



October 23, 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, October 23, 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.
- 4:45PM 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 October 23, 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 October 23, 2024, closed meeting agenda.*
5. **ADJOURN**

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

1. **CALL TO ORDER**
2. **CONFERENCE WITH LEGAL COUNSEL – [EXISTING LITIGATION](#)**– Pursuant to Government Code 54956.9(d)(1).  
*Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
  - A. Martinez (Santillian) v KDHCDC Case # VCU279163
  - B. Burns-Nunez v KDHCDC Case# VCU293109
  - C. Oney v KDHCDC Case # VCU293813
  - D. Parnell v Kaweah Health Case # VCU292139
  - E. Newport v KDHCDC Case # VCU295708
  - F. Vanni v KDHCDC Case # VCU299235

- G. M. Vasquez v KDHCD Case # VCU297964
- H. Borba v KDHCD Case # VCU301816
- I. Apkarian-Souza v KDHCD Case # VCU303650
- J. Pendleton v KDHCD Case #VCU305571
- K. Rhodes v. Kaweah Case #VCU306460
- L. Negrete v. Kaweah Case #VCU309437
- M. Garcia v. Kaweah Case #VCU310326 (Just served)
- N. LaRumbe-Torres v. Kaweah Case #VCU313564 (Just served)
- O. Cano v KDHCD Case #VCU300701

3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case  
*Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*
4. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.  
*Evelyn McEntire, Director of Risk Management*
5. **CREDENTIALING** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.  
*Daniel Hightower, MD, Chief of Staff*
6. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.  
*Daniel Hightower, MD, Chief of Staff*
7. **APPROVAL OF THE CLOSED MEETING MINUTES** –From [September 25, 2024](#), [October 7, 2024](#), and [October 10, 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 September 25, 2024, October 7, and October 10, 2024, closed minutes.*
8. **ADJOURN**

## OPEN MEETING AGENDA {4:45PM}

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

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*Mike Olmos – Zone I  
President*

*Lynn Havard Mirviss – Zone II  
Vice President*

*Dean Levitan, MD – Zone III  
Board Member*

*David Francis – Zone IV  
Secretary-Treasurer*

*Ambar Rodriguez – Zone V  
Board Member*

agenda and within the jurisdiction of the Board are requested to identify themselves at this time.

4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the [September 25, 2024](#), [October 7](#), [October 10](#), and [October 17, 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 September 25, 2024, October 7, October 10, and October 17, 2024, open minutes.*

## 6. **RECOGNITIONS**

6.1. Presentation of [Resolution 2242](#) to Victor Madrigal in recognition as the Kaweah Health World Class Employee of the month – October 2024 – *Director Rodriguez*

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

*Daniel Hightower, MD, Chief of Staff*

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

*Action Requested – Approval of the October 23, 2024, medical staff credentials report.*

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

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

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

*Action Requested – Approval of the October 23, 2024, Consent Calendar*

## 9.1. **REPORTS**

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Throughput](#)
- D. [Risk Management Quarterly Report](#)
- E. Other Professional Service Reports:
  - E.1. [Respiratory Services](#)
  - E.2. [Sleep Disorders Center](#)



## 9.2. POLICIES

### A. Administrative Policies

A.1. [AP87](#) – Sentinel Event and Adverse Event Response and Reporting. – Revised

### B. Human Resource Policies

B.1. [HR.04](#) - Special Pay Practices. – Revised

B.2. [HR.70](#) - Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation. – Revised

B.3. [HR.216](#) - Progressive Discipline. - Revised

B.4. [HR.236](#) - Computer and Communication Devices and Social Media Code of Conduct. - Revised

**10. ANNUAL AUDITED FINANCIAL STATEMENT** – Report to Board from Moss Adams relative to the annual audited financial statement for fiscal year 2024. - *Kaweah Health; Malinda Tupper, Chief Financial Officer, Jennifer Stockton, Director of Finance, Moss Adams; Brian Conner and John Feneis*

*Recommended Action: Approval of the 2024 Annual Audited Financial Statement.*

**11. [STRATEGIC PLAN- PATIENT AND COMMUNITY EXPERIENCE](#)**- Detailed review of Strategic Plan Initiative – *Keri Noeske, Chief Nursing Officer and Deborah Volosin, Director of Community Engagement*

**12. [HEALTH EQUITY QUALITY REPORT](#)**- Progress update on Kaweah Health’s health equity strategy; goals and actions to ensure equitable care to our patients and community. – *Sonia Duran-Aguilar, Director of Population Health and Ryan Gates, Chief Population Health Officer.*

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

**Agenda item intentionally omitted**

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY SEPTEMBER 25, 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; G. Herbst, CEO; J. Randolph, Vice Chief of Staff; M. Tupper, CFO; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer; D. Cox, Chief Human Resource Officer; P. Stefanacci, Chief Medical & Quality Officer; R. Berglund, Legal Counsel; and K. Davis, recording

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

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

Director Olmos asked for approval of the closed agenda.

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

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

Mike Olmos, President

Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer

Kaweah Delta Health Care District Board of Directors

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY SEPTEMBER 30, 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; J. Randolph, Vice Chief of Staff; M. Tupper, CFO; J. Batth, Chief Operating Officer; D. Cox, Chief Human Resource Office; B. Cripps, Chief Compliance Officer; P. Stefanacci, Chief Medical & Quality Officer; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 4:48 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.

**CLOSED SESSION ACTION TAKEN:** approval of the closed meeting minutes from August 28, 2024.

**OPEN MINUTES** – Requested approval of the open meeting minutes from August 28, 2024.

**PUBLIC PARTICIPATION** – None.

*MMSC (Levitan/Havard Mirviss) to approve the open minutes from August 28, 2024.*

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

**RECOGNITIONS**

Director Levitan presented Resolution 2238 to Hilda Jimenez, in recognition as the Kaweah Health World Class Employee of the month – September 2024. (Employee of the Month was a no show.)

Director Levitan presented Resolution 2239 to Joseph Lambert, in recognition of his 41 years of service and retirement from Kaweah Health.

Director Levitan presented a certificate to the Rapid Response Team for achieving gold status from the American Hospital Association.

**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 – *Julianne Randolph, DO, Vice Chief of Staff*

- No report.

**Public Participation** – None.

Director Olmos requested a motion for the approval of the credentials report as presented and to deny the second category one application of the September 25, 2024, report.

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

**CONSENT CALENDAR** – Director Olmos entertained a motion to approve the September 25, 2024, consent calendar without 9.3. A and B.

**PUBLIC PARTICIPATION** – None.

*MMSC (Levitan/Francis) to approve the September 25, 2024, consent calendar without 9.3. Claims section A and B. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis*

Director Olmos entertained a motion to approve the September 25, 2024, consent calendar 9.3. Section A., Rejection of Claim letter of Sarah Martin v. KDHCDC to return in part as late and reject on its merits.

**PUBLIC PARTICIPATION** – None.

*MMSC (Levitan/Francis) to approve the September 25, 2024, consent calendar 9.3. Section A., Rejection Letter of Sarah Martin v. KDHCDC to return in part as late and reject on its merits. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis*

Director Olmos entertained a motion to approve the September 25, 2024, consent calendar 9.3. Section B., Rejection of Claim letter of John L. Maxey v. KDHCDC to return as untimely and on its merits.

**PUBLIC PARTICIPATION** – None.

*MMSC (Levitan/Francis) to approve the September 25, 2024, consent calendar 9.3. Section B., Rejection Letter of John Maxey v. KDHCDC to return in part as untimely and reject on its merits. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis*

**ENGAGEMENT SURVEY** – A high-level review of recent employee and physician survey results and key takeaways. Copy attached to the original of the minutes and to be considered a part thereof.

*Suzanne Jackson, Workforce & Engagement Advisor, Press Ganey & Dianne Cox, Chief Human Resource Officer*

**STRATEGIC PLAN- PHYSICIAN ALIGNMENT** – A detailed review of strategic plan initiative. Copy attached to the original of the minutes and to be considered a part thereof.

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

**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. Copy attached to the original of the minutes and to be considered a part thereof.

*Michael Tedaldi, MD, Medical Director of Best Practice Teams*

**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-** None – *Mike Olmos, Board President*

**ADJOURN** - Meeting was adjourned at 6:50PM

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



MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY OCTOBER 7, 2024, AT 12:45PM IN THE EXECUTIVE OFFICE CONFERENCE ROOM – 305 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; G. Herbst; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 12:45 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

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

Public Participation- None.

*MMSC (Francis/Havard Mirviss) 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 SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD THURSDAY OCTOBER 10, 2024, AT 4:00PM IN THE EXECUTIVE OFFICE CONFERENCE ROOM – 305 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; G. Herbst; R. Berglund, Legal Counsel; B. Cripps, E. McEntire; and K. Davis, recording

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

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

Director Olmos asked for approval of the Special Closed agenda – 4:01pm.

Public Participation- None.

*MMSC (Havard Mirviss/Rodriguez) 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 4:01PM

Mike Olmos, President

Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer

Kaweah Delta Health Care District Board of Directors

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD THURSDAY OCTOBER 17, 2024, AT 5:30PM IN THE EXECUTIVE OFFICE CONFERENCE ROOM – 305 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, & Levitan; R. Berglund, Legal Counsel; Daniel Hightower, Chief of Staff and Julianne Randolph, Vice Chief of Staff; and R. Berglund, Esq., recording

The meeting was called to order at 5:30 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

*MMSC (Francis/Havard Mirviss) to approve the open agenda. This was supported by those present. Vote: Yes - Havard Mirviss, Olmos, Levitan and Francis; No Vote- Rodriguez, Absent*

**PUBLIC PARTICIPATION** – None.

Director Olmos asked for approval of the Special Closed agenda – 5:31pm.

Public Participation- None.

*MMSC (Levitan/Francis) to approve the Special Closed agenda. This was supported by those present. Vote: Yes - Havard Mirviss, Olmos, Levitan and Francis; No Vote- Rodriguez, Absent*

**ADJOURN** - Meeting was adjourned at 5:31PM

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 2242**

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

**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 congratulations to Victor Madrigal for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.**

**PASSED AND APPROVED this 23rd day of October 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 - Oct 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							
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21							

## October Board Report Narrative:

Last month, we welcomed five new physicians to our community:

- Dr. Dean – Orthopedic Traumatologist
- Dr. Chahil – Interventional Cardiology
- Dr. Gill – Medical Oncology
- Dr. Talamayan – Hospice/Palliative Care
- Dr. Vazquez – Radiation Oncology

This month, we welcome, Dr. Quinn. While Dr. Quinn has been practicing Obstetrics in our community for quite a while, she has begun providing care in Kaweah Health Clinics.

The Kaweah Health Physician Recruitment Team continues to aggressively pursue OB physicians; however, we have a few other difficult to find specialists currently in the recruitment process. We are speaking with a couple Rheumatologists, a handful of Electrophysiologists, an Orthopedic Hand Surgeon, and a handful of Family Medicine physicians, including a few of our own residents.

# Board Report - Physician Recruitment - Oct 2024



	Specialty	Group	Phase	Expected Start Date
1	Cardiothoracic Surgery	TBD	Site Visit	
2	Neonatology	Valley Childrens	Site Visit	
3	Family Medicine	TBD	Screening	
4	OBGYN	TBD	Screening	
5	Anesthesia (Cardiac)	Oak Creek	Screening	
6	Anesthesia (CC)	Oak Creek	Screening	
7	ENT	Valley ENT	Screening	
8	Family Medicine	TBD	Screening	
9	Family Medicine	TBD	Screening	
10	Family Medicine	TBD	Screening	
11	Family Medicine	KH Faculty MG	Screening	
12	Gastroenterology	TBD	Screening	
13	General Surgery	TBD	Screening	
14	Occ Med	TBD	Screening	
15	Occ Med	TBD	Screening	
16	Pulmonology	Sound/ 1099 - KH Direct	Screening	
17	Rheumatology	TBD	Screening	
18	Vascular Surgery	South Valley Vasc	Screening	
19	Neuropsychiatry	TBD	Screening	
20	General Surgery	TBD	Screening	
21	General Surgery	TBD	Screening	
22	Neurology	TBD	Screening	
23	Pulmonology	TBD	Screening	
24	Family Medicine	TBD	Offer Extended	
25	Vascular Surgery	South Valley Vasc	Offer Extended	
26	Urology	1099 - KH Direct	Offer Extended	
27	Anesthesia (Cardiac)	Oak Creek	Offer Accepted	10/01/24
28	Anesthesia (CRNA)	Oak Creek	Offer Accepted	01/01/25
29	Anesthesia (CRNA)	Oak Creek	Offer Accepted	01/01/25
30	Cardiothoracic Surgery	1099 - KH Direct	Offer Accepted	01/05/25
31	Dermatology	1099 - KH Direct	Offer Accepted	02/01/25
32	General Surgery	TBD	Offer Accepted	10/20/25
33	Ped Hospitalist	Valley Childrens	Offer Accepted	10/14/24
34	Pulmonology	1099 - KH Direct	Offer Accepted	03/01/25
35	Family Medicine	TBD	Leadership Call	
36	Cardiology (EP)	TBD	Leadership Call	
37	Gastroenterology	TBD	Leadership Call	
38	General Surgery	TBD	Leadership Call	
39	Hand Surgeon	Orthopedic Assoc	Leadership Call	
40	PM&R	TBD	Leadership Call	
41	EP Cardiology	TBD	Applied	
42	Endocrinology	TBD	Applied	
43	Family Medicine	TBD	Applied	
44	Occ Med	TBD	Applied	
45	Occ Med	TBD	Applied	
46	Occ Med	TBD	Applied	
47	Rheumatology	TBD	Applied	
48	General Surgery	TBD	Applied	

	Specialty	Group	Phase	Expected Start Date
49	Orth Surgeon (General)	Orthopedic Assoc	Applied	
50	Pulmonology	TBD	Applied	
51	Rheumatology	TBD	Applied	
52	General Surgery	TBD	Applied	
53	Orth Surgeon (General)	Orthopedic Assoc	Applied	
54	Cardiology (EP)	TBD	Applied	
55	General Surgery	TBD	Applied	
56	Cardiology (EP)	TBD	Applied	
57	Cardiology (EP)	TBD	Applied	
58	Cardiology (EP)	TBD	Applied	
59	Cardiology (EP)	TBD	Applied	





Kaweah Health Medical Center

# FY 2025 Strategic Plan

Monthly Performance Report  
Oct 23, 2024



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



**Kaweah Health**

MORE THAN MEDICINE. LIFE <sup>420/671</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**

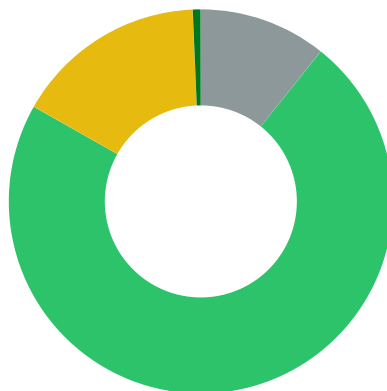
Achieve outstanding community health.  
 Deliver excellent service.  
 Provide an ideal work environment.  
 Empower through education.  
 Maintain financial strength.

**Our Five Initiatives**

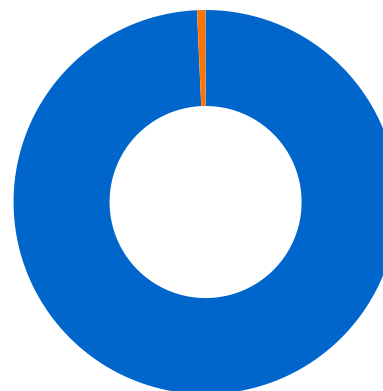
Ideal Environment  
 Strategic Growth and Innovation  
 Outstanding Health Outcomes  
 Patient Experience and Community Engagement  
 Physician Alignment

**Kaweah Health Strategic Plan FY2025 Overview**

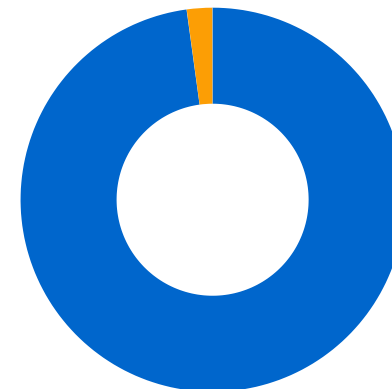
Statues



Due Dates



Progress Updates



● Not Started 16 (11%)  
 ● On Track 108 (72%)  
 ● Off Track 24 (16%)  
 ● Achieved 1 (1%)

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

● Up-to-Date 136 (98%)  
 ● Late 3 (2%)  
 ● Pending 0 (0%)

## Ideal Environment

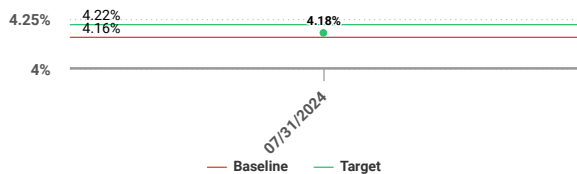
Champions: Dianne Cox and Hannah Mitchell

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

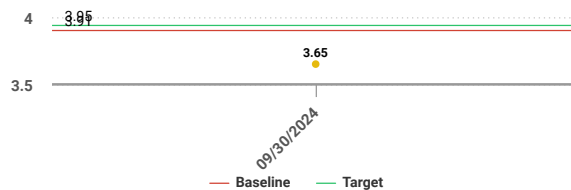
### FY2025 Strategic Plan - Ideal Environment Strategies

#	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, Orsi, 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>

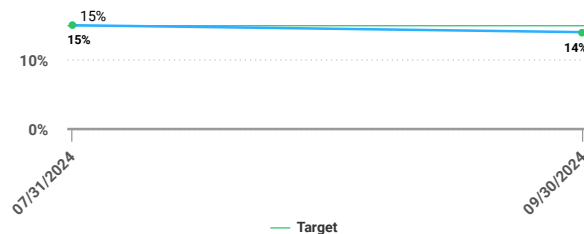
Employee Engagement Survey Score Greater Than 4.2%



Physician and APP Engagement Survey Score Greater Than 3.95%



Decrease Overall Turnover Rate (< 15%)



### Strategic Growth and Innovation

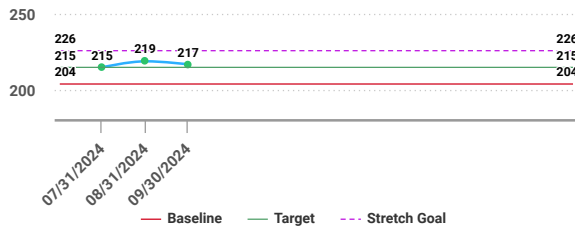
#### Champions: Jag Batth and Kevin Bartel

**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**.

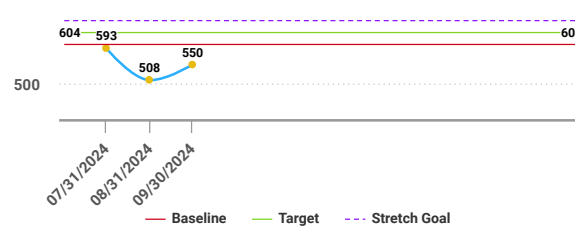
#### FY2025 Strategic Plan - Strategic Growth and Innovation Strategies

#	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 September 2024. All others were off track due for varying reasons. Urology is still limited primarily by lack of consistent USC subspecialist presence (no subspecialist cases performed in September) and limited on-call coverage. Endoscopy had multiple physicians on vacation in september 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.	On Track	Jag Batth	Six of the seven innovation metrics are on track. Plans are being developed to re-engage appropriate resources for the one metric that is off track.
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	Kaweah Health continues to explore opportunities with local providers as well as other potential opportunities.

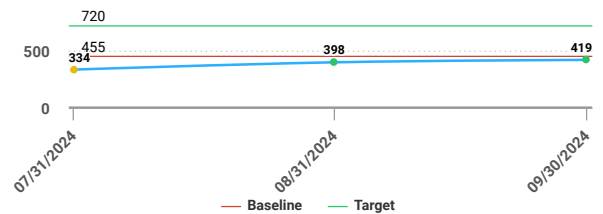
Perform 215 Orthopedic Surgery Cases Per Month



Perform 636 Endoscopy Cases Per Month



Increase Enrollment to 720 Lives in Enhanced Care Management



## Outstanding Health Outcomes

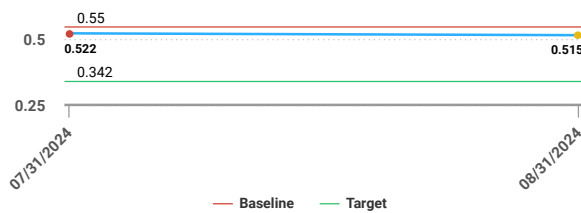
**Champions: Dr. Paul Stefanacci and Sandy Volchko**

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

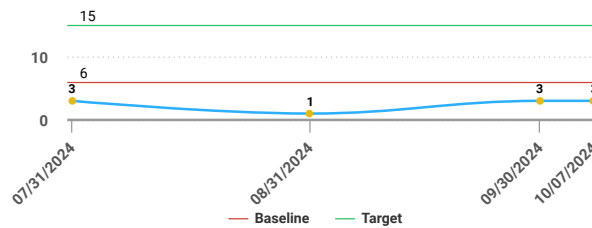
### FY2025 Strategic Plan - Outstanding Health Outcomes Strategies

#	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.

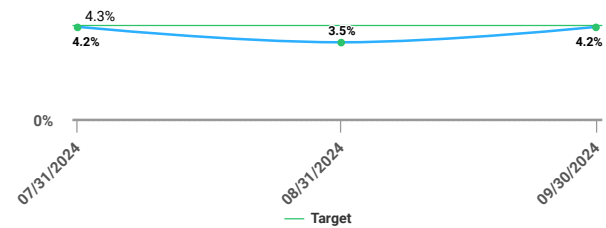
Decrease Standardized Infection Ratio (SIR) CAUTI to < 0.401



Meet or exceed 15 QIP measures in 2024



Hypoglycemia in Critical Care Patients (< 4.3%)



## Patient Experience and Community Engagement

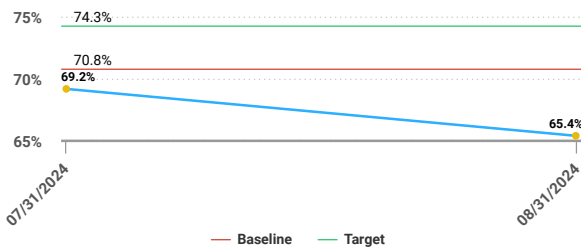
Champions: Keri Noeske and Deborah Volosin

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

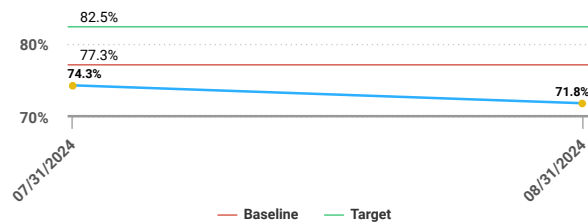
### FY2025 Strategic Plan - Patient Experience and Community Engagement Strategies

#	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)

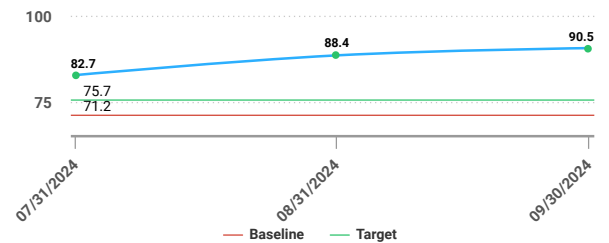
Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve a score of 82.5 in Nursing Communication Inpatient Score



Achieve a score of 75.7 in the Cleanliness of Clinic Environment





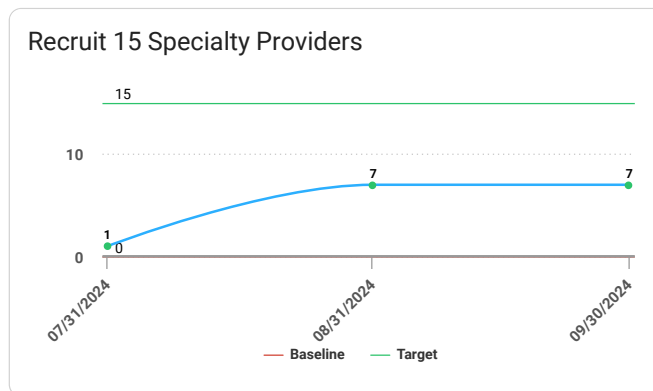
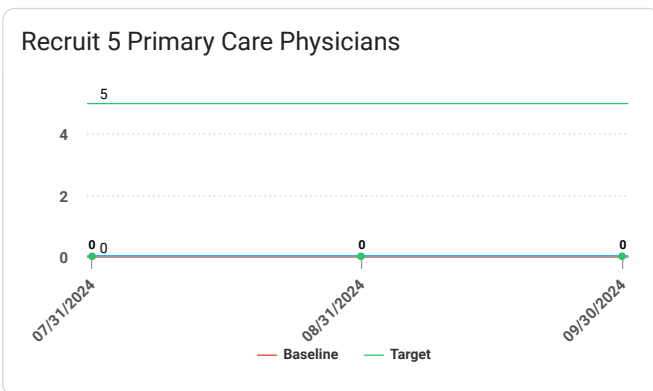
## Physician Alignment

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	A meeting has been scheduled with MSO for minor clarifications requested.





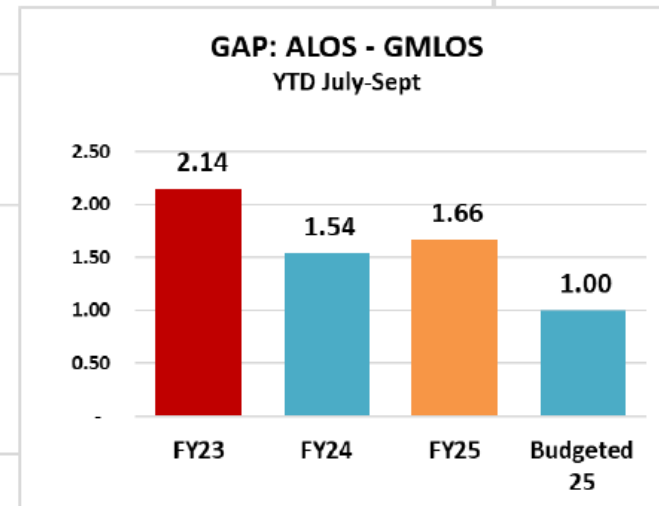
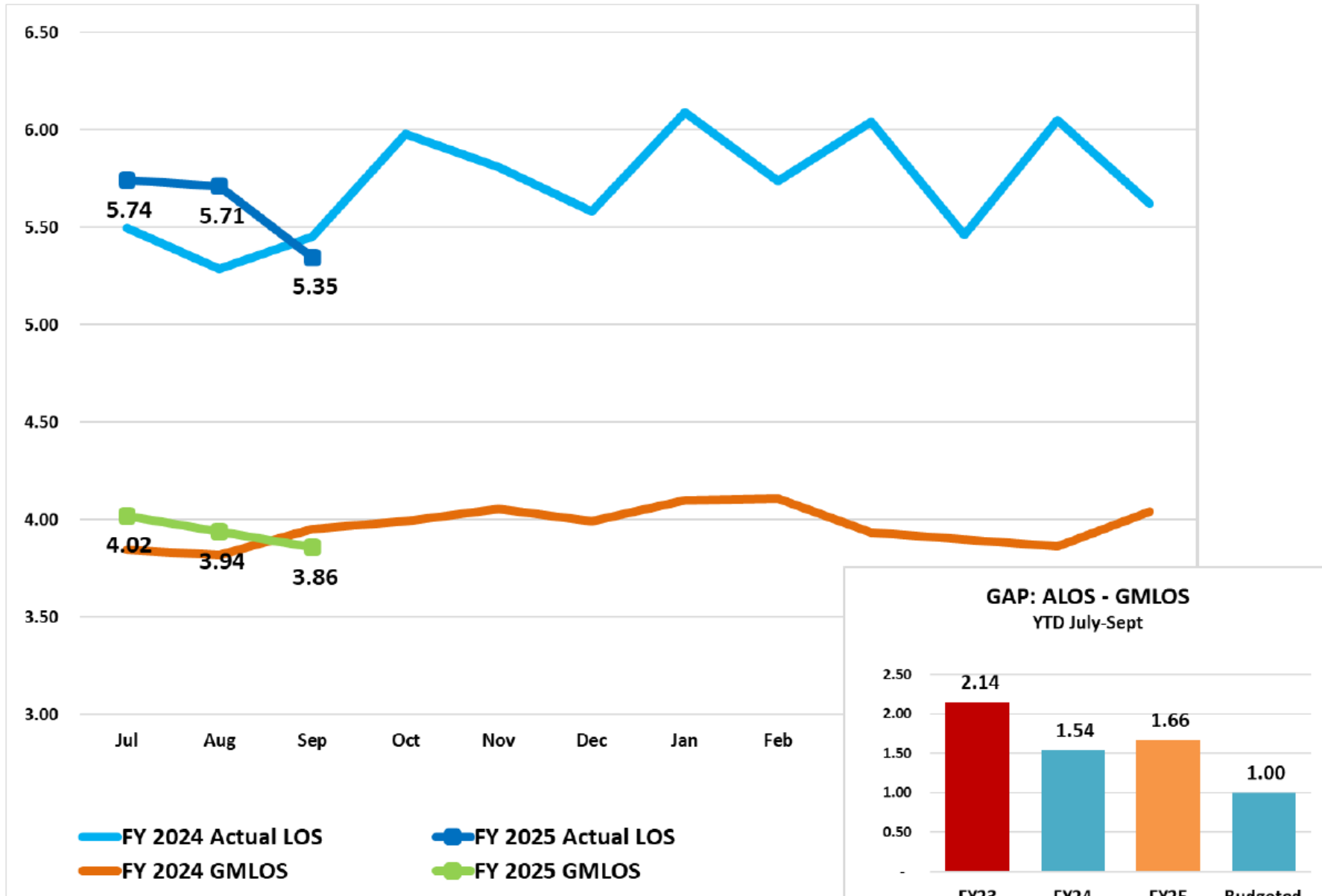
# Throughput Steering Committee October 2024



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

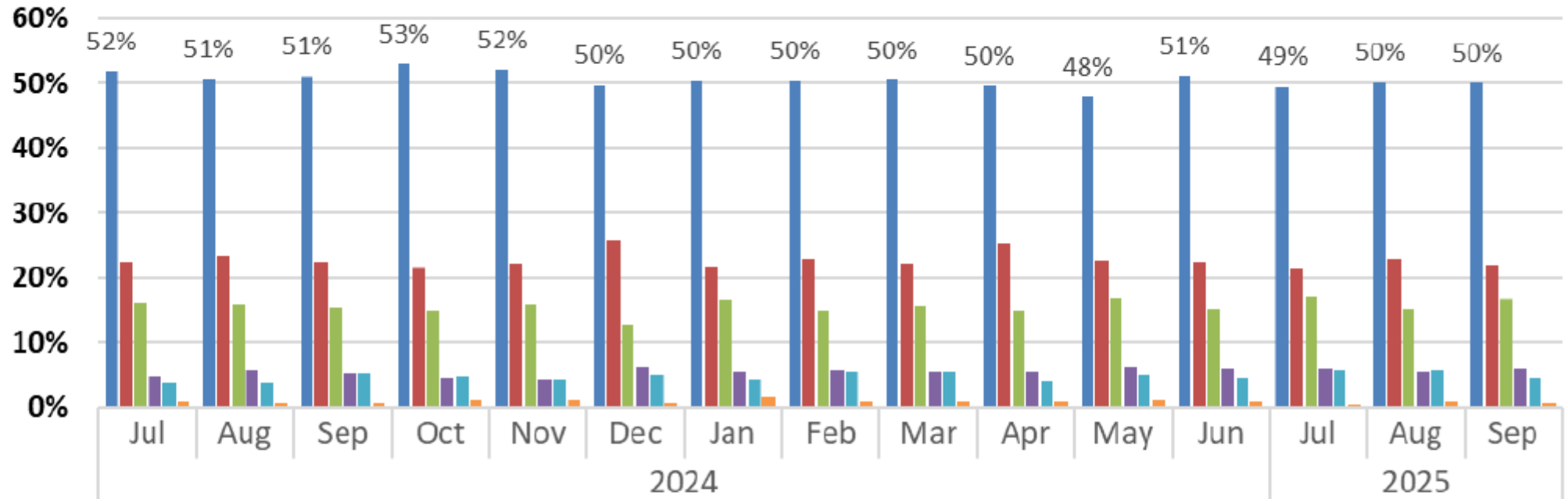


# Average Length of Stay versus National Average (GMLOS)



# Average Length of Stay Distribution

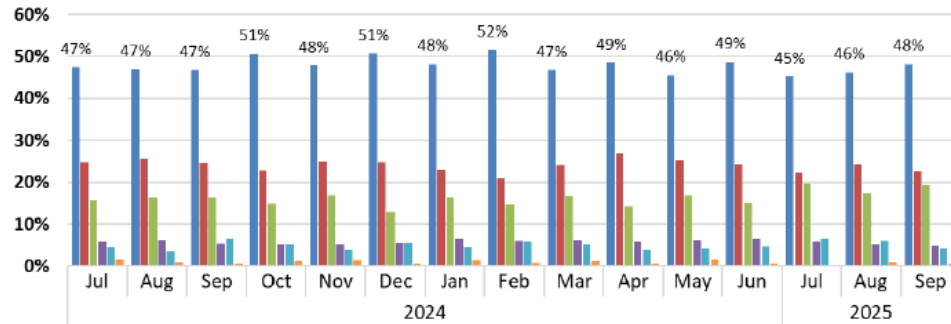
## FY25 Overall LOS Distribution



■ at GMLOS or Better	52%	51%	51%	53%	52%	50%	50%	50%	50%	50%	48%	51%	49%	50%	50%
■ 1-2 days over GMLOS	23%	23%	23%	22%	22%	26%	22%	23%	22%	25%	23%	22%	21%	23%	22%
■ 2-6 days over GMLOS	16%	16%	15%	15%	16%	13%	16%	15%	16%	15%	17%	15%	17%	15%	17%
■ 6-10 days over GMLOS	5%	6%	5%	5%	4%	6%	6%	6%	5%	5%	6%	6%	6%	6%	6%
■ 10-30 days over GMLOS	4%	4%	5%	5%	4%	5%	4%	5%	5%	4%	5%	5%	6%	6%	5%
■ 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%	0.6%

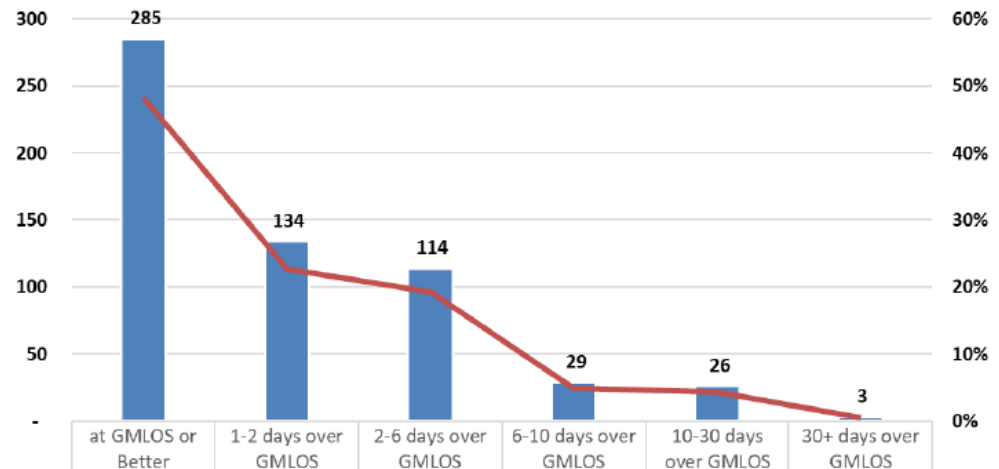
# LOS Distribution

### FY25 Hospitalist LOS Distribution



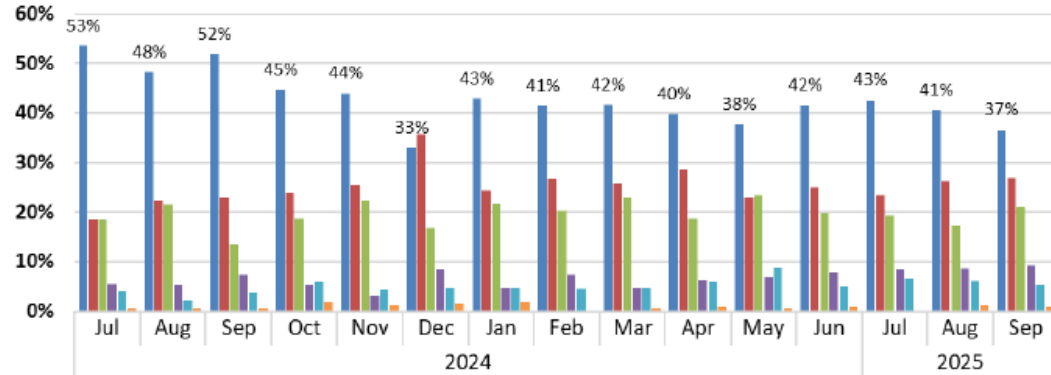
at GMLOS or Better	47%	47%	47%	51%	48%	51%	48%	52%	47%	49%	46%	49%	45%	46%	48%
1-2 days over GMLOS	25%	26%	25%	23%	25%	25%	23%	21%	24%	27%	25%	24%	22%	24%	23%
2-6 days over GMLOS	16%	17%	16%	15%	17%	13%	16%	15%	17%	14%	17%	15%	20%	17%	19%
6-10 days over GMLOS	6%	6%	5%	5%	5%	6%	6%	6%	6%	6%	6%	6%	6%	5%	5%
10-30 days over GMLOS	5%	4%	6%	5%	4%	6%	5%	6%	5%	4%	4%	5%	7%	6%	4%
30+ days over GMLOS	2%	1%	0%	1%	1%	0%	1%	1%	1%	2%	1%	0%	0%	1%	1%

### Sep FY25 Hospitalist LOS Distribution



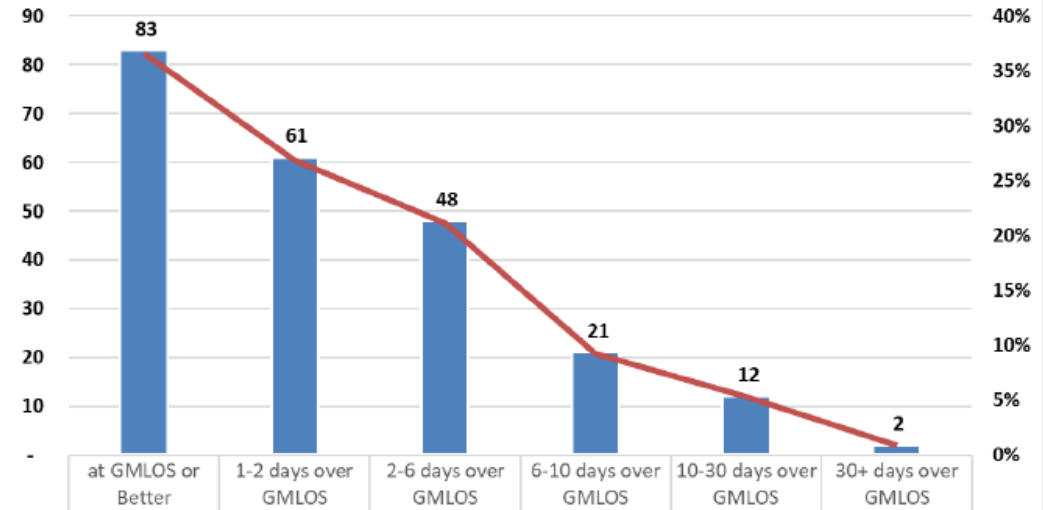
Count of Visits	285	134	114	29	26	3
% of Visits	48%	23%	19%	5%	4%	1%

### FY25 FHCN LOS Distribution



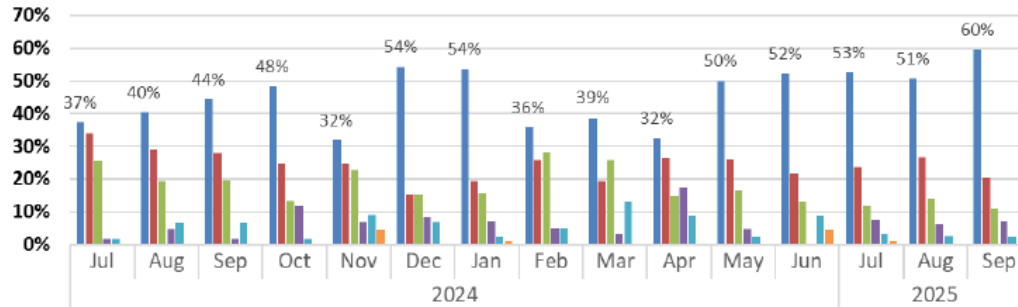
	2024						2025								
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
at GMLOS or Better	53%	48%	52%	45%	44%	33%	43%	41%	42%	40%	38%	42%	43%	41%	37%
1-2 days over GMLOS	18%	22%	23%	24%	25%	36%	24%	27%	26%	28%	23%	25%	23%	26%	27%
2-6 days over GMLOS	18%	21%	14%	19%	22%	17%	22%	20%	23%	19%	23%	20%	19%	17%	21%
6-10 days over GMLOS	5%	5%	7%	5%	3%	8%	5%	7%	5%	6%	7%	8%	8%	9%	9%
10-30 days over GMLOS	4%	2%	4%	6%	4%	5%	5%	4%	5%	6%	9%	5%	7%	6%	5%
30+ days over GMLOS	0%	0%	1%	2%	1%	2%	2%	0%	1%	1%	0%	1%	0%	1%	1%

### Sep FY25 FHCN LOS Distribution



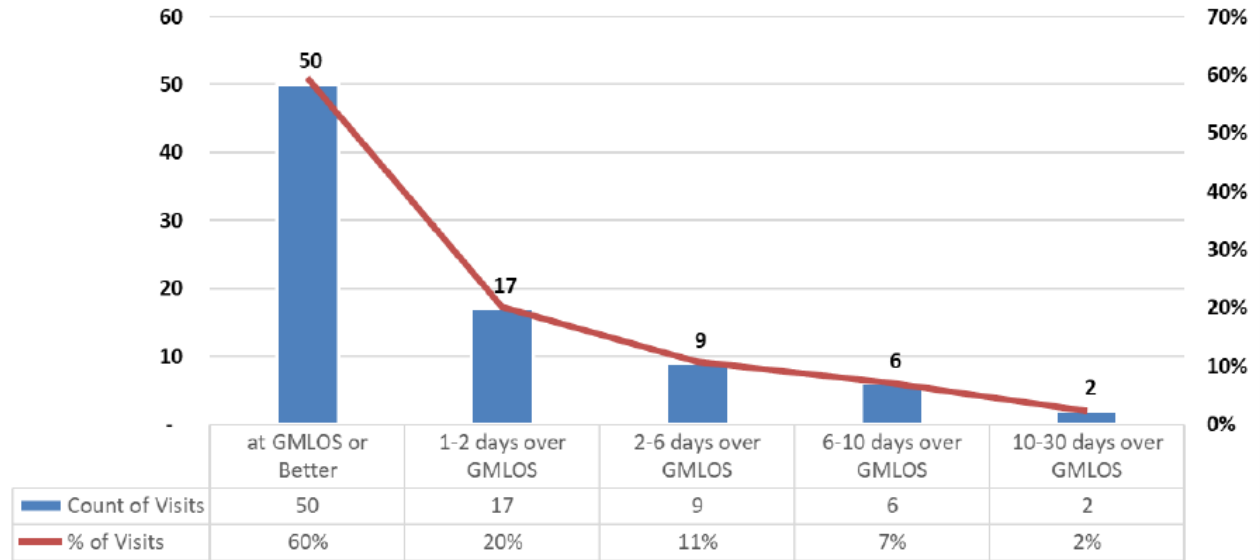
Count of Visits	83	61	48	21	12	2
% of Visits	37%	27%	21%	9%	5%	1%

### FY25 Humana-Key Medical LOS Distribution

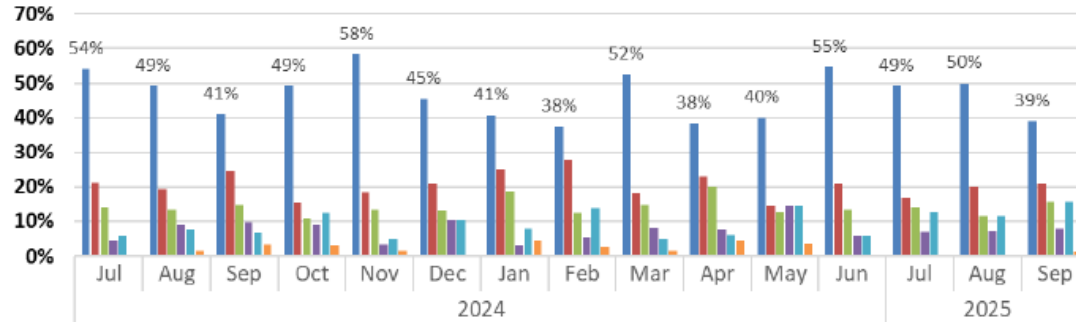


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
at GMLOS or Better	37%	40%	44%	48%	32%	54%	54%	36%	39%	32%	50%	52%	53%	51%	60%
1-2 days over GMLOS	34%	29%	28%	25%	25%	15%	20%	26%	19%	26%	26%	22%	24%	27%	20%
2-6 days over GMLOS	25%	19%	20%	13%	23%	15%	16%	28%	26%	15%	17%	13%	12%	14%	11%
6-10 days over GMLOS	2%	5%	2%	12%	7%	8%	7%	5%	3%	18%	5%	0%	8%	6%	7%
10-30 days over GMLOS	2%	6%	7%	2%	9%	7%	2%	5%	13%	9%	2%	9%	3%	3%	2%
30+ days over GMLOS	0%	0%	0%	0%	5%	0%	1%	0%	0%	0%	0%	4%	1%	0%	0%

### Sep FY25 Humana-Key Medical LOS Distribution

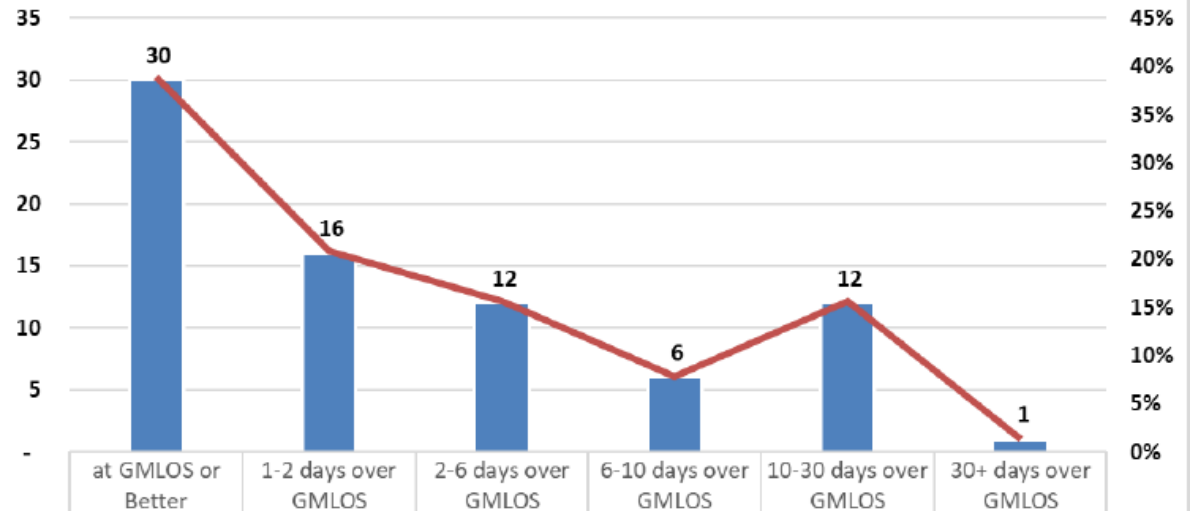


### FY24 ACTSS LOS Distribution



	2024												2025		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
■ at GMLOS or Better	54%	49%	41%	49%	58%	45%	41%	38%	52%	38%	40%	55%	49%	50%	39%
■ 1-2 days over GMLOS	21%	19%	25%	15%	18%	21%	25%	28%	18%	23%	15%	21%	17%	20%	21%
■ 2-6 days over GMLOS	14%	13%	15%	11%	13%	13%	19%	13%	15%	20%	13%	13%	14%	11%	16%
■ 6-10 days over GMLOS	5%	9%	10%	9%	3%	10%	3%	6%	8%	8%	15%	6%	7%	7%	8%
■ 10-30 days over GMLOS	6%	7%	7%	12%	5%	10%	8%	14%	5%	6%	15%	6%	13%	11%	16%
■ 30+ days over GMLOS	0%	1%	3%	3%	2%	0%	5%	3%	2%	5%	4%	0%	0%	0%	1%

### Sep FY25 ACTSS LOS Distribution



■ Count of Visits	30	16	12	6	12	1
■ % of Visits	39%	21%	16%	8%	16%	1%



# Performance Scorecard

## Leading Performance Metrics – Inpatient & Observation

Age Group

(All)

Behavioral Health

(All)

Metric	Patient Type	Definition	Goal	Baseline**	Discharge Date				
					5/1/2024				9/30/2024
<b>Observation Average Length of Stay (Obs ALOS)</b> <i>(Lower is better)*</i>	Overall	Average length of stay (hours) for observation patients	36	41.22	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024
					43.94	41.13	38.28	35.96	40.66
<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	5.66	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024
					6.07	5.67	5.80	5.73	5.35
<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	1.45	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024
					1.58	1.41	1.45	1.46	1.39
<b>Discharges*</b>	Inpatient	Count of inpatient discharges	N/A	1,350	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024
	Observation	Count of observation discharges	N/A	794	1,361	1,314	1,455	1,381	1,298
	Overall	Count of inpatient and observation discharges	N/A	2,144	842	814	746	750	749
					2,203	2,128	2,201	2,131	2,047

\*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				
					5/1/2024 12:00:00 AM				9/30/2024 11:59:59 PM
<b>ED Boarding Time</b> <i>(Lower is better)*</i>	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	150	260	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024
					208	303	405	198	199
	Observation	Median time (minutes) for admission order written to check out for observation patients	150	284	272	311	422	328	193
	<b>Overall</b>	Median time (minutes) for admission order written to check out for inpatient and observation patients	150	261	212	303	406	201	198
<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	536	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024
					411	596	723	434	411
<b>ED Length of Stay (ED LOS)</b> <i>(Lower is better)*</i>	Discharged	Median ED length of stay (minutes) for discharged patients	214	296	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024
					290	297	317	290	296
	Inpatient	Median ED length of stay (minutes) for admitted patients	500	720	612	766	909	632	666
	Observation	Median ED length of stay (minutes) for observation patients	500	703	619	781	876	660	645
	<b>Overall</b>	Median ED length of stay (minutes) for admitted and discharged patients	N/A	344	337	351	372	329	341
<b>ED Visits*</b>	Discharged	Count of ED visits for discharged patients	N/A	6,425	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024
					6,664	6,436	6,567	6,454	6,272
	Inpatient	Count of ED Visits for admitted patients	N/A	1,202	1,163	1,213	1,280	1,215	1,146
	Observation	Count of ED Visits for observation patients	N/A	416	477	427	383	378	378
	<b>Overall</b>	Count of ED visits	N/A	8,042	8,304	8,076	8,230	8,047	7,796

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

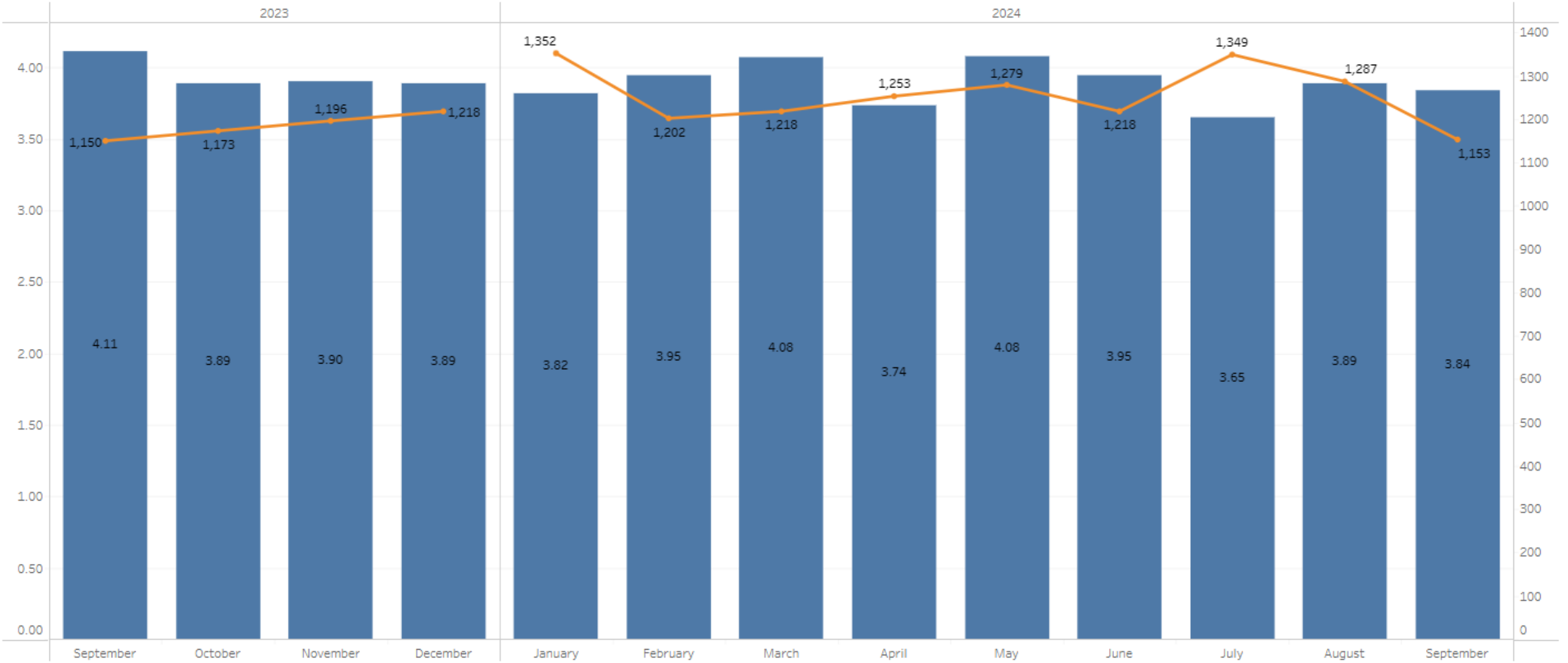
\*\*Baseline calculation: Previous 6-month rolling median or average based on the metric's calculation

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

Unit Group	Loc Nurse Unit	Month of Discharge Date												
		Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024
Med/Surg	KHMC 1E Emergency Room Overflow	08.29	09.16	09.77	11.22	14.33	14.38	13.34	13.28	14.03	16.22	14.70	13.88	08.80
	KHMC 2N Medical Surgical	42.32	47.42	52.01	39.14	51.32	39.75	35.84	39.87	112.29	42.53	66.14	42.48	43.40
	KHMC 2S Medical Surgical	41.16	40.72	41.62	44.65	49.80	41.95	40.11	46.28	39.53	43.15	42.68	38.32	43.06
	KHMC 3N Medical Surgical	67.81	61.59	55.34	52.06	32.57	54.71	48.41	49.72	52.66	70.00	35.64	33.80	45.99
	KHMC 3S Medical Surgical	59.90	84.22	33.00	45.76	64.47	75.11	44.16	149.79	45.75	50.86	47.08	43.62	49.36
	KHMC 4N Medical Surgical	63.76	47.78	60.22	48.67	99.47	67.24	58.81	63.68	60.43	46.97	37.32	39.63	56.66
	KHMC 4S Medical Surgical	163.13	51.94	78.22	63.30	79.60	29.08	76.31	39.51	44.32	65.02	88.55	44.27	36.20
	KHMC 14 Medical Surgical	55.38	32.33	36.59	44.47	61.53	53.62	70.96	59.48	36.00	44.01	31.14	29.65	53.78
	KHMC BP Broderick Pavilion	26.20	28.00	26.51	27.37	29.18	30.51	31.10	28.28	30.09	26.62	27.97	26.44	31.71
	KHMC PE Pediatrics	21.80	16.97	20.38	27.07	18.69	20.20	19.92	21.64	21.32	28.46	19.36	22.69	22.14
ICU	KHMC 3W ICCU				69.45	63.10				67.77				
	KHMC 15 ICCU				19.38						28.75	30.30		54.27
	KHMC CV Intensive Care	92.84	16.89	34.62	70.57	117.40	01.65		34.85		38.97	31.95	26.94	38.48

### Inpatient Average Discharge Order to Discharge Time (Hours)

\*Exclusions: Patients with discharge order to discharge time > 24 hours.



# Patient Throughput Updates –October 2024

Update	Next Steps
<p><b>Patient Progression:</b></p> <ul style="list-style-type: none"> <li>Discharge Lounge open and successfully taking patients. Increasing each month with patient bed hours saved.</li> <li>Discharge nurse is also very successful. 13-18 patients discharged per day and 4-6 pts discharged by noon just through her efforts.</li> </ul>	<p><b>Patient Progression:</b></p> <ul style="list-style-type: none"> <li>Working with the team to identify LOS barriers and will start working through workflow for those areas. List attached.</li> <li>Hired second TS, currently working on standardized forms and processes.</li> <li>TS to work through Diagnostic and procedural delays by creating standardized processes for escalation. Also, will create re-pat for tertiary accepted pts back to originating facility.</li> <li>Working on CM and CMA barriers to DC.</li> <li>Conferring with payers on auth processes for DC to PACPs</li> <li>Working with PACPs on accepting and reason for not, timely auth submittal.</li> </ul>
<p><b>ED to Inpatient Admission Process:</b></p> <ul style="list-style-type: none"> <li>Implementation of staffing by demand matrix for the ED RNs</li> <li>Initiating RN:RN hand-off, mitigating delays (sent to Clin ED for essential info flier for implementation)</li> <li>ED launch point auto update with bed status with Cap-man go live</li> <li>initiation of the RN:RN hand off guiding principals has been implemented.</li> <li>Work with ED and 1E teams to develop workflow for transporting pts to floor in a timely manner instead of waiting for transport.</li> <li>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.</li> <li>Data for overuse of CT, indicates 36% of pts received CT vs 40% nst average.</li> </ul>	<p><b>ED to Inpatient Admission Process:</b></p> <ul style="list-style-type: none"> <li>Have identified that reports from Capman do 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.</li> <li>Tease data out to include census color, day of the week, staffing trends.</li> <li>Ensure admitting providers are putting in orders timely, analyze processes for decision to admit</li> </ul>
<p><b>Observation Program:</b></p> <ul style="list-style-type: none"> <li>Observation dashboard ready for use 10/2023. April power plan usage 17.25% (up from 11.11% in Jan)</li> <li>PCP follow up process and resources finalized</li> <li>Medical observation patients are prioritized for placement on 2S</li> <li>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 &amp; Adult Hospitalist meeting 12/18 to educate as well</li> <li>Outpatient appointment (NM Lexi, Treadmill, Holter, PCP) process implemented 6/3/24, 1<sup>st</sup> patient completed NM LexiScan on 7/12 (discharged 7/10)</li> </ul>	<p><b>Observation Program:</b></p> <ul style="list-style-type: none"> <li>Outpatient appointment process optimization: consider expanding the providers that are included</li> <li>Collaborate with radiology on MRI/CT delays</li> <li>Evaluate EEG outpatient appointment process</li> <li>Evaluate a targeted afternoon discharge round huddle on 2S</li> <li>Ongoing optimization of observation dashboard</li> </ul>
<p><b>Tests and Treatments:</b></p> <ul style="list-style-type: none"> <li>CT turnaround times in the ED met goal</li> <li>Decrease in Biofire usage by adhering to order set</li> <li>Incremental improvement in reducing PT orders at the medical</li> <li>Established benchmarks for the various measures</li> </ul>	<p><b>Tests and Treatments:</b></p> <ul style="list-style-type: none"> <li>Working with ISS to get additional insight with order set utilization to address opportunities with test and treatments</li> <li>Therapy and Nursing education regarding the appropriateness of PT orders and discharging patient when appropriate</li> <li>Staffing for clinical lab and follow up with stat order adheres</li> </ul>

# BOD Risk Management Report – Open 3rd Quarter 2024

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



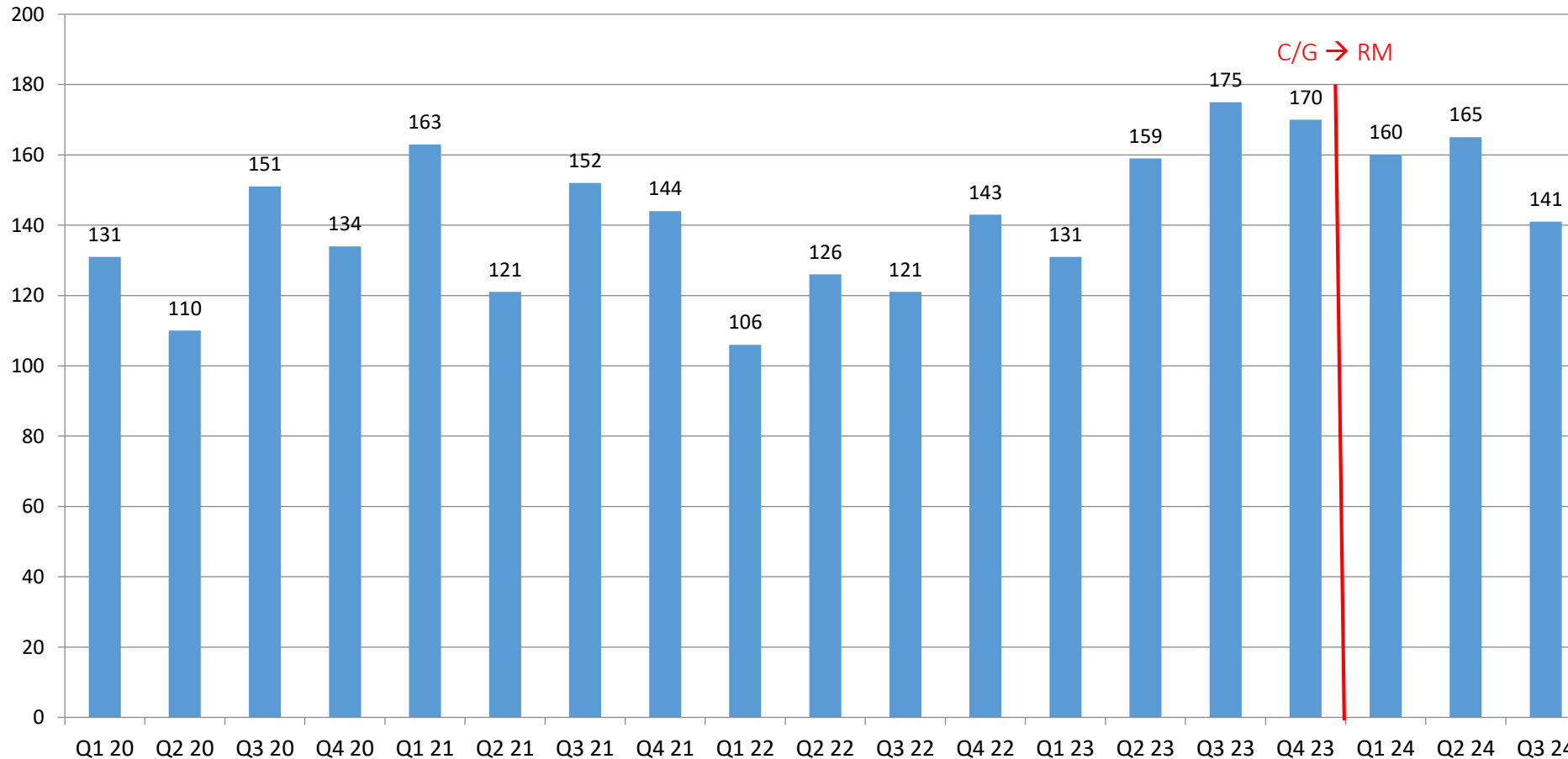
[kaweahhealth.org](https://kaweahhealth.org)



# Risk Management Goals

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

# Complaints & Grievances 2020 - 2024



## Trends:

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

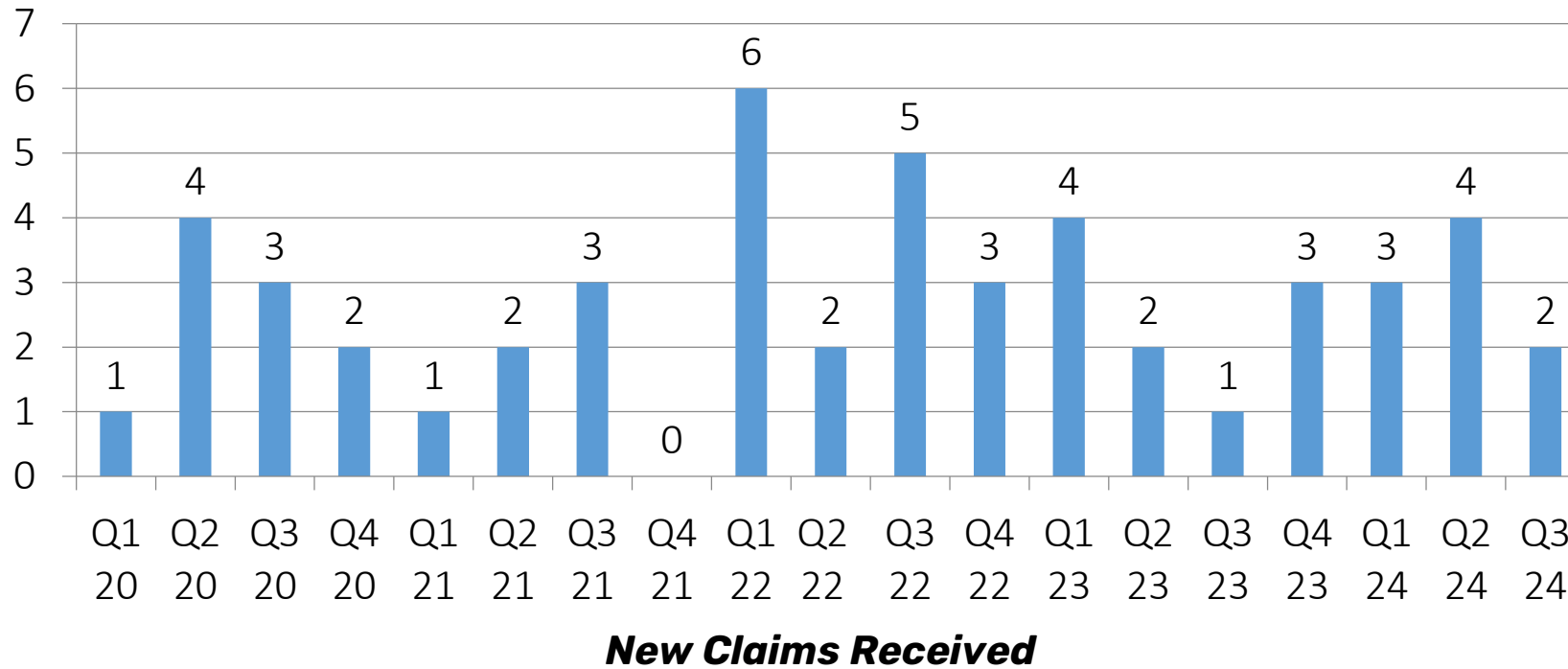
## Actions:

- Unit leaders working directly with complainants in real-time whenever possible. Seeing a reduction in grievances as a result.



# Claims

## 2020 - 2024



\*Total cases closed in 3rd Quarter 2024 – Two (2)

# Kaweah Delta Health Care District Annual Report to the Board of Directors

## Respiratory Services

Wendy Jones, BS, RRT, RPFT, Director, (559) 624-2329  
Johnny Mata, BS, RRT-NPS, Manager, (559) 624-2192  
October 2024

### Summary Issue/Service Considered

Respiratory Services will continue to provide/support primary and advanced respiratory care services emphasizing stabilization, maintenance, and restorative goal driven patient care.

As active and vital members of acute, emergent, critical, sub-acute and rehabilitative care teams, we continue to work jointly with physicians, nurses, Allied Health Leaders, and the Executive Team to assure the provision of:

- High Quality Care
- Optimal Patient safety
- Service excellence
- Optimal health outcomes
- Financial Stability

### Specific Clinical Focus:

- Continue to work collaboratively with Rapid Response Team (RRT)
- Continue to actively support our Intensivist group to assure a continuum of care and service excellence is sustained.
- Continue to work collaboratively with our Neonatologists and nursing staff to achieve optimal patient outcomes in our Neonatal population.
- Continue to support respiratory care education for our Residents.
- Develop Lead RT role as a clinical resource
- Continue to support integration of Respiratory Care Practitioners (RCP's) into the expanding Emergency Department staffing mix to provide advanced clinical expertise to the ED team.

### Analysis of Financial/Statistical Data:

Respiratory Services contribution margin is \$10.4 million for FY 2024, with \$4.6 million provided by supplemental government funding.

Contribution margin more than doubled over the previous year due to major savings in Registry Nursing, declining ALOS, increased reimbursement from payers, and increased supplemental government funds.

Inpatient discharges increased by 6% in FY 2024 after a drop off in volume post COVID.

Patient days are stable over the prior year.

Outpatient visits and financial results continue stable with an upward trend.

Payor mix has remained stable

- Medicare 34%
- Medi-Cal Managed Care 24%
- Medicare Managed Care 17%
- Medi-Cal 15%
- Managed Care/other 10%

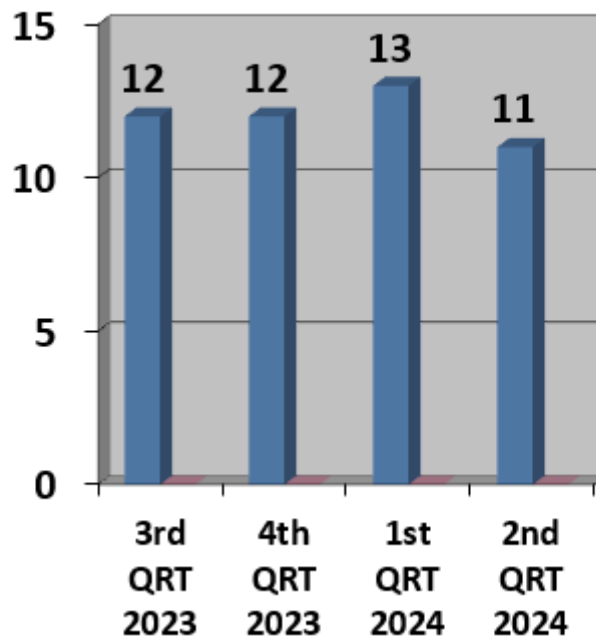
## Quality/Performance Improvement Data

### Pulmonary Function Test

We will ensure pulmonary function tests are available in a timely manner to:

- Expedite clinical diagnosis
- Expedite therapeutic intervention
- Optimize patient/physician satisfaction

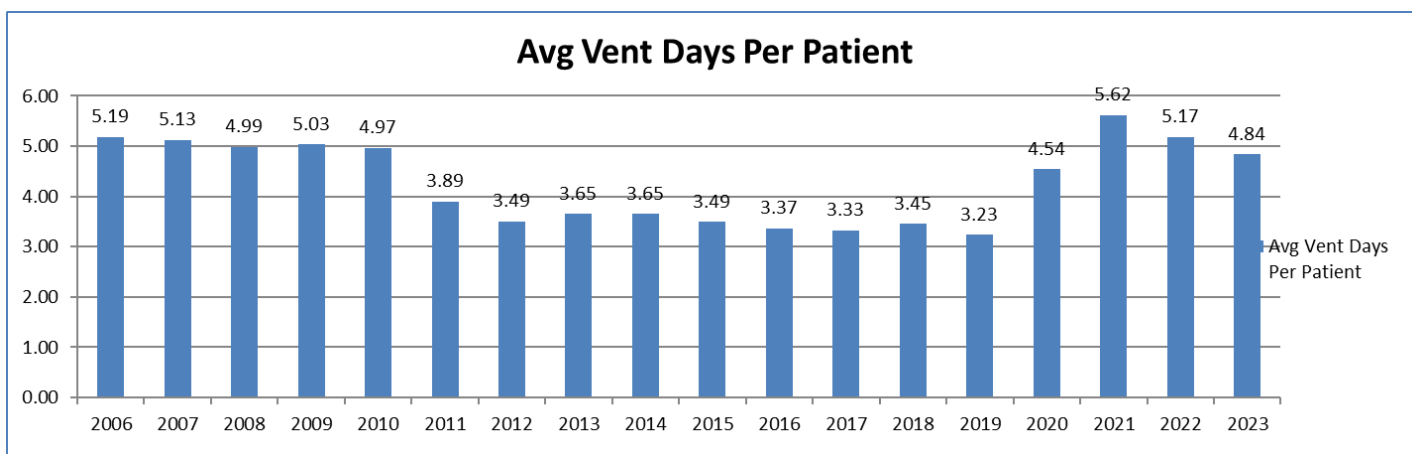
**Days from test to final report**



### Average Ventilator Days Per Patient

As continuing success of our collaboration with our multidisciplinary critical care team we continue to support and champion our Ventilator Acquired Pneumonia (VAP) bundle as key to continuing success with:

- Decreasing Ventilator Days
- Increase throughput
- Improving patient safety by rapid weaning and extubation
- Reduction in hospital acquired infections
- Reducing overall Hospital Length of Stay
- Reducing Direct Expense when possible



## Policy, Strategic or Tactical Issues

### Ideal Work Environment:

1. Provide staff with continuing education, advancing clinical knowledge in pursuit of best practices.
2. Encourage staff to advance their education by offering loan repayment for baccalaureate level achievement.
3. Develop Lead RT roles
4. Maintain an internal per diem pool of RCP's to support fluctuations in staffing in an effort to maintain high quality care while optimizing our financial performance.
5. Work collaboratively with our Medical Director on developing Respiratory Care policies, procedures and processes designed to standardize/optimize best evidence based respiratory care throughout the district.

### Service Excellence:

1. Daily rounding with staff to identify top patient care priorities with a goal of care planning to ensure patient expectations are achieved and optimal outcomes met.
2. Celebrate staff achievements/contributions/recognition for supporting our Mission, Values, Goals and Behavioral Standards of Performance.
3. Weekly "newsletter" from Manager informing staff of current events/education opportunities and staff recognition.
4. Daily Huddles to ensure staff have updated information.

### Quality Outcomes:

1. Continue to support VAE/HAPI improvement process.
2. Work collaboratively to support best practices.
3. Continue to support/manage our quality initiatives resulting in our exceeding HCAPS benchmarks.

### Financial Strength:

1. Manage personnel resources and supply utilization to achieve productivity/financial goals set forth during the annual budget process.
2. Continue to monitor and assess technological/professional advancements that add value, operational efficiency and have potential to increase profitability.

3. Validate value in all aspects of care and service.

### Recommendations/Next Steps

1. Continue to recognize and reward staff for walking the talk.
2. Provide staff with educational resources culminating in RRT-ACCS or RRT-NPS credentials.
3. Continue to work with Valley Children's Hospital to advance our expertise with caring for our pediatric population
4. Work with pulmonologists to have PFT reports available within our goal of 7 days.

### Conclusions

Although faced with wide variations in patient care demands, our respiratory care service continues to provide exceptional acute, critical, emergent, rehabilitative, and Sub-Acute Care for the communities we serve.

Top priorities:

- Staff recognition, reward, satisfaction, education and professional development.
- Continue to support our Intensivist group through sustaining strong working relationships, shared vision, and standardized ventilator management.
- Closely monitor vital clinical indicators/core measures to assure optimal patient safety, outcomes, experiences, operational efficiency and profitability.
- Sustain optimal clinical care and expertise designed to enhance Physician satisfaction and collaboration

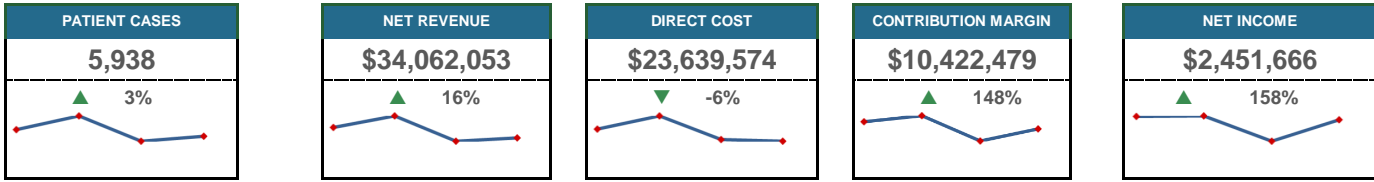
# KAWEAH HEALTH ANNUAL BOARD REPORT

## Respiratory Services - Summary

FY2024

FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

### KEY METRICS - FY 2024



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

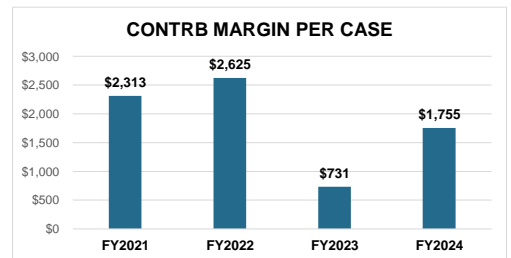
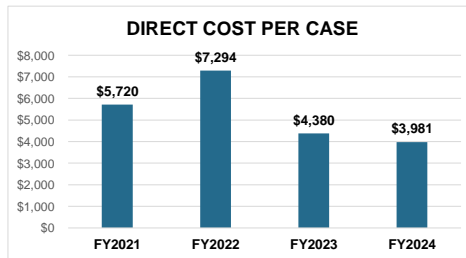
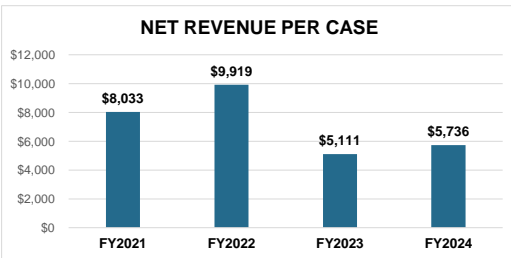
### METRICS BY SERVICE LINE - FY 2024

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
PULMONARY INPATIENT	2,019	\$31,854,187	\$22,150,283	\$9,703,904	\$2,242,799
SLEEP DISORDERS CENTER OUTPATIENT	2,528	\$1,817,506	\$1,300,223	\$517,283	\$116,662
PULMONARY FUNCTION OUTPATIENT	1,100	\$318,829	\$137,798	\$181,031	\$90,708
OUTPATIENT EEG	291	\$71,531	\$51,270	\$20,261	\$1,498
RESPIRATORY SERVICES TOTAL	5,938	\$34,062,053	\$23,639,574	\$10,422,479	\$2,451,666

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	6,180	6,693	5,757	5,938	▲ 3%	
NET REVENUE	\$49,645,767	\$66,387,284	\$29,423,650	\$34,062,053	▲ 16%	
DIRECT COST	\$35,349,973	\$48,815,766	\$25,214,897	\$23,639,574	▼ -6%	
CONTRIBUTION MARGIN	\$14,295,794	\$17,571,517	\$4,208,754	\$10,422,479	▲ 148%	
INDIRECT COST	\$10,913,049	\$13,942,694	\$8,403,160	\$7,970,813	▼ -5%	
NET INCOME	\$3,382,745	\$3,628,824	(\$4,194,407)	\$2,451,666	▲ 158%	
NET REVENUE PER CASE	\$8,033	\$9,919	\$5,111	\$5,736	▲ 12%	
DIRECT COST PER CASE	\$5,720	\$7,294	\$4,380	\$3,981	▼ -9%	
CONTRB MARGIN PER CASE	\$2,313	\$2,625	\$731	\$1,755	▲ 140%	

### GRAPHS



**Report Notes:**

Selection Criteria: Kaweah Health Medical Center Inpatient Pulmonary Service Line and Outpatient Service Line 1 Respiratory Services.

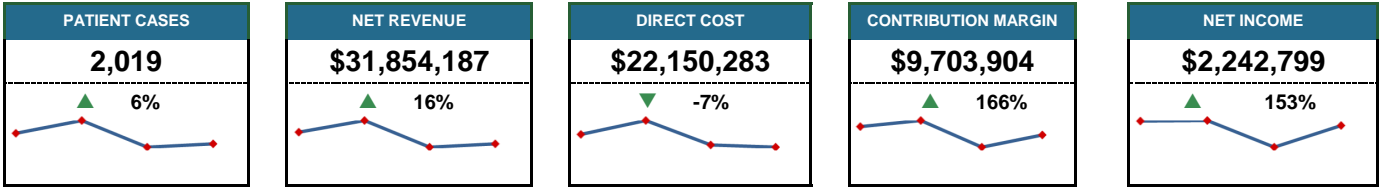
# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

## Respiratory Services - Pulmonary Inpatient

FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

### KEY METRICS - FY 2024

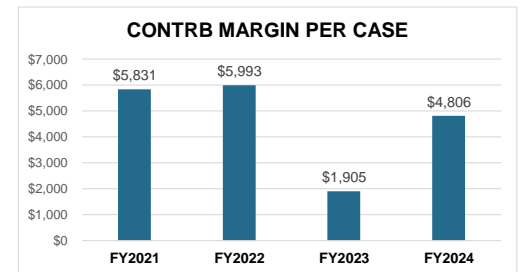
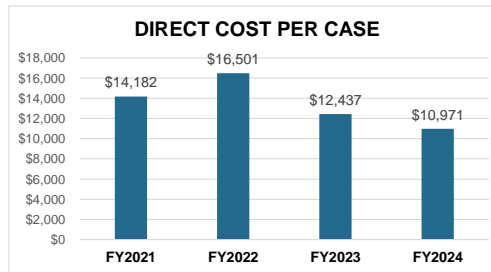
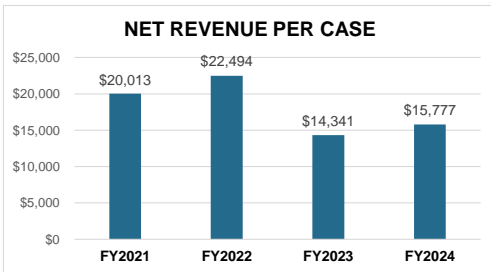


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	2,400	2,876	1,913	2,019	▲ 6%	
PATIENT DAYS	17,032	21,390	10,557	10,218	▼ -3%	
ALOS	7.10	7.44	5.52	5.06	▼ -8%	
GM LOS	5.02	4.89	3.92	3.77	▼ -4%	
OPPORTUNITY LOS	2.08	2.55	1.60	1.30		
NET REVENUE	\$48,031,591	\$64,691,703	\$27,435,060	\$31,854,187	▲ 16%	
DIRECT COST	\$34,036,569	\$47,456,918	\$23,791,532	\$22,150,283	▼ -7%	
CONTRIBUTION MARGIN	\$13,995,022	\$17,234,784	\$3,643,528	\$9,703,904	▲ 166%	
INDIRECT COST	\$10,416,887	\$13,420,551	\$7,852,227	\$7,461,106	▼ -5%	
NET INCOME	\$3,578,135	\$3,814,233	(\$4,208,700)	\$2,242,799	▲ 153%	
NET REVENUE PER CASE	\$20,013	\$22,494	\$14,341	\$15,777	▲ 10%	
DIRECT COST PER CASE	\$14,182	\$16,501	\$12,437	\$10,971	▼ -12%	
CONTRB MARGIN PER CASE	\$5,831	\$5,993	\$1,905	\$4,806	▲ 152%	

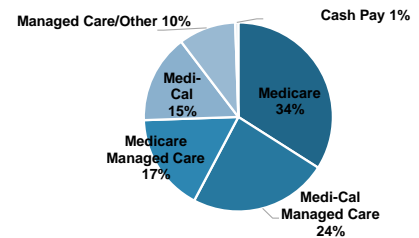
### PER CASE TRENDED GRAPHS



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

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	34%	30%	36%	34%
Medi-Cal Managed Care	17%	20%	19%	24%
Medicare Managed Care	15%	15%	15%	17%
Medi-Cal	17%	15%	20%	15%
Managed Care/Other	16%	19%	9%	10%
Cash Pay	0%	0%	0%	1%

### FY 2024 PAYER MIX



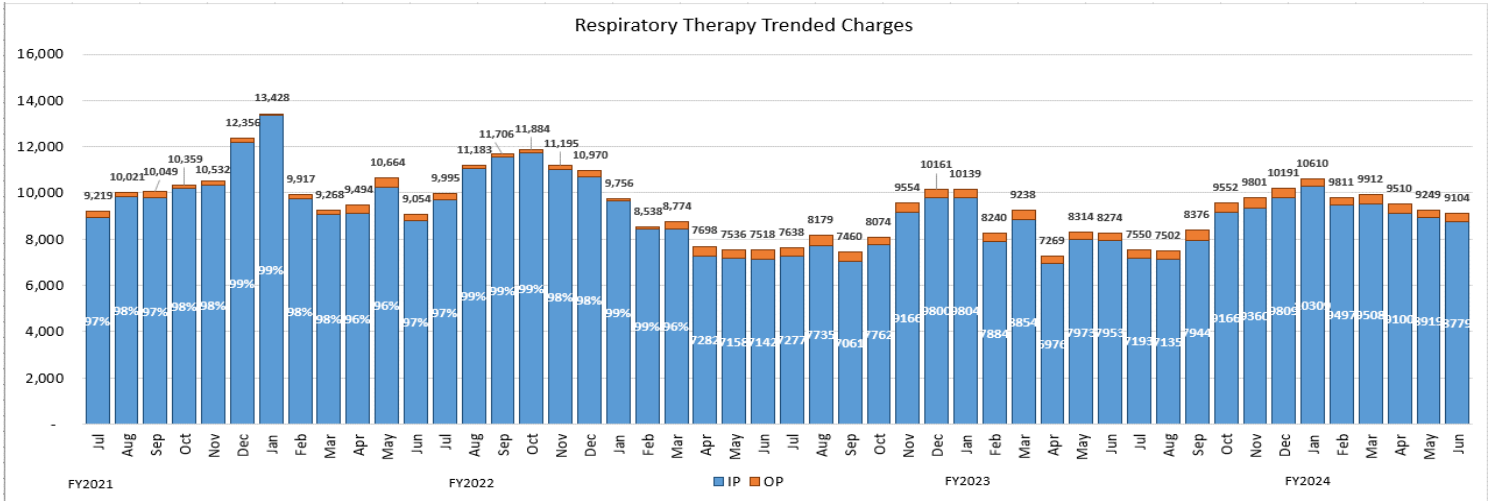
# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

## Respiratory Services - Pulmonary Inpatient

FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

### KEY METRICS - FY 2024



**Report Notes:**

Source: KHMC, Inpatient Service Line Report

Selection Criteria: Service Line 1 = Pulmonary



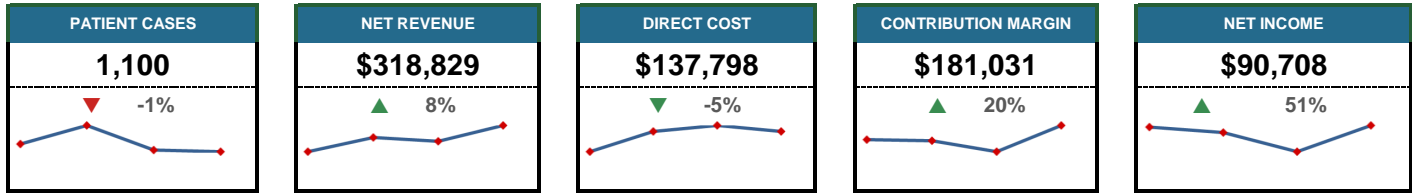
# KAWEAH HEALTH ANNUAL BOARD REPORT

## Respiratory Services - Pulmonary Function Outpatient

FY2024

FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

### KEY METRICS - FY 2024

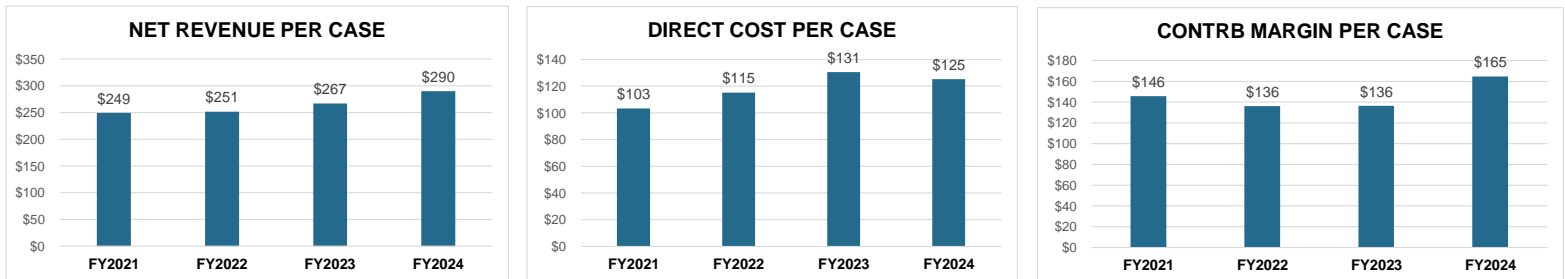


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	1,127	1,198	1,106	1,100	▼ -1%	
NET REVENUE	\$280,764	\$301,059	\$295,284	\$318,829	▲ 8%	
DIRECT COST	\$116,448	\$137,976	\$144,533	\$137,798	▼ -5%	
CONTRIBUTION MARGIN	\$164,316	\$163,082	\$150,751	\$181,031	▲ 20%	
INDIRECT COST	\$75,259	\$80,483	\$90,541	\$90,323	▶ 0%	
NET INCOME	\$89,057	\$82,599	\$60,211	\$90,708	▲ 51%	
NET REVENUE PER CASE	\$249	\$251	\$267	\$290	▲ 9%	
DIRECT COST PER CASE	\$103	\$115	\$131	\$125	▼ -4%	
CONTRB MARGIN PER CASE	\$146	\$136	\$136	\$165	▲ 21%	

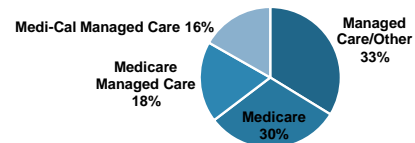
### PER CASE TRENDED GRAPHS



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

PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other	33%	33%	33%	33%
Medicare	27%	24%	31%	30%
Medicare Managed Care	11%	13%	16%	18%
Medi-Cal Managed Care	26%	27%	19%	16%

### FY 2024 PAYER MIX



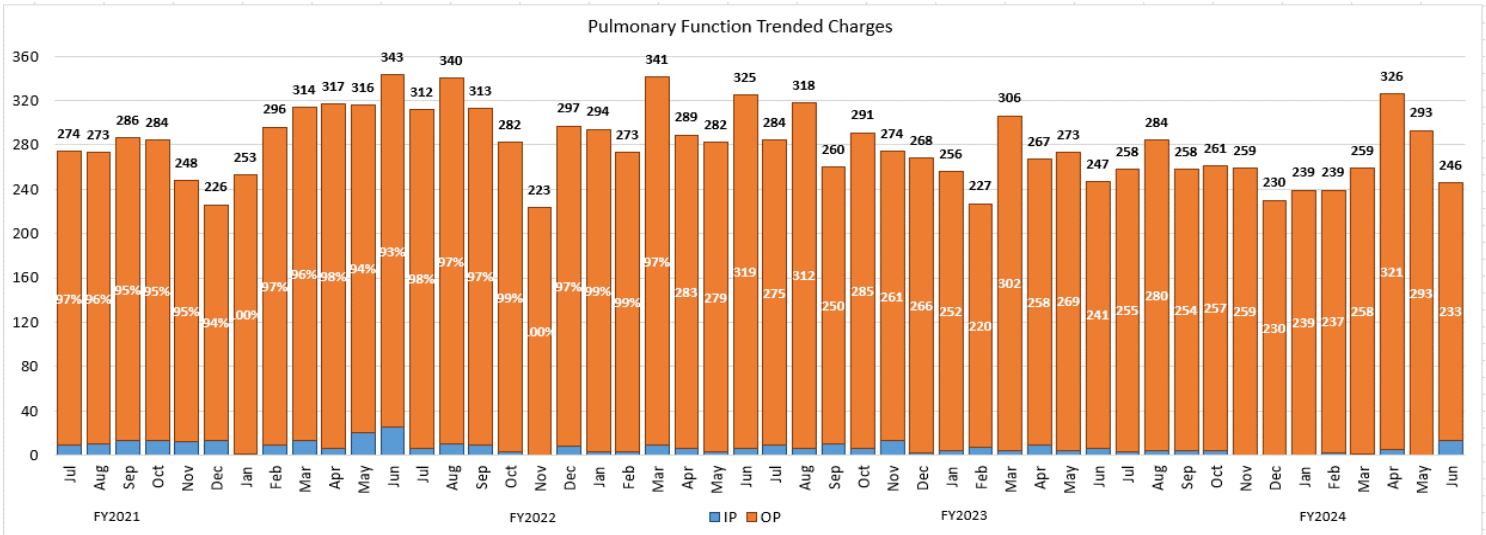
# KAWEAH HEALTH ANNUAL BOARD REPORT

## Respiratory Services - Pulmonary Function Outpatient

FY2024

FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

### KEY METRICS - FY 2024



Note: □  
 Source: Outpatient Service Line Report  
 Selection Criteria: Service Line 1 = Respiratory Services and Service Line 2 = Pulmonary Function  
 Second Chart is based off of Pulmonary Charges

# Kaweah Delta Health Care District Annual Report to the Board of Directors

## Sleep Center

Wendy Jones, BS, RRT, RPFT, Director, (559) 624-2329  
Sasha Nevarez, RPSGT, Manager (559) 624-6797  
October 2024

### Summary Issue/Service Considered

1. Continue to develop and achieve balance of priorities that provide and sustain high quality care, outstanding service, regulatory compliance and profitability while sustaining an Ideal Work Environment.
2. Ensuring our Sleep Disorders Center continues to provide a full complement of sleep testing services that support the needs of our communities as a District Center of Excellence.
3. Continue to support/provide education for our community, physicians and residents regarding the benefits of preventative management of sleep disorders to mitigate long term risks associated with developing heart failure, hypertension, diabetes, and kidney disease in our at risk populations.

