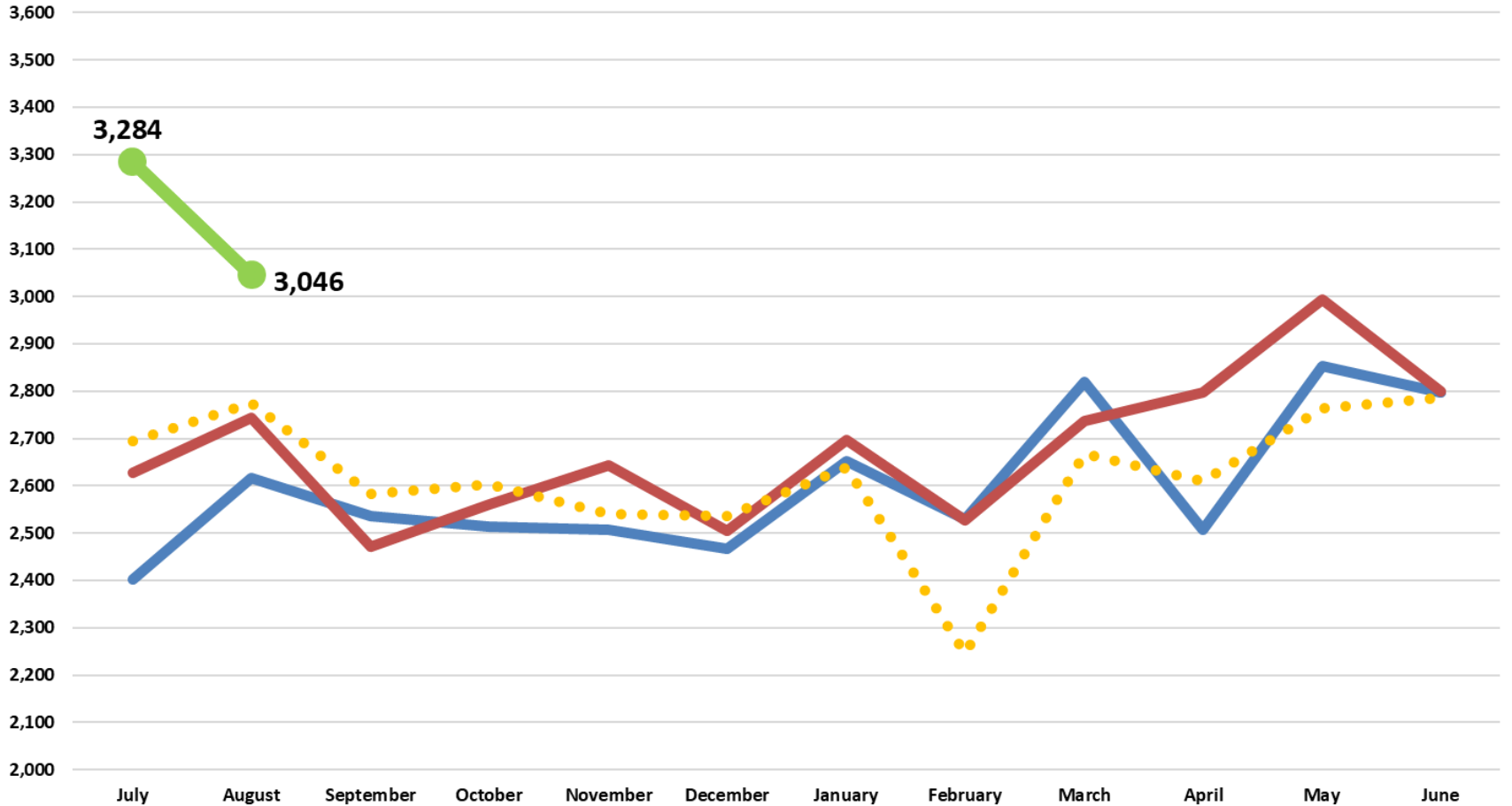


# Radiology - CT - All Areas

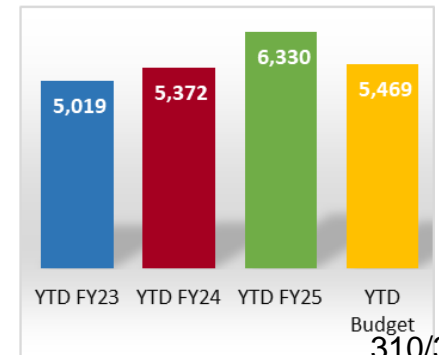




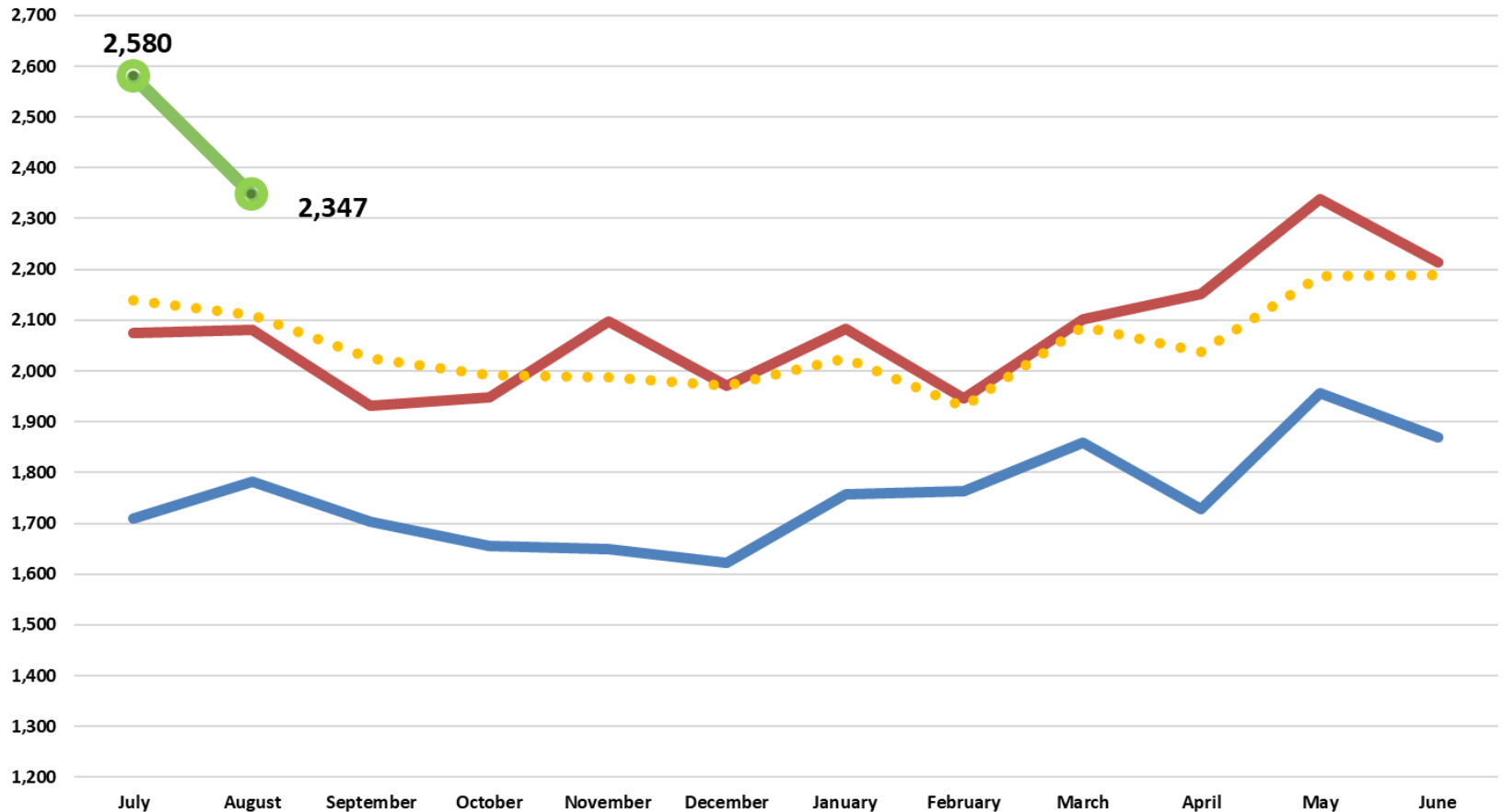
# Radiology - Ultrasound - All Areas



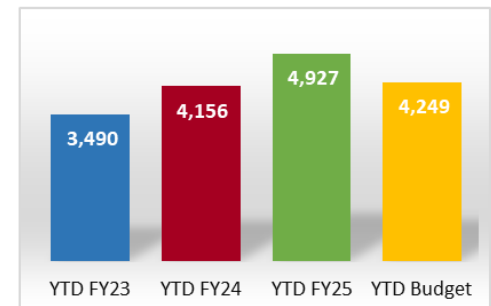
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