### Analysis of Financial/Statistical Data:

The Sleep Center's financial results are up from FY 2023, with an increase to our net revenue and net income. The Sleep Center shows a 10% increase in net income and a 23% increase to our contribution margin. Our overall volume remains nearly the same. Home Sleep Testing is holding steady at approximately 35% of the business. On the payer side, the Sleep Center saw no change in the Managed Care business and a 3% decrease for Medicare payers. There was a slight increase for the Managed Medi-Cal payers of 1%. Managed Care patients hold strong at 59%

### Quality/Performance Improvement Data

The following Quality measures have been developed based on American Academy of Sleep Medicine (AASM) standards to ensure the highest quality care is delivered to patients with sleep disordered breathing.

**Monitoring and Reporting:** The Sleep Center Performance Improvement (PI) program monitors and reports the following biannually to our Quality Committee:

#### **Report Timeliness:**

Time from the date of study to the date of dictation. The Sleep Disorder Center (SDC) standard is 15 days or less. The PI threshold for total timeliness is  $\geq 90\%$

**Hook Up Procedure:**

Quality of electrode/ sensor application and the resulting quality of signal acquisition. The PI threshold for hook up quality is  $\geq 90\%$  for all American Board of Sleep Medicine (ABSM) cases.

**Adequacy of Positive Airway Pressure (PAP) Titration:**

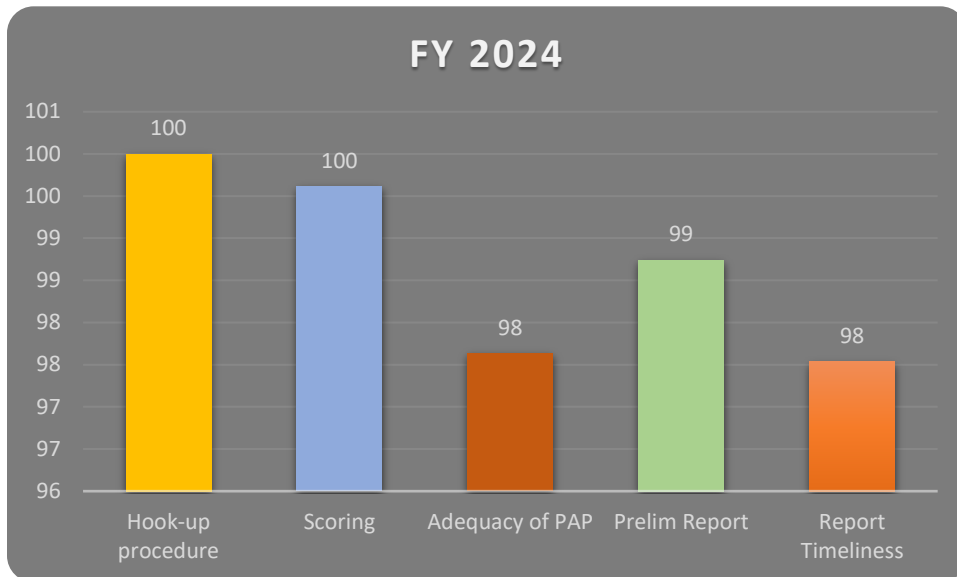
Patients receive expert assessment and intervention with optimal application of PAP ranges to correct obstructive sleep disorders. The Performance Improvement (PI) threshold for adequacy of PAP titration is  $>90\%$  as established by the ABSM.

**Reporting:**

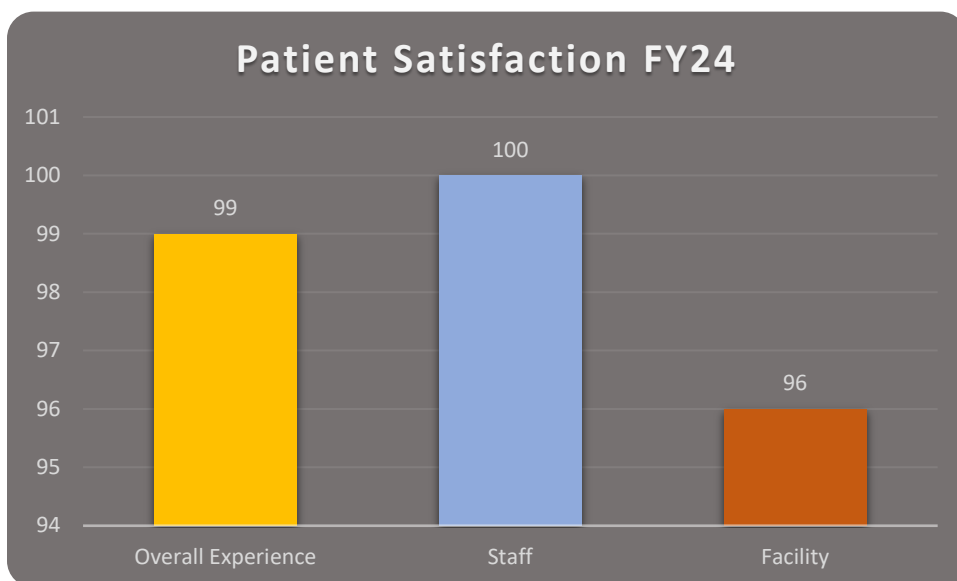
There must be correlation between the preliminary technical report generated by the Sleep Technologist and the final report generated by the scoring Sleep Physician. The PI threshold for agreement is  $>90\%$  as established by the ABSM.

**Scoring:**

All sleep studies will be assessed for quality of signals/data, sleep staging, event recognition, appropriateness of interventions and identification of sleep disordered breathing with severity by Certified Technical and Professional Staffs. The PI threshold for the quality of technical scoring is  $>90\%$  as established by the ABSM.



**Monitoring and Reporting:** Sleep Center Patient Satisfaction Program, consists of a satisfaction survey that is given to patients the morning following their overnight sleep study. We monitor and report quarterly on the following:



**Facility Score:** Accessible parking, facility safety and overall rating of the sleep center (lobby, restrooms, overnight rooms). Threshold score is >90%

**Staff Score:** Staff friendliness, attentiveness, professionalism and knowledge of the service provided. Threshold score is >90%

**Overall Experience:** Threshold score is >90%

### Policy, Strategic or Tactical Issues

1. Continue to monitor and implement latest Centers for Medicare & Medicaid Services (CMS) reimbursement guidelines.
2. Carefully monitor overall polysomnography reimbursement in an effort to sustain profitability including the monitoring and efficient management of Medi-Cal (payer) sources
3. Continue to stay abreast of Home Sleep Study trends and potential impact on In-Lab testing
4. The Medical Director will continue to be actively engaged in educating both our community and the providers we serve.

### Recommendations/Next Steps

1. Continue to provide an ideal work environment for staff.
2. Develop and maintain an efficient budget that allows for both high quality diagnostic services, excellent patient outcomes and increased profitability.
3. Continue to meet or exceed quality benchmarks.
4. Maintain and or implement new practice standards set forth by the AASM.
5. Continue to work closely with our Medical Director in the ongoing development, planning and implementation of sleep disorder services that optimize diagnostic evaluation, treatment and preventative health care for our community.

6. Continue to respond to Medicare/Medi-Cal initiatives related to reimbursement for sleep testing at the State and National levels in order to optimally align our services with financial viability.

## Conclusions

1. Continue working to overcome financial challenges with identified payer groups.
2. Home Sleep Testing contribution margin is expected to increase in FY24.
3. In lab testing volumes continue to remain stable.
4. Sustain staff job satisfaction score at 92% or greater
5. Maintain patient experience scores >90%

### Top Priorities for 2025:

- Patient and Provider satisfaction.
- Staff recognition, job satisfaction, reward, education and professional development
- Continue the provision of highest quality sleep testing in the Valley.
- Focus on preventative medicine specific to Sleep Disordered Breathing.
- Remain provider of choice for sleep testing.
- Continue to improve financial strength through further expansion of our HST program.
- Acquire and gain the confidence of new referral sources within our community
- Work with sleep physicians to improve timeliness of sleep reports.

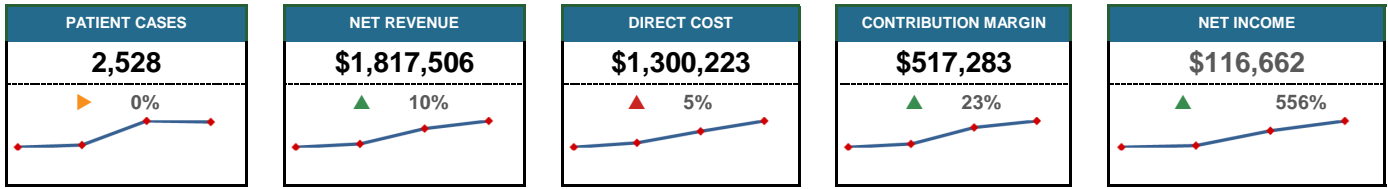
# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

## Respiratory Services - Sleep Disorders Center

FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

### KEY METRICS - FY 2024

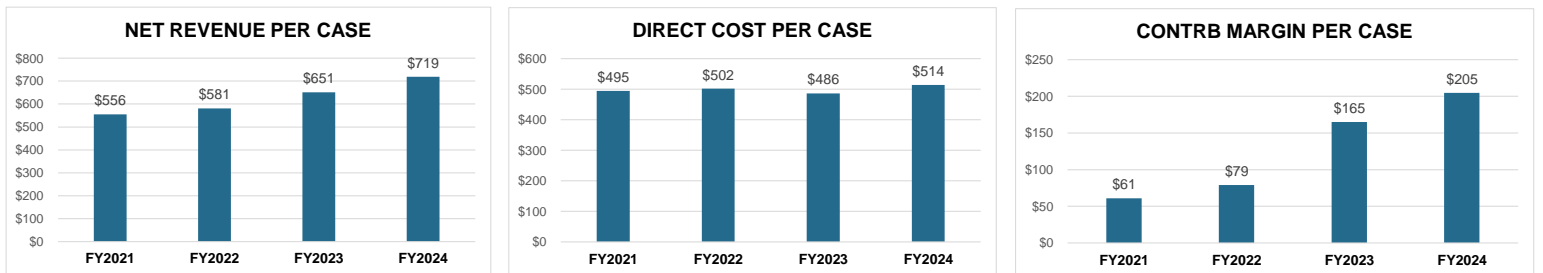


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

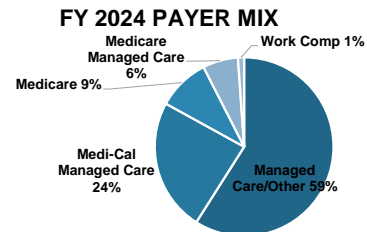
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	2,288	2,306	2,538	2,528	0%	
NET REVENUE	\$1,270,988	\$1,338,789	\$1,653,180	\$1,817,506	10%	
DIRECT COST	\$1,131,470	\$1,156,568	\$1,234,303	\$1,300,223	5%	
CONTRIBUTION MARGIN	\$139,518	\$182,221	\$418,877	\$517,283	23%	
INDIRECT COST	\$401,243	\$423,039	\$444,476	\$400,621	-10%	
NET INCOME	(\$261,725)	(\$240,818)	(\$25,599)	\$116,662	556%	
NET REVENUE PER CASE	\$556	\$581	\$651	\$719	10%	
DIRECT COST PER CASE	\$495	\$502	\$486	\$514	6%	
CONTRB MARGIN PER CASE	\$61	\$79	\$165	\$205	24%	

### PER CASE TRENDED GRAPHS



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

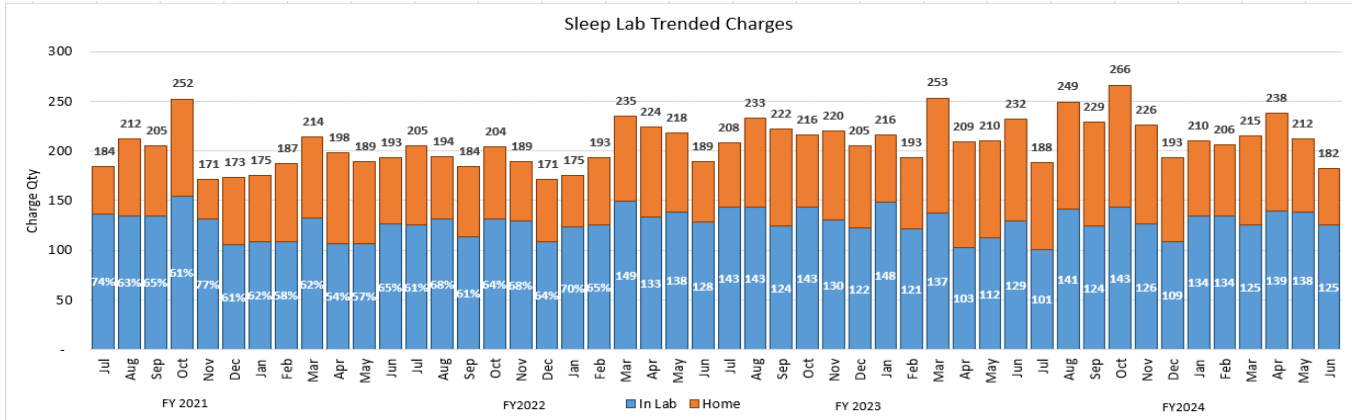
PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other	50%	49%	59%	59%
Medi-Cal Managed Care	30%	31%	23%	24%
Medicare	13%	12%	11%	9%
Medicare Managed Care	6%	6%	6%	6%
Work Comp	1%	1%	0%	1%



## Respiratory Services - Sleep Disorders Center

FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

### KEY METRICS - FY 2024



Note: □  
 Source: Outpatient Service Line Report  
 Selection Criteria: Service Line 1 = Respiratory Services and Service Line 2 = Sleep Disorders Center  
 Chart is based on charges



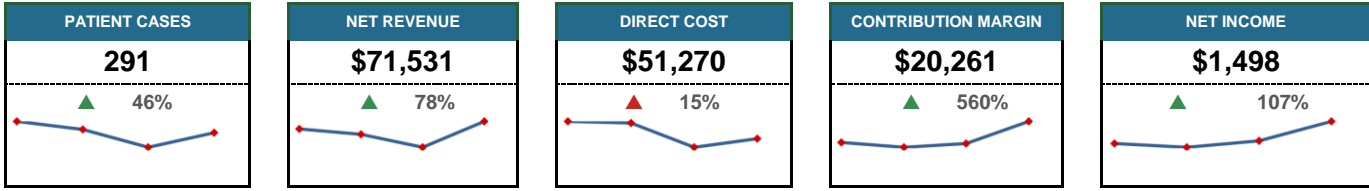
# KAWEAH HEALTH ANNUAL BOARD REPORT

## Respiratory Services - *Outpatient EEG*

FY2024

FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

### KEY METRICS - FY 2024

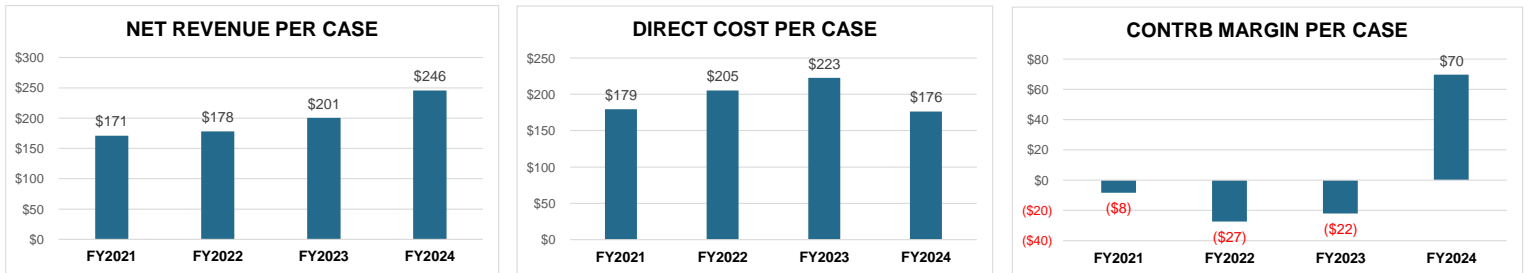


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	365	313	200	291	▲ 46%	
NET REVENUE	\$62,424	\$55,733	\$40,126	\$71,531	▲ 78%	
DIRECT COST	\$65,487	\$64,303	\$44,529	\$51,270	▲ 15%	
CONTRIBUTION MARGIN	(\$3,062)	(\$8,570)	(\$4,403)	\$20,261	▲ 560%	
INDIRECT COST	\$19,660	\$18,620	\$15,916	\$18,763	▲ 18%	
NET INCOME	(\$22,722)	(\$27,190)	(\$20,318)	\$1,498	▲ 107%	
NET REVENUE PER CASE	\$171	\$178	\$201	\$246	▲ 23%	
DIRECT COST PER CASE	\$179	\$205	\$223	\$176	▼ -21%	
CONTRB MARGIN PER CASE	(\$8)	(\$27)	(\$22)	\$70	▲ 416%	

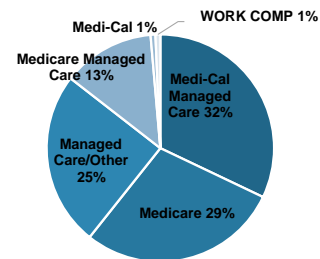
### PER CASE TRENDED GRAPHS



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

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	39%	46%	37%	32%
Medicare	21%	18%	23%	29%
Managed Care/Other	30%	29%	34%	25%
Medicare Managed Care	8%	4%	3%	13%
Medi-Cal	2%	2%	3%	1%
WORK COMP	0%	0%	1%	1%

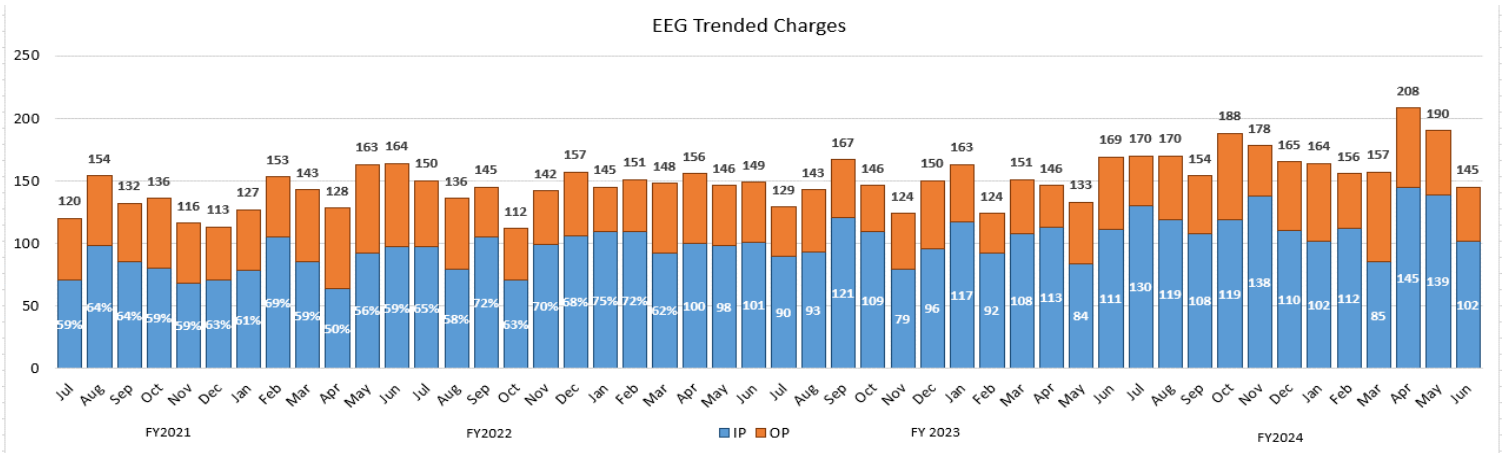
### FY 2024 PAYER MIX



Respiratory Services - **Outpatient EEG**

FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

KEY METRICS - FY 2024



Source: Outpatient Service Line Report  
 Selection Criteria: Service Line 1 = Respiratory Services and Service Line 2 = EEG  
 Chart is based off of EEG Charges



Policy Number: AP87	Date Created: No Date Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Sentinel Event and Adverse Event Response and Reporting</b>	

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

**PURPOSE:**

This Policy describes the multidisciplinary framework in which Kaweah Delta (herein referred to as Kaweah Health) and its organized Medical Staff identifies and responds to all Sentinel Events/Adverse Events (SE/AE) occurring within the organization. Kaweah Health’s response encompasses the identification, investigation, and action plan to reduce risks, implement process improvements, monitor the effectiveness of those improvements, and the appropriate reporting of Events consistent with The Joint Commission (TJC) and all applicable regulatory mandates.

Kaweah Delta recognizes that the commitment to Quality and Patient Safety is everyone’s responsibility, and that this accountability begins at the unit level where individual unit staff and leadership play a critical role in the delivery of quality care and patient safety. Staff and leadership in every department should call the Risk Management Department to notify of a potential Sentinel or Adverse Event as soon as possible after an event is identified.

The Risk Management (RM) Director shall coordinate all investigations, ~~systematic reviews~~~~Root Cause Analysis (RCAs)~~, Plans of Correction, Action Plans and monitoring activities. The RM Director will coordinate with the Chief Executive Officer (CEO), ~~Chief Quality Officer~~/Chief Medical Officer (~~CCO~~/CMO), Chief Compliance & Risk Officer (CCRO), and any other appropriate Chief Officer to ensure the timely and complete compliance with all required notification(s) to California Department of Public Health (CDPH) or Center for Medicare and Medicaid Services (CMS). The RM Director will coordinate with the CEO, ~~CCO~~/CMO, or the appropriate Chief Officer to ensure the written Plan of Correction report is completed and received by CDPH.

**DEFINITIONS:**

For purposes of this policy, Sentinel Events and Adverse Events shall be considered as one: Sentinel Event/Adverse Event (SE/AE).

- **Sentinel Event (SE)** – is a term used by The Joint Commission to describe “a Patient Safety Event” that reaches a patient and results in any of the following:
  - a) Death
  - b) Permanent harm

- c) Severe temporary harm and intervention required to sustain life

Reporting of Sentinel Events to The Joint Commission is strongly encouraged, but not required. (Attachment C)

- **Adverse Events (AE)** – The list of CDPH reportable adverse events is defined by California Health and Safety Code Section 1279.1. These Adverse Events encompass “Sentinel Events” as well as other delineated (and reportable) situations as well as National Quality Forum’s “never events.” (See Attachment B).
- **Near-Miss** – Any process variation that did not affect an outcome, but for which a recurrence carries a significant chance of serious adverse outcome. Such a “near-miss” falls within the scope of the definition of a SE, but outside of the scope of those Events that are subject to review by TJC under its SE Policy.

~~• **Quality Concern** – Events, errors, or situations that are either corrected before a patient is harmed, or that represent an opportunity to identify and correct flaws that jeopardize patient safety. They do not rise to the level of SE/AE or near miss events, and are managed by the RM department utilizing the Focused Review process.~~

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- **METER (Midas Event Triage & Ranking) Committee** – A multidisciplinary team including members from the organization and Medical Staff which reviews occurrence reports daily to rank and triage events so immediate notification of high-risk or unusual events can be made to hospital and Medical Staff leadership.

~~• **Focused Review** – A process to evaluate Quality Concerns that hold less potential for severity and harm than would be appropriate for an RCA. In the absence of extenuating circumstances, Focused Reviews are conducted by Unit or Service Line leadership utilizing the Keawah Health standardized process and documentation. RM staff shall serve as a resource to this process on an as needed basis. Focused Reviews are an integral part of Kaweah Health’s Patient Safety and Quality Improvement program.~~

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- **Center for Medicare and Medicaid Services (CMS)** – Federal agency responsible for enforcement of Medicare and Medicaid regulations.
- (Attachment D).

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~~• **Case Review Committee (CRC)** – A multidisciplinary team composed of:~~

- ~~• Chief Executive Officer (CEO)~~
- ~~• Chief Quality Officer (CQO) or Chief Medical Officer (CMO)~~
- ~~• Chief Compliance & Risk Officer (CCRO)~~

- ~~Chief of Staff or designee (Chair), if Applicable,~~
- ~~Medical Staff Clinical Department Chair, if Applicable~~
- ~~, Chief Nursing Officer (CNO), in events involving nursing~~
- ~~Chief Officer of area in which event occurred, as available~~
- ~~Medical Director of Quality/Patient Safety, as available~~
- ~~Director of Risk Management (RM)~~
- ~~Director of Quality & Patient Safety~~
- ~~Director of area where SE/AE occurred~~

~~Others may be asked to participate as appropriate~~

- **Root Cause Analysis/Apparent Cause Analysis (RCA/ACA) Ad Hoc Sub-Committee** – A multidisciplinary team who reviews, revises, and/or approves action items and monitoring plans developed as a result of RCAs and ACAs. The Sub-Committee is composed of:

- Director of Risk Management
- Director of Quality & Patient Safety
- Director of Accreditation
- Director of Clinical Education
- Director of ISS Clinical Informatics
- Stakeholders (Department Director & Chief)
- Chief Compliance & Risk Officer
- Chief Operating Officer
- Chief Nursing Officer
- Chief Medical Officer
- Others may be asked to participate as appropriate

- **Systematic Analysis Root Cause Analysis and Actions (RCA2)** – ~~Root Cause Analysis (RCA)~~—~~Root cause analysis is a comprehensive~~ A systematic analysis will be conducted to for identifying the factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A ~~systematic root cause analysis focuses~~ analysis focuses primarily, but not exclusively, on systems and processes, rather than individual performance. The analysis identifies changes that could be made in systems and processes through redesign or development of new systems or processes that will improve the level of performance and reduce the risk of particular serious adverse event occurring in the future. ~~Root Cause A~~ Systematic analysis is an integral part of Kaweah Health's Patient Safety and Quality Improvement program.

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**PROCESS for Sentinel/Adverse events and near-misses ~~(Attachment A):~~**

- A. The METER Committee reviews occurrence reports submitted within the previous 24 hours each weekbusiness day to rank and triage events so immediate notification of high-risk or unusual events can be made to hospital and Medical Staff leadership. Occurrence reports received on weekends/holidays will be reviewed the following business day. High-risk or unusual events which occur during weekends/holidays will be immediately escalated to the House Supervisor and/or the Risk Management team member on-call.
- B. When an event that is potentially a Sentinel/Adverse or near-miss occurs or is discovered, staff will immediately notify the Risk Management Department (624-2340) or RM staff member on call through the House Supervisor.
- C. Upon notification of the event, the Risk Management Department will immediately perform an initial assessment to determine the following:
1. The immediate safety of any patients, staff or other persons who are or may be at risk.
  - ~~2. The RM Director or designee shall proceed directly to initiate a CRC meeting as described in Section C below.~~
  - ~~3.2.~~ 3.2. The RM Director or designee will then complete their investigation.
- D. The Risk Management Director or designee will convene a meeting with the Chief Executive OfficerCRC within 72 hours.
- E. The RM Director or designee and CEOCRC will review the event in question and determine:
1. If the event is a Sentinel/Adverse or near-miss;
  2. If the event requires reporting to either CDPH and/or TJC;
  3. If the event requires a systematic analysisRCA, or if an alternate action is appropriate-appropriate; and
  - ~~4.~~ 4. If any immediate actions prior to the systematic analysisRCA are required.
  - ~~4.5.~~ 4.5. If consensus is not reached, the RM Director and CEO will invite the CMO to support a final decision. If further support is needed, the CCRO will be included.
- E. If the event is deemed reportable, the RM Director or designee- will ensure that such reporting is done in compliance with- Kaweah Health policy and all applicable regulatory and statutory requirements as well as notify the CEO, CCRO, and CNO.
- F. Upon determination that a Sentinel/Adverse event has occurred, the RM Director and CEO will assign which type of systematic analysis will be conducted and by whom through use of the Event Analysis Prioritization Matrix (Attachment A).~~shall conduct a RCA using methodology consistent with current TJC standards unless the CRC determines that an alternate action is appropriate.~~ Directors shall also ensure to the best of their ability that their involved staffs are available to attend the systematic analysisRCA, if their participation is needed. Leadership will be responsible for ensuring that support services for any involved individual are available. Patients and/or families may also be interviewed to gather information for the systematic analysisRCA, as appropriate.

- G. The RM Director (or designee) in collaboration with the patient's physician, Chief of Staff (or designee) will ensure that an apology is offered and notice of the SE/AE is given to the patient involved, or the party responsible for the patient, of the nature of the Event by the time the initial report is made to CDPH. A notation that this notice has occurred shall be placed in the patient's medical record. If process changes were implemented because of a preventable SE/AE, the patient/family will be informed of those changes. An apology or notice are not required for near-miss events ~~or quality concerns~~.
- H. While the focus of SE/AE is about improving patient care, Kaweah Health may also waive costs to the patient or a third party payer for costs directly related to the SE/AE. This will be reviewed on a case-by-case basis, and will be done in compliance with all applicable regulatory standards.
- I. The patient or the party responsible for the patient shall not be provided with a copy of the CDPH report. The CDPH report will not be placed in the patient's medical record, and no reference that a report to CDPH has been made should be included in the medical record.
- I. The ~~systematic analysis~~RCA shall be conducted and produce a ~~final~~ Action Plan within ~~17~~20 days of the initial ~~report of the event to Risk Management~~meeting that includes a detailed review of what transpired prior to, during, and immediately following the event.

The ~~systematic analysis~~RCA will:

- A. Focus on systems and processes related to the event;
- B. Identify changes that could be made in the systems and processes which would reduce to prevent future occurrences;
- C. Develop a detailed written Action Plan for each of the opportunities identified, and will:
1. Identify the key accountable staff position (usually a Director) for ensuring changes are implemented,
  2. A date for action implementation or completion,
  3. How the department will monitor the effectiveness of such changes, including the accountable staff person and target dates for reporting;
  4. When necessary, include references from relevant literature for "best practices" used in the ~~systematic analysis~~RCA and the development of the Action Plan.
- D. All documentation related ~~to to systematic analyses~~RCA, ~~Focused Reviews, Action Plans~~, CDPH Plans of Correction, and monitoring activities involving clinical practice or conduct by members of the Medical or Advanced Practice Provider staff will be maintained exclusively as confidential Medical Staff documents so as to be protected by California Evidence Code, Section 1157.
- E. The RM Director, ~~CMQO~~, and the Medical Director of Quality ~~&~~ Patient Safety are responsible for reporting finalized ~~systematic analyses~~RCA and Action Plans to the following committees as appropriate for approval:
- The Patient Safety Committee;

- ~~Professional Staff Quality Committee (Prostaff)~~ Quality Committee (QComm)
  - Medical Staff issues will be referred to the appropriate medical staff committee/department for follow-up prior to being referred on to the Medical Executive Committee.
  - Quality Council
- F. Board of Directors Organizational Learning: Every attempt will be made to use “teaching moments” and disseminate the “lesson learned” from these events to all appropriate areas of our organization. Department and unit meetings, in-service discussions, Grand Rounds, conferences, newsletters and other venues will be used in this effort to be sure that we collectively learn from, improve, and prevent similar occurrences in the future.

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



**REFERENCES:**

[The Joint Commission Perspectives, October 2022, Volume 42, Issue 10. "Definition of Sexual Abuse/Assault Revised in Sentinel Event Policy"](#)

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The Joint Commission Perspectives, December 2020, Volume 40, Issue 12

The Joint Commission Perspectives, June 2020, Volume 40, Issue 6

CHA Consent Manual, 2020, Chapter 19

National Quality Forum, 2011, [h](https://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx)  
[https://www.qualityforum.org/Topics/SREs/List\\_of\\_SREs.aspx](https://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx)

**Attachment A**

**Process**

~~Suspected Sentinel/Adverse Event → CRC → If SE/AE confirmed → RCA\* (except HAPI)~~

~~Suspected Near miss → CRC → If near miss confirmed: → RCA\*~~

~~Quality Concern → Focused Review~~

\*unless CRC determines that an alternate action is appropriate

Attachment A

Event Analysis Prioritization Matrix	
Minimal analysis required when event is not a known complication and/or not related to the natural course of the patient's illness or underlying condition	
Level of Harm and Probability of Recurrence	LEVEL 1: Event causing moderate or severe permanent harm, serious injury, death, or sentinel or reportable event.
Common	RCA
Uncommon	
Rare	
	LEVEL 2: Event causing moderate temporary harm, or permanent minimal harm.
	LEVEL 3: Event that reaches patient, does not cause harm, but is an opportunity for improvement.
	LEVEL 4: Event that does not reach the patient, but is an opportunity for improvement (Near Miss)
	RCA/ACA
	ACA
	ACA
	Learning from Defect
	Debrief
	Debrief
	Learning from Defect
	Local follow up
	Local follow up
Analysis Types	
Comprehensive Systematic Analysis (CSA)	A methodology for identifying the causal and contributory factors of a sentinel event including ACA's, RCA's, learning from defects, debrief and other analysis tools.
Apparent Cause Analysis (ACA)	Analysis that focuses on the immediate causes of an event.
Root Cause Analysis (RCA)	Root Cause Analysis (RCA) – a process for identifying the causal factors that underlie variation in performance, including the occurrence or possible occurrence of a Maryland Level I adverse/ sentinel event. The RCA focuses primarily on systems and processes, not individual performance. (Policy Reference) <b>**Entities may combine RCA for multiple events of the same analysis type (ie: Falls, HAPI)</b>
Learning from Defect	CUSP Tool: Learning from Defects
Debrief	Event Debriefing Tool - A discussion that captures the team's understanding of a Safety Event and encourages shared learning to improve teamwork and communication. Understanding and replicating successful teamwork is a valuable benefit of the Debriefing process.
Levels of Harm Definitions	
Sentinel Event	Patient safety event (not related to natural course of patient's illness or underlying condition) that reaches the patient and results in death, severe harm (regardless of duration) or permanent harm (regardless of severity) (Policy Reference)
Permanent Harm	Any level of harm that permanently alters and/or affects an individual's baseline. (Policy Reference)
Serious Injury	Harm that causes a physical or mental impairment that substantially limits one or more major life activities.
Severe Harm	Harm that substantially limits one or more life activities interfering with or results in loss of functional ability or quality of life, that requires continuous physiological monitoring or surgery, invasive procedure, or treatment to resolve the condition. (Policy Reference)
Moderate Harm	Harm that requires an invasive procedure, significant additional medical visits, and/or significantly increased level of care or results in disfigurement, impaired function that does not interfere with activities of daily living.
Minimal Harm	Harm lasting for a limited time only and/or requires little to no intervention.
Near Miss	A patient safety event involving a deviation in care that did not reach the patient.
Probability of Recurrence	
Common	Likely to reoccur; Multiple reports over a short period of time
Uncommon	Possible it will reoccur
Rare	Unlikely to reoccur

**Attachment B****SPECIFIC DEFINITION OF SENTINEL/ADVERSE EVENT IN LAW**

- I. *California Health and Safety Code 1279.1*  
**1279.1.** (b) For purposes of this section, "adverse event" includes any of the following:
- (1) **Surgical events**, including the following:
    - (A) **Surgery performed on a wrong body part** that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery or a situation that is so urgent as to preclude obtaining informed consent.
    - (B) **Surgery performed on the wrong patient.**
    - (C) **The wrong surgical procedure performed on a patient**, which is a surgical procedure performed on a patient that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery, or a situation that is so urgent as to preclude the obtaining of informed consent.
    - (D) **Retention of a foreign object in a patient after surgery or other procedure**, excluding objects intentionally implanted as part of a planned intervention and objects present prior to surgery that are intentionally retained.
    - (E) **Death during or up to 24 hours after induction of anesthesia after surgery** of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic processes for which the operation is to be performed are localized and do not entail a systemic disturbance.
  - (2) **Product or device events**, including the following:
    - (A) **Patient death or serious disability associated with the use of a contaminated drug, device, or biologic** provided by the health facility when the contamination is the result of generally detectable contaminants in the drug, device, or biologic, regardless of the source of the contamination or the product.
    - (B) **Patient death or serious disability associated with the use or function of a device** in patient care in which the device is used or functions other than as intended. For purposes of this subparagraph, "device" includes, but is not limited to, a catheter, drain, or other specialized tube, infusion pump, or ventilator.
    - (C) **Patient death or serious disability associated with intravascular air embolism** that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.
  - (3) **Patient protection events**, including the following:
    - (A) An infant discharged to the wrong person. Attachment I

- (B) Patient death or serious disability associated with patient disappearance for more than four hours, excluding events involving adults who have competency or decision making capacity.
- (C) **A patient suicide or attempted suicide resulting in serious disability while being cared for in a health facility** due to patient actions after admission to the health facility, excluding deaths resulting from self-inflicted injuries that were the reason for admission to the health facility.
- (4) **Care management events**, including the following:
- (A) **A patient death or serious disability associated with a medication error**, including, but not limited to, an error involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose.
- (B) A patient death or serious disability associated with hemolytic reaction due to the administration of ABO-incompatible blood or blood products.
- (C) **Maternal death or serious disability associated with labor or delivery** in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days post-delivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy.
- (D) **Patient death or serious disability directly related to hypoglycemia**, the onset of which occurs while the patient is being cared for in a health facility.
- (E) Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. For purposes of this subparagraph, "hyperbilirubinemia" means bilirubin levels greater than 30 milligrams per deciliter.
- (F) **A Stage 3 or 4 ulcer**, acquired after admission to a health facility, excluding progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission.
- (G) **A patient death or serious disability due to spinal manipulative therapy** performed at the health facility.
- (5) **Environmental events**, including the following:
- (A) **A patient death or serious disability associated with an electric shock** while being cared for in a health facility, excluding events involving planned treatments, such as electric counter shock.
- (B) **Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance.**

- (C) **A patient death or serious disability associated with a burn** incurred from any source while being cared for in a health facility.
- (D) **A patient death associated with a fall** while being cared for in a health facility.
- (E) **A patient death or serious disability associated with the use of restraints or bedrails** while being cared for in a health facility. See Attachment D.
- (6) **Criminal events**, including the following:
  - (A) Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
  - (B) The abduction of a patient of any age.
  - (C) **The sexual assault on a patient** within or on the grounds of a health facility.
  - (D) **The death or significant injury of a patient or staff member resulting from a physical assault** that occurs within or on the grounds of a facility.
- (7) An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor.
  - (c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.
  - (d) "Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part.

## Attachment C

### Definition of Sentinel Event – The Joint Commission

A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm\*

An event is also considered sentinel if it is one of the following:

- Suicide of any patient receiving care, treatment, and services in a staffed around-the clock care setting or within 72 hours of discharge, including from the hospital's emergency department (ED)
- Unanticipated death of a full-term infant
- Discharge of an infant to the wrong family
- Abduction of any patient receiving care, treatment, and services
- Any elopement (that is, unauthorized departure) of a patient from a staffed around the-clock care setting (including the ED), leading to death, permanent harm, or severe temporary harm to the patient
- Administration of blood or blood products having unintended ABO and non-ABO (Rh, Duffy, Kell, Lewis, and other clinically important blood groups) incompatibilities, hemolytic transfusion reactions, or transfusions resulting in severe temporary harm, permanent harm, or death
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any patient receiving care, treatment, and services while on site at the hospital
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the hospital

- Surgery or other invasive procedure performed at the wrong site, on the wrong patient, or that is the wrong (unintended) procedure for a patient||
- Unintended retention of a foreign object in a patient after an invasive procedure, including surgery
- Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
- Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the hospital. To be considered a sentinel event, equipment must be in use at the time of the event; staff do not need to be present.
- Any intrapartum (related to the birth process) maternal death
- Severe maternal morbidity (not primarily related to the natural course of the patient's illness or underlying condition) when it reaches a patient and results in permanent harm or severe temporary harm
- Fall resulting in any of the following: any fracture; surgery, casting, or traction; required consult/management or comfort care for a neurological (e.g., skull fracture, subdural or intracranial hemorrhage) or internal (e.g., rib fracture, small liver laceration) injury; a patient with coagulopathy who receives blood products as a result of the fall; or death or permanent harm as a result of injuries sustained from the fall (not from physiologic events causing the fall)

#### Definitions for Abuse or Assault:

- Sexual abuse/assault of any [patient/client] while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization\*
- Sexual abuse/assault of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to [patients/clients]\*
- Physical assault of any [patient/client] (leading to death, permanent harm, or severe temporary harm) while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization.
- Physical assault (leading to death, permanent harm, or severe temporary harm) of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to [patients/clients]
- Homicide of any [patient/client] while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization
- Homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to [patients/clients]

\* *Sexual abuse/assault is defined (beginning January 1, 2023) by The Joint Commission as "Nonconsensual sexual contact of any type with an individual. Sexual abuse includes, but is not limited to, the following: Unwanted intimate touching of any kind, especially of the breasts, buttocks or perineal area; All types of sexual assault or battery such as rape, sodomy, and coerced nudity (partial or complete); Forced observation of masturbation and/or sexually explicit images, including pornography, texts or social media; Taking sexually explicit photographs and/or audio/video recordings of an individual and maintaining and/or distributing them."*

*Sexual abuse/assault (including rape) as a sentinel event is defined as nonconsensual sexual contact, including oral, vaginal, or anal penetration or fondling of the individual's sex organ(s) by another individual.*

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*One or more of the following must be present to determine that it is a sentinel event:*

*\*Any staff-witnessed sexual contact as described above*

*\*Admission by the perpetrator that sexual contact, as described above, occurred on the premises*

*\*Sufficient clinical evidence obtained by the health care organization to support allegations of unconsented sexual contact* Generally, sexual contact is nonconsensual in the following situations:

- When the individual lacks the cognitive or legal ability to consent even though appearing to want the contact to occur
- When the individual does not want the contact to occur.

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## **Attachment D**

### REPORTING REQUIREMENTS RELATED TO RESTRAINT OR SECLUSION

#### **CMS Death Reporting and Recording Requirements**

##### REPORTING REQUIREMENTS

Hospitals must report the following deaths associated with the use of seclusion or restraint to the Centers for Medicare & Medicaid Services (CMS) Regional Office no later than the close of business on the next business day following knowledge of the patient's death. The following events must be reported:

1. Each death that occurs while a patient is in restraint or seclusion, except for deaths subject to the "Documentation Requirement".
2. Each death that occurs within 24 hours after the patient was removed from restraint or seclusion (whether or not the hospital believes that the use of restraint or seclusion contributed to the patient's death), except for deaths subject to the "Documentation Requirement".
3. Each death known to the hospital that occurs within one week after restraint or seclusion where it is reasonable to assume that use of restraint or seclusion contributed directly or indirectly to a patient's death. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing or asphyxiation.

This requirement applies to deaths that occur in any unit of the hospital, including an ICU or critical care unit.

##### **DOCUMENTATION REQUIREMENT**

When no seclusion has been used and when the only restraints used on the patient are those applied exclusively to the patient's wrist(s), and which are composed solely of soft, non-rigid, cloth-like materials, the hospital staff does not need to notify CMS of a patient death by the next business day.

The date and time of the report to CMS must be documented in the patient's medical record.

Hospitals must report to the CMS Regional Office electronically using Form CMS-10455, "Report of a Hospital Death Associated with the Use of Restraint or Seclusion."

### **FDA Restraint Reporting**

FDA regulates restraint devices as it regulates other medical devices. Thus, hospitals and other device user facilities must report incidents involving restraints that have or may have caused or contributed to the serious injury or death of a patient.

For purposes of this reporting law, it should be noted that the FDA uses a different definition of restraint than does the Centers for Medicare & Medicaid Services Conditions of Participation or California law. The FDA defines a "protective restraint" as:

a device, including but not limited to a wristlet, anklet, vest, mitt, straight jacket, body/limb holder, or other type of strap, that is intended for medical purposes and that limits the patient's movements to the extent necessary for treatment, examination, or protection of the patient or others [21 C.F.R. Section 880.6760].

Whereas the CMS definition of restraint could include a geri-chair, a tray table, a side rail, a sheet, or even a staff member holding a patient, the FDA definition does not. Therefore, this reporting requirement is somewhat more narrow than the CMS reporting requirement for deaths associated with seclusion or restraints discussed under XII. "Reporting Requirements Related to Restraint or Seclusion"

### **Attachment E**

List of National Quality Forum Serious Reportable Events (aka SRE or "Never Events")

#### **1. SURGICAL OR INVASIVE PROCEDURE EVENTS**

1A. Surgery or other invasive procedure performed on the wrong site (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1B. Surgery or other invasive procedure performed on the wrong patient (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1C. Wrong surgical or other invasive procedure performed on a patient (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1D. Unintended retention of a foreign object in a patient after surgery or other invasive procedure (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities



1E. Intraoperative or immediately postoperative/post-procedure death in an ASA Class 1 patient (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

## 2. PRODUCT OR DEVICE EVENTS

2A. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2B. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2C. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

## 3. PATIENT PROTECTION EVENTS

3A. Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3B. Patient death or serious injury associated with patient elopement (disappearance) (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3C. Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

## 4. CARE MANAGEMENT EVENTS

4A. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration) (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4B. Patient death or serious injury associated with unsafe administration of blood products (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4C. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers

4D. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy (new)

Applicable in: hospitals, outpatient/office-based surgery centers

4E. Patient death or serious injury associated with a fall while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4F. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

4G. Artificial insemination with the wrong donor sperm or wrong egg (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

4H. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen (new)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4I. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results (new)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

## 5. ENVIRONMENTAL EVENTS

5A. Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5B. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5C. Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting (updated)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5D. Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting (updated)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

## 6. RADIOLOGIC EVENTS

6A. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area (new)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

## 7. POTENTIAL CRIMINAL EVENTS

7A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider (updated)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7B. Abduction of a patient/resident of any age (updated)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7C. Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting (updated)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7D. Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting (updated)  
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

**Attachment F:** -REPORTING REQUIREMENTS UNDER STATE LAW

*California Health and Safety Code – Pertaining to General Acute Care Hospitals*

**1279.1.** (a) A health facility licensed pursuant to subdivision (a), (b), or (f) of Section 1250 shall report an adverse event to the department no later than five days after the adverse event has been detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than 24 hours after the adverse event has been detected. Disclosure of individually identifiable patient information shall be consistent with applicable law.

(c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.

(d) "Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part.



Policy Number: HR.04	Date Created: 12/19/2019
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 4/24/24
Approvers: Board of Directors (Human Resources)	
<b>Special Pay Practices</b>	

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

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

**Pay Practices:**

Other Hours:      — Base rate of pay for additional hours or shifts worked for certain exempt positions.

➤      — MICN and TNCC: \$1.50 each for active MICN certification(s) when primary cost center is 7010 – Emergency Department. The differential will also apply if transferring hours to cost center 6179-M/S Overflow – ED 1E. Effective upon pay period following submission/validation of certification to Human Resources.

➤ TNCC: \$1.50 for active TNCC certification. Effective upon pay period following submission/validation of certification to Human Resources. Eligible job codes include:

- RN-Emergency-ED: 2217/2247: 2217-2247 in ED
- Charge Nurse-Emergency-ED: 2277 in ED
- Assistant Nurse Manager-Emergency-ED: 2187/2188 in ED
- ED Supervisor: 2352

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**Donning and Doffing Sterile Scrubs**

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

**Sleep Pay**

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

**Private Home Care Holiday**

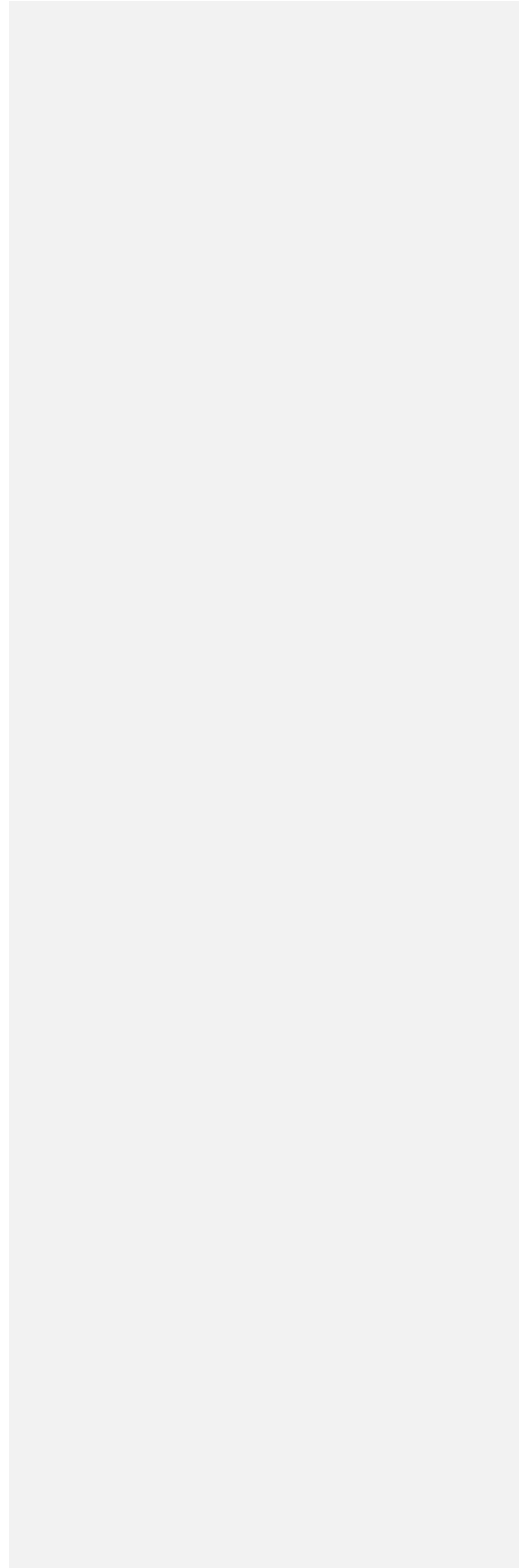
Rate is based on where the employee travels. Holiday differential is received for Kaweah Health observed holidays, in addition to Mother's Day and Easter.

**Private Home Care On-Call**

Eligible Job Codes:

- PHC Staffing Coordinator: 0123 (Base rate of pay for a minimum of

1- hour for on-call)



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

<b>Policy Number:</b> HR.70	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b> <del>4/24/24</del>
<b>Approvers:</b> Board of Directors (Administration)	
<b>Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation</b>	

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

**PURPOSE:**

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

**MEAL PERIOD POLICY AND PROCEDURE:**

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

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

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

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

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



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

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

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

### **MEAL PERIOD WAIVER**

Employee or Kaweah Health may revoke a signed "Meal Period Waiver" at any time providing at least one day's advance notice in writing to Human Resources and their manager. Otherwise, the waiver will remain in effect until revoked.

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

By way of this policy, non-exempt employees are also authorized, permitted, and expected to take a 10-minute rest break for every four hours of work or a major fraction thereof.

Employees must work at least 3.5 hours to be entitled to a rest break. Rest breaks should be taken in the middle of each 4-hour period in so far as it is practicable. These rest breaks are authorized by Kaweah Health; but it is each employee's responsibility to ensure that they are taking appropriate rest breaks.

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

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

### **ADDITIONAL INFORMATION:**

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

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

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

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

- More than 10 Hours: An employee who works more than ten hours is entitled to three ten-minute rest periods, for a total of 30 minutes of resting time during their shift.

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

How Many Meal Breaks Must be Taken:

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

**BREASTFEEDING AND/OR LACTATION ACCOMMODATION**

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

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

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

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

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<b>Policy Number:</b> HR.216	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b> 2/28/2024
<b>Approvers:</b> Board of Directors (Administration)	
<b>Progressive Discipline</b>	

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

**POLICY:**

Kaweah Health uses positive measures and a process of progressive discipline to address employee performance and/or behavioral problems. Kaweah Health recognizes that the circumstances of each situation must be evaluated individually to determine whether to discipline progressively or to impose more advanced discipline immediately. This policy applies to all Kaweah Health employees, except residents enrolled in Kaweah Health’s Graduate Medical Education (GME) program. Disciplinary actions related to residents in the GME program are handled by the Office of the GME as described in the Resident Handbook.

The primary purpose of Disciplinary Action is to assure compliance with policies, procedures and/or Behavioral Standards of Performance of Kaweah Health. Orderly and efficient operation of Kaweah Health requires that employees maintain appropriate standards of conduct and service excellence. Maintaining proper standards of conduct is necessary to protect the health and safety of all patients, employees, and visitors, to maintain uninterrupted operations, and to protect Kaweah Health’s goodwill and property. Because the purpose of disciplinary action is to address performance issues, it should be administered as soon after the incident(s) as possible. Therefore, depending on the seriousness of the offense and all pertinent facts and circumstances, disciplinary action will be administered promptly.

Certain violations are considered major and require more immediate and severe action such as suspension and/or termination. Lesser violations will generally be subject to Progressive Discipline.

Any employee who is in Progressive Discipline is eligible for transfer or promotion within Kaweah Health with review and approval by the hiring manager and Human Resources.

Progressive Discipline shall be the application of corrective measures by increasing degrees, designed to assist the employee to understand and comply with the required expectations of performance. All performance of an employee will be considered when applying Progressive Discipline.

In its sole discretion, Kaweah Health reserves the right to deviate from Progressive Discipline or act without Progressive Discipline whenever it determines that the circumstances warrant.

PROCEDURE:

- I. The process of Progressive Discipline may include the following, depending on the seriousness of the offense and all pertinent facts and circumstances:

- A. Warnings

1. Verbal Warning:  
A Verbal Warning explains why the employee's conduct/performance is unacceptable and what is necessary to correct the conduct/performance.

- B. Written Warning:

A Written Warning provides the nature of the issue and outlines the expectations of performance/conduct or what is necessary to correct the situation. This Warning becomes part of the employee's personnel file, along with any pertinent backup documentation available, and will inform the employee that failure to meet the job standards/requirements of the Warning will necessitate further disciplinary action, up to and including termination.

The department management, in concert with Human Resources, determines the level of corrective disciplinary action that will take place based upon the seriousness of the offense, the existence of any prior disciplinary actions and the entirety of the employee's work record.

1. Level I  
Any employee who receives a Level I is subject to further Written Warnings as stated in this policy.
2. Level II  
Any employee who receives a Level II is subject to further Written Warnings as stated in this policy.
3. Level III  
A Level III is considered Final Written Warning to the employee involved, and includes a written explanation of what is necessary to meet the expectation of performance. A Level III Warning may be accompanied by a suspension. A suspension may be without pay and is generally up to five days or forty hours.

C. Administrative Leave

In the discretion of Kaweah Health, an employee may be placed on Administrative Leave at any time to give Kaweah Health time to conduct an investigation or for other circumstances considered appropriate. Management may impose an Administrative Leave at any time for an employee(s) if they believe there is a risk to employee or patient safety. Management will notify Human Resources immediately if an Administrative Leave is enforced. When an employee is placed on Administrative Leave, Kaweah Health will make every effort to complete the investigation of the matter within five business days. If Kaweah Health is unable to complete an investigation of the matter within five days the Administrative Leave may be extended.

After the investigation has been completed, the employee may be returned to work and, in the discretion of Kaweah Health and depending on the circumstances, may be reimbursed for all or part of the period of the leave. If it is determined that the employee should be terminated, compensation may, in the discretion of Kaweah Health, be paid until the Post Determination Review process has been completed. (See policy HR.218).

D. Dismissal Without Prior Disciplinary History

As noted, Kaweah Health may determine, in its sole discretion, that the employee's conduct or performance may warrant dismissal without prior Progressive Discipline. Examples of conduct that may warrant immediate dismissal, suspension or demotion include acts that endanger others, job abandonment, and misappropriation of Kaweah Health resources. This is not an exclusive list and other types of misconduct/poor performance, may also result in immediate dismissal, suspension or demotion. See Employee Conduct below.

E. Employee Conduct

This list of prohibited conduct is illustrative only; other types of conduct injurious to security, personal safety, employee welfare or Kaweah Health's operations may also be prohibited. This includes behavior or behaviors that undermine a culture of safety. Employee conduct that will be subject to Progressive Discipline up to and including immediate involuntary termination of employment includes but is not limited to:

1. Falsifying or altering of any record (e.g., employment application, medical history form, work records, time cards, business or patient records and/or charts).
2. Giving false or misleading information during a Human Resources investigation;

3. Theft of property or inappropriate removal from premises or unauthorized possession of property that belongs to Kaweah Health, employees, patients, or their families or visitors;
4. Damaging or defacing materials or property of the Kaweah Health, employees, patients, or their families or visitors;
5. Possession, distribution, sale, diversion, or use of alcohol or any unlawful drug while on duty or while on Kaweah Health premises, or reporting to work or operating a company vehicle under the influence of alcohol or any unlawful drug;
6. Fighting, initiating a fight, threats, abusive or vulgar language, intimidation or coercion or attempting bodily injury to another person on Kaweah Health property or while on duty. Reference policy AP161 Workplace Violence Prevention Program;
7. Workplace bullying which can adversely affect an employee's work or work environment, Reference policy HR.13 Anti- Harassment and Abusive Conduct.
8. Bringing or possessing firearms, weapons, or any other hazardous or dangerous devices on Kaweah Health property without proper authorization;
9. Endangering the life, safety, or health of others;
10. Intentional violation of patients' rights (e.g., as stated in Title XXII);
11. Insubordination and/or refusal to carry out a reasonable directive issued by an employee's manager (inappropriate communication as to content, tone, and/or language)
12. Communicating confidential Kaweah Health or Medical Staff information, except as required to fulfill job duties;
13. Sleeping or giving the appearance of sleeping while on duty;
14. An act of sexual harassment as defined in the policy entitled Anti-Harassment and Abusive Conduct HR.13;
15. Improper or unauthorized use of Kaweah Health property or facilities;

16. Improper access to or use of the computer system or breach of password security;
17. Improper access, communication, disclosure, or other use of patient information. Accessing medical records with no business need is a violation of state and federal law and as such is considered a terminable offense by Kaweah Health.
18. Unreliable attendance (See Attendance and Punctuality HR.184)
19. Violations of Kaweah Health Behavioral Standards of Performance.
20. Unintentional breaches and/or disclosures of patient information may be a violation of patient privacy laws. Unintentional breaches and/or disclosures include misdirecting patient information to the wrong intended party via fax transmission, mailing or by face-to-face interactions.
21. Access to personal or family PHI is prohibited.
22. Refusing to care for patients in the event mandated staffing ratios are exceeded due to a healthcare emergency.
23. Working off the clock at any time. However, employees are not permitted to work until their scheduled start time.
- ~~24.~~ Use of personal cell phones while on duty if, unrelated to job duties anywhere in Kaweah Health. This includes wearing earbuds for the purpose of listening to music from your personal cell phone, unless authorized by department leadership.
- ~~24-25.~~ Cell phones should not be used while driving unless hands-free capability is utilized, if the cell phone user does not have cell phone hands-free capability, staff need to pull safely to the side of the road to place a call. This applies to using the staff member's personal vehicle and/or using Kaweah Health vehicles while on Kaweah Health business.
- ~~26.~~ Taking a video or recording of any kind at any time for personal use in a Kaweah Health facility is prohibited. This applies to work time, breaks, or meal periods. This restriction does not apply to employer sponsored events initiated by Leadership, Marketing, or the Employee Connection Team. For further clarification, refer to HR.236 Computer and Communication

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Devices and Social Media Code of Conduct.

25-27. Excessive or inappropriate use of the telephone, cell phones, computer systems, email, internet or intranet.

26-28. Any criminal conduct off the job that reflects adversely on Kaweah Health.

27-29. Making entries on another employee's time record or allowing someone else to misuse Kaweah Health's timekeeping system.

28-30. Bringing children to work, or leaving children unattended on Kaweah Health premises during the work time of the employee.

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- ~~29-31~~. Immoral or inappropriate conduct on Kaweah Health property.
- ~~30-32~~. Unprofessional, rude, intimidating, condescending, or abrupt verbal communication or body language.
- ~~31-33~~. Unsatisfactory job performance.
- ~~32-34~~. Horseplay or any other action that disrupts work,
- ~~33-35~~. Smoking within Kaweah Health and/or in violation of the policy.
- ~~34-36~~. Failure to report an accident involving a patient, visitor or employee.
- ~~35-37~~. Absence from work without proper notification or adequate explanation, leaving the assigned work area without permission from the supervisor, or absence of three or more days without notice or authorization.
- ~~36-38~~. Unauthorized gambling on Kaweah Health premises.
- ~~37-39~~. Failure to detect or report to Kaweah Health conduct by an employee that a reasonable person should know is improper or criminal.
- ~~38-40~~. Providing materially false information to Kaweah Health or a government agency, patient, insurer or the like.
- ~~39-41~~. Spreading gossip or rumors which cause a hostile work environment for the target of the rumor.
- ~~40-42~~. Impersonating a licensed provider.
- ~~41-43~~. Obtaining employment based on false or misleading information, falsifying information or making material omissions on documents or records.
- ~~42-44~~. Violation of Professional Appearance Guidelines
- ~~43-45~~. Being in areas not open to the general public during non- working hours without the permission of the supervisor or interfering with the work of employees.
- ~~44-46~~. Failure to complete all job related mandatory requirements as noted on the job description and as issued throughout a year (i.e. Mandatory Annual

Training, TB/Flu, etc.).

[45.47](#). Mandatory utilization of BioVigil.

[46.48](#). Failure to use two (2) patient identifiers in the course of patient care.

Further information regarding this policy is available through your department manager or the Human Resources Department.

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<b>Policy Number:</b> HR.236	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b> 12/22/2022
<b>Approvers:</b> Board of Directors (Administration)	
<b>Computer and Communication Devices and Social Media Code of Conduct</b>	

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

**POLICY:**

This policy applies to all those who have access to Kaweah Health computer and electronic systems (i.e. telephones, Kaweah Health provided cell phones required for use while working, facsimile machines, computers, laptops, iPads, electronic mail, and internet/intranet access), whether on Kaweah Health premises or off site and regardless of employee status.

Computer Systems:

Access to Kaweah Health’s computer system is provided for business purposes. The system is not to be used for personal gain or advancement of individual views; employees need to exercise responsibility and not abuse privileges when sending or receiving messages for personal, non-business purposes. Solicitation of non- Kaweah Health business is strictly prohibited.

Computer and Information Security:

Kaweah Health will maintain a secure computing environment, employing appropriate procedural and technical controls designed to safeguard information and supporting technologies. Kaweah Health provides security awareness education for staff members and implements workplace practices where staff understands their responsibilities for ensuring confidentiality and where their workflow encourages protection of information. All employees receive security awareness education during Orientation and annual through Mandatory Annual Training (MAT) e-learning. The underlying rule of information protection is ‘the need to know,’ i.e. one should only access information when access is required to fulfill one’s responsibilities or perform an authorized and assigned business function. Access to patient records are tracked and recorded by the system. Users who violate security, confidentiality, and/or integrity of information intentionally or through carelessness will be subject to loss or restriction of use of the computer systems and/or disciplinary action up to and including termination of employment. Loss or restriction of the use of the computer systems may include loss of permanent access even if employed by another employer who has access to Kaweah Health systems. (See AP64 Confidentiality Security and Integrity of Health Information)

Individual persons who access or use Kaweah Health information or data are expected to fulfill certain responsibilities according to the roles they are assigned.

The expectation is to maintain a secure work area, protect computer access, to not divulge security codes or other confidential information to unauthorized persons, including to other staff members or employees of Kaweah Health. It is expected that staff or employees will report observed or suspected breaches of information to management, Corporate Compliance, and/or to the Information Systems Services department.

#### Social Media & Internal Communication Sites:

This policy establishes the requirements for Kaweah Health employees in accessing, opening, viewing, and posting Social Media content, videos, and/or comments about Kaweah Health or related entities (including blogs, videos, pictures, podcasts, discussion forums, social networks, multi-media sites). Social Media and internal communication sites may include, but are not limited to, [TikTok](#), Facebook, Twitter, Instagram, YouTube, LinkedIn, Snapchat, Kaweah Compass and the like.

Taking a video or recording of any kind at any time for personal use in a Kaweah Health facility is prohibited. This applies to work time, breaks, or meal periods. This restriction does not apply to employer sponsored events initiated by Leadership, Marketing, or the Employee Connection Team.

Kaweah Health understands that social media sites have joined the mainstream of day-to-day communications. It is expected that employees understand the impact that social media can have on Kaweah Health's reputation, co-workers, physicians, patients, and business relationships. We emphasize the importance of common sense and good judgment. Employees are to follow the same standards that apply to other activities and behavior when communicating on social media sites, internal intranet sites, or online. Employees should know that postings and communications transmitted on social media sites are not private, and thus, should consider how any communication might be perceived.

Kaweah Health's Media Relations Department has the responsibility to manage and monitor the information on Social Media sites, and will include Human Resources, Risk Management, Corporate Compliance, and other applicable departments or individuals if violations or concerns of violations of this policy occur.

#### Internet Access:

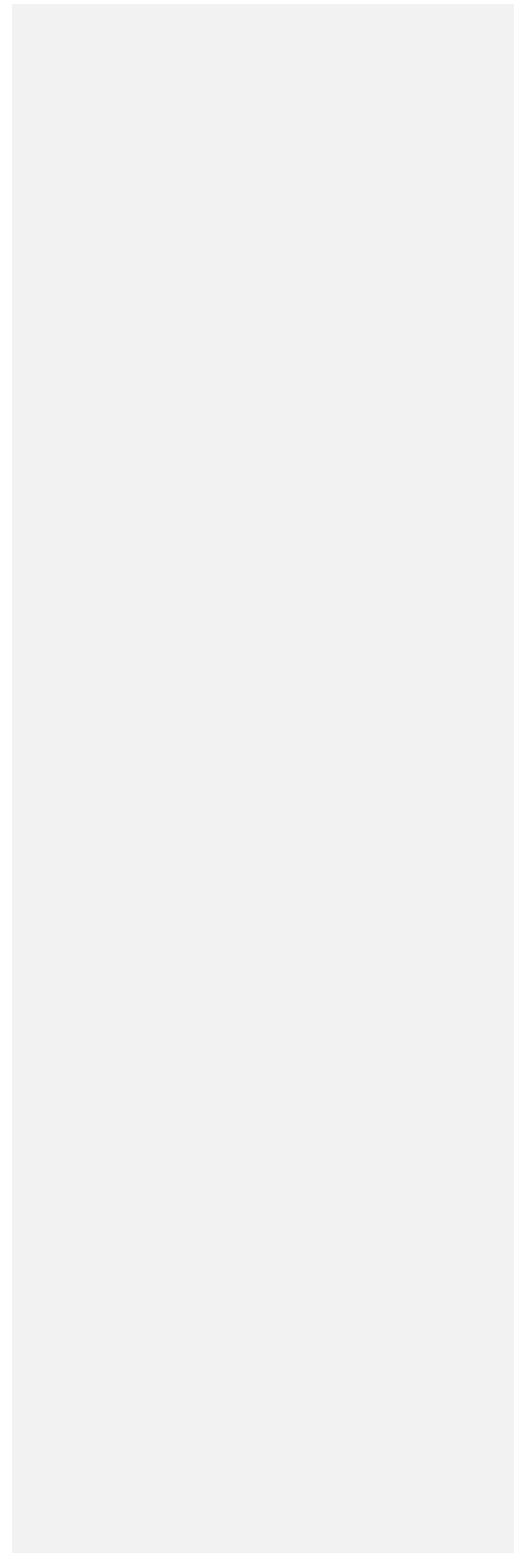
Internet access is intended to support research, education, and patient care, and is provided to enhance the ability to develop, design, and implement improved methods for delivering patient care, information, and related services. All staff are expected to use appropriate professional ethics and judgment when using internet or intranet access, including the use of Social Media,

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| telephones, and personal cell phones, including a prohibition on messaging or text messaging any Protected Health Information (PHI) or Personally Identifiable Information (PII). (See ISS.001 Information Security)  
Electronic Communication Systems:



All electronic communication systems provided by Kaweah Health, including the equipment and the data stored in the system, are and remain at all times, whether located on Kaweah Health premises or if located at another remote location, the property of Kaweah Health. As a result, all messages created, sent or retrieved over Kaweah Health's electronic mail system or via voicemail are the property of Kaweah Health. Employees should not maintain any expectation of privacy with respect to information transmitted over, received by, or stored in any electronic communications device owned, leased, or operated in whole or in part by or on behalf of Kaweah Health.

Kaweah Health reserves the right to retrieve and read any message composed, sent, or received on Kaweah Health's computer equipment, electronic mail system, or voice mail system. Employees are informed that, even when a message is erased, it is still possible to recreate the message; therefore, ultimate privacy of messages should not be expected. Accordingly, employees expressly consent to electronic monitoring of these systems. Furthermore, all communications including text and images can be disclosed to law enforcement, licensing boards, or other third parties without the prior consent of the sender or the receiver. Kaweah Health can request and require an employee to disclose their username and/or password to gain access to any Kaweah Health-provided electronic device or software system.

#### Kaweah Health Issued Mobile Devices:

Only those individuals with a justifiable need, as determined by department leadership and the Director of ISS Technical Services, shall be issued Kaweah Health devices (i.e. phone, smartphone, tablet, laptop) and/or mobile voice and text/data services for the purpose of conducting business on behalf of Kaweah Health. The individual using Kaweah Health-owned devices is required to sign the "KDHCD Equipment Use and Information Technology Security Agreement" at the time they are issued a device. The device must be kept in the employee's personal possession at all times. Kaweah Health may rescind the agreement and require the return of any devices at any time. When employment ends at Kaweah Health, all devices must be returned by the last day of work. Failure to return all property to Kaweah Health in the same working condition that it was received may be considered theft of property and may lead to criminal prosecution.

Mobile phones may not be used while driving unless hands-free capability is utilized. This applies to use of the employee's personal vehicle and/or the use of Kaweah Health vehicles while on Kaweah Health business.

#### **PROCEDURE:**

##### Electronic Communication:

1. Internet or the Kaweah Health intranet access may be provided by Kaweah Health to employees for the benefit of Kaweah Health and its customers, vendors and suppliers. This access enables the employee to connect to information and other resources within or outside of

Kaweah Health. Contract services staff who work at Kaweah Health may be given access to the computer system and must comply with all provisions of this policy.

The employee will be given a password when granted access to Kaweah Health's computer systems. The employee must change passwords to these systems when prompted to do so as define in Policy ISS.003. Because the system may need to be accessed by Kaweah Health, the Human Resources, Compliance, and Information Systems departments will further be able to access all Kaweah Health computer equipment and electronic mail. Any employee found to knowingly allow their password to be used by anyone else, or who is found to be using another's password will be subject to disciplinary action up to and including termination of employment.

2. When accessing the internet or Kaweah Health's own intranet, employees agree to do so for business purposes. Accordingly, such communications should be for professional and business reasons; personal use must be limited to what may be considered regular break times.
3. All staff are expected to use appropriate professional ethics and judgment when using the internet or intranet access, including the use of Social Media, Kaweah Health provided cell phones, and telephones and personal cell phones, including a prohibition on messaging or text messaging any PHI or PII related information. Employees are expected to maintain employee, patient, customer, medical staff, and volunteer confidentiality (PHI and PII). (See ISS.015 Use of Portable Devices to "Text" ePHI or KDHCDC Proprietary Data) Employees may not post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or Kaweah Health when posting to sites. This policy applies to employees using Social Media while at work. It also applies to the use of Social Media when away from work, when the employees' or medical staffs' Kaweah Health affiliation is identified, known, or presumed. If employees acknowledge their relationship with Kaweah Health in an online community, they must include disclaimers in their online communications advising that they are not speaking officially on behalf of Kaweah Health.
4. Unless an individual is serving as an approved, official spokesperson for Kaweah Health in online communications, such communications are the individual's personal opinions and do not reflect the opinion of Kaweah Health. Employees are personally responsible for his/her posts (written, audio, video, or otherwise). Communications must not contain Kaweah Health confidential, proprietary or trade-secret information.
5. Kaweah Health urges employees to report any violations or possible or perceived violations to supervisors, managers or the HR Department or



Compliance Department. Violations include discussions of Kaweah Health and its employees and clients, any discussion of proprietary information, and any unlawful activity related to blogging or social networking. Inappropriate use shall be subject to disciplinary action, up to, and including, termination. In addition, breach of patient information may also be subject to legal proceedings and/or criminal charges. (See HR.216 Progressive Discipline policy)

6. All employees who have access to computer information will sign an Agreement. In addition, employees will be required to sign certain other Agreements that apply to their position. The electronic copy of these Agreements will be kept in ISS.

#### Employee Harassment and Discrimination:

1. Any form of discrimination or harassment is strictly prohibited and employees must take all reasonable steps to prevent discrimination and harassment from occurring while conducting business or while acting on behalf of Kaweah Health. No messages with derogatory or inflammatory remarks about an individual or group's age, disability, gender, race, religion, national origin, physical attributes, sexual preference or any other classification protected by Federal, State or local law may be transmitted using any type of telecommunications technology.
2. Employees must immediately report all instances of discrimination or harassment to Kaweah Health. Please refer to HR.13 Anti-Harassment policy.
3. Nothing in this policy is intended to prohibit employees from communicating with co-workers about the terms and conditions of their employment.

#### Termination of Employment:

Upon termination of employment, the Information Systems Services Department will be notified immediately by Human Resources. The employee's password and all accounts will be deactivated. All Kaweah Health devices, equipment, and other property must be returned by the last day of on-site work. Failure to return all property to Kaweah Health in the same working condition that it was received may be considered theft of property and may lead to criminal prosecution.

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# FY 2025 Strategic Plan

Patient Experience and Community  
Engagement  
Oct 23, 2024



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



**Kaweah Health**

MORE THAN MEDICINE. LIFE <sup>499/671</sup>

## World-Class Service Champion: Keri Noeske

**Description:** 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.

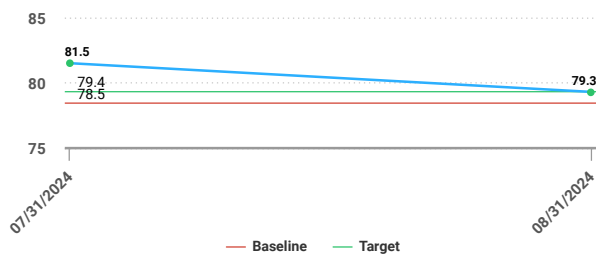
### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1	Enhance patient physical navigation through Wayfinding, signage, and the website.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Signage should be being installed at the main hospital in the next few weeks.
4.1.2	Enhance patient clinical navigation with centralized and online scheduling and call center standardization.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Patient Navigation Team has finished integrating all RHC's to be a part of the "First-Call" Resolution program. All appointments, calls, and texts come through the call center for a centralized solution. Working to expand to bring on the urgent care calls in early October.
4.1.3	Improve best image and reputation score on the community portal in NRC.	07/01/2024	06/30/2025	Deborah Volosin	On Track	The Rolling 12 Best Image/Reputation score as of August 2024 is 28.7. We are over the goal of 26.

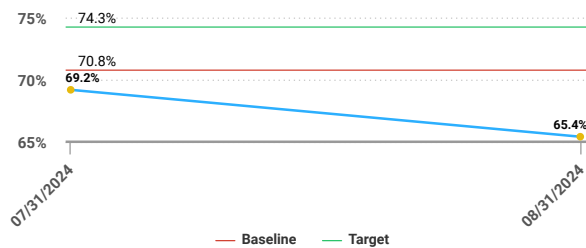
### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.5	Achieve a score of 74.3 in HCAHPS Overall Rating	07/01/2024	06/30/2025	Keri Noeske	Off Track	Developing customer service training, patient interaction simulations and looking for action plans from low performing units to improve scores.
4.1.6	Achieve a score of 75.4 in "Likelihood to Recommend"	07/01/2024	06/30/2025	Keri Noeske	Off Track	
4.1.1.1	Identify and establish goals to improve patient wayfinding experience	07/01/2024	06/30/2025	Deborah Volosin	On Track	Marketing has updated the map that is given to patients at the entrances and updating maps that are on the website. The website is getting an overhaul in 2025.
4.1.4	Achieve overall organization net promoter score of 79.4	07/01/2024	06/30/2025	Keri Noeske	On Track	

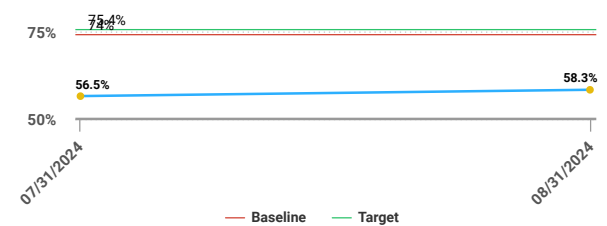
Achieve overall organization net promoter score of 79.4



Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve a score of 75.4 in "Likelihood to Recommend"



Increase Compassionate Communication

Champions: Keri Noeske

**Description:** To reach the 50th percentile in physician and nursing communication and responsiveness of staff on the HCAHPS survey.

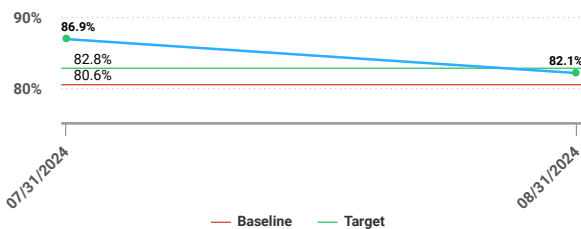
Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1	Implement unit-based Schwartz rounds to interested departments.	07/01/2024	06/30/2025	Keri Noeske	On Track	Schwartz Rounds are happening bi-monthly (the first Friday of every other month)
4.2.2	Develop compassionate communication simulations for leaders to implement in huddles, staff meetings, and training.	07/01/2024	06/30/2025	Keri Noeske	On Track	Planning group met on 9/23/24 to begin development of simulations modules. Roll-out to start with Emergency Department in December 2024, then share with other units throughout January to March.
4.2.3	Create and assign learning modules based on communication expectations for organization-wide consistency in service standards.	07/01/2024	06/30/2025	Keri Noeske	Not Started	Plan to create customer service modules for team members that will align with simulations used by leaders in the departments.

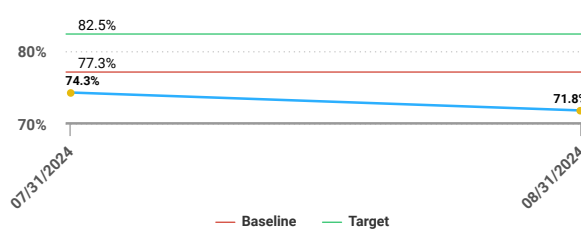
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.4	Achieve a 82.8 in Physician Communication Inpatient Score	07/01/2024	06/30/2025	Keri Noeske	On Track	Continue to monitor, engage physician leaders as necessary to address low performing scores/providers.
4.2.5	Achieve a 82.5 in Nursing Communication Inpatient Score	07/01/2024	06/30/2025	Keri Noeske	Off Track	Nursing units monitoring nursing communication, submitting action plans in October to address low performing scores.
4.2.6	Achieve a score of 71.1 in Responsiveness of Staff to Patients and Among Internal Teams	07/01/2024	06/30/2025	Keri Noeske	Off Track	Individual Units evaluating and submitting action plans to Patient Experience Committee. Increasing nursing staff to support more help for responsiveness to patient needs.

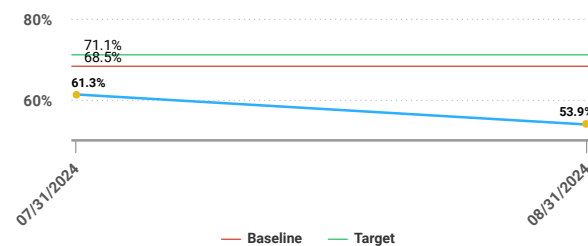
Achieve a 82.8 in Physician Communication Inpatient Score



Achieve a 82.5 in Nursing Communication Inpatient Score



Achieve a score of 71.1 in Responsiveness of Staff to Patients and Among Internal Teams



## Enhancement of Environment Champion: Deborah Volosin and Keri Noeske

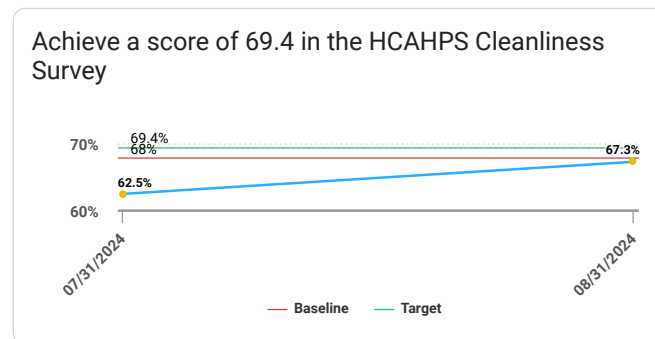
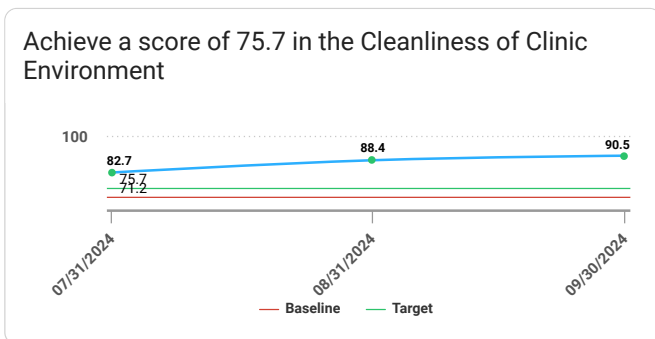
**Description:** To create a secure, warm, and welcoming environment for patients and the community.

### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.1	Continue Executive rounding with EVS and facility directors to identify needs.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Marc Mertz and Dianne Cox continue to do rounds with the EVS and Facilities Directors to identify areas that either need repairs or updates. A few upcoming projects include: cafeteria remodel, Palliative Care work station renovations, the remodeling of a women's restroom in the MK Wing, and beautifying of courtyards. They are also looking into the feasibility of a cafe in the AW lobby. They also identify areas that need additional cleaning.
4.3.2	Improve impact of the Patient Experience Steering Committee.	07/01/2024	06/30/2025	Deborah Volosin	On Track	We continue to hold monthly Patient Experience Steering Committee meetings aimed at improving wayfinding, upgrading facilities, increasing education and communication, fostering compassionate interactions, and enhancing both food service and cleanliness.
4.3.3	Partner with Facilities to create green initiatives and cost-efficiency synergies to reduce waste and environmental impact.	07/01/2024	06/30/2025	Deborah Volosin	On Track	The Green Committee met on September 18th and discussed areas around our environmental footprint. KH is implementing a compost program and expanding trash and recycling areas. The composting program is starting off small due to the lack of a collection site. Food Services is looking at more options for biodegradable items, but most are cost prohibitive. EVS is replacing paper towel dispensers with a system that is more cost effective and has less waste. The group recommended a News You Can Use on easy ways we can cut down on energy usage.

### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.4	Achieve a score of 75.7 in the Cleanliness of Clinic Environment	07/01/2024	06/30/2025	Keri Noeske	On Track	
4.3.5	Achieve a score of 69.4 in the HCAHPS Cleanliness Survey	07/01/2024	06/30/2025	Keri Noeske	Off Track	



## Community Engagement Champion: Deborah Volosin and Keri Noeske

**Description:** 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.

### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.4.1	Increase participation in all Community Advisory Councils.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Each year we do a recruitment campaign for new advisors for all of our advisory councils. In 2023-2024 we recruited nine new members for the various groups. We will be kicking off another campaign for new members and we advertise the opportunity at various chamber and community events.
4.4.2	Increase the number of Kaweah Health leaders involved in service clubs and community organizations.	07/01/2024	06/30/2025	Deborah Volosin	On Track	We currently have 22 leaders involved in service clubs and community organizations.
4.4.3	Increase Speakers Bureau opportunities.	07/01/2024	06/30/2025	Deborah Volosin	On Track	13 leaders made 17 presentations to local community organizations in FY24. Our goal is to increase that number in FY25.
4.4.4	Schedule at least three Town Halls.	07/01/2024	06/30/2025	Deborah Volosin	On Track	We are hosting a Community Town Hall on Tuesday, October 15th at Cafe 210.
4.4.5	Continue to meet monthly with the Patient Family Advisory Council, Emergency Department Advisory Council, Healthcare for Today and Tomorrow, Diversity/Community Relations, and Employee Ambassador Committees.	07/01/2024	06/30/2025	Deborah Volosin	On Track	The advisory councils meet on a monthly basis. Their meetings include a time for feedback, Kaweah Health updates, and various presentations by service line leaders. (Palliative Care, Behavioral Health) Each of these groups have projects they are working on.
4.4.6	Create opportunities for board members to participate in community engagement activities.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Board members receive invitations to attend community events such as dinners and galas. They also rotate coming to the advisory council meetings and are engaged with the community members who participate.



# Health Equity at Kaweah Health

October 23<sup>rd</sup>, 2024



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



# Health Equity at Kaweah Health

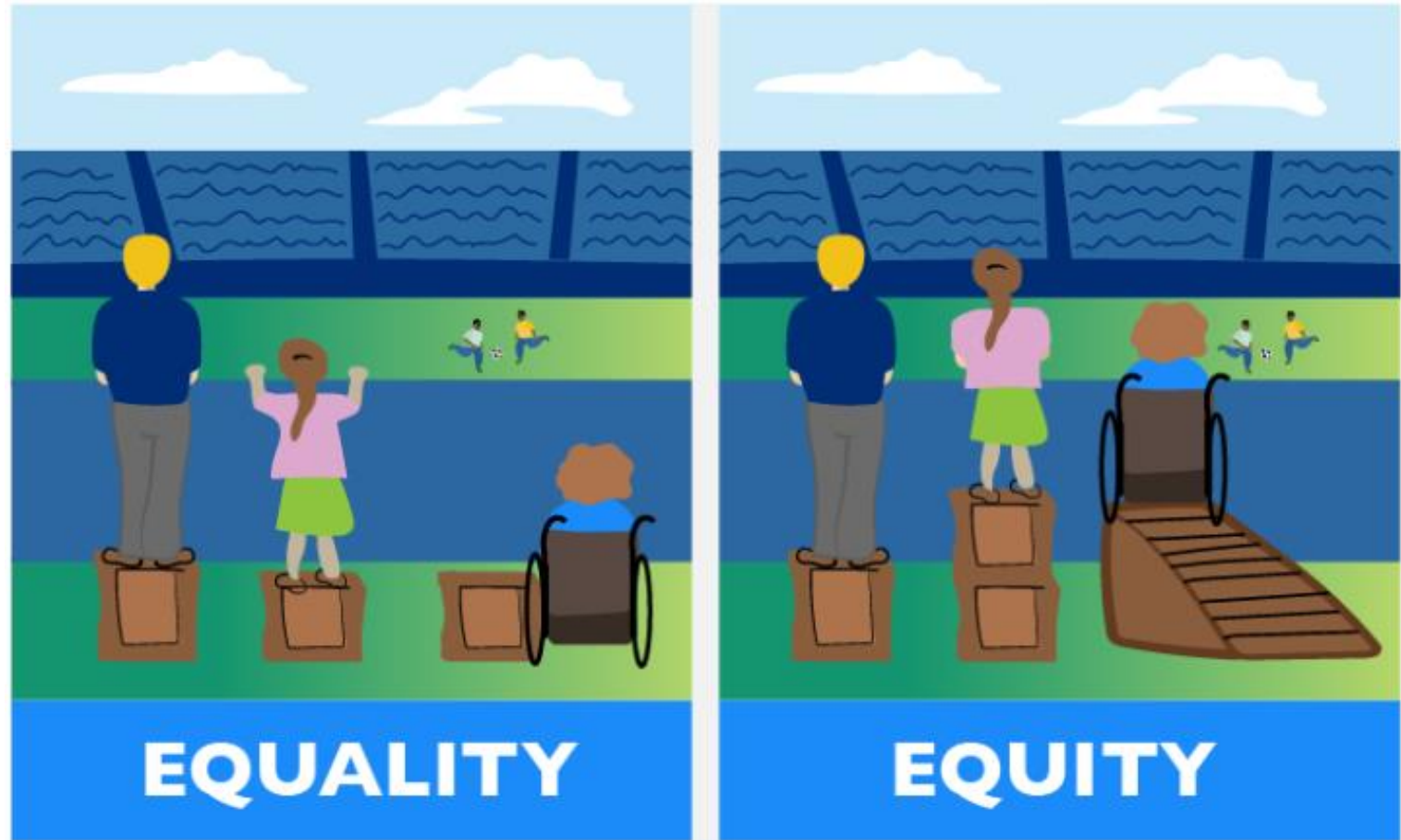
- Review:
  - What is Health Equity and what are Health Disparities?
  - Regulatory requirements
- Updates:
  - Health Equity Committee
  - PRAPARE Screening Tool – Update on data collection
  - Programs at Kaweah Health that address health equity
  - Update on grants that bring resources to address health equity



# What is Health Equity?

Health equity is the **state** in which everyone has a **fair and just opportunity** to **attain** their highest level of health

<https://www.cdc.gov/healthequity/whatis/index.html>



<https://www.hopkinsag.org/health-equity-equality-and-disparities/>

kaweahhealth.org



**Health Disparities** are preventable differences in health outcomes that are experienced by distinct populations.

Identifying and addressing the root causes of disparities is the work of **Health Equity**.

# Regulatory Requirements in Health Equity



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



# CMS - Health Equity 2022-2023

- **Priority 1:** Expand the Collection, Reporting, & Analysis of Standardized Data
  - Required reporting period: January 1, 2024 - December 31, 2024. Submission deadline: May 15, 2025
- **Priority 2:** Assess Causes of Disparities Within CMS Programs & Address Inequities in Policies & Operations to Close Gaps
- **Priority 3:** Build Capacity of Health Care Organizations & the Workforce to Reduce Health & Health Care Disparities
- **Priority 4:** Advance Language Access, Health Literacy, & the Provision of Culturally Tailored Services
- **Priority 5:** Increase All Forms of Accessibility to Health Care Services & Coverage

# Joint Commission - NPSG 16.01.01:

“Improving health care equity for the organization’s patients is a quality and safety priority”

1. Identify an individual to lead activities to improve health care equity
2. Assess the patient’s health-related social needs
3. Analyze quality and safety data to identify disparities
4. Develop an action plan to improve health care equity
5. Take action when the organization does not meet the goals in its action plan
6. Inform key stakeholders about progress to improve health care equity

# Health Care Access and Information (HCAI)

- Assembly Bill 1204 requires the Department of Health Care Access and Information (HCAI) to develop and administer a hospital equity report program to collect and post hospital equity reports
- These annual reports are required to include measures on patient access, quality, and outcomes by race, ethnicity, language, disability status, sexual orientation, gender identity, and payor as recommended by the newly created Hospital Equity Measures Advisory Committee



# Kaweah's Health Equity Committee



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



# Kaweah Health's - Health Equity Committee

- ✓ Identify an individual to lead activities to improve health care equity
- ✓ Assess the patient's health-related social needs
- Analyze quality and safety data to identify disparities
- Develop an action plan to improve health care equity
- Take action when the organization does not meet the goals in its action plan
- Inform key stakeholders about progress to improve health care equity



# Health Equity Committee member activities

The 42<sup>nd</sup> Annual Norman Sharrer Symposium



Kaweah Health Continuing Medical Education presents

## Addressing Social Drivers of Health in the Healthcare Setting

**Tuesday  
October 22, 2024**

**Location:**  
Visalia Country Club  
625 N. Ranch St.,  
Visalia, CA 93291

**Time:** Registration and light  
hors d'oeuvres 5:30–6:00 PM

**Event:** 6:00–8:00 PM

Featured speakers:

**Alfredo Guerrero, DO**

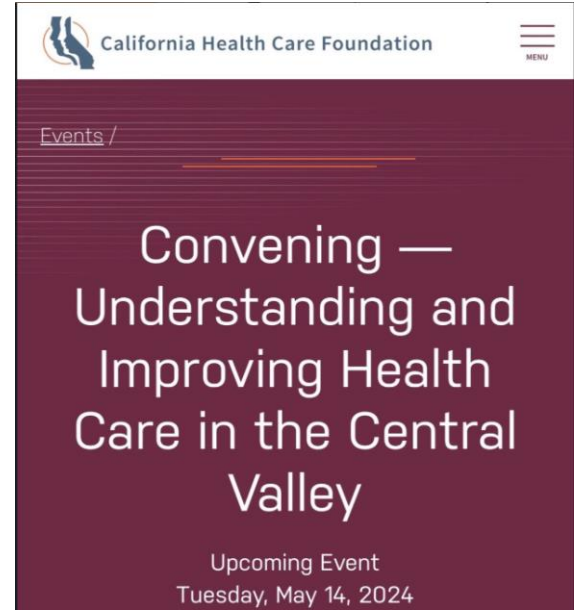
Emergency Department Medical Director, Vitivity  
Former graduate of the Kaweah EM Residency Program  
and the Diversity, Equity and Inclusion Vitivity  
Administrative Fellowship

**Ryan Gates, PharmD**

Chief Population Health Officer, Kaweah Health

**Panel discussion**

**Sonia Duran-Aguilar, Ryan Gates, PharmD,  
Alfredo Guerrero, DO, and Omar Guzman, MD**



# Assessing Patient Health- Related Social Needs

PRAPARE Screening Tool

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



# PRAPARE Screening Tool

Protocol for **R**esponding to and **A**ssessing **P**atient's **A**ssets, **R**isks and **E**xperience

- National standardized patient risk assessment tool
  - *15 questions + 5 supplemental*
- Designed to engage patients in assessing & addressing Social Determinants of Health
- Standardized across ICD-10, LOINC, and SNOMED codes

## PRAPARE Core Question Domains



Personal  
Characteristics



Family and Home



Money and Resources

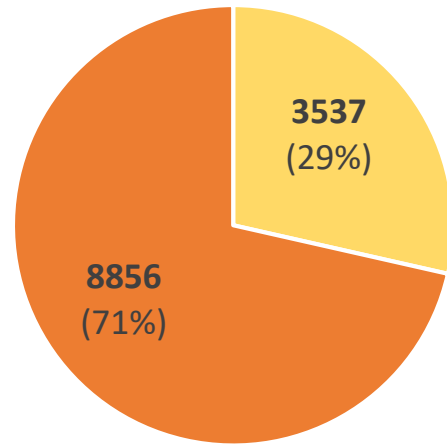


Social and  
Emotional Health



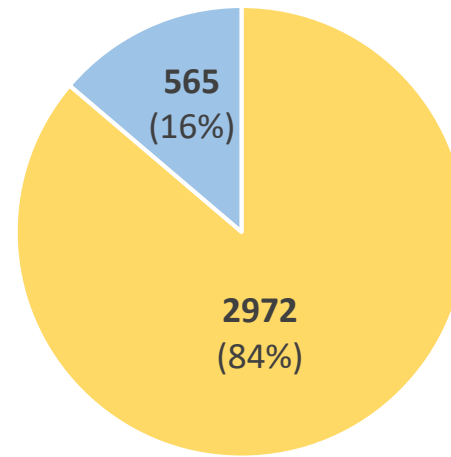
# PRAPARE Screening Tool – CY24 Results

3,537 Hospital Patients Screened with PRAPARE Tool



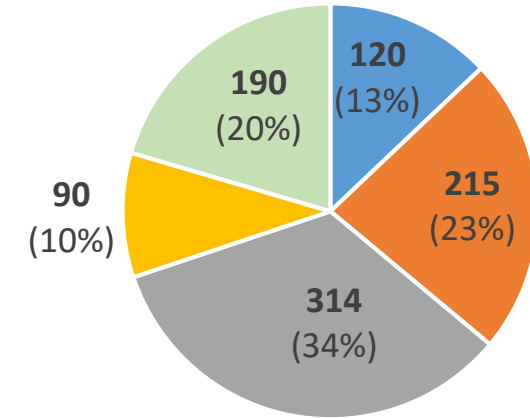
■ # of Patients Screened ■ Patients not Screened

565 Patients with 1 or more SDoH



■ Total Patients Screened ■ # with '+' screen for SDoH

929 SDoH's Captured



■ Food Insecurity ■ Transportation Needs ■ Housing Instability  
■ Utility Difficulties ■ Interpersonal Safety

# Programs at Kaweah Health that address health equity



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



# Cal AIM - Enhanced Care Management

- DHCS' vision for ECM is to **coordinate all care for eligible Members**, including **across the physical, behavioral, and dental health delivery systems**.
- ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person interactions** with Members where they live, seek care, or prefer to access services.
- ECM is the **highest tier of care management** for Medi-Cal MCP Members.

## Medi-Cal MCP Care Management Continuum

**ECM**

**Complex Care Management**  
*For MCP Members with higher- and medium-rising risk*

**Basic Population Health Management**  
*For all MCP Members*

# Cal AIM – Community Supports

Housing Support	Post-Acute Care Placement	Home-Based Services	Additional Services
<ul style="list-style-type: none"><li data-bbox="163 419 637 511">• Housing Transition Navigation Services</li><li data-bbox="163 558 519 596">• Housing Deposits</li><li data-bbox="163 654 593 739">• Housing Tenancy and Sustaining Services</li></ul>	<ul style="list-style-type: none"><li data-bbox="731 419 1187 501">• Short-Term Post-Hospitalization Housing</li><li data-bbox="731 558 1105 639">• Recuperative Care (Medical Respite)</li><li data-bbox="731 696 1179 858">• Nursing Facility Transition/ Diversion to Assisted Living Facilities</li></ul>	<ul style="list-style-type: none"><li data-bbox="1299 419 1633 458">• Respite Services</li><li data-bbox="1299 515 1727 676">• Community Transition Services/Nursing Facility Transition to a Home</li><li data-bbox="1299 733 1722 815">• Personal Care and Homemaker Services</li><li data-bbox="1299 872 1679 1043">• Environmental Accessibility Adaptations (Home Modifications)</li><li data-bbox="1299 1100 1709 1262">• Meals/Medically Tailored Meals or Medically-Supportive Foods</li></ul>	<ul style="list-style-type: none"><li data-bbox="1867 419 2181 501">• Day Habilitation Programs</li><li data-bbox="1867 558 2211 596">• Sobering Centers</li><li data-bbox="1867 654 2277 692">• Asthma Remediation</li></ul>

Source: California Department of Health Care Services (DHCS)



# Making a Difference: Population Health Team





# Visalia Navigation Center





# Street Medicine





# HRSA Rural Care Coordination Grant

Maternal Health- Lindsay, CA



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



# Grant Details

- Kaweah Health is one of 10-recipients nation wide
- \$1.2 million grant over 4 years
- Partnering with local organizations
  - Tulare County Women, Infants and Children (WIC) & Lindsay – Family Resource Center

## Goals:

- Expand access via innovative evidence-based and sustainable care models
- Increase collaboration with community partners to address SDoHs

## Intervention:

- Integration of Community Health Worker into Women's Health Clinic

# Focus Area

- Lindsay community and surrounding area
- Primary focus on farmworker population

Lindsay, CA	
Population	12,000
Latino Population	86.1% (1,033)
Poverty Rate	32.6%
Little to no English speaking	2/3 of population

# Health Disparities

- Maternal Health Statistics- Farmworkers

	Farmworker	Non-Farmworker
Miscarriage	22%	15-20%
Pre-term Birth	14%	8.8%
Low Birth Weight	15%	7%
Birth Defects	5.4%	3%

<https://clc.ucmerced.edu/farmworker-health-study>

# Equity Practice Transformation (EPT) Program

DHCS



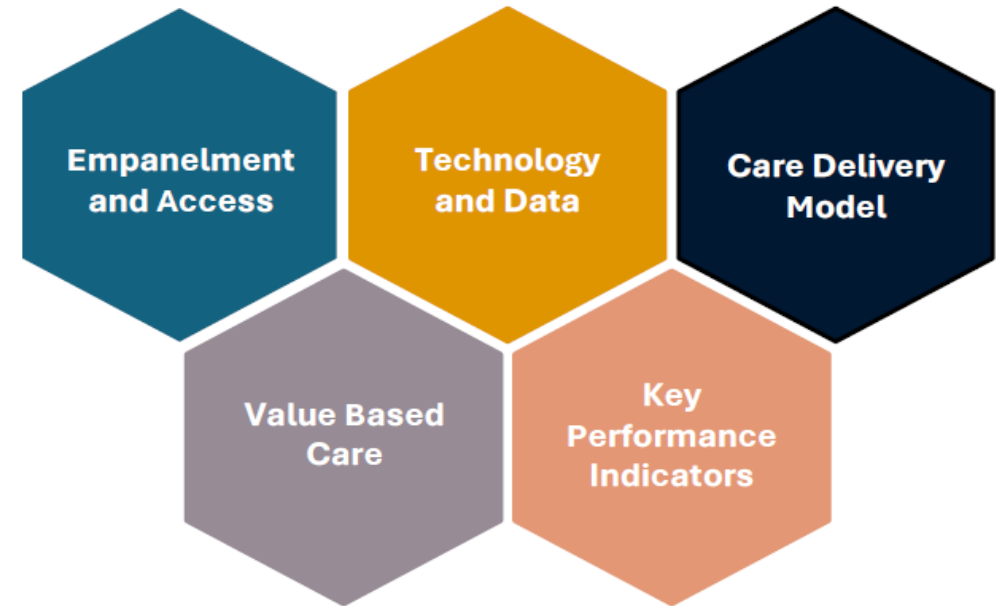
[kaweahhealth.org](http://kaweahhealth.org)



# EPT Program Updates

- 5 years → 3 years (1/2024-12/2026)
- 109 milestones → 25 milestones
- Original award \$3.75M → \$710,000
  - \$28,400/milestone

## Population Health Management (PHM) Building Blocks in EPT Program





# Building Blocks in EPT Program

## Final Equity and Practice Transformation (EPT) Key Performance Indicators (KPI)

KPI	Measure Type	Population of Focus	Stratify*
Prenatal and Postpartum Care (PPC) - Postpartum Care	HEDIS-Like	Pregnant	Yes
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	HEDIS-Like	Pregnant	Yes
Postpartum Depression Screening and Follow-up (PDS-E)	HEDIS-Like	Pregnant	Yes

### 5 Milestones Tied to HEDIS-like Measures\*

- Stratify HEDIS measures by race/ethnic and one additional criteria (1 milestone)
- Demonstrate improvement or reach target\*\* in 3 HEDIS measures (3 milestones total, each HEDIS measure = 1 milestone)
- Demonstrate improvement in one disparity in the reported HEDIS measures (1 milestone)

Additional Criteria = SDOH stratification

\*Practices are only required to report HEDIS measures for their selected population of focus

\*\*Achievement must be sustained through 2 consecutive submissions



# Centene Foundation Mobile Clinic Grant



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



# Grant Details

- \$1,980,000 over 3 years
- Funding for purchase and staffing for 1<sup>st</sup> 3 years for 2 mobile clinics
- **Behavioral Health Mobile Clinic**
  - Partnership with rural school district to increase access for youth in need of behavioral health
- **Mobile Medical Clinic**
  - Multi-purposes: Street Medicine expansion, health screening, improve rural access, etc.

# The pursuit of healthiness



# CFO Financial Report

## Month Ending September 2024

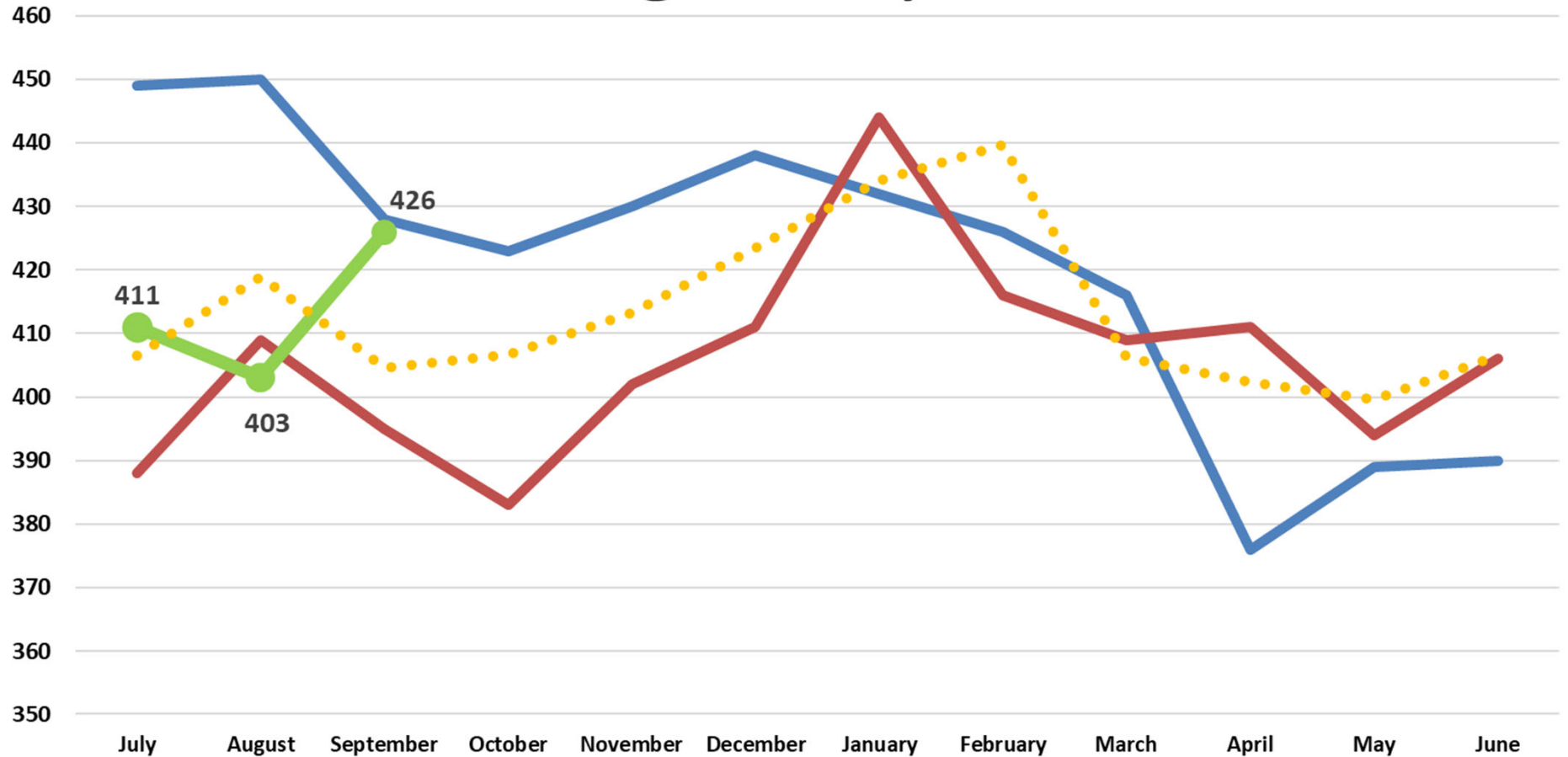


[kawahhealth.org](https://www.kawahhealth.org)

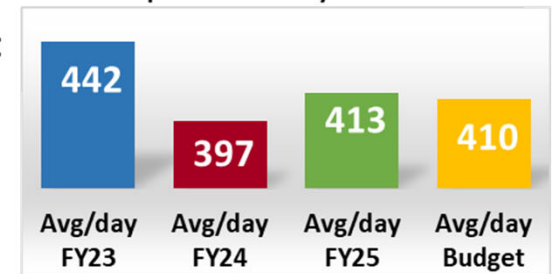


**Kawah Health**<sup>™</sup>  
MORE THAN MEDICINE. LIFE.

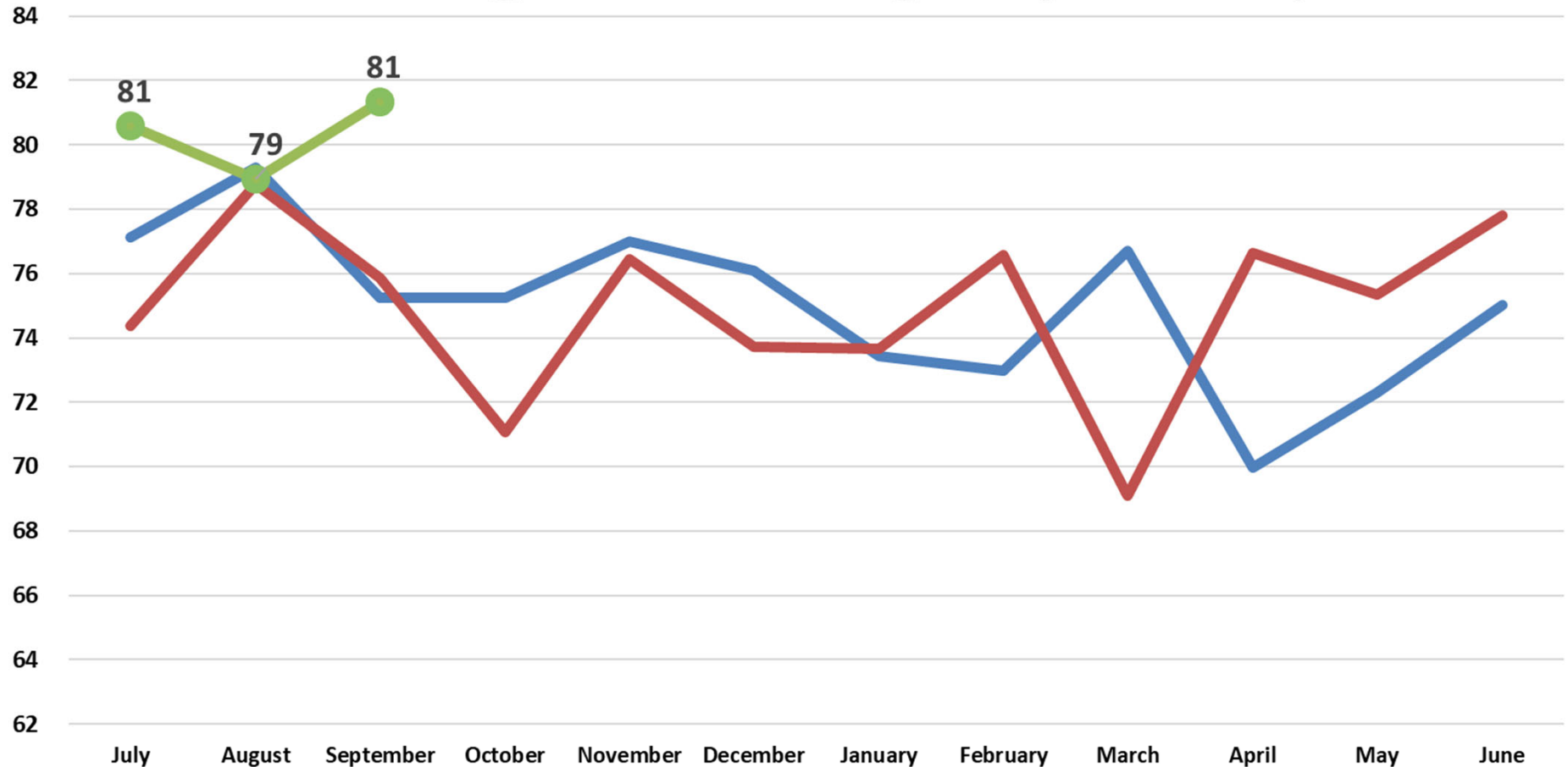
# Average Daily Census



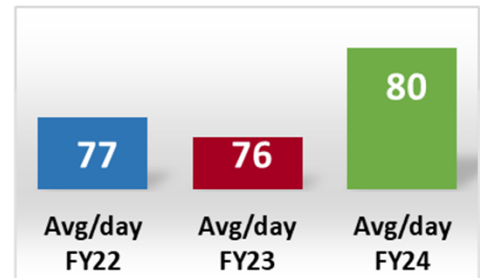
—●— FY2023    
 —●— FY2024    
 —●— FY2025    
 ●●● Budget



# Average Discharges per day



— FY2023     
 — FY2024     
 ● FY2025



## Statistical Results – Fiscal Year Comparison (Sep)

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

<b>Average Daily Census</b>	<b>395</b>	<b>426</b>	<b>7.8%</b>	<b>405</b>	<b>21</b>	<b>5.2%</b>
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**KDHCD Patient Days:**

Medical Center	7,886	8,557	8.5%	8,132	425	5.2%
Acute I/P Psych	1,326	1,114	(16.0%)	1,358	(244)	(18.0%)
Sub-Acute	888	919	3.5%	900	19	2.1%
Rehab	504	716	42.1%	562	154	27.4%
TCS-Ortho	394	354	(10.2%)	312	42	13.5%
NICU	349	556	59.3%	375	181	48.3%
Nursery	499	558	11.8%	500	58	11.6%

<b>Total KDHCD Patient Days</b>	<b>11,846</b>	<b>12,774</b>	<b>7.8%</b>	<b>12,139</b>	<b>635</b>	<b>5.2%</b>
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<b>Total Outpatient Volume</b>	<b>55,950</b>	<b>56,880</b>	<b>1.7%</b>	<b>59,671</b>	<b>(2,791)</b>	<b>(4.7%)</b>
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## Statistical Results – Fiscal Year Comparison (Jul-Sep)

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

<b>Average Daily Census</b>	<b>397</b>	<b>413</b>	<b>4.0%</b>	<b>410</b>	<b>3</b>	<b>0.8%</b>
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**KDHCD Patient Days:**

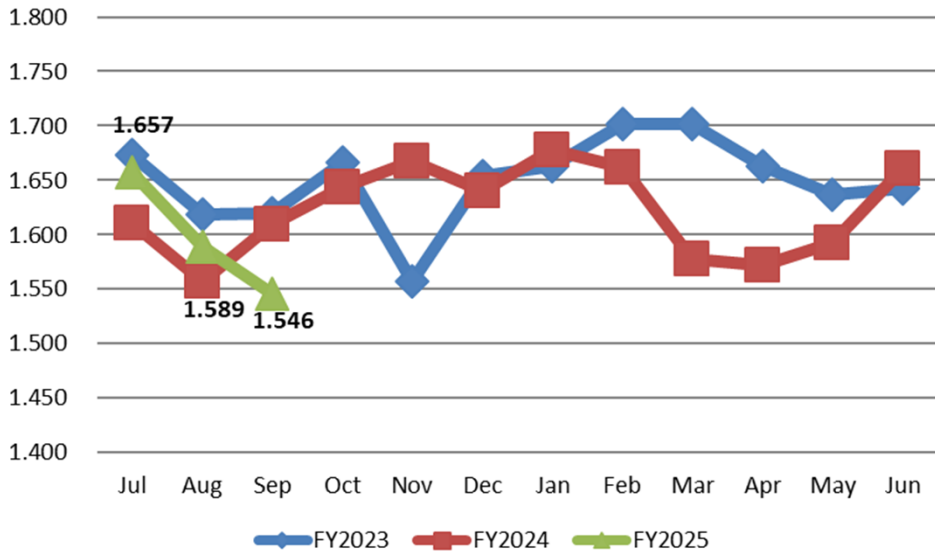
Medical Center	24,153	26,475	9.6%	25,218	1,257	5.0%
Acute I/P Psych	3,945	3,394	(14.0%)	4,164	(770)	(18.5%)
Sub-Acute	2,850	2,707	(5.0%)	2,760	(53)	(1.9%)
Rehab	1,580	1,648	4.3%	1,662	(14)	(0.8%)
TCS-Ortho	1,145	984	(14.1%)	1,104	(120)	(10.9%)
NICU	1,317	1,307	(0.8%)	1,325	(18)	(1.4%)
Nursery	1,571	1,502	(4.4%)	1,500	2	0.1%

<b>Total KDHCD Patient Days</b>	<b>36,561</b>	<b>38,017</b>	<b>4.0%</b>	<b>37,733</b>	<b>284</b>	<b>0.8%</b>
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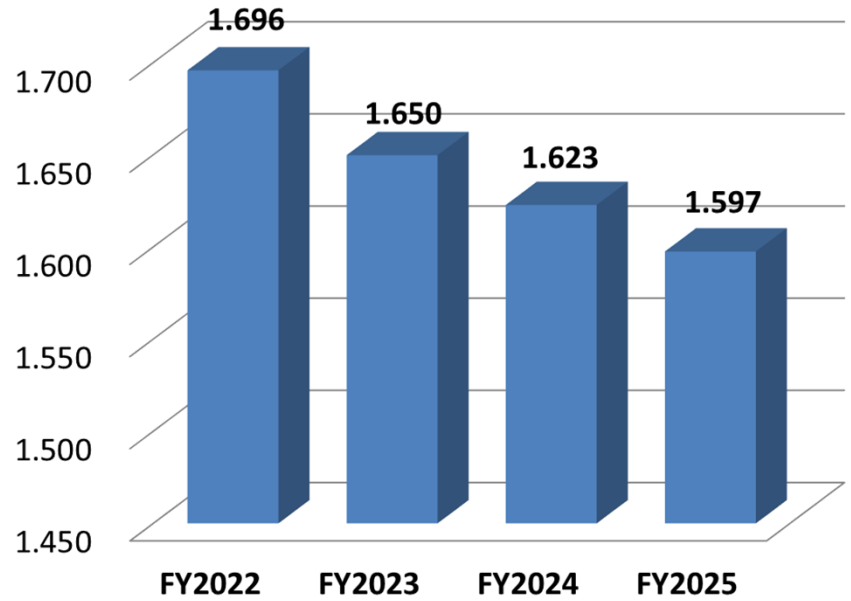
<b>Total Outpatient Volume</b>	<b>172,572</b>	<b>177,222</b>	<b>2.7%</b>	<b>182,992</b>	<b>(5,770)</b>	<b>(3.2%)</b>
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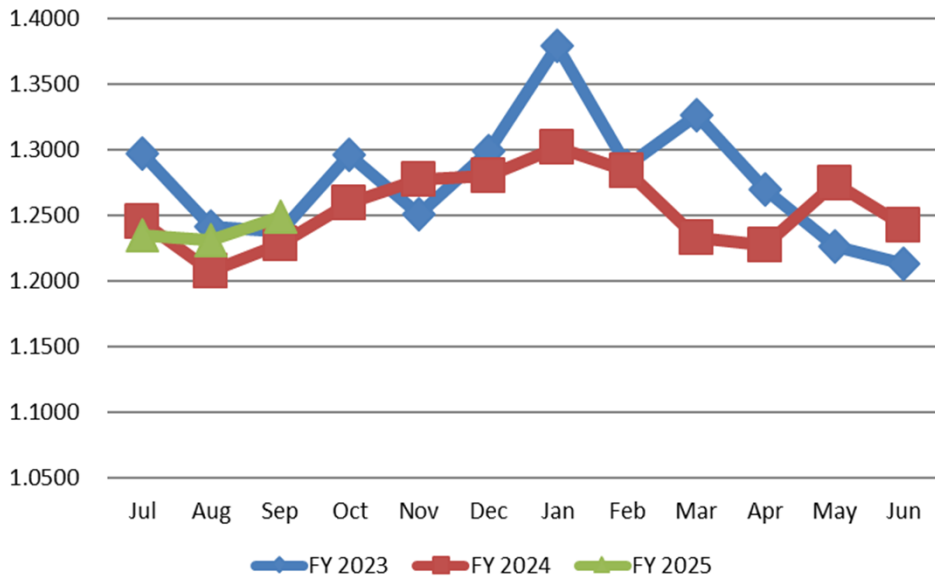
**Case Mix Index w/o Normal Newborns**



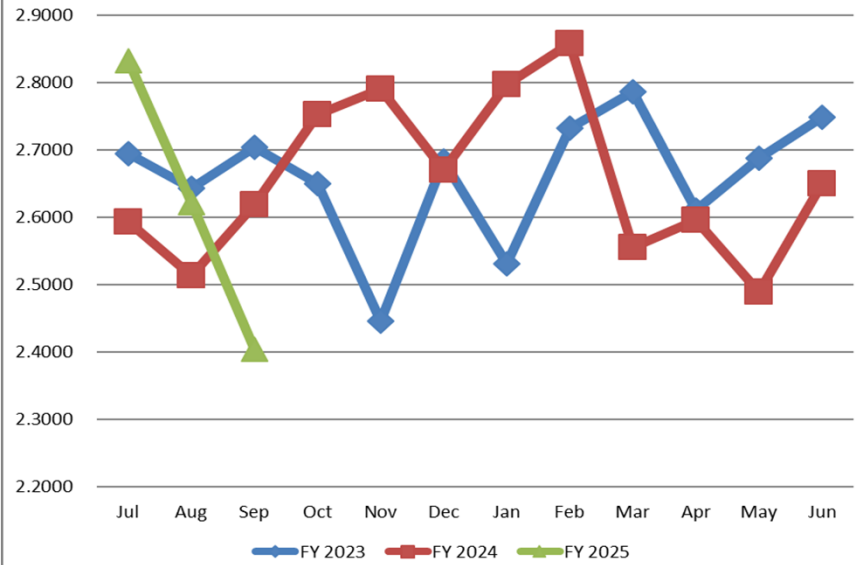
**Case Mix Index w/o Normal Newborns - All**



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



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



# Other Statistical Results – Fiscal Year Comparison (Sept)

	Actual Results				Budget	Budget Variance	
	Sep 23	Sep 24	Change	% Change	Sep 24	Change	% Change
Rural Health Clinics Registrations	11,472	13,060	1,588	13.8%	11,925	1,135	9.5%
RHC Exeter - Registrations	5,729	6,312	583	10.2%	6,032	280	4.6%
RHC Lindsay - Registrations	1,661	1,721	60	3.6%	1,605	116	7.2%
RHC Woodlake - Registrations	1,077	1,253	176	16.3%	1,181	72	6.1%
RHC Dinuba - Registrations	1,217	1,506	289	23.7%	1,307	199	15.2%
RHC Tulare - Registrations	1,788	2,268	480	26.8%	1,800	468	26.0%
Urgent Care – Court Total Visits	2,955	2,205	(750)	(25.4%)	3,111	(906)	(29.1%)
Urgent Care – Demaree Total Visits	2,012	1,510	(502)	(25.0%)	2,050	(540)	(26.3%)
KH Medical Clinic - Ben Maddox Visits	867	824	(43)	(5.0%)	1,200	(376)	(31.3%)
KH Medical Clinic - Plaza Visits	0	229	229	0.0%	565	(336)	(59.5%)
KH Medical Willow Clinic Visits	0	146	146	0.0%	466	(320)	(68.7%)
KH Cardiology Center Visalia Registrations	1,479	1,526	47	3.2%	1,556	(30)	(1.9%)
KH Mental Wellness Clinic Visits	283	259	(24)	(8.5%)	350	(91)	(26.0%)
Urology Clinic Visits	274	323	49	17.9%	580	(257)	(44.3%)
Wound Care Visits	1,130	601	(530)	(46.9%)	1,800	(1,200)	(66.6%)

# Other Statistical Results – Fiscal Year Comparison (Sept)

	Actual Results				Budget	Budget Variance	
	Sep 23	Sep 24	Change	% Change	Sep 24	Change	% Change
All O/P Rehab Svcs Across District	18,248	19,709	1,461	8.0%	20,359	(650)	(3.2%)
Physical & Other Therapy Units (I/P & O/P)	16,791	18,936	2,145	12.8%	17,337	1,599	9.2%
Radiology - CT - All Areas	4,492	4,749	257	5.7%	4,494	255	5.7%
Radiology - MRI - All Areas	802	841	39	4.9%	861	(20)	(2.3%)
Radiology - Ultrasound - All Areas	2,471	2,906	435	17.6%	2,582	324	12.5%
Radiology - Diagnostic Radiology	9,085	9,651	566	6.2%	9,241	410	4.4%
Radiology – Main Campus	14,525	15,674	1,149	7.9%	14,727	947	6.4%
Radiology - Ultrasound - Main Campus	1,932	2,338	406	21.0%	2,025	313	15.4%
West Campus - Diagnostic Radiology	1,026	1,050	24	2.3%	1,065	(15)	(1.4%)
West Campus - CT Scan	408	470	62	15.2%	428	42	9.8%
West Campus - MRI	352	385	33	9.4%	401	(16)	(4.0%)
West Campus - Ultrasound	539	568	29	5.4%	557	11	2.0%
West Campus - Breast Center	1,493	1,513	20	1.3%	1,560	(47)	(3.0%)
Med Onc Visalia Treatments	1,212	1,044	(168)	(13.9%)	1,311	(267)	(20.4%)
Rad Onc Visalia Treatments	1,244	1,533	289	23.2%	1,311	222	16.9%
Rad Onc Hanford Treatments	213	217	4	1.9%	229	(12)	(5.3%)

# Other Statistical Results – Fiscal Year Comparison (Sept)

	Actual Results				Budget	Budget Variance	
	Sep 23	Sep 24	Change	% Change	Sep 24	Change	% Change
ED - Avg Treated Per Day	258	256	(2)	(0.7%)	265	(9)	(3.5%)
Surgery (IP & OP) – 100 Min Units	920	812	(108)	(11.7%)	839	(27)	(3.2%)
Endoscopy Procedures	633	574	(59)	(9.3%)	550	24	4.4%
Cath Lab (IP & OP) - 100 Min Units	337	308	(29)	(8.6%)	308	0	0.0%
Cardiac Surgery Cases	23	21	(2)	(8.7%)	34	(13)	(38.2%)
Deliveries	391	445	54	13.8%	407	38	9.4%
Clinical Lab	227,494	240,254	12,760	5.6%	250,087	(9,834)	(3.9%)
Reference Lab	5,861	6,763	902	15.4%	5,612	1,151	20.5%
Dialysis Center - Visalia Visists	1,441	1,484	43	3.0%	1,757	(273)	(15.5%)
Infusion Center - Outpatient Visits	361	399	38	10.5%	468	(69)	(14.7%)
Hospice Days	3,735	3,442	(293)	(7.8%)	3,714	(272)	(7.3%)
Home Health Visits	3,132	2,757	(375)	(12.0%)	3,229	(472)	(14.6%)
Home Infusion Days	23,449	21,174	(2,275)	(9.7%)	21,190	(16)	(0.1%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Sep 23	YTD Sep 24	Change	% Change	YTD Sep 24	Change	% Change
Rural Health Clinics Registrations	35,439	40,080	4,641	13.1%	36,968	3,112	8.4%
RHC Exeter - Registrations	18,080	18,991	911	5.0%	18,968	23	0.1%
RHC Lindsay - Registrations	5,126	5,621	495	9.7%	4,930	691	14.0%
RHC Woodlake - Registrations	3,034	3,732	698	23.0%	3,484	248	7.1%
RHC Dinuba - Registrations	3,675	4,733	1,058	28.8%	3,987	746	18.7%
RHC Tulare - Registrations	5,524	7,003	1,479	26.8%	5,600	1,403	25.1%
Urgent Care – Court Total Visits	9,077	6,600	(2,477)	(27.3%)	9,298	(2,698)	(29.0%)
Urgent Care – Demaree Total Visits	5,900	3,915	(1,985)	(33.6%)	6,050	(2,135)	(35.3%)
KH Medical Clinic - Ben Maddox Visits	2,476	2,501	25	1.0%	3,300	(799)	(24.2%)
KH Medical Clinic - Plaza Visits	0	839	839	0.0%	1,629	(790)	(48.5%)
KH Medical Willow Clinic Visits	0	320	320	0.0%	780	(460)	(59.0%)
KH Cardiology Center Visalia Registrations	4,286	4,641	355	8.3%	4,637	4	0.1%
KH Mental Wellness Clinic Visits	833	887	54	6.5%	1,020	(133)	(13.0%)
Urology Clinic Visits	807	977	170	21.1%	1,635	(658)	(40.2%)
Wound Care Visits	3,370	1,475	(1,895)	(56.2%)	4,450	(2,975)	(66.8%)

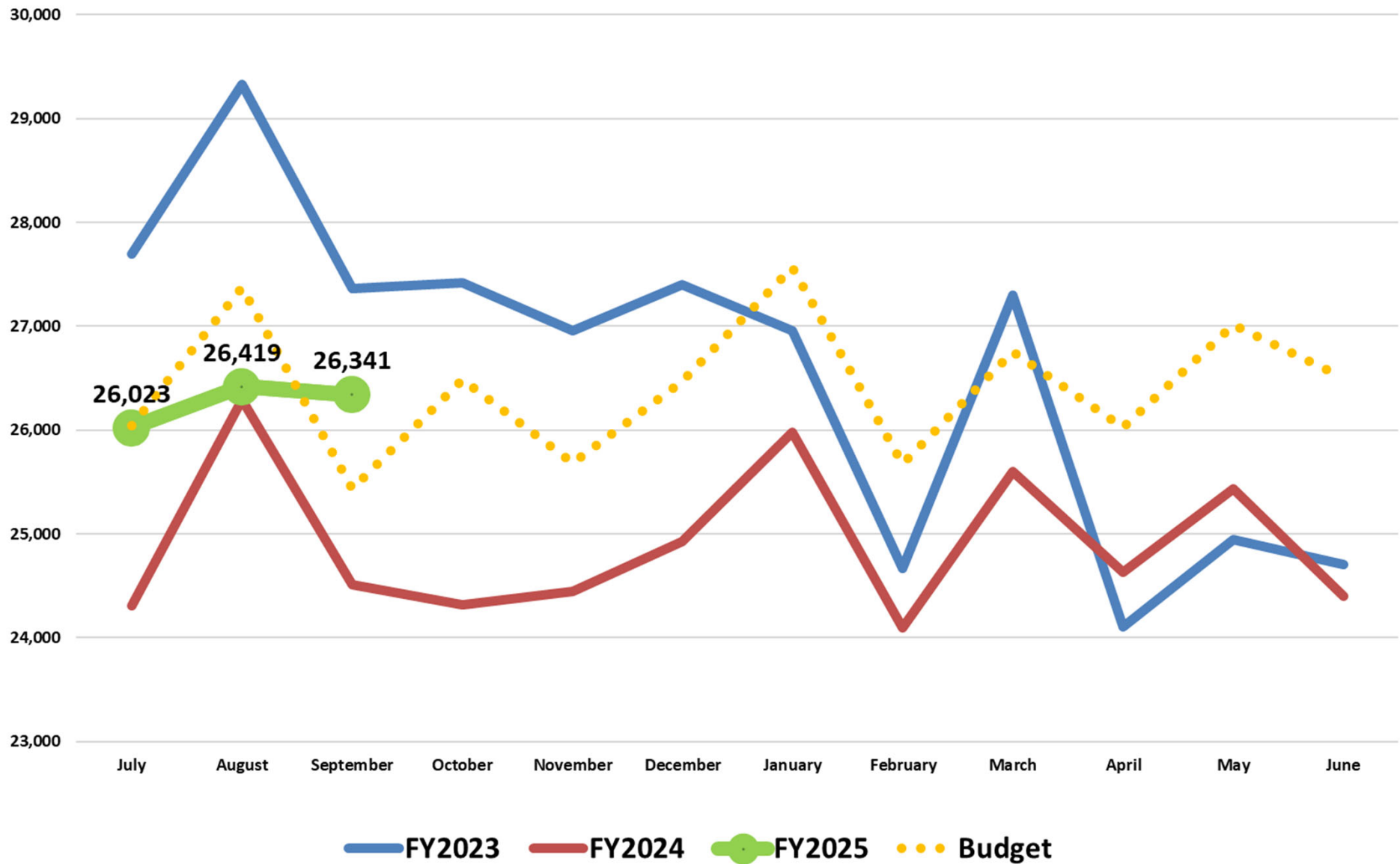
# Other Statistical Results – Fiscal Year Comparison (Jul-Sept)

	YTD Actual Results				Budget	Budget Variance	
	YTD Sep 23	YTD Sep 24	Change	% Change	YTD Sep 24	Change	% Change
All O/P Rehab Svcs Across District	60,033	62,496	2,463	4.1%	64,376	(1,880)	(2.9%)
Physical & Other Therapy Units (I/P & O/P)	52,699	55,841	3,142	6.0%	52,754	3,087	5.9%
Radiology - CT - All Areas	13,774	14,028	254	1.8%	13,897	131	0.9%
Radiology - MRI - All Areas	2,537	2,609	72	2.8%	2,642	(33)	(1.2%)
Radiology - Ultrasound - All Areas	7,843	9,236	1,393	17.8%	8,051	1,185	14.7%
Radiology - Diagnostic Radiology	27,958	28,750	792	2.8%	28,398	352	1.2%
Radiology – Main Campus	44,584	46,698	2,114	4.7%	45,252	1,446	3.2%
Radiology - Ultrasound - Main Campus	6,088	7,265	1,177	19.3%	6,274	991	15.8%
West Campus - Diagnostic Radiology	3,261	3,253	(8)	(0.2%)	3,302	(49)	(1.5%)
West Campus - CT Scan	1,431	1,395	(36)	(2.5%)	1,451	(56)	(3.9%)
West Campus - MRI	1,081	1,235	154	14.2%	1,207	28	2.3%
West Campus - Ultrasound	1,755	1,971	216	12.3%	1,777	194	10.9%
West Campus - Breast Center	4,975	5,157	182	3.7%	5,063	94	1.9%
Med Onc Visalia Treatments	3,918	3,349	(569)	(14.5%)	4,315	(966)	(22.4%)
Rad Onc Visalia Treatments	4,078	4,699	621	15.2%	4,315	384	8.9%
Rad Onc Hanford Treatments	739	721	(18)	(2.4%)	707	14	1.9%

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

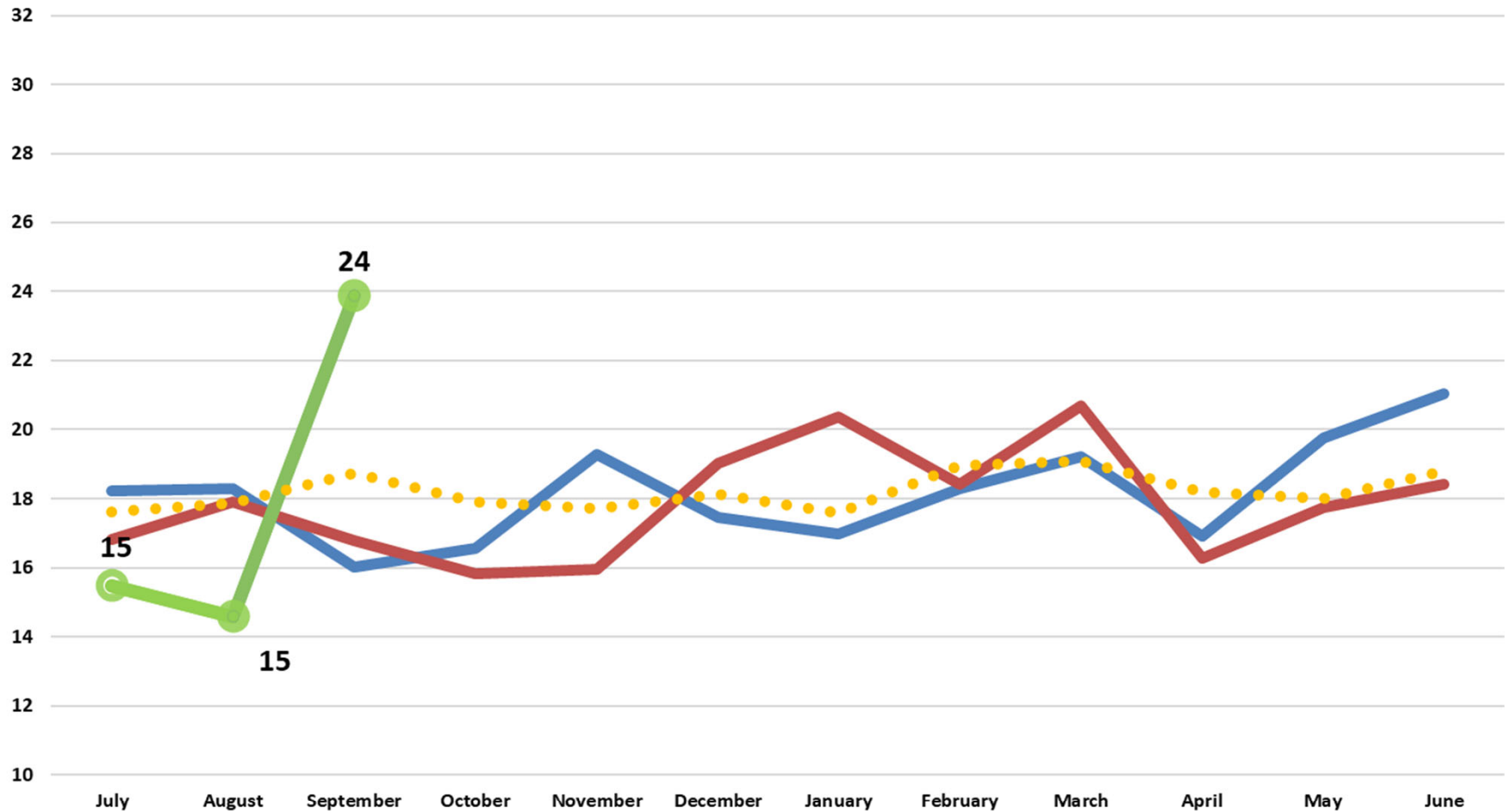
	YTD Actual Results				Budget	Budget Variance	
	YTD Sep 23	YTD Sep 24	Change	% Change	YTD Sep 24	Change	% Change
ED - Avg Treated Per Day	258	257	(0)	(0.1%)	268	(11)	(4.1%)
Surgery (IP & OP) – 100 Min Units	2,926	2,488	(438)	(15.0%)	2,579	(91)	(3.5%)
Endoscopy Procedures	1,939	1,696	(243)	(12.5%)	1,685	11	0.7%
Cath Lab (IP & OP) - 100 Min Units	1,036	1,005	(31)	(3.0%)	885	120	13.6%
Cardiac Surgery Cases	80	80	0	0.0%	104	(24)	(23.1%)
Deliveries	1,243	1,264	21	1.7%	1,254	10	0.8%
Clinical Lab	689,787	734,363	44,576	6.5%	732,871	1,492	0.2%
Reference Lab	10,900	15,980	5,080	46.6%	12,941	3,039	23.5%
Dialysis Center - Visalia Visists	4,540	4,558	18	0.4%	5,271	(713)	(13.5%)
Infusion Center - Outpatient Visits	1,193	1,319	126	10.6%	1,382	(63)	(4.6%)
Hospice Days	11,610	10,411	(1,199)	(10.3%)	11,370	(959)	(8.4%)
Home Health Visits	9,154	8,676	(478)	(5.2%)	9,693	(1,017)	(10.5%)
Home Infusion Days	72,296	67,883	(4,413)	(6.1%)	68,866	(983)	(1.4%)

# Adjusted Patient Days

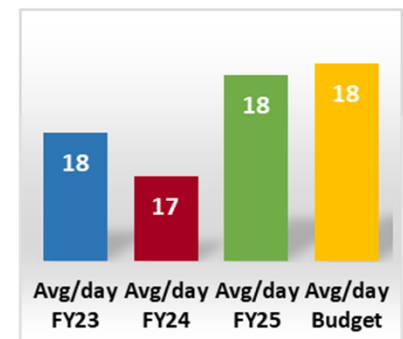




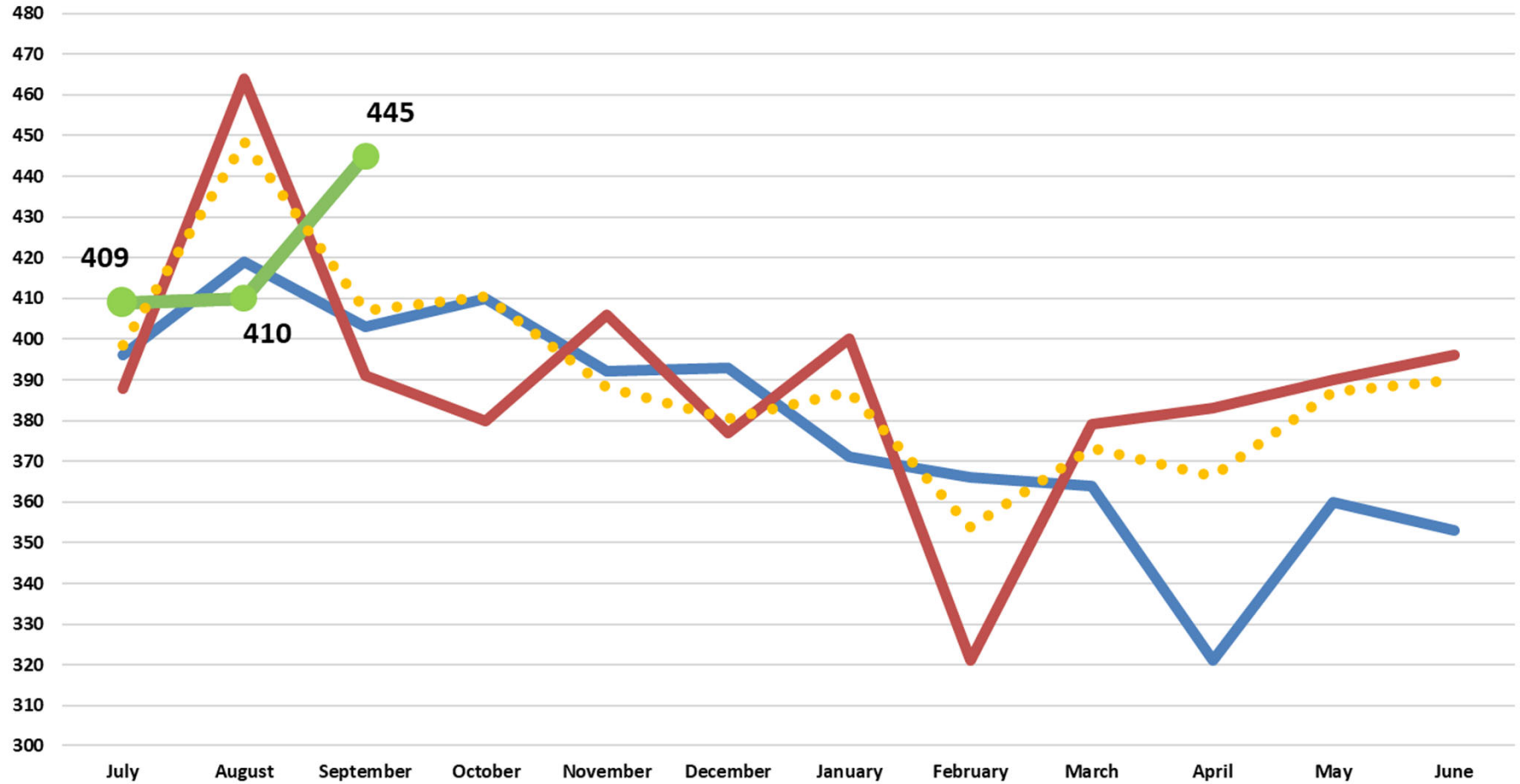
# Rehabilitation Hospital - Avg Patients Per Day



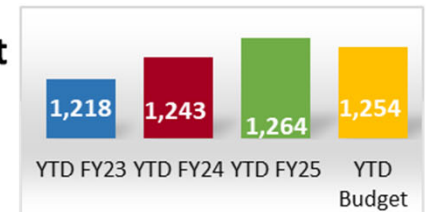
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 —●— FY2025   
 ●●● Budget



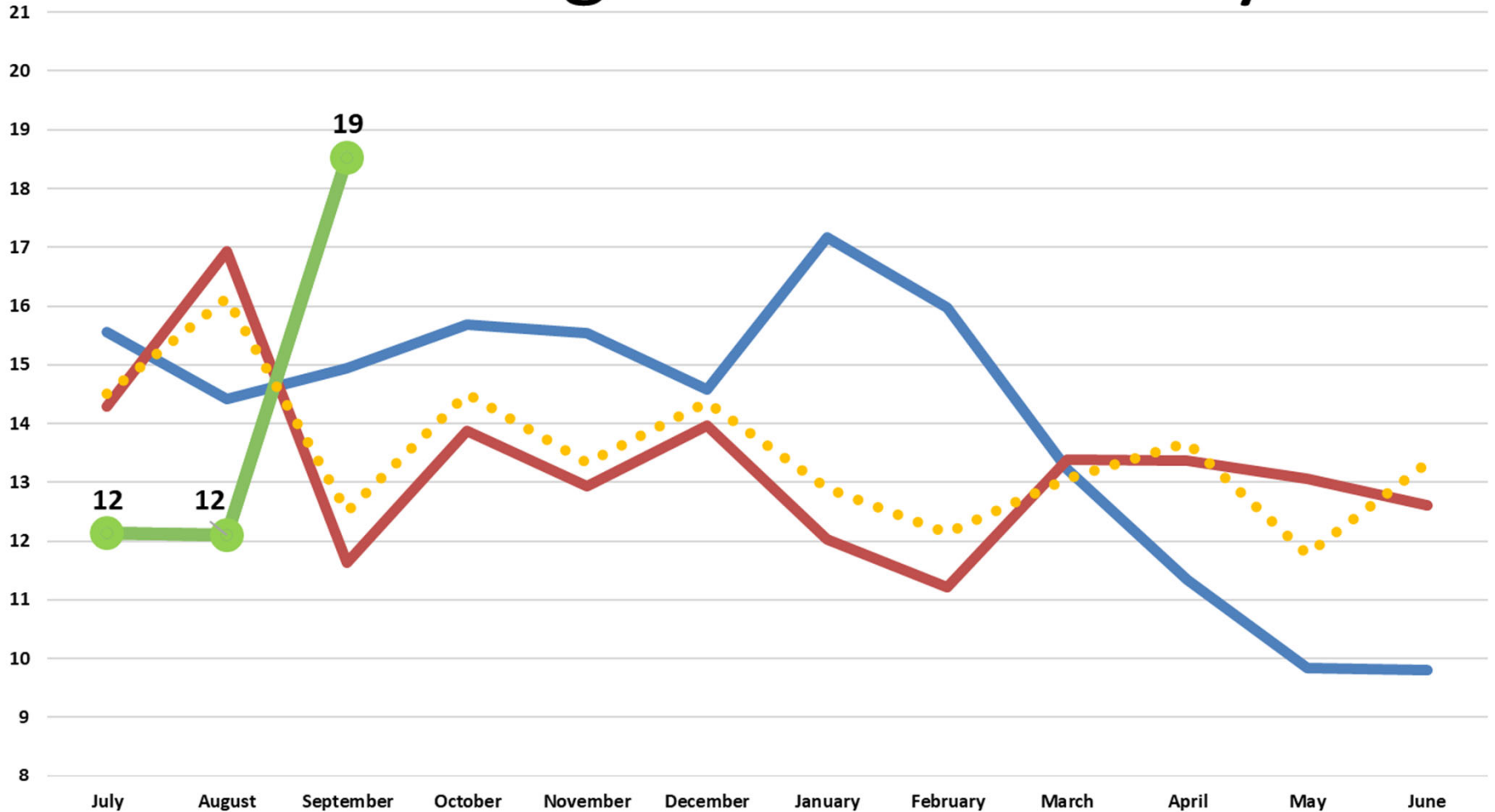
# Deliveries



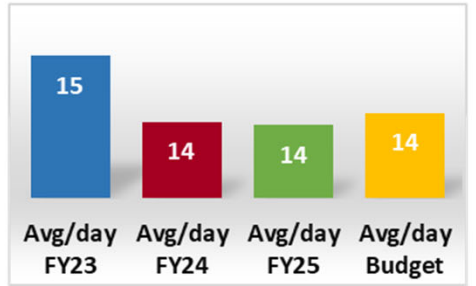
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 ●●● Budget



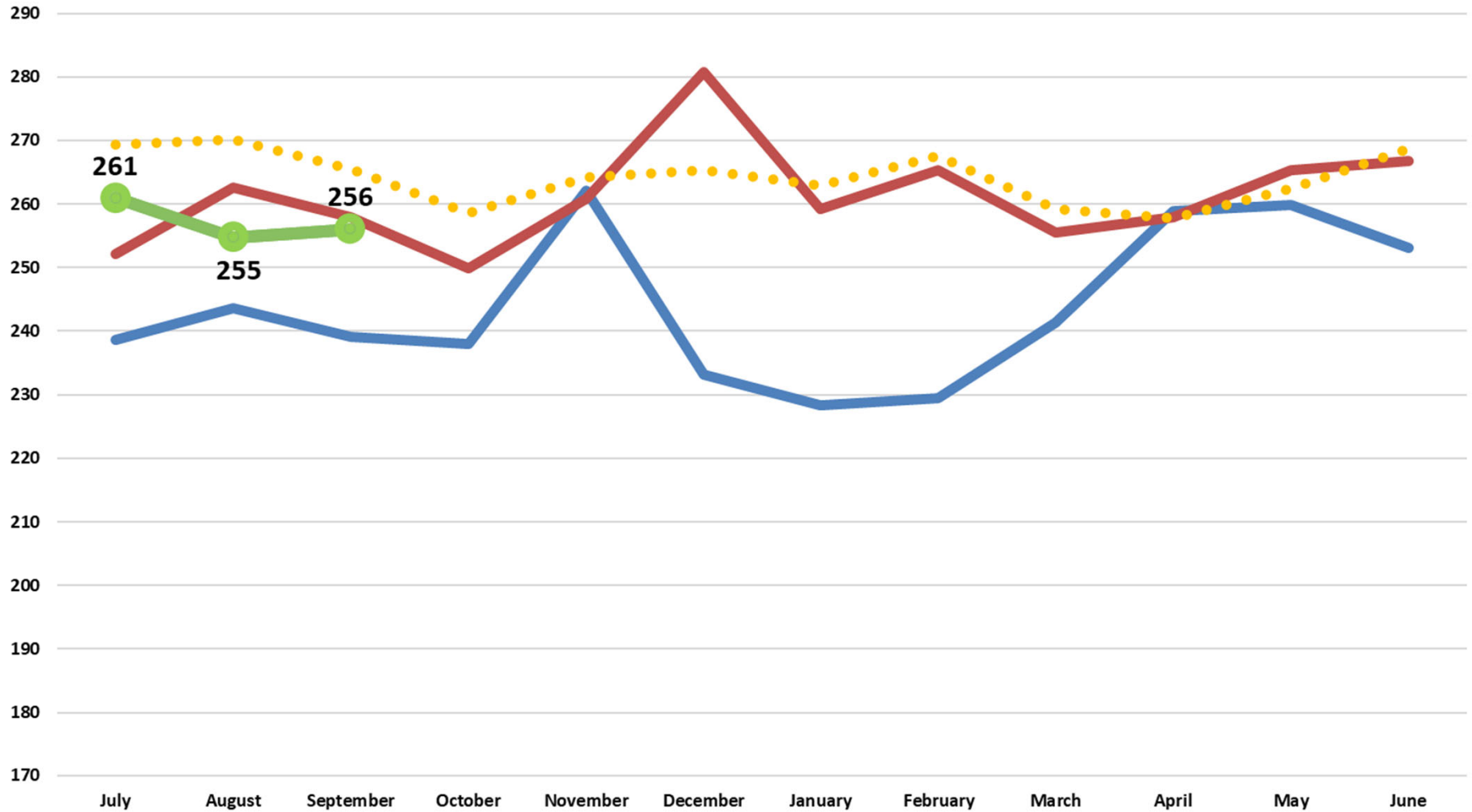
# NICU - Avg Patients Per Day



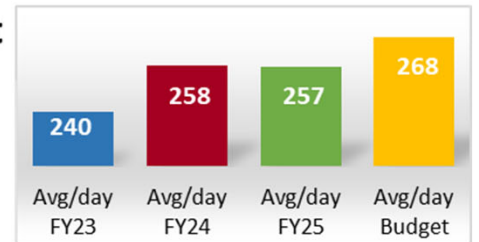
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 ●●● Budget



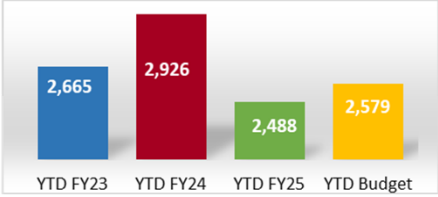
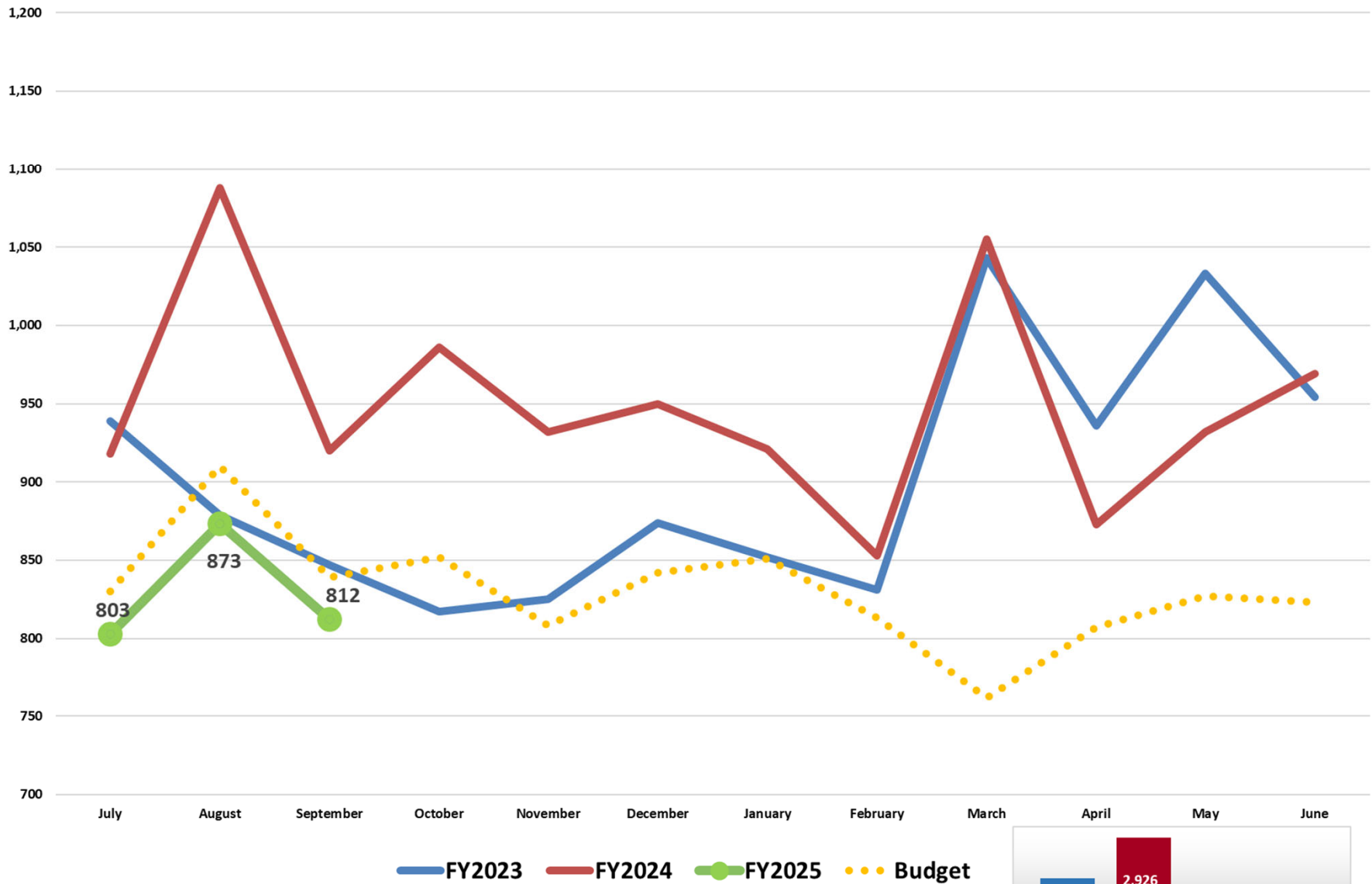
# ED - Avg Treated Per Day



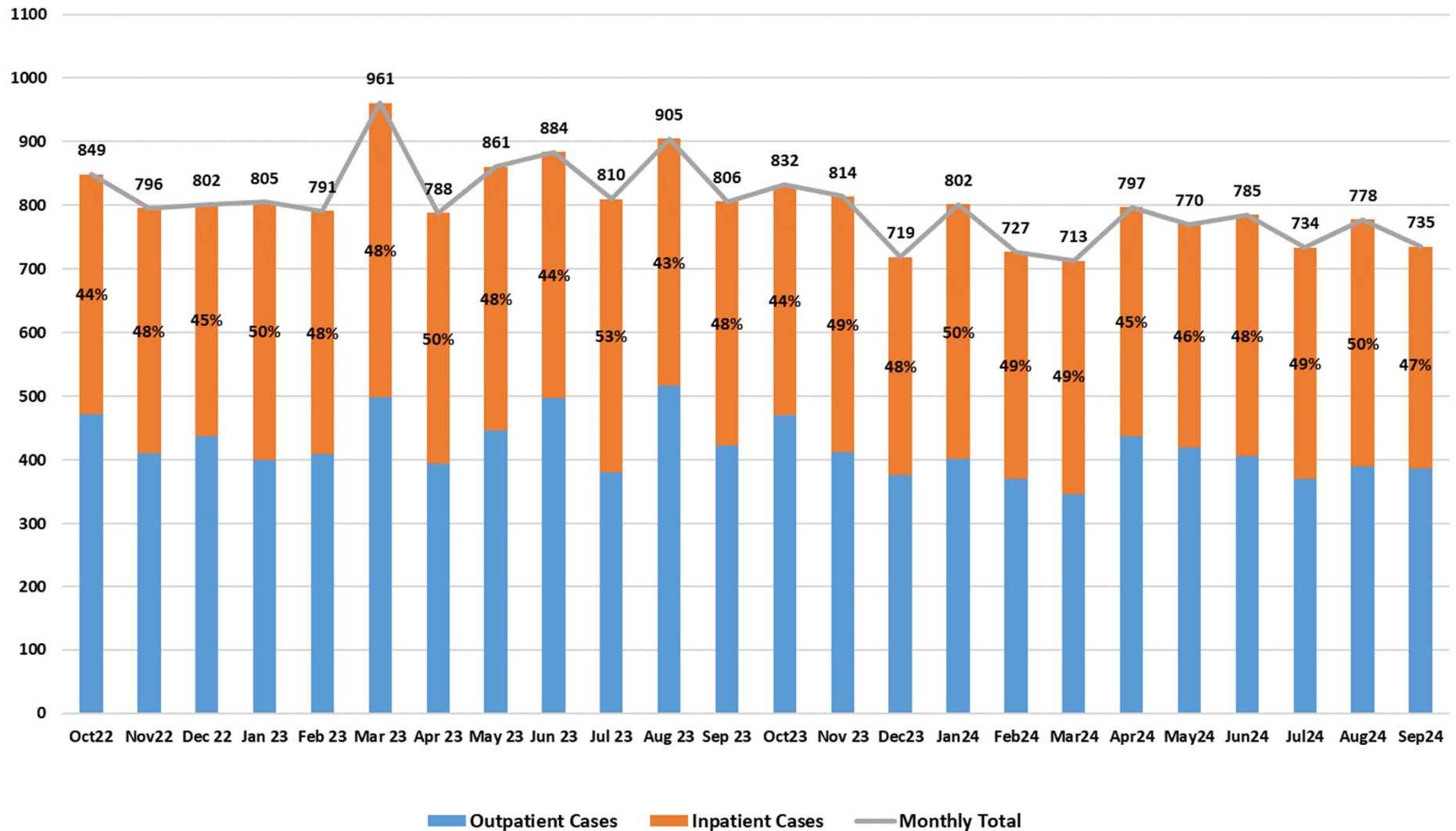
—● FY2023   
 —● FY2024   
 —● FY2025   
 ⋯ Budget



# Surgery (IP & OP) – 100 Min Units



# Surgery Cases (IP & OP)



# September Financial Comparison (000's)

	Comparison to Budget - Month of September				Comparison to Prior Year - Month of September			
	Budget Sep-2024	Actual Sep-2024	\$ Change	% Change	Actual Sep-2023	Actual Sep-2024	\$ Change	% Change
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$51,646	\$51,648	\$2	0.0%	\$47,195	\$51,648	\$4,454	8.6%
Supplemental Gov't Programs	\$7,264	\$7,482	\$218	2.9%	\$6,383	\$7,482	\$1,100	14.7%
Prime Program	\$792	\$792	\$0	0.0%	\$822	\$792	(\$30)	-3.8%
Premium Revenue	\$7,547	\$7,145	(\$402)	-5.6%	\$7,675	\$7,145	(\$530)	-7.4%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$2,962	\$0	(\$2,962)	0.0%
Other Revenue	\$4,409	\$3,722	(\$687)	-18.5%	\$3,199	\$3,722	\$523	14.1%
Other Operating Revenue	\$20,012	\$19,142	(\$871)	-4.5%	\$21,039	\$19,142	(\$1,898)	-9.9%
<b>Total Operating Revenue</b>	<b>\$71,659</b>	<b>\$70,790</b>	<b>(\$869)</b>	<b>-1.2%</b>	<b>\$68,234</b>	<b>\$70,790</b>	<b>\$2,556</b>	<b>3.6%</b>
<b>Operating Expenses</b>								
Salaries & Wages	\$30,739	\$31,459	\$720	2.3%	\$27,285	\$31,459	\$4,174	13.3%
Contract Labor	\$1,382	\$1,279	(\$103)	-8.0%	\$2,001	\$1,279	(\$722)	-56.4%
Employee Benefits	\$5,625	\$4,932	(\$693)	-14.0%	\$5,894	\$4,932	(\$962)	-19.5%
<b>Total Employment Expenses</b>	<b>\$37,746</b>	<b>\$37,671</b>	<b>(\$75)</b>	<b>-0.2%</b>	<b>\$35,180</b>	<b>\$37,671</b>	<b>\$2,491</b>	<b>6.6%</b>
Medical & Other Supplies	\$15,084	\$13,940	(\$1,144)	-8.2%	\$12,886	\$13,940	\$1,054	7.6%
Physician Fees	\$7,185	\$7,618	\$433	5.7%	\$6,225	\$7,618	\$1,393	18.3%
Purchased Services	\$1,758	\$1,521	(\$237)	-15.6%	\$1,894	\$1,521	(\$374)	-24.6%
Repairs & Maintenance	\$2,070	\$2,099	\$29	1.4%	\$2,645	\$2,099	(\$546)	-26.0%
Utilities	\$1,138	\$961	(\$177)	-18.4%	\$1,000	\$961	(\$39)	-4.0%
Rents & Leases	\$154	\$155	\$1	0.9%	\$130	\$155	\$25	16.1%
Depreciation & Amortization	\$3,302	\$3,232	(\$69)	-2.1%	\$2,810	\$3,232	\$422	13.1%
Interest Expense	\$589	\$583	(\$6)	-1.0%	\$604	\$583	(\$21)	-3.7%
Other Expense	\$2,216	\$2,315	\$99	4.3%	\$2,178	\$2,315	\$138	5.9%
Humana Cap Plan Expenses	\$3,645	\$3,053	(\$591)	-19.4%	\$2,832	\$3,053	\$221	7.2%
<b>Total Other Expenses</b>	<b>\$37,140</b>	<b>\$35,477</b>	<b>(\$1,662)</b>	<b>-4.7%</b>	<b>\$33,204</b>	<b>\$35,477</b>	<b>\$2,273</b>	<b>6.4%</b>
<b>Total Operating Expenses</b>	<b>\$74,886</b>	<b>\$73,148</b>	<b>(\$1,738)</b>	<b>-2.4%</b>	<b>\$68,384</b>	<b>\$73,148</b>	<b>\$4,764</b>	<b>6.5%</b>
<b>Operating Margin</b>	<b>(\$3,227)</b>	<b>(\$2,358)</b>	<b>\$869</b>		<b>(\$150)</b>	<b>(\$2,358)</b>	<b>(\$2,208)</b>	
<b>Stimulus/FEMA</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>Operating Margin after Stimulus/FEMA</b>	<b>(\$3,227)</b>	<b>(\$2,358)</b>	<b>\$869</b>		<b>(\$150)</b>	<b>(\$2,358)</b>	<b>(\$2,208)</b>	
Nonoperating Revenue (Loss)	\$661	\$4,720	\$4,059		\$626	\$4,720	\$4,094	
<b>Excess Margin</b>	<b>(\$2,566)</b>	<b>\$2,362</b>	<b>\$4,928</b>		<b>\$476</b>	<b>\$2,362</b>	<b>\$1,886</b>	

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

	Comparison to Budget - YTD September				Comparison to Prior Year - YTD September			
	Budget YTD Sep-2024	Actual YTD Sep-2024	\$ Change	% Change	Actual YTD Sep-2023	Actual YTD Sep-2024	\$ Change	% Change
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$158,270	\$155,964	(\$2,306)	-1.5%	\$142,205	\$155,964	\$13,760	8.8%
Supplemental Gov't Programs	\$22,261	\$22,660	\$399	1.8%	\$19,148	\$22,660	\$3,512	15.5%
Prime Program	\$2,376	\$2,376	\$0	0.0%	\$2,465	\$2,376	(\$89)	-3.8%
Premium Revenue	\$22,642	\$21,848	(\$793)	-3.6%	\$23,536	\$21,848	(\$1,688)	-7.7%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$9,861	\$0	(\$9,861)	0.0%
Other Revenue	\$13,227	\$11,768	(\$1,459)	-12.4%	\$9,648	\$11,768	\$2,120	18.0%
Other Operating Revenue	\$60,505	\$58,652	(\$1,853)	-3.2%	\$64,658	\$58,652	(\$6,006)	-10.2%
<b>Total Operating Revenue</b>	<b>\$218,775</b>	<b>\$214,616</b>	<b>(\$4,159)</b>	<b>-1.9%</b>	<b>\$206,862</b>	<b>\$214,616</b>	<b>\$7,754</b>	<b>3.6%</b>
<b>Operating Expenses</b>								
Salaries & Wages	\$94,536	\$94,990	\$454	0.5%	\$83,787	\$94,990	\$11,204	11.8%
Contract Labor	\$4,294	\$3,344	(\$951)	-28.4%	\$5,771	\$3,344	(\$2,427)	-72.6%
Employee Benefits	\$17,433	\$16,659	(\$774)	-4.6%	\$18,816	\$16,659	(\$2,157)	-12.9%
<b>Total Employment Expenses</b>	<b>\$116,264</b>	<b>\$114,993</b>	<b>(\$1,271)</b>	<b>-1.1%</b>	<b>\$108,373</b>	<b>\$114,993</b>	<b>\$6,620</b>	<b>5.8%</b>
Medical & Other Supplies	\$46,593	\$43,719	(\$2,874)	-6.6%	\$39,774	\$43,719	\$3,945	9.0%
Physician Fees	\$21,554	\$22,225	\$670	3.0%	\$20,053	\$22,225	\$2,172	9.8%
Purchased Services	\$5,391	\$4,708	(\$683)	-14.5%	\$5,385	\$4,708	(\$677)	-14.4%
Repairs & Maintenance	\$6,234	\$6,325	\$91	1.4%	\$6,270	\$6,325	\$55	0.9%
Utilities	\$3,187	\$2,790	(\$397)	-14.2%	\$2,791	\$2,790	(\$1)	0.0%
Rents & Leases	\$462	\$401	(\$61)	-15.2%	\$378	\$401	\$23	5.7%
Depreciation & Amortization	\$9,905	\$9,537	(\$369)	-3.9%	\$8,475	\$9,537	\$1,062	11.1%
Interest Expense	\$1,805	\$1,778	(\$27)	-1.5%	\$1,794	\$1,778	(\$16)	-0.9%
Other Expense	\$6,751	\$6,271	(\$480)	-7.7%	\$5,650	\$6,271	\$621	9.9%
Humana Cap Plan Expenses	\$11,177	\$11,443	\$265	2.3%	\$11,035	\$11,443	\$408	3.6%
<b>Total Other Expenses</b>	<b>\$113,060</b>	<b>\$109,196</b>	<b>(\$3,865)</b>	<b>-3.5%</b>	<b>\$101,604</b>	<b>\$109,196</b>	<b>\$7,592</b>	<b>7.0%</b>
<b>Total Operating Expenses</b>	<b>\$229,324</b>	<b>\$224,189</b>	<b>(\$5,136)</b>	<b>-2.3%</b>	<b>\$209,977</b>	<b>\$224,189</b>	<b>\$14,211</b>	<b>6.3%</b>
<b>Operating Margin</b>	<b>(\$10,549)</b>	<b>(\$9,572)</b>	<b>\$977</b>		<b>(\$3,115)</b>	<b>(\$9,572)</b>	<b>(\$6,457)</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>(\$10,549)</b>	<b>(\$9,572)</b>	<b>\$977</b>		<b>\$105</b>	<b>(\$9,572)</b>	<b>(\$9,677)</b>	
Nonoperating Revenue (Loss)	\$1,976	\$6,806	\$4,829		\$1,845	\$6,806	\$4,960	
<b>Excess Margin</b>	<b>(\$8,573)</b>	<b>(\$2,767)</b>	<b>\$5,806</b>		<b>\$1,950</b>	<b>(\$2,767)</b>	<b>(\$4,717)</b>	



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

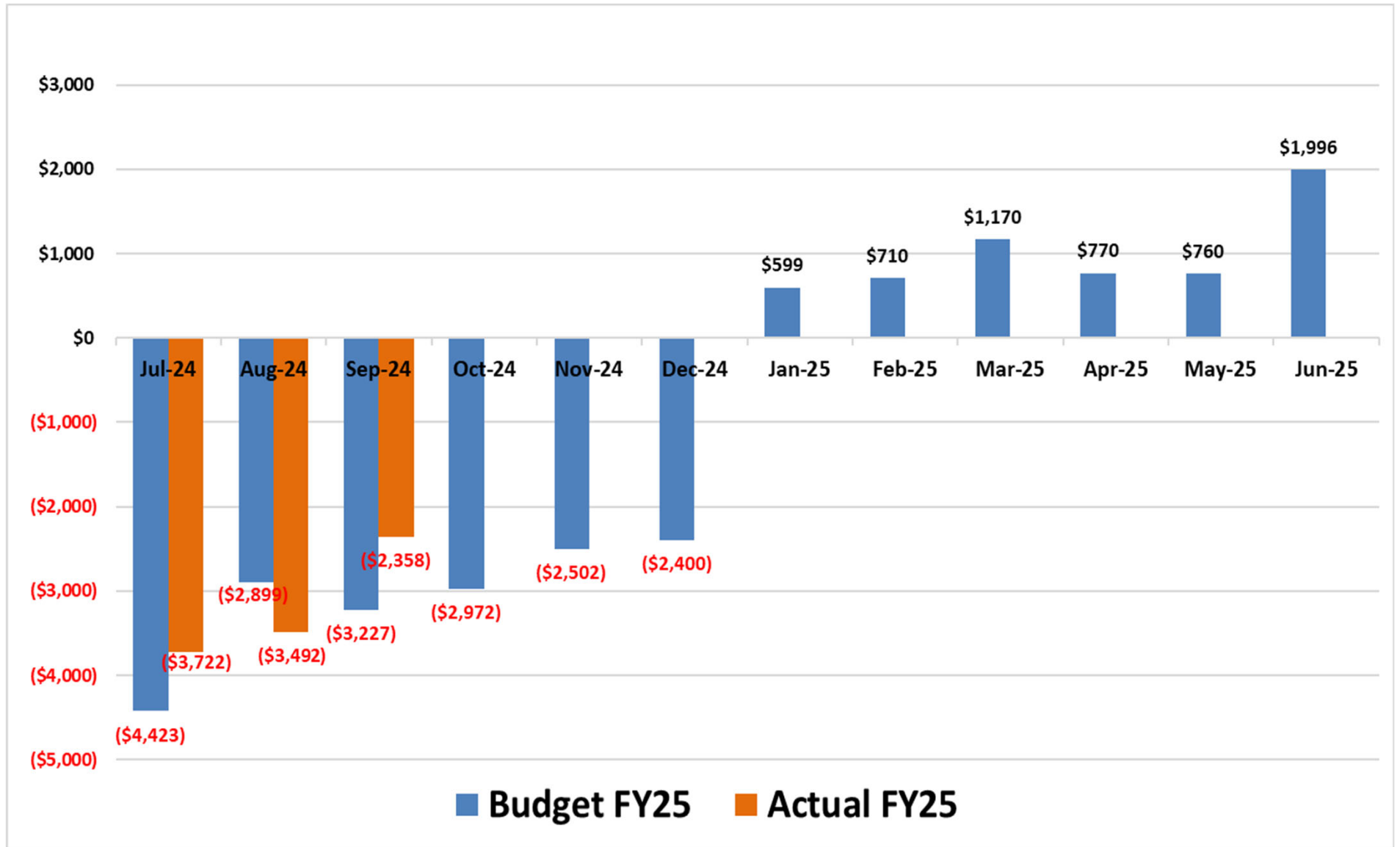
	Sep-23	Oct-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	FY 2025
Patient Service Revenue	\$47,195	\$47,502	\$49,472	\$49,778	\$54,365	\$51,284	\$52,509	\$54,906	\$50,866	\$53,450	\$51,648	\$155,964
Other Revenue	\$21,039	\$21,928	\$24,379	\$22,470	\$19,194	\$25,720	\$27,433	\$23,867	\$19,487	\$20,024	\$19,142	\$58,652
<b>Total Operating Revenue</b>	<b>\$68,234</b>	<b>\$69,431</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>\$70,790</b>	<b>\$214,616</b>
Employee Expense	\$35,180	\$38,961	\$37,645	\$37,074	\$41,984	\$38,077	\$38,990	\$36,919	\$38,264	\$39,058	\$37,671	\$114,993
Other Operating Expense	\$33,204	\$31,579	\$35,742	\$36,449	\$33,382	\$36,864	\$37,539	\$35,001	\$35,811	\$37,908	\$35,477	\$109,196
<b>Total Operating Expenses</b>	<b>\$68,384</b>	<b>\$70,540</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>\$73,148</b>	<b>\$224,189</b>
<b>Net Operating Margin</b>	<b>(\$150)</b>	<b>(\$1,110)</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>(\$2,358)</b>	<b>(\$9,572)</b>
Stimulus/FEMA	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,603)	(\$1,603)	\$0	\$0	\$0	\$0
NonOperating Income	\$626	\$665	\$969	\$618	\$1,781	\$550	\$847	\$1,177	\$1,190	\$896	\$4,720	\$6,806
<b>Excess Margin</b>	<b>\$477</b>	<b>(\$444)</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>\$2,362</b>	<b>(\$2,767)</b>