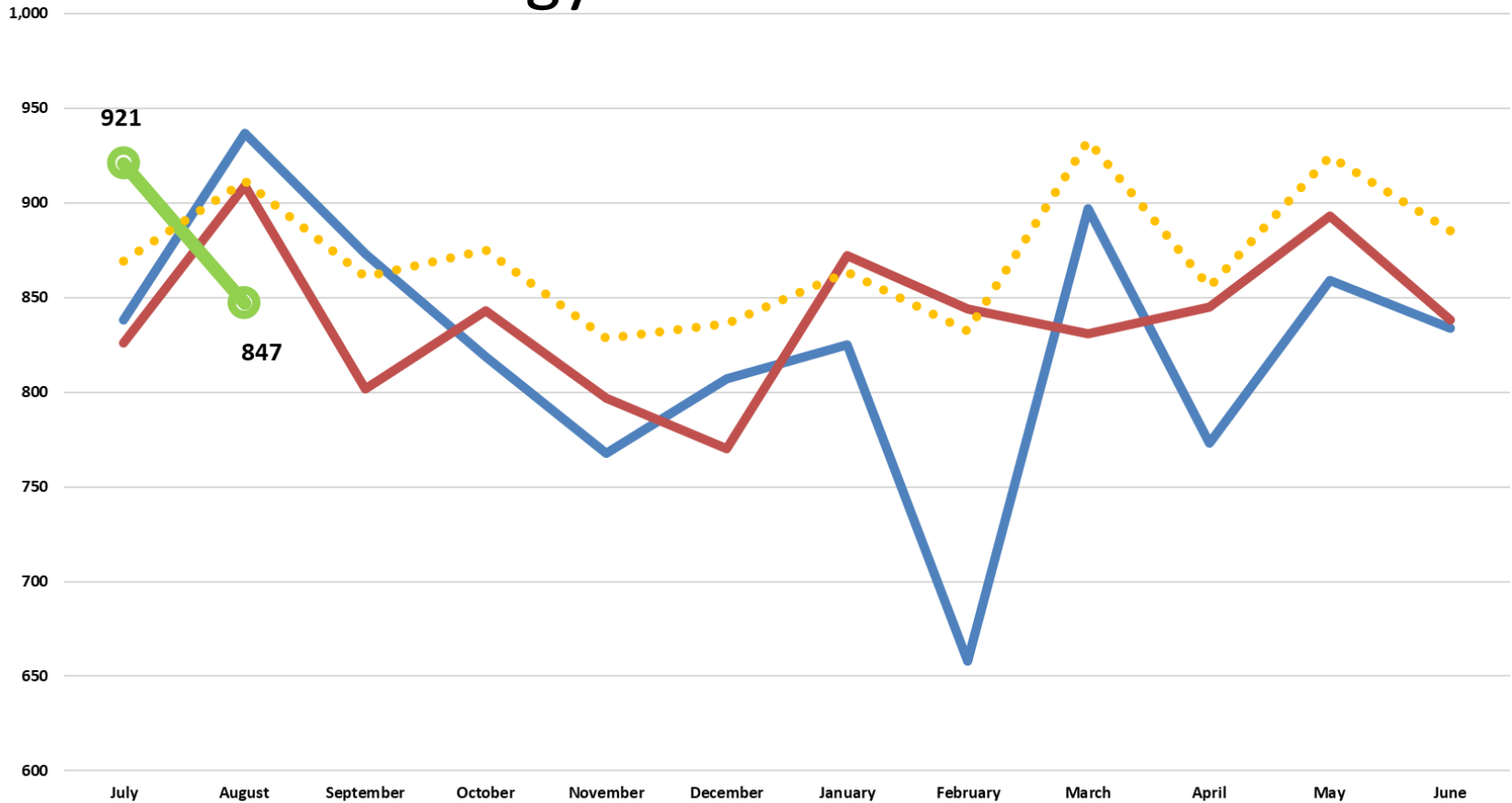
# Radiology - Ultrasound - Main Campus



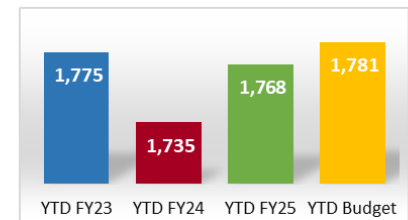
— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget



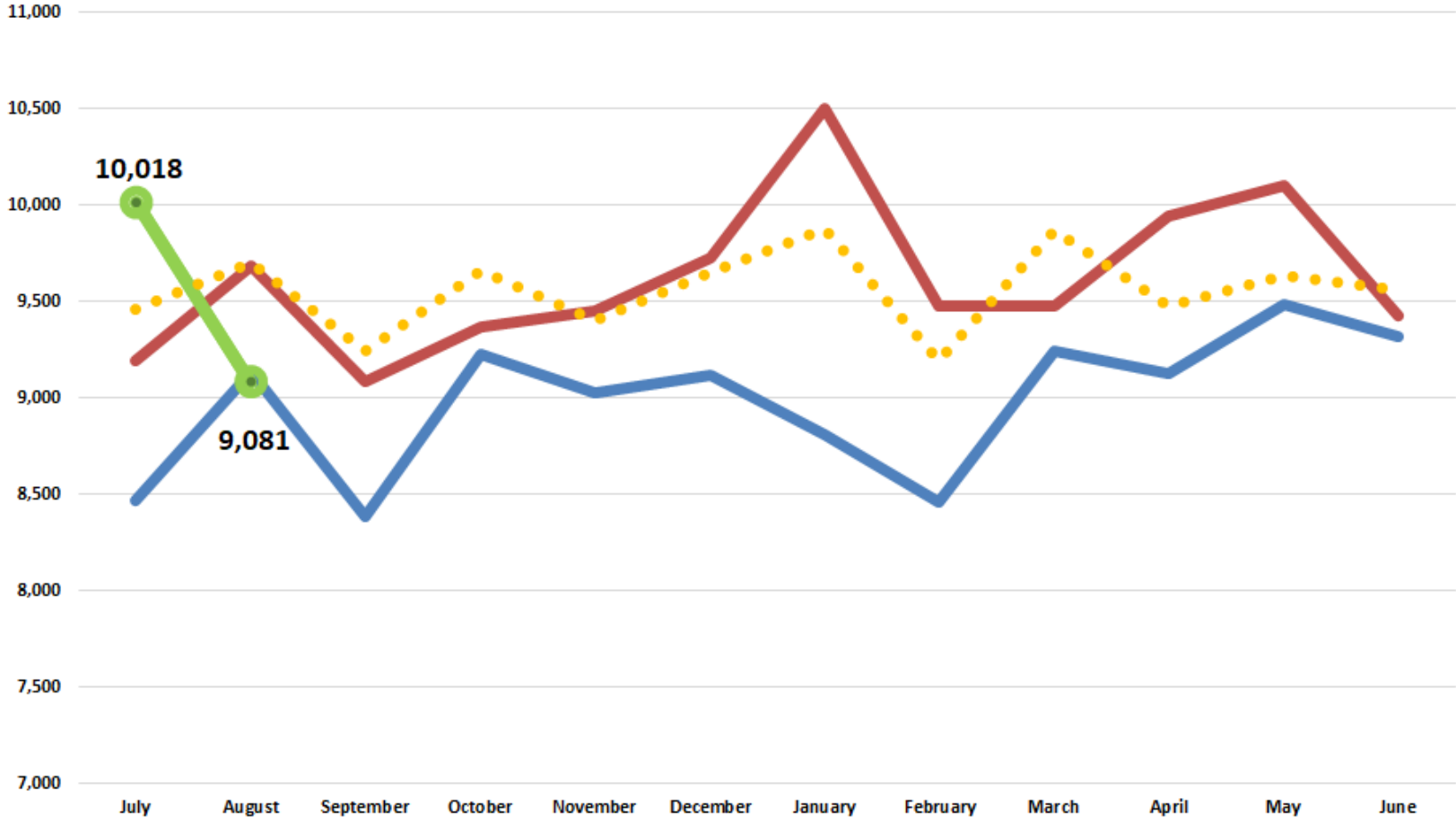
# Radiology - MRI - All Areas



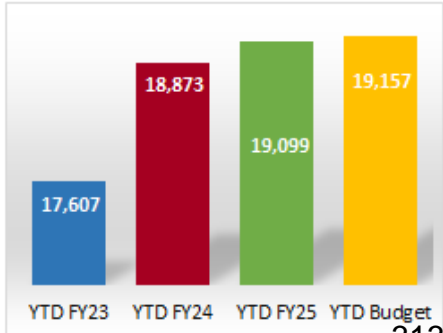
— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



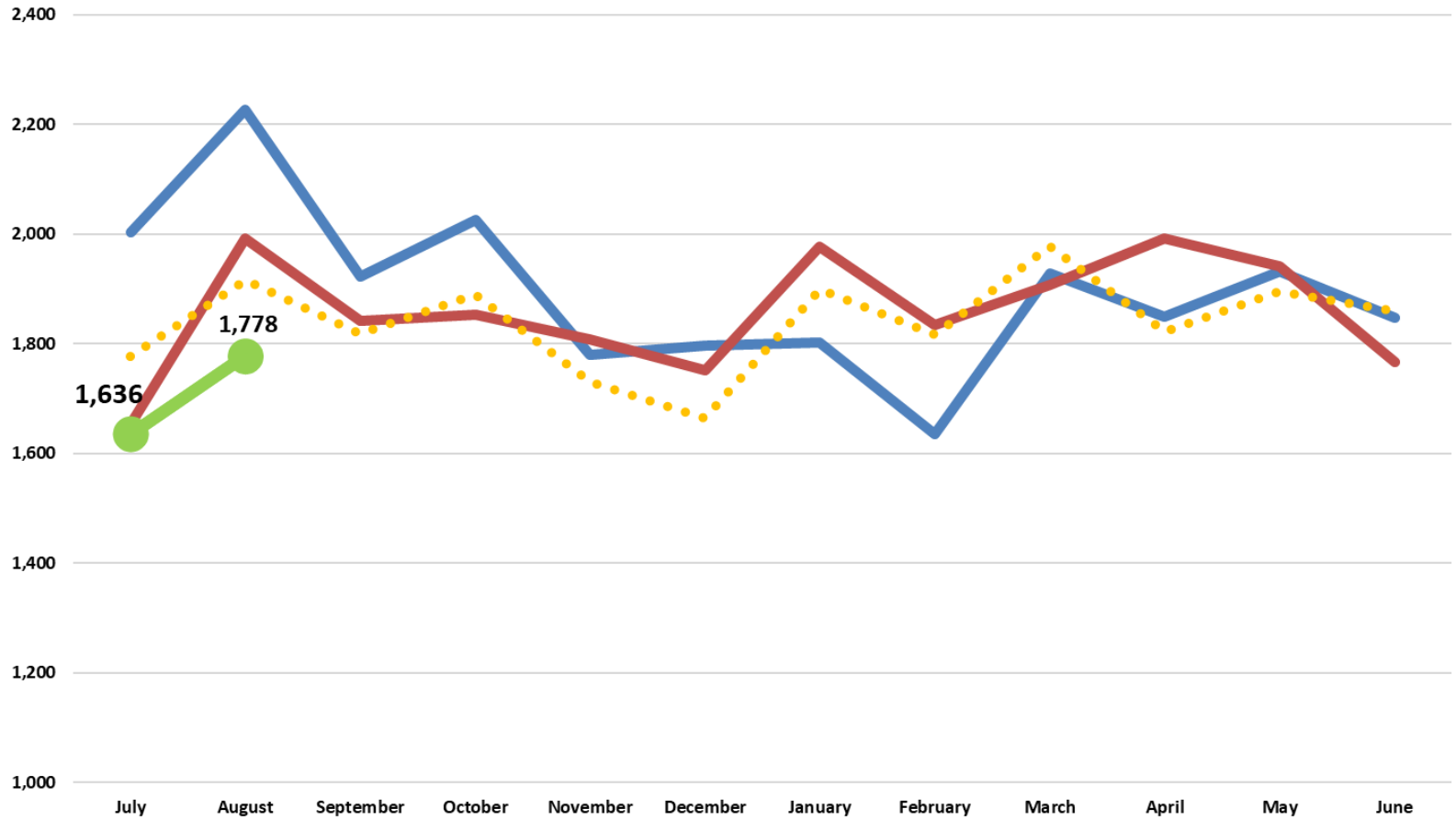
# Radiology Modality - Diagnostic



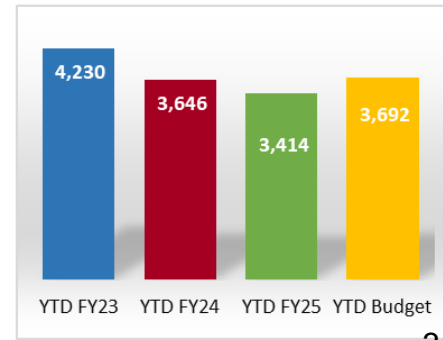
— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget



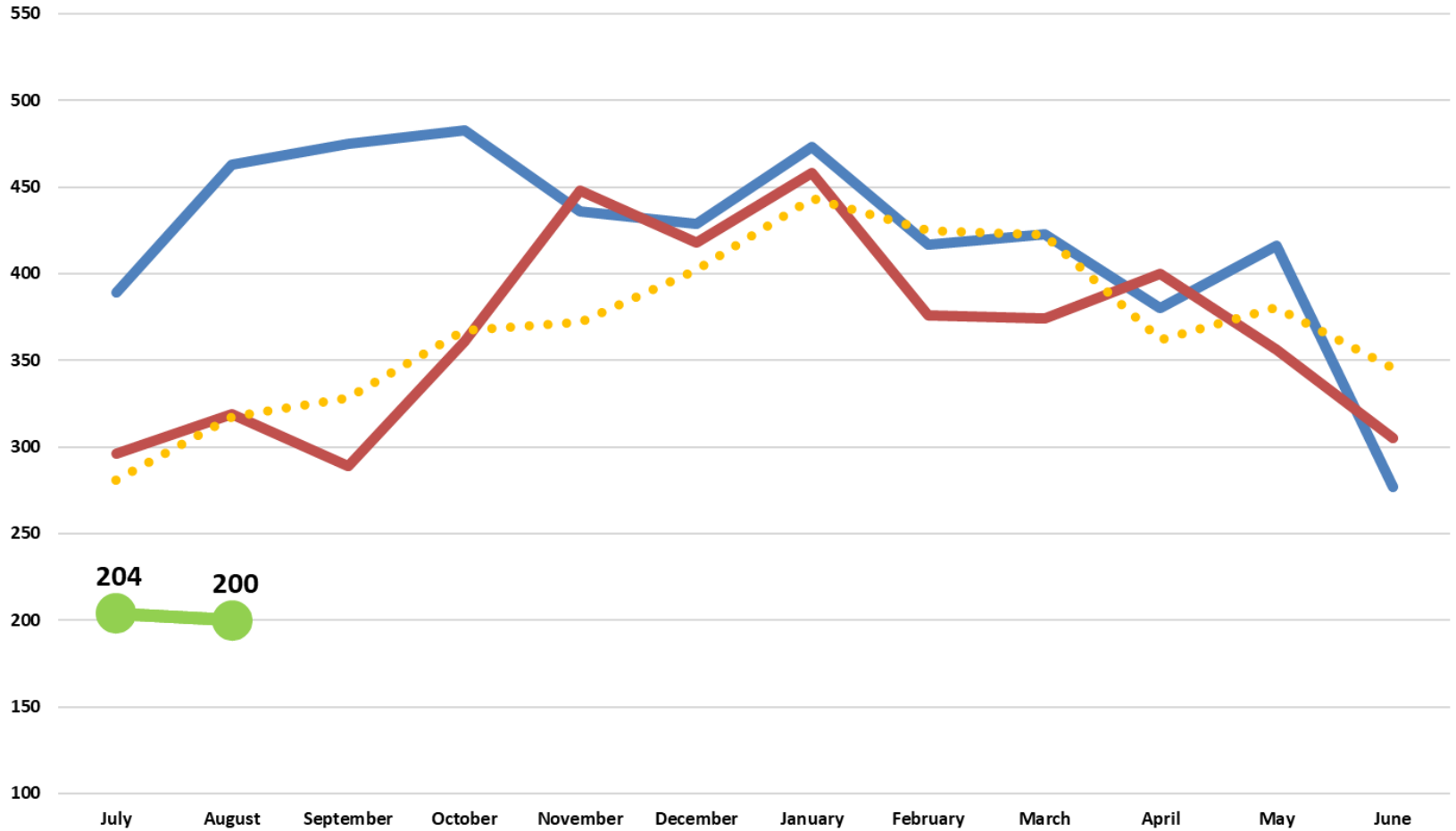
# Radiology - UC Court/South Campus



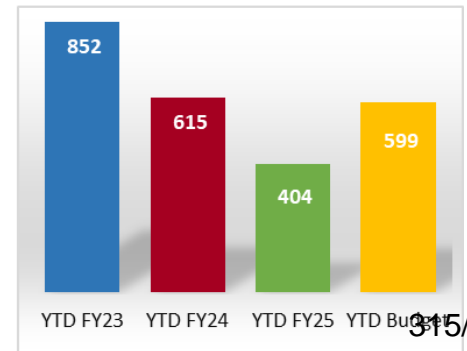
—●— FY2023   
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 —●— FY2025   
 ●●● Budget