<b>Profitability</b>												
Operating Margin %	(0.2%)	(1.6%)	0.6%	(1.8%)	(2.5%)	2.7%	4.3%	8.7%	(5.3%)	(4.8%)	(3.3%)	(4.5%)
Operating Margin %excl. Int	0.7%	(0.7%)	1.4%	(0.9%)	(1.6%)	3.7%	5.0%	9.6%	(4.4%)	(4.0%)	(2.5%)	(3.6%)
Operating EBIDA	\$3,265	\$2,340	\$3,957	\$1,994	\$1,628	\$5,507	\$7,184	\$11,028	\$46	\$239	\$1,457	\$1,743
Operating EBIDA Margin	4.8%	3.4%	5.4%	2.8%	2.2%	7.2%	9.0%	14.0%	0.1%	0.3%	2.1%	0.8%

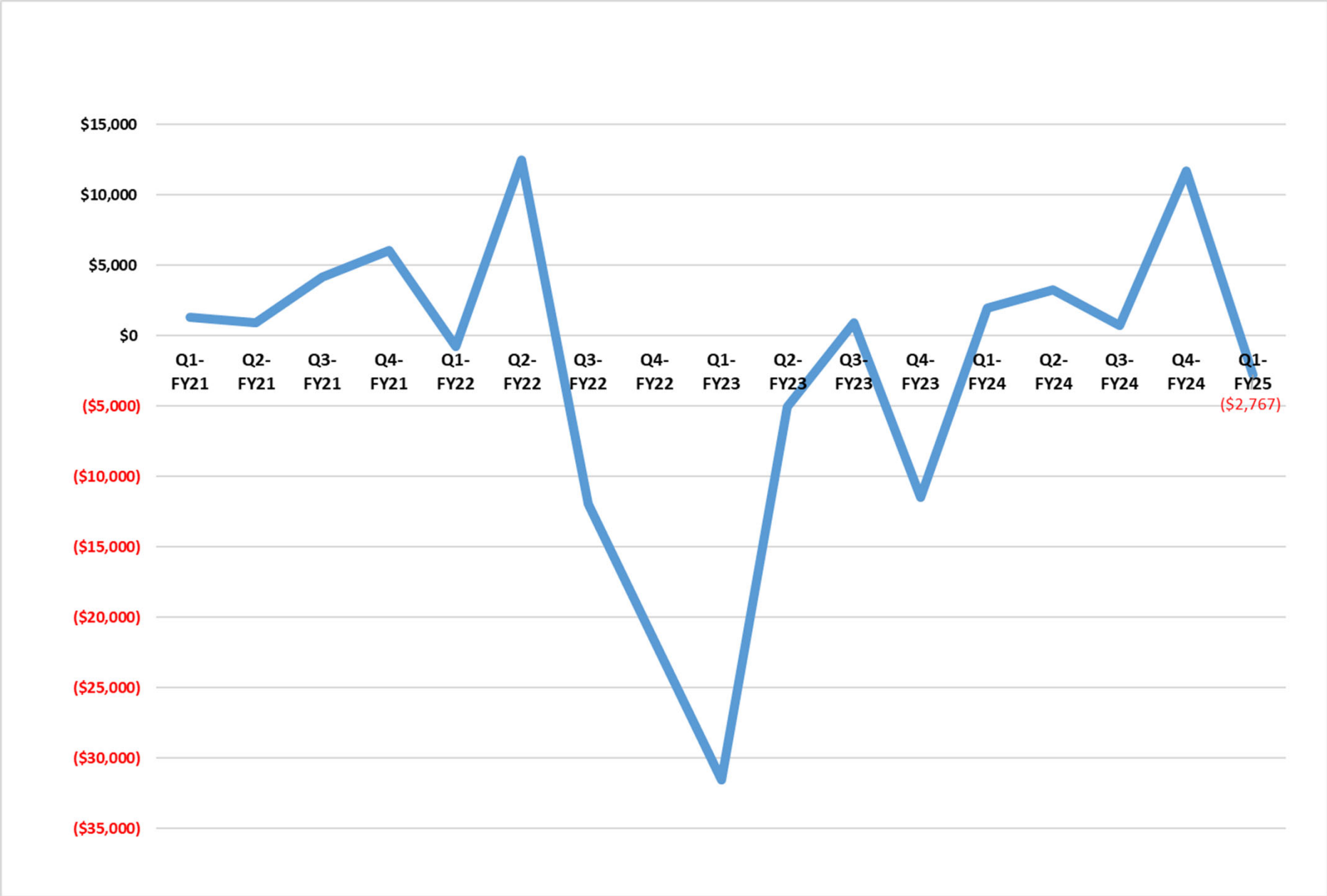
<b>Liquidity Indicators</b>												
Day's Cash on Hand	83.3	83.7	81.4	79.0	74.7	91.0	86.8	106.1	97.4	89.8	91.9	91.9
Day's in Accounts Receivable	76.6	79.1	72.5	71.0	70.1	65.3	66.4	64.4	64.0	68.5	71.0	71.0
Unrestricted Funds (000's)	\$182,518	\$183,138	\$179,987	\$176,827	\$168,012	\$204,886	\$196,335	\$240,319	\$222,873	\$209,641	\$214,303	\$214,303

<b>Debt &amp; Other Indicators</b>												
Debt Service Coverage (MAD\$)	2.54	2.37	2.71	2.06	2.01	2.40	2.50	2.80	0.70	0.50	1.40	1.40
Discharges (Monthly)	2,276	2,203	2,283	2,144	2,142	2,299	2,299	2,334	2,498	2,447	2,440	2,462
Adj Discharges (Case mix adj)	7,580	7,417	7,228	7,111	6,827	7,226	7,616	7,438	8,455	8,215	7,779	8,150
Adjusted patient Days (Mo.)	24,516	24,321	25,976	24,096	25,597	24,634	25,435	24,398	26,023	26,419	26,419	26,287
Cost/Adj Discharge	\$9.0	\$9.5	\$10.2	\$10.3	\$11.0	\$10.4	\$10.0	\$9.7	\$8.8	\$9.4	\$9.4	\$27.5
Compensation Ratio	75%	82%	76%	74%	77%	74%	74%	67%	75%	73%	73%	74%

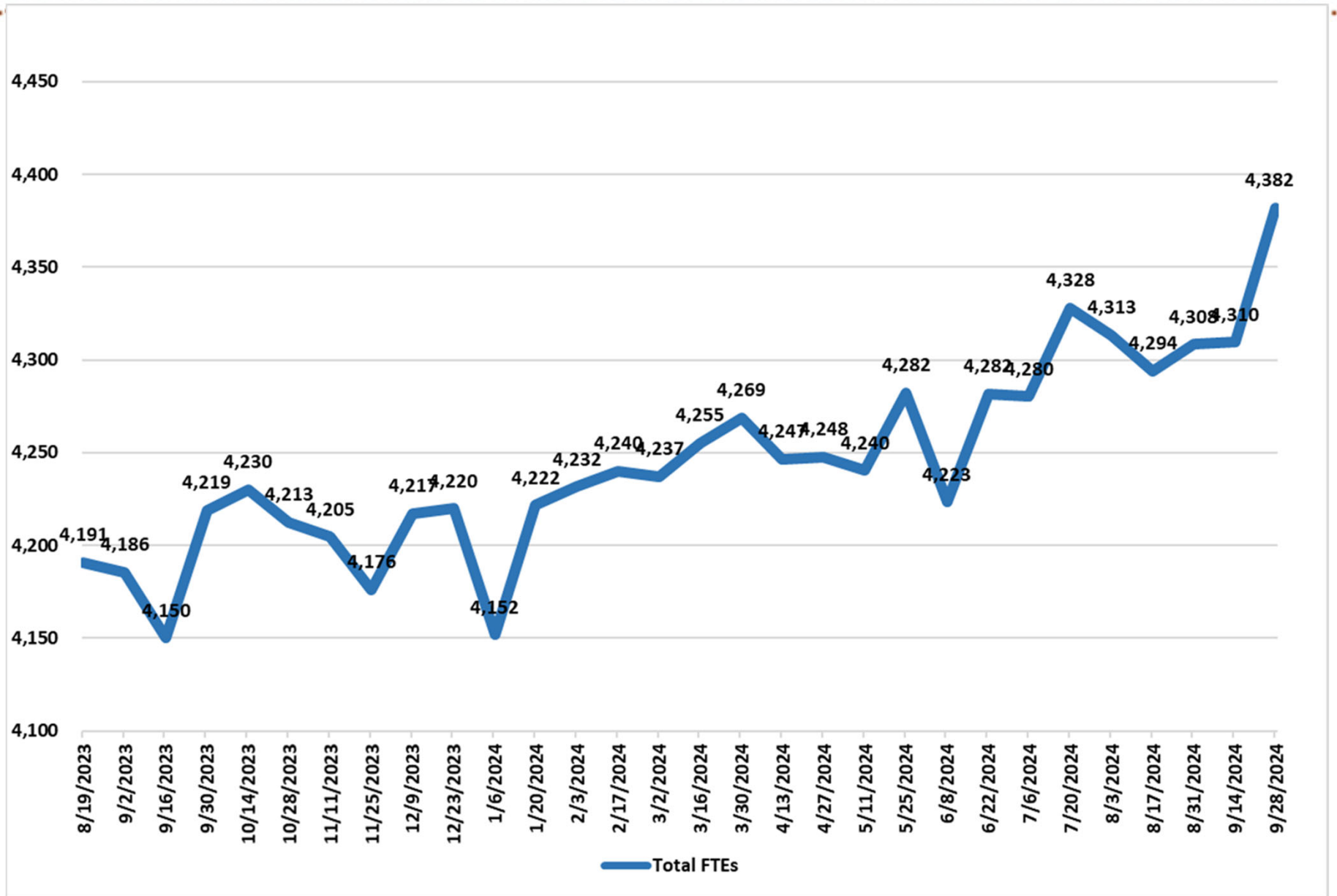
# Budget and Actual Fiscal Year 2025: Trended Operating Margin (000's)



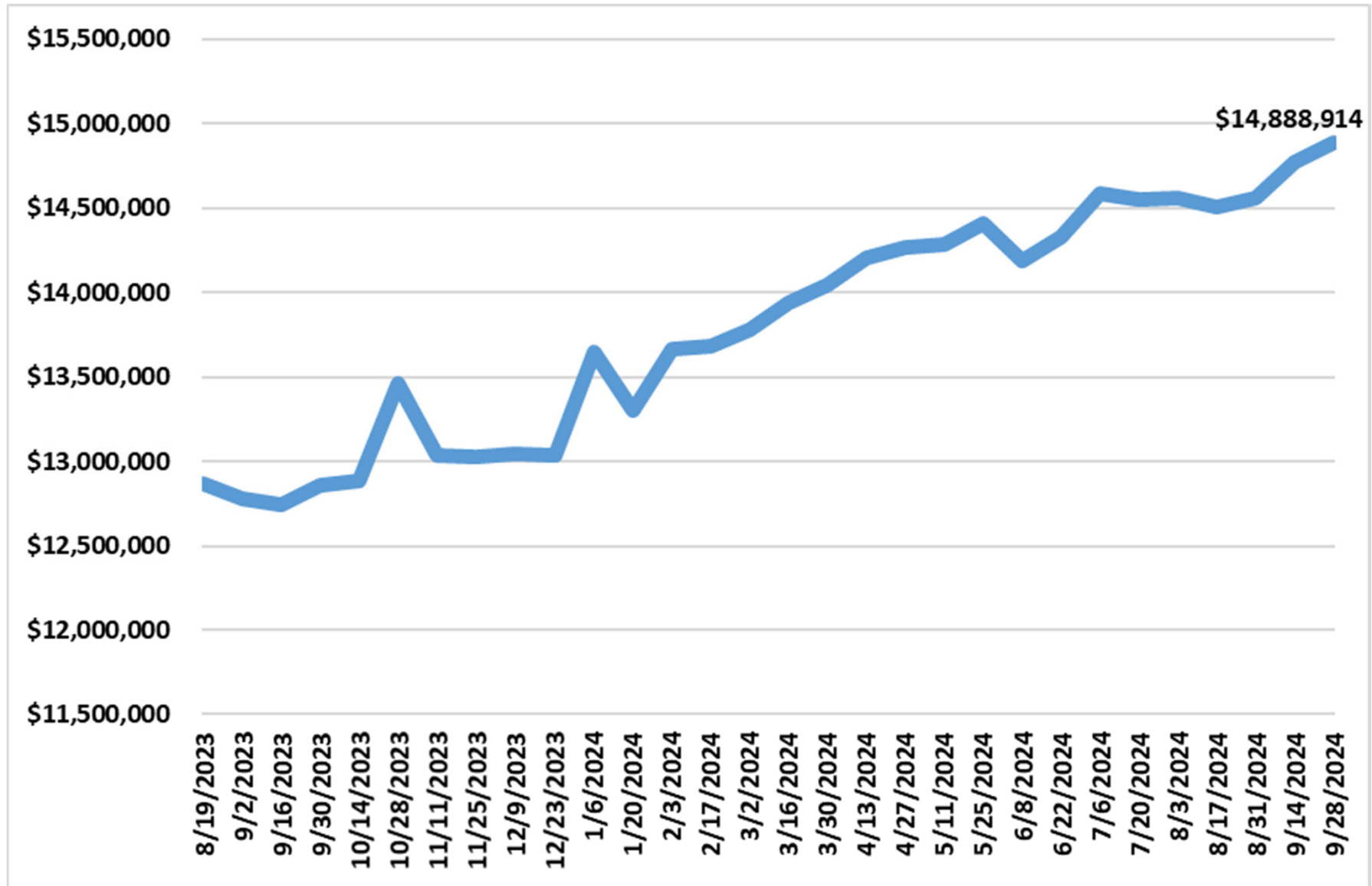
# Trended Quarterly Results: Bottom Line / Excess Margin (000's)



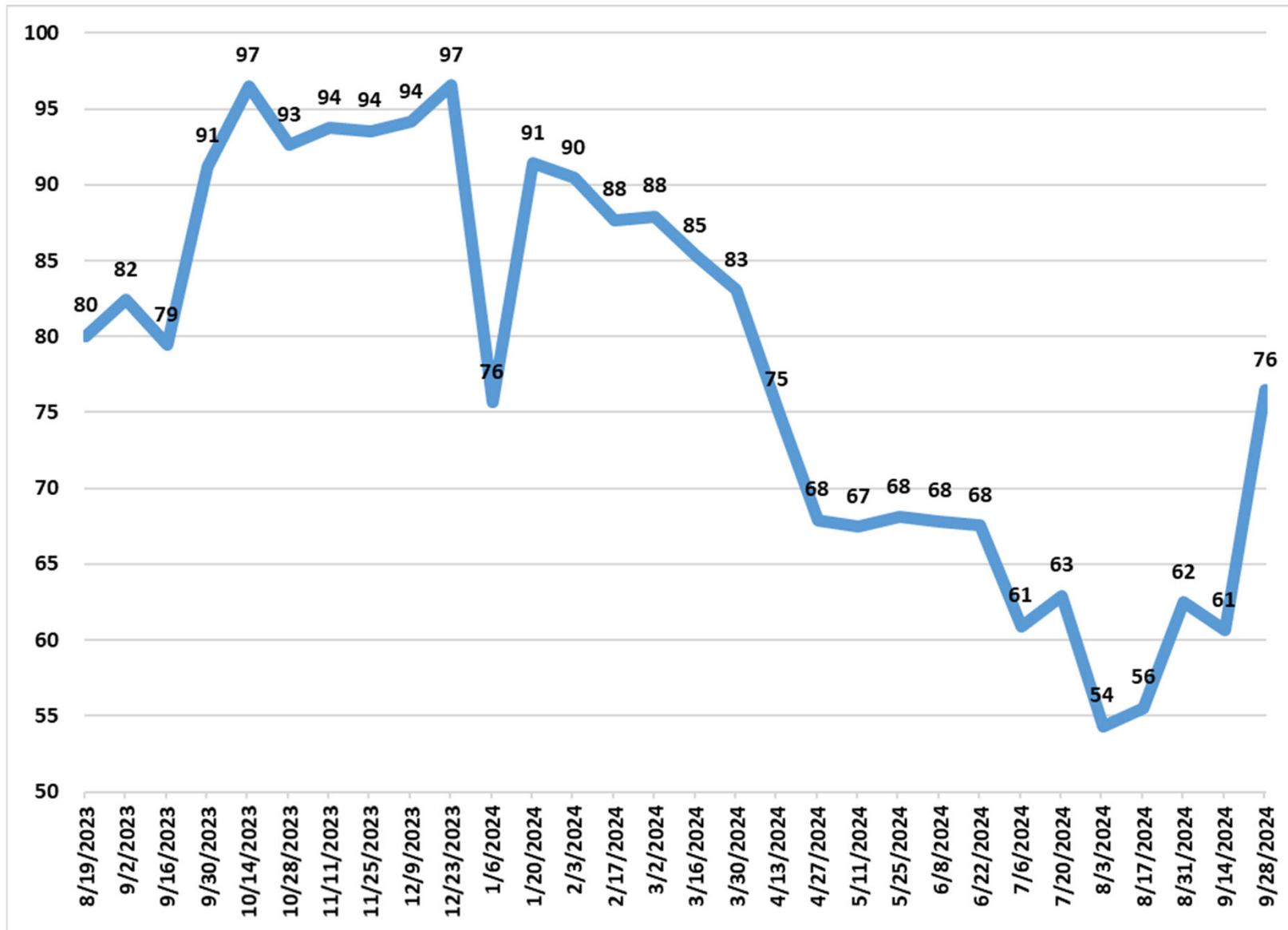
# Total FTEs (includes Contract Labor)



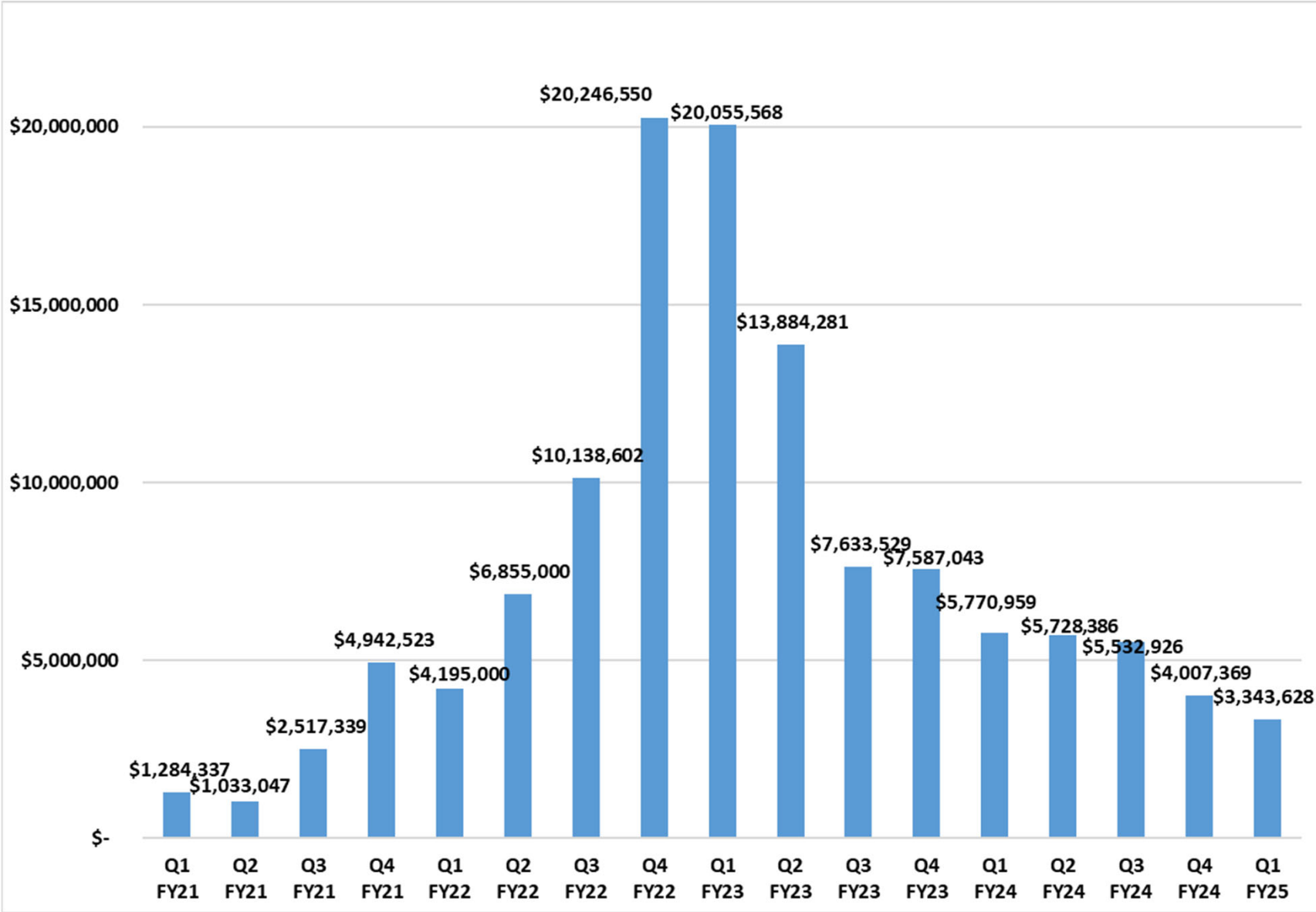
# Total Payroll: excludes contract labor and PTO cash out



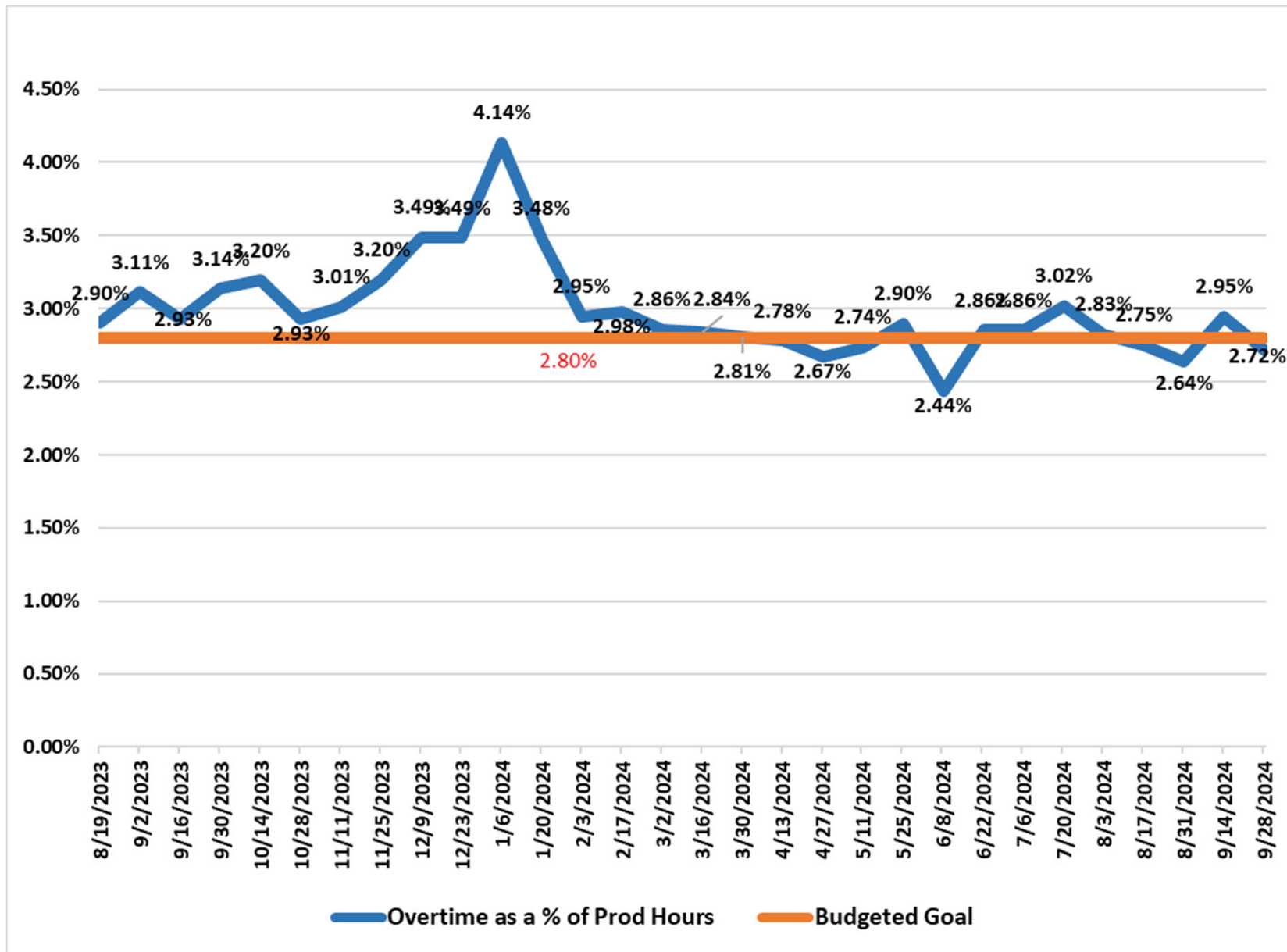
# Contract Labor Full Time Equivalents (FTEs)



# Contract Labor Expense by Quarter

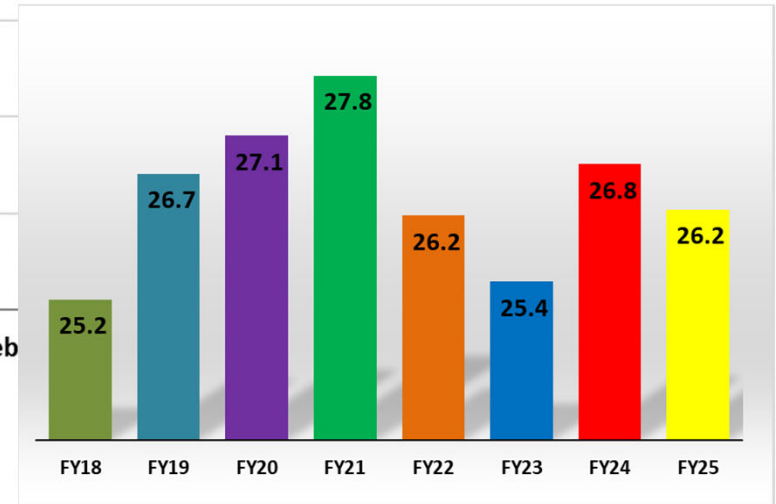
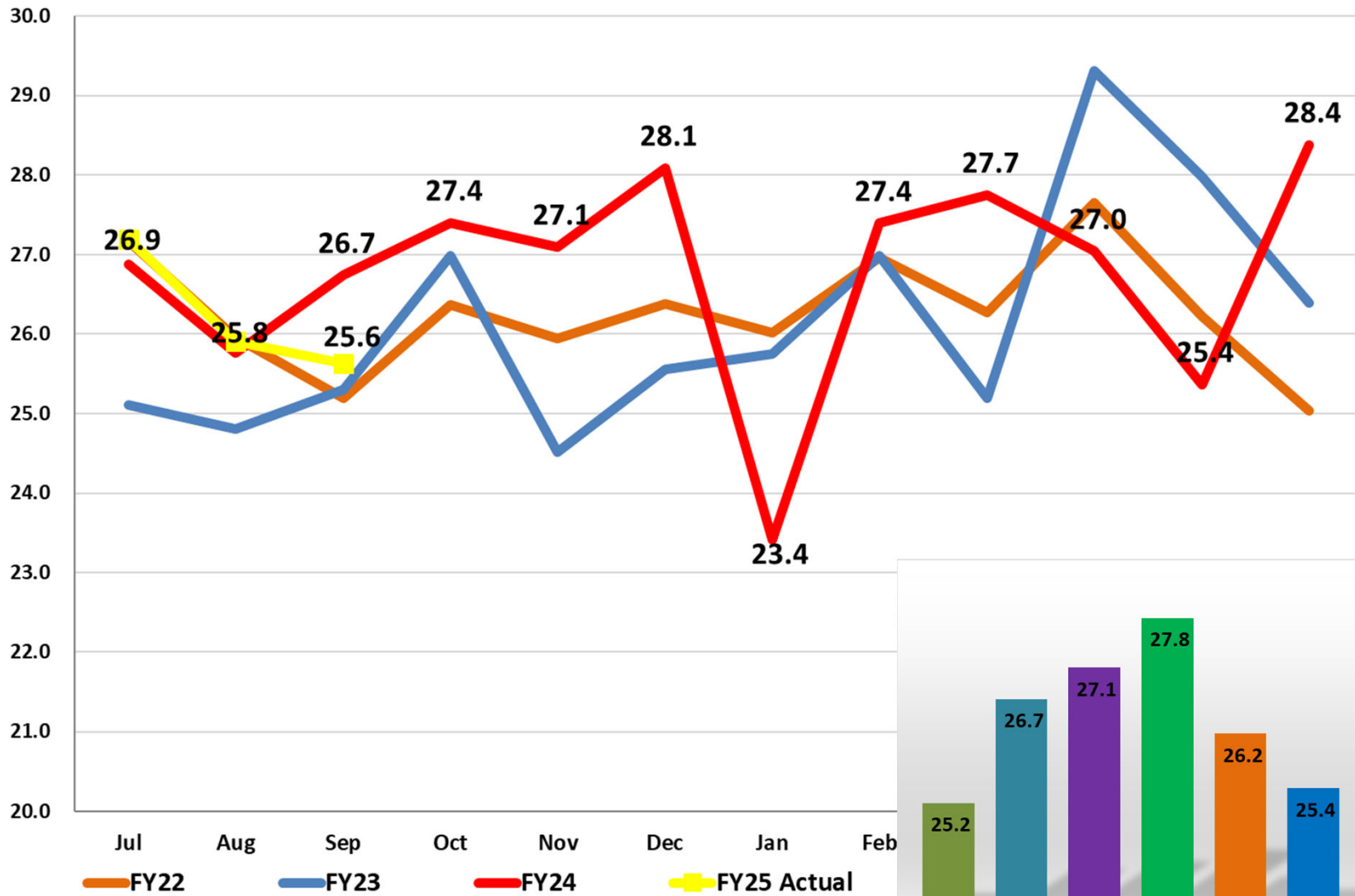


# Overtime as a % of Productive Hours

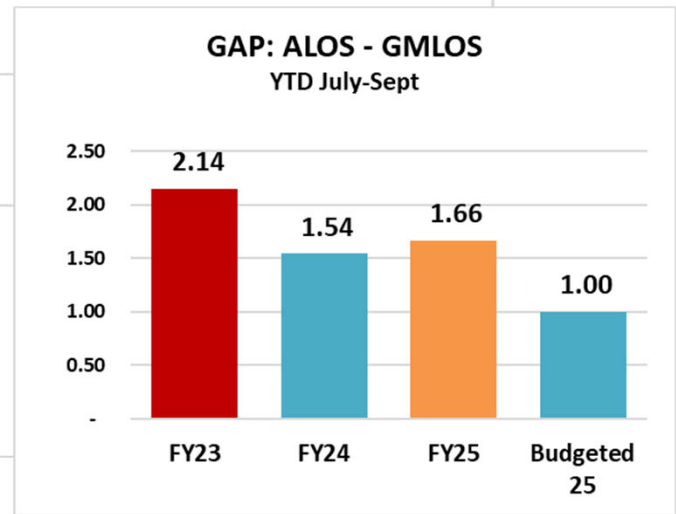
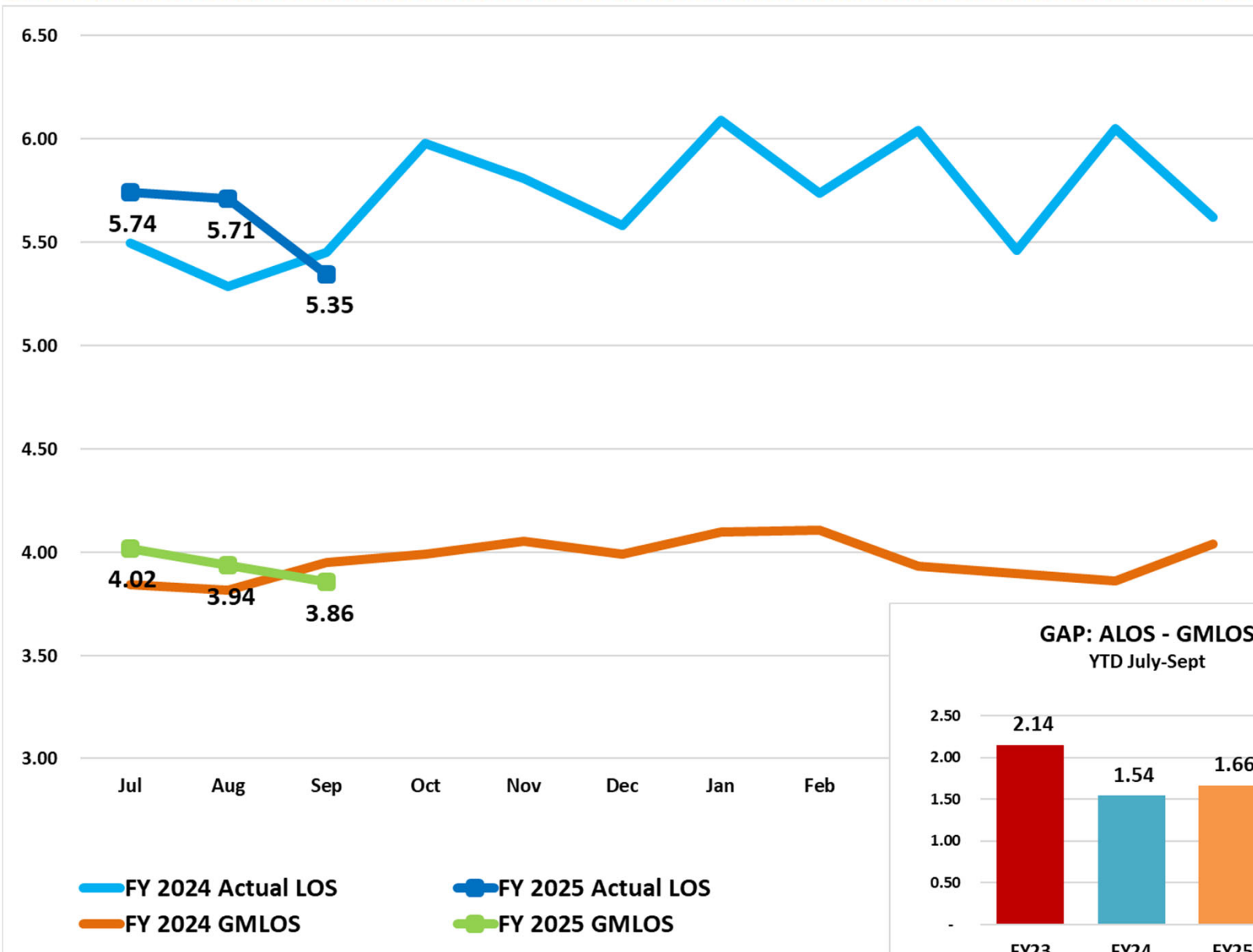




# Productivity Measure : Worked Hours/ Adj. Patient Days



# Average Length of Stay versus National Average (GMLOS)

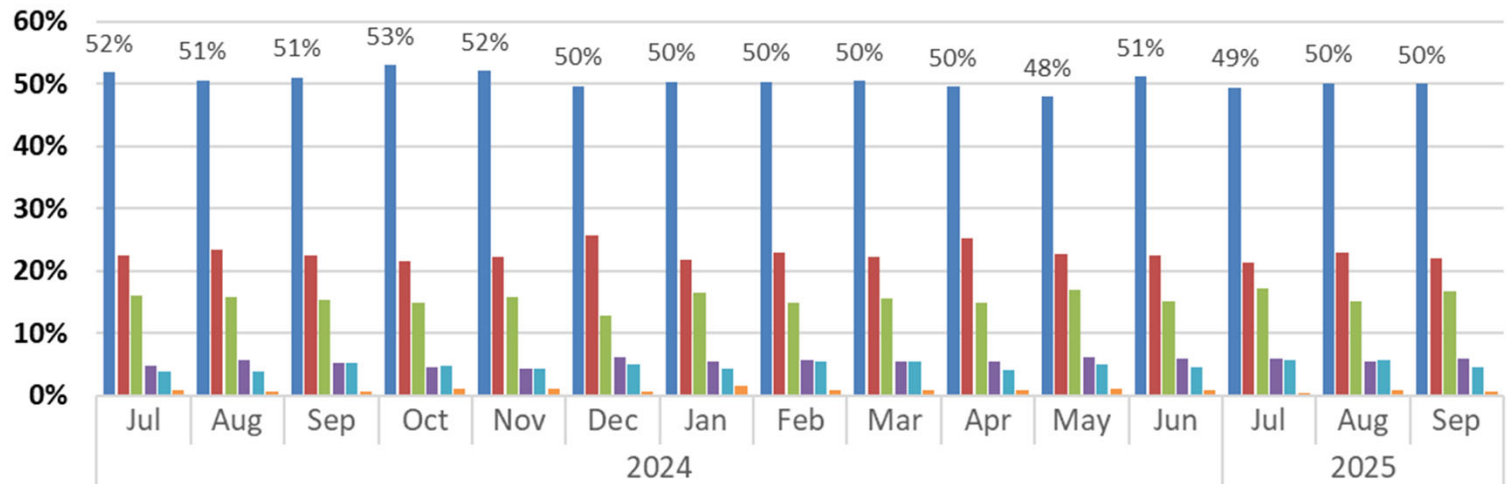


## Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients		
	ALOS	GMLOS	GAP
Sep-22	6.57	4.02	2.55
Oct-22	5.84	3.98	1.86
Nov-22	5.95	3.78	2.17
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	5.35	3.99	1.36
May-23	5.37	3.94	1.43
Jun-23	5.39	3.90	1.49
Jul-23	5.50	3.84	1.66
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	5.74	4.11	1.63
Mar-24	6.04	3.94	2.10
Apr-24	5.46	3.90	1.56
May-24	6.05	3.86	2.19
Jun-24	5.62	4.04	1.57
Jul-24	5.74	4.02	1.72
Aug-24	5.71	3.94	1.77
Sep-24	5.35	3.86	1.49
<b>Average</b>	<b>5.81</b>	<b>3.97</b>	<b>1.84</b>

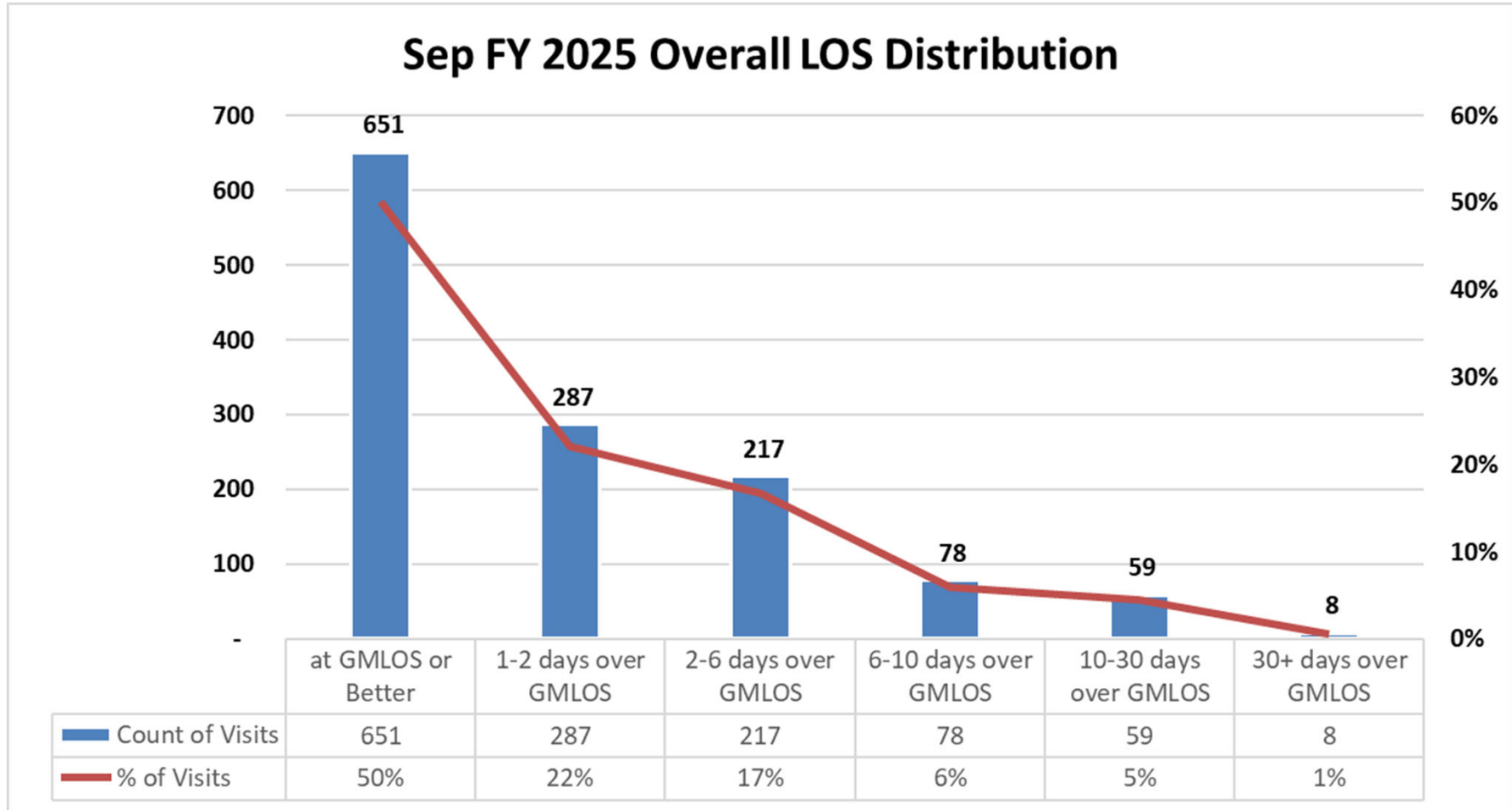
# Average Length of Stay Distribution

## FY25 Overall LOS Distribution

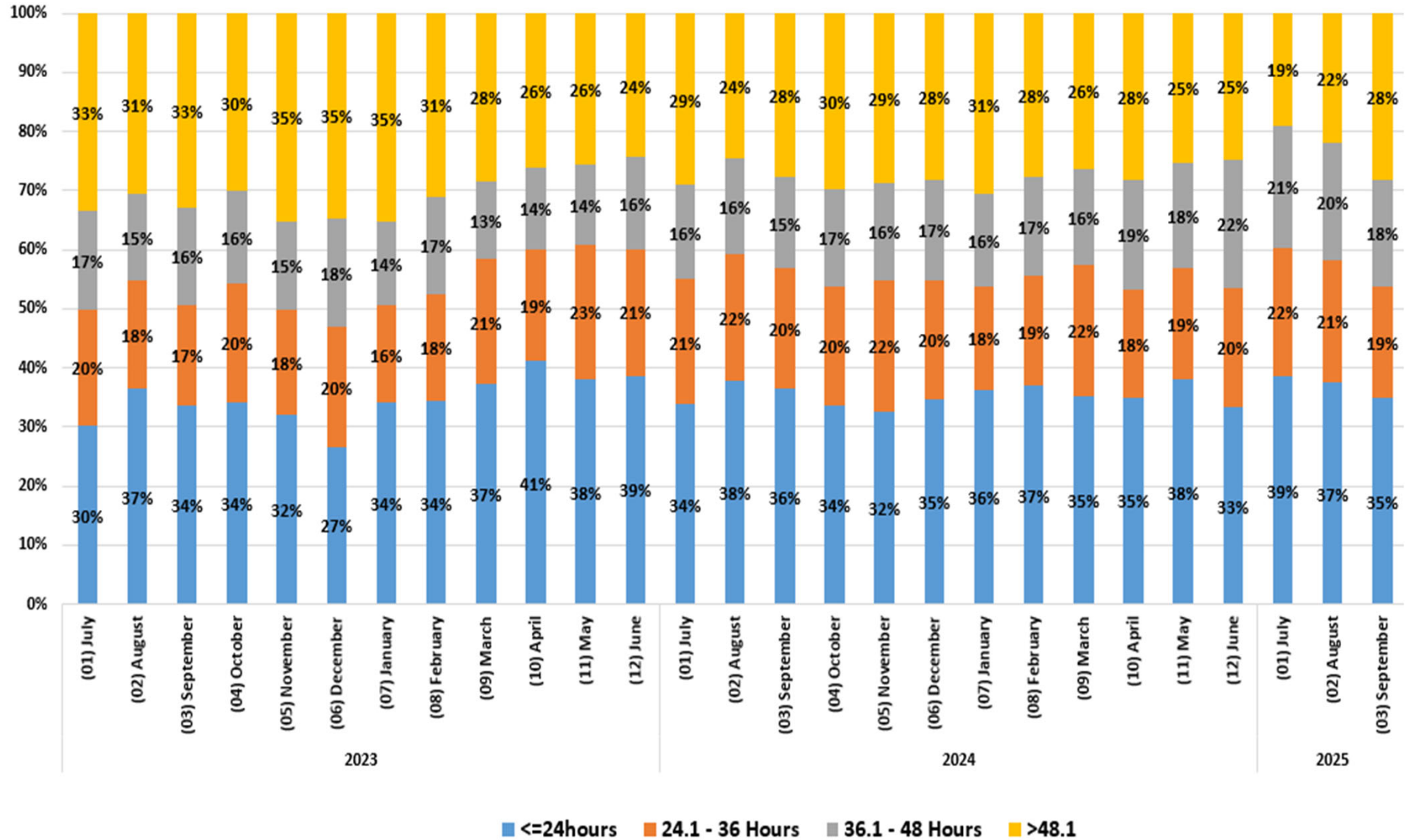


■ at GMLOS or Better	52%	51%	51%	53%	52%	50%	50%	50%	50%	50%	48%	51%	49%	50%	50%
■ 1-2 days over GMLOS	23%	23%	23%	22%	22%	26%	22%	23%	22%	25%	23%	22%	21%	23%	22%
■ 2-6 days over GMLOS	16%	16%	15%	15%	16%	13%	16%	15%	16%	15%	17%	15%	17%	15%	17%
■ 6-10 days over GMLOS	5%	6%	5%	5%	4%	6%	6%	6%	5%	5%	6%	6%	6%	6%	6%
■ 10-30 days over GMLOS	4%	4%	5%	5%	4%	5%	4%	5%	5%	4%	5%	5%	6%	6%	5%
■ 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%	0.6%

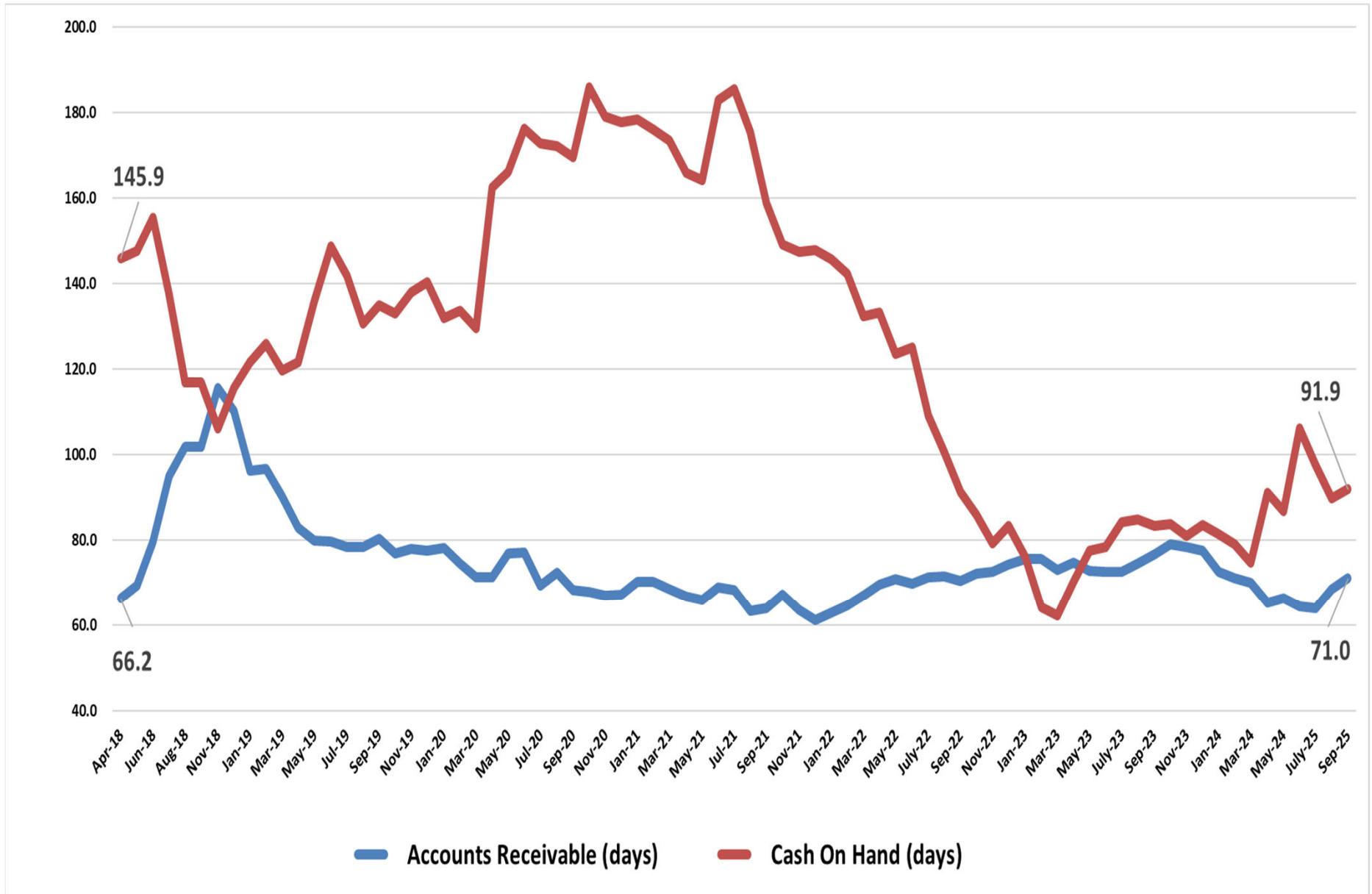
# Length of Stay Distribution



# Monthly Discharges of Observation Patients by their Length of Stay



# Trended Liquidity Ratios



# Ratio Analysis Report

	Current Month Value	Prior Month Value	June 30, 2024 Unaudited Value	2022 Moody's Median Benchmark		
				Aa	A	Baa
<b>LIQUIDITY RATIOS</b>						
Current Ratio (x)	2.5	2.5	2.4	1.5	<b>1.8</b>	1.7
Accounts Receivable (days)	71.0	68.5	64.4	48.7	<b>48</b>	43.8
Cash On Hand (days)	91.9	89.8	106.1	276.5	<b>206.5</b>	157.6
Cushion Ratio (x)	9.7	9.5	10.8	44.3	<b>24.9</b>	17.3
Average Payment Period (days)	52.8	51.8	54.6	79	<b>66.7</b>	68.1
<b>CAPITAL STRUCTURE RATIOS</b>						
Cash-to-Debt	96.0%	93.9%	107.6%	259.9%	<b>173.7%</b>	128.6%
Debt-To-Capitalization	34.9%	35.0%	34.7%	23.4%	<b>31.8%</b>	37.5%
Debt-to-Cash Flow (x)	7.1	19.1	3.6	2.8	<b>3.6</b>	5
Debt Service Coverage	1.4	0.5	3.5	6.1	<b>4.5</b>	2.8
Maximum Annual Debt Service Coverage (x)	1.8	0.7	2.8	5.9	<b>3.8</b>	2.4
Age Of Plant (years)	13.7	13.9	13.3	11.4	<b>12.8</b>	13.7
<b>PROFITABILITY RATIOS</b>						
Operating Margin	(4.5%)	(5.0%)	0.4%	1.5%	<b>0.1%</b>	(2.1%)
Excess Margin	(1.2%)	(3.5%)	2.0%	4.8%	<b>2.7%</b>	(.3%)
Operating Cash Flow Margin	0.8%	0.2%	5.7%	6.1%	<b>5.6%</b>	3.6%
Return on Assets	(1.3%)	(3.5%)	2.0%	3.3%	<b>1.9%</b>	(.3%)



# Consolidated Statements of Net Position (000's)

	Sep-24	Jun-24
	<b>(Unaudited)</b>	
<b>ASSETS AND DEFERRED OUTFLOWS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 11,273	\$ 20,643
Current Portion of Board designated and trusted assets	16,241	13,919
Accounts receivable:		
Net patient accounts	137,866	138,856
Other receivables	21,930	25,412
	159,796	164,268
Inventories	13,819	13,738
Medicare and Medi-Cal settlements	102,146	77,210
Prepaid expenses	10,169	8,398
Total current assets	313,444	298,176
<b>NON-CURRENT CASH AND INVESTMENTS -</b>		
less current portion		
Board designated cash and assets	195,715	211,916
Revenue bond assets held in trust	19,940	19,326
Assets in self-insurance trust fund	868	482
Total non-current cash and investments	216,523	231,724
<b>INTANGIBLE RIGHT TO USE LEASE,</b>	13,230	10,480
net of accumulated amortization		
<b>INTANGIBLE RIGHT TO USE SBITA,</b>	11,050	12,153
net of accumulated amortization		
<b>CAPITAL ASSETS</b>		
Land	17,542	20,544
Buildings and improvements	428,207	428,209
Equipment	334,388	334,316
Construction in progress	24,872	15,683
	805,009	798,752
Less accumulated depreciation	518,800	512,107
	286,209	286,645
<b>OTHER ASSETS</b>		
Property not used in operations	4,477	1,485
Health-related investments	2,275	1,637
Other	17,292	17,120
Total other assets	24,044	20,242
Total assets	864,501	859,419
<b>DEFERRED OUTFLOWS</b>	36,386	37,845
Total assets and deferred outflows	<b>\$ 900,887</b>	<b>\$ 897,264</b>

# Consolidated Statements of Net Position (000's)

	Sep-24	Jun-24
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 31,480	\$ 33,886
Accrued payroll and related liabilities	65,180	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	123,278	123,627
<b>LEASE LIABILITY, net of current portion</b>	11,273	8,636
<b>SBITA LIABILITY, net of current portion</b>	4,995	5,846
<b>LONG-TERM DEBT, less current portion</b>		
Bonds payable	214,693	214,713
Notes payable	20,750	20,750
Total long-term debt	235,443	235,463
<b>NET PENSION LIABILITY</b>	49,368	49,236
<b>OTHER LONG-TERM LIABILITIES</b>	37,329	36,107
Total liabilities	461,686	458,914
<b>NET ASSETS</b>		
Invested in capital assets, net of related debt	61,142	66,425
Restricted	54,334	52,030
Unrestricted	323,725	319,895
Total net position	439,201	438,350
Total liabilities and net position	<b>\$ 900,887</b>	<b>\$ 897,264</b>

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**Sep 30, 2024**

<u>Board designated funds</u>	<u>Maturity Date</u>	<u>Yield</u>	<u>Investment Type</u>	<u>G/L Account</u>	<u>Amount</u>	<u>Total</u>
LAIF		4.58	Various		20,552,371	
CAMP		5.29	CAMP		38,752,336	
Allspring		4.54	Money market		880,249	
PFM		4.54	Money market		265,221	
Allspring	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	650,000	
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	
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	
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	
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	1,244	
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	260,170	
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	15-Sep-25	0.36	ABS	John Deere Owner	3,596	
Allspring	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000	
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	29,670	
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000	
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	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	18,161	
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	
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	132,730	
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	90,772	
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	880,000	
PFM	7-Aug-26	5.45	MTN-C	Wells Fargo Bank Na	545,000	
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	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	

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
Sep 30, 2024**

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	454,793
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	224,497
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	1,140,000
Allspring	15-Sep-27	5.93	MTN-C	Bank of America	1,100,000
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	197,214
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer	310,000
PFM	15-Jan-28	4.10	MTN-C	Mastercard	130,000
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	436,449
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	516,001
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
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

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
Sep 30, 2024**

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	0.00	U.S. Govt Agency	FHLMC	200,000	
PFM	25-Jun-29	4.75	MTN-C	Home Depot Inc	95,000	
PFM	30-Jun-29	3.25	U.S. Govt Agency	US Treasury Bill	2,030,000	
PFM	15-Jul-29	4.76	MTN-C	Ford CR Auto Owner	360,000	
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	18-Sep-29	3.80	MTN-C	Novartis Capital	365,000	
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	285,000	
						\$ 181,852,494

	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	907,308	1,874,481
<b><u>2015A revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	726,342	726,342
<b><u>2015B revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	1,404,228	1,404,228
<b><u>2017C revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	2,185,269	2,185,269
<b><u>2020 revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	453,046	453,046
<b><u>2022 revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	1,019,544	1,019,544
<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	(726,520)	
US Bank				142103	20,666,518	19,939,998
<b><u>Operations</u></b>						
Wells Fargo Bank		0.16	Checking	100100	(1,902,133)	
Wells Fargo Bank		0.16	Checking	100500	12,175,228	10,273,095
<b><u>Payroll</u></b>						
Wells Fargo Bank		0.16	Checking	100200	(131,823)	
Wells Fargo Bank		0.16	Checking	Flexible Spending	100300	872,669
Wells Fargo Bank		0.16	Checking	HSA	100300	15,905
					756,751	11,029,846
<b>Total investments</b>						<b>\$ 222,654,763</b>

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
Sep 30, 2024**

**Kawah 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	13,240
			<b>\$ 13,240</b>

**Kawah Delta Hospital Foundation**

Central Valley Community Checking	Investments	100100	198,336
Various	S/T Investments	142200	5,141,169
Various	L/T Investments	142300	13,009,957
Various	Unrealized G/L	142400	3,772,342
			<b>\$ 22,121,804</b>

**Summary of board designated funds:**

Plant fund:

Uncommitted plant funds	\$ 136,917,828	142100	
Committed for capital	15,136,398	142100	
			152,054,226
GO Bond reserve - L/T	1,992,658	142100	
401k Matching	6,627,316	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
			<b>\$ 181,852,494</b>

**Investment summary by institution:**

	Total Investments	%	Trust Accounts	Surplus Funds	%
CAMP	38,752,336	17.4%		38,752,336	20.1%
Local Agency Investment Fund (LAIF)	20,552,371	9.2%		20,552,371	10.7%
CAMP - GOB Tax Rev	2,169,515	1.0%	2,169,515	-	0.0%
Allspring	59,732,845	26.8%	1,874,481	57,858,364	30.0%
PFM	59,814,922	26.9%		59,814,922	31.0%
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	12,904,327	5.8%		12,904,327	6.7%
Signature Bank	-	0.0%	-	-	0.0%
US Bank	25,728,427	11.6%	25,728,427	-	0.0%
<b>Total investments</b>	<b>\$ 222,654,763</b>	<b>100.0%</b>	<b>\$ 29,772,423</b>	<b>192,882,340</b>	<b>100.0%</b>

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
Sep 30, 2024**

<u>Investment summary of surplus funds by type:</u>		<u>Investment Limitations</u>
Negotiable and other certificates of deposit	\$ 3,000,021	57,865,000 (30%)
Checking accounts	11,029,846	
Local Agency Investment Fund (LAIF)	20,552,371	75,000,000
CAMP	38,752,336	
Medium-term notes (corporate) (MTN-C)	37,412,000	57,865,000 (30%)
U.S. government agency	68,222,620	
Municipal securities	5,620,000	
Money market accounts	1,145,470	38,576,000 (20%)
Commercial paper	-	48,221,000 (25%)
Asset Backed Securities	7,147,676	38,576,000 (20%)
Supra-National Agency	-	57,865,000 (30%)
	<u>\$ 192,882,340</u>	

<u>Return on investment:</u>	
<b>Current month</b>	<u>3.58%</u>
<b>Year-to-date</b>	<u>3.70%</u>
<b>Prospective</b>	<u>3.24%</u>
<b>LAIF (year-to-date)</b>	<u>4.55%</u>
<b>Budget</b>	<u>2.82%</u>

<u>Fair market value disclosure for the quarter ended Sep 30, 2024 (District only):</u>	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(534,683)
Change in unrealized gain (loss) on investments (income statement effect)	\$ (3,204,575)	(3,204,575)

<u>Investment summary of CDs:</u>	
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>

<u>Investment summary of asset backed securities:</u>	
Ally Auto Rec	\$ 195,000
American Honda Mtn	145,000
BMW Vehicle Owner	1,195,000
Fifth Third Auto	385,000
Capital One Prime	224,497
Carmax Auto Owner	605,684
GM Finl con Auto Rec	110,000
Honda Auto	350,000
Honda Auto Rec Own	90,772
Hyundai Auto	115,000
Hyundai Auto Rec	1,000,000
John Deere Owner	1,003,596
Kubota Credit	30,914
Mercedes Benz Auto	1,197,214
Nissan Auto Lease	500,000
	<u>\$ 7,147,676</u>

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**Sep 30, 2024**

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

Abbott Laboratories	\$	-
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		2,744,000
Bank New York Mellon Mtn		300,000
Bank New York Mtn		1,000,000
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		820,000
Cisco Sys		485,000
Citibank N A		1,830,000
Cooperativeve CD		400,000
Cummins INC		195,000
Daimler Trucks		325,000
Deere John Mtn		770,000
Eli Lilly Co		65,000
Ford CR Auto Owner		1,935,000
GM Finl Consumer		1,000,000
Goldman Sachs		1,320,000
Harley Davidson		500,000
Home Depot Inc		815,000
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
Mastercard		130,000
Morgan Stanley		1,280,000
National Rural Mtn		285,000
Natixis Ny		405,000
Novartis Capital		365,000
Paccar Financial Mtn		255,000
Pepsico inc		280,000
Procter Gamble Co		1,300,000
State Street Corp		1,335,000
Target Corp		1,230,000
Texas Instrs		370,000
Toyota Motor		1,595,000
Unitedhealth Group		85,000
US Bank NA		1,400,000
Verizon Master Trust		1,000,000
Walmart INC		205,000
Wells Fargo Bank Na		545,000
Wells Fargo Card		560,000
Wells Fargo co		800,000
	<u>\$</u>	<u>37,412,000</u>

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

Federal National Mortgage Association (FNMA)	\$	4,016,001
Federal Home Loan Bank (FHLB)		525,000
Federal Home Loan Mortgage Corp (FHLMC)		9,406,619
US Treasury Bill		54,275,000
	<u>\$</u>	<u>68,222,620</u>

**Investment summary of municipal securities:**

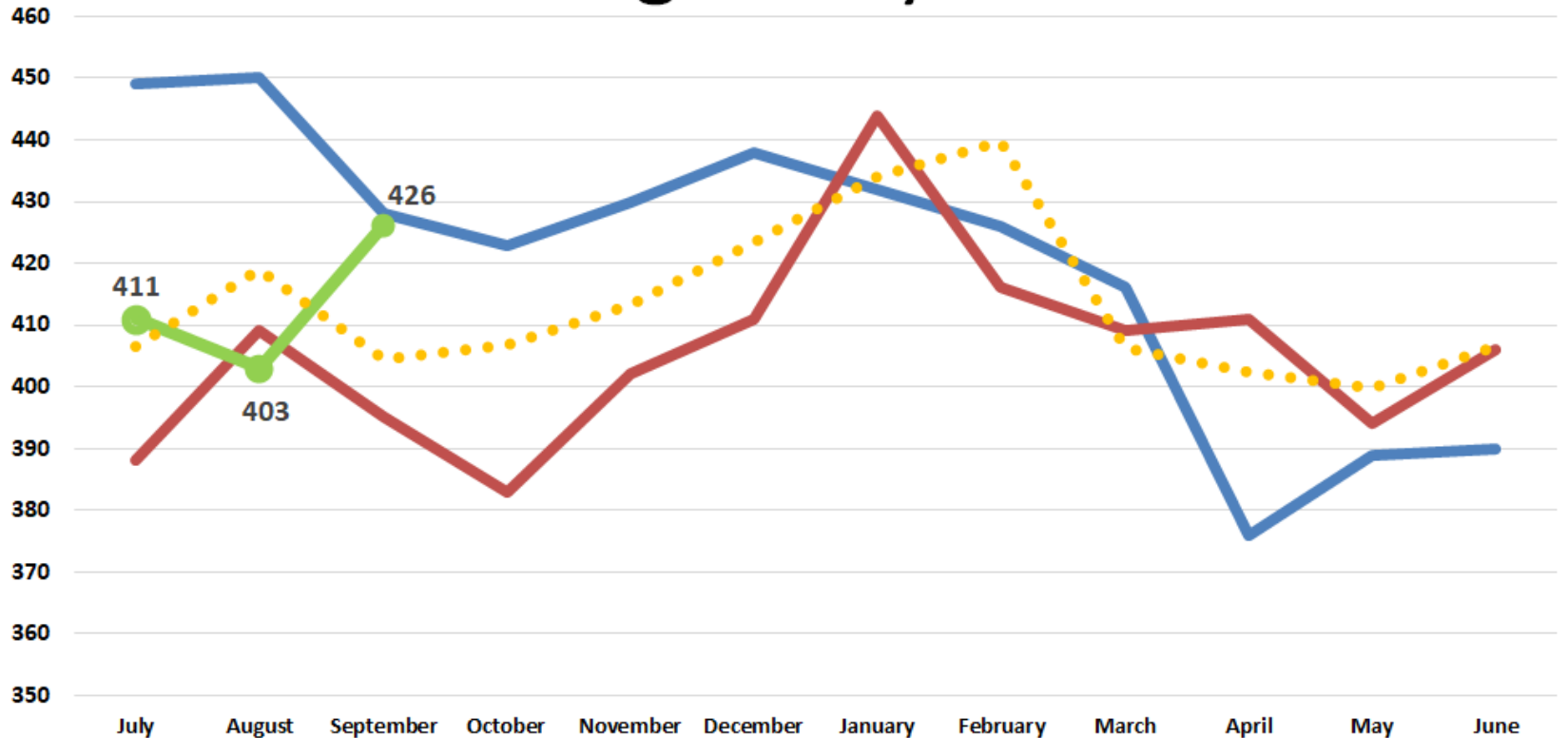
Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
California St Univ		125,000
Connecticut ST		400,000
Los Angeles Ca		270,000
Massachusetts St		1,000,000
San Diego County		300,000
San Francisco Ca		1,000,000
San Juan Ca		190,000
Santa Cruz Ca		400,000
University Calf Ca		185,000
	<u>\$</u>	<u>5,620,000</u>



# Statistical Report

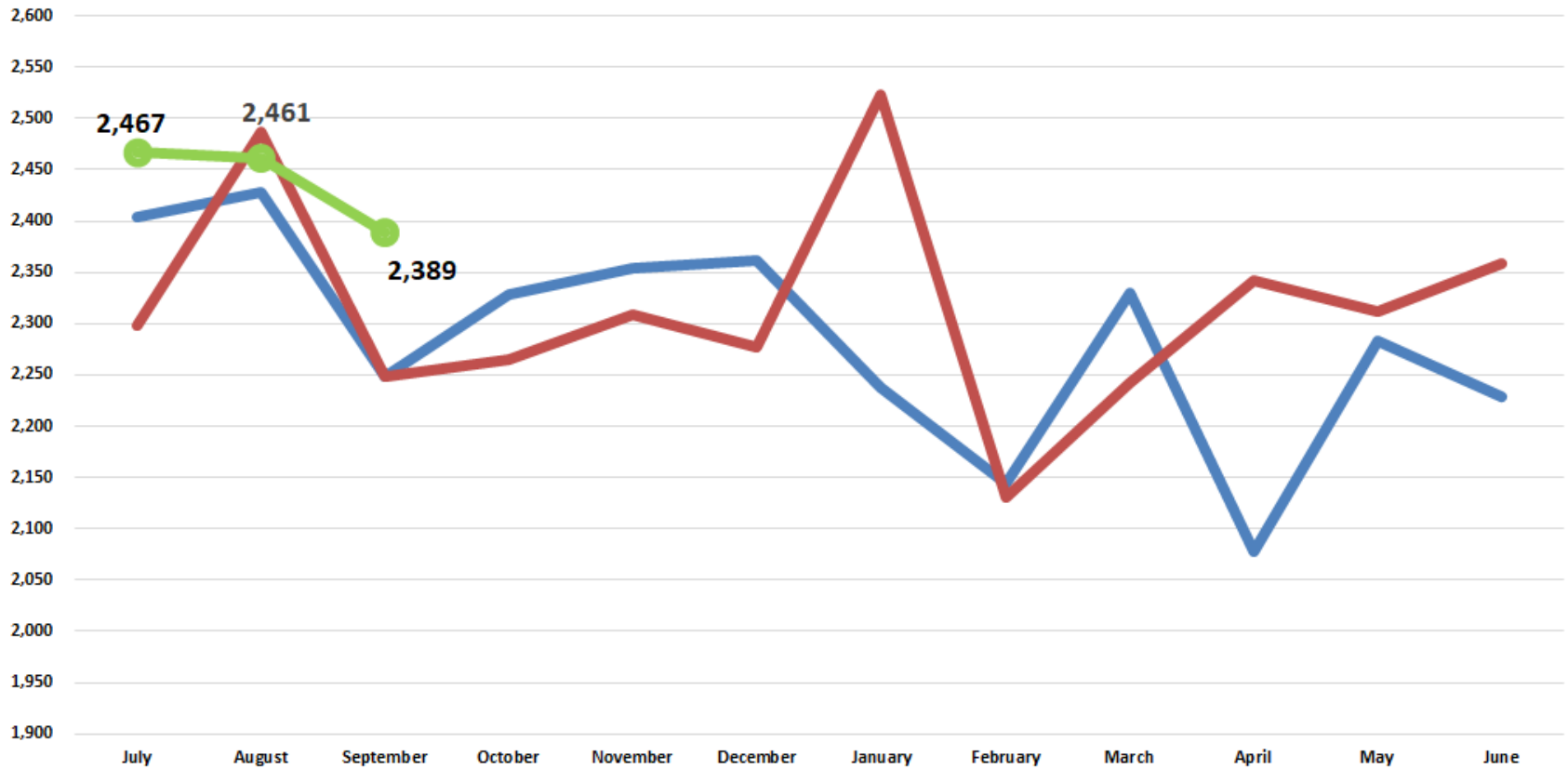
## September 2024

# Average Daily Census

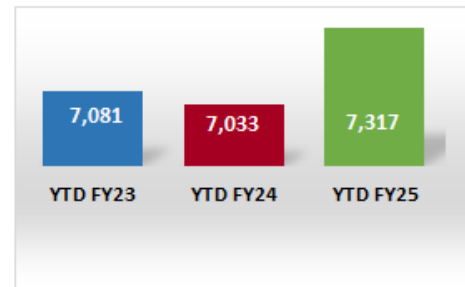


442	397	413	410
Avg/day FY23	Avg/day FY24	Avg/day FY25	Avg/day Budget

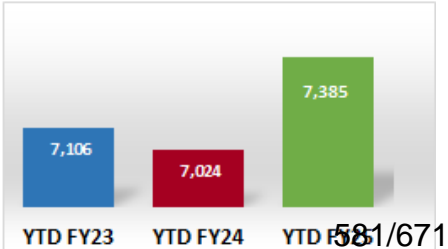
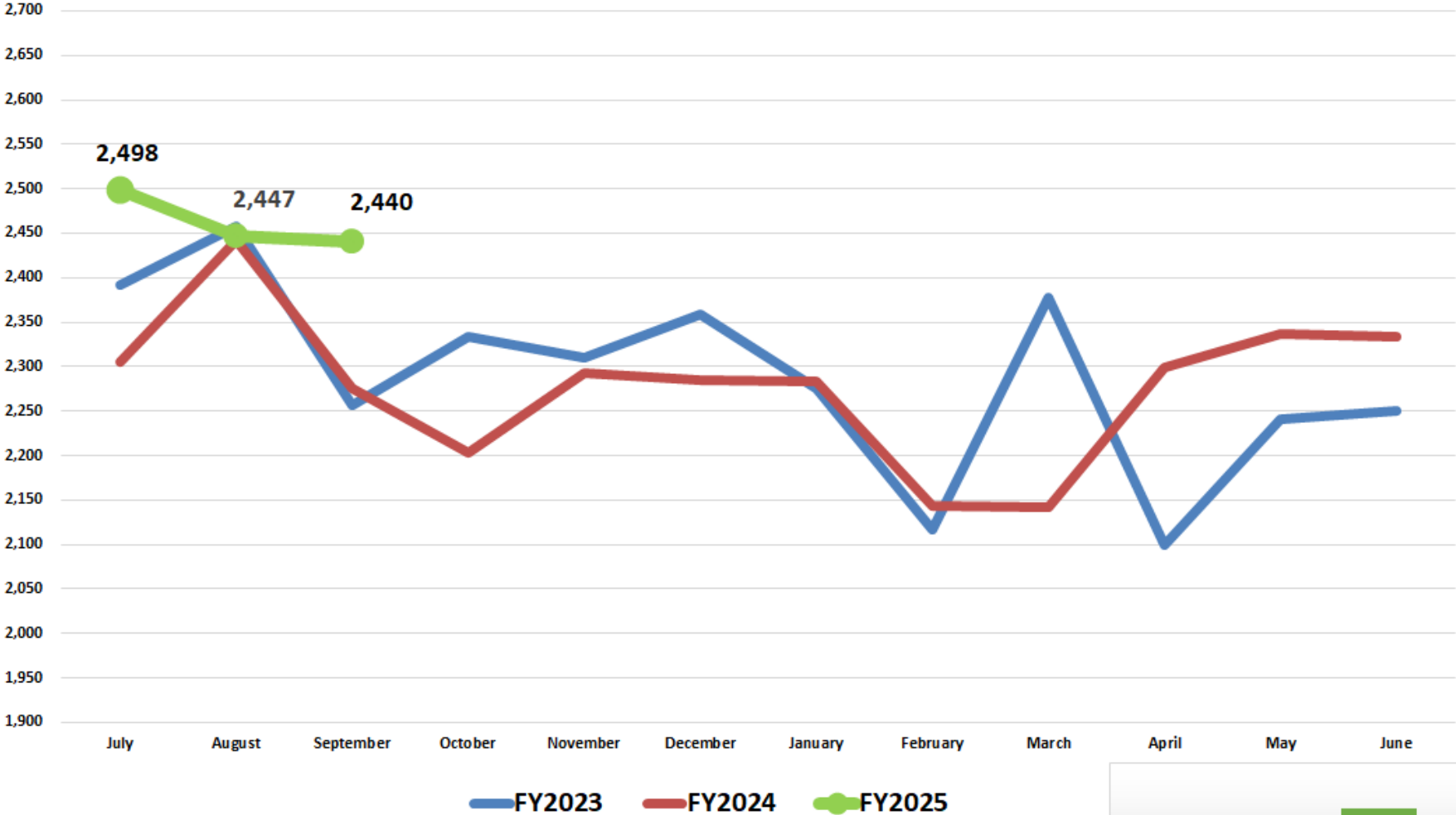
# Admissions



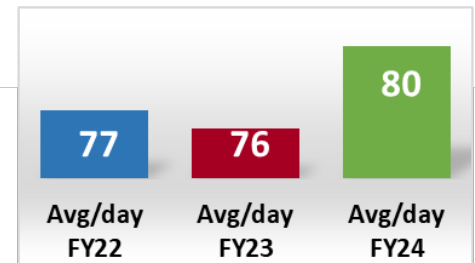
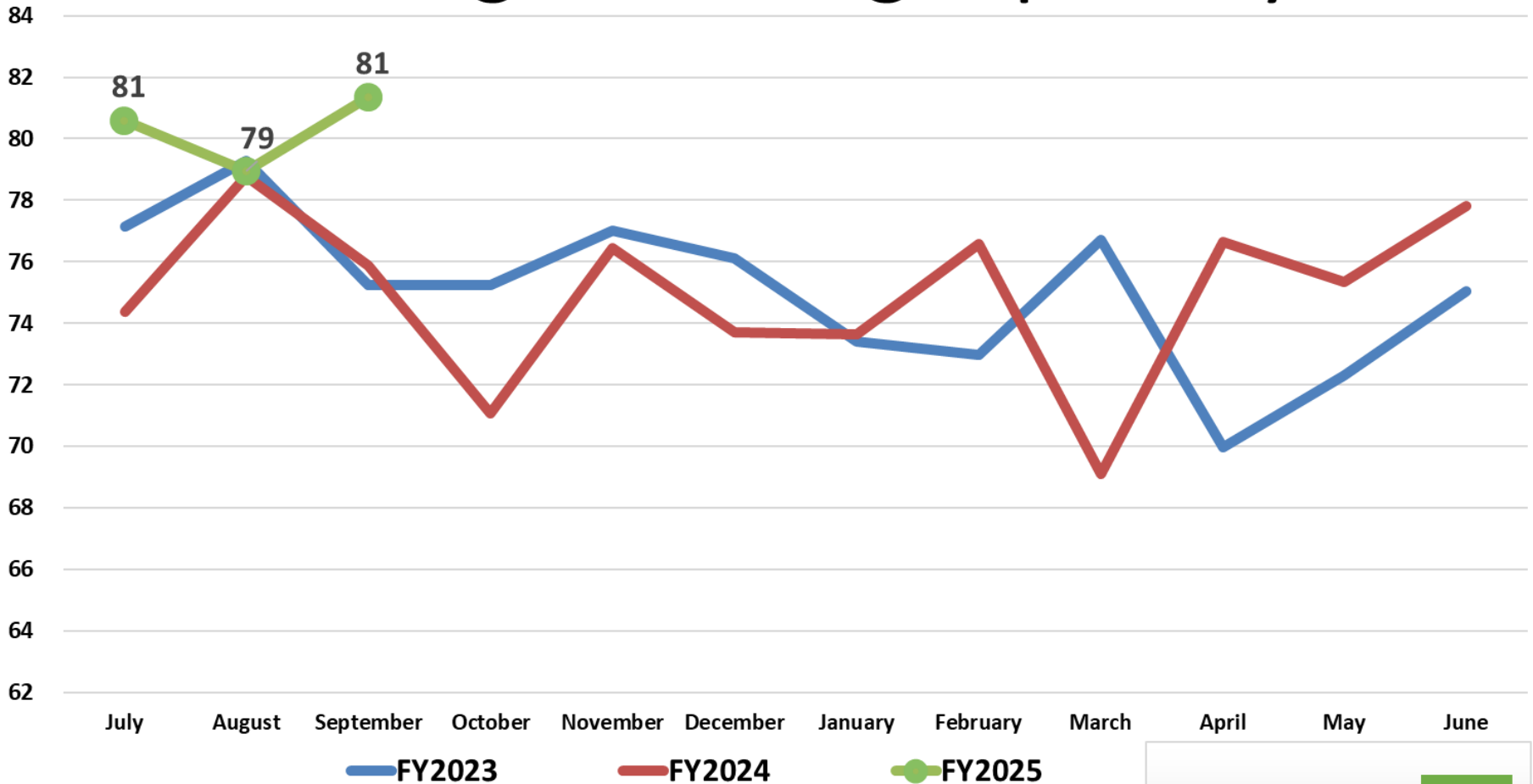
—● FY2023   
 —● FY2024   
 —● FY2025



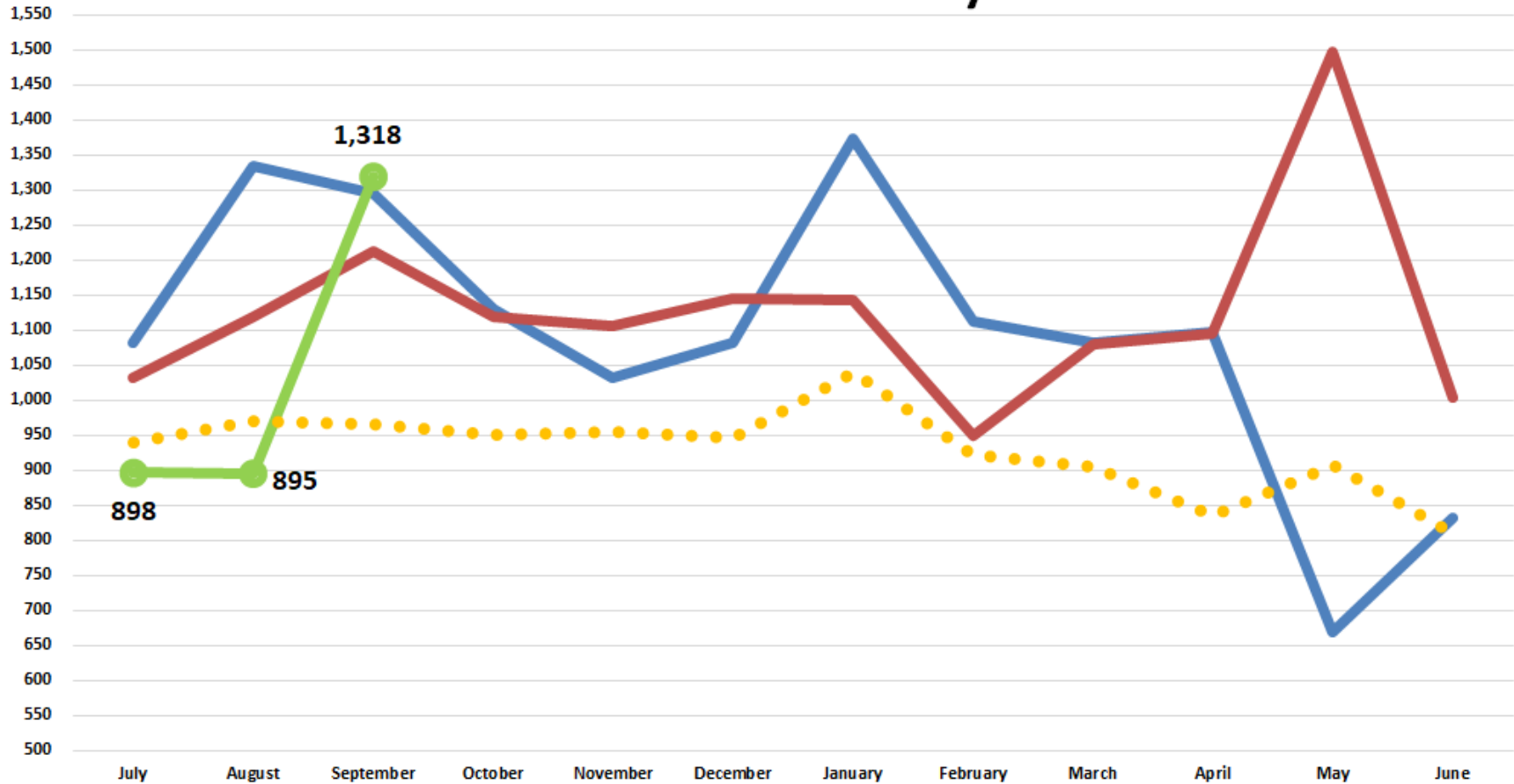
# Discharges



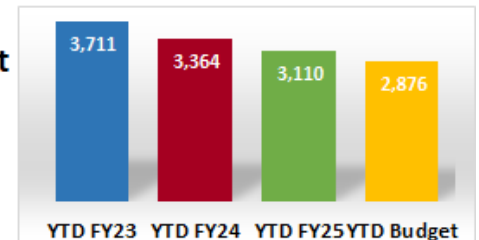
# Average Discharges per day



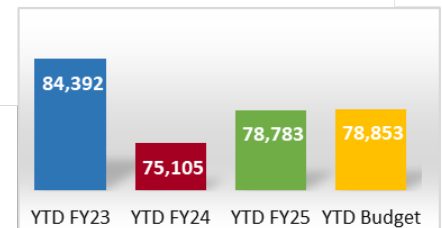
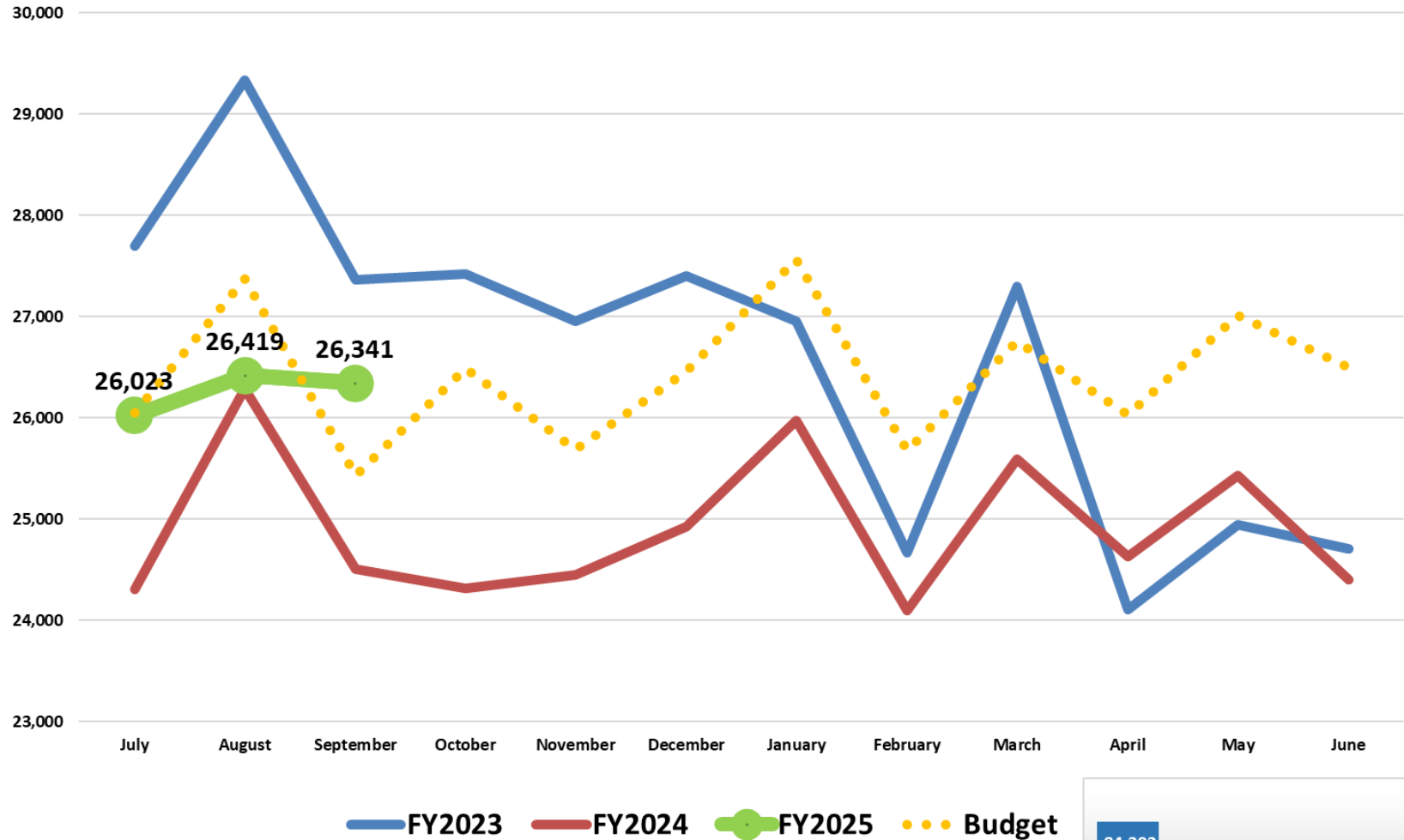
# Observation Days



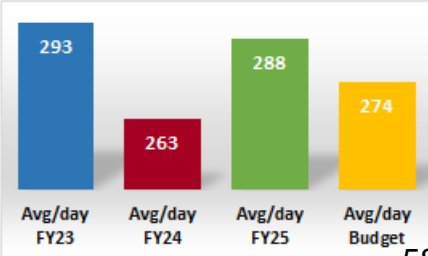
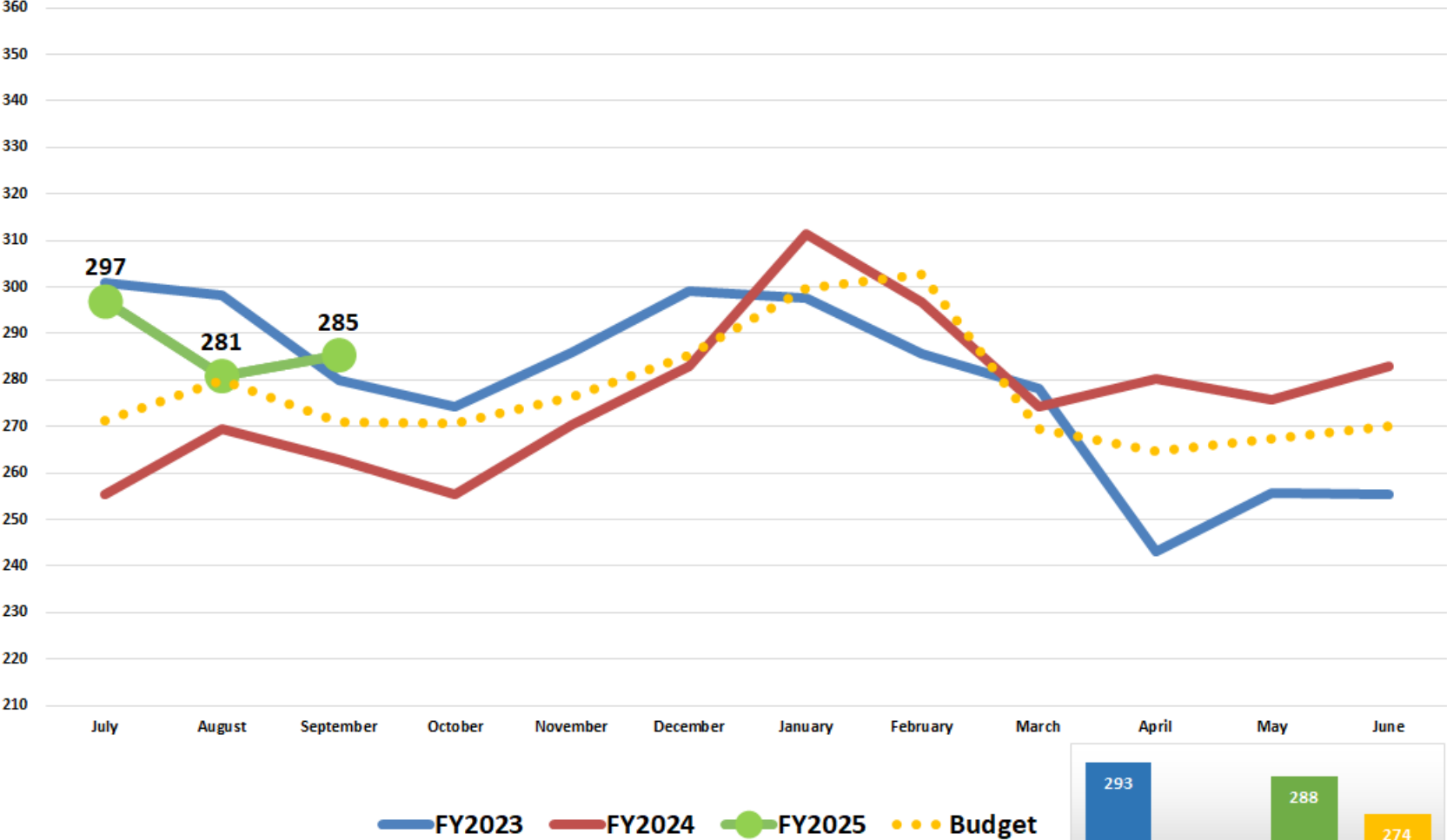
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



# Adjusted Patient Days

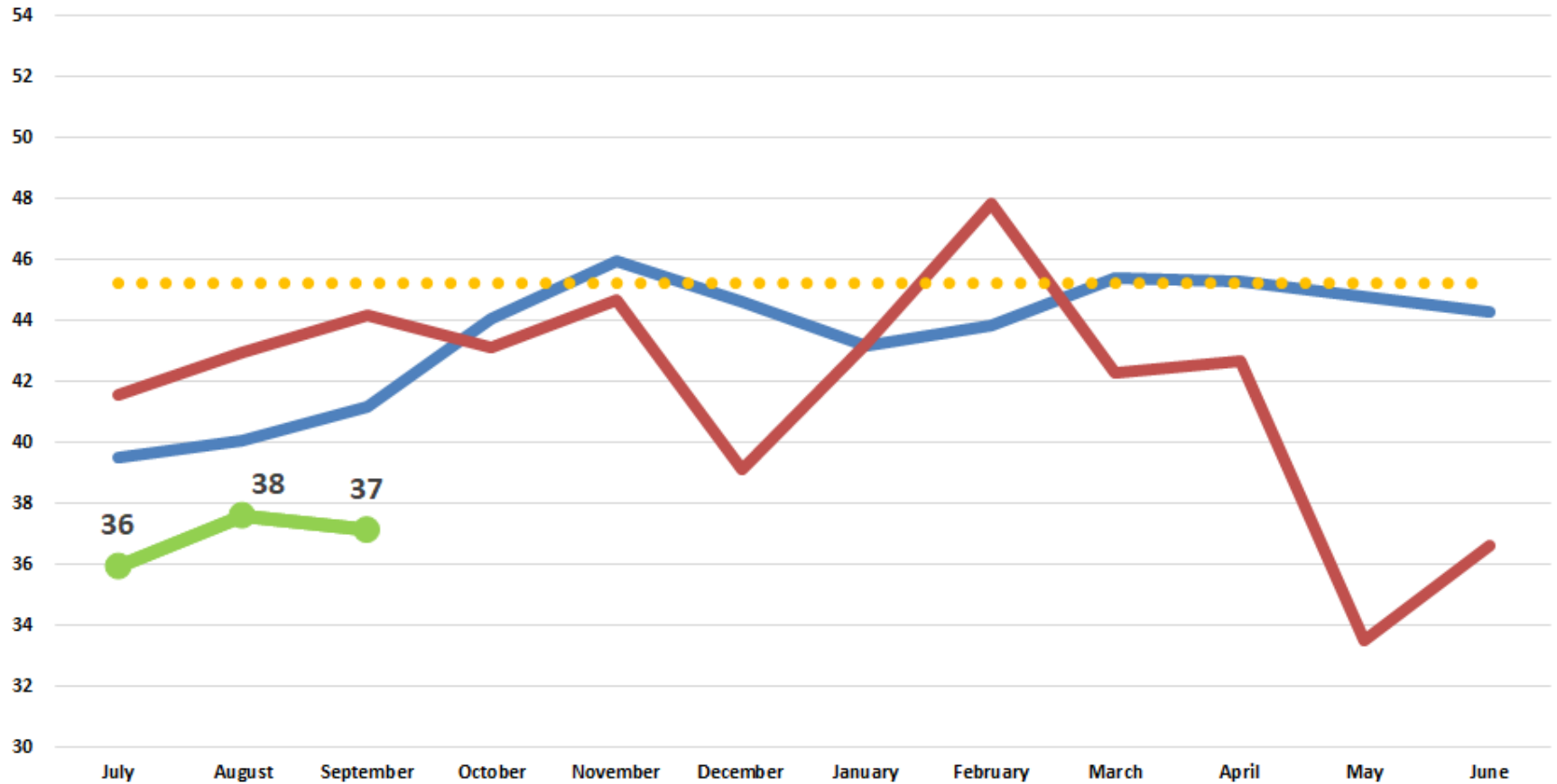


# Medical Center (Avg Patients Per Day)

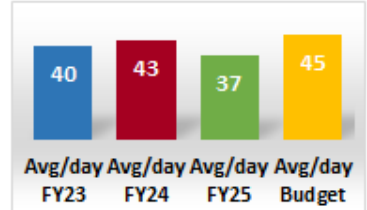




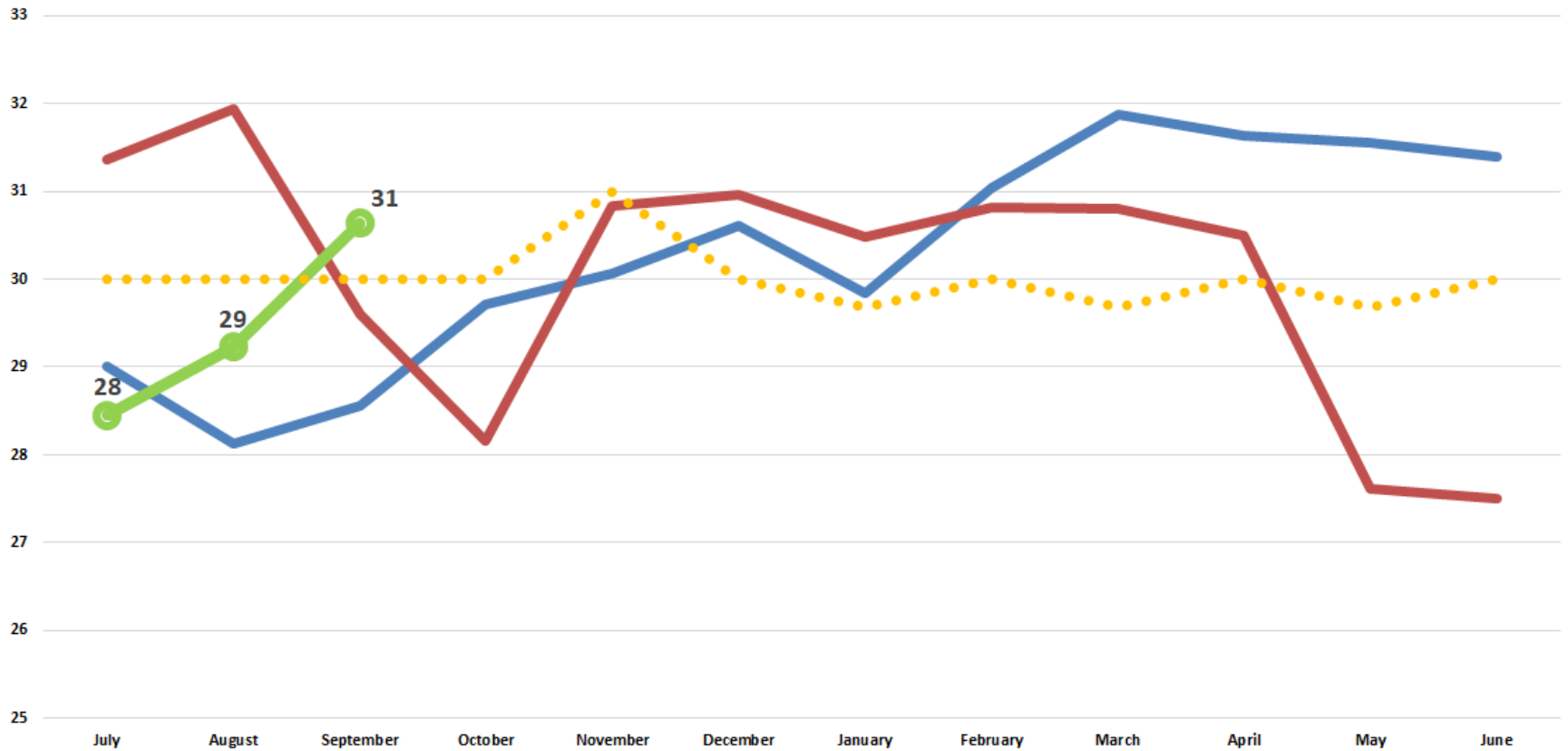
# Acute I/P Psych (Avg Patients Per Day)



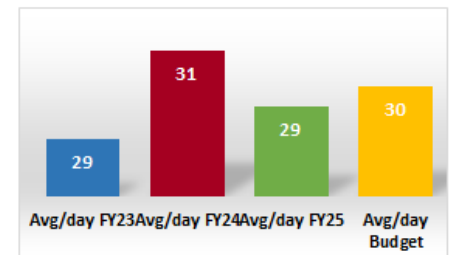
FY2023 FY2024 FY2025 Budget



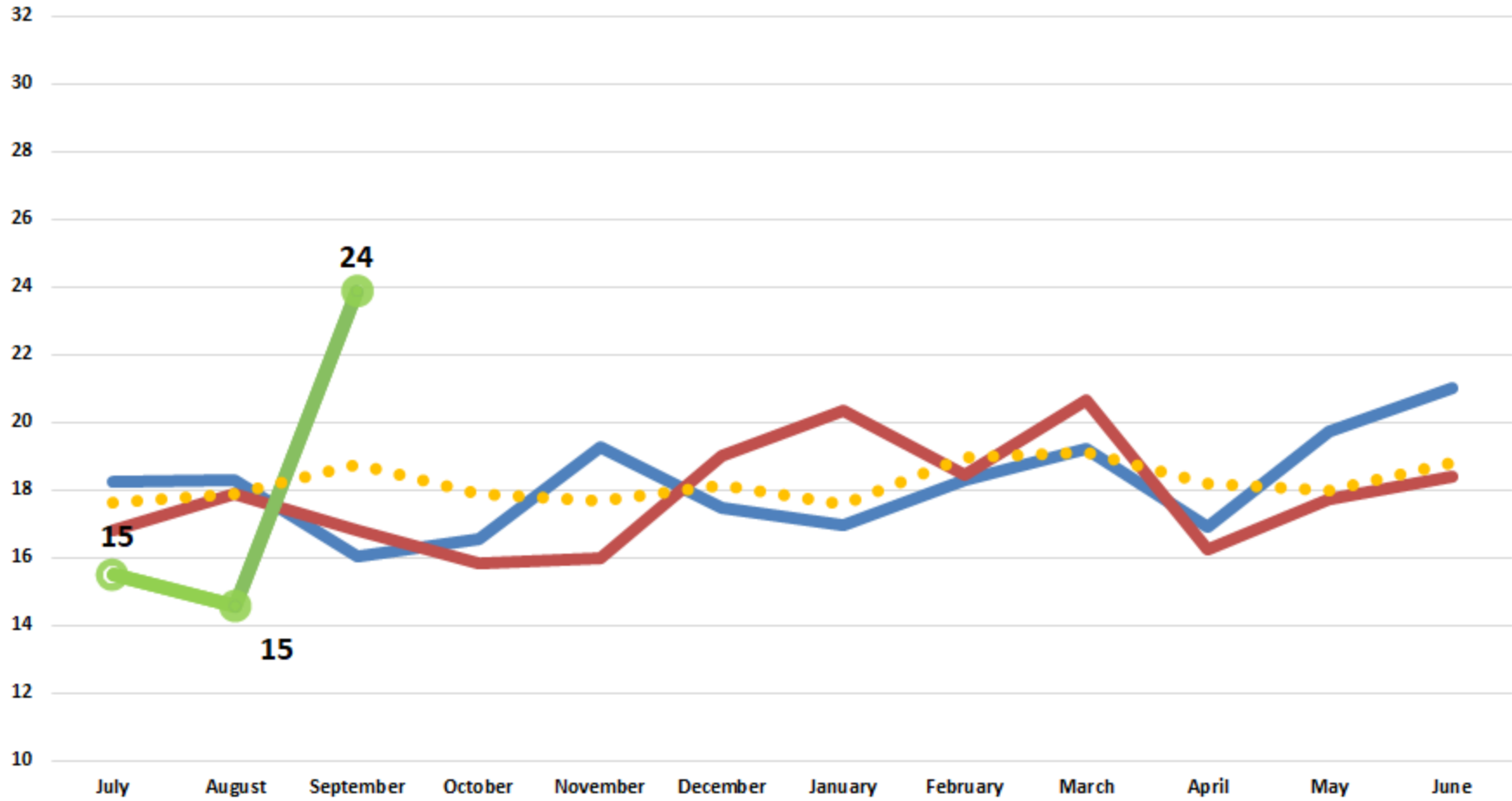
# Sub-Acute - Avg Patients Per Day



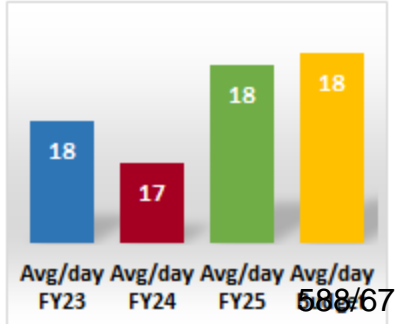
— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget



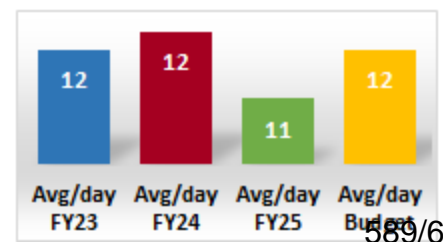
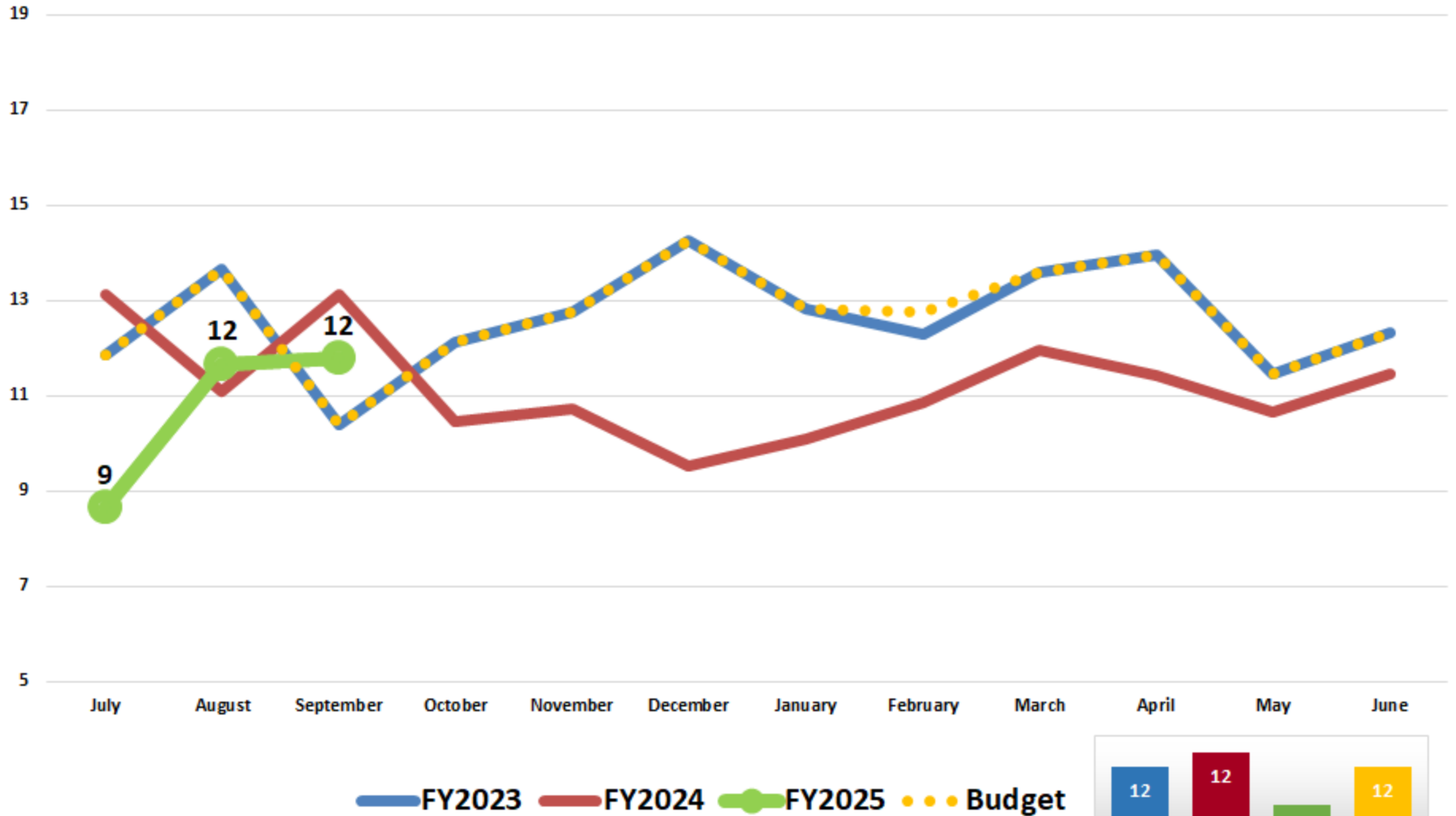
# Rehabilitation Hospital - Avg Patients Per Day



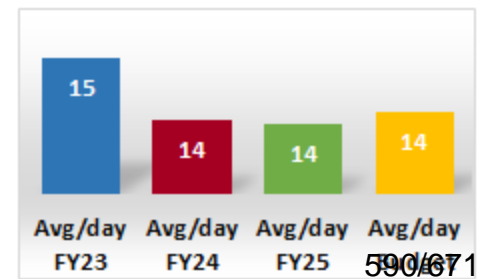
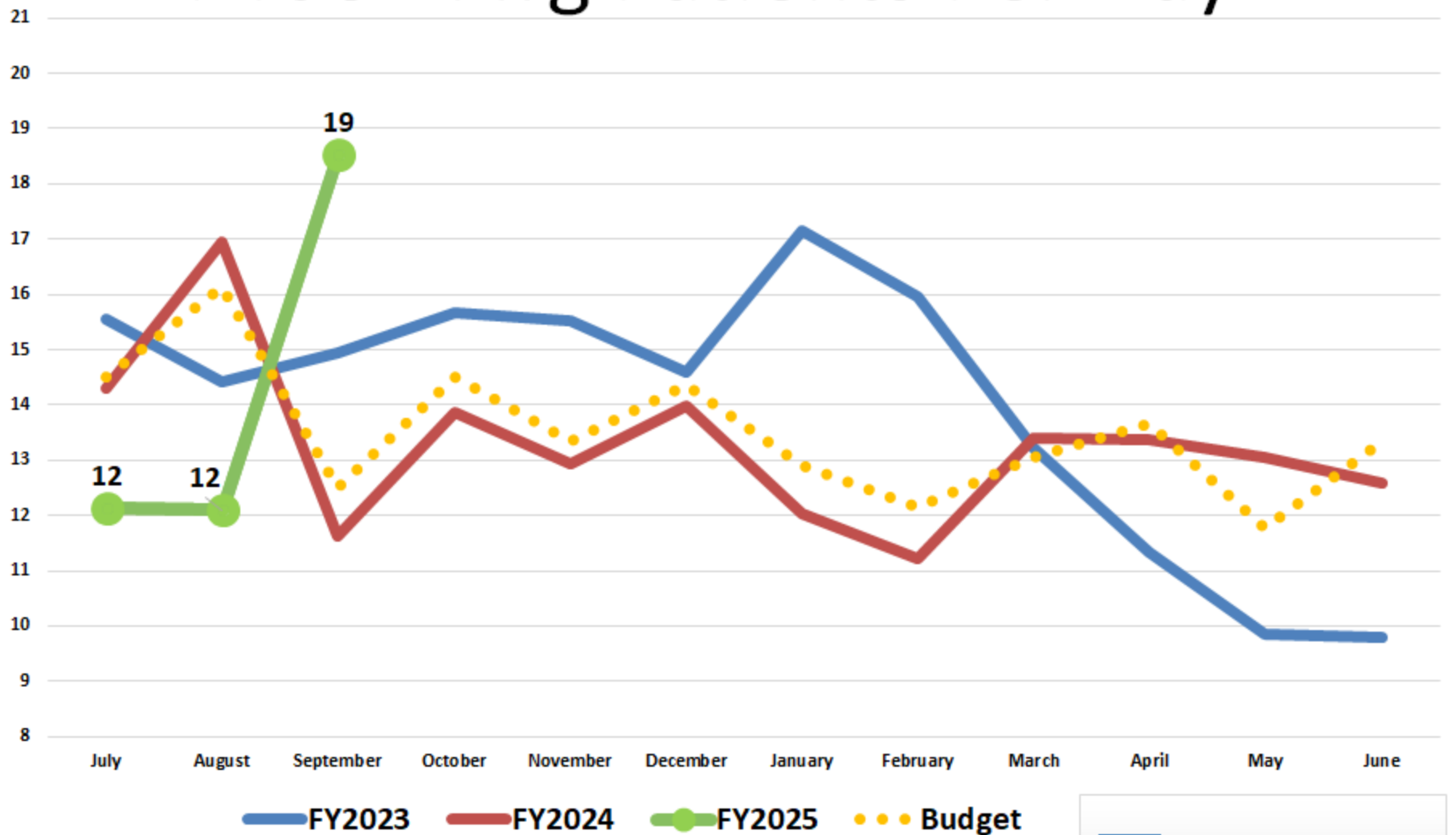
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



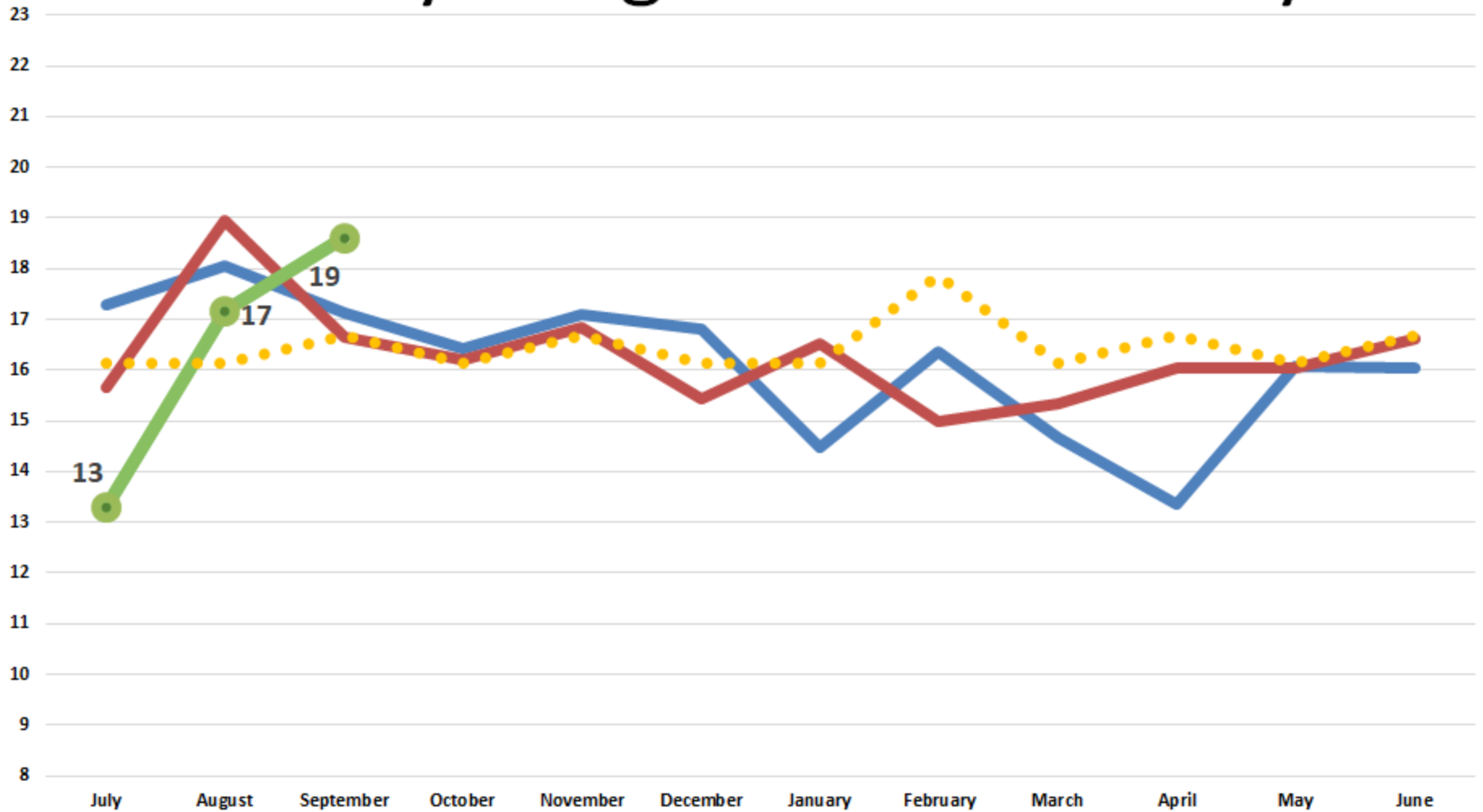
# TCS Ortho - Avg Patients Per Day



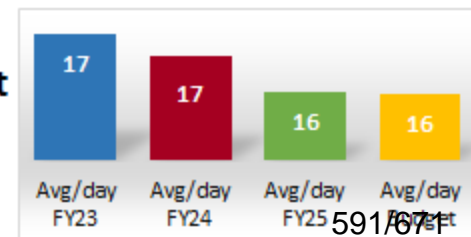
# NICU - Avg Patients Per Day



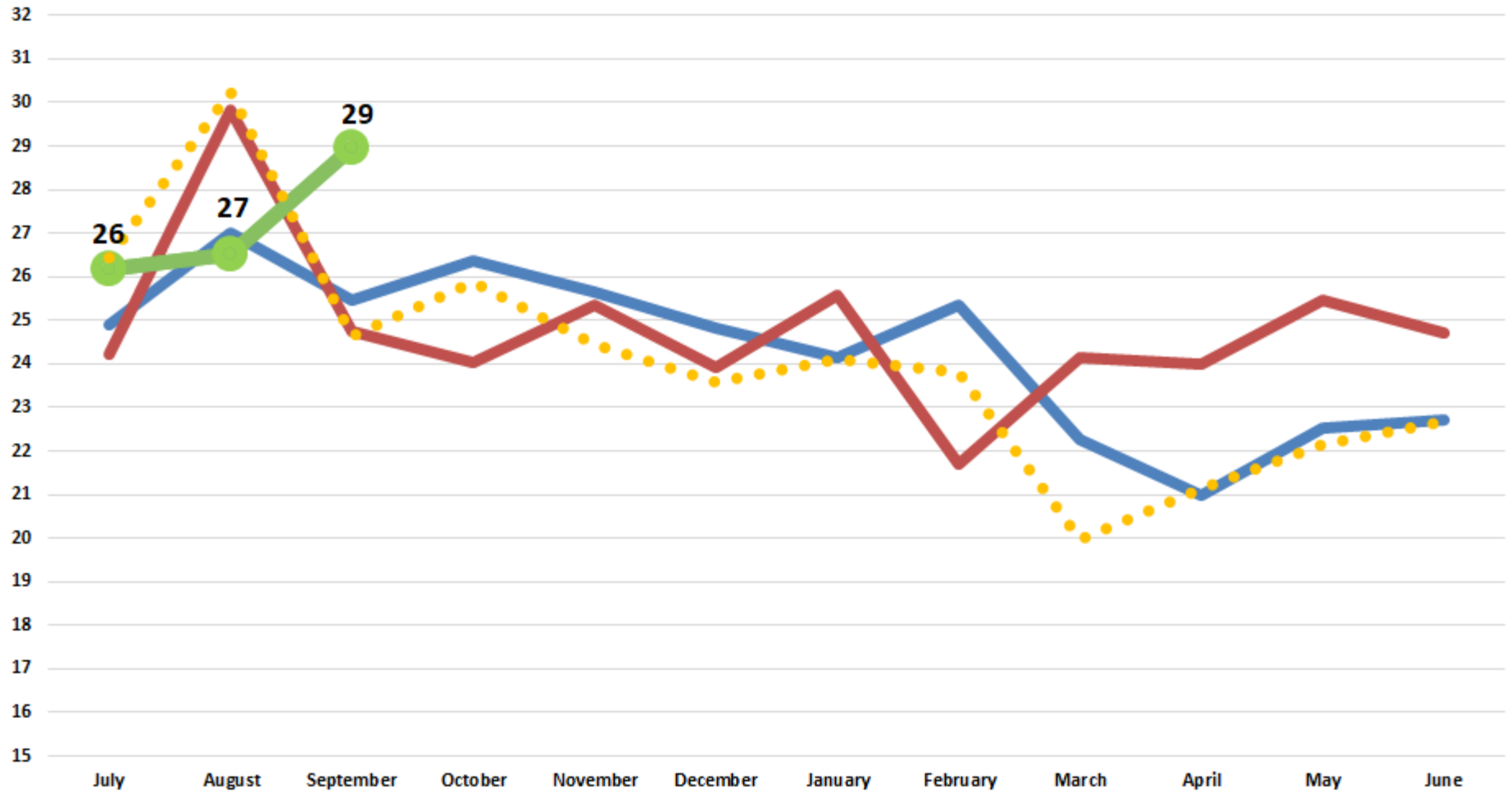
# Nursery - Avg Patients Per Day



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



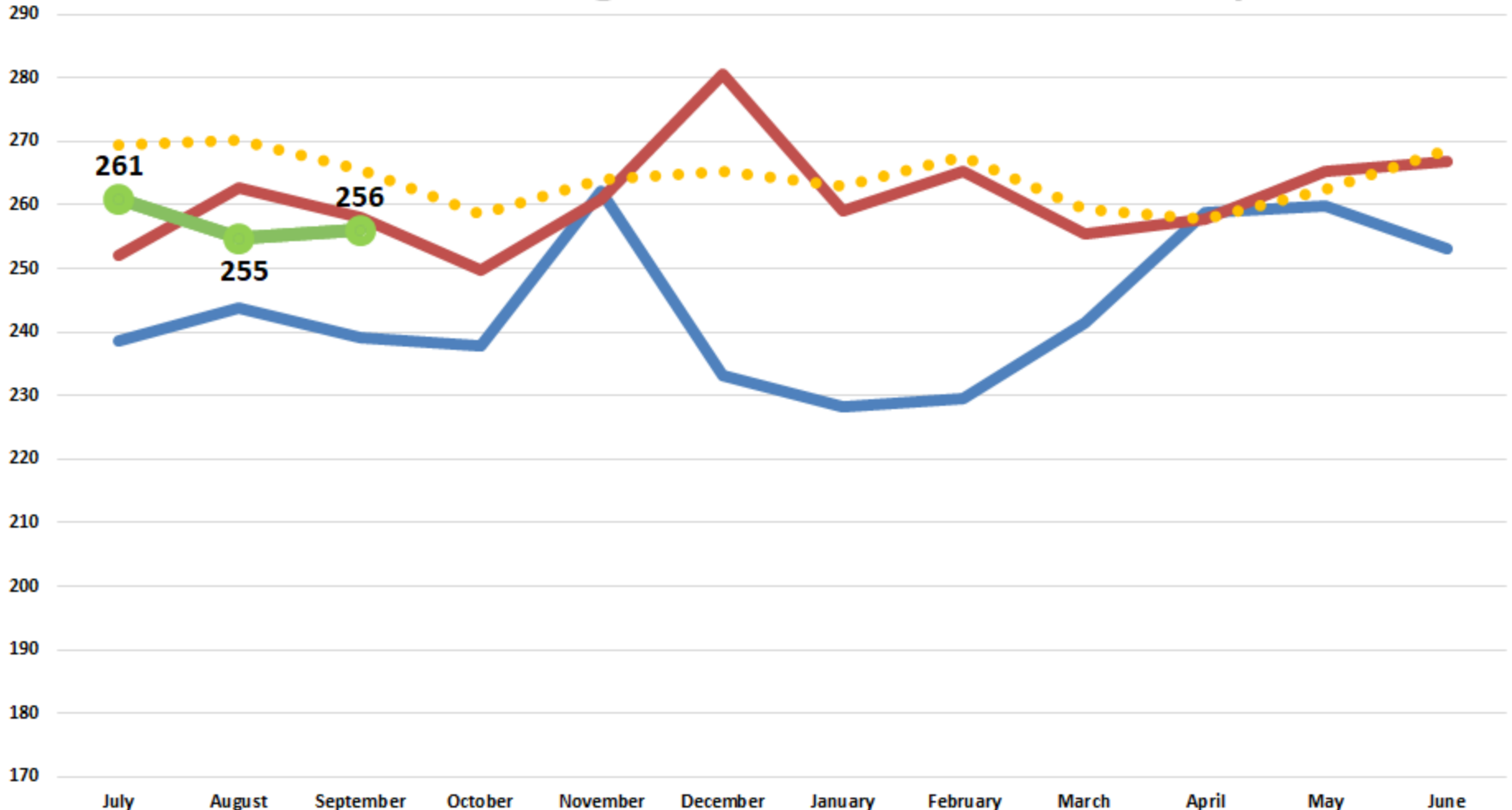
# Obstetrics - Avg Patients Per Day



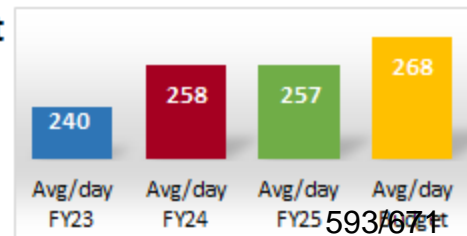
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

26	26	27	27
Avg/day FY23	Avg/day FY24	Avg/day FY25	Avg/day Budget
592/674			

# ED - Avg Treated Per Day



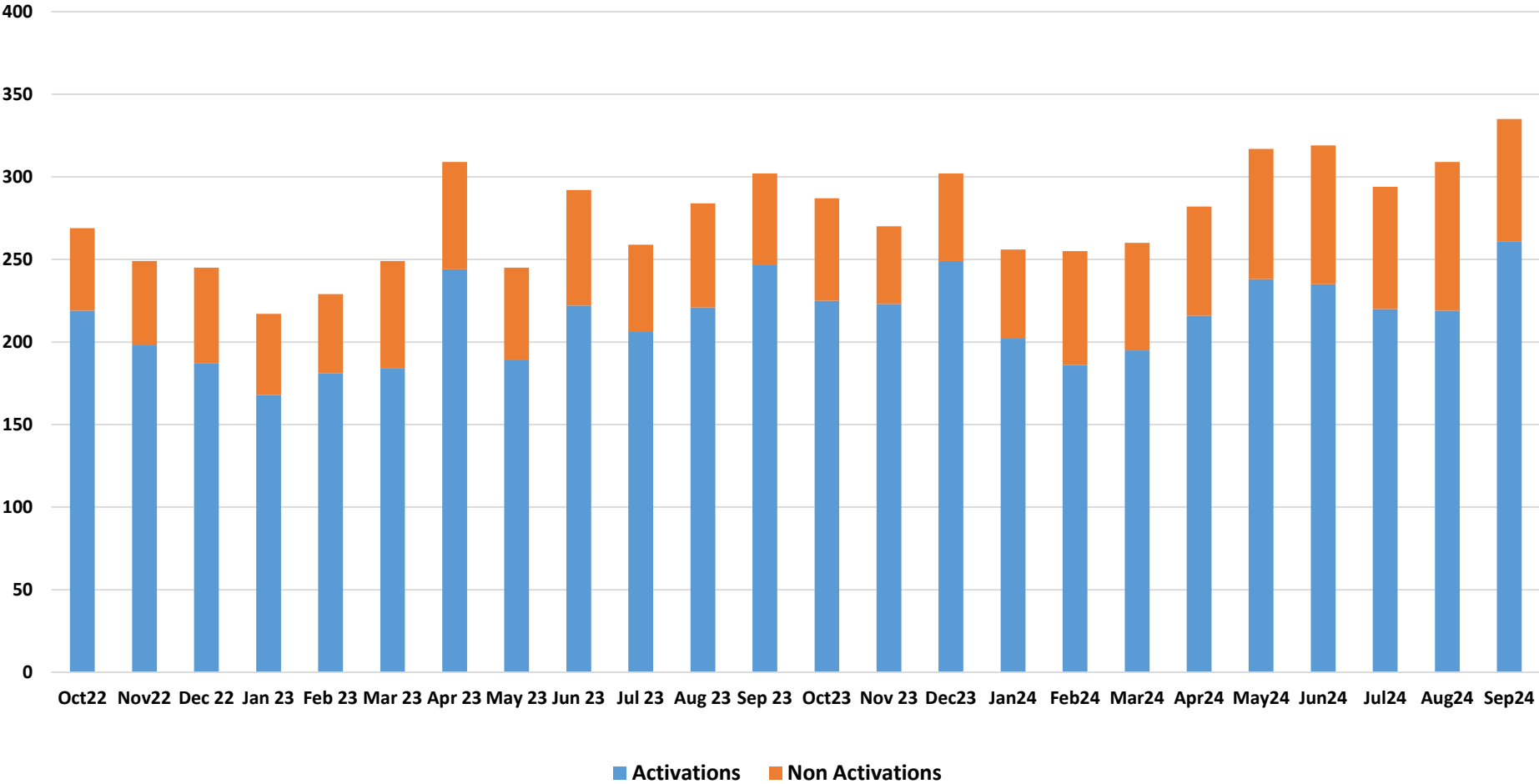
—●— FY2023   
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 —●— FY2025   
 ●●● Budget



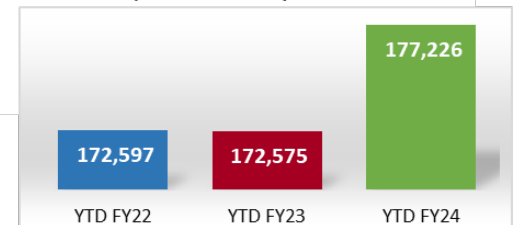
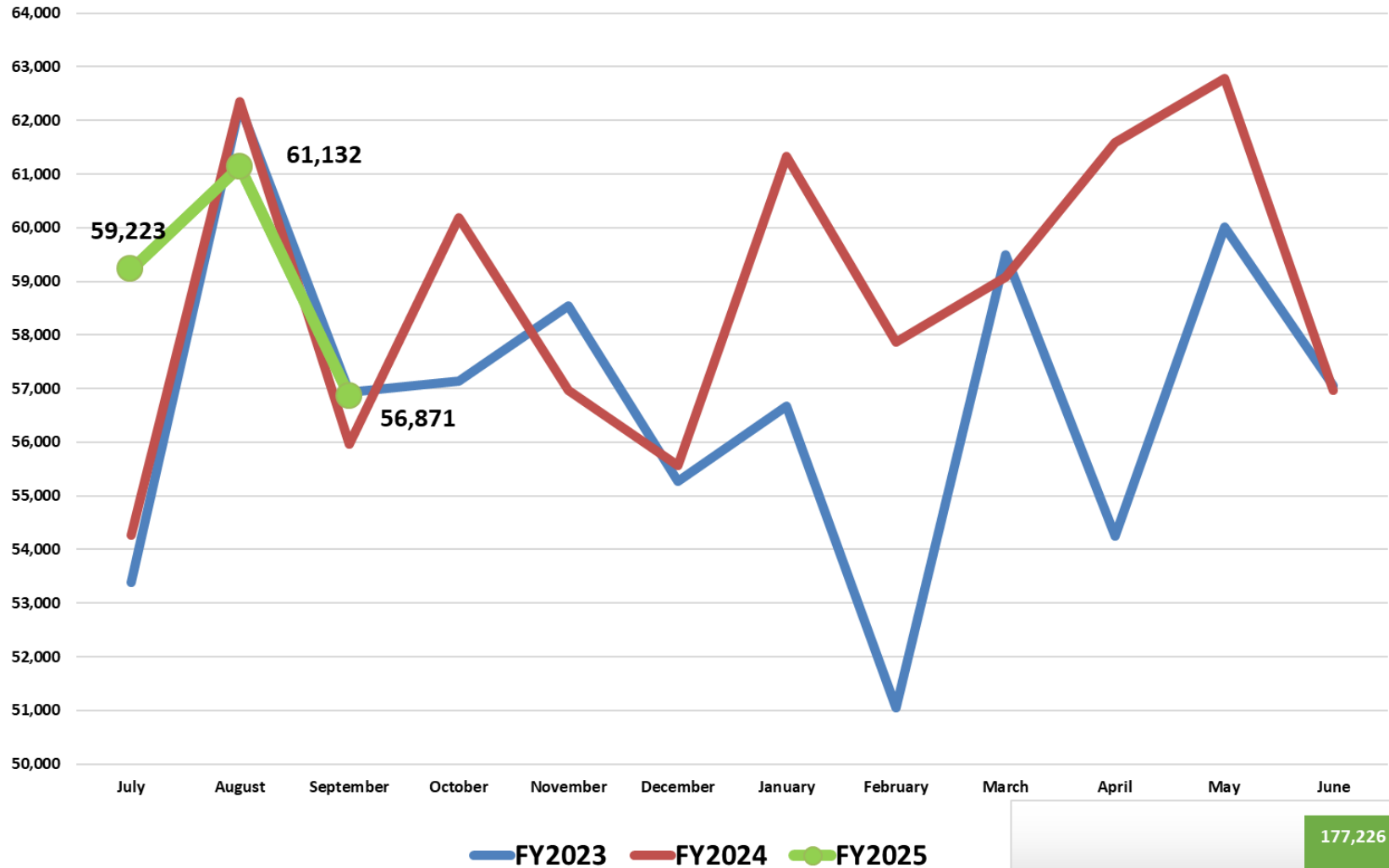
593/671



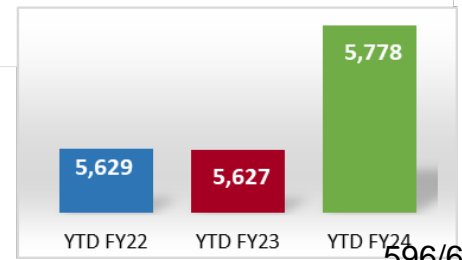
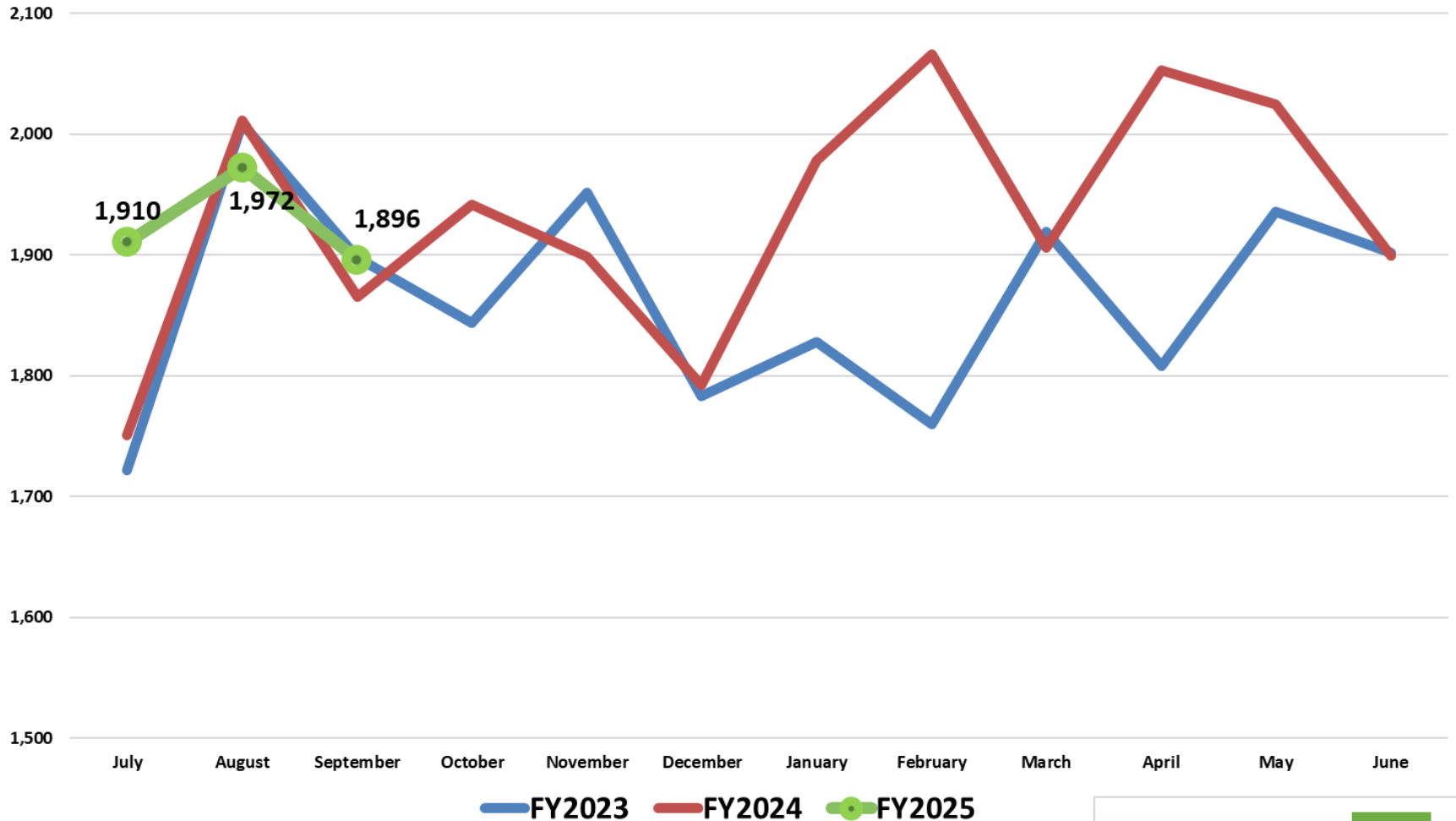
# Trauma Activations & Non Activations



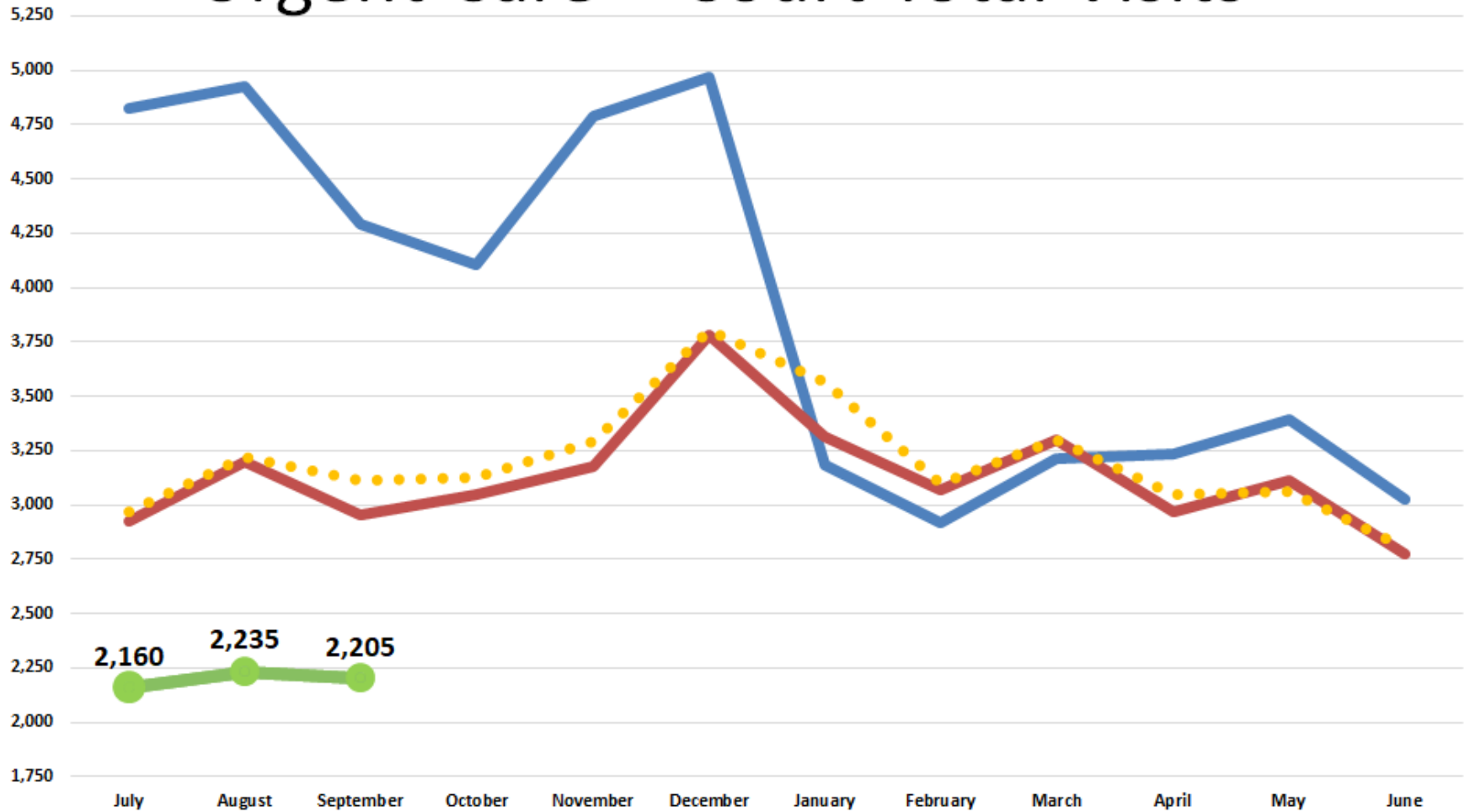
# Outpatient Registrations



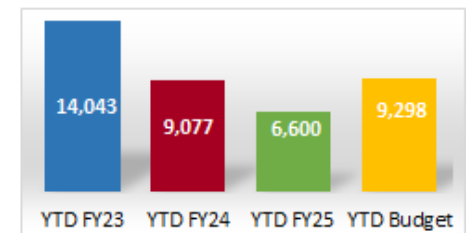
# Outpatient Registrations Per Day



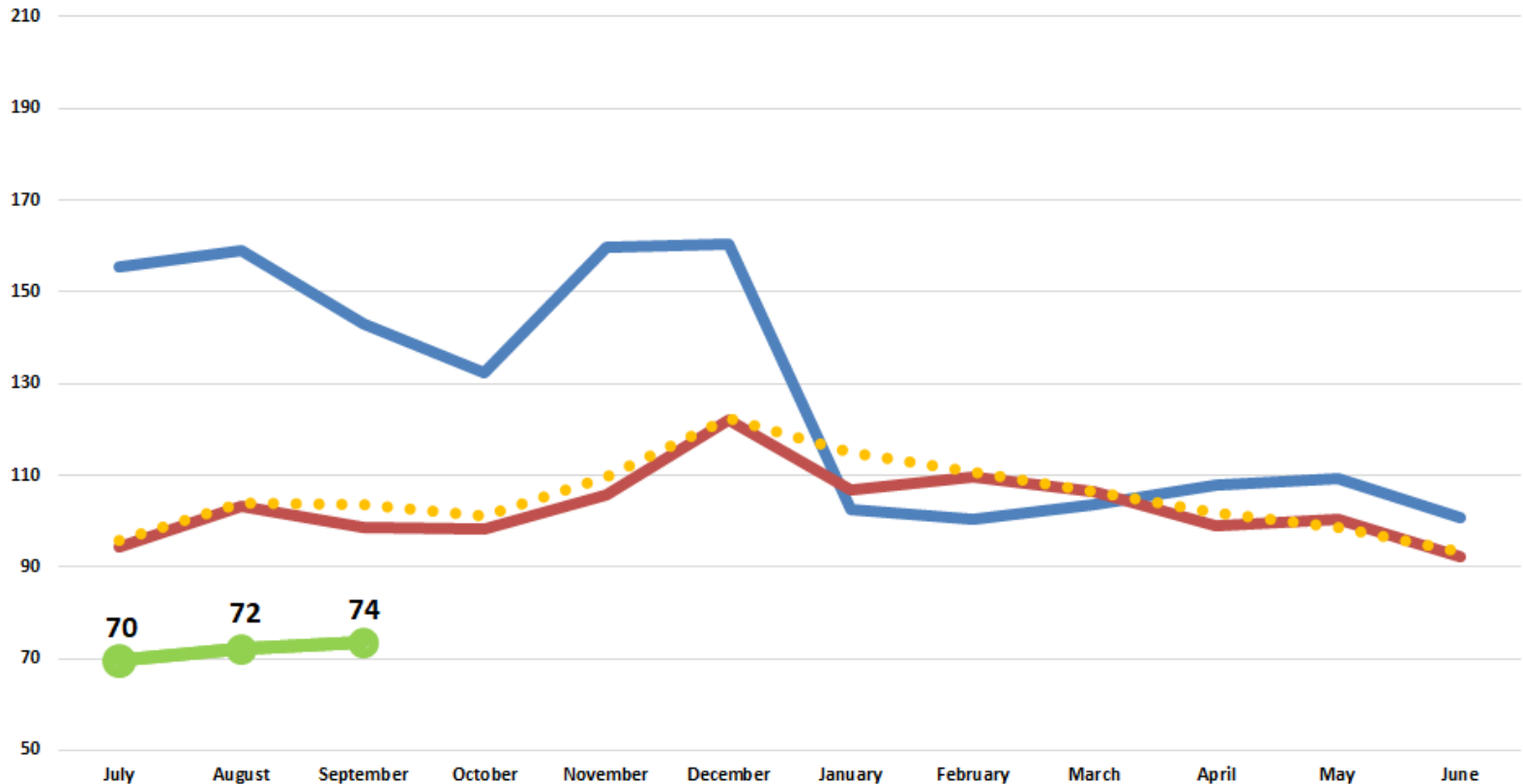
# Urgent Care – Court Total Visits



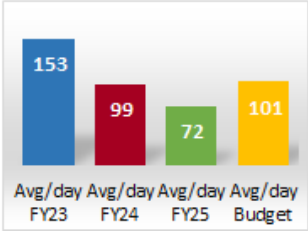
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



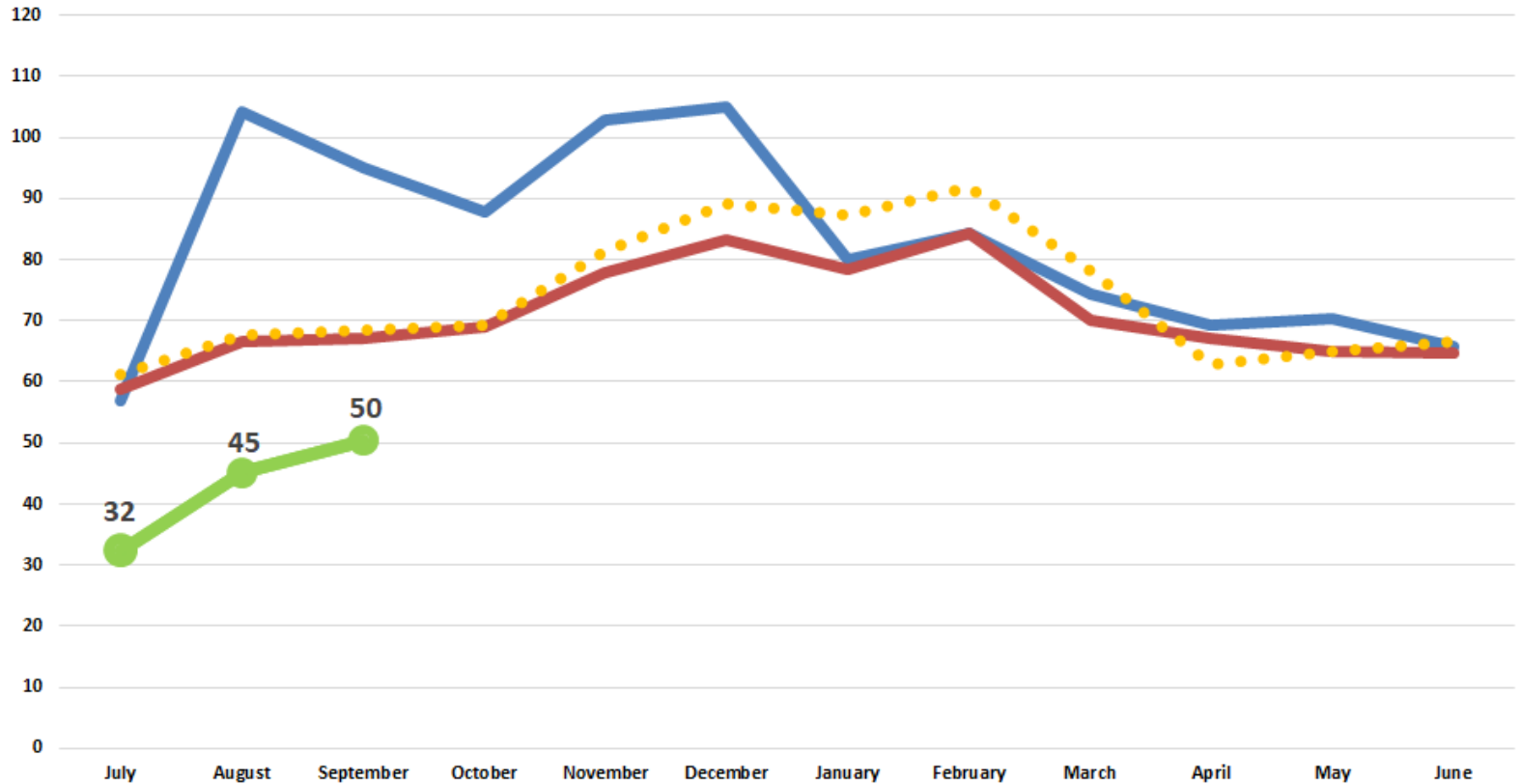
# Urgent Care – Court Avg Visits Per Day



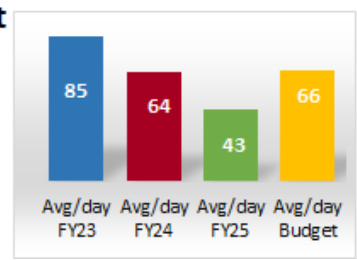
— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



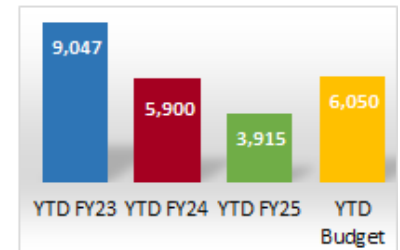
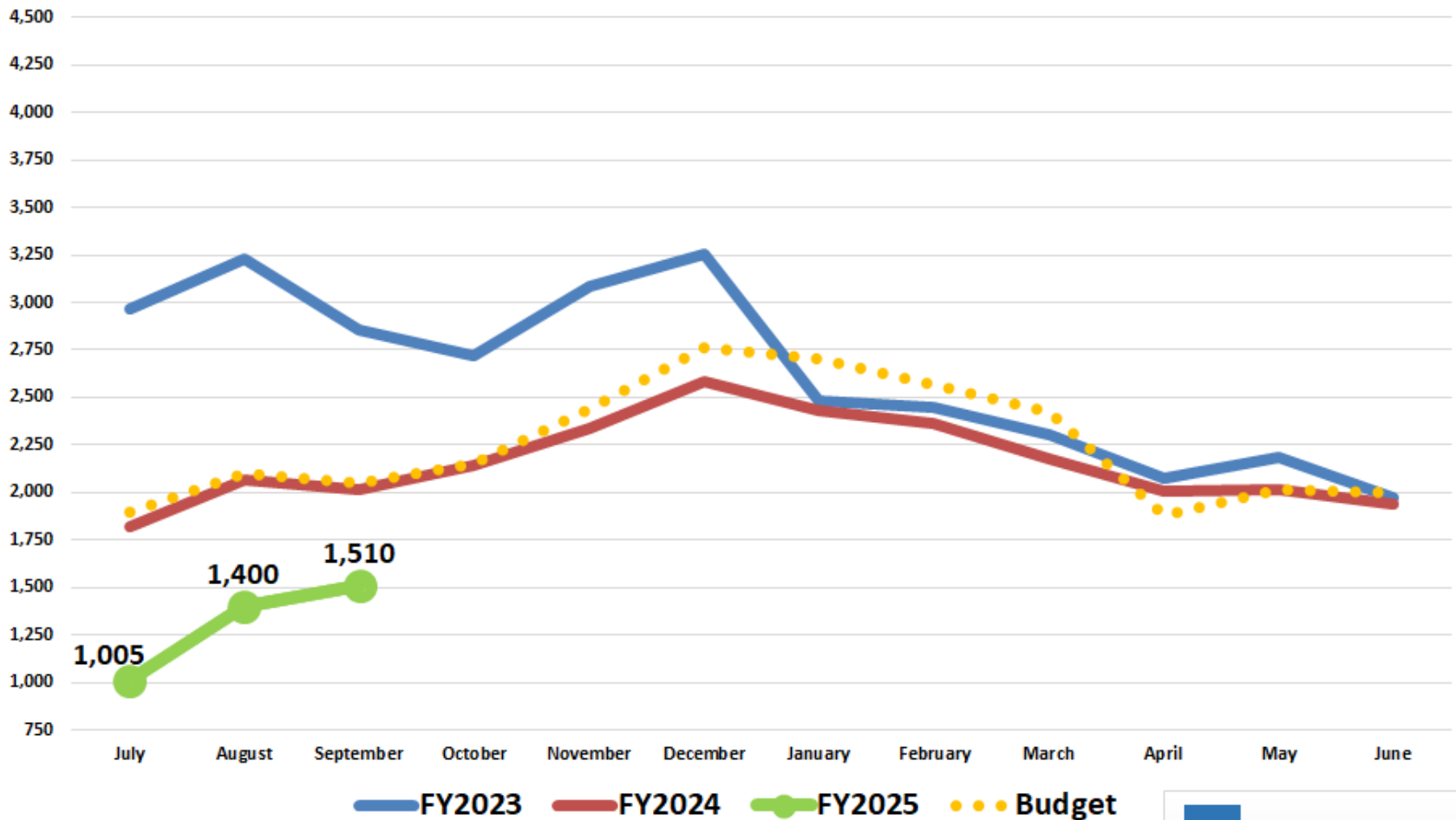
# Urgent Care – Demaree Avg Visits Per Day



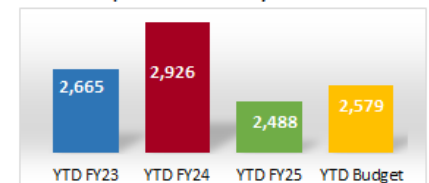
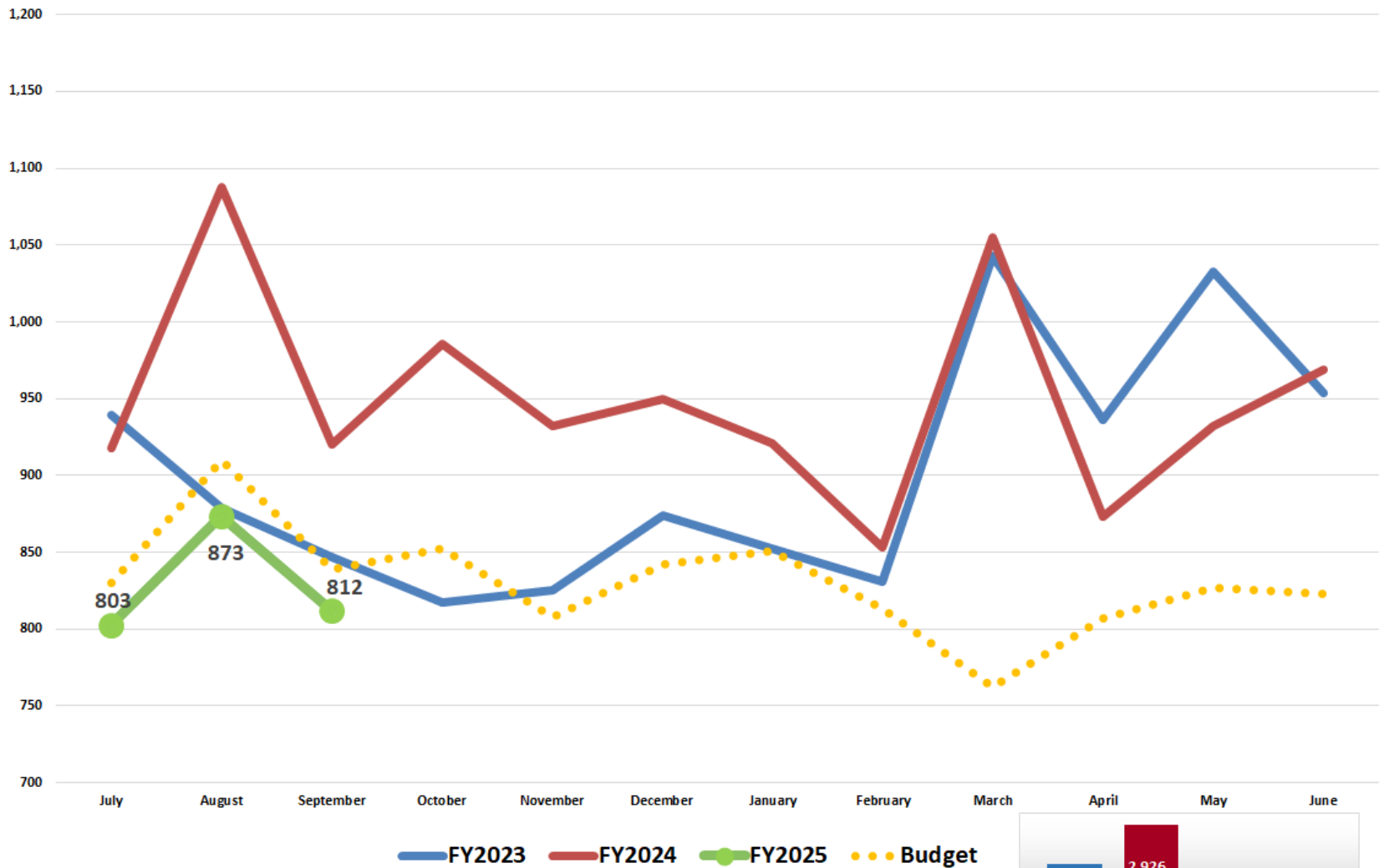
—●— **FY2023**   
 —●— **FY2024**   
 —●— **FY2025**   
 ●●● **Budget**



# Urgent Care – Demaree Total Visits

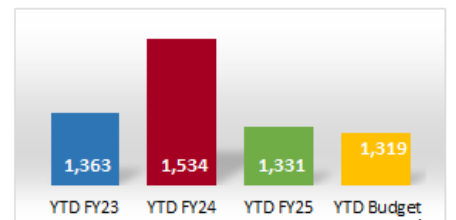
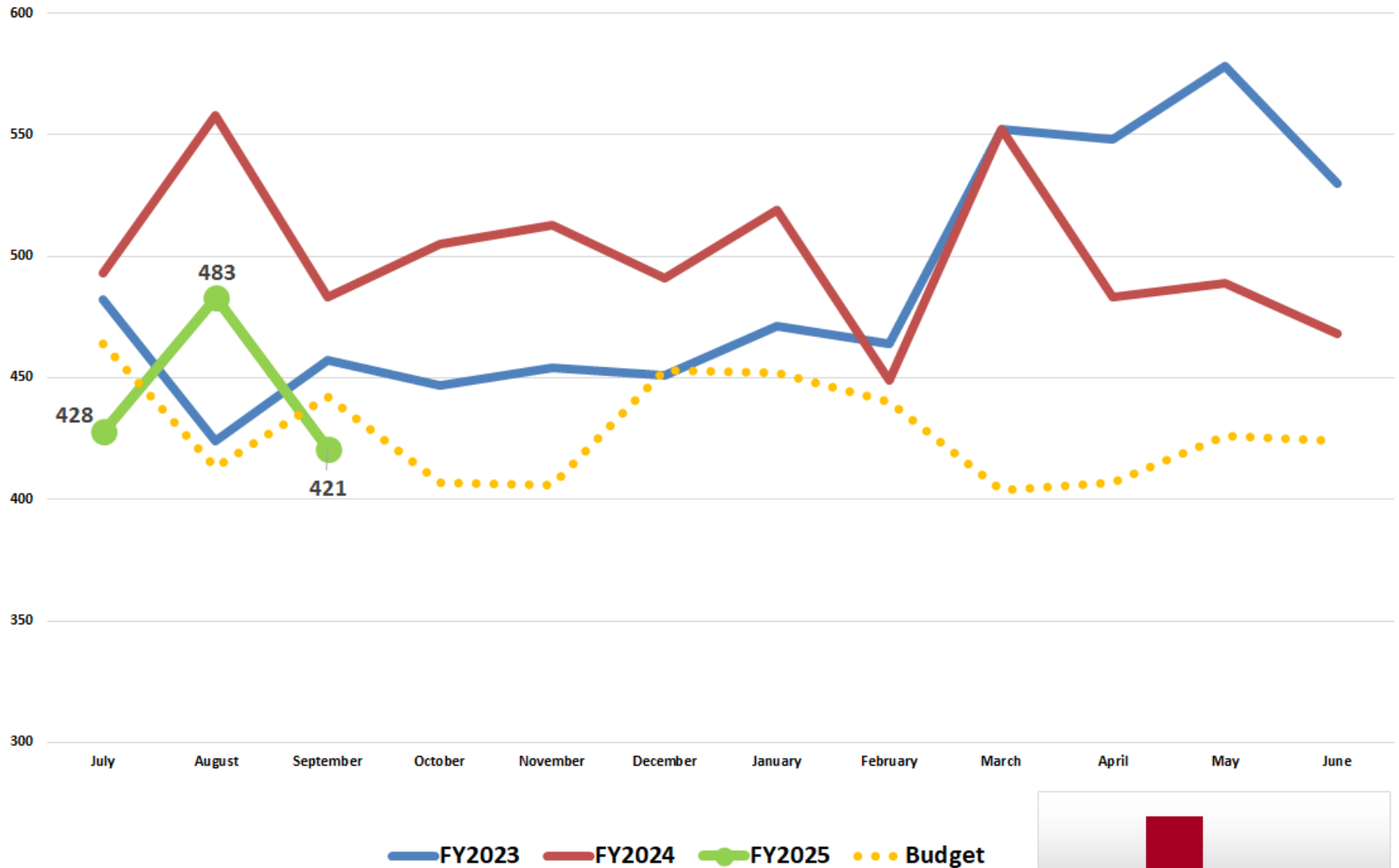


# Surgery (IP & OP) – 100 Min Units

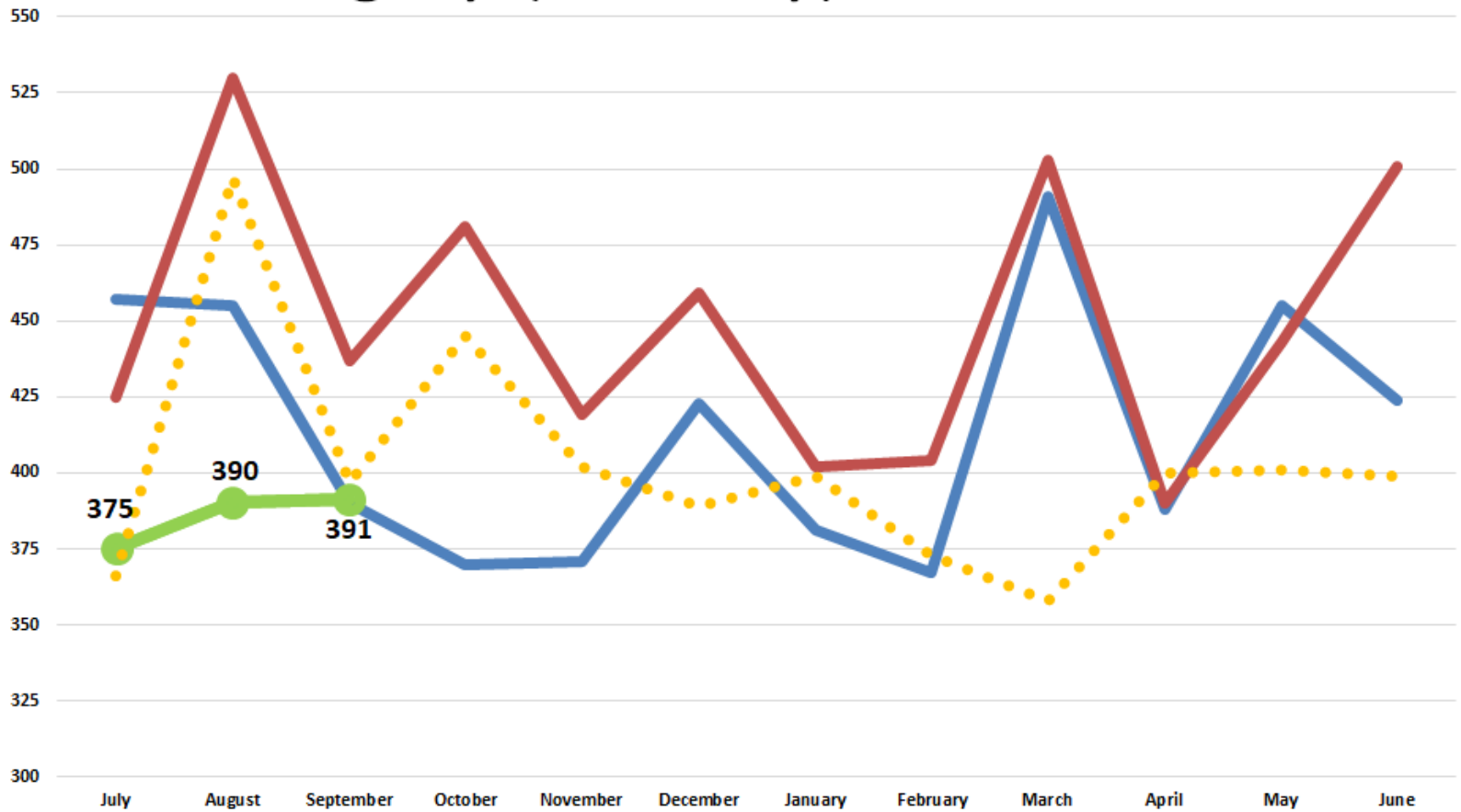




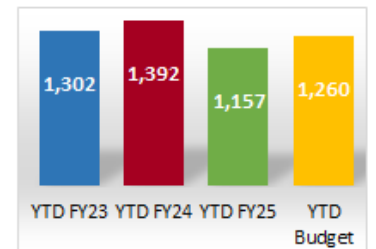
# Surgery (IP Only) - 100 Min Unit



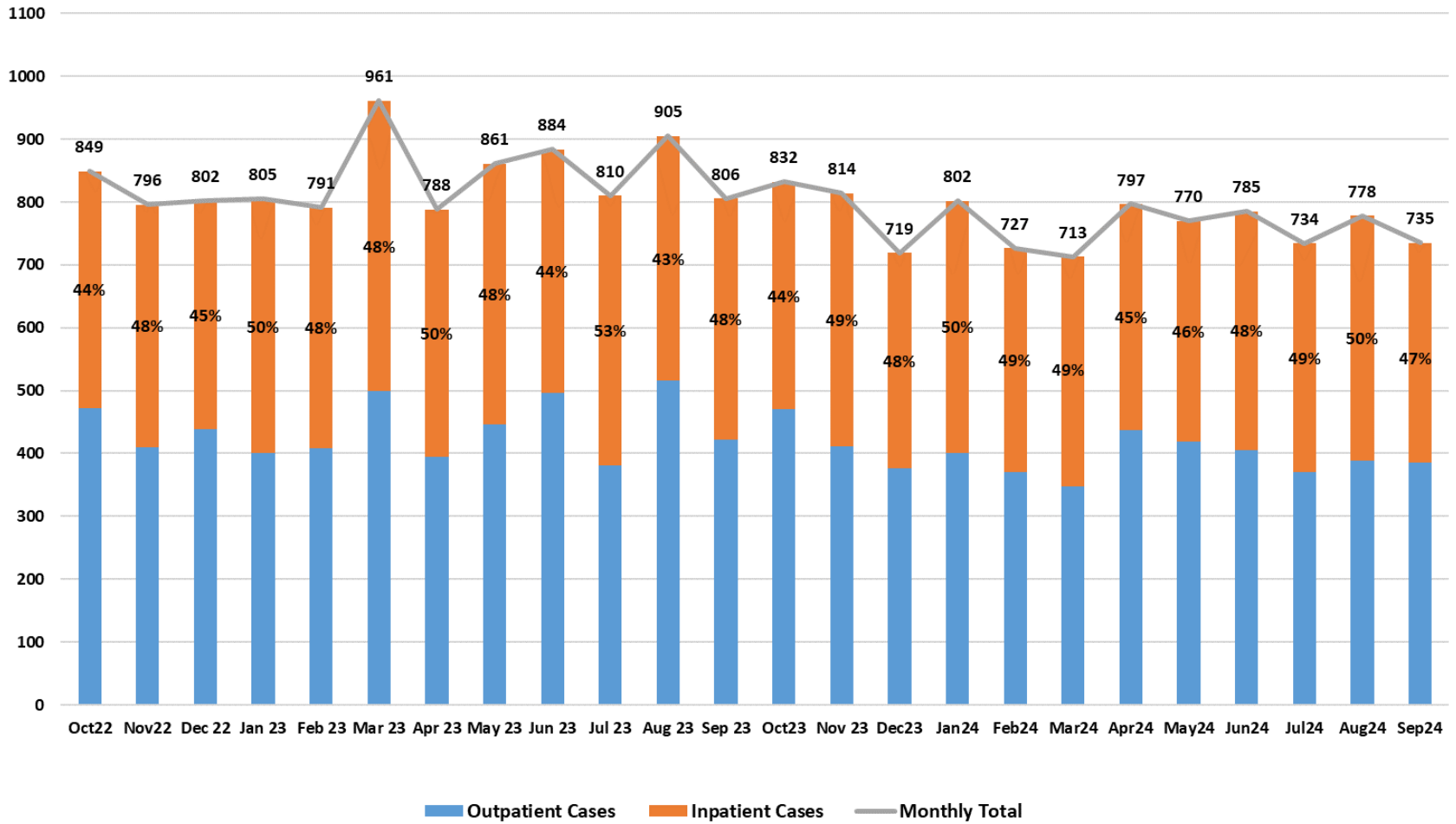
# Surgery (OP Only) - 100 Min Units



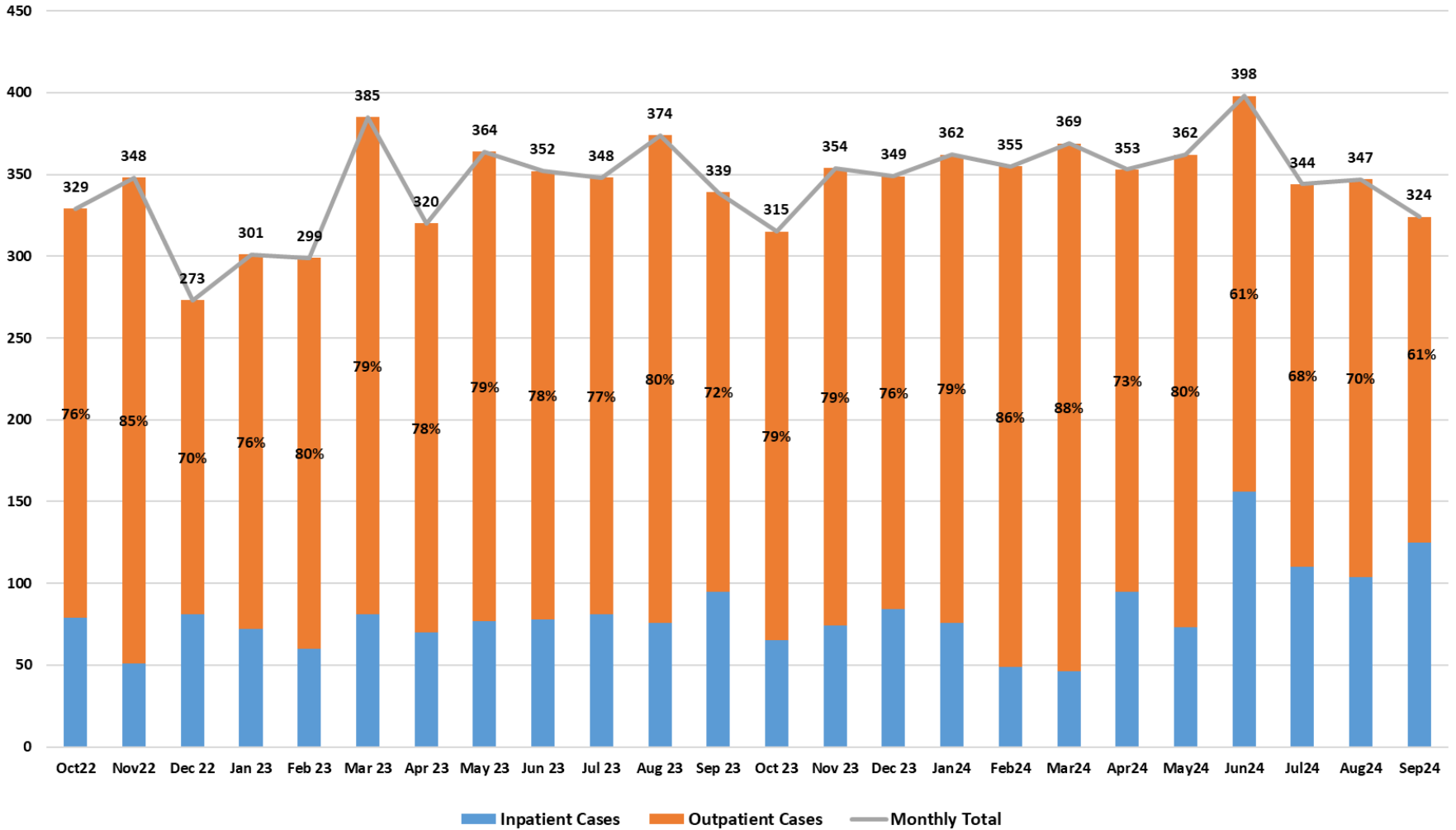
— FY2023   
 — FY2024   
 —● FY2025   
 ●● Budget



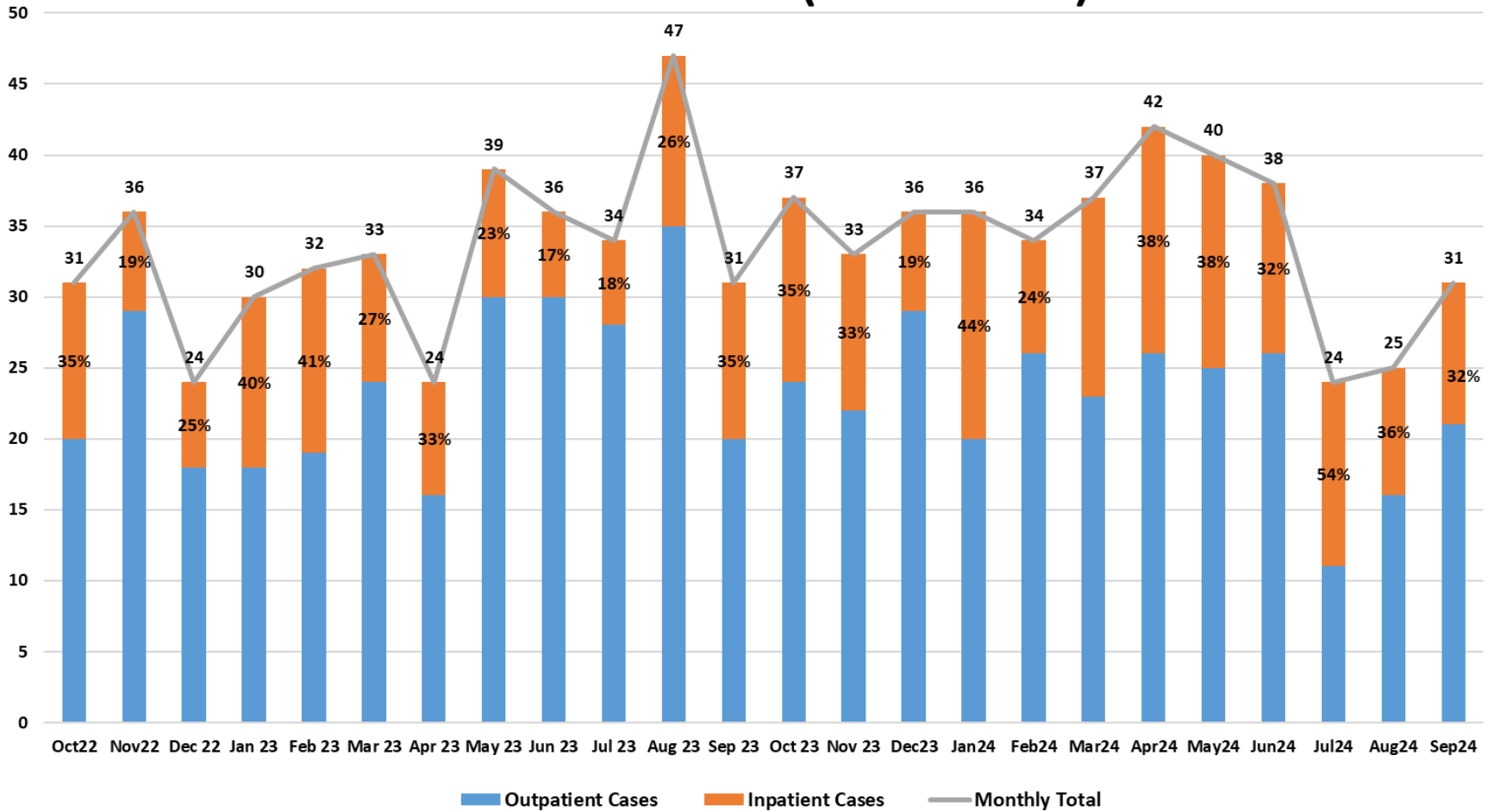
# Surgery Cases (IP & OP)