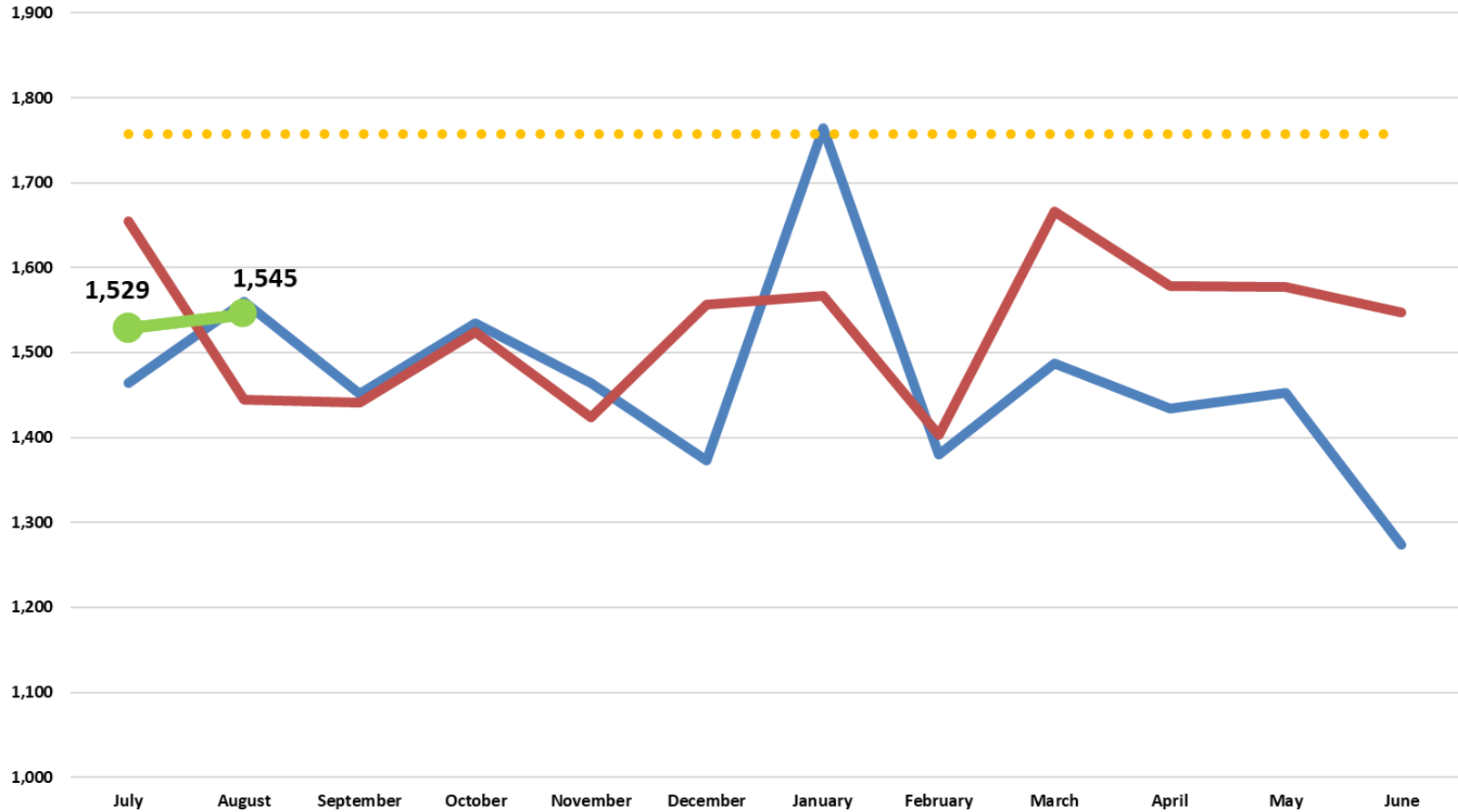
# Radiology - UC Demaree/North Campus



— FY2023   
 — FY2024   
 ● FY2025   
 ⋯ Budget



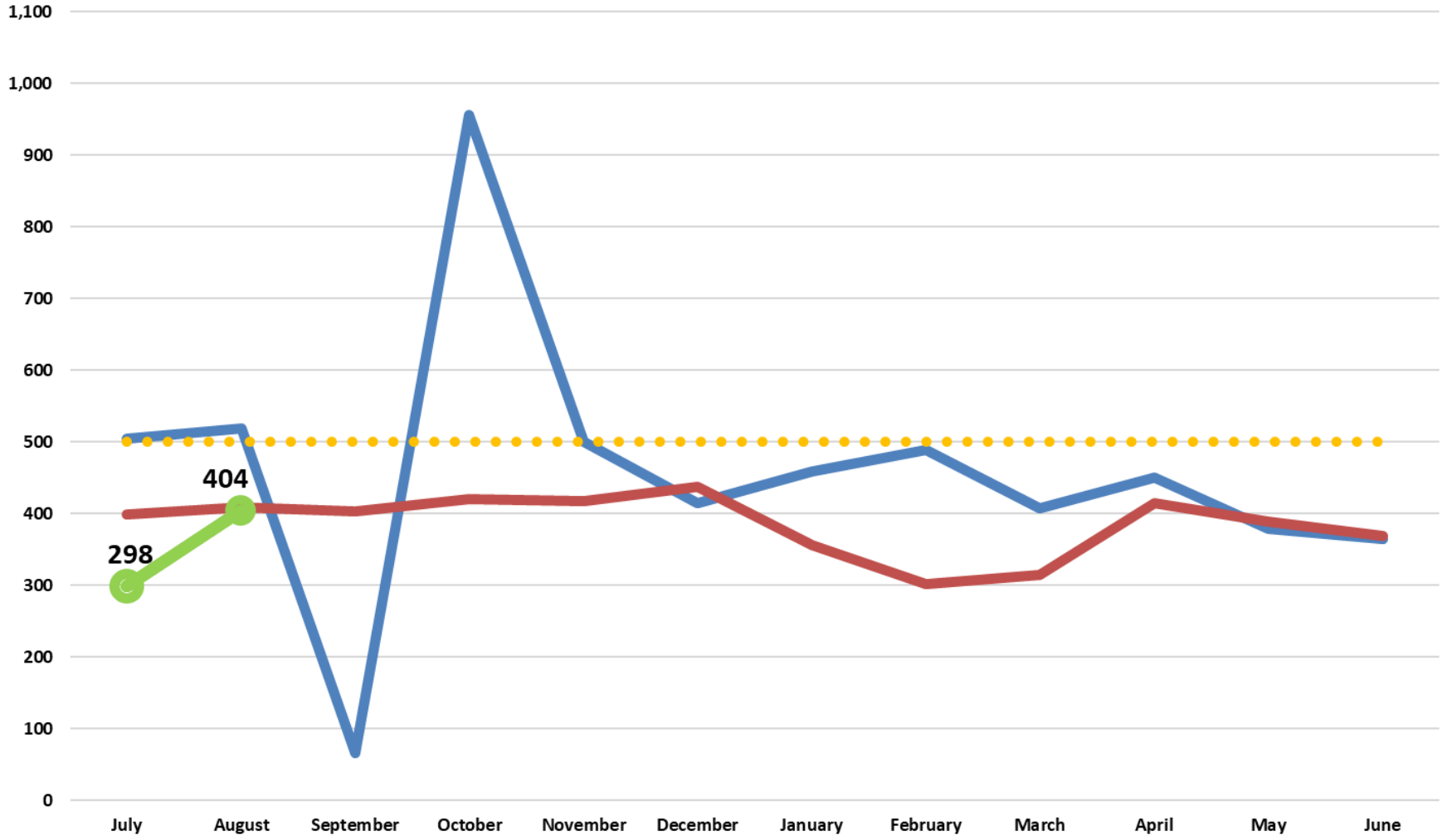
# Chronic Dialysis - Visalia



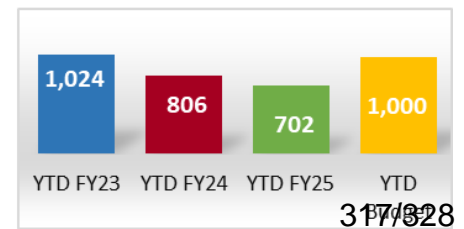
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

3,024	3,099	3,074	3,514
YTD FY23	YTD FY24	YTD FY25	YTD Budget

# CAPD/CCPD - Maintenance Sessions

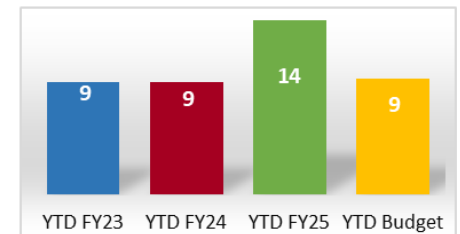
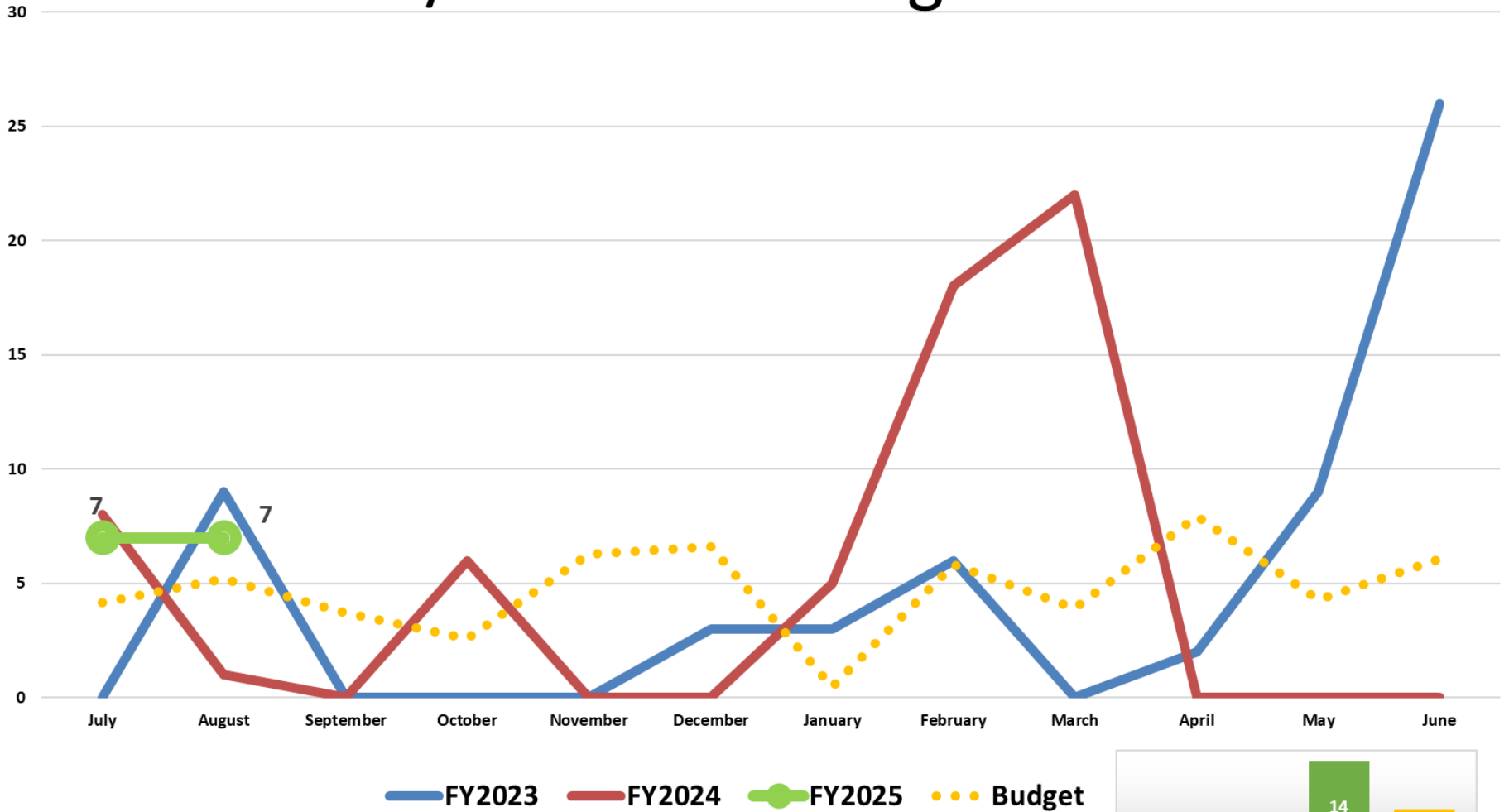