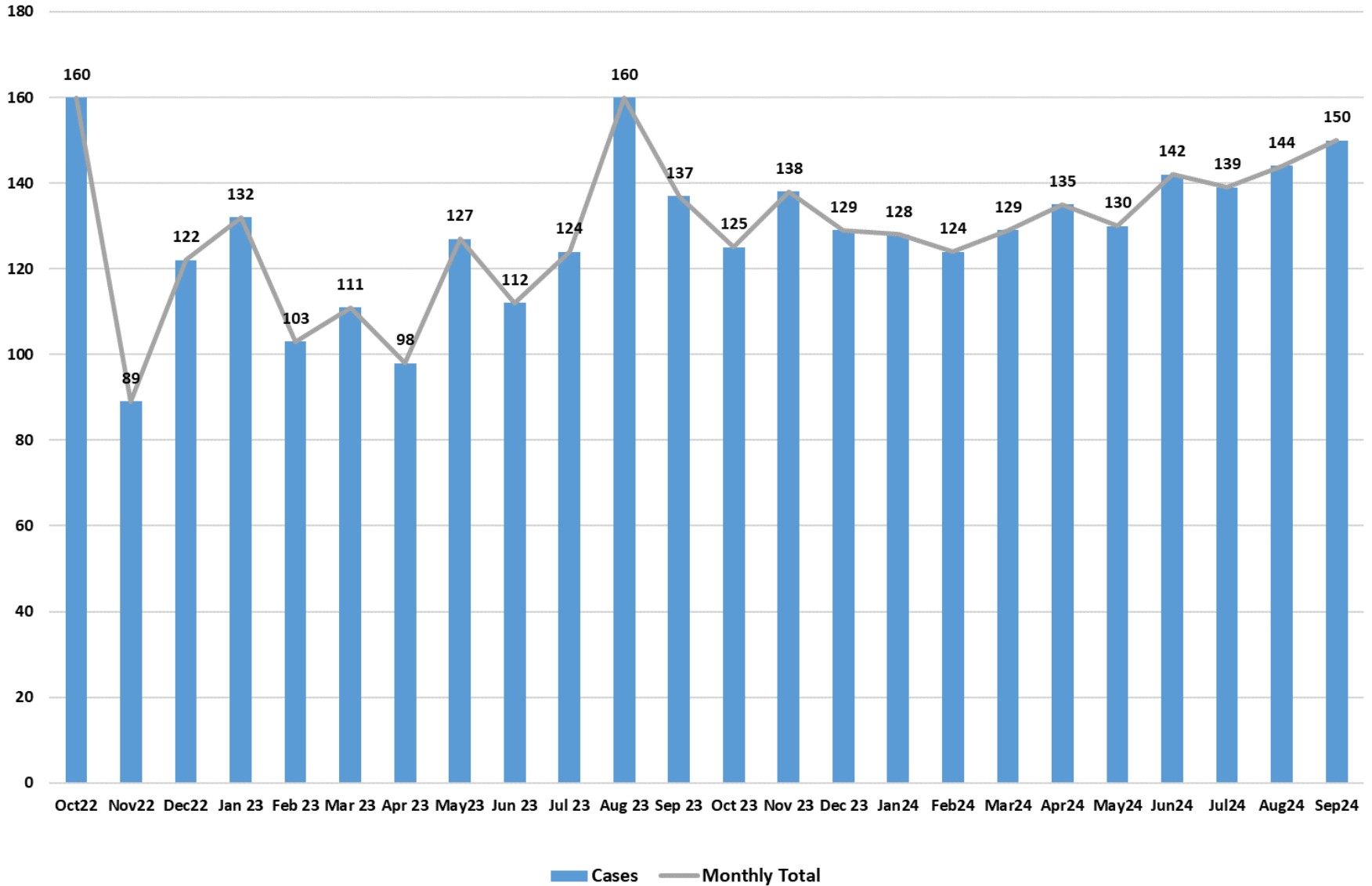
# Endo Cases (Suites A & B and OR )



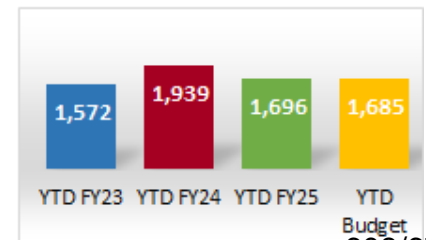
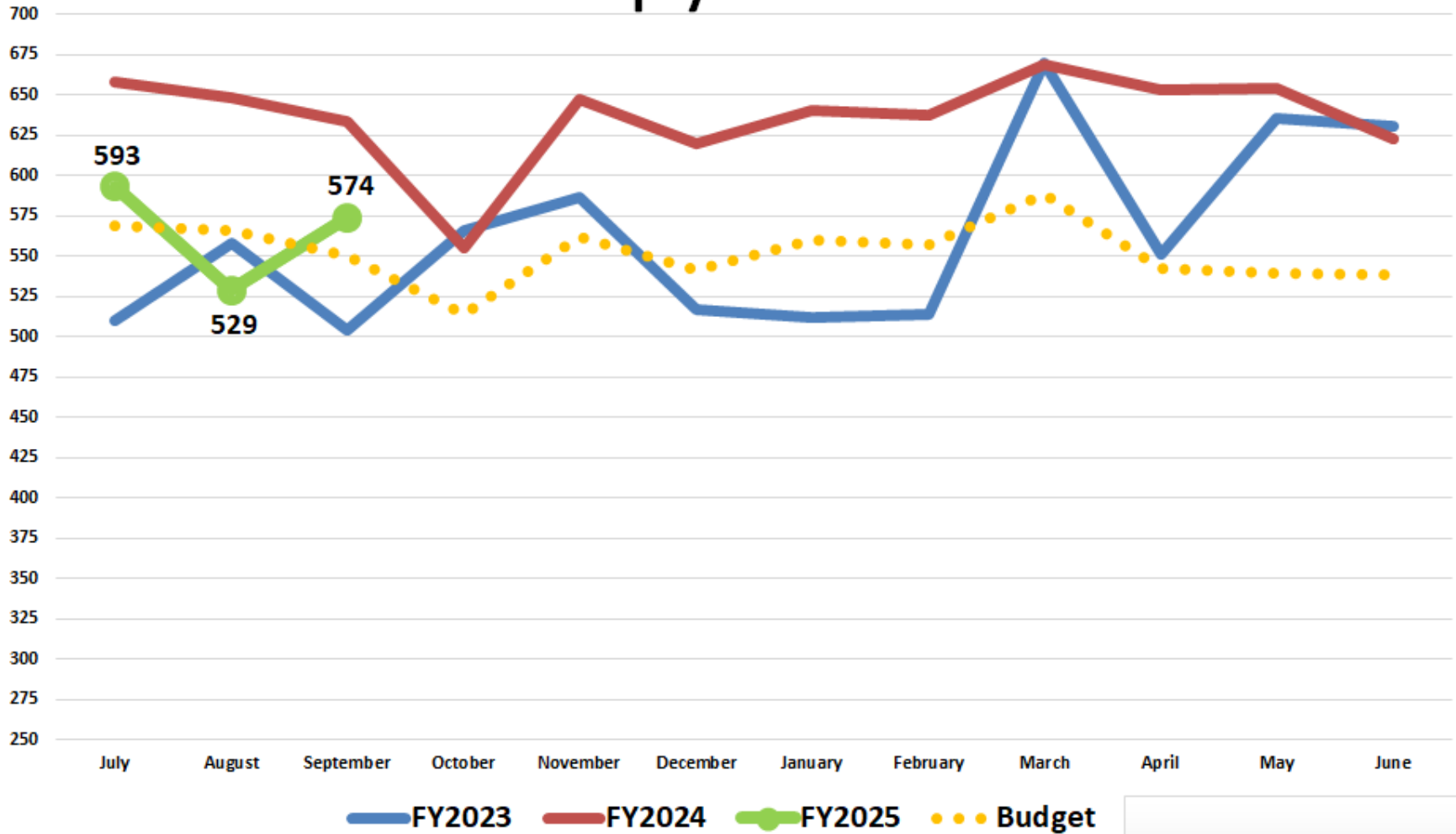
# Robotic Cases (IP & OP)



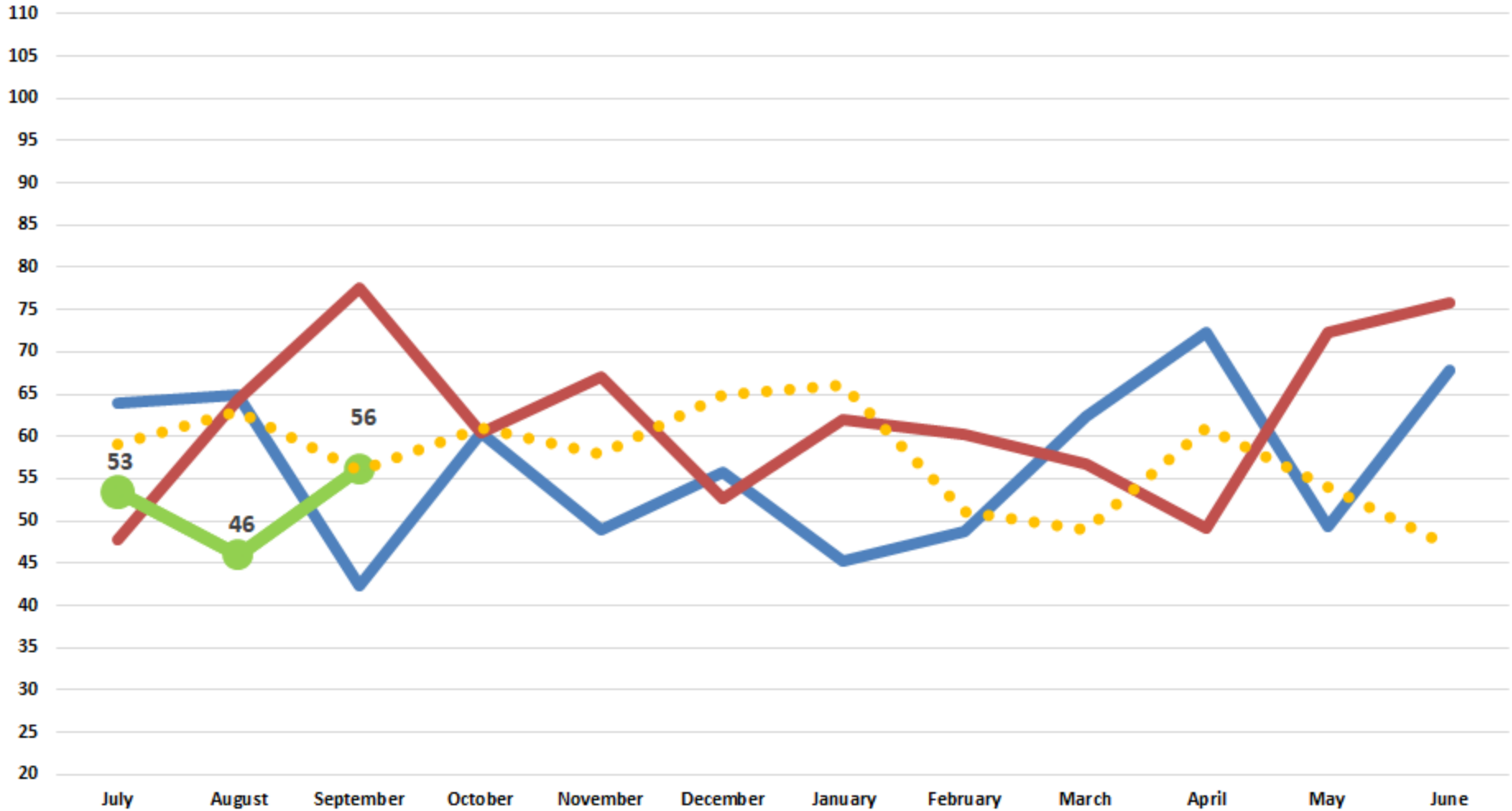
# OB Cases



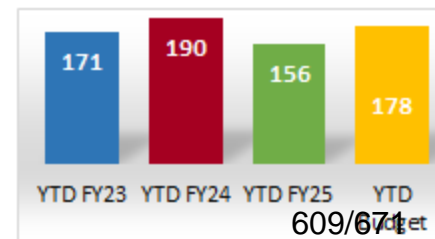
# Endoscopy Procedures



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

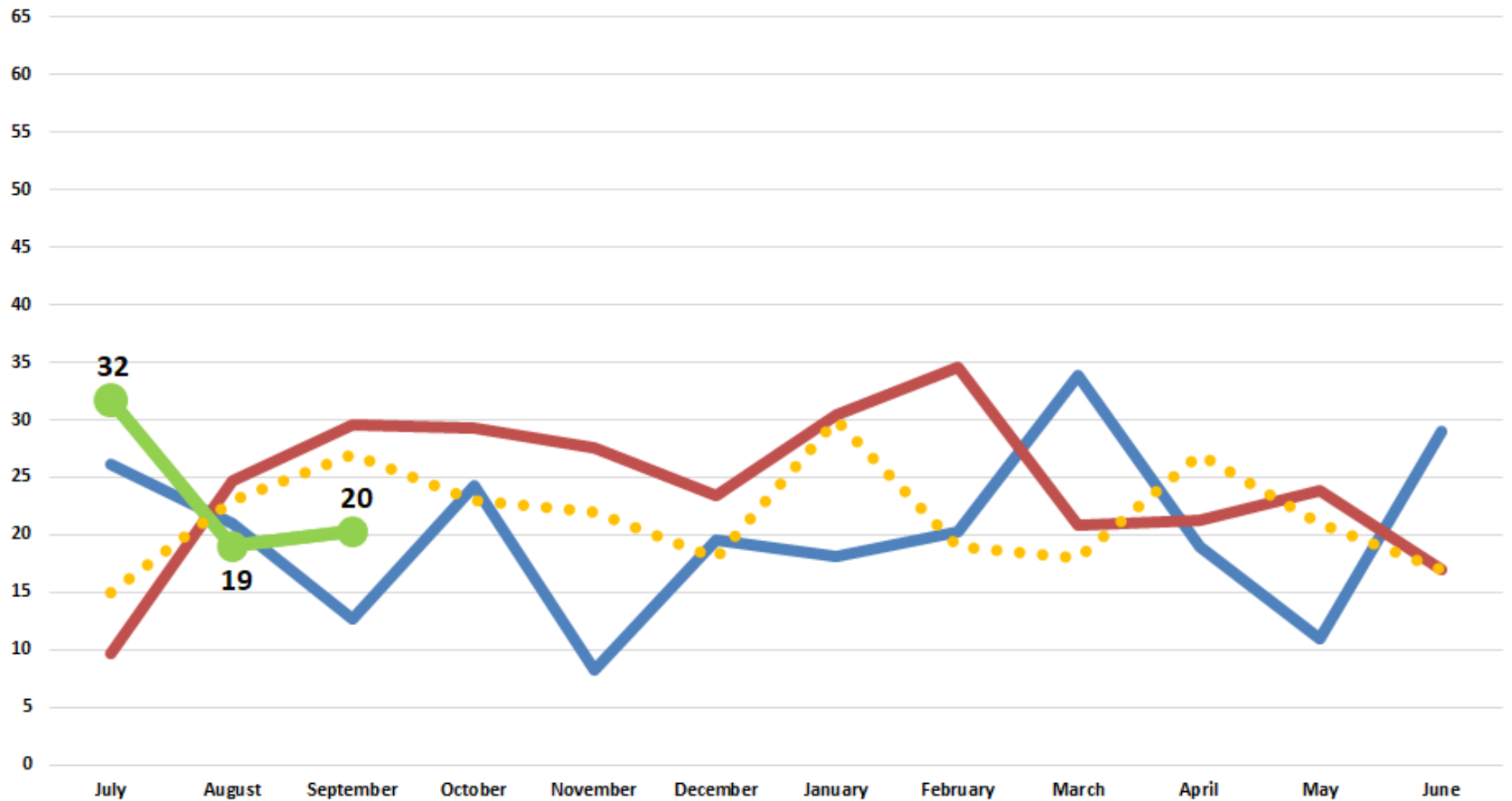


—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

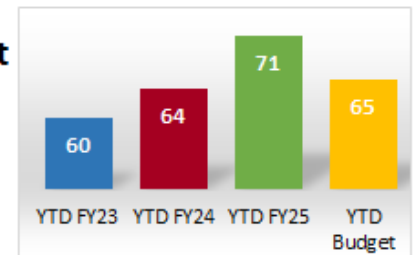




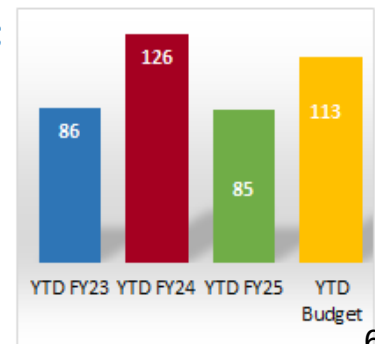
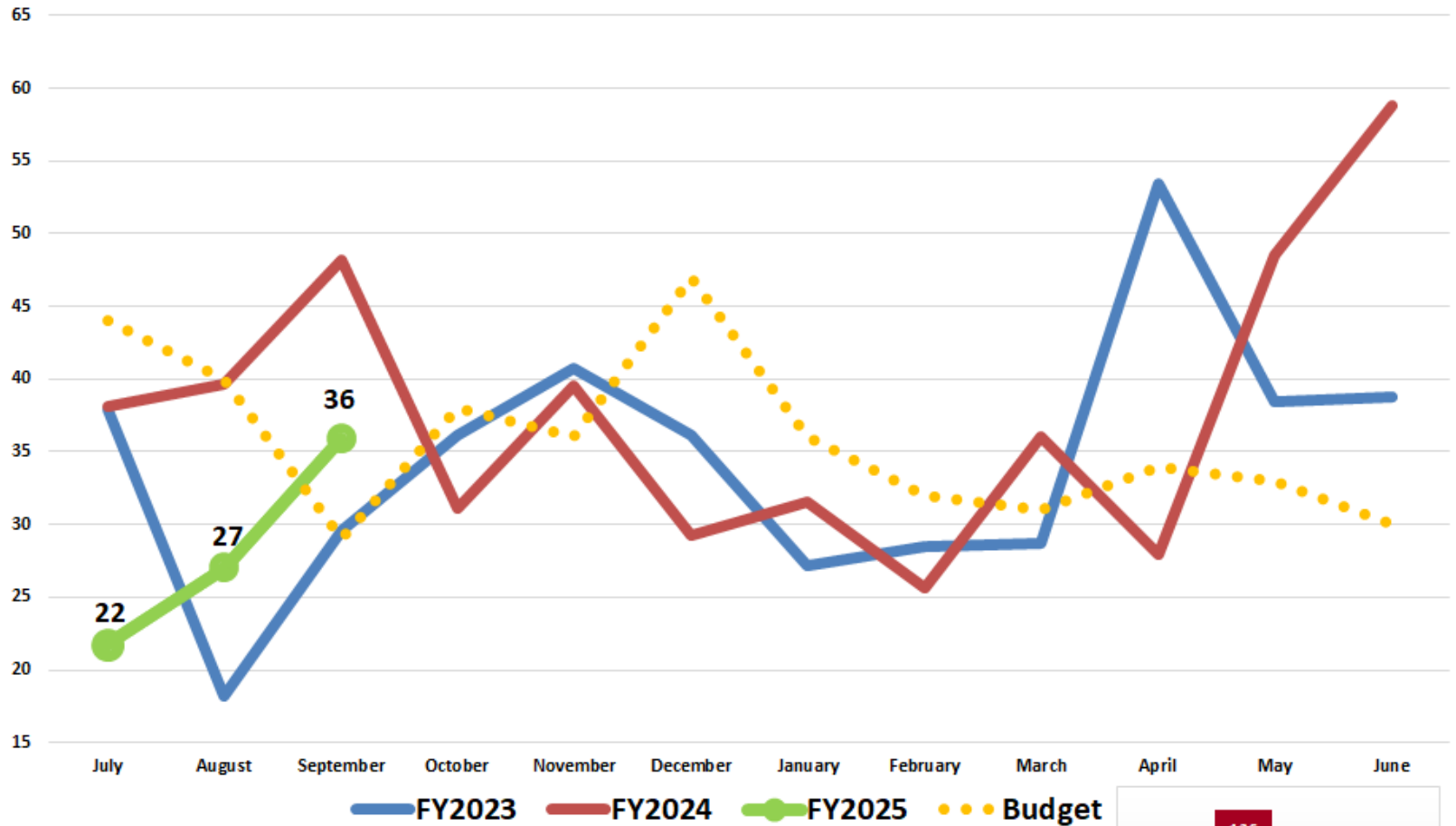
# Robotic Surgery Minutes (IP Only)



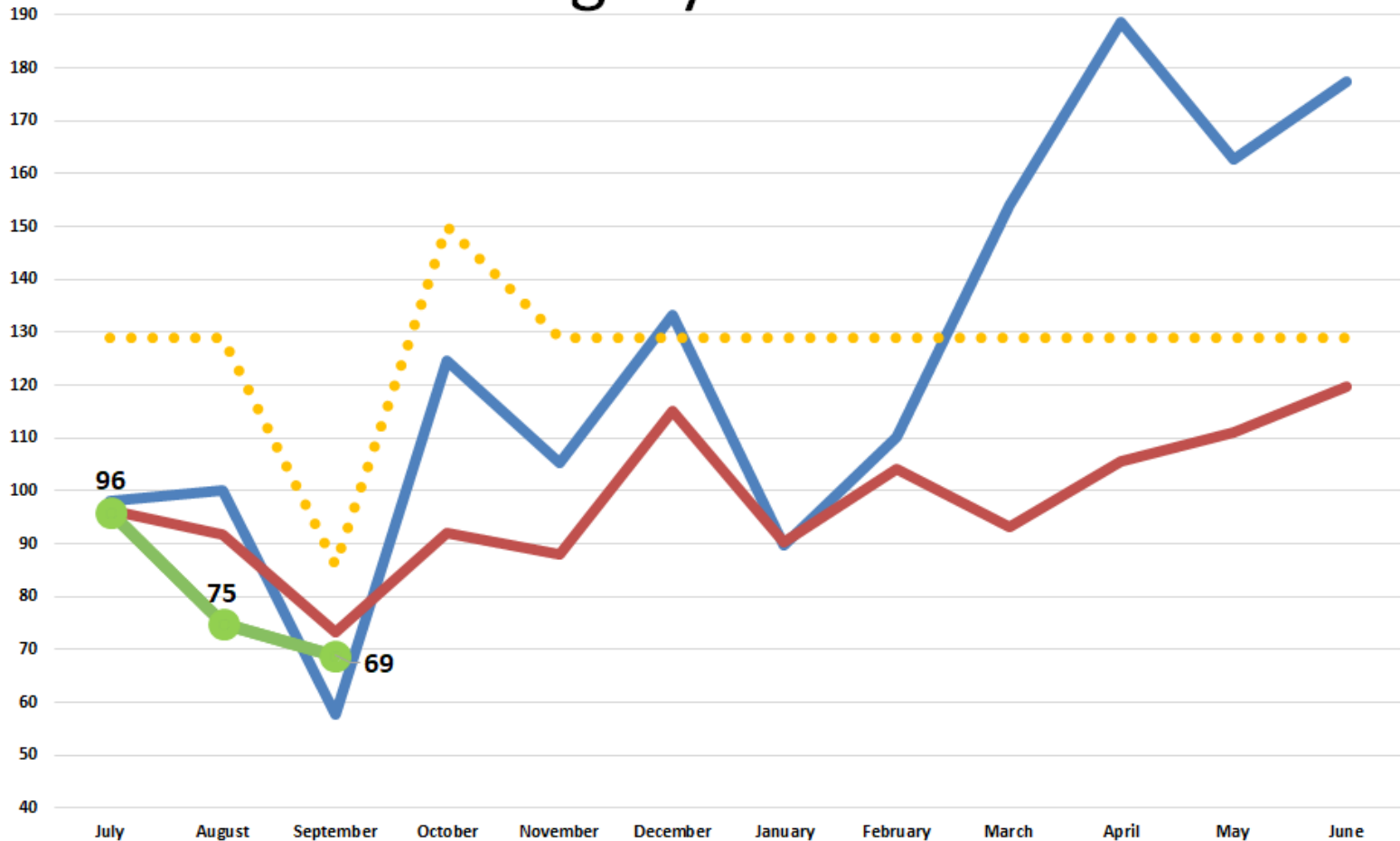
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



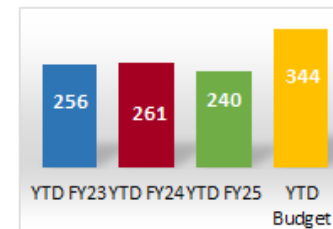
# Robotic Surgery Minutes (OP Only)



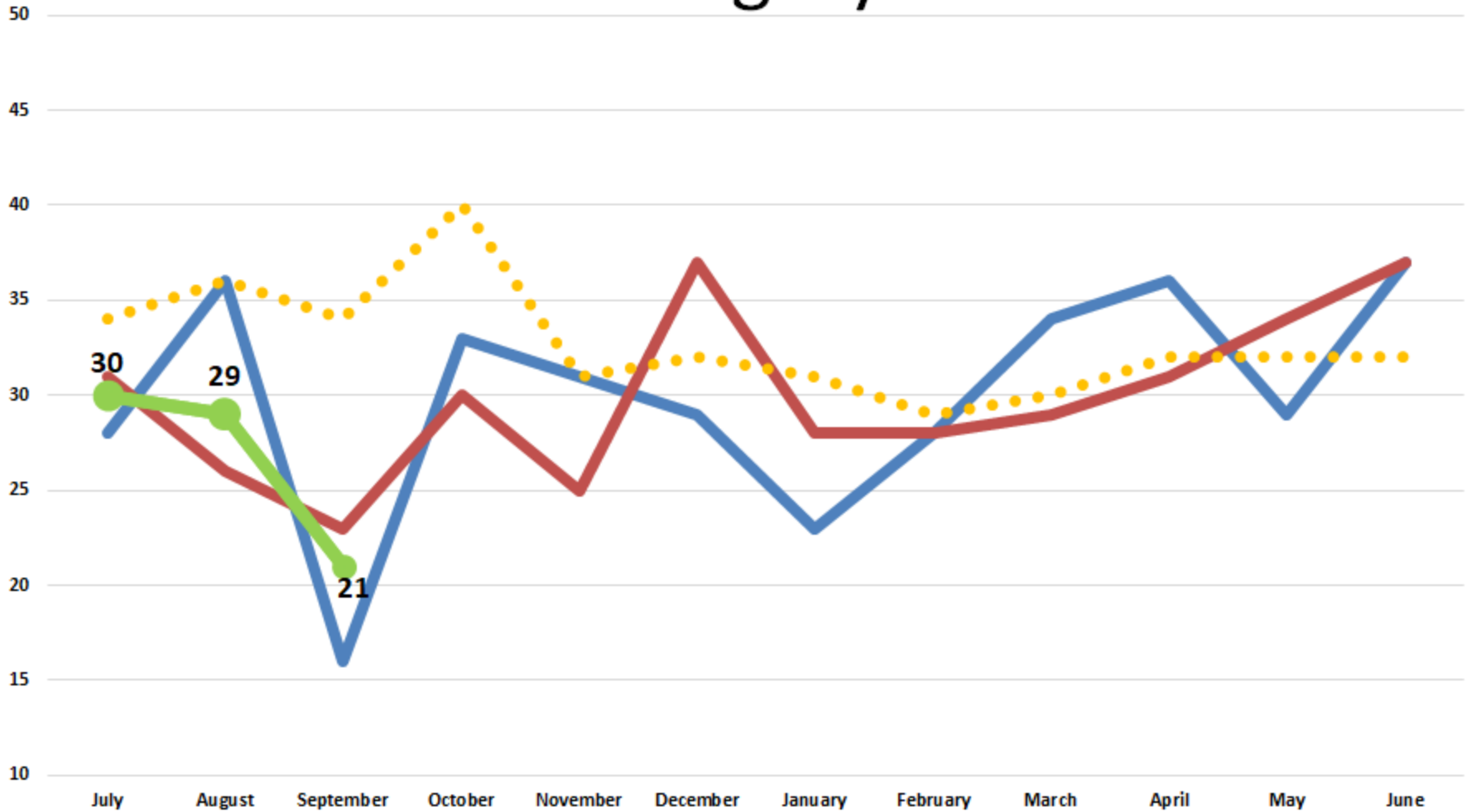
# Cardiac Surgery - 100 Min Units



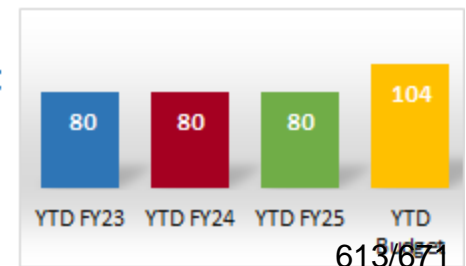
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



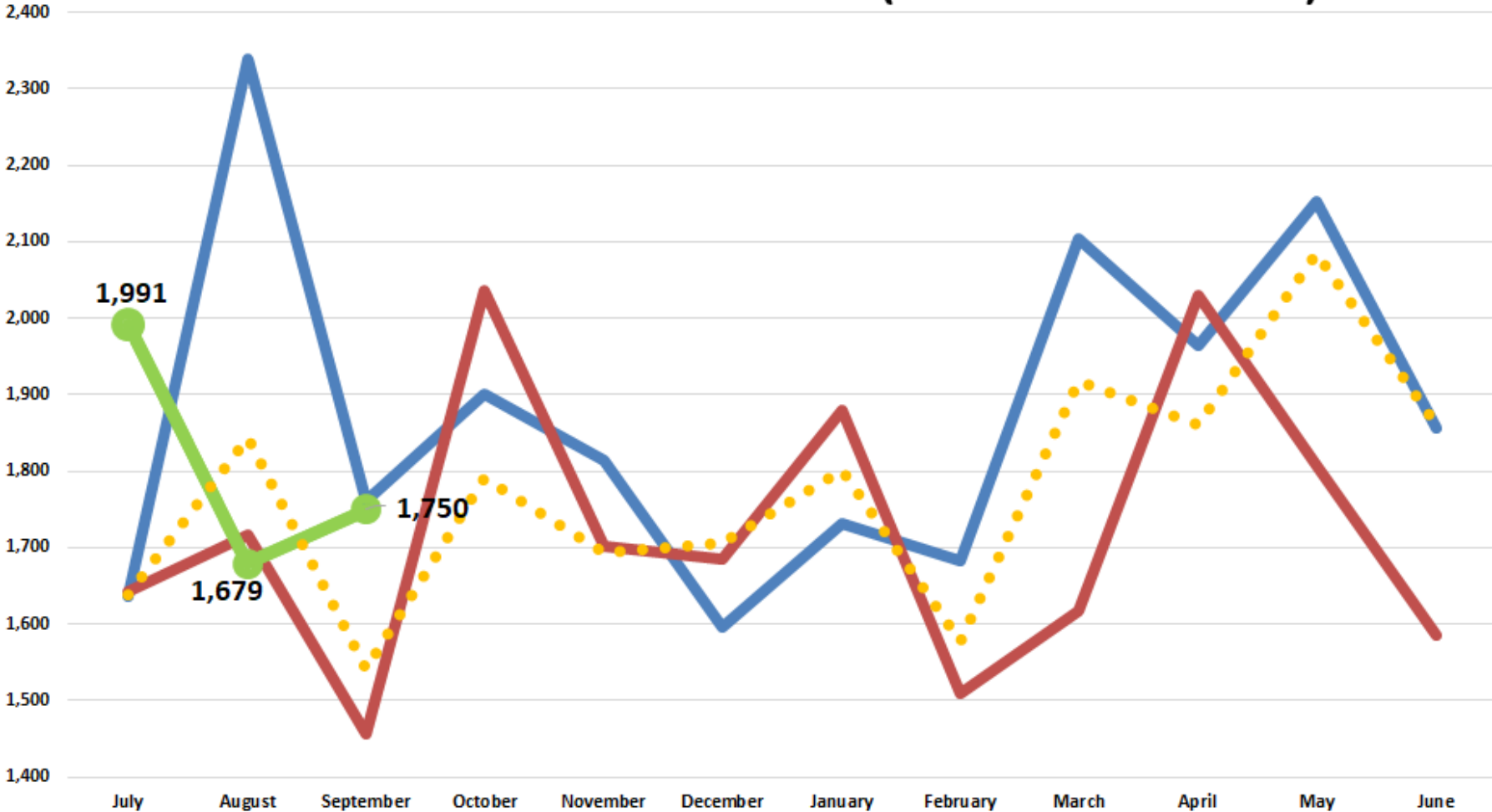
# Cardiac Surgery Cases



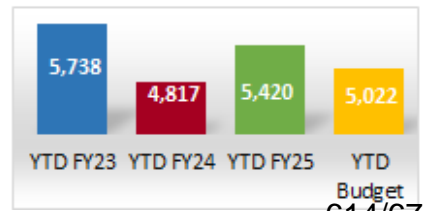
—●— FY2023   
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 —●— FY2025   
 ●●● Budget



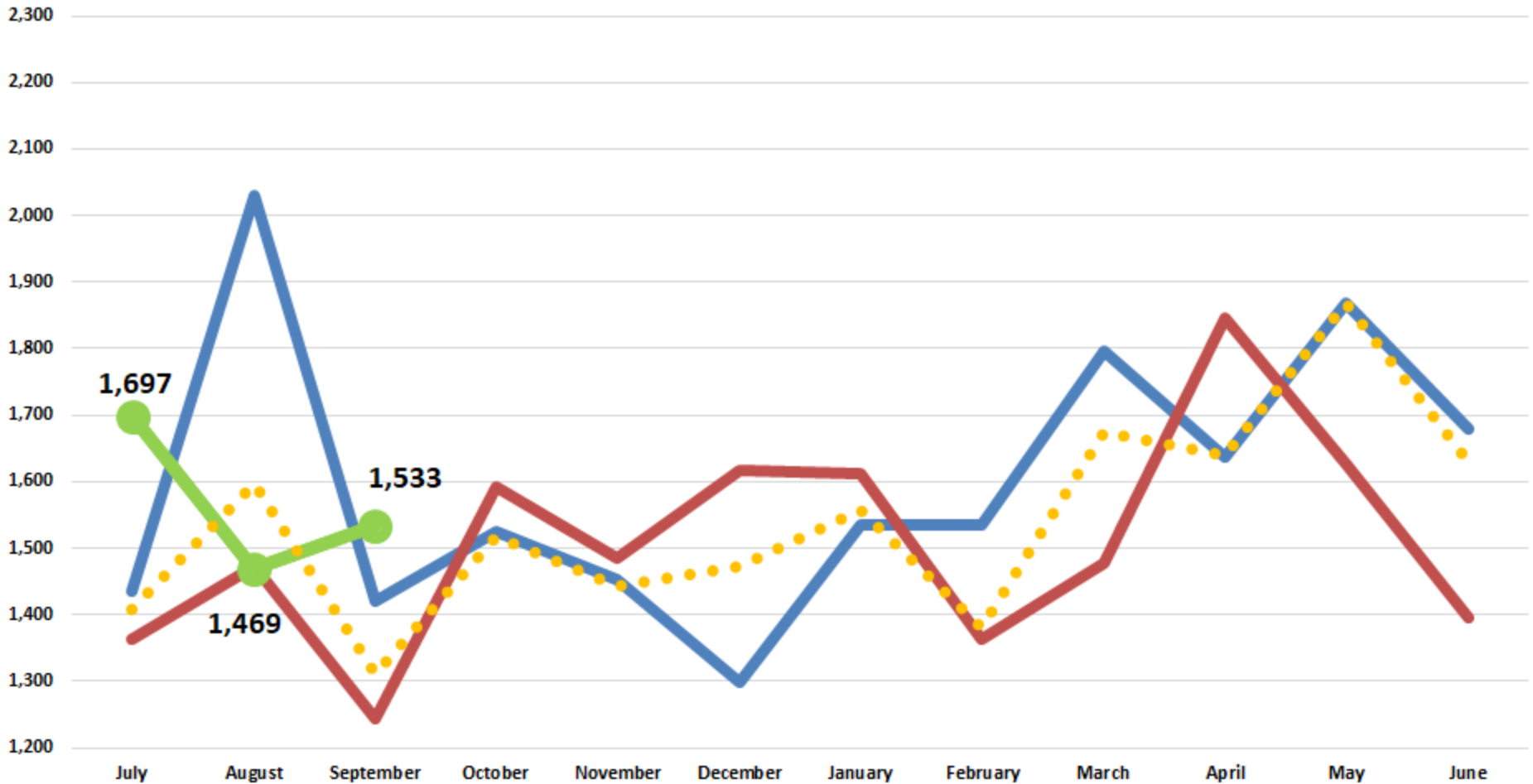
# Rad Onc Treatments (Vis. & Hanf.)



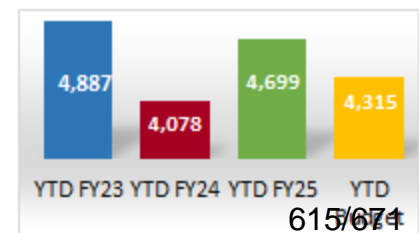
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



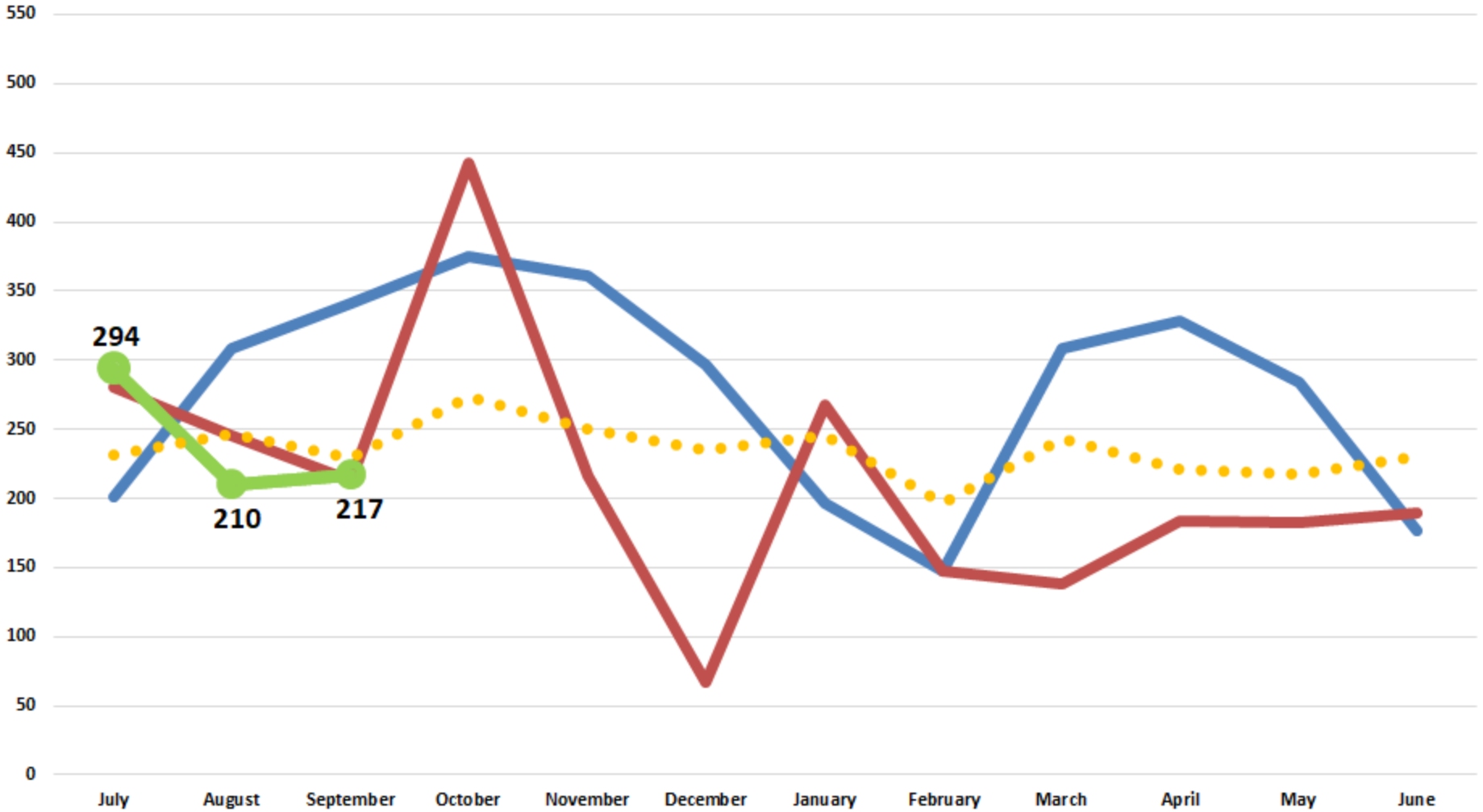
# Rad Onc Visalia



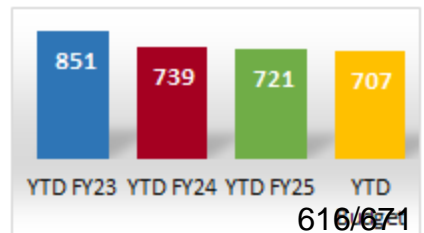
—●— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget



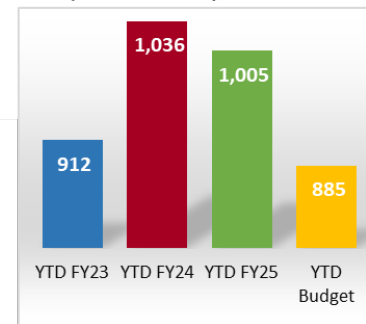
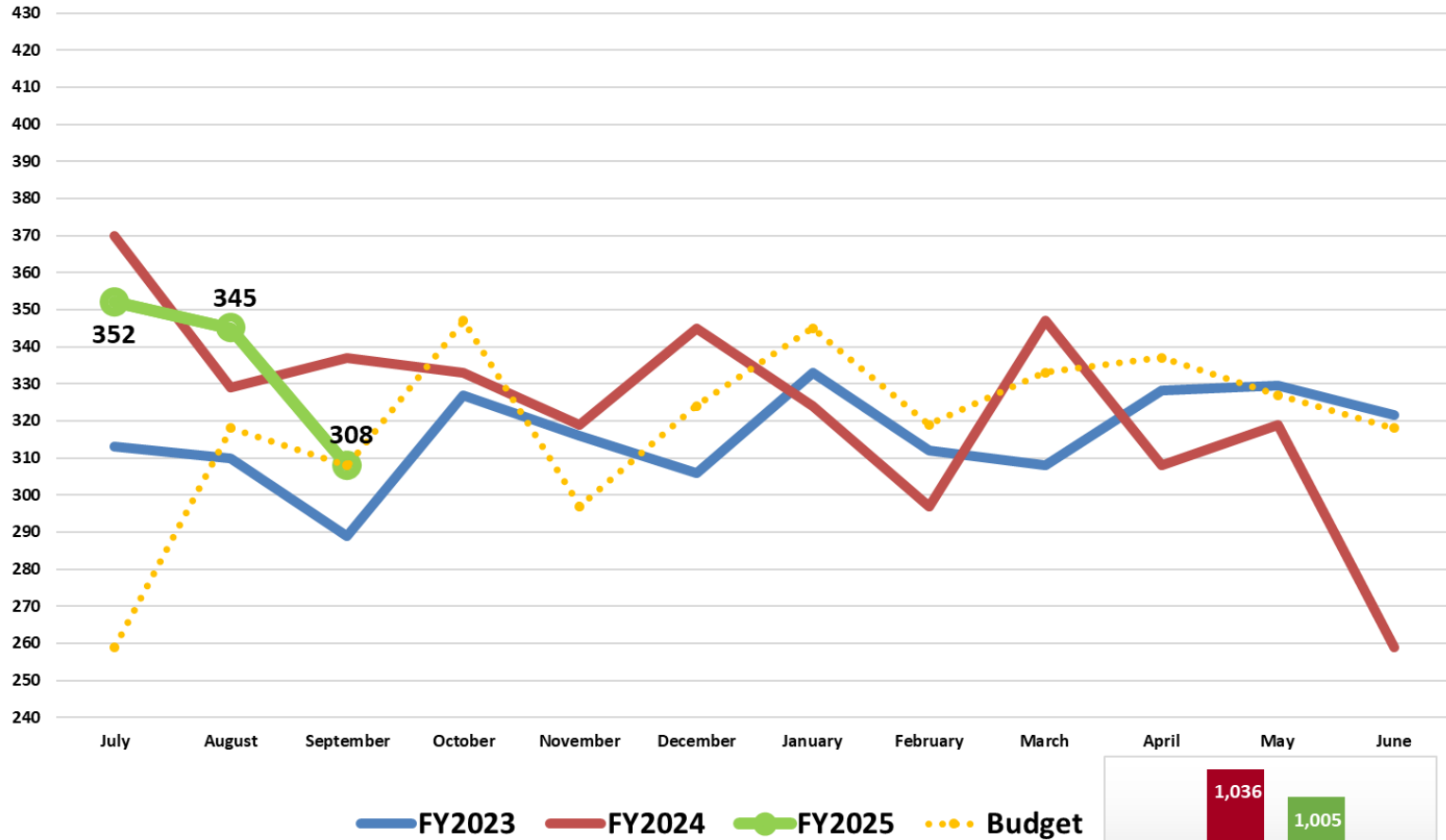
# Rad Onc Hanford



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

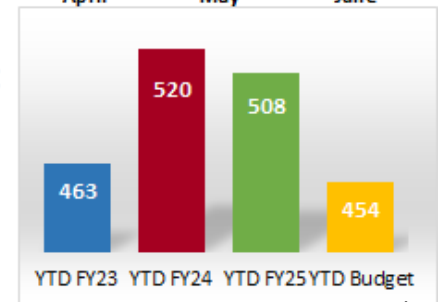
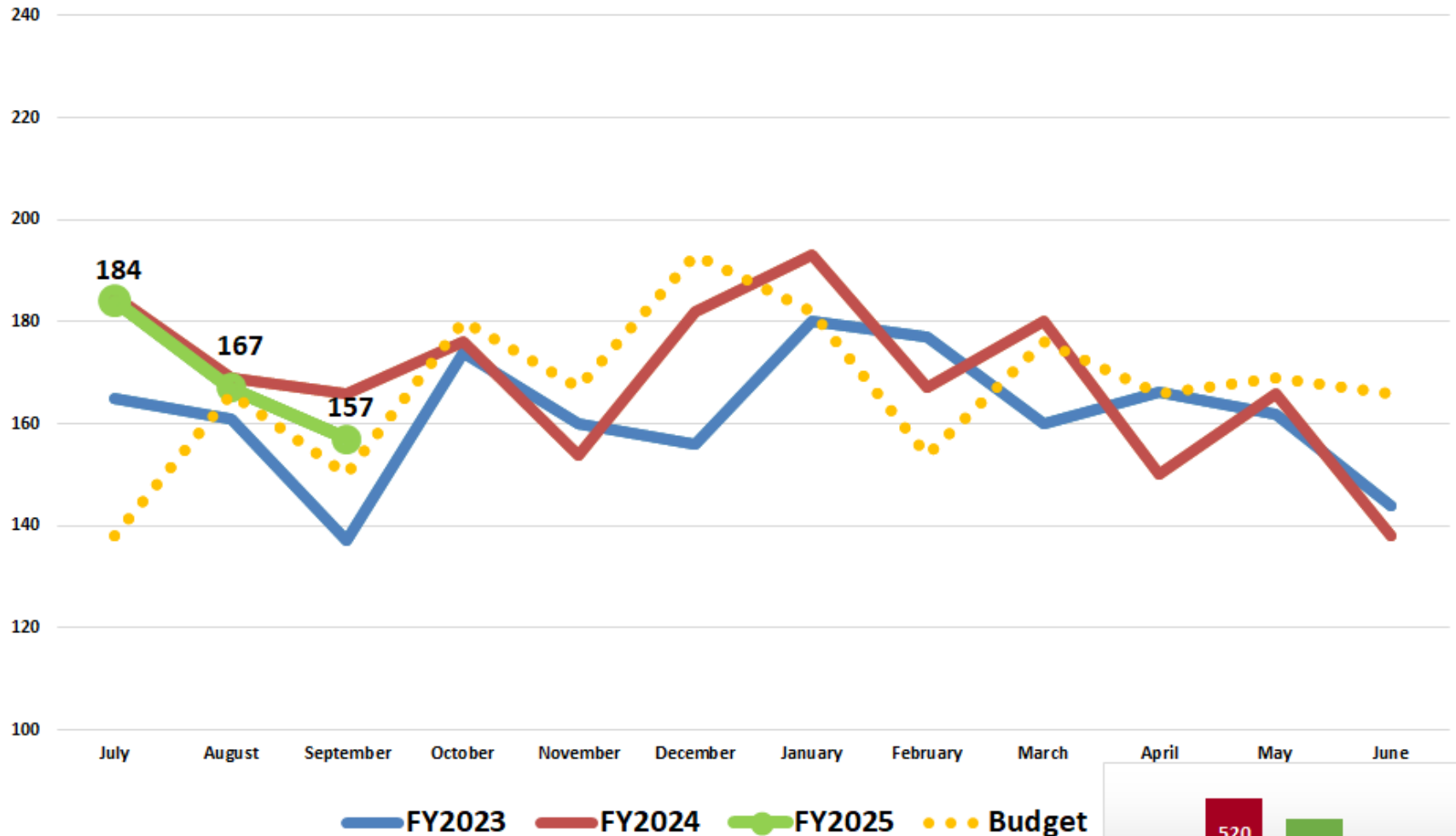


# Cath Lab (IP & OP) – 100 Min Units

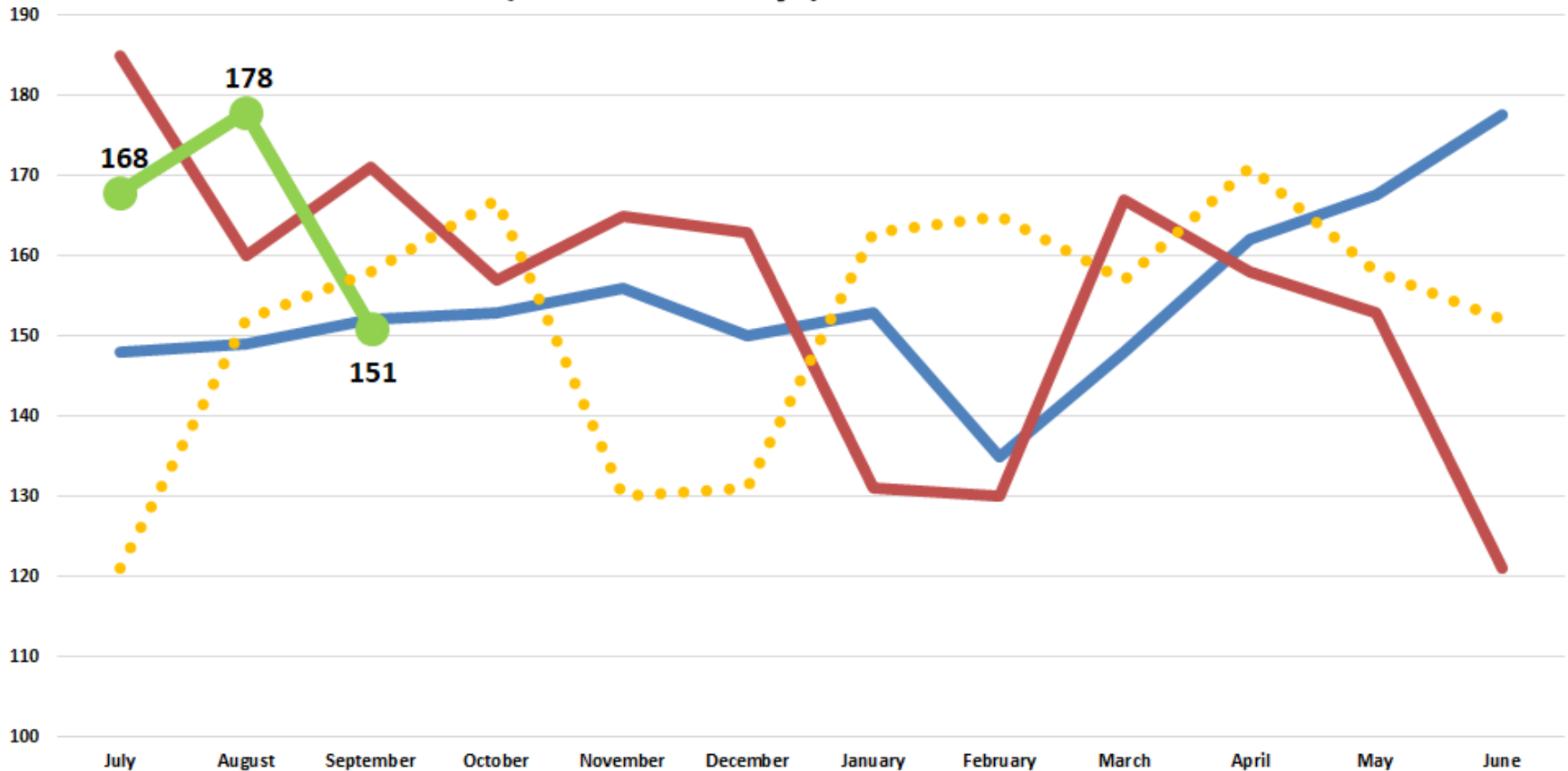




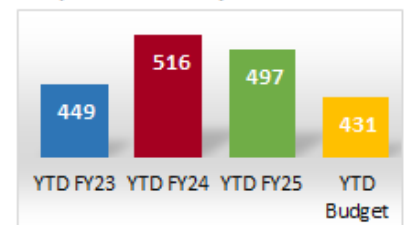
# Cath Lab (IP Only) – 100 Min Units



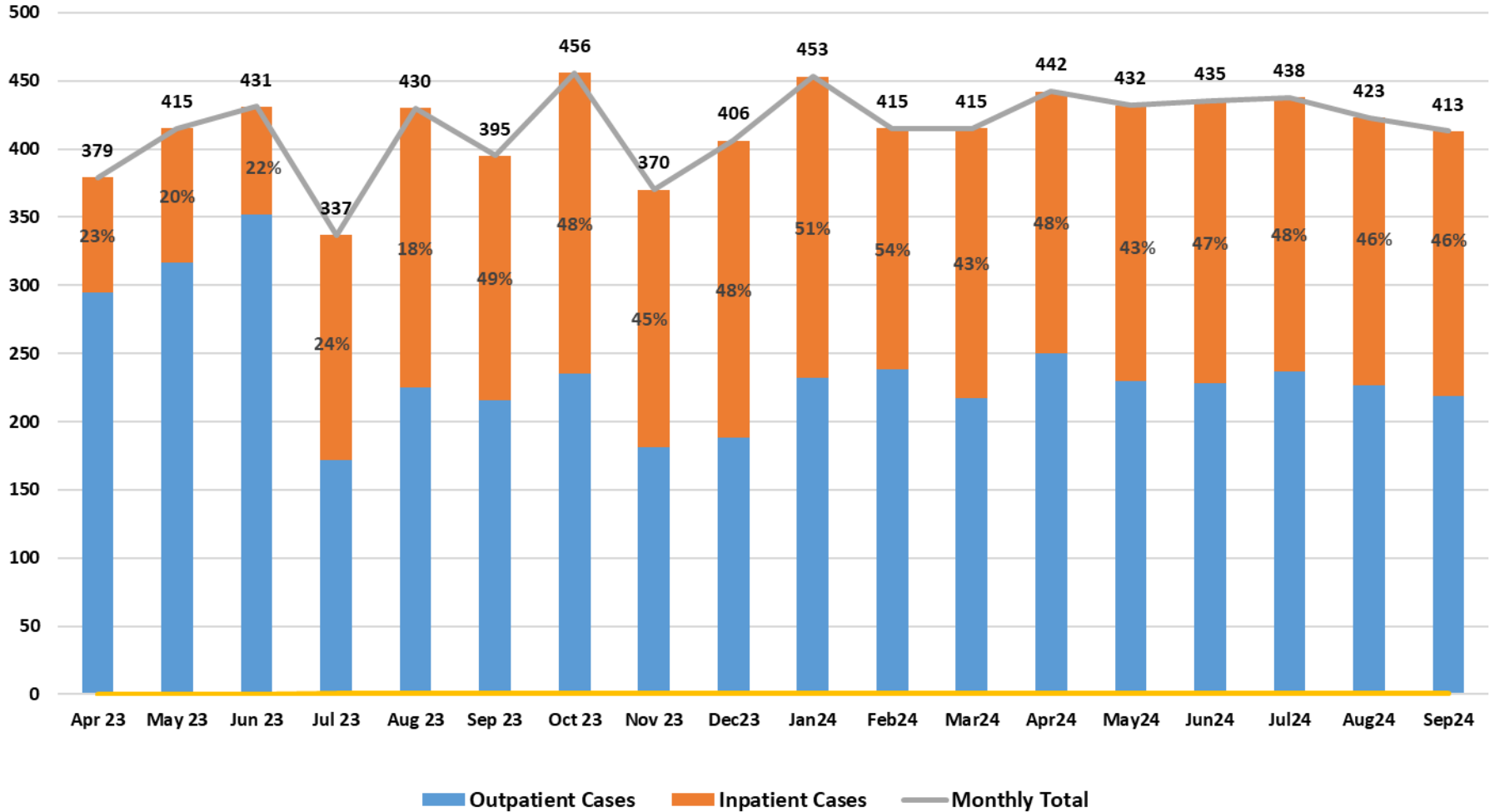
# Cath Lab (OP Only) – 100 Min Units



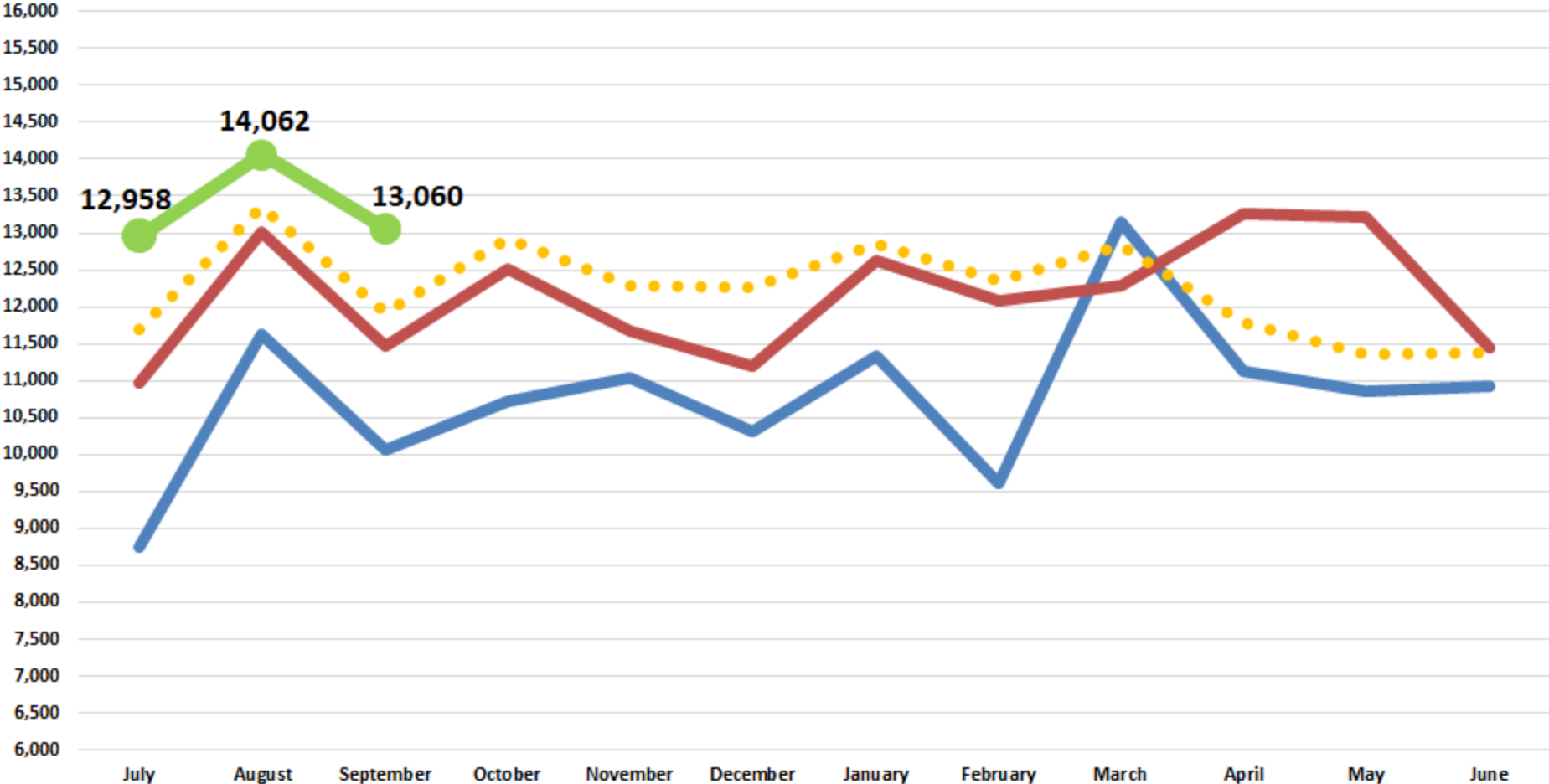
—●— FY2023   
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 —●— FY2025   
 ●●● Budget



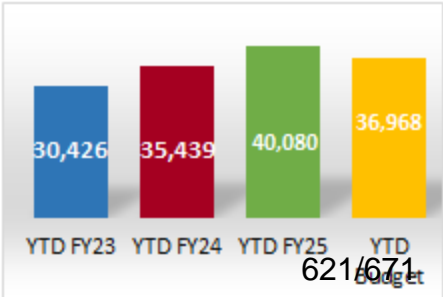
# Cath Lab Patients (IP & OP)



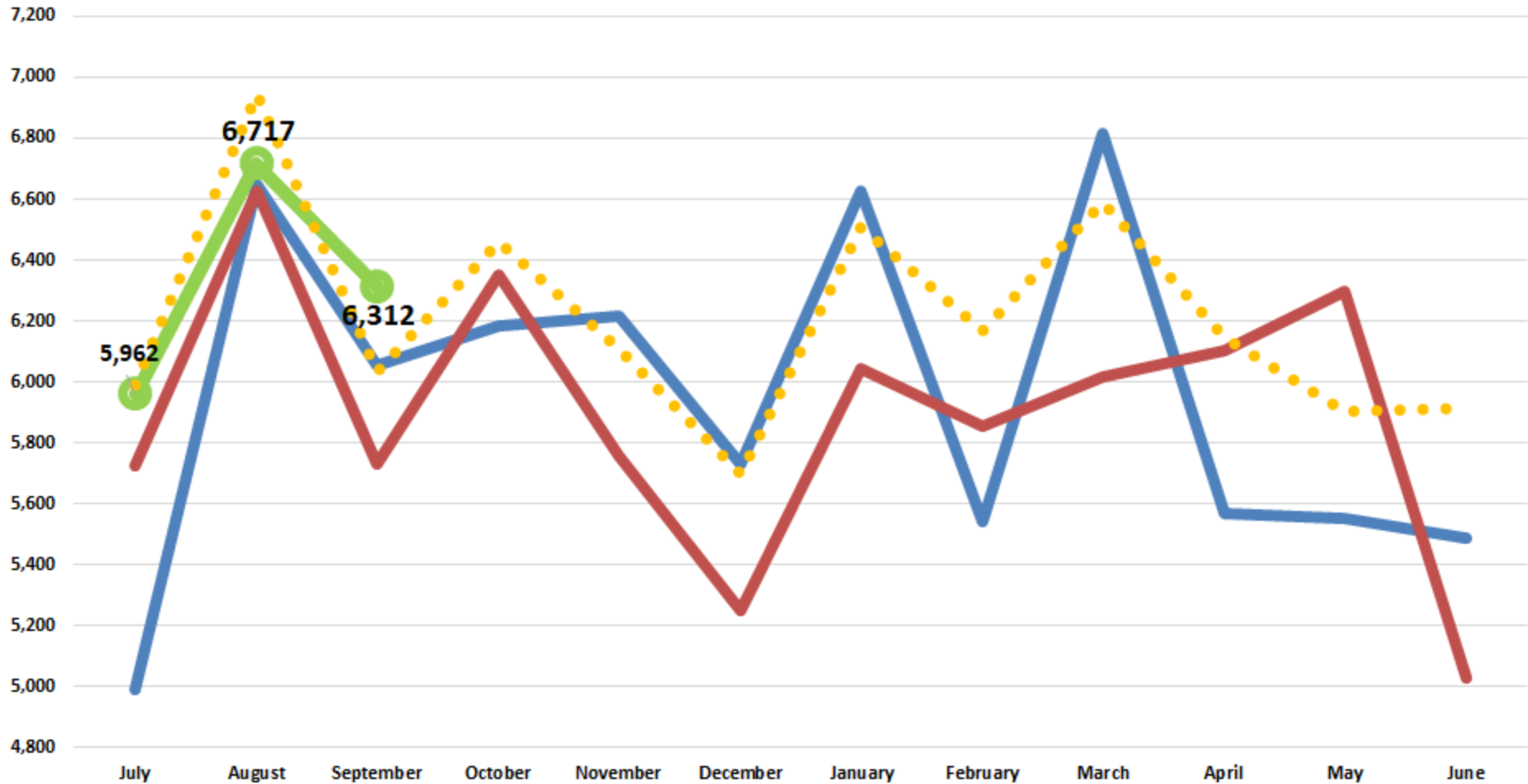
# Rural Health Clinics Registrations



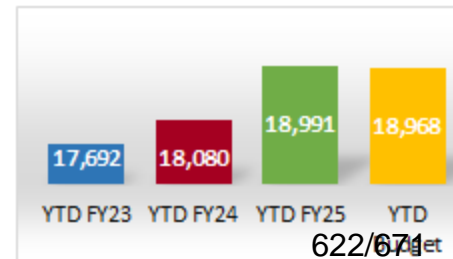
—●— FY2023   
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 ●●● Budget



# RHC Exeter - Registrations

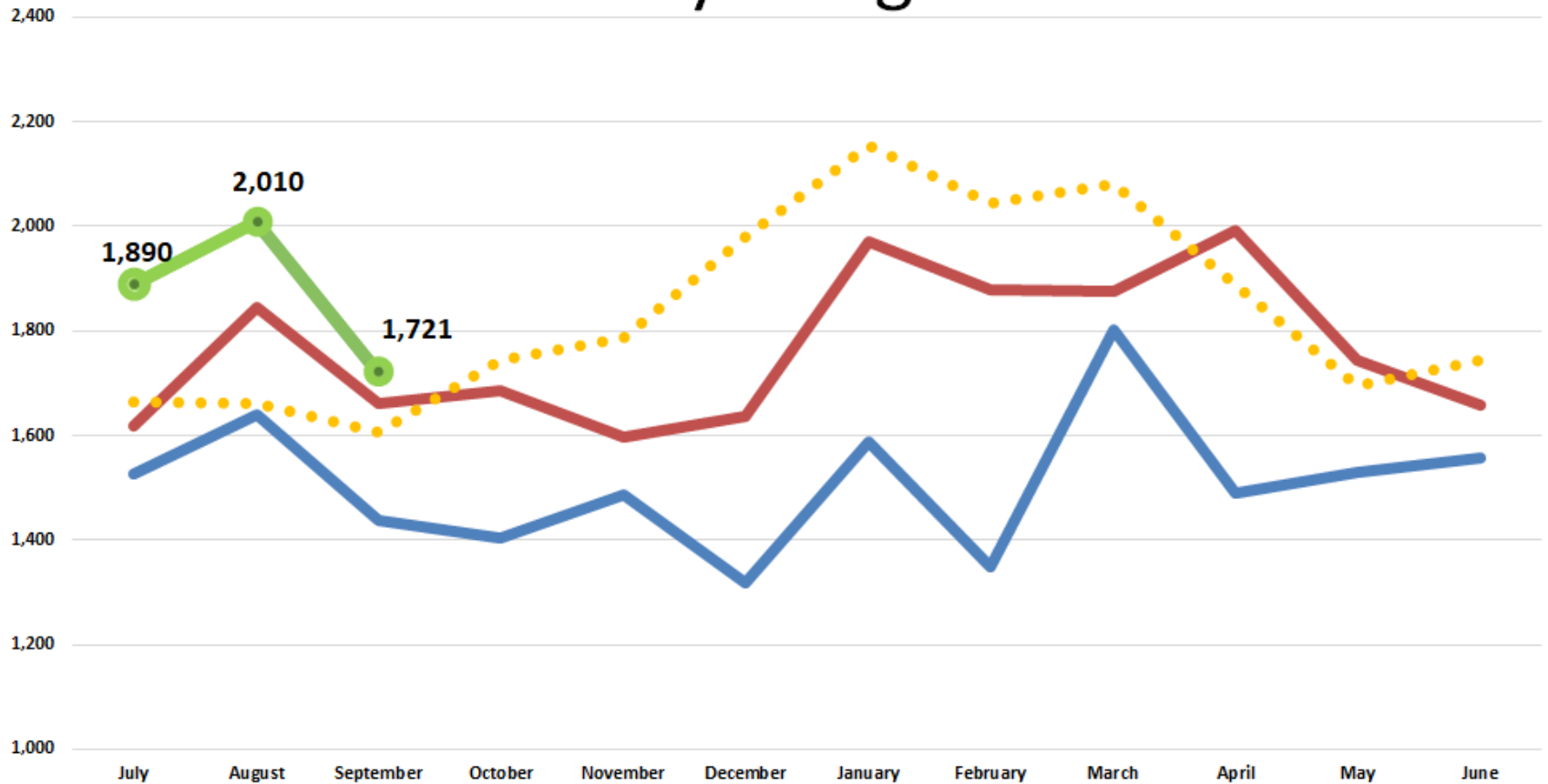


—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

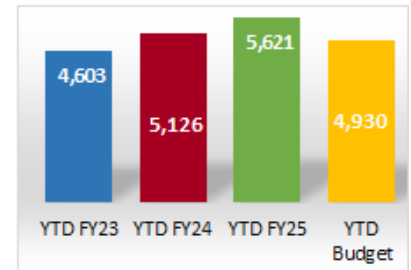


622/674

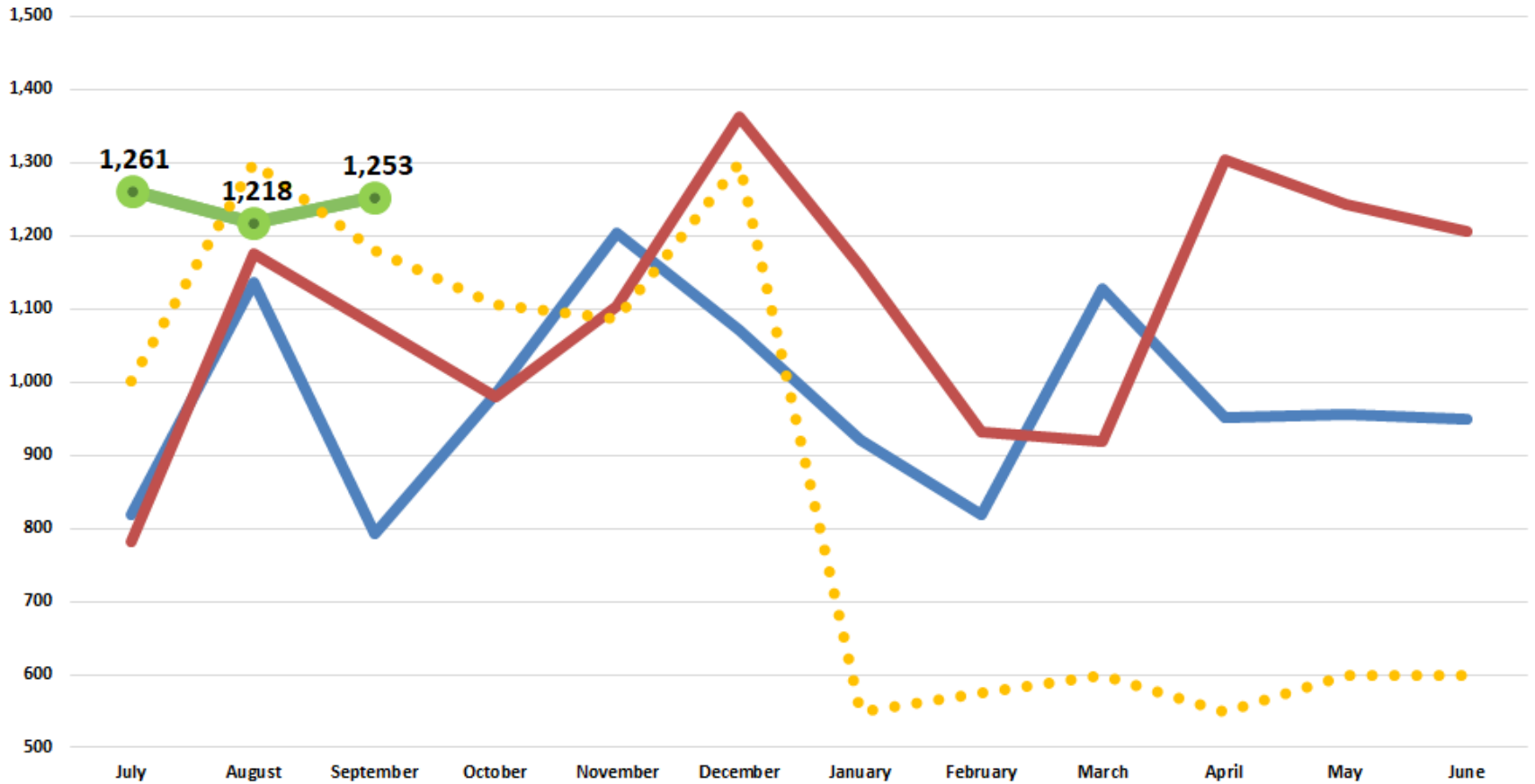
# RHC Lindsay - Registrations



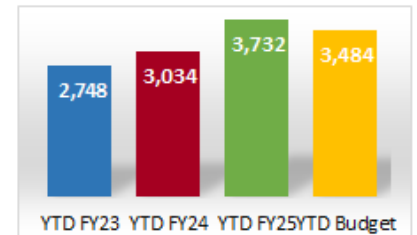
— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



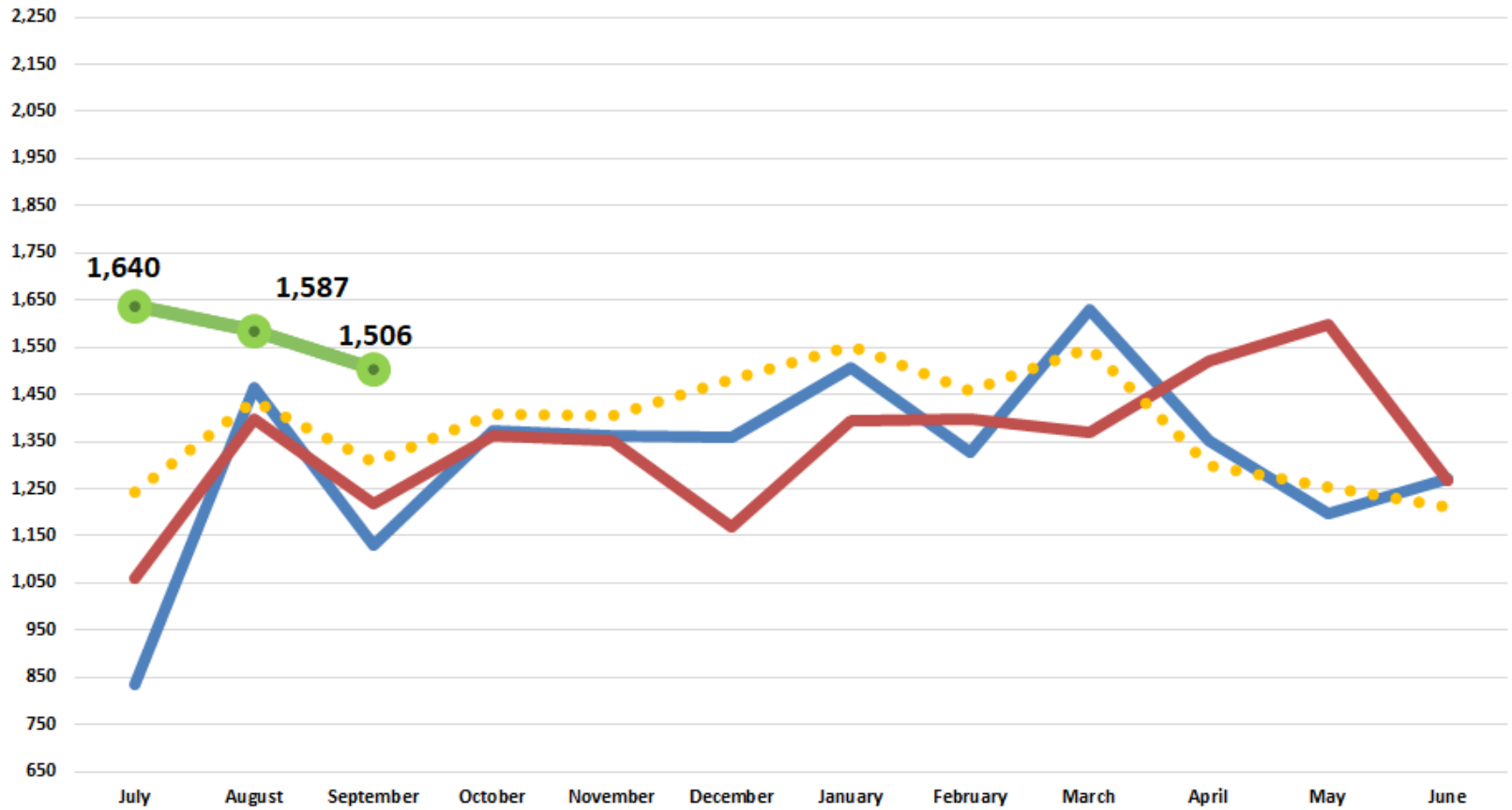
# RHC Woodlake - Registrations



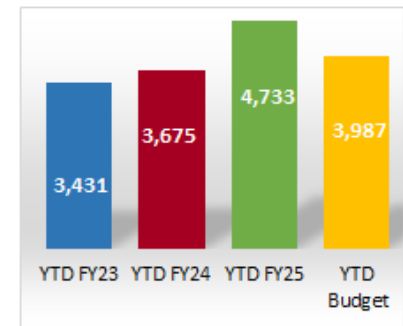
— FY2023   
 — FY2024   
 —● FY2025   
 ●●● Budget



# RHC Dinuba - Registrations

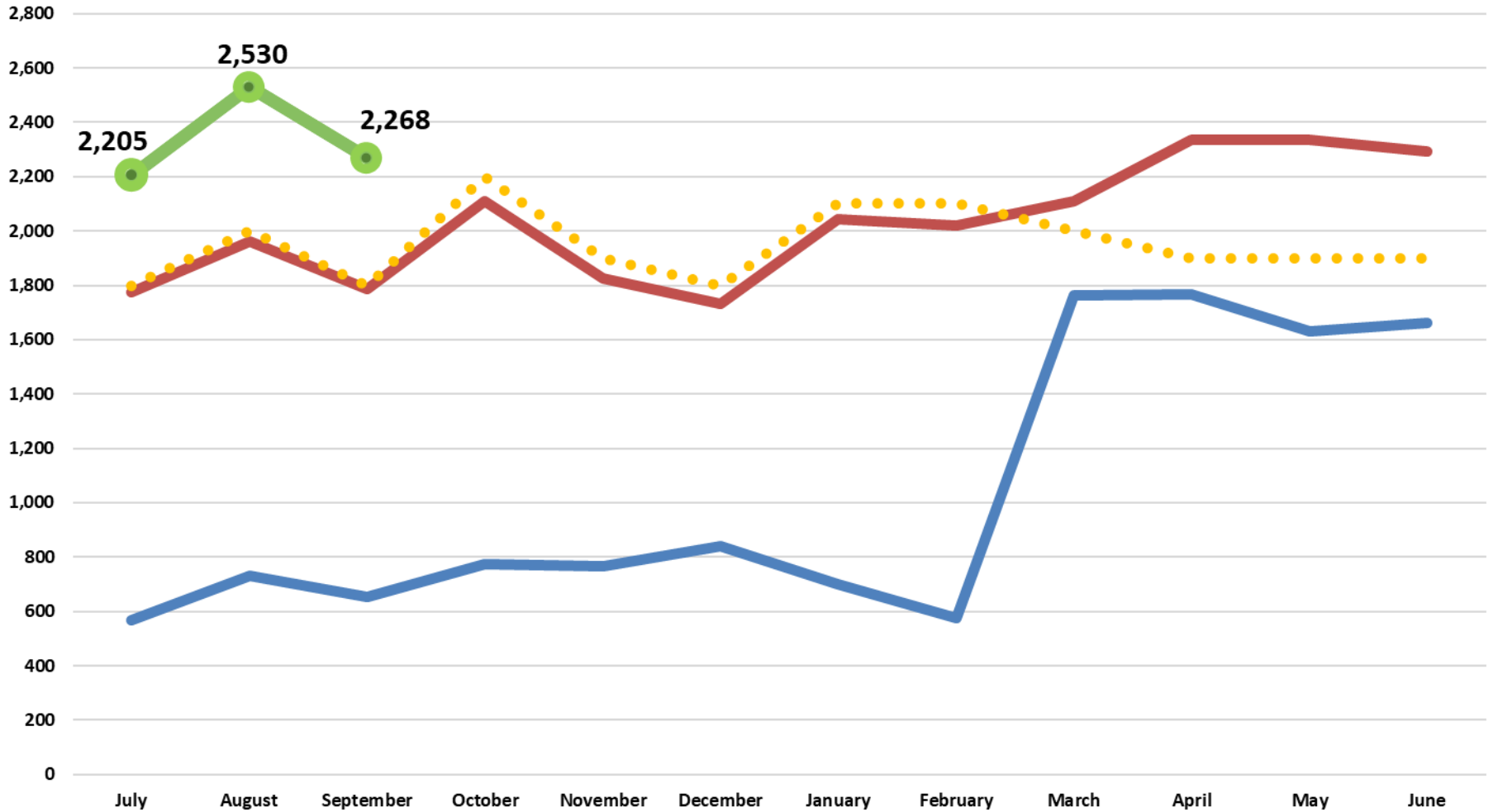


—●— FY2023   
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 —●— FY2025   
 ●●● Budget

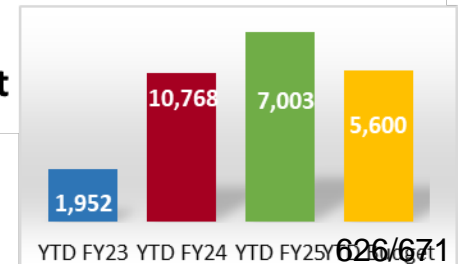




# RHC Tulare - Registrations

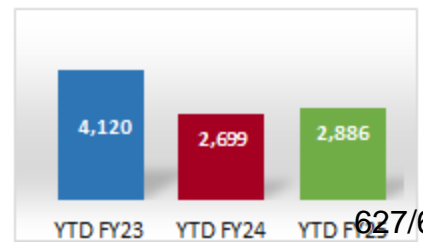
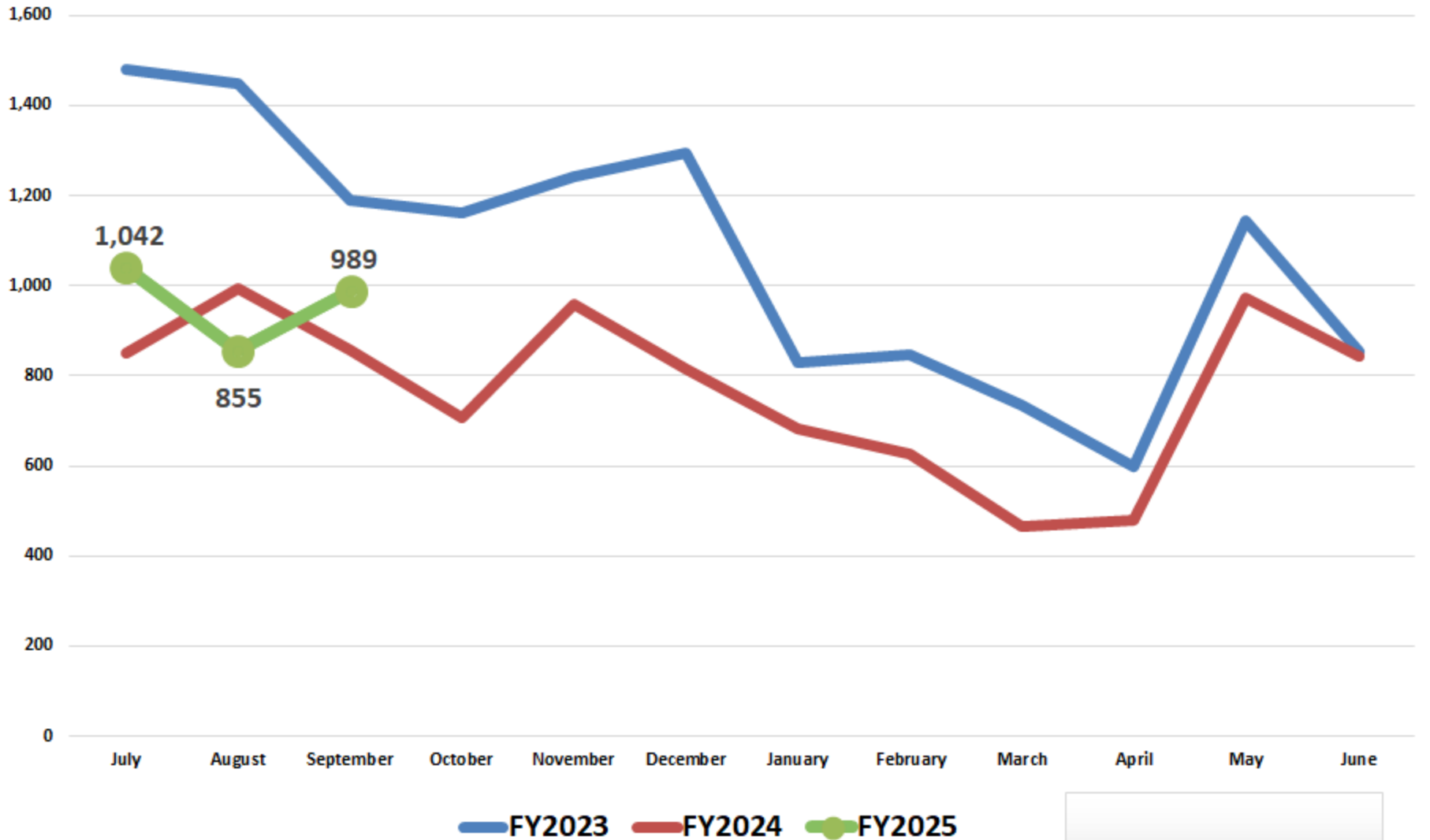


—●— FY2023   
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 —●— FY2025   
 ●●● Budget

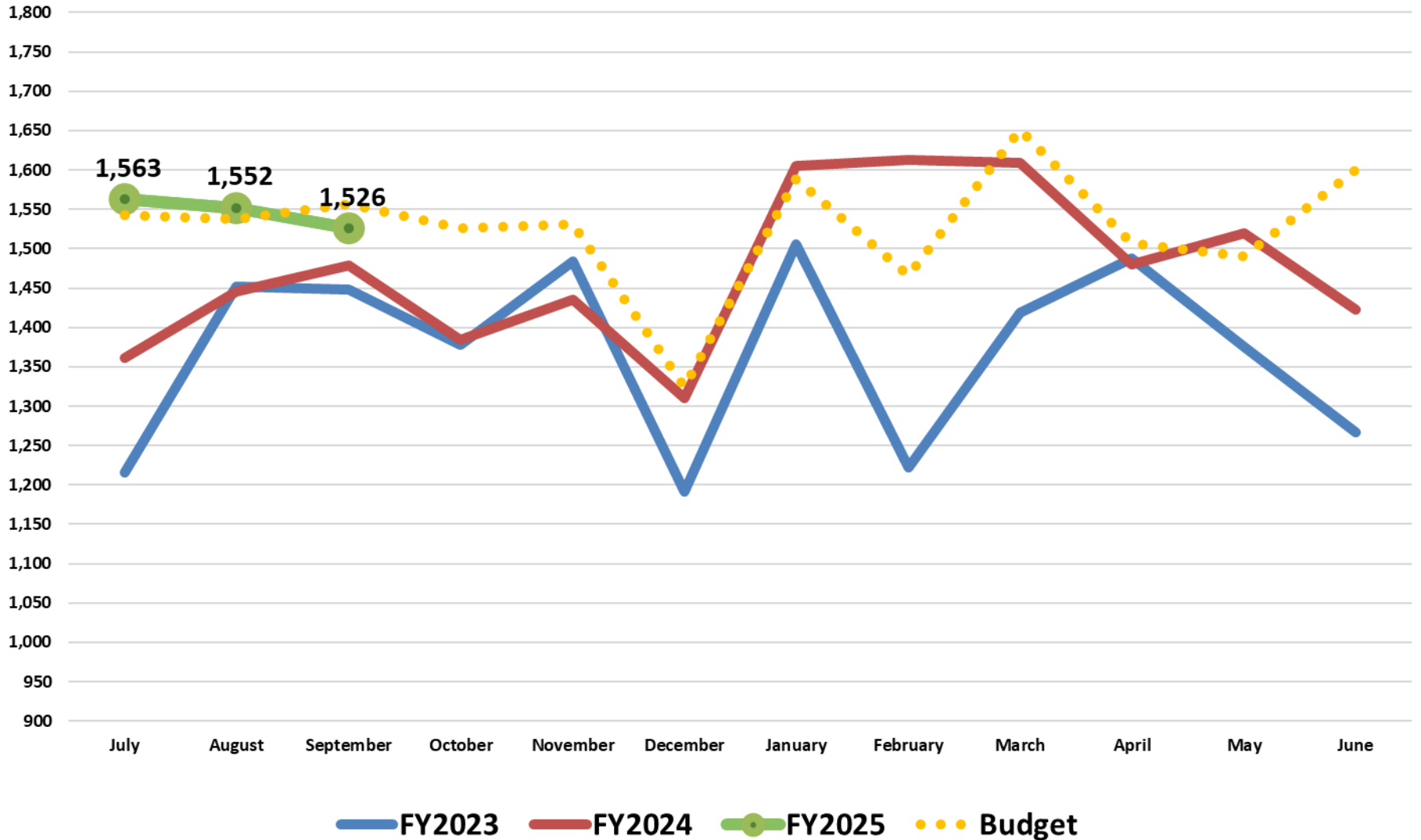


YTD FY23 YTD FY24 YTD FY25 Budget

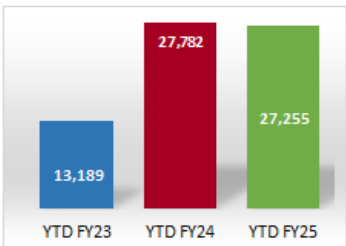
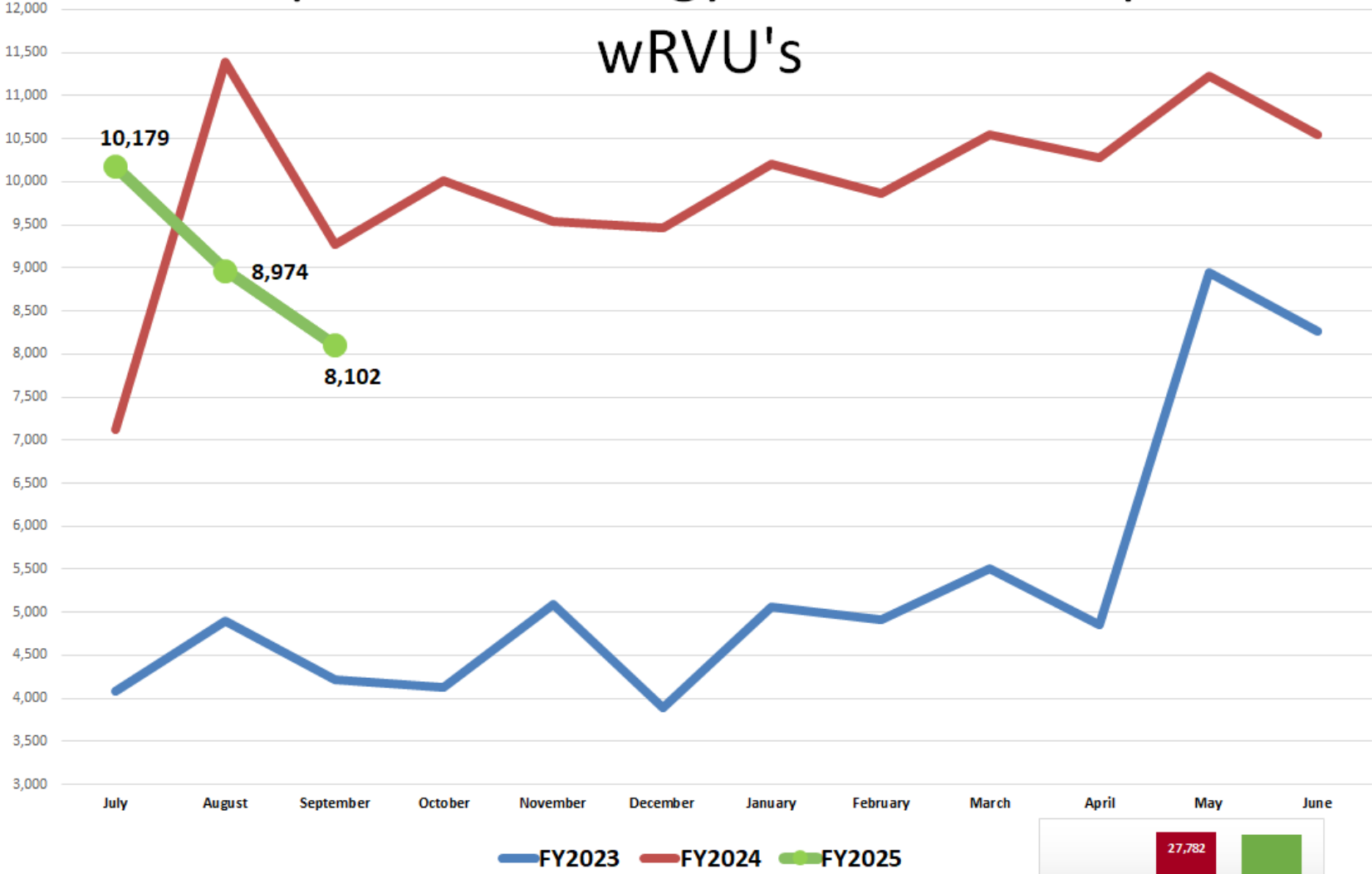
# Neurosurgery Clinic - wRVU's



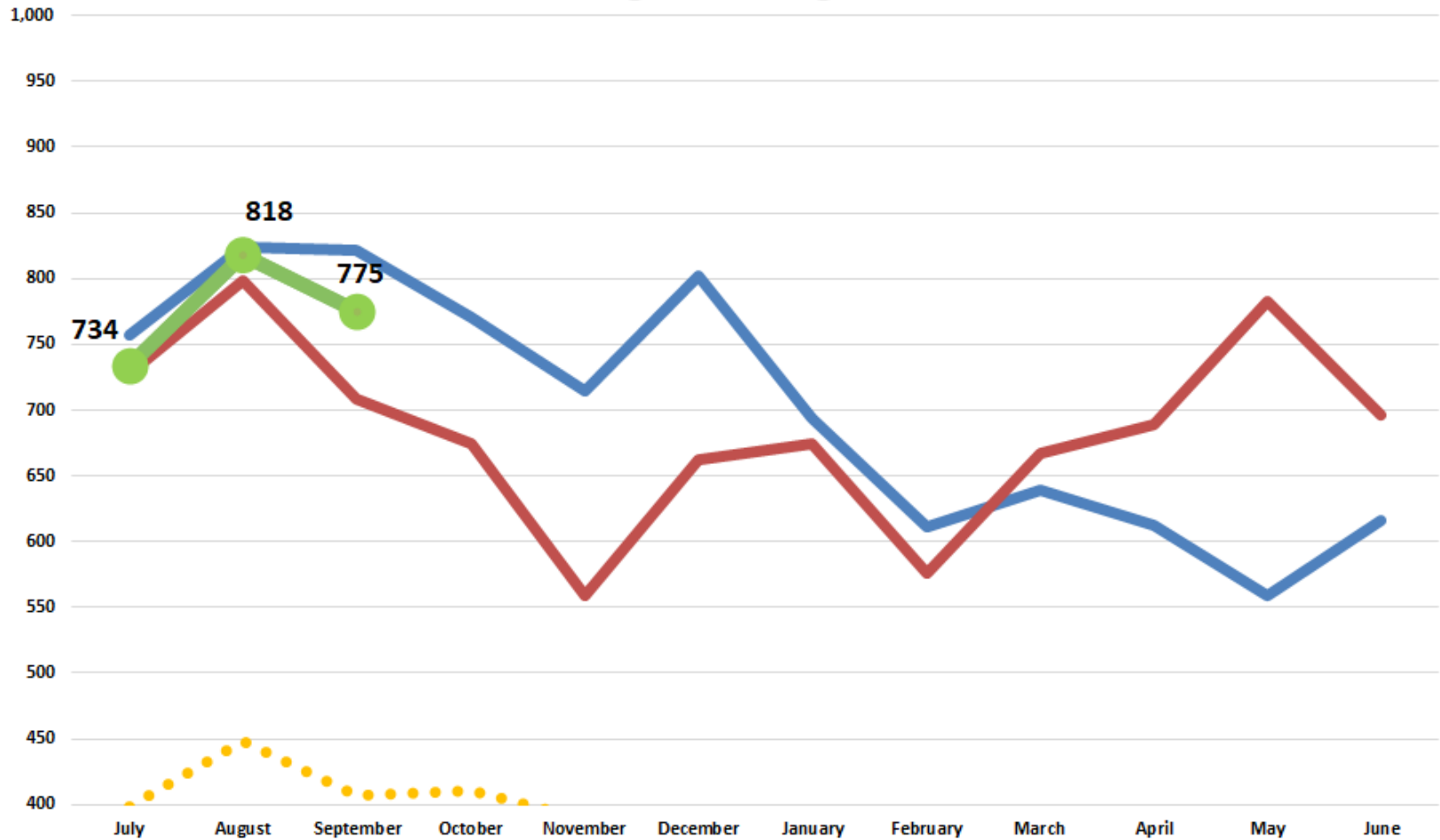
# KH Cardiology Center Registrations



# Sequoia Cardiology Medical Group - wRVU's



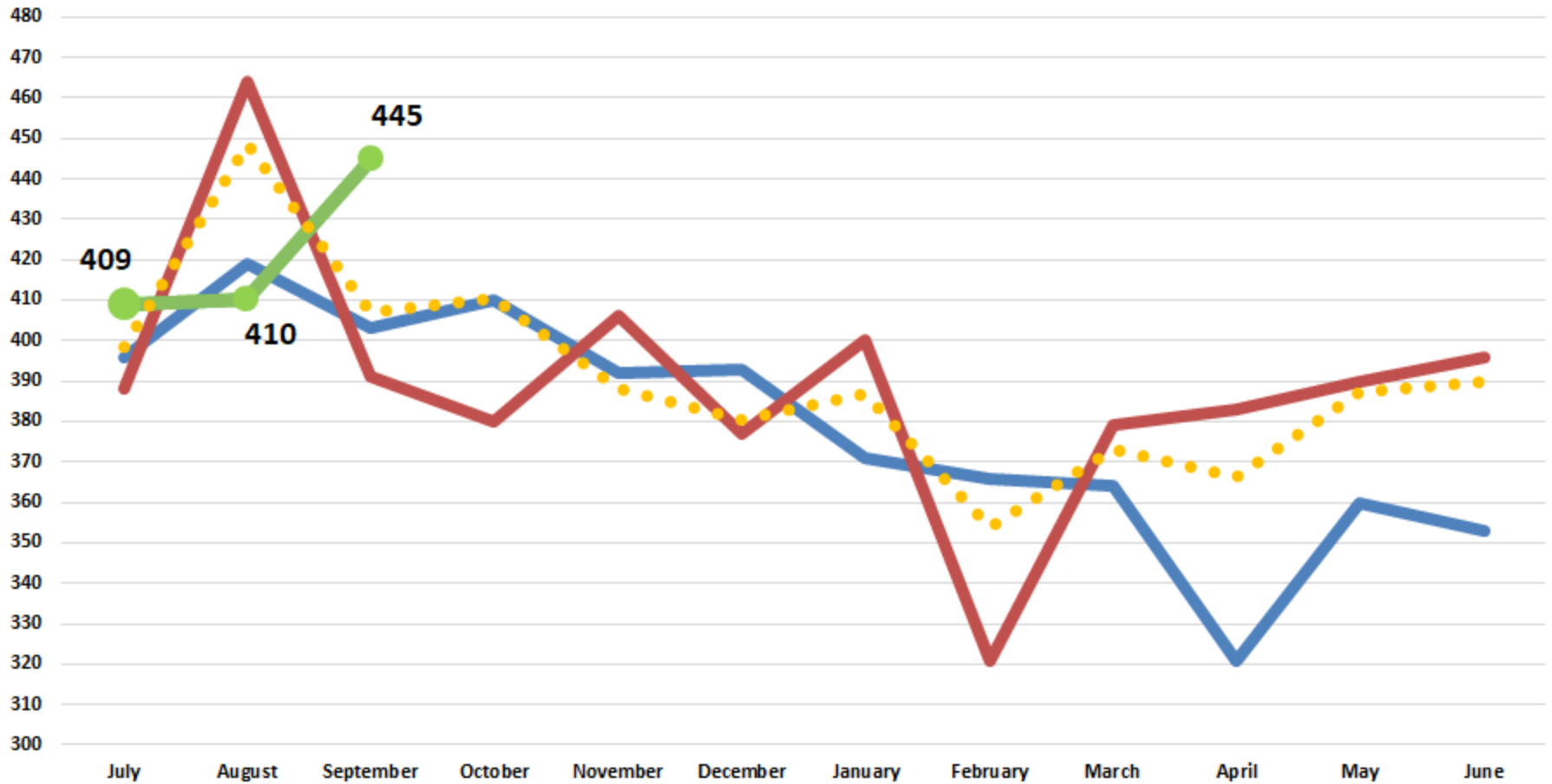
# Labor Triage Registrations



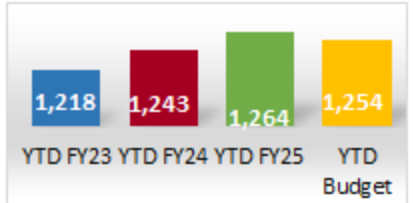
—● FY2023   
 —● FY2024   
 —● FY2025   
 ●● Budget

2,402	2,235	2,327	1,254
YTD FY23	YTD FY24	YTD FY25	YTD Budget

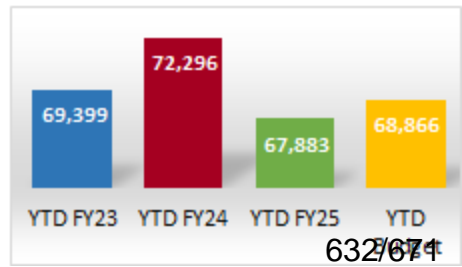
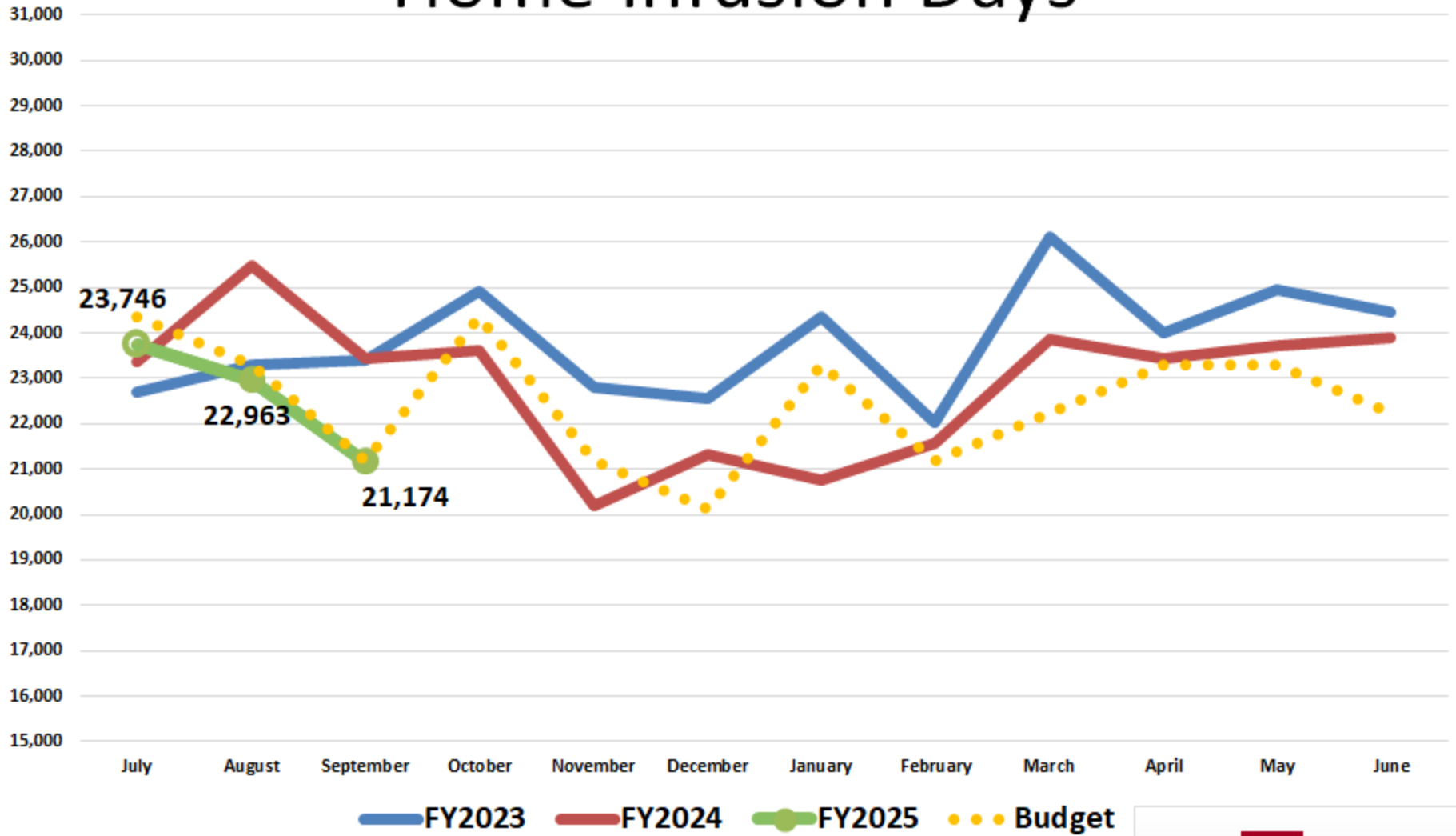
# Deliveries



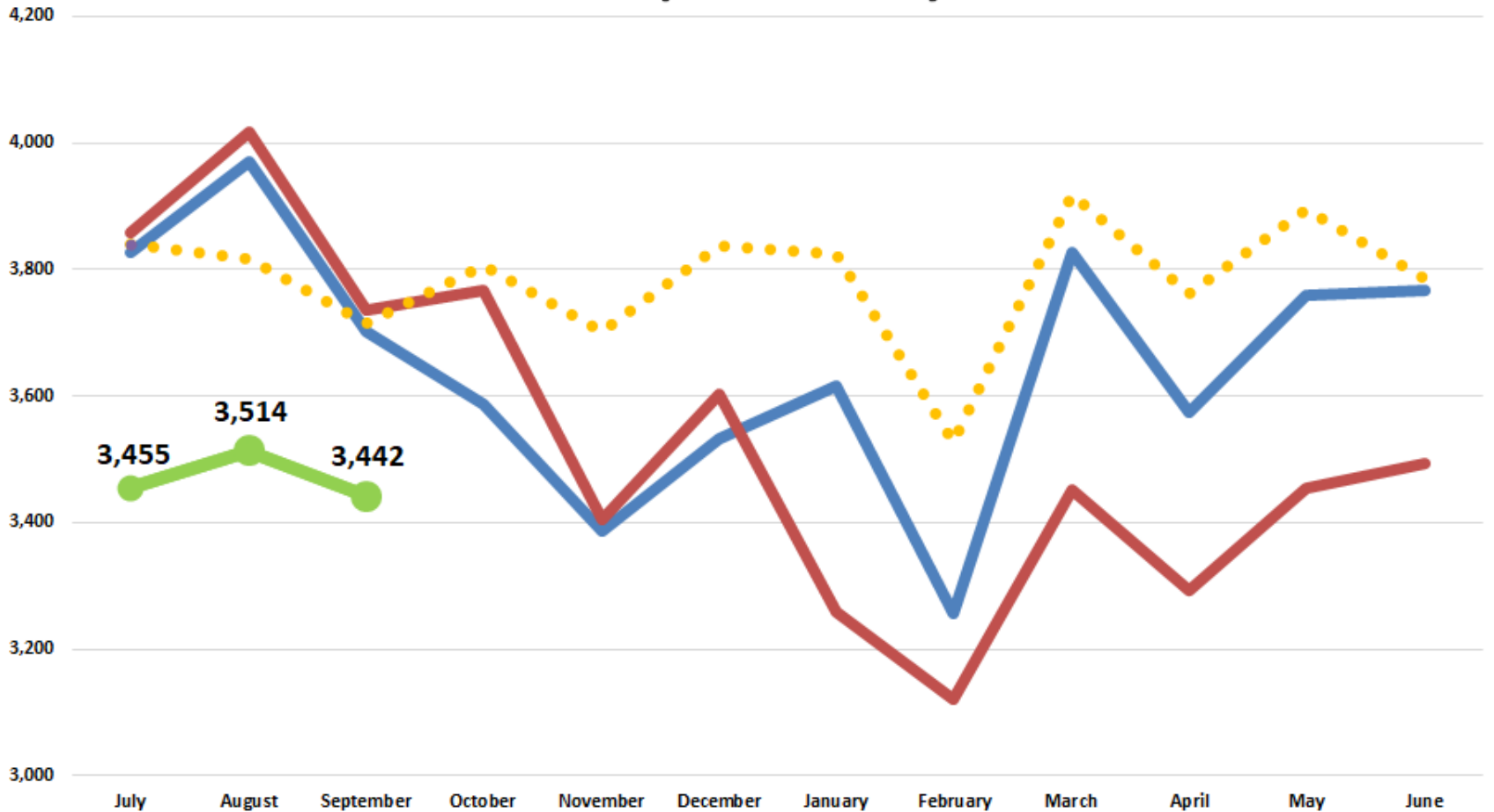
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



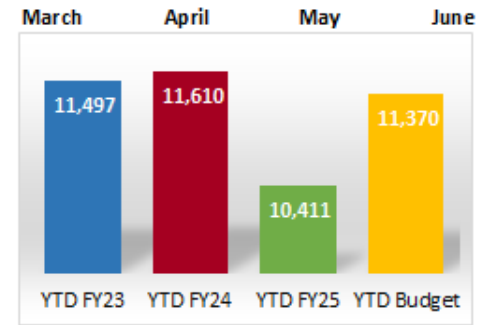
# Home Infusion Days



# Hospice Days

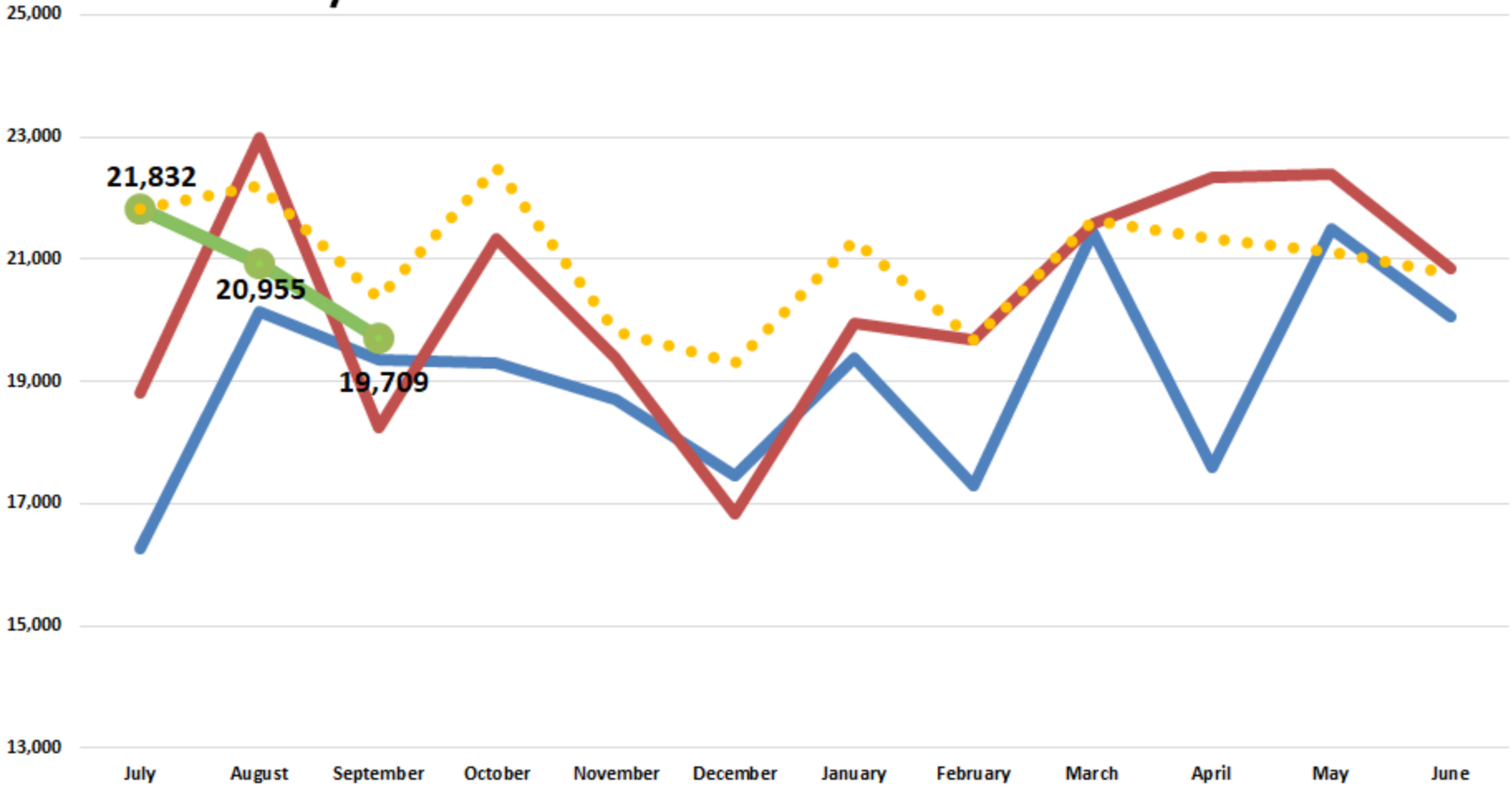


—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

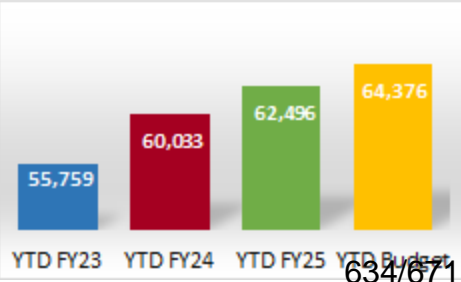




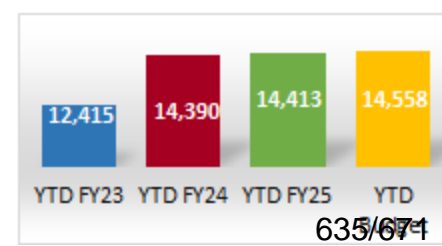
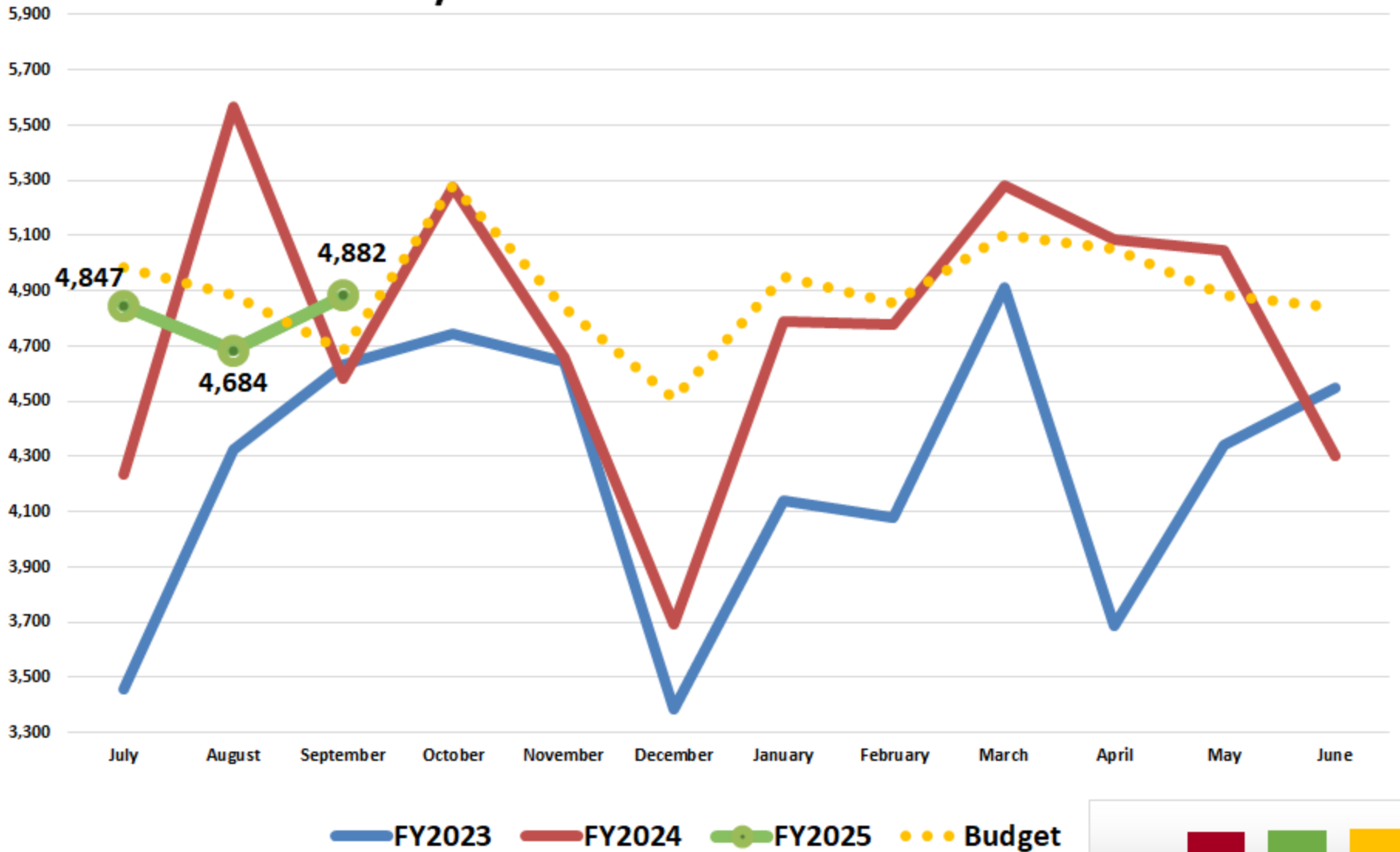
# All O/P Rehab Svcs Across District



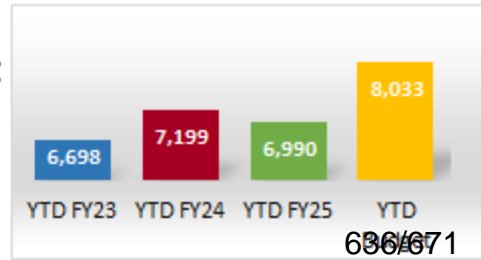
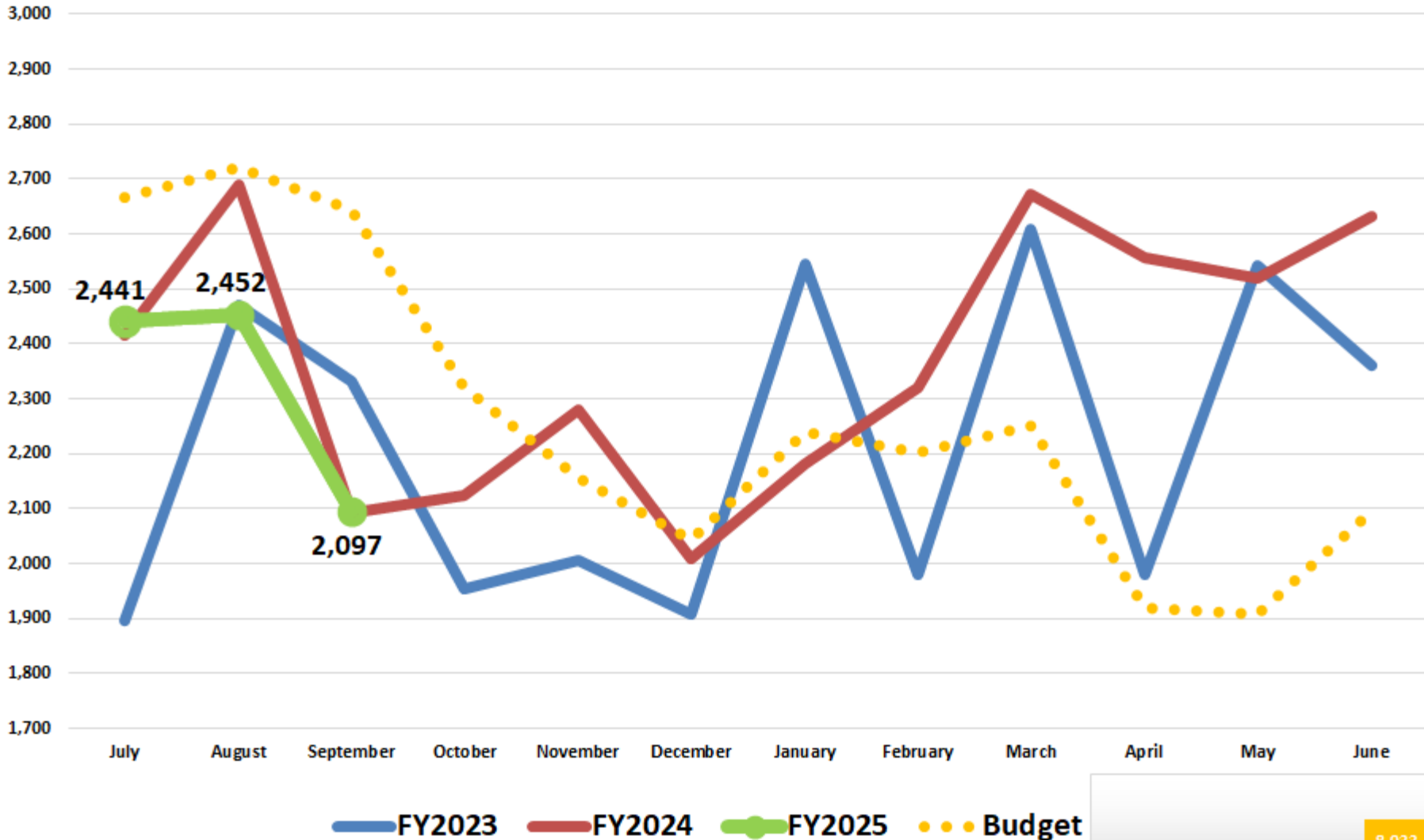
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



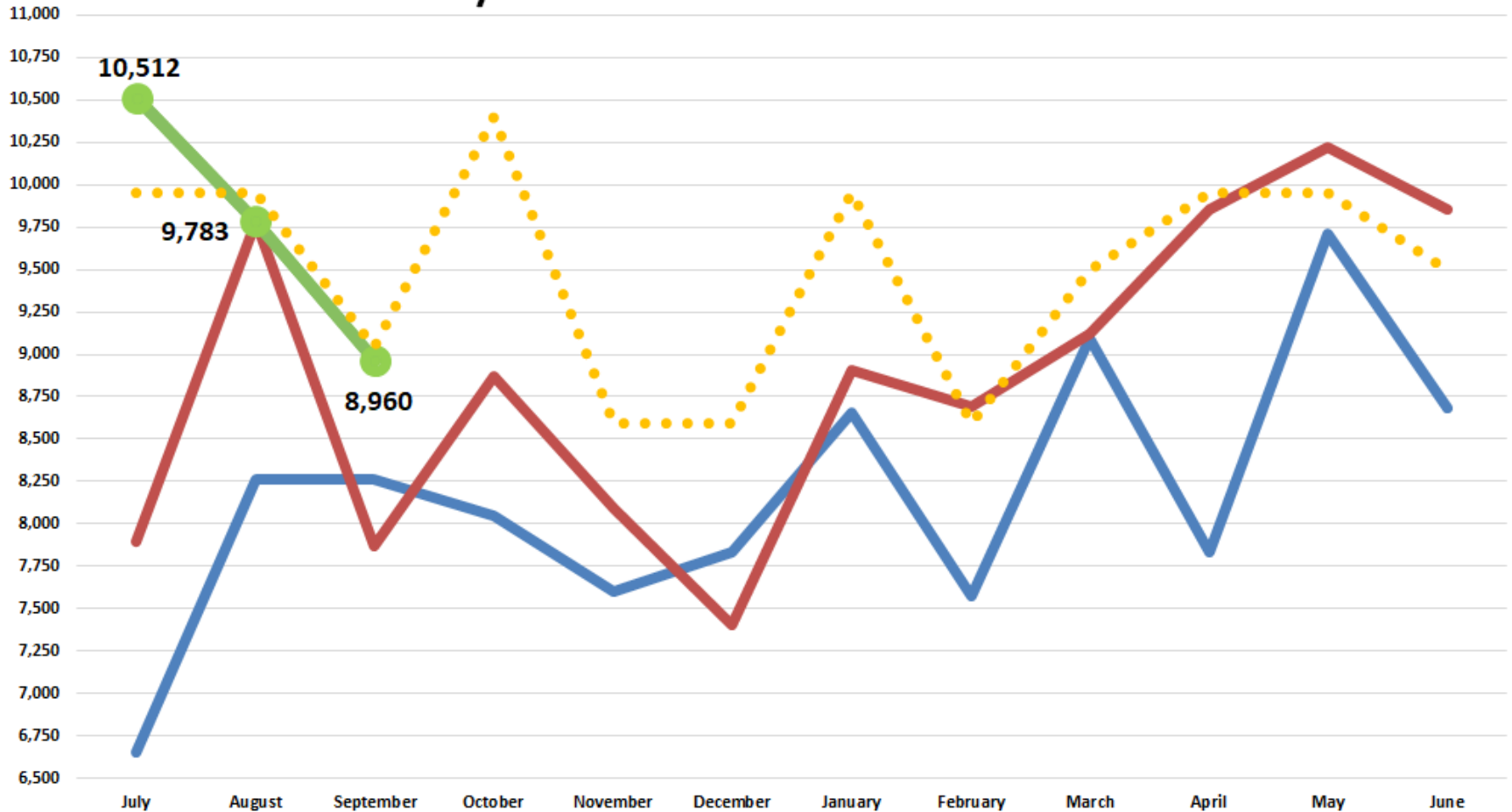
# O/P Rehab Services



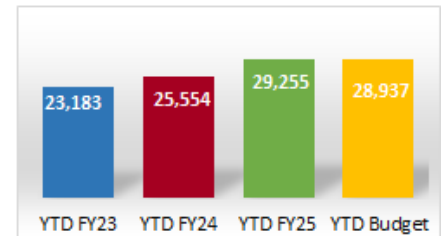
# O/P Rehab - Exeter



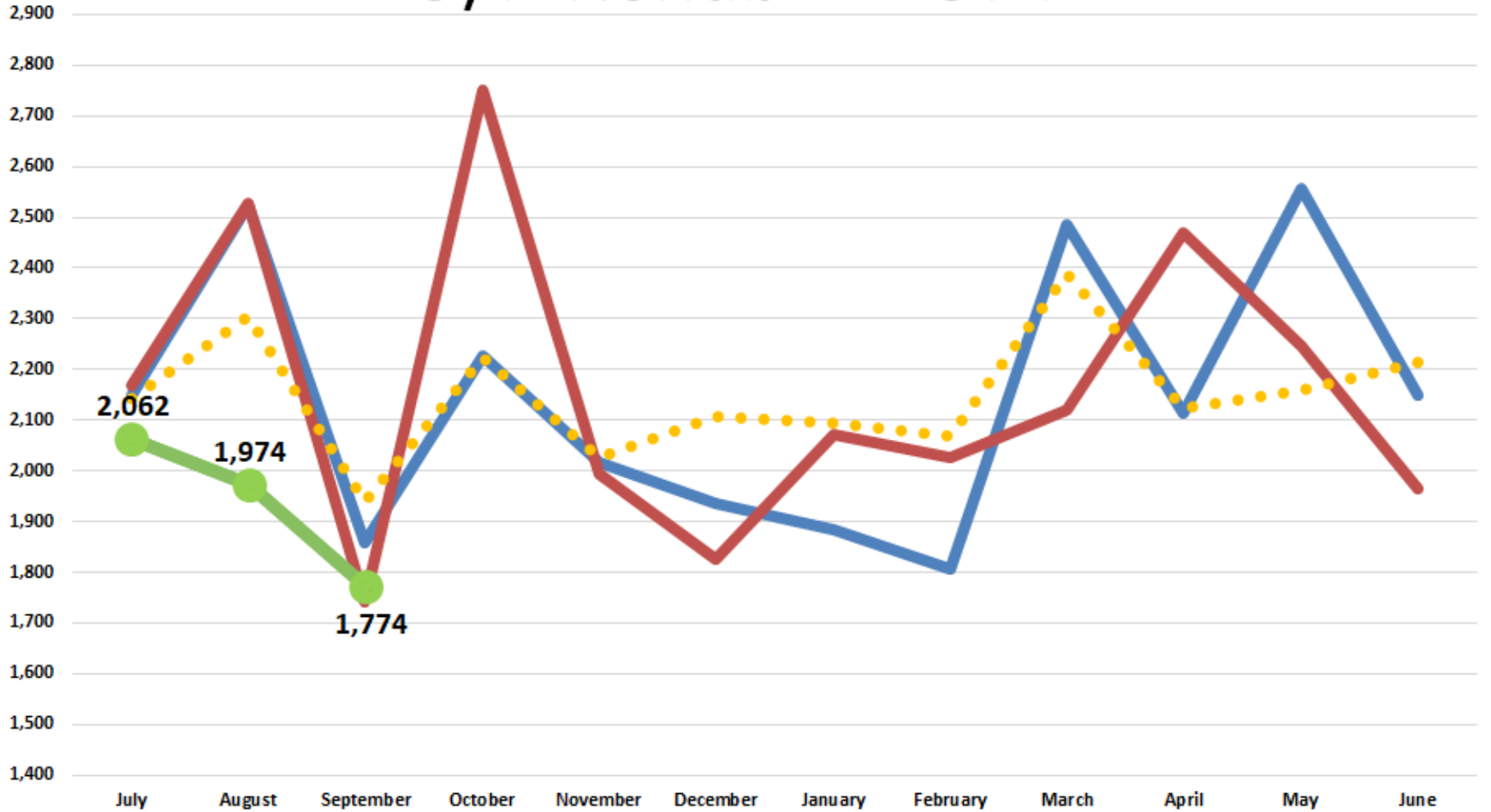
# O/P Rehab - Akers



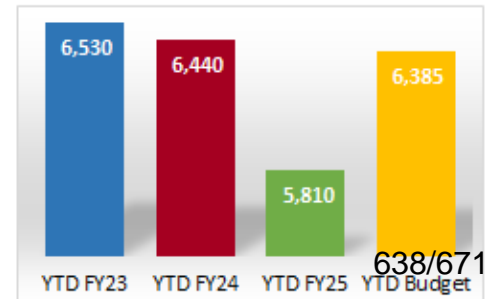
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



# O/P Rehab - LLOPT

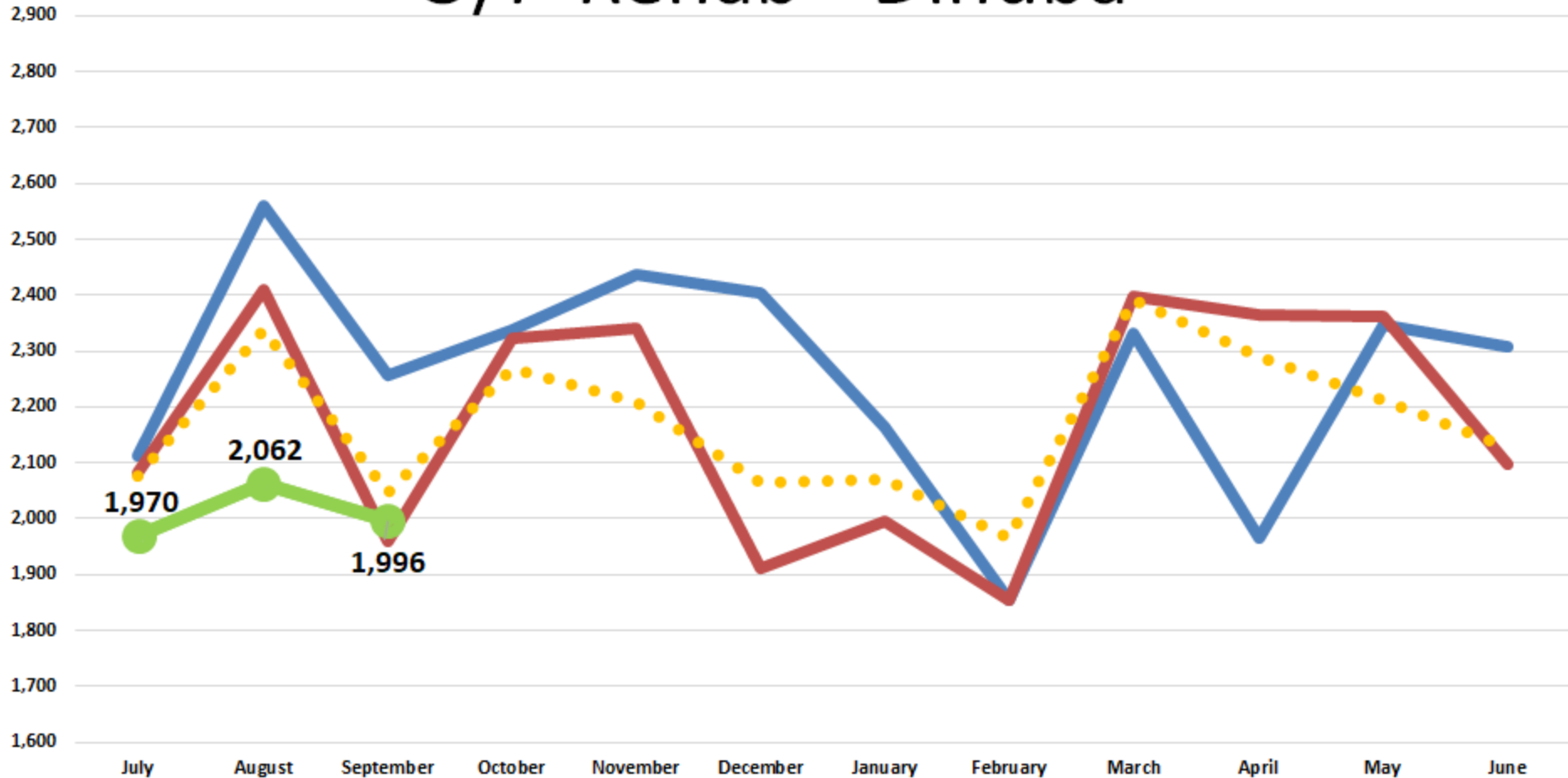


—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

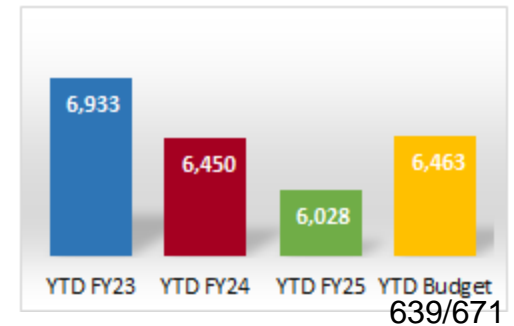


638/671

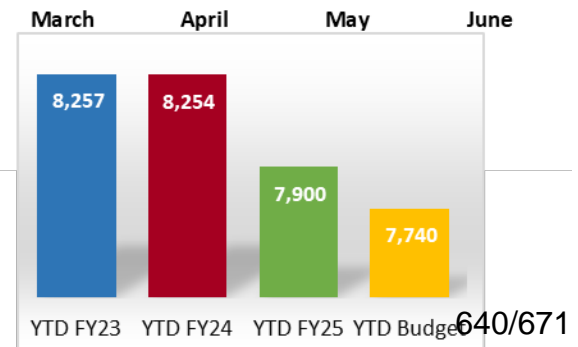
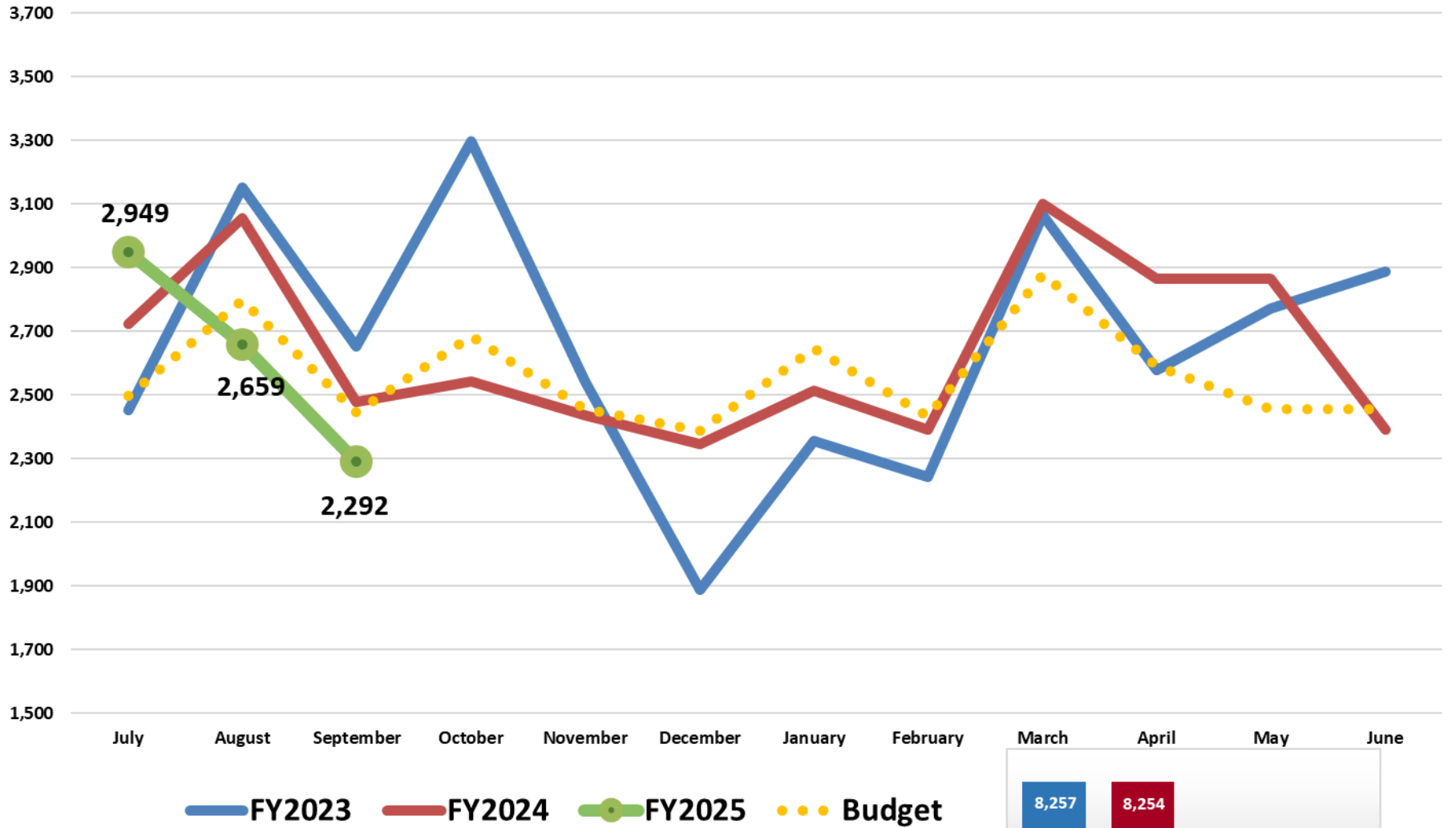
# O/P Rehab - Dinuba



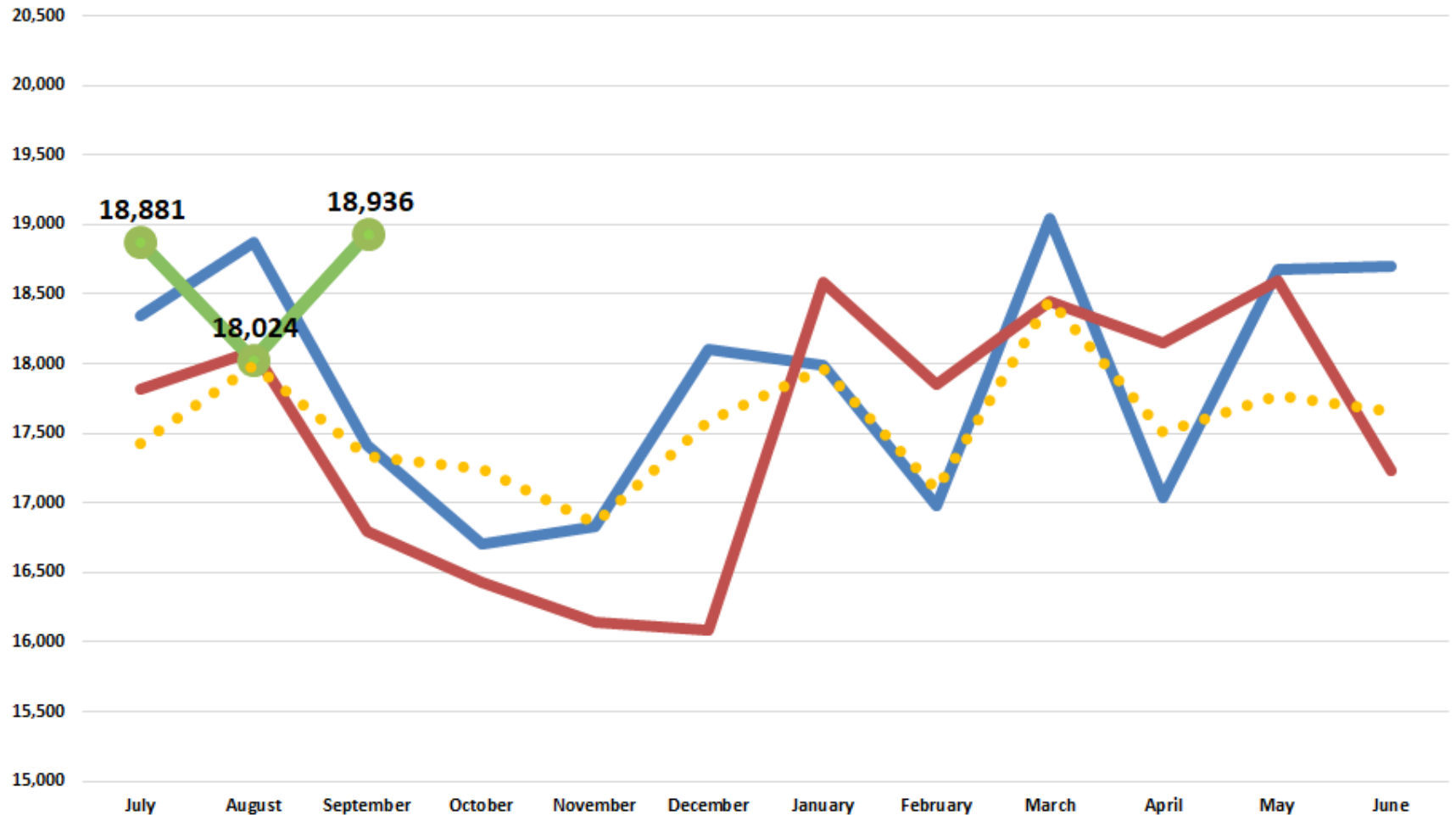
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



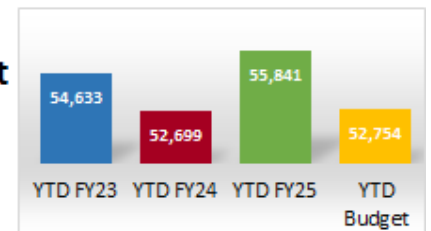
# Therapy - Cypress Hand Center



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

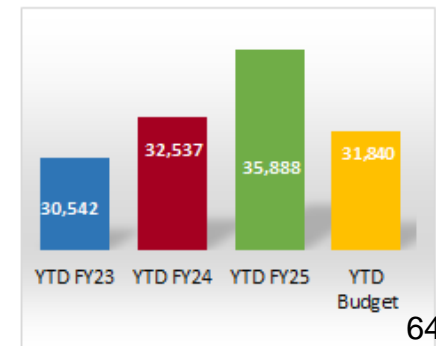
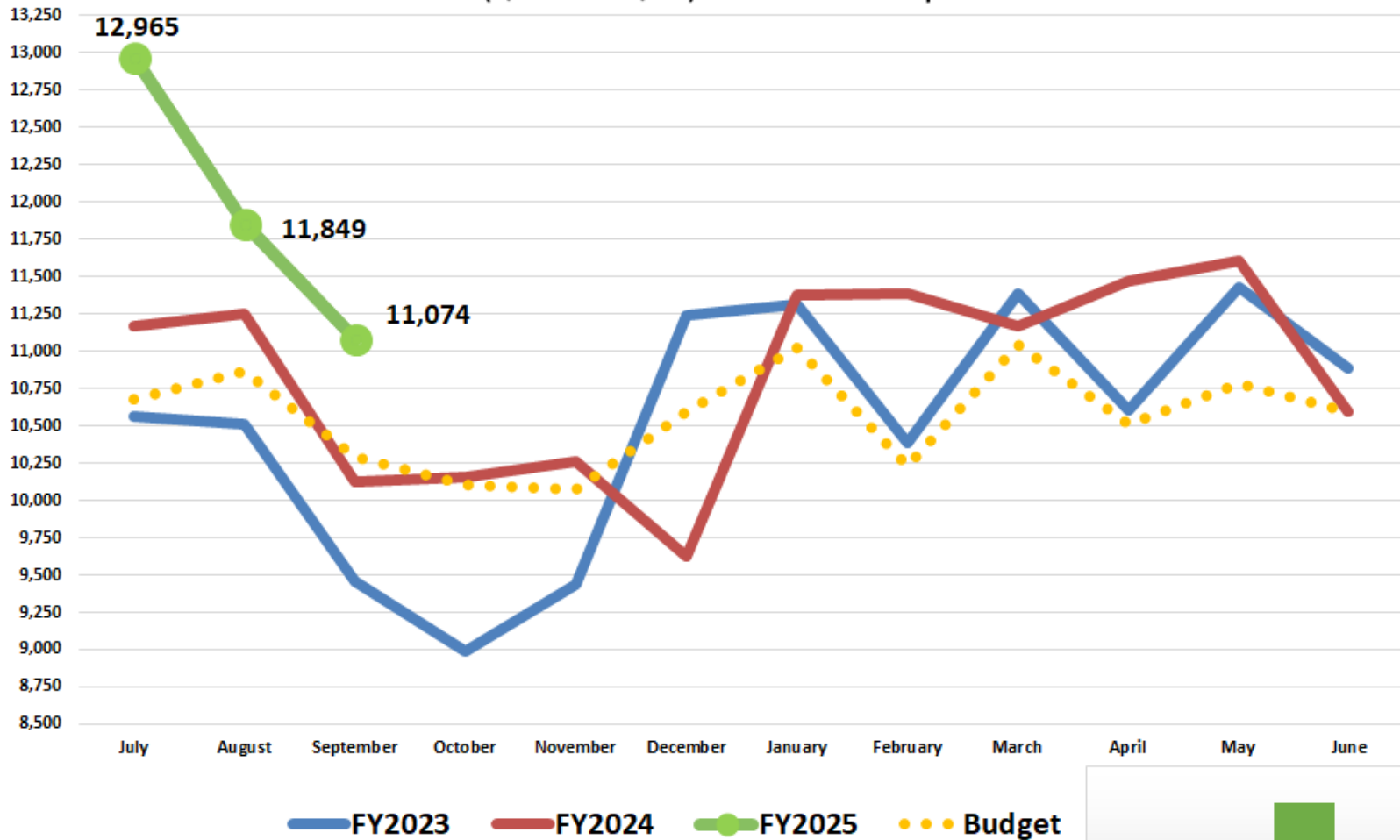


—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

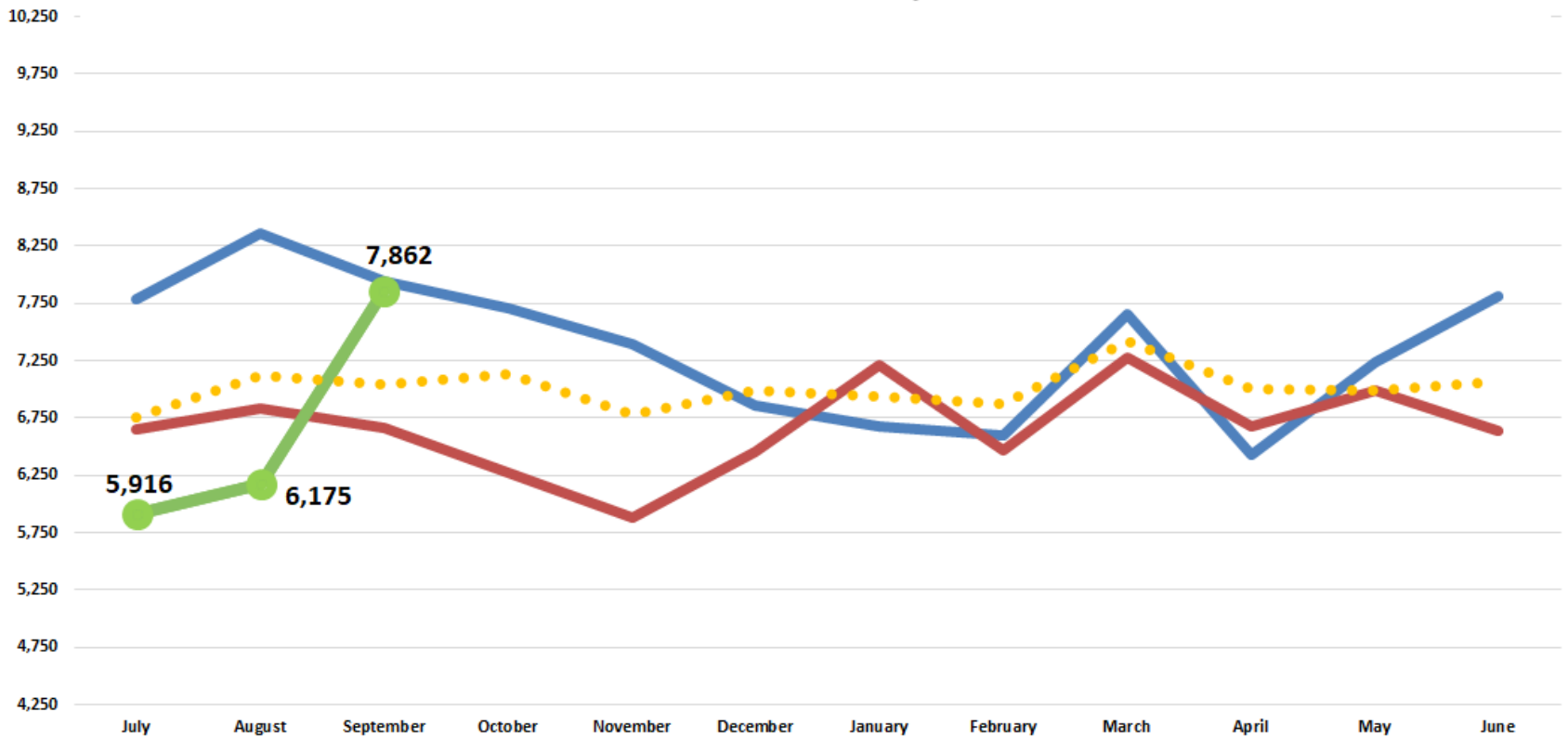




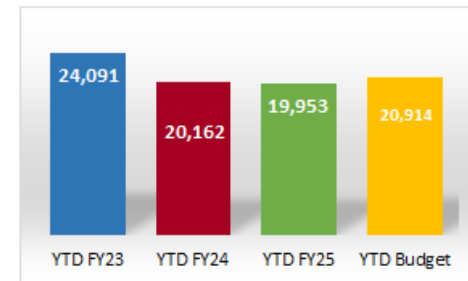
# Physical & Other Therapy Units (I/P & O/P)-Main Campus



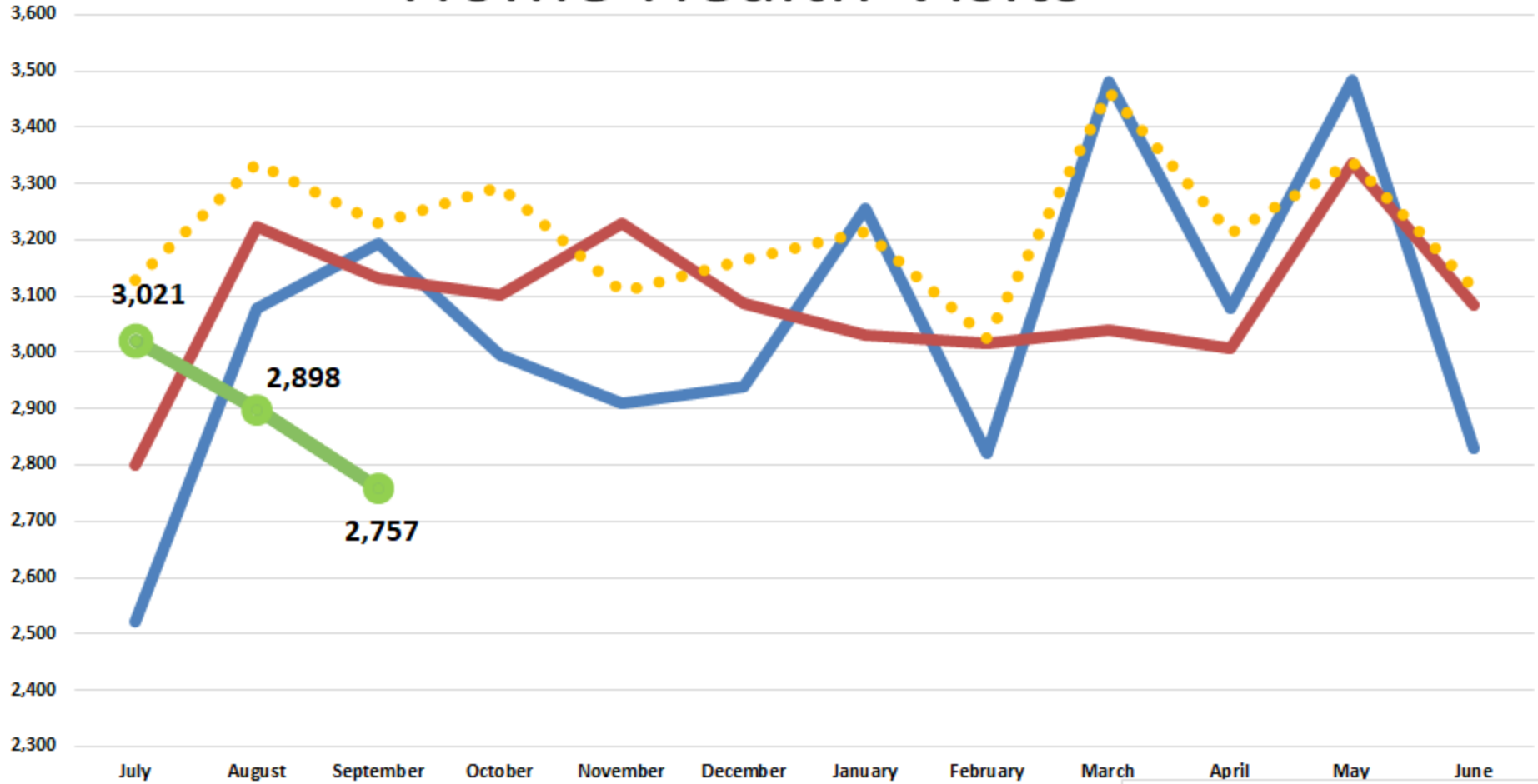
# Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



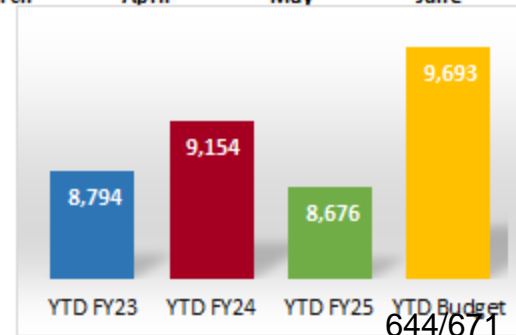
—●— FY2023    
 —●— FY2024    
 —●— FY2025    
 ●●● Budget



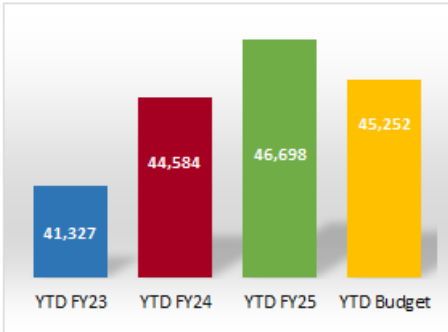
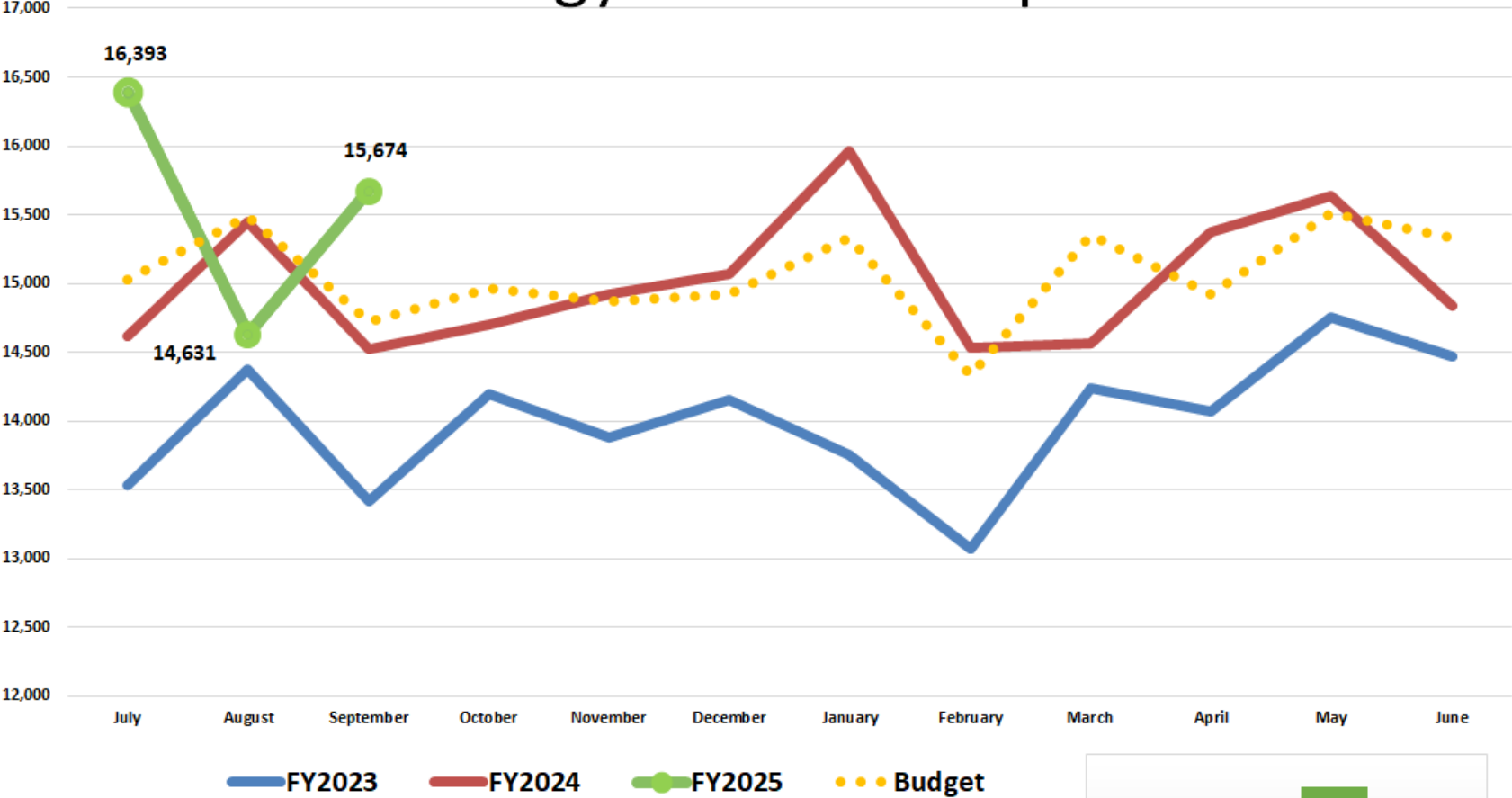
# Home Health Visits



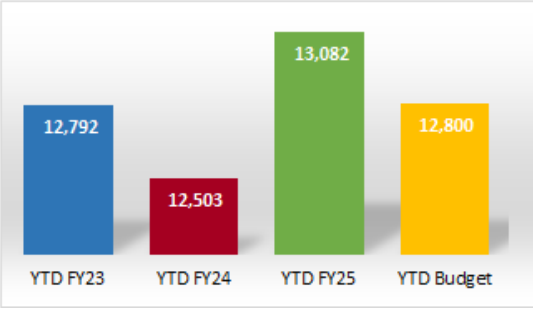
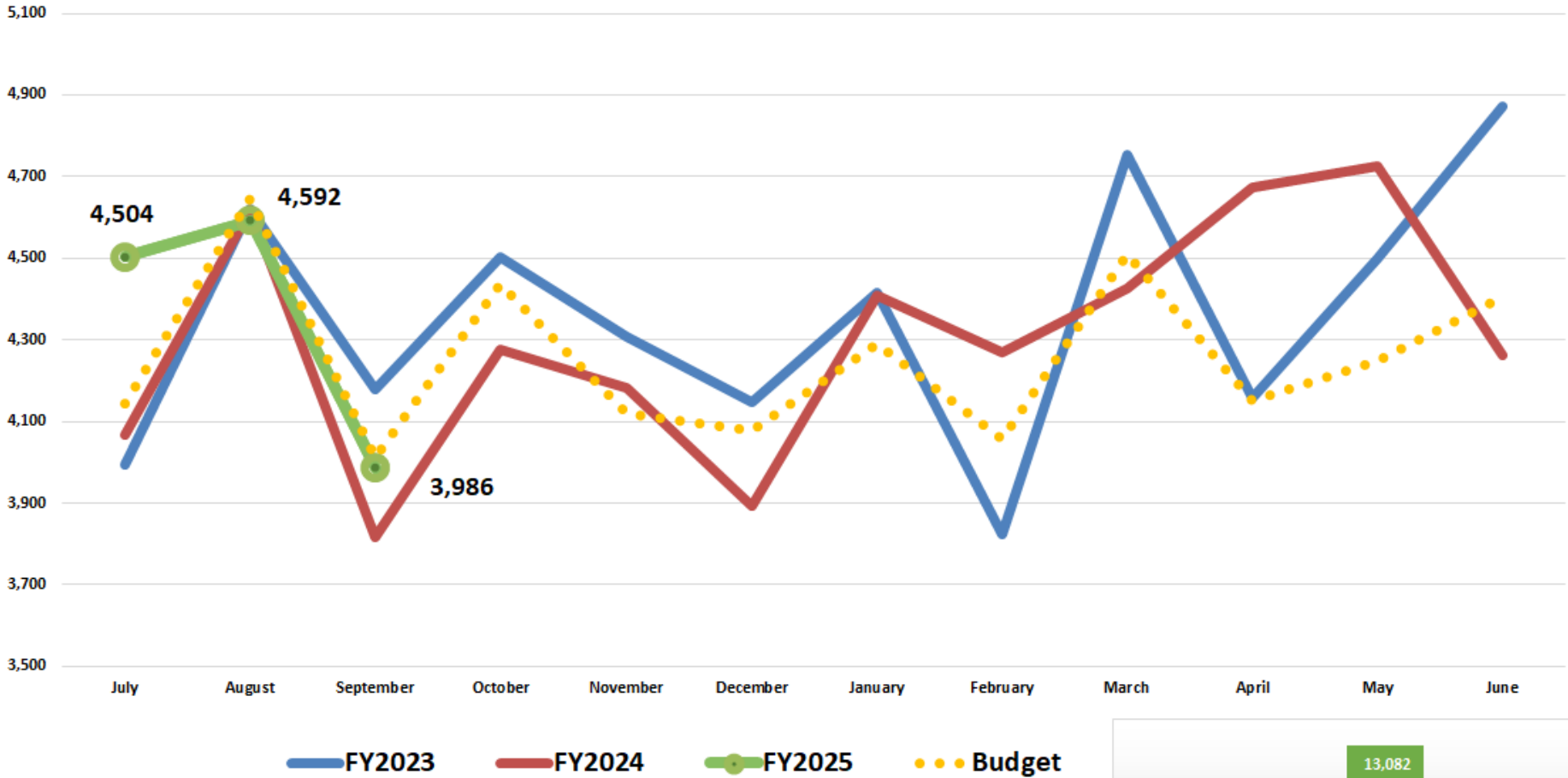
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



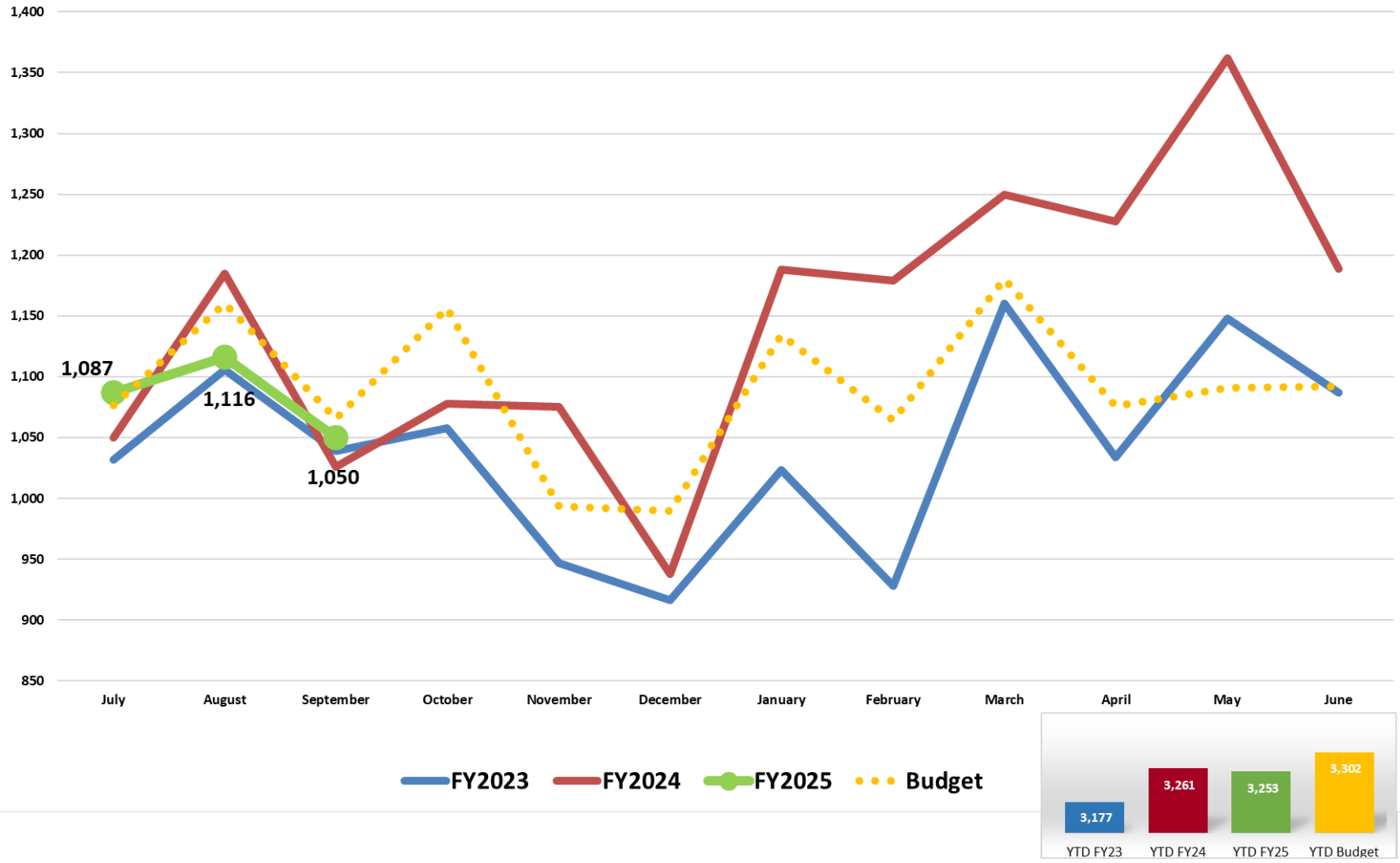
# Radiology – Main Campus



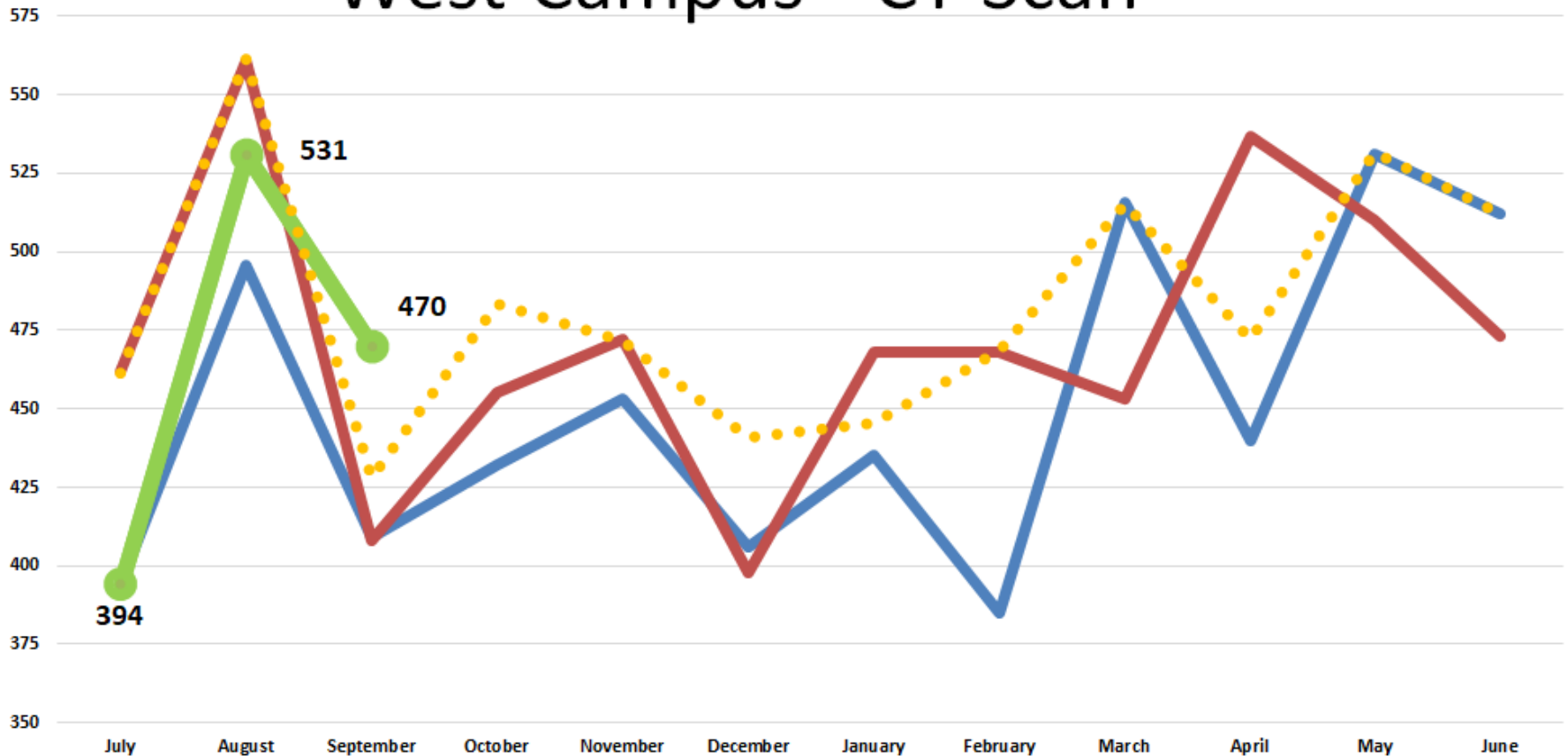
# Radiology - West Campus Imaging



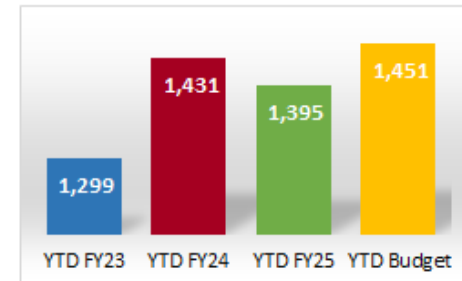
# West Campus - Diagnostic Radiology



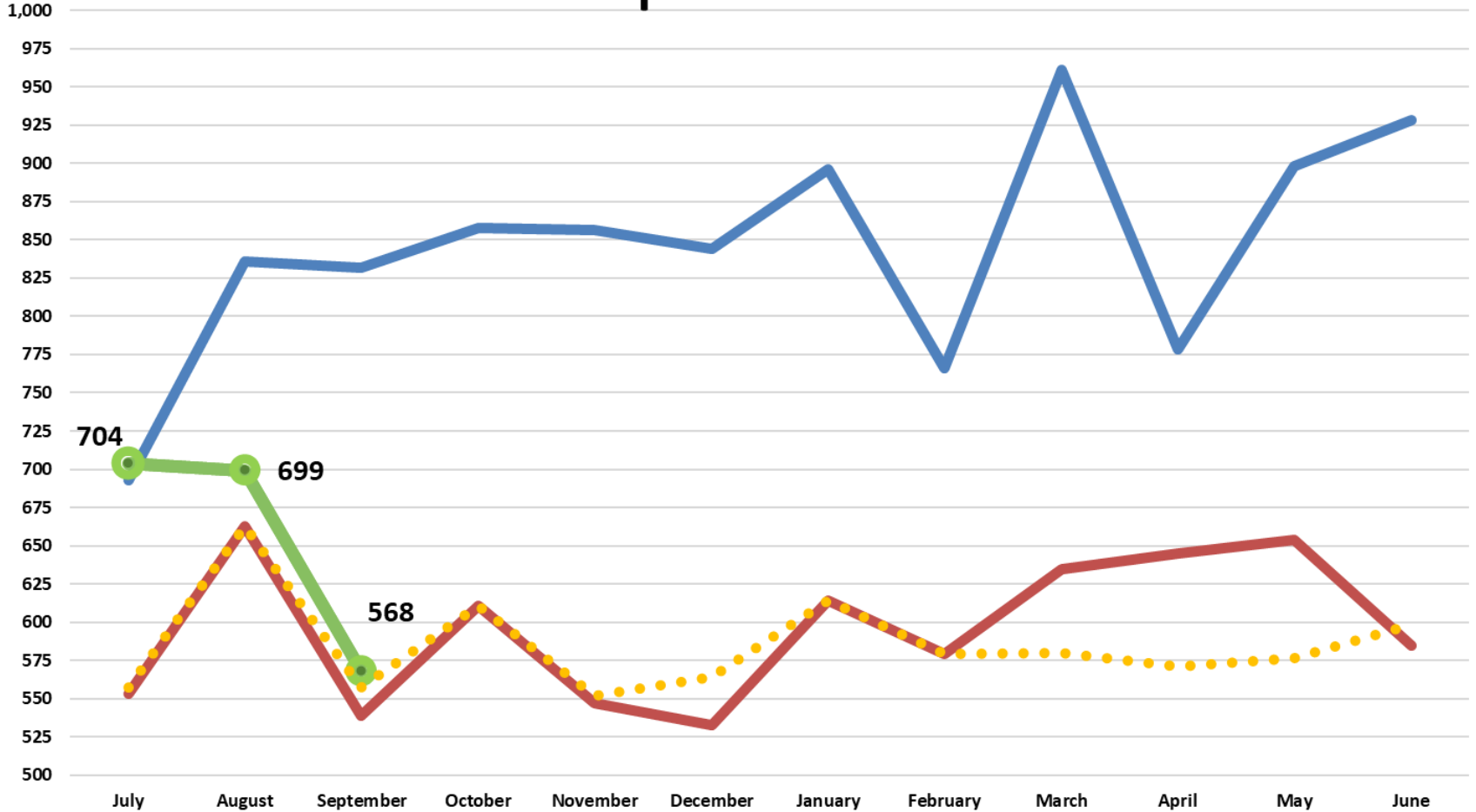
# West Campus - CT Scan



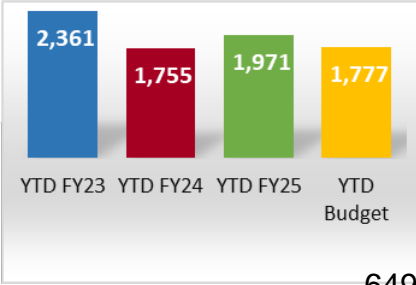
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