—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

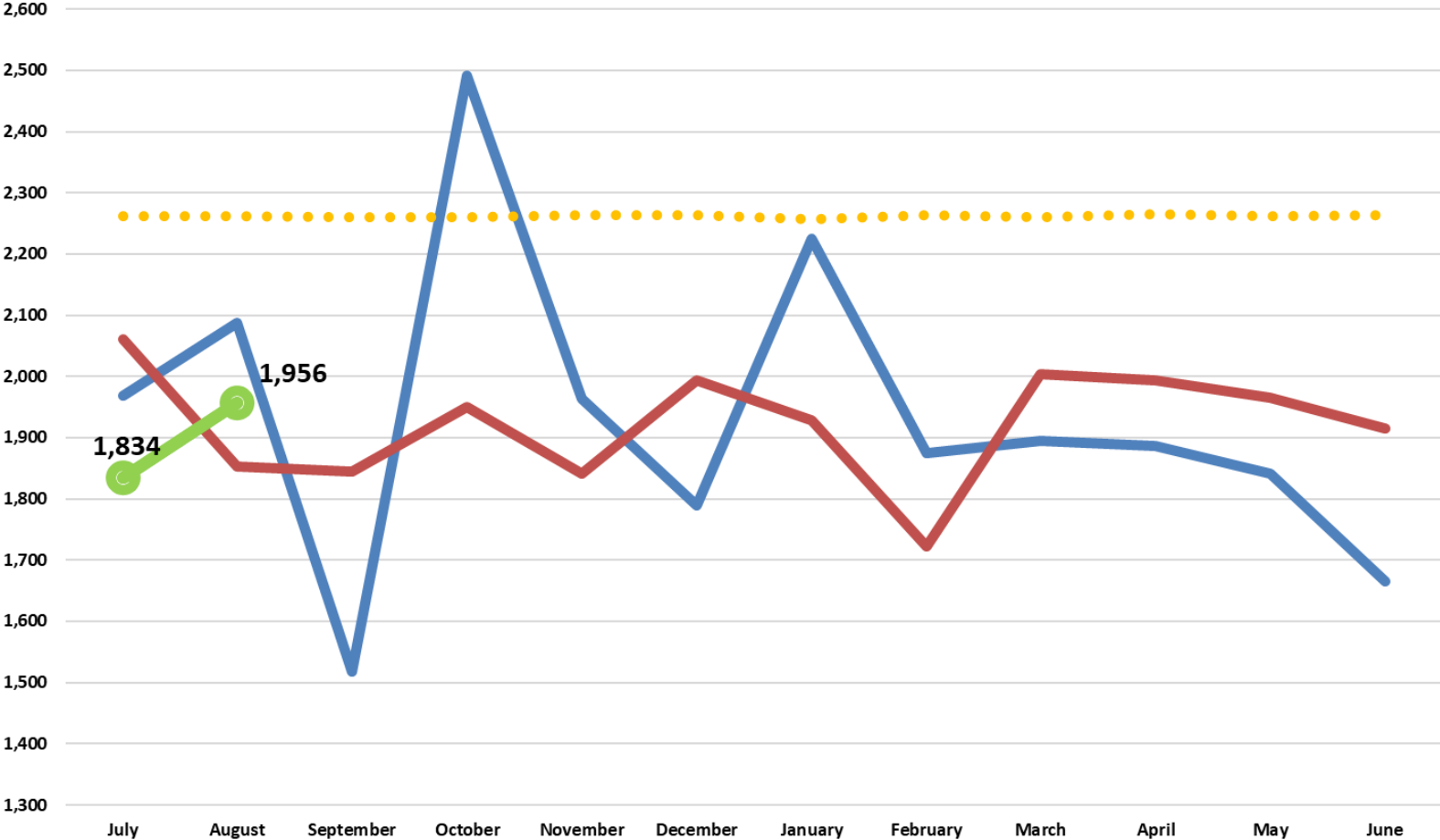




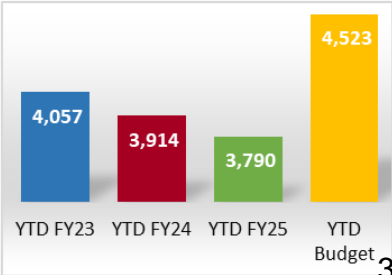
# CAPD/CCPD - Training Sessions



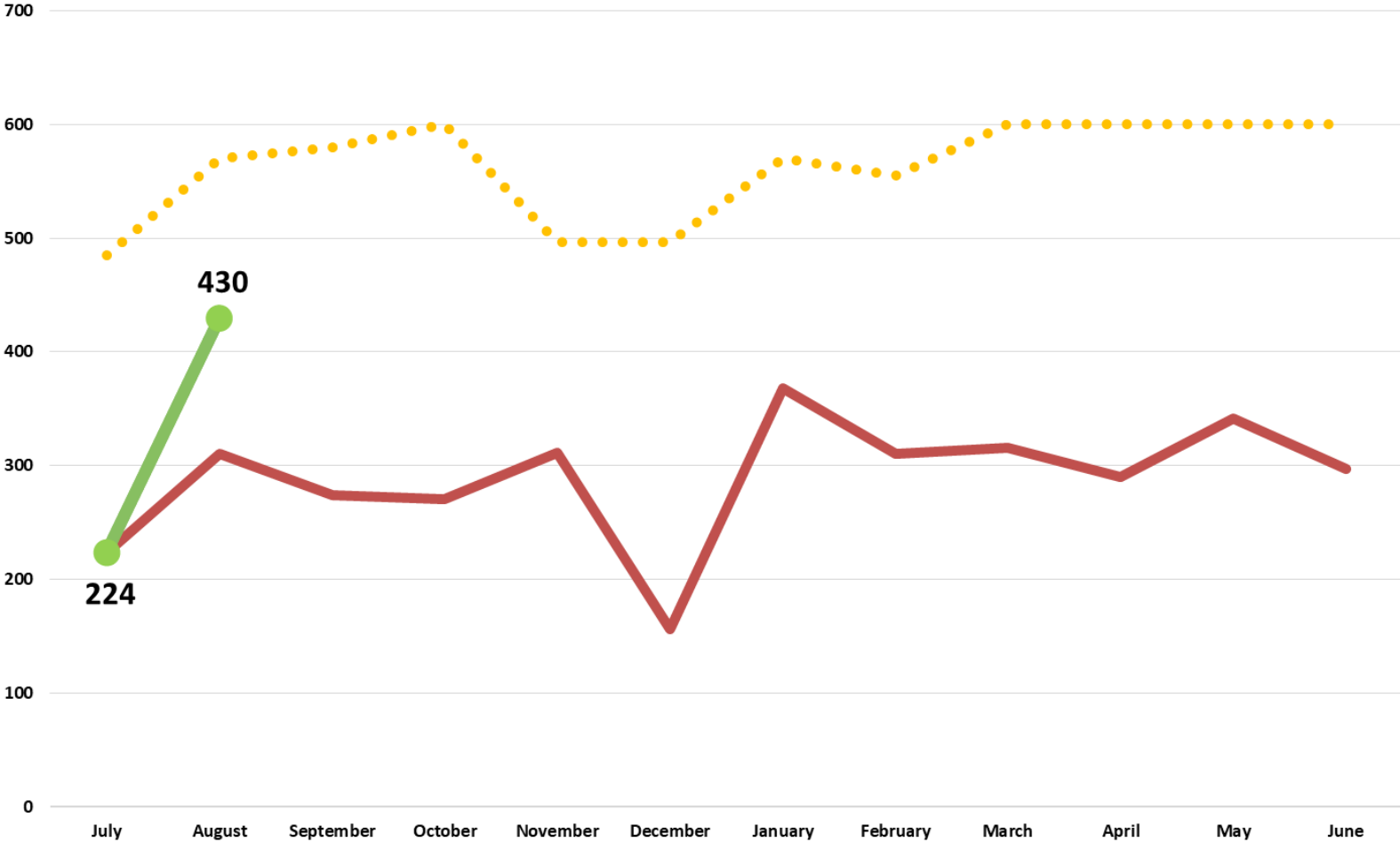
# All CAPD & CCPD



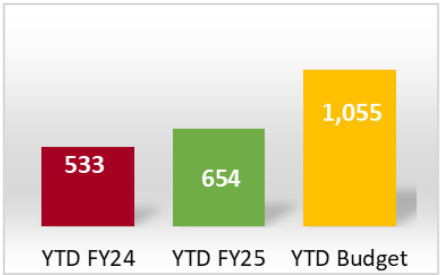
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



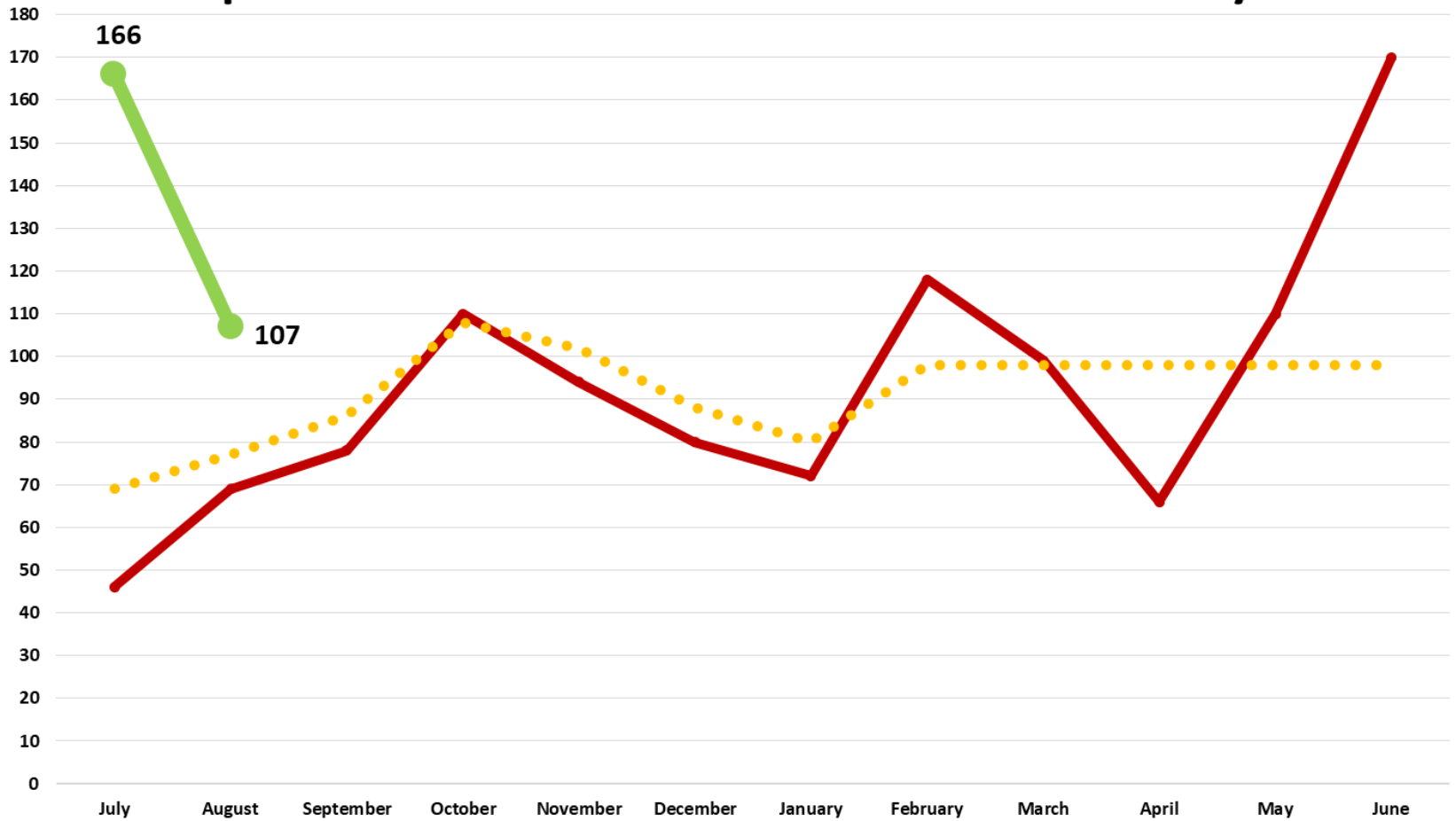
# Urology Clinic Visits



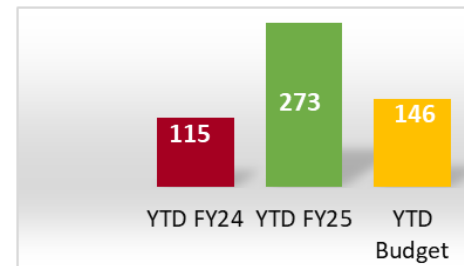
—●— FY2024    
 —●— FY2025    
 ●●● Budget



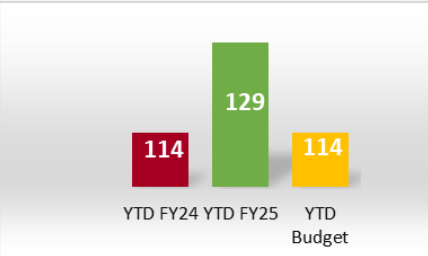
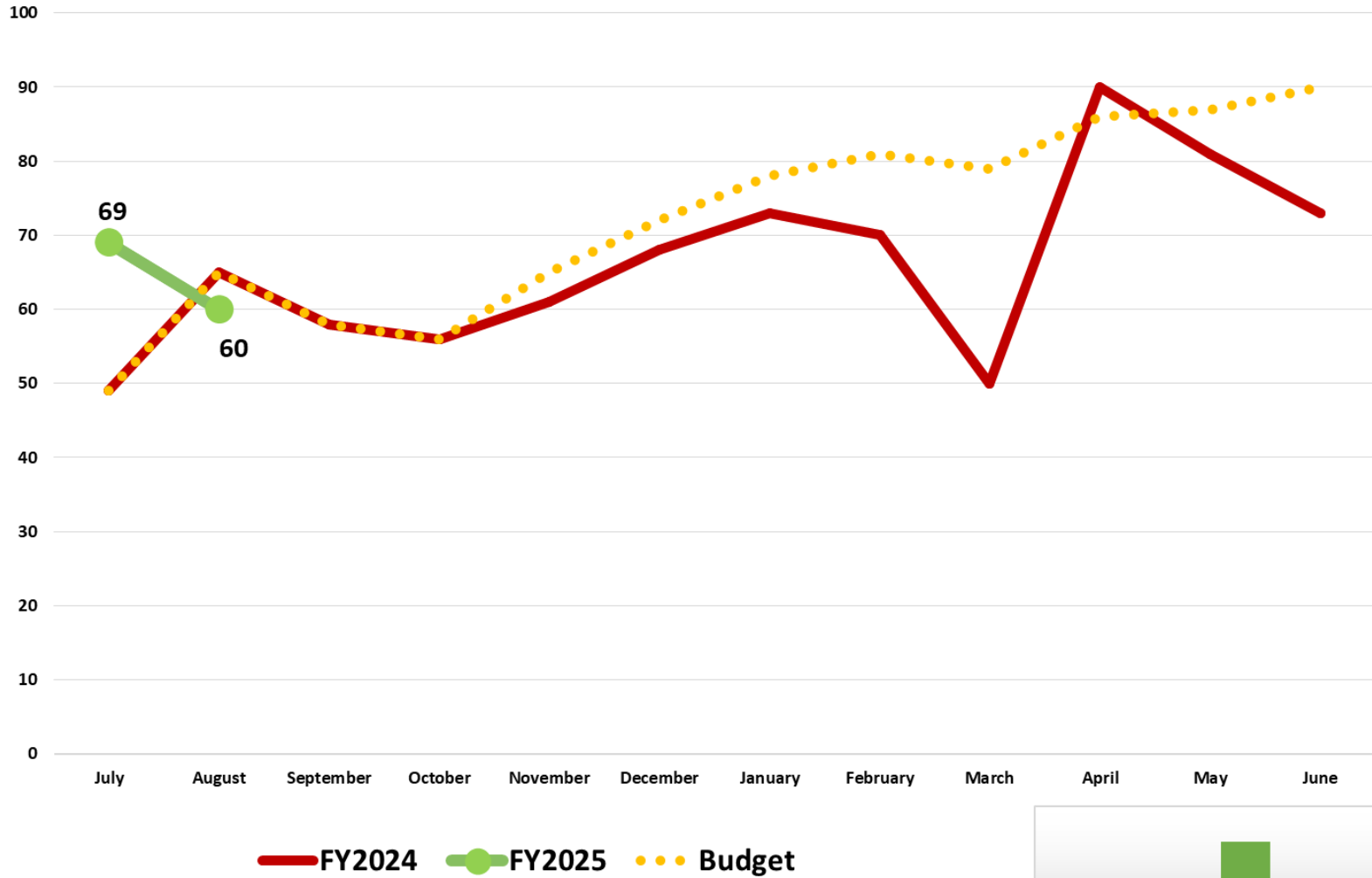
# Open Arms House - Patient Days



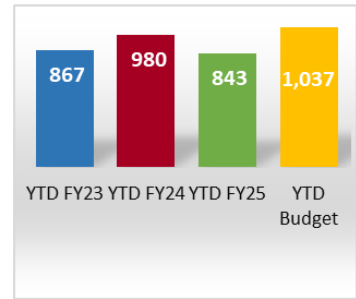
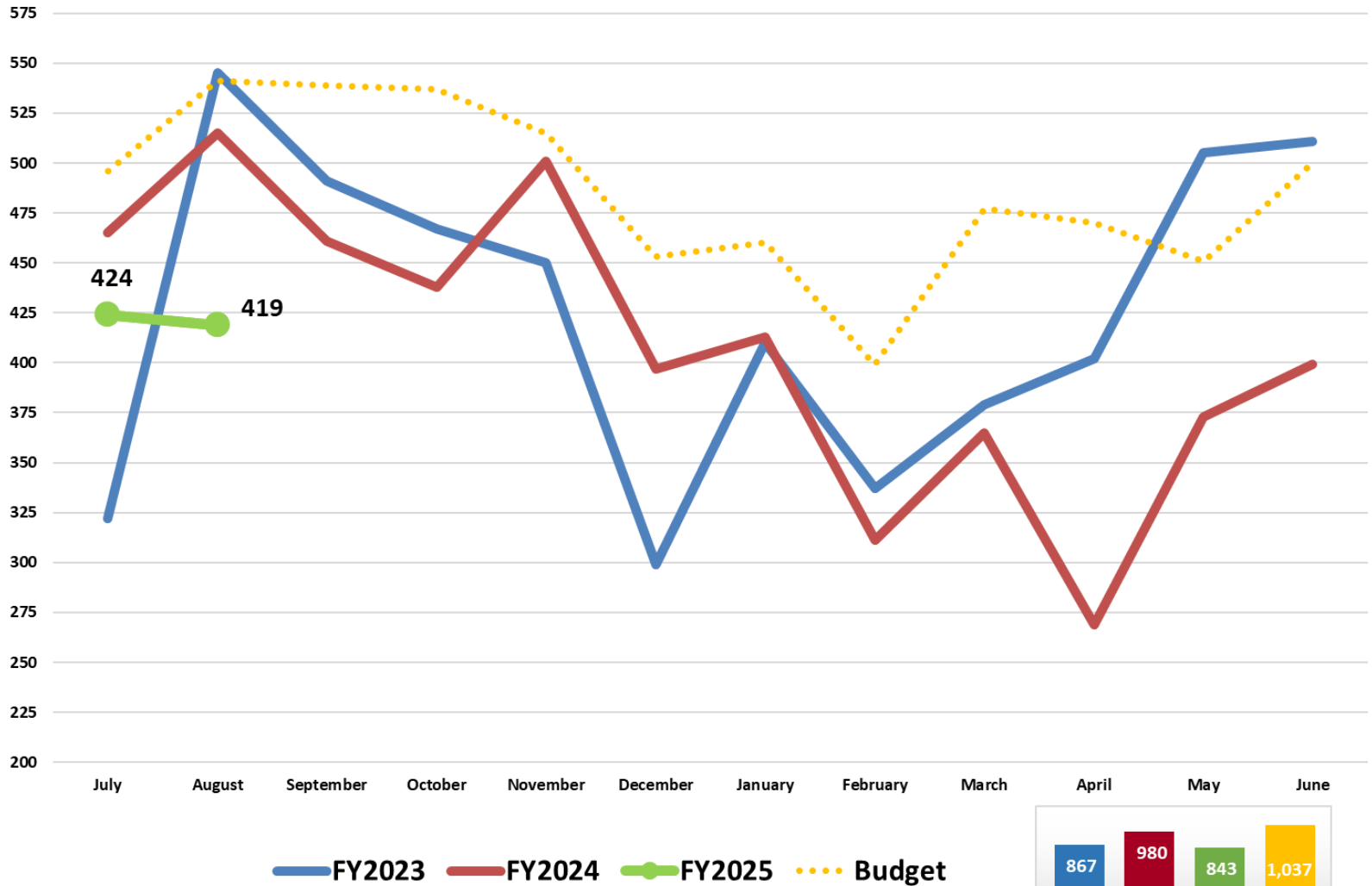
— **FY2024**   
 —●— **FY2025**   
 ●●● **Budget**