# West Campus - Ultrasound

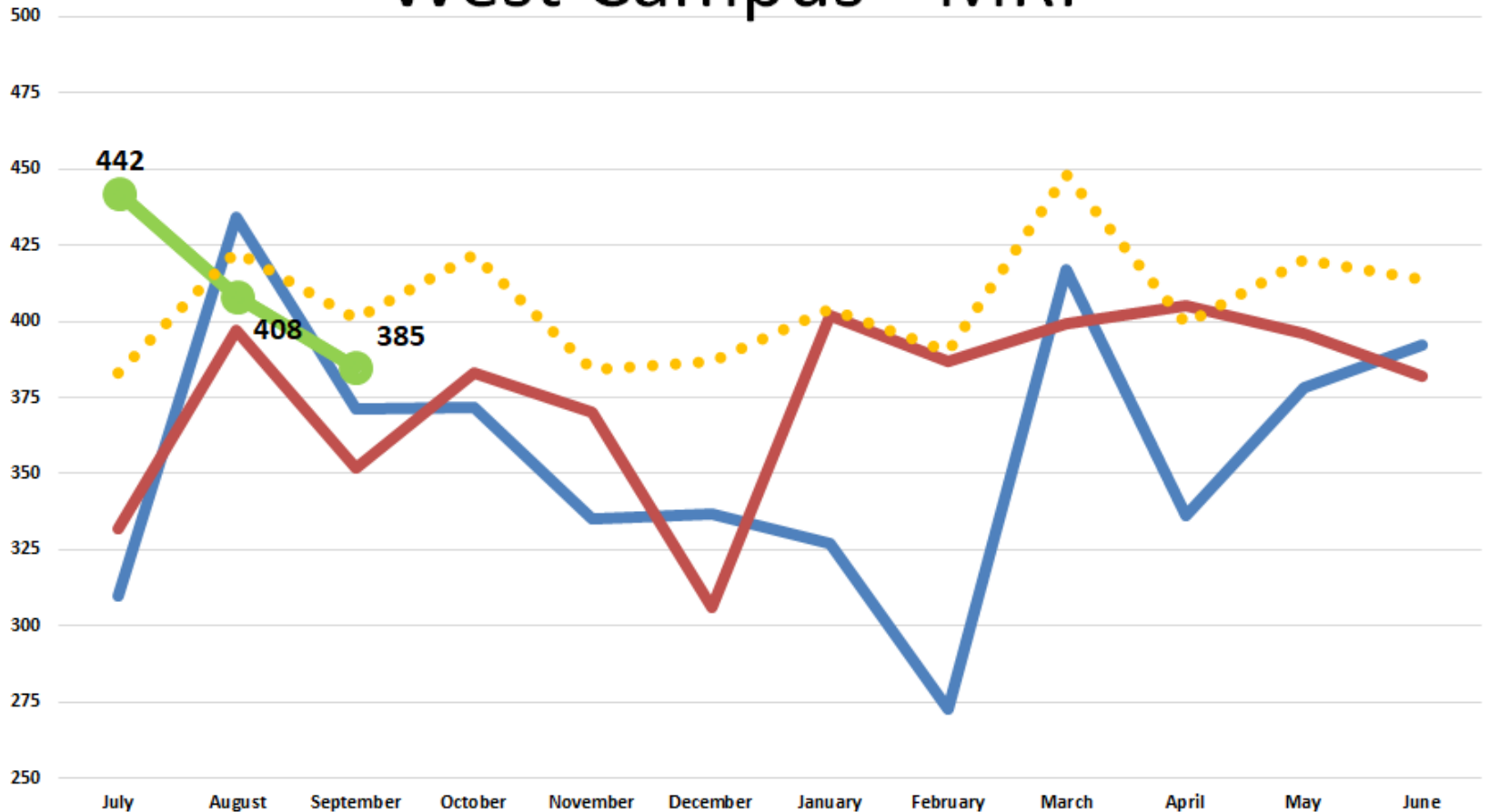


—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget

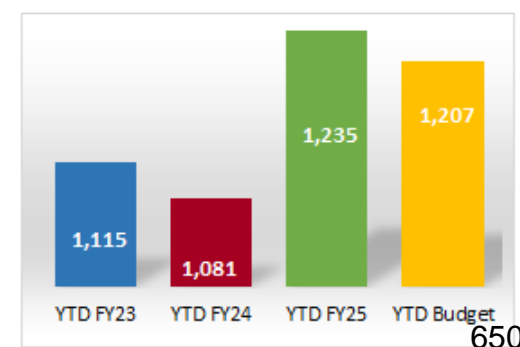




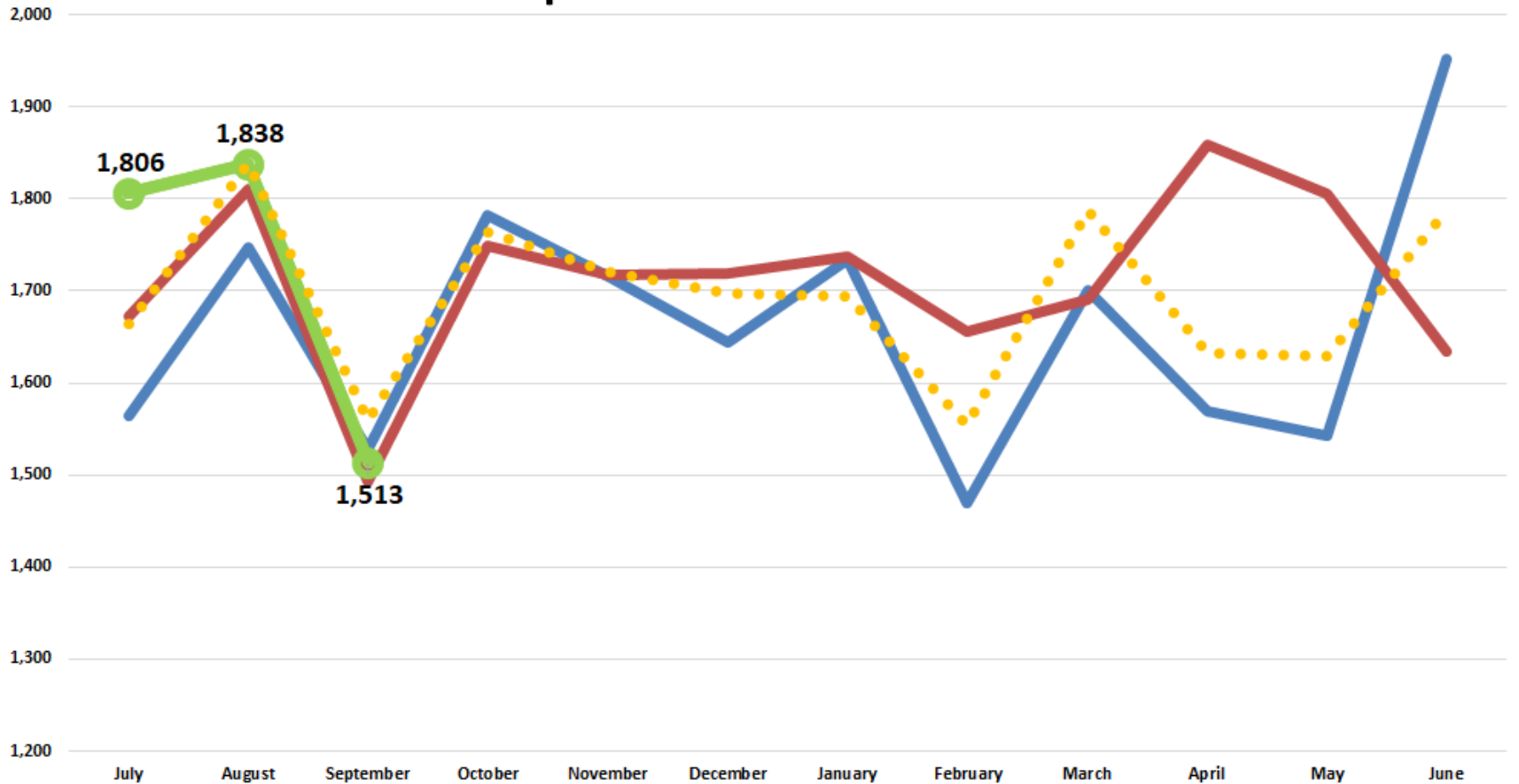
# West Campus - MRI



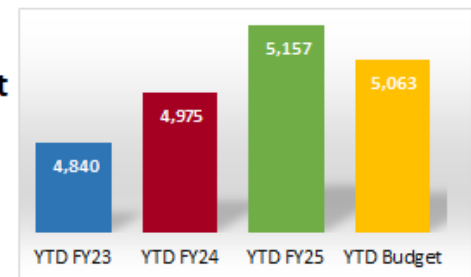
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



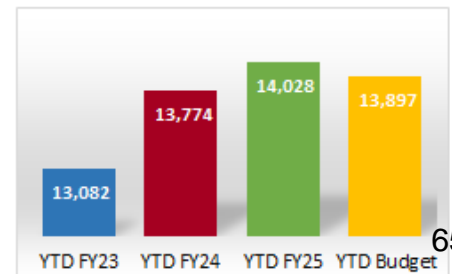
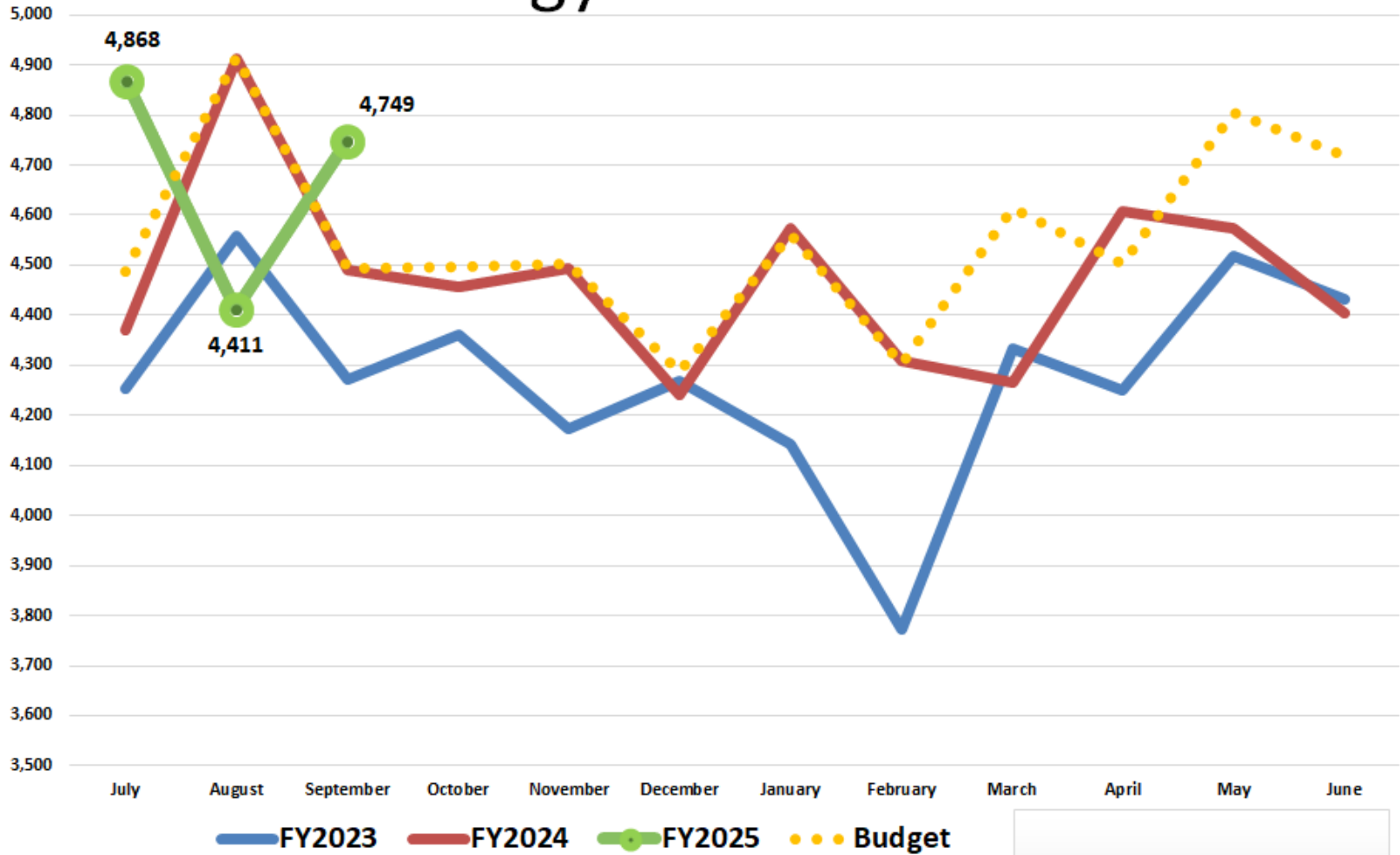
# West Campus - Breast Center



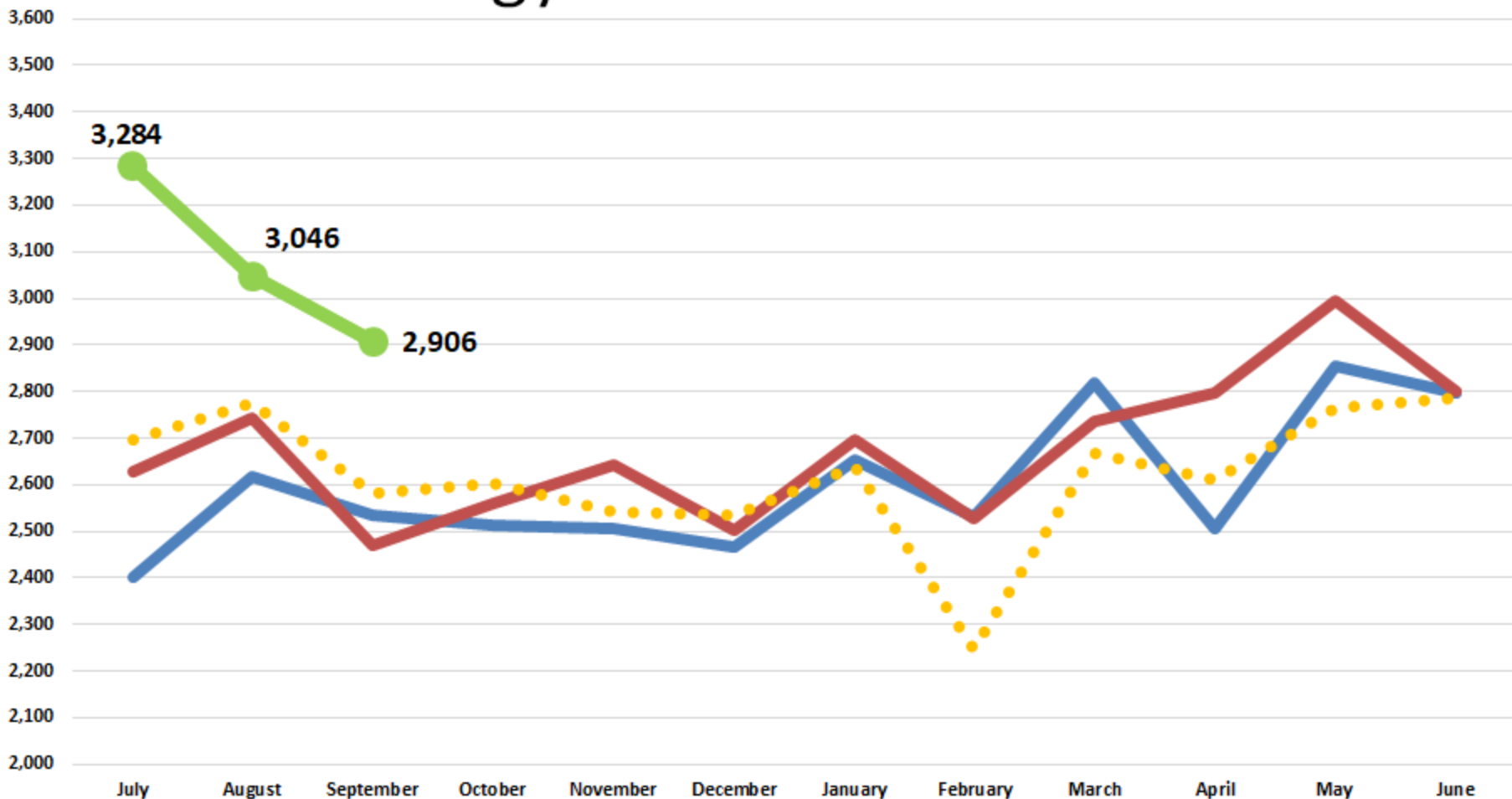
— FY2023   
 — FY2024   
 —●— FY2025   
 ●●● Budget



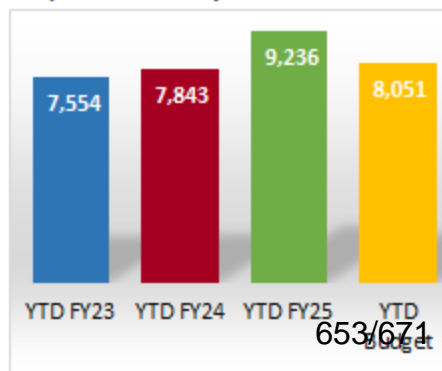
# Radiology - CT - All Areas



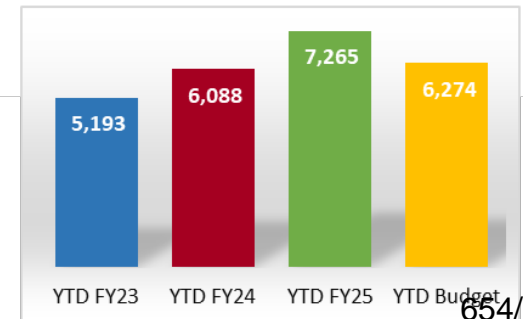
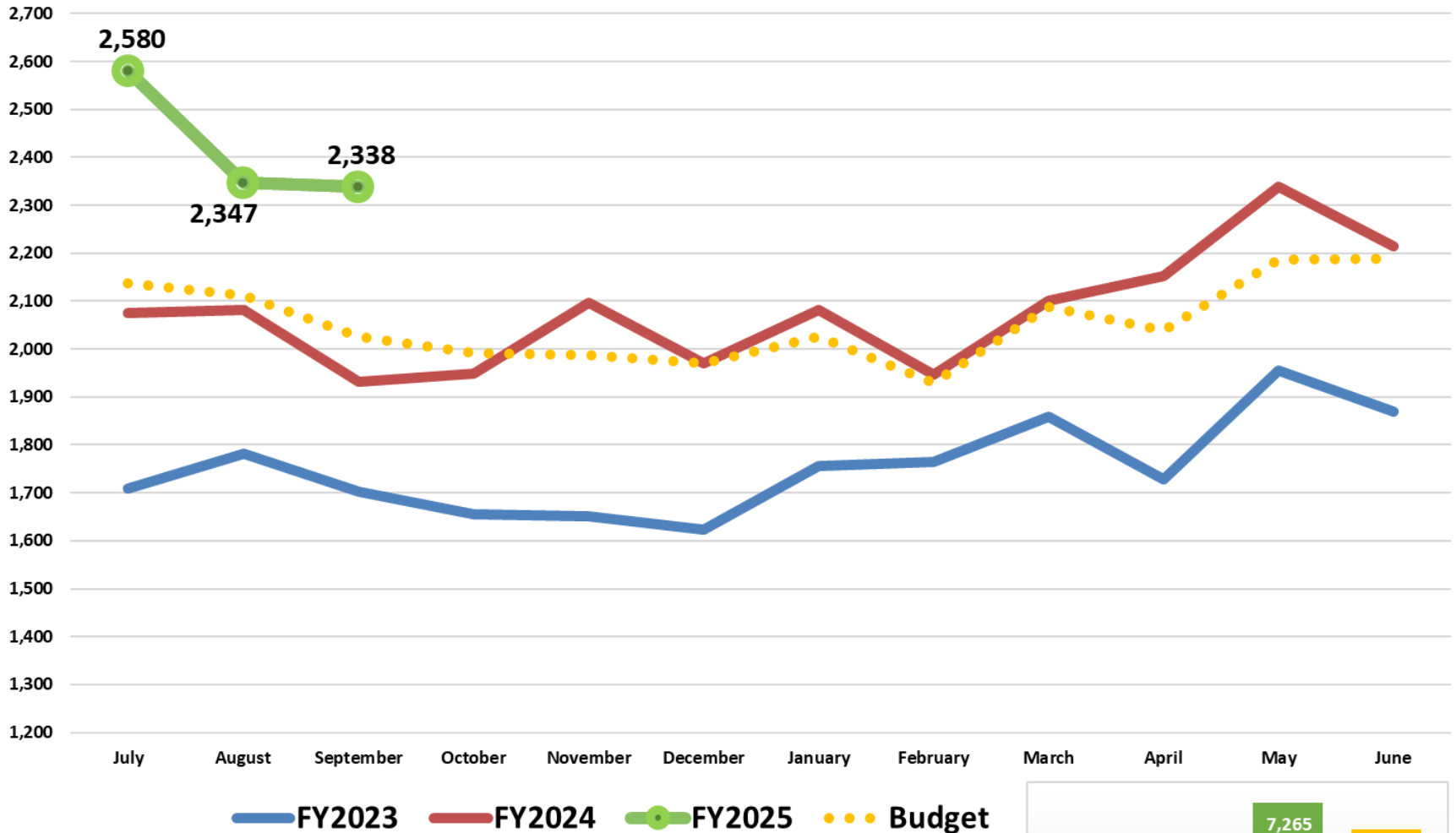
# Radiology - Ultrasound - All Areas



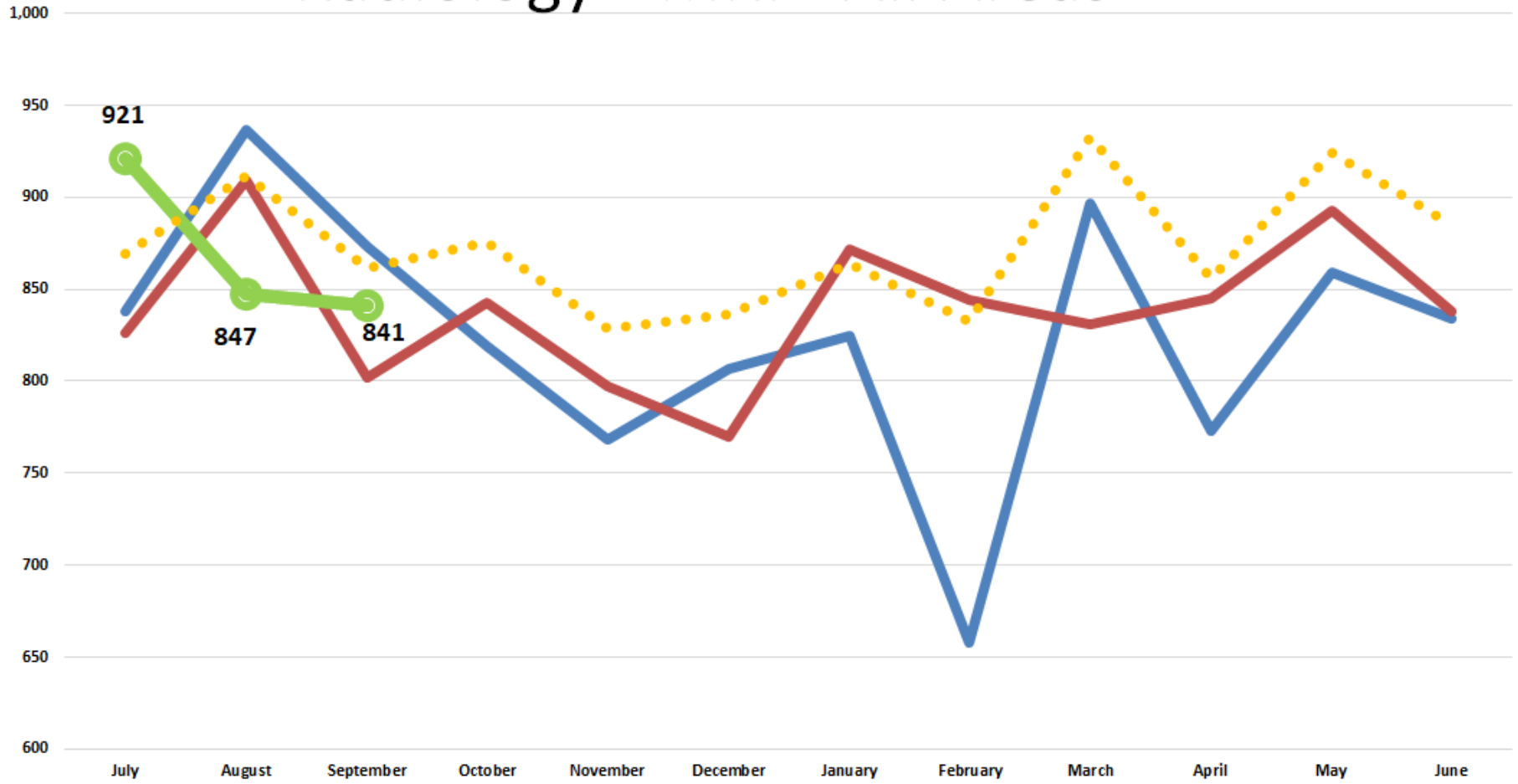
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



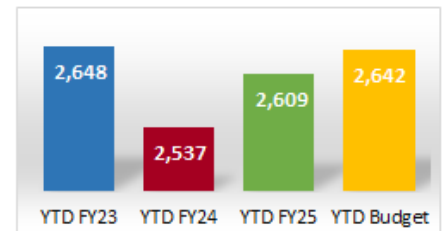
# Radiology - Ultrasound - Main Campus



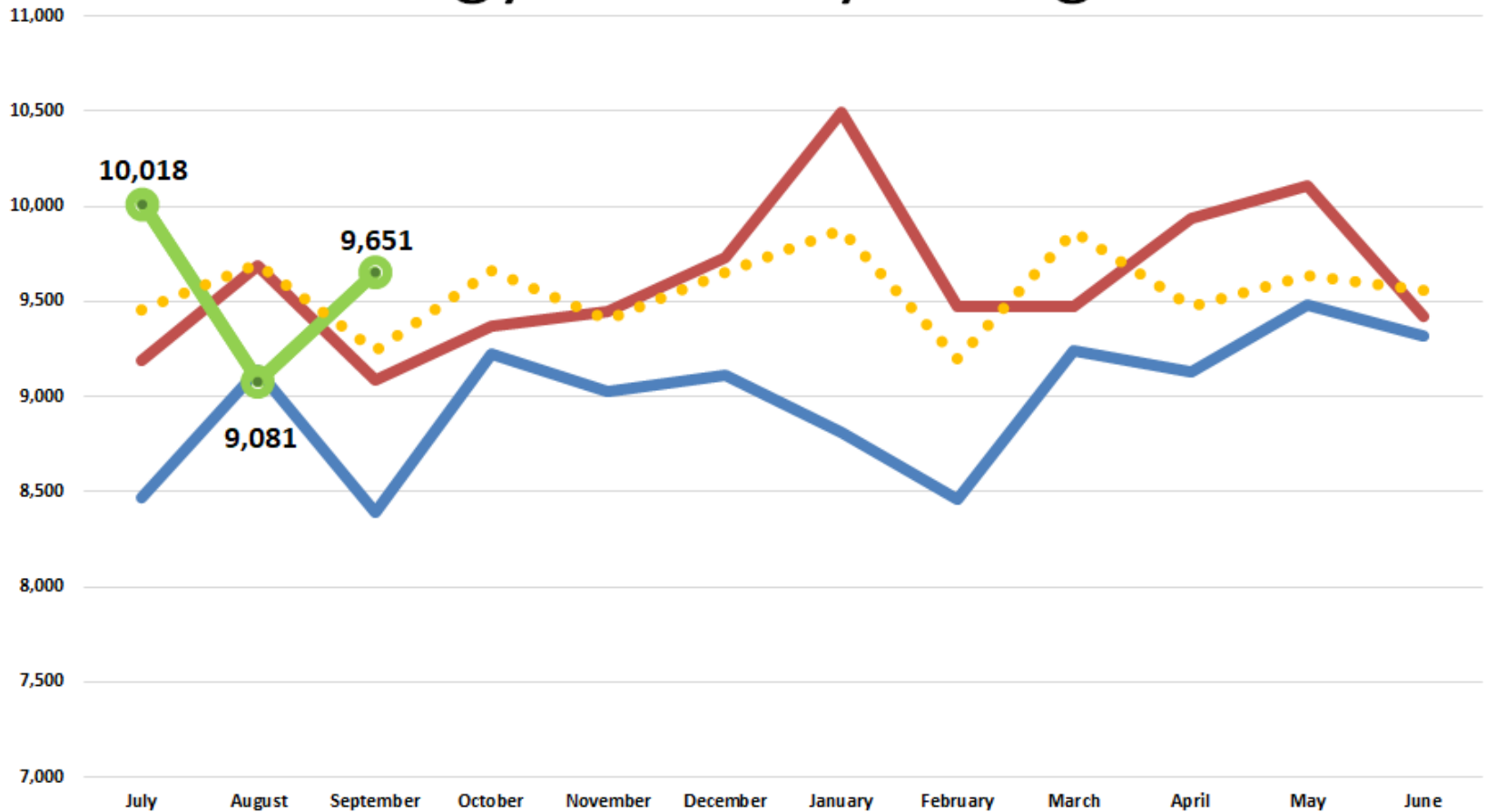
# Radiology - MRI - All Areas



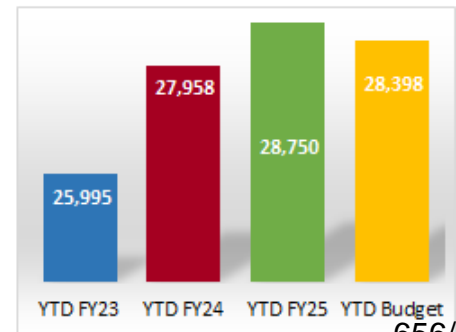
—●— FY2023   
 —●— FY2024   
 —●— FY2025   
 ●●● Budget



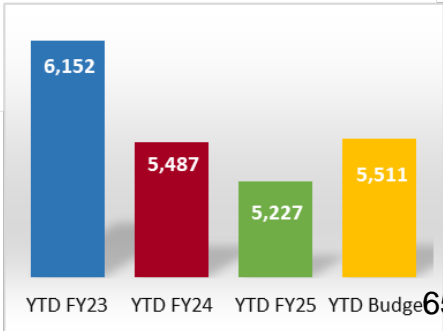
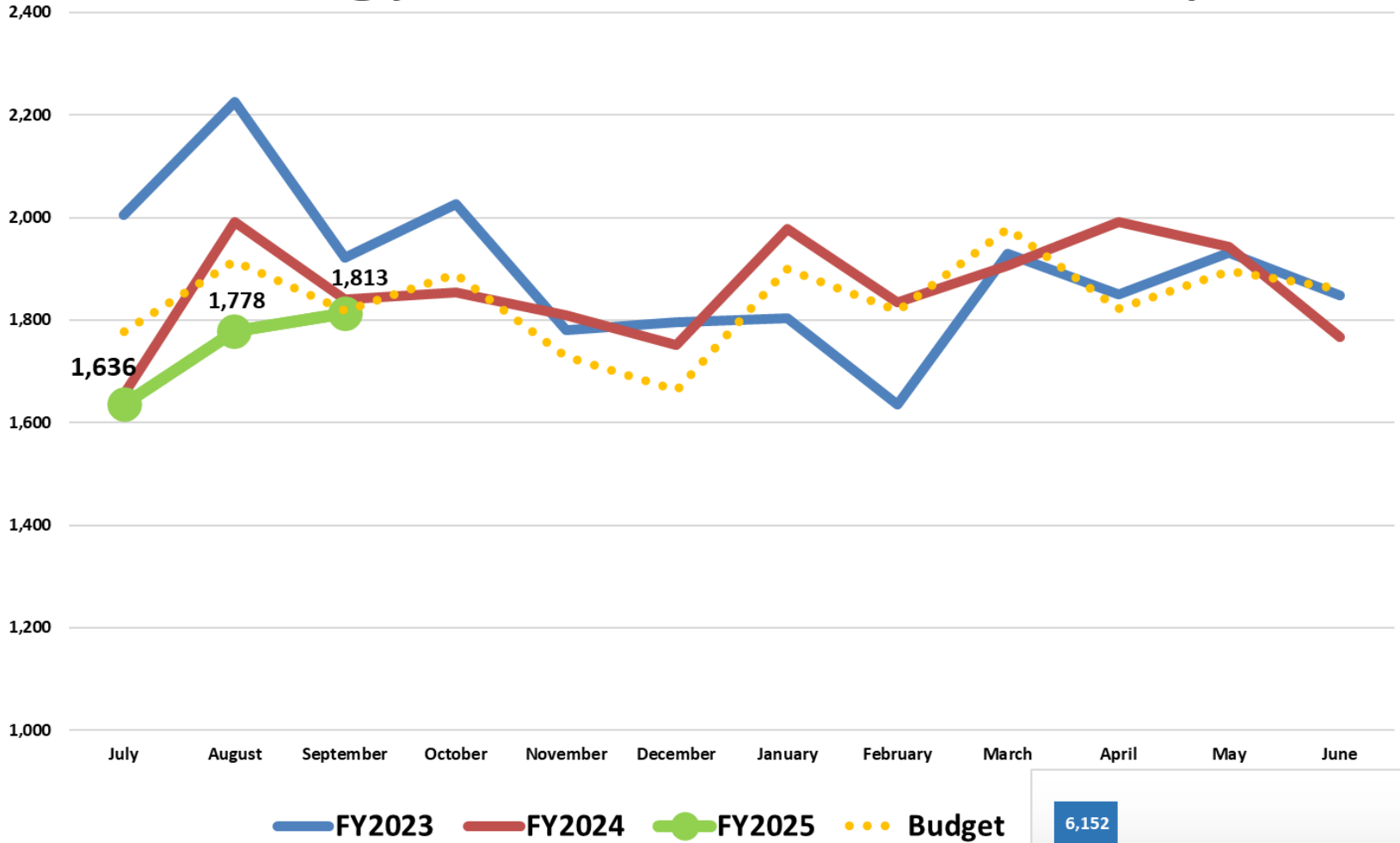
# Radiology Modality - Diagnostic



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

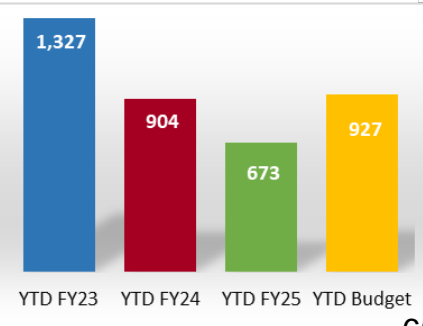
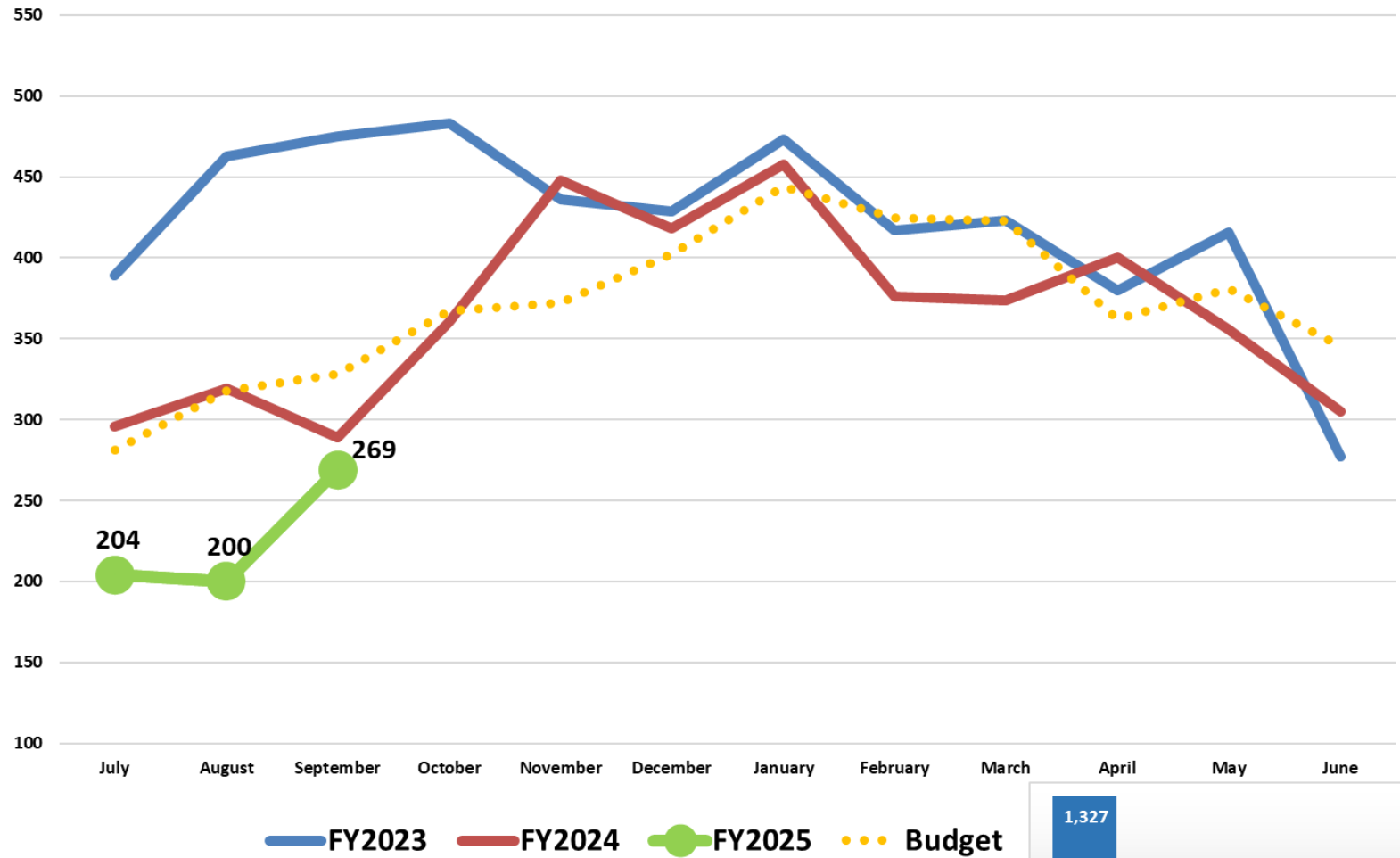


# Radiology - UC Court/South Campus

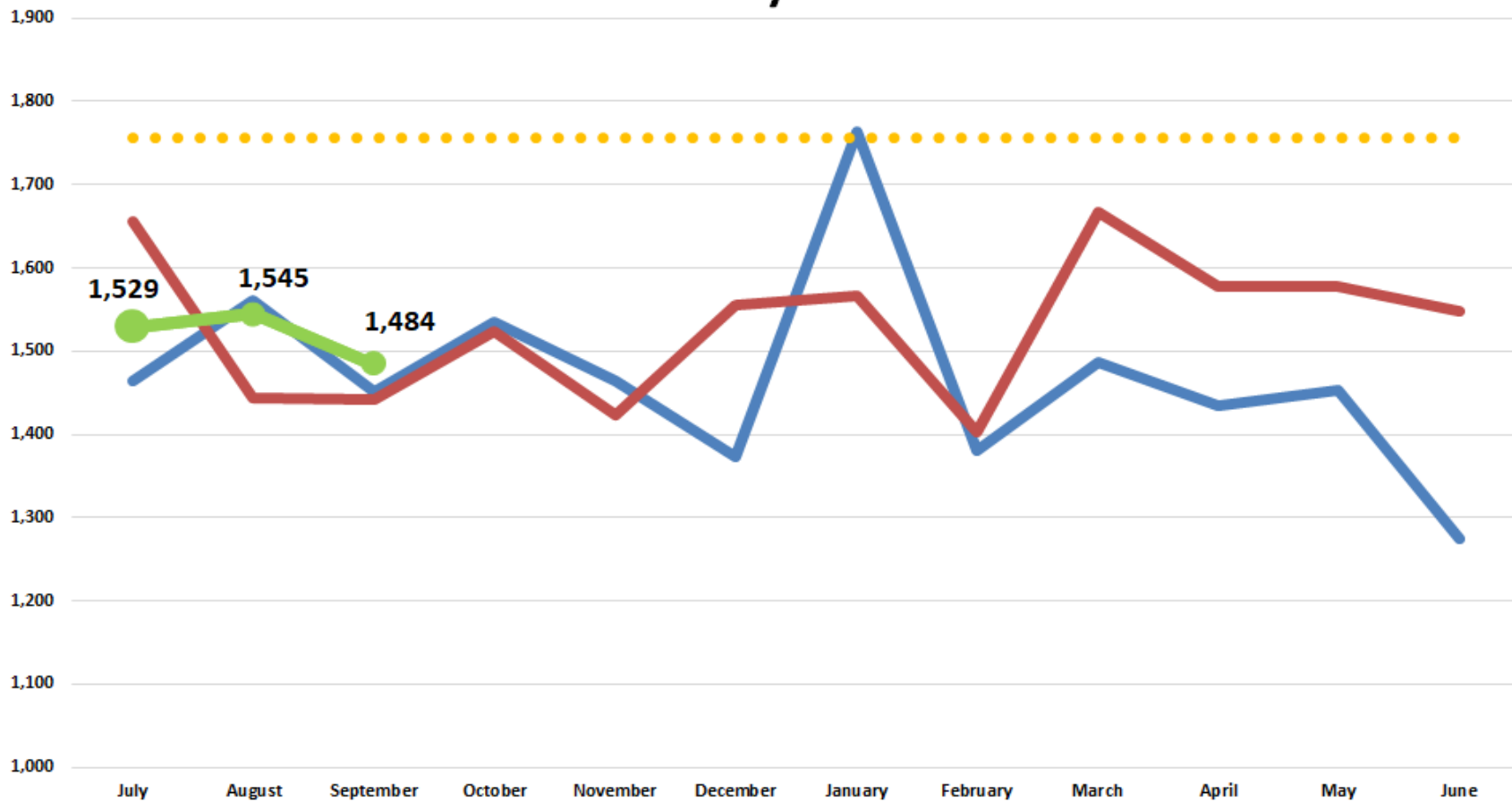




# Radiology - UC Demaree/North Campus



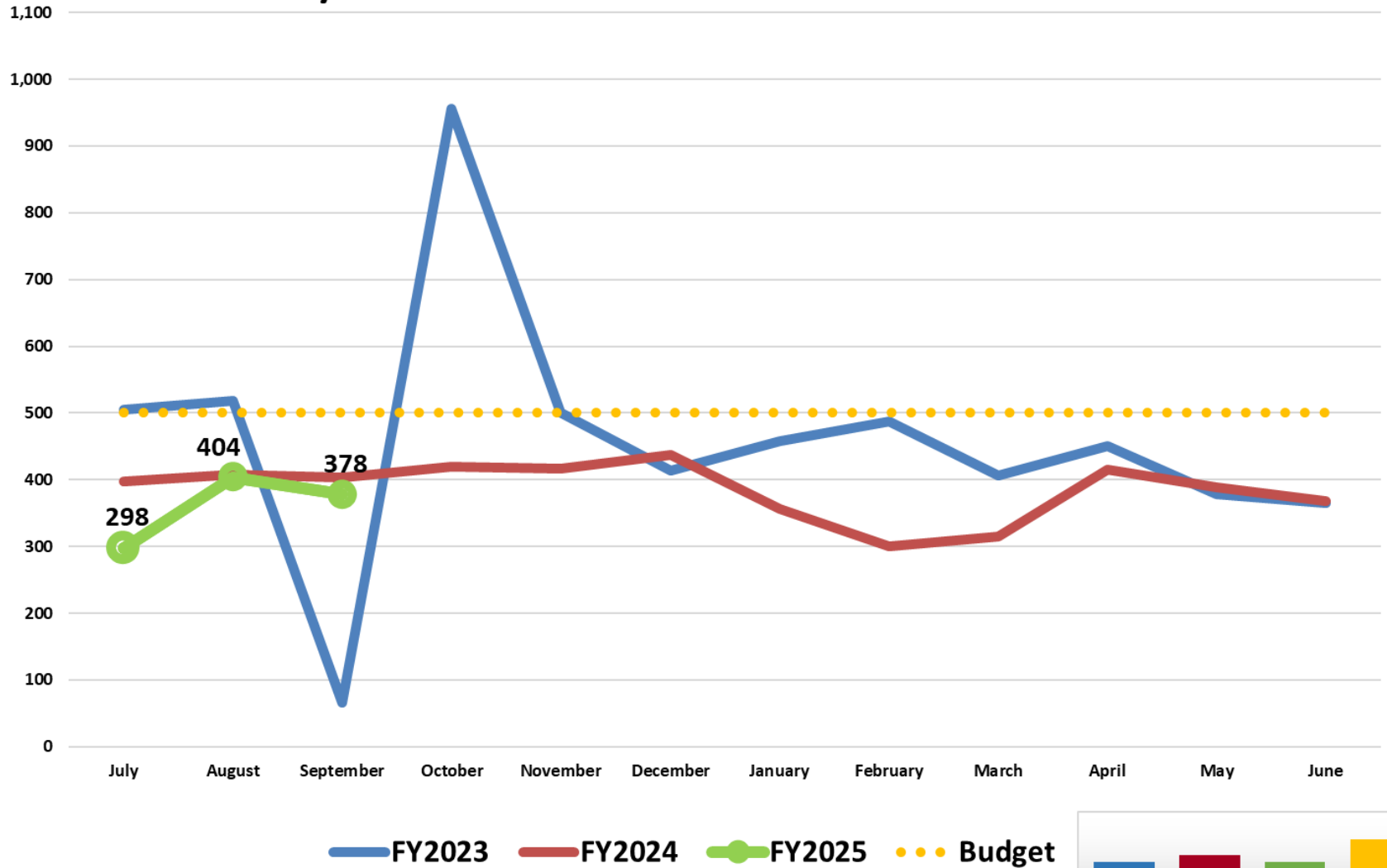
# Chronic Dialysis - Visalia



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

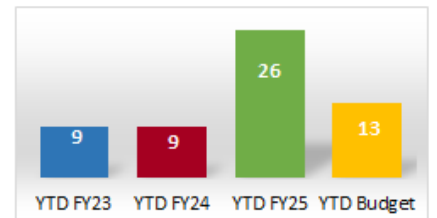
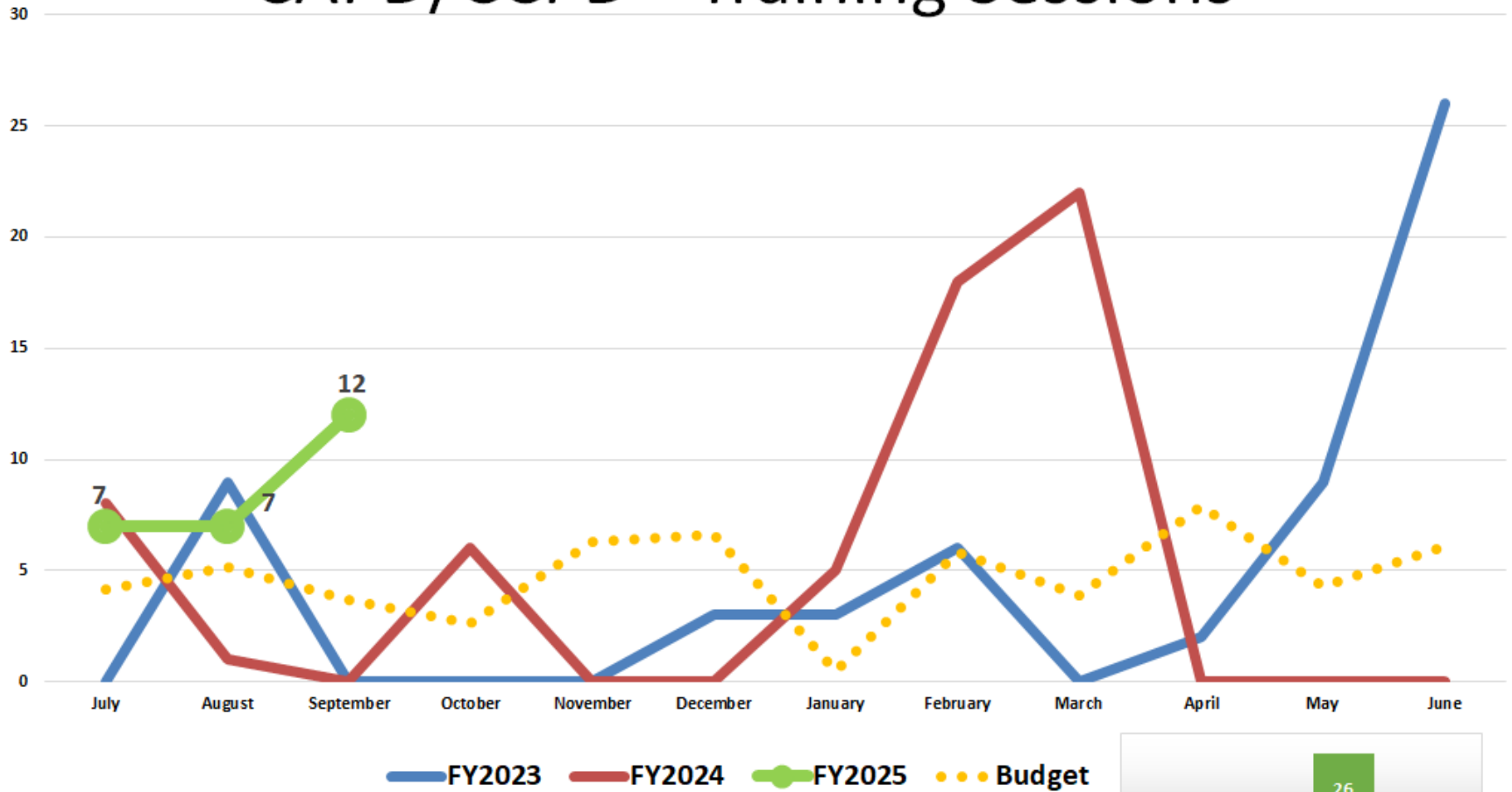
4,475	4,540	4,558	5,271
YTD FY23	YTD FY24	YTD FY25	YTD Budget

# CAPD/CCPD - Maintenance Sessions

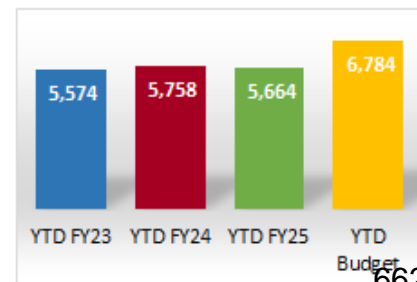
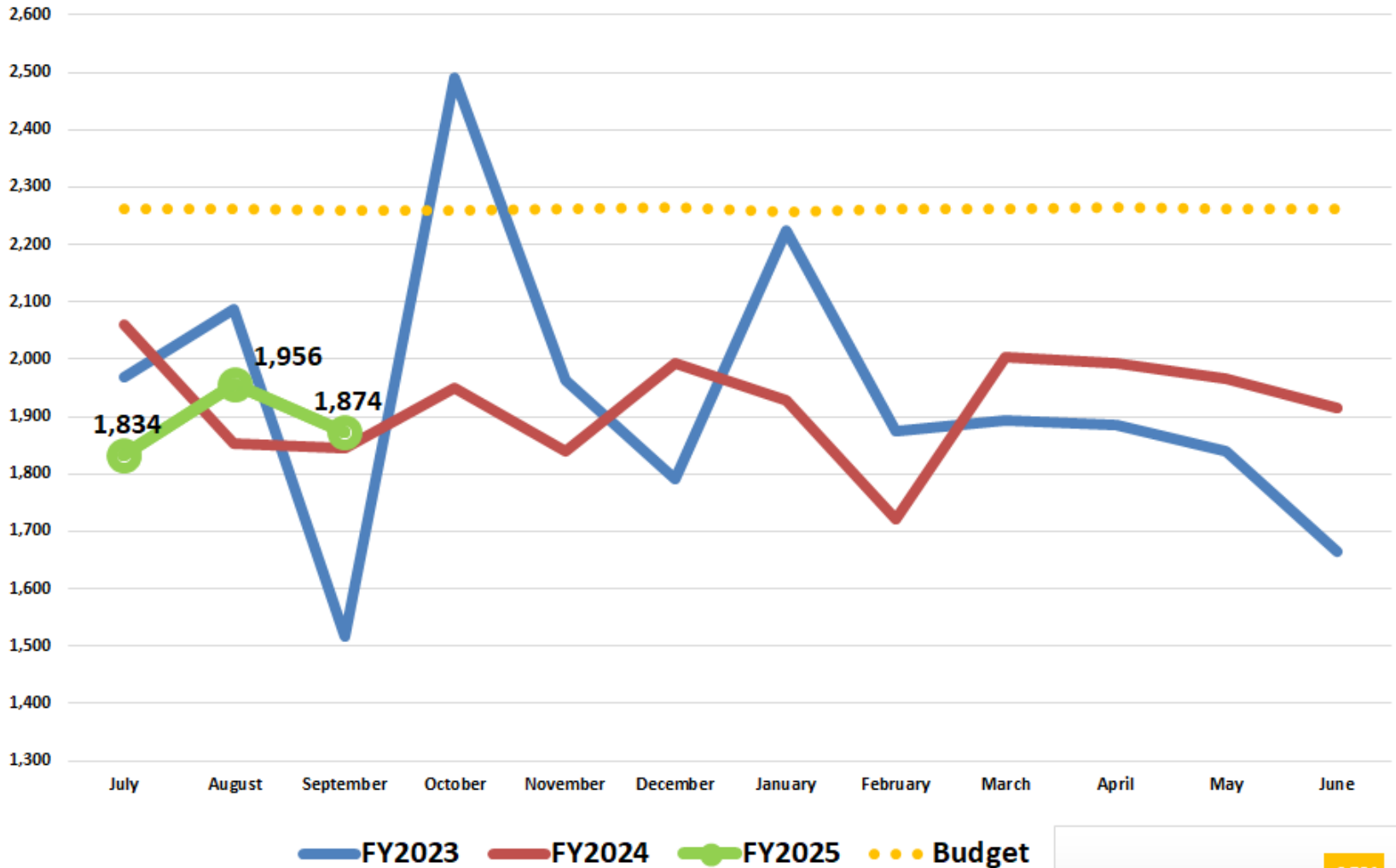


1,090	1,209	1,080	1,500
YTD FY23	YTD FY24	YTD FY25	YTD Budget

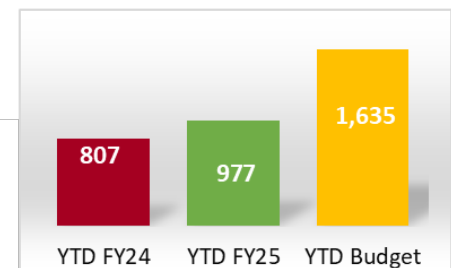
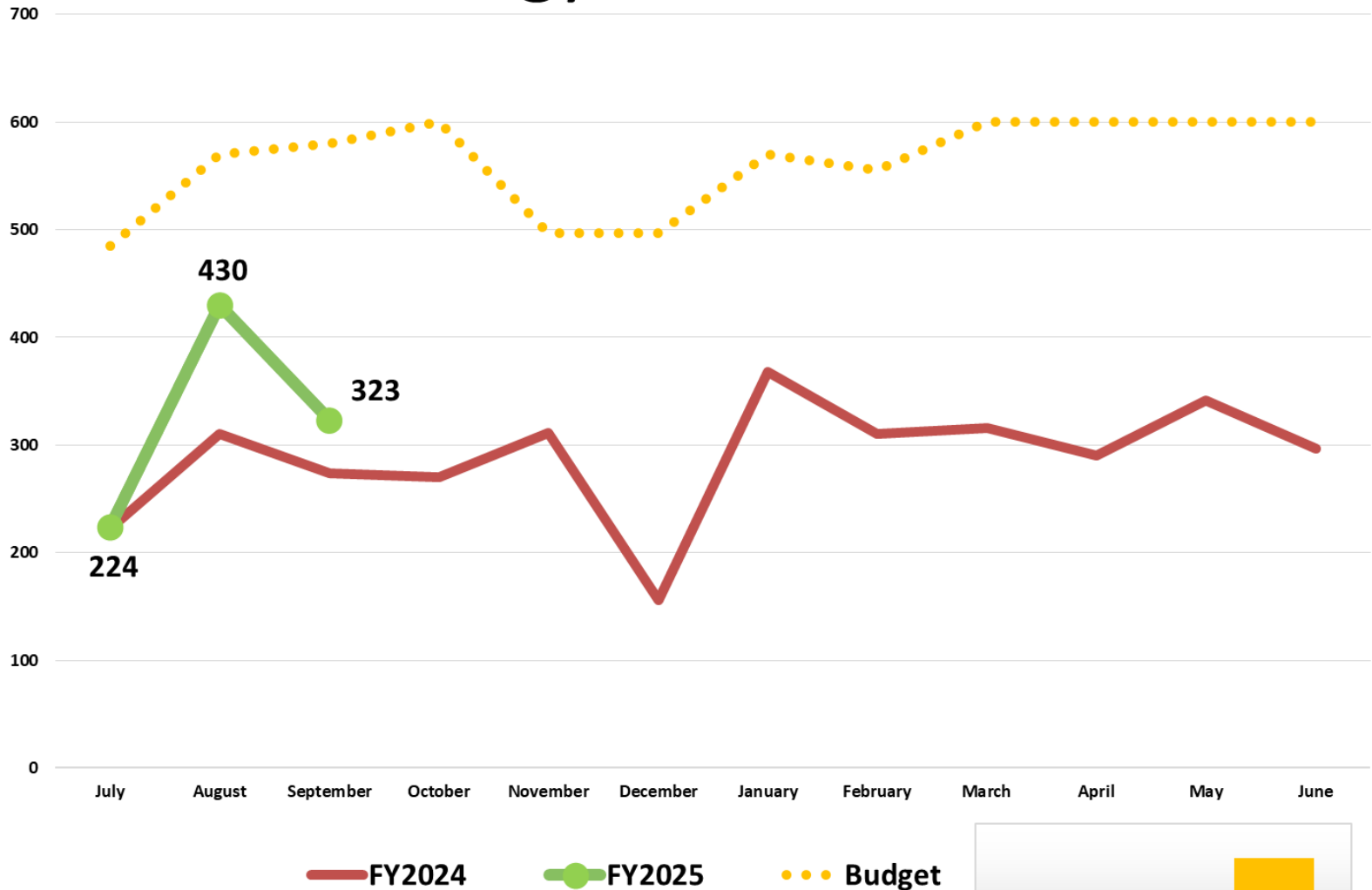
# CAPD/CCPD - Training Sessions



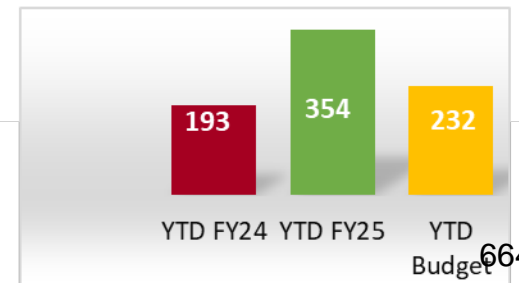
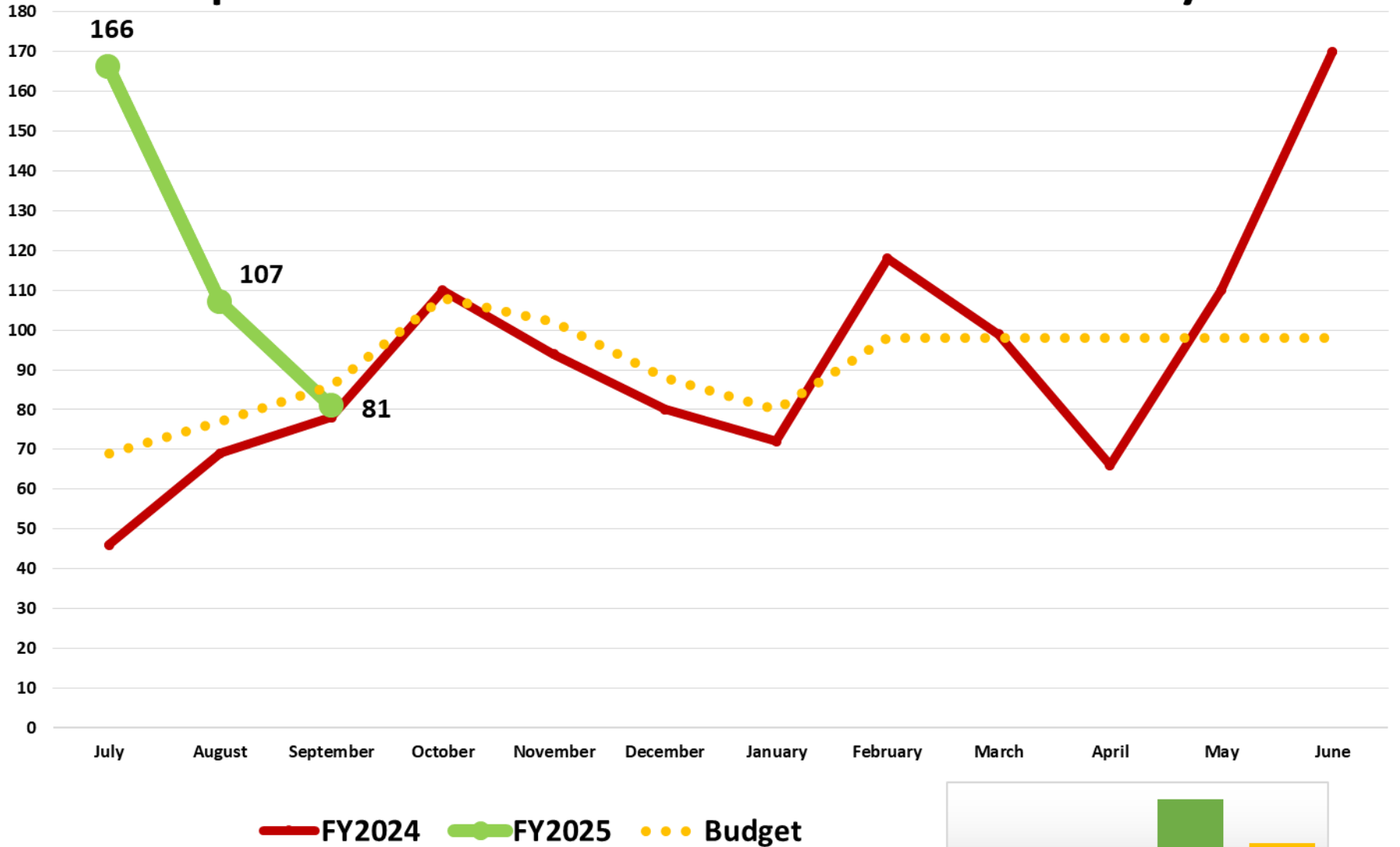
# All CAPD & CCPD



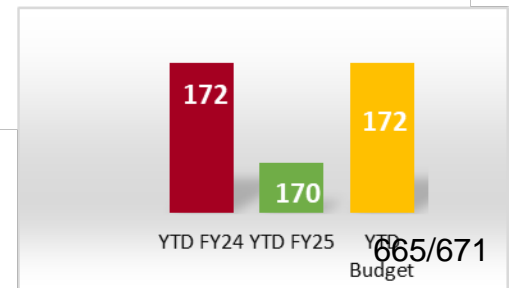
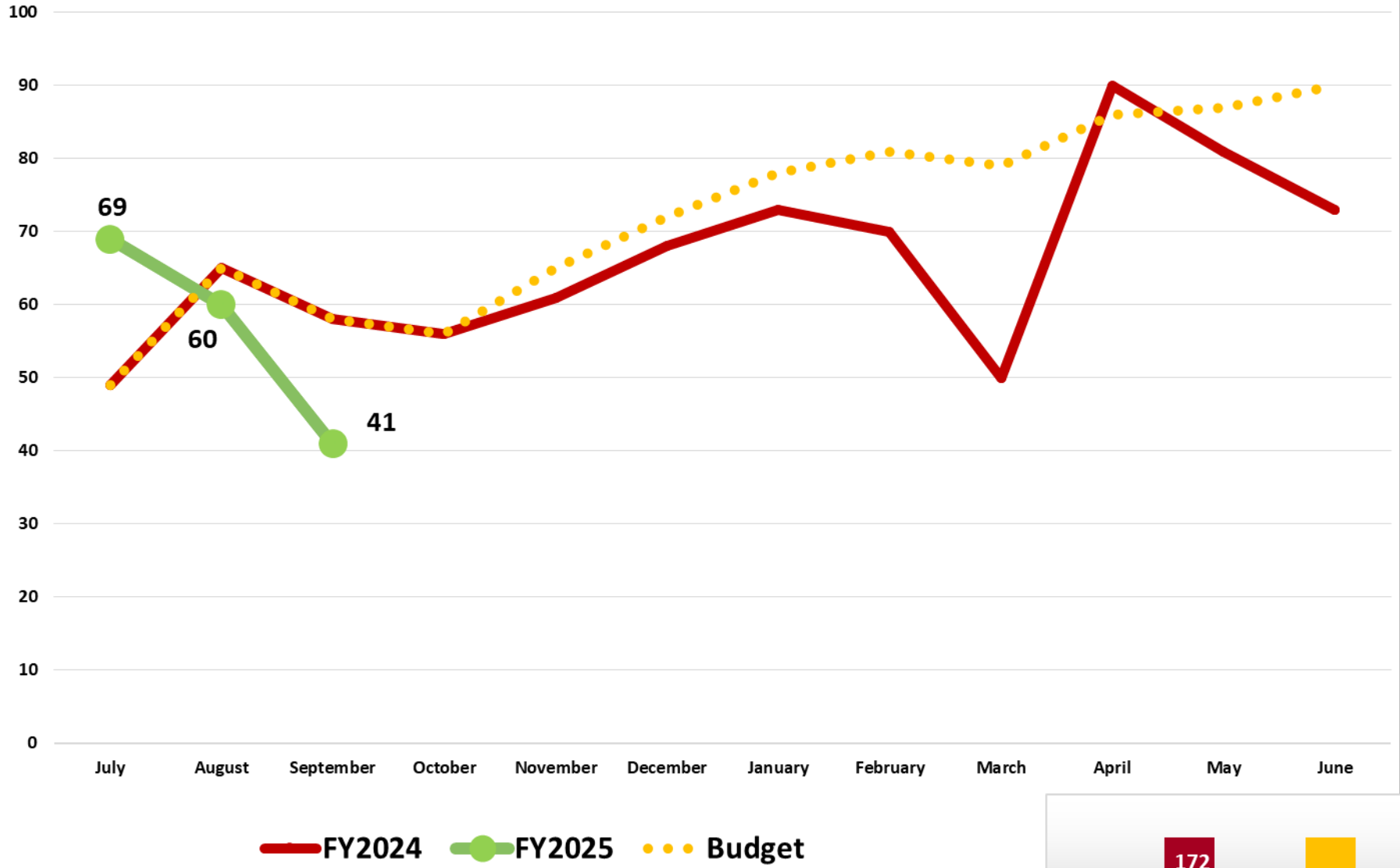
# Urology Clinic Visits



# Open Arms House - Patient Days

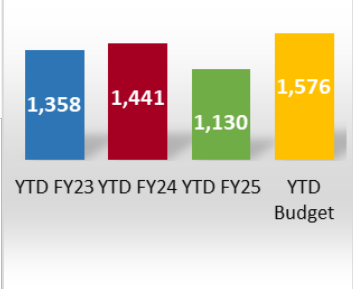
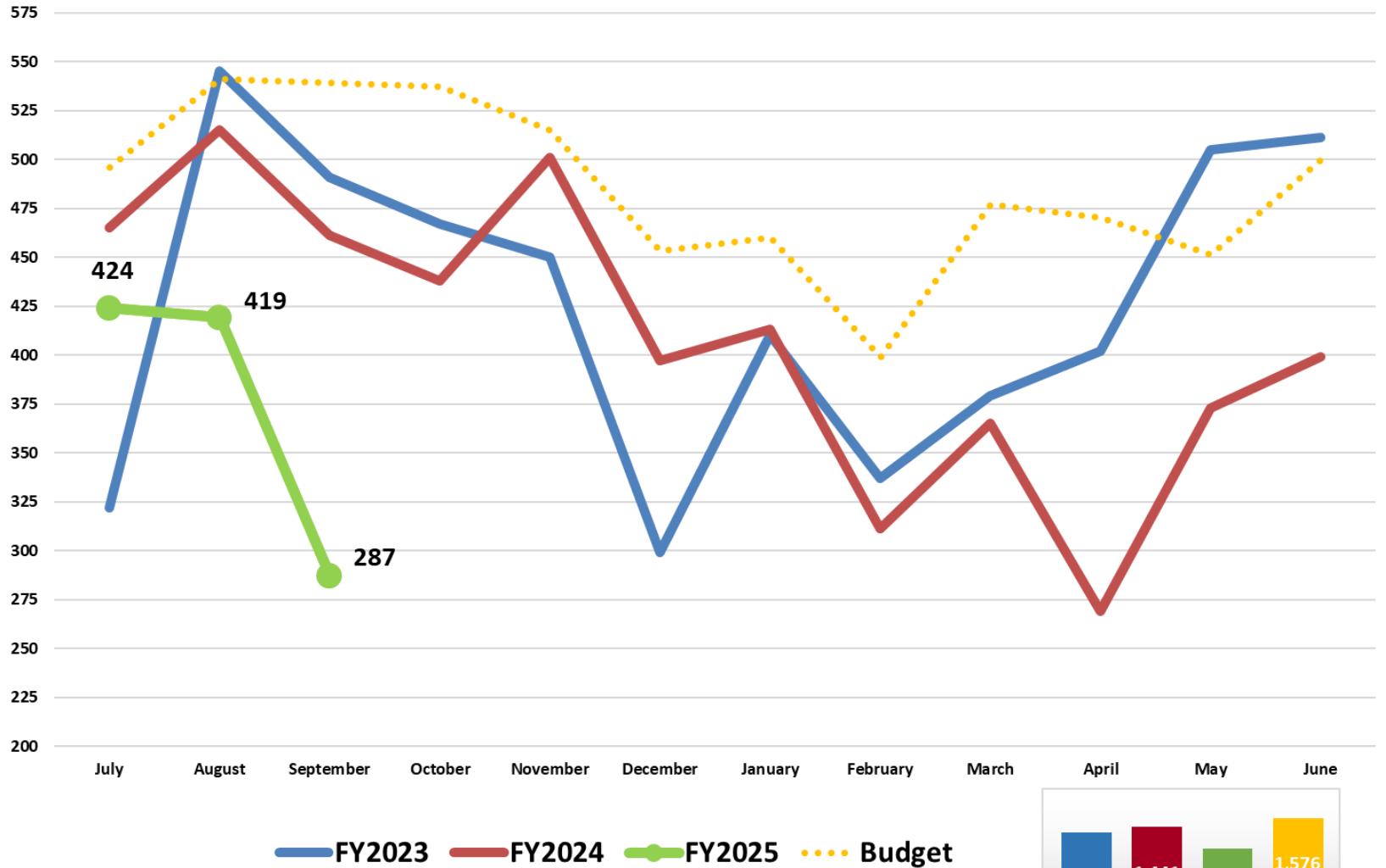


# Cardiothoracic Surgery Clinic - Visits

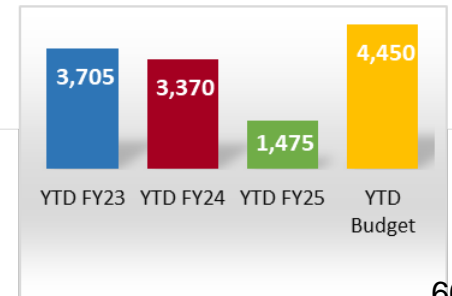
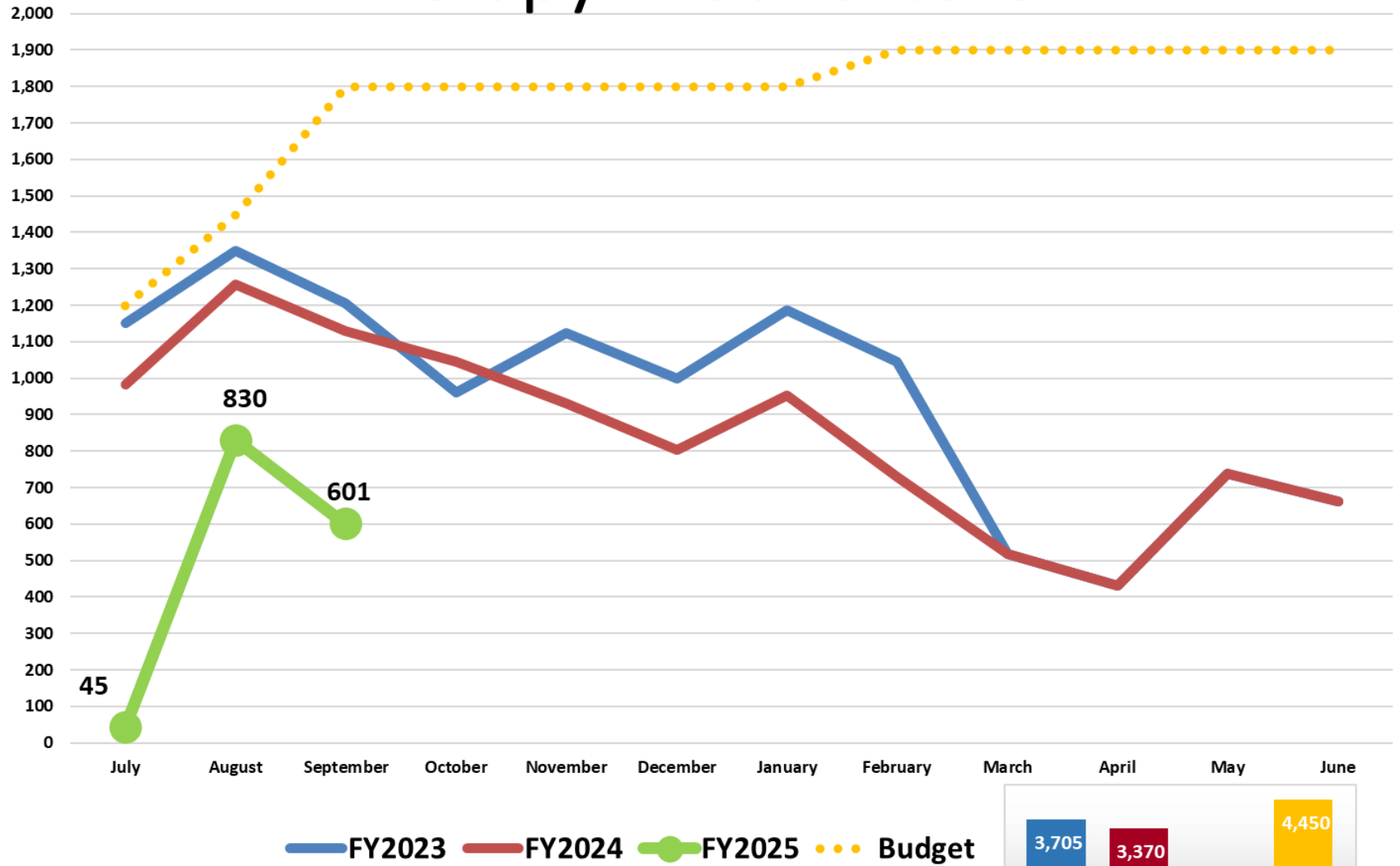




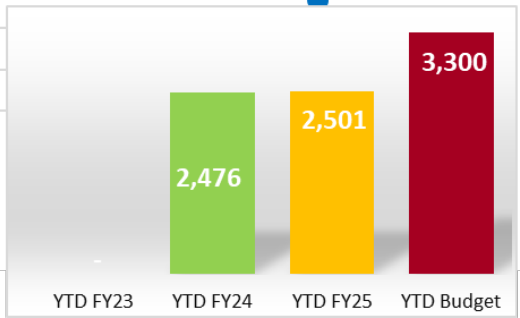
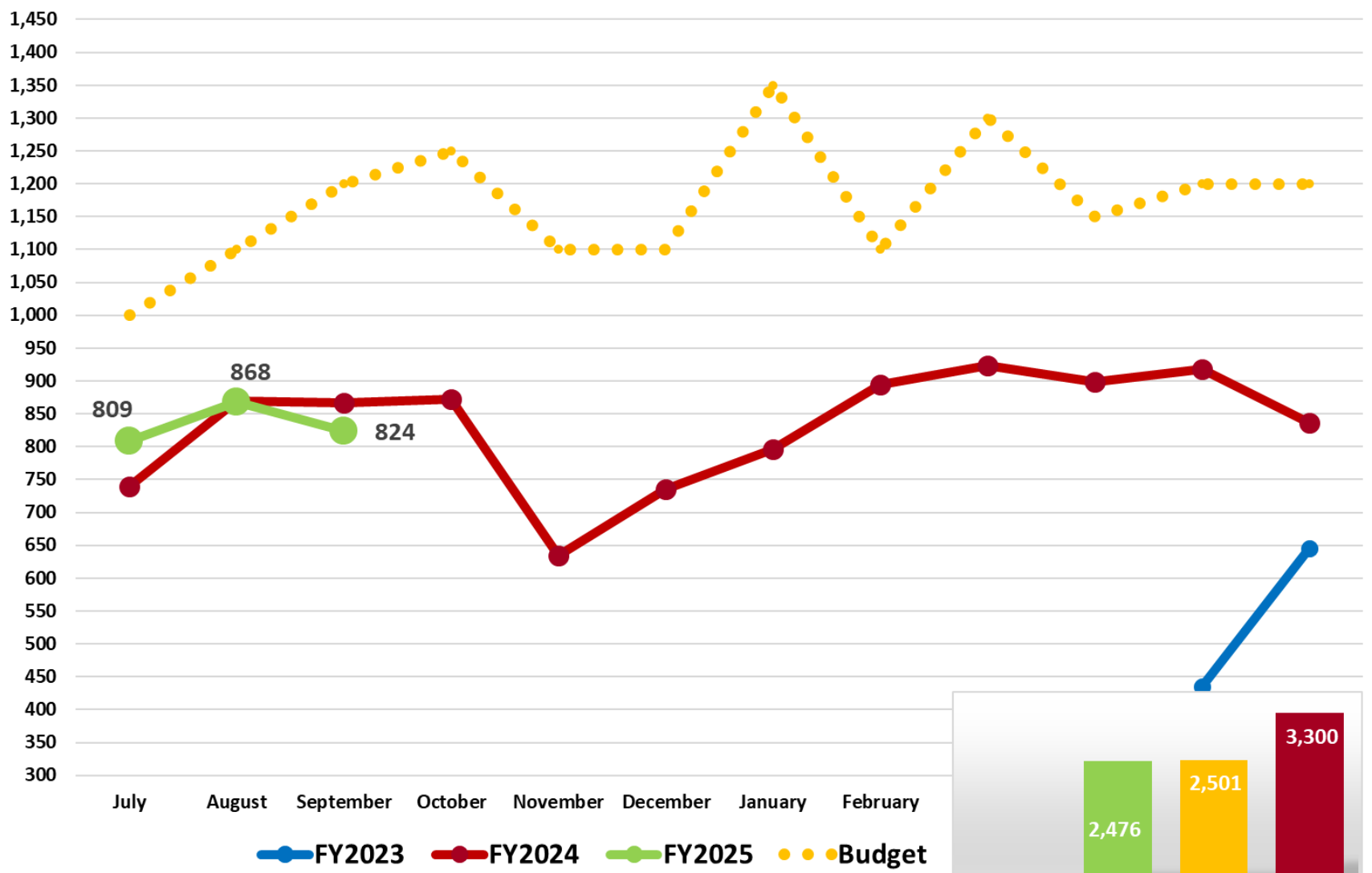
# Cardiac Rehabilitation



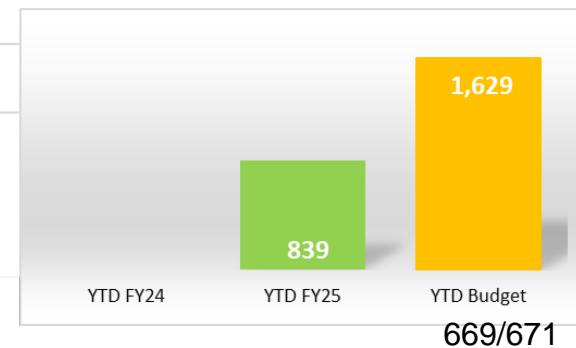
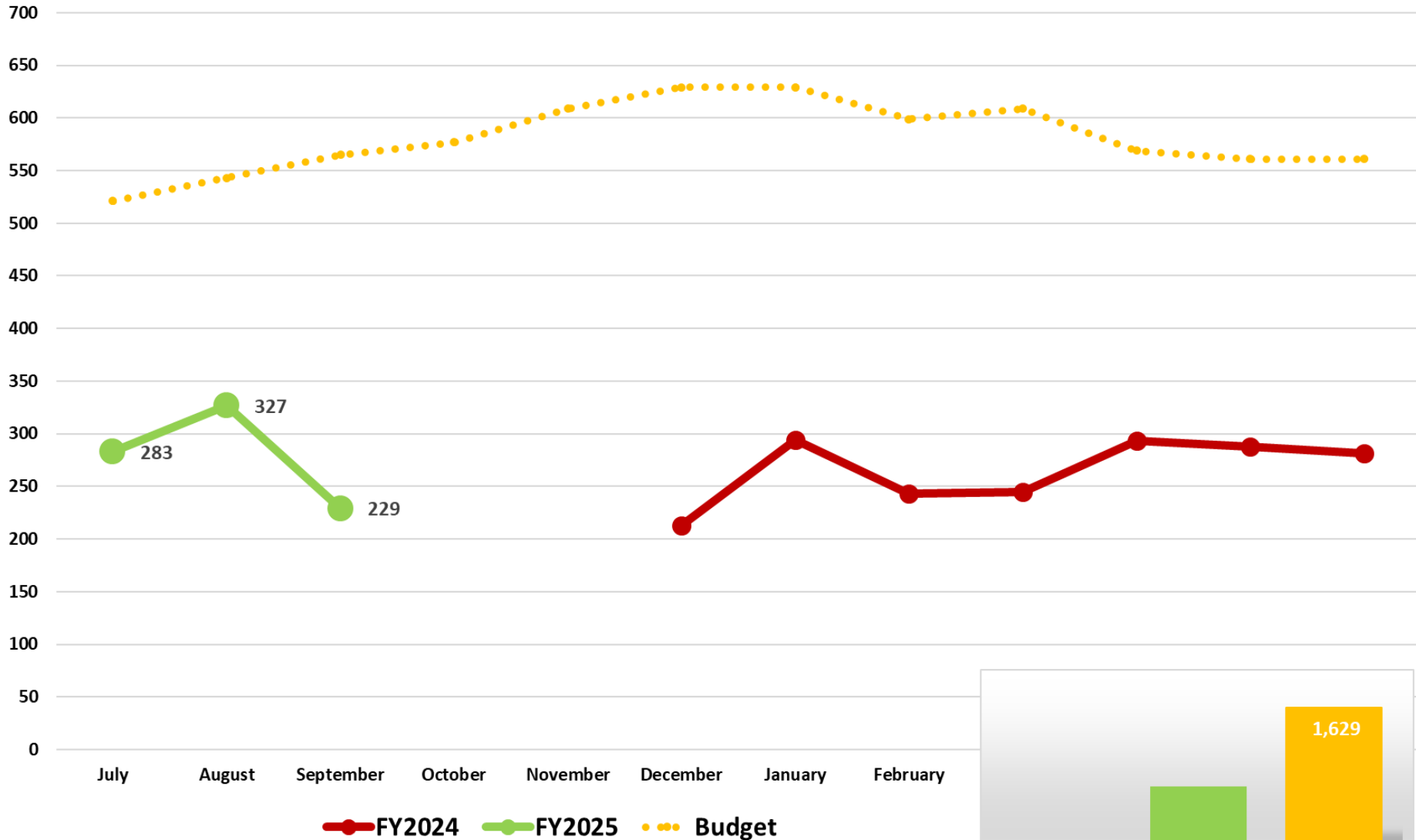
# Therapy-Wound Care



# KH Medical Clinic - Ben Maddox

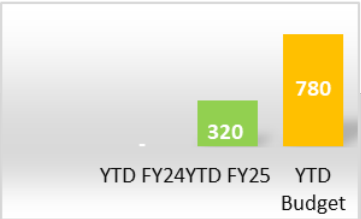
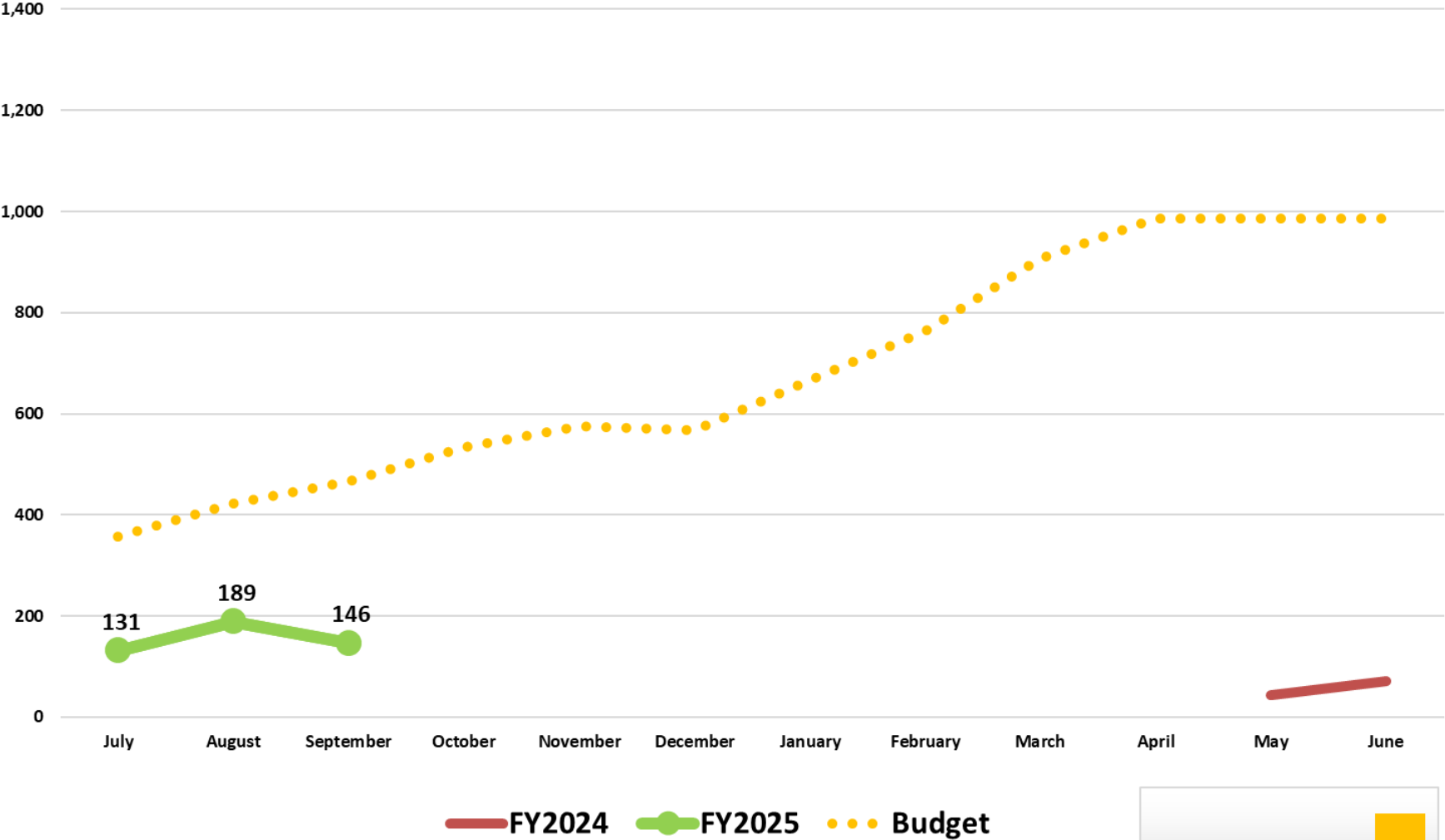


# KH Medical Clinic - Plaza



669/671

# KH Willow Clinic



# Medical Oncology