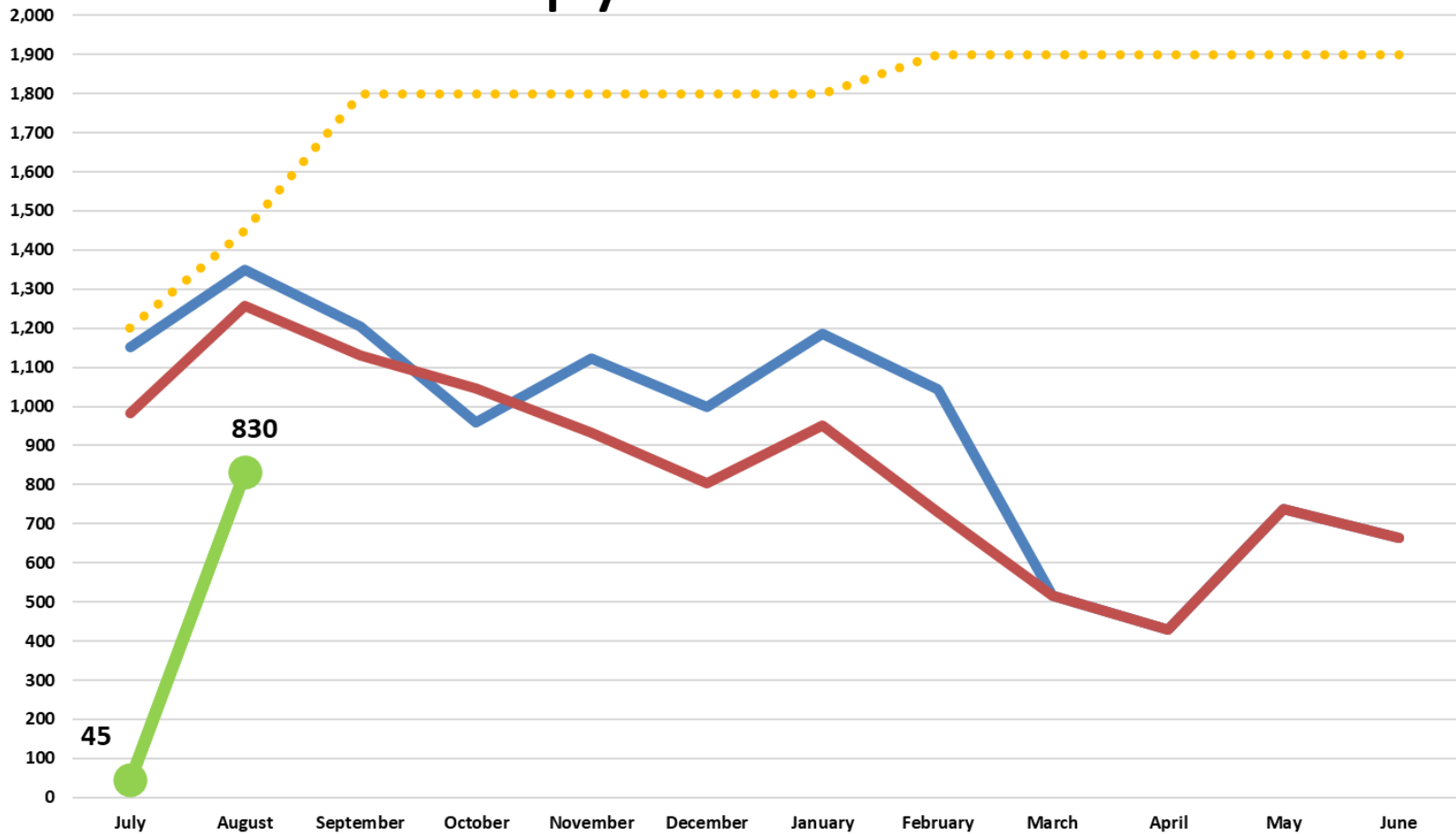
# Cardiothoracic Surgery Clinic - Visits



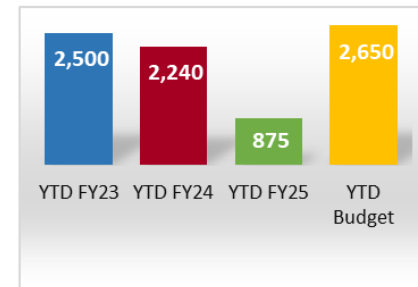
# Cardiac Rehabilitation



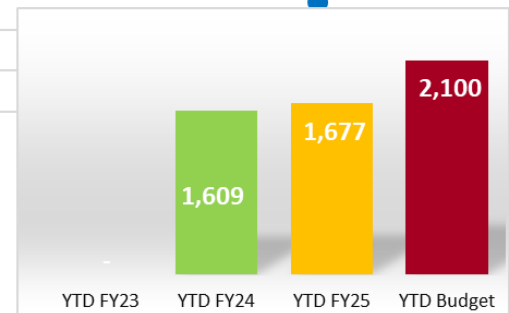
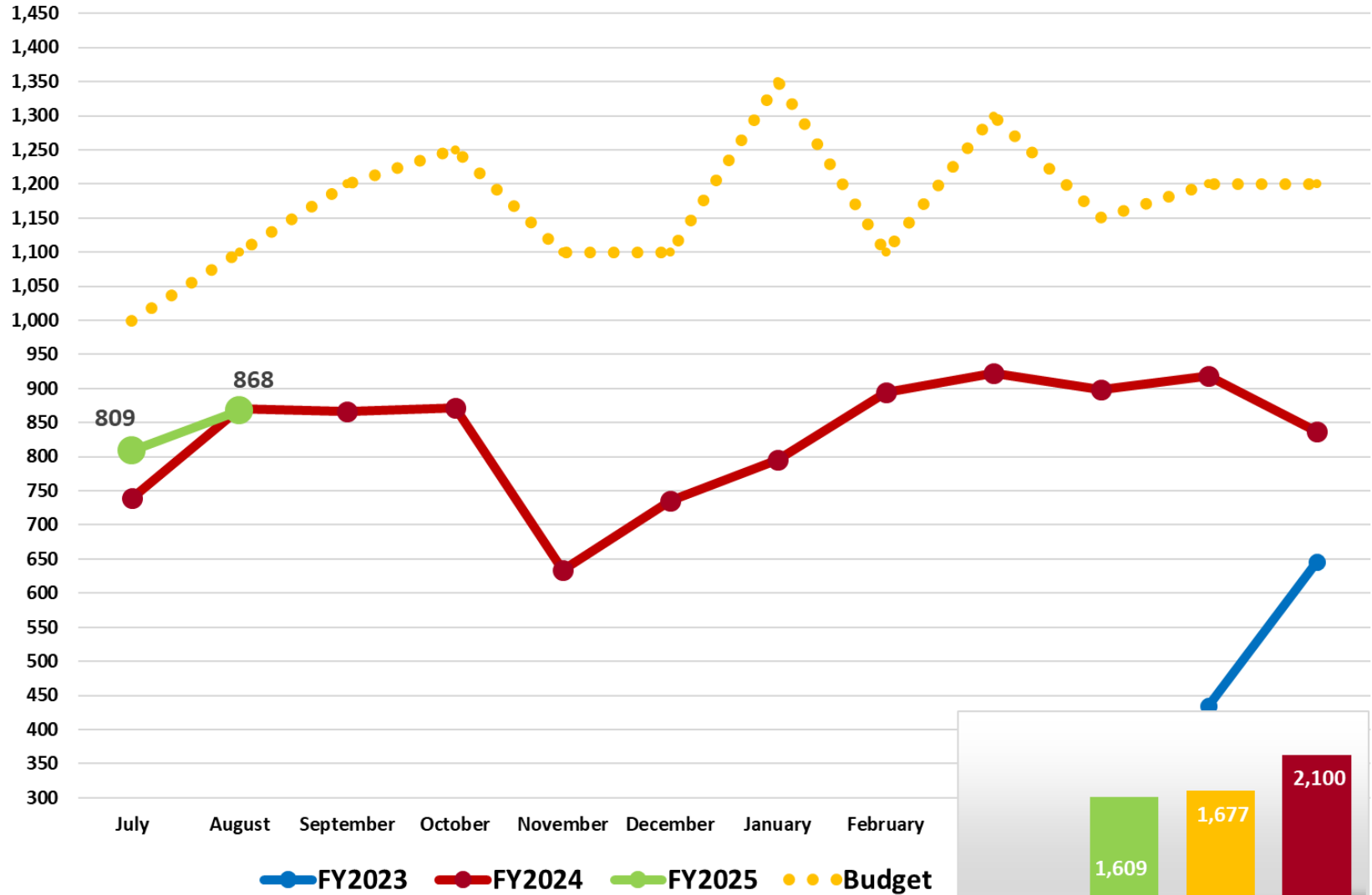
# Therapy-Wound Care



—● FY2023  
 —● FY2024  
 —● FY2025  
 ●●● Budget

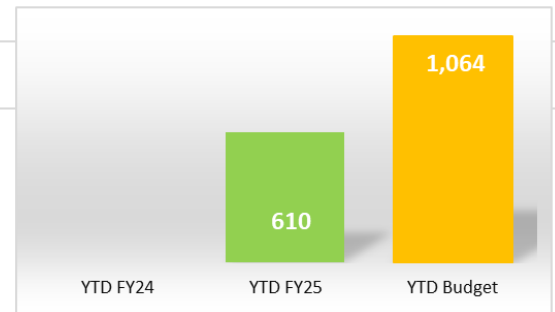
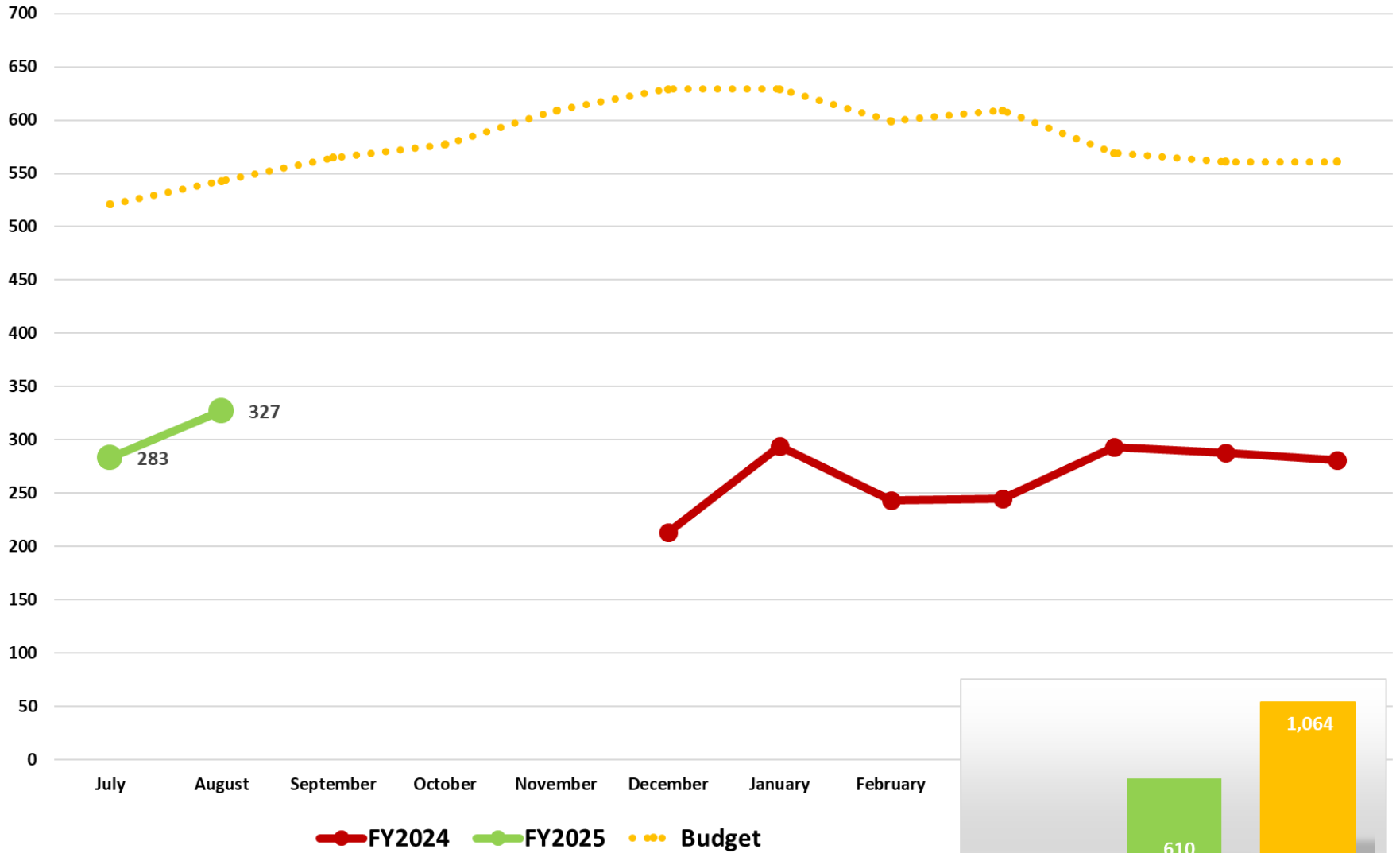


# KH Medical Clinic - Ben Maddox

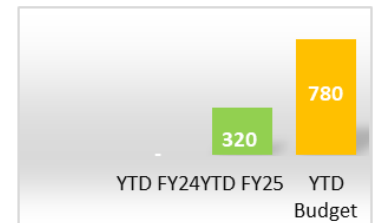
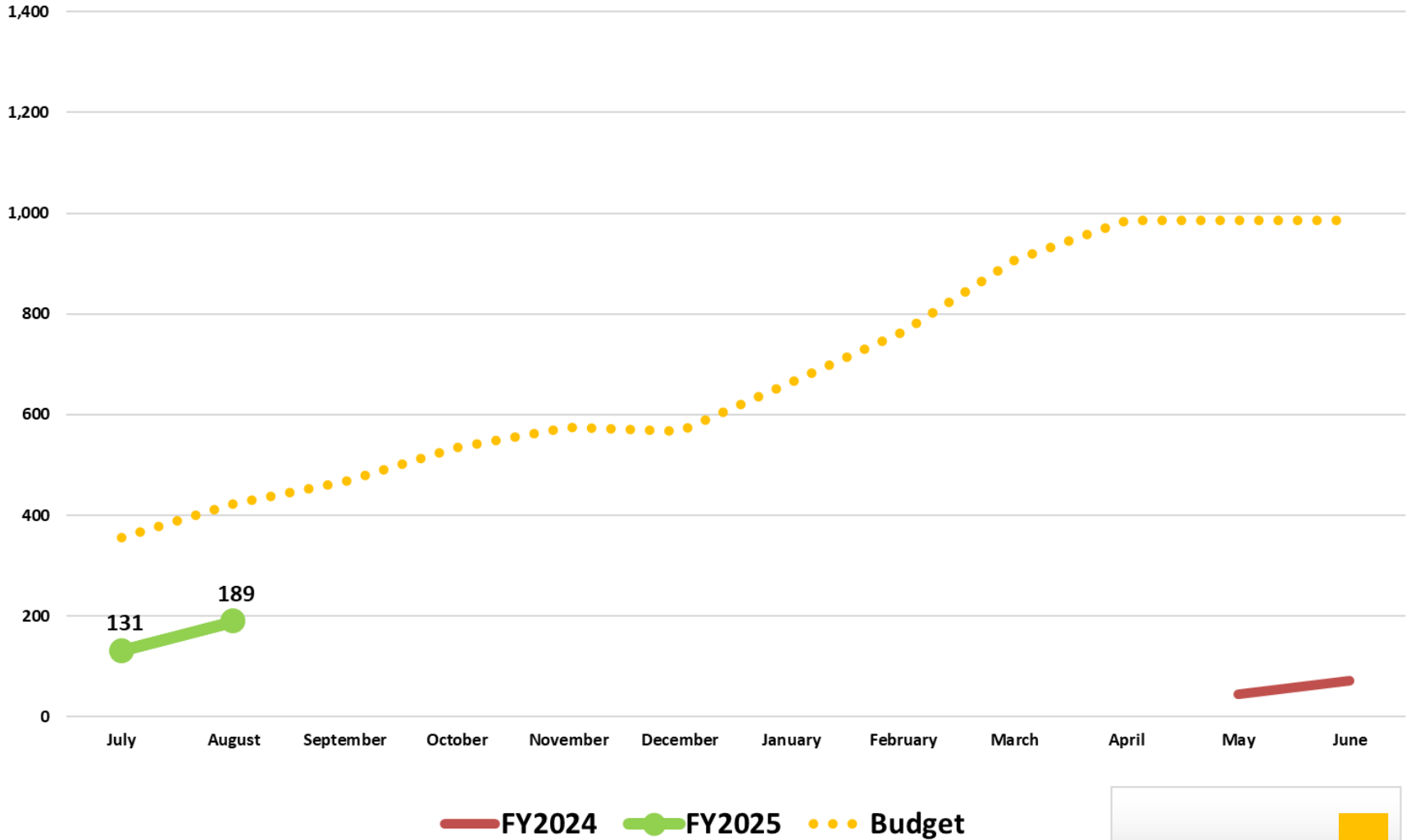




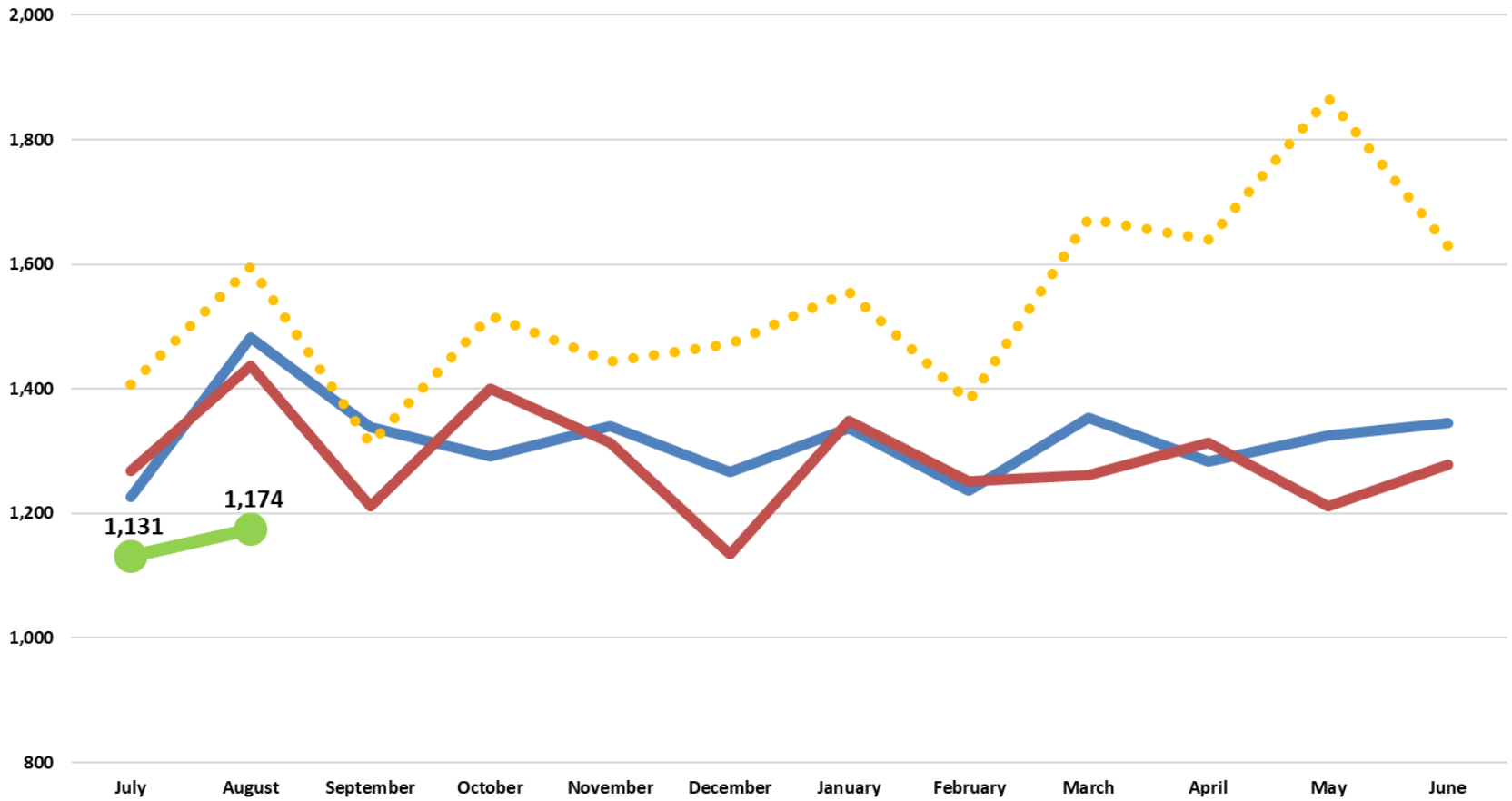
# KH Medical Clinic - Plaza



# KH Willow Clinic



# Medical Oncology



—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●● Budget

